

# Advanced Medical Imaging: *Spin Echo / Gradient Echo Imaging*

2020 Fellows' Lecture Series

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# UCLA

## Radiology

# 2020 Fellows' Lecture Series

## Advanced Medical Imaging Techniques & Applications

### **Mondays at 7:15am via Zoom**

07/13/2019 - Spin Echo / Gradient Echo Imaging (Dr. Sung)

07/20/2019 - Inversion Recovery and Saturation Recovery (Dr. Hu)

07/27/2019 - Perfusion and Diffusion Imaging (Dr. Ellingson)

08/03/2019 - Fat / Water Imaging (Dr. Wu)

08/10/2019 - MR Spectroscopy (Dr. Thomas)

08/17/2019 - Medical Imaging Informatics (Dr. Hsu)

08/24/2019 - Machine Learning (Dr. Scalzo)

08/31/2019 - Contrast-enhanced MRA (Dr. Finn)

09/07/2019 - Holiday (Labor Day)

09/14/2019 - Breast Imaging Applications (Dr. Joines)

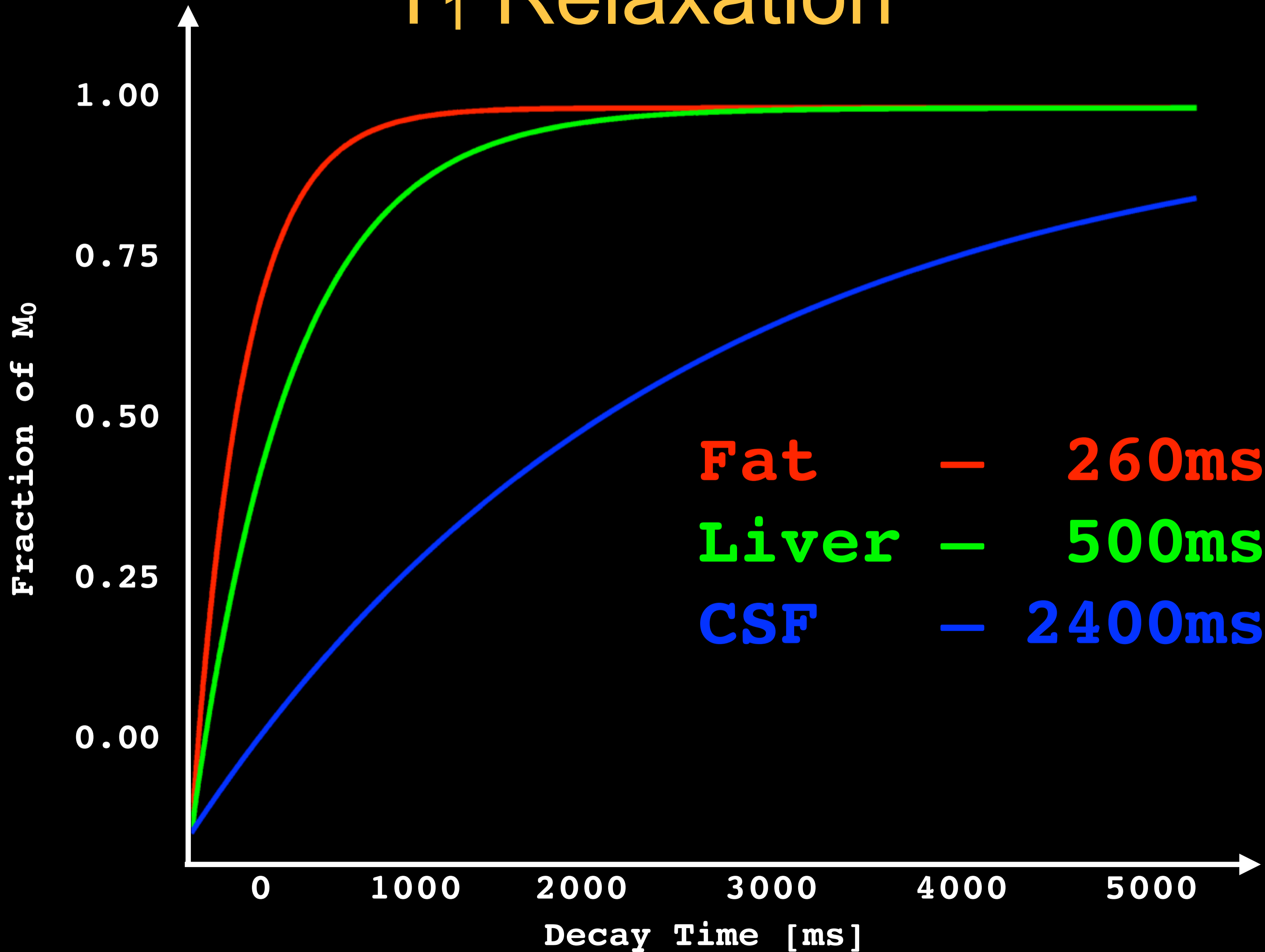
09/21/2019 - Abdominal & Pelvic Imaging Applications (Dr. Felker)

09/28/2019 - Neuro Imaging Applications (Dr. Salamon)

10/5/2019 - Musculoskeletal Imaging Applications (Dr. Ryan)

# $T_1$ & $T_2$ Relaxation

# T<sub>1</sub> Relaxation

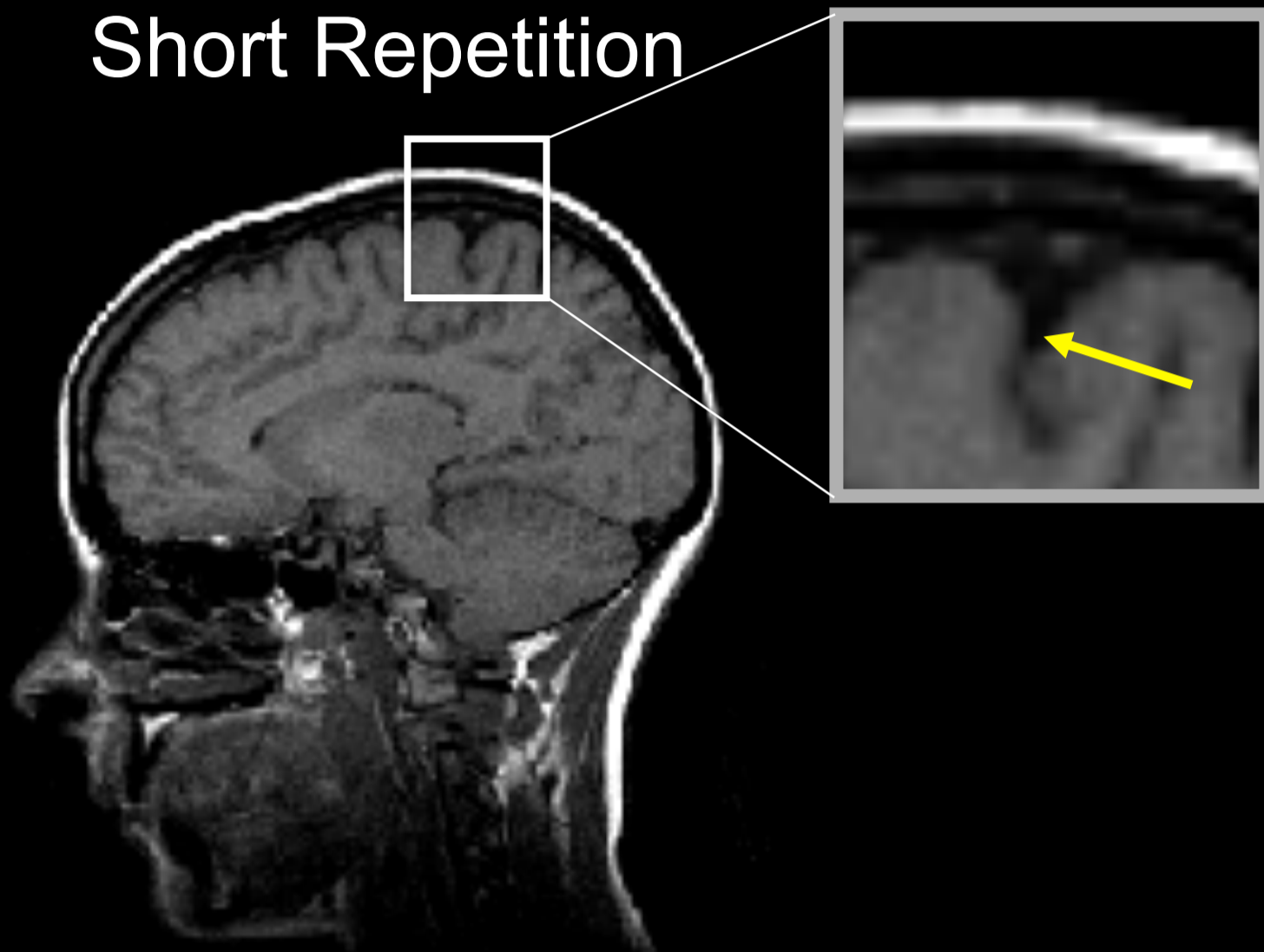


# T<sub>1</sub> Relaxation

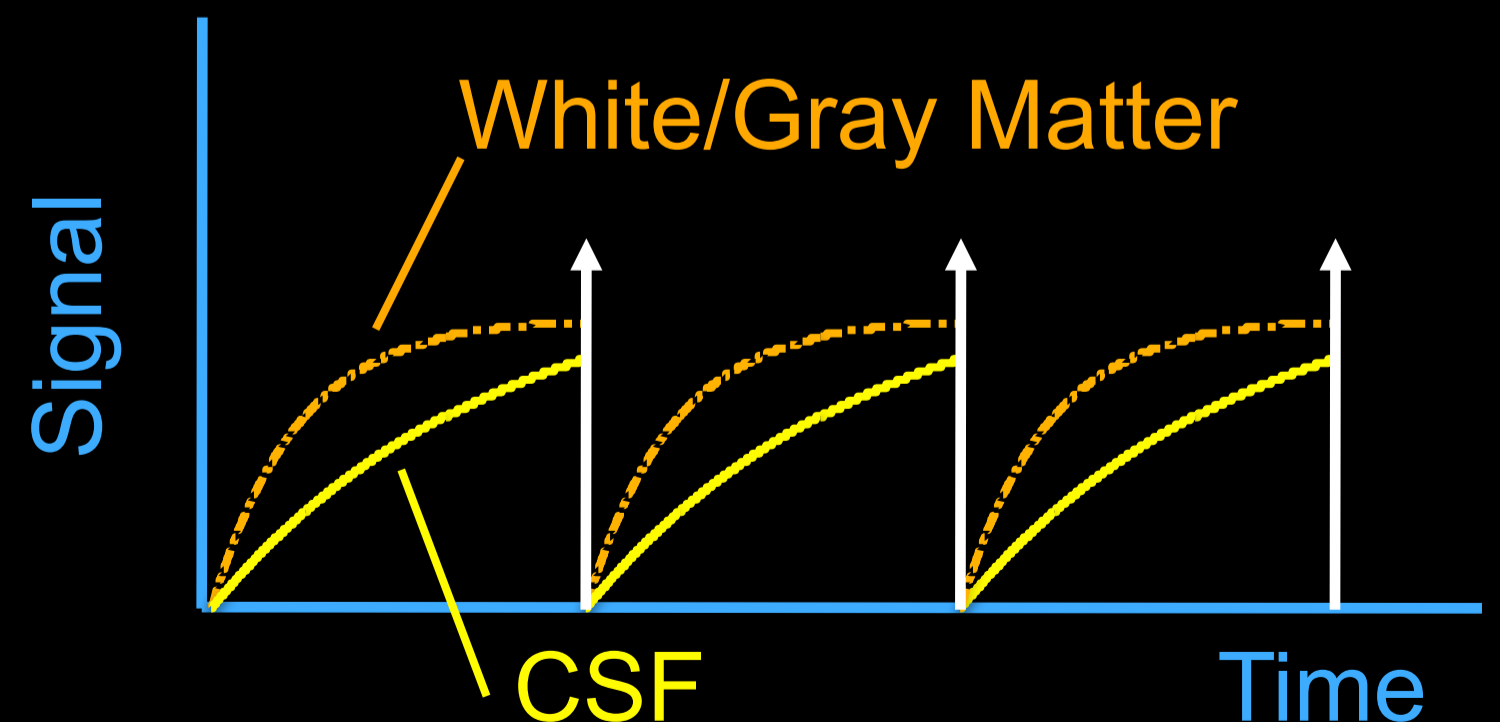
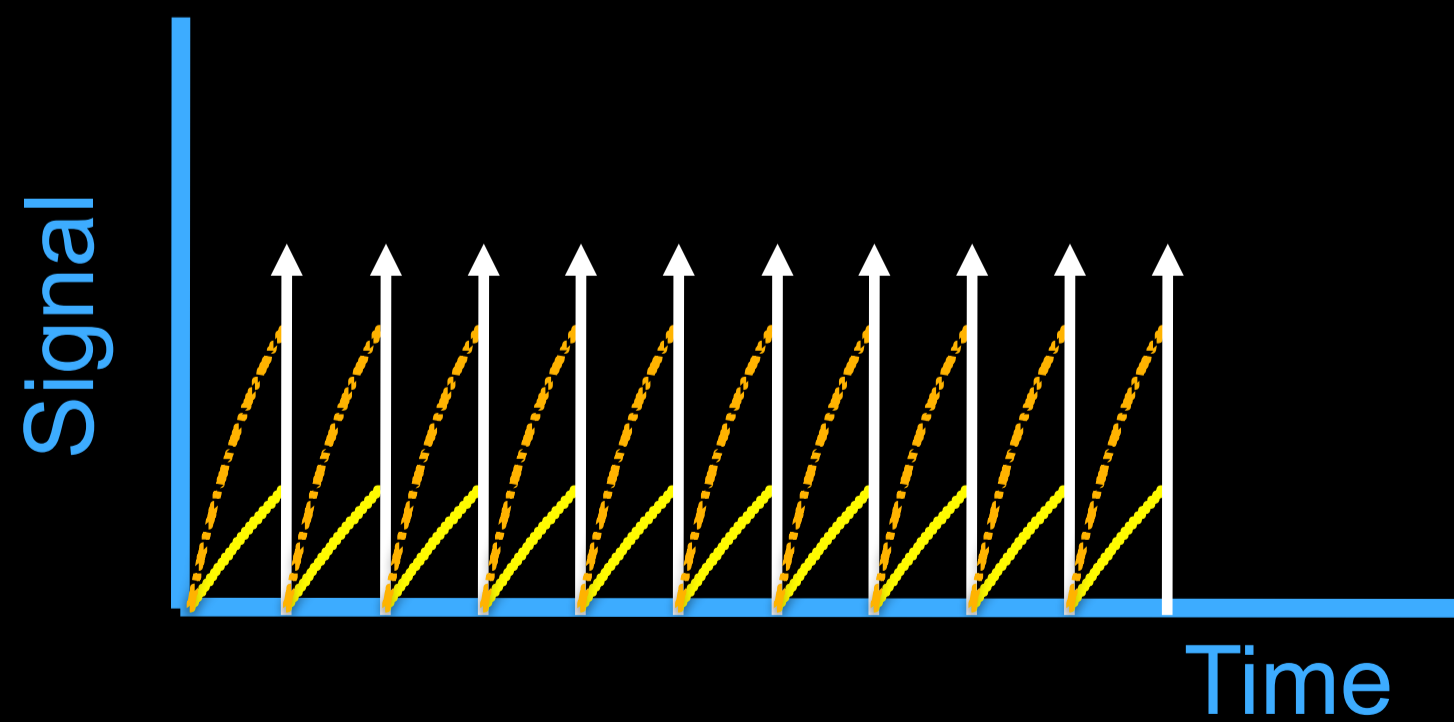
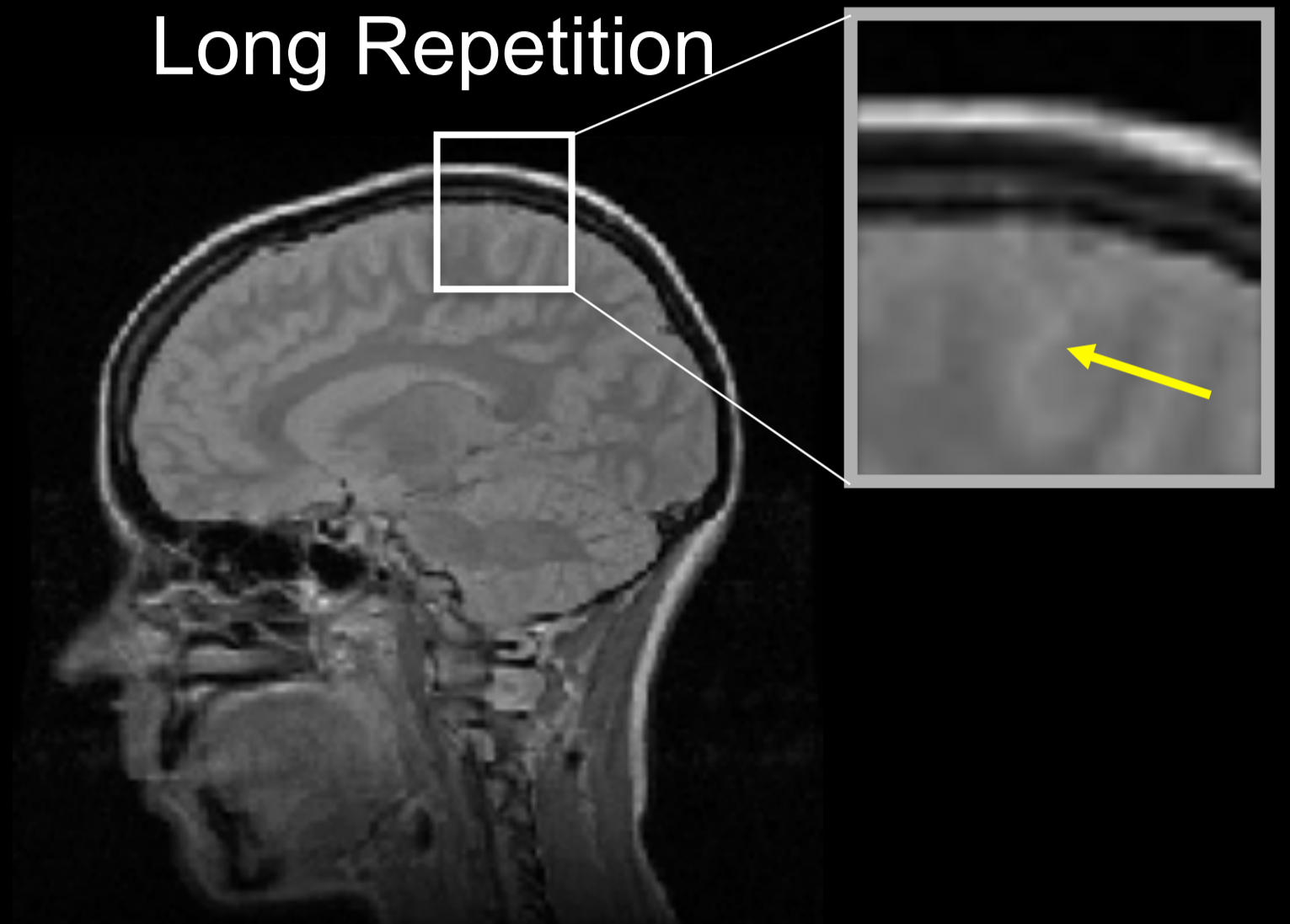
- Longitudinal or spin-lattice relaxation
  - Typically, (10s ms) < T<sub>1</sub> < (100s ms)
- T<sub>1</sub> is long for
  - Small molecules (water)
  - Large molecules (proteins)
- T<sub>1</sub> is short for
  - Fats and intermediate-sized molecules
- T<sub>1</sub> increases with increasing B<sub>0</sub>
- T<sub>1</sub> decreases with contrast agents

