

*PCMD MicroCT Imaging Core Learning Lunch Series*

## In Vivo $\mu$ CT Imaging of Live Rodents

Feb 23<sup>rd</sup>, 2023

PCMD MicroCT Imaging Core

(Management team: X. Sherry Liu, Yilu Zhou)



Penn Center for Musculoskeletal Disorders (P30-AR069619)



# Outlines

- Brief introduction of our core facility
- Recent progress of our video tutorials, automated services
- In Vivo  $\mu$ CT Imaging of Live Rodents
- Q & A



# μCT Imaging Core Resources

	Model	Location	Scan Size (ØxL;mm)	Voxel Size (μm)	Applications
1	μCT 35	Stemmler Hall	37.9 x 120	3.5-72	High resolution <i>ex vivo</i> scans
2	μCT 45	Stemmler Hall	50 x 120	3.0-100	High resolution <i>ex vivo</i> scans
3	vivaCT 40	Stemmler Hall	38.9 x 145	10.5-76	High resolution <i>in vivo</i> scans for small animals
4	vivaCT 80	Stemmler Hall	80 x 145	10.4-76	High resolution <i>in vivo</i> scans for small animals
5	μCT 50	PVAMC/TMRC	50 x 120	0.5-100	Ultra high resolution (sub-micron) <i>ex vivo</i> scans
6	vivaCT 75	PVAMC/TMRC	79.9 x 145	21-150	<i>In vivo</i> scans for small animals; <i>ex vivo</i> scans for large specimens
7	XtremeCT II	CTRC	140 x 200	60-82	Clinical scans for peripheral skeleton

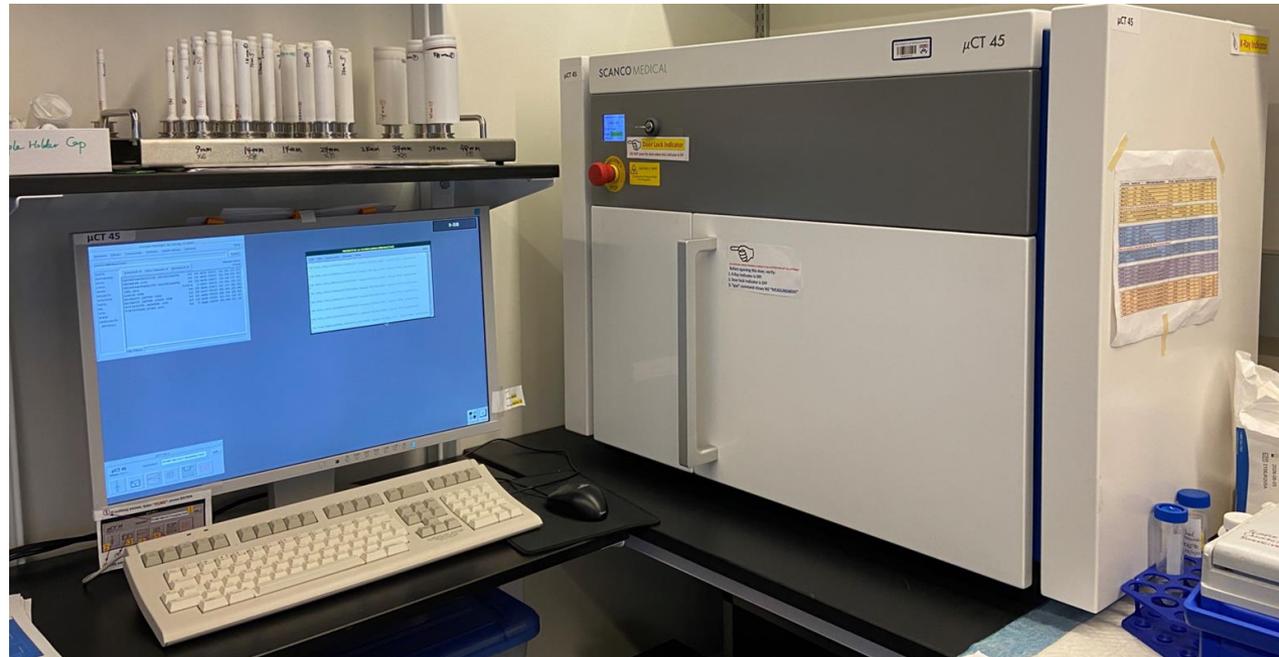
# Ex vivo (Specimen) Scanners

- Scanco  $\mu$ CT 35 (Purchased in 2012)
  - Native voxel sizes: 3.5  $\mu\text{m}$ , 6  $\mu\text{m}$ , 10  $\mu\text{m}$ , 15  $\mu\text{m}$ , 18.5  $\mu\text{m}$



# Ex vivo (Specimen) Scanners

- Scanco  $\mu$ CT 45 (Purchased in 2019 *new!*)
  - Native voxel sizes: 3  $\mu$ m, 4.5  $\mu$ m, 7.4  $\mu$ m, 10.4  $\mu$ m, 14.6  $\mu$ m
  - Carousel system supporting 20 sample holders
  - “Air” filter for scanning low density materials
  - “Copper” filter for scanning specimen with metal implant



# In vivo Scanners

- Scanco vivaCT 40 (Purchased in 2010)
  - Voxel sizes: 10.5  $\mu\text{m}$ , 12.5  $\mu\text{m}$ , 15  $\mu\text{m}$ , 17.5  $\mu\text{m}$ , 19  $\mu\text{m}$



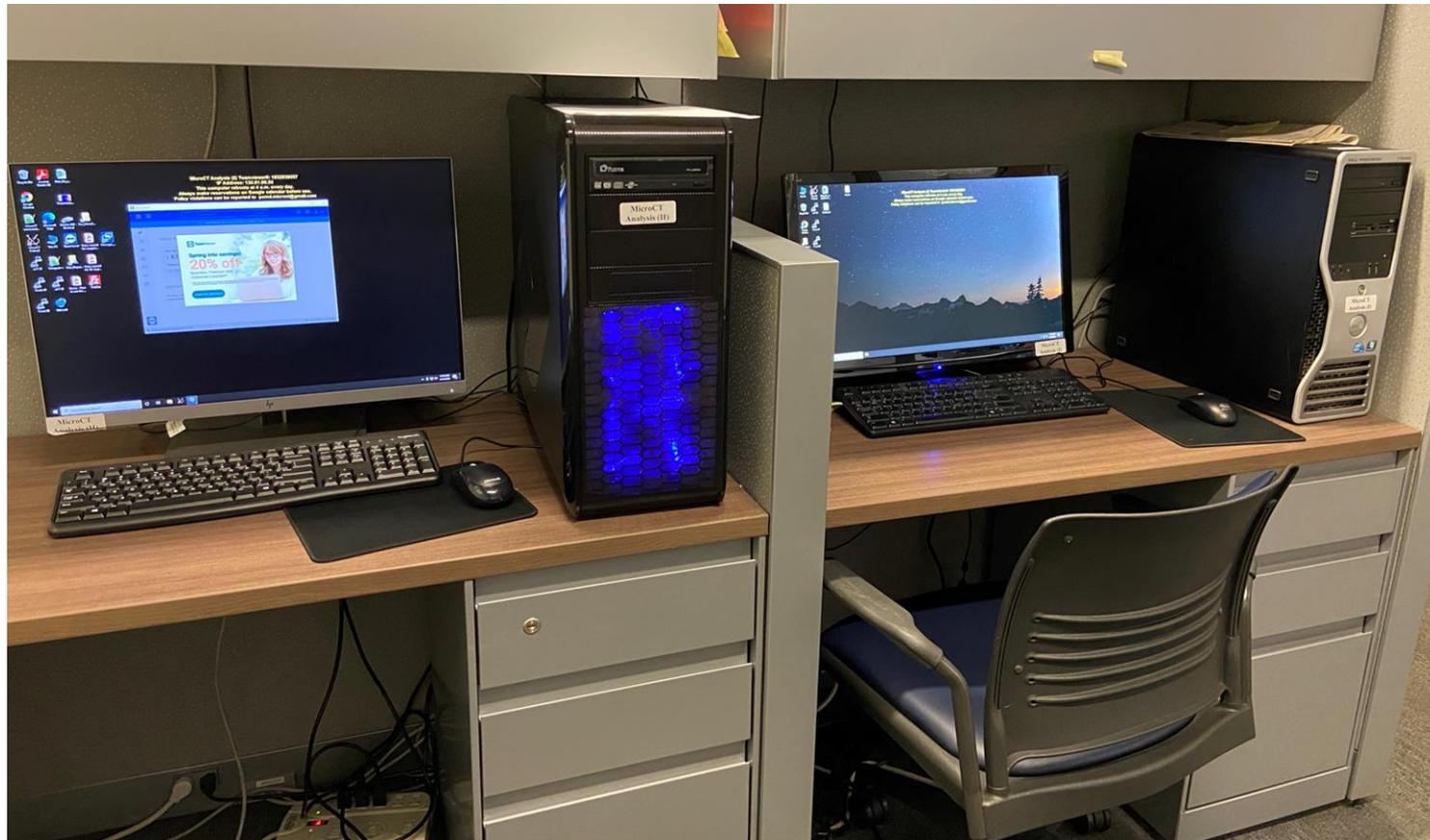
# In vivo Scanners

- Scanco vivaCT 80 (Purchased in 2018 *new!*)
  - Voxel sizes: 10.4  $\mu\text{m}$ , 11.6  $\mu\text{m}$ , 13  $\mu\text{m}$ , 16.1  $\mu\text{m}$ , 20.8  $\mu\text{m}$ , 26  $\mu\text{m}$
  - Internal heating device to keep animal warm
  - Internal camera to monitor animal's breathing
  - Ex vivo scan for specimen from large animals or human cadaver



