

Characterizing Unilateral Ureter Obstruction of Mouse Kidney with Chemical Exchange Saturation Transfer and Magnetization Transfer Methods

Feng Wang^{1,2}, Zhongliang Zu^{1,2}, Keiko Takahashi³, John C. Gore^{1,2}, Raymond C. Harris³, Takamune Takahashi³, and C. Chad Quarles^{1,2}

¹Institute of Imaging Science, Vanderbilt University, Nashville, TN, United States, ²Radiology and Radiological Sciences, Vanderbilt University, Nashville, TN, United States, ³O'Brien Mouse Kidney Physiology and Disease Center, Vanderbilt University, Nashville, TN, United States

PURPOSE: Chemical exchange saturation transfer (CEST) and magnetization transfer (MT) imaging are sensitive to small molecules with exchangeable protons and macromolecules, respectively. Such methods could complement the physiological information obtained from conventional assays of kidney function and facilitate our understanding of pathological mechanisms in kidney disease. In this study, we used CEST and MT to assess mouse kidney following unilateral ureter obstruction (UVO) to determine if these methods are sensitive to the associated pathology.

METHODS: MRI protocols were optimized on Agilent 7T MRI system using a doty25 volume coil. During MRI scans, UVO mice (3 and 6 days after UVO surgery) were anesthetized and the body was stabilized in a MR compatible head/body frame. Rapid acquisition MRI methods and respiration gating were applied to minimize motion artifacts. T₁-weighted imaging was used to observed structural changes. The magnetization transfer ratio (MTR) was measured using a 2D RF-spoiled gradient echo sequence (TR=24ms, flip angle=7, TE=3.3ms, FOV=25.6×25.6 mm², matrix size=128×128, slice thickness (ST)=0.5 mm, 81 accumulations). Off-resonant RF irradiation was accomplished with use of Gaussian RF pulses (6000 Hz, 12ms). Additional images were acquired without MT pulses. CEST experiments were performed using a continuous wave (CW) CEST sequence with a 8.0 s irradiation pulse followed by a multishot spin-echo echo-planar-imaging (2 shots, TR=10s, TE=17.6 ms, matrix of 64×64, ST=1 mm and NEX=2). Z-spectra were acquired with RF offsets from -1500 Hz to 1500 Hz (61 images with RF offsets from -5 ppm to 5 ppm) with an interval of 50 Hz (~0.167 ppm at 7.0 T). B_{cw} was 1.6 μT. A control scan was performed by setting the RF offset to 2000 Hz. MTR_{asym} was computed using asymmetric analysis.

RESULTS: Fine structural changes (size, shape, contrast and thickness) of renal compartments were detected in UVO kidney 3 days after the obstruction (Fig.1A). The overall MTR of the UVO kidney declined and its reduction was pronounced in renal medulla (Fig.1B). The obstructed urine showed very low MTR (Fig.1B) and very high MTR_{asym} (Fig.1E). UVO kidney showed asymmetric curve across the entire Z-spectrum (Fig.1C) while control lateral (CL) kidney did not. The MTR_{asym} curve of the UVO kidney exhibited positive CEST contrast while the CEST contrast in CL kidney was much lower by comparison (Fig.1D). The red peak around ~0.3ppm was due to B₀ inhomogeneity. Figure 1E shows MTR_{asym} maps at different RF offsets. The MTR_{asym} values in CL kidneys were very low (<0.1). The cortex in CL kidney showed higher positive MTR_{asym} values at 3.5 ppm than those at 2.5 and 1.5 ppm. In contrast, higher MTR_{asym} values were observed in medulla and cortex of UVO kidney than CL kidney at ~2.5 ppm, while lower MTR_{asym} values were observed in the cortex of UVO kidney than CL kidney at ~3.5 ppm. Based on the ROI (region of interest) analysis at ~2.5 ppm, outer medulla showed lowest MTR_{asym} among different compartments in the healthy kidney (Table 1). Even though the observed MTR_{asym} values were small, their changes were significant as early as UVO day 3. The change in MTR_{asym} (at 2.5ppm) and decline of MTR in the medulla of UVO kidney (day 3) could be related to the apoptosis and necrosis pronounced at that stage.

