

# Preclinical X-Ray Computed Tomography

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[www.dkfz.de/ct](http://www.dkfz.de/ct)



DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT

# Is CT a Molecular Imaging Modality?

Imaging Modality	Molecular Sensitivity	Reference
PET	$10^{-11}$ - $10^{-12}$ mol/L	1
SPECT	$10^{-10}$ - $10^{-11}$ mol/L	1
Bioluminescence Imaging	$10^{-9}$ - $10^{-11}$ mol/L	2
Ultrasound	$10^{-8}$ mol/L	3
MRI	$10^{-3}$ - $10^{-5}$ mol/L	1
CT	$10^{-3}$ mol/L	4

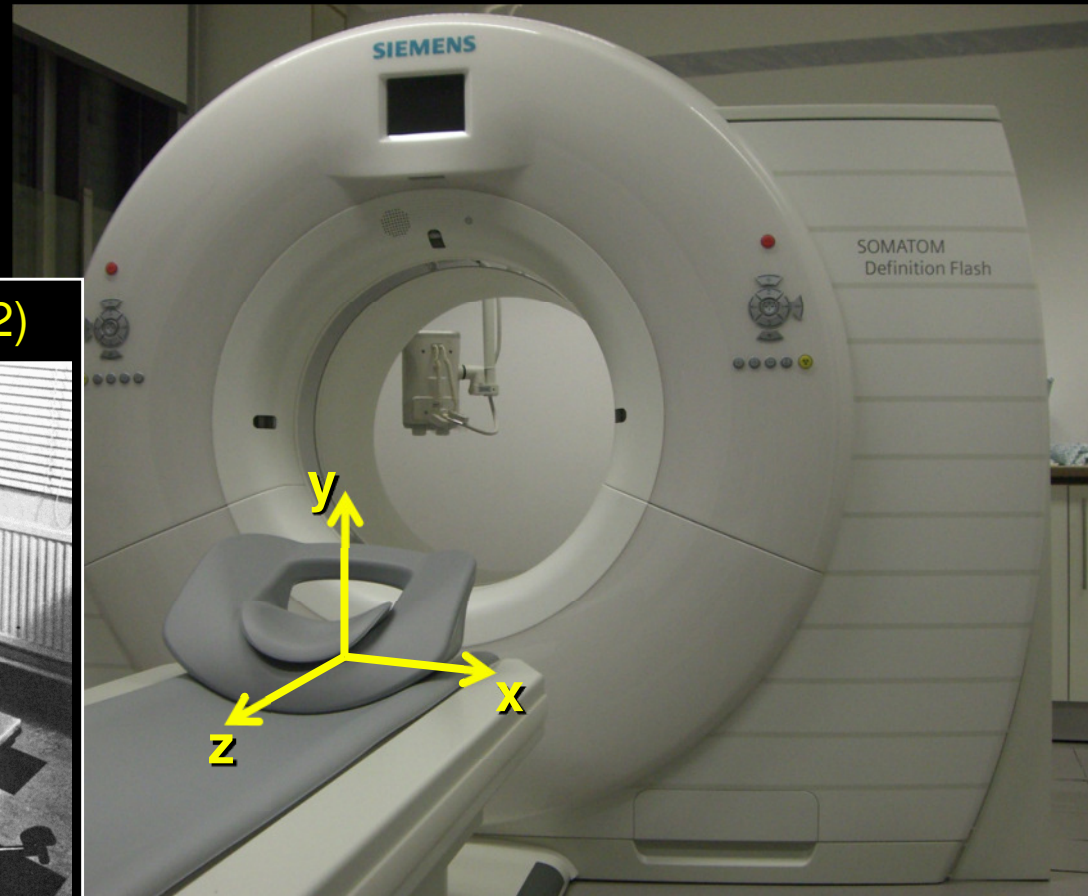
- 1 C. S. Levin, "New Imaging Technologies to Enhance the Molecular Sensitivity of Positron Emission Tomography," *Proc. IEEE* 96(3), 439-467 (2008).
- 2 D. S. Wang, M. D. Dake, J. M. Park, and M. D. Kuo, "Molecular Imaging: A Primer for Interventionalists and Imagers," *J. Vasc. Interv. Radiol.* 17, 1405-1423 (2006).
- 3 G. Schmitz, "Ultrasonic imaging of molecular targets," *Basic Res. Cardiol.* 103, 174-181 (2008).
- 4 L. Fass, "Imaging and cancer: A review," *Molecular Oncology* 2, 115-152 (2008).

Siemens 2·2·64=256-slice  
dual source cone-beam spiral CT(2008)

EMI parallel beam scanner (1972)

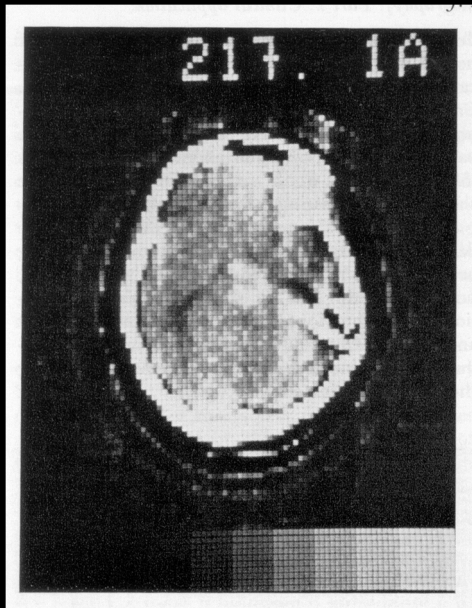


180 views per rotation in 300 s  
2×160 positions per view  
384 B/s data transfer rate  
113 kB data size



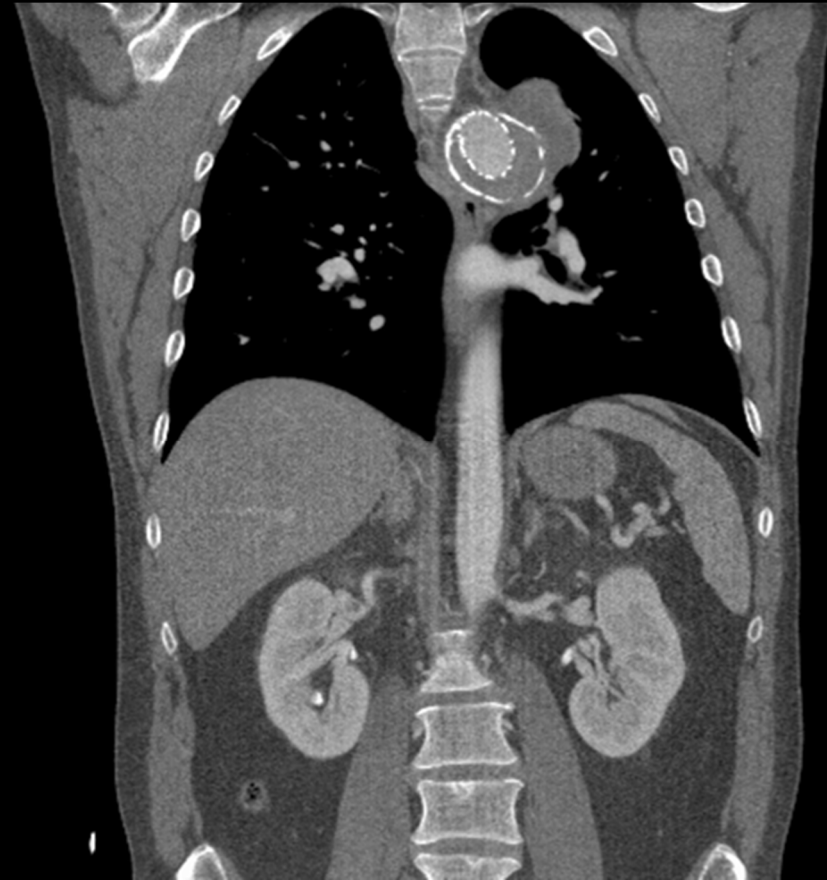
1152 views per rotation in 0.28 s  
2·64×(736+480) 2-byte channels per view  
600 MB/s data transfer rate  
5 GB data size typical

EMI parallel beam scanner (1972)



180 views per rotation in 300 s  
2×160 positions per view  
384 B/s data transfer rate  
113 kB data size

Siemens 2·2·64=256-slice  
dual source cone-beam spiral CT(2008)



1152 views per rotation in 0.28 s  
2·64×(736+480) 2-byte channels per view  
600 MB/s data transfer rate  
5 GB data size typical

