

Iowa Neuroimaging Consortium: Summer Neuroimaging Bootcamp

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# Other MRI Methods

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# Disclosures

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- Medical Physicist (not a Neuroscientist)
- Research expertise in body and breast MRI

# Outline

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## Structural Imaging

- Review of 'standard contrasts'
  - T2w: T2 cube, flair, etc.
  - T1w: MP-RAGE, DIR and others. White vs grey matter nulled.
- Susceptibility
  - SWI
  - QSM

## Functional Imaging

- Perfusion
  - Exogenous. DSC, DCE
  - ASL, pcASL, VSASL
- Exchange
  - T1 rho
  - MT
  - CEST
- Spectroscopy
- MNS imaging

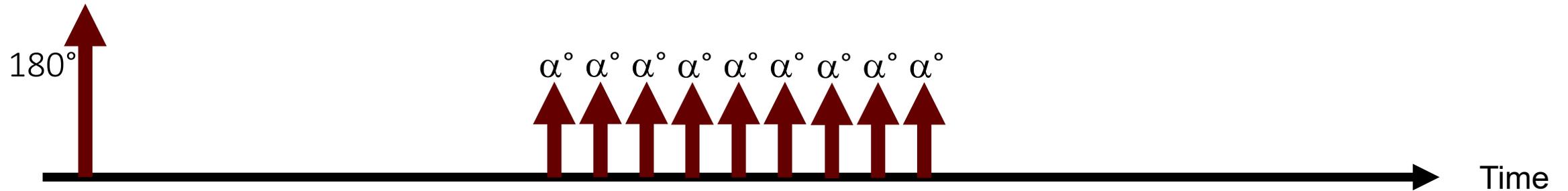
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# Structural Imaging

# Magnetization Preparation for Optimizing Tissue Contrast

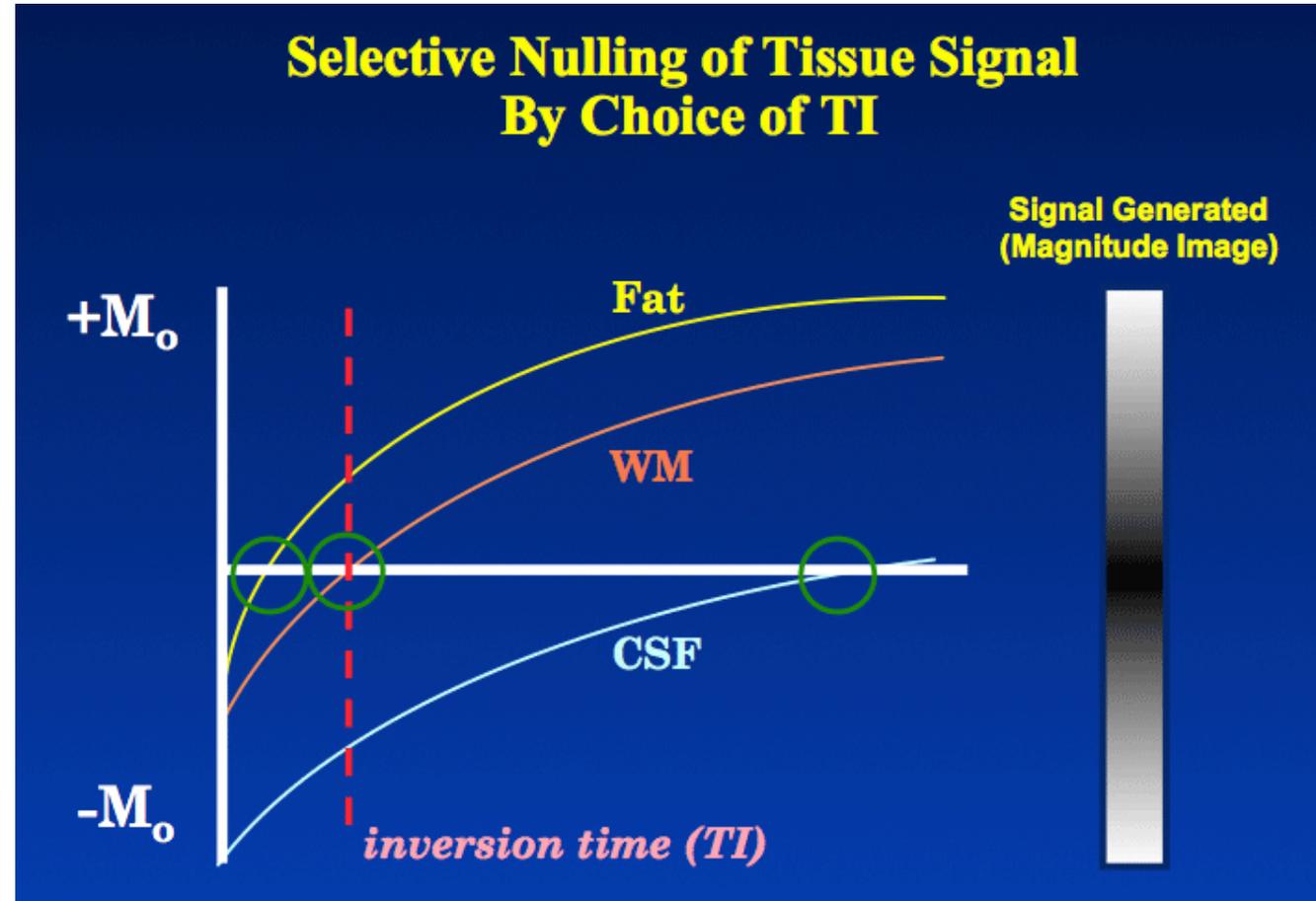


Example: Inversion Recovery



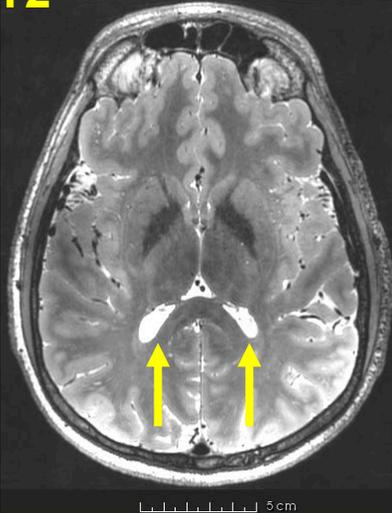
# Inversion Recovery

- Choice of TI allows for nulling specific tissues
- Signal differences can be maximized between different tissues
- Multiple inversions can be combined

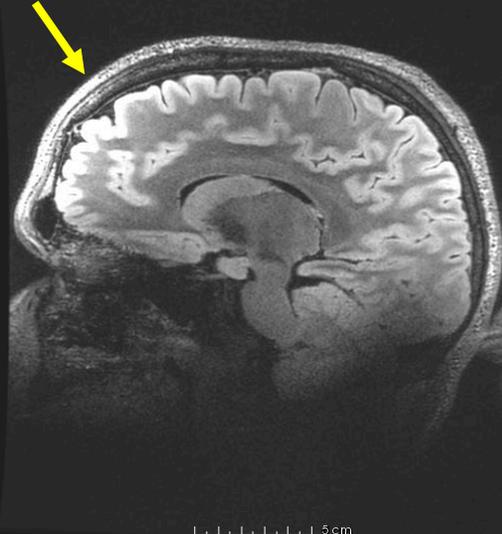
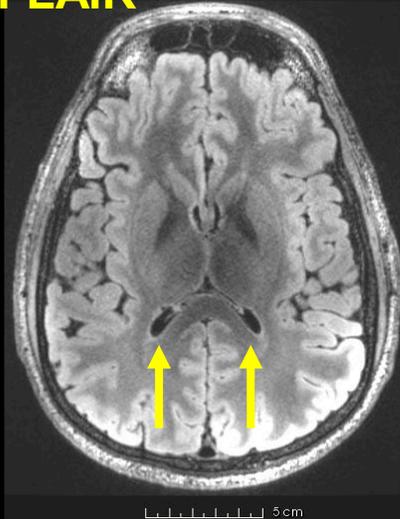


<https://mriquestions.com/ti-to-null-a-tissue.html>

T2



T2 FLAIR



# T2 and FLAIR CUBE

T2-weighted-Fluid-Attenuated Inversion Recovery

Timings:

Preparation:

TI = long to null CSF

Imaging:

TE = long (~140 ms) to generate T2 contrast

Fast spin echo

Recovery:

TR = long

# 3D T1-Weighted BRAVO

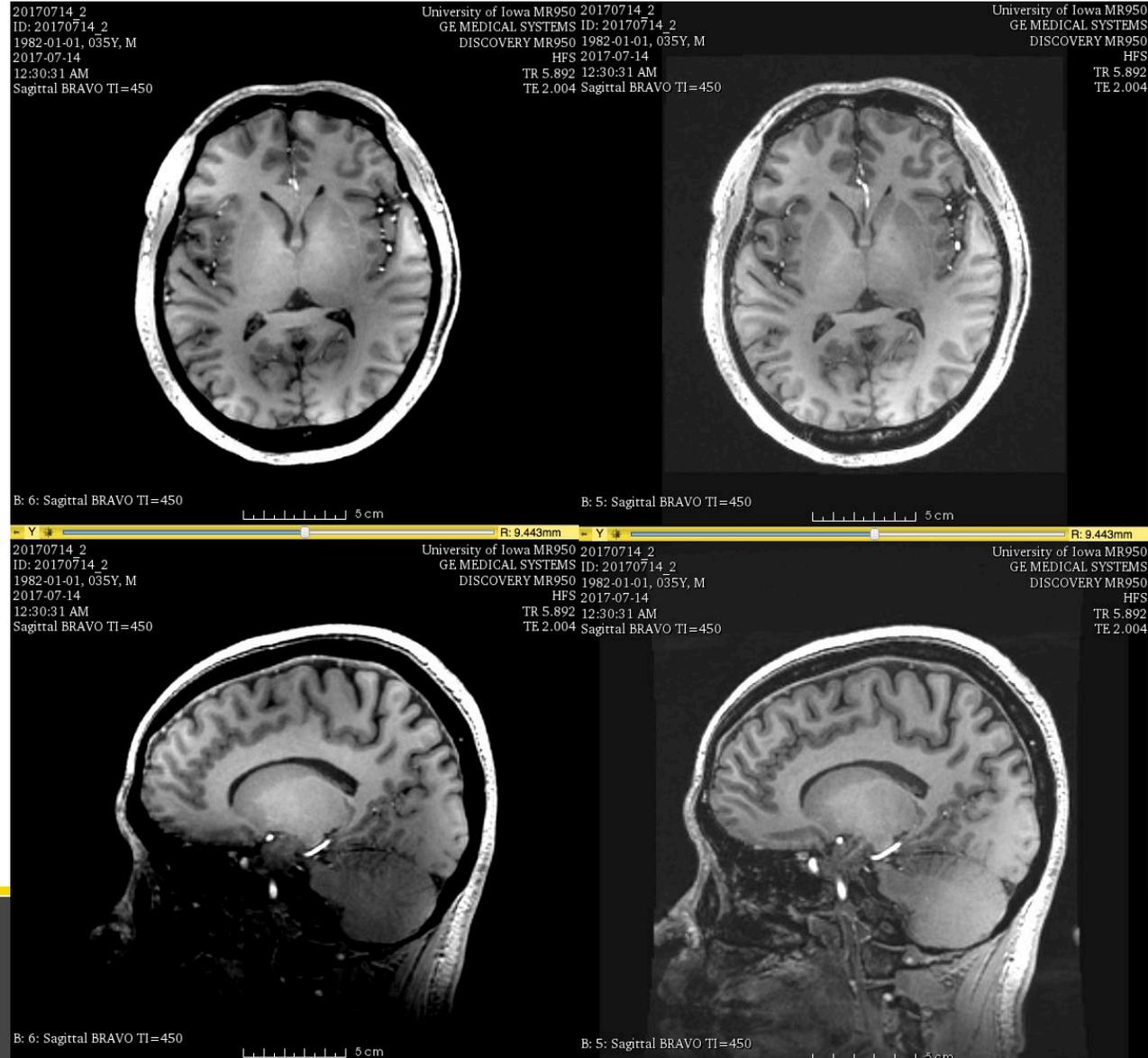
Preparation:  
TI=450 ms and 800 ms shown

Imaging:  
TE=2 ms  
Gradient echo

Recovery:  
TR=5892 ms

TI = 450 ms

TI = 800 ms



# MP-RAGE

Magnetization Prepared - Rapid Gradient Echo

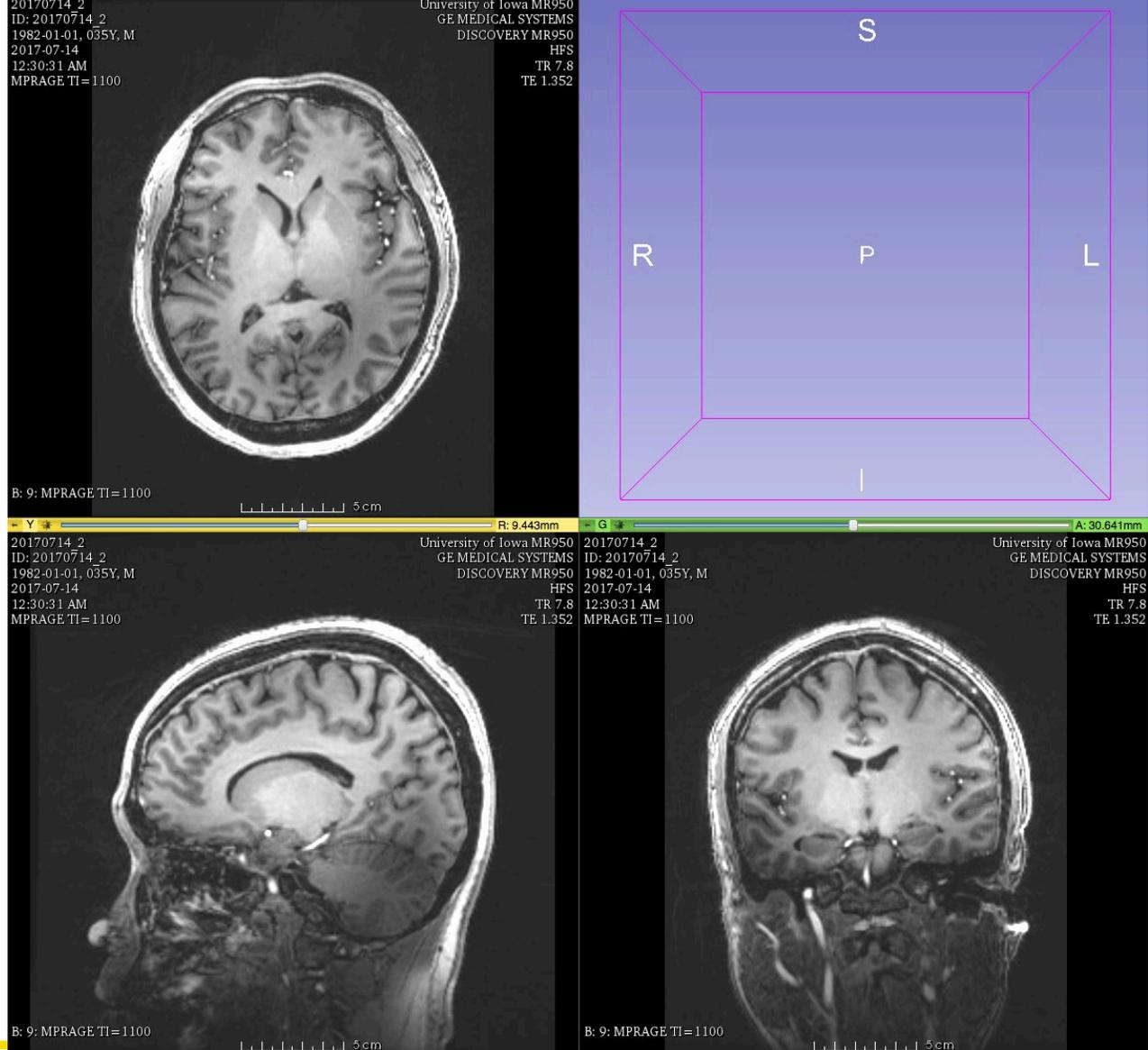
Collected at 7T  
(Warning: T1 & T2 change with B0!)

Typical timing parameters

Preparation:  
TI=1000 ms

Imaging:  
TE=3 ms

Recovery:  
TR=2200 ms

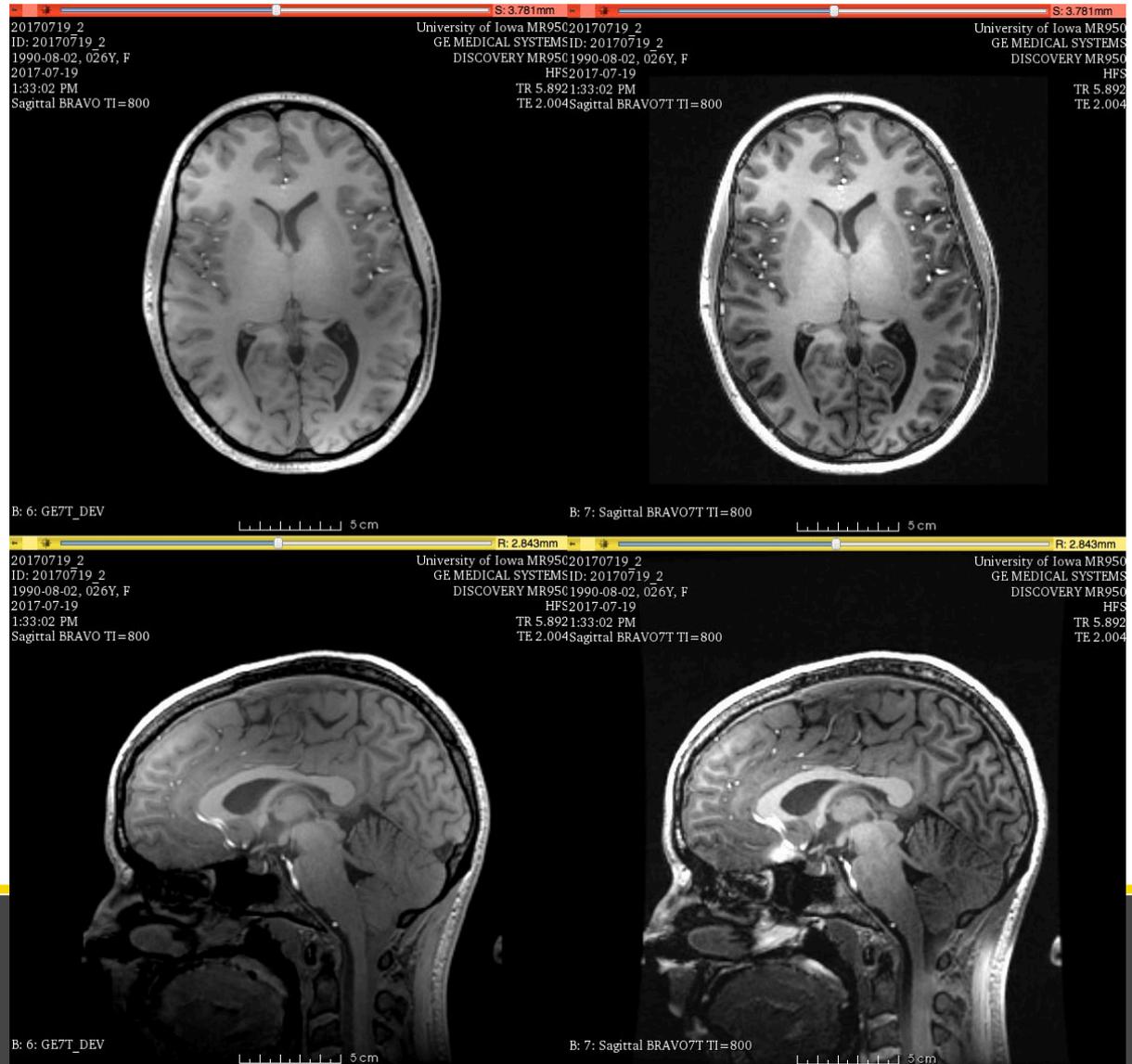


# BRAVO

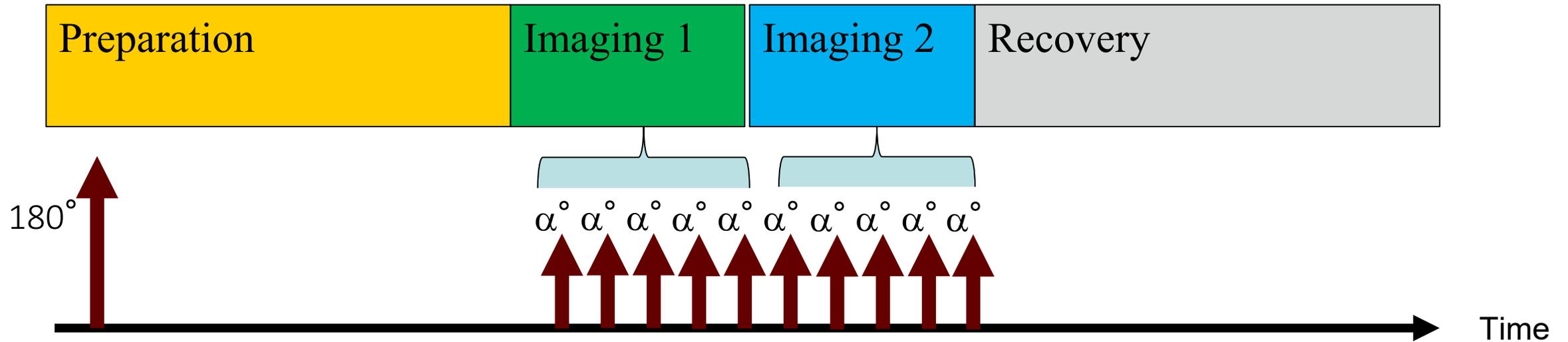
Impact of changing the RF inversion Pulse

