

Cardiac MRI

Myocardial Perfusion

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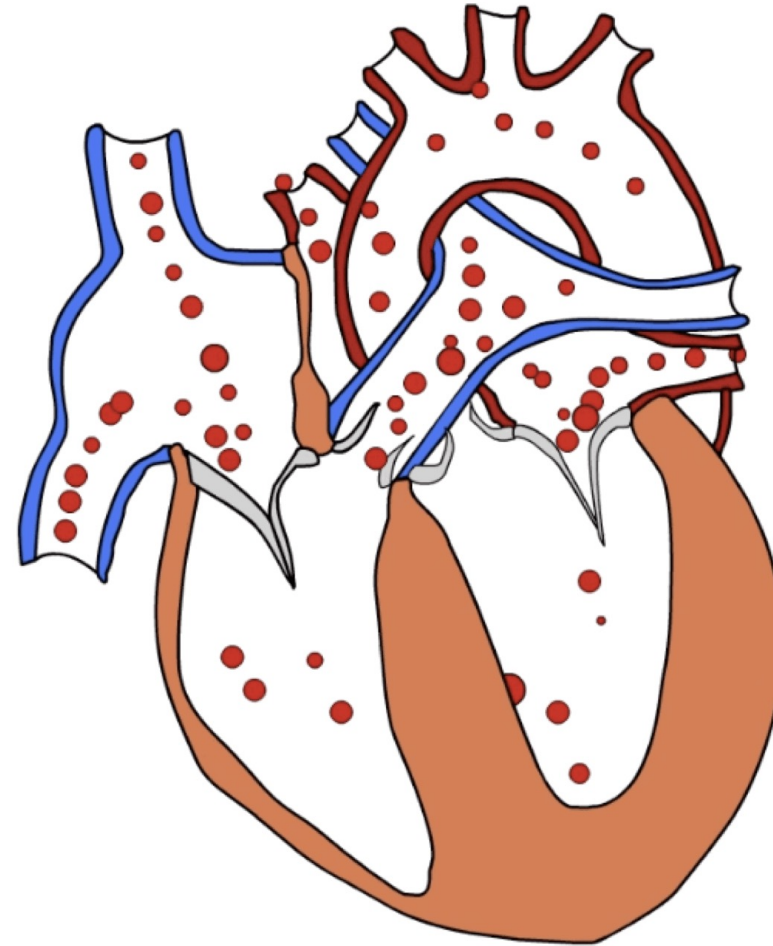
An ECG tracing is shown on a grid background. The grid consists of small orange dots forming a fine grid and larger orange lines forming a coarse grid. A black line represents the ECG signal, showing a regular rhythm with distinct P waves, sharp QRS complexes, and T waves. The tracing is positioned on the left side of the slide, with a white, torn-paper-like edge separating it from the rest of the slide.

Outline

- Anatomy of the Heart
- Imaging
- MR Contrast Agent
- Tracer Kinetic Modelling
- Clinical Cases
- Summary

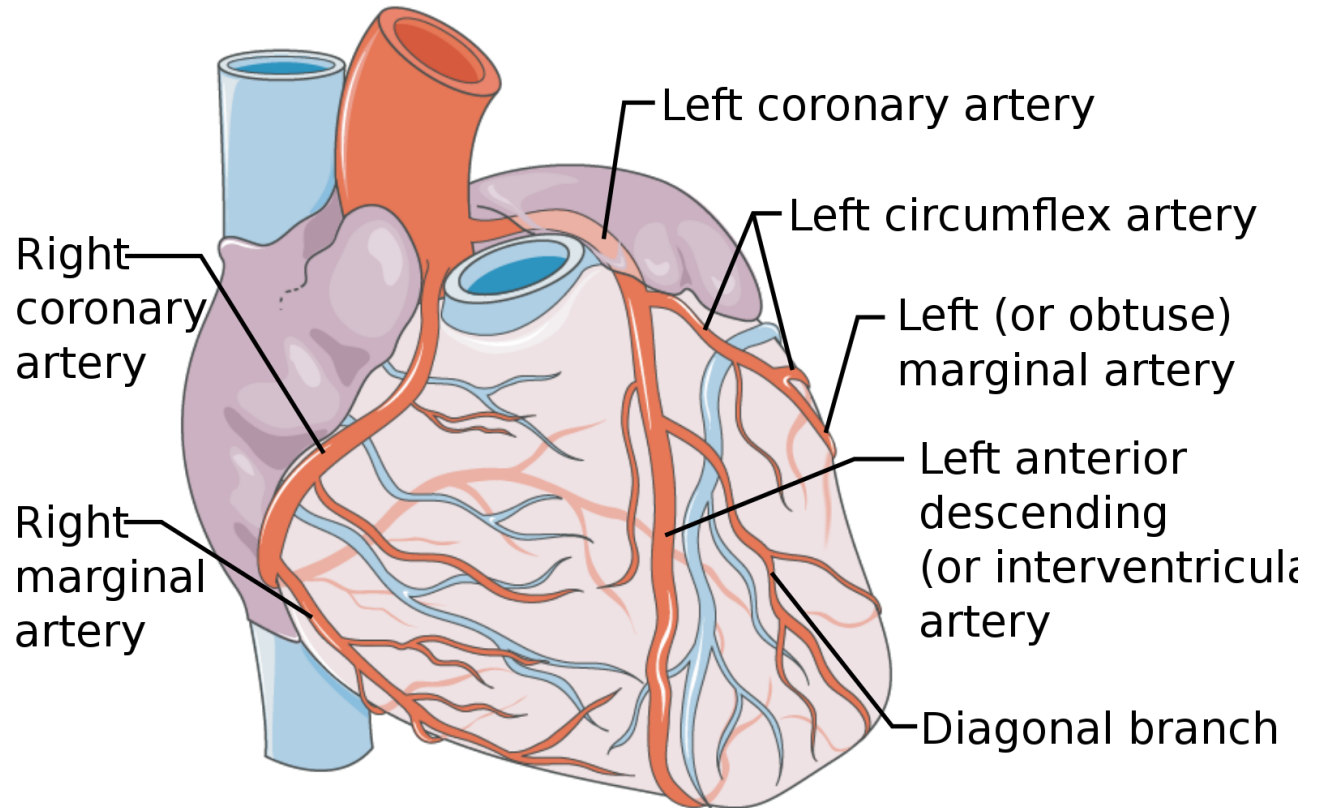
Heart Anatomy

- 4 Chambers
 - Right atrium
 - Right Ventricle
 - Left Atrium
 - Left Ventricle
- 4 Valves
 - Tricuspid valve
 - Pulmonic valve
 - Mitral valve
 - Aortic valve
- Average heart beat 40-80 BPM
 - 100.000 beats every day
- During exercise up to ~200 BPM
- Myocardial blood flow (MBF) at rest
 - 1 mL/g/min

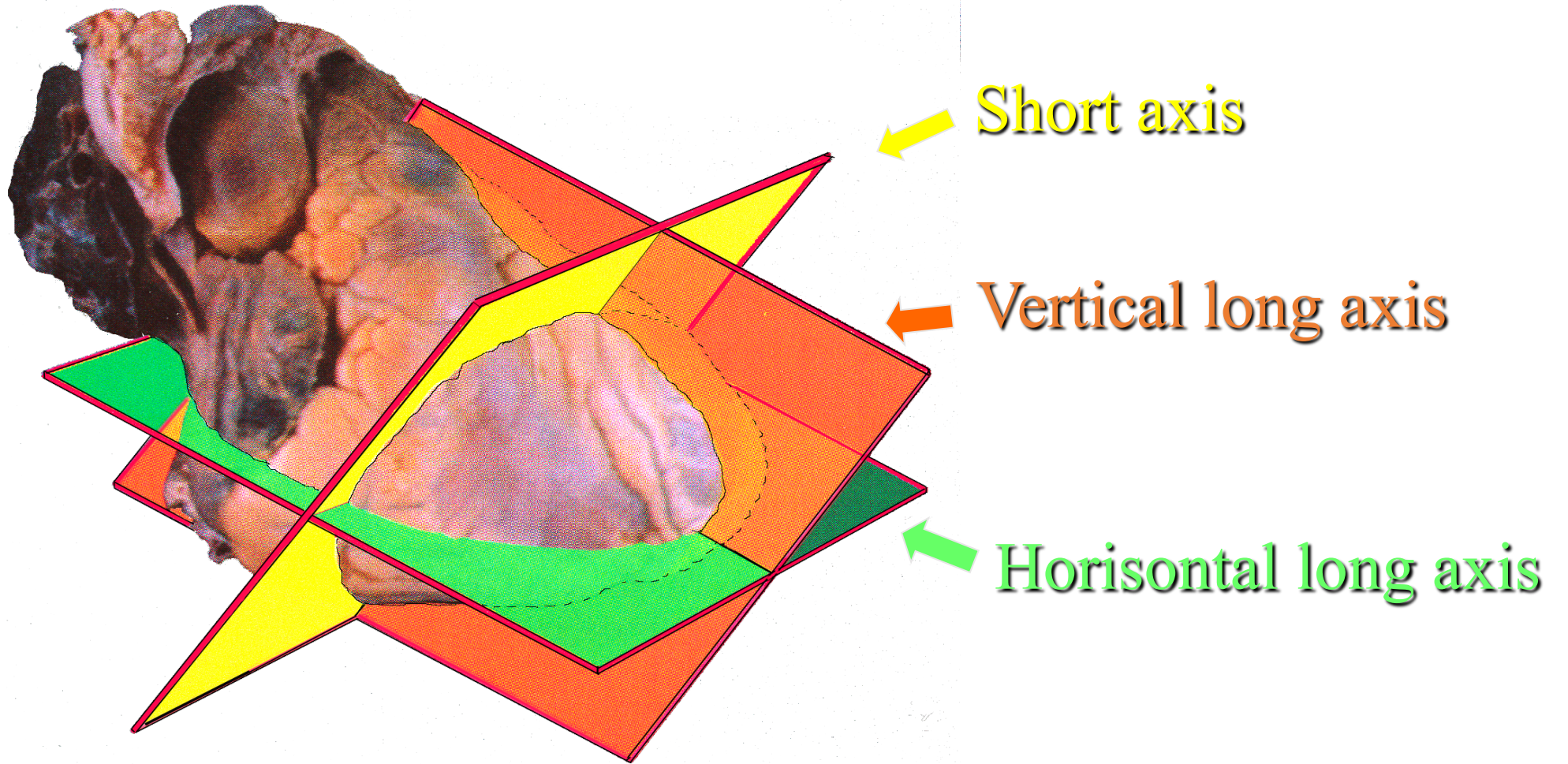


Heart Anatomy

- Right coronary artery
 - supplies the right atrium and right ventricle
- Left main coronary artery
 - branches into the circumflex artery and the left anterior descending artery
 - The circumflex artery supplies blood to the left atrium, side and back of the left ventricle.
 - The left anterior descending artery supplies the front and bottom of the left ventricle and the front of the septum



