Hi, Dr. Elizabeth? Yeah, Vh... I accidentally took the Fourier transform of my cat... Meow!



MRI Physics I & II: Recap

Douglas C. Noll, Ph.D. Dept. of Biomedical Engineering University of Michigan, Ann Arbor

Magnetic Fields in MRI

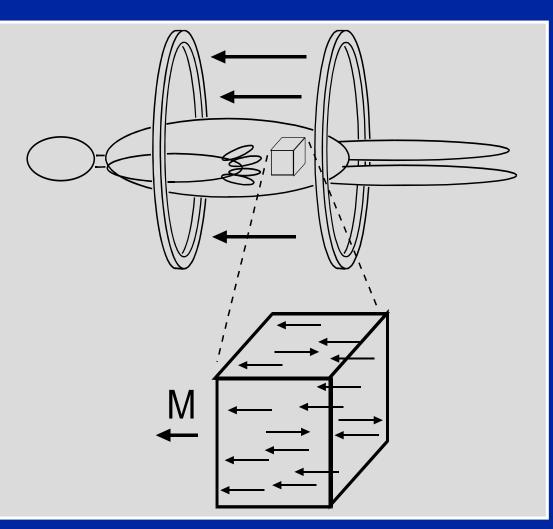
- B_0 The main magnetic field.
 - Always on (0.5-7 T)
 - Magnetizes the object to be imaged
 - After excitation, the magnetization precesses around B_0 at ω_0 = γB_0
- B_1 The rotating RF magnetic field.
 - Tips magnetization into transverse plane
 - Performs "excitation"
 - On for brief periods, then off



Protons in a Magnetic Field

Spinning protons become aligned to the magnetic field.

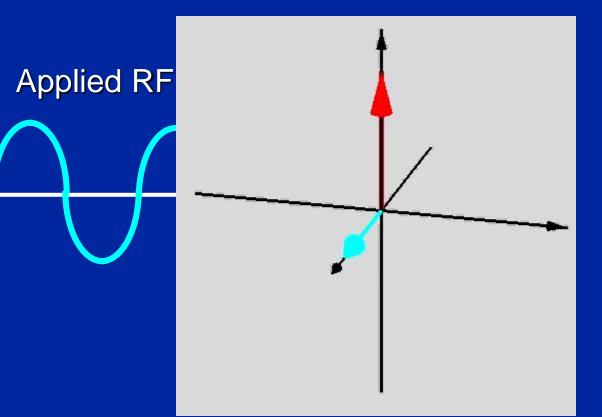
On average body become magnetized.





Excitation

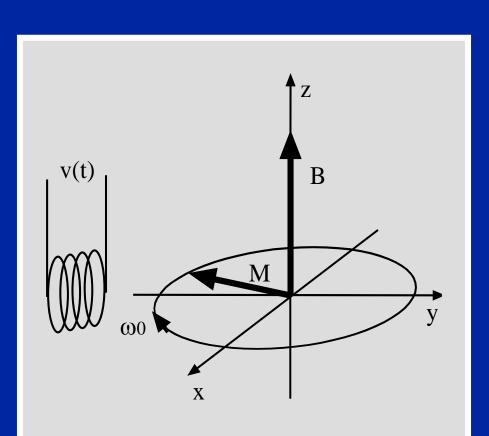
Try this: Apply a magnetic field (\mathbf{B}_1) rotating at $\omega_0 = \gamma \mathbf{B}_0$ in the plane perpendicular to \mathbf{B}_0 \rightarrow Magnetization will tip into transverse plane





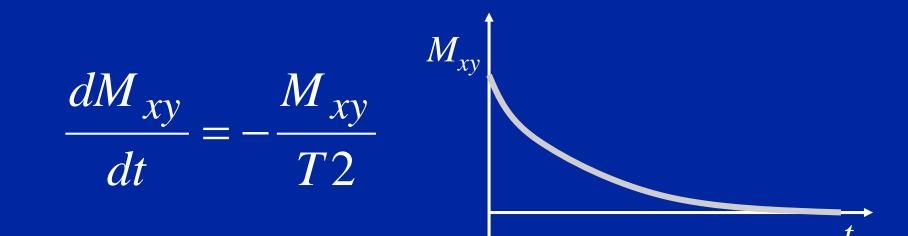
90 Degree Flip

- Excitation routinely stops with the magnetization is fully tipped into the transverse plane
- Signal reception can then begin
- Typical strength is
 B₁ = 2 x 10⁻⁵ T
- 90 degree tip takes about 300 μs



T2 Decay

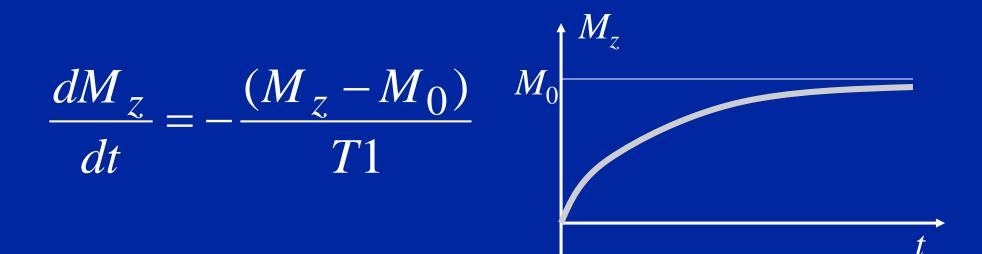
- Tissue property (typically 10's of ms)
- Spins dephase relative to other spins
- Differential Equation:





