

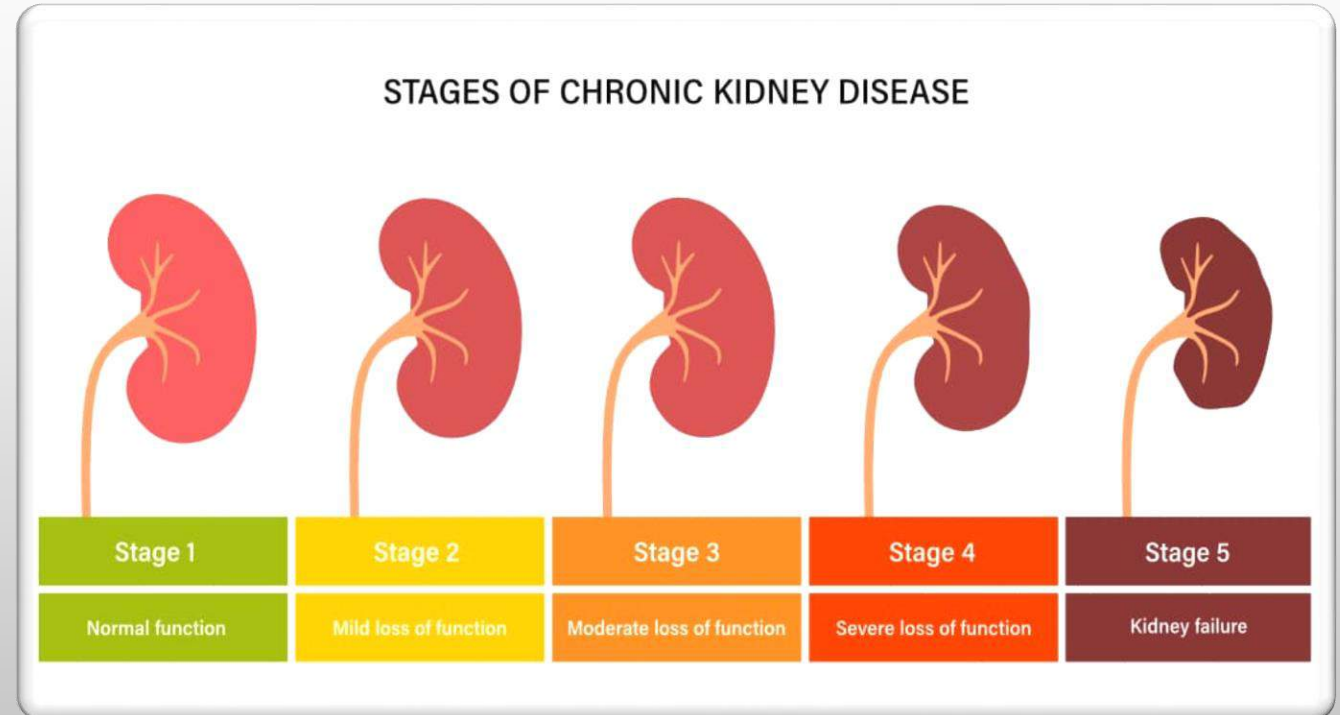
The background of the slide is a light gray gradient, decorated with numerous realistic water droplets of various sizes. Some droplets are at the top, some at the bottom, and some on the right side, creating a clean, scientific aesthetic.


PRESENTED BY INDYYA HARVEY

TOWARDS EARLY DETECTION OF DIABETIC KIDNEY DISEASE USING CONTRAST ENHANCED ULTRASOUND PERFUSION PARAMETERS

DIABETES

- AFFECTS OVER 34.2 MILLION AMERICANS AS OF 2018 (~10%)
- RISK FACTOR FOR OTHER COMPLICATIONS (I.E CARDIOVASCULAR DISEASE)
- LEADING CAUSE OF CHRONIC KIDNEY DISEASES
- 40% OF PEOPLE WITH TYPE 2 DIABETES DEVELOP END STAGE KIDNEY DISEASE