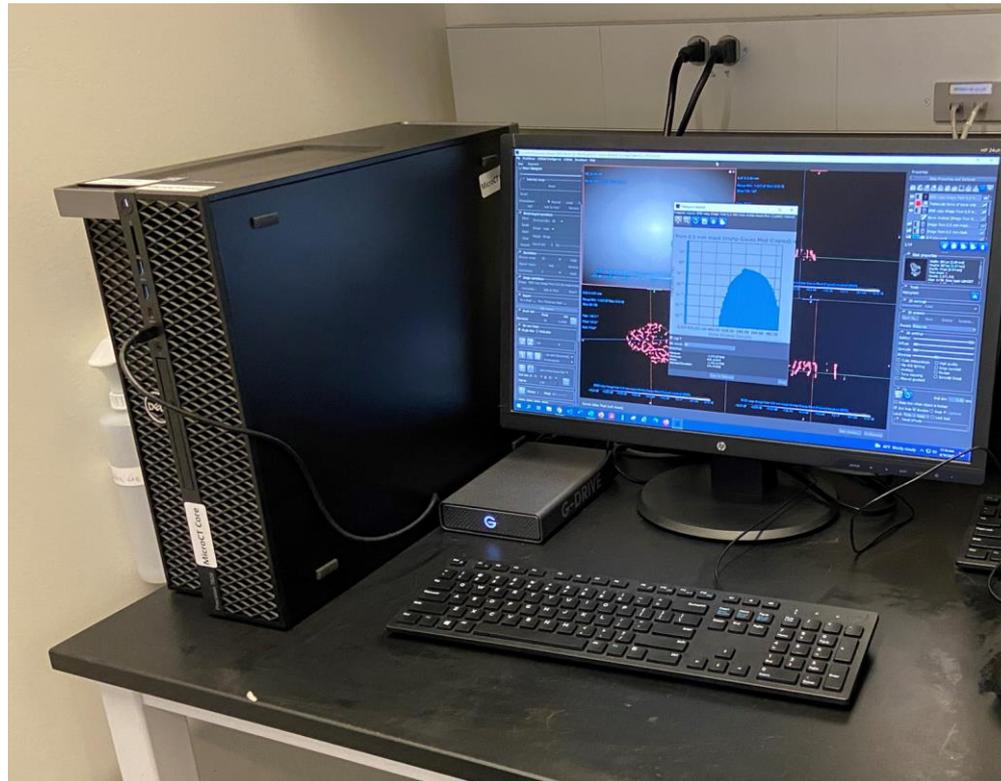
# MicroCT Analysis PC

- 2 PCs for MicroCT Analysis (315 Stemmler)
  - Windows 10 platform
  - Either remote or onsite access
  - Scanco software



# Dragonfly Workstation

- Workstation for Dragonfly software (324 Stemmler)
  - Windows 10 platform
  - PMACS account required (either remote or onsite access)
  - Deep learning assisted analysis
  - Training videos <https://www.theobjects.com/dragonfly/tutorials.html>



# Video Tutorials & Instruction Documents

<https://www.med.upenn.edu/pcmd/mctimagingcore/user-tutorials.html>

<https://www.youtube.com/channel/UCzznR9Fdv-3kjEX7miwsi0A>

## Video Tutorials:

Our YouTube channel: <https://www.youtube.com/channel/UCzznR9Fdv-3kjEX7miwsi0A/>

### μCT scan setup:

1. How to set up a scan on μCT35 ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=QUtoQqIYJ8o>
2. Demo: How to set up a scan on μCT45 (Recommended: Carousel version)  
([PDF download](#)) ([Video download](#))  
Note: To use this **Carousel version**, please remove the sample holder on the rotation stage.  
<https://www.youtube.com/watch?v=fz1ffR5XyE>
3. Demo: How to set up a scan on μCT45 (Non-carousel version) ([PDF download](#)) ([Video download](#))  
Note: To use this **Non-carousel version**, please remove all sample holders on the carousel.  
<https://www.youtube.com/watch?v=JEoLn1igEjE>
4. How to set up an ex vivo scan on VivaCT40 ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=sxvTV4bvosv>
5. How to set up an ex vivo scan on VivaCT80 ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=HdQYWwjuIXM>

### μCT viewing & analysis:

1. How to use "microCT Analysis" computers ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=qHHcB6KJJe4>
2. Tutorial for cropping, exporting, and requesting microCT images ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=umRF6ODcQqQ>
3. Tutorial for 3D display of microCT images ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=YdQSo41rgR8>
4. Tutorial for cortical bone analysis (mouse tibia midshaft) ([PDF download](#)) ([Video download](#))  
<https://www.youtube.com/watch?v=B4OEgX8Bkgw>



# Publications from our users

- Our users have published over 250 journal articles on their  $\mu$ CT projects.
- Selected publications with detailed  $\mu$ CT protocols for other users to cross reference:

<https://www.med.upenn.edu/pcmd/mctimagingcore/publications.html>

## 1. Calcified Tissue Imaging

### 1.1. Skeletal Phenotyping

#### 1.1.1. Rodents

OA study (gene therapy): Proximal tibia of Sprague-Dawley rats. Mason, J.B., et al., *Wnt10b and Dkk-1 gene therapy differentially affects bone mass and osteophytosis in a skeletally mature rat model of osteoarthritis*. *PLoS One*, 2014. 9(12): p. e111111.

OA study (DMM Model): Medial epiphysis of the mice. Sambamurthy, N., et al., *Chemokine receptor-7 (CCR7) deficiency in a murine model of osteoarthritis*. *J Orthop Res*, 2014. 32(12): p. 2033-2041.

Sambamurthy, N., et al., *Deficiency of the pattern-recognition receptor CCR7 leads to a decline in a murine model of osteoarthritis*. *PLoS One*, 2015. 10(12): p. e0144444.

## 2. Non-calcified Tissue Imaging

### 2.1. Cartilage Imaging

Cartilage repair: Osteochondral specimens from 12-week-old mice. Friedman, J.M., et al., *Comparison of Fixation Techniques for Small Animal Cartilage Specimens*. *Cartilage*, 2017. 29(1): p. 10-18.

Pfeifer, C.G., et al., *Age-Dependent Subchondral Bone Remodeling in a Murine Model of Osteoarthritis*. *Part C Methods*, 2017. 23(11): p. 745-753.

Patel, J.M., et al., *Resorbable pins to enhance scaffold integration in a murine model of osteoarthritis*. *PLoS One*, 2018. 13(12): p. e0206256.

## 3. In Vivo Small Animal Imaging

Reproducibility and Radiation study: Mice distal femur. Zhao, H., et al., *Reproducibility and Radiation Effect of  $\mu$ CT Imaging in a Murine Model of Osteoarthritis*. *Ann Biomed Eng*, 2016. 44(12): p. 3033-3041.

Bone remodeling study: Longitudinal *in vivo* scanning. de Bakker, C.M.J., et al., *Minimizing Interpolation Bias in Longitudinal  $\mu$ CT Scans of Bone Remodeling*. *Ann Biomed Eng*, 2016. 44(12): p. 3042-3051.

Reproduction cycles study: Longitudinal *in vivo* scanning. de Bakker, C.M., et al., *Adaptations in the Microarchitecture of Bone in Response to Multiple Reproductive Cycles in Rats*. *J Bone Miner Res*, 2017. 32(12): p. 2033-2041.

## 4. Clinical Imaging

HR-pQCT scanner (XtremeCT II), human tibia. Zhao, X., et al., *Feasibility of assessing bone material properties using HR-pQCT*. *PLoS One*, 2017. 12(3): p. e0173995.

## 5. Other Imaging

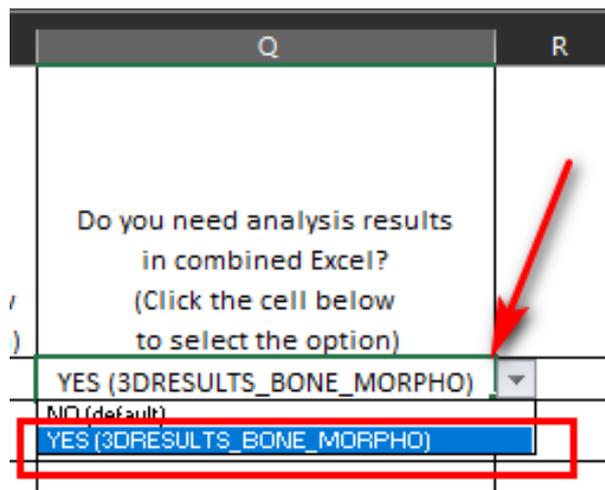
Metal implants in rat brain (90 kVp with a copper filter). Burton A, et al., *Wireless, battery-free, and fully implantable  $\mu$ CT for *in vivo* imaging of brain implants*. *Nanoeng*. 2021;7:62.



# Fully Automated Services

- File request: fully automated service sharing MicroCT files to users (running 7/24)
- Auto compiling microCT results into Excel sheet

[https://www.med.upenn.edu/orl/uct/assets/user-content/secure/User\\_file\\_request%20\(v2020.01\).xlsx](https://www.med.upenn.edu/orl/uct/assets/user-content/secure/User_file_request%20(v2020.01).xlsx)



Q R

Do you need analysis results  
in combined Excel?  
(Click the cell below  
to select the option)

YES (3DRESULTS\_BONE\_MORPHO) ▼

NO (default)

YES (3DRESULTS\_BONE\_MORPHO)

- Sample realignment/reorientation request: fully automated service help users to do sample realignment (running 7/24)

[https://www.med.upenn.edu/orl/uct/assets/user-content/secure/Sample\\_Realignment\\_request\(v2020.01\).xlsx](https://www.med.upenn.edu/orl/uct/assets/user-content/secure/Sample_Realignment_request(v2020.01).xlsx)



# μCT Troubleshooting Guide

<https://www.med.upenn.edu/orl/uct/assets/user-content/documents/microct-troubleshooting-guide.pdf>

