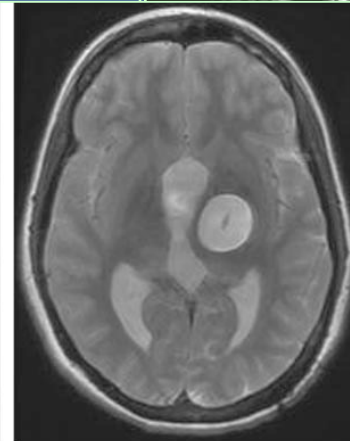
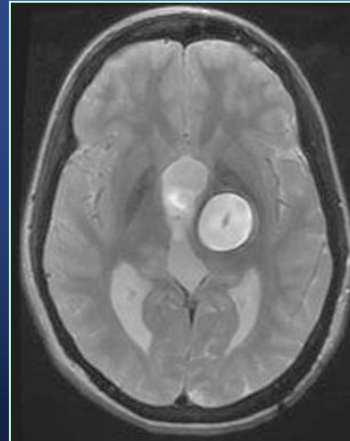
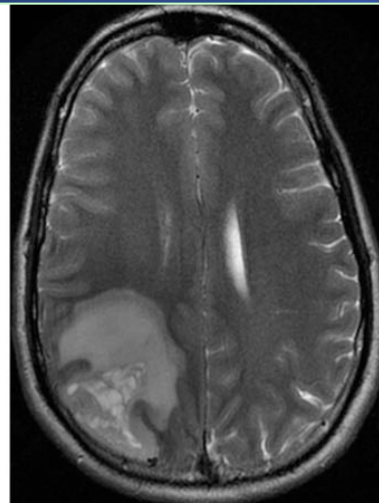
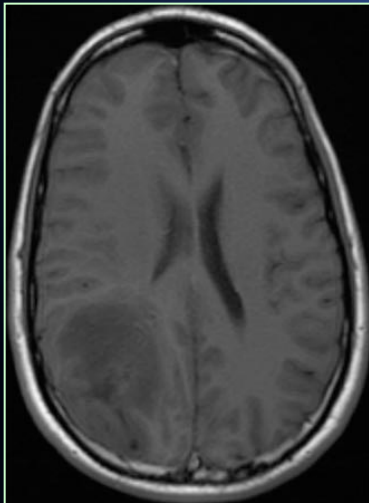
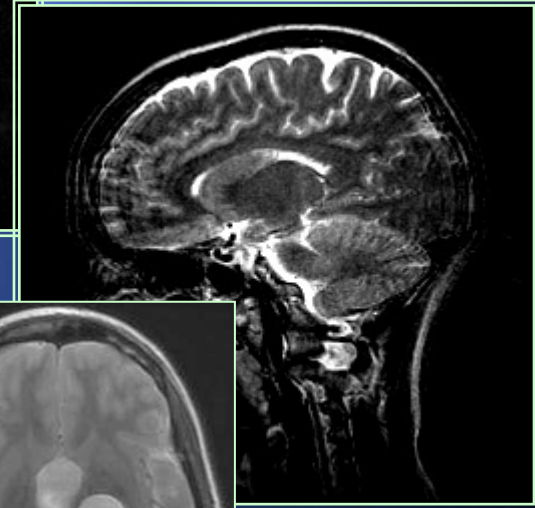
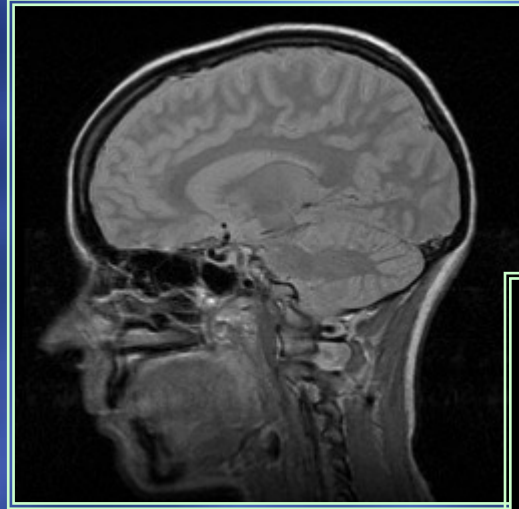
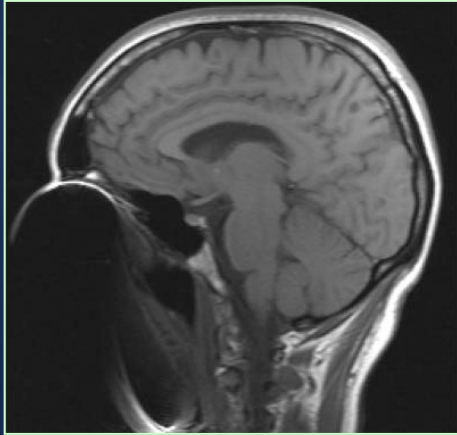


# ***PULSE SEQUENCES AND CONTRAST MANIPULATION***



b.

c.

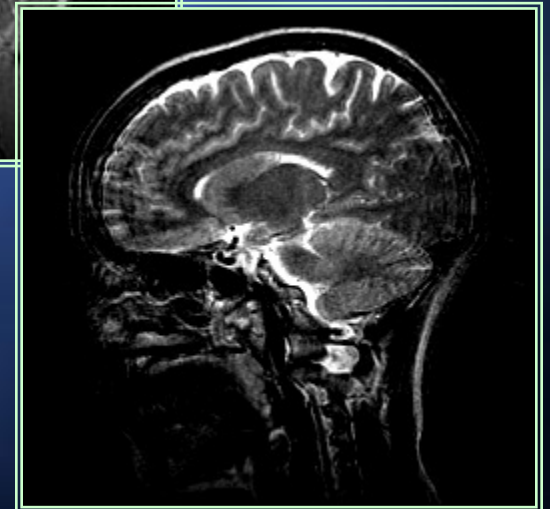
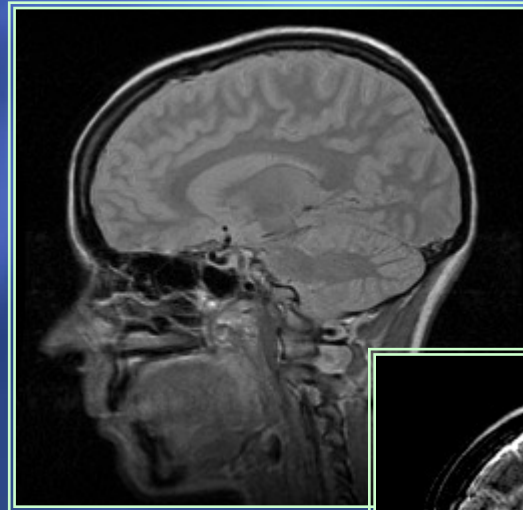
a.

b.

# *Image contrast in MRI*

✓ Parameters of the image sequence that affect image **contrast** and SNR

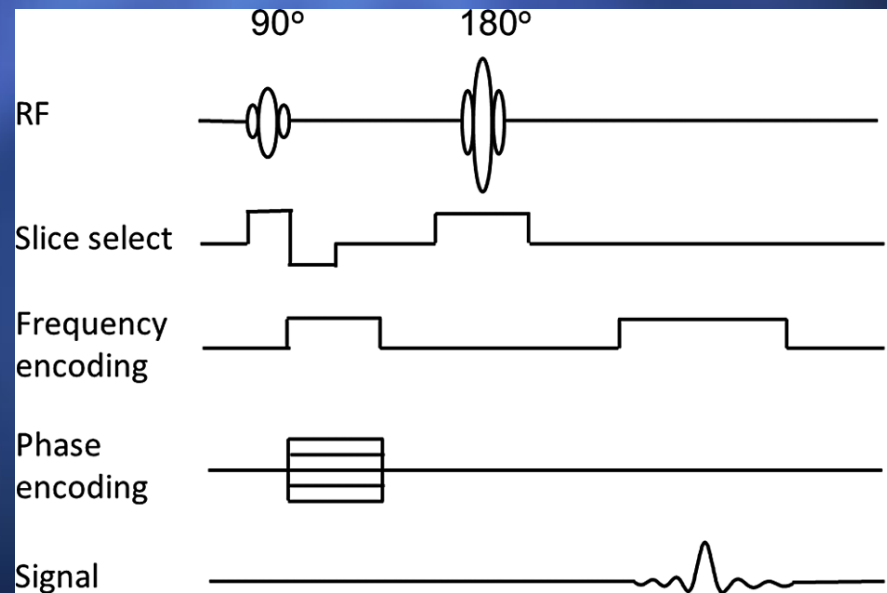
- **Echo time**
  - ❖ TE
- **Repetition time**
  - ❖ TR
- **Voxel dimensions**
  - ❖ FOV
  - ❖ Nx & Ny
  - ❖ Slice thickness



# *Pulse Sequence*

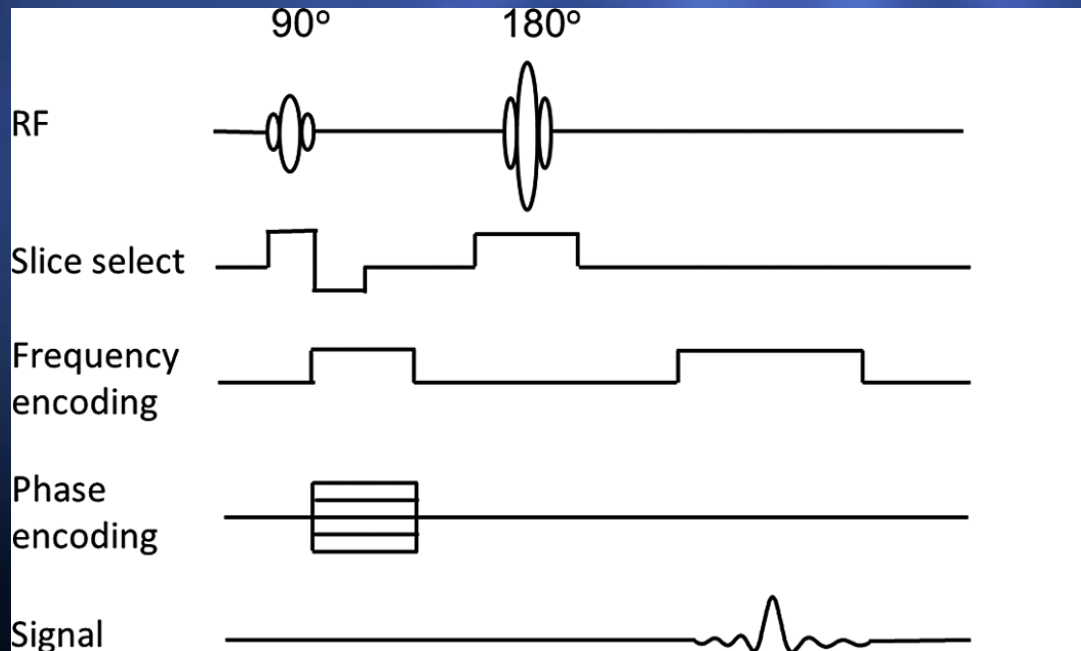
✓ The properties of the RF pulses and gradients determine the geometrical properties of image

