

# Imaging Sequences III

M219 - Principles and Applications of MRI

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2/28/2024

# Course Overview

- 2024 course schedule
  - [https://mrrl.ucla.edu/pages/m219\\_2024](https://mrrl.ucla.edu/pages/m219_2024)
- Assignments
  - Homework #3 is due on 3/6
- Final exam
  - 3/18 at 2-4pm
- TA office hours, 2/28 4-5pm & 2/29 4-5pm
- Office hours, Thursday 10-12pm

# Gradient Echoes & Fat

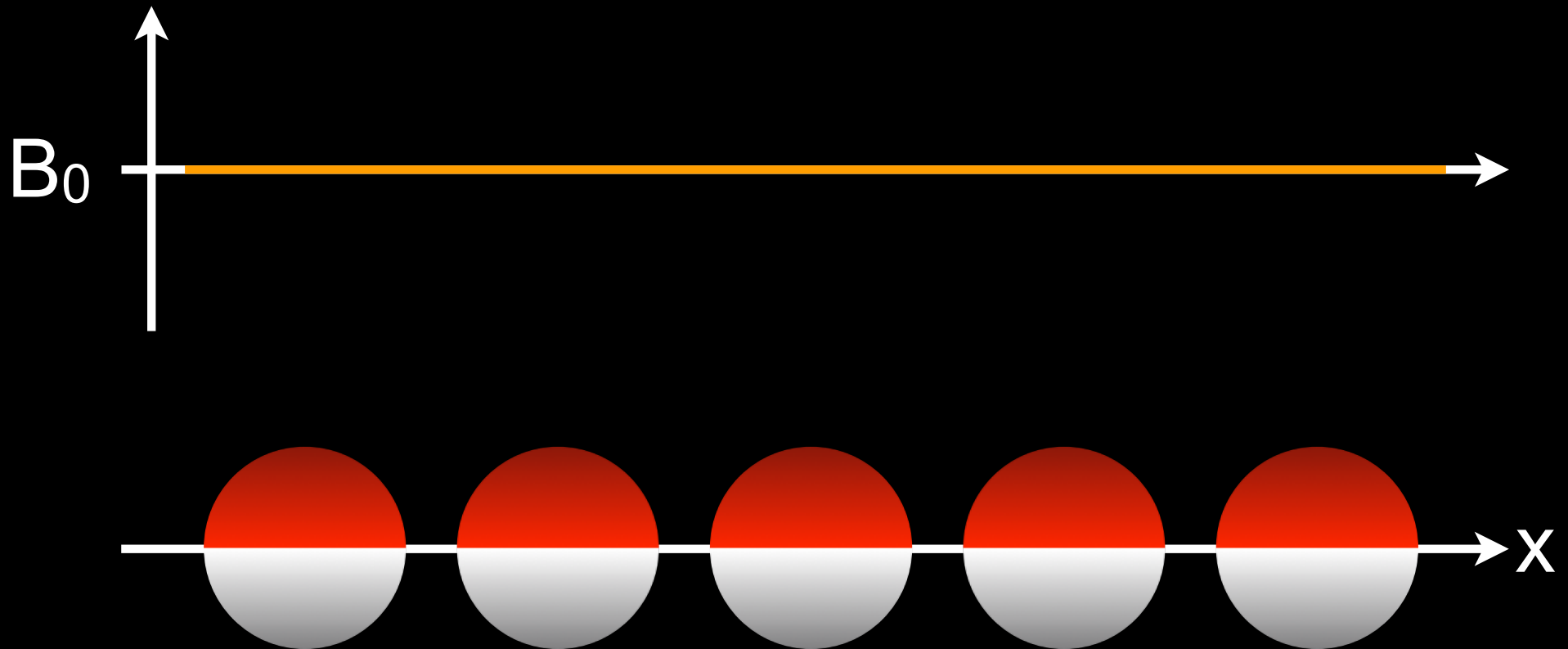
# Chemical Shift - Type 1

- 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 more spatially mis-registered @ 3T



Chemical Shift – Fat ( $-CH_2$ ) is ~220Hz *lower* at 1.5T

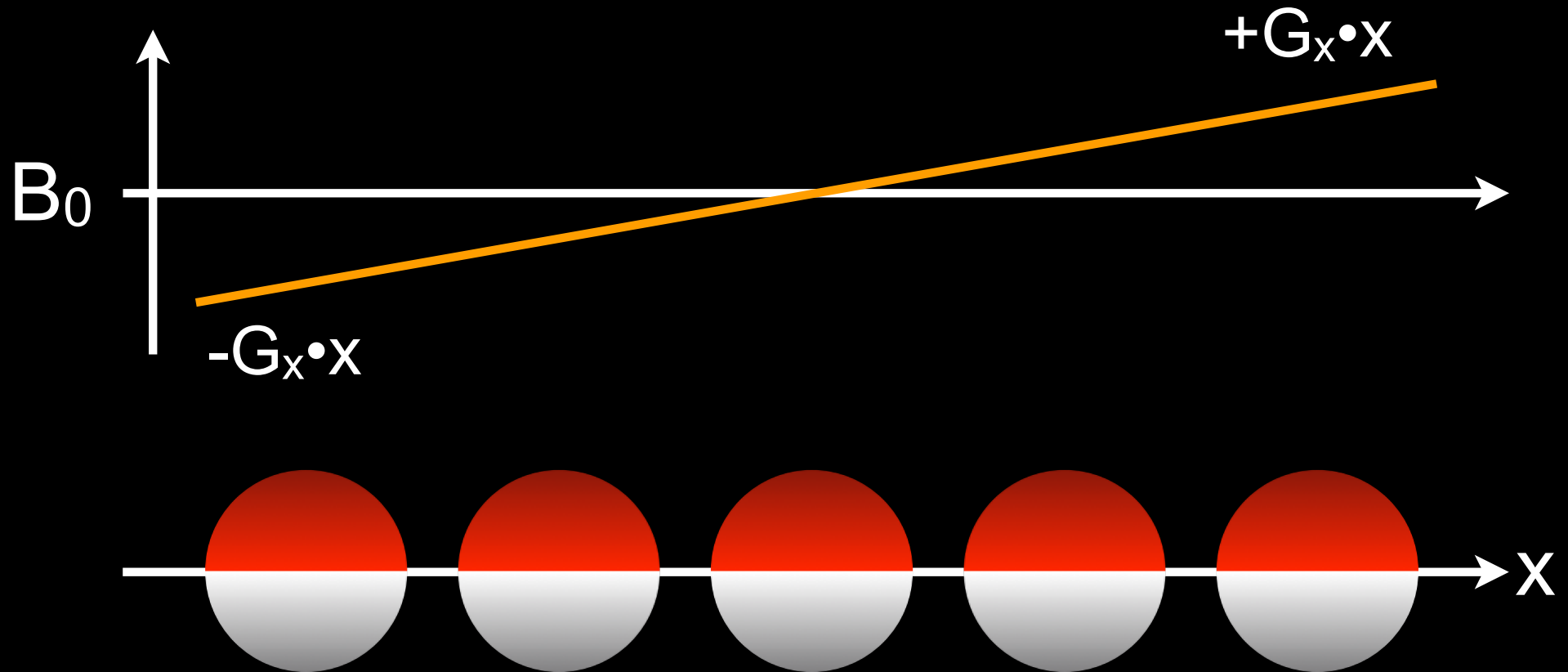
# GRE & Fat/Water Frequency



## Water Spins in a *Uniform* Field

Water spins precess at the same Larmor frequency in a uniform  $B_0$  field.

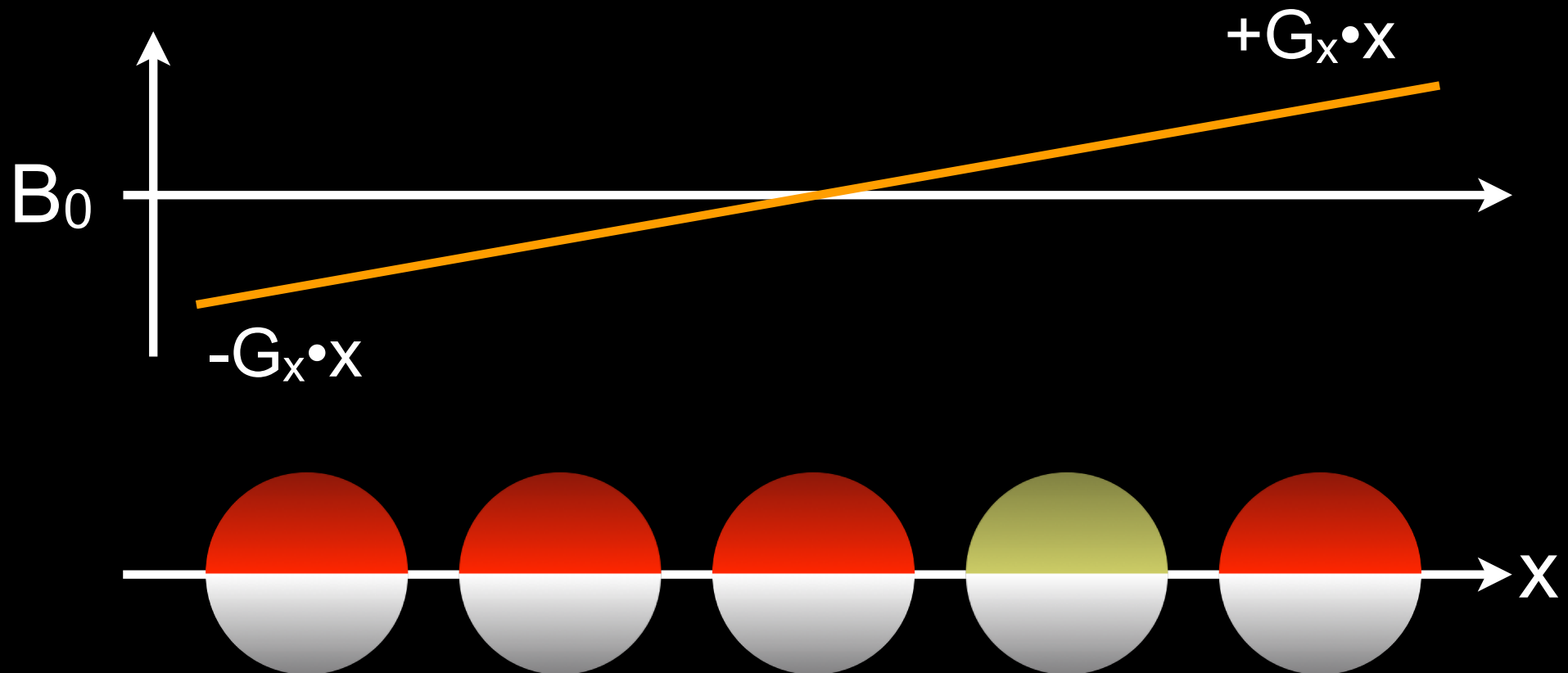
# GRE & Fat/Water Frequency



## Water Spins in a *Gradient* Field

Water spins precess at **different** Larmor frequencies in a non-uniform  $B_0$  field.

# GRE & Fat/Water Frequency

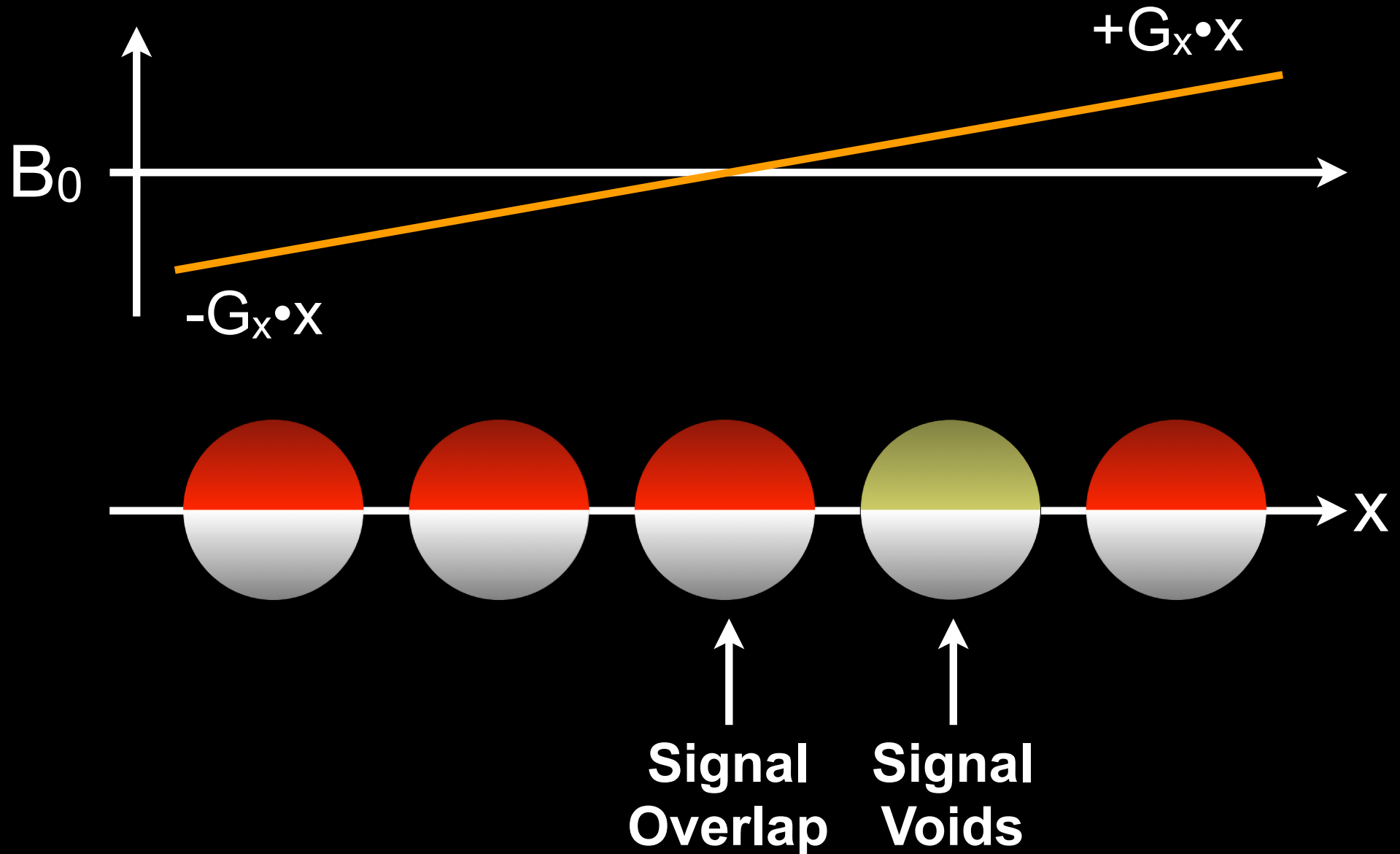


**Water & Fat Spins in a Gradient Field**

**Fat Spins ~220Hz slower than water @ 1.5T**

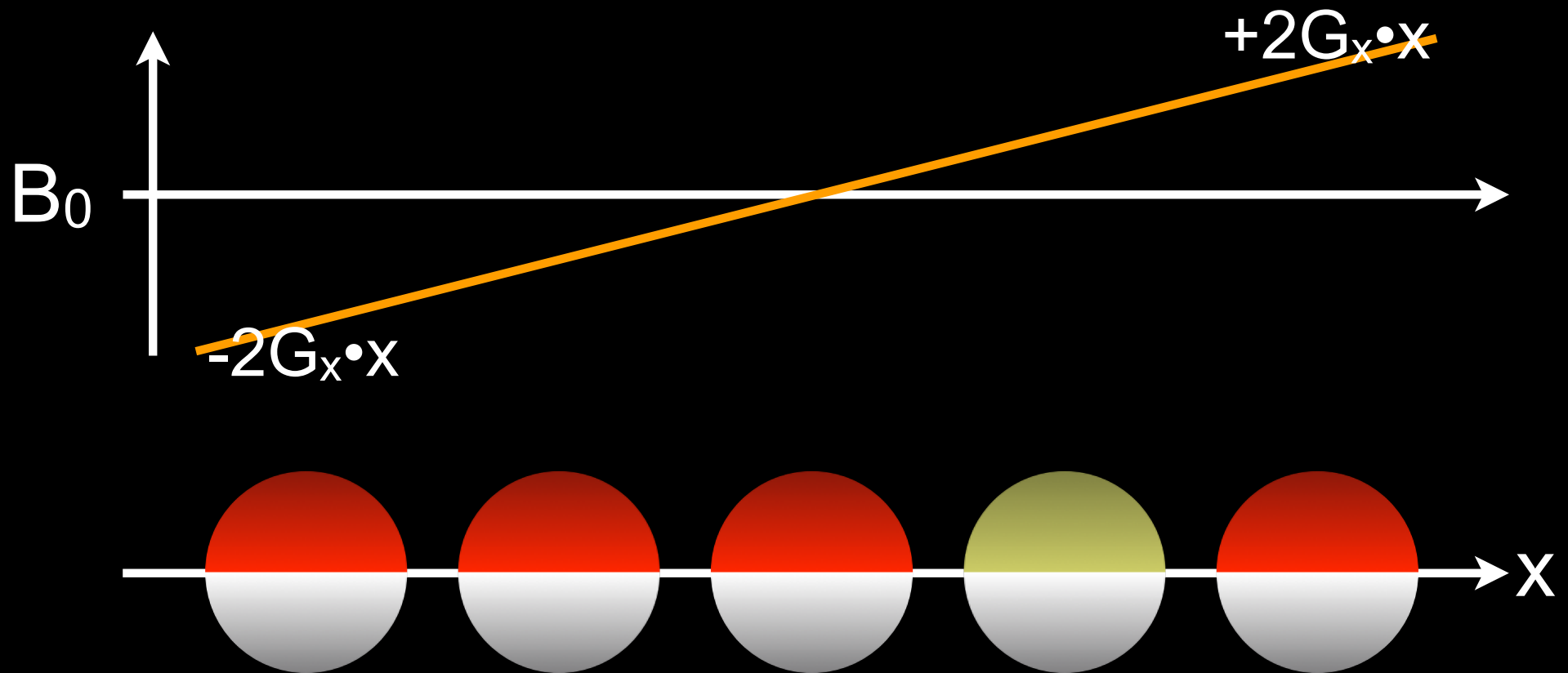
Spatial *position* is inferred from Larmor frequency.  
Chemical (frequency) shift produces an apparent spatial shift.