# T1 Contrast

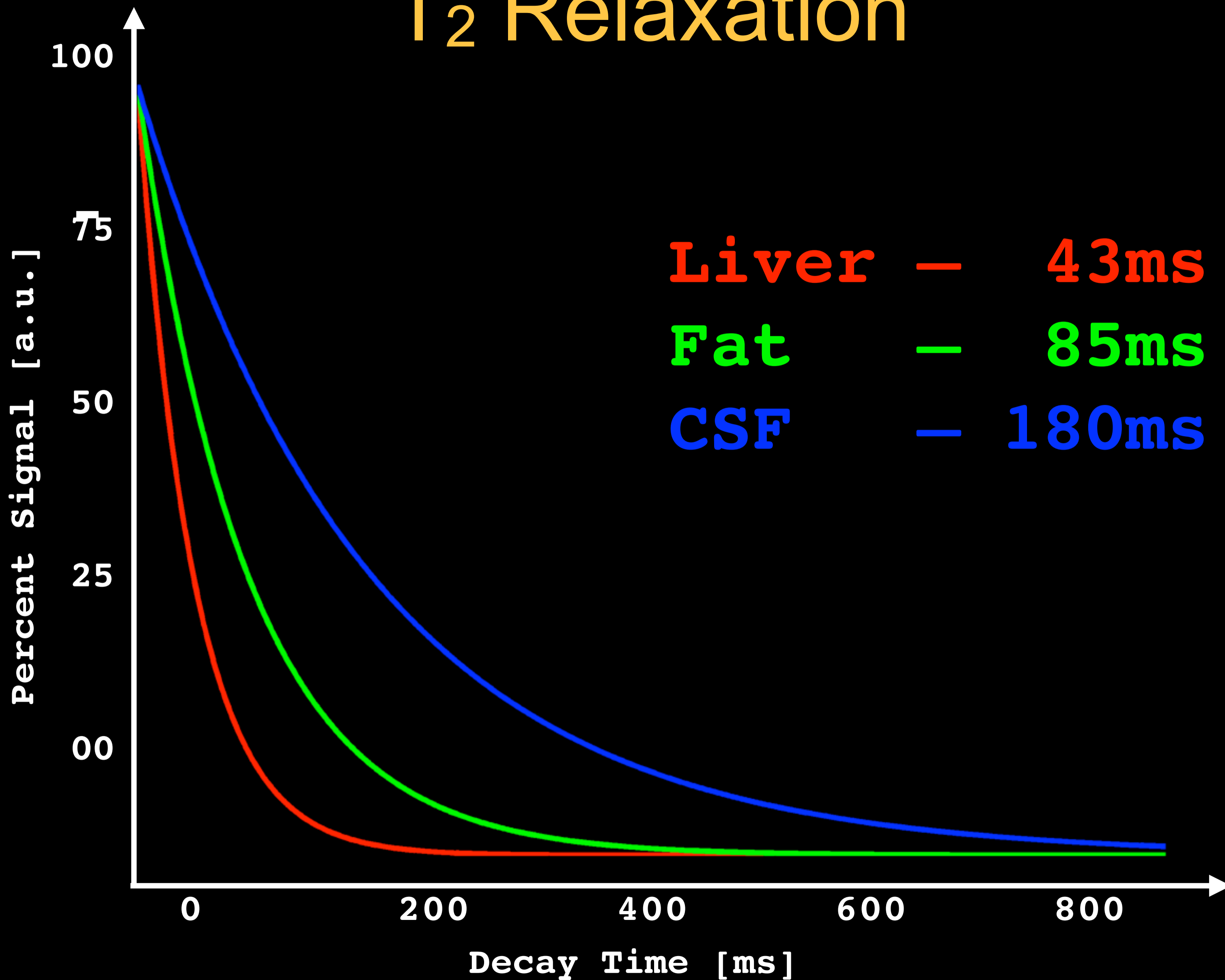
Short Repetition



Long Repetition



# T<sub>2</sub> Relaxation



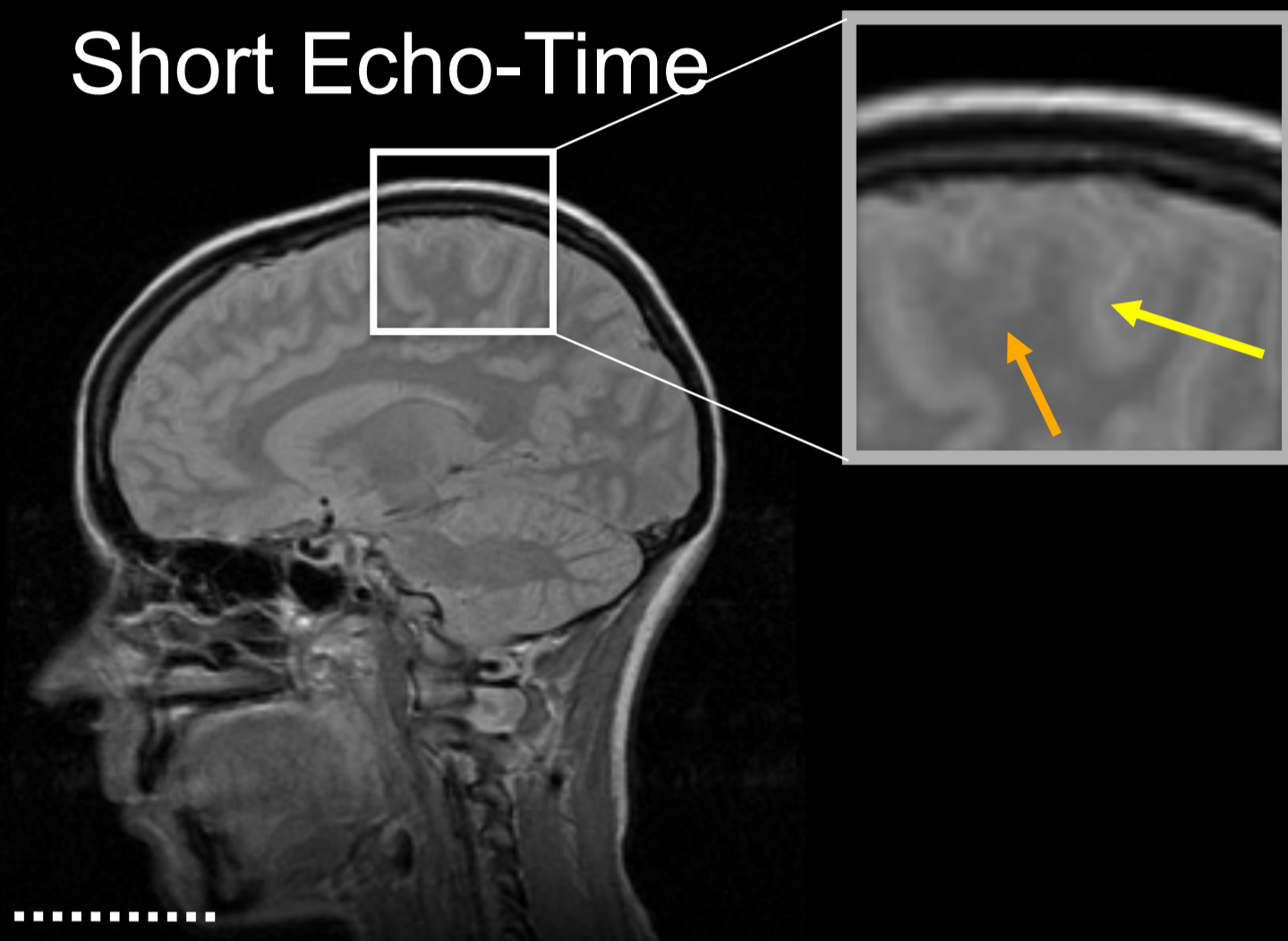
# T<sub>2</sub> Relaxation

- Transverse or spin-spin relaxation
  - Molecular interaction causes spin dephasing
  - Typically, T<sub>2</sub> < (10s ms)
- Increasing molecular size, decrease T<sub>2</sub>
  - Fat has a short T<sub>2</sub>
- Increasing molecular mobility, increases T<sub>2</sub>
  - Liquids (CSF, edema) have long T<sub>2</sub>s
- Increasing molecular interactions, decreases T<sub>2</sub>
  - Solids have short T<sub>2</sub>s
- T<sub>2</sub> relatively independent of B<sub>0</sub>

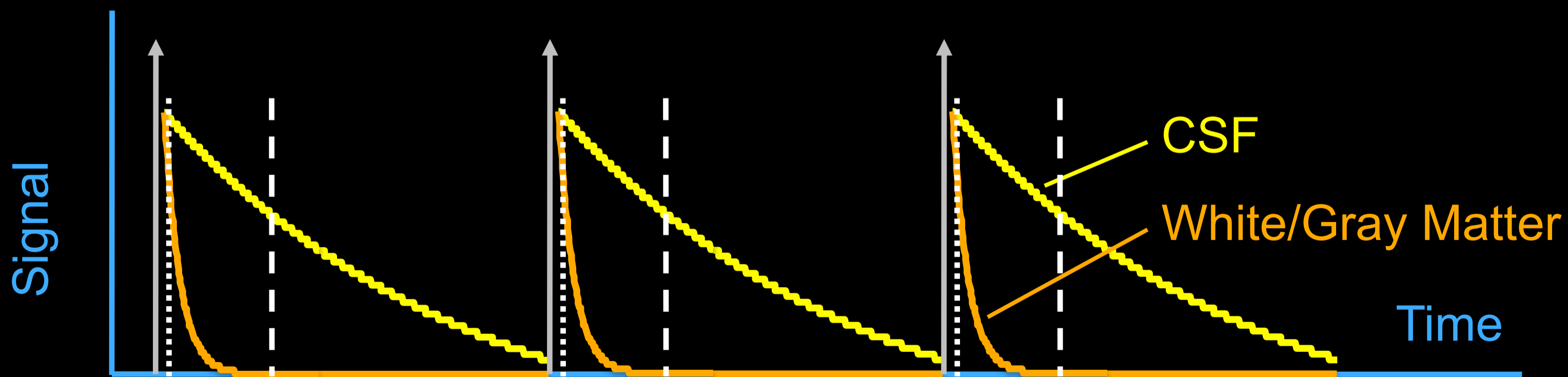
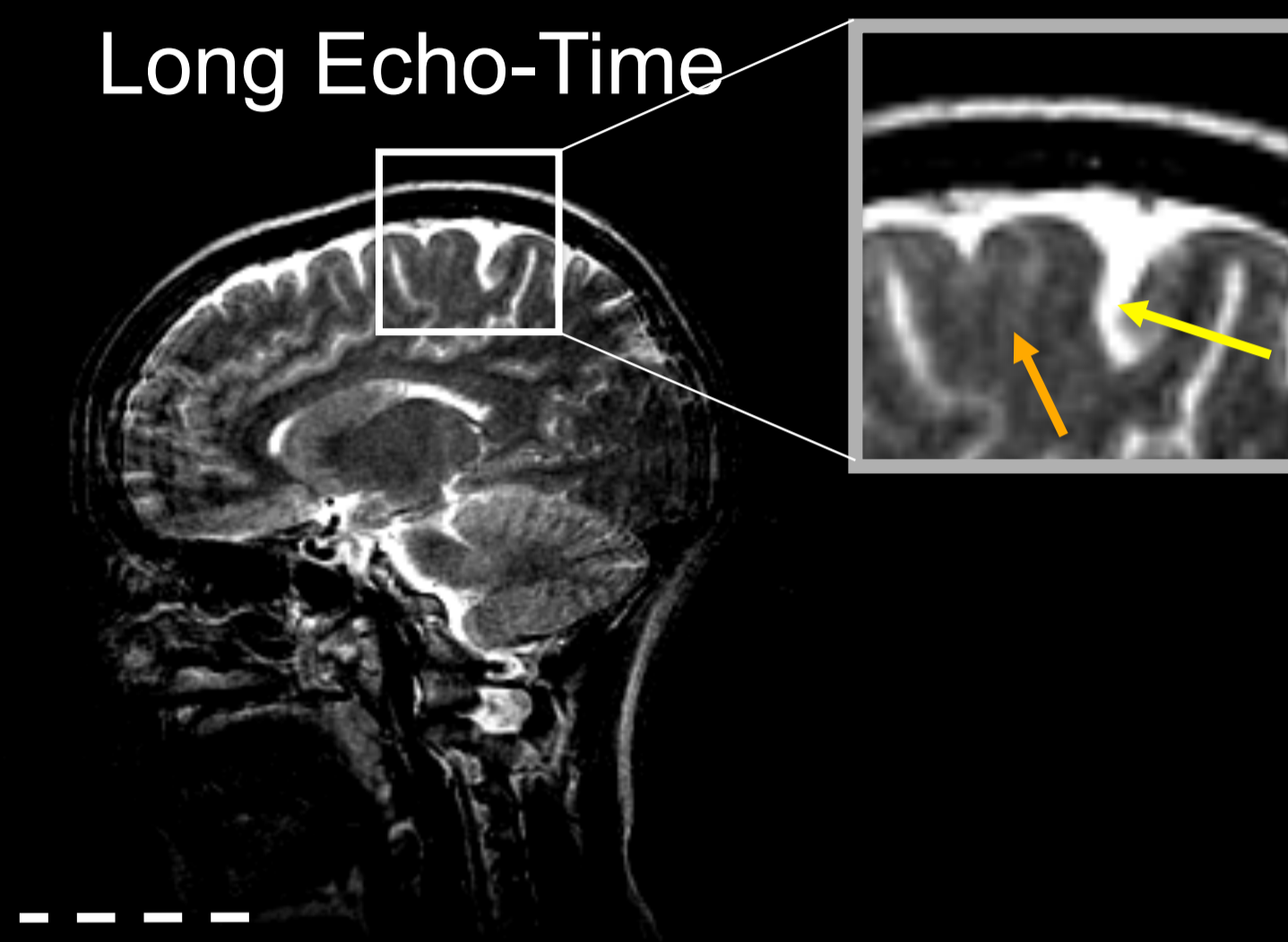


