

Quantifying and improving the quality of 4D flow



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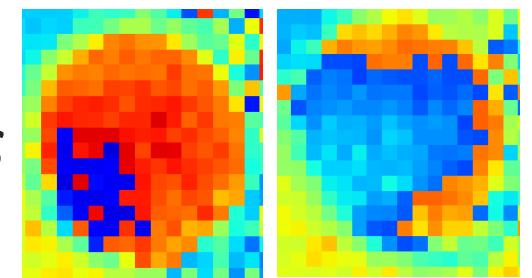
www.math.rug.nl/~bertoglio

Outline of this talk

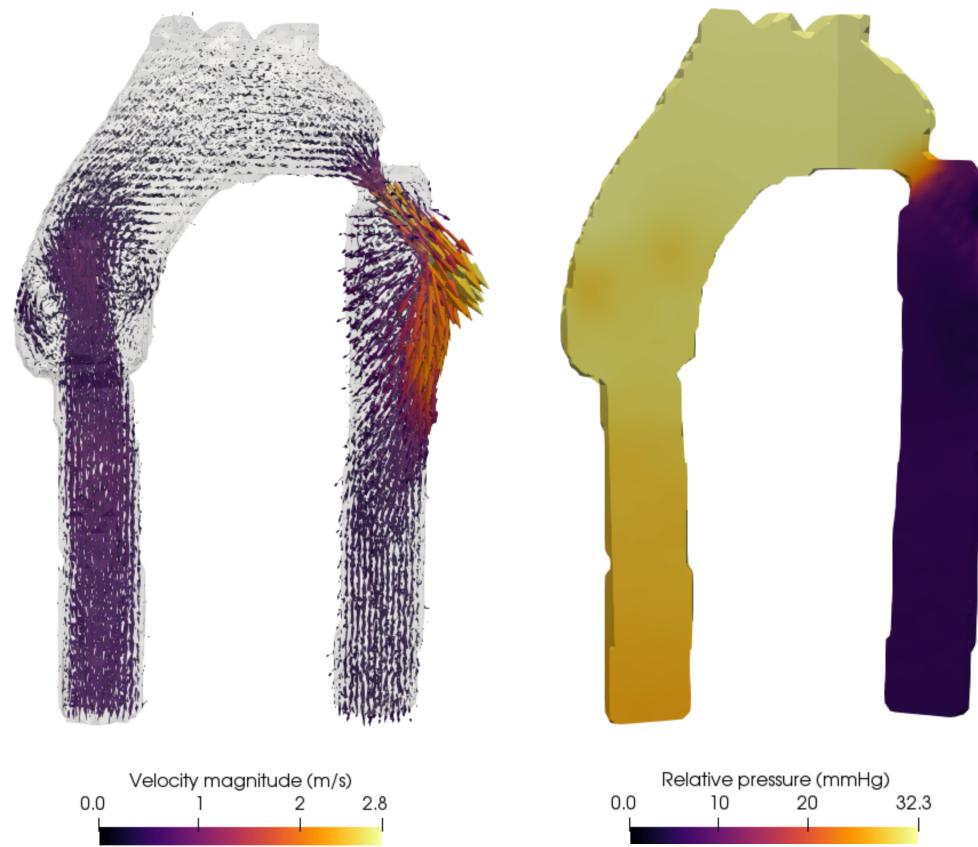
1. Pressure maps from 4D flow



2. Dual/Multi VENC reconstructions



Relative pressure maps from 4D flow



Relative pressure maps from 4D flow

Navier-Stokes
Equations:

$$\rho_f \frac{\partial \mathbf{u}_f}{\partial t} + \rho_f (\mathbf{u}_f \cdot \nabla) \mathbf{u}_f - \mu \Delta \mathbf{u}_f + \nabla p = 0,$$

4D Flow



INSTANTANEOUS PRESSURE
GRADIENT! (NOT PEAK-TO-PEAK)

IDEA: solve for
pressure with velocities
in right-hand-side

*Ebbers++'01, Donati++'15
Svihlova++'15, Bertoglio++'18*

Spatial resolution: 1.0-3.0 mm³
Temporal resolution: 20-60 ms
Ideal noise around 10-20% of max. velocity

Relative pressure estimation methods

Until 2014: solve Laplace equation for the pressure (PPE)

Ebbers++ '01, Krittian++'12

$$\Delta p = -\nabla \cdot (\rho \partial_t \mathbf{u} - \rho(\mathbf{u} \cdot \nabla) \mathbf{u} + \mu \Delta \mathbf{u})$$

Pressure is now ``too regular'' (hence, may be underestimated)

2015-18: other methods, but best performing is

“Stokes estimator” (STE) Svihlova++'15

$$-\Delta \mathbf{w} + \nabla p = -\rho \partial_t \mathbf{u} - \rho(\mathbf{u} \cdot \nabla) \mathbf{u} + \mu \Delta \mathbf{u}$$

