Imaging Sequences III

M219 - Principles and Applications of MRI Kyung Sung, Ph.D. 2/26/2025

Course Overview

- 2025 course schedule
 - https://mrrl.ucla.edu/pages/m219_2025
- Assignments
 - Homework #3 due on 3/5
- Final exam 3/17 2-4pm

- TA office hours, Mon 4-6pm
- Office hours, Fri 4-5pm

Gradient Echoes & Fat

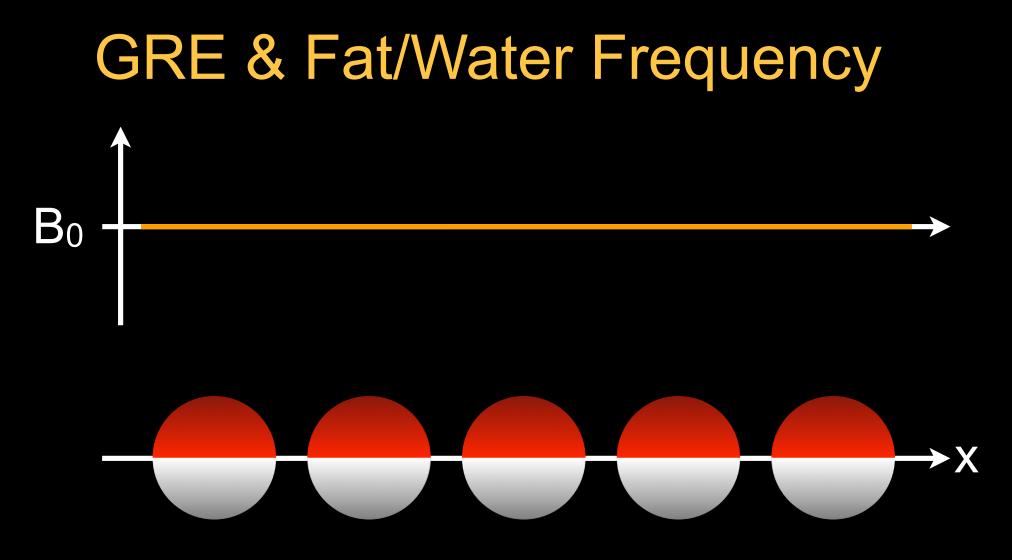
Chemical Shift - Type 1

- Fat and water have different Larmor frequencies
 - ~220Hz different at 1.5T
 - ~440Hz different at 3.0T
- Spatial position is related to spin frequency in MRI.
 - Fat is <u>more</u> spatially mis-registered @ 3T



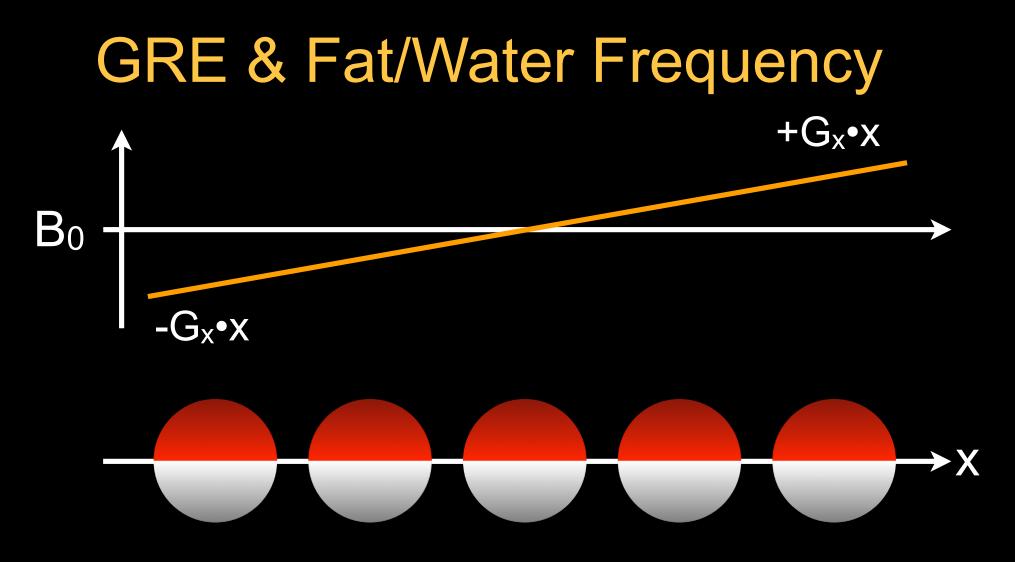
Chemical Shift – Fat (–CH₂) is ~220Hz lower at 1.5T

Image Courtesy of Brian Hargreaves



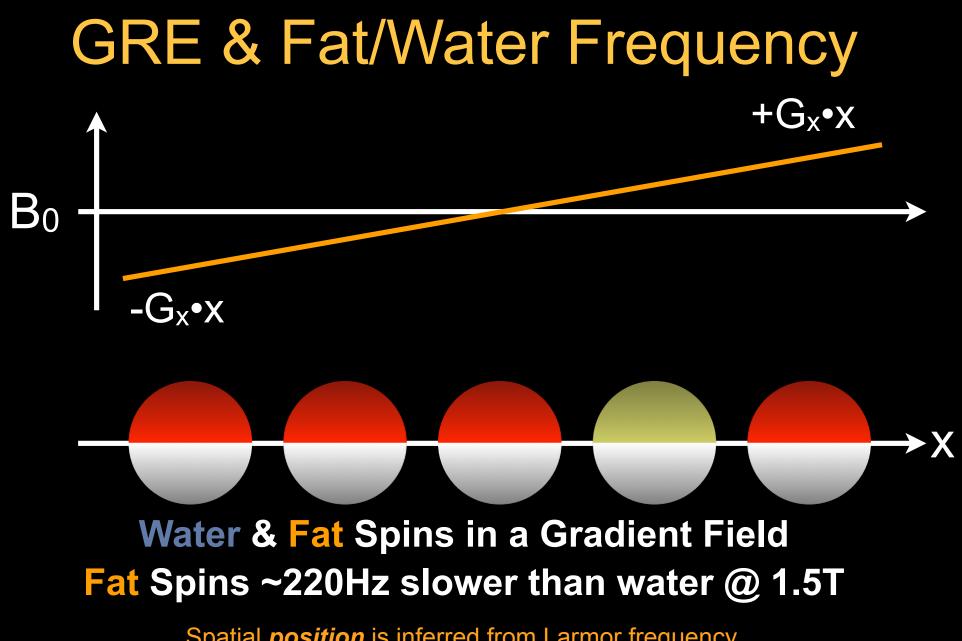
Water Spins in a Uniform Field

Water spins precess at the same Larmor frequency in a uniform B₀ field.

