Advanced Medical Imaging Techniques and Applications: *Spin Echo / Gradient Echo Imaging*

2018 Fellows' Lecture Series

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UCLA Radiology

Location: UCLA Medical Center, Room 1621C

2018 Fellows' Lecture Series

Advanced Medical Imaging Techniques & Applications

Mondays at 7:15am in the Ronald Reagan UCLA Medical Center (Room 1621C)

07/23/2018 - Spin Echo / Gradient Echo Imaging (Dr. Sung)

07/30/2018 - Parallel Imaging (Dr. Hu)

08/06/2018 - Perfusion and Diffusion Imaging (Dr. Ellingson)

08/13/2018 - Motion Artifacts / Compensation (Dr. Wu)

08/20/2018 - Fat / Water Imaging (Dr. Wu)

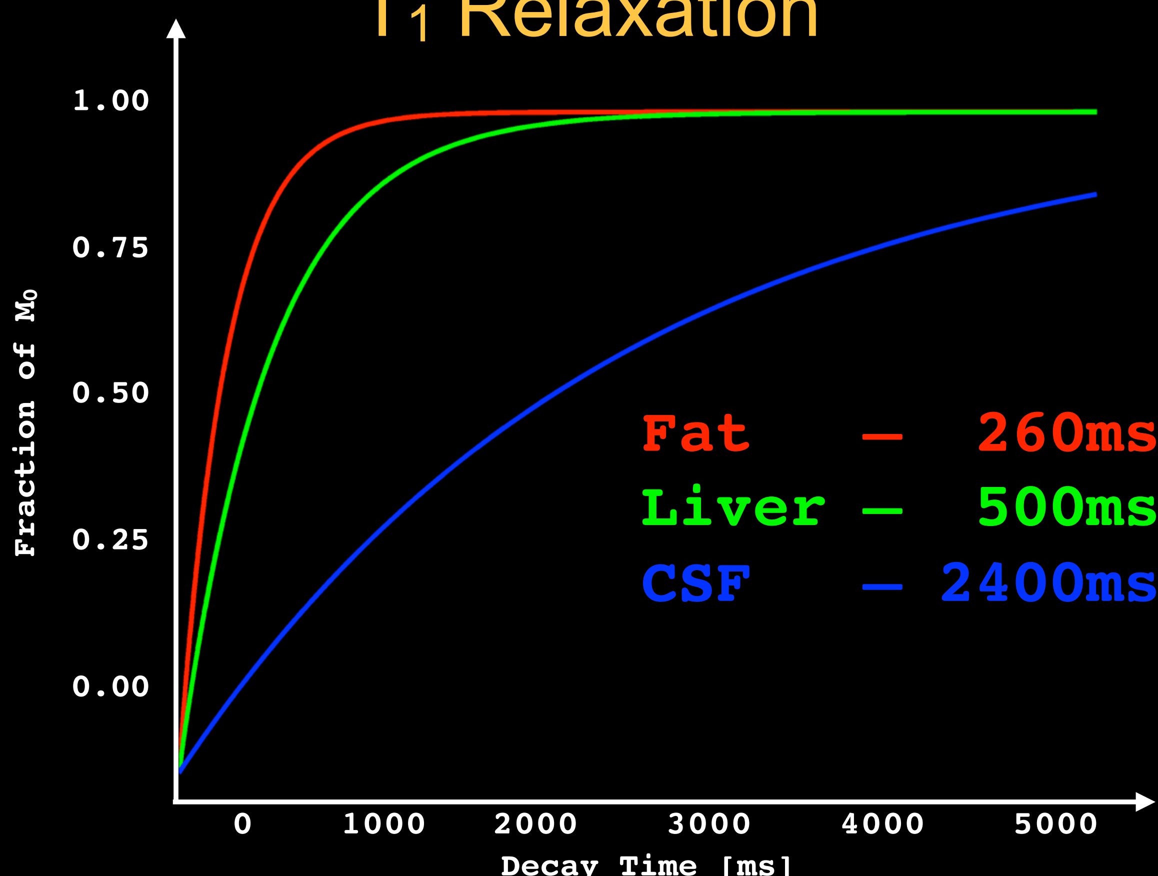
08/27/2018 - Medical Imaging Infomatics (Dr. Hsu)

09/03/2018 - Holiday (Labor Day)

09/10/2018 - MR Spectroscopy (Dr. Thomas)

T_1 & T_2 Relaxation

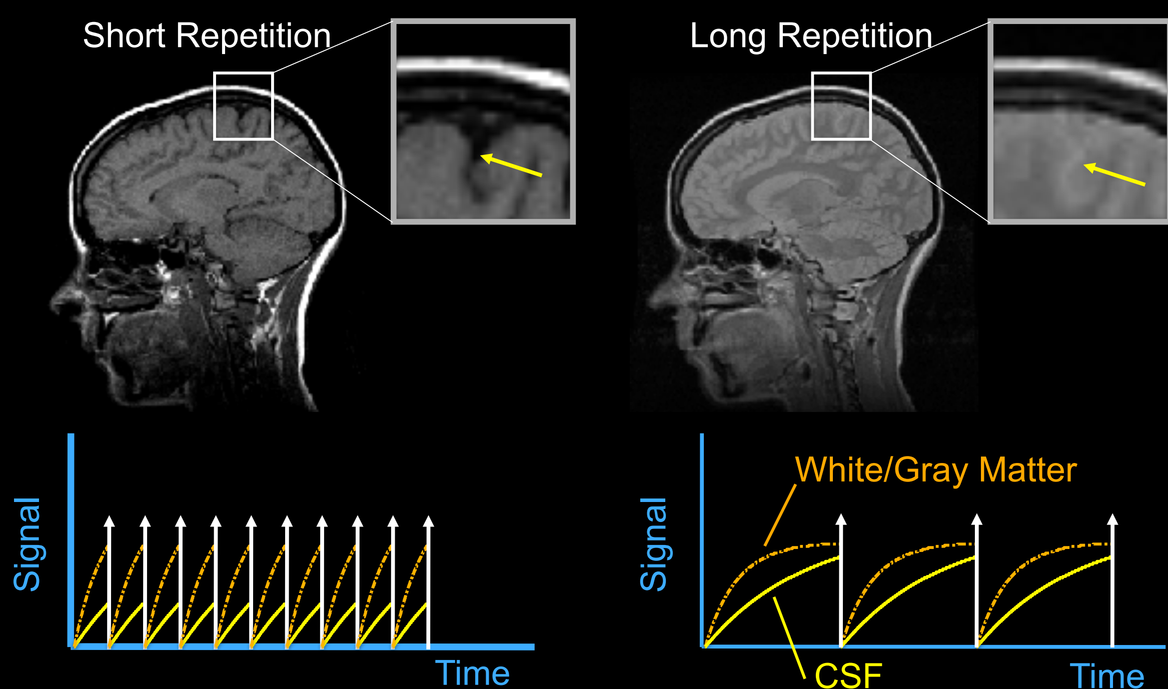
T_1 Relaxation



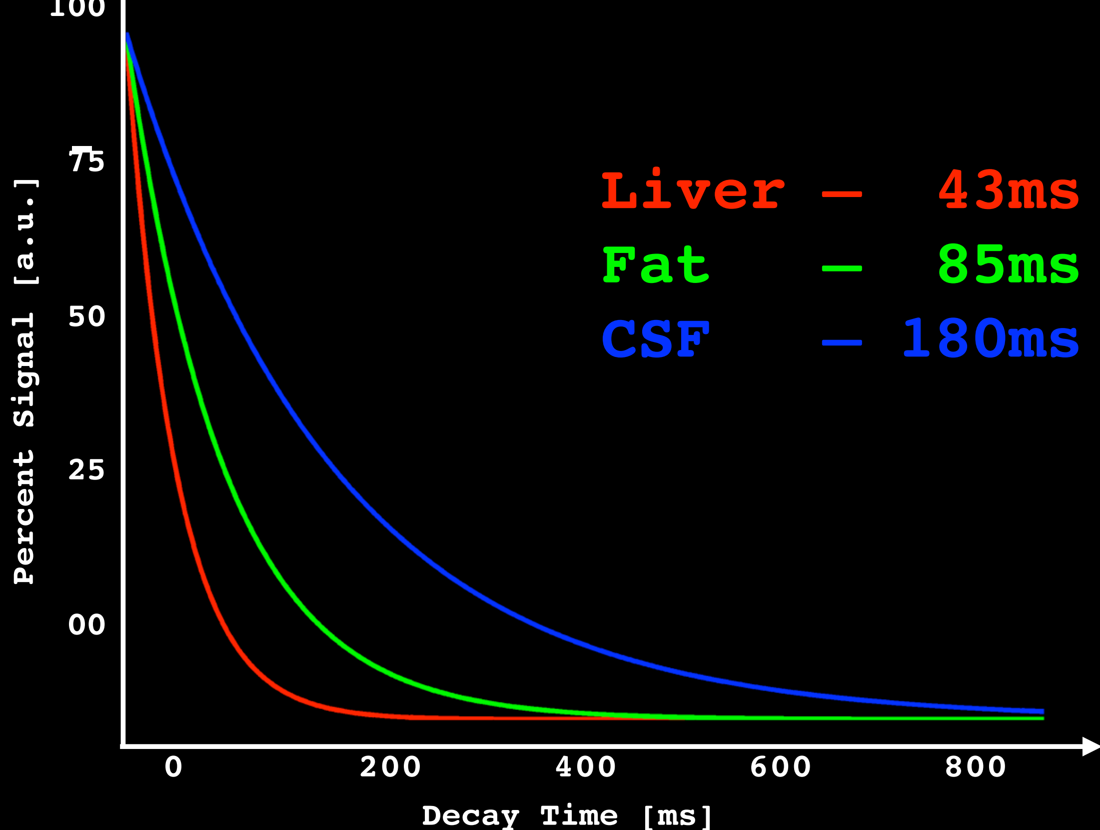
T_1 Relaxation

- Longitudinal or spin-lattice relaxation
  - Typically, (10s ms) < T1 < (100s ms)
- T1 is long for
  - Small molecules (water)
  - Large molecules (proteins)
- T1 is short for
  - Fats and intermediate-sized molecules
- T1 increases with increasing B0
- T1 decreases with contrast agents

T1 Contrast



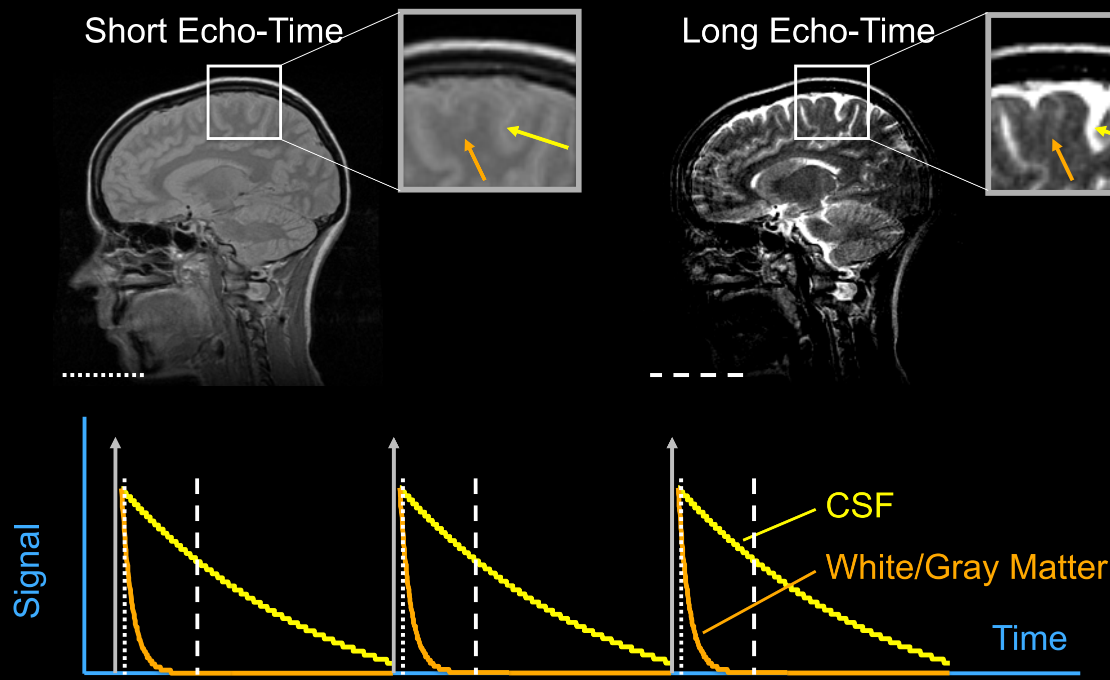
T_2 Relaxation



T_2 Relaxation

- Transverse or spin-spin relaxation
  - Molecular interaction causes spin dephasing
  - Typically, T2 < (10s ms)
- Increasing molecular size, decrease T2
  - Fat has a short T2
- Increasing molecular mobility, increases T2
  - Liquids (CSF, edema) have long T2s
- Increasing molecular interactions, decreases T2
  - Solids have short T2s
- T2 relatively independent of B0