$$\nabla \cdot \mathbf{w} = 0$$

$$\mathbf{w} = \mathbf{0} \quad \text{on} \quad \partial\Omega$$

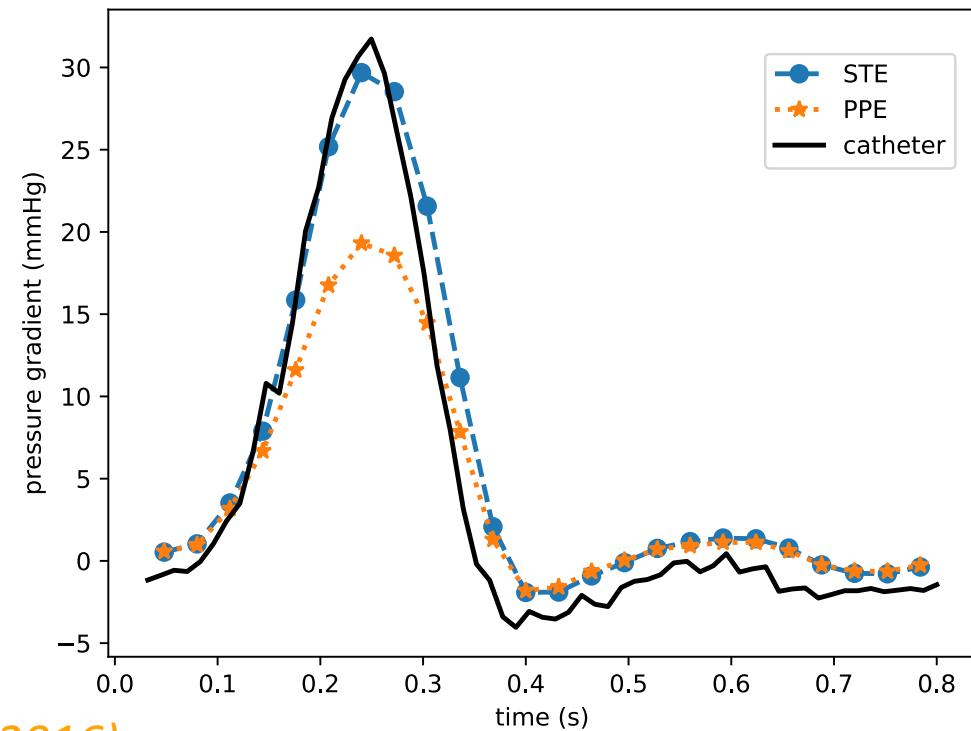
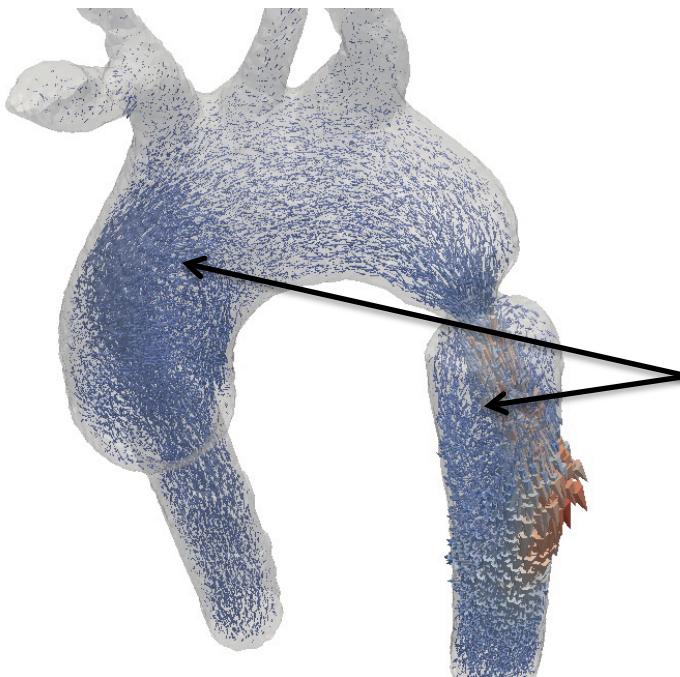
Problem consistent with Navier-Stokes

Araya, Bertoglio, Cárcamo

→ Convergence analysis, cost/effective discretization

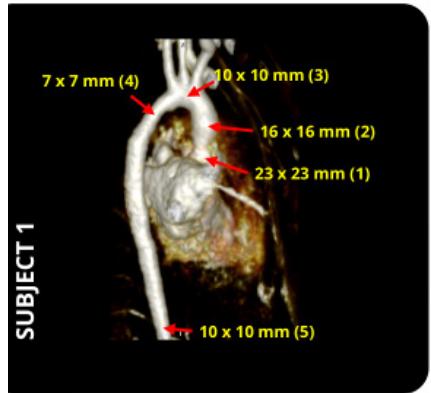
(preprint soon)

