# **DICOM Handling**

DICOM is the standard that includes medical image files. It is widely used by the manufacturers of medical image scanners and suppliers of hospital PACs systems for transmitting, viewing and archiving images.

The aspects discussed here are:

- Organisation of information and images in a DICOM file.
- The DICOM model of Study, Series, Instance
- "Classic" and "Enhanced" DICOM.
- · FIle naming and organisation.
- Viewing images amd metadata.
- · Scaling of data.
- Anonymisation and Protected Health Information.
- · Discussion.

### Organisation of information and images in a DICOM file

It is vital that images are correctly associated with the patient to which they belong. In DICOM, the files contain both the image and associated meta-information, for example, date, patient name, age, position of image in patient, scanner details etc. The meta-information, or metadata, can be read from a DICOM file in MATLAB using dicominfo. Although the format is different, this is similar in concept to photographic tiff images that also store informatin about exposure, photo location etc.

#### The DICOM model of Study, Series, Instance

The terms "Study", "Series" and "Instance" have special meanings and relate to the DICOM model of a patient visit. A "Study" roughly corresponds to the whole session for a patient in a scanner. During this session there may be multiple "Series" acquired and each Series will contain one or more image "Instances". For example, the images used in an initial survey acquisition may be one Series, then in MRI a T1-weighted volume might be another Series and a T2-weighted volume another Series.

Different Unique Identifiers (UID)s are assigned to every Instance, Series and Study. These are usually long strings of numbers and dots. Their benefit is that they allow software to keep track of images, scans, sessions and patients. Series usually also get a text name to help identification e.g. "Survey", "T1W"

#### "Classic" and "Enhanced" DICOM

Throughout DICOM, it is useful to think of images as just 2D slices with meta-data about their position, but it is up to the user to assemble these slces together into a 3D volume or a time series. In Classic DICOM, there is one image per file, whilst in Enhanced DICOM, there are multiple images per file, usually one file for all the images in one Series. In MR, Enhanced DICOM also has more meta information about technical aspects of the scan. Enhanced DICOM has the advantages of more information and many fewer files, whereas the older Classic format can be read by all DICOM handling software.

### Flle naming and organisation

Although some software tries to name DICOM files in a meaningful way, in general the filename conveys no useful information. You should not sort files or infer meaning from the filenames - instead the meta-data inside the files needs to be inspected. In Classic format, a patient Study with multiple volumes and time frames can

result in thousands of images, each in a separate file and these files can be spread over multiple folders making handling difficult. In MATLAB the function dicomCollection can parse data efficiently. There is also an app called dicomBrowser.

```
% Here use in-built data examples
dataDirectory = fullfile(matlabroot,"toolbox/images/imdata/");
dc = dicomCollection( dataDirectory )
```

```
dc = 5 \times 14 table
```

. . .

	StudyDateTime	SeriesDateTime	PatientName	PatientSex	Modality
1 s1			""	""	"RTSTRUCT"
2 s2	30-Apr-1993 11:27:24	30-Apr-1993 11:27:24	"Anonymized"	""	"CT"
3 s3	03-Oct-2011 19:18:11	03-Oct-2011 18:59:02		"M"	"MR"
4 s4	03-Oct-2011 19:18:11	03-Oct-2011 19:05:04		"M"	"MR"
5 s5	30-Jan-1994 11:25:01	0	"Anonymized"	ш	"US"

The variable dc is a Table and just selected columns can be viewed, e.g. to see selected columns and all rows:

```
dc(:,{'SeriesDateTime','SeriesDescription','Rows','Columns','Frames'})
```

ans =  $5 \times 5$  table

	SeriesDateTime	SeriesDescription	Rows	Columns	Frames
1 s1		1111	0	0	1
2 s2	30-Apr-1993 11:27:24	1111	512	512	1
3 s3	03-Oct-2011 18:59:02	""	512	512	1
4 s4	03-Oct-2011 19:05:04	""	512	512	1
5 s5	0	"PS LAX MR & AI"	430	600	10

To pick out one Series, choose its row as the first index into the Table. e.g.

```
dc("s2",:)
```

ans =  $1 \times 14$  table

•

	StudyDateTime	SeriesDateTime	PatientName	PatientSex	Modality
1 s2	30-Apr-1993 11:27:24	30-Apr-1993 11:27:24	"Anonymized"	ш	"CT"

### **Viewing Images and Meta-Data**

For volume data, the MATLAB function dicomreadVolume can be used. This has the advantage that it will sort the slices into order (remmebr that listing files alphabetically does not guarantee they are in any particular order).