- the slice thickness
- field of view
- spatial resolution



# ***PULSE SEQUENCES AND CONTRAST MANIPULATION***

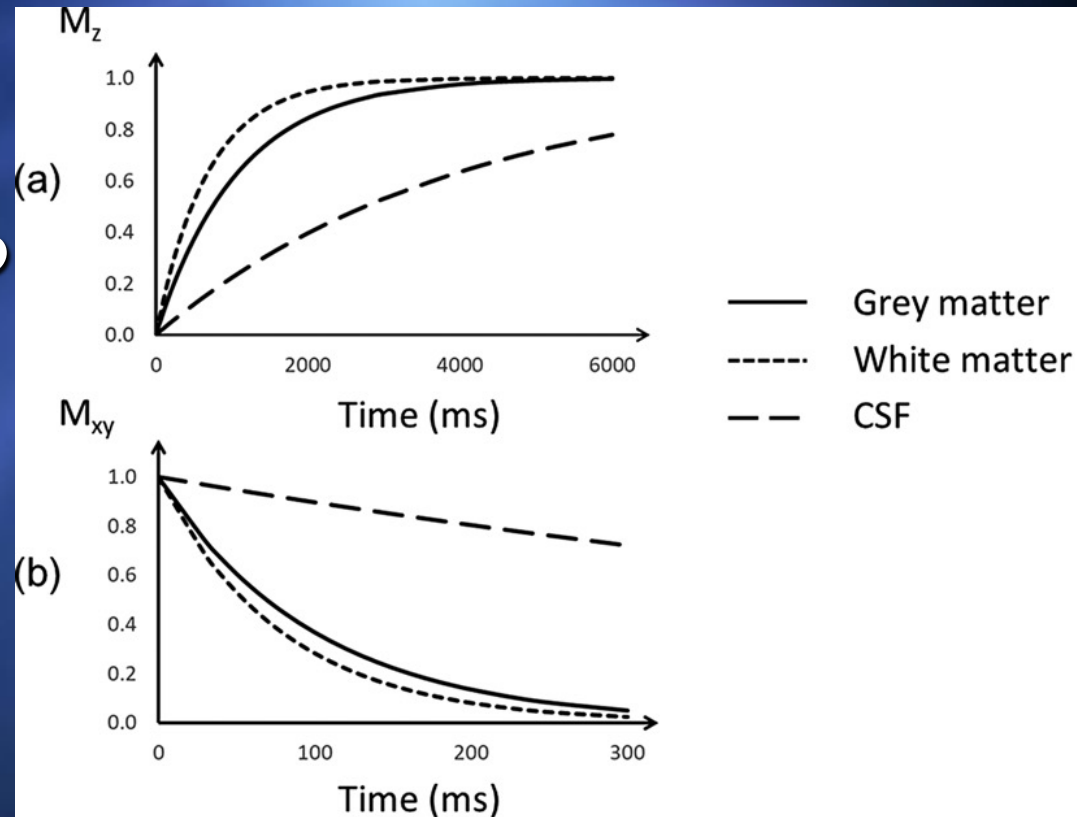
the contrast between different structures is manipulated by modifying the pattern and timing of RF and gradient pulses



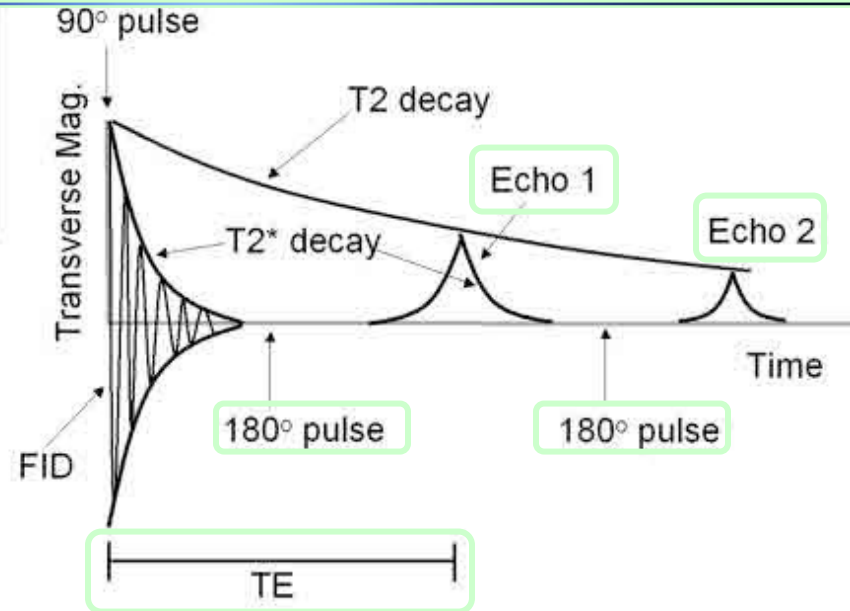
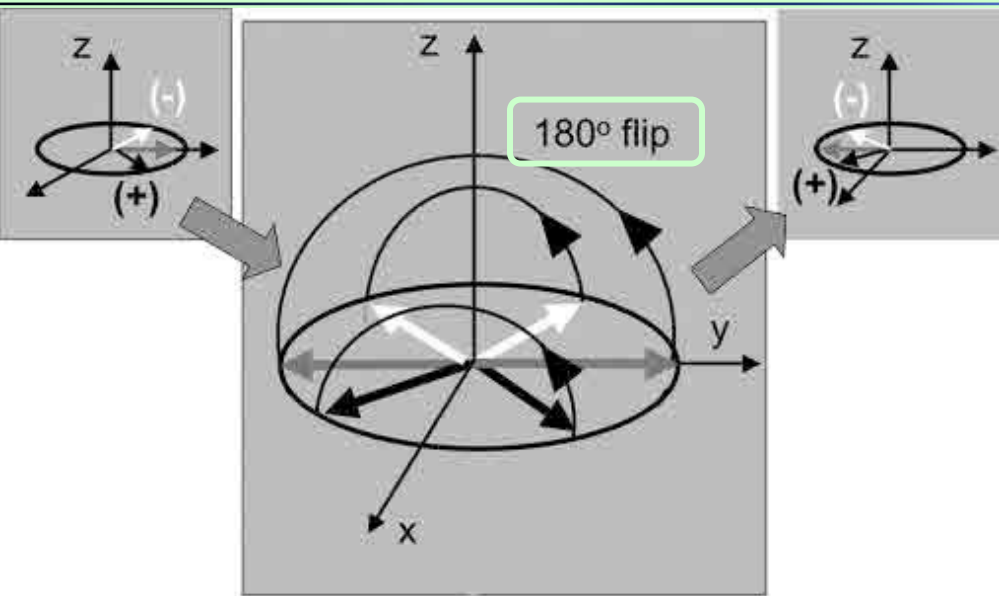
# Tissue characterizations

- ✓ Tissues are different in  $T_1$ ,  $T_2$  and protons density  $\rho$
- ✓ A set of images recording  $T_1$ ,  $T_2$  and  $\rho$  weighted images allows tissues recognition
- ✓ The contrast is a function of a lot of parameters

- with different weights



# Contrast Manipulation in the Spin-Echo Pulse Sequence



$$S(TE) = M_{z0} e^{-TE/T_2}$$

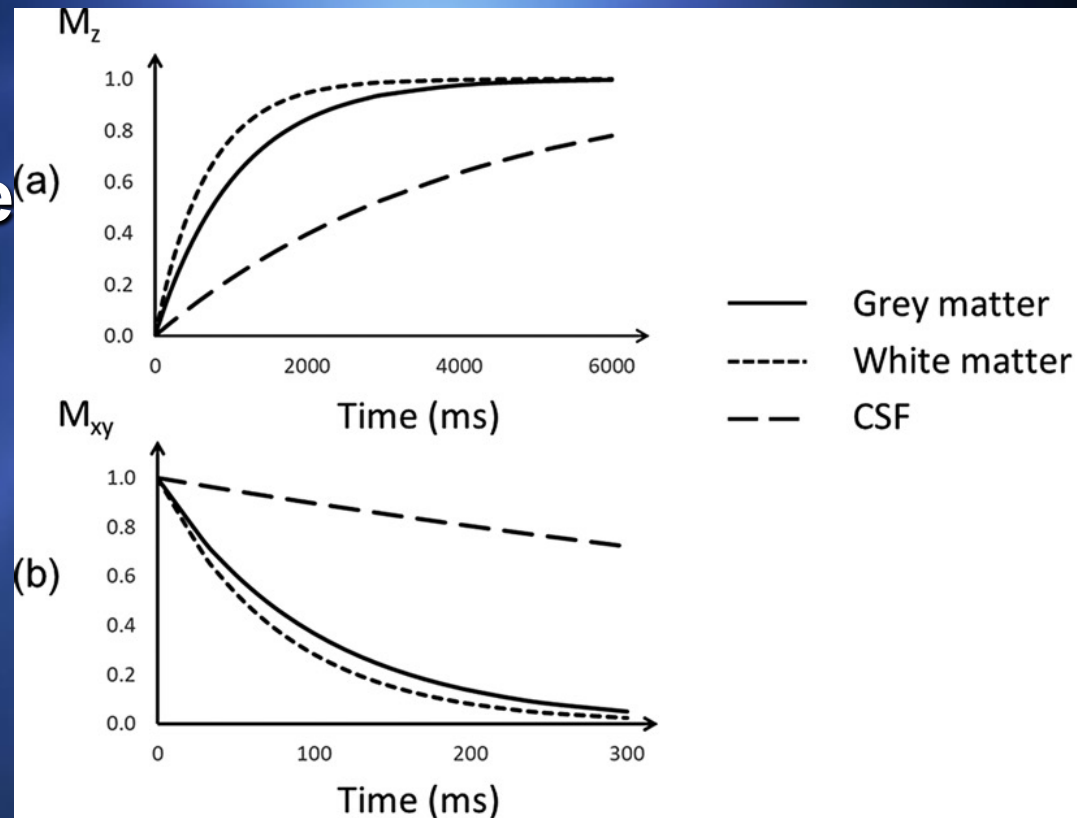
16.

17.