# T2 Contrast

Short Echo-Time



Long Echo-Time

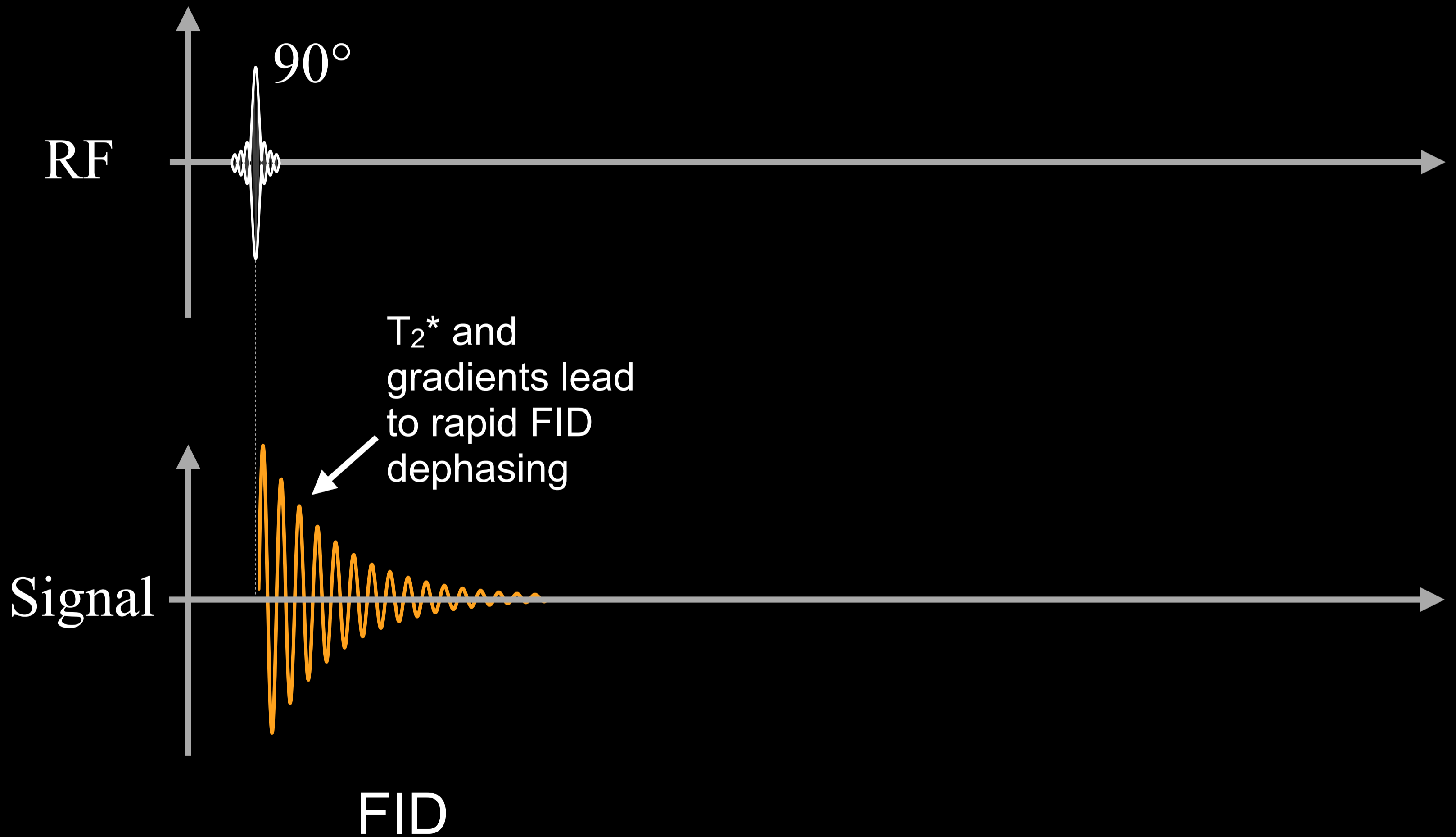


# T<sub>1</sub> and T<sub>2</sub> Values @ 1.5T

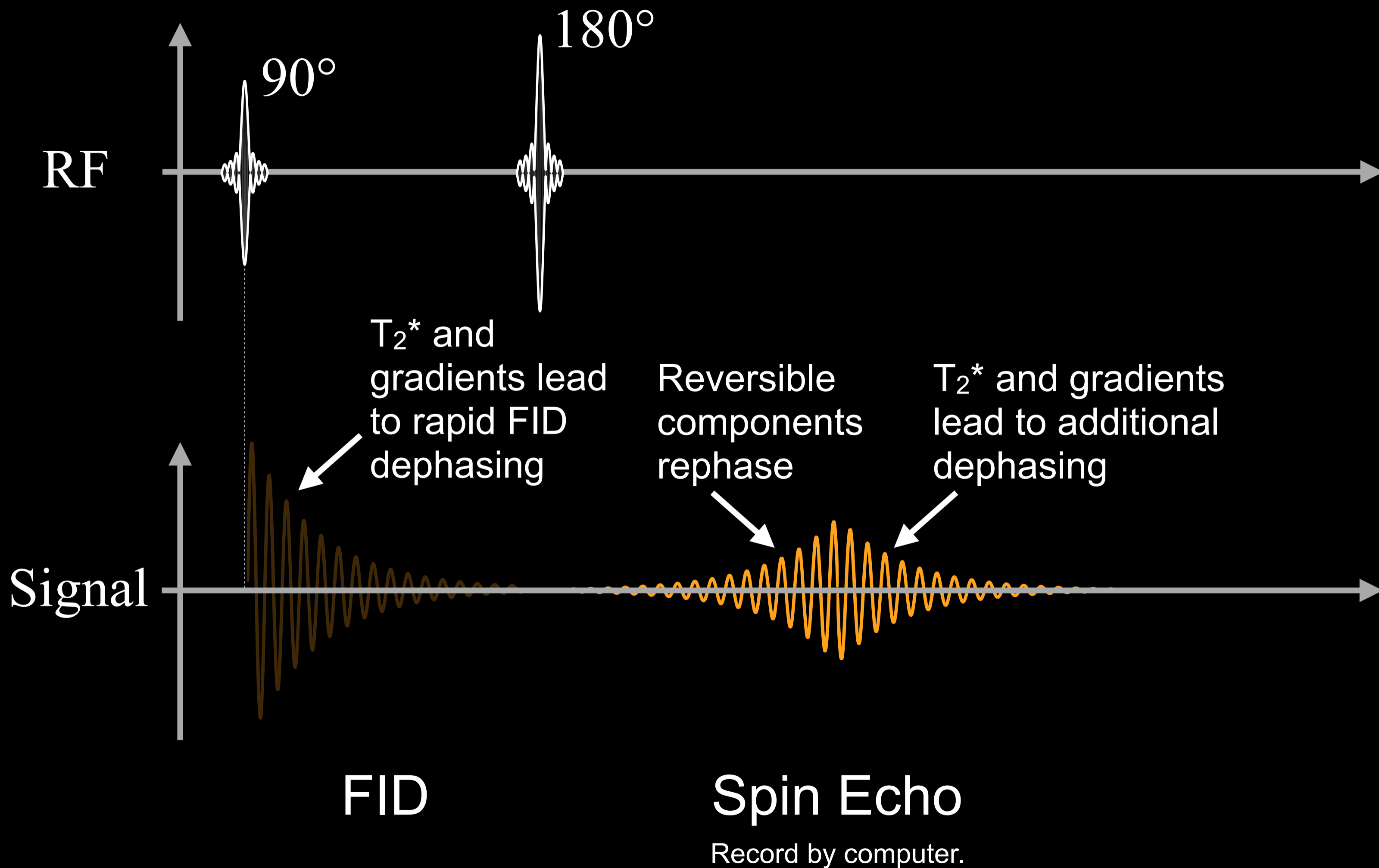
Tissue	T <sub>1</sub> [ms]	T <sub>2</sub> [ms]
gray matter	925	100
white matter	790	92
muscle	875	47
fat	260	85
kidney	650	58
liver	500	43
CSF	2400	180

