

# Measurement of Pressure from the Diffusion Coefficient of $^3\text{He}$ Gas

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## Introduction

Non-invasive measurement of pressure with NMR could have a variety of applications in-vivo (e.g. measurement of blood pressure) and in non-medical applications (e.g. pressure jets in fluid dynamics). In this work an inverse relation between the pressure of  $^3\text{He}$  inside a closed syringe and the measured (apparent) diffusion coefficient ( $D$ ) was observed using intermediate diffusion time pulsed gradient spin echo (PGSE) methods. Extension of the technique for measuring pressure in-vivo in micro bubbles is proposed using different gas mixtures and short time scale diffusion sequences.

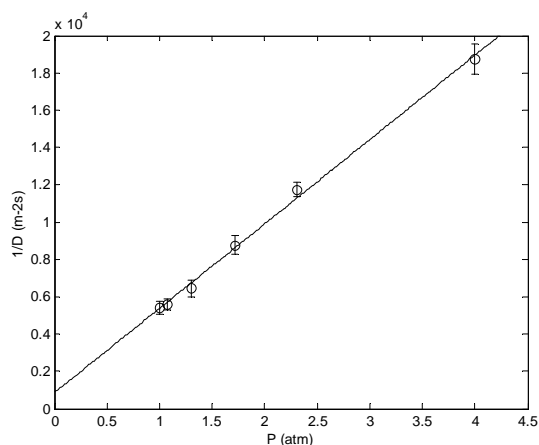
## Methods

All work was performed on a 1.5T Philips Eclipse system -  $27\text{mTm}^{-1}$  peak gradients, max. slew  $72\text{Tm}^{-1}\text{s}^{-1}$ . A custom built TR birdcage coil was used tuned to  $^3\text{He}$  at 48.6 MHz.  $^3\text{He}$  gas was polarised to 24% with spin exchange apparatus (GE). To investigate the diffusion dependence with pressure of  $^3\text{He}$ , a phantom was constructed from a 50 ml plastic syringe.  $^3\text{He}$  gas ( $D \approx 2 \times 10^{-4} \text{m}^2\text{s}^{-1}$ ) was decanted from the optical pumping cell (cell pressure  $\approx 10$  atm, temperature  $30^\circ\text{C}$ ) into the evacuated syringe. The original volume of gas in the syringe was measured from the graduations as  $V_1 = 60$  ml. The original pressure in the syringe ( $P_1$ ) was estimated as being slightly over 1 atm since the incoming gas pushed the syringe plunger out against friction.

**NMR:** The diffusion coefficient of the  $^3\text{He}$  in the syringe was then measured using a Stejskal-Tanner PGSE sequence consisting of a pulse acquisition ( $S_1$ ) with a bipolar trapezoidal waveform with  $b$ -value of  $2.89 \text{s/cm}^2$  (strength  $26.2 \text{mTm}^{-1}$  duration 460 ms, 500 ms ramp time, direction along axis) [1], this was interleaved with a second pulse-acquisition ( $S_2$ ) with  $b=0$  (reference scan) at the same echo time. A flip angle of  $\alpha=10^\circ$  was used and the contribution from the decay of the longitudinal magnetisation between pulses was normalised in the calculation of the diffusion coefficient  $D$ :  $\exp(-bD) = (S_1/S_2)\cos\alpha$ .

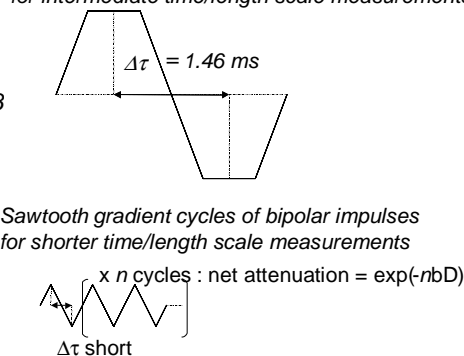
The gas in the syringe was then compressed in stages from  $V_1 = 60$  ml to  $V_2 = 56, 46, 35, 26$  and  $15$  ml respectively and for each compression,  $D$  was measured 8 times and the mean calculated. The pressure in the syringe was then estimated from the ideal gas laws assuming constant temperature:  $P_1V_1 = P_2V_2$ .