Standard IR-Pulse

Hyperbolic Secant IR-Pulse



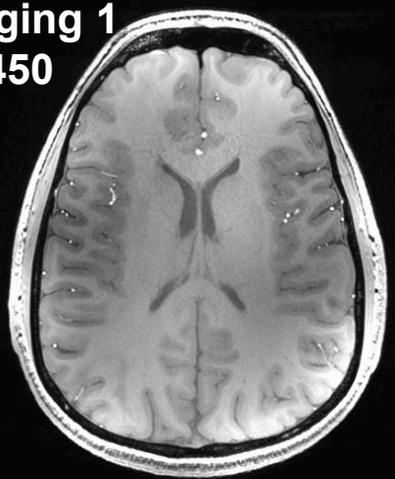
# MP2RAGE



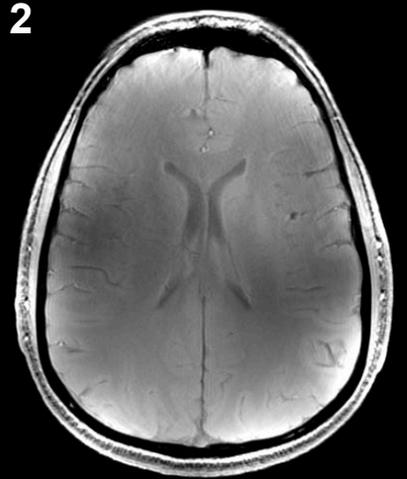
Imaging 1: T1w, gray matter nulled  
Imaging 2: PDw

Processing of Imaging 1 and Imaging 2: T1w image with gray/white matter contrast, removing T2\* and B1 effects

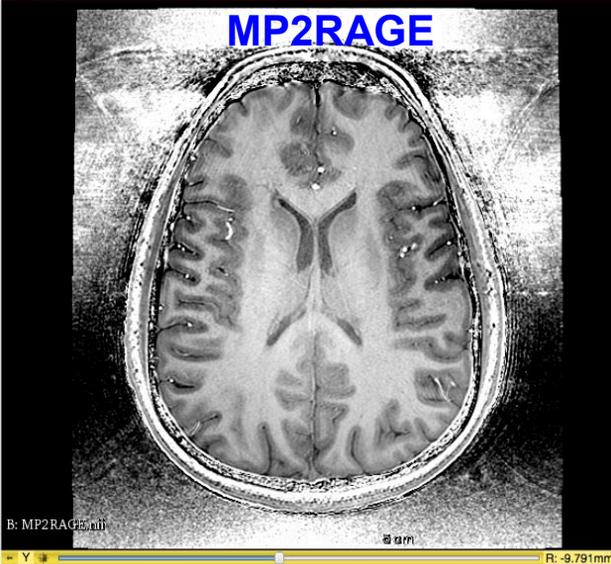
Imaging 1  
TI=450



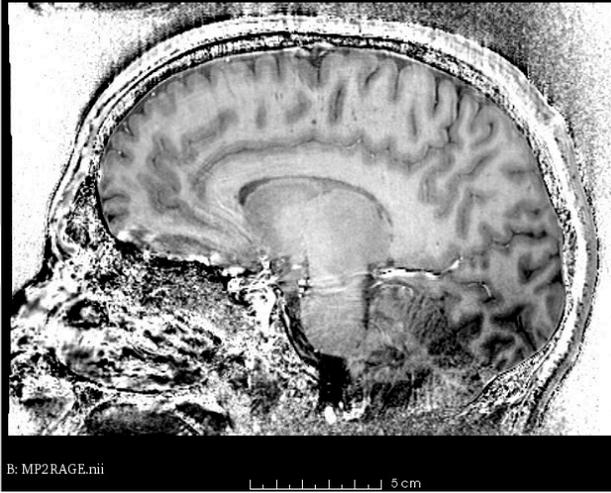
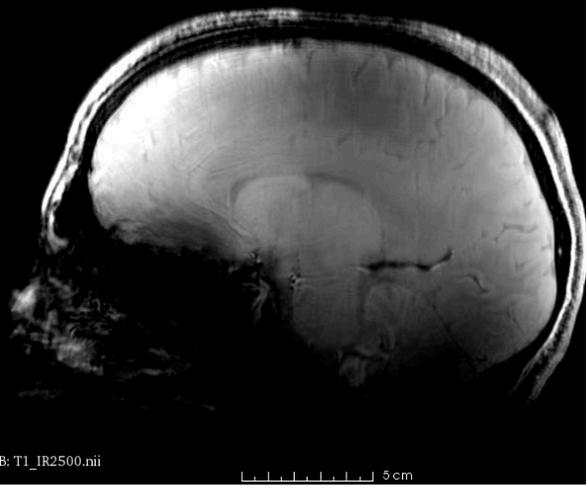
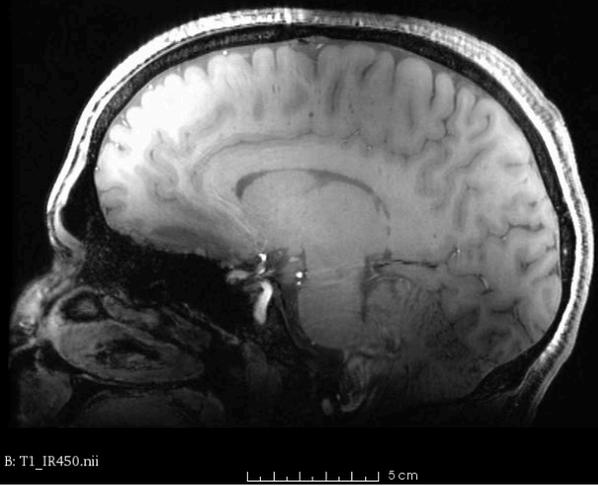
Imaging 2  
TI=2500



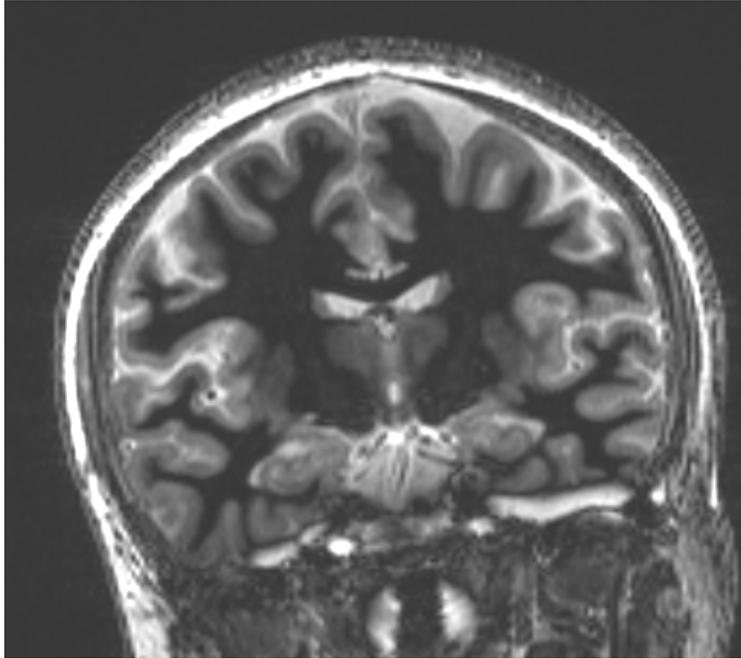
MP2RAGE



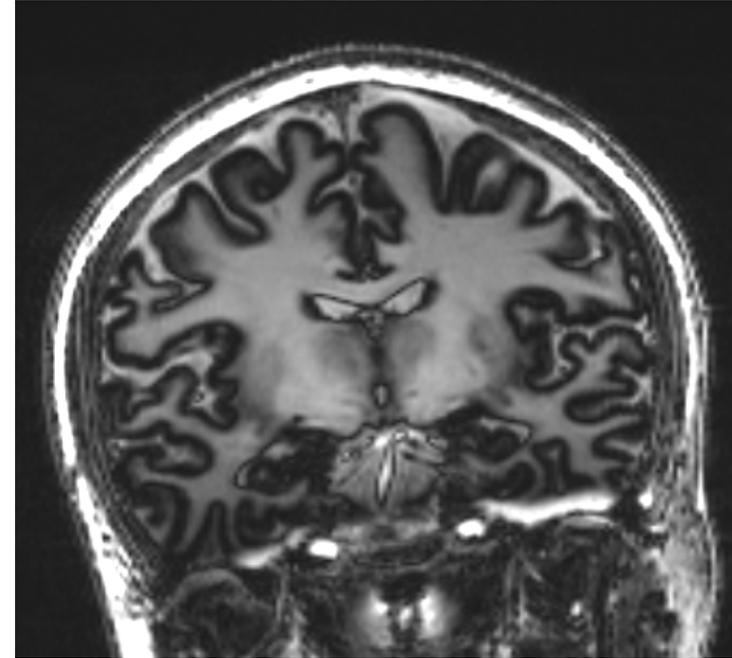
# MP2RAGE



# More ways to optimize the timing of inversion pulses, imaging, and recovery

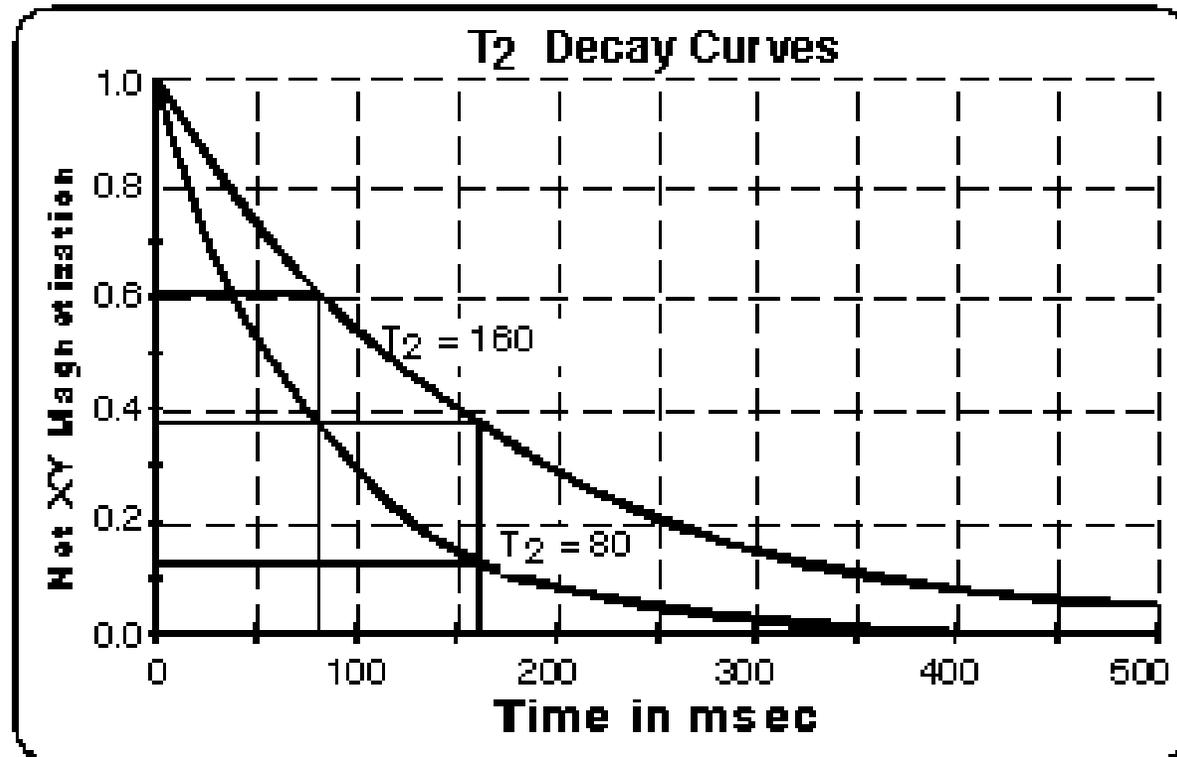


White Matter  
Nulled



Gray Matter  
Nulled

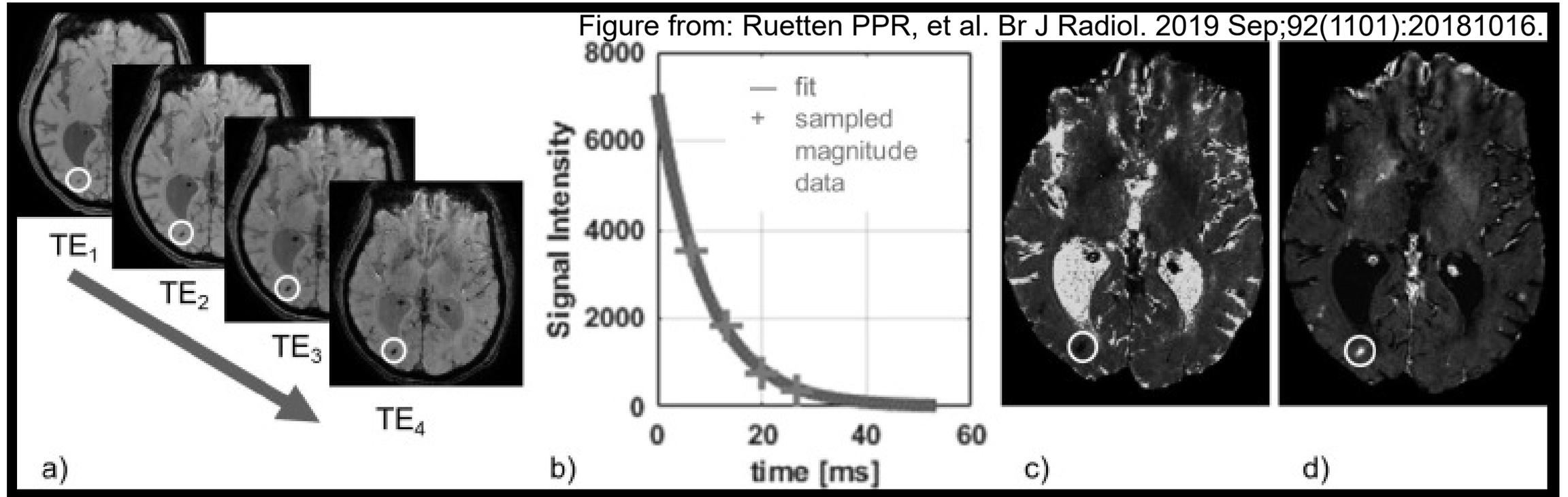
# T2 Decay



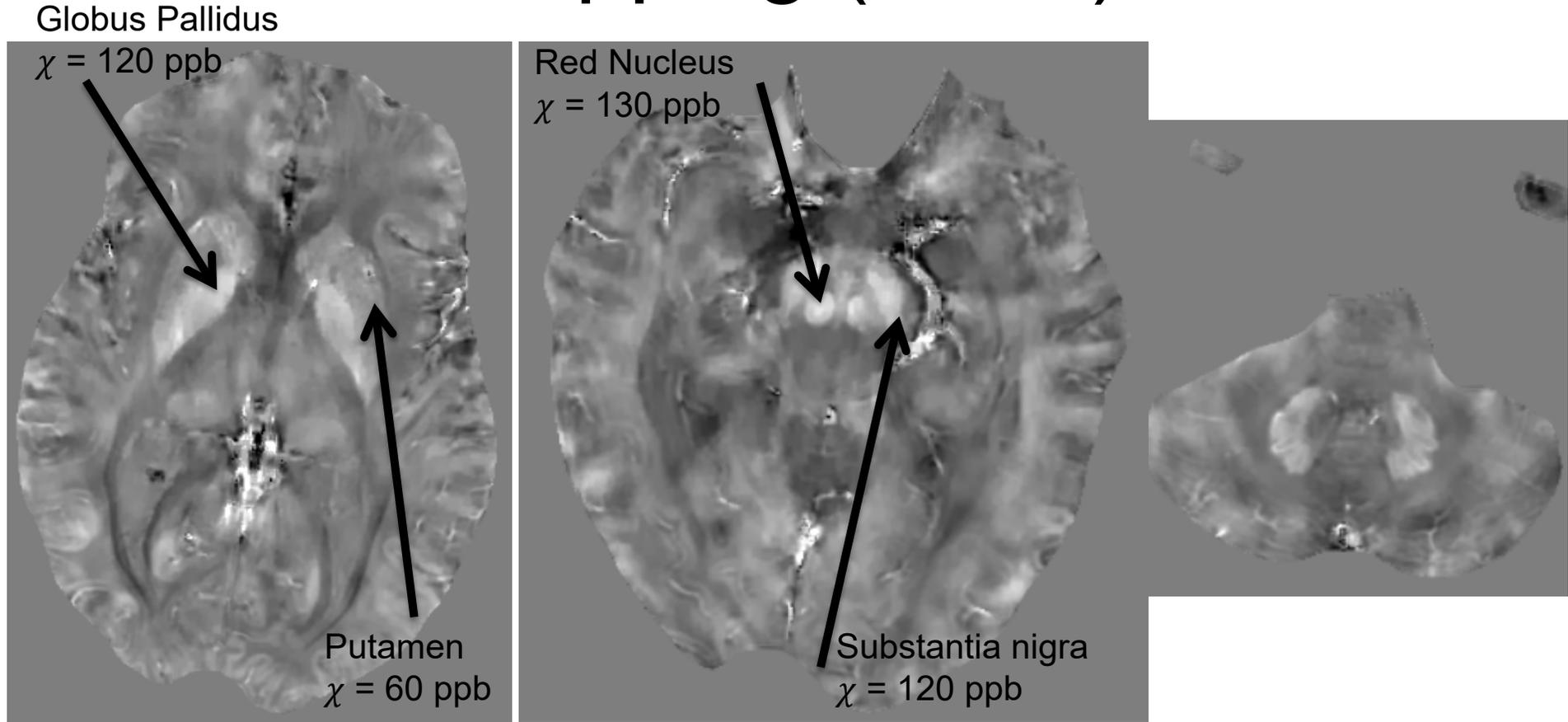
# Approaches to Sensitize for Tissue Susceptibility

