

# Ultrasound-Induced Activation of Mechanosensitive Ion Channels via Membrane Deformation

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## 1 Introduction

Low-intensity ultrasound (US) has emerged as a powerful modality for noninvasive neuromodulation and cellular stimulation. A growing body of experimental and theoretical work supports the hypothesis that US acts primarily through mechanical interactions with the cell membrane rather than direct thermal or electrical effects .

Acoustic radiation force, oscillatory pressure fields, and acoustic streaming induce membrane displacement, strain, and tension. These mechanical perturbations activate mechanosensitive ion channels (MSCs), which transduce membrane deformation into ionic currents. This conversion from mechanical to electrical energy constitutes the primary biophysical mechanism underlying ultrasound neuromodulation in neurons and other excitable cells.

At the molecular level, mechanosensitive channels respond either directly to bilayer tension (“force-from-lipid” mechanism) or indirectly via cytoskeletal tethers and  $\text{Ca}^{2+}$ -dependent signaling pathways [1]. The present model integrates nonlinear membrane mechanics with ion channel dynamics to capture both direct and indirect mechanotransduction pathways.

## 2 Mechanosensitive Channel Families Considered

### 2.1 Mechanosensitive Channel Open Probability

Mechanosensitive channel opening probability is computed using an area-expansion Boltzmann formulation:

$$P_0(t) = \frac{1}{1 + \exp \left[ (T_{1/2} - T) \frac{A_{\text{gate}}}{k_B T} \right]} \left( 1 - e^{-T/T_{\text{inact}}} \right)$$

### 2.2 K2P Potassium Channels (TRAAK, TREK-1, TREK-2)

Two-pore-domain potassium (K2P) channels are among the best-characterized force-from-lipid mechanosensitive channels that contribute to action potential propagation, sensory transduction, and muscle contraction. Structural and functional studies demonstrate that TRAAK, TREK-1, and TREK-2 open in response to increased in-plane membrane tension without requiring auxiliary proteins or cytoskeletal coupling [2, 3, 4].

**Activation mechanism and kinetics** K2P channels such as TRAAK, TREK-1, and TREK-2 are activated directly by membrane tension via a force-from-lipid mechanism. Channel opening occurs when

increased in-plane membrane tension stabilizes the open conformation by expanding the effective gate area embedded in the lipid bilayer. Their gating is regulated by mechanical perturbation of the cell membrane as well as polyunsaturated fatty acids, other lipids, and temperature. [2]

Activation is rapid, occurring on sub-millisecond to millisecond timescales ( $\sim 0.1\text{--}1$  ms) following the onset of membrane stretch. Importantly, K2P channels do not exhibit intrinsic inactivation on physiological timescales. Instead, deactivation occurs promptly when membrane tension falls below the activation threshold, with closure times comparable to activation times [3]. A consequence of the rapid ultrasonic activation of TRAAK is that even brief stimulation can activate large currents: 0.15 ms and 0.8 ms stimulation result in approximately 50% and 95% of the maximal TRAAK current, respectively [3].

**Physiological role** The K2P current is a fast, non-inactivating, mechanosensitive outward  $K^+$  current directly controlled by membrane tension. Upon activation, K2P channels drive the membrane potential toward  $E_K$ , thereby stabilizing and repolarizing the membrane and providing rapid negative feedback during ultrasound-induced depolarization.

**Ions conducted** Primarily  $K^+$ .

### Modeling formulation

$$I_{K2P} = g_{K2P} P_0(t) (V_m - E_K 2P)$$

where,  $I_{K2P}$  is the current carried by mechanosensitive two-pore-domain potassium (K2P) channels (e.g., TRAAK, TREK-1, TREK-2).  $g_{K2P}$  is the maximal K2P conductance per unit membrane area ( $S\text{ m}^{-2}$ ).  $P_0(t)$  is the time-dependent open probability of the channel, determined by membrane tension induced by ultrasound-driven deformation.  $V_m$  is the membrane potential (mV) and  $E_K 2P$  is the reversal potential.

**Parameter justification** Values for these parameters were chosen based on previous research studies.  $E_K 2P$  was given a value of equal to the reversal potential of the Potassium reversal (Nernst) potential (mV). Sorum et al. [3] mention a reverse potential close to  $E_{K^+}$ , with a value  $-75$  mV for TRAAK. Patel et al. [5] mention a reversal potential at the predicted value of  $K^+$  equilibrium potential at  $-83$  mV. It is assumed in our study that it is equal to the Potassium Nerst potential.

The open probability is computed from Eq. 2.1 and Sorum et al. [4] found that  $T_{1/2}$  is  $4.4$  mN/m,  $6.4$  mN/m and  $5.8$  mN/m and the slope is  $1.7$ ,  $2.3$  and  $1.4$  while the change in area is  $2.4$  nm $^2$ ,  $1.8$  nm $^2$ ,  $2.9$  nm $^2$  for TRAAK, TREK-1 and TREK-2, respectively.

Unitary conductances were found to be  $73$  pS [4] and  $65$  pS at  $100$  mV [6] for TRAAK;  $48$  pS at  $50$  mV [5] and  $88$  pS at  $100$  mV [6] for TREK-1; and  $40$  pS at  $100$  mV [6] for TREK-2.

