

Unidad 1, Sesión 3/4  
Adquisición de Imágenes biológicas y biomédicas III

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Sesión nº3/4 del Curso  
de Postgrado:

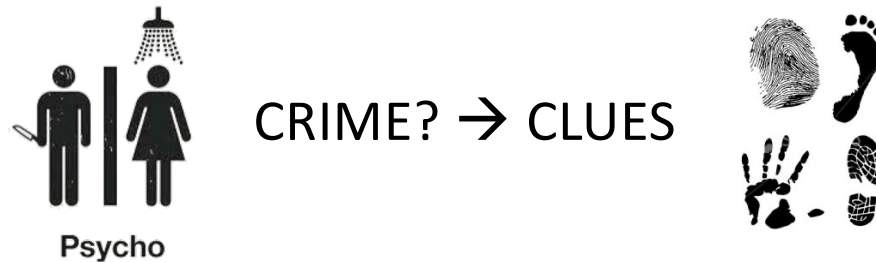
Procesamiento de  
Imágenes y Bioseñales I

Facultad de Medicina, U.  
de Chile

29 de Agosto de 2024

# inverse problems and crimes

- **detective novels:** the scene of the crime, clues and a mystery to discover.
- more than one suspect, the facts and observations, the logical deductions led to a single and surprising explanation.



- one goes back in time, connecting the available evidence to **reconstitute** the hidden and most plausible truth.
- in mathematical language, this is an **inverse problem**, instead of going from the cause to the effect, it is the contrary: going from the effect to the cause.

$A \rightarrow ?$   
direct

$? \rightarrow B$   
inverse

# motivation: medical diagnosis, imaging the human body

- focus: medical **diagnosis** is an inverse problem *par excellence*, and one of the oldest that has confronted humanity: we are faced with the problem of determining the cause of the symptoms of an illness.
- we are often asked for **images** of some kind: **x-rays, ultrasounds, resonances, scanners, electrocardiograms**, etc.
- behind each of these images there is an **inverse problem** and involve revolutionary physics, mathematics and technology to build the electronic devices that make a reality to see images of our **inner world**.



illness → symptoms

# body composition and living tissues...

- the human body is more than **50% water**. The rest of their mass are **living tissues**, softer and harder: fat, muscles, bones.

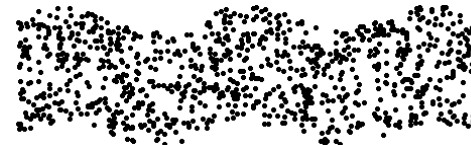
	water	fat (storage)	fat (essential)	muscle	bone	remainder
women	<b>52%</b>	15%	12%	36%	12%	25%
men	<b>57%</b>	12%	3%	45%	15%	25%

*Behnke's model of reference man and woman 1978*

- waves or particles can **travel through** the body: **sound or elastic waves, electricity, radiation, light**.
- we can register their effect to see the inner body → **inverse problem**

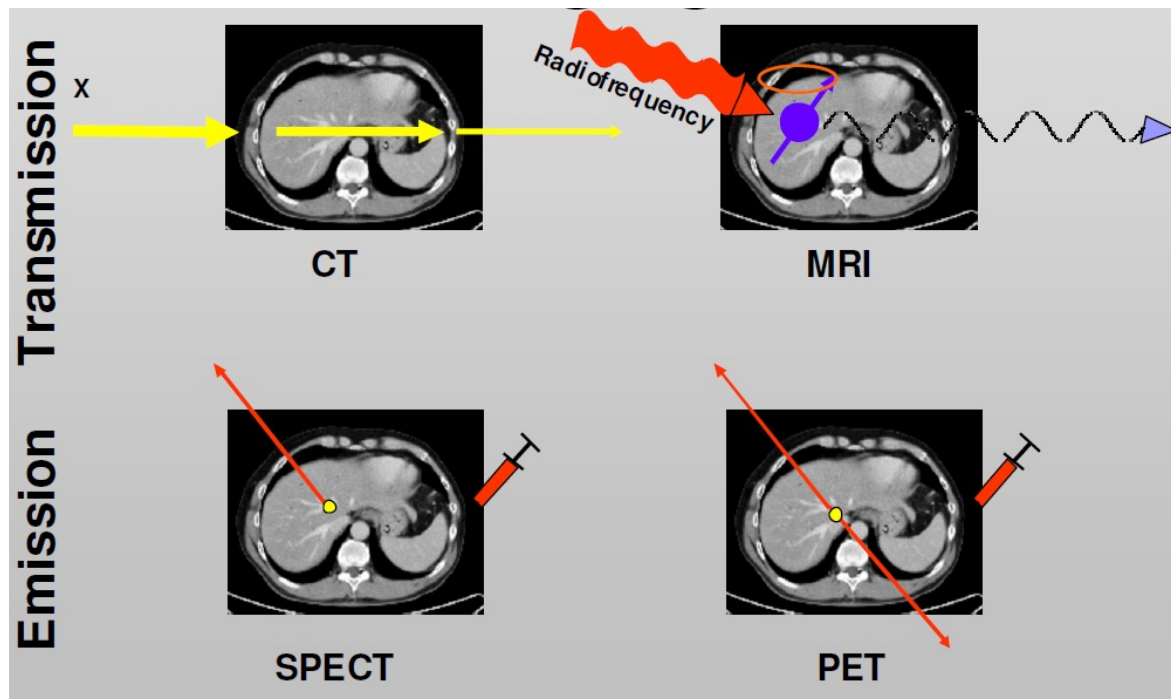


photon transport/scattering



wave propagation

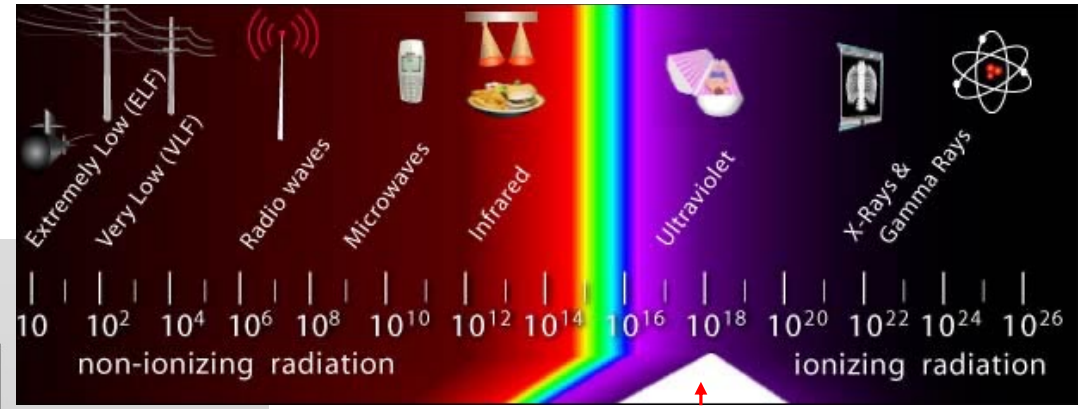
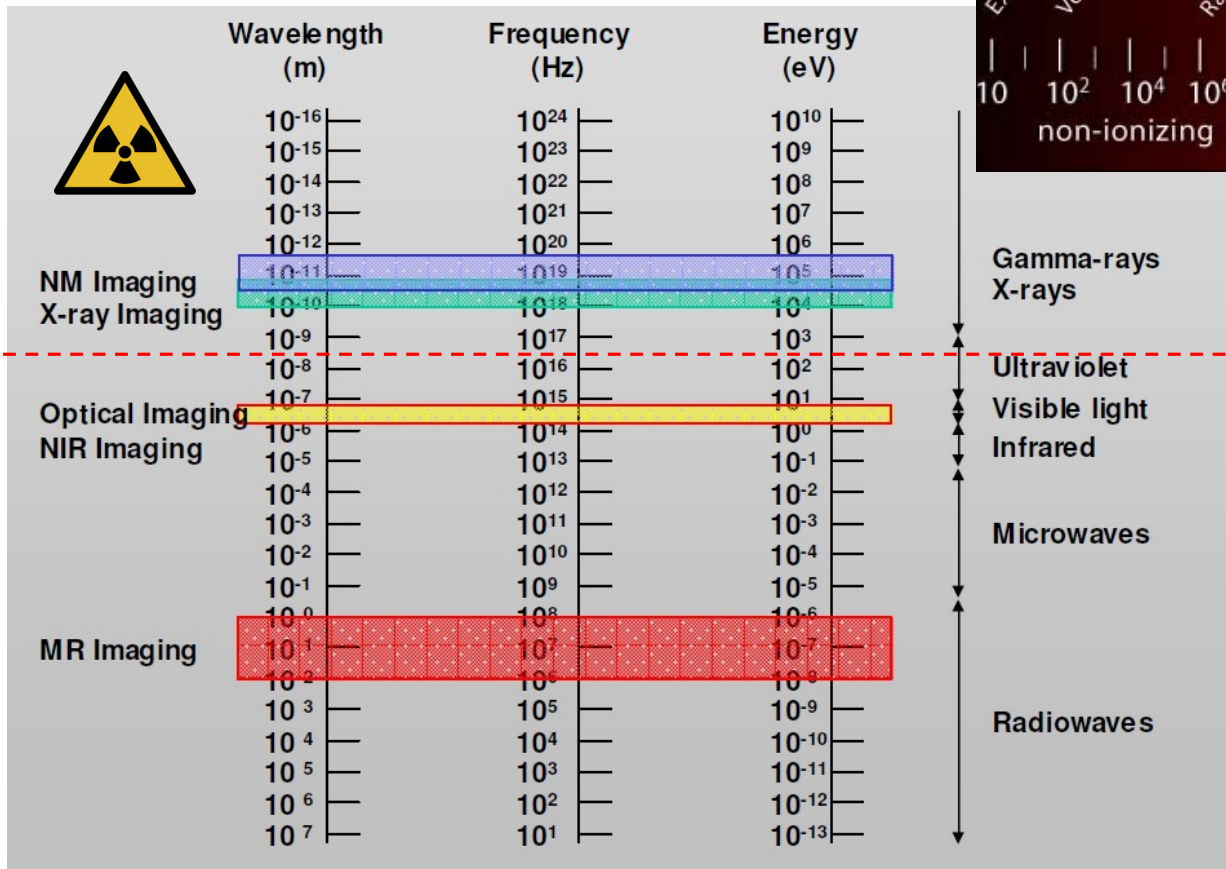
# Biomedical imaging techniques: emission v/s transmission...



+ ultrasound  
+ EI

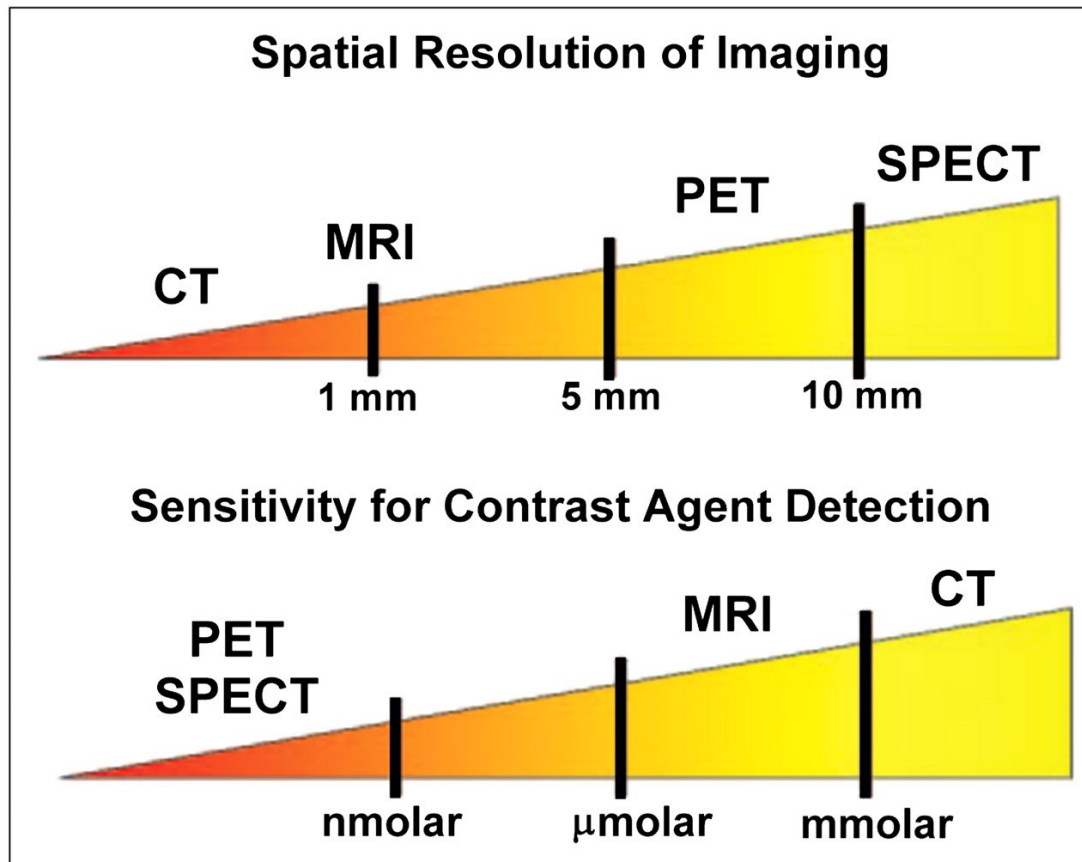
credit: Dr. Castañeda

credit: Dr.  
Castañeda



Biomedical imaging techniques:  
ionizing v/s non-ionizing

# Biomedical imaging techniques: resolution v/s sensitivity...

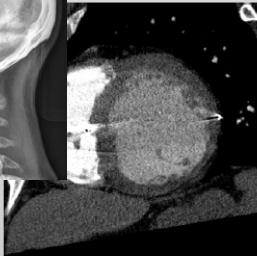


credit: web

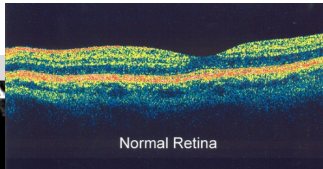
# biomedical imaging techniques: physics



X-rays

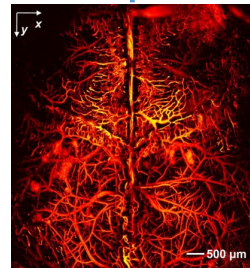


CT



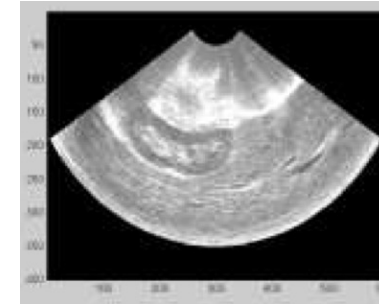
Normal Retina

optical coherence tomography  
OCT

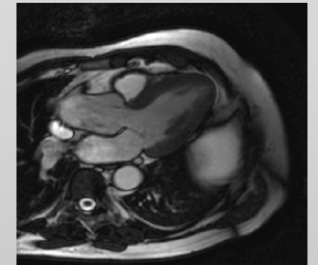


HYBRID

photo-acoustic tomography



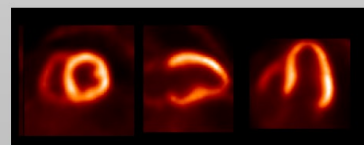
ultrasound



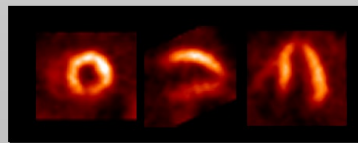
MRI

Magnetic resonance modalities: dMRI, MRE, 4DFlow, etc.

## PHOTON TRANSPORT

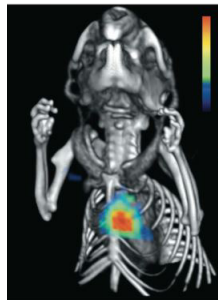


PET



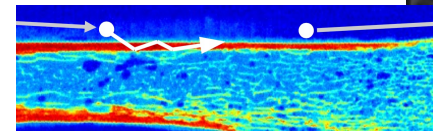
SPECT

Nuclear medicine

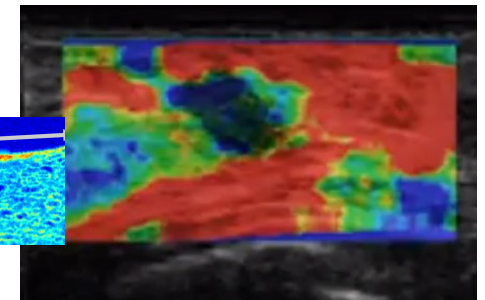


Fluorescence  
FMT

## WAVE PROPAGATION



ultrasound  
bone porosity  
estimation

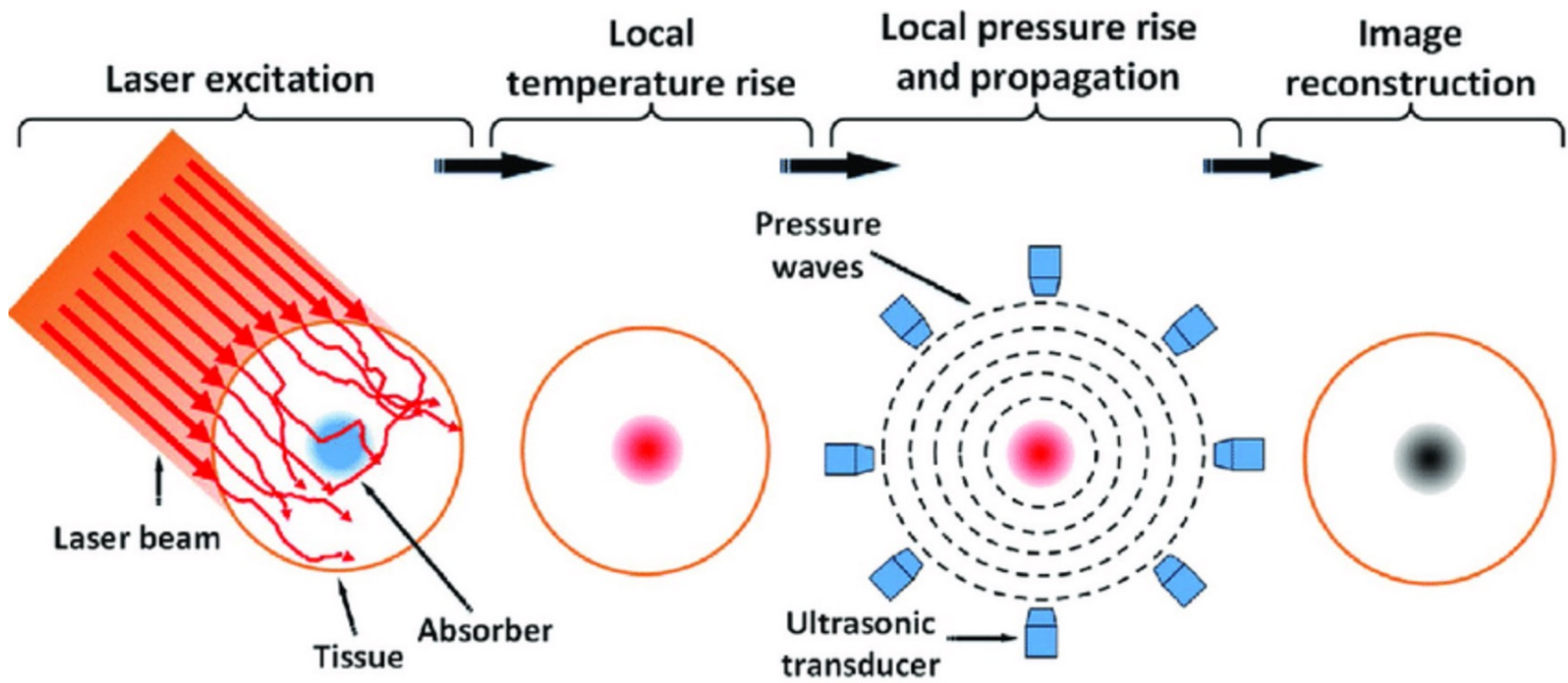


elastography modalities:  
ARFI, SWEI, MREI, etc



# Hybrid methods: photo-acoustic tomography (PAT)

based on the photoelectric effect : Hertz 1997, Einstein 1905 nobel prize



credit: Ali-Reza et al. Neonatal brain resting-state functional connectivity imaging modalities, Photoacoustics 10, 2018

## First part (photon transport):

- 1.- X-rays, CT, nuclear medicine, PET, SPECT:
  - *current research topic: simultaneous source and attenuation in SPECT*
- 2.- Fluorescence molecular tomography FMT :
  - *current research topic: mathematics of light-sheet microscopy*

## Second part (wave phenomena):

- 3.- Ultrasound, elasticity imaging, MRE:
  - *current research topic: bone porosity estimation by ultrasound*
- 4.- Magnetic resonance MRI:
  - *current research topic: non-invasive pressure and blood flow estimation*

First part (photon transport)

1.- X-rays, CT, nuclear medicine, PET, SPECT

*current research topic: simultaneous source-  
attenuation identification in SPECT*