Imaging planes

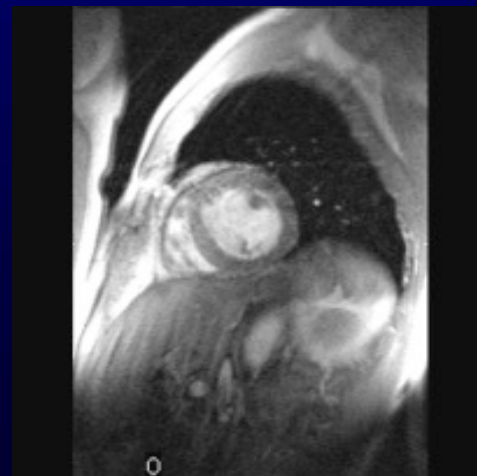
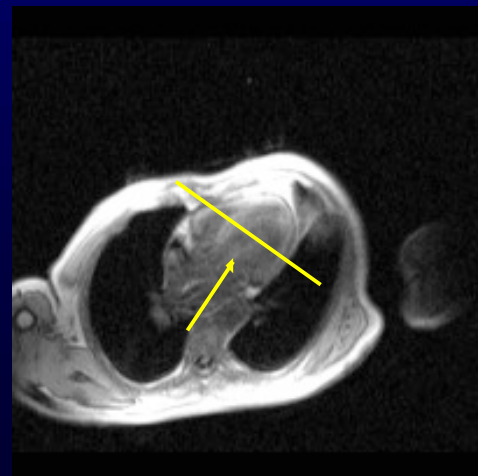
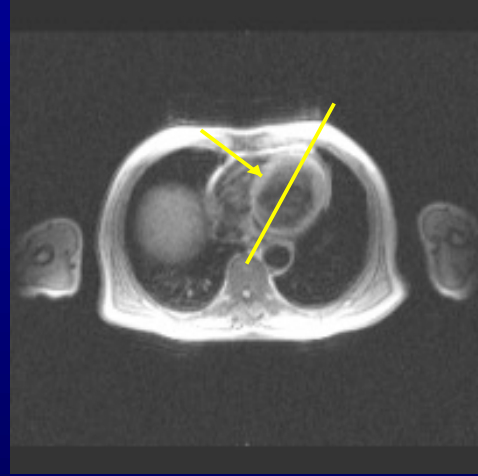
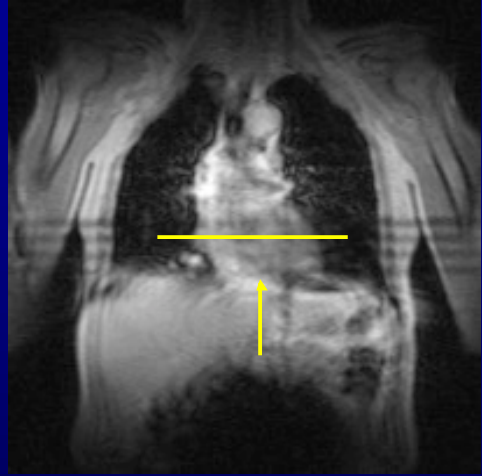


Short axis

Vertical long axis

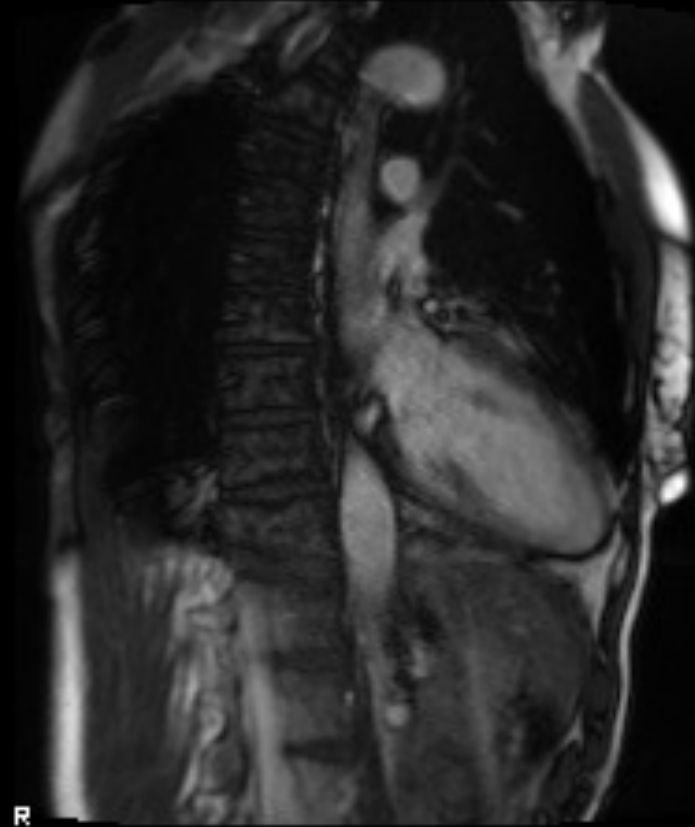
Horizontal long axis

MR: How to select the image plane



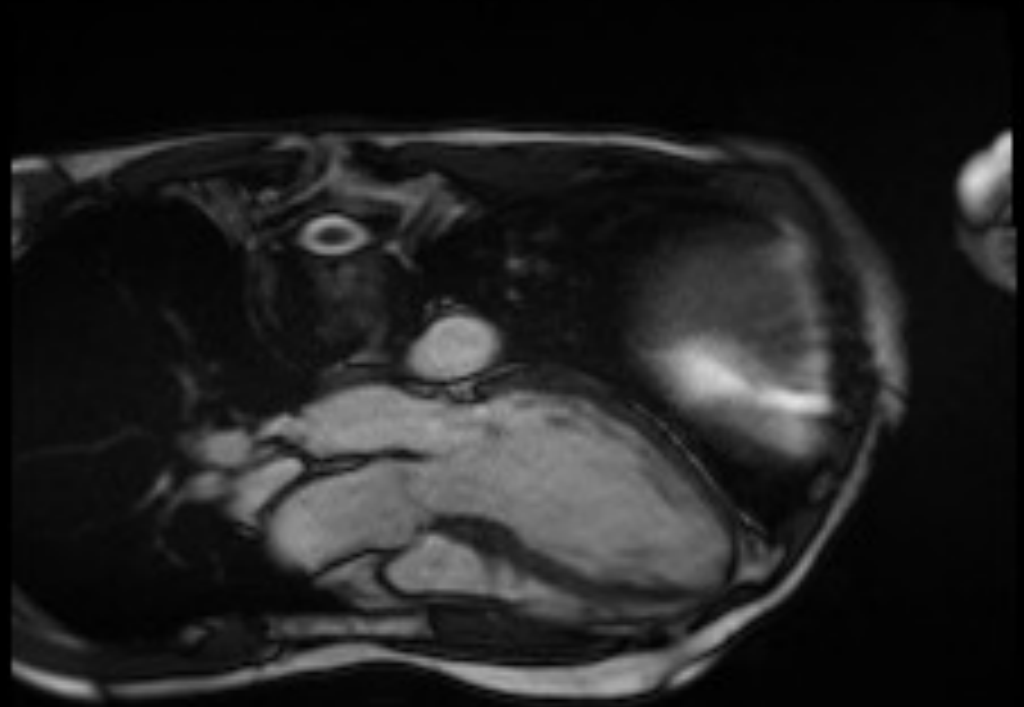
2 chamber view

- Left Atrium(LA)
- Left Ventricle (LV)



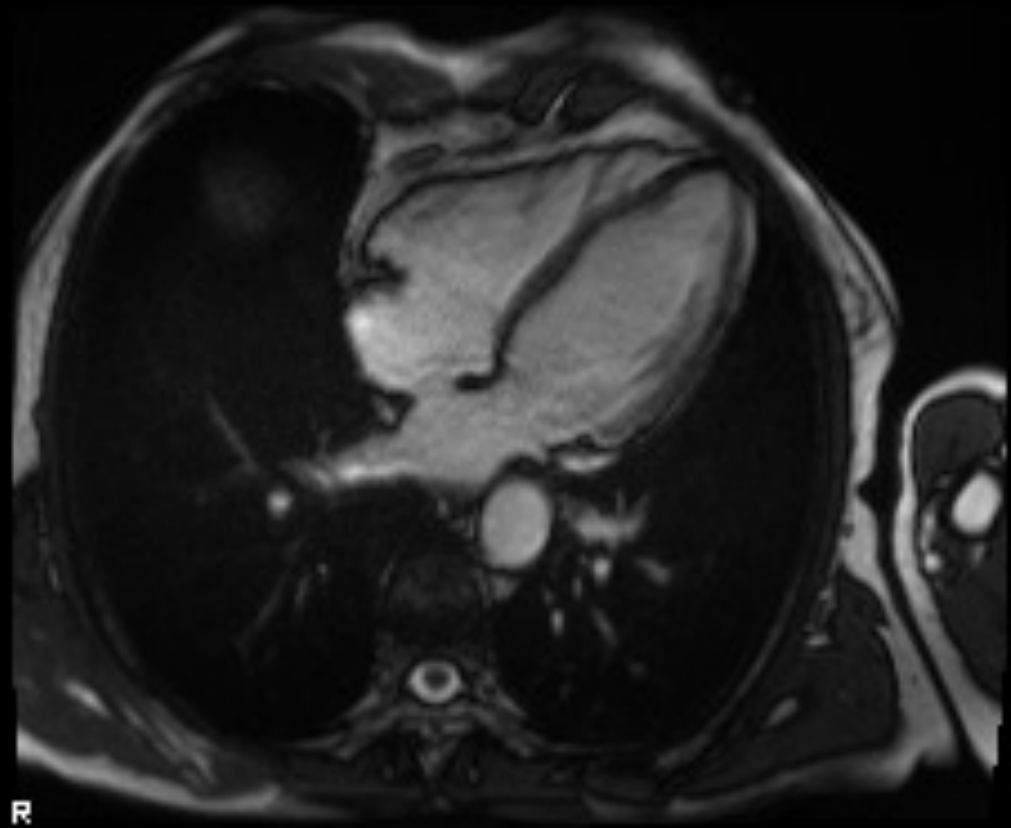
3 chamber view

- Left atrium (LA)
- Left ventricle (LV)
- Aorta (AO)



