# in magnetic resonance spectroscopy

ALTER PAR

**Rolf Schulte** 



GE HealthCare

## Overview

- Lineshape
- Solvent signal
- Baseline
- Phase
- Chemical-shift displacement
- Eddy currents
- Truncation
- DC-Offset
- RF interference
- Frequency drift
- Receiver gain
- Spike noise
- Gradients
- Motion artefacts
- Radiation damping
- RF coils
- SNR
- Discussion and conclusion





## Lineshape



## Lineshape: Peak Distortions



🛞 GE HealthCare

# Lineshape: B0 Field Inhomogeneity

- Susceptibility differences in sample (eg: air – tissue)
   →B<sub>0</sub> inhomogeneity
- Residual scanner inhomogeneity

#### Remedies

- Shimming
- Choose benign regions
- Reconstruction with B<sub>0</sub> correction
- Lower B<sub>0</sub>



 $\Delta f_0 [Hz]$ 



# Solvent Signal

Water (+ fat):  $10^5 \times$  stronger than metabolites (in 1H MRS)

→ Problems with baseline + artefacts

- Suppression through selective experiments: e.g., CHESS: f-selective excitation of H<sub>2</sub>O and gradient spoiling
- Removal during post-processing: e.g., HSDV



# **Baseline Distortions**

- Mostly from first few points in FID
- Fast relaxing macro-molecules
- Poor water suppression
- Quantification hampered

- Different region
- Improve shim, H<sub>2</sub>O/fat suppression
- f-domain: fit polynomial/ spline
- t-domain: take out first points





### Baseline Distortions: Spline Fit (LCModel)



gsh n3\_1st\_r\_press30 PRESS TE=30 TR=2000 Data of: Institute of Biomedical Engineering, University of Zurich and ETH Zurich

🛞 GE HealthCare

INDUT CHANGES OFLIGHT=0.0005

# **Phase Correction**

- Phase of spectra generally unknown
- Zero<sup>th</sup> order phase: switching of oscillator frequency
- Linear phase: delayed sampling start (e.g. fidcsi ≈ 2ms)

- Phase correction: multiply FID with  $\exp(i\varphi + i\omega t)$
- Large linear phase
  - $\rightarrow$  correction distorts peaks
- Display magnitude
  Con: broader peaks



# **Chemical-Shift Displacement**

- Bandwidths (BW) of RF pulses limited
- Gradients (gmax) for localisation limited
- Molecules with different chemical shifts are displaced
- 13C Example:
  - Bi-carbonate (161 ppm) &  ${}^{13}CO_2$  (125 ppm)  $\rightarrow \Delta f = 1200 \text{ Hz} (B_0 = 3\text{T})$ BW RF = 2200 Hz  $\rightarrow \frac{1}{2}$  slice displacement
- 1H MRS Example:
  - Lactate A<sub>3</sub> (1.3ppm) & X (4.1ppm)  $\rightarrow \Delta f=360$ Hz (B<sub>0</sub>=3T) BW RF = 800 Hz  $\rightarrow \frac{1}{2}$  voxel displacement

#### Remedies

- Centre  $f_0$  in between
- Increase gmax/RF BW
- Use spectral-spatial pulses
- Reduce gmax/RF BW and utilise displacement for encoding
- Broadband pulses

GE HealthCard





# **Eddy Currents**

#### Conductive material in scanner

- $\rightarrow$  induction of eddy current
- Additional gradients (time + space dependent)
- Distorted lineshapes
- Intricate compensations already existing (optimised hardware + gradient pre-distortion)

- Use robust encoding methods (eg Cartesian trajectories)
- Derate gradients
- 1H MRS(I): division of phase of FID by reference (eg Klose correction)
- Measure distortion and correct for in reconstruction (eg Dyun method, gradient monitoring with field probes)



# Eddy Currents: f0 Modulation in MNS

Eddy current compensation ("grafidy" on GE) consists of

- Pre-emphasis of gradient waveforms fed into gradient amps
- Modulation of centre-frequency f0

Model coefficients determined via measuring response to gradient pulses with gradient probes at different spatial positions

Problem with MNS: f0 modulation relative to 1H freq

ightarrow overcompensation for other nuclei

#### Remedies

- Modify calibration files for MNS (not recommended)
- Upgrade to MR30 (fixed in product now)



Courtesy to Mary McLean, Cambridge



## Sidebands

- Gradient vibrations
- Cyclic eddy currents
- Strong solvent signal

### Remedies

- Better water suppression
- Hardware modifications: mount gradients centric + better
- Post-processing: correct with reference signal, modelbased removal



R Hurd, MRM40, 343-347 (1998).

