The within-subject application of diffusion tensor MRI and

CLARITY reveals brain structural changes in *Nrxn2* deletion

mice

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Abstract

Background

Of the many genetic mutations known to increase the risk of autism spectrum

disorder, a large proportion cluster upon synaptic proteins. One such family of

presynaptic proteins are the neurexins (NRXN), and recent genetic and

mouse evidence has suggested a causative role for *NRXN2* in generating

altered social behaviours. Autism has been conceptualised as a disorder of

atypical connectivity, yet how single-gene mutations affect such connectivity

remains under-explored. To attempt to address this, we have developed a

quantitative analysis of microstructure and structural connectivity leveraging

diffusion tensor MRI (DTI) with high-resolution 3D imaging in optically cleared

(CLARITY) brain tissue in the same mouse, applied here to the *Nrxn2α*

knockout (KO) model.

Methods

Fixed brains of *Nrxn2α* KO mice underwent DTI using 9.4T MRI, and diffusion

properties of socially-relevant brain regions were quantified. The same tissue

was then subjected to CLARITY to immunolabel axons and cell bodies, which

were also quantified.

Results DTI revealed decreases in fractional anisotropy and increases in

apparent diffusion coefficient in the amygdala (including the basolateral

nuclei), the anterior cingulate cortex, the orbitofrontal cortex and the

hippocampus. Radial diffusivity of the anterior cingulate cortex and

orbitofrontal cortex was significantly increased in *Nrxn2α* KO mice, as were

tracts between the amygdala and the orbitofrontal cortex. Using CLARITY, we

find significantly altered axonal orientation in the amygdala, orbitofrontal

cortex and the anterior cingulate cortex, which was unrelated to cell density.

Conclusions

Our findings demonstrate that deleting a single neurexin gene (*Nrxn2α*)

induces atypical structural connectivity within socially-relevant brain regions.

More generally, our combined within-subject DTI and CLARITY approach

presents a new, more sensitive method of revealing hitherto undetectable

differences in the autistic brain.

Key Words

MRI, CLARITY, social, autism, axons, diffusion, structure, imaging

Background

Autism is a common neurodevelopmental disorder, which is highly heritable

(1). While heritability is high, it is also clear that autism is highly polygenic.

Around ~400-1000 genes are involved in autism susceptibility (2-5). Many of

these genes cluster upon proteins relating to synaptic signaling (6). A family of

presynaptic proteins garnering recent interest have been the neurexins

(*NRXNs*). NRXNs are encoded by three genes (*NRXN1, NRXN2, NRXN3;*

note that *CNTNAP1* and *CNTNAP2* are sometimes referred to as *NRXN4*), of

which two major isoforms exist: the longer α proteins with six

laminin/neurexin/sex hormone (LNS) binding domains, and the shorter β

proteins with one LNS binding domain (7, 8).

Mutations within all three *NRXN* genes have been linked to autism (6).

Heterozygous deletions within *NRXN2* have been identified in a number of

individuals with autistic phenotypes. These include an autistic boy and his

father (who had severe language delay but not autism) who both had a

frameshift mutation within exon 12 of *NRXN2* (9); a 570-kb de novo deletion

of 24 genes at chromosome 11q13.1, including *NRXN2*, in a 21-year old man

displaying a clinical phenotype including autistic traits (10); a 1.6Mb deletion

at chromosome region 11q12.3-11q13.1, including *NRXN2*, in a 23-year old

man with intellectual disability and behavioral problems (11); a de novo

frameshift mutation identified in a Chinese man with autism spectrum disorder

(ASD) (12), a 921 kb microdeletion at 11q13 in a 2 year old boy who had

language and developmental delay (although did not meet the autism

diagnosis criteria) (13) and a paternally inherited microRNA miR-873-5p

variant in an ASD individual which altered binding affinity for several risk-

genes including *NRXN2* and *CNTNAP2* (*NRXN4*) (14). Furthermore, recently,

two large-scale reports have identified *NRXN2* with ASD risk. A study of 529

ASD patients and 1,923 controls in a Chinese population identified two

NRXN2 variants which significantly increase ASD risk (15). The second study

employed machine learning approaches across 5000 ASD families to rank the

importance of ASD candidate genes, and ranks *NRXN2* in the top ~0.5% of

genes, i.e. 113th (16). For comparison, *NRXN1*, for which the evidence base

for its links to ASD is broader and stronger, ranks 45, and *CNTNAP2* ranks

211th (16). Consistent with these association studies, we and others have

previously found that homozygous or heterozygous deletion of *Nrxn2α*

induces impairment in social approach and social recognition (17-19). In

summary, although mutations within *NRXN2* are rare, understanding how they

may drive social, ASD-relevant behavioural changes is important. One

important goal is to help elucidate how apparently convergent

pathophysiology in ASD emerges despite marked genetic heterogeneity

(Insert ref Geschwind & State, 2015 cited above); mapping brain alterations

driven by different single genes is thus a crucial task.

Currently it is unknown whether deletion of *Nrxn2α* changes the brain's

microstructure and connectivity. One previous study found coarse alterations

to cell layer thickness within the hippocampus of *Nrxn2α* homozygous KOs

(20). However, cell density measurements are unlikely to reveal the true

extent of changes within the autistic brain. Within the current study, we have

addressed this by developing a dual imaging approach (DTI and CLARITY)

that quantifies the alignment and density of white matter, applied here to brain

regions known to support social behavior in a mouse model of autism.

Diffusion tensor MRI (or DTI) is based upon the movement of water

molecules, a measure that is termed fractional anisotropy (FA). Apparent

diffusion coefficient (ADC) is similar to FA, but quantifies diffusion restriction

as opposed to the spatial symmetry of diffusion. This approach has been used

to explore neuropathological markers in autistic patients; alterations in

myelination, axonal abundance, size and orientation all modify FA and ADC

values (21-23). Using the preferred direction of the diffusion of tensors

between brain regions can be used to explore their potential connection.

Quantification of those computed streamlines by FA and axial and/or radial

diffusion can indicate impairments in regional structural connectivity. Since

aberrant brain connectivity is likely a core feature of autism (24), we reasoned

that the candidate method for probing the autistic brain should combine

tractographic techniques. Accordingly, here, we combined high resolution

imaging of labelled neuronal tracts in brains rendered transparent by

CLARITY with DTI.

CLARITY is a recent development that renders tissue optically transparent

and macromolecule permeable (25). This permits antibody staining and

imaging of much larger tissue volumes than possible under traditional

immunofluorescence techniques. By examining fiber orientation without

sectioning-related artefacts and biases, axonal staining in cleared tissue

affords a deeper understanding of the microstructure and structural

connectivity of a brain region.

Given the social impairments found within *Nrxn2α* mice, we sought to

examine those brain regions most closely linked with social behavior (See

Supplemental Materials). Briefly, we identified four regions of interest (ROIs):

the amygdala, and three brain regions strongly and directly connected to the

amygdala; the hippocampus, orbitofrontal cortex (OFC), and anterior cingulate

cortex (ACC). As predicted, structural connectivity was abnormal in *Nrxn2α*

mice.

Methods

Ethics

All procedures were approved by the University of Leeds and Durham
University Animal Ethical and Welfare Review Boards and were performed
under UK Home Office Project and Personal Licenses in accordance with the
Animals (Scientific Procedures) Act 1986.

Animals

Full details of the animals, their background, genotyping and housing can be
found elsewhere (17). In brief, male B6;129-
Nrxn3tm1Sud/*Nrxn1tm1Sud*/*Nrxn2tm1Sud*/J mice (JAX #006377) were
purchased from the Jackson Laboratory and outbred once to the
C57BL/6NCrl strain (Charles River, Margate, United Kingdom) to obtain mice
that were individually Nrxn2α KO heterozygotes. Subsequently, HET knockout
males were bred with HET females (cousin mating).

Experimental animals

6 adult wild-type males (Charles River, Margate, UK) and 6 age matched
littermate Nrxn2α KO homozygotes (71 days ± 6 days old (SEM)) were
perfused-fixed with 4% paraformaldehyde (PFA) in 0.1 M phosphate buffer
saline (PBS) and the brains extracted. The brains were immersed in 4%
PFA/0.1 M PBS for a minimum of 48 hours prior to imaging. During imaging,
the samples were placed in custom-built MR-compatible tubes containing
Fomblin Y (Sigma, Poole, Dorset, UK).

Due to the relatively low variance, and owing to the complexity and
methodological nature in our experimental approach, we achieved

significance by groups of 6 (power provided in Results). No data was

excluded from the study. Sample randomisation was performed by JD, with

experimenters (EP and ALT) blinded to genotype.

Data Acquisition

Image acquisition has been described elsewhere (26). Each brain was 3D

imaged using the protocol TE: 35 ms, TR: 700 ms and 10 signal averages.

The field of view was set at 128 x 128 x 128, with a cubic resolution of 100

µm/pixel and a b value of 1200 s/mm^2. Further details can be found in

Supplemental Materials.

Image Processing

Parsing of the raw data was semi-automated using DSI Studio, in order to

obtain b-values for every normalized gradient vector on the x, y and z

orientations. Unwanted background, setting a threshold, smoothing of the

data and definition of tissue boundaries was performed prior to the

reconstruction of the final 3D image. DTI analysis parameters were calculated

as previously described (28).

The *ex vivo* mouse brain 3D diffusion-weighted images were reconstructed

from the Bruker binary file using DSI Studio (http://dsi-studio.labsolver.org)

(29). Direction Encoded Colour Map (DEC) images were generated by

combining the information from the primary eigenvectors, diffusion images

and the FA. Images of the primary vectors and their orientation were

reconstructed and superimposed on corresponding FA images to guide the

segmentation of discrete anatomical locations according to the brain atlas

(Figure 1B-D). Region of interest definition was performed by author EP and

corroborated independently by JD, with region area compared between the

experimenters (data not shown). We identified a canonical coronal slice (100

μm) for a given ROI from the standard mouse brain atlas (Figure 1A-D; Supp.

Figure 1) (27). We analysed three coronal slices centred on the canonical

slice, totalling 300 μm in anterior/posterior extent. For whole brain region

analysis, we used a similar approach, except regions were segmented for

every other slice in the anterior to posterior extent. The DSI Studio DTI

reconstruction characterizes the major diffusion direction of the fibre within the

brain (30, 31). Extraction of FA (calculated (26)) and ADC was performed

within selected segmented brain areas for every 3D reconstructed mouse

brain.