# GRE & Fat/Water Frequency



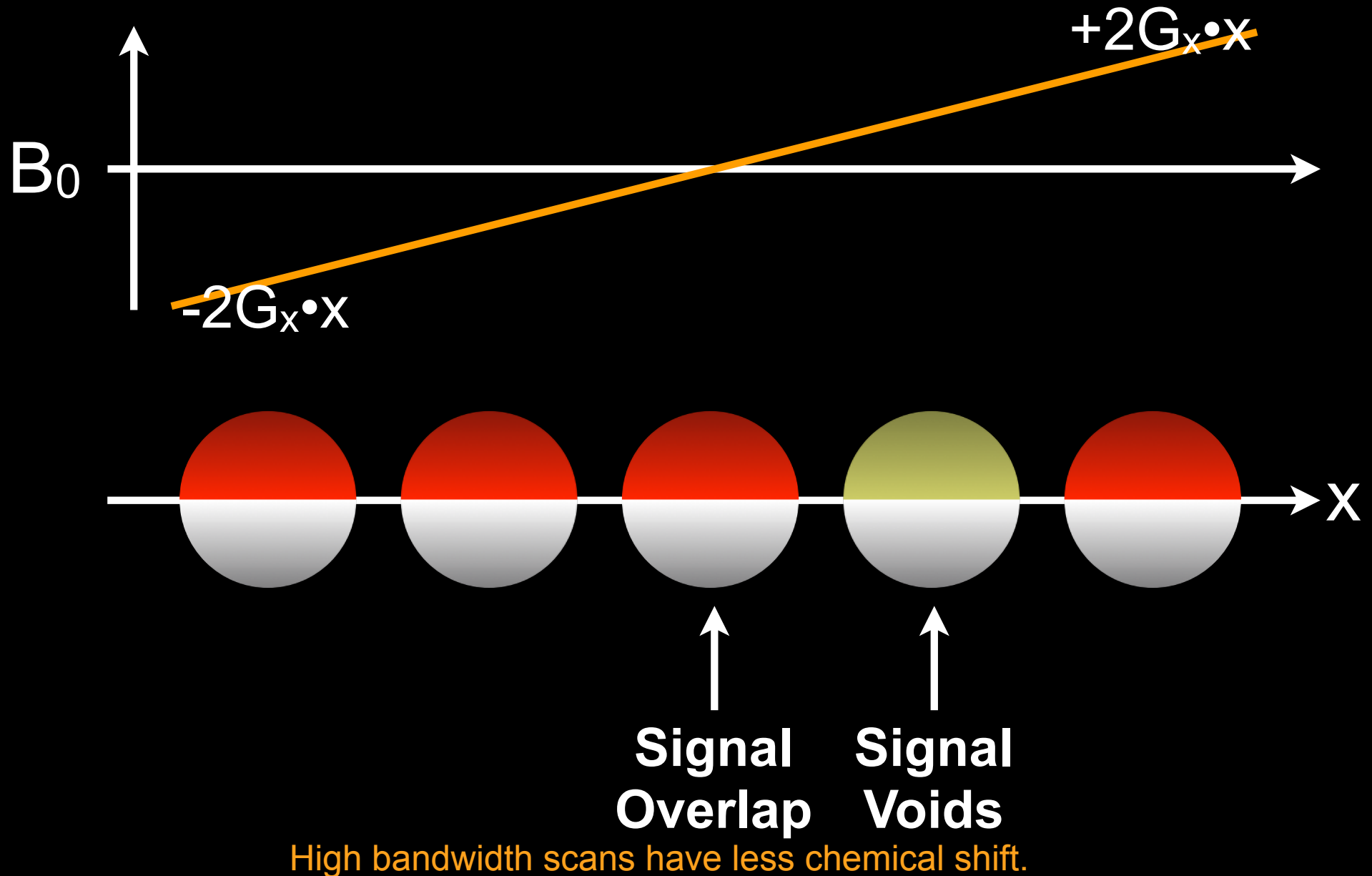


# GRE and Bandwidth



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

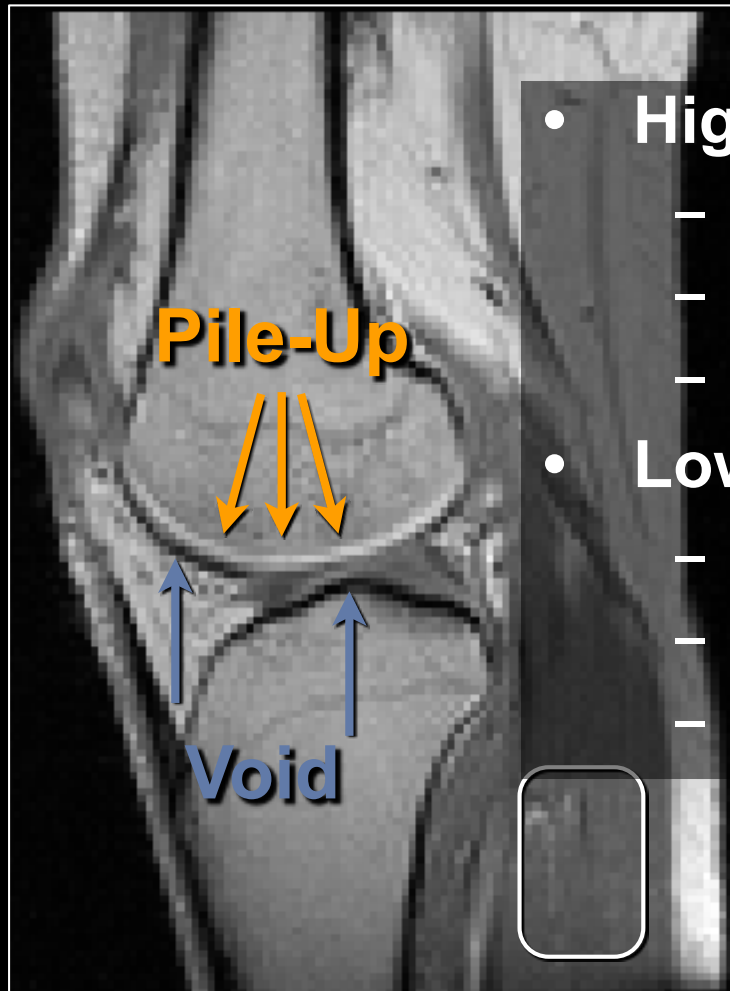
# GRE and Bandwidth



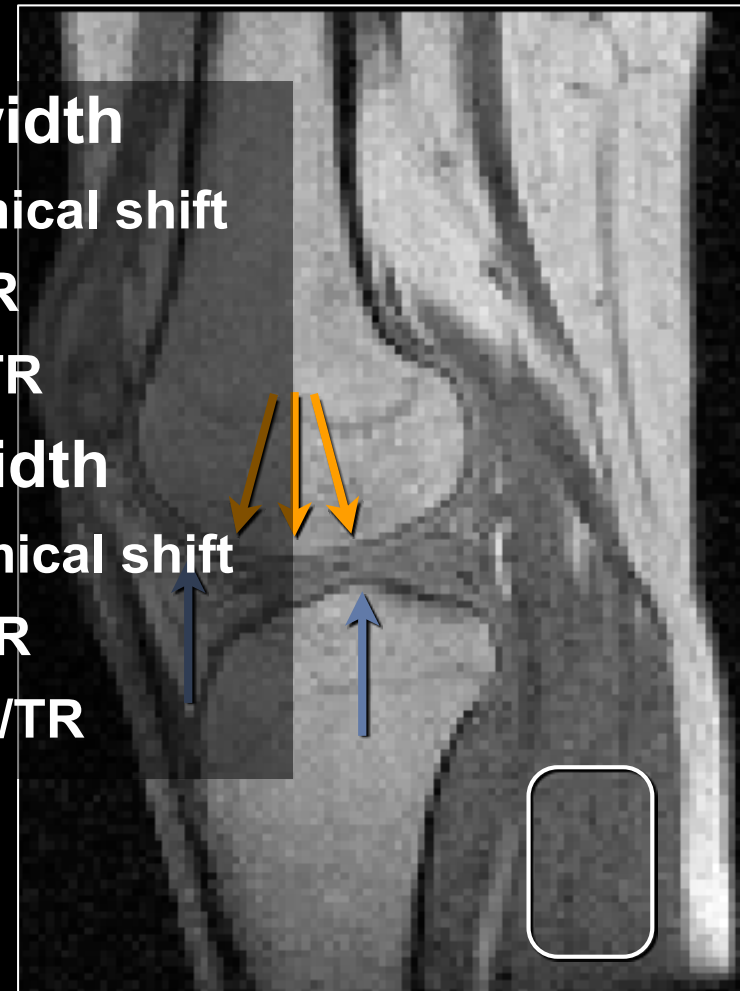
# GRE, Fat/Water & Bandwidth

Low Bandwidth

High Bandwidth



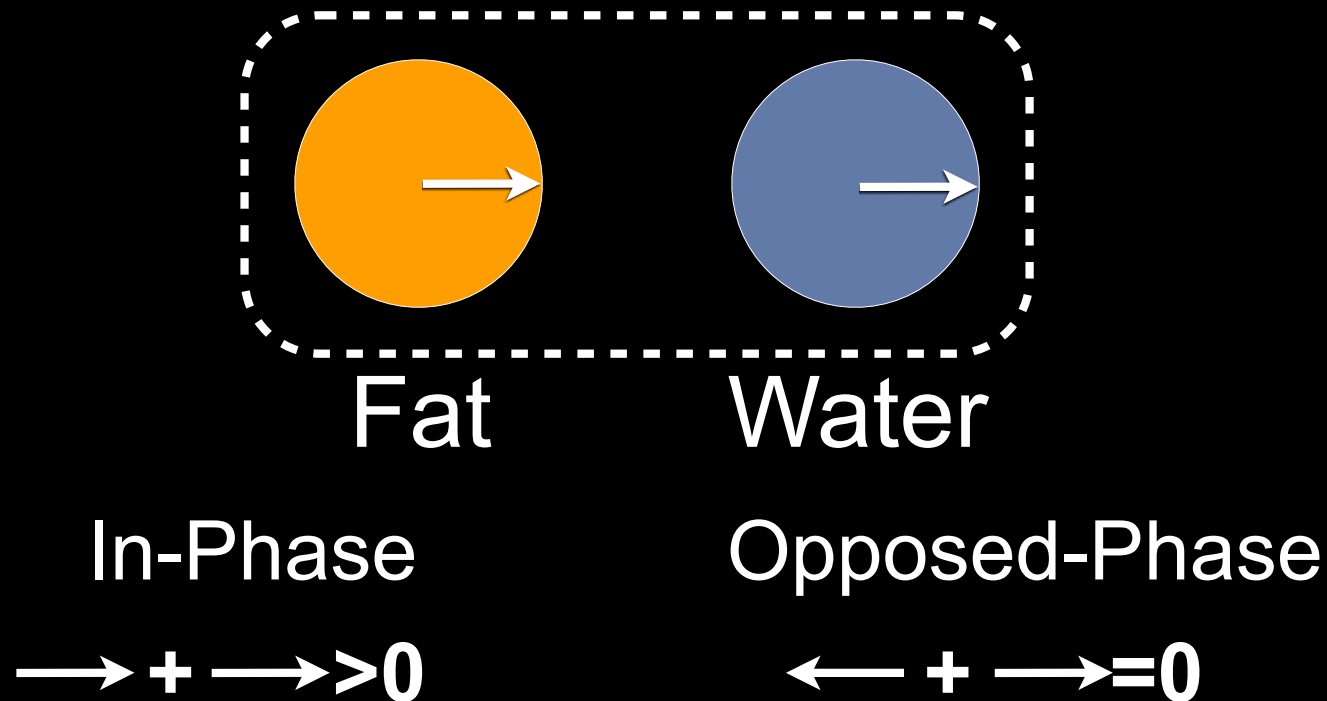
- High Bandwidth
  - Less chemical shift
  - Lower SNR
  - Short TE/TR
- Low Bandwidth
  - More chemical shift
  - Higher SNR
  - Longer TE/TR



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

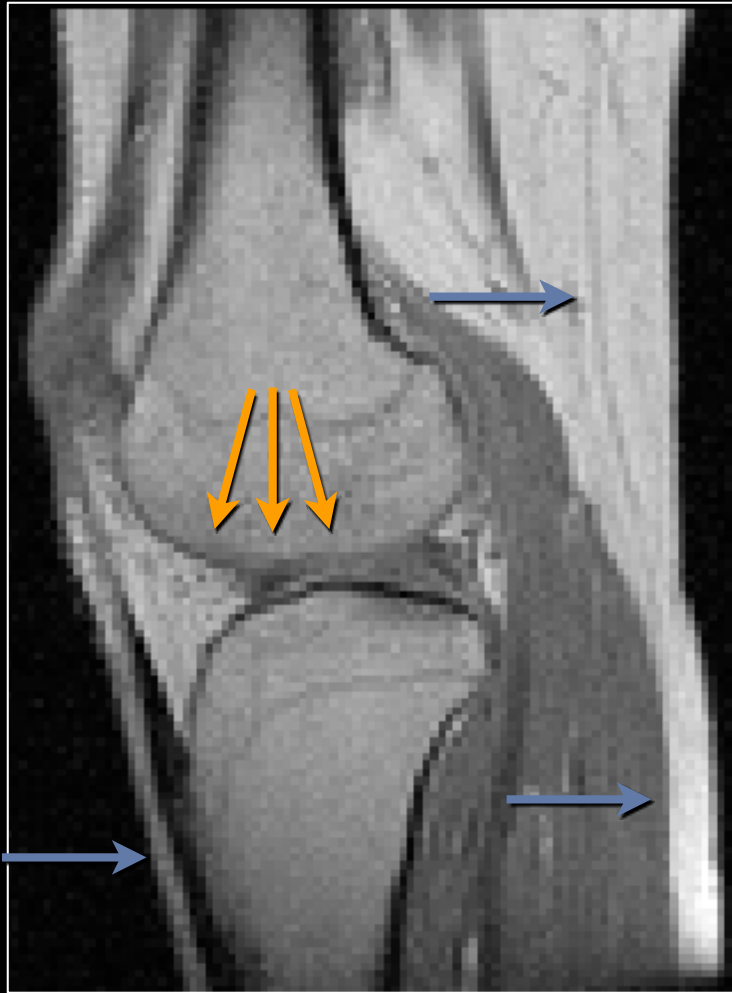
- Pixels are frequently a mixture of fat and water
- Pixel intensity is the vector sum of fat and water



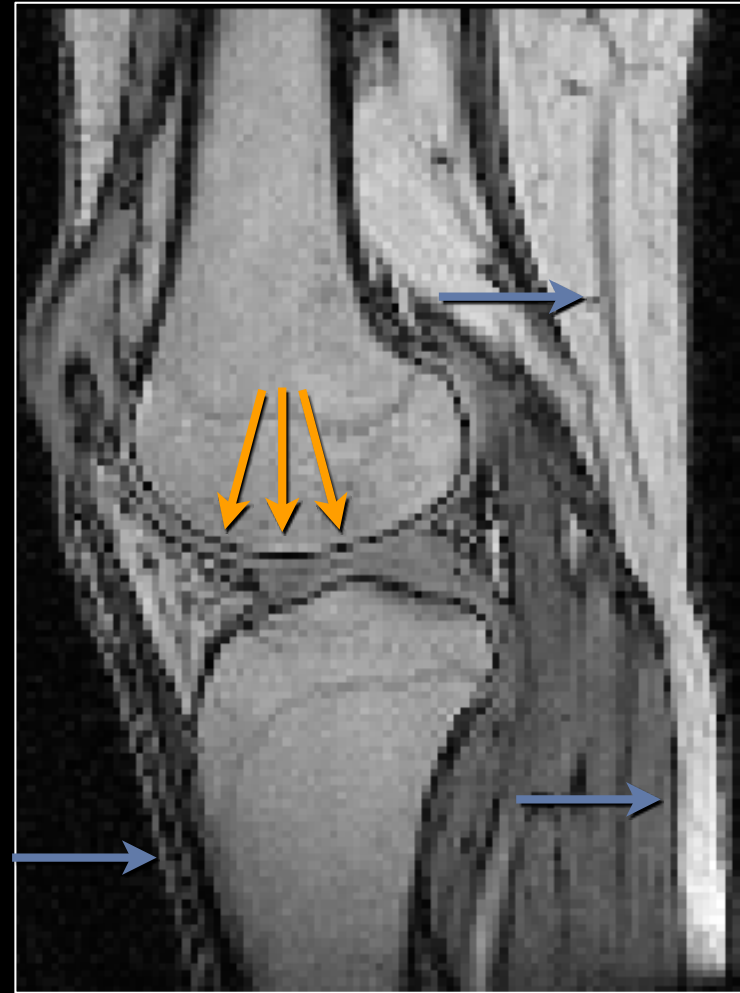
**The TE controls the phase between fat and water.**