# Spin Echo Imaging

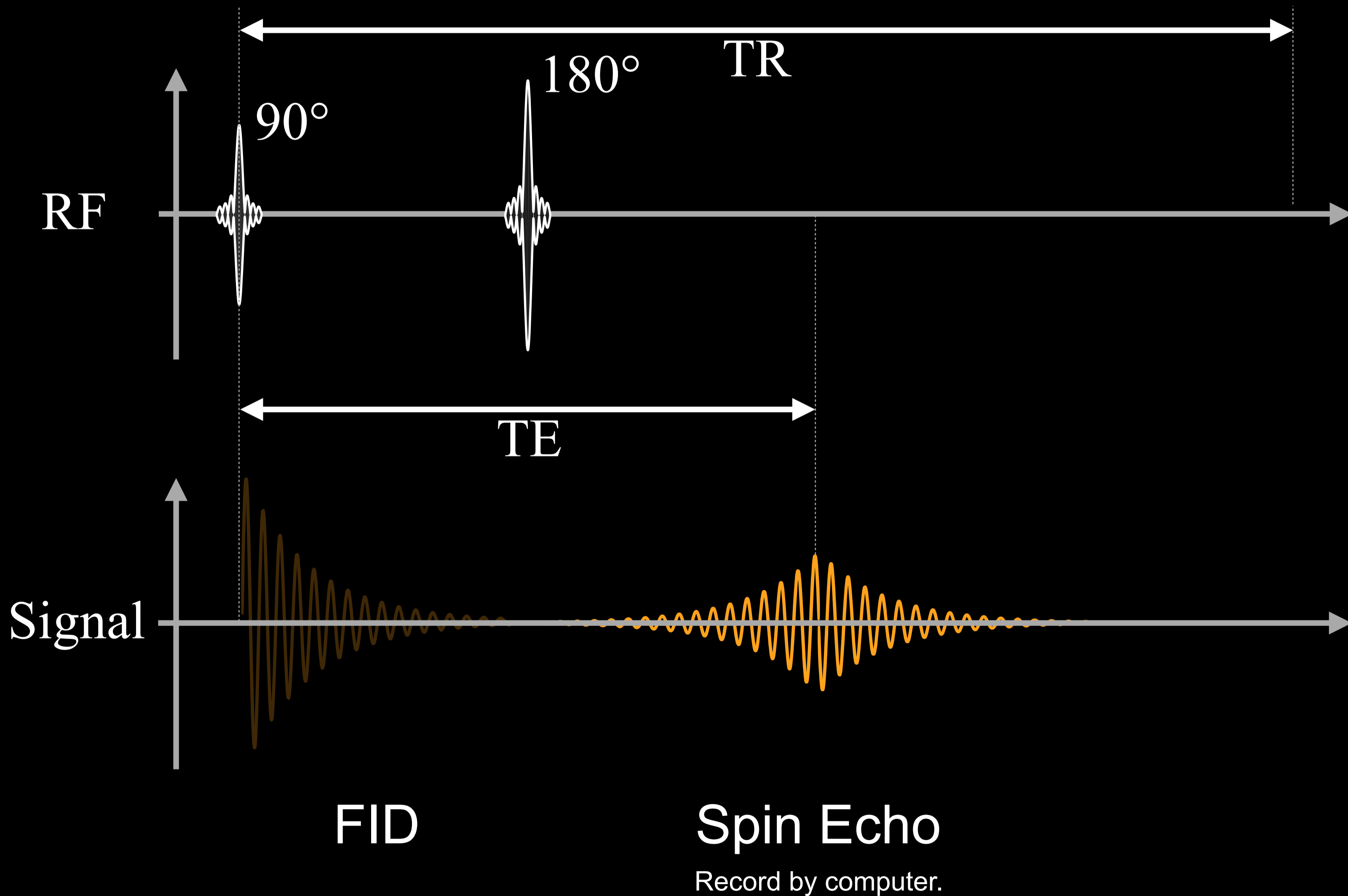
# Free Induction Decay



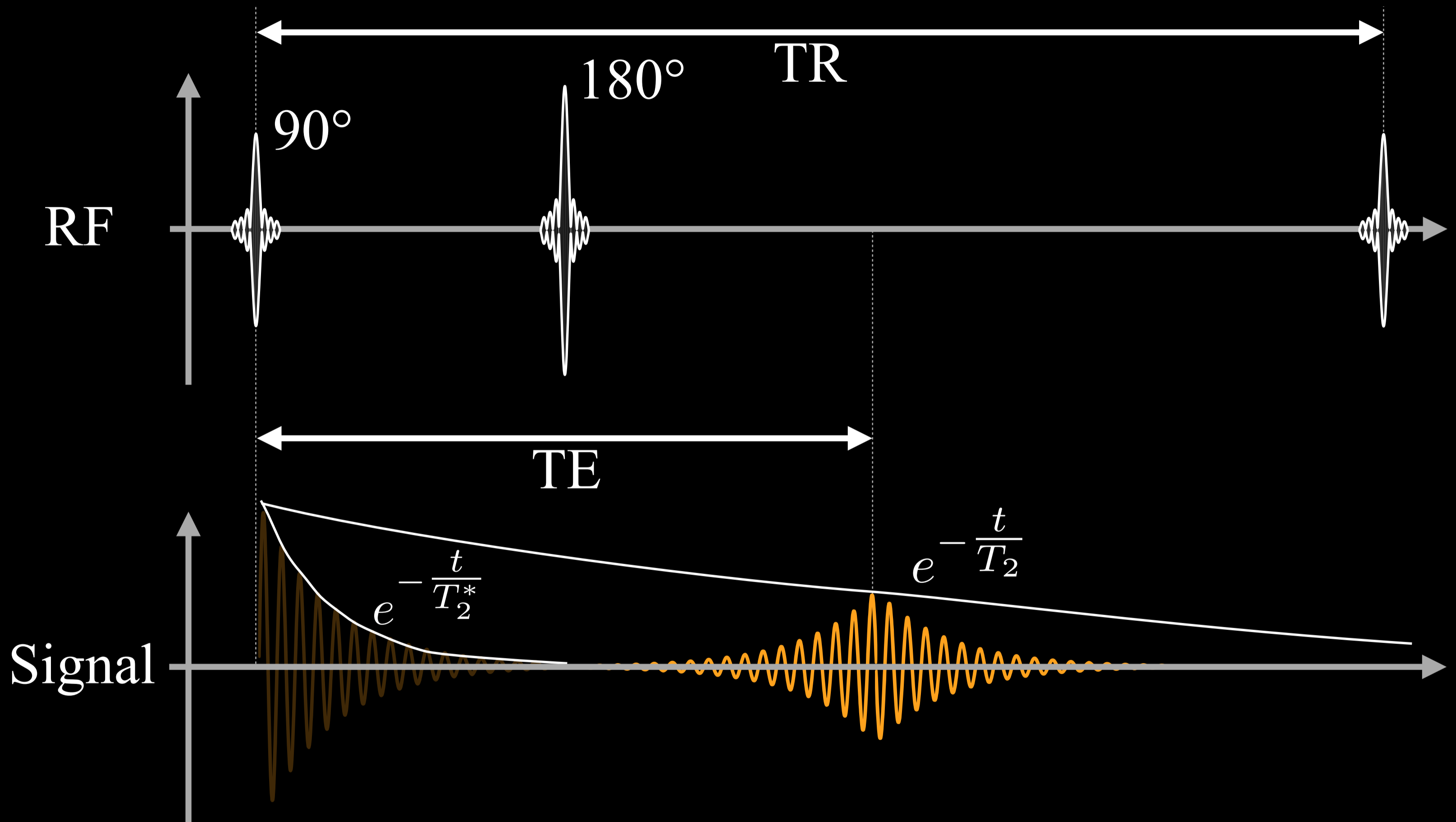
# Spin Echo



# Spin Echo



# 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  
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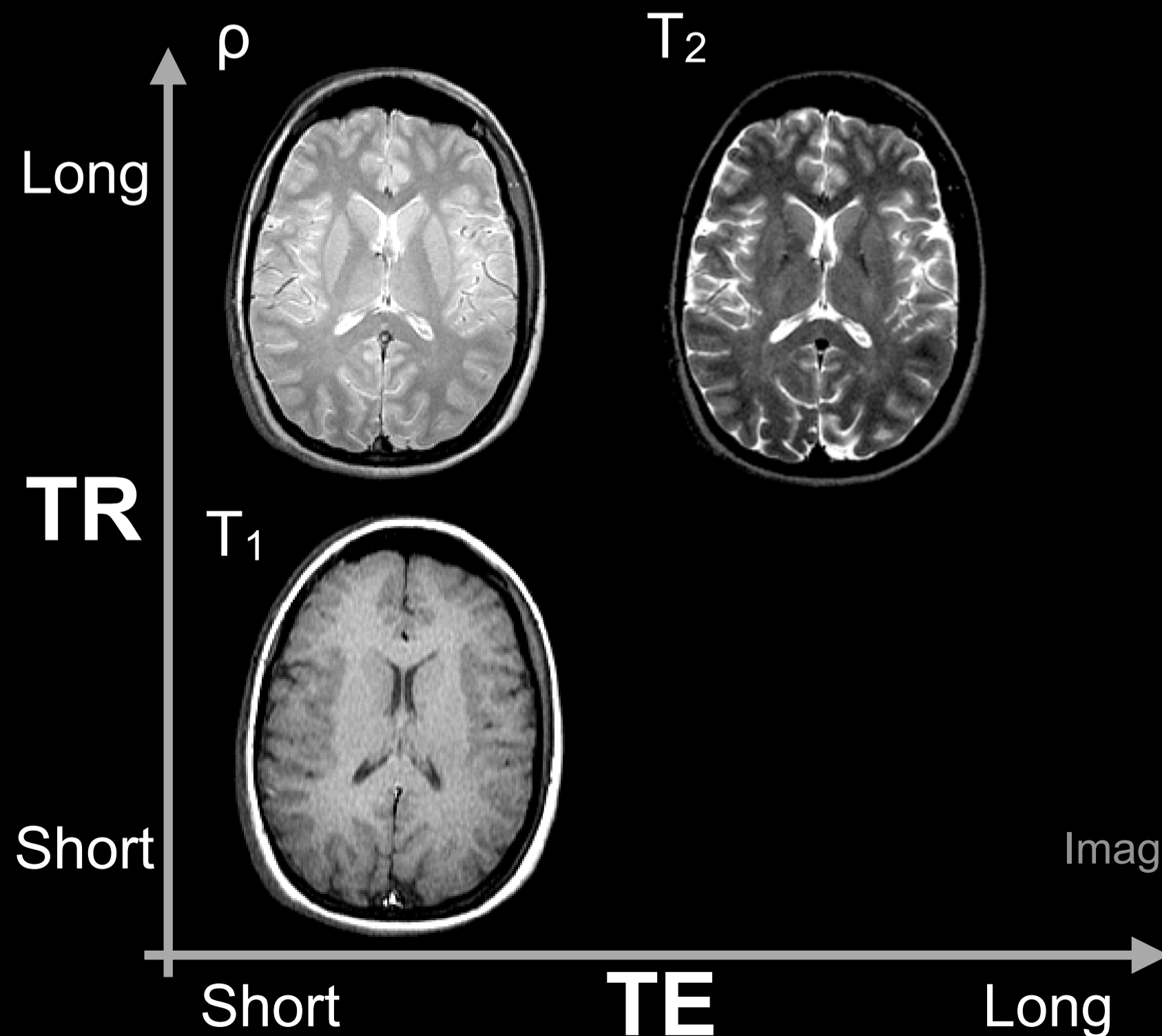
Intermediate TE  
maximizes  
T2 contrast

## 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

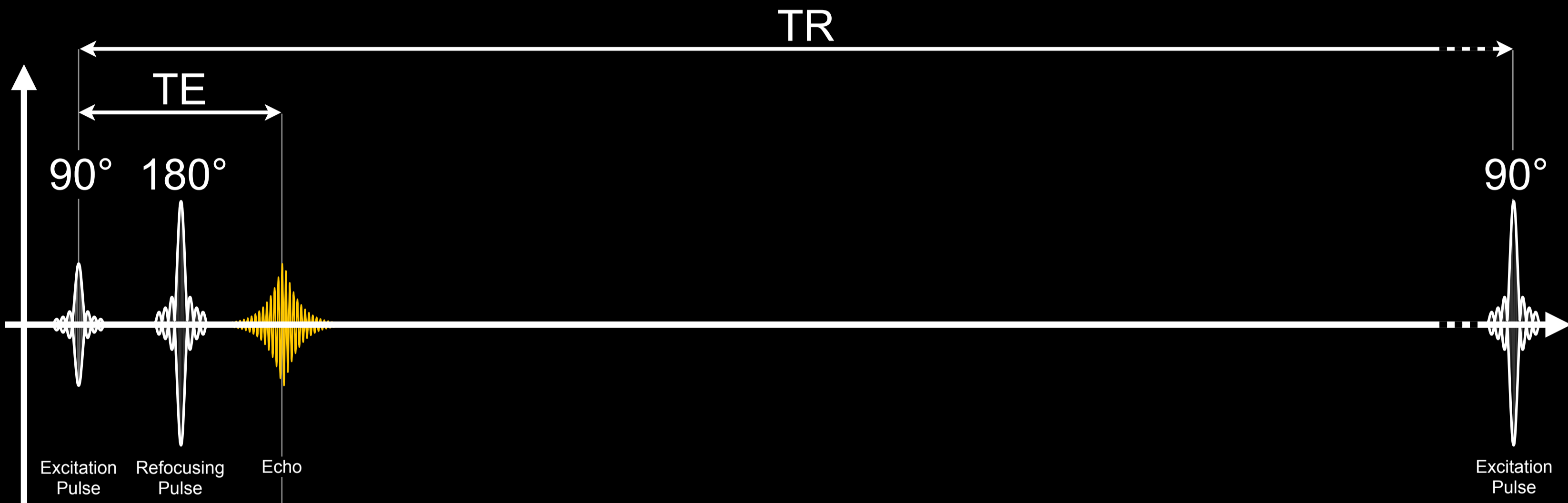
# Spin Echo Contrast

	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

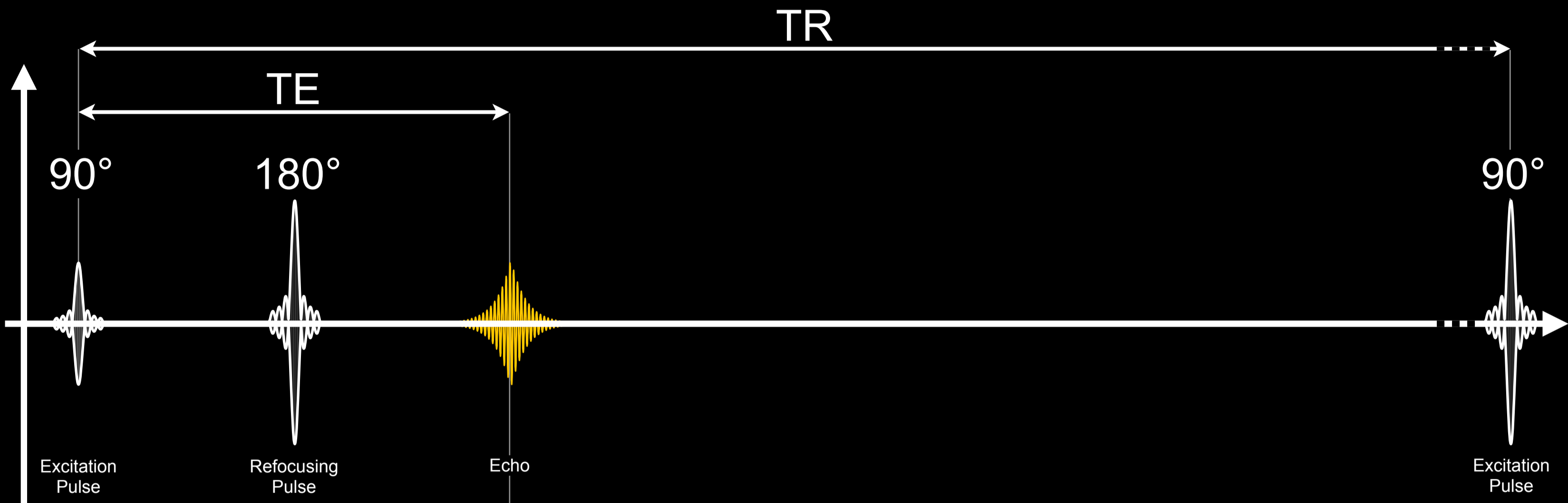
# Spin Echo



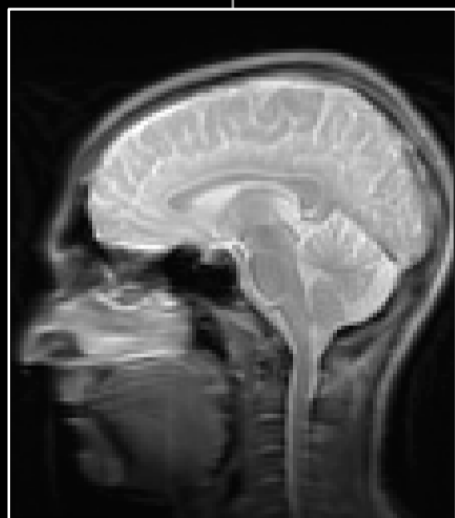
TE=12ms

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

# Spin Echo

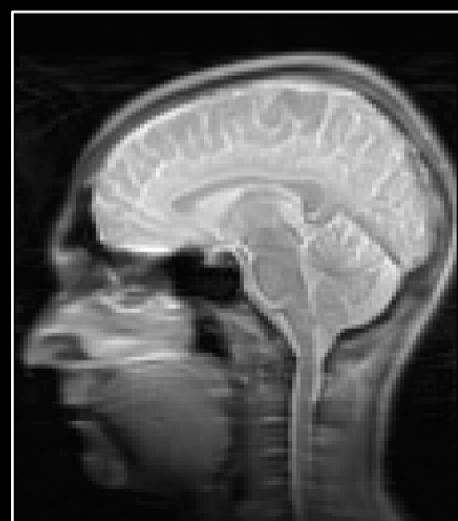
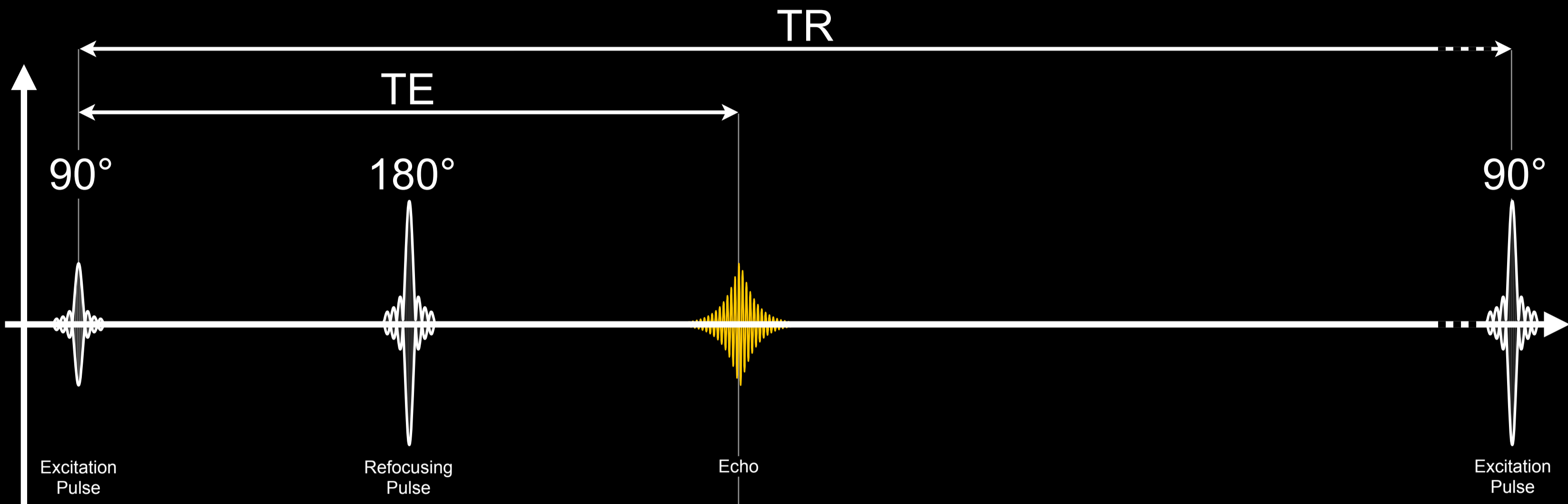


TE=12ms



TE=47ms

# Spin Echo



$TE=12ms$

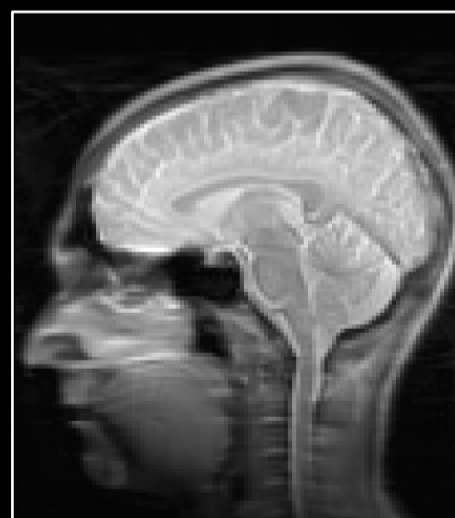
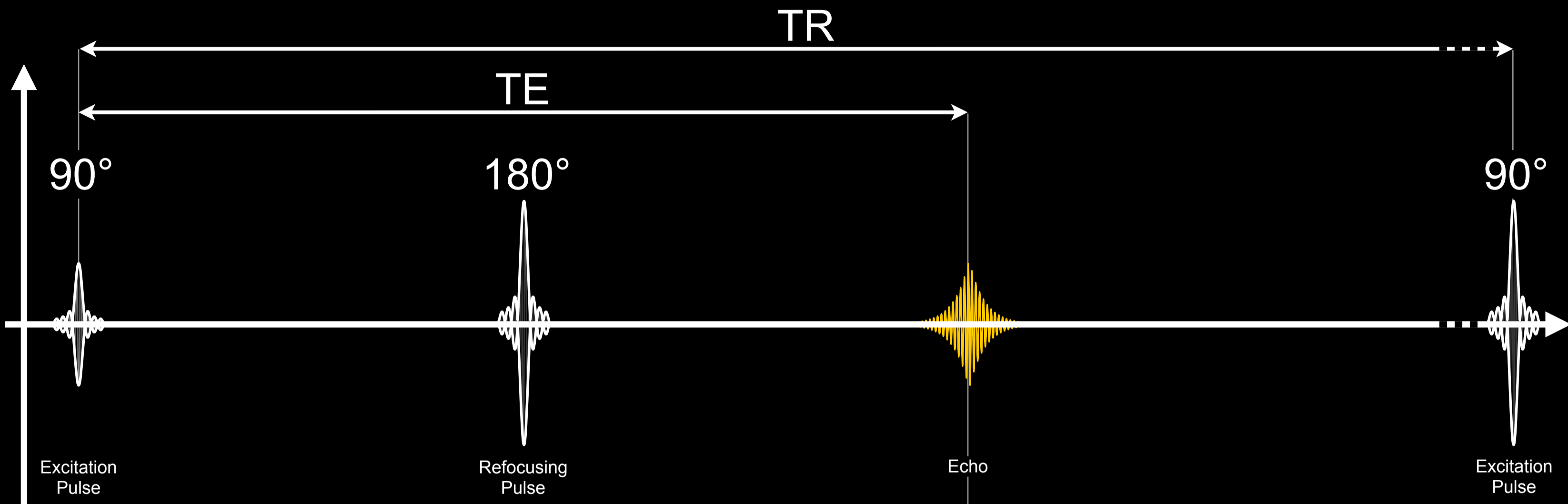