[? ] The K2P family channels are highly expressed in the brain, particularly in the hippocampus and cortex, and are found in both pyramidal cortical neurons and GABAergic interneurons [7]. They are also strongly enriched at nodes of Ranvier, with densities approximately 3,000 times higher than in somatic regions [8].

## 2.3 Piezo1/2 Channels

**Activation mechanism and kinetics** Piezo1/2 are large trimeric mechanosensitive channels that respond directly to membrane tension and curvature. Increased tension flattens the intrinsic dome-shaped structure of the channel, lowering the energetic barrier to opening [9, 1].

Activation is extremely fast, occurring within  $\sim 0.1\text{--}2$  ms after tension application. Piezo1 channels exhibit pronounced inactivation, with time constants ranging from  $\sim 7$  to  $50$  ms depending on isoform, membrane composition, and ionic conditions [9, 1, 10]. Piezo2 exhibits faster inactivation [1]. Following inactivation, channel availability is restored on slower timescales once tension is relieved.

**Physiological role** The Piezo current is a rapidly activating, mechanosensitive, non-selective cation current that mediates  $Na^+$  and  $Ca^{2+}$  influx in response to membrane tension. When membrane tension falls below the activation threshold, Piezo channels rapidly deactivate, terminating inward cation flux. Activation of Piezo channels drives the membrane potential toward  $E_{Piezo}$ , producing a strong

depolarizing current that initiates intracellular  $\text{Ca}^{2+}$  signaling and downstream mechanotransductive responses during ultrasound exposure.

**Ions conducted** Nonselective cation current dominated by  $\text{Na}^+$ , with significant  $\text{Ca}^{2+}$  permeability.

**Modeling formulation** Based on the activation/inactivation times the current due to Piezo channels can be modeled as

$$I_{\text{Piezo}} = g_{\text{Piezo}} P_0(t) a^2 h (V_m - E_{\text{Piezo}})$$

where  $I_{\text{Piezo}}$  denotes the current carried by mechanosensitive Piezo channels (Piezo1 and Piezo2).  $g_{\text{Piezo}}$  is the maximal Piezo conductance per unit membrane area ( $\text{S m}^{-2}$ ).  $P_0(t)$  is the time-dependent open probability determined by membrane tension arising from ultrasound-induced membrane deformation. The variables  $a$  and  $h$  represent the activation and inactivation gating variables, respectively, with  $a^2$  accounting for cooperative activation of the Piezo channel subunits.  $V_m$  is the membrane potential (mV), and  $E_{\text{Piezo}}$  is the effective reversal potential of Piezo channels (mV).

The activation and inactivation of Piezo channels are modeled using first-order kinetics:

$$\frac{da_{\text{Pz}}}{dt} = \frac{P_0(t) - a_{\text{Pz}}}{\tau_{a,\text{Piezo}}}, \quad \frac{dh_{\text{Pz}}}{dt} = \frac{1 - h_{\text{Pz}}}{\tau_{h,\text{Piezo}}}$$

where  $\tau_{a,\text{Piezo}}$  is the activation time constant in ms and  $\tau_{h,\text{Piezo}}$  is the inactivation time constant in ms (representing recovery to fully available state).

**Parameter justification** In this model,  $E_{\text{Piezo}}$  was set to 0 mV, reflecting their non-selective cation permeability. Piezo channels are nonselective cation channels permeable to  $\text{Na}^+$ ,  $\text{K}^+$ , and  $\text{Ca}^{2+}$  and exhibit a near-linear current–voltage relationship with reversal potentials close to 0 mV [9, 1, 11].

The open probability is computed from Eq. 2.1 and Cox et al. [10] found that  $T_{1/2}$  is 4.5 - 5 mN/m , while the change in area is 8 - 15 nm<sup>2</sup>. Wu et al. [1] found that  $T_{1/2}$  is 1.4 mN/m , while the change in area is 6 - 20 nm<sup>2</sup>.

Unitary conductances were found to be 22 pS and 28 pS [11] for Piezo1 and Piezo2, respectively. The channel density was found to be 1-2 channels/  $\mu\text{m}^2$  [12].

A small fraction of the Piezo current is assumed to contribute to intracellular  $\text{Ca}^{2+}$  influx, specifically 5–10% of the total current, to account for the  $\text{Ca}^{2+}$  permeability of Piezo channels observed experimentally [13]. Single-channel recordings of human Piezo1 demonstrate that the channel is non-selective among cations, with a relative permeability sequence for monovalent ions of  $\text{K}^+ > \text{Cs}^+ \approx \text{Na}^+ > \text{Li}^+$  (1.0 : 0.88 : 0.82 : 0.71) and corresponding unitary conductances at negative potentials of approximately 47, 39, 36, and 23 pS, respectively. Divalent ions such as  $\text{Ca}^{2+}$ ,  $\text{Ba}^{2+}$ , and  $\text{Mg}^{2+}$  also permeate the channel, though with smaller unitary conductances ( 15 pS for  $\text{Ca}^{2+}$ , 25 pS for  $\text{Ba}^{2+}$ , and 10 pS for  $\text{Mg}^{2+}$ ), reflecting slower permeation relative to monovalents.

[?] Piezo channels are broadly expressed in the nervous system, with Piezo1 found in various central and peripheral neurons as well as glial cells, and Piezo2 predominantly in sensory neurons, including dorsal root ganglion (DRG) and trigeminal neurons. Both channels are localized to mechanosensitive sites where they mediate rapid cation influx in response to membrane tension, and their expression patterns allow them to contribute to touch, proprioception, and other mechanosensory processes.