Experimental validation



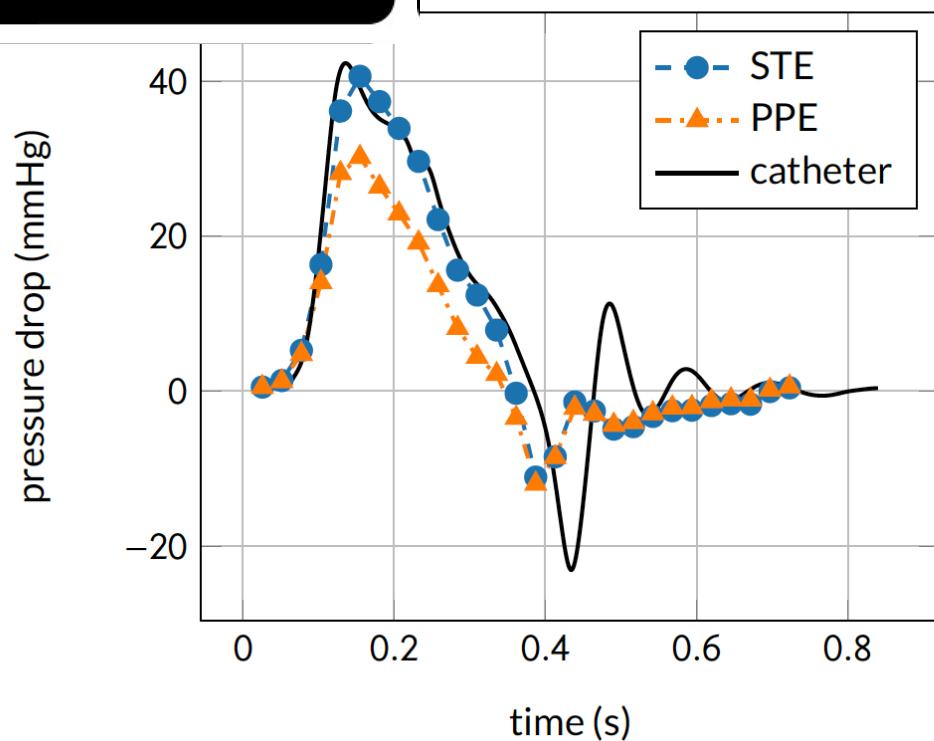
Experiments from PUC (Urbina++ 2016)

Nolte++ Validation of 4D flow based relative pressure maps in the aorta
(under review, preprint available)