<b>1. μCT Scanning</b>	<b>2</b>
1.1. How to refresh the system session	2
1.2. System requires login	3
1.3. The Scan button is missing	3
1.4. The Control Box is missing	3
1.5. The command window is missing	4
1.6. There are no ongoing scan jobs, but the scanner's door is still locked. (for μCT 35 / μCT 45)	4
1.7. "File is not a Calendar Datafile."	5
1.8. Why can't I adjust the centrifuge tube holder (for VivaCT40 / VivaCT80)?	5
1.9. "X-ray tube is not ready! Wait for 20 minutes"	5
1.10. Error code 7: "WARNING: No Patient Name"	6
1.11. Error code 22: "FATAL: Failed to connect to server 192.168.XXX.XXX"	6
1.12. Error code 24: "Selected operator is not an operator"	7
1.13. Error code 90: "TCPIP error. Connection is lost!"	7
1.14. Error code 2112: "device already allocated to another user"	8
1.15. Error code 7040: "Z - motor moving error! Door is open. Move not allowed!"	8
1.16. Error code 7053: "Door opening error! Motors are still moving"	8
<b>2. μCT Evaluation/Analysis (Command: uct_evaluation)</b>	<b>9</b>
2.1. I can't load my sample that was scanned a long time ago (>4 months)	9
2.2. Error code 36: "Reading data %FOR-W-ATTACCNON, attempt to access non-existent record!"	9
2.3. I can't draw any contours in the Evaluation software	9
2.4. Do I have to click the "Default VOI" in the Evaluation program?	10
2.5. The Evaluation program crashes when I draw the contours, especially when drawing semi-automatic contours (e.g., for cortical bone midshaft analysis).	10
2.6. The Evaluation program crashes when I click the "Start Evaluation" button	10
2.7. I have multiple GOBJ contour files, but the evaluation program was not using them for analysis.	11
2.8. Why do I see the tilde sign "~" and the exclamation mark "!" in my analysis result TXT?	11
<b>3. μCT 3D Rendering (Command: uct_3d)</b>	<b>11</b>
3.1. "Error Creating TIFF-Image"	11
3.2. Why is it so difficult to rotate the 3D view to my desired orientation?	12
3.3. Why do my 3D images look like stacked layers?	12



# Why *in vivo* $\mu$ CT?

- $\mu$ CT provides 3D imaging with sufficient spatial resolution for the assessment of rodent bone microarchitecture
- *In vivo*  $\mu$ CT: Longitudinal studies of bone morphology  
Waarsing+2006 Brouwers+2007, Brouwers+2008, Brouwers+2009, Klinck+2008, Bouxsein+2010, Lan+2013, Boyd+2006, Campbell+2008, Buie+2008, Lambers+2011, Schulte+2011
  - Skeletal responses to various diseases and treatments
    - Bone loss associated with disuse or surgery
    - Increased bone mass due to pharmacologic treatment or mechanical loading
- Input to micro finite element ( $\mu$ FE) models to track the mechanical properties of bone van Rietbergen+1998, Schulte+2011
- Increased statistical power
- Reduction in number of animals Bouxsein+ 2010



# vivaCT 40

- vivaCT 40 (Purchased in 2010)
  - Best resolution:  
10.5  $\mu\text{m}$  isotropic voxel size
  - X-Ray Source:  
30 - 70 kVp
  - Max Scan Size:  
38.9 x 145 mm ( $\text{\O}$  x L)
  - Capacity to scan:  
All tissues on mice  
Rat tibia

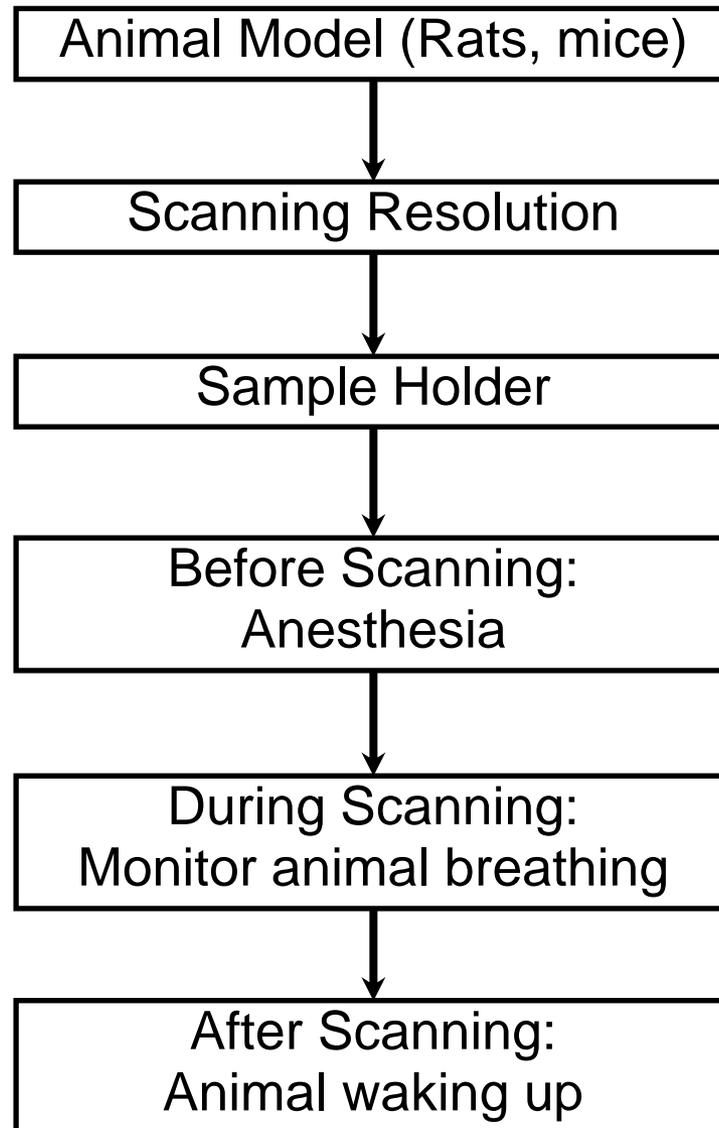


# vivaCT 80

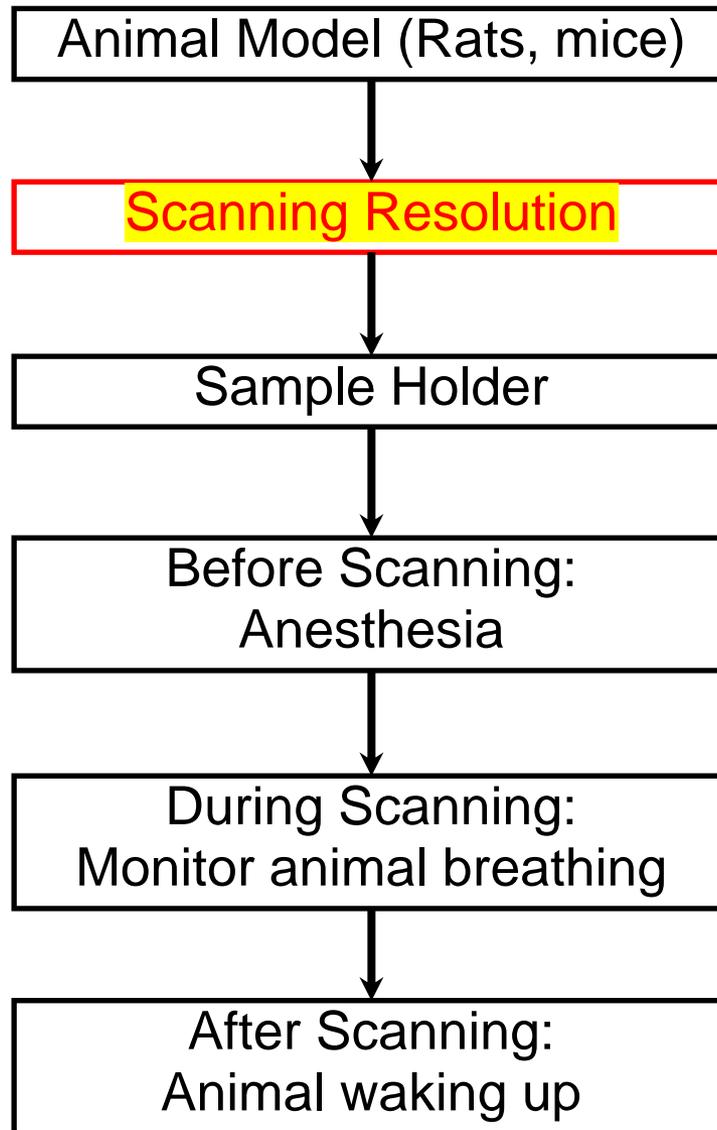
- vivaCT 80 (Purchased in 2018)
  - Best resolution:  
10.4  $\mu\text{m}$  isotropic voxel size
  - X-Ray Source:  
30 - 70 kVp
  - Max Scan Size:  
80 x 145 mm ( $\varnothing$  x L)
  - Capacity to scan:  
All tissues on mice  
All tissues on rat  
(body weight < 700g)



# *In Vivo* $\mu$ CT Imaging



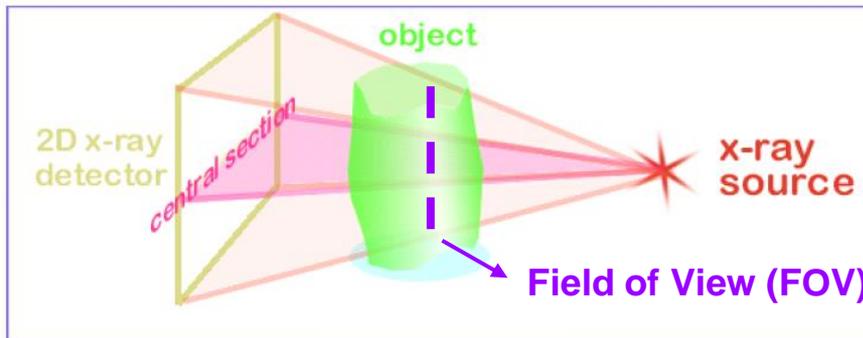
# *In Vivo* $\mu$ CT Imaging



# How to Choose Image Resolution (vivaCT 40)

- Image resolution is determined by FOV and number of projections

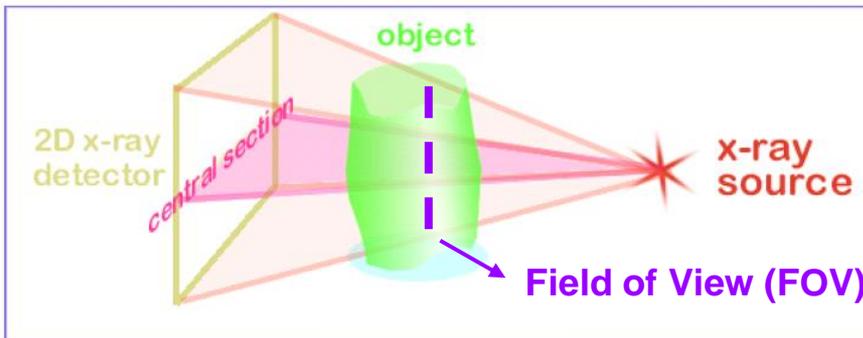
<b>vivaCT40</b> Field of View (mm)	Proj./180°	Best Resolution ( $\mu\text{m}$ )
21.5	1000	10.5
25.6	1000	12.5
30.7	1000	15
35.8	1000	17.5
38.9	1000	19



