

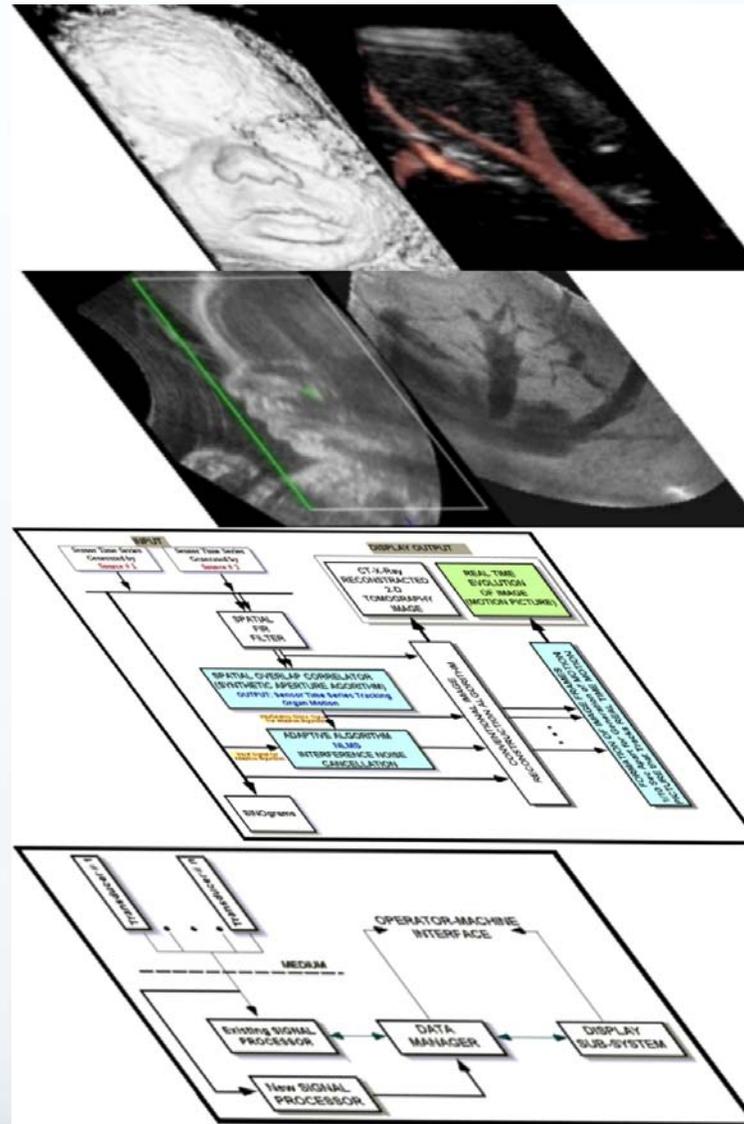
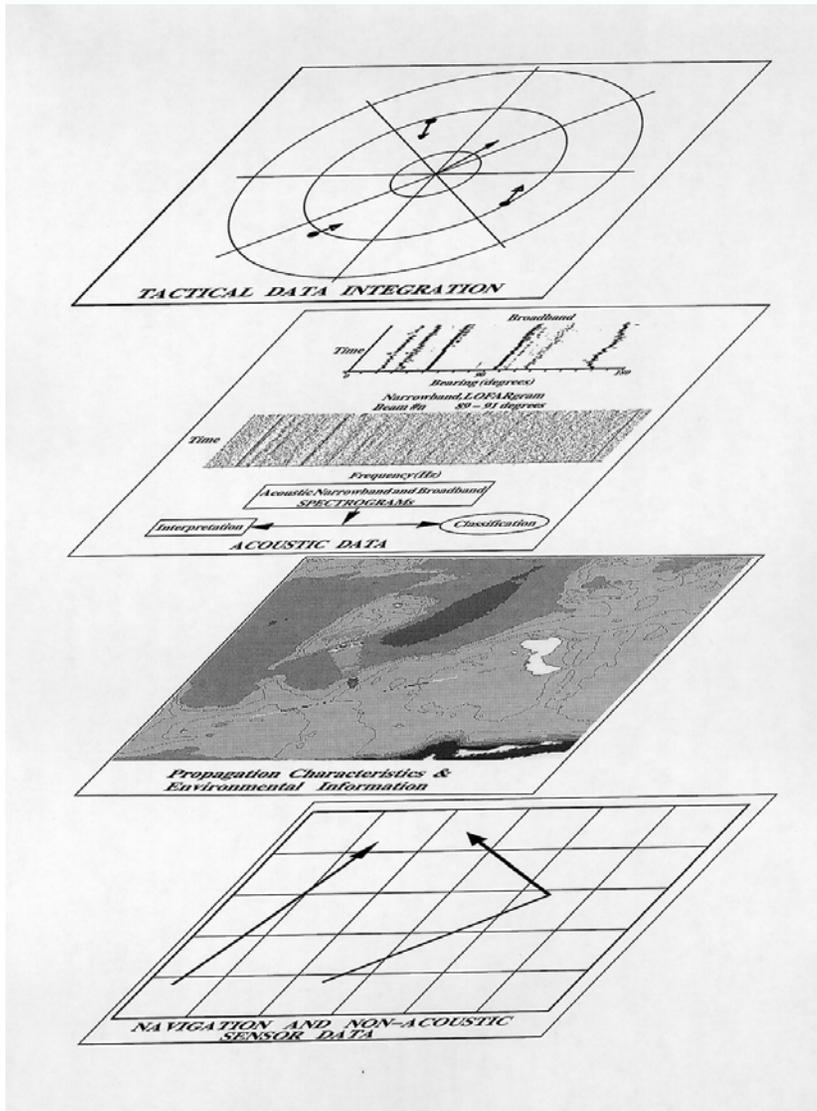
# Advanced Signal Processing for Non-Invasive Medical Diagnostic System Applications

Presented at the MITACS Conference  
University of Toronto, 20-24 June 2011

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Defence R&D Canada  
Dept. of ECE, University of Toronto

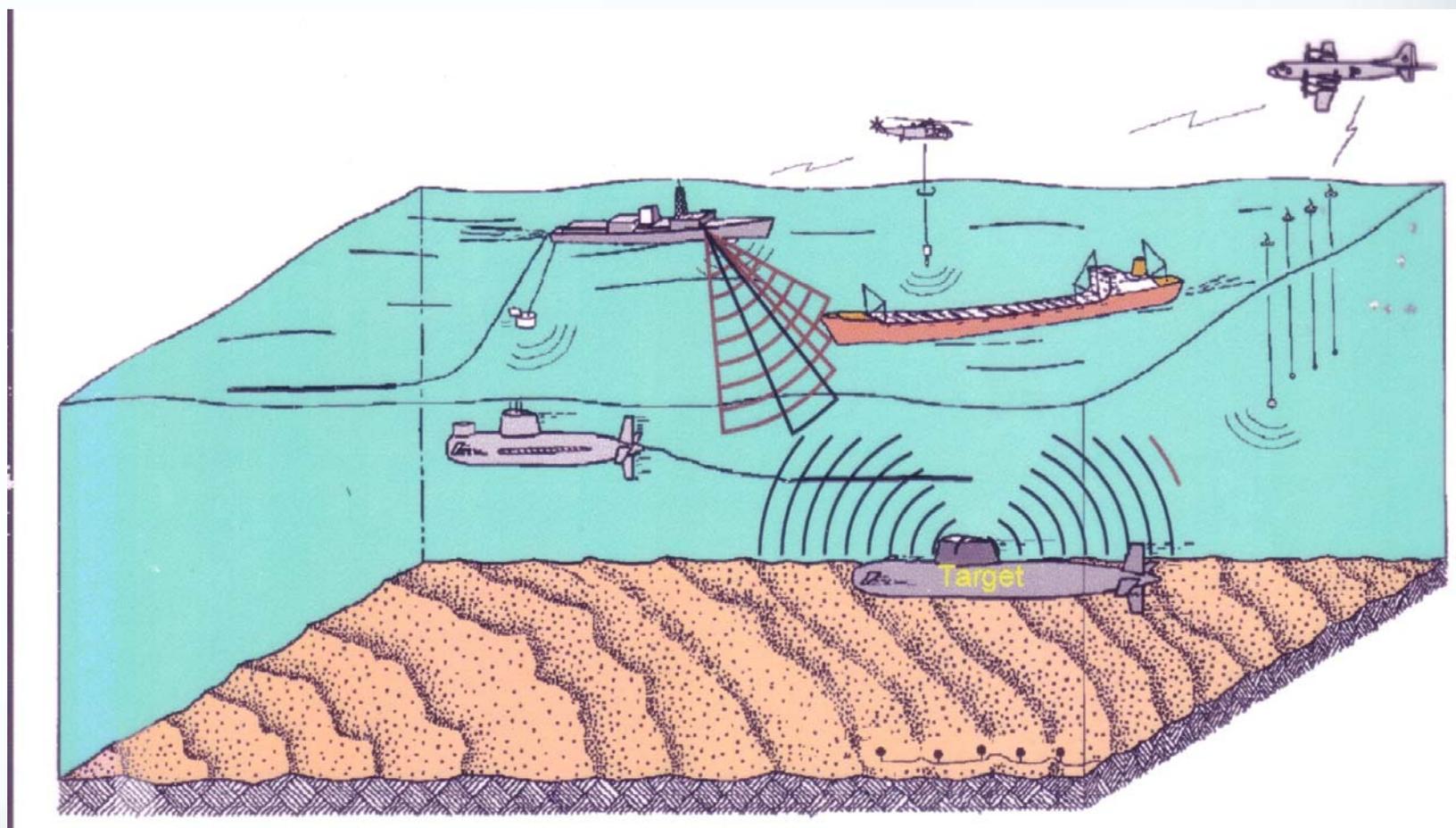


# Integration of Different Levels of Information for Sonar, Radar and Medical Imaging Systems



# Sonar Operations

Past experience was focused on Active & Passive Sonar Operations for a wide variety of Naval Platforms with different type of sensors deployed in an underwater environment



# Advanced 3D Beamformers for Multi-Sensor Sonar Systems

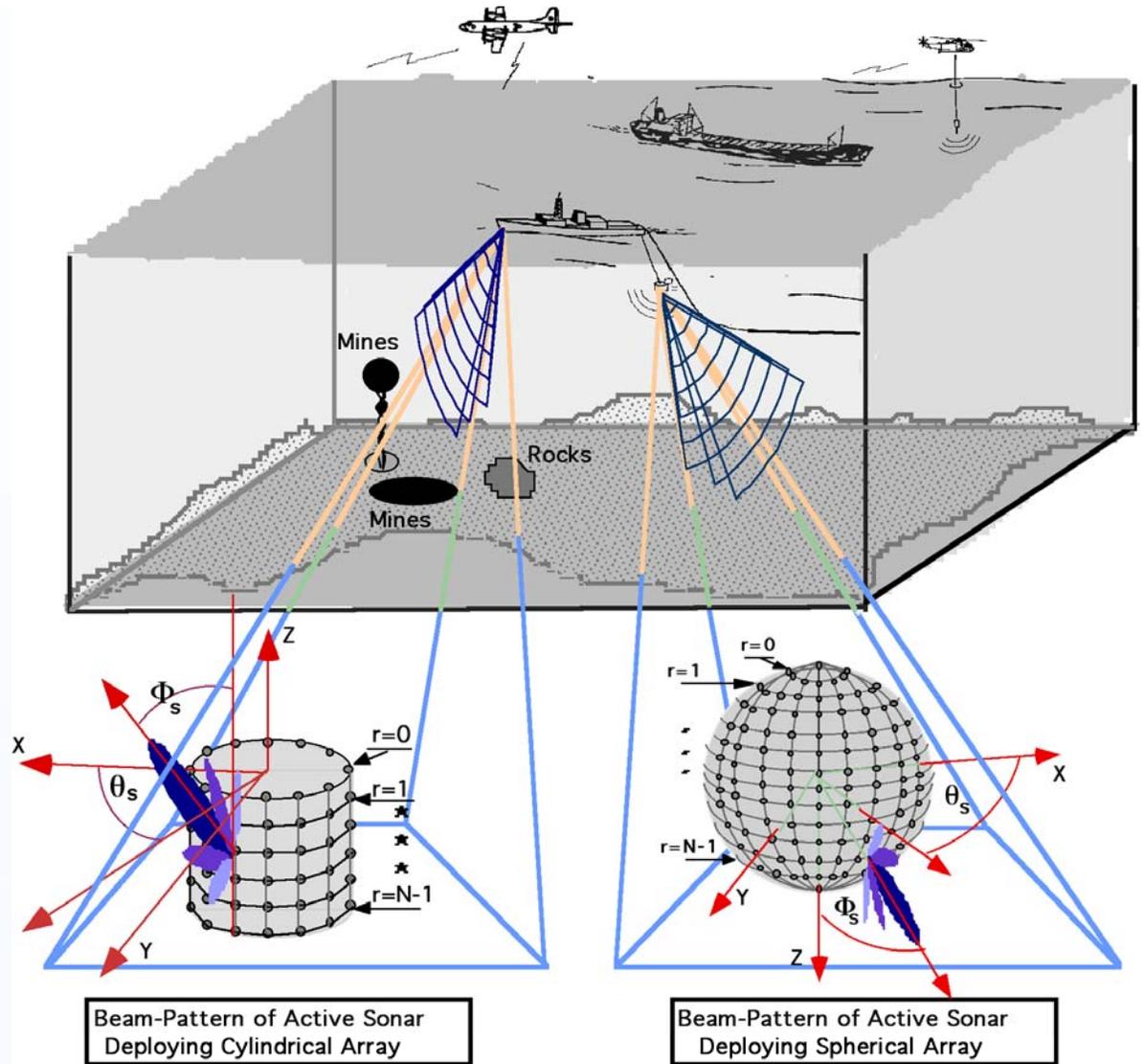
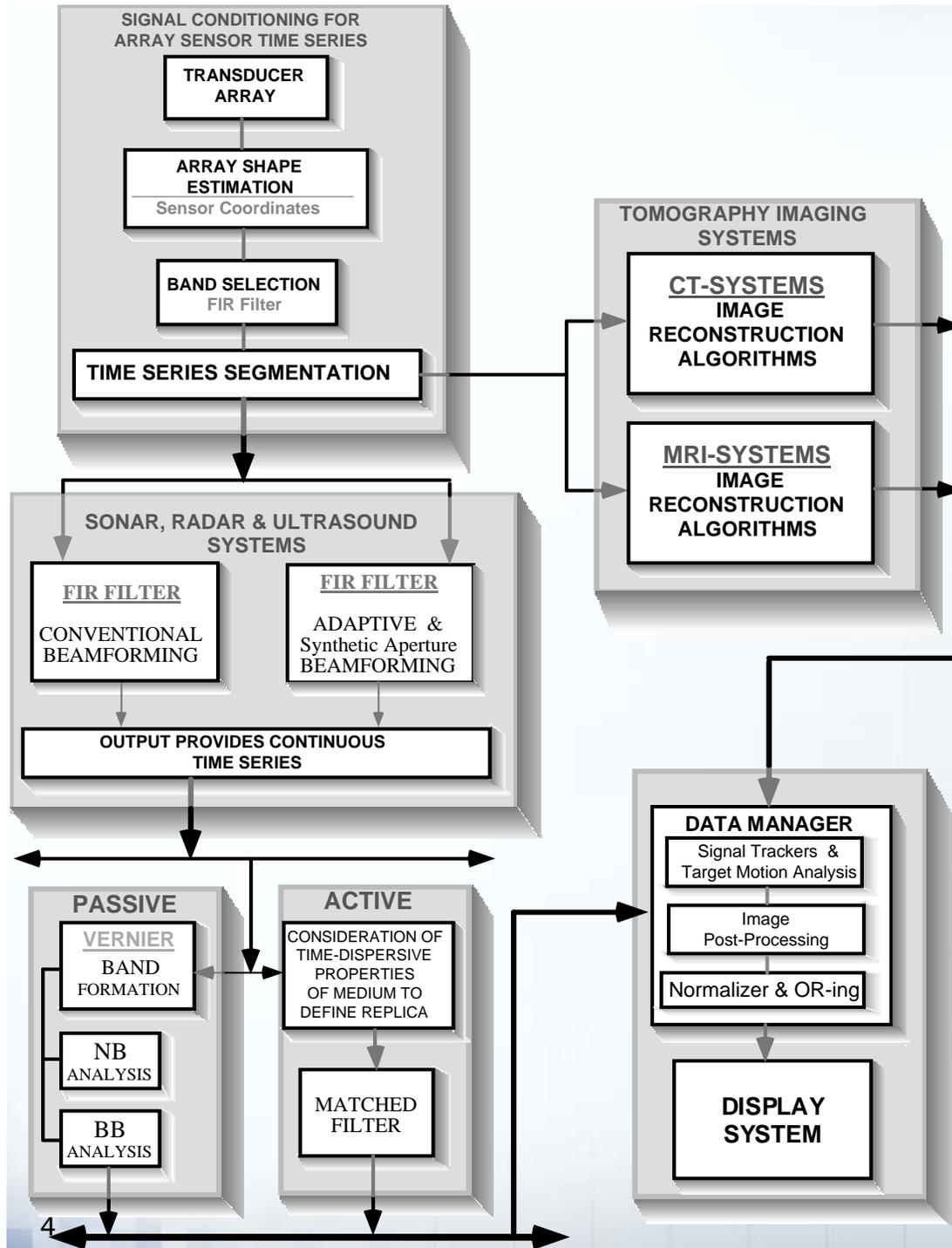


