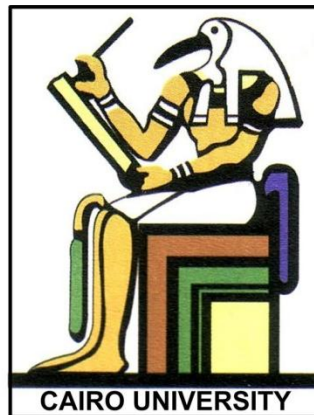


Ultrasound Bioinstrumentation

Topic 2 (lecture 3) Beamforming



Angular Spectrum

- 2D Fourier transform of aperture

$$A(f_X, f_Y; 0) = \iint_{-\infty}^{\infty} U(x, y, 0) \exp[-j2\pi(f_X x + f_Y y)] dx dy.$$

- $\int U(x, y, 0) = \iint_{-\infty}^{\infty} A(f_X, f_Y; 0) \exp[j2\pi(f_X x + f_Y y)] df_X df_Y.$

$$A\left(\frac{\alpha}{\lambda}, \frac{\beta}{\lambda}; 0\right) = \iint_{-\infty}^{\infty} U(x, y, 0) \exp\left[-j2\pi\left(\frac{\alpha}{\lambda}x + \frac{\beta}{\lambda}y\right)\right] dx dy$$

Propagation of Angular Spectrum

$$A\left(\frac{\alpha}{\lambda}, \frac{\beta}{\lambda}; z\right) = A\left(\frac{\alpha}{\lambda}, \frac{\beta}{\lambda}; 0\right) \exp(-\mu z)$$

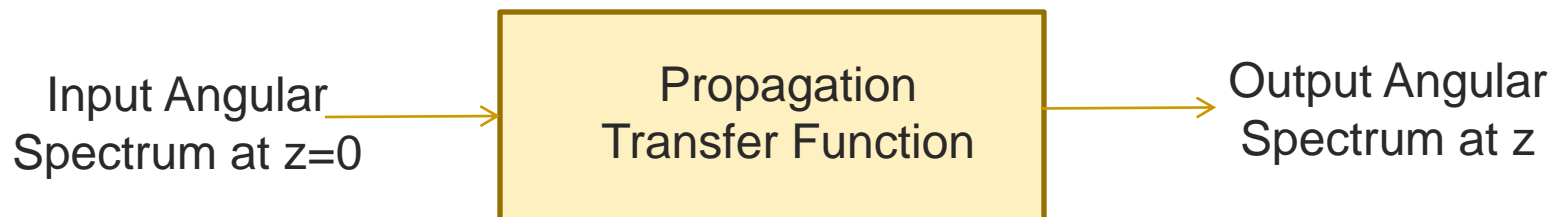
$$\mu = \frac{2\pi}{\lambda} \sqrt{\alpha^2 + \beta^2 - 1}.$$

Propagation as a Linear Spatial Filter

- Free space propagation transfer function

$$H(f_X, f_Y) = \begin{cases} \exp \left[j2\pi \frac{z}{\lambda} \sqrt{1 - (\lambda f_X)^2 - (\lambda f_Y)^2} \right] & \sqrt{f_X^2 + f_Y^2} < \frac{1}{\lambda} \\ 0 & \text{otherwise.} \end{cases}$$

$$\alpha = \lambda f_X \quad \beta = \lambda f_Y$$



Fresnel Approximation

- Paraxial (near field) approximation

$$\sqrt{1 - (\lambda f_X)^2 - (\lambda f_Y)^2} \approx 1 - \frac{(\lambda f_X)^2}{2} - \frac{(\lambda f_Y)^2}{2},$$

$$H(f_X, f_Y) = e^{jkz} \exp \left[-j\pi\lambda z (f_X^2 + f_Y^2) \right].$$

$$h(x, y) = \frac{e^{jkz}}{j\lambda z} \exp \left[\frac{jk}{2z} (x^2 + y^2) \right].$$

Fraunhofer Approximation

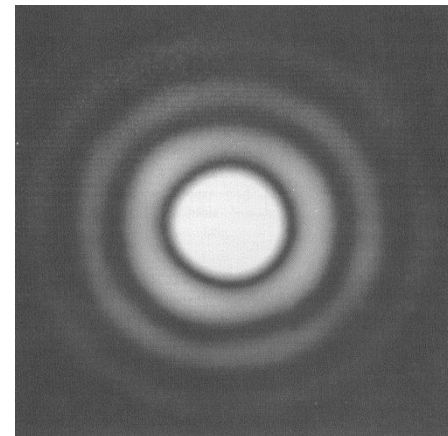
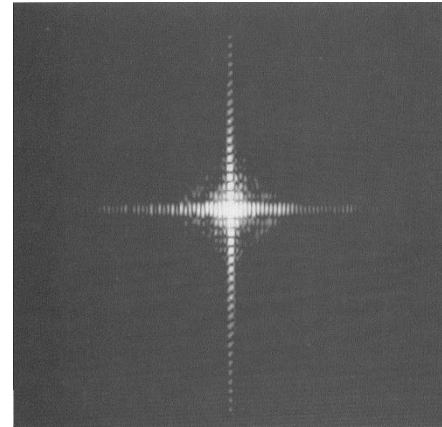
- Far field approximation

$$z \gg \frac{k(\xi^2 + \eta^2)_{\max}}{2}$$

$$U(x, y) = \frac{e^{jkz} e^{j\frac{k}{2z}(x^2 + y^2)}}{j\lambda z} \iint_{-\infty}^{\infty} U(\xi, \eta) \exp\left[-j\frac{2\pi}{\lambda z}(x\xi + y\eta)\right] d\xi d\eta.$$

Examples

- Rectangular aperture
- Circular aperture



Examples

- Array transducer
 - Separable
 - Solve two 1D problems

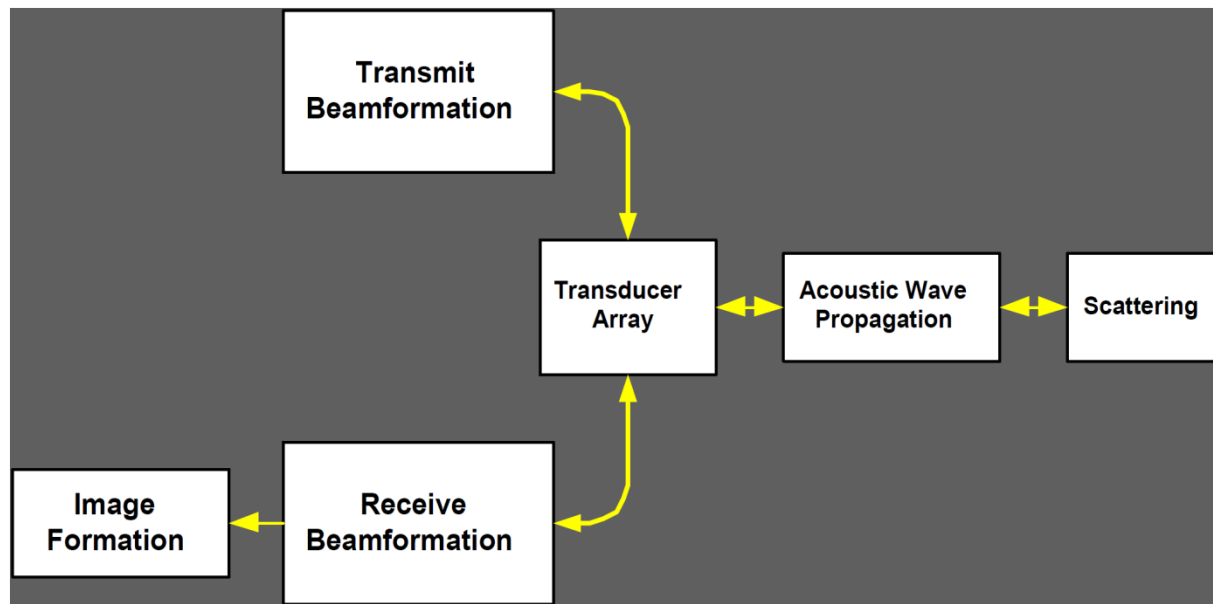


Field Calculation in Ultrasound

- Narrowband far-field analysis
 - Totally unrealistic model
 - Amazingly useful results
 - will be used to introduce key points
- Wideband analysis
 - Calculate at multiple wavelengths
 - Weighted sum based on frequency spectrum of pulse
- Research field calculation software
 - Field II (free)
 - PiezoFlex (commercial)

Beamformer: Role in an Imager

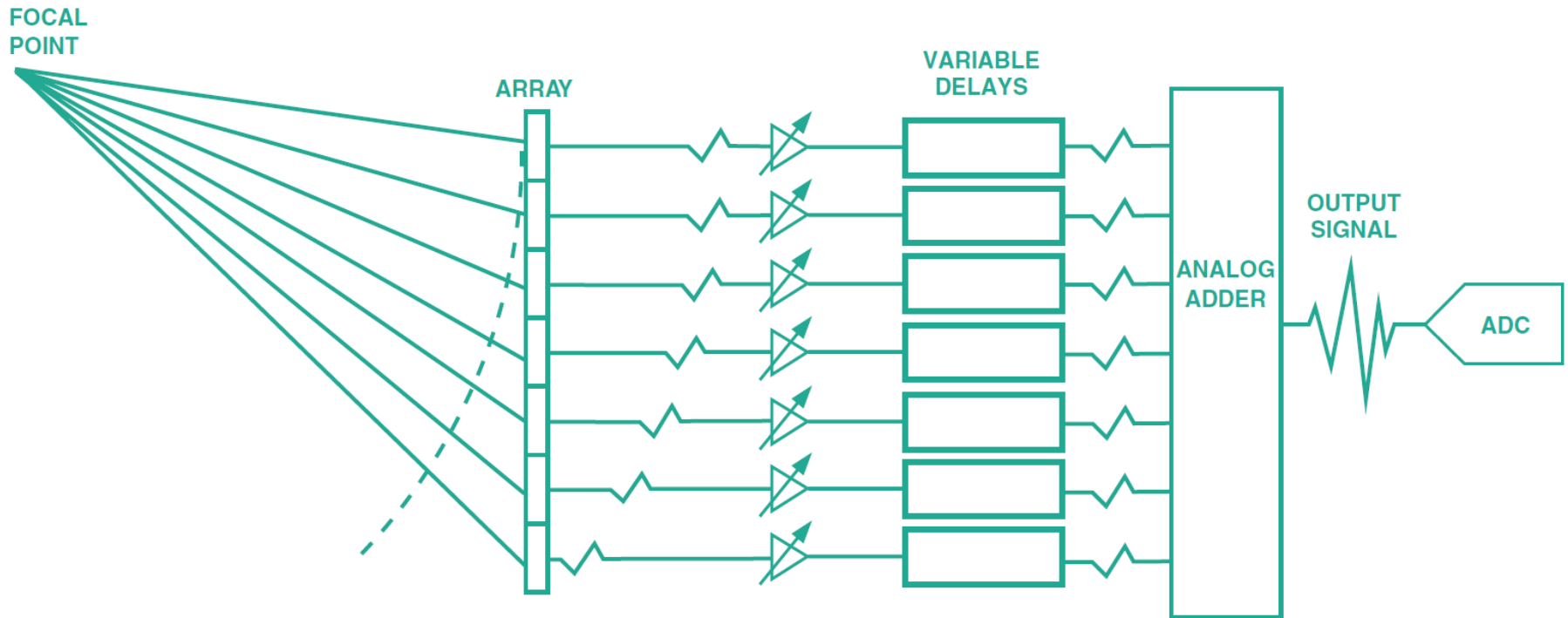
- Perhaps the most important building block.
 - Soul of the machine?
- Probably the most expensive building block.
 - 30 -50% of parts & labor of a scanner