T2 Contrast

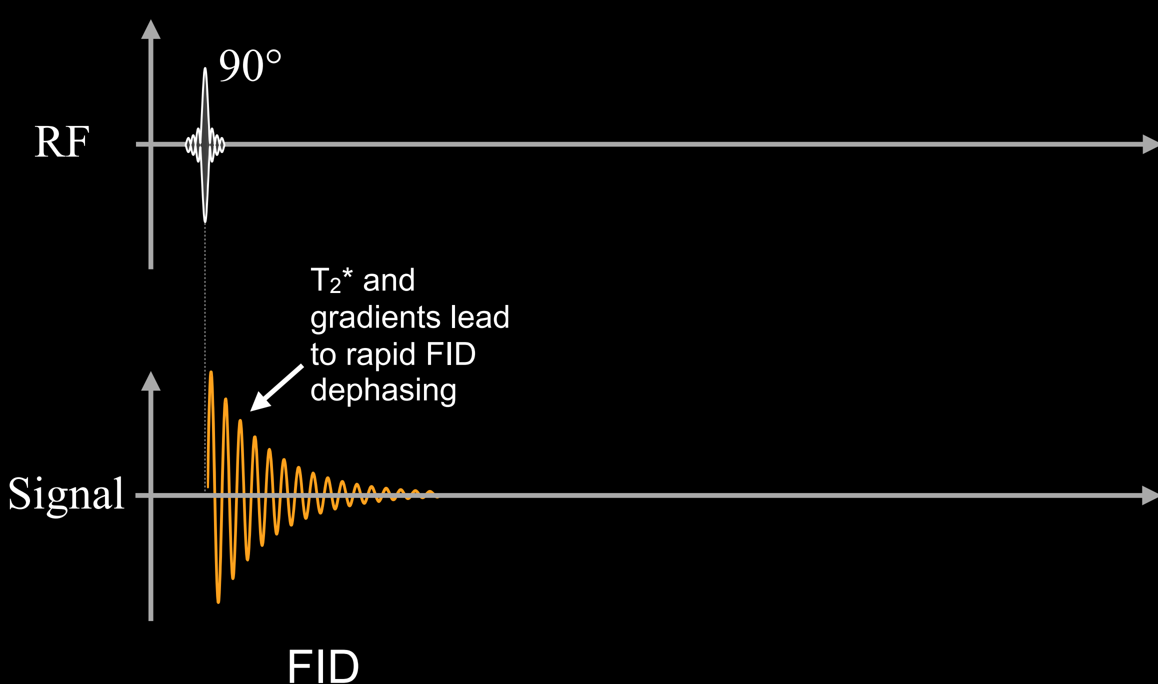


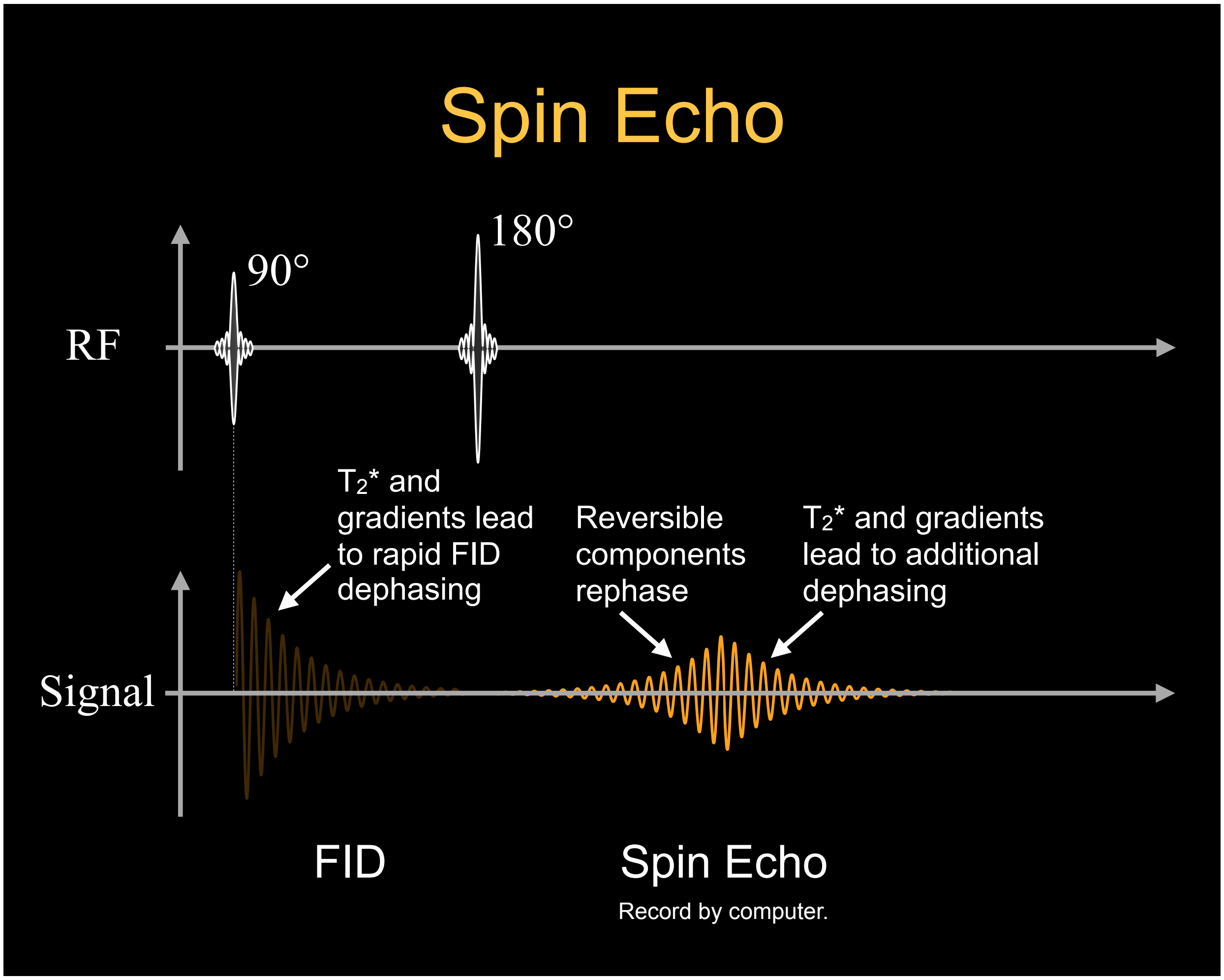
T_1 and T_2 Values @ 1.5T

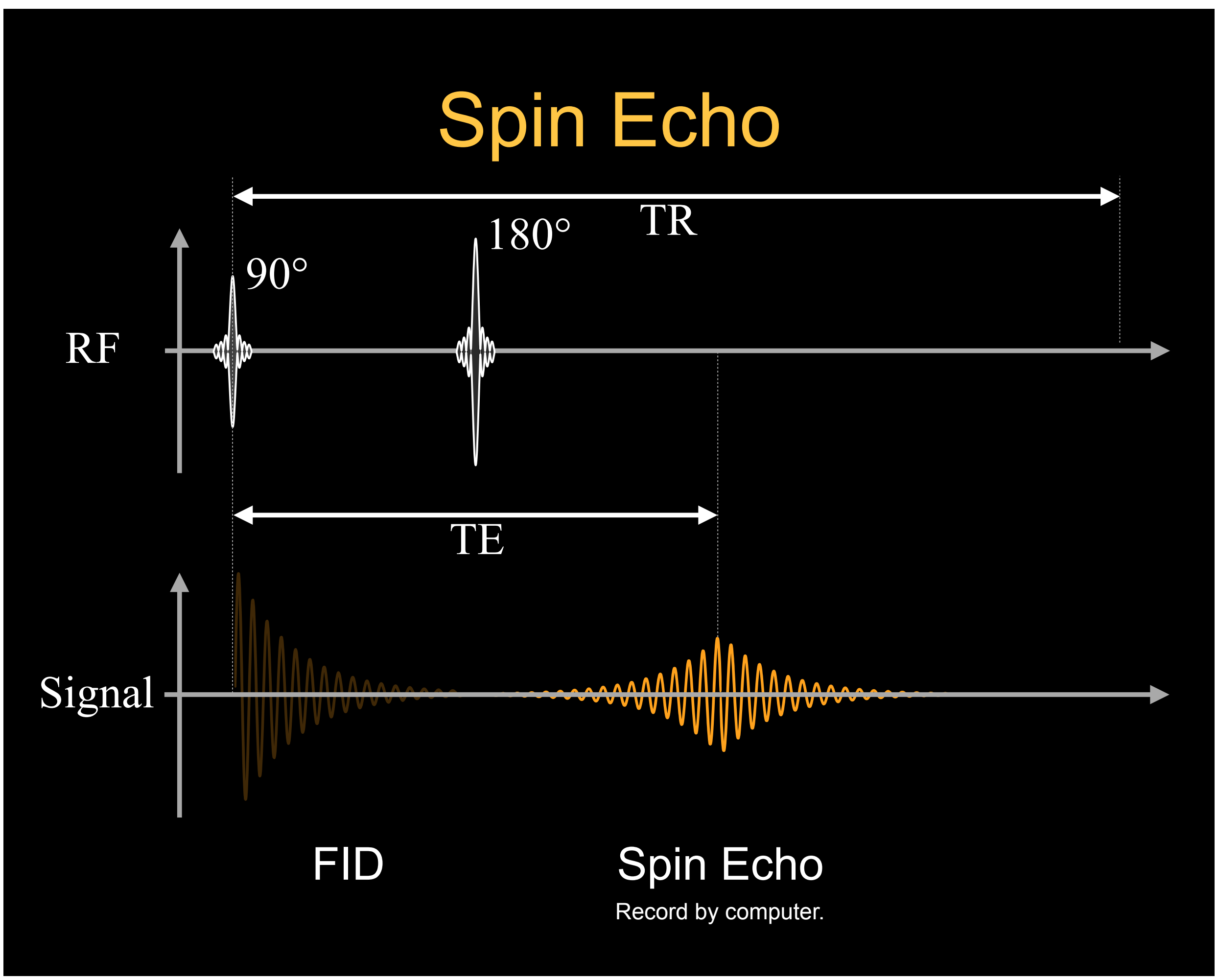
Tissue	T_1 [ms]	T_2 [ms]
gray matter	925	100
white matter	790	92
muscle	875	47
fat	260	85
kidney	650	58
liver	500	43
CSF	2400	180

Spin Echo Imaging

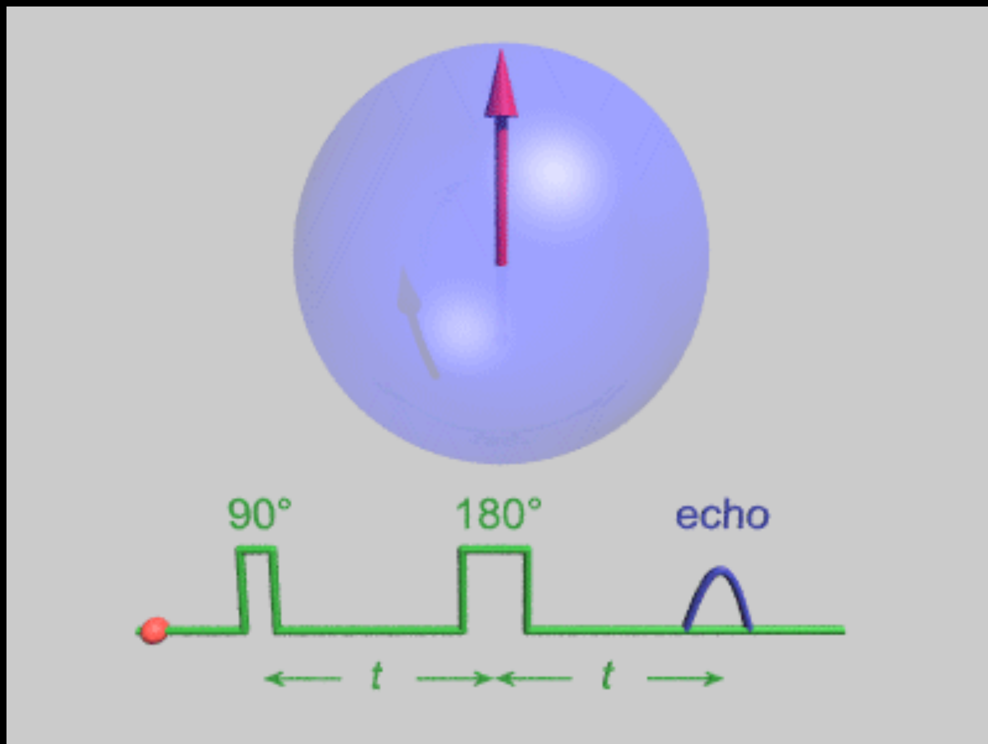
Free Induction Decay




Spin Echo
180°
90°
RF
T2* and gradients lead to rapid FID dephasing
Reversible components rephase
T2* and gradients lead to additional dephasing
Signal
FID
Spin Echo
Record by computer.

