



UNIVERSITÀ  
DEGLI STUDI DI TRIESTE

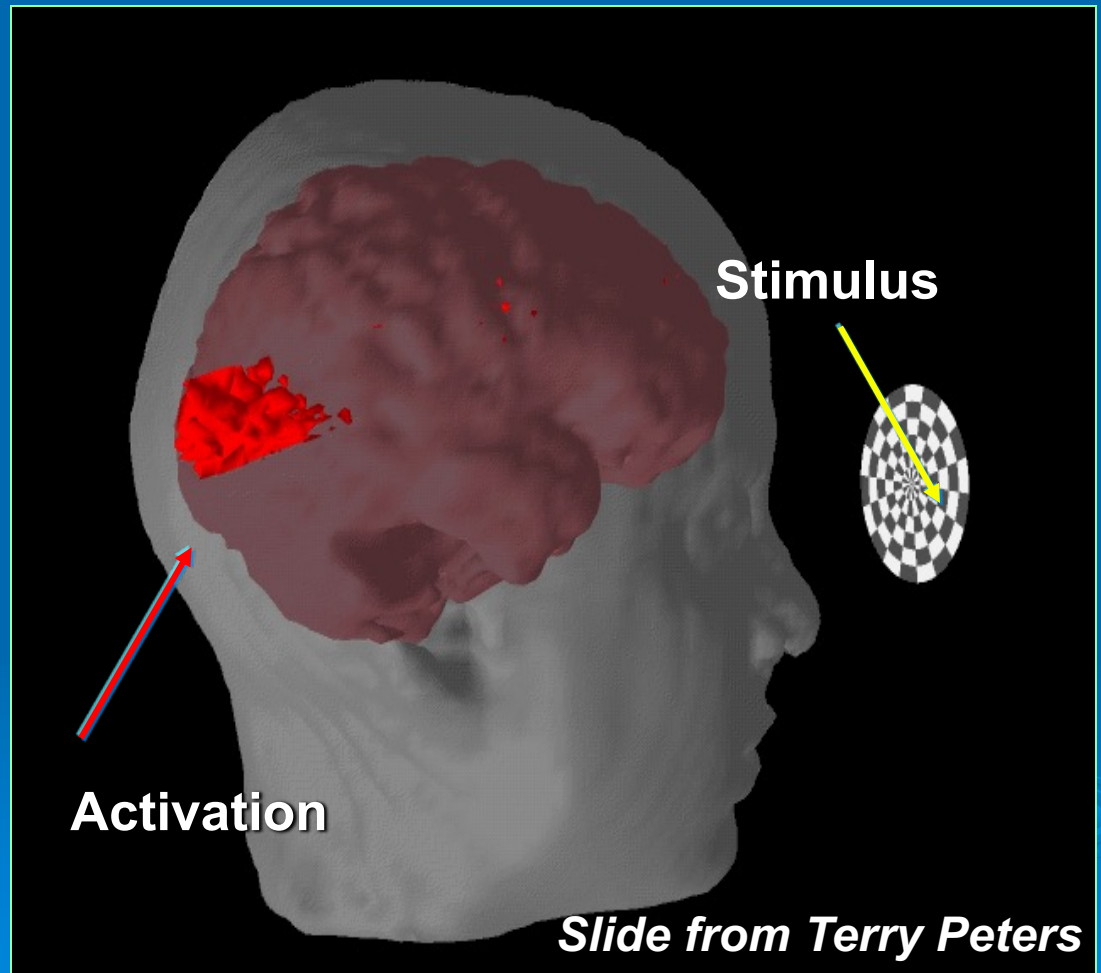


# Neuroimaging functional MRI

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# fMRI

Subject looks at flashing disk while being scanned  
“Activated” sites detected and merged with 3-D MR image



# Outline

- **What are we going to observe ?**
  - **Physics and physiological basis of brain activation and of the MRI contrast**
- **How to collect such information ?**
  - **Data acquisition**
- **Data analysis**
  - **Statistical criteria**
- **Examples**

# Functional MR Imaging (fMRI)

Peter Jezzard, PhD

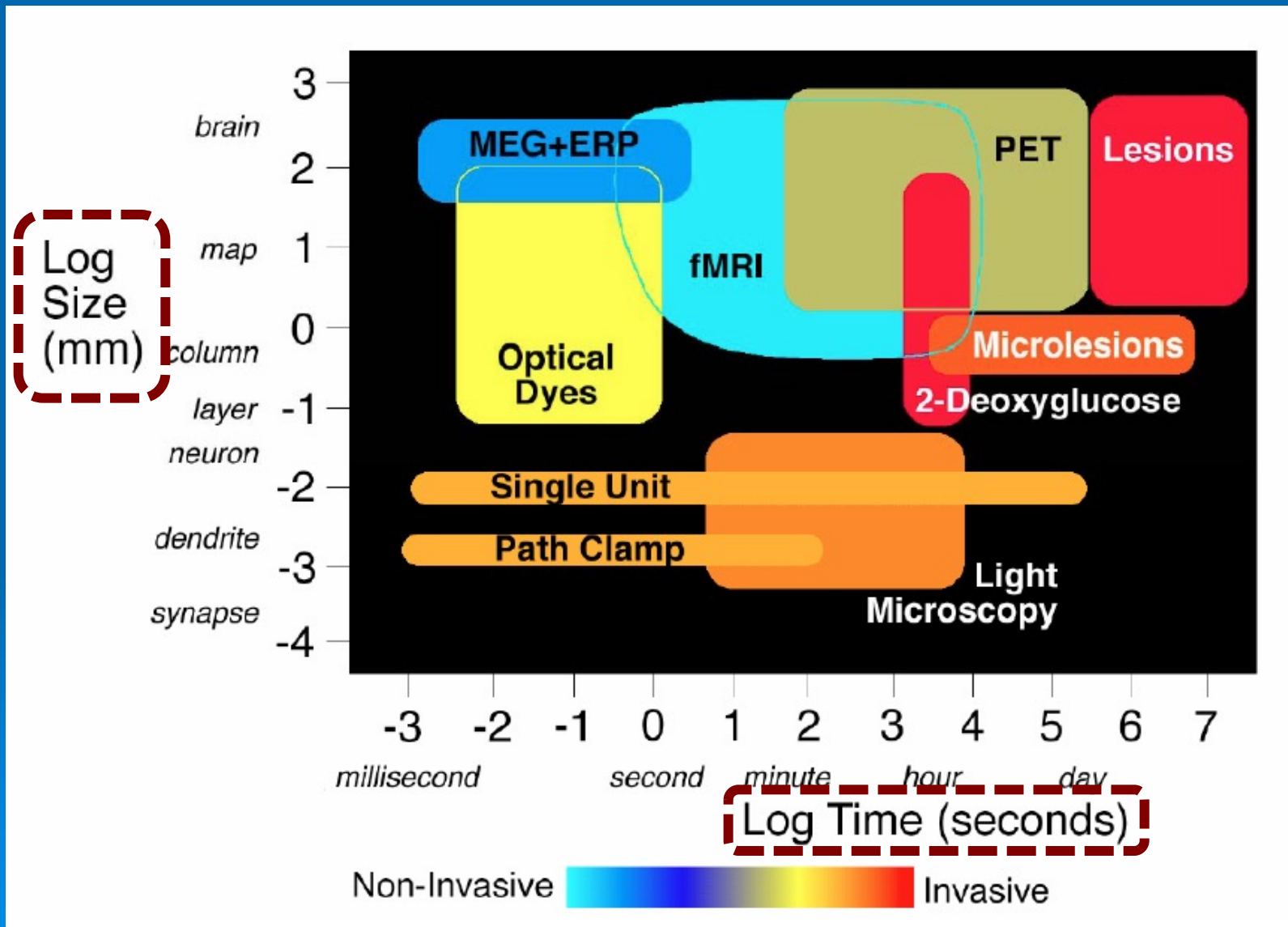
FMRIB Centre, Oxford University,  
John Radcliffe Hospital, Oxford, OX3 9DU

<http://www.fmrib.ox.ac.uk/physics>

***Some slides from***  
***<http://users.fmrib.ox.ac.uk/~peterj/lectures/miccai99/sld001.htm>***



# Brain mapping techniques



Spatial resolution (log size), time resolution (log time)

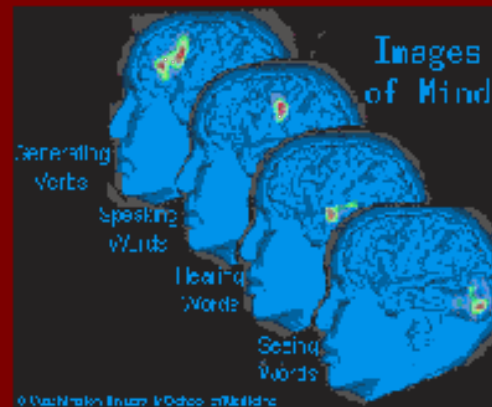
# The history of brain mapping

## Functional Mapping Methods

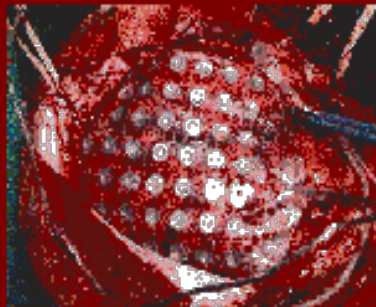
Phrenology



EEG

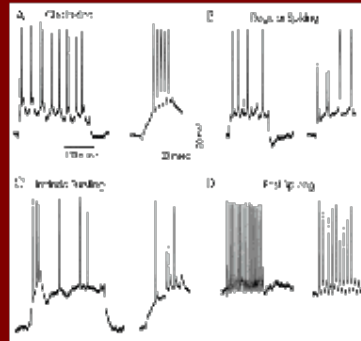
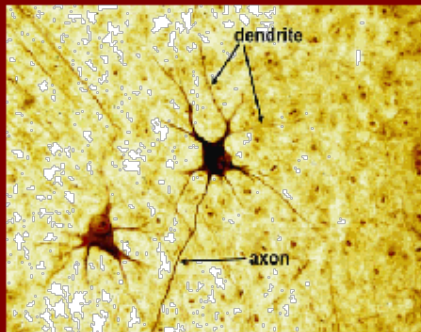
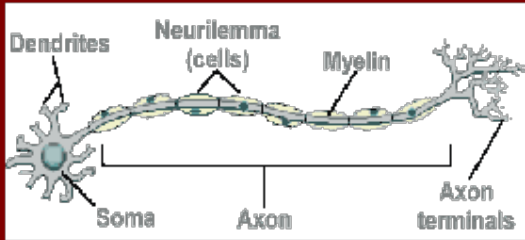


Implanted electrodes



Positron Emission Tomography

# The Neuron

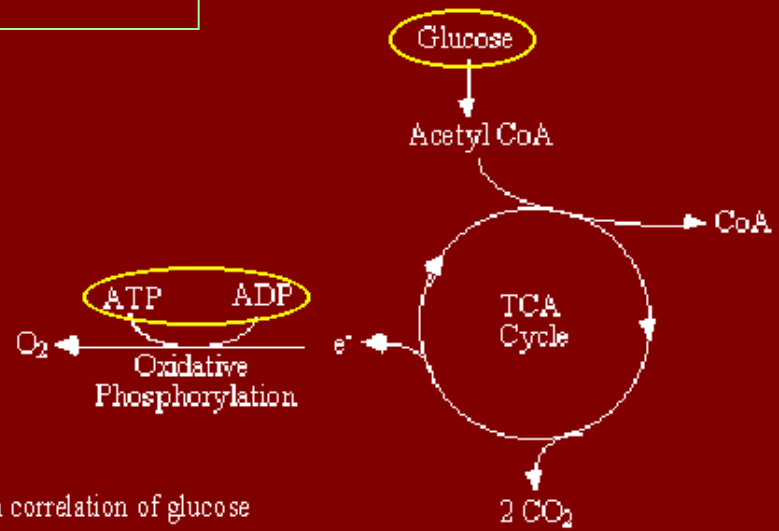


spiking activity

silver stain

# The physiology behind it

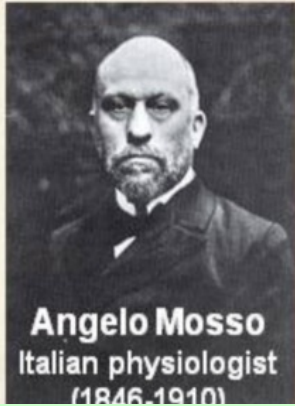
## Brain Metabolism



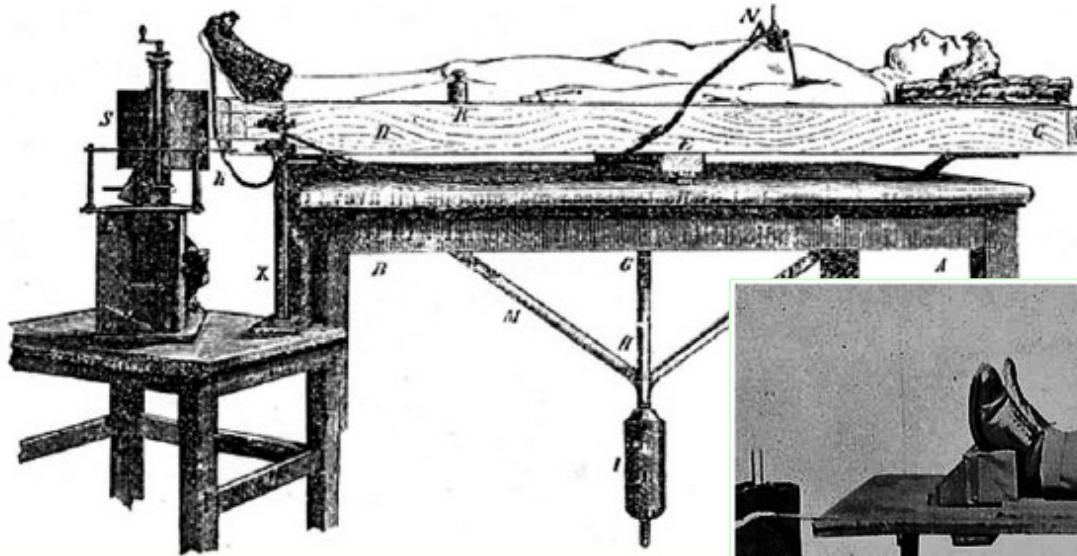
high correlation of glucose utilization with pre-synaptic activity

# How can we measure brain activity?

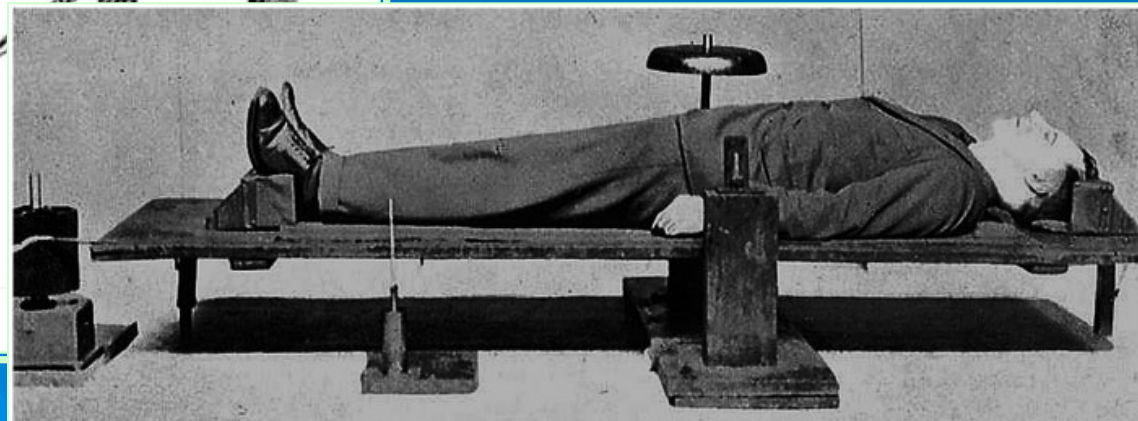
## The first (and cheapest ;) experiment



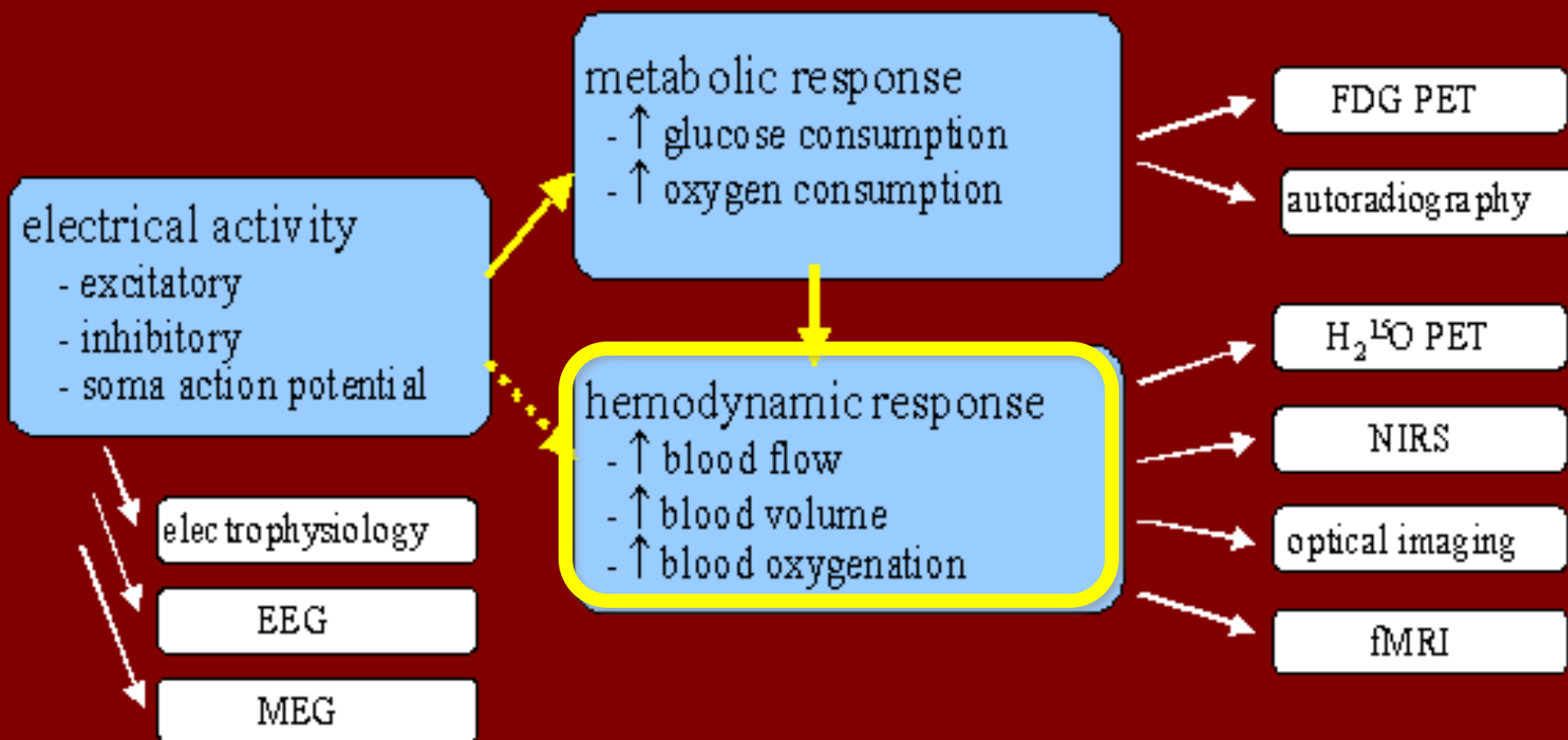
**Experiment:** subject resting on a balanced table. Brain activity tilts the table towards the head. due to blood redistribution in the body.



