### MIA – Medical Imaging Modalities

### Some definitions

### ■ Medical Images:

- Medical images are image data used in biomedical and health sciences
- □ They can be either light images or non-light images.
- They are daily used
  - For radiological diagnosis in radiology
  - For other medical fields (surgery, neurology, oncology, etc.)
  - For biomedical research and scientific discoveries

### Some definitions

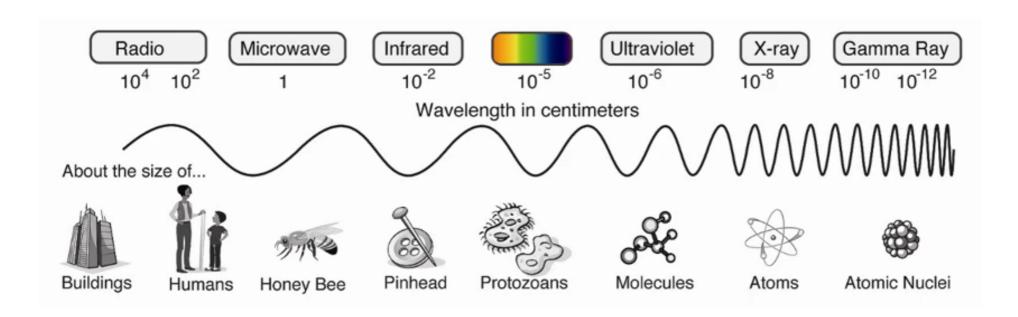
- Medical Imaging:
  - A technique and process used to create images of the human body (or parts and function thereof) for clinical purposes
  - A technical processing to analyze/manipulate and operate on medical images for clinical and research uses
  - Medical imaging is ontologically catalogued as a subfield of data or signal processing, an engineering discipline, rather than data management

### Some definitions

- Medical Imaging Modalities:
  - Defined as a broad spectrum of medical devices and technologies which produces biomedical images
  - Modalities are used to observe and obtain information about human's internal structures for enhancing clinical diagnosis, aiding medical treatments, and support biomedical research
  - There are many classifications of medical imaging modalities:
    - According to the energy of the radiation source
    - According to the location of the radiation source

# Medical Imaging: classification

### According to the energy of the radiation source

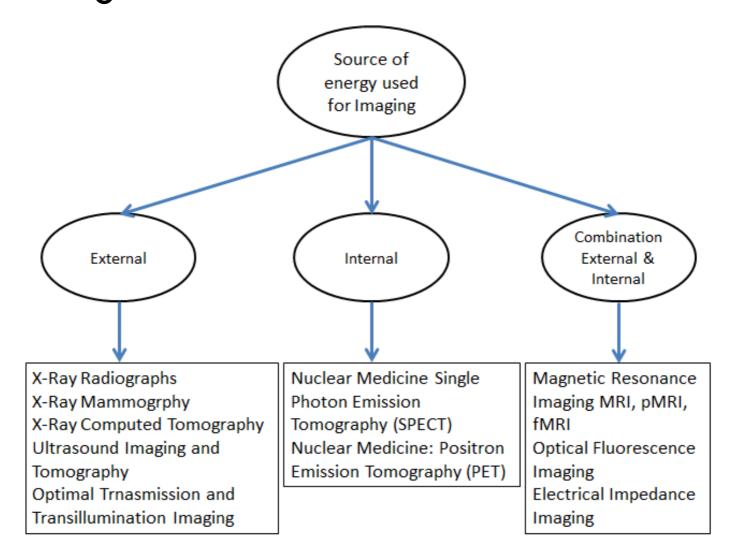


# Medical Imaging: classification

- According to the wavelength being mapped
  - Optical
    - Fluoroscopy, Computed Tomography, Mammography, Tomosynthesis, Colonoscopy, Microscopy, Nuclear Medicine, ...
  - Sounds (not electromagnetic!)
    - Ultrasound
  - Radiofrequency (RF) pulse
    - MRI
  - Thermal energy
    - Thermography, microwave, ...

