

**Biomedical Informatics 260:
Computational Methods for Biomedical Image
Analysis and Interpretation**

**Class Introduction and
Biomedical Imaging Modalities**

Lecture 1

David Paik, PhD

Spring 2017

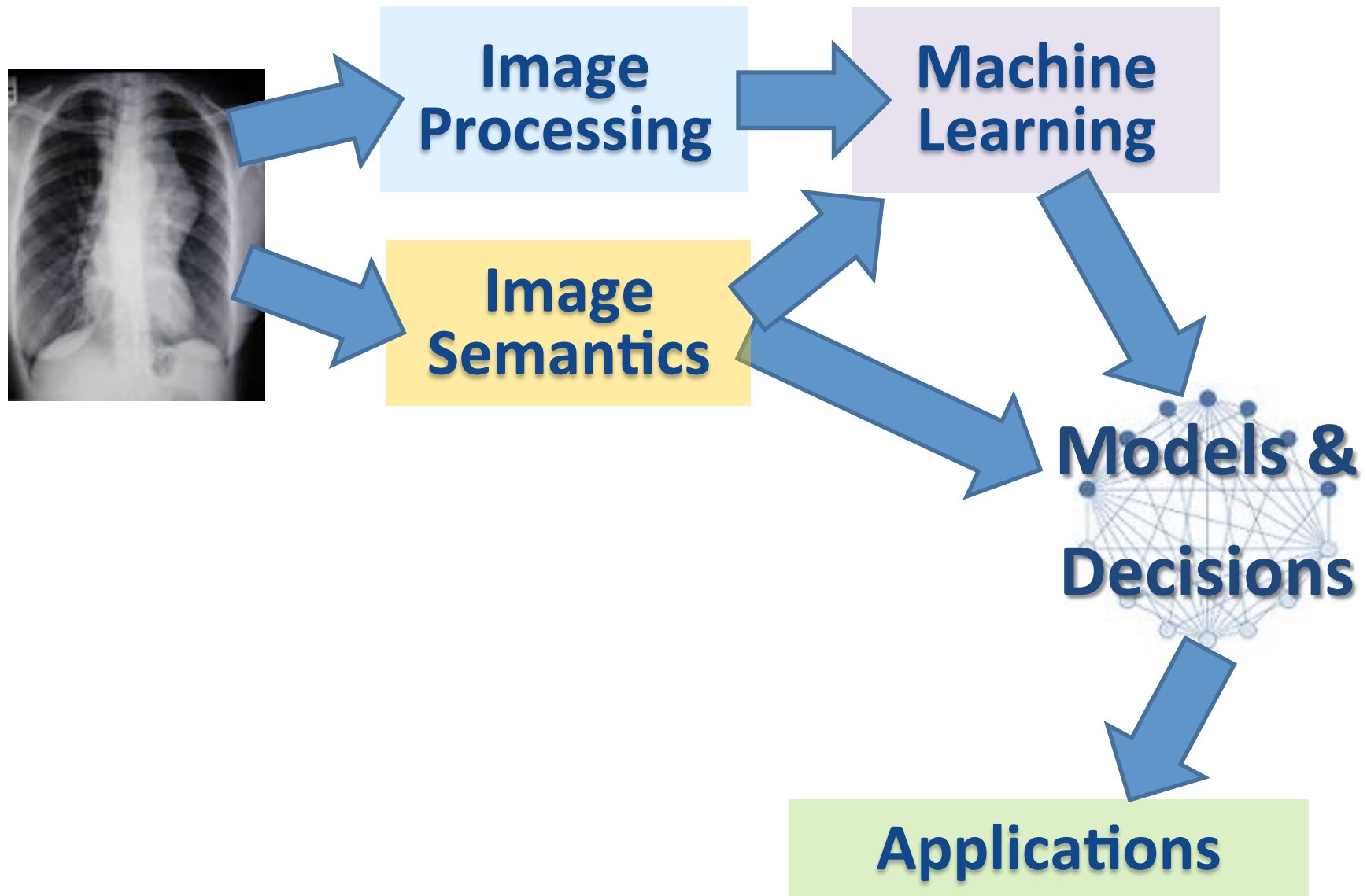
Class Introduction

Course Learning Objectives

- How images are acquired
- How to extract information from images
- Machine learning over images
- Representation of what we see in images
- Reasoning over images
- Applications of imaging informatics
- *Hands on experience!*



From Images to Understanding



Audience

- Undergraduates
- Graduate Students
- Postdocs
- Medical Students
- Medical Residents and Fellows
- Auditors welcome as active participants



Course Instructors

David Paik, PhD



- Adjunct Lecturer, Radiology
- Industry research director
- Biomedical imaging informatics researcher
- **Research:** visualization, image analysis, molecular imaging, image quantitation, cancer modeling

Daniel Rubin, MD, MS



- Assistant Professor of Radiology
- Biomedical imaging informatics researcher and radiologist
- **Research:** machine processing of image content, image mining, machine learning, decision support with images

Teaching Assistants

Albee Ling

- PhD candidate, Biomedical Informatics



Darvin Yi

- PhD candidate, Biomedical Informatics
- Masters of Medicine program



Pre-requisites

- What you absolutely need to know
 - Programming ability (CS 106A)
 - Basic statistics
 - Basic biology
- Highly recommended
 - Familiarity with Python or Matlab
 - Friday TA-led session on programming in Python

Readings

- **Articles**
 - Assigned with each lecture
 - Links posted on course website
- **Books**
 - Not required
 - Supplement required readings
 - (see course website)

Coursework

- **3 Assignments (involving programming)**
 - Lung Field Segmentation
 - Machine Learning with Mammography I
 - Machine Learning with Mammography II
 - OUT on Friday, DUE on Fridays
- **Midterm**
 - Open notes, during class, 5/15
- **Final project presentations**
 - Project proposal due 4/28
 - Milestone write-up due 5/19
 - Final write-up due 6/12
 - Final presentation on 6/12
- Talking with others acceptable, all work individual
- Submissions on Canvas

Final Project

- A substantive programming project
 - Should utilize both *image analysis* and *image semantics*
- Can be done in groups, up to 4 students
- Written portion
 - Project proposal
 - Milestone write-up
 - Final write-up
- Final presentation
 - Gates B03 *June 12 at 3:30-6:30pm*

Grading

- **Grade Breakdown**
 - Assignment 1 15%
 - Assignment 2 15%
 - Assignment 3 15%
 - Midterm exam 15%
 - Final project 30%
 - Participation 10%
- **Class participation:** There are many different ways to participate, including but not limited to:
 - Attending class
 - Attending TA sections
 - Asking questions

Resources

- Main website (general info)
 - <http://bmi260.stanford.edu>
- Piazza (discussion, project teams)
 - <http://piazza.com/stanford/spring2017/bmi260rad260>
- Canvas (homework submission)
 - <http://canvas.stanford.edu>

Schedule

- **Lectures**
 - Mon / Wed 1:30-2:50pm, Gates B03
- **Section**
 - Friday 1:30-2:50pm, Gates B03



Syllabus

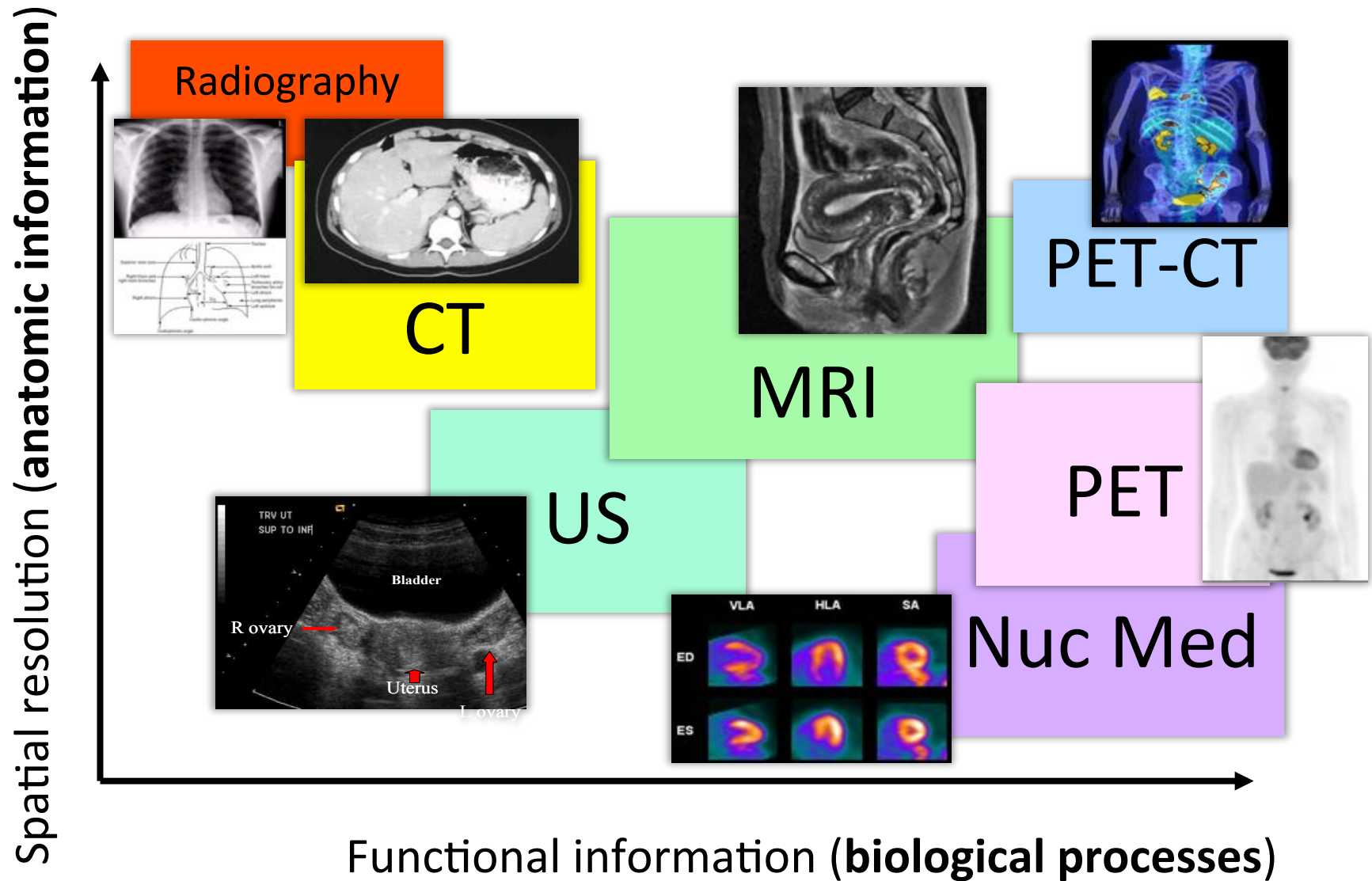
	Rubin
	Paik
	TAs
	Guests

WEEK	Mon		Wed	
1	4/3	Imaging Modalities	4/5	Visualization
2	4/10	Image Segmentation	4/12	Filtering
3	4/17	Geometric Features	4/19	Texture Analysis
4	4/24	Machine Learning Intro	4/26	Evaluation of Machine Learning
5	5/1	Neural Networks	5/3	Convolutional Neural Networks
6	5/8	Machine Learning Research 1	5/10	Machine Learning Research 2
7	5/15	Midterm	5/17	Image Registration
8	5/15	Semantic Features Intro	5/24	Natural Language Processing
9	5/29	Memorial Day	5/31	Querying Images
10	6/5	Decision Support	6/7	Content Based Image Retrieval
11	6/12	Final Presentations		



