

VISUALIZATION OF CARDIAC MOVEMENT WITH EDGE DETECTION TECHNIQUES

MPCS 56430 - SONIA SHARPOVA

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INTRODUCTION

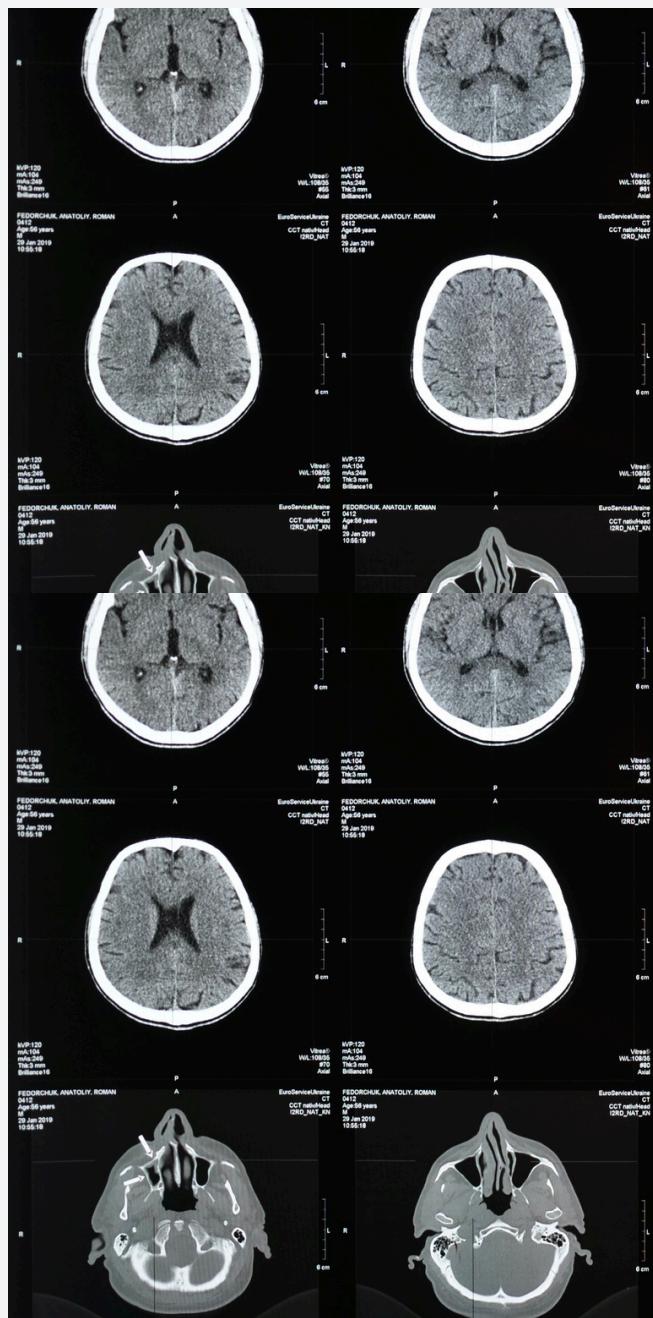
Medical imaging, particularly MRI (Magnetic Resonance Imaging), is invaluable for diagnosing various diseases, especially those affecting brain and tissue structures.

This project aims to utilize edge detection and other computer vision techniques to automate the identification of structural changes in MRI scans, assisting in the diagnosis of various diseases.

Strategy

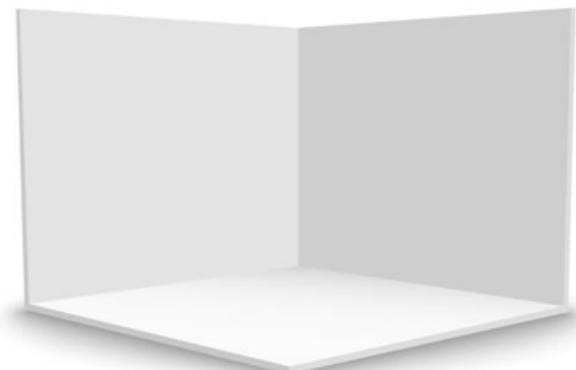
Use Edge Detection Techniques to analyze cine MRI Scans .

Idealy: Differentiate between healthy and diseased patients.



BACKGROUND

Corners!



Shi-Tomasi Corner Detection:

- Shi-Tomasi is a corner detection algorithm used to identify points of interest in an image that have significant variations in intensity. These points, known as corners, are useful for tracking and image matching.

Lucas-Kanade Optical Flow:

- Lucas-Kanade is an optical flow estimation method used to track the motion of objects or features between two consecutive frames of a video or image sequence.