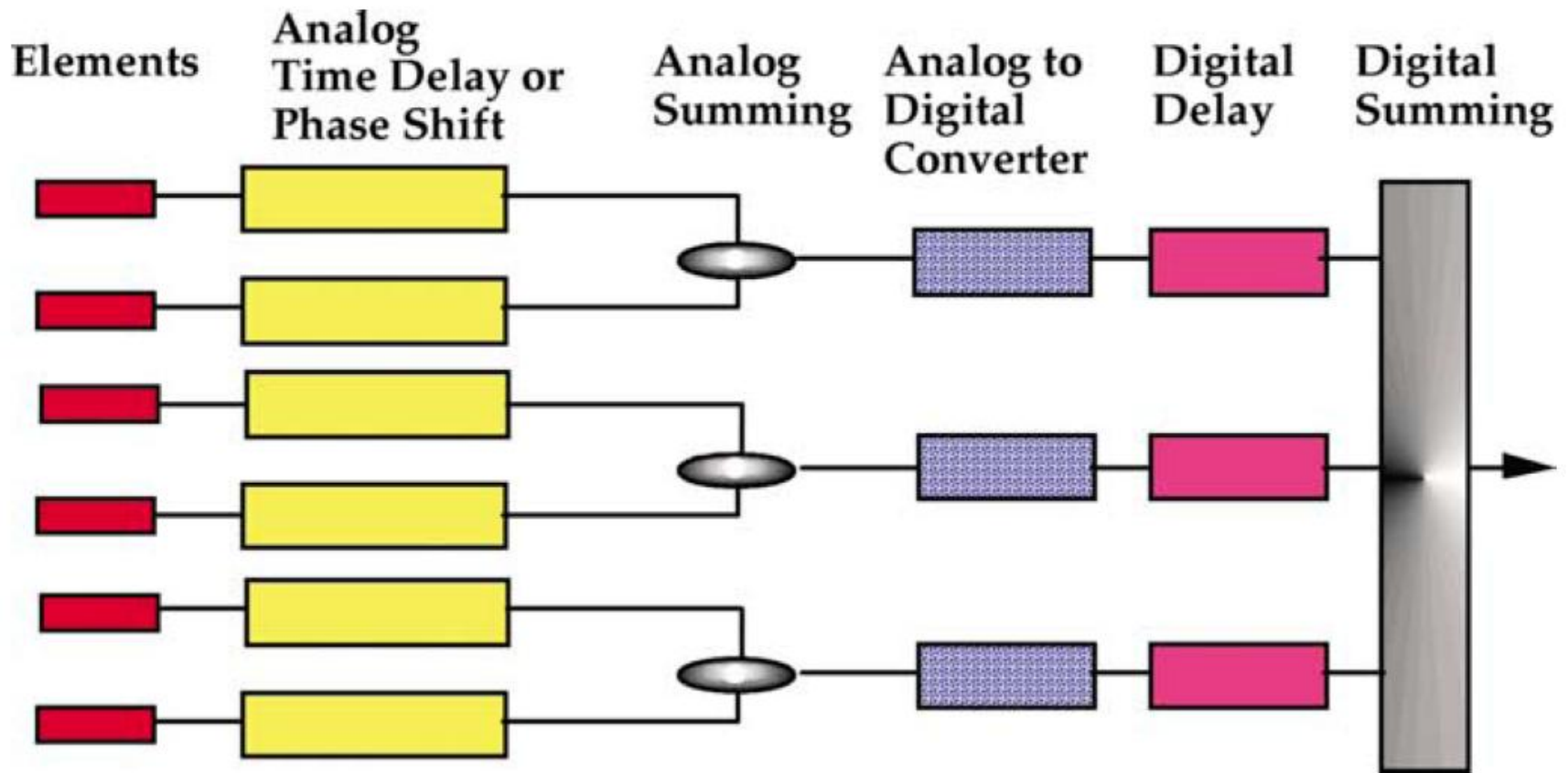
Beamformer History

- Before the mid-70s
 - Single element scanners, no beamformer necessary
- 1975 -1980
 - Array based systems
 - Analog beamformation
 - Typically 32 channels
- Mid 1980s
 - High channel count systems (High = 128)
- Early 90s
 - Digital beamformation

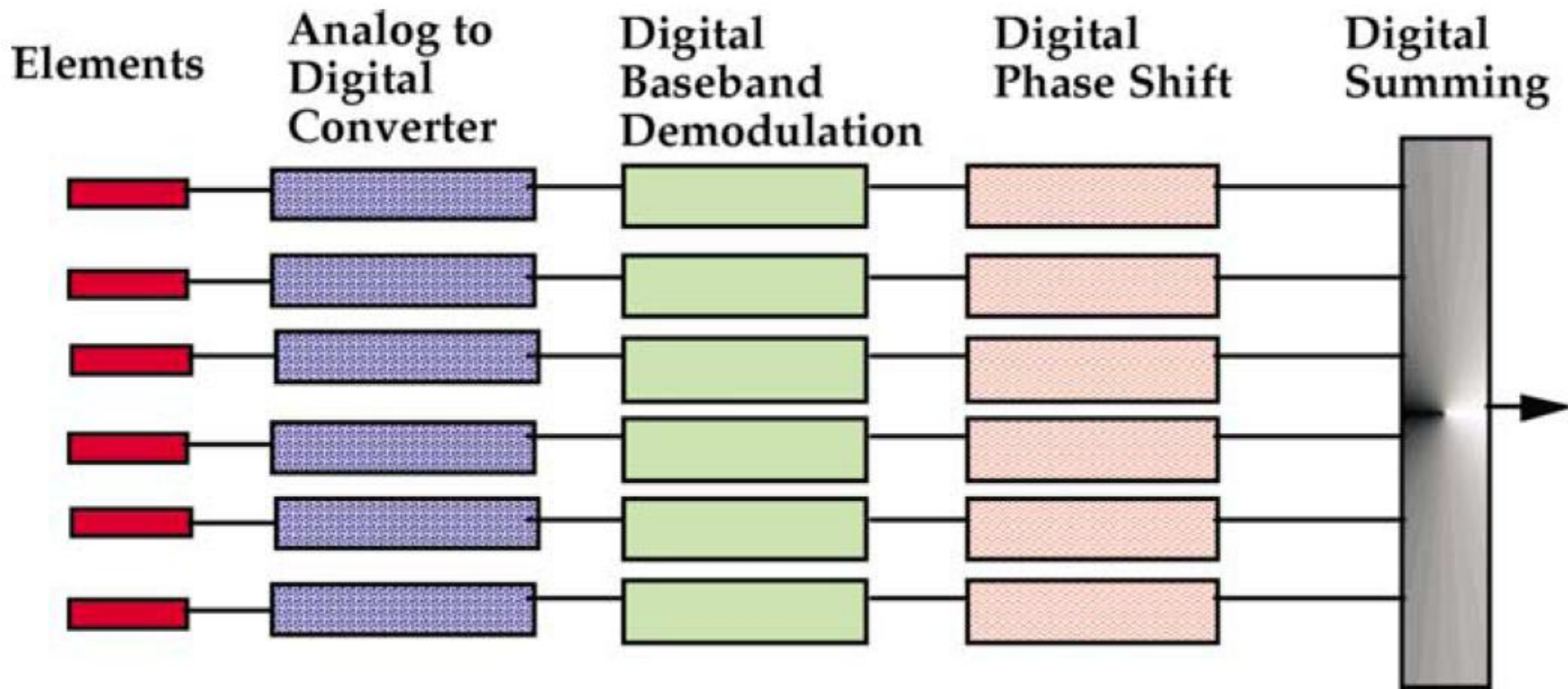
[Analog Beamformer]



