

# MedImages.jl: A Julia Package for Handling Medical Imaging Data and Spatial Metadata

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## Abstract

Medical image analysis requires specialized tools that can handle not only high-dimensional voxel data but also critical spatial metadata such as origin, spacing, and orientation. While established libraries exist in languages like Python and C++, the Julia programming language offers a unique opportunity to solve the "two-language problem" by providing high-level productivity with low-level performance. In this article, we introduce MedImages.jl, an open-source Julia package designed to facilitate the loading, saving, processing, and resampling of medical images while rigorously maintaining spatial consistency. We discuss how Julia helps in scientific computing, the specific challenges of medical imaging formats, and how open-source libraries like MedImages.jl boost researcher productivity by democratizing access to complex image processing tasks. We also provide code examples demonstrating the package's capabilities in handling spatial metadata and performing transformations.

*Keywords:* Medical Imaging, Julia, Open Source, Spatial Metadata, DICOM, NIfTI

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## <sup>1</sup> 1. Introduction

<sup>2</sup> Scientific computing has traditionally suffered from the "two-language  
<sup>3</sup> problem," where researchers prototype in high-level languages like Python, R,  
<sup>4</sup> or MATLAB for productivity but must rewrite performance-critical sections  
<sup>5</sup> in low-level languages like C or Fortran [? ? ]. This dual-language approach  
<sup>6</sup> expands the required expertise, necessitates frequent code reimplementation,  
<sup>7</sup> and reduces code reusability and productivity [? ? ]. Julia is a high-level,  
<sup>8</sup> dynamic programming language specifically designed to bridge this gap [?

9 ]. It combines the ease of use of scripting languages with the performance  
10 of compiled languages, making it an ideal candidate for computationally  
11 intensive fields like medical imaging [? ].

12 In the domain of medical imaging, the need for high performance is  
13 paramount. Tasks such as 3D image reconstruction, registration, and seg-  
14 mentation involve processing massive datasets with complex algorithms. Ju-  
15 lia’s ability to run native code on both CPUs and GPUs, combined with  
16 automatic differentiation support, makes it an excellent platform for this  
17 research [? ].

18 In this article, we present MedImages.jl, a Julia package that leverages  
19 these advantages to provide a robust framework for handling medical im-  
20 ages. We address several key questions: How does Julia help in scientific  
21 computing? What is its potential for medical image analysis? What are  
22 the difficulties related to medical imaging formats? And how do open-source  
23 tools boost productivity?

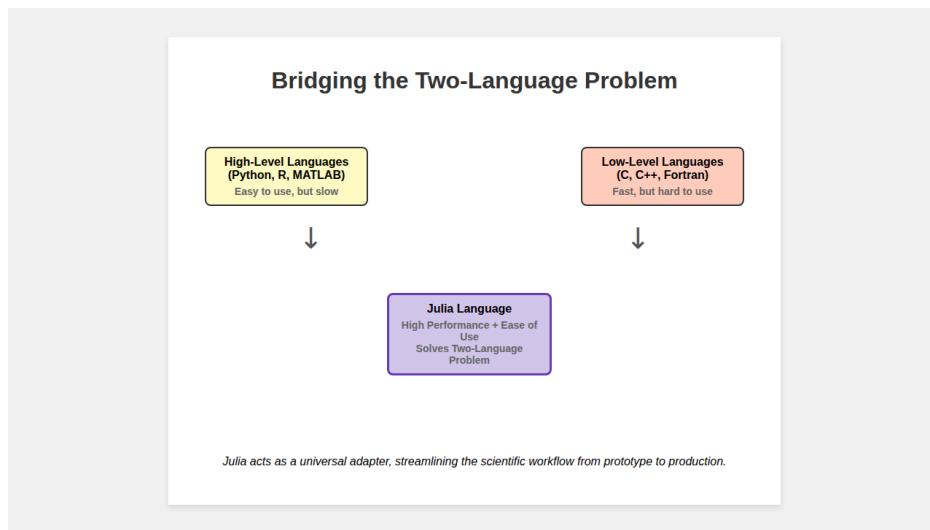


Figure 1: Julia bridges the gap between high-level productivity languages and low-level performance languages, solving the two-language problem in scientific computing. It acts as a universal adapter, streamlining the scientific workflow from prototype to production.