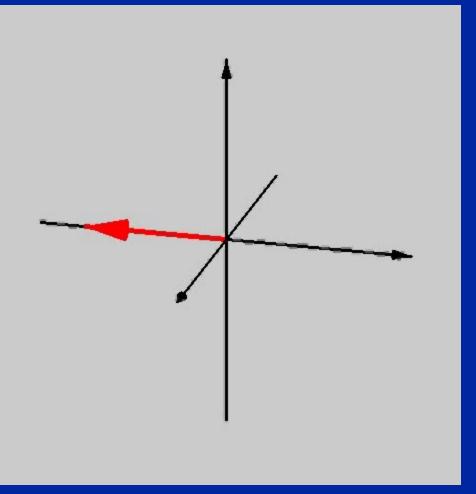
T1 Recovery

- Tissue property (typically 1-3 seconds)
- Spins give up energy into molecular matrix
- Differential Equation:









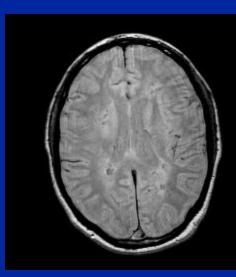


Noll

T2 Contrast

- For long TE imaging, tissues with short T2's (rapidly recovering) are darkest
 - Fat < brain tissue</p>
 - White Matter < Grey Matter</p>
 - Gray Matter < CSF</p>

Spin Density



T2 Weighting

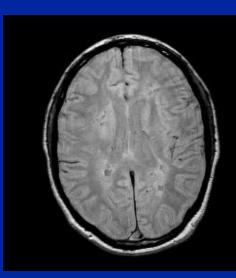




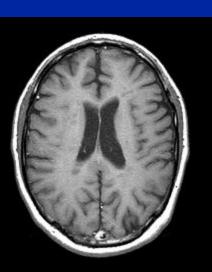
T1 Contrast

- For short TR imaging, tissues with short T1's (rapidly recovering) are brightest
 - Fat > brain tissue
 - White Matter > Grey Matter
 - Gray Matter > CSF

Spin Density



T1 Weighting





Gradient Fields

- The last magnetic field to be used in MRI are the gradient fields
 - -3 of them: G_x , G_y , G_z
 - These are for localization
 - Make the magnetic field different in different parts of the body, e.g. for the x-gradient:

$$\mathsf{B}(x) = \mathsf{B}_0 + \mathsf{G} \cdot x$$

– Observe the field points in the same direction as B_0 so it adds to B_0 .



Frequency Encoding

 A fundamental property of nuclear spins says that the frequency at which they precess (or emit signals) is proportional to the magnetic field strength:

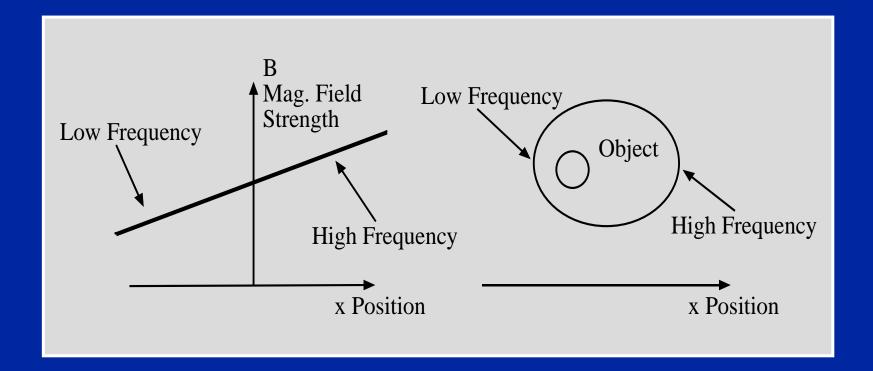
ω = γB - The Larmor Relationship

 This says that precession frequency now increases as we move along the xdirection (e.g. as we move rightwards).

$$\omega(x) = \gamma (\mathsf{B}_0 + \mathsf{G} \cdot x).$$

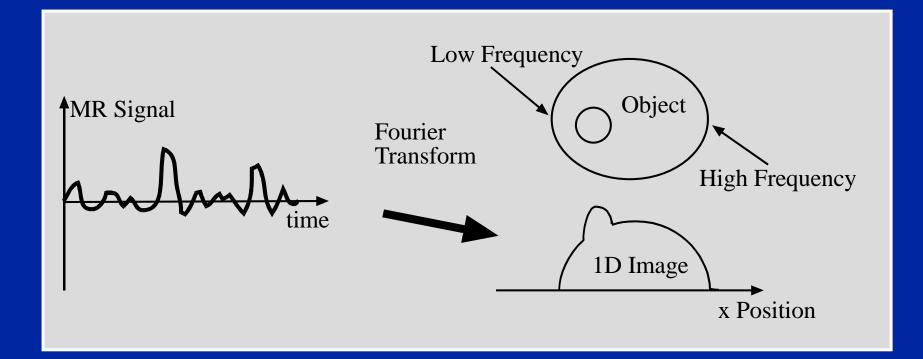


Frequency Encoding





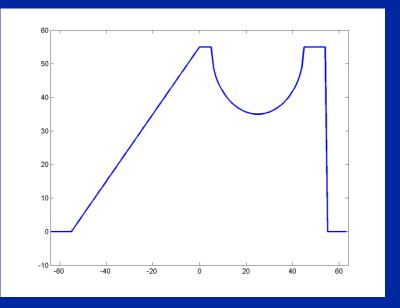
Fourier Transforms

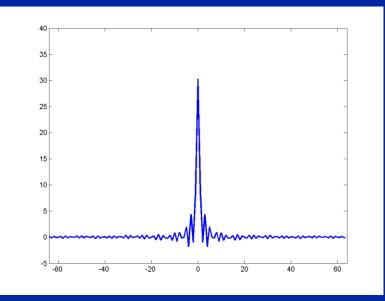




Fourier Representation of Images

 Decomposition of images into frequency components, e.g. into sines and cosines.





