

# Outline for Today

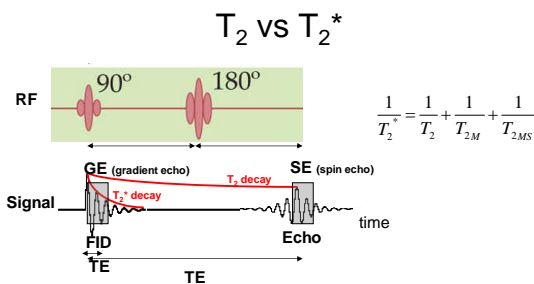
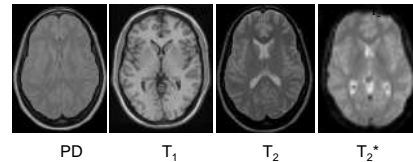
## fMRI Contrast Mechanisms and pulse sequences

- BOLD contrast
- Fast Imaging sequences for fMRI Image Acquisition
- Motion-weighted contrast:
  - Flow weighted Contrast
  - Perfusion Weighted Contrast
  - Diffusion Weighted Contrast

Functional Magnetic Resonance Imaging, Huettel, Chapter 5  
 Dr Sue Francis, SPMRC,  
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## MRI Review

- based on the NMR phenomenon
- large magnetic field and radio waves
- image water distribution
- can select contrast weighting based on water content (PD) and relaxation mechanisms ( $T_1$ ,  $T_2$ ,  $T_2^*$ )

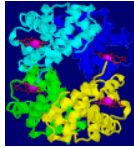
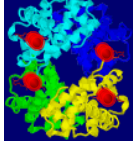


- Pure  $T_2$  dephasing is intrinsic to sample (e.g. different for CSF and fat).
- $T_2^*$  dephasing includes true  $T_2$  as well as field inhomogeneity ( $T_{2M}$ ) and tissue susceptibility ( $T_{2MS}$ ) and leads to rapid loss of signal.
- Susceptibility refers to the dephasing caused by the magnetic field-distorting effects of paramagnetic substances → **BOLD**

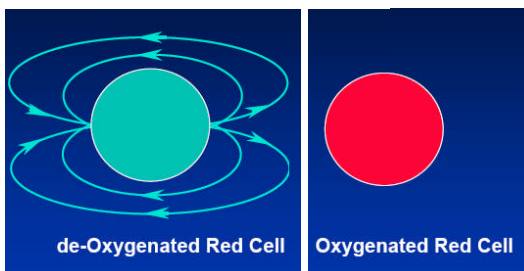
## Red blood cells and Magnetism

- The Hemoglobin (Hb) Molecule
  - Haemoglobin is the oxygen-transport metalloprotein in the red cells.
  - An organic molecule containing four heme groups (with iron in each) and globular protein (globin).
- Oxygen Characteristics
  - No oxygen bound - deoxyhemoglobin (**dHb**)
  - Oxygen bound - oxyhemoglobin (**HbO<sub>2</sub>**)

Magnetic Properties

 <b>Deoxy-Haemoglobin</b> paramagnetic different to tissue $\Delta\chi=0.08\text{ppm}$	 <b>Oxy-Haemoglobin</b> diamagnetic same as tissue
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## Magnetism and oxygenation state



An object with differing magnetic properties distorts the field

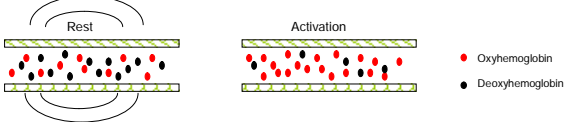
## $T_2^*$ Contrast

- $T_2^*$  weighted images are sensitive to the amount of deoxygenated haemoglobin present.
- Brain regions become oxygen rich after neurons are active.
- This is termed the 'Blood Oxygenation Level Dependent' measure (**BOLD**) effect.