# GRE and Fat/Water Phase

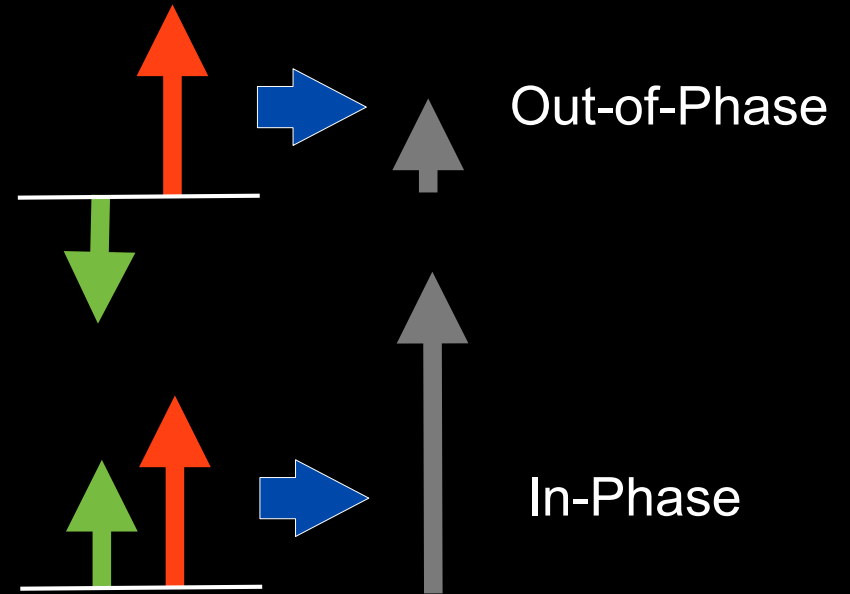
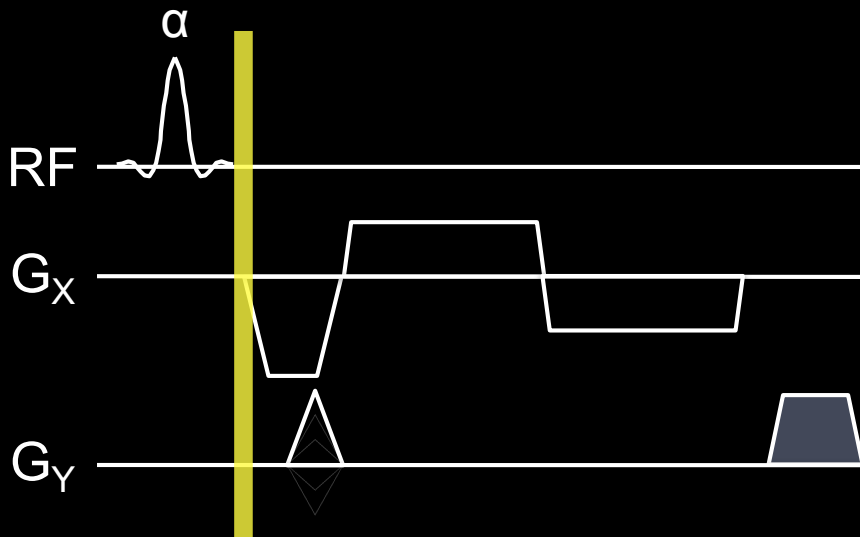
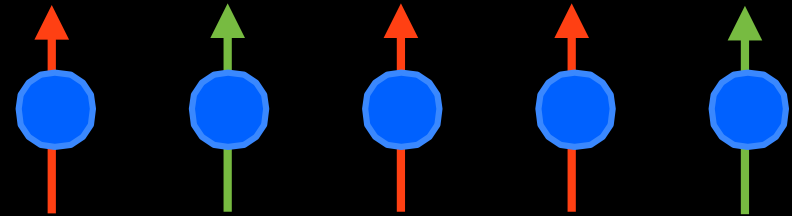
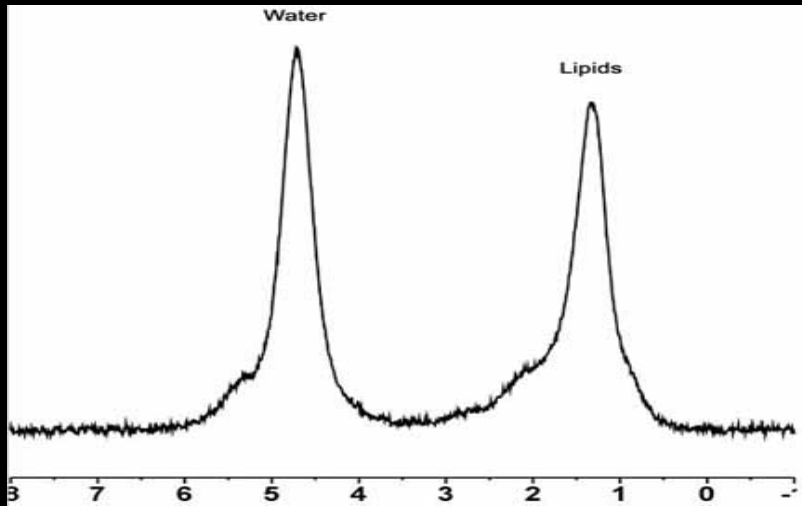
**In-Phase**



**Opposed-Phase**

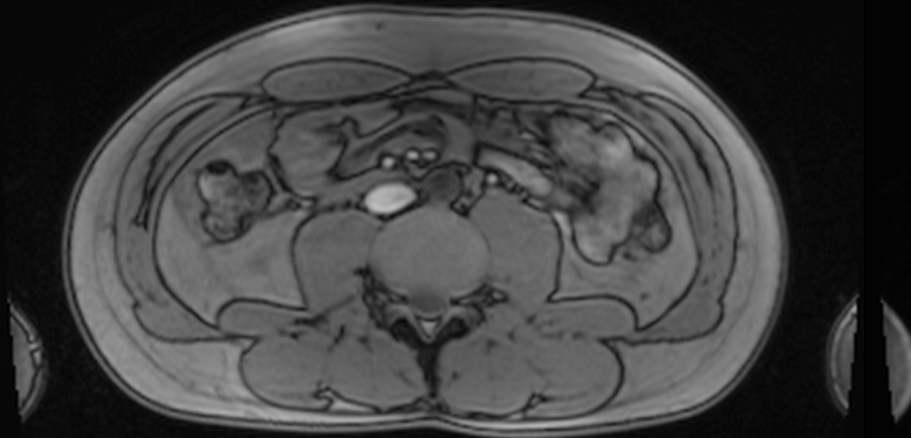


# Dual-Echo Acquisition

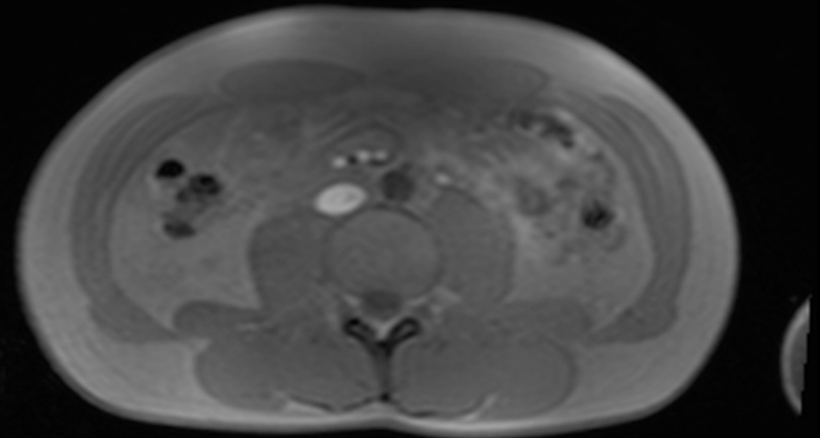


# In-phase and Out-of-phase

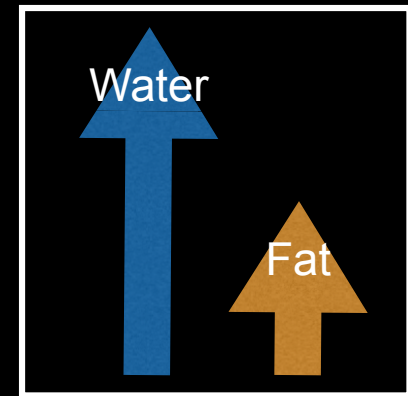
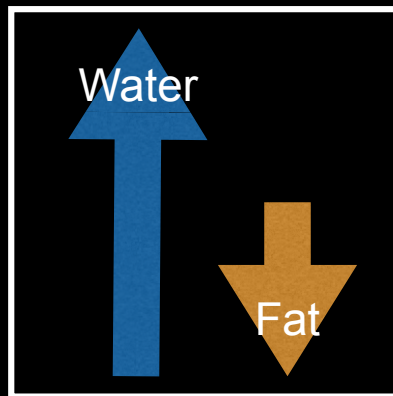
Example: 3 T abdominal scan