$TE=47ms$

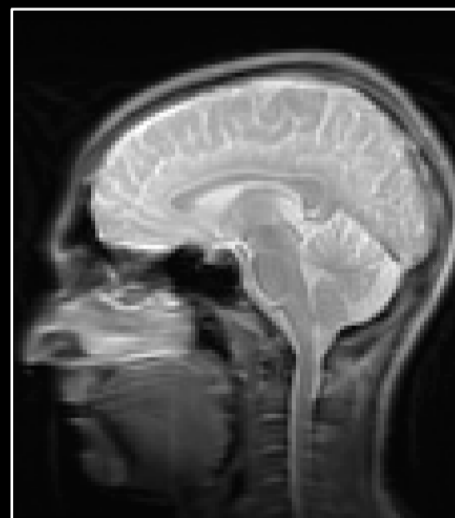


$TE=106ms$

# Spin Echo



TE=12ms



TE=47ms



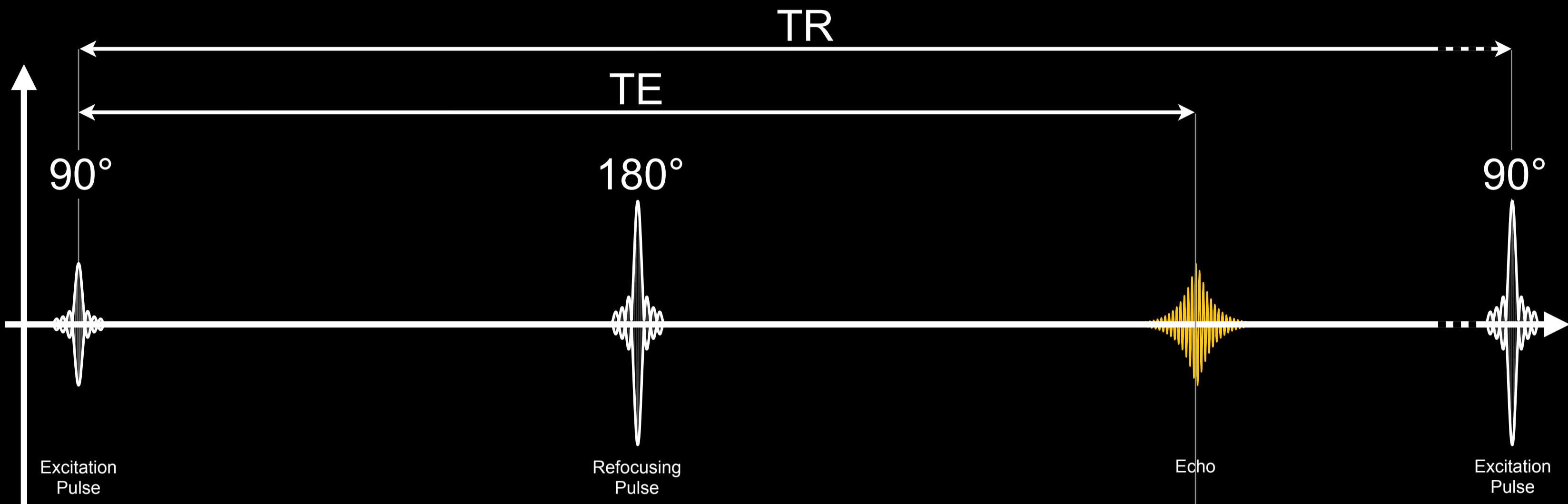
TE=106ms



TE=153ms

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

# Spin Echo



TE=12ms



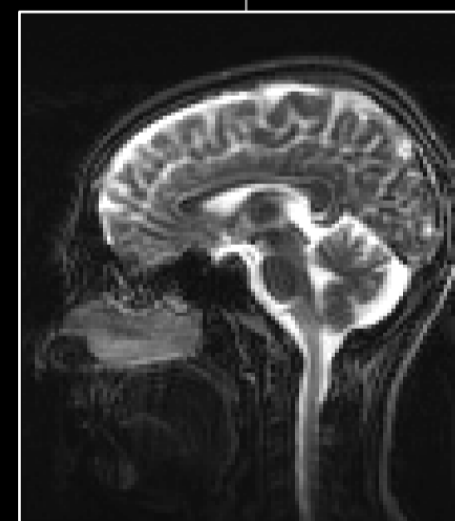
TE=47ms



TE=106ms



TE=153ms



TE=235ms

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

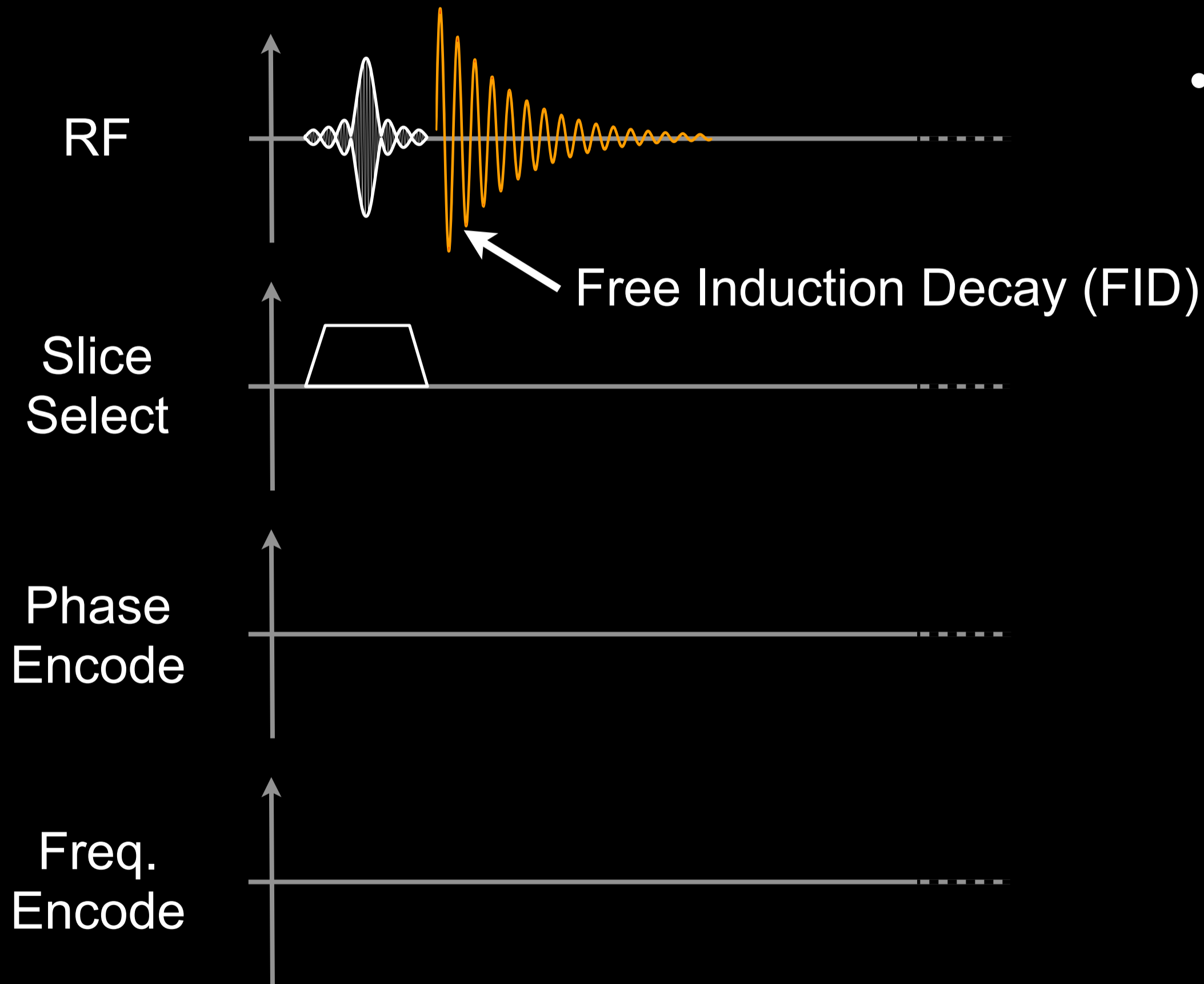
# Gradient Echo Imaging



# Gradient Echo Sequences

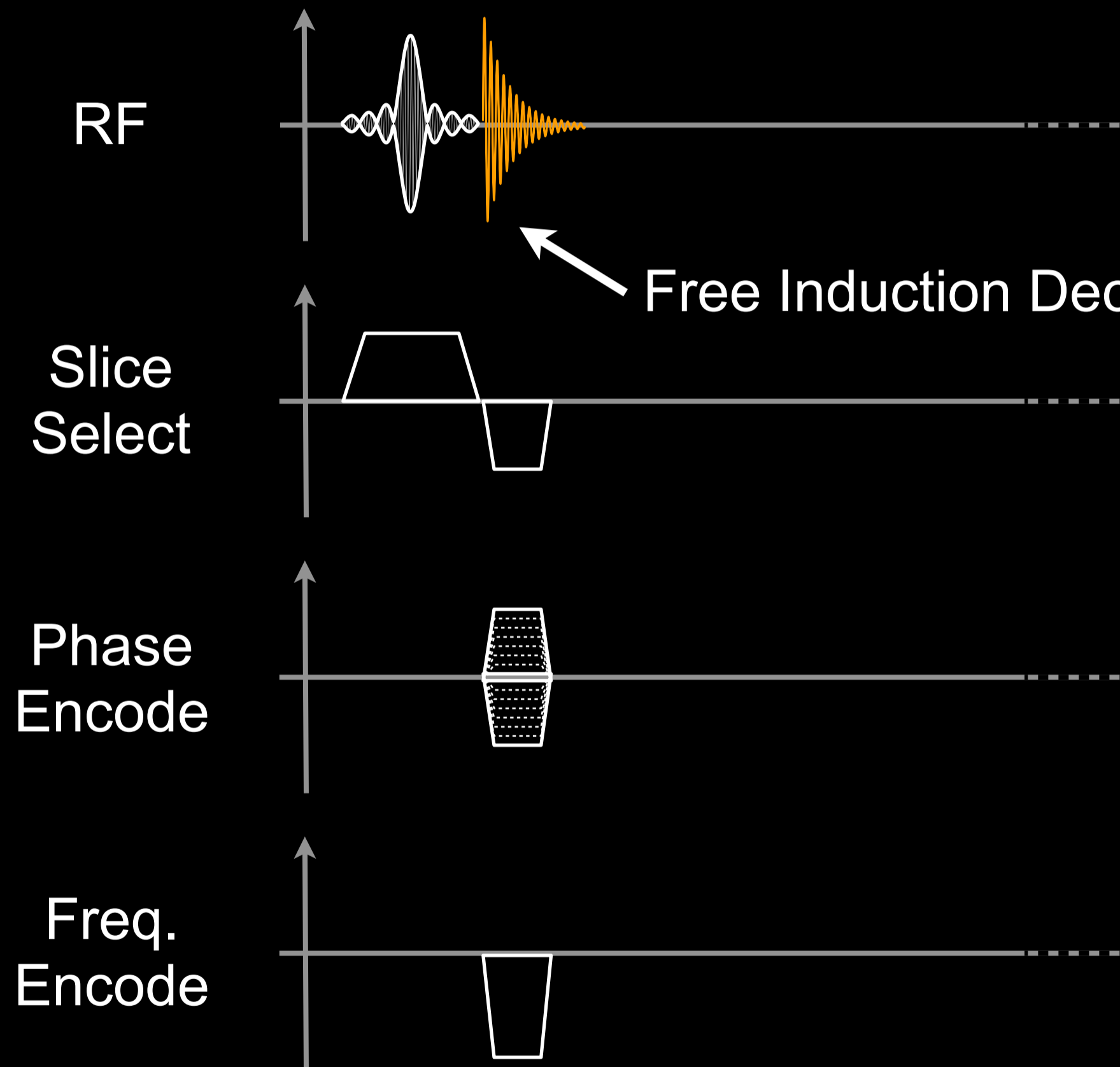
- Spoiled Gradient Echo
  - SPGR, FLASH, T1-FFE
- Balanced Steady-State Free Precession
  - TrueFISP, FIESTA, Balanced FFE

