RECONSTRUCTION OF 3D FLOW FROM MULTIPLE ECHO DOPPLER VIEWS

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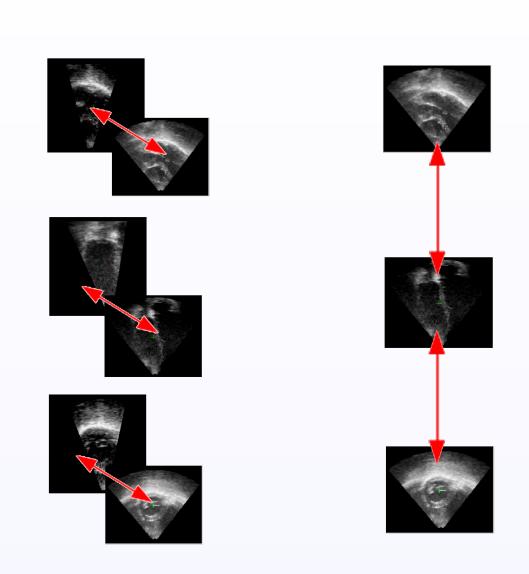


Abstract

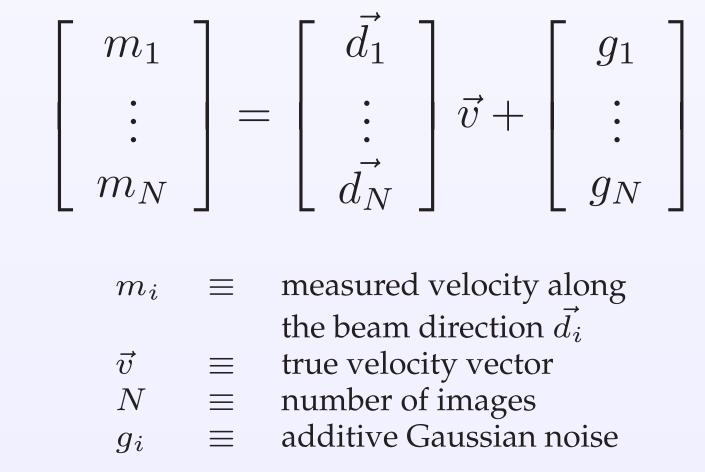
We present a new method to reconstruct 3D flow from multi-view 3D Doppler echo. Doppler images only measure a 1D projection of velocity[1, 2]. Our method uses 3+ Doppler views. Angles between these views are calculated with 3D registration. 3D flow vectors are then calculated using a Least Mean Squares approach. We investigate the effect on accuracy caused by spatio-temporal averaging + altering view angle. Simulation and phantom data results show with angles between views $> 40^{\circ}$, 3D vectors may be reconstructed with $\sim 15\%$ magnitude and 15° angle error.

Method

• Image Registration

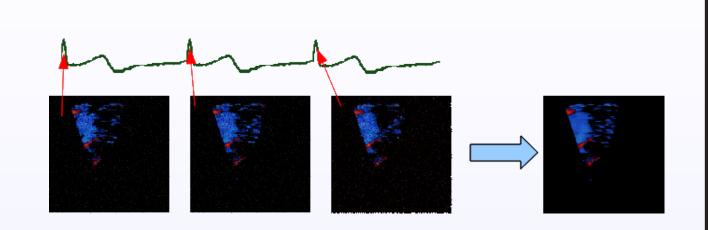


• 3D Vector field reconstruction



Methods to Improve SNR

1. Temporal Averaging



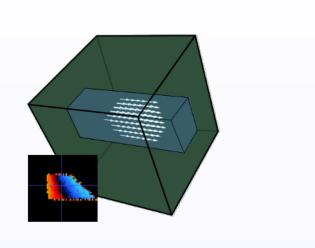
2. Spatial Averaging: using more than 3 clinical views.