Figure 1



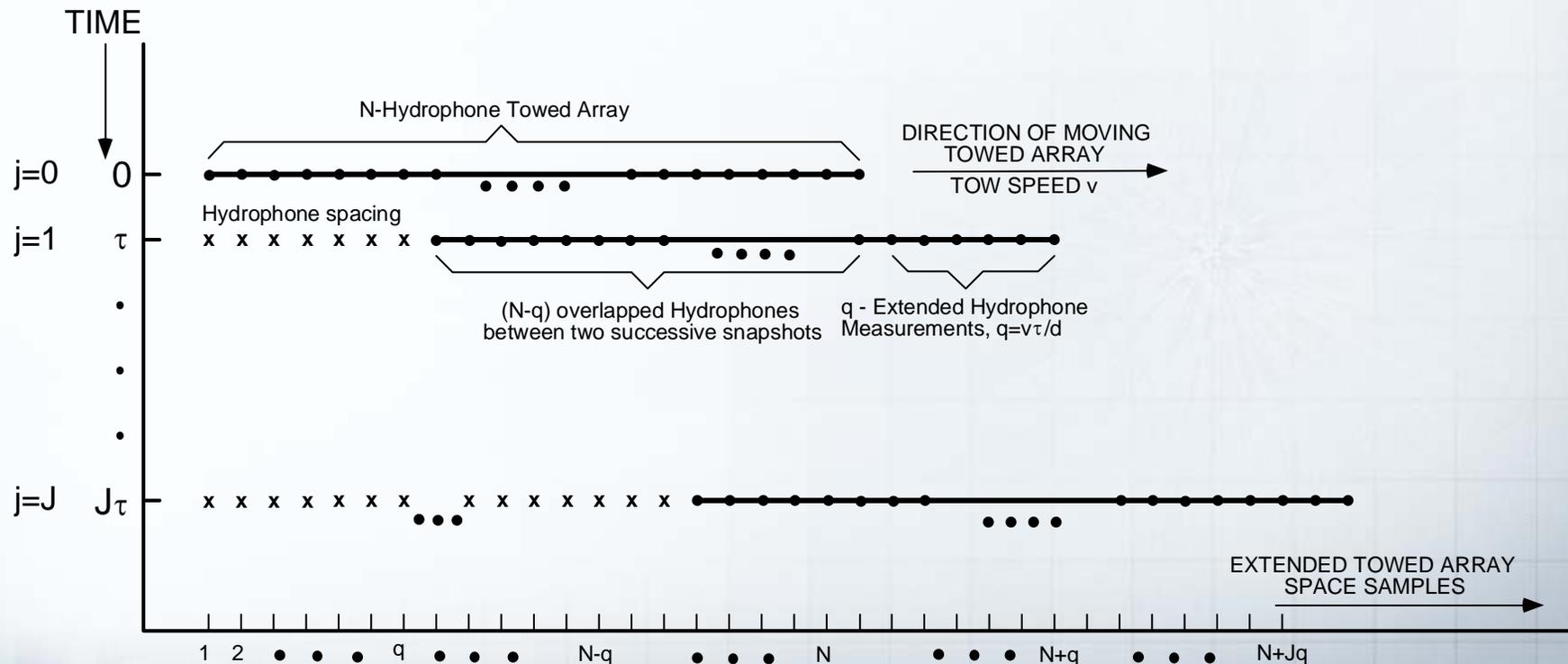
# Generic Signal Processing Structure

# Synthetic Aperture for Sonar and Radar Systems

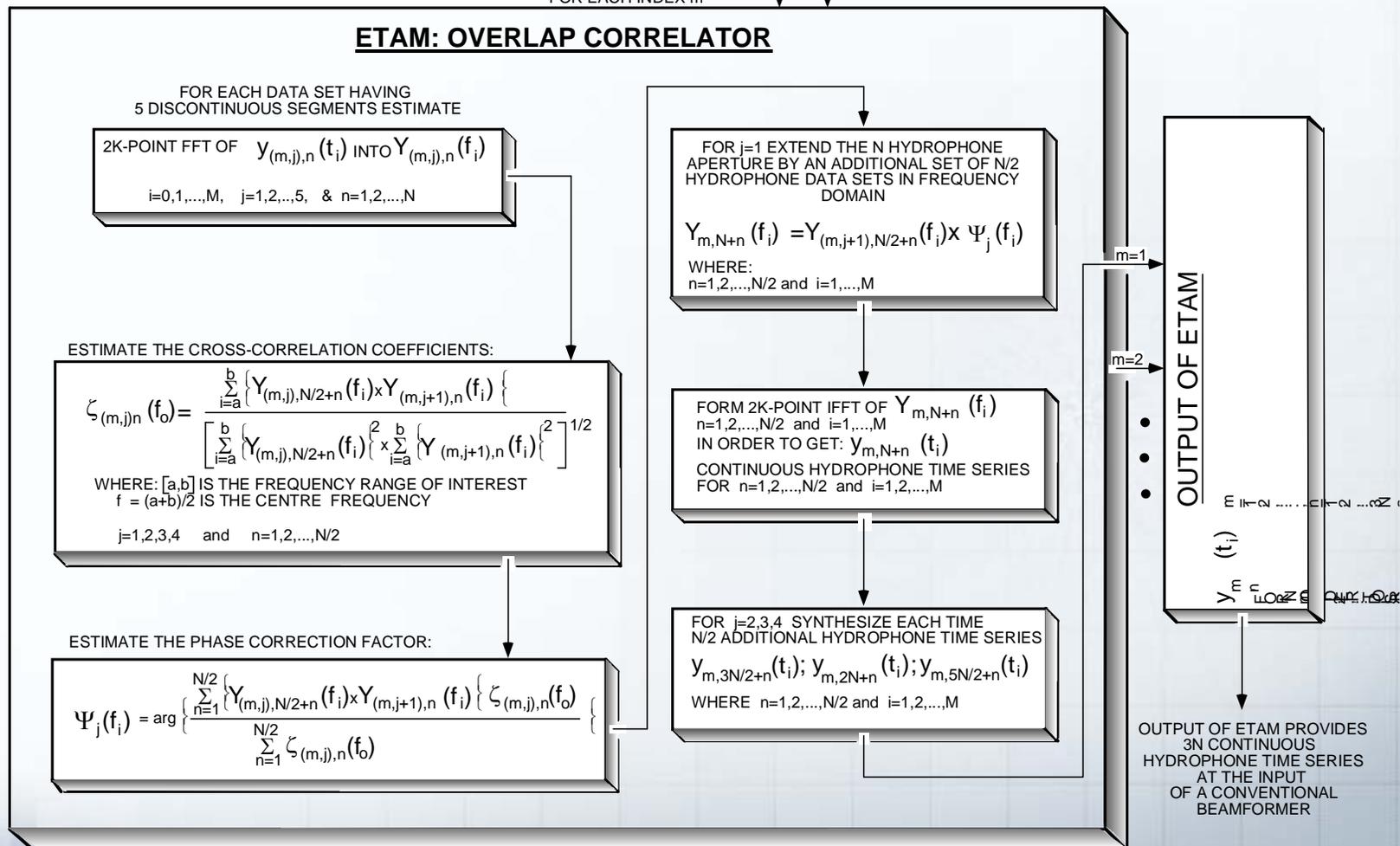
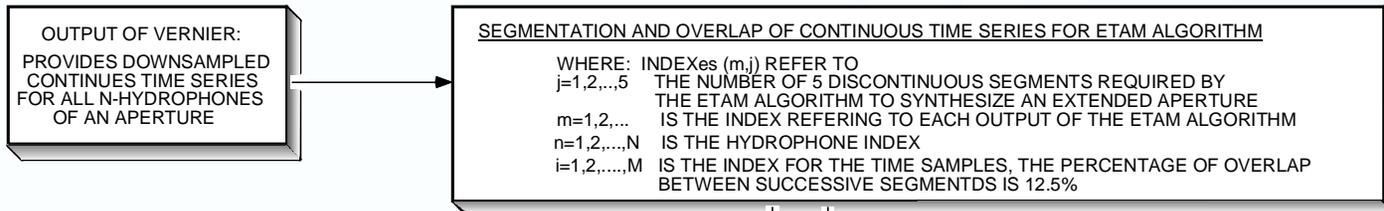
$$x_n(t_i + \tau) = \exp(j2\pi f_o \tau) A \exp \left[ j2\pi f_o \left( t_i - \frac{vt_i + (q + n - 1)\delta}{c} \sin \theta \right) \right] + \varepsilon_{n,i}^\tau$$

**Overlap Correlator**       $v\tau = qd$

$$\tilde{X}_n(f)_\tau = \exp(j2\pi f_o \tau) \tilde{X}_n(f)$$



# Synthetic Aperture for Sonar and Radar Systems



# Adaptive Sup-Aperture Structure for Line Arrays

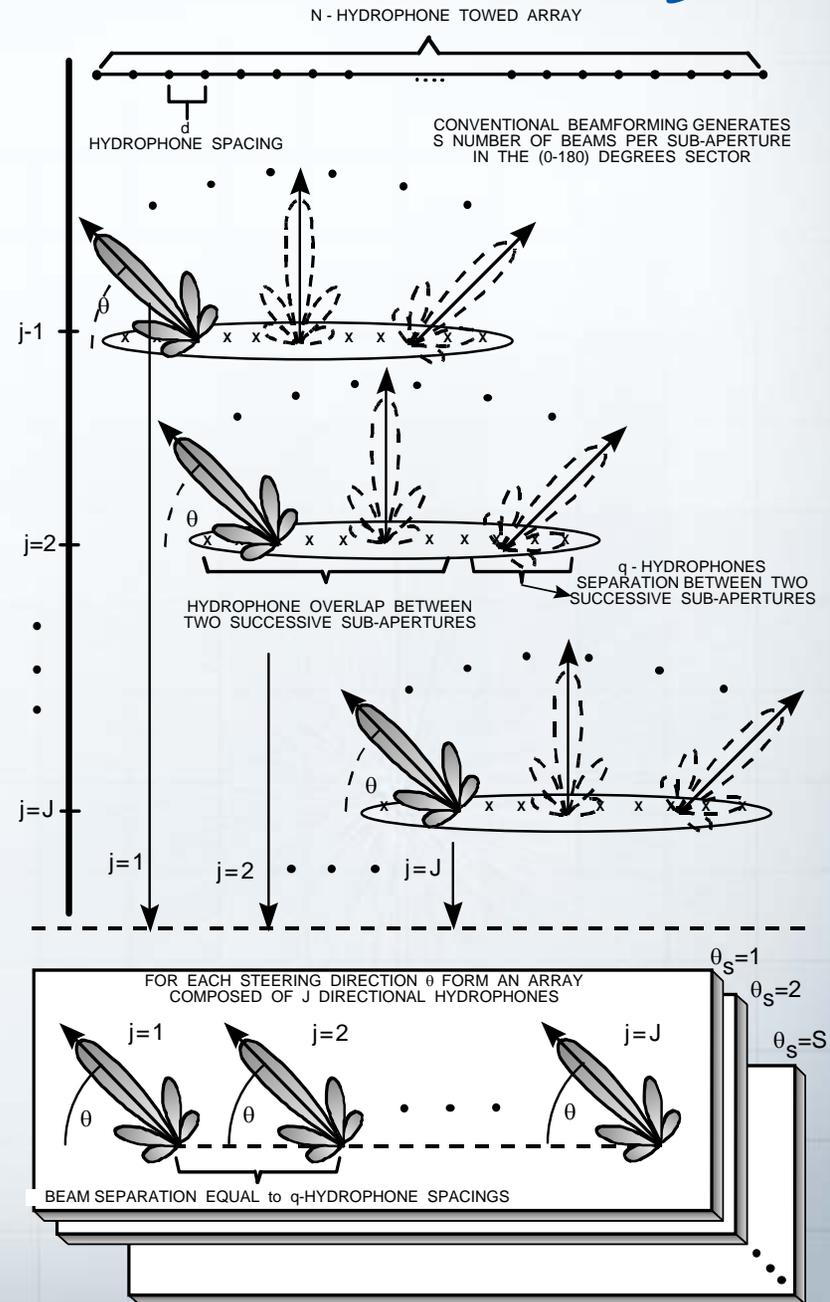
The line array is divided into a number of sub-arrays that overlap.

The sub-arrays are beamformed using the conventional approach; and this is the first stage of beamforming.