# Basic Gradient Echo Sequence



- FID Decay due to
  - T2 decay
  - Spin dephasing

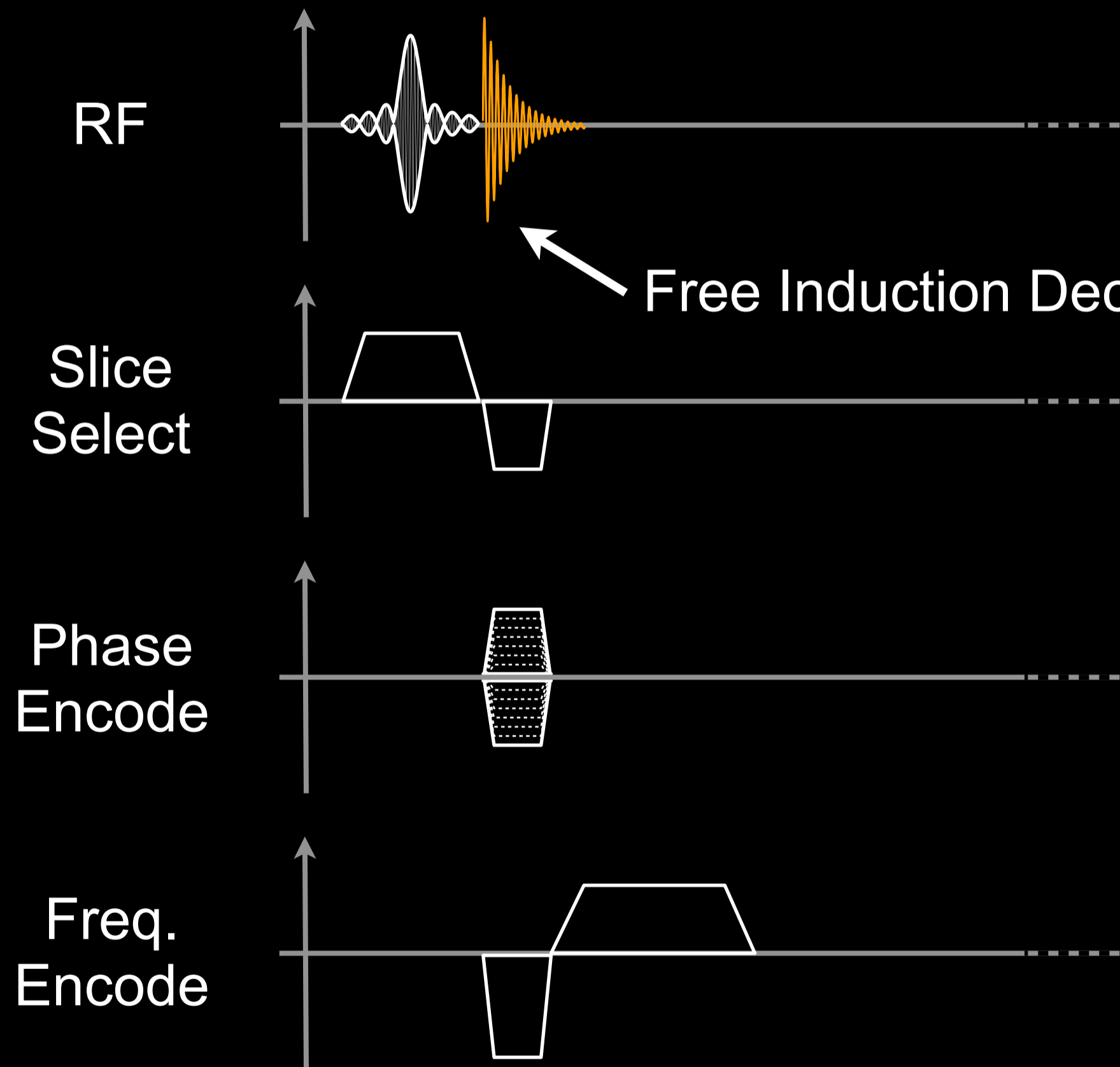
# Basic Gradient Echo Sequence



- FID Decay due to
  - T2 decay
  - Spin dephasing

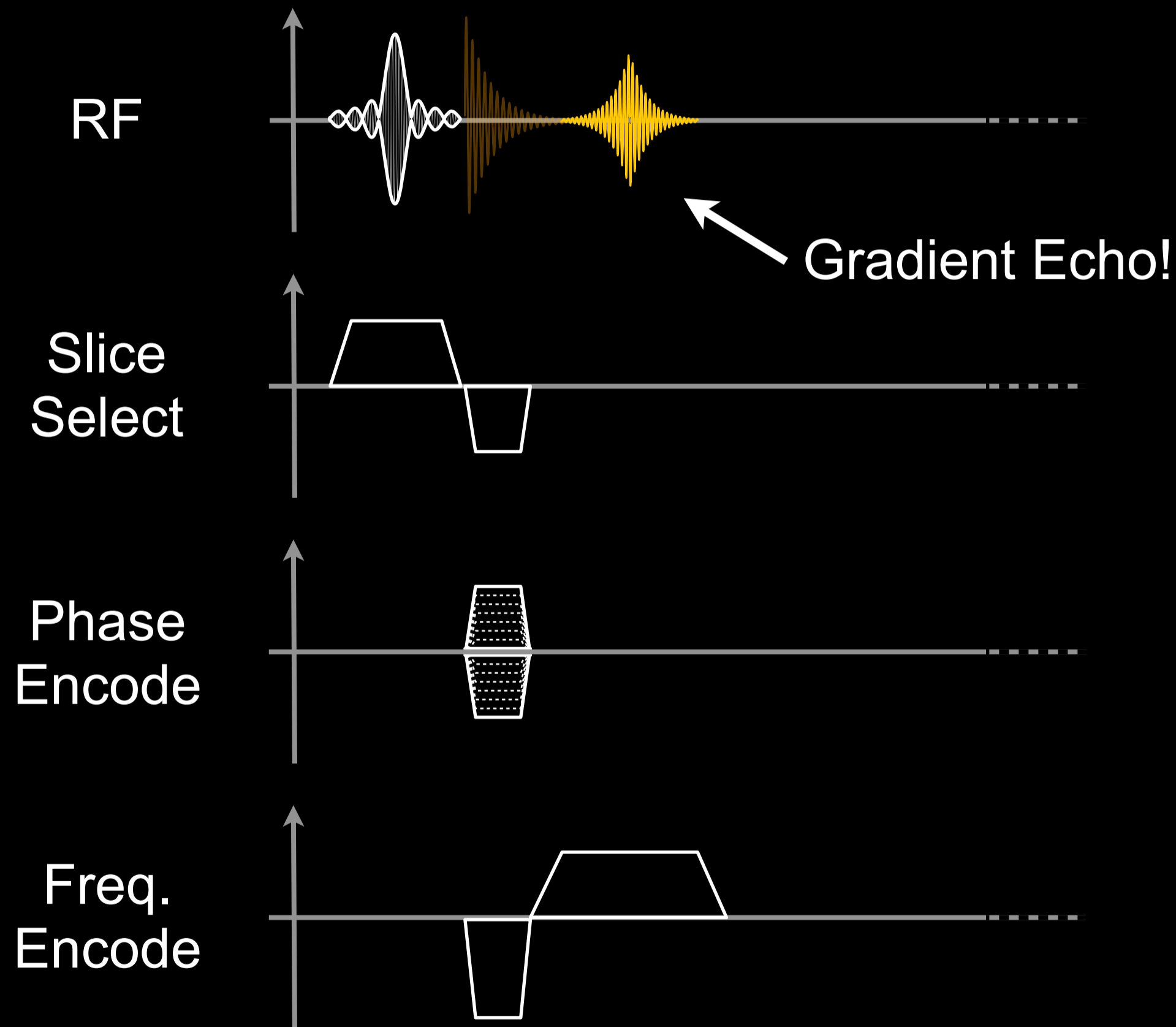
- Gradients accelerate spin dephasing

# Basic Gradient Echo Sequence



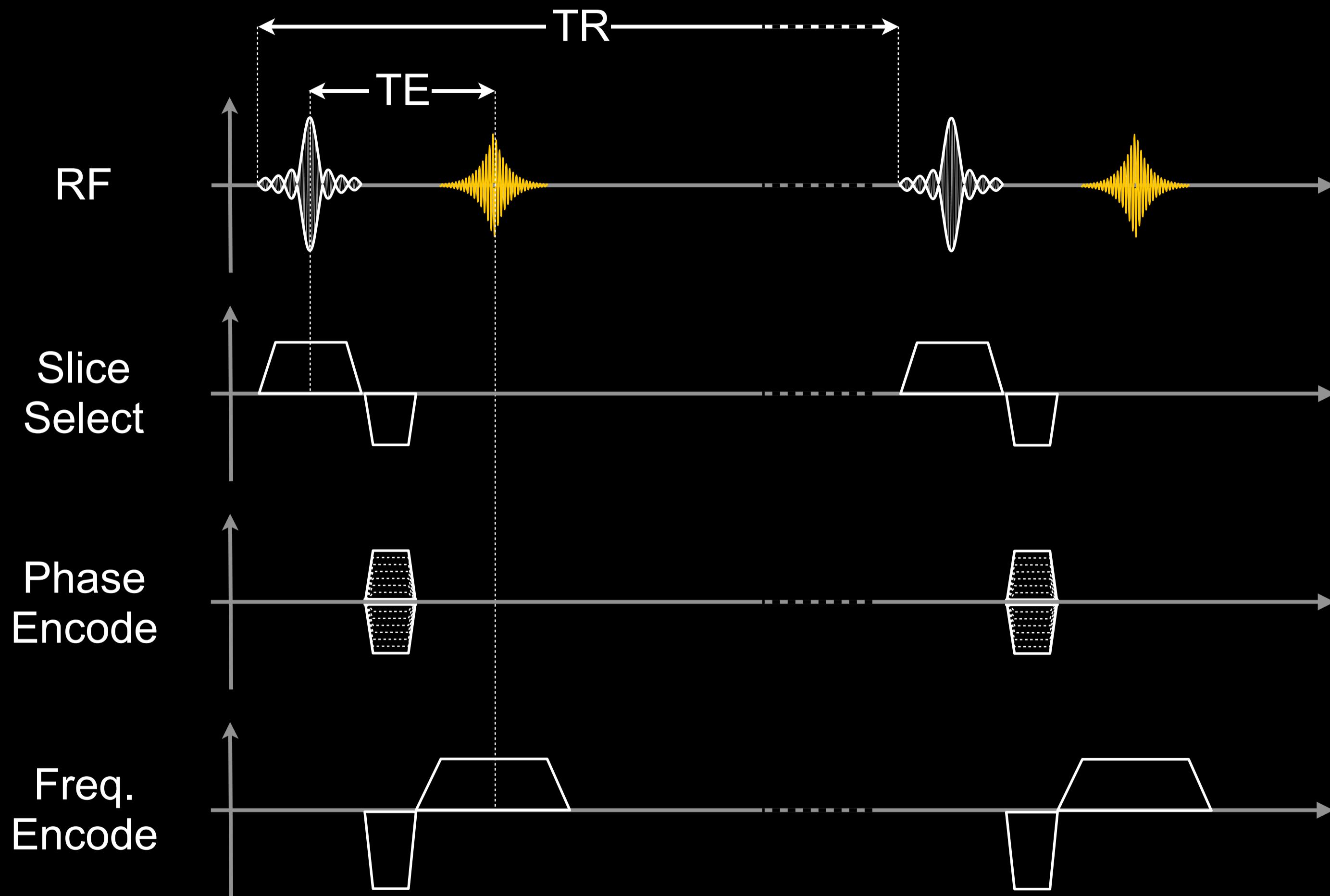
- FID Decay due to
  - T2 decay
  - Spin dephasing
- Gradients accelerate spin dephasing
- Gradients can undo gradient induced spin dephasing

# 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



# 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  $90^\circ$  &  $180^\circ$
  - **When?** Little or no slice gap for 2D multi-slice
- More...

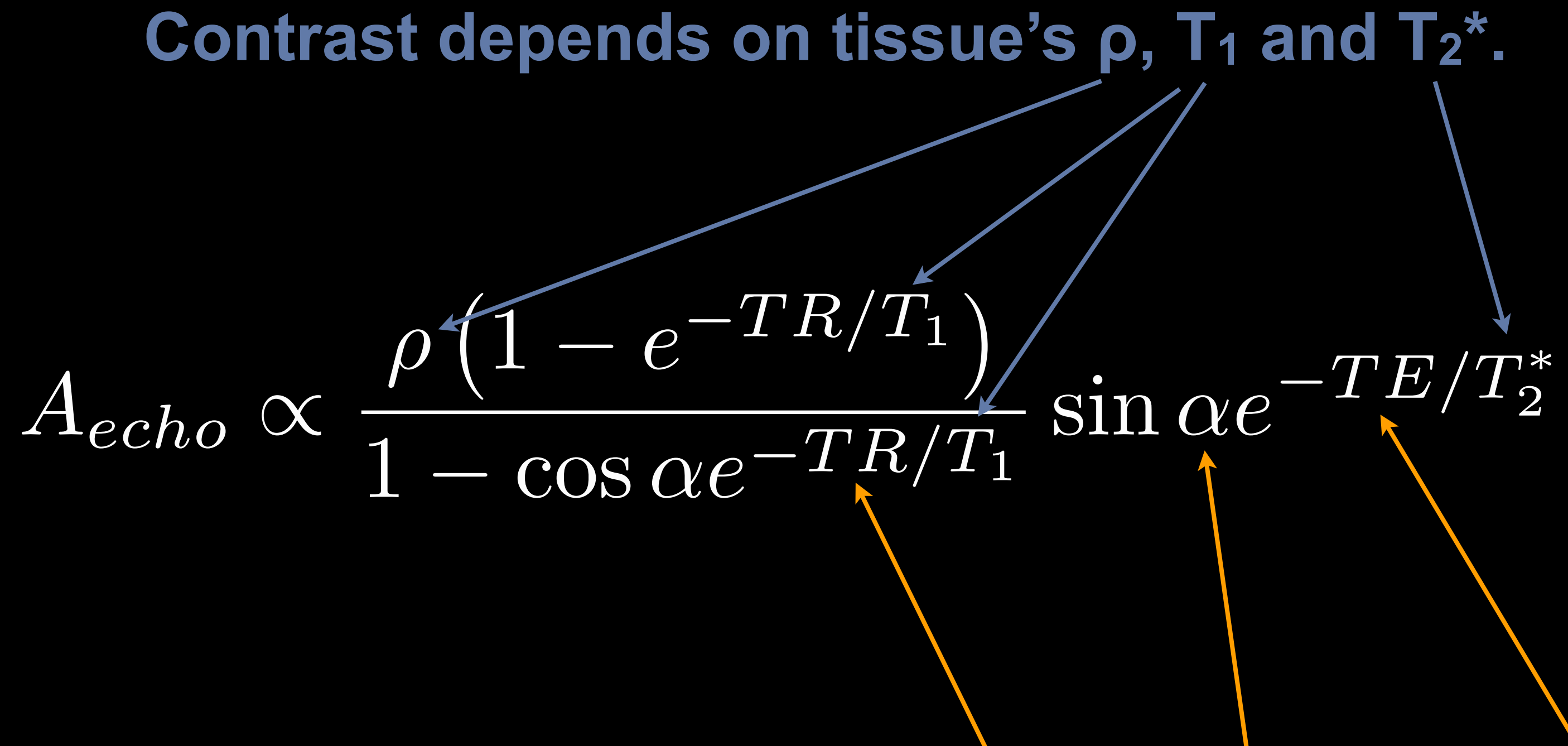


# Principal GRE Disadvantages

- 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

# Spoiled Gradient Echo Contrast

Contrast depends on tissue's  $\rho$ ,  $T_1$  and  $T_2^*$ .

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


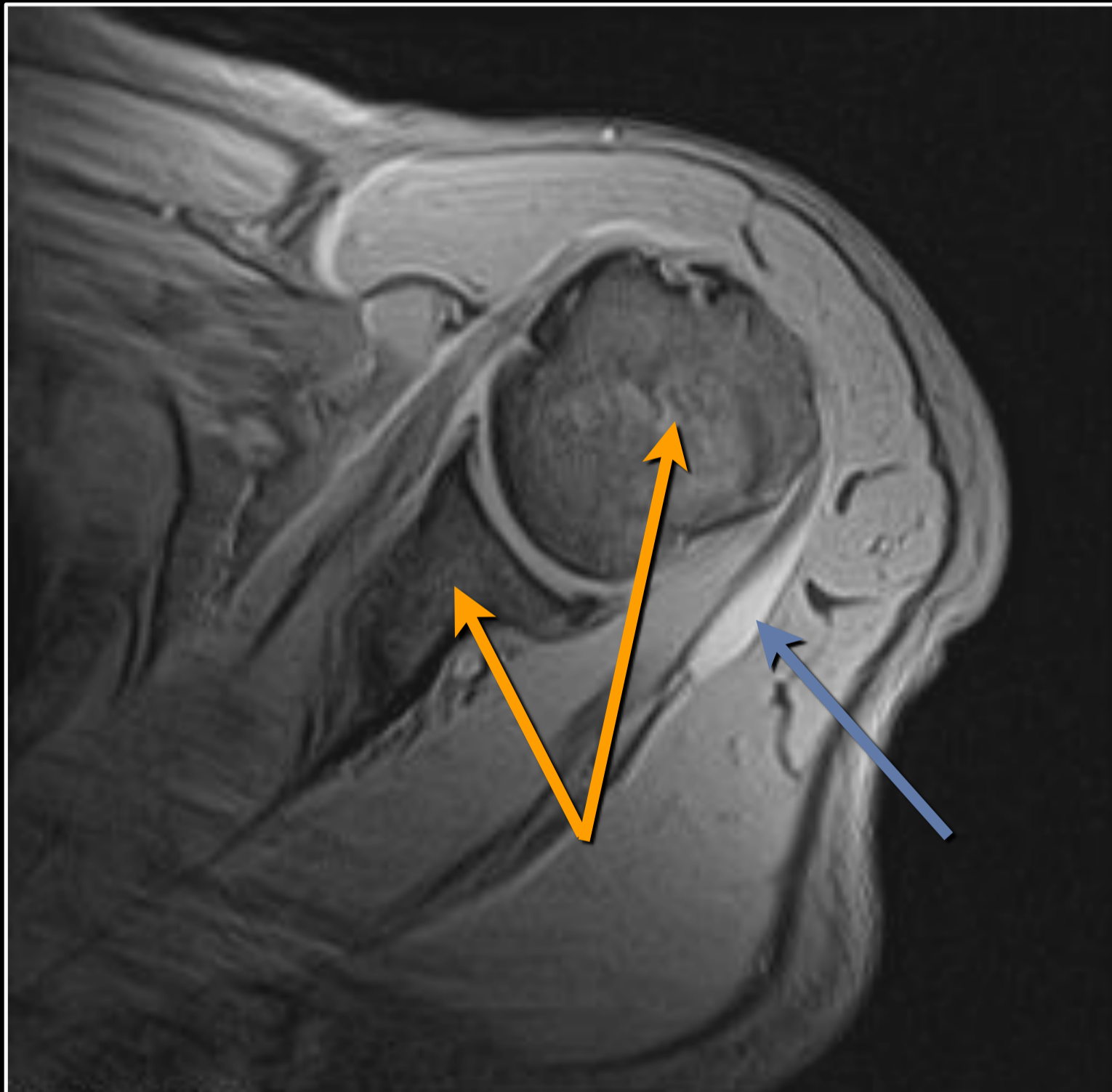
Contrast adjusted by changing TR, flip angle, and TE

