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ABSTRACT

Calcium ions represent one of the key second messengers accompanying neural activity and synaptic signaling. Accordingly, dynamic imaging of calcium fluctuations in living organisms represents a cornerstone technology for discovering neural mechanisms that underlie memory, determine behavior, and modulate emotional states as well as how these mechanisms are perturbed by neurological disease and brain injury. While optical technologies are well established for high resolution imaging of calcium dynamics, physical limits on light penetration hinder their application for whole-brain imaging in intact vertebrates. Unlike optics, magnetic resonance imaging (MRI) enables noninvasive large-scale imaging across vertebrates of all sizes. This has motivated the development of several sensors that leverage innovative physicochemical mechanisms to sensitize MRI contrast to intracellular and extracellular changes in calcium. Here, we review the current state-of-the-art in MRI-based calcium sensors, focusing on fundamental aspects of sensor performance, *in vivo* applications, and challenges related to sensitivity. We also highlight how innovations at the intersection of reporter gene technology and gene delivery open potential opportunities for mapping calcium activity in genetically targeted cells, complementing the benefits of small molecule probes and nanoparticle sensors.

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I. INTRODUCTION

Understanding the large-scale dynamics of neural signaling holds one of the keys to discovering how the brain encodes

experience, modifies behavior, recovers from injury, and degenerates. The most widely used approach for imaging neural activity relies on fluorescent dyes and genetic indicators,^{1–3} which change their spectral properties in response to an increase in cellular calcium that coincides with neural activation.^{4,5} When combined with advanced microscopy techniques such as 2- and 3-photon imaging, calcium-sensitive indicators can detect activity in single neurons up to depths of 1 mm inside the vertebrate brain, although the imaging volume (~1 mm³) covers only a fraction of the whole brain (~0.2% of the total brain volume in mice).^{6–14} Alternatively, calcium signals can be detected in deeper regions by implanting fiber optic cannulae and specialized rod-shaped lenses, but these methods are invasive, and the imaging field covers a limited area (~0.2–0.5 mm diameter).^{15–17} Thus, despite prolific advances in calcium dyes, genetic reporters, and optical technology, the limitation of light scattering hinders optical methods from achieving deep-tissue, brain-wide visualization of calcium signaling dynamics in vertebrates. Given that simultaneous imaging of multiple regions throughout the brain is necessary to decode the neural

representation of behaviors ranging from cognitive function to sensorimotor activity, as well as the large-scale effects of neuromodulation and neurological disorders, the lack of whole-brain access represents a significant limitation of optical calcium sensors. In contrast to optical methods, magnetic resonance imaging (MRI) can noninvasively access large tissue volumes located at any arbitrary depth, achieving fairly high spatial (200–400 μm) and temporal resolution (seconds) in experimental vertebrates of all sizes.^{18–21} As an added benefit, the MRI field of view includes surrounding tissues and thus provides anatomical context to images. These attributes make MRI very attractive for large-scale calcium imaging, prompting the development of several MRI probes that produce contrast in response to calcium.^{22–45} At the same time, curbs on MRI sensitivity and the modest signal changes obtained with most contrast agents (response magnitude is often on the order of its standard deviation) impose a unique set of challenges for applying MRI sensors to image calcium dynamics *in vivo*. In this review, we focus on the main classes of calcium-responsive MRI probes currently available and describe the chemico-physical mechanisms by which they detect and respond to calcium. We discuss key determinants of sensor performance, including response amplitude, calcium affinity, physiological range of calcium fluctuations, and delivery limitations imposed by various probe architectures. We also highlight pioneering examples of *in vivo* neural activity imaging using calcium-responsive MRI sensors. We close by identifying avenues where parallel innovations in MRI technology, molecular biology, protein engineering, and gene delivery promise to establish new capabilities for whole-brain calcium imaging, including heightened sensitivity and genetic targetability.

