

# *Perfusion Imaging with ASL*

*Deqiang Qiu, PhD*

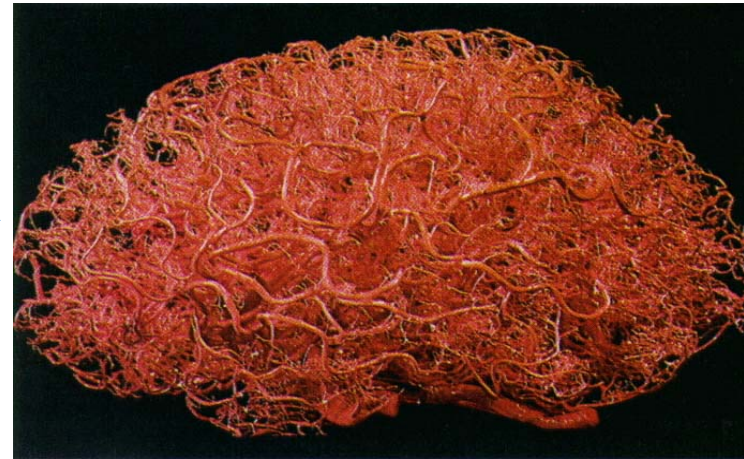
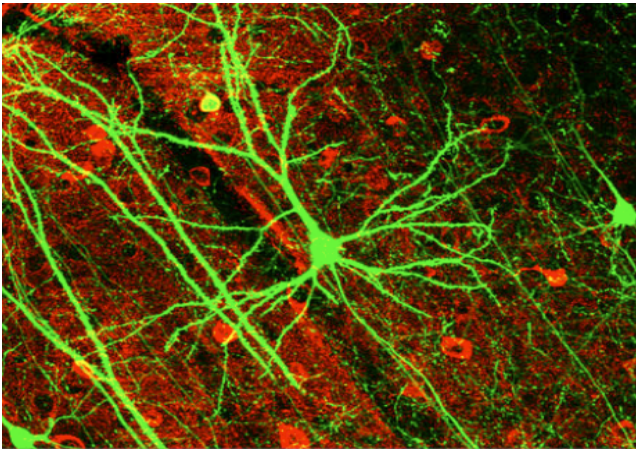
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# Vascular & Neuronal function

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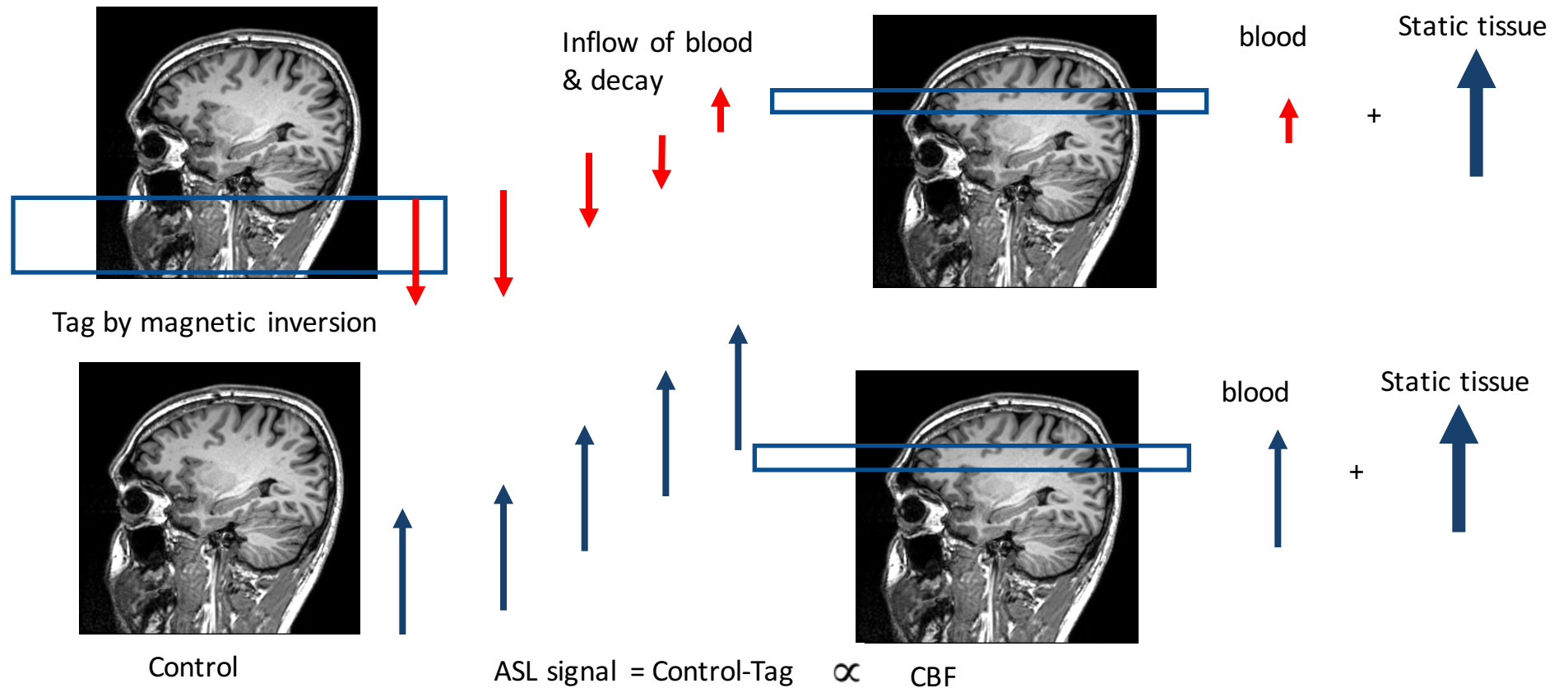