# How to Choose Image Resolution (vivaCT 80)

- Image resolution is determined by FOV and number of projections

<b>vivaCT80</b> Field of View (mm)	Proj./180°	Best Resolution ( $\mu\text{m}$ )
31.9	1500	10.4
35.9	1500	11.6
39.9	1500	13.0
49.8	1500	16.1
63.9	1500	20.8
79.9	1500	26.0



# Radiation Dose – VivaCT 40



- Computed Tomography Dose Index (CTDI):  
Proportional to the integration time (s), current ( $\mu\text{A}$ ) and number of projections

Energy (KV)	Integration time (ms)	Current ( $\mu\text{A}$ )	Field of View (mm)	Proj./180°	CTDI (mGy)	Resolution ( $\mu\text{m}$ )
55	300	109	21.5	1000	720	10.5
55	300	109	30.7	1000	350	15
55	300	109	38.9	1000	220	19

- Radiation dose on current scanning protocol
  - 10.5 $\mu\text{m}$  for rat tibia, mouse distal femur, proximal tibia and tibial midshaft: CTDI = 639 mGy
  - 15 $\mu\text{m}$  for mouse vertebrae: CTDI = 310 mGy
  - 19 $\mu\text{m}$  for rat femur midshaft: CTDI = 195 mGy



# Radiation Dose – VivaCT 80



- Computed Tomography Dose Index (CTDI):  
Proportional to the integration time (s), current ( $\mu\text{A}$ ) and number of projections

Energy (KV)	Integration time (ms)	Current ( $\mu\text{A}$ )	Field of View (mm)	Proj./180°	CTDI (mGy)	Resolution ( $\mu\text{m}$ )
55	300	145	32	1500	1537	10.4
55	300	145	40	1500	998	13.0
55	300	145	50	1500	615	16.1
55	300	145	64	1500	368	20.8
55	300	145	80	1500	230	26.0



# Concerns – Radiation Exposure

- **In vivo scan on Wistar rats** Klinck+ 2008
  - 8 month old, female rats
  - 12.5  $\mu\text{m}$  isotropic voxel size, 55 kV voltage, 109  $\mu\text{A}$  current, 200 ms integration time, 2000 projections
  - Scanned right tibia at wk0, 2, 4, 6, 8, 12
  - Radiation dose: 502.5 mGy
  - No radiation effect
- **In vivo scan on Wistar rats** Brouwers+ 2007
  - 30 week old, female rats
  - 15  $\mu\text{m}$  isotropic voxel size, 70 kV voltage, 85  $\mu\text{A}$  current, 350 ms integration time, 2000 projections
  - Scanned right tibia at wk0, 1, 2, 3, 4, 5, 6, 8; left tibia at wk0 and 8
  - Radiation dose: 939 mGy
  - Determined cell radiation damage using a cell viability test
  - No radiation effects on bone microarchitecture and marrow cells



# Concerns – Radiation Exposure

- **In vivo scan on BL6 mice** Laperre+2011
  - 10 weeks old, male mice
  - 9  $\mu\text{m}$  isotropic voxel size
  - In vivo scanned left tibia at wk0, 2, 4; ex vivo scanned on both tibia after sacrifice (wk4)
  - Radiation dose: 776 mGy
  - Negative effects on BV/TV and Tb.N and increased Oc.S/BS
  
- **In vivo scan on BL6 mice** Laperre+2011
  - 4 and 16 weeks old, male mice
  - 9  $\mu\text{m}$  and 18  $\mu\text{m}$  isotropic voxel size
  - In vivo scanned left tibia at wk0, 2, 4; ex vivo scanned on both tibia after sacrifice (wk4)
  - Radiation dose: 434 mGy (9  $\mu\text{m}$ ) and 166 mGy (18  $\mu\text{m}$ )
  - No radiation effect on both trabecular and cortical bone architecture in all mice



# Concerns – Radiation Exposure

- **In vivo scan on C3H, BL6, and BAL mice** Klinck+ 2008
  - 8-10 weeks old, female mice
  - 10.5  $\mu\text{m}$  isotropic voxel size, 55 kV voltage, 109  $\mu\text{A}$  current, 200 ms integration time, 2000 projections
  - Scanned right tibia at wk0, 1, 2, 3
  - Radiation dose: 712.4 mGy
  - Negative effects on trabecular microarchitecture
- **In vivo scan on BL6 mice** Zhao+ 2016
  - 12 weeks old, female mice
  - 10.5  $\mu\text{m}$  isotropic voxel size, 55 kV voltage, 109  $\mu\text{A}$  current, 200 ms integration time, 2000 projections
  - In vivo scanned right femur and L4 at wk0, 3, 6; ex vivo scan on both femurs, L3 and L4 after sacrifice (wk9)
  - Radiation dose: 639 mGy (femur) and 310 mGy (vertebra)
  - No effect on BV/TV and cellular activities; Negative effects on trabecular microarchitecture (~10-20%)

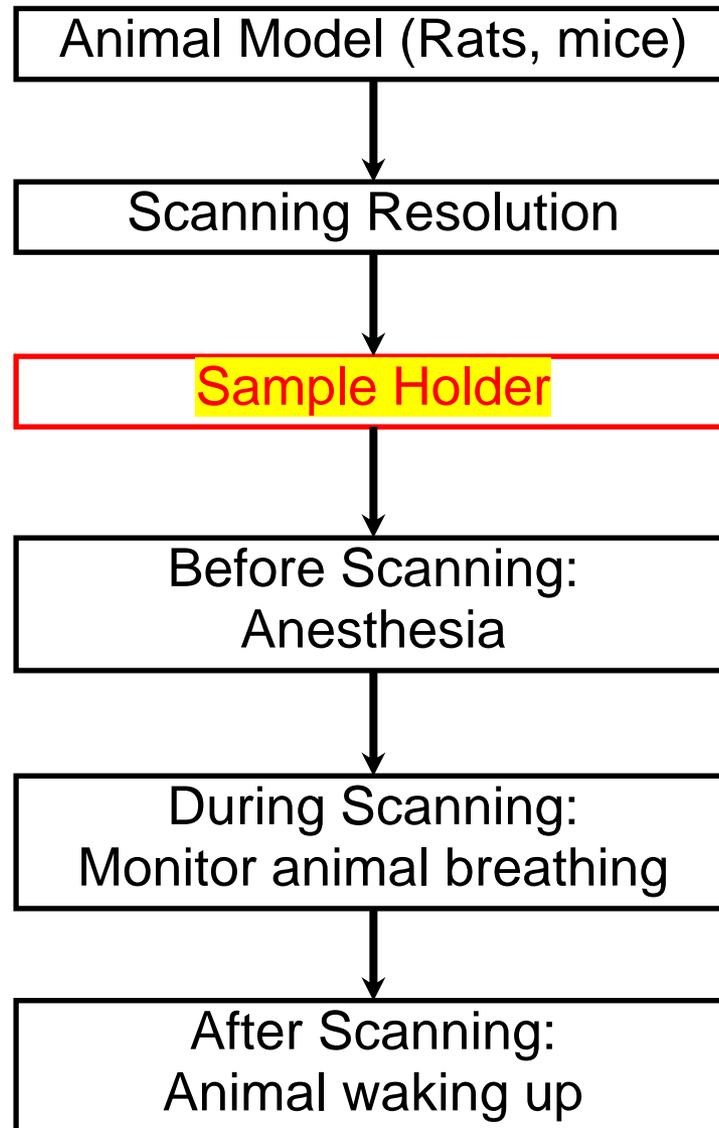


# Conclusion: Radiation Exposure

- Minimal impact on rat bone mass and bone microarchitecture
- Compared to rats, mice are more sensitive to radiation exposure
  - High resolution scans (10-15  $\mu\text{m}$ ) leading to 10-20% deterioration of trabecular bone microarchitecture compared to non-radiated sites
  - **Suggestion** to reduce radiation exposure:
    - Reduction in scan frequency and Increase in interval time between repeated scans
    - Reduction in scan resolution



# *In Vivo* $\mu$ CT Imaging



# Why Need Holder? Movement Artifacts

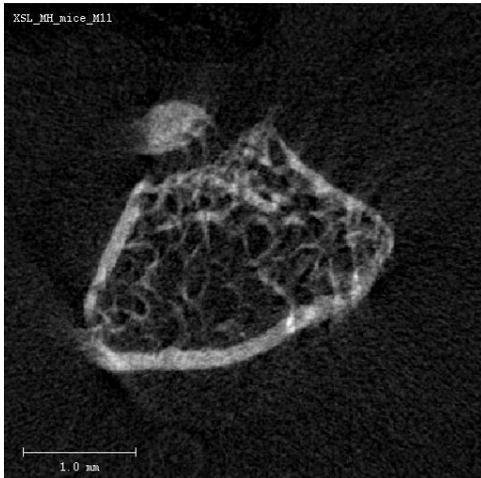
- Movement Artifacts caused by animal breathing