# Contrast Manipulation in the Spin-Echo Pulse Sequence

✓ To maximise the contrast between grey matter and white matter a  $T_E$  of around 90 ms is a good choice

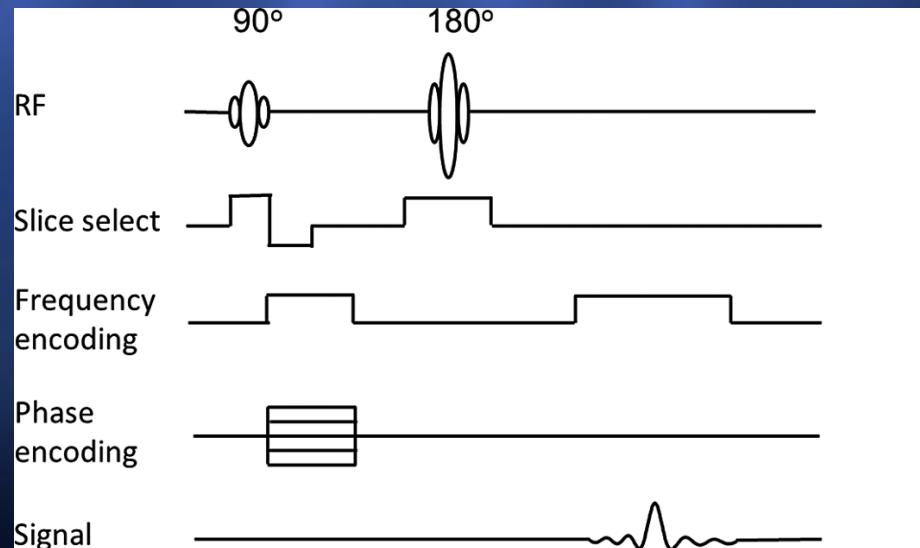
✓ At very long  $T_E$  values there is very little signal from grey or white matter, and the image is dominated by CSF



*As a general rule, optimal  $T_2$  contrast occurs if the  $T_E$  is set equal to the mean of the  $T_2$  values of the tissues of interest*

# Contrast Manipulation in the Spin-Echo Pulse Sequence

- ✓ Repetition time  $T_R$ : The interval between successive  $90^\circ$  pulses during the series
- ✓ During  $T_R$  longitudinal magnetisation  $M_z$  undergoes  $T_1$ -recovery
- ✓ Recovery is essentially complete at  $T_R = 5T_1$ 
  - $M_z = 0.993|M|$



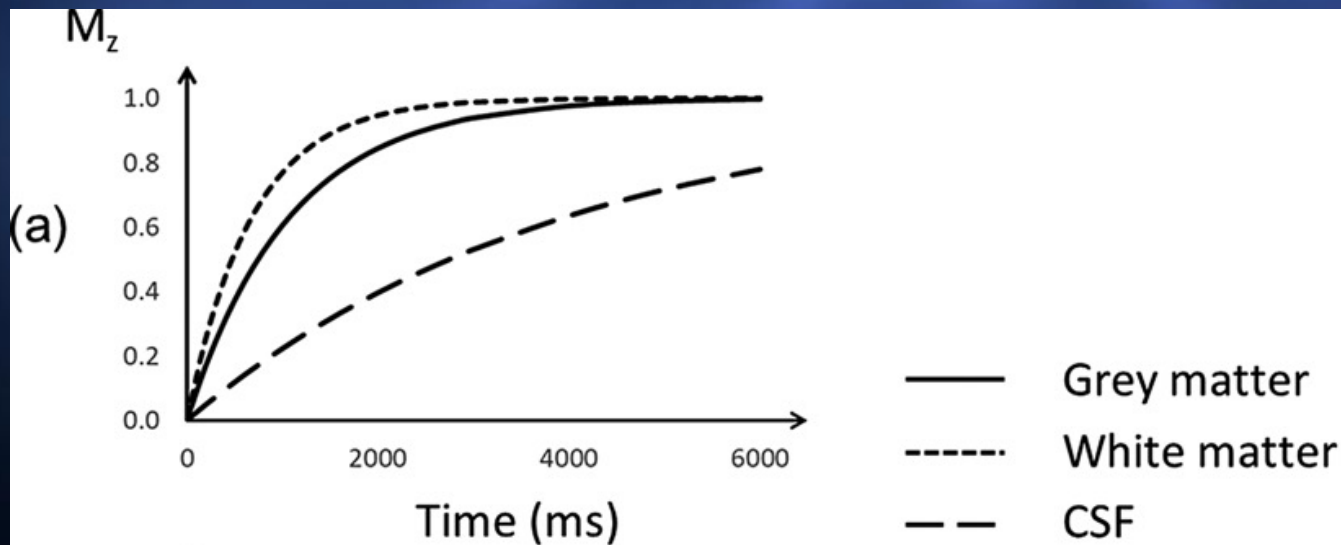


# Contrast Manipulation in the Spin-Echo Pulse Sequence

- ✓ If  $T_R < 5T_1$ , then the amount of  $M_z$  recovered for a specific tissue will be

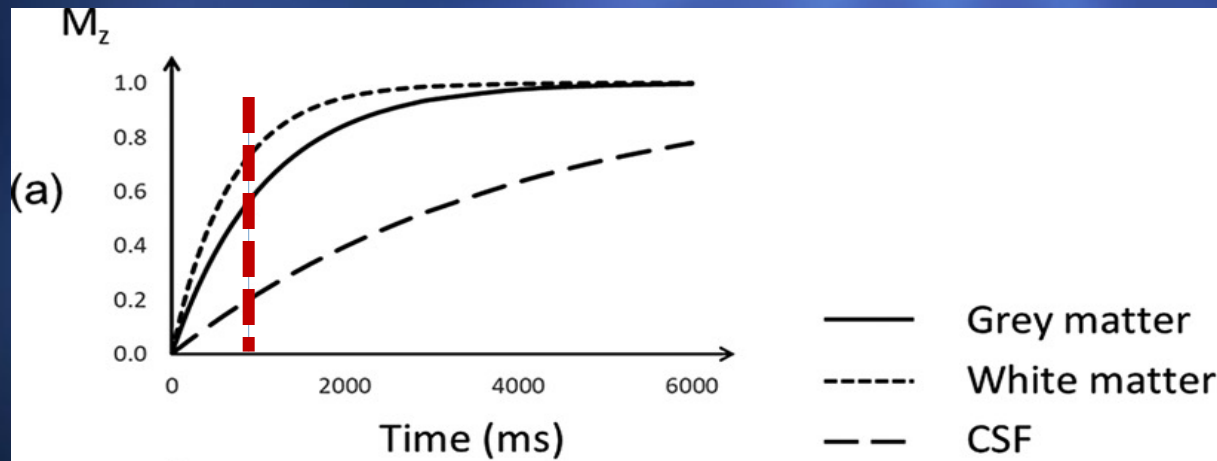
$$M_z = |M| \left( 1 - e^{-\frac{t}{T_1}} \right)$$

- ✓ resulting in recovery of different amount of  $M_z$  in different tissues



# Contrast Manipulation in the Spin-Echo Pulse Sequence

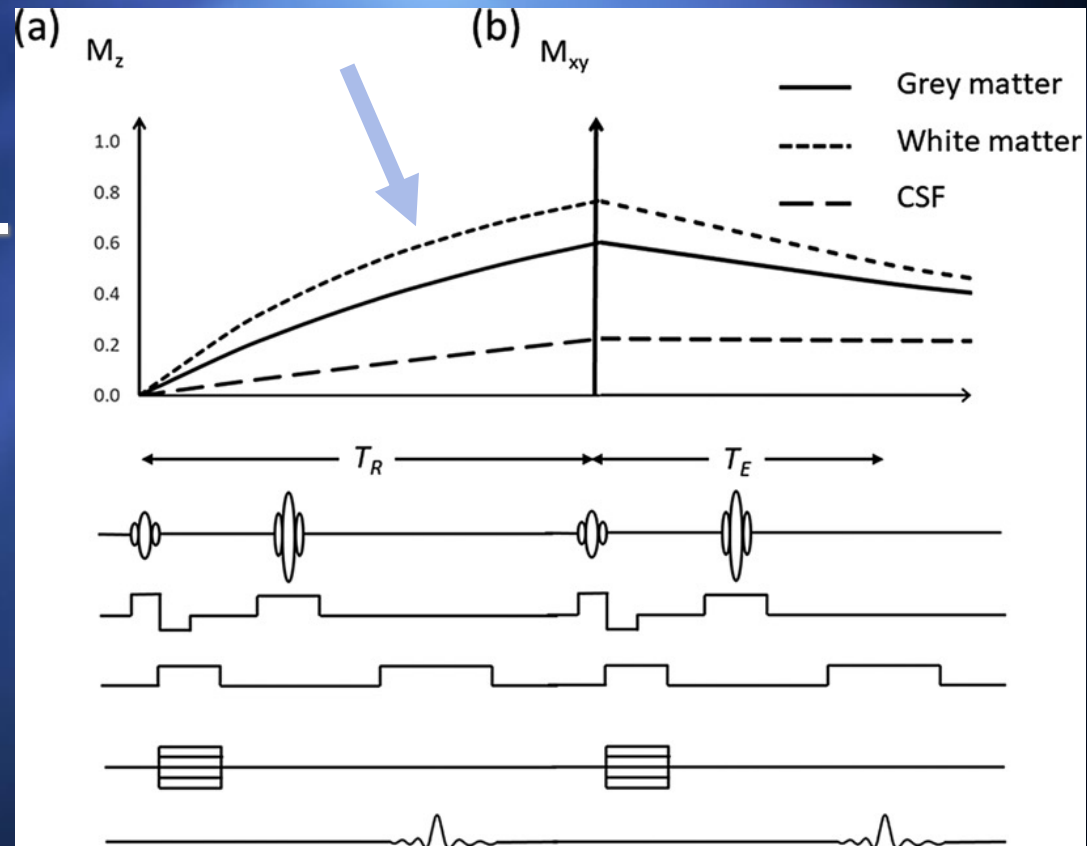
- ✓ The maximum difference in recovery between grey matter and white matter in the figure occurs at a  $T_R$  value of about 850 ms
  - the mean of the T1 values of the two tissues



the amount of  $M_z$  that has recovered in a specific tissue at  $T_R$  determines the amount of  $M_{xy}$  that will be generated by the  $90^\circ$  pulse

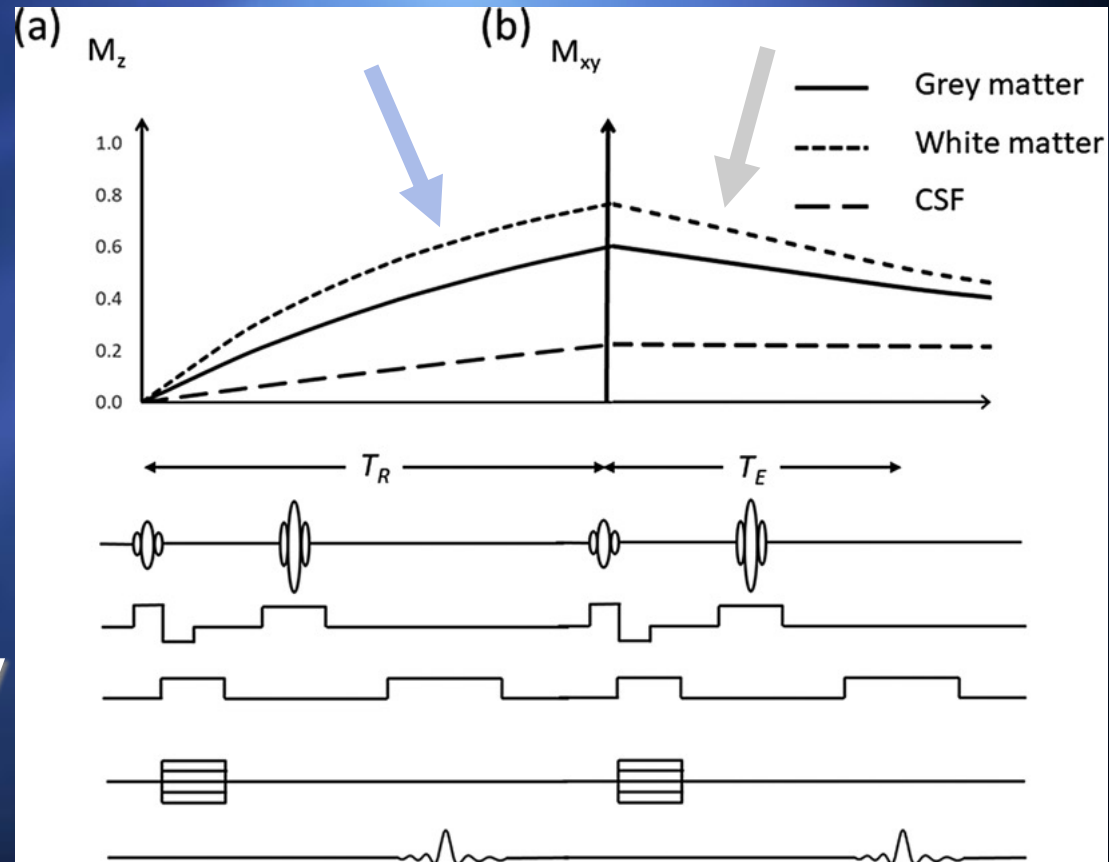
# Contrast Manipulation in the Spin-Echo Pulse Sequence