**GE Discovery**



**Toshiba Aquilion ONE Vision**



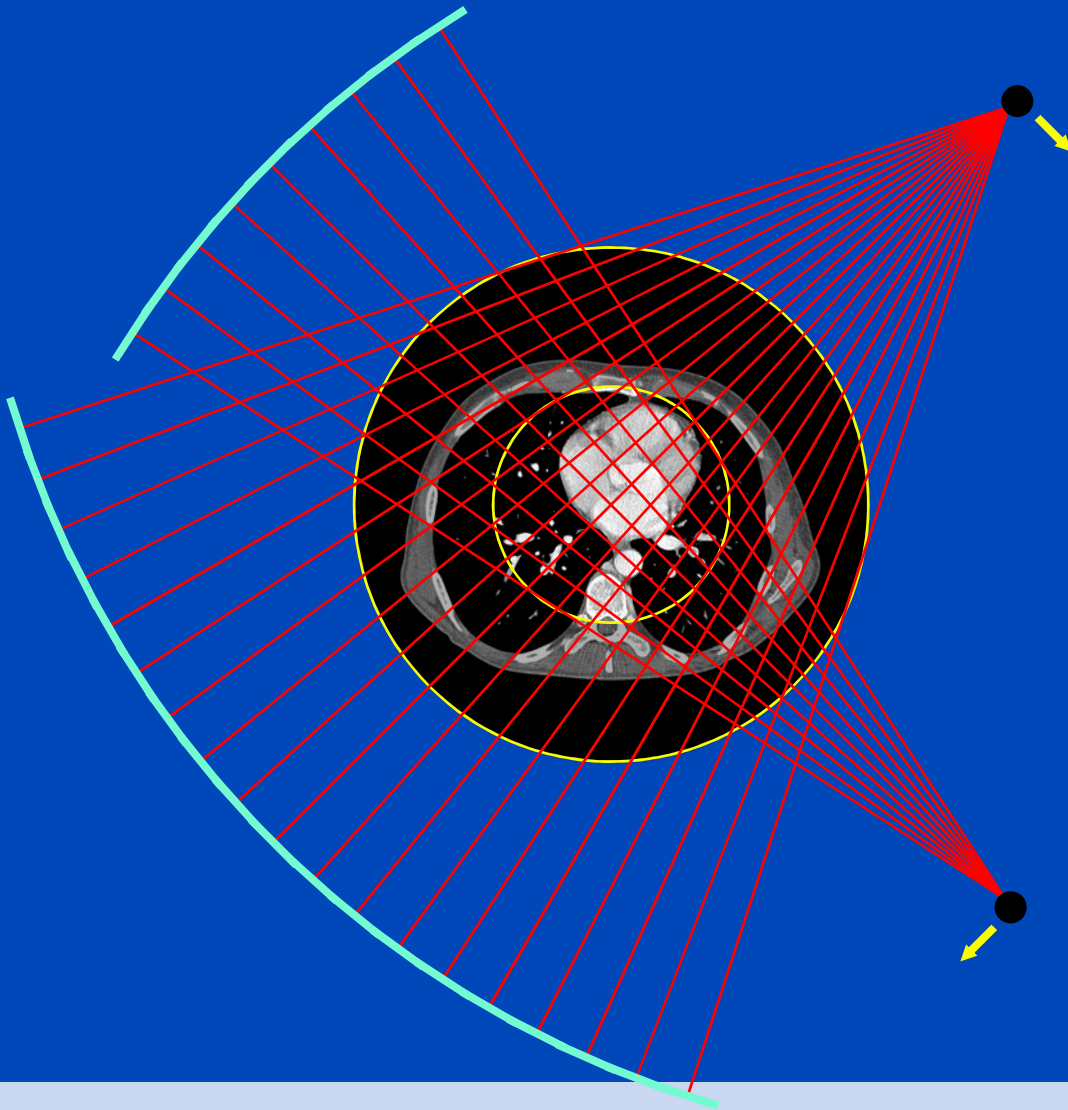
**Philips Brilliance iCT**



**Siemens Definition Flash**



# Multi-Threaded CT Scanners and Dual-Source-CT



Siemens SOMATOM Definition Flash  
dual source cone-beam spiral CT scanner

Dual-Source-CT

Flash Mode

280 ms Rotation

Partial scan reconstruction

70 ms temporal resolution

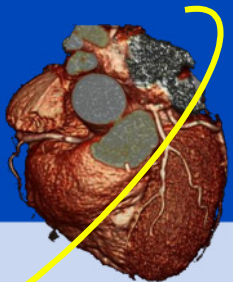
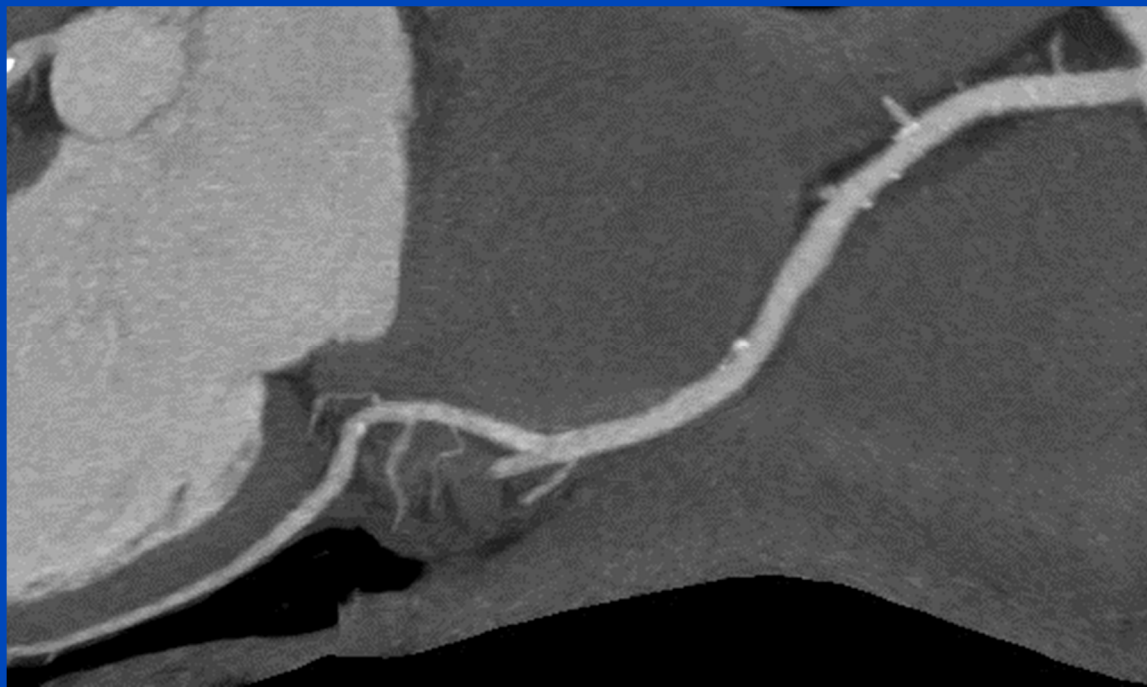
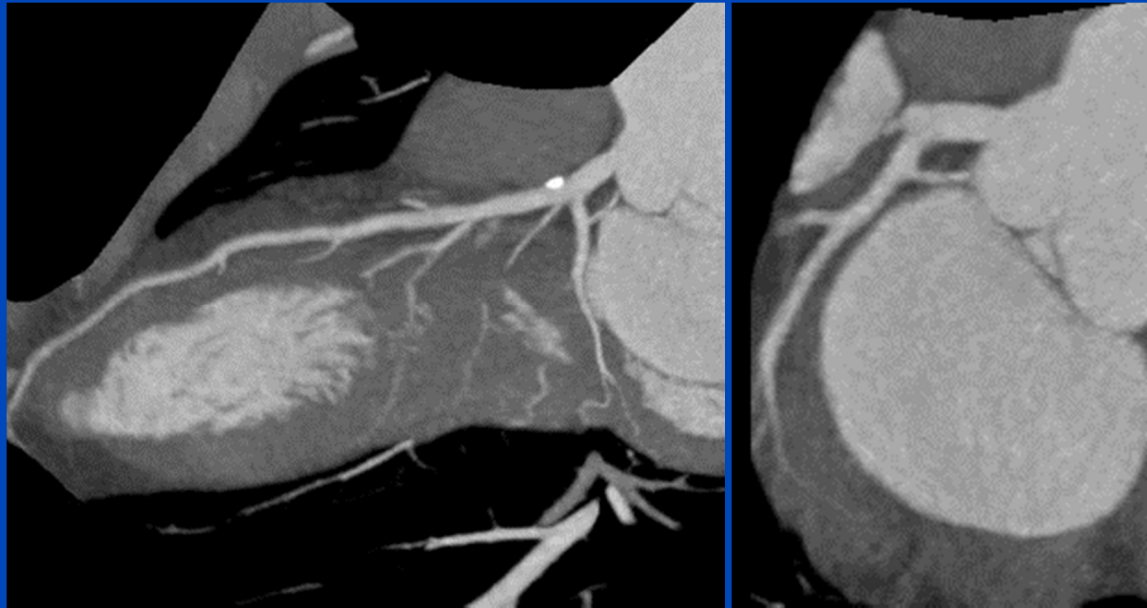
Pitch = 3.2 (43 cm/s)

320 mAs, 100 kV

10.6 cm scan range

DLP = 64 mGy·cm

$D_{\text{eff}} = 0.89 \text{ mSv}$



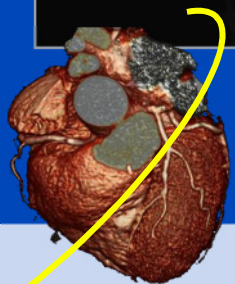
Data courtesy of Dr. Stephan Achenbach, Erlangen, Germany

dkfz.



No sedation

Courtesy of Armed Police Forces Center/ Beijing, China



Child, 12 months

Temporal resolution: 75 ms

Collimation: 2.64×0.6 mm

Spatial resolution: 0.6 mm

Scan time: 0.23 s

Scan length: 78 mm

Rotation time: 0.28 s

80 kV, 36 mAs / rotation

Flash Spiral

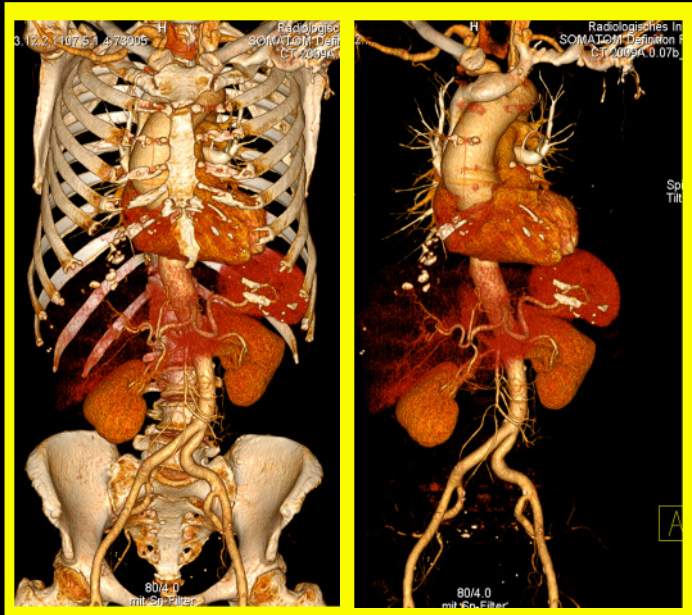
Eff. dose: 0.05 mSv



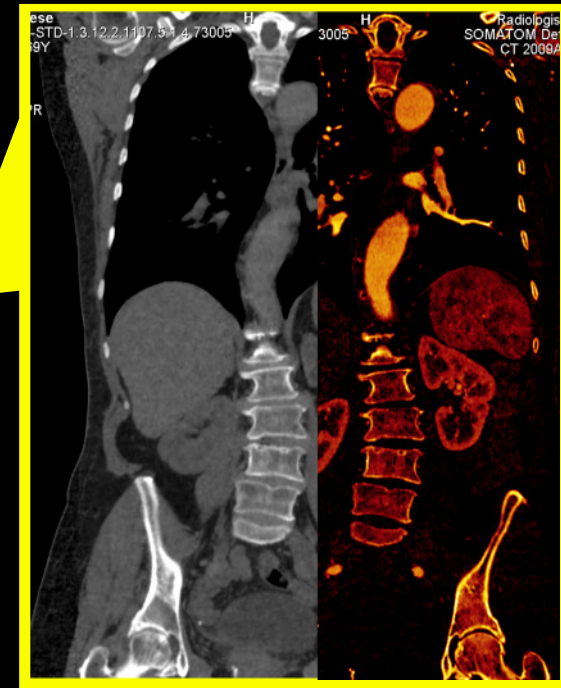
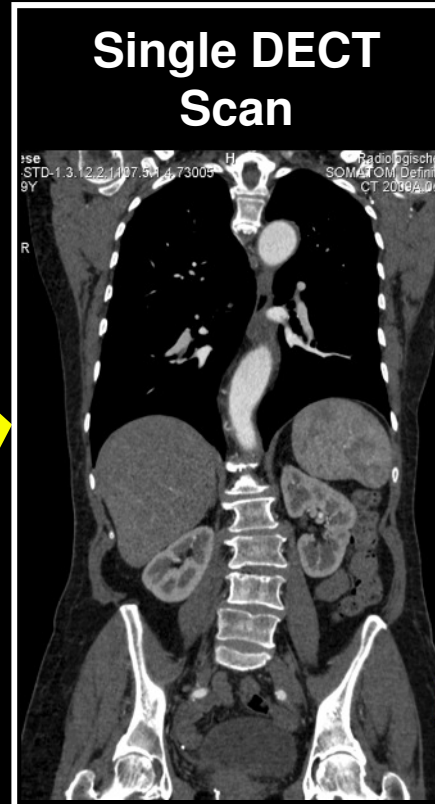
# Examples

(Slide Courtesy of Siemens Healthcare)