# **Truncation Artefact**

### Too short sampling

Step function
 → sinc wiggles

- Longer sampling
- Filtering
- Linear prediction/ maximum entropy



## DC Offset

- Decay to constant
- Delta peak at zero-frequency

- Phase cycling
- Subtract last 10% of FID





### Ghosts

GE HealthCare

- Insufficient water suppression outside VOI  $\rightarrow$  huge water signal
- Small imperfections of 180° pulses + insufficient spoiling  $\rightarrow$  generation of echo outside VOI
- Especially with 2<sup>nd</sup> order shimming



 $f_0$ 



### Ghosts

- More crusher gradients
- Phase cycling
- Wider f-selectivity
- Less 2<sup>nd</sup> order shimming
- Filtering
- Different angulations





# RF Interference (Frequency Domain)

Additional RF signal

- Reception in RF coils
  → interference with measurements
- Leakage through RF cabin
  → Shielding of room interrupted
- Bad equipment inside room: injection pump,...
- System components emitting noise: gradient amplifier, RF amplifier, power supplies, receive electronics, local oscillators, displays, ...

MRI scanners developed and optimised on 1H frequencies MNS: many frequency bands, lower frequencies challenging

- Track down + eliminate source
- Systematically power off external devices (injector pumps, power supplies) and system components (1H amp, grad amp, power supplies, displays); relocate Rx cables
- Ground (BNC) cables entering MRI room
- Phase cycling
- Use lower receive bandwidth



## RF Interference: Example

(electronic) power supply leaking RF noise inside MR scanner room





## RF Interference: Systematic Noise Scan

- Use large coil, no RF excitation
- BW=125kHz, #pts=8192, #reps=256
- Power spectrum = sum-of-squares spectrum
- Fidall manual 9.9







freq [Hz]

 $\times 10^7$ 

 $\times 10$ 

freq [Hz]

# **Frequency Drift**

- Short-term ≈10-200 Hz/h after excessive gradient usage (eg after fMRI/EPI session)
- Long-term: 10-1000 Hz/years
- Long measurements with many averages: centre frequency shifts → peaks smear out
- Patient motion

- Newer scanners with water cooled amplifiers more stable
- Avoid MRS after EPI scans
- f<sub>0</sub> determination before each scan
- Save + correct raw data
- Measure and correct f<sub>0</sub> in every repetition



## **Receiver Gain**

Pre-amplification:

 Too high: signal overflow & saturation of receiver

digitisation noise





• Too low:

## Receiver Gain on GE

- R1: analogue receiver gain: pre-amplification depends on signal level and coil pre-amplification
- R2: digital receiver gain: digitisation
- Normal MRI: Automatically determined in auto prescan
- Hyperpolarised studies: signal level unknown beforehand

- Always observe system error log for over-range warnings (≥MR30: requires key)
- Adjust R1 properly, establish safe ranges
- R2=maximum: (digital receive gain) EDR off=15, EDR on=30

1724757572 LISE	0 I.yMyCon	1 Sumer	Tue A	Aug	27 11 <b>:</b> 19	:32	2024	104702	2
ICEDataReceiverThread cop					454				
Server Name: ADS									
Signal overrange detected (R1 analog).									
EN 173									
SK 214 170/757570				<b>N</b> 11~	27 11.10		2024	2270060	
T.T.SE	⊥ L.vMvC∩n	⊥ sumer	IUE F	Aug	2/ 11.19	• 52	2024	2270000	Ŧ
ICEDataReceiverThread.cpp					478				
Server Name: AD	S								
MR Signal over-	range. R	e-scan w	ith Au	uto	Prescan	or N	Ianual Pres	can (redu	ce
R1).									
EN 214									
SR 511									



## Receiver Gain: 13C Example

- Liquid-state polarisation measurement
- [1-13C]pyruvate syringe
- Saturation of receiver chain
- 1<sup>st</sup> acquisition: signal level too high
- 8<sup>th</sup> acquisition: signal level OK





## Receiver Gain: 19F example

### FID + gradients 20 FID Gx Gy 15 10 5 0 5 0 10 15 time [ms]

#### Image



- 19F spiral imaging of Perfluorocyclobuthan
- R1=11, R2=30
- Extensive averaging is summing up data



# Spike Noise (Time Domain)

- Acquisition contaminated by spikes
- Severity: increased noise to data unusable
- Sources:
  - Moving metal: quad-hybrid in gradient FOV, gradient cables, coin/splinter in bore, loose body coil capacitor, ...
  - Poor electrical contact: gradient cables not tightened enough
  - Broken gradient amplifier
  - ...

#### Remedies

- Locate source and remove
  - helpful tool: sniffer coil
- Null contaminated data
  - in matlab: look for outliers
  - on scanner: pickup loop connected to detector
  - → Warning: can also null regular MNS (eg 2H) data

Pickup antenna at MR scanner for "Universal Transient Noise Suppression"





## **Gradient Artefacts**

- Noise elevated by gradients (particularly z-axis)
- Can be present even if gradients not used (eg Deuterium)
- Sources:
  - Gradient amplifiers and power supplies produce high frequency noise
  - Insufficient low-pass filter for gradient cables in penetration panel
  - Large Rx RF coils close to gradients

#### Remedies

- Impossible to filter out after data acquisition
- Improve low-pass filter of gradient cables
  → add ferrites
- Improved gradient filters