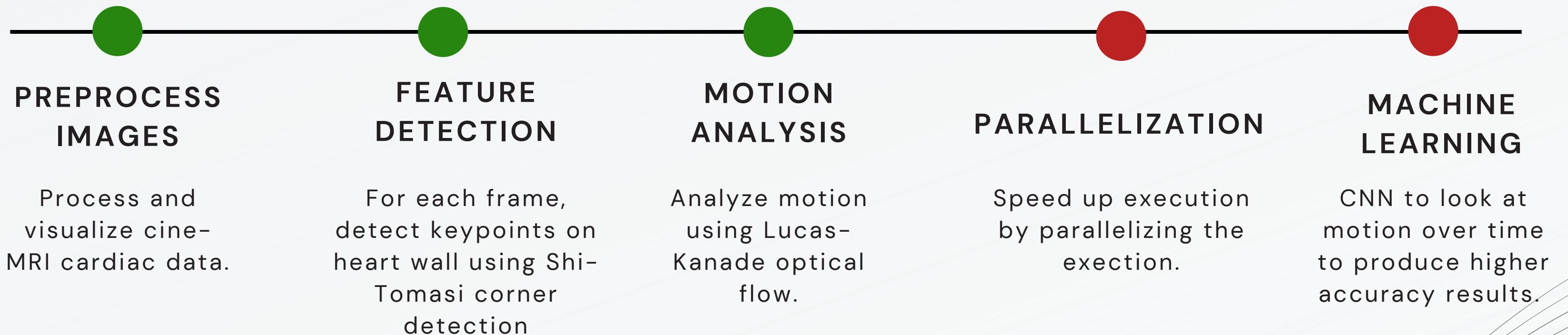
Movement!



[Shi-Tomasi: geeks-4-geeks](#)

[Lucas-Kanade: CMU School](#)

METHODOLOGY

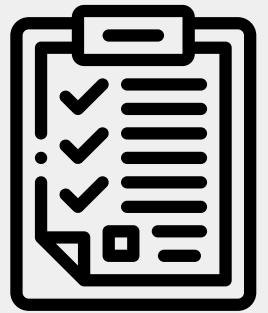


DATA



Series of horizontal cross section MRI images of the heart stored as DICOM files.

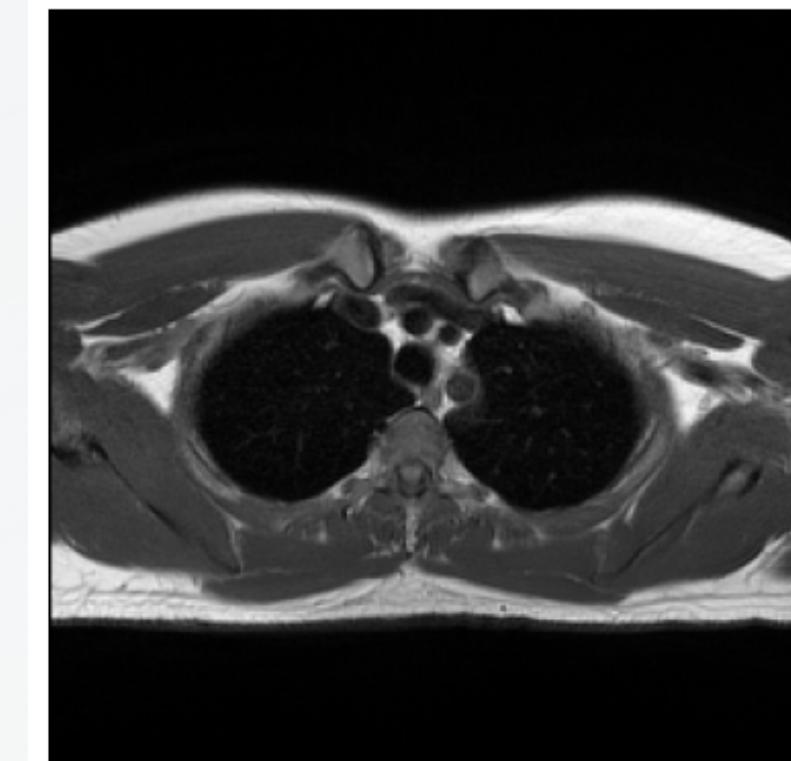
Cine-MRI: uses real-time imaging to create a 3D video of the inside of the body.