SWI (Susceptibility Weighted Imaging)

QSM (Quantitative Susceptibility Mapping)



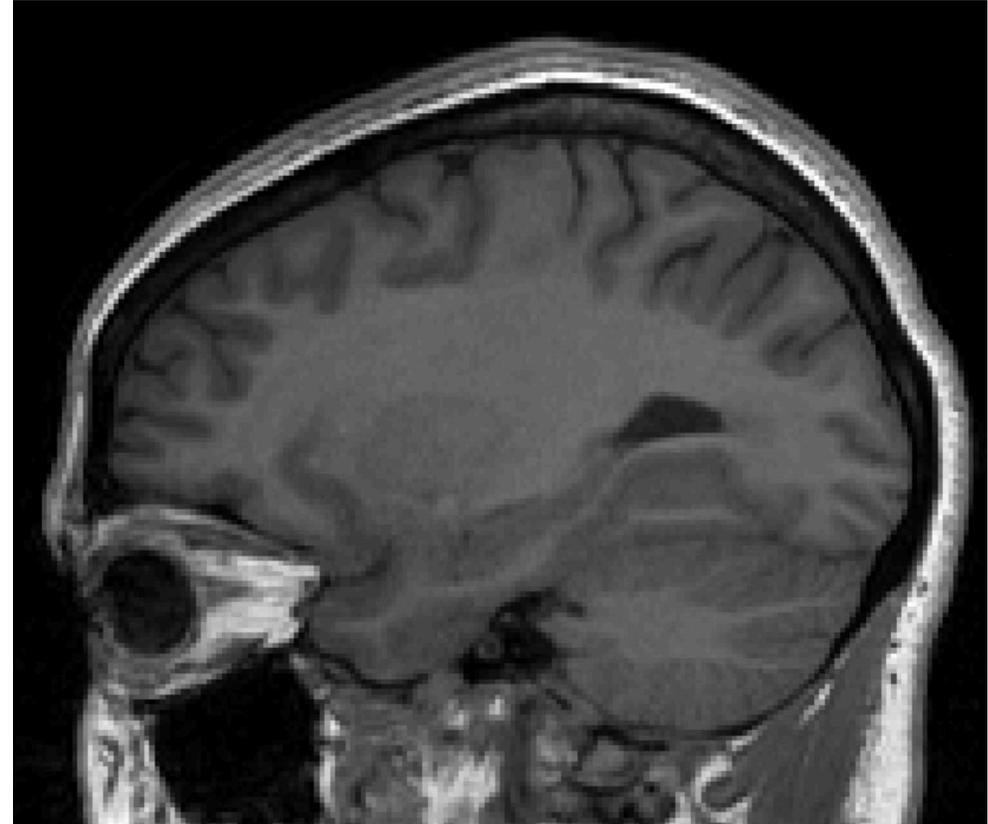
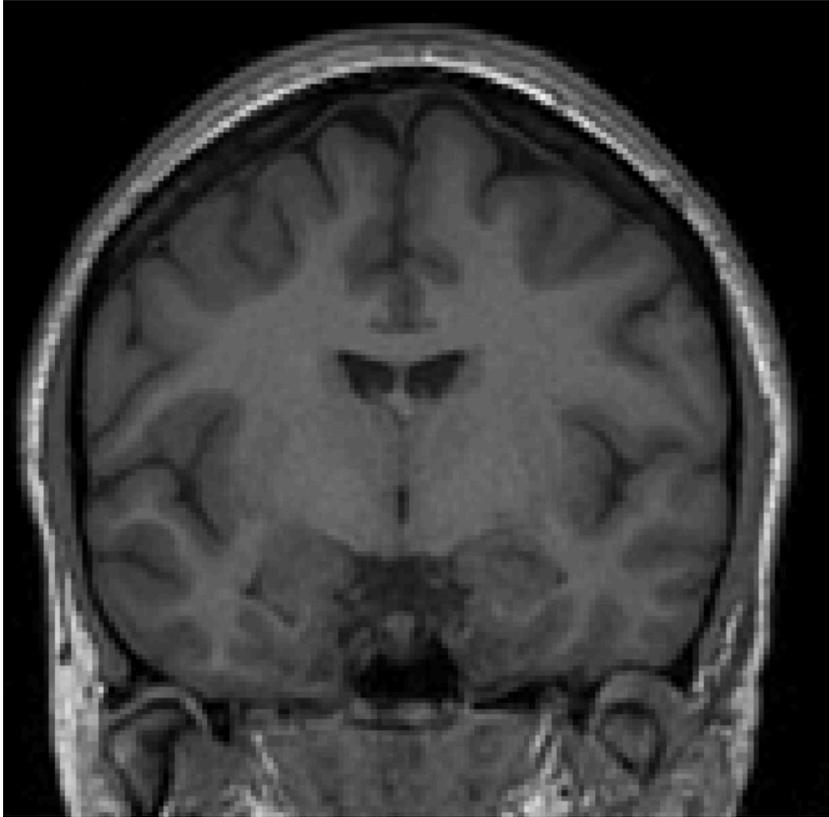
# Quantitative Susceptibility Mapping (QSM)



# Potential improvements with higher B0 field strength

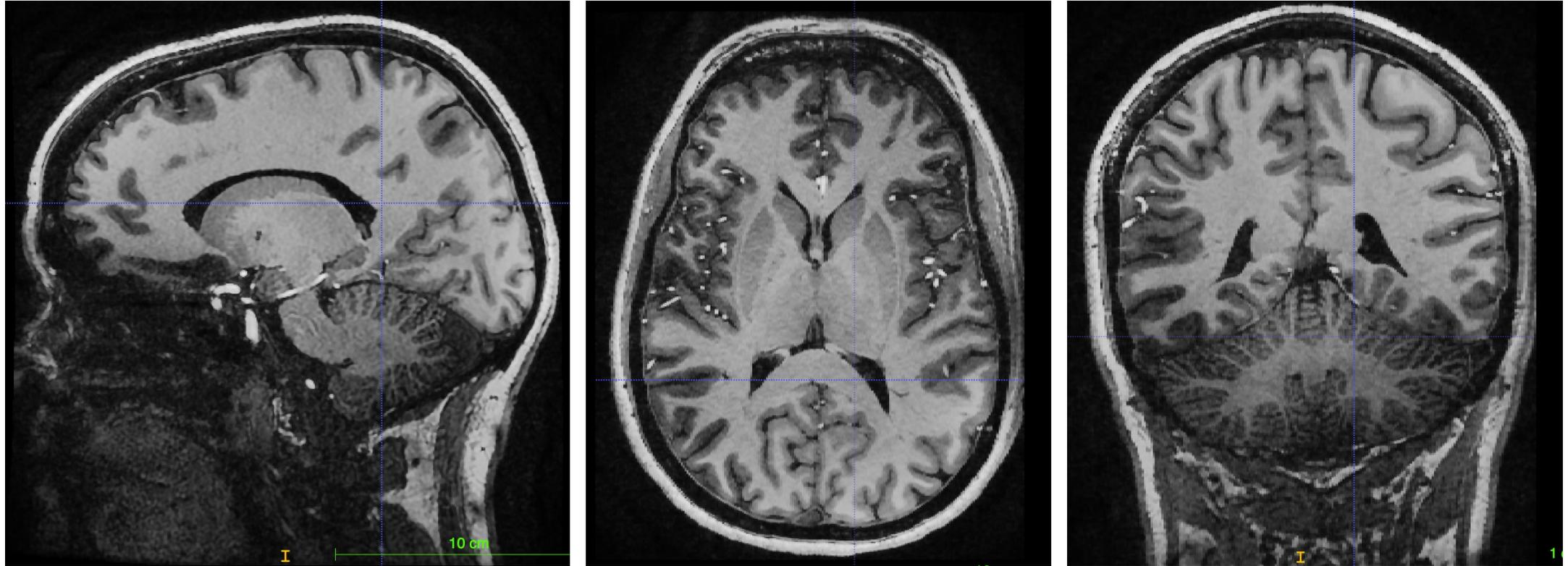
# Typical Resolution at 3T

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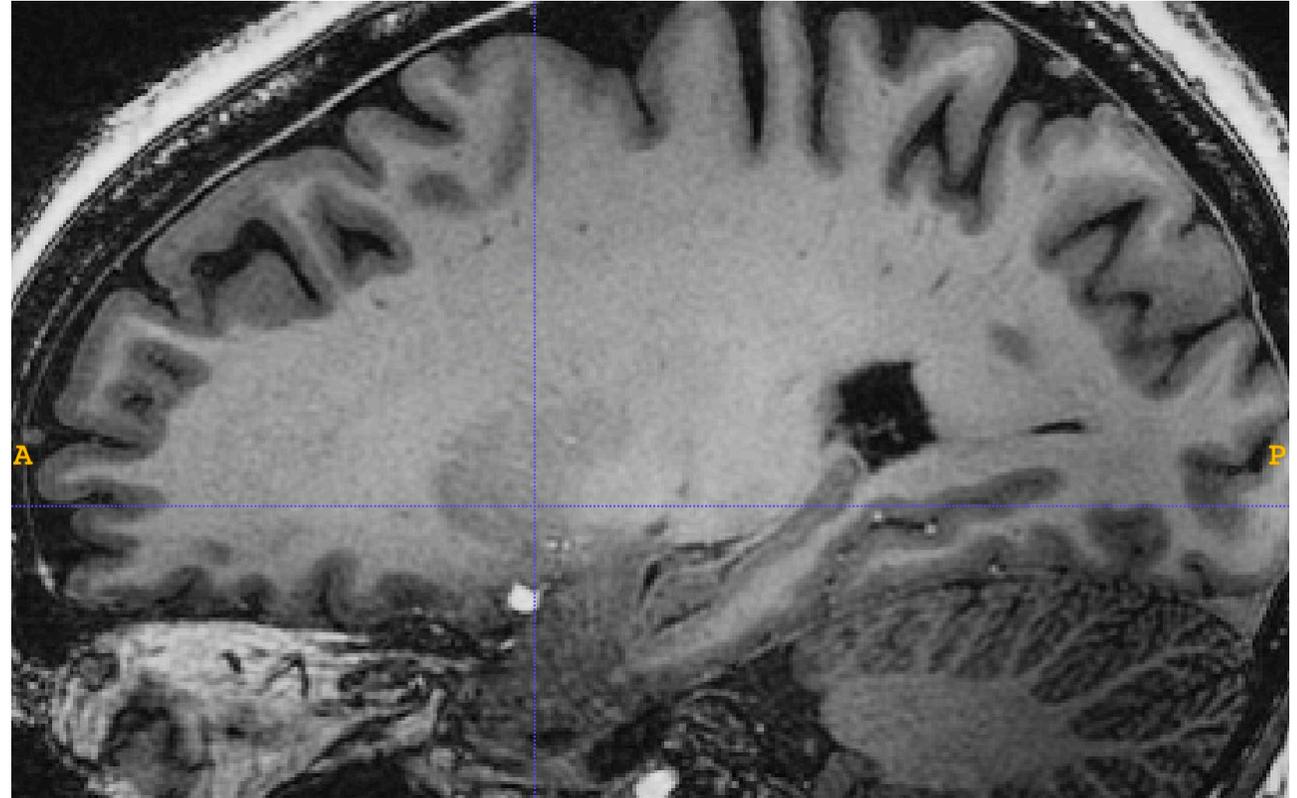
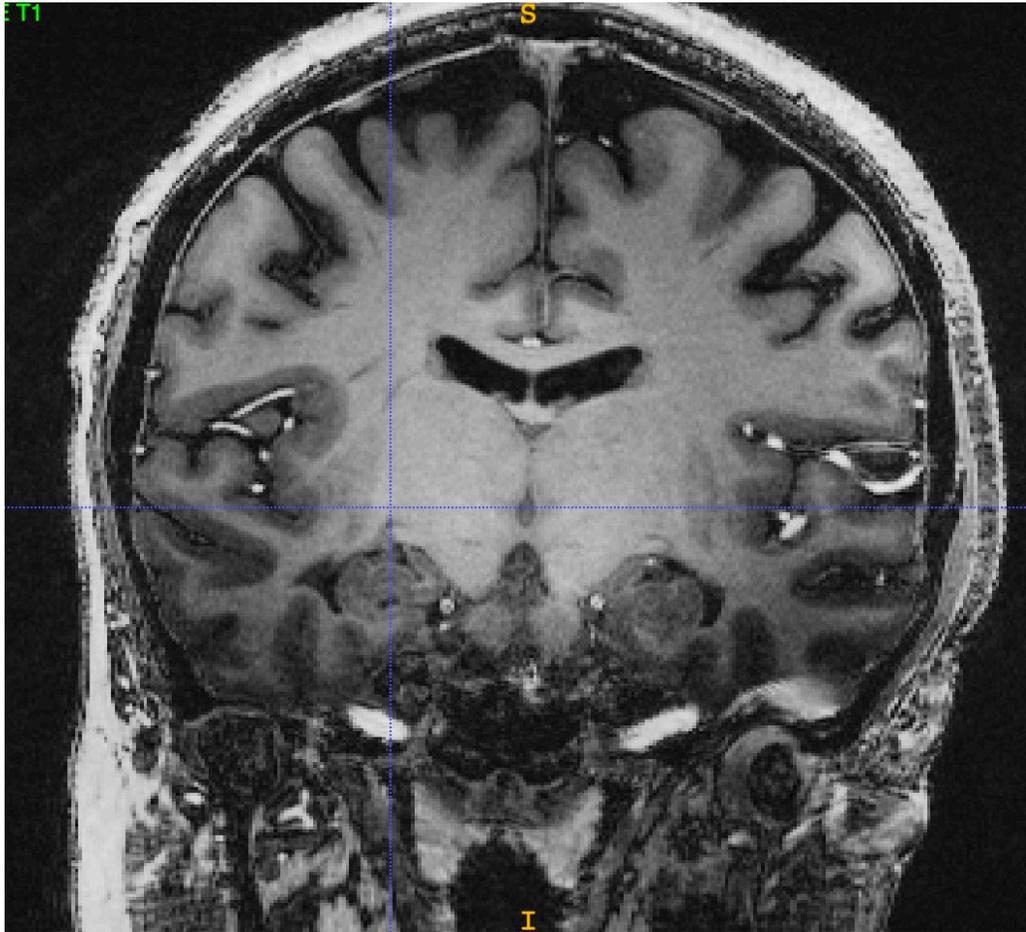
1mm Isotropic whole brain data from T1 and T2 weighted images

# Signa 7T – MP-RAGE T1



0.7mm Isotropic Acquired Resolution – Signa 7T

# Hippocampus at High Resolution



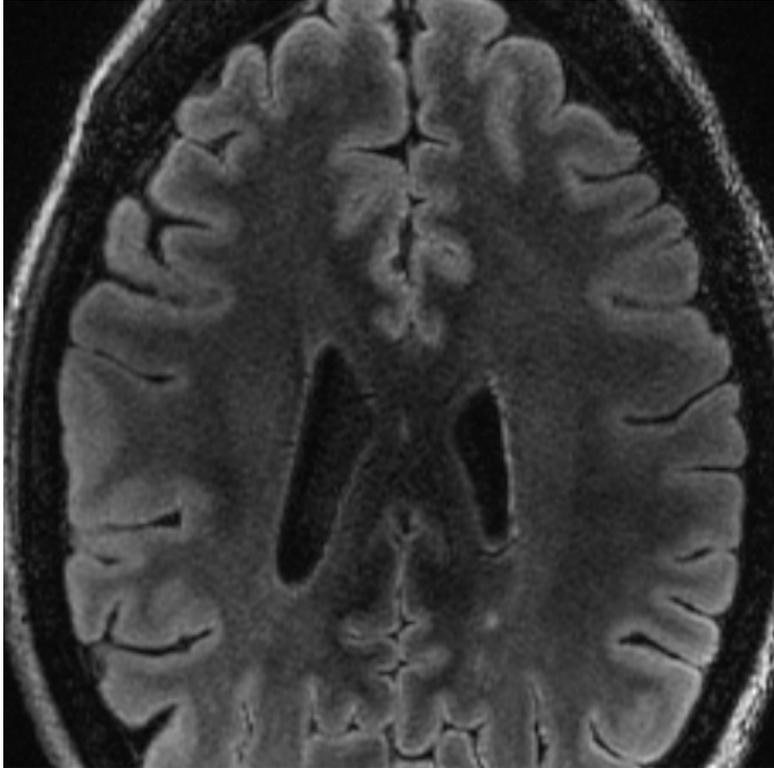
0.6mm isotropic resolution acquired at 7T

# Examples of structural imaging in disease

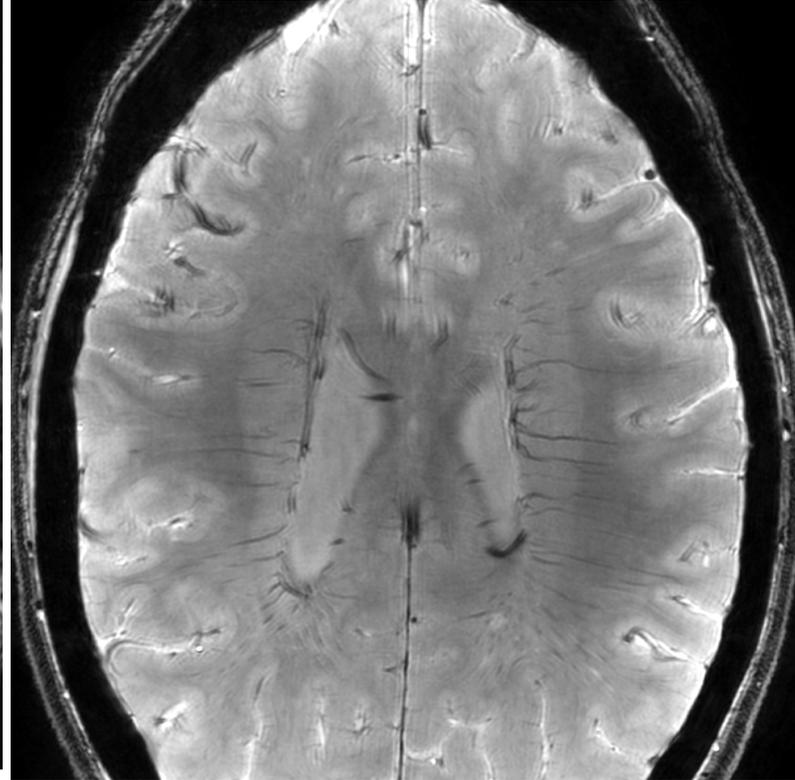
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# Multiple Sclerosis Participant