II. SMALL MOLECULE T_1 SENSORS FOR DETECTING INTRACELLULAR CALCIUM FLUCTUATIONS

The paradigmatic sensor architecture for detecting calcium ions with MRI comprises organic complexes of Gd^{3+} conjugated to a calcium chelating molecule via flexible linkers [Fig. 1(a)].^{22,23,25,29,39} When calcium concentration is low (e.g., 50–100 nM in the resting state of neurons) the negatively charged carboxylate or phosphonate groups of the calcium chelator coordinate the paramagnetic Gd^{3+} ions, blocking bulk water molecules from interacting with the metal. Calcium chelation causes the carboxylate or phosphonate arms to swing away from the paramagnetic center, freeing up the Gd^{3+} ions to interact directly with water [Fig. 1(a)].^{23,29} This conformational switch leads to stronger water-metal interactions in the calcium-bound state relative to the unbound sensor, which can be visualized in MRI due to an increase in the spin-lattice relaxation rate (T_1 relaxation, Appendix) of water protons. Calcium sensors based on this principle have been found to elicit maximum relaxivity changes (relaxation rate per mM of the sensor) ranging from 1.4- to 2.2-fold between calcium-free and saturated conditions (Table I).^{22,36,39,42} The prototypical sensor in this class (introduced by Meade and colleagues²²), comprising two macrocyclic Gd^{3+} complexes bridged by a BAPTA-based calcium chelator, is activated by the intracellular range of calcium concentrations (0.1–10 μM) owing to its high calcium affinity ($K_d \sim 1 \mu\text{M}$) and selectivity over divalent metal ions such as Mg^{2+} . However, the four units of negative charge carried by BAPTA make it challenging to deliver the probe inside cells at concentrations necessary to image calcium fluctuations. To solve this problem, Meade and colleagues neutralized the negative charge of the BAPTA carboxylates by adding ester groups.³⁶ Upon entering a cell, the ester groups are removed by cytoplasmic esterases with a pseudo first

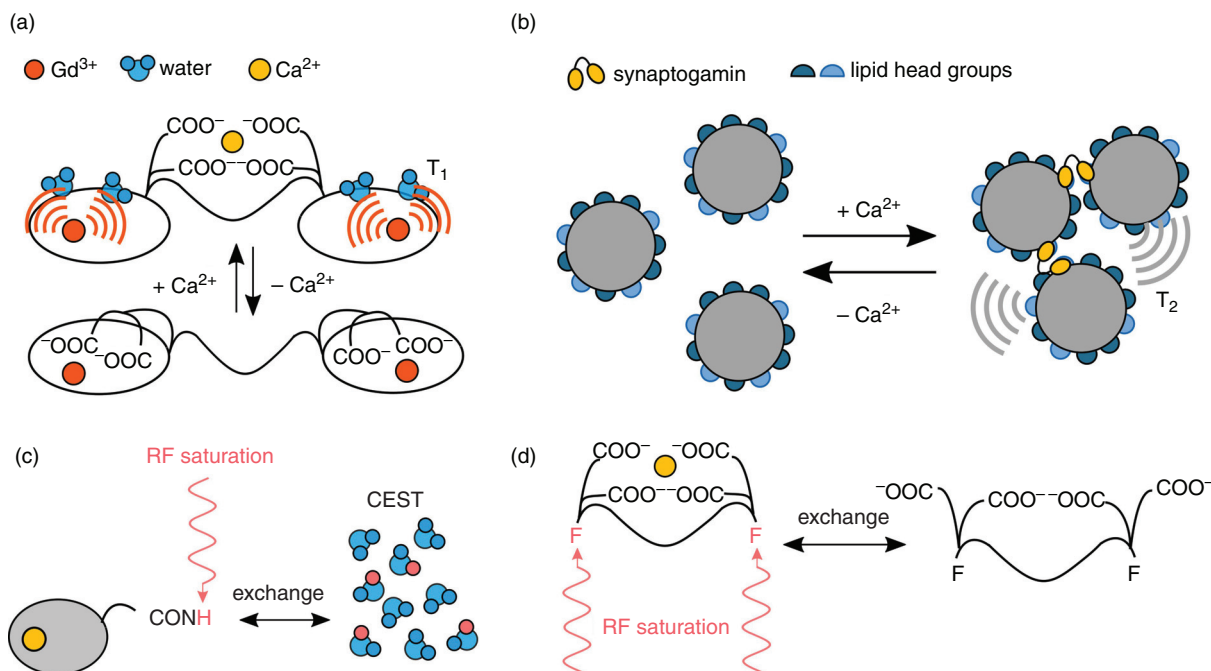


FIG. 1. Key mechanisms for designing calcium-responsive MRI sensors. (a) T_1 sensors based on calcium-controlled water access to a paramagnetic metal center. (b) Superparamagnetic iron oxide nanoparticle sensors based on calcium-induced clustering and changes in T_2 relaxation. (c) Basic principle of chemical exchange saturation transfer (CEST). (d) Schematic of calcium sensor based on integration of ^{19}F MRI and CEST.