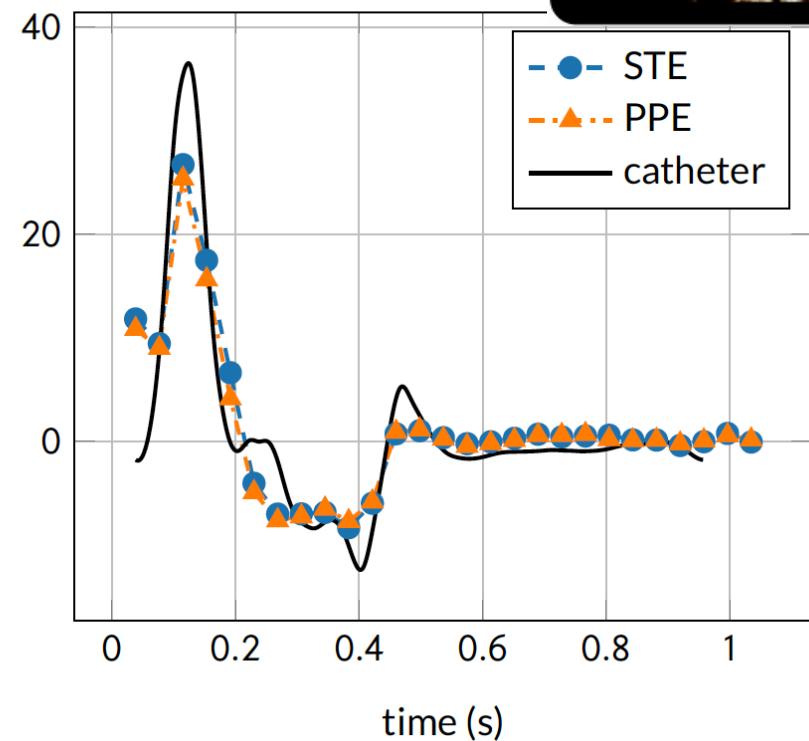
Patient validation

Subject 1

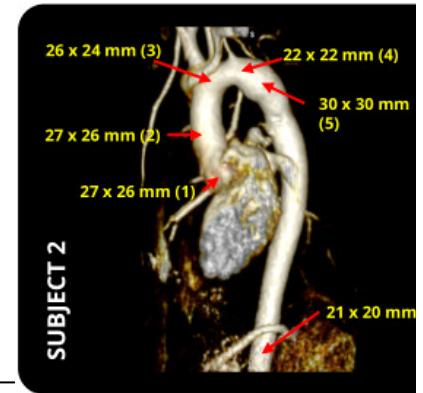


Peak-to-peak: 20 mmHg

Subject 2



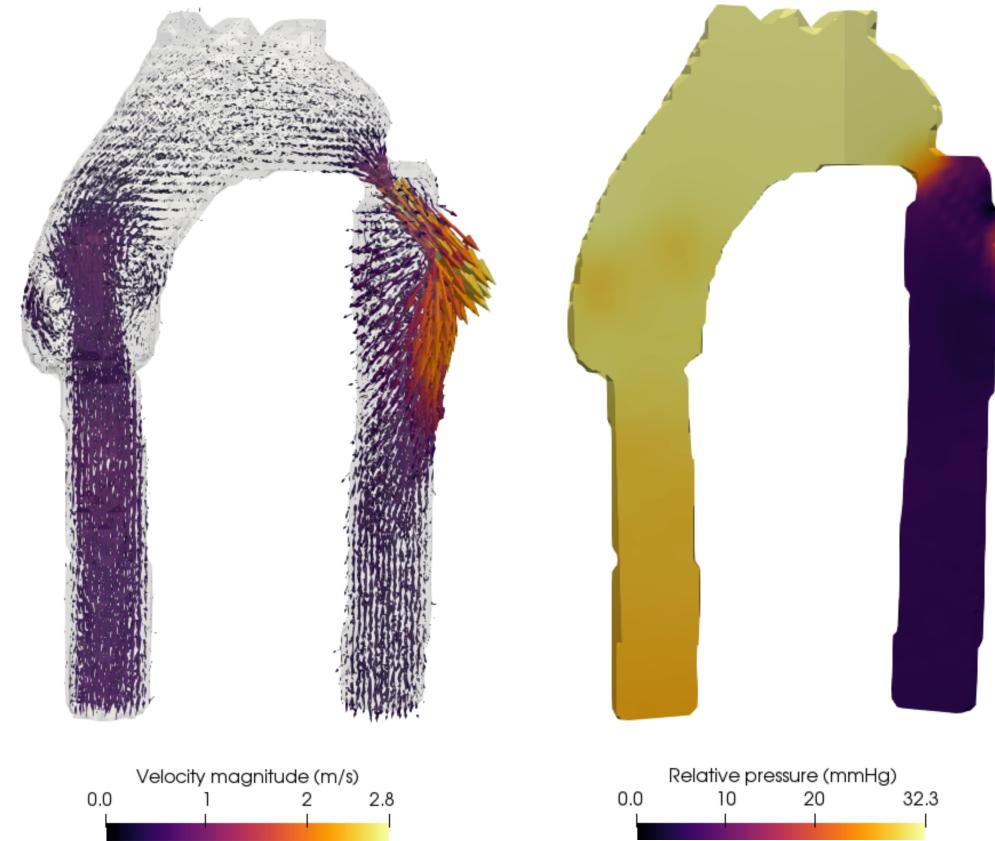
Peak-to-peak: 2 mmHg



Nolte++ Validation of 4D flow based relative pressure maps in the aorta
(under review, preprint available)

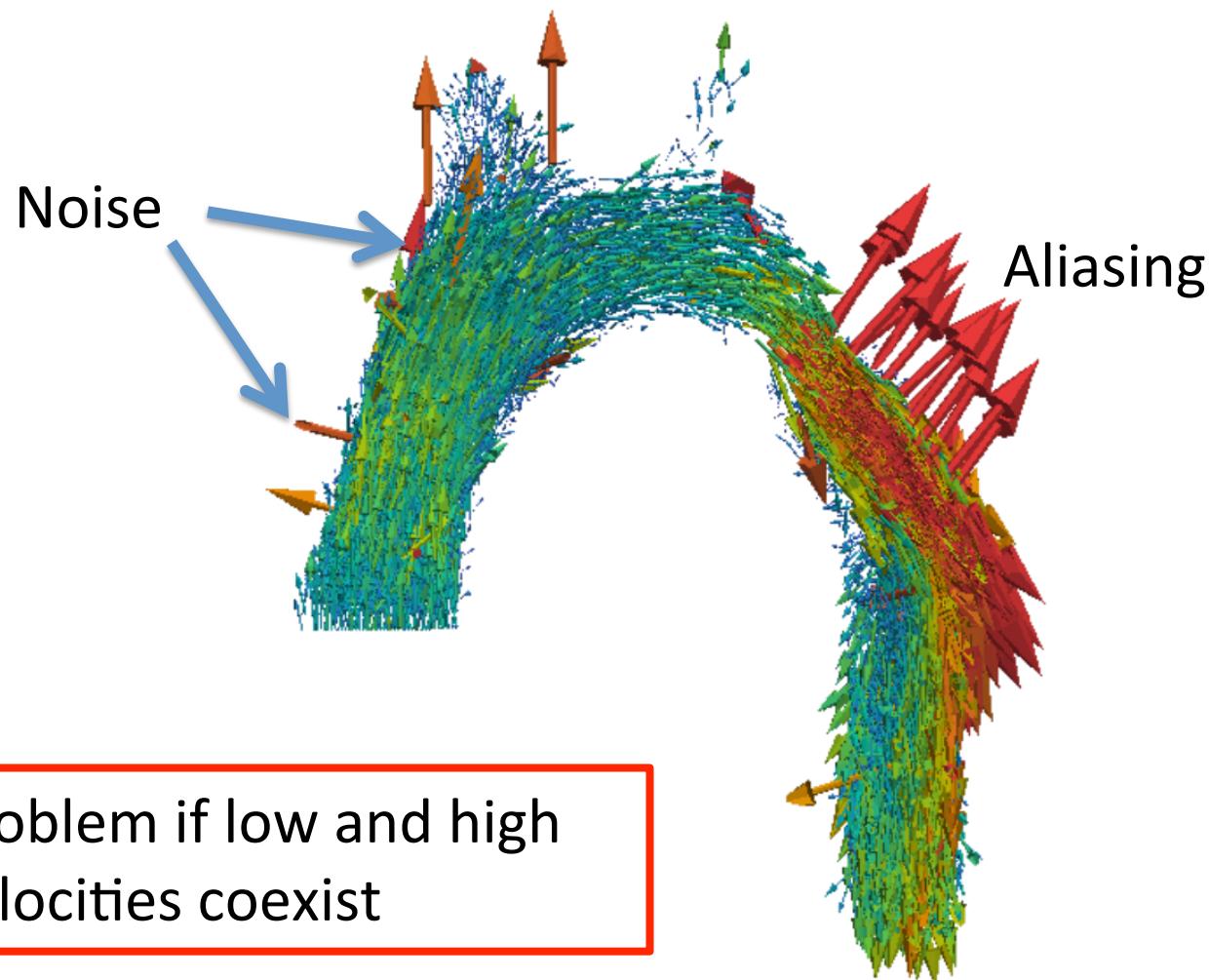
Clinical potential of pressure maps

- + **Pressure maps**
("catheterize afterwards")
- + **Low gradient problems**
(viscous dominated)
- + **Few seconds** for clinically relevant resolutions
- + **Challenge:** peak-to-peak from minimal cath?



