

## Assessment of LR-TGV reconstruction on preclinical compressed sensing <sup>1</sup>H-FID-MRSI at 14.1T

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### BACKGROUND & AIMS

<sup>1</sup>H-FID-MRSI is subject to limitations with regards to low signal-to-noise ratio (SNR), resolution and long acquisition times, especially for whole brain MRSI where acceleration strategies are necessary. **Compressed sensing (CS)** is a common acceleration technique<sup>1,2,3</sup> and has recently found application in the preclinical realm<sup>4</sup>. **CS** can be combined with spatial-spectral encoding techniques for increased acceleration<sup>5</sup> and/or **with reconstruction algorithms such as Low Rank Total Generalized Variation (LR-TGV)** for an SNR increase<sup>2</sup>.

The purpose of the present study is to **compare two independent reconstruction techniques** applied for CS (LR-TGV and Bruker built-in Image Reconstruction) in their ability to generate reproducible metabolic maps from **in vivo preclinical <sup>1</sup>H-FID-MRSI dataset acquired at UHF**. We believe that this study will be of benefit for the MRSI community, more specifically for those who **focus on accelerated acquisition and reconstruction**.

### METHODS

#### Acquisition Parameters :

- **2D FID <sup>1</sup>H-MRSI** (31x31 / FOV : 24x24 mm / VAPOR Water suppression / TR = 813ms / TE = 1.3ms / Hamming filter applied)
- **Under-sampling : 50%** (with 20% of volume sampled at the center)
- 13min/acq. (RAW) → **6.5min/acq. (CS)**

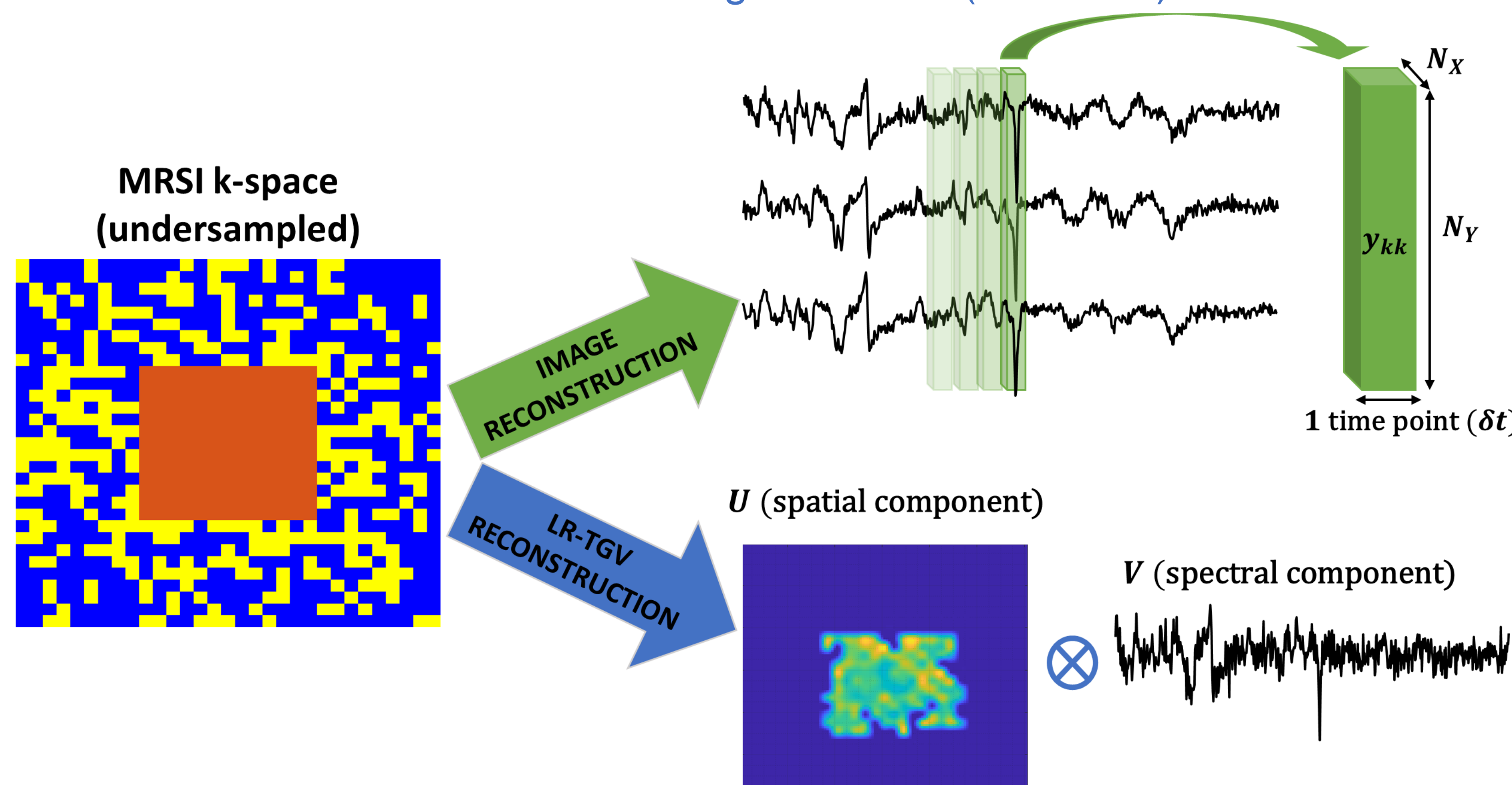
**Processing done with the MRS4Brain Toolbox** (HSVD water sup., with LipSup. for LR-TGV only, LCModel quantification & Atlas-based segmentation)

