



# Dynamic Cardiac Information From Optical Flow Using Four-Dimensional Ultrasound Data

Qi Duan<sup>1</sup>, Elsa D. Angelini<sup>2</sup>, Susan L. Herz<sup>1</sup>, Christopher M. Ingrassia<sup>1</sup>,  
Olivier Gerard<sup>3</sup>, Kevin D. Costa<sup>1</sup>, Jeffrey W. Holmes<sup>1</sup>, Shunichi Homma<sup>4</sup>,  
Andrew F. Laine<sup>1</sup>

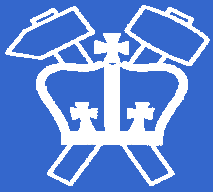
<sup>1</sup>Department of Biomedical Engineering, Columbia University, New York, NY, USA;

<sup>2</sup>Ecole Nationale Supérieure des Télécommunications, Département Traitement du  
Signal et des Images (TSI), Paris, France;

<sup>3</sup>Philips France, Suresnes, France;

<sup>4</sup>Department of Medicine, Columbia University, New York, NY, USA.

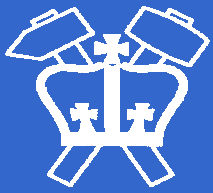




# Outline



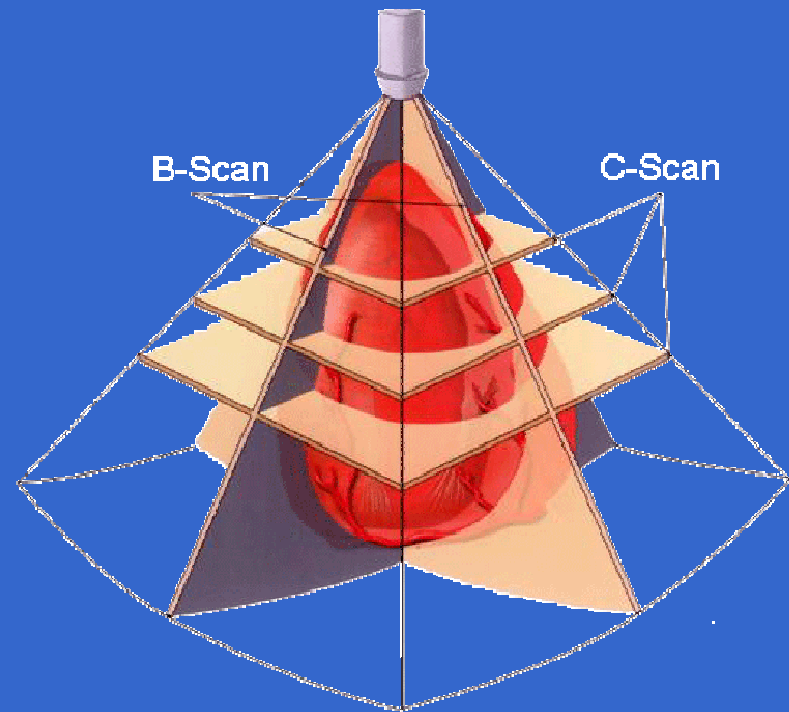
- Introduction to the clinical problem
- Method: Correlation-based optical flow
- Data: Real-time 3D ultrasound
- Results: Myocardium motion analysis
- Conclusion & Future work



# Introduction

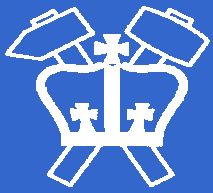


- 3D ultrasound based on matrix phased array transducer provides valuable and unique information.
- **Abnormal ventricular wall motion** can be detected via quantitative 4D analysis.
- Such analysis needs tracking and segmentation of ventricular surfaces



Data Rates:

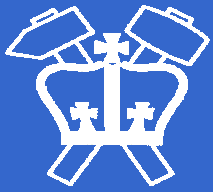
~250MB/s for raw data



# Introduction



- Manual segmentation is tedious, time-consuming, and impractical.
- Previous research from our group showed that **optical flow** can effectively track endocardial and epicardial surfaces.
- Optical flow provides a displacement field from which we derive several **dynamic cardiac measurements**.



# Pre-processing



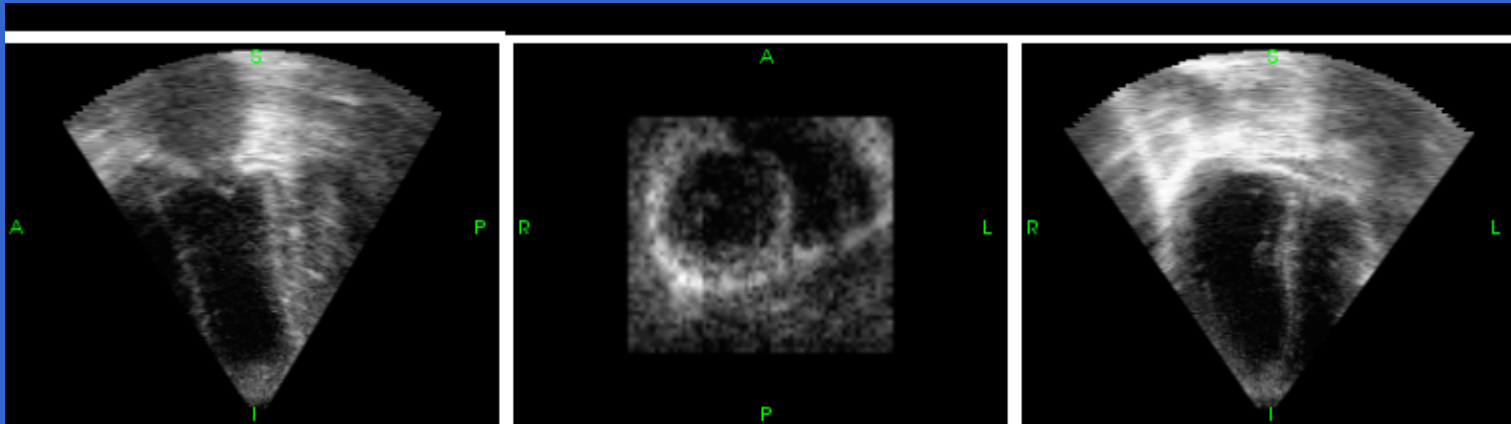
- Presence of speckle noise complicates the interpretation of ultrasound images.
- ⇒ Pre-developed anisotropic diffusion filters with time-varying threshold was applied.