# Spoiled Gradient Echo Contrast

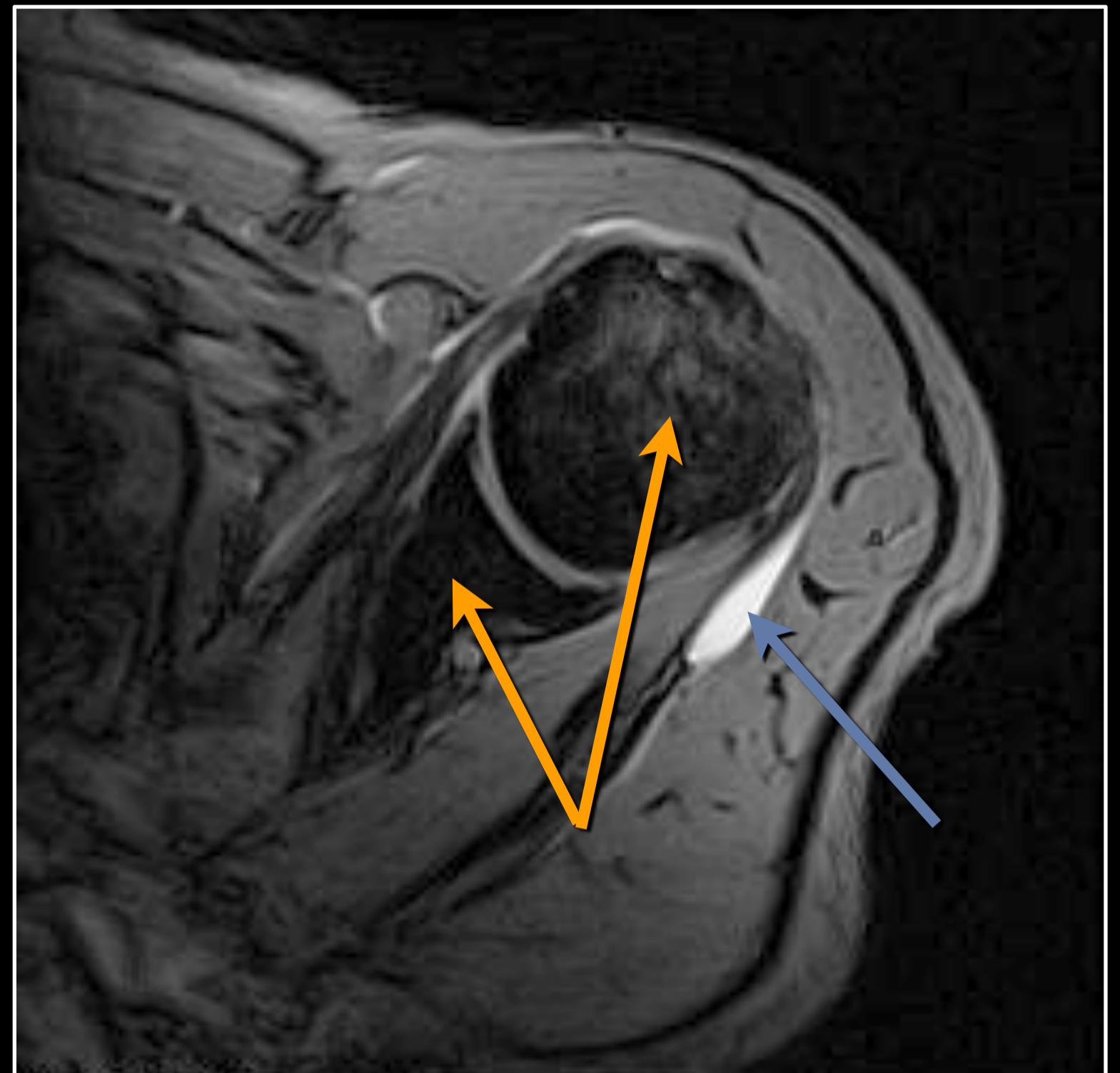
## Gradient Echo Parameters

Type of Contrast	TE	TR	Flip Angle
Spin Density	Short	Long	Small
T <sub>1</sub> -Weighted	Short	Intermediate	Large
T <sub>2</sub> *-Weighted	Intermediate	Long	Small

# T<sub>2</sub>\*-weighted Gradient Echo Imaging



**TE=9ms**



**TE=30ms**

**Susceptibility Weighting (darker with longer TE)**  
**Bright fluid signal (long T<sub>2</sub>\* 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 <sub>1</sub> -Weighted	<5ms	<50ms	>30°
T <sub>2</sub> *-Weighted	>20ms	>100ms	<10°

## Spin Echo Parameters

Type of Contrast	TE	TR	Flip Angle
Spin Density	10-30ms	>2000ms	90+180
T <sub>1</sub> -Weighted	10-30ms	450-850ms	90+180
T <sub>2</sub> -Weighted	>60ms	>2000ms	90+180

# Gradient Echoes & Flip Angle

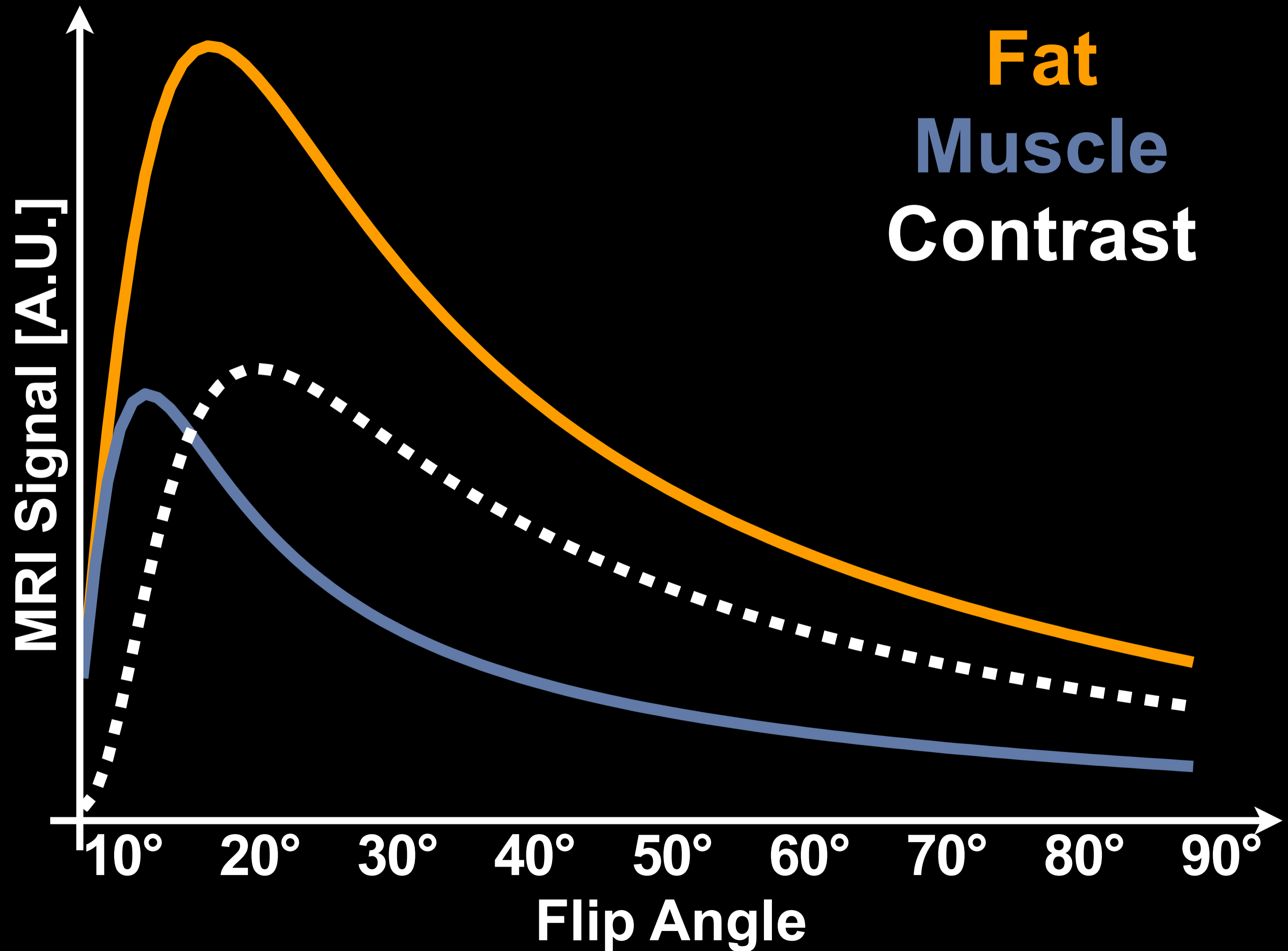
# Spoiled GRE & Ernst Angle

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

**Produces the largest MRI signal for a given TR and T<sub>1</sub>**

<b>Tissue</b>	<b>T<sub>1</sub> [ms]</b>	<b>T<sub>2</sub> [ms]</b>
muscle	875	47
fat	260	85

# Spoiled GRE & Ernst Angle





# Spoiled GRE & Ernst Angle



1°



5°



10°

High Muscle Signal



20°

High Fat Signal



30°

Highest Contrast



45°



60°



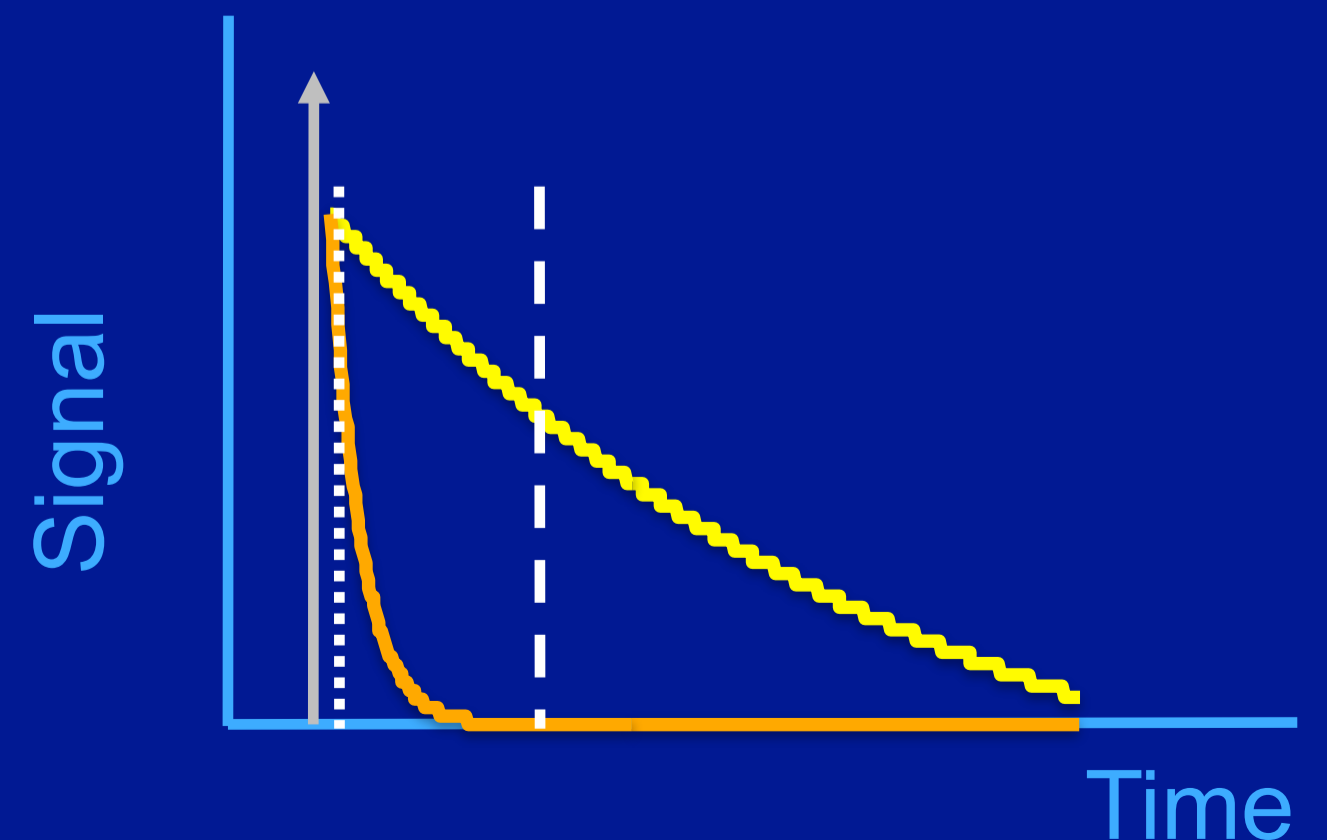
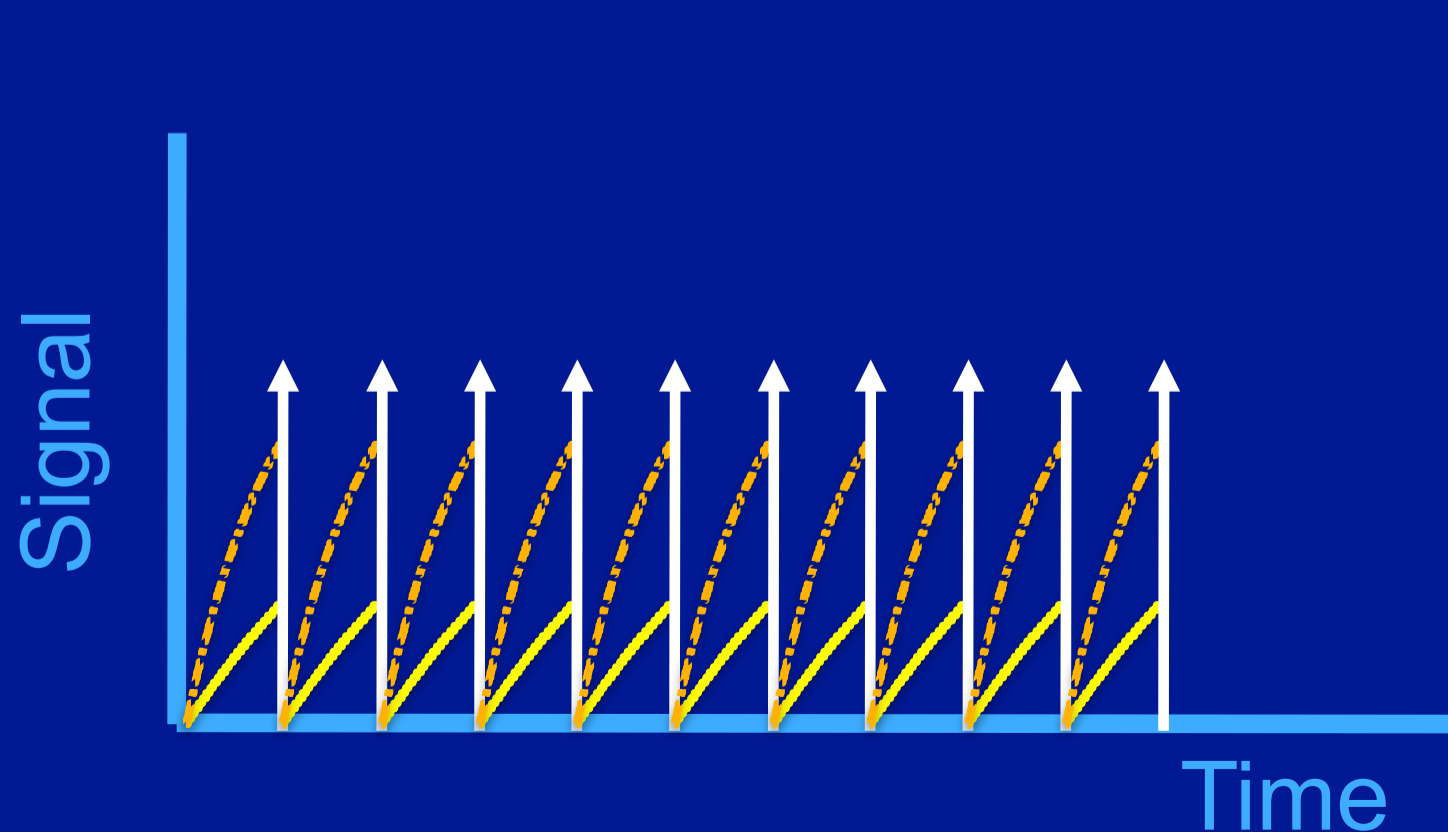
90°