DE bone removal



Single DECT Scan



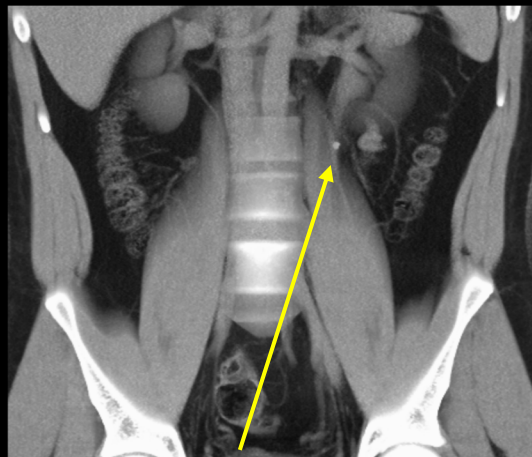
Virtual non-contrast  
and Iodine image

**Dual Energy whole body CTA: 100/140 Sn kV @ 0.6mm**

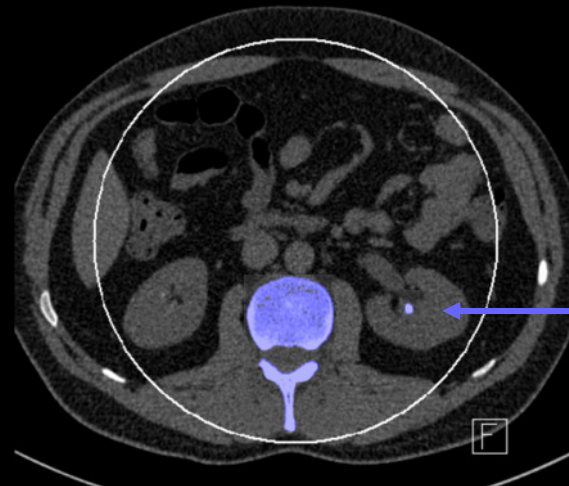
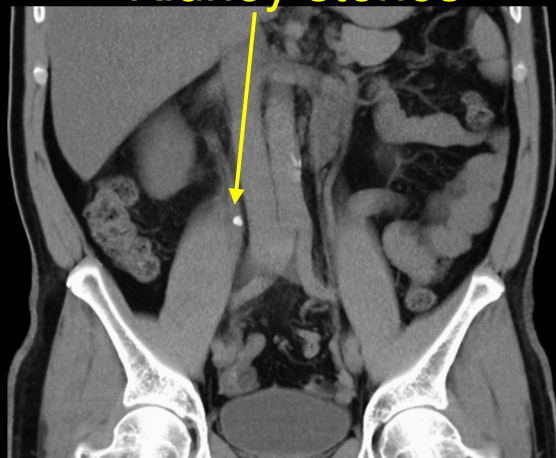
# DECT Today: Widely Available via DSCT

(Slide Courtesy of Siemens Healthcare)

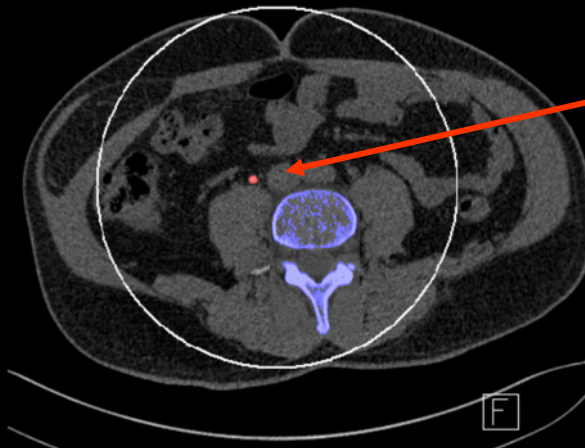
- “Spectroscopy“: more specific tissue characterization  
→ Detection and visualization of calcium, iron, uric acid, .....



Kidney stones



Calcium-oxalate-stone

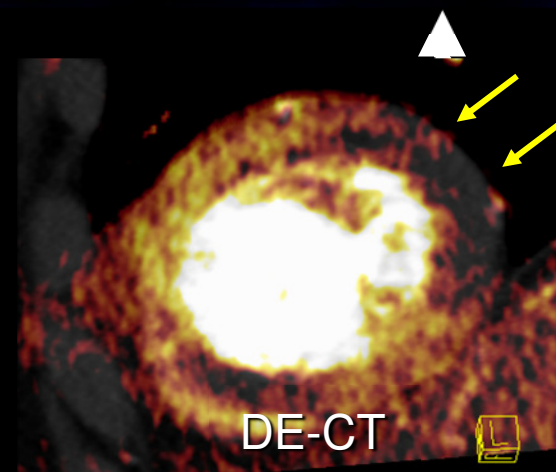
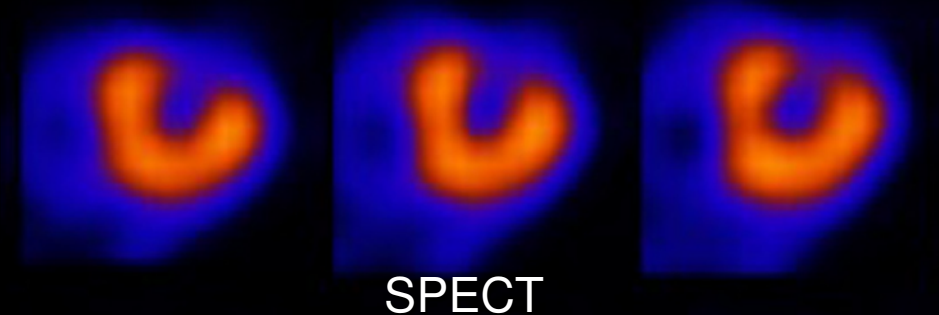
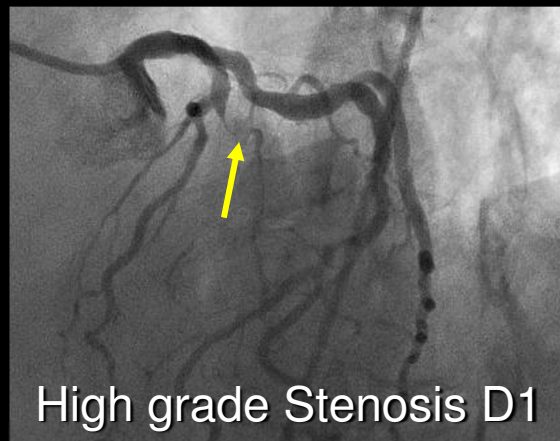


Uric acid-stone

# DECT Today: Widely Available via DSCT

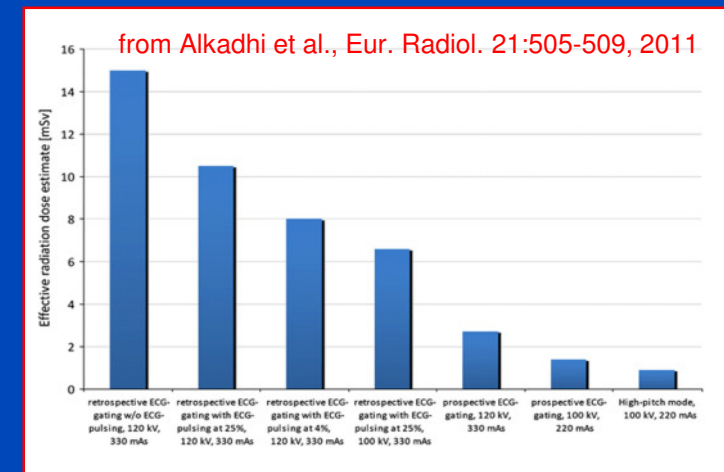
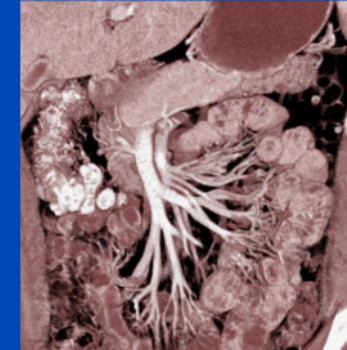
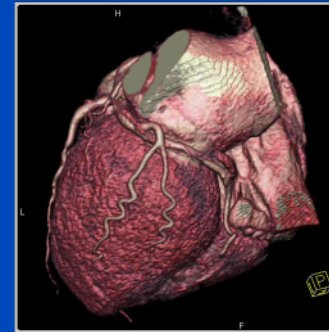
(Slide Courtesy of Siemens Healthcare)

- **New approach: Detection, visualization and quantification of iodine**
  - Characterization of perfusion defects in the myocardium
  - Hemodynamic relevance of coronary artery stenosis:  
Coronary CTA = morphology, local blood volume = function

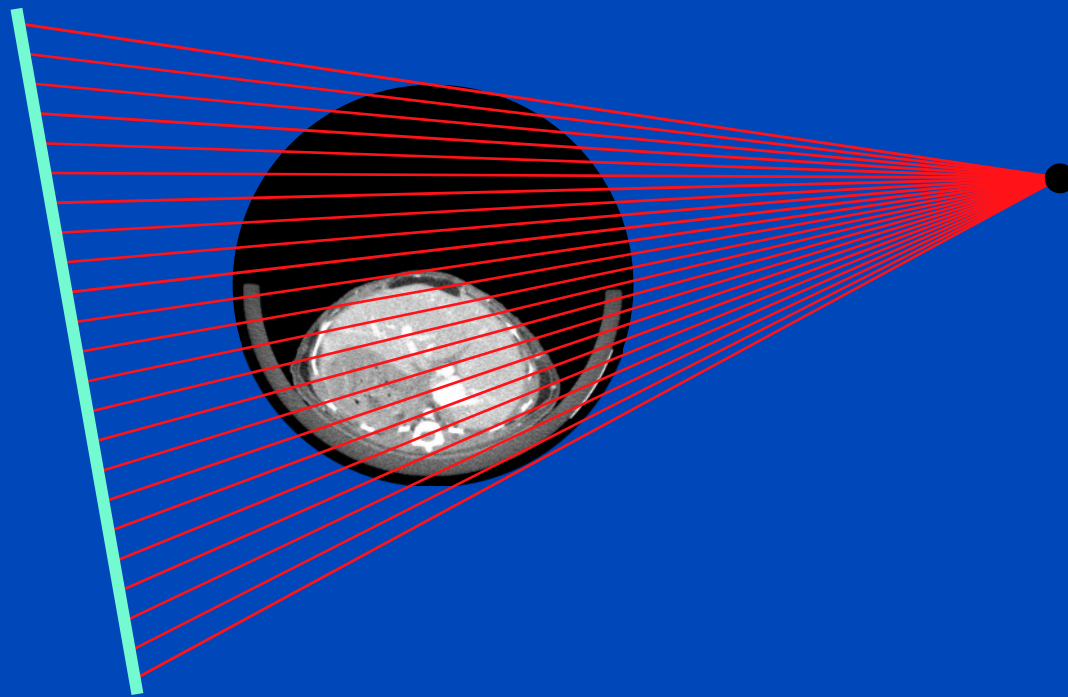


# Clinical CT (also used Preclinically)

- Many specialized applications
  - Dedicated injection protocols (test bolus, bolus tracking, shuttle modes, ...)
  - CT angiography (CTA)
  - Cardiac CT and cardiac CT angiography (CCTA)
  - Dual energy CT
  - Perfusion CT
  - CT colonoscopy
  - ...
- Sophisticated dose management
  - Tube current modulation
  - Automatic exposure control
  - Protection of organs at risk
  - Dose decreased by an order of magnitude
  - Iterative image reconstruction
  - ...
- Image quality
  - Low contrast (5 HU), low noise (5 ... 50 HU)
  - submillimeter isotropic spatial resolution
  - ...