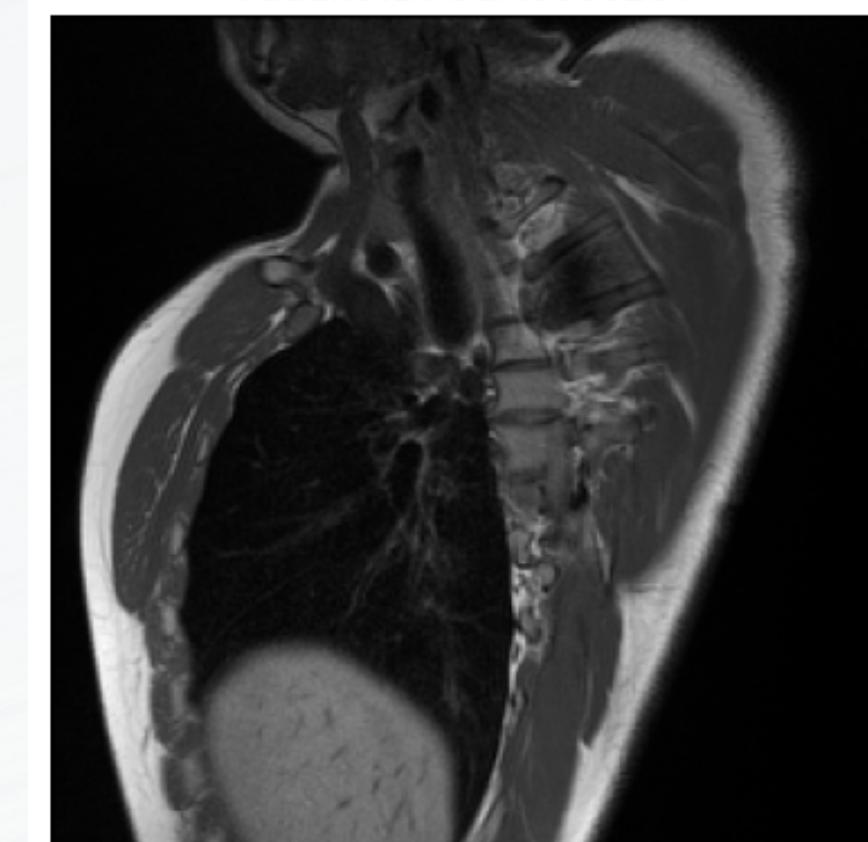
Data obtained from:

- [Sunnybrook Cardiac Data](#) - 45 images from a mix of patients and pathologies
- [AMRG Cardiac MRA Atlas](#) - complete labelled MRI image set of a normal patient's heart.

Patient ID: UOA0000103



Patient ID: UOA0000104



Images from AMRG set

TOOLS

PYTHON LIBRARIES

pydicom:

Storage and transfer of medical image datasets.

openCV:

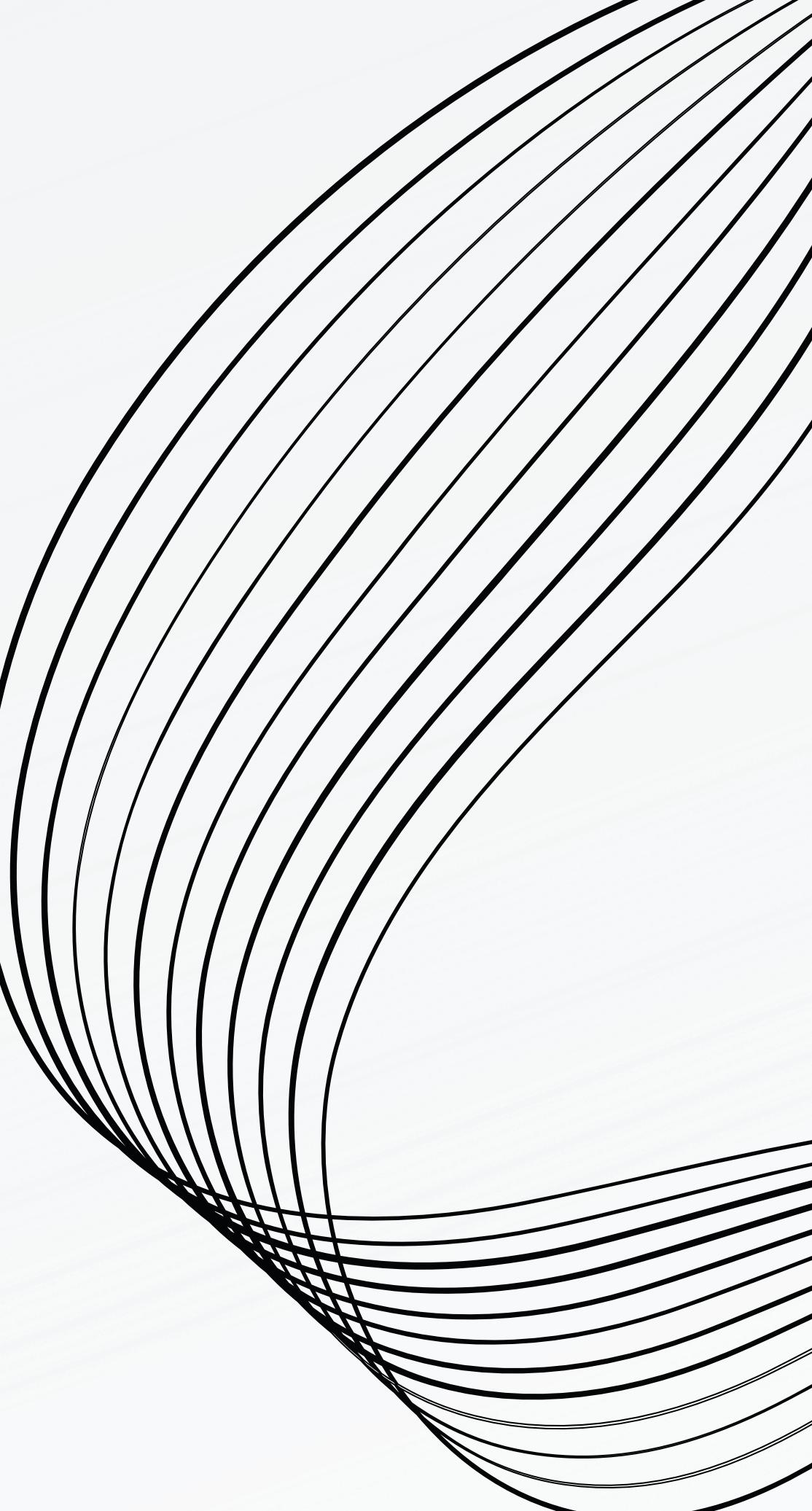
Computer vision library

Image (from PIL):

Python imaging library

ProcessPoolExecutor (from concurrent.futures)

Parallelization in Python. Allows for concurrent processes.



OPTICAL FLOW TECHNIQUES



Shi-Tomasi Corner Detection:

Identifies key points
for tracking.

FEATURE DETECTION



Lucas-Kanade Optical Flow:

- Tracks feature points between consecutive frames.
- Computes motion vectors based on neighborhood intensity changes.

MOTION TRACKING



Overlay motion vectors
as arrows on the heart
region to show direction.

VISUALIZATION

CHALLENGES



Data Quality

- Missing or corrupted DICOM metadata.
- Frame dimension mismatches causing computation errors.



Handling Skipped Frames

Frames with invalid data or missing features were logged and excluded.



File Sizes

The file sizes were very large so execution time and file transferring took a while. Hopefully this can be eased with parallelization

RESULTS

Key Observations:

- Motion vectors illustrate heart contractions and expansions across frames.
- Skipped frames had minimal impact on final results due to consistent preprocessing.

Output:

GIFs generated for each folder of cardiac MRI data, visualizing heart motion.

