

Ultra-fast In Vivo Measurement of CMRO₂ in Rat Brain in Seconds: A ¹⁷O NMR Study at 9.4 Tesla

X-H. Zhu¹, Y. Zhang¹, N. Zhang¹, K. Ugurbil¹, W. Chen¹

¹CMRR, Department of Radiology, University of Minnesota, Minneapolis, MN 55455, United States

Introduction: The determination of the cerebral metabolic rate of oxygen utilization (CMRO₂) is essential for understanding the central role of oxidative metabolism in brain function under physiological and pathological states. The simplest MR method for measuring CMRO₂ is the use of ¹⁷O MRS to directly detect the labeled H₂¹⁷O, which is metabolized from inhaled ¹⁷O₂ (1-3). The complete model for CMRO₂ calculation is based on the equation established by Kety and Schmitz as shown in Eq. [1], in which α is ¹⁷O enrichment of inhaled ¹⁷O₂, C_a , C_b and C_v are the H₂¹⁷O concentration expressed in excess of the natural abundance H₂¹⁷O concentration in the arterial blood, brain tissue and venule blood, respectively, as a function of ¹⁷O₂ inhalation time t .

$$\frac{dC_b(t)}{dt} = 2\alpha\text{CMRO}_2 + \text{CBF}(C_a(t) - C_b(t)) \quad [1].$$

The calculation of CMRO₂ using Eq. [1] requires multiple measurements of $C_b(t)$ using ¹⁷O MRS or MRS imaging (MRSI), $C_a(t)$ using ¹⁷O MRS and implanted artery ¹⁷O coil, and CBF using ¹⁷O MRS/MRSI and H₂¹⁷O bolus injection (3). Such comprehensive measurements have been demonstrated to be feasible for imaging CMRO₂ in rat brain during 2 minutes of ¹⁷O₂ inhalation at 9.4T due to significant sensitivity gain of ¹⁷O NMR signal at high fields (3,4). In this study, we explored the feasibility for ultra-fast measurements of CMRO₂ in rat with a temporal resolution of seconds at 9.4T.

Methods: All experiments were conducted on a 9.4 Tesla Magnex magnet interfaced to a Varian INOVA console. The rats were intubated and anesthetized with α -chloralose. Femoral artery and vein were catheterized for physiological monitoring and blood sampling. A multinuclear surface-coil probe consisting of an oval-shape ¹⁷O coil (1 cm × 2 cm) and a butterfly-shape ¹H coil was used. The spatial localization of ¹⁷O signal was achieved through the spatially limited B₁ profile of the ¹⁷O surface coil, which covers the most of rat brain and a small portion of muscle. The single-pulse acquisition sequence was used to collect ¹⁷O spectra with the acquisition parameters of 10 ms TR, 50 μ s pulse width for a nominal 90° spin excitation, spectral width=30 kHz and 100 averages (1 second temporal resolution). The same sequence was applied to acquire ¹⁷O spectra for determining $C_b(t)$, $C_a(t)$ and CBF. The right internal carotid artery was catheterized for the injection of H₂¹⁷O bolus and measurements of CBF, which can be calculated from the “wash-out” of the labeled H₂¹⁷O from the brain tissue (4). Each rat performed a 2-minute inhalation of ¹⁷O₂ (72.1% enrichment) for determining $C_b(t)$. An implanted ¹⁷O coil was used to detect $C_a(t)$ in the left carotid artery (5). A complete model (6) was used to calculate the CMRO₂ values in each second during the inhalation.

Results and Discussion: Figure 1A demonstrates a time course showing the change of the metabolic H₂¹⁷O concentration as a function of time (i.e., $C_b(t)$) in three periods: control (~3 min), inhalation (2 min) and post inhalation (~11 min). The control concentration presents the natural abundance H₂¹⁷O concentration

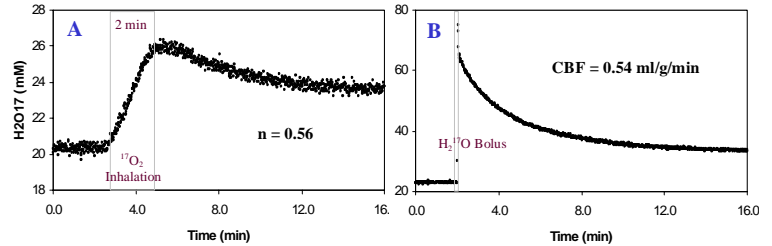


Figure 1. H₂¹⁷O concentration of a represent rat brain before, during and after (A) 2 min ¹⁷O₂ inhalation and (B) H₂¹⁷O bolus injection with 1 sec resolution.

