**FIGURES**

**Figure 1 Assessment of small bowel anatomy, disease localization and segmental extension**

A: Steady-state free precession (SSFP)

B: T2-weghted Single Shot Fast Spin Echo (SSFSE) sequence

C: Gadolinium-enhanced fat-suppressed 3D Spoiled Gradient-Echo (FSPGR) sequence

**Figure 2 Wall thickening and mesenteric changes**

SSFSE (A) and gadolinium-enhanced FSPGR (B) sequences show wall thickening (red arrows) of terminal ileum with comb signs (arrowhead) and mesenteric fat proliferation.

**Figure 3 Active inflammation**

A: Wall thickening (10 mm) of terminal ileum extending for about 18 cm detected on SSFSE sequence;

B: Gadolinium-enhanced FSPGR sequence shows the stratified enhancement pattern characterized by mucosal and muscle/serosa increased enhancement with intermediate hypointensity of edematous submucosa;

C: Coronal FSPGR sequence revealing typical “target sign” due to stratified enhancement of bowel wall;

D: Mesenteric fat thickening and vascular engorgement of vasa recta (comb sign) displayed on gadolinium-enhanced image.

**Figure 4 Subacute and stenotic disease with sinus tract**

A: SSFP sequence showing wall thickening (11 mm; red arrow) of terminal ileum with comb sign and mesenteric fat thickening;

B: Post-gadolinium image reveals diffuse enhancement of the stenotic bowel loop and sinus tract (arrowhead), which is a blind-ending tract arising from the bowel wall.

**Figure 5 Entero-vescical fistula**

A: Coronal SSFSE sequence detects wall thickening of the sigmoid colon with entero-vescical fistula (red arrow);

B: FSPGR without gadolinium administration highlights the entero-vescical fistula, which appears hyperintense due to colonic content;

C: Entero-vescical fistula appears as hyperintense transmural lines in post-gadolinium sequence.

**Figure 6 Peri-ileal abscess**

A-B-C-D: SSFP and SSFSE sequences display wall thickening of the terminal ileum associated (red arrow) with contiguous encapsulated collection of pus and inhomogeneous content (abscess, white arrow);

E-F: FSPGR sequence shows mucosal enhancement with hypointense deep layers of the bowel wall (fibrotic disease), associated with enhanced peripheral rim of the capsulated collection (abscess, white arrow).

**Figure 7 Chronic disease**

A-B: Coronal SSFP and SSFSE sequences detect wall thickening (10 mm, red arrows) of neo-terminal ileum, after ileo-cecal resection, extending for about 19 cm;

C: Coronal FSPGR sequence shows mucosal enhancement with hypointensity of the deep layers indicating the fibrotic disease.

**Figure 8 Fibrostenotic disease.**

A-B-C: Multiple fibrotic strictures of the small bowel alternanting with prestenotic dilatated tracts detected on SSFSE sequences;

D: Wall thickening of the sigmoid colon producing luminal narrowing displayed on SSFSE image;

E-F: Post-gadolinium sequences reveal a diffuse and homogeneous enhancement in sigmoid colon (E) and small bowel (F) suggestive of subacute inflammation.