1D Object

Fourier Data



1D Fourier Transform

5th Frequency Component

50

30

20

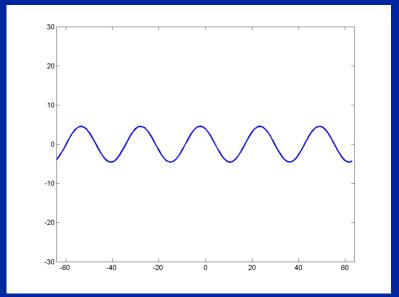
10

-10^L

-60

-40

-20



New Components

Cumulative Sum of Components

20

40

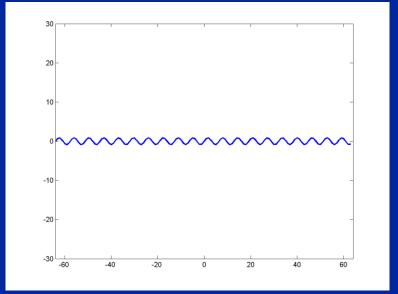
60

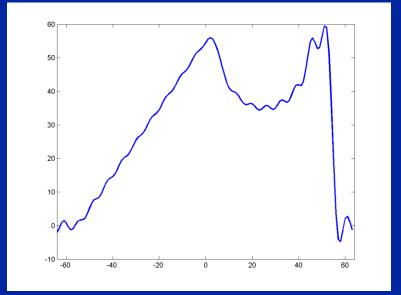


Noll

1D Fourier Transform

20th Frequency Component

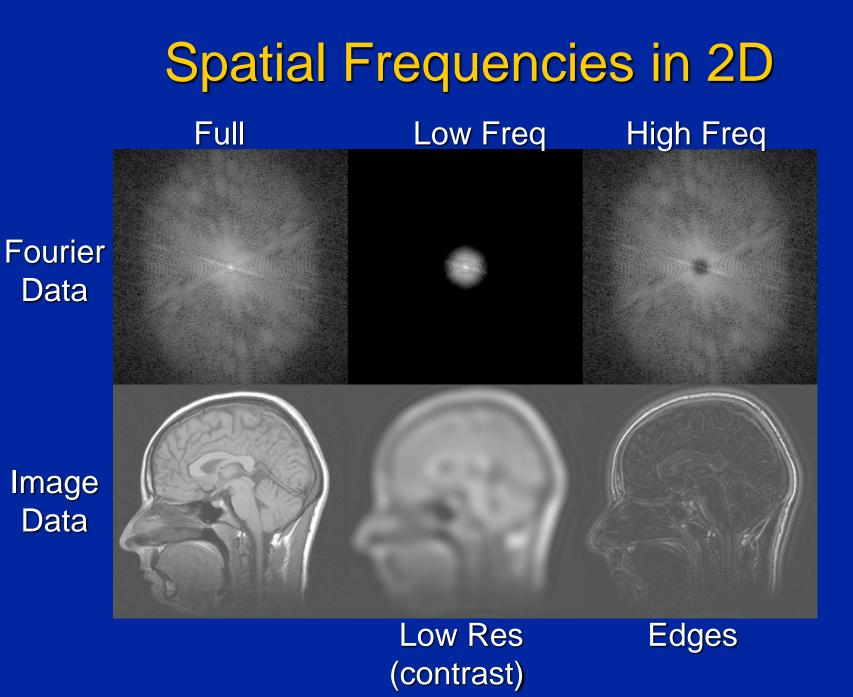




New Components

Cumulative Sum of Components







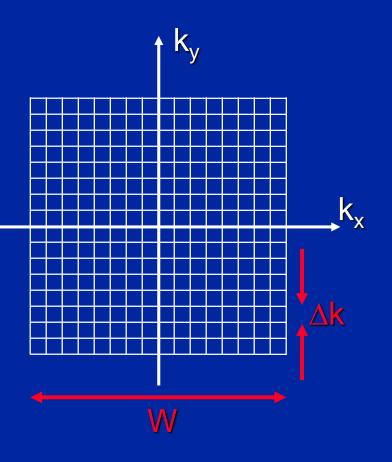
Resolution and Field of View

Resolution is determined by size of the area acquired:

 $\Delta x = 1 / W$

Field of view is determined by spacing of samples:

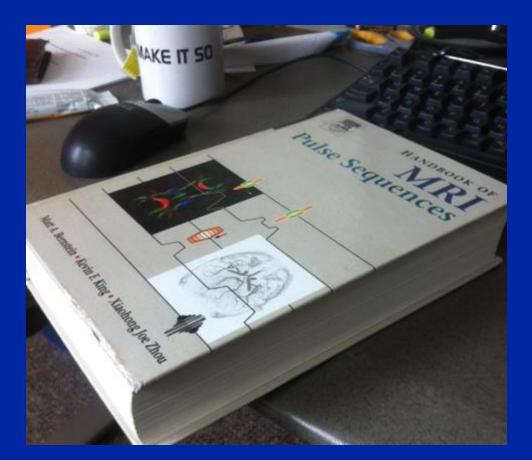
$$FOV = 1 / \Delta k$$





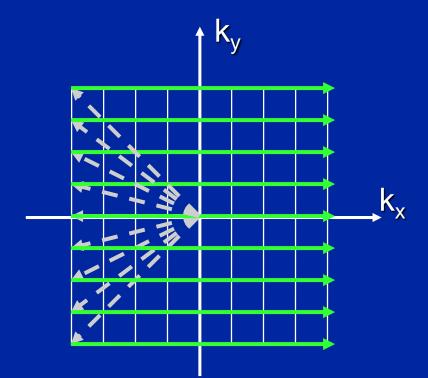
Pulse sequences

There are many, many ways to excite spins and sample k-space

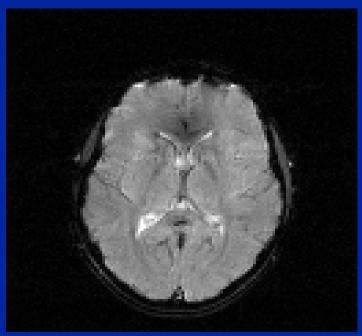




Conventional (Spin-Warp) Imaging



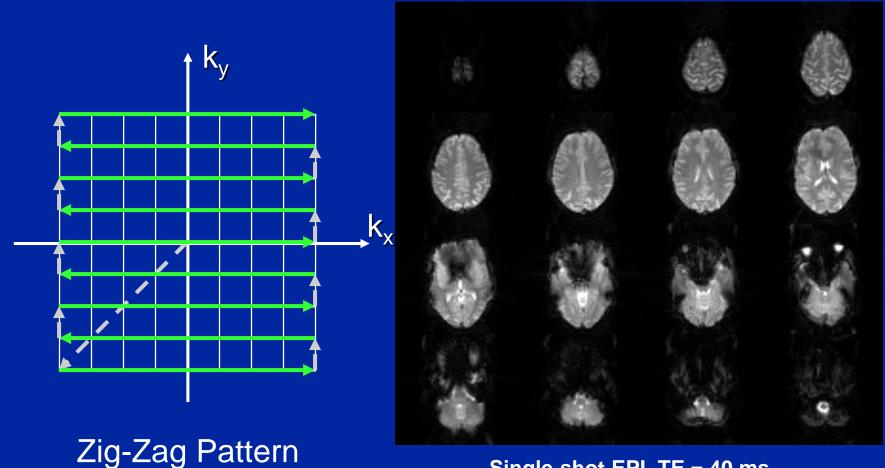
One Line at a Time



128x128 FLASH/SPGR TR/TE/flip = 50ms/30ms/30° 0.2 slices per sec, single slice



Echo Planar Imaging (EPI)



Single-shot EPI, TE = 40 ms, TR = 2 s, 20 slices



Pulse Sequences

- Two Major Aspects
 - Contrast (Spin Preparation)

What kind of contrast does the image have? What is the TR, TE, Flip Angle, etc.? Gradient echo/spin echo/etc.

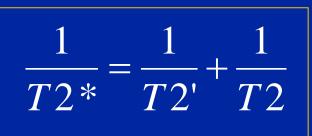
- Localization (Image Acquisition)

How is the image acquired? How is "k-space" sampled? Spatial Resolution?



What is T2*?

- T2* has two parts:
 - Inter-molecular interactions leading to dephasing, a.k.a. T2 decay
 - Macroscopic or mesoscopic <u>static</u> magnetic field inhomogeneity leading to dephasing, a.k.a. T2'



- Pulse sequence issues:
 - Spin echoes are sensitive to T2
 - Gradient echoes are sensitive to T2*

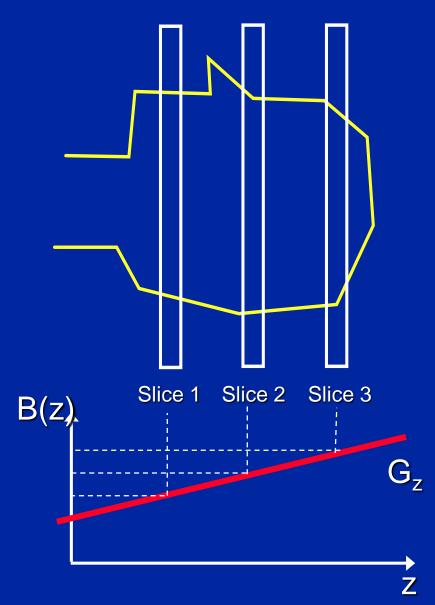


Slice Selection

- The 3rd dimension is localized during excitation
 - "Slice selective excitation"
- Makes use of the resonance phenomenon
 Only "on-resonant" spins are excited



Slice Selection



Noll

With the z-gradient on, slices at different z positions have a different magnetic fields and therefore different frequencies :

