## <sup>23</sup>Na MRI

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# Imaging of Ions (Na+, K+) Why?

- Function of Na+/K+-pump / cell viability
- Cell membrane potential

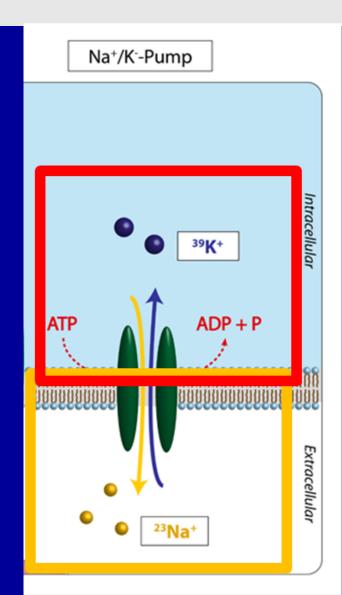
lon	C <sub>extrac.</sub> (mM)	C <sub>intrac.</sub> (mM)	E <sub>ion</sub> (mV)
K <sup>+</sup>	3.5 - 5	140	-95
Na⁺	145	10 - 15	+60



Ion concentrations: early marker in many disease processes

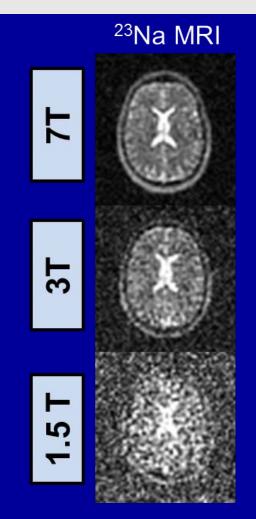


**Kidneys**: control of electrolyte concentrations



## NMR Properties of <sup>23</sup>Na and <sup>39</sup>K

	<sup>23</sup> Na	39 <b>K</b>	<sup>1</sup> H
NMR-sensitivity [%]	9.3	0.05	100
concentration [M]	0.02 - 0.3	≈ 0.1	80
relative SNR	0.01 - 0.1	≈ 10 <sup>-3</sup>	100





Pulse sequences<sup>2</sup>: SNR 1/ TE ↓

Dedicated hardware

### RF Coils for Renal <sup>23</sup>Na MRI



Maril et al. Magn Reson Med 2006

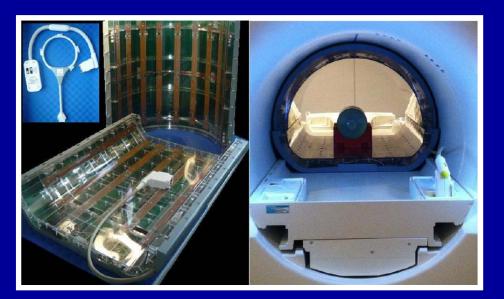


Böhmert et al. Magn Reson Med 2019



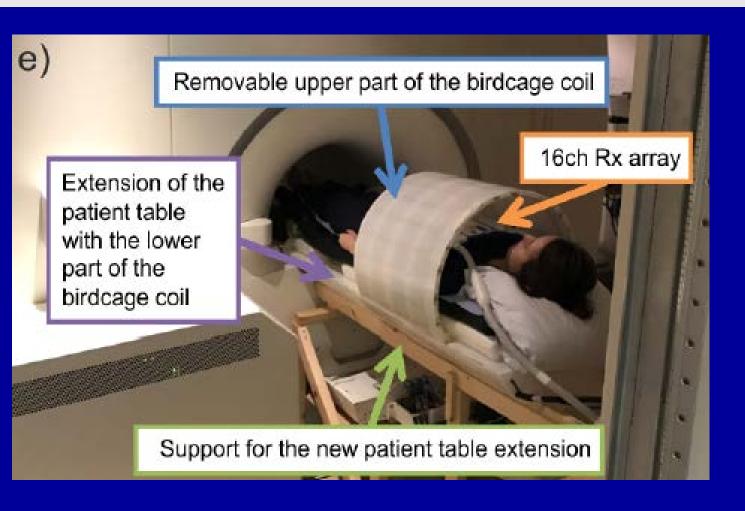


Platt et al. Magn Reson Med 2018



Wetterling et al. Phys Med Biol 2012

# Whole-Body Transmit Coil and 16-Element Receive Array (31P MRS)



#### Quintuple tuned body array



MetaScan Project/ UMC Utrecht

## Why MRI of Ion Concentrations?

- Blood samples?
  - > 1 billion examinitions per year
  - cheap
  - fast
  - *ex vivo*; only from extracellular body fluids (e.g. blood serum, urine, CSF)
  - No information about intracellular or total tissue ion concentration

