Temporal Fidelity in MRI Time Series

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Theme / Outline

 Fundamental tradeoff in MRI: spatial vs. temporal resolution

Available tools

- Dimensionality of acquisition (1D-2D-3D)
- Ordering of k-space sampling
- View sharing
- Parallel acquisition
- Evaluation Criteria
- Results

Early Example of Time-Resolved MRI Early 1990s: Cardiac/Coronary MRI

- 3D images required 10¹-10² sec of data
- Need to limit acquisition to specific cardiac phase to avoid cardiac motion artifact
- Breathold: short acquisition time caused inadequate spatial resolution
- Extended acquisition times led to respiratory-motion-corrupted images.
- Q: How to extend acquisition time for high spatial resolution but without artifact?

Real-Time Navigator Echoes

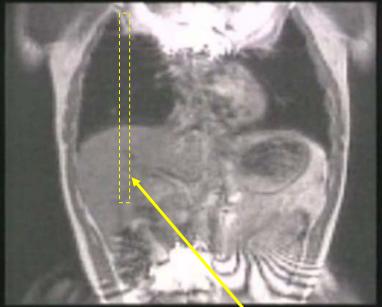
Line scan (1D) excitation

- Excitation of line (1-2 cm dia column) directed S/I through dome of liver
- Frequency encode along line
- Spatial resolution along line ≈ 0.5 mm
- Temporal resolution = TR ≥ 20 msec
- Immediate (msec) reconstruction
- Use S/I position to guide associated 3D acquisition in some fashion
 - e.g. gate within specific respiratory phase

Real-Time Navigator Echoes

Respiratory Motion

Navigator Echoes



Navigator Excitation Column Time

S/I Position

Cardiac Pulsation

Position of

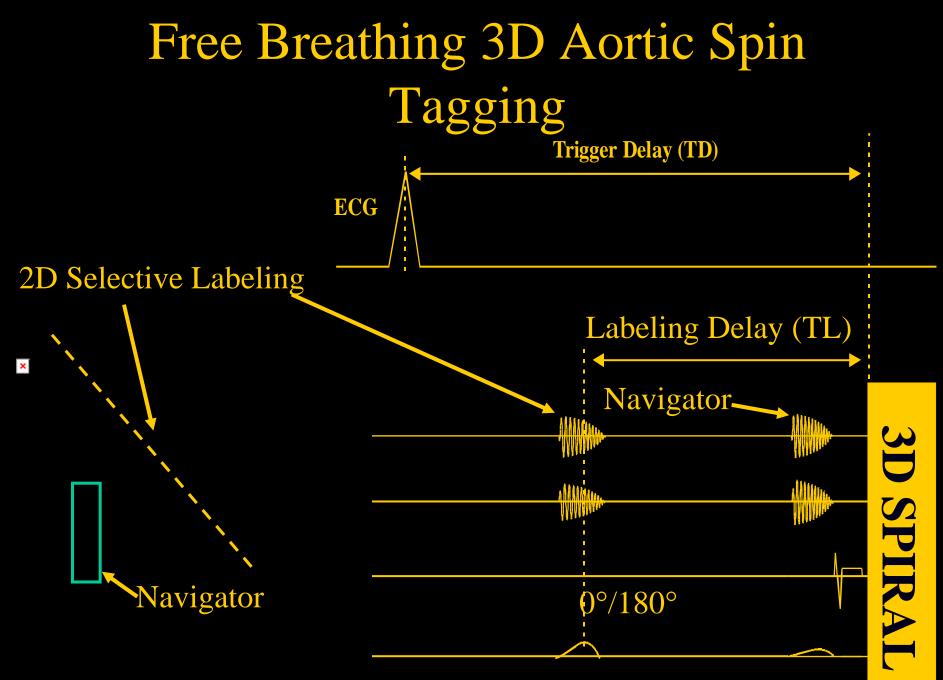
Navigator Signal D

Diaphragm Estimated S/I Diaphragm Position

<u>Video</u>

<u>Video</u>

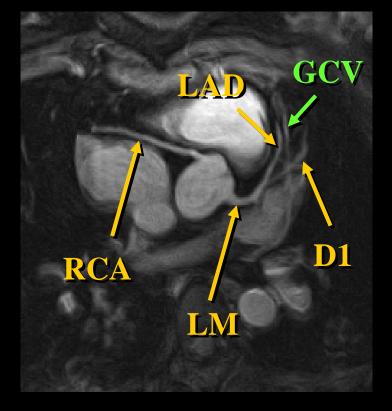
Liu and Riederer, MRM 1993



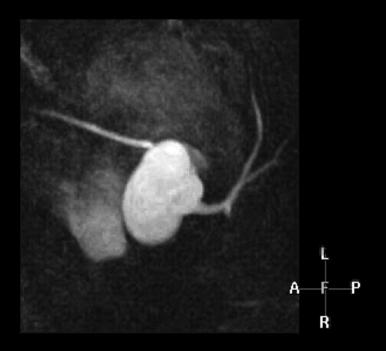
Stuber et al.: ISMRM Glasgow, (2001)

Free Breathing 3D Aortic Spin Tagging

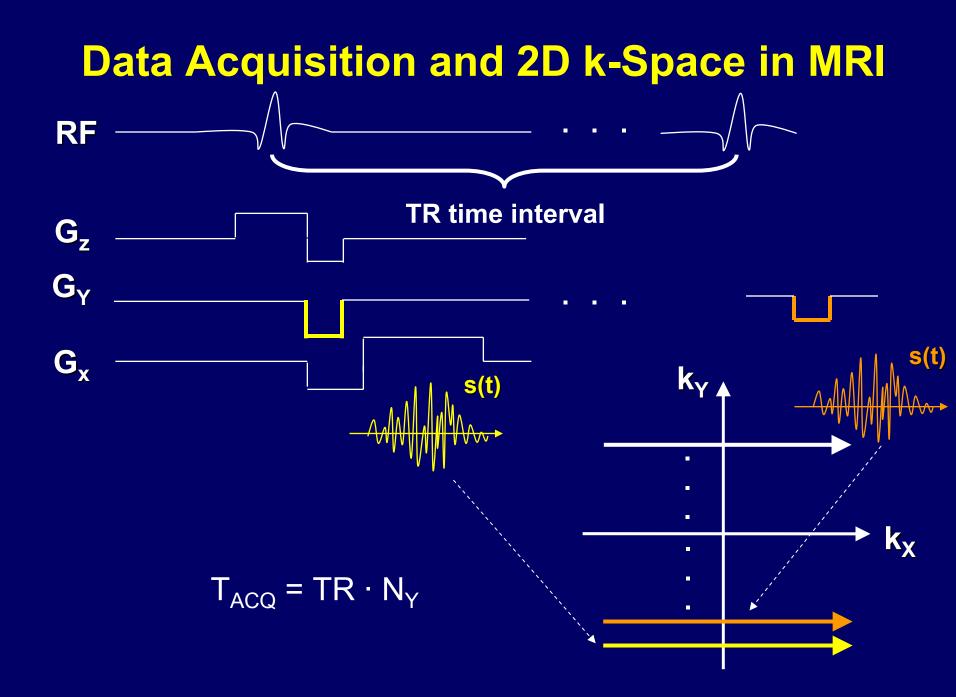
Anatomical Coronary MRA



Aortic Spin Labeling TL=350ms



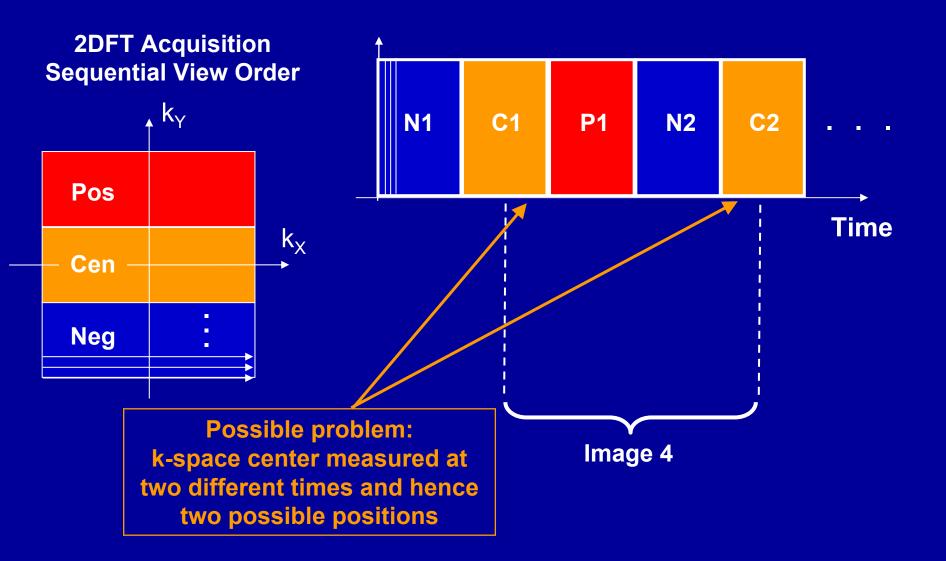
Stuber et al.: ISMRM Glasgow, (2001)



View Sharing

- Motivation: provide frame time shorter than intrinsic image acq time of MRI
- Continuous cyclical sampling of kspace using some ordering
- Reconstruct a full image after only partial replacement of the k-space data
- Potential to sample central k-space more frequently than periphery
- Successive images in sequence are correlated: <u>frame time ≠ temporal resolution</u>

View Sharing Example



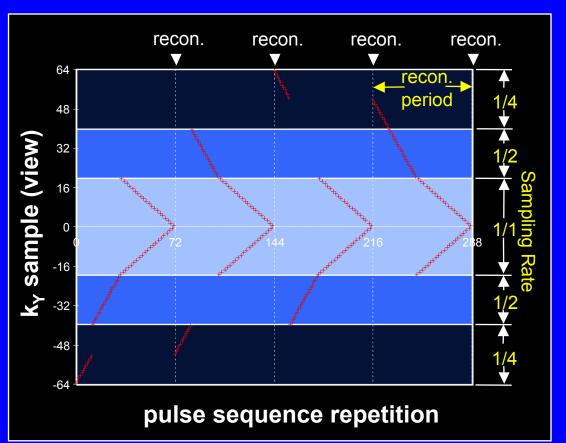
Evaluation of Time-Resolved MRI

Need for criteria beyond those used for static images

- Actual temporal resolution as opposed to image update rate
- Latency delay from actual occurrence to display of event
- Artifacts dispersion of signal; robustness of acquisition to motion
- Consistency ability to smoothly portray continuous motion