Sandrone et al (2013) Brain



# Physiological Correlates of Brain Electrical Activity

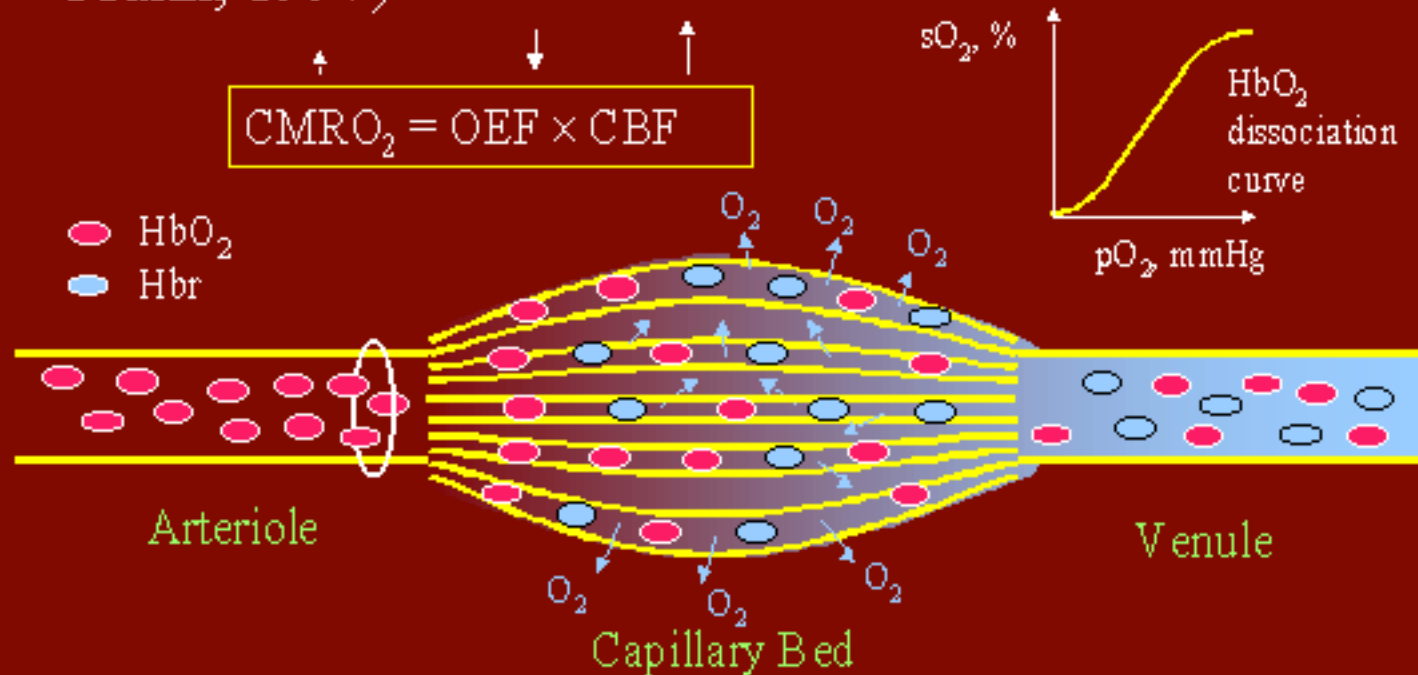




# The physiology behind it

## Oxygen Transport

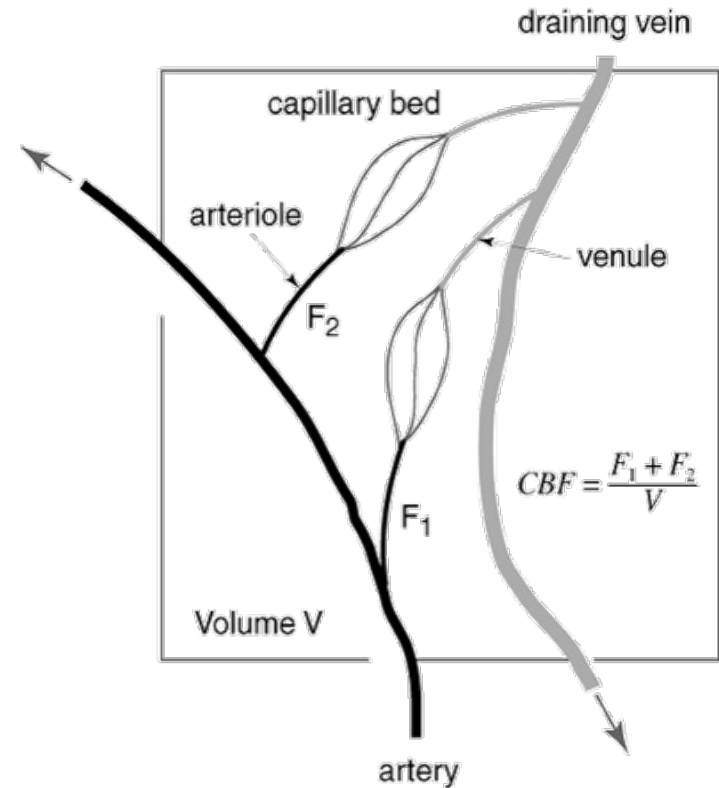
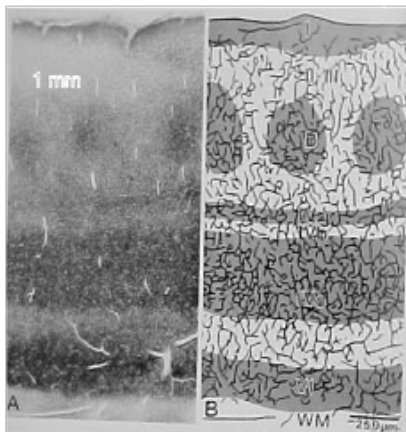
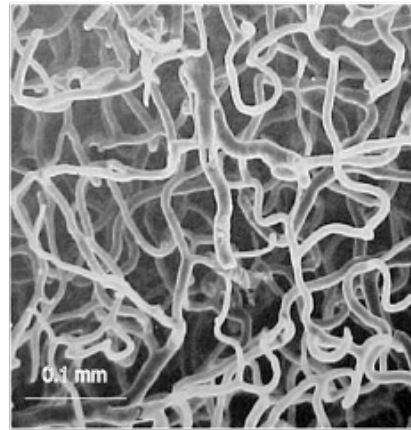
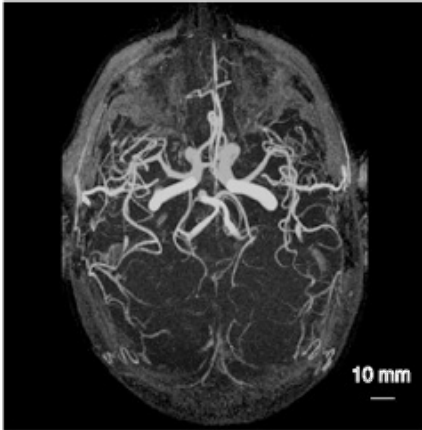
- Limited oxygen diffusion model (Buxton & Frank, 1997)



Buxton and Frank, JCBFM, 17:64, 1997

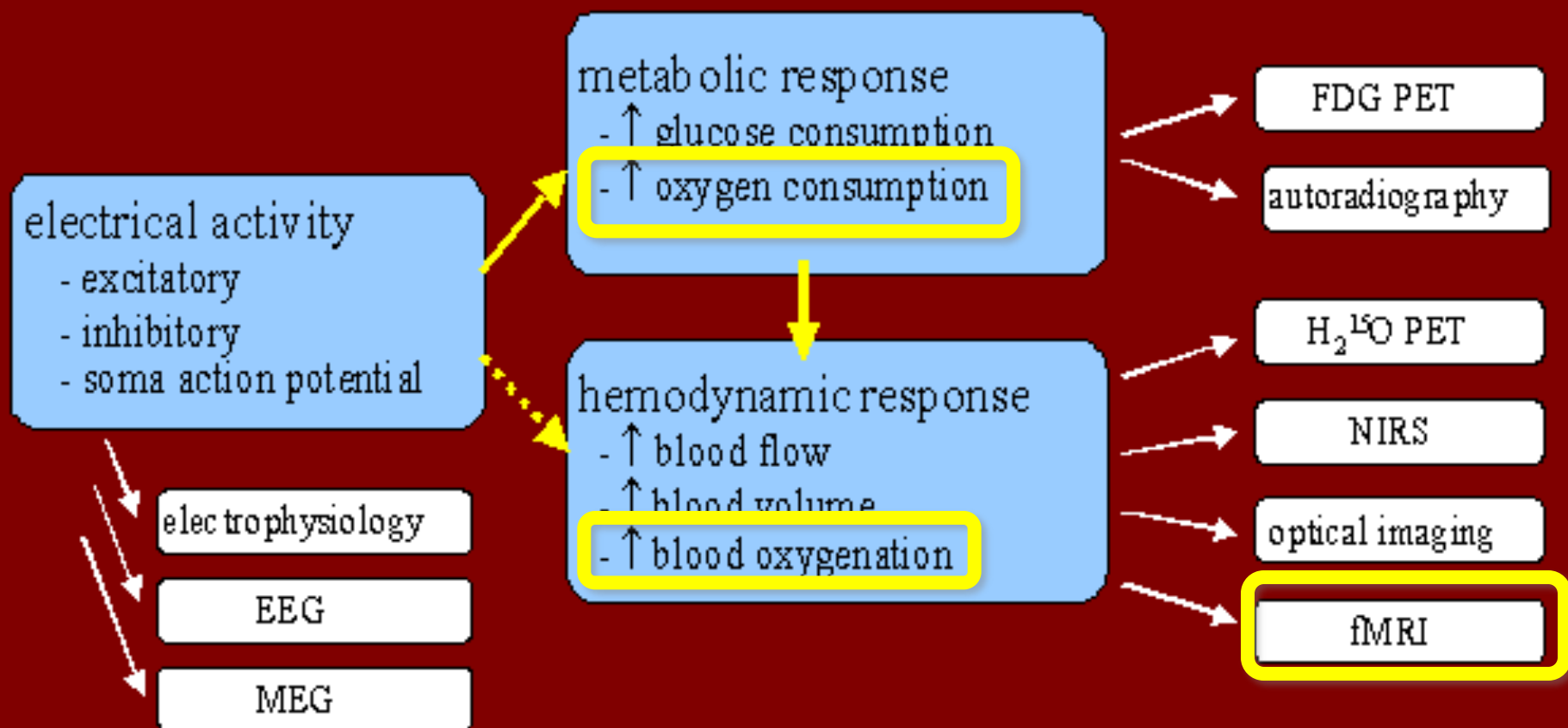
# Vascular network

## Cerebral Vasculature



Source: Buxton book Ch 2

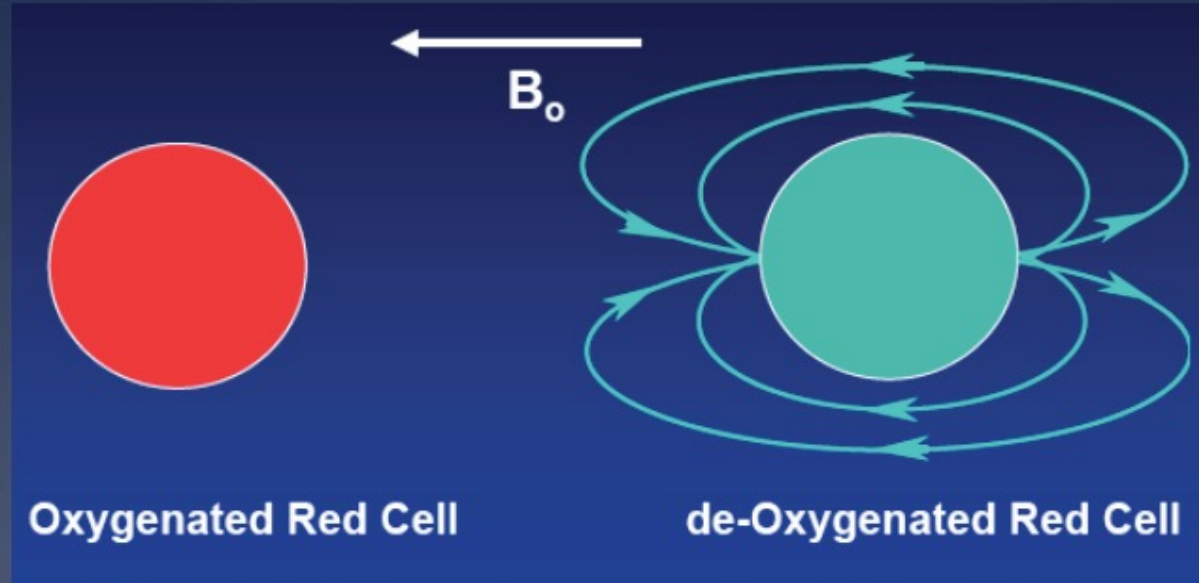
# Physiological Correlates of Brain Electrical Activity





# Magnetic properties of Red Cells

Field homogeneity & oxygenation state



- \* Red blood cell
- \* 6  $\mu\text{m}$  diameter, 1-2  $\mu\text{m}$  thick

\* Susceptibility

\* An object with differing magnetic properties distorts the field

*Slide by Daniel Bulte*

# Susceptibility Artifacts

- ✓ **Susceptibility:** generation of extra magnetic fields in materials that are immersed in an external field
- ✓ In T2\*-weighted images, susceptibility determines signal loss

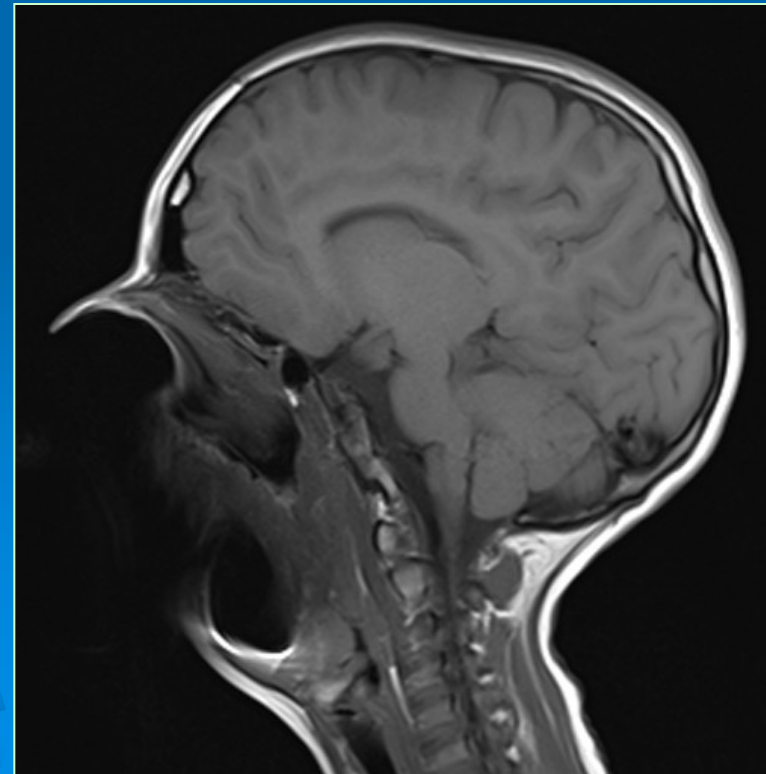
## Effects That Cause T2\* and T2 Dephasing

Causes of T2\*  
Dephasing

Causes of T2  
Dephasing

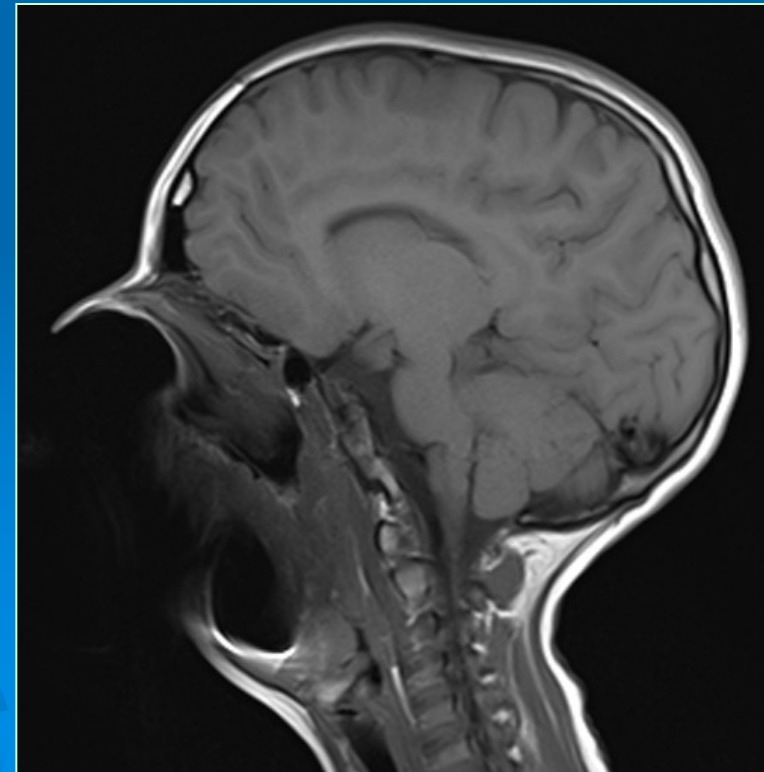
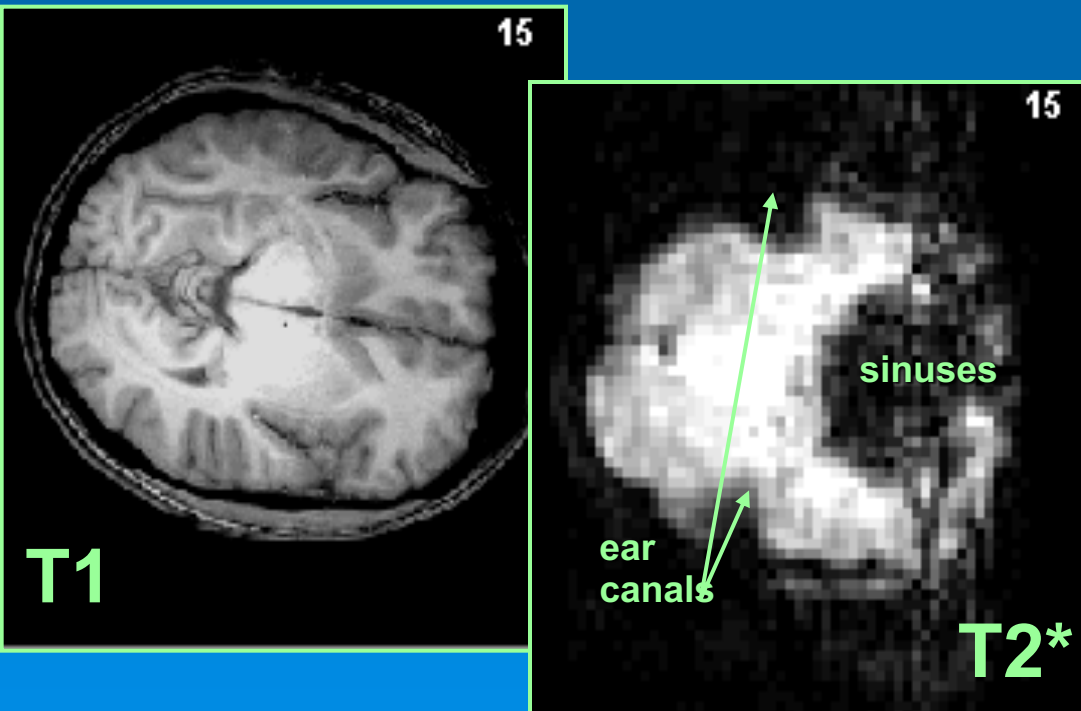
Spin-spin interactions  
Magnetic field inhomogeneities  
Magnetic susceptibility  
Chemical shift effects

