

# Enhancement of In Vivo T1 Contrast and Image Quality at Ultrahigh Magnetic Fields (4.7-17.6T) Utilizing Fasting Imaging Techniques

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## Introduction:

The push to higher magnetic field strengths has necessitated a re-evaluation of standard MR protocols to account for changes in image contrast mechanisms. Because of its pervasive use in anatomical imaging, the degradation of T<sub>1</sub> contrast at high fields due to increases in tissue T<sub>1</sub>s is particularly vexing (1). Previous work (2) has demonstrated that sufficient T<sub>1</sub> contrast may be obtained at ultrahigh magnetic fields through the use of optimized magnetization preparation (3-5). However, the duration required to achieve T<sub>1</sub> enhancement through magnetization preparation substantially increases the total scan acquisition time. Furthermore, T<sub>1</sub> preparation methods do little to rectify field homogeneity issues (B<sub>0</sub> or B<sub>1</sub>) that frequently arise with *in vivo* animal imaging efforts above 4 T (see Fig 2). In this study, fast imaging techniques (segmented k-space sampling and RARE encoding) are incorporated with magnetization preparation (adiabatic IR and MDEFT) to assess the potential tradeoffs between reduced acquisition times and T<sub>1</sub> contrast enhancement. Additionally, spin echo versions of these preparation methods (both standard and rapid imaging) are implemented for high field rodent imaging to overcome *in vivo* susceptibility artifacts, to assess potential benefits of magnetization preparation with regard to B<sub>1</sub> inhomogeneity and to evaluate quantitative measurements of *in vivo* contrast. To this end, experiments were performed on biologically representative T<sub>1</sub> phantoms and *in vivo* rodents at 4.7, 11.1 and 17.6 T.

## Methods:

**Fabrication of T<sub>1</sub> phantoms:** To determine appropriate T<sub>1</sub> values, living C57BL/6J mice were scanned at the three field strengths using a SR multislice SE sequence in which the recovery time (TR) was incremented to sample longitudinal relaxation. White matter (WM) in the corpus callosum, gray matter (GM) in the cortex and CSF in the ventricles were segmented to provide a range of T<sub>1</sub> values, and phantoms spanning this range were created with copper sulfate-doped deionized water.

**MR parameters:** Phantoms were imaged using SR, IR and MDEFT T<sub>1</sub> contrast techniques employing standard GRE and SE imaging as well as k-space segmented GRE and RARE-encoded SE schemes (NEX=2; MTX=128x128; GRE: TE/TR=5/50ms; SE: TE/TR=6.4/50ms; Slice=2 or 0.5 mm; FOV=dependent on magnet). Adiabatic hyperbolic secant pulses were utilized for all preparation schemes. To assess contrast enhancement, the preparation time (τ) was incremented (0.05-5 s) for MDEFT acquisitions, the inversion time (TI; 0.05-5 s) was incremented for IR acquisitions, and the TR was incremented (0.05-5 s) for SR acquisitions. A speed up factor (η) of four was employed for both the segmented GRE and RARE acquisitions.

**Data analysis:** Regions of Interest (ROIs) were placed in each of the sample containers. The mean signal from each ROI (x<sub>signal</sub>) was recorded as a function of the total acquisition time (for MDEFT: Tacq = PE/η(τ(TR+2\*τ))). The signal-to-noise ratio (SNR) was determined by:  $SNR = x_{signal} / (\sigma_{noise} * \sqrt{T_{acq}})$ , where σ<sub>noise</sub> is the standard deviation of a noise ROI.

The contrast-to-noise ratio (CNR) was calculated by taking the absolute difference of the SNR of different ROIs. CNR curves that represent phantom-equivalent WM, GM and CSF T<sub>1</sub> values are presented below as a function of τ. Contrast comparisons were made between GRE and SE images, between rapid and standard imaging, and between the different preparation methods.

**Rodent experiments:** Animals were anesthetized using 5%isoflurane/O<sub>2</sub>. SR, IR and MDEFT images were acquired over a range of acquisition times, with and without rapid imaging techniques, to highlight particular neuroanatomical features by virtue of T<sub>1</sub> contrast.

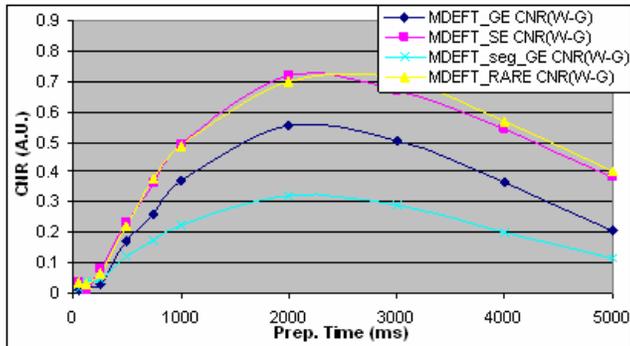
## Results & Discussion:

As shown in Fig. 1, there is very little alteration in contrast profiles of between standard and rapid imaging techniques with regard to MDEFT preparation. Optimal contrast is achieved at the same preparation time for both rapid and conventional imaging, while only segmented GRE acquisitions display a reduced CNR that is likely due to a reduced overall SNR. *In vivo* images (Fig 2) display the significant benefits of T<sub>1</sub> magnetization preparation and fast SE-based imaging. These results demonstrate that fast imaging methods can be employed to improve image quality without significantly sacrificing T<sub>1</sub> contrast and that magnetization-prepared, fast SE imaging provides significant susceptibility correction *in vivo* while maintaining T<sub>1</sub>-related CNR profiles.

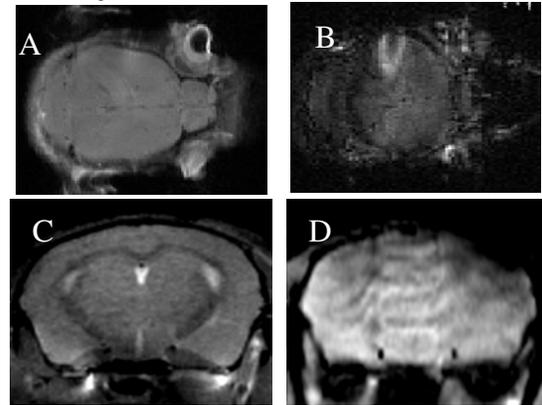
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**Figure 1:** 17.6-T biologically representative T<sub>1</sub> phantom CNR curves demonstrate the contrast performance of MDEFT preparation with respect to WM (T<sub>1</sub>=1.97 s) and GM (T<sub>1</sub>=2.59 s). All imaging techniques display the same contrast trends as a function of the preparation time, as well as identical τ times. Unlike SE images, segmented GRE acquisitions display reduced CNRs compared to standard GRE acquisitions resulting from lower overall SNR values.



**Figure 2: *in vivo* mouse imaging at 11.1 and 17.6 T**  
A & B: 11.1-T images acquired with standard SR SE (A) & GRE (B) acquisitions display little T<sub>1</sub> contrast and overwhelming susceptibility artifacts  
C: 17.6-T mouse images demonstrate that T<sub>1</sub> contrast can highlight cortical grey and major white matter tracts as well as cell layers within the hippocampus using MDEFT\_RARE SE imaging (τ= 2 s; η= 4).  
D: 17.6-T MDEFT\_GRE images demonstrate the negating effect of susceptibility artifacts on T<sub>1</sub> contrast.