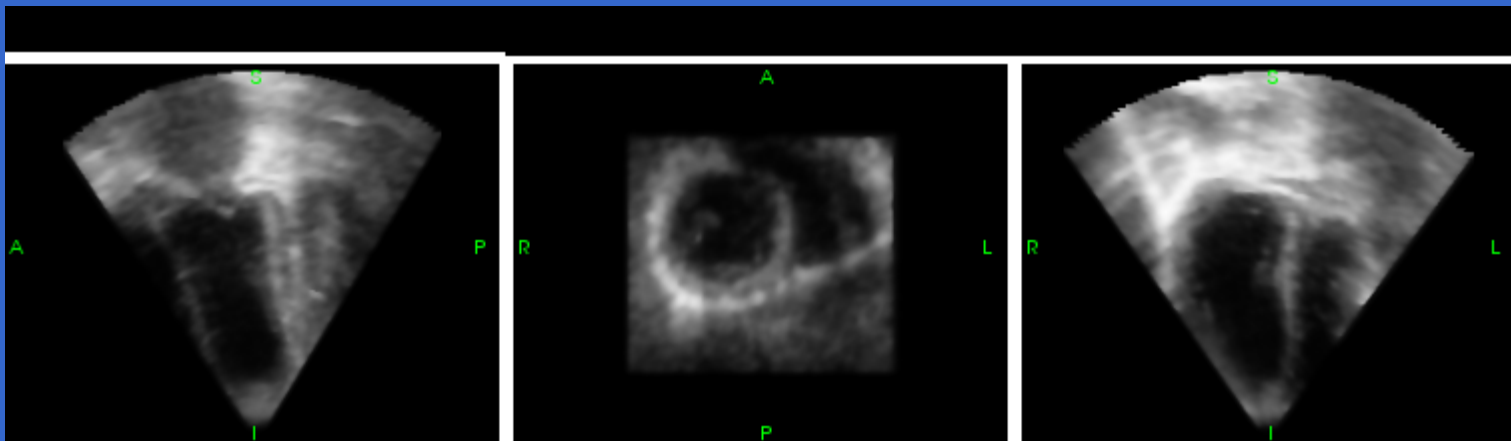
# Pre-processing

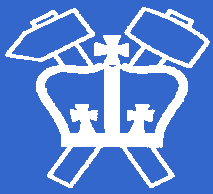


Before denoising

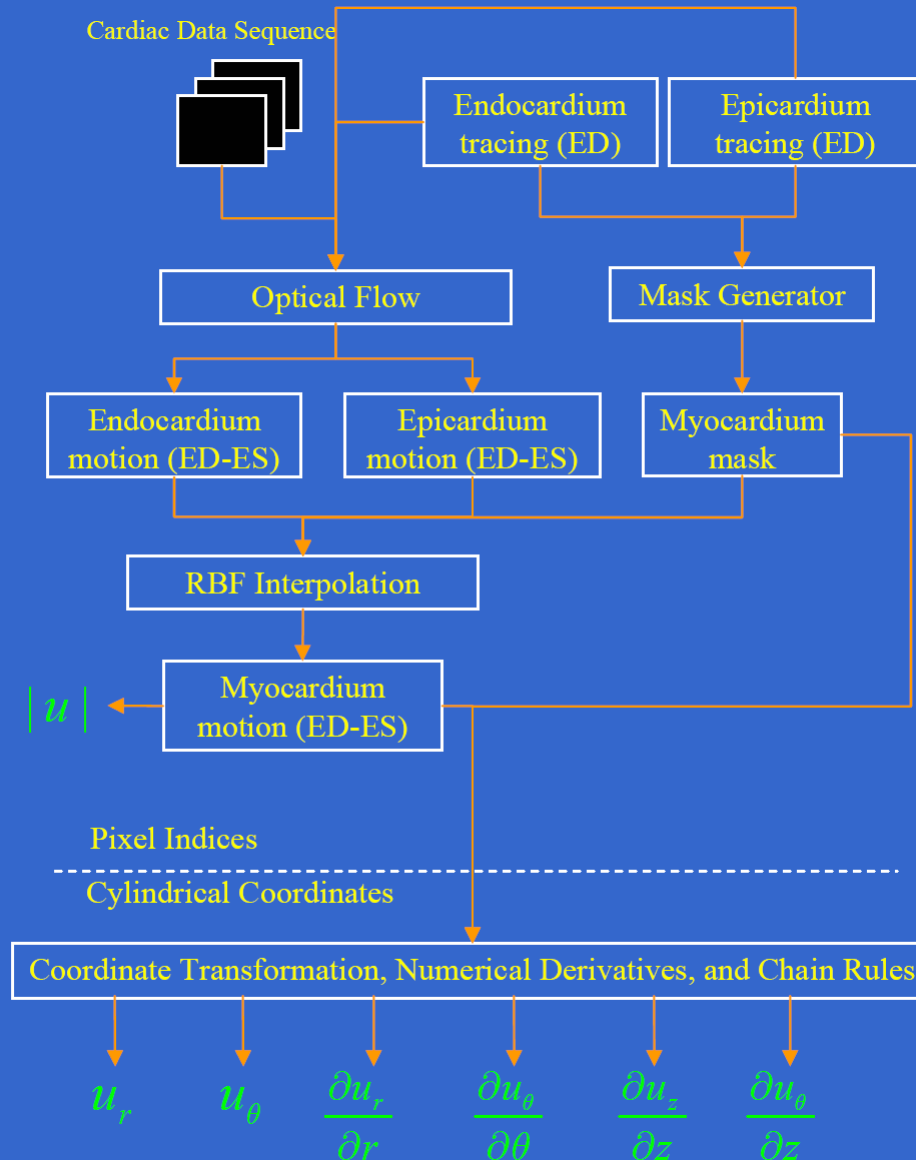


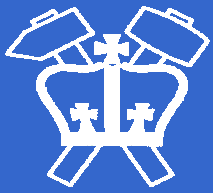
After denoising





# Processing Flowchart



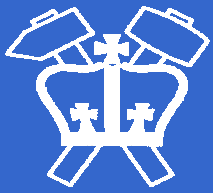


# Initial Segmentation



- An expert performs **manual tracing** of endocardial and epicardial surfaces at **end-diastole** (1 frame) on :
  - rotating B-scan views (long-axis views)
  - parallel C-scan views (short-axis views).

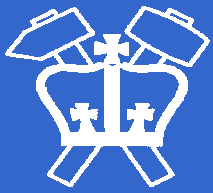




# Optical Flow



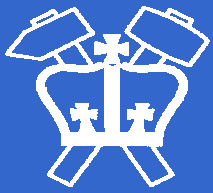
- Optical flow is defined as “displacement of apparent pixel intensity pattern”.
  - ⇒ 3D correlation-based method.
- “Regularizing” parameters were added:
  - Variance **threshold** to avoid “aperture problem”.
  - Average **threshold** to avoid tracking dark regions.
  - Displacement vector field for each point on the surface is **averaged** within a 6-connected neighborhood to enhance robustness of the estimation.



# Surface Tracking



- Tracking was initialized at end-diastole (ED) with the manually traced surfaces.
- The endocardial and epicardial surface points were automatically tracked by optical flow through the systolic phase.