Regions of Interest (ROIs)

Our DTI approach was to undertake an *a posteriori* analysis of neural

organization in regions of interest (ROIs) identified by previous literature as

socially-relevant. Given the social impairments found within *Nrxn2α* mice, for

the current study, we identified the brain regions of interest (ROIs) most

closely linked with social behavior, using previously published reports of brain

region   involvement   in   social   behaviour.   Quantification   of   c-Fos

immunoreactivity has highlighted the importance of several amygdala nuclei

(including the basolateral) following social exposure (32), but also the anterior

cingulate cortex (ACC), prefrontal cortex and the hippocampus (33). Lesions

to the primate amygdala alter social interactions (34, 35), and amygdala

neurons in primates including humans increase firing rates during social

scenarios (36-38). Consistent with these animal studies, amygdala damage in

humans (39) and amygdala dysfunction in ASD patients (40) impair social

responses. Other socially-important brain regions have also been proposed.

Notably, several studies have implicated the rodent hippocampus in social

behavior, including social memory and sociability (41-43). For instance,

intrahippocampal administration of neurolide-2, which interacts with α-

neurexin, specifically impairs sociability, but not anxiety and spatial learning in

rats (44). These findings are consistent with reports of social deficits in

humans with hippocampal damage (45) and hippocampal abnormalities in

ASD (46, 47). Finally, several studies link the frontal cortex, particularly the

orbitofrontal cortex, which is strongly anatomically connected with the

amygdala(48), to social processing (49, 50), consistent with findings of

abnormalities in orbitofrontal cortex in ASD (48, 51). Control regions of the

primary motor cortex (M1), primary sensory cortex (S1) and the barrel field

were chosen for CLARITY (Supp. Figure 12N-O).

CLARITY

Following MR imaging, the brains were washed in PBS to remove all Fomblin

Y and then incubated for 7 days in hydrogel solution at 4°C prior to

polymerisation at 37°C for 3.5 hours. The tissue was cut into 1.5 mm coronal

sections using a custom 3D-printed brain-slicing matrix based on MRI scans

of an adult C57BL/6 mouse brain (52) and incubated in clearing buffer for 24

days at 37°C with shaking. The cleared tissue was then washed in $PBSTN_3$

(0.1% TritonX-100 and 1.5 mM sodium azide in PBS) for 24 hours at room

temperature and incubated in primary antibody solution (neurofilament (Aves

NF-H) 1:100 in PBSTN$_3$) at 37°C with shaking for 13 days. Samples were

washed, and then incubated in secondary antibody (AlexaFluor 488 goat anti-

chicken IgY) as per the primary. Sections were washed again, and incubated

in 3.6 µM DAPI (4',6-diamidino-2-phenylindole) followed by 85% glycerol in

PBS for refractive index matching.

Cleared samples were imaged using a Zeiss 7MP multiphoton microscope at

770 nm using a 20x objective lens (W Plan-Apochromat, NA 1.0, WD 1.7

mm). Images (512 x 512 x 512 voxels or 265 x 265 x 265 µm with an isotropic

resolution of 520 nm) were acquired in ACC, basolateral (BLA) and

basomedial amygdala and OFC) in both hemispheres. DAPI and

neurofilament signal was segmented into cell nuclei and axons, and the

resulting binary images were used to generate values for cell density, axonal

density and axonal alignment.

Full CLARITY methodological details are available within Supplemental

Materials.

Data Availability

Codes to analyse CLARITY datasets are made available by author LCA by

email request to either JD or LCA, subject to reference to the current paper.

The datasets used and/or analysed during the current study are available

from the corresponding author on reasonable request.

Data Analysis

All data are expressed as mean ± standard error of the mean (SEM). To

assess the variance between genotypes within a single brain structure across

hemispheres (given the importance of hemispheric differences in ASD (53)),

data was analyzed by within subject repeated measures two-way ANOVAs,

with Sidak multiple corrections employed on post hoc testing, or unpaired T-

tests. To correct for multiple comparisons, we employed the Benjamini-

Hochberg Procedure (corrected P values stated). Non-significant statistical

results, particularly hemisphere comparisons, can be found in Supplemental

Materials. Statistical testing and graphs were made using GraphPad Prism

version 6 and SPSS v22.

Results

$Nrxn2\alpha$ deletion disrupts DTI measures of microstructure in social brain

regions

To assess whether $Nrxn2\alpha$ deletion alters gross morphology, we quantified

whole brain volume using DTI. We found total brain volume for wild-types and

$Nrxn2\alpha$ KOs was similar (456.0 ± 14.76 vs. 466.2 ± 11.0 mm^3 (respectively);

$t_{(10)} = 0.55$, $p = 0.59$). Thus, Nrxn2α deletion does not change total brain size.

To quantitatively measure DTI, we examined FA and ADC. FA analyses

changes in the linear orientation (i.e. along an axonal tract), whereas ADC

(mean diffusivity) averages diffusion in all directions (i.e. the X, Y and Z axis),

which is sensitive to changes such as altered alignment. The amygdala is

critically important for social behaviours. To assess whether amygdalar

alterations might account for social impairments in Nrxn2α KO mice, we

segmented the whole amygdala structure and the basolateral nuclei along the

anterior-posterior axis.

The posterior amygdala showed a significant reduction in FA in *Nrxn2α* KO

mice (Figure 2A-B) (anterior: genotype ($F_{(1, 10)}$ = 5.81, p = 0.056); posterior:

genotype ($F_{(1, 10)}$ = 11.2, p = 0.025, power = 85.4%)). This FA reduction was

also observed specifically in the BLA, a region strongly associated with social

behaviours (Figure 2C; genotype ($F_{(1, 10)}$ = 6.31, p = 0.049, power = 62.1%)).

ADC was not significantly altered in the anterior amygdala, posterior

amygdala or BLA (Figure 2D-F; all genotype: $F_{(1, 10)}$ <1).

We conducted the same analysis for the two prefrontal regions implicated in

social behaviour and autism: the OFC and ACC. The pattern of results was

similar for both regions: FA was not altered, while ADC was increased in the

OFC (Figure 3A-B) and the ACC (Figure 3C-D). FA for the OFC was not

significantly altered (genotype: ($F_{(1, 10)}$ = 3.04, p = 0.079)) but ADC was

significantly increased (genotype: ($F_{(1, 10)}$ = 8.20, p = 0.043, power = 73.3%)).

The ACC was unaltered in FA ($t_{(10)}$ = 1.70, p = 0.08) but had significantly

increased ADC ($t_{(10)}$ = 7.52, p = 0.002, power = 99.9%).

We sought to examine whether changes in the amygdala (Supp. Figure 4),

OFC or ACC FA and ADC were driven by diffusion in the primary axis ($λ_1$) or

the radial orientations ($λ_2$ and $λ_3$) by characterisation of AD (primary) and RD

(radial). Within the OFC (Figure 3E-F), AD was significantly increased

(genotype: ($F_{(1, 10)}$ = 10.74, p = 0.029, power = 83.9%)), as was RD (genotype:

($F_{(1, 10)}$ = 18.26, p = 0.009, power = 97.0%)), suggesting that both along-tract

diffusion and tract branching were affected. However, in the ACC (Figure 3G-

H), only RD was significantly increased ($t_{(10)}$ = 5.65, p = 0.007, power =

99.9%), with no alteration in AD ($t_{(10)}$ = 1.69, p = 0.09). Increased RD is

thought to reflect demyelination or changes in axonal density or orientation

(54).

DTI reveals altered hippocampal microstructure in *Nrxn2α* KO mice

The hippocampus has recently been associated with social motivation and

social recognition. Since the specific contributions of the dorsal and ventral

hippocampal poles remain unclear, we segmented the whole hippocampus

into anterior (Bregma -1.94 mm), middle (Bregma -2.46 mm) (both dorsal) and

posterior (Bregma -3.28 mm) (incorporating ventral regions) levels.

FA values in the anterior, mid and posterior hippocampus were not

significantly altered (see Supp. Table 1 for statistics and Supp. Figure 5A-C).

Similarly, ADC was unaltered for the anterior and mid hippocampus (Supp.

Table 1 for statistics and Supp. Figure 5D-E), but was significantly increased

in *Nrxn2α* KO mice in the posterior hippocampus (genotype: ($F_{(1, 10)}$ = 8.80, p

= 0.036, power = 76.6%); Supp. Figure 5F). There were no significant

genotype differences in AD in any of the hippocampal regions (Supp. Figure

6A-C). However, RD was significantly increased in the posterior hippocampus

in *Nrxn2α* KO mice (genotype: ($F_{(1, 10)}$ = 10.83, p = 0.027, power = 84.2%;

Supp. Figure 6F) but not in anterior and mid regions (see Supp. Table 1;

Supp. Figure 6D-E). The theoretical approach undertaken hitherto was to

segment ROIs using a single coronal plane (as outlined in the Methods),

which subsequently allowed for the same anterior/posterior region to be

analysed by CLARITY. However, this restricted analysis could theoretically

miss diffusion differences across a whole brain region (as in, for example, the

entire anterior to posterior ACC). As a further quantification, we segmented

whole regions for the amygdala (Supp. Figure 7), the anterior and posterior

hippocampus (Supp. Figure 8) and the OFC and ACC (Supp. Figure 9). We

found that although there were more statistical differences between the

genotypes for the 'whole' anterior hippocampus region compared to the

'single plane' analysis, overall the two analysis methods suggested broadly

similar structural alterations.

Lastly, given DTI is most commonly associated with analysis of white matter

tracts, we also quantified the corpus callosum. Changes within the corpus

callosum have repeatedly been highlighted in autism (55, 56), including

mouse models of autism (57, 58). Here, we found significantly increased FA

and reduced ADC in *Nrxn2α* KO mice, which were driven by a significant

reduction in RD (Supp. Figure 10).

In summary, the microstructural measures most altered by *Nrxn2α* deletion

were increases in ADC and RD, including in the hippocampus, in line with

recent work suggesting a role for ventral hippocampus in social memory (43).

DTI tractography reveals *Nrxn2α* deletion affects strucutral connectivity between the amygdala and orbitofrontal cortex

The amygdala is strongly and bidirectionally connected to both the hippocampus (59) and the OFC (60). As all three regions are themselves important for social behaviour, and autism is thought to be, at least in part, related to abnormal structural connectivity (24), we performed tractography analysis between the amygdala (and specifically the BLA) and the hippocampus, and between the amygdala and the OFC.