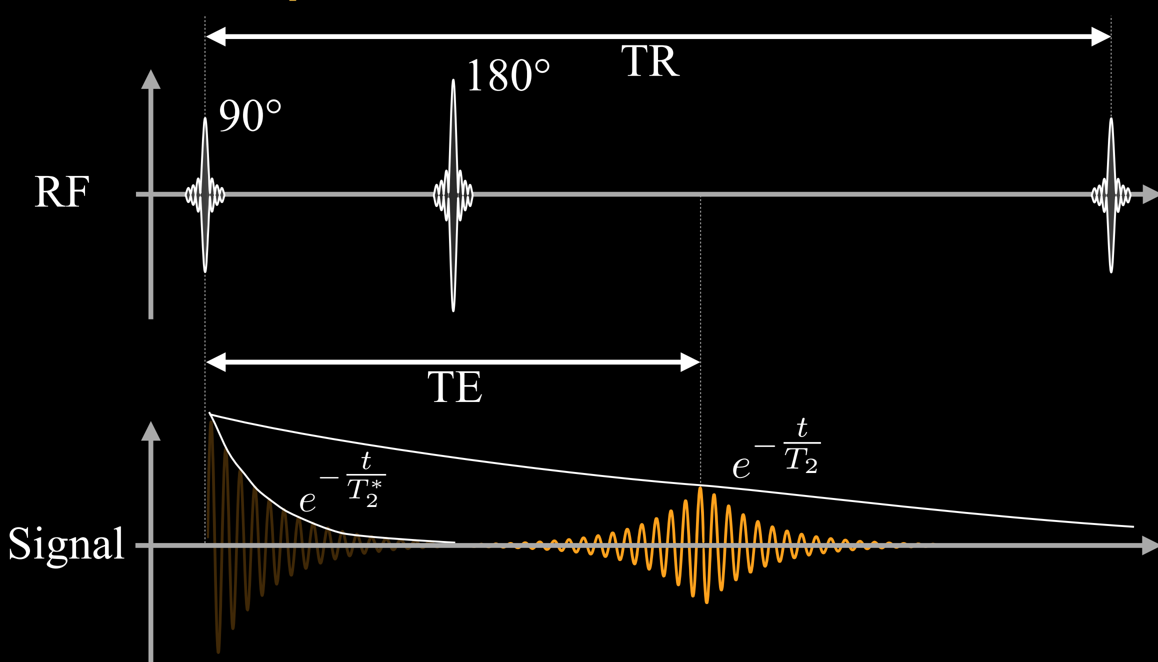

Spin Echo
TR
180°
90°
RF
TE
Signal
FID
Spin Echo
Record by computer.

Spin Echo - Refocusing



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

Spin Echo - Contrast



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

Intermediate TR maximizes T1 contrast

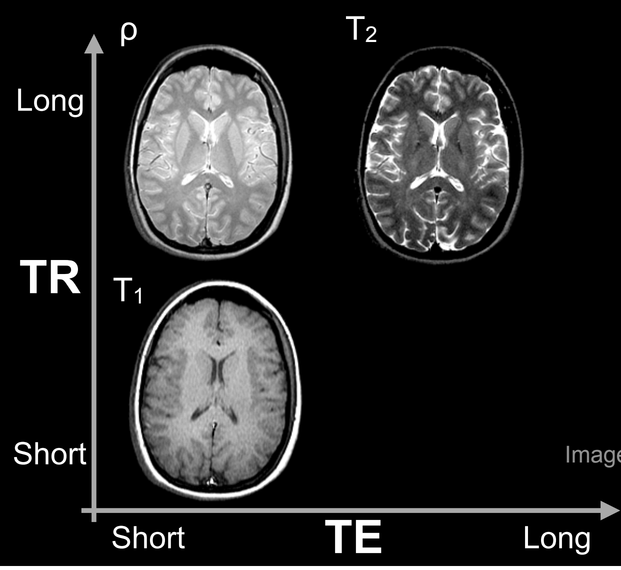
Intermediate TE maximizes T2 contrast

Spin Echo Parameters

	TE	TR
Spin Density	Short	Long
T_1-Weighted	Short	Intermediate
T_2-Weighted	Intermediate	Long

Spin Echo Contrast

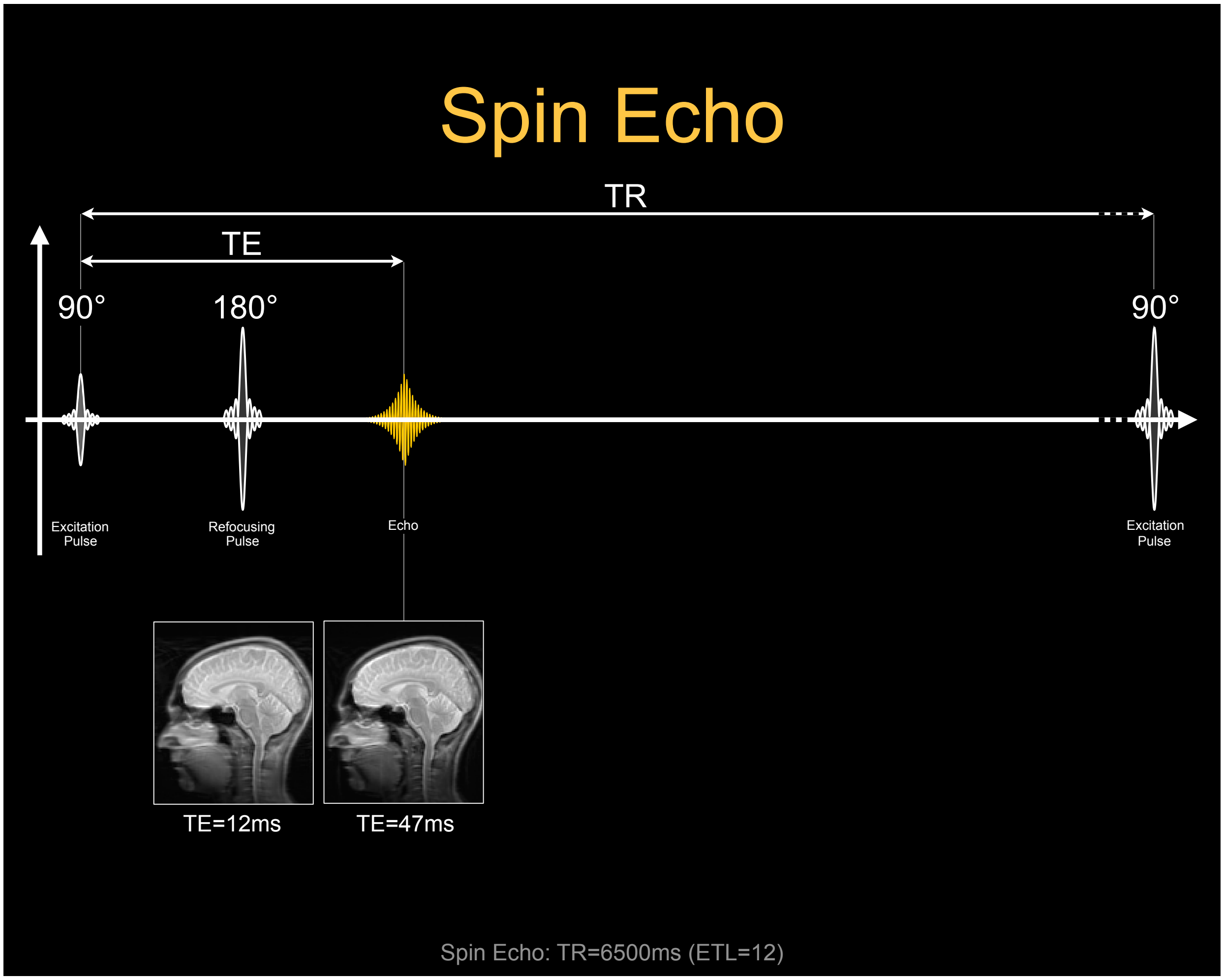
	TE	TR
Spin Density	Short	Long
T_1-Weighted	Short	Intermediate
T_2-Weighted	Intermediate	Long

