

NIH O'BRIEN NATIONAL CENTER FOR RENAL MICROSCOPY



INTRAVITAL IMAGING WORKSHOP APRIL 27-MAY 1, 2015

Outline

Preparation/ Surgery

Positioning

Landmarks: Unstained/ Stained

Visual Indicators Determine Problems

Fluorescent Markers: Dye Characterization

Microscope Objectives

Detector Settings

Short Term Imaging (less than 30') Venous access: Jugular- Infusion of probes short line to minimize dead space Rectal Temp Probe

Long Term Imaging (greater than 30-45') Venous/Arterial access: Femoral venous- continuous infusion of 0.9% Saline at ~1.5cc/Hr Femoral arterial- BP/ HR monitoring, long line Temp Probe in Saline dish, monitor fluid bath temp

During prep/ probe infusion: Receive ~ ¾ to 1.5 cc 0.9% Saline





Hemostat

Crushing outer skin and muscle layers to prevent bleeding

Long Forceps, w/ teeth hold outer skin during cutting

Large Scissors cutting outer skin

Small Scissors cutting inner muscle layers

2 small forceps, blunt tipped w/ no Teeth to handle the fat/capsule surrounding the kidney



1). Lay rat perfectly on its side w/ left side facing you.

2). Palpate flank gently to find kidney, draw line down flank if necessary (make this line as large as necessary).

3). Lift skin w/ large forceps, crush tissue w/ hemostats, hold for 5-10 seconds.

4). Using large scissors, cut across crushed tissue line, there should be no bleeding.

5). Repeat 3 & 4 w/ outer muscle layer, except use the small scissors

6). Crush the tissue on the 2nd muscle layer

7). Cut a small incision to visualize the kidney; a large incision will not hold the kidney out of the body.It is easier to make another small cut than to stitch.









Placement on Stage



Landmarks



Methods Mol Biol. 2008;440:389-402



Landmarks



Landmarks/ Anomalies

Normal Infusion:

- Should see dye in bloodstream within
 5-7 seconds
- 2). Appearance in field is fairly uniform
- 3). RBC's should appear as streaks across straight blood vessels

Alterations:

1). Appearance of dye exceeds 10 seconds

2). Appearance within field is staggered among vessels

3). Shape of RBC's is discernible, abundant plasma in vessels





Landmarks/ Anomalies



Sclerotic Glomerulus

Damaged Glomerulus

Landmarks/ Anomalies



Soluble thrombomodulin protects ischemic kidneys. Sharfuddin AA et al, J Am Soc Nephrol. 2009 Mar;20(3):524-34.

Flow Anomolies Proximal Tubule anomalies Cast material

Fluorescent Markers: in vitro calibration

Important when setting up experiment to collect quantitative data.

Involving collection of images that will later be used to determine and subtract background values.



Fluorescent Markers: *in vitro* calibration Prior use in cell culture

1.) Determine Cell Culture Concentrations (500ug/mL)

2.) Determine Plasma Volume of Rat (Typically ~3.5%; dyes do not cross into RBC's)
 250g rat = 8.75 mL of plasma
 Dose = 4.3mg; Add ~20%, final Dose= 5.16mg

3). Load syringe w/ 2-3 doses, carefully monitor fluorescence during infusion



Fluorescent Markers: in vitro calibration

Red	Green	Overlay	
			1). Carry out a dilution series of your stock marker in PBS
		500K TR dextran	 Calculate a dilution factor of the stock solution (1:150, etc) that best uses the dynamic range of the microscope.
			3). Calculate approximate plasma volume of rat bases on body weight (250g)= 8.75mL
		Fluorescein Inulin	 4). Divide Plasma Volume (in uL)/ Dilution Factor) 8750/150= ~58.333uL stock
		500K TR dextran + Fluorescein Inulin	5). Add at least 20% extra (light scatter through tissue, dead space in venous line)

6). Dilute into at least 500-750uL of Normal Saline, watch monitor as you infuse to assure you do not saturate your specimen.

*Crucial probes retained in the blood.

Fluorescent Markers: in vitro characterization



Rhodamine 123 (cell culture)



Rhodamine 123 (green)/TMRM (red)



Rhodamine 123 (*in vivo*) Adv Drug Deliv Rev. 2006 Sep 15;58(7):809-23 2006 Aug 15. Review



Rhodamine B Hexyl Ester (*in vivo*) White Blood Cell (red arrows) Endothelial Cell (yellow arrows)

Adv Drug Deliv Rev. 2006 Sep 15;58(7):809-23 2006 Aug 15. Review

Fluorescent Markers: Dextrans

SUPPLIERS:

Invitrogen/ Molecular Probes

More Expensive

Greater # of Fluorophores to Dextran

Size dispersion not well characterized

Smaller MW probes (3,000 and 10,000) are OK

TdB Consultancy (Uppsala)

Less Expensive

Dimmer probes

Better quality in size dispersion (Typically no need to dialyze)

Larger MW probes (40,000+) are of better quality (this is key in correct interpretation of any type of permeability studies, vascular or glomerular)

Fluorescent Markers: Dextrans





Microscope Objectives:

20x/60x Water

30x Silica oil

100x Oil

NA 0.7/ 1.2

Typically Scan w/ 20x Acquire w/ 60x NA 1.05

Scan at 30x, Zoom to 1.5 or 2.0x to acquire

NA 1.4

High resolution work acquire at 2.0 to 3.0x zoom

Good balance between resolution/ penetration depth

Good resolution/ best penetration depth, 80+ um (due to 1.33 R.I. oil) Best resolution lowest penetration depth ~25-30um

Microscope Objectives:



SEM



100x Oil-1P, Fixed, Zoomed



100x Oil, 4.0x Zoom

100x Oil-2P, Intravital, Zoomed



Live-860nm-100x Oil, 4.0x Zoom

Microscope Objectives:



Microscope Settings: Gain and Black Level



FITC Inulin (continuous infusion) 40kDa Ficoll (bolus infusion)

Fluorescent Albumin (bolus infusion)

Microscope Settings: Black Level



	BACKOKOUND VALUES		NAW VALUES		CONNECTED VALUES		630					Reduction
OFFSET	CapLoops	BowSpace	CapLoops	BowSp-Ave 3	CapLoops	BowSp	TR-RSA	OFFSET	Background	Raw	Corrected	in intensity
38	87	48	2007	69.667	1920	21.667	0.011285	38	50	487	437	
45	6	0	2035	0.430	2029	0.43	0.000212	45	2	169	167	62%
56	0	0	1630	0.000	1630	0	0.000000	56	0	26	26	94%

Microscope Settings: Black Level



Acknowledgements

Silvia B Campos-Bilderback George J Rhodes Sarah E Wean

Exing Wang (San Antonio)

Gosia Malgorzata Seth Winfrees Jeff Clendenon (Bloomington) Jason Byars (New Mexico)



Disclosures

Scientific Consultant to: TdB Consultancy, Uppsala FAST Biomedical, Indianapolis



Original image courtesy of T. Hato & P.C. Dagher