From the anterior amygdala, we examined the diffusivity (AD and RD) of connections to the anterior and posterior hippocampus (Supp. Figure 11). We did not observe differences in RD in the tracts connecting the amygdala with the hippocampus (see Supp. Table 2 for non-significant statistics). Although AD between the anterior amygdala and anterior hippocampus did not differ by genotype, there was a significant interaction between genotype and hemisphere (genotype x hemisphere ($F_{(1,\ 10)}$ = 12.12, p = 0.023, power = 88.0%; Figure 4A); post hoc analysis shows this was driven by larger right-vs-left hemisphere AD values within the *Nrxn2α* KOs only (p = 0.012). This difference could be driven by the BLA; there was increased AD in both the BLA/anterior hippocampus tracts (genotype x hemisphere ($F_{(1,\ 10)}$ = 10.53, p = 0.032, power = 83.2%) and the BLA/posterior hippocampus tracts (genotype x hemisphere ($F_{(1,\ 10)}$ = 12.97, p = 0.020, power = 90%), which again was related to larger right-vs-left hemisphere values in the *Nrxn2α* KOs (BLA/anterior hippocampus: p = 0.004 and BLA/posterior hippocampus: p = 0.001, (Figure 4C-D)) but not the wild-type (anterior: p = 0.87; posterior: p =

1.00). These results indicate that there are differences for the structural

connectivity of the amygdala with the hippocampus within the left and right

hemisphere in *Nrxn2α* KO mice, with increased axial diffusivity in the right

hemisphere. This finding is particularly interesting, as hemispheric differences

in functional connectivity, particularly affecting connections from the right

amygdala, have been found children with ASD (61, 62).

Finally, we tested connections between the amygdala and the OFC. For AD,

wild-type and Nrxn2α KO mice did not differ by genotype (Figure 4E:

genotype: ($F_{(1, 10)}$ = 2.85, p = 0.09), hemisphere: ($F_{(1, 10)}$ = 6.38, p = 0.052). RD

was strikingly higher in *Nrxn2α* KO mice (Figure 4F: genotype: ($F_{(1, 10)}$ = 26.06,

p = 0.023, power = 99.5%)), indicative of a change in demyelination, axonal

density or orientation (54).

CLARITY reveals fibre disruption in *Nrxn2α* KO mice in the amygdala,

orbitofrontal cortex, and anterior cingulate cortex

To further explore the differences as revealed by DTI, we performed CLARITY

on the same brain tissue used in DTI, and stained with neurofilament and

DAPI to label axons and cell bodies, respectively. We were then able to derive

both the axonal alignment (as in, the geometric alignment of axons (from

linear alignment to random) within 3D space (see Supp. Figure 2)) and

density of the stained fibers, in addition to the cell density.

The pattern of results was broadly similar for both the prefrontal cortical ROIs.

That is, first, axonal alignment was increased in *Nrxn2α* KO mice in the ACC

(Figure 5D: genotype: ($F_{(1, 10)}$ = 16.06, p = 0.011, power = 94.9%) but not the

OFC (Figure 5G: genotype: ($F_{(1, 10)}$ = 5.56, p = 0.059). Second, this could not

be explained by a difference in cell density, since that was similar between the

KO and wild-type mice in both the ACC (Figure 5F: genotype: ($F_{(1, 10)}$ <1),

hemisphere: ($F_{(1, 10)}$ = 1.73, p = 0.11) and the OFC (Figure 5H: genotype: ($F_{(1, 10)}$

= 3.09, p = 0.08). An increase in axonal density in *Nrxn2α* KO mice was

reliable in the ACC (Figure 5E: genotype: ($F_{(1, 10)}$ = 14.64, p = 0.014, power =

93.0%), but not in the OFC (Figure 5H: genotype: ($F_{(1, 10)}$ = 3.09, p = 0.083).

We further examined two regions of the anterior amygdala, the BLA and

basomedial (BMA) nuclei, where altered social cellular responses have been

reported in human autism (38). We did not observe any significant differences

for axonal alignment or fibre density in the BLA (see Supp. Figure 12A-C), but

whereas axonal alignment (Figure 5J, genotype: $F_{(1, 10)}$ = 7.70, p = 0.045,

power = 70.6%) but not axonal density (Figure 5K: genotype: ($F_{(1, 10)}$ = 6.10, p

= 0.054) was increased in *Nrxn2α* KO mice in the basomedial nuclei, while

cell density was unaffected (Figure 5L: genotype: ($F_{(1, 10)}$ <1). Alterations in

axonal alignment and density as directly revealed by CLARITY could explain

the increases in diffusivity and RD in the prefrontal regions, as measured by

DTI.

To test the specificity of these alterations, we examined three further brain

regions; the primary motor cortex (M1; Supp. Figure 12D-F), the primary

somatosensory cortex (S1; Supp. Figure 12H-J) and the barrel field (BF;

Supp. Figure 12K-M). Interestingly, although there were differences between

the hemispheres, there were no statistical differences between the genotypes

or genotype x hemisphere interactions for any measure (Supp. Table 3),

suggesting some specificity of the alterations in social-relevant brain regions

in *Nrxn2α* KO mice.

In summary, in both the prefrontal ROIs, namely the OFC, and the ACC, DTI

showed that ADC and RD were increased in *Nrxn2α* KO mice, likely related to

complementary analysis from CLARITY showing that axonal alignment was

altered in *Nrxn2α* KO mice in both prefrontal ROIs.

Discussion

Interestingly, the single-gene deletion of *Nrxn2α* captures several key aspects

of human ASD. In terms of behaviour, three studies have now found social

deficits associated with *Nrxn2α* KO (17-19); in terms of brain structure, as

reported here (summarised below), the *Nrxn2α* KO mouse model shows

altered microstructure and structural connectivity patterns in socially-relevant

brain regions reminiscent of changes in ASD.

A DTI approach has been used for some time to explore neuropathological

markers in autistic patients; alterations in myelination, axonal abundance, size

and orientation all modify FA and ADC values (21, 63), specifically by

reducing amygdala FA (23, 63), and have been used as a quantitative

measure of changes to brain white matter integrity (23, 24). Increased cortical

ADC typically indexes reduced functionality: e.g. increased hippocampal ADC

is associated with mild cognitive impairment (64, 65) and predicts verbal and

visuospatial memory in old healthy controls (66). Furthermore, both increased

RD of various white matter tracts (67, 68) and increased whole-brain AD (68)

have been observed in ASD. The *Nrxn2α* KO mouse reproduces many of

these specific changes, including reduced FA and increases in ADC, AD and

RD. Whole brain increases in ADC, AD and RD (but not FA) have been

reported in ASD children, as have increases in ADC and RD in frontal cortex

tracts (68). This is in agreement with other studies noting increased ADC in

frontal cortex in ASD (63), as we observed here in both the prefrontal regions

examined, the OFC and ACC. Likewise, FA was reduced in the amygdala in

ASD children and adolescents (69), and right-sided lateralisation of abnormal

amygdala/hippocampus-related connections, as seen in our *Nrxn2α* KO

mouse, has been noted in high-functioning adolescents/adults with autism

(70).

Whilst the current study specifically explores structural connectivity, it is

difficult to extrapolate as to what these structural changes mean for functional

connectivity in the *Nrxn2α* KO mouse. Hyper and hypo connectivity theories of

autism have remained contentious, and vary in humans by cohort studied

(e.g. by age of participant) (71). Further, in studies that have combined resting

state functional MRI (rsfMRI) and DTI, functional and structural connectivity

do not always overlap (72-74). Our current data suggests that DTI differences

can be explained by altered axonal patterning (i.e. CLARITY). Others have

explored the biological mechanisms linking structural connectivity to altered

functional connectivity. Zhan et al. (2014) found that deletion of the

chemokine receptor Cx3cr1 resulted in impaired synaptic pruning of long-

range connections during development, which manifested as impaired social

behavior caused by decreased frontal functional connectivity, reduced

synaptic multiplicity and weakened coherence of local field potentials (75).

Thus, it is possible that impairments in neuronal structural maturation can

generate functional connectivity deficits that encapsulate core autism

phenotypes.

Our findings corroborate these quantifications of clinical autism, but highlights

the question of what do the different measures of ADC, FA, AD and RD

represent? Importantly, we observed these microstructural changes in various

socially-relevant brain regions against a background of unchanged cell

density in all our study's ROIs. Unexpectedly, this highlights the power of our

new approach. Dudanova et al. (2007) concluded from measures of cell

counting and cortical cell layer thickness that NRXN2 played little role in

normal brain development (20). Indeed, in earlier studies, it was suggested

that deletion of all *Nrxns* was unlikely to affect synaptic development but

instead disrupts synaptic function (76). We propose that measures such as

two-dimensional cell counting may be underestimating the impact of genetic

mutations upon normal development. By staining cleared brain tissue with a

nuclear marker and performing automated three-dimensional cell counting, we

found no effect of *Nrxn2α* deletion on cell density in any region of interest

examined. But this belies the clear effects upon microstructure integrity across

multiple regions as measured by both DTI and CLARITY, and its specificity;

only the socially-relevant brain regions we tested were disrupted, and not

primary sensory or motor regions. Future studies will benefit from employing

more sensitive measures of brain structural connectivity to determine the

relevance of genetic mutations in development.

FA and ADC can be influenced by changes in axonal density and alignment

(e.g. by myelination, demyelination, axonal damage, loss of white matter

coherence (77)). It is likely that the axonal alignment metric used to quantify

CLARITY more closely reflects the ADC measure of DTI, given that ADC (or

mean diffusivity) equally weights diffusion across all eigenvectors and does

not bias the primary eigenvector as FA does. Thus, it is likely that alterations

in the properties of axons in *Nrxn2α* KO mice are driving these changes in FA

and ADC. Given we mostly see differences in RD, thought to reflect tract

branching and myelination (as it measures λ_2 and λ_3), it is possible that the

orientation in the perpendicular not parallel orientation of fibres is mostly

affected. Given the differences in the amygdala, OFC and ACC, it is possible

that even though neuronal densities are similar in the *Nrxn2α* KO brain, it is

the connections between neurones and brain regions that are perturbed. This

would be consistent with the idea that structural connectivity disruption may

represent a core feature of autism (78). A broader question is how does the

loss of *Nrxn2α* account for changes in axonal organisation? Ultimately, this

question requires further studies. Others have shown that in *Nrxn2α* KO mice,

excitatory transmitter release is reduced, as is short-term plasticity (18).

Reduced glutamatergic release, even at a relatively long range to the

synapse, can change the complexity of dendritic arbors (79). As this is a gene

deletion model, it is conceivable that altered glutamatergic signalling during

early development impairs appropriate synapse maturation, leading to the

structural changes we see herein. Further, how or whether these structural

changes fully explain the social impairments of *Nrxn2α* KO mice would require

new studies. Conceivably, inducible knock-down of *Nrxn2* (by inducible

knockout, siRNA, optogenetics etc.) within a specific brain region would

provide evidence that social abnormalities are being driven by *Nrxn2* loss.