WHY IT IS IMPORTANT TO DETECT DEVELOPING CKD BEFORE IT'S IDENTIFIED BY BLOOD AND URINE MARKERS

Earlier detection could prevent further damage to the kidney

Current markers Lags behind disease progression

In need of earlier detection of disease progression

Measuring Renal perfusion = faster feedback

CT Scans

- Uses Ionizing radiation
- Increase risk of cancer
- Expensive
- Contrast agents do not stay confined to the blood vessel
- Contrast agents not safe for compromised kidneys

MRI Scans

- More expensive
- Not well tolerated by some patients
- Does not use ionizing radiation
- Contrast agents do not stay confined to the blood vessel
- Contrast agents not safe for compromised kidneys

Ultrasound

- Inexpensive
- Portable
- Does not use ionizing radiation
- Contrast agents are safe for use in compromised kidneys
- Contrast agents are true blood markers

CT VS MRI VS ULTRASOUND

Microbubbles



The diagram features a central blue circle with the word 'Microbubbles' in white. Surrounding it are five colored circles: a green one at the top-left, a purple one at the top-right, an orange one at the bottom-right, a teal one at the bottom-left, and a brown one on the left. Each circle contains a line of text. The background is white, framed by a grey border with realistic water droplets of various sizes.

Contrast agents serve as a marker for kidney perfusion

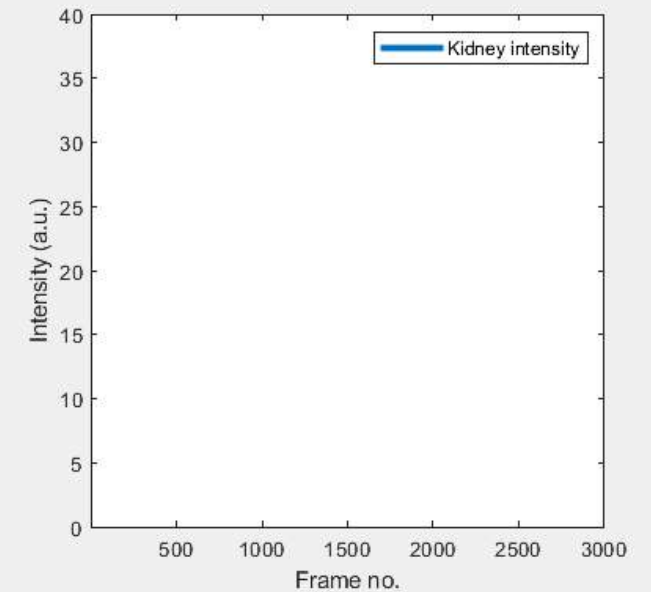
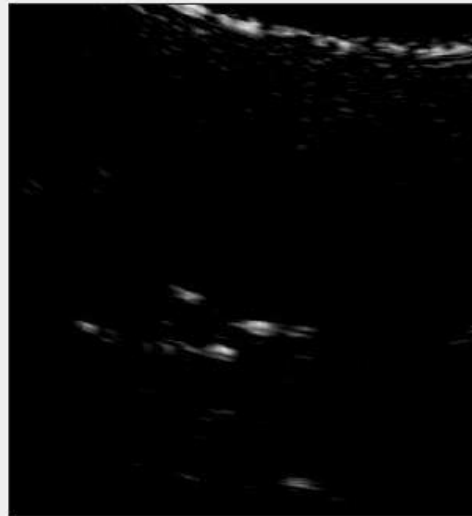
Act as a tracer for blood flow

Small; gas filled particle with a lipid shell

Similar size and flow behavior as red blood cells

METHOD

- ONLY INTERESTED IN SIGNAL AND BLOOD FLOW IN THE KIDNEY
- MEASURE CHANGES IN MICROBUBBLE'S INTENSITY OVER TIME
- WASH IN/WASH OUT METHOD
 - INDICATOR DILUTION MODELS
 - EXTRACT PERFUSION METRICS



PERFUSION MODELS

Log-normal

- Vessel branching
- $\frac{AUC}{t\sigma\sqrt{2\pi}} e^{-\frac{(\ln(t)-\mu)^2}{2\sigma^2}}$

