Oxygen-17 MRS for CMRO₂ measurements in the mouse brain at 16.4T

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Introduction: To rapidly assess cerebral energetics *in vivo* in transgenic mouse models of neurological disease, a robust and quick method for quantification of cerebral oxygen consumption is needed. ¹⁷O MRS methodology can be utilized to obtain cerebral metabolic rate of oxygen (CMRO₂) (1), and has been validated in rats (2) and cats (3). CMRO₂ is measured from an increase in the $H_2^{17}O$ signal above natural abundance that results from mitochondrial metabolism of ¹⁷O₂ gas inhaled over 2-3 minutes. Thereby the methodology produces 3D maps of CMRO₂ quickly and reliably. However, mice present unique challenges for ¹⁷O MRS investigations due to their small size. First, oral intubation, which has been essential for controlled ¹⁷O gas delivery in rats and cats, is substantially more challenging in mice. Second, minimization of the dead space between the ¹⁷O reservoir and the mouse is required for rapid gas switching and accurate modeling of the time course of ¹⁷O delivery. Critically, the detection sensitivity for the $H_2^{17}O$ signal increases in a supra-linear fashion with increasing magnetic fields (1). Here, we investigated the feasibility of ¹⁷O MRS in mice without utilizing intubation at the ultra-high field of 16.4T.

<u>Methods</u>: MRI was performed using a 16.4 T Varian/Magnex (26cm bore) system and a home built ${}^{1}H/{}^{17}O$ surface coil (quadrature ${}^{1}H$ coil and a linear ${}^{17}O$ coil designed for minimal crosstalk). Healthy mice on FVB background were studied. An O₂/N₂O mixture (50:50) including 1-2% isoflurane was delivered by a newly designed gas delivery system (Fig. 1). ${}^{17}O$ MR spectra were acquired either with a pulse-acquire or a modified CSI sequence (TR=16 ms) (4). To acquire the time course of ${}^{17}O$ incorporation into H₂O, the delivered gas was switched to the ${}^{17}O_2/N_2O$ reservoir for 2.5 min.

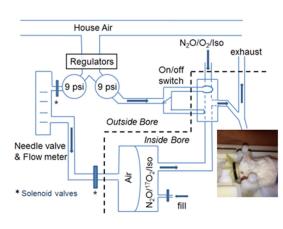




Fig. 1. Gas delivery system. A pneumatically remotely-controlled balloon switch determines which gas reaches the mouse: the ventilator provided isoflurane and normal O_2/N_2O mixture or a comparable mixture with ${}^{17}O_2$ from a gastight 2 chamber bag placed in front of the mouse inside the bore. Solenoid valves control delivery of air pressure to release the ${}^{17}O_2$ over 2-3 min. The tightly closed mouse nose cone (designed to allow flexibility in head angle, shown above) prevents leaking of ${}^{17}O_2$.

<u>**Results and Discussion:**</u> The sensitivity of the ¹H/¹⁷O coil was first tested on the natural abundance $H_2^{17}O$ signals. The mean SNR of the surface coil localized $H_2^{17}O$ signal in the mouse brain was 281±12 (SD) with 8s acquisition (N=5) (Fig. 2a). Next, ¹⁷O CSI images were acquired in healthy mice at natural abundance to demonstrate that SNR was sufficient to obtain 3D CMRO₂ maps (Fig. 2b). Finally, the newly designed gas delivery system was tested on the bench and inside the scanner to ensure good mouse physiology and no gas leak, both during delivery of regular O₂ and during the switch to the ¹⁷O-labeled gas reservoir. ¹⁷O₂ was administered to demonstrate reliable measurement of the $H_2^{17}O$ time course in the healthy mouse brain (Fig. 2c). An oxygen consumption rate of 1.9 µmol/g/min was calculated (from the slope in Fig. 2c), in agreement with reported cerebral glucose utilization rates in the anesthetized mouse brain (5) assuming an oxygen-to-glucose index of 5.5.

In summary, ¹⁷O MRS measurements of CMRO₂ in the mouse brain are feasible with high sensitivity using 16.4T, a surface ${}^{1}\text{H}/{}^{17}\text{O}$ coil and a newly designed gas delivery system. This method can be utilized to measure mitochondrial function in living mice quickly and repeatedly,

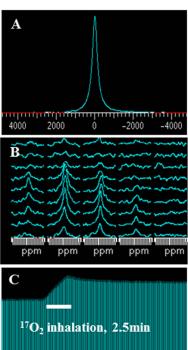


Fig. 2. A sample ¹⁷O spectrum from the mouse brain with a pulse-acquire sequence (TR=16 ms, NEX=512); b) ¹⁷O CSI of mouse brain (FOV= 20x20x10 mm³, 9x9x5 phase encodes); c) time course of the $H_2^{17}O$ signal before, during and after a brief ¹⁷O₂ inhalation.

without the need for oral intubation, and has numerous potential applications to study the involvement of energy failure in transgenic mouse models.

<u>References:</u> 1. Zhu et al, *NMR Biomed* (2005) 18:83; 2. Zhu et al, *JCBFM* (2007) 27:1225; 3. Zhu et al, *JCBFM* (2009) 29:10; 4. Zhu et al, *Neuroimage* (2012) 64C:437; 5. Toyama et al, *J Nucl Med* (2004) 45:1398.

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