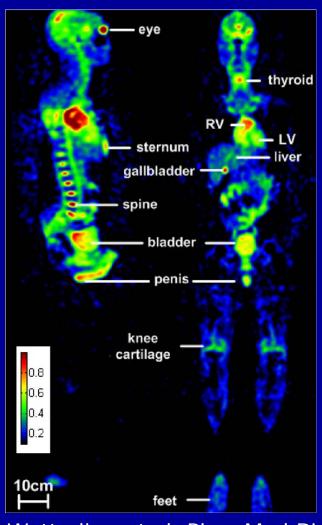


## <sup>23</sup>Na MRI Renal Imaging/ Applications in Renal Diseases

Direct Renal Imaging

■ Effects of Renal Diseases on tissue Na+ homeostasis





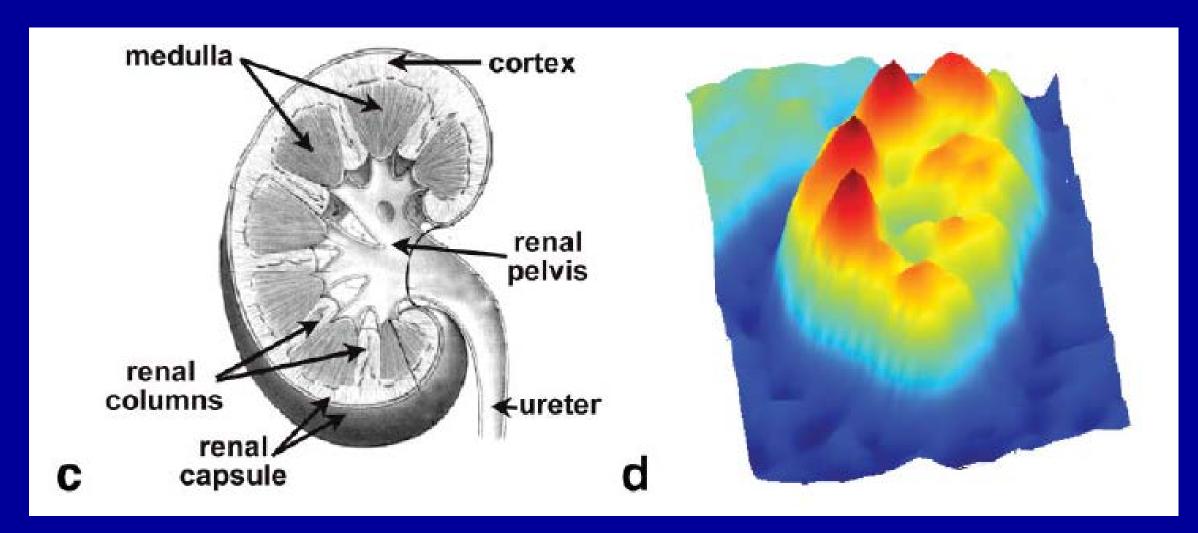
## <sup>23</sup>Na MRI Renal Imaging/ Applications in Renal Diseases