TABLE I. Key performance characteristics of common T_1 -based calcium indicators. Here, $r_{1,on}$ and $r_{1,off}$ refer to T_1 relaxivities in the presence and absence of calcium respectively. For sensors that have not been tested *in vivo*, we computed a theoretical upper bound for percent change in T_1 weighted MRI signal intensity $(\Delta SI/SI)_{max}$ as described in Appendix.

T_1 agents	$r_{1,on}$ mM ⁻¹ s ⁻¹	$r_{1,off}$ mM ⁻¹ s ⁻¹	K_d μ M	$(\Delta SI/SI)_{max}$ predicted	$\Delta SI/SI$ <i>in vivo</i>	MRI field strength (T)
DOPTA-Gd(III) ²²	5.76	3.26	0.96	3.2 %		11.75
DOPTA-Ethyl-Gd(III) ³⁶	12.6	10.6	16.6	1.2 %		1.41
IR783 DOPTA-Gd(III) ⁴²	9.6	4.4	3.6	5.4 %		7
ManICS1 ³⁹	5.1	3.6	18		5.8 % upon stimulation with K ⁺ ions	7
APTRA-based Gd(III) sensor for extracellular calcium ²⁷	6.9	3.5	11	6.5 %		9.4
EGTA-derived Gd(III) sensor for extracellular calcium ^{25,32}	3.64	2.42	45.4		2%–4% in stroke model	11.75
Ultrasmall rigid particle with EGTA-Gd(III) extracellular sensor ³⁵	7.03	3.6	1900		30% in the renal pelvis subsequent to CaCl ₂ injection	7

order rate constant of 0.061 h⁻¹ ($t_{1/2} = 11.4$ h), thereby freeing the sensor to respond to calcium. Using this approach, cells could be stably filled with high concentrations of the sensor (> 1 mM after 4 h incubation with 125 μ M sensor) and exhibited < 10% washout over a 24-h period. In another innovative approach from the same group, cellular uptake was further improved by conjugating a near infrared dye (IR-783) without modifying the sensor's negative charge, instead relying on the ability of IR-783 to reliably deliver small molecules to cells via drug transporters known as organic anion transporter polypeptides (Oatp).⁴² The improved uptake synergized with the sensor's substantial relaxivity change (2.2-fold) and strong calcium affinity ($EC_{50} = 3.6$ μ M), enabling the detection of ionophore-mediated calcium entry in a neuronal cell line (HT-22). The first *in vivo* proof-of-concept was led by the Jasanoff group, which developed a probe consisting of an Mn³⁺ complex conjugated to a BAPTA chelator modified with ester groups to promote cellular uptake and retention.³⁹ Following bolus injection of this probe over a ~ 36 μ L brain volume located 0.5 cm deep from the skull, the authors could track increase in T_1 weighted signal intensity at 0.2 Hz temporal

resolution during neuronal depolarization induced by infusing K⁺ ions in the same brain region where the sensor had been injected [Fig. 2(a)].

III. SMALL MOLECULE T_1 PROBES FOR IMAGING CALCIUM CHANGES IN THE EXTRACELLULAR MILIEU

The extracellular space in brain contains around 1.2 mM calcium that can drop by 30% during intense electrical activity and by as much as 90% in pathological states characterized by seizures and ischemia.^{46,47} Thus, there is considerable interest in detecting extracellular calcium for applications in basic biology as well as molecular diagnostics. The low μ M affinity of BAPTA-based calcium indicators (Table I), while useful for sensitizing MRI response across the full two log range of intracellular calcium changes, limits their utility for imaging the substantially smaller amplitude of calcium variations occurring in the extracellular space. As a result, initial efforts to image variations in extracellular calcium involved conjugating paramagnetic Gd³⁺ complexes to weaker calcium chelators such as APTRA and bisphosphonates.^{27,29} Alternatively, substituting one of the two carboxylate pairs