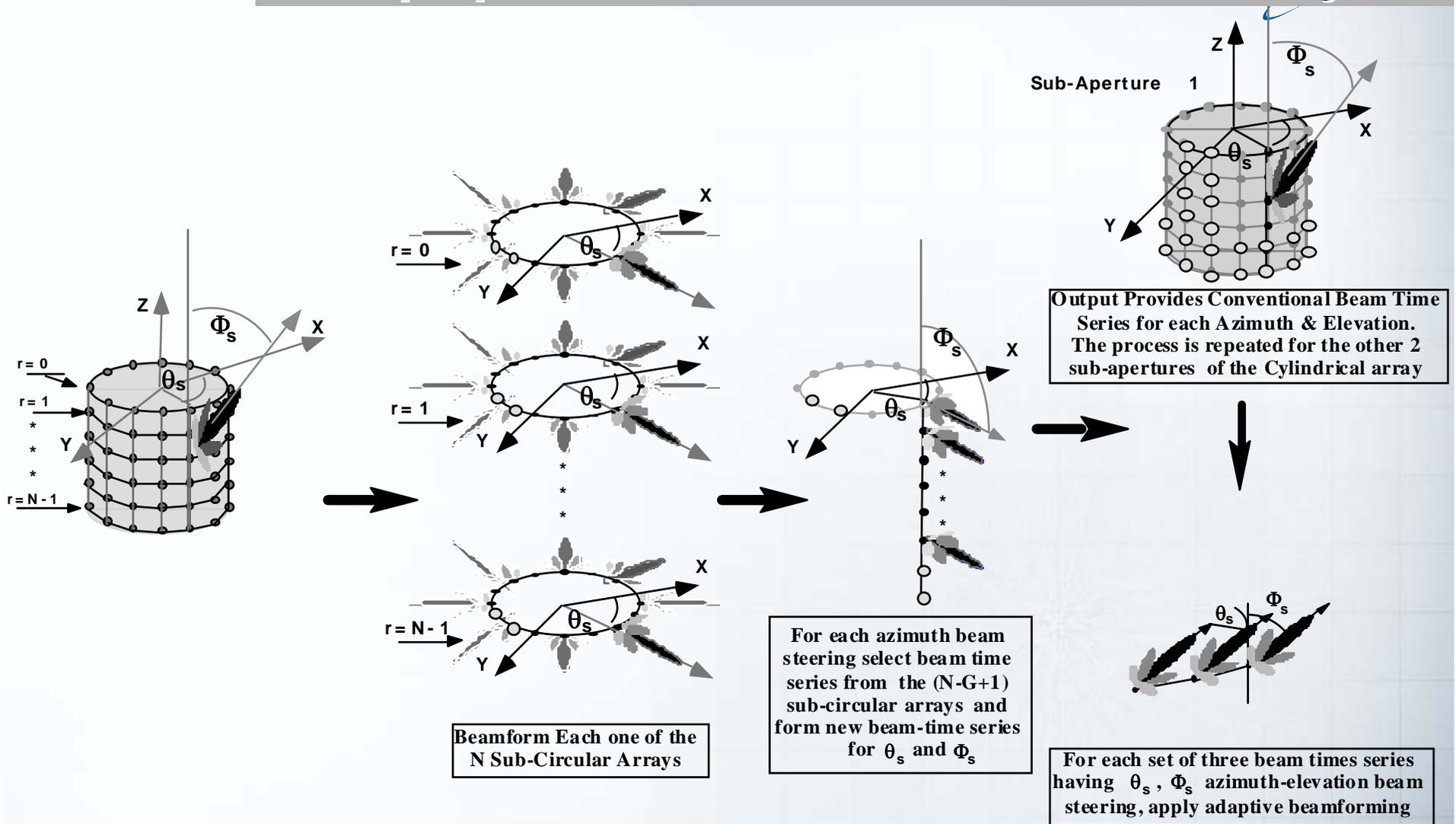
Then, we form a number of sets of beams with each set consisting of beams that are steered at the same direction but each one of them generated by a different sub-array.

A set of beams of this kind is equivalent to a line array that consists of directional sensors steered at the same direction, with sensor spacing equal to the space separation between two contiguous sub-arrays and with the number of sensors equal to the number of sub-arrays.

The second stage of beamforming implements an adaptive scheme on the above kind of set of beams, as illustrated in Figure.

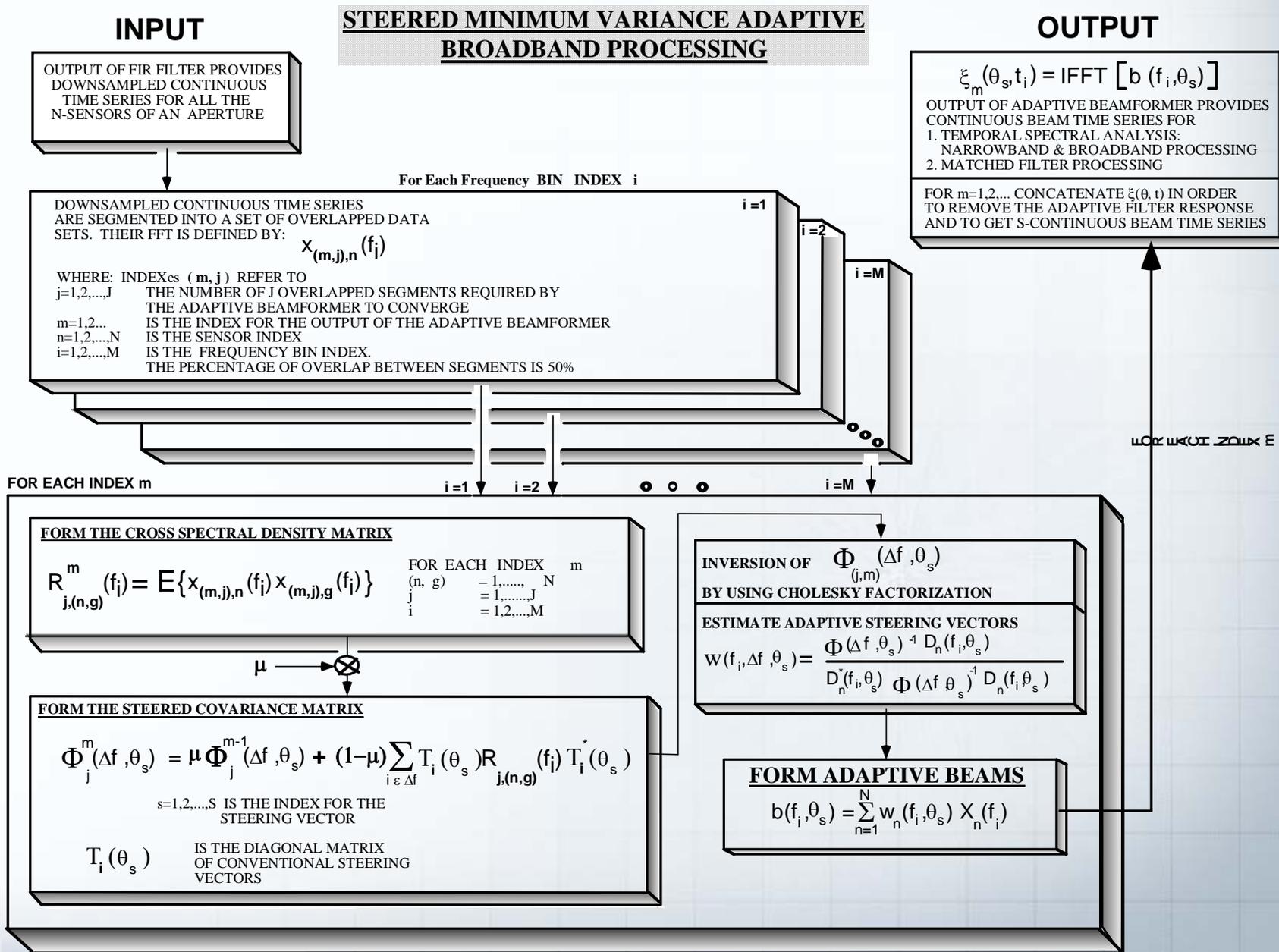


# Sup-Aperture Structure for CiLindrical Arrays

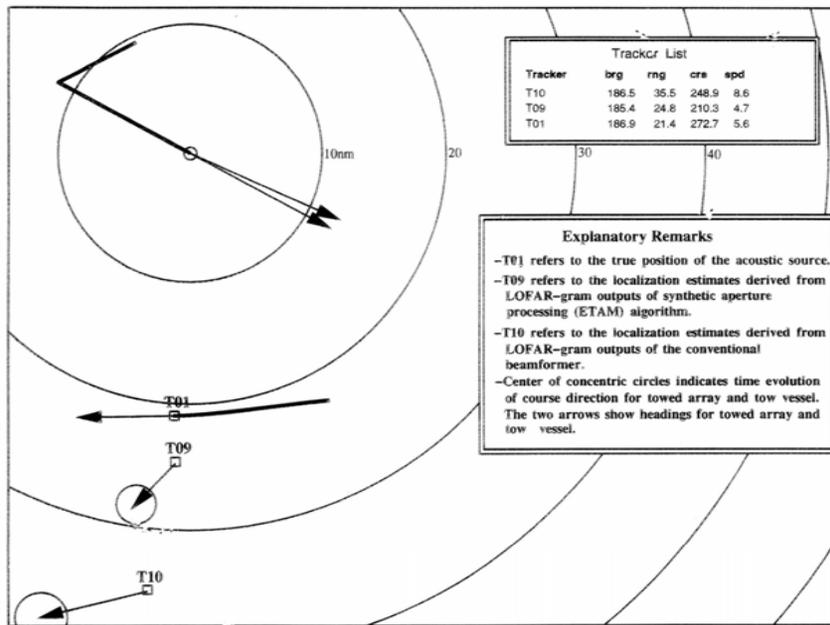
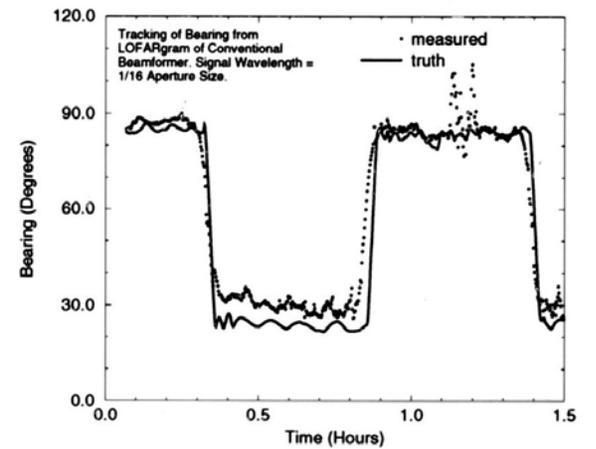
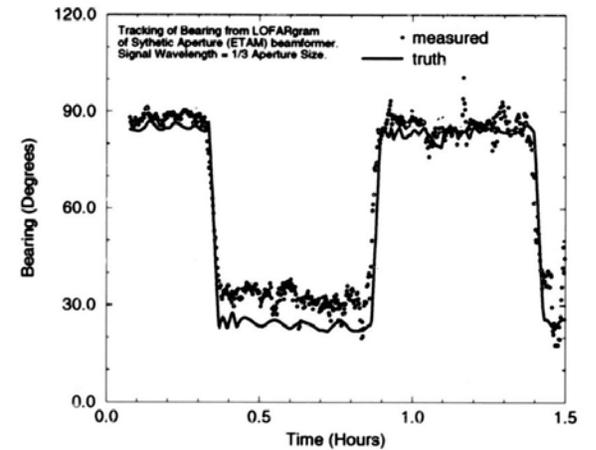
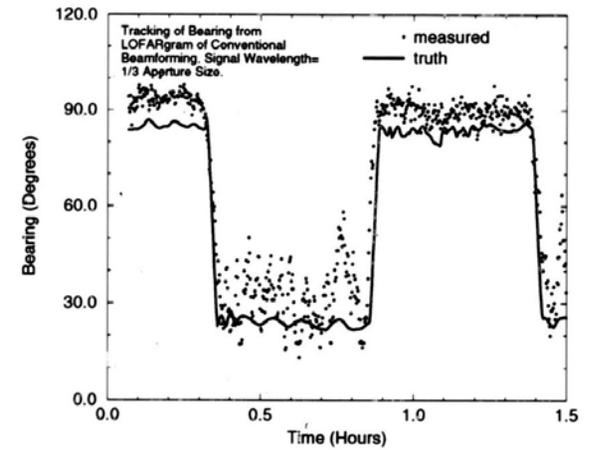
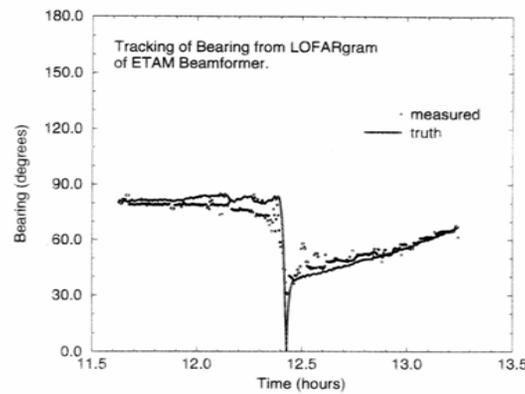
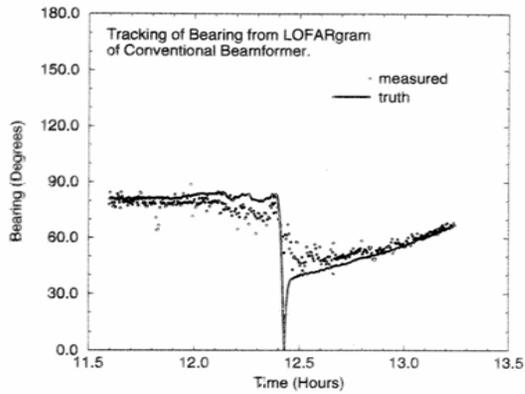


Stergiopoulos S. and Geoffrey Edelson, "Theory and Implementation of Advanced Signal processing for Active and Passive Sonar Systems", *Handbook on Advanced Signal Processing for Sonar, Radar and Medical Imaging Systems*, Editor: S. Stergiopoulos, CRC Press LLC, Boca Raton, FL, USA, March 2000.

