

## Magnetic Resonance Cholangiopancreatography (MRCP)

Magnetic resonance cholangiopancreatography (MRCP) is a 3D FSE based technique that helps to image the biliary and pancreatic ducts as well as the surrounding parenchyma. It is a non-invasive technique with no need for contrast injection. This technique typically helps in visualizing hepatopancreatic pathology.

In this technique, high resolution volumetric acquisition is combined with respiratory triggering and ASSET acceleration to help achieve excellent image quality in short scan time. The automatically generated MIP images benefit from bright fluid enhancement and effective background suppression resulting in clear, high resolution 3D structural images.

It is a diagnostic tool of choice in ascites patients.

# Abdominal MRI: Utility of MRCP in patients with Ascites

## Dr. K. Yoganand, MD

Consultant Radiologist  
IVY Hospital  
Mohali, Punjab



**“MRCP is an effective diagnostic tool in hepatopancreatic diseases”**

### Patient History

A 34-year-old male reported with abdominal pain and bloated feeling. The pain was initially intermittent but had worsened later, sometimes radiating to the right upper back region. The patient also complained of nausea, vomiting, diarrhea with some fever.

### Physical examination

- The patient was febrile with tachycardia
- Abdomen showed gross ascites
- Tenderness in the epigastric and right hypochondriac region
- Murphy's and Boas' sign positive

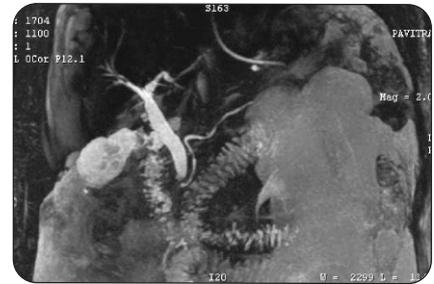
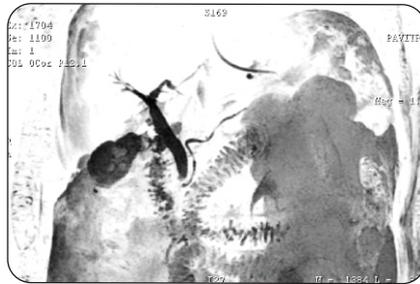
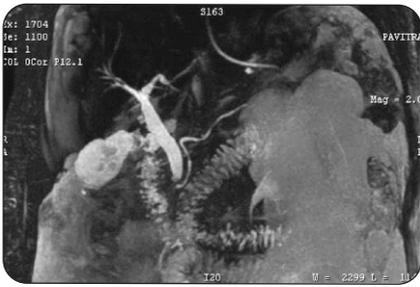
### Provisional diagnosis

- Cholecystitis with cholelithiasis

### MRI findings

Coronal and axial 3D FRFSE-XL RTr images were obtained to diagnose the cause of recurrent epigastric and right hypochondriac pain. MRCP protocol Axial T2 RTr revealed Cholelithiasis with Cholecystitis and stricture at the distal end of the common bile duct. Gross Ascites and bilateral pleural effusion were also evident.





Images courtesy of IVY Hospital, Mohali

## Treatment

Cholecystectomy was performed for relieving the patient of his symptoms

## Conclusion

MRCP is an effective diagnostic tool in patients with Ascites.

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