## Optimised µMRI for Phenotyping the Tc1 Model of Down Syndrome

J. O. Cleary\*<sup>1,2</sup>, F. C. Norris\*<sup>1,3</sup>, F. K. Wiseman<sup>4</sup>, A. N. Price<sup>1</sup>, M. Choy<sup>1</sup>, V. L. Tybulewicz<sup>5</sup>, R. J. Ordidge<sup>2,6</sup>, E. M. Fisher<sup>4</sup>, and M. F. Lythgoe<sup>1</sup>

<sup>1</sup>Centre for Advanced Biomedical Imaging, Department of Medicine and UCL Institute of Child Health, University College London, London, United Kingdom,

<sup>2</sup>Department of Medical Physics and Bioengineering, University College London, London, United Kingdom,

<sup>3</sup>Centre for Mathematics and Physics in the Life Sciences and EXperimental Biology (CoMPLEX), University College London, London, United Kingdom,

<sup>4</sup>Department of Neurodegenerative Disease, UCL Institute of Neurology, University College London, London, United Kingdom,

<sup>5</sup>MRC National Institute for Health Research, London, United Kingdom,

<sup>6</sup>Wellcome Trust Advanced MRI Laboratory, University College London, London, \*equal contribution

<u>Introduction</u> Active staining of ex-vivo tissues, where MR contrast agents are used to shorten T<sub>1</sub> during the fixation process, is now a key part of MR microscopy. Recently it has been shown that using higher contrast agent concentrations (>5mM Gd-DTPA) when preparing excised mouse brains can lead to enhanced delineation of structures[1]. Although excised brains allow full contrast agent penetration into tissue in as little as 5 days, brains left in the skull are less susceptible to damage and preparation effects during tissue extraction and subsequent imaging. Resulting volume measurements and morphometric analysis may also be more accurate. We sought to develop an active µMRI optimised preparation and scanning protocol for imaging intact adult mouse brains in-skull, advancing our previous work on imaging mouse embryos[2]. We have used this protocol to perform an initial assessment of phenotypic differences in a transchromic (Tc1) mouse model of Down Syndrome[3]. Methods Animal Preparation: Mice were culled by an overdose of anaesthesia and then flushed with saline introduced via the left ventricle. They were then perfusedfixed with 4% buffered formol-saline (Pioneer Research Chemicals) with 8mM Gd-DTPA (Bayer-Schering). The head was decapitated and skin, muscle, lower jaw removed and post-fixed in 4% buffered formol-saline (with 8mM Gd-DTPA) at 4°C. Imaging: Performed on a Varian 9.4T VNMRS system with a 26mm quadrature birdcage coil (RAPID Biomedical). Brains were immersed in Fomblin (Solvay Solexis) and imaged in 20ml syringes. Fixation Study: 4 Wild-type Tc1 (mixed 129s and C57Bl6 background) mice were fixed and imaged over a 5 week period. T<sub>1</sub> and T<sub>2</sub>\* maps were obtained at each time point. Parameters: Single sagittal slice (0.5mm thick), matrix=128<sup>2</sup>, FOV=19.5x13mm, NSA=4, TR was at least 5xT<sub>1</sub>. T<sub>1</sub>: IR-SE, 13 TIs, TE=11ms; T<sub>2</sub>\*: GE, FA=90°, 8 TEs. Structural 3D GE images at unoptimised parameters were also obtained (FOV=20.48x13.04x13.04xmm, matrix size=512x326x326, TE/TR/FA=6ms/20ms/60°, NSA=2 or 6). Measured tissue parameter values were input into a Matlab program based on the equation for spoiled gradient echo to determine the optimal scan parameters for a 3 hour scan-time. Phenotyping study: We imaged 28 (14 TcI<sup>+</sup>, 14 TcI<sup>-</sup>) male mouse brains (aged 18-21weeks), fixed for 9 weeks in 4% buffered formol-saline (with 8mM Gd-DTPA), using a spoiledgradient echo sequence. Optimised 3D GE scan parameters: FOV=20.48x13.04x13.04mm, matrix size=512x326x326, TE/TR/FA/NSA=4ms/17ms/52°/6. Results Fixation Study: While T<sub>2</sub>\* values were found to stabilise relatively quickly, reaching a minimum at 3 weeks fixation (mean basal ganglia=2.9ms, cortex=3.8ms - data not shown), T<sub>1</sub> values took more time to plateau, approaching uniformity across the brain by the 5 week timepoint (Figure 1, top). Figure 1 (bottom) shows representative maps from a brain over 5 weeks. Maps of 4 mice from our 28-brain study population showed a uniform T<sub>1</sub> across the whole brain at 9 weeks fixation (example in Figure 1, bottom right). The reduction in T<sub>1</sub> resulted in a visible increase in SNR across the brain (Figure 2). The final images of our 28 study brains had an average SNR of 32 with 40µm isotropic resolution. They also demonstrated excellent contrast, which enabled the delineation of a number of structures (Figure 3).

