

MEETING ABSTRACT

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Direct evaluation of MR-derived attenuation correction maps for PET/MR of the mouse myocardium

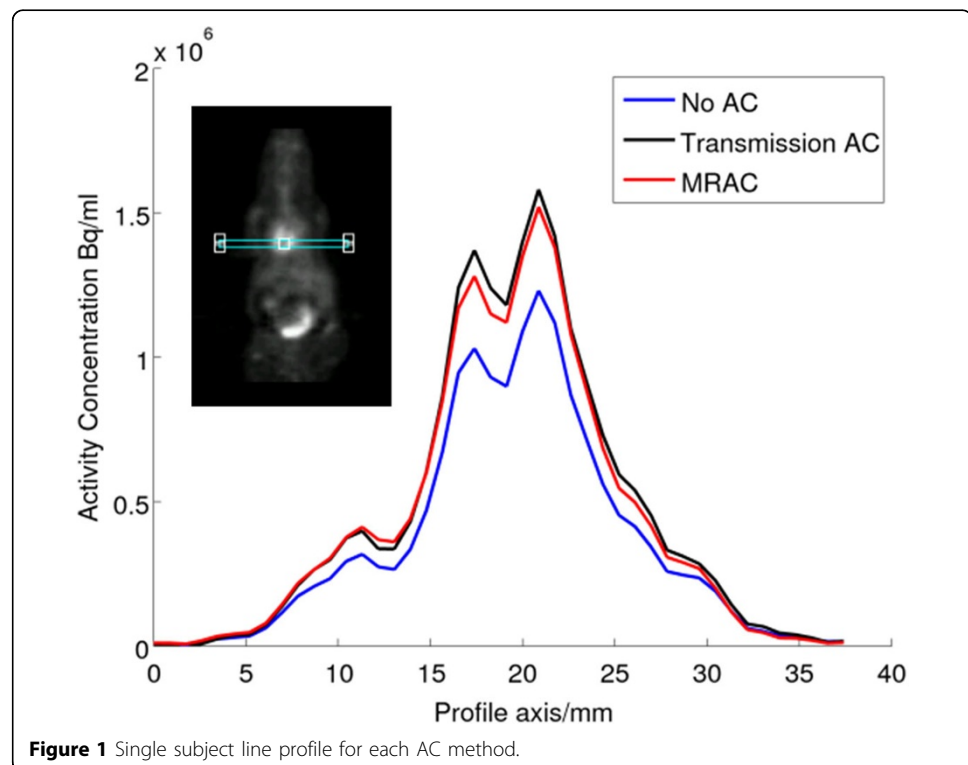
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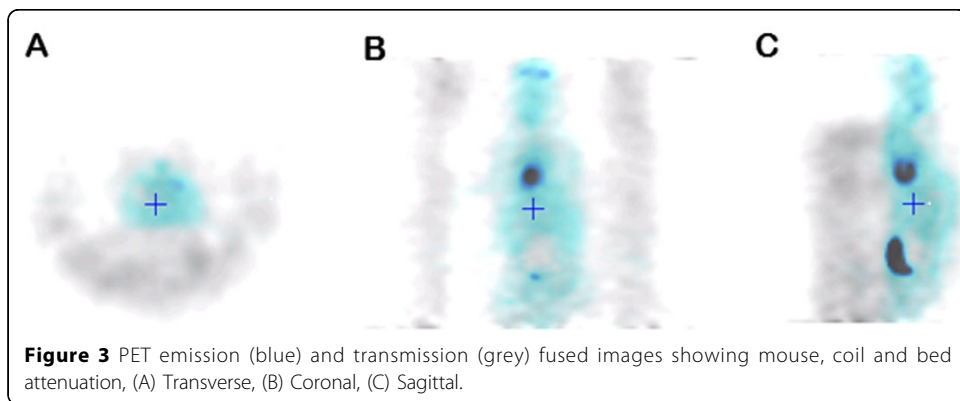
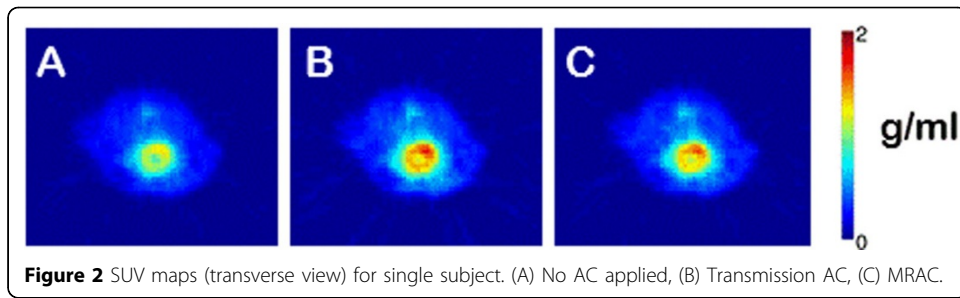
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Attenuation correction (AC) must be applied to provide accurate measurements of PET tracer activity concentrations. Due to the limited space available in PET/MR scanners, MR-derived AC (MRAC) is used as a substitute for gold standard transmission source scans [1]. We compared MRAC to transmission scans to evaluate its performance in mouse myocardium studies.

PET SUV values derived for 10 mice [2] using whole body MRAC maps were compared to those attained using AC maps from a transmission source. 3D FISP was





acquired using a 4.7T Bruker BioSpec before the mouse was transferred on a standard Bruker animal bed (with single loop surface coil) to the Cambridge split magnet PET/MR [3]. A 10 minute transmission scan (^{68}Ge) was performed. Emission data was acquired for 45 minutes following $\sim 25\text{MBq}$ ^{18}F -FDG administration.

MRAC comparison Following co-registration using SPMMouse [4], MR data were forward projected into 3D PET sinograms and thresholded to create an AC map, defined as a single region of tissue with uniform attenuation co-efficient of 0.095cm^{-1} . SUV values were calculated from summed PET images (last 20 minutes) and compared on a voxel by voxel basis between images without AC, with transmission source AC, and with MRAC.

A $22.6 \pm 0.9\%$ (mean \pm SD) improvement in mouse myocardium SUV values (shown in Figures 1 and 2) was seen by applying transmission AC and a $18.5 \pm 0.9\%$ improvement using MRAC, compared to not applying AC. The global attenuation correction over the whole mouse body was $20.7 \pm 0.7\%$ using transmission AC and $16.5 \pm 1.3\%$ using MRAC. Differences of up to 40% (mean: $30.1 \pm 4.4\%$, range: 27-40%) were seen adjacent to the RF coil (see Figure 3).

Conclusion

A simple, one region MRAC approach provided acceptable AC compared to transmission scanning for myocardial imaging in mice.

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