Lagged-normal

- Transit through a large vessel followed by dispersion to smaller vessels
- $\int_{-\infty}^t f(\tau)g(t-\tau)d\tau$
- Alternative equation to Lagged normal
 - $AUC \frac{1}{2} K [1 + \operatorname{erf}(L)]$
 - $K = \lambda e[-\lambda t - \frac{\mu^2}{2\sigma^2} + \frac{(\mu + \lambda\sigma^2)^2}{2\sigma^2}]$
 - $L = \frac{t - \mu - \lambda\sigma^2}{\sqrt{(2\sigma^2)}}$

Gamma variate

- Compartmental flow
- $c_0 \frac{e^{-\frac{t}{\tau}} (\frac{t}{\tau})^{k-1}}{t\Gamma(k)}$

PARAMETERS WE ARE USING

MTT (Mean Transit Time)

Average time that it takes for the M.B to move through kidney

Log-normal = $e^{\mu + \sigma^2}$

Lagged-normal = $\mu + \frac{1}{\lambda}$

Gamma = τk

TP (Time Peak intensity)

Time for max amount of Microbubble in the kidney

Log-normal = $e^{\mu - \sigma^2}$

Lagged-normal = Does not exist; no time origin

Gamma = $\tau(k-1)$

AUC (Area under the Curve)

Relative expression of blood volume in the Kidney

How many bubbles enter and leaves

Which best fits the raw data?

METHOD



Root mean squared error

- Fits the Perfusion model to Raw data
- Looks at the distance between the raw data and the model
- How well does this model fit with the raw data?

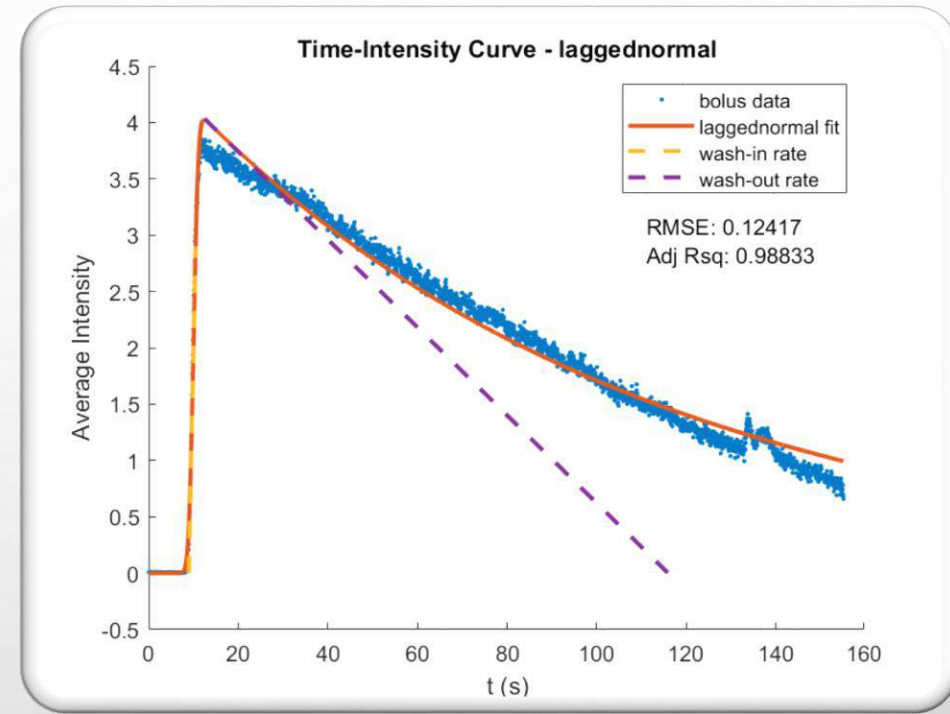
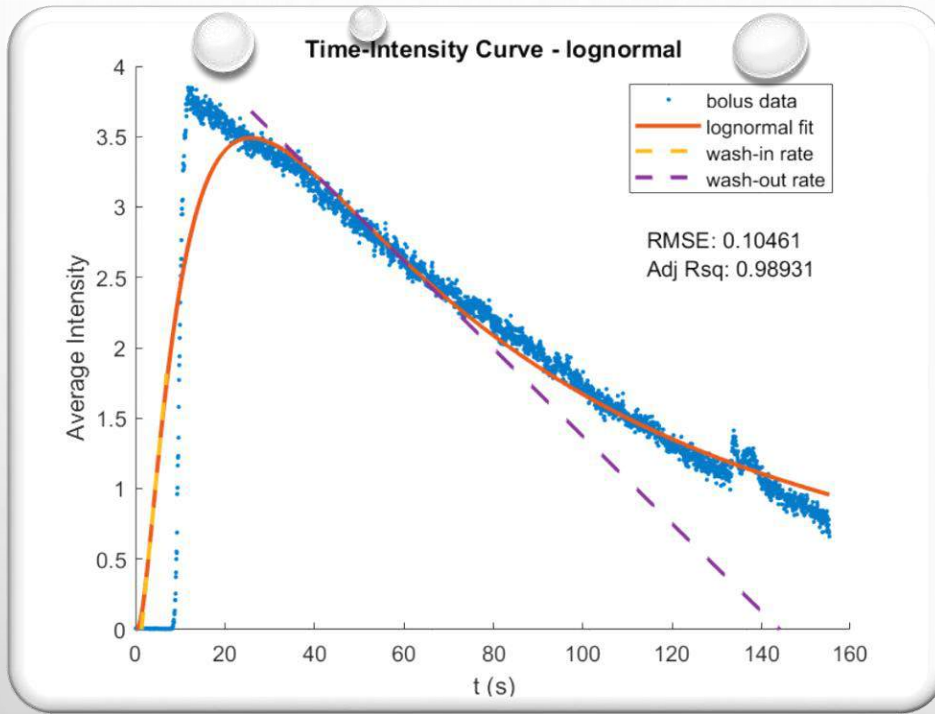
R^2

