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Can physiological signals estimation improve fMRI connectivity assessment in anesthetized rats?

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Background

Resting-state functional magnetic resonance imaging (fMRI) is a common translational method to evaluate brain functional connectivity (FC) in preclinical neurologic applications. However, unlike human studies, preclinical fMRI studies are usually performed under anesthetic condition. The confounding effect of the anesthesia on fMRI measurements is not clear. Indeed, a controversy exists between those who claim that anesthesia change FC (Paasonen et al., 2018) and other who maintain that FC is preserved (Becq et al., 2020). Our hypothesis is that physiological changes induced by anesthesia could explain this discrepancy. While in human studies, fMRI analysis generally includes cleaning of physiological-noise (Glover et al., 2000; Kassinopoulos & Mitsis, 2019), preclinical study processing is rather often limited to a low-pass temporal filtering. We aimed first to demonstrate that the global MRI signal of animal brain includes, like in human, a physiological component. Second, that a normalization of this component based on global signal can reduce variability of FC assessment.

Methods





High temporal sampling rate fMRI TR=100ms, TE=13ms, flip-angle=20°, voxels-size=400x400microns², FOV 25.6x25.6cm², slice-thickness=2mm



BIOPAC MP150

Physiological records Respiration: pillow and CO2 sensors, Cardiac: ECG and PPG sensors

Induction : isoflurane 5% Medetomidine IV Bolus: 0.05mg/Kg then 0.1mg/Kg/h then Isoflurane 3% 45 minutes 15 minutes

Time frequency analysis of the 60 minutes record:

- Physiological signals
- Global MRI signal of the brain and it's 3 principal components

Sliding window functionnal connectivity analysis:

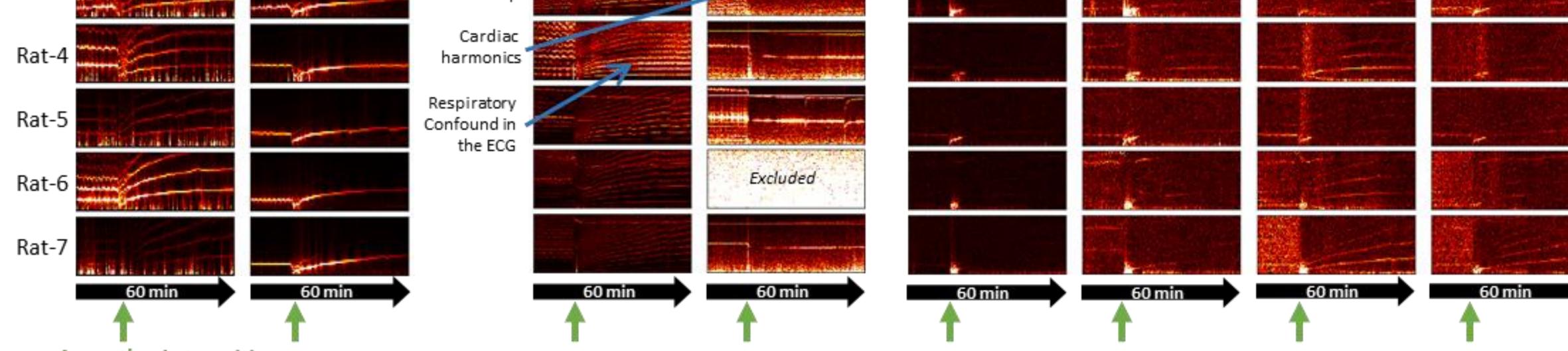
- Bilateral ROIs: Motor Cortex (MC), Somatosensory Cortex (SSC), Thalamus (Th) and Ventricle (V)
- FC with and without correction of the global signal and its principal components (Behzadi et al., 2007)

