

“ CEUS allows us to optimise our daily routines, to achieve the correct diagnosis faster and to improve solutions for unclear liver cases ”



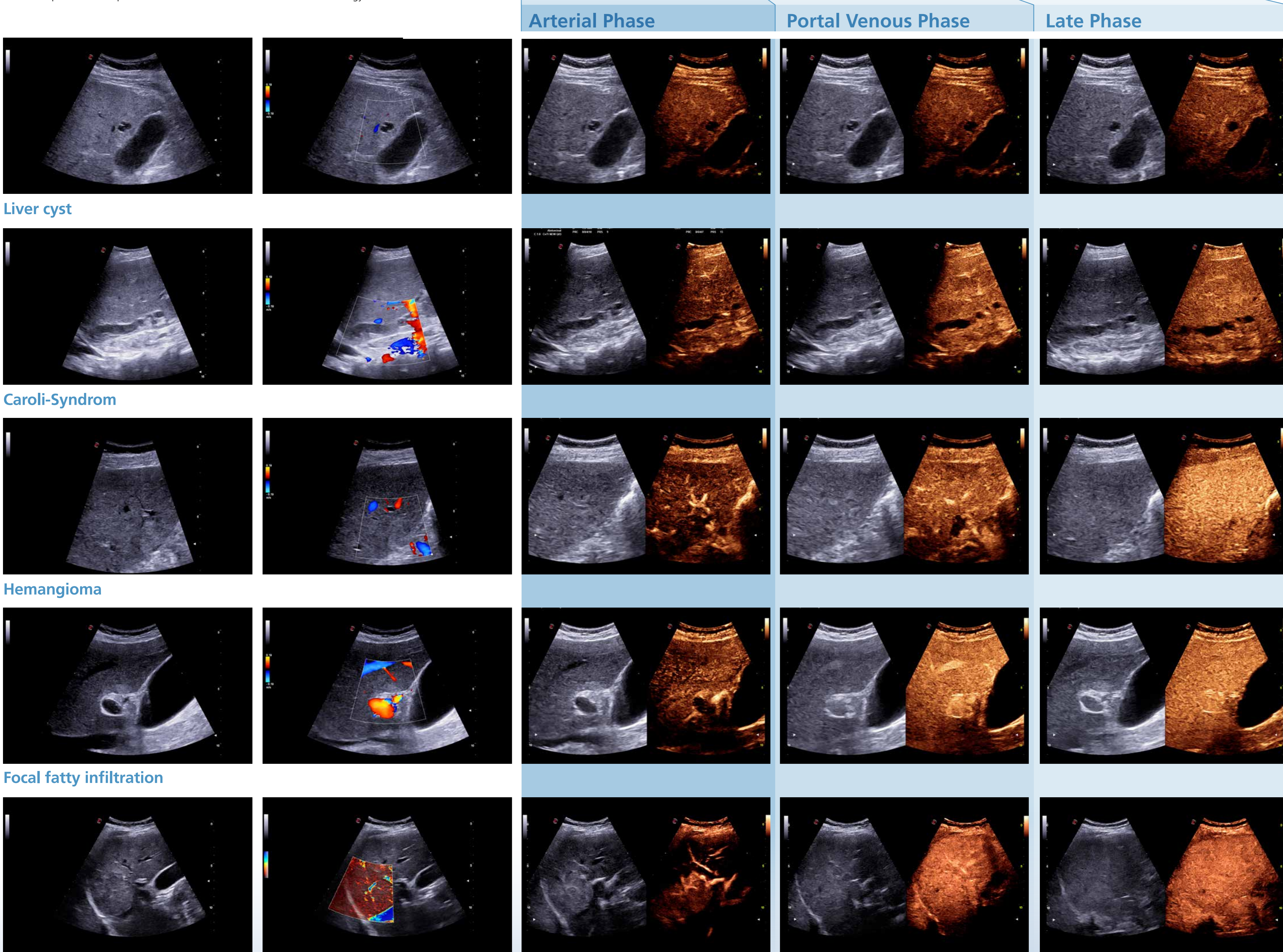
CEUS Contrast enhanced ultrasound (CEUS) in benign liver lesions

Case studies courtesy of Dirk-André Clevert, MD

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Lesion		> Arterial Phase	> Portal Venous Phase	> Late Phase	> Post-Vascular Phase
Simple cyst/Caroli-Syndrom	Typical features	Nonenhancing	Nonenhancing	Nonenhancing	Nonenhancing
Hemangioma	Typical features	Peripheral nodular enhancement	Partial/complete centripetal fill in	Incomplete/complete enhancement	Iso/slightly hypoenhancing
	Additional features	Small lesion: complete, rapid centripetal enhancement		Nonenhancing regions	Nonenhancing regions
Focal fatty infiltration	Typical features	Isoenhancing	Isoenhancing	Isoenhancing	Isoenhancing
FNH	Typical features	Hyperenhancing from the center, complete	Hyperenhancing	Iso / hyperenhancing	Iso/slightly hyper or hypoenhancing
	Additional features		Unenhanced central scar	Unenhanced central scar	

Guidelines and Good Clinical Practice Recommendations for Contrast Enhanced Ultrasound (CEUS) in the Liver - Update 2020 - WFUMB in Cooperation with EFSUMB, AFSUMB, AIUM, and FLAUS, Ultrschall Med. 2020 Jul 24. Clinical acquisitions were performed with the Esaote CnTI™ advanced technology.



NEVER STOP SEEING THE UNSEEN.

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 CnTI™: The use of Contrast Agents in the USA is limited by FDA to the left ventricle opacification and to characterization of focal liver lesions.
 Technology and features are system/configuration dependent. Specifications subject to change without notice. Information might refer to products or modalities not yet approved in all countries. Product images are for illustrative purposes only. For further details, please contact your Esaote sales representative.