

RF instrumentation for same-breath triple-nuclear lung MR imaging of ^1H and hyperpolarized ^3He and ^{129}Xe at 1.5T

Madhwesha Rao¹, Juan Parra-Robles¹, Helen Marshall¹, Neil Stewart¹, Guilhem Collier¹, and Jim Wild¹

¹University of Sheffield, Sheffield, South Yorkshire, United Kingdom

Target audience: Lung function and Imaging. Hyperpolarized noble gas community.

Purpose: The hyperpolarized gases, ^3He and ^{129}Xe have distinct properties, and provide unique and complementary functional information from the lungs¹⁻³. A double/triple-nuclear same-breath imaging exam of the lungs with ^1H , ^3He and ^{129}Xe can therefore provide exclusive functional information from each of the gas images and complementary co-registered structural information from ^1H images in the same physiological time frame⁴⁻⁶. This study describes the development of a RF instrumentation for same-breath triple-nuclear (^3He - ^{129}Xe - ^1H) MR imaging. Application to same-breath ventilation (^3He - ^{129}Xe - ^1H) imaging and same-breath ^3He - ^{129}Xe diffusion imaging are demonstrated.

Method: This work was performed on a GE signa HDx 1.5T. A flexible dual-tuned (17.65MHz and 48.62MHz) dual-Helmholtz quadrature transmit-receive (TR) coil was built in-house as shown in Figure 1(a). The TR coil has 2 traps on each of the Helmholtz pair, one-trap (47.8 MHz) to dual tune the coil at ^{129}Xe - ^3He frequencies and the other-trap (63.8 MHz) to enable ^1H imaging. Images for each of the nucleus were acquired sequentially within a single breath-hold. To switch between the ^3He and ^{129}Xe transceiver, a mechanically operated 2kW RF switch (CX-SW2PL, Watson) was incorporated. Both gases were hyperpolarized with spin-exchange-optical-pumping⁷. The gases were delivered in separate Tedlar bags and mixed at the mouth piece during inhalation as shown in Figure 1(b). ^3He had polarization of 25%. ^{129}Xe had polarization of ~50%. Pulse sequence parameters were as follows.

^3He Ventilation: SPGR, TE=1.1ms, TR=3.6ms, FOV = 40cm, slice thickness = 15mm, matrix = 104(phase) x 80, flip angle = 8°. **^{129}Xe Ventilation:** SPGR, TE=3.6ms, TR=18.9ms, FOV = 40cm, slice thickness = 15mm, matrix = 78(phase) x 64, flip angle = 9°. **^1H bright-blood:** bSSFP, TE = 0.9ms, TR = 2.9ms, FOV = 40cm, slice thickness = 15mm, matrix = 192(phase) x 256, flip-angle = 50°. Gas mixture for triple-nuclear ventilation-structure imaging was 350ml ^3He , 500 ml ^{129}Xe and 150ml N_2 . **^3He ADC:** SPGR, TE = 4.8ms, TR = 10ms, Bandwidth = 31.25kHz, FOV = 44cm, slice thickness = 15mm, matrix = 64 x 48(phase), flip angle = 9°, b value = 1.6. **^{129}Xe ADC:** SPGR, TE =

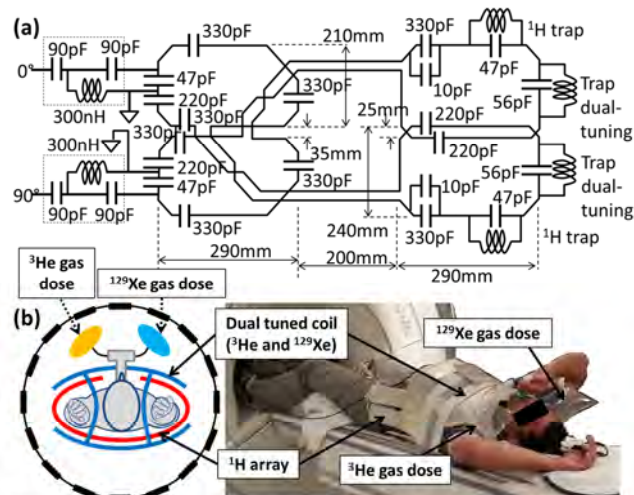


Figure 1: (a) The design of the dual tune flexible TR coil for ^{129}Xe and ^3He . (b) Illustration of coils nested and picture of the setup on the scanner.

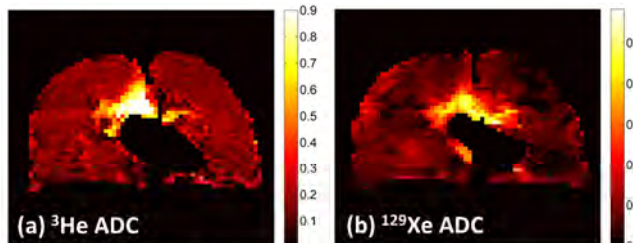


Figure 2: ADC map of ^3He and ^{129}Xe , obtained in at the same-slice and same-breath, with gas mixture of ^3He , ^{129}Xe and N_2 . (a) ^3He ADC. (b) ^{129}Xe ADC. (The colour bar indicates the respective ADC values).

diffusion – convection front in the lungs. Similarly the capability to measure the diffusivity of both gases in the same lung inflation level provides added information for measuring and modeling lung micro-structure based on their respective measured ADCs⁸. The switching time between the nuclei is 4–6s, (60% of total breath-hold) this because the RF switch is operated manually and the spectrometer limits the number of multi-nuclear transceivers simultaneously connected to the MR system. Electrically operated switches and appropriate spectrometer software engineering are being developed to reduce

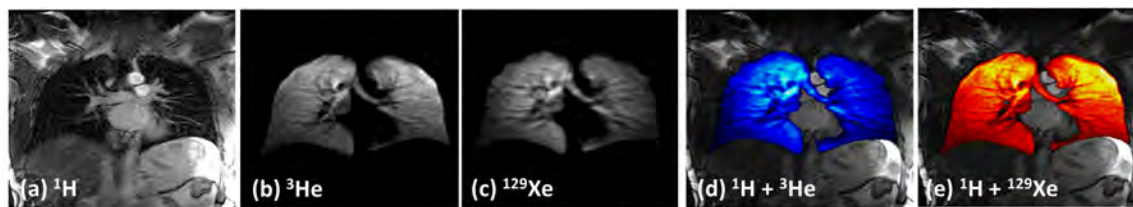


Figure 3: Co-registered ventilation and structured imaging with ^3He , ^{129}Xe and ^1H in the same-breath same-slice. (a) ^1H images from lungs. (b) ^3He images from lung. (c) ^{129}Xe images from the lungs. (d) ^3He images superimposed over ^1H images. (e) ^{129}Xe images superimposed over ^1H images

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this time overhead.

Conclusion: With a custom dual tuned ^3He and ^{129}Xe TR coil and a nested ^1H array and RF switches we have demonstrated high quality lung images from all three nuclei in the same breath.

Reference: **1.** Kauczor HU, et al. Euro Radiology 1998;8(5):820-827. **2.** Möller HE, et al. MRM