

# Motion correction for accurate interpretation of parametric images

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# Outline

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## 1. Motion correction: few thoughts

## 2. Dealing with motion in parametric imaging

- Detecting and rejecting motion-corrupted images
  - ASL imaging of the thigh
  - Contrast ultrasound in mice
- Motion correction
  - Cardiac MR
  - Echocardiography

## Motion correction (and registration): 3 key choices

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1. Type of deformation between the datasets:
  - rigid, affine, elastic (deformation field)depends on the expected deformation
2. Reference to register frames with
  - all registration methods are not symmetricalhighly depends on the context
3. Criterion to measure the quality of registration
  - mutual information, correlation, ratio of variance, absolute difference, squared difference, asodepends on the type of similarity between images
4. Software that does the job: AIR, Pixies, aso

## Motion correction (and registration) in a specific context

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The best strategy for correction or registration highly depends on the context

A strategy developed in a context will almost never be appropriate without any change in a different context

The best one should probably aim at:

- better understanding the concepts
- knowing who knows how to do what
- knowing the available tools
- sharing experience and possibly tools

# Dealing with motion in parametric imaging

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Two approaches:

- Detecting and rejecting the images corrupted by motion  
Loss of sensitivity, but can be appropriate when sensitivity is not a problem (trade-off between kinetic blur and sensitivity)
- Compensating for motion

## Detecting and rejecting images corrupted by motion

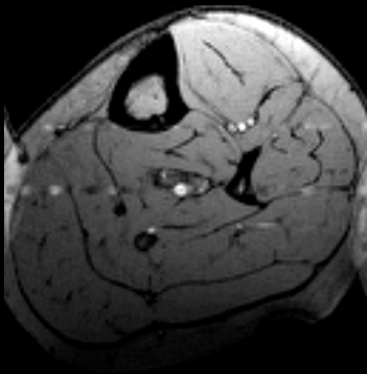
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- Arterial Spin Labeling of the thigh for studying muscular perfusion
- Contrast ultrasound in mice and human studies

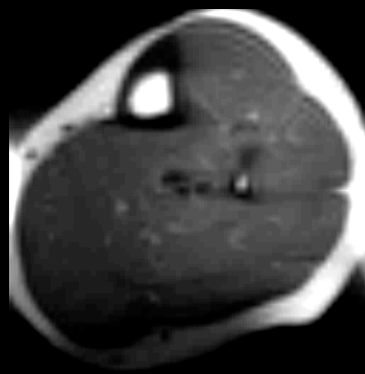
## Detecting and rejecting images corrupted by motion: example in ASL

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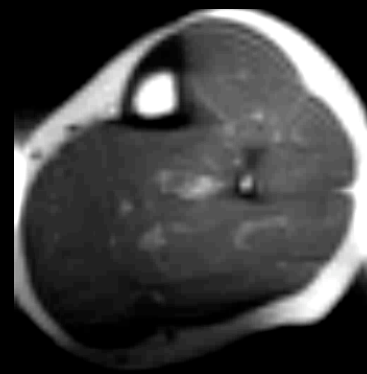
### Characterization of the muscle perfusion in the thigh using ASL



anatomy (gradient echo)



tagged

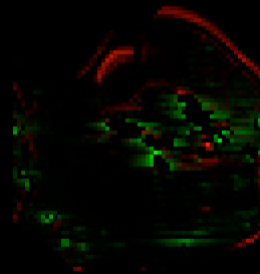


untagged

# Impact of rejecting spurious images on parametric images

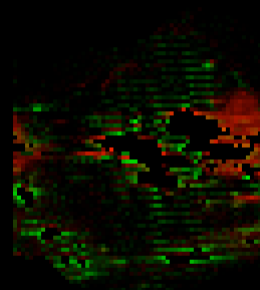
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Using all images of the time series