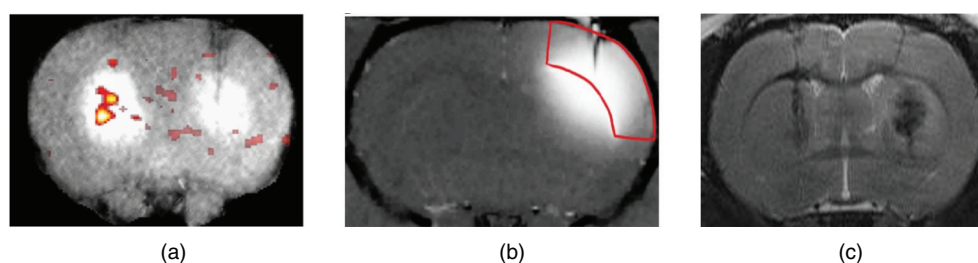


FIG. 2. Molecular MRI using calcium-responsive sensors. (a) Imaging neural activity induced by K⁺ infusion, using a T_1 -based intracellular calcium sensor, ManICS1 acutely loaded in the left hemisphere. (b) Continuous infusion from an osmotic pump enables small molecule calcium probes to be maintained at steady concentrations over a relatively large area of the brain. (c) Application of alginate-coated iron oxide nanoparticles to detect quinolic acid induced brain injury based on an increase in the number of hypointense, i.e., T_2 weighted, voxels in right hemisphere relative to the sham-injected left hemisphere. Images in (a) and (b) are reproduced from A. Barandov, B. B. Bartelle, C. G. Williamson, E. S. Loucks, S. J. Lippard, and A. Jasanoff, *Nat. Commun.* **10**(1), 897 (2019)³⁹ and T. Savić, G. Gambino, V. S. Bokharaie, H. R. Noori, N. K. Logothetis, and G. Angelovski, *Proc. Nat. Acad. Sci.* **116**(41), 20666–20671 (2019),⁴¹ respectively, via a Creative Commons Attribution 4.0 International License: <http://creativecommons.org/licenses/by/4.0/>. Image in (c) is reproduced with permission from A. Bar-Shir, L. Avram, S. Yariv, -Shoushan, D. Anaby, S. Cohen, N. Segev-Amzaleg, D. Frenkel, O. Sadan, D. Offen, and Y. Cohen, *NMR Biomedicine* **27**(7), 774–783 (2014).⁴⁵ Original figures have not been modified except for cropping to fit within the page margins.

in EGTA with amide functions was found to lower calcium affinity without affecting selectivity over divalent ions such as Mg^{2+} .^{25,32} The resulting EGTA-based probe operates by a similar mechanism as the previous intracellular sensors, but on account of its higher K_d (45.4 μM , Table I) can be used externally, as demonstrated by MRI detection of a 1.2- to 0.8-mM step change in extracellular calcium in 3D fibroblast cultures.³² However, a critical challenge for detecting calcium fluctuations across such narrow millimolar-scale intervals is that high concentrations of the probe are needed to obtain reliable changes in MRI signal. For instance, in the aforementioned example, 1.2-mM probe concentration was required to elicit 2.4% average change in T_1 relaxation rate. Such concentrations may be difficult to achieve *in vivo* and can potentially perturb cell physiology by buffering free calcium. To this end, Angelowski *et al.* reported a remarkable 64%–67% drop in cytoplasmic calcium levels of primary astrocytes within 5 min of incubating the cells with the above EGTA-derived sensor, although no acute toxicity was observed for 4 h following exposure.³² Another limitation of small molecule probes that do not enter cells relates to their rapid diffusion ($D \sim 0.2 \mu m^2/ms$) and clearance ($t_{1/2} = 1.4$ – 2.9 h) from the extracellular space.⁴⁸ As a result, variations in local probe concentration due to pharmacokinetics and diffusion may limit the accuracy with which the T_1 change in a given voxel can be assigned to an authentic fluctuation in calcium levels. Despite these challenges, the aforementioned EGTA-based calcium sensor was recently applied in an exciting *in vivo* application to monitor the time course of calcium changes induced by transient middle cerebral artery occlusion in rats, a well-established model of stroke.⁴¹ Here, the authors continuously infused the sensor from an osmotic pump, which enabled dynamic imaging (0.05-Hz frame rate) of extracellular calcium as its levels first dropped during the ischemic phase (manifested as 2%–4% decrease in T_1 weighted intensity) and then recovered once blood flow was re-established by removing the arterial occlusion. By relying on continuous osmotic infusion, the authors were also able to compensate for potential changes in probe concentration and maintain stable sensor levels over a reasonably large portion of the rat brain ($\sim 20\%$) [Fig. 2(b)]. Another approach for maintaining steady state sensor concentrations involves slowing probe diffusion and washout by attaching the small molecule sensor to macromolecular scaffolds such as dendrimers, liposomes, or ultrasmall (< 5.5 nm diameter) rigid particles of