Spin-spin interactions

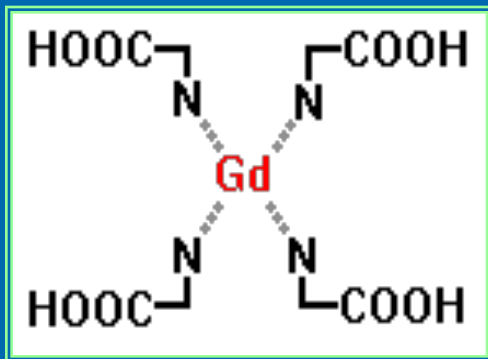


# Susceptibility Artifacts

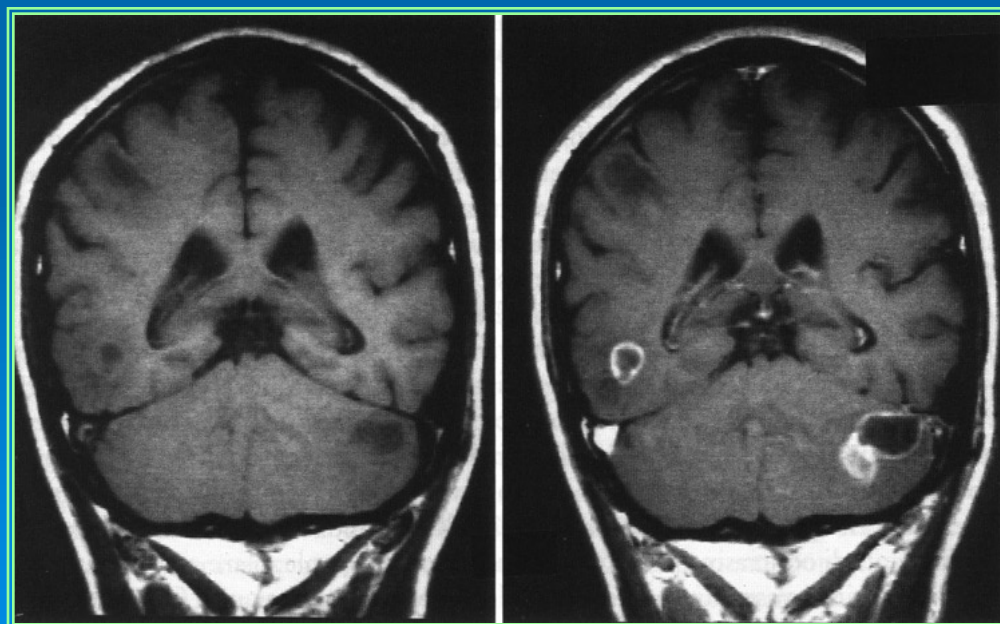
- ✓ **Susceptibility:** generation of extra magnetic fields in materials that are immersed in an external field
- ✓ In T2\*-weighted images, susceptibility determines signal loss



# Paramagnetic contrast agents



- The MRI contrast agent modulates the relaxation times of the tissues
  - Paramagnetic susceptibility
- Paul Lauterbur was the first to demonstrate the feasibility of using paramagnetic contrast agents
  - Nobel Prize 2003 in Medicine: Paul C Lauterbur and Peter Mansfield

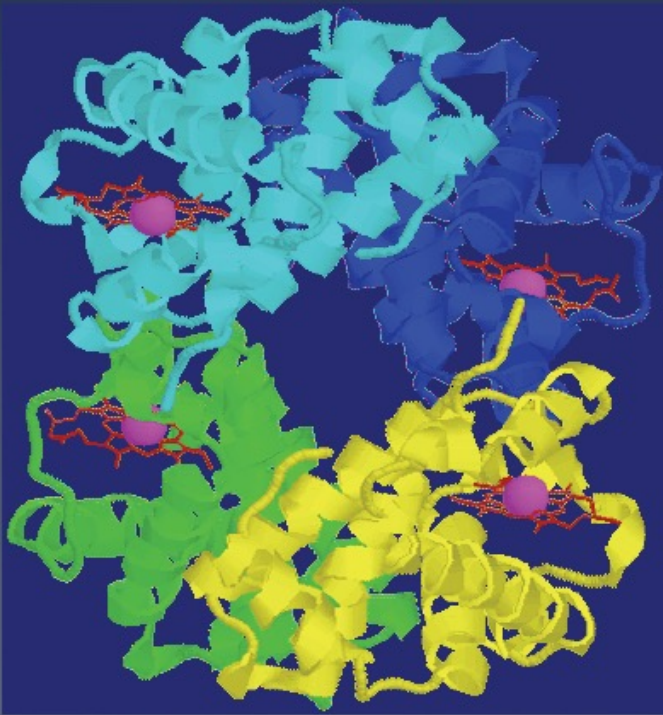


T1 weighted images



# Blood magnetic properties

## Deoxy-Haemoglobin

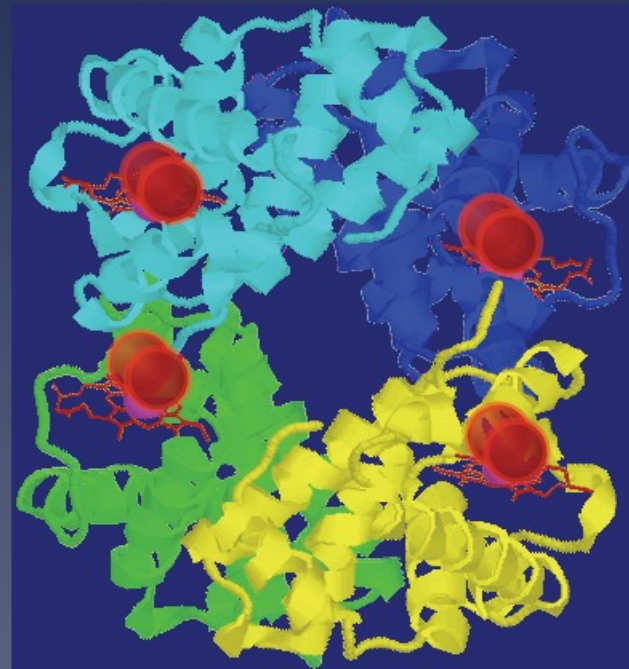


paramagnetic

different to tissue

$$\Delta\chi=0.08\text{ppm}$$

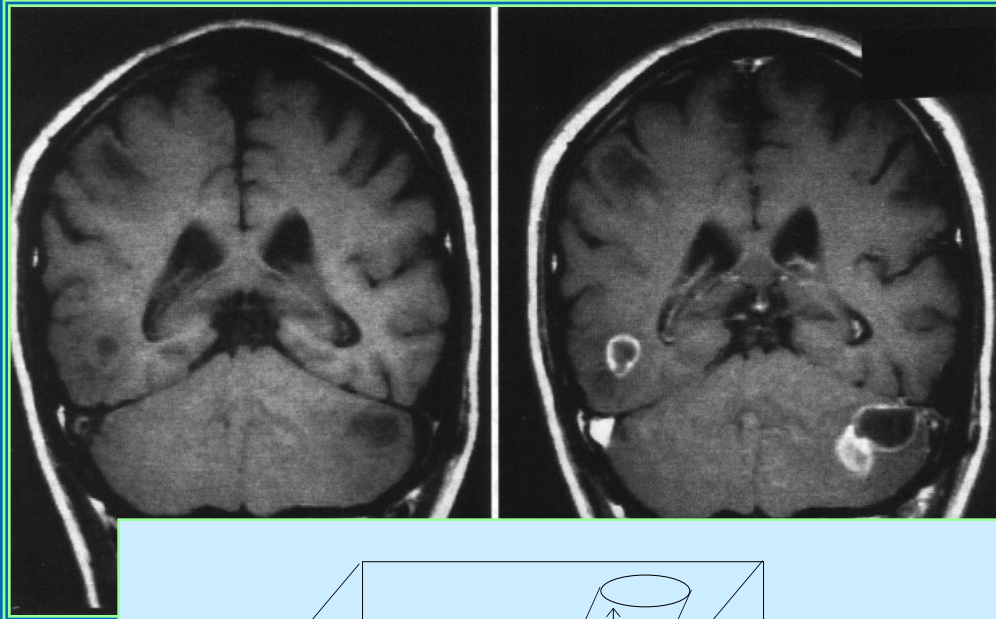
## Oxy-Haemoglobin



diamagnetic

same as tissue

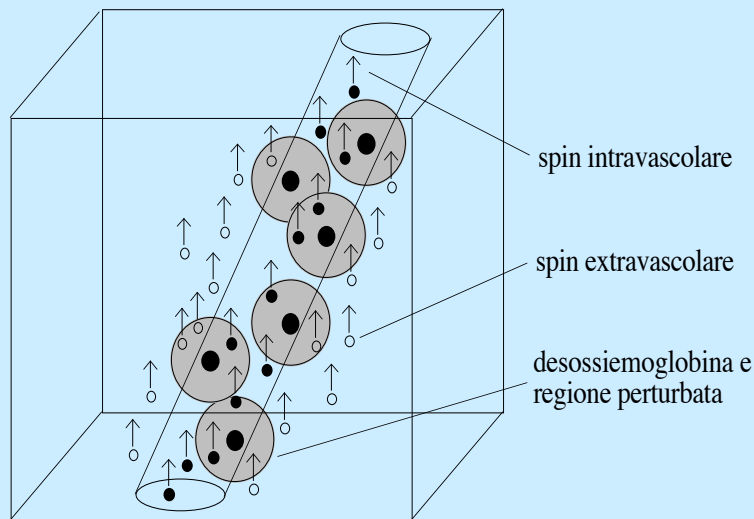
# Paramagnetic contrast agents



In fMRI  
deoxyhemoglobin is  
exploited as an  
endogenous contrast  
agent

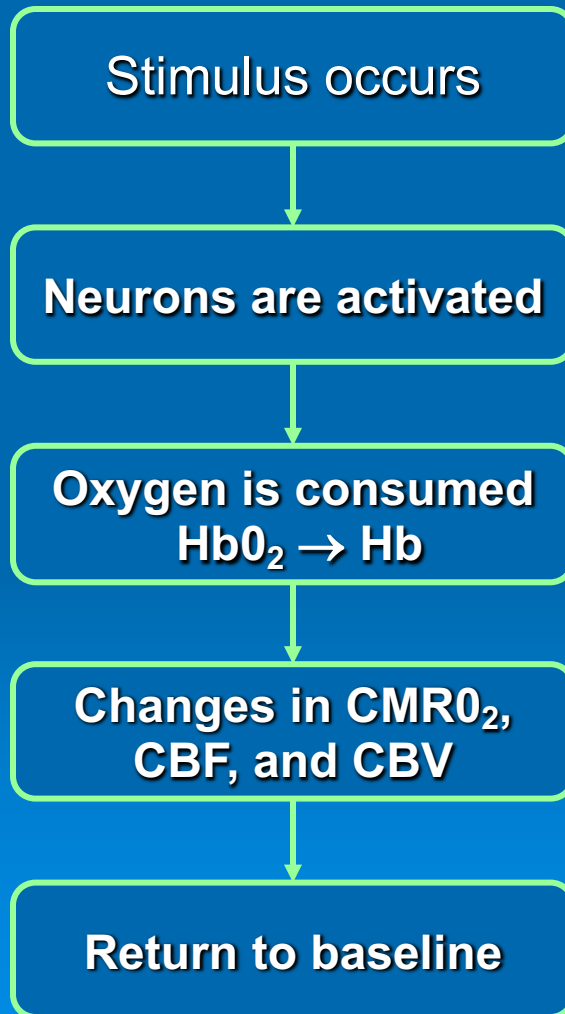
- BOLD contrast

- Blood
- Oxygen
- Level
- Dependent



# BOLD fMRI ... on one slide!

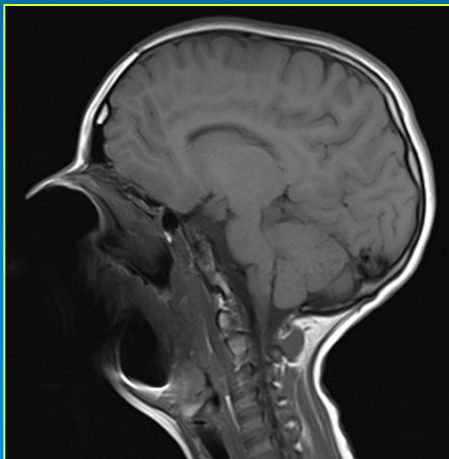
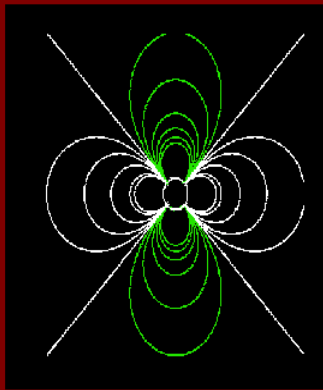
## Blood Oxygen Level Dependent



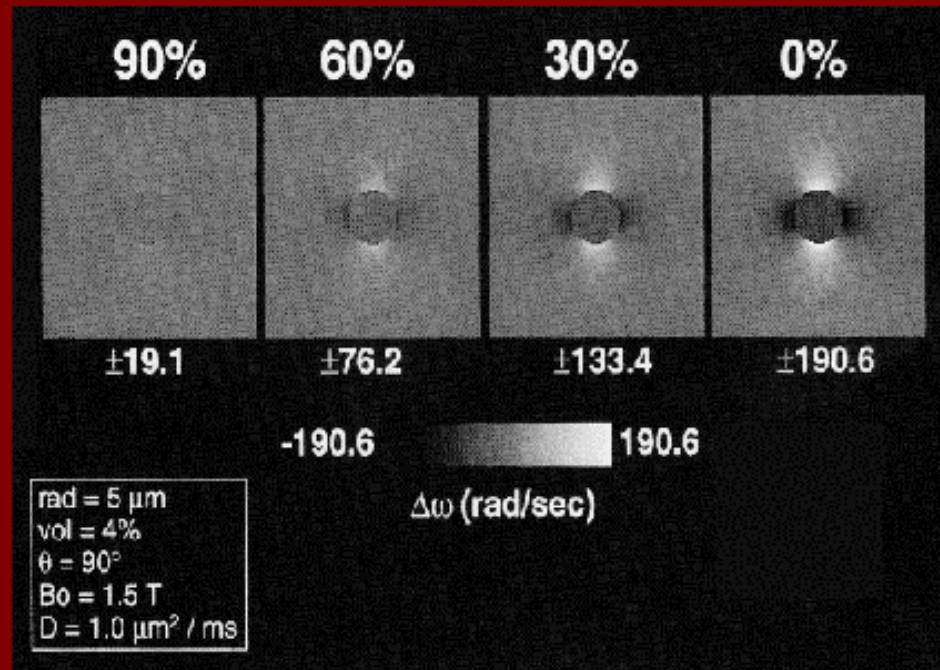
- $\text{HbO}_2$  is diamagnetic
  - creates a weak opposing magnetic field
- Hb is paramagnetic
  - a strong additive magnetic field
- *Increasing field strengths cause the signal to dephase more quickly, decreasing the signal*
  - $T_2^*$  effect

# Is BOLD signal visible ?

Magnetic Field Distortions Around a Cylinder



## Variation with O<sub>2</sub> Saturation

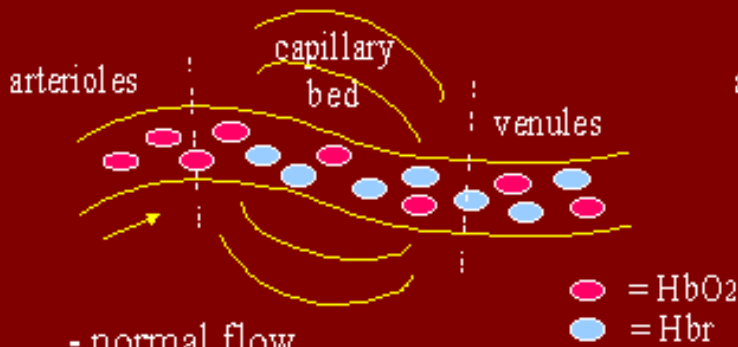


Bandettini and Wong. Int. J. Imaging Systems and Technology. 6:133 (1995)



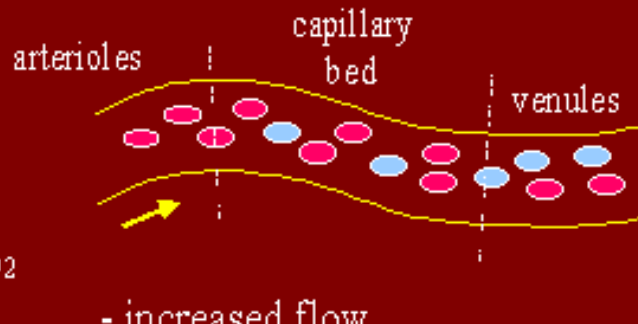
# fMRI BOLD: Overview

## basal state



- normal flow
- basal level [Hbr]
- basal CBV
- field gradients around vessels resulting from Hbr
- normal signal