T2 FLAIR CUBE



Susceptibility Weighted



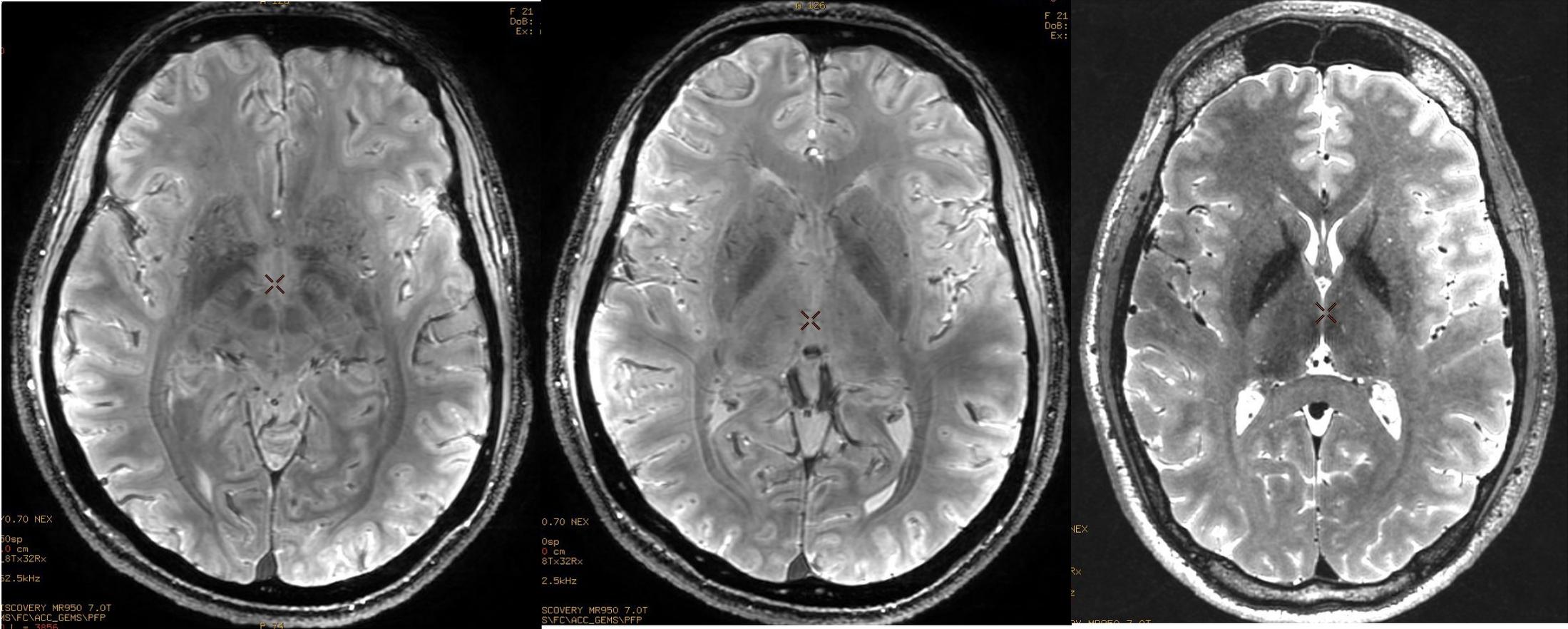
T1 MPRAGE



# Huntington's Disease Subject

Susceptibility Weighted Images

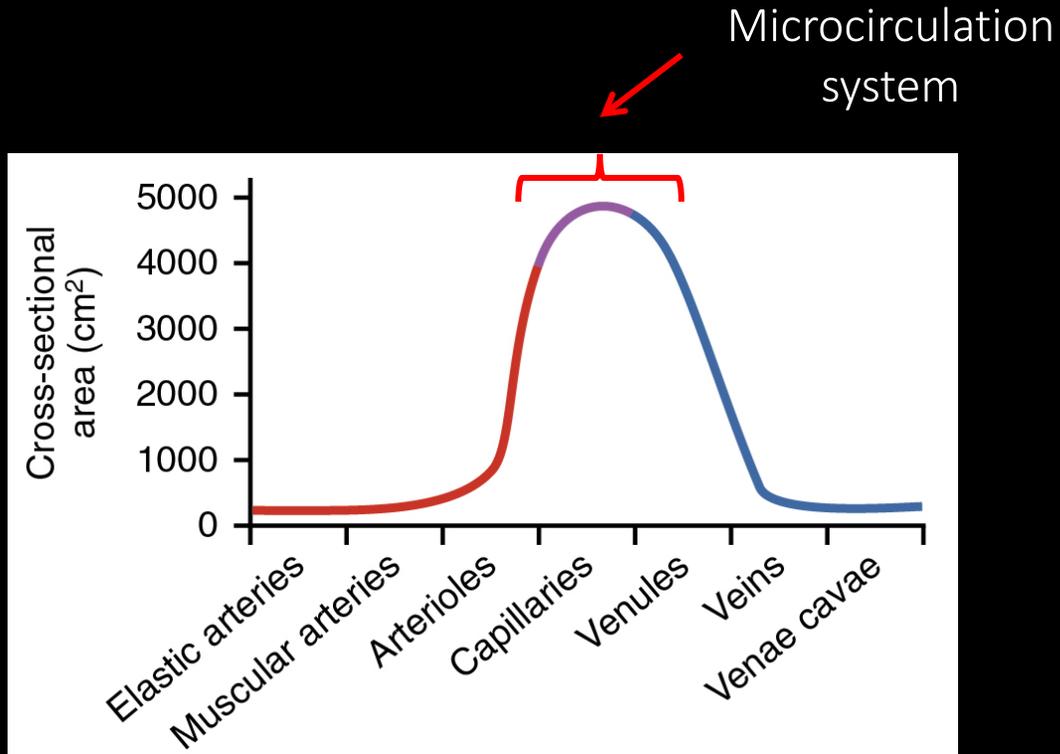
T2-weighted



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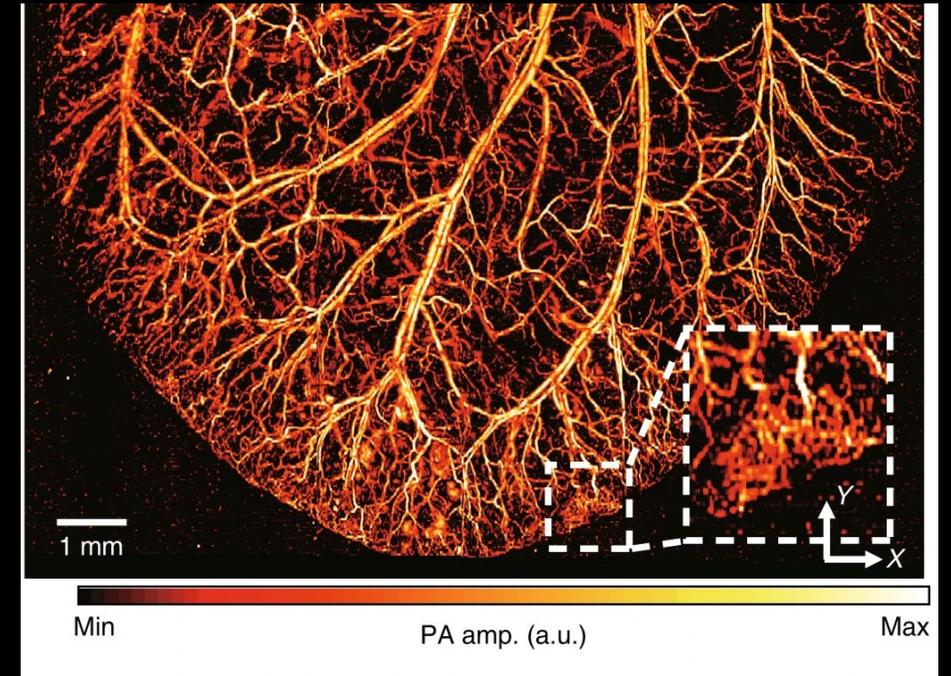
# Functional Imaging

# Perfusion and Capillary beds



Blood Flow, Blood Pressure and Resistance,  
Rice University, Open TextBook

## Photoacoustic Microscopy in a Mouse Ear



Kim et al. Light: Science & Applications. (103) 2019

Example of a capillary bed.

# Techniques to Analyze Perfusion

- Pre-imaging approaches.
  - Nitrous Oxide<sup>1</sup>
- Optical
- PET<sup>2,3</sup>
- CT<sup>4</sup>
- Ultrasound
  - Doppler<sup>5,6,7</sup>
  - Microbubbles<sup>8,9</sup>
- MRI
  - IVIM, ASL, DSC, DCE

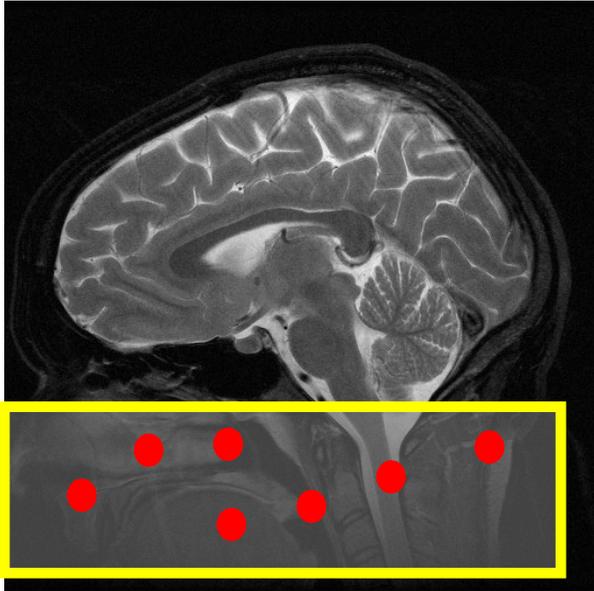
[1] Kety SS, Schmidt CF. *J Clin Invest* 1948;27:476—83. [2] Kety SS. *Semin NuclMed* 1985;15:324—8. [3] Patlak CS, Blasberg RG, Fenstermacher JD. *J Cereb Blood Flow Metab* 1983;3:1—7. [4] Meier P, Zierler KL. *J Appl Physiol* 1954;6:731—44. [5] Kedar RP, Cosgrove DO, Bamber JC, Bell DS. *Radiology* 1995;197(1):39—43. [6] Youssefzadeh S, Eibenberger K, Helbich T, Jakesz R, Wolf G. *Clin Radiol* 1996;51(6):418—20. [7] Leen E, Angerson WG, Cooke TG, McArdle CS. *Ann Surg* 1996;223(2):199—203. [8] Krix M. *Eur Radiol* 2005;15(Suppl 5):E104—8. [9] Meier P, Zierler KL. *J Appl Physiol* 1954;6:731—44.

# Common MRI-Based Perfusion Imaging Methods

	Tracer	Signal directly related to:	Common derived parameters
ASL	Mz of water	Blood flow	ATT
DSC	Gadolinium	Blood volume	Blood flow, MTT
DCE	Gadolinium	Vascular permeability	Transfer rate constant ( $K_{trans}$ )

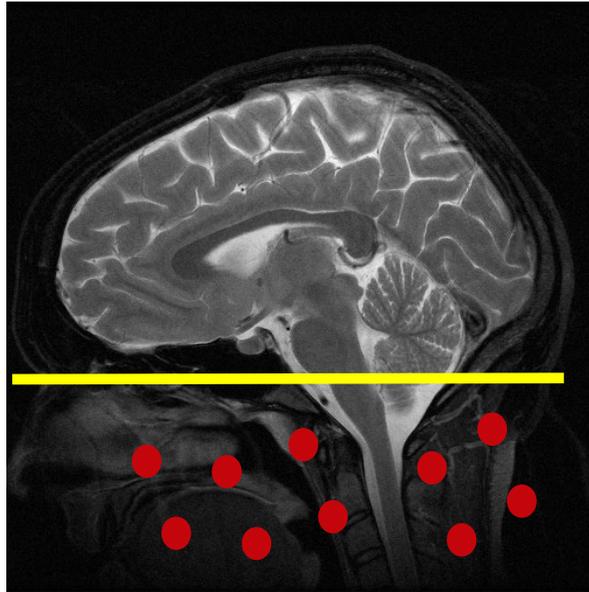
# ASL and Virtual Magnetic Labeling of Spins

## Selective Slab Based ( PASL, FAIR, STAR )



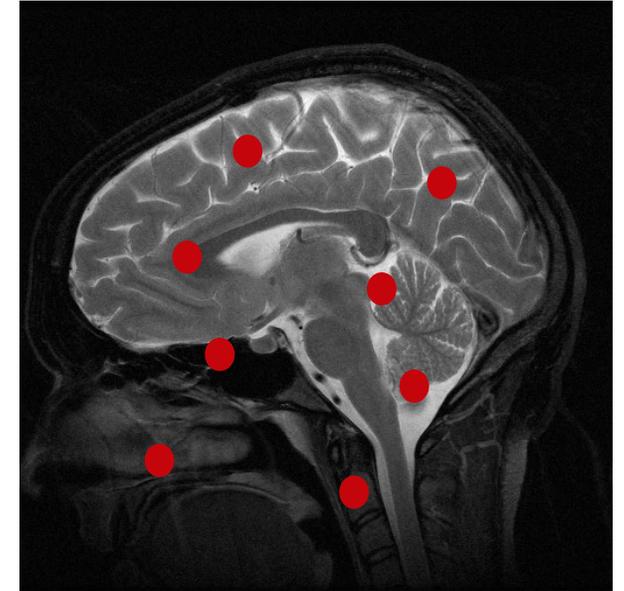
Blood in the slab  
tagged and moves into  
volume

## Slice Based ( CASL, PCASL )



Blood that passes  
through plane is tagged

## Motion Based ( VS-ASL )

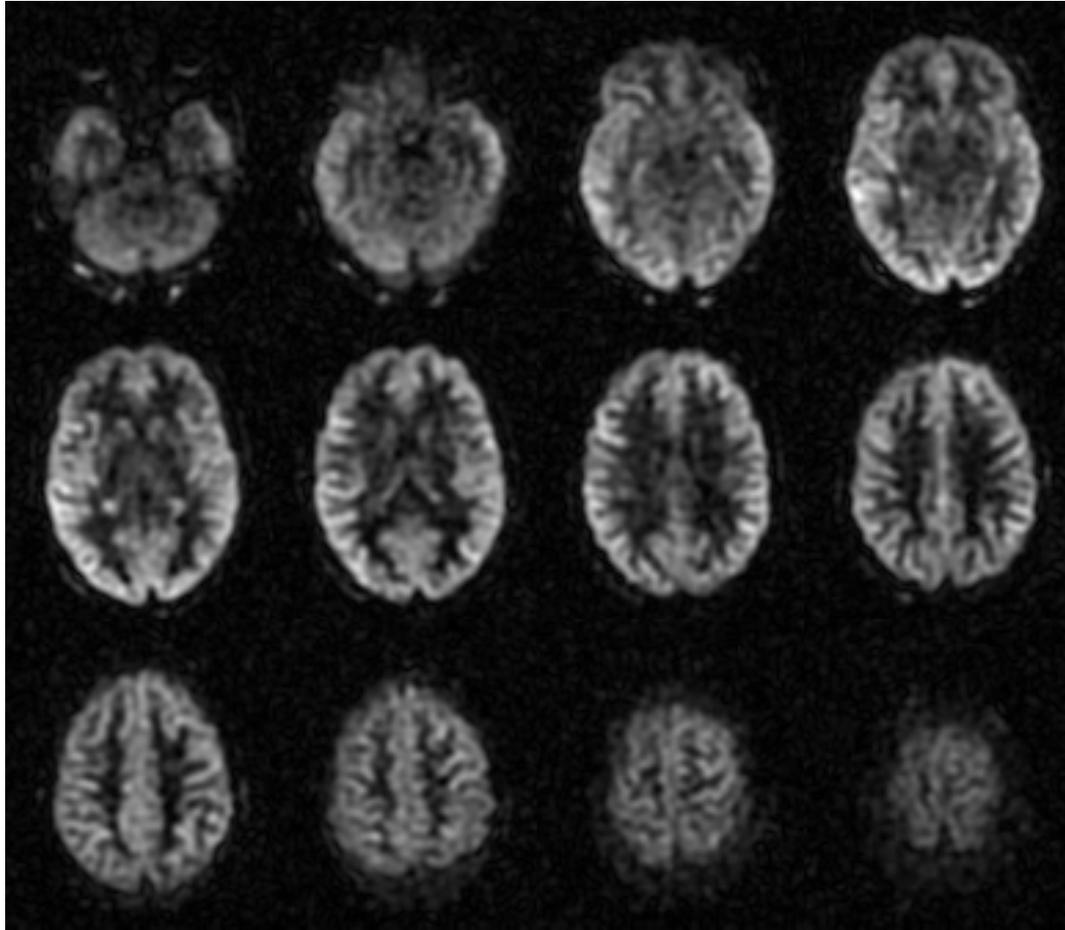


Blood that moves is  
tagged

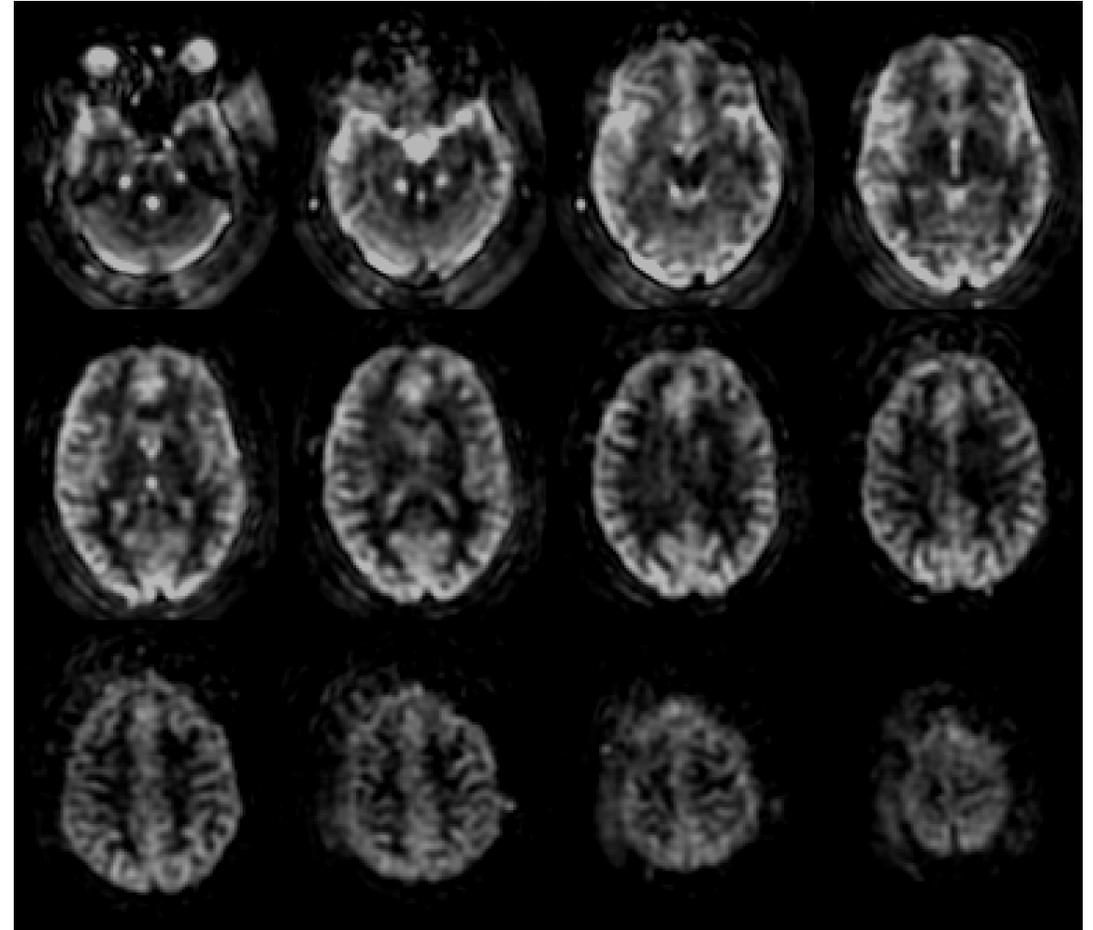
# Comparison (same normal volunteer)



