# MRI Systems & Safety

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### What is MRI?

### • Magnetic

- We need a big magnet

### Resonance

- Excitation energy has to be on-resonance

- Imaging
  - We can make pretty pictures





### What is MRI?

MRI follows a classic excitation-reception paradigm.



MRI encodes spatial information and image contrast in the echo.





### **Requirements for MRI**

- NMR Active Nuclei
  - e.g. <sup>1</sup>H in H<sub>2</sub>O
- Magnetic Field (B<sub>0</sub>)
  - Polarizer
- RF System (B<sub>1</sub>)
  - Exciter
- Coil
  - Receiver
- Gradients (G<sub>X</sub>, G<sub>Y</sub>, G<sub>Z</sub>)
  - Spatial Encoding (imaging!)
- Computers
  - Image reconstruction





### Cardiac MRI Exam Set-up









### **MRI Hardware**

Cryostat

#### Z-grad

▶Y-grad

►X-grad

Body Tx/Rx Coil (B<sub>1</sub>) Main Coil (B<sub>0</sub>)



Image Adapted From: http://www.ee.duke.edu/~jshorey



### MRI Advantages

### Soft Tissue Contrast















### (Quantitative) Tissue Characterization

### Routine

- T<sub>1</sub>, T<sub>2</sub>, T<sub>2</sub><sup>\*</sup>, proton weighted
- Perfusion
- Diffusion
- Contrast enhancement
  - Tumor evaluation
  - Angiography

### Advanced

- T1- and T2-mapping
- Fat/Water & Iron quantification
- Spectroscopy (molecular)
- Susceptibility weighted imaging (SWI) for blood products and calcium
- Non-contrast angiography



Demonstration of the multiparametric ISODATA segmentation methodology and corresponding DWI (b=1000 s/mm2), ADC map, and T2 map at different times after stroke. *Jacobs M A et al. Stroke.* 2001;32:950-957

Radiolog



# Arbitrary Imaging Planes

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# No Ionizing Radiation







## Image Physiologic Motion







### MRI Disadvantages

### MRI - Disadvantages

### Safety

- Main Field (B<sub>0</sub>)
- Radiofrequency Field (B<sub>1</sub>)
- Gradients (G<sub>x</sub>, G<sub>y</sub>, and G<sub>z</sub>)
- Slow
- Expensive
- Non-specific
- Technically challenging
- Not 1° for all indications







### **Patient Screening Forms**

#### MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

Date / /	Patient Number		
Name	Age Height	Weight _	
Date of Birth/ Male 🗇 Female 🗇	Body Part to be Examined		
Month day year Address	Telephone (home) (	_)	
City	Telephone (work) (	)	
State Zip Code			
Reason for MRI and/or Symptoms			
Referring Physician	Telephone ()		
Have you had prior surgery or an operation (e.g., arthroscopy, of If yes, please indicate the date and type of surgery: Date/ Type of surgery	endoscopy, etc.) of any kind?	🗖 No	🗖 Yes
Date         /         Type of surgery           2. Have you had a prior diagnostic imaging study or examination If yes, please list:         Body part         Date           MRI        /	(MRI, CT, Ultrasound, X-ray, etc.)? Facility	□No	🗖 Yes
CT/CAT Scan / X-Ray /	/ /		
Ultrasound	/ /		
Other//	/		
<ol> <li>Have you experienced any problem related to a previous MRI examination or MR procedure? If yes, please describe:</li> </ol>			🗖 Yes
4. Have you had an injury to the eye involving a metallic object shavings, foreign body, etc.)? If use a laser describe:	or fragment (e.g., metallic slivers,	🗖 No	🗖 Yes
5. Have you ever been injured by a metallic object or foreign bo	🗖 No	🗖 Yes	
If yes, please describe:6. Are you currently taken any medication or drug?			🗖 Yes
If yes, please list:     7. Are you allergic to any medication?	🗖 No	🗖 Yes	
If yes, please list: 8. Do you have a history of asthma, allergic reaction, respiratory medium or dye used for an MRI, CT, or X-ray examination? 9. Do you have anemia or any disease(s) that affects your blood, a	🗖 No	🗖 Yes	
disease, renal (kidney) failure, renal (kidney) transplant, high t liver (hepatic) disease or seizures? If yes, please describe:	blood pressure (hypertension),	No	🗖 Yes
For female patients: 10. Date of last menstrual period:/	Post menopausal?	🗖 No	🗖 Yes
11. Are you pregnant or experiencing a late menstrual period?	·	□ No	□ Yes
<ol> <li>Are you taking oral contraceptives or receiving hormonal trea</li> <li>Are you taking any type of fertility medication or having fertility</li> </ol>	tment? lity treatments?	□ No □ No	□ Yes □ Yes
14. Are you currently breastfeeding?		🗖 No	🗖 Yes



