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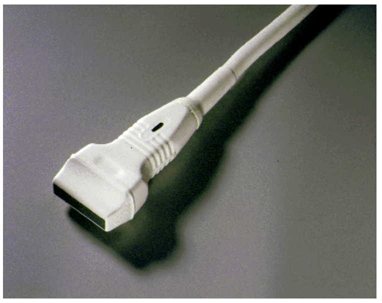
Medical Ultrasound Imaging



Sverre Holm
Digital Signal Processing and
Image Analysis Group

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Medical Ultrasound

1. **Introduction**
2. Main principles
3. Imaging modes
4. Ultrasound instruments
5. Probe types and image formats

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Medical Ultrasound uses

- Soft tissues
  - Fetal, liver, kidneys
- Dynamics of blood flow
  - Heart, circulatory system
- Avoid bone, and air (lungs)

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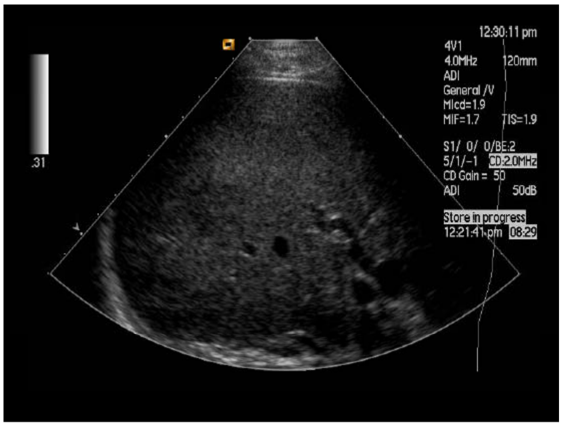
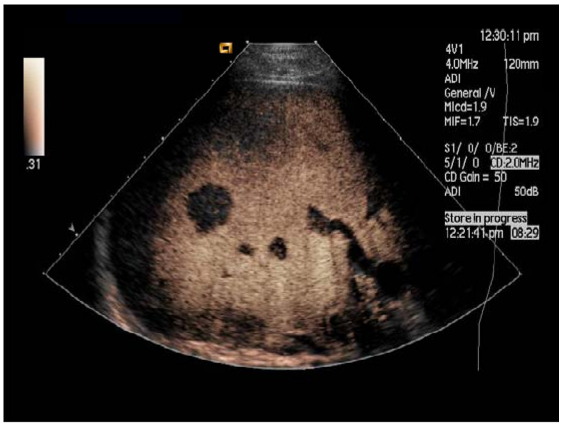
Liver: A scan which was considered to be of high quality in the **early 1970s** and which would have been interpreted as supporting the diagnosis of multiple metastases.
Wells, Ultrasound imaging, 2006

Metastasis = the spread of a disease from one organ or part to another non-adjacent organ or part. Concerned mainly with malignant tumor cells and infections (Wikipedia)



Liver: A scan made with **a modern system**, in which a metastasis can just be perceived towards the right side of the patient (i.e., towards the left of the image)
Wells, Ultrasound imaging, 2006



Liver, metastasis: a scan of the same patient, in which this lesion is clearly apparent following the administration of an ultrasonic **contrast agent**.
Wells, Ultrasound imaging, 2006

Medical Ultrasound

- Continuously improving image quality => increased clinical usage
- Relatively inexpensive compared to CT and MR
  - 25% of all imaging exams in hospitals is US
- Many clinical applications
- Requires training and skill

Norway

- 30 years of ultrasound development
- 70's: Started at NTNU, continued R&D since then
  - L. Hatle og B. A. J. Angelsen, Doppler Ultrasound in Cardiology, Lea & Feibiger, Philadelphia, 1985.
  - B. A. J. Angelsen, Waves, Signals, and Signal Processing in Medical Ultrasonics, Vol I & Vol II, Institutt for fysiologi og biomedisinsk teknikk, NTNU, april 1996 +
  - 2006: Medical Imaging, Centre for Research-based Innovation http://www.ntnu.no/milab
- 80's: Vingmed Sound
- 1998: GE Vingmed Ultrasound,
  - Now center of excellence for cardiology ultrasound in GE Healthcare:
  - More than 2 billion NOK turnover controlled from Horten, Norway
- Other companies:
  - Medistim (quality control in surgery)
  - Sonowand (image-guided surgery based on fusion of ultrasound and MR)
  - Neorad (ultrasound-guided injection of CT contrast agent in vein)

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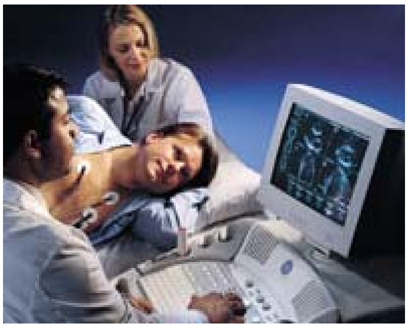
6. Emerging technology