# first the basis... X-rays... the scanner

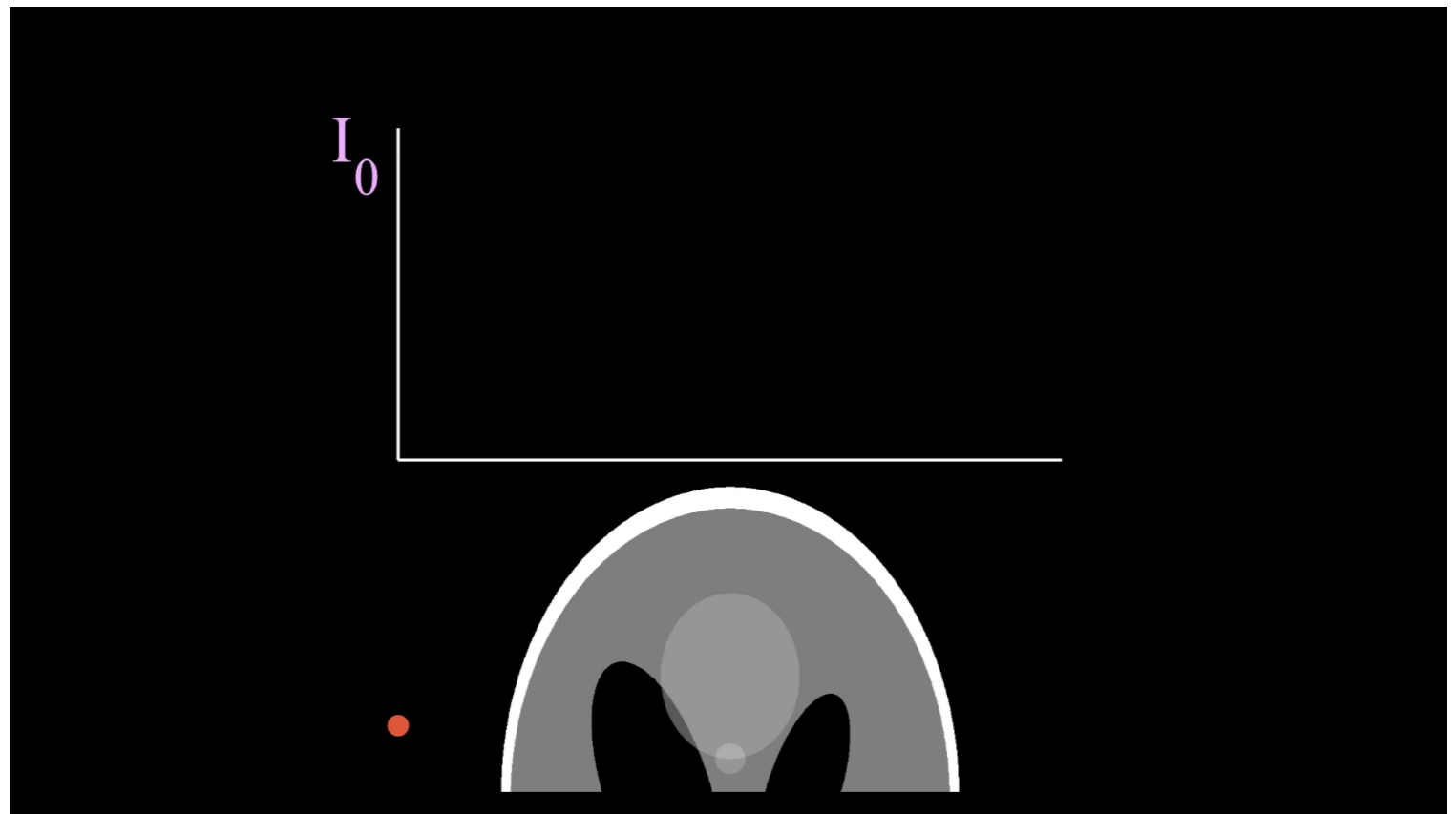
- Wilhelm Röntgen, a German engineer, obtained the Nobel in 1901 for detecting and producing **X-rays** for the first time.
- X-rays: invisible high energy electromagnetic waves that cross the body almost as if it were transparent, **attenuated** principally by bones.
- In 1917, Johann Radon, an Austrian mathematician, developed the mathematical basis for combining X-rays at different angles to obtain **three-dimensional images**.
- The British engineer Godfrey Hounsfield build the **first scanner** in 1971 and obtained the Nobel for this in 1979.
- Before that, in 1953, diffraction X-ray images were used by the crystallographer Rosalind Franklin to discover the form of the **ADN double helix** (1962 Nobel)



# X-ray attenuation

credit: Samuli Siltanen

the  
measurment  
 $\log(I_0/I_1)$   
is the integral  
of the  
attenuation  
along the  
line



The Shepp-Logan phantom: Larry Shepp and Benjamin F. Logan for their 1974 paper *The Fourier Reconstruction of a Head Section*

Intensity decay...

$$\Delta I = I_{out} - I_{in}$$

is proportional to  
attenuation, thickness  
and intensity...

$$\Delta I = -a(x)I \Delta x$$

The infinitesimal change...

$$\frac{dI}{dx} = -a(x)I$$

gives by  
integration  
on lines  
the solution:

$$I = I_0 \exp\left(-\int_L a\right)$$

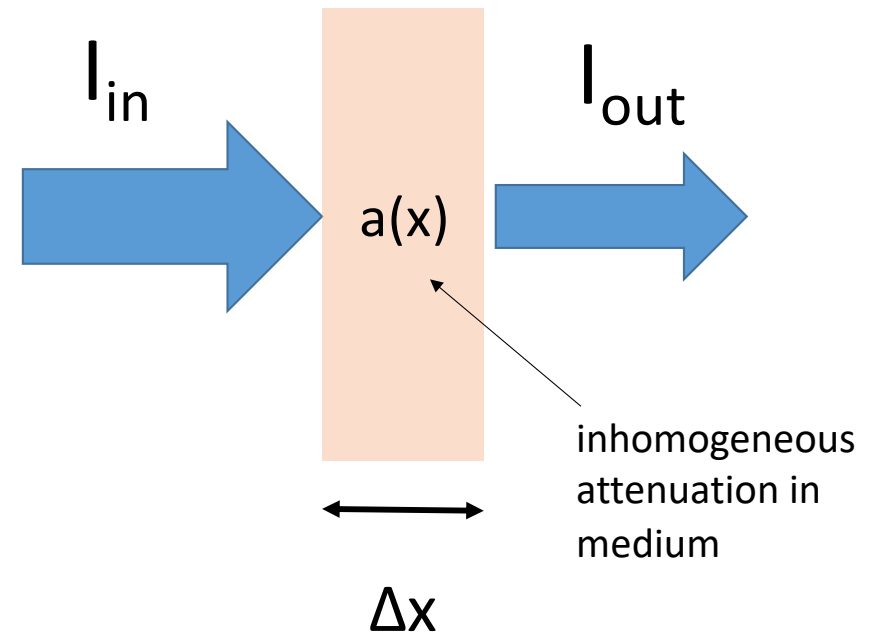
$L$  : line from  $x_0$  to  $x$

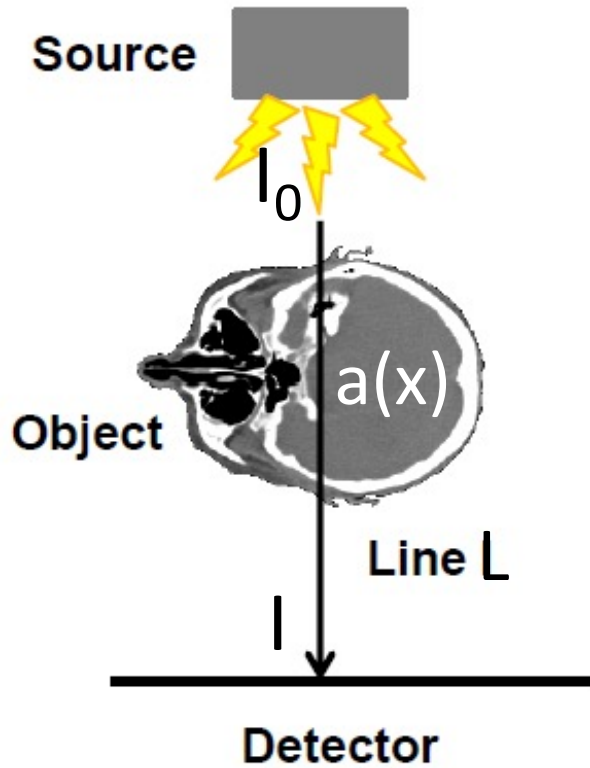
so the sum over  
lines can be measured

$$\int_L a = -\ln \frac{I}{I_0}$$

## Beer's law

(monochromatic, X-ray beam no  
refraction or diffraction)





attenuation integral

$$\int_L a = -\ln \frac{I}{I_0}$$



- Photons with energies 50-120 keV are emitted by an X-Ray source
- Interaction with biological tissue absorbs & scatters some of the photons (photo-electric and Compton effect)

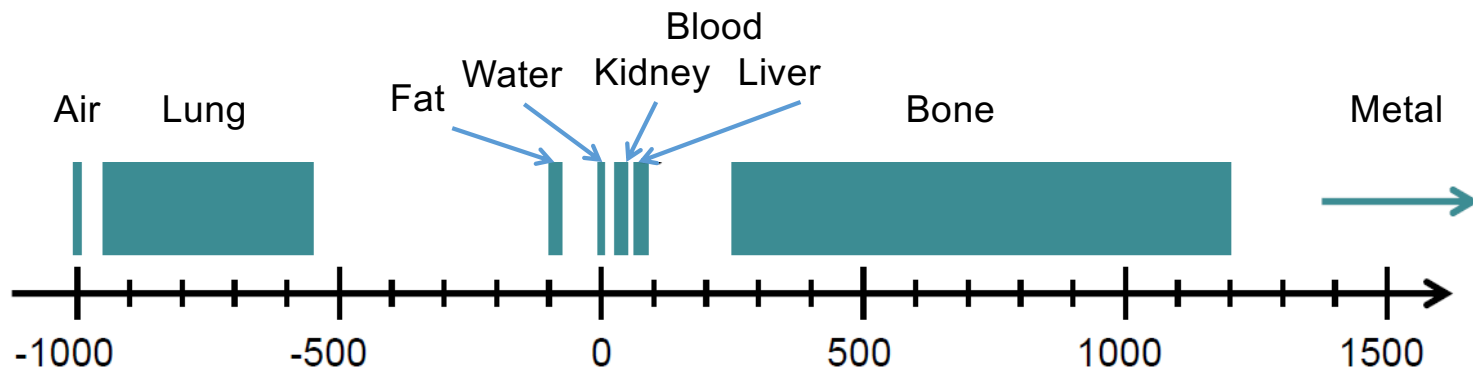
credit: Dr. Castañeda



# Typical X-ray data: Hounsfield Units (HU)

CT-scanner calibration Air=-1000, Water=0

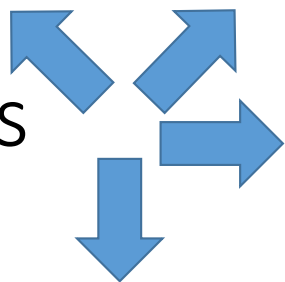
$$HU = \frac{\mu - \mu_{Water}}{\mu_{Water}} \cdot 1000$$



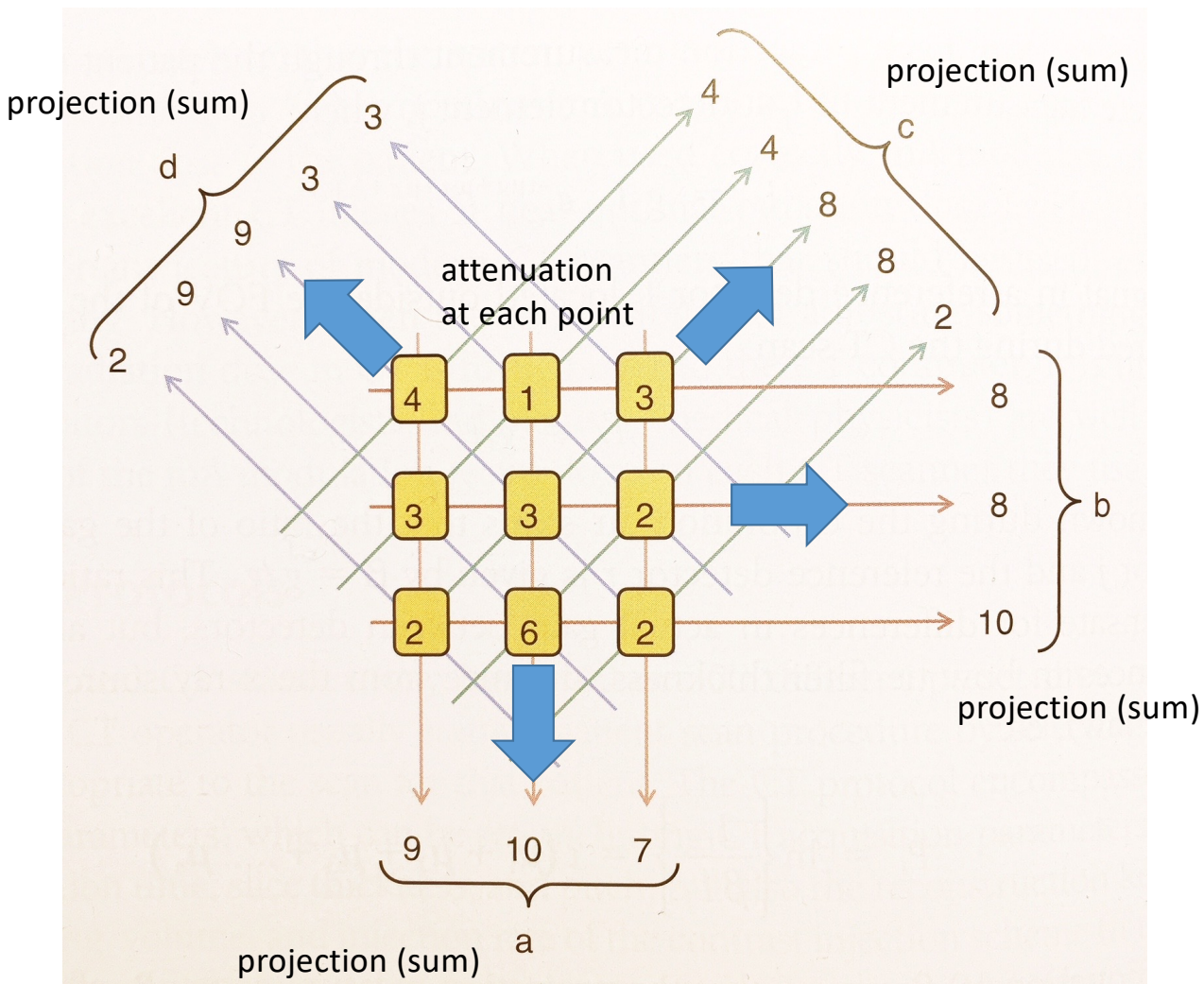
credit: Dr. Castañeda

# Principle of Computed Tomography:

Projections

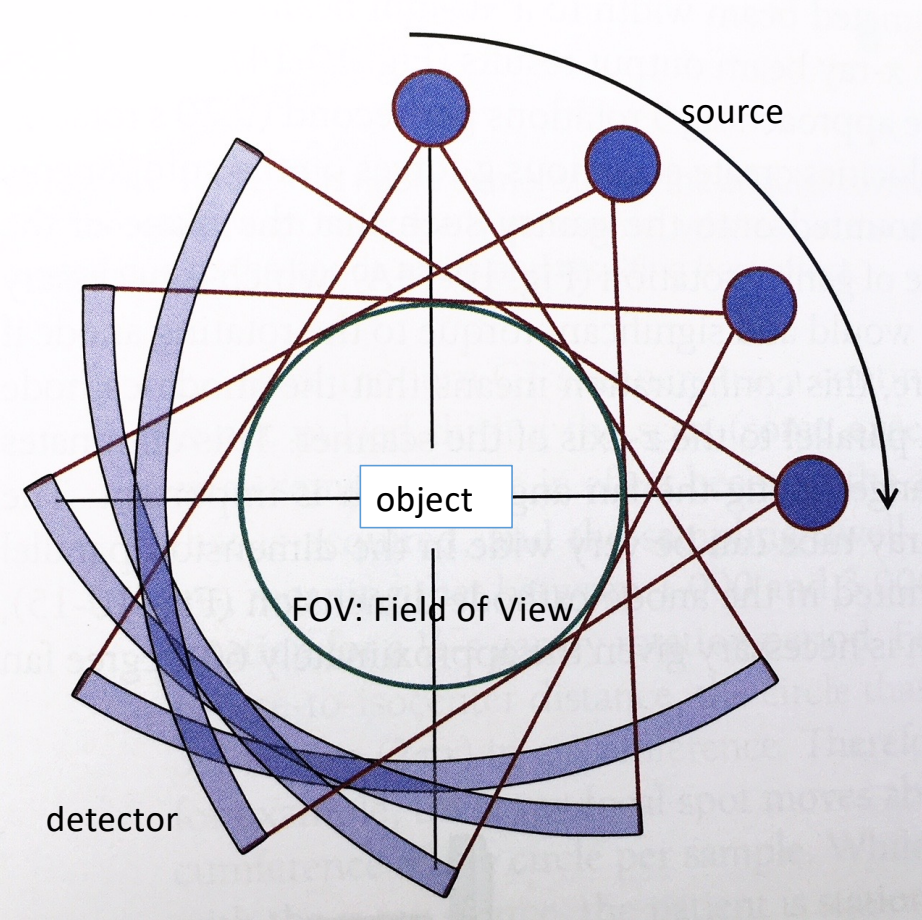
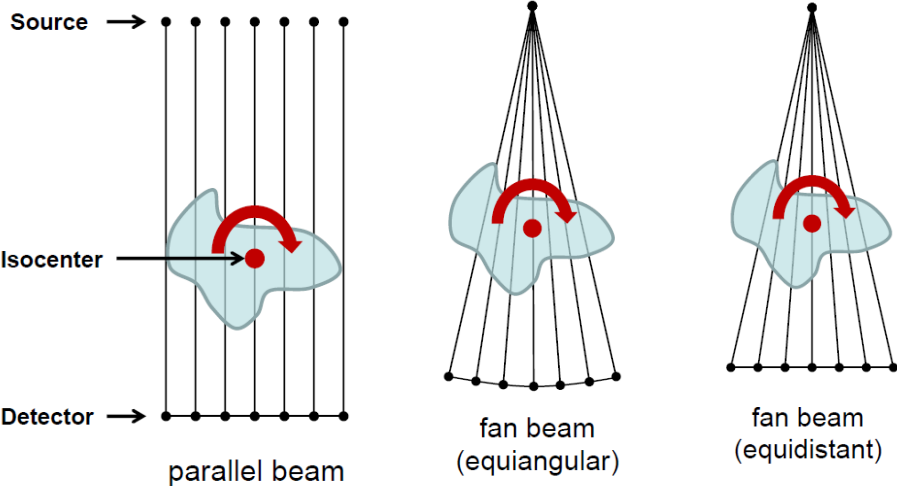


How to recover the attenuation from sum of lines?



credits figure: ref 2

# CT-scanner: fan/parallel beam

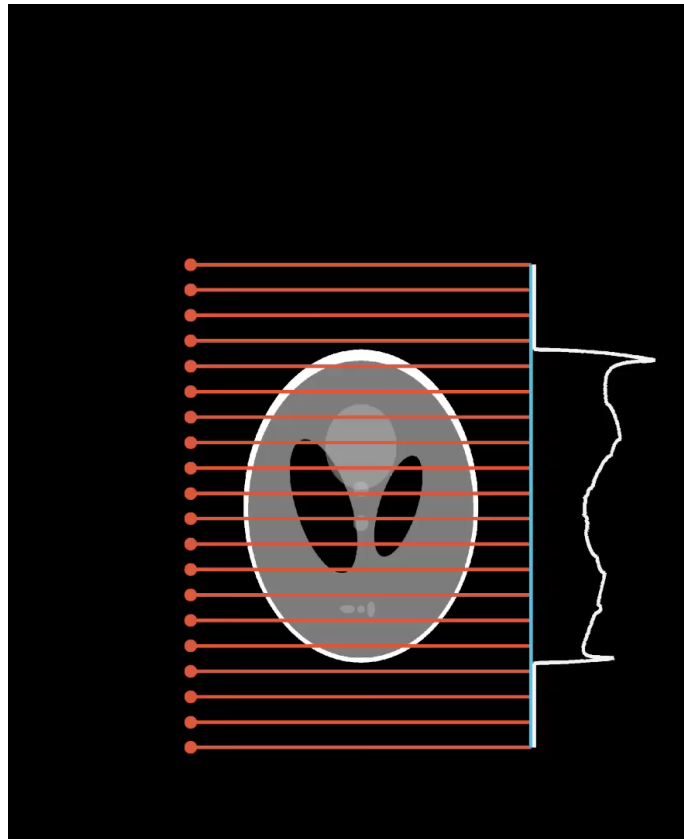


credits figure: ref 2

# CT - scanner

image?  $\rightarrow$  sinogram (Radon transform)