Flexible View Ordering Algorithm

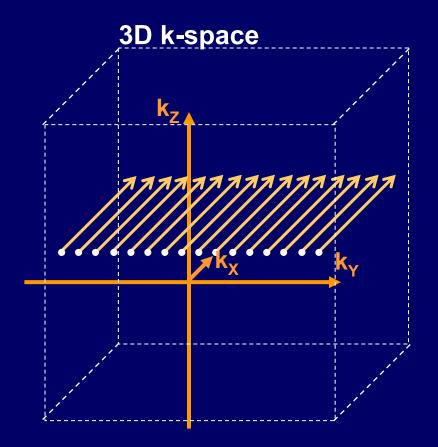
- Reconstruction: sample central k-space at the recon rate
- Latency: sample central kspace just prior to recon (reverse centric)
- Dispersion: sample in large blocks to minimize k-space discontinuities
- Consistency: sample in a consistent pattern w.r.t. reconstruction timepoints



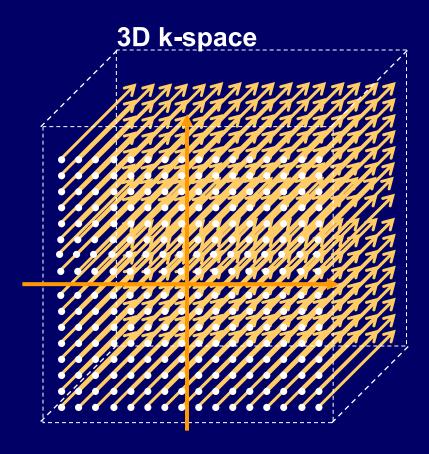
Make view ordering dependent on reconstruction rate

Recon-Dependent View Order (rotating phantom)

3DFT Imaging



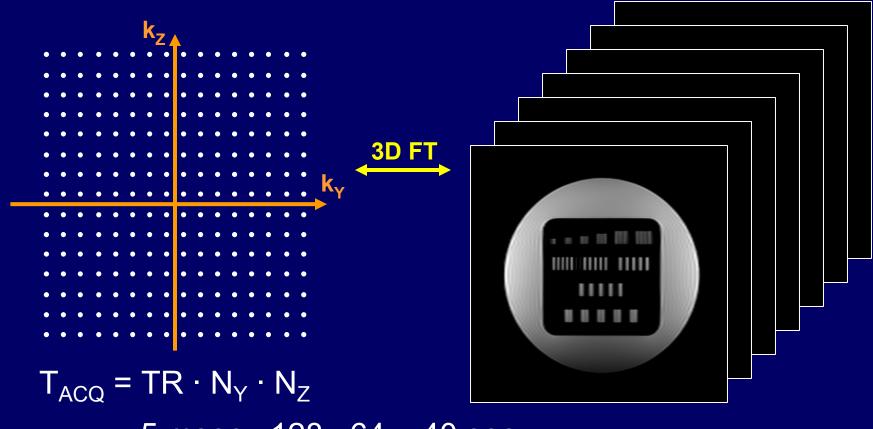
3DFT Imaging



3DFT Imaging

3D k-space

3D Image Space



 $= 5 \operatorname{msec} \cdot 128 \cdot 64 = 40 \operatorname{sec}$

X-ray Angiography

Direct intra-arterial contrast injection Into arterial bed of interest

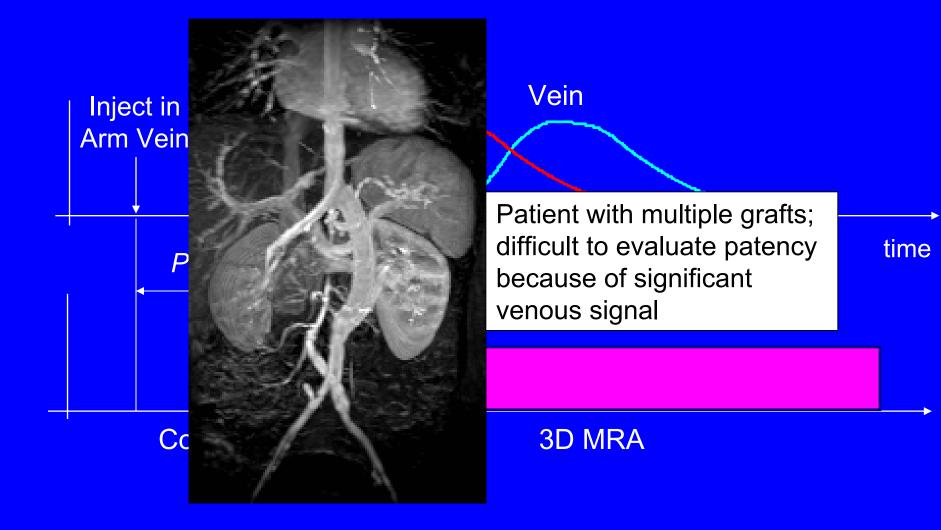
Non-invasive Angiography

- X-ray angiography uses arterial injection and has an associated risk of complication.
- Contrast-enhanced MR angiography (CE-MRA) offers:
 - Intravenous contrast injection
 - Essentially no risk
 - No ionizing radiation
 - 3D format

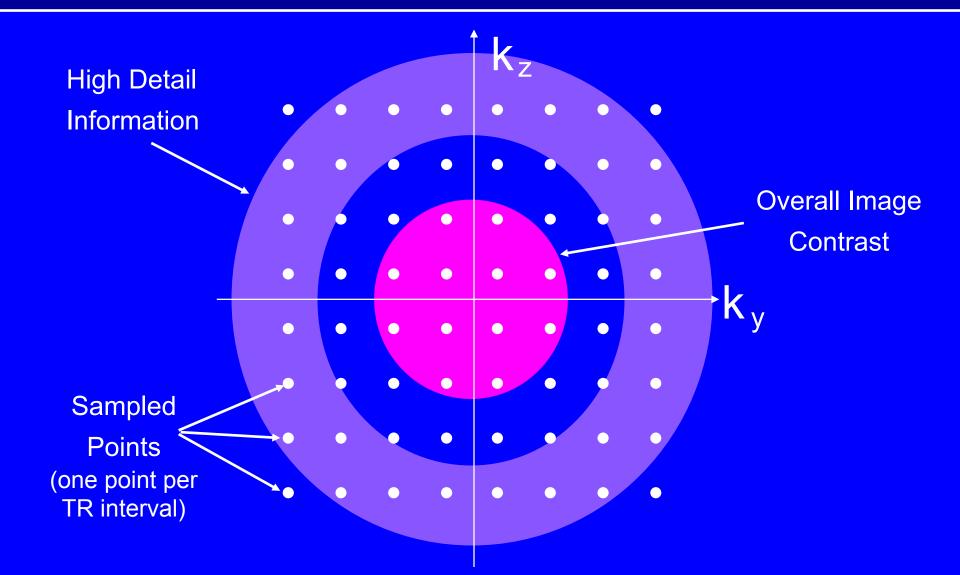
Ordering of k-Space Sampling

- Target application: Contrast-enhanced MR angiography
- The limited arterial phase (~ 10 sec or less) of the contrast bolus may limit the spatial resolution.
- Extended acquisition time provides improved spatial resolution but also confounding venous enhancement.
- How to get high resolution arterial phase images?