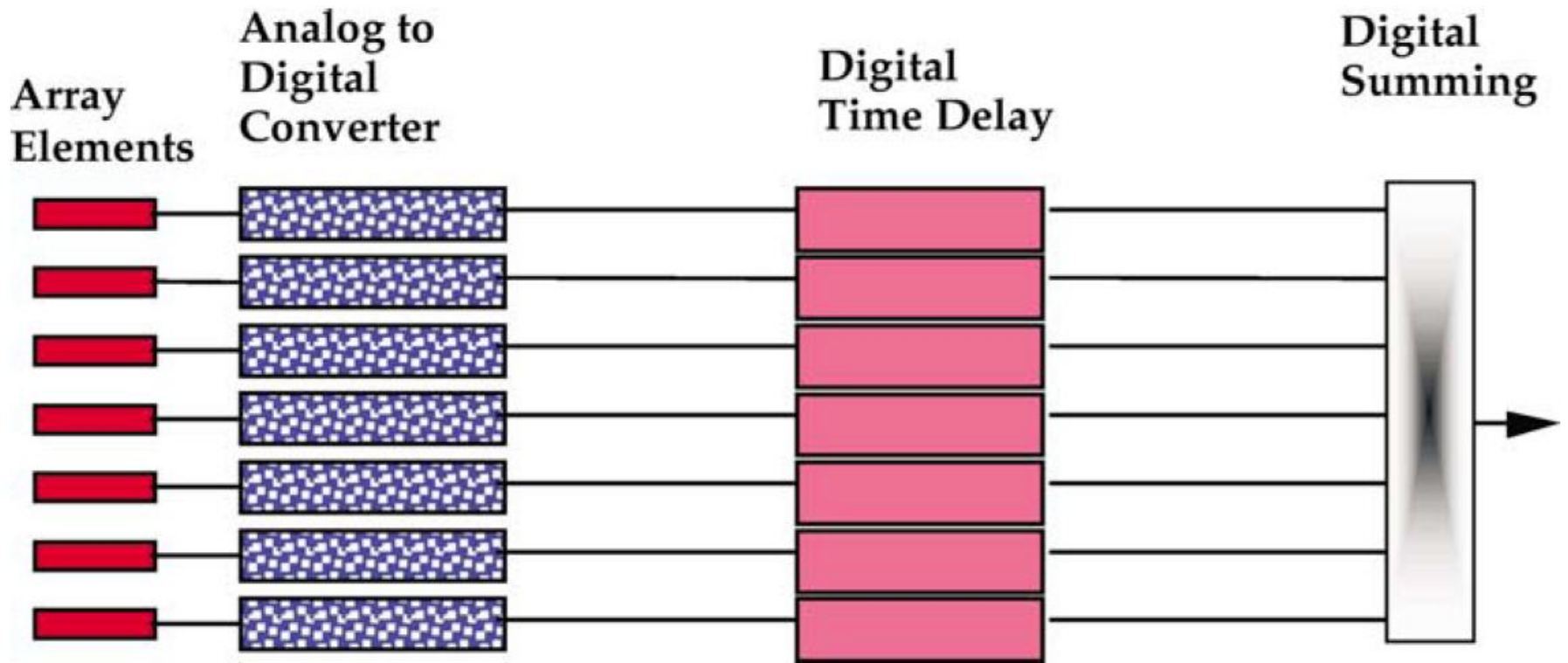
Hybrid Analog/Digital Beamformer



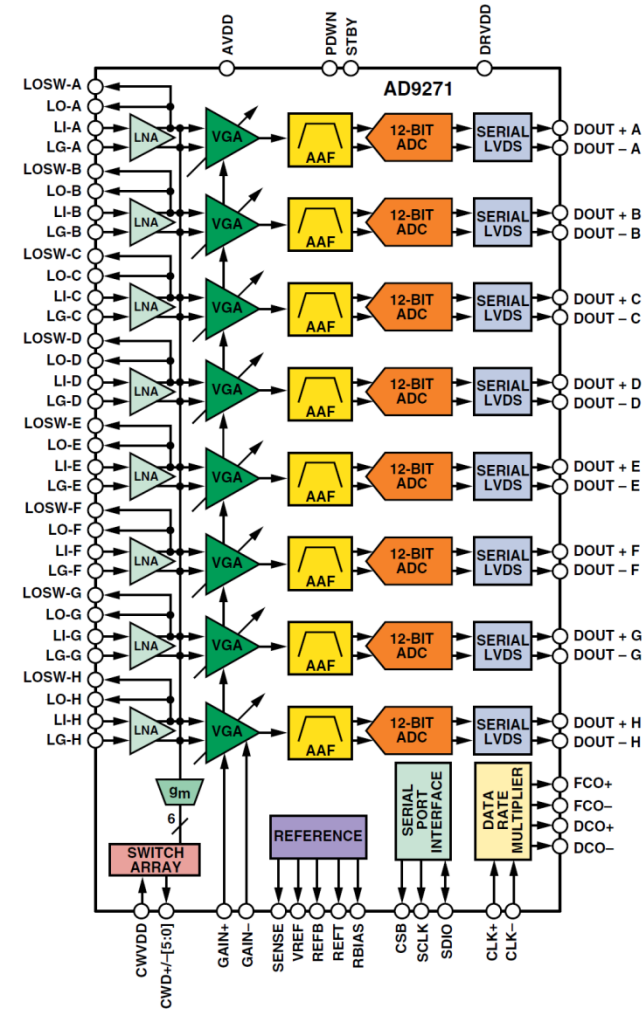
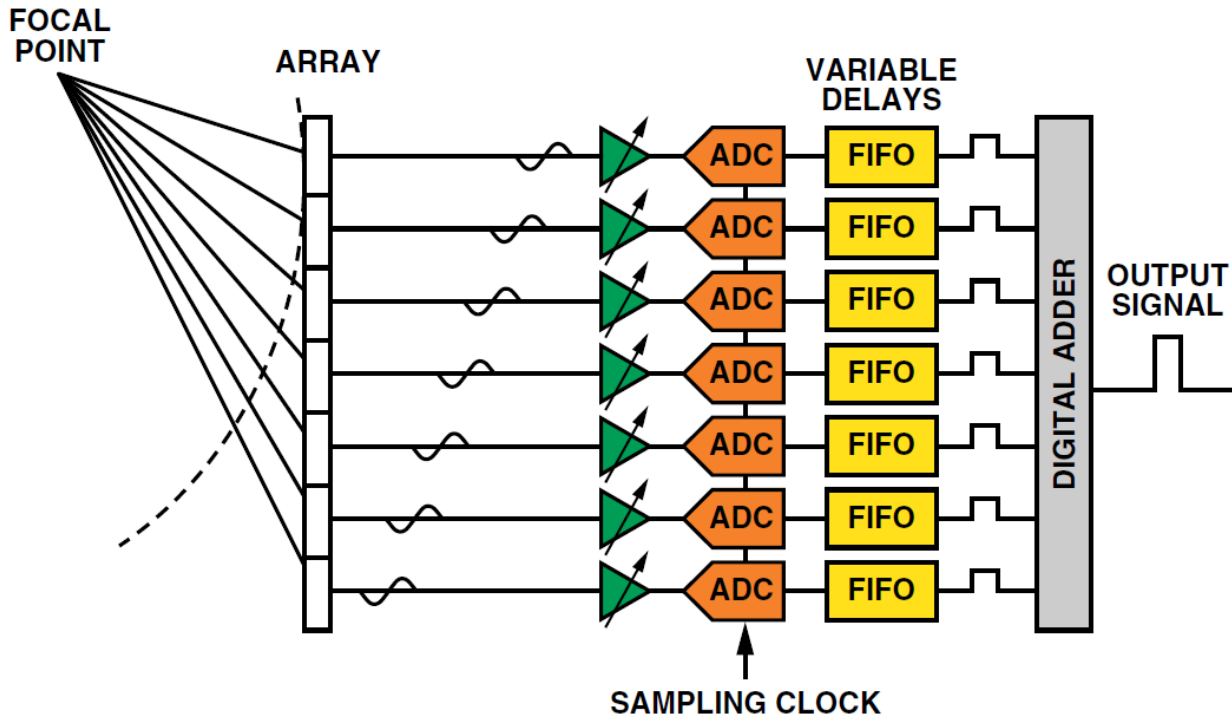
Digital Beamformer with Phase Shift



[True Digital Beamformer]



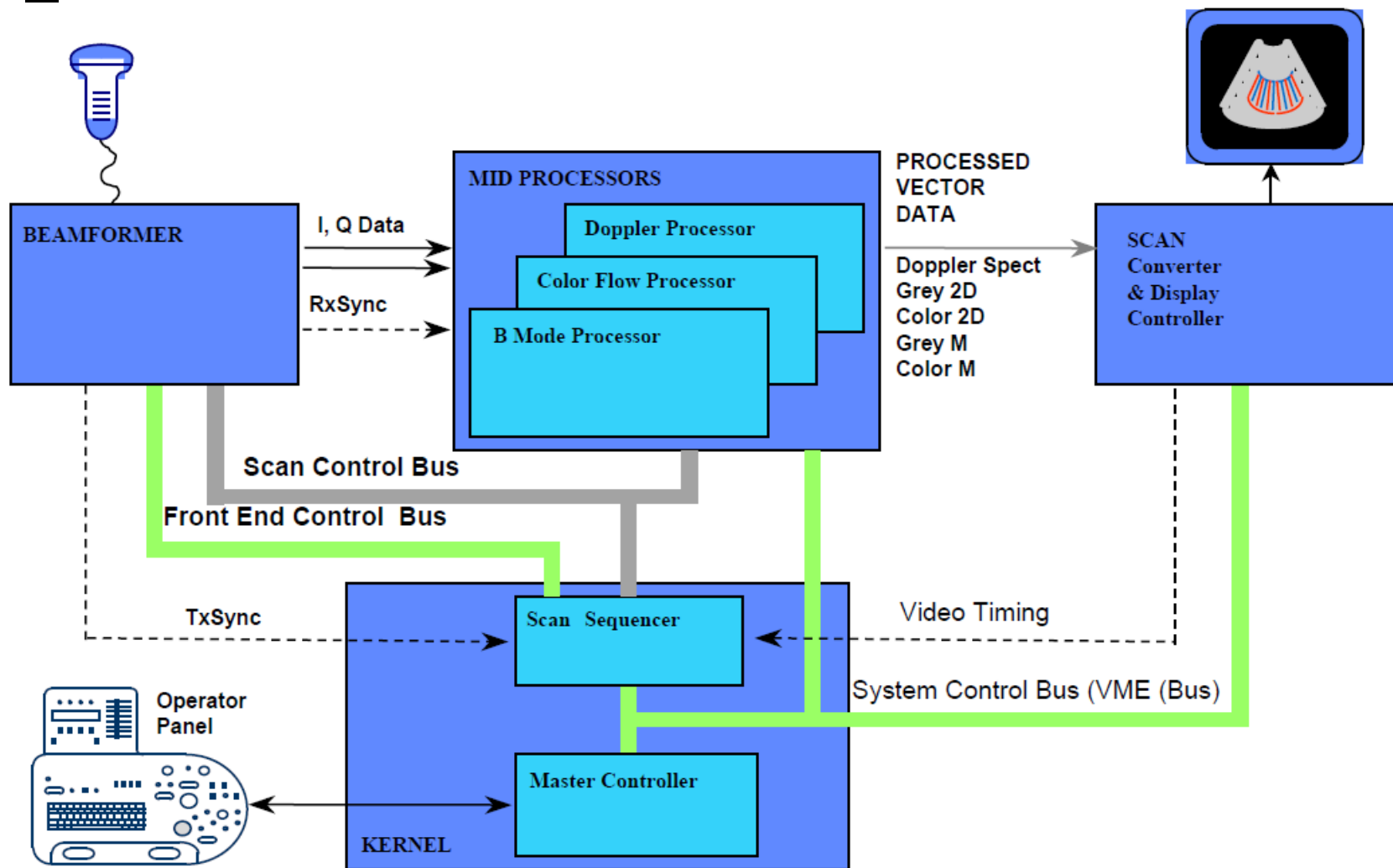
Digital Beamformer Hardware



Acoustic Wave Propagation

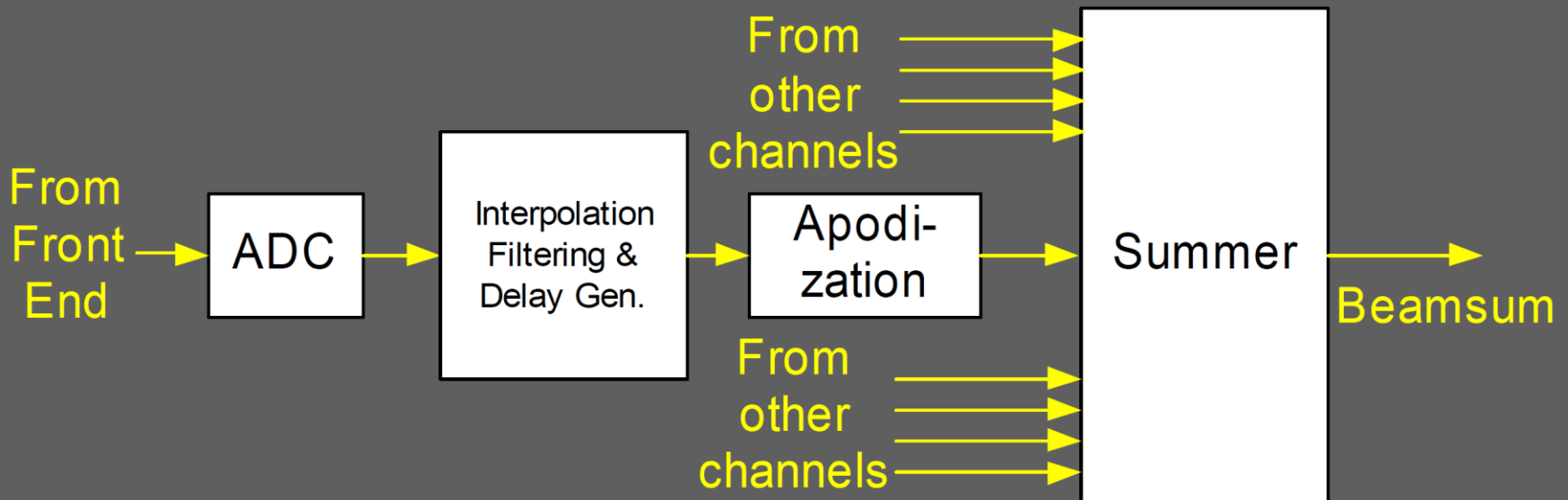
- Transmit voltages are typically in order of 100 V.
- These create pressures of appr. several 100 KPa.
- Typical tissue attenuation: 0.5 dB/(cm MHz)
 - Example: 10 cm penetration @ 5 MHz –25 dB one-way
- Backscatter from tissues $< 10\%$ of incident pressure
- Transducer conversion efficiency –50 –75%
- If we wish to display 40 dB of info, we have to be able to handle > 100 dB of dynamic range

Typical System Organization

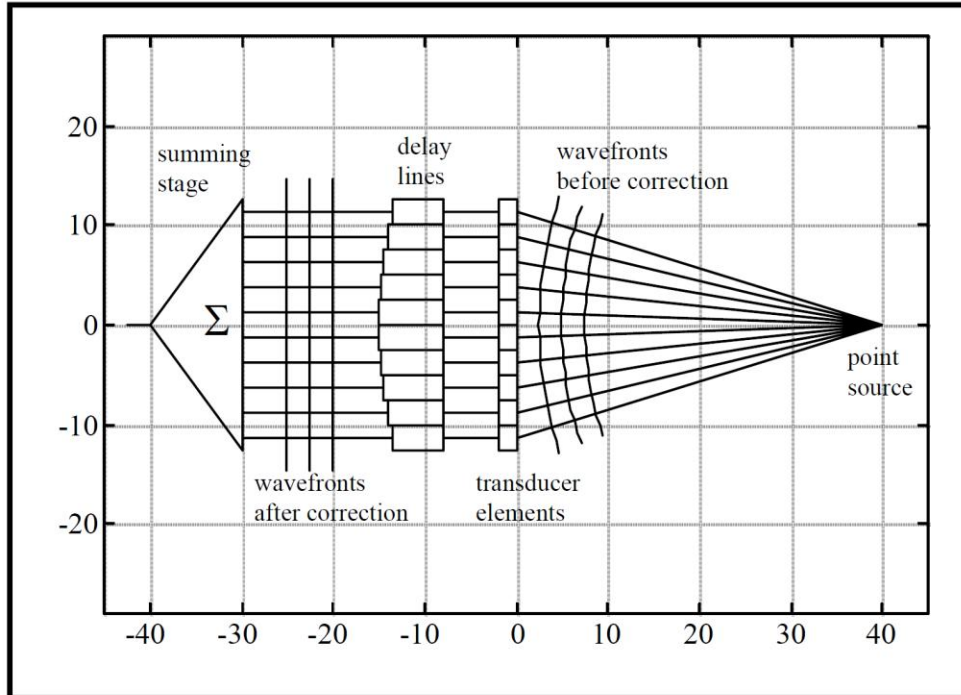


Receive Beamformer Functions

- Delay generation, dynamic and steering delays
- Apodization
- Summing of all delayed signals