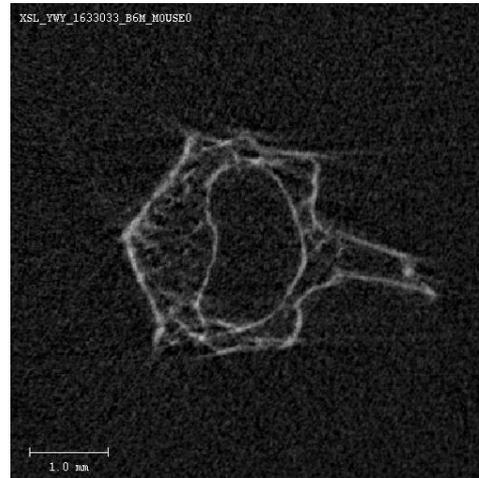
# Why Need Holder? Movement Artifacts

- Movement Artifacts due to animal breathing

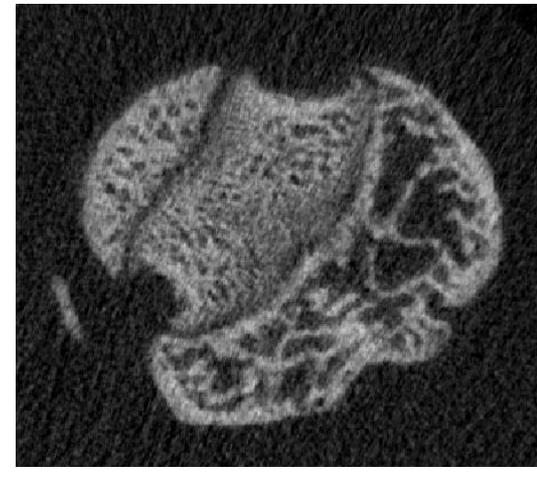
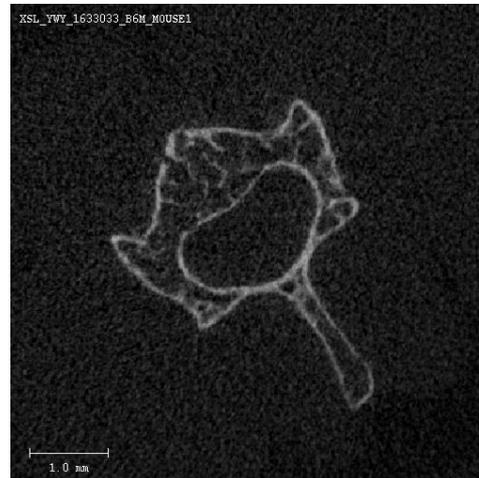
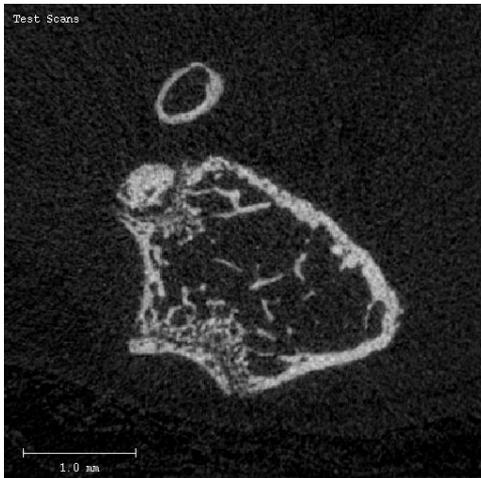
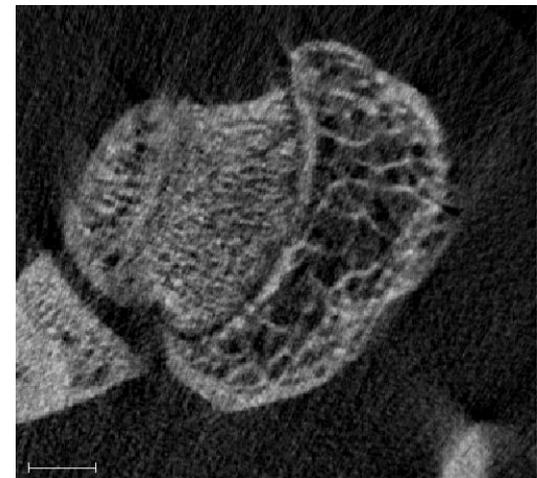
Distal Femur



L2 Vertebrae

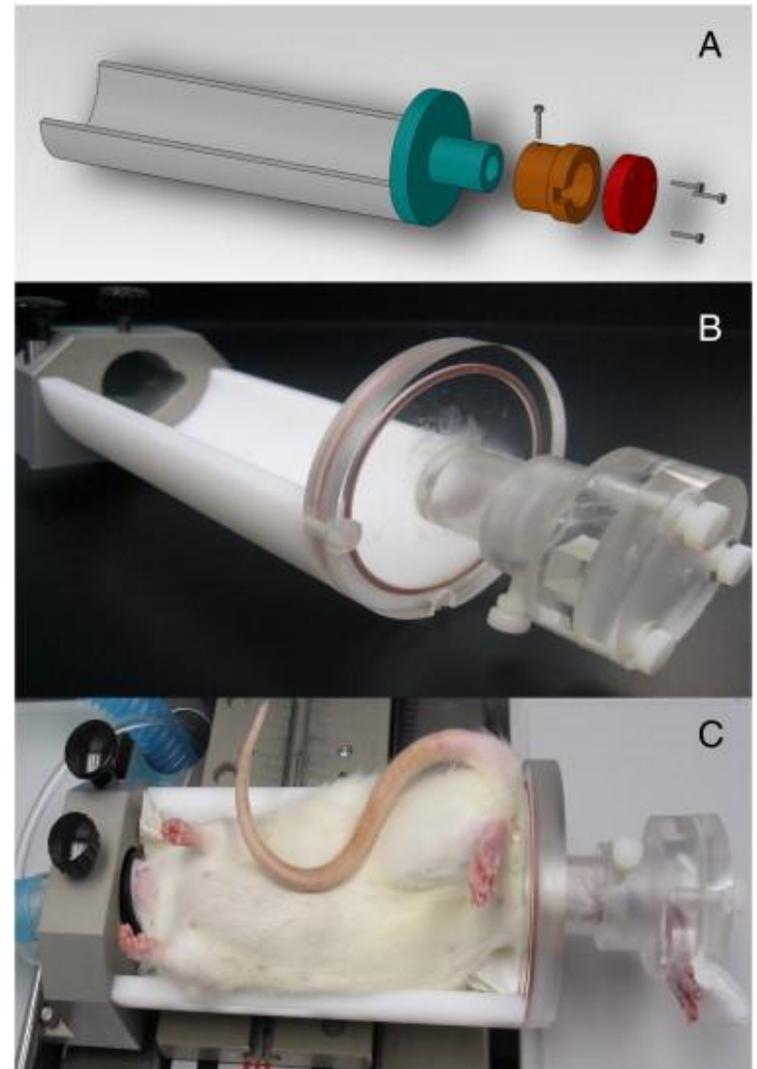


Humerus



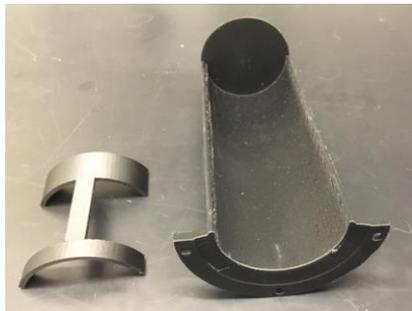
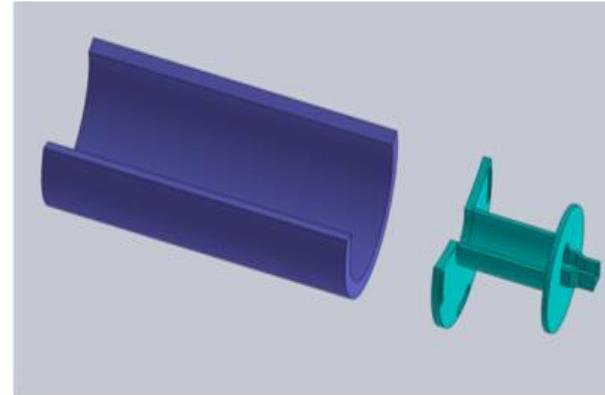
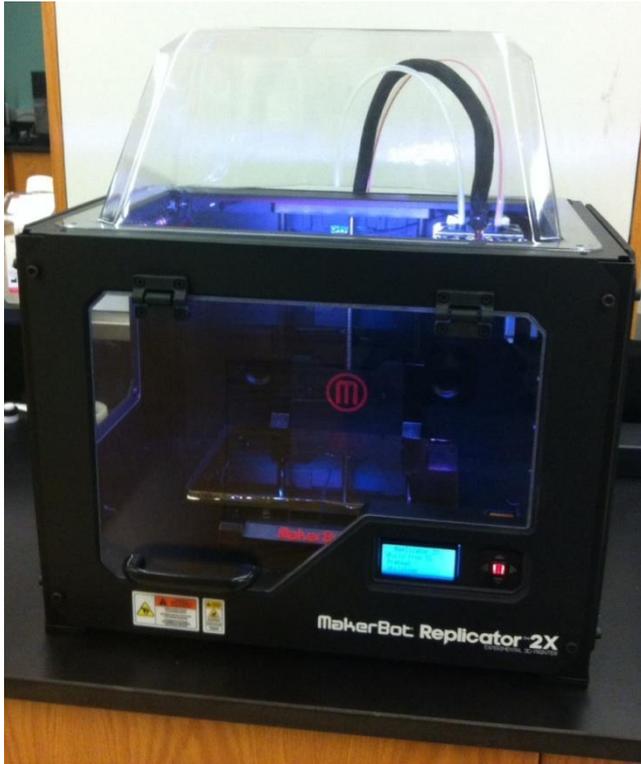
# Customized Holders - 3D Printing

- Minimize the movement of the skeletal site of interest
- Minimize the reposition error induced by repeat scans