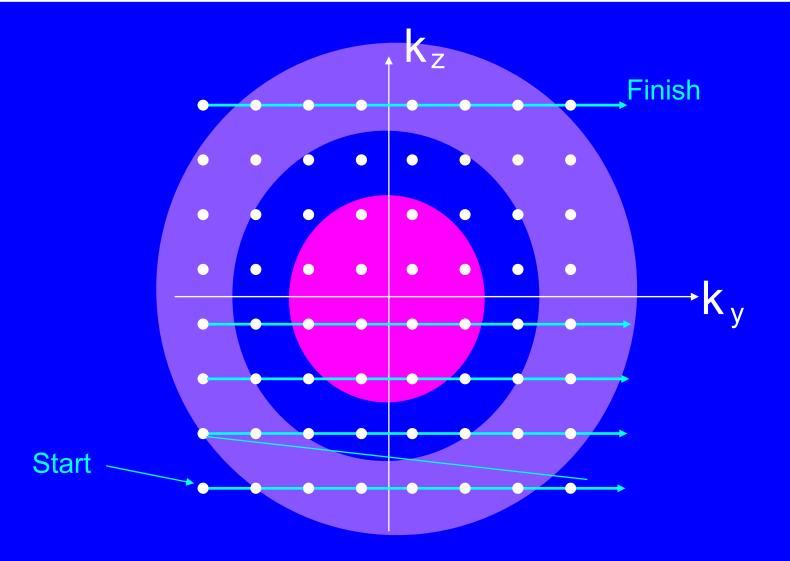
Contrast-Enhanced MRA - Timing



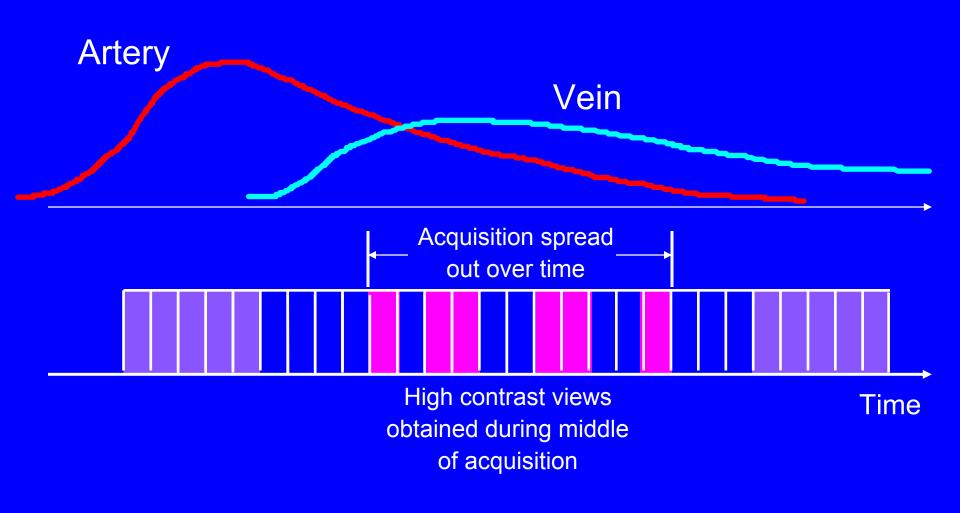
k-Space for 3D Acquisition



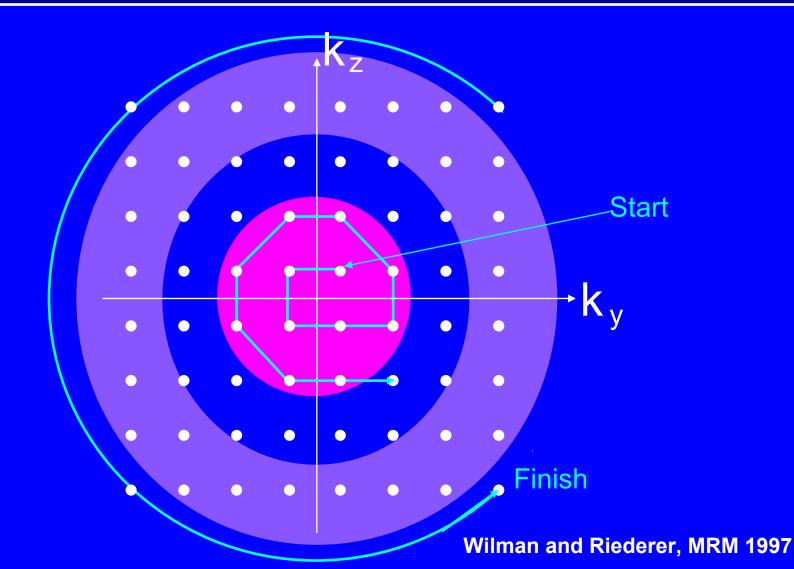
k-Space: Sequential View Order



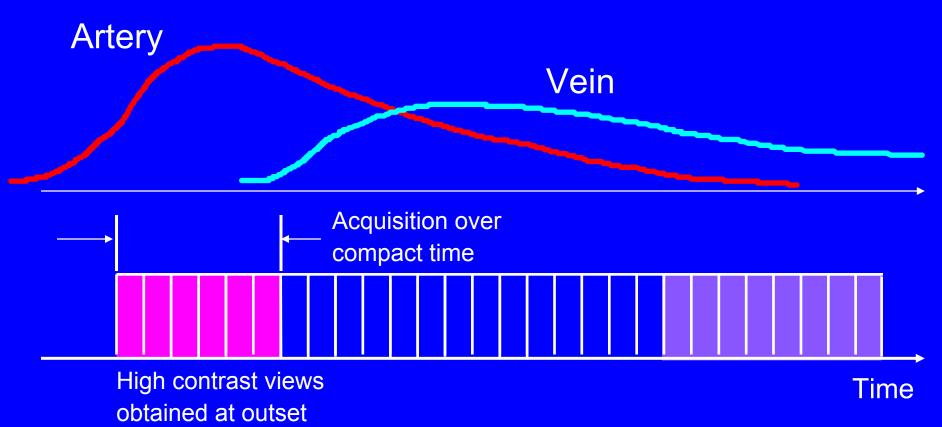
Sequential View Order Timing with respect to Contrast Bolus



k-Space: Elliptical Centric View Order



Elliptical Centric View Order Timing with respect to Contrast Bolus



during arterial phase

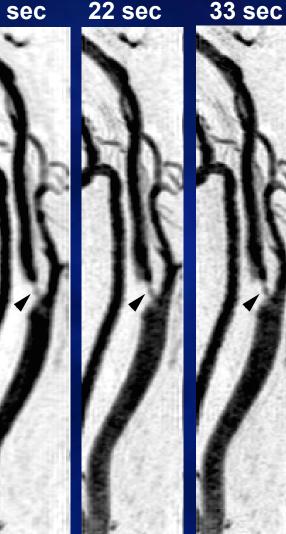
Spatial Resolution in CE MRA Importance of Acquisition Time – Clinical Example

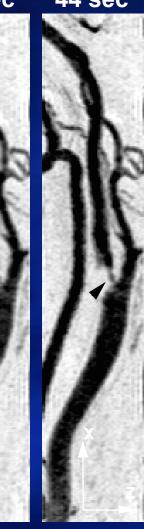
Acquisition Time:

11 sec

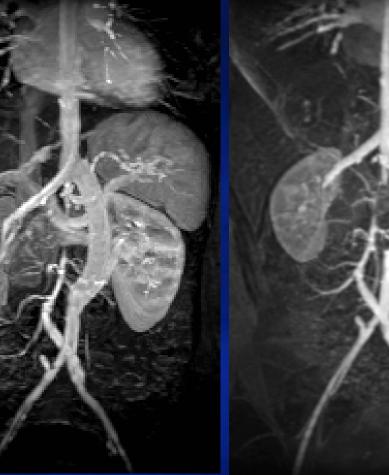
44 sec

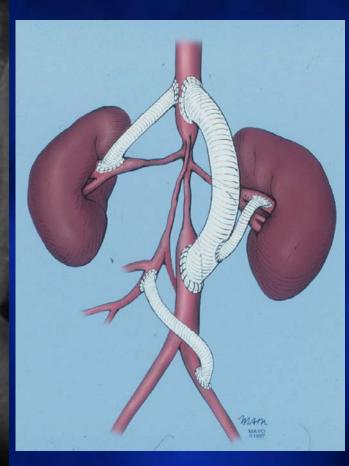






Sequential vs. Elliptical Centric View Order for 3D CE-MRA





Sequential: significant venous contamination Elliptical centric: primarily arterial phase

Phase Encoding (PE) View Order

 The view order can "focus" the acquisition on the status of the object at the time the central views are acquired.

Applicable to

- One P.E. direction k_Y for 2DFT acquisition
- Two P.E. directions k_y and k_z (3DFT)

 View ordering is also the basis for the effective echo time TE in RARE / Fastspin-echo imaging.

Conversion to Time-Resolved Acquisition

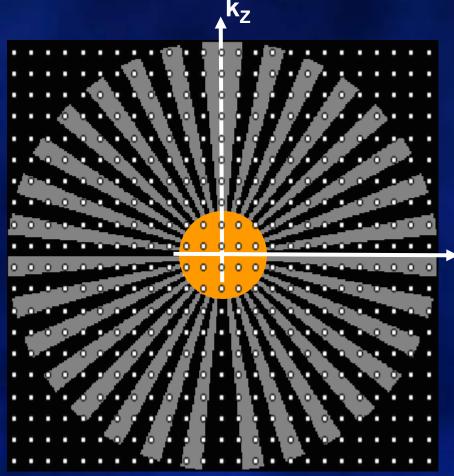
- 3DFT acquisition

 2D (k_Y-k_Z) phase encoding plane

 Elliptical centric phase encode order
 View sharing
- Compatibility with parallel acquisition

Standard Elliptical Centric Acquisition

 k_{Y}

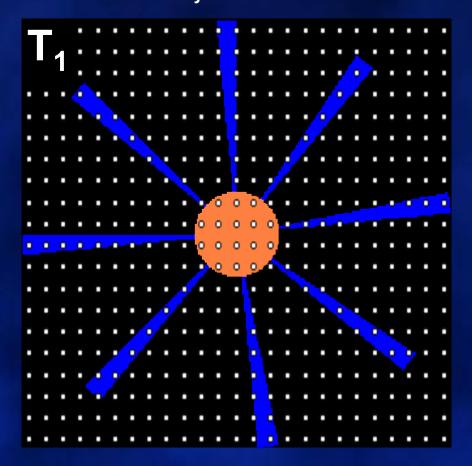


Start at k-space center (orange region); order of readout is according to distance from center
Possibly sample only the gray vanes in outer region (partial Fourier)

Cartesian Acquisition with Projection-Reconstruction-like Sampling (CAPR)

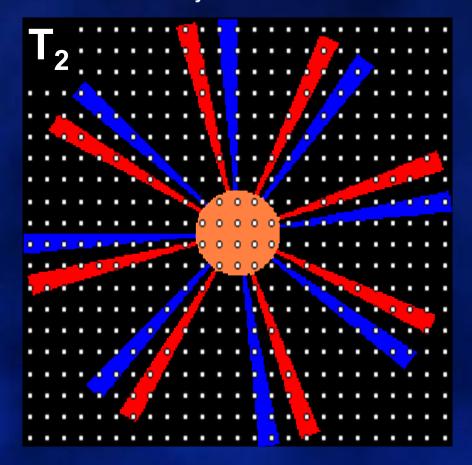
- Subdivide outer vanes into groups (shown subsequently in colors)
- Use view sharing
- Sample k-space center more frequently

k_v-k_z Plane

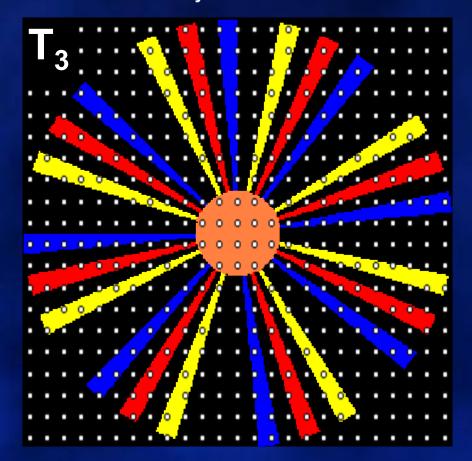


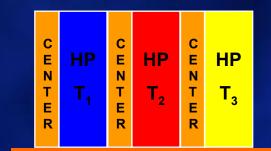


k_v-k_z Plane

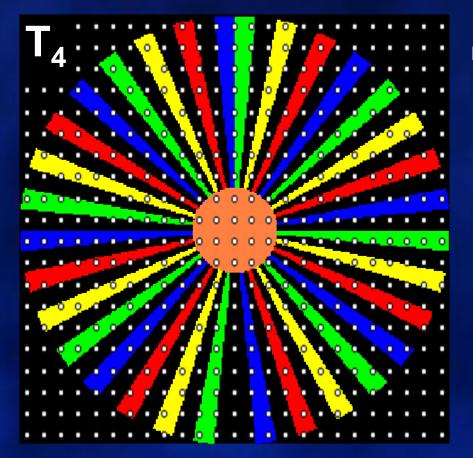


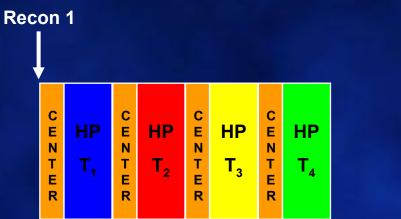
k_v-k_z Plane



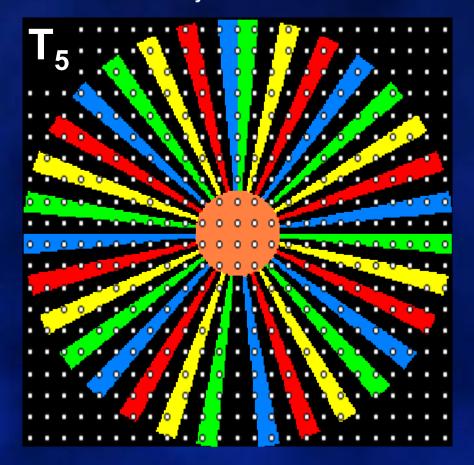


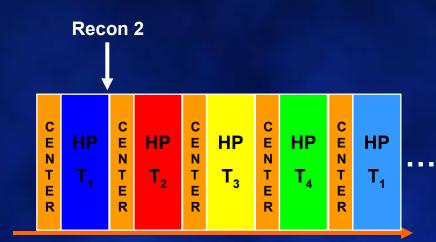
k_v-k_z Plane





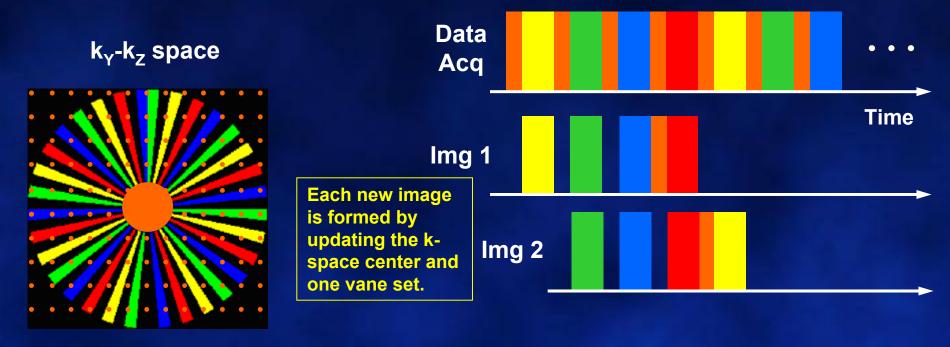
k_v-k_z Plane

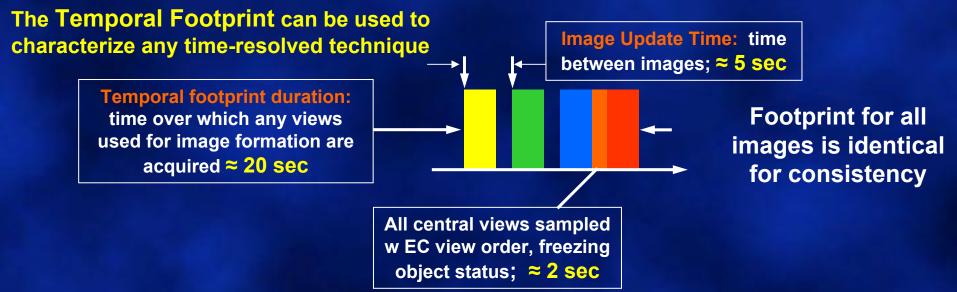




For each new frame the kspace center and one vane set are updated (blue vane set in this example).