## 24 2. Julia in Scientific Computing

25 Julia helps researchers and developers by providing a robust, high-performance  
26 environment suitable for a wide range of scientific and technical computing

27 needs [? ]. Its competitive edge stems from its Just-In-Time (JIT) compiler,  
28 which generates efficient machine code comparable to C/C++ [? ].

29 *2.1. Key Features and Performance*

- 30 • **Multiple Dispatch:** This powerful, central paradigm allows functions  
31 to be customized based on the specific types of arguments they receive  
32 [? ]. This enables generic, high-performance code where the compiler  
33 can optimize function calls based on run-time types [? ].
- 34 • **Parallel and Distributed Computing:** Julia has built-in support  
35 for distributed and parallel computing, simplifying the distribution of  
36 calculations across multiple cores or machines [? ]. This is critical for  
37 large-scale data analysis and High-Performance Computing (HPC) [? ].
- 38 • **Interoperability:** It can call functions and libraries written in C,  
39 Fortran, and Python with little or no overhead [? ]. Packages like  
40 PyCall.jl and RCall.jl provide transparent interfaces for calling code  
41 between Julia and Python or R [? ].
- 42 • **Metaprogramming:** Julia allows programmatic construction and ma-  
43 nipulation of expressions as first-class values, aiding in creating and  
44 analyzing syntactically sound expressions [? ].

46 *2.2. Problem Solving: The Expression Problem*

47 Julia addresses the "Expression Problem," a core challenge in software  
48 design relating to extensibility and compatibility. This problem occurs when  
49 a user needs to add new data types or new operations to a system while  
50 maintaining compatibility with existing code [? ]. Julia's architecture, un-  
51 derpinned by multiple dispatch, solves this by allowing developers to add new  
52 functions to existing data types and new data types that seamlessly integrate  
53 with existing algorithms without modifying the original code [? ].

54 **3. Potential for Julia in Medical Imaging**

55 Julia presents significant potential for transforming the analysis and pro-  
56 cessing of medical images, primarily by combining high performance with  
57 developer productivity and leveraging specialized toolsets that address com-  
58 putational bottlenecks inherent in complex medical imaging modalities.

59    *3.1. Novel Packages and Frameworks*

60    Julia’s ecosystem includes specialized packages that enable end-to-end  
61    medical image processing workflows and offer high-performance alternatives  
62    to established frameworks.

- 63    • **MRIReco.jl:** An open-source, flexible, and high-performance MRI  
64    reconstruction framework implemented entirely in Julia [? ]. It of-  
65    fers functionality for basic MR simulation and iterative reconstruction,  
66    achieving speeds comparable to highly optimized C/C++ libraries [? ].  
67
- 68    • **KomaMRI.jl:** This framework enables general MRI simulations with  
69    robust GPU acceleration [? ]. Its speed and flexibility make complex  
70    MR simulations more accessible for research and education [? ].
- 71    • **BlochSimulators.jl:** A GPU-compatible Bloch simulation toolbox  
72    that surpasses existing toolboxes in static, compiled languages [? ].

73    *3.2. Accelerating Quantitative Imaging*

74    The computational speed of Julia makes advanced parameter estimation  
75    feasible for clinical use. For instance, a Julia-based toolkit for Selective Inver-  
76    sion Recovery (SIR) MRI parameter estimation showed a 20-fold reduction  
77    in computational time compared to a previous MATLAB implementation [? ].  
78    When fitting an entire human brain, Julia was approximately 90x faster  
79    than MATLAB’s single-threaded operation [? ]. This drastic reduction in  
80    computational cost is critical for making advanced quantitative MRI (qMRI)  
81    parameters accessible in clinical settings.