## 2.4 TRP Channels (TRPC1, TRPP1, TRPP2)

Members of the TRP channel family participate in mechanosensitive processes, but for many mammalian TRP isoforms there is limited evidence that they are directly gated by bilayer tension; instead, activation mechanisms can involve tethering to structural proteins, cytoskeletal interactions, or downstream signaling pathways triggered by mechanical stimuli [? 14]. TRPP2 (polycystin-2) and TRPC1 are non-selective  $\text{Ca}^{2+}$ -permeable cation channels implicated in mechanosensitive pathways, but there is limited robust evidence that they act as primary force-from-lipid sensors comparable to PIEZO1/2. In many mechanotransduction contexts, TRP channels are proposed to function as mechano-amplifiers or

downstream effectors of primary mechanotransducers (e.g., PIEZO channels) rather than directly gated by membrane tension [? ].

**Ions conducted** These channels conduct mixed  $\text{Na}^+$  and  $\text{Ca}^{2+}$  currents; TRPP2 has measurable  $\text{Ca}^{2+}$  permeability and TRPC1 contributes to  $\text{Ca}^{2+}$  entry in native heteromers, but both show modest  $\text{Ca}^{2+}$  fractions of total current under physiological ionic conditions [15, 16].

**Activation and inactivation mechanisms.** TRPP2 (polycystin-2) exhibits direct cytosolic  $\text{Ca}^{2+}$  regulation mediated by a C-terminal EF-hand domain. Single-channel recordings demonstrate that TRPP2 open probability increases as cytosolic free  $\text{Ca}^{2+}$  rises from low micromolar to tens of micromolar concentrations, reaching maximal activity at submillimolar  $\text{Ca}^{2+}$ , while higher  $\text{Ca}^{2+}$  concentrations inhibit channel activity, yielding a bell-shaped dependence of open probability on intracellular  $\text{Ca}^{2+}$  [17]. The maximal absolute open probability of TRPP2 is low, on the order of 2–3%, and is further modulated by membrane potential, with more negative potentials increasing channel availability [17].

In contrast, TRPC1 does not possess an intrinsic  $\text{Ca}^{2+}$ -activation gate. Its opening is mediated by receptor-operated and store-operated signaling pathways, while elevated intracellular  $\text{Ca}^{2+}$  produces calmodulin-dependent feedback inhibition, reducing channel open probability as  $\text{Ca}^{2+}$  accumulates [18]. Thus,  $\text{Ca}^{2+}$ -dependent inactivation is included for TRPC1, whereas  $\text{Ca}^{2+}$ -dependent activation is not modeled explicitly.

### Modeling formulation

$$I_{\text{TRP}} = g_{\text{TRP}} a_{\text{TRP}} h_{\text{TRP}} (V_m - E_{\text{TRP}})$$

where  $a_{\text{TRP}}$  and  $h_{\text{TRP}}$  gate toward the bell-shaped steady-state probabilities,  $V_m$  is membrane potential, and  $E_{\text{TRP}}$  is the mixed cation reversal potential. This description reproduces experimentally observed depolarizing TRP currents with positive reversal potentials and modest  $\text{Ca}^{2+}$  influx characteristic of receptor-operated and  $\text{Ca}^{2+}$ -modulated TRP channel activity [15, 16].

TRPP2 open probability is modeled as a product of  $\text{Ca}^{2+}$ -dependent activation and inactivation terms, scaled by a voltage-dependent availability factor:

$$a_{\text{TRPP1/2}}^\infty([Ca]_i) = \frac{[Ca]_i^{n_a}}{K_a^{n_a} + [Ca]_i^{n_a}}, \quad h_{\text{TRPP1/2}}^\infty([Ca]_i) = \frac{K_i^{n_i}}{K_i^{n_i} + [Ca]_i^{n_i}},$$

$$P_{\text{open}}^{\text{TRPP2}}(Ca_i, V_m) = P_{\max} \underbrace{a_{\text{TRPP1/2}}^\infty([Ca]_i)}_{\text{activation}} \underbrace{h_{\text{TRPP1/2}}^\infty([Ca]_i)}_{\text{inactivation}} f_V(V_m),$$

with  $P_{\max} = 0.03$ , activation half-max  $K_a \sim 0.1\text{--}0.5 \mu\text{M}$ , inactivation half-max  $K_i \sim 1\text{--}1.5 \mu\text{M}$ , and Hill coefficients  $n_a, n_i \approx 1\text{--}2$ , based on single-channel measurements [17]. Although TRPP2 gating is naturally regulated by local microdomain  $\text{Ca}^{2+}$  near the channel, here bulk cytosolic  $\text{Ca}^{2+}$  ( $Ca_i$ ) is used for simplicity. The voltage-dependent factor  $f_V(V_m)$  increases channel availability at negative membrane potentials and is normalized to unity near  $-30 \text{ mV}$ .[17]

For TRPC1-containing channels,  $\text{Ca}^{2+}$ -dependent inactivation is modeled phenomenologically as

$$a_{\text{TRPC1}}^\infty = P_{\max} P_0^{\text{Piezo1}}, \quad h_{\text{TRPC1}}^\infty([Ca]_i) = h_{\text{TRPP1/2}}^\infty([Ca]_i),$$

with  $P_{\max} = 0.05$ ,  $K_i \sim 0.3\text{--}1 \mu\text{M}$ , reflecting calmodulin-mediated negative feedback [18].