Image Formation and Temporal Footprint

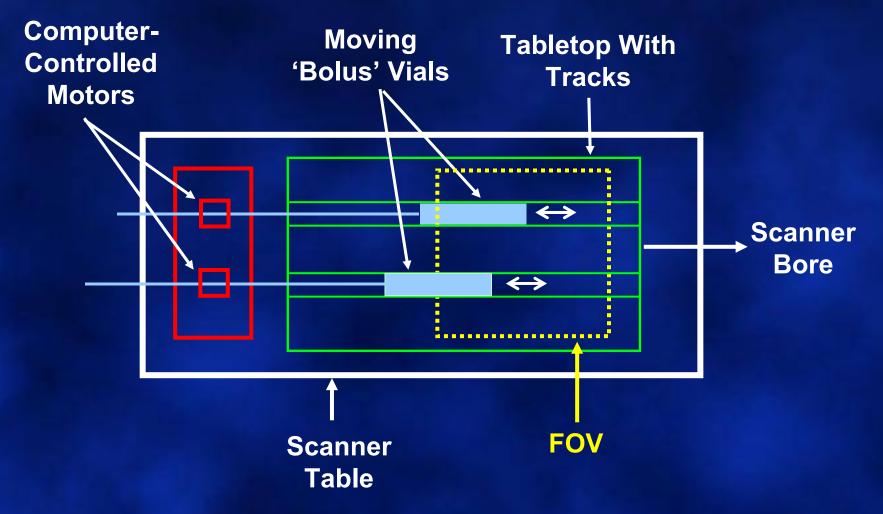




Fidelity of Image of Contrast Bolus

- All MR sequences have a finite (non-zero) acquisition time.
- Consequently, an image of the contrast bolus at some time deviates from reality.
- Ideally a time-resolved MRA sequence:
 - Accurately portrays bolus edge position
 - Provides minimal blur of the bolus edge
 - Accurately portrays bolus velocity
 - Has negligible artifact

Phantom Study Design Study of Simulated Moving Contrast Bolus



Mostardi and Riederer, MRM 2009

3.8 mm/sec



Frame 1

3.8 mm/sec



Frame 1

3.8 mm/sec



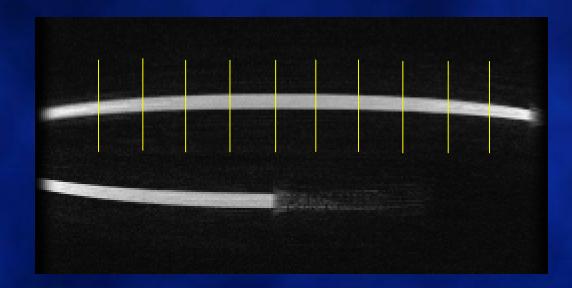
Frame 2

3.8 mm/sec





3.8 mm/sec



Frame 11

Because all frames have the same k-space weighting, velocities are depicted accurately **Consistent** frame-to-frame k-space sampling

In Vivo Example

Resolution: 1.0 x 2.0 x 2.0 mm³

FOV: 256 x 256 x 128 mm³

2D SENSE: 2.67 x 2 = 5.33

Update Time: 1 sec

Footprint: 3 sec



T = 1 sec

In Vivo Example

Resolution: 1.0 x 2.0 x 2.0 mm³

FOV: 256 x 256 x 128 mm³

2D SENSE: 2.67 x 2 = 5.33

Update Time: 1 sec

Footprint: 3 sec



T = 2 sec

In Vivo Example

Resolution: 1.0 x 2.0 x 2.0 mm³

FOV: 256 x 256 x 128 mm³

2D SENSE: 2.67 x 2 = 5.33

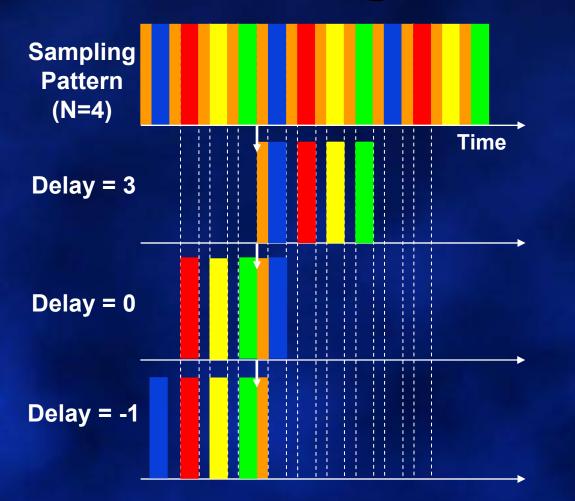
Update Time: 1 sec

Footprint: 3 sec



T = 3 sec

Data Sorting for Reconstruction



Define "Reconstruction Delay" as the number of central samplings acquired after the kspace center used for a given reconstruction

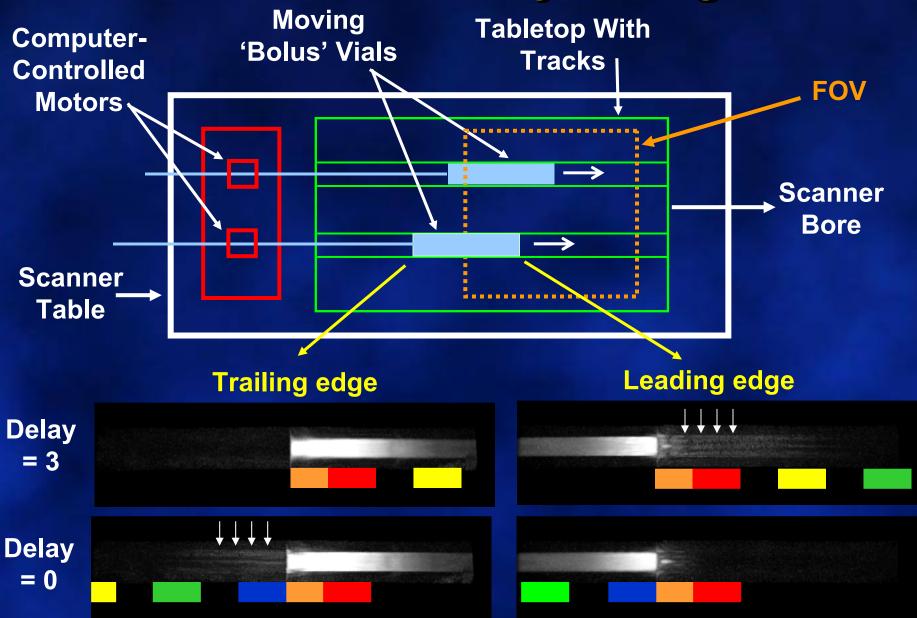
Delay 3 uses the earliest acquired center

Delay 0 uses the most recently acquired center

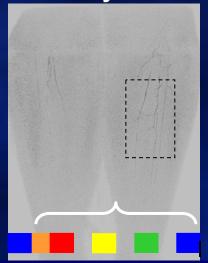
Delay -1 uses most recently acquired center but not its corresponding high spatial frequency vane set

For the next image in the time series, the center and one peripheral vane set are updated; the other three vane sets are maintained or view-shared.

Phantom Study Design

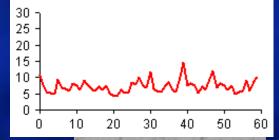


In Vivo Results: Overlapping Footprints Delay = 3 Delay = 0 Delay = -1

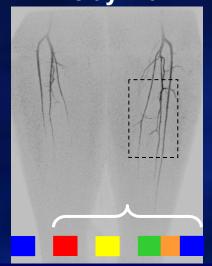


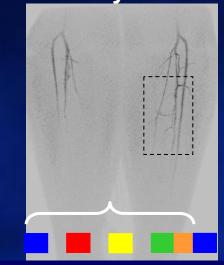
Enlargements of ROI:

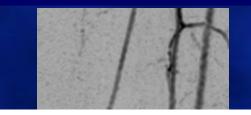


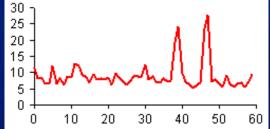


Ragged-appearing vessels

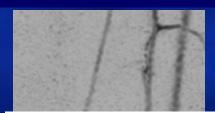


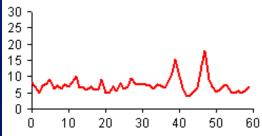






Good depiction



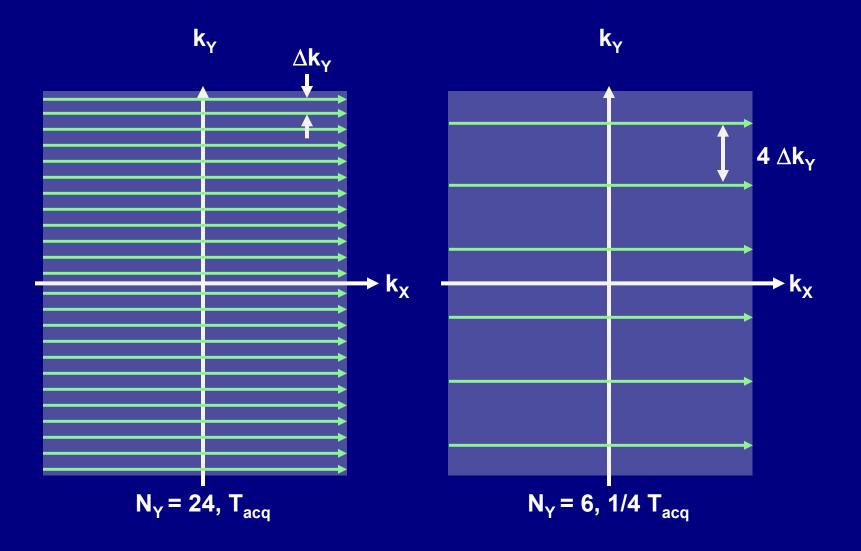


Degraded lateral resolution

Parallel Acquisition

- $T_{ACQ} = N_{Y} \cdot N_{Z} \cdot TR$ for a 3D volume
- Is there some way to reduce the number of repetitions of data acquisition?
- 1990s: extensive development of receiver coils. Perhaps this can be further used?

