



Patient specific adaptation in MRI: A few interesting examples

- MR Scan Prescription
- RF Coils
- Image reconstruction
- MR Scanner Tuning
- Patient Motion Management
- MR Safety



















MR Safety Consideration

- MR systems have traditionally used body weight and sometimes height, sex, age or orientation in magnet to estimate whole body and local SAR
- · More recently systems utilized real-time feedback to update SAR in real-time
- Now, to accommodate more restrictive heating conditions associated with implants vendors are moving toward a models that predict, estimate and/or help control either SAR (conservative) or B1+rms
- Vendors are now starting to use localizer scans to help estimate
 the amount of tissue exposed for even more refined calculations





ging SAR in the patient via the pulse sequence

- st spin echo and fast imaging sequences (high density of refocusing pulses) and fast illizing large flip angle pulses (balanced steady state free precession, magnetization ography, etc) ing B 1-m limits instead of SAR more accommodating



SNR loss and contrast changes SNR loss and contrast changes SNR loss versus sequence timing longer acquisition times longer acquisition times longer acquisition times loss of volume coverage of

contrast changes; artifacts overage, uniformity, availabilit



Summary

- MR has a long history of needing to adapt to a specific patient or anatomical region via tuning of the pulse sequence.
- Artificial intelligence in combination with fast calibration sequences or new hardware are facilitating a more patient adaptive MR environment
 - Patient scan prescription
 - Patient specific acquisition tuning
 - Patient specific safety management
- Potential for increased workflow, increased patient safety management potentially with more robust and consistent image quality

3