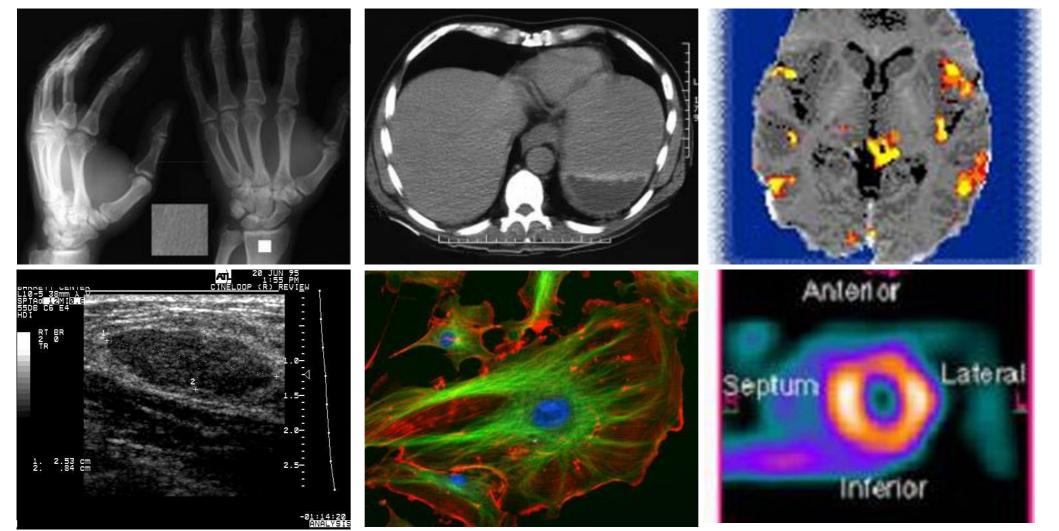
## Medical Imaging: classification

### According to the location of the radiation source



# Medical Imaging: examples

### □ Examples of medical images



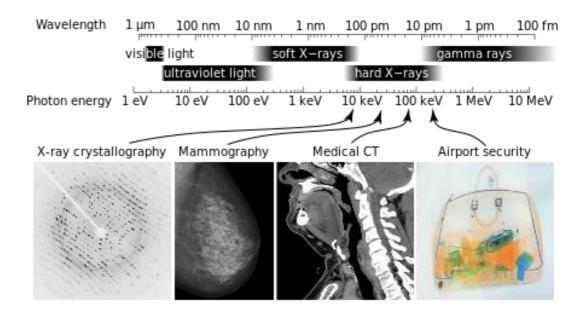
# Medical Imaging: modalities

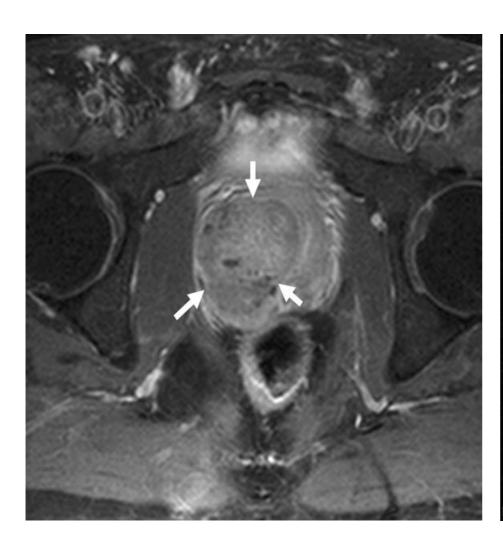
- Modalities:
  - X-Ray Imaging and Computed Tomography
  - Magnetic Resonance Imaging
  - Ultrasonic Imaging
  - Others (PET, SPECT, Fluorescence Microscope)
- □ General Image Characteristics:
  - Spatial Resolution
  - Signal-to-Noise Ratio
  - Contrast-to-Noise Ratio
  - Image Filtering
  - The Receiver Operating Curve

# X-Ray Imaging

### □ "Discovered" by Röntgen in late 1800s









- Basic concepts
- □ NMR (Nuclear Magnetic Ressonace)
  - Electromagnetism, magnetic field



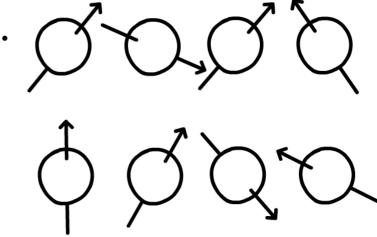
- Hydrogen: Single proton and electron.
  - Focus on the proton (Nuclear!)
  - Spin.



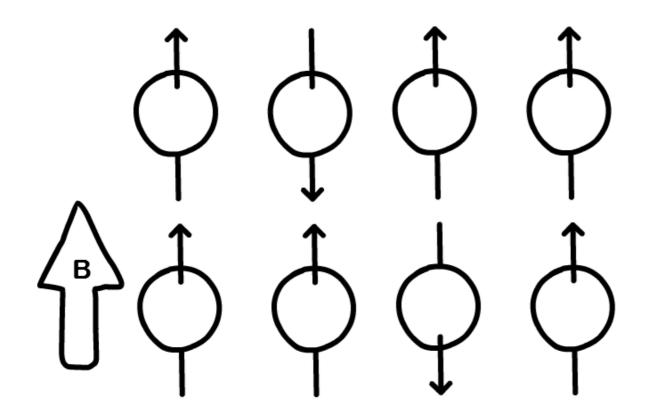
- □ Basic concepts
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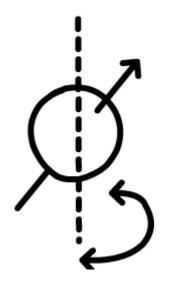
- Hydrogen: Single proton and electron.
  - Focus on the proton (Nuclear!)
  - Spin.