# Adaptive Processing for Sonar Systems

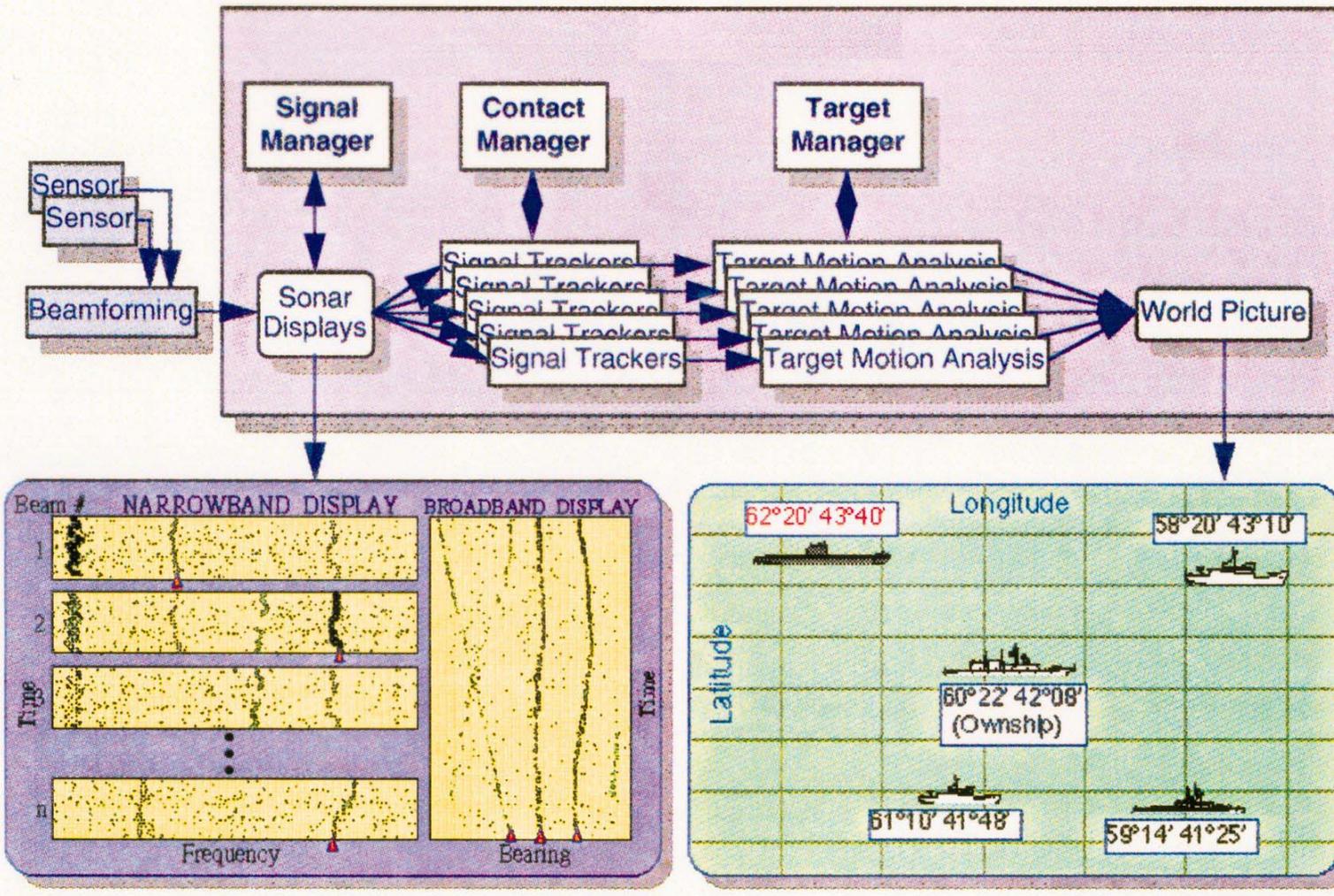


Stergiopoulos S., "Implementation of Adaptive and Synthetic Aperture Beamformers in Sonar Systems", The Proceedings of the IEEE , 86(2), 358-396, Feb. 1998.



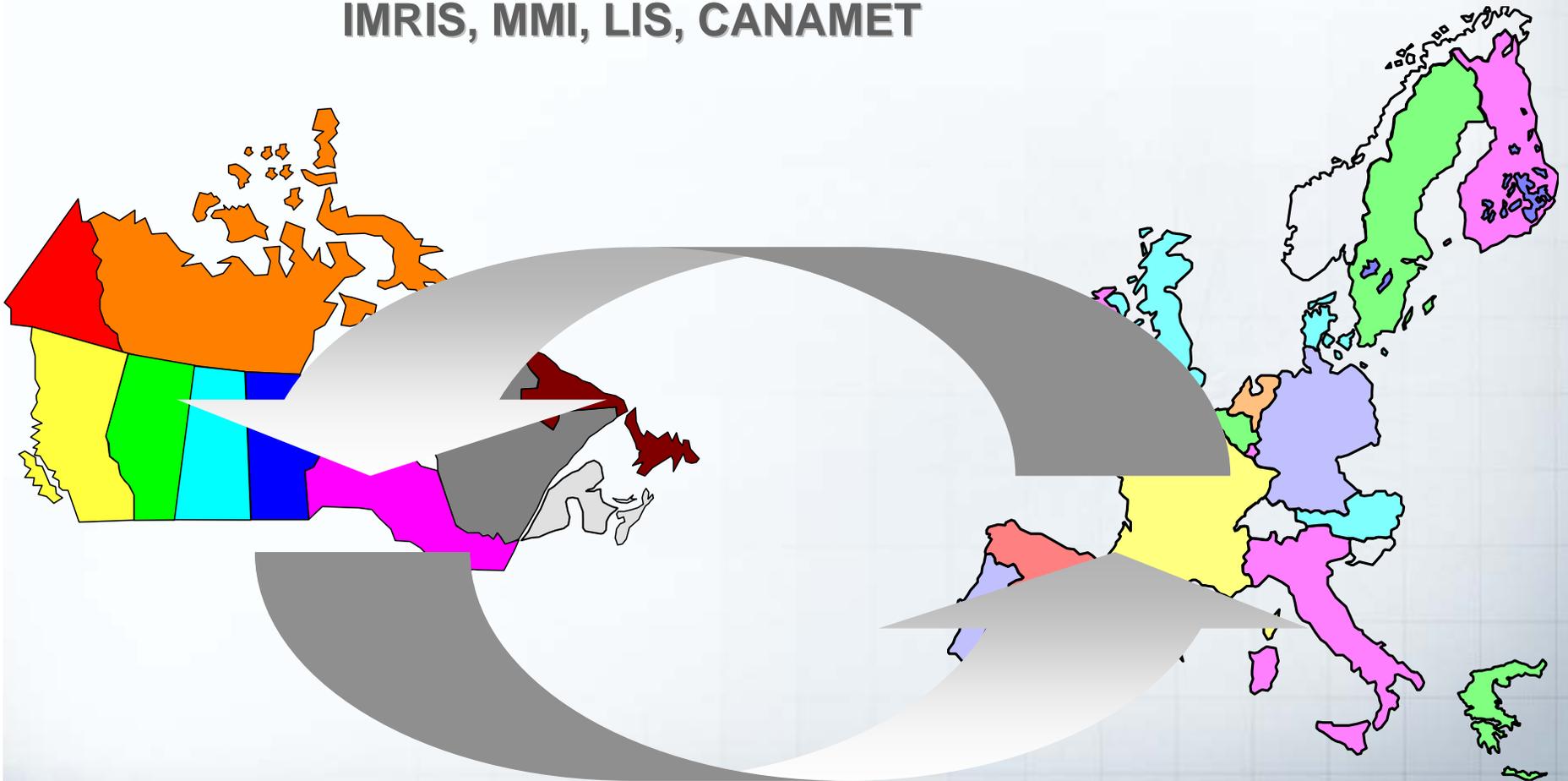
# Tactical Picture

## Post-Processing (**FUSION**) for Sonar and Radar



# R&D Efforts are the results of European-Canadian Collaborative Projects on x-Ray CT, MRI & 3D Ultrasound

- Europeans:** Siemens, Philips, Nucletron, Bruel Kaer, Esaote, Fraunhofer
- Canadians:** UWO, RRI, LRI, UoT, DND/DCIEM  
IMRIS, MMI, LIS, CANAMET



# FOURIER Euro-Workshop Supported by EC-IST



- ❖ **Objective:** Technical exchange among world-wide leading experts on advanced signal processing. The end result of the Fourier EuroWorkshop was the preparation of a **Handbook on Advanced Signal Processing, Theory & Implementation for Sonar Radar and Medical Imaging Systems**. Publisher is CRC-Press with Editor Dr. Stergiopoulos.



**FOURIER**  
EUROWORKSHOP ON ADVANCED SIGNAL PROCESSING  
Theory & Implementation for Radar, Sonar  
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**ADVANCED SIGNAL PROCESSING HANDBOOK**  
Theory and Implementation for Radar, Sonar, and Medical Imaging Real Time Systems  
Edited by STERGIOS STERGIOPOULOS

Advances in digital signal processing algorithms and computer technology have combined to produce real-time systems with capabilities far beyond those of just a few years ago. Nonlinear, adaptive methods for signal processing have emerged to provide better array gain performance, however, they lack the robustness of conventional algorithms. The challenge remains to develop a concept that exploits the advantage of both—algorithms that integrate these methods in practical, real-time systems.

The *Advanced Signal Processing Handbook* helps you meet that challenge. Beyond offering an outstanding introduction to the principles and applications of advanced signal processing, it develops a generic processing structure that takes advantage of the similarities that exist among radar, sonar, and medical imaging systems and integrates conventional and nonlinear processing schemes. The Handbook also:

- Summarizes the state-of-the-art application of advanced processing concepts in sonar, radar, and medical imaging and points out their applicability, benefits, and potential
- Disseminates the results of research funded by government and military agencies
- Develops a generic concept for implementing adaptive, synthetic aperture processing schemes
- Illustrates concepts, techniques, and applications with more than 400 figures, photographs, and images
- Bridges a variety of related fields to provide a comprehensive reference for current and emerging applications

The *Advanced Signal Processing Handbook* presents the most recent theoretical developments in signal and image processing. More than 35 international experts identify applications and assess the impact and improvements of advanced processing techniques in sensor systems, medical imaging systems, and industrial applications of CT and ultrasound imaging systems. They show how modern technology can be applied to development of current systems and guide you into the next generation active and passive real-time systems.

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**ADVANCED SIGNAL PROCESSING HANDBOOK**  
STERGIOPOULOS

**ADVANCED SIGNAL PROCESSING HANDBOOK**  
Theory and Implementation for Radar, Sonar, and Medical Imaging Real Time Systems

Edited by STERGIOS STERGIOPOULOS

CRC

# EC-IST Funding



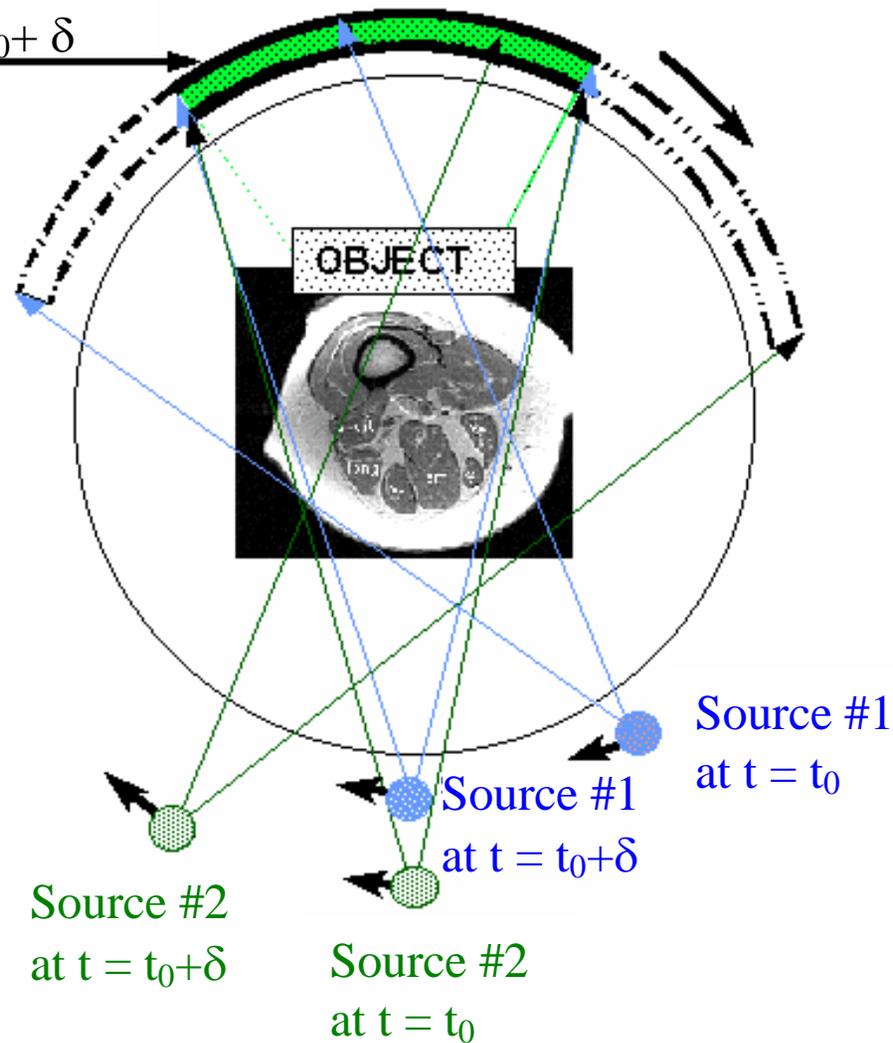
- EC-Esprit #26764-New Roentgen**      Project: Cardiac X-ray CT,  
Total funding: Euro 1.5 million, 1998-2000, Partners: Fraunhofer, Siemens, SEMA Group, DRDC
- EC-IST-1999-10618 MITTUG**,      Project: Ultrasound Technology for Brachytherapy applications  
Total funding: Euro 2.2 million, 2000-2003, Partners: Fraunhofer, Nucletron, DRDC-Toronto,  
University of Western Ontario(LHRI)
- EC-IST-2000-28168 MRI-MARCB**, Project: Cardiac Motion Correction for MRI imaging diagnostic  
Total funding: Euro 1.5 million, 2001-2004, Partners: Fraunhofer, Philips, DRDC-Toronto, University of  
Western Ontario(LHRI)
- EC-IST-2001-34088 ADUMS**,      Project: Fully Digital portable 3D Ultrasound Technology  
Total funding: Euro 2.0 million, 2002-2005, Partners: Fraunhofer, ESAOTE, ATMEL, CANAMET,  
University of Toronto
- EC-IST-2002, DUST**, Project: Identification of Dual-Use Military Technologies  
Total funding: Euro 0.75 million, 2002-2003, Partners: Defence European Labs from Netherlands, UK,  
Denmark, Canada DRDC
- Euro-Conference: FOURIER**      Project: Euro-Conference on Dual-Use Technologies  
Total funding: Euro 100,000, April-2000, Corfu, Greece  
Partners: World-Wide Experts from Defence and Industrial Labs from North America and EU States.