- Another method for looking at how well the model fits the raw data
- Value closer to 1 indicate a better fit between the model and data
- A value of 1 indicates a perfect fit

Goal

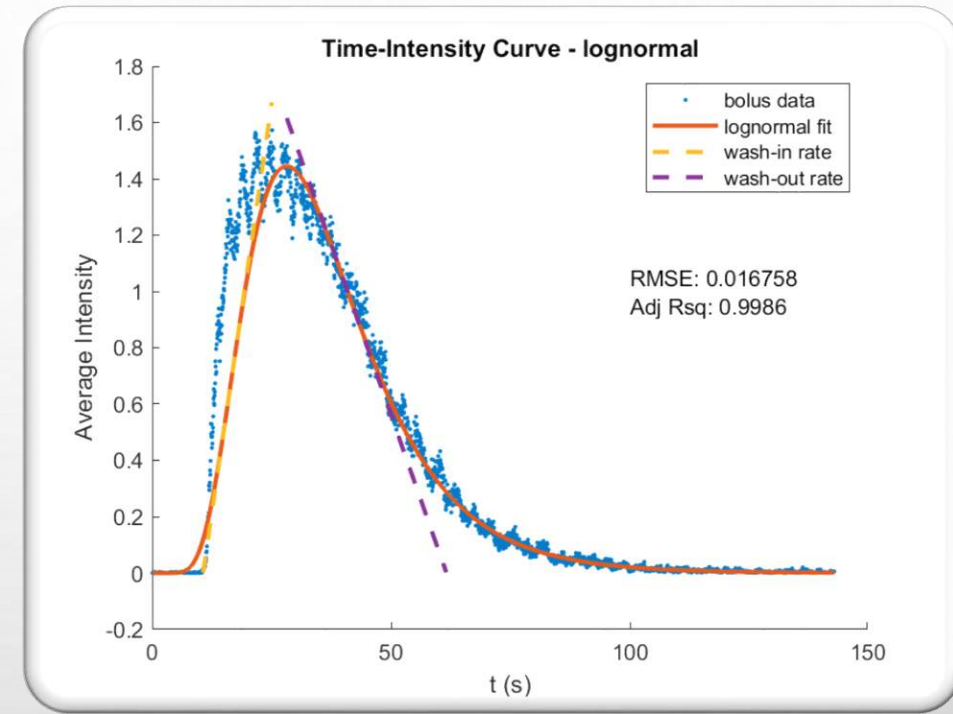
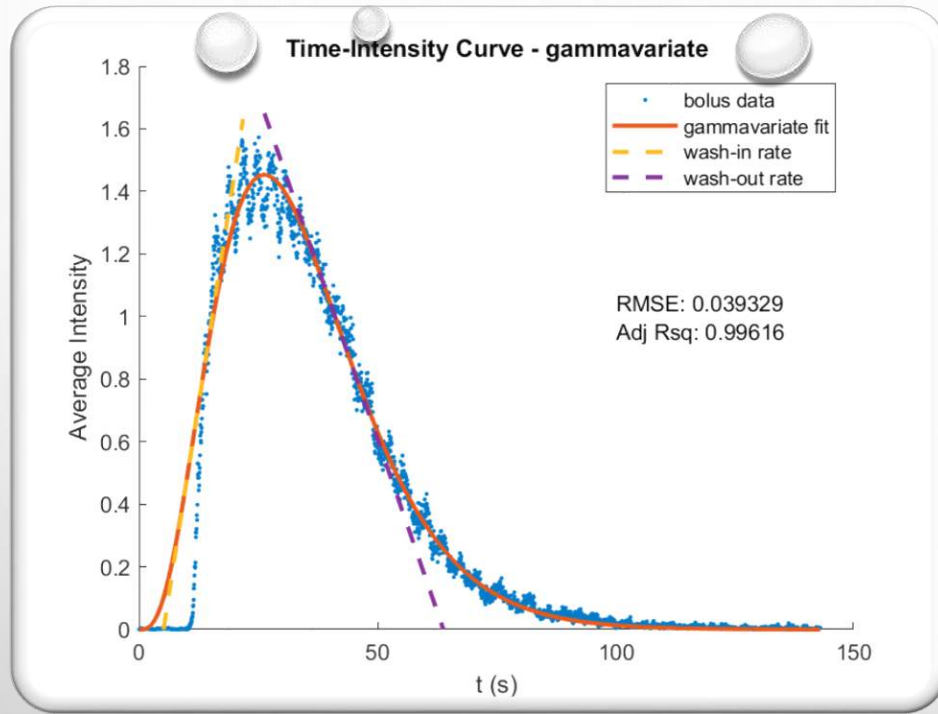
- Minimize RMSE
- Maximize R^2 value

MODEL COMPARISON



Model	PE	TP	MTT	RT	FT	WiR	WoR	WiAUC	WoAUC
Lagged	4.0	12.39	44.99	3.43	103.54	1.93	-0.039	9.67	262.34
Log	3.49	35.11	89.51	33.72	178.81	0.189	-0.015	64.61	282.63

MODEL COMPARISON



Model	PE	TP	MTT	RT	FT	WiR	WoR	WiAUC	WoAUC
Gamma	1.45	26.28	26.77	21.14	37.53	0.0979	-0.043	19.52	31.92
Log	1.44	28.17	23.16	17.51	33.43	0.116	-0.048	15.99	28.39

DISCUSSION

- THERE IS A CLEAR DIFFERENCE BETWEEN LAGGED AND LOG NORMAL
- GAMMA VARIATE AND LOG NORMAL ARE MUCH MORE SIMILAR MODELS
- FOR THE DIABETIC EXAMPLE,
 - TAKES A LONGER TIME TO WASH OUT
 - PE IS HIGHER, POSSIBLY LARGER BLOOD VOLUME
 - MTT IS LONGER
- FOR THE CONTROL EXAMPLE,
 - WOAUC IS SMALLER
 - FALL TIME IS QUICKER
 - MTT IS FASTER
- APPLY THESE MODELS TO A MUCH LARGER SAMPLE SIZE
- **QUESTION:**
 - SHOULD WE FOCUS MORE ON RMSE OR FITTING THE DATA TO THE PARAMETERS?