

**want multi-phase ct**

|                       | <b>Non-con</b>   | <b>Arterial</b>  | <b>P-Venous (60-70s)</b>                                  | <b>Delayed (5-10m)</b>              |
|-----------------------|--|--|---|-------------------------------------|
| <b>HCC</b>            |  | Bright   | Wash-out to hypointense                                   | Rapid strong washout to hypointense |
|                       | <i>Fibrolamellar type can have radiating central scar; calcification</i> |  |   |                                     |
| <b>Adenoma</b>        | iso-attenuating calcification 10% (old haemorrhage)                      | Bright   | near isodense   | near isodense (washout)             |
| <b>Haemangioma</b>    | ~hypodense   | Bright peripheries   | Progressive central enhancement centrally 'fills in'      |                                     |
| <b>FNH</b>            | central scar in >60% isodense or hypodense                               | feeding vessel bright enhancement but scar remains hypodense | becomes isodense to liver scar often has late enhancement |                                     |
| <b>Colorectal Met</b> | us. hypodense  | us. enhance less than surrounding liver                      | washout   |                                     |

*notes*

- 1. if liver has diffuse fatty infiltration, isodense lesions may appear relatively hyperintense*
- 2. certain liver mets can produce hyper-enhancing appearance unlike colorectal mets, e.g. RCC, thyroid, neuroendocrine*