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

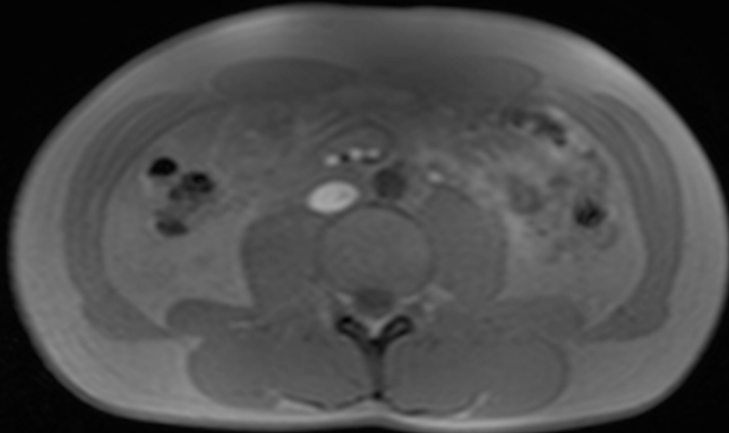


In-phase (3 T), TE = 2.6 ms

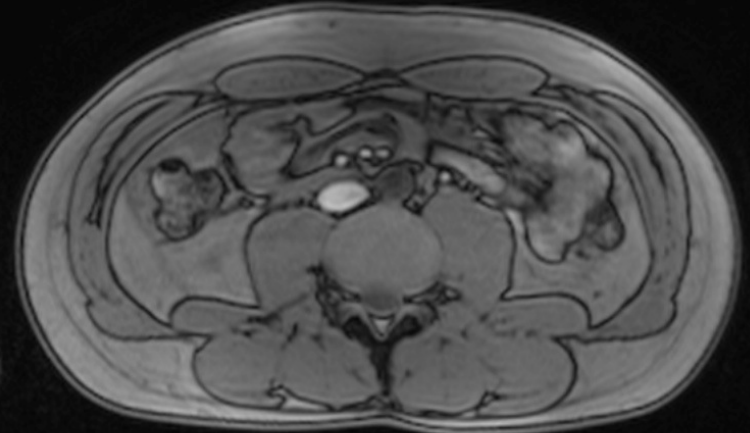


# 2-Point Dixon

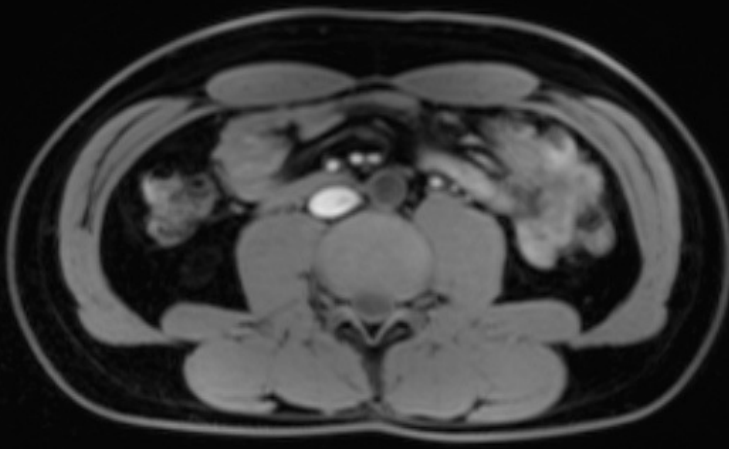
Example: 3 T abdominal scan



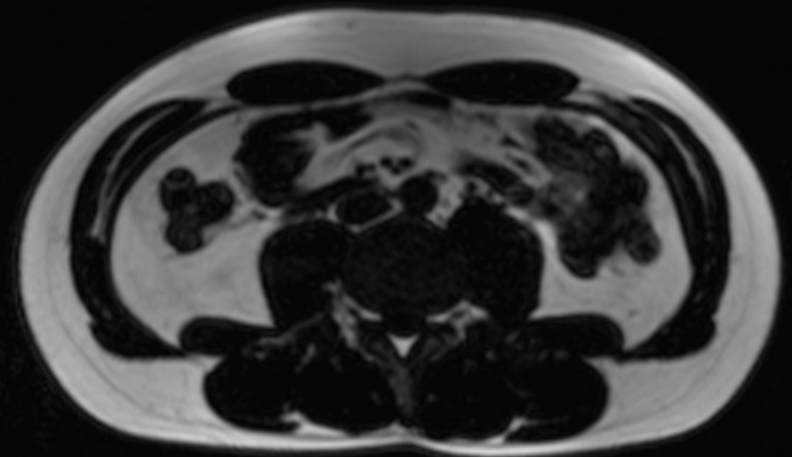
In-phase (3T), TE = 2.6 ms



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



Water



Fat

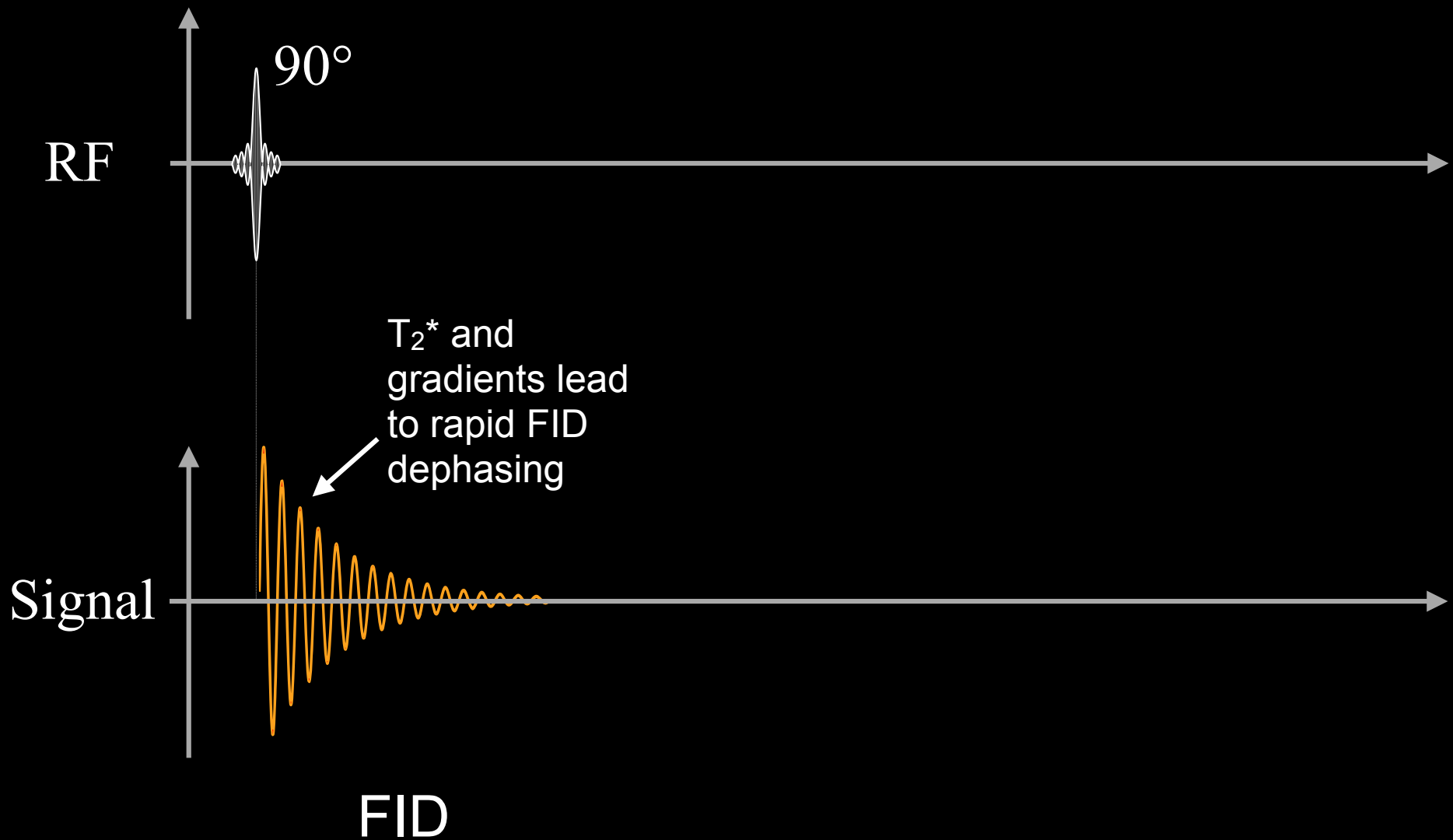


# Gradient Echo – Summary

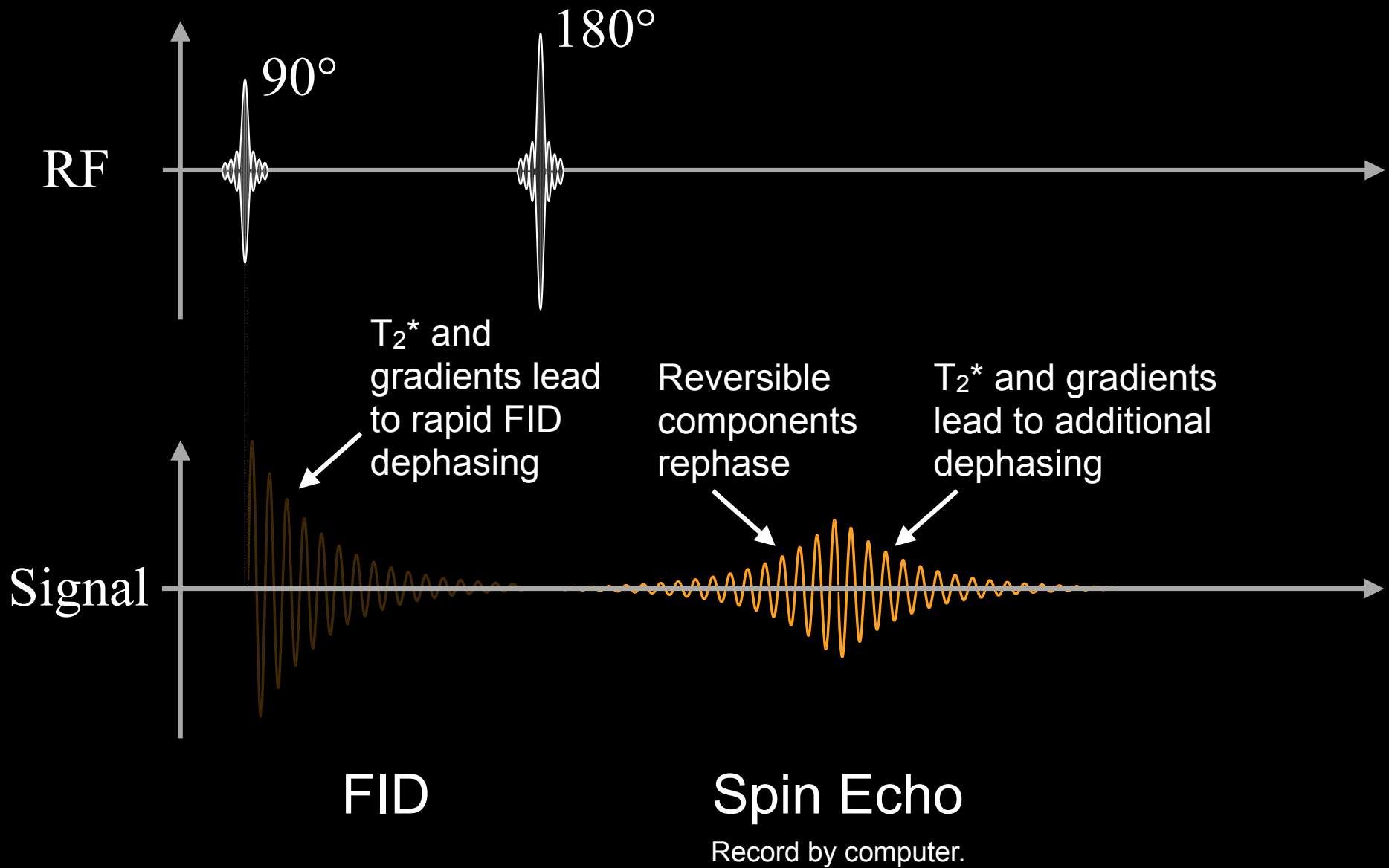
- Advantages
  - Fast Imaging Applications
  - Flexible contrast ( $T_1$  or  $T_2^*$ )
- Disadvantages
  - Off-resonance sensitivity
  - $T_2^*$ -weighted rather than  $T_2$ -weighted

# Spin Echo Imaging

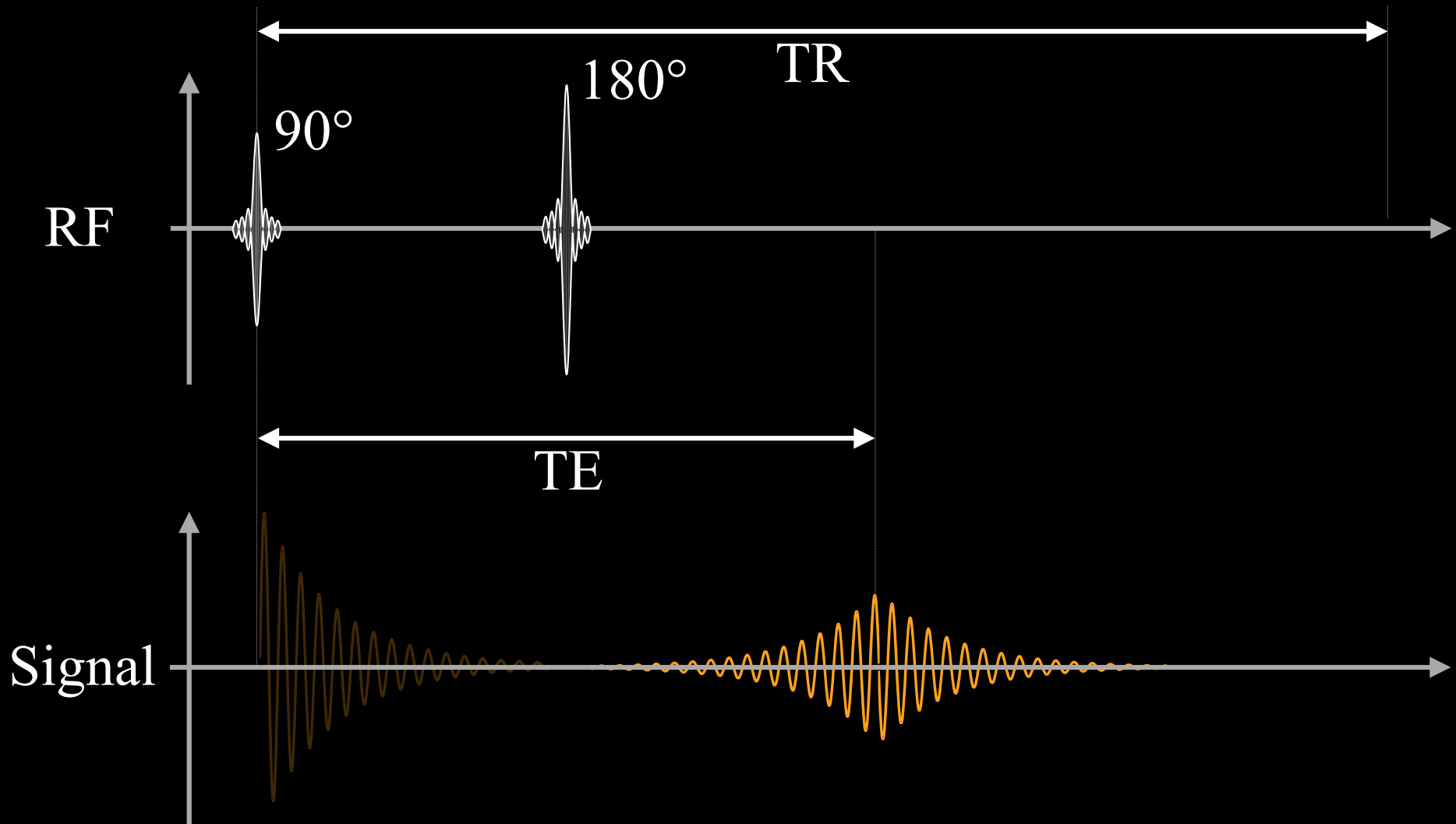
# Free Induction Decay



# Spin Echo



# Spin Echo



Signal

RF

$90^\circ$

$180^\circ$

TR

TE

FID

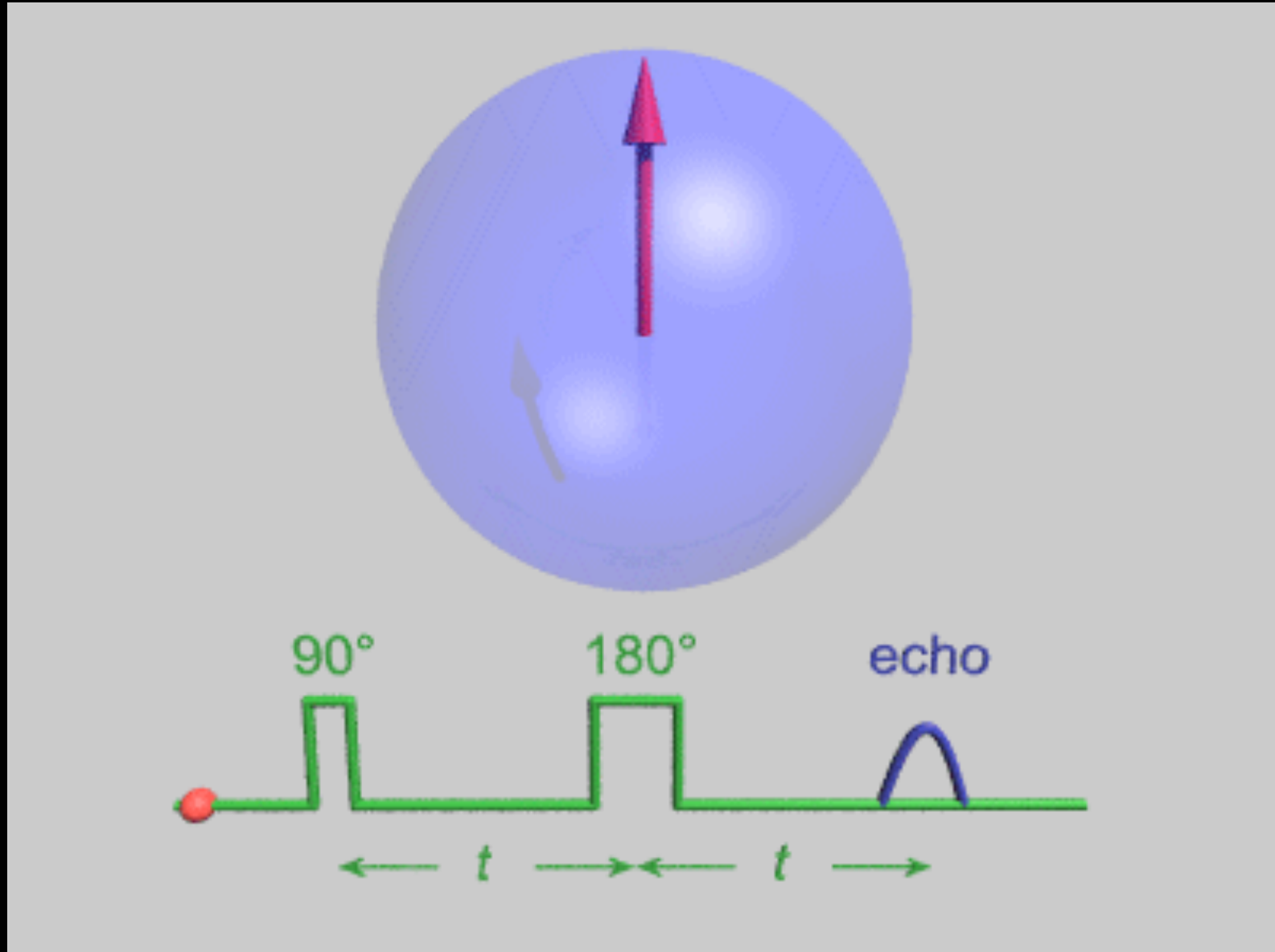
Spin Echo

Record by computer.

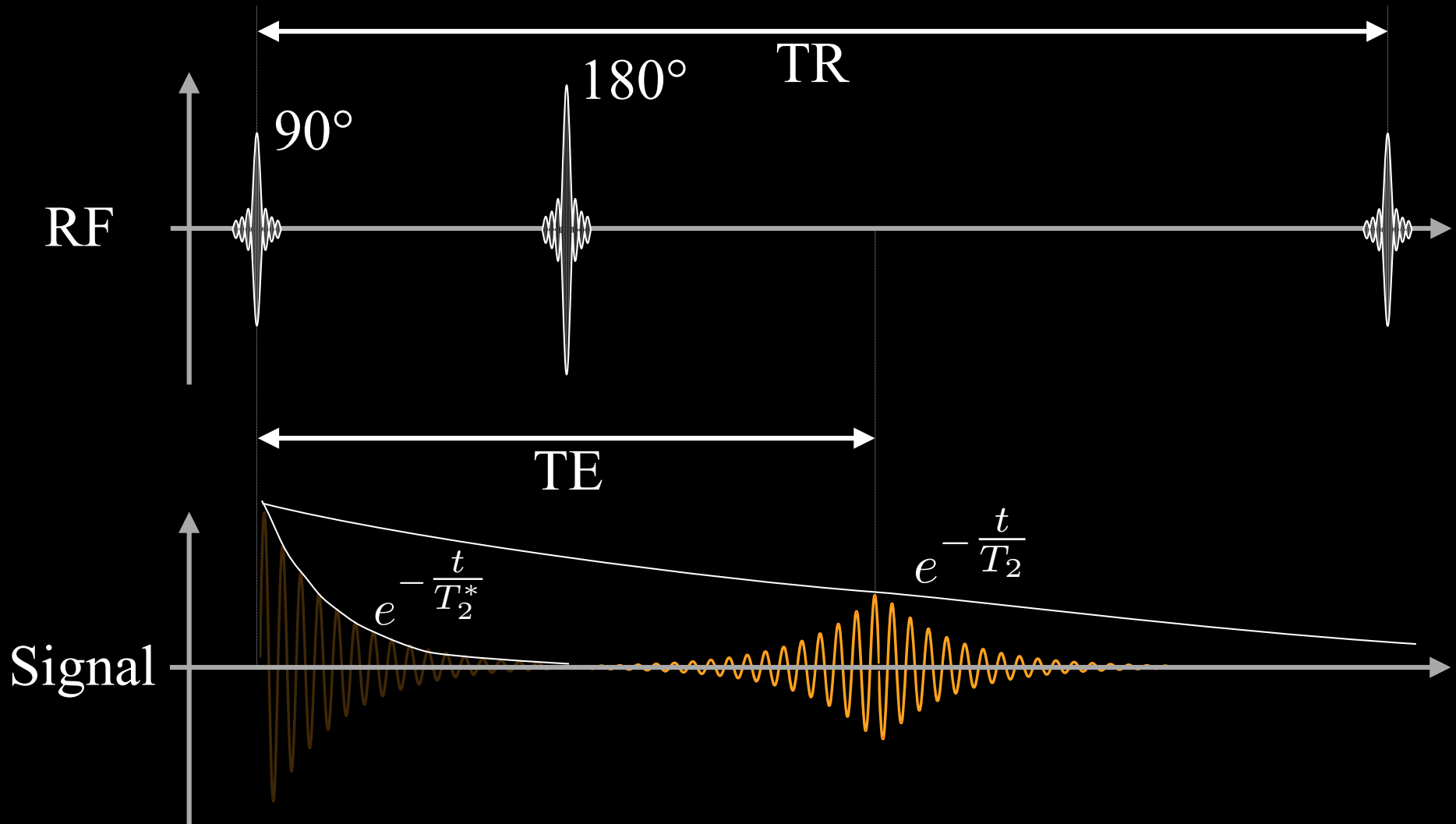
# Refocusing Pulses

- 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



# 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  
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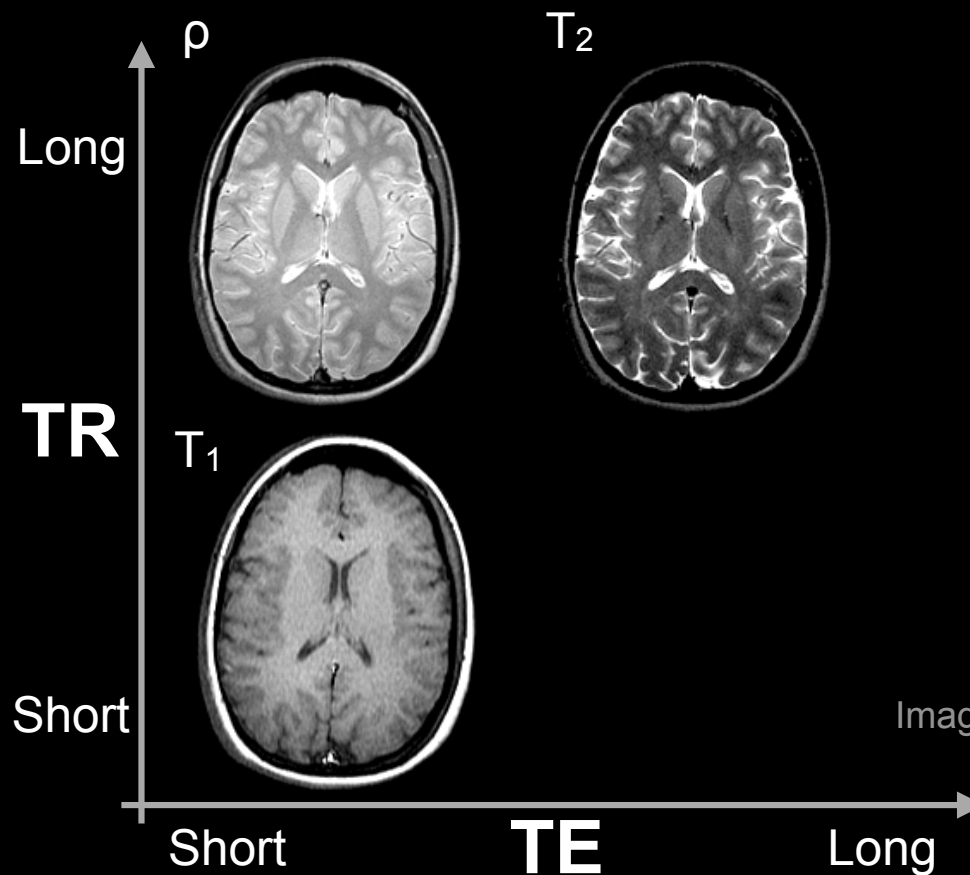
Intermediate TE  
maximizes  
T2 contrast

## Spin Echo Parameters

	TE	TR
<b>Spin Density</b>	Short	Long
<b>T<sub>1</sub>-Weighted</b>	Short	Intermediate
<b>T<sub>2</sub>-Weighted</b>	Intermediate	Long