# Preclinical Micro-CT



# GE eXplore Locus Ultra

- Fully sealed: yes
- Voltage: 70-140 kV
- Detector size: 1024×1024
- Detector type: integrating
- Detector integration: < 6 ms
- Detector readout: >100 fps
- Pixel pitch: 200  $\mu\text{m}$
- Spatial resolution (at best): 45  $\mu\text{m}$



# Siemens Inveon

- Fully sealed: yes
- Voltage: 35-80 kV
- Detector size: 4064×4064
- Detector type: integrating
- Detector integration: >10 ms
- Detector readout: <1 fps
- Pixel pitch: 25  $\mu\text{m}$
- Spatial resolution (at best): 10  $\mu\text{m}$



# SkyScan 1176

- Fully sealed: yes
- Voltage: 20-90 kV
- Detector size: 4000×2672
- Detector type: integrating
- Detector integration: -
- Detector readout: >5 fps
- Pixel pitch: 9  $\mu\text{m}$
- Spatial resolution (at best): 9  $\mu\text{m}$





# CT Imaging TomoScope

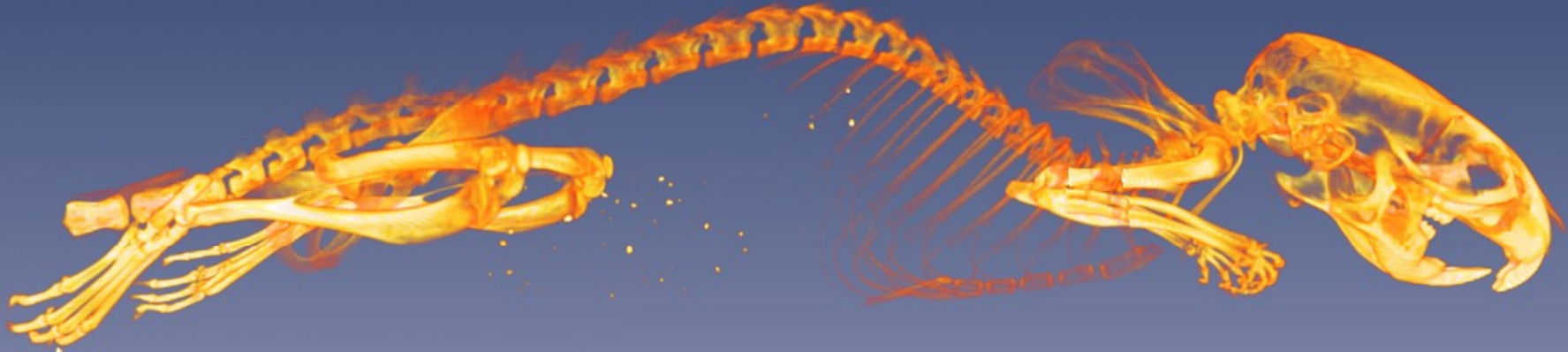
- Fully sealed: yes
- Voltage: 35-80 kV
- Detector size: 1024×1024
- Detector type: integrating
- Detector integration: 40 ms
- Detector readout: 25 fps
- Pixel pitch: 100  $\mu\text{m}$
- Spatial resolution (at best): 40  $\mu\text{m}$



# MARS CT

- Fully sealed: yes
- Voltage: 40-80 kV
- Detector size: 256×256
- Detector type: photon counting
- Detector integration: 10 ms
- Detector readout: 100 fps
- Pixel pitch: 55  $\mu\text{m}$
- Spatial resolution (at best): 30  $\mu\text{m}$

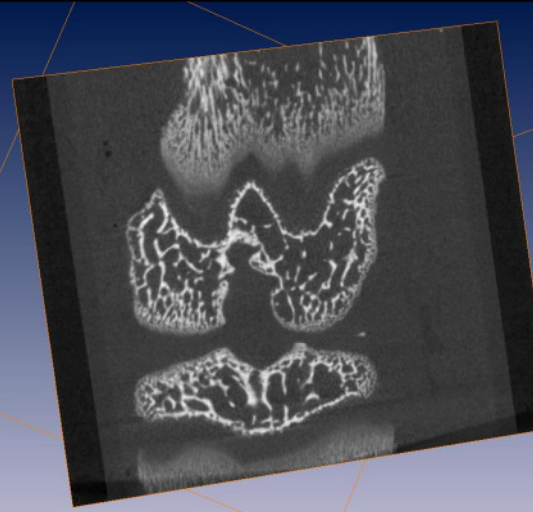




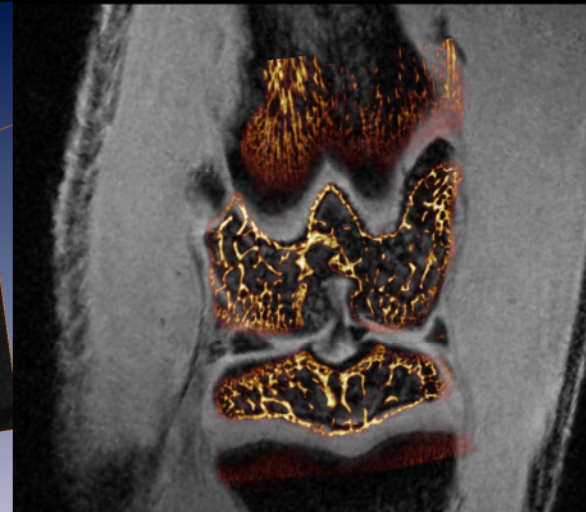
# Micro-MR/CT



**MRT:**  
Knorpel und  
Weichteilcontrast  
Voxelgröße:  
 $80 \times 80 \times 300 \mu\text{m}^3$



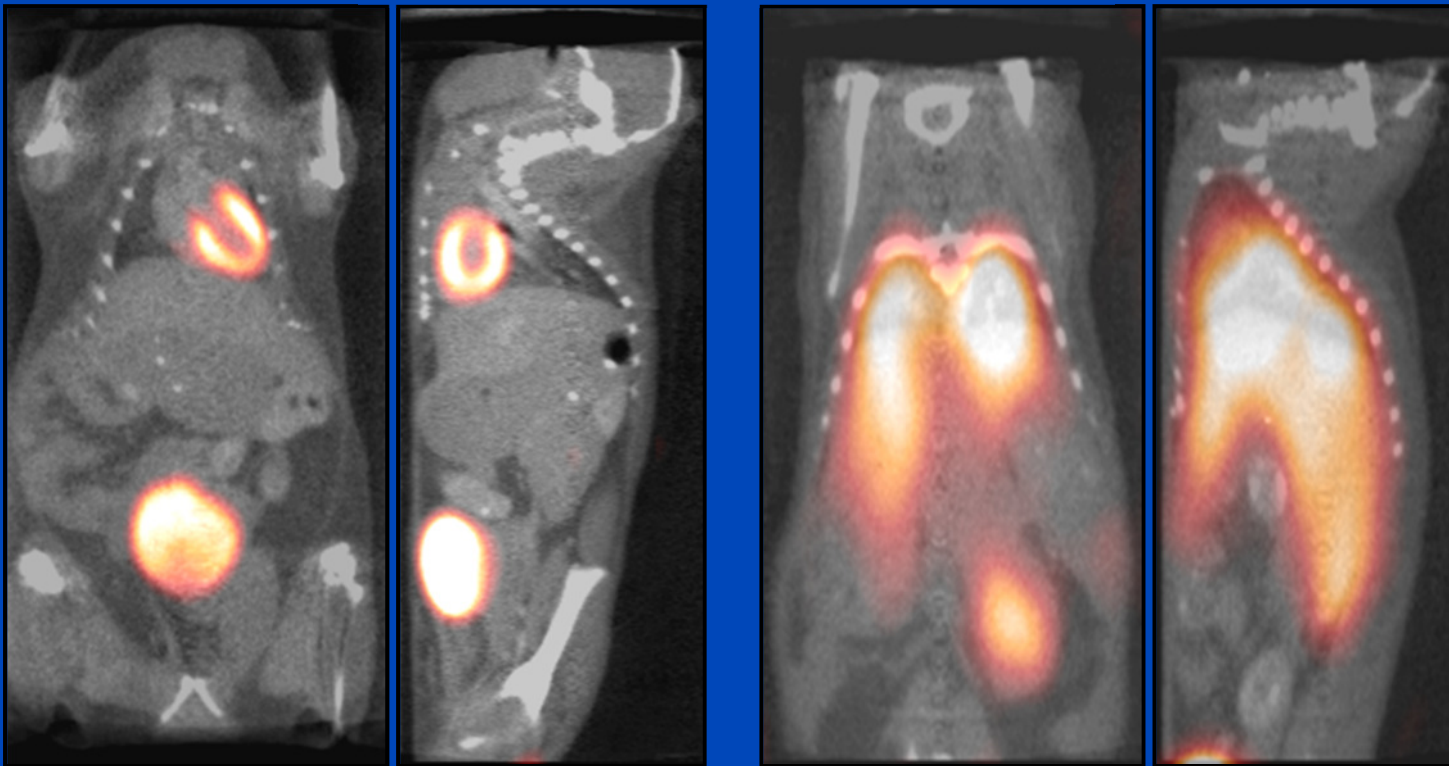
**CT:**  
subchondraler  
Knochen  
Voxelgröße:  $20 \mu\text{m}^3$



**Kombination**

A. Hess, et al. IZKF, FAU Erlangen.

# Micro-PET/CT

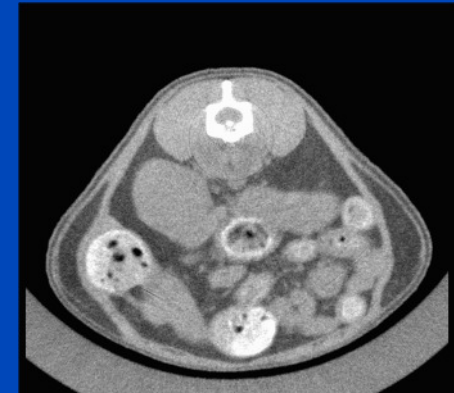


$^{18}\text{F}$  gelabelte Melanomzellen

University of California, Davis

# Preclinical Micro-CT

- **Mainly focuses on high spatial resolution**
  - 5 to 100  $\mu\text{m}$  spatial resolution
  - 50 to 500 HU image noise
  - limited low contrast resolution (due to flat detector)
- **Dose levels**
  - often very high (500 mGy or more are typical)
  - nearly no dose reduction during the last decade
- **Special applications**
  - typically restricted to post processing
  - no real-time imaging (slow scans)
  - no mapping of clinical CT applications to micro-CT today
- **Molecular imaging**
  - CT often serves as the anatomical reference for other modalities

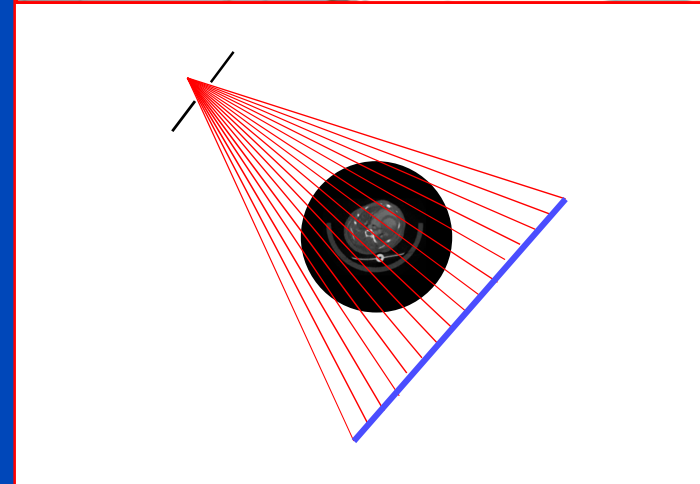


# The Future of Micro-CT

- Today's small animal micro-CT systems do not reflect the state-of-the-art in CT
- New developments in micro-CT technology (hardware, algorithms) limited to independent research groups
- Developments in contrast agents (nanoparticles, ...) are highly promising.
- Micro-CT vendors seem to make only minor changes.