High  
Medium  
Low

After rejection of spurious images



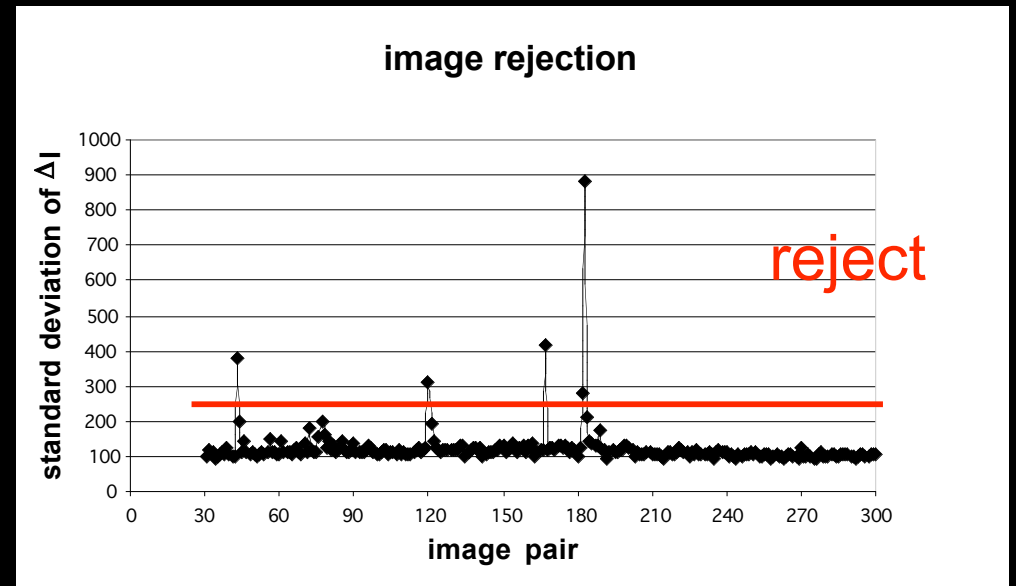
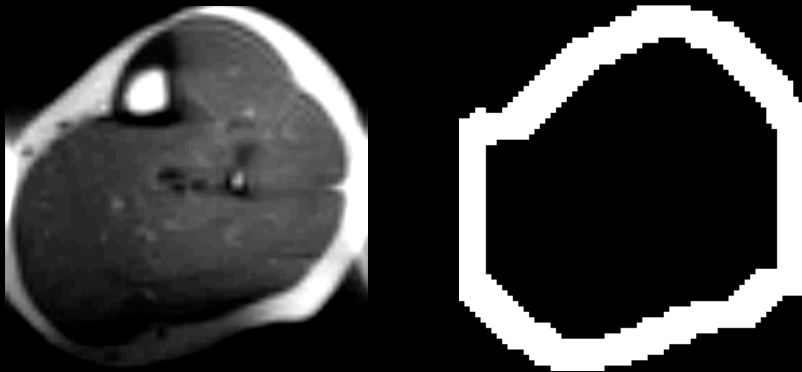
Parametric images

Perfusion maps



## Method for detecting motion

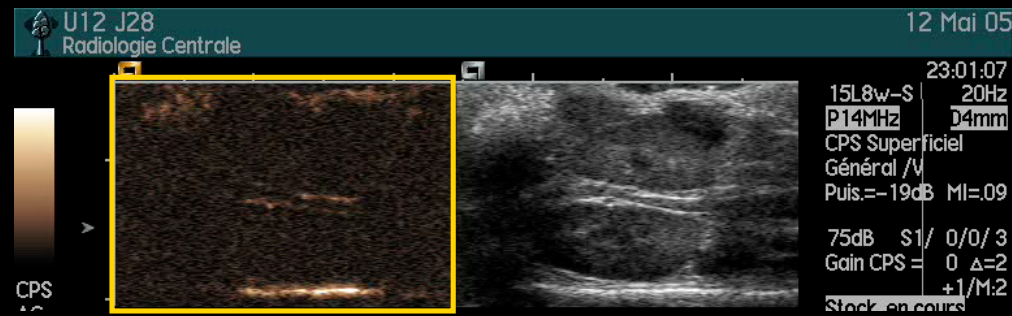
Detection of the variation in signal intensity between pairs of images in a well chosen region



