# MRI Theory

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## Introduction

- Background and introduction
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  - Relaxation mechanisms
- Imaging
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  - FFT
- Basic sequences
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  - IR
- Artifacts

## **Background and introduction**

## **Magnetic Resonance Imaging**

- Several advantages when compared to other imaging techniques:
  - Safe and non-invasive
  - Can be optimized to image specific tissues
  - Can be used quantitatively
- Rapid development of devices will allow:
  - higher and higher resolutions in future
  - more rapid aqcuisitions

- Nuclear Magnetic Resonance (NMR):
  - Based on the interaction between external magnetic field  $(B_0)$  and the nucleus of an atom
  - Only nucleons possessing *spin*-property react to the external magnetic field
    - depends on its amount of protons and neutrons:
      - Nuclei with an identical number of protons and neutrons = no spin
      - Nuclei with an odd number of protons or an odd number of neutrons or both have an overall spin
- The nucleus studied in MRI is usually <sup>1</sup>H,

## water proton

- tissues consist mostly of water (60-80%) and fat
- <sup>1</sup>H is the most common isotope of hydrogen (about 99.985%)



- Rotating charge induces a magnetic field
- <sup>1</sup>H, hydrogen nucleus (proton) can be viewed as "small bar magnet"











•The magnetic dipolemoment =  $\mu$ • $\mu$  has the direction of the B<sub>0</sub> field •The nucleus can have 2s + 1 energy stages:  $E = -m_s \gamma \hbar B_0 = -m_s \gamma \hbar \omega_0$ , where ms=-s, -s + 1, ..., s - 1, s and  $\hbar$  is Dirac's constant •<sup>1</sup>H has two possible energy levels: •parallel (+1/2) or anti-parallel (-1/2) state with respect to the static field •The uneven distribution of the proton populations is given by the Bolzmann equation  $N_{-1/2}/N_{+1/2} = e^{-\Delta E/KT} = e^{-\hbar \omega_0/kT}$ 







# Relaxation

- T<sub>2</sub> relaxation, *spin-spin* or transverse relaxation (xy-plane)
  - decrease of transverse coherence of protons
  - energy is exchanged between spins
  - sensitive to water mobility
- combination of magnetic field inhomogeneities and spin spin transverse relaxation, with the result of
- rapid loss in transverse magnetization and MRI signal=Free Induction Decay (FID)



$$rac{1}{T_2^*} = rac{1}{T_2} + rac{1}{T_2'},$$

- $T_2^*$  = total relaxation time  $T_2$ = spin-spin relaxation  $T_2^*$ = component of  $T_2$ Relaxation time induced
- by field inhomogeneities







# Gradients

- Three physical gradients: x, y and z gradients
   embedded inside magnet
  - used to modify static magnetic field
- Gradients used in imaging
  - Slice selection gradient (G<sub>SS</sub>)
  - Read-out or frequency encoding gradient (G<sub>RO</sub>)
  - Phase encoding gradient (G<sub>PE</sub>)

•Slice selection gradient together with appropriate Rfpulse is used to select one slice

—The slice selection gradient  $G_{SS}$  determinates both the slice thickness and the slice position.



•Slice selection in MRI is the selection of spins in a plane through the object.

•Tissue located at position  $z_i$  will absorb rf energy broadcasted with a central frequency  $f_i$ . Each position will have a unique resonant frequency. • Once the slice is selected, (frequency) read out gradient  $G_{RO}$  and phase encoding gradients  $G_{PE}$  are used for spatial encoding



•Prior to application of  $G_{PE}$ , all protons will precess at the same frequency

•The precessing frequency of the protons is dependent of the  $y_i$  position

•Once  $G_{PE}$  is turned off, the proton will precess at it's originally frequency. Phase shift is marked with  $p_i$ .



• From this frequency and phase map, regular image can be calculated using *Fourier Transform* 



• Each pixel in the image is related to the amount of spins and the magnetic environment at the

corresponding location in the sample

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## Spin Echo (SE)

- spin echo refers to the refocusing of precessing nuclear spin magnetisation by a *180°* pulse of resonant radiofrequency.
  - 90° RF pulse -> excitation pulse: rotates the magnetization  $M_z$  into the xy-plane -> dephasing of the transverse magnetization  $(M_{xy})$  starts
  - 180° pulse -> refocuses the spins to generate signal echoes

RF Slice Select Phase Encode Resdout Resdout	Spin Echo Sequence	
Stice Select Phase Encode	RF	
Phase Encode	Stice Select	
Resdout	Phase Encode	
	Readout	



## **Gradient Echo (GE)**

- generated by using a pair of bipolar gradient pulses
- There is no refocusing 180° pulse
- data are sampled during a gradient echo:
  - negatively pulsed gradient dephases the spins -> they are rephased by an opposite gradient with opposite polarity to generate the echo
- The echo is produced by
  - reversing the direction of a magnetic field gradient or
  - by applying balanced pulses of magnetic field gradient before and after a refocusing RF pulse so as to cancel out the position dependent phase shifts that have accumulated due to the gradient.