Imaging Modalities

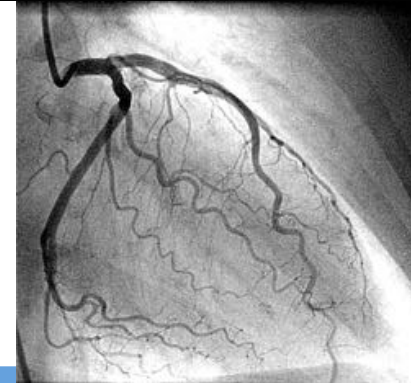
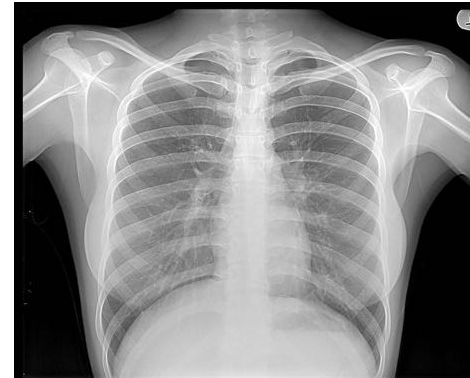
Medical images show us different kinds of information about disease



Radiography/Fluoroscopy (X-ray)

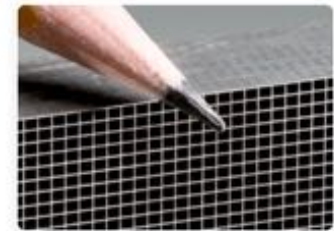
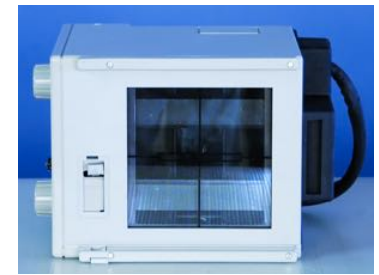
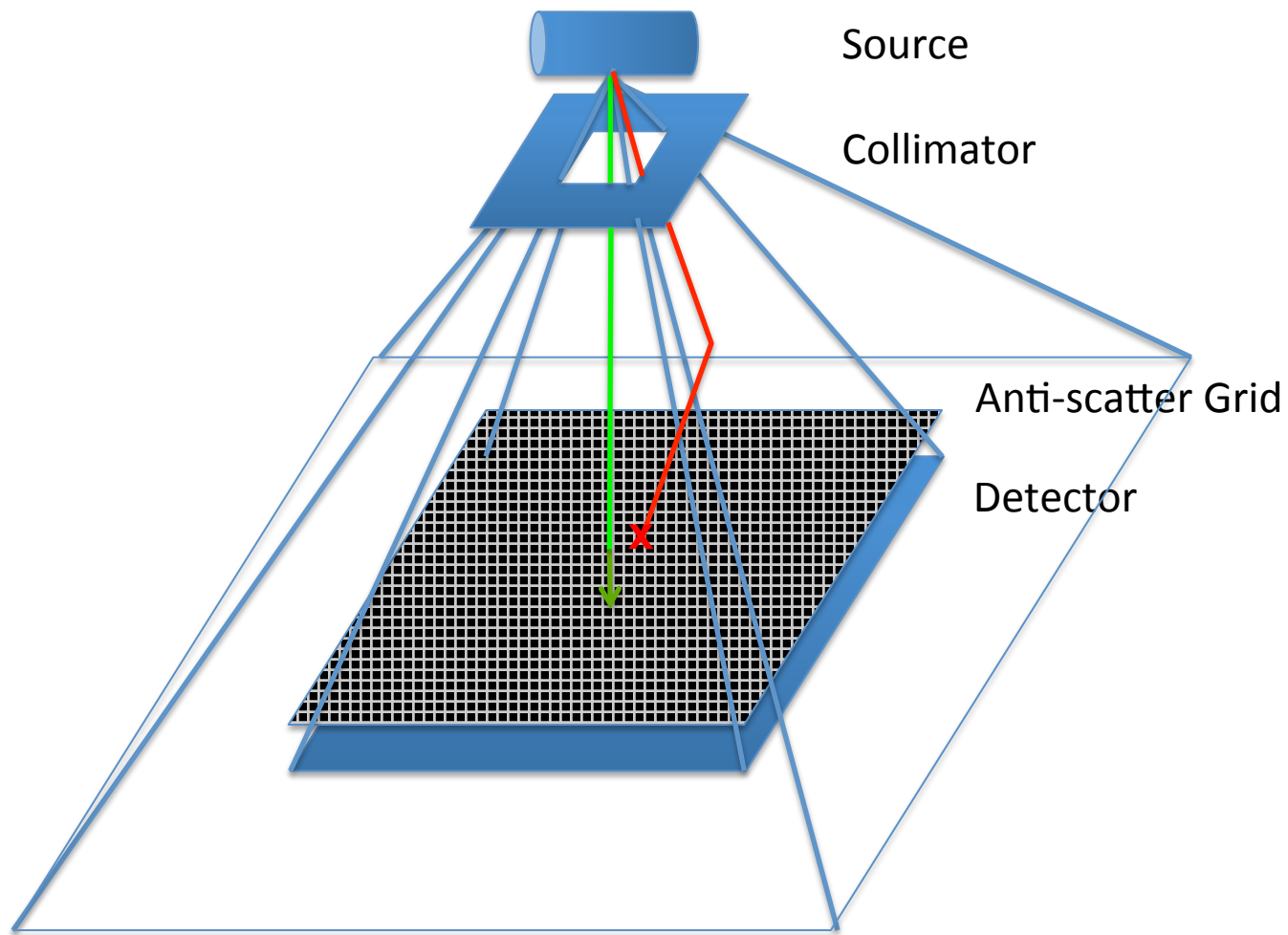
Imaging Modalities:

Radiography / Fluoroscopy



X-Ray

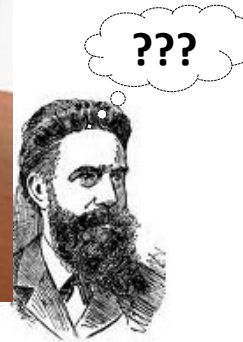
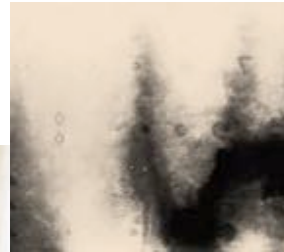
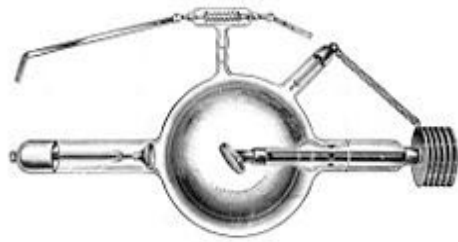
Radiography Hardware



History of the X-Ray

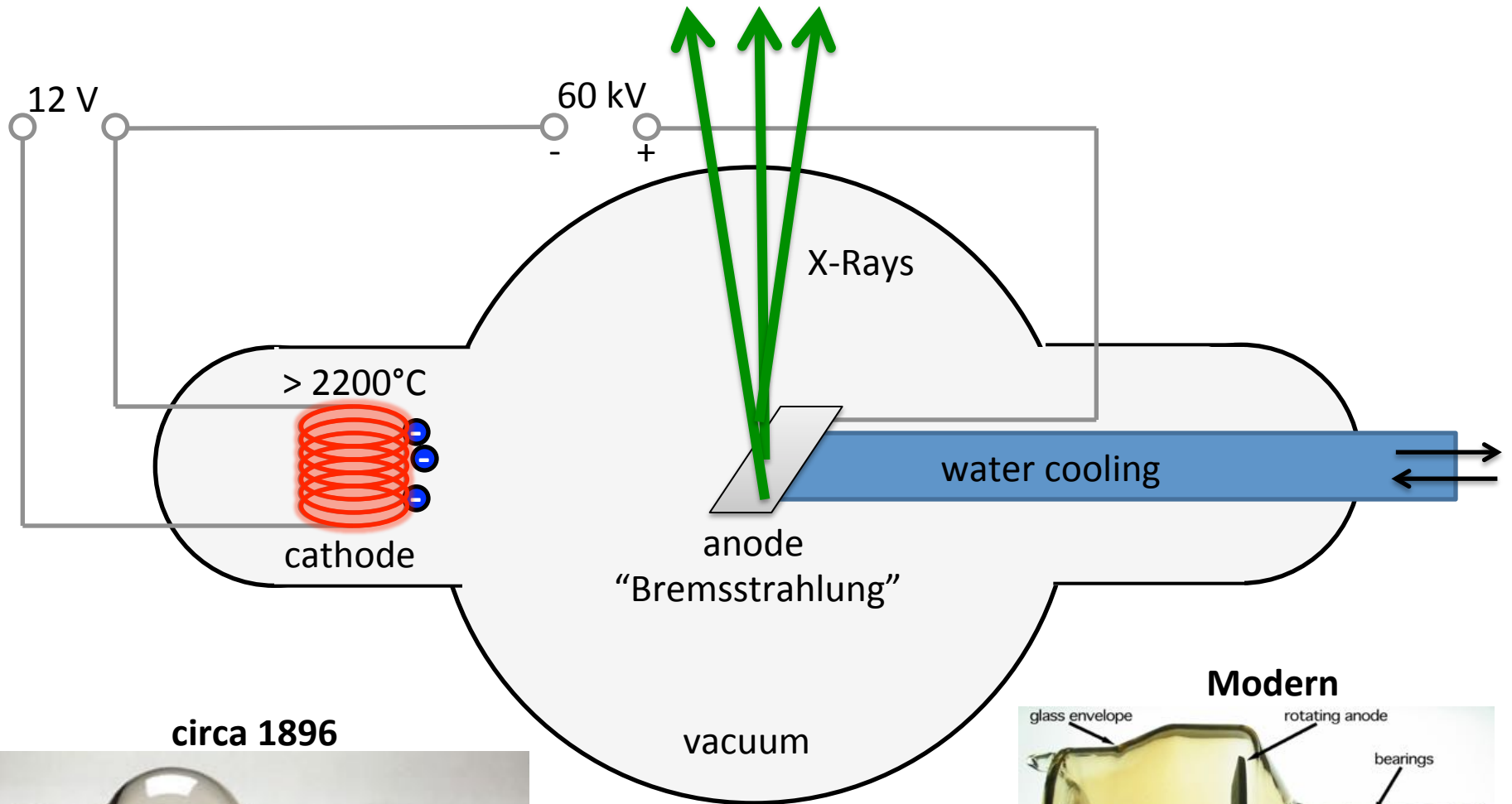


Wilhelm Röntgen
1895 discovered X-rays
1901 Nobel Prize in Physics
(first Nobel Prize!)