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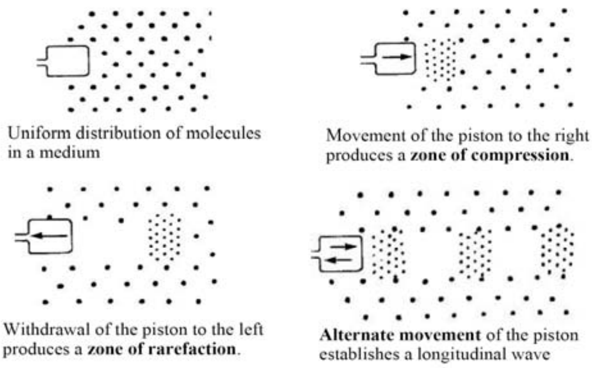
Longitudinal Waves

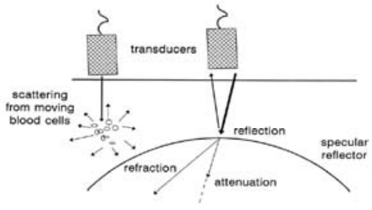


Sook Kien Ng, Ultrasound Imaging

Ultrasound: Interaction with tissue

Four major interaction mechanisms:

1. Reflection (Imaging)
2. Scattering (Doppler)
3. Attenuation
4. Refraction



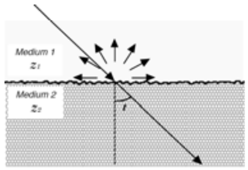
Lawrence, Physics and instrumentation of ultrasound, 2007.

Scattering

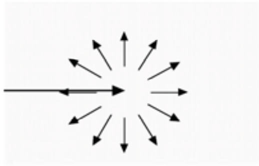
A) Rough interfaces

B) Inhomogenous medium (causing speckle in images)

C) Particles (red blood cells)



a. Rough Interface



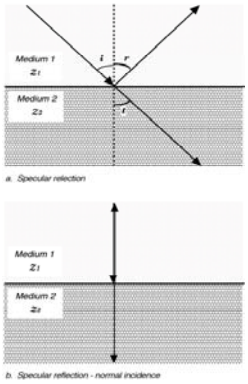
b. Inhomogeneous medium

Burns, Introduction to the physical principles of ultrasound imaging and doppler, 2005

Reflection

- Due to changes in acoustic impedance Z=ρ·c
- Specular
  - Like light striking a glass plate – Snell's law
- Echoes will only be received if beam is near perpendicular
  - Wall of an organ: heart, bladder

Burns, Introduction to the physical principles of ultrasound imaging and doppler, 2005



Attenuation of ultrasound

- In water: usually increases with f^2
- In tissue: usually increases with f
- Typically α = 0.5-1 dB/cm/MHz
- Attenuation = $d \cdot \alpha \cdot f$
- Examples 30 dB attenuation (α = 0.5 dB/cm/MHz):
  - f = 1 MHz: d/2=30 cm depth, λ=1.5 mm =>200 λ depth
  - f = 3 MHz: d/2=10 cm depth, λ = 0.5 mm => 200 λ depth
  - f = 10 MHz: d/2=3 cm depth, λ = 0.15 mm => 200 λ depth

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Resolution vs penetration

- Both radial and lateral resolution are improved with frequency
- Attenuation also increases with frequency, i.e. penetration falls with frequency
- ~optimum for an organ of a given size and depth:
  - 2.5 – 3.5 MHz cardiology
  - 5 – 7.5 MHz cardiology children; peripheral vessels
  - 3.5 – 5 MHz fetal imaging

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1D probe for 2D imaging

- 32-128 elements
- Beamforming in the azimuth plane for steering and control of the beam
- Acoustic lens for focusing in the elevation dimension

- Azimuth = in-plane = x
- Elevation = out-of-plane = y

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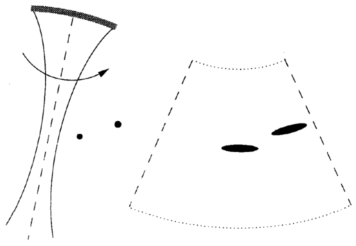
Resolution

Two dimensions:

1. Radial or depth resolution
2. Azimuth or lateral resolution – orthogonal to beam direction.
   - Usually hardest to improve, as illustrated



Ill.: B. Angelsen, NTNU

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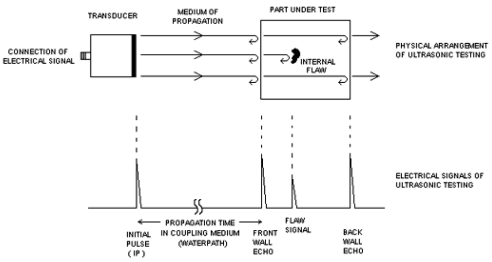
Radial resolution (as in sonar ...)