Very simple but great impact on parametric images

# Detecting and rejecting images corrupted by motion: example in CU

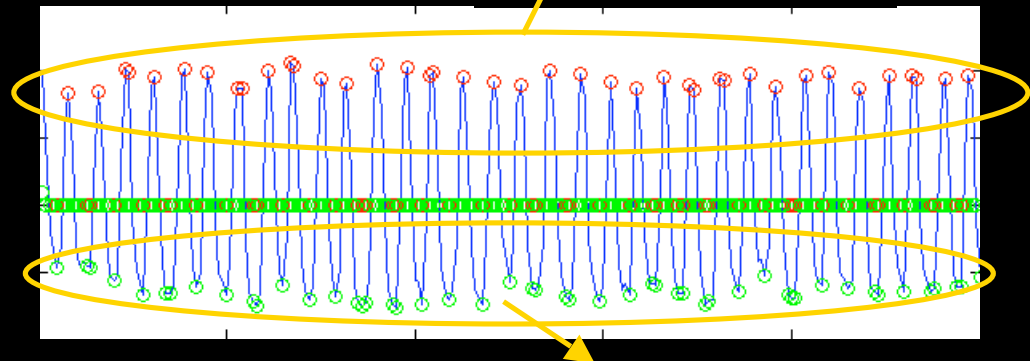
## Contrast ultrasound in mouse kidneys



CPS sequence

25 Hz over 20s

Subset of frames corresponding to maxima of the respiratory cycle



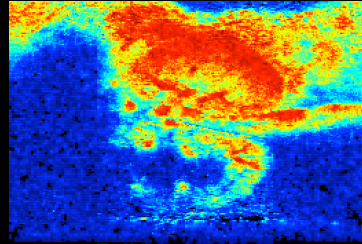
Subset of frames corresponding to minima of the respiratory cycle



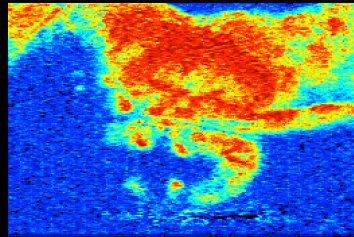
# Impact on parametric images

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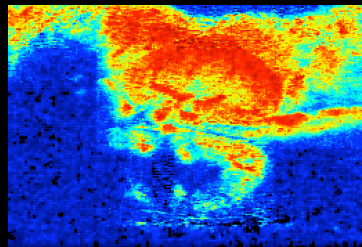
Planes corresponding to maxima



No gating

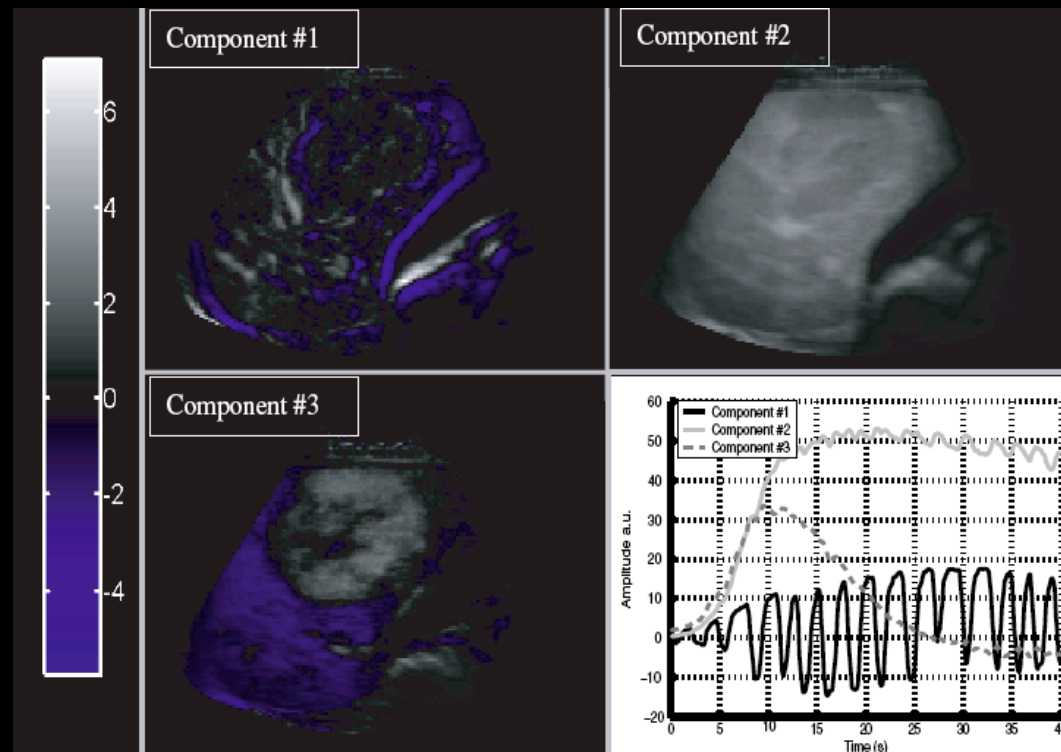


Planes corresponding to minima



## Method for detecting motion

- Independent Component Analysis of the image sequence  $S(p,t)$  (p: pixel, t: time)
- Selection of the component with oscillations close to a respiratory component: a posteriori gating



