# Biomedical Ultrasonics, 5 cr

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### Reading in Duck et al.

- Ultrasound basics & measurements: p. 57-83
- Ultrasound imaging: p. 91-111
- Elastography: p. 263-269



# Monopole vs. dipole

#### Acoustic monopole



#### Acoustic dipole



# Huygens-Fresnel principle

• Every point on a wavefront is a source of a wavelet.



### Point source (monopole)



#### Two adjacent point sources



What is the spacing of the two monopole sources in the horizontal direction?

#### Multiple adjacent point sources



# Multiple adjacent point sources placed at a constant distance from focal point





*BD* = beam diameter

- $\lambda$  = wave length
- *R* = radius of curvature
- *D* = aperture (outer diameter of the transducer)

#### Radius of curvature vs. focusing





*BD* = beam diameter

- $\lambda$  = wave length
- *R* = radius of curvature
- *D* = aperture (outer diameter of the transducer)

#### Aperture vs. focus dimensions





*BD* = beam diameter

- $\lambda$  = wave length
- *R* = radius of curvature
- *D* = aperture (outer diameter of the transducer)

### Ultrasound sources

#### Piezoelectric transducers

- Piezoelectric Micromachined Ultrasound Transducer (PMUT)
- Electromagnetic Acoustic Transducers (EMAT)
- Capacitive Micromachined Ultrasound Transducer (CMUT)
- Heat
  - Light (laser acoustics, photo-acoustics), flame, plasma (spark, lighting)
- Chemical reaction
  - Explosion
- Mechanical shocks
  - Hammering



### Piezo-electric materials

- Natural materials:
  - Quartz, topaz, cane sugar, rochelle salt, and tourmaline
  - Bone, tendon, silk, wood (weak effect)
- Polymers
  - Polyvinylidene fluoride (PVDF)
  - Electromechanical film (EMFIT)
    - 70-80  $\mu m$  thick film
    - Flat voids separated by thin polyolefin layers
- Synthetic materials (Ferroelectric)
  - Barium titanate (BaTiO3)
  - Lead titanate (PbTiO<sub>3</sub>)
  - Lead zirconate titanate, a.k.a. PZT
  - Lithium niobate (LiNbO3)

#### Lead zirconate titanate, a.k.a. PZT



# Ultrasound generation & detection



- Backing/dampening: broad band
  - Typically used in characterization
  - Permits short bursts
  - Dampening could start generating heat at high intensity, not typically appropriate for high-intensity applications
- No backing/dampening: narrow band
  - Typically used in therapeutic applications

Duck p. 5

#### Ultrasonic fields





#### Field of circular transducer



Rayleigh integral:

$$p(r, \theta, t) = i \frac{\rho_0 ck}{2\pi} u_0 \int_{\text{Surface}} \frac{e^{i(\omega t - kr')}}{r'} dS$$

Pressure at center axis:

$$p(z) = 2\rho_0 c u_0 \left| \sin \left\{ \frac{kz}{2} \left[ \sqrt{1 + \left(\frac{a}{z}\right)^2} - 1 \right] \right\} \right\}$$



Duck p. 10

#### Field of circular transducer



Duck p. 13

# Amplitude gain



Amplitude gain:

 $G = \frac{z_{\rm R}}{R} = \frac{\pi a^2}{\lambda R}$ 

weak focus:  $0 < G \leq 2$ medium focus:  $2 < G \leq 2\pi$ strong focus:  $G > 2\pi$ 

#### Field of circular focused source



#### Field of rectangular transducer



Pressure at center axis:

Substituting  $g = x_0 \sqrt{(2/z\lambda)}$ ;  $g_0 = b \sqrt{(2/z\lambda)}$ ;  $h = y_0 \sqrt{(2/z\lambda)}$ ;  $h_0 = a \sqrt{(2/z\lambda)}$ ; and defining the aspect ratio of the rectangle N = a/b so  $h_0 = b/N \sqrt{(2/z\lambda)}$ ; we have on axis

$$p = \frac{i\rho_0 c u_0}{2} \exp(i(\omega t - kz)) \int_{-g_0}^{g_0} \exp(-i\pi g^2/2) dg \int_{-h_0}^{h_0} \exp(i\pi h^2/2) dh.$$



The aspect ratio 1:2

#### Conventional ultrasound imaging

# Multielement array



### Multielement array



- Commonly 64-256 piezo
  elements
- Capable of transmission and receiving sound
- One channel per element

# Multielement array: focusing



Time delay for the element *j* is

$$\Delta t_i(j) = -\frac{1}{c} \left( \sqrt{(j-i)^2 b^2 + F^2} - F \right)$$
$$= \Delta l$$

**b** = distance between adjacent elements

- *j* = element number
- i = element number at  $x_0$
- F = focal distance
- **R** = radius of curvature
- c = speed of sound

#### Multielement array: focusing



#### Multielement array: focusing



#### Transmission & receiving



### Sequential imaging

![](_page_29_Figure_1.jpeg)

![](_page_29_Picture_2.jpeg)

5 "shots" per 3 focal depths = 15 shots

# Sequential imaging: example

![](_page_30_Picture_1.jpeg)

128 shots at 4 focal depths = 512 shots

Time-of-flight = 2 x 0.05 m / 1540 m/s = 65 μs

Time to get one image = 512 x 65 μs = 33.3 ms

Frame rate = 1/0.0333 s = 30 fps

Common range: 25-50 fps

#### Transducer

![](_page_31_Figure_1.jpeg)