*Recommended reading on history of medical imaging:
Naked to the Bone by Bettyann Kevles*

X-Ray Tube

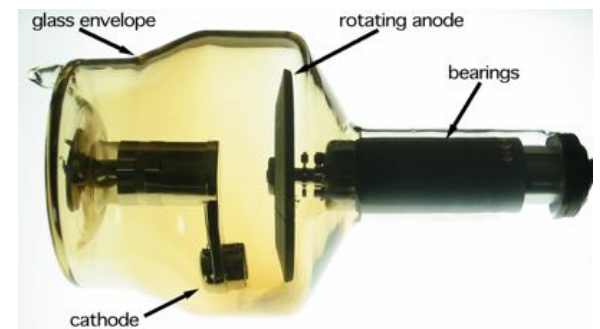


circa 1896



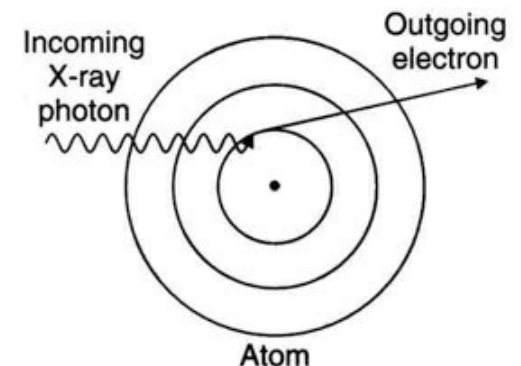
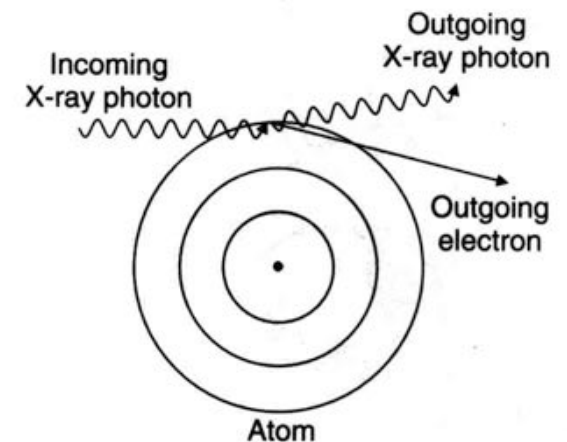
www.sciencemuseum.org.uk

Modern

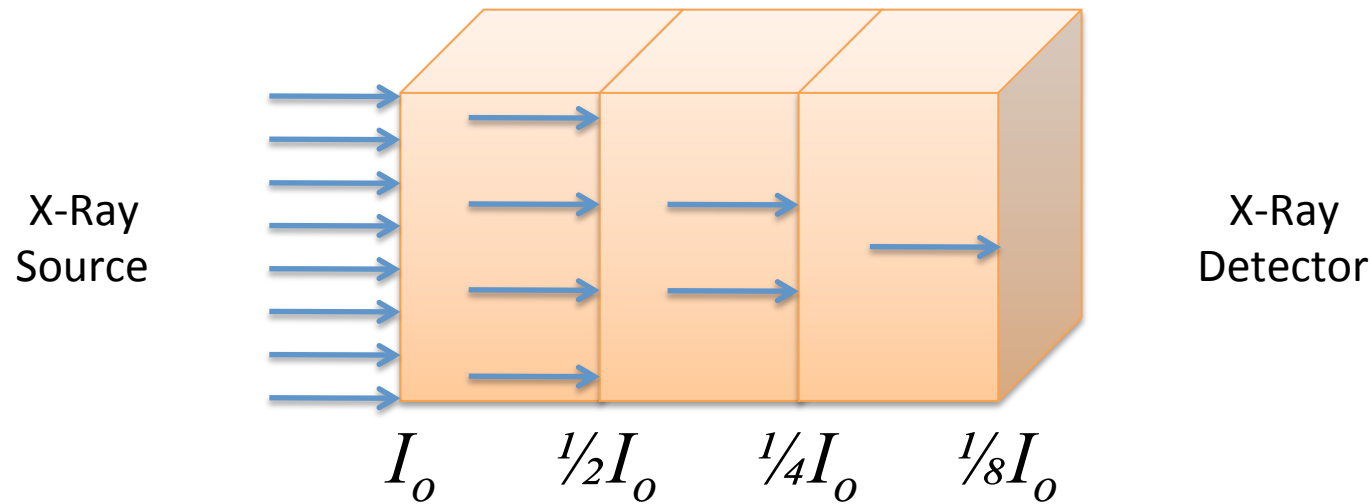


X-Ray Interactions with Matter

- **Penetrate (no interaction)**
- **Scatter**
 - *Rayleigh scattering*
 - *Elastic, no energy deposition, low probability in diagnostic imaging*
 - **Compton scattering**
 - Inelastic, valence electron ejected
 - Ionizing radiation
- **Absorption**
 - **Photoelectric absorption**
 - Inner electron ejected, photon absorbed, outer electron fills vacancy
 - Ionizing radiation
 - *Pair production*
 - *Photon interacts with nucleus to produce $e^- + e^+$, low probability in diagnostic imaging*



X-Ray Contrast



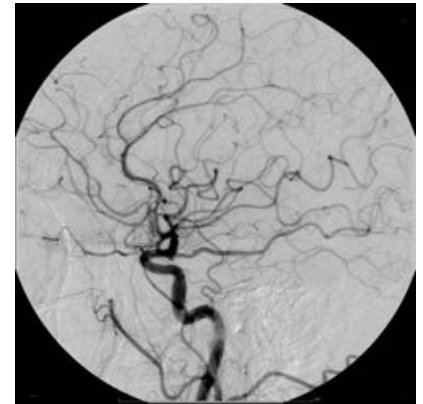
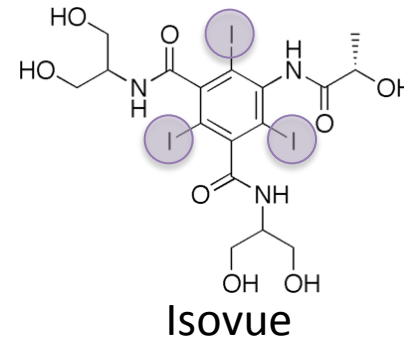
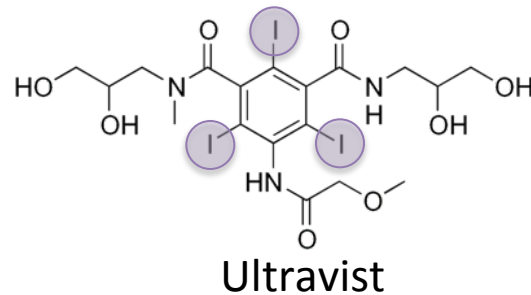
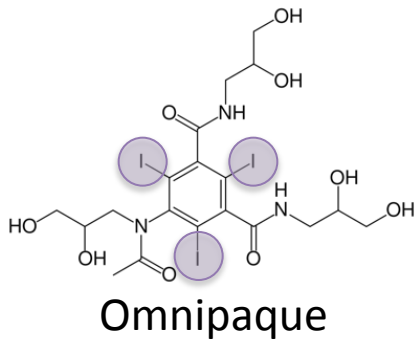
$$I = I_0 e^{-\mu x}$$

Half photon penetration depth ($\ln(2)/\mu$) to 0.5 – 5.0 cm depending on X-Ray energy and tissue density

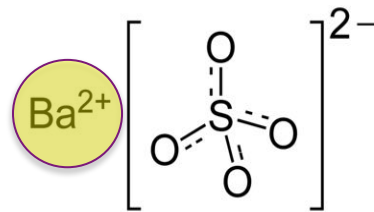
X-Ray pixel value represents μ integrated through the body
depends on X-Ray energy, tissue density, **and on thickness of body**

X-Ray Contrast Agents

- Iodinated compounds



- Barium Sulfate

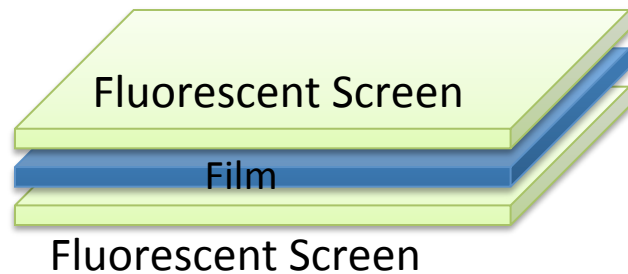


- Air (negative contrast)

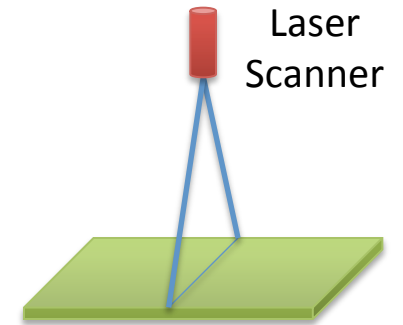
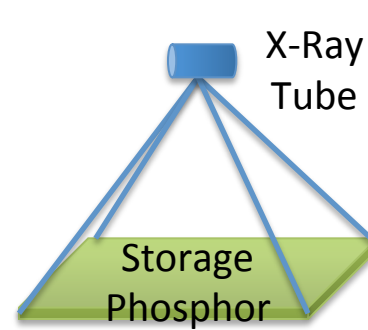
(high attenuation sometimes visualized as white, sometimes black)



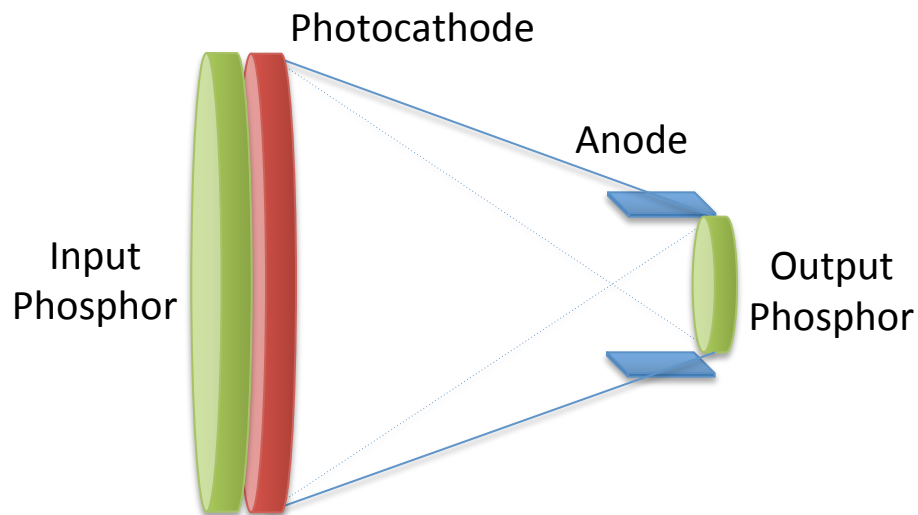
X-Ray Detection



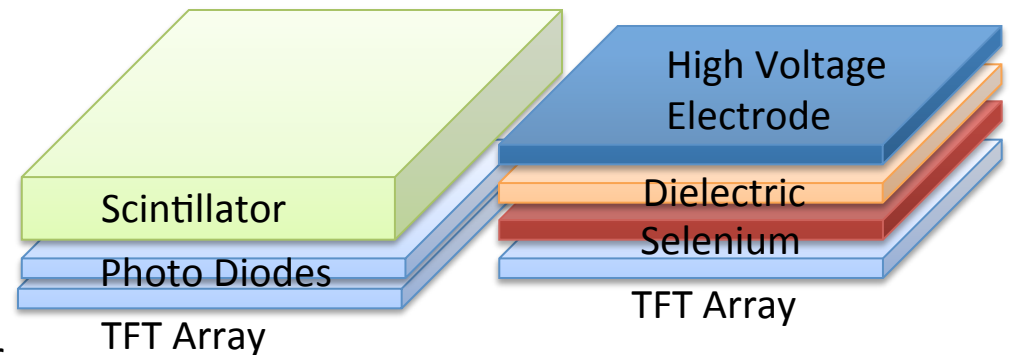
Film



Computed Radiography



Fluoroscopy



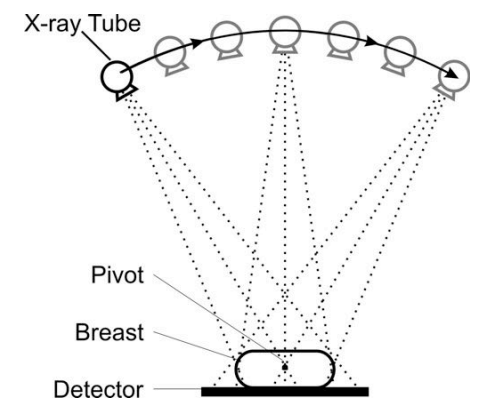
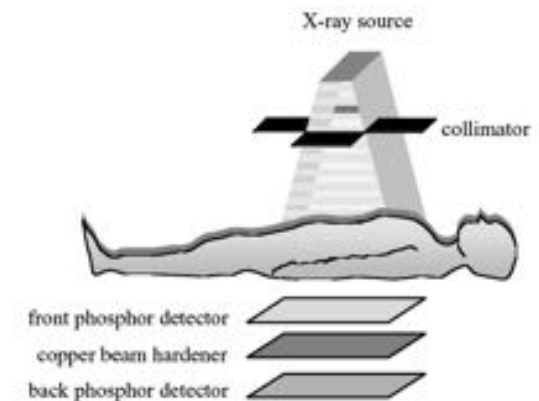
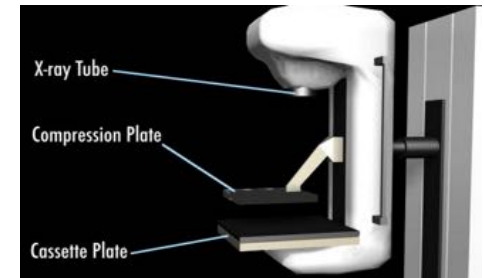
Indirect
X-ray → light → electron