polysiloxane.^{34,35,44,49} Of these, the last architecture has been assessed in preliminary *in vivo* experiments by visualizing calcium increase in the fluid-filled renal pelvis of mice following intravenous co-injection of the contrast agent and $CaCl_2$; however, signal changes in the renal cortex were not statistically significant.³⁵ In addition to bestowing favorable pharmacokinetic properties, macromolecular scaffolds tend to improve relaxivities of small molecule T_1 sensors at low to intermediate magnetic fields due to a slowing down of the sensor's rotational correlation time, which makes these probes particularly useful for applications in 0.5–1.5 Tesla bench-scale MRI scanners.^{44,49} A compiled list of major T_1 -based calcium sensors together with their MRI properties is enumerated in Table I.

IV. T_2 SENSORS FOR CALCIUM BASED ON SUPERPARAMAGNETIC IRON OXIDE NANOPARTICLES

With the goal of generating larger changes in MRI signal in response to the modest amplitude of extracellular calcium variations, superparamagnetic iron oxide nanoparticles (20–100 nm diameter) have been engineered to reversibly cluster based on the occurrence of calcium ions in the milieu.^{24,38,45} Magnetic nanoparticles generate MRI contrast by accelerating spin-spin relaxation (T_2 relaxation, Appendix) of water molecules due to a loss of phase coherence among nuclear spins of water protons as they diffuse through magnetic gradients created in the neighborhood of the nanoparticle. The T_2 relaxivities of superparamagnetic iron oxide nanoparticles are at least 10-fold larger than the T_1 relaxivities of most small molecule probes (Tables I and II), thereby enabling imaging with enhanced sensitivity. Furthermore, T_2 effects are sensitive to the aggregation state of nanoparticles, which constitutes the primary mechanism of sensors built on this principle [Fig. 1(b)].⁵⁰ The first-generation of calcium nanosensors, pioneered by the Jasanoff group, employed two types of streptavidin-coated iron oxide nanoparticles—one conjugated to biotinylated calmodulin and the other to short calmodulin-binding peptides (CBP) such as RS20 and M13.²⁴ Calmodulin–CBP pairs are widely exploited in the design of fluorescent calcium indicators due to their reversible and calcium-dependent binding properties. The resulting calmodulin and CBP-functionalized nanoparticles were found to cluster when mixed in the presence of calcium, producing a fivefold decrease in T_2 relaxivity—much larger than T_1 changes typically observed with small molecule sensors (Tables I and II). An added

TABLE II. Key performance characteristics of T_2 -based calcium indicators. Here, $r_{2,on}$ and $r_{2,off}$ refer to T_2 relaxivities (per Fe) in the presence and absence of calcium, respectively.

T_2 agents	$r_{2,on}$ mM ⁻¹ s ⁻¹	$r_{2,off}$ mM ⁻¹ s ⁻¹	K_d μM	$\Delta SI/SI$ <i>in vivo</i>	MRI field strength (T)
M13/CBP conjugated iron oxide nanoparticles ²⁴	45 ^a	220	0.8–10		4.7
Alginate coated iron oxide nanoparticles ⁴⁵	not reported	not reported	not reported	~ 2 -fold increase in number of (hypointense) voxels following quinolic acid injury	7
Synaptogamin-based clustering of lipid coated iron oxide nanoparticles ³⁸	261 ^a	151	430	10%–18% with various stimuli: K^+ infusion, glutamate, electrical	7

^aNotably, the relaxivity changes induced by calcium trend in opposite directions for the M13/CBP and synaptogamin nanoparticles, which likely relates to differences in diameters of the two particles. In particular, the larger size of M13/CBP clusters places them in the so-called static dephasing regime, where diffusion ceases to impart a significant effect on spin-spin relaxation, resulting in a decrease in T_2 relaxivity upon calcium-induced aggregation.