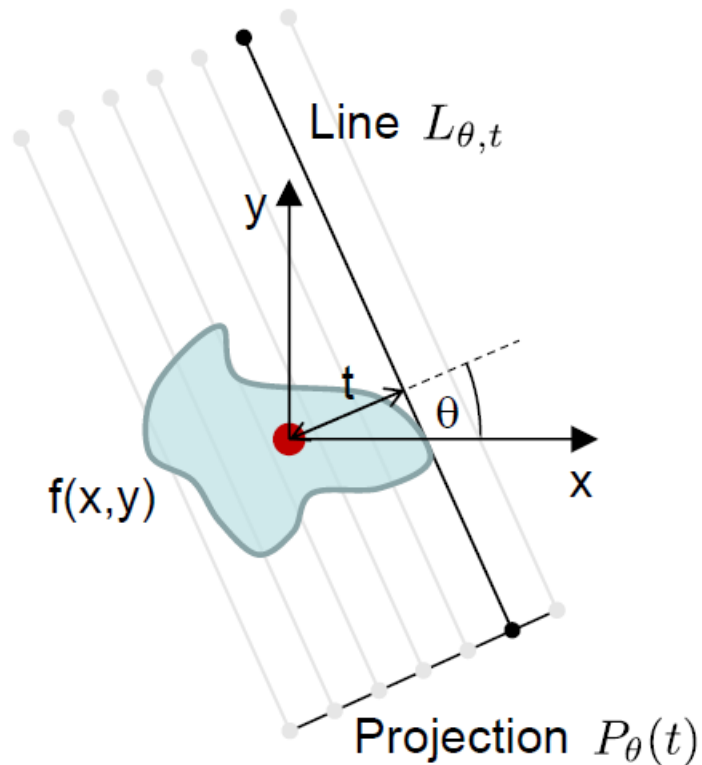
Mathematical  
tool:  
the inverse  
Radon transform



credit: Samuli Siltanen



# The Radon transform

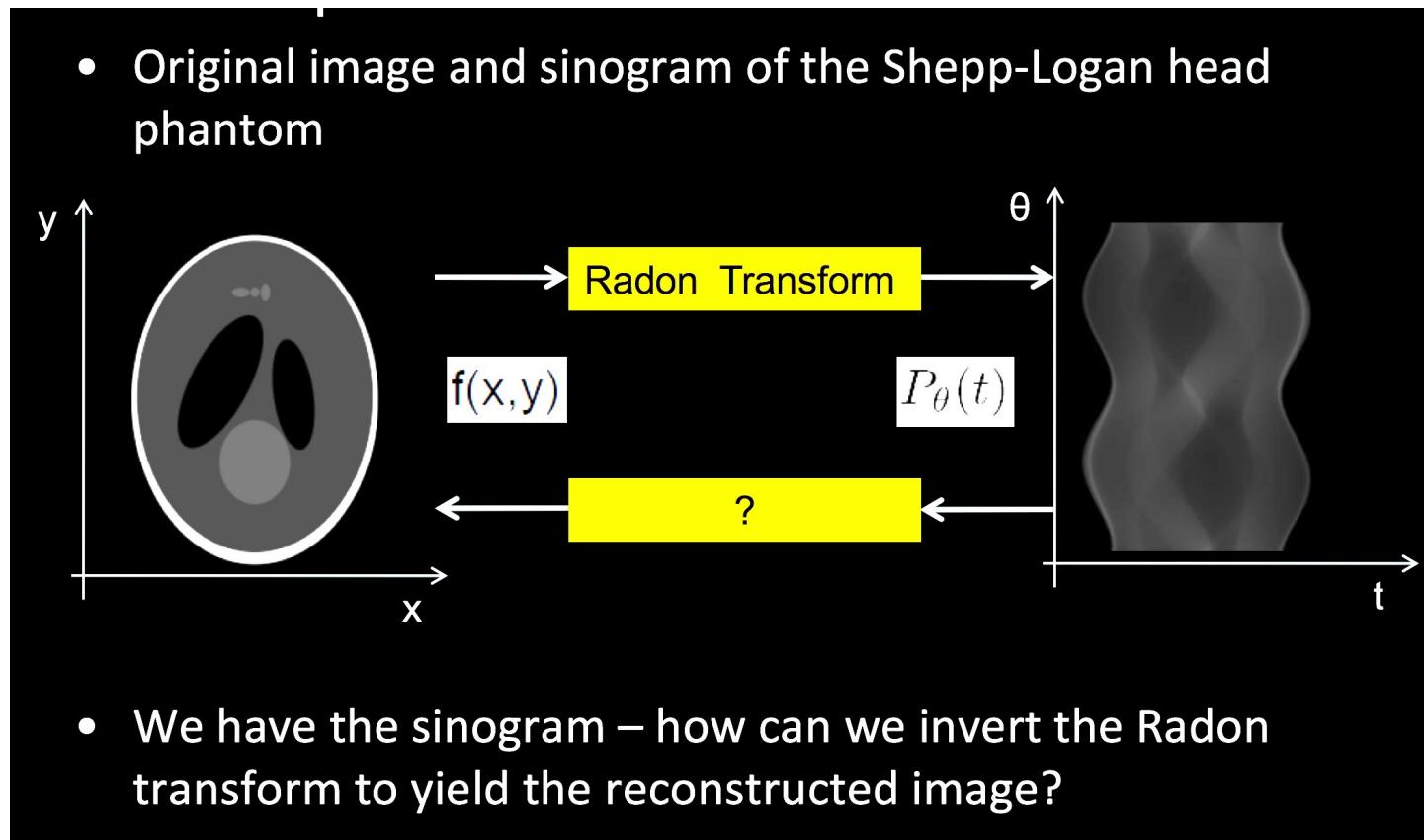


Integral of a function over lines

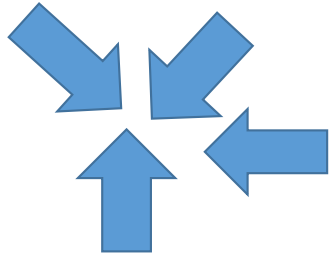
$$P_{\theta}(t) = (R \circ f)(\theta, t) = \int_{L_{\theta,t}} f(\vec{x}) ds$$

credit: Dr. Castañeda

# The inverse problem (Johann Radon, 1917)

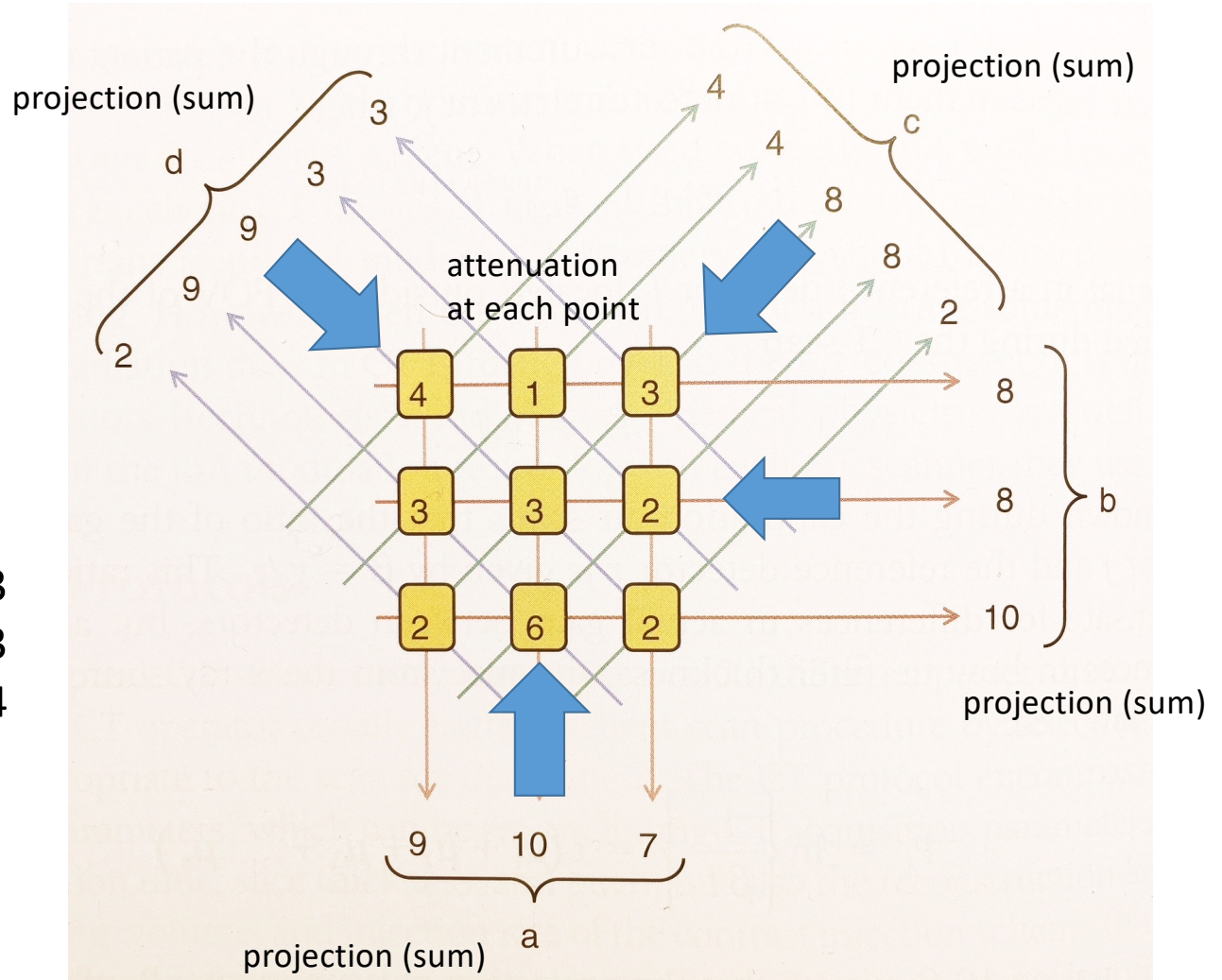
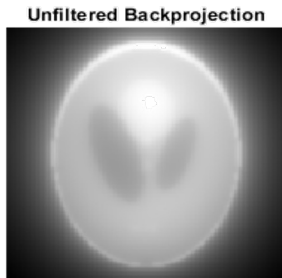
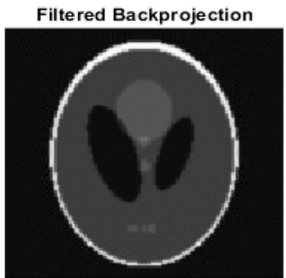


# Backprojections



30	25	26	
30	35	26	
29	37	28	*9/26/4

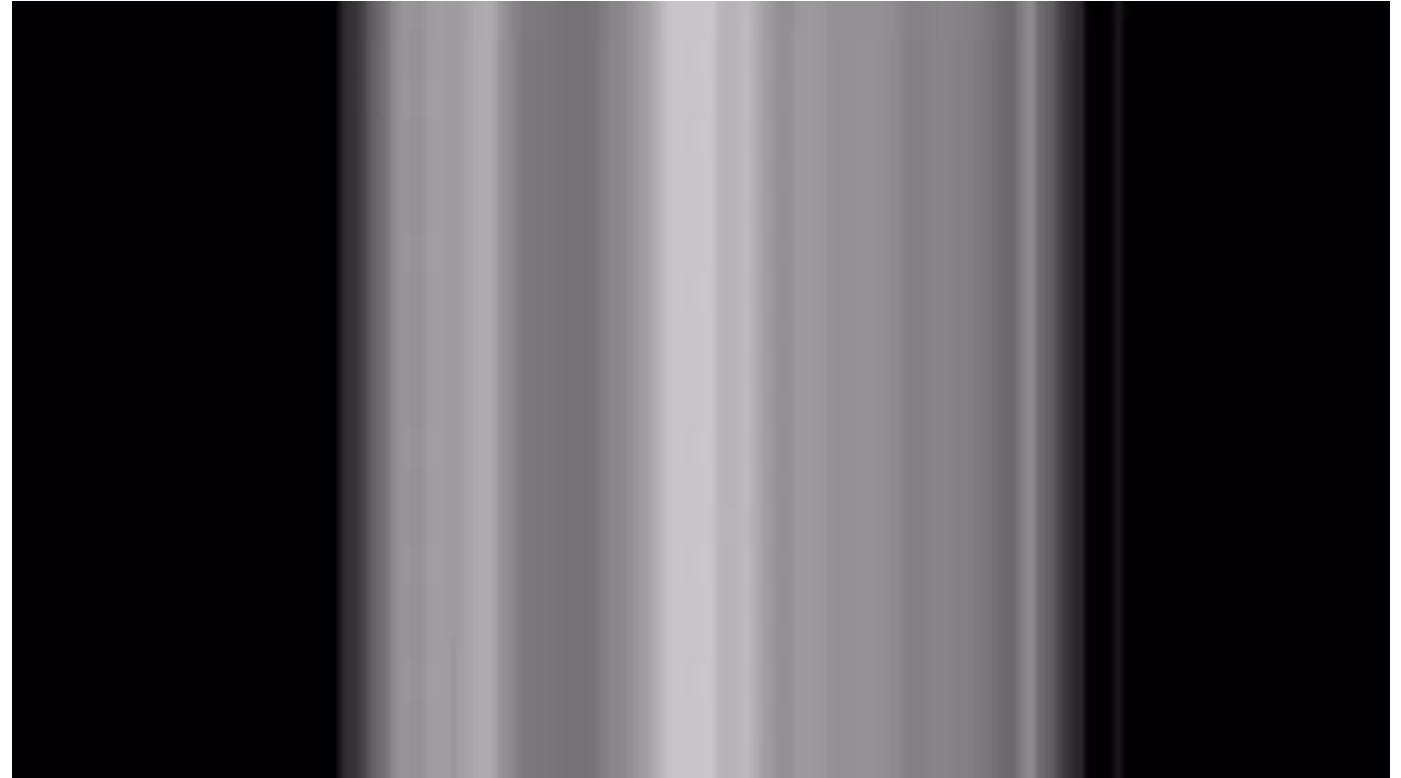
2.6	2.2	2.3
2.6	3.0	2.3
2.5	3.2	2.4



credits figure: ref 2

Backprojection:  
effect of an increasing  
number of projections

original (axial view)

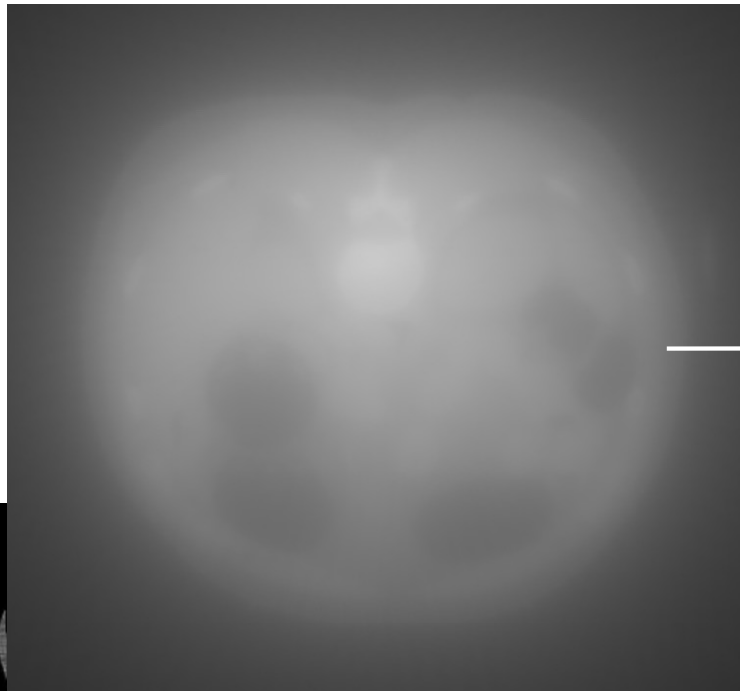


magic!

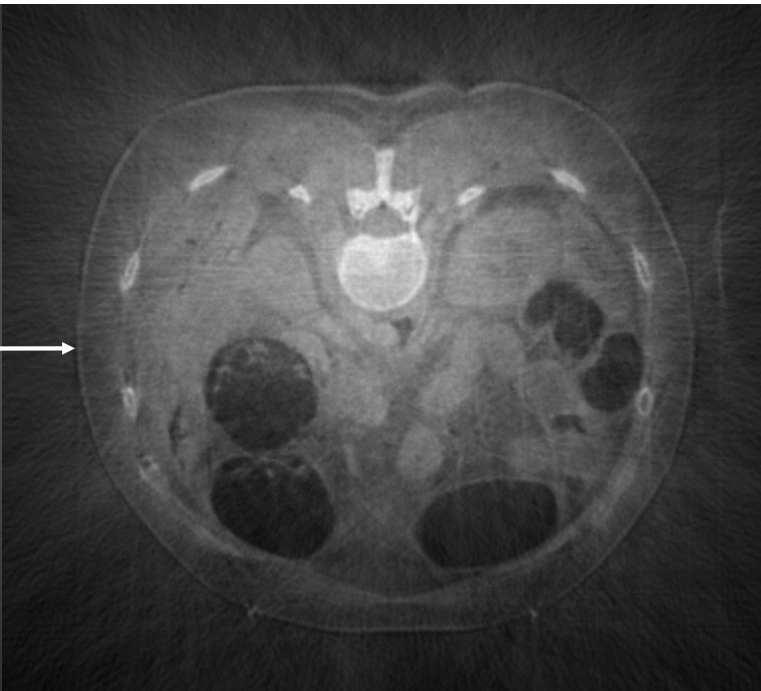


# Deconvolution Filter

original (axial view)



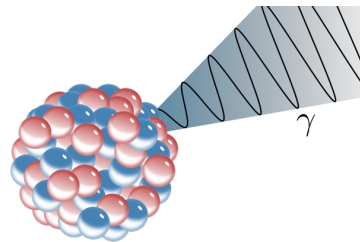
backprojection



filtered backprojection

## 2nd... gamma rays

- Paul Villard discovered the **gamma rays** in 1900 in his laboratory of rue d'Ulm in Paris.



- 3 years later Marie and Pierre Curie, together with Henri Becquerel, would receive the Nobel Prize for the discovery of **radioactivity**.
- Nowadays, in **nuclear medicine**, radio-pharmaceuticals are used to emit gamma rays into the body.
- The idea is to mark certain key molecules that reflect the activity in the study of diseases such as **Alzheimer's or epilepsy**, or evidence of the metabolism when evaluating an **oncological** treatment.

# Nuclear Medicine

- Radioisotop

What do we want:

- not too short and not too long half life time
- only  $\gamma$  radiation ( $\alpha$  &  $\beta$  would increase patient dose without gain for diagnosis)