82    **4. Challenges in Medical Imaging Formats**

83    Medical imaging formats, particularly DICOM, present significant diffi-  
84    culties for researchers. The core challenges relate to the complexity of the  
85    standard and the handling of spatial metadata.

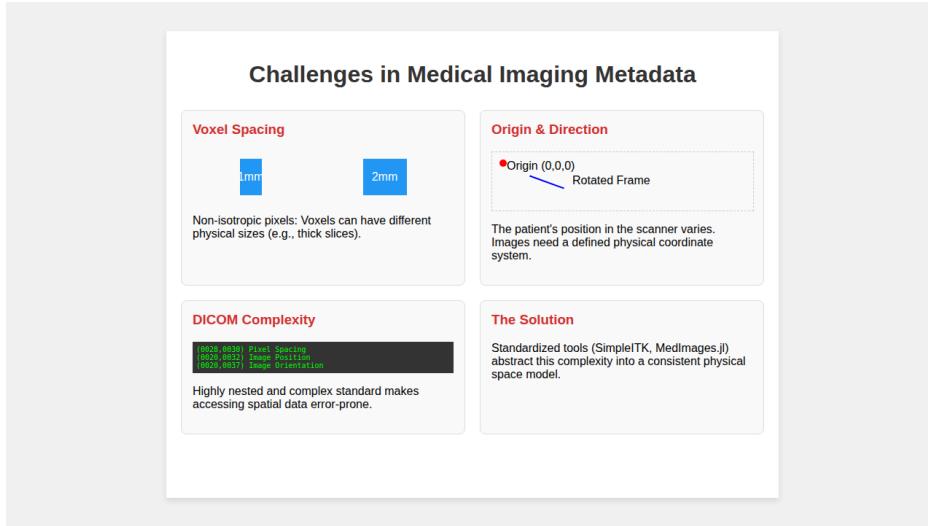


Figure 2: Challenges in medical imaging include handling non-isotropic voxel spacing, varying origins and orientations, and the complexity of the DICOM standard. Standardized tools are needed to abstract these complexities.

#### 86    4.1. *Spatial Metadata: Spacing, Origin, and Direction*

87    Unlike standard images (e.g., JPEGs), medical images represent physical  
 88    objects in 3D space. They require precise definition of their relationship to  
 89    the physical world:

- 90    • **Voxel Spacing (Non-Isotropic Pixels):** Medical images are often  
 91    acquired as stacks of 2D slices with different resolutions or thickness  
 92    (voxel spacing) in different dimensions [? ]. The original MRI or CT  
 93    scans often have non-isotropic pixel spacing [? ].
- 94    • **Origin:** The physical coordinate of the first voxel (0, 0, 0) relative to a  
 95    scanner or patient frame.
- 96    • **Direction:** The orientation of the image axes in physical space, defined  
 97    by a direction cosine matrix [? ].

98    Ignoring this metadata leads to invalid operations. For example, adding  
 99    two images is only valid if they occupy the exact same physical space [? ].  
 100   A common issue is the "ill-defined coordinate system" when working purely  
 101   with pixel indices, which fails to account for patient position or scan geometry  
 102   [? ].

103 *4.2. Format Complexity and DICOM*

104 The DICOM standard is ubiquitous but notoriously complex. It specifies  
105 Information Object Definitions (IODs) and services for communication, mak-  
106 ing adoption difficult for many researchers [? ]. Even when using high-level  
107 libraries, accessing spatial metadata can be error-prone due to the highly  
108 nested structure of annotations [? ]. Researchers often convert DICOM  
109 objects into simpler alternative formats (like NIfTI) for analysis, but this  
110 conversion risks losing important contextual information [? ? ].

111 **5. MedImages.jl: Software Description**

112 MedImages.jl is developed to address these challenges within the Julia  
113 ecosystem. It provides a standardized structure for storing and manipulating  
114 medical image data and metadata, similar in philosophy to SimpleITK but  
115 leveraging Julia’s native capabilities.