## stimulated state

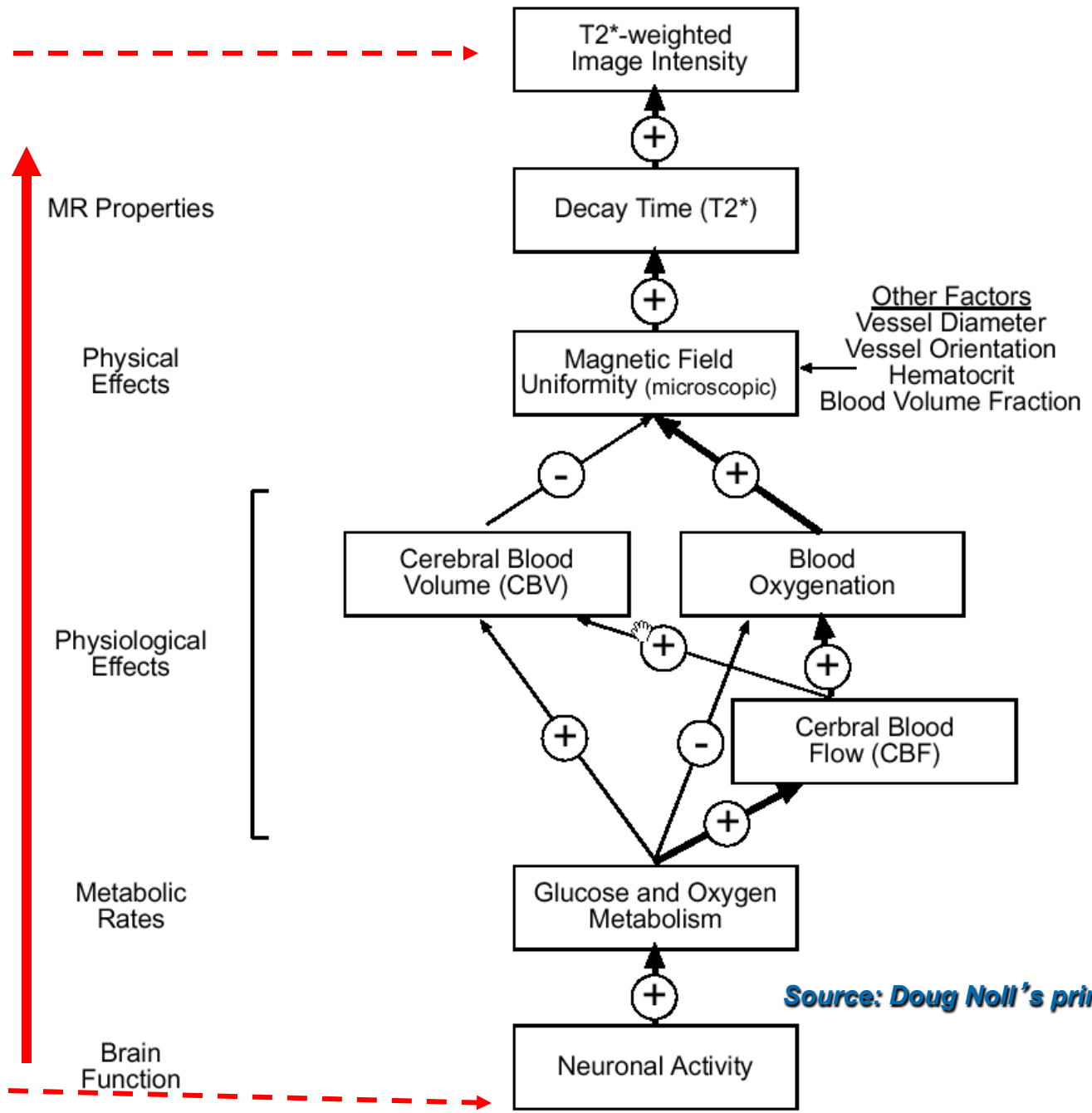


- increased flow
- decreased [Hbr]
- increased CBV
- lower field gradients around vessels due to lower [Hbr]
- increased signal

**Blood Oxygen Level Dependent (BOLD) signal is a relative value:**

✓ It is necessary to collect both basal and stimulated images and comparing them

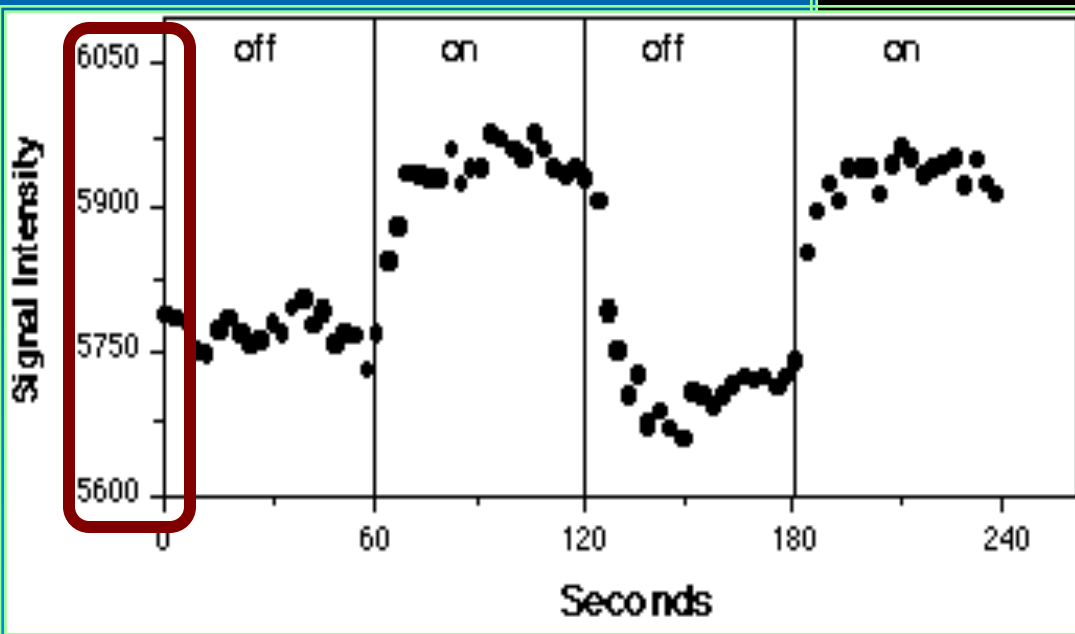
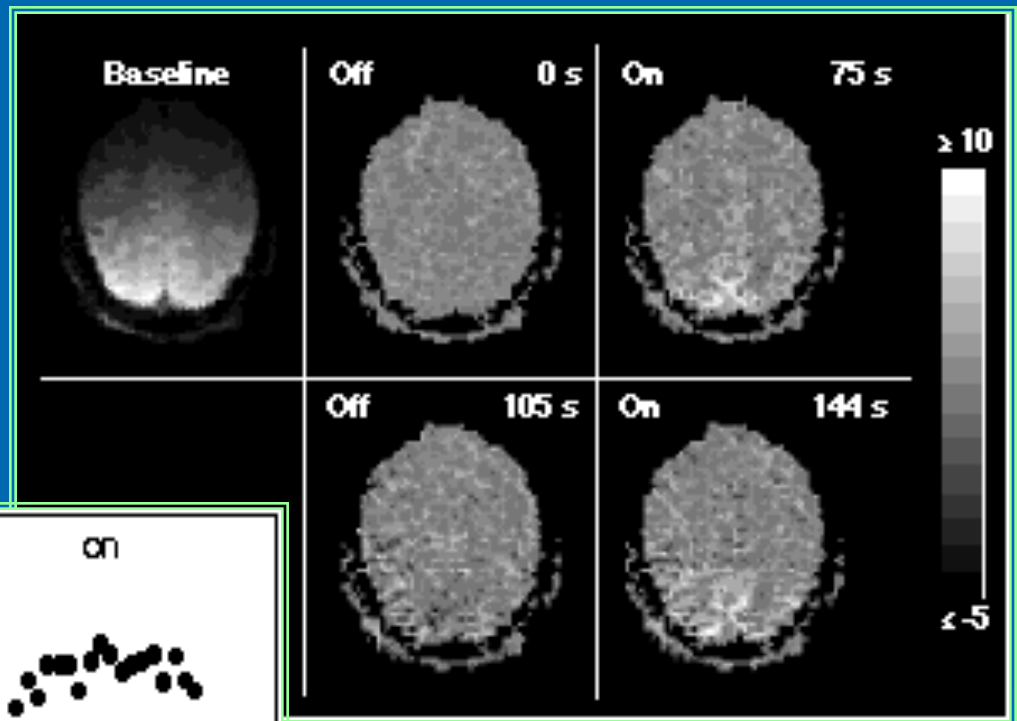
**What we observe**



**What we want to study**

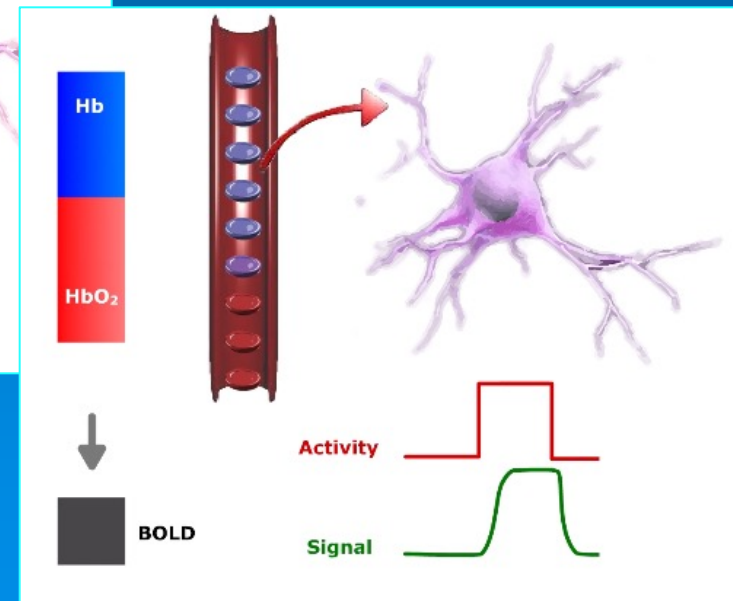
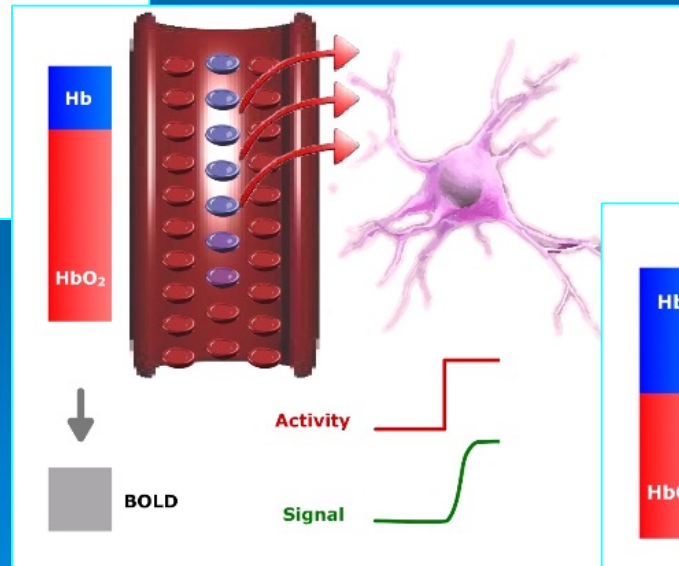
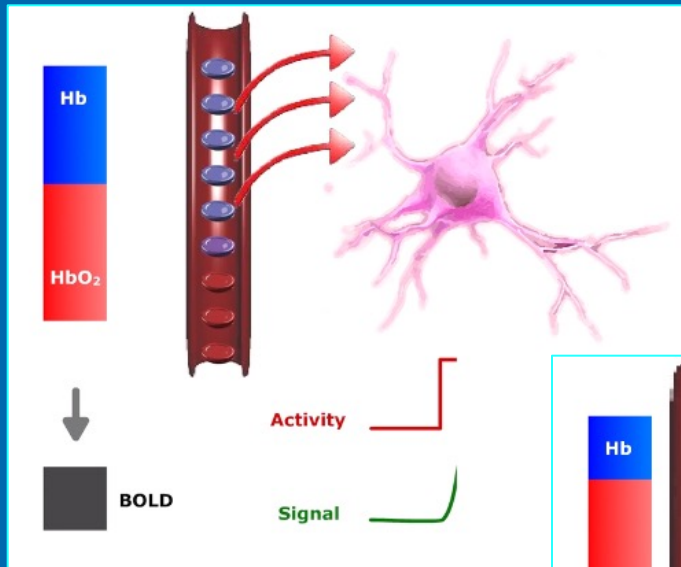
Source: Doug Noll's primer

# First Functional Images

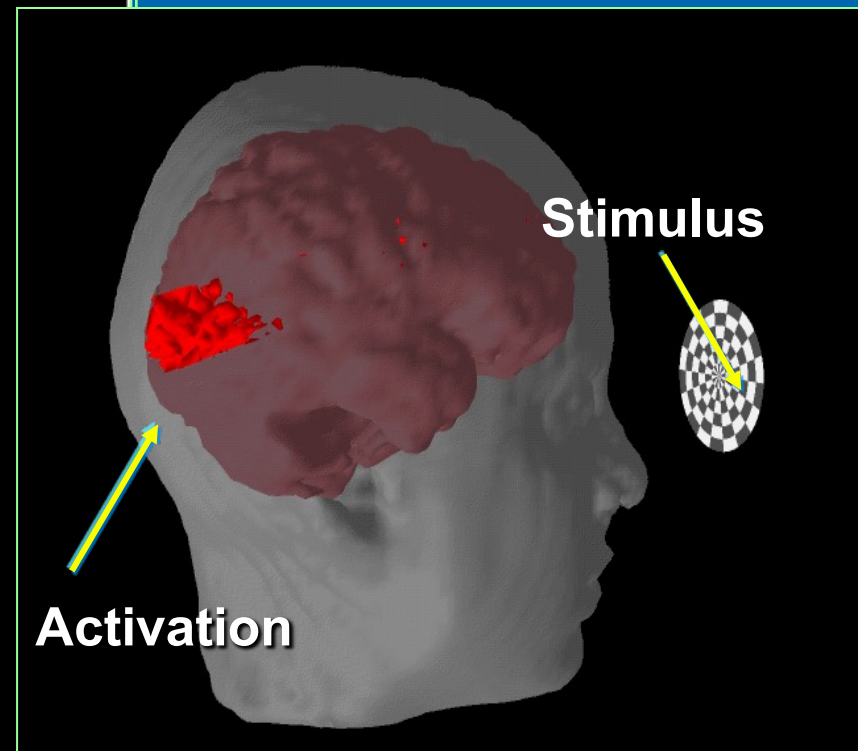
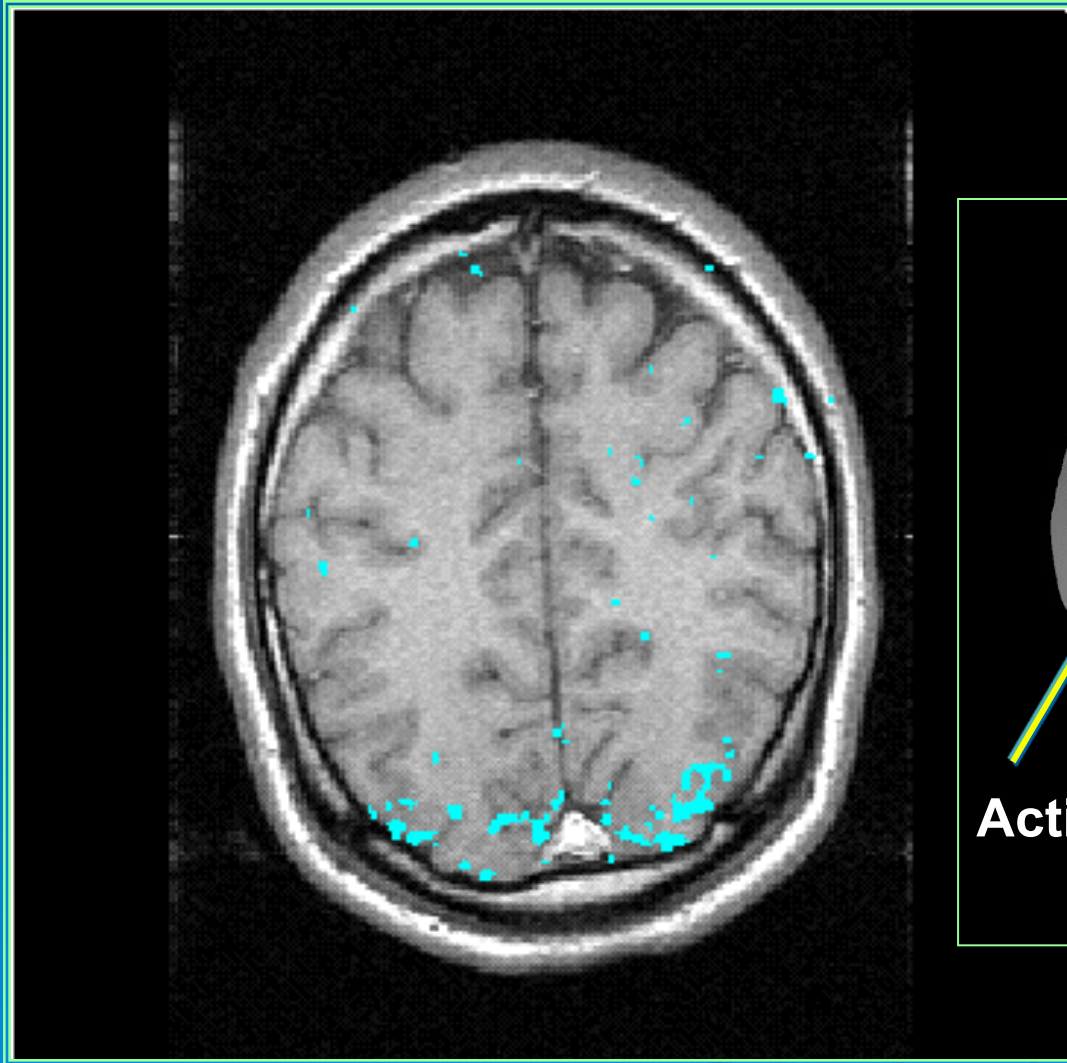