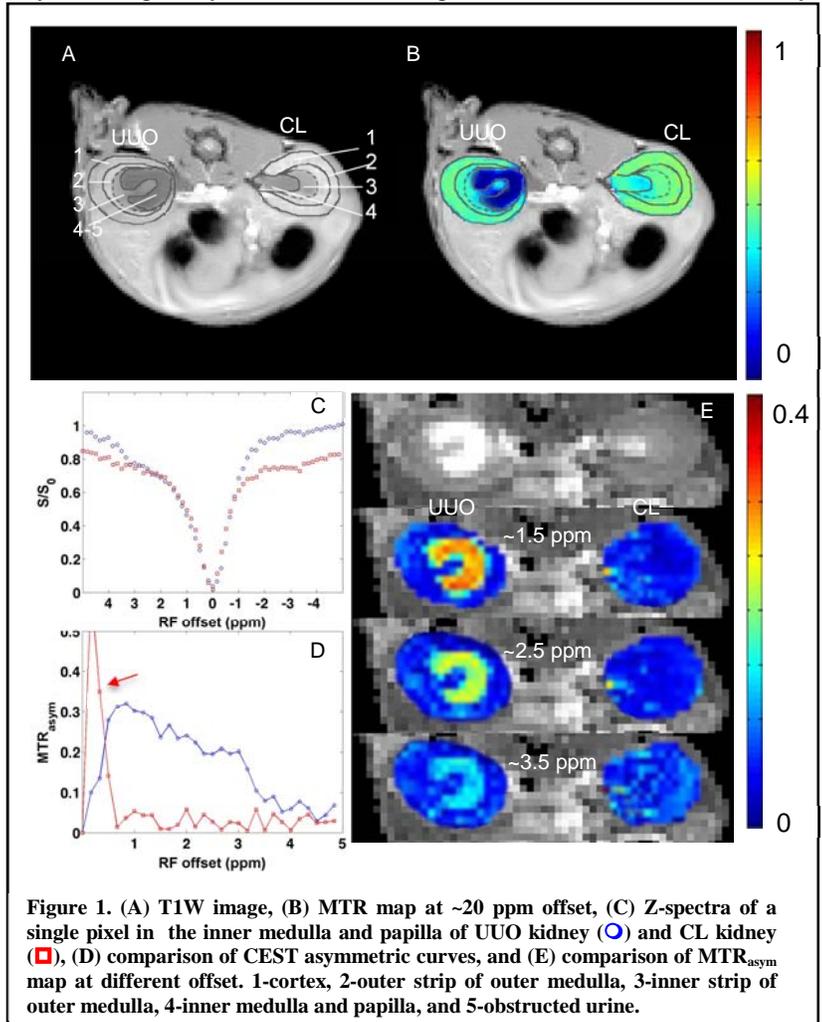


Figure 1. (A) T1W image, (B) MTR map at ~20 ppm offset, (C) Z-spectra of a single pixel in the inner medulla and papilla of UVO kidney (○) and CL kidney (□), (D) comparison of CEST asymmetric curves, and (E) comparison of MTR_{asym} map at different offset. 1-cortex, 2-outer strip of outer medulla, 3-inner strip of outer medulla, 4-inner medulla and papilla, and 5-obstructed urine.

Table 1. Comparison of MTR_{asym} at ~2.5 ppm RF offset

MTR _{asym}	CL	UVO Day 3	UVO Day 6
IM+P(U)	0.042 ± 0.043	0.187 ± 0.044	0.236 ± 0.033
OM	0.022 ± 0.019	0.072 ± 0.043	0.078 ± 0.055
C	0.039 ± 0.027	0.054 ± 0.032	0.063 ± 0.028

Note: IM-inner medulla, P-papilla, U-urine, OM-outer medulla, and C-cortex. Standard deviations are across voxels.

longitudinal evaluation of the potential of MT and CEST to assess pathology in multiple models of kidney disease that mimic abnormalities in the basement membrane.

Acknowledgements: NIH/NIDDK 1P30 DK079341

DISCUSSION: The optimized MT and CEST imaging methods used herein are suited for evaluating mouse renal structural integrity. MTR is highly related to cell apoptosis and necrosis while CEST is sensitive to mobile molecules (mainly metabolites), and therefore they should have some special contrast in kidney disease. Such imaging methods could be used for the assessment of kidney diseases associated with the variation of the components of small molecules with exchangeable protons and macromolecules. Our next step is a