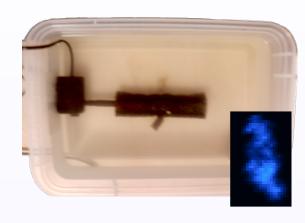
References

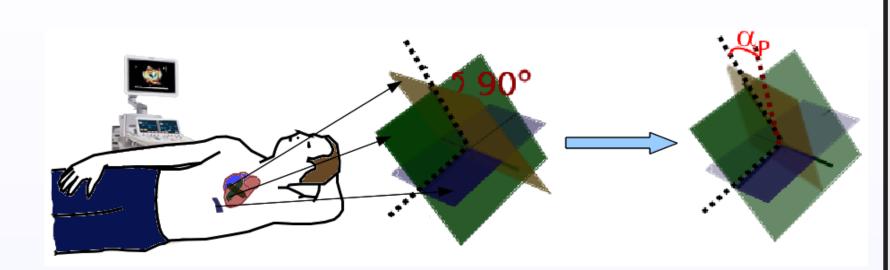
- [1] M. Arigovindan, M. Suhling, C. Jansen, P. Hunziker, M. Unser, and E. P.F de Lausanne, Full motion and flow field recovery from echo doppler data, in *IEEE Trans. Med. Imag.*, 2007
- [2] S. Xu, H. Ermert, and R. Hammentgen, Phased array pulse doppler tomography, in *IEEE Proc. Ultrasonics Symposium*, 1991

Experiments on Simulated + Phantom Data

Synthetic data Flow Phantom Aquisition protocol

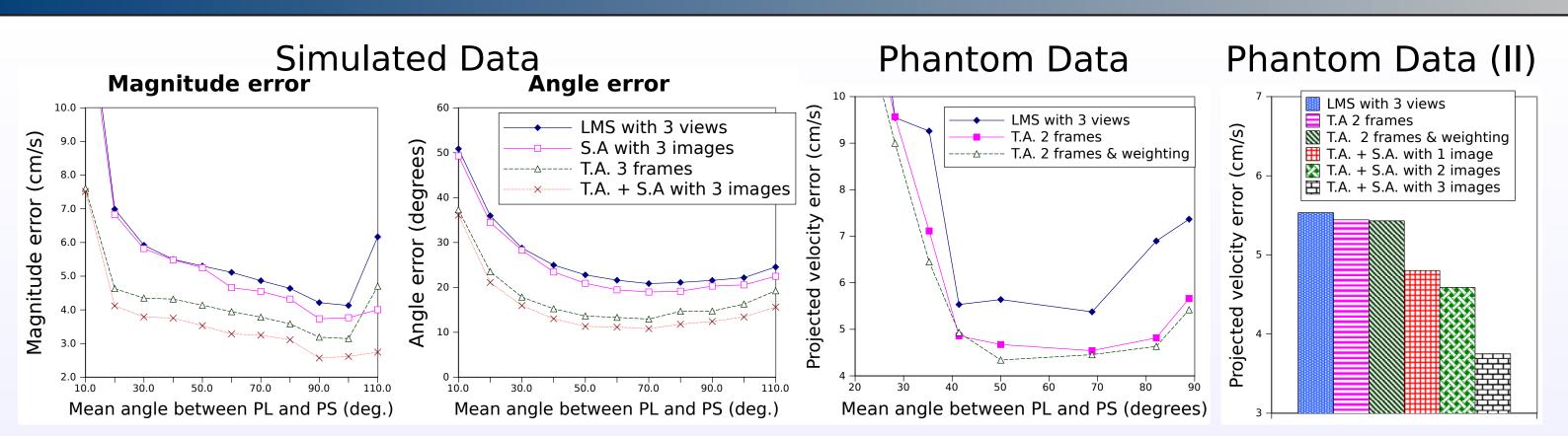






- One Apical View, two Parasternal Views with a separation angle of α_p .
- Angle α_p was given values from 10° to 110° .
- Zero mean Gaussian noise measured from real data was added to synthetic data.

Results



Conclusions

- Reconstruction error remains approximately constant if $40^{\circ} < \alpha_p < 90^{\circ}$. In discussion with clinicians we believe that it is possible to achieve a value of $\alpha_p > 40^{\circ}$ in a clinical acquisition.
- Two clinically compatible strategies to improve SNR were investigated. These were able to improve the reconstruction accuracy by up to 50%.
- Flow can only be reconstructed where all the Doppler images intersect.
- Future work will include validation on clinical data, incorporation of physical knowledge of flow behaviour to the problem and extension to 3D+T flow recovery.

Acknowledgements

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