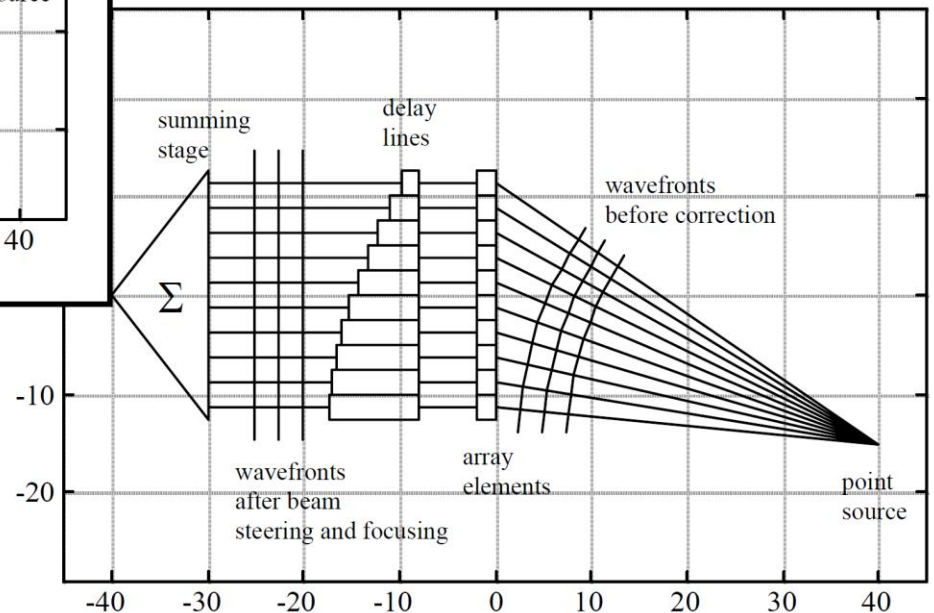


Focusing and Steering Delays

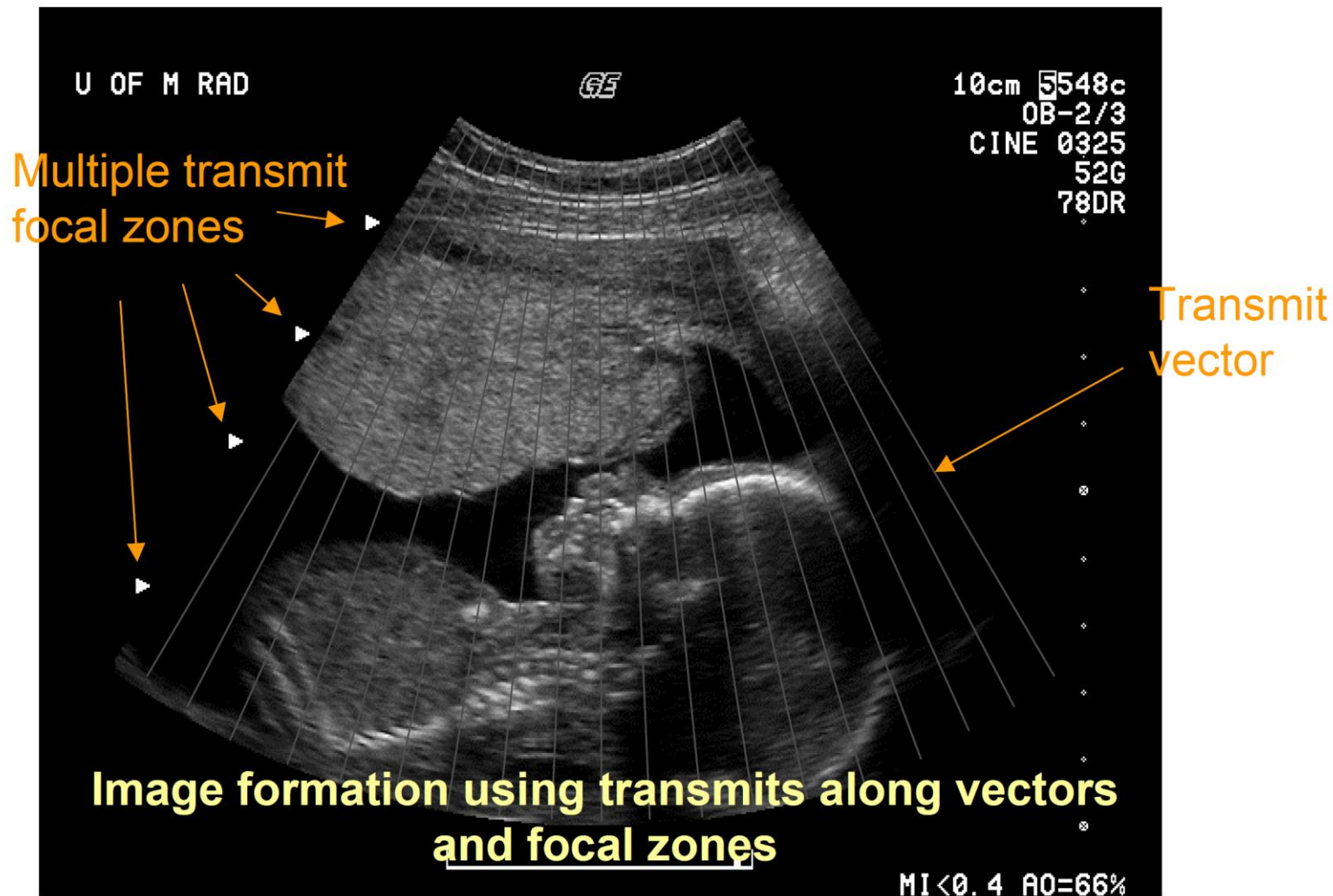


- Basic focusing type beamformation
- Symmetrical delays about phase center.

- Beam steering w. linear phased arrays.
- Asymmetrical delays, long delay lines

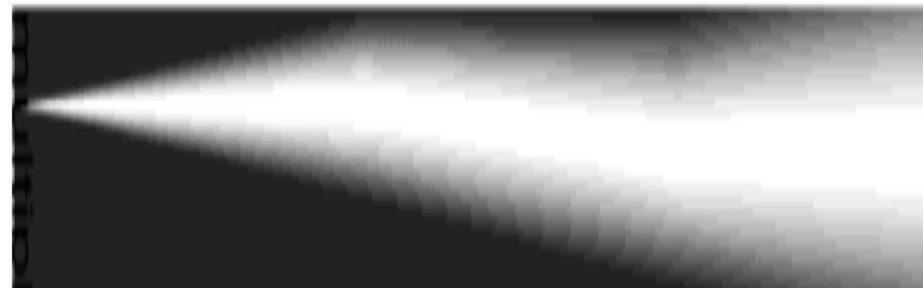
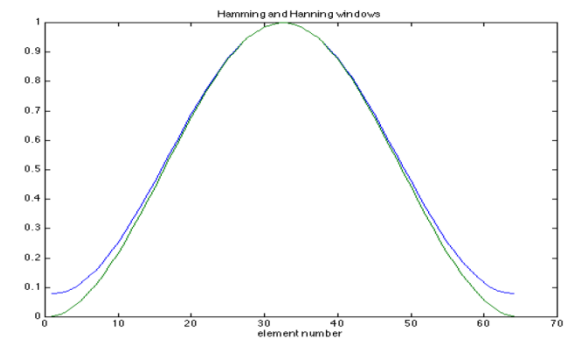


Transmit Vectors and Focal Zones



Apodization

- Main role
 - apply a weighting function to aperture
 - expand aperture w. receding wavefront
 - maintain image uniformity
 - supply walking aperture
- Implementation
 - multipliers
 - truly complex control
- Highly beneficial impact on beam.



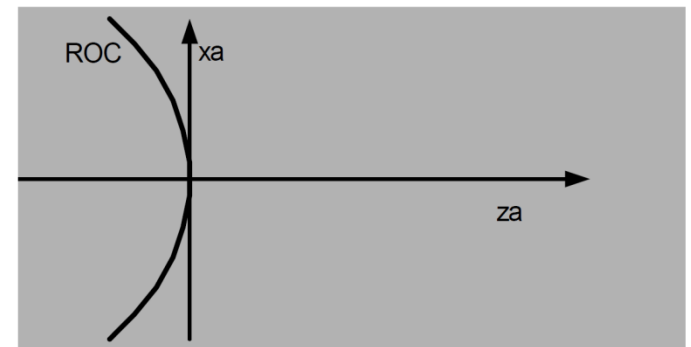
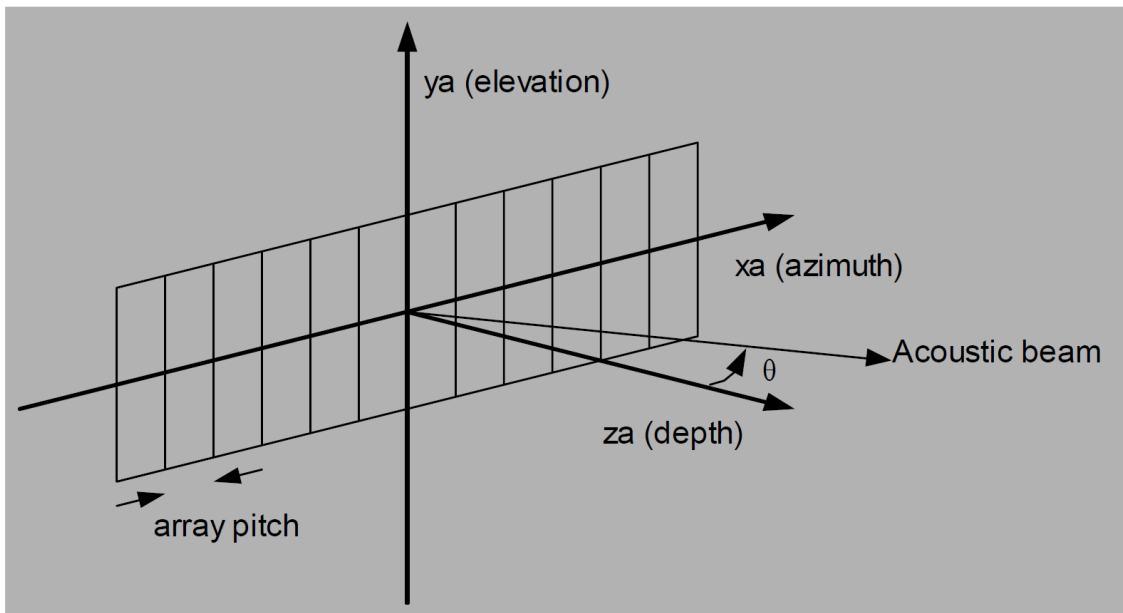
Types of Arrays and Beamformers

- Linear array beamformer
 - Generation of focusing delays
 - Beam steering by element selection
- Curvilinear array beamformer
 - Generation of focusing delays
 - Beam steering by element selection
- Phased array beamformer
 - Generation of focusing delays
 - Beam steering by phasing