Suppose N_Y is reduced? Any consequence?

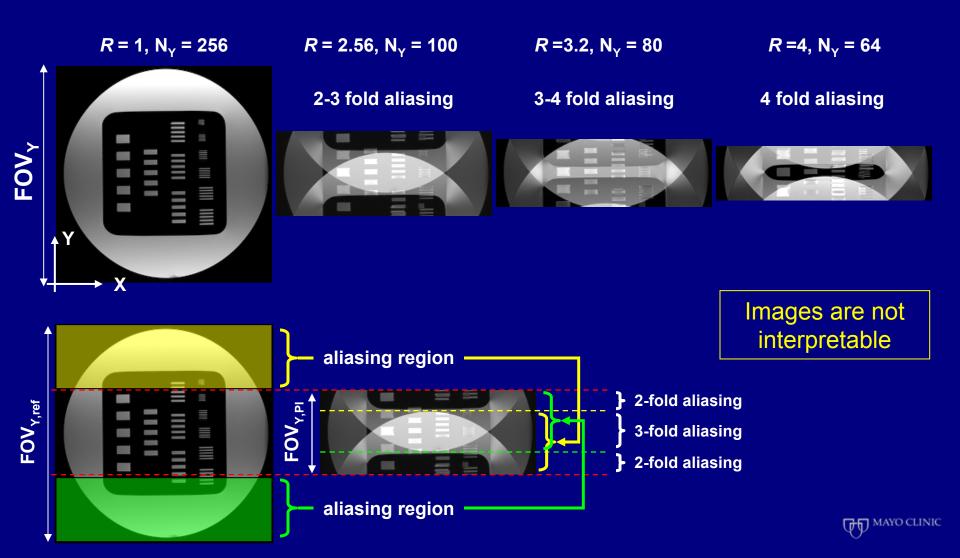


Spacing along k_{Y} is the inverse of the Y field of view.



Consequences of FOV Reduction: Foldover or "Aliasing"

$\Delta k_{Y} = 1/FOV_{Y}$; if $\Delta k_{Y}\uparrow$, then $FOV_{Y}\downarrow$



Solution: acquired images from multiple coils

Image from Coil 1

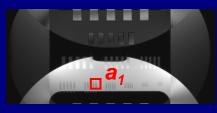
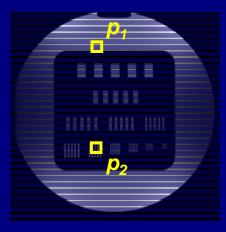


Image from Coil 2



Unaliased object



The aliasing is exactly predictable.

The net signal at a point in an aliased image is the superposition of the signals from two known points in the desired image.

Expression from coil 1:

$$a_1 = S_{1,m} \cdot p_m + S_{1,n} \cdot p_n$$

where S describes the relative coil sensitivity.

The signal for the second coil is identical except with different coil sensitivity.

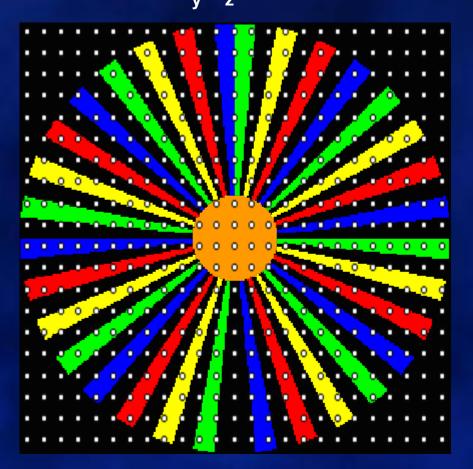
Expression from coil 2:

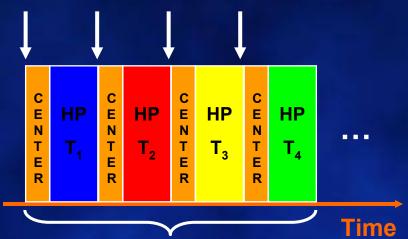
$$a_2 = S_{2,m} \cdot p_m + S_{2,n} \cdot p_n$$

Two equations in two unknowns! Solve algebraically to recover the unaliased image.

Pruessmann, MRM 1999



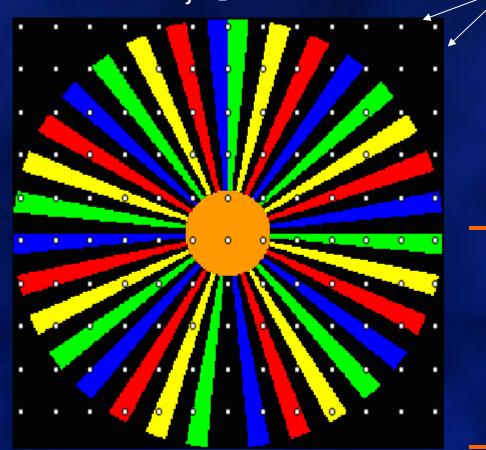




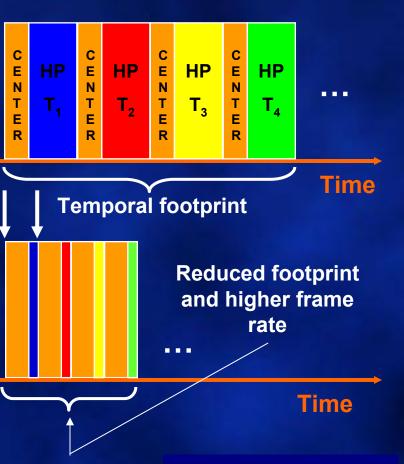
Temporal footprint

From CAPR to CAPR with 2D SENSE

k_v-k_z Plane



SENSE allows coarser sampling in the k_y - k_z plane, reducing the acquisition time



R = accel due to k-space undersampling

- $= R_{SENSE} \times R_{HD}$
- = (4 to 12) x 1.8 = 7.2 to 21

Weiger, Magma 2002

Methodology: Time-resolved 3D CE-MRA CAPR Fixed Spatial Resolution

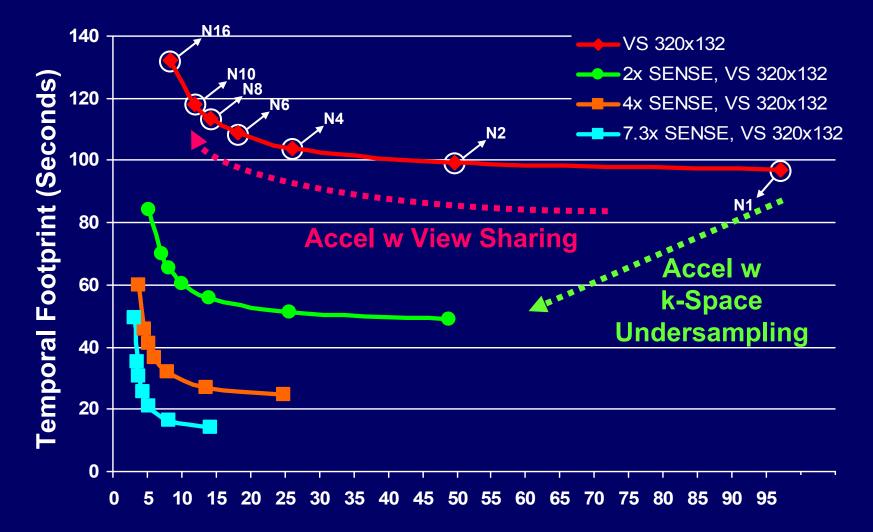
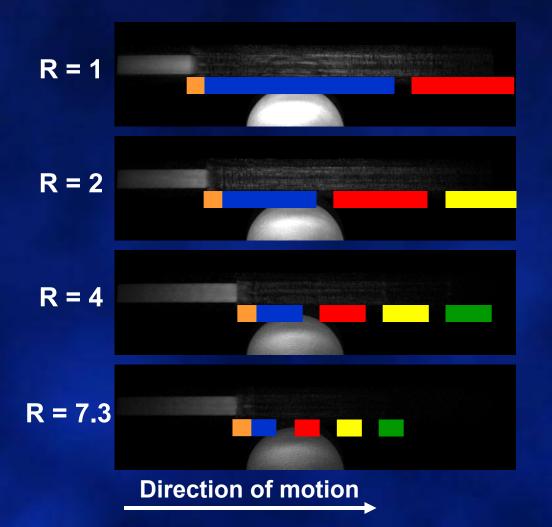


Image Update Time (Seconds)