However, developmentally-dependent altered structural connectivity would be

harder to definitively manipulate to explain changes in social behaviours.

Here we have developed a new application of CLARITY to quantitatively

investigate disease models by combining DTI with high resolution 3D imaging

and automated analysis of axonal fibres in a within subject study. Inevitably,

there are some technical limitations that will require future refinement as this

technology matures.

First, while we used CLARITY and immunolabeling to identify axons, we

cannot know whether axon-related changes alone reflect all the changes we

observed for our DTI measures. Second, whilst we can segment entire brain

regions for DTI analysis, it was not practical to image larger brain areas at the

necessary resolution for CLARITY. While it is theoretically possible that we

may bias sampling of each brain region by picking ROIs for multiphoton

imaging, this was done using atlas-defined coordinates and by an

experimenter blind to the DTI results, so minimising any bias. However, within

the current study, we were only able to apply the CLARITY approach to the

amygdala, OFC and ACC. It was not practical to apply this methodology to the

hippocampus, due to its extremely heterogeneous structure. The small cubic

ROIs could not be reproducibly positioned, and larger ROIs to average across

larger areas of the hippocampus were not possible. Although imaging of fibre

tracts in large volumes of cleared tissue is possible (80), fluorescent labelling

limitations make it impractical for a study of this nature. Despite this, as the

adoption of the CLARITY technique increases, we hope that the use of DTI

and CLARITY to study structural connectivity across spatial scales will

become commonplace.

As yet, no one DTI protocol has emerged as the standard for *in vivo* or *ex vivo*

imaging. Indeed, there has been debate regarding the best number of

diffusion gradients to use, among other parameters (81). Whilst some claim a

minimum of 30 directions are required to estimate anisotropy (81), others

claim that the benefits of using more than six are limited (82-85). A limitation

of these studies is that these competing claims have not been complemented

with standard neuroanatomical techniques. Where we found DTI differences,

these were corroborated by the quantification of CLARITY (OFC, ACC, with

BLA differences not reaching statistical significance after multiple-comparison

correction). A further potential limitation of the current study is that groups of

six animals may be underpowered. We argue for our approach here as

follows. First, low variance in the datasets permits smaller group sizes.

Second, for 18 of our 22 significant results, the observed power was more

than 80%. Third, given the technical complexity of this approach, particularly

in its early adoption and refinement stages, large sample throughput of

multiple brain regions is challenging.

In summary, our combined use of DTI and CLARITY has revealed changes in

microstructure and structural connectivity of socially-relevant brain regions in

Nrxn2α KO mice that may underlie their deficits in social behaviour. It is hard

to conceive how these changes could have been observed using classical

experimental approaches. We envisage this approach will deliver a new level

of detail in structural connectivity approaches to understanding autism.

Abbreviations

ACC: anterior cingulate cortex

AD: axial diffusivity

ADC: apparent diffusion coefficient

ASD: autism spectrum disorder

BLA: basolateral amygdala

CLARITY: optically cleared brain tissue

DTI: diffusion tensor imaging

FA: fractional anisotropy

OFC: orbitofrontal cortex

Nrxn2: neurexin II

RD: radial diffusivity

ROI: region of interest

Declarations

Ethics approval and consent to participate

All experiments were performed under UK Home Office Project and Personal

Licenses in accordance with the Animals (Scientific Procedures) Act 1986,

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and with the approval of the University of Leeds and Durham University

Animal Ethical and Welfare Review Boards.

Consent for publication

Not applicable

Availability of data and material

The codes used to quantify the CLARITY datasets are made available by

author LCA by email request to authors LCA or JD, subject to reference to the

current paper. The datasets used and/or analysed during the current study

are available from the corresponding author on reasonable request.

Competing interests

The authors declare no competing interests.

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Authors' contribution

EP, ALT, LCA and JD conceived the study. EP and ALT performed the

experiments. EP, ALT, LCA and JD analysed the data. SJC, RJR, LCA and

JD funded the study. All authors contributed to writing the paper. All authors

have read and approved the final manuscript.

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References

1. Sandin S, Lichtenstein P, Kuja-Halkola R, Larsson H, Hultman CM,
Reichenberg A. The familial risk of autism. Jama. 2014;311(17):1770-7.
2. Cardno AG, Gottesman, II. Twin studies of schizophrenia: from bow-and-
arrow concordances to star wars Mx and functional genomics. American journal of
medical genetics. 2000;97(1):12-7.
3. Ronald A, Happe F, Bolton P, Butcher LM, Price TS, Wheelwright S, et al.
Genetic heterogeneity between the three components of the autism spectrum: a twin
study. Journal of the American Academy of Child and Adolescent Psychiatry.
2006;45(6):691-9.
4. Ronemus M, Iossifov I, Levy D, Wigler M. The role of de novo mutations in
the genetics of autism spectrum disorders. Nature reviews Genetics. 2014;15(2):133-
41.
5. Geschwind DH, State MW. Gene hunting in autism spectrum disorder: on the
path to precision medicine. The Lancet Neurology. 2015;14(11):1109-20.

6.   Sahin M, Sur M. Genes, circuits, and precision therapies for autism and
related neurodevelopmental disorders. Science. 2015;350(6263).
7.   Lise MF, El-Husseini A. The neuroligin and neurexin families: from structure
to function at the synapse. Cellular and molecular life sciences : CMLS.
2006;63(16):1833-49.
8.   Sudhof TC. Synaptic Neurexin Complexes: A Molecular Code for the Logic
of Neural Circuits. Cell. 2017;171(4):745-69.
9.   Gauthier J, Siddiqui TJ, Huashan P, Yokomaku D, Hamdan FF, Champagne
N, et al. Truncating mutations in NRXN2 and NRXN1 in autism spectrum disorders
and schizophrenia. Human genetics. 2011;130(4):563-73.
10.   Mohrmann I, Gillessen-Kaesbach G, Siebert R, Caliebe A, Hellenbroich Y. A
de novo 0.57 Mb microdeletion in chromosome 11q13.1 in a patient with speech
problems, autistic traits, dysmorphic features and multiple endocrine neoplasia type 1.
European journal of medical genetics. 2011;54(4):e461-4.
11.   Boyle MI, Jespersgaard C, Nazaryan L, Ravn K, Brondum-Nielsen K,
Bisgaard AM, et al. Deletion of 11q12.3-11q13.1 in a patient with intellectual
disability and childhood facial features resembling Cornelia de Lange syndrome.
Gene. 2015;572(1):130-4.
12.   Li J, Wang L, Gou H, Shi L, Zhang K, Tang M, et al. Targeted sequencing and
functional analysis reveal brain-size-related genes and their networks in autism
spectrum disorders. Molecular Psychiatry. 2017;22:1282–90.
13.   Yuan H, Li X, Wang Q, Yang W, Song J, Hu X, et al. A de novo 921Kb
microdeletion at 11q13.1 including neurexin 2 in a boy with developmental delay,
deficits in speech and language without autistic behaviors. European journal of
medical genetics. 2018.
14.   Williams SM, An JY, Edson J, Watts M, Murigneux V, Whitehouse AJO, et
al. An integrative analysis of non-coding regulatory DNA variations associated with
autism spectrum disorder. Molecular psychiatry. 2018.
15.   Wang J, Gong J, Li L, Chen Y, Liu L, Gu H, et al. Neurexin gene family
variants as risk factors for autism spectrum disorder. Autism research : official journal
of the International Society for Autism Research. 2018;11(1):37-43.
16.   Duda M, Zhang H, Li HD, Wall DP, Burmeister M, Guan Y. Brain-specific
functional relationship networks inform autism spectrum disorder gene prediction.
Translational psychiatry. 2018;8(1):56.
17.   Dachtler J, Glasper J, Cohen RN, Ivorra JL, Swiffen DJ, Jackson AJ, et al.
Deletion of alpha-neurexin II results in autism-related behaviors in mice.
Translational psychiatry. 2014;4:e484.
18.   Born G, Grayton HM, Langhorst H, Dudanova I, Rohlmann A, Woodward
BW, et al. Genetic targeting of NRXN2 in mice unveils role in excitatory cortical
synapse function and social behaviors. Frontiers in synaptic neuroscience. 2015;7:3.
19.   Dachtler J, Ivorra JL, Rowland TE, Lever C, Rodgers RJ, Clapcote SJ.
Heterozygous deletion of alpha-neurexin I or alpha-neurexin II results in behaviors
relevant to autism and schizophrenia. Behavioral neuroscience. 2015;129(6):765-76.
20.   Dudanova I, Tabuchi K, Rohlmann A, Sudhof TC, Missler M. Deletion of
alpha-neurexins does not cause a major impairment of axonal pathfinding or synapse
formation. The Journal of comparative neurology. 2007;502(2):261-74.
21.   Beaulieu C. The basis of anisotropic water diffusion in the nervous system - a
technical review. NMR in biomedicine. 2002;15(7-8):435-55.

22.   Barnea-Goraly N, Kwon H, Menon V, Eliez S, Lotspeich L, Reiss AL. White
matter structure in autism: preliminary evidence from diffusion tensor imaging.
Biological psychiatry. 2004;55(3):323-6.
23.   Noriuchi M, Kikuchi Y, Yoshiura T, Kira R, Shigeto H, Hara T, et al. Altered
white matter fractional anisotropy and social impairment in children with autism
spectrum disorder. Brain research. 2010;1362:141-9.
24.   Belmonte MK, Allen G, Beckel-Mitchener A, Boulanger LM, Carper RA,
Webb SJ. Autism and abnormal development of brain connectivity. The Journal of
neuroscience : the official journal of the Society for Neuroscience. 2004;24(42):9228-
31.
25.   Chung K, Wallace J, Kim SY, Kalyanasundaram S, Andalman AS, Davidson
TJ, et al. Structural and molecular interrogation of intact biological systems. Nature.
2013;497(7449):332-7.
26.   Pervolaraki E, Anderson RA, Benson AP, Hayes-Gill B, Holden AV, Moore
BJ, et al. Antenatal architecture and activity of the human heart. Interface focus.
2013;3(2):20120065.
27.   Paxinos G, Franklin K. The Mouse Brain in Stereotaxic Coordinates. Third ed:
Academic Press; 2008.
28.   Pervolaraki E, Dachtler J, Anderson RA, Holden AV. Ventricular myocardium
development and the role of connexins in the human fetal heart. Scientific reports.
2017;7(1):12272.
29.   Yeh FC, Verstynen TD, Wang Y, Fernandez-Miranda JC, Tseng WY.
Deterministic diffusion fiber tracking improved by quantitative anisotropy. PloS one.
2013;8(11):e80713.
30.   Basser PJ, Mattiello J, LeBihan D. Estimation of the effective self-diffusion
tensor from the NMR spin echo. Journal of magnetic resonance Series B.
1994;103(3):247-54.
31.   Jiang H, van Zijl PC, Kim J, Pearlson GD, Mori S. DtiStudio: resource
program for diffusion tensor computation and fiber bundle tracking. Computer
methods and programs in biomedicine. 2006;81(2):106-16.
32.   Ferguson JN, Aldag JM, Insel TR, Young LJ. Oxytocin in the medial
amygdala is essential for social recognition in the mouse. The Journal of neuroscience
: the official journal of the Society for Neuroscience. 2001;21(20):8278-85.
33.   Tanimizu T, Kenney JW, Okano E, Kadoma K, Frankland PW, Kida S.
Functional Connectivity of Multiple Brain Regions Required for the Consolidation of
Social Recognition Memory. The Journal of neuroscience : the official journal of the
Society for Neuroscience. 2017;37(15):4103-16.
34.   Emery NJ, Capitanio JP, Mason WA, Machado CJ, Mendoza SP, Amaral DG.
The effects of bilateral lesions of the amygdala on dyadic social interactions in rhesus
monkeys (Macaca mulatta). Behavioral neuroscience. 2001;115(3):515-44.
35.   Rosvold HE, Mirsky AF, Pribram KH. Influence of amygdalectomy on social
behavior in monkeys. Journal of comparative and physiological psychology.
1954;47(3):173-8.
36.   Mosher CP, Zimmerman PE, Gothard KM. Neurons in the monkey amygdala
detect eye contact during naturalistic social interactions. Current biology : CB.
2014;24(20):2459-64.
37.   Rutishauser U, Mamelak AN, Adolphs R. The primate amygdala in social
perception - insights from electrophysiological recordings and stimulation. Trends in
neurosciences. 2015;38(5):295-306.