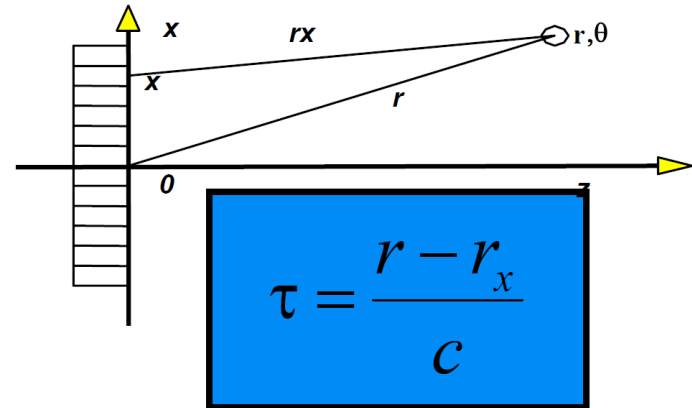
Array Geometries

- Definition of azimuth, elevation
- Scanning angle shown, θ , in negative scan direction.
- Similar definitions for a curved array



Delay Calculation from Geometry

- Delay determination:
 - simple path length difference
 - reference point: phase center
 - apply Law of Cosines
 - approximate for ASIC implementation
- In some cases, split delay into 2 parts:
 - beam steering
 - dynamic focusing

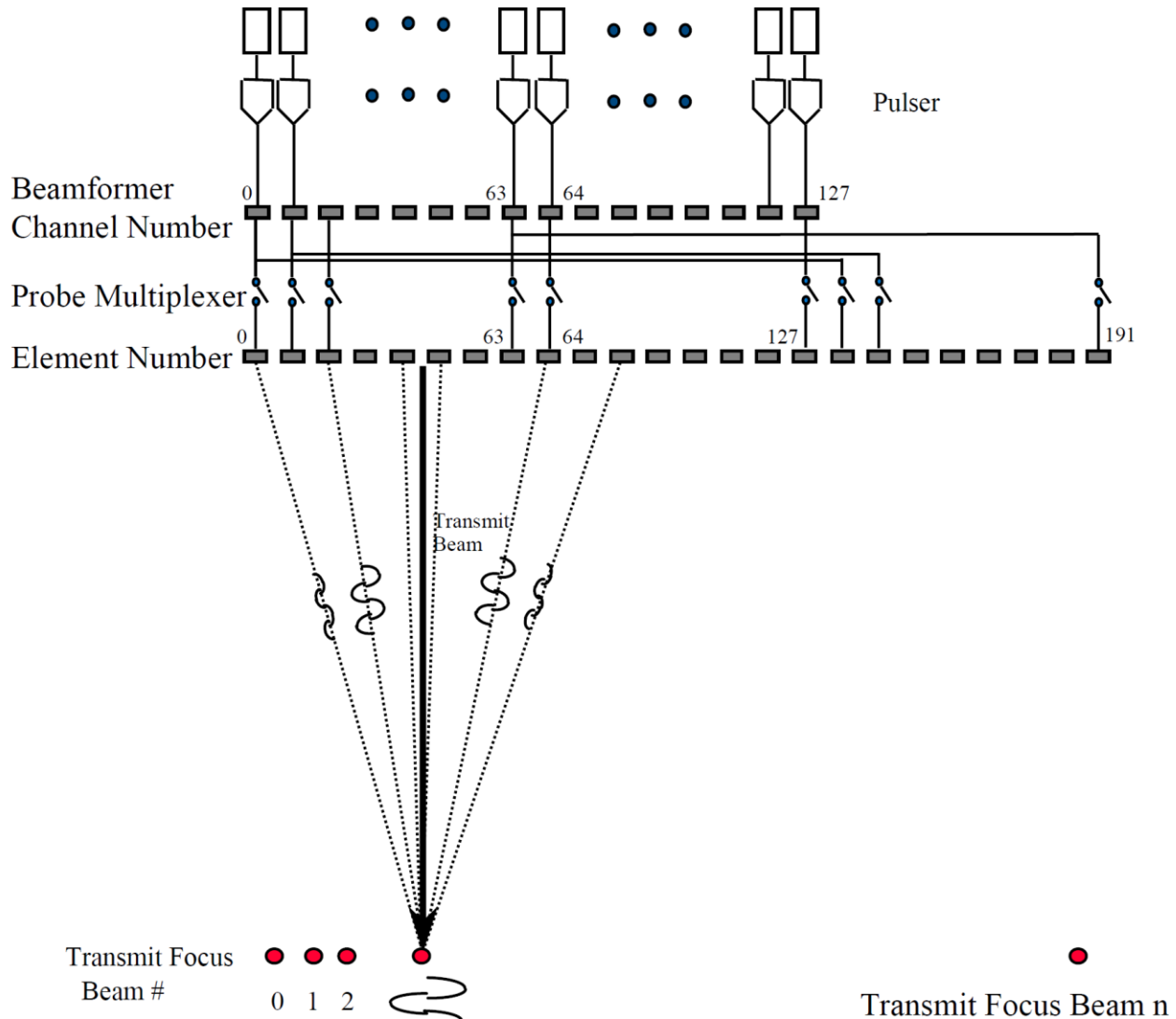
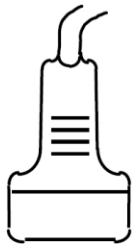