#### Image Reconstruction<sup>6</sup> : $\min_s \|\mathcal{F}_u S - y_{kk}\|_2^2 + \lambda \|\Psi S\|_1$

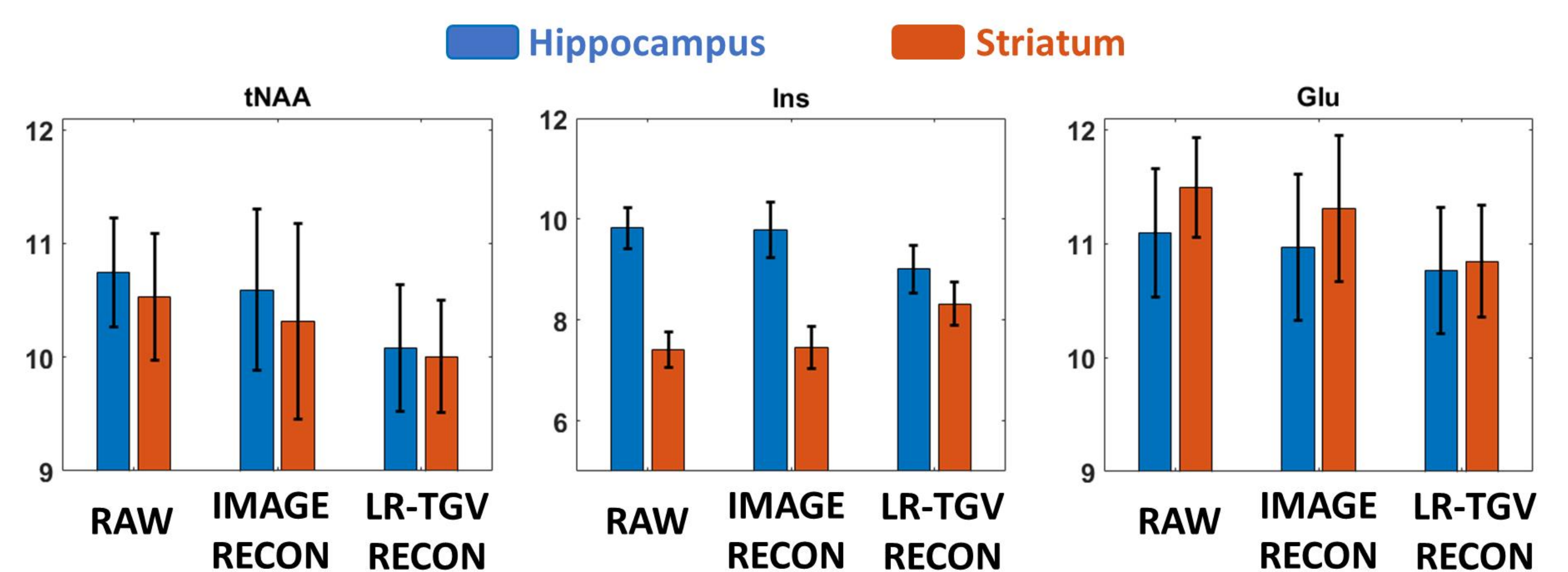
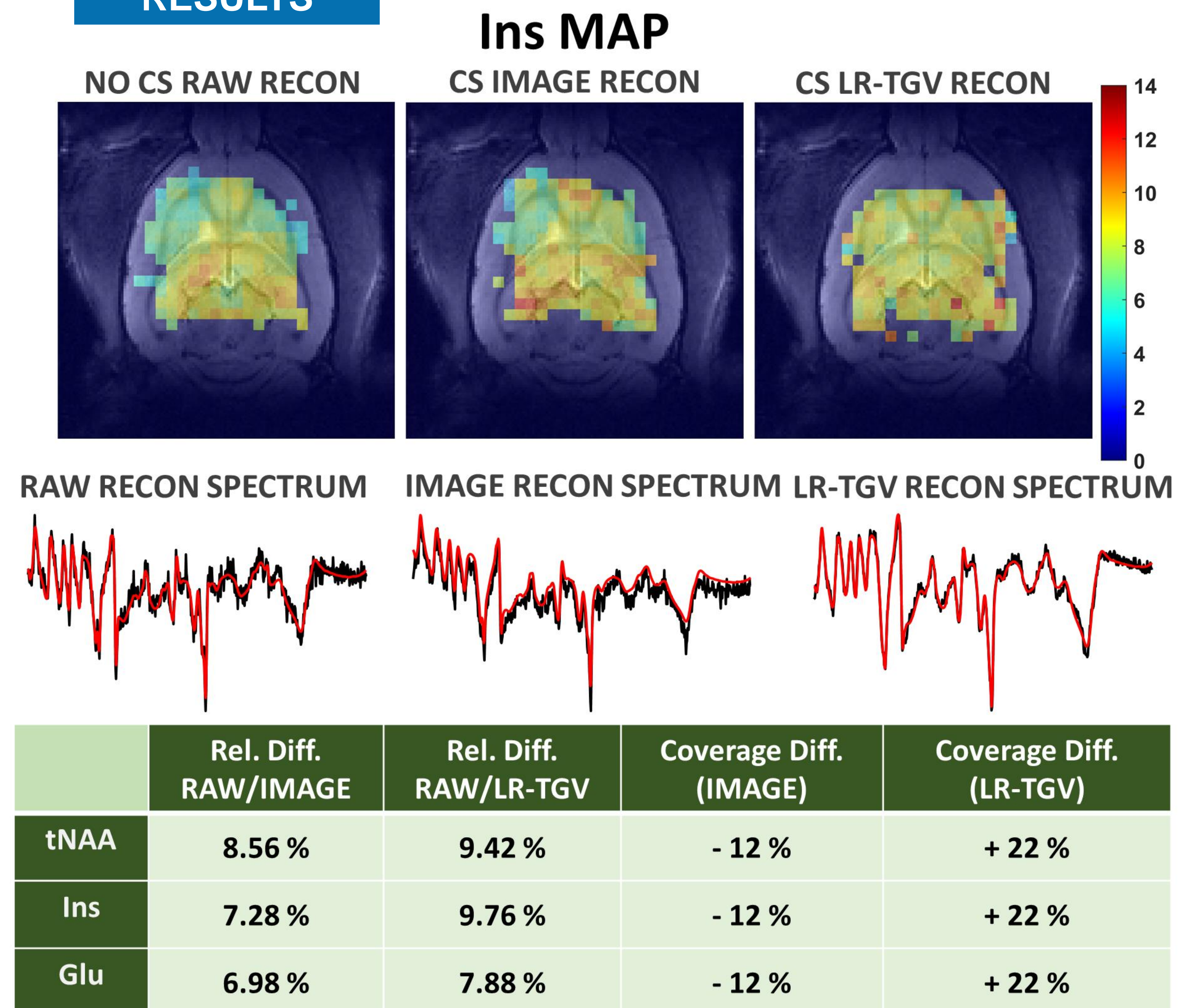
- Each time point treated as an image ( $y_{kk}$ ), regularization by wavelet transform ( $\lambda = 10^{-3}$ )

