MSCT SR template for small bowel tumor **Clinical impression: Inspection**: MSCT enterography (MSCTE + MSCTA). **Inspection techniques**: Small bowel CT unenhanced scan was administrated after taking oral isotonic mannitol solution, __(_ mg/ml, 1.5ml/kg body weight)was injected intravenously from right elbow and then three phase enhanced scanning were performed at the rate of __ ml/s. MIP, MPR and VR reestablishment were performed with the parameters including collected image layer thickness and space __mm, reconstructed image layer thickness __ mm, interval __ mm. Image presentation: Filling scores: duodenum, jejunum, ileum, colon, rectum; well / poor. Score_ point. Location: duodenum Lejunum Lileum Lolon Lectum L Intestinal wall: lump ode single multiple size_mm, CT unenhanced scan value __ HU, clear border __Internal blooding __Calcification □liquefaction and necrosis □involved organs □thickened lump □symmetry thickening Deccentric thickening Dwall thickness __ mm, involved range __ mm. **Intestinal obstruction:** with without intestinal dilatation _ mm. **Lump reinforcement:** mild moderate evident reduced CT value Hu; uniform Inonuniform visible blood vessel : invaded blood vessel 🔲 Mucosa, serous layer: continuous mucosa discontinuous mucosa continuous serous layer discontinuous serous layer **Mesentery:** invaded \square node, lump \square maximum size mm; enlarged lymph nodes __lmaximum size __mm. **Retroperitoneum:** enlarged lymph nodes maximum size mm. **Effusion:** seroperitoneum belvic effusion Other abdominal viscera lesions and bones: **Imaging diagnosis:** intestinal neoplastic lesions.

MSCT SR template for small bowel inflammation Clinical impression: **Inspection**: MSCT enterography (MSCTE + MSCTA). Inspection techniques: Small bowel CT unenhanced scan was administrated after taking oral isotonic mannitol solution, __(_ mg/ml, 1.5ml/kg body weight) was injected intravenously from right elbow and then three phase enhanced scanning were performed at the rate of __ ml/s. MIP, MPR and VR reestablishment were performed with the parameters including collected image layer thickness and space mm, reconstructed image layer thickness __ mm, interval __ mm. **Image presentation:** Filling scores: duodenum, jejunum, ileum, colon, rectum; well / poor. Score__point. **Location:** duodenum ejunum lileum colon rectum Intestinal wall thickening: boundedness segmental diffusivity wall thickness __ mm, involved range __ mm; symmetry thickening Leccentric thickening L **Intestinal obstruction:** with without intestinal dilatation mm. **Lump reinforcement:** mild moderate evident reduced CT value Hu; uniform Unonuniform Universed U Mucosa, serous layer: continuous mucosa discontinuous mucosa continuous serous layer discontinuous serous layer Mesentery: tumescence Limit was likely by the portal venous gas Limit was likely by the manufacture of the portal venous gas Limit was likely by the portal venous gas likely by the portal ve enlarged lymph nodes maximum size mm. **Effusion:** seroperitoneum pelvic effusion Other abdominal viscera lesions: **Bones:** Imaging diagnosis: inflammatory bowel disease.

Appendix 2. MSCT SR template for small bowel inflammation

MSCT SR template for small intestinal vascular diseases Clinical impression: **Inspection**: MSCT enterography (MSCTE + MSCTA). Inspection techniques: Small bowel CT unenhanced scan was administrated after taking oral isotonic mannitol solution, __(__ mg/ml, 1.5ml/kg body weight) was injected intravenously from right elbow and then three phase enhanced scanning were performed at the rate of __ ml/s. MIP, MPR and VR reestablishment were performed with the parameters including collected image layer thickness and space mm, reconstructed image layer thickness __ mm, interval __ mm. **Image presentation:** Filling scores: duodenum, jejunum, ileum, colon, rectum; well / poor. Score__ point. **Location:** superior mesenteric artery \square inferior mesenteric artery \square superior mesenteric vein Lother vessel . Interlayer embolus mural thrombus vessel anomalies congenital dysplasia Lothers L Supplemental description _____. Intestinal wall: no abnormal change Larget sign L reduced intestinal wall enhancement without enhancement obvious enhancement \square Supplemental description _____. **Mesenteric**: tumescence Limit wessels hyperplasia enlarge lymph node L maximum size mm Supplemental description . **Effusion:** seroperitoneum Lpelvic effusion L Other abdominal viscera lesions: **Bones:** Imaging diagnosis: small intestinal vascular diseases.

Appendix 3. MSCT SR template for small intestinal vascular diseases