The activation and  $\text{Ca}^{2+}$ -dependent inactivation are modeled as:

$$\frac{da_{\text{TRP}}}{dt} = \frac{a_{\text{TRP}}^\infty - a_{\text{TRP}}}{\tau_{a,\text{TRP}}}, \quad \frac{dh_{\text{TRP}}}{dt} = \frac{h_{\text{TRP}}^\infty(Ca) - h_{\text{TRP}}}{\tau_{h,\text{TRP}}}$$

with  $\tau_{a,\text{TRP}} = 20 \text{ ms}$  for activation and  $\tau_{h,\text{TRP}} = 100 \text{ ms}$  for  $\text{Ca}^{2+}$ -dependent inactivation.

Single-channel recordings from heterologous expression systems have provided estimates of the unitary conductances of TRPP2 and TRPC1 channels. TRPP2 (polycystin-2) channels exhibit relatively large

conductance when recorded either in isolation or in association with PKD1, with reported mean unitary conductances on the order of  $\approx 140$ – $170$  pS under symmetrical ionic conditions [15, 19]. In contrast, TRPC1 alone displays a much smaller unitary conductance of approximately  $\approx 16$ – $17$  pS [15, 19], consistent with its role as a low-conductance pore-forming subunit that typically contributes to heteromeric TRPC channel complexes. When TRPP2 and TRPC1 are co-assembled, intermediate single-channel conductances near  $\approx 40$  pS have been reported, indicating that TRPC1 can modulate pore properties and attenuate the high conductance characteristic of TRPP2 homomeric channels [19]. These measurements are consistent with broader surveys of TRP channel biophysics, which report a wide range of single-channel conductances (from  $\approx 10$  pS to  $> 100$  pS) across the TRP family, reflecting differences in pore architecture, subunit composition, and ion permeation properties [16].

Electrophysiological recordings of TRPP2 and TRPC1 channels indicate that both exhibit non-selective cation I–V relationships with reversal potentials near the equilibrium for mixed monovalent cations, consistent with limited ionic selectivity. For TRPC1, slope conductance measurements in native and heterologous systems show an almost linear current–voltage relationship with an extrapolated reversal potential of approximately +30 mV under standard  $\text{Na}^+/\text{K}^+$  ionic gradients [20]. For TRPP2, direct measurements of reversal potentials for homomeric channels are less frequently reported, but whole-cell and single-channel analyses typically display reversal near 0–+10 mV for mixed monovalent cation currents and modest outward rectification, reflecting non-selective conductance of  $\text{Na}^+$ ,  $\text{K}^+$  and  $\text{Ca}^{2+}$  [15, 19]. Co-assembly of TRPP2 with TRPC1 has been shown to produce a positive shift in reversal potential of roughly +8 mV relative to channels expressed alone, indicating altered relative permeabilities in the heteromeric complex [19]. These I–V profiles are consistent with permeability ratios that do not strongly favor any single cation species and with modest contributions of  $\text{Ca}^{2+}$  to the overall current.

TRPP2 (polycystin-2) and TRPC1 are non-selective cation channels with limited  $\text{Ca}^{2+}$  permeability, a common feature of TRP channels [15, 16]. For TRPP2, bi-ionic reversal-potential measurements indicate  $P_{\text{Ca}}/P_{\text{Na}} \approx 1$ – $3$ , implying that  $\text{Ca}^{2+}$  contributes only a small fraction of the total current ( $\sim 1$ s – 4% under physiological conditions,  $\sim 140$  mM  $\text{Na}^+$ ,  $\sim 2$  mM  $\text{Ca}^{2+}$ ) [21]. In contrast, TRPC1 forms heteromeric channels with reduced  $\text{Ca}^{2+}$  permeability compared with other TRPC isoforms [21], yielding  $P_{\text{Ca}}/P_{\text{Na}} < 1$  and an estimated  $\text{Ca}^{2+}$  fraction of < 1 – 3%. These data indicate that TRPP2 and TRPC1 primarily mediate depolarizing  $\text{Na}^+$  influx, with only modest accompanying  $\text{Ca}^{2+}$  entry.

**Expression** TRPC1 is the most widely distributed member of the TRPC subfamily in the mammalian brain and is particularly abundant in cortical pyramidal neurons, where it localizes to somata and apical dendrites, with additional expression reported in subsets of GABAergic interneurons but little to no expression in glial cells (von Bohlen und Halbach et al., 2018; Riccio et al., 2002). In contrast, TRPP family members (TRPP1/PKD1 and TRPP2/PKD2) show lower and more heterogeneous neuronal expression. Transcriptomic and immunohistochemical studies indicate that TRPP2 is present in both neurons and glia, with evidence for neuronal expression in cortical and hippocampal populations, although its functional contribution at the plasma membrane of pyramidal neurons or interneurons remains less well characterized compared to TRPC1 (González-Perrett et al., 2001; Wu et al., 2021). TRPP1 is primarily known for its role as a regulatory subunit forming complexes with TRPP2, and neuronal expression has been reported, but with limited cell-type specificity and sparse electrophysiological characterization in cortical circuits.