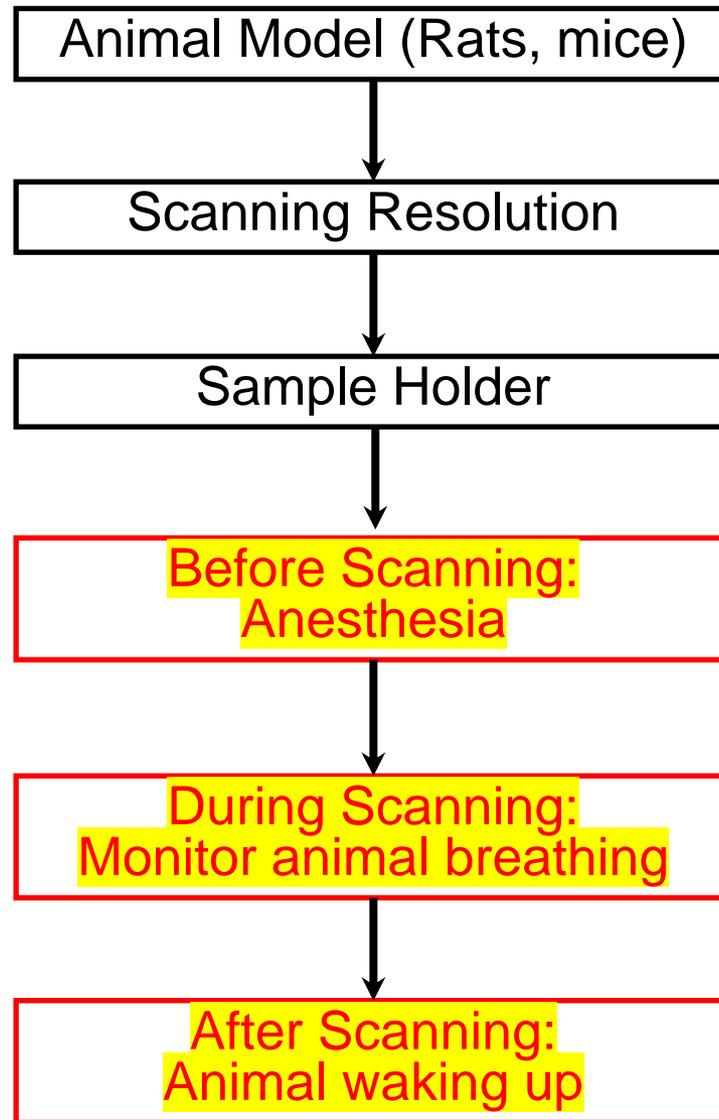


Rat tibia holder

# Customized Holders - 3D Printing

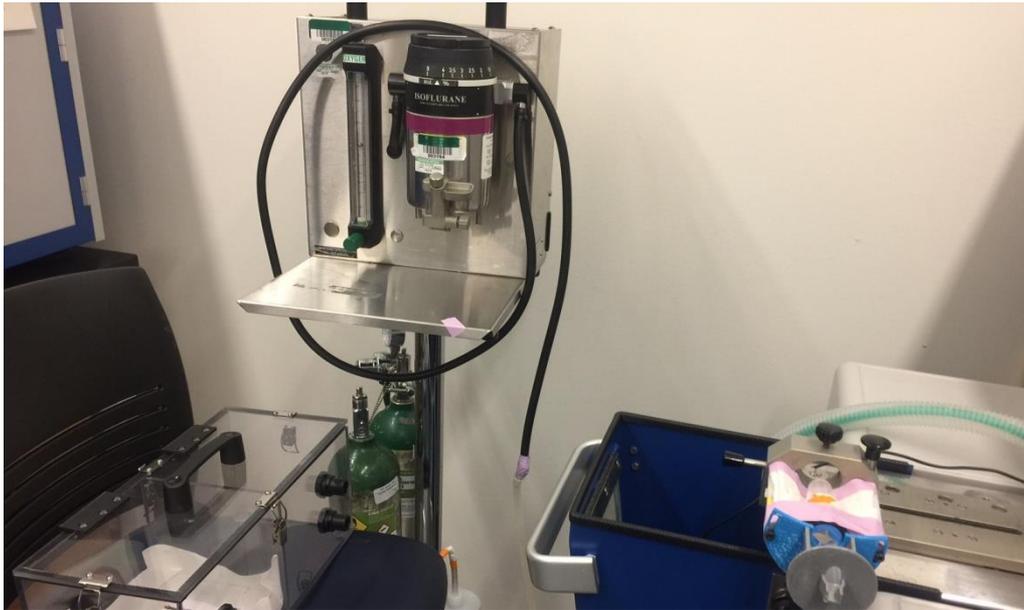


# *In Vivo* $\mu$ CT Imaging



# Before Scanning - Anesthesia

- Non-painful procedures (Penn IACUC Guideline)
  - Isoflurane
    - Mice: 3-4% for induction and 1-3% for maintenance
    - Rats: 3-5% for induction and 1-3% for maintenance



**Anesthesia chamber**



# Before Scanning - Anesthesia

- Non-painful procedures (Penn IACUC Guideline)
  - Isoflurane
    - Mice: 3-4% for induction and 1-3% for maintenance
    - Rats: 3-5% for induction and 1-3% for maintenance
  - Ketamine/xylazine
    - Mice: 70-100 mg/kg ketamine (IP) + 5-12 mg/kg xylazine. If animals appear to be responding to touch or awakening, redose with up to 50% of the initial dose of ketamine only.
    - Rat: 40-100mg/kg ketamine (IP) + 5-10mg/kg xylazine. If the animal appears to be responding to touch or awakening, re-dose with up to 50% of the initial dose of ketamine



# Before Scanning - Anesthesia

- Advantages of Isoflurane (vs. Ketamine/xylazine)
  - Safer
  - Faster (induction, adjusting depth and recovery)
  - No need for reversal agents



# During Scanning

- Monitor animal's breathing



# After Scanning

- Waking up the animal: Heating lamp



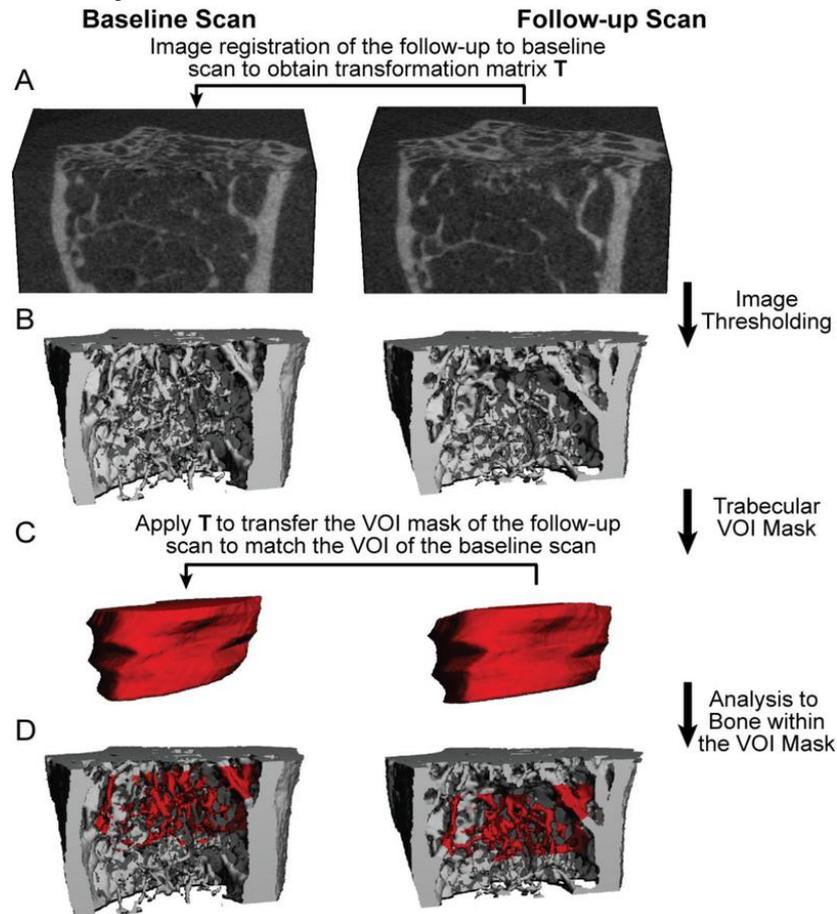
# Precision error & Reposition error

- Precision error: Measurement error between repeated scans of the same sample
- Precision affected by reposition of animals at each follow-up scan
  - Short term precision study (same day, multiple scans)
    - 12.5  $\mu\text{m}$ , Precision: 1-6% in rats Nishiyama+2010
    - 10.5  $\mu\text{m}$ , Precision: 1%-7% in rat tibia Lan+2013
    - 10.5  $\mu\text{m}$ , Precision: 1-8% in BL6 or C3H mice tibia Nishiyama+2010
    - 10.5  $\mu\text{m}$ , Precision: 4-12% in femur and 6.5-17.6% in L4 of BL6 mice Chang+2016 SB3C
- Reduction in the reposition error
  - Customized animal holders for the scan
  - Image registration

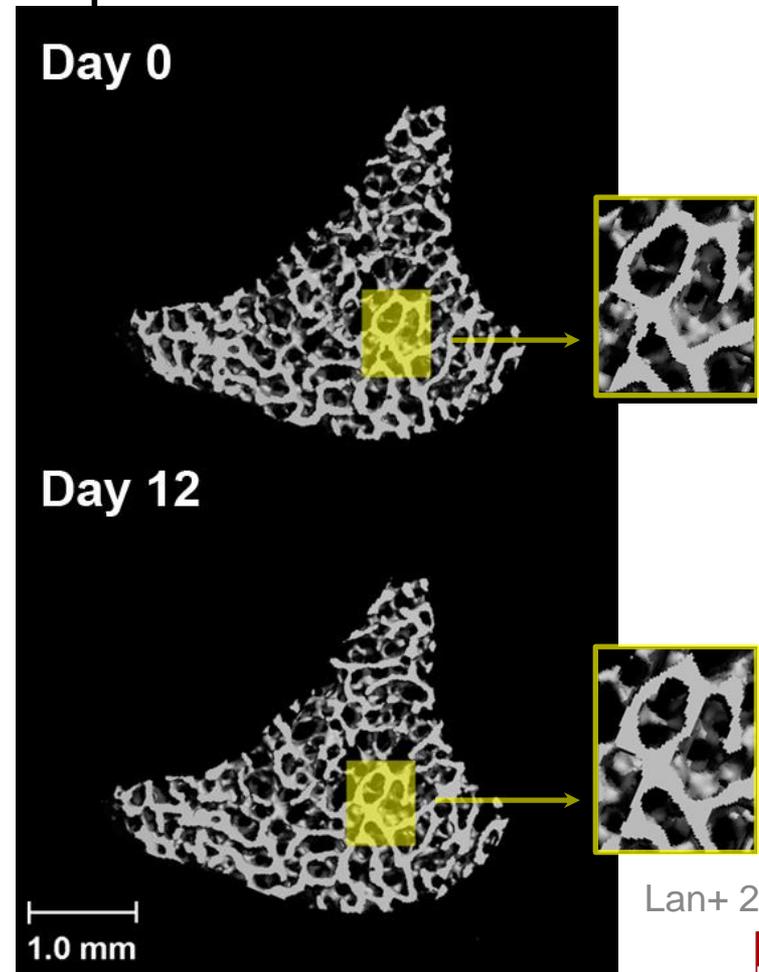


# Image Registration for Analysis

- To identify the same trabecular volume of interest (VOI) for analysis in the baseline and follow-up scans