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). <u>Do not enter</u> 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 Radiologist 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 intraventricular)
🗖 Yes	🗖 No	Vascular access port and/or catheter
🗖 Yes	🗖 No	Radiation seeds or implants
🗖 Yes	🗖 No	Swan-Ganz or thermodilution catheter
🗖 Yes	🗖 No	Medication patch (Nicotine, Nitroglycerine)
🗖 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
🗖 Yes	🗖 No	Dentures or partial plates
🗖 Yes	🗖 No	Tattoo or permanent makeup
🗖 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

RIGHT

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.

#### M IMPORTANT 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, hair 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 metallic threads.

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

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

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.
Signature of Person Completing Form: \_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_

Relationship to patient	
re	
0	



#### David Geffen Patient and personnel screening before an MRI exam is critical.



### **MRI - Contraindication?**

#### Box 2 Example of a check list with potential contraindications to an MRI examination

If any of the following is checked, evaluation of the individual risk has to be performed before the MRI examination

- Aneurysm clip(s)
- Any metallic fragment or foreign body
- Coronary and peripheral artery stents
- Aortic stent graft
- Prosthetic heart valves and annuloplasty rings
- Cardiac occluder devices
- Vena cava filters and embolisation coils
- Haemodynamic monitoring and temporary pacing devices, eg, Swan–Ganz catheter
- Haemodynamic support devices
- Cardiac pacemaker
- Implanted cardioverter-defibrillator (ICD)
- Retained transvenous pacemaker and defibrillator leads
- Electronic implant or device, eg, insulin pump or other infusion pump
- Permanent contraceptive devices, diaphragm, or pessary
- Cochlear, otologic, or other ear implant
- Neurostimulation system
- Shunt (spinal or intraventricular)
- Vascular access port and/or catheter
- Tissue expander (eg, breast)
- Joint replacement (eg, hip, knee, etc)
- Any type of prosthesis (eg, eye, penile, etc)
- Tattoo or permanent makeup
- Known claustrophobia
- Body piercing jewellery
- Hearing aid
- Renal insufficiency
- Known/possible pregnancy or breast feeding

Modified from: Shellock FG, Crues JV. MR procedures: biologic effects, safety, and patient care. Radiology 2004;232:635-52.

#### Reference Manual for Magnetic Resonance Safety, Implants, and Devices: 2014 Edition







### **MRI Safety Designations**

MR

**MR Safe**: "An item that poses no known hazards in all MR environments." (e.g. a plastic Petri dish)





**MR Conditional**: "An item that has been demonstrated to pose no known hazards in a specified MR environment with specified conditions of use. Field conditions that define the specified MR environment include field strength, spatial gradient, dB/dt (time rate of change of the magnetic field), radio frequency fields, and specific absorption rate. Additional conditions, including specific configurations of the item, may be required." (e.g. a Patient Monitor) **MR Unsafe**: "An item that is known to pose hazards in all MR environments." (e.g. Floor Buffer)



#### "MRI Compatible" is not an FDA term.



### B<sub>0</sub> Safety – Room Safety



#### \$2.9 Million Settlement Closes Colombini MRI Death Case

5 Replies

This week the settlement documents were released — closing the chapter on the lawsuit that arose from the seminal event in MRI safety, the 2001 oxygen tank fatality of then-six-year-old Michael Colombini.