13C spiral data acquired in different orientations without phantom





# Spike Noise Artefact: Systematic Test

- Run strong spiral gradient waveform along different axes
- No RF excitation, large bandwidth
- Display time and frequency domain
- Fidall manual 9.1





# **Gradient Delay**

- Gradient amplifiers switching large currents in very short time spans
  → different delays between gradients (100-200µs) and RF (1-5µs)
- System calibration: compensates most
- Small deviations (few μs) remaining
- Problematic mostly for Non-Cartesian acquisitions
- Spiral: rotation of object
- Radial: low frequency intensity variations
- EPI & SPSP (with bi-directional gradients): ghosting
- Fidall manual: 9.8, 8.5



## **Motion Artefacts**

- Motion corrupts data consistency
- Blurring, loss of signal, smearing out (particularly for non-Cartesian difficult to predict)

### Remedies

- Acquire faster
- Breath hold/intubation
- Cardiac triggering
- Correction in reconstruction



#### <sup>13</sup>C IDEAL Spiral CSI in Pig Heart (courtesy to CNR Pisa)

Lactate **Pyruvate Bi-carbonate** 



# **Radiation Damping**

Strong sample signal → induces strong current in coil → induces again flip in sample

 $\tau_{rd} = (\gamma \eta m_0 Q \mu_0 / 2)^{-1},$ signal =  $M_0 \exp\left(-\frac{t}{T_2^*}\right) \cdot \operatorname{sech}\left[\frac{t}{\tau_{rd}} - \ln\left(\tan\frac{\theta_0}{2}\right)\right],$ 

- Occurs in syringes, e.g. liquid state polarisation
- In vivo: signal level typically too low







# **RF** Coils

- 1H MRI (@3T): sample noise dominated
  → even lousy coils yield good images
- x-Nuclear MR: mixed regime
  - $\rightarrow$  coil noise matters much more
  - $\rightarrow$  good coils essential
  - → too many, small receive elements: SNR penalty (inside object)
- Transmit-receive surface coils: inhomogeneous B1+/- fields
- Body coil: 1H
  - $\rightarrow$  x-nuclei require transmit coils
- Multi-channel Rx coils: good isolation required (noise covariance part of fidall MNS prescan, also fidall manual 9.7)

#### 31P at 7T





### **SNR Scan**

- SNR impacted by phantom, coil, MRI scanner, measurement
- Difficult to assess performance of setup
- Establish SNR standards across different sites, scanners, coils
- MNS phantom (WIP: Gold Standard Phantoms, Rapid): versatile, standardised, commercially available phantom containing 1H, 2H, 13C, 23Na and 31P spins
- Pink silicone oil phantoms: good for 13C
- Braino 1H MRS phantom: good for 31P
- Use standardised MRSI acquisition and reconstruction
- Fidall manual 9.2

#### 31P 2D MRSI SNR Map





## **Discussion and Conclusion**

- Always save and look at raw data
- Look at both FID & image/spectrum
- Be suspicious
- "Garbage in garbage out"
  - → time on tracking down artefacts usually well spent



## Literature (Spectroscopy Focused)

- Kreis R. Issues of spectral quality in clinical 1H-magnetic resonance spectroscopy and a gallery of artifacts. NMR Biomed. 2004 Oct;17(6):361-81. Review.
- 2. Hurd RE. Artifacts and pitfalls in MR spectroscopy. In: Clinical MR neuroimaging. Cambridge Uni Press.
- 3. de Graaf RA. *In vivo* NMR spectroscopy. Wiley, 2<sup>nd</sup> edition. (plus many sub-references)



# Hands-on Course for Advanced Research on GE MR

**Target Attendees:** MR Physicist, Researcher, Scientist.

Learning objectives: The aim of the course is to allow research partners to get familiar to the GE MR scanners and how to effectively perform research on it. That includes an introduction to system architecture (hard- and software), how to interface to the system, pulse sequence programming, reconstruction, obtaining raw data, troubleshooting and more. Hands-on sessions on the MRI will provide direct learning experience.

**Requisites:** valid research key, Linux, C/C++, MATLAB, Python, knowledge of MR theory, operation of GEHC MR scanner

**Course Teachers:** Applied Science Laboratory Europe Team

**Location:** GE HealthCare, Oskar-Schlemmer-Str. 11, 80807 Munich

**Date:** January 20-23, 2025 **Registration Fee; Deadline:** 650€; Dec. 1, 2024

**Costs:** Registration fee includes VAT, lunch, dinner and refreshments. Participants are expected to cover their own travel expenses (flight, hotel, etc).

#### **Organizers:**

José de Arcos:jose.dearcos@gehealthcare.comMika Vogel:mika.vogel@gehealthcare.comRolf Schulte:rolf.Schulte@gehealthcare.comTimo Schirmer:timo.schirmer@gehealthcare.comInfo:https://weconnect.gehealthcare.com/Registration:https://axtravel.eventsair.com/ge-1st-hands-oncourse-for-advanced-research-on-ge-mr-2025/gehc/Site/Register



