# Radiofrequency Coil Quality Control

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# **Educational Objectives**

- Describe different approaches to performing RF coil quality control testing
- Discuss methods of measuring SNR
- Describe the influence of phantoms, acquisition parameters and post-processing on SNR results
- Recommend information to include in the coil QC record

# Outline

- Purpose of coil QC
- How to perform coil QC
  - Manufacturer/MR system vendor guidance
  - SNR measurement methods
    - Automated and manual methods
  - · Phased-array coils and uniformity correction
  - Phantoms
- Factors that will affect results
- What to include in the report
- Challenges

# **RF Coil QC - purpose**

RF coils are a critical component of the MR imaging system. Quality control of RF coils is important:

- To ensure acquisition of high quality diagnostic MR images by ensuring good coil performance
- To catch coil problems before they affect clinical scans
- To troubleshoot clinical image quality problems
- As part of a comprehensive MRI quality assurance program
- Required for ACR accreditation (breast MRI or MRI)



# **RF Coil Quality Control**

- Coil inspection
- Measurement of signal-to-noise ratio (SNR)
- Measurement of signal uniformity for volume coils
- Phased array coils: evaluate SNR for individual channels
- New coils: establish baseline coil performance in order to monitor coil performance over time.
- Existing coils: Compare SNR results to baselines and/or vendor specifications
- Artifact evaluation (including ghosting)

# **Coil QC Procedure**

- May be provided by coil or MR system manufacturer
  - On-system guidance during automated testing
  - Coil User or Service Manual
- Position of phantom, coil
- Coil configurations, where to landmark
- Pulse sequence and scan parameters
- May include pass/fail SNR limits
  - Lower limit
  - May not provide an upper limit
- May not provide any limits: "Establish baseline and monitor over time"

### **Coil QC Procedure**

If vendor guidance is not available

- Use a basic coil QC procedure
  - Spin echo, FSE, GRE
  - Clinically relevant FOV and image orientation
  - If possible acquire images using individual channels
  - Test available coil configurations
- Choose an SNR method to use
- Establish baseline SNR for future comparisons

# **Surface Coils**

- Surface coils
  - Highest signal close to body, rapid signal drop-off with depth
- Smaller coils record less noise, higher SNR than larger coils, but sensitive to smaller anatomical volume
- Larger coils lower SNR, sensitive to larger anatomical volume



# **Volume Coils**

- Volume coils
  - Designed to provide uniform RF field, uniform signal within coil
  - ACR requires uniformity and ghosting measurements



# **Phased array coils**

- Multiple small coil elements, independent receiver channels (8, 12, 16, 32, ... more expensive)
- Less noise, higher SNR of small elements
- Small elements sensitive to shallower depth
- Multiple elements provide anatomical coverage
- Higher SNR can be traded for:
  - Better resolution: larger matrix, thinner slices
  - Shorten scan time or increase number of slices by reducing number of averages
- Enables the ability to do parallel imaging



<b>3T 8 channel CTL array</b>							
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SERVICE MANUAL	Figure 4: Positioning the coil and phantoms						
USA Instruments, Inc. Document 2413107-3 Revision 1	Landmark						
GE Signa <sup>®</sup> EXCITE <sup>™</sup> 3.0T Premier III Phased Array CTL Spine Coil (3.0T HD CTL Array) GE Catalog Part Number: M1385AW	Figure 5: Landmark						







# **Measuring coil SNR**

- Method 2:
  - SNR = 0.655 x mean Signal divided by the std deviation (of an ROI in air)

$$SNR = \sim 0.655 \ S / \sigma_{ain}$$

- 0.655 factor corrects for the background signal in magnitude images having Rician distribution, rather than Gaussian
- Noise ROI should be placed to avoid artifacts







32 channel Spine Array Automated Coil QC • Siemens AERA • Service mode not required. • Reports (pdf) available						
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			Loop 4 cm Coll Check Loop 7 cm Coll Check Solar 22 Coll Check	Flex Small 4 Coll Check	TeOn	
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098_Spine_32_SP3_Tra	OK					
098_Spine_32_SP4_Tra	OK					
098 Spine 32 SP5 Tra	ОК					
098 Spine 32 SP6 Tra		S/N				
098 Spine 32 SP7 Tra		Parabola Fit				
098 Spine 32 SP8 Tra		Value Min				
Program Result	Success	42.5 29.0				
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# **Signal Intensity Corrections**

Signal intensity correction algorithms designed to improve image uniformity when using phased array coils:

• SCIC, PURE (GE), CLEAR (Philips), Normalize, pre-scan Normalize (Siemens)

### Advantages:

- Provides more uniform clinical images.
- Needed for multi-channel phased array head coils to pass ACR PIU test.

### Turn off for coil QC:

- Can mask coil element failures.
- Changes signal and noise distribution in the image (SNR, PIU)



## **Phantoms and SNR**

### Phantoms:

- Fluid filled, various shapes and sizes.
- Water doped with paramagnetic substance to create T1 and T2 relaxation times similar to tissue, and NaCl<sub>2</sub> for similar conductivity.
  - NaCl + CuSO<sub>4</sub>
  - NaCl + NiCl<sub>2</sub> (e.g. ACR phantom, less temperature dependent)
- 3T phantoms may be oil filled to reduce RF penetration and dielectric effects.