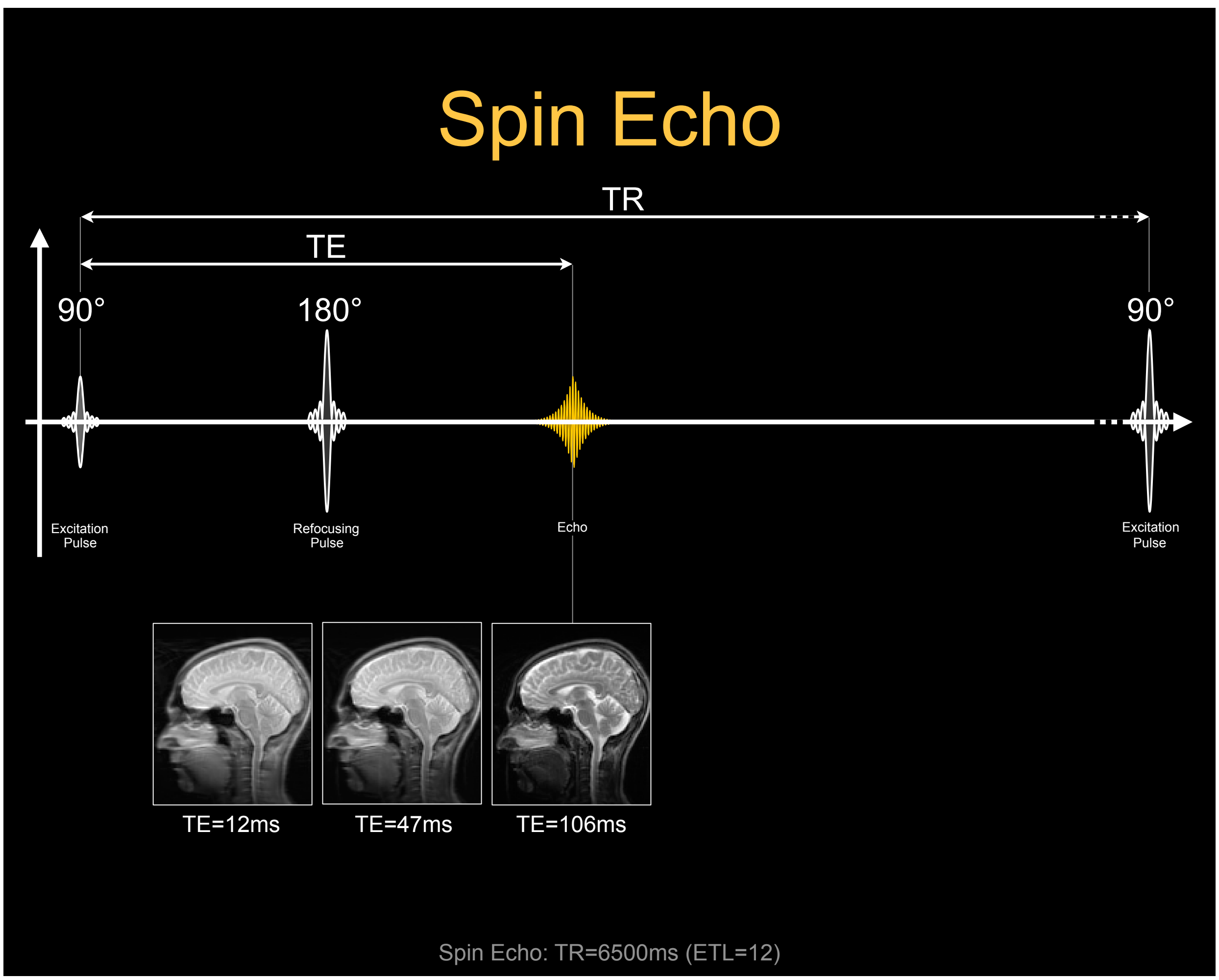


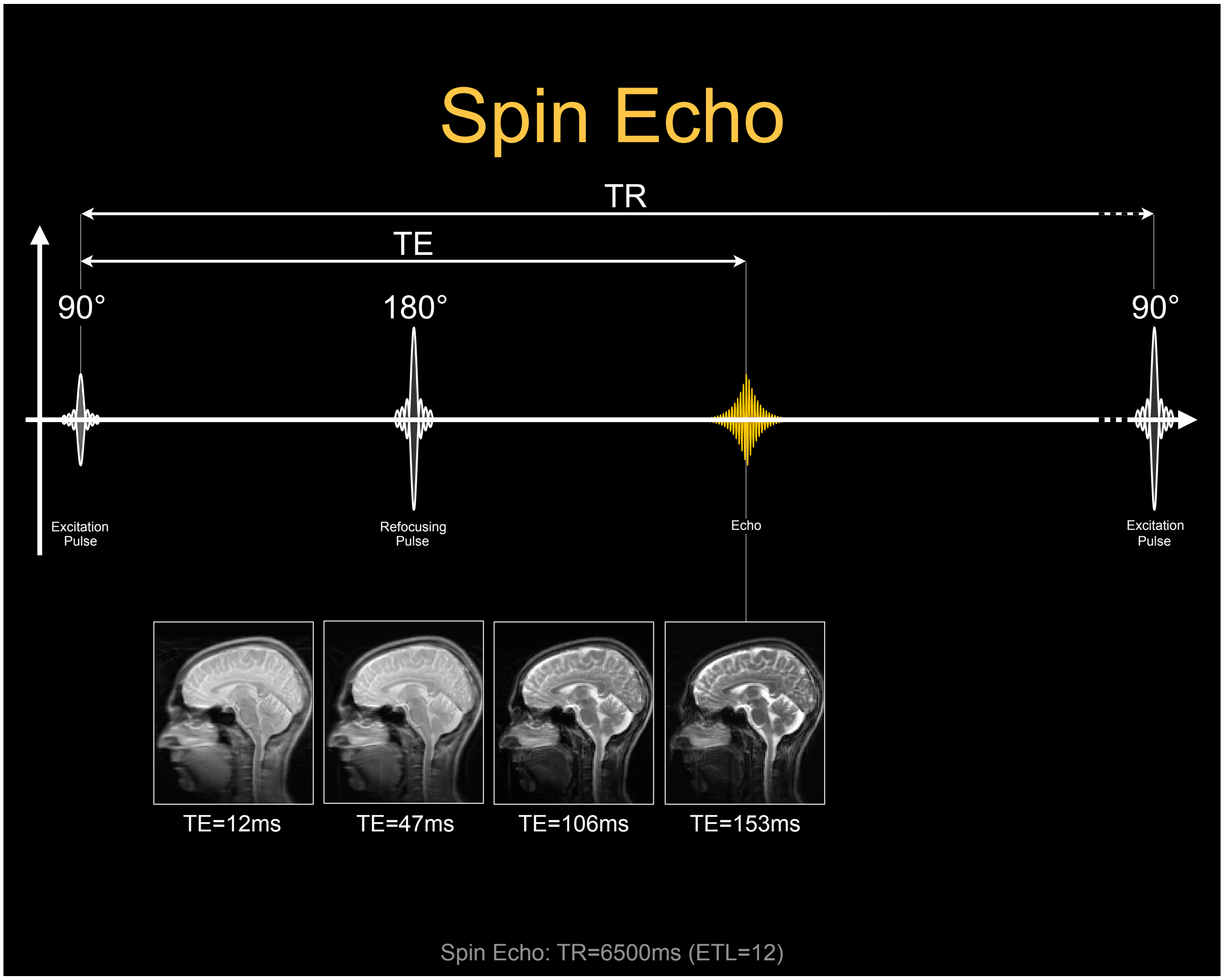
Images Courtesy of Mark Cohen

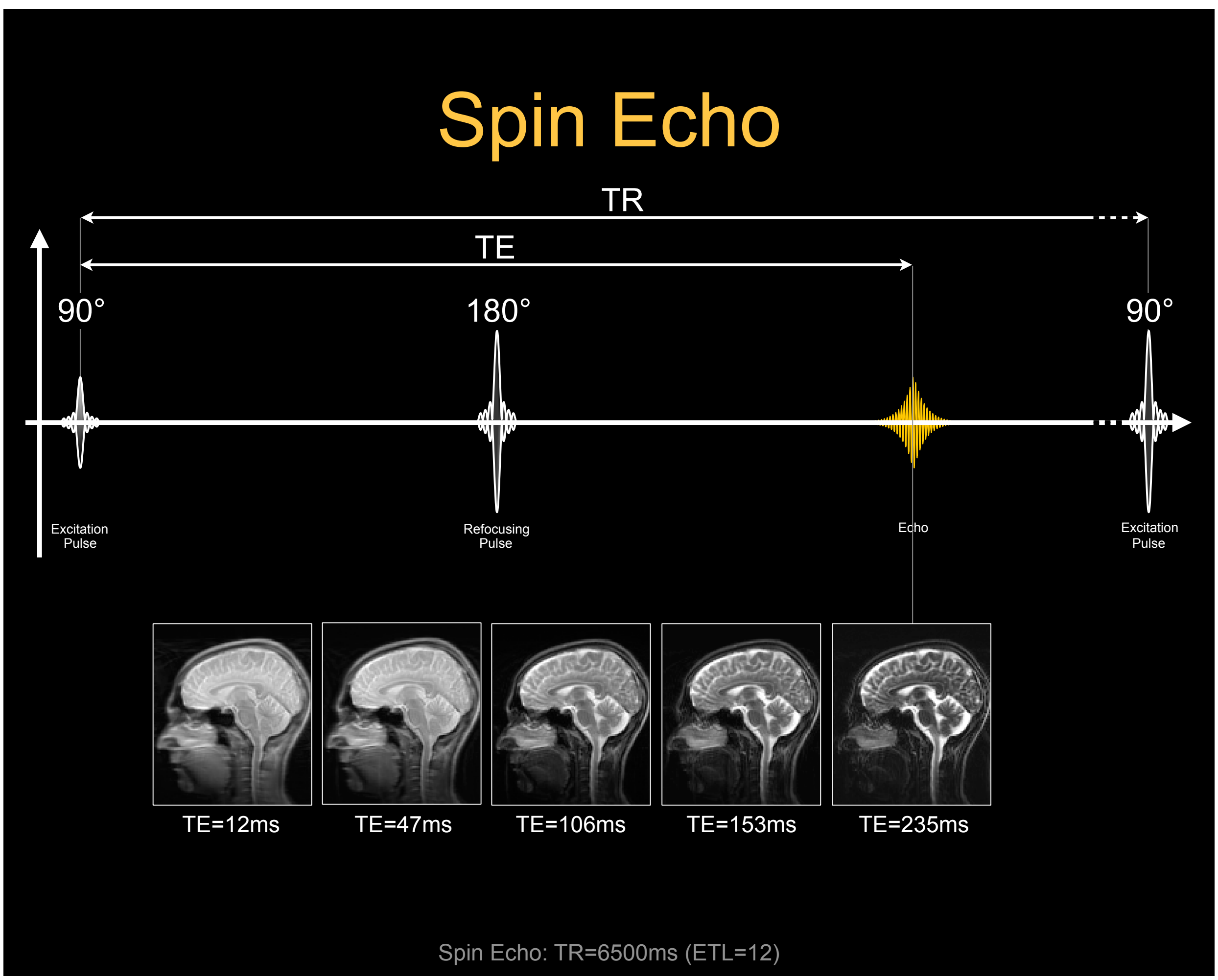
Spin Echo

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


Spin Echo
TR
TE
90°
180°
90°
Excitation Pulse
Refocusing Pulse
Echo
Excitation Pulse
TE=12ms
TE=47ms
Spin Echo: TR=6500ms (ETL=12)

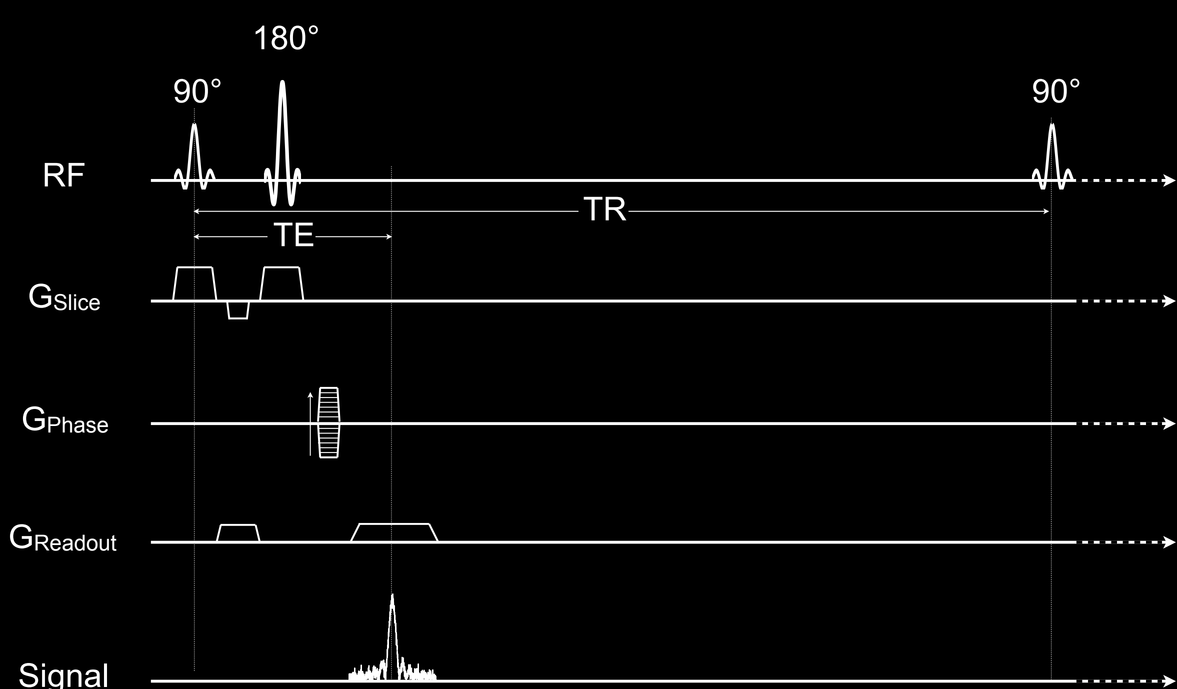

Spin Echo
TR
TE
90°
180°
90°
Excitation Pulse
Refocusing Pulse
Echo
Excitation Pulse
TE=12ms
TE=47ms
TE=106ms
Spin Echo: TR=6500ms (ETL=12)