$$\tau = \frac{r - r_x}{c}$$

$$\tau = \frac{1}{c} \left[\sqrt{x^2 - 2rx \sin(\theta) + r^2} - r \right]$$

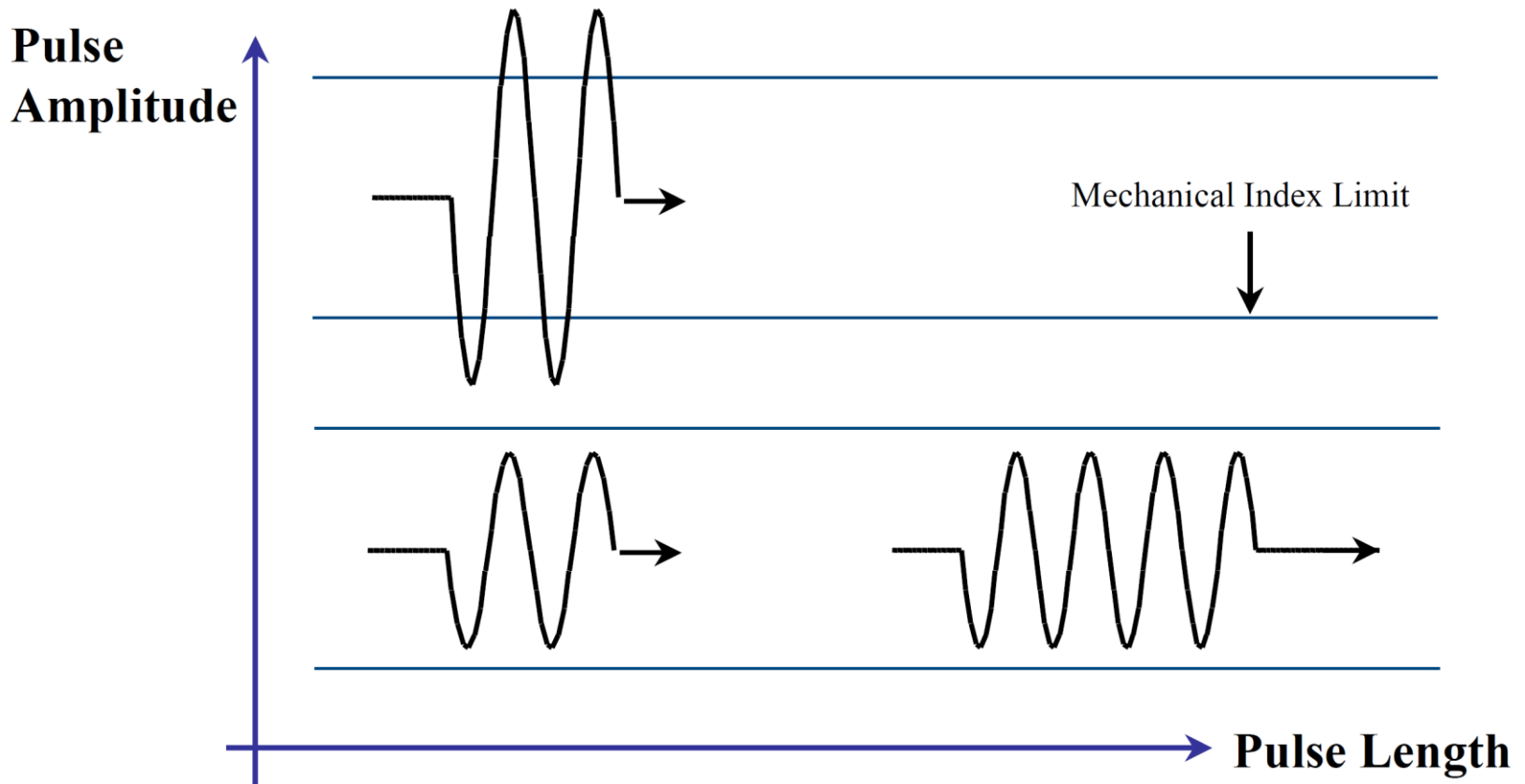
$$\tau = \tau_s + \tau_f$$

Transmit Beamforming



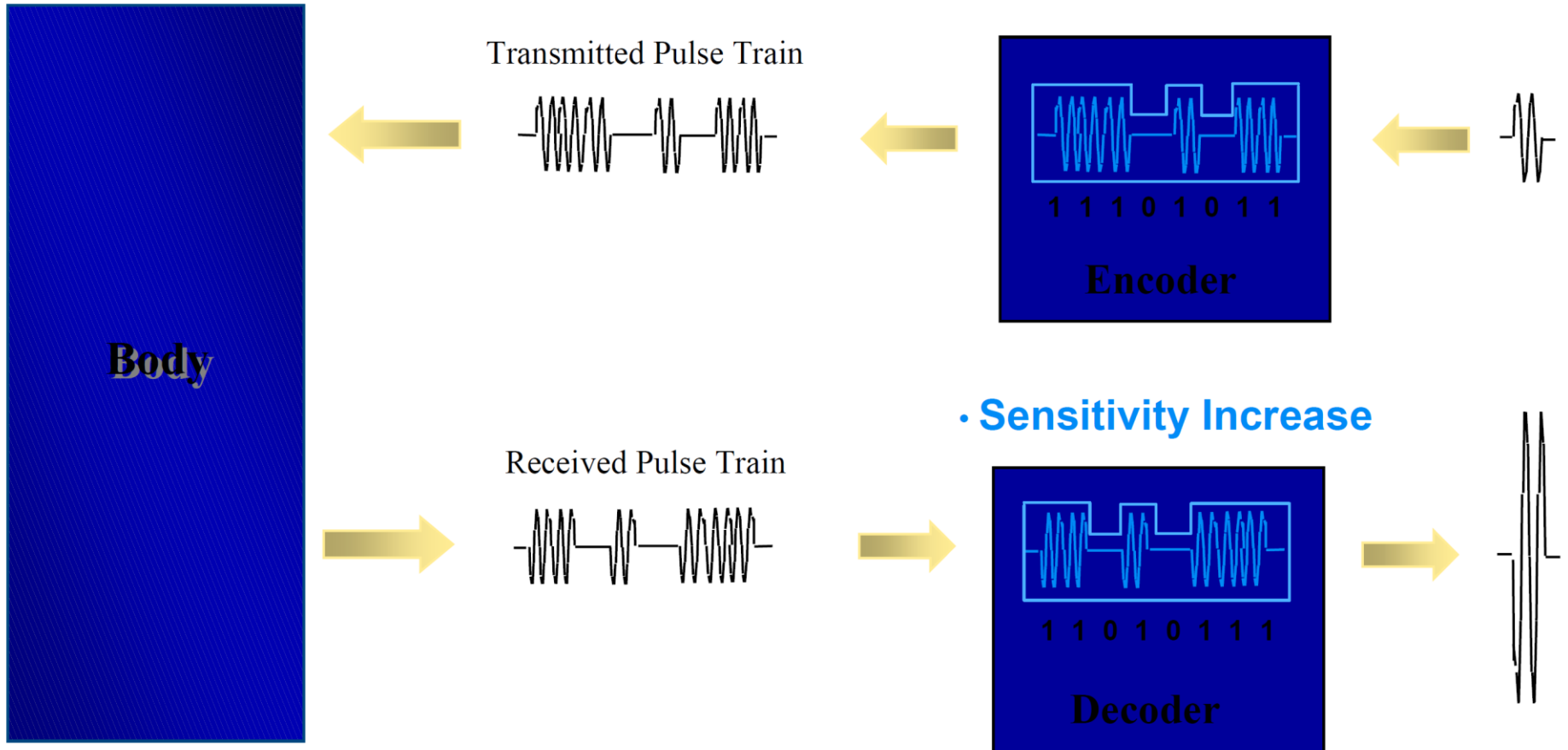
Resolution / Penetration Dilemma

Transmit Energy Determines Penetration



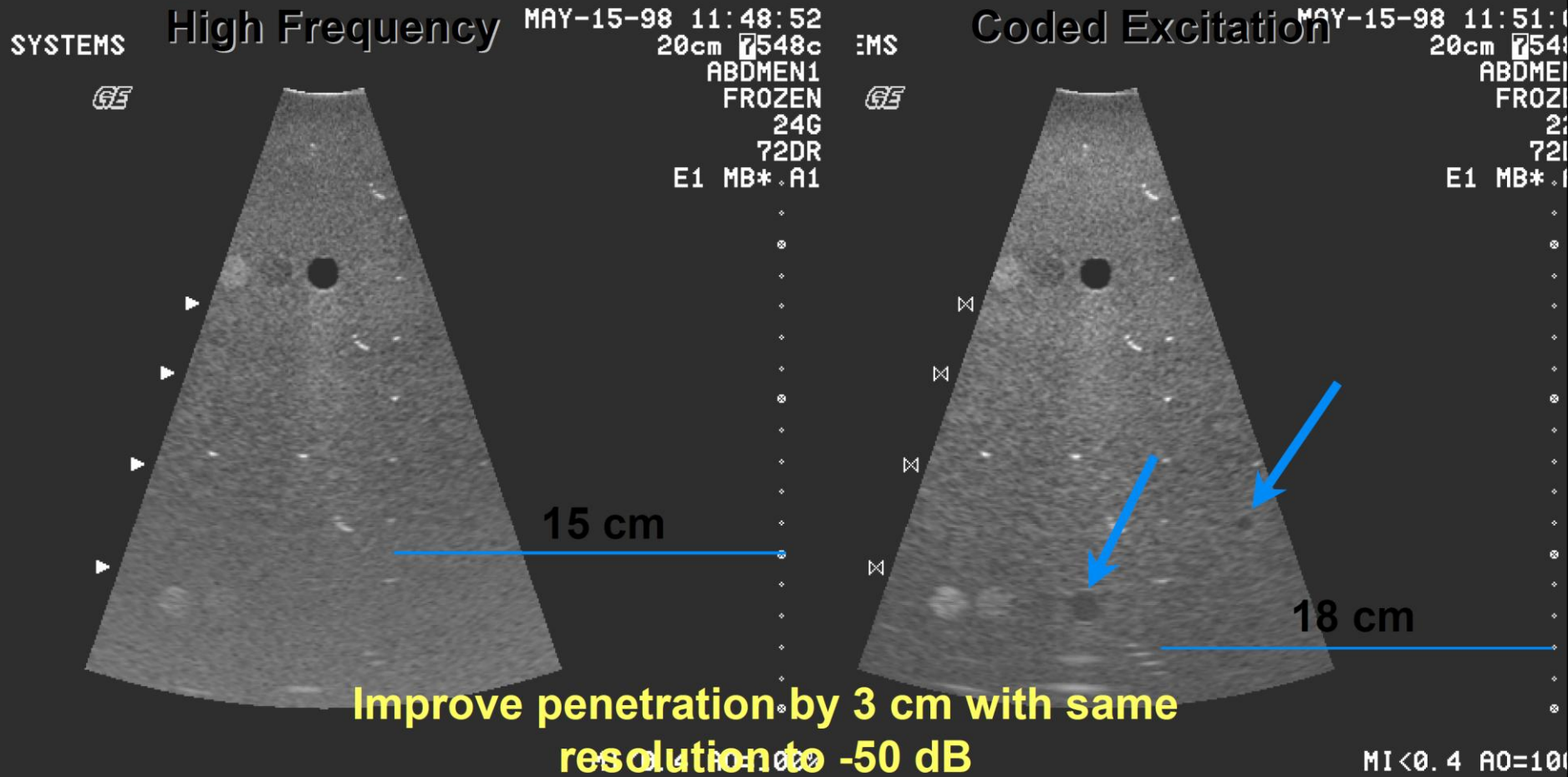
Longer pulse gains penetration but sacrifices resolution

Coded Excitation



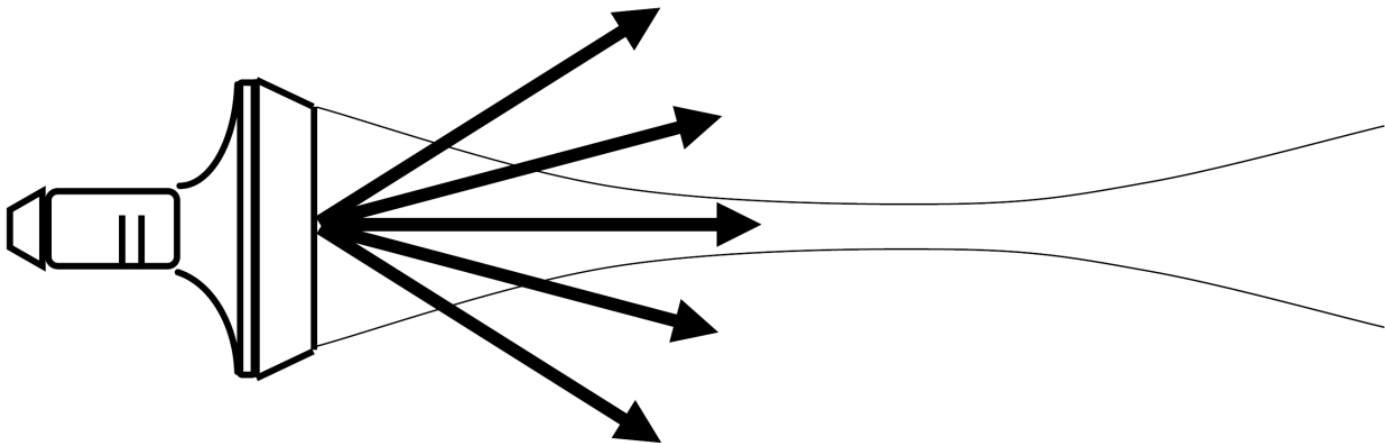
**Coded Excitation improves sensitivity
without resolution tradeoff**

Coded Excitation: Example



Beam Compounding

- **Compounding**
 - **suppress speckle to improve contrast resolution**
- **Spatial compounding**
 - **combine images from multiple angles**
- **Frequency compounding**
 - **combine images from different frequencies**

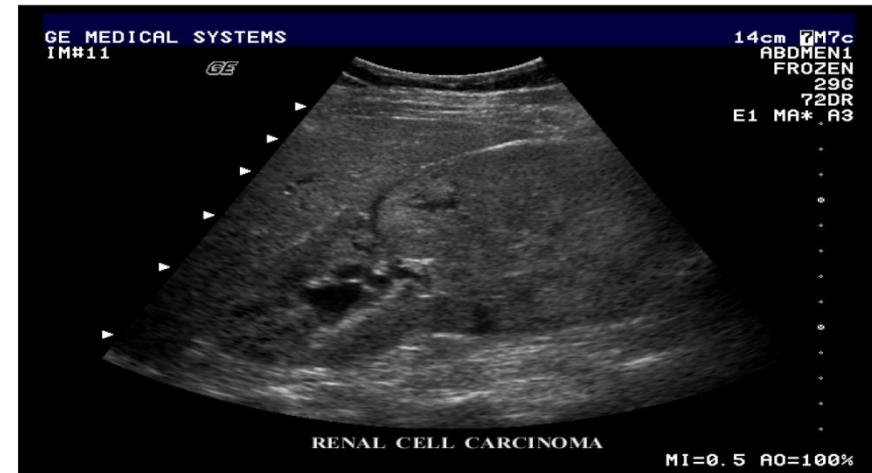


Targets of Ultrasound Imaging

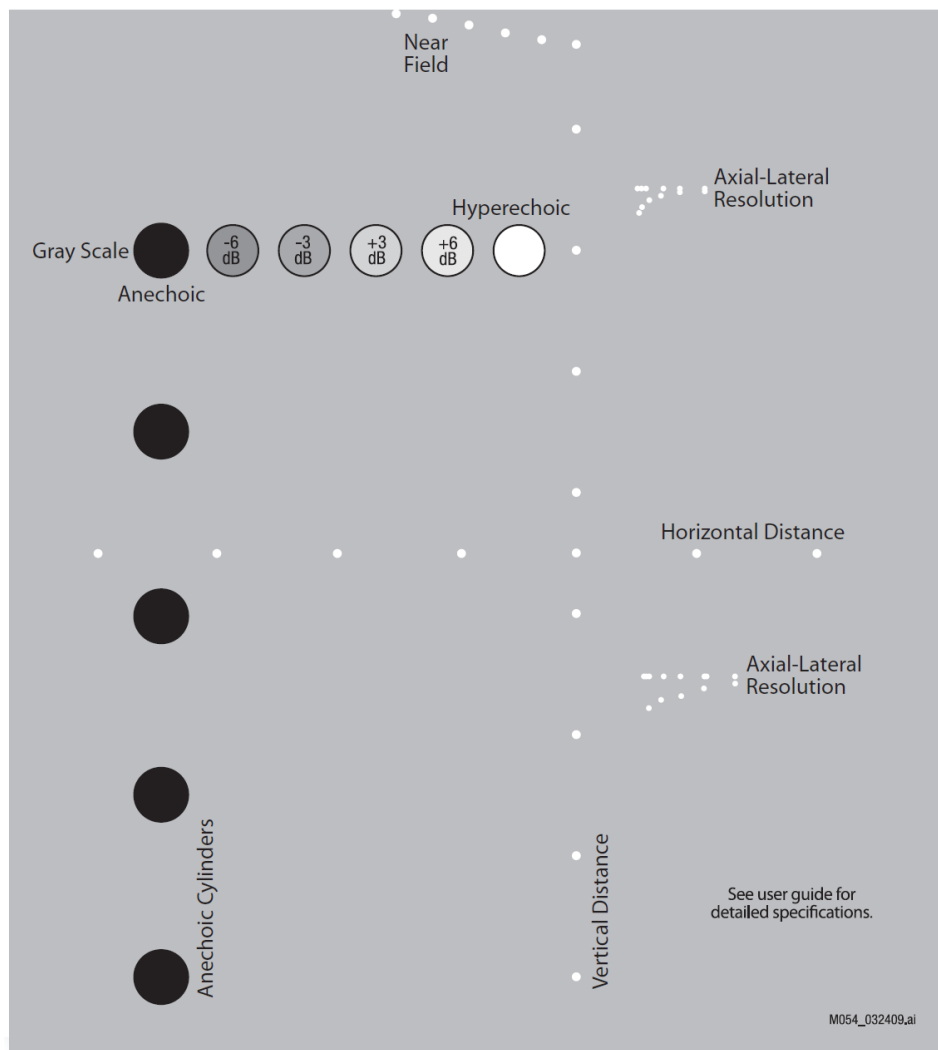
- First level
 - Gross anatomy
 - basic measurements—e.g. fetal dimensions
 - often tissue/fluid interfaces
 - not very challenging
- Second level
 - soft tissue characteristics—attenuation—speckle size
 - minimum acoustic noise
 - beam performance critical
- Third level
 - 3D/4D volume & surface rendering
 - Beam performance critical

Quality Measures

- Image uniformity
 - large depth of penetration
 - reasonably uniform tissue texture
- Ability to bring out subtle changes.
 - minimal beam distortion
 - minimal reverberant noise