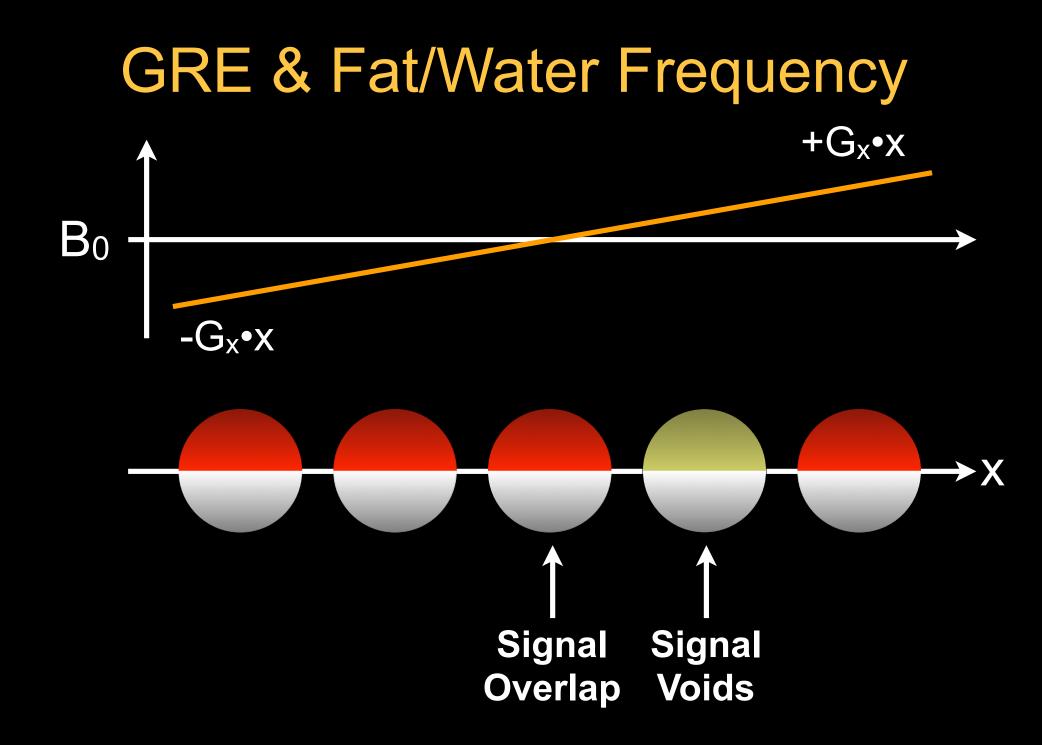


Water Spins in a Gradient Field

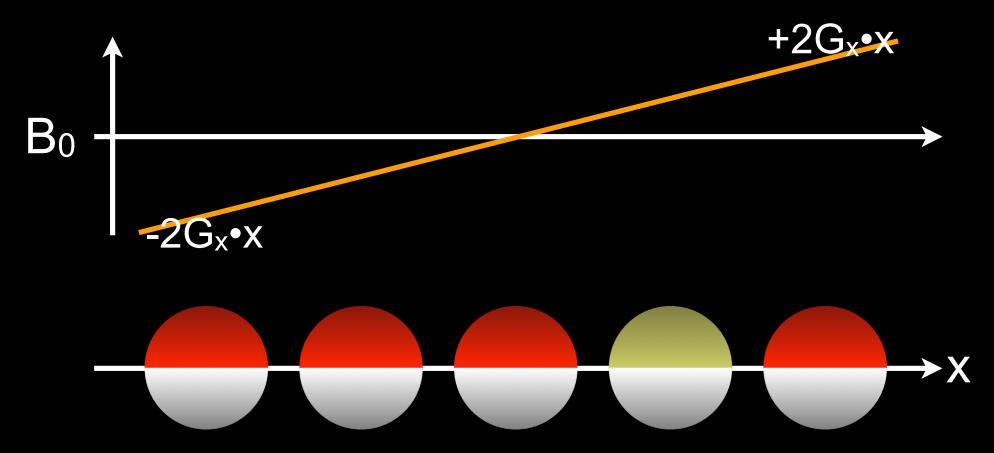
Water spins precess at *different* Larmor frequencies in a non-uniform B₀ field.



Spatial *position* is inferred from Larmor frequency. Chemical (frequency) shift produces and apparent spatial shift.

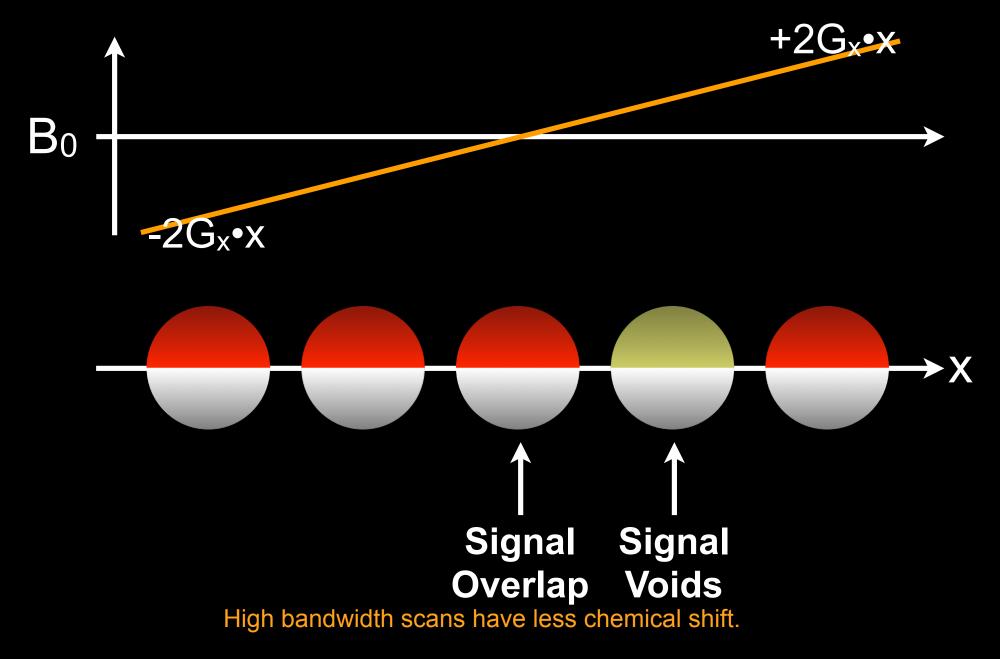


GRE and Bandwidth

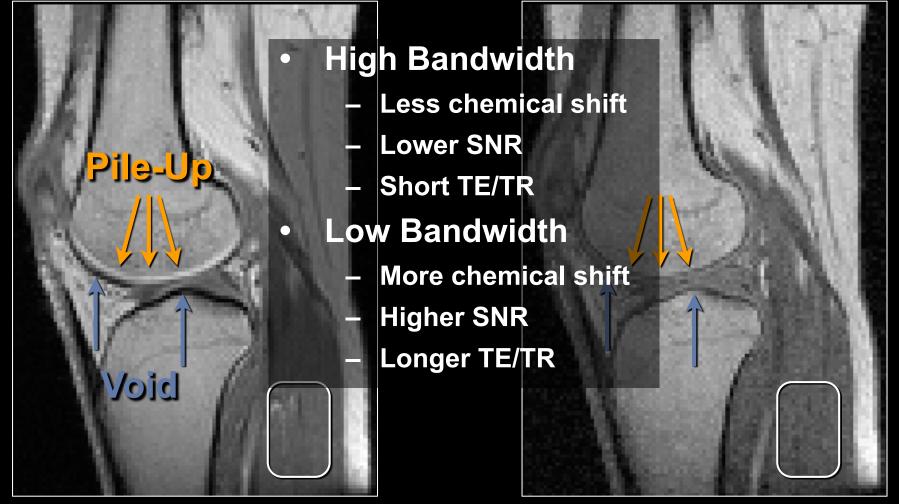


Higher bandwidths use stronger gradients and result in larger frequency differences along x. Chemical shift (frequency) is fixed for B_0 , therefore chemical shift (Δx) is a smaller percentage.

GRE and Bandwidth



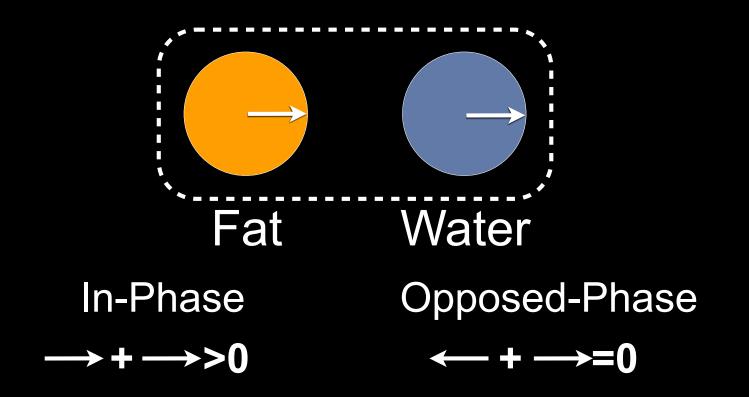
GRE, Fat/Water & Bandwidth Low Bandwidth High Bandwidth



Acquisition *bandwidth* is related to the *speed* with which an echo is acquired. If the *bandwidth* (speed) is high, then there is less time for chemical shift, less time for signal acquisition (lower SNR), and a shorter TE/TR.

Chemical Shift - Type 2

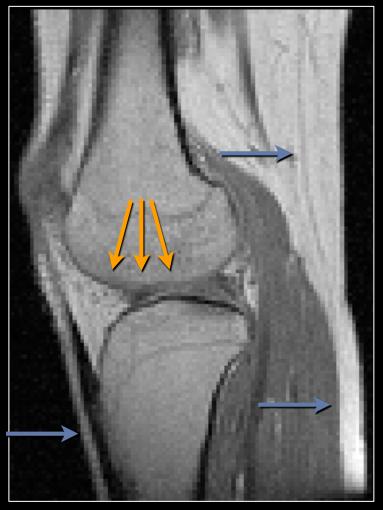
- Pixels are frequently a mixture of fat and water
- Pixel intensity is the vector sum of fat and water



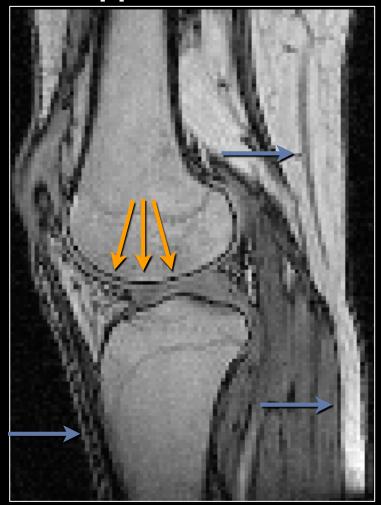
The TE controls the phase between fat and water.