#### Not MRI Compatible

#### **MRI** Compatible











#### David Geffen School of Medicine

#### **B**<sub>0</sub> is VERY strong and ALWAYS on.



### B<sub>0</sub> Safety – Implanted Devices





#### **B**<sup>0</sup> exerts a force or torque on implanted ferromagnetic devices.





### B<sub>0</sub> Safety – Cryogen Gases







**B**<sub>0</sub> is cooled with liquid helium (cryogen).



# RF (B<sub>1</sub>) Safety - SAR Limits

- RF pulses deposit energy in the body.
- Specific Absorption Rate [W/kg]
  - Rate of energy absorption during exposure to RF
- High-field (>1.5T) imaging with high flip angles (>45-90°) can be challenging.  $SAR \propto \omega_0^2 B_1^2 \propto B_0^2 \alpha^2$

Limit	Whole-Body Average	
Normal (all patients)	2 W/kg (0.5°C)	
First level (supervised)	4 W/kg (1°C)	

The scanner (FDA!) limits SAR, which in turn limits the max. flip angle.



Bottomley PA. Turning up the heat on MRI. J Am Coll Radiol 2008;5(7):853-855.



# RF (B<sub>1</sub>) Safety - Burns & Heating

- Tissue burns
- RF induced heating of implanted devices



**Solution**: Avoid skin-to-skin loops; avoid arms directly touching scanner bore.

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### RF energy contributes to patient and device heating (or burns!).





### **Gradient Safety**

- Noise  $\bigcirc$
- **Peripheral nerve** stimulation (PNS)





Solution: De-rate gradient slew rates, but this increases scan time.

Solution:



Ear plugs

Head phones

#### Time-varying gradients induce mechanical vibrations and PNS.





### **Exogenous Contrast Agents Safety**

- Contrast agents are used to:
  - Increase MRI signal intensity in:
    - Blood, perfused tissues, tumors
  - Decrease MRI signals intensity in:
    - Lymph nodes
- Contrast agents can cause:
  - Hypotension
  - Allergic reactions
  - Gd-based agents (previously...) associated with nephrogenic systemic fibrosis.





Radiolog



### **MRI is Expensive**

- Purchase
  - \$1-3 million
- Site
  - \$0.5-1.0 million
- Maintain (Service Contract)
  - \$100,000 per year
- Operate
  - \$500-1000/hour







# Technically Challenging

- Numerous scan parameters
  - Dependent upon clinical question
  - Spin Echo vs Gradient Echo
  - TE, TR, TI, Flip Angle, Bandwidth
- Physiologic Monitoring
  - ECG
  - Respiration
  - Blood Pressure
  - General anesthesia/Sedation
- Breath holding
- Contrast agents
- Coil Selection
- Anatomic Localization





### Quiz: MRI Safety - True or False?

- 1. Faraday's Law of Induction explains how spins produce a current in a coil.
- 2. Gradients heat the patient and RF pulses causes peripheral nerve stimulation (PNS).
- 3. Gradients can dislodge and heat implanted devices.
- 4. SAR limits constrain scan parameters.
- 5. Increasing the flip angle or decreasing the TR helps reduce patient heating.
- 6. Cryogen gases are oxygen rich and MRI contrast agents are 100% safe.





### Learning Objectives

- Explain the importance of Faraday to MRI.
- Name the requirements for MRI and the function of each component.
- Appreciate the MRI screening process required for all patients.
- Describe the FDA labeling for MRI "compatibility."
- List five (or more!) advantages of disadvantage of MRI.



### Nuclear Magnetic Resonance

# MRI Signal

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- Signal from:
  - Water and fat
    - NMR active nuclei
  - Soft tissues
    - Muscle, organs, fat, etc.
  - Fluids
    - CSF, Blood, Synovial, etc.
- Signal *not* from:
  - Hard Tissues
    - Cortical Bone
    - Ligament/Tendon
    - Teeth
  - Gases
    - Lung air space
    - Sinuses
    - Bowel



### NMR Active Nuclei

- Spin + Charge + Mass  $\implies$  NMR Active
  - Spin? Intrinsic form of angular momentum.
- Nuclei have spin angular momentum if:
  - Odd atomic mass (# protons+neutrons)
     And/Or
  - Odd atomic number (# of protons)
- Spin angular momentum
  - Leads to precession