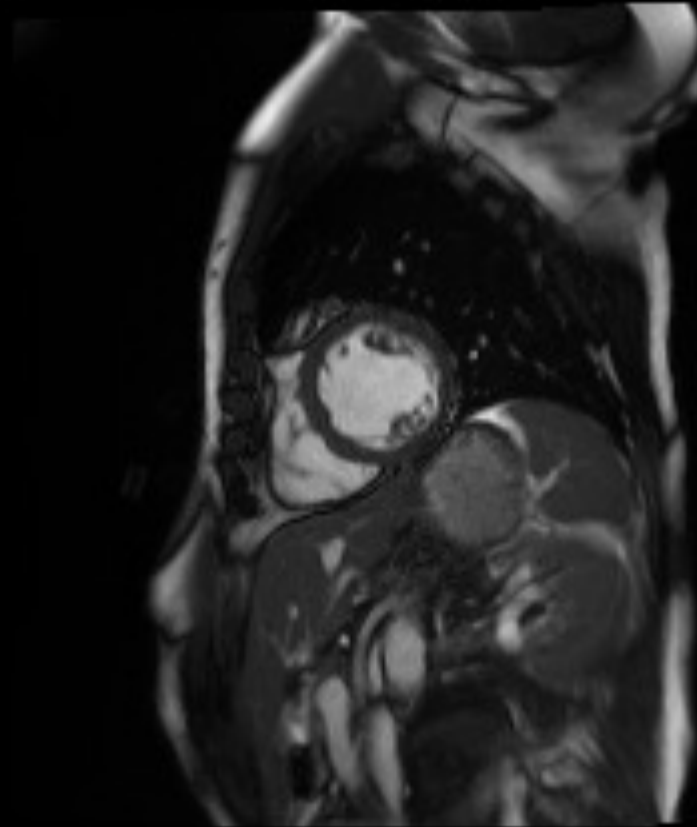
4 chamber view

- All 4 chambers
 - Right Atrium (RA)
 - Right Ventricle (RV)
 - Left Atrium (LA)
 - Left Ventricle (LV)



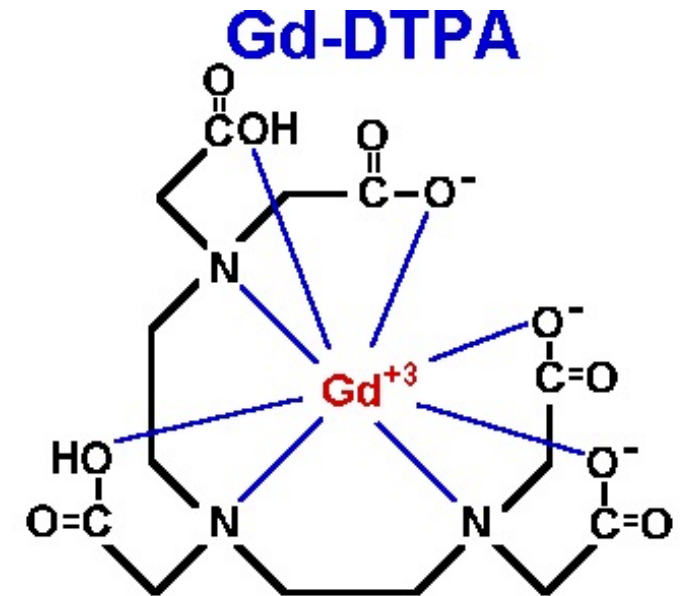
Short axis

- Left ventricle (LV)
- Right ventricle (RV)



MR Contrast agent

- Gadolinium
 - Toxic
 - Chelated in cyclic structure
- Paramagnetic properties
 - Interacts with water molecules
 - Increases relaxation speed
- MR contrast
 - Increased T1 signal (Signal Gain)
 - Decreased T2* signal (Signal Loss)



MR Contrast Agent

- Linear effect until a certain point
- Correction for non-linearity needed
 - Additional acquisition of T1 map

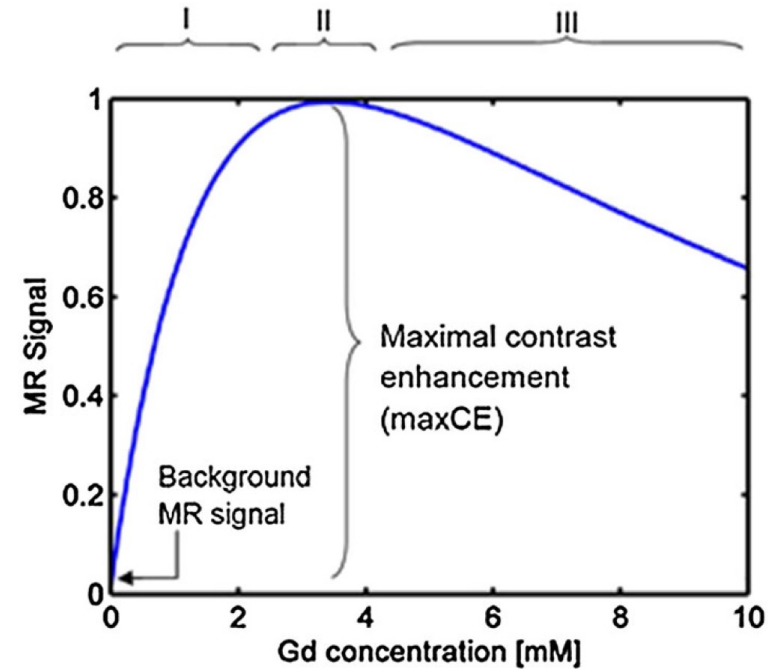
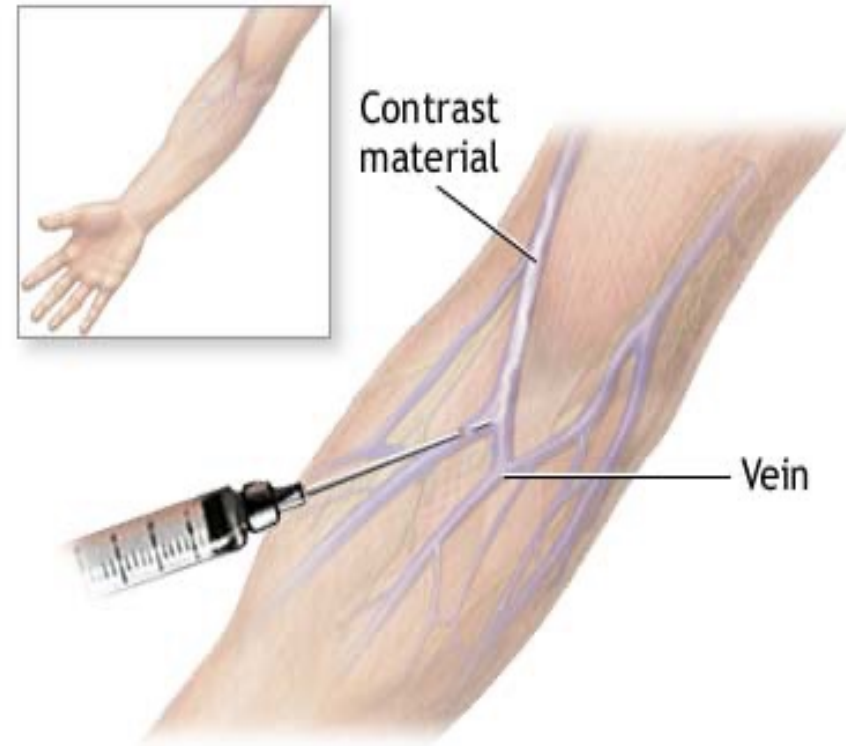
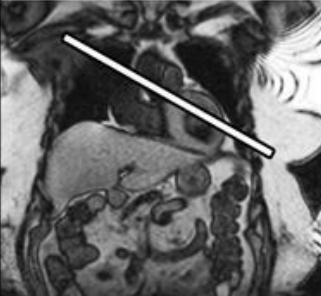
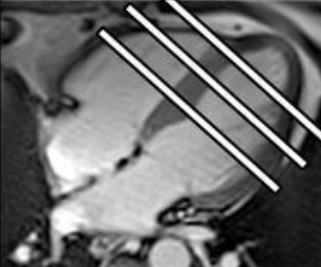

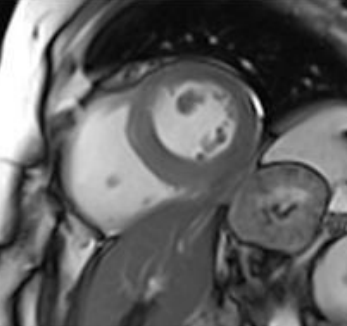
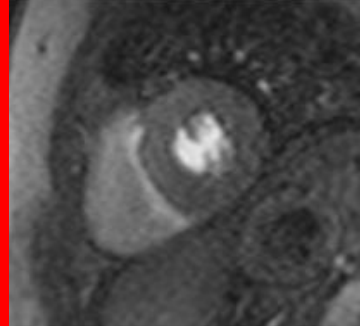
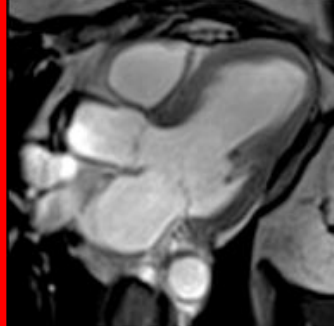
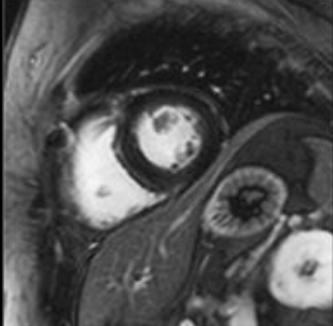


Figure 1. T_1 -weighted MR signal as a function of gadolinium concentration. Three ranges can be identified: I, linear and nonlinear signal increase; II, plateau; III, T_2 or T_2^* -related signal decay. The maxCE corresponds to the maximal contrast enhancement and is defined as the difference in MR signal between the unenhanced background signal level and the signal level of enhanced tissue at the plateau, II.