- Under a strong magnetic field.
  - Align into low (within B) and high energies (against B)



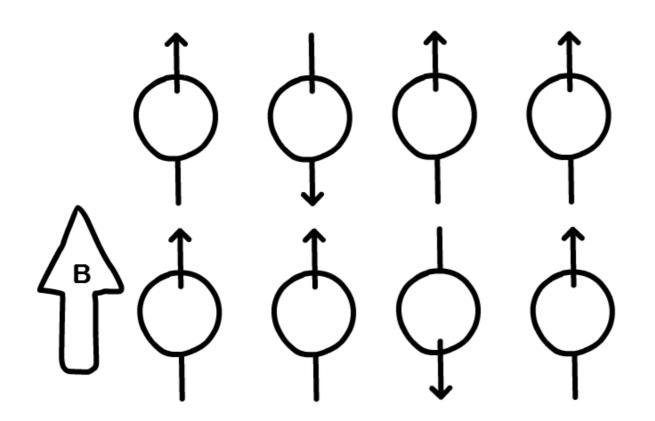
- In fact they precess (not completely aligned)
- Larmor Frequency



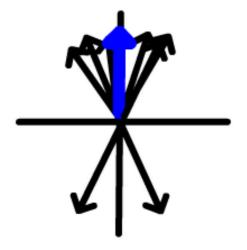
$$f=\gamma_{\rm X}\,B_0$$
  $f$  = Precession frequency  $\gamma$  = Gyromagnetic Ratio  $B_0$  = Magnetic field Strength

$$\Box$$
 1 T = 42.58 MHz 2T = 85.15 MHz

 Representing the Net Magnetization (adding up all vectors of the protons).



Longitudinal Magnetization



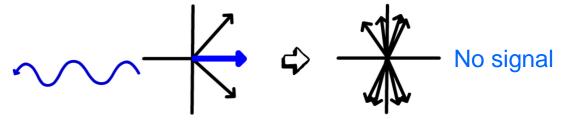
- A RF signal sinusoidal at 42.58 MHz (assuming 1T)
  - Protons move to high energy state (0 Longitudinal mag)



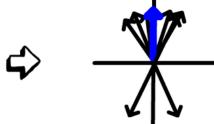
- Protons "spin together" with the RF, signal (Resonance!)
  - Generates a RF signal as protons spin in resonance.

Transverse Magnetization

- Removing the RF signal and... relax!
  - T2 relaxation (Spin-spin): Protons are not in ressonance any more.
    - Protons spread a part (they are all +).
    - Transverse magn. is removed (RF signal is gradually eliminated).
    - No energy transfer occurs.

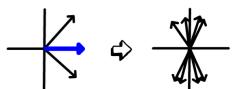


- T1 relaxation (Spin-lattice): Protons move from high energy state to low energy.
  - Transfer of energy (heat to the lattice)
  - Longitudinal magnetisation is restored.

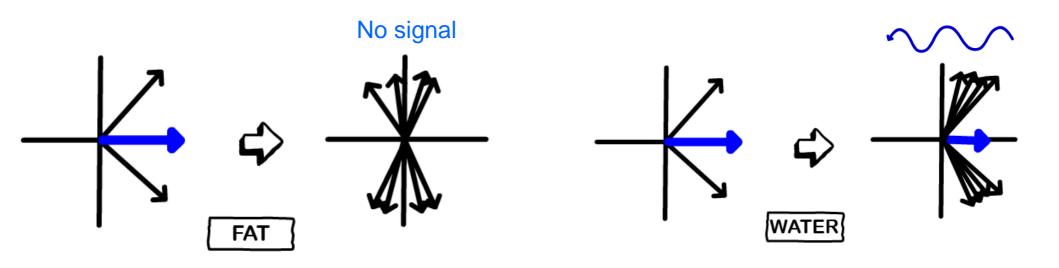


- □ Pulse sequence
  - Repetition time (TR): how quickly we put the RF signal
  - Echo Time (TE): how quickly we measure the transverse relaxation.
- Different tissues will react differently (different relaxation) due to the Hydrogen (proton) concentration and structure or bounding (fat vs water).
- □ Typical sequences:
  - T1 W
  - **■** T2W
  - Proton density (PD), FLAIR

