

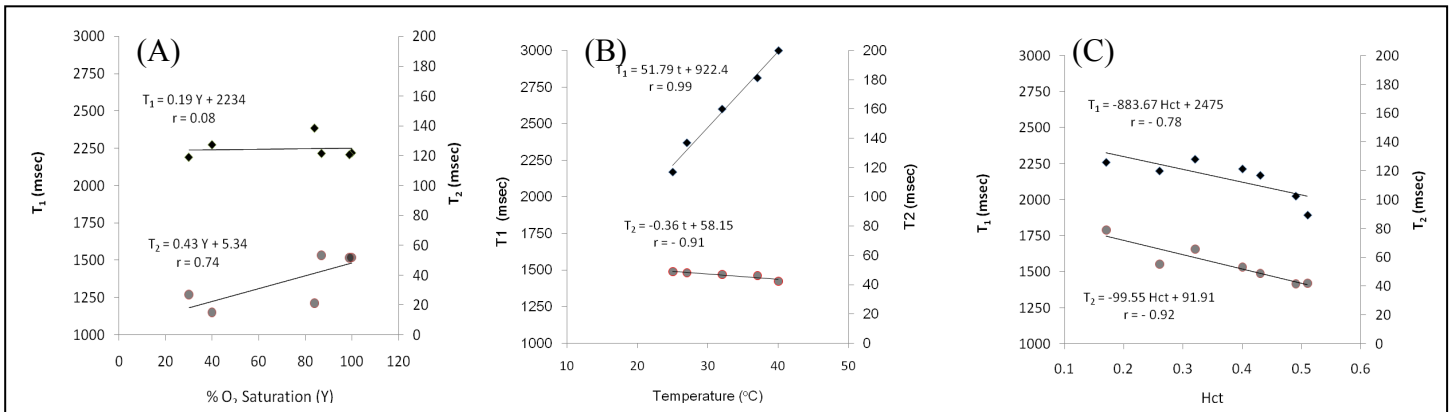
## Blood Longitudinal (T<sub>1</sub>) and Transverse (T<sub>2</sub>) Relaxation Times at 11.7 Tesla

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**Introduction:** The longitudinal relaxation time (T<sub>1</sub>) and transverse relaxation time (T<sub>2</sub>) of blood are two important MRI parameters. For example, blood T<sub>1</sub> is pivotal for quantifying cerebral blood flow (CBF) using arterial spin labeling (ASL) techniques (1) and for cerebral blood volume (CBV) determination using vascular space occupancy (VASO) method (2). Blood T<sub>2</sub> is important to differentiate vascular contribution to blood oxygenation level dependent (BOLD) signal (3,4). As high field MRI (> 7T) is rapidly getting involved in functional studies with animal models, it is crucial to determine animal blood T<sub>1</sub> and T<sub>2</sub> for these systems. The purpose of the study was to report T<sub>1</sub> and T<sub>2</sub> values as a function of oxygenation level (Y), temperature, and hematocrit fraction (Hct) of rat blood at 11.7T.