■ Direct Renal Imaging

■ Effects of Renal Diseases on tissue Na<sup>+</sup> homeostasis

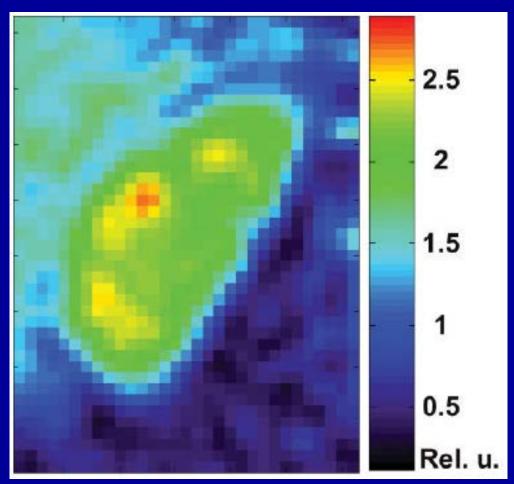


## Renal <sup>23</sup>Na MRI Concentration Gradient: From Cortex to Medulla

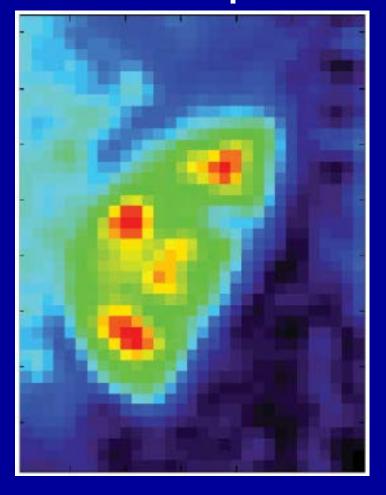


### Renal <sup>23</sup>Na MRI

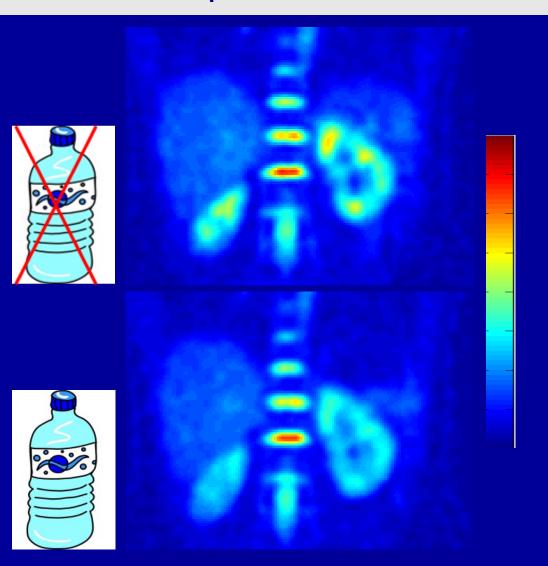
#### normal conditions



### 12h water depriviation



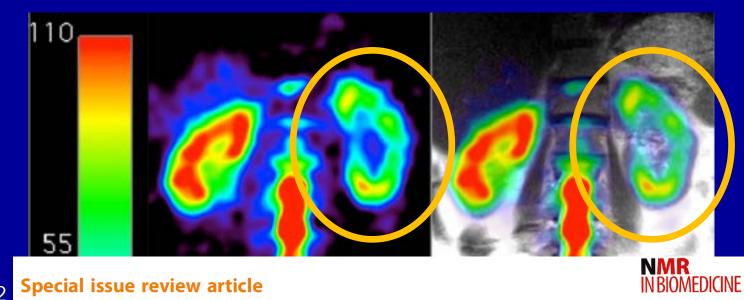
## Renal <sup>23</sup>Na MRI Water Deprivation vs. Water Load



## Renal <sup>23</sup>Na MRI After Radiotherapy/ After Kidney Transplantation

Cortico-medullary Na+ gradient & Na+ concentration:

- decreased after kidney
   transplantation<sup>1</sup>
- decreased after radiotherapy<sup>2</sup>



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### **Quantitative sodium MRI of kidney**

Frank G. Zöllner<sup>a</sup>\*, Simon Konstandin<sup>a,b</sup>, Jonathan Lommen<sup>a</sup>, Johannes Budjan<sup>c</sup>, Stefan O. Schoenberg<sup>c</sup>, Lothar R. Schad<sup>a</sup> and Stefan Haneder<sup>c,d</sup>