## DRDC's Technologies are in the fields of

- **Non-Invasive Medical Diagnostic 3D Imaging**
  - **Cardiac-3D CT motion correction**
  - **3D/4D Ultrasound Imaging**
  - **Image Enhancement by Blind Deconvolution**
- **Monitoring Vital Signs**
  - **Automated Motion & Noise Tolerant Blood Pressure Systems**
  - **Vital Signs (ECG, Pulse Oxymetry, Thermometers, BP)**
  - **Intracranial Ultrasound for detecting Brain Injuries and Stroke**
- **Ultra Wide Band Wireless (Interference Free) Technology**

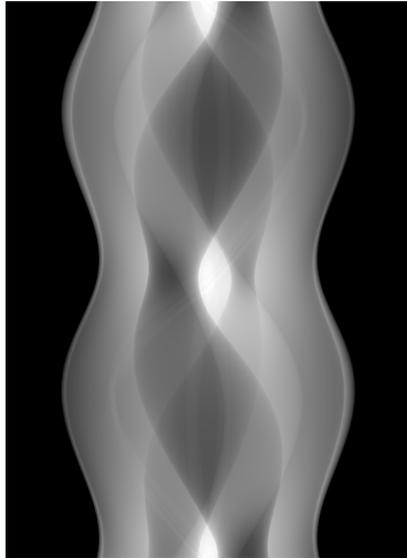
# The Spatial Overlap Correlator for x-ray CT

Spatially overlapping  
detectors sampling object with  
Source #2 at time  $t = t_0$  and  
Source #1 at time  $t = t_0 + \delta$

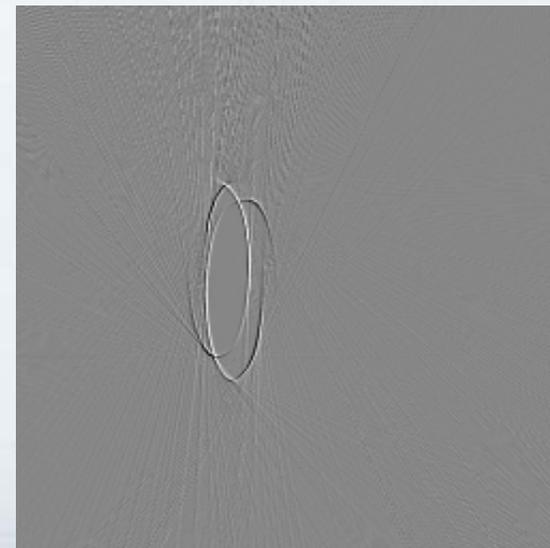
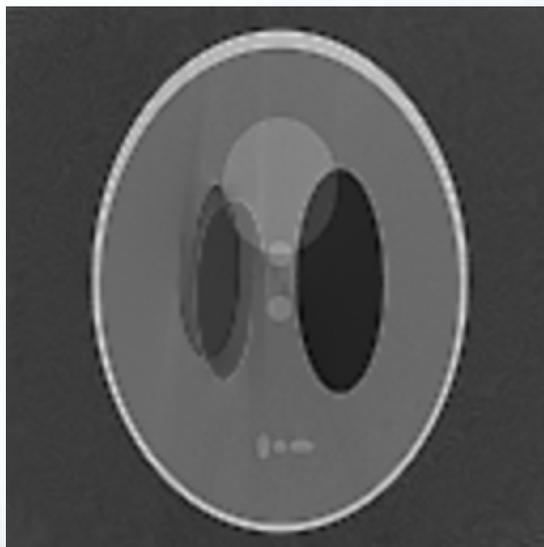


# Outputs from SOC

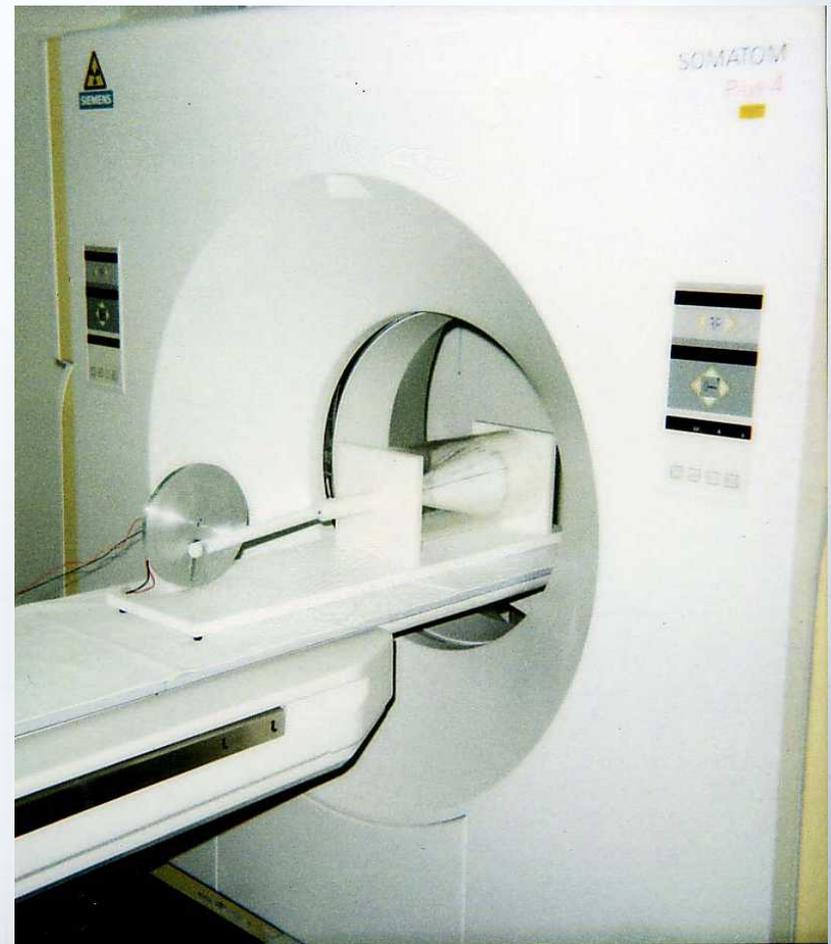
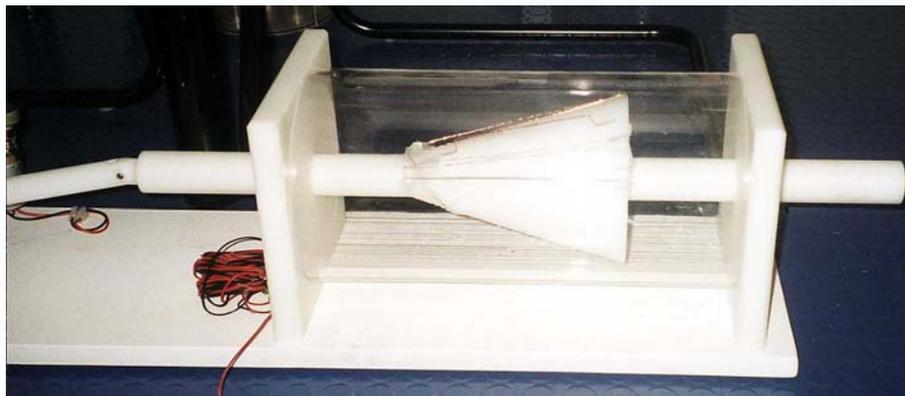
**Original**



**SOC Measurement**



# Experiments with Moving Phantom



# Experiments with Moving Phantom

Period of Motion = 0.6s

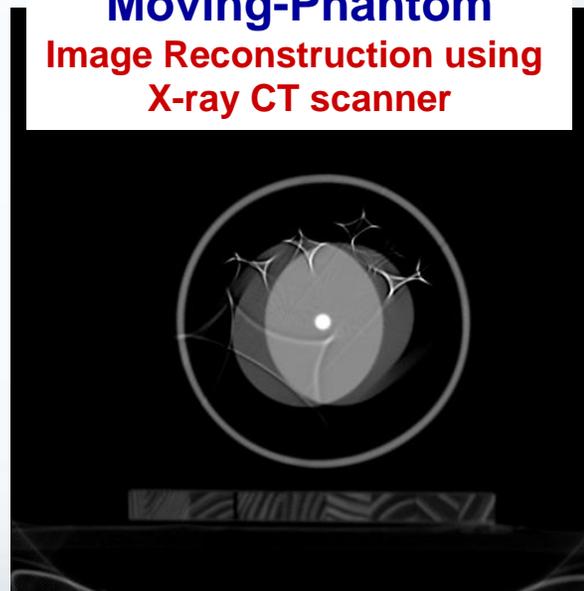
**Stationary-Phantom**



**Moving-Phantom**  
Image Reconstruction using  
CANAMET's S/W



**Moving-Phantom**  
Image Reconstruction using  
X-ray CT scanner



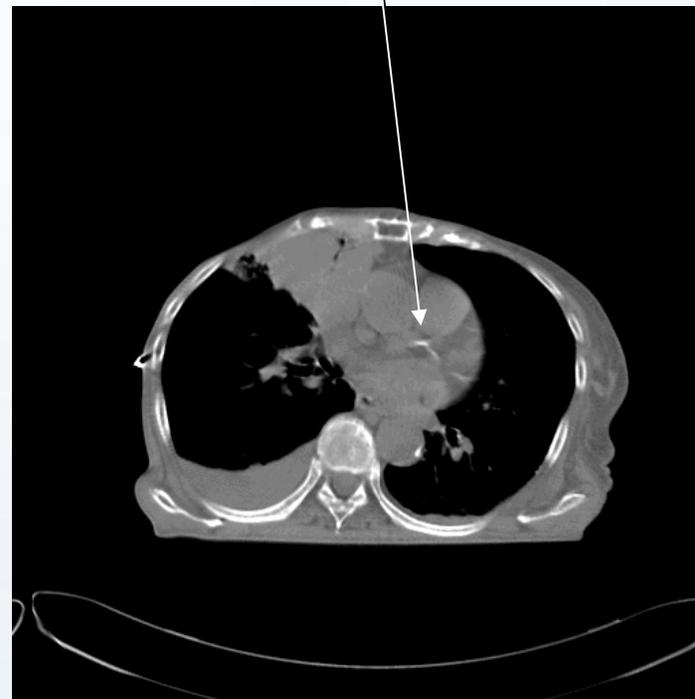
# Clinical Trials

## Cardiac Motion Correction Results

Motion artefacts present  
(calcification not visible)



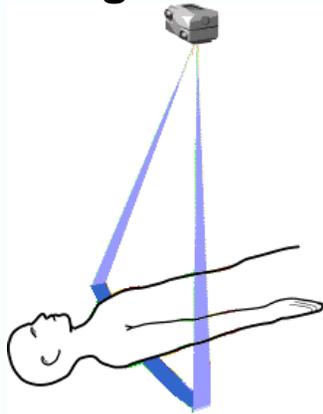
Motion artefacts removed  
(calcification visible)



# Applicable for Multi-Slice CT Scanners



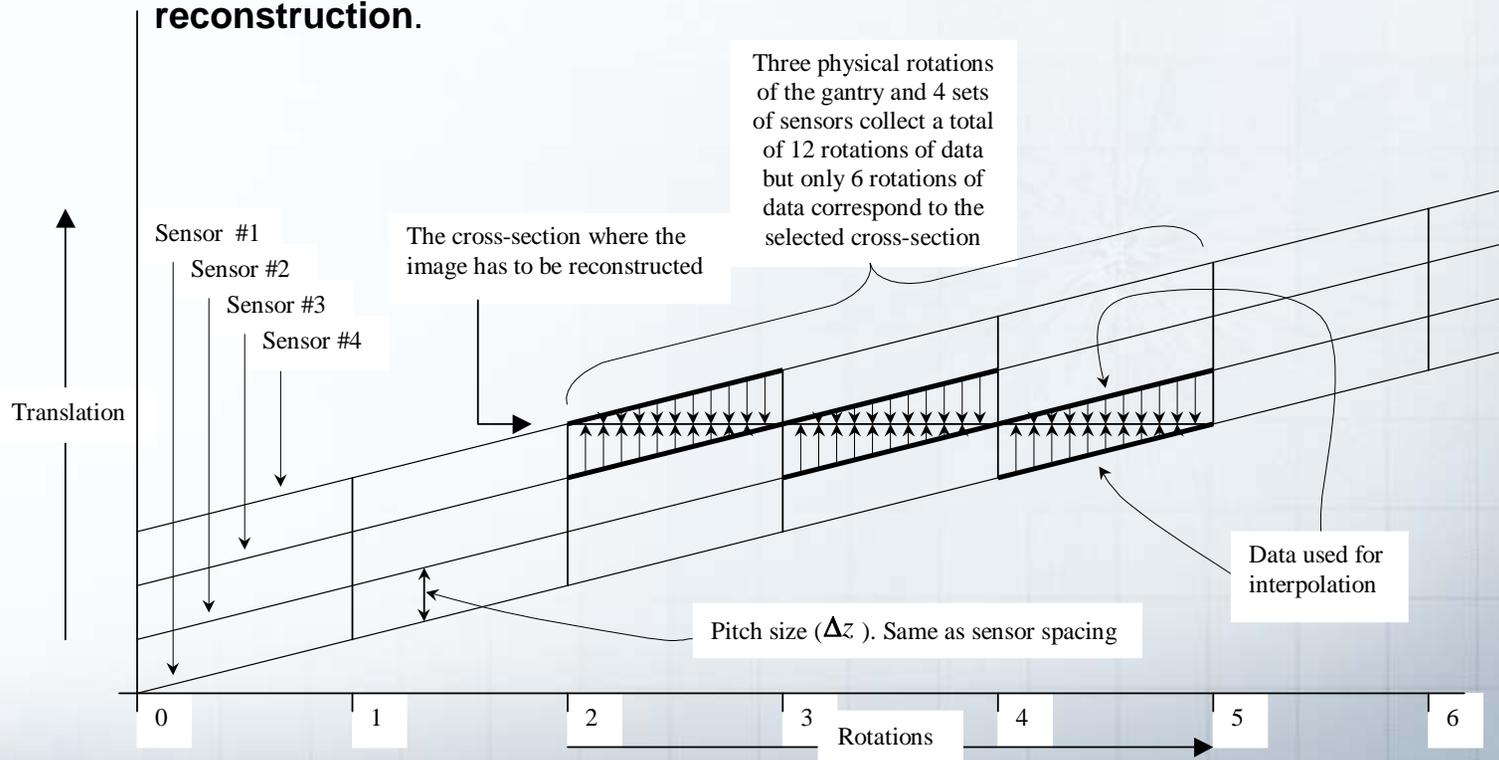
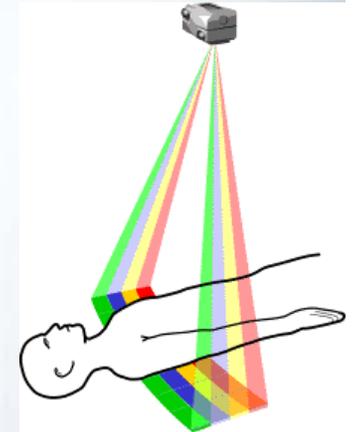
## Single Slice CT



A total of six rotations of data (shown with thick lines) are used for the given cross-section. This data was spread from  $-\Delta z$  to  $\Delta z$  around the cross-section

1. The 360-degree interpolation produced three rotation data for the selected cross-section.
2. This interpolated data is used by *motion phase identification algorithm* to detect the diastole phase of the cardiac cycle.
3. Finally, a 'clean' (180 +fan) data will be used for image reconstruction.