benefit of leveraging proteins as sensing elements is that molecular biology techniques can be applied to tune calcium binding properties. For instance, calcium affinity of the aforementioned nanoparticles could be varied by a full order of magnitude (Table II) simply by introducing point mutations. Alternatively, nanoparticle-based sensors have been developed by coating iron oxide particles with alginate, which promotes aggregation in the presence of calcium.⁴⁵ While alginate-based nanosensors have been applied to image extracellular calcium fluctuations induced by chemically injuring the brain with quinolic acid [Fig. 2(c)], a practical challenge is posed by the tendency of these particles to precipitate at high calcium concentrations (>0.5 mM). More recently, the Jasanoff group introduced a new class of calcium sensors based on the calcium-binding protein synaptotagmin, which binds anionic lipids such as phosphatidylserine in the presence of calcium.³⁸ By coating iron oxide nanoparticles with specific anionic lipid compositions and mixing with bacterially purified synaptotagmin, it was possible to control cluster assembly in response to calcium [Fig. 1(b)]. Although the resulting sensors produced a lower (1.72-fold) change in T_2 relaxivity compared to the calmodulin–CBP version, the larger EC_{50} (430 μ M) made them ideal for detecting extracellular calcium fluctuations. Furthermore, the synaptotagmin-based nanosensors were found to assemble and dissociate with significantly faster kinetics (seconds range) than previous designs (tens of minutes).^{24,38} Accordingly, these sensors enabled dynamic monitoring of extracellular calcium fluctuations, at frame rates ranging from 0.08 to 0.25 Hz in response to chemical stimulation with glutamate, infusion of K^+ ions, as well as electrical stimulation, thus providing one of the most comprehensive demonstrations to date of *in vivo* calcium imaging with MRI. A complete list of T_2 -based calcium sensors together with their MRI properties is enumerated in Table II.

V. CALCIUM IMAGING BASED ON ALTERNATIVE MECHANISMS: CEST AND ^{19}F MRI

Aside from modulating T_1 and T_2 relaxation rates of bulk water, MRI contrast agents have also been developed based on a mechanism known as chemical exchange saturation transfer (CEST).⁵¹ Here, the contrast agent harbors protons that resonate at a frequency shifted from that of water and that can exchange with bulk water protons. These exchangeable protons can be selectively saturated by irradiating at their resonance peak. As the saturated protons exchange with bulk water, they serve to attenuate the magnetization of water protons, reducing the net MRI signal intensity [Fig. 1(c)]. The CEST effect is activated only upon the application of an on-resonance radio frequency pulse. Thus, it can be used to acquire difference images with minimal background from unlabeled regions of tissue. The first calcium sensor to operate via CEST comprised a macrocyclic complex of Yb^{3+} with frequency-shifted (~ 13 ppm) protons provided by carboxamide groups that produced a 60% reduction in water signal during CEST.³⁰ Calcium binding to this complex was found to slow down proton exchange nearly 10-fold resulting in diminished CEST effect. Unfortunately, the Yb^{3+} -based sensor was also sensitive to Mg^{2+} ions and required very high concentrations (tens of mM) of the probe to generate detectable CEST effects. More recently, a CEST sensor for calcium was developed based on a Co^{2+} complex harboring exchangeable carboxamide protons together with a crown ether for chelating calcium.⁴⁰ Here, calcium binding shifted the resonance frequency of the carboxamide protons from 77 to 80 ppm. Although the crown ether architecture improved selectivity for calcium over Mg^{2+} , the overall

signal remained weak, requiring millimolar levels of probe to generate a 6.5% CEST effect.