College of Medicine

Application of 2D SENSE

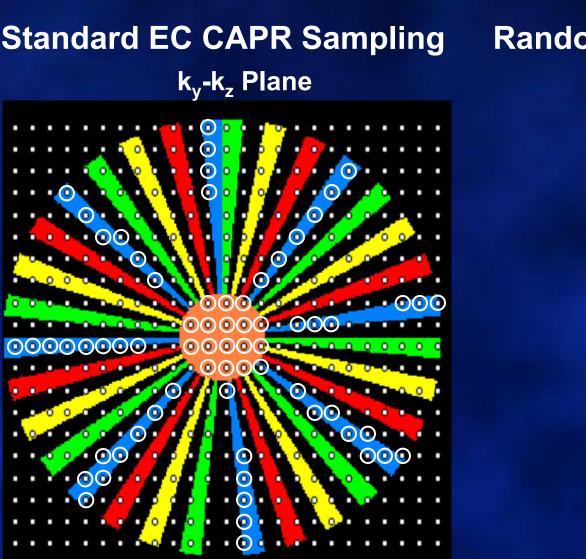


Resolution: 1.0 x 1.0 x 1.0 mm³

FOV: 400 x 320 x 132 mm³

Bolus Velocity: 8 mm/sec





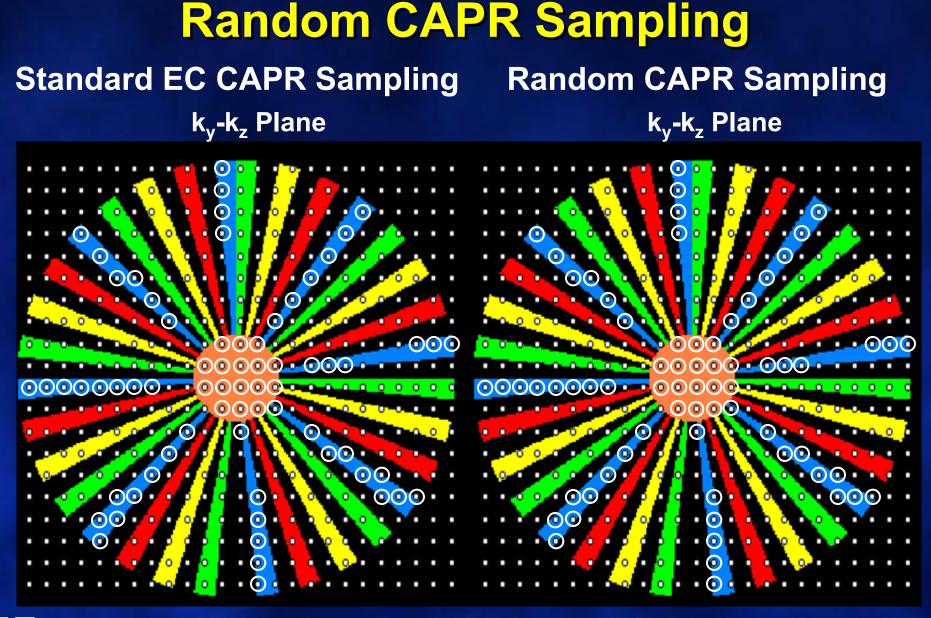
Random CAPR Sampling

Standard EC CAPR Sampling

Random CAPR Sampling

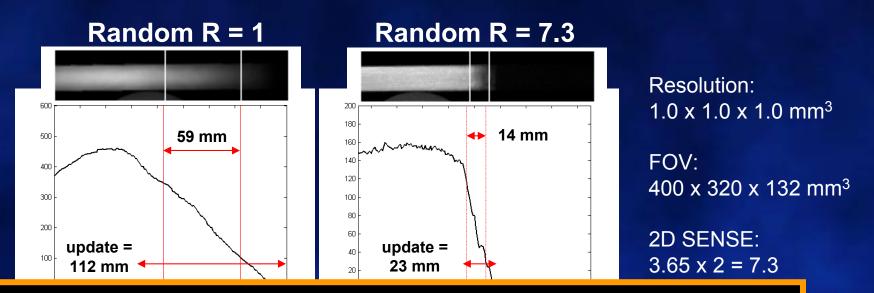
k_v-k_z Plane

MAYO CLINIC

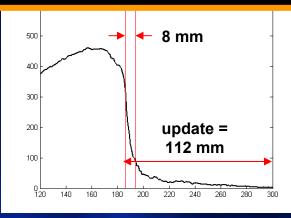


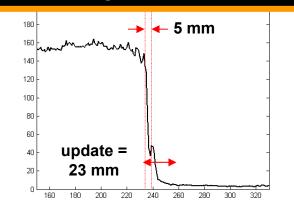
WAYO CLINIC

Random vs. Standard CAPR Sampling



Unaccelerated **compact** sampling of central k-space provides better sharpness than accelerated (R=7.3) random or radial-like sampling.





ZZ./ & SEC

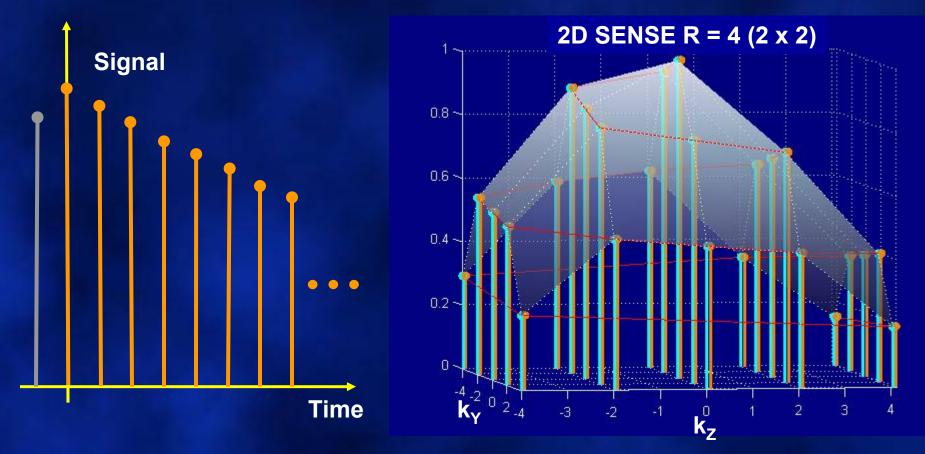
Bolus Velocity: 4 mm/sec

Parallel Imaging of Transient Magnetization

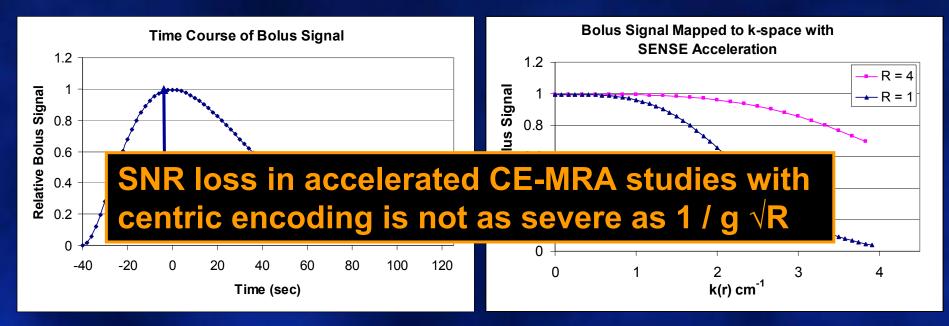
- For many MRI techniques the signal is not constant for all repetitions
 - Fast-spin-echo
 - Magnetization-prepped gradient echo
 - Contrast-enhanced MRA
 - Fat suppression
- What is the effect of this when parallel imaging techniques are applied?

Extend to Two Phase Encode Directions 3D CE-MRA

- The contrast bolus typically decays with time
- The EC maps the waning signal to progressively larger radial k



Example of 2D SENSE (R=4) Hypothetical Bolus Profile



SENSE scales the k-space signal modulation Reduced signal decay for SENSE leads to: narrower PSF (improved spatial resolution) larger overall signal level Vol #10

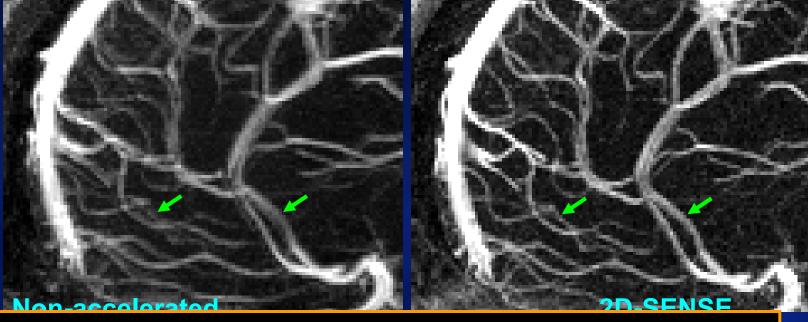
Non-accelerated targeted ~2 cm projections (4 min)

2D-SENSE

R=4 (1 min)

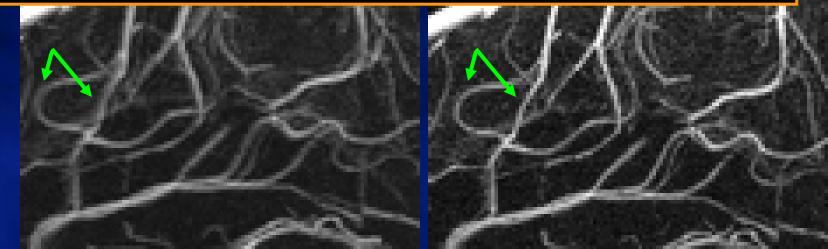
Vol #12

Vol #10



SENSE acceleration with a centric phase encoding order provides improved sharpness, even for the same sampling resolution.

Vol #12



Example of Coil Development CE-MRA of the Calves (1 mm isotropic resolution)

Img. Acq. Parameter:

7.3x 2D SENSE

R_{net} = 14.56 (2D SENSE + HD)

Image Update Time: 4.9 sec

Temporal Footprint: 19.6 sec

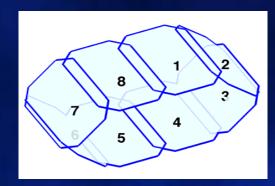
Receiver coils

- Limited S/I coverage
- Large circumference
- Too far A/P falloff



Comparison of Coils

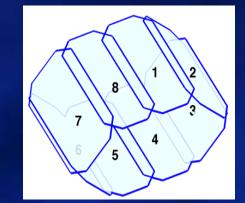
Original Eight-Element Array

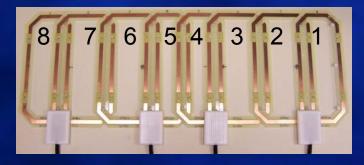


8 7 6 5 4 3 2 1

All elements: 21.5 x 14.3 cm²

Modified Eight-Element Array



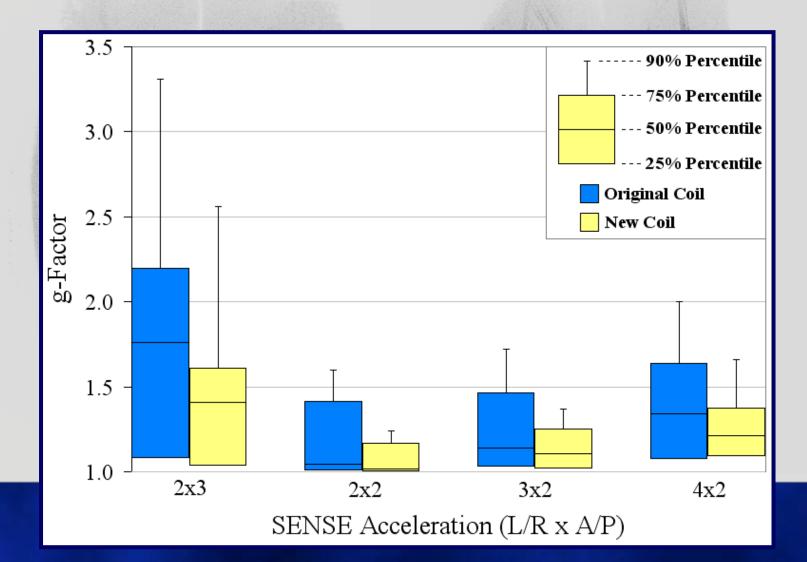


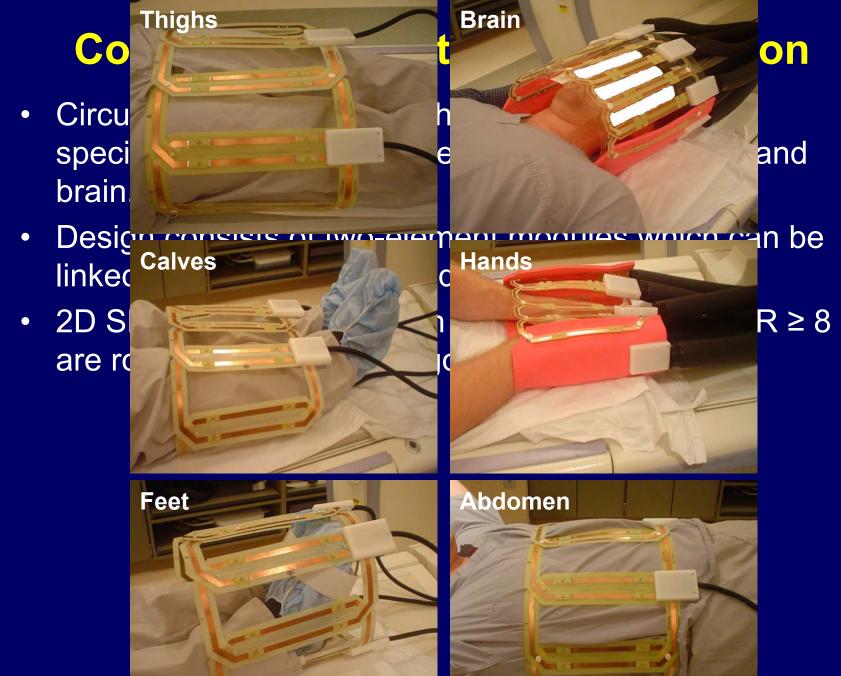
AP elements: 27.1 x 10.5 cm² LR elements: 27.1 x 14.4 cm²