- ✓ development of  $T_1$ - and  $T_2$ - weighting over 2 consecutive repetitions of a spin-echo pulse sequence
- ✓ During the first repetition  $M_z$  is reduced to 0 by the initial  $90^\circ$  pulse and then recovering through  $T_1$  relaxation



# Contrast Manipulation in the Spin-Echo Pulse Sequence

- ✓ During the second repetition the  $90^\circ$  pulse in this repetition of the sequence converts the  $M_z$  that was present at  $T_R$  into  $M_{xy}$ , which undergoes  $T_2$  decay
- ✓ An echo signal is collected at  $T_E$

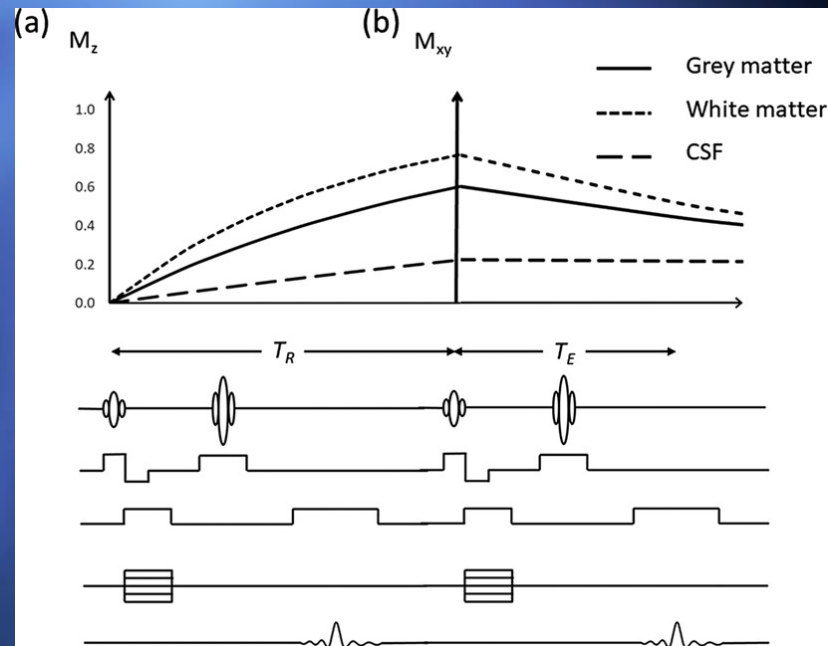


# Contrast Manipulation in the Spin-Echo Pulse Sequence

- ✓ the signal intensity from each tissue type will depend on both  $T_1$  and  $T_2$

$$I \propto \rho(x,y) \left( 1 - e^{-\frac{T_R}{T_1}} \right) e^{-\frac{T_E}{T_2}}$$

- $\rho(x,y)$  proton density as a function of position within the slice



# Contrast in spin-echo images

## Timing Parameters Required for Different Spin-Echo Image Weighting

Weighting	$T_R$	$T_E$
Proton density	Long	Short
$T_1$	Short ( $\approx$ mean of tissue $T_1$ values)	Short
$T_2$	Long	Long ( $\approx$ mean of tissue $T_2$ values)

- ✓ to increase T1-weighting short TR
- ✓ to increase T2-weighting long TE
- ❖ longitudinal relaxation is a recovery process
- ❖ transverse relaxation is a decay process

• <https://www.imaio.com/en/e-Courses/e-MRI/MRI-signal-contrast/TR-and-T1-weighting>

• <https://www.imaio.com/en/e-Courses/e-MRI/MRI-signal-contrast/Signal-weighting>

# Contrast in spin-echo images

## Timing Parameters Required for Different Spin-Echo Image Weighting

Weighting	$T_R$	$T_E$
Proton density	Long	Short
$T_1$	Short ( $\approx$ mean of tissue $T_1$ values)	Short
$T_2$	Long	Long ( $\approx$ mean of tissue $T_2$ values)

## Optimization

- ✓  $T_R$  influences the time taken to acquire the MR image
- ✓ There is a strong incentive to minimise  $T_R$  from the perspectives of patient experience and throughput
  - degree of  $T_1$ -weighting is tolerated in a nominally  $T_2$ -weighted image

# *Contrast in spin-echo images*

a) Proton density weighting:

TR = 2000 ms

TE = 20 ms

b) T1-weighting

TR = 500 ms

TE = 30 ms

c) T2-weighting

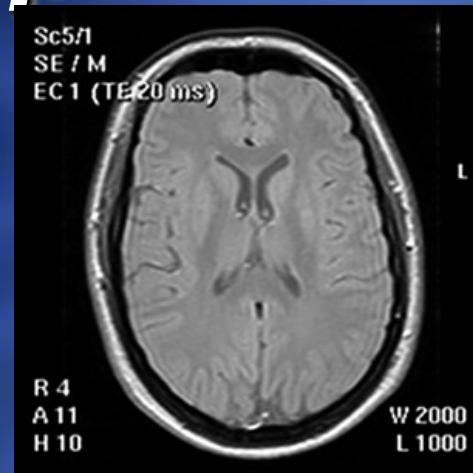
TR = 2000 ms

TE = 60 ms

d) Heavy T2-weighting

TR = 2000 ms

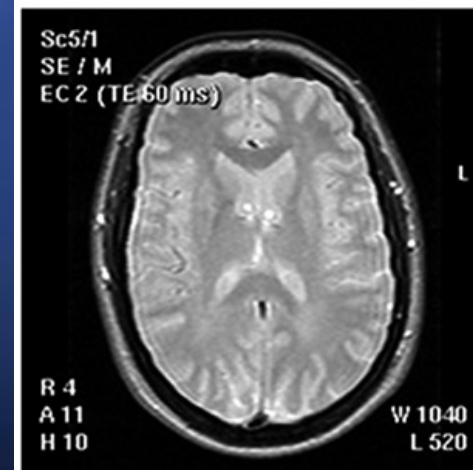
TE = 150 ms



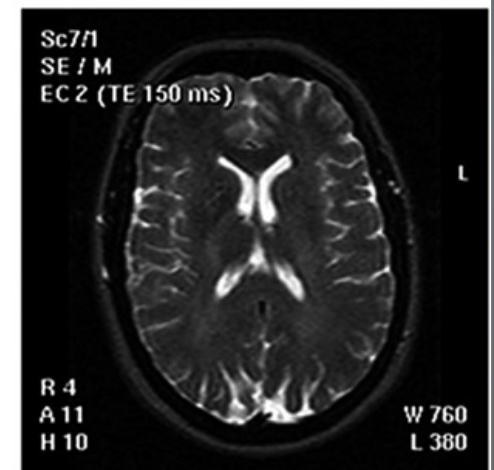
(a)



(b)



(c)



(d)

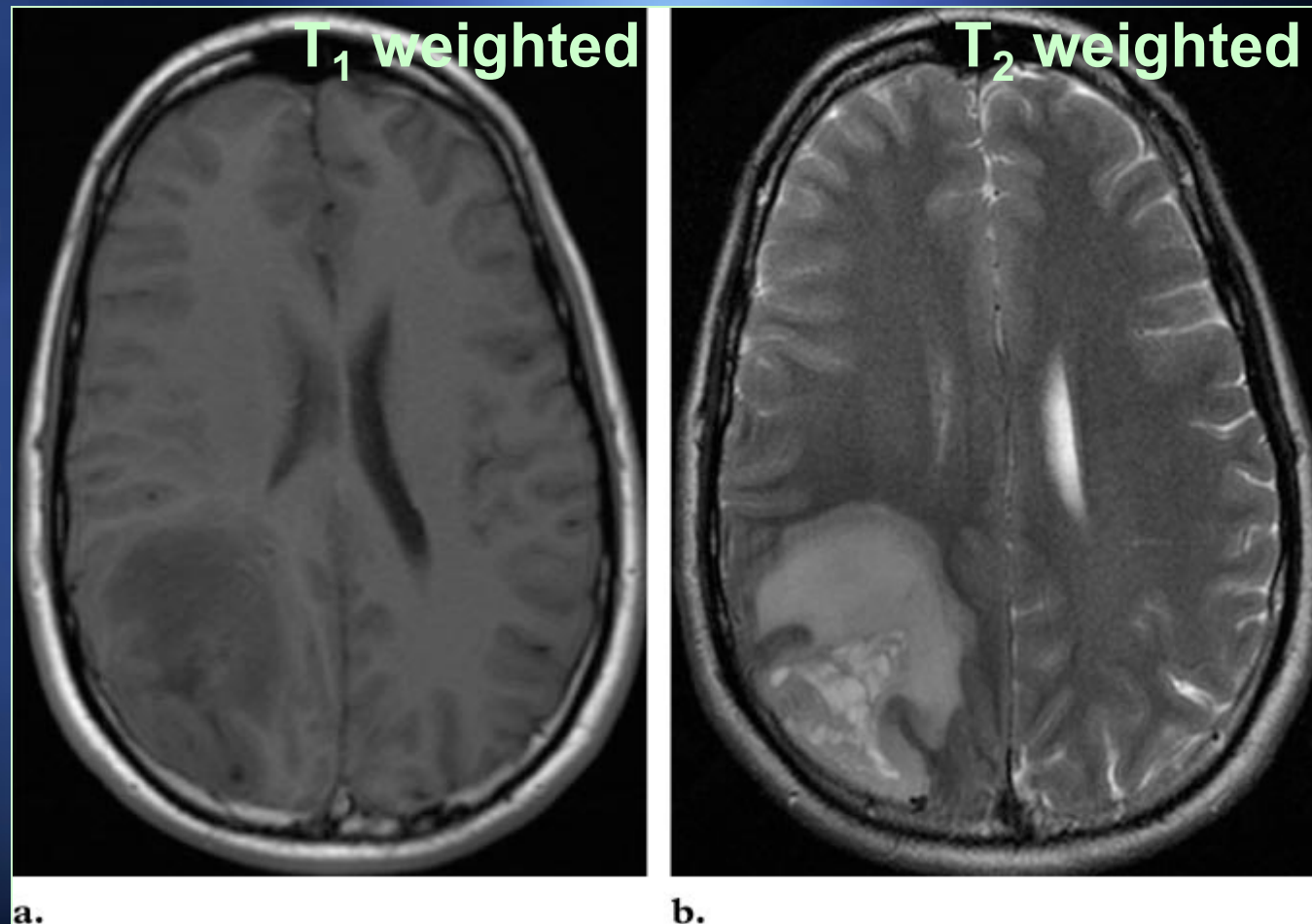


# ***Contrast in spin-echo images***

- ✓ **CSF appears dark in the T1-weighted image and increasingly bright as T2-weighting is increased**
- ✓ **Fat around the scalp is the brightest tissue in the T1-weighted image**
  - reflecting the short T1 of fat ( $\approx 250$  ms at 1.5 T)
- ✓ **The bone of the skull is not seen at all**
  - solid materials have such short T2 values that they cannot be seen