# Cardiac Perfusion of Small Animals

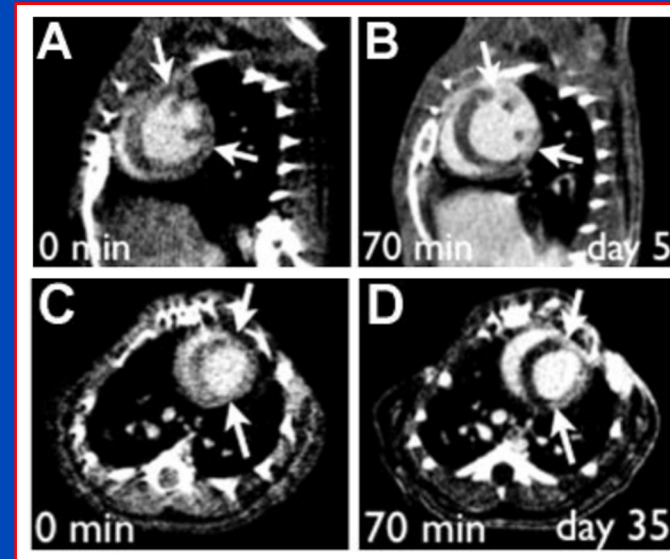
- VolumeCT (Siemens Healthcare, Forchheim, Germany)
- X-ray source:
  - Focal spot size:  $400\ \mu\text{m} \times 400\ \mu\text{m}$
  - Tube voltage range: 80 kV – 140 kV
  - Tube current range: 10 mA – 50 mA
- Detector:
  - Varian flat panel detector
  - $1024 \times 768$  pixel (2x2 binning)
  - $1024 \times 192$  @ 100 fps
  - $388\ \mu\text{m}$  pixel size
  - Spatial sampling:  $238\ \mu\text{m}$
  - 10 ms integration time
- Protocol:
  - Scan time: 20 s
  - Rotation speed: 18 %/s
  - Number of projections: 2000
  - Estimated dose: 50 mGy





# Cardiac Perfusion of Small Animals Prior Art

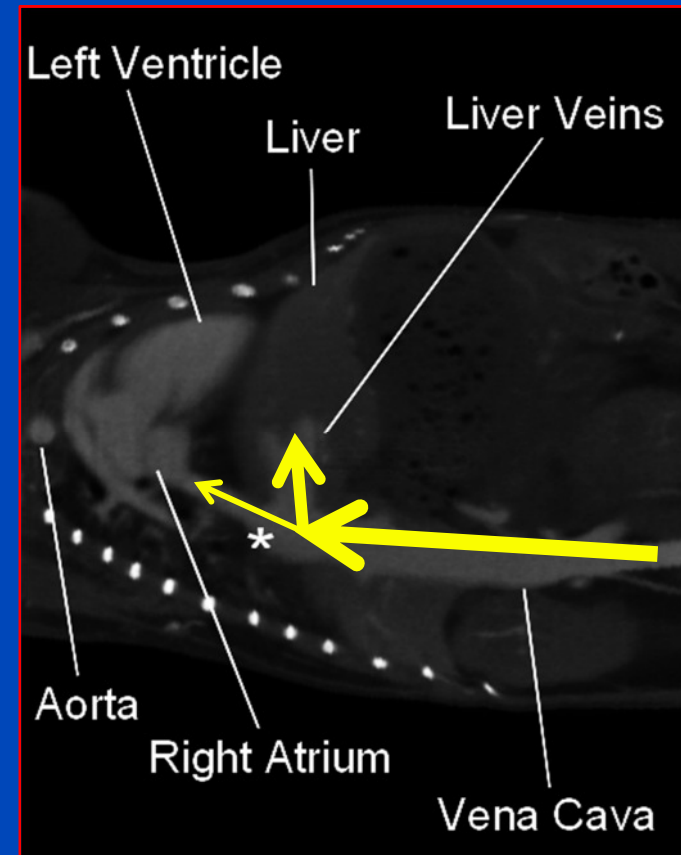
- High resolution (100  $\mu\text{m}$ ) imaging of the thoracic region.
- No phase-correlation and thus motion artifacts occur.
- Administration of more than 1 mL of contrast agent within 70 min.



Nahrendorf M, Badea C, Hedlund LW, Figueiredo JL, Sosnovik DE, Johnson GA, Weissleder R. High-resolution imaging of murine myocardial infarction with delayed-enhancement cine micro-CT. *American Journal of Physiology: Heart and Circulatory Physiology*. 2007; 292:H3172–H3178.

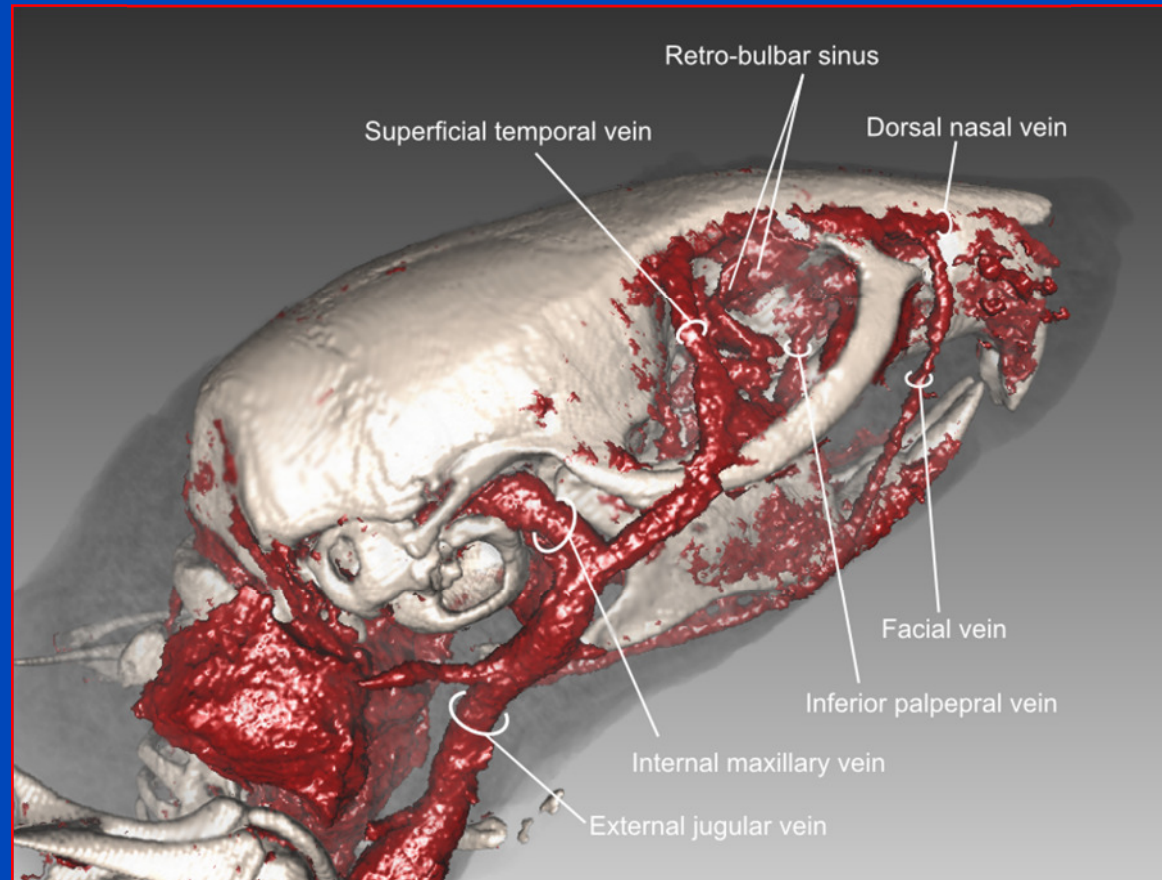
# Contrast Injection

- We wish to inject boli of 25  $\mu\text{L}$ .
- Clinical contrast agents are highly viscous (up to 8.7 mPa·s).
- Retrograd blood flow from the vena cava to the liver veins near the diaphragm.
- Bolus is dissolved before it arrives in the heart.
- Another route for contrast injection is required.
- We propose to inject into the **retro-bulbar sinus**.



Curved MPR through the vena cava of a mouse obtained from a high resolution micro-CT scan.

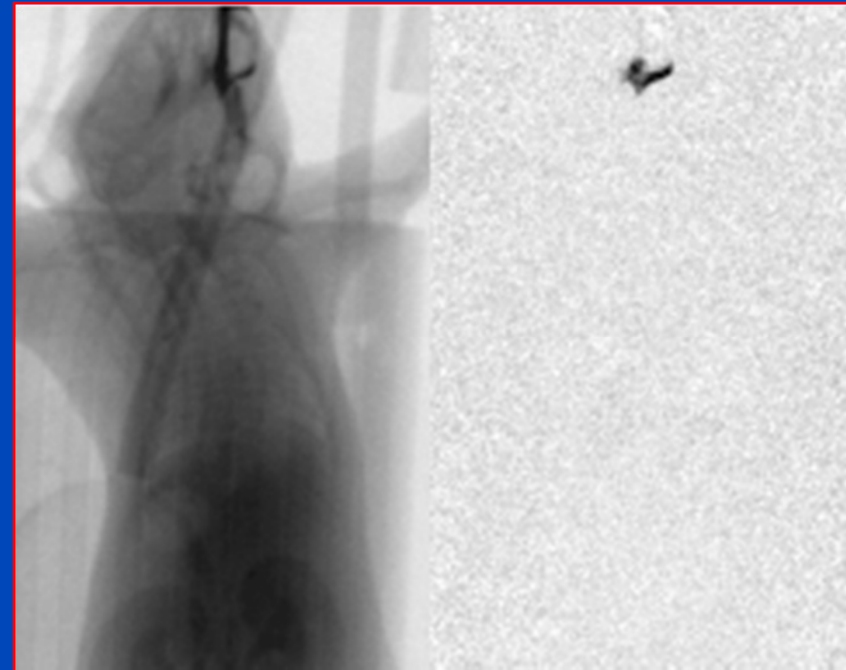
# Contrast Injection



**Volume rendering of a high resolution micro-CT scan with a spatial resolution of about 40  $\mu\text{m}$ .**

# Contrast Injection

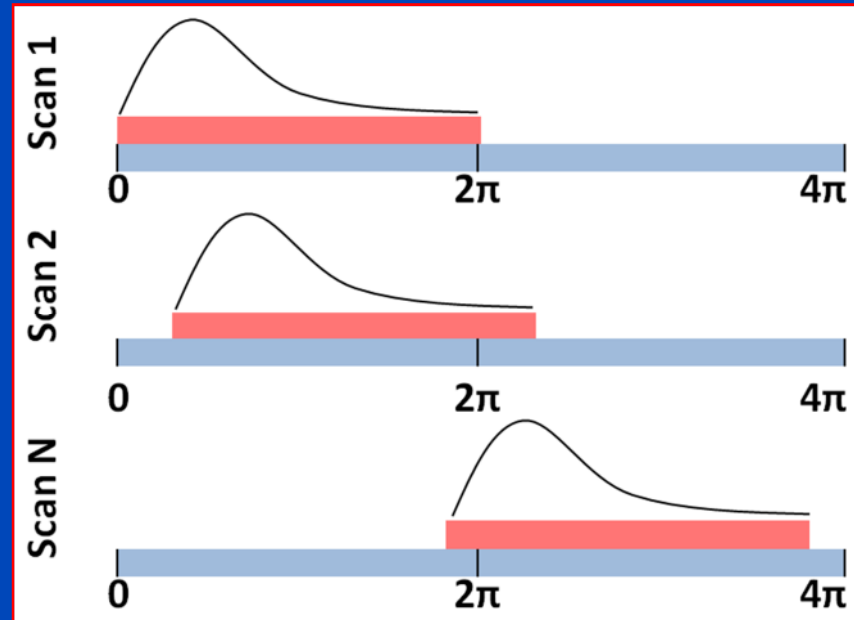
- Injection into the retro-bulbar sinus is verified using digital subtraction angiography.
- Imeron 300 is used as contrast agent.
- Contrast agent arrives in the right ventricle 1.5 s after the injection.
- Contrast agent is in the left ventricle after about 2.0 s.
- Enhancement of the aorta visible after about 2.5 s.