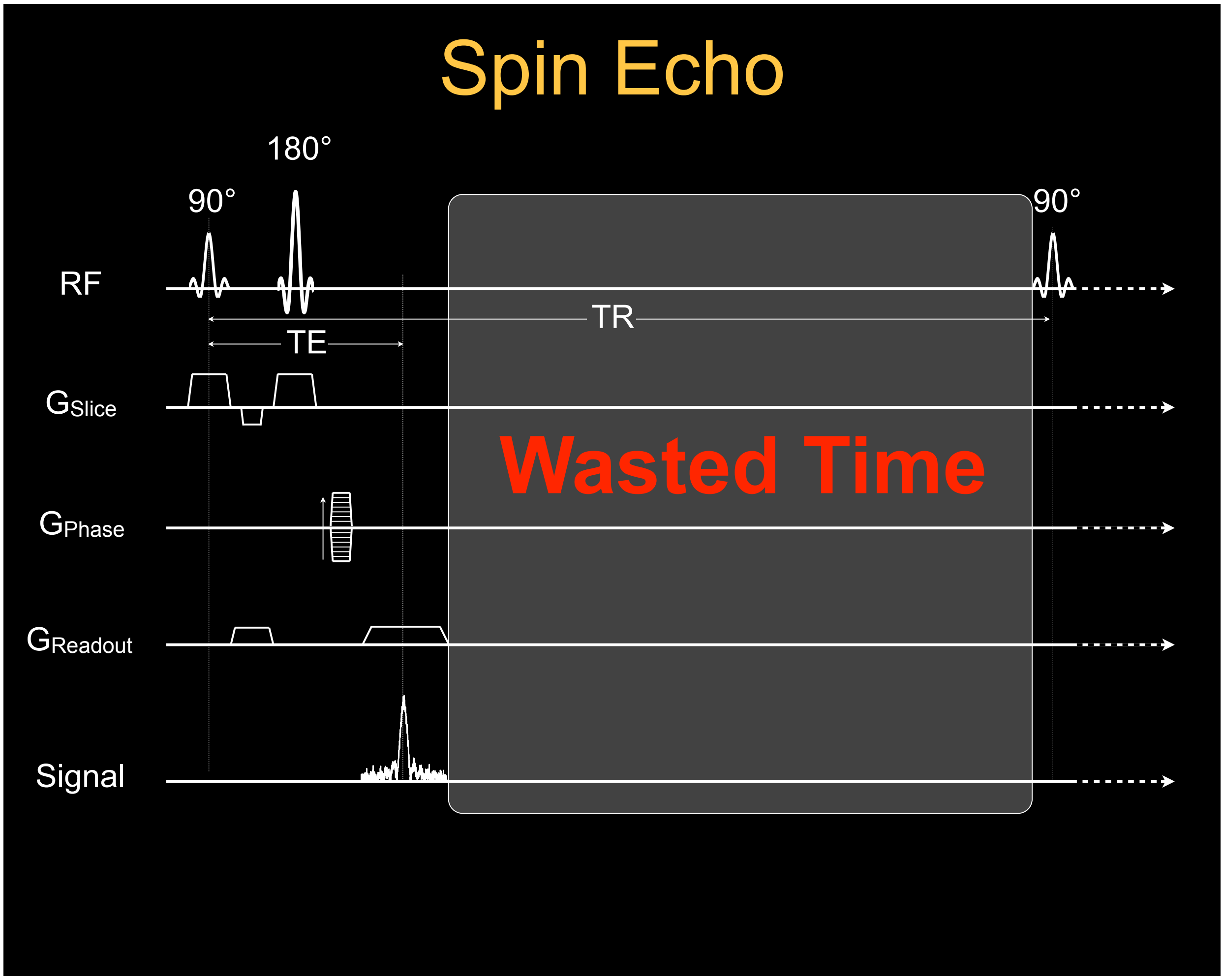

Spin Echo
TR
TE
90°
180°
90°
Excitation Pulse
Refocusing Pulse
Echo
Excitation Pulse
TE=12ms
TE=47ms
TE=106ms
TE=153ms
Spin Echo: TR=6500ms (ETL=12)

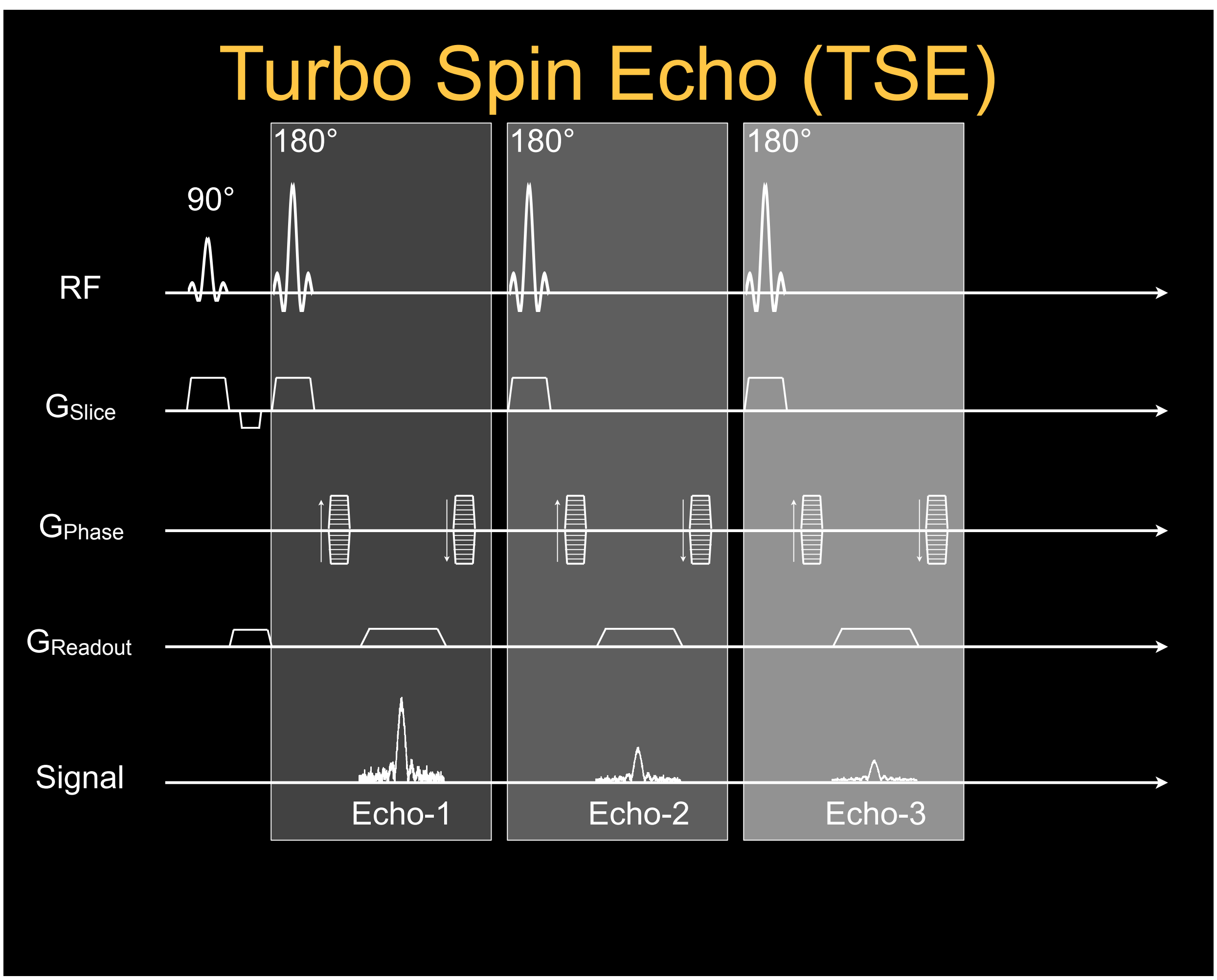

Spin Echo
TR
TE
90°
180°
90°
Excitation Pulse
Refocusing Pulse
Echo
Excitation Pulse
TE=12ms
TE=47ms
TE=106ms
TE=153ms
TE=235ms
Spin Echo: TR=6500ms (ETL=12)

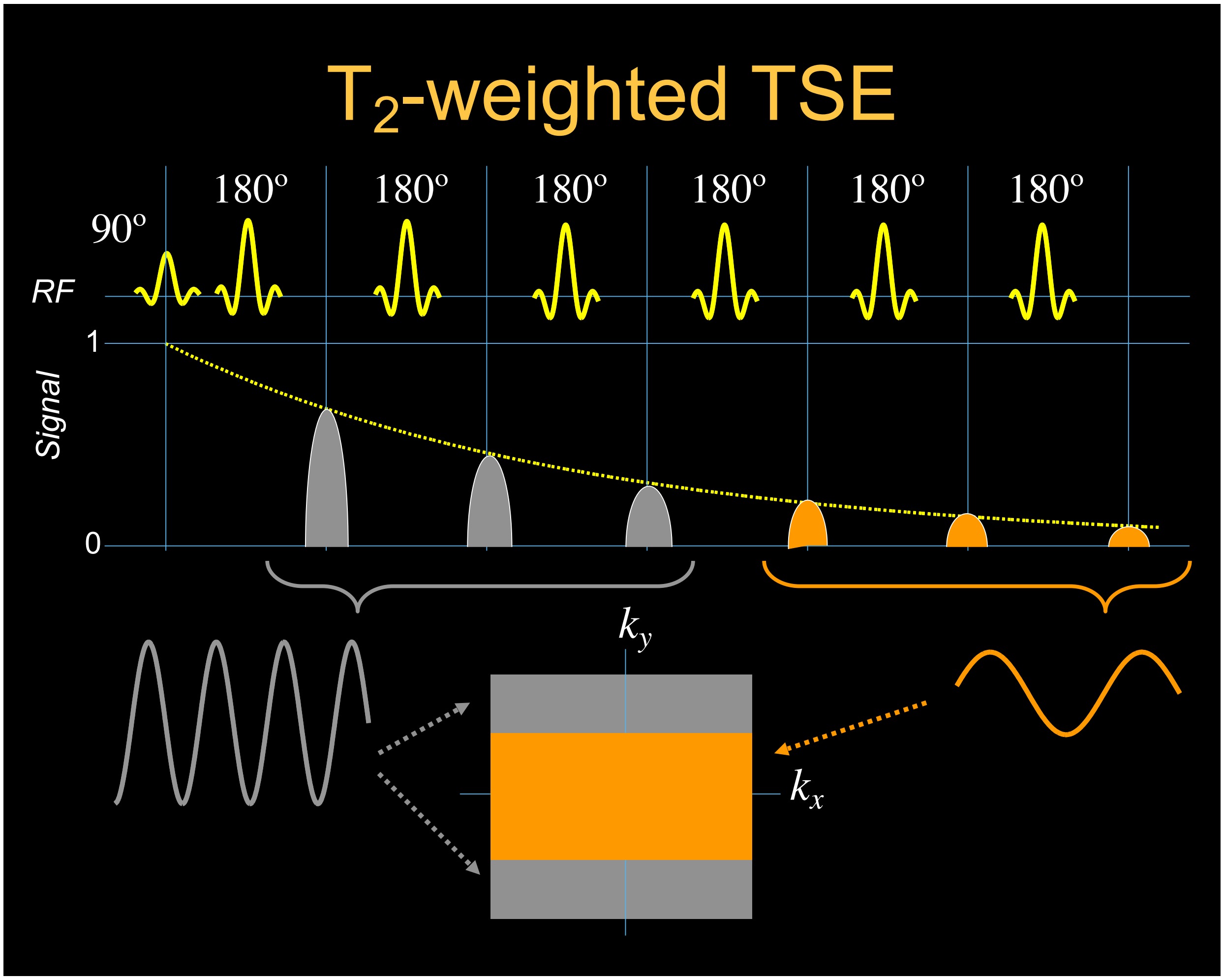
Turbo Spin Echo (TSE) / Fast Spin Echo (FSE)