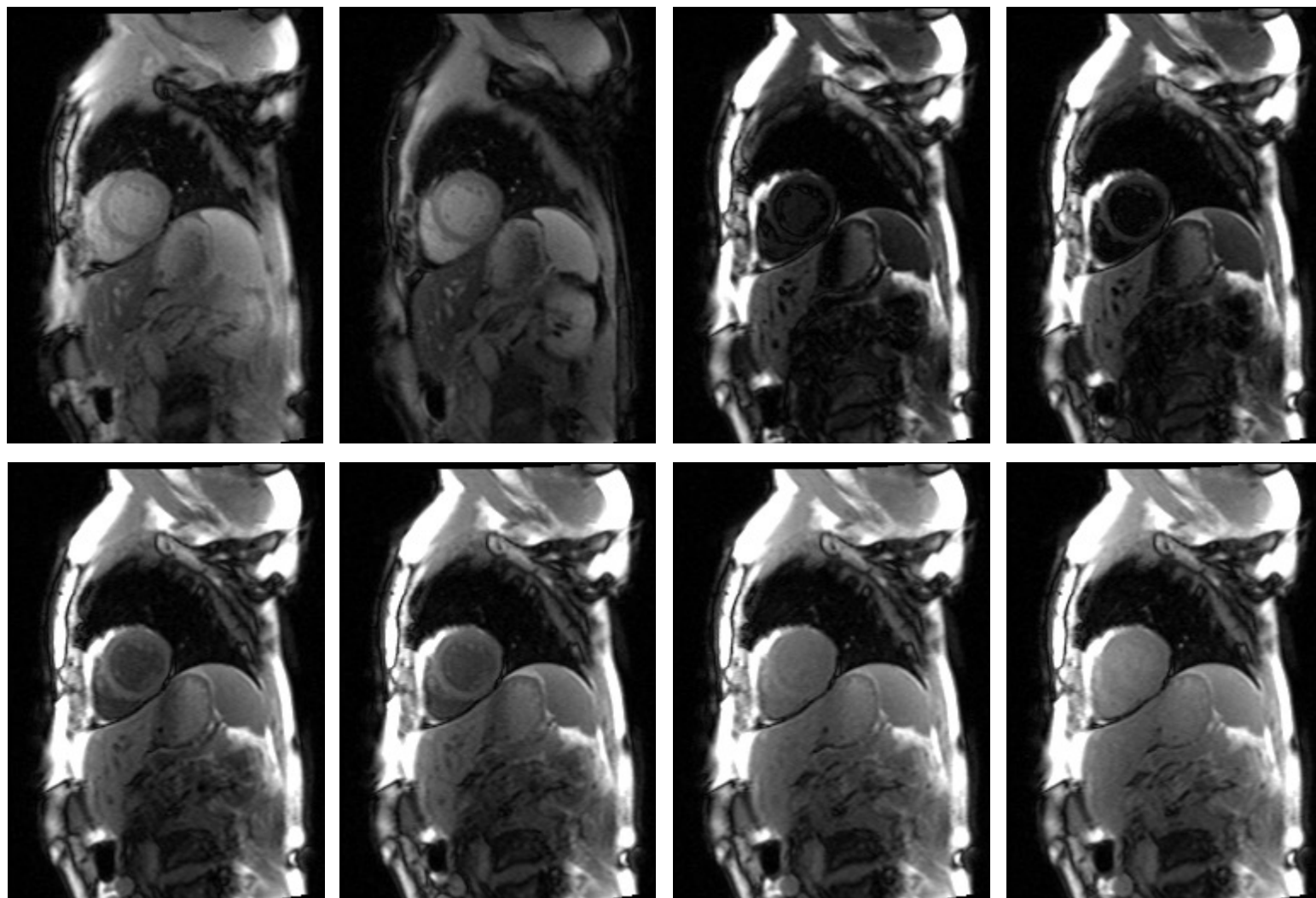
Cardiac MRI Examination



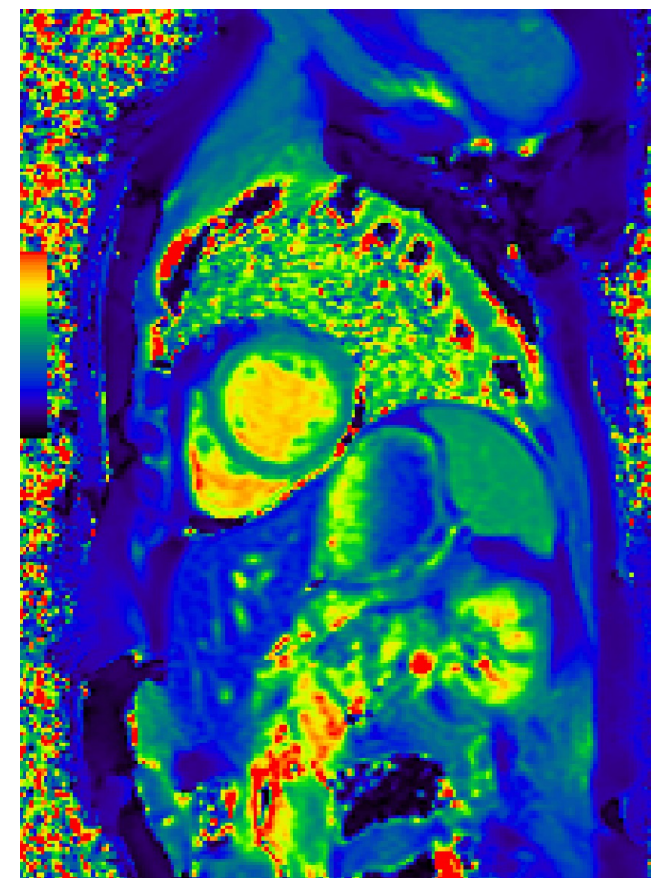
Cardiac MRI Examination

Cardiac Localization	Stress Myocardial Perfusion Imaging	Ventricular Function	Rest Myocardial Perfusion Imaging	Ventricular Function	Late gadolinium enhancement
	Gd-DTPA (0.03-0.1 mmol/Kg) Bolus injection at 3-5ml/s 3-4 short-axis/per RR interval 60 RR intervals	Cine SSFP 10-12 short-axis (covering left ventricle)	Gd-DTPA (0.03-0.1 mmol/Kg) Bolus injection at 3-5ml/s 3-4 short-axis/per RR interval 60 RR intervals	Cine SSFP 3 long-axis	Inversion recovery 10-12 short-axis (covering left ventricle) 3 long-axis
					
~3 minutes	During infusion of vasodilator stress ~5 minutes	~12-15 minutes	During rest ~3 minutes	~2 minutes	~10-15 minutes

T1 mapping

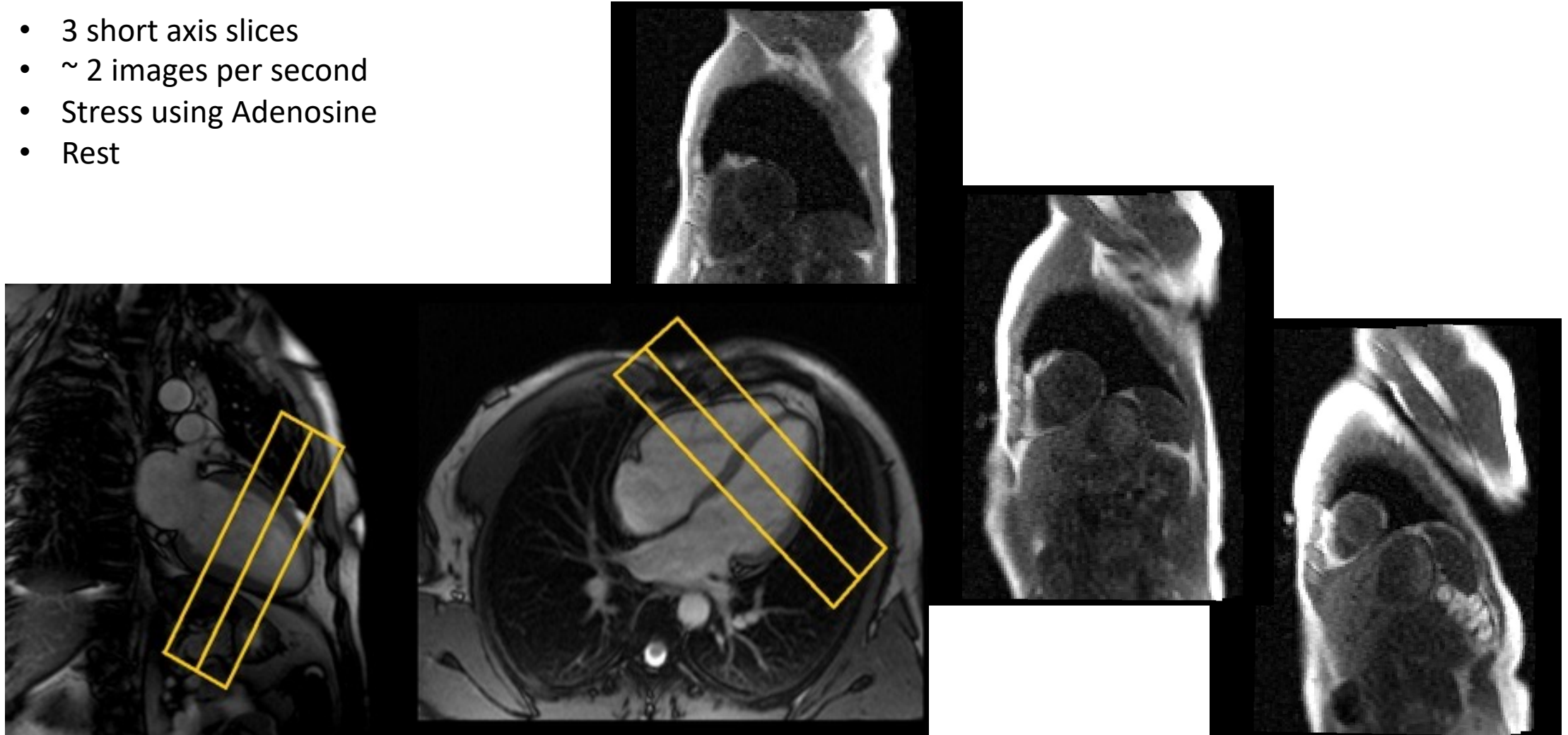


T1 Map
Range: [0-2 sec]