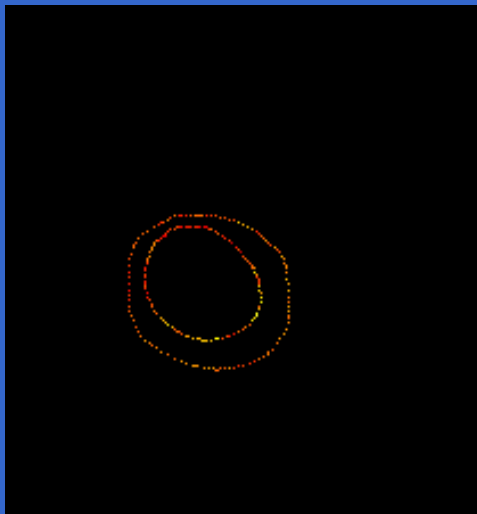


# Motion Field Interpolation



Goal: Reconstruction of a continuous motion field based on scattered points.

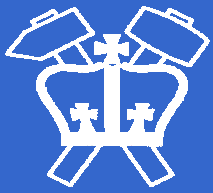
Method: Spatial interpolation with radial basis functions (thin-plate splines).



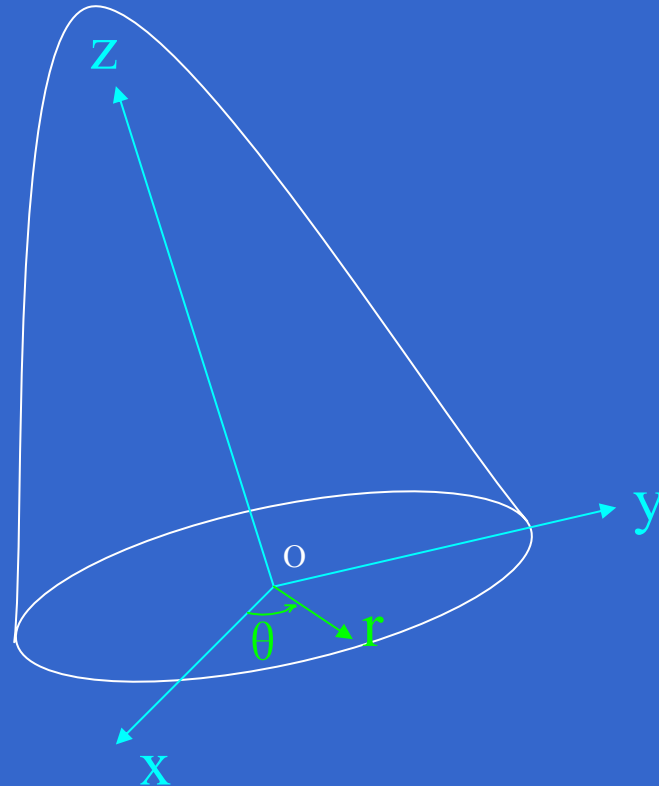
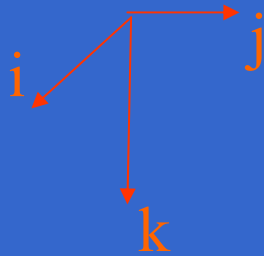
Motion field after myocardial surfaces tracking



Motion field interpolated inside the myocardium



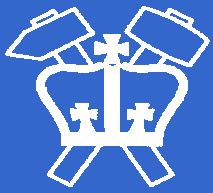
# Coordinates Systems



Pixel coordinates

Cartesian coordinates

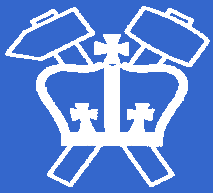
Cylindrical coordinates



# Dynamic Cardiac Information



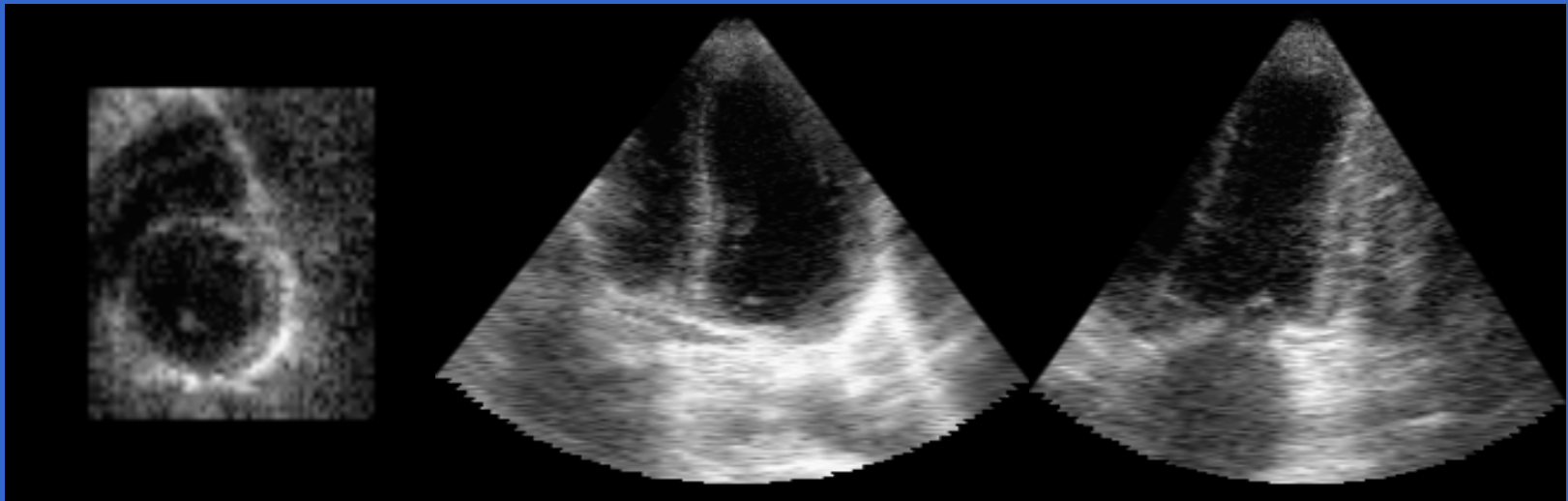
- Flow magnitude  $|u|$  (mm)
- Radial displacement  $u_r$  (mm)
- Circumferential displacement  $u_\theta$  (mm)
- Thickening  $\frac{\partial u_r}{\partial r}$
- Circumferential stretch  $\frac{\partial u_\theta}{\partial \theta}$
- Longitudinal stretch  $\frac{\partial u_z}{\partial z}$
- Twist  $\frac{\partial u_\theta}{\partial z}$

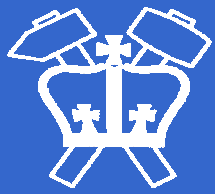


# Experimental Data

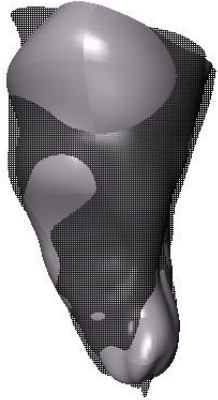


- Data acquired with a **Philips SONOS 7500** 3D ultrasound machine.
- **Heart-transplant patient** data set:  $(0.8\text{mm})^3$  and 16 frames per cycle.
- Data acquisition was **triggered with EKG** initialized at ED.
- Due to the limits of **field of view**, the epicardial surface was not visible at the apex.