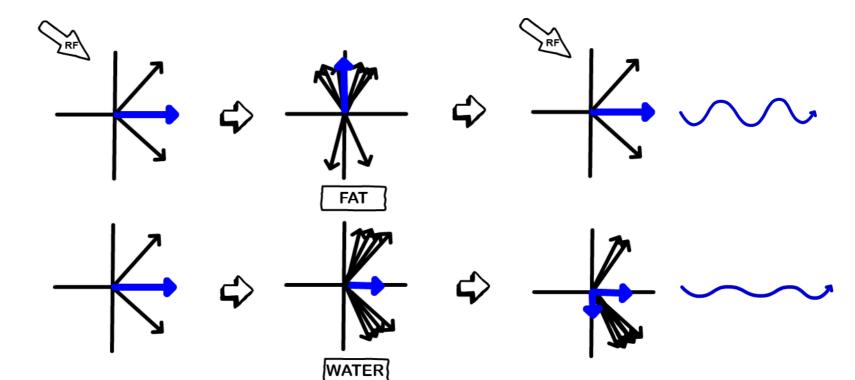
□ To accentuate differences on T2 (spin-spin).



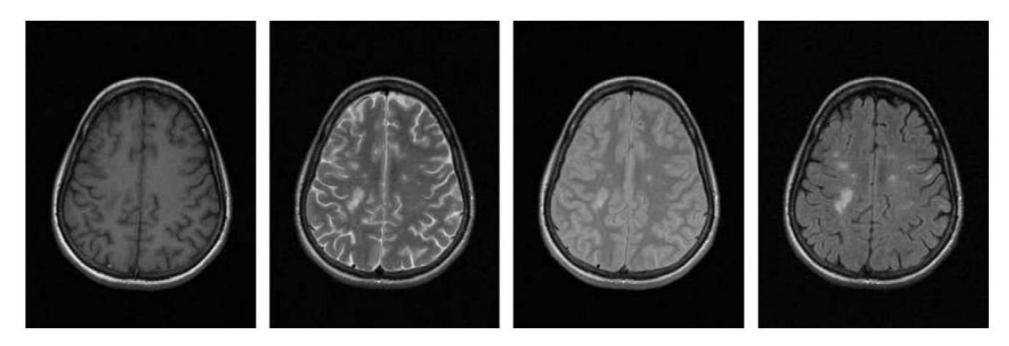
- Wait a long time for TR
- Wait a long time for TE
- In water after a long TE transverse magnetization still exists (voxel: white), while in fat is removed (voxel: grey/black).



- □ To accentuate differences on T1 (spin-lattice).
  - Regrowing longitudinal magnetisation.
  - Fat (bounded protons) recover quickly than water (lower signal). Fat would appear lighter than water.
  - Short TR AND Short TE.



□ Example: brain imaging, several sequences.

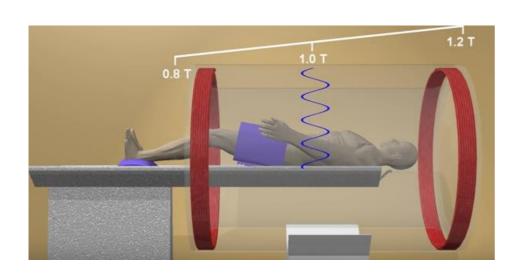


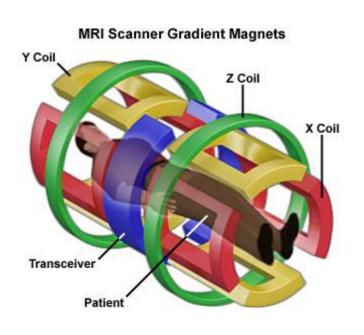
**Fig. 1.** MR images of a brain slice with MS lesions: (a) T1-w, (b) T2-w, (c) PD-w, and (d) FLAIR, respectively. Note that soft tissues are more distinguishable in the T1-w image, while lesions are usually better appreciated in the FLAIR one.

#### □ Relaxation times

Tissue	T1 (msec)	T2 (msec)
Water/CSF	4000	2000
Gray matter	900	90
Muscle	900	50
Liver	500	40
Fat	250	70
Tendon	400	5
Proteins	250	0.1- 1.0
Ice	5000	0.001

- □ For a single pixel, what about a 3D volume?
  - 3D localization using gradient magnets (x,y,z)
  - Slightly modify the magnetic field.
  - Recall that resonance depends on magnetic field, hence it changes the phase of the spins (unique localization).





- Contrast agents.
  - Dynamic Contrast Enhanced (DCE) MRI
  - Injection of a constrast agent (Gadolinium based) which causes the relaxation time to decrease (in T1W). So provides a higher signal.
  - Acquisition is done at different time intervals and enhancement is estimated.