Direct
X-ray → electron

Digital Radiography

Some Radiography Variants

- Mammography
 - Highly regulated by Mammography Quality Standards Act (MQSA)
- DXA – Dual-energy X-ray Absorptiometry
 - Measures Bone Mineral Density (BMD)
 - Either two different tube voltages are used OR a beam hardener is used between two stacked detectors
- Tomosynthesis
 - Combining views from multiple angles to selectively blur all but one plane



Computed Tomography (CT)

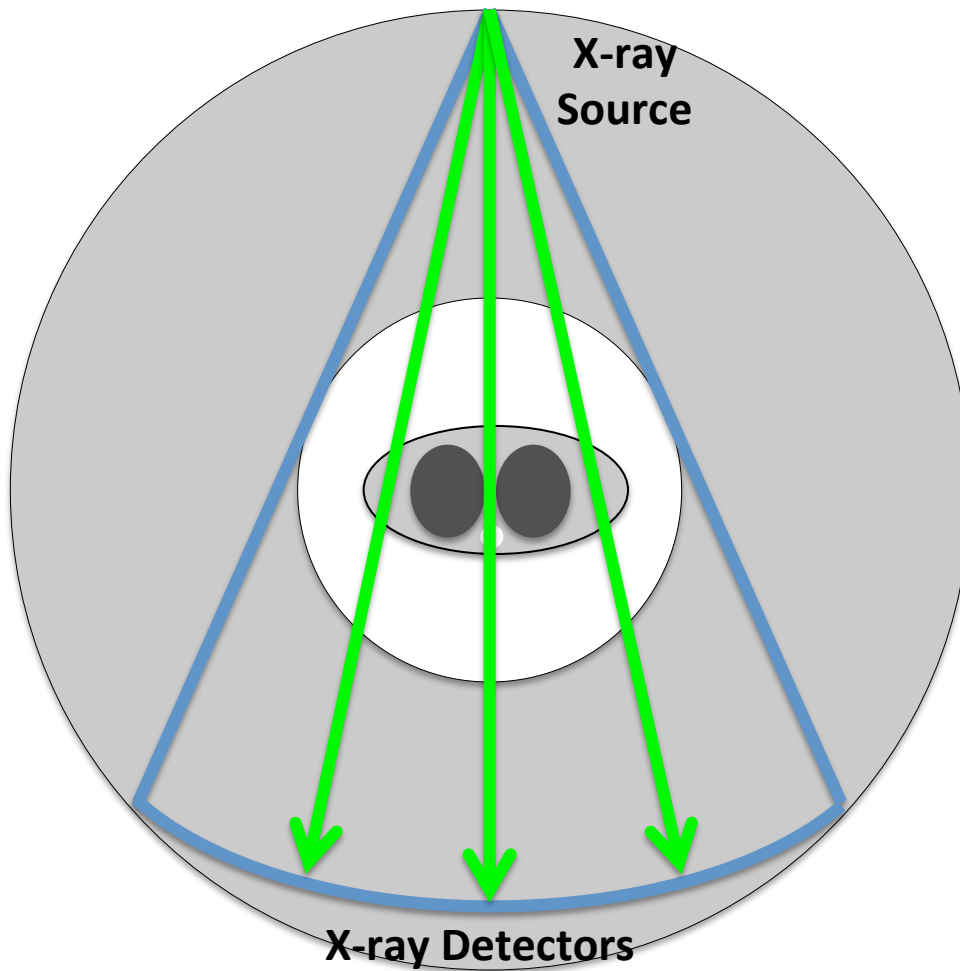
Imaging Modality:

CT (Computed Tomography)



Tomos – Greek word for cut or slice
(e.g., atom, anatomy)

CT Scanner Geometry



0.25s rotations typical

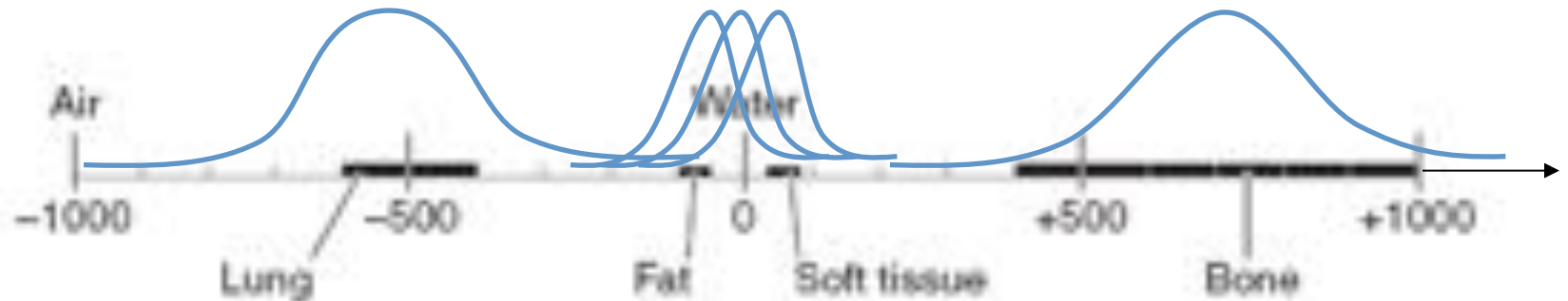


wikipedia.org

Patient translated through the scanner during gantry rotations (i.e., helical CT)

[Video of Rotating CT Scanner](#)

CT Contrast



$$I = I_0 e^{-\mu x}$$

$$HU = \frac{\mu - \mu_{water}}{\mu_{water} - \mu_{air}} \times 1000$$

Bone	+400 → +1000
Soft tissue	+40 → +80
Water	0
Fat	-60 → -100
Lung	-400 → -600
Air	-1000

<http://www.odec.ca/>

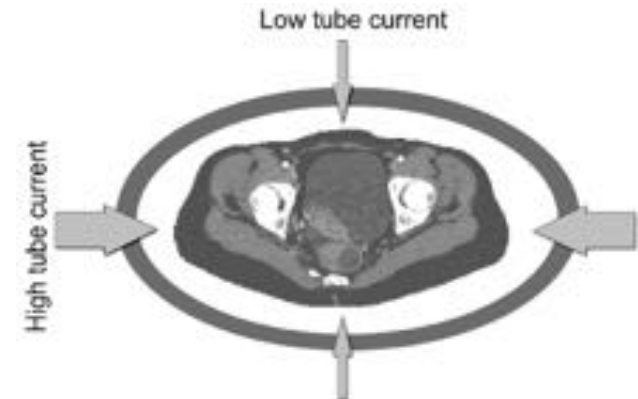
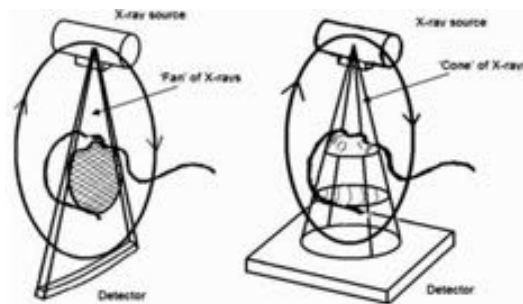
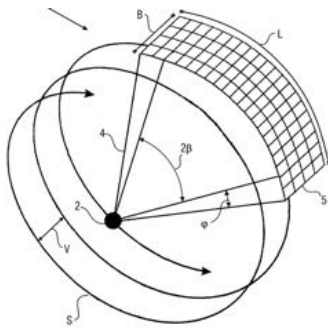
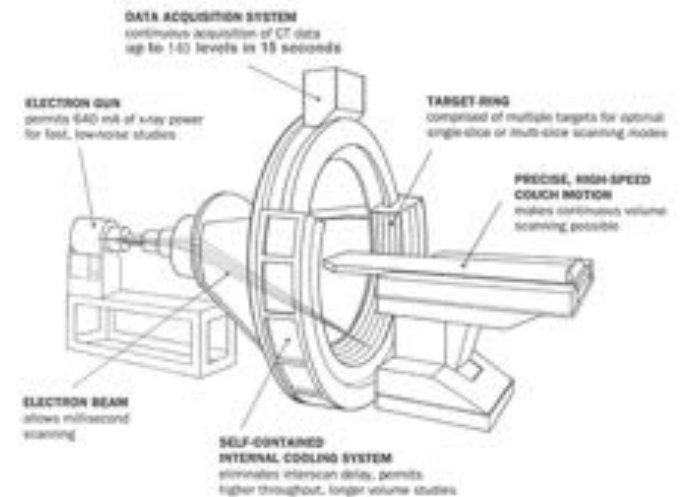
Hounsfield Units (HU) provide a quantitative measure from CT

Differences in HU are roughly proportional to differences in material density

Contrast agents generally same as in radiography

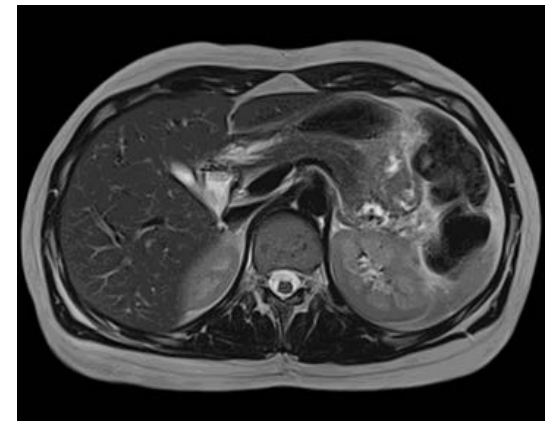
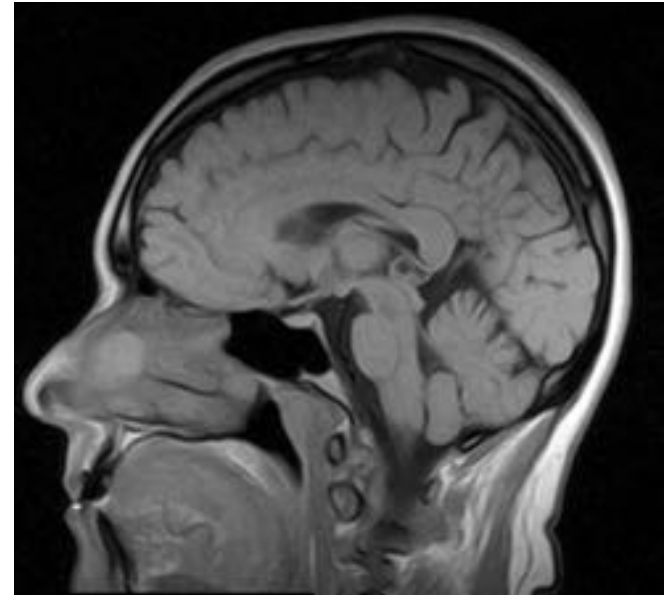
Some CT Variants

- MDCT – Multi-Detector CT
 - 2D grid of detector elements
- Cone Beam CT
- EBCT – Electron Beam
- Cardiac-gated CT
- Tube current modulation



Magnetic Resonance Imaging (MRI)

Imaging Modality: MR (Magnetic Resonance)