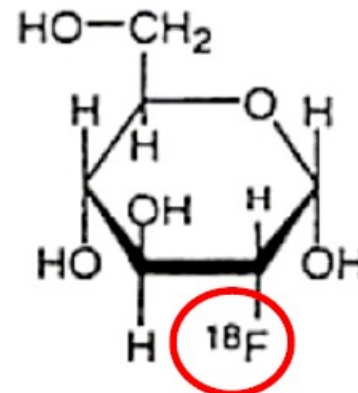
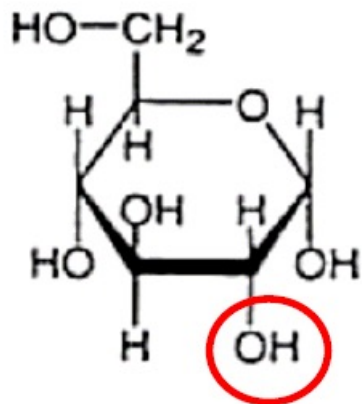
Nuclide	Half life time	Decay	Energy
$^{99m}\text{Tc}$	6 h	$\gamma$	140 keV
$^{201}\text{Tl}$	73 h	$\gamma$	70 keV
$^{123}\text{I}$	13 h	$\gamma$	159 keV
$^{18}\text{F}$	110 min	$e^+$ , $\gamma\gamma$	511 keV
$^{11}\text{C}$	20 min	$e^+$ , $\gamma\gamma$	511 keV
$^{13}\text{N}$	10 min	$e^+$ , $\gamma\gamma$	511 keV

credit: Dr. Castañeda

# Nuclear Medicine

- **Radiopharmaceuticals**

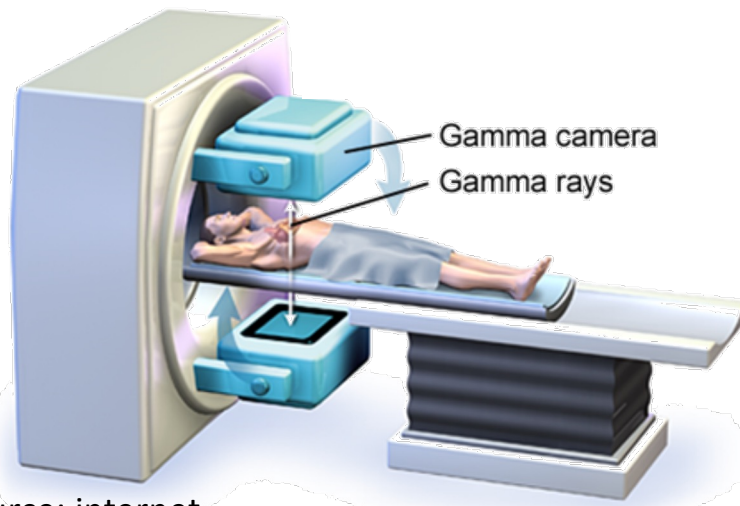
- The radioisotope has to be connected (labelling) to a pharmaceutical based on the organ specific question.
- Radiopharmaceuticals should not disturb the process under investigation.
- e.g. FDG ( $^{18}\text{F}$ -Fluorodesoxyglucose) to analyze the Glucose metabolism



credit: Dr. Castañeda

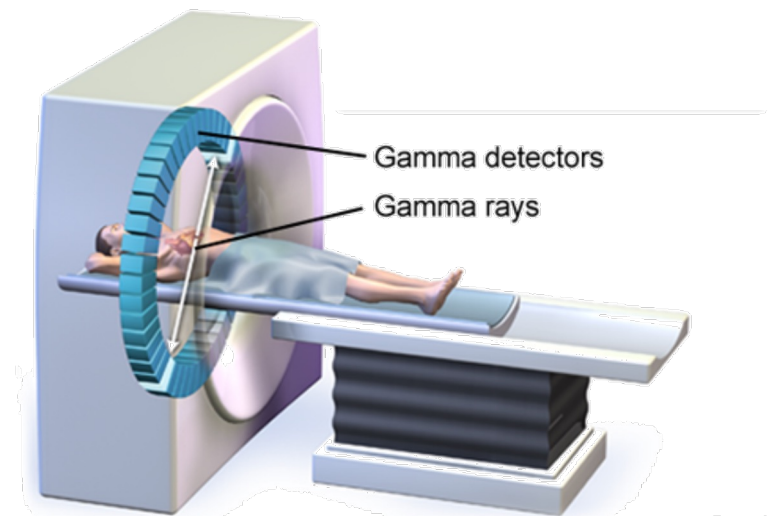
# Nuclear medicine

SPECT scanner



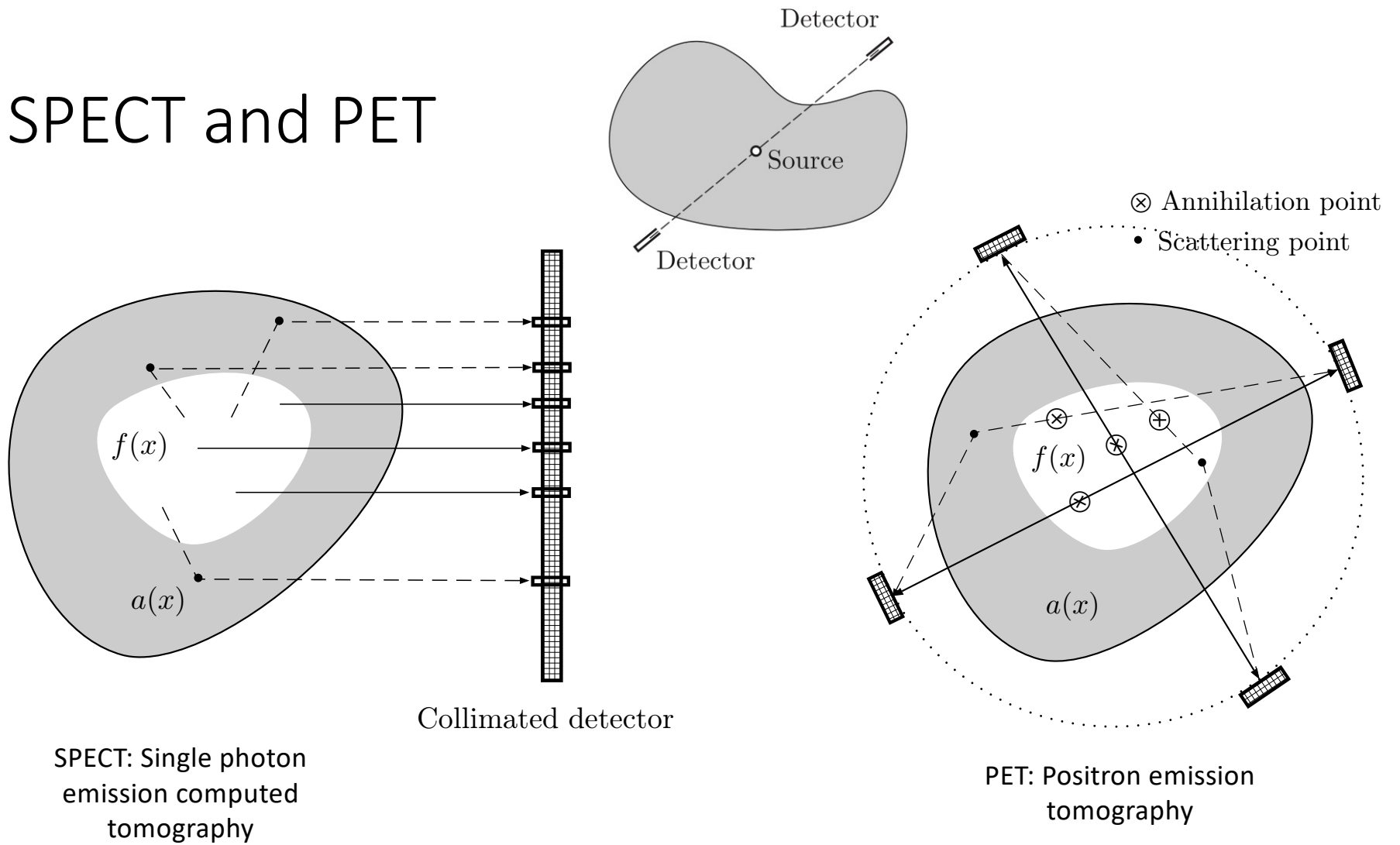
source: internet

PET scanner



- monophotonic (SPECT) and biphotonic (PET) emission tomography the most extensively used in nuclear medicine

# SPECT and PET

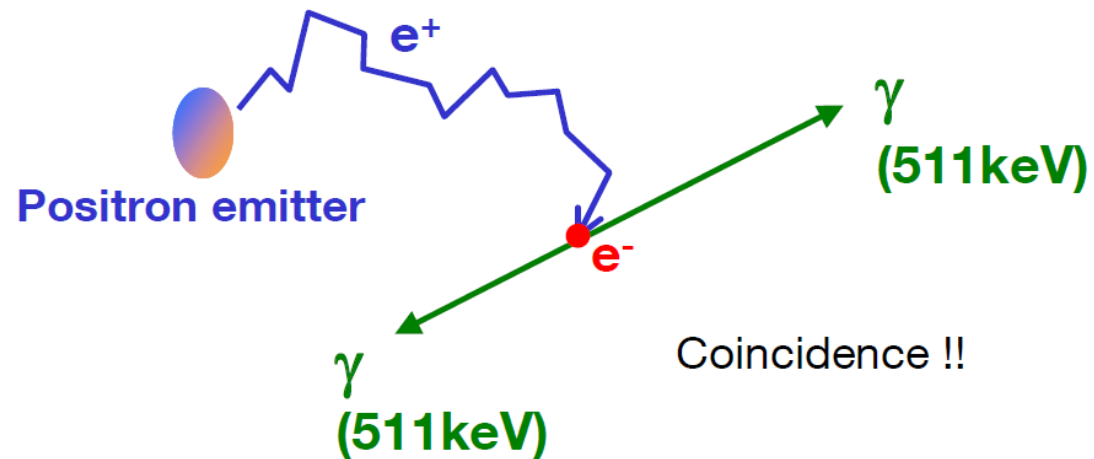


Collimated detector

# Nuclear Medicine

- **Positron Emission Tomography – PET**

- Positron decay:  $^{18}\text{F} \rightarrow ^{18}\text{O} + e^+ + \nu_e$   
 $p \rightarrow n + e^+ + \nu_e$

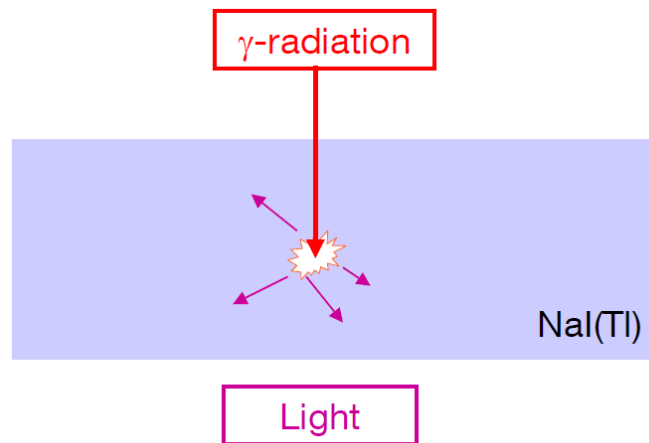


credit: Dr. Castañeda

# Nuclear Medicine

- **Radiation-Detection**

- Scintillators, e.g. NaI(Tl) – Thallium doped Sodium Iodide



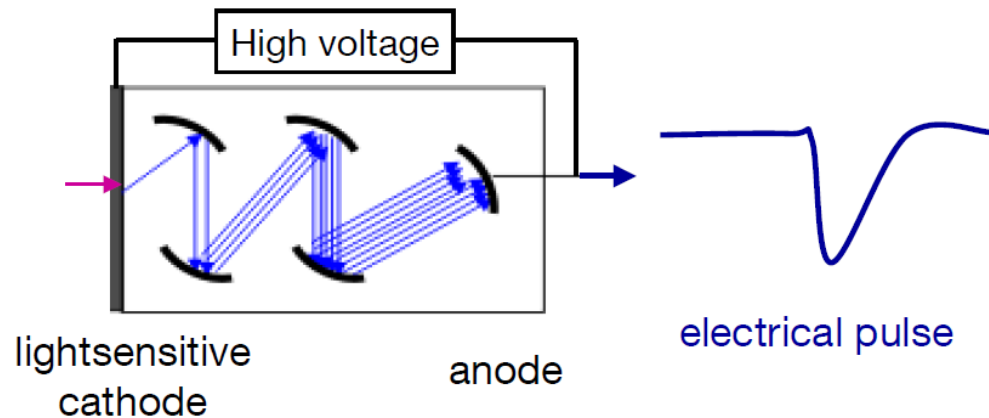
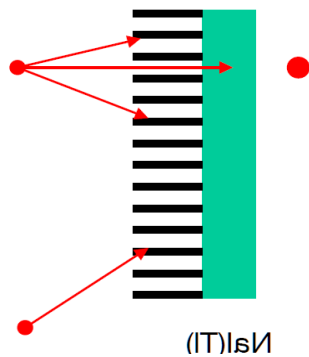
credit: Dr. Castañeda



# Nuclear Medicine

- Photo multiplier
  - multiply the signal produced by incident
  - light by as much as 100 million times

- Gamma camera



**$\gamma$ -energy ~ light ~ pulse height**

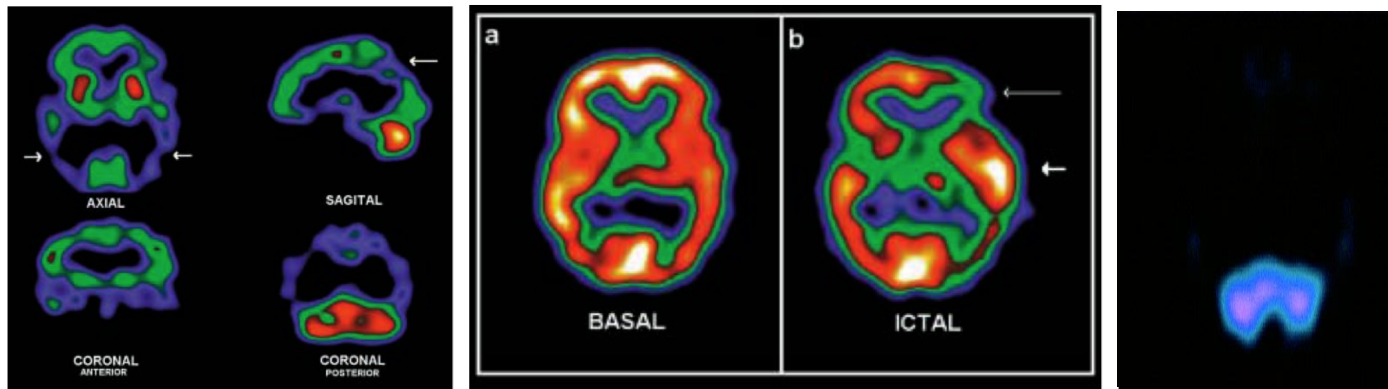


1 cm

credit: Dr. Castañeda

## Example: SPECT scan of the brain

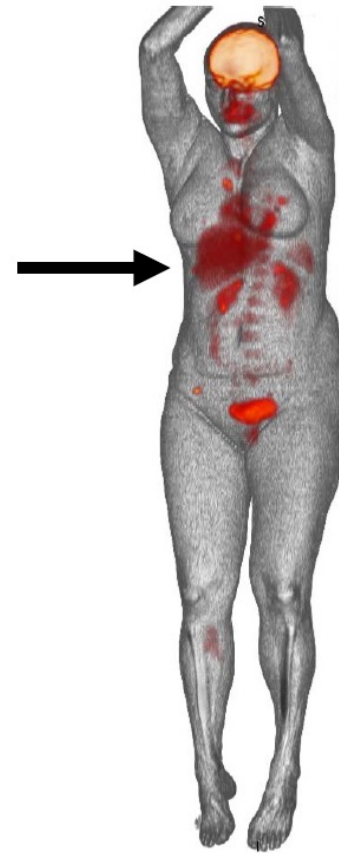
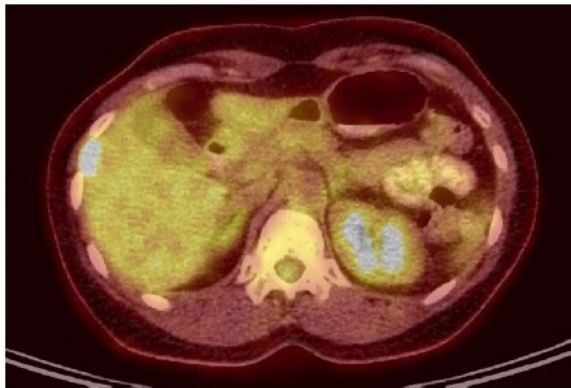
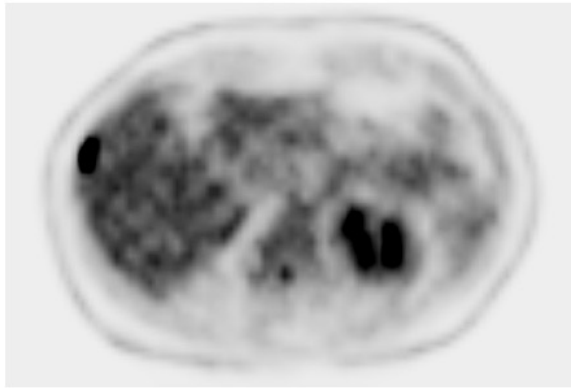
- primarily used to view how blood flows through arteries, veins and capillars;
  - can detect reduced blood flow (more sensitive than MRI or CT);
  - tracer stays in blood stream rather than being absorbed by tissues;
  - cheaper and more readily available than higher resolution PET scans.
- (source: [www.mayfieldclinic.com](http://www.mayfieldclinic.com))



**Figure:** Left: Alzheimer disease patient with low blood perfusion (arrows);  
Right: different blood flow before and during an epileptic seizure (arrows).  
(source: Quintana, J.-C., Neuropsiquiatría: PET y SPECT . Rev. chil. radiol. 2002)

# Nuclear Medicine

- Multimodality – PET/CT



credit: Dr. Castañeda

# Break: application of Fourier Transform



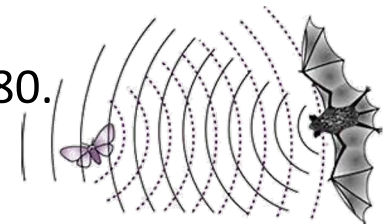
Second part (wave phenomena)

### 3.- ultrasound, elasticity imaging

*current research topic: bone porosity estimation by  
ultrasound*

# obstacles... ultrasound

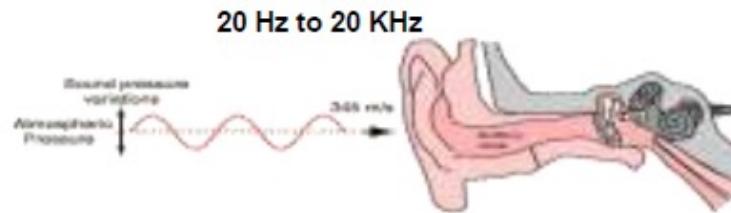
- Ultrasound date back to 1930 and basically detect **obstacles** and allow you to see them on a screen. Used today to follow the fetal development.
- Ultrasound was first used with **hydrophones** to detect icebergs, after the tragic sinking of the Titanic, or submarines during the first war world.
- Pierre Curie discovered the basis of **ultrasound transducers** in 1880.
- The key **mathematical rule** behind ultrasound is that used by the bat when hunting in the dark: when emitting echoes before an obstacle, the distance to it is proportional to the time it takes to **go and return**.
- This assume that most of the body is water and that the sound propagates in it at a **constant speed** and in straight lines, this is not completely true and the images are somewhat confusing.



$$d=t/v$$

# Ultrasound

- What is Ultrasound?



- Medical ultrasound uses frequencies in the range of 500 KHz to 30 MHz.
- For imaging 1MHz to 10 MHz.
- Intravascular imaging up to 30 MHz. (Higher the frequency better the resolution!!)

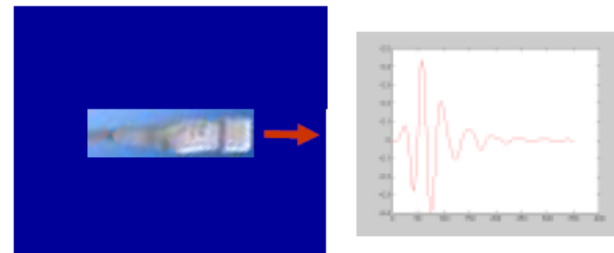
credit: Dr. Castañeda



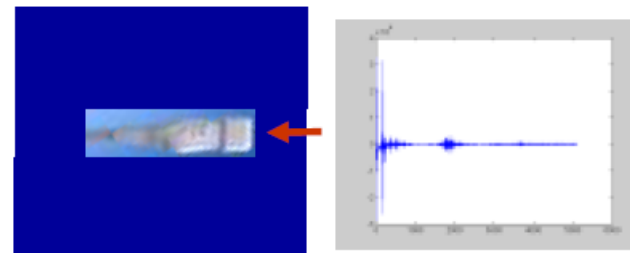
# Ultrasound

- Workflow

1. An ultrasound probe is used to generate a short burst of the ultrasound signal, which is sent into the tissue.



2. The same ultrasound probe is usually used to Record the echoes (RF signals) returned back from the tissue.

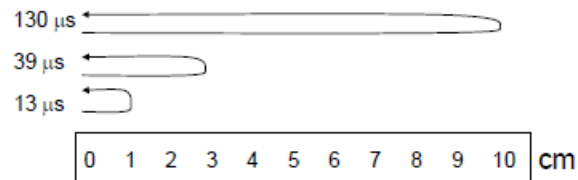


Different tissues show different reflection properties.

credit: Dr. Castañeda

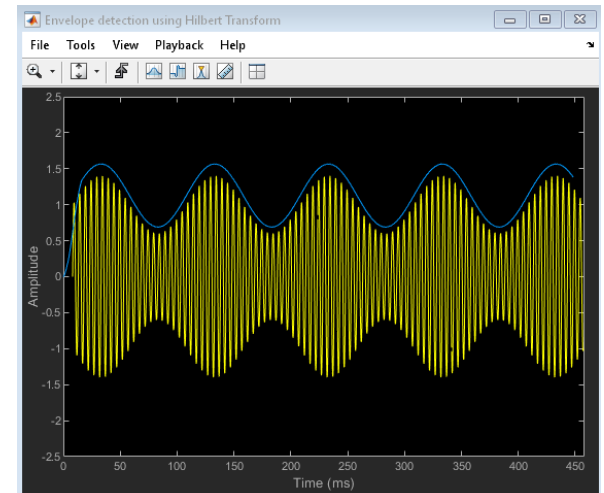
# Ultrasound

- The sound speed in soft tissue is about 1540 m/s
- As round-trip increases, reflector's distance increases
- For  $c = 1540 \text{ m/s} = 1.54 \text{ mm/micro s}$ :



## 3. Processing the RF signals

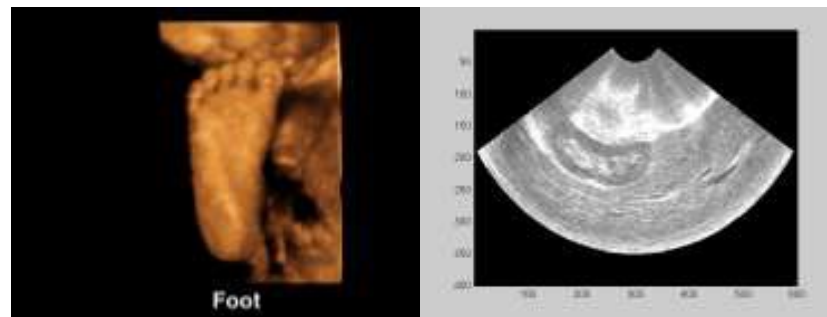
- Envelope detection by Hilbert Transform
- Dynamic range reduction by *log function*
- Decimation for data reduction (5100 samples into 300 samples)



credit: Dr. Castañeda

# Ultrasound

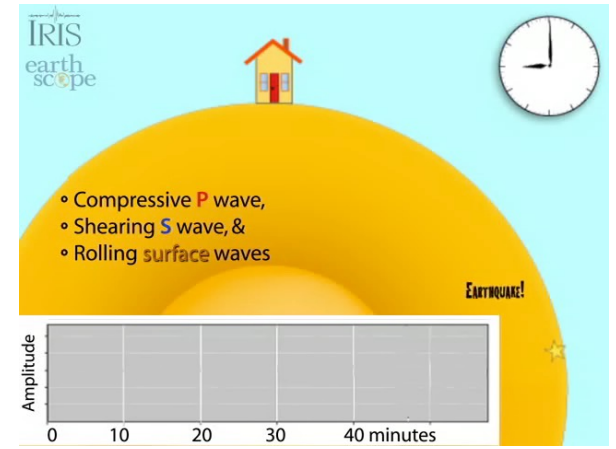
- Examples:



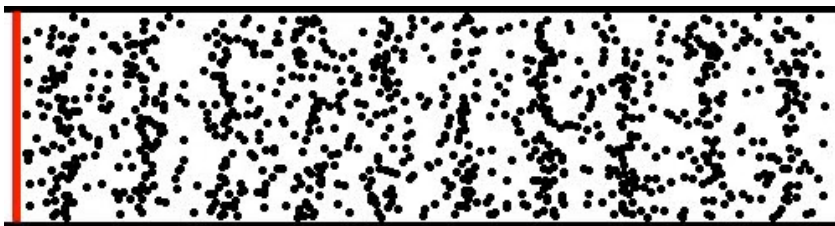
credit: Dr. Castañeda

# Ultrasound elastography

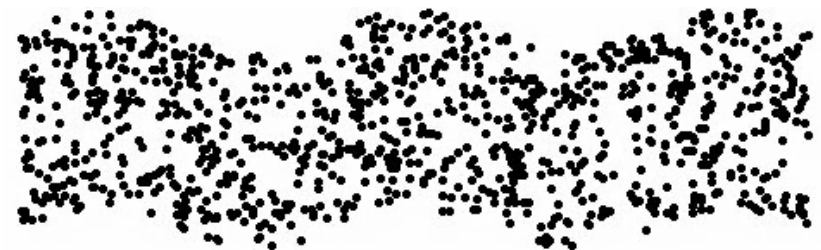
- Elastography is used in the detection of breast or liver cancer, and use **elastic P or S waves** (the same of **earthquakes!**) to detect hardness tissues.
- It is a sophisticated form of the ancient technique of **palpation** to detect hardness parts inside the body.



p-wave



s-wave



# principles of elastography (soft tissue)

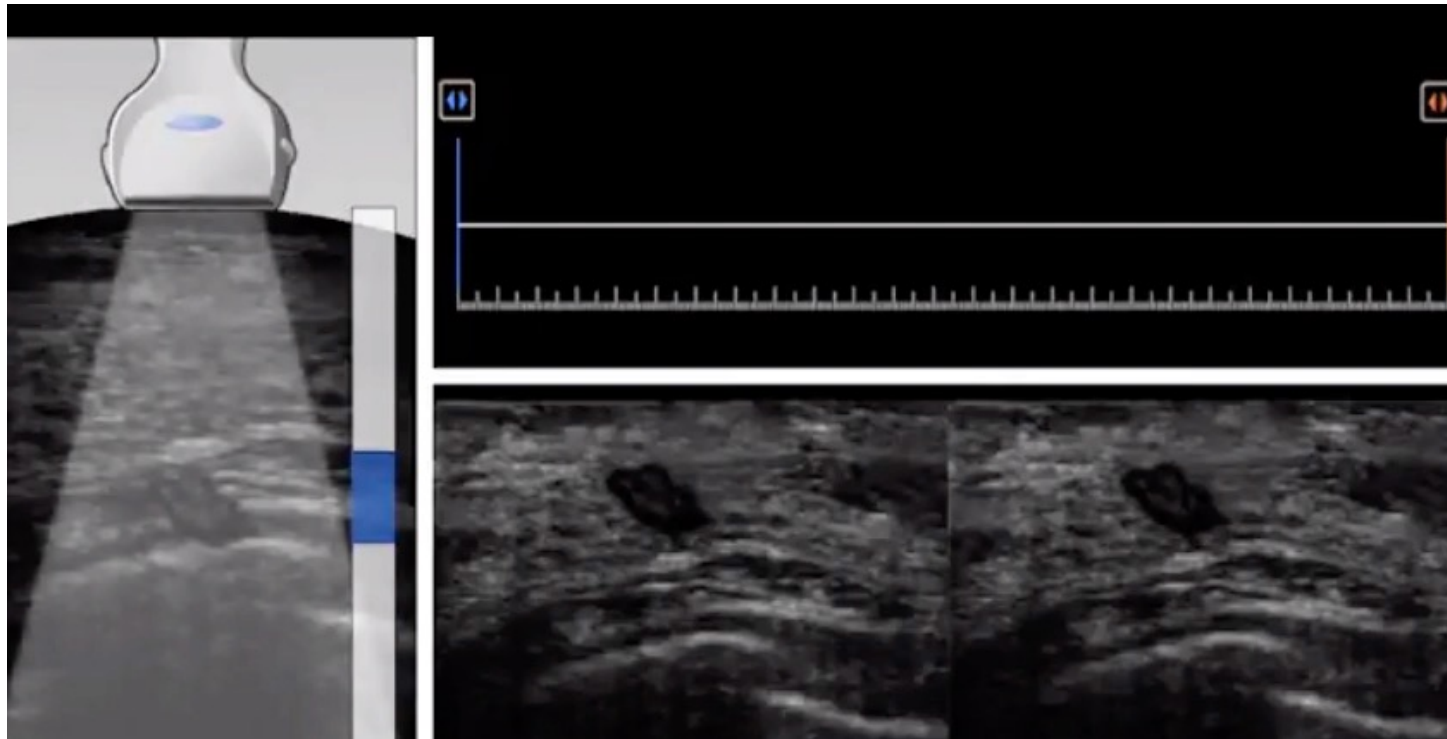
- non invasive observation of the internal displacements by an standard imaging modality such as ultrasound or MRI
- the medium is deformed by a given external force (load, vibration, acoustic radiation) or by an internal displacement (cardiac/respiration cycles, blood flow)
- dynamic elastography: time dependent or periodic forces
- quasi-static elastography: quasi-static external force
- cancer is usually stiffer than healthy tissue
- shear modulus: one of the most wide ranging physical parameters for differentiating tissue (several orders of magnitude)

# Ultrasound elastography

Toshiba medical systems

ultrasound  
transducer →


wave

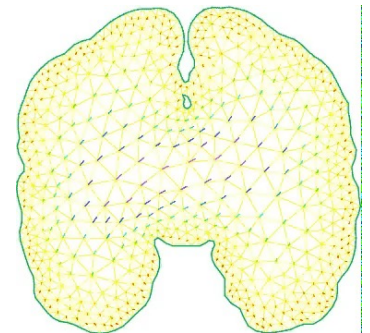
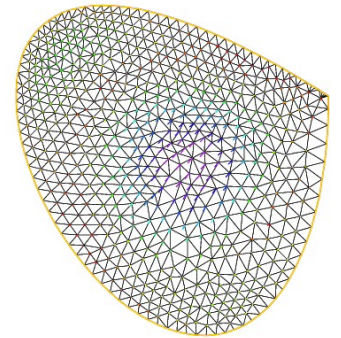


# Elasticity v/s viscoelasticity (soft tissue: brain, liver, skin, breast, prostate, etc.)

- Most of living tissues have a **mix of solid/fluid behaviour** : skin, blood, bones, muscles, liver, brain, lungs, etc.
- This is called **visco-elasticity**. Viscosity is a property of fluids, elasticity is a property of solids.
- The idea is to obtain images of the **viscoelastic parameters** and the **fading memory**.

$$\mathcal{P}u := \partial_t^2 u - \underbrace{\nabla \cdot (2\bar{\mu}_0 \epsilon(u) + \bar{\lambda}_0 (\nabla \cdot u) I)}_{\text{elasticity}} + \underbrace{\nabla \cdot \int_0^t (2\tilde{\mu}(t-s) \epsilon(u(s)) + \tilde{\lambda}(t-s) (\nabla \cdot u)(s) I) ds}_{\text{viscoelasticity}} = 0.$$

Maxwell viscoelastic mathematical model 

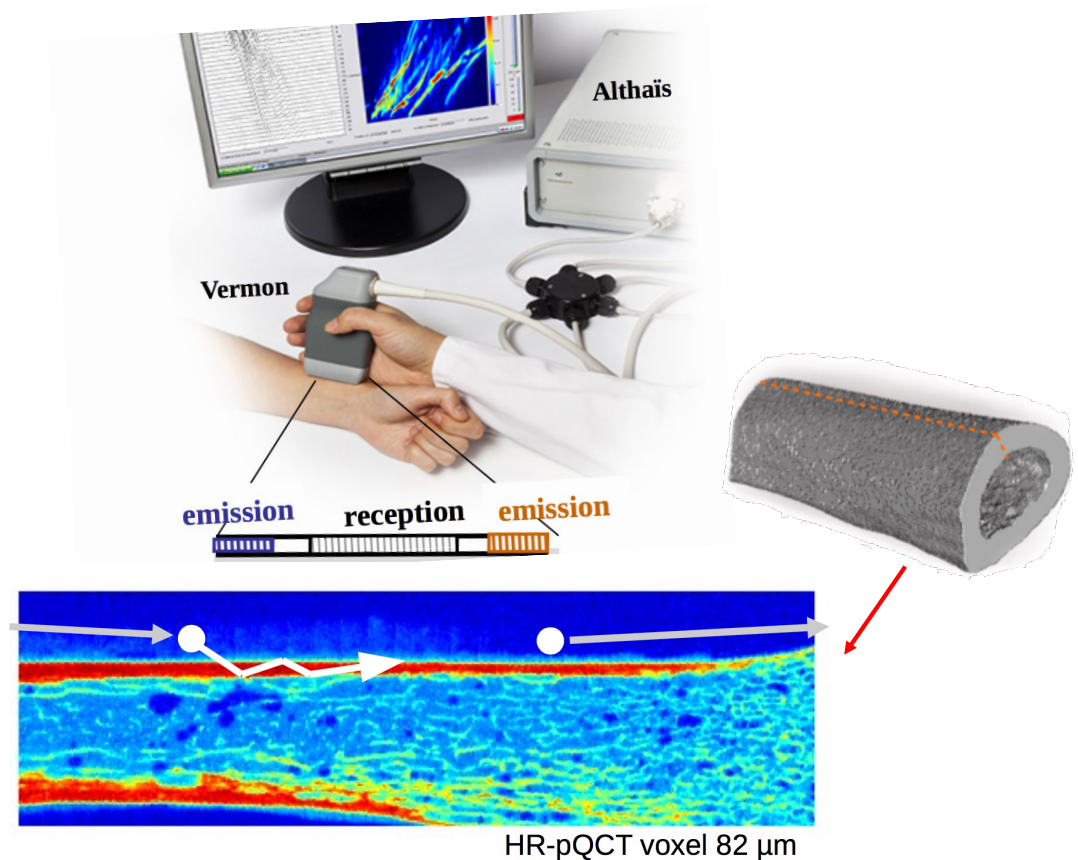


- *Logarithmic stability in determination of a 3D viscoelastic coefficient and a numerical example*  
M. de Buhan, A. Osses, Inverse Problems, 2010.

# Ultrasonic guided waves and bone tomography

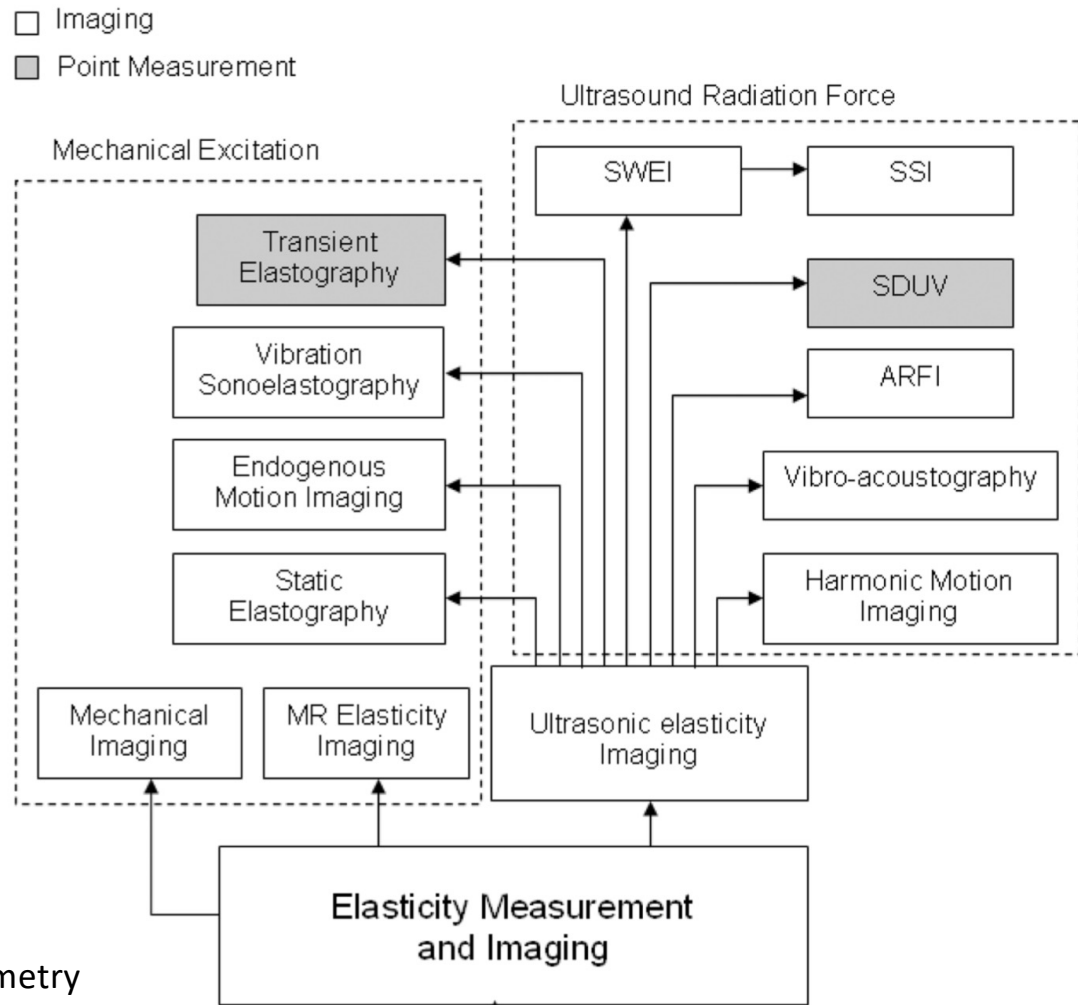
- a new development for **osteoporosis** detection instead of the classic X-rays
- allow bone **porosity** and bone **thickness** estimation
- mathematical model: homogenized elastic material, **guided waves** (as optical fibers)

Images courtesy of Jean-Gabriel Minonzio, LIB, France and CMM, Chile





elastography:  
there are  
many modalities!



SWEI: Shear wave elasticity imaging  
 SSI: Supersonic shear imaging  
 SDUV: Shearwave dispersion ultrasound vibrometry  
 ARFI: Acoustic radiation force impulse imaging

credit: Sarvazyan 2011

## 2.- magnetic resonance

*current research topic: enhanced phase contrast  
technique for MRI-4DFlow acquisition and applications  
to non-invasive pressure and blood flow estimation*



Credits: Lightbox Radiology, Australia

# imaging the body... magnetism... MRI

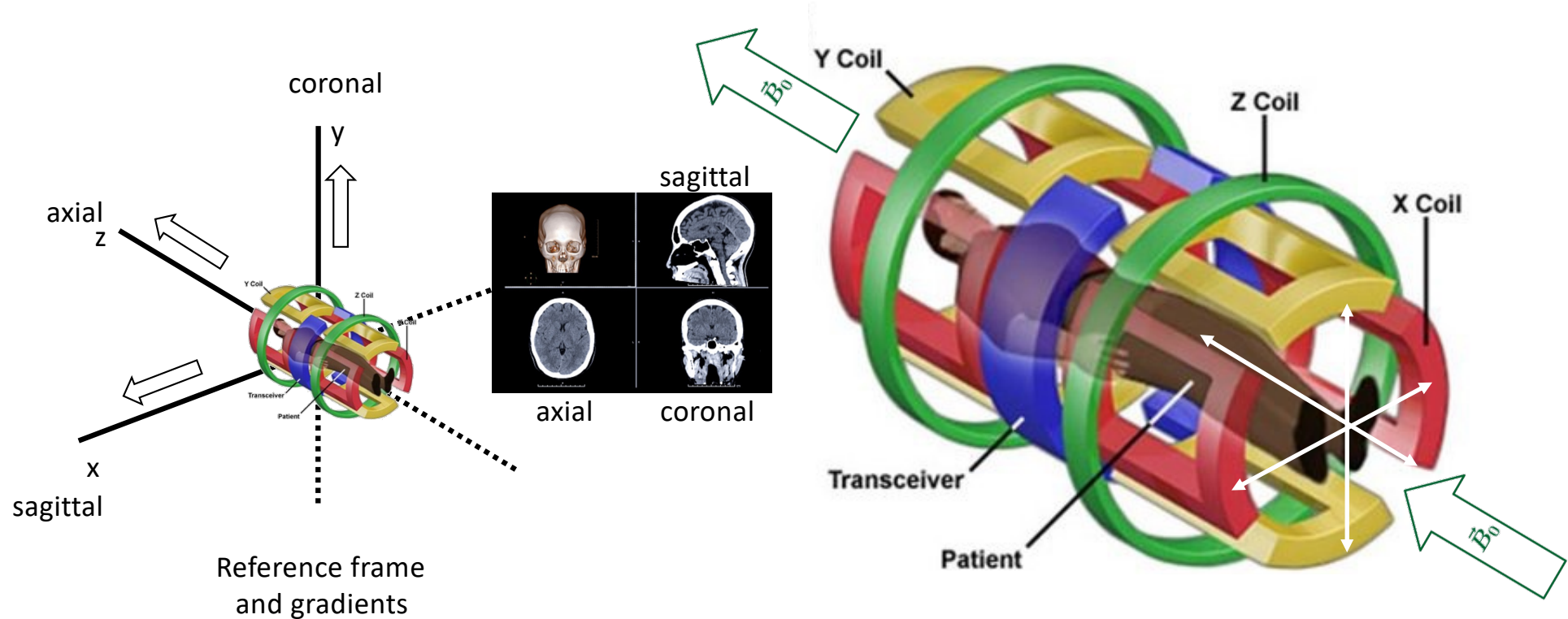
- **Magnetic Resonance Imaging** (MRI).
- Strong magnetic fields are induced in the body with suitable forms that force the **spin of water hydrogen nuclei** into the body, to obtain:
  - images of high resolution inside the body
  - the speed of blood in an artery or
  - the displacement of the heart when barking
- Discovered by Felix Bloch and Edward Mills Purcell in 1947.
- The **first MRI machine** for human patients was built and patented in 1972 by the American physician Raymond Damadian. First clinical images obtained in 1977 (Lauterbur-Mansfield-Damadian).