liver patient' study

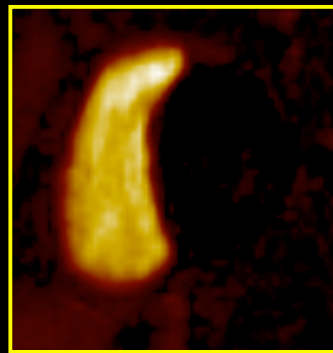
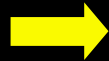
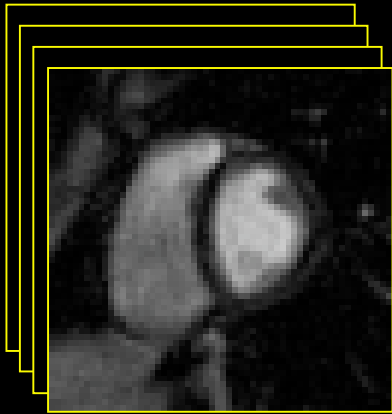
# Compensating for motion

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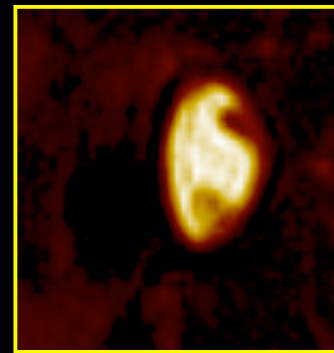
- Cardiac MR for studying myocardial perfusion
- Echocardiography

## Parametric imaging in cardiac perfusion MR

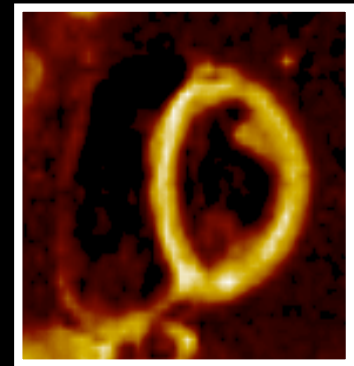
FLASH sequence (TR=6.5 ms, TE = 3 ms, TI = 300 ms, flip angle :  $11^\circ$ ) with Gd-DTPA-BMA



Right ventricle



Left ventricle

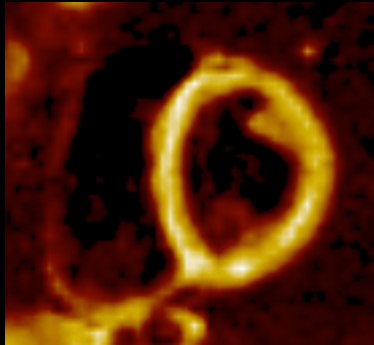


Myocardium

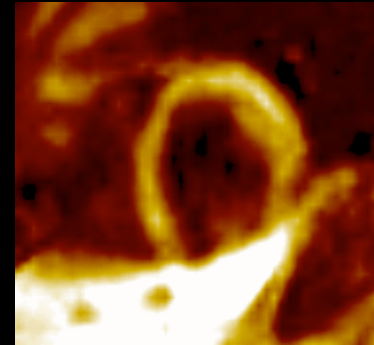
# Impact of motion on myocardial images

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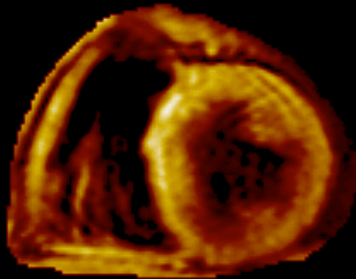
Normal volunteer holding breath