Left: acquired projection images.  
Right: digital subtraction angiography.

# Scan Protocol

- We perform  $N=10$  scans each over  $360^\circ$  within 20 s.
- 2000 projections are acquired in every scan.
- Each scan starts at a different angle. We thus ensure to cover the complete angular range.
- We inject  $25 \mu\text{L}$  per scan and  $250 \mu\text{L}$  in total.



Schematic illustration of the used scan protocol. This is inspired by *Badea CT, Johnston SM, Subashi E, Qi Y, Hedlund LW, Johnson GA. Lung perfusion imaging in small animals using 4D micro-CT at heartbeat temporal resolution. Medical Physics. 2010; 37:54–62.*

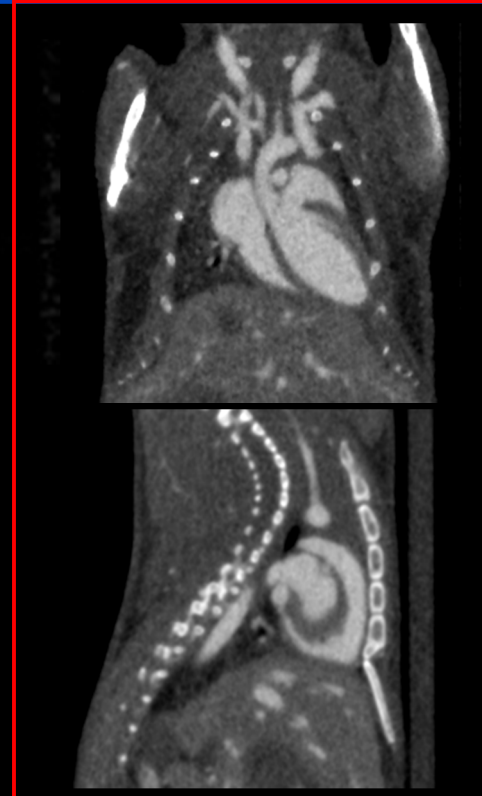
# Image Reconstruction Prior Art

Conventional Recon  
1840 mGy, 90  $\mu$ m, 12 phases



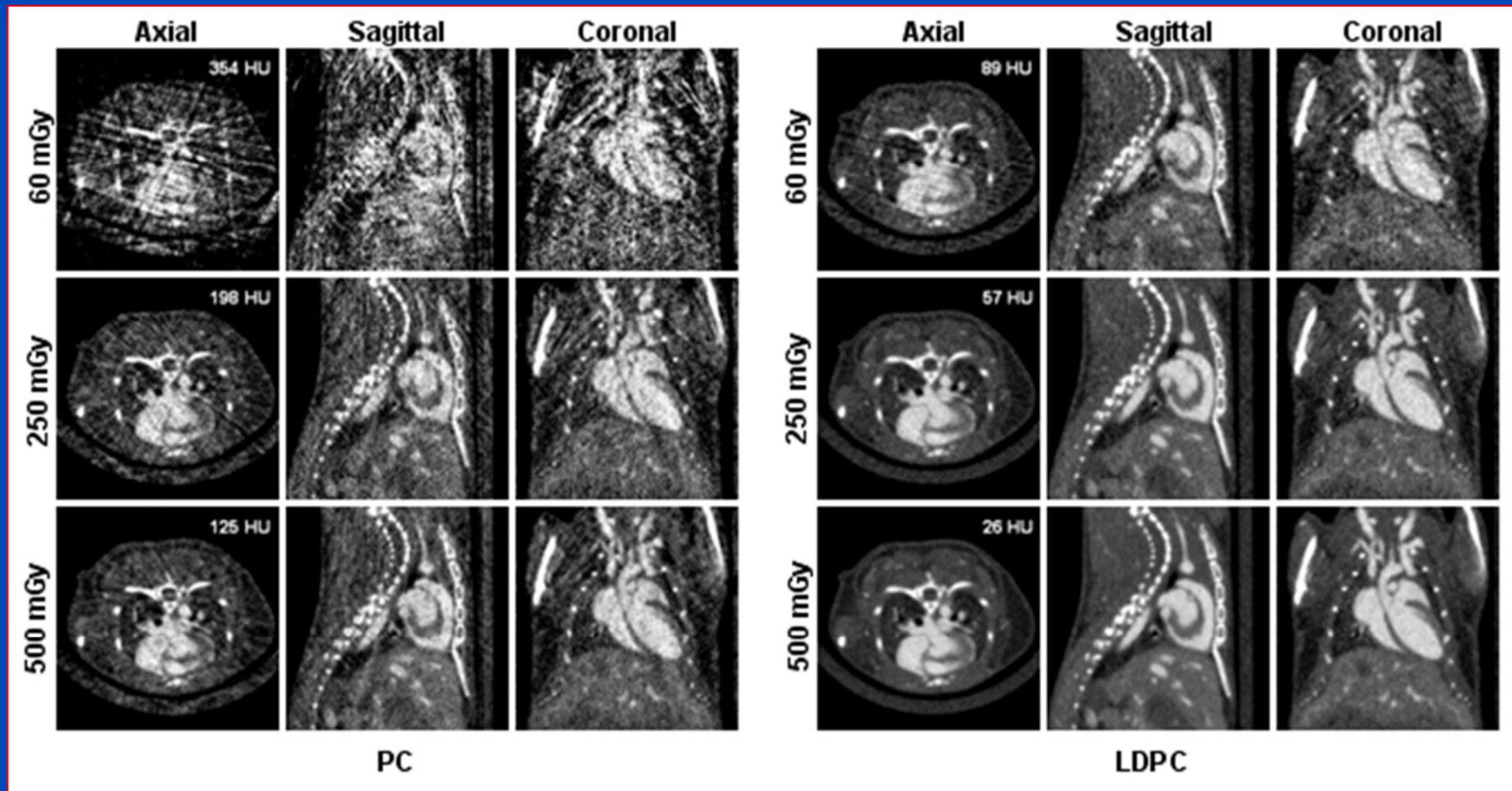
C. Badea, B. Fubara, L. Hedlund, and G. Johnson, "4D micro-CT of the mouse heart," *Molecular Imaging*, vol. 4, no. 2, pp. 110–116, Apr./Jun. 2005.

Dedicated Iterative Recon  
500 mGy, 80  $\mu$ m, 50 phases

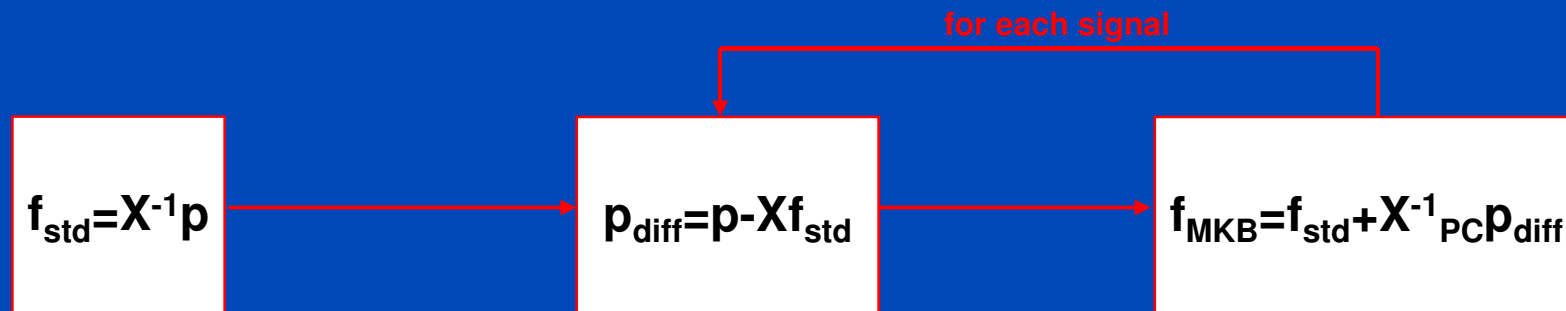


S. Sawall, F. Bergner, R. Lapp, M. Mronz, M. Karolczak, A. Hess, and M. Kachelrieß, "Low-dose cardio-respiratory phase-correlated cone-beam micro-CT of small animals," *Medical Physics*, vol. 38, no. 3, pp. 1416-1424, Feb. 2011.

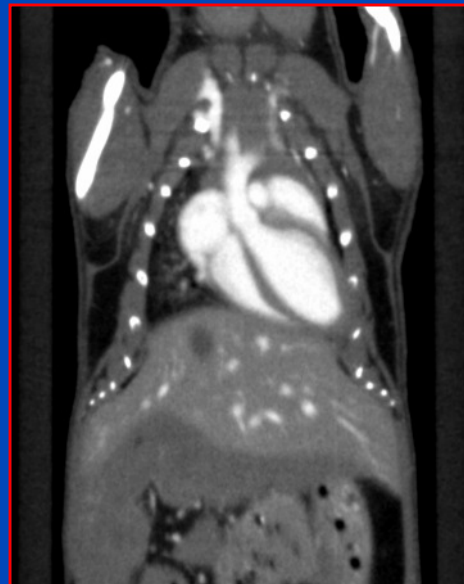
# Image Reconstruction Prior Art



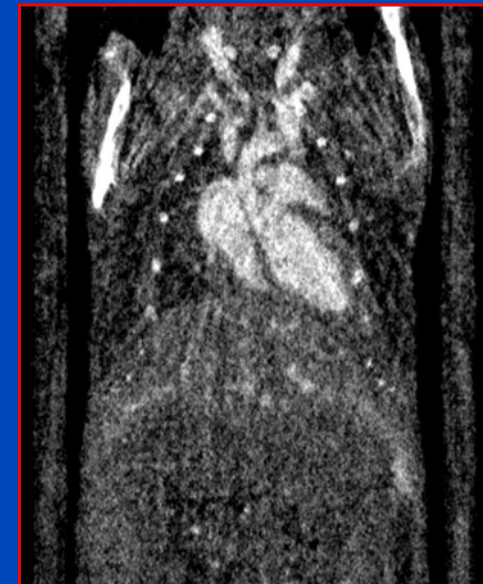
# Modified McKinnon-Bates Algorithm



- Use image based on all projections as prior (standard image)
- Calculate rawdata difference for desired motion phases
- Perform correction



Standard image  $f_{\text{std}}$  reconstructed from all projections.