Nolte++ **Validation of 4D flow based relative pressure maps in the aorta**
(under review, preprint available)

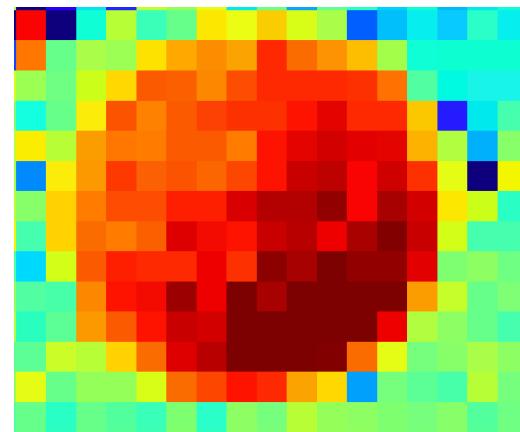
Dual/Multi-VENC reconstructions



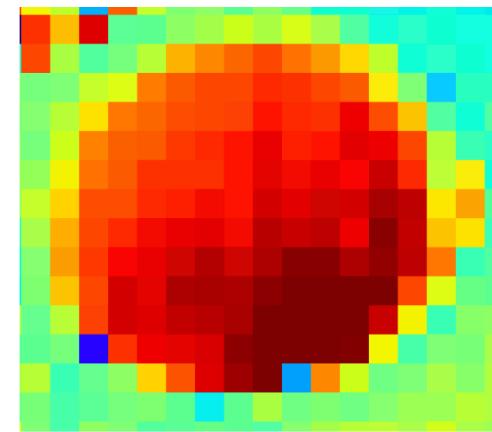
The problems of phase-contrast MRI

Problem: noise in velocity grows with $venc$

Example with volunteer data (ascending aorta)



$venc = 225$



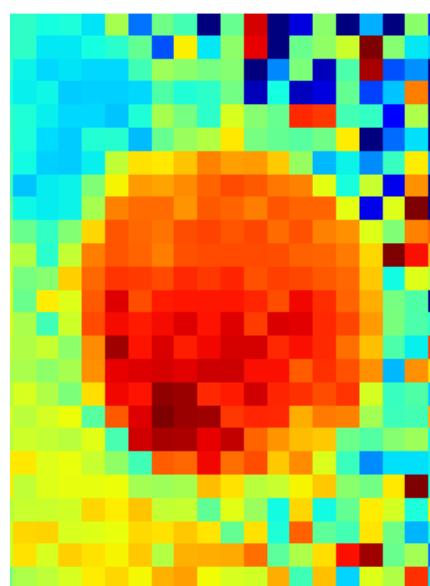
$venc = 100$

$$u = \frac{\varphi^{G_1} - \varphi^{G_2}}{\pi} venc(G_1, G_2)$$

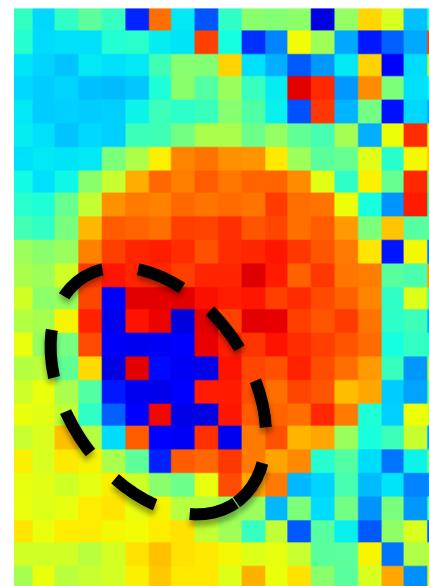
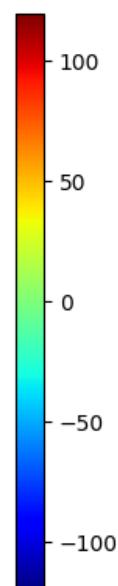
The problems of phase-contrast MRI

But! Aliasing when $venc < \text{true velocity}$

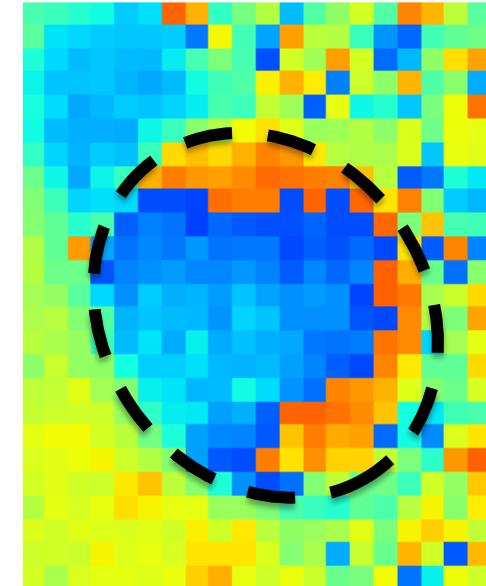
Example with volunteer data (ascending aorta)