- Resolution = half the pulse length

$$\Delta r = c\tau / 2 = c/(2B)$$

- Small value = good resolution = the ability to resolve two neighboring objects
- Also inverse proportional to bandwidth
- As bandwidth usually is a fraction of the center frequency, resolution is inverse proportional to centre frequency



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Lateral resolution

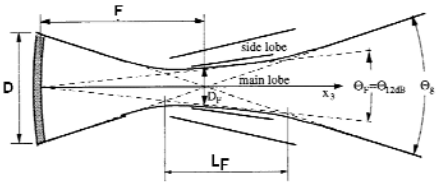
- Angular resolution for a source of size D:

$$\Theta_F = \lambda / D$$

- At a distance F (small angle approximation):

$$D_F = \Theta_F \cdot F = \lambda F / D = cF/(f_0 D)$$

- Resolution is best near the source (small F)
- Resolution increases with frequency, f_0



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Doppler measurement of velocity

- Doppler equation

$$f_d = 2 f_0 \frac{v \cos\theta}{c}$$

- Familiar Doppler:
- Stenosis = Narrowing in a vessel, or in a cardiac valve:

- cosθ is the angle between the ultrasound beam and the flow
  - No Doppler shift if they are perpendicular
- f_0: ultrasound frequency
- v: velocity of flow
- c: speed of sound
  - blood: ~1560 m/s

Velocity → Pressure difference

- Pressure difference between two locations in a tube with different cross sectional areas Bernoulli's equation:

$$p_1 - p_2 = \frac{\rho}{2}(v_2^2 - v_1^2) + \rho g(h_2 - h_1)$$

- In blood flow, $v_2 \gg v_1$, $h_2=h_1$, so simplify to

$$\Delta p[mmHg] \approx \frac{\rho}{2}v^2 \approx \frac{760 \cdot 1025}{2 \cdot 1.01 \cdot 10^5}v^2 \approx 3.86v^2 \approx 4v^2$$

  - Blood: ρ=1025 kg/m^3
  - Normal pressure: 760 mmHg ⇔ 1.01 10^5 N/m^2
- First time used on a heart valve in J. Holen et al "Determination of pressure gradient in mitral stenosis with a non-invasive ultrasound Doppler technique," Acta Med. Scand, 1976.

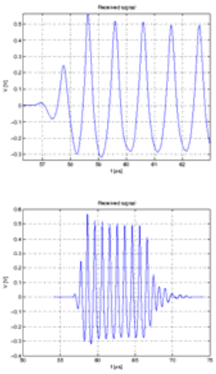
Non-linear acoustics

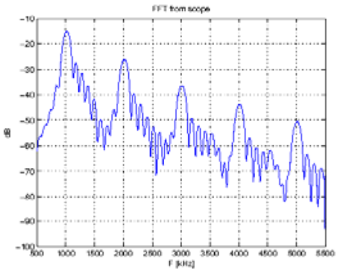
The velocity of sound, *c,* varies with the amplitude, *s:*

$$c(t) = c(1 + \frac{B}{2A}\frac{s(t)}{c})^{(\frac{2A}{B}+1)}$$

- A and B are the 1.and 2. order Taylor series coefficients for the pressure. B/A is a measure of the non-linearity.
- s(t) = pressure = p_0 + p_1(t)
  - p_0 = 1 atmosphere
  - p_1(t) = applied pressure variation (= ”signal”)

Nonlinear pulse shape measured in water tank in our lab





Fabrice Prieur, Sept. 2009

Non-linear acoustics

- Positive peaks propagate faster than negative peaks:
  - Waveform is distorted.
  - More and more energy is transferred to higher harmonics as the wave propagates.
  - Eventually a shock wave is formed.
- B/A:
  - Linear medium: B/A = 0
  - Salt water: B/A=5.2,
  - Blood and tissue: B/A=6,..., 10.

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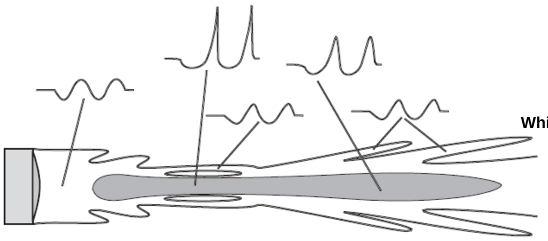
Non-linear acoustics



Whittingham, 2007

- Positive effect on images:
  - 2. harmonic beam is narrower => better resolution
  - Is not generated in sidelobes of 1. harmonic beam => less sidelobes
  - Is generated inside medium => avoids some of the aberrations and reverberations from chest wall
- Negative effect:
  - 2. harmonics attenuates faster => less penetration

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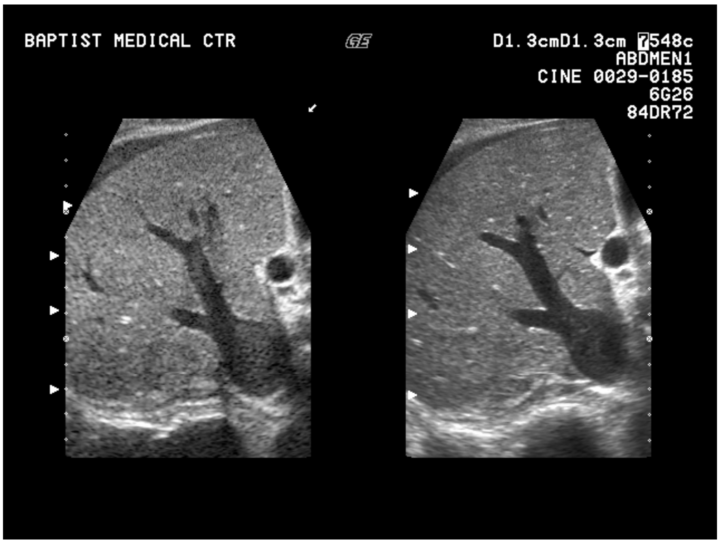
Liver