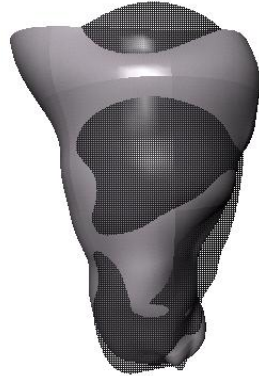




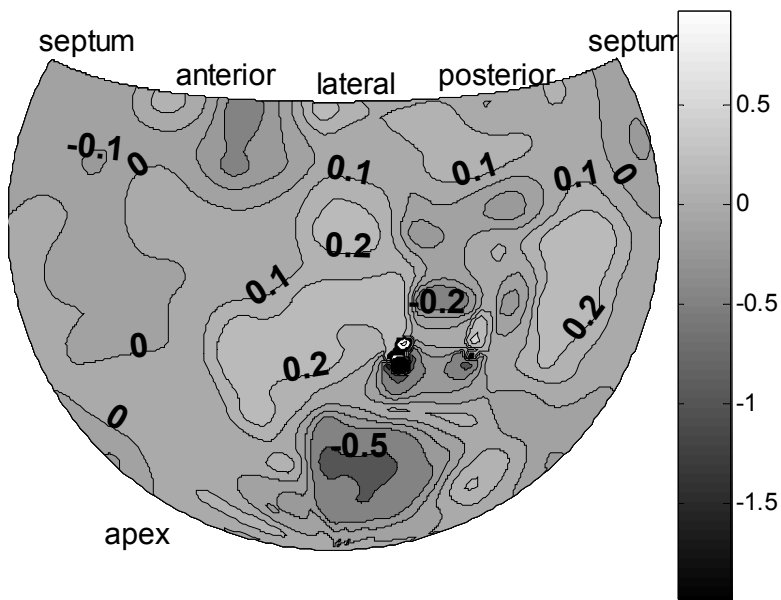
# Experimental Results: Surface Tracking



Lateral view



Anterior view



## Results at end-systole:

### – Volume:

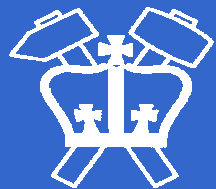
- Difference = + 2.51%

### – Ejection Fraction:

- $EF_{\text{manual}} = 46\%$
- Difference = -1.4%

### – Surface agreement:

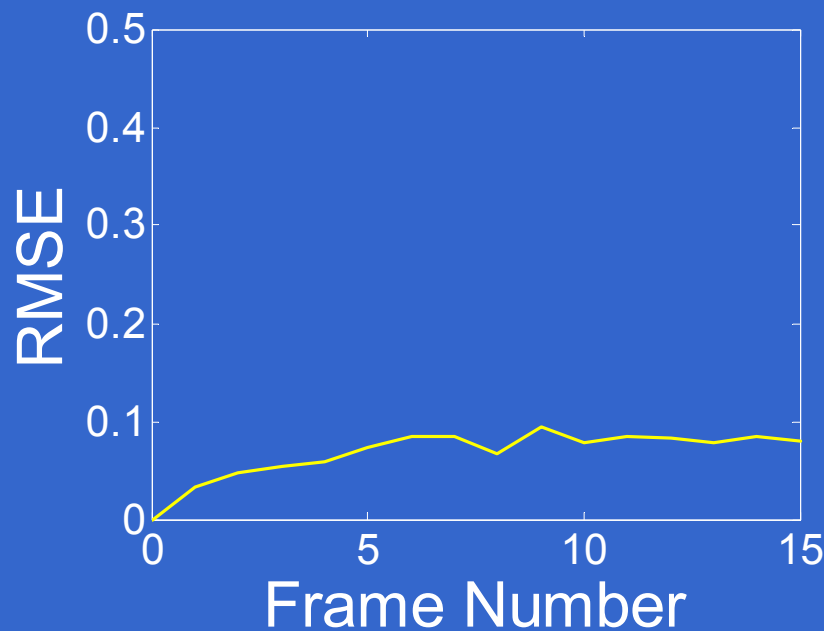
- 47% with <5% difference
- 73% with <10% difference
- Average intra-user manual tracing difference: 17.43%.



# Experimental Results: Surface Error Comparison

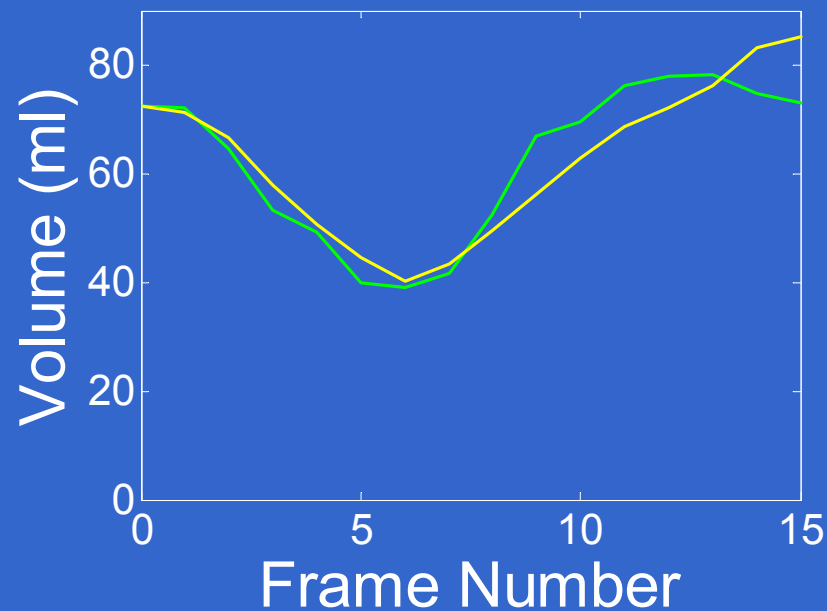


RMSE



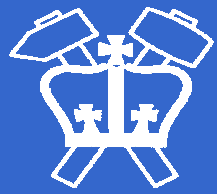
**Maximum RMSE:**  
**0.09 (frame 9)**  
( $\lambda = 0.6 \pm 0.2$  at ED)  
 $\lambda = 0.5 \pm 0.2$  at ES)