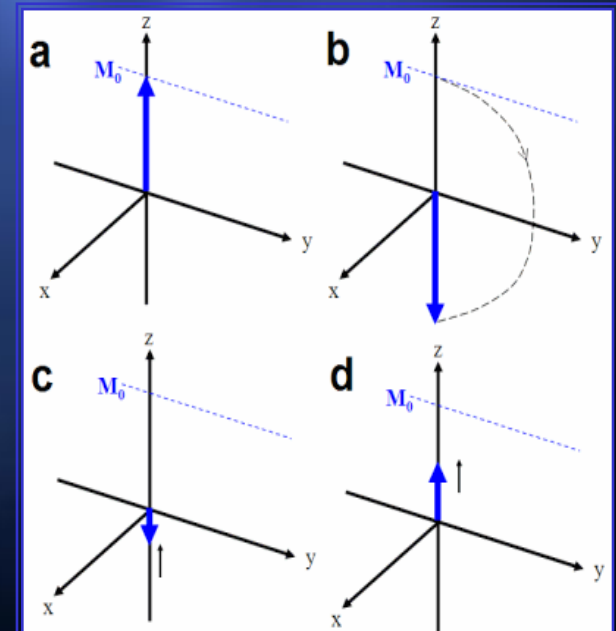
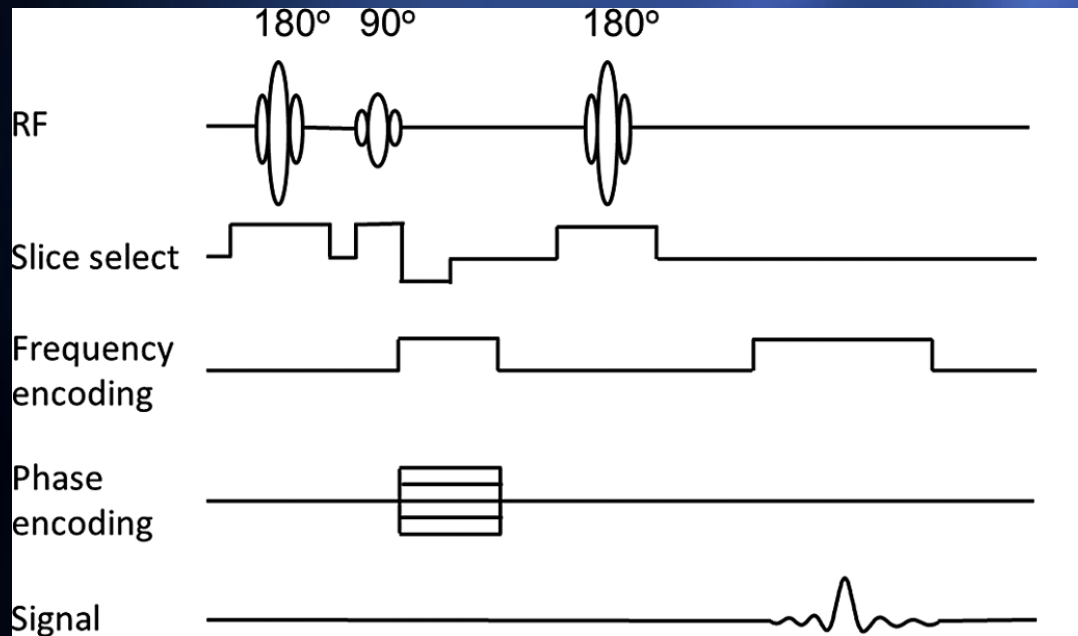
# $T_1$ e $T_2$ weighted images

- ✓ Axial  $T_1$ -weighted (a) and  $T_2$ -weighted (b) fast SE images show a low-grade glioma.
- ✓ Because of hypercellularity, the tumor appears with hypointense signal in (a) and hyperintense signal in (b)
- ✓ The cystic components and edema are better depicted in (b) than in (a)



# Enhancing $T_1$ Contrast: The Inversion Recovery Sequence

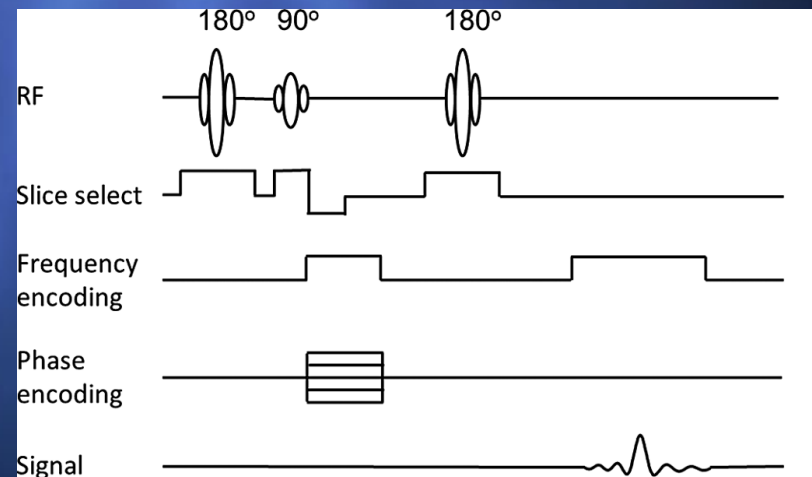
- ✓ a spin-echo sequence with an additional slice selective  $180^\circ$  pulse before the  $90^\circ$  excitation pulse
- ✓ The purpose is to nutate  $M_z$  into the  $-z$ -direction
  - it is also known as an 'inversion pulse'



# Enhancing $T_1$ Contrast: The Inversion Recovery Sequence

- ✓ The inverted  $M_z$  undergoes  $T_1$  recovery
- ✓ The negative  $M_z$  vector gets shorter over time, passes through 0 and then grows along the positive z-axis
  - until it has fully recovered

$$M_z = |M| \left( 1 - 2e^{-\frac{t}{T_1}} \right)$$



- ✓ No transverse magnetisation is generated during this process

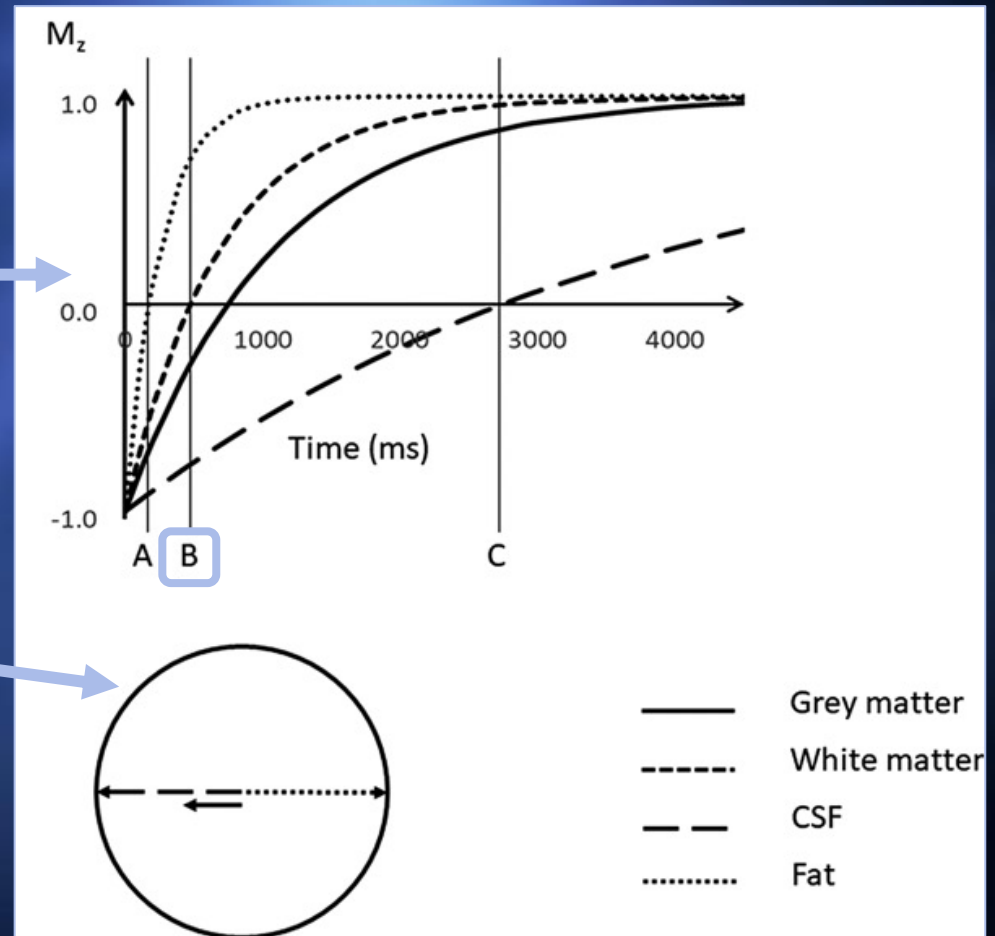
# ***Enhancing $T_1$ Contrast: The Inversion Recovery Sequence***