Fundamental 2. harmonic

Medical Ultrasound

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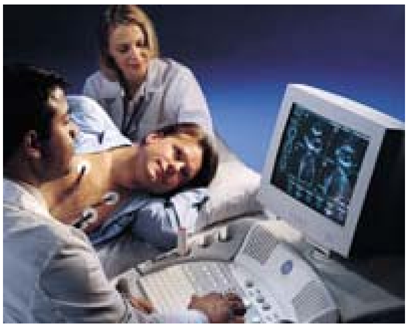

Medical Ultrasound Scanner

- Imaging modes:
  - A-mode (A = amplitude)
  - M-mode (M = motion)
  - B-mode 2D (B = brightness)
    - » Harmonic imaging – octave mode
- Doppler modes:
  - Doppler spectrum
  - Color doppler
  - (Strain)

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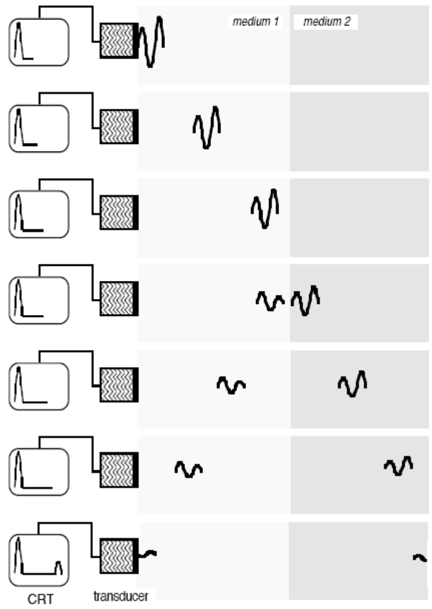
A-scan (obsolete)

- ***Figure 1*** *The pulse-echo principle is used to produce an ultrasound A-scan.*
- *A pulse is emitted from the transducer at the same time as a dot is set in motion from left to right on the A-scan screen.*
- *When an echo reaches the transducer, the received signal causes a vertical deflection of the trace.*
- *The distance between deflections on the A-scan corresponds to the depth of the interface from the transducer.*
- Peter N Burns: INTRODUCTION TO THE PHYSICAL PRINCIPLES OF ULTRASOUND IMAGING AND DOPPLER, November 2005



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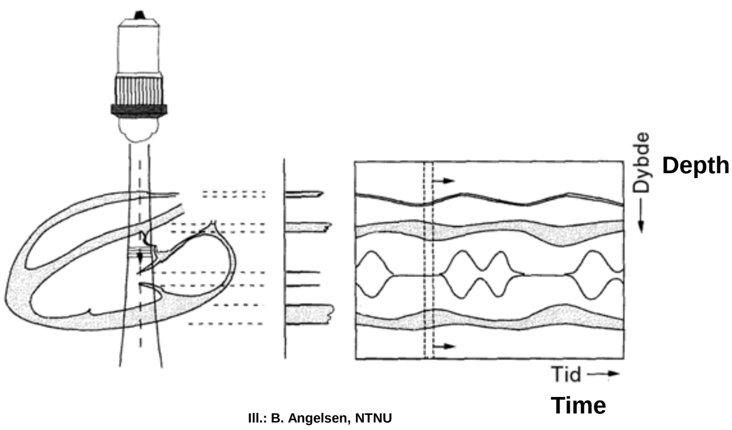
M-mode (M=motion) ≈ echo sounder



Ill.: B. Angelsen, NTNU

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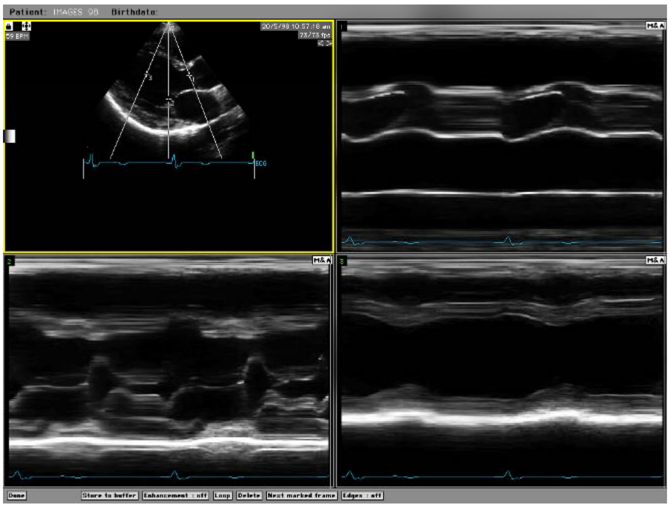
Heart
M-mode



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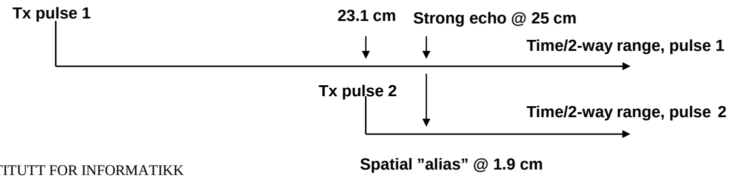
Pulse Repetion Frequency