## 2.5 TRPM4 ( $\text{Ca}^{2+}$ -Activated Nonselective Cation Channel)

TRPM4 is not directly mechanosensitive but is activated by elevations in intracellular  $\text{Ca}^{2+}$  following Piezo and TRP channel opening [22, 23].

**Activation mechanism and kinetics** TRPM4 activation depends on intracellular  $\text{Ca}^{2+}$  concentration. Experimentally, normalized activation currents ( $I/I_{\text{max}}$ ) can be fitted with a Hill equation [23]:

$$P_{\text{TRPM4}} = \frac{[\text{Ca}^{2+}]^n}{[\text{Ca}^{2+}]^n + EC_{50}^n}$$

where  $n$  is the Hill coefficient (cooperativity), and  $EC_{50}$  is the half-activation  $\text{Ca}^{2+}$  concentration.

Based on previous patch-clamp studies:

- $EC_{50} \approx 0.3\text{--}1 \mu\text{M}$  [22], consistent with physiological  $\text{Ca}^{2+}$  elevations after Piezo/TRP activation.
- Hill coefficient  $n \approx 4 - 6$  [22], indicating cooperative  $\text{Ca}^{2+}$  binding.

TRPM4 activation occurs within  $\sim 10\text{--}100$  ms after intracellular  $\text{Ca}^{2+}$  rises, depending on diffusion and channel density. TRPM4 does not exhibit classical inactivation; the current decreases as intracellular  $\text{Ca}^{2+}$  returns to baseline due to buffering and extrusion mechanisms. This avoids introducing additional gating variables since the activation is relatively fast (10–100 ms) and TRPM4 does not inactivate.

**Physiological role** TRPM4 is a  $\text{Ca}^{2+}$ -activated, monovalent-selective cation channel that provides a depolarizing inward current without directly contributing to  $\text{Ca}^{2+}$  influx. Although channel opening requires elevations in intracellular  $\text{Ca}^{2+}$ , TRPM4 is effectively impermeable to divalent cations, including  $\text{Ca}^{2+}$ , and conducts primarily monovalent ions, with  $\text{Na}^+$  dominating the current under physiological conditions due to its large electrochemical driving force [22]. As a result, TRPM4 acts as an electrical amplifier of upstream  $\text{Ca}^{2+}$  signals, converting local  $\text{Ca}^{2+}$  elevations—originating from mechanosensitive channels, voltage-gated  $\text{Ca}^{2+}$  channels, or intracellular stores—into membrane depolarization. Structural studies confirm that the TRPM4 pore architecture excludes  $\text{Ca}^{2+}$  permeation while supporting monovalent ion flow, consistent with its role as a  $\text{Ca}^{2+}$ -gated but  $\text{Ca}^{2+}$ -impermeable channel [23]. Functionally, TRPM4 contributes to action potential initiation and burst firing by prolonging depolarization and increasing neuronal excitability, while influencing intracellular  $\text{Ca}^{2+}$  dynamics only indirectly through voltage-dependent mechanisms rather than direct  $\text{Ca}^{2+}$  entry.

**Modeling formulation** In our Hodgkin–Huxley-type framework, the TRPM4 current is modeled as:

$$I_{\text{TRPM4}} = g_{\text{TRPM4}} P_{\text{TRPM4}} (V_m - E_{\text{TRPM4}})$$

with the  $\text{Ca}^{2+}$ -dependent open probability given as described before.

**Parameter justification** In this model, the reversal potential of TRPM4 ( $E_{\text{TRPM4}}$ ) was set to 0 mV, consistent with experimental measurements showing that TRPM4 is a  $\text{Ca}^{2+}$ -activated, monovalent non-selective cation channel with approximately equal permeability to  $\text{Na}^+$  and  $\text{K}^+$ , but impermeable to  $\text{Ca}^{2+}$  [22]. As a consequence of its mixed  $\text{Na}^+/\text{K}^+$  permeability, the opposing transmembrane gradients of these ions yield a reversal potential close to 0 mV under physiological ionic conditions. Although TRPM4 is non-selective among monovalent cations, the inward current at resting membrane potentials is dominated by  $\text{Na}^+$  influx due to its large electrochemical driving force.

Unitary conductances were found to be 25 pS [22].

Voltage dependence is negligible for TRPM4 under physiological conditions, so the model includes only  $\text{Ca}^{2+}$ -dependent gating. The fraction of  $\text{Ca}^{2+}$ -activated current is fully directed to  $\text{Na}^+$  influx, consistent with literature reports [23].

## 2.6 T-Type $\text{Ca}^{2+}$ Channels

**Activation mechanism and kinetics** T-type  $\text{Ca}^{2+}$  channels are low-voltage-activated, transient calcium channels that open in response to modest depolarizations. They are recruited following mechanosensitive channel activation and provide additional  $\text{Ca}^{2+}$  influx, amplifying subthreshold depolarizations [24].

**Physiological role** These channels act as amplifiers of subthreshold depolarizations initiated by mechanosensitive currents. They contribute to intracellular  $\text{Ca}^{2+}$  dynamics, which can further activate  $\text{Ca}^{2+}$ -dependent channels such as TRPM4 and K-Ca channels.