An alternative to detecting MRI signals arising from water protons involves direct imaging of ^{19}F nuclei using fluorinated contrast agents. As ^{19}F concentration is negligible in soft tissues, fluorinated agents enable zero-background MRI and quantitative detection. One approach for coupling ^{19}F signals to calcium fluctuations involves bridging an AAZTA-based Dy^{3+} complex to perfluorinated t-butyl ether (that serves as the ^{19}F agent) via a calcium chelator derived from EGTA. Upon calcium binding, the ^{19}F nuclei approach the Dy^{3+} ion, which results in reduction of the ^{19}F signal due to paramagnetic relaxation enhancement.⁴³ Another interesting mechanism for developing ^{19}F -based calcium probes involves the use of fluorinated peptide amphiphiles that self-assemble into nanoribbons in the presence of calcium, resulting in a reduction in ^{19}F MRI intensity in proportion to calcium concentrations in the 2–6 mM range.³⁷ A particularly innovative approach for imaging calcium was introduced by Bar-Shir and colleagues, who combined the benefits of ^{19}F MRI with CEST [Fig. 1(d)].³¹ Here, the contrast agent comprised a fluorinated derivative of BAPTA known as 5F-BAPTA. Upon calcium binding, the ^{19}F resonance in 5F-BAPTA shifts by 6 ppm relative to 5F-BAPTA in the calcium-free state, enabling selective saturation of ^{19}F spins in the bound state. As the saturated ^{19}F nuclei exchange with the pool of ^{19}F spins in calcium-free 5F-BAPTA, they result in $\sim 11\%$ reduction in ^{19}F MRI signals recorded from the unbound 5F-BAPTA pool. Importantly, this approach enables detection of much lower calcium concentrations (~ 0.5 μ M) taking advantage of the fact that the ^{19}F spins in the calcium-bound complex need to exchange with a substantially smaller pool of bulk spins, determined by the detection limit of unbound 5F-BAPTA (~ 0.5 mM) as opposed to the nearly 10^5 -fold greater concentration of bulk water protons in the case of ^1H CEST. While promising, CEST-based calcium sensors and ^{19}F probes have been thus far restricted to *in vitro* imaging (to our knowledge) and critical challenges pertaining to sensitivity and imaging time need to be overcome before it becomes feasible to use these sensors in cellular and *in vivo* systems. In translating CEST to *in vivo* applications, care must also be taken to ensure minimum tissue heating from radio frequency deposition. While the general safety of CEST has been borne out by many studies in experimental vertebrates and humans, weaker or short-duration radio frequency pulses as well as alternative imaging sequences are available for CEST experiments requiring prolonged irradiation at high intensities that exceed specific absorption rate (SAR) limitations.

VI. CONCLUSIONS AND OUTLOOK

MRI represents one of the most powerful techniques for simultaneous whole-brain imaging in any vertebrate species including non-human primates, which represent a valuable neuroscientific model for understanding complex behaviors and psychiatric diseases.^{52,53} However, a central challenge with translating MRI-based calcium sensors into realistic *in vivo* paradigms relates to the limited sensitivity of contrast agents—the high concentrations of probes needed to produce statistically robust contrast being at odds with the low micromolar range of intracellular calcium fluctuations. While sensitivity can be improved through the use of superparamagnetic iron oxide nanoparticles, the larger size of these agents makes them harder to deliver to the vertebrate brain and coverage is limited to small volumes (e.g., 60 μL or $\sim 12\%$ of the rat brain³⁸). Response kinetics of nanoparticle sensors also tend to be slower than small molecule probes. Another

limitation inherent to both small molecule and nanoparticle-based sensors is the inability to target them to genetically defined cell populations—a key shortcoming in light of the scientific breakthroughs enabled by the genetic precision of fluorescent calcium indicators such as GCaMP.^{1–3} Genetic indicators also provide additional benefits unavailable with synthetic probes—for example, simplified *in vivo* delivery via viral vectors, suitability for repetitive long-term experiments, and compatibility with transgenic animals. To this end, several recent developments in biomolecular MRI have opened promising avenues for the development of genetically encoded calcium indicators. For instance, two newly developed classes of MRI reporters, based respectively on water channels (aquaporins) and gas-filled proteins (gas vesicles), offer improved sensitivity compared to earlier reporters, while also circumventing the need for paramagnetic metals.^{54–56} Notably, fast-diffusing aquaporins (AQP) such as AQP1 have been found to elicit > 100% changes in diffusion-weighted MRI signals at 2–5 μM levels of protein expression.⁵⁵ Gas vesicles, while challenging to express genetically in mammalian cells, can be detected at picomolar concentrations by filling with ^{129}Xe and using hyperpolarization techniques to enhance their spin polarization several-fold beyond Boltzmann distribution.⁵⁴ In the future, gas vesicles and/or aquaporins could serve as templates for building highly sensitive genetically encoded calcium indicators. Aside from the aforementioned all-genetic approaches, hybrid sensors could be developed by integrating current synthetic probe architectures with genetically expressed protein components—for example, by combining ester-protected Gd^{3+} and Mn^{3+} -based calcium probes with cognate intracellularly encoded esterases. Paralleling these innovations in reporter gene technology are advances in neural gene delivery methods, including the use of focused ultrasound to transiently open the blood brain barrier and the development of viral serotypes that can enter the brain by crossing the blood brain barrier.^{57,58} These technologies should eventually make it possible to deliver MRI reporters without surgery to spatially and genetically defined neurons, encompassing large brain volumes. Finally, it is worth noting that ongoing developments in MRI technology such as cryo-cooled probe heads, multi-slice imaging techniques, and faster sampling algorithms, will continue to push the boundaries of signal-to-noise and temporal resolution.^{59,60} We anticipate that these advances will coincide with innovations in reporter gene technology, novel probe chemistries, and nanoparticle building blocks, thus establishing a rich toolset of calcium-responsive MRI sensors that eventually become a major driving force for fundamental breakthroughs in neuroscience and other areas of biology.