- ✓ At  $T_1$  a  $90^\circ$  pulse is applied, tipping  $M_z$  into the transverse plane
  - inversion time  $T_1$
- ✓ Differences in  $T_1$  between tissues are reflected in different degrees of recovery at  $T_1$  and in different amounts of  $M_{xy}$  following the  $90^\circ$  pulse
- ✓  $M_z$  can take both positive and negative values
  - there is potential for much greater  $T_1$  contrast than in a conventional spin-echo sequence
    - ❖ where only the positive z-axis is used

$$M_z = |M| \left( 1 - 2e^{-\frac{t}{T_1}} \right)$$

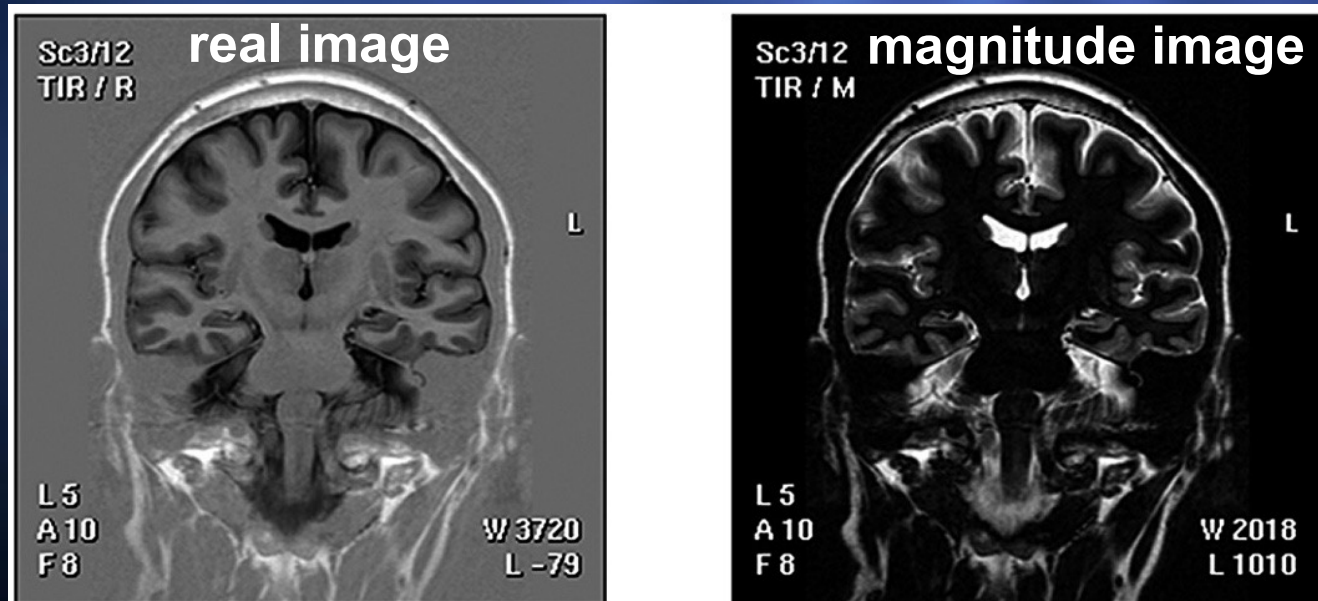
# Enhancing $T_1$ Contrast: The Inversion Recovery Sequence

- ✓ Recovery of  $M_z$  in grey matter, white matter, CSF and fat following an inversion pulse
- ✓ distribution of magnetisation in the transverse plane following a  $90^\circ$  pulse applied at time point **B**



# *The Inversion Recovery Sequence*

- ✓ Inversion recovery images can be presented as real image or magnitude image
  - depending on whether or not we pay attention to the  $180^\circ$  phase difference between magnetisation



# *The Inversion Recovery Sequence*

## *Sequence*

### Magnitude Inversion Recovery Image

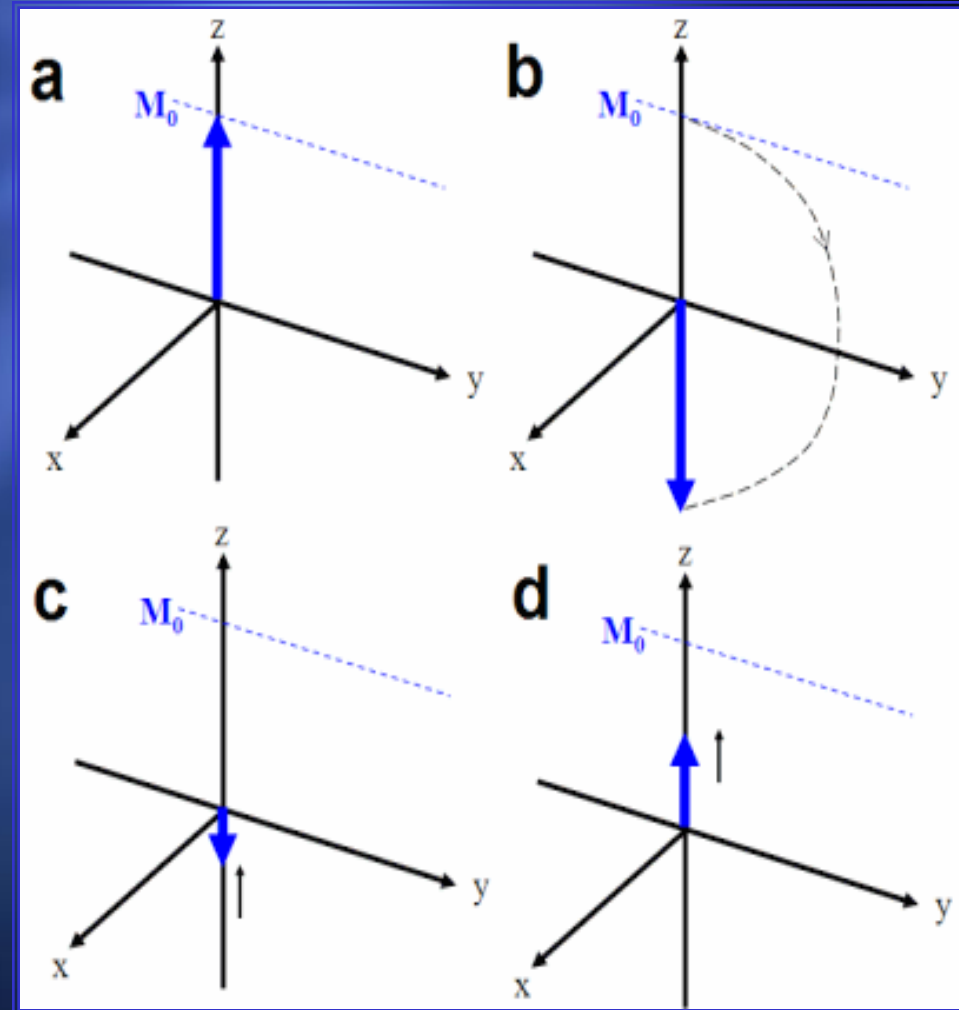
- ✓ areas outside of the head appear black as does white matter
  - $M_z$  in white matter is passing through the 0 point when the  $90^\circ$  pulse is applied
- ✓ signal intensity in CSF and in fat are the same
  - despite their very different  $T_1$  values





# *The inversion pulse*

- ✓ RF  $\gamma H_1 \Delta t = \pi$
- ✓  $M_z(0) = -M_z^\circ$
- ✓  $M_z(t) = M_z^\circ [1 - 2 e^{-t/T_1}]$
- ✓  $M_{xy}(t) = 0$
  
- ✓ What happens if the  $90^\circ$  pulse is applied close to the  $M_z = 0$  of one tissue

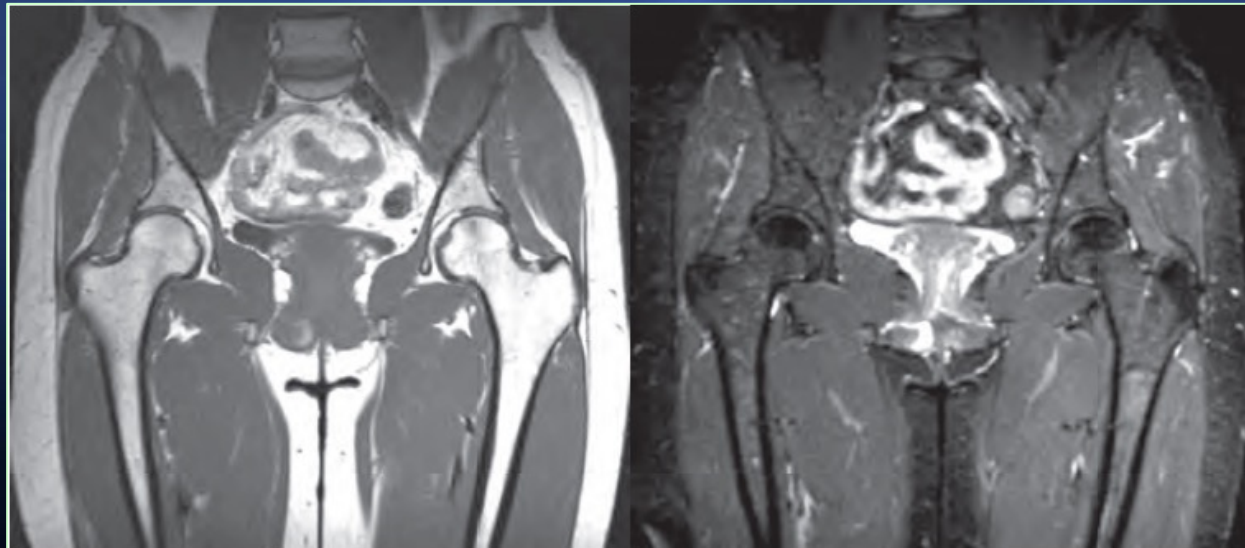
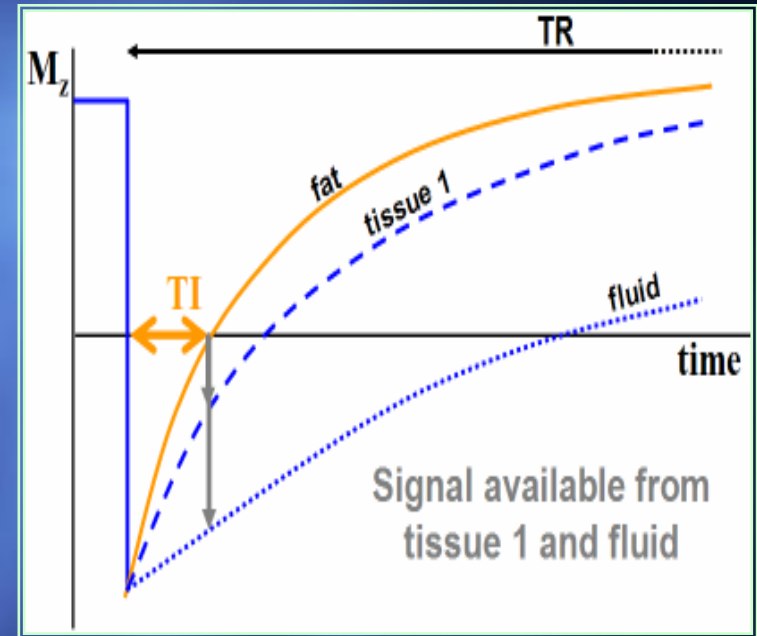


$$T_I = \ln 2 T_1 \approx 0.693 T_1$$

# STIR sequence

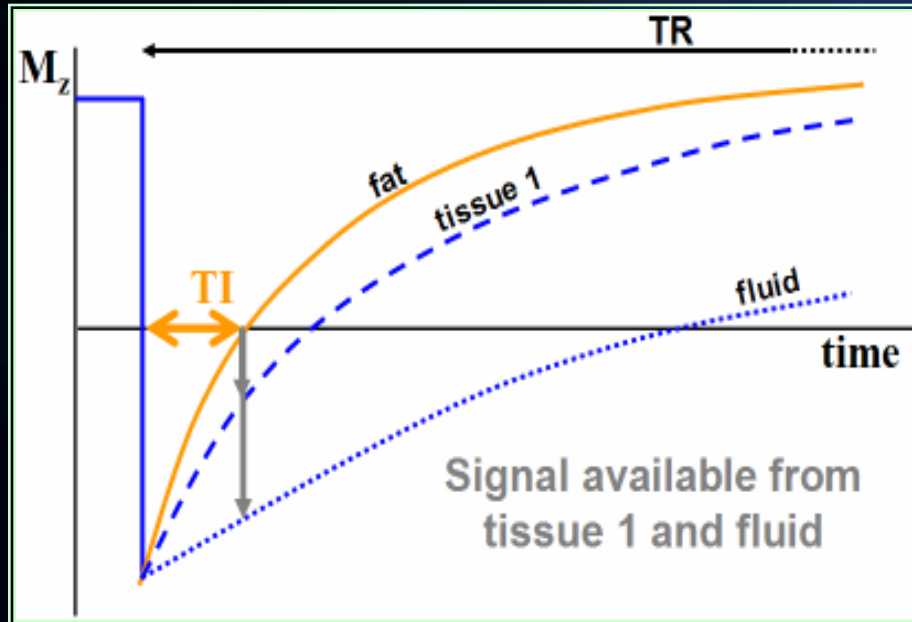
What happens if the  $90^\circ$  pulse is applied close to the  $M_z=0$  of one tissue?