## Multi Slice CT



# DRDC's Cardiac CT Technology



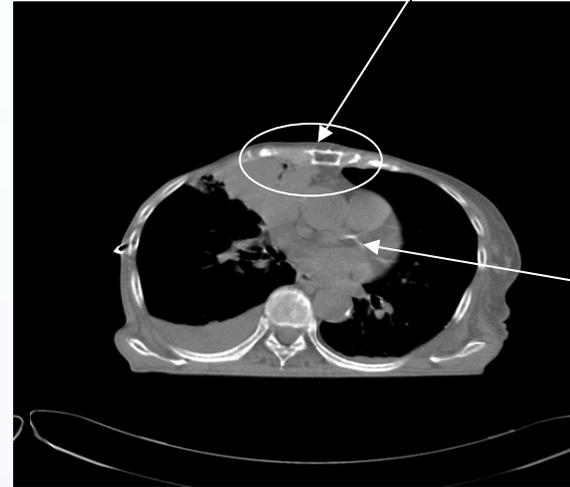
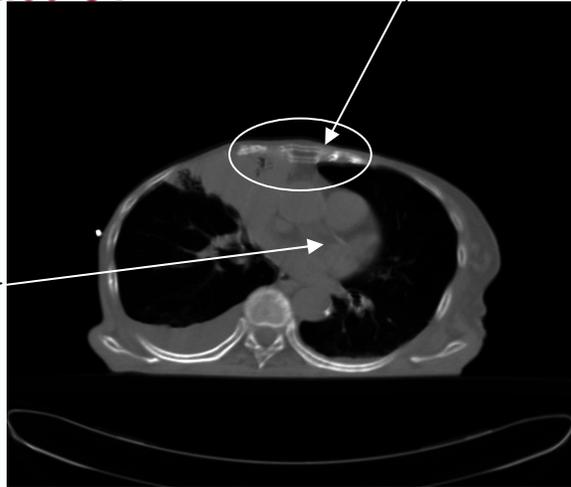
Motion Artifacts

Motion Artifacts Removed

Image Output From Single Slice CT

DRDC's CT Motion Correction Output

Blocked Heart Coronary Artery



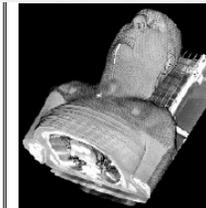
Blocked Heart Coronary Artery



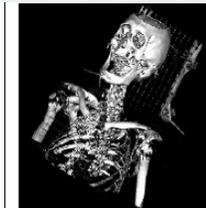
3D Visualization



3D Brain Imaging



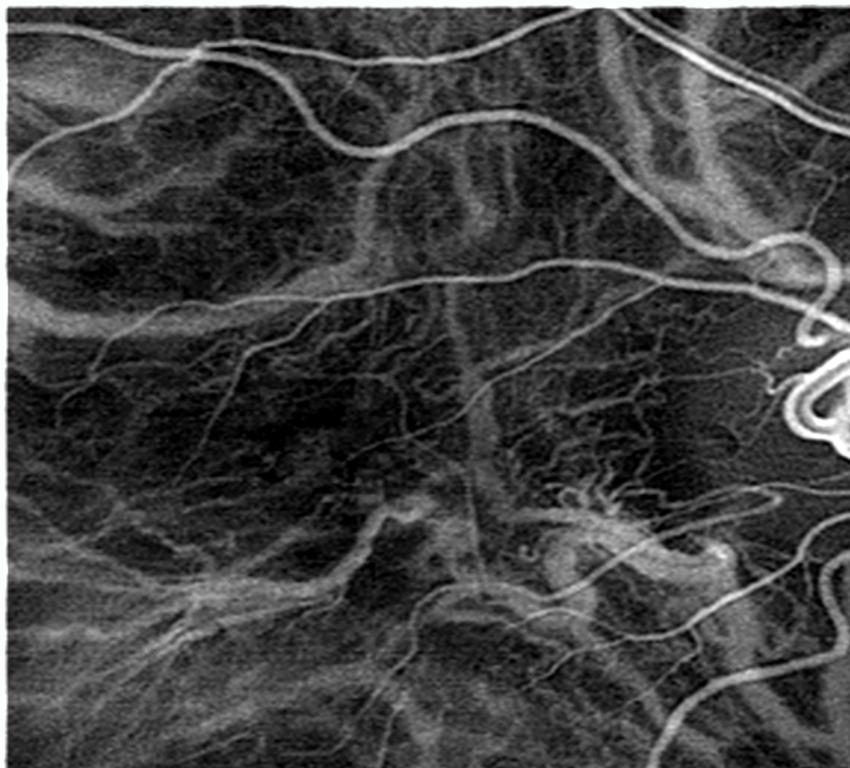
3D Cardiac & Thorax Imaging



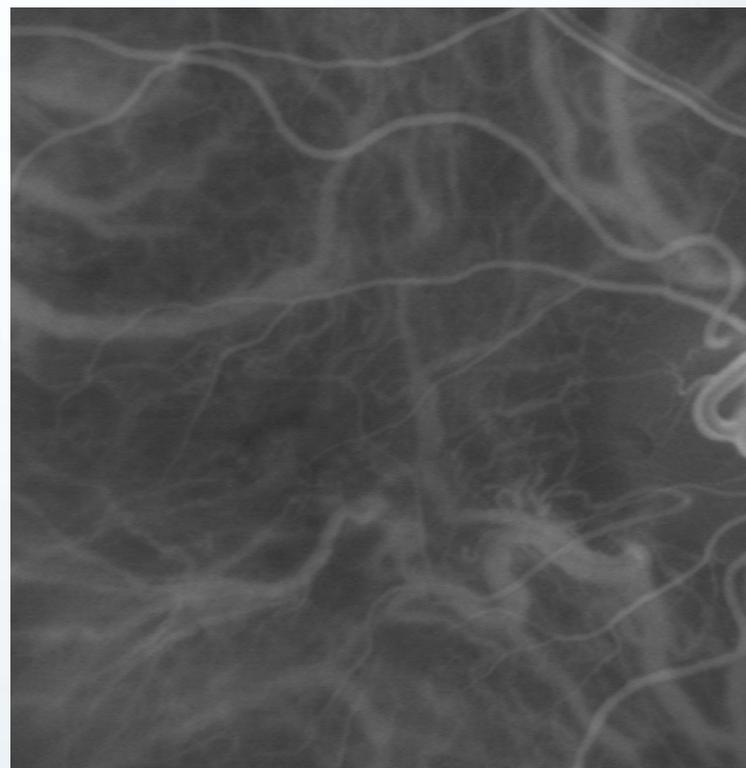
Abdominal For Prostate and Minimally Invasive Image Guided Surgery



# Image Enhancement Using Blind Deconvolution



DRDC's Blind Deconvolution  
Image processing Output for the Same Image



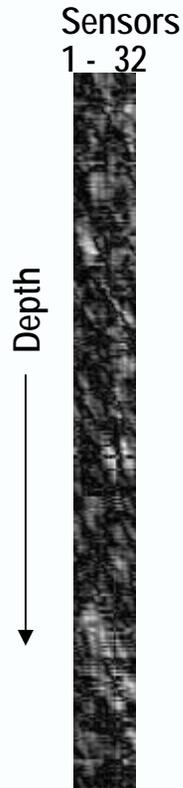
NOVADAQ's Original Image

# Acoustic Tomography for Detecting Land Mines

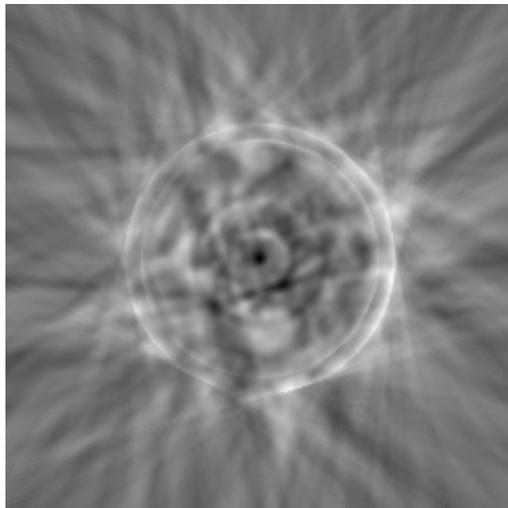
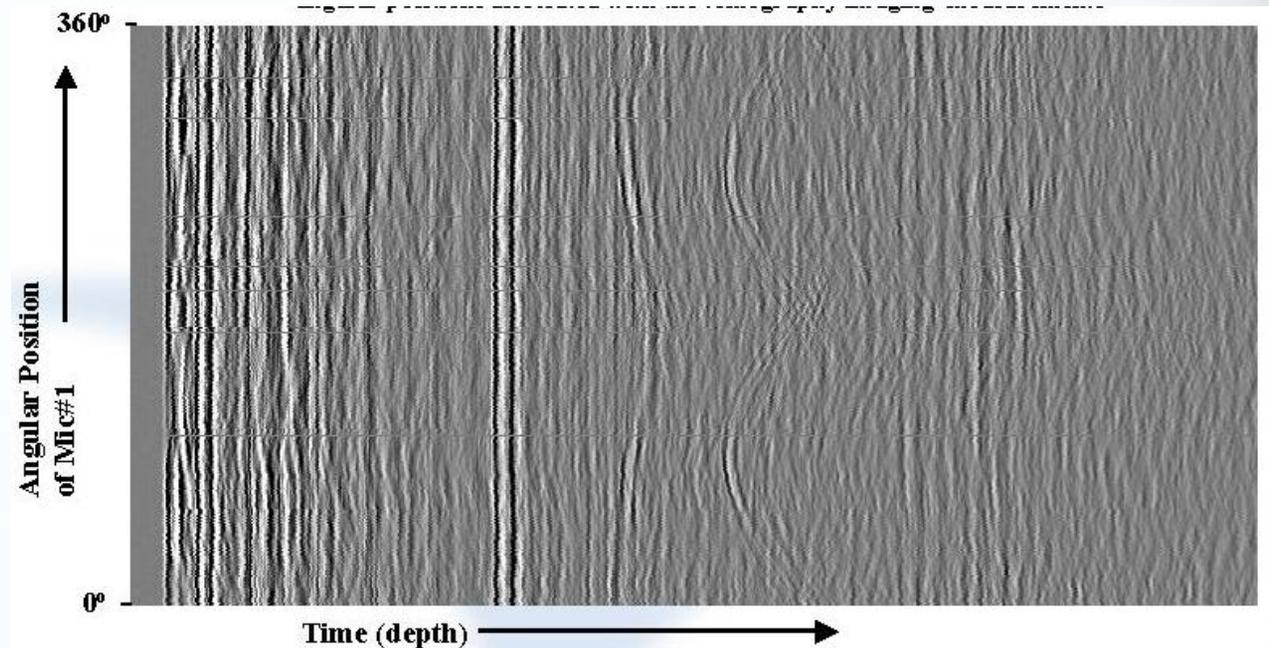


Younis W., Stergiopoulos S., Havelock, D., Groski J., "*Non-Destructive Imaging of Shallow Buried Objects Using Acoustic Computed Tomography*", J. Acoust. Soc. Am., 111(5), 2117-2127, 2002.

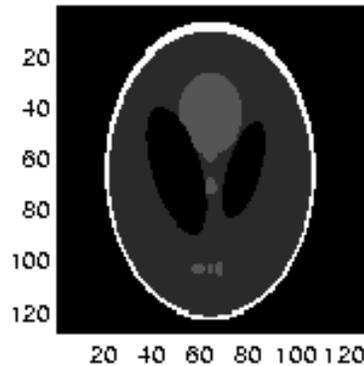
# Acoustic Tomography for Detecting Land Mines



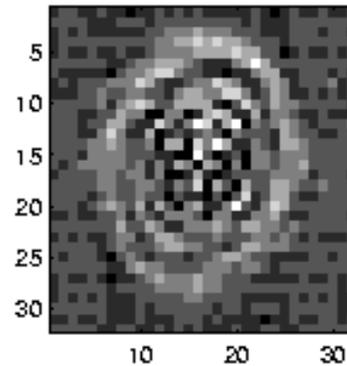
## Gram for a single acoustic-sensor around 360-degrees



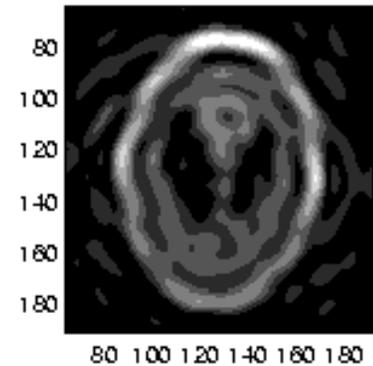
The Shepp-Logan



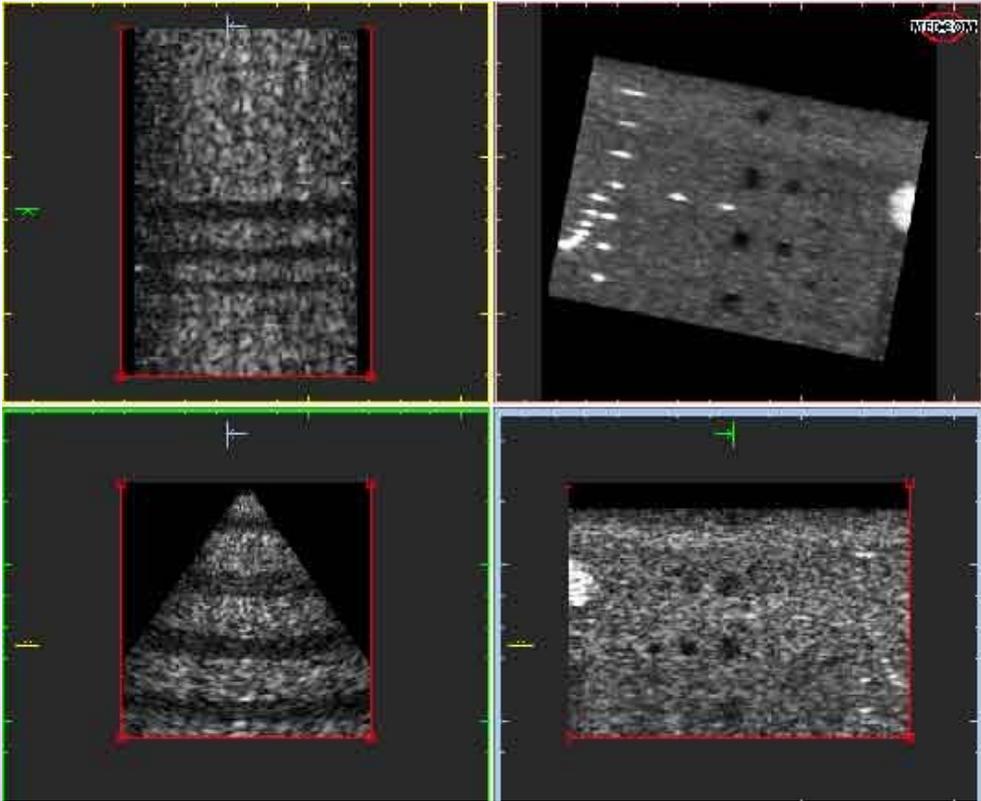
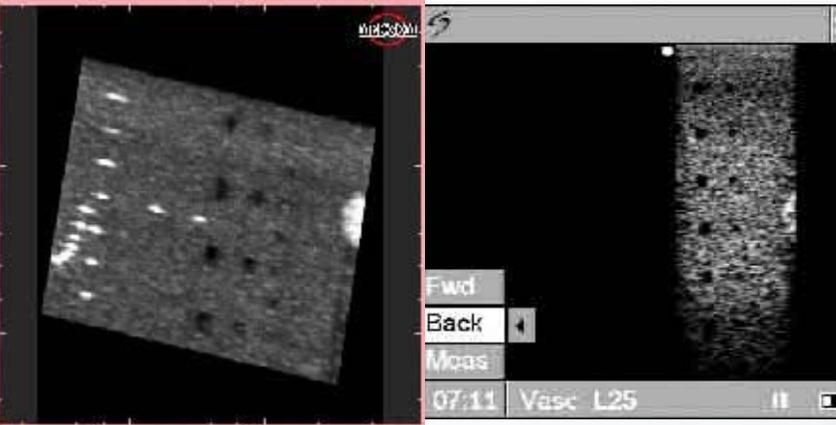
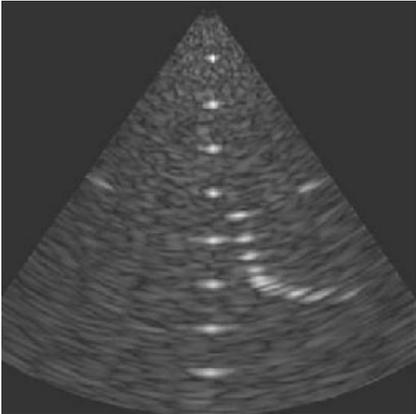
Interpolation level=32