- (rapid dephasing of transversal M)
- 3. Positive gradient is applied
- (reverses the magnetic field)
- 4. Spins begin to rephase forming a
- gradient echo







# **IR** sequences

- better T1-contrast
- "Selective suppression" (FLAIR)
- longer measurement time
- allows to choose less slices (acquisition time should be in clinical routines as short as possible)







STIR



FLAIR

SE s	sequences
T <sub>2</sub>	T2:         •long TR         •long TE         •fat bright         •Liquid bright         •Could be used for:         • detection for abnormal fluids         • meniscal tear in knee (synovial fluid will be seen brighter than the cartilage) etc.

# **SE** sequences



- <u>T1:</u> • short TR
- short TE
- SHOLLE
- fat bright
- liquid dark
- used for:
  - predicting pathology with oedema or a lot of capillaries
  - fatty lesions
  - clear boundaries between different tissues etc.

# **Timing parameters**

Spin echo-sequences	weighting	TR	TE
• TR = repetition time, desides the T <sub>1</sub> weighting	$T_1$	short	short
• $TE = echo time, desides the T_2 weighting$	T <sub>2</sub>	long	long
	PD	long	short
Contrast values for IR: PD-w: TE: 10-20 ms, TR: 2000 ms, TI: 1800 ms T <sub>1</sub> -w: TE: 10-20 ms, TR: 2000 ms, TI: 400-800 ms T <sub>2</sub> -w: TE: 70 ms, TR: 2000 ms, TI: 400-800 ms	Flip angle a	TE	
Gradient echo-sequences		Short (<15ms)	Long (>30ms)
<ul> <li> α = flip angle, defines the angle of</li> </ul>	Small (<40°)	PD-w	T <sub>2</sub> -w
exitation Longer TR requires bigger α	Large (>50°)	T <sub>1</sub> -w	-
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# **Timing parameters**

#### Repetition time TR

- The amount of time that exists between successive pulse sequences applied to the same slice
- It is delineated by initiating the first RF pulse of the sequence then repeating the same RF pulse at a time t.
- Variations in the value of TR have an important effect on the control of image contrast
- TR is also a major factor in total scan time



### • Echo time TE

 represents the time in milliseconds between the application of the 90° pulse and the peak of the echo signal in SE and IR pulse sequences



# **Timing parameters**

- Flip angle α
  - is the angle to which the net magnetization is rotated or tipped relative to the main magnetic field direction via the application of a RF excitation pulse at the Larmor frequency
  - The radio frequency power (which is proportional to the square of the amplitude) of the pulse is proportional to  $\alpha$  through which the spins are tilted under its influence
  - $\alpha = 0^{\circ}$  90° are used in GE sequences
  - $-\alpha = 90^{\circ}$  and a series of 180° pulses: SE sequence
  - initial 180° pulse followed by a 90° and a 180° pulse: IR sequence
- Inversion time TI
  - The time period between the 180° inversion pulse and the 90° excitation pulse in an IR pulse sequence
  - The inversion time controls the signal of different tissues and with the change of this parameter also fat and water suppression is attainable.

## **Relaxation times in different tissues @ 1.5T**

Tissue	<b>T</b> <sub>1</sub> (ms)	<b>T</b> <sub>2</sub> ( <b>ms</b> )
Gray matter	1100	95
White matter	800	80
Spinal fluid	4500	2200
fat	250	60
cartilage	900	40
muscle	1000	40
blood	1400	300





# **Artifacts**

# Artifacts

## Partial volume

- Image voxel is containing a mixture of tissue types
- Loss of contrast between two adjacent tissues
- Reason: insufficient resolution
- Help: thinner slices



Partial volume: dim brain tissue in the first MRI slice and blurs the edge of the brain in the last slice.

# Artifacts

## Cross-talk

- Appears as a reduced intensity on all but the first slice of a multi-slice set
- Reason: if the slice gap is too small the edges of the slice may overlap with ist neighbours
- Help: slice gap minimum 10%



# Artifacts

## Gradients

- False gradient strenght leads to geometrical distortion
- Help: calibrate gradients

### **Unhomogeneity from RF-field**

• Field is not uniform over the whole image

## Susceptibility/metal artefact

- Signal dropout, bright spots, spatial distortion
- Reason: Field inhomogeneity
- Help: reduce TE or increase resolution

### Phase wrap-around artefact

- Produces the image of the tissue at the opposite edge of the scan
- in the phase-encoding direction (undersampling)
- Reason: anatomy continues outside the field of view (FOV)
- Help: use spatial saturation bands just outside the FOV to saturate
- the signal or larger FOV









# Artifacts

## **Gibb's artefact/truncation**

- Undersampling in the phase-encode direction
- Occures at high-contrast boundaries where intensity changes
- from dark to bright
- Reason: pixel size is too large to represent accurately the
- high-contrast boundary
- Help: phase-encoding matrix should not be less than half the
- frequency-encode matrix

## Motion

- Field is not uniform over the whole image
- Reason: Movement of the imaged object

#### **Ghost**

- Displaced reduplications of image in phase-encoding direction
- Reason: motion, heart beat, respiration
- Help: triggering or change the band width

# Artifacts

### Zipper

- Bands through image center
- Reason: hardware or software problem
- Help: larger FOV, oversampling, integrety of the RF-shielding in the scan room
- <u>Magic angle</u>
- Increase of T<sub>2</sub> time, bright signal in tendons
- Reason: angle about 55° to the main magnetic field
- Help: Angle not ~55°