BOLD MRI template of the single slice acquisition	

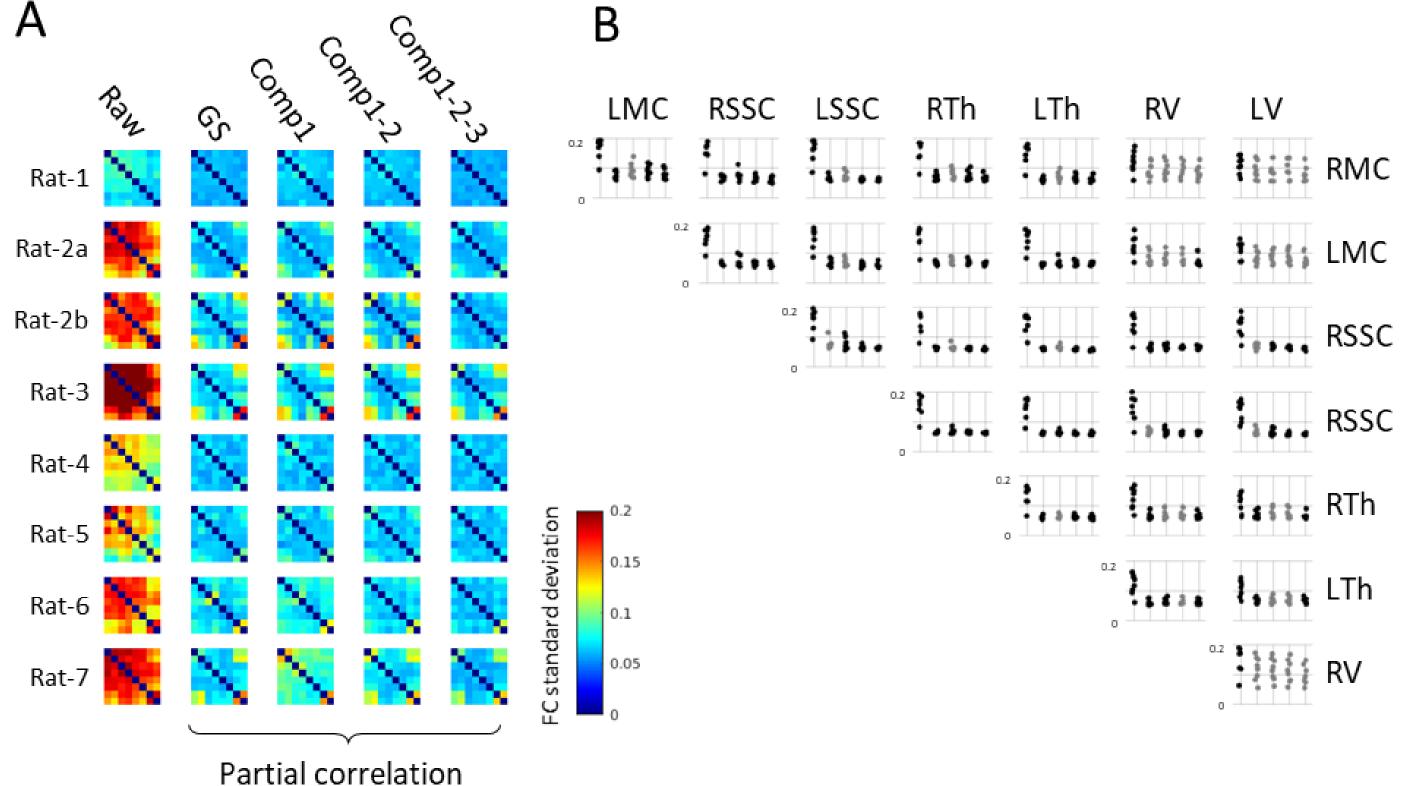
Cardiac signals Brain fMRI global signal Respiratory signals Respiratory CO2 sensor ECG PPG Raw Comp1 Comp2 Comp3 pillow 12 Hz 5 Hz Rat-1 OHz 0 Hz 0 Hz OHz. Respiratory main freq. Rat-2a Respiratory 10.0 harmonics Rat-2b Cardiac Rat-3 main freq.

Time-frequency Figure 1: analysis of the physiological and MRI signals. Fourier transforms are computed on a 10s time window with a 5s overlap over the 60min fMRI experiment. Photoplethysmogram (PPG) of the rat-6 is excluded due to sensor failure. Colormap of the power spectrum are the same animals but scaled across independently for each signal type. Blue arrows show some examples the main **O**[†] frequencies, harmonics and confounds of each physiological signal.

Results



Anaesthesia transition



Conclusion

We showed that the physiological variability of both respiratory and cardiac cycles is captured by the global brain fMRI signal. When the global signal was used as a confounding factor to compute the FC, the variability across the different stages of the anesthesia is reduced, even if there were strong physiological modifications.

We now have to investigate the best way to correct the fMRI signal for the physiological variation. Our best bet is to use the methods developed for human brain fMRI preprocessing and adapt them for preclinical imaging.

Figure 2: A Symmetric matrices of the standard deviation of the Functional Connectivity (FC) over time for each animal (in rows). Regions of interest are ordered this way : Right Motor Cortex (RMC), Left Motor Cortex (LMC), Right Somatosensory Cortex (RSSC), Left Somatosensory Cortex (LSSC), Right Thalamus (Rth), Left Thalamus (LTh), Right Ventricle (RV), Left Ventricle (LV). B Distribution comparison of the standard deviation of the FC across animals (Kruskall-Wallis). For each pair of regions, the five jittered plots correspond to (1) Raw FC, (2) partial-FC with the Global Signal (GS), (3) partial-FC with comp1 of GS, (4) partial-FC with comp1-2 of the GS, (5) partial-FC with comp1-2-3 of the GS. Gray dot means that the distribution of the FC does not differ statistically of the Raw FC distribution (alpha=0.05, Tukey-HSD corrected for multiple comparisons).

The French Research ministry and Ethical Comity approved this preclinical study (#28792).



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