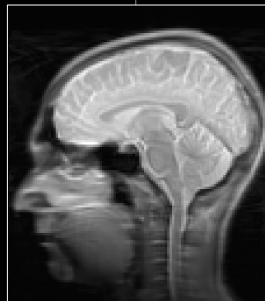
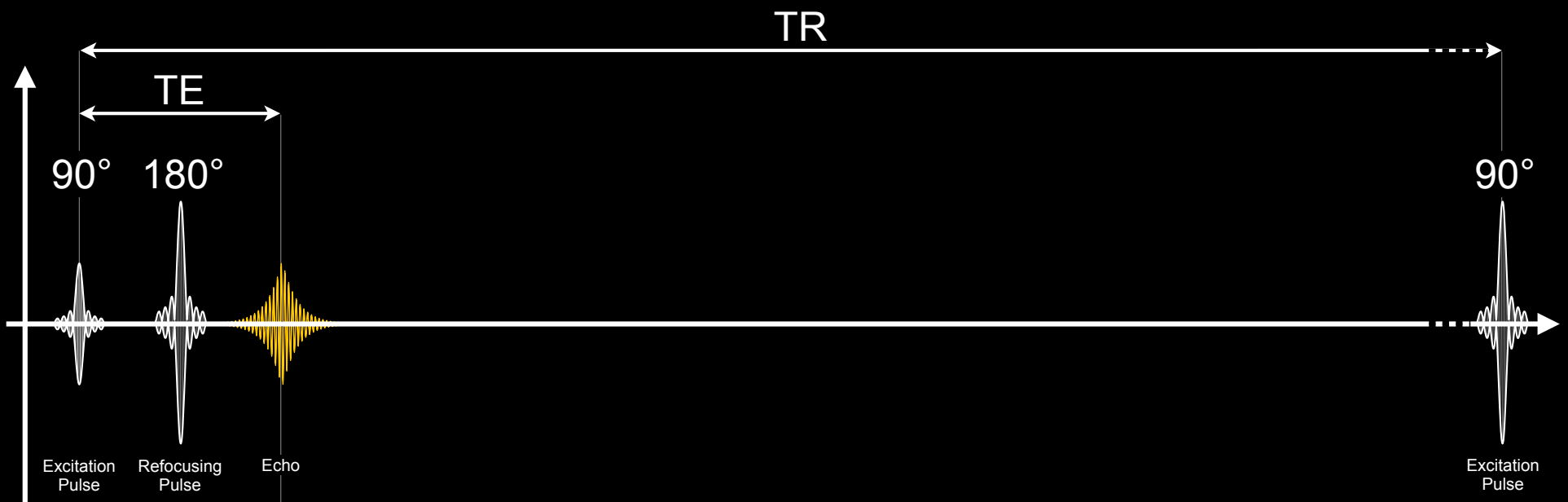
# Spin Echo Contrast

	TE	TR
Spin Density	Short	Long
T <sub>1</sub> -Weighted	Short	Intermediate
T <sub>2</sub> -Weighted	Intermediate	Long



Images Courtesy of Mark Cohen

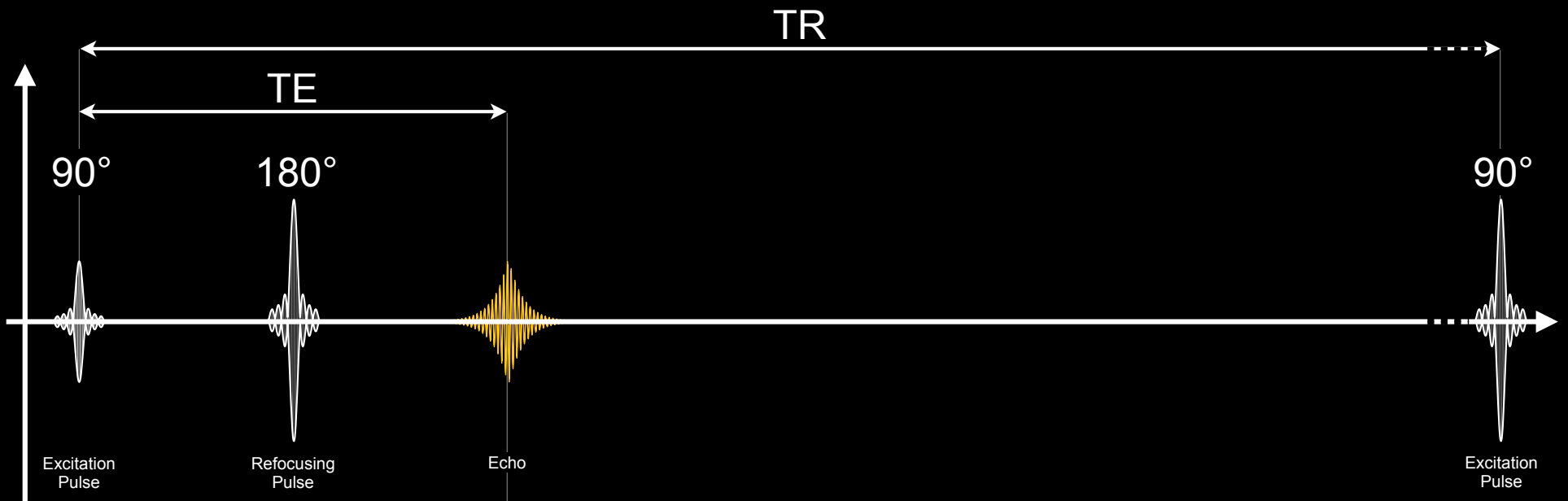
# Spin Echo



TE=12ms

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

# Spin Echo



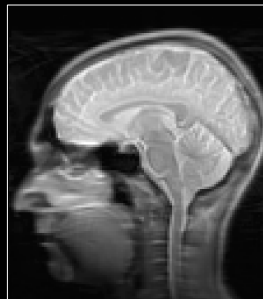
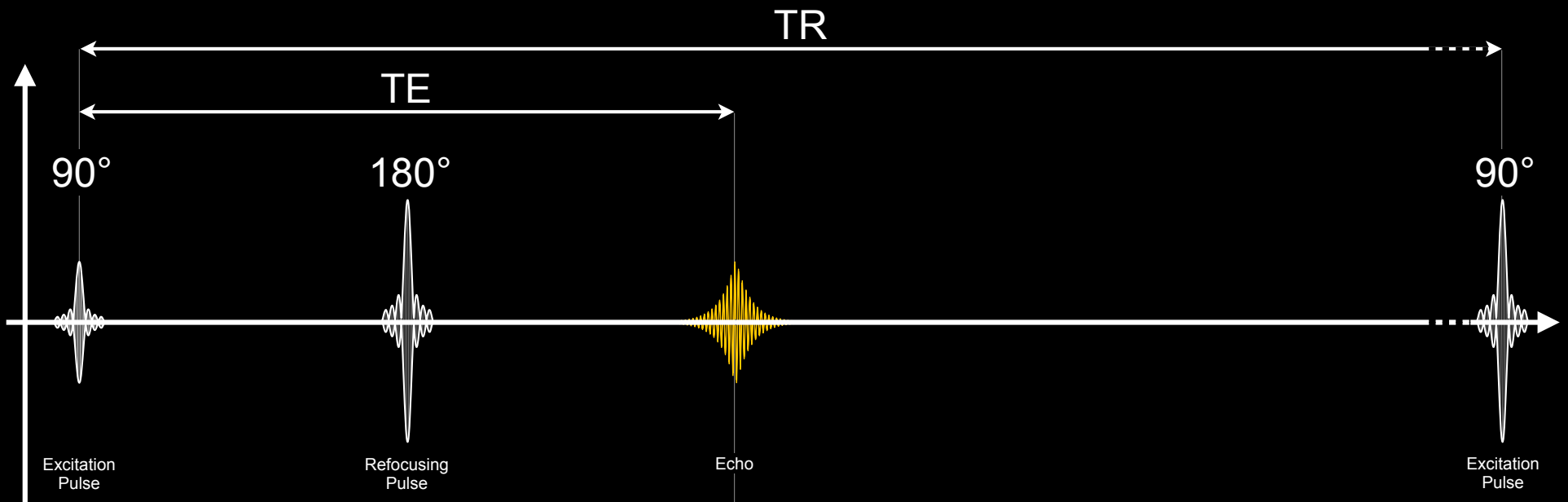
TE=12ms



TE=47ms

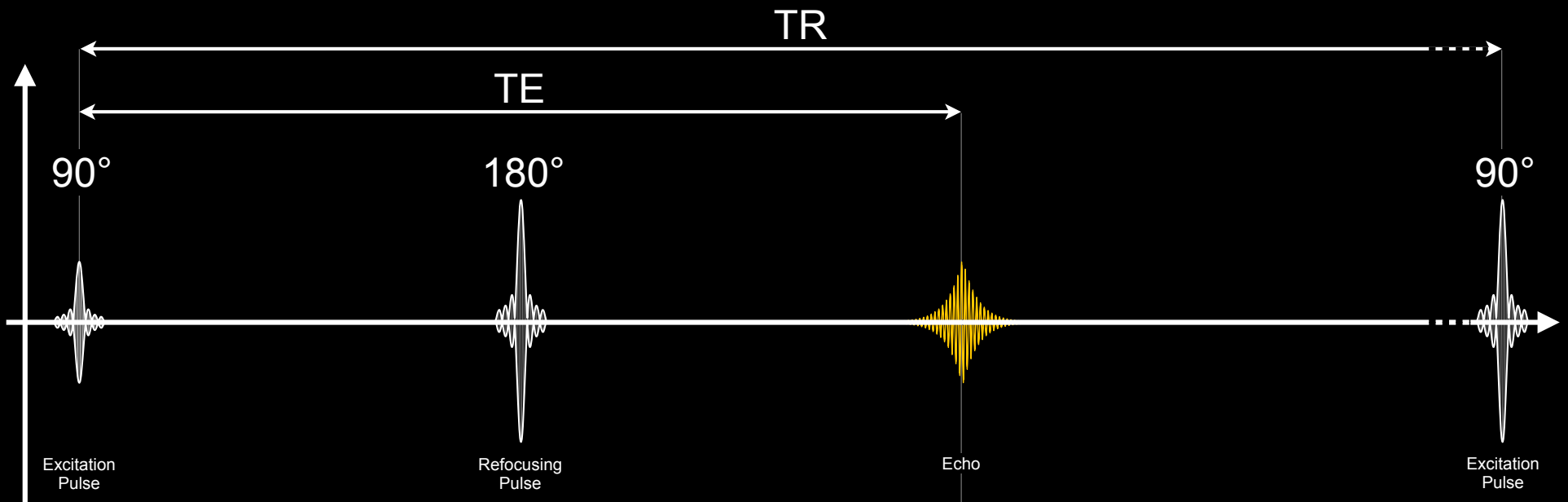
Spin Echo: TR=6500ms (ETL=12)

# Spin Echo



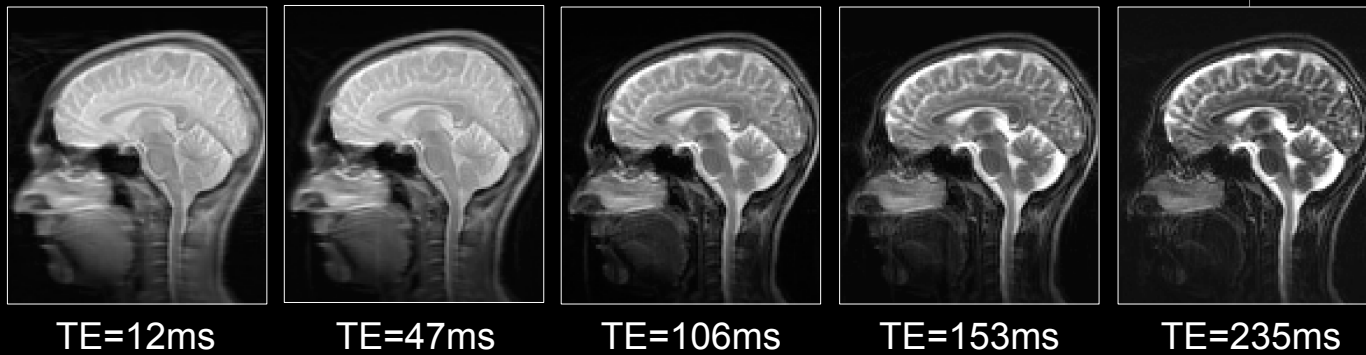
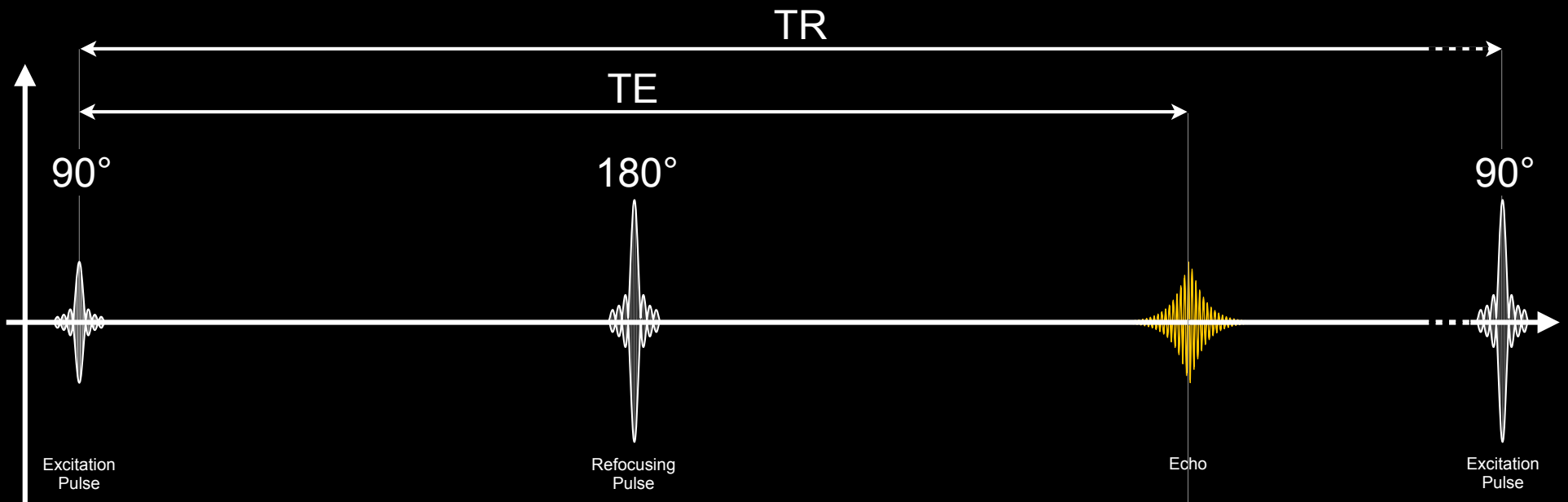
Spin Echo: TR=6500ms (ETL=12)

# Spin Echo



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

# Spin Echo



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



# Spin Echo

- Advantages
  - Insensitive to off-resonance
    - Re-focusing rephrases spin dephasing
  - Great for  $T_1$ ,  $T_2$ ,  $\rho$  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?