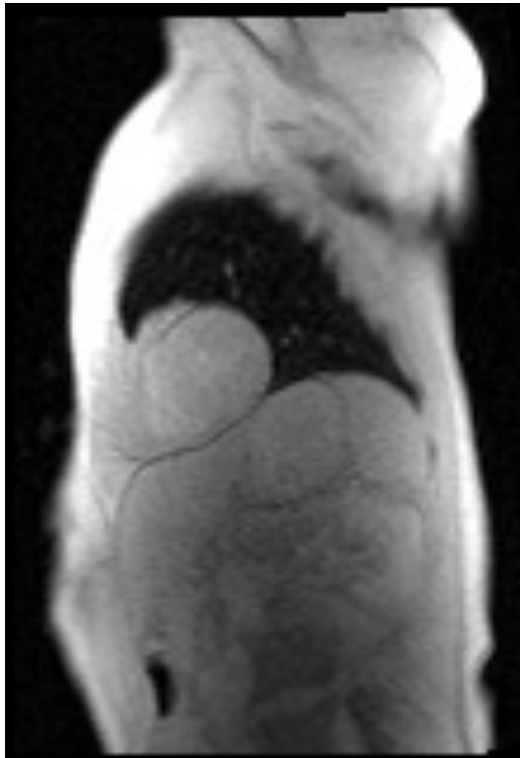
Myocardial Perfusion Imaging

- 3 short axis slices
- ~ 2 images per second
- Stress using Adenosine
- Rest

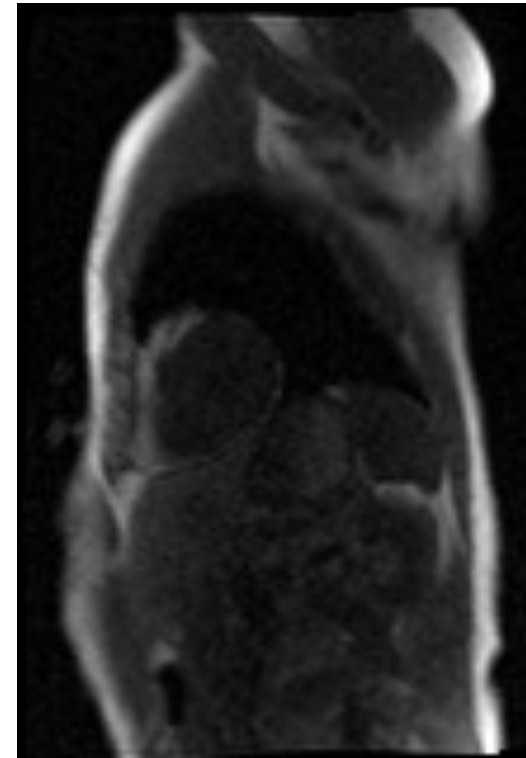


Myocardial Perfusion Imaging

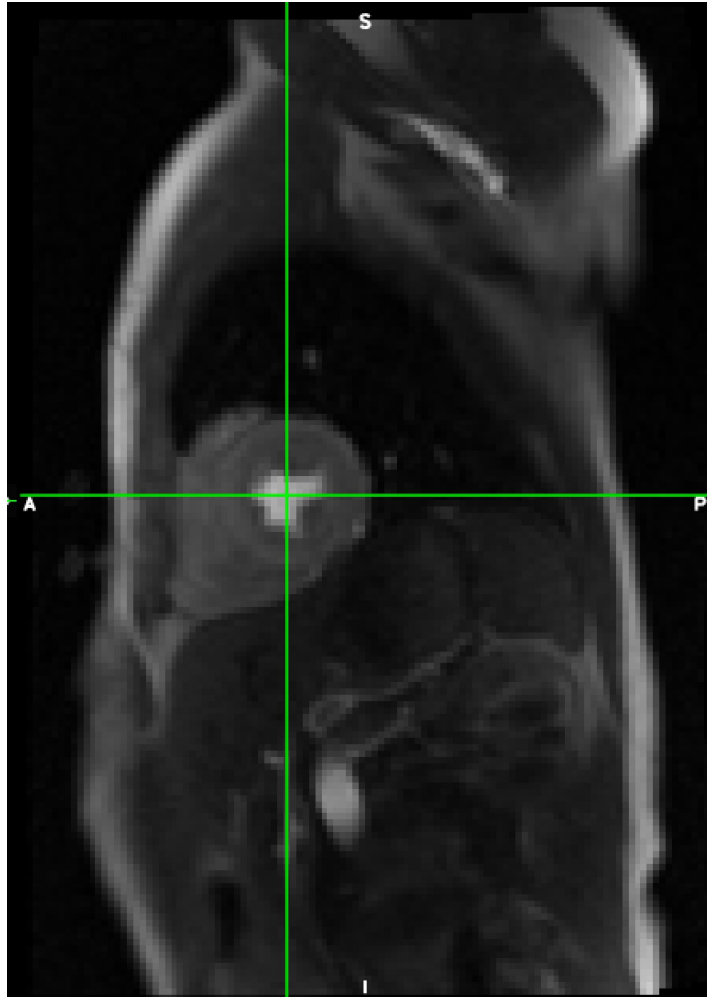
Raw data



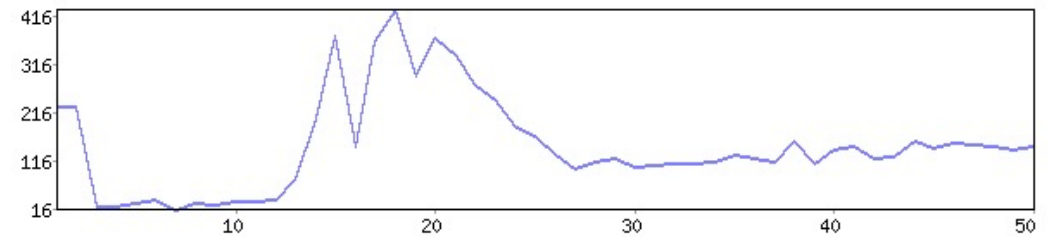
Motion Corrected and filtered



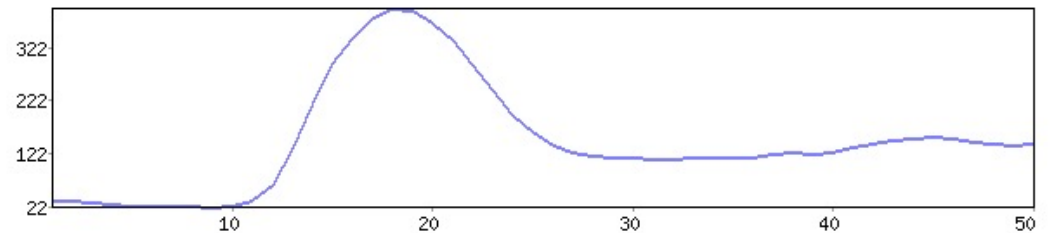
Arterial Input Function (AIF)