# Methods for measuring perfusion/flow

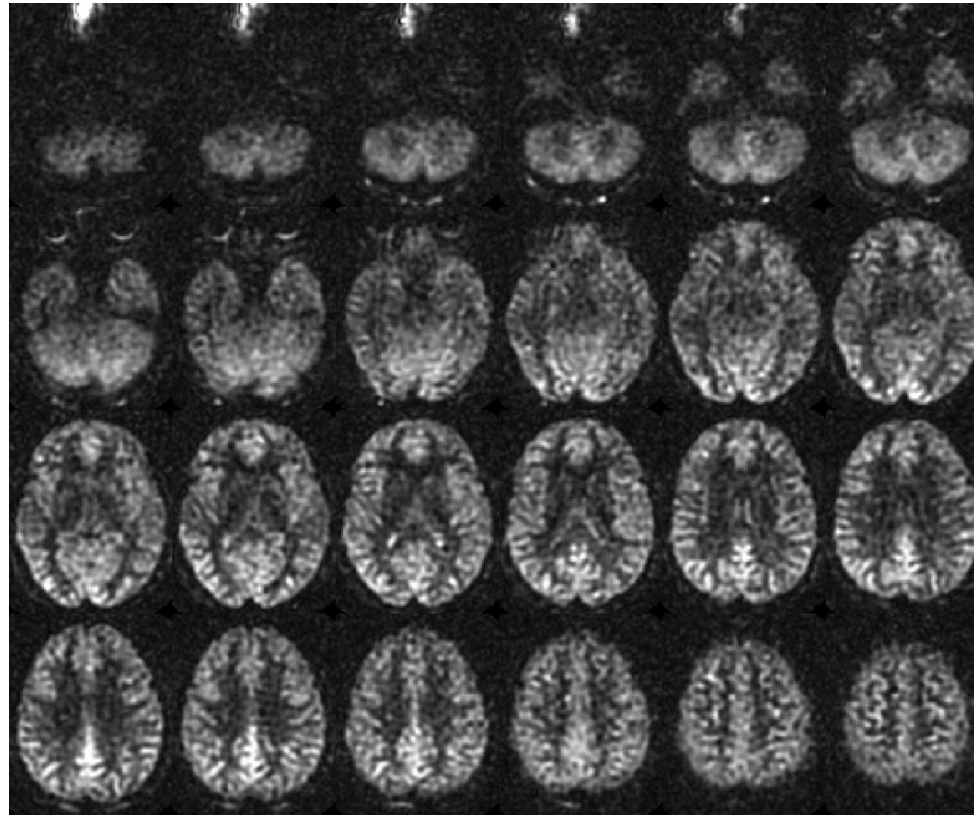
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- Arterial spin labeling
  - Use tagged water as endogenous contrast
- Exogenous Contrast Agent based method
  - Dynamic Susceptibility Contrast
  - Dynamic Contrast Enhancement (MR & CT)
- PET
  - O15 water
- Flow
  - U.S.
  - MR phase contrast