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

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

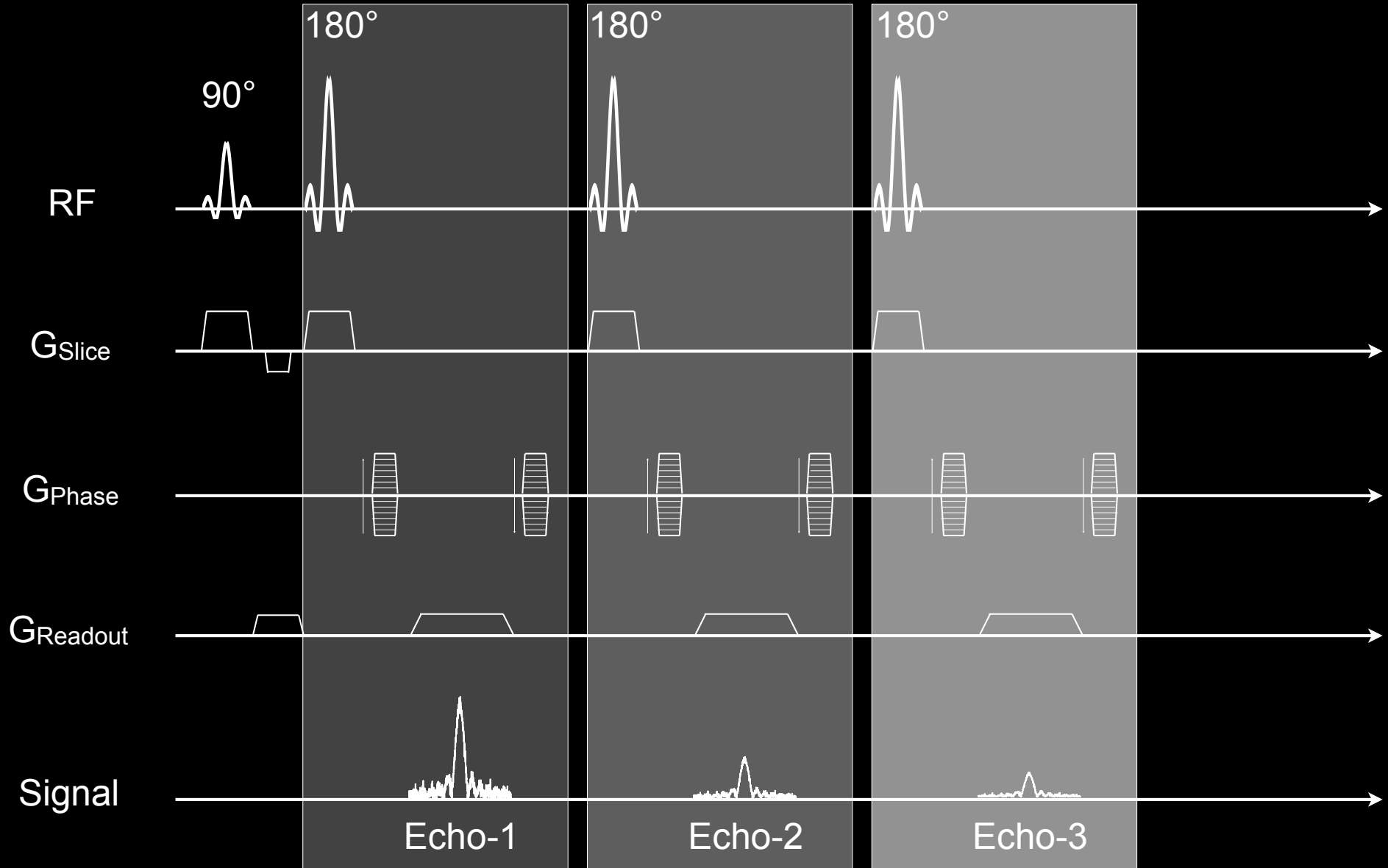
# Spin Echo



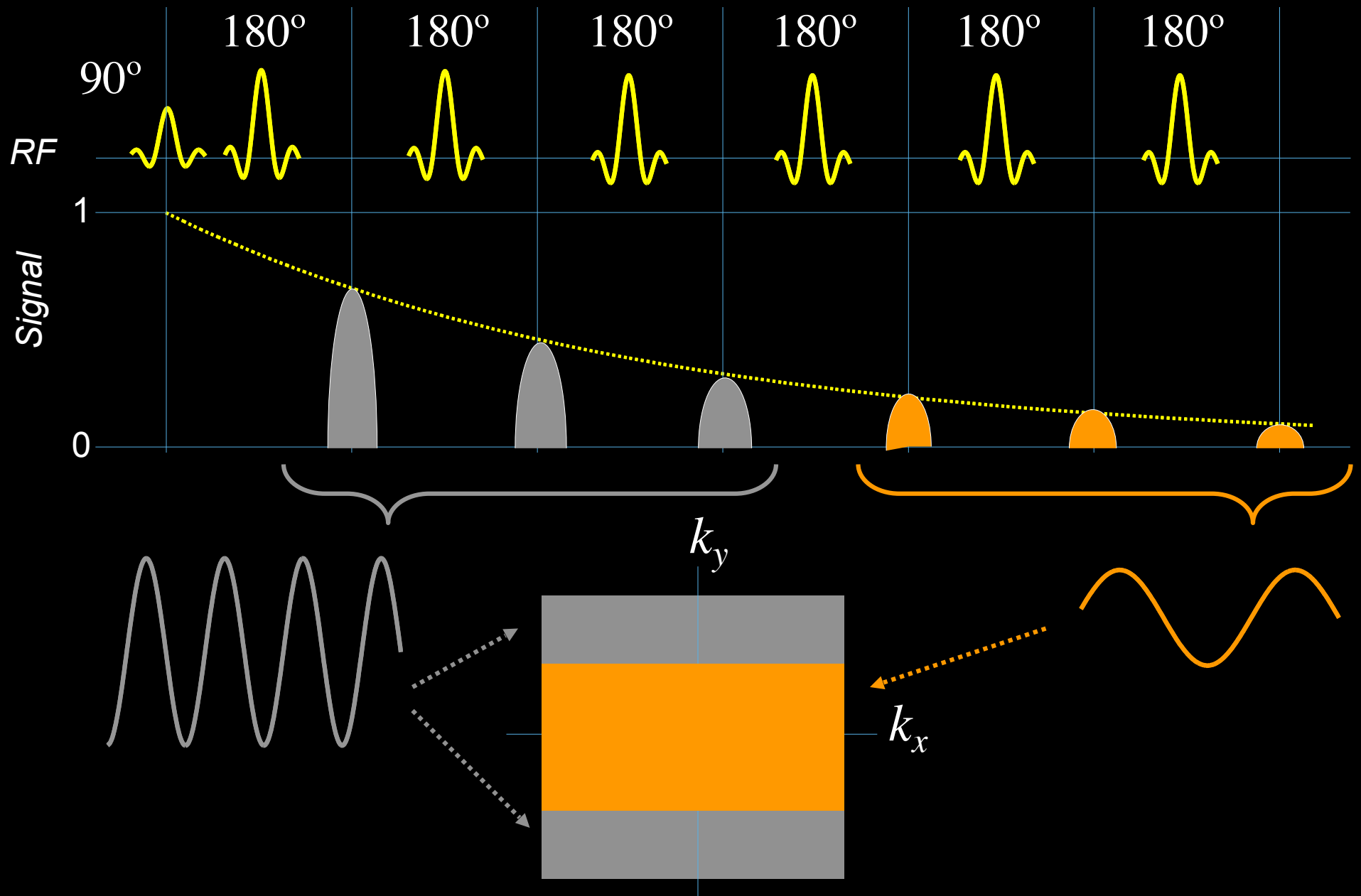
# Spin Echo



# Turbo Spin Echo (TSE)



# T<sub>2</sub>-weighted TSE

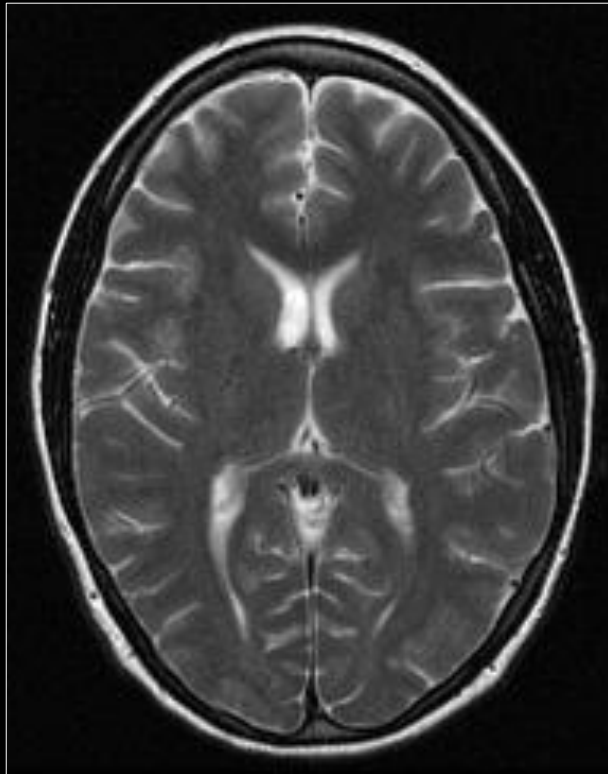


# Turbo Spin Echo vs. Spin Echo

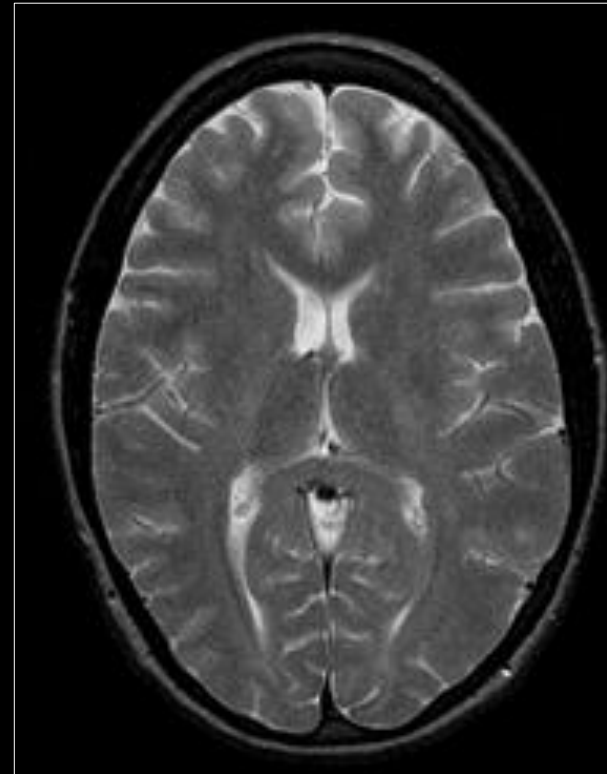
Fast Spin Echo

Spin Echo

TR = 2500  
TE = 116  
ETL = 16  
NEX = 2  
24 slices  
17 slices/pass  
2 passes  
Time = 2:51



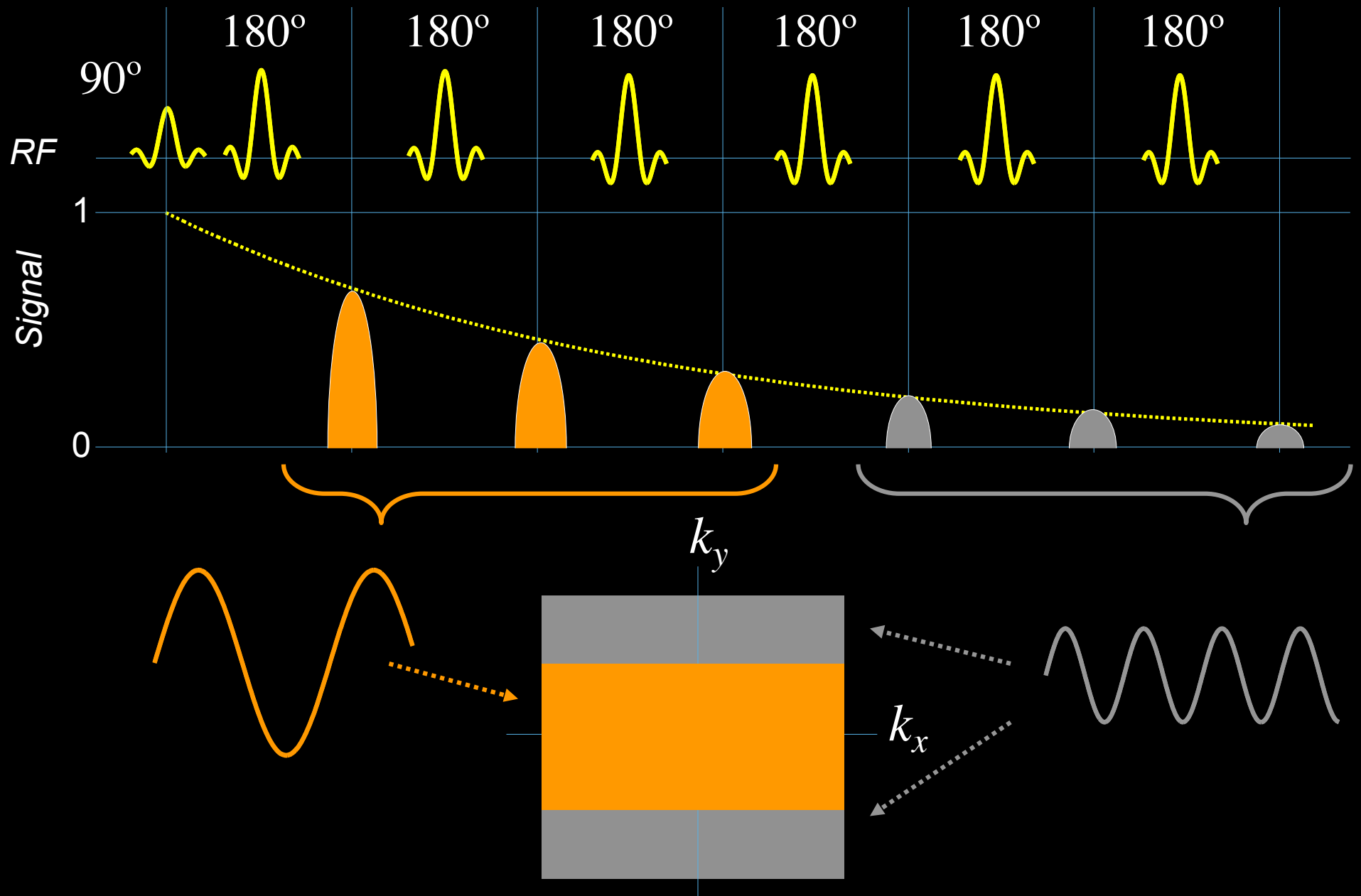
TR = 2500  
TE = 112  
ETL = N/A  
NEX = 1  
24 slices  
20 slices/pass  
2 passes  
Time = 22:21