GRE and Fat/Water Phase

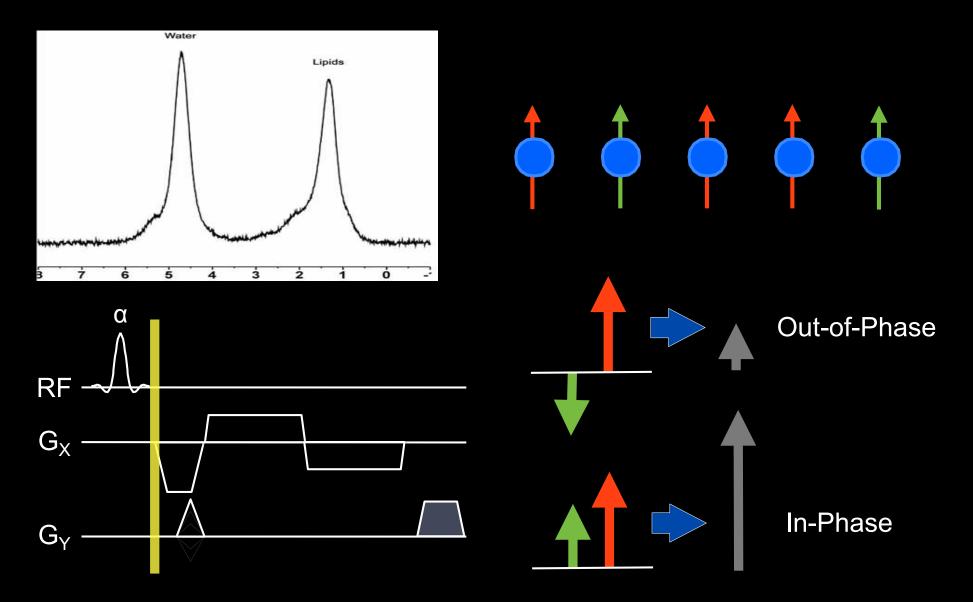
In-Phase



Opposed-Phase

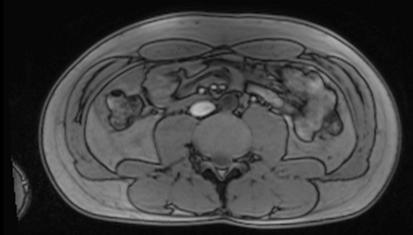


Dual-Echo Acquisition

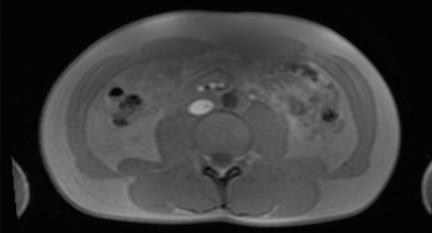


In-phase and Out-of-phase

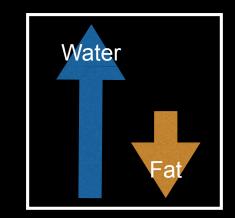
Example: 3 T abdominal scan

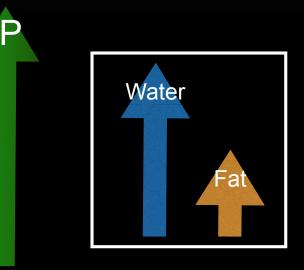


Out-of-phase (3 T), TE = 1.3 ms



In-phase (3 T), TE = 2.6 ms

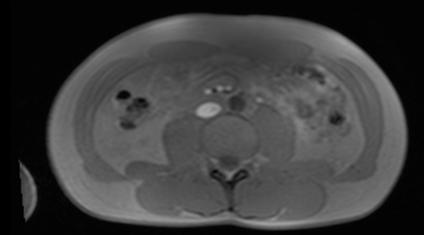




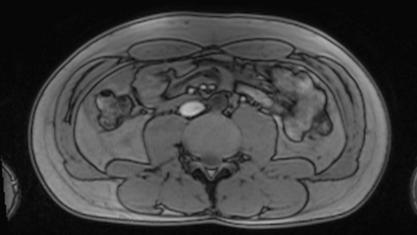


2-Point Dixon

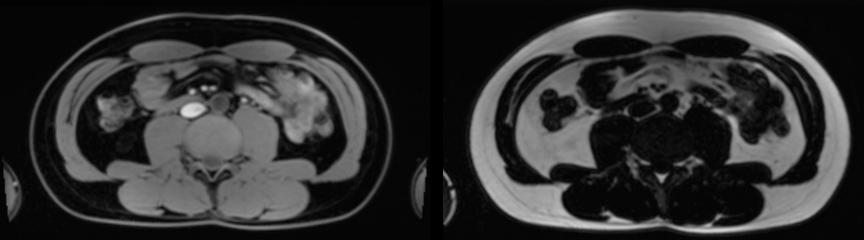
Example: 3 T abdominal scan



In-phase (3T), TE = 2.6 ms



Out-of-phase (3T), TE = 1.3 ms



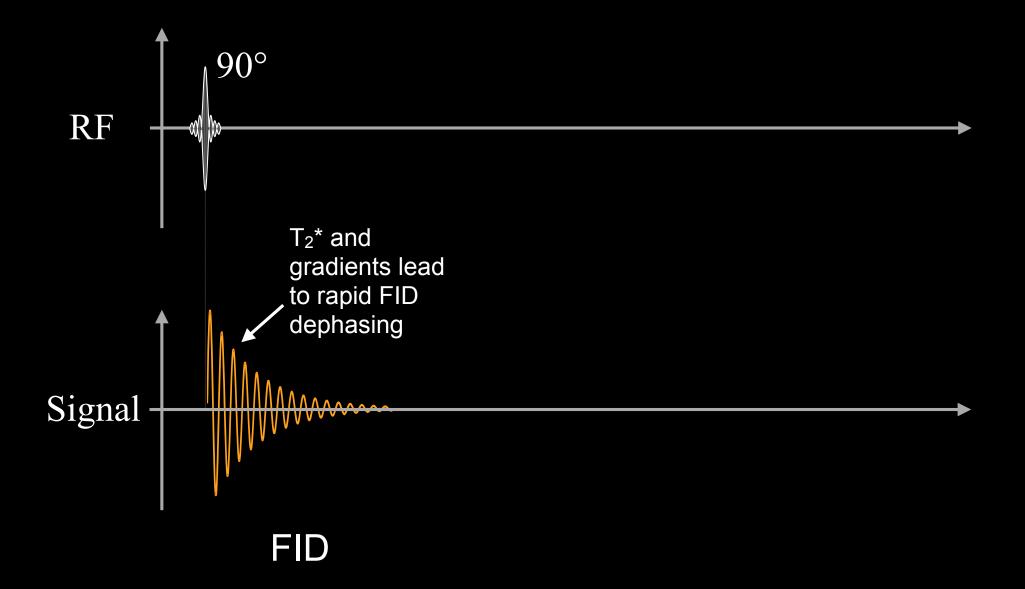
Water

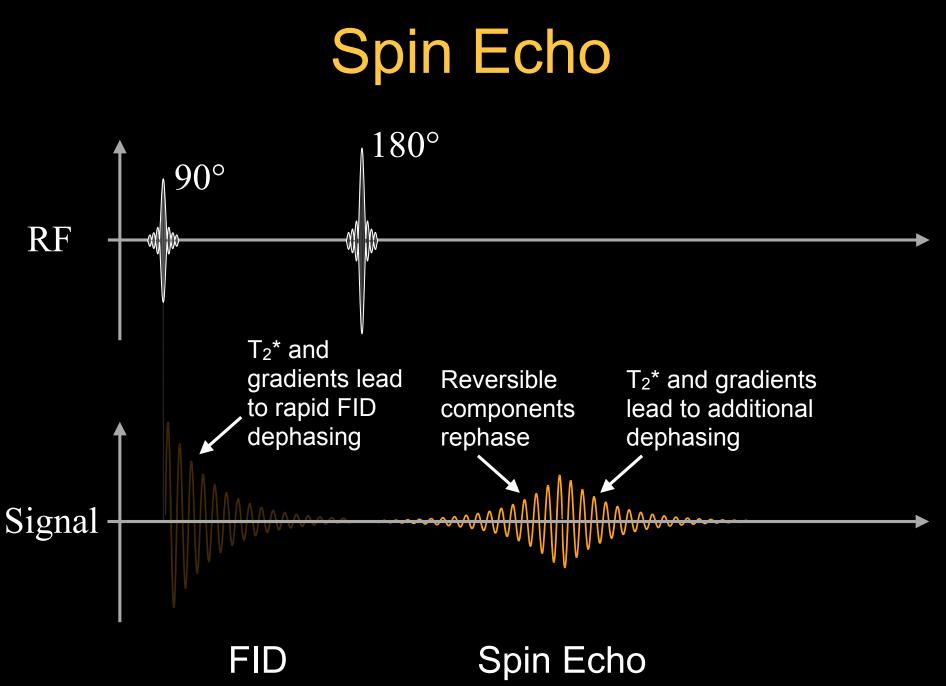
Gradient Echo – Summary

- Advantages
 - Fast Imaging Applications
 - Flexible contrast (T_1 or T_2^*)
- Disadvantages
 - Off-resonance sensitivity
 - T₂*-weighted rather than T₂-weighted