#### LR-TGV Reconstruction<sup>2</sup> : $\min_{U,V} \|\mathcal{F}B(UV) - y\|_2^2 + \lambda \sum_{n=1}^K TGV^2\{U_n\}$

- Signal  $\rho = UV$ , Rank :  $K = 20$
- Total Generalized Variation Regularization ( $\lambda = 10^{-3}$ )



### RESULTS



- **Difference** in concentration estimates **below 10%** for both reconstructions (over the slice)
- Increased coverage for LR-TGV Recon (denoising)
- **No significant differences between reconstructions** for tNAA, Ins & Glu
- Increase in concentration estimate SD for IMAGE Recon, decrease in SD for LR-TGV

### CONCLUSION

Both reconstruction managed to **recover metabolite maps and estimates** comparable to the RAW set. IMAGE Recon allowed for a more consistent coverage, while LR-TGV Recon decreased the SD. Both allowed **sub-10 minutes acquisition**, enabling higher averages & resolution.

#### References:

1. Sharma SD et al. *Invest Radiol.* 2013 Sep;48(9):638-45. doi: 10.1097/RLI.0b013e31828a012d.
2. Klauser A et al. *J Magn Reson.* 2021 Oct;331:107048. doi: 10.1016/j.jmr.2021.107048.
3. Hatay GH et al. *Med Biol Eng Comput.* 2017 Aug;55(8):1303-1315. doi: 10.1007/s11517-016-1591-9.
4. Alves B et al. *NMR Biomed.* 2024 Jul 23:e5211. doi: 10.1002/nbm.5211.
5. Klauser A et al. *ArXiv [Preprint].* 2023 Dec 21:arXiv:2305.13822v2. PMID: 37292485; PMCID: PMC10246065.
6. Lustig M et al. *Magn Reson Med.* 2007;58(6):1182-1195. doi:10.1002/mrm.21391