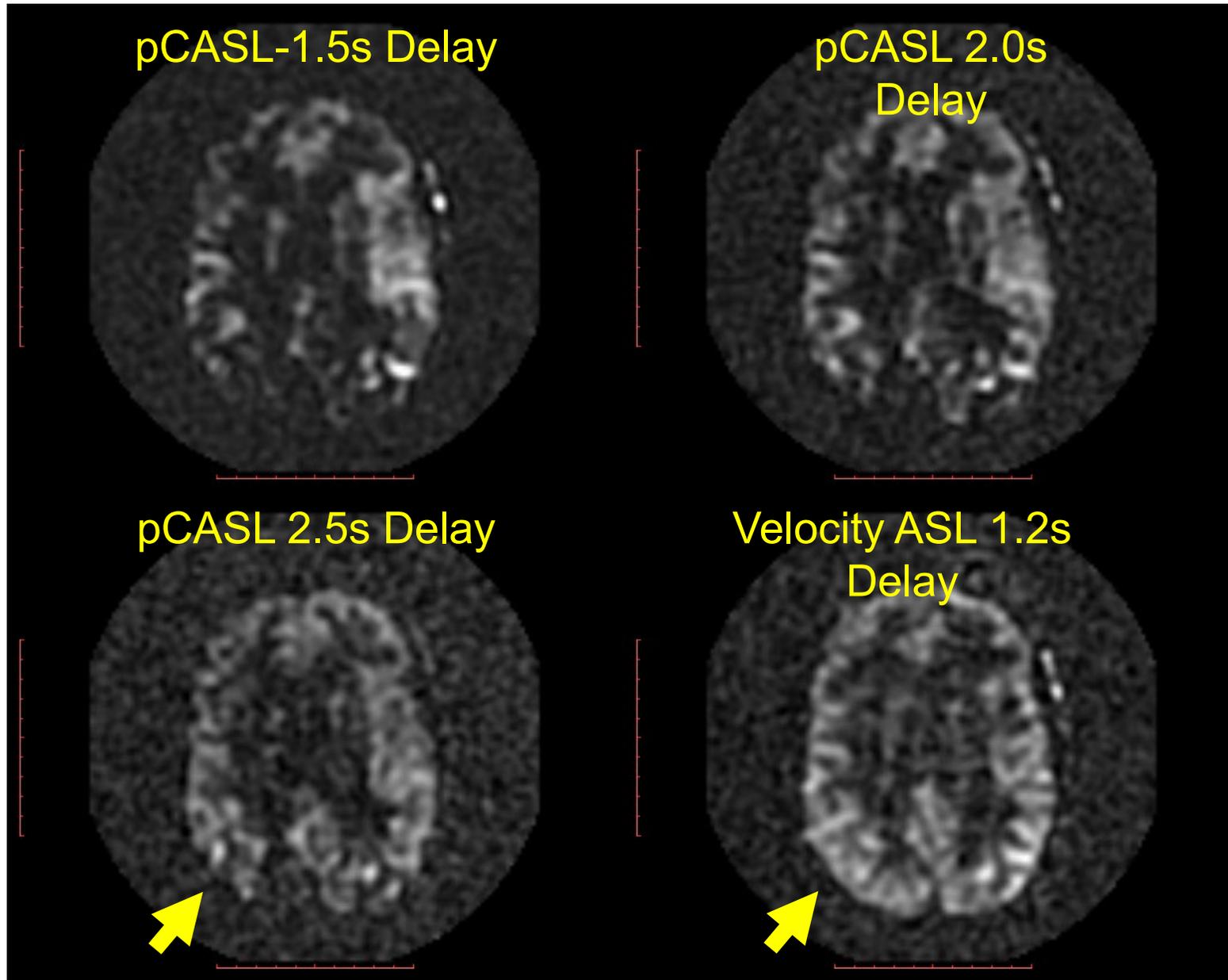
## Spatial (PCASL)



## Velocity (VSASL)



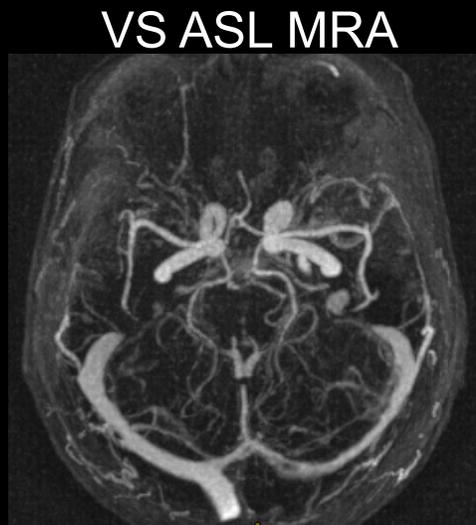
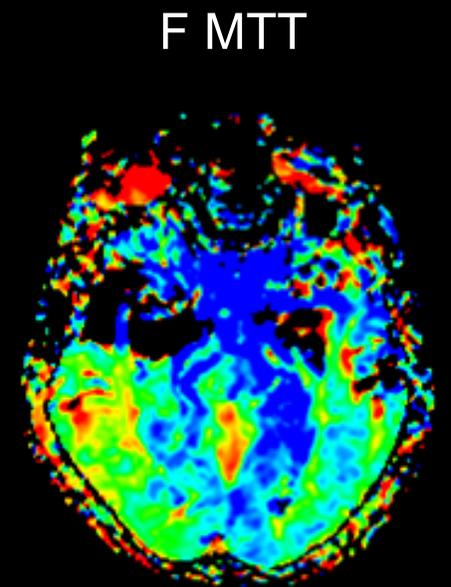
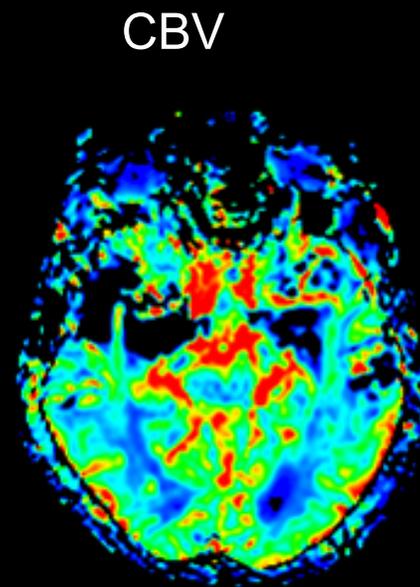
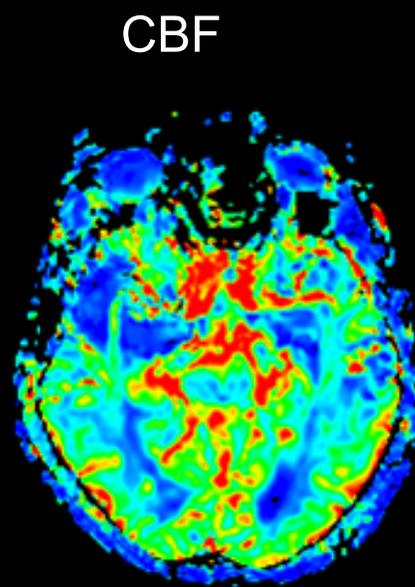
# 69y old subject with slow filling



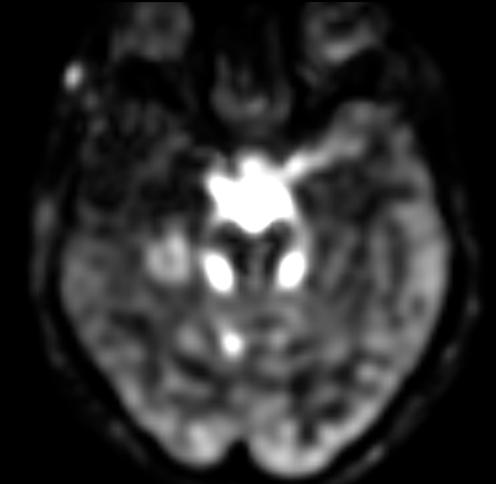
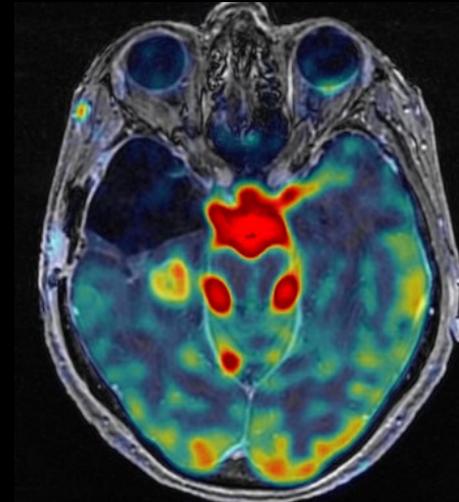
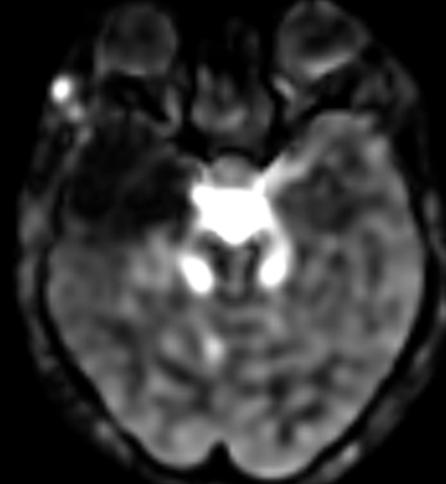
# GBM : Progression vs Pseudoprogression vs Radiation Necrosis



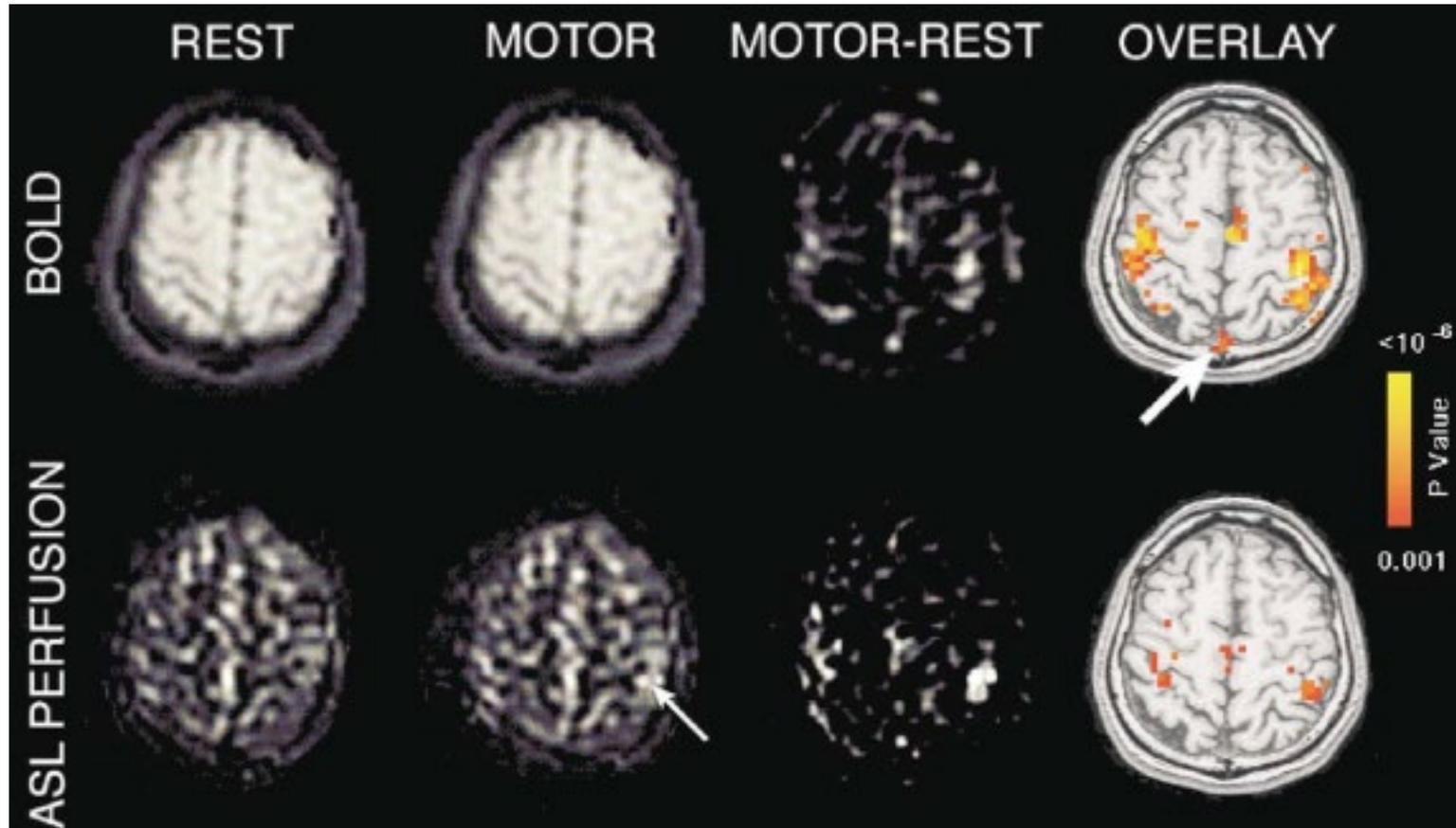
DSC CE  
Perfusion



VSASL  
Perfusion



# Example: fMRI using ASL



Bi-lateral finger tapping

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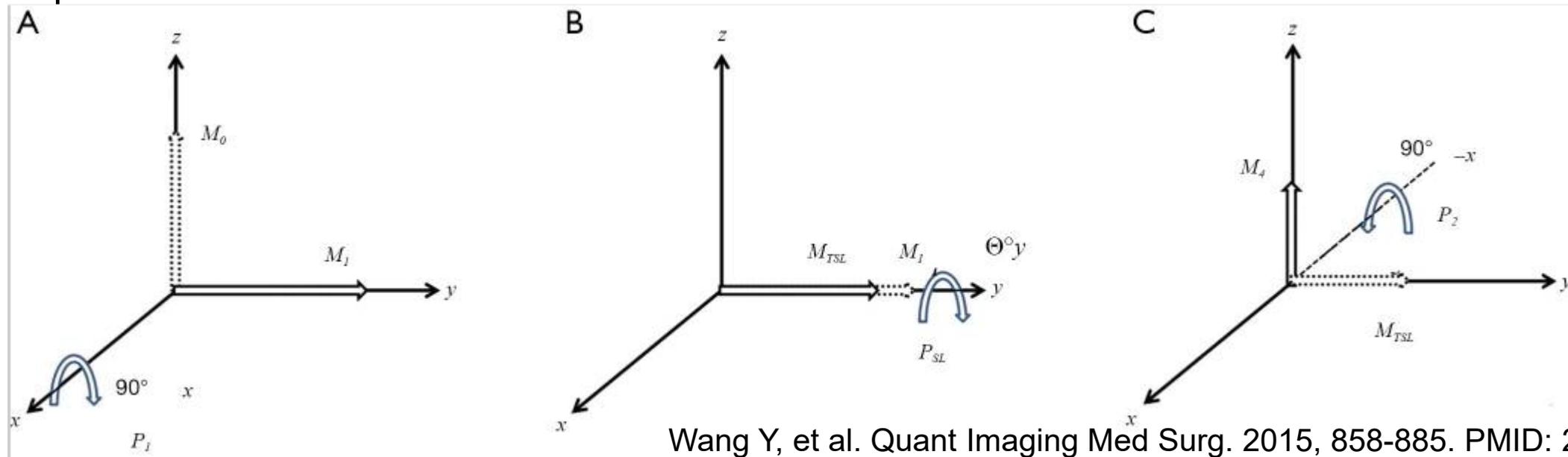
# Metabolic Imaging

**T1 $\rho$ , CEST, MRS**

# T1ρ (T1rho)

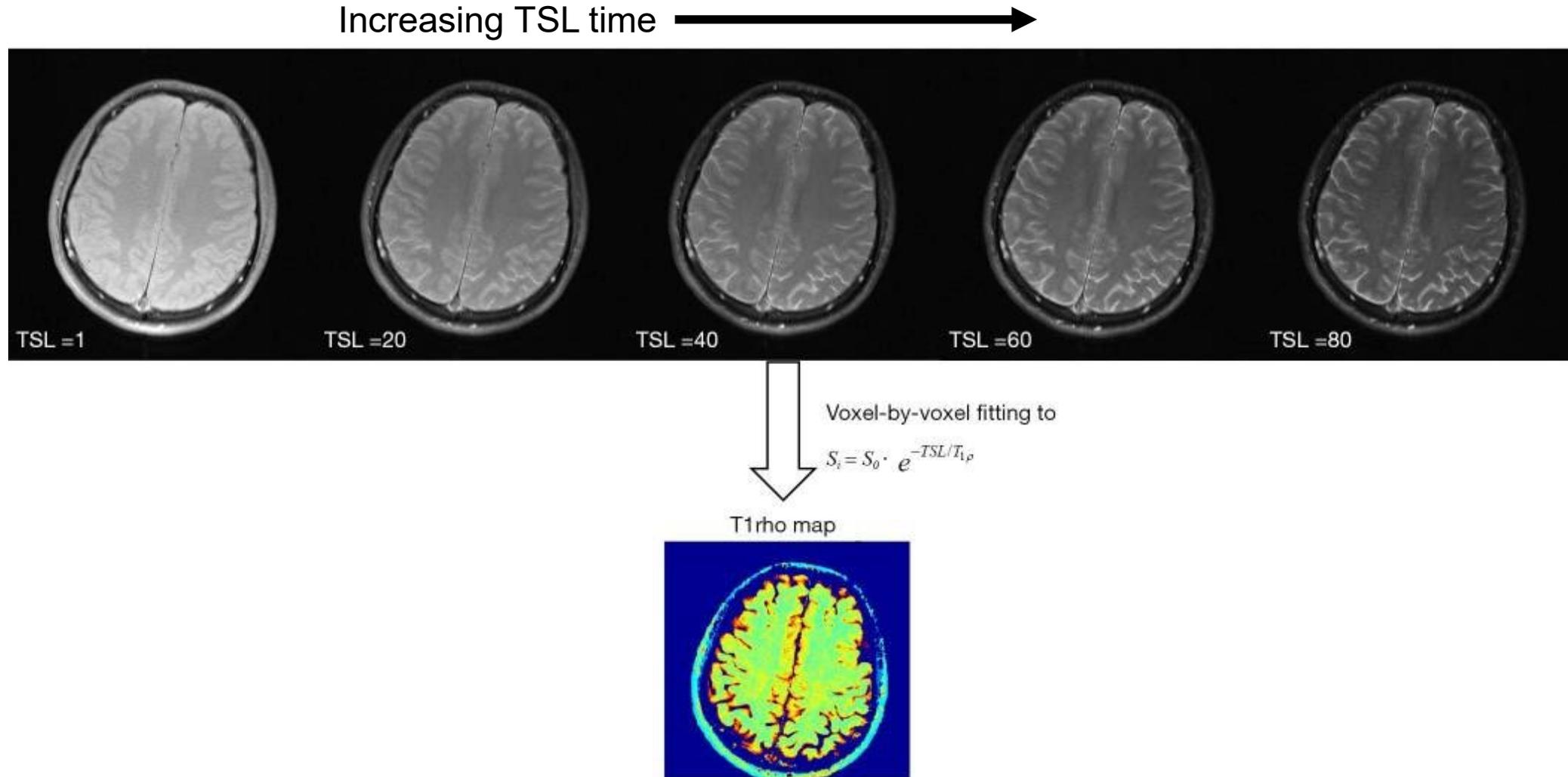
- Measures spin lattice relaxation time in rotating frame.
- Relaxation includes molecular interactions such as chemical exchange, dipolar interaction, and J-coupling