**Modeling formulation** The T-type  $\text{Ca}^{2+}$  current is modeled as:

$$I_T = g_T a_T(V_m)^2 b_T(V_m) (V_m - E_T)$$

where,  $I_T$  is the T-type  $\text{Ca}^{2+}$  current ( $\text{A}/\text{m}^2$ ),  $g_T$  is the maximal channel conductance.  $a_T(V_m)$  is the steady-state activation probability:

$$a_T(V_m) = \frac{1}{1 + \exp(-(V_m - V_{1/2,\text{act}})/k_{\text{act}})}.$$

$b_T(V_m)$  is the steady-state inactivation probability:

$$b_T(V_m) = \frac{1}{1 + \exp((V_m - V_{1/2,\text{inact}})/k_{\text{inact}})}.$$

$E_T$  is the reversal potential for T-type channels (mV), corresponding to the Nernst potential for  $\text{Ca}^{2+}$  (mV).

### Parameter justification

- The steady-state activation parameters of the T-type  $\text{Ca}^{2+}$  current, with a half-activation voltage  $V_{1/2,\text{act}} = -57$  mV and slope factor of  $k_{\text{act}} = 5.6$  mV, were taken from Huguenard and McCormick (1992) [24], consistent with experimentally measured low-threshold  $\text{Ca}^{2+}$  channel activation in thalamic and other central neurons.
- The steady-state inactivation parameters, with a half-inactivation voltage  $V_{1/2,\text{inact}} = -80$  mV and slope factor of  $k_{\text{inact}} = 4.0$  mV, reproduce the rapid voltage-dependent inactivation characteristic of T-type  $\text{Ca}^{2+}$  channels, as reported experimentally and implemented in [24].
- Single-channel recordings under physiological ionic conditions report a unitary conductance in the range of approximately 5–9 pS for T-type  $\text{Ca}^{2+}$  channels, which was used to guide the choice of maximal conductance in the model [24].
- All T-type  $\text{Ca}^{2+}$  current was included in the intracellular  $\text{Ca}^{2+}$  dynamics, as these channels are highly  $\text{Ca}^{2+}$  selective and represent a major source of activity-dependent  $\text{Ca}^{2+}$  influx. This modeling assumption follows the approach of Huguenard and McCormick (1992), where  $\text{Ca}^{2+}$  entry through T-type channels directly contributes to intracellular  $\text{Ca}^{2+}$  accumulation and downstream  $\text{Ca}^{2+}$ -dependent processes. [24]

**Activation and inactivation kinetics** T-type channels activate rapidly upon depolarization and inactivate over tens of milliseconds, providing transient  $\text{Ca}^{2+}$  influx. Due to their fast kinetics relative to slower mechanosensitive currents, explicit gating variables can be omitted in some simplified models, but in this implementation, steady-state activation and inactivation probabilities ( $a_T$ ,  $b_T$ ) are used to capture the transient response accurately.

## 2.7 $\text{Ca}^{2+}$ -Activated K Channels and Repolarization

Sustained  $\text{Ca}^{2+}$  entry through Piezo, TRP, and T-type channels necessitates negative feedback mechanisms to restore the resting membrane potential.  $\text{Ca}^{2+}$ -activated  $\text{K}^+$  channels provide this stabilizing outward current [25].

### Modeled current

$$I_{\text{KCa}} = g_{\text{KCa}} \frac{[\text{Ca}]^n}{[\text{Ca}]^n + K_d^n} (V_m - E_K),$$

where the reversal potential is equal to the Potassium Nernst equilibrium potential and  $n = 10$ .  $K_d$  for SK channels was found to be 1  $\mu\text{M}$  of  $\text{Ca}^{2+}$  [25]. Including  $I_{\text{KCa}}$  was essential to prevent pathological depolarization and to recover the physiological resting potential in long simulations.

## 2.8 Modeled M-type $\text{K}^+$ current with $\text{Ca}^{2+}$ -dependent modulation

**Modeling formulation** The M-type potassium current was modeled as a slowly activating, non-inactivating outward  $\text{K}^+$  current that stabilizes the membrane potential and opposes repetitive firing,

with  $\text{Ca}^{2+}$ -dependent modulation of its maximal conductance:

$$I_M = g_{M,\text{eff}} p (V_m - E_K), \quad g_{M,\text{eff}} = g_{M,\text{bar}} \left( 1 - 0.732 \frac{1}{1 + (K_{d,M}/[\text{Ca}])^n} \right).$$

Here,  $I_M$  is the M-type  $\text{K}^+$  current,  $g_{M,\text{bar}}$  is the maximal M-channel conductance per unit membrane area ( $\text{S m}^{-2}$ ),  $p$  is the voltage-dependent activation variable of the M current,  $V_m$  is the membrane potential,  $E_K$  is the potassium reversal potential,  $[\text{Ca}]$  denotes intracellular calcium concentration ( $\mu\text{M}$ ),  $K_{d,M}$  is the half-inhibition constant, and  $n$  is the Hill coefficient describing  $\text{Ca}^{2+}$ -dependent suppression of M-channel conductance.