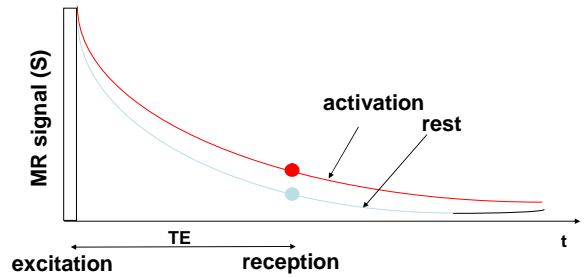
**BOLD Physiology - Lecture next week**

## BOLD Effect

- Blood Flow (CBF), Blood Volume (CBV), and oxygen consumption ( $CMRO_2$ ) have different effects on  $HbO_2$  concentration:
  - $\uparrow$  CBF  $\rightarrow$   $\downarrow$  Local Hb Content (delivery of more  $HbO_2 \rightarrow$  less Hb on venous side if excess  $O_2$  not used)
  - $\uparrow$   $CMRO_2$   $\rightarrow$   $\uparrow$  Local Hb Content (extraction of  $O_2 \rightarrow HbO_2$  becomes Hb)
  - $\uparrow$  CBV  $\rightarrow$   $\uparrow$  Local Hb Content (more Hb in a given imaging voxel)
- Blood oxygenation increases, increasing  $T_2^* \rightarrow$  BOLD response

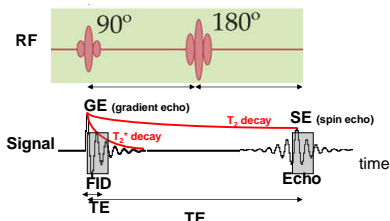


## $T_2^*$ Effect = BOLD Effect

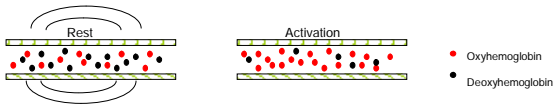


For optimal BOLD sensitivity use  $TE \sim T_2^*$  grey matter

## $T_2$ vs $T_2^*$

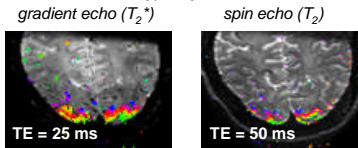


- On activation blood oxygenation increases leading to:
  - increasing  $T_2^*$  - increasing BOLD response (diffuse signal change)
  - increasing  $T_2$  - increasing BOLD response (localised signal change)

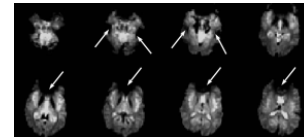


## Gradient Echo vs Spin Echo BOLD

- Spin Echo eliminates effect of magnetic field inhomogeneities around large blood vessels, minimizing contaminating effect in fMRI images, but signal change is lower so GE BOLD typically used.



- SE reduces susceptibility artifacts caused by magnetic field inhomogeneities near air-tissue interfaces in the brain, e.g. frontal and temporal lobes.



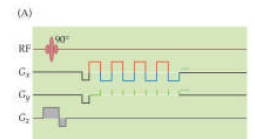
## Fast Imaging sequences for fMRI Image Acquisition

## Echo Planar Imaging (EPI)

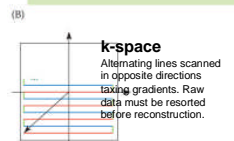
(Mansfield, University of Nottingham, 1977)

- Fast imaging technique
  - typically acquire image in a single shot (20-100ms)
  - trade off SNR and resolution for speed

- Entire k-space is filled using rapid gradient switching following a single excitation - therefore data must be acquired before significant  $T_2^*$  or  $T_2$  decay.



- EPI now most common fast imaging method for fMRI but requires a very strong gradient system - gradient technology was not common until late 1980s and early 1990s.



# Echo Planar Imaging (EPI)

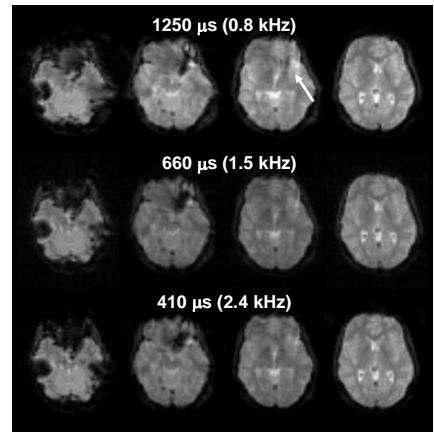
(Mansfield, University of Nottingham)