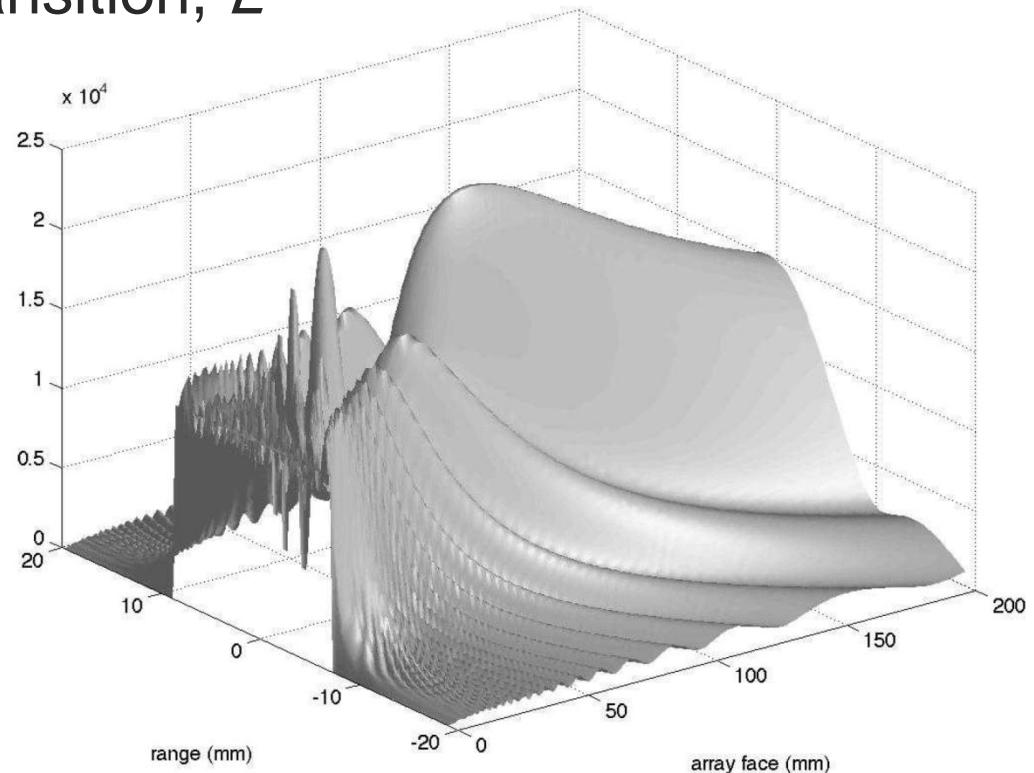
Quality Control Phantoms



Anatomy of an Ultrasound Beam

- Near field or Fresnel zone
- Far field or Fraunhofer zone
- Near-to-far field transition, L

$$L = \frac{D^2}{4\lambda}$$

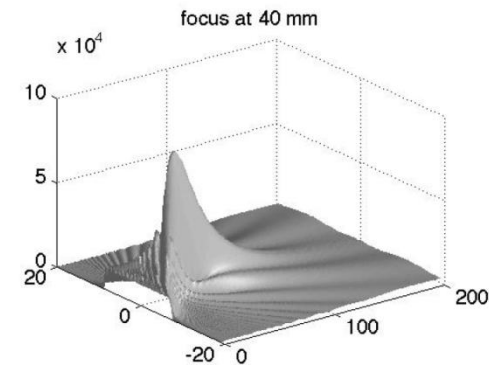
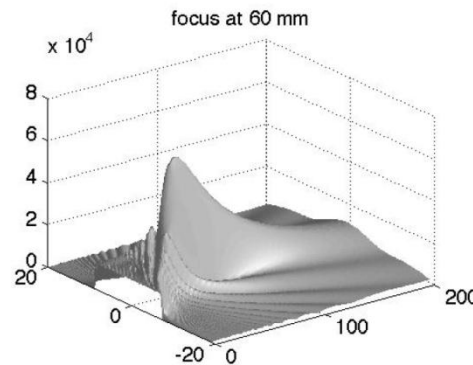
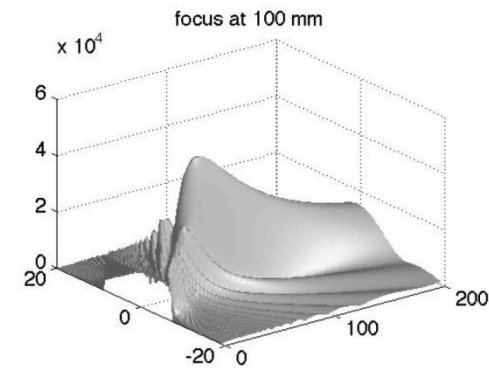
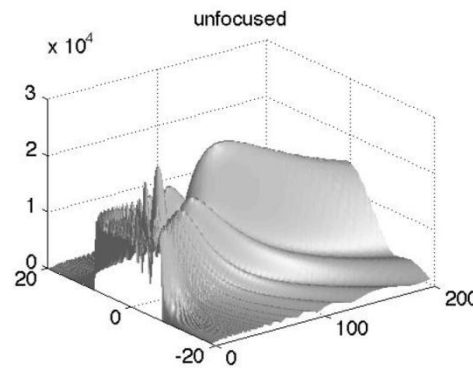


Anatomy of an Ultrasound Beam

- Spatial resolution, beamwidth
- Depth of field (DOF)
- F-number

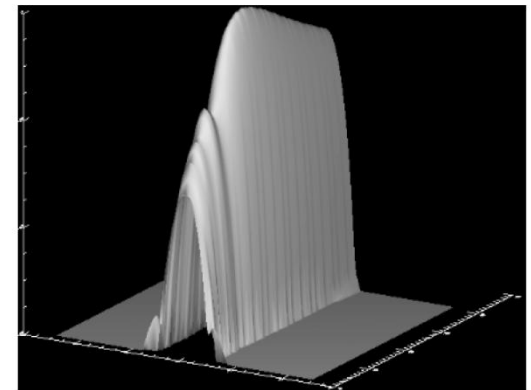
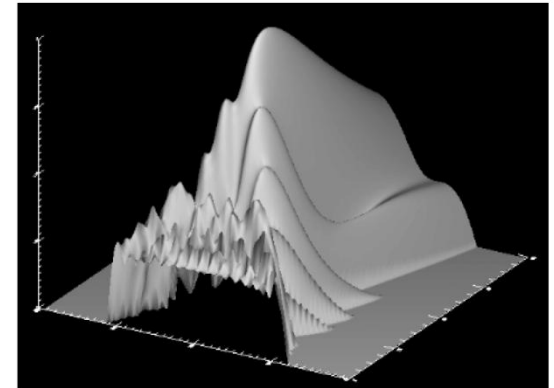
$$f\# = \frac{F}{D}$$

$$bw = \frac{\lambda F}{D} = \lambda (f\#)$$



Beamformer Optimization

- Beam shape is improved by several processing steps:
 - Transmit apodization
 - Multiple transmit focal locations
 - Dynamic focusing
 - Dynamic receive apodization
 - Post-beamsum processing
- Example
 - Upper frame: fixed transmit focus
 - Lower frame: the above steps.

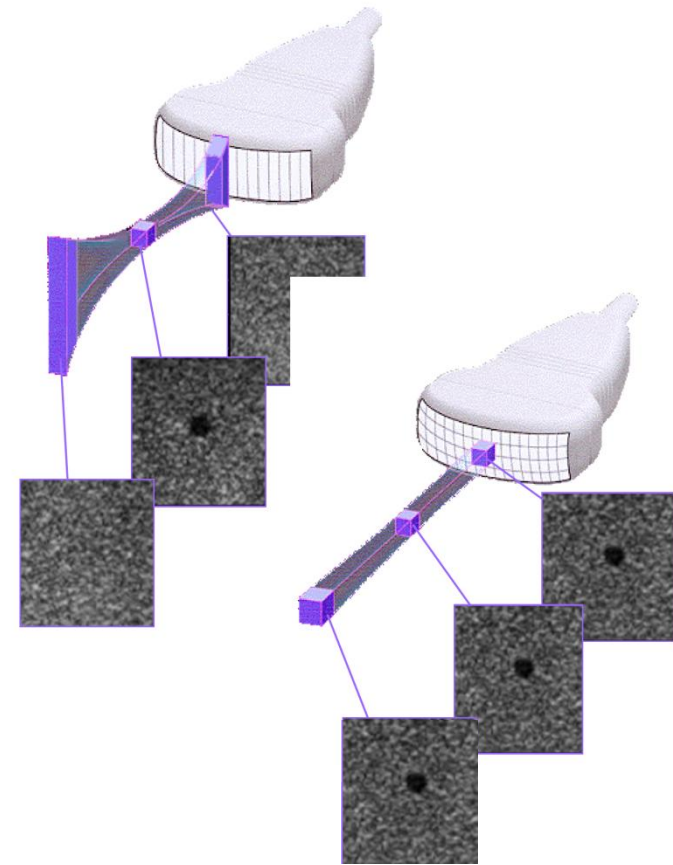


Channel Count Issues

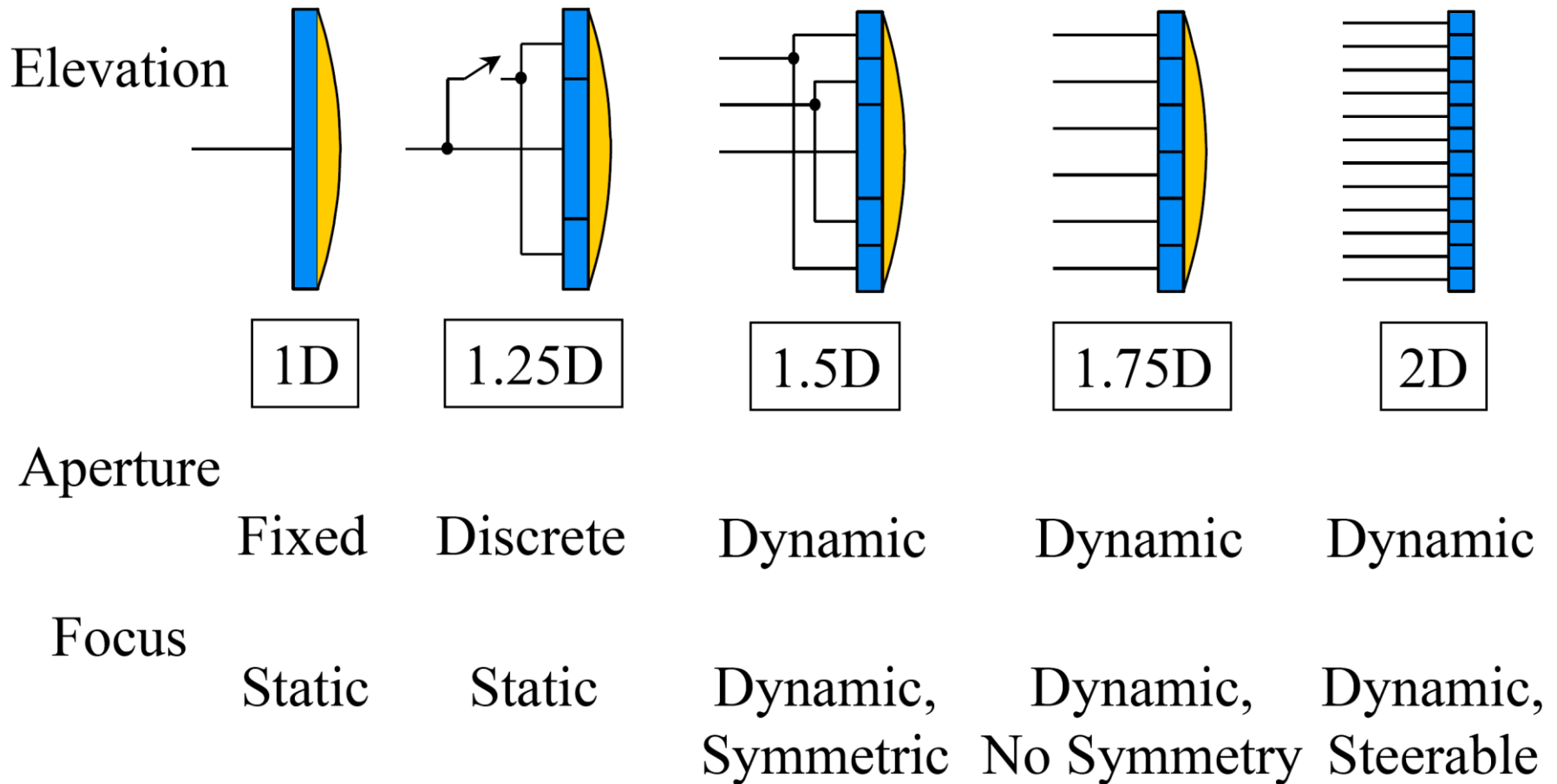
- First 128 channel system introduced in 1983.
 - Huge majority of high-end systems are still at 128 channels.
- Does it make sense to go higher?
 - What's the cost/benefit trade-off?
 - Will the performance improve proportionately to the cost?
- What are some of the reasons for increasing it?
 - Elevation focusing
 - Real-time 3D/4D
 - Aberration correction