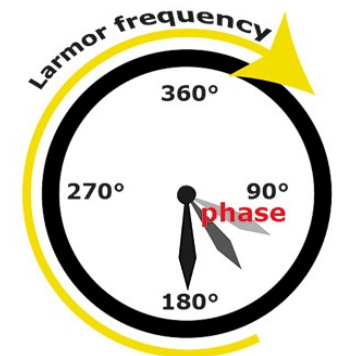
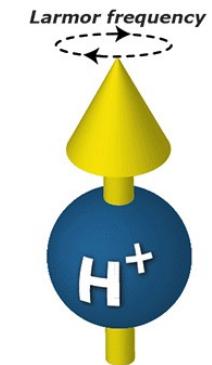
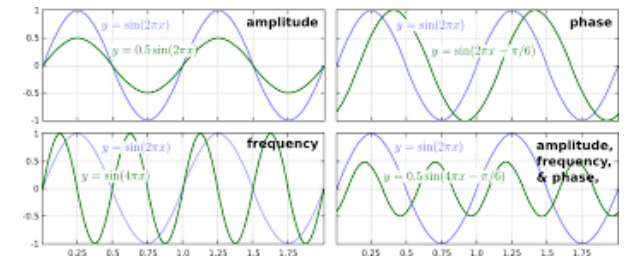
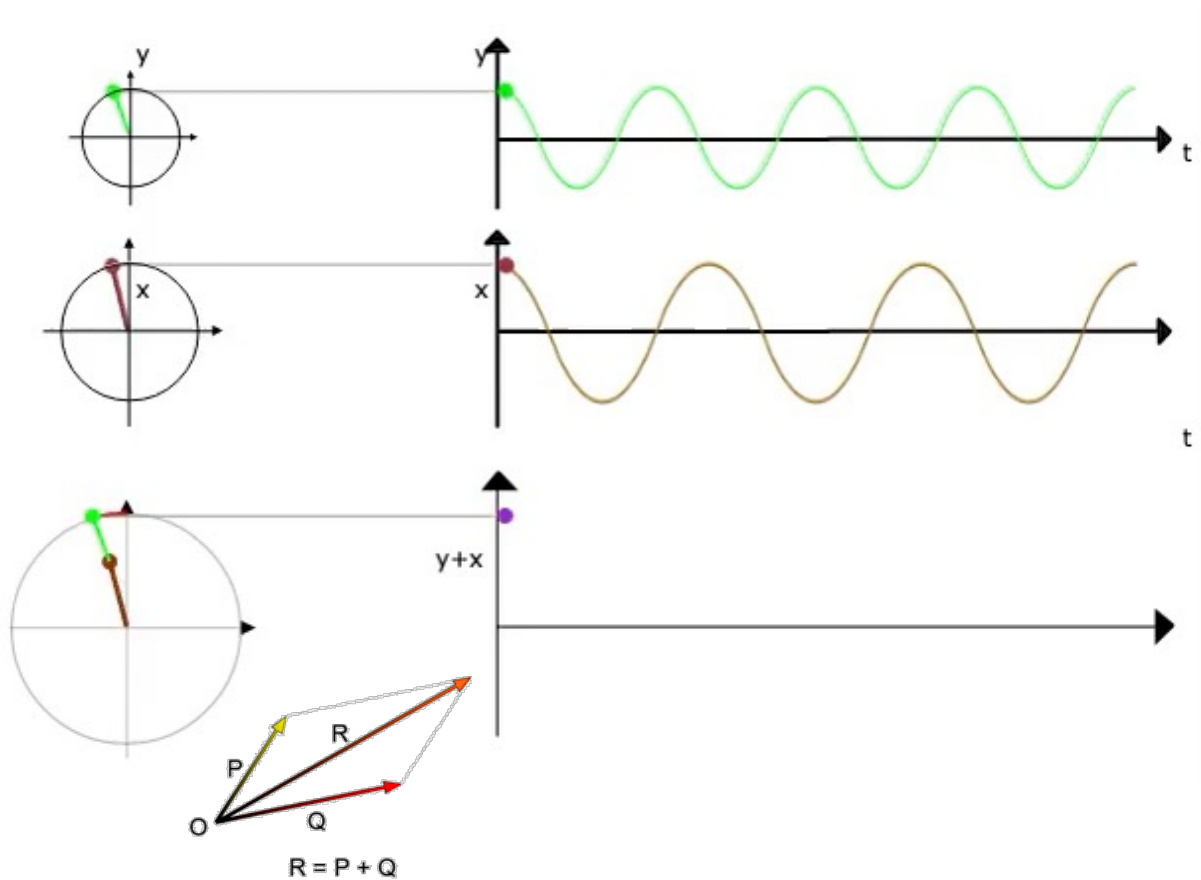
- No ionizing radiation
- Excellent image resolution
- Relatively easy to set up
- T1, T2 images, velocity, displacements
- Slow compared with physiological motion
- Medium contrast detection

# Magnetic Resonance Imaging... In 4 Steps

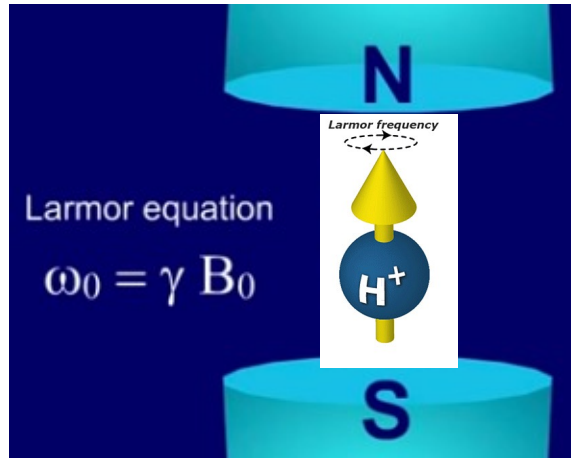
Source: Kurzhunov, 2017



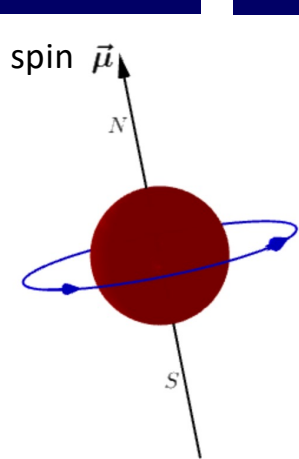
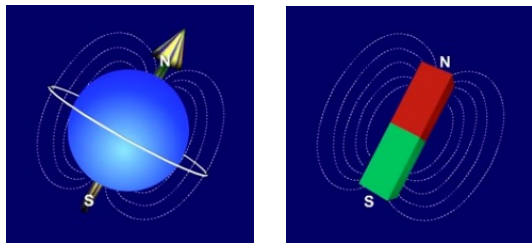
# Basic concepts: amplitude, frequency, phase, sum of magnetic forces



# Spin and Magnetization

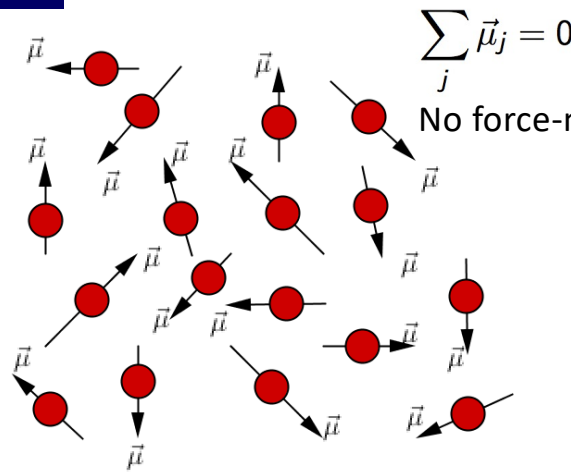


Precession frequency is proportional to strength of the magnetic field



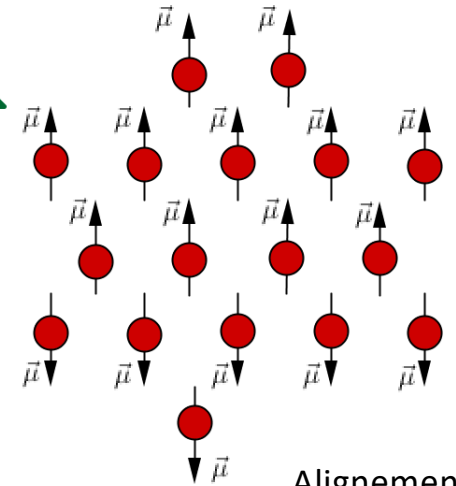
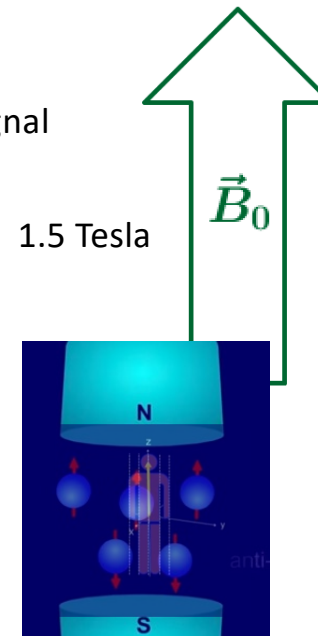
proton

**1**



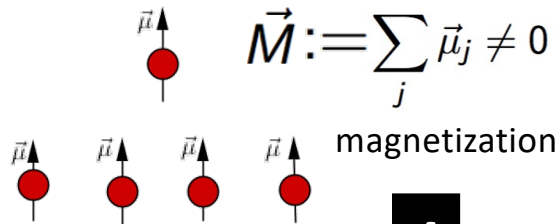
tissue protons

**2**

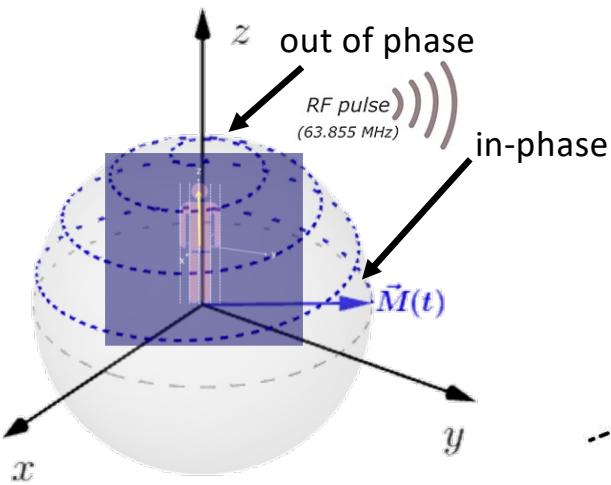
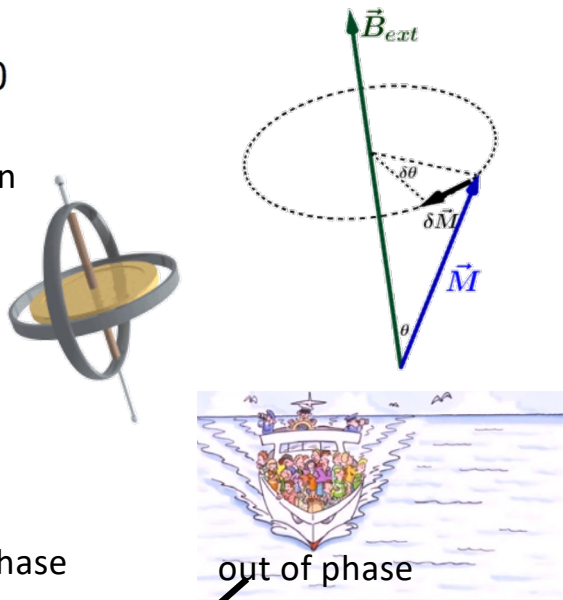


Alignment parallel or antiparallel

**3**

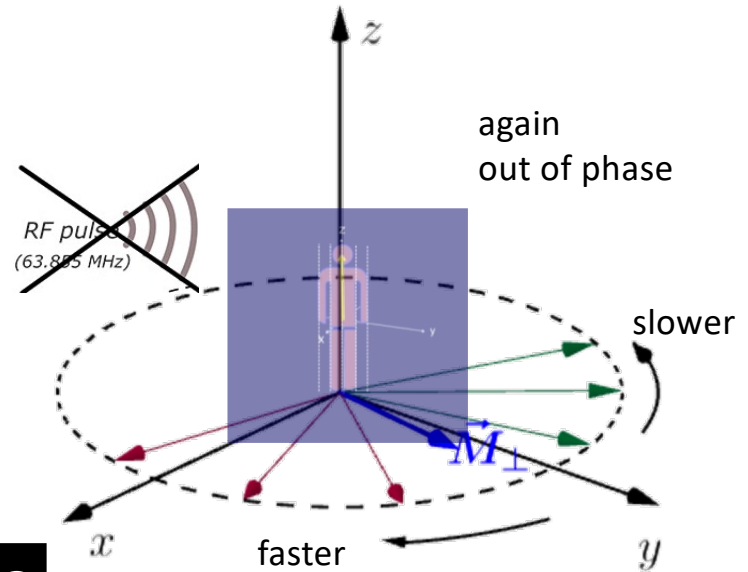
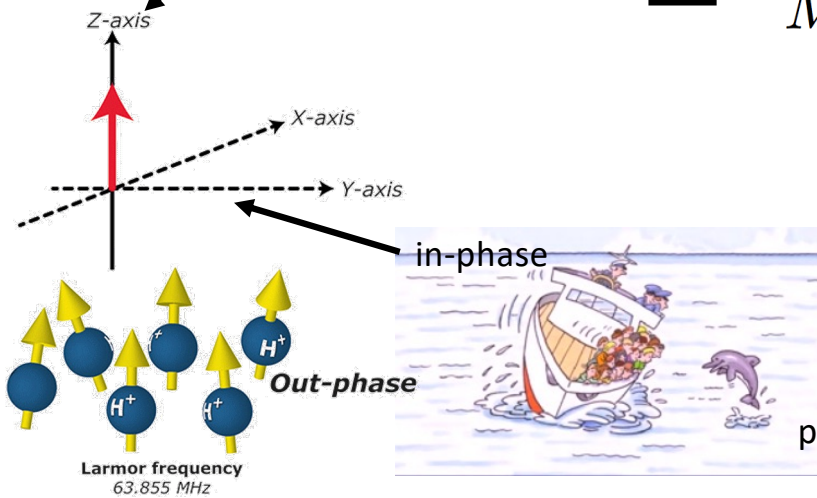


4



5

Radio Frequency pulse (move M to transversal plane)



6

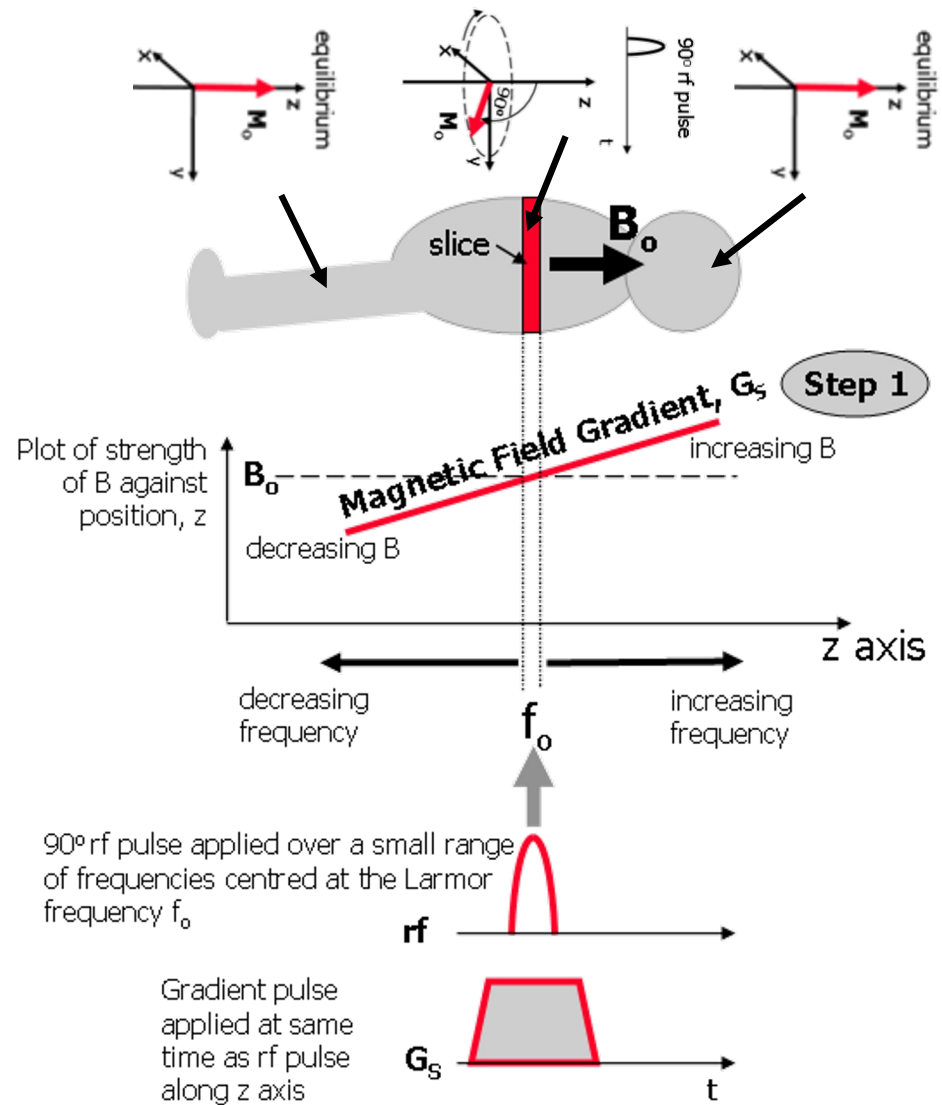
$$M_x + iM_y = m e^{i\varphi}$$

SIGNAL

signals can be received and processed only in the transversal plane

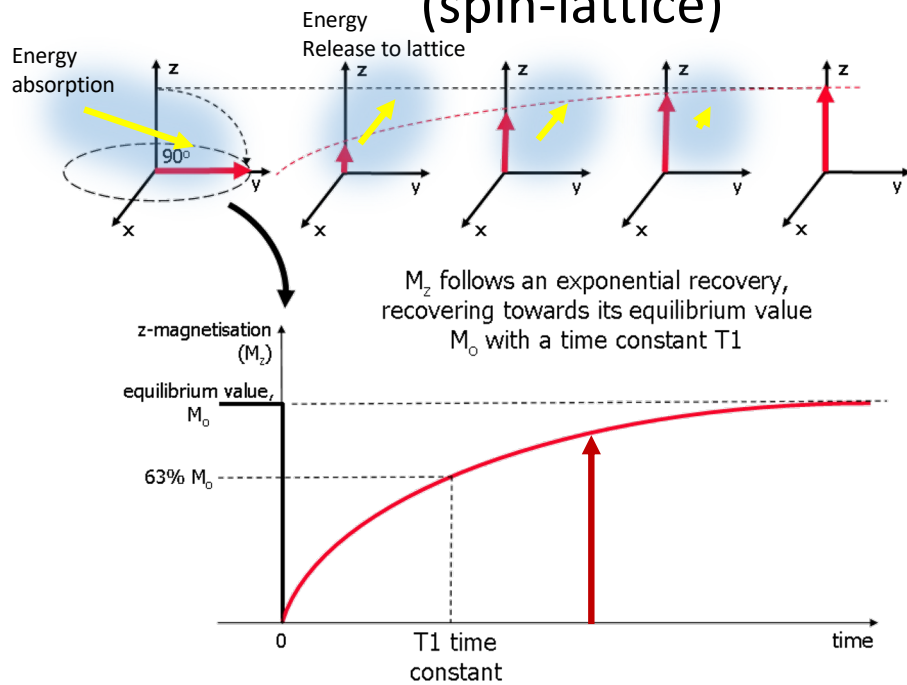


# MRI Step 1: RF pulse and slice selection (axial)

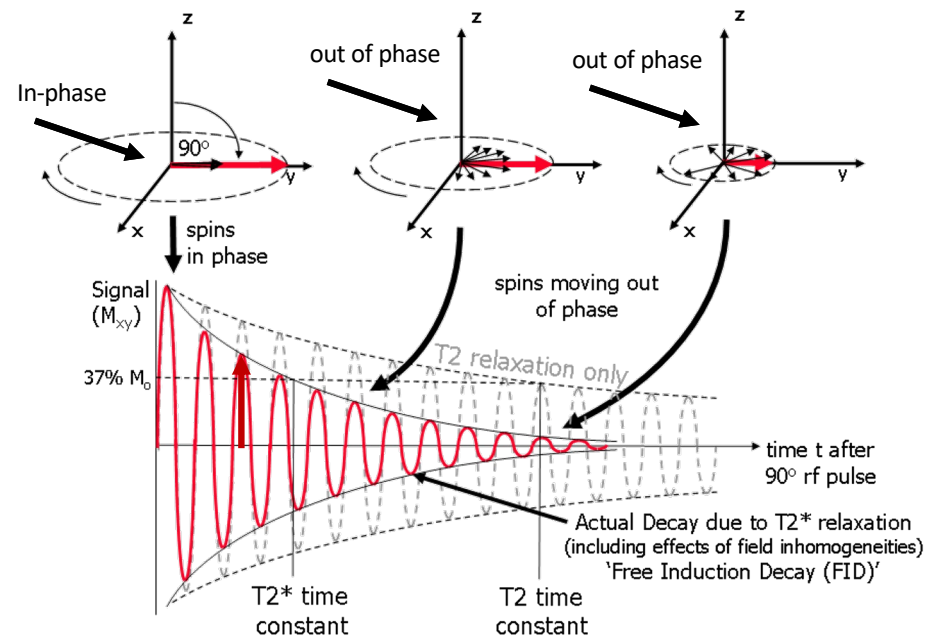


# MRI relaxation times

## T1: longitudinal relaxation (spin-lattice)



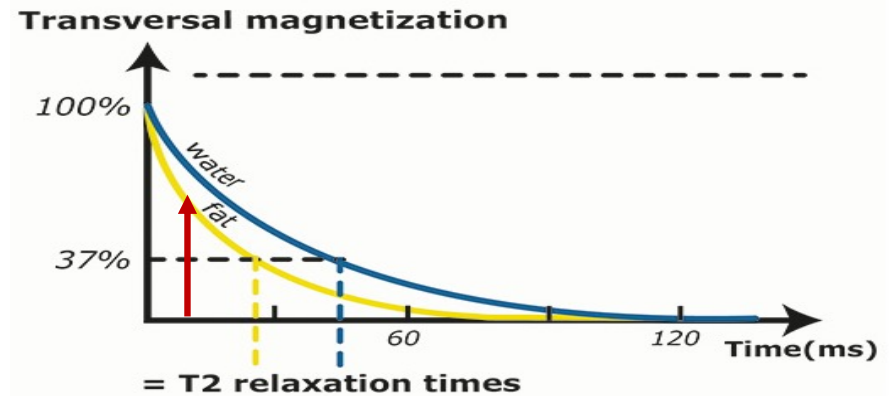
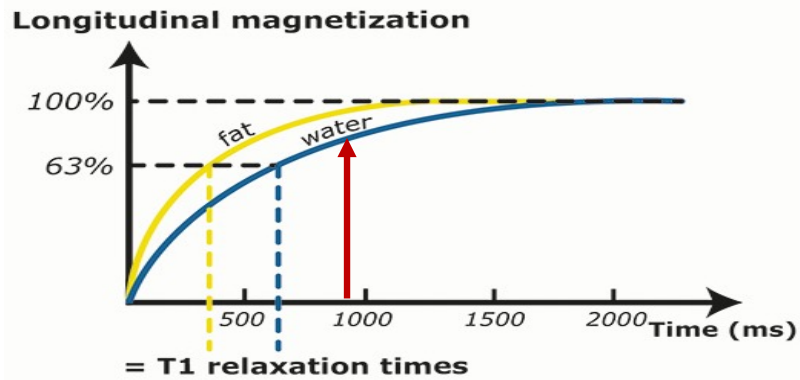
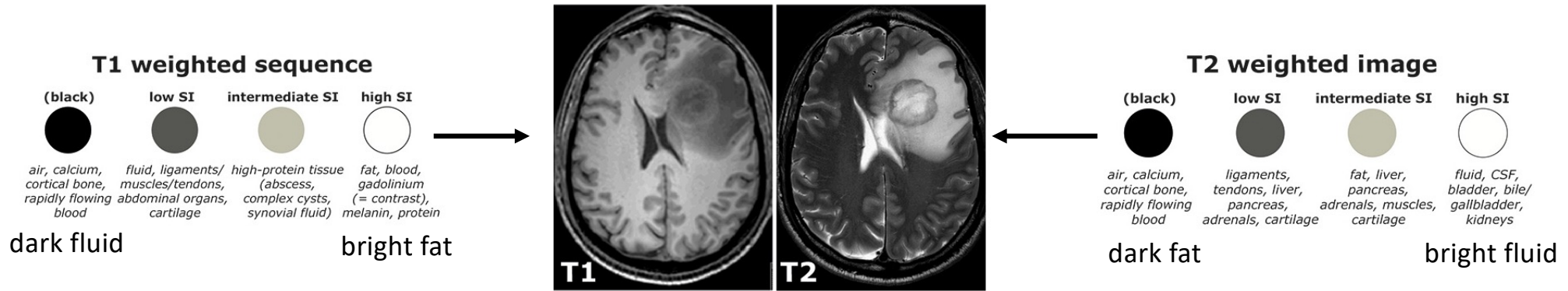
## T2: transversal relaxation (spin-spin interaction)