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- Spin ≠ precession (a top spins and precesses)
- Frequency of precession (Larmor Frequency)
  - Gyromagnetic Ratio (γ, gamma)
    - Physical constant
    - Unique for each NMR active nuclei



Hydrogen



Carbon-13



### NMR Active Nuclei

lsotope	Spin [I]	Gyromagnetic Ratio [MHz/T]	Relative Sensitivity	Natural Abundance	Absolute Sensitivity	
<sup>1</sup> H	1/2	42.57	1	0.9980	9.98E-01	
<sup>2</sup> H	1	6.54	9.65E-06	0.0002	1.93E-09	
<sup>12</sup> C	0			0.9890		
<sup>13</sup> C	1/2	10.71	0.016	0.0110	1.76E-04	
<sup>14</sup> N	1	3.08	0.001	0.9960	9.96E-04	
<sup>15</sup> N	1/2	-4.32	0.001	0.0040	4.00E-06	
<sup>16</sup> O	0			0.9890		
<sup>17</sup> O	5/2	-5.77	0.029	0.0004	1.16E-05	
<sup>19</sup> F	1/2	40.05	0.83	1.0000	8.30E-01	
<sup>23</sup> Na	3/2	11.26	0.093	1.0000	9.30E-02	
<sup>31</sup> P	1/2	17.24	0.066	1.0000	6.60E-02	

The *relative sensitivity* is at constant magnetic field and equal number of nuclei. The *absolute sensitivity* is the relative sensitivity multiplied by natural abundance.



http://www.cryst.bbk.ac.uk/PPS2/projects/schirra/html/nuclei.htm



### NMR Phenomena





### Magnetic Moment

# Charge } Magnetic Spin

S



Protons behave like small magnets because of spin and charge.



### Magnetic Moment



# Charge } Magnetic Spin



David Geffen Protons (small magnets) align with an external magnetic field (B<sub>0</sub>).



### Angular Momentum







Protons have angular momentum because of spin and mass.


# Precession (Top Analogy)

Gravity

# Precession Spin Mass Momentum

A spinning tops precesses in a gravitational field. A spinning proton precesses in a magnetic (B<sub>0</sub>) field.

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## Larmor Frequency

### Charge Spin BoMass Charge Magnetic Moment Momentum

# Larmor Frequency $=\omega = \gamma Bo$

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The frequency of precession is the Larmor frequency.



# Larmor Equation

- Spin≠Precession
  - Protons <u>intrinsically</u> have spin
  - Protons <u>precess</u> in the presence of a B-field
- Larmor frequency increases with:
  - Larger B₀
  - Higher gyromagnetic ratio
  - Higher frequencies produce stronger signals...







# **Electromagnetic Spectrum**

#### Increasing Frequency (f)

Megahertz



MRI uses "low" frequencies ("long" wavelengths) for imaging compared to PET and CT.



Exahertz

http://www.med.yale.edu/intmed/cardio/imaging/techniques/em\_spectrum/index.html



### Quiz: NMR - True or False?

- 1. Electron spin is the key to NMR.
- 2. MRI is *nothing* without speed, charge, and mass.
- 3. All atomic nuclei are NMR active.
- 4. Spin and precession are the same.
- 5. Higher fields lead to faster precession.
- 6. ALL of the spins align with the  $B_0$  field.



# Main Field - B<sub>0</sub>

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# Main Field (B<sub>0</sub>) - Principles

- B<sub>0</sub> is a strong magnetic field
  - >1.5T
  - Z-oriented

- B<sub>0</sub> generates  $\vec{M}$  (bulk magnetization)
  - More B $_{0}$ , more M

•  $B_0$  forces  $\vec{M}$  to precess - Larmor Equation









# Currents & Magnetic Fields



#### Electromagnet – A current in a wire generates a magnetic field.



http://www.magnet.fsu.edu/education/tutorials/magnetacademy/



# Superconducting Magnet





MRI scanners are superconducting electromagnets.