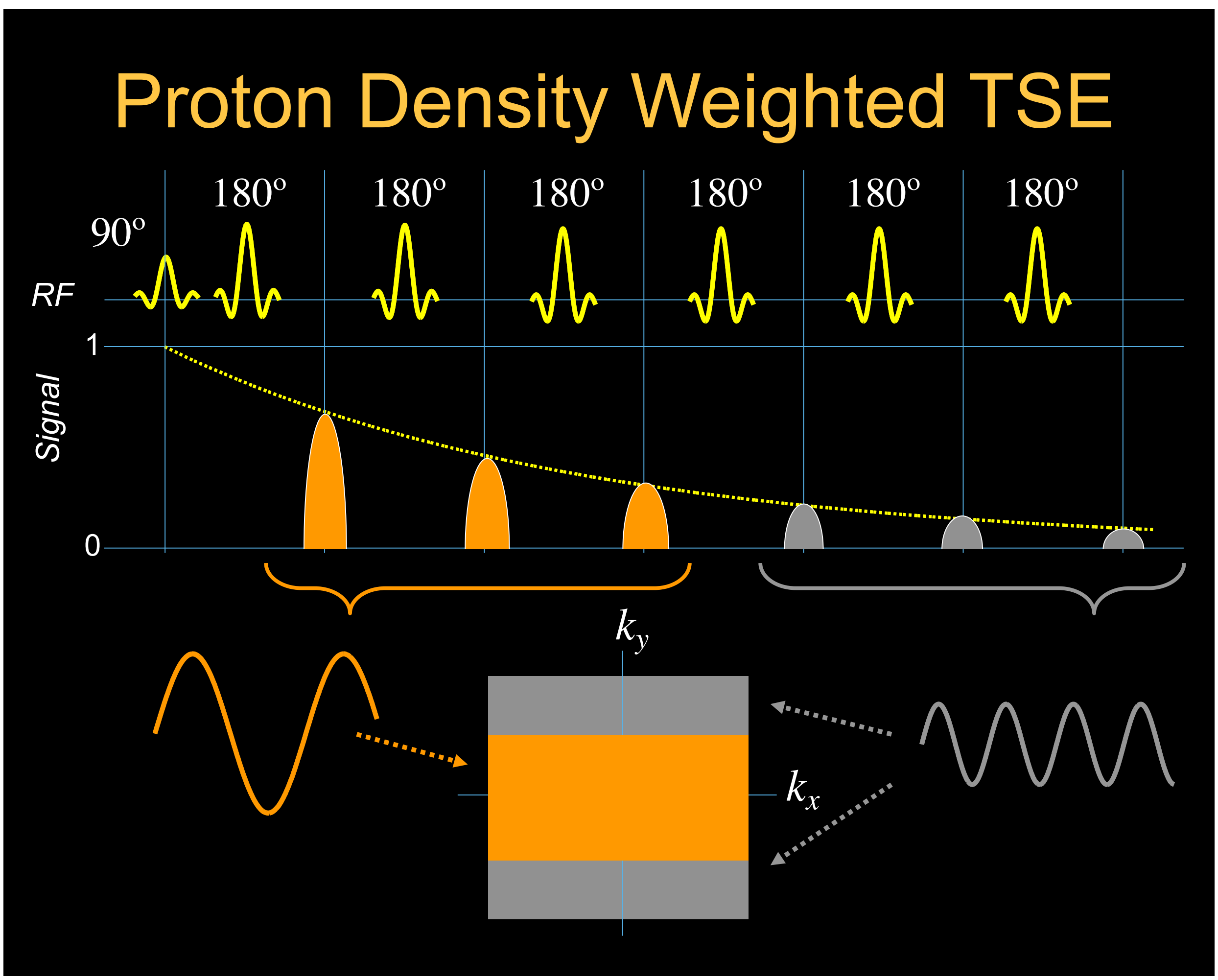
Spin Echo




Spin Echo
180°
90°
90°
RF
TR
TE
GSlice
Wasted Time
GPhase
GReadout
Signal

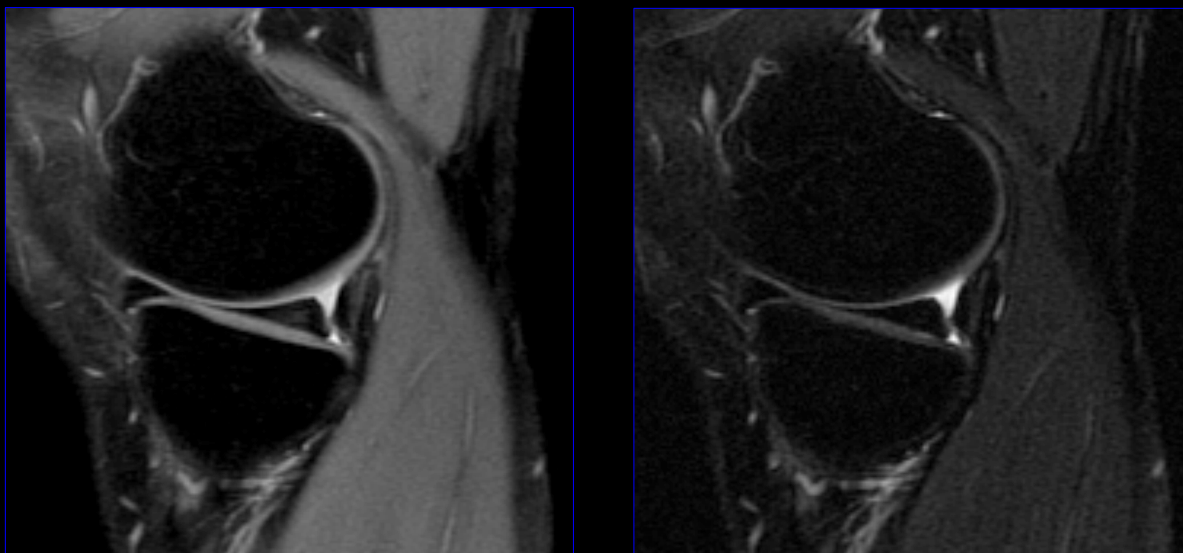

Turbo Spin Echo (TSE)
180°
180°
180°
90°
RF
GSlice
GPhase
GReadout
Signal
Echo-1
Echo-2
Echo-3


T2-weighted TSE
180°
180°
180°
180°
180°
180°
90°
RF
1
Signal
0
ky
kx


Proton Density Weighted TSE
180°
180°
180°
180°
180°
180°
90°
RF
1
Signal
0
ky
kx

PD vs T_2-weighted TSE

Proton Density Weighted | T_2-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 are probably overkill

Gradient Echo Imaging

Gradient Echo Sequences

- Spoiled Gradient Echo
  - SPGR, FLASH, T1-FFE
- Balanced Steady-State Free Precession
  - TrueFISP, FIESTA, Balanced FFE

Principal GRE Advantages

- Fast Imaging Applications
  - **Why?** *Can use a shorter TE/TR than spin echo*
  - **When?** Breath-held, realtime, & 3D volume imaging
- Flexible image contrast
  - **Why?** Adjusting TE/TR/FA controls the signal
  - **When?** Characterize a tissue for diagnosis
- Bright blood signal
  - **Why?** Inflowing spins haven't "seen" numerous RF pulses
  - **When?** Cardiovascular & angiographic applications
- Low SAR
  - **Why?** Imaging flip angles are (typically) small
  - **When?** When heating risks are a concern

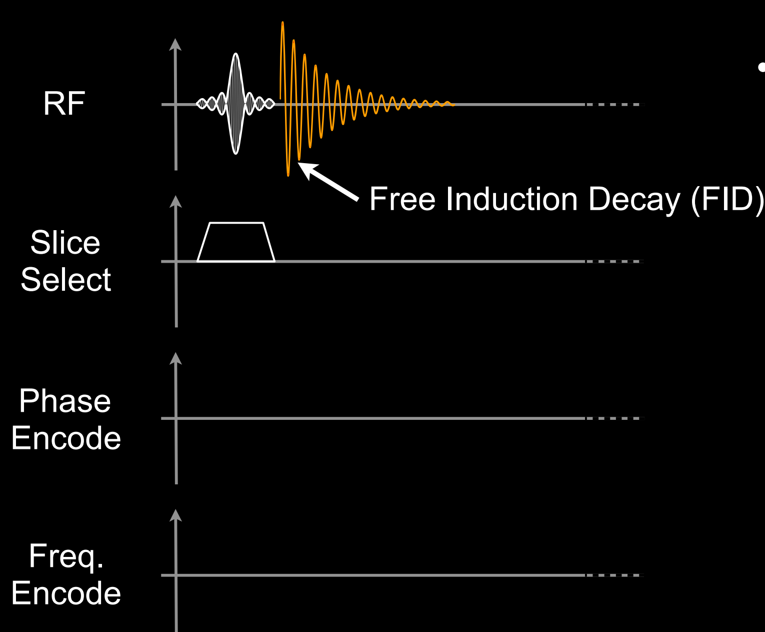
Principal GRE Advantages

- Quantitative
  - **Why?** Multi-echo acquisition are practical.
  - **When?** Flow quantification & Fat/Water mapping
- Susceptibility Weighted Imaging
  - **Why?** No refocusing pulse.
  - **When?** T_2^*-weighted (hemorrhage) imaging
- Reduced Slice Cross-talk
  - **Why?** SE hard to match slice profile of 90° & 180°
  - **When?** Little or no slice gap for 2D multi-slice
- More...

Principal GRE Disadvantages

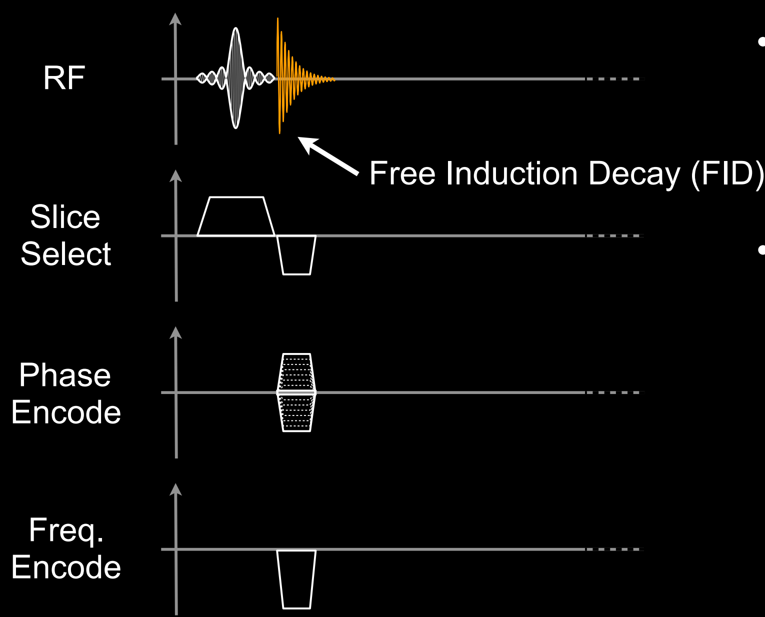
- Off-resonance sensitivity
  - **Why?** No refocusing pulse
    - Field inhomogeneity, Susceptibility, & Chemical shift
- T_2^*-weighted rather than T_2-weighted
  - **Why?** No re-focusing pulse
    - Spin-spin dephasing is not reversible with GRE
- Larger metal artifacts than SE
  - Why? No refocusing pulse.
    - Large field inhomogeneities aren't corrected with GRE

Basic Gradient Echo Sequence



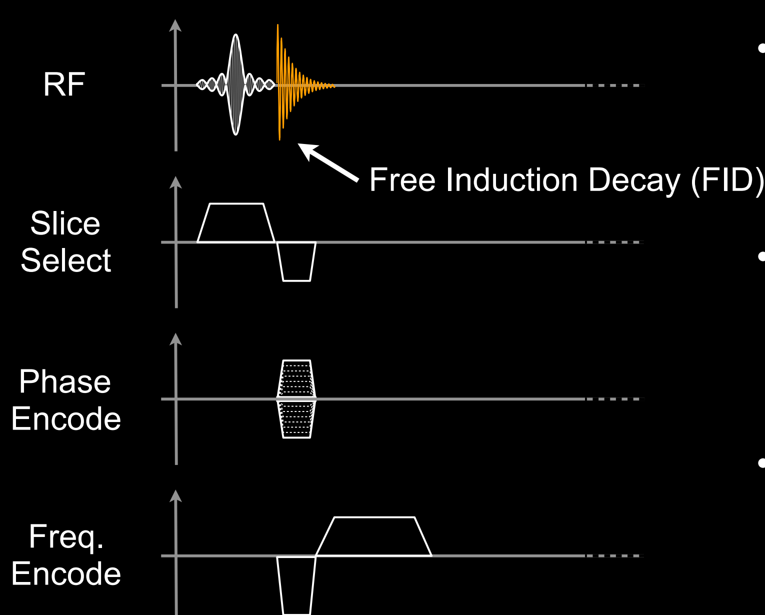
- FID Decay due to
  - T2 decay
  - Spin dephasing