 $\omega(z_1) < \omega(z_2) < \omega(z_3)$

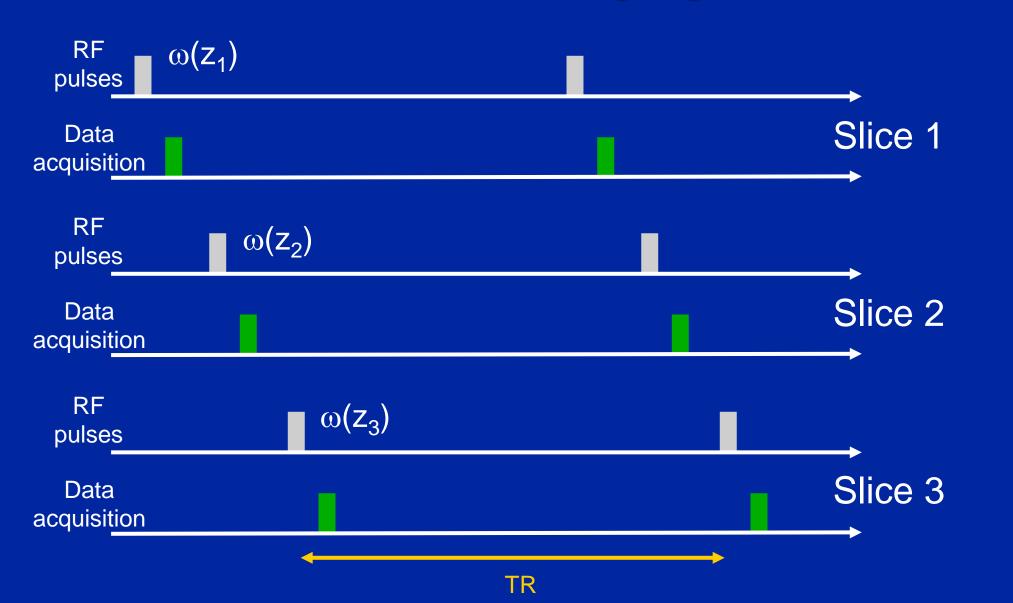


Multi-Slice Imaging

- Since T1's are long, we often would like to have long TR's (500-4000 ms)
- While one slice is recovering (T1), we can image other slices without perturbing the recovery process



Multi-Slice Imaging



Typical fMRI Protocol

- Calibrations
 - Estimate power deposition, receive coil patterns
- Scout Acquisition
 - Where am I?
- T1-weighted images
 - To align structure to fMRI maps, rule out pathology
- T2-weighted images
 - To rule out pathology (particularly for patient studies)

- fMRI T2*-weighted, dynamic
 - Task-based, resting state
 - EPI or spiral, multiband EPI
- Diffusion tensor imaging
 - White matter anatomy, micro architecture
- High-resolution 3D T1-weighted
 images
 - For segmentation of anatomy
- Quantitative parameter mapping



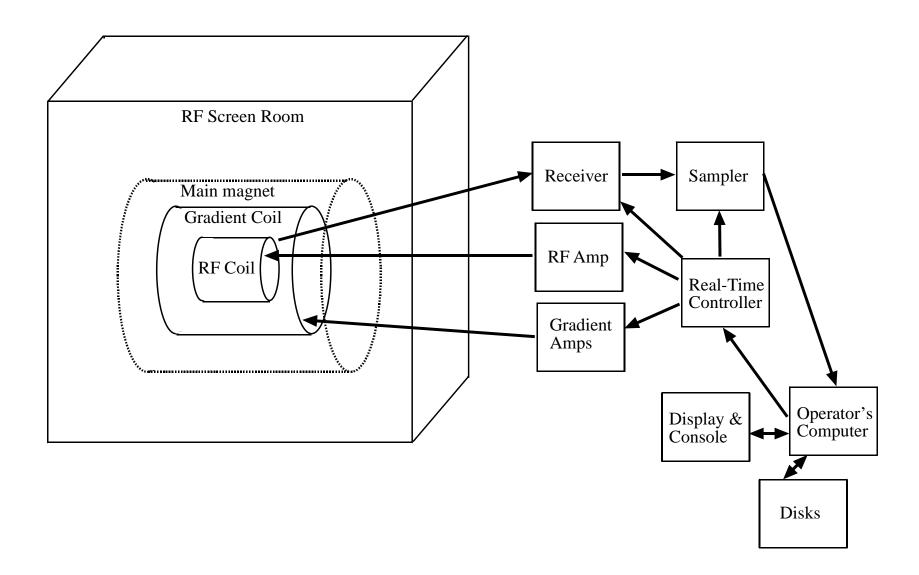
MRI Hardware and Safety

Douglas C. Noll Biomedical Engineering University of Michigan

MRI Hardware

- Recall the three magnetic fields
 - $-B_{0}$
 - B₁
 - G_x, G_y, G_z
- Also, we need pulse control and data acquisition systems

Major MRI Components



RF Screen Room

- Encloses the MRI device
- Shields MRI scanner from electromagnetic noise from computers, radio stations, etc.
 - MRI signals are weak compared to noise sources
 - Any wires going in/out must be filtered and grounded so they don't introduce noise
- These rooms can also incorporate magnetic shielding to contain the magnetic field.





Metal seals around doors

RF Screen Room

Copper walls





Filtered panels for experimental and MRI equipment



The Main Field

- B_0 range: 0.2 T to 7 T are common
- Higher fields:
 - Higher SNR
 - Slightly longer T1's,
 - Poorer RF homogeneity
 - Higher power deposition
 - Higher cost
- Typically superconducting
 - Filled with liquid helium