- GE-EPI is most common BOLD sequence –  $T_2^*$ -weighted
- Artifacts:
  - geometric distortion in areas of magnetic field non-uniformity
  - signal loss in areas of magnetic field non-uniformity
  - EPI geometry effects distortion and signal loss

## fMRI EPI Bandwidth

Decreasing EPI acquisition times (increasing bandwidth)

GE-EPI  
4x4x4mm voxels  
64x64 matrix  
TE = 40 ms

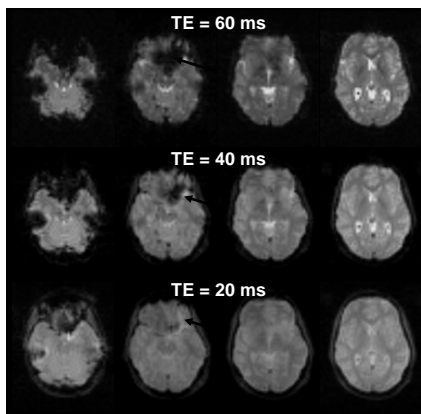


\*data must be acquired before significant  $T_2^*$  or  $T_2$  decay.

## fMRI GE-EPI Echo Time

decreasing TE (decreasing BOLD sensitivity)

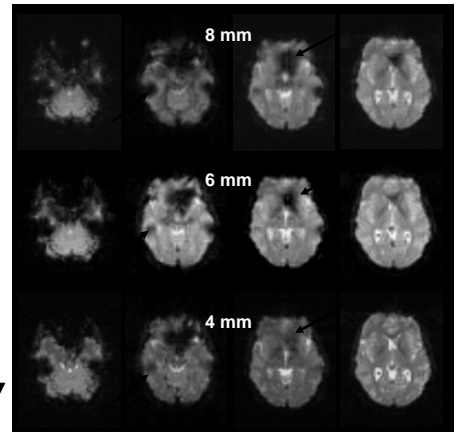
GE-EPI  
4x4x4mm voxels  
64x64 matrix  
410 μs (2.4 kHz BW)



## fMRI Slice Thickness

decreasing slice thickness

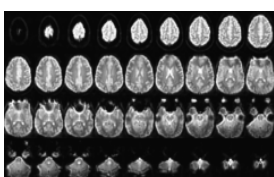
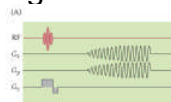
GE-EPI  
4x4 mm voxels  
64x64 matrix  
410 μs (2.4 kHz BW)



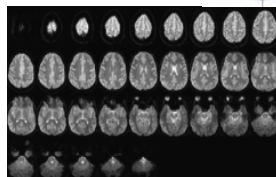
## Ultra-Fast Spiral Scanning

### A new family of fast imaging sequences

- An image (64x64) can be acquired in ~ 20 ms
- Reduce head motion
- Increase number of images collected per unit time



Spiral scanning



EPI scanning

## Motion Contrast Imaging Methods

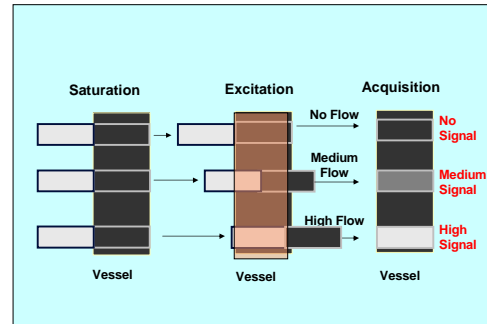
Prepare magnetization to make signal sensitive to different motion properties

- Flow weighting (bulk movement of blood)
- Diffusion weighting (water - random motion)
- Perfusion weighting (blood flow into capillaries)