Results: Comparison of Original and Modified Calf Arrays

Original Array; R = 7.3

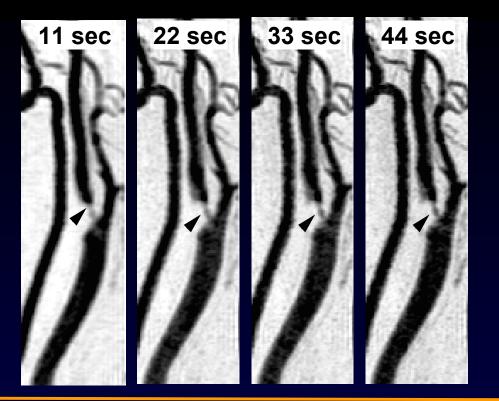
Modified Array, R = 7.3





T MAYO CLINIC

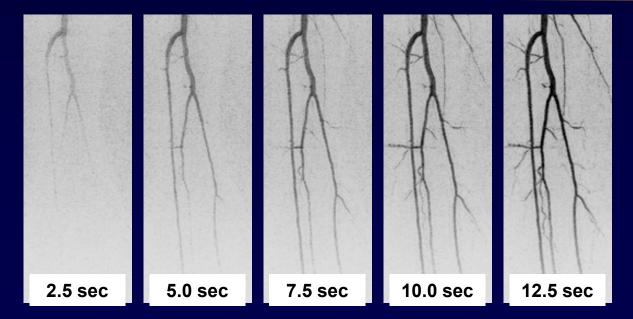
Comparison of Buildup of Spatial Resolution



2011

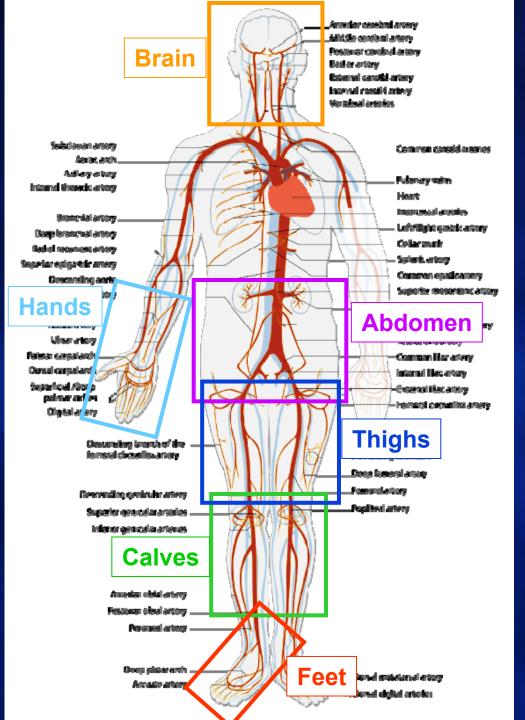
2000

Buildup of higher spatial resolution over a shorter time



Applications to Cardiovascular System

The accelerated CAPR technique using modular circumferential receiver coils has been applied to multiple vascular regions



In Vivo Results 8x 2D SENSE (R_{net}=14.6), IUT = 4.9 sec, TF = 19.6 sec

Note clearly demarcated bolus leading edge

In Vivo Results 8x 2D SENSE (R_{net}=14.6), IUT = 4.9 sec, TF = 19.6 sec



In Vivo Results 8x 2D SENSE (R_{net}=14.6), IUT = 4.9 sec, TF = 19.6 sec





Clinical Study of Calf Vessels

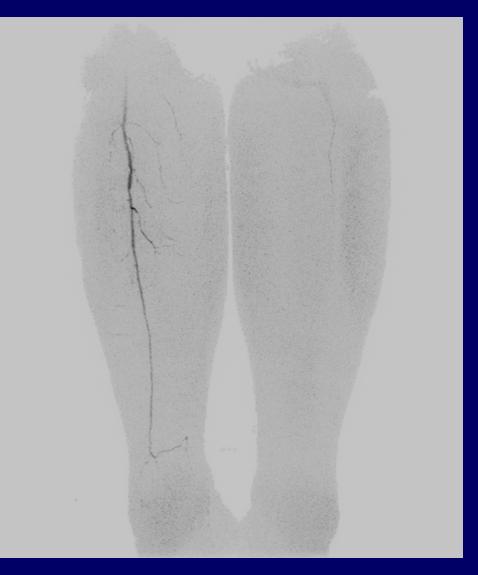
- Patient
 - 65 year old woman with a left femoral-popliteal artery bypass in 1998
 - Referred for assessment of critical ischemia and a non-healing ulcer
- Sampling Parameters standard calf
 - 1 mm³ spatial resolution
 - 4.9 sec frame time
 - 19.6 sec temporal footprint







14.7 sec post injection





19.6 sec post injection



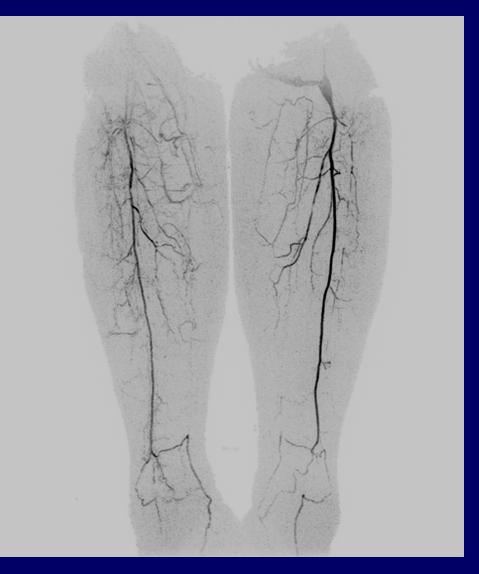


24.5 sec post injection



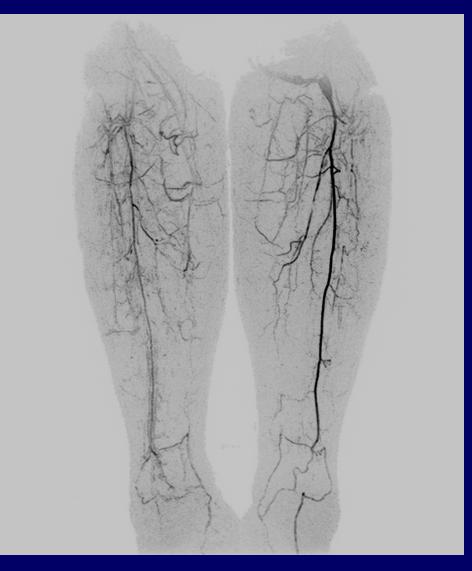


29.4 sec post injection





39.2 sec post injection





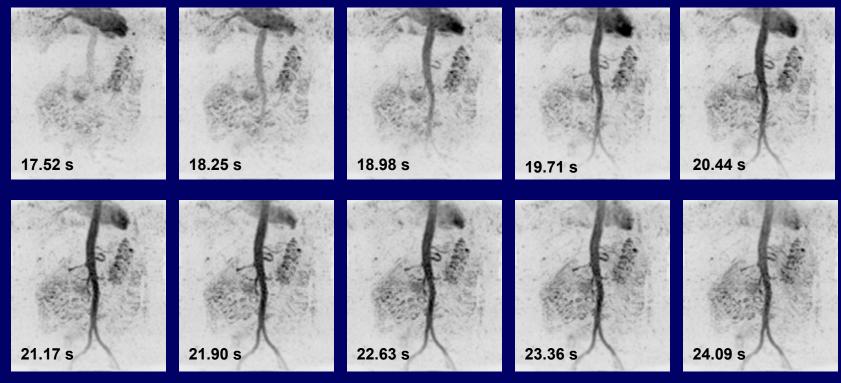
34.3 sec post injection



Results: Volunteer #10 Timing Bolus

Consecutive Coronal MIPs

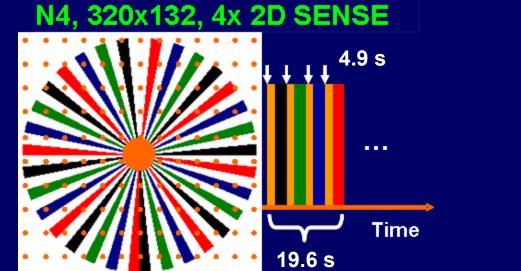
MOVIE



Sampling	SENSE Accel.	Matrix size	FOV (cm ³)	Spatial resolution (mm ³)	Frame time
CAPR: N3, center = 200	R _Y = 4, R _Z = 2	96 x 96 x 80	34 x 40.8 x 28.8	4.25 x 4.25 x 4.0	0.73 sec

Methodology: Cartesian Acquisition with Projection Reconstruction (Max CAPR)