26 Diagnosti Prio □ DCE MRI 4D data (a) Kinetic and morphological features SI (%) (b) Persistent (I) Plateau (II) Washout (III) (c) Dynamic strength Prescan Time (t)

### □ Advantages:

- Non-ionizing radiation
- Obtains images in any plane
- Has excellent soft tissue contrast detail
- Particularly useful in neurological, cardiovascular, musculoskeletal, and oncologic imaging

### □ Disadvantges:

- High purchase and operating costs
- Lengthy scan time
- Difficult for some patients to tolerate
- Not suitable for patients with pacemakers or metallic parts



#### Characteristics

A diagnostic medical imaging technique used to visualize many internal organs, to capture their size, structure and any pathological lesions with real time images

One of the most widely used diagnostic tools in modern

medicine



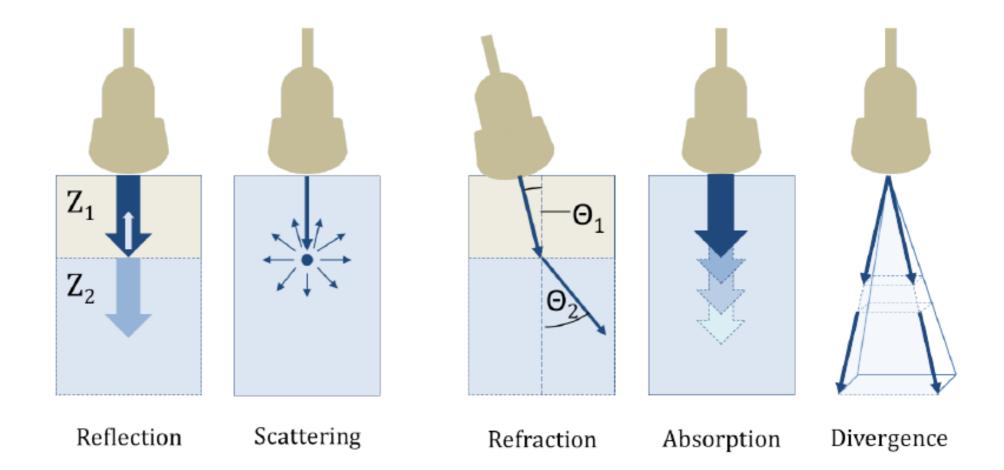


#### □ Basics

- Capture de reflection and backscattering of acoustic waves
- At transition between matters (i.e muscle and fat) ultrasound waves are partly reflected and partly transmitted.
- The **echo runtime** indicates the distance between transducer and tissue border.
- □ The echo amplitude is related to the tissue properties
  - Acoustic impedance (density and speed of sound in the material)

$$Z = c_s \cdot \rho$$

- □ Acoustic attenuation
  - Image is reconstructed from reflected and scattered signals



### Acoustic waves refraction and reflection

■ Refraction angle (Snells law)  $\sin \theta_2 = \sin \theta_1 \frac{c_2}{c_2}$ 

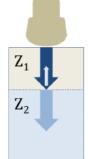
$$\sin \theta_2 = \sin \theta_1 \frac{c_2}{c_1}$$

Reflected amplitude 
$$r(\theta_1, \theta_2) = \frac{A_R}{A_0} = \frac{Z_2 \cos \theta_1 - Z_1 \cos \theta_2}{Z_2 \cos \theta_1 + Z_1 \cos \theta_2}$$

Refraction



when is perpendicular 
$$r(0,0)=rac{Z_2-Z_1}{Z_2+Z_1}$$



Reflection

If 
$$Z_2 = Z_1$$
 reflection is 0

### Typical values

Table 1.1: Speed of sound in different tissues. The acoustic impedance  $Z = c_s \cdot \rho$  is computed from density  $\rho$  and speed of sound  $c_s$ . All numbers refer to body temperature of 37 °C (Numbers from Deserno (2011)).

Material	$c_s~in~{ m ms^{-1}}$	$ ho~in~10^3\mathrm{kg}\mathrm{m}^{-3}$	$Z~in~10^6{\rm kgm^{-2}s^{-1}}$
Bone	3600	1.70	6.12
Marrow	1700	0.97	1.65
Blood	1570	1.02	1.61
Muscle	1568	1.04	1.63
Water	1540	0.99	1.53
Fat	1400	0.97	1.36
Air	340	$1.20 \times 10^{-3}$	$4.08 \times 10^{-4}$

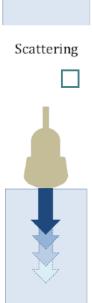
■ What happens with Air? And Bone?

### Scattering

- Major structures have a **specular** reflection but for small structures scattering of the signal happens (and is related to the tissue strucutre).
- Typical noise on ultrasound related to the diffuse reflection and the size relative to the wave length.