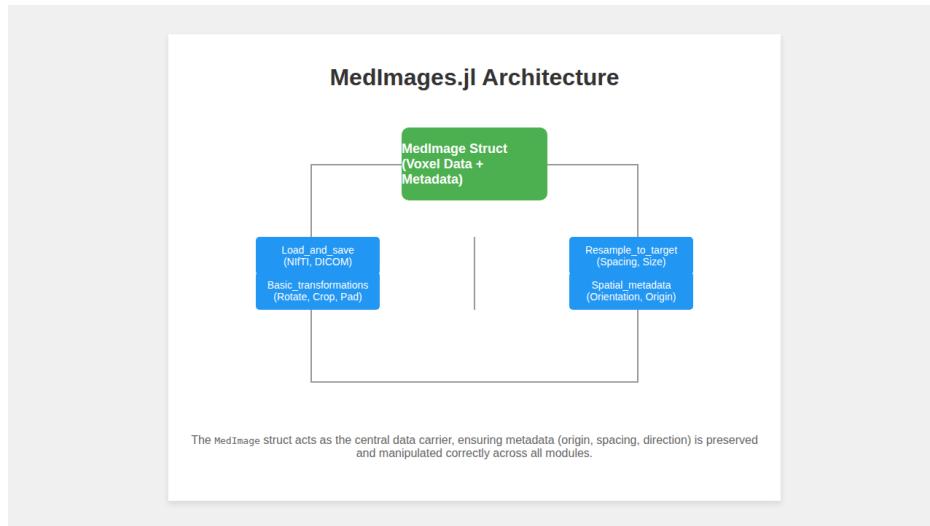


Figure 3: Architecture of MedImages.jl. The `MedImage` struct is central, supporting various modules for loading, resampling, transforming, and spatial metadata handling. The modular design allows for easy extension.

116 *5.1. Architecture*

117 The core of the package is the `MedImage` struct, which rigorously encap-  
118 sulates both the image data and its spatial context:

```

119     • voxel_data: The multidimensional array of pixel values (e.g., 512x512x3).
120
121     • origin: Tuple of 3 Float64 values indicating the origin.
122
123     • spacing: Tuple of 3 Float64 values indicating voxel spacing.
124
125     • direction: 9-element tuple of Float64 values for orientation cosines.
126
127     • image_type, image_subtype: Enums for modality (MRI, CT, PET)
128       and subtype (T1, T2, FLAIR, etc.).
129
130     • patient_uid, study_uid, series_uid: UUIDs for data management.

```

## 126    5.2. Key Functionalities and Usage

### 127    5.2.1. Loading and Saving

128    MedImages.jl supports reading and writing standard formats, ensuring  
129    metadata is preserved. The Load\_and\_save module handles the intricacies  
130    of file I/O.

```

131
132 using MedImages
133
134 # Load an image from a NIfTI file
135 img = load_med_image("brain_scan.nii")
136
137 # Access metadata
138 println("Spacing: ", img.spacing)
139 println("Origin: ", img.origin)
140 println("Direction: ", img.direction)

```

Listing 1: Loading a medical image

### 142    5.2.2. Resampling

143    The Resample\_to\_target module allows images to be resampled to a new  
144    geometry (spacing, size, orientation). This is a critical step for registering  
145    images from different sources or modalities, where pixel-to-pixel correspon-  
146    dence is not guaranteed [? ].

```

147
148 # Define target spacing (e.g., isotropic 1mm)
149 new_spacing = (1.0, 1.0, 1.0)
150
151 # Resample using linear interpolation
152 resampled_img = resample_to_spacing(img, new_spacing,
153                                     Interpolator_enum.Linear_en)