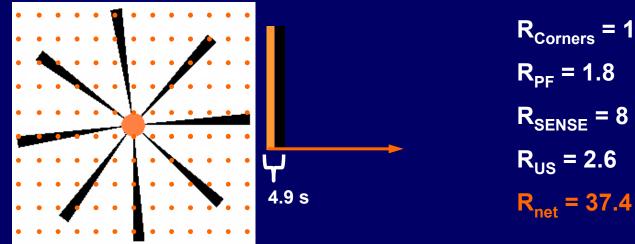
CAPR MRA of calves: four vane sets per 3D image



$$R_{Corners} = 1$$
$$R_{PF} = 1.8$$
$$R_{SENSE} = 8$$
$$R_{net} = 14.6$$

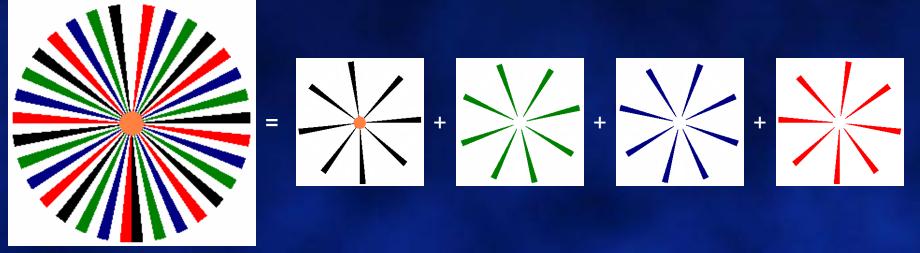
N4, Max CAPR, 320x132, 8x 2D SENSE

MaxCAPR: use only one vane set per 3D image

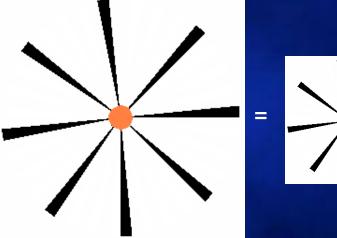


Methodology: Max CAPR Temporal Footprint

CAPR with View Sharing Reconstruction of Img 1



CAPR without View Sharing Reconstruction of Img 1



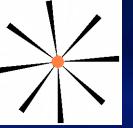
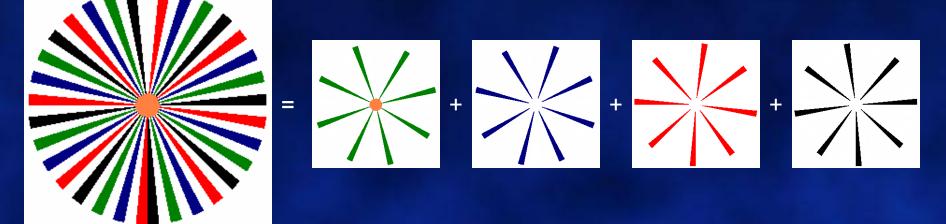


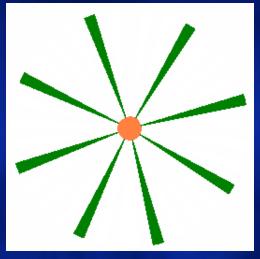
Image Update Time == Temporal Footprint

Methodology: Max CAPR Temporal Footprint

CAPR with View Sharing Reconstruction of Img 2



CAPR without View Sharing Reconstruction of Img 2



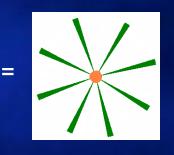
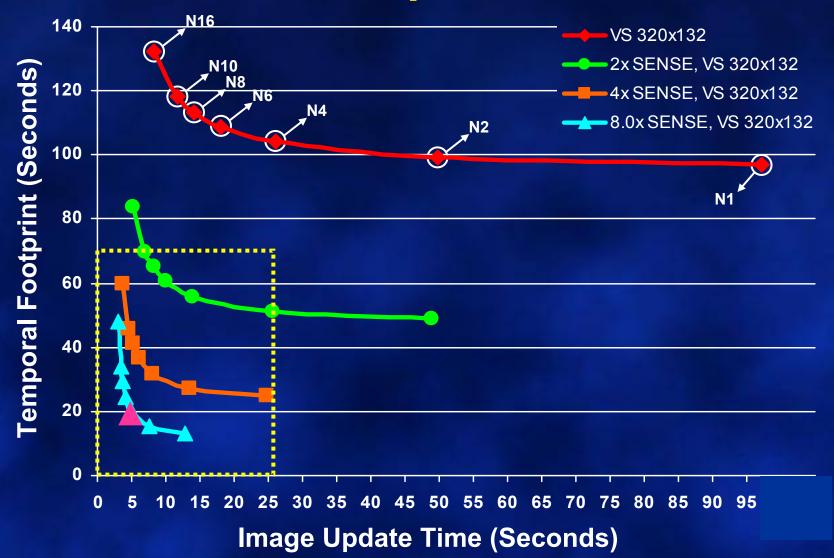
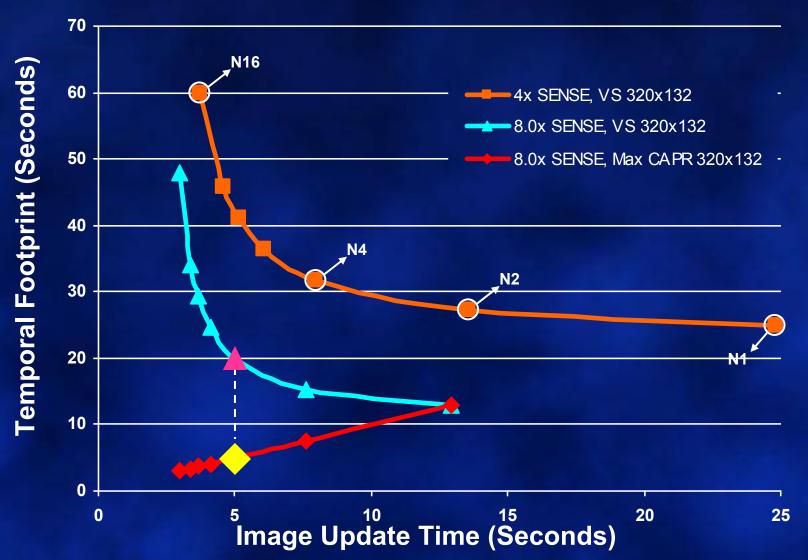


Image Update Time == Temporal Footprint

Technical Performance: CAPR Fixed Spatial Resolution



Technical Performance: CAPR Fixed Spatial Resolution



Clinical Result (3): 8-fold 2D SENSE, 8 Channel Array Max CAPR (TF = 4.9 sec, R_{net} = 37.7)





39.2 sec post injection

Clinical Result (3): 8-fold 2D SENSE, 8 Channel Array Max CAPR (TF = 4.9 sec, R_{net} = 37.7)





44.1 sec post injection

Clinical Result (3): 8-fold 2D SENSE, 8 Channel Array Max CAPR (TF = 4.9 sec, R_{net} = 37.7)





49.0 sec post injection

Summary

1. MRI is imperfect in depicting a timevarying phenomenon because the MR data acquisition is non-infinitesimal.

2. View sharing provides an increased frame rate but also image-to-image correlation.

 Acceleration with R ≥ 10 has allowed a radical improvement in the spatiotemporal resolution of CE-MRA vs. a decade ago.

Summary

4. For accurate depiction of a time-varying phenomenon the MRI sequence should

- have **consistent** frame-to-frame sampling
- have compact sampling of central k-space
 benefit from acceleration methods
- 5. Acceleration applied with centric encoding to CE-MRA has resistance to the standard SNR falloff of 1 / g \sqrt{R} .
- 6. Accelerated CE-MRA using CAPR has been effectively applied to imaging of the vasculature of the body.

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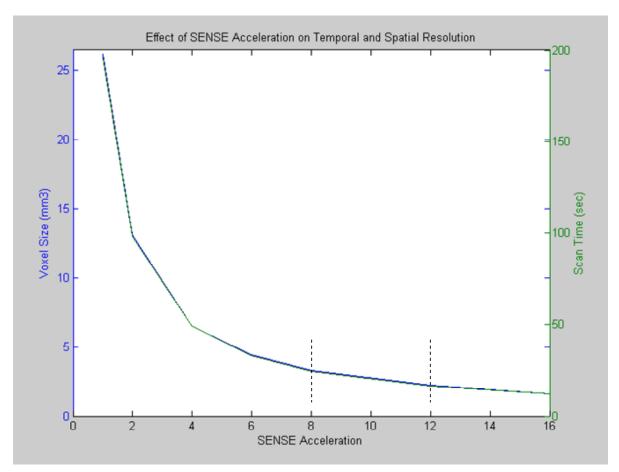
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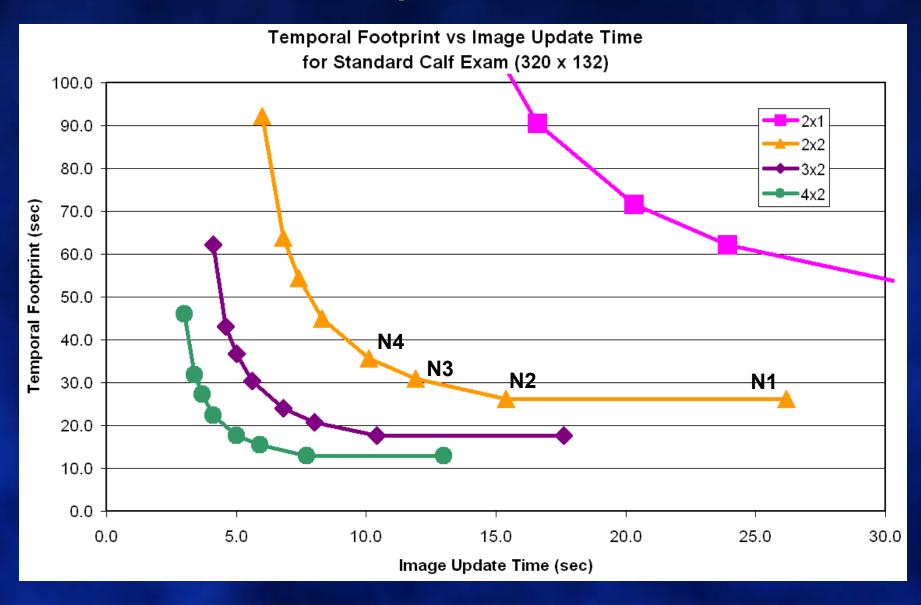
Hiking near Bretaye

7 Sept 2011

Figure 2.12. Effects of SENSE acceleration on temporal and spatial resolution. The effects of SENSE are demonstrated for an example abdominal CE-MRA acquisition with FOV 35 x 35 x 28 cm³, and Nx = 256 to fix the TR at 4.0 msec. The voxel size (left) is plotted versus SENSE acceleration for a scan with an acquisition time of 16.1 sec. The scan time (right) is plotted versus SENSE acceleration for a scan with a voxel size of 2.2 mm³. The target parameters are a scan time of approximately 20 sec and spatial resolution of \leq 1.2 mm isotropic. To achieve these temporal and spatial parameters over a large abdominal FOV, accelerations of 8-12x are required.



CAPR Temporal Resolution



SENSE

Effects on Time-Dependent Phenomena

- SENSE increases the rate of k-space coverage by a virtual reduced FOV
- SENSE provides reduced resolution loss from decaying magnetization

$$\frac{\text{PSF}}{\text{Width}} \approx \sqrt{\frac{1}{\tau}} \frac{\text{TR}}{\text{R} \Delta k_{Y} \Delta k_{Z}} \approx \sqrt{\frac{\text{FOV}_{Y} \text{ FOV}_{Z} \text{ TR}}{\text{R} \tau}}$$

 SENSE also provides improved venous suppression (venous arrival occurs further out in k-space)