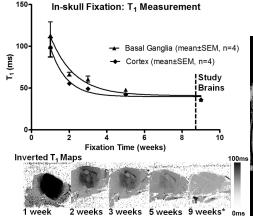


Figure 1: (Top) Graph showing timecourse of  $T_1$  reduction in a central basal ganglia region of interest and the cortex. (Bottom) Example  $T_1$  maps from an individual over 5 weeks; (\*) map from an individual in our 28-brain study population.

Phenotyping Study: After visual inspection of the Tc1 mice we noted that 10 individuals showed marked ventricular enlargement and defects in the choroid plexus as compared to wild-type brains (Figure 4). One individual showed particularly gross malformations in the ventricles and hippocampi.

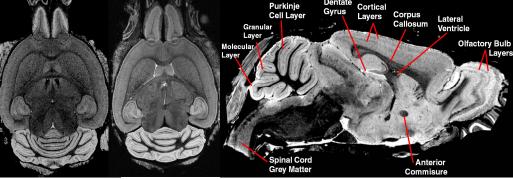


Figure 2: Similar axial slices through the same brain imaged after 1 week (left) and 5 weeks (right). SNR is visibly improved in the 5 week image, especially in the regions of the cortex and basal ganglia.

Figure 3: Sagittal slice through a wild-type Tc1 brain fixed for 9 weeks and imaged at optimised parameters. A number of cortical and hippocampal structures are readily seen.

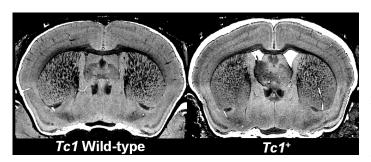


Figure 4: Coronal slices through Tc1 wild-type (left) and transgenic brains (right). Ventricular enlargement and overall brain atrophy is seen in this typical  $Tc1^+$  individual.

Conclusion We have produced detailed MR images of mouse brains, prepared inskull, with high SNR. We demonstrated that full penetration of Gd-DTPA, as assessed by T<sub>1</sub> values in the cortex and basal ganglia, required over 5 weeks fixation, and had equilibrated across the brain by 9 weeks. Optimisation of parameters facilitated imaging at a 40µm isotropic resolution in a scan time of 3 hours per brain. Individual layers in the hippocampus and cerebellum were easily delineated. Cortical layers could also be visualised. We achieved a SNR of ~32, and this has been previously shown advantageous for visual assessments of brain data[4]. However, a lower SNR may be acceptable for automated, morphometric analysis[5] and this may enable higher resolution and/or a reduced scan time. In future studies we aim to use a coil with a longer z-axis profile, where multiple brains may be imaged in a single acquisition, increasing throughput. Finally, on application of this methodology, we have identified ventricular changes in the majority of Tc1<sup>+</sup> mice, which is a new morphological phenotype in this mouse model of Down syndrome, indicating a structural consequence associated with the additional human chromosome in these mice. The development of active µMRI histology provides anatomical detail that will enable greater sensitivity when performing morphometric phenotyping studies.

References [1]Kim S, et al. NMR Biomed 2008, 22(3): 303-309, [2] Cleary JO, Price AN et al. NMR Biomed 2009, 22(8): 857-866, [3] O'Doherty A, et al. Science 2005, 309(5743): 2033-2037, [4]Kale SC, et al. NMR Biomed 2009, 22(5), Pages 488-494, [5]Kale SC, et al. Hum Brain Mapp 2008, 729(10), 1111-1214

Acknowledgements We are grateful for the support of the EPSRC, BBSRC and the British Heart Foundation for our work.