## Preparation Overview



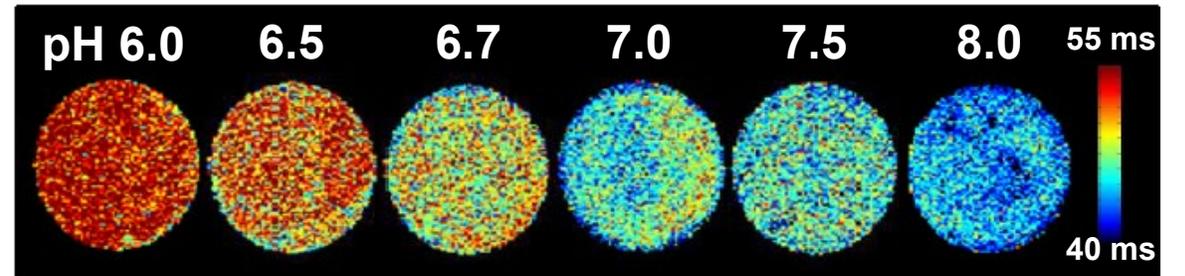
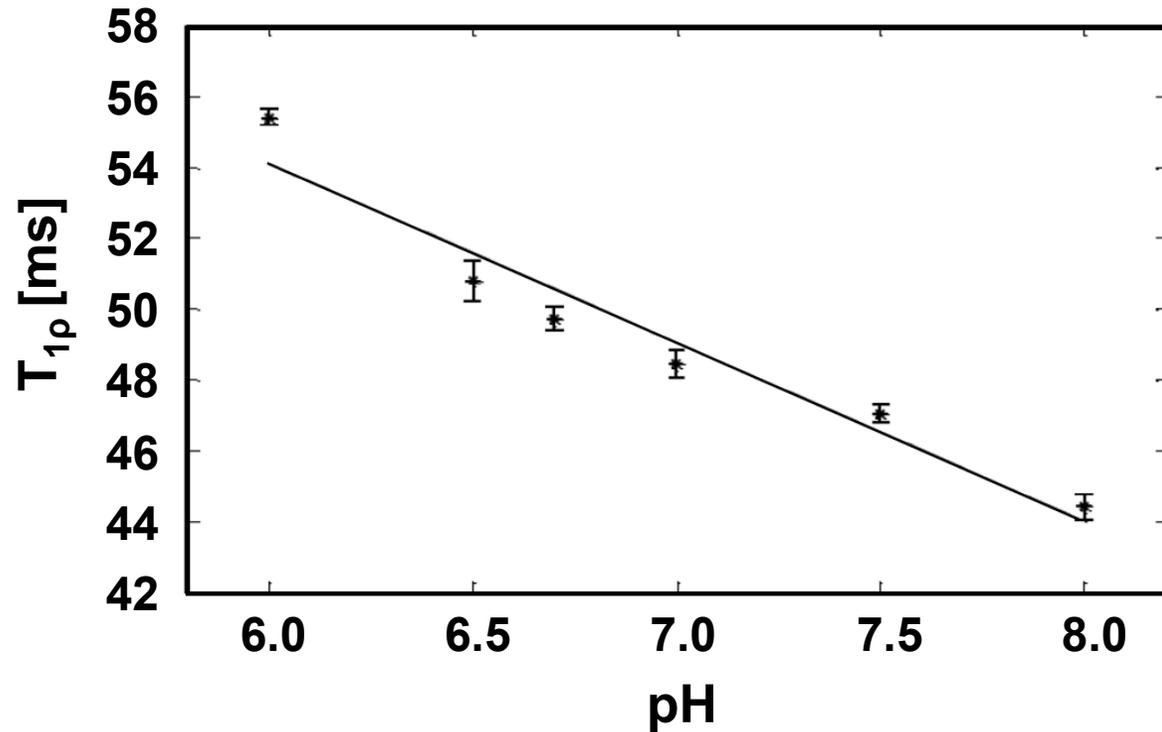
- A) Tip-down 90° pulse
- B) Spin-lock pulse in transverse plane for time TSL
- C) Tip-up 90° pulse

# T1ρ

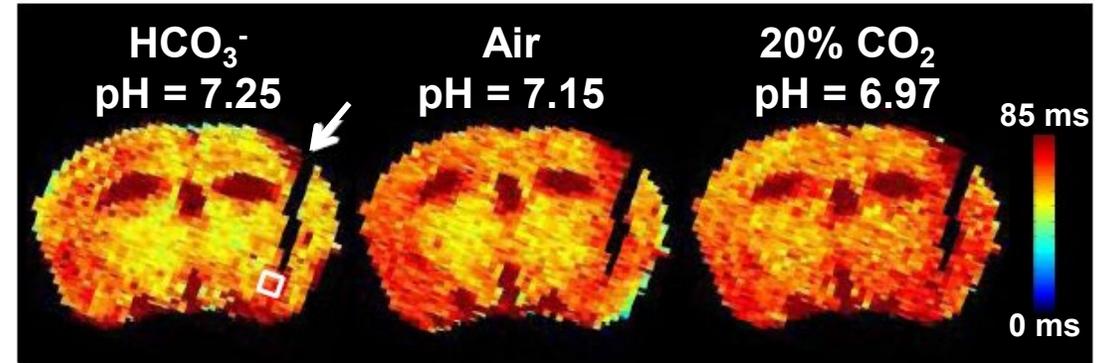
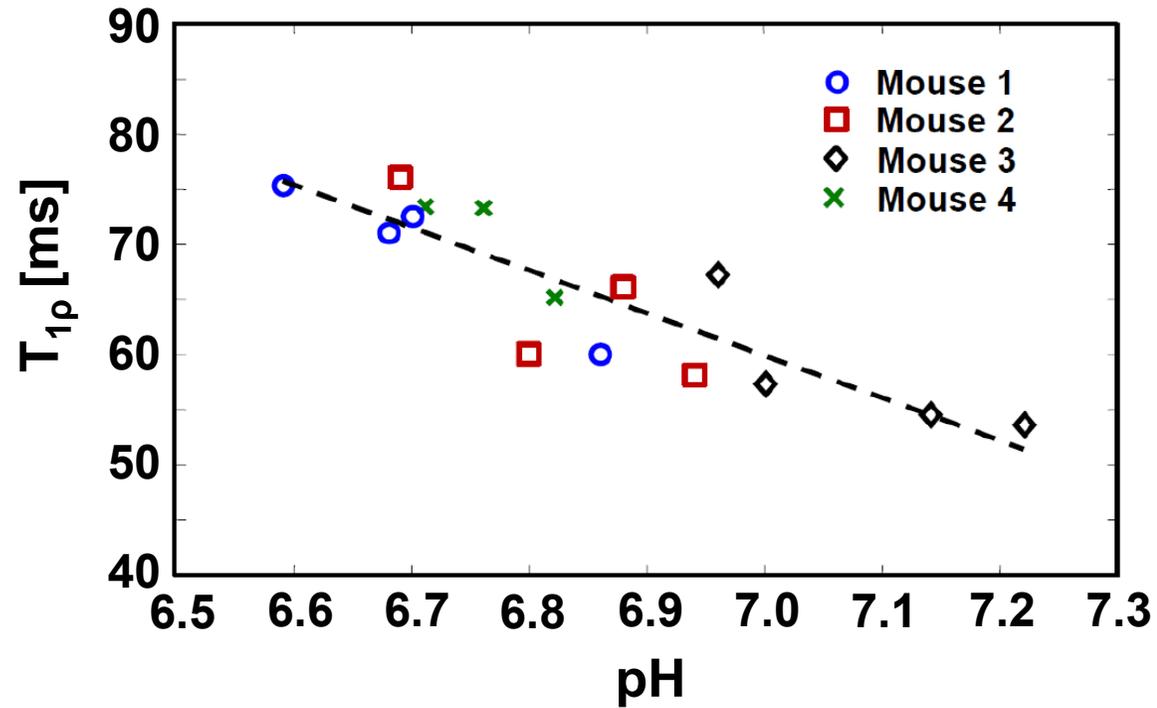


Wang Y, et al. Quant Imaging Med Surg. 2015, 858-885. PMID: 26807369

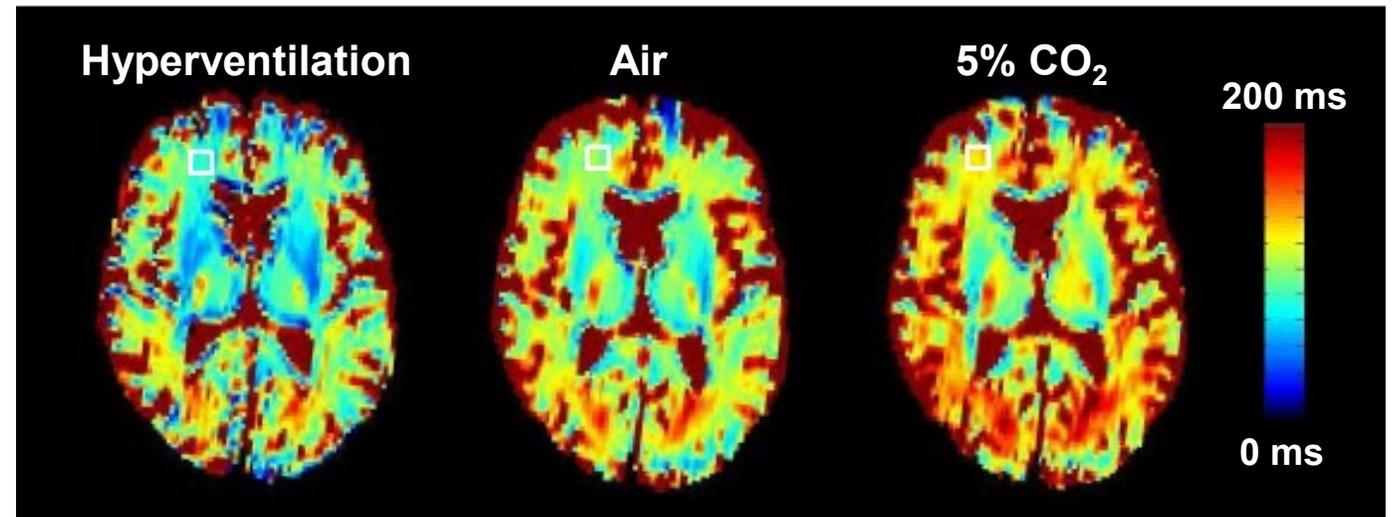
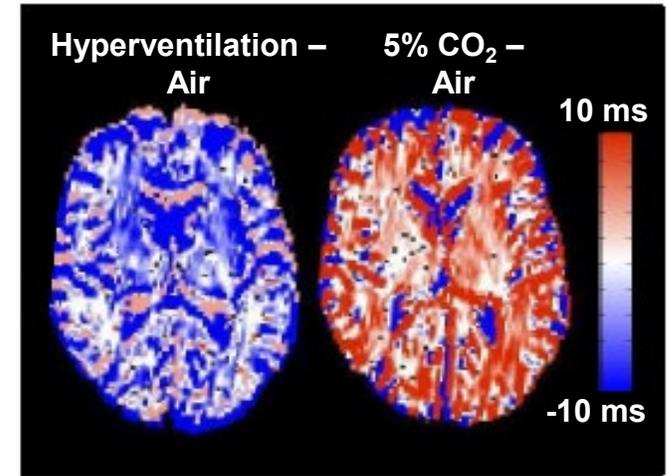
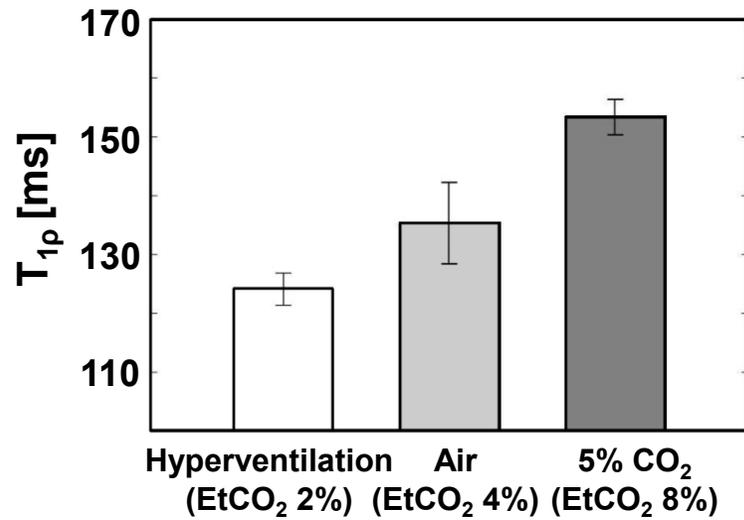
# T<sub>1ρ</sub> Sensitivity to pH



# Animal Validation



# In vivo Evaluation



# Multi-Parametric MR Imaging in HD

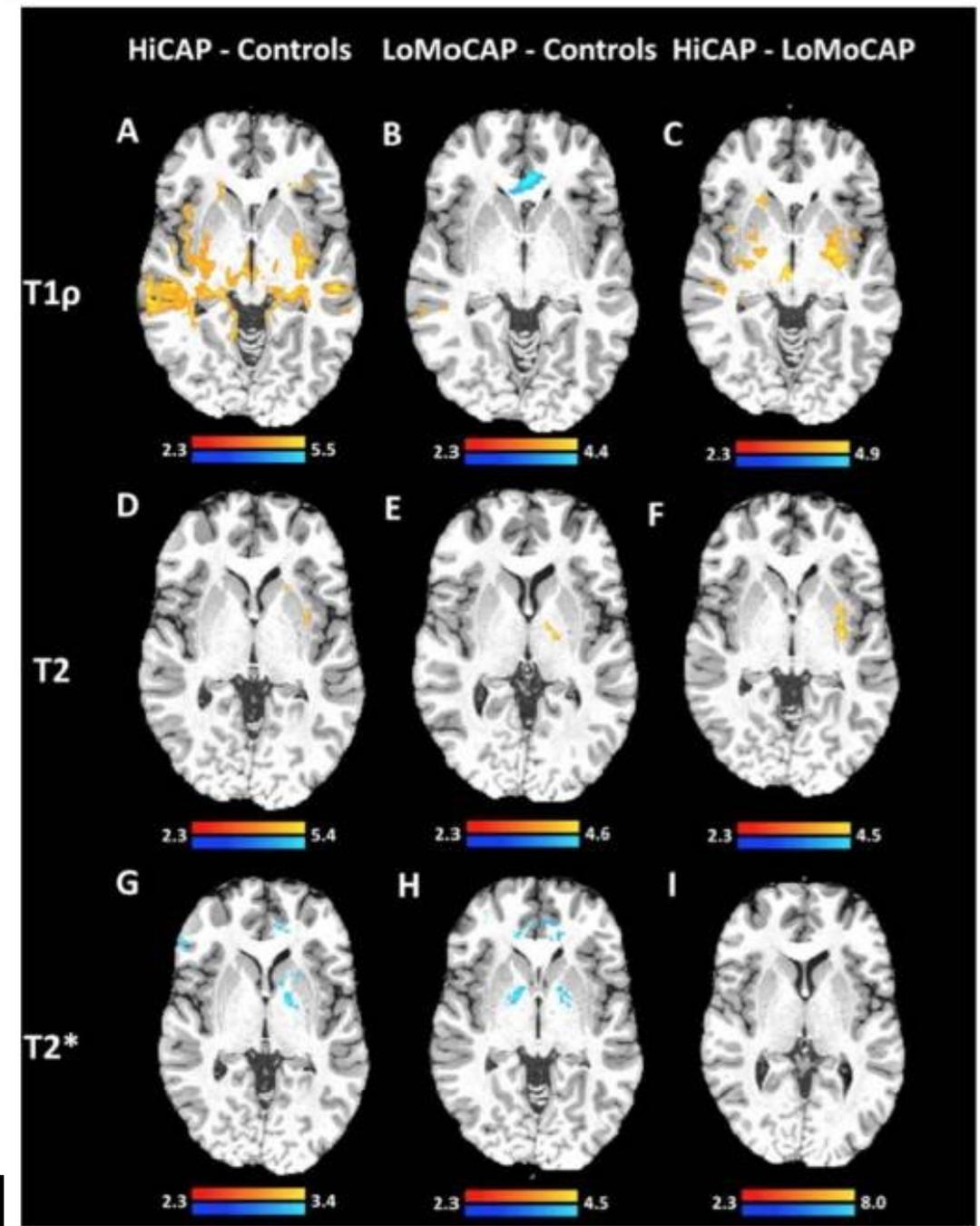
## Demographics

Controls N=26

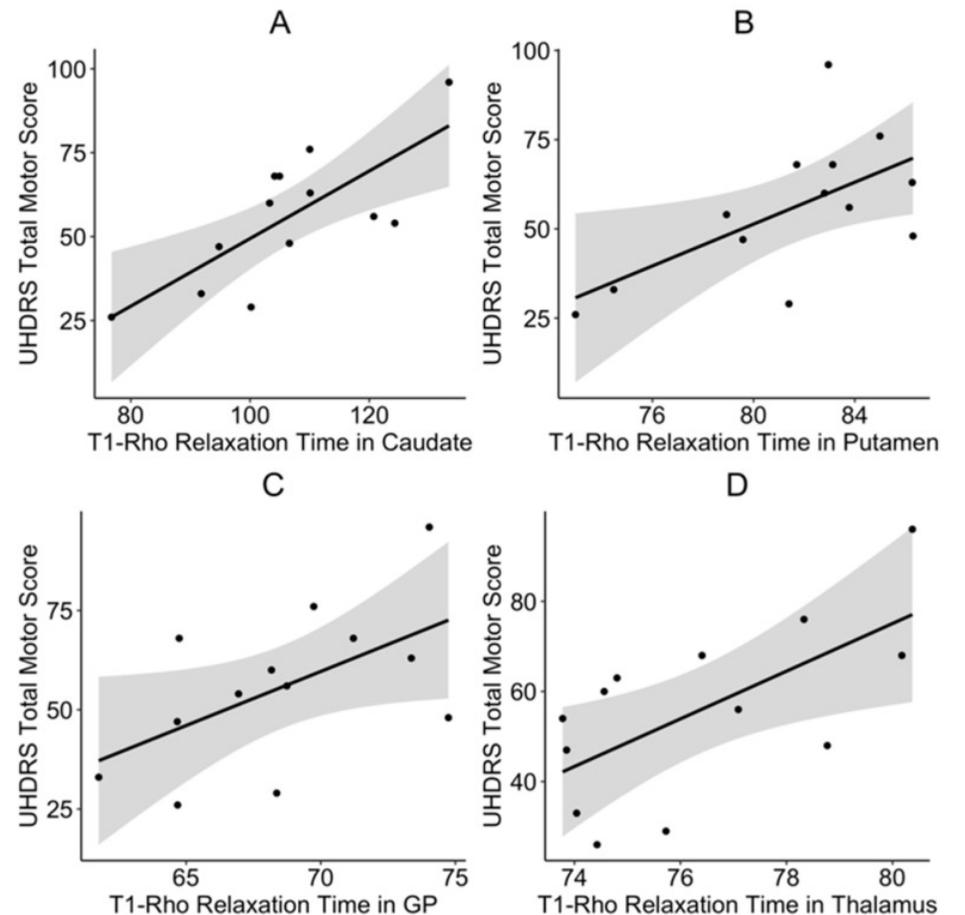
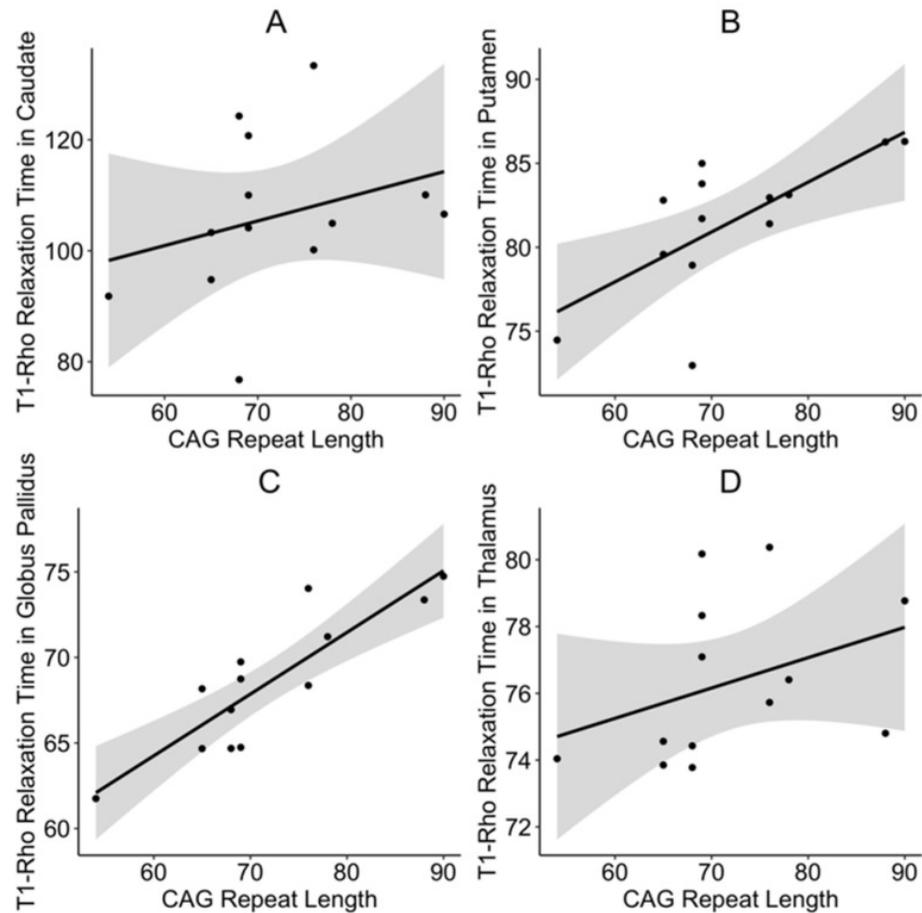
HiCAP: N=24 (CAG Age Product=430)