Lan+ 2013



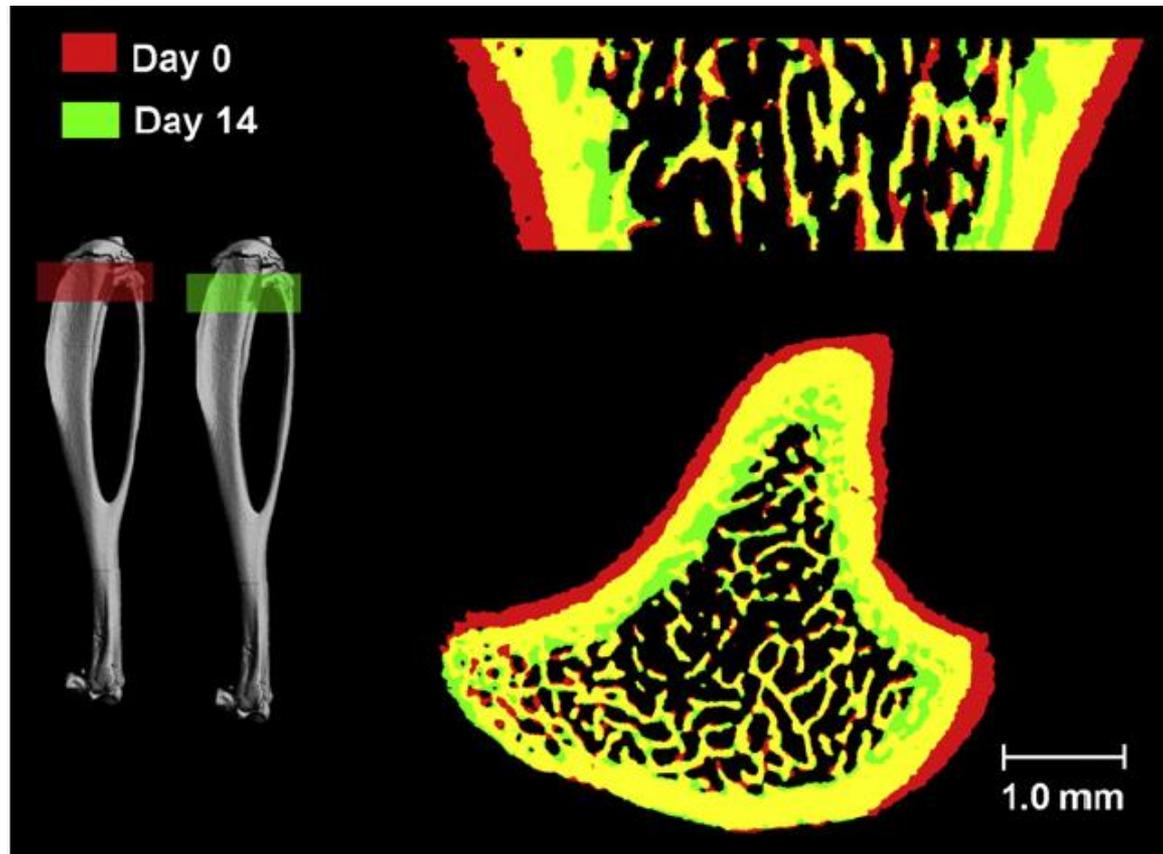
# After Image Registration

- Significant but moderate improvement in precision error in all morphology and density measurements
  - Short term precision study (same day, multiple scans)
    - 12.5  $\mu\text{m}$ , Precision: 1-6% in rats Nishiyama+2010  
→ 1-4%
    - 10.5  $\mu\text{m}$ , Precision: 1-8% in BL6 or C3H mice tibia Nishiyama+2010  
→ 1-5%
    - 10.5  $\mu\text{m}$ , Precision: 0.85%-7.49% in rat tibia Lan+2013  
→ 0.75%-7.01%
    - 10.5  $\mu\text{m}$ , Precision: 4-12.4% in femur and 6.5-17.6% in L4 of BL6 mice Chang+2016 SB3C  
→ 2.9-5.01% in femur and 3.11-8.55% in L4



# Long-Term Precision After Image Registration

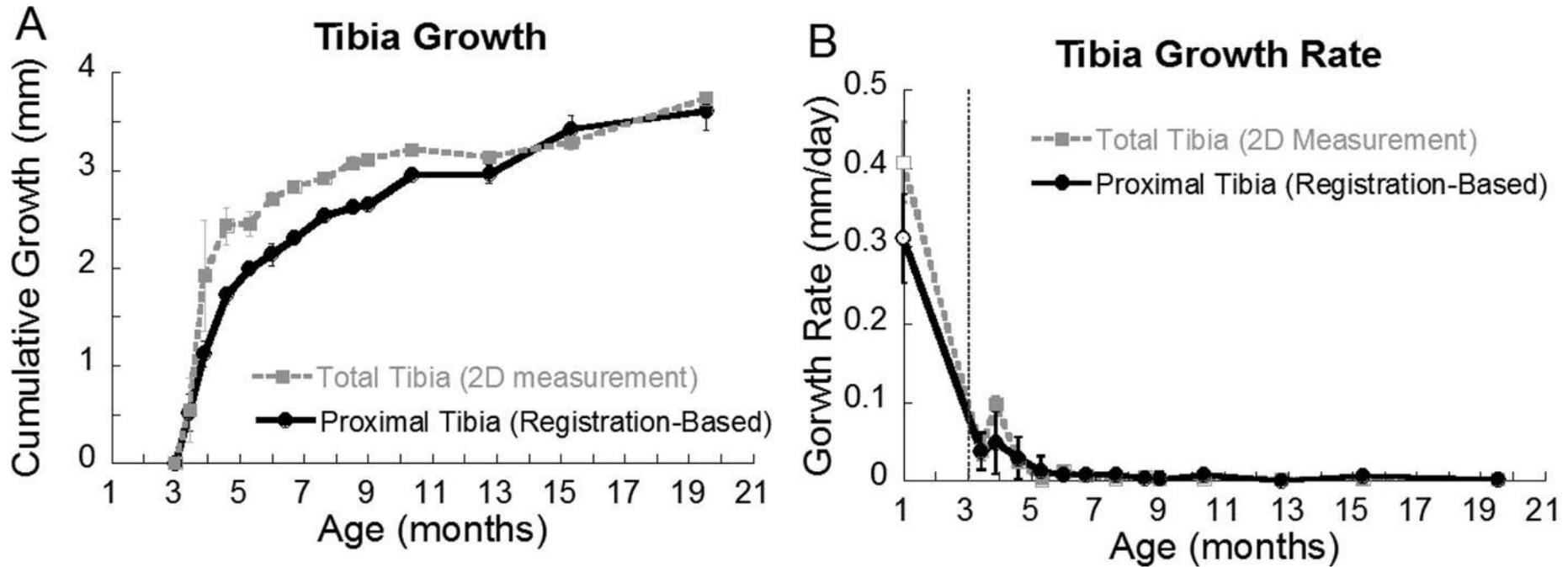
- Continuous bone resorption at the periosteum, bone formation at the endocortical surface.



Lan+ 2013

Baseline scan overlaid with 14 day follow-up scan

# Age Selection to Study Long Bone Changes



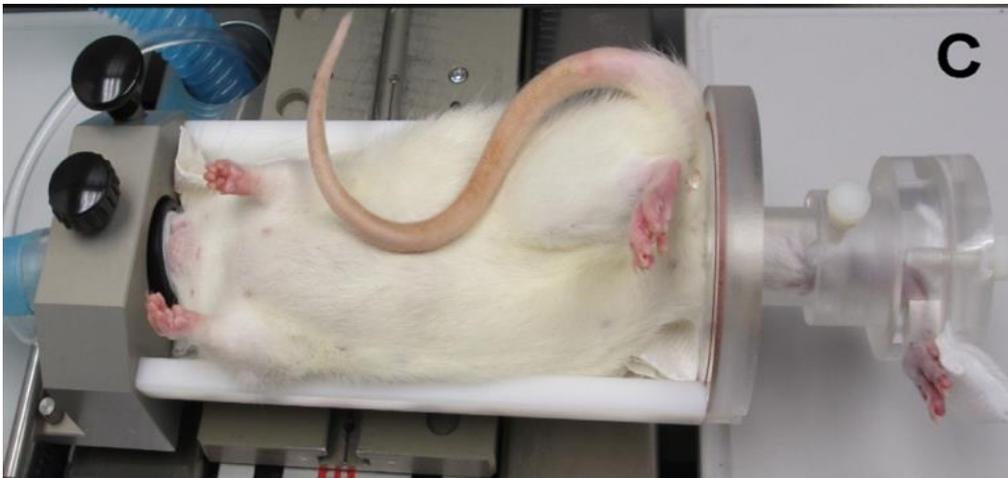
Altman+ 2015

- Suggestion: rat age > 4 months for studying longitudinal changes in rat long bone



# User Application – Rat Proximal Tibia

- In vivo  $\mu$ CT scan
  - 10.5  $\mu$ m isotropic voxel size
  - 4 mm bone segment of proximal tibia below growth plate
  - Average scan time: 20 mins