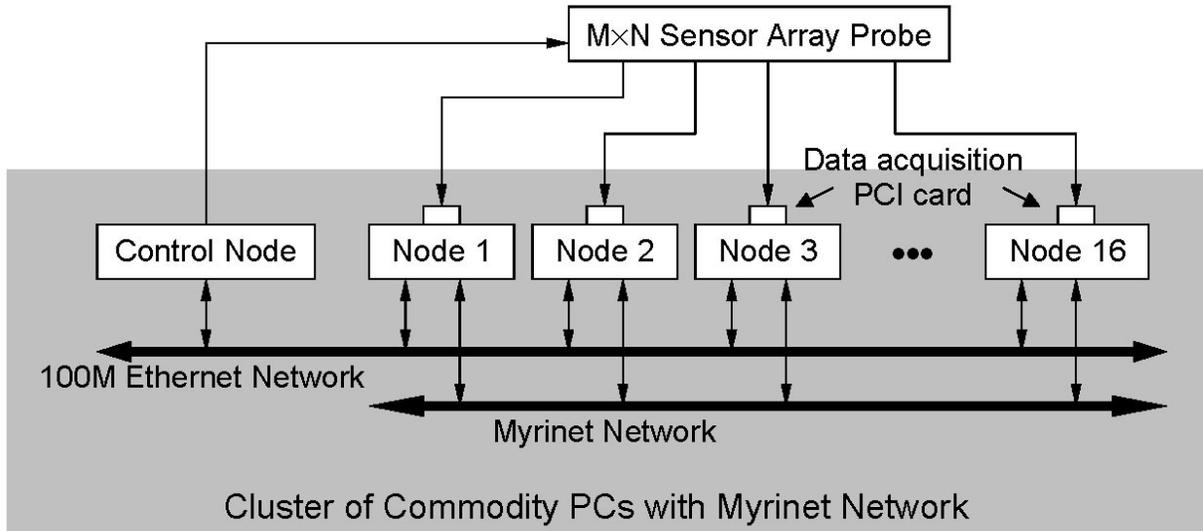
Interpolation level=256



# 3D Portable Ultrasound Technology

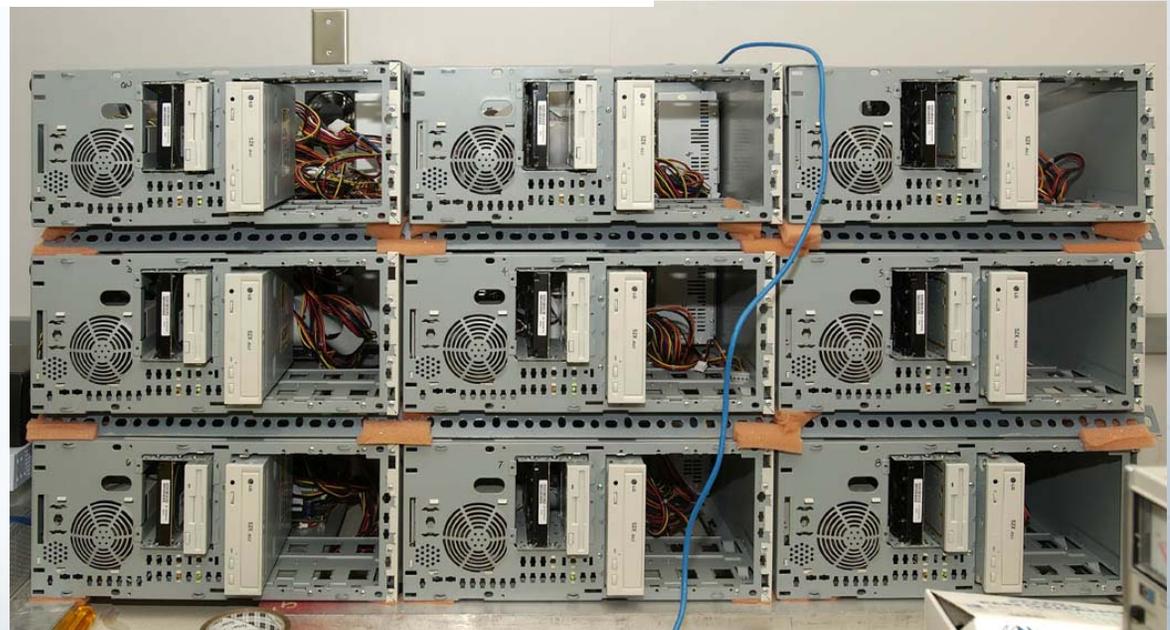


# Scalable Multi-node PC Cluster

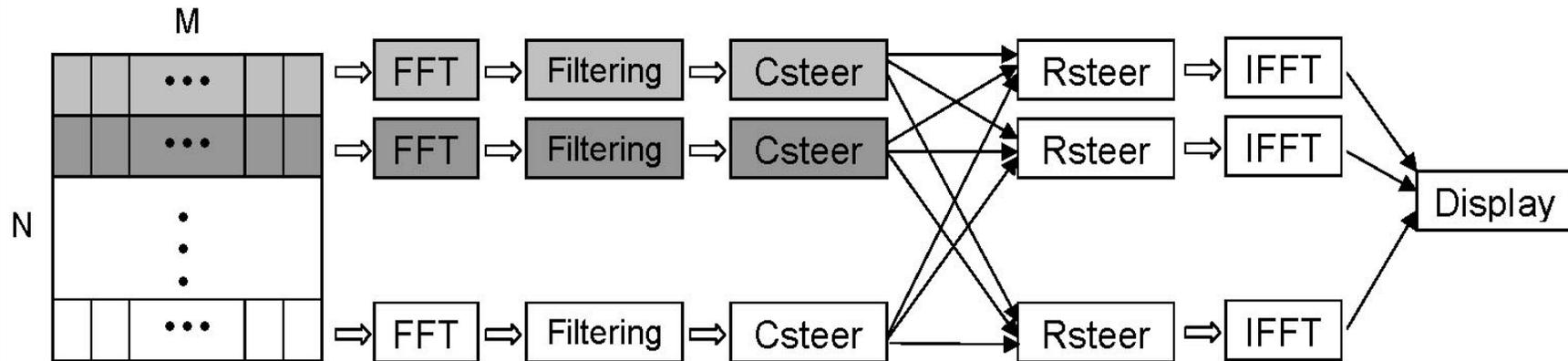


Architecture of PC Cluster Network

Cluster of Commodity PC's with high speed Myrinet network

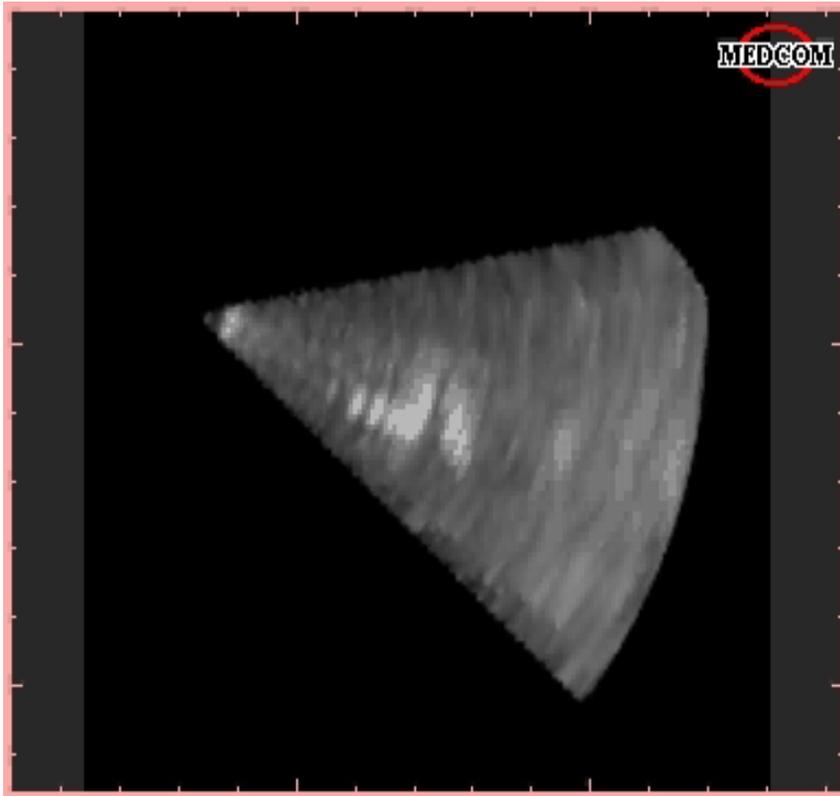


# Efficient Beamformer Implementation

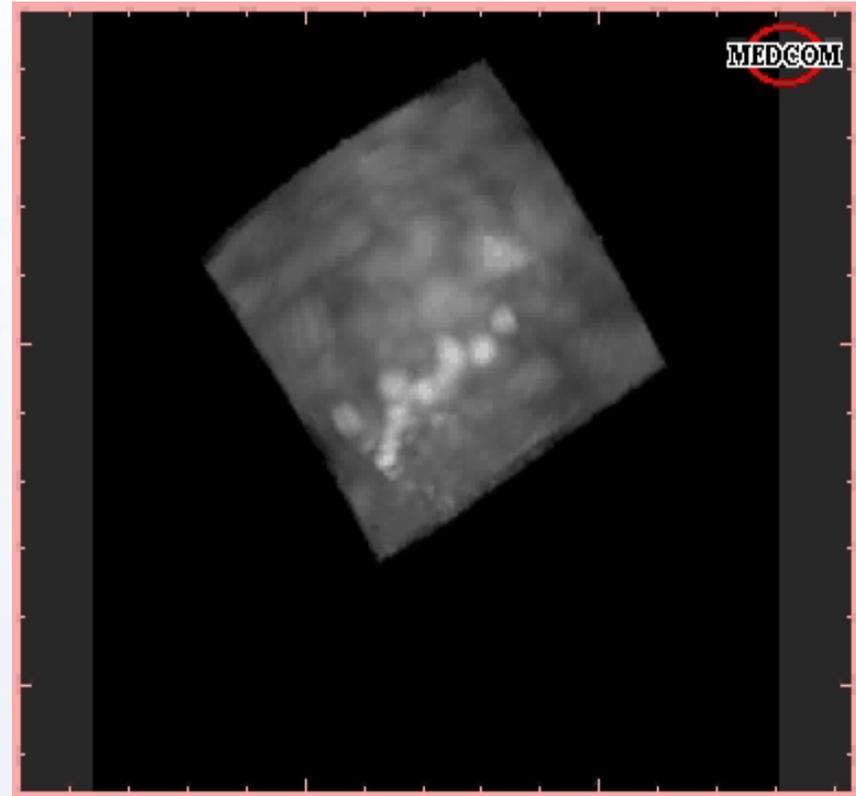


- ❖ Decompose input data to each processor by each row of sensors
  - Maximize parallelization and minimize communication between processors
  - Can be decomposed by each element of the sensors, however increases data traffic among processors
- ❖ MPI is used as the communication abstraction

# 3D Animations



Standard Beamforming

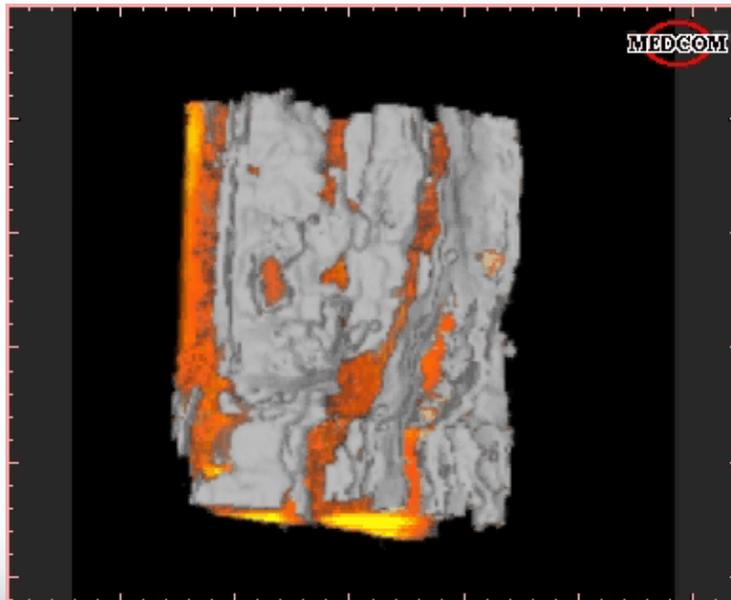


Canamet's Advanced  
Beamforming

# Portable 3D/4D Ultrasound Diagnostic Imaging System

## The proposed TDP aims to:

- Demonstrate an advanced 4D (3D-Spatial + 1D-Temporal) ultrasound imaging system for non-invasive internal injury detection; bleedings or ruptures *beneath* surrounding tissues; and foreign particles (e.g. small shrapnel/bullets) *buried* from sight.
- Provide an ultrasound-based capability to facilitate *rapid triage* and *image-guided operations* in far-forward field operations for combat casualty care.