# ASL Principle

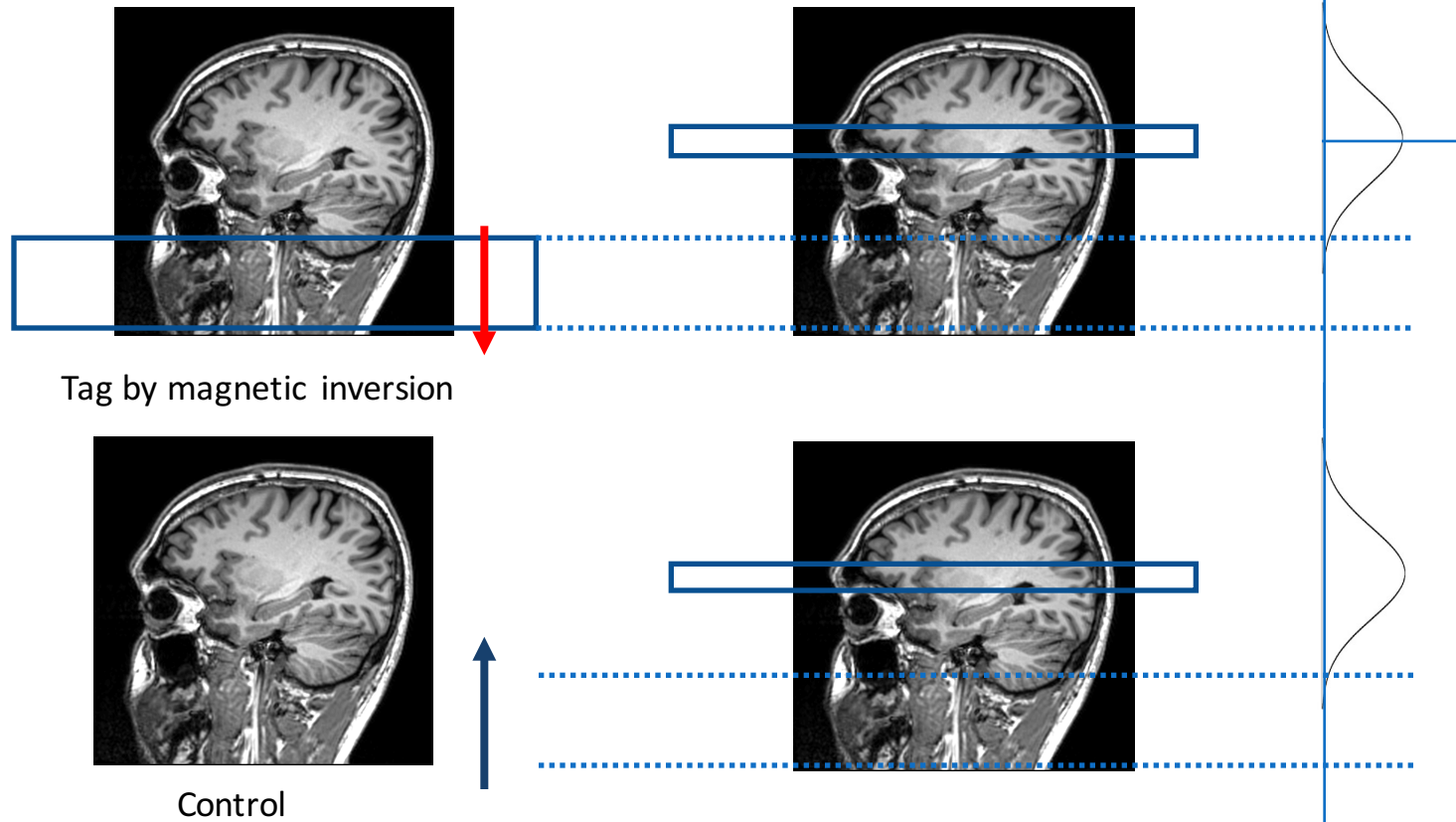


# ASL CBF images

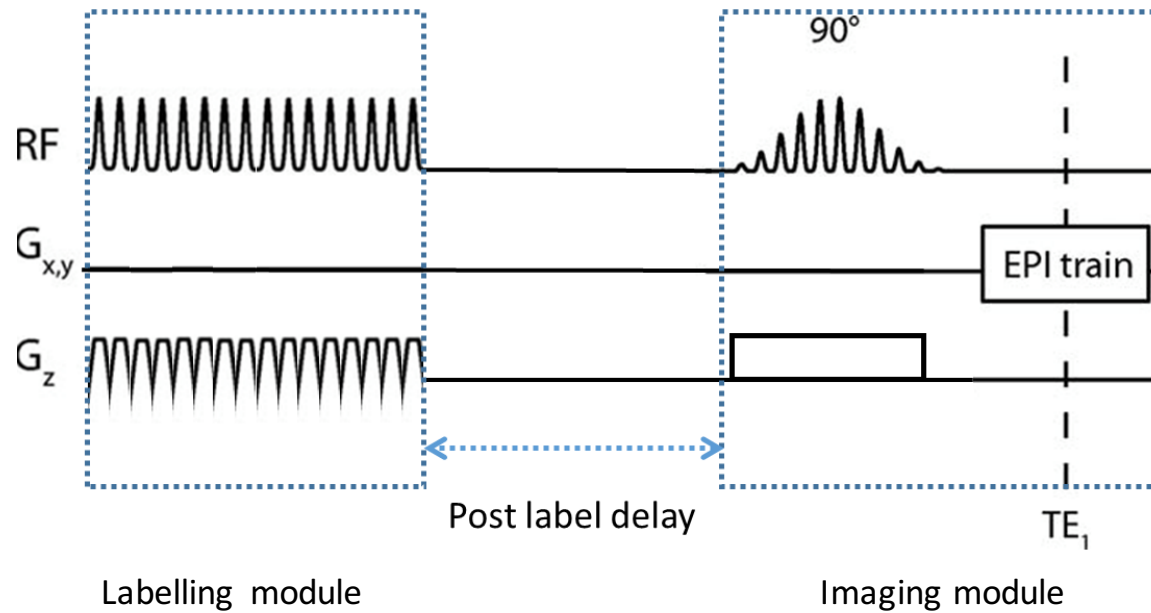


Alsop D et al. MRM. 2015

# Magnetization Transfer Effect



# General Structure of an ASL sequence



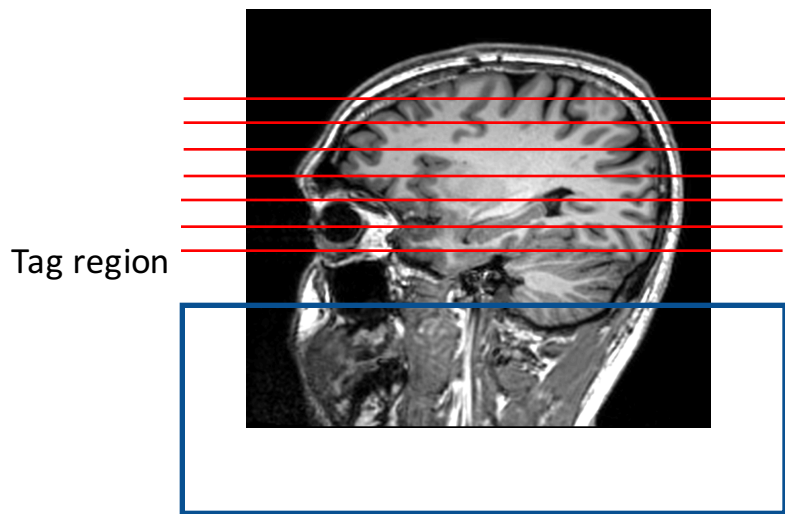