*Source: Kwong et al., 1992*

# Hemodynamic response and MRI signal

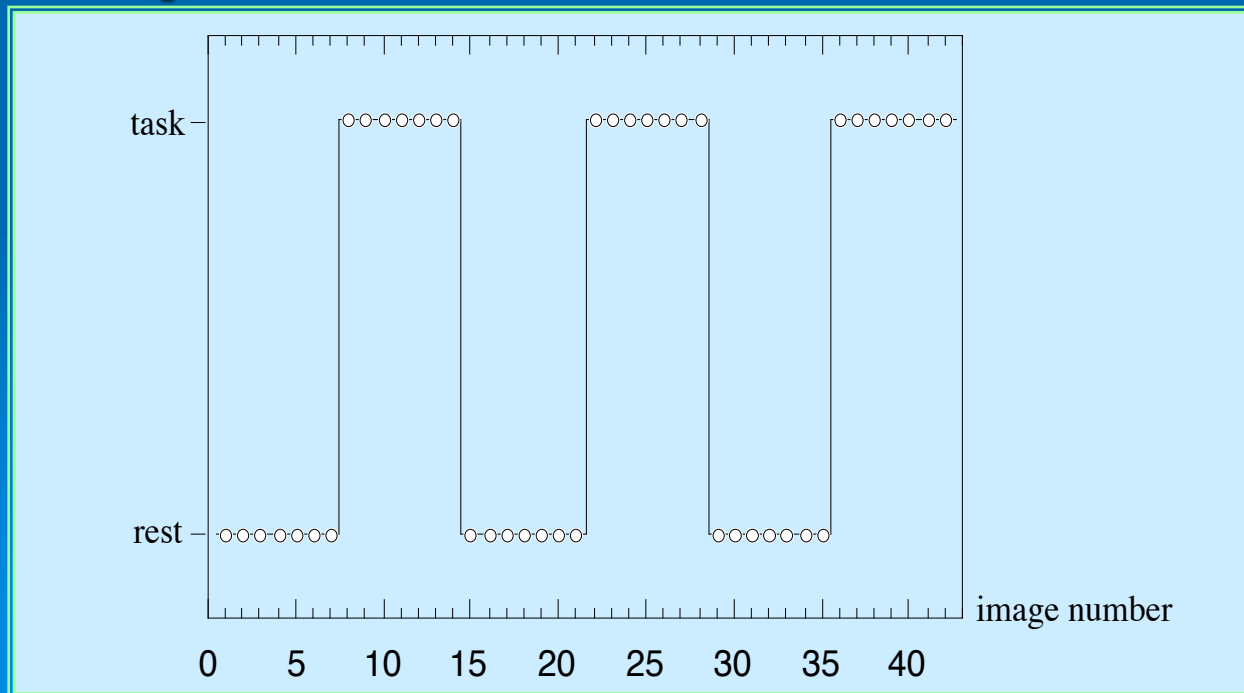


# Visual stimulus



# Block paradigm experimental protocol

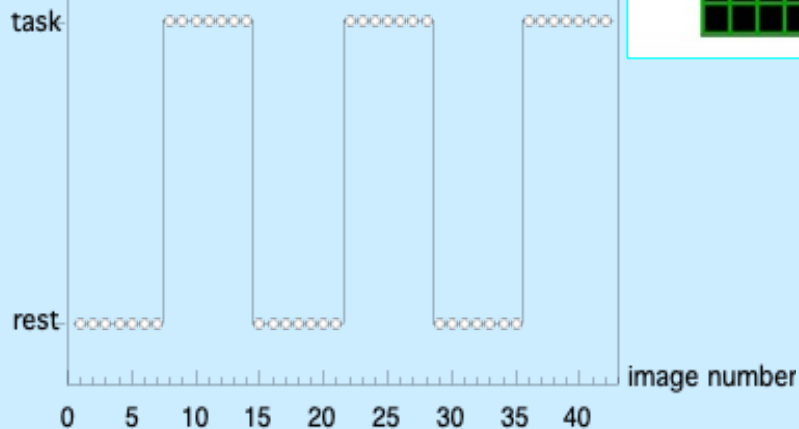
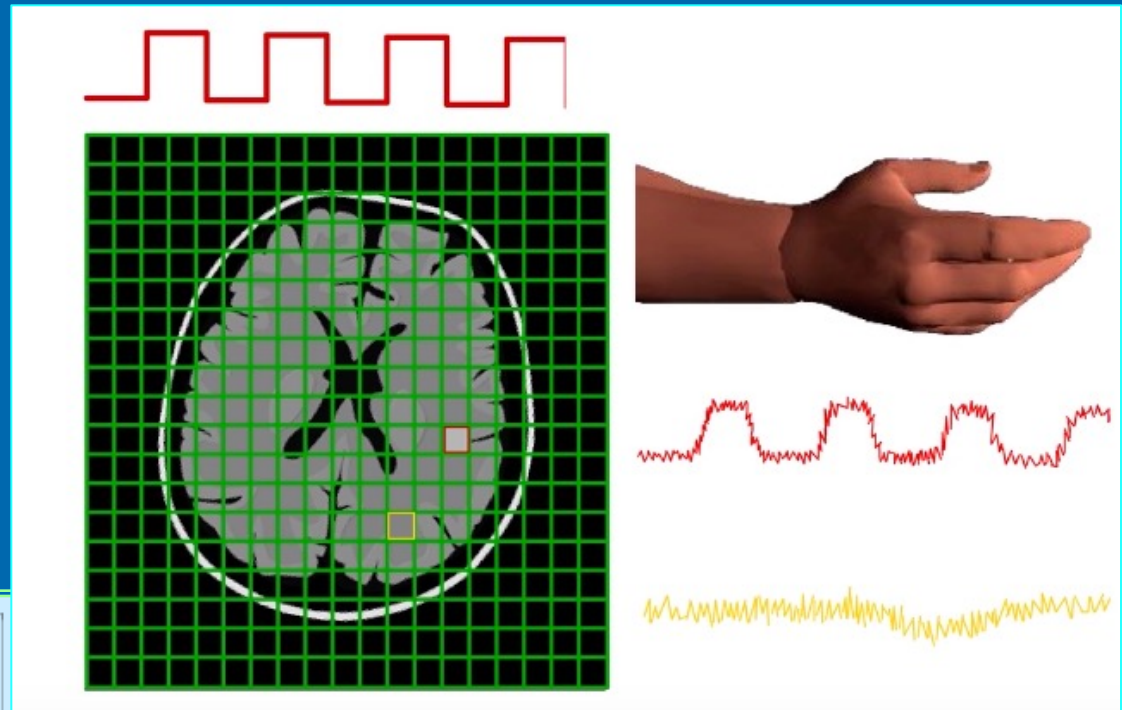
- about ~150 images
- Task and rest periods
- Total acquisition times ~5 minutes