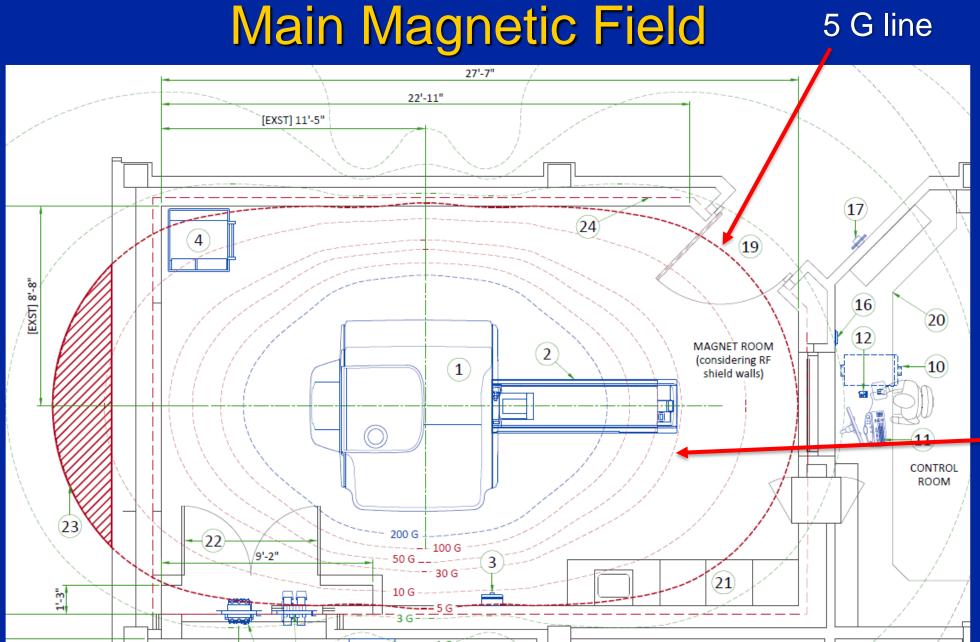




Main Field Safety

- MAIN MAGNET IS ALWAYS ON!
- B₀ is the biggest safety concern in MRI
- Mainly attraction of ferrous objects
- Some reports of dizziness, light flashes, unusual tastes, etc. at <u>very</u> high magnetic fields
- Quenching of magnet can result in venting of cryogenic gases
- The FDA has classified 8 T and under as a "nonsignificant risk"





30 G line

I 🔥 I



The Main Field

- Safety issues:
 - Attraction of metallic implants (e.g. cochlear implants, neurostimulators, pacemakers, and poorly designed/manufactured stents, screws, pins, aneurysm clips, etc.)
 - Attraction of foreign metal objects (metal in eyes, shapnel, ingested ferrous objects).
 - Affects magnetic switches in pacemakers
 - Ferrous objects brought into the MRI scan room





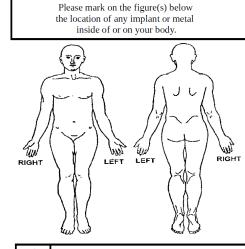
MRI Screening

http://fmri.research.umich.edu/documents/safety_screening.pdf

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Director BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s) Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil Yes No Shunt (spinal or intraventric
- YesNoShunt (spinal or intraventricular)YesNoVascular access port and/or catheter
- Yes No Small bowel endoscopy capsule
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary (circle which)
- Yes No Dental braces Yes No Tattoo or permanent makeup
- Yes No fattoo or permanent make Yes No Body piercing jewelry
- Yes No Hearing aid
- (Remove before entering MR system room)
- Yes No Other implant
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia



MIMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove <u>all</u> metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hat pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metalic threads.

Please consult the MRI Technologist or Director if you have any question or concern BEFORE you enter the MR system room.

NOTE: You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

Aneurysm clip(s) Cardiac pacemaker Implanted cardioverter defibrillator (ICD) Electronic implant or device Magnetically-activated implant or device Neurostimulation system Spinal cord stimulator Internal electrodes or wires Bone growth/bone fusion stimulator Cochlear, otologic, or other ear implant Insulin or other infusion pump Implanted drug infusion device Any type of prosthesis (eye, penile, etc.) Heart valve prosthesis Eyelid spring or wire Artificial or prosthetic limb Metallic stent, filter, or coil Shunt (spinal or intraventricular) Vascular access port and/or catheter Small bowel endoscopy capsule Swan-Ganz or thermodilution catheter Medication patch

Any metallic fragment or foreign body

Noll

MRI Screening

What about stuff you might, but shouldn't bring into the scan room:

- Pens, paper clips, clipboards, scissors
- Stuff in pockets, keys
- Clothing belts, buttons, etc.
- Phones, computers
- Wallets (not a safety issue, but magnetic strips get wiped)
- NOTHING goes into the MRI room without first being cleared by the technologists
- We often use a metal detector to make sure there is no metal on the subjects