AUTHORS' CONTRIBUTIONS

A.D.C.M. and H.F.O. are co-first authors and contributed equally to this work.

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NOMENCLATURE

MRI	magnetic resonance imaging
BAPTA	1,2-bis(o-aminophenoxy)ethane-N,N,N',N'-tetraacetic acid
APTRA	o-aminophenol-N,N,N-triacetic acid
EGTA	ethylene glycol-bis(β -aminoethyl ether)-N,N,N',N'-tetraacetic acid
CBP	calmodulin binding peptide
CEST	chemical exchange saturation transfer
AAZTA	1,4-bis(carboxymethyl)-6-[bis(carboxymethyl)]-amino-6-methylperhydro-1,4-diazepine
AQP	aquaporins

APPENDIX A: BASIC PRINCIPLES OF T_1 AND T_2 CONTRAST

Inside an MRI scanner, the nuclear magnetic movement of water molecules (contained in cells and tissues) aligns with the external magnetic field, creating a longitudinal magnetization component. Spin–lattice relaxation describes the process by which this longitudinal magnetization returns to equilibrium after gaining energy from an on-resonance radio frequency pulse. Concurrently, this ensemble of excited nuclear spins also dephases from each other by a process known as spin–spin relaxation. These relaxation processes can be described by first order kinetics, which yields two time constants, T_1 and T_2 , corresponding respectively to spin–lattice and spin–spin relaxation. When paramagnetic molecules or superparamagnetic crystals are introduced in a tissue, they shorten the T_1 and T_2 times of water protons, hence inducing a change in signal, which is detected as MRI contrast by applying specific image acquisition methods known as pulse sequences.

APPENDIX B: CALCULATION OF T_1 CONTRAST FOR CALCIUM MRI SENSORS (TABLE I)

T_1 weighted signal intensity is computed from Eqs. (B1) and (B2).

$$\frac{S}{S_0} = \frac{\sin(\alpha)(1 - e^{-T_R R_1})}{1 - \cos(\alpha)e^{-T_R R_1}} \quad (\text{B1})$$

$$R_1 = R_{10} + \varphi(r_{1,on} \cdot C_{bound}) + \varphi(r_{1,off} \cdot C_{free}). \quad (\text{B2})$$

Parameter	Value
R_{10}	0.42 s^{-1}
φ (intracellular)	0.80
φ (extracellular)	0.20
T_R	150 ms
α	45 degrees

Here, α is the flip angle; T_R is repetition time; R_1 is relaxation rate (i.e., $1/T_1$) in the presence of the sensor; R_{10} is background relaxation rate of brain tissue; $r_{1,on}$ and $r_{1,off}$ are relaxivities of the sensor

in calcium-bound and calcium-free states, respectively; φ is the intracellular (extracellular) volume fraction for intracellular (extracellular) sensors; C_{bound} and C_{free} are sensor concentrations in calcium-bound and free states, respectively, calculated assuming equilibrium mass action kinetics and single-site binding with dissociation constants as reported in literature.

DATA AVAILABILITY

Data sharing is not applicable to this review article as no new data were created or analyzed in this study. The data that supports the MRI signal intensity fold-change calculations depicted in [Table 1](#) are available within the article ([Appendix](#)). Codes required to compute fold-changes are available from the corresponding author upon request.

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