$venc = 150$



$venc = 100$

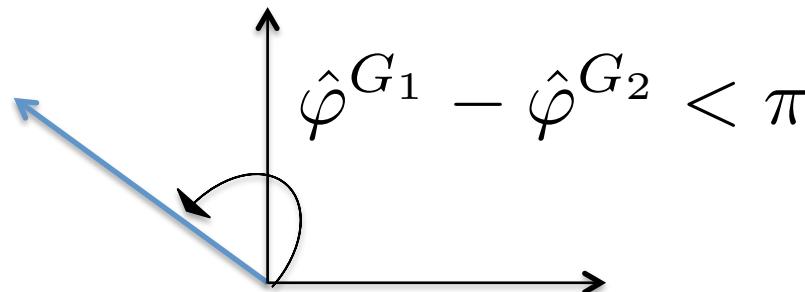


$venc = 75$

Phase aliasing

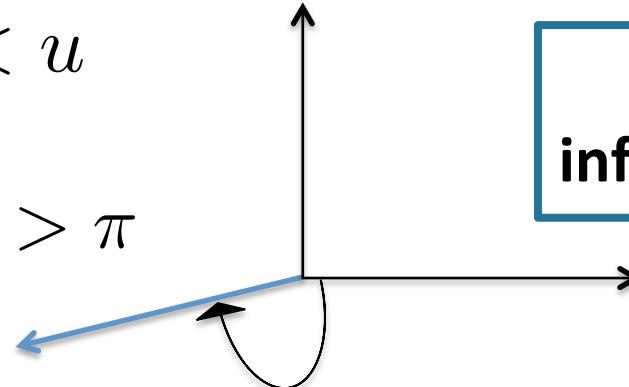
$$\hat{u}_k = \frac{\hat{\varphi}^{G_1} - \hat{\varphi}^{G_2} + 2\pi k}{\pi} venc_{1,2}$$
$$k \in \mathbb{Z}$$

- If $venc_{1,2} > u$ then $\hat{u}_{k=0}$ is the correct solution!



- If $venc_{1,2} < u$

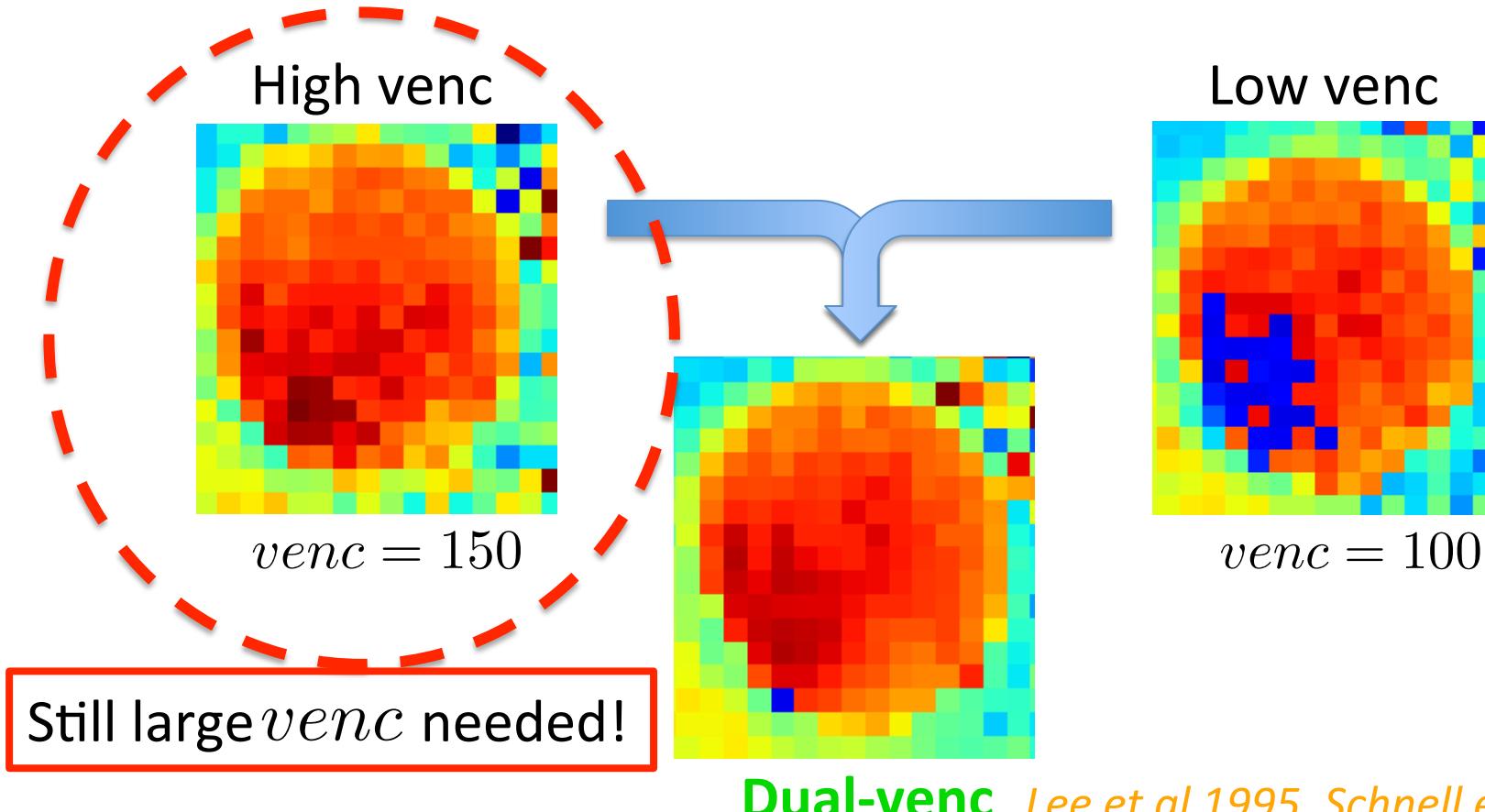
$$\hat{\varphi}^{G_1} - \hat{\varphi}^{G_2} > \pi$$