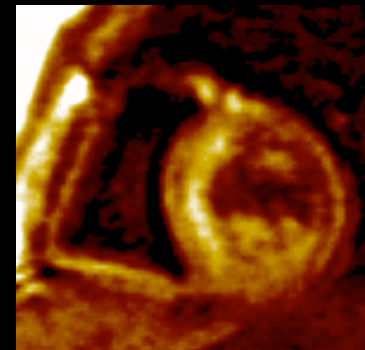
Normal volunteer with normal breathing



Patient holding breath



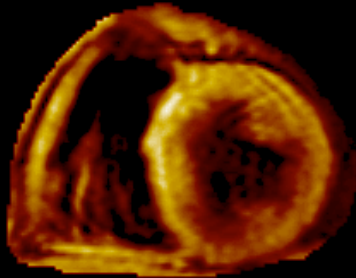
Patient with normal breathing



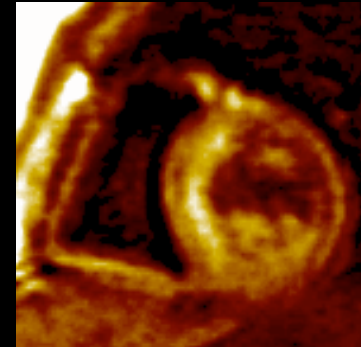
# Impact of registration

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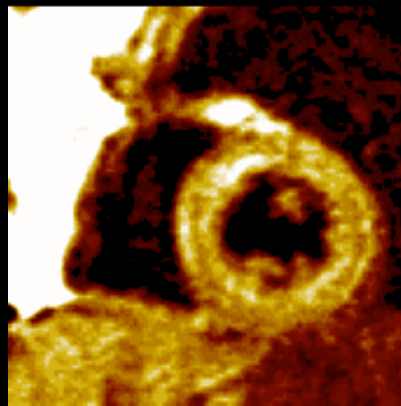
Patient holding breath



Patient with normal breathing



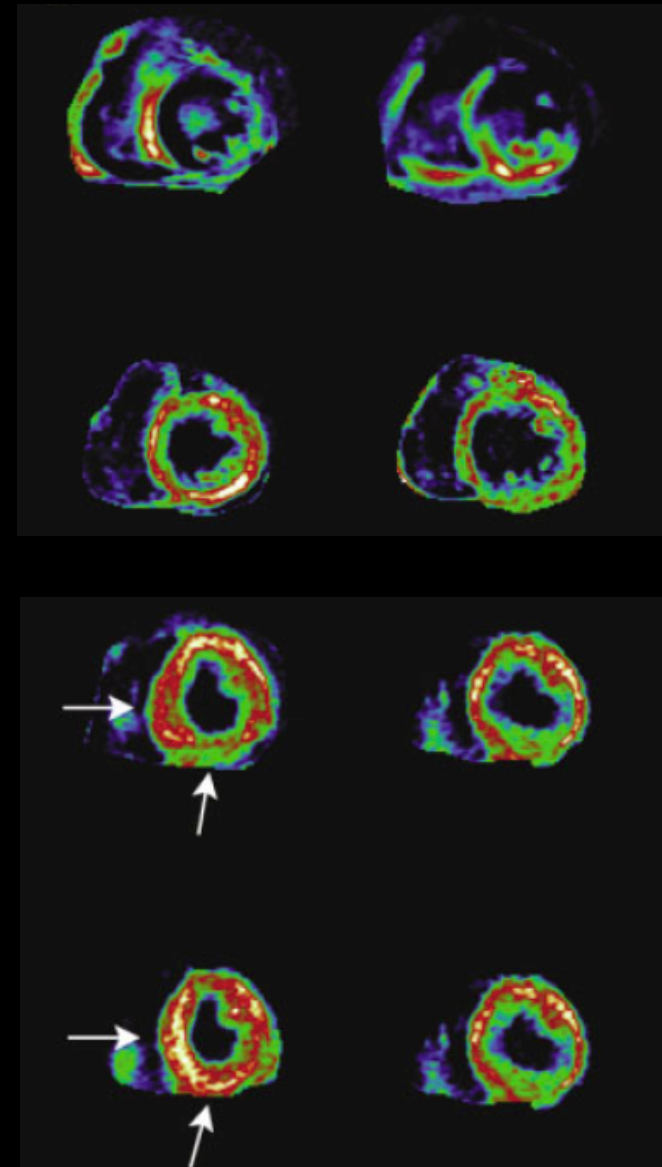
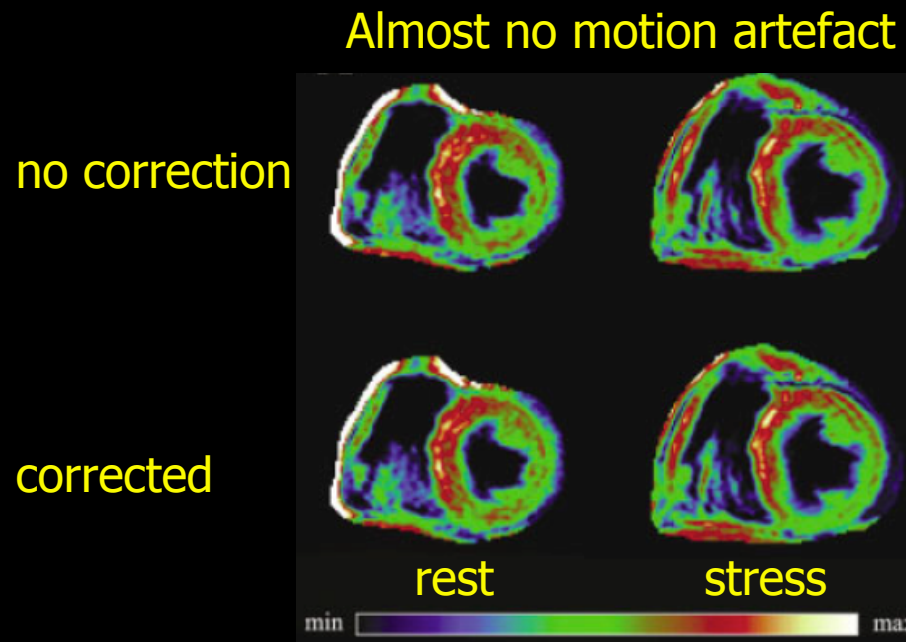
After motion correction