# Advantages of Real-time 3D/4D vs 2D Ultrasound Imaging

- Minimal requirement for expert radiologist to diagnose injuries and abnormalities
- Better description of the relative locations of injuries and structures
- More accurate visualization during operations

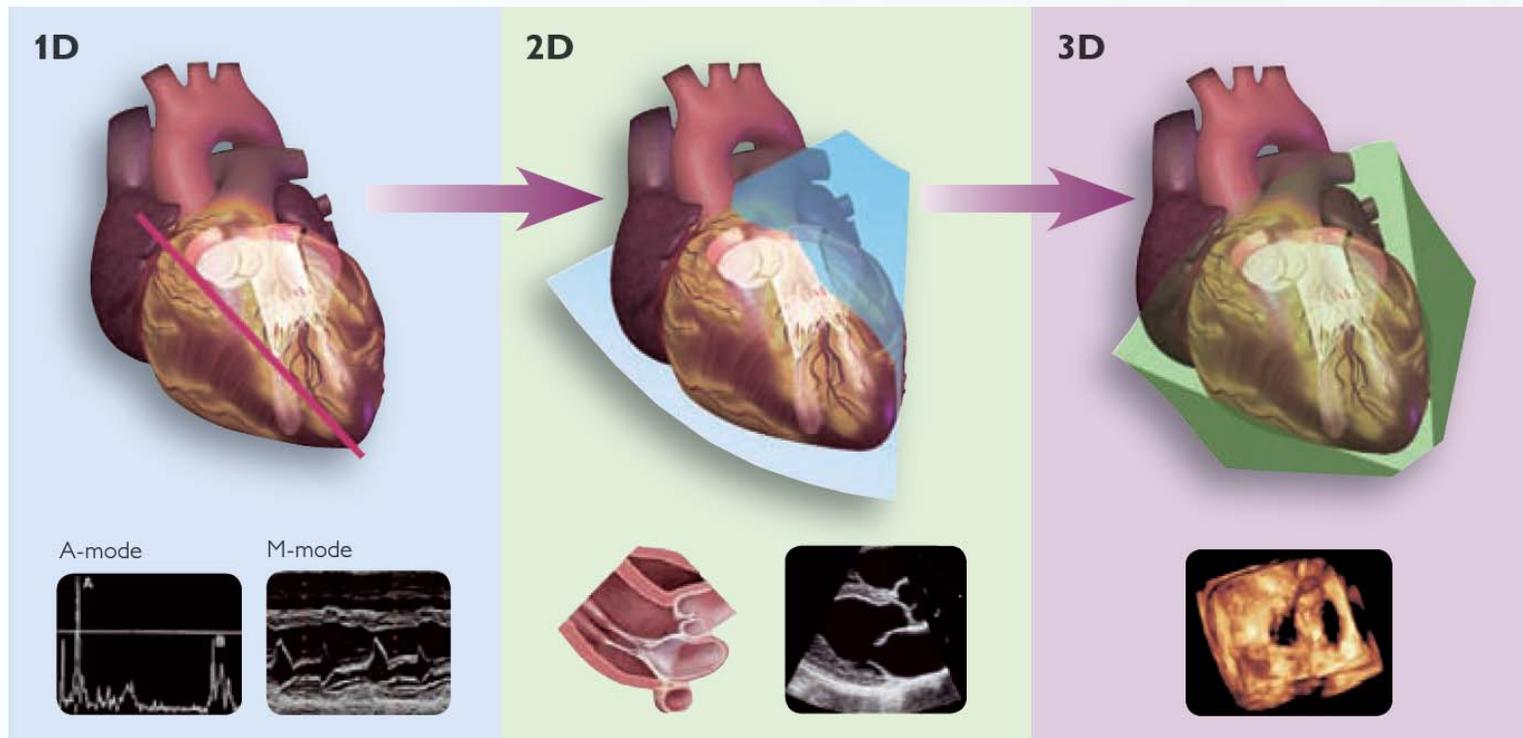


Figure adopted from article “Why Live 3D Echo” by Terry Hayes from Philips Healthcare website, <http://www.healthcare.philips.com>

## Inherent Limitations of Current Technology

- Real time 3D/4D ultrasound imaging systems, based on planar phase array probe, cannot be higher than 3.0 MHz because of the technological difficulties to cut the piezoelectric crystals.
- To achieve a high angular resolution and array gain required for medical imaging applications, it requires a large aperture with at least 4096 (64x64) channels to be processed coherently, which is a costly approach and with numerous technological challenges. It requires an enormous hardware complexity and prevents portability.

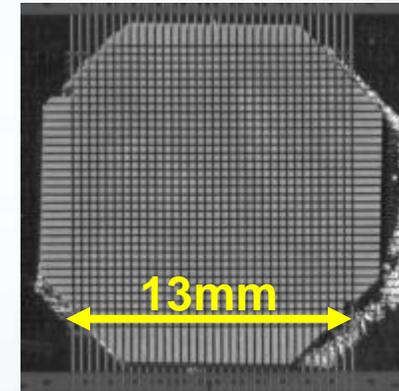
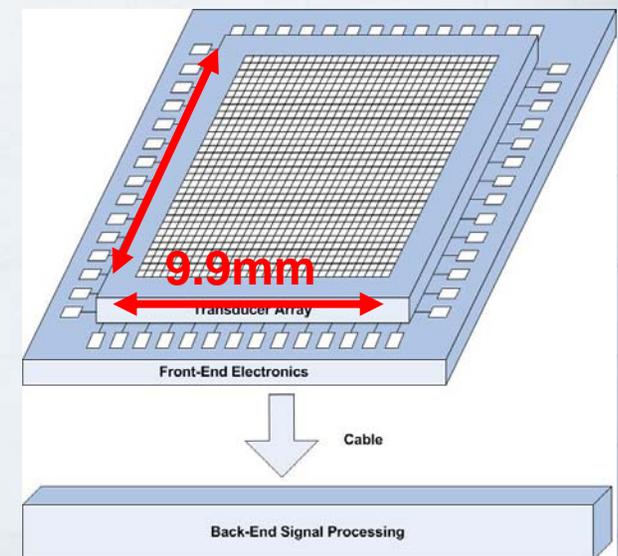


Image of a 36x36 elements planar array transducer developed at Duke University

## DRDC's Proposed Solution

- DRDC's previous experimental 16x16 planar array ultrasound imaging development demonstrated that its proprietary 3D adaptive beamforming technology can achieve improved angular image resolution and array gains by a factor of 4. Thus, **the deployed 32x32 array will have an improved resolution and array gain equivalent to a 64x64 planar array.**



PUDIS planar array transducer design with 32x32 elements

# Key Concept of DRDC Ultrasound Technology

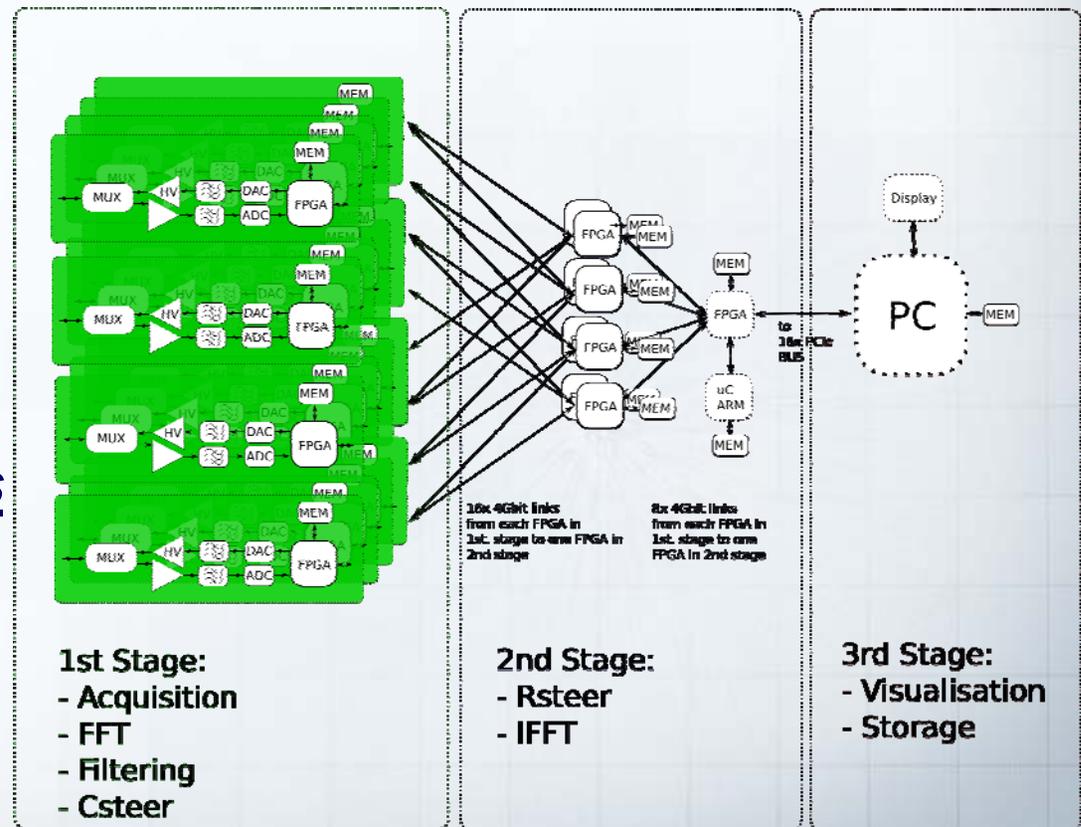
## Advantage of Parallel Computing with FPGA

Amount of data needs to be processed in 1 second:

Precision x Samples x Channels x Snapshots x Volumes

$$14 \times 4096 \times 1024 \times 16 \times 21 = \mathbf{19.44 \text{ Gbit}}$$

- An average desktop PC takes about **60 seconds** to process **1 volume**
- PUDIS's parallel processing architecture with FPGA is able to process **20 volumes** in **1 second**
- Processing time is reduced by a factor of **1200 times**

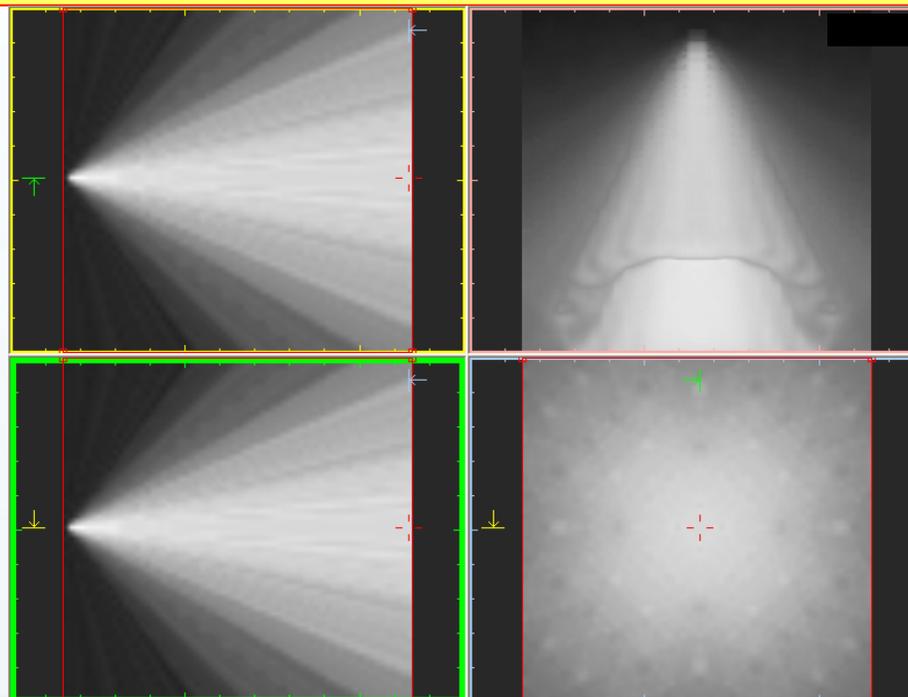


# Key Concept of DRDC Ultrasound Technology

## Phase Planar Array Illumination

### 3D Adaptive Beamforming

- Provides improved array gain performance for a 32x32 array by a factor of 4, which is equivalent in image resolution as that of a 64x64 array.



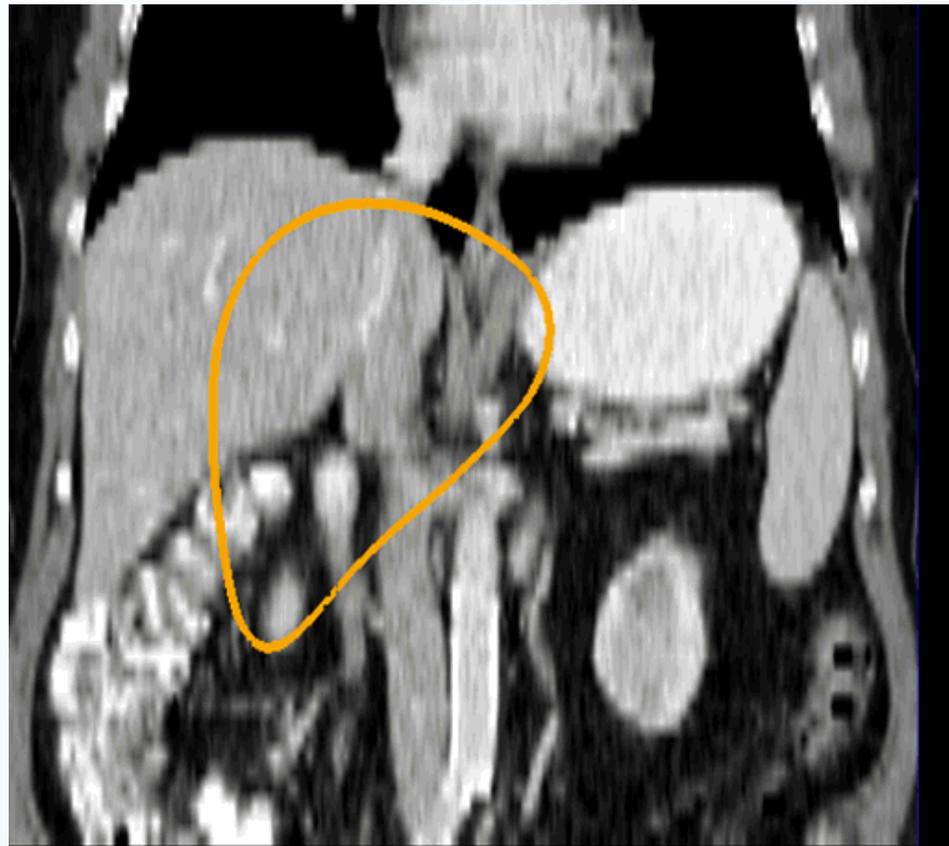
### DRDC 3D Ultrasound System

- Using a planar array of 32x32 Sensors, *single illumination patterns* and 3D Beamformers to obtain complete data acquisition for 3D Image reconstruction

## Exploitable Results (2)

Tools on Segmentation, Image Fusion to Facilitate Image Guided Automated Diagnostic Applications

**Contour deformation: Affine Transformations**



# CF H Svcs Exploitation Objectives

## Continuous En Route Care



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