Manual LV Volume  
OF



**Maximum error:**  
**10ml**

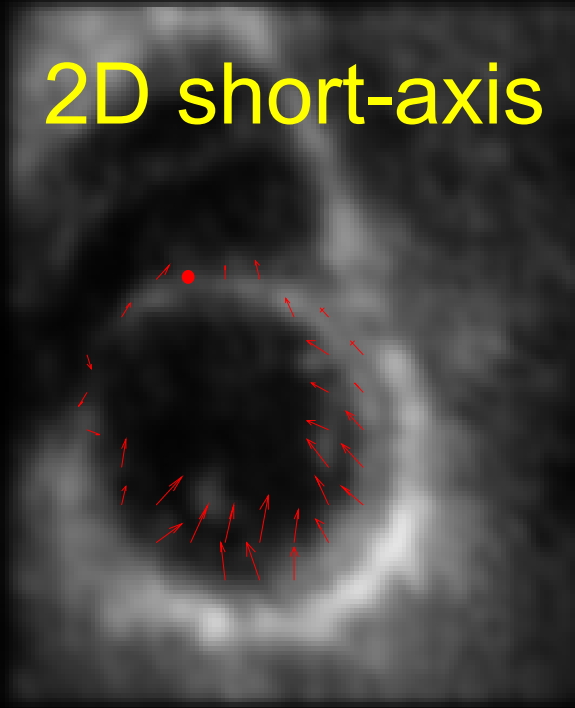




# Experimental Results: Motion Field

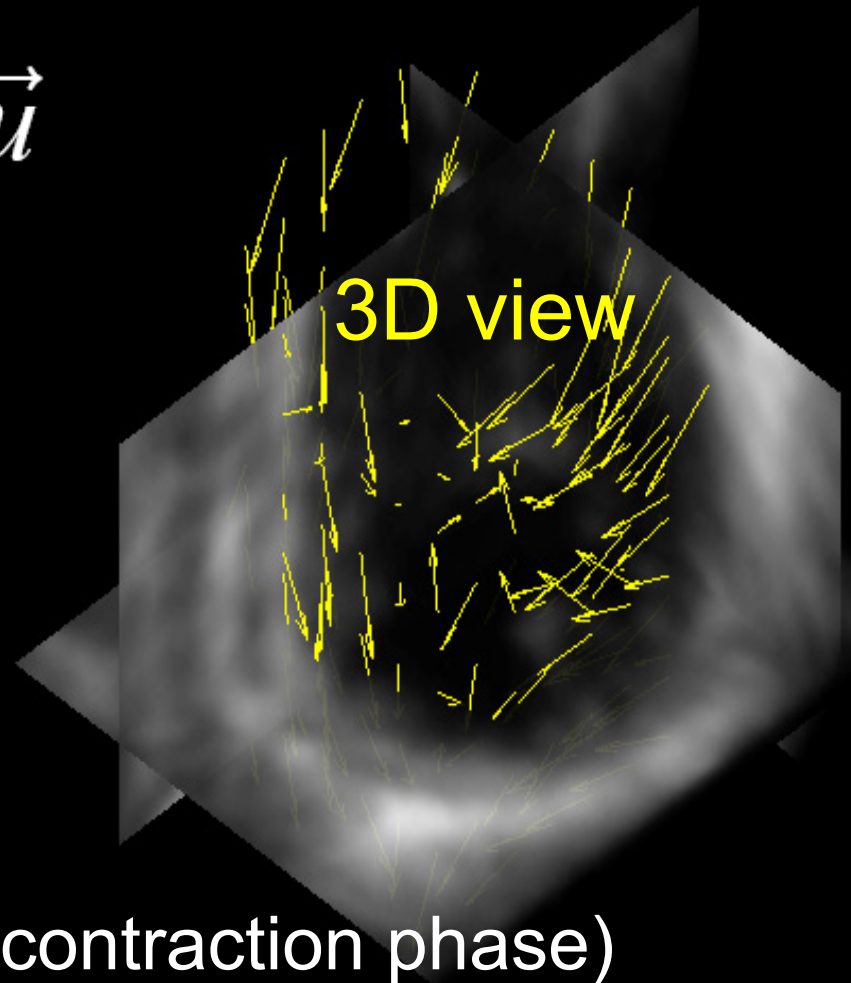


2D short-axis

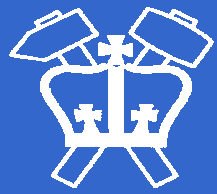


$\vec{u}$

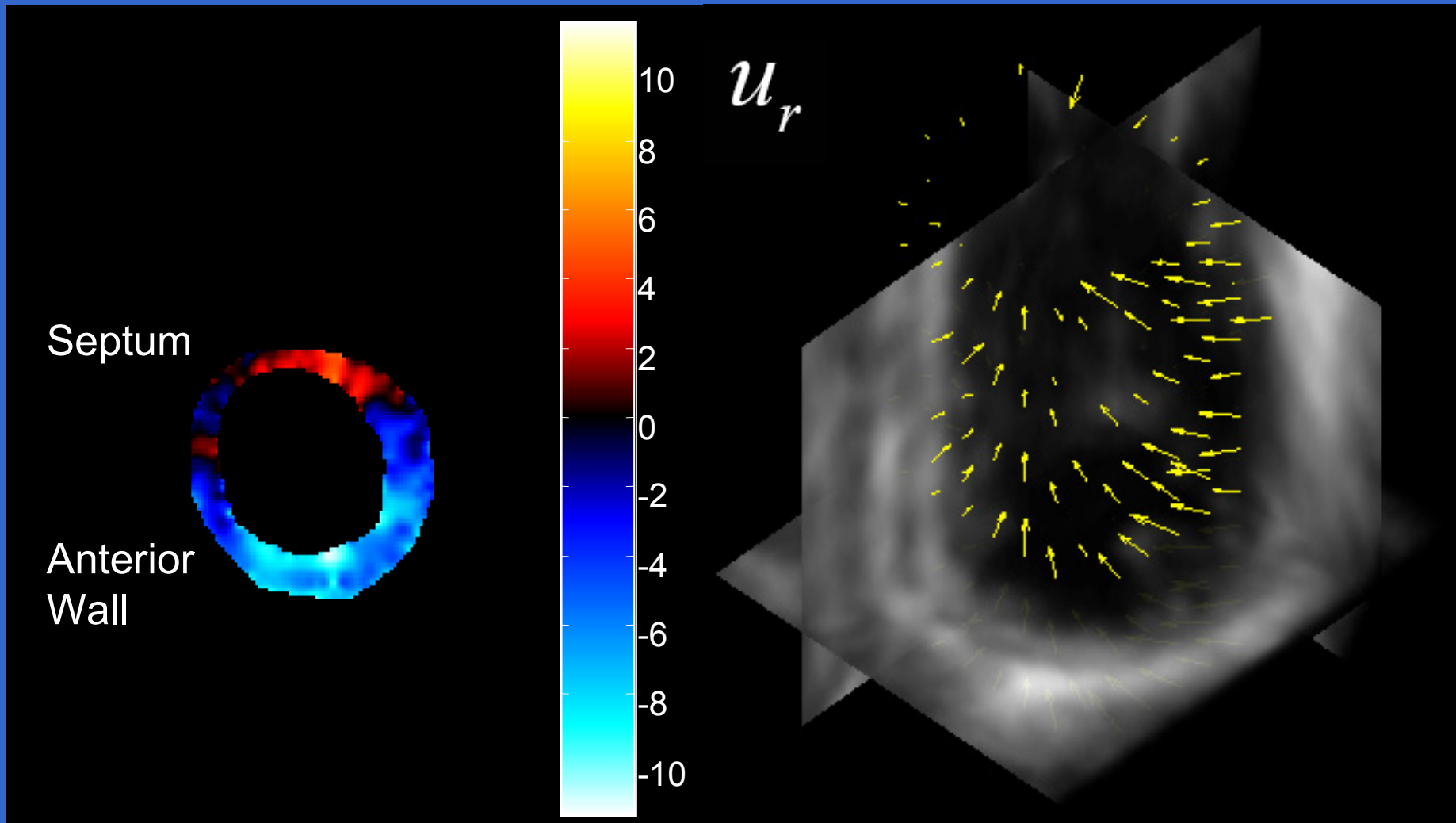
3D view

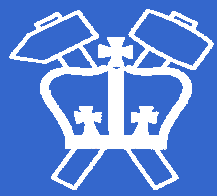


Frame ED to ES (contraction phase)