38.   Rutishauser U, Tudusciuc O, Wang S, Mamelak AN, Ross IB, Adolphs R.
Single-neuron correlates of atypical face processing in autism. Neuron.
2013;80(4):887-99.
39.   Adolphs R, Tranel D, Damasio AR. The human amygdala in social judgment.
Nature. 1998;393(6684):470-4.
40.   Baron-Cohen S, Ring HA, Bullmore ET, Wheelwright S, Ashwin C, Williams
SC. The amygdala theory of autism. Neuroscience and biobehavioral reviews.
2000;24(3):355-64.
41.   Maaswinkel H, Baars AM, Gispen WH, Spruijt BM. Roles of the basolateral
amygdala and hippocampus in social recognition in rats. Physiology & behavior.
1996;60(1):55-63.
42.   Kogan JH, Frankland PW, Silva AJ. Long-term memory underlying
hippocampus-dependent social recognition in mice. Hippocampus. 2000;10(1):47-56.
43.   Okuyama T, Kitamura T, Roy DS, Itohara S, Tonegawa S. Ventral CA1
neurons store social memory. Science. 2016;353(6307):1536-41.
44.   van der Kooij MA, Fantin M, Kraev I, Korshunova I, Grosse J, Zanoletti O, et
al. Impaired hippocampal neuroligin-2 function by chronic stress or synthetic peptide
treatment is linked to social deficits and increased aggression.
Neuropsychopharmacology : official publication of the American College of
Neuropsychopharmacology. 2014;39(5):1148-58.
45.   Rubin RD, Watson PD, Duff MC, Cohen NJ. The role of the hippocampus in
flexible cognition and social behavior. Frontiers in human neuroscience. 2014;8:742.
46.   Nicolson R, DeVito TJ, Vidal CN, Sui Y, Hayashi KM, Drost DJ, et al.
Detection and mapping of hippocampal abnormalities in autism. Psychiatry research.
2006;148(1):11-21.
47.   Schumann CM, Hamstra J, Goodlin-Jones BL, Lotspeich LJ, Kwon H,
Buonocore MH, et al. The amygdala is enlarged in children but not adolescents with
autism; the hippocampus is enlarged at all ages. The Journal of neuroscience : the
official journal of the Society for Neuroscience. 2004;24(28):6392-401.
48.   Bachevalier J, Loveland KA. The orbitofrontal-amygdala circuit and self-
regulation of social-emotional behavior in autism. Neuroscience and biobehavioral
reviews. 2006;30(1):97-117.
49.   Beer JS, John OP, Scabini D, Knight RT. Orbitofrontal cortex and social
behavior: integrating self-monitoring and emotion-cognition interactions. Journal of
cognitive neuroscience. 2006;18(6):871-9.
50.   Watson KK, Platt ML. Social signals in primate orbitofrontal cortex. Current
biology : CB. 2012;22(23):2268-73.
51.   Girgis RR, Minshew NJ, Melhem NM, Nutche JJ, Keshavan MS, Hardan AY.
Volumetric alterations of the orbitofrontal cortex in autism. Progress in neuro-
psychopharmacology & biological psychiatry. 2007;31(1):41-5.
52.   Tyson AL, Hilton ST, Andreae LC. Rapid, simple and inexpensive production
of custom 3D printed equipment for large-volume fluorescence microscopy.
International journal of pharmaceutics. 2015;494(2):651-6.
53.   Herbert MR, Ziegler DA, Deutsch CK, O'Brien LM, Kennedy DN, Filipek
PA, et al. Brain asymmetries in autism and developmental language disorder: a nested
whole-brain analysis. Brain : a journal of neurology. 2005;128(Pt 1):213-26.
54.   Alexander AL, Lee JE, Lazar M, Field AS. Diffusion tensor imaging of the
brain. Neurotherapeutics : the journal of the American Society for Experimental
NeuroTherapeutics. 2007;4(3):316-29.

55.   Alexander AL, Lee JE, Lazar M, Boudos R, DuBray MB, Oakes TR, et al.
Diffusion tensor imaging of the corpus callosum in Autism. NeuroImage.
2007;34(1):61-73.
56.   Travers BG, Tromp do PM, Adluru N, Lange N, Destiche D, Ennis C, et al.
Atypical development of white matter microstructure of the corpus callosum in males
with autism: a longitudinal investigation. Molecular autism. 2015;6:15.
57.   Ellegood J, Babineau BA, Henkelman RM, Lerch JP, Crawley JN.
Neuroanatomical analysis of the BTBR mouse model of autism using magnetic
resonance imaging and diffusion tensor imaging. NeuroImage. 2013;70:288-300.
58.   Kumar M, Kim S, Pickup S, Chen R, Fairless AH, Ittyerah R, et al.
Longitudinal in-vivo diffusion tensor imaging for assessing brain developmental
changes in BALB/cJ mice, a model of reduced sociability relevant to autism. Brain
research. 2012;1455:56-67.
59.   Pitkanen A, Pikkarainen M, Nurminen N, Ylinen A. Reciprocal connections
between the amygdala and the hippocampal formation, perirhinal cortex, and
postrhinal cortex in rat. A review. Annals of the New York Academy of Sciences.
2000;911:369-91.
60.   Cavada C, Company T, Tejedor J, Cruz-Rizzolo RJ, Reinoso-Suarez F. The
anatomical connections of the macaque monkey orbitofrontal cortex. A review.
Cerebral cortex. 2000;10(3):220-42.
61.   Abrams DA, Lynch CJ, Cheng KM, Phillips J, Supekar K, Ryali S, et al.
Underconnectivity between voice-selective cortex and reward circuitry in children
with autism. Proceedings of the National Academy of Sciences of the United States of
America. 2013;110(29):12060-5.
62.   Murphy ER, Foss-Feig J, Kenworthy L, Gaillard WD, Vaidya CJ. Atypical
Functional Connectivity of the Amygdala in Childhood Autism Spectrum Disorders
during Spontaneous Attention to Eye-Gaze. Autism research and treatment.
2012;2012:652408.
63.   Sundaram SK, Kumar A, Makki MI, Behen ME, Chugani HT, Chugani DC.
Diffusion tensor imaging of frontal lobe in autism spectrum disorder. Cerebral cortex.
2008;18(11):2659-65.
64.   Fellgiebel A, Wille P, Muller MJ, Winterer G, Scheurich A, Vucurevic G, et
al. Ultrastructural hippocampal and white matter alterations in mild cognitive
impairment: a diffusion tensor imaging study. Dementia and geriatric cognitive
disorders. 2004;18(1):101-8.
65.   Stebbins GT, Murphy CM. Diffusion tensor imaging in Alzheimer's disease
and mild cognitive impairment. Behavioural neurology. 2009;21(1):39-49.
66.   Carlesimo GA, Cherubini A, Caltagirone C, Spalletta G. Hippocampal mean
diffusivity and memory in healthy elderly individuals: a cross-sectional study.
Neurology. 2010;74(3):194-200.
67.   Ameis SH, Fan J, Rockel C, Voineskos AN, Lobaugh NJ, Soorya L, et al.
Impaired structural connectivity of socio-emotional circuits in autism spectrum
disorders: a diffusion tensor imaging study. PloS one. 2011;6(11):e28044.
68.   Shukla DK, Keehn B, Muller RA. Tract-specific analyses of diffusion tensor
imaging show widespread white matter compromise in autism spectrum disorder.
Journal of child psychology and psychiatry, and allied disciplines. 2011;52(3):286-95.
69.   Jou RJ, Jackowski AP, Papademetris X, Rajeevan N, Staib LH, Volkmar FR.
Diffusion tensor imaging in autism spectrum disorders: preliminary evidence of
abnormal neural connectivity. The Australian and New Zealand journal of psychiatry.
2011;45(2):153-62.