# Main Field (B<sub>0</sub>) – Strength

- Earth's magnetic field
  - 0.5 Gauss
- Refrigerator magnet
  - 10-100 Gauss
- B<sub>0</sub> Field
  - 0.5T = 5000 Gauss
  - 1.5T = 15000 Gauss
  - 3.0T = 30000 Gauss



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# Main Field (B<sub>0</sub>) – Shielding

- Shielding reduces foot print
  - Reduces install cost
  - Reduces interference

### Passive Shielding

- Iron room shielding
- Heavy, not cheap

### Active Shielding

 Super-conducting coils that oppose (shield) B<sub>0</sub> fringe field

### • "Five Gauss Line"

- Threshold beyond which ferromagnetic objects are strictly prohibited
- 5G=0.5mT







# MRI Zones





ACR Guidance Document on MR Safe Practices: 2013; JMRI 37:501-530 (2013)



# B<sub>0</sub> Strength - Advantages

- $\uparrow B_0 \implies \uparrow Polarization (|\vec{M}|) = \uparrow SNR$ 
  - SNR $\propto$ B<sub>0</sub><sup>7/4</sup> ( Polarization + Larmor Frequency)
    - Spatial resolution
    - Temporal resolution
    - ↓Scan time





# B<sub>0</sub> Strength - Disadvantages

- $\clubsuit B_0 \implies \clubsuit$  Specific Absorption Ratio (SAR)
  - Energy absorbed by body [W/kg]
  - SAR $\propto$ B<sub>0</sub><sup>2</sup>
- $\clubsuit B_0 \Longrightarrow \clubsuit$  Chemical shift ( $\Delta f$ )
  - $\uparrow$   $\Delta f$  between fat and water
    - Fat and water have different Larmor frequencies
      - ~220Hz different at 1.5T
      - ~440Hz different at 3.0T
    - Fat is more spatially mis-registered @ 3T
  - Good for spectroscopy...
- $\clubsuit B_0 \Longrightarrow \clubsuit Cost$ 
  - ~\$1,000,000 per Tesla
  - More shielding





# **Chemical Shift**

- <sup>1</sup>H precesses at different frequencies
  - $H_20 vs. -CH_2$  (fat) vs. tetramethylsilane
- Orbiting electrons shield the nucleus
- Referenced against tetramethylsilane
  - Assigned a chemical shift of zero



tetramethylsilane





Chemical Shift – Fat (–CH<sub>2</sub>) is ~220Hz lower at 1.5T



### Quiz: Main Field - True or False?

- 1. B<sub>0</sub> is rare earth permanent magnet.
- 2. 1 Tesla=1000 Gauss.
- Higher fields increase polarization, which contributes to better image quality.
- 4. Exams at higher fields have lower SAR.
- 5. <sup>1</sup>H always precess at the same Larmor frequency.





# Bulk Magnetization ( $\vec{M}$ )

# Magnetic Dipole Moments

Spin + Charge  $\rightarrow$  Magnetic Moment  $\rightarrow \vec{\mu}$  [J•T<sup>-1</sup> or kg•m<sup>2</sup>/s<sup>2</sup>]

"a measure of the strength of the system's net magnetic source" --http://en.wikipedia.org/wiki/Magnetic\_moment







# **Bulk Magnetization**





N<sub>total</sub>=0.24x10<sup>23</sup> (Avogadro!) spins in a 2x2x10mm voxel





# B<sub>0</sub> Field OFF



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Spins point in all directions.





# B<sub>0</sub> Field ON





B<sub>0</sub> polarizes the spins and generates bulk magnetization.





# B<sub>0</sub> Field ON





Only a very small number are spin-up relative to spin-down.