```

Listing 2: Resampling an image to a new spacing

155    *5.2.3. Spatial Metadata Manipulation*

156    The `Spatial_metadata_change` module provides tools to change orientation  
157    and spacing explicitly, ensuring the physical reference frame is main-  
158    tained. This adheres to the "Physical Space Tenet" [? ], where the image is  
159    defined by its physical occupation rather than just its array indices.

```
160 # Change orientation to Right-Posterior-Inferior (RPI)
161 # This handles the permutation of axes and direction cosines
162 reoriented_img = change_orientation(img, Orientation_code.
163 ORIENTATION_RPI)
```

Listing 3: Changing image orientation

166    *5.2.4. Basic Transformations*

167    Common image processing operations like rotation, cropping, and padding  
168    are handled by the `Basic_transformations` module. These operations are  
169    aware of the spatial metadata, updating the origin and direction as needed.

170    **6. Democratizing Access through Open Source**

171    Open-source libraries like MedImages.jl, SimpleITK, and MONAI play a  
172    crucial role in democratizing access to medical image processing by lowering  
173    barriers to entry.

174    *6.1. Boosting Productivity*

175    Open-source toolkits serve as high-level abstraction layers that hide the  
176    intricate, low-level details of core medical imaging standards and algorithms  
177    [? ]. By abstracting the complexities of DICOM parsing and spatial math,  
178    these tools allow researchers to focus on algorithmic innovation rather than  
179    boilerplate code. For example, SimpleITK provides a simplified interface to  
180    ITK, making powerful algorithms accessible via Python or R [? ]. MedIm-  
181    ages.jl brings similar benefits to the Julia community, enabling rapid proto-  
182    typing without sacrificing performance.

183    *6.2. Enhancing Reproducibility and Collaboration*

184    Standardized open-source tools ensure reproducibility, a foundational pil-  
185    lar of scientific integrity [? ]. When researchers use a common framework  
186    for handling metadata, they avoid common pitfalls like coordinate system  
187    mismatch. Tools like highdicom ensure that ML model outputs are encoded

188 in standardized DICOM formats, facilitating clinical integration [? ]. Open-  
189 source projects also foster vibrant communities where code and knowledge  
190 are freely exchanged, leading to continuous evolution and enhancement of  
191 the software [? ].

## 192 7. Discussion and Future Work

193 MedImages.jl fills a critical gap in the Julia ecosystem by providing a  
194 native, high-performance tool for medical image manipulation. While wrap-  
195 pers for ITK exist, a pure Julia implementation offers better integration with  
196 other Julia packages, such as ‘DifferentialEquations.jl’ or ‘Flux.jl’, allowing  
197 for end-to-end differentiable pipelines.

198 One of the key advantages of MedImages.jl is its lightweight nature com-  
199 pared to heavy dependencies like ITK. By implementing core functionali-  
200 ties in native Julia, it allows for easier deployment and faster precompila-  
201 tion times. Furthermore, the potential for GPU acceleration using Julia’s  
202 ‘CUDA.jl’ or ‘AMDGPU.jl’ packages is a significant area for future devel-  
203 opment. The ‘MedImage’ struct is designed with this in mind, with a ‘cur-  
204 rent\_device’ field to track where the data resides.

205 Future work will focus on:

- 206 • **GPU Integration:** Fully leveraging Julia’s GPU capabilities for re-  
207 sampling and transformation operations.
- 208 • **Advanced Registration:** Implementing intensity-based registration  
209 algorithms natively in Julia.
- 210 • **Deep Learning Integration:** Creating seamless bridges to ‘Flux.jl’  
211 and ‘Lux.jl’ for medical image segmentation and reconstruction tasks.

## 212 8. Conclusion

213 MedImages.jl represents a significant step towards a robust medical imag-  
214 ing ecosystem in Julia. By solving the two-language problem, handling com-  
215 plex spatial metadata correctly, and adhering to open-source principles, it  
216 empowers researchers to build high-performance, reproducible, and clinically  
217 relevant imaging pipelines. As the Julia ecosystem grows, tools like Med-  
218 Images.jl will be instrumental in unlocking the full potential of this modern  
219 language for medical science, enabling faster transition from research to clin-  
220 ical deployment.

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