70.   Conturo TE, Williams DL, Smith CD, Gultepe E, Akbudak E, Minshew NJ.
Neuronal fiber pathway abnormalities in autism: an initial MRI diffusion tensor
tracking study of hippocampo-fusiform and amygdalo-fusiform pathways. Journal of
the International Neuropsychological Society : JINS. 2008;14(6):933-46.
71.   Stanfield AC, McIntosh AM, Spencer MD, Philip R, Gaur S, Lawrie SM.
Towards a neuroanatomy of autism: a systematic review and meta-analysis of
structural magnetic resonance imaging studies. European psychiatry : the journal of
the Association of European Psychiatrists. 2008;23(4):289-99.
72.   Vissers ME, Cohen MX, Geurts HM. Brain connectivity and high functioning
autism: a promising path of research that needs refined models, methodological
convergence, and stronger behavioral links. Neuroscience and biobehavioral reviews.
2012;36(1):604-25.
73.   Rudie JD, Brown JA, Beck-Pancer D, Hernandez LM, Dennis EL, Thompson
PM, et al. Altered functional and structural brain network organization in autism.
NeuroImage Clinical. 2012;2:79-94.
74.   Uddin LQ, Supekar K, Menon V. Reconceptualizing functional brain
connectivity in autism from a developmental perspective. Frontiers in human
neuroscience. 2013;7:458.
75.   Zhan Y, Paolicelli RC, Sforazzini F, Weinhard L, Bolasco G, Pagani F, et al.
Deficient neuron-microglia signaling results in impaired functional brain connectivity
and social behavior. Nature neuroscience. 2014;17(3):400-6.
76.   Missler M, Zhang W, Rohlmann A, Kattenstroth G, Hammer RE, Gottmann
K, et al. Alpha-neurexins couple Ca2+ channels to synaptic vesicle exocytosis.
Nature. 2003;423(6943):939-48.
77.   Alba-Ferrara LM, de Erausquin GA. What does anisotropy measure? Insights
from increased and decreased anisotropy in selective fiber tracts in schizophrenia.
Frontiers in integrative neuroscience. 2013;7:9.
78.   Minshew NJ, Williams DL. The new neurobiology of autism: cortex,
connectivity, and neuronal organization. Archives of neurology. 2007;64(7):945-50.
79.   Andreae LC, Burrone J. Spontaneous Neurotransmitter Release Shapes
Dendritic Arbors via Long-Range Activation of NMDA Receptors. Cell reports. 2015.
80.   Ye L, Allen WE, Thompson KR, Tian Q, Hsueh B, Ramakrishnan C, et al.
Wiring and Molecular Features of Prefrontal Ensembles Representing Distinct
Experiences. Cell. 2016;165(7):1776-88.
81.   Jones DK. The effect of gradient sampling schemes on measures derived from
diffusion tensor MRI: a Monte Carlo study. Magnetic resonance in medicine.
2004;51(4):807-15.
82.   Lebel C, Benner T, Beaulieu C. Six is enough? Comparison of diffusion
parameters measured using six or more diffusion-encoding gradient directions with
deterministic tractography. Magnetic resonance in medicine. 2012;68(2):474-83.
83.   Hasan KM, Parker DL, Alexander AL. Comparison of gradient encoding
schemes for diffusion-tensor MRI. Journal of magnetic resonance imaging : JMRI.
2001;13(5):769-80.
84.   Yao X, Yu T, Liang B, Xia T, Huang Q, Zhuang S. Effect of increasing
diffusion gradient direction number on diffusion tensor imaging fiber tracking in the
human brain. Korean journal of radiology. 2015;16(2):410-8.
85.   Ni H, Kavcic V, Zhu T, Ekholm S, Zhong J. Effects of number of diffusion
gradient directions on derived diffusion tensor imaging indices in human brain. AJNR
American journal of neuroradiology. 2006;27(8):1776-81.
930

Figure Legends

Figure 1

Quantification of CLARITY imaging. **A** Sections of DTI-scanned brain were

segmented at different Bregma levels for (i) the orbitofrontal cortex, (ii) the

anterior hippocampus and amygdala, (iii) the mid hippocampus and posterior

amygdala and (iv) the posterior hippocampus. **B-D** DTI-scanned brains were

computed for tracts. Tissue from wild-type and *Nrxn2α* KO mice were cleared

and stained for neurofilament and DAPI (**E**). **F** Automated MATLAB scripts

were used to segment the DAPI (blue) and neurofilament (purple) channels

such that cell density and axonal density and orientation could be calculated.

G is representative of a CLARITY-derived 3D stacked image of a DAPI and

neurofilament of a region of interest, with **H** being the corresponding

segmented image. Scale bar: 100 μm.

Figure 2

Deletion of *Nrxn2α* reduces amygdala fractional anisotropy (FA) but not

apparent diffusion coefficient (ADC). DTI images of the amygdala was

segmented at two regions; anterior (Bregma -1.94 mm) and posterior (Bregma

-2.46 mm). FA of the whole amygdala structure was significantly reduced in

the posterior (**B**) but not (**A**) region. FA was also significantly reduced in the

anterior basolateral amygdala (BLA) (**C**). However, ADC was similar between

the genotypes in the anterior (**D**), posterior (**E**) and BLA (**F**). **=$P<0.01$,

*=$P<0.05$. Error bars represent s.e.m. Wild-type n=6, *Nrxn2α* KO n=6.

Figure 3

Nrxn2α KO mice have increased apparent diffusion coefficient (ADC) and

axial (AD) and radial diffusivity (RD) in the orbitofrontal cortex (OFC) and the

anterior cingulate cortex (ACC). Although reduced, there was no significant

difference between wild-types and *Nrxn2α* KO mice for FA in the OFC (**A**) and

ACC (**C**), but ADC was significantly increased in *Nrxn2α* KO mice in both

prefrontal regions (**B** and **D**). The OFC has significantly increased AD and RD

(**E-F**), whereas only RD was increased in the ACC (**G-H**). ***=P=0.0005,

***=P<0.001, **=P<0.01, *=P<0.05. Error bars represent s.e.m. Wild-type n=6,

Nrxn2α KO n=6.

Figure 4

Tractographic analysis of amygdala-hippocampus and amygdala-orbitofrontal

cortex (OFC) connectivity. Amygdala-hippocampal connections are

characterised by greater right hemisphere axial diffusivity (AD) *Nrxn2α* KO

mice (**A**) but not radial diffusivity (RD) (**B**). Specific to the BLA, connections to

the anterior hippocampus (**C**) and posterior hippocampus (**D**) have greater

right hemisphere AD. Although the amygdala-OFC connection was similar

between the genotypes for AD (**E**), *Nrxn2α* KO mice had significantly

increased RD (**F**). *=P<0.05, ***=P<0.001. Error bars represent s.e.m. Wild-

type n=6, Nrxn2α KO n=6.

Figure 5

CLARITY reveals differences in axonal alignment and fibre density in *Nrxn2α*

KO mice. (**A-C**) Representative images of the CLARITY-treated brain, with

ROI defined for the anterior cingulate cortex (ACC), orbitofrontal cortex

(OFC), basomedial amygdala (BMA) and basolateral amygdala (BLA). For the

ACC, the axonal alignment (**D**) and axon density (**E**) were significantly altered

in KO mice, but cell density was unaltered (**F**). Within the medial OFC, only

axonal alignment was significantly altered in KOs (**G**), with axon density (**H**)

and cell density (**I**) being similar. For the BMA, both the axonal alignment (**J**)

and axon density (**K**) were significantly increased, whilst cell density was

unaltered (**L**). *=P<0.05, **=P<0.01. Error bars represent s.e.m. Wild-type

n=6, *Nrxn2α* KO n=6.

The within-subject application of diffusion tensor MRI and CLARITY reveals brain structural changes in *Nrxn2* deletion mice

Supplemental Material

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Supplemental Materials and Methods

Diffusion Tensor MRI

Data Acquisition

Brain MR imaging was performed on a vertical 9.4 Tesla spectrometer (Bruker AVANCE II NMR, Ettlingen, Germany) with an 89 mm wide bore, 3 radio frequency channels with digital broadband frequency synthesis (6-620 MHz) and an imaging coil with diameter of 25 mm for hydrogen (1H). 3D images for each brain were obtained using a DT-MRI protocol (TE: 35 ms, TR: 700 ms, 10 signal averages). The field of view was set at 128 x 128 x 128, with a cubic resolution of 100 μm/pixel and a b value of 1200 s/mm^2. For each brain, diffusion weighted images were obtained in 6 directions, based upon recent published protocols (1-5). The subject of the number of diffusions gradients has been debated (6), with studies suggesting limited benefits of using more than 6 directions in biological tissue (7-9). The imaging time for each brain was 60 hours.

CLARITY

Solutions:

<u>**Hydrogel solution:**</u> 2% PFA 2% acrylamide 0.05% bis-acrylamide and 0.25% VA-044 thermal initiator (2,2'-Azobis[2-(2-imidazolin-2-yl) propane] dihydrochloride) in PBS, pH 7.4.

<u>**Clearing buffer:**</u> 8% Sodium dodecyl sulfate in 200mM boric acid, pH 8.5.

Multiphoton imaging – methodological outline

Cleared samples were mounted in custom 3D printed chambers for two-photon imaging. Images were acquired using ZEN Black (Zeiss, Germany). DAPI signal was detected using a 485 nm short pass filter, and neurofilament using a 500-550 nm band pass filter. The power of the excitation laser was varied to maximise the dynamic range for each image, but all other parameters were kept constant. The images were analysed using custom MATLAB (version 9.1, The Mathworks Inc.) scripts. Two-dimensional images were visualised using ImageJ (10) and three-dimensional images using Vaa3D (11).

Multiphoton imaging and analysis – image analysis method

Pre-processing

Image files were loaded into MATLAB (The Mathworks Ltd.) using the BioFormats toolbox (12), and the raw image data were obtained along with the precise voxel dimensions from the metadata. Each two-dimensional (2D) image from the three-dimensional (3D) stack was initially corrected for uneven background illumination by element-wise division by a 2D reference image. This reference image was calculated as the mean 2D image through the 3D stack, which was smoothed using a 2D Gaussian kernel with a full-width at half maximum (FWHM) of 20 % of the geometric mean of the dimensions of the 2D image (mean dimension). The image was denoised by filtering the image with a Gaussian kernel with a standard deviation of one pixel. Background subtraction was carried out by subtracting a smoothed, filtered image (FWHM 10 % of the mean dimension). Each pixel was then smoothed using a 3D Gaussian kernel with FWHM of 1.5 µm (the largest axonal diameter expected according to Perge et al. (13).

Segmentation

The numerical gradient of the image in each dimension $(\Delta X, \Delta Y, \Delta Z)$ was calculated, and these were combined to calculate the magnitude of the gradient $\left(\sqrt{\Delta X^2 + \Delta Y^2 + \Delta Z^2} \right)$. The resulting image was thresholded, using a combination of the Otsu (1979) and Rosin (2001) methods (Rosin threshold + 2/5 Otsu threshold) (14, 15). The gradient image highlights the edge of each axon; to combine these into a single object, the image was dilated and then eroded with a cubic structuring element (each side being 1.5 µm, to 'close' the largest axons as per Perge et al. (13)). Very small objects (less than 50 µm^3) were removed from the image as they reflected noise, very small neuronal processes and gradients around cells.

Owing to variations in staining intensity of different axons, the thresholding produced segmented axons of various thicknesses that did not necessarily reflect the true structure. To remove this bias, the thresholded image was skeletonised using a homotopic thinning algorithm (16) implemented in MATLAB(17). The resulting image was dilated and then eroded using a cubic structuring element (10 pixels on each side for dilation, 9 for erosion) to produce connected processes with a uniform two-pixel diameter. This dilation ensured that the voxels in the binary image were connected via their faces (6-connected) rather than just their corners (26-connected), which better reflects the true structure of biological processes. This method detects

most large axons at the expense of smaller processes, and the loss of any information about axon diameter. These steps are outlined in Supp. Figure 2.