## Zeeman Splitting

$$\frac{N_{\uparrow} - N_{\downarrow}}{N_{total}} \approx \frac{\gamma h B_0}{2KT}$$

 $\gamma = 42.58 \times 10^6 \text{ Hz/T}$ 

- $h = 6.6 \times 10^{-34} \text{ J} \cdot \text{s} \text{ [Planck' Constant]}$
- $T = 300 \mathrm{K} \text{ (room temperature)}$
- $K = 1.38 \times 10^{-23} \text{ J/K [Boltzmann Constant]}$  $B_0 = 1.5 \text{T}$

Radiology

$$\frac{N_{\uparrow} - N_{\downarrow}}{N_{total}} \approx \frac{42.58 \times 10^6 \cdot 6.6 \times 10^{-34} \cdot 1.5}{2 \cdot 1.38 \times 10^{-23} \cdot 300} \approx 4.5 \times 10^{-6}$$



# Learning Objectives

- List tissues that do and do not produce MRI signals.
- Name three NMR active nuclei and the gyromagnetic ratio for the most important one.
- Write out the Larmor Equation and define each term.
- Understand the importance of the "Five Gauss Line."
- Appreciate advantages/disadvantages of higher B<sub>0</sub>.
- Explain why MRI has low sensitivity.
- Describe the importance of the superconducting electromagnet in MRI.





## **Off-Resonance**

# **B**<sub>0</sub> Field Inhomogeneity

- **Problem**: Magnets (B<sub>0</sub>) aren't perfect
- B<sub>0</sub> field inhomogeneity induces image and phase artifacts
  - geometric distortion, image shifts, decreased SNR, and off-resonance errors
- B<sub>0</sub> homogeneity improved by:
  - Passive Shimming
    - Placement of ferromagnetic structures within the bore to improve field uniformity
  - Active Shimming
    - Small "always on" currents in the gradient coils improve the field
    - Fine-tuned during pre-scan





# Off Resonance & Isochromats

- **Isochromat** Group of nuclear spins with the same resonant frequency.
- Ideally all spins in a system have the same resonance frequency
- Multiple isochromats arise from:
  - B<sub>0</sub> inhomogeneity (heterogeneity!)
  - Chemical shift effects
  - Magnetic susceptibility differences
  - Gradients ( $G_x$ ,  $G_y$ , and  $G_z$ )

Sources of Off-resonance







**Off resonance** refers to spins that resonate at a frequency different than  $\gamma B_0$ .

# **B**<sub>0</sub> Field Inhomogeneity



#### Homogeneity

- 0.25 ppm VRMS\* for a 40 cm (16 inch) DSV\*
- 1.00 ppm VRMS for a 50 cm (20 inch) DSV
  - <4ppm peak-peak variation</p>

**B**<sub>0</sub> is "perfect" to within a few PPM.



\*Diameter Spherical Volume, \*Volume Root-mean-square



# **Off-resonance Spin Dephasing**

• Loss of spin phase coherence, usually within a voxel, which leads to a decreased echo (signal) amplitude.

# Intravoxel Spin Dephasing





Signal loss from off-resonance spin dephasing.



### Quiz: Off-Resonance - True or False?

- 1. Fat is the only source of off-resonance.
- 2. Intravoxel spin dephasing leads to signal losses.
- The specific chemical environment of <sup>1</sup>H shifts the local magnetic field and hence the Larmor frequency.
- 4. Active and passive shields improve B<sub>0</sub> homogeneity.





# ADARE Pulses B1 ADADA

# **Excitation-Reception**

MRI follows a classic excitation-reception paradigm.



MRI uses RF (B<sub>1</sub>) pulses to excite spins.





Loop of Wire

(Coil)

Voltage (Echo)

# B<sub>1</sub> Field - RF Pulse

- B<sub>1</sub> is a
  - radiofrequency (RF)
    - 42.58MHz/T (63MHz at 1.5T)
  - short duration pulse (~0.1 to 5ms)
  - small amplitude
    - <30 µT
  - circularly polarized
    - rotates at Larmor frequency
  - magnetic field
  - perpendicular to B<sub>0</sub>





## **MRI Hardware**

Cryostat

Z-grad

✓Y-grad

X-grad

Body Tx/Rx Coil (B<sub>1</sub>) Main Coil (B<sub>0</sub>)

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MRI systems use the "body coil" to excite spins with RF (B<sub>1</sub>) pulses. Image Adapted From: http://www.ee.duke.edu/~jshorey



# **RF** Shielding

- RF fields are close to FM radio
  - <sup>1</sup>H @ 1.5T  $\Rightarrow$  63.85 MHz
  - ${}^{1}$ H @ 3.0T ⇒ 127.71 MHz
  - KROQ  $\Rightarrow$  106.7 MHz
- Need to shield local sources from interfering
- Copper room shielding required



MRI rooms are shielded with a Faraday cage to prevent RF energy from getting into the MRI suite.