- Max depth, example: d=23.1 cm, c=1540 m/s
- Time to travel up and down: T = c/(2d) = 0.3 ms
- Pulse Repetition Frequency PRF = 1/T = 3333 Hz
- PRF = Framerate for A- and M-modes
- Too high PRF => Spatial ”aliasing”:



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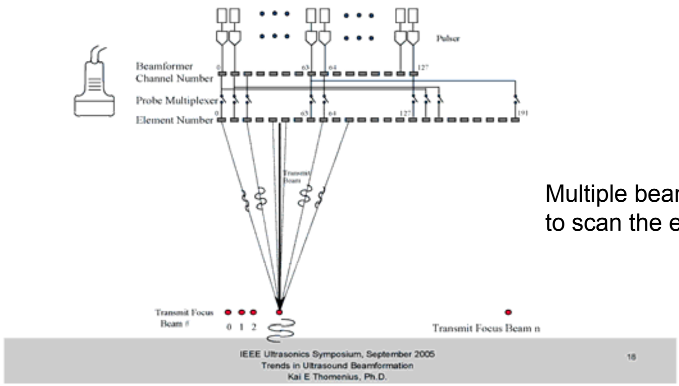
Linear Scan - Transmit Beamforming



Multiple beams are sent
to scan the entire volume

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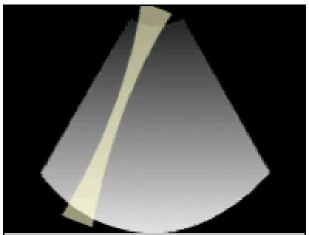
Frame rate in 2D



- From before: A-scan:
  - Max depth d=23.1 cm, PRF = 2d/c = 3333 Hz
- Typical beam width (cardiac probe): λ/d = 0.5mm/19mm = 0.026 rad = 1.5 ^{0}
- Desired sector size: 90^0
- Beam distance (typ 25-50% of beam width): 0.5^0
- Number of beams per image: N=$90^0/0.5^0$ = 180
- Frame rate: FR = PRF/N = 3333/180 = 18.5 Hz or fps (frames per second)
- Analog TV: 50 half-frames per second

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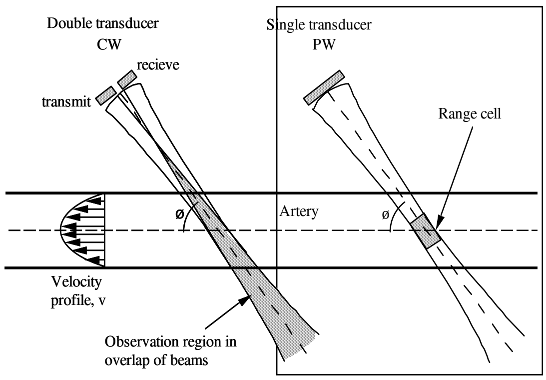
Continuous Wave Doppler   Pulsed Wave Doppler



Signal from all scatterers within the ultrasound beam

Signal from a limited sample volume

Hans Torp
NTNU, Norway

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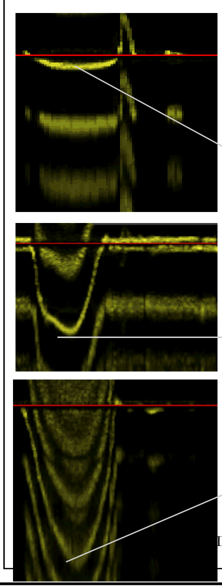
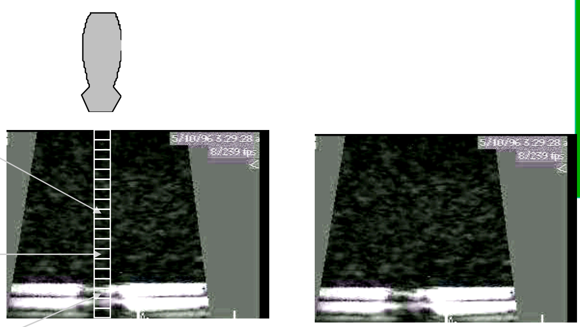
PW (pulsed Wave) Doppler



0.3m/s

2 m/s

5 m/s



+: Doppler spectrum contains velocities from a limited sample volume

-: Aliasing if v > PRF or PRF/2

Hans Torp
NTNU, Norway

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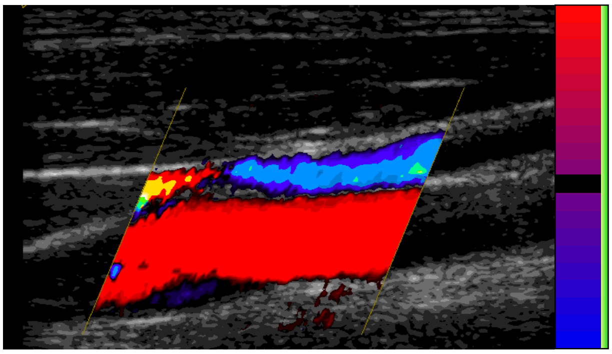
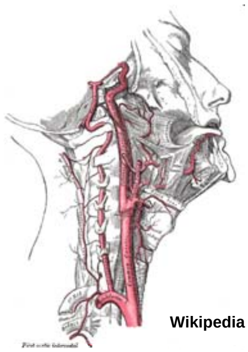
Color Flow Mapping of Carotid Artery