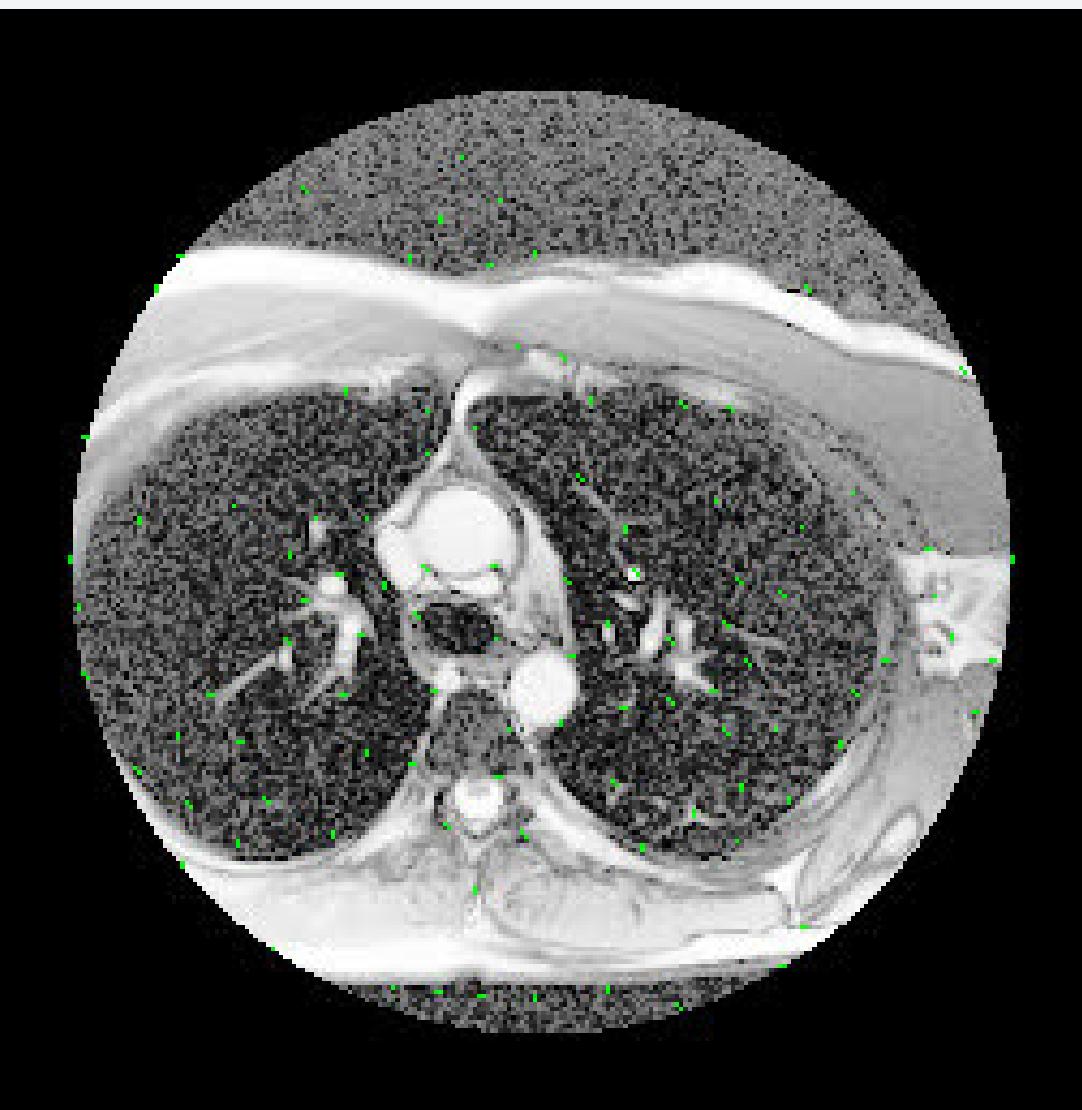


AMRG

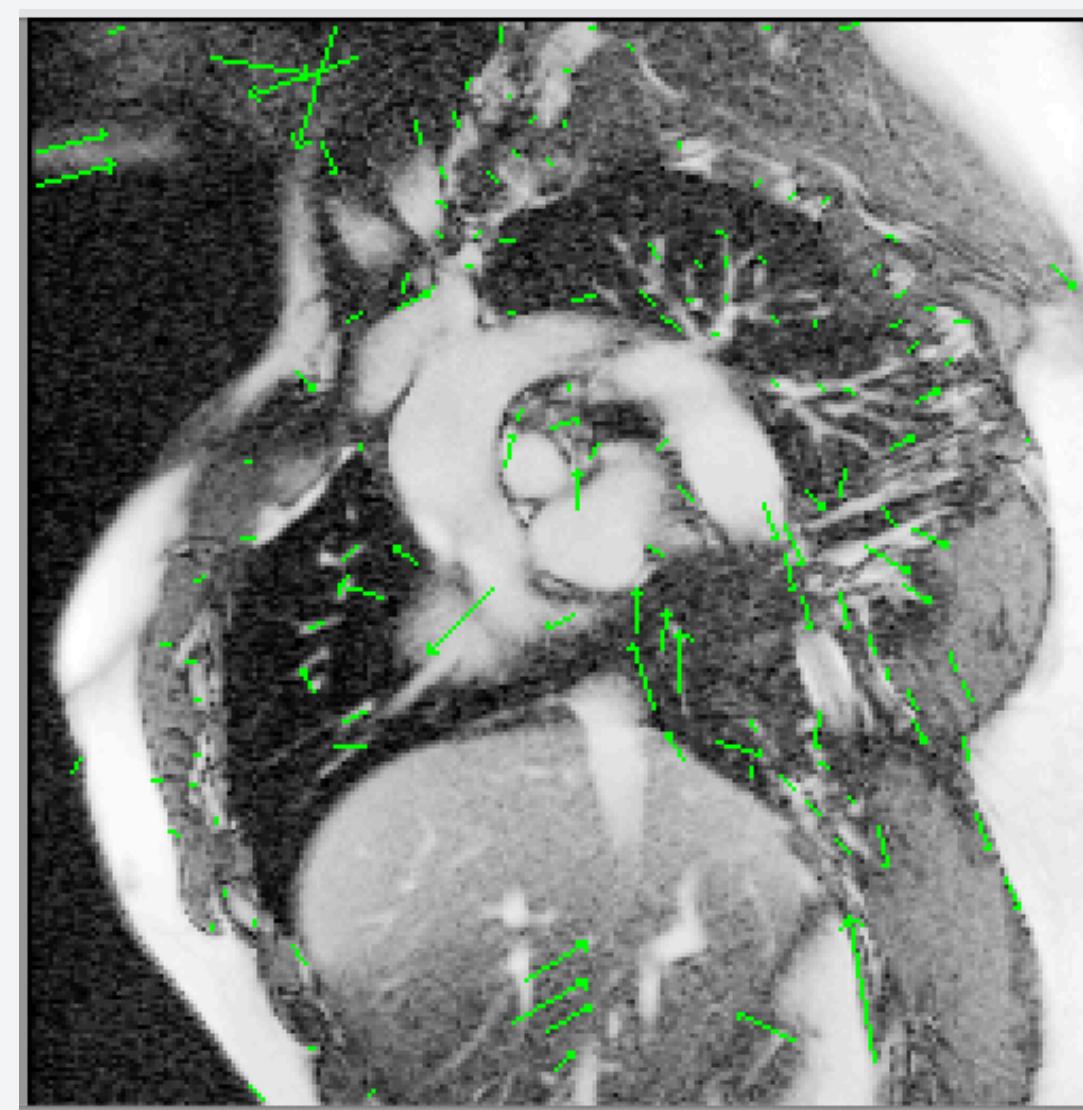
RESULTS



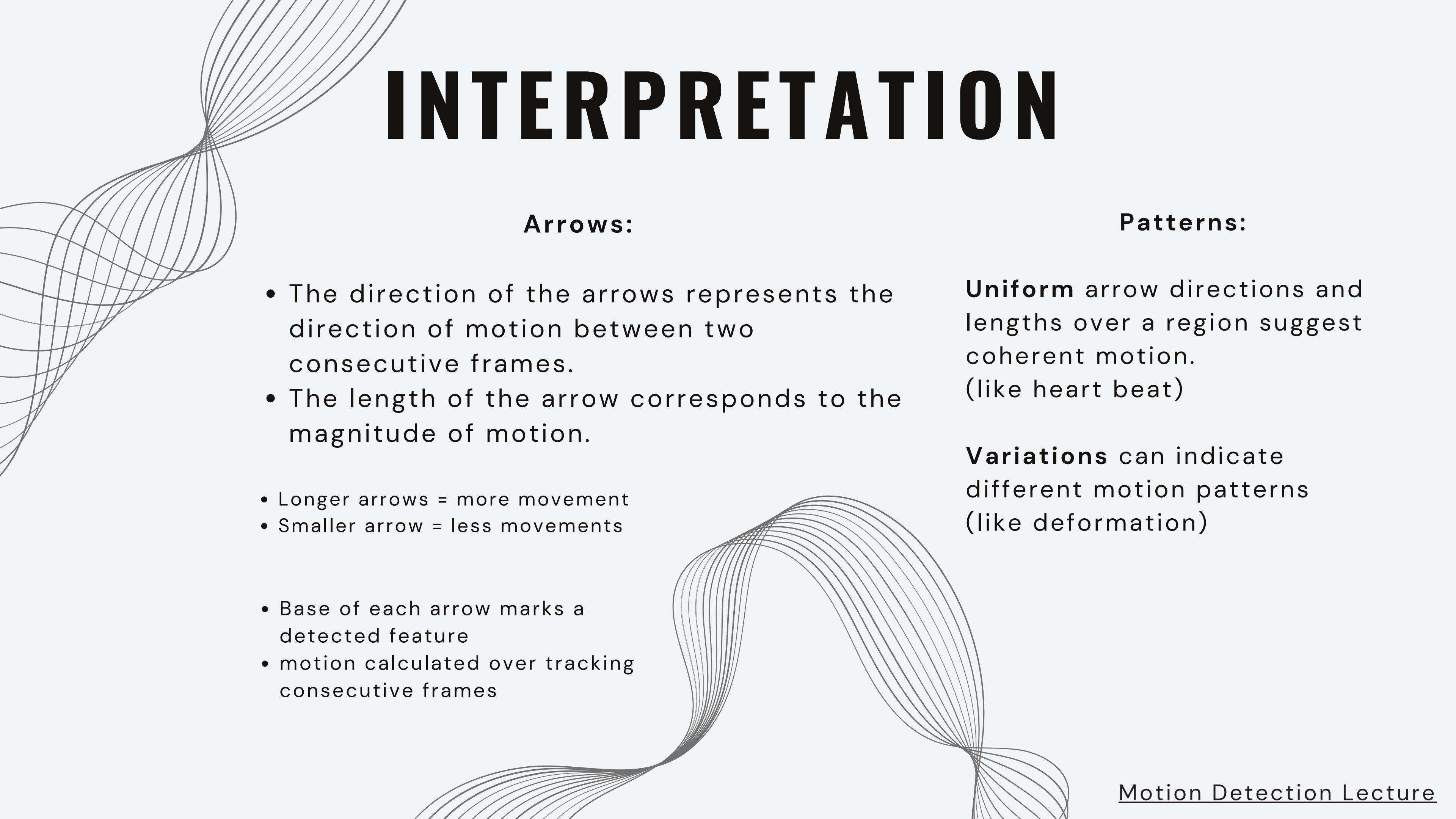
SCD_01



SCD_02



SCD_03



INTERPRETATION

Arrows:

- The direction of the arrows represents the direction of motion between two consecutive frames.
- The length of the arrow corresponds to the magnitude of motion.
- Longer arrows = more movement
- Smaller arrow = less movements
- Base of each arrow marks a detected feature
- motion calculated over tracking consecutive frames

Patterns:

Uniform arrow directions and lengths over a region suggest coherent motion.
(like heart beat)