# Factors that affect SNR, detection of bad coil elements

### Scan parameters

• Pulse sequence, scan parameters (TR/TE, receive bandwidth, # averages, matrix, slice thickness, FOV, ...)

- Coil configuration
- Application of intensity corrections
- Use of parallel imaging don't use

### Setup and analysis

- Phantom, fill solution
- Phantom position within the coil
- Size and position of ROIs

### **RF Coil Quality Control**

### Use consistent scan/measurement methods:

### Identical phantom and positioning within coil

- Homogeneous phantom (sphere, cylinder, block, custom)
- Use the same phantom every time

### Identical scan parameters:

- Pulse sequence, timing parameters (TR, TE), flip angle, slice thickness and position, matrix, FOV, receive bandwidth, etc
- Record transmit gain/attenuation, receiver gains

### Identical measurement methods, ROI positions

- Signal, noise, SNR, signal uniformity, ghosting
- Evaluation of channel performance

Record procedure (photo of setup, ROI positions, scan parameters)

# **RF Coil Quality Control**

### Coil testing:

- Follow manufacturer procedure or develop your own.
- Manufacturer may be more likely to respond to coil QC failure when their QC procedure is followed.

### Uniformity:

- Follow procedure in 2004 ACR MRI QC Manual or vendor's procedure if available
  - Volume coils: min, max signal intensity within large ROI
  - Surface coils: min, max signal intensity

# **RF Coil Quality Control**

### Artifact evaluation

- Evaluate images acquired using QC protocol
- Volume coils: measure ACR ghosting ratio
- To troubleshoot artifacts observed on patient images may acquire images of homogeneous QC phantom using clinical protocol.

### **Functional checks**

- Verify that all coil configurations function
- Verify that the coil functions in all ports
- Record any error messages

# **RF Coil Quality Control**

### Coil testing:

- Important to test coils:
  - after installation of new scanner or new coils
  - at least annually
  - · whenever artifacts or coil problems occur

# **Clinical example**

Signal loss – superior anterior element of 1.5T 8 channel body array









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# **Coil QC Report**

### Coil description

- Manufacturer, model, serial number
- Scanner used for testing
- QC Method
  - Pulse sequence, scan parameters (TR/TE, bandwidth, averages, FOV, slice thickness/spacing, matrix), applied filters, etc
  - Transmit and receiver gains
  - Phantom, position within coil (photo)
  - SNR measurement method used
  - Position of signal and noise ROIs (photo/screen cap)

# **Coil QC Report**

### Measurements:

- SNR, uniformity, ghosting
- Artifact evaluation
- Limits and source of limits (e.g. baseline, coil manual)
- Pass/fail results
- Date
- Physicist

<b>RF coil report (ACR)</b>							
<ul> <li>Volume coil:</li> <li>SNR</li> <li>Percent signal ghosting</li> <li>Percent uniformity</li> <li>Surface coil</li> <li>Maximum SNR</li> </ul>	W:cm² ta Collected: Mean Ma	IL - ITYPE - I	TR:	TE: BW:m miny1 Backgr Sigr Sigr mity1 BV miny1 BV miny1 BV miny1	round space	flip_anskHz; NSA ing Noise Standard Devlation Devlation Date: FOV:kHz; kHz; mSignal-tc se Ratio	iemm Ghost Signal

# Challenges

- Phased array coils:
  - 8-, 12-, 16-, 32-, ….128-channel arrays
  - Ideally should test individual channels
  - Not all vendors provide automated test tools
  - Manual measurements are time consuming
  - Need tools for physicists in the field
- AAPM MR Subcommittee Task Group

# Which is not appropriate for coil QC?

- 1. Spin echo pulse sequence
- 2. Image evaluation for artifacts
- 3. Application of signal intensity correction
- 4. Use of the same phantom and setup
- 5. Measurement of uniformity for volume coils

Answer: 3. Application of signal intensity correction

Reference: AAPM Report 100

# Coil element failure in a multi-channel phased array coil

- 1. Will always be visible in the composite image
- 2. Will always be apparent by a failing PIU value
- 3. Will be demonstrated by excessive ghosting
- 4. Is best demonstrated by acquiring phantom images with individual elements
- 5. Is not an issue for clinical images

Answer: 4. Is best demonstrated by acquiring phantom images with individual elements

Reference: AAPM Report 100

# Which statement is false? Coil QC phantoms

- 1. Should be homogenous or have a homogeneous section
- 2. Are interchangeable
- 3. Contain fill solution with conductivity and relaxation properties similar to tissue
- 4. Should conform to the coil shape
- 5. Provide uniform signal for SNR and uniformity determination

Answer: 2. Are interchangeable Reference: ACR Magnetic Resonance Imaging QC Manual, 2004.

# References

- 1. ACR Magnetic Resonance Imaging (MRI) Quality Control Manual, 2004. (under revision)
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- 5. Jackson EF, et al (2010). "Acceptance testing and quality assurance procedures for magnetic resonance imaging facilities: Report of MR Subcommittee Task Group 1", AAPM Report 100, 2010.
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