**Supplementary table 1.** Protocol for Magnetic Resonance Imaging

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| Variable | Pre-contrast | hepatobiliary |
| Sequence | Three-dimensional gradient echo | Three-dimensional gradient echo |
| Repetition time (msec)  Echo time (msec)  Flip angle (degrees)  Field of view (cm)  Matrix  Fat saturation  Section thickness (mm)  Acquisition time (sec) | 3.40-3.68  1.22-1.8  10-15  42 x 42  256 x 192  Positive  3  16-21 | 3.40-3.68  1.20-1.88  10-12  42 x 42  256 x 192  Positive  3  16-21 |
| Administration of gadxetic acid | Pre-contrast | After 20 minutes |

Dynamic images using fat-suppressed T1-weighted GRE images (T1 high presolution isotropic volume examination, THRIVE; Philips or Liver Acquisition with Volume Acceleration, LAVA; GE) were obtained. Fat-suppressed T1-weighted GRE images with THRIVE or LAVA sequence were acquired using the following parameters: TR, 3.40-3.68; TE, 1.22-1.8; flip angle, 10-15°; matrix, 256 × 192; number of signals acquired, one; section thickness, 3 mm; intersectional gap, 0.5-0.6 mm; and acquisition time, 16-21 seconds.

Non-contrast liver MRI protocol:

The non-contrast liver MRI will be performed without using intravenous contrast media and with 3T or 1.5T MR imaging units. The scan will include fat-suppressed sequences as follows: T2-weighted fast spin echo (FSE), fat-suppressed half-Fourier acquisition single-shot turbo spin-echo (HASTE), T1-weighted gradient echo (GRE) in- and opposed-phase images (THRIVE or LAVA), diffusion weighted image (DWI) with three diffusion weightings (b = 0, 50 and 800 s/mm2), and afferent diffusion coefficient (ADC) maps generated using b = 0 and 800 s/mm2. The liver MR images will be obtained with 5 mm thickness and no gap.

CT imaging protocol:

Multiphasic CT images were obtained with 64-detector rows MDCT units (Discovery 750HD or VCT, GE Healthcare, Milwaukee, WI) that had a 0.4-sec rotation time, and exposure factors of 120 kV and 160 mAs for all scans. A 100ml of the contrast material (Iopamiron 300/370; Bayer Schering Pharma, Osaka, Japan) was injected into an antecubital vein with an automatic power injector (model Mark V; Medrad, Indianola, PA) at an injection rate of 3.3 mL/sec. The examinations were performed in a cephalocaudal direction starting at the top of the liver, and each examination included non-enhanced scanning and contrast-enhanced scanning.

After a non-enhanced scanning was performed in transverse section, CE-CT was performed 35 sec (arterial phase), 70 sec (portal phase), and 120 sec (equilibrium phase) after intravenous administration of the contrast material. As the parameters for the scans, 2.5-mm collimation, pitch of 5.5, and 5-mm reconstruction interval were employed. A standard algorithm was used for all image displays.