2) Zöllner et al. NMR Biomed 2016

## <sup>23</sup>Na MRI Renal Imaging/ Applications in Renal Diseases

■ Direct Renal Imaging

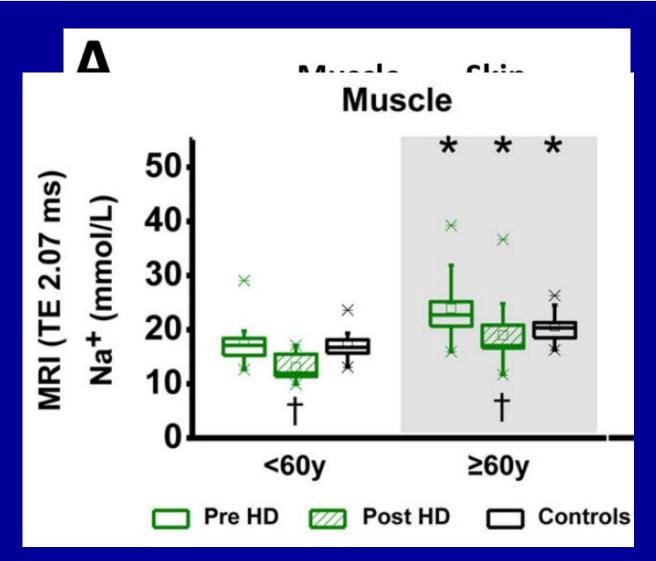
Effects of Renal Diseaseson tissue Na+ homeostasis



# Tissue Na+ (Calf Muscle) Pre and Post Hemodialyis

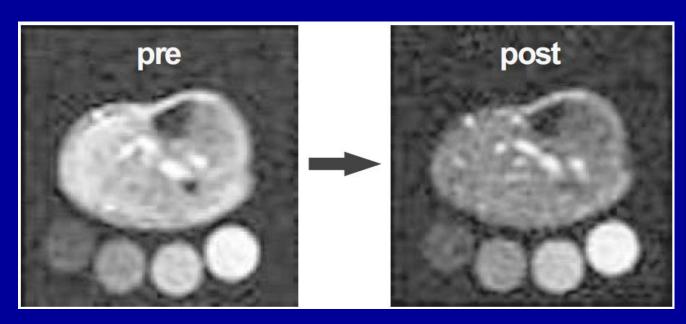
- HD treatment reduced tissue Na+
- Post HD Na<sup>+</sup> (< 60 years)

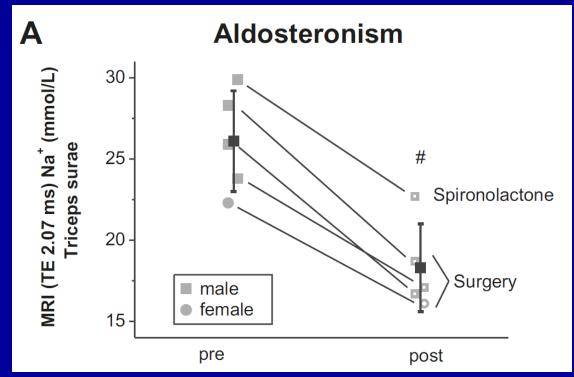
  lower than Na<sup>+</sup> in controls



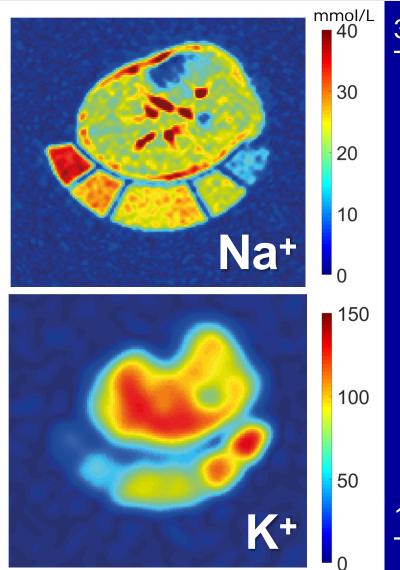
## Conn's Syndrom

- adrenal glands: excess production of the hormone aldosterone
- increased Na<sup>+</sup> reabsorption and K<sup>+</sup> secretion





## Combined <sup>23</sup>Na/ <sup>39</sup>K MRI



3x3x20 mm<sup>3</sup> T<sub>aq</sub>= 7 min 56 s



10x10x40 mm<sup>3</sup> T<sub>aq</sub>= 10 min 40s

#### Conclusion

#### <sup>23</sup>Na MRI

■ Requires dedicated hard- and software

■ Provides interesting insights into tissue ion homeostasis

Valuable research tool/ potentially future clinical tool

#### <sup>39</sup>K MRI

■ Research Tool at UHF (≥ 7 Tesla)