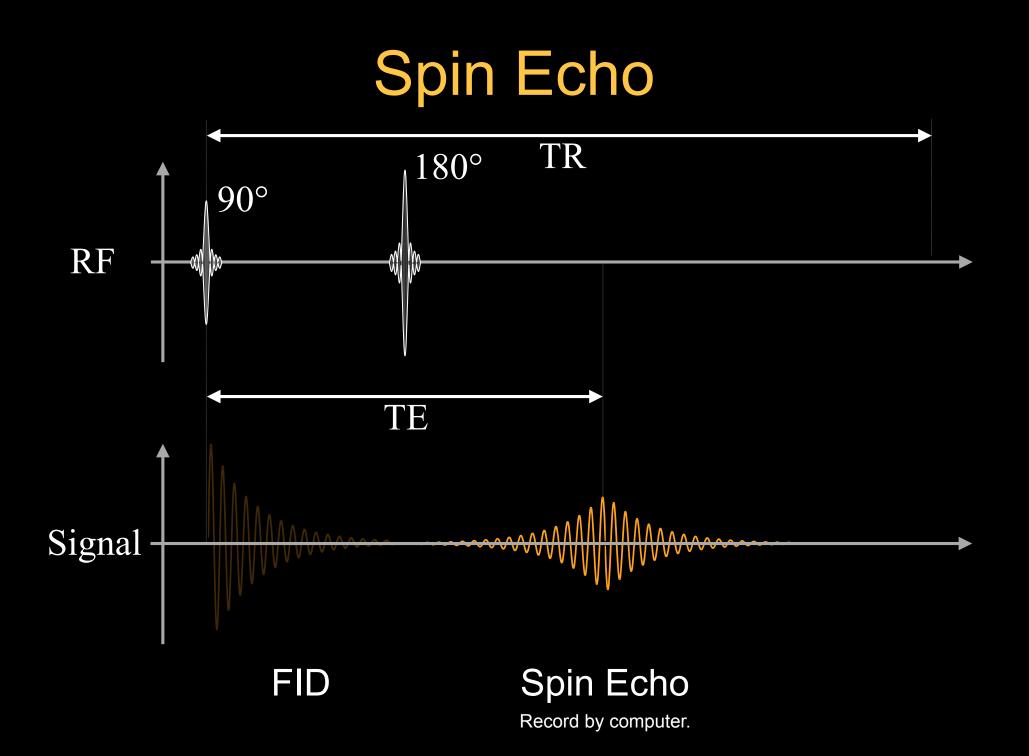
Spin Echo Imaging

Free Induction Decay





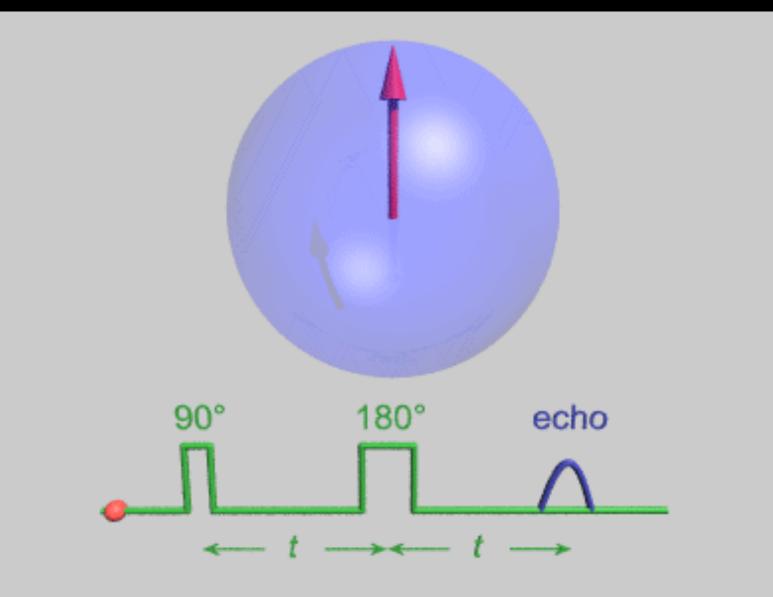
Record by computer.



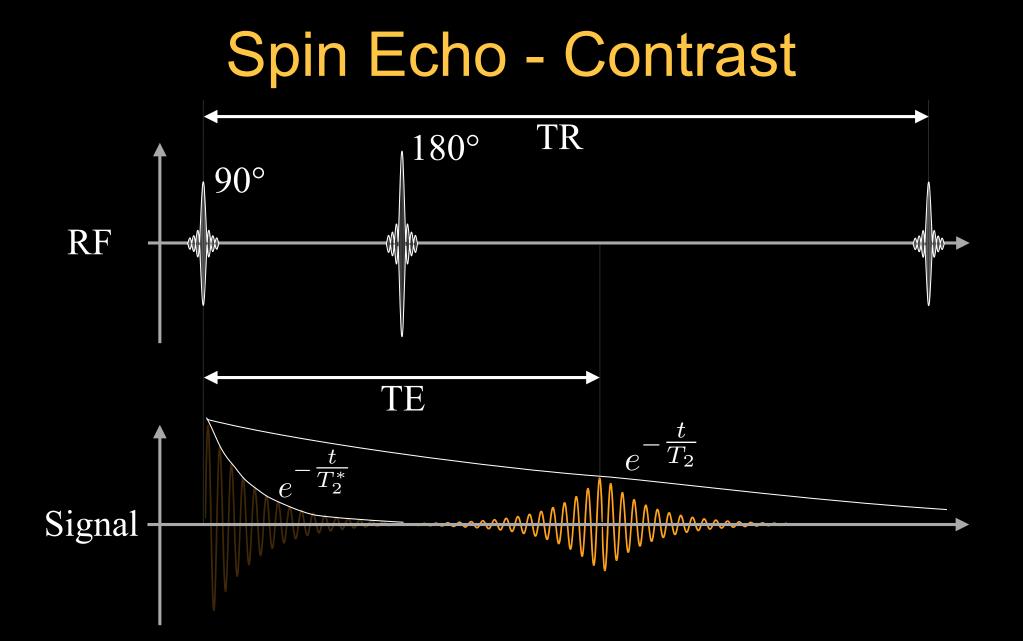
Refocusing Pulses

- Typically, 180° RF Pulse
 - Provides optimally refocused M_{XY}
 - Largest spin echo signal
- Refocus spin dephasing due to
 - imaging gradients
 - local magnetic field inhomogeneity
 - magnetic susceptibility variation
 - chemical shift

Spin Echo - Refocusing



http://en.wikipedia.org/wiki/File:HahnEcho_GWM.gif



How do you adjust the TR? How do you adjust the TE?

Spin Echo Contrast

 $A_{Echo} \propto \rho \left(1 - e^{-TR/T_1} \right) e^{-TE/T_2}$

Longer TR minimizes T1 contrast Short TE minimizes T2 contrast

Intermediate TR maximizes T1 contrast Intermediate TE maximizes T2 contrast

Spin Echo Contrast

 $A_{Echo} \propto \rho \left(1 - e^{-TR/T_1} \right) e^{-TE/T_2}$

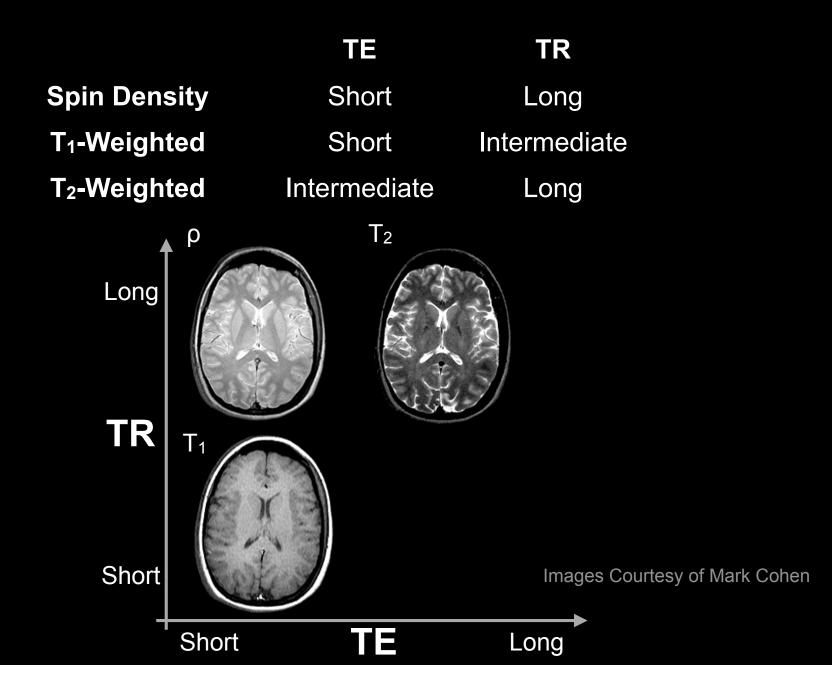
Longer TR minimizes T1 contrast Short TE minimizes T2 contrast