# Different Labelling Method

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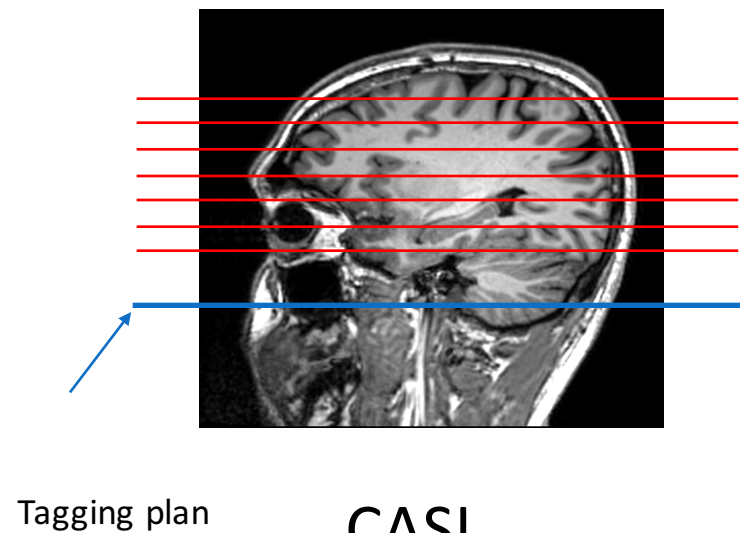
- Pulsed ASL (PASL)
- Continuously Labeled ASL (CASL)
  - Pseudo-Continuous ASL
- Velocity Selective ASL