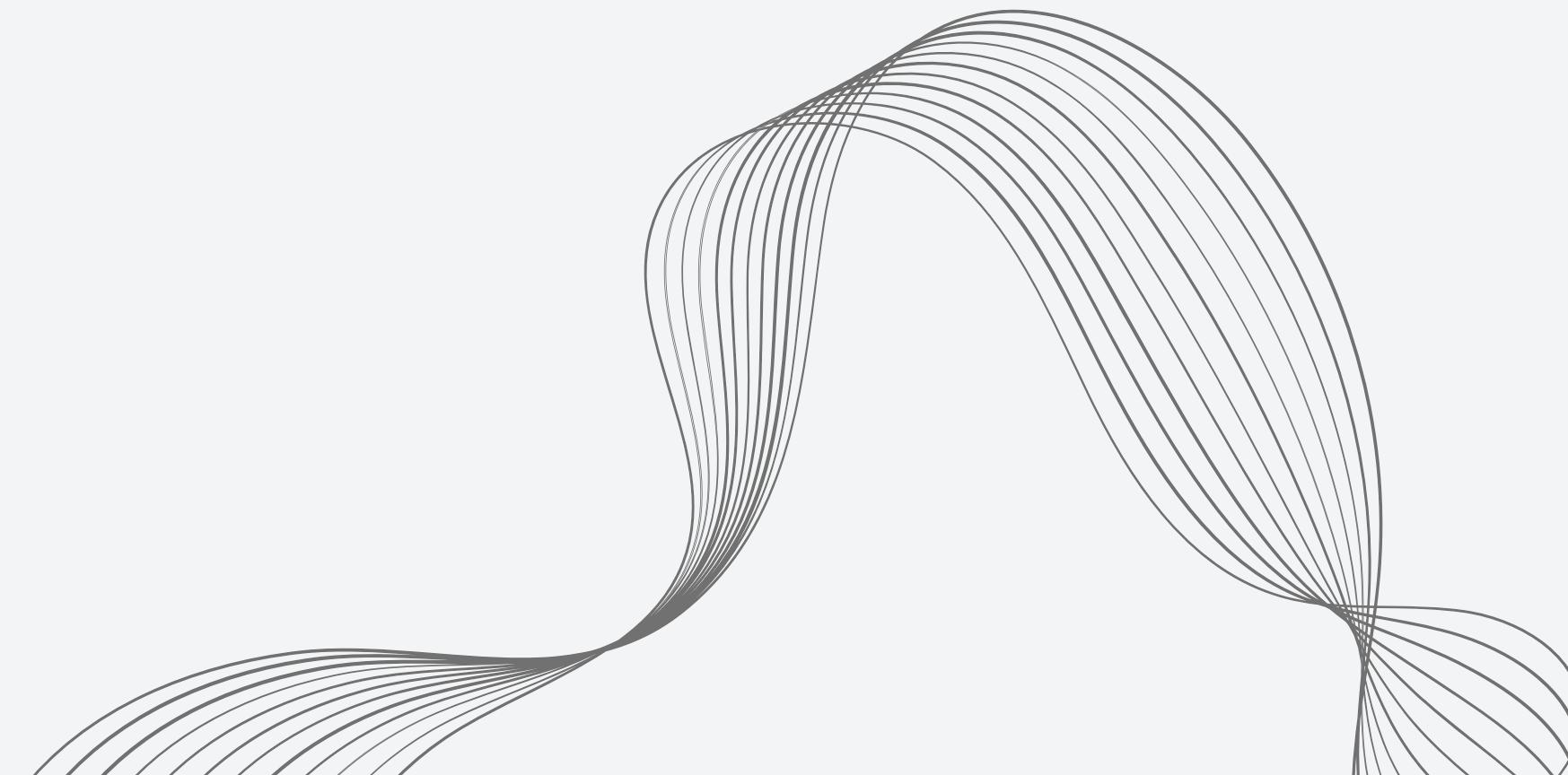
Variations can indicate different motion patterns
(like deformation)

INTERPRETATION



In my analysis, there was a lot of variation between detected motion, so I need to find what causes these changes.

Noise vs. Deformation



NEXT STEP: ANALYZE DIFFERENCES

As a practical application of this implementation, the differences between healthy and diseased patients can be assessed to see if noticeable patterns can be detected.

See if there are
noticeable differences
between healthy and
diseased patients

PATIENT TYPE

Find key features that
play a role in motion
pattern differences.

KEY FEATURES

See if there are
noticeable differences
between healthy and
diseased patients

PYTHON EASE

NEXT STEP: PARALLELIZATION

Since processing each subfolder or frame pair is independent, we can parallelize the code to improve performance, especially for batch processing of datasets.

Pythons multiprocessing module:

Each subfolder is processed in parallel by a separate process since these are independent tasks.

PYTHON EASE

Using our class server which has multiple cores,, we can significantly reduce processing time for the large datasets.

**IMPROVED
EFFICIENCY**

GIFs are saved separately for each subfolder, which can be maintained with parallelization.

OUTPUTS

CONCLUSION

Key Takeaways:

- Optical flow is a powerful tool for visualizing cardiac motion.
- Proper preprocessing ensures robust feature detection and motion analysis.