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

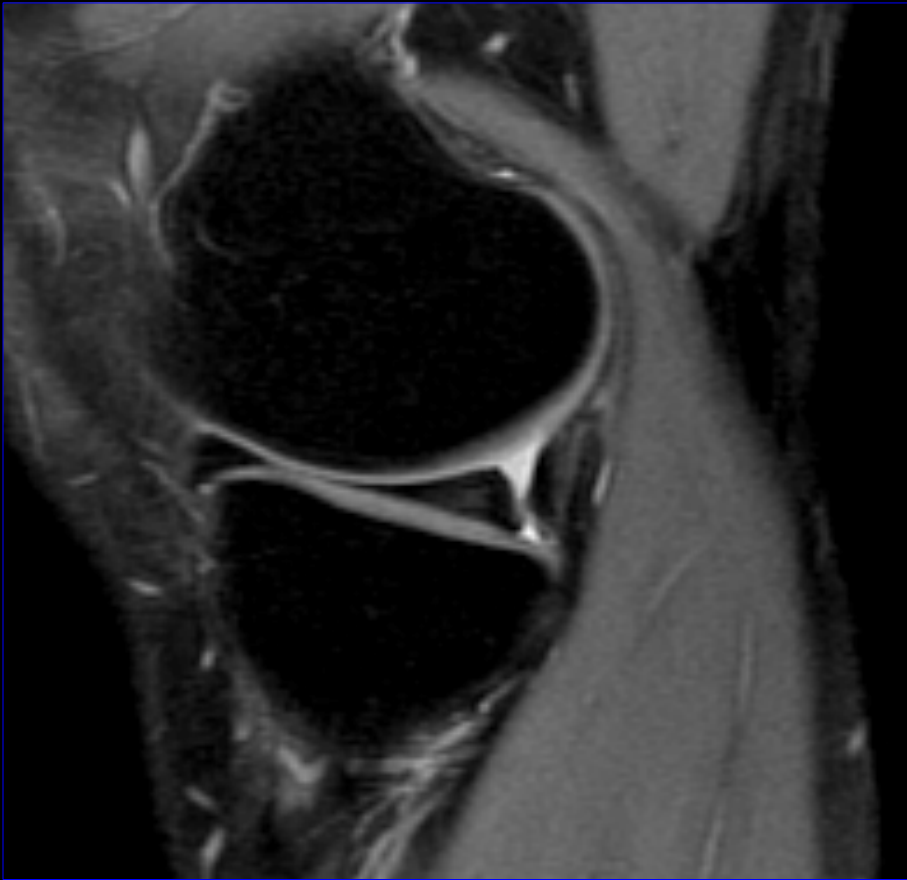


# Proton Density Weighted TSE

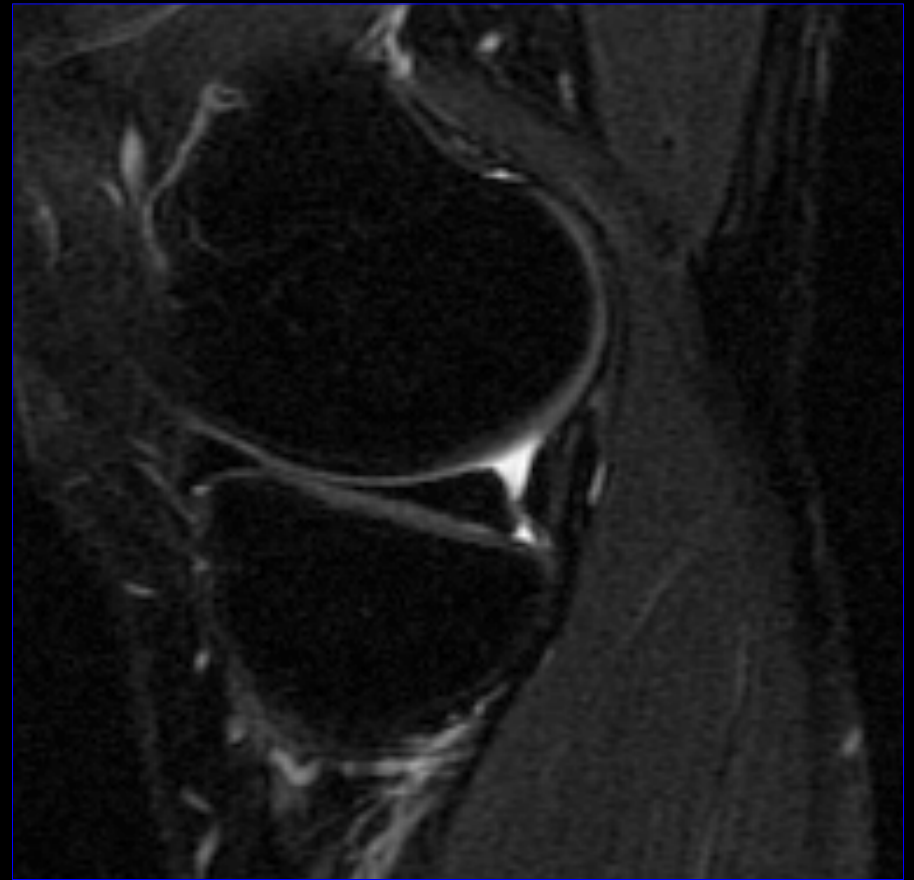


# PD vs T<sub>2</sub>-weighted TSE

Proton Density Weighted



T<sub>2</sub>-weighted



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

# Summary for TSE

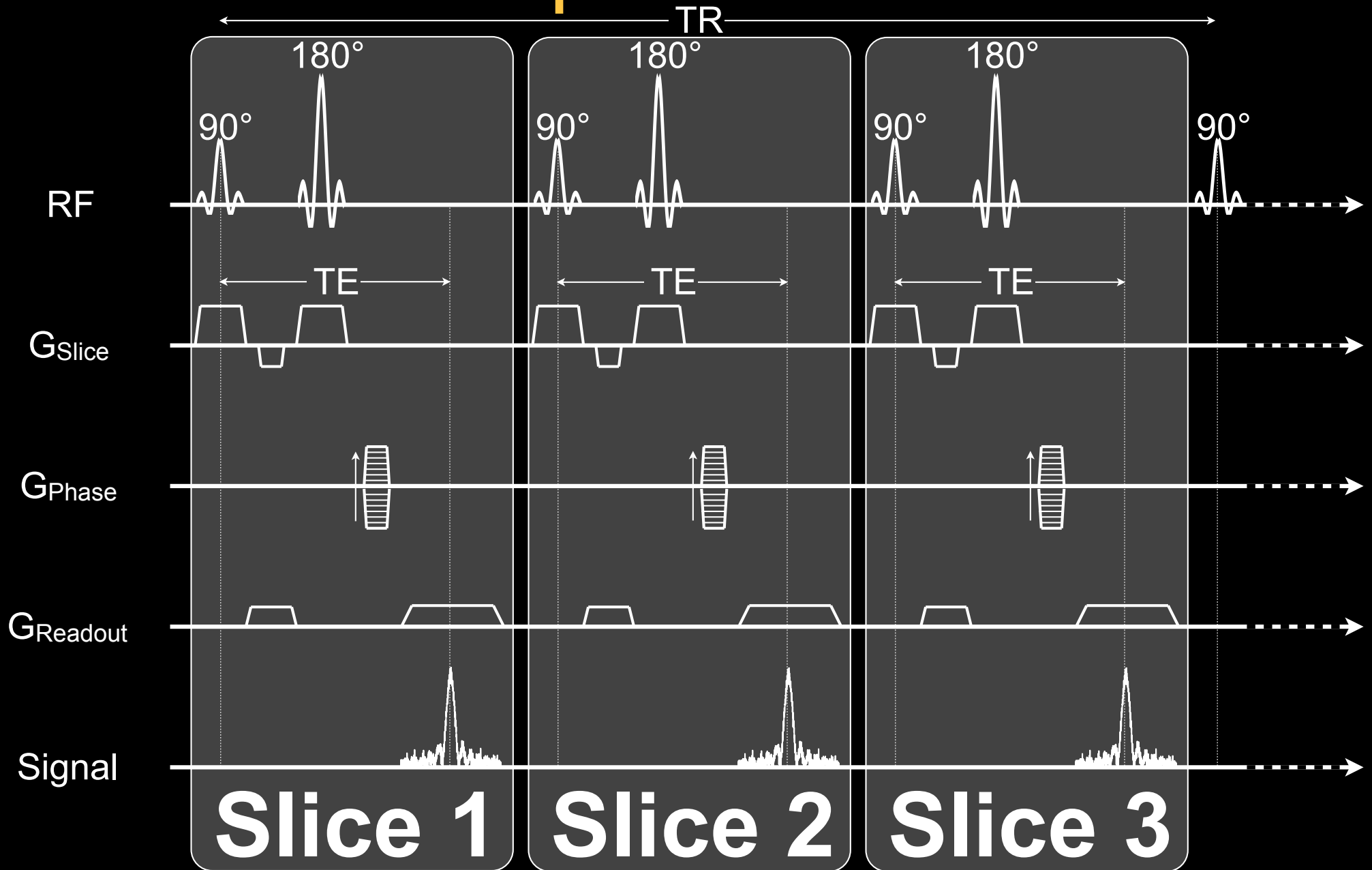
- Pros:
  - Fast, high SNR
  - Less sensitive to B0 inhomogeneity
- Cons:
  - T2 weighting varies in k-space
  - RF power limits speed, particularly at 3T
- Multi-echo acquisitions accelerate imaging, but single-shot methods (HASTE) are probably overkill

# 2D Slice Interleaving

# Spin Echo

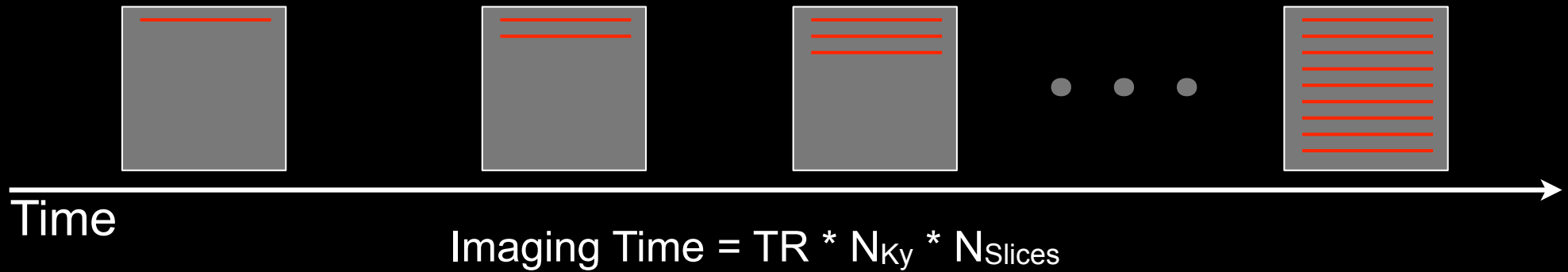


# Spin Echo

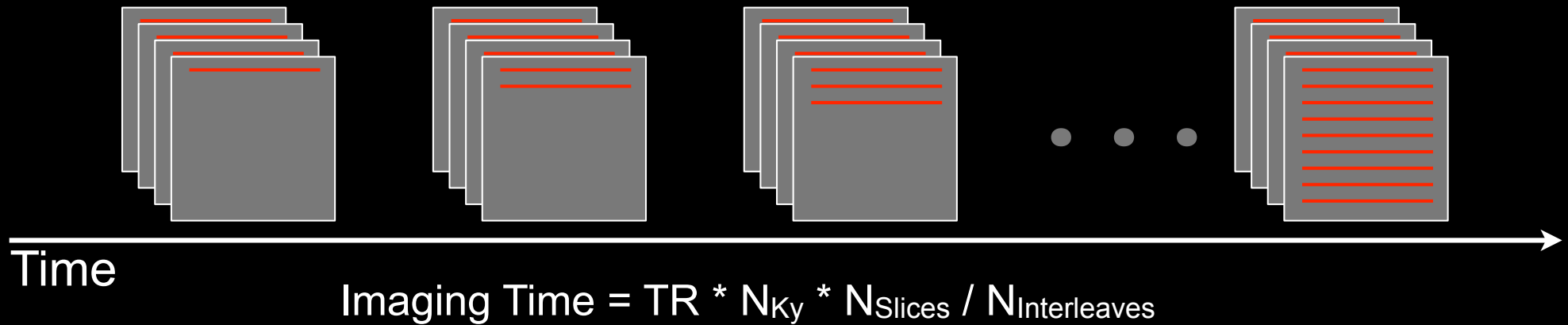


# Slice Interleaving

## Sequential 2D Imaging



## Slice Interleaved 2D Imaging

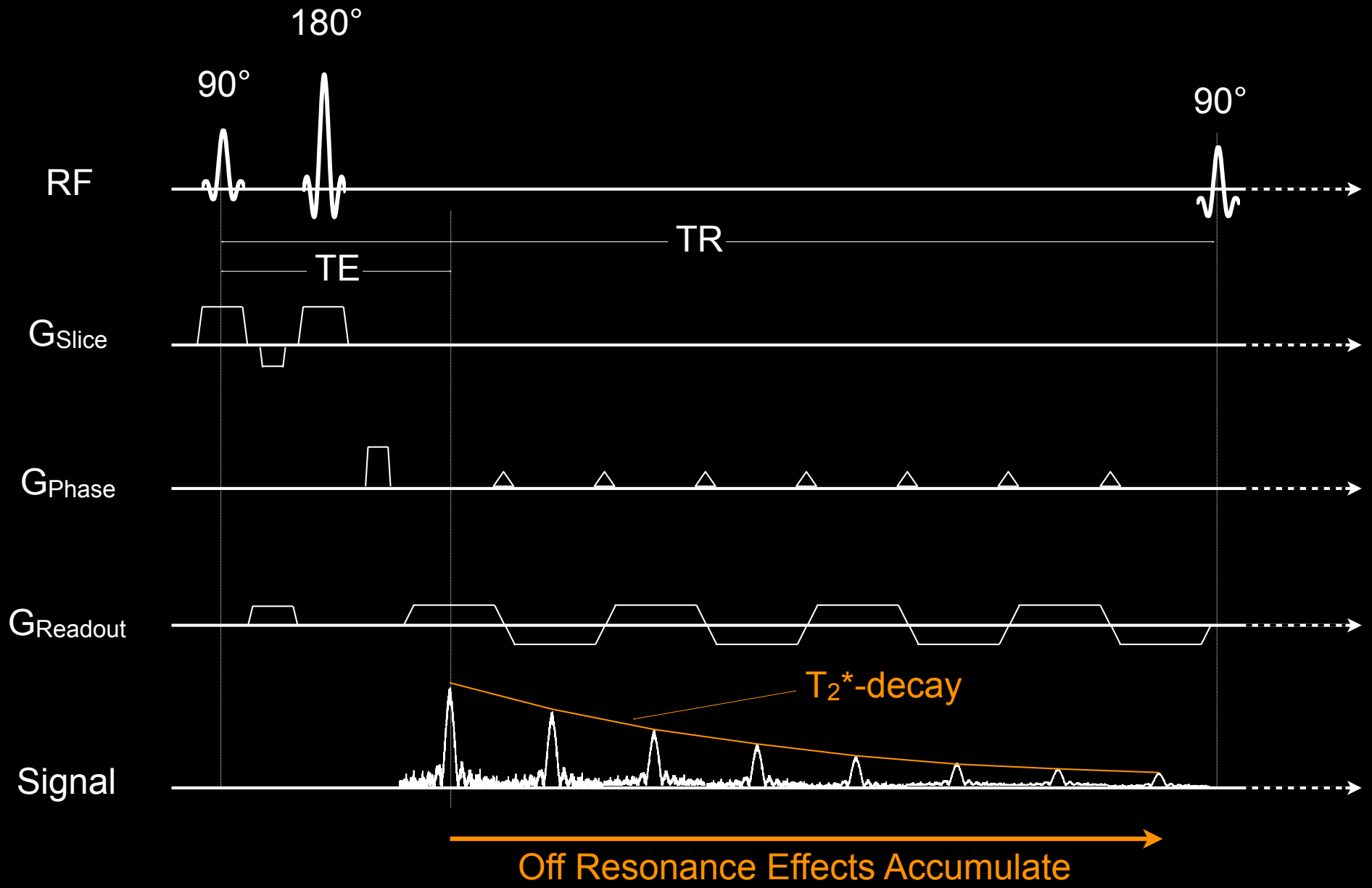


# 2D Slice Interleaving

- **Advantages**
  - Accelerate imaging many times
- **Disadvantages**
  - Acceleration limited by
    - $N_{\text{Interleaves}} \sim TR/TE$
    - SAR
  - Difficult to acquire adjacent slices
    - Hard to get good  $180^\circ$  slice-profile to match  $90^\circ$  slice-profile for multi-slice imaging
- **Applications**
  - $T_2$  imaging
    - TR must be long
  - DWI
    - TR should be long



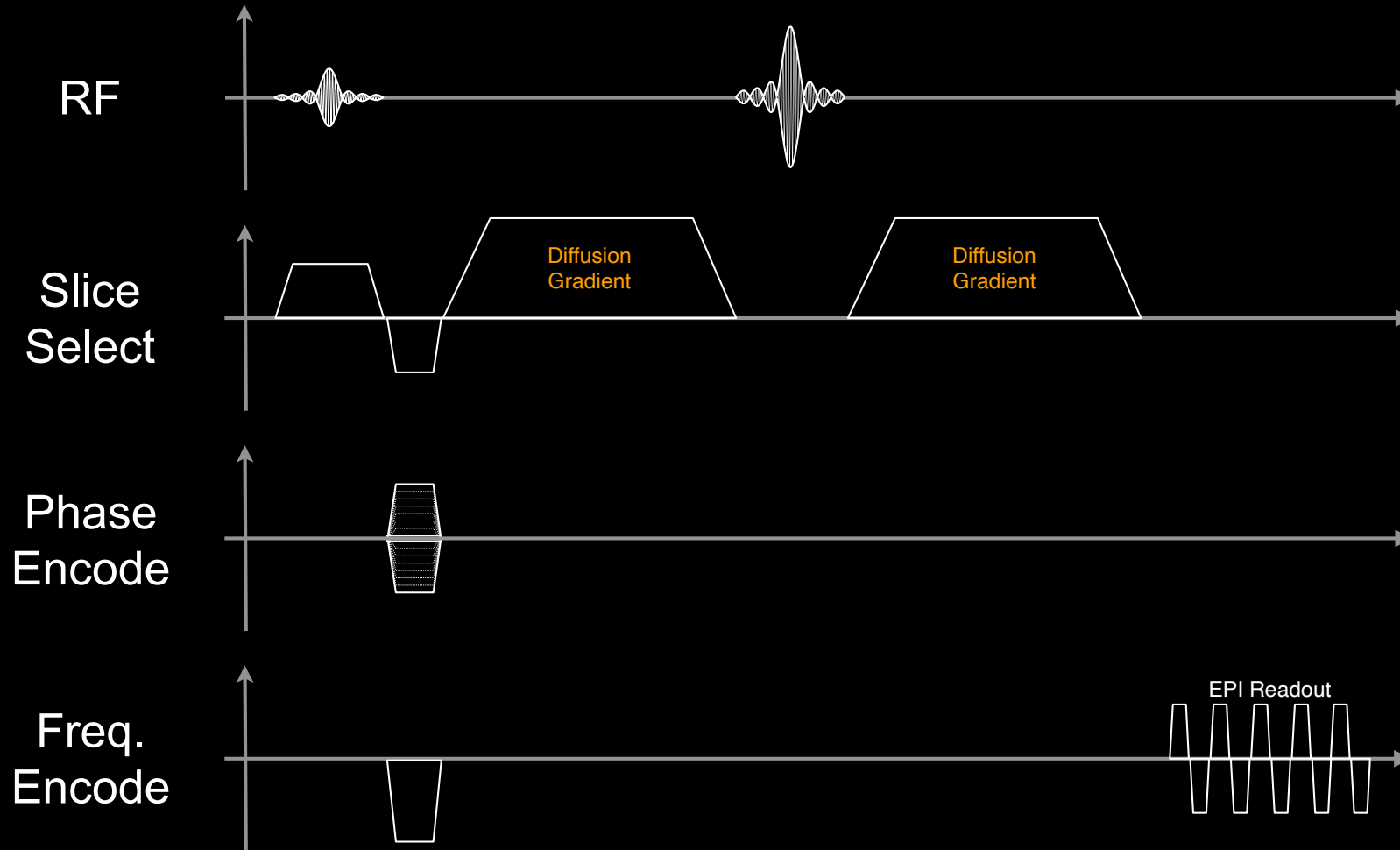
# Spin Echo EPI



# 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

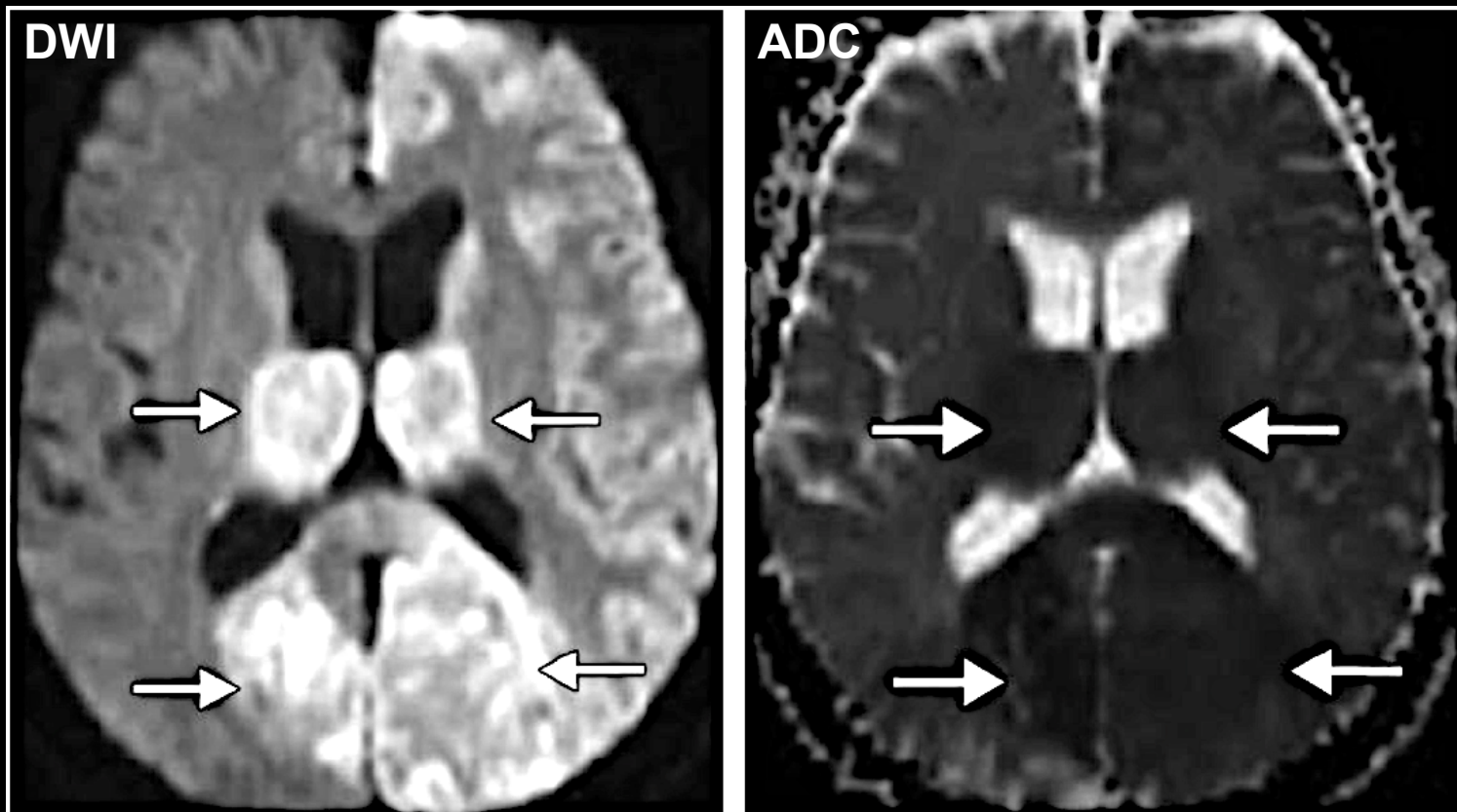
# Diffusion Weighted Spin Echo EPI



Very larger gradients can encode diffusion.