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Spin Echo Parameters

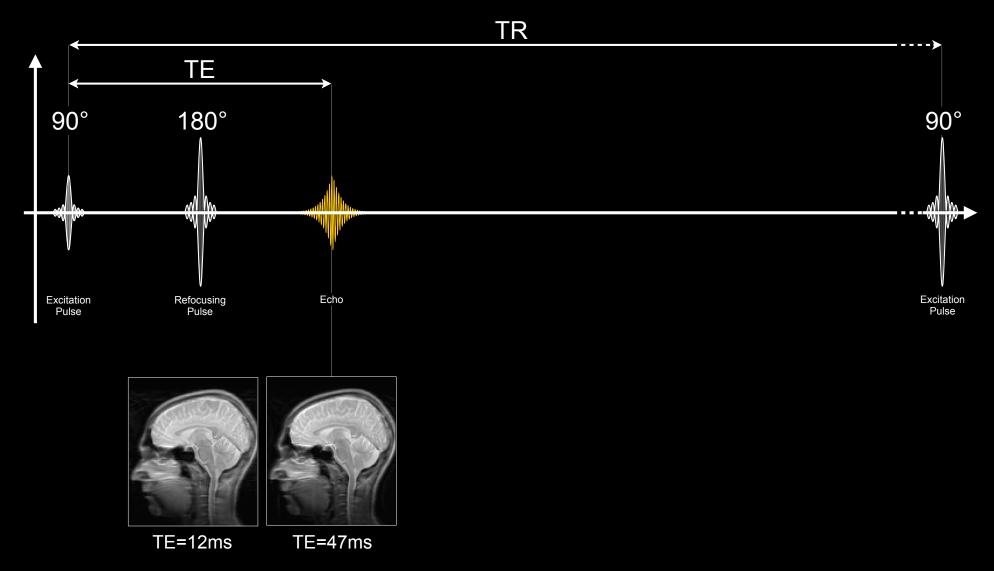
	ΤΕ	TR
Spin Density	Short	Long
T ₁ -Weighted	Short	Intermediate
T ₂ -Weighted	Intermediate	Long

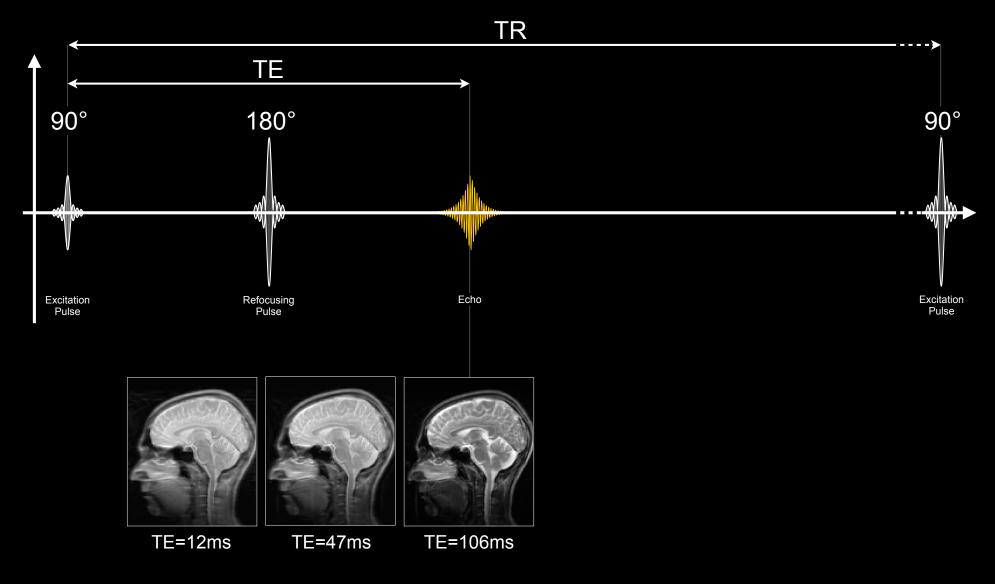
Spin Echo Contrast

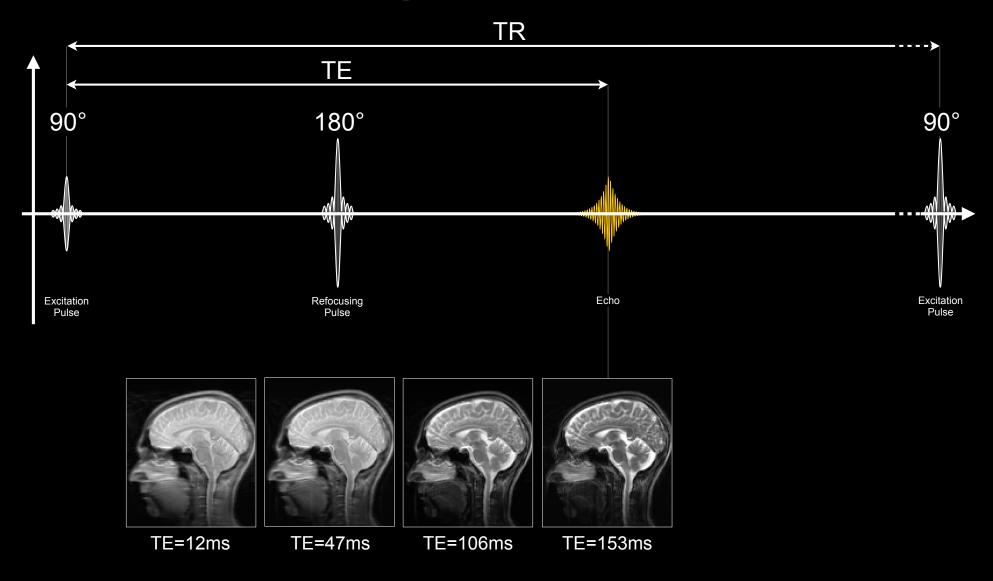




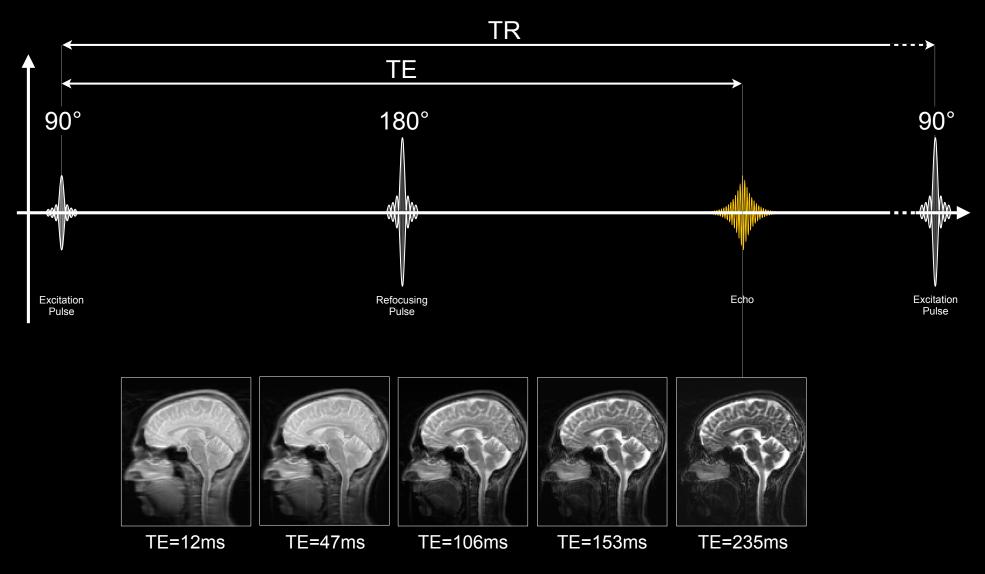
Spin Echo: TR=6500ms (ETL=12)







Spin Echo: TR=6500ms (ETL=12)



Spin Echo: TR=6500ms (ETL=12)

- Advantages
 - Insensitive to off-resonance
 - Re-focusing rephrases spin dephasing
 - Great for T_1 , T_2 , ρ contrast (not T_2^*)
 - High SNR
- Disadvantages
 - TR can be long
 - Leads to long scan time
 - SAR can be high
 - Lots of 90s and 180s lead to patient heating

Turbo Spin Echo (TSE) / Fast Spin Echo (FSE)

How do we calculate scan time?

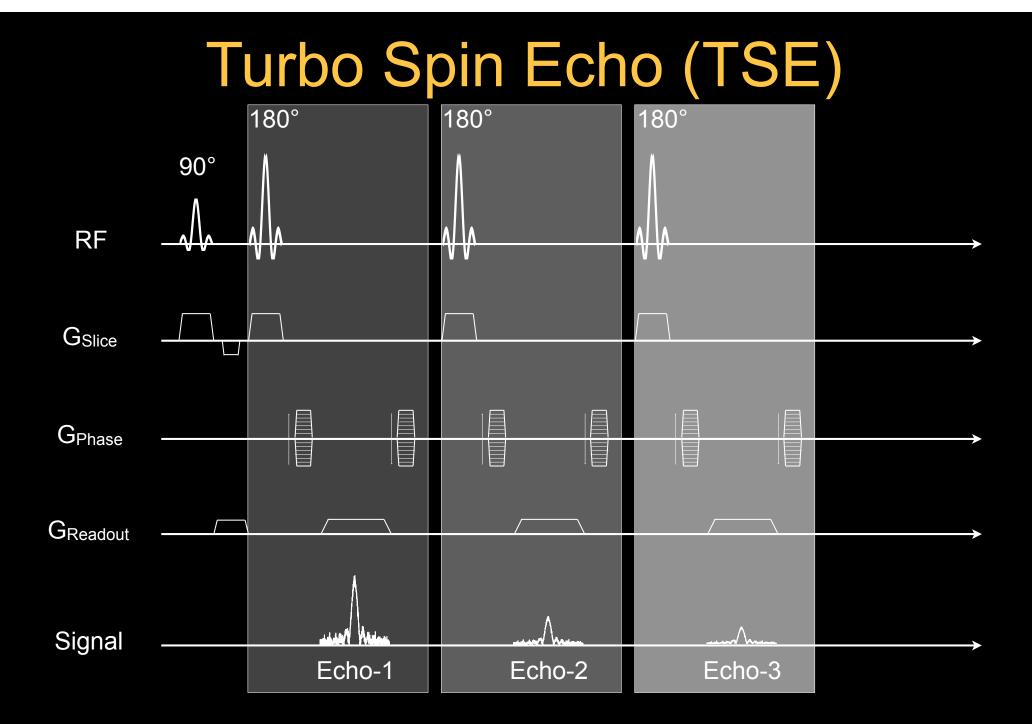
$T_{Scan} = TR \cdot PE \cdot N_{avg}$

- T_{Scan}=1000ms•256•1=4:16 [mm:ss]
- Assumes one echo per TR.