## Flow Weighting: MR Angiogram

- Time-of-Flight Contrast
- Phase Contrast

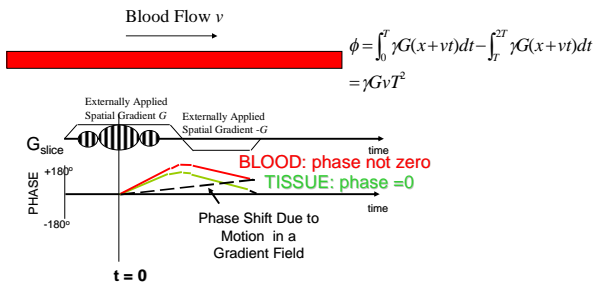
## Time-of-Flight Contrast



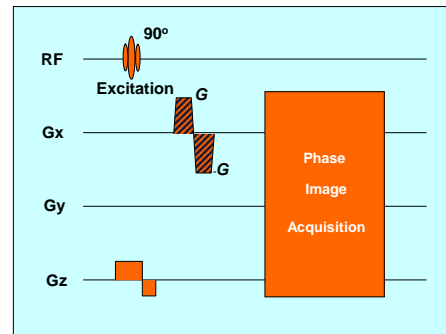
Signal from 'flight' of un-saturated blood into image

## Phase Contrast (Velocity Encoding)

- Analogous to Doppler ultrasound
- Phase shifts in moving spins (blood) are measured
- Phase is proportional to velocity.



## Pulse Sequence: Phase Contrast



## MR Angiogram

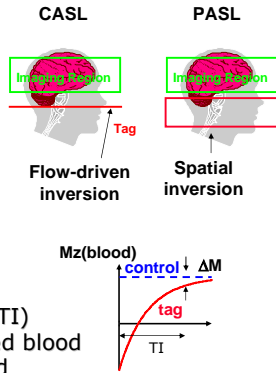


## Perfusion Weighting: Arterial Spin Labeling (ASL)

- Naturally occurring water in arterial blood is used as an endogenous contrast agent.
- Magnetically 'label' (tag) blood flowing into a tissue of interest, acquire a second image with no 'label' (control), subtract images to form a perfusion weighted image.
- Two main ASL variants of labeling: Continuous ASL (**CASL**) and Pulsed ASL (**PASL**)

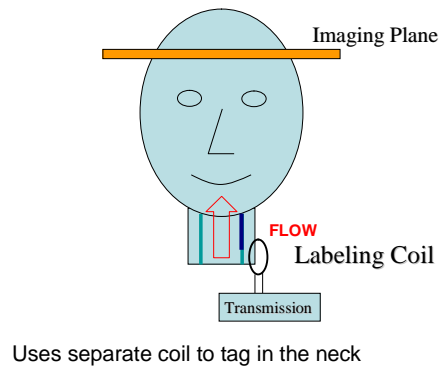
## CASL vs. PASL

- CASL
  - Long pulse applied to neck arteries to invert inflowing blood
- PASL
  - A slab is labeled (usually inverted) surrounding slices of interest



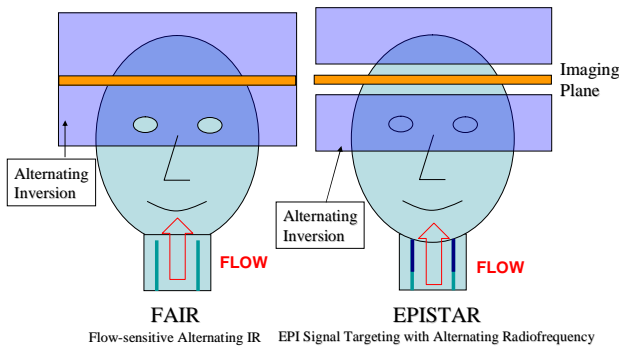
After post-labeling delay (TI) (~1 - 2s) (allowing labelled blood to enter) image is acquired