### Attenuation of the signal:

- Absorption. Transform of the energy of the wave into heat (exponential decay)
- Divergence. Related to the spread of the beam Being r the distance to the source.  $I \propto 1/r^2$



### Imaging

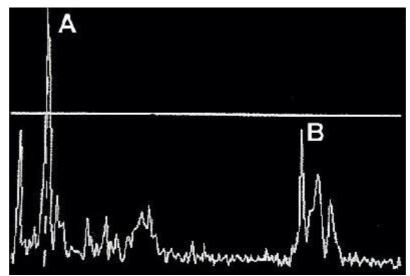
- Attenuation is proportional to frequency
- Ressolution is proportional to frequency
  - Axial
  - Lateral

Table 1.2: Penetration depth, spatial resolution of different ultrasound frequencies as well as typical organs that are imaged at (approximately) these frequencies. (Table similar to a table in Postema & Attenborough (2011, p. 157))

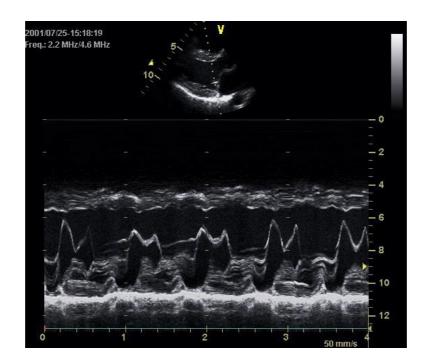
_						
_	Fre- quency in MHz	Wave- length in mm	Penetra- tion depth in cm	Lateral resolu- tion in mm	Axial resolu- tion in mm	Clinical application
	2	0.78	25	3.0	0.80	Liver, Fetus, Heart
	3.5	0.44	14	1.7	0.50	Kidney
	5.0	0.31	10	1.2	0.35	Brain
	7.5	0.21	6.7	0.8	0.25	Thyroid, Superficial Vessels
	10.0	0.16	5.0	0.6	0.20	Prostate, Breast
	15.0	0.10	3.3	0.4	0.15	Breast
	21.0	0.09	1.1	0.36	0.13	Eye, Skin

### □ A-mode Ultrasound (A=Amplitude)

■ Now obsolete in medical imaging. Wave spikes are represented when a single beam passes through objects of different consistency and hardness. The distance between these spikes (e.g. A and B) can be measured accurately by dividing the speed of sound in tissue (1540 m/sec) by half the sound travel time

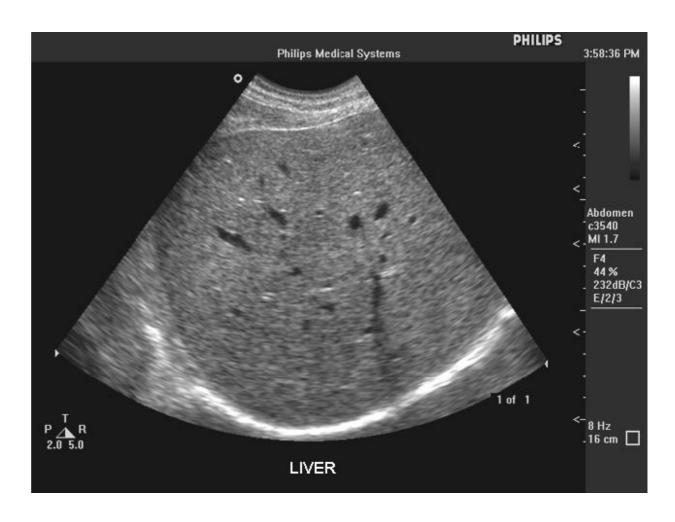


- □ M-mode Ultrasound (M=Motion)
  - A single beam can be used to produce an M-mode picture where movement of a structure such as a heart valve can be depicted in a wave-like manner due to its high sampling frequency (up to 1000 pulses per second)



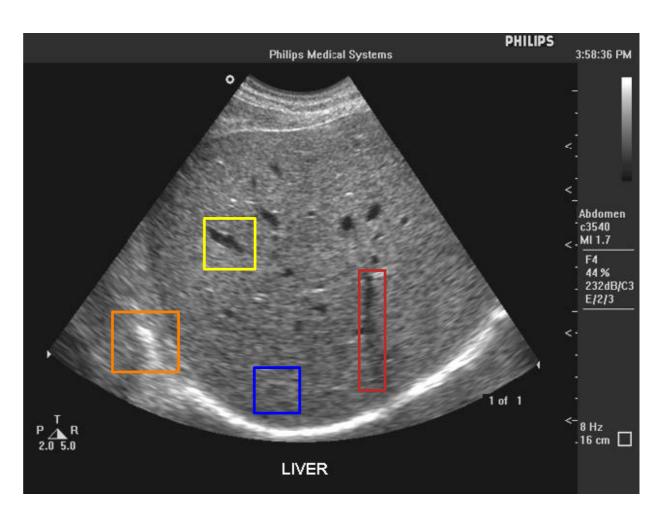
- □ B-mode Ultrasound (B=Brightness)
  - Same as A-mode, but one dimensional graphical display with brightness corresponding to amplitude of reflected sound
  - Most modern ultrasound devices are real-time 2D imaging systems. Multiple crystals (linear, curved or phased-array) or moving crystal
  - Sequential B-mode pulses sweeping across a plane to display the image in either a linear or 'sector' format
  - Displayed as real time imaging with up to 100 images per second