Analysis

The density of axons was calculated as the fraction of the image volume taken up by the segmented axons. A measure of axonal alignment was calculated by determining the mean axonal alignment along each dimension. This alignment was calculated by moving along the 3D image in a single dimension, keeping the coordinates in the other dimensions constant, and counting the number of times the pixel intensity did not change (i.e. how many times an axon was not entered or left). This number was averaged across each face of the image volume and scaled to the length of each dimension to produce a metric of how constant the image intensity is in that dimension. The perfect case of no intensity change (i.e. all axons are aligned perfectly with a particular dimension) gives a value of 1. The greater the difference between this measure in each three dimensions, the more aligned the axons must be (i.e. their directions are anisotropic). The standard deviation of this measure across the three dimensions was calculated as the axonal alignment.

The alignment calculation is illustrated in Supp. Figure 3 for a simple, two-dimensional case. Supp. Figure 3a shows the case of low axonal alignment, and Supp. Figure 3b shows the case of high axonal alignment. In each case, for illustration, each pixel represented by a small square on the grid is classed as either containing an axon or not. In the real images, the pixels are smaller, and are actually binary. In each axis, the number of pixel transitions in which the presence of an axon does not change is divided by the number of transitions, and the average is calculated. The standard deviation of this average for all axes is the measure of axonal alignment. When the alignment is low, the two averages are similar, and the standard deviation is low. When the alignment is high the two averages are very different, and the standard deviation is high. To analyse the real data, this same calculation is carried out in 3D, but in a much larger grid of voxels. Cell density was calculated as the number of cells per mm^3.

Supp. Table 1

Brain Region	DTI Measure	ANOVA Comparison	F Value	P Value
Anterior Hippocampus	FA	Genotype	$F_{(1,10)} = 3.91$	P = 0.063
		Hemisphere	$F_{(1,10)} = 3.89$	P = 0.065
Mid Hippocampus	FA	Genotype	$F_{(1,10)} = 3.12$	P = 0.07
		Hemisphere	$F_{(1,10)} < 1$	P = 0.146
Posterior Hippocampus	FA	Genotype	$F_{(1,10)} = 1.99$	P = 0.104
		Hemisphere	$F_{(1,10)} = 1.95$	P = 0.101
Anterior Hippocampus	ADC	Genotype	$F_{(1,10)} = 3.17$	P = 0.073
		Hemisphere	$F_{(1,10)} = 2.20$	P = 0.095
Mid Hippocampus	ADC	Genotype	$F_{(1,10)} < 1$	P = 0.160
		Hemisphere	$F_{(1,10)} = 1.62$	P = 0.115
Posterior Hippocampus	ADC	**Genotype**	$\mathbf{F_{(1,10)} = 8.88}$	**P = 0.036**
		Hemisphere	$F_{(1,10)} < 1$	P = 0.180
Anterior Hippocampus	AD	Genotype	$F_{(1,10)} < 1$	P = 0.187
		Hemisphere	$F_{(1,10)} = 1.07$	P = 0.121
Mid Hippocampus	AD	Genotype	$F_{(1,10)} < 1$	P = 0.153
		Hemisphere	$F_{(1,10)} = 1.04$	P = 0.124
Posterior Hippocampus	AD	Genotype	$F_{(1,10)} = 3.45$	P = 0.07
		Hemisphere	$\mathbf{F_{(1,10)} = 6.19}$	P = 0.052
Anterior Hippocampus	RD	Genotype	$F_{(1,10)} = 3.03$	P = 0.086
		Hemisphere	$F_{(1,10)} < 1$	P = 0.137
Mid Hippocampus	RD	Genotype	$F_{(1,10)} < 1$	P = 0.140
		Hemisphere	$F_{(1,10)} = 1.33$	P = 0.119
Posterior Hippocampus	RD	**Genotype**	$\mathbf{F_{(1,10)} = 10.83}$	**P = 0.027**
		Hemisphere	$F_{(1,10)} = 3.48$	P = 0.07

Statistical analysis of the anterior (Bregma -1.94 mm), mid (Bregma -2.46 mm) and posterior (Bregma -3.28 mm) hippocampus for fractional anisotropy (FA), apparent diffusion coefficient (ADC), axial diffusion (AD) and radial diffusion (RD). Analysis was performed using repeated measure two-way ANOVAs for genotype and hemisphere (Benjamini-Hochberg corrected (corrected P values stated)).

Supp. Table 2

Brain Region	DTI Measure	ANOVA Comparison	F Value	P Value
Amygdala-Anterior Hippocampus	AD	Genotype	$F_{(1,10)}$ <1	P = 0.164
		Hemisphere	$F_{(1,10)}$ = 2.10	P = 0.097
		Genotype x Hemisphere	**$F_{(1,10)}$ = 12.12**	**P = 0.023**
Amygdala-Anterior Hippocampus	RD	Genotype	$F_{(1,10)}$ <1	P = 0.149
		Hemisphere	$F_{(1,10)}$ = 1.32	P = 0.106
		Genotype x Hemisphere	$F_{(1,10)}$ <1	P = 0.155
Amygdala-Posterior Hippocampus	AD	Genotype	$F_{(1,10)}$ <1	P = 0.142
		Hemisphere	$F_{(1,10)}$ <1	P = 0.189
		Genotype x Hemisphere	$F_{(1,10)}$ = 4.54	P = 0.061
Amygdala-Posterior Hippocampus	RD	Genotype	$F_{(1,10)}$ <1	P = 0.151
		Hemisphere	$F_{(1,10)}$ <1	P = 0.135
		Genotype x Hemisphere	$F_{(1,10)}$ <1	P = 0.128
BLA-Anterior Hippocampus	AD	Genotype	$F_{(1,10)}$ <1	P = 0.167
		Hemisphere	**$F_{(1,10)}$ = 6.59**	**P = 0.047**
		Genotype x Hemisphere	**$F_{(1,10)}$ = 10.53**	**P = 0.032**
BLA-Anterior Hippocampus	RD	Genotype	$F_{(1,10)}$ <1	P = 0.158
		Hemisphere	$F_{(1,10)}$ = 2.59	P = 0.092
		Genotype x Hemisphere	$F_{(1,10)}$ <1	P = 0.173
BLA-Posterior Hippocampus	AD	Genotype	$F_{(1,10)}$ <1	P = 0.169
		Hemisphere	**$F_{(1,10)}$ = 12.79**	**P = 0.018**
		Genotype x Hemisphere	**$F_{(1,10)}$ = 12.97**	**P = 0.02**
BLA-Posterior Hippocampus	RD	Genotype	$F_{(1,10)}$ <1	P = 0.162
		Hemisphere	$F_{(1,10)}$ = 3.11	P = 0.077
		Genotype x Hemisphere	$F_{(1,10)}$ <1	P = 0.178

Statistical analysis of the anterior (Bregma -1.94 mm), and posterior (Bregma -3.28 mm) amygdala-hippocampal connections, analysed for axial diffusion (AD) and radial diffusion (RD). Analysis was performed using repeated measure two-way ANOVAs for genotype and hemisphere (Benjamini-Hochberg corrected (corrected P values stated)).

Supp. Table 3

Brain Region	CLARITY Measure	ANOVA Comparison	F Value	P Value
M1	OI	Genotype	$F_{(1,10)}$ <1	P = 0.182
		Hemisphere	$F_{(1,10)}$ = 1.74	P = 0.108
M1	Cell Density	Genotype	$F_{(1,10)}$ = 2.04	P = 0.099
		Hemisphere	$F_{(1,10)}$ = 1.41	P = 0.117
M1	Fibre Density	Genotype	$F_{(1,10)}$ <1	P = 0.171
		Hemisphere	$F_{(1,10)}$ <1	P = 0.176
S1	OI	Genotype	$F_{(1,10)}$ <1	P = 0.185
		Hemisphere	$\mathbf{F_{(1,10)} = 36.86}$	**P = 0.005**
S1	Cell Density	Genotype	$F_{(1,10)}$ <1	P = 0.131
		Hemisphere	$\mathbf{F_{(1,10)} = 13.73}$	**P = 0.016**
S1	Fibre Density	Genotype	$F_{(1,10)}$ = 1.73	P = 0.110
		Hemisphere	$\mathbf{F_{(1,10)} = 8.51}$	**P = 0.038**
BF	OI	Genotype	$F_{(1,10)}$ <1	P = 0.191
		Hemisphere	$\mathbf{F_{(1,10)} = 10.59}$	**P = 0.034**
BF	Cell Density	Genotype	$F_{(1,10)}$ <1	P = 0.133
		Hemisphere	$\mathbf{F_{(1,10)} = 8.70}$	**P = 0.041**
BF	Fibre Density	Genotype	$F_{(1,10)}$ <1	P = 0.144
		Hemisphere	$F_{(1,10)}$ <1	P = 0.126

Statistical analysis of the primary motor cortex (M1), primary somatosensory cortex (S1) and the barrel field (BF). CLARITY imaged regions were then analysed for orientation index (OI), cell density and fibre density. Analysis was performed using repeated measure two-way ANOVAs for genotype and hemisphere (Benjamini-Hochberg corrected (corrected P values stated)).

Supp. Figure 1

Atlas maps representing manual segmentation of regions of interest (ROI). (**A**) The orbitofrontal cortex ROI. (**B**) The ACC ROI. (**C**) The anterior hippocampus, anterior amygdala and basolateral amygdala ROI. (**D**) The mid hippocampus and posterior amygdala ROI. (**E**) The posterior hippocampus ROI. The atlas maps were used with the permission of the Authors (18).

Supp. Figure 2

A
Raw Image

B
Raw Image (50 µm) MIP

C
Smoothing

D
Gradient

E
Threshold of gradient

F
Dilation

G
Skeletonisation (50 µm) MIP

H
Dilation (50 µm) MIP

Analysis methodology of axonal segmentation from multiphoton images.

Supp. Figure 3

A and B. Illustration of the axonal alignment calculation in a simple two-dimensional case. The grey grid represents the image pixels, the black lines axons and the dashed lines represent the calculation process. Standard deviation denoted as std. **C and D.** Cingulate cortex images taken from wild-type and Nrxn2α KO mice, visually representing the greater axonal alignment and density in KO mice.