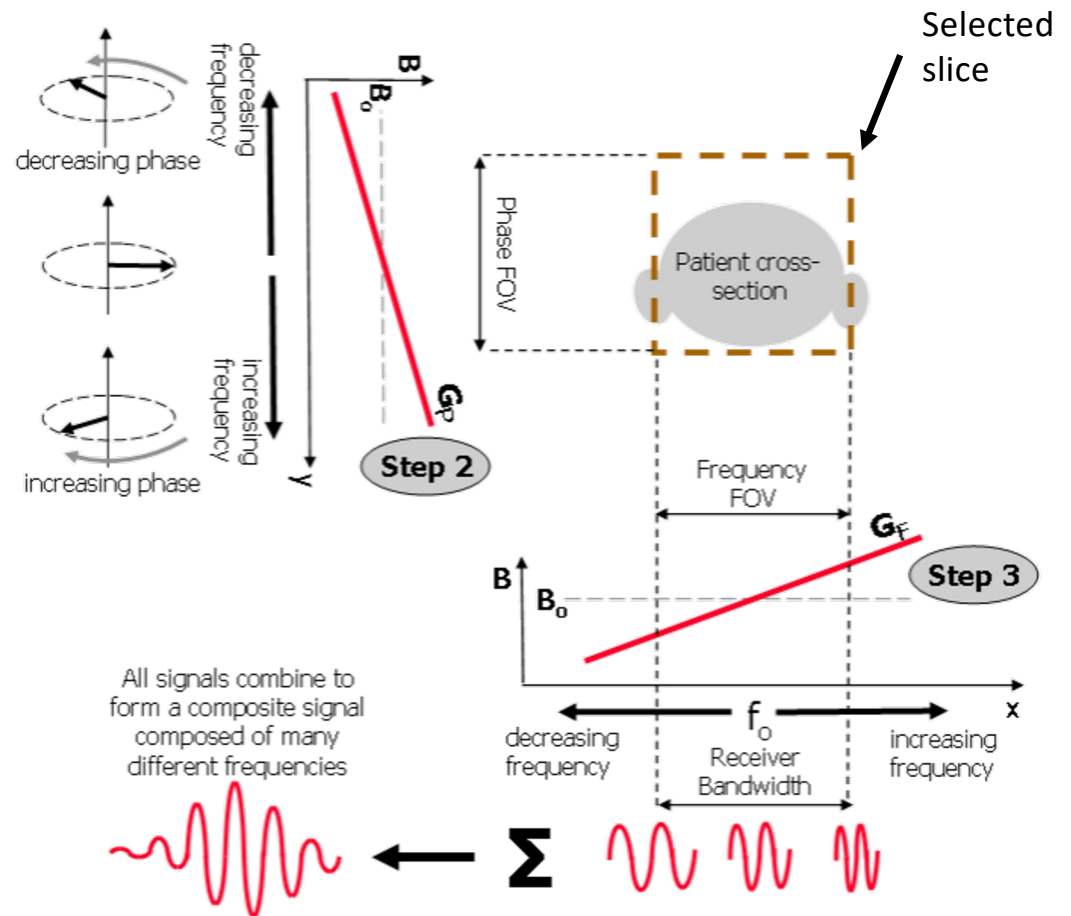
# MRI relaxation times

T1: longitudinal relaxation  
(spin-lattice)

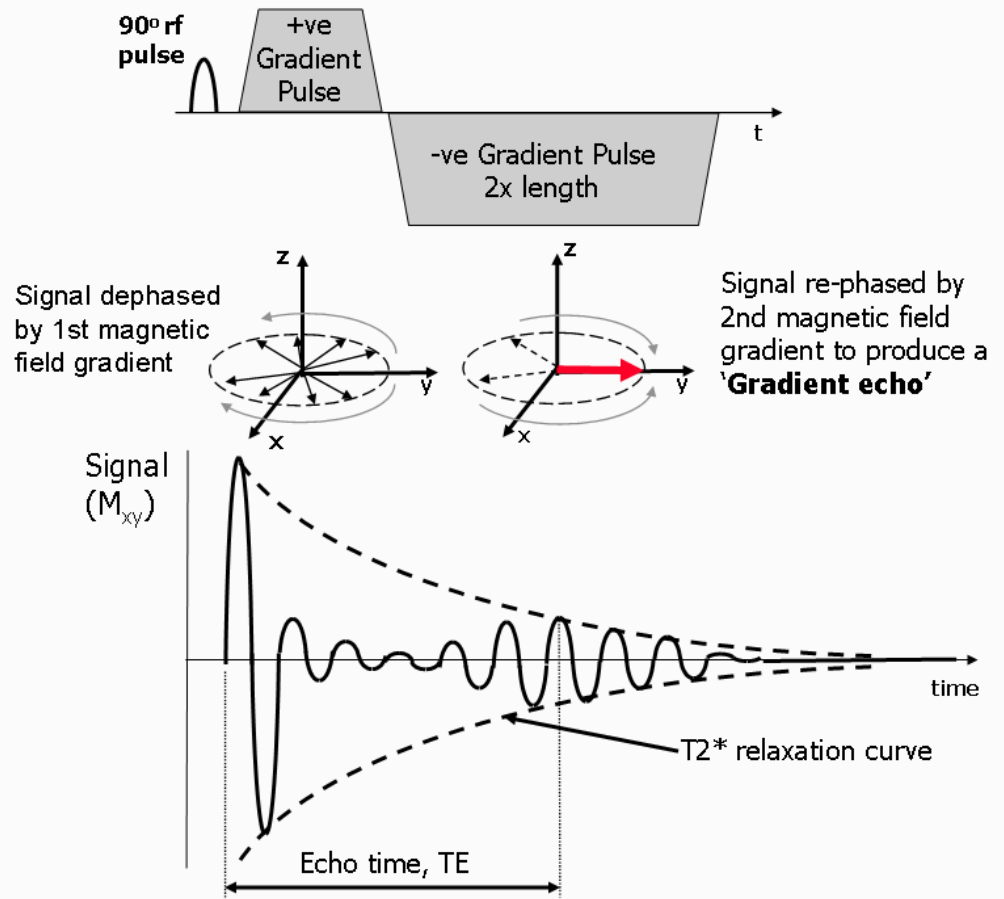
T2: transversal relaxation  
(spin-spin interaction)



# MRI Step 2: frequency and phase encoding



# MRI Step 3: Echo registration and sampling



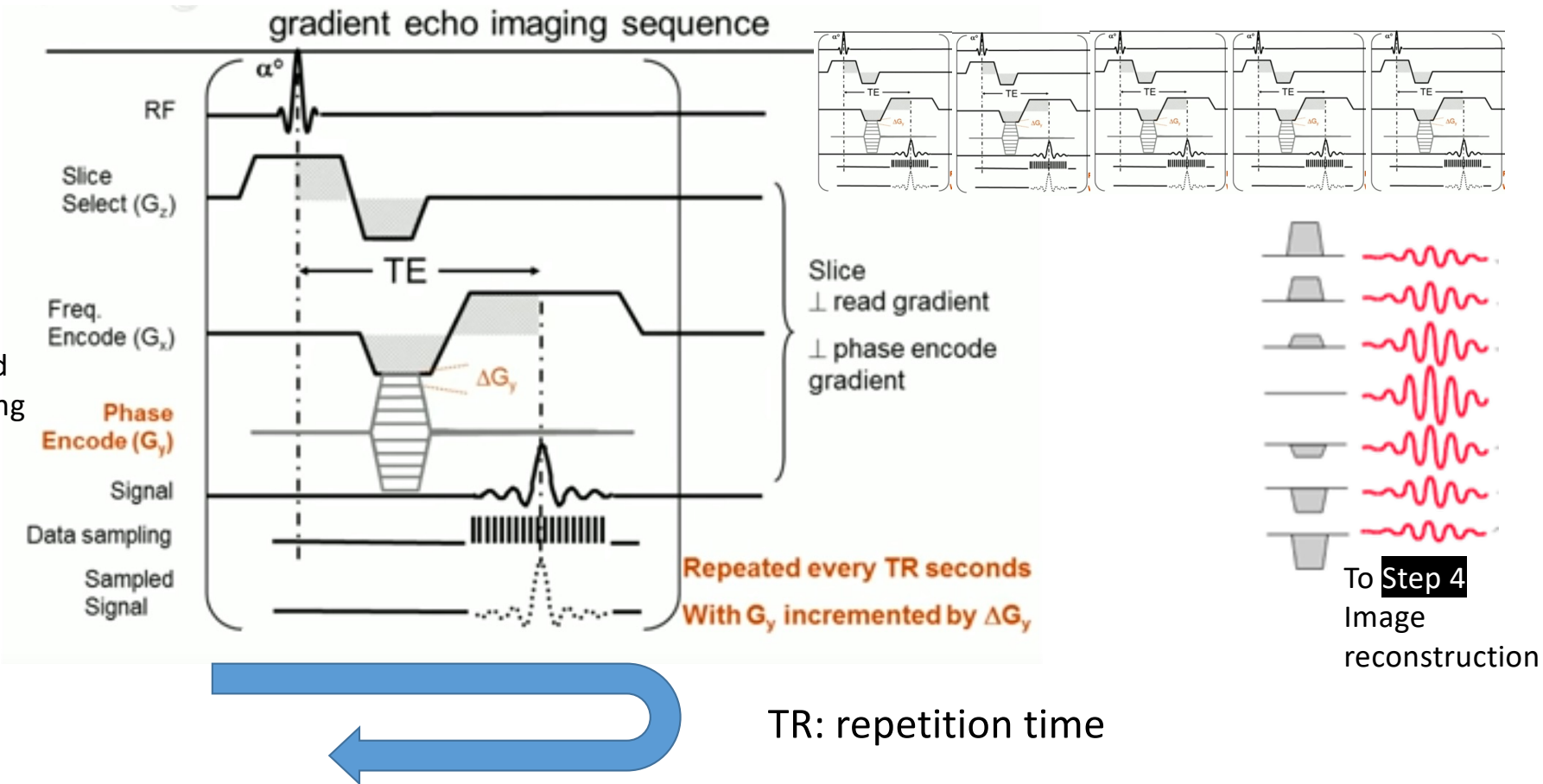
TE: echo time

# Principles of MRI: all steps combined

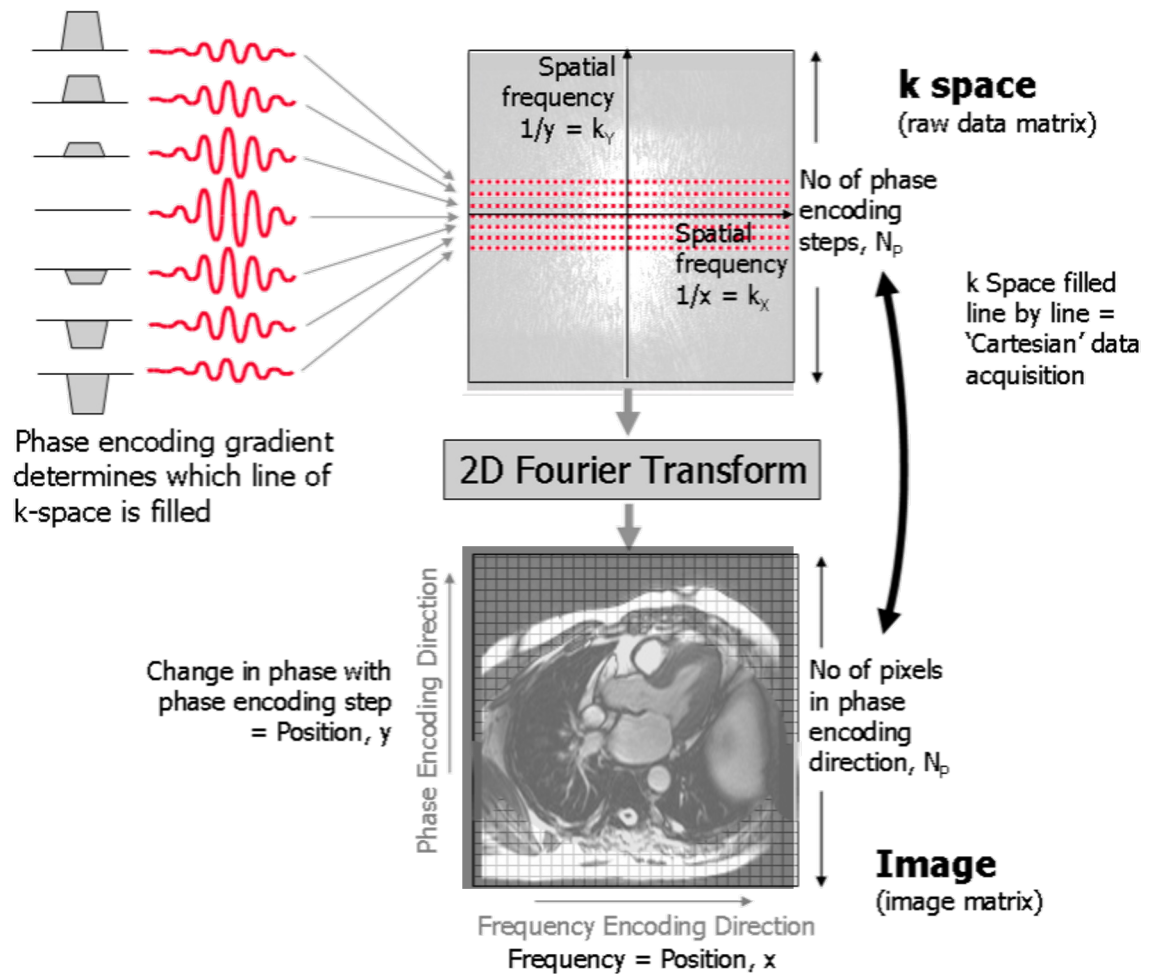
**Step 1**  
RF Pulse  
and slice  
selection

**Step 2**  
frequency and  
phase encoding

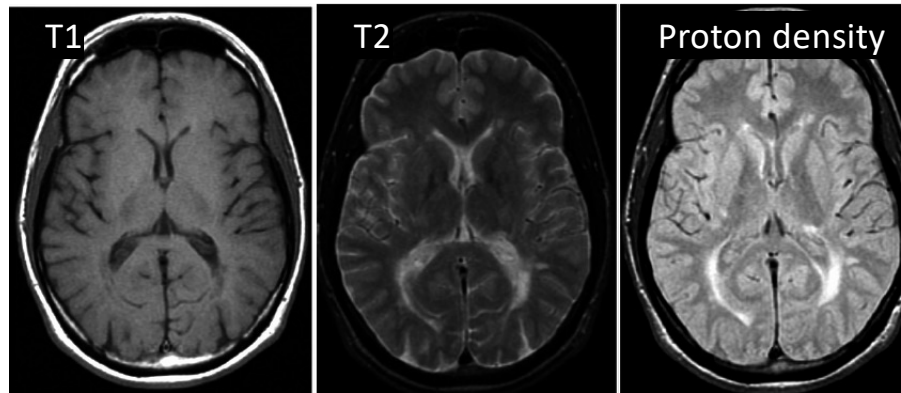
**Step 3**  
echo  
registration  
and sampling



# MRI Step 4: image reconstruction

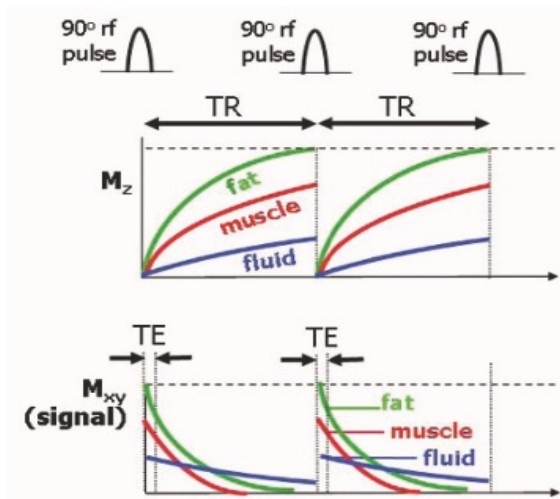


# Contrast mechanisms: TR/TE combined



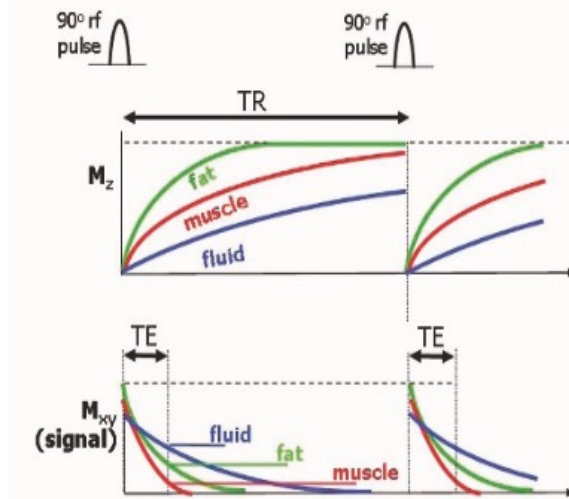
	Short TR	Long TR
Short TE	T1	PD
Long TE	<del>Poor contrast</del>	T2

E. Ashton 2004



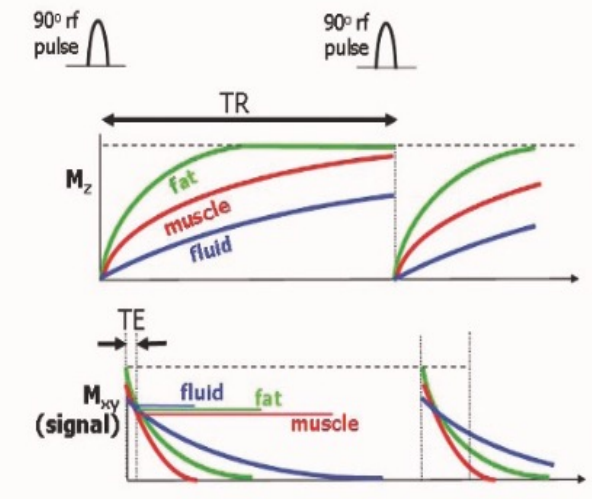
Short TR-short TE

T1-weighted contrast  
Bright fat



Long TR-Long TE

T2-weighted contrast  
Bright fluid



Long TR-Short TE

Proton density  
High signal-low contrast



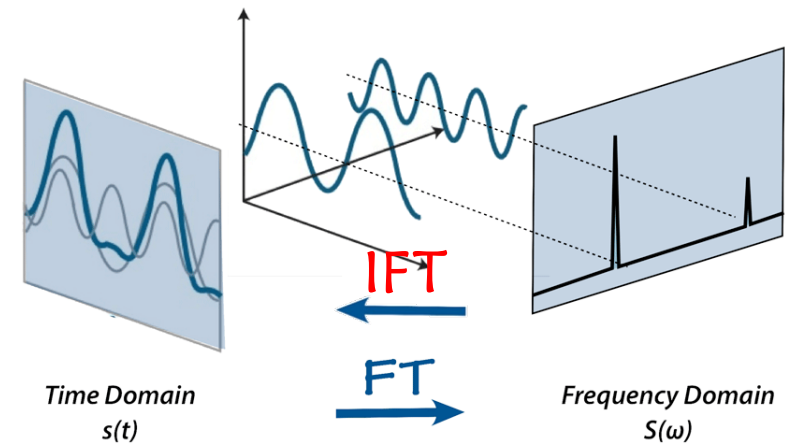
# Inverse Fourier Transform

- distinguish different frequencies



Source: spectrum app

Source: MIT experimental study group



Source: barnesanalytics.com

Applications: mp3, jpg, earthquakes, signal analysis, image processing, radioastronomy, MRI, acoustics, structure of molecules, microscopy