Wikipedia

(NO: "halsarterie")

The Doppler-shift makes it possible to separate and amplify the weak signals scattered by the blood. The color represents velocity along the ultrasound beam

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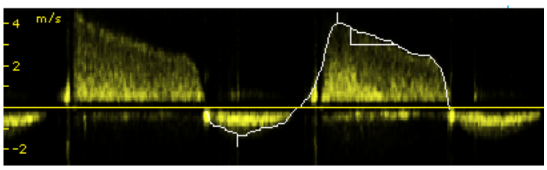
Doppler measurement in a point



- Mitral valve stenosis: Positive v = undesired leakage back
- Ex: v =4 - 3 m/s => dp ≈ $4v^2$ = 64 - 36 mmHg loss of pressure (Bernoulli's equation)
- Normal pressure 80-120 mmHg. Large loss of pressure!

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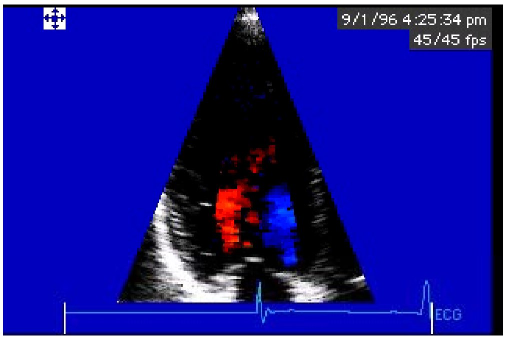
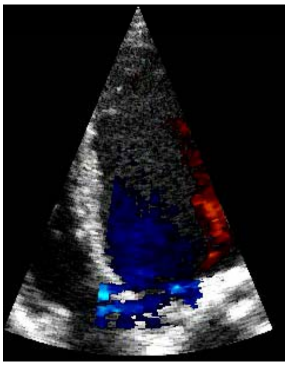
Color Doppler image of heart



Normal (red towards, blue away from probe



Aorta insufficiency
(valve does not fully close)

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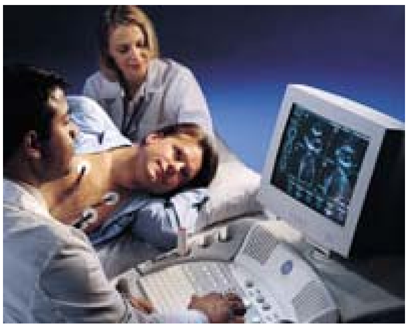

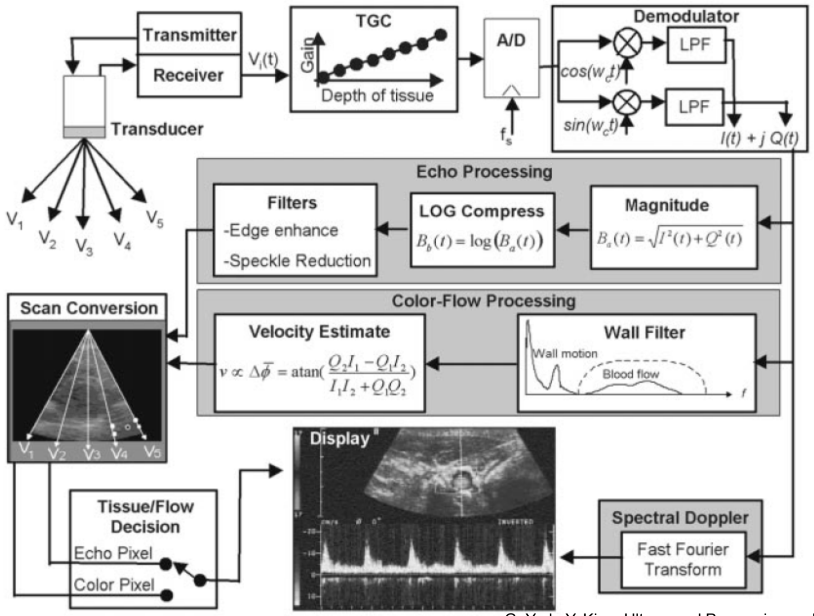

G. York, Y. Kim , Ultrasound Processing and Computing: Review and Future Directions Annu. Rev. Biomed. Eng. 1999

Medical Ultrasound Markets

- Cardiology (Heart) 25% of market
  - Field where Norwegian company Vingmed was established in the 80's as a startup from NTNU. Now GE Vingmed Ultrasound, center of excellence for cardiology ultrasound in GE Healthcare
  - Demo later in course
- Radiology (Inner organs) 40%
- Obstetrics/Gynecology 20%
- Niches
  - Vascular
  - Urology
  - Surgery (Medistim AS and Sonowand AS)
  - Emergency medicine (driver for handheld ultrasound)
  - General practice
  - Dermatology (skin)
  - Veterinary
  - Small animals for medical experiments/testing
  - ...