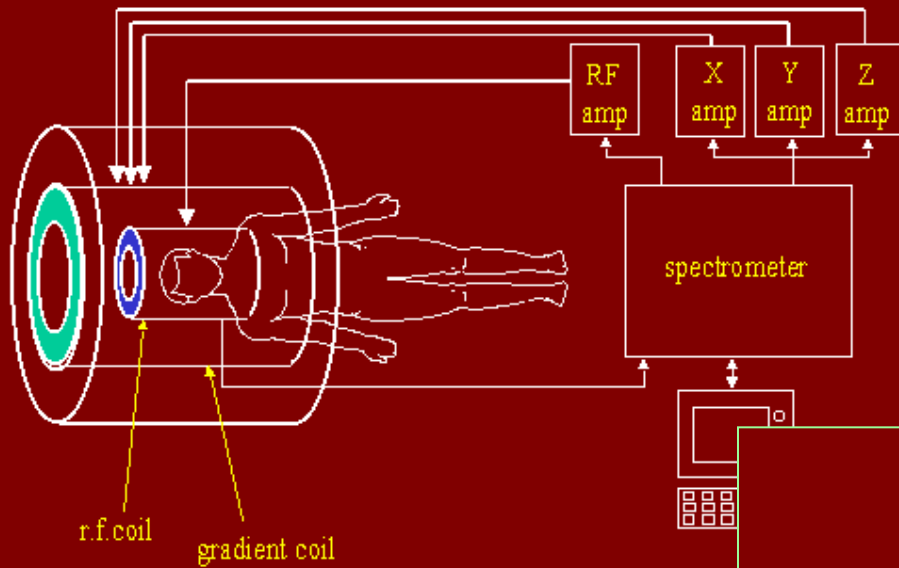


# Block paradigm experimental protocol

## ➤ Task and rest periods

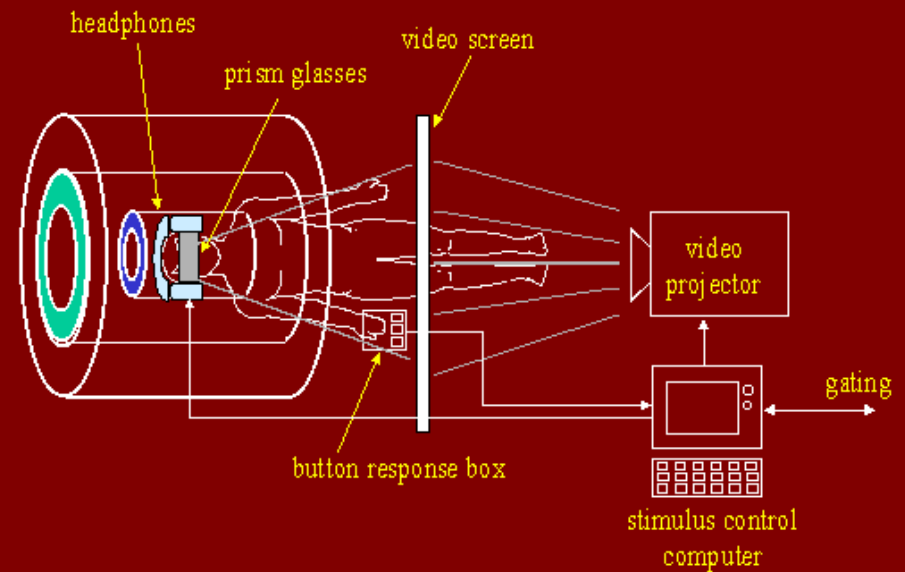


## MRI System Block Diagram



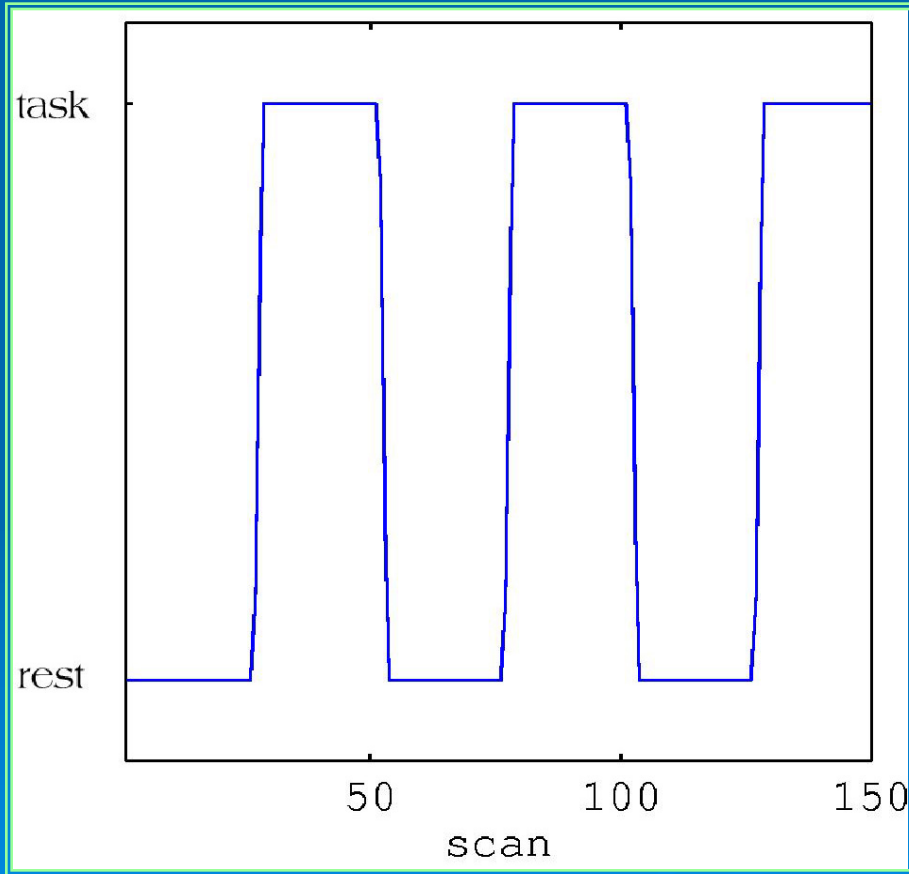
# How to do

## fMRI Additions

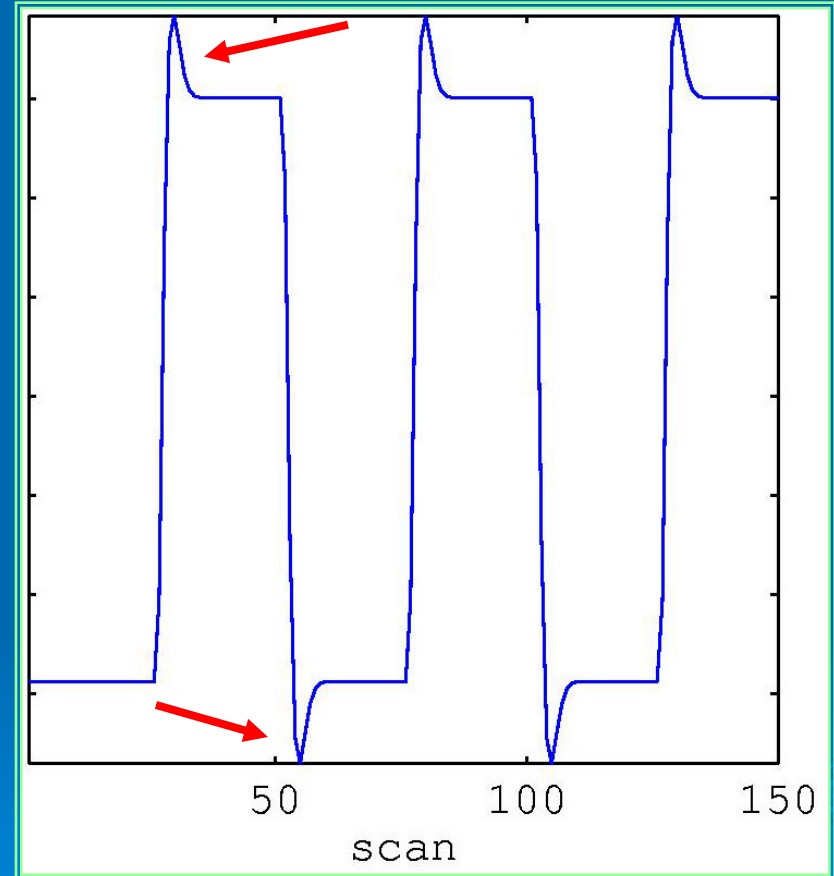




# Block protocol and BOLD signal

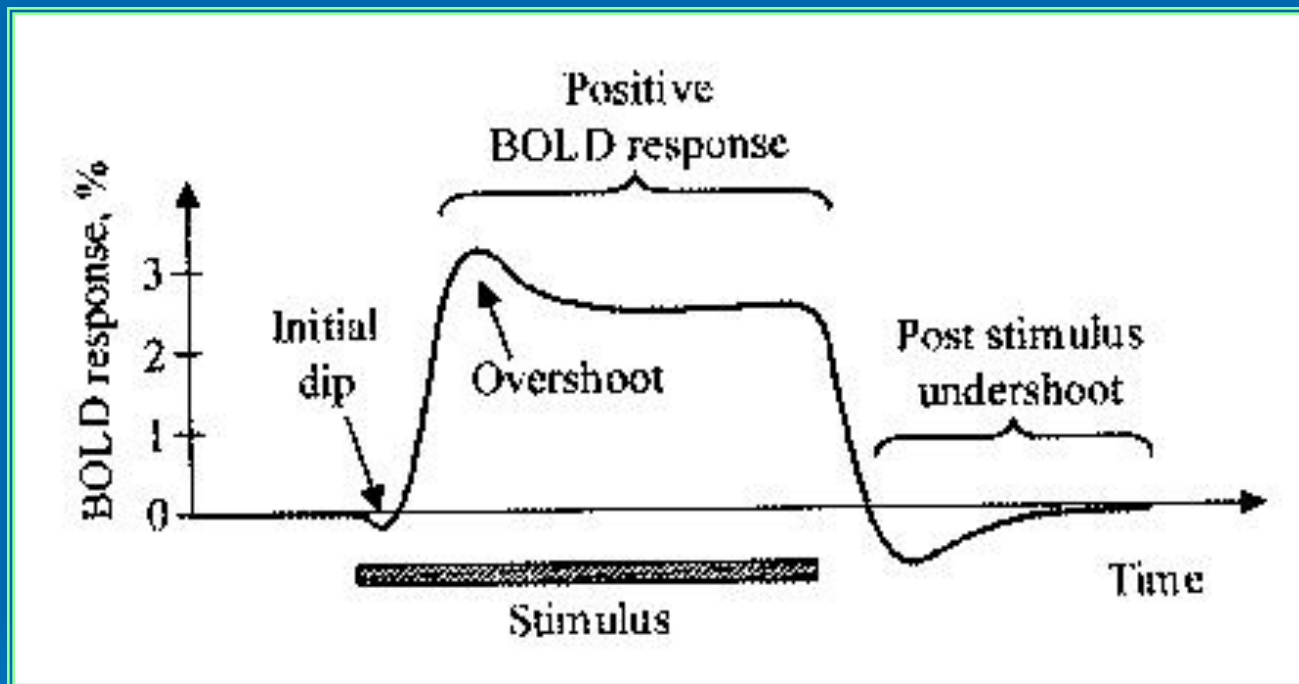


**Block protocol:  
Timing of the stimulus**



**BOLD signal:  
Signal intensity of a voxel  
during the scans (time)**

# Hemodynamic Response Function



## ✓ % signal change

- =  $(\text{point} - \text{baseline}) / \text{baseline}$
- usually 0.5-3%

## ✓ time to rise

signal begins to rise soon after stimulus begins

## ✓ time to peak

signal peaks 4-6 sec after stimulus begins

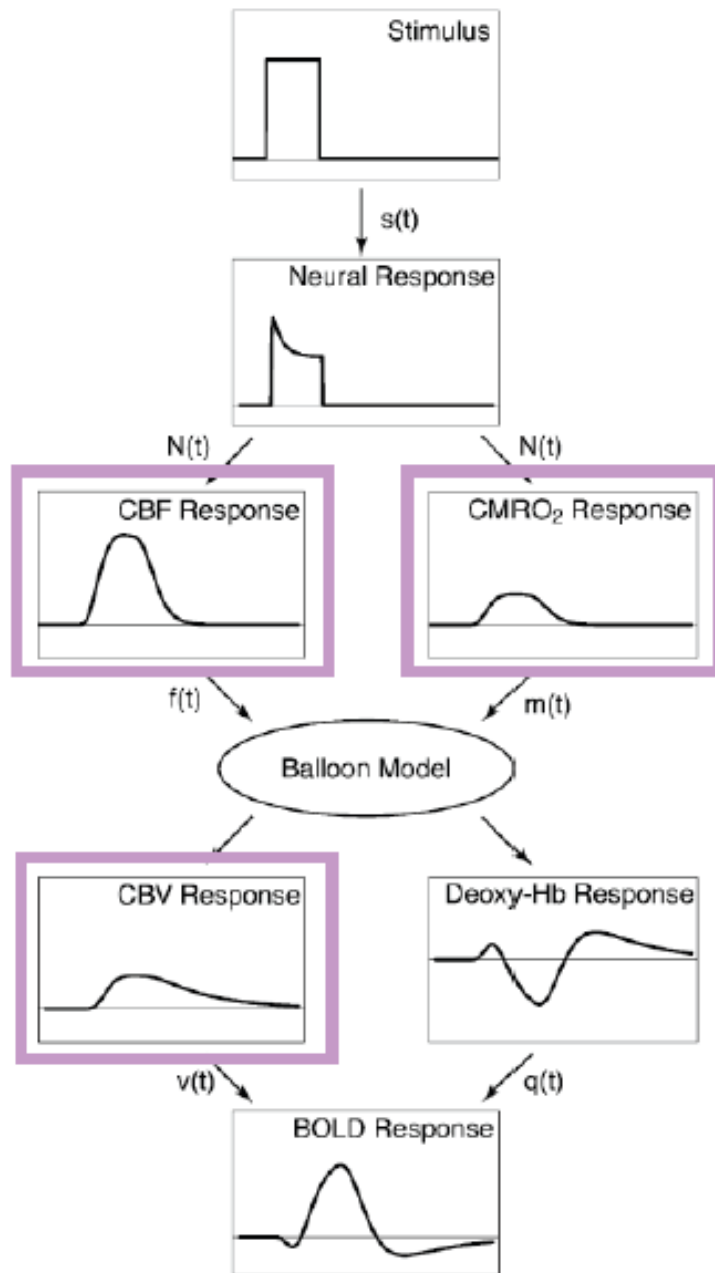
## ✓ initial dip

- more focal
- somewhat elusive so far

## ✓ post stimulus undershoot

signal suppressed after stimulation ends

# Dissecting BOLD



$$S_{\text{BOLD}} = f(\text{CBV}, \text{CBF}, \text{CMRO}_2)$$

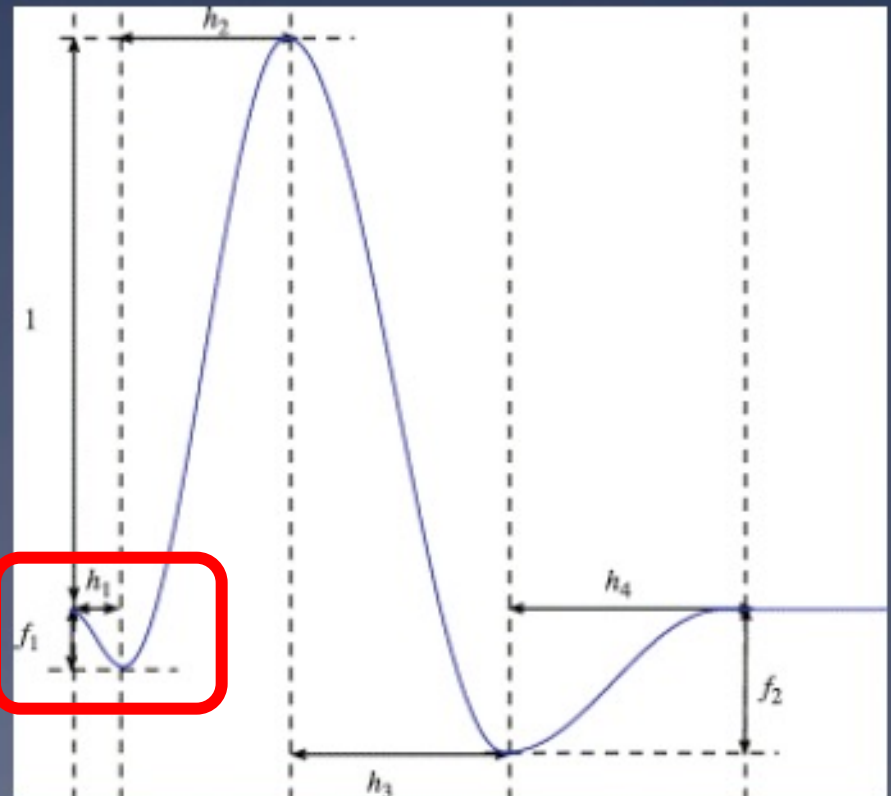
Purer measures of neuronal activity?

# FMRI Modelling: The Haemodynamic Response

- \* The stimulus is convolved with an assumed or modeled impulse response function, the haemodynamic response function (HRF), to give the assumed BOLD response

## ✓ initial dip

- more focal
- somewhat elusive so far



# HRF



The haemodynamic response to a stimulus is blurred and delayed

# Predicted Response

- \* The process can be modeled by **convolving** the activity curve with the HRF



HRF

Predicted neural activity

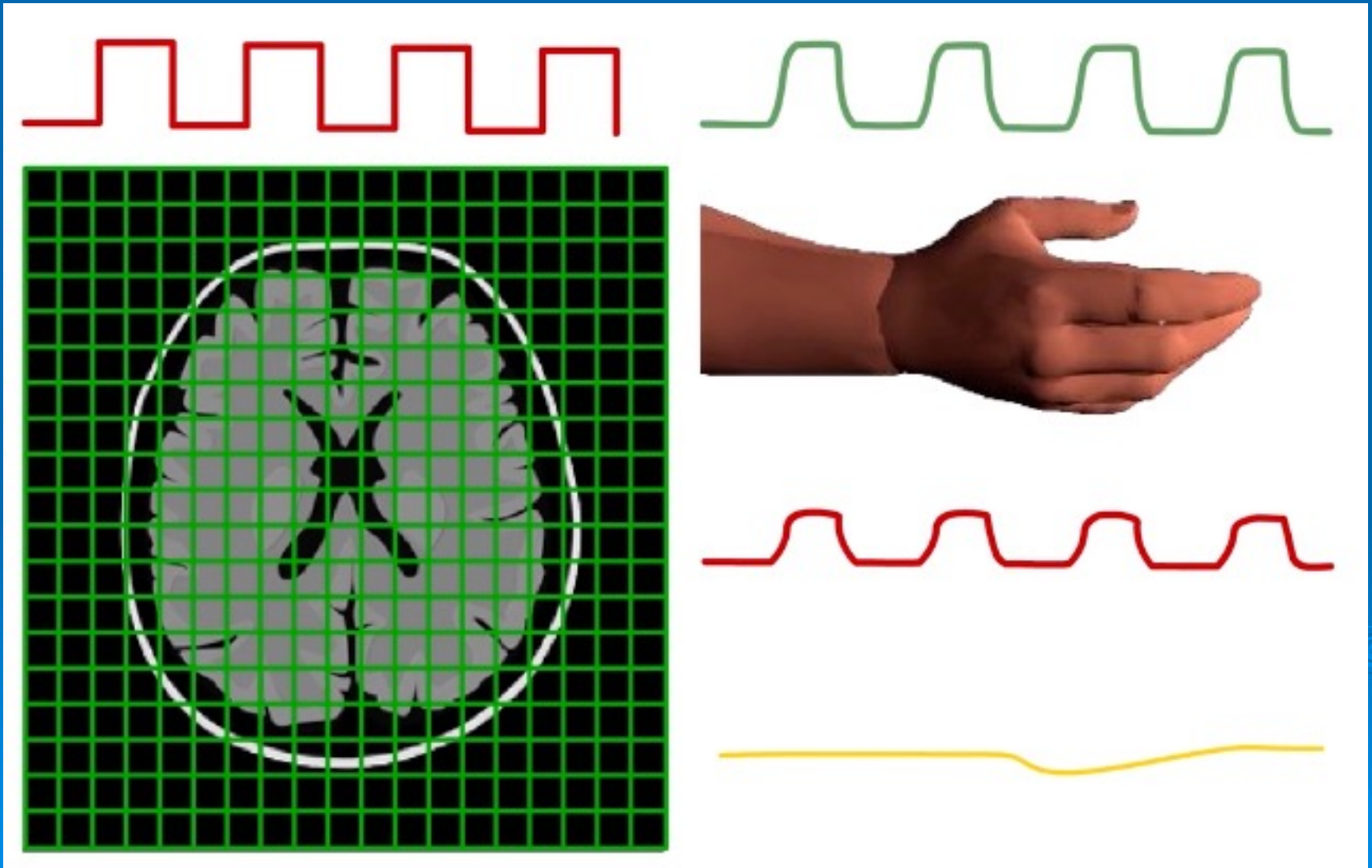
=



Predicted response



# fMRI modelling



# Statistical analysis

## GLM

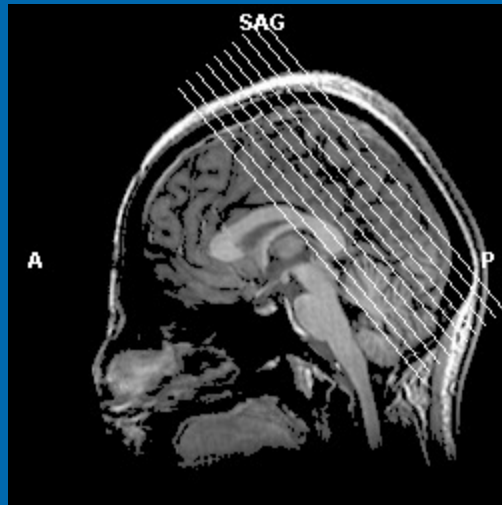
### General linear model

#### \* **Standard GLM Analysis:**

- \* Correlate model at each voxel separately
- \* Measure residual noise variance
- \* T-statistic = model fit / noise amplitude
- \* Threshold T-stats and display map
- \* Signals of no interest (e.g. artifacts) can affect both activation strength and residual noise variance
- \* Use pre-processing to reduce/eliminate some of these effects

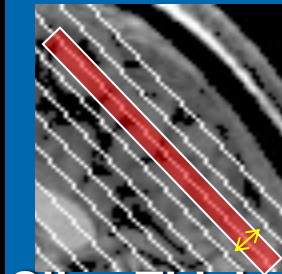


# Slice Terminology

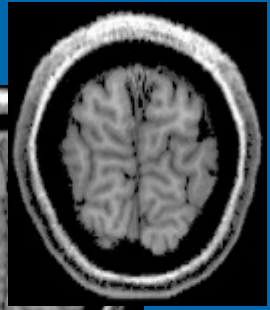


SAGITTAL SLICE

Number of Slices  
e.g., 10

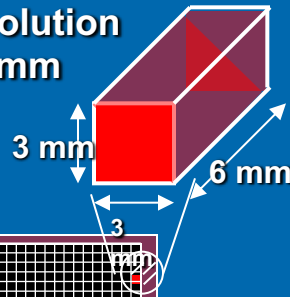


Slice Thickness  
e.g., 6 mm

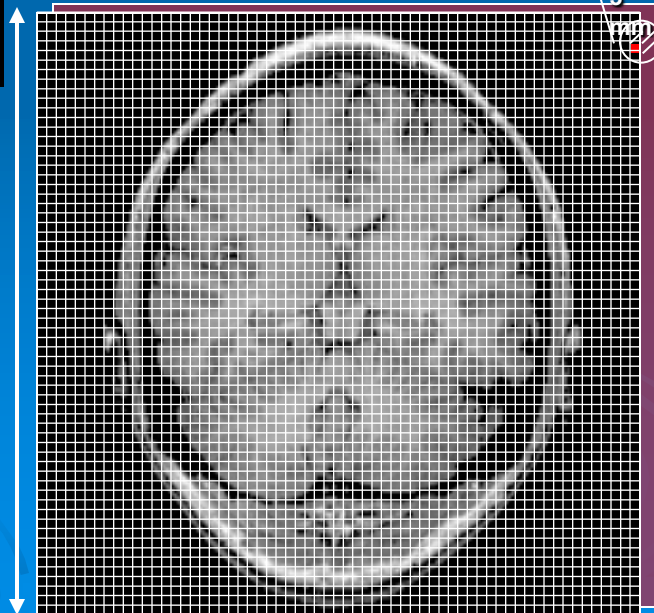


VOXEL  
(Volumetric Pixel)

In-plane resolution  
e.g., = 3 mm



IN-PLANE SLICE



Matrix Size  
e.g., 64 x 64

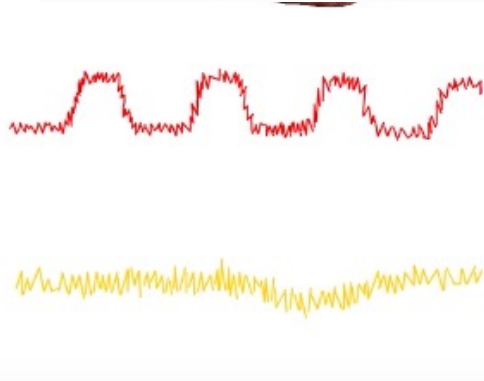
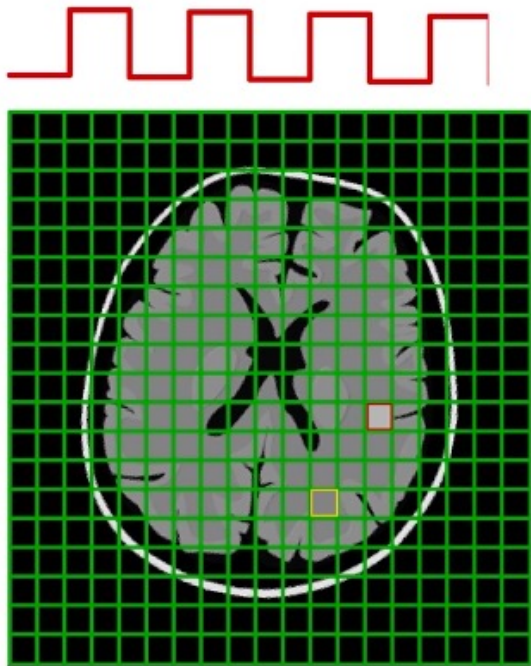
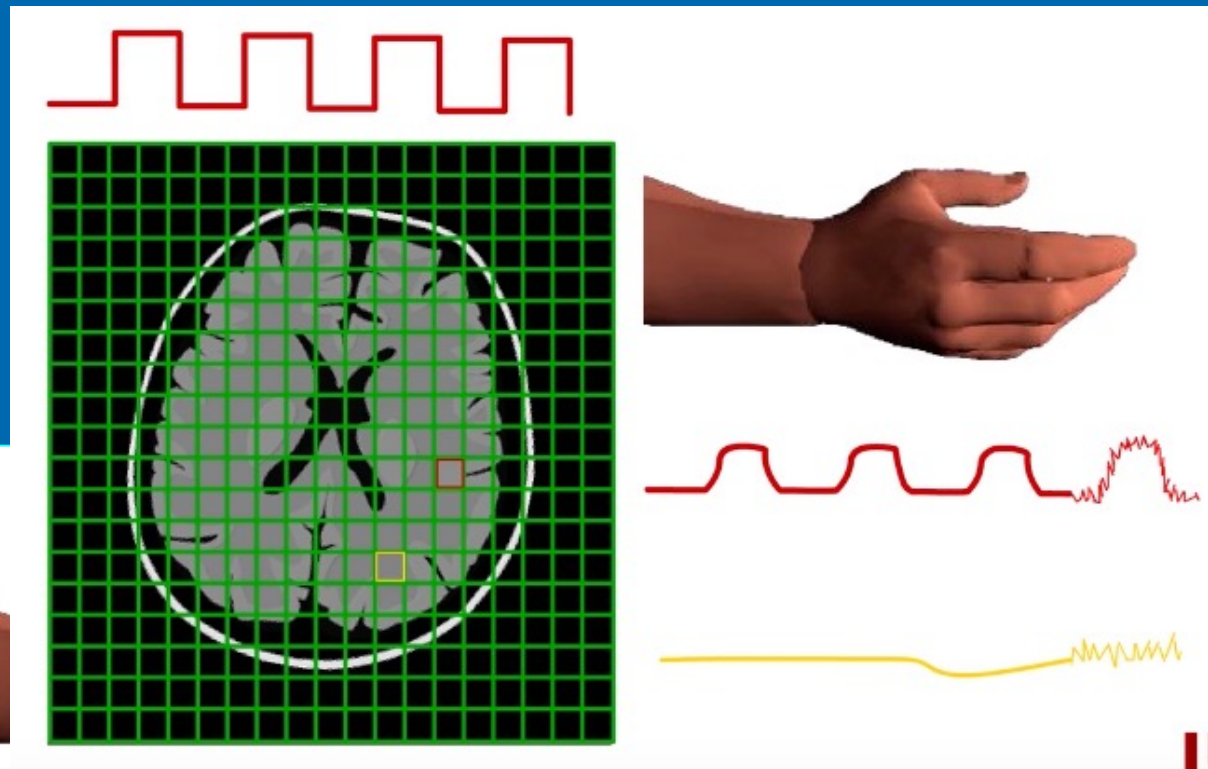
# Statistical analysis

## GLM

### General linear model

- \* **Standard GLM Analysis:**
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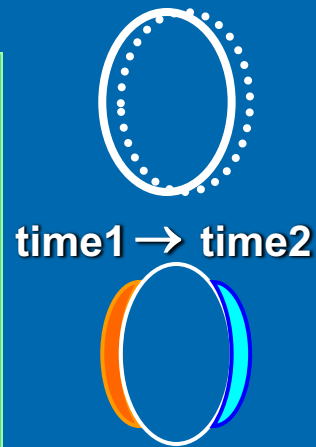
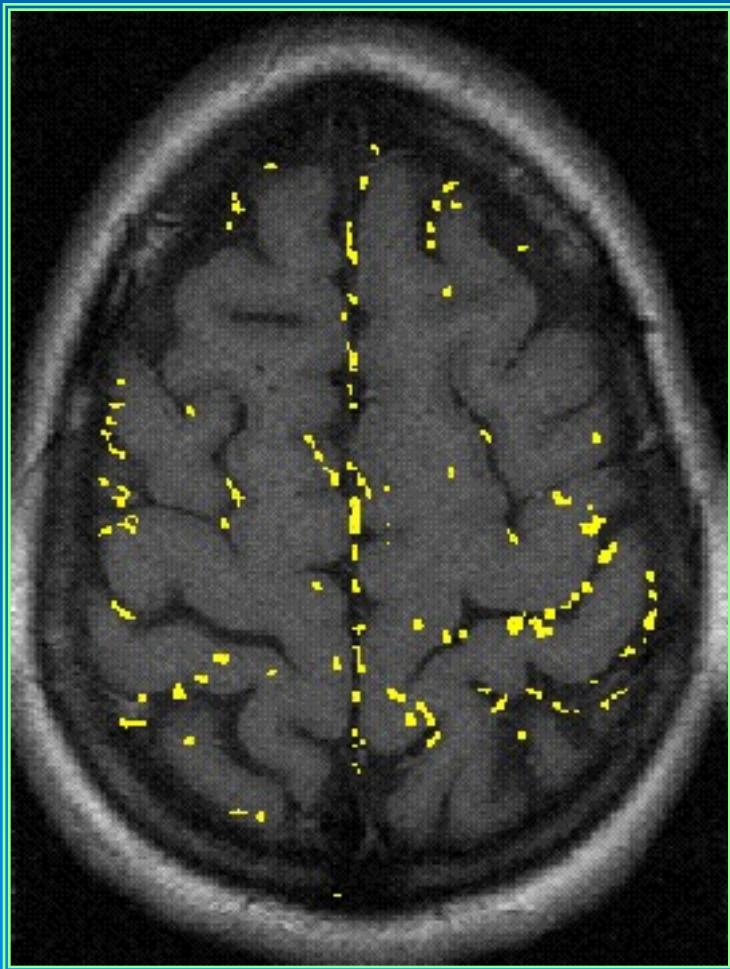
# fMRI pre-processing