LoMo CAP: N=26 (CAG Age Product=295)

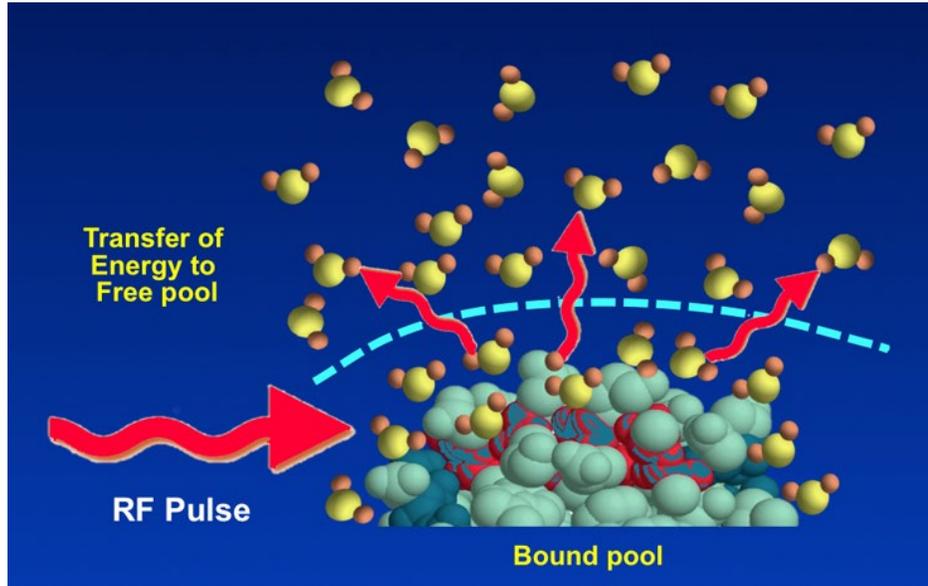
Data from Wassef et al. 2015



# T1ρ in Juvenile Onset HD

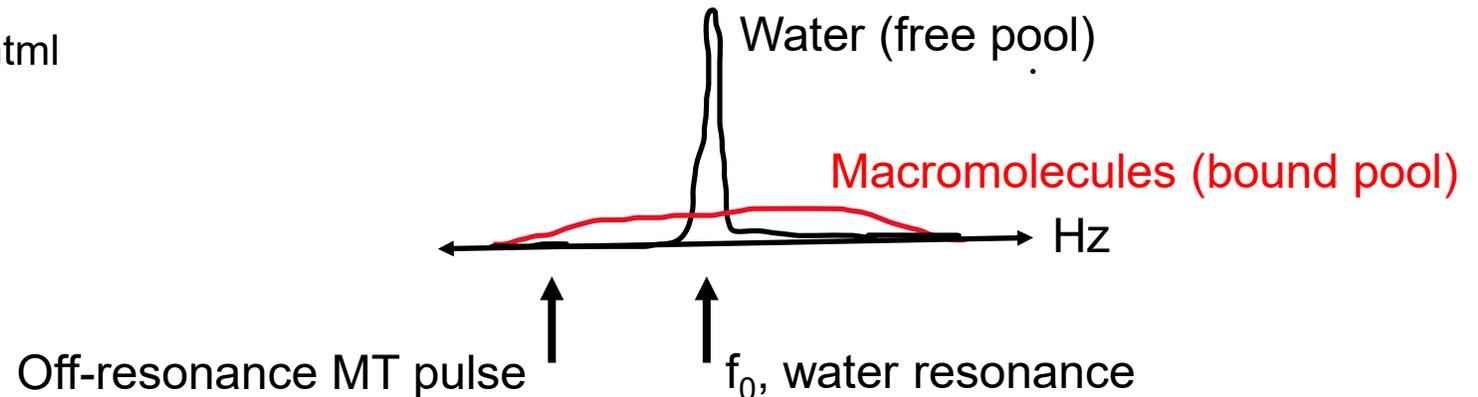


# Magnetization Transfer (MT) and Chemical Exchange Saturation Transfer (CEST)

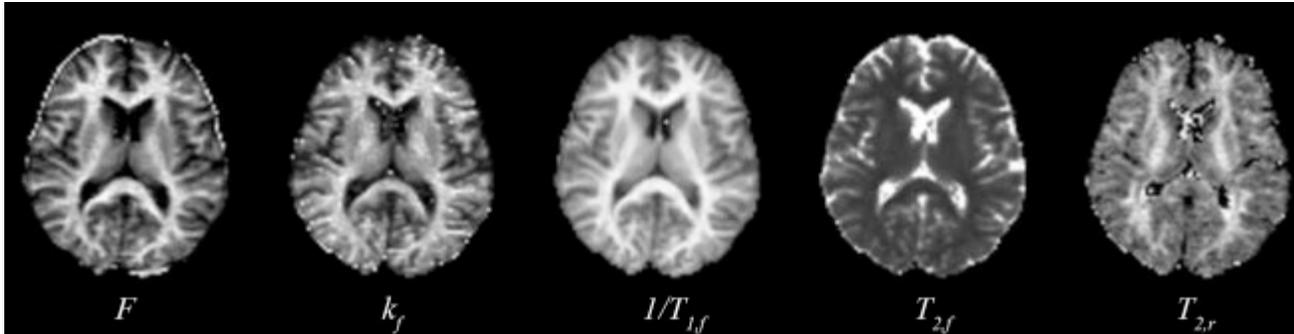


- 1) An off-resonance RF pulse excites the protons in the bound pool
- 2) Energy is transferred from the protons in the bound pool to those in the free pool
- 3) The change in signal is measured by imaging protons in the free pool on-resonance

<https://mriquestions.com/magnetization-transfer1.html>



# Magnetization Transfer



Quantitative MT images of the adult human brain.

Parameters include:

Pool size ratio  $F$

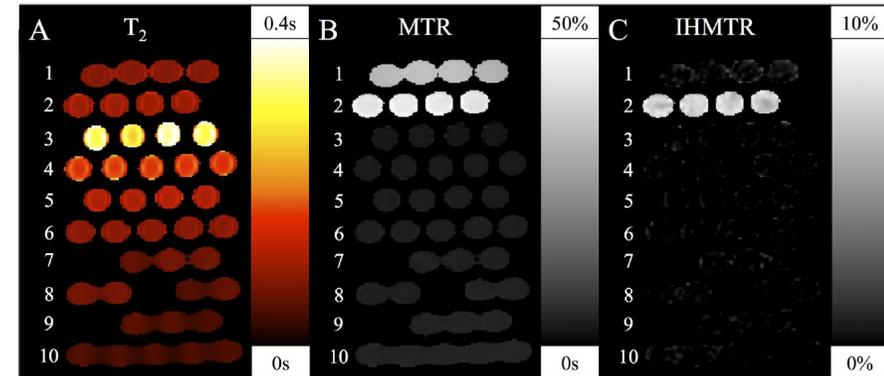
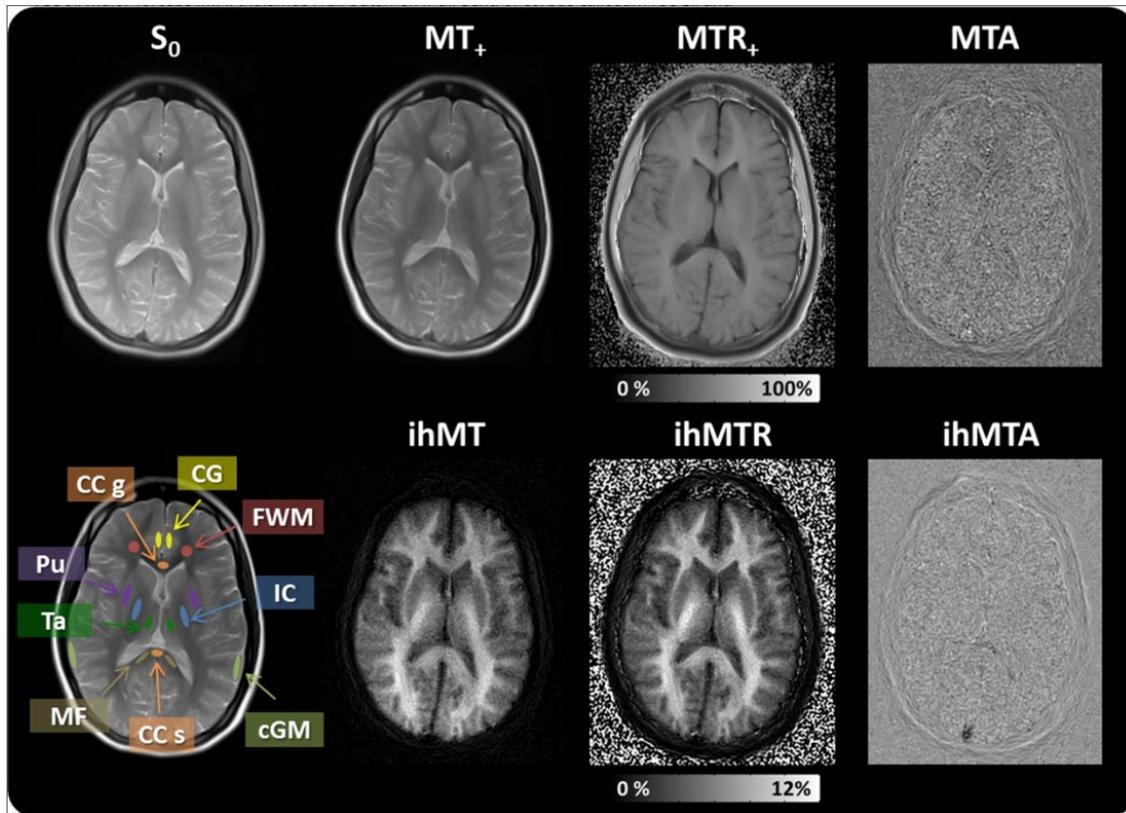
Forward exchange rate  $k_f$

Spin-lattice relaxation rate of the free pool  $1/T_{1,f}$

Spin-spin relaxation rate of the free pool  $T_{2,f}$

Spin-spin relaxation rate of the restricted motion pool  $T_{2,r}$

# Magnetization Transfer



Exploits asymmetry of the MT spectrum. Provides sensitivity to myelin.

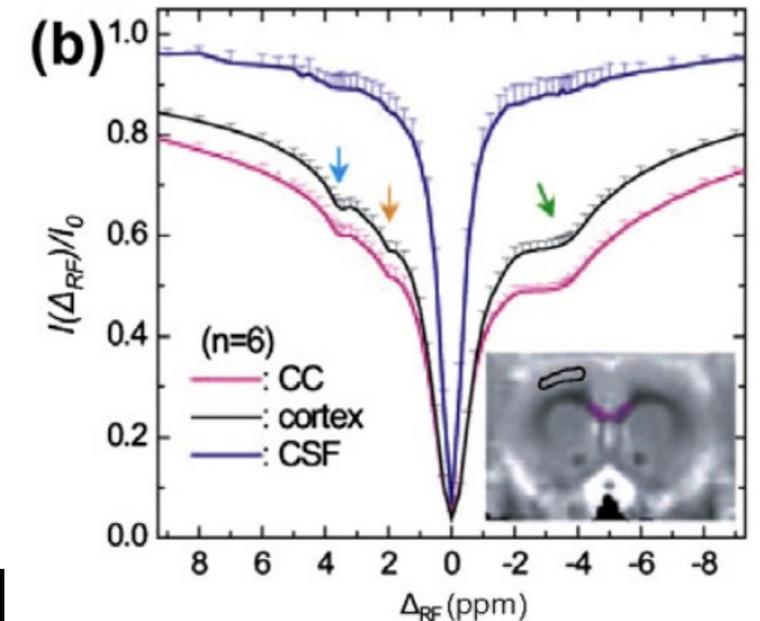
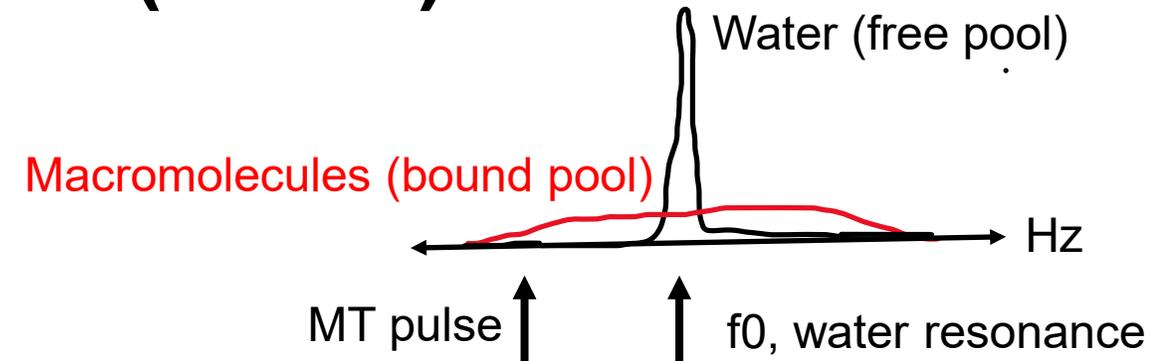
Varma et al. MRM 2015

Girard et al. MRM 2015;73:2111-2121

# Magnetization Transfer (MT) and Chemical Exchange Saturation Transfer (CEST)

Extending to Z-spectrum and CEST

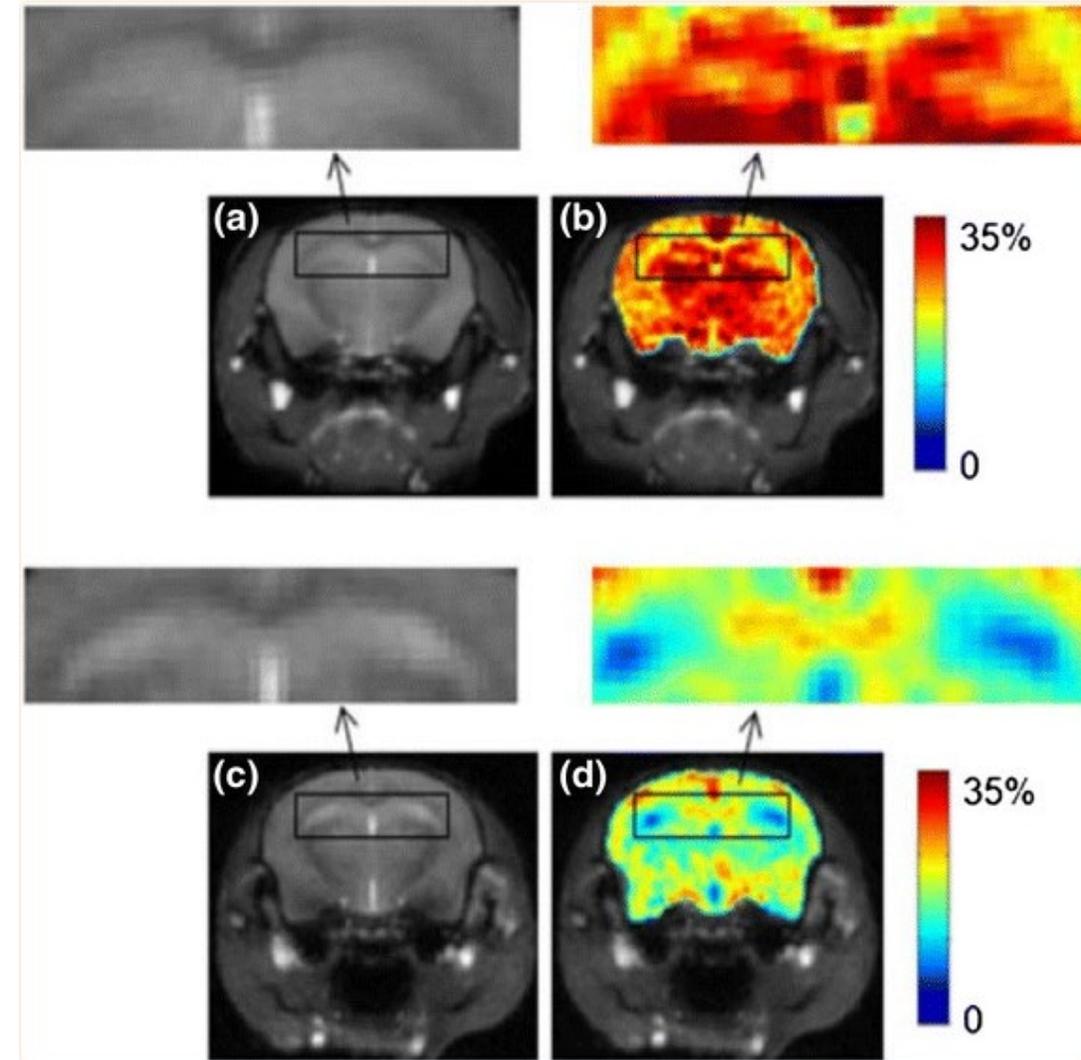
- 1) An off-resonance RF pulse excites the protons in the bound pool ( $f_n$ )
- 2) Energy is transferred from the protons in the bound pool to those in the free pool
- 3) The change in signal is measured by imaging on-resonance protons in the free pool
- 4) Increment the off-resonance RF pulse and repeat steps 1-2.