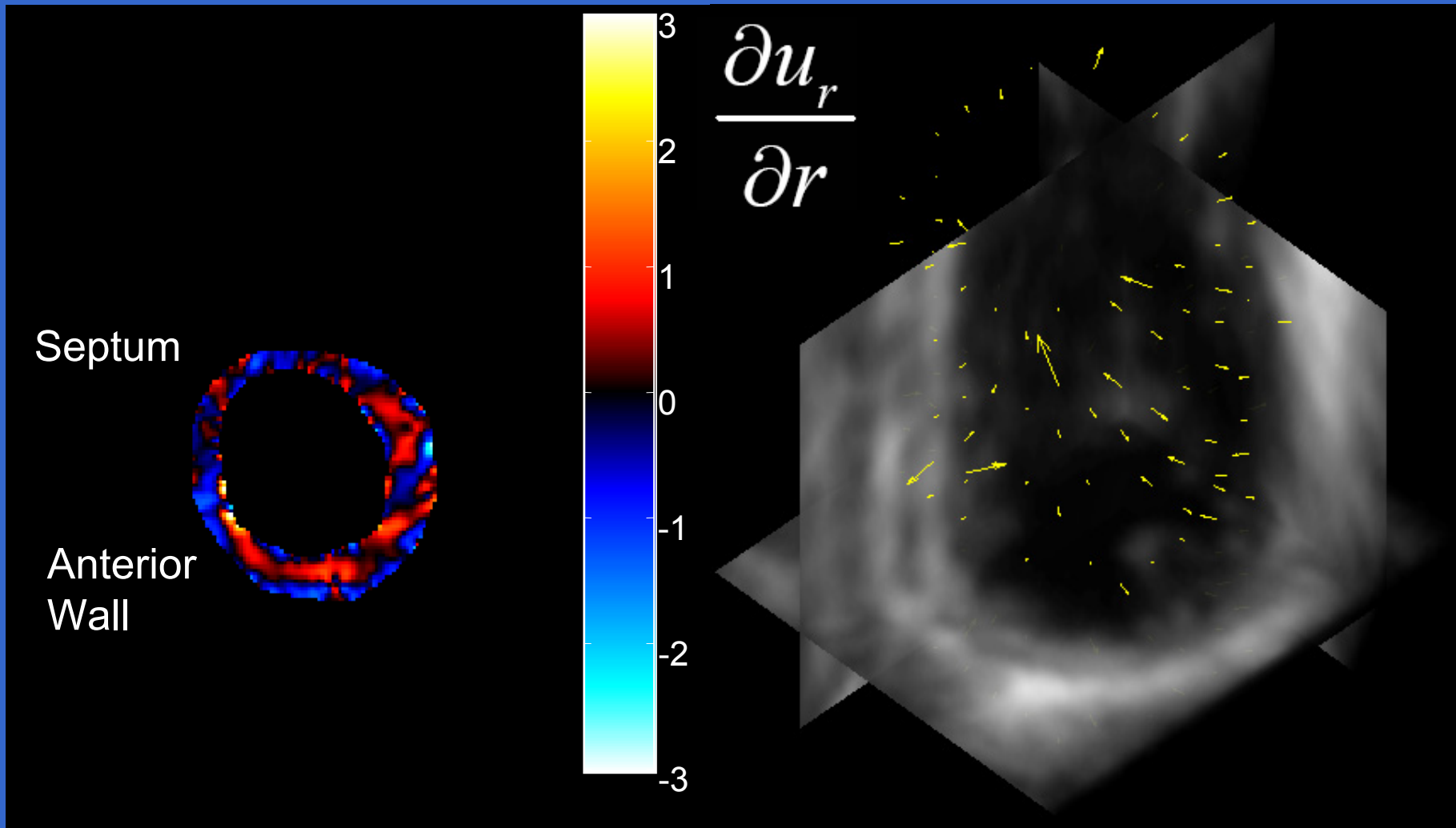


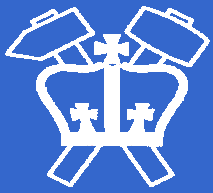
# Experimental Results: Radial Displacement