# Head Motion: Main Artifact

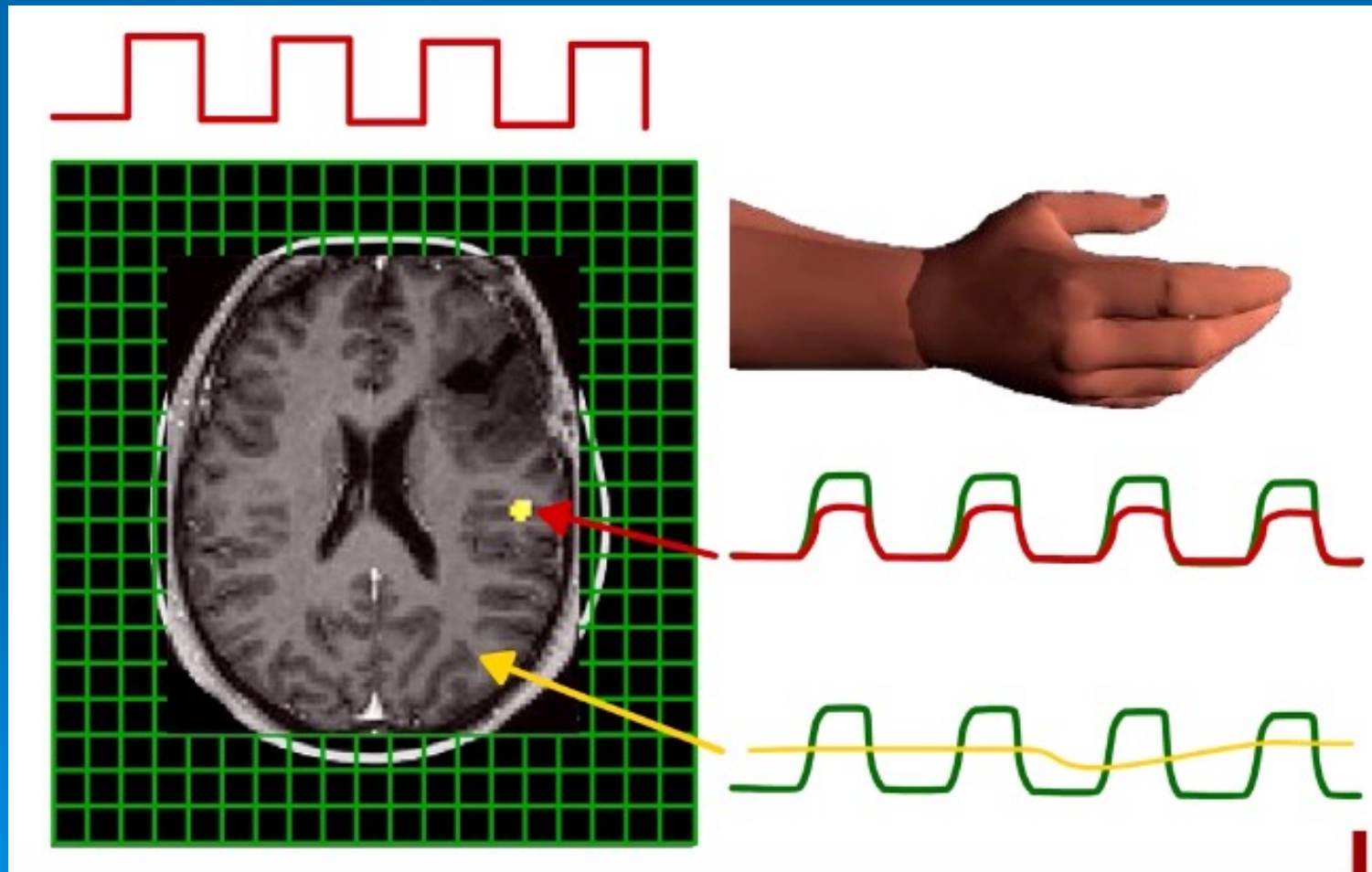
before registration



after registration

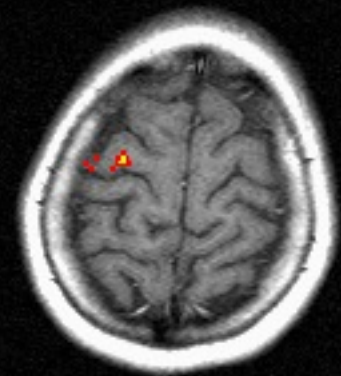
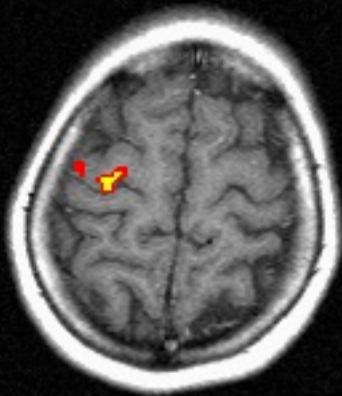
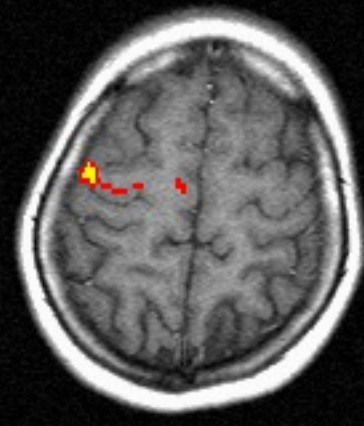
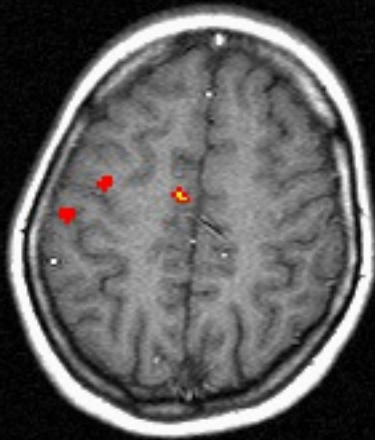


# fMRI processing and display

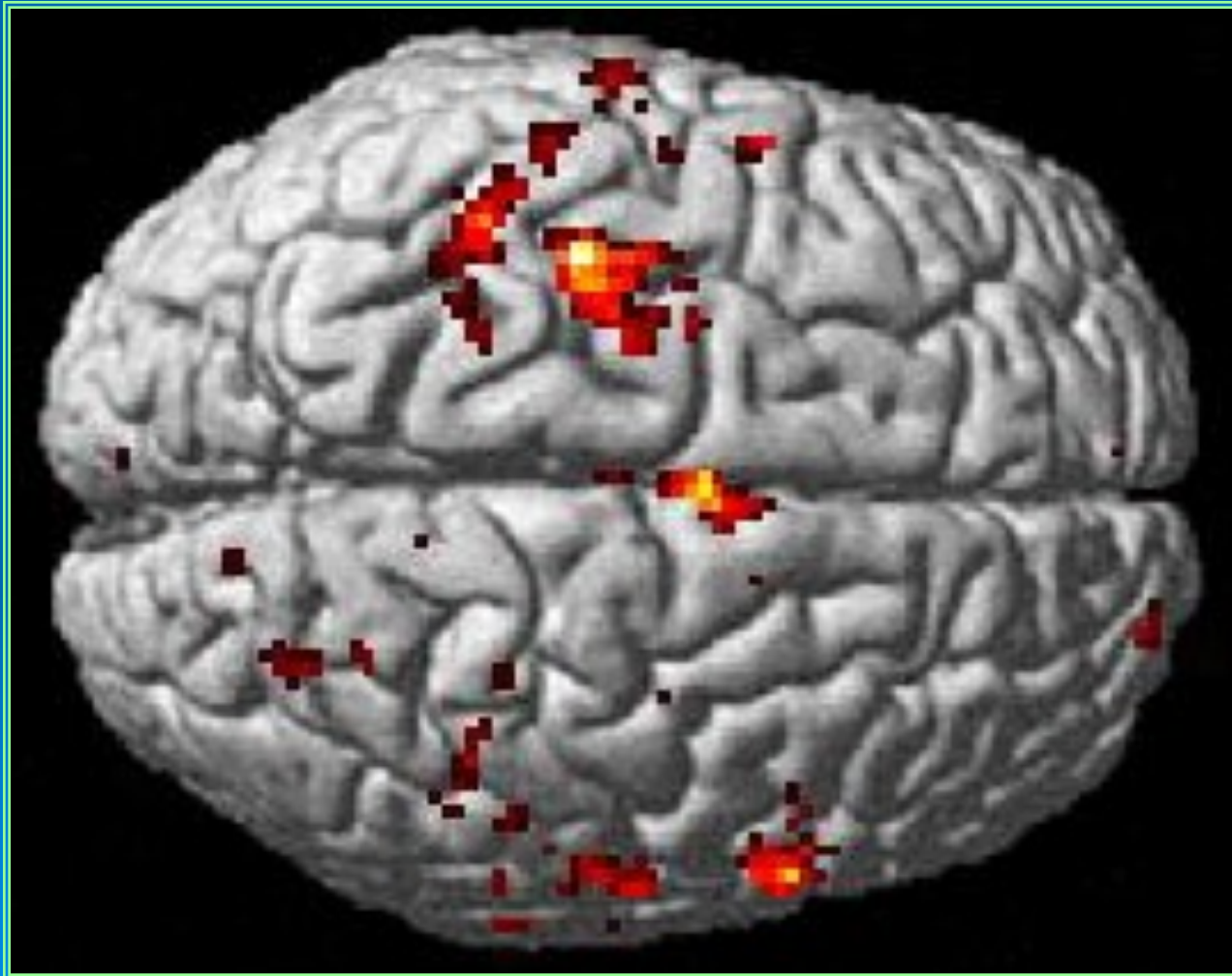




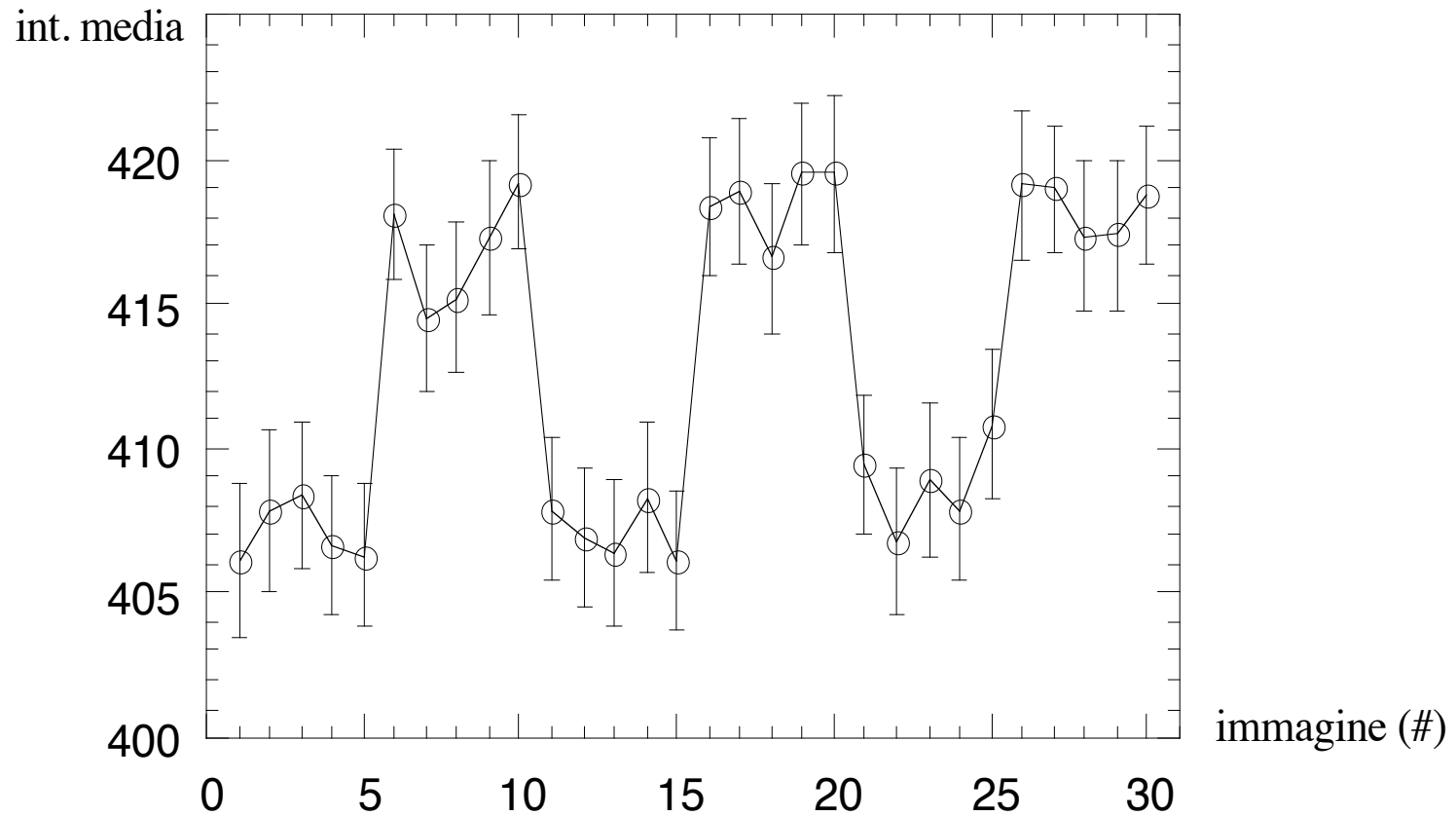
# Finger tapping



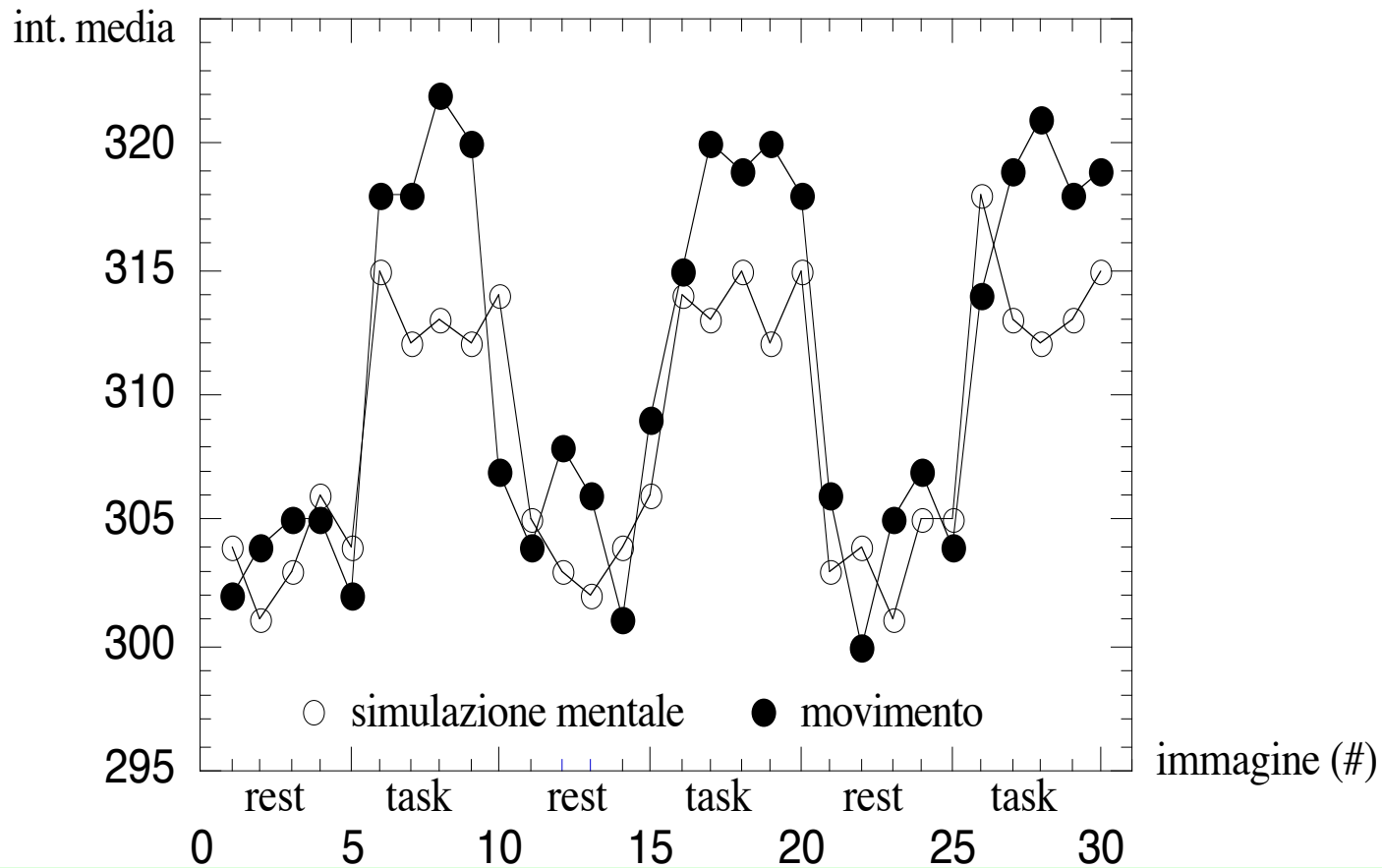
# Finger tapping dx con comando acustico