Next Steps:

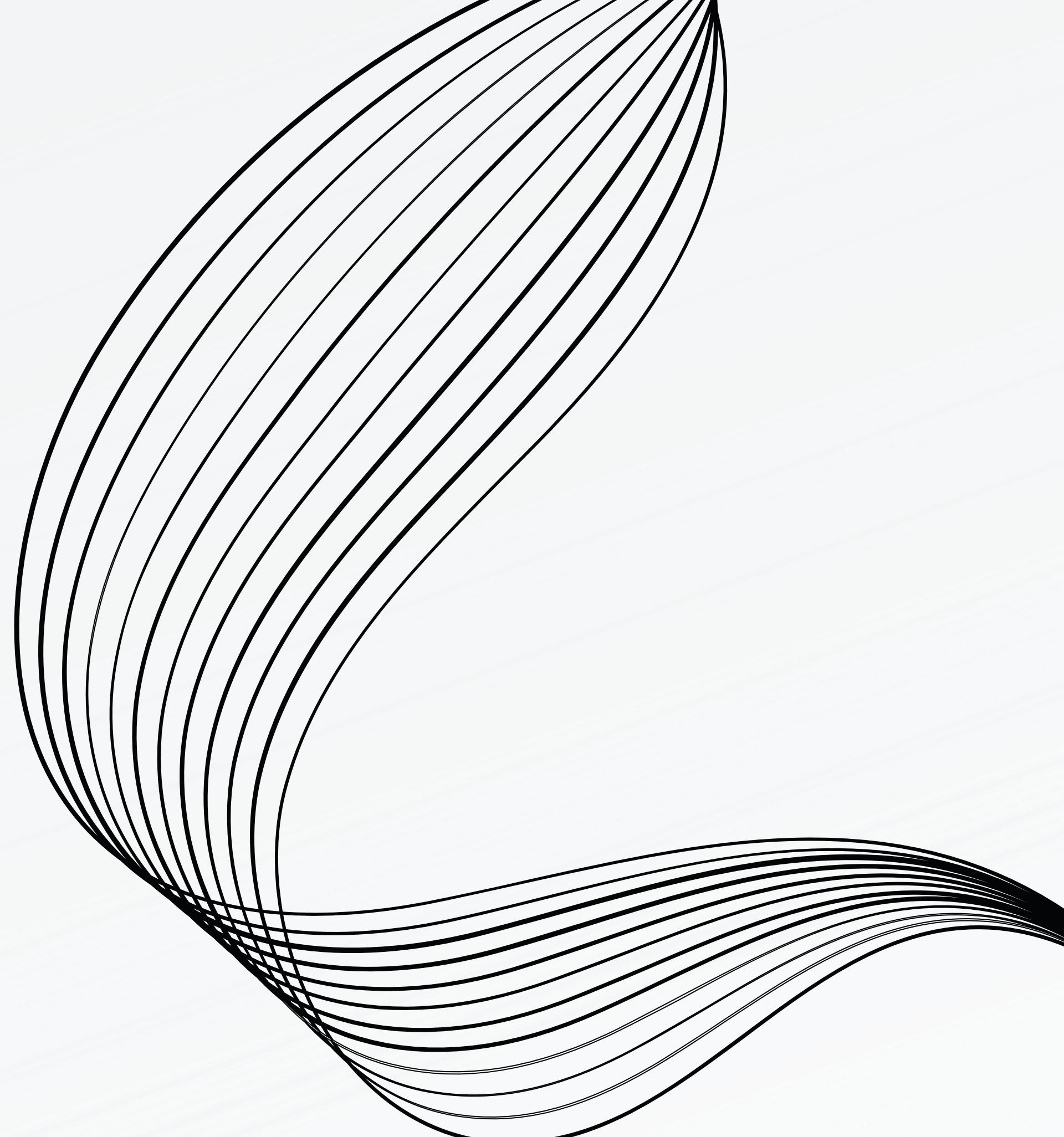
- Incorporate advanced techniques like CNN-based motion tracking (e.g., MotionNet).
- Expand analysis to larger datasets with varied heart conditions.

THANK YOU!

ACKNOWLEDGMENTS

Thank you to Professor Andrew
Binkowski and the TA's of mpcs56430 !

- Jiamao Zheng
- Max Zvyagin



REFERENCES

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 - <https://medium.com/pixel-wise/detect-those-corners-aba0f034078b>
- **Lucas-Kanade:**
 - <https://www.cs.cmu.edu/~16385/s15/lectures/Lecture21.pdf>
 - https://docs.opencv.org/3.4/d4/dee/tutorial_optical_flow.html
- **Datasets:**
 - **Atlas:** <https://www.cardiacatlas.org/amrg-cardiac-atlas/>
 - **Sunnybrook:** <https://www.cardiacatlas.org/sunnybrook-cardiac-data/>

Bagade, S. S., & Shandilya, V. K. (2011). Use of histogram equalization in image processing for image enhancement. *International Journal of Software Engineering Research & Practices*, 1(2), 6–10.

Li, Y. Y., Craft, J., Cheng, Y., Schapiro, W., Gliganic, K., Haag, E., & Cao, J. J. (2022). Optical flow analysis of left ventricle wall motion with real-time cardiac magnetic resonance imaging in healthy subjects and heart failure patients. *Annals of Biomedical Engineering*, 50(2), 195–210.