# Example: Glu-CEST in AD

Mapping neurotransmitter  
Glutamate

- Mouse model of AD at U. Penn.
- Anatomical images (a, c)
- Glu-CEST (b, d)
- wild-type control (top)
- Alzheimer's disease (bottom)



# CEST Used in Neurological Disorders

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→ Overview by Shaffer et al. Front Psychiatry. 2020

→ APT CEST

- Stroke: Harston et al. Brain (2015), Tietze et al. NMR Biomed (2014), González et al. J Magn Reson Imaging (2012)
- AD: Wang et al. Chin Med J (Engl) (2015)
- PD: Li et al. Eur Radiol (2014)

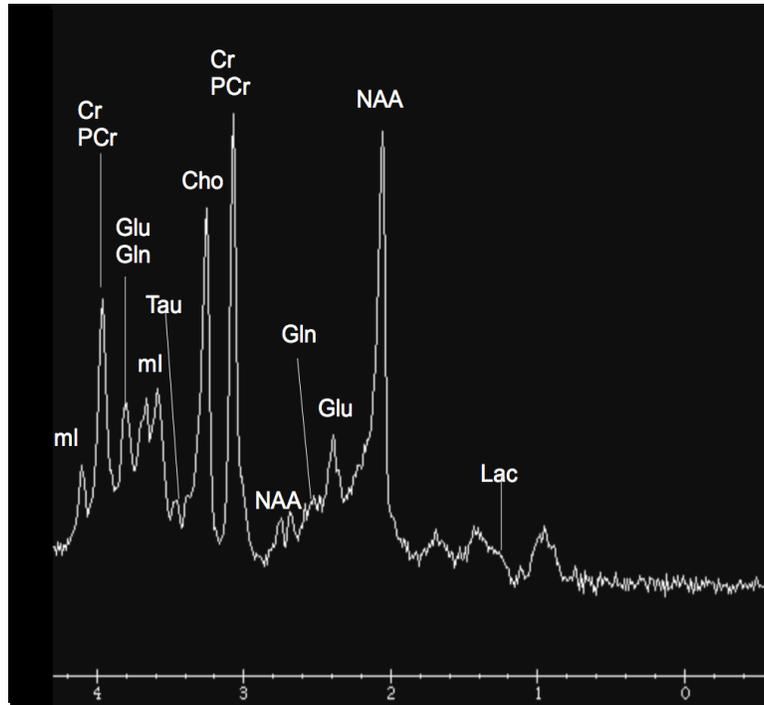
→ GluCEST

- Mouse models of HD, AD, and PD

→ MICEST

- Mouse models of AD

# Single Voxel MRS - semiLASER

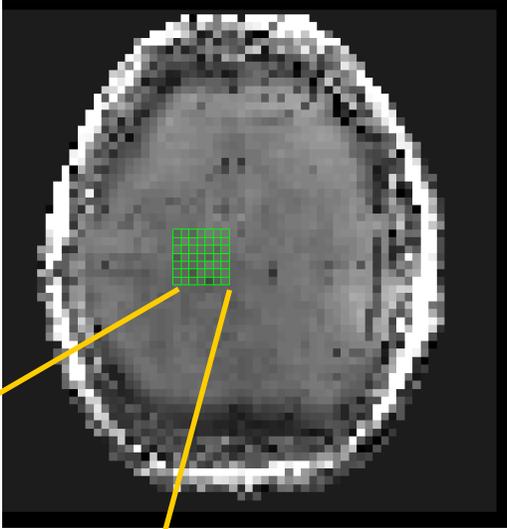


Data from Cerebellar Vermis  
2x2x2cm voxel – MR950 (7T)

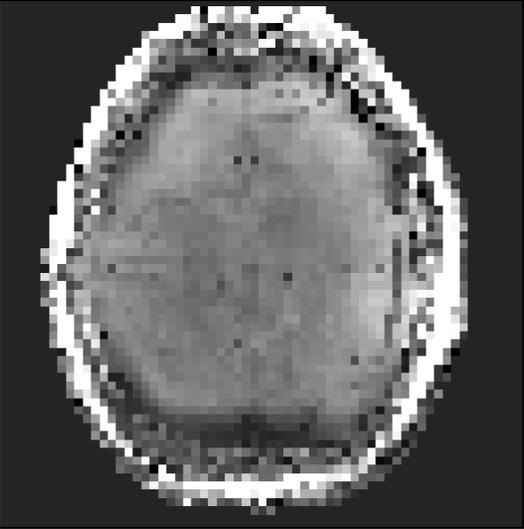
Metabolite	Coefficient of Variation (CV)
Cho	1.03
Cr+PCr	2.77
NAA	1.65
Glx	1.31
Gsh	0.79
ml	1.18
Asp	1.41
Tau	3.27

Localizer + Cal + MRS = 8 minutes

# FID Acquisition - Volunteer



**Cho  
(Choline)**



**Cr  
(Creatine)**

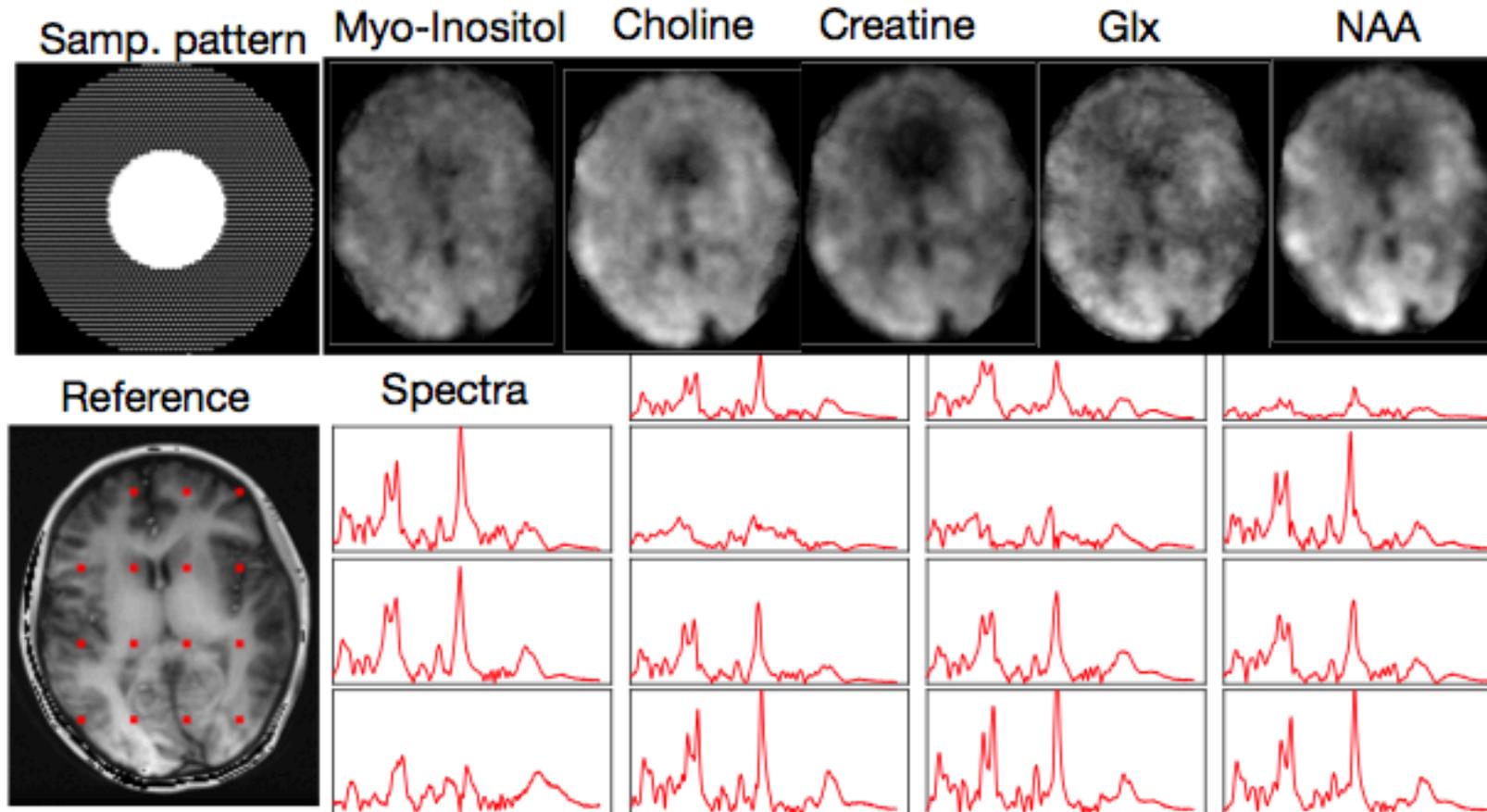


**NAA  
(N-acetyl aspartate)**

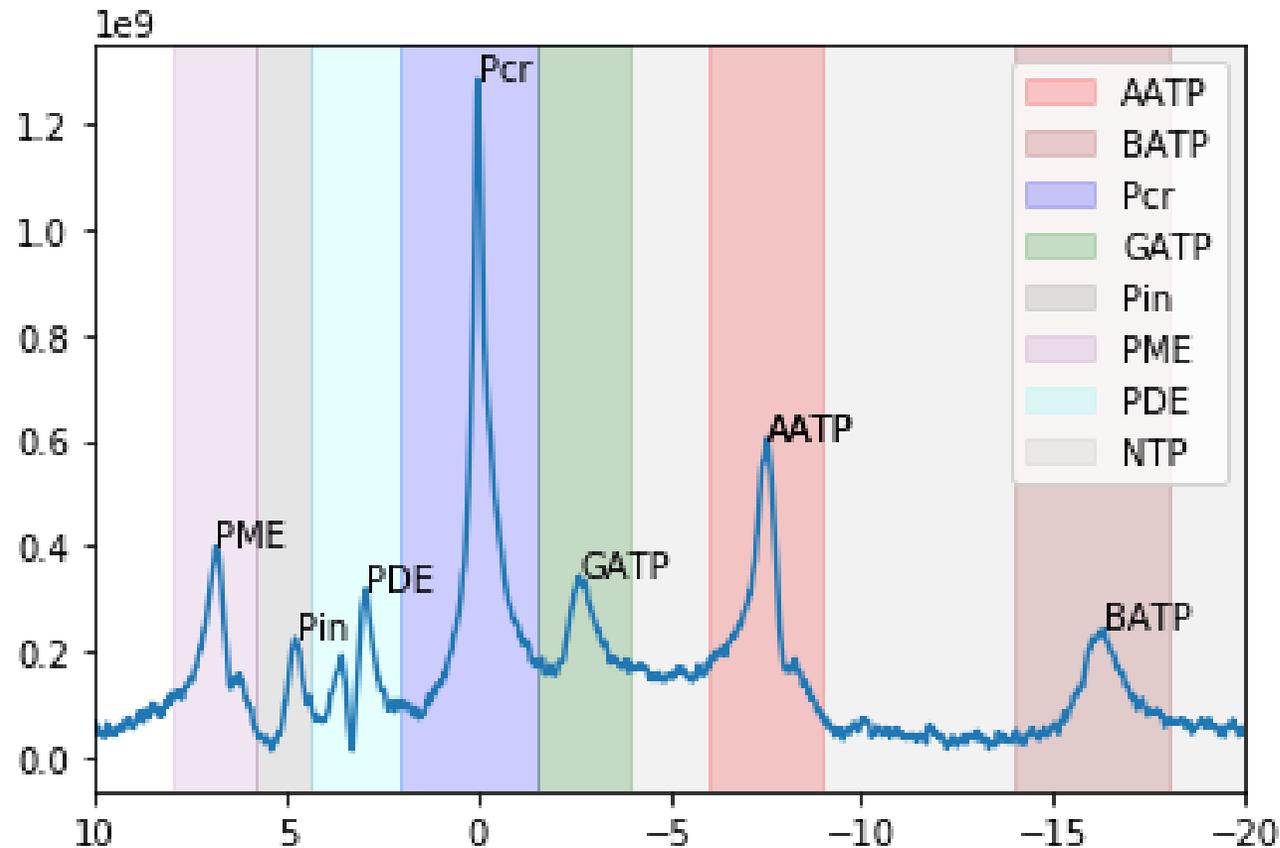
Scan Parameters  
Matrix=64x64  
FOV=20x20cm  
Slice=10mm  
WET WS  
Acq Time:  
WS=12 min  
NWS=4min



# 7T CSI Acquisition



# $^{31}\text{P}$ MRS

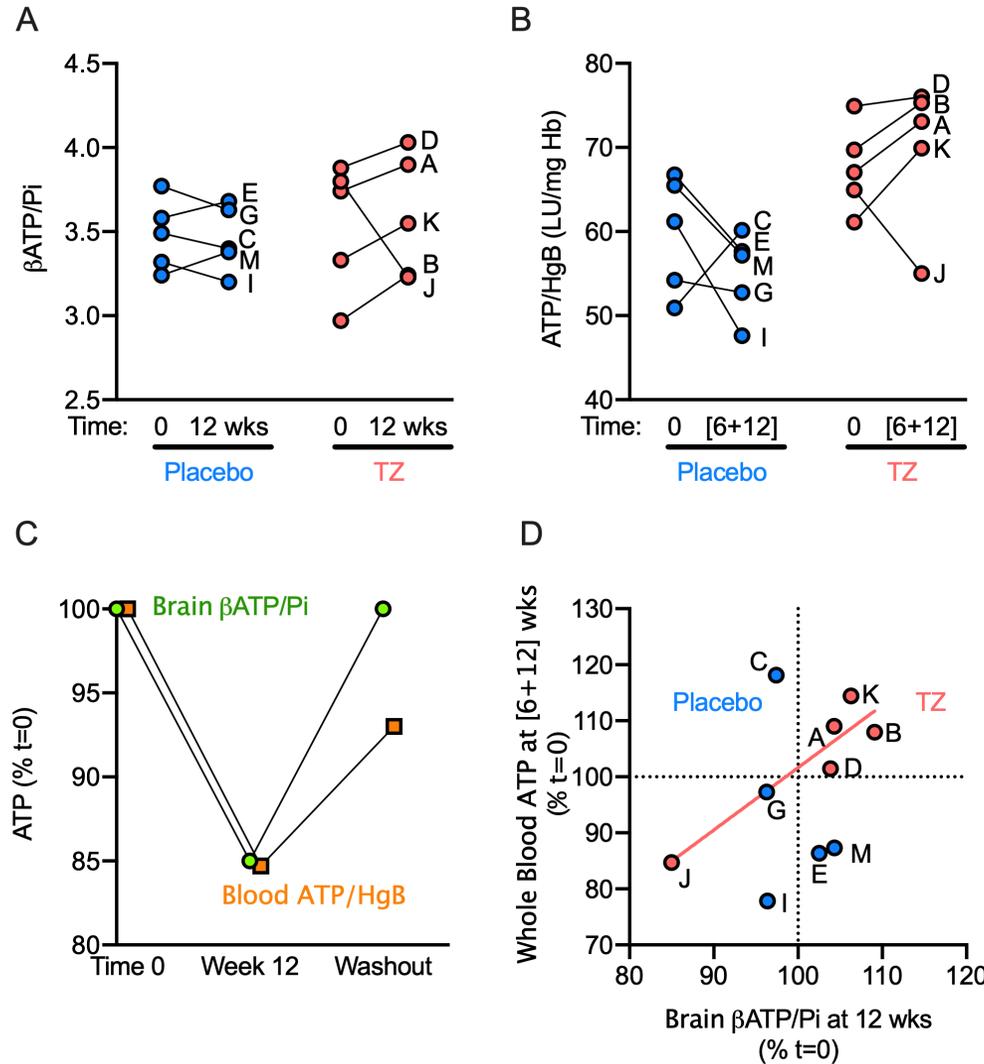


- Provides insight on energy processes
- Pcr (phosphocreatine) dominant signal
- ATP composed of 3 phosphate groups
- PME (phosphomonoesters)
- PDE (phosphordiester)
- Pin (inorganic Phosphorus) shift is pH dependent.

# $^{31}\text{P}$ MRS: Terazosin Trial in PD

## TZ Study

Kumar Narayanan  
Jordan Schultz  
Mike Welsh



# Neuro Applications of $^{31}\text{P}$ Imaging

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## → Review Article:

- Santos-Diaz A, et al. Biomed Signal Process Cont. 2022;60:101967

## → Stroke

- Bottomley PA, et al. Radiology 1986;160:763-6.
- Levine SR, et al.. Radiology 1992;185:537-44.

## → Brain tumors

- Aisen AM, et al. Radiology. 1989;173:593–599.

## → Alzheimer's disease

- Rijpma A, et al. Neuroimage Clin., 2018;18:254-261

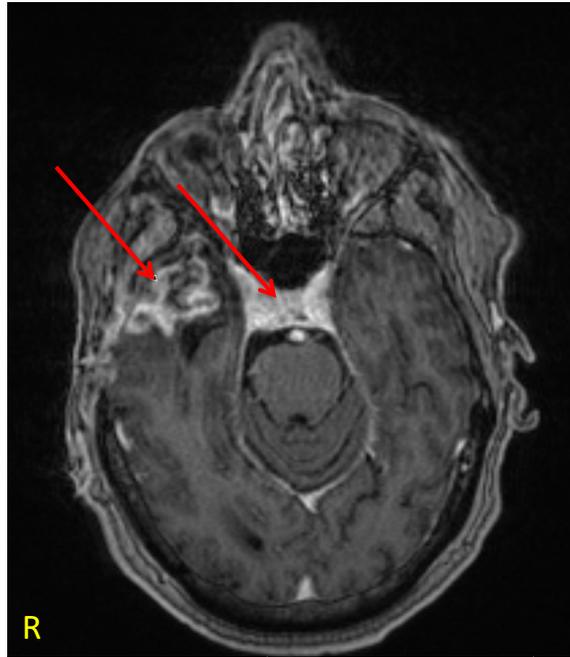
## → Multiple Sclerosis

- Husted CA, et al. Ann. Neurol. 1994;36:239-241.

## → Bipolar Disorder

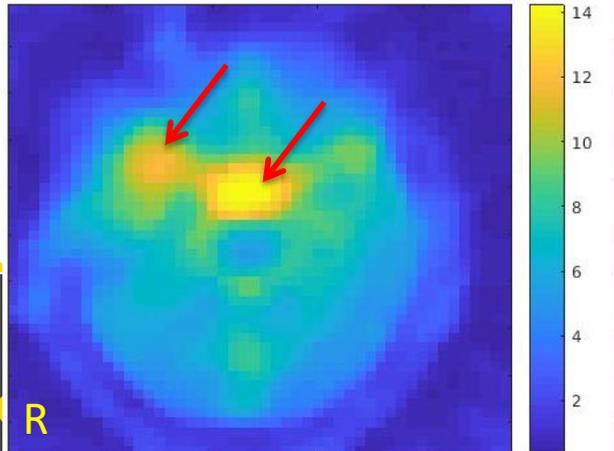
- Lee JH, et al. Ann. Reports of NMR Spectro. 2012;75:115-160.

T1 Post Contrast

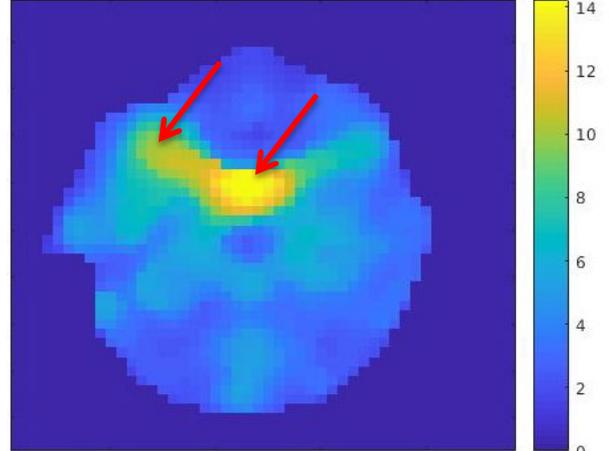


# $^{23}\text{Na}$ Imaging in Subject with GBM

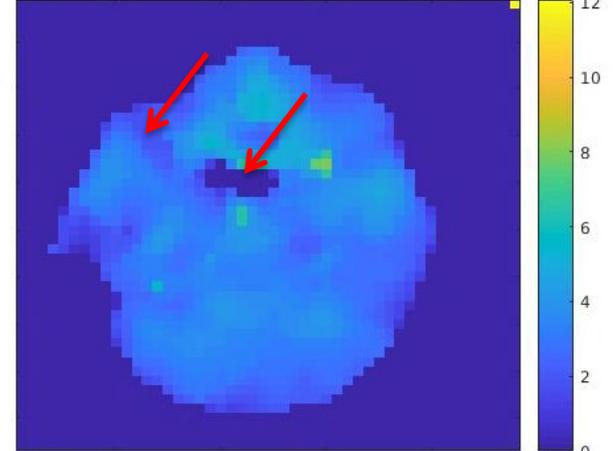
Total  $^{23}\text{Na}$



Extracellular  $^{23}\text{Na}$



Intracellular  $^{23}\text{Na}$



# Neuro Applications of $^{23}\text{Na}$ Imaging

- Stroke (Thulborn KR, et al. Radiology (1999) 213:156–66.)
- Brain tumors (Ouwerkerk R, et al. Radiology (2003) 227:529–37.)
- Huntington's disease (Reetz K, et al. Neuroimage (2012) 63:517–24.)
- Alzheimer's disease (Mellon EA, et al. AJNR Am J Neuroradiol. (2009) 30:978–84.)
- Normal aging (Thulborn K, et al. NMR Biomed. (2016) 29:137–43.)
- Multiple Sclerosis (Inglese M, et al. Brain (2010) 133:847–57.)

# Summary

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- MRI provides great flexibility
  - Approaches to sensitize for various structural differences
  - Variety of methods to look at physiologic processes
- Small changes to how we image can have large changes to image appearance and what the data mean.
- The fields of MRI acquisition and reconstruction continue to evolve.
  - What new contrast mechanisms will be coming in the future?
  - Are they relevant for your application?

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**IOWA**