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I d c

Adipose t

takes very little time, but it is not very accurate or reproducible. Ultrasonography is not recommended for measuring visceral fat because ultrasound assessments of intra-abdominal adipose tissue have a coe cient of variance of 64 percent. Numerous studies have demonstrated that the value of abdominal ultrasound in detecting intra-abdominal obesity and the quantity of intra-abdominal adipose tissue on CT are correlated well [5].

C c

MRI and CT for quantitatively assessing intra-abdominal adipose tissue, CT and MRI are currently the gold standard. Due to its superior resolution of adipose tissue, CT provides a direct method for measuring visceral fat deposition in both adult and pediatric populations. e essential radiographic measurement used to recognize various tissues is Houns eld units (HU); between 250 and 30 HU, the window width for identifying fat tissue varies. Voxels are used to measure fat volume, which is then converted to cubic centimeters. Strong fat volume correlations can be obtained by evaluating cross-sectional areas in one or more slices at predetermined landmarks.

Ac edge e

None

C c f I e e

None

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