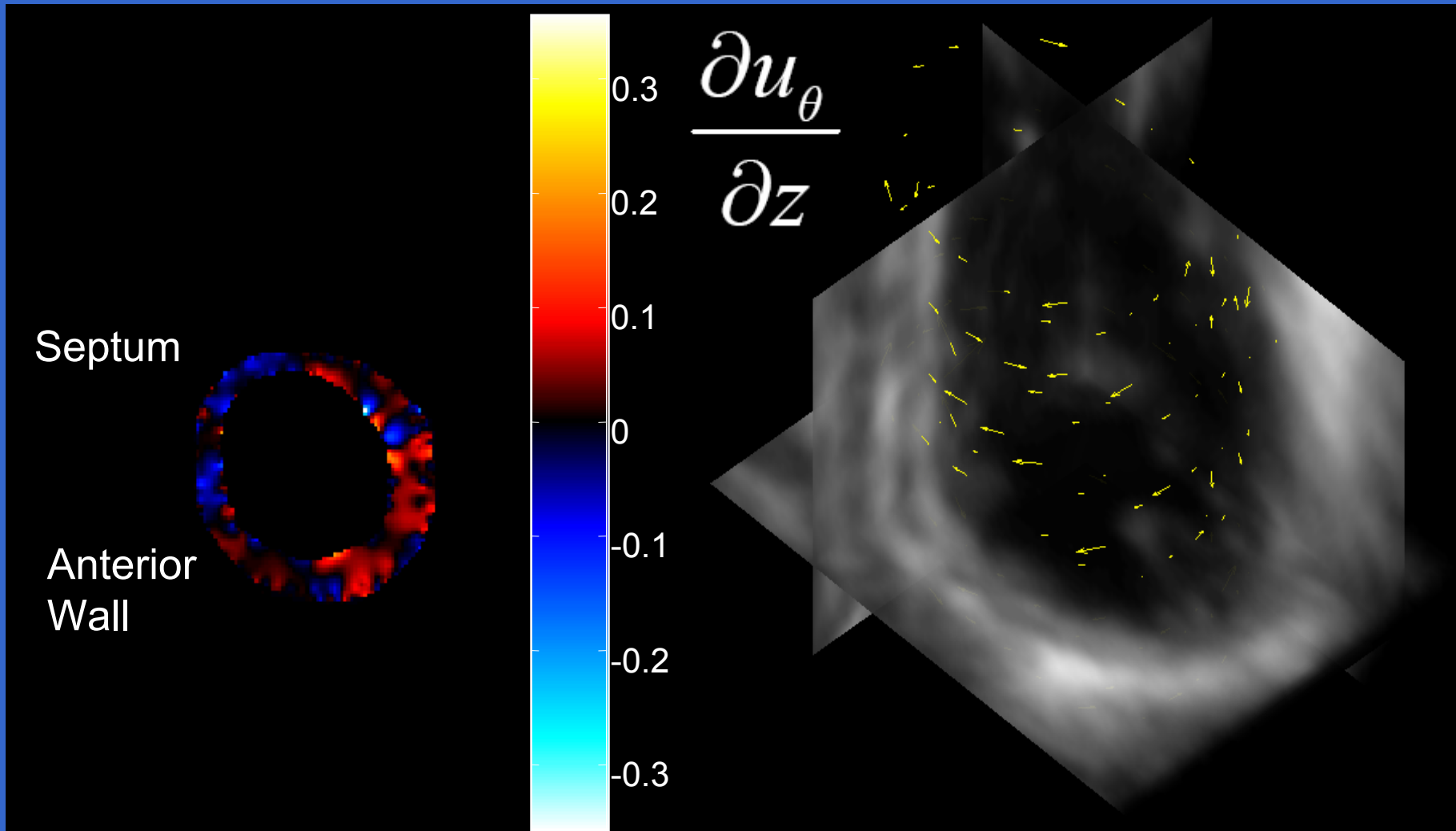


# Experimental Results: Wall Thickening





# Experimental Results: Twist

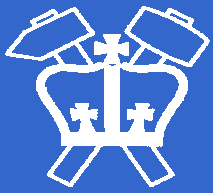




# Conclusions



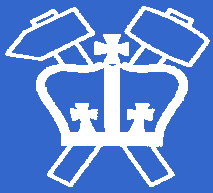
- A 4D **optical flow** algorithm was applied to RT3D ultrasound data for tracking endocardial and epicardial surfaces.
- **Dense myocardium motion fields** were recovered via radial basis function interpolation.
- **Dynamic cardiac parameters** were computed (can provide new diagnostic information).
- On **one experiment**, preliminary results agreed with clinical anatomical facts for the normal part of the heart as well as showed characteristic patterns of decreased motion on the “immobile” septum due to the **heart-transplant procedure** (“Pure Septal Defect”).



# Future Work



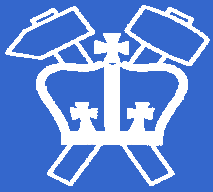
- Comparison of wall motion analysis with **tagged MRI**.
- **Multi-resolution** implementation for real-time computation.
- **Full-field** optical flow computation.
- Clinical evaluation of **abnormal wall motion**.



# Acknowledgement



- **National Science Foundation** grant BES-02-01617
- **American Heart Association** #0151250T
- **Philips Medical Systems** Research and Philips Marketing
- **New York State** NYSTAR/CAT Technology Program
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- Dr. Andrew McCulloch at the University of California San Diego provided the finite element software “Continuity” through the National Biomedical Computation Resource (NIH P41RR08605)
- Dr. Todd Pulerwitz (Department of Medicine, Columbia University).

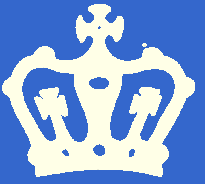
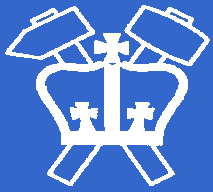


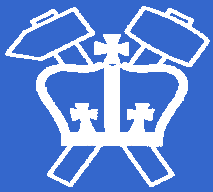
***Thank you!***

For additional information please see:

<http://hbil.bme.columbia.edu>





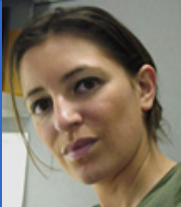


# Personnel



**Qi Duan**

Graduate Research Assistant  
Heffner Biomedical Imaging Lab  
Dept. of Biomedical Engineering  
Columbia University



**Dr. Elsa Angelini**

Assistant Professor  
Ecole Nationale Supérieure des  
Télécommunications



**Susan Herz**

Graduate Research Assistant  
Cardiac Biomechanics Lab  
Dept. of Biomedical Engineering  
Columbia University



**Christopher Ingrassia**

Graduate Research Assistant  
Cardiac Biomechanics Lab  
Dept. of Biomedical Engineering  
Columbia University

**Dr. Pascal Allain**

Senior Research Scientist  
Medical Imaging Systems Group  
Philips Research France



**Dr. Kevin Costa**

Assistant Professor  
PI of cardiac Biomechanics Lab  
Dept. of Biomedical Engineering  
Columbia University



**Dr. Jeffrey Holmes**

Assistant Professor  
PI of cardiac Biomechanics Lab  
Dept. of Biomedical Engineering  
Columbia University



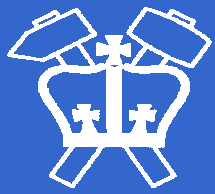
**Dr. Andrew Laine**

Associate Professor  
Director of HBIL  
Dept. of Biomedical Engineering  
Columbia University



**Dr. Shunichi Homma, M.D.**

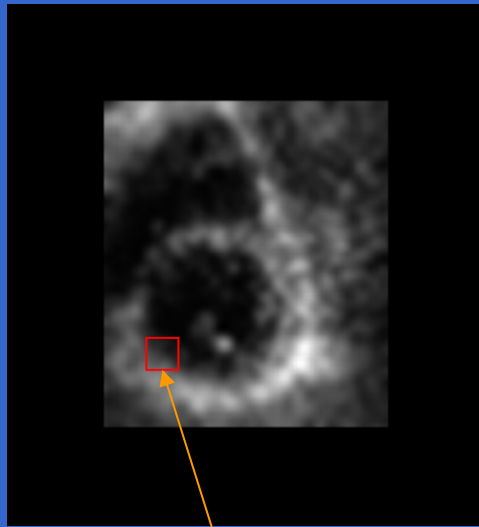
Associate Professor of Medicine and  
Director, Lab. of Echocardiography Service.  
Dept. of Medicine  
Columbia University