## Results



**Fig. 1** Plot of the inverse of the diffusion coefficient ( $1/D$ ) as measured with PGSE NMR versus the pressure ( $P$ ) as estimated from the gas volume. The error bars are the s.d. in the 8 measurements of  $D$ . The predicted linear behaviour from kinetic theory of an ideal gas is evident. The offset indicates that the original pressure in the syringe was  $P_1 = 1.2$  atm which is consistent with the pressure gradient pushing the gas against the syringe plunger.

**Fig. 2** Bipolar gradient pair used for intermediate time/length scale measurements



## Discussion

The results with  $^3\text{He}$  in this model confirm that the diffusion coefficient as measured with PGSE NMR is inversely proportional to pressure as has been shown for  $^{129}\text{Xe}/\text{O}_2$  mixtures in glass cells [2]. The duration of the bipolar diffusion gradient pair used here, gives a characteristic diffusion time of  $t = \Delta\tau = 1.46$  ms. From the diffusion equation, the mean free path (characteristic length scale) of diffusion is given by  $\lambda = \sqrt{2Dt} = 0.76$  mm. This confirms a regime, where the boundaries of the container ( $d \sim 2$  cm across) impose little constraint on the measured bulk diffusion coefficient ( $\lambda \ll d$ ) on this intermediate time scale of gradient sensitization and thus the narrow pulse approximation of Stejskal and Tanner [3] is reasonable. Hence the measured diffusion coefficient is a valid estimate of inter-atomic mean free path and thus gas pressure. The applications for pressure measurement in such a regime are manifold but are limited by the spatial length scale and so would generally be non-medical e.g. pressure measurement in gas flow rigs and inside optical pumping cells knowledge of the gas temperature and pressure in-situ would be useful in optimizing the spin-exchange process. For pressure measurement inside microscopic vessels, such as intra-vascular micro-bubbles, a gas mixture with a lower self diffusion coefficient would be needed to ensure the ( $\lambda < d$ ) condition e.g. slower diffusing gases:  $^3\text{He}-\text{N}_2$  mix,  $D = 0.9 \times 10^{-4} \text{m}^2\text{s}^{-1}$  at 1 atm or  $^{129}\text{Xe}$ ,  $D = 0.06 \times 10^{-4} \text{m}^2\text{s}^{-1}$  at 1 atm. The ultimate aim is non-invasive localised measurement of systemic blood pressure with diffusion measurement in elastic walled gas filled micro-bubbles [4] in the blood. Under high hydrostatic pressure the bubble compresses and the diameter will decrease. For a bubble of diameter  $d = 10 \mu\text{m}$ , the characteristic diffusion time for slowly diffusing  $^{129}\text{Xe}$ ,  $t = 8 \mu\text{s}$ . This would require exceptionally short timescale NMR diffusion sensitisation [3] ( $\Delta\tau \sim \mu\text{s}$ ). A move toward such short diffusion times could be made with very short gradient impulses swept out at the slew rate limits. The  $b$ -value of such a pair would be small and thus provide little attenuation. A solution would be to concatenate bipolar pairs in a train of  $n$  pulses to amplify the net  $b$ -value to  $nb$ —see Figure. Such an approach has very recently been proposed for short length scale diffusion measurement with gases [5] and is under investigation in this application of encapsulated gas pressure measurement.

**References** [1] J Magn. Reson. 2004; 167(1):1-11 [2] J Magn Reson. 1998;135(2):478-86 [3] J. Chem. Phys., 1965. 42: 288-292.

[4] Magn Reson Med. 2001;46(3):535-40. [5] In press doi:10.1016/j.jmr.2007.09.006

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