□ B-mode Ultrasound (B=Brightness)



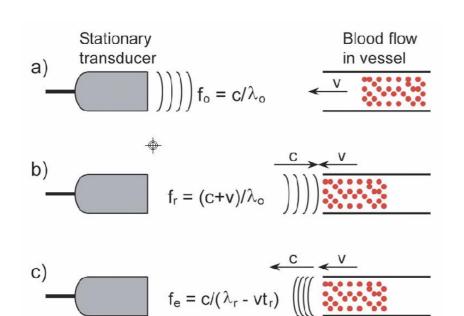
□ B-mode Ultrasound (B=Brightness)

- Speckle echo-pattern
- Hypo-echoic or echo-free regions
- □ Shadows ■
- Refraction & Multiplepahtways



### Doppler Ultrasound

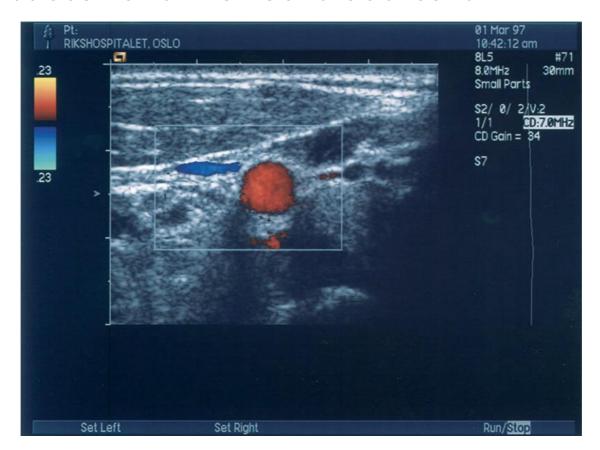
- Measures the Doppler frequency shift between the transducer and the red blood cells
  - Higher frequency = blood towards transducer
  - Lower frequency = blood away from transducer



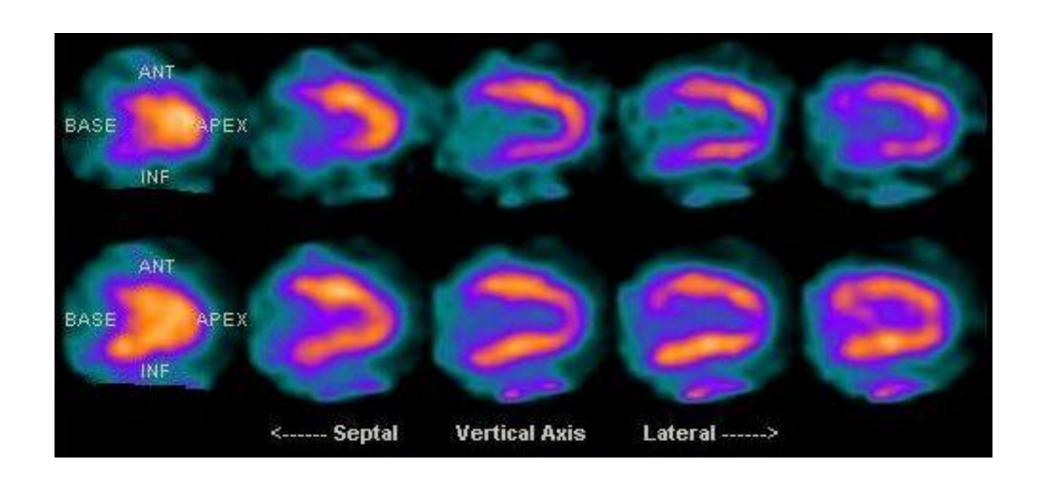
$$f_D = f_e - f_0 = 2f_0 \frac{v \cdot \cos\alpha}{c}$$

#### Doppler Ultrasound

Measures the Doppler frequency shift between the transducer and the red blood cells