M-type  $\text{K}^+$  channels (Kv7/KCNQ) are concentrated in the perisomatic region of CA1 pyramidal neurons (but also in cortical neurons), where they regulate synaptic integration, resting membrane potential, and action potential initiation [26]. The effective conductance  $g_{M,\text{eff}}$  decreases as intracellular  $\text{Ca}^{2+}$  rises, reflecting  $\text{Ca}^{2+}$ /calmodulin-mediated inhibition of Kv7 channels. Experimental measurements show that intracellular  $\text{Ca}^{2+}$  suppresses KCNQ2/3 currents with a half-maximal inhibition ( $IC_{50}$ ) of approximately 70 nM citegamperCalmodulinMediatesCa2+dependent2003, which was adopted as  $K_{d,M}$  in the model. The data were fit by a Hill equation with an  $IC_{50}$  of 70 nM, a saturating inhibition of 0.732, and a Hill coefficient  $n = 2$  [27]. This  $\text{Ca}^{2+}$ -dependent modulation operates on timescales of tens to hundreds of milliseconds, reflecting  $\text{Ca}^{2+}$  accumulation and  $\text{Ca}^{2+}$ /calmodulin-mediated regulation of Kv7 channels. It also allows depolarizing currents, such as those carried by Piezo or TRP channels, to transiently overcome stabilizing M-current and enhance excitability. By incorporating this mechanism, the model captures the dynamic interplay between intracellular  $\text{Ca}^{2+}$  elevations and outward  $\text{K}^+$  conductances during mechanosensitive or synaptic stimulation. The unitary conductance was found to be 10 pS [26].

## 2.9 Intracellular $\text{Ca}^{2+}$ Dynamics and Parameter Justification

Intracellular calcium dynamics were modeled using a reduced first-order balance between  $\text{Ca}^{2+}$  influx through  $\text{Ca}^{2+}$ -permeable membrane currents and  $\text{Ca}^{2+}$  removal by buffering, diffusion, and active extrusion mechanisms. The temporal evolution of intracellular  $\text{Ca}^{2+}$  concentration is described by [28]

$$\frac{d[\text{Ca}^{2+}]}{dt} = -\alpha I_{\text{Ca}} - \frac{[\text{Ca}^{2+}]}{\tau_{\text{Ca}}},$$

where  $I_{\text{Ca}}$  is the total  $\text{Ca}^{2+}$ -carrying membrane current density,  $\alpha$  is a phenomenological conversion factor linking membrane current to changes in intracellular  $\text{Ca}^{2+}$  concentration, and  $\tau_{\text{Ca}}$  is an effective  $\text{Ca}^{2+}$  decay time constant representing the combined effects of buffering, diffusion, and extrusion.

This reduced formulation is obtained under the following assumptions: (i) intracellular  $\text{Ca}^{2+}$  is spatially homogeneous within the modeled compartment, such that spatial gradients and diffusion can be lumped into a single effective decay term; (ii)  $\text{Ca}^{2+}$  transients remain small compared to buffer dissociation constants, allowing buffering dynamics to be treated as fast and linear and eliminating the need to explicitly model buffer-bound  $\text{Ca}^{2+}$ ; (iii)  $\text{Ca}^{2+}$  extrusion mechanisms operate in a near-linear regime around the resting  $\text{Ca}^{2+}$  concentration, so that nonlinear pump and exchanger kinetics can be approximated by a first-order relaxation with time constant  $\tau_{\text{Ca}}$ ; (iv)  $\text{Ca}^{2+}$  influx is dominated by membrane  $\text{Ca}^{2+}$  currents during action potentials, with other sources such as intracellular stores neglected; and (v) the resting  $\text{Ca}^{2+}$  concentration is absorbed into the definition of the state variable or taken as zero without loss of generality. [28]

**Ca<sup>2+</sup> decay time constant.** The  $\text{Ca}^{2+}$  decay time constant was set to  $\tau_{\text{Ca}} = 50$  ms, which lies well within experimentally observed ranges for cortical pyramidal neurons. Two-photon calcium imaging studies report that somatic and hCa<sup>2+</sup> transients typically decay on timescales of tens of milliseconds, with reported values ranging from approximately 10 to 100 ms depending on compartment, buffer load, and pump activity.[28]

Helmchen et al. [29] showed that  $\text{Ca}^{2+}$  signals in pyramidal neuron dendrites exhibit “decay time constants of several tens of milliseconds,” while Svoboda et al.[30] described  $\text{Ca}^{2+}$  transients that “relax back to baseline within tens of milliseconds.” Sabatini et al. [31] further demonstrated that endogenous

buffering and extrusion mechanisms shape  $\text{Ca}^{2+}$  signals with decay constants spanning this same range. More recent reviews confirm that effective  $\text{Ca}^{2+}$  clearance in cortical neurons is typically “on the order of tens of milliseconds”.

Thus, a value of 50 ms represents a physiologically reasonable midpoint and is commonly employed in reduced conductance-based neuron models to capture the net effect of calcium removal mechanisms without resolving spatial diffusion explicitly [32].

**Current-to-calcium coupling factor.** The parameter  $\alpha$  scales the contribution of  $\text{Ca}^{2+}$  influx to intracellular  $\text{Ca}^{2+}$  concentration changes and implicitly incorporates Faraday conversion, effective cytosolic volume, and buffering. In the present model,  $\alpha = 0.01$  was selected as a phenomenological coupling coefficient that produces  $\text{Ca}^{2+}$  transients on the order of 0.1–1  $\mu\text{M}$  in response to spike-evoked and mechanically induced  $\text{Ca}^{2+}$  currents.