# Correlation Method

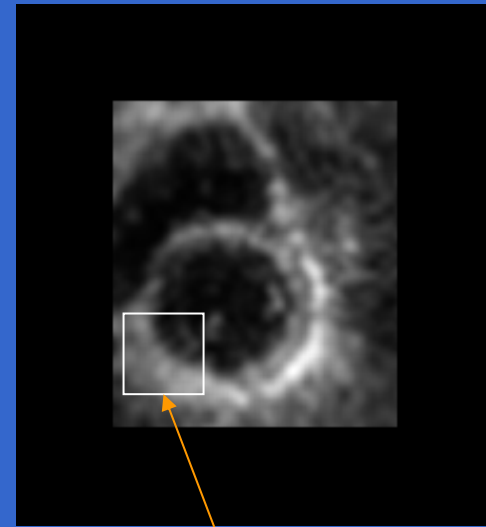


Frame 1

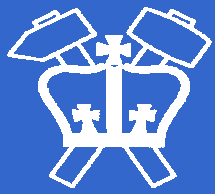


Small neighborhood  
(5x5x5)

Frame 2



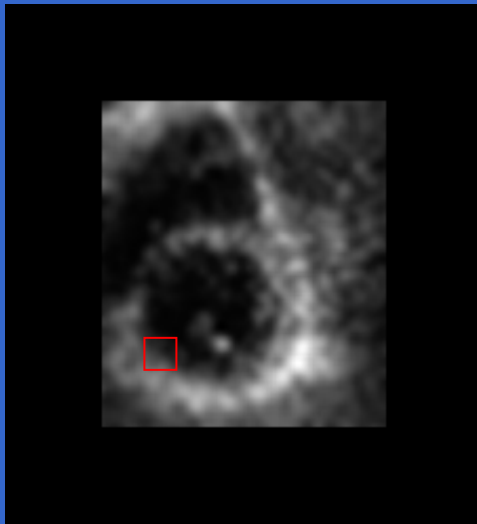
Search range  
(7x7x7)



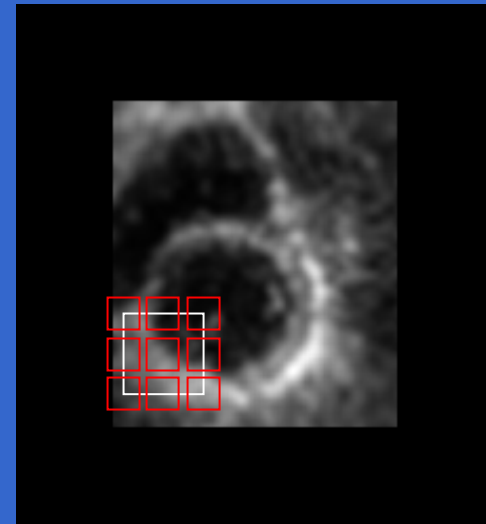
# Correlation Method



Frame 1

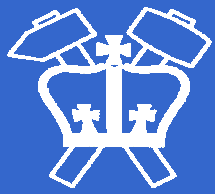


Frame 2



Correlation Coefficient

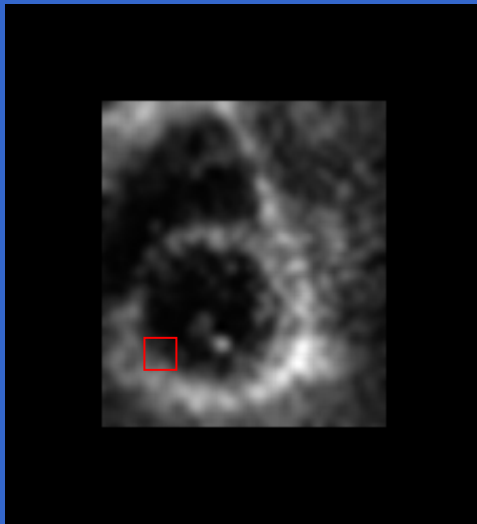
$$r = \frac{\sum_{\mathbf{x} \in \Omega} (I(\mathbf{x}, t) * I(\mathbf{x} + \Delta \mathbf{x}, t + \Delta t))}{\sqrt{\sum_{\mathbf{x} \in \Omega} I^2(\mathbf{x}, t) \sum_{\mathbf{x} \in \Omega} I^2(\mathbf{x} + \Delta \mathbf{x}, t + \Delta t)}}$$



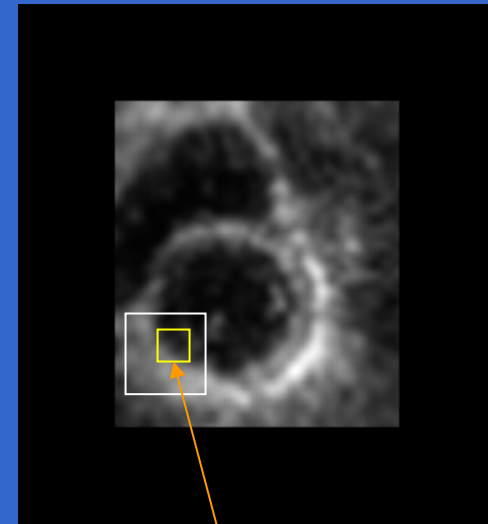
# Correlation Method



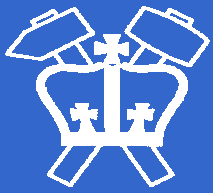
Frame 1



Frame 2



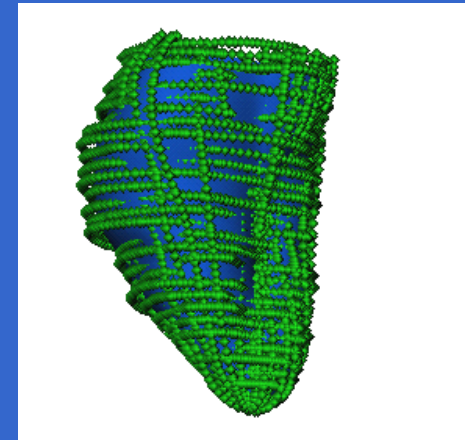
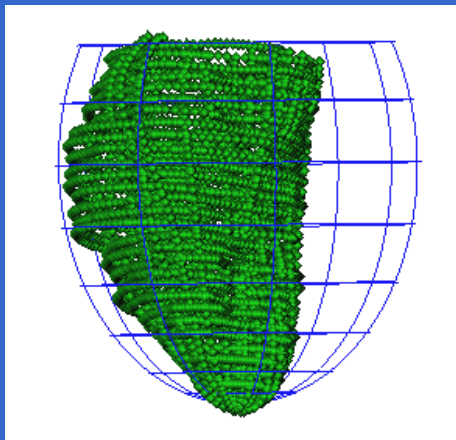
Most similar position



# Surface Reconstruction



- Surface reconstruction is based on FEM
- Each surface was registered with anatomical landmarks.
- Each surface was fitted into a 64-element mesh in prolate spheroidal coordinates.
- Bicubic Hermite interpolation was used to yield a realistic 3D endocardial surface.





# Surface Reconstruction



- Quantitative measurements:
  - Root mean squared errors (RMSE) of the difference of the radial coordinates  $\lambda$  at node points for OF and manual tracing result.
  - Ventricular volume and ejection fraction
  - Relative error was used to generate local relative error map as a Hammer map.

$$\varepsilon = (\lambda_{\text{manual}} - \lambda_{\text{optical}}) / \lambda_{\text{manual}}$$