Basic Gradient Echo Sequence



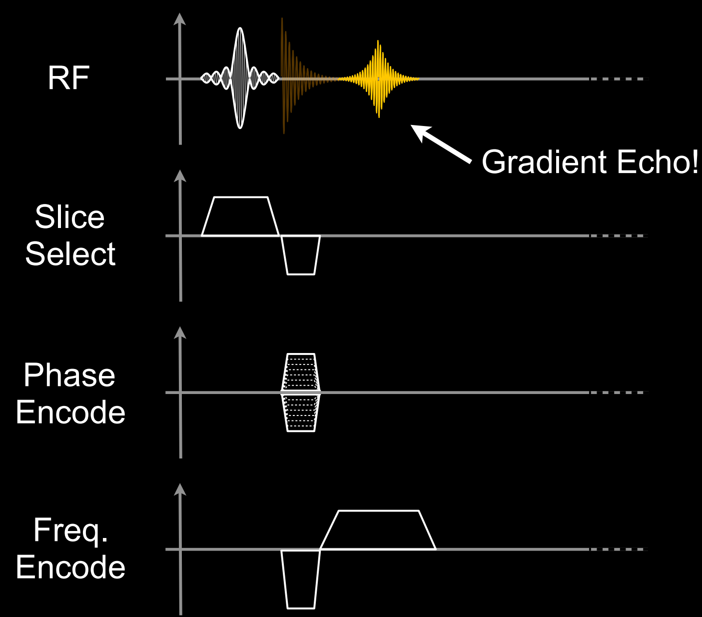
- FID Decay due to
  - T2 decay
  - Spin dephasing
- Gradients accelerate spin dephasing

Basic Gradient Echo Sequence



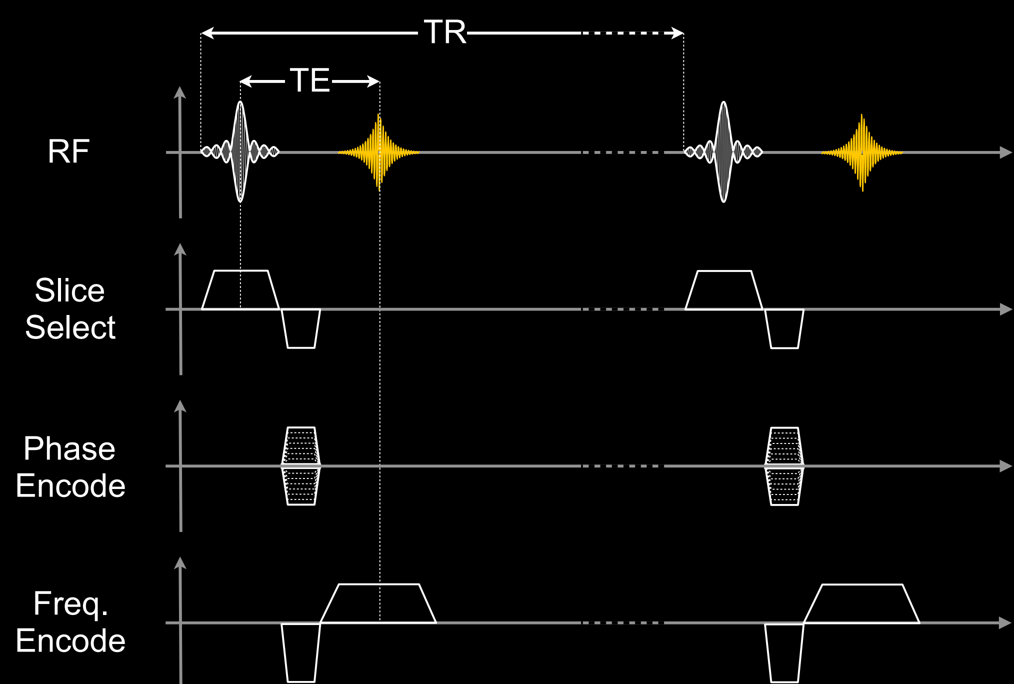
- FID Decay due to
  - T2 decay
  - Spin dephasing
- Gradients accelerate spin dephasing
- Gradients can undo gradient induced spin dephasing

Basic Gradient Echo Sequence

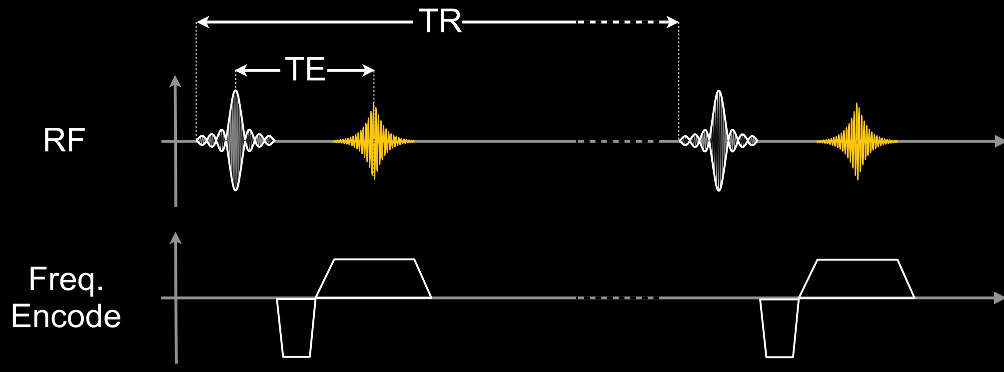


- FID Decay due to
  - T2 decay
  - Spin dephasing
- Gradients accelerate spin dephasing
- Gradients can undo gradient induced spin dephasing

Basic Gradient Echo Sequence



Basic Gradient Echo Sequence



Gradient Echoes & Contrast

Spoiled Gradient Echo Contrast

Contrast depends on tissue's ρ, T_1 and T_2*.

$$A_{echo} \propto \frac{\rho\left(1 - e^{-TR/T_1}\right)}{1 - \cos\alpha e^{-TR/T_1}} \sin\alpha e^{-TE/T_2^*}$$

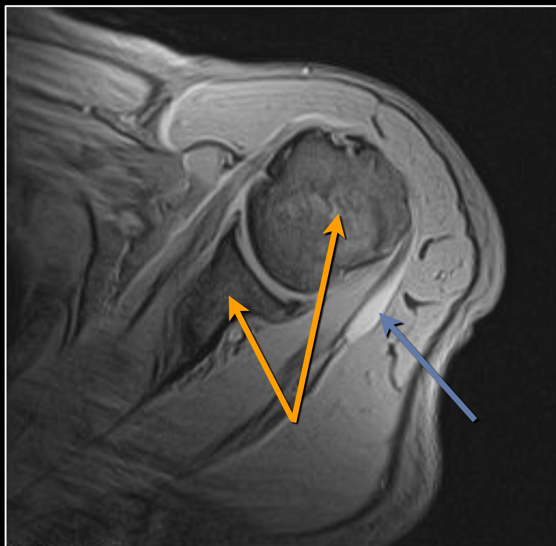
Contrast adjusted by changing TR, flip angle, and TE

Spoiled Gradient Echo Contrast

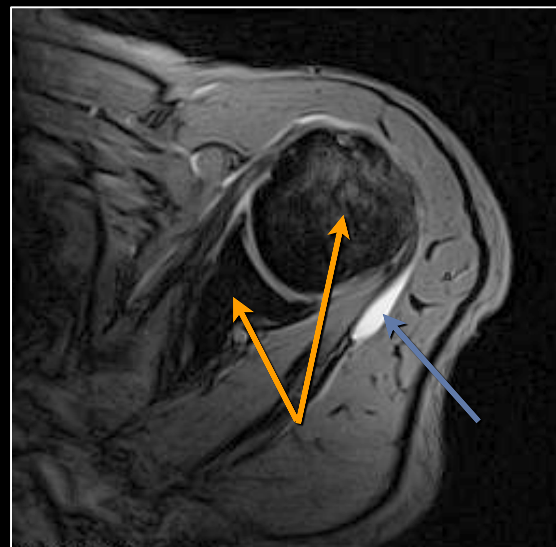
Gradient Echo Parameters

Type of Contrast	TE	TR	Flip Angle
Spin Density	Short	Long	Small
T_1-Weighted	Short	Intermediate	Large
T_2^*-Weighted	Intermediate	Long	Small

T_2^*-weighted Gradient Echo Imaging



TE=9ms



TE=30ms

Susceptibility Weighting (darker with longer TE)

Bright fluid signal (long T_2^* is "brighter" with longer TE)

Images Courtesy of Brian Hargreaves

Gradient vs Spin Echo Contrast

Gradient Echo Parameters

Type of Contrast	TE	TR	Flip Angle
Spin Density	<5ms	>100ms	<10°
T_1-Weighted	<5ms	<50ms	>30°
T_2^*-Weighted	>20ms	>100ms	<10°

Spin Echo Parameters

Type of Contrast	TE	TR	Flip Angle
Spin Density	10-30ms	>2000ms	90+180
T_1-Weighted	10-30ms	450-850ms	90+180
T_2-Weighted	>60ms	>2000ms	90+180