Experimental measurements indicate that resting intracellular  $\text{Ca}^{2+}$  in cortical and hippocampal pyramidal neurons is maintained in the tens of nanomolar range. For example, Helmchen et al. [29] reported a mean resting  $\text{Ca}^{2+}$  concentration of  $64 \pm 4 \text{ nM}$ , while other imaging studies report baseline concentrations of approximately 50–100 nM depending on cellular compartment and buffering conditions [30, 31]. Single action potentials typically evoke transient  $\text{Ca}^{2+}$  elevations of  $\sim 0.1\text{--}0.5 \mu\text{M}$ , whereas brief spike bursts can raise intracellular  $\text{Ca}^{2+}$  into the 0.5–1  $\mu\text{M}$  range [29, 31]. In addition,  $\text{Ca}^{2+}$  concentrations exceeding 1  $\mu\text{M}$  have been recorded, particularly within submembrane or nanodomain microenvironments near open  $\text{Ca}^{2+}$  channels during strong synaptic activity, as well as under excessive or pathological conditions such as sustained depolarization, ischemia, or excitotoxic stress [33].

**Physiological consistency.** With these parameter choices, resting intracellular  $\text{Ca}^{2+}$  remains near 0.05–0.1  $\mu\text{M}$ , while electrical or mechanical stimulation induces transient  $\text{Ca}^{2+}$  elevations of 0.1–1  $\mu\text{M}$  that decay on a tens-of-milliseconds timescale. Higher  $\text{Ca}^{2+}$  levels ( $> 1 \mu\text{M}$ ) are interpreted as localized microdomain signals or indicators of excessive stimulation rather than steady-state cytosolic concentrations. This behavior is consistent with *in vivo* and *in vitro* calcium imaging measurements in cortical pyramidal neurons and with general principles of cellular  $\text{Ca}^{2+}$  signaling [29, 31, 33], supporting the use of the present low-dimensional  $\text{Ca}^{2+}$  model for investigating mechanosensitive channel activation and  $\text{Ca}^{2+}$ -dependent feedback processes.

Table 1: Key ion channels in cortical neurons relevant for ultrasound neuromodulation.

Channel	Neuron type	Expression / abundance	Activation / Mechanosensitivity	Role in US modeling	References / Quotes
TRPC1	Pyramidal & interneurons	Most widely distributed TRPC in the brain	Mechanosensitive, $\text{Ca}^{2+}$ -permeable	Primary mechanosensitive $\text{Ca}^{2+}$ influx	"TRPC1 is the most widely distributed member of the TRPC subfamily in the brain" (Riccio et al., 2002; Gees et al., 2010)
TRPP2 (PKD2)	Pyramidal & interneurons	Moderate	Mechanosensitive, $\text{Ca}^{2+}$ -permeable, often heteromeric with TRPP1	Primary mechanosensitive $\text{Ca}^{2+}$ influx	"TRPP2 forms mechanosensitive $\text{Ca}^{2+}$ channels in neurons" (González-Perrett et al., 2001; Koulen et al., 2002)
TRPP1 (PKD1)	Pyramidal & interneurons	Regulatory subunit	Forms heteromers with TRPP2	Modulates TRPP2 currents; reduces $\text{Ca}^{2+}$ conductance	"TRPP1 modulates TRPP2 and suppresses high conductance" (Bai et al., 2008)
TRPM4	Pyramidal & interneurons	Moderate	$\text{Ca}^{2+}$ -activated nonselective cation	Amplifies depolarization after $\text{Ca}^{2+}$ influx	"TRPM4 mediates membrane depolarization in response to intracellular $\text{Ca}^{2+}$ " (Launay et al., 2002; Guo et al., 2017)
Piezol1	Pyramidal & interneurons	Moderate	Mechanosensitive, nonselective cation	Primary mechanosensitive depolarizing current	"Piezo channels act as primary mechanotransducers in neurons" (Coste et al., 2010; Wu et al., 2017)
Piezo2	Pyramidal & interneurons	Lower than Piezol1	Mechanosensitive, nonselective cation	Primary mechanosensitive depolarizing current	(Coste et al., 2010; Wu et al., 2017)
T-type $\text{Ca}^{2+}$ (Cav3.x)	Pyramidal & interneurons	Moderate	Low-threshold voltage-gated	Contributes to $\text{Ca}^{2+}$ influx, amplifies subthreshold depolarizations	Huguenard & McCormick, 1992; Cheong et al., 2001
K2P (TREK1/2, TRAAK)	Pyramidal & interneurons	High	Stretch-activated $\text{K}^+$	Hyperpolarizing; shapes excitability	Sorum et al., 2021; Patel et al., 1998

### 3 Conclusion

This model integrates nonlinear membrane mechanics with a biophysically grounded electrophysiological framework to describe ultrasound-induced mechanotransduction. Primary force-from-lipid sensors (K<sub>2</sub>P and Piezo) initiate the response, while secondary Ca<sup>2+</sup>-dependent channels (TRP, TRPM4, T-type Ca<sup>2+</sup>) amplify and shape membrane depolarization. Ca<sup>2+</sup>-activated K<sup>+</sup> channels ensure recovery of the resting membrane potential.

The modeling assumptions and parameter choices are directly supported by experimental literature and provide a transparent framework for interpreting ultrasound neuromodulation experiments.

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