128 "shots" per4 focal depths= 512 shots

### Ultrasound transducers

![](_page_32_Picture_1.jpeg)

![](_page_32_Figure_2.jpeg)

#### Compensation for attenuation (liver)

![](_page_33_Figure_1.jpeg)

![](_page_33_Figure_2.jpeg)

### Example: device display

![](_page_34_Figure_1.jpeg)

#### Ultrasound devices

![](_page_35_Picture_1.jpeg)

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### Transducer array

![](_page_36_Figure_2.jpeg)

### Equivalent circuit model

#### **Piezoelectric element**

#### **Ultrasound imaging transducer**

![](_page_37_Figure_4.jpeg)

#### Ultrasound transducer array

![](_page_38_Figure_2.jpeg)

# Block diagram of a diagnostic imaging system

![](_page_39_Figure_2.jpeg)

Duck p. 106

#### Beam

![](_page_40_Figure_2.jpeg)

Doppler ultrasound

# Doppler ultrasound

- Austrian Physicist Christian Doppler (1803-1853)
- Famous for describing the Doppler effect
  - Shift in wave frequency when the wave source or the observer is moving

![](_page_42_Picture_4.jpeg)

#### Doppler shift

![](_page_43_Figure_1.jpeg)

Doppler shift:

$$\Delta f = \frac{2f\nu}{c}\cos\theta$$

f = change in frequency  $\Delta f$  = frequency of the incident wave v = velocity of the flow c = speed of sound  $\theta$  = angle of incidence

#### Continuous-wave Doppler

![](_page_44_Figure_1.jpeg)

# Doppler imaging

- Color Doppler
- Power Doppler
- Spectral Doppler
- Used to visualize and quantify blood flow or organ movement
  - Blood clots
  - Malfunctioning valves in leg veins
  - Heart valve defects and heart disease
  - Arterial occlusion
  - Decreased blood circulation in legs
  - Aneurysms
  - Narrowing of an artery, *e.g.* carotid artery stenosis
  - Umbilical cord

### Color Doppler and Spectral Doppler

![](_page_46_Figure_1.jpeg)

PSV = peak systolic velocity; EDV = end diastolic velocity

# Color Doppler

- Provides velocity of the blood flow
- Angle-dependent
- Blue color = away from transducer
- Red color = towards transducer

![](_page_47_Figure_5.jpeg)

PSV = peak systolic velocity; EDV = end diastolic velocity

# Spectral Doppler

- Provides distribution of velocities of the blood flow within ROI
- Angle-dependent

![](_page_48_Figure_3.jpeg)

PSV = peak systolic velocity; EDV = end diastolic velocity

# Society of Radiologists in Ultrasound (SRU) consensus, internal carotid artery stenosis

This consensus developed recommendations for the diagnosis and stratification of ICA stenosis.

[PSV = peak systolic velocity; EDV = end diastolic velocity; ICA = internal carotid artery; CCA = common carotid artery] **normal** 

- ICA PSV is <125 cm/sec and no plaque or intimal thickening is visible sonographically
- additional criteria include ICA/CCA PSV ratio<2.0 and ICA EDV<40 cm/sec

<50% ICA stenosis

- ICA PSV is **<125 cm/sec** and plaque or intimal thickening is visible sonographically
- additional criteria include ICA/CCA PSV ratio<2.0 and ICA EDV<40 cm/sec

50-69% ICA stenosis

- ICA PSV is **125-230 cm/sec** and plaque is visible sonographically
- additional criteria include ICA/CCA PSV ratio of 2.0-4.0 and ICA EDV of 40-100 cm/sec

≥70% ICA stenosis but less than near occlusion

- ICA PSV is >230 cm/sec and visible plaque and luminal narrowing are seen at gray-scale and colour Doppler ultrasound (the higher the Doppler parameters lie above the threshold of 230 cm/sec, the greater the likelihood of severe disease)
- additional criteria include ICA/CCA PSV ratio>4 and ICA EDV **>100 cm/sec** near occlusion of the ICA
- velocity parameters may not apply, since velocities may be high, low, or undetectable
- diagnosis is established primarily by demonstrating a markedly narrowed lumen at colour or power Doppler ultrasound total occlusion of the ICA:
- no detectable patent lumen at gray-scale US and no flow with spectral, power, and colour Doppler ultrasound
- there may be compensatory increased velocity in the contralateral carotid

Elastography

# Imaging of tissue elasticity

- Different pathologies can change the stiffness of the tissue as compared to the surrounding tissue
  - E.g. cancer tissue can be calcified and "hard", whereas the surrounding tissue is non-calcified and "soft"

![](_page_51_Figure_3.jpeg)

# Different approaches

![](_page_52_Figure_1.jpeg)

Sigrist et al. 2017: doi: 10.7150/thno.18650

### Basic principles: strain elastography

![](_page_53_Figure_1.jpeg)

#### Basic principles: strain elastography

![](_page_54_Figure_1.jpeg)

### Basic principles: strain elastography

![](_page_55_Figure_1.jpeg)

Treece et al. 2011, doi:10.1098/rsfs.2011.0011

# Basic principles: strain elastography (phantom)

B-mode imaging

![](_page_56_Picture_2.jpeg)

Strain image

![](_page_56_Picture_4.jpeg)

Hard inclusion

# Basic principles: strain elastography (breast)

![](_page_57_Figure_1.jpeg)