



## Correction to: Is liver lesion characterisation by simplified IVIM DWI also feasible at 3.0 T?

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### Correction to: European Radiology

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The original version of this article, published on 08 April 2019, unfortunately contained a mistake. The following correction has therefore been made in the original: The caption of Fig. 2 is wrong. The corrected version is given below.

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The online version of the original article can be found at <https://doi.org/10.1007/s00330-019-06192-x>

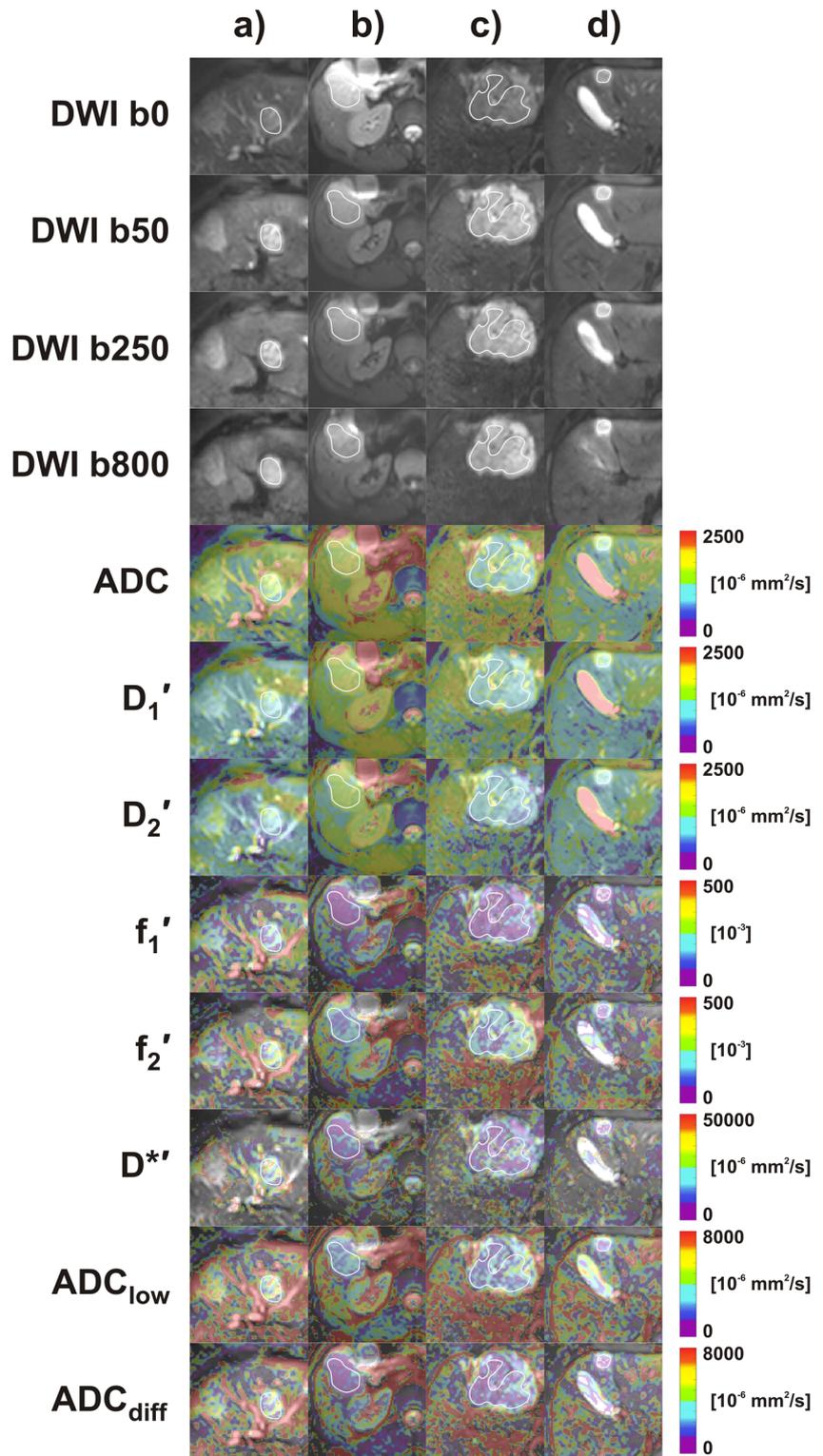
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**Fig. 2** Typical examples of intravoxel incoherent motion (IVIM)–based parameter maps for different liver lesions at 3.0 T. From left to right, images for focal nodular hyperplasia (FNH) (a), haemangioma (b), hepatocellular carcinoma (HCC) (c), and metastasis of colorectal carcinoma (CRC) (d) are shown. Original diffusion-weighted images with  $b = 0, 50, 250, 800 \text{ s/mm}^2$  are presented together with conventional ADC, diffusion-sensitive  $D_1'$  and  $D_2'$  parameter maps, and perfusion-sensitive  $f_1'$ ,  $f_2'$ ,  $D^{*'}$ ,  $\text{ADC}_{\text{low}}$ ,  $\text{ADC}_{\text{diff}}$  parameter maps. The parameter maps are displayed as colour-coded overlays over  $\text{DWI } b = 0$ . If bad data quality due to voxel misalignment, motion influence, or limited SNR led to negative parameter values especially for  $f_1'$  or  $f_2'$  or to not defined values of the  $\ln(x)$  in the equation for  $D^{*'}$ , these voxels were not colourised. Regions of interest analysed are marked. The FNH reveals medium diffusion and high perfusion parameter values, similar to healthy liver tissue not including large vessels. The haemangioma shows high values of diffusion parameters in combination with very low values of perfusion parameters. Malignant lesions (HCC and CRC) exhibit similar or slightly lower diffusion parameter than healthy tissue or FNH in combination with low perfusion parameters



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