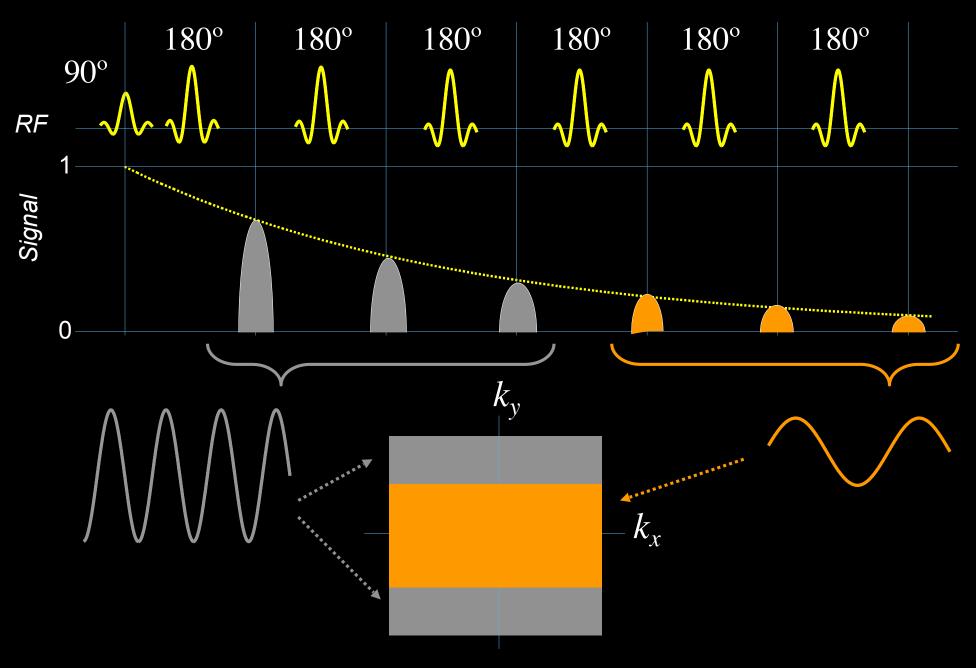


Spin Echo





T₂-weighted TSE

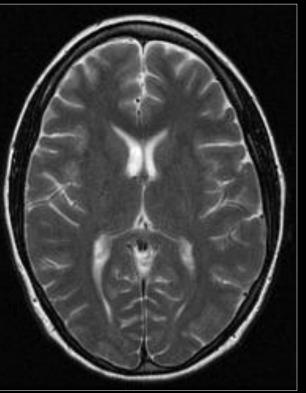


Turbo Spin Echo vs. Spin Echo

Fast Spin Echo

Spin Echo

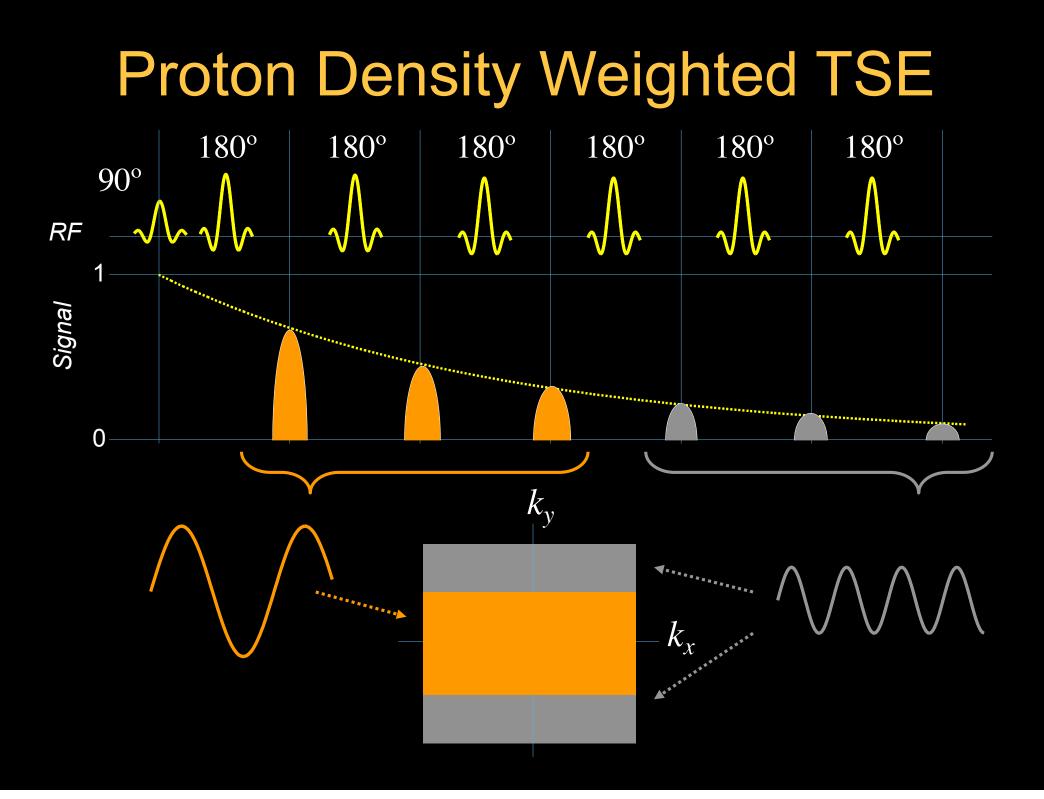
TR = 2500TE = 116ETL = 16NEX = 224 slices17 slices/pass2 passesTime = 2:51



TR = 2500TE = 112ETL = N/A NEX = 124 slices 20 slices/pass 2 passes Time = 22:21

Shorter scan time. More T2-weighted. Fat is brighter. Higher SAR.

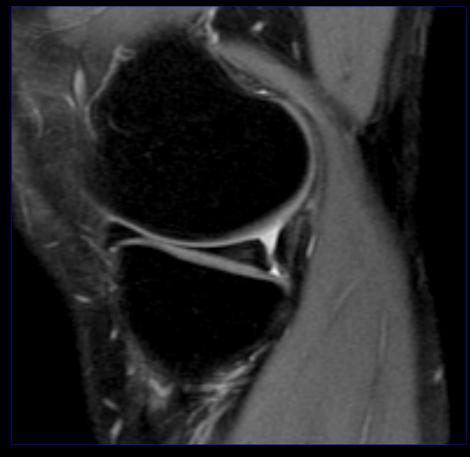
Images: Courtesy Frank Korosec

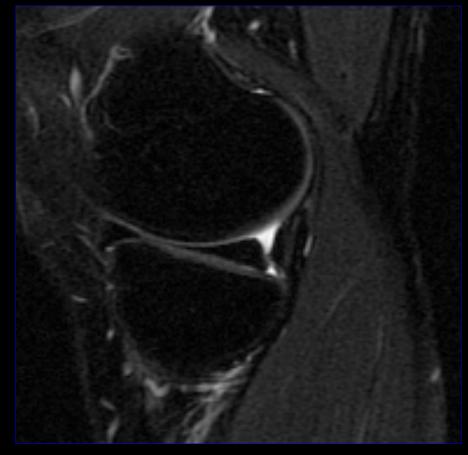


PD vs T₂-weighted TSE

Proton Density Weighted

T₂-weighted





- Good cartilage signal
- Good cartilage/fluid contrast
- Late-Echo Blurring

Summary for TSE

- Pros:
 - Fast, high SNR
 - Less sensitive to B0 inhomogneity
- Cons:
 - T2 weighting varies in k-space
 - RF power limits speed, particularly at 3T
- Multi-echo acquisitions accelerate imaging, but single-shot methods (HASTE) are probably overkill