# DWI SE-EPI in Acute Stroke

Does the lesion have a higher or lower diffusion coefficient?



a.

b.

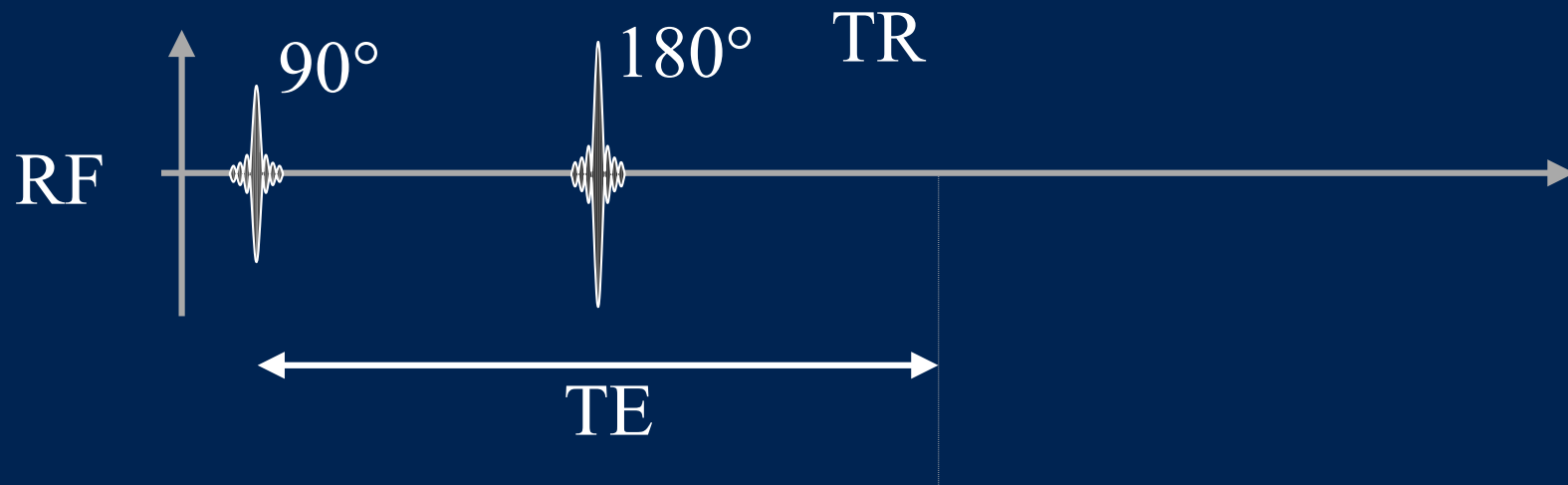
**Figure 15.** Acute stroke of the posterior circulation in a 77-year-old man. (a) Diffusion-weighted MR image ( $b = 1000 \text{ sec/mm}^2$ ) shows bilateral areas of increased signal intensity (arrows) in the thalami and occipital lobes. (b) ADC map shows decreased ADC values in the same areas (arrows).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

# 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

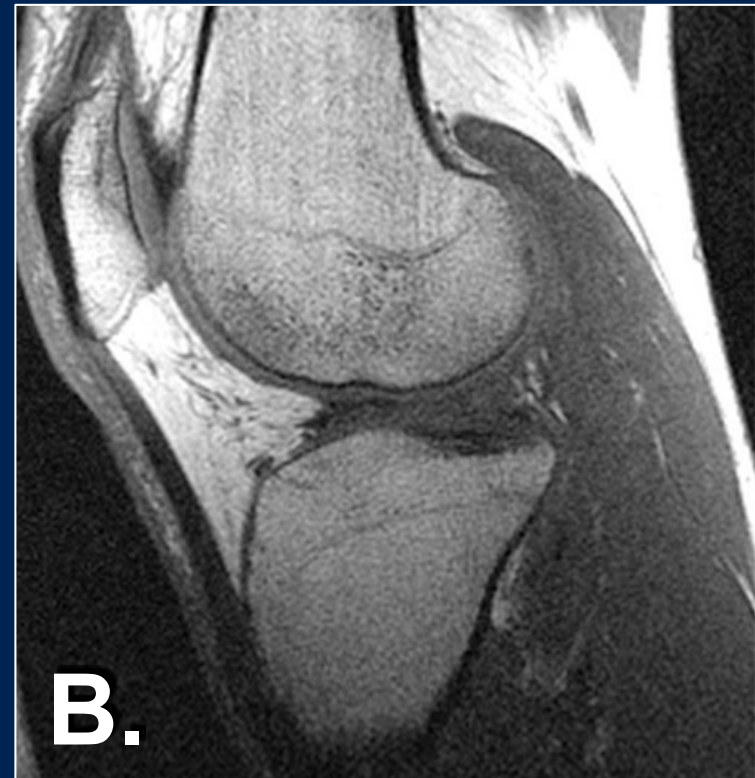
Short TE  
minimizes  
T2 contrast



# Multi-Echo Imaging - True or False?

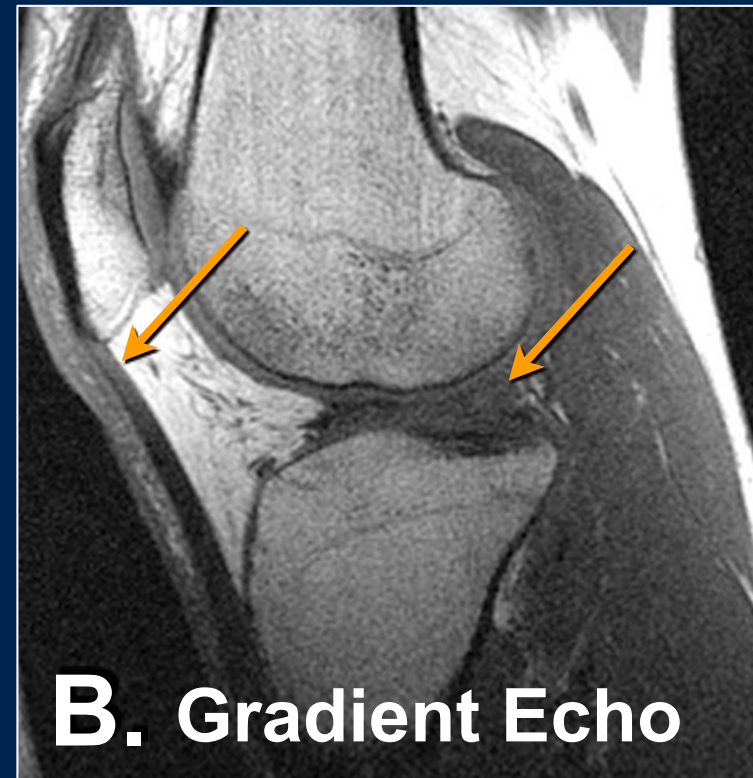
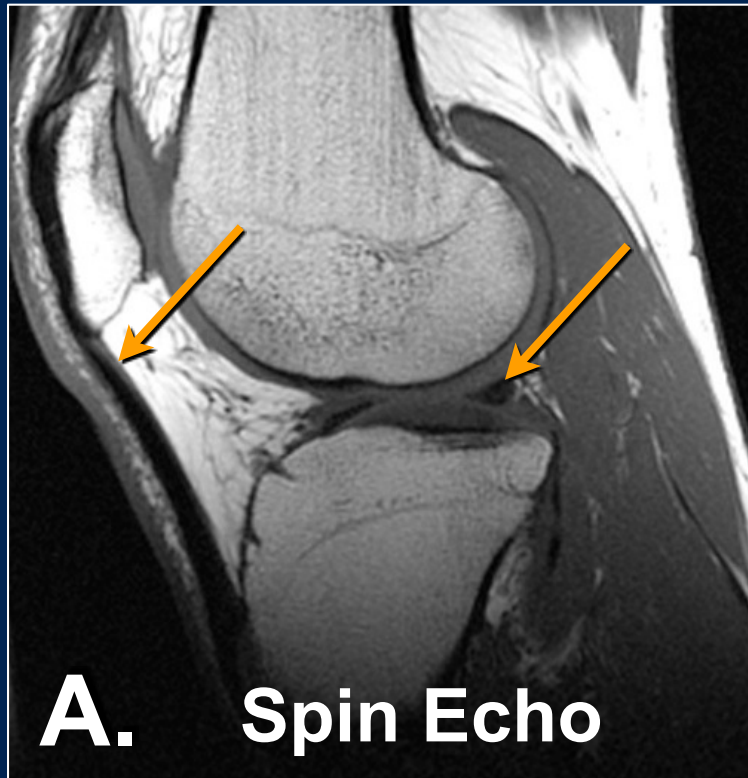
1. Multi-echo imaging can decrease scan times by 2x or more
2. Turbo spin echo is excellent for fast T2-weighted imaging
3. Spin Echo EPI is routine for diffusion weighted imaging
4. Long TRs are important for T2 weighted imaging because they eliminate T1-contrast

# Gradient vs. Spin Echo



Which image is a gradient echo image?

# Gradient vs. Spin Echo



Both are T1-weighted

Spin Echo has higher SNR (longer TR)

**GRE has shorter TE (meniscus/tendon is brighter)**

# 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

# 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.

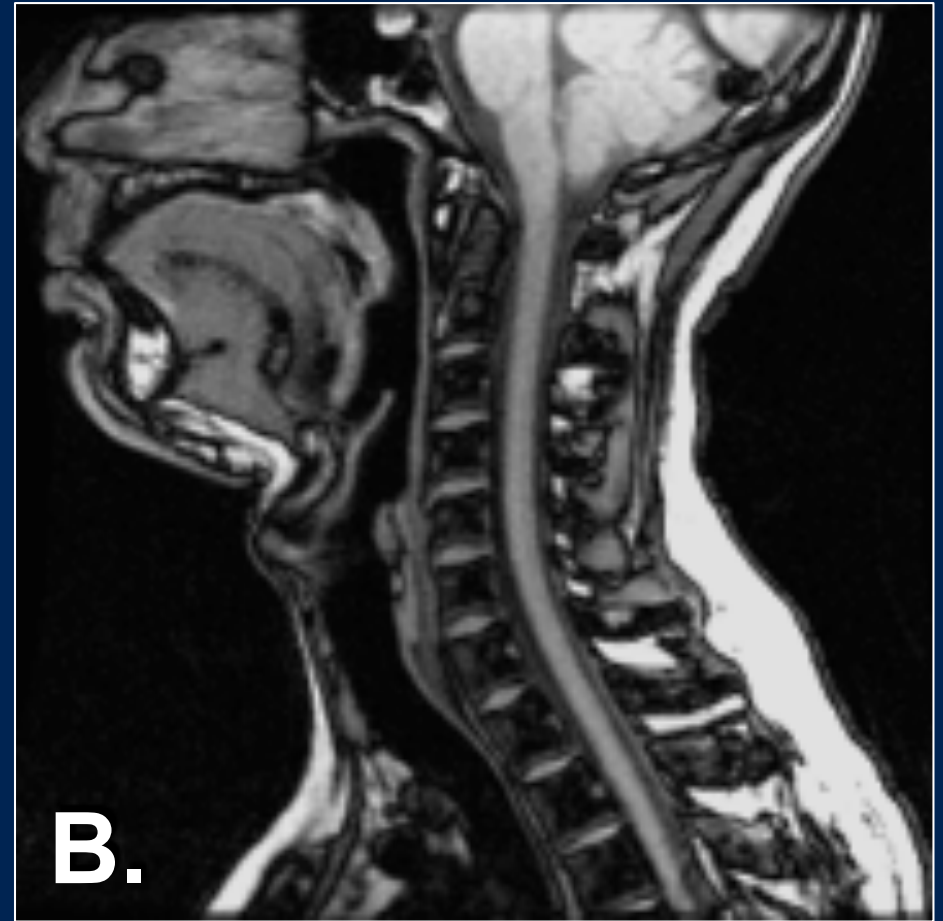
# In Gradient Echo Imaging Always...

- 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?

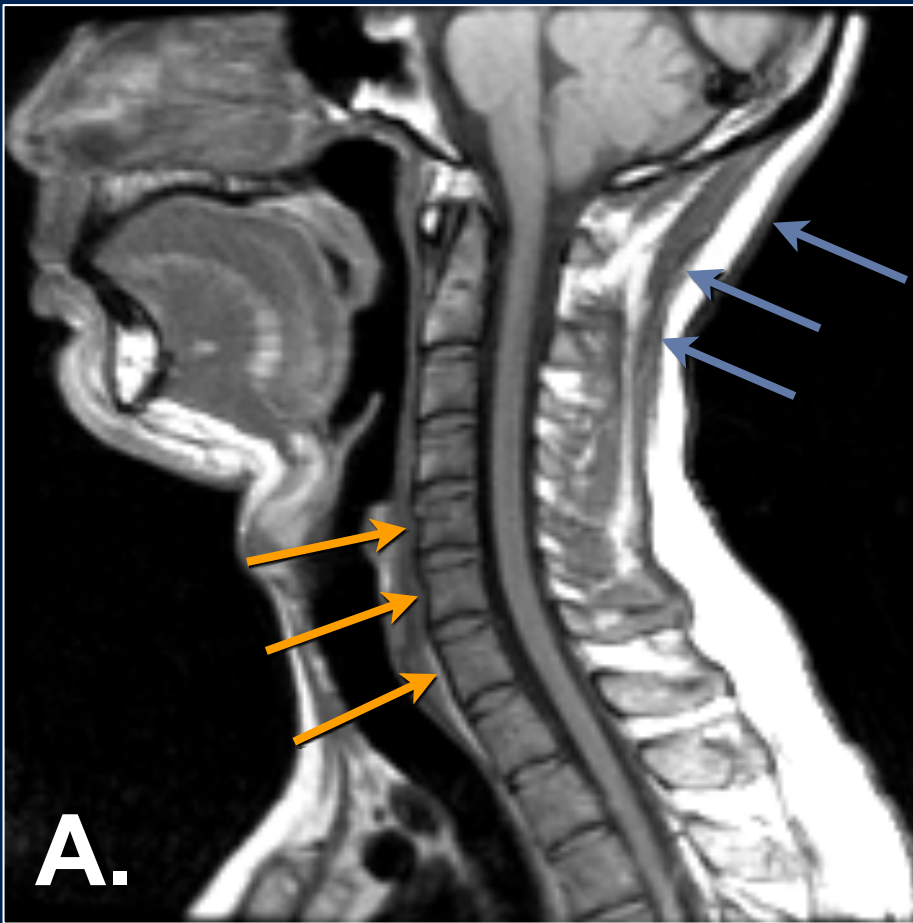
1. GRE and SE can both provide T2\* contrast.
2. GRE and SE use the same TE and TR to produce a T1-weighted image.
3. SE is better for visualizing tissues with a very short T2 because of the refocusing pulses.
4. In GRE higher flip angles always produce brighter images.

Which image is the in-phase image?

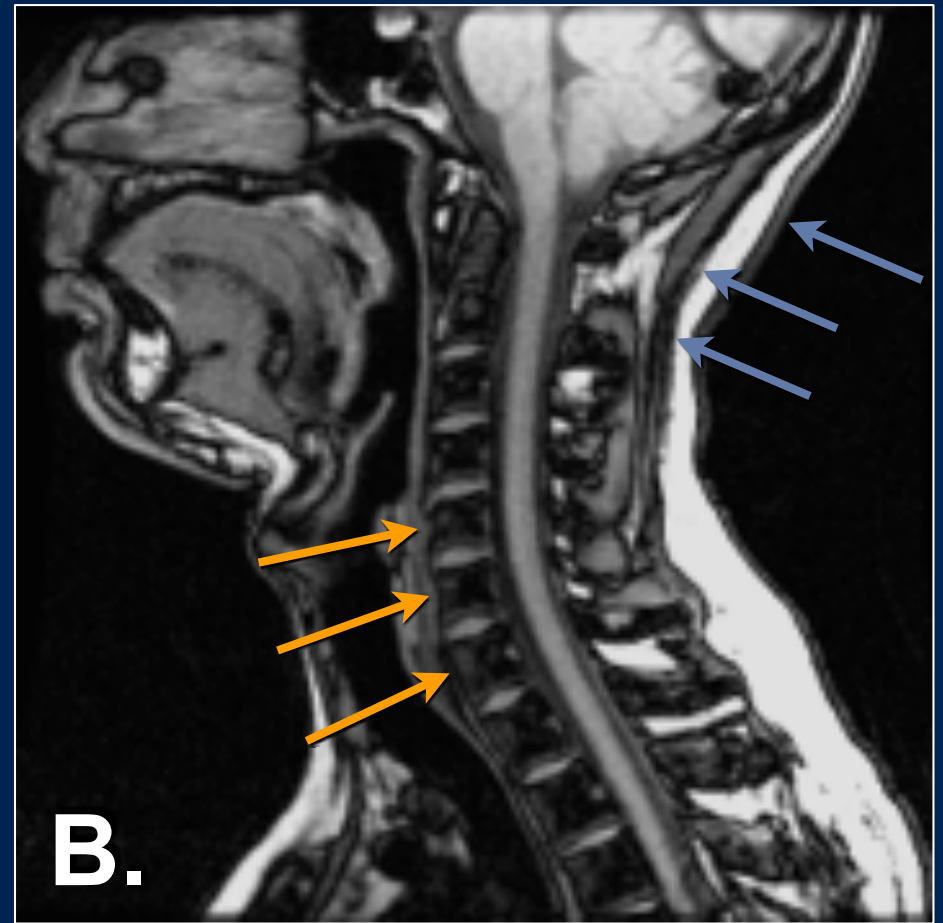


Images Courtesy of Scott Reeder

# 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  $>1000\text{Hz}$  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.

# Questions?

- Related reading materials
  - Nishimura - Chap 7

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