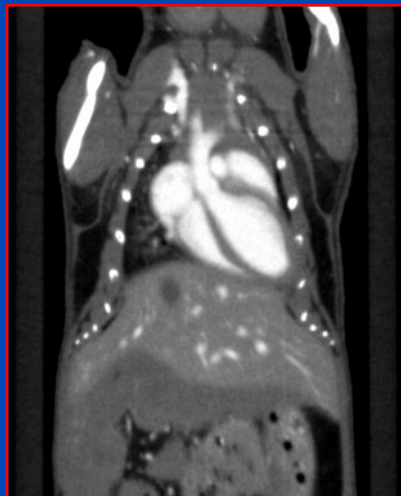
McKinnon-Bates reconstruction  $f_{\text{MKB}}$ .



# Edge Preserving Spatio-Temporal Postprocessing

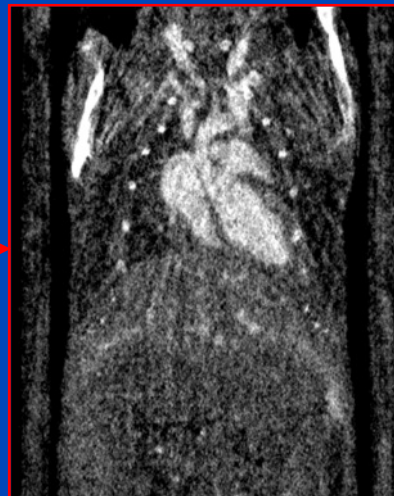
Six-dimensional bilateral filtering (three spatial and three temporal dimensions)

$$f_{\text{PLDPC}} = B f_{\text{MKB}} = \frac{\int dt^6 D(x,t) R(x,t) f(t)}{\int dt^6 D(x,t) R(x,t)}$$



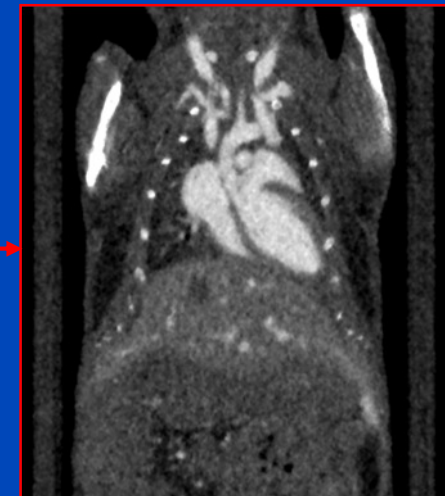
Standard image reconstructed from all projections.

Modified MKB



Modified McKinnon-Bates reconstruction.

6D Filter

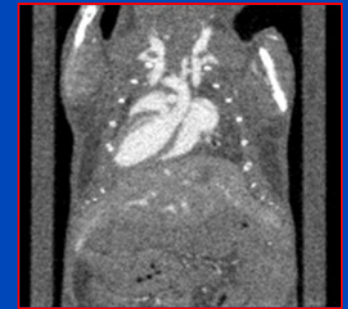


Final low-dose phase-correlated (PLDPC) image.

# Results

	Mouse 1	Mouse 2
Respiratory rate	120 rpm	115 rpm
Cardiac rate	265 bpm	250 bpm
Contrast agent	Imeron 300	Imeron 300
Administered volume	10×25 µL	10×25 µL

# Mouse 1



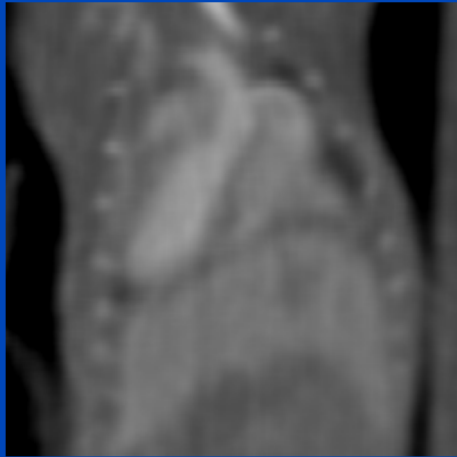
This is how the images would look like at 80 μm spatial resolution.

Respiration

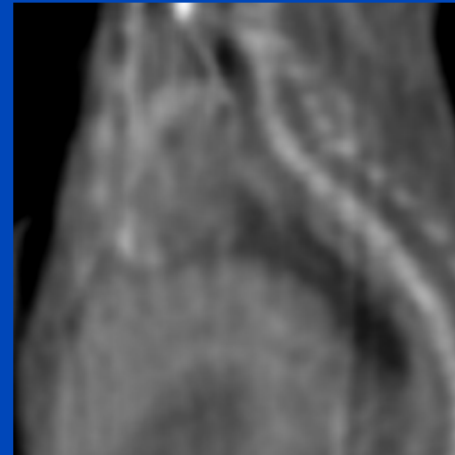
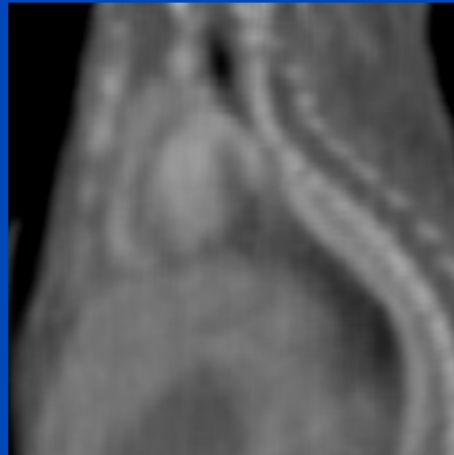
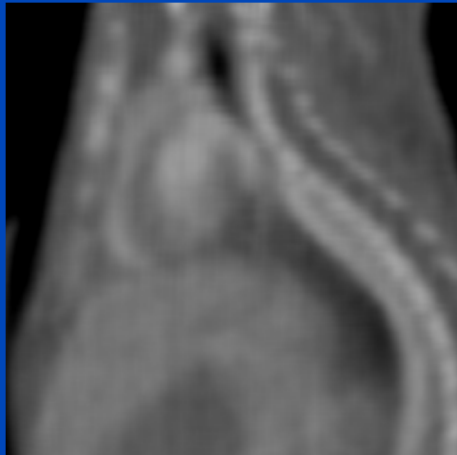
Cardiac Motion

Perfusion

Coronal



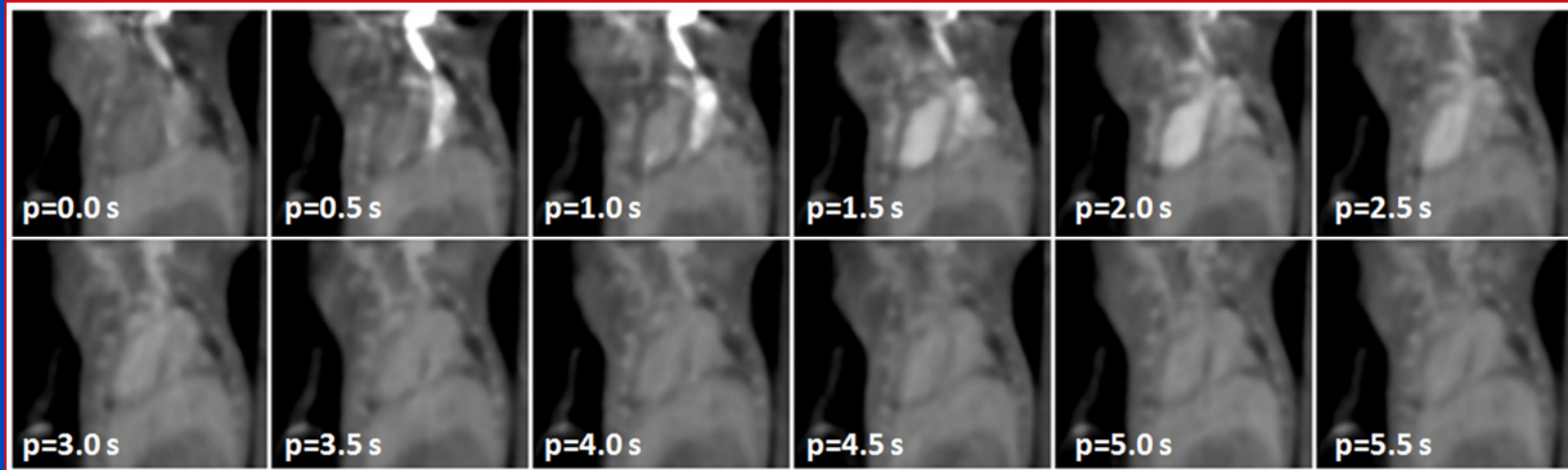
Sagittal



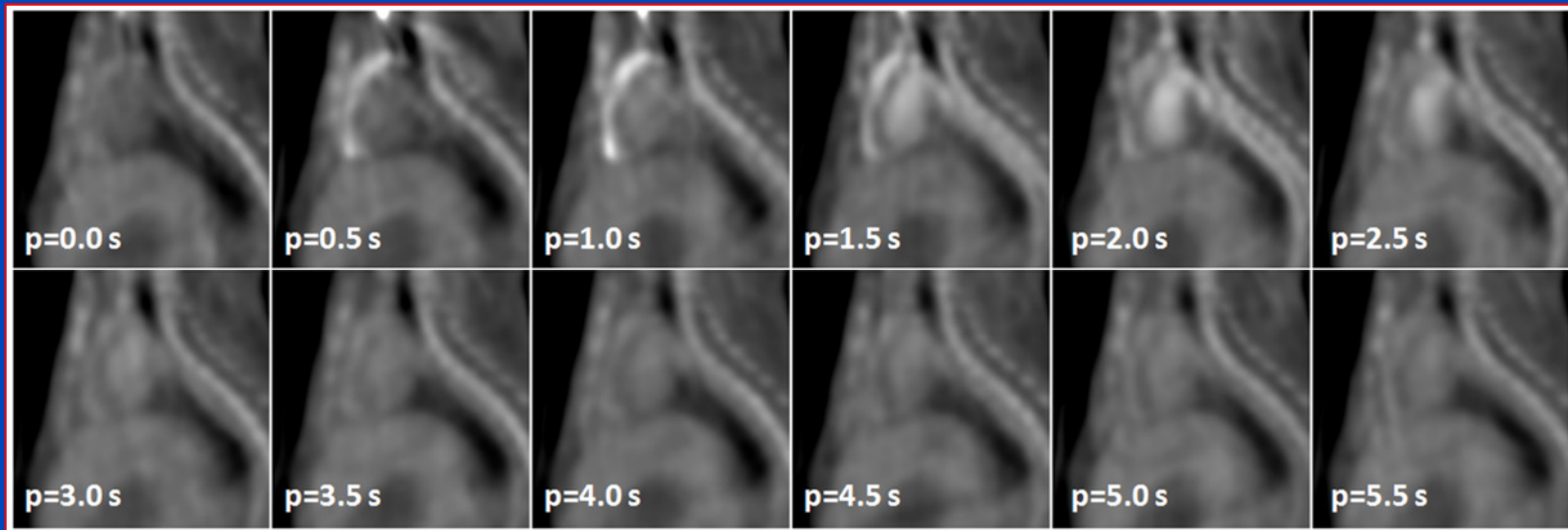
$\Delta r = 20\%$ ,  $\Delta c = 20\%$ ,  $\Delta p = 0.5 \text{ s}$  (600 HU / 700 HU)