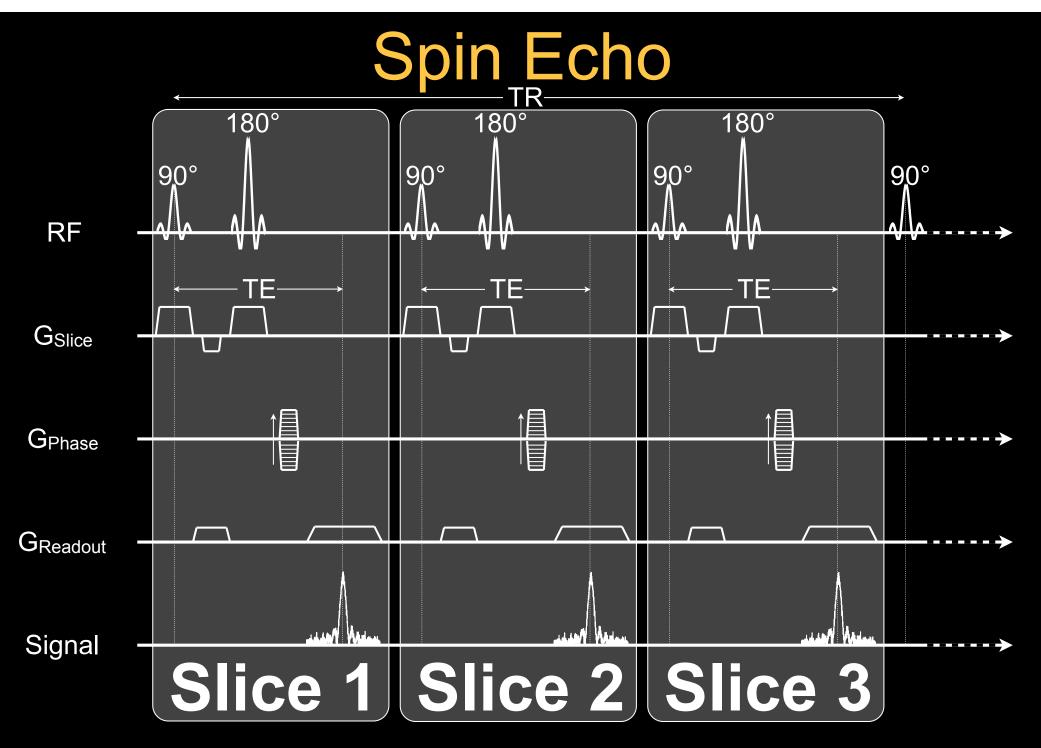
2D Slice Interleaving





Spin Echo









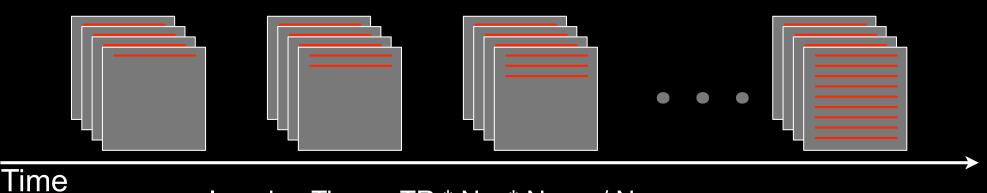
Slice Interleaving

Sequential 2D Imaging



Imaging Time = TR * N_{Ky} * N_{Slices}

Slice Interleaved 2D Imaging



Imaging Time = TR * N_{Ky} * N_{Slices} / N_{Interleaves}



Adapted From Bernstein's Handbook of MRI Pulse Sequences



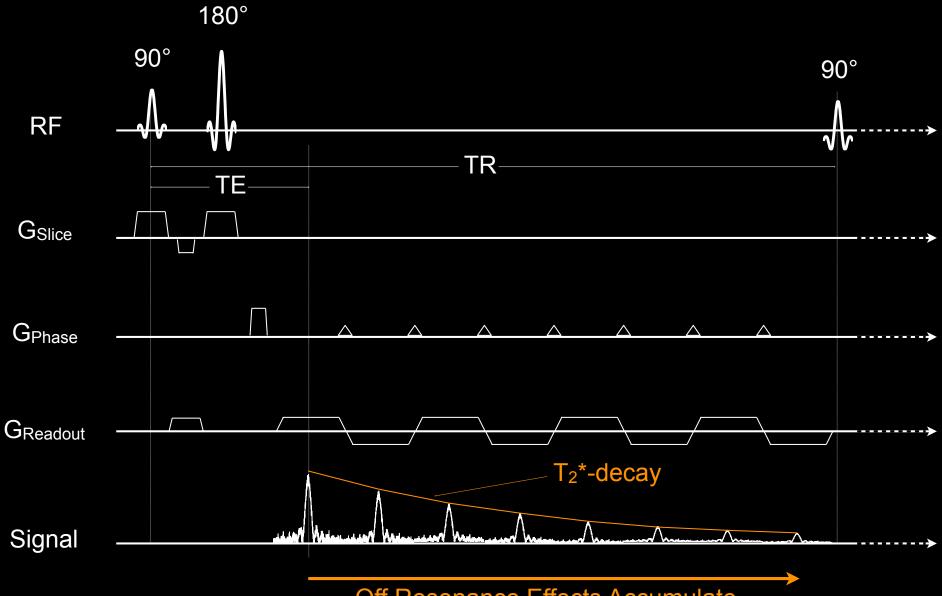
2D Slice Interleaving

- Advantages
 - Accelerate imaging many times
- Disadvantages
 - Acceleration limited by
 - NInterleaves~TR/TE
 - SAR
 - Difficult to acquire adjacent slices
 - Hard to get good 180° slice-profile to match 90° sliceprofile for multi-slice imaging
- Applications
 - T₂ imaging
 - TR must be long
 - DWI
 - TR should be long





Spin Echo EPI

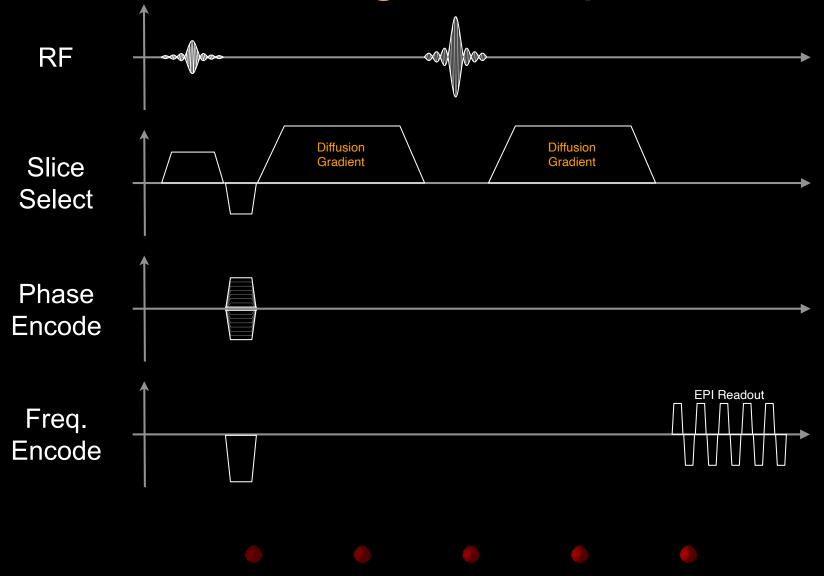


Off Resonance Effects Accumulate

Summary for Spin Echo EPI

- Advantages
 - Can acquire data in a "single shot"
 - Can be used with 2D slice interleaving
 - Allows T_2^* weighted imaging in a breath hold
- Disadvantages
 - Single Shot EPI
 - Ghosting / Blur images / Image distortion
 - Alter image contrast
 - Multi-shot EPI
 - Slower than single shot
 - Faster than SE

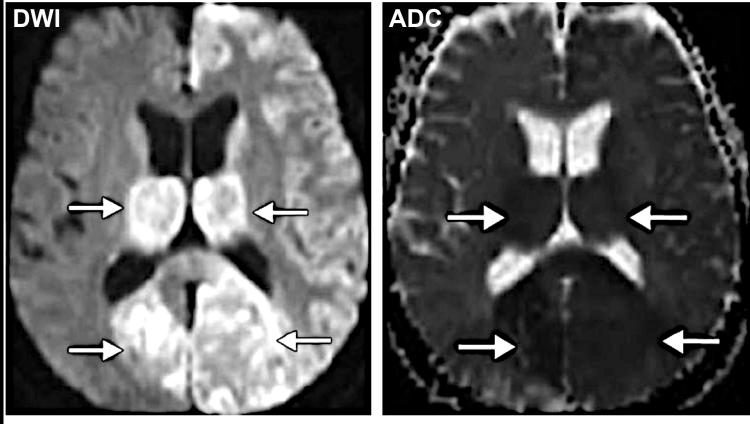
Diffusion Weighted Spin Echo EPI



Very larger gradients can encode diffusion.

DWI SE-EPI in Acute Stroke

Does the lesion have a higher or lower diffusion coefficient?



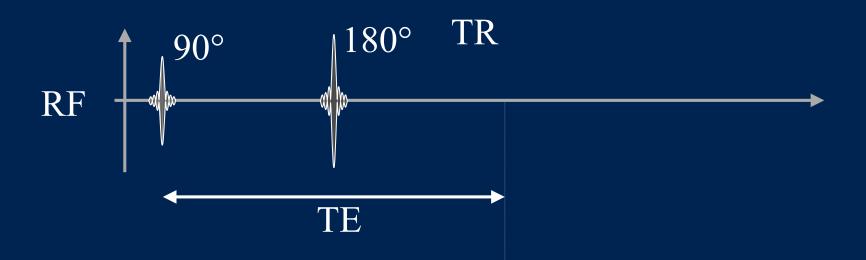
a.

