



Comparison of Several 8-element Surface Coil Configurations for Cardiac Imaging using SENSE

Peter Kellman¹, J. Andrew Derbyshire¹, H. Douglas Morris¹, Patrick J. Ledden², Elliot R. McVeigh¹

¹Laboratory of Cardiac Energetics, National Heart Lung and Blood Institute, Bethesda Maryland 20892 USA

²Nova Medical Inc, Wakefield, Massachusetts 01880 USA

INTRODUCTION

The performance of parallel imaging using sensitivity encoding (SENSE) [1] for accelerated acquisition is highly dependent on the number and geometry of surface coils. The SNR loss due to the noise amplification of the SENSE method is characterized by the g-factor. Arrays optimized for cardiac SENSE application using 6-elements have been previously described [2,3]. We present experimental cardiac imaging results comparing SENSE at various rates acquired with several different 8-element surface coil configurations, as well as a 4-coil cardiac array. SENSE was used to reduce the breath-hold time for acquiring cardiac cine images

METHODS

The coils configurations tested are shown in Fig 1. The 8-element surface coil arrays (Nova Medical Inc, Wakefield, MA, USA) were preamp decoupled with ultra-low impedance pre-amps (Nova Medical) [4,5] to minimize inductive coil-to-coil coupling while maintaining sample noise loading. Additional isolation was achieved by capacitive nulling of the inductive coupling between adjacent elements. The 4-element array was the standard GE cardiac surface coil array product.

The optimum phased array combined SNR (B1-weighted) [5] and SENSE g-factor were computed for various coil geometries and imaging plane orientations based on simulated field maps. Magnetic fields (B1-maps) for each coil were calculated using the Biot-Savart law. The sample noise correlations between coils which are used in calculating the optimum B1-weighted combining and SENSE g-factor [1] were calculated from the magnetic vector potential (A-field).

All experiments were conducted using a GE Signa CVi 1.5T MR imaging system which was modified to incorporate a high performance 8-channel digital receiver. Imaging parameters are listed in Table 1. Image reconstruction was performed off-line using MATLAB (The Mathworks, Natick, MA, USA). Several surface coils arrangements were used on a normal healthy volunteer. Care was taken to maintain the same localization for each coil configuration.

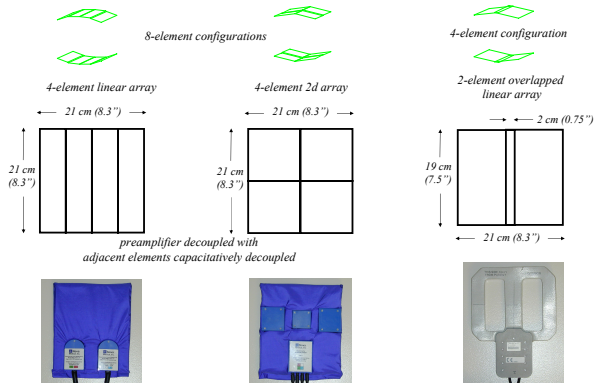


Figure 3. Block diagram showing the phased-array phase-sensitive SENSE accelerated reconstruction of IR image using a separate reference image acquired after magnetization recovery.

Table 1 Cine Imaging Parameters

scanner:	custom modified* GE Signa 1.5T
pulse sequence:	ECG Gated, Segmented SSFP (FISP)
acquisition matrix:	256 freq x 144 phase encodes
FOV:	340 x 255 mm ²
Bandwidth:	±125 kHz
spatial resolution:	1.3 x 1.8 mm ²
# cardiac phases:	34
TR:	4.1 ms
# lines per segment:	6
breath-hold duration:	24 heart beats
	12 (R=2 SENSE)
	9 (R=3 SENSE)
	6 (R=4 SENSE)

* using GE LX CVi custom modified with 8 digital receivers
Morris, HD, Derbyshire, JA, Kellman, P., Chesnick, AS, Guttman, MA, McVeigh, ER. A Wide-Bandwidth Multi-channel Digital Receiver and Real-Time Reconstruction Engine for use with a Clinical MR Scanner. ISMRM 2002.