Raw data

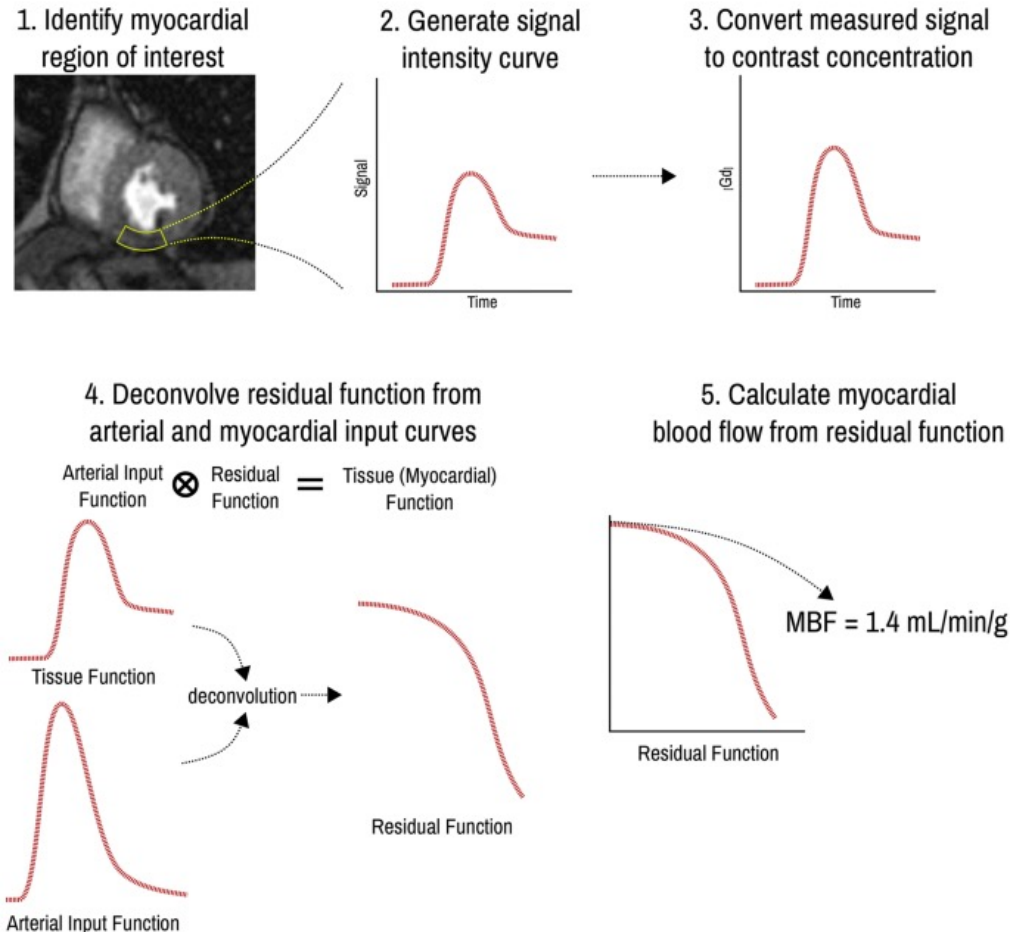


Motion Corrected and filtered

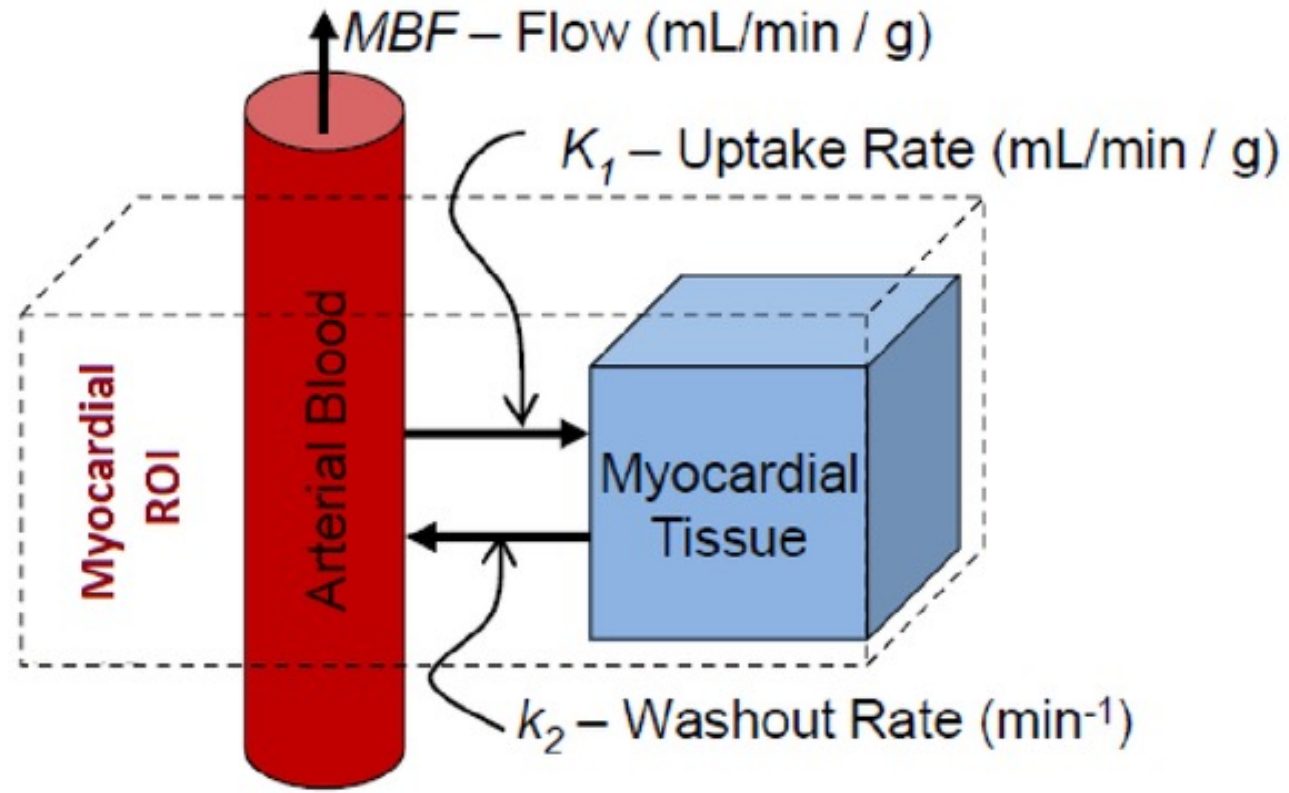


Quantification of Myocardial Perfusion

Tracer Kinetic Modelling

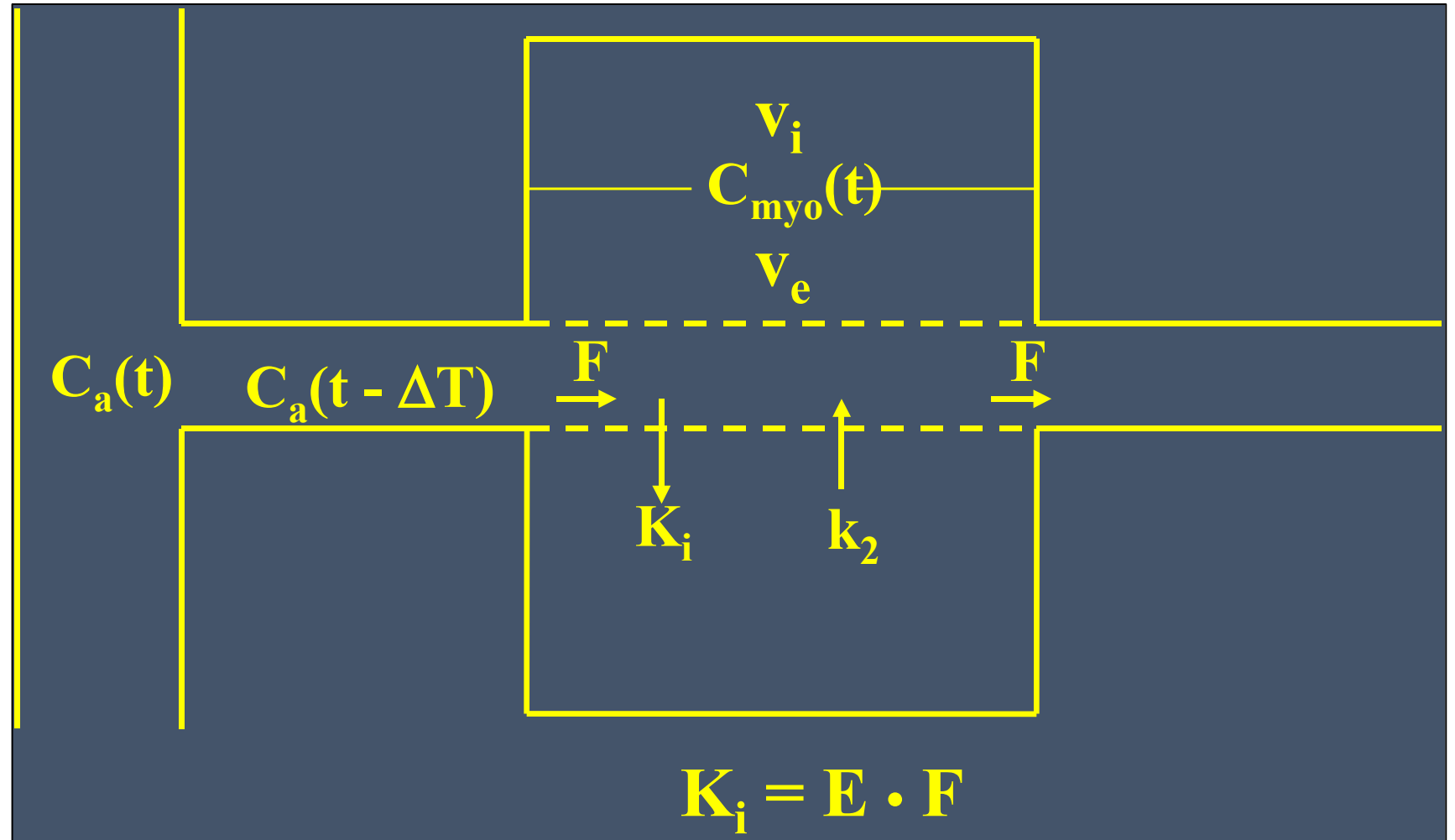


Tracer Kinetic Modelling



Tracer Kinetic Modelling

2 compartment model



Extraction in myocardium is $\sim 60\%$

Perfusion limited

Model	Output parameters	Impulse response function (IRF)
Distributed parameter	$F, PS, MTT_c, MTT_e, v_p, v_e$	Not available in time domain
Tissue homogeneity	F, E, MTT_c, v_p, v_e	
Adiabatic approximation of tissue homogeneity	F, E, MTT_c, v_p, v_e (assuming $v_p \ll v_e$)	See Figure 5(a) $\text{IRF}(t) = \begin{cases} F, & 0 < t \leq \frac{F}{v_p} \\ EF \exp^{-(EF/v_e)(t)}, & t > \frac{F}{v_p} \end{cases}$
2-compartment	F, PS, v_p, v_e	See Figure 5(b) $\text{IRF}(t) = F \exp^{-(F/v_p)(t)} + PS \exp^{-(PS/v_e)(t)}$
1-compartment (Extended Toft's)	$K_{\text{trans}}, v_p, v_e$	See Figure 5(c) $\text{IRF}(t) = K_{\text{trans}} \exp^{-(K_{\text{trans}}/v_e)(t)} + v_p \delta(t)$
1-compartment (Toft's)	K_{trans}, v_e (assuming $v_p \ll v_e$)	See Figure 5(d) $\text{IRF}(t) = K_{\text{trans}} \exp^{-(K_{\text{trans}}/v_e)(t)}$
Fermi	F, MTT_c, k (in extravasating contrast agent, only F is of physiological value)	See Figure 5(e) $\text{IRF}(t) = \frac{F}{\exp^{k(t-MTT_c)} + 1}$
Model-independent deconvolution	F (estimated as initial IRF magnitude)	No specific formulation

F : perfusion rate.

PS : extracellular extravascular space (EES) exchange rate.

MTT_c : capillary mean transit time.

MTT_e : EES mean transit time.

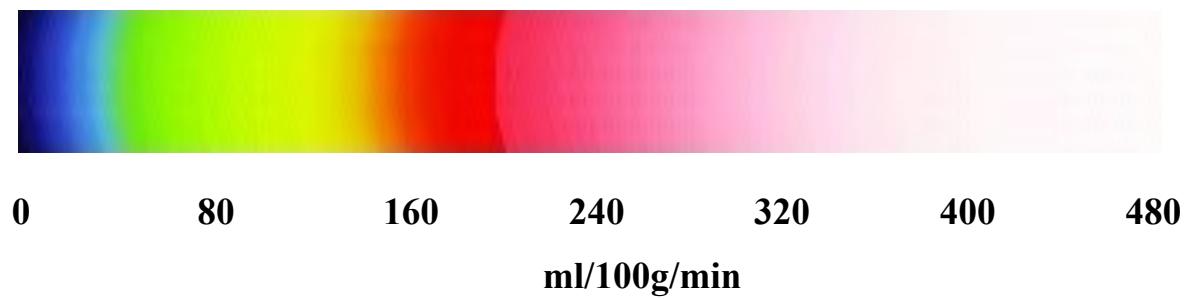
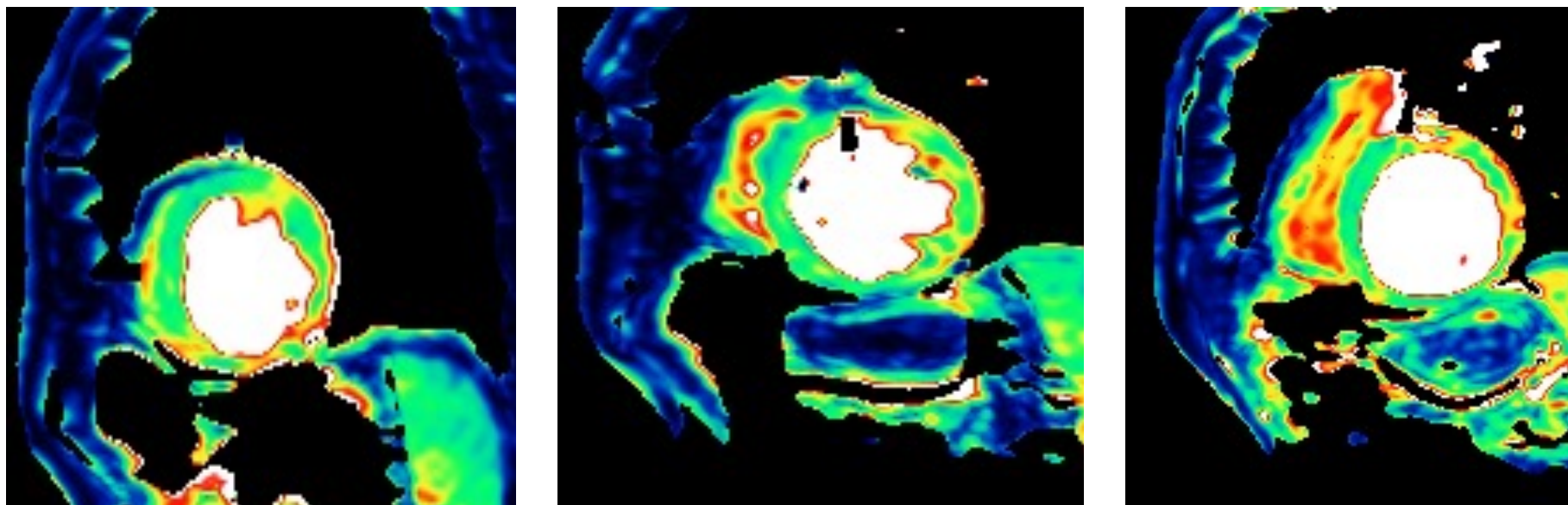
v_p : EES volume fraction.

v_e : intravascular plasma volume fraction.

K_{trans} : compound transfer constant (perfusion and EES exchange).

k : venous clearance rate for intravascular contrast agent.