ь.

Figure 15. Acute stroke of the posterior circulation in a 77-year-old man. (a) Diffusionweighted MR image ($b = 1000 \text{ sec/mm}^2$) shows bilateral areas of increased signal intensity (arrows) in the thalami and occipital lobes. (b) ADC map shows decreased ADC values in the same areas (arrows). These findings are indicative of acute ischemia.

- 1. The 90-180 pair is the hallmark of the spin echo sequence
- 2. The 180 pulse is an inversion pulse.
- 3. Spin echoes are ultrafast sequences that provide T_1 or T_2^* weighted images.

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- 1. Long TE and long TR for T2-weighted
- 2. Short TE and short TR for T1-weighted
- 3. Spin echoes are low SAR sequences.

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$$A_{Echo} \propto \rho \left(1 - e^{-TR/T_1} \right) e^{-TE/T_2}$$

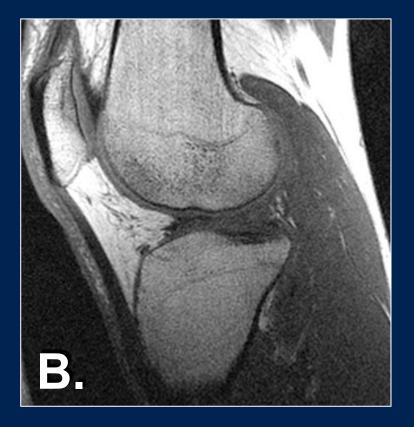
Longer TR minimizes T1 contrast Short TE minimizes T2 contrast

Multi-Echo Imaging - True or False?

- 1. Multi-echo imaging can decrease scan times by 2x or more
- 2. Turbo spin echo is excellent for fast T2weighted imaging
- 3. Spin Echo EPI is routine for diffusion weighted imaging
- 4. Long TRs are important for T2 weighted imaging because they eliminate T1-contrast

Gradient vs. Spin Echo

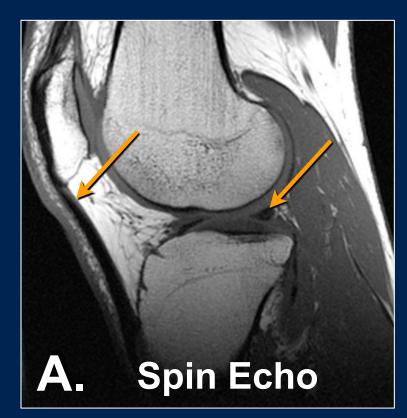


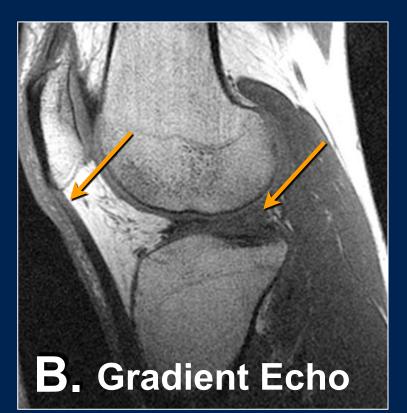


Which image is a gradient echo image?

Images Courtesy of Brian Hargreaves

Gradient vs. Spin Echo





Both are T1-weighted Spin Echo has higher SNR (longer TR) GRE has shorter TE (meniscus/tendon is brighter)

Images Courtesy of Brian Hargreaves

Gradient echo imaging is great for everything except:

- A. T₂*-weighted imaging.
- B. T₂-weighted imaging.
- C. True 3D imaging.
- D. Real time imaging.

Gradient echo imaging is great for everything except:

A. T₂*-weighted imaging Yes. GRE can be a T₂*-weighted sequence.
B. T₂-weighted imaging No. GRE can not be T₂-weighted
C. True 3D imaging Yes! GRE is a fast sequence
D. Real time imaging Yes! GRE is a fast sequence

A. ... is great for T_2 imaging

B. ...works well for imaging near metal implants

C. ... is a fast acquisition technique

D. ...is insensitive to off-resonance effects

A. ...is great for T₂ imaging GRE is sensitive to T₂*, whereas SE is sensitive to T₂

B. ...works well for imaging near metal implants
 Metal causes large distortions for which SE is useful

C. ...is a fast acquisition technique

Yes! The TE/TR are typically quite short compared to SE

D. ...is insensitive to off-resonance effects.
 GRE is sensitive to B₀ inhomogeneity, chemical shift and susceptibility shifts

Gradient Echoes - True or False?

- 1. GRE sequences have longer TRs than SE sequences.
- 2. GRE is great for fast T1-weighted imaging.
- 3. Metal artifacts on GRE are typically small.
- 4. GRE is great for T2 contrast.

In Gradient Echo Imaging Always...

A. Use the highest available flip angle.

- B. Calculate and use the Ernst angle.
- C. Use a flip angle for maximum contrast.

In Gradient Echo Imaging Always...

A. Use the highest available flip angle.

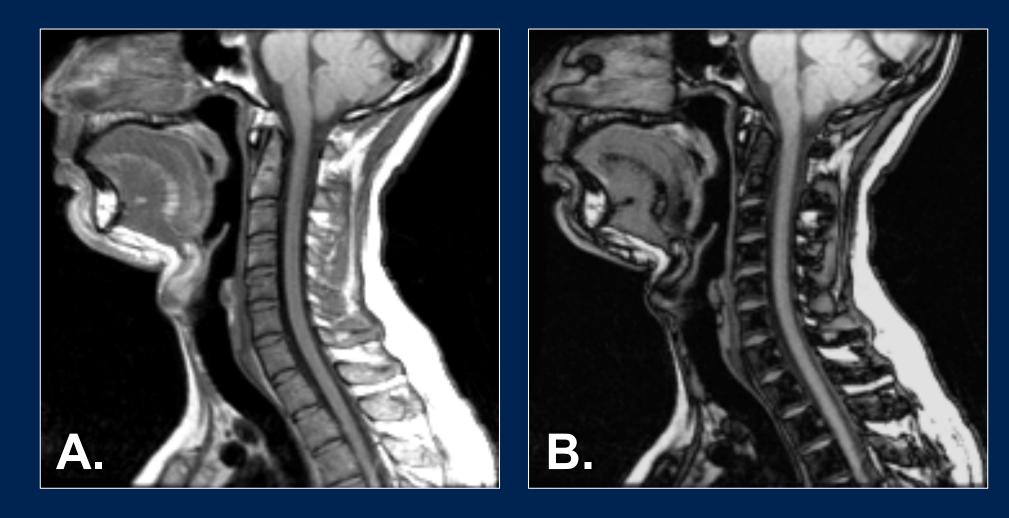
B. Calculate and use the Ernst angle.

C. Use a flip angle for maximum contrast.

Gradient Echoes - True or False?

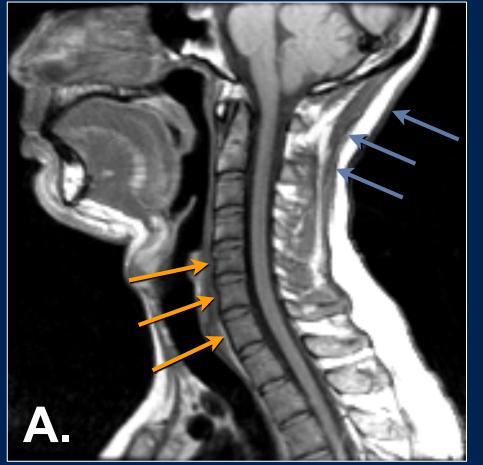
- 1. GRE and SE can both provide T2* contrast.
- 2. GRE and SE use the same TE and TR to produce a T1-weighted image.
- 3. SE is better for visualizing tissues with a very short T2 because of the refocusing pulses.
- 4. In GRE higher flip angles always produce brighter images.

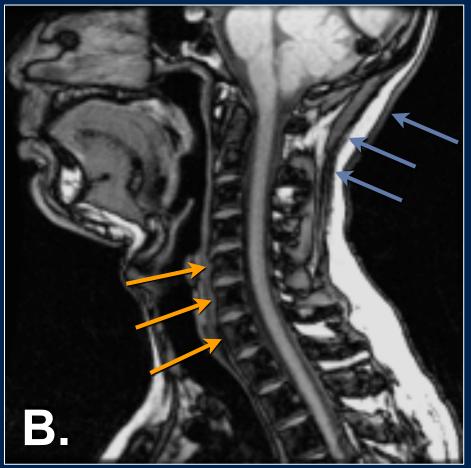
Which image is the in-phase image?



Images Courtesy of Scott Reeder

Which image is the in-phase image?





In-Phase Opposed-Phase Images Courtesy of Scott Reeder

Gradient Echoes - True or False?

- 1. Fat and water precess at frequencies that are >1000Hz different.
- 2. Fat and water are always out of phase.
- 3. Fat and water destructively interfere when they are in phase.
- 4. In-flowing spins are bright because they "see" hundreds of excitation pulses.



- Related reading materials
 - Nishimura Chap 7

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