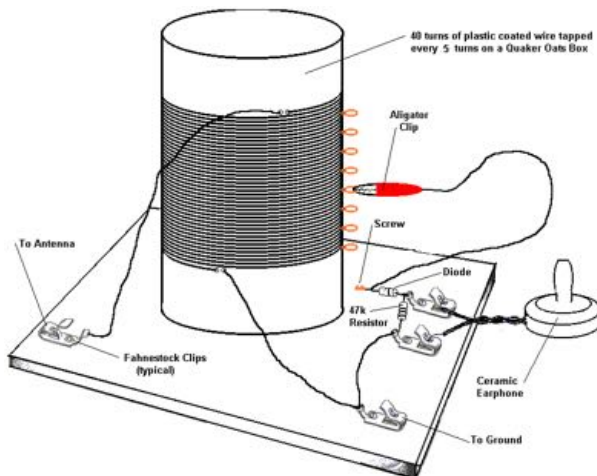
MR

www.magnet.fsu.edu
siemens.com

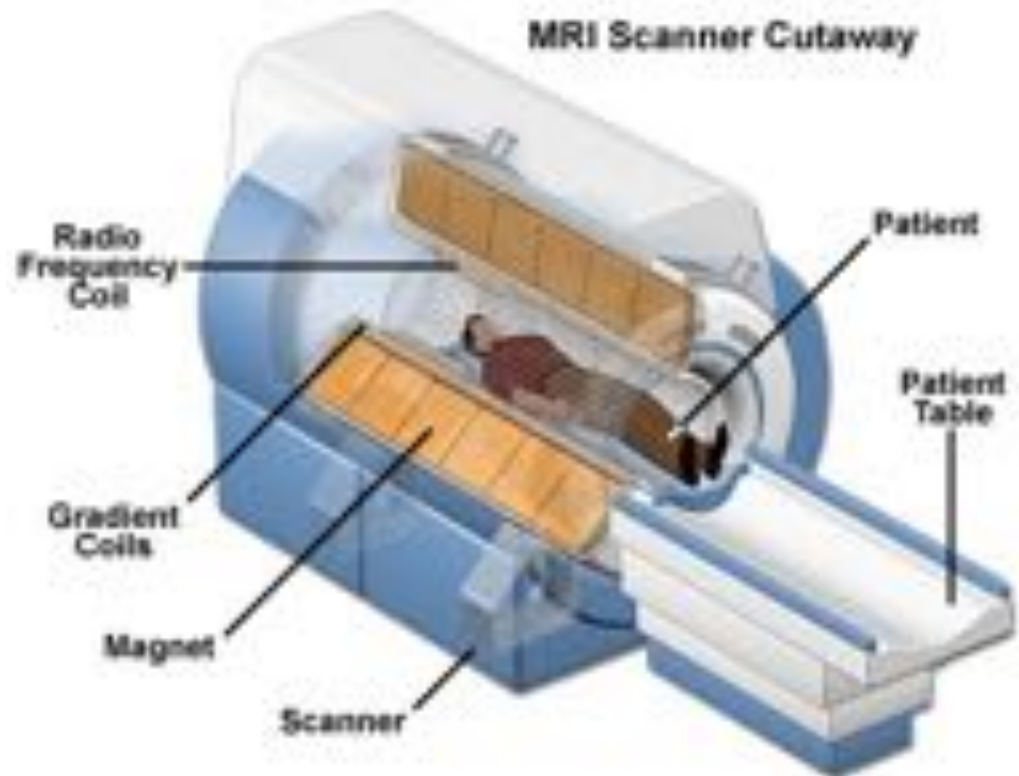
MR Scanner Hardware



Simple electromagnet



Simple radio receiver



MR Scanner with
liquid helium cooled
superconducting magnet

1.5 T, 3.0 T magnet strength (100,000x Earth's mag field)

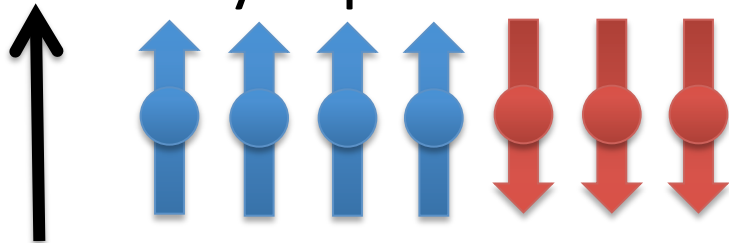
MR Scanner Hardware



[Safety demonstration with 4T MRI](#)

MR Physics

- Nuclei with odd number of protons and/or neutrons have a magnetic moment with non-zero quantum mechanical up or down “spin”
 - e.g., ^1H , ^{13}C , ^{19}F , ^{31}P
- In a magnetic field, they line up to be parallel or antiparallel with the field with a tiny preference for parallel (lower energy)
 - If “knocked over” they will wobble or precess like a toy top but eventually recover



More MR Physics

- Larmor equation says a specific radiofrequency pulse will “tip” the top
 - f is frequency, γ is nucleus gyromagnetic ratio, B is external magnetic field strength

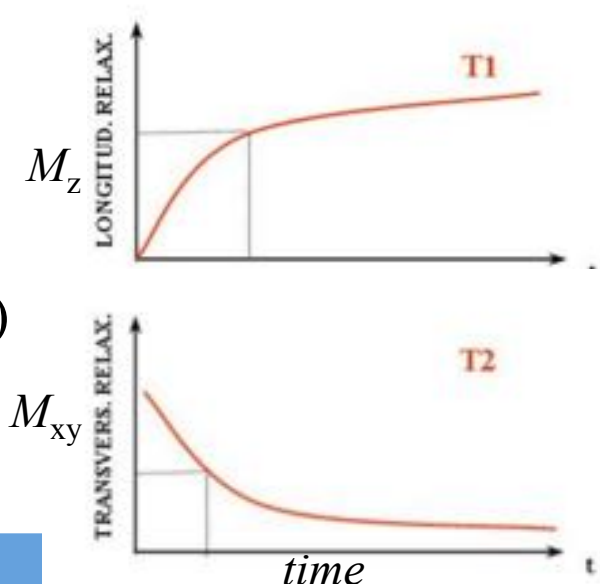
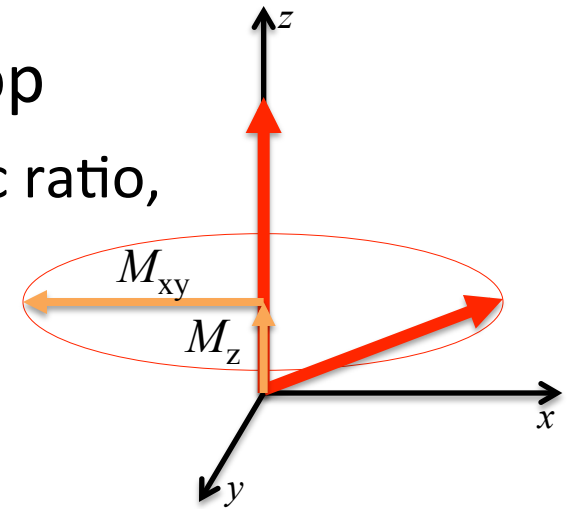
$$f = \frac{\gamma}{2\pi} B$$

- For ^1H , $\frac{\gamma}{2\pi} = 42.576 \frac{\text{MHz}}{\text{T}}$

- For a 90° pulse,

$$M_z(0) = 0 \quad M_z(t) = M_{z,eq} (1 - e^{-t/T_1})$$

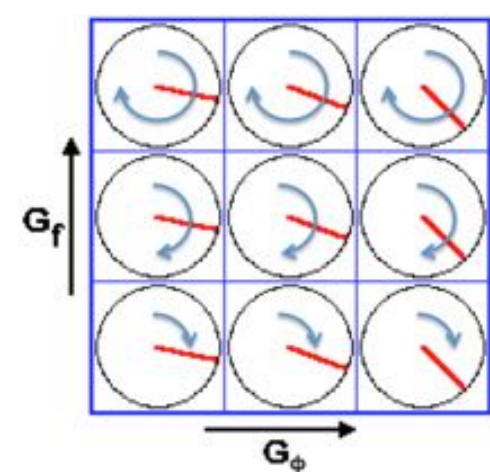
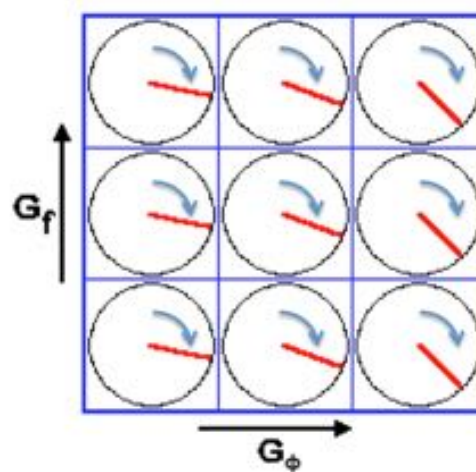
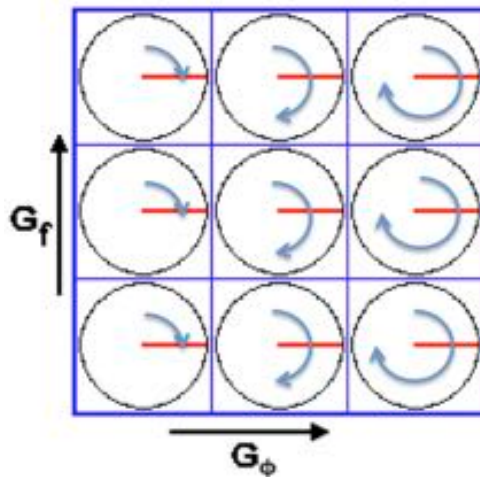
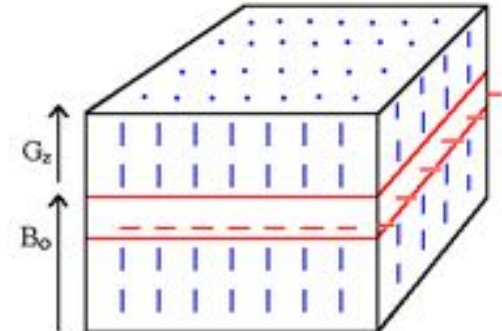
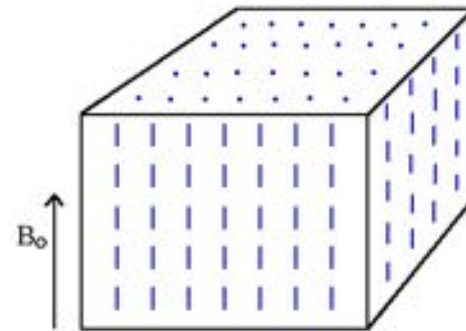
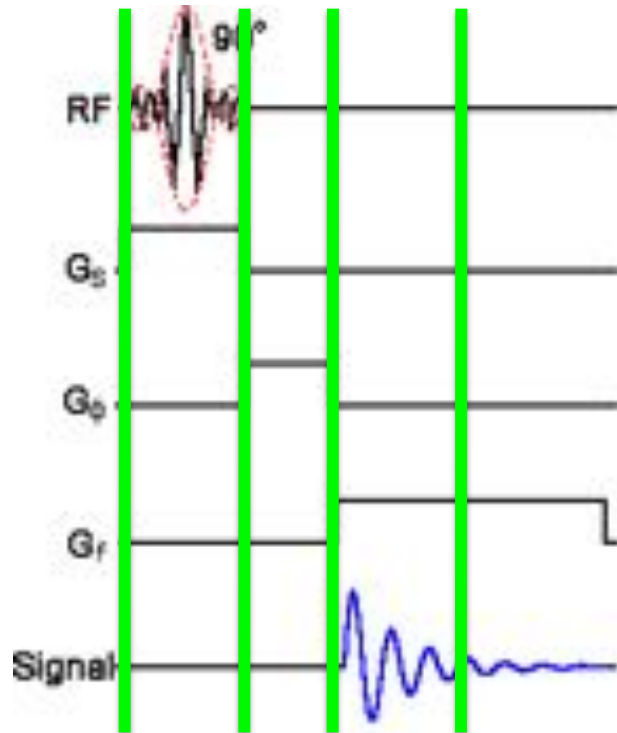
$$M_{xy}(t) = M_{xy}(0) e^{-t/T_2}$$