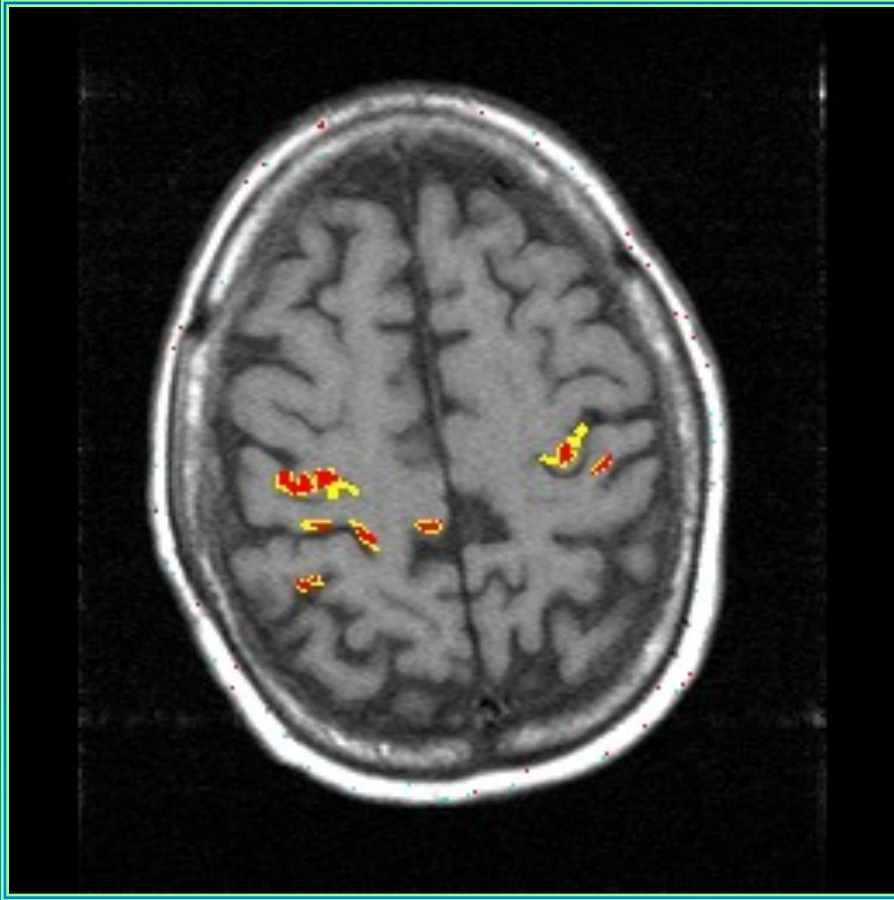
# Experimental results



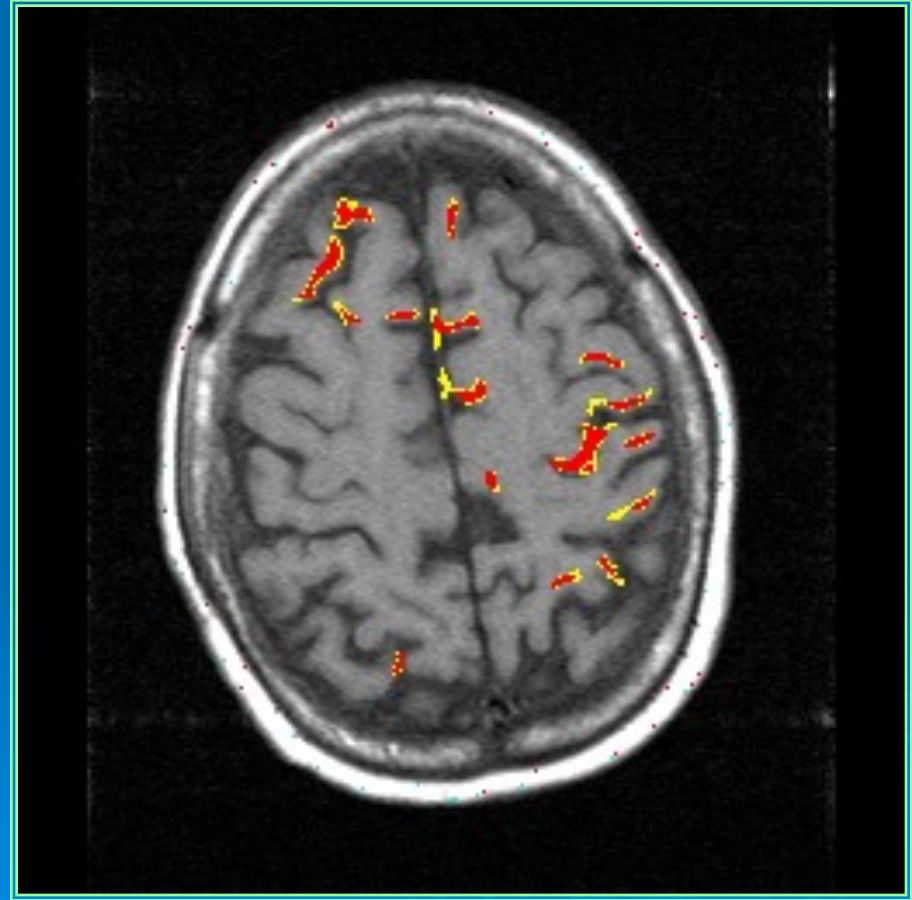
# Task vs. imaginary task (finger tapping)



# Finger tapping



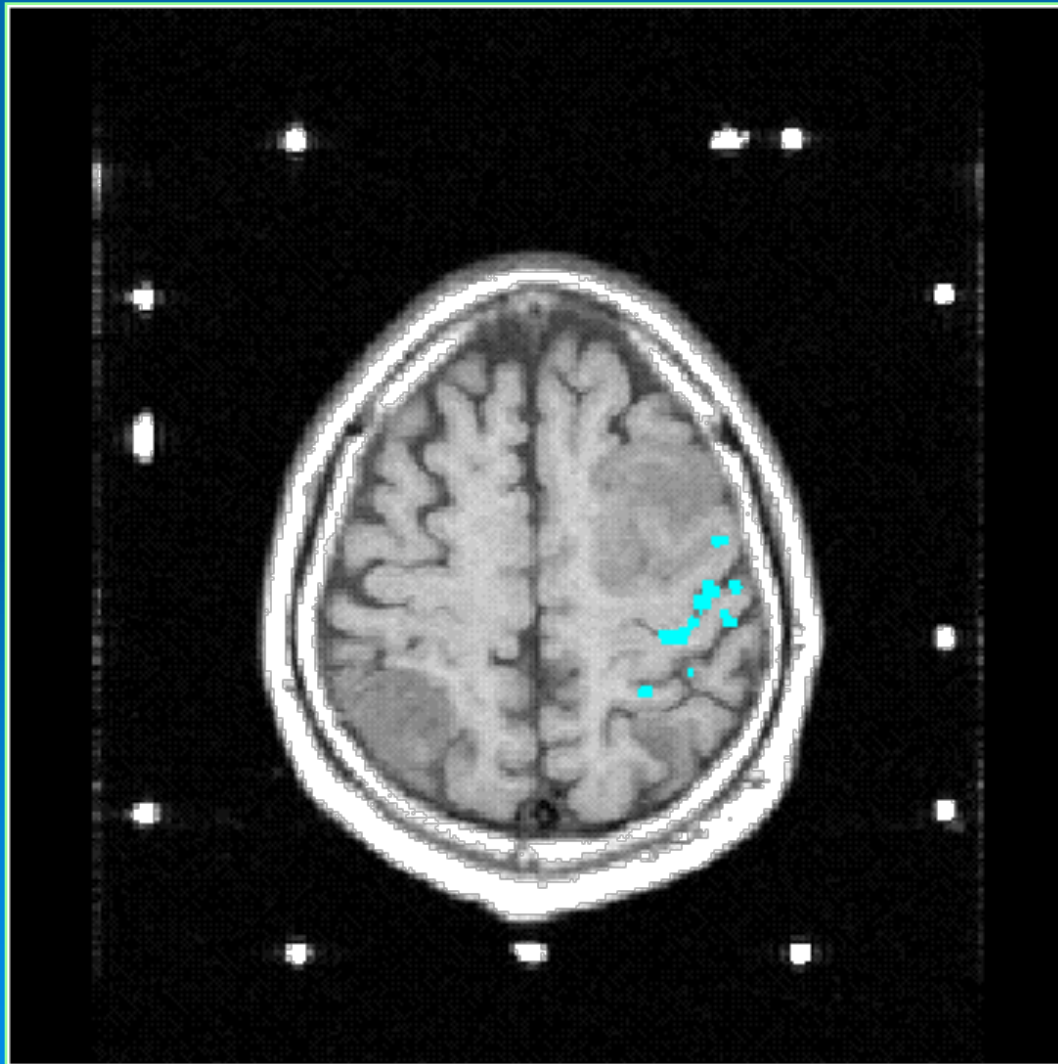
**Left hand**



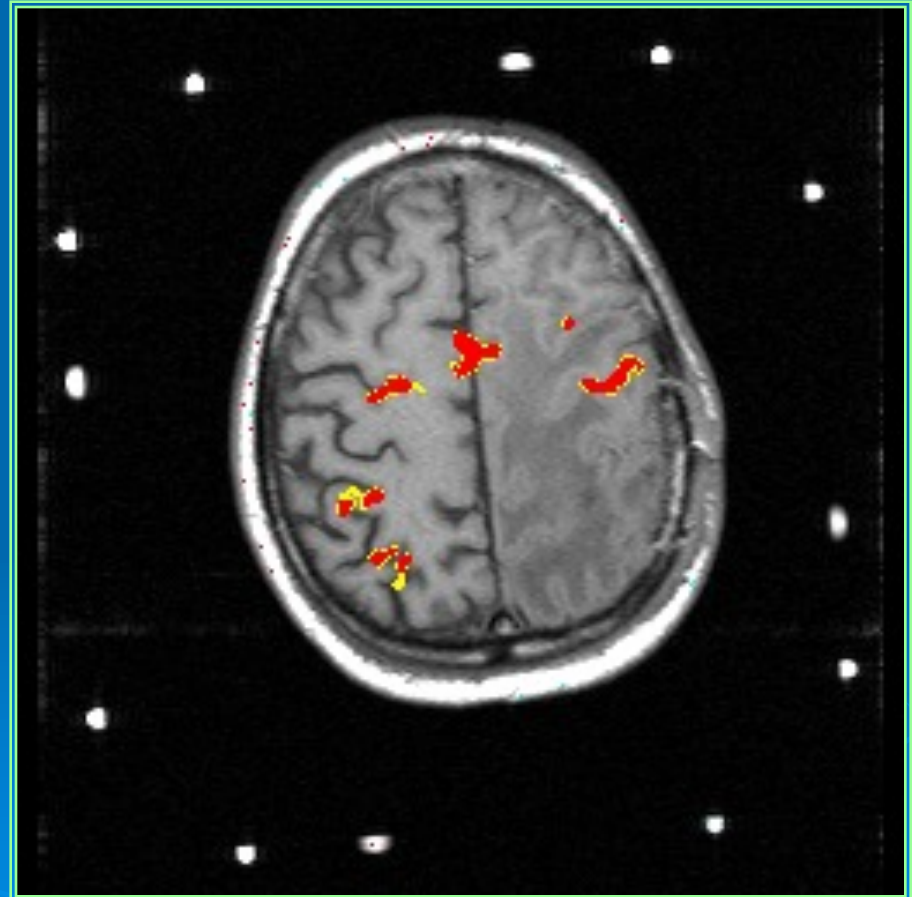
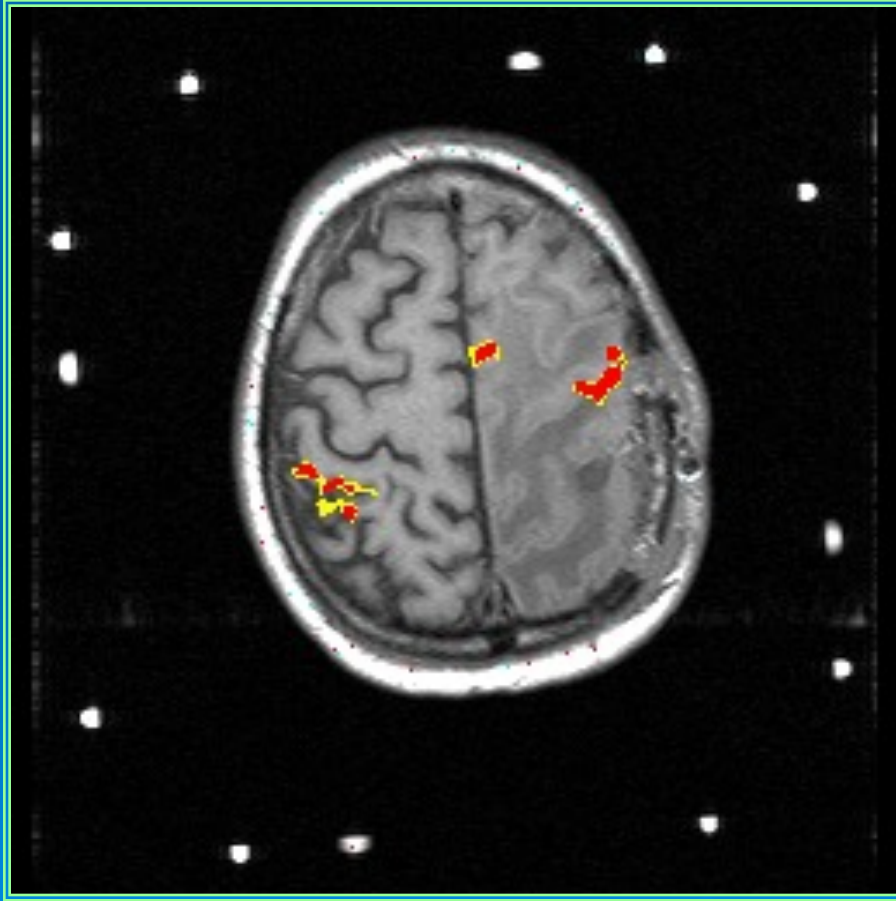
**Right hand**



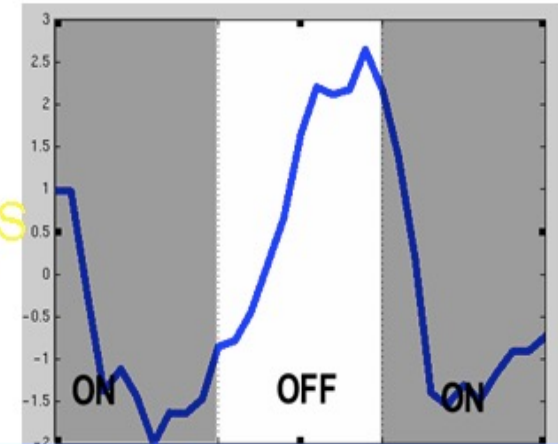
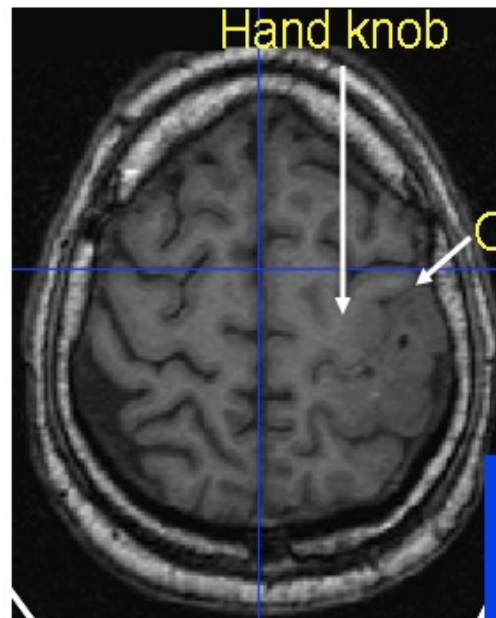
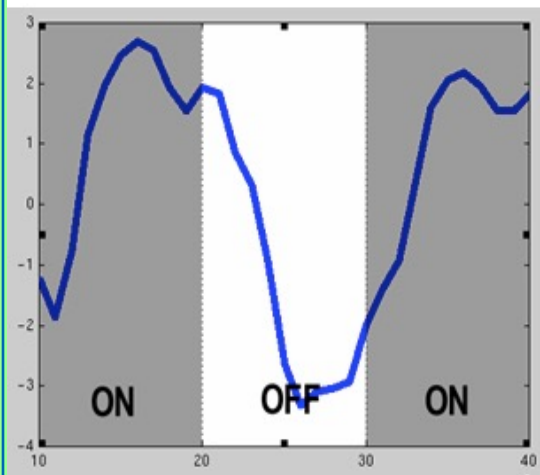
# Clinical applications: stereotactic surgery



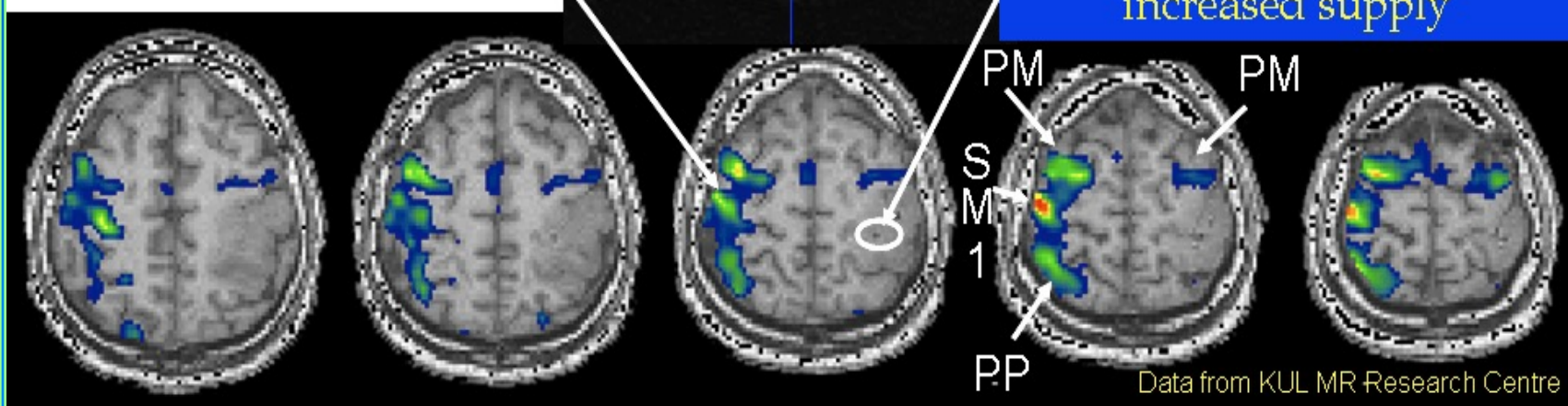
# Clinical applications: stereotactic surgery



# Inverted BOLD in tumor



“Inverted BOLD” :  
Oxygen extraction without  
increased supply



**Calendar neuroimaging**  
**prof. Renata Longo and prof. Maja Ukmar**

***High Field Magnetic Resonance  
in Neuroscience***

**Thursday 14 December 4 pm**

**dr Gisela Hagberg**  
***Max Planck Institute for Biological Cybernetics***  
***Tübingen, Germany***



# Functional imaging summary

Functional imaging methods are based on acquiring MR images at different states of the function: the changes are assumed related to the function

## ➤ Cardiac function:

- the heart are imaged at several phases of the cardiac cycle and the ventricular and atrial volumes are measured as a function of cardiac phase
  - by means of cardiac-gated acquisition



# Functional imaging

- In fMRI images of the brain, brainstem, and/or spinal cord are acquired at different states of neural function
- Any regions of the central nervous system that change in the images between the two states are assumed to be somehow involved with the function that was varied

# fMRI

The essential steps to create maps of neural function out of the MRI methods are:

- to repeatedly acquire images over time in order to describe a time series
- to make the MRI signal intensity depend on neural activity
  - BOLD contrast
  - Other contrast mechanisms

# fMRI

Images are acquired multiple times while the person being studied performs tasks to systematically vary the neuronal activity

- time series
- type of task:  
cognitive, sensory,  
motor, etc

The primary limitation of fMRI is that it can only show differences in neural function between states