

## Interactive Interventional Applications for the MRI Scan Room

Andrew B. Holbrook<sup>1</sup>, Ronald Watkins<sup>1</sup>, and Kim Butts Pauly<sup>1</sup>  
<sup>1</sup>Radiology, Stanford University, Stanford, CA, United States

**Introduction:** Interventional MRI procedures can be very complicated, with numerous pieces of equipment that are used in synchrony, often controlled remotely because of the harsh environment that is a magnet room. Recent advances in mobile consumer electronics have created new technology that is less sensitive to the harsh conditions surrounding an MRI magnet and better yet are properly built and shielded to not introduce artifacts in imaging. The purpose of this work was to integrate mobile architecture into procedures to facilitate protocol setups including the running of scans while in the magnet room.



Figure 1: Real time MRI application running on tablet architecture. The scanner is controlled with touch and multi-touch gestures, on screen buttons, and physical keys such as the volume up/down keys for geometry control.



Figure 2: Real time respiration belt application. This app allows immediate feedback on the belt connection in a very portable form factor.

**Results:** Figure 1 shows a screen shot of the MRI control application. Three slices can be independently enabled and controlled during the scan. The scans are controlled via on-screen buttons, touch and multi-touch gestures directly on the images themselves, and, via the “volume control” buttons on the side of the device, which page in and out of the currently activated slice. The TouchPad works well until a foot from the magnet bore opening.

Figure 2: Real time respiration belt application. This app allows immediate feedback on the belt connection in a very portable form factor.

Figures 2 and 3 show the two non-MR applications developed for our interventional procedures. Figure 2 shows a physiology app which connects to our respiration sensor on the mobile phone device. Figure 3 shows control mechanisms for controlling a common HIFU procedure for external transducer placement. Both of these applications allowed modification of positioning immediately from the patient bedside. In fact, the modified mobile phone could freely be used throughout the MRI room with minimal safety concerns, even picking up WiFi signals in the center of the 3T magnet bore.

**Discussion:** By building a dual room WiFi network and creating applications capable of interacting with the MRI scanner and other important devices, we have demonstrated a simple and intuitive means for improving workflow in the MR environment.

**Acknowledgements:** We acknowledge HIFU support from Yoav Medan, Alex Kavushansky, and Omer Brokman from InSightec, Ltd, as well as software development support from John Kneeland of Hewlett-Packard, as well as our funding sources: NIH R01-CA121163 and P01-CA159992.

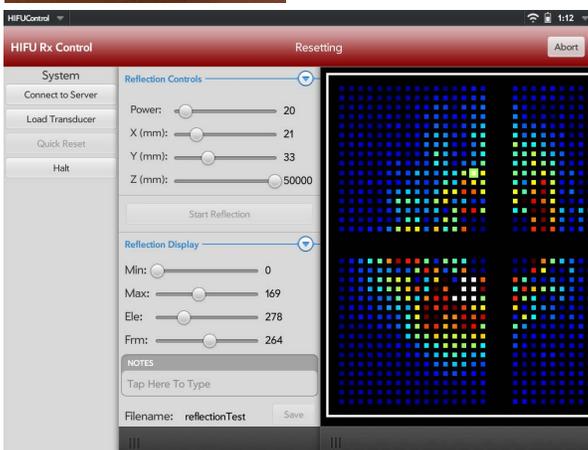


Figure 3: HIFU Reflection Test App. HIFU reflection tests can be performed and assessed directly at the magnet table with this application, allowing rapid repositioning when necessary.