* + Background & Case Report:
		- A patient was admitted with 2 month history of weight loss, malaise and obstructive jaundice. On admission, B-mode US and subsequent CT pancreas and MRI liver demonstrated proximal common hepatic duct obstruction due to an enhancing soft tissue growth involving the proximal CHD, proximal cystic duct and gallbladder neck with evidence of infiltration through the hilar fat. The appearances favoured a neoplastic process. The patient proceeded to PTC demonstrating strictured proximal CHD & an internal external drain was inserted. Subsequently the patient underwent extended right hemi-hepatectomy, cholecystectomy and portal vein resection. Histopathology confirmed the diagnosis of moderate-poorly differentiated adenosquamous gallbladder carcinoma. On day 5 post surgery, the remnant left hepatic artery ruptured and an emergency patch repair was performed. A subsequent US Doppler showed intrahepatic arterial flow. However, the clinical picture of the patient and the blood tests were not reassuring. Therefore a CEUS was performed to assess liver perfusion. This revealed central enhancement in the remaining left lobe, though, there was no enhancement in the peripheral liver parenchyma globally in keeping with peripheral sub capsular infarction.
	+ Discussion
		- The applications of ultrasound contrast are ever growing, particularly with regard to the assessment of abdominal organs. Here, we present a case of global sub capsular left liver infarction post a complicated extensive right liver resection and the subsequent use of contrast US in confirming the diagnosis. This pathological process is thought to be due to ischaemia during the hepatic artery rupture, similar to cortical necrosis in kidneys and is more commonly seen in post-transplantation kidneys. It is a safe, easy and efficacious investigative modality to stratify those patients with deteriorating clinical picture despite a reassuring post procedure US liver Doppler.