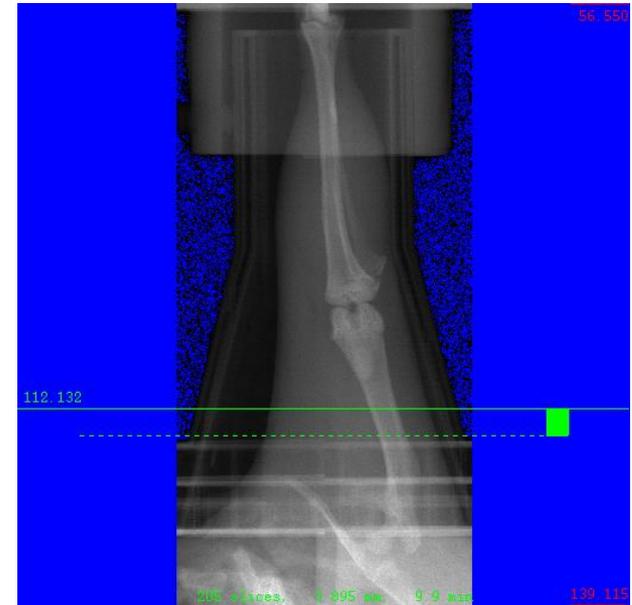


Lan+ 2013



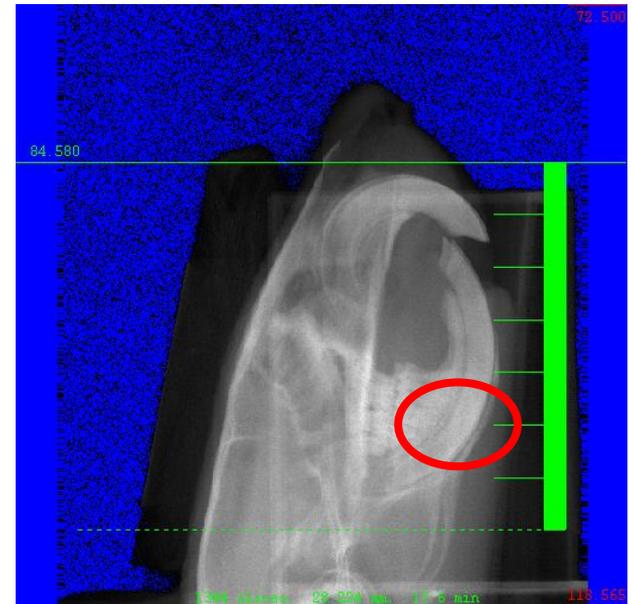
# User Application – Rat Femur

- In vivo  $\mu$ CT scan
  - 19  $\mu$ m isotropic voxel size
  - 2 mm bone segment of femur midshaft and muscle
  - Average scan time: 10 mins



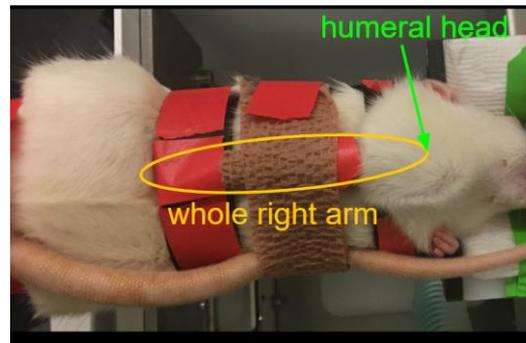
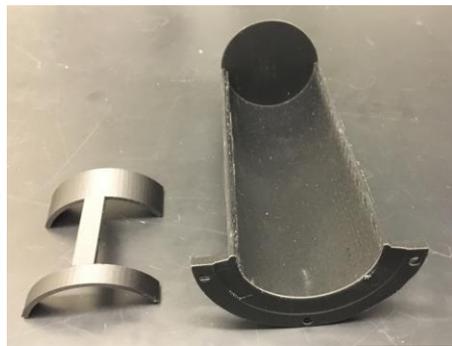
# User Application – Rat Mandible

- In vivo  $\mu$ CT scan
  - 19  $\mu$ m isotropic voxel size
  - 28 mm bone segment of Mandible
  - Average scan time: 18 mins



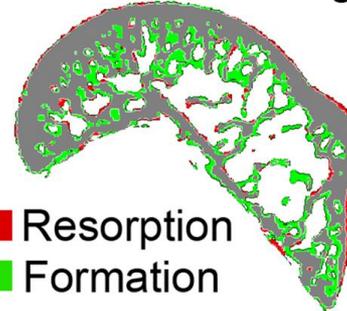
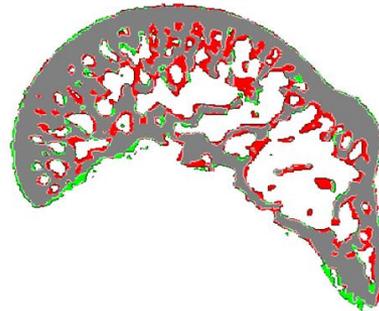
# User Application – Rat Humerus

- In vivo  $\mu$ CT scan
  - 20.8  $\mu$ m isotropic voxel size
  - 6.82 mm bone segment of humerus bone
  - Average scan time: 20 mins



3wk Lactation

6wk Post-weaning



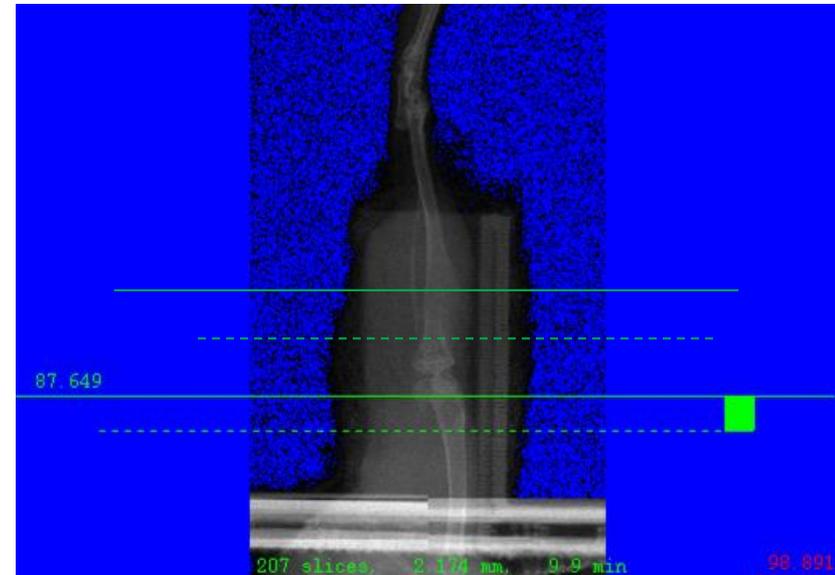
■ Resorption  
■ Formation

# User Application – Mouse Tibia & Femur

- In vivo  $\mu$ CT scan
  - 10.5  $\mu$ m isotropic voxel size
  - 2 mm bone segment of proximal tibia, distal femur
  - Average scan time: 10 mins

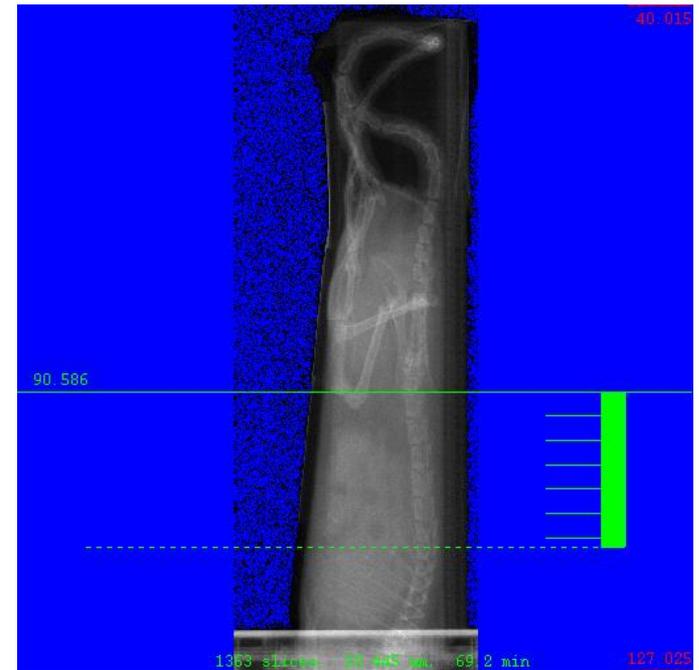
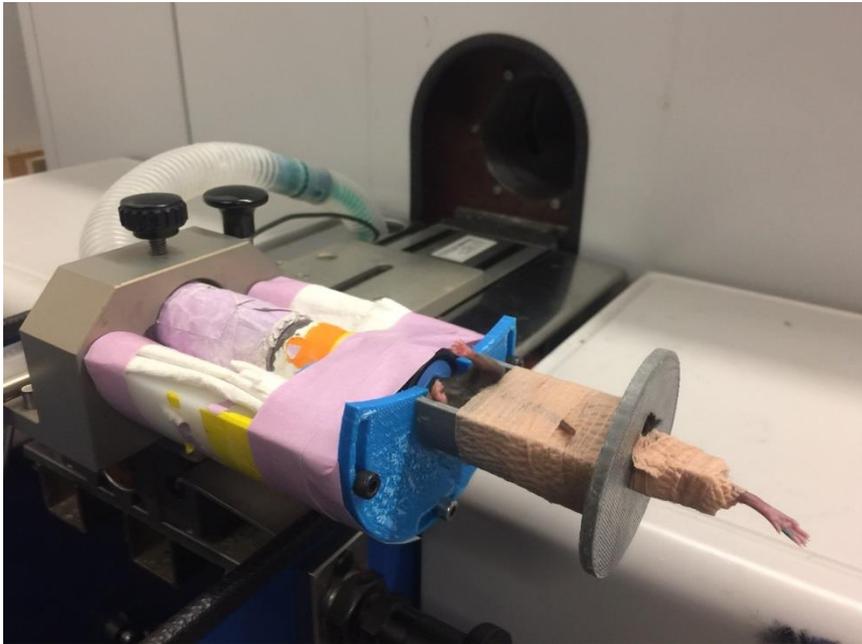


Zhao+ 2020



# User Application – Mouse Vertebrae

- In vivo  $\mu$ CT scan
  - 15  $\mu$ m isotropic voxel size
  - 4 mm bone segment of L1, L2
  - Average scan time: 15 mins



# Questions?