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High-end Ultrasound providers

- Philips
  - Acquired ATL ,Seattle WA, and HP/Agilent, Boston MA
- Siemens
  - Acquired Acuson, Silicon Valley
- GE Healthcare
  - Acquired Vingmed
- Japan: Toshiba, Hitachi, Aloka
- Emerging? France: Supersonic Imagine

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www.geultrasound.com

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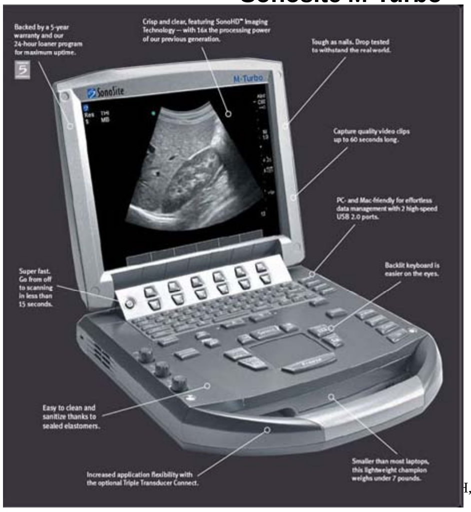
Laptop ultrasound

GE Logiq Book XP

Sonosite M-Turbo



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Pocket Ultrasound

- Siemens Acuson P1
- www.pocketultrasound.com
- 0.7 kg
- Single probe:
  Cardiology and Ob/gyn

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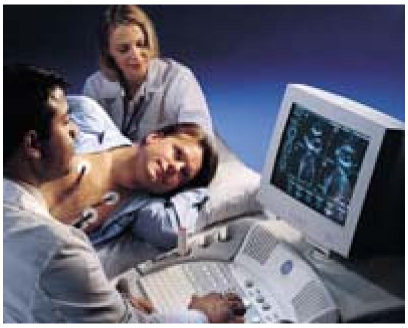

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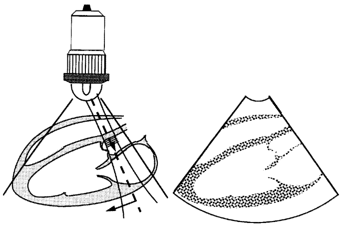
Sector scan

- Small footprint:
  - Access through ribs for cardiology
  - Typ: 19 mm adult, <12 mm pediatry
- Started with mechancially tilted probes (figure)
- Now: phased multi-element arrays and electronic tilting by means of digital delays



Ill.: B. Angelsen, NTNU

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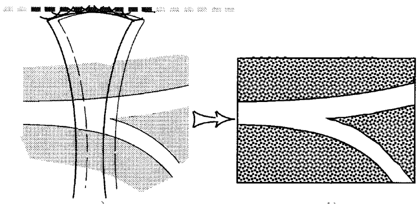
Linear scan

- Beam is moved along probe surface by switching elements in and out
- Can be done with simple electronics (important in the 80’s)
- Suitable for organs with good access, e.g. external organs:
  - Artery in neck (halspulsåre)
  - Thyroid (Skjoldbrukskjertel)
  - Muscles, tendons



Ill.: B. Angelsen, NTNU

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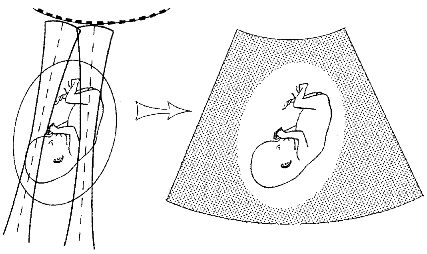
Curvilinear scan

- Beam is scanned along probe surface like linear scan
- Results in a large sector imaged with moderate requirements on access
- Used for
  - Fetal imaging
  - Internal organs: kidney, liver ...



Ill.: B. Angelsen, NTNU

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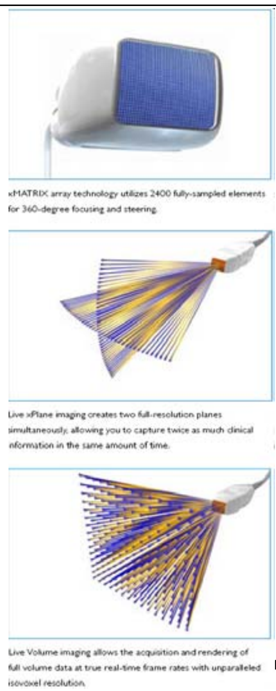
3D: Philips iE33 (Oct 2004)

X3-1: 1-3 MHz, 2D Matrix
phased array with 2,400 elements

X7-2: 2-7 MHz, 2D matrix
array with 2,500 elements

X4: 2-4 MHz. Fully sampled
2D phased array 2,880 elements



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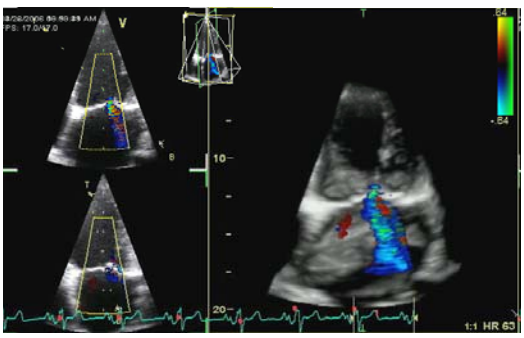
GE Vivid 7 Dimension (Sept 2004)