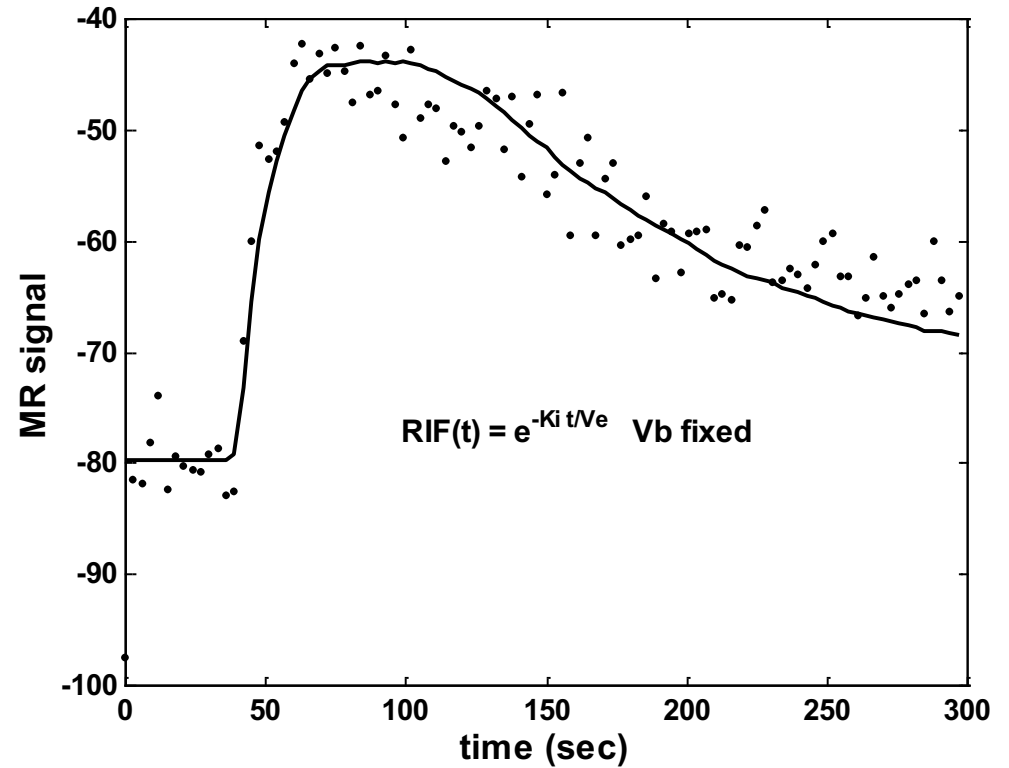
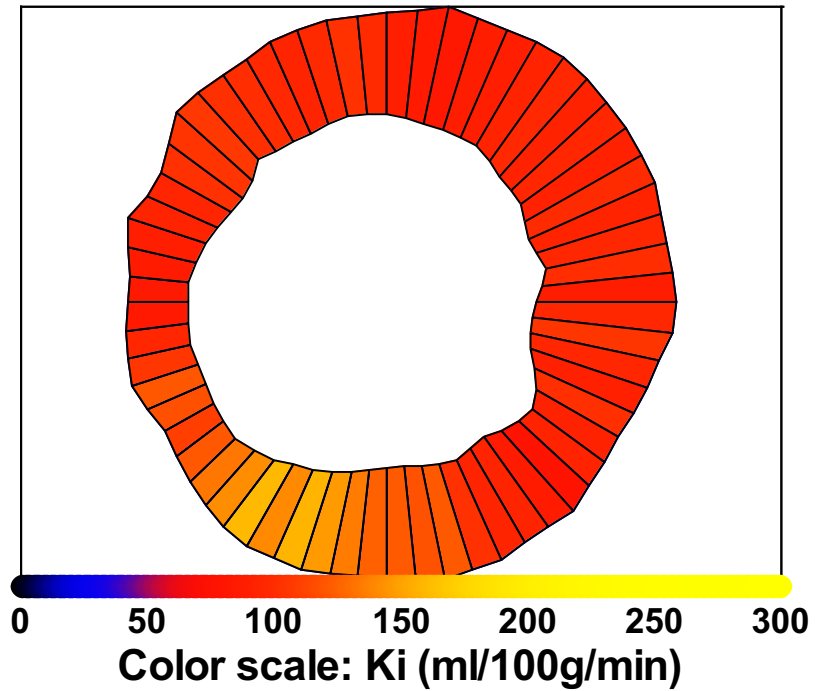
Perfusion map



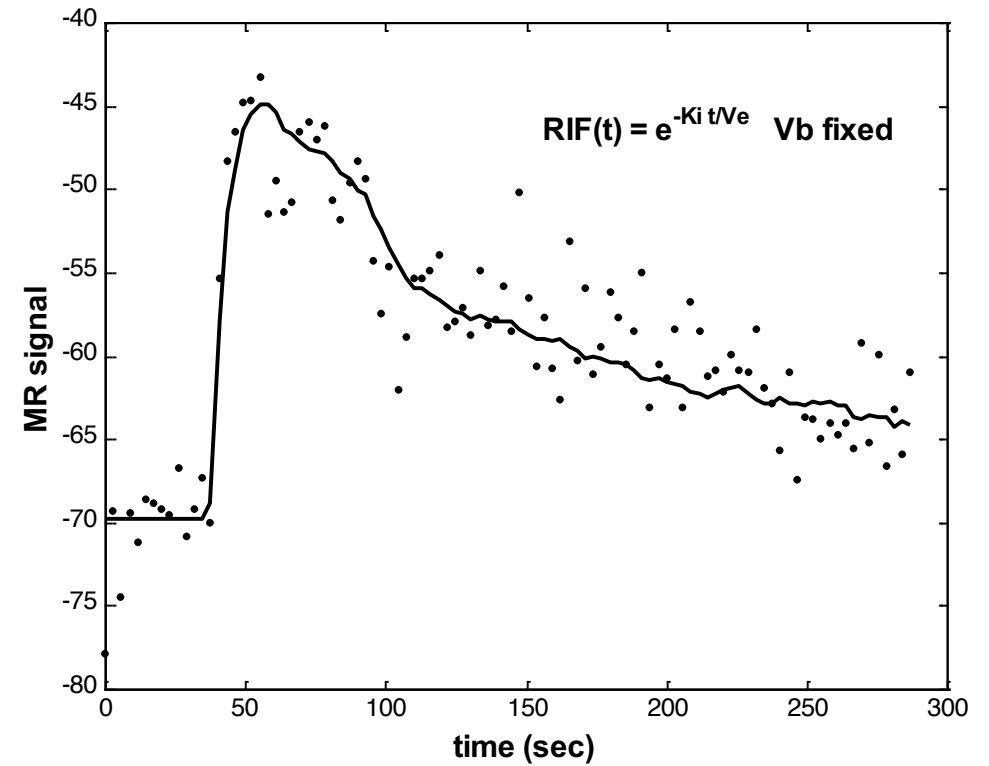
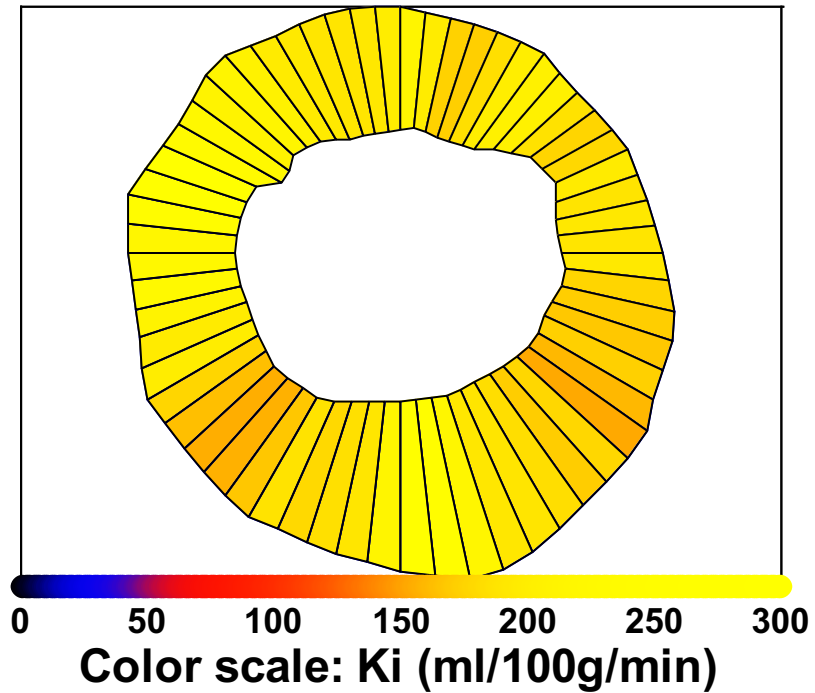
Sectors on short axis