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# Types of RF Pulses

- Excitation Pulses
- Inversion Pulses
- Refocusing Pulses
- Saturation Pulses
- Spectrally Selective Pulses
- Spectral-spatial Pulses
- Adiabatic Pulses





#### RF Pulses: Lab vs. Rotating Frame

• The rotating frame simplifies the mathematics and permits more intuitive understanding.



#### **Observer Precesses**



Spins Precess

*Note*: Both coordinate frames share the same z-axis.



#### **Excitation Pulses - Applications**

- 90° RF Pulse
  - Spin Echo
  - Saturation Recovery
- Small Flip Angle (<~20°)</li>
  - FLASH (<u>Fast Low Angle Shot</u>)
    - AKA SPGR
- Moderate Flip Angle (30°-90°)
  - TrueFISP
    - AKA FIESTA, Balanced FFE





Excitation pulses generate detectable transverse magnetization.



#### **Inversion Pulse - Applications**

- Invert Mz to -Mz
  - Ideally produce no Mxy
- T1 species nulling/attenuation
  - STIR (<u>Short Tau Inversion Recovery</u>)
    - Suppress specific tissue-T1
  - SPECIAL (<u>Spec</u>tral <u>Inversion at Lipids</u>)
    - Suppress lipid signals (short T1)
  - FLAIR (Fluid Attenuated Inversion Recovery)
    - Suppress fluid signal (long T1)
  - IR-Prep
    - Attenuate T1-species without nulling
- Quantitative T1 mapping

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## **Refocusing Pulses & Spin Echoes**

- 180° RF Pulse
  - Provides optimally refocused M<sub>XY</sub>
  - Largest spin echo signal
- Refocus spin dephasing due to offresonance:
  - imaging gradients
  - local magnetic field inhomogeneity
  - magnetic susceptibility variation
  - chemical shift





Refocusing RF pulses mitigate off-resonance spin dephasing. https://en.wikipedia.org/wiki/Spin\_echo



### **Refocusing Pulses - Applications**

- Spin Echo imaging
- RARE
  - <u>Rapid Acquisition with Relaxation Enhancement</u>
  - RF Excitation followed by 180° train
  - Reduce acquisition time by N-echoes
  - Common for T2-weighted imaging
  - AKA Fast Spin Echo
- Spin-Echo EPI
  - Single-shot common for diffusion weighting
- Navigator Echoes
- Quantitative T2 Mapping





#### Quiz: RF Pulses - True or False?

- 1. RF pulses are the main source of patient heating.
- 2. RF pulses excite spins and create transverse magnetization.
- 3. RF pulses are typically 100s of ms long.
- 4. Excitation pulses are not required for imaging.
- 5. Inversion pulse change image contrast.





## Learning Objectives

- Distinguish between B<sub>0</sub> shielding and shimming.
- List several causes of off-resonance.
- Explain the impact of intravoxel spin dephasing on MRI signals.
- Appreciate the strength and duration of RF pulses.
- Explain the importance of RF shielding.
- Describe three kinds of RF pulse applications.





# Coils - Receivers

#### Faraday's Law of Induction



The trick is to encode spatial information and image contrast in the echo. David Geffen

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#### Coils

#### • Coils transmit the B1 field

- Typically Body Coil
- Sometimes Head or Knee Coil is a Tx/Rx
- Coils <u>receive</u> the NMR signal
  - Typically Head, Knee, Body, Surface, etc.
  - Very infrequently use the body coil



#### **MRI Instrumentation**

**Y-Gradient** 





http://www.magnet.fsu.edu





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#### Coils

- Volume Coils (Body, Head, Knee)
  - Typically better SNR than surface coils
  - Typically "birdcage" in design
    - Best RF field homogeneity of all coils
    - Uniform B<sub>1</sub> over extent of volume
- Surface Coils (Torso, Spine, Cardiac)
  - Flexible positioning/placement
  - High SNR near coil
    - SNR falls off quickly with distance
  - Quadrature and phased arrays improve SNR
    - Compared to single channel loop coils





#### 8-Channel Head Coil



Each coil element (channel) has a unique sensitivity profile.