MR Pulse Sequence

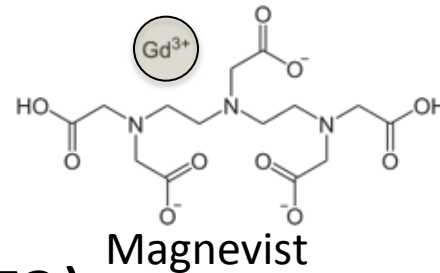
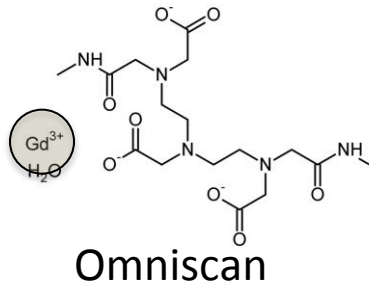
- Slice selection
 - A magnetic field gradient (spatial variation) in Z is used during a radiofrequency (RF) pulse at a single frequency that will only tip the spins in a thin slice tuned in to that particular frequency
- Phase encoding
 - After RF pulse, a brief gradient in X is used to add a position dependent phase shift in X
- Frequency encoding (readout)
 - After phase encoding, a gradient is applied in Y to encode a position dependent frequency shift in Y
 - The free induction decay is listened for with a quadrature detection coil to determine both phase and frequency

MR Pulse Sequence



MR Contrast Agents

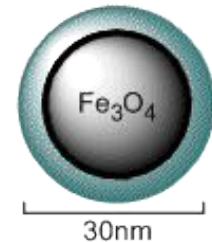
- Gadolinium chelates (decrease T1)



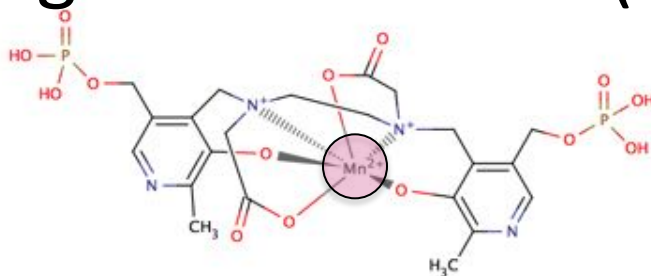
- Iron oxides (decrease T2)

SPIO
Superparamagnetic Iron Oxide
300-3000 nm

USPIO
Ultrasmall SPIO
10-50 nm



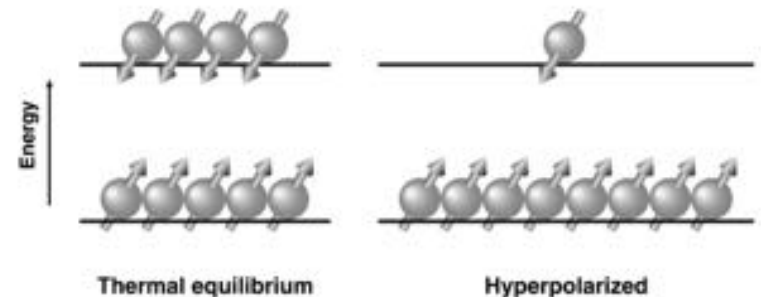
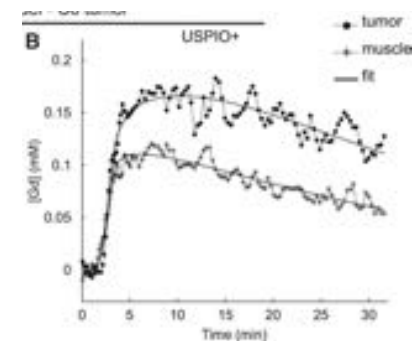
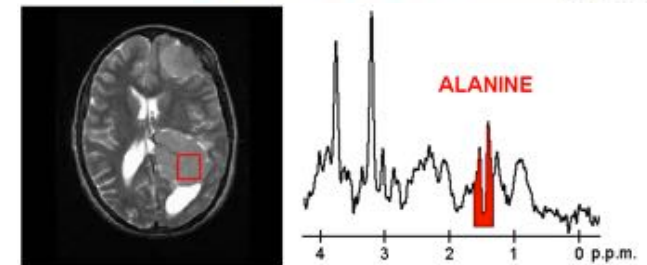
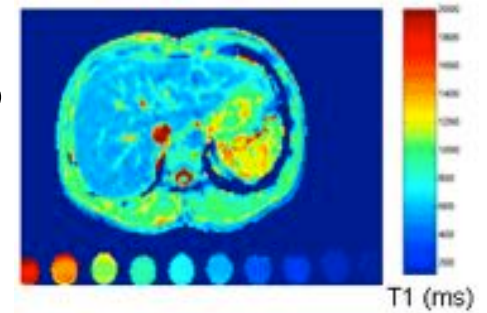
- Manganese chelates (decrease T1)



Mangafodipir

Some MR Variants

- T1 or T2 Mapping
 - Most MR pixel values are arbitrary units but...
 - Estimate tissue parameters from multiple images
- MR Spectroscopy
 - Uses chemical shift to identify different chemical species
- DCE-MRI
 - Quantify wash-in and wash-out of contrast to infer pharmacokinetics
- Hyperpolarized ^{13}C
 - Induce non-equilibrium spins



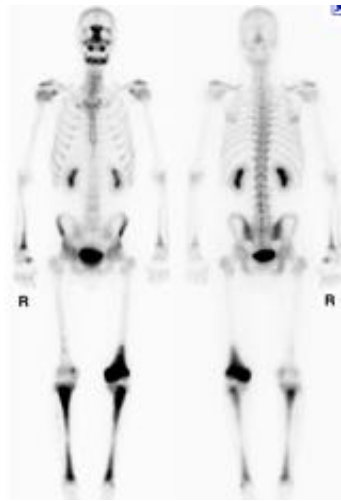
Nuclear Medicine: Positron Emission Tomography (PET)

Imaging Modalities:

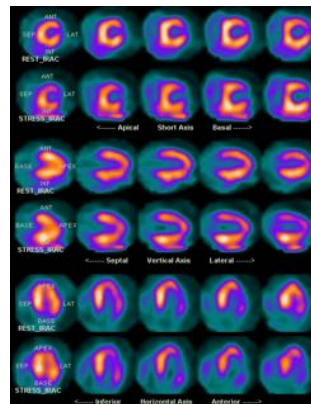
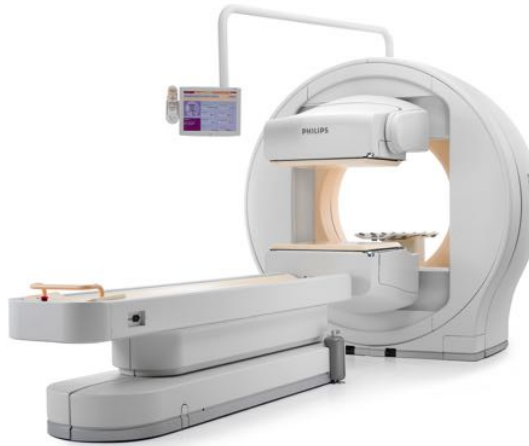
Nuc Med: Scintigraphy, SPECT, PET

- Signal comes from injected radioactively labeled pharmaceuticals rather than external radiation source
 - Radioactivity must be generated locally/regionally or delivered quickly
 - Physiological function is depicted rather than anatomy
- Diagnostic nuclear medicine scans
 - Scintigraphy
 - SPECT
 - PET

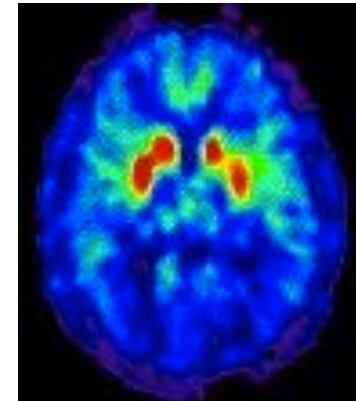
Nuclear Medicine



Gamma Camera
(Scintigraphy)

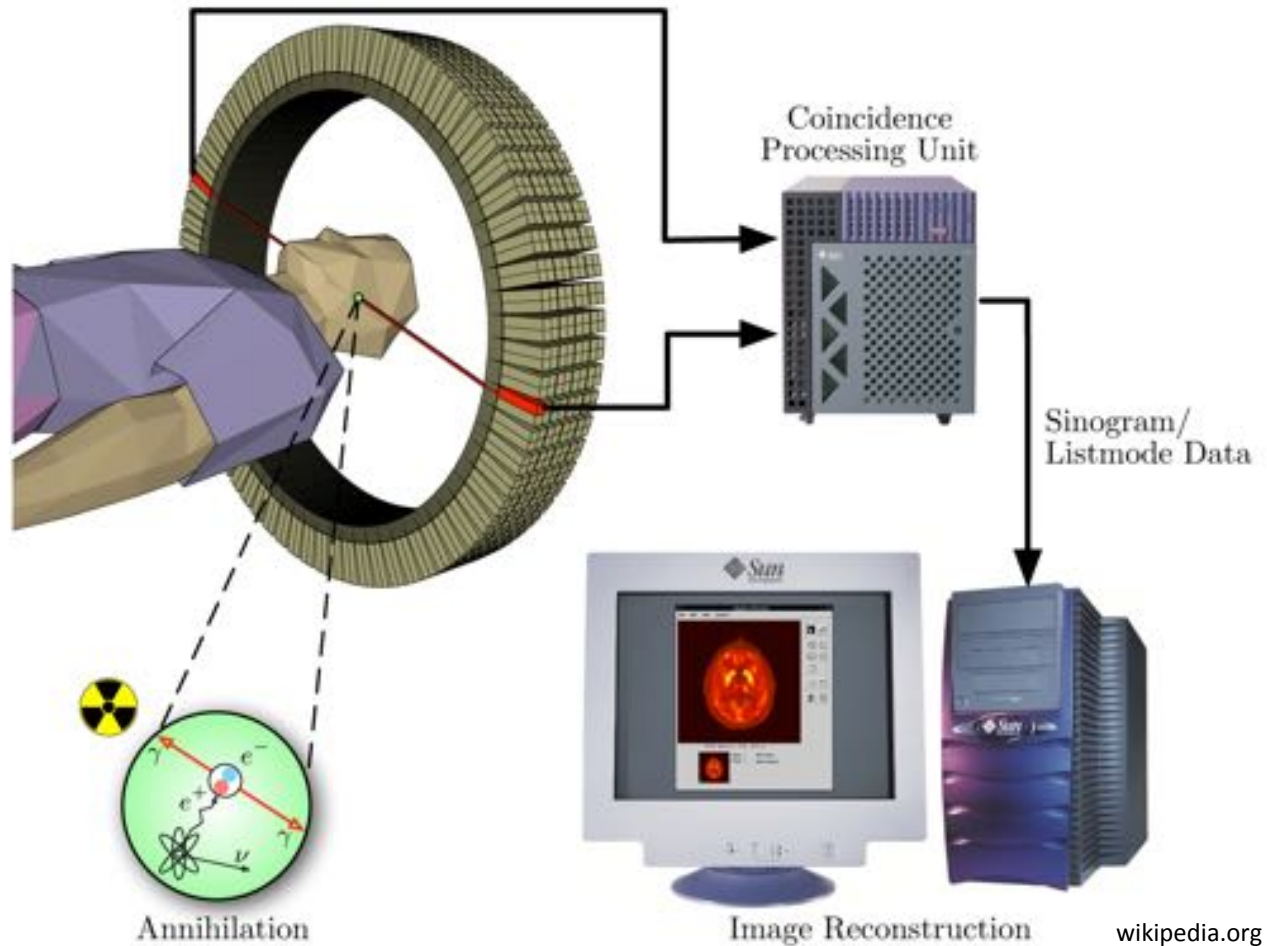


SPECT
(Single Photon Emission
Computed Tomography)



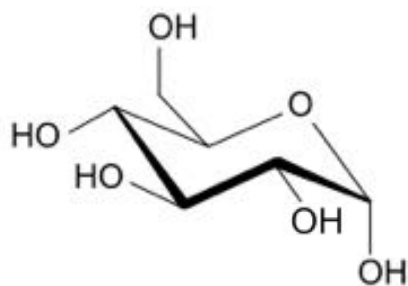
PET
(Positron Emission Tomography)