## CASL

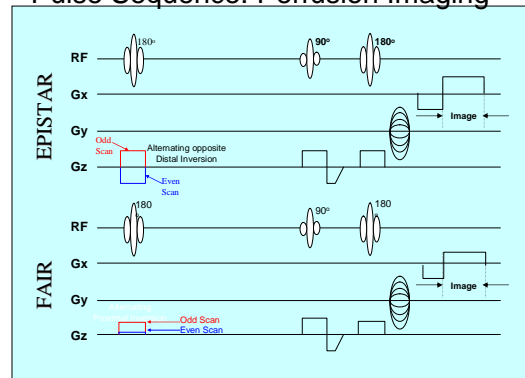


## PASL

- Use a single coil for labeling and imaging



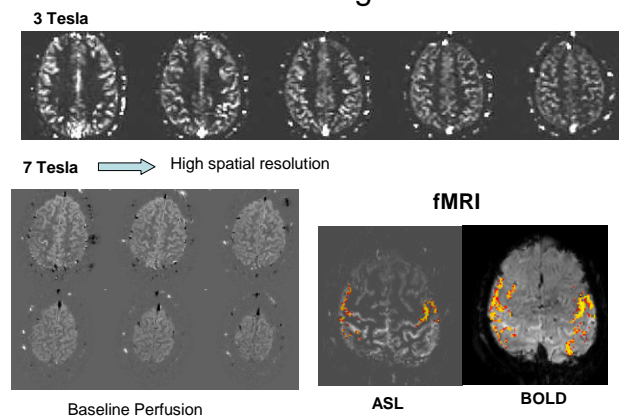
## Pulse Sequence: Perfusion Imaging



## Advantages of ASL Perfusion Imaging

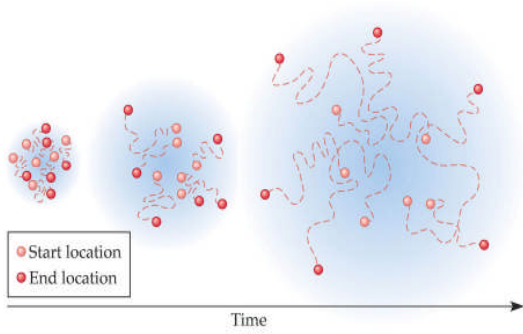
1. It is non-invasive – repeated measures
2. Quantitative measurement of capillary perfusion
3. Can use for functional imaging for improved spatial localisation of activated regions.

## ASL Images



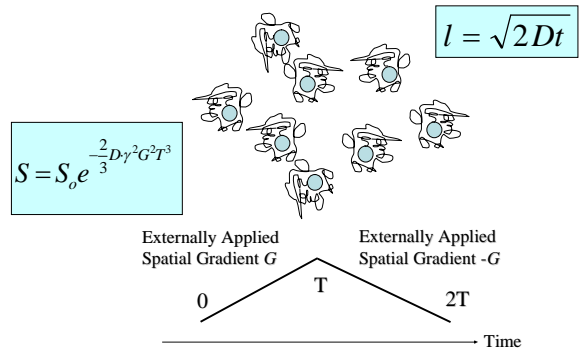
## Diffusion

Lecture 09 Dec: Diffusion tensor imaging

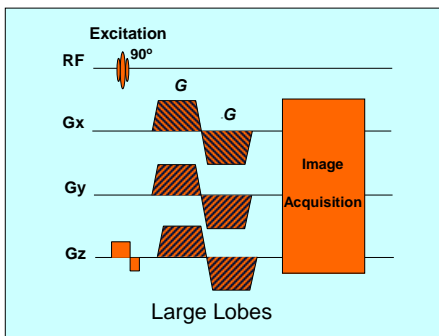


Diffusion is the random motion of water molecules

## Diffusion Weighting

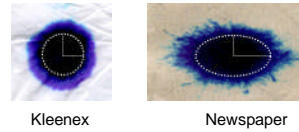


## Pulse Sequence: Gradient-Echo Diffusion Weighting



## Diffusion Anisotropy

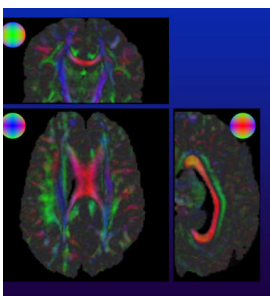
- Motion of water through tissue
- Faster in some directions than others



Anisotropy: diffusion rate depends on direction



## Diffusion Tensor Imaging



- White matter of the brain contains many, many neuronal axons which are long tubes.
- Neurons cause water diffusion in the brain to be anisotropic.
- Using diffusion MRI we can measure the direction of neuronal tracts in the brain.

Lecture 09 Dec: Diffusion tensor imaging

## DTI and fMRI