# Pulsed ASL vs CASL

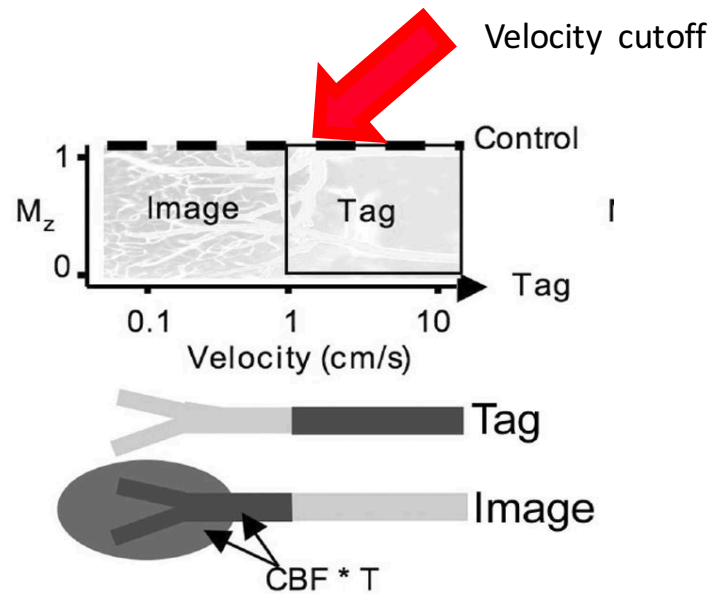


PASL



CASL

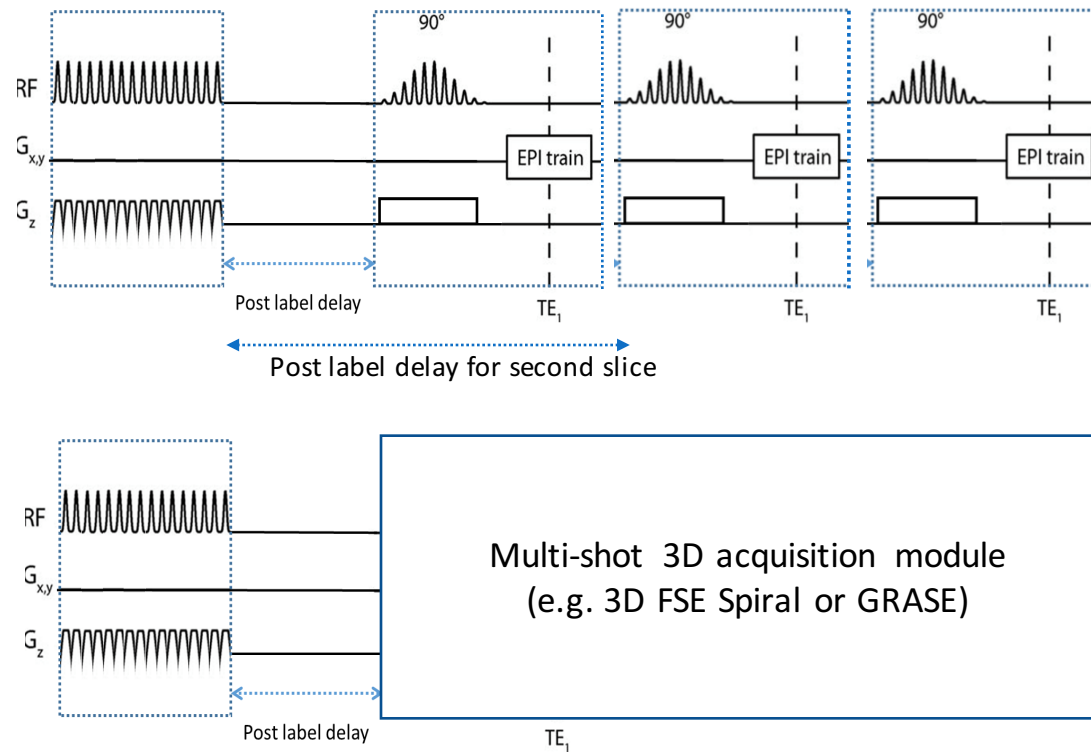
# Velocity Selective ASL



VSASL, tagging based on Velocity

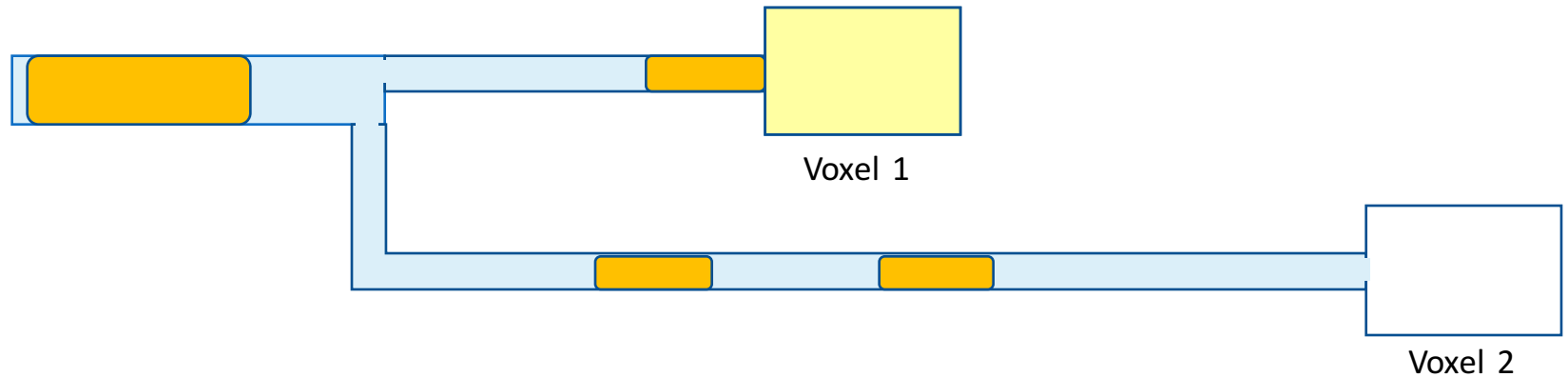
Wong E. et al, 2006. MRM

# 2D vs 3D image acquisition

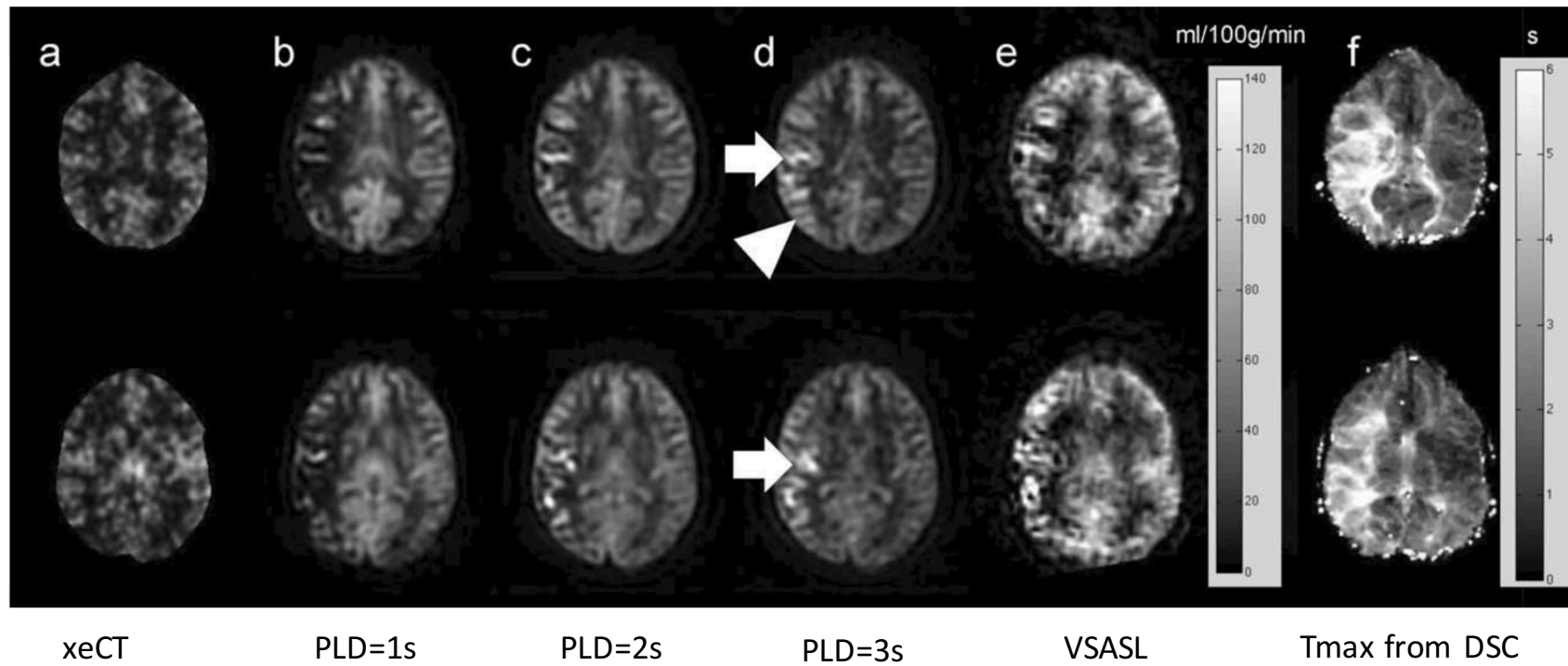


# Consideration of post label delay

- Key assumption for ASL quantification is that all tagged spins reach the destination brain regions after PLD



## Long arterial transit delay in patients with cerebrovascular disease



Qiu D et al. JMRI. 2012

# Recommended PLD

Table 1  
Recommended Labeling Parameters

Parameter	Value
PCASL labeling duration	1800 ms
PCASL PLD: neonates	2000 ms
PCASL PLD: children	1500 ms
PCASL PLD: healthy subjects <70 y	1800 ms
PCASL PLD: healthy subjects >70 y	2000 ms
PCASL PLD: adult clinical patients	2000 ms
PCASL: average labeling gradient	1 mT/m
PCASL: slice-selective labeling gradient	10 mT/m
PCASL: average B <sub>1</sub>	1.5 $\mu$ T
PASL TI <sub>1</sub>	800 ms
PASL TI	Use PCASL PLD (from above)
PASL labeling slab thickness	15–20 cm

Alsop D et al. MRM. 2015

# ASL quantification

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$$CBF = \frac{\lambda(1 - \exp(-2.0s/1.5s)) \exp(PLD/T_{1blood}) \Delta S}{2\alpha T_{1blood}(1 - \exp(-TL/T_{1blood}))} \frac{\Delta S}{S_0}$$

Qiu D et al. JMRI. 2012

