

**Table 2: Imaging Finding of LM and VM**

	<b>ULTRASOUND</b>	<b>CT</b>	<b>MRI</b>
<b>VM</b>	<p>Compressible (unless thrombosed)</p> <p>Anechoic vascular channels</p> <p>Heterogeneous appearance in comparison to subcutaneous tissue</p> <p>Phleboliths</p> <p>Sow flow on color Doppler and venous waveforms on spectral Doppler analysis (16,17,18)</p>	<p>Hypoattenuating or heterogeneous; depends on amount of fat present</p> <p>Heterogeneous enhancement</p> <p>Phleboliths appear as small calcified foci</p> <p>MR better to delineate proximity to muscles, tendons, neurovascular structures (63)</p>	<p>Heterogeneous enhancement</p> <p>Intermediate to decreased signal intensity on T1</p> <p>Increased signal intensity on T2 and STIR images</p> <p>Hemorrhage can cause fluid-fluid levels</p> <p>Phleboliths may be present; appear as small, low intensity signals on all sequences (21,22)</p>
<b>LM</b>	<p>Compression shows deformation but not collapse of cystic spaces</p> <p>Cystic spaces usually anechoic, but can have different degrees of echogenicity if spaces contain blood or pus</p> <p>Fluid-fluid levels signify blood, pus or chyle</p> <p>(60,61)</p>	<p>Limited role</p> <p>Fluid filled masses with low attenuation</p> <p>Fluid-fluid levels may be present</p> <p>Unable to clearly define internal septae</p> <p>(62)</p>	<p>Cystic masses without solid enhancing component</p> <p>Minimal enhancement may be seen in septae</p> <p>Intermediate to decreased signal on T1</p> <p>Increased signal intensity on T2 and STIR</p> <p>Fluid-fluid levels are common (61)</p>