Main Field Safety







Noll















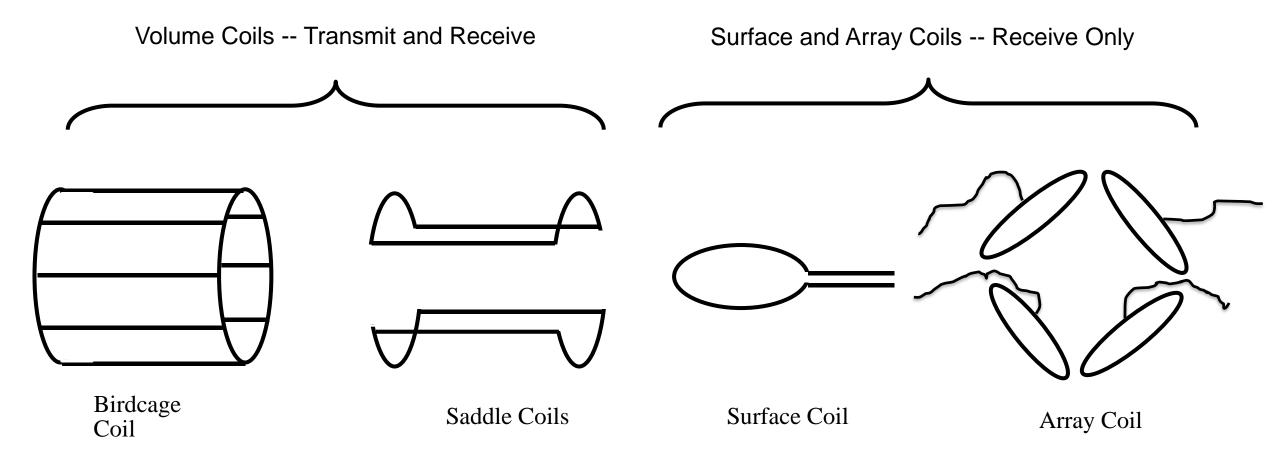


Two purposes:

- Excitation/transmission tipping magnetization into transverse plane. Requirements:
 - Uniformity of tip angle, covers volume of interest
- Reception converting precessing spins into voltages. Requirements:
 - Good SNR, sensitive to volume of interest, uniformity not so important



RF Coils



RF Coils

Typical coils:

- Head Coil (volume birdcage coil)
- Body Coil (volume)
 - Built into system (always there)
 - Can be used for receive (but rarely)
 - Used transmit only for most receive arrays
- Surface Coils (typically receive only)
 - Improved SNR vs. volume coils







RF Coils

- Receive arrays (array of surface coils, receive only)
 - The idea here is that one can receive the SNR benefits of surface coils, but over a larger volume.
 - Also allows use of parallel MRI technology because each coil captures a slightly different part of the image volume



Head Arrays





RF Safety

- Diffuse RF heating of the body
 - FDA limits our power deposition (W/kg)
 - Hardware measures this and will shut it down if it gets too high
 - This is why we need to enter patient weight into the scanner
- Focal RF heating around metals and devices
 - Glasses, jewelry & piercings, some tattoos \rightarrow can lead to burns
 - Implants: cochlear implants, neurostimulators, pacemakers.
 - Usually not a problem (for RF): dental work, stents, screws, pins, aneurysm clips, etc. though could be an issue for B_0



Gradient Fields

- High power amplifiers generate magnetic fields in the same direction as B₀, but with variations along x, y and z.
- Provide localization of spins in MRI