**Material and Methods:** Fresh blood was withdrawn from 3 normal rats and used within an hour. Blood gases, Y, total hemoglobin and temperature were measured with a blood gas analyzer. Vials were then sealed. Experiments were performed on a 11.7T BioSpec MR scanner (Bruker, Billerica, MA, USA). A quadrature volume coil was used for both RF transmission and reception. T<sub>1</sub> and T<sub>2</sub> were simultaneously measured using a rapid acquisition with relaxation enhancement (RARE) sequence. Six TR (208.4, 400, 800, 1500, 3000 and 3500 ms) and five TE (14.01, 42.03, 70.05, 98.07, 126.05 ms) were used. A single slice centered on the blood sample was chosen. Field-of-view (FOV) = 40 x 40 mm<sup>2</sup>, slice thickness = 1.0 mm, matrix = 128 x 128 and rare factor = 4. Samples taken from both venous and arterial blood (Y = 30-100%) were sent to measure T<sub>1</sub> and T<sub>2</sub> as a function of Y at room temperature (25°C). To determine the T<sub>1</sub> and T<sub>2</sub> as a function of temperature, an arterial blood sample (Hct = 0.43 and Y = 98-99%) and a thermometer were placed in the center of an acrylic tube (20 mm in diameter and 92 mm long). Water was circulated around the acrylic tube by a water bath. The temperature was adjusted from 25-40°C and monitored in real time by a temperature controller. Finally, the venous blood sample of each rat was putting into an Eppendorf centrifuge for 3 min. The pipette-off plasma and erythrocytes were added to the two arterial blood samples, respectively, to vary the Hct. The 0.1 c.c. blood sample of each arterial blood was taken by a micro-hematocrit tube (with heparin), which was then putted in a micro-hematocrit centrifuge for 3 min. Hct fraction was determined by measuring the ratio between the erythrocytes and the plasma. The resulting range of Hct was 0.17-0.51 with Y = 99% and Temp = 25°C. T<sub>1</sub> was calculated by fitting  $M(t) = M_0 [1 - c \cdot \exp(-TR/T_1)]$  and T<sub>2</sub> was calculated by fitting  $M(t) = M_0 \exp(-TE/T_2)$ .



**Results and Discussion:** Figure A shows the plot of T<sub>1</sub> and T<sub>2</sub> versus Y with a normal hematocrit level at room temperature (Hct = 0.43, Temp = 25°C). T<sub>1</sub> was insensitive to the changes of the Y (r = 0.08, P > 0.5). In contrast, a linear correlation between T<sub>2</sub> and Y was observed (T<sub>2</sub> = 0.43 Y + 5.34, r = 0.81, P < 0.05). Figure B demonstrates the results of T<sub>1</sub> and T<sub>2</sub> as a function of temperature (Hct = 0.43 and Y = 99%). A significantly linear relationship between T<sub>1</sub> and temperature was observed (T<sub>1</sub> (ms) = 51.79 t (°C) + 922, r = 0.99, P < 0.001). T<sub>2</sub> was also significantly related to temperature, but with negative correlation (T<sub>2</sub> (ms) = -0.36 t (°C) + 58, r = -0.91, P < 0.05). Arterial blood T<sub>1</sub> and T<sub>2</sub> (Y = 99% and Temp = 25°C) as a function of Hct are shown in Figure C. A negatively linear dependency of T<sub>1</sub> on Hct was seen (T<sub>1</sub> (ms) = -883 Hct + 2475, r = -0.78, P < 0.05). Similar result was also observed for T<sub>2</sub> versus Hct (T<sub>2</sub> (ms) = -99.55 Hct + 92, r = -0.92, P < 0.005).

Finally, we compared our T<sub>1</sub> and T<sub>2</sub> results at 11.7T to those obtained at other MR field strengths (B<sub>0</sub>) in literature. It shows that both arterial and venous T<sub>1</sub> (T<sub>1(a)</sub> and T<sub>1(v)</sub>, respectively) are linearly dependent on B<sub>0</sub> (Figure D). T<sub>2(a)</sub> and T<sub>2(v)</sub> are exponentially dependent on field strength (Figure E).

In conclusion, this study report T<sub>1</sub> and T<sub>2</sub> values as a function of oxygenation level, temperature, and hematocrit of blood at 11.7T and compared with published data at different field strengths. A key finding is that blood T<sub>2</sub> did not decrease significantly with increasing B<sub>0</sub> at high fields. These results have implications in BOLD modeling, high spatial specificity BOLD fMRI, CBF MRI using arterial spin labeling, and CBV MRI using VASO techniques. These data may prove useful for a wide range of MRI studies.

**References:** (1) Wang et al., (2003) MRM 49:796-802; (2) Lu et al., (2003) MRM 50:263-274; (3) Ogawa et al., (1993) Biophys. J. 64:803-812; (4) van Zijl et al., (1998) Nat Med 4:159-167.