PET Geometry

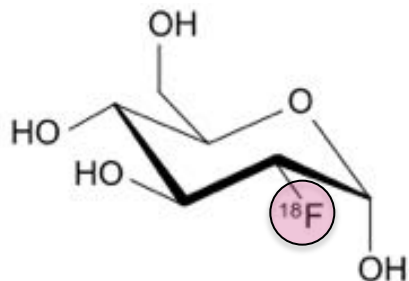


Pixel values are counts per unit time per unit volume
Can be normalized to injected dose (and body weight)
Pharmacokinetic parameters can be modeled and derived

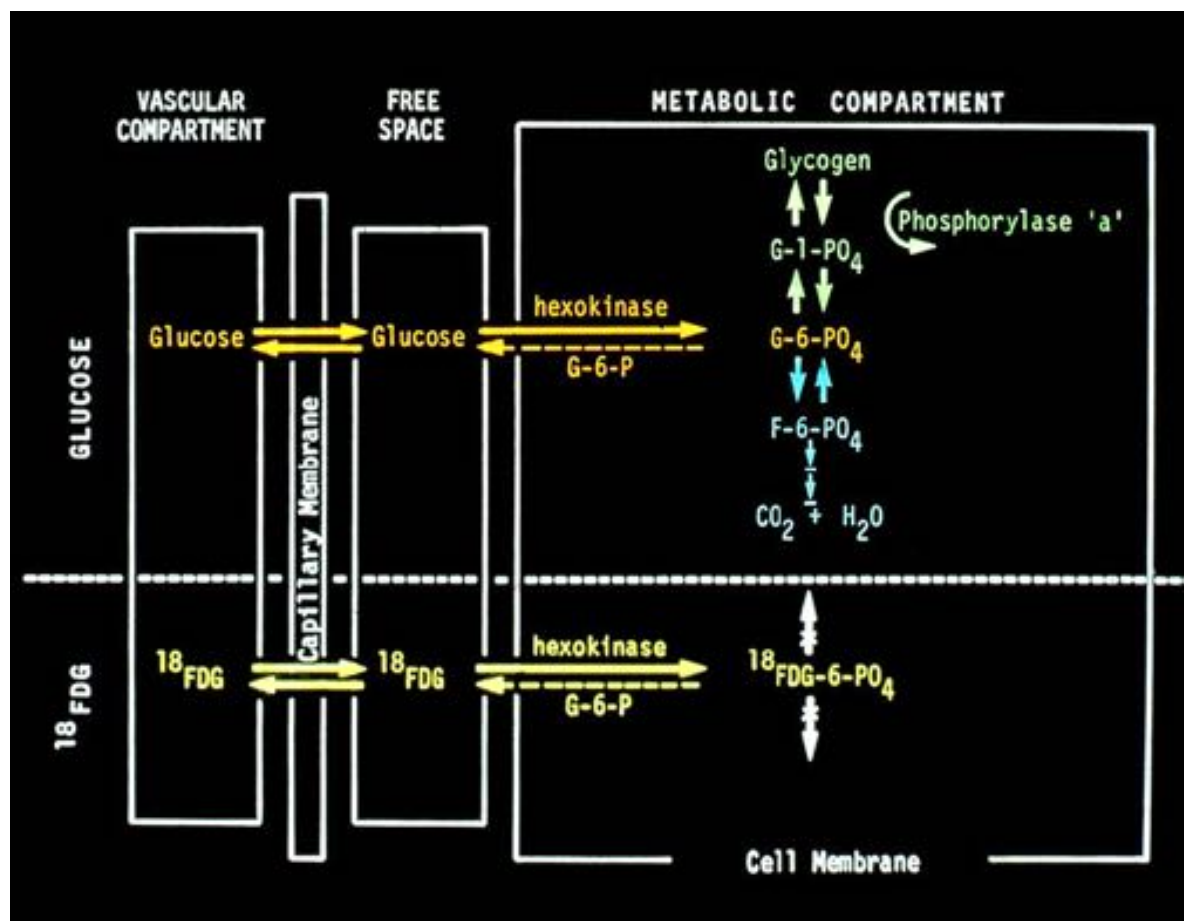
FDG as a PET Radiotracer



glucose



2-deoxy-2-(^{18}F)fluoro-D-glucose
“FDG”



Hoffman and Gambhir, Radiology 2007

FDG is metabolized similarly to glucose

- Transported into cells by glucose transporters
- Trapped in cell after phosphorylation
- But can't enter glycolysis so ^{18}F doesn't leave cell

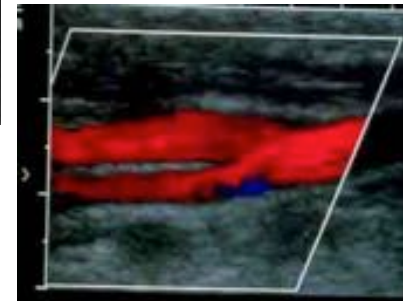
^{18}F half life is 110 minutes

Some PET Variants

- 2D vs. 3D PET
 - Remove septa (collimator) to allow full 3D coincidence events
- Time of Flight (TOF) PET
 - 300 ps time resolution of coincidence events to place decay on line of response
- Corrections
 - Dead time correction, detector normalization, scatter correction, attenuation correction

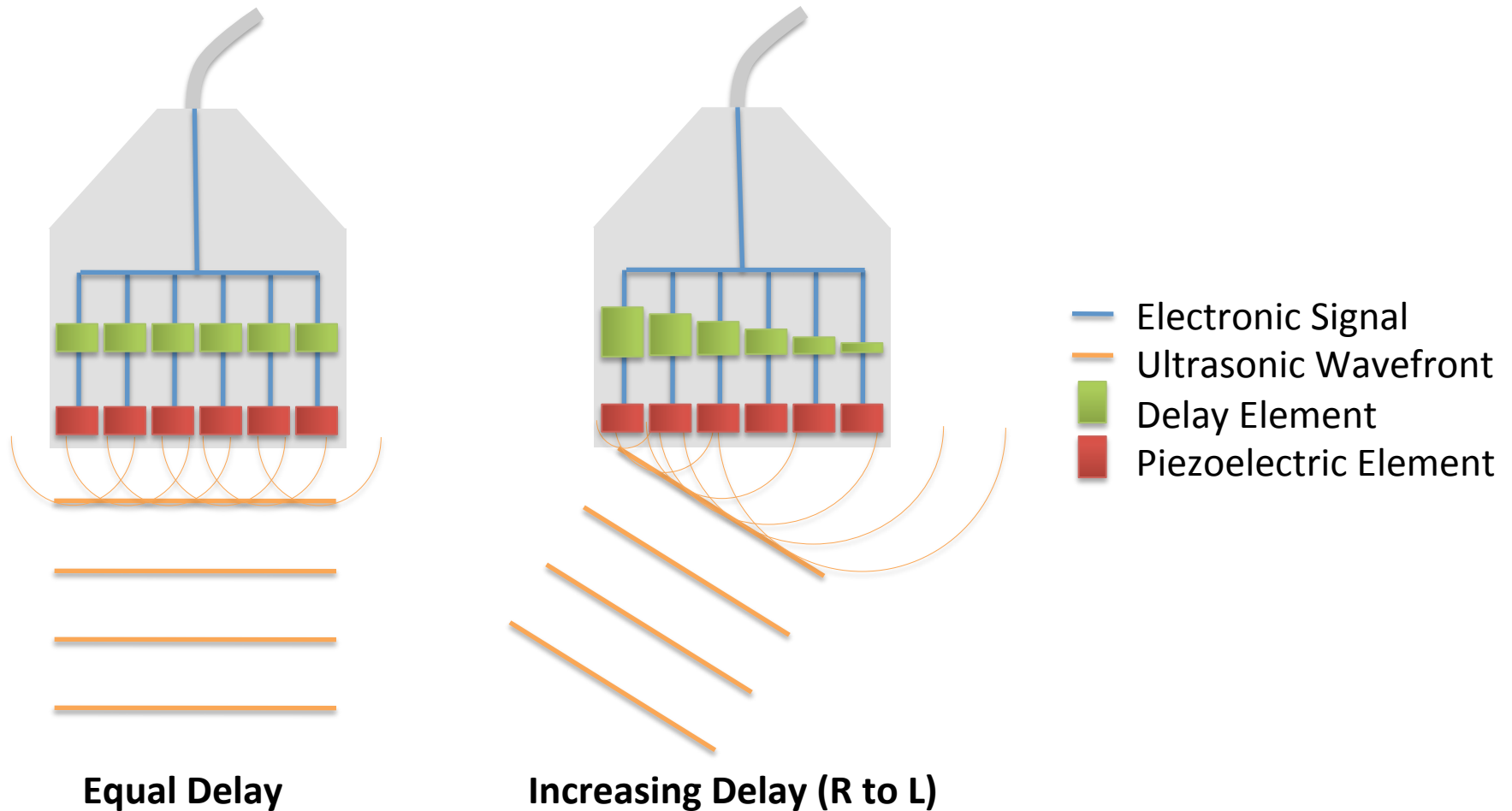
Ultrasound (US)

Imaging Modality: Ultrasound



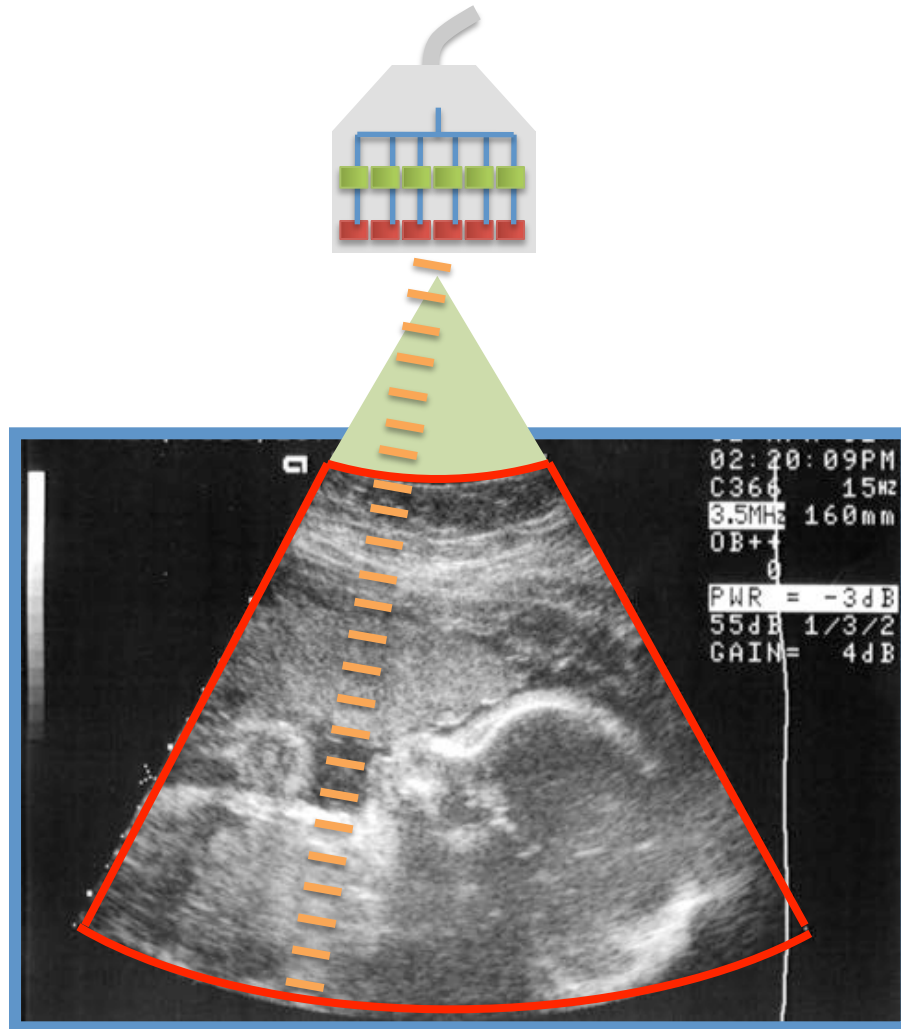
US

Phased Arrays



- Frequencies in 2-20 MHz range
- Speed of sound in water is 1500 m/s (~3000 mph)
- 25 cm round trip takes $\sim 300 \mu\text{s}$