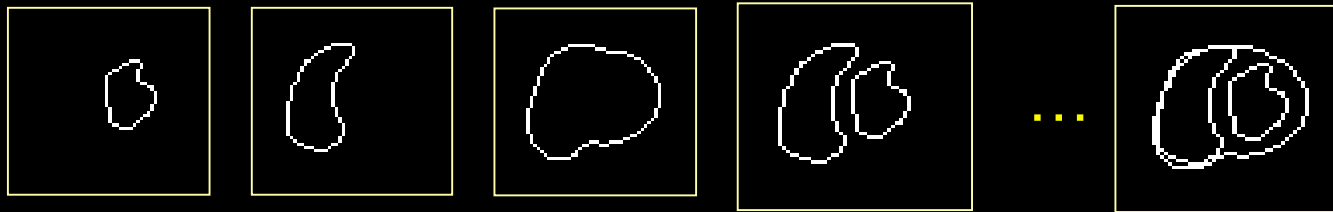
## Other examples

### Great motion artefacts

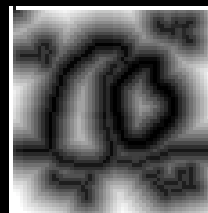


## How was motion compensated for?

- Definition of 7 shape-based models: RV, LV, pericardium, RV+LV, RV+pericardium, LV+pericardium, LV+RV+pericardium



- For each image of the series, selection of the optimal model using a superimposition score between the transformed image and each possible model
- Geometric transformation: 2D x and y translations
- Registration criterion: based on a potential map of the image being registered



# Parametric imaging in echocardiography

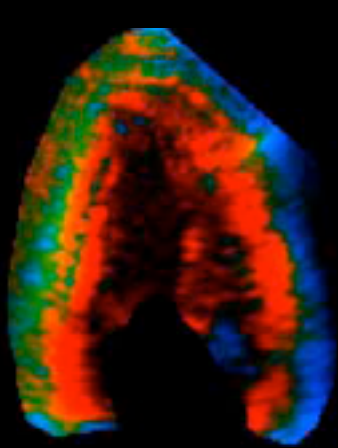
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## Standard echocardiography protocol in harmonic mode