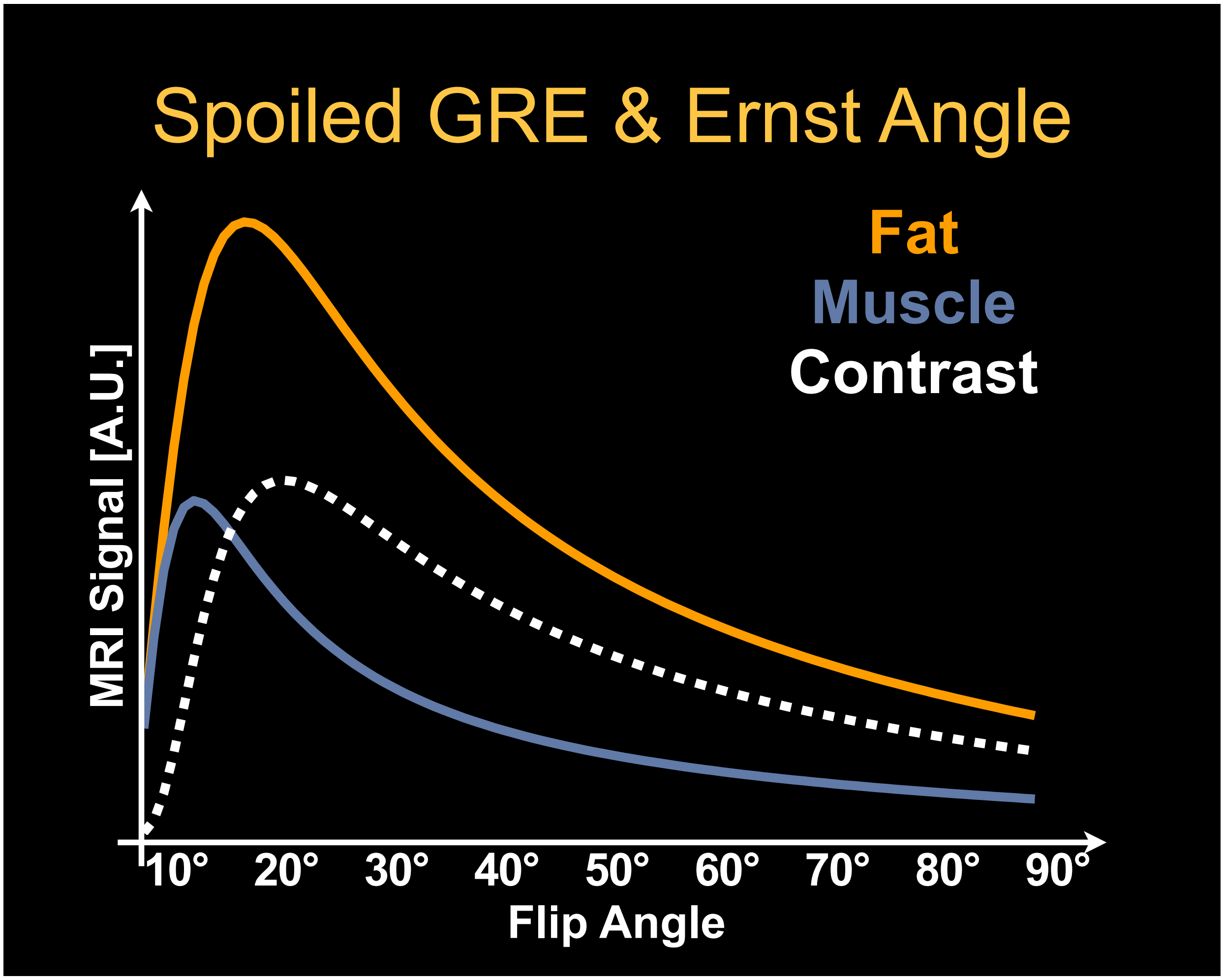
Gradient Echoes & Flip Angle

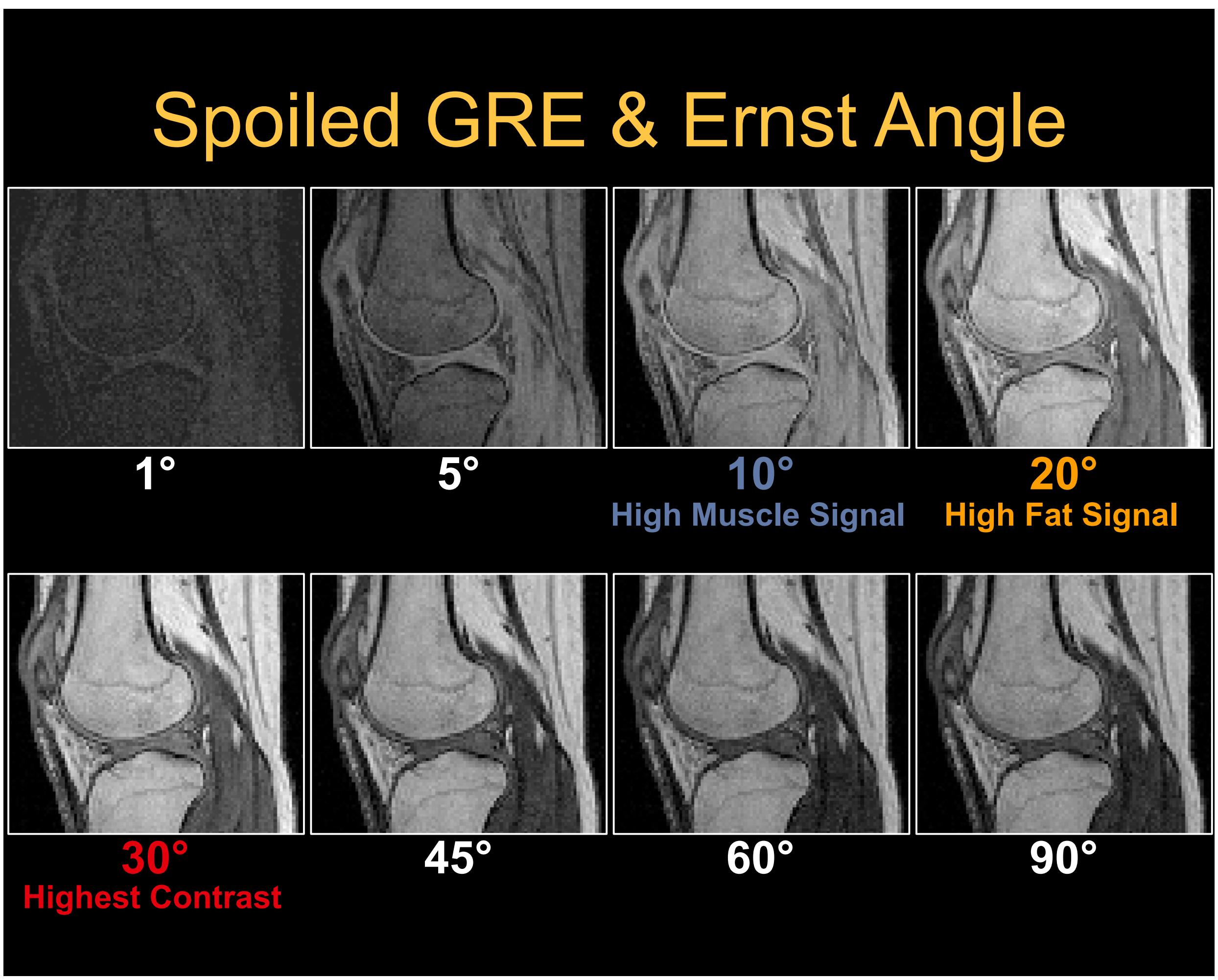
Spoiled GRE & Ernst Angle

$$\alpha_{Ernst} = \arccos\left(e^{-\frac{TR}{T_1}}\right)$$

Produces the largest MRI signal for a given TR and T_1

Tissue	T_1 [ms]	T_2 [ms]
muscle	875	47
fat	260	85


Spoiled GRE & Ernst Angle
Fat
Muscle
Contrast
MRI Signal [A.U.]
10° 20° 30° 40° 50° 60° 70° 80° 90°
Flip Angle


Spoiled GRE & Ernst Angle
1°
5°
10°
High Muscle Signal
20°
High Fat Signal
30°
Highest Contrast
45°
60°
90°

Relaxation - True or False?

1. $T_2^* > T_2 > T_1$

2. Long T_1s appear bright on a T_1-weighted image

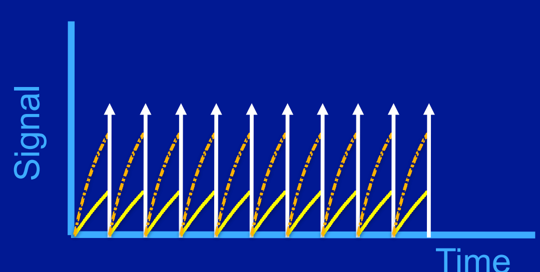
3. Short T_2s appear dark on a T_2-weighted image

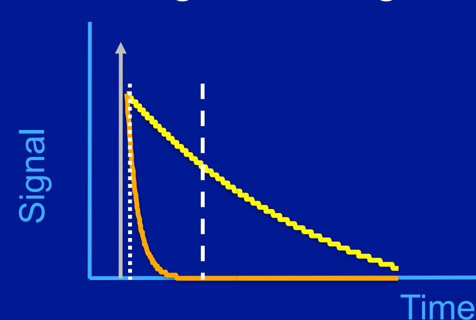
Relaxation - True or False?

1. $T_2^* > T_2 > T_1$

2. Long T_1s appear bright on a T_1-weighted image

3. Short T_2s appear dark on a T_2-weighted image





Relaxation - True or False?

1. T_1(CSF) > T_1(Gray Matter)

2. T_2(Liver) < T_2(Fat)

Relaxation - True or False?

1. T_1(CSF) > T_1(Gray Matter)

2. T_2(Liver) < T_2(Fat)

Tissue	**T_1 [ms]**	**T_2 [ms]**
gray matter	925	100
white matter	790	92
muscle	875	47
fat	260	85
kidney	650	58
liver	500	43
CSF	2400	180

Spin Echoes - True or False?

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.

Spin Echoes - True or False?

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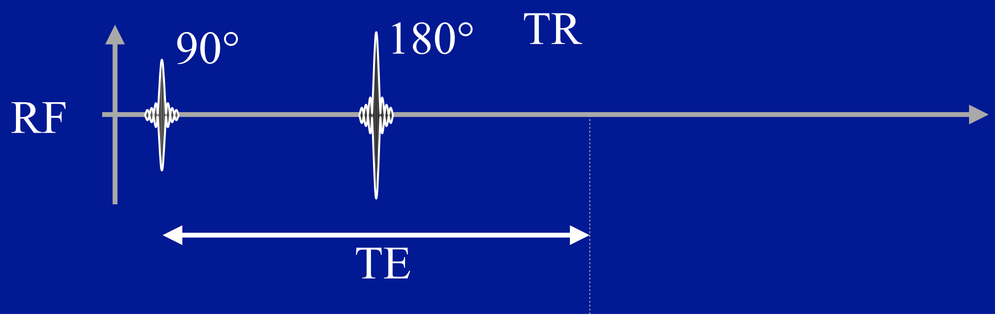


Spin Echoes - True or False?

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.

Spin Echoes - True or False?

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.

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

Longer TR minimizes T1 contrast

Short TE minimizes T2 contrast

Gradient Echo Imaging...

Gradient echo imaging is great for everything except:

A. T_2*-weighted imaging.

B. T_2-weighted imaging.

C. True 3D imaging.

D. Real time imaging.

Gradient Echo Imaging...

Gradient echo imaging is great for everything except:

A. T_2*-weighted imaging
   Yes. GRE can be a T_2*-weighted sequence.
B. **T_2-weighted imaging**
   No. GRE can not be T_2-weighted
C. True 3D imaging
   Yes! GRE is a fast sequence
D. Real time imaging
   Yes! GRE is a fast sequence

Gradient Echo Imaging...

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

Gradient Echo Imaging...

A. ...is great for T_2 imaging
   GRE is sensitive to T_2^*, whereas SE is sensitive to T_2

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 B_0 inhomogeneity, chemical shift and susceptibility shifts

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.

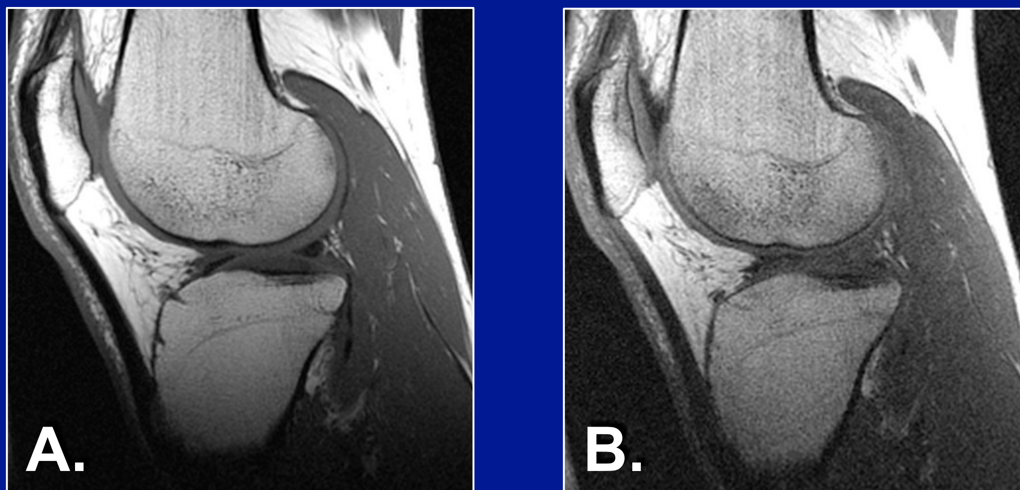
In Gradient Echo Imaging Always...

A. Use the highest available flip angle.

B. Calculate and use the Ernst angle.

C. Use a flip angle for maximum contrast.

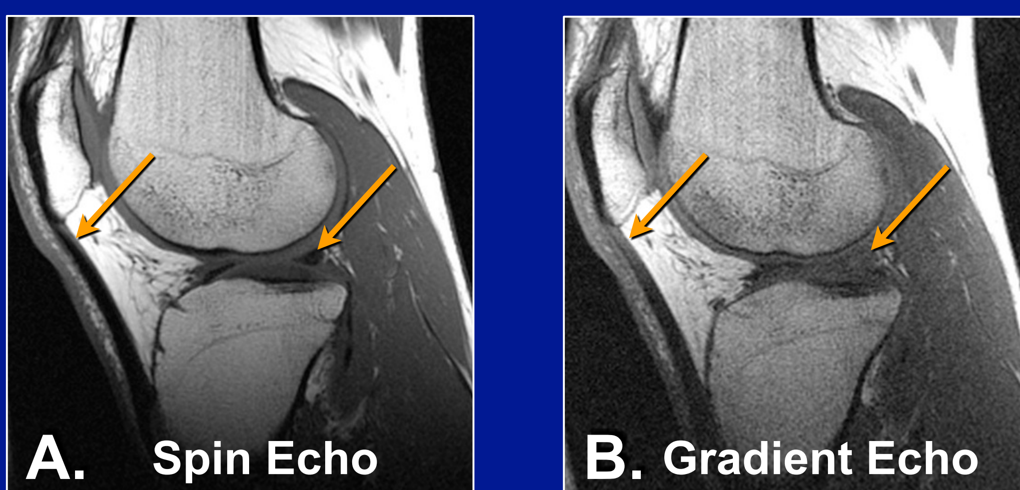
Gradient vs. Spin Echo



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

Thanks

Kyung Sung, PhD

ksung@mednet.ucla.edu

http://mrrl.ucla.edu/sunglab/

Images/Slide Courtesy of

Daniel Ennis, Ph.D.

Brian Hargreaves, Ph.D.