#### Quiz: Coils - True or False?

- 1. Faraday's Law of Induction is the principal underlying signal reception.
- 2. The body coil is typically used for receiving the MRI signals.
- 3. Surface coils transmit RF excitation pulses.
- 4. Most coils work for most body parts.





# Gradients – $G_x, G_y, \& G_z$

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#### **MRI Instrumentation**

**Y-Gradient** 





http://www.magnet.fsu.edu



#### Gradients

- Primary function
  - Encode spatial information
    - Slice selection
    - Phase encoding
    - Frequency encoding
- Secondary functions
  - Sensitize/de-sensitize images to motion
  - Minimize artifacts (crushers & spoilers)
  - Magnetization re-phasing in slice selection
  - Magnetization de-phasing during readout





#### Gradients

- Gradients are a:
  - Small
    - <5G/cm (±0.0075T @ edge of 30cm FOV)
  - Spatially varying
    - Linear gradients
    - Adds to B<sub>0</sub> only in Z-direction
  - Time varying
    - Slewrate Max. ~150-200mT/m/ms
    - Typically on for a few milliseconds.
  - Magnetic field
    - Adds/Subtracts to the B<sub>0</sub> field
  - Parallel to B<sub>0</sub>
- Gradients are NOT:
  - Fields perpendicular to B<sub>0</sub>





# No Gradients Turned On





 $\omega = \gamma B_0$ 



 $B_0$ 

 $B_0$ 



#### No Gradients Turned On







 $B_0$ 

 $B_0$ 

Length of arrow indicates strength of local field.





#### No Gradients Turned On







 $B_0$ 

 $B_0$ 

 $B_0$ 

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Maxwell Pair Coil







#### **Z**-Gradients



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Length of arrow indicates strength of local field.



#### **Z-Gradients**





 $\omega = \gamma \left( B_0 + G_z \cdot z \right)$ 

 $B_0 + \delta B_0$  $B_0$ 

 $B_0 - \delta B_0$ 

IICI A

Radiology





David Geffen Gradients give rise to isochromats (planes of common frequency). School of Medicine



#### Spins and Y-Gradients



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#### How do we do this?









#### X+Z-Gradients





#### Spin Isochromat







David Geffen School of Medicine

Simultaneously gradients create an arbitrary isochromat plane.



#### Quiz: Gradients - True or False?

- 1. Gradients are primarily used to make the B<sub>0</sub>-field more homogeneous.
- 2. Gradients are essential to spatial encoding.
- 3. X, Y, and Z gradients can not be applied simultaneously.





# Learning Objectives

- Distinguish between the body <u>transmit</u> and body <u>receive</u> coils.
- Appreciate that each coil is specialized for imaging the anatomy of interest.
- Characterize the strength and duration of gradient induced fields.
- Describe how gradients contribute to spatial localization.





# Summary

- NMR Active Nuclei
  - e.g. <sup>1</sup>H in H<sub>2</sub>O
- Magnetic Field (B<sub>0</sub>)
  - Polarizer
- RF System (B<sub>1</sub>)
  - Exciter
- Coil
  - Receiver
- Gradients (G<sub>X</sub>, G<sub>Y</sub>, G<sub>Z</sub>)
  - Spatial Encoding (imaging!)
- Computers
  - Image reconstruction







# Thanks!

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David Geffen School of Medicine


## **On-Line Resources**

- My Course: http://mrrl.ucla.edu/pages/m219\_syllabus\_2017
- <u>https://www.healthcare.siemens.com/magnetic-resonance-imaging/magnetom-world/publications/mr-basics</u>
  - "Magnets, Spins, and Resonances: An introduction to the basics of Magnetic Resonance" and more...
- <u>http://www.magnet.fsu.edu/education/tutorials/magnetacademy</u>
- http://www.mr-tip.com
- http://www.cis.rit.edu/htbooks/mri/
- Many more...



