given in Table 3.1. “Measured” strain ratios for each elastogram were obtained by comparing the mean strain within each lesion with the mean engineering strain of the surrounding tissue such that:

$$\varepsilon_{rel,meas} = \frac{\varepsilon_{tissue}}{\varepsilon_{lesion}} \tag{3.4}$$

ε_{tissue} was sampled as the mean strain in the region of tissue with the same geometry as the lesion located immediately superficial to the lesion in all cases.

In order to characterize how each parameter of interest affects the detection sensitivity of quasi-static ultrasound elastography, measured strain ratios for various lesions were calculated and compared against $\varepsilon_{rel,true}$. $\varepsilon_{rel,true}$ is derived from the relative Young’s modulus of elasticity of the lesion such that:

$$\varepsilon_{rel,true} = \frac{\varepsilon_{tissue}}{\varepsilon_{lesion}} = \frac{\left(\frac{\sigma_{applied}}{E_{tissue}}\right)}{\left(\frac{\sigma_{applied}}{E_{lesion}}\right)} = \frac{E_{lesion}}{E_{tissue}} \tag{3.5}$$

Fig. 3.6 portrays the severe error involved with using the methods described in Section 3.2 to investigate extremely low stiffness lesions where the percent error was calculated as per equation 3.6 where Y_i are the measured values for the true / nominal values $\hat{Y}_i$. In nearly all investigated cases where the true lesion stiffness ratio was 0.32, the algorithms described severely misrepresented the measured strain ratio of the lesion, often portraying these extremely low stiffness regions as being more stiff than they truly were. It is hypothesized that the excessively large localized deformations in these lesions interrupted the algorithm’s ability to sufficiently track the displacement of scattering centres within the tissue, lowering the magnitude of displacement within the lesion and subsequently increasing it’s “measured” strain ratio.