Healthy subject: Rest

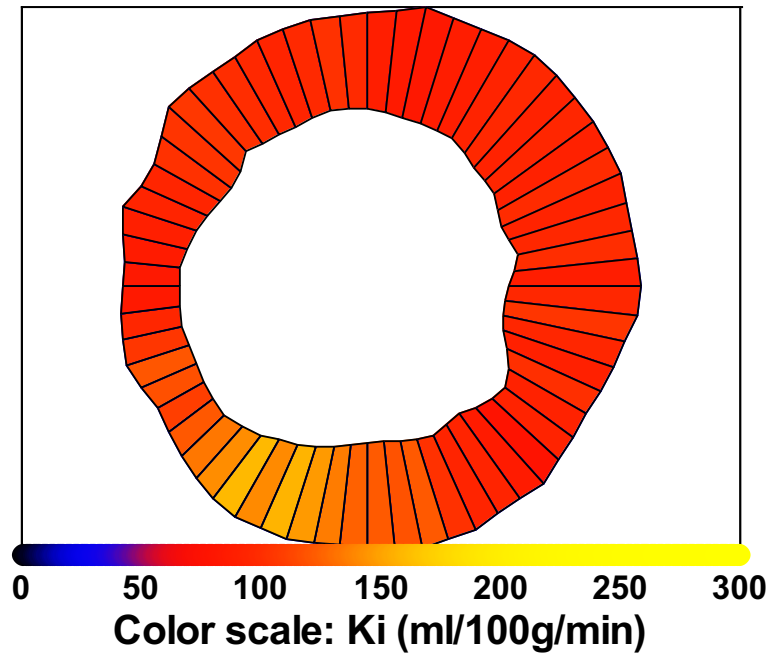


Healthy subject: Stress

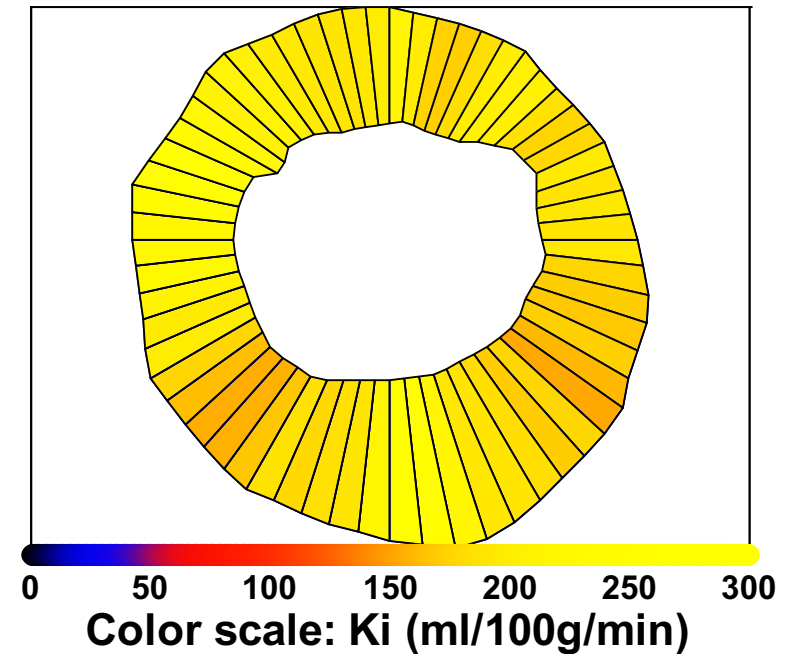


Healthy subject

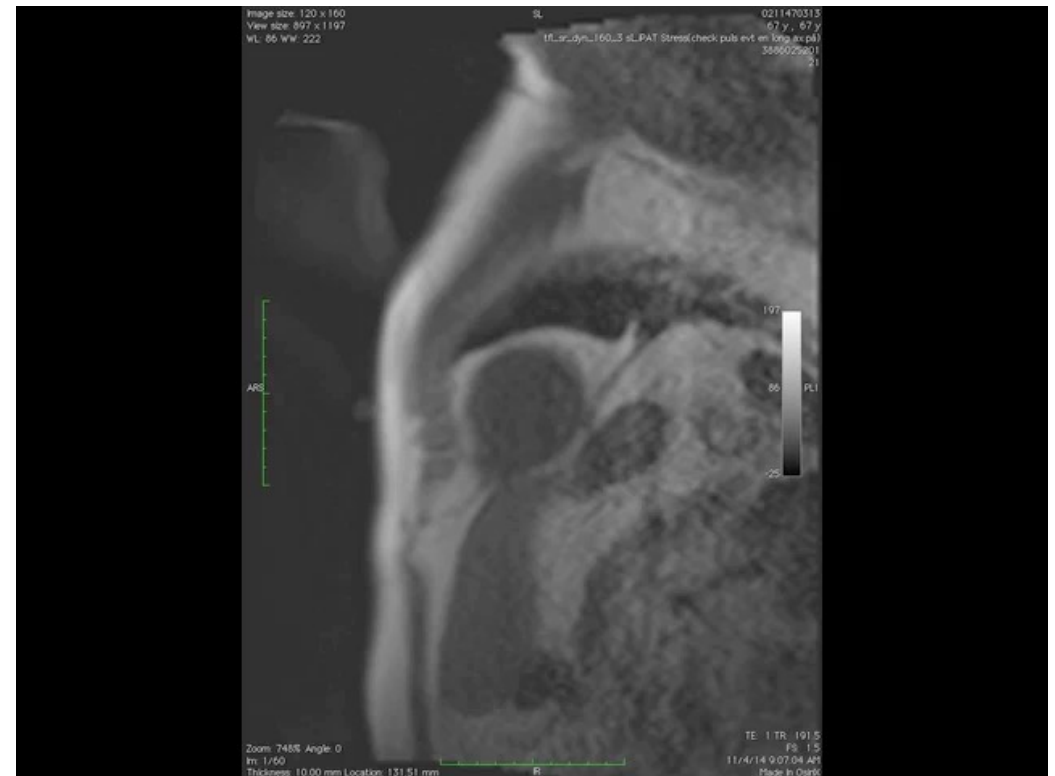
Rest



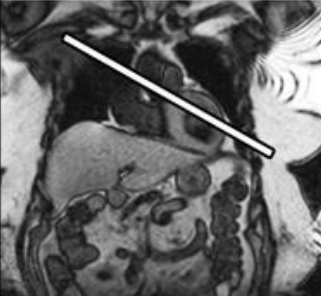
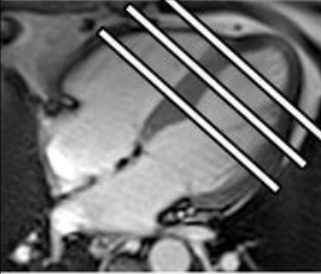

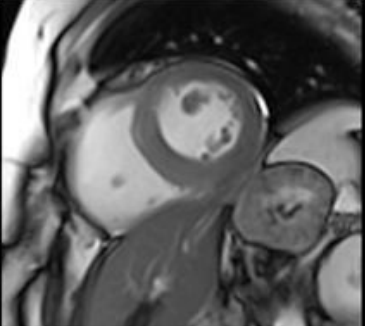
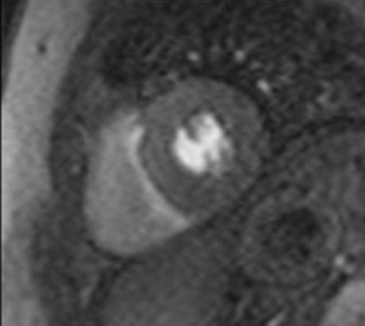
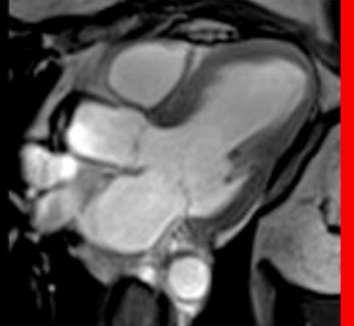
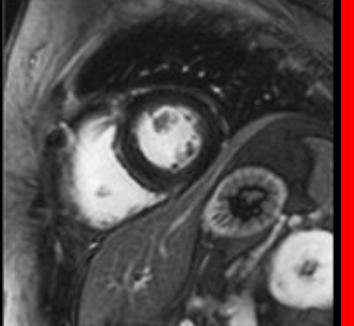
Stress



Clinical cases

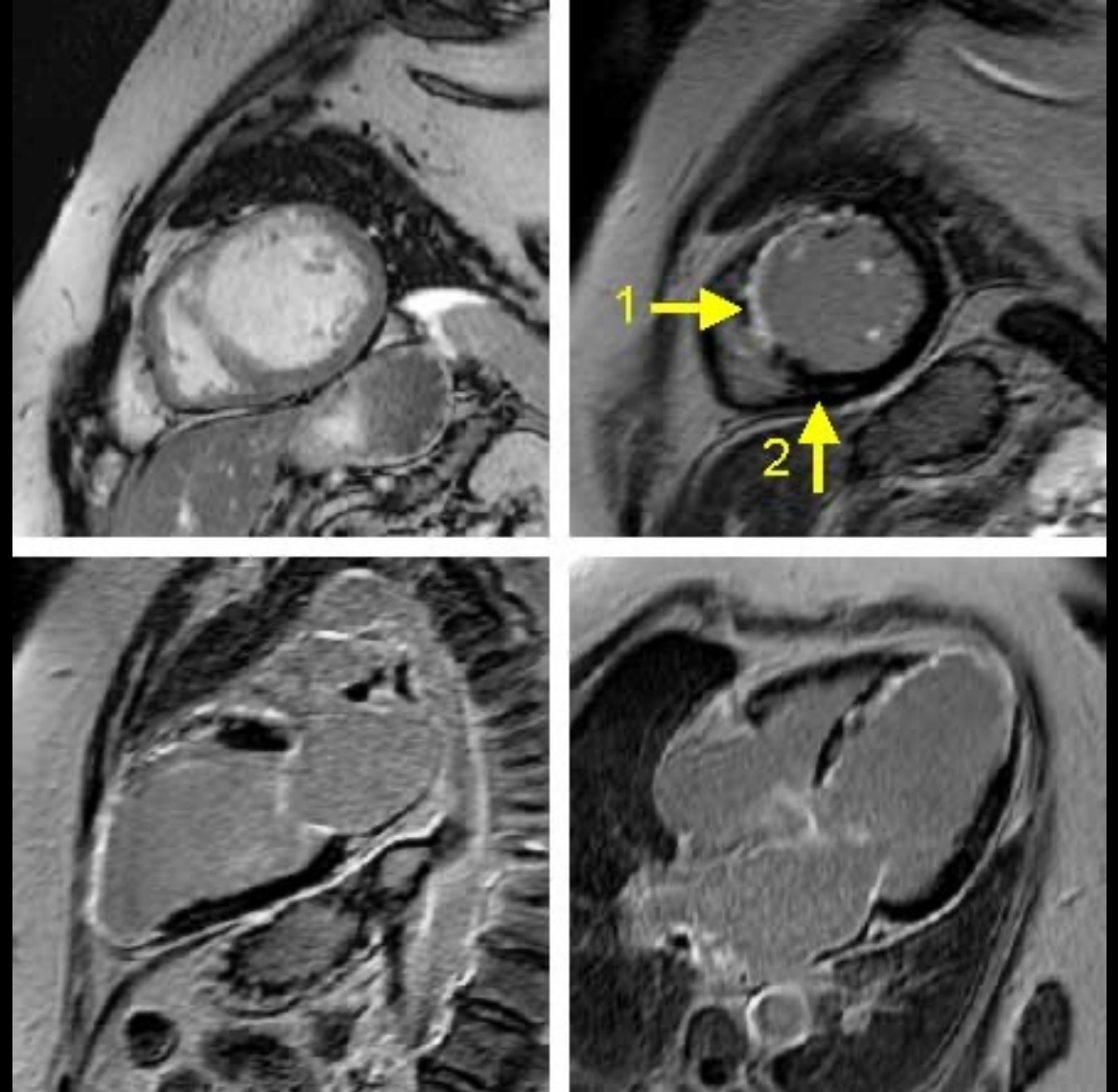


Cardiac MRI Examination

Cardiac Localization	Stress Myocardial Perfusion Imaging	Ventricular Function	Rest Myocardial Perfusion Imaging	Ventricular Function	Late gadolinium enhancement
	<p>Gd-DTPA (0.03-0.1 mmol/Kg) Bolus injection at 3-5ml/s</p> <p>3-4 short-axis/per RR interval 60 RR intervals</p>	<p>Cine SSFP</p> <p>10-12 short-axis (covering left ventricle)</p>	<p>Gd-DTPA (0.03-0.1 mmol/Kg) Bolus injection at 3-5ml/s</p> <p>3-4 short-axis/per RR interval 60 RR intervals</p>	<p>Cine SSFP</p> <p>3 long-axis</p>	<p>Inversion recovery</p> <p>10-12 short-axis (covering left ventricle)</p> <p>3 long-axis</p>
					
<p>~3 minutes</p>	<p>During infusion of vasodilator stress</p> <p>~5 minutes</p>	<p>~12-15 minutes</p>	<p>During rest</p> <p>~3 minutes</p>	<p>~2 minutes</p>	<p>~10-15 minutes</p>

Late enhancement

- Nulling of myocardium
- Assessment of myocardial scar formation
- Acquired 15-20 min after gadolinium injection
- Result of regional differences in myocardial extracellular volume and different uptake and washout patterns within the extracellular space



Summary

- Non-invasive measurement of myocardial perfusion status
 - Stress and resting conditions
- Gadolinium is used as tracer
 - Increase the signal on T1 weighted images
- Fast imaging gated to heart frequency
 - ~2 images pr second
- Tracer kinetic modelling to extract physiological parameters (MBF)
 - Compartment modelling
 - Model-free deconvolution