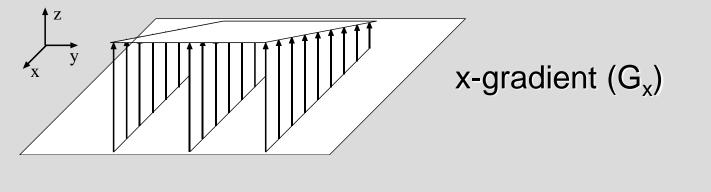




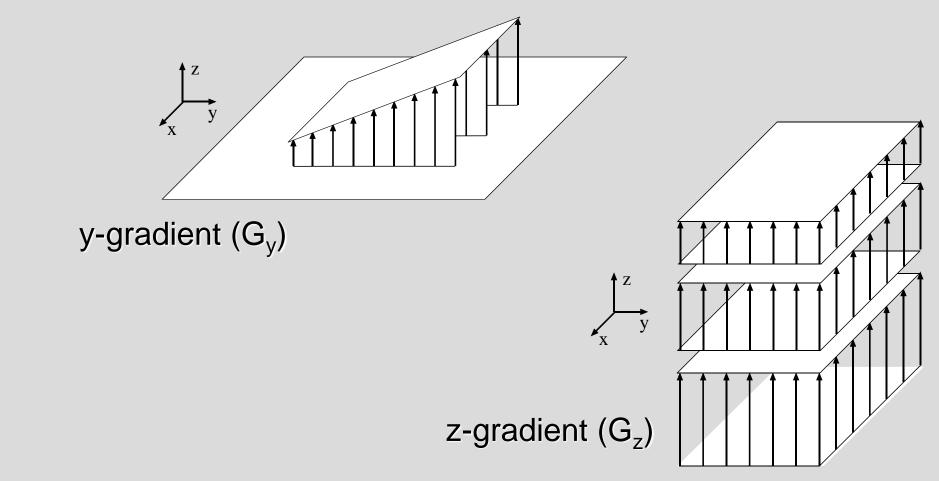
http://mriquestions.com

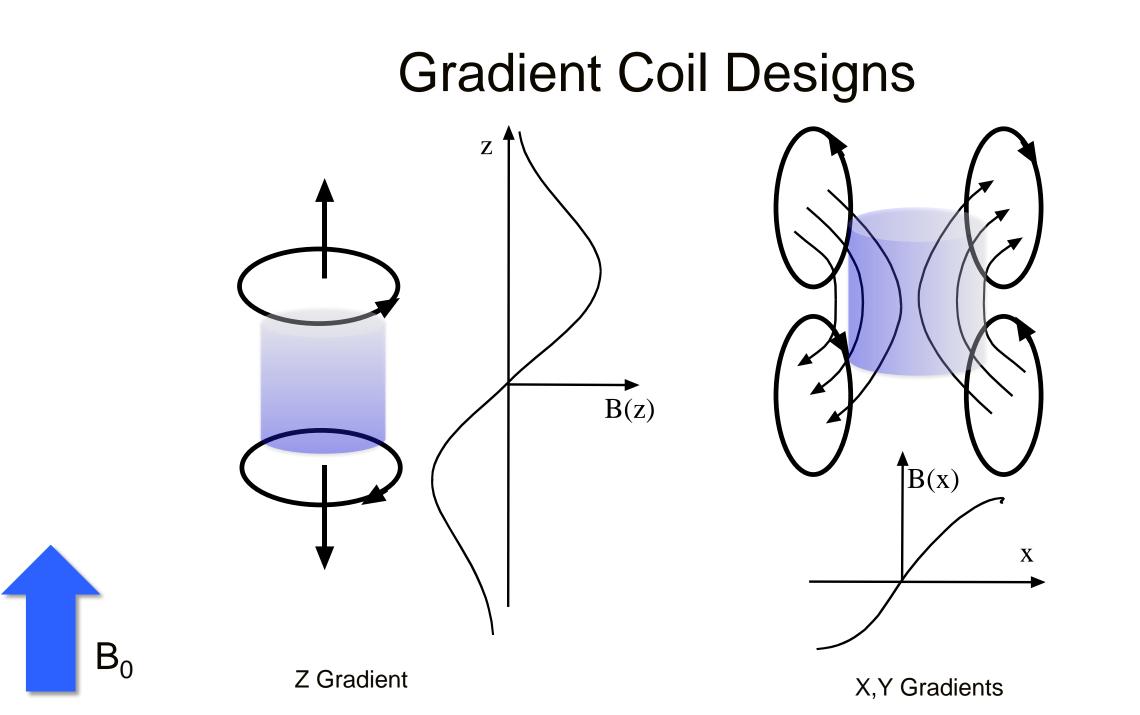




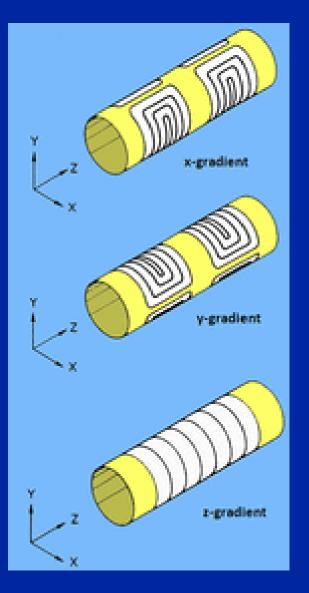


 B_0





Gradient Coils





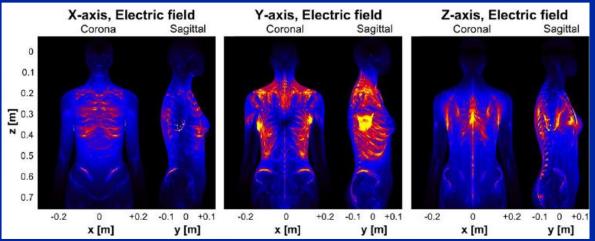


http://mriquestions.com



Safety of Gradient Fields

- Main source of power consumption in MRI systems
- Rapid changes of fields can lead to peripheral nerve stimulation (PNS) which can feel like twitching in the back or shoulders
 - FDA guidelines state that stimulation cannot be "painful"
 - Lots of individual variability in sensitivity to PNS



Davids et al, *MRM*, 2018



- The gradients are also responsible for the acoustic noise.
 - FDA says it can't exceed 99 dBA with hearing protection in place.



MR Compatible Devices

- Whole industry on MRI compatible devices
- Physiological signals, response collection, stimulus presentation, auditory stimulation, vision corr.









Other Risks/Safety Matters

- Attraction of ferrous objects
- Focal RF heating
- Loud
- Peripheral nerve stimulation (PNS)
- Dizziness

But also...

- Claustrophobia, anxiety
- Incidental findings (unexpected findings of tumors, etc.)
- Pregnancy is a contraindication for most research studies



MRI Safety Labeling

https://www.fda.gov/media/ 101221/download



MR Unsafe items should not enter the MRI scanner room. Patients with MR Unsafe devices should not be scanned.

MR Conditional items may safely enter the MRI scanner room only under the very specific conditions provided in the labeling. Patients should not be scanned unless the device can be positively identified as MR Conditional AND the conditions for safe use are met.

The conditions for safe use will be different based on the intended use of the device.

For **items intended to enter the bore of the MRI system**, the MRI Safety labeling should be matched with the MRI system for:

- Static field strength
- Maximum spatial field gradient
- dB/dt limitations (usually only applicable to active implants)
- SAR limits
- Any other conditions needed for safe use of the device, for example restrictions on the types of coils that may be used

When present, information about expected temperature rise and artifact extent may inform the risk/benefit decision of whether or not a patient should undergo an MRI examination. Expected temperature rise and artifact extent information are not conditions that must be met.

Items NOT intended to enter the bore of the MRI system usually have gauss line positioning restrictions or requirements to tether or affix the device to an unmovable part of the room.

MR Safe items pose no safety hazards in the MR environment. They may be placed anywhere in the MR environment. Patients with MR Safe devices have no scanning restrictions.

FDA Non-Signifiance Risk Guidance

See https://www.fda.gov/media/74201/download

- Main field $(B_0) \le 8$ Tesla for subjects > 1 month age
- Power deposition (SAR) ≤ 3.2 W/kg for heads, averaged over 10 min
- Peripheral nerve stimulation (dB/dt) not cause severe discomfort or pain
- Sound:
 - Peak unweighted sound pressure level \leq 140 dB.
 - A-weighted RMS SPL \leq 99 dBA with hearing protection