RESULTS

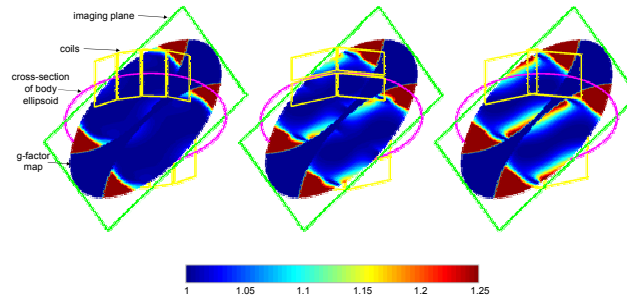


Figure 2. Simulated g-factors for rate R=2 SENSE with doubly oblique short axis cardiac imaging geometry.

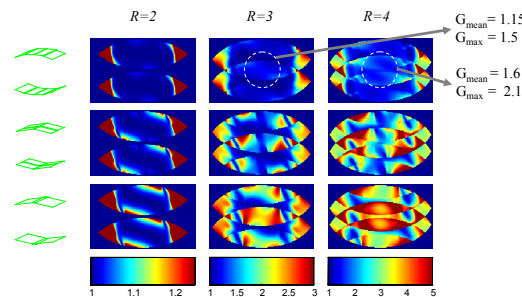


Figure 3. Simulated g-factors for rates R= 2, 3, & 4 SENSE with doubly oblique short axis cardiac imaging geometry.

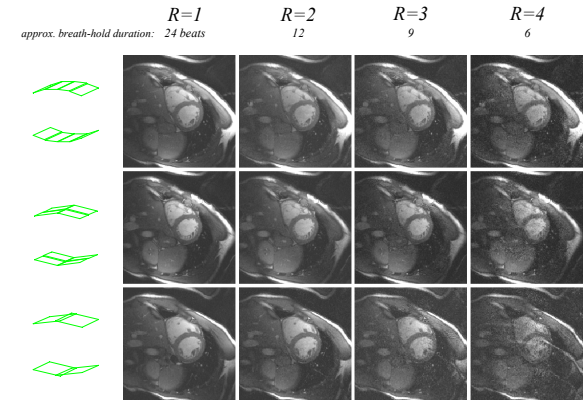


Figure 4. Short axis cardiac images with comparing SENSE, rates R=1 (full k-space), 2, 3, & 4 for various surface coil arrays.

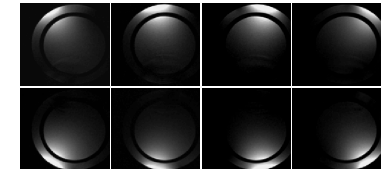


Figure 5. Axial images of cylindrical phantom with 8-element Nova 1x4 linear arrays illustrating low degree of inductive coupling.

CONCLUSIONS

- Overall array performance
 - all arrays tested had same SNR in central region (within 15%)
 - reasonable agreement with simulation
 - good pre-amp decoupling achieved
- Cardiac SENSE performance
 - 8 coils provided reasonable quality up to R=3 acceleration
 - + increased robustness to differences in coil positioning or slice orientation
 - + linear array performed slightly better for SAX slice geometries tested
 - + further testing of 2-d array planned
 - 4 coils degraded rapidly for R>2 due to ill-conditioning
 - + high sensitivity to B1-map errors reduced artifact suppression

REFERENCES

1. Pruessmann, K.P., et.al. *Magn. Reson. Med.*, 42, 952-962, 1999.
2. Weiger, M., et.al., *Magn. Reson. Med.*, 45, 495-504, 2001.
3. Pruessmann, K.P., et.al. *J. Cardiovascular Magn. Reson.*, 3, 1-9, 2001.
4. Roemer, P.B., et.al., *Magn. Reson. Med.*, 16, 192-225, 1990.
5. Ledden, P.J., et.al., *Proc 9th Annual Meeting ISMRM*, 1117, 2001.