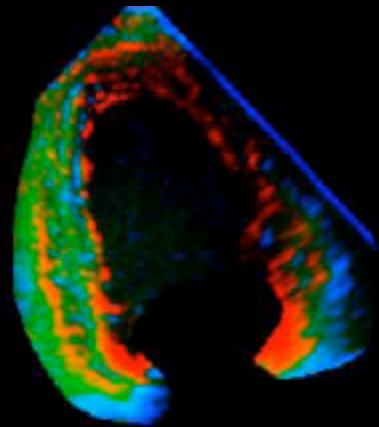
Contraction-relaxation in red

Constant in green

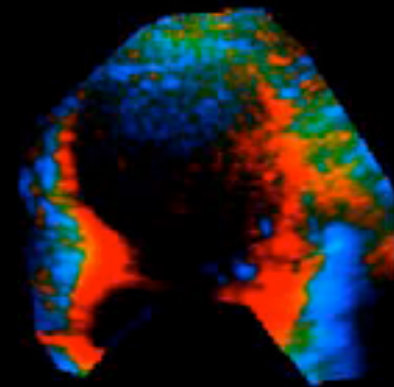
Relaxation-contraction in blue



normal



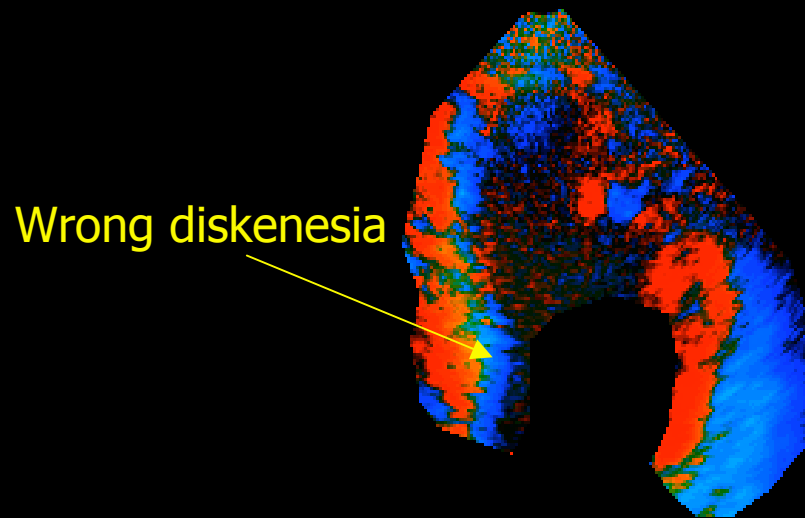
diffuse severe  
hypokinesia



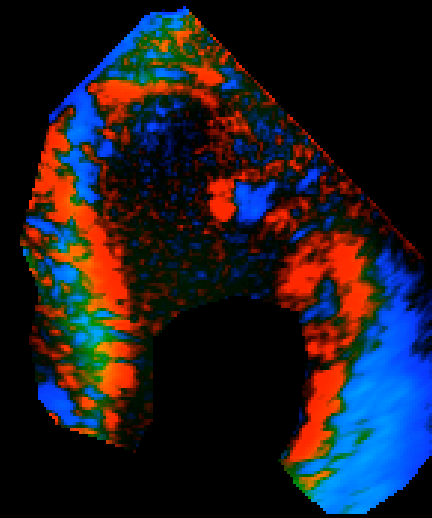
apical  
dyskinesia

# Impact of motion on parametric images

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Without registration



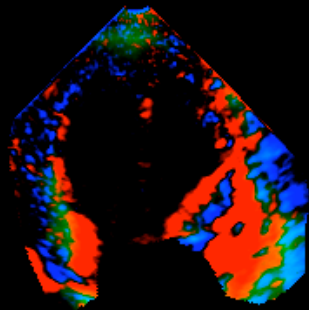
With registration

## How was motion compensated for?

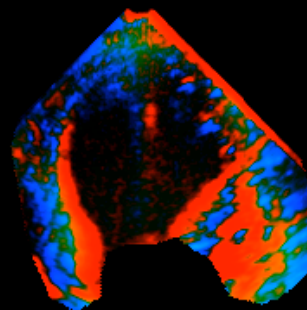
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- 2D registration using a rigid transformation (x and y translations)
- Maximization of the cross correlation between each frame and a reference frame
- Reference frame = mid-systolic (25% of the cycle)

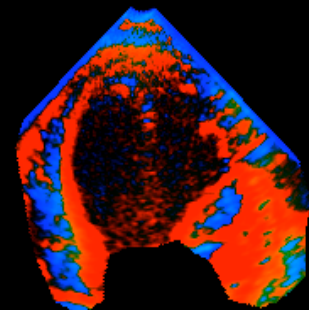
### Impact of the reference frame



mid-systolic



diastolic



previous frame

# Conclusions

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- Motion might result in qualitative and quantitative misinterpretation of parametric images
- Just rejecting motion-corrupted frames can be a first useful step towards better interpretation
- Designing a motion correction scheme is extremely dependent on the application
- Many tools do exist and can be helpful after specific tuning for a specific problem