Note that V is of type int16 because within DICOM files, the pixel data is stored as integers and dicomreadVolume does not apply any rescaling. Also, for grayscale images (not RGB), the size of the thrid dimension returned here is 1. To see a single slice, for example slice 10:

```
figure imshow(squeeze(V(:,:,1,10)),[]) % squeeze removes dimensions that are size 1. % So if V had size [256 256 1 20], then squeeze(V) wiil have size % [256 256 20]
```

Function dicomdisp can be used to display all the meta-data on the screen, alternatively dicominfo will place the data in a structure, which can be used elsewhere in code.

```
filenames = dcbrain.Filenames ; % here returns a 1x1 cell array
thirdFile = filenames{1}(3) ; % {1} gives contents of the cell array,
% The itself is a 20x1 string array - take the 3rd file as an example
dinfoBrain = dicominfo( thirdFile ) ; % get the metadata for this file
disp("Patient age: " + dinfoBrain.PatientAge)
```

and to see all the information in the structure

```
dinfoBrain
```

### Scaling of data

Pixels are usually stored in DICOM as integers. If the underlying data is floating point or outside of the range of the integers used, then data might need to be linearly scaled using a RescaleSlope and RescaleIntercept. Typically this might be to get Hounsfield numbers in CT, or computed parameters in MR e.g. ADC diffusion values. In some DICOM files, the RescaleSlope and RescaleIntercept are replaced with RealWorldValueMapping parameters, which form a similar purpose but will not be discussed further here.

For the ankle CT data in the original dicomCollection

Now, we need to get the pixel data (which will be integers), and apply the rescaling to get Hounsield units. As the file is just one slice, we cannot use dicomreadVolume and need to use dicomread

```
img = dicomread(filenameAnkle);
whos img

% img is int16, convert to double, otherwise risk loss of precision, and
% rescale to Hounsfield units
imgHounsfield = (double(img) * dinfoAnkle.RescaleSlope) +
dinfoAnkle.RescaleIntercept;

figure
imshow(imgHounsfield,[]), colorbar
```

BEWARE when reading pixel data, or metadata from a file, that either may be read as an integer type, and if you multiply an integer with a doube in MATLAB it (annoyingly) returns an integer. Hence there is the risk of loss of precision. In the above, the img data had to be convered to double before the rescale was applied.

## **Anonymisation and Protected Health Information**

In the brain data above, we could see the subject's age at the time of the scan, but the name is blank:

```
dinfoBrain.PatientAge
dinfoBrain.PatientName
```

It is likely that the Patient Name has been deliberately removed after the scan - a process often termed "anonymisation". This is a difficult topic that will be discussed in detail elsewhere. There are a few comments below.

#### **Discussion**

Reading DICOM data can be fiddly, sometimes needing trial and error. For example, in the above the filenames were in a cell array in one example, and not in another. Writing DICOM is harder, and a lot harder to get fully correct. Many people convert DICOM to NIfTI format but this has two major disadvantages. Firstly, a lot of software that uses NIfTI does not correctly handle geometry and you can end up with images are have slices reversed, flipped or transposed and this is both unsafe clinically and makes comparison with other clinical images error-prone. Second, the meta-data is no longer with the image (as NIfTI has only a brief header) so it might be difficult or error-prone to correlate image data with other patient data, for example histology results.

Anonymisation is also a difficult topic. My current advice is that if possible, keep original, identifiable DICOMs direct from the scanner, in a safe location such as an encrypted hard drive, data safe haven or trusted research environment. Work on de-identified copies and try to avoid NIfTI. For de-identification, use quality software such as DicomCleaner. For saving of intermediate results, use .mat files and include both the processed data and a copy of the output of dicominfo that has been run on the de-identified data. If you have to use NIfTI, use a reliable convertor such as dcm2niix.

David Atkinson.

```
disp("Live Script last run: " + string(datetime("now")))
```