Supp. Figure 4

Axial diffusivity (AD) and radial diffusivity (RD) in the amygdala. The entire amygdala was segmented from DTI images at two regions; anterior (**A** and **C**: Bregma -1.94 mm) and posterior (**B** and **D**: Bregma -2.46 mm). No significant differences were observed between the genotypes for anterior or posterior regions. Error bars represent s.e.m. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 5

Fractional anisotropy (FA) and apparent diffusion coefficient (ADC) of the anterior to posterior hippocampus. Although Nrxn2α KO had trends towards lower FA in the anterior (**A**), mid (**B**) and posterior (**C**) hippocampus, there were no significant differences. Similarly, anterior (**D**) and mid (**E**) hippocampal regions did not vary between the genotypes, the posterior hippocampus (**F**) had significantly increased ADC (f). * = $P<0.05$. Error bars represent s.e.m. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 6

Axial diffusivity (AD) and radial diffusivity (RD) of the anterior to posterior hippocampus. AD did not differ in either the anterior (**A**), mid (**B**) and posterior (**C**) hippocampus. Although the anterior (**D**) and mid (**E**) hippocampal regions did not vary between the genotypes, the posterior hippocampus (**F**) had significantly increased RD (f). ** = P<0.01. Error bars represent s.e.m. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 7

DTI quantified for the whole amygdala volume. (**A**) Fractional anisotropy (FA) was significantly increased in Nrxn2α KO mice (genotype: $F_{(1,10)}$ = 11.15, p = 0.008). However, (**B**) apparent diffusion coefficient (ADC) was not significantly altered (genotype: $F_{(1,10)}$ <1, p = 0.782), nor was (**C**) axial diffusivity (AD) (genotype: $F_{(1,10)}$ = 3.06, p = 0.111) or (**D**) radial diffusivity (RD) (genotype: $F_{(1,10)}$ = 2.47, p = 0.147). Error bars represent s.e.m. ** = P<0.01. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 8

DTI quantified for the whole anterior hippocampus (Bregma -1.06 mm – -2.46 mm) and posterior hippocampus (Bregma -2.54 mm – -3.16 mm). (**A**) Fractional anisotropy (FA) in the anterior hippocampus was significantly increased in Nrxn2α KO mice (genotype: $F_{(1,10)}$ = 15.63, p = 0.0027) but (**B**) apparent diffusion coefficient (ADC) was not altered (genotype: $F_{(1,10)}$ <1, p = 0.738). (**C**) Axial diffusivity (AD) (genotype: $F_{(1,10)}$ = 16.17, p = 0.0024) and (**D**) radial diffusivity (RD) (genotype: $F_{(1,10)}$ = 5.05, p = 0.048) were both significantly altered in Nrxn2α KO mice. In the posterior hippocampus, in Nrxn2α KO mice, (**E**) FA was significant increased (genotype: $F_{(1,10)}$ = 15.62, p = 0.0027), (**F**) ADC was similar to wild-types (genotype: $F_{(1,10)}$ <1, p = 0.679), (**G**) AD was increased (genotype: $F_{(1,10)}$ = 22.31, p = 0.0008) and (**H**) RD was significantly reduced (genotype: $F_{(1,10)}$ = 5.34, p = 0.043). Error bars represent s.e.m. * = P<0.05, ** = P<0.01, *** = P<0.001. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 9

DTI quantified for the whole orbitofrontal cortex (OFC) and anterior cingulate cortex (ACC) and posterior hippocampus (Bregma -1.34 mm – -0.46 mm). (**A**) Fractional anisotropy (FA) in the OFC was significantly increased in Nrxn2α KO mice (genotype: $F_{(1,10)}$ = 16.14, p = 0.0024) but (**B**) apparent diffusion coefficient (ADC) was not altered (genotype: $F_{(1,10)}$ = 1.43, p = 0.260). (**C**) Axial diffusivity (AD) (genotype: $F_{(1,10)}$ = 6.71, p = 0.027) and (**D**) radial diffusivity (RD) (genotype: $F_{(1,10)}$ = 10.07, p = 0.0099) were both significantly altered in Nrxn2α KO mice. In the ACC of Nrxn2α KO mice, (**E**) FA was significant increased (genotype: $t_{(10)}$ = 2.55, p = 0.029), (**F**) ADC was similar to wild-types (genotype: $t_{(10)}$ = 2.55, p = 0.618), (**G**) AD was increased (genotype: $t_{(10)}$ = 3.89, p = 0.003) and (**H**) RD was not significantly different (genotype: $t_{(10)}$ = 1.35, p = 0.208). Error bars represent s.e.m. * = P<0.05, ** = P<0.01. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 10

DTI quantification of the corpus callosum (Bregma 0.98 mm). To examine the integrity of white matter tracts within Nrxn2α KO mice, we examined diffusivity in the corpus callosum. (**A**) Fractional anisotropy (FA) was significantly increased in Nrxn2α KO mice (genotype: $t_{(10)}$ = 2.50, p = 0.032) and apparent diffusion coefficient (ADC) (**B**) significantly decreased (genotype: $t_{(10)}$ = 2.28, p = 0.046). This difference appeared to be driven predominantly by radial diffusivity (RD), as axial diffusion (AD) (**C**) was not significantly different (genotype: $t_{(10)}$ = 1.49, p = 0.168) whilst RD (**D**) was significantly reduced in Nrxn2α KO mice (genotype: $t_{(10)}$ = 2.45, p = 0.034). Error bars represent s.e.m. * = P<0.05. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 11

Axial diffusivity (AD) and radial diffusivity (RD) of computed tracts of connections from the amygdala to hippocampus. Tracts from the anterior amygdala to the posterior hippocampus (Bregma -2.46 mm) were analysed for AD (**A**) and RD (**B**). No significant differences between the tracts of Nrxn2α KO mice were observed. No significant differences were found for RD of tracts specifically from the basolateral nuclei of the amygdala (BLA) to the anterior (**C**) or posterior (**D**) hippocampus. Error bars represent s.e.m. Wild-type n=6, Nrxn2α KO n=6.

Supp. Figure 12

CLARITY-derived quantification of fibres and cell density within the basolateral amygdala (BLA) and control regions (**A**) Although there were trends towards increased axonal alignment and fibre density (**B**) in Nrxn2α KO mice, no significant differences were found. (**C**) Cell density in the BLA was similar between the genotypes. Statistical analysis (Supp. Table 4) was performed for the primary motor cortex (M1; **D-F**), primary somatosensory cortex (S1; **H-J**) and the barrel field (BF; **K-M**). No genotypic differences were found for any measure within these cortical regions. (N-O) CLARITY images of the scanned regions of interest. Error bars represent s.e.m. Wild-type n=6, Nrxn2α KO n=6.

References

1.   Wu D, Xu J, McMahon MT, van Zijl PC, Mori S, Northington FJ, et al. In vivo high-resolution diffusion tensor imaging of the mouse brain. NeuroImage. 2013;83:18-26.

2.   Vo A, Sako W, Dewey SL, Eidelberg D, Ulug AM. 18FDG-microPET and MR DTI findings in Tor1a+/- heterozygous knock-out mice. Neurobiology of disease. 2015;73:399-406.

3.   Kumar M, Duda JT, Hwang WT, Kenworthy C, Ittyerah R, Pickup S, et al. High resolution magnetic resonance imaging for characterization of the neuroligin-3 knock-in mouse model associated with autism spectrum disorder. PloS one. 2014;9(10):e109872.

4.   Ruest T, Holmes WM, Barrie JA, Griffiths IR, Anderson TJ, Dewar D, et al. High-resolution diffusion tensor imaging of fixed brain in a mouse model of Pelizaeus-Merzbacher disease: comparison with quantitative measures of white matter pathology. NMR in biomedicine. 2011;24(10):1369-79.

5.   Kim S, Pickup S, Fairless AH, Ittyerah R, Dow HC, Abel T, et al. Association between sociability and diffusion tensor imaging in BALB/cJ mice. NMR in biomedicine. 2012;25(1):104-12.

6.   Jones DK. The effect of gradient sampling schemes on measures derived from diffusion tensor MRI: a Monte Carlo study. Magnetic resonance in medicine. 2004;51(4):807-15.

7.   Lebel C, Benner T, Beaulieu C. Six is enough? Comparison of diffusion parameters measured using six or more diffusion-encoding gradient directions with deterministic tractography. Magnetic resonance in medicine. 2012;68(2):474-83.

8.   Ni H, Kavcic V, Zhu T, Ekholm S, Zhong J. Effects of number of diffusion gradient directions on derived diffusion tensor imaging indices in human brain. AJNR American journal of neuroradiology. 2006;27(8):1776-81.

9.   Hasan KM, Parker DL, Alexander AL. Comparison of gradient encoding schemes for diffusion-tensor MRI. Journal of magnetic resonance imaging : JMRI. 2001;13(5):769-80.

10.   Schindelin J, Arganda-Carreras I, Frise E, Kaynig V, Longair M, Pietzsch T, et al. Fiji: an open-source platform for biological-image analysis. Nature methods. 2012;9(7):676-82.

11.   Peng H, Ruan Z, Long F, Simpson JH, Myers EW. V3D enables real-time 3D visualization and quantitative analysis of large-scale biological image data sets. Nature biotechnology. 2010;28(4):348-53.

12.   Linkert M, Rueden CT, Allan C, Burel JM, Moore W, Patterson A, et al. Metadata matters: access to image data in the real world. The Journal of cell biology. 2010;189(5):777-82.

13.   Perge JA, Niven JE, Mugnaini E, Balasubramanian V, Sterling P. Why do axons differ in caliber? The Journal of neuroscience : the official journal of the Society for Neuroscience. 2012;32(2):626-38.

14.   Otsu N. A Threshold Selection Method from Gray-Level Histograms. IEEE Transactions on Systems, Man, and Cybernetics. 1979;9(1):62-6.

15.   Rosin P. Unimodal thresholding. Pattern Recognition. 2001;34(11):2083-96.

16.   Lee T, Kashyap R, Chu C. Building Skeleton Models via 3-D Medial Surface Axis Thinning Algorithms. CVGIP: Graphical Models and Image Processing. 1994;56(6):462-78.

17.   Kerschnitzki M, Kollmannsberger P, Burghammer M, Duda GN, Weinkamer R, Wagermaier W, et al. Architecture of the osteocyte network correlates with bone material quality. Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research. 2013;28(8):1837-45.

18.   Franklin K, Paxinos G. The Mouse Brain in Stereotaxic Coordinates: Academic Press; 2008.

Figure 1

A

i   ii   iii   iv

Bregma +2.58 mm   Bregma -1.94 mm   Bregma -2.46 mm   Bregma -3.28 mm

B   **C**

D   **E**

F   **G**   **H**

Figure 2

Figure 3

Figure 4

Figure 5