We need **more** information for finding k

Standard dual-venc reconstruction (SDV)

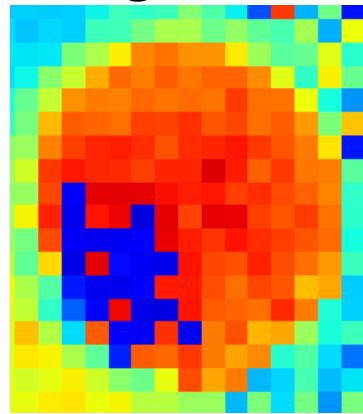
Goal: Improve velocity/noise with additional measurement



Optimal dual-venc reconstruction (ODV)

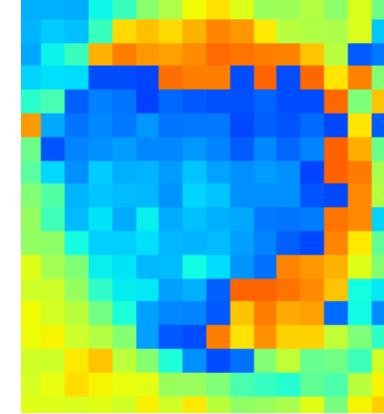
Aliasing-free estimation when $venc < u$

High venc

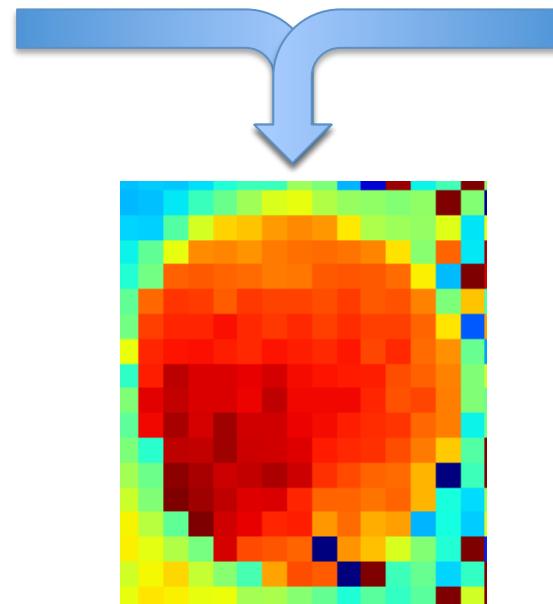


$venc = 100$

Low venc



$venc = 75$



Dual-venc

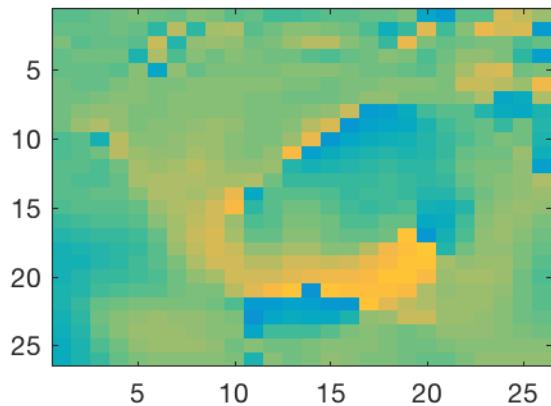
Optimal Dual-VENC (ODV) unwrapping in Phase-Contrast MRI

H. Carrillo, A. Osses, S. Uribe, C. Bertoglio. IEEE Trans. Medical Imaging, 2019

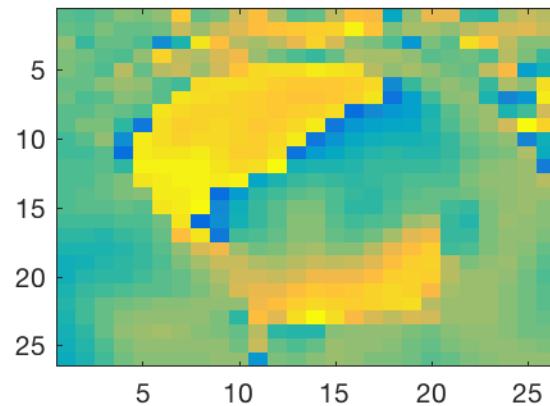
Example in pulmonary artery

With Tineke Willems (Groningen Medical Center)