Ultrasound Image Formation



Depth of reflecting object depends on echo delay

Strength of signal depends on reflectivity and attenuation

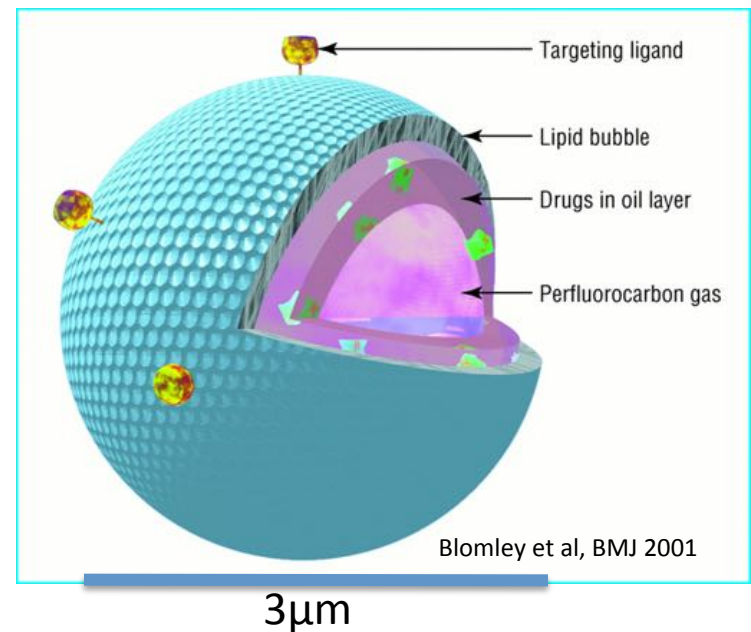
Pixel values have *very arbitrary units*



Depth Gain Compensation

Ultrasound Contrast

- Inherent contrast
 - Reflections caused by differences in acoustic impedance (a function of density)
- Microbubble contrast agents
 - Injected intravenously
 - Gas bubbles resonate at ultrasonic frequencies increasing reflectivity several thousand fold
 - Bubbles can be destroyed with high intensity signal

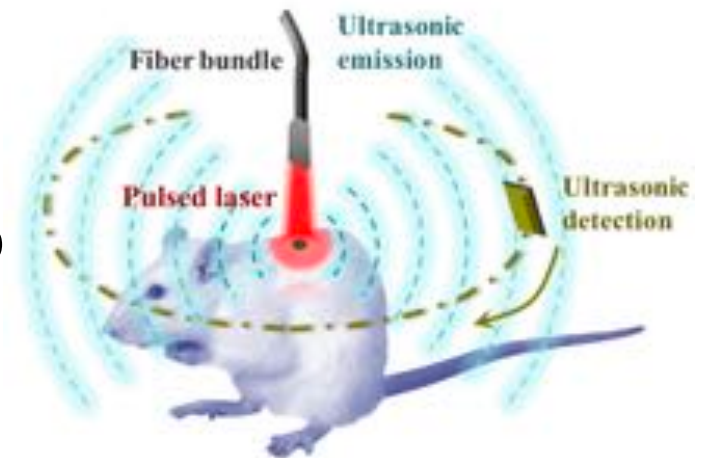
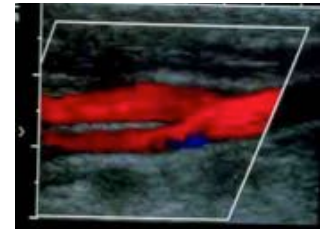


Some Ultrasound Variants

- Doppler Ultrasound
 - Frequency shift indicates motion toward/away from transducer



- Photoacoustic imaging (aka thermoacoustic)
 - MHz laser pulses heat tissue and cause expansion leading to ultrasonic vibrations



Optical Imaging

Clinical Imaging Modalities:



<http://www.dermatology.ucsf.edu/>

White Light Photography

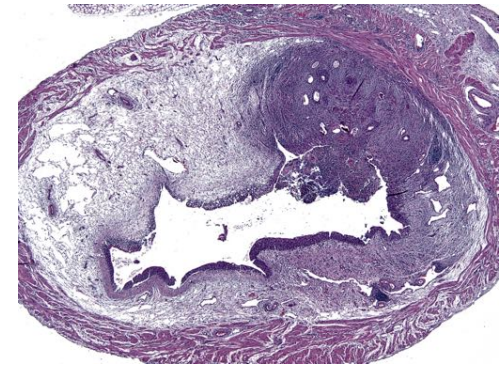
- Sizing hard due to perspective
- Color important



<http://uti.stanford.edu/>

Endoscopy

- Sizing hard due to perspective
- Color important
- Video analysis



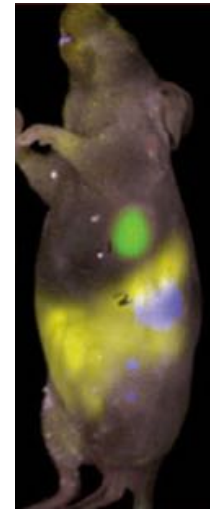
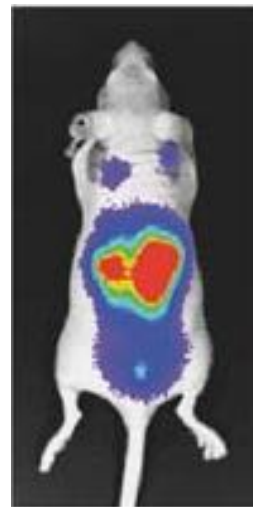
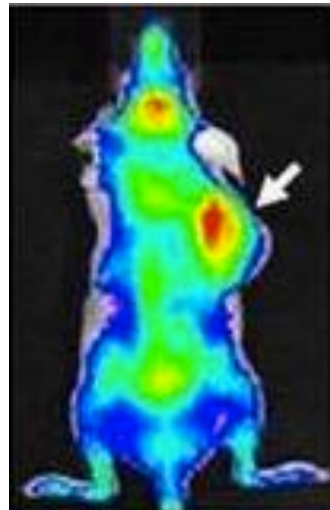
<https://e-enm.org>

Microscopy

- *ex vivo* changes in tissue
- Choice of stain important
- Can be very large images (e.g. 50k X 50k)

Pre-clinical Imaging Modalities:

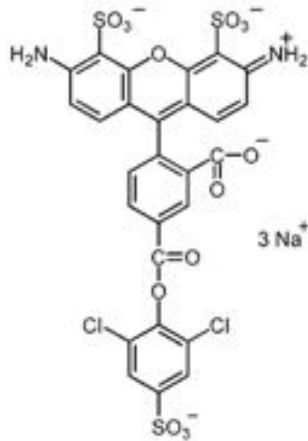
Fluorescence and Bioluminescence Imaging



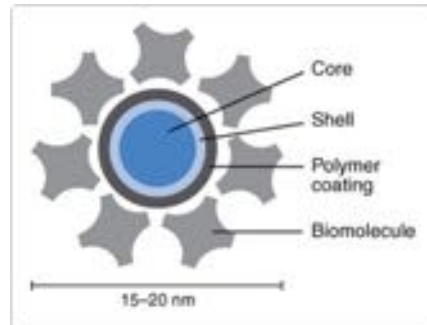
Gao et al, WMIC 2009

Optical

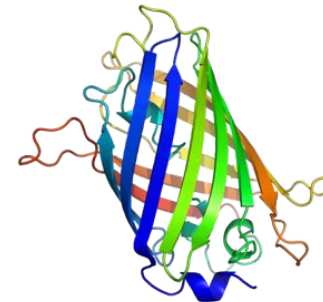
Imaging Probes



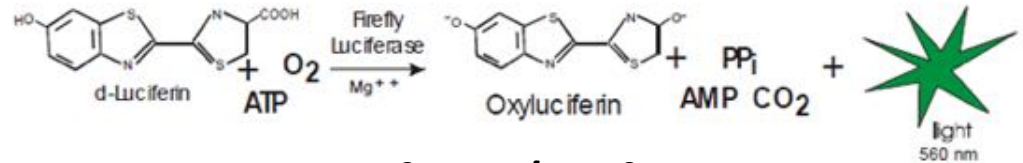
Fluorescent Molecules



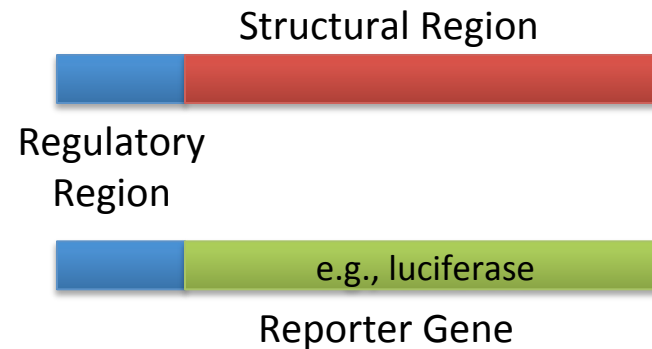
Quantum Dots



Fluorescent Proteins



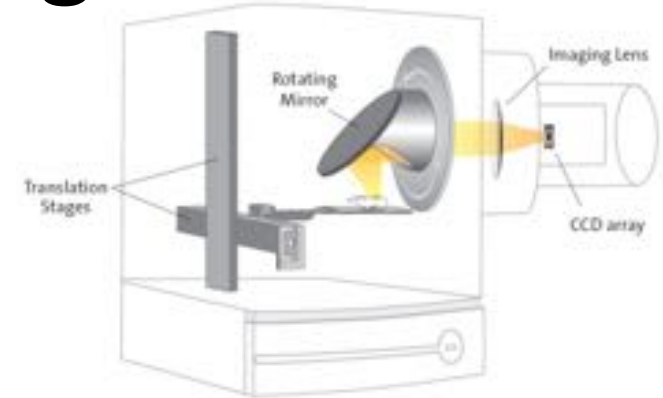
Luciferase/Luciferin



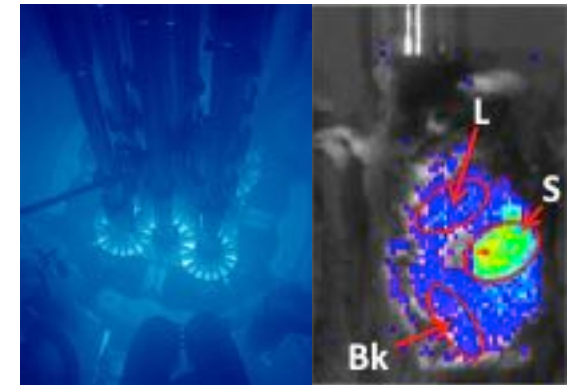
Reporter Gene Assay

Some Optical Imaging Variants

- 3D tomography
 - 360 degree views
- Spectral imaging
 - Liquid crystal tunable filter



- Cerenkov Radiation Imaging
 - Emitted positrons traveling faster than speed of light in that medium lose energy as optical photons



<http://graphics.tudelft.nl/Projects/BioluminescenceImaging>

<http://www.cri-inc.com/>

Credit: F. Habte, et al.

What does it mean for you?

- Many different imaging modalities
 - Radiography, fluoroscopy, CT, MR, PET, SPECT, scintigraphy, ultrasound, fluorescence imaging, bioluminescence imaging
 - Almost all modalities have small animal equipment for basic biology and pre-clinical research
- Combined modalities are very useful
 - PET/CT, PET/MR, MR/X-ray, SPECT/CT
- Anatomy vs. Function
- **Now you understand what pixel values mean!**
- Next: we can start visualizing the images