# Mouse 2

Coronal

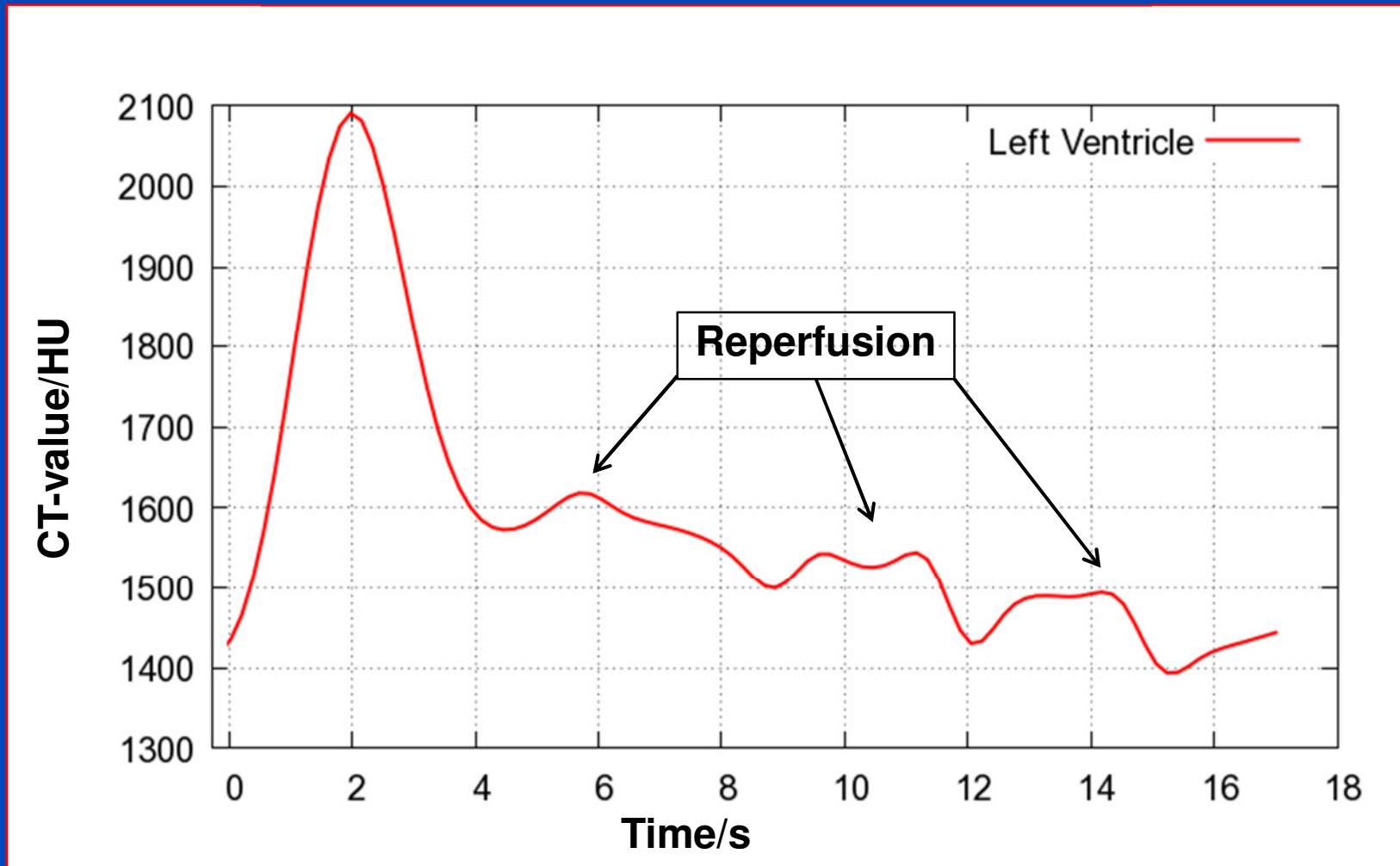


Sagittal

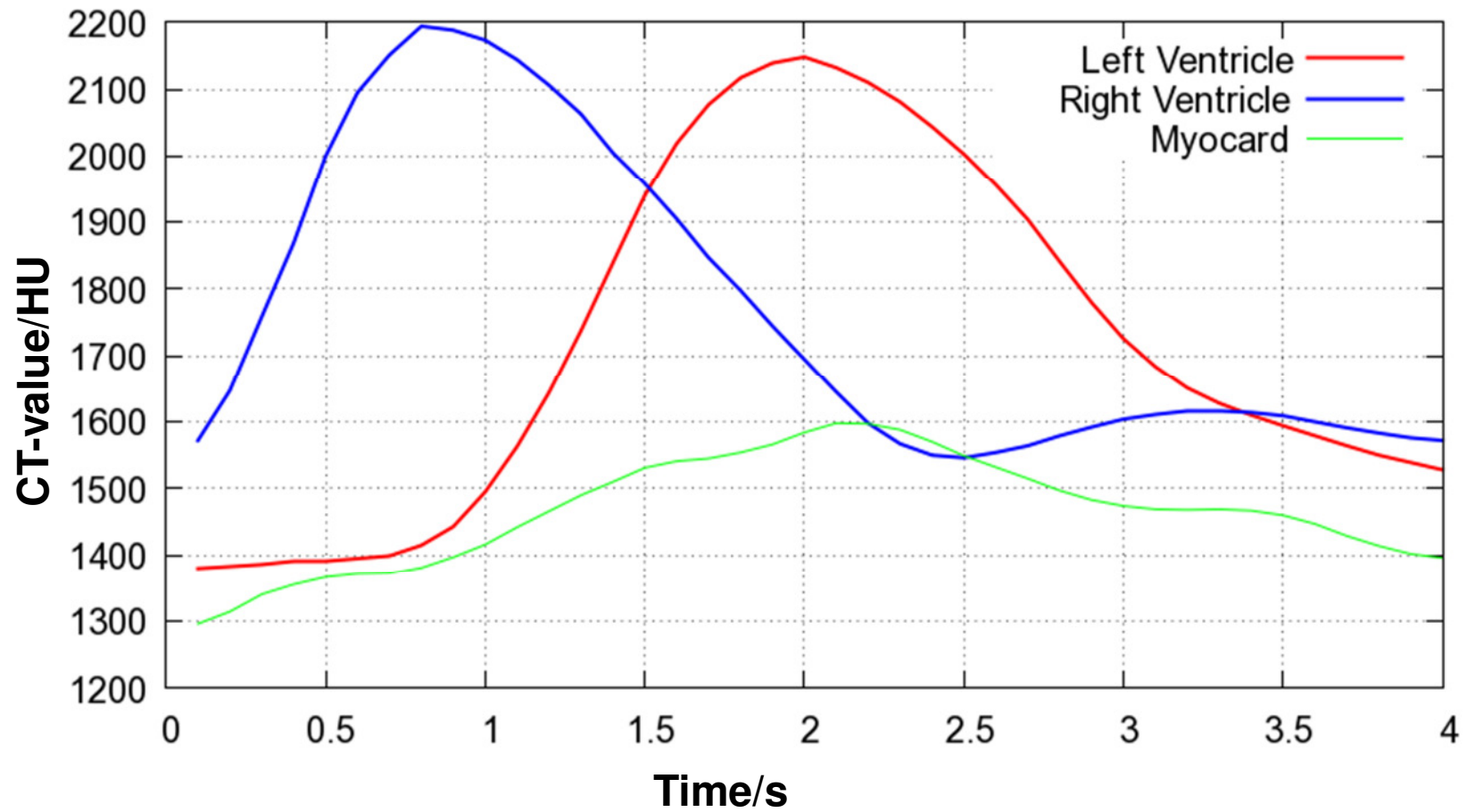


$r=0\%$ ,  $\Delta r=20\%$ ,  $c=20\%$ ,  $\Delta c=20\%$ ,  $\Delta p=0.5$  s (600 HU / 900 HU)

# Time-Density-Curve



# Time-Density-Curve

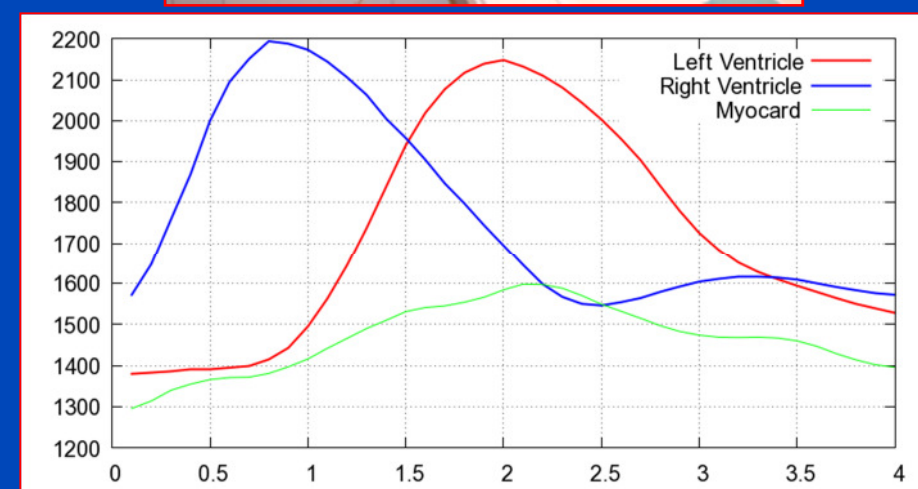
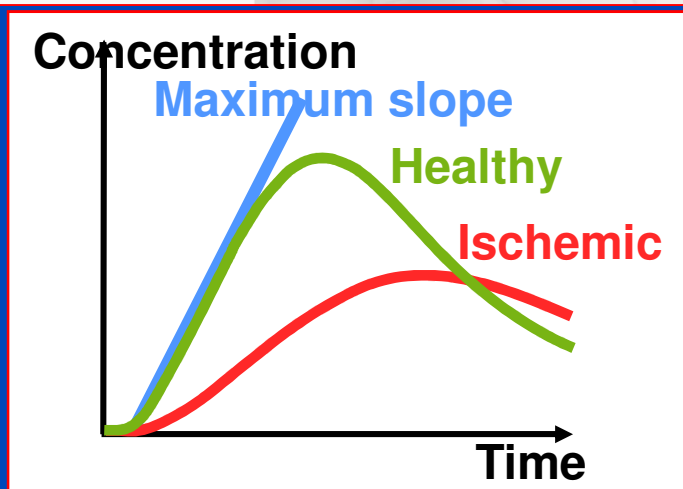


# Clinical Case

## Clinical Examinations



## Preclinical Examinations



# Summary

- **Technology that is mature in diagnostic CT does not arrive in dedicated small animal systems**
- **Preclinical micro-CT is mainly used as an anatomical reference**
- **Therefore, it does a good job in reliably providing anatomical images**



# Thank You!

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