- ✓ **STIR: Short Tau IR**
  - Fat suppression



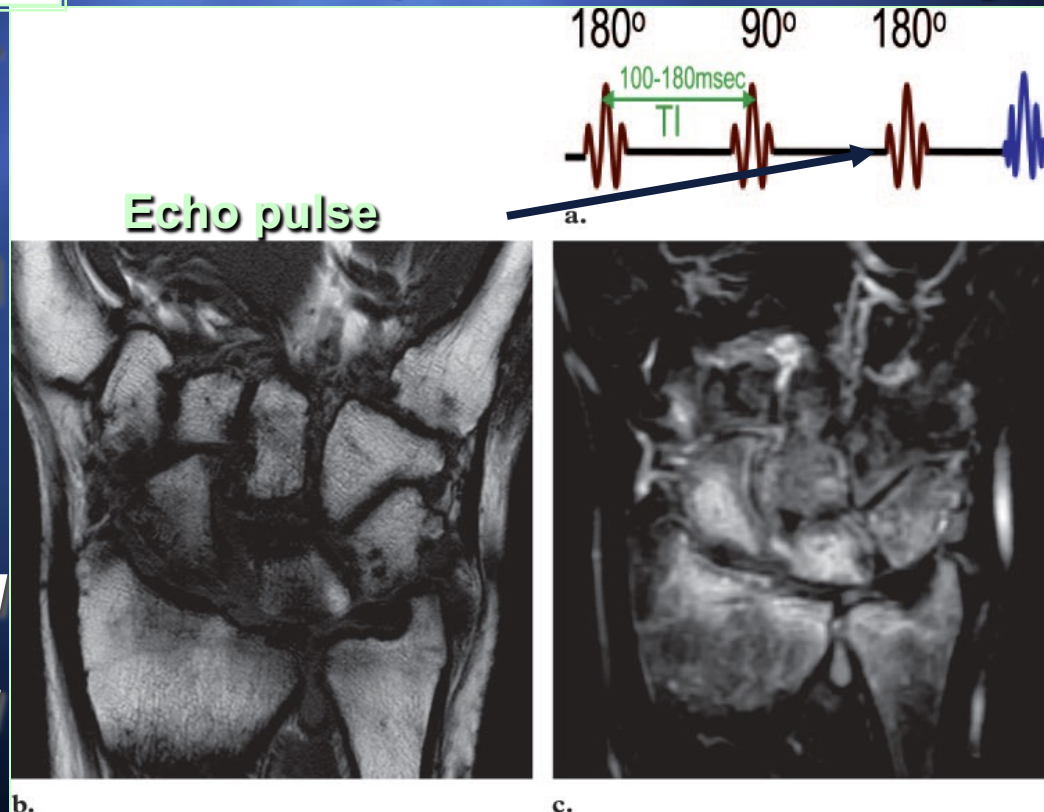
# IR and fat suppression

## STIR Short T<sub>1</sub> Inversion Recovery



SE and STIR sequences for depiction of bone marrow edema

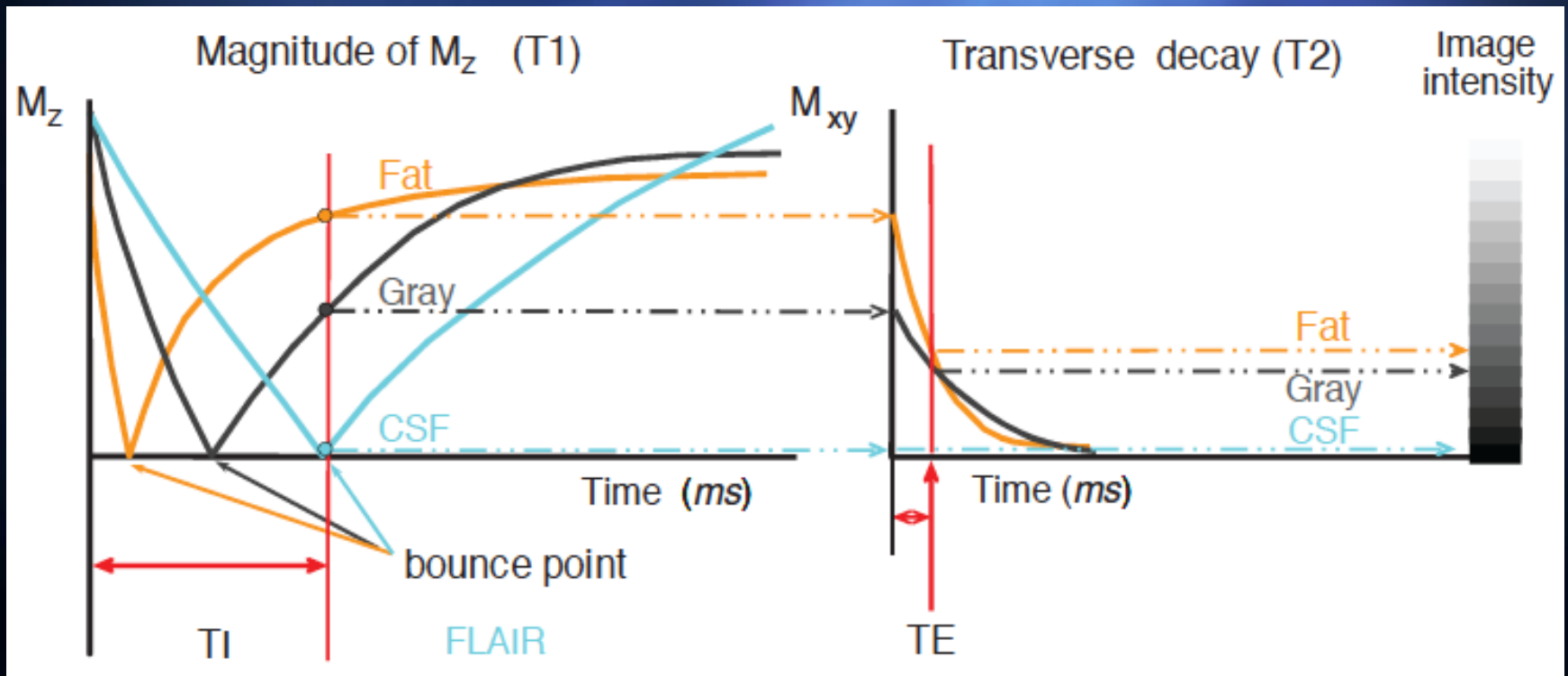
- Diagram of the STIR seq
    - TI 100–180 ms for fat
  - Coronal T1-w fast SE image
  - coronal STIR image
- both show pancarpal rheumatoid arthritis the extent of bone marrow edema is better depicted in c than in b