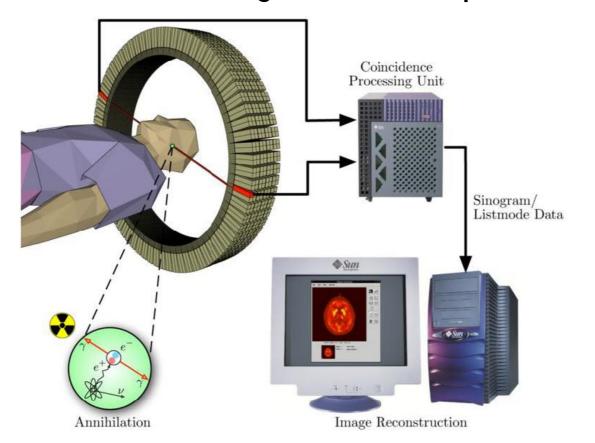
- □ Advantages:
  - Relatively low cost
  - Non-ionizing energy source and safe
  - Can scan in any plane
  - Portable equipment
  - Used in many areas: Obstetrics and Gynecology, Mammography, Adbominal, Ophtalmology, ...
- □ Disadvantges:
  - Operator-dependent
  - Poor visualization of structures underlying bone or air
  - Scattering of sound through fat yields to poor images

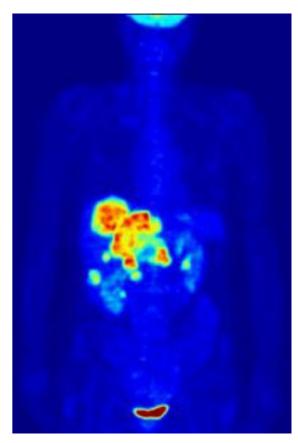


#### Characteristics

- Uses radionuclides with other chemical compounds (pharmaceuticals) to form radiopharmaceuticals
- Relies on the process of radioactive decay in the diagnosis and treatment of disease
- Different modalities:
  - PET (Positron Emission Tomography)
  - SPECT (Single-Photon Emission Computed Tomography)
  - Scintigraphy ('scint')

- ☐ How it works
  - Positron Emission Tomography (PET) uses coincidence detection to image functional processes





- ☐ How it works
  - PET detects pairs of gamma rays emitted indirectly by a positron-emitting radionuclide (tracer), which is introduced into the biologically active molecule
  - Images of tracer concentration in 3D or 4D space (with time) within the body are then reconstructed by computer analysis
  - Reconstructions in CT and PET are similar

#### □ Advantages:

- Measure targeted specific chemical-functional tissue function
- Valuable diagnostic tool particularly in imaging cardiovascular system and oncologic assessment

#### □ Disadvantges:

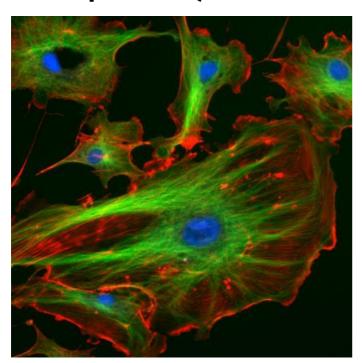
- High cost
- PET isotopes require a cyclotron for production

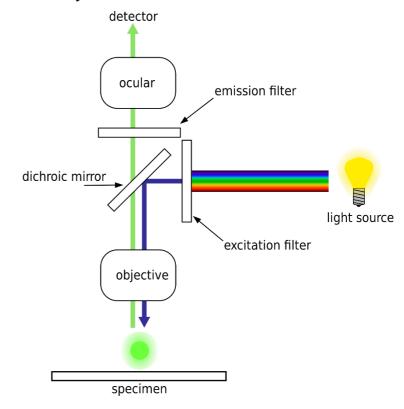
## Fluorescence Microscopy

 Detection of the emitting wavelength of the specimen (longer wavelength than light source)

□ Tissue needs to be prepared (stain with

fluorophore)





# Modality Comparison

Modality	Strength	Weakness	Safety
X-Ray	Simple, versatile	Only Air-Tissue- Bone	lonizing
СТ	Sectional Images	Low Resolution	lonizing
MRI	Can see many properties	Slow	Safe
Ultrasound	Real time	Only abdomen, limbs	Safe
Isotope	Functional	Slow, low resolution	lonizing
Fluorescence	Can see many properties	Low penetration	Not applicable

# Thoughts on Imaging

- □ Three entities in imaging
  - Object
  - Image
  - Observer





### Conclusions



"Your x-ray showed a broken rib, but we fixed it with Photoshop."

### References

- "Introduction to Biomedical Imaging". Andrew G.
   Webb. IEEE Wiley Press
- "Optical Imaging Modalities for Biomedical Applications". A.P. Dhawan et al. IEEE Reviews in Biomedical Engineering, Vol. 3 69-92, 2010
- "Biomedical Imaging Modalitites: A tutorial". R. Acharya et al. Computerized Medical Imaging and Graphics, Vol. 19(1), 3-25, 1995

## MIA – Medical Image Modalities

Questions?