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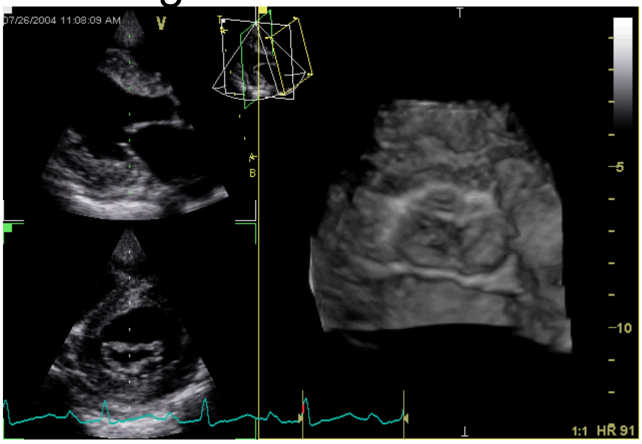
3-4 D images: full volume



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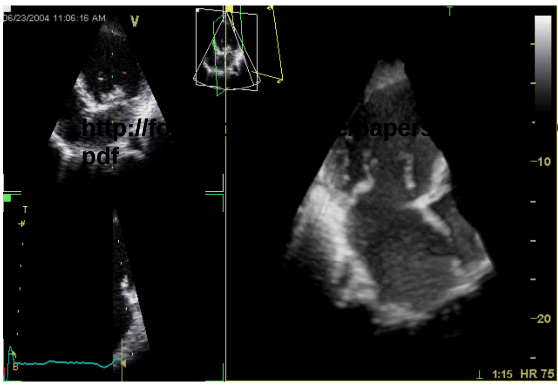
3-4 D images: 4d



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Bioeffects and Safety

- Thermal effects: heating of muscles, tendons (physiotherapy)
- Mechanical effects: crushing of kidney/gall stones, surgery
- Every instrument displays TI and MI
- TI – Thermal Index: estimate of heating in hottest part of beam
  - TIS - Thermal Index Soft tissue: the most usual one
  - TIB - Thermal Index Bone: for bone in focal point (fetal scan)
  - TIC - Thermal Index Cranial: bone at probe surface (cranial imaging)
  - TI <1.5 centigrade is considered safe regardless of exposure time
- MI - Mechanical Index. $MI = p_{-}/f^{0.5} < 1.9$
  - Risk of cavitation (sometimes called cavitation index)
  - Peak negative pressure in MPa
  - Frequency in MHz

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Factors which determine frame rate

- Depth where attenuation reaches ~60 dB
  - Attenuation = $d \cdot \alpha \cdot f$
  - Examples: 60 dB attenuation (α = 0.5 dB/cm/MHz):
    - » f = 3 MHz: d/2=20 cm depth
    - » f = 5 MHz: d/2=12 cm depth
    - » f = 10 MHz: d/2=6 cm depth
- Speed of sound
- Number of transmit beams in M-, 2-D, or 3-D modes
- Recap 1-D and 2-D framerate on next slides

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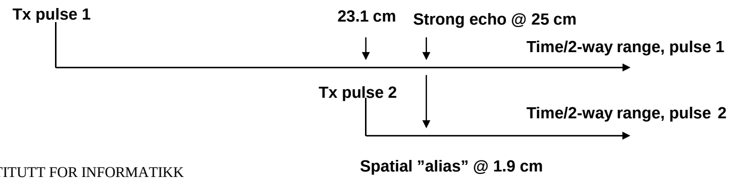
Pulse Repetion Frequency

- Max depth, example: d=23.1 cm, c=1540 m/s
- Time to travel up and down: T = c/(2d) = 0.3 ms
- Pulse Repetition Frequency PRF = 1/T = 3333 Hz
- PRF = Framerate for A- and M-modes
- Too high PRF => Spatial ”aliasing”:



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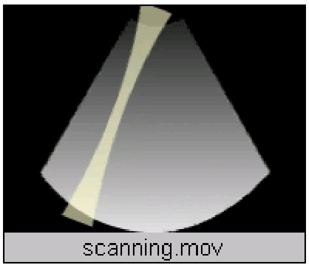
Frame rate in 2D



- Previous A-scan:
  - Max depth d=23.1 cm, PRF = 2d/c = 3333 Hz
- Typical beam width (cardiac probe): λ/d = 0.5mm/19mm = 0.026 rad = 1.5 ^{0}
- Desired sector size: 90^0
- Beam distance (typ 25-50% of beam width): 0.5^0
- Number of beams per image: N=$90^0/0.5^0$ = 180
- Frame rate: FR = PRF/N = 3333/180 = 18.5 Hz or fps (frames per second)
- Analog TV: 50 half-frames per second

3D frame rate

- Previous 2D example: FR_{2D} = PRF/N = 3333/180 = 18.5 Hz
- Extend to 3D with 90^0 sector and beam distance 0.5^0: $FR_{3D} = FR_{2D}/180$ = 0.1 volumes per second
- The fundamental 3D frame rate problem:
  - Speed of sound is too low!
- Better to shrink sector to 30^0 and use 4x4 parallel beams: $FR_{3D} = 0.1 \cdot 3 \cdot 3 \cdot 4 \cdot 4 =$ 14.4 volumes per second
- Low, but OK
- The trend is to increase no of parallel beams