Figure 1A demonstrates a time course showing the change of the metabolic H₂¹⁷O concentration as a function of time (i.e., $C_b(t)$) in three periods: control (~3 min), inhalation (2 min) and post inhalation (~11 min). The control concentration presents the natural abundance H₂¹⁷O concentration (20.35 mM), which can be used to calibrate the absolute H₂¹⁷O concentrations for the entire time course. The metabolic H₂¹⁷O concentration increases significantly during the ¹⁷O₂ inhalation and starts a slow decay after the termination of the inhalation. Figure 1B shows the washout of the labeled H₂¹⁷O in the brain after a H₂¹⁷O bolus injection. The decay rate was used to calculate CBF and the ratio of this decay rate versus the decay rate measured in post-inhalation period as shown in Fig. 1A gave a constant of $n = 0.56$, which reflects the limited permeability of H₂¹⁷O across the mitochondria membranes in cells and it was used in the complete model for calculating CMRO₂ values (3). Figure 2A illustrated the time course of CMRO₂ during a 2-minute inhalation from a representative rat. The temporal resolution of this curve was 1 second. At initial inhalation period, the H₂¹⁷O signal increase was similar with the signal fluctuation leading to a large variation of the calculated CMRO₂. Another factor leading to offset of the initial calculated CMRO₂ from the true CMRO₂ is the transition time required to reach equilibrium for binding the inhaled ¹⁷O₂ to hemoglobin in blood. Nevertheless, the calculated CMRO₂ value rapidly reaches a constant value after approximately 15 seconds of inhalation. The constant value was similar with the true CMRO₂ value (1.32 μ mol/g/min) averaged in the later inhalation period. The CMRO₂ value of 1.32 μ mol/g/min is relatively lower than that measured in cortical areas using ¹⁷O MRS imaging (3). This is presumably due to the partial tissue contamination from muscle with much lower CMRO₂. These results demonstrate the feasibility for determining CMRO₂ in vivo in a small rat brain with a fast temporal resolution of 1 second if the initial inhalation period (~15 seconds) is excluded. In addition, the fluctuations in the CMRO₂ time course in Fig. 2A can be significantly reduced by averaging several adjacent data points with reduced temporal resolution in a range of few seconds.

We have recently proposed a simplified model for noninvasive measurements of CMRO₂ using ¹⁷O MRS. This model is based on the polynomial fitting of $C_b(t)$ measured in an ¹⁷O₂ inhalation, and the first order polynomial coefficient can be used to calculate CMRO₂ (6). The same model was used to test the data measured in this study. Figure 2B shows that both linear and quadratic fittings gave similar results (1.43 and 1.34 μ mol/g/min, respectively) compared to the complete model (1.32 μ mol/g/min). This result further validates the simplified model for noninvasive measurement of CMRO₂ in small animal brain.

Conclusion: In this work, we demonstrate the feasibility for ultra-fast measurements of CMRO₂ in rat with a temporal resolution of seconds. Such feasibility should be essential for monitoring the rapid changes of CMRO₂ by fast physiological and/or pathological perturbations. The ¹⁷O sensitivity gain at high field is crucial for this study.

Acknowledgments: NIH grants NS38070, NS39043, NS41262, EB00329, EB00513, P41 RR08079, Keck Foundation, and MIND Institute.

References: (1) Mateescu GD, et al. *Proceedings of SMRM*, 1989. p 659. (2) Fiat D, et al. *Neurol Res* 1992; 14:303-11. (3) Zhu XH, et al. *PNAS* 2002; 99:13194-13199. (4) Zhu XH, et al. *MRM* 2001; 45:543-9. (5) Zhang, XL, et al. *MAGMA* 2003; 16:77.85. (6) Zhang NY, et al. *Proceedings of ISMRM*, 2002. p 344.

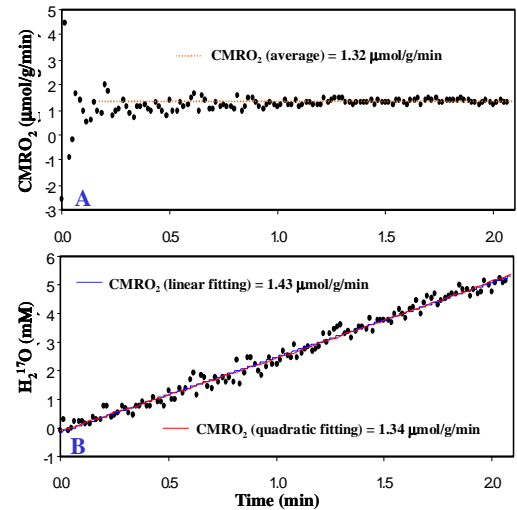


Figure 2. H₂¹⁷O concentration of a represent rat brain during 2 min ¹⁷O₂ inhalation and CMRO₂ values were calculated with completed (A) and simplified model (B) with 1s time resolution.