# Relaxation - True or False?

1.  $T_2^* > T_2 > T_1$
2. Long  $T_1$ s appear bright on a  $T_1$ -weighted image
3. Short  $T_2$ s appear dark on a  $T_2$ -weighted image

# Relaxation - True or False?

1.  $T_2^* > T_2 > T_1$
2. Long  $T_1$ s appear bright on a  $T_1$ -weighted image
3. Short  $T_2$ s appear dark on a  $T_2$ -weighted image



# Relaxation - True or False?

1.  $T_1(\text{CSF}) > T_1(\text{Gray Matter})$
2.  $T_2(\text{Liver}) < T_2(\text{Fat})$

# Relaxation - True or False?

1.  $T_1(\text{CSF}) > T_1(\text{Gray Matter})$
2.  $T_2(\text{Liver}) < T_2(\text{Fat})$

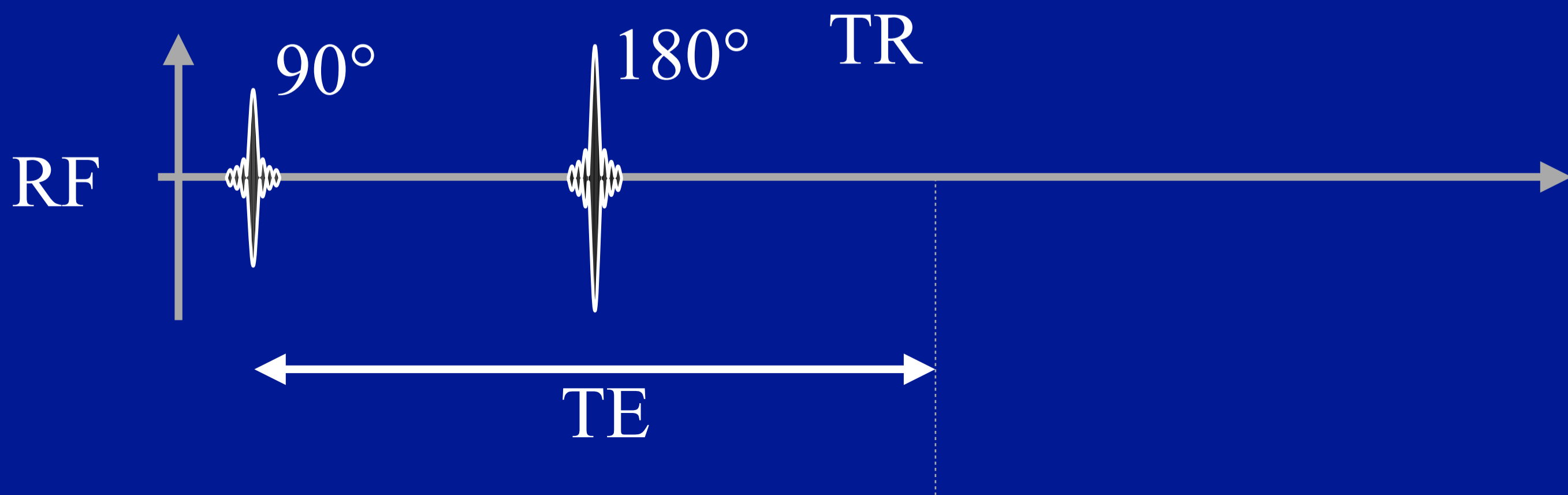
Tissue	$T_1$ [ms]	$T_2$ [ms]
gray matter	925	100
white matter	790	92
muscle	875	47
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liver	500	43
CSF	2400	180

# 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?

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



# 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. Intermediate TE and long TR for T2-weighted.
2. Short TE and intermediate 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

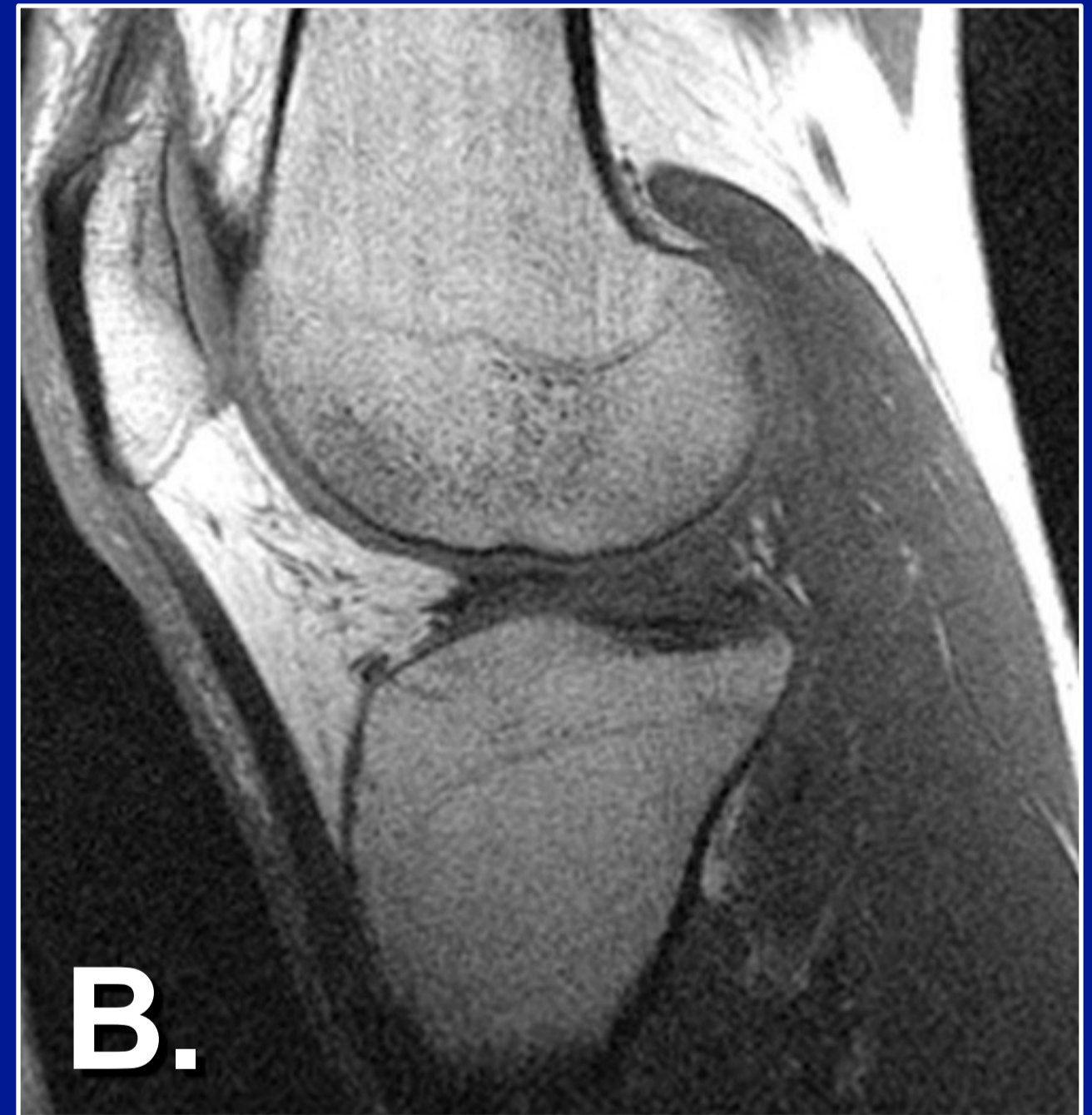
# In Gradient Echo Imaging Always...

- 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.**

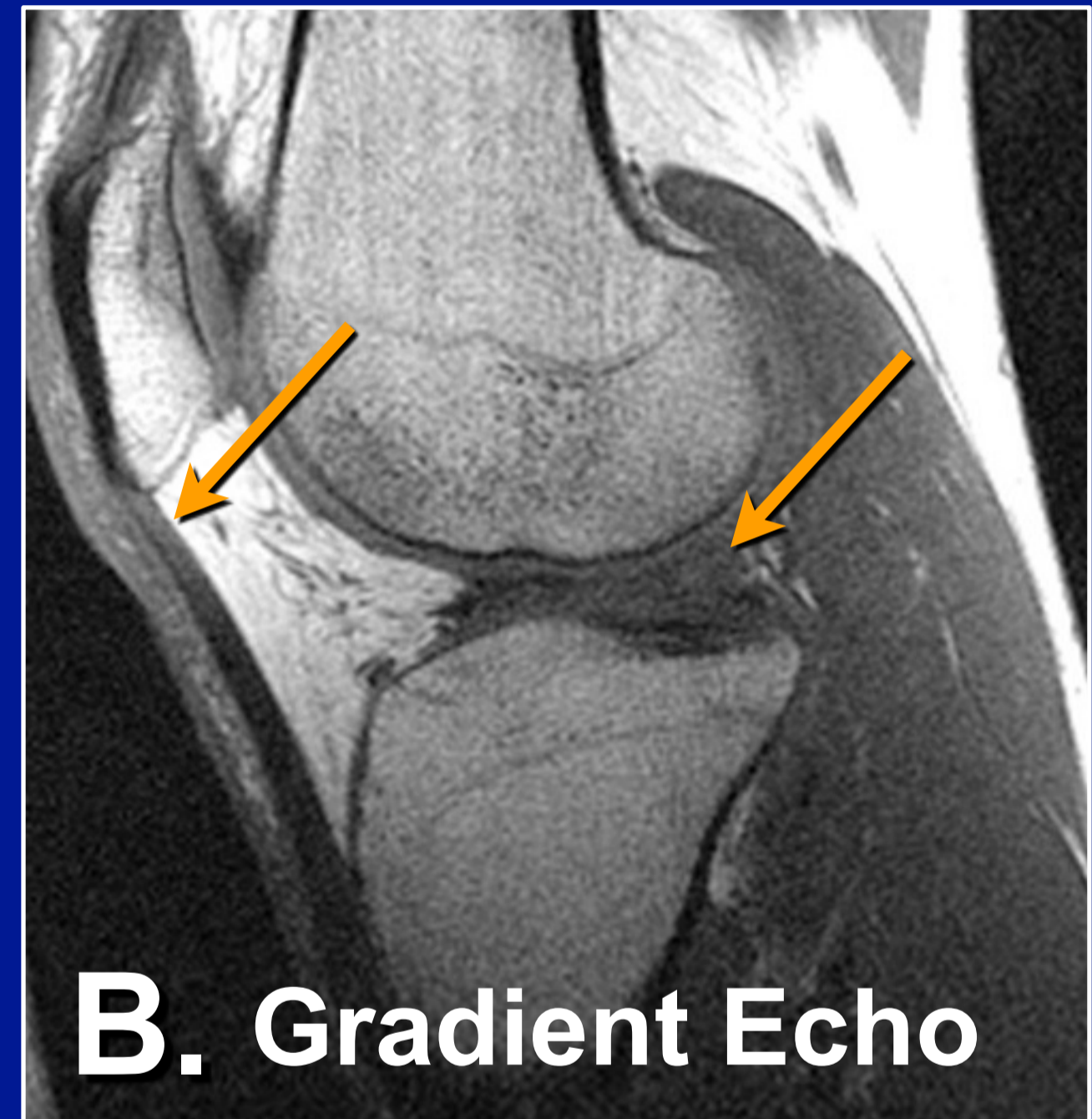
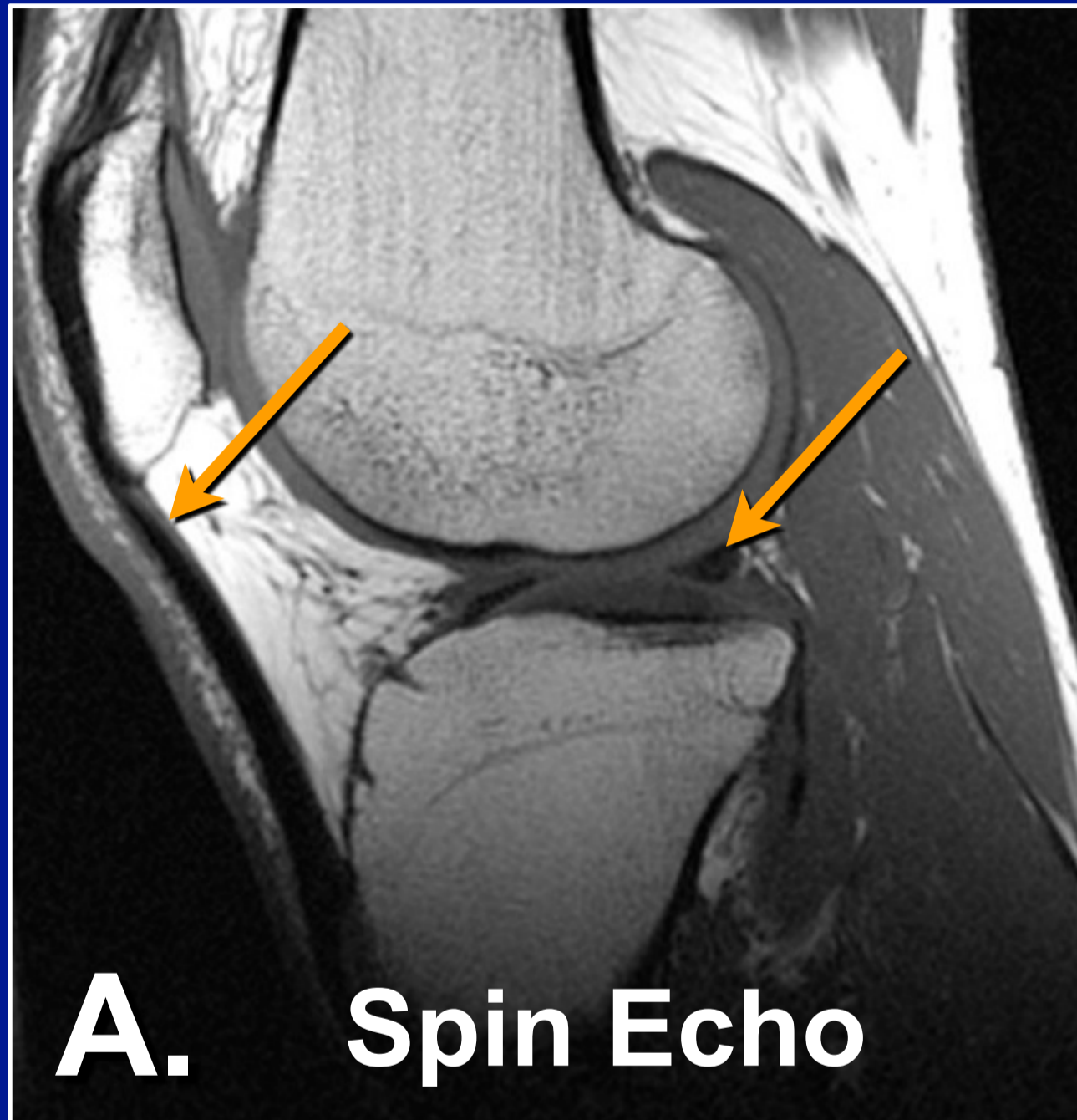
# Gradient vs. Spin Echo



Which image is a gradient echo image?



# Gradient vs. Spin Echo



Both are T1-weighted

Spin Echo has higher SNR (longer TR)

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

# Thanks

Course Website:

[https://mrrl.ucla.edu/pages/ Fellows Lectures](https://mrrl.ucla.edu/pages/Fellows_Lectures)

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