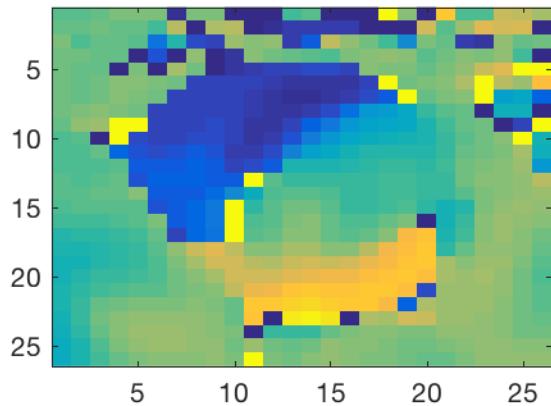
VENC = 100



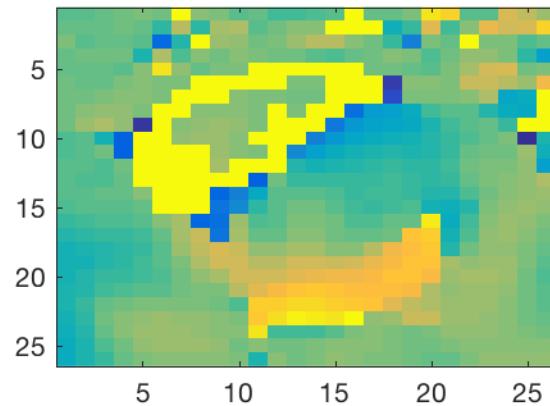
VENC = 150



Opt. Dual VENC



Stand. Dual VENC

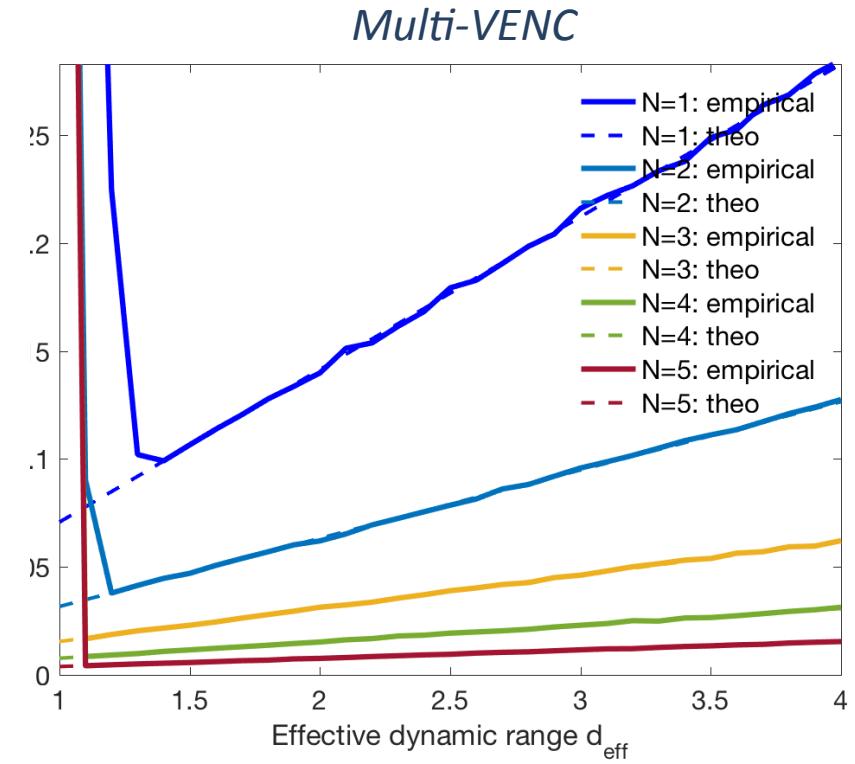
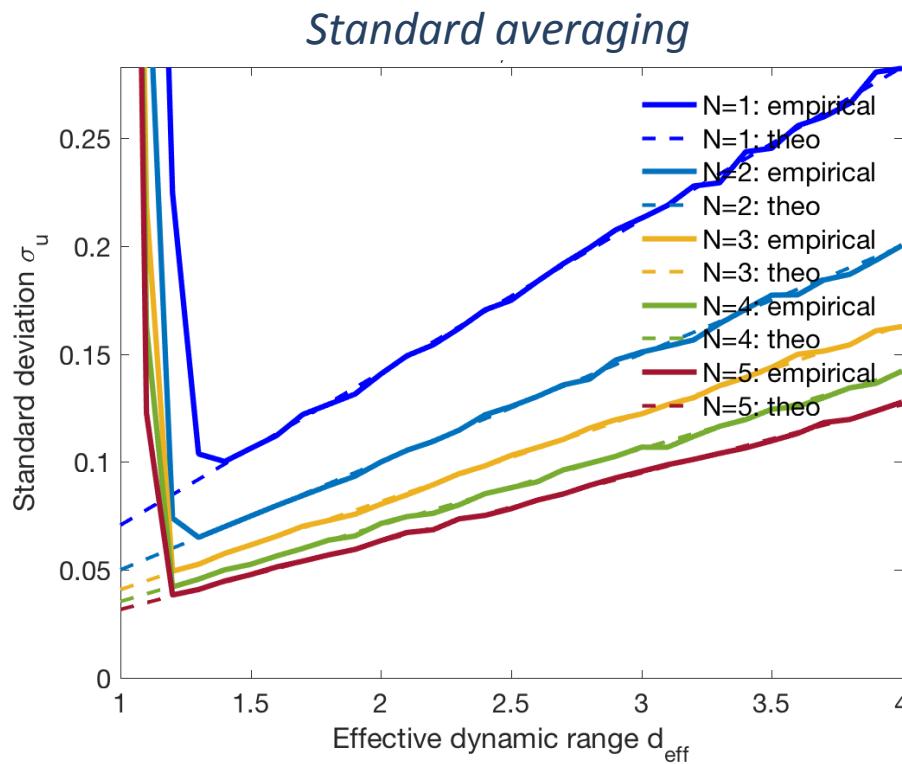


Clinical potential of dual/multi-VENC

+ Straightforward extension to *multi-VENC*

Optimal multiple motion encoding (OMME) in Phase-Contrast MRI (under review)

+ Efficient VNR improvements + robustness (shorter examinations?)



Ongoing: “clever” extension to 4D flow

Thanks! Questions?

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