# FLAIR sequence

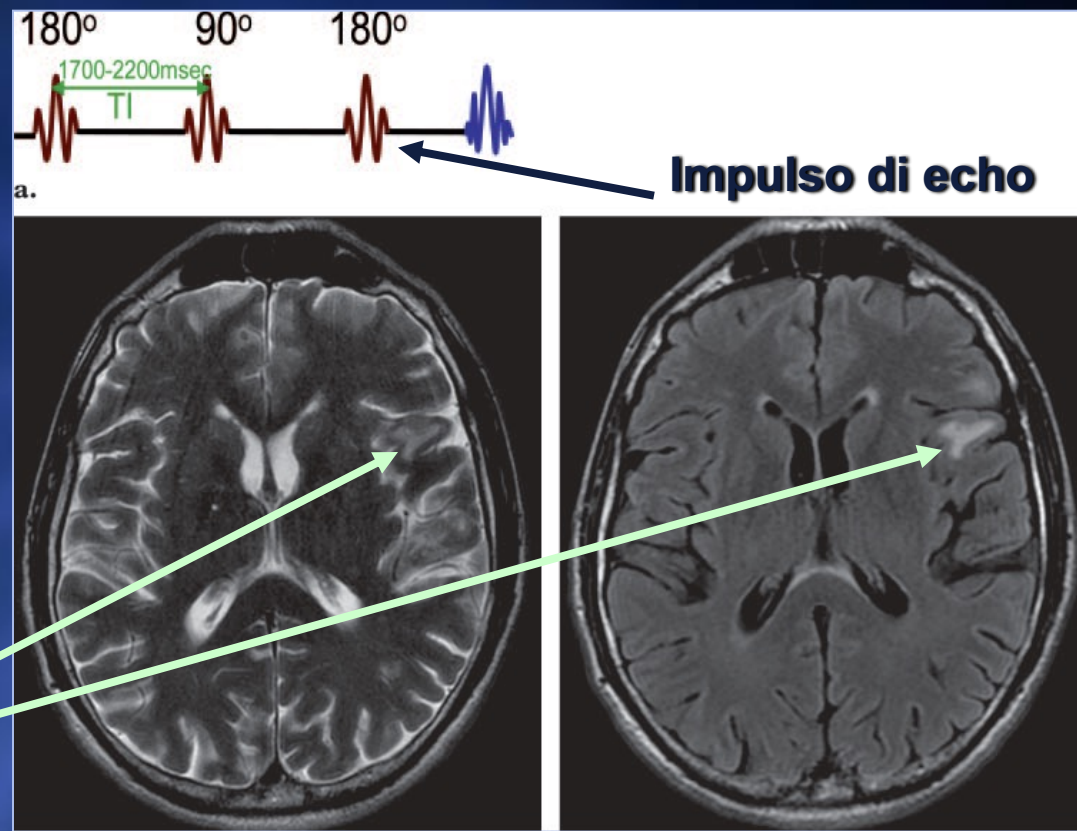
## FLAIR: Fluid Attenuated IR

- sequence shows a TI of 1700–2200 ms for CSF suppression



# IR and CSF signal suppression

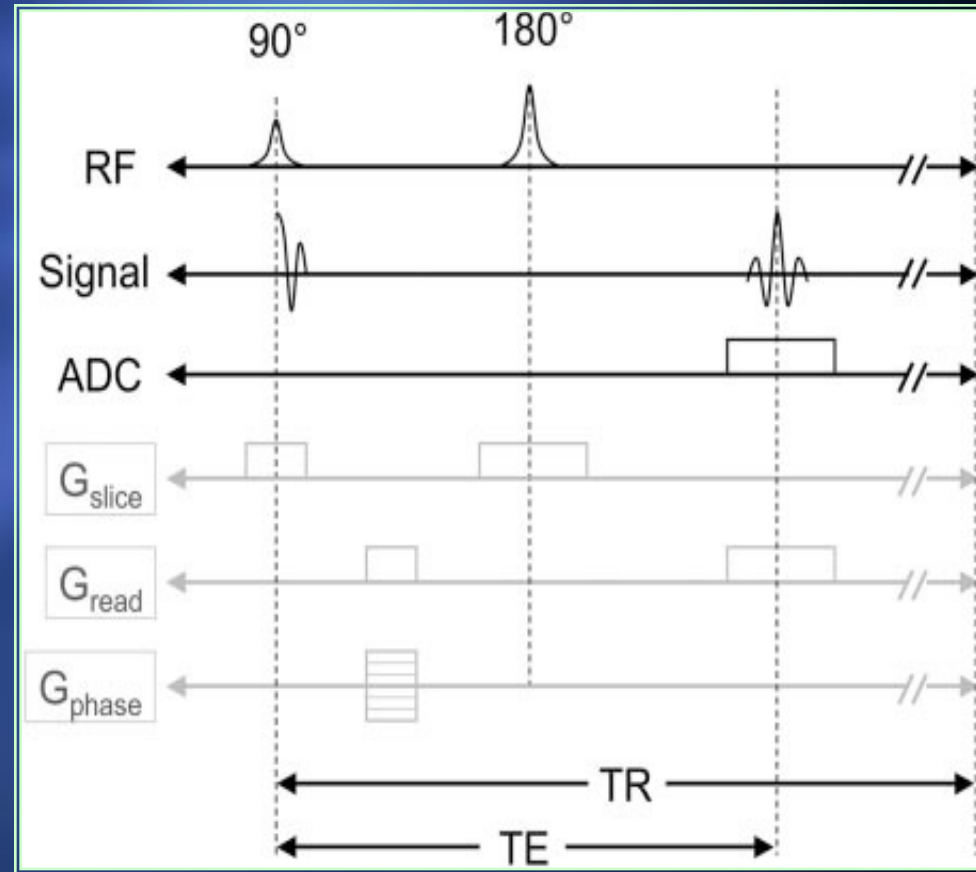
Comparison of fast SE and FLAIR sequences for depiction of lung cancer metastases to brain



- Diagram of the FLAIR sequence shows a  $T_1$  of 1700–2200ms for cerebrospinal fluid
- Axial T2 weighted fast SE image shows white matter abnormalities in the left temporal lobe
- Axial T2 weighted FLAIR image obtained with nulling of the signal from cerebrospinal fluid shows the metastatic lesions more clearly

# The acquisition time

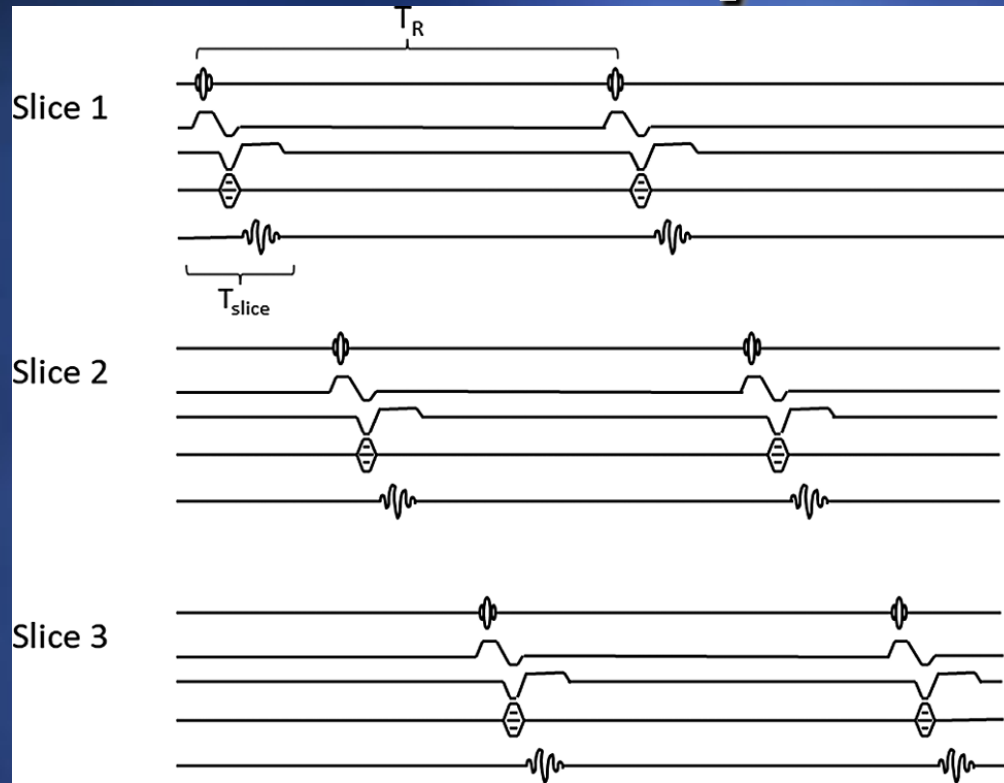
- ✓ In the SE sequence is necessary to acquire echo signals how many rows of k space
  - $N_y$
- ✓ The repetition time TR is comparable with the  $T_1$
- ✓ Since the NMR signal is low it may be necessary to repeat identical acquisitions to improve the SNR
  - $N_{rep}$



Acquisition time

$$T_{acq} = T_R N_y N_{rep}$$

# Multi-slice sequence



- ✓ the number of slices is  $T_R / T_{\text{slice}}$
- ✓  $T_{\text{slice}}$  the time to acquire one line of data
  - slightly longer than TE as it includes the whole of the echo acquisition time
    - ❖ whereas TE is measured to the centre of the echo

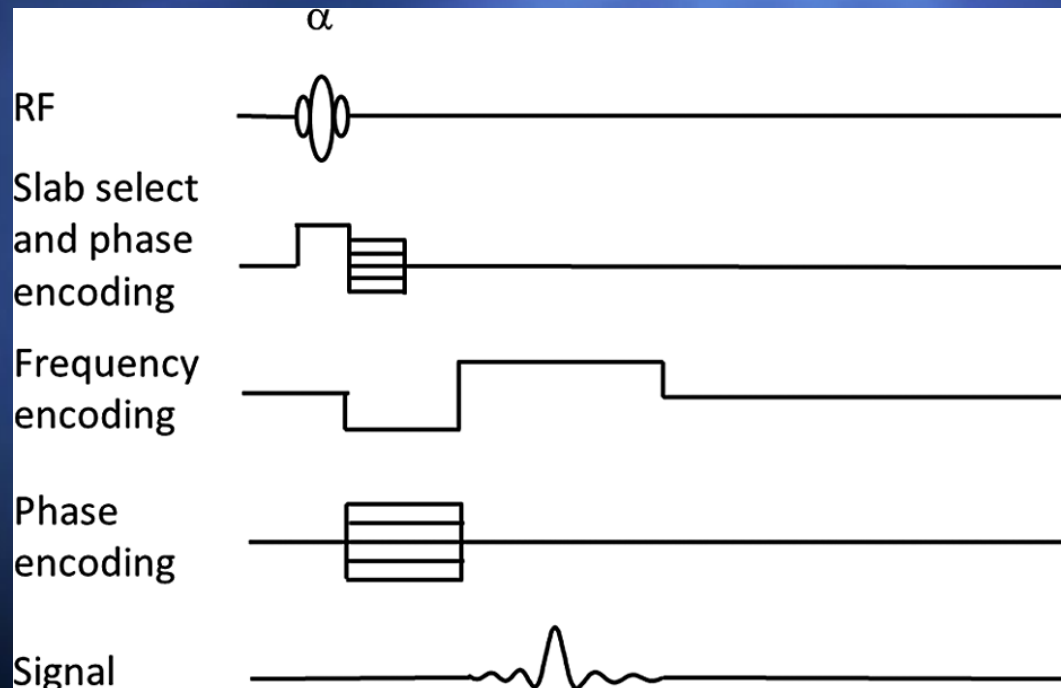
# ***3D spatial encoding***

- ✓ rather than perform 2D tomographic imaging it is possible to collect image data from an entire volume simultaneously and encode it in 3D
- ✓ the slice select axis has become 'slab select'
  - with a gradient and selective excitation pulse used to generate transverse magnetisation within a thick slab of the patient's body
- ✓ Signal from this slab is spatially encoded using frequency encoding on one axis and phase encoding on the other two



# 3D spatial encoding

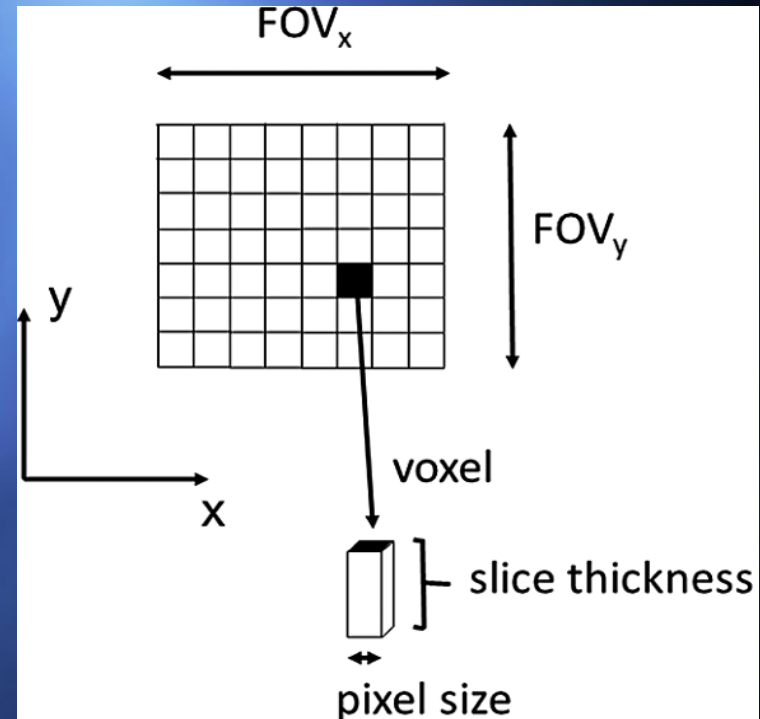
diagram shows the phase encoding gradient 'ladder' on the slab select axis as well as the usual phase encoding axis



# 3D spatial encoding

3D imaging allows to overcome a drawback of multislice imaging

- ✓ the slice thickness is frequently greater than the spatial resolution within the slice
- ✓ 'Isotropic' imaging: equal spatial resolution in all 3 dimensions
  - is an advantage in many clinical applications that require imaging of small and complex anatomical structures



# 3D spatial encoding

- ✓ spatial encoding in 3D by adding phase encoding in the 3rd dimension
- ✓ Acquisition time:  $TR \times N_y \times N_z$   
Long acquisition time !