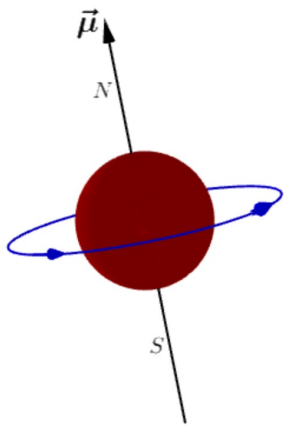
# MRI velocity encoding

Bloch's mathematical model of magnetization

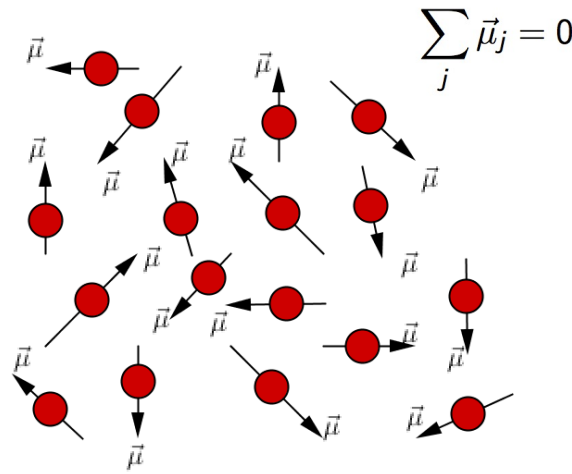
$$\frac{\partial \vec{M}}{\partial t} + (\vec{v} \cdot \nabla) \vec{M} = \gamma \vec{M} \times \vec{B} - \frac{M_x \hat{x} + M_y \hat{y}}{T_2} - \frac{M_z - M_0}{T_1} \hat{z}$$

transport
spins precession
transverse relaxation
longitudinal relaxation

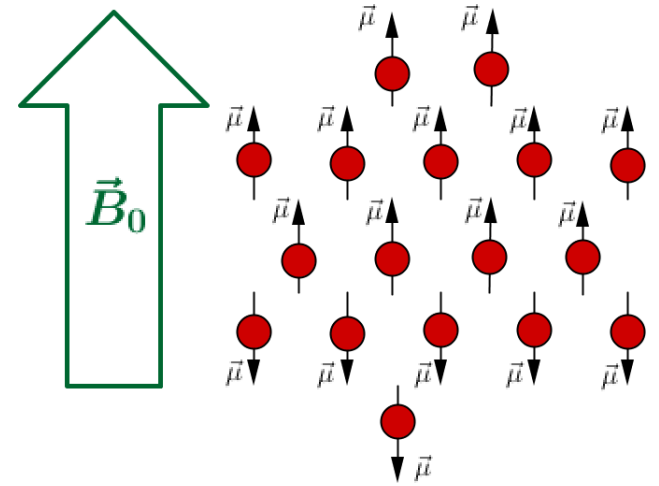
bloodstream velocity



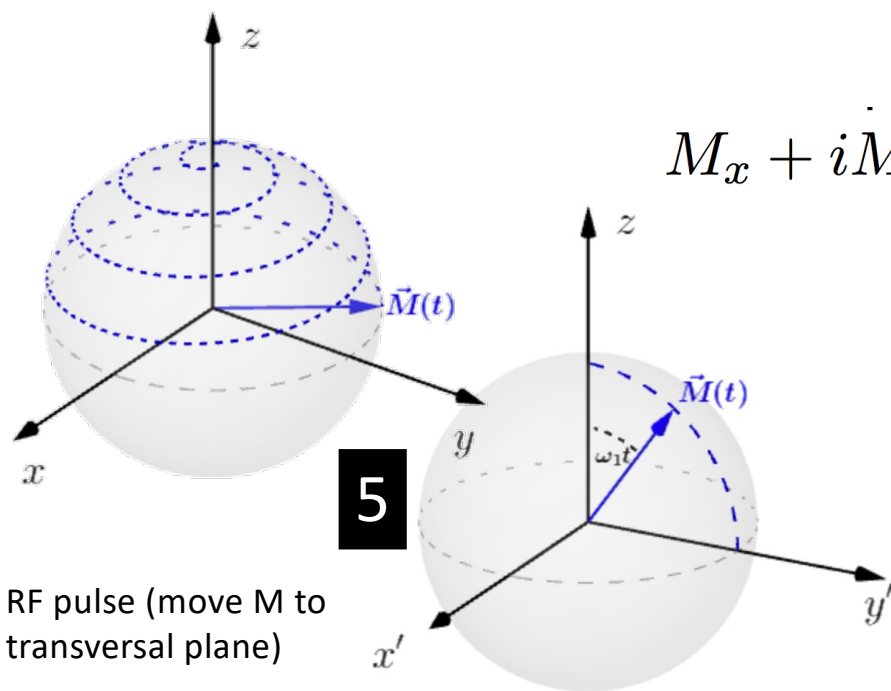
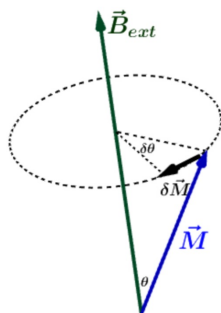
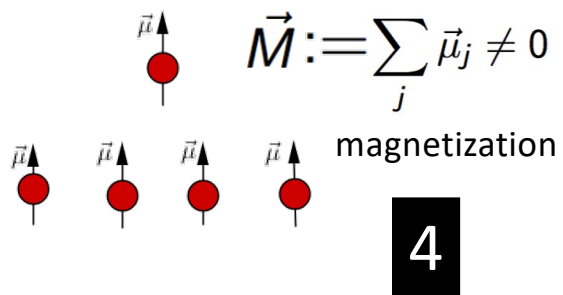
1



2

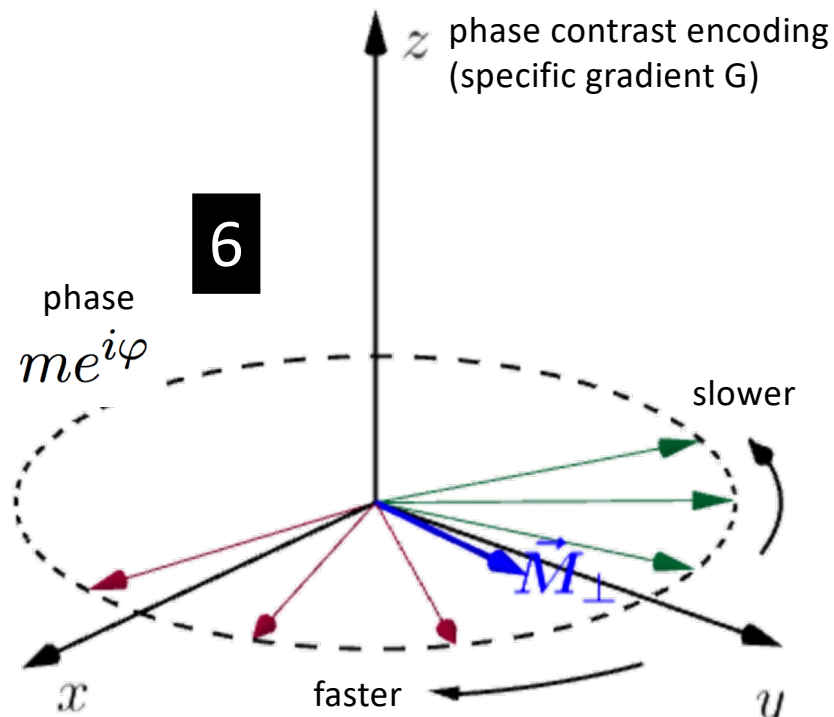


3



phase

$$M_x + iM_y = me^{i\varphi}$$



$$\frac{\partial \varphi}{\partial t} + \vec{v} \cdot \nabla \varphi = -\gamma((B_0 + \delta B) + \vec{x} \cdot \vec{G}(t))$$

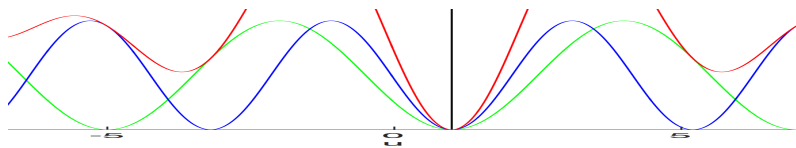
bloodstream velocity

# Dual-vcnc method: better MRI bloodstream estimation

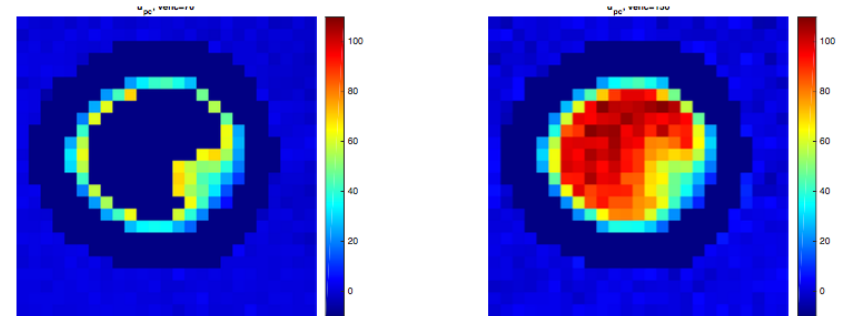
$$u_{pc} = \frac{\varphi_1 - \varphi_2}{\gamma \Delta M_1}, \quad \Delta M_1 = (M_1(G_1) - M_1(G_2))$$

$$venc(G_1, G_2) = \left| \frac{\pi}{\gamma \Delta M_1} \right|$$

$$u_{true} \in \{u_{pc} + 2kvenc, \quad k \in \mathbb{Z}\}$$



- *A least-squares dual-vcnc (LSDV) method for effective velocity de-aliasing in PCMRI.* H. Carrillo,1, A. Osses, S. Uribe, C. Bertoglio. To be submitted to Magnetic Resonance in Medicine Journal.

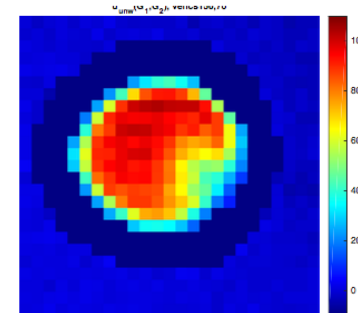


clean but incorrect  
(a) venc 70

good but noisy  
(b) venc 150

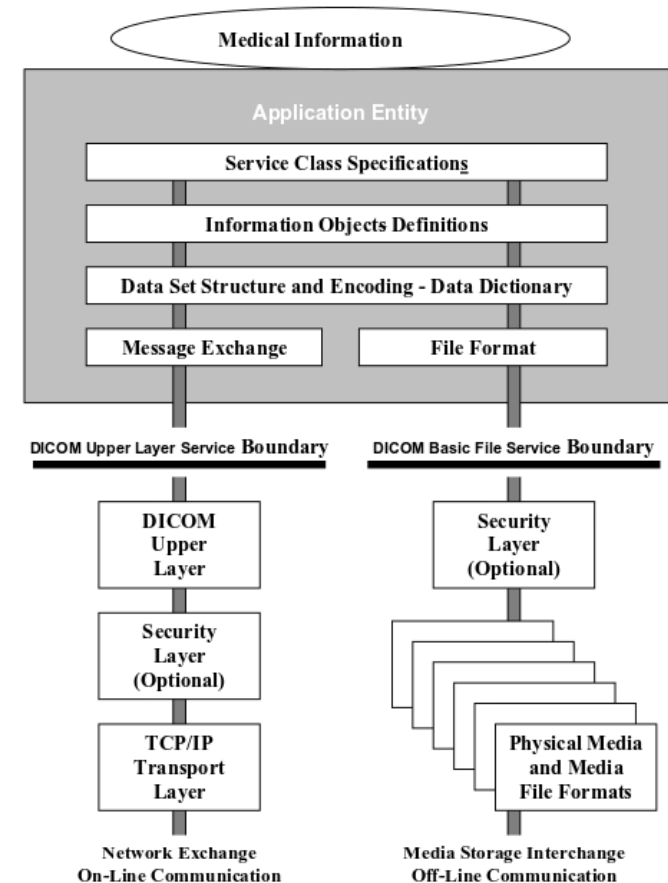


clean and correct



# 3D imaging format?

- Digital Imaging and Communications in Medicine (DICOM)
  - standard for handling, storing, printing, and transmitting information in medical imaging
  - File format
  - Network communications protocol
  - Owned by National Electrical Manufacturers Association (NEMA)

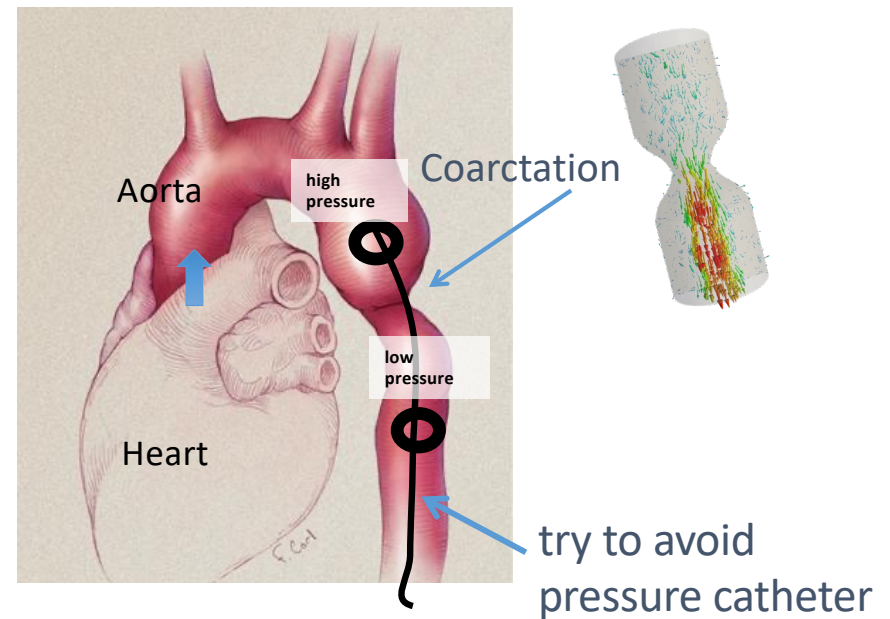


<http://medical.nema.org/Dicom/2011/>

credit: Dr. Castañeda

# Cardiovascular medicine: pressure gradients

- Non invasive estimation of **pressure gradients** in arteries



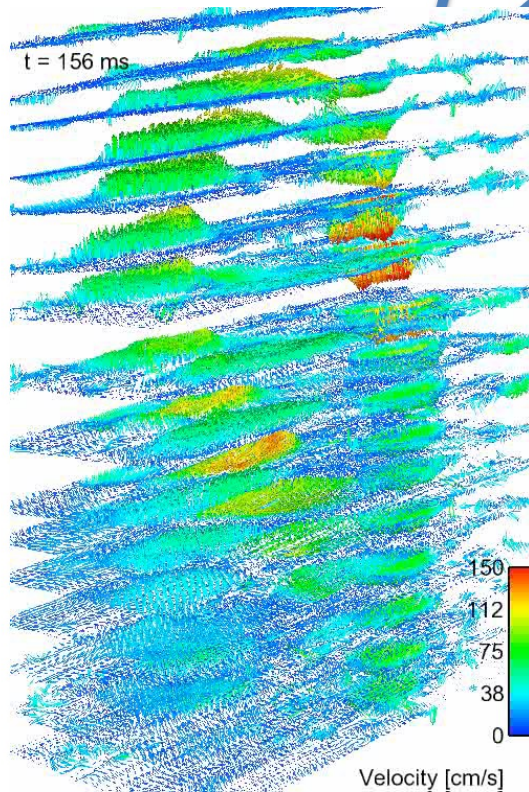
Bertoglio et al. 2017

Navier-Stokes  
Equations:

$$\rho_f \frac{\partial \mathbf{u}_f}{\partial t} + \rho_f (\mathbf{u}_f \cdot \nabla) \mathbf{u}_f - \mu \Delta \mathbf{u}_f + \nabla p = \mathbf{0}, \quad \text{in } \Omega^f,$$

Phase contrast MRI

$$\nabla \cdot \mathbf{u}_f = 0, \quad \text{in } \Omega^f$$



Courtesy of KCL

- MRI 4-dimensional flow measures of the speed of the **bloodstream**

Measurements of velocity field

Spatial resolution: 1.5-3.0 mm<sup>3</sup>

Temporal resolution: 30-40 ms

Noise around 10% of maximal velocity  
(set for each acquisition)

- Relative pressure estimation from velocity measurements in blood flows: state-of-the-art and new approaches. C. Bertoglio, R. Núñez, F. Galarce, D. Nordsletten, A. Osses. *Int. J. Numer. Meth. Biomed. Engng.* 2017

# bibliography

- Other consulted pages:
  - Animations of CT (Samuli Siltanen)  
[https://www.youtube.com/watch?v=q7Rt\\_OY\\_7tU](https://www.youtube.com/watch?v=q7Rt_OY_7tU)
  - Start Radiology the basics:  
<https://www.startradiology.com/the-basics/mri-technique/index.html>
  - Animations of Silver Swan:  
<https://www.youtube.com/channel/UCdYDbiK5SSC3HPKY6WdhmSg/videos?view=0&sort=da&flow=grid>
  - Introduction to biomedical images course EPFL:  
<https://www.youtube.com/watch?v=LdiJLkYgZ2M&list=PLTCZivgYYpFpVnxdGrxcuL5YOvPwespXy>
  - MRI questions and answers:  
<http://mriquestions.com/image-contrast-trte.html>
- Other videos MRI:
  - School of Medicine, Washington University:  
<https://www.youtube.com/watch?v=zf5oX01bRgk>
  - Lighbox Radiology, Australia:  
<https://www.youtube.com/watch?v=Ok9ILlYzmaY>
- Thanks to Dr. Víctor Castañeda for sharing some of his figures and slides.



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- Charles L. Epstein. *Introduction to the Mathematics of Medical Imaging*, Second Edition, SIAM, Philadelphia, 2008.
- J.T. Bushberg et al. *The Essential Physics of Medical Imaging*, Third Edition, Lippincott Williams and Wilkins, Philadelphia, 2012.
- Miles N. Wernick and John N. Aarsvold (eds.) *Emission Tomography, the fundamentals of PET and SPECT*, Elsevier, London, 2004.
- A. Sarvazyan et al. *An overview of elastography - an emerging branch of medical imaging*. In: *Curr. Med. Imaging Rev.* 7(4) 2011, pp. 255–282
- Ridgway. *Cardiovascular Magnetic Resonance physics for clinicians part I*. *Journal of Cardiovascular Magnetic Resonance* 2010, 12-71.
  - <http://www.jcmr-online.com/content/12/1/71>

# Guía de re-lectura: a conocer/entender/retener

- Cuáles son y qué distingue las distintas modalidades de adquisición de imágenes biomédicas según emisión v/s transmisión, ionizante v/s no ionizante, resolución v/s sensibilidad o proceso físico: transporte de fotones v/s ondas.
- Conocer aspectos de la génesis e historia de las distintas modalidades ¿Por qué cada una de estas modalidades se considera un problema inverso?
- Para CT, entender cuál es el proceso de adquisición de las imágenes (rayos X, ley de Beer y sinograma) y cómo se recupera la imagen de atenuaciones (etapas de retroproyección y filtrado de la transformada de Radón inversa).
- Para MRI, entender las etapas del proceso de adquisición de imágenes distinguiendo primero que nada la presencia de un campo magnético general que alinea los espines de los protones y la presencia de otros 3 gradientes magnéticos asociados a las diferentes direcciones espaciales.
- Para MRI, entender que la frecuencia de giro de precesión de los protones es proporcional a la intensidad del campo magnético aplicado (ley de Larmor) por lo que si el campo magnético varía (gradientes) la frecuencia de precesión varía y este es el fenómeno que se explota para obtener imágenes con MRI.
- Para MRI distinguir las etapas de: 1) el pulso de radiofrecuencias y la selección de una sección usando un primer gradiente, 2) que los distintos tejidos se diferencian por los tiempos de relajación de los espines de sus protones una vez que el pulso de radiofrecuencia es apagado y que la codificación de esta información en la sección seleccionada se puede hacer usando los otros dos gradientes, 3) la adquisición de señales se hace en el tiempo de eco TE o tiempo en que los protones oscilan de nuevo en fase, 4) finalmente la construcción de la imagen de frecuencias línea a línea usando tiempos de repetición TR.
- Para MRI: conocer que es la transformada de Fourier Inversa (IFT) la que convierte la imagen de frecuencias en una imagen visible de la sección.
- Para MRI: Conocer que las distintas modalidades de una imagen MRI llamadas T1, T2 y PD dependen de las combinaciones de tiempo TE y TR. Saber que también es posible medir desplazamientos y velocidades (de la sangre por ejemplo técnica llamada 4DFlow) usando MRI.

CYTA

Thanks

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