

## Open Vertical Mobile 0.22T MRI System for Veterinary/Human Extremities Imaging

**KC CHAN**<sup>1</sup>, SM Yeung<sup>1</sup>, KK Wong<sup>1</sup>, CT Leung<sup>1</sup>, EX WU<sup>2</sup>, QY MA<sup>1</sup>, GX Shen<sup>1</sup>, ZR Dong<sup>3</sup>, KH Lam<sup>4</sup>, K L Watkins<sup>4</sup>, ES Yang<sup>1</sup>

<sup>1</sup>The Jockey Club MRI Engineering Center, The University of Hong Kong, Hong Kong, China; <sup>2</sup>Dept. of Radiology, Columbia University, NY ; <sup>3</sup>Institute of Electrical Engineering, Chinese Academic of Science, China; <sup>4</sup>Equine Hospital, The Hong Kong Jockey Club, Hong Kong, China;

### Introduction

MRI has been widely used for clinical diagnosis in hospital. But most veterinary hospitals still cannot benefit from this technology in treating large-size animals like horses because of the difficulty in accessing the conventional high field system<sup>1</sup> and the high cost of both purchasing and maintaining a MRI system. And the noise generated by the gradient coil is also a problem for the living animals to stand still while imaging.

Although an open, low cost permanent magnet system has been introduced<sup>2</sup>, a living horse to be imaged has to be anaesthetized due to the H-shape opening. Here we report a low field (0.22T), open mobile system for human and animal imaging that can image living animals like horse without anesthetization.

The C-shape permanent magnet with a horizontal field was designed to have vertical opening for a person or a live animal like horse. Instead of a fixed RF-shielded room, a flexible RF shield facility was adapted and wheels were used under the magnet so that the system could be moved easily.

### Magnet Construction and performance

Figure 1 shows the open vertical magnet with an un-anesthetized living horse in a image-ready position. The magnet consists of a pair of donut-type poles with a diameter of 50cm, a gap of 20cm with roughly 12cm sphere of homogeneity volume (33 ppm), and passive shimmed. In order to move the magnet (800 kg), four non-magnetic wheels are installed on the iron frame to support the magnet.



Fig. 1 The open vertical Magnet with a live horse

### Hardware system

Two planar gradient coils are placed on both sides of the magnet. The maximum gradient strength is 10mT/m along each of directions and there is no gradient switching noise when the system is in operation. A transmit-receive RF coil is built for imaging<sup>3</sup>.

### Imaging Protocol

The control of the prototype system was built with a PC-based commercial console (Apollo, Tecmag Inc, Houston, TX). A user interface implemented in the console provides both the routine clinical control and specific research capability. The software is able to program the pulse sequence graphically, and to re-construct and process the image. Several pulse sequences are implemented in our system: SE, GRE, 3D-SE, 3D-GRE, FSE and FLAIR.

### Results and Discussions

The prototype demonstrated the potential for the routine applications of MRI in the clinical diagnosis and also in the veterinary field. With the vertical open design, a person could stand, sit on a chair or even lie down on a table, and a living horse could also be in a standing position when being screened.

Figure 2 showed the wrist images with the thickness of 4mm and 1.2mm respectively. Figure 3 showed the image of horse carpal bone with scanning time around 2 minutes, which was short enough for horse to stand still in the magnet.

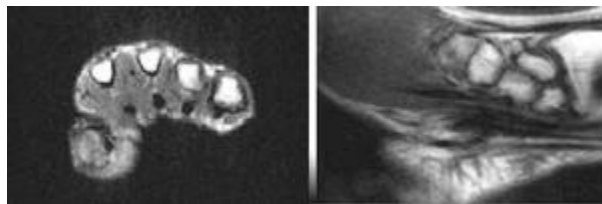


Fig. 2. Cross sectional image of human wrist acquired with (LEFT) 2DSE: TR/TE/NEX/Thk = 800/30/2/4mm (RIGHT) 3DGE: TR/TE/NEX/Thk=800/30/2/1.2mm

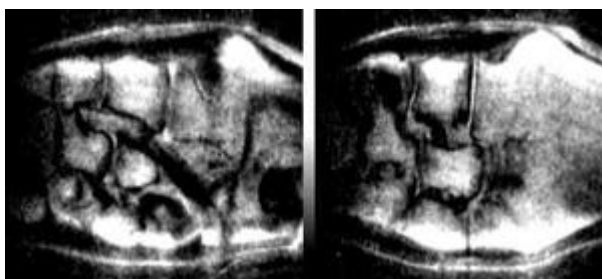


Fig.3. Coronal images of the Horse Carpal bones with TR/600;TE 23, FOV 16/10; 256x256/2NEX

### Conclusion

An open, mobile, quiet and easy-to-use MRI system has been developed for human/veterinary 2D/3D imaging. The vertical opening also has the possibility of imaging large animals like horses.

### Acknowledgments

This work was partly supported by Hong Kong Jockey Club Charities Trust and HKU foundation.

### References

1. A.J. Kanepps, et. al., Veterinary Radiology and Ultrasound 36, 467-477,1995
2. P. Choquet, et. al., The Veterinary Record, 146,616-617,2000
3. GX. Shen, Proc ISMRM, P.4048,1992