Elevation Beamforming

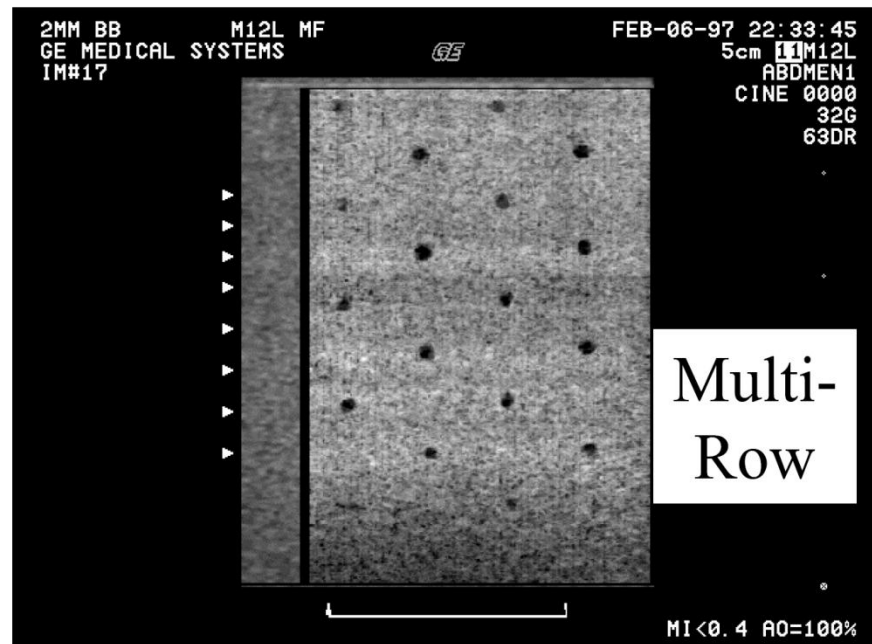
- Limited performance available with 1D designs
 - Poor beamformation away from elevation focus.
 - Limits on size of elevation aperture due to fixed focus.
 - Depth of focus inversely related to aperture size.
- Slice thickness improvement throughout image
 - Expanding aperture, dynamic focusing in elevation



[Array Taxonomy]



Value of Elevation Focusing



Phantom with 2 mm Spherical Cysts

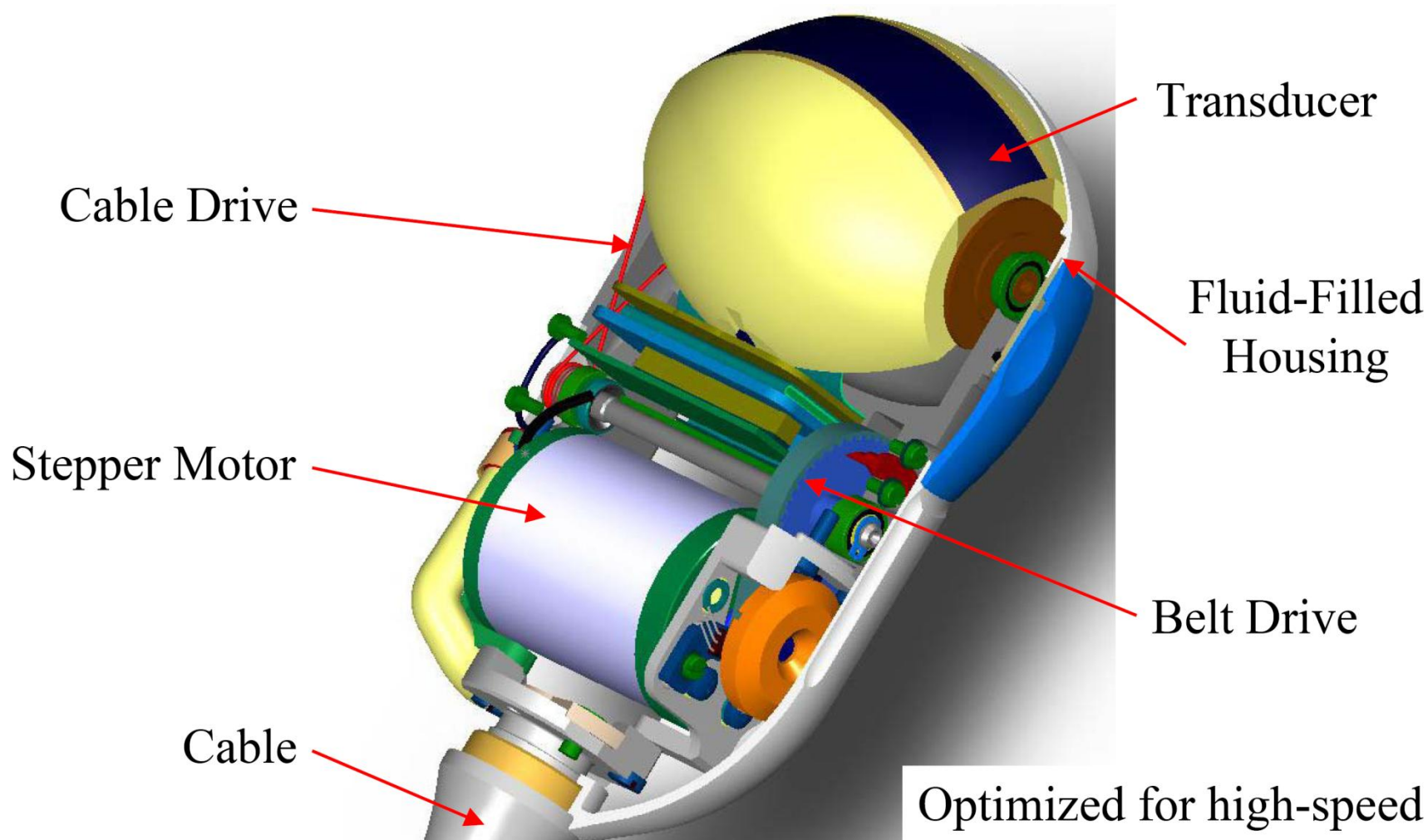
Channel Count Requirements

- Let N = azimuthal channel count desired, e.g. 128.
- 1.25D
 - no increase over N .
- 1.5D
 - assume 5 rows (3 independent), $3N$ channels required
- 1.75D
 - with 5 rows, $5N$ channels required
- 2D
 - sparse arrays w. 256 channels currently available, for 4D
- For ergonomic scanning, no. of cables is $< 256-512$

3D/4D Imaging Physics Constraints

- Speed of sound in body = 1540 m/sec
- Image quality, Field of view, Volume update rate
 - Can have any 2, not all 3
- Example:
 - $60^\circ \times 60^\circ \times 12$ cm pyramid volume
 - 1° beam spacing \Rightarrow 3600 beams
 - $12 \text{ cm} \times 2 / 1540 \text{ m/s} = 160 \text{ } \mu\text{sec}$ per beam
 - $\Rightarrow 1.7$ volumes / sec

Mechanical 4D Probes



Concurrent Multi-Line Acquisition

- Transmit beam is broader than receive beam
 - transmit is static focus, usually high f-number for max depth of field
- Create 2 –16 simultaneous receive beams within the transmit beam
- Substantial increase in volume rate!
- Essential for effective 4D imaging

[Harmonic Imaging]

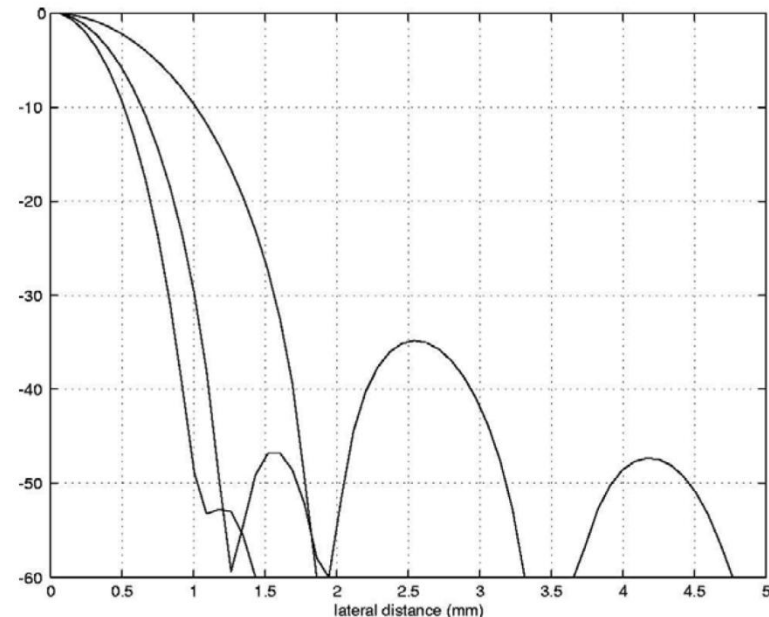
- Perhaps most important innovation of the last 10 yrs
 - Now default mode in most cardiac scanners
- Discovery due to two major sources:
 - harmonic imaging for contrast agents
 - transducer bandwidth increases
- Arises from pressure dependence of sound speed
 - Compressional wave is faster than rarefactional
- Need to understand via simulations.

Harmonic Imaging: Beamforming

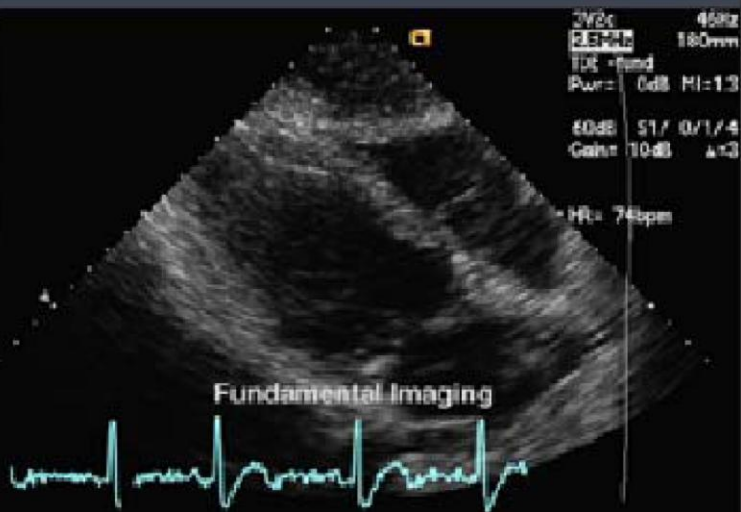
- During propagation, harmonics are formed.
- Rate of generation of 2nd harmonic proportional to p^2
- This is equivalent to having an extra beamformer to narrow the beam shape.
- Beamformer requirements:
 - added transmit flexibility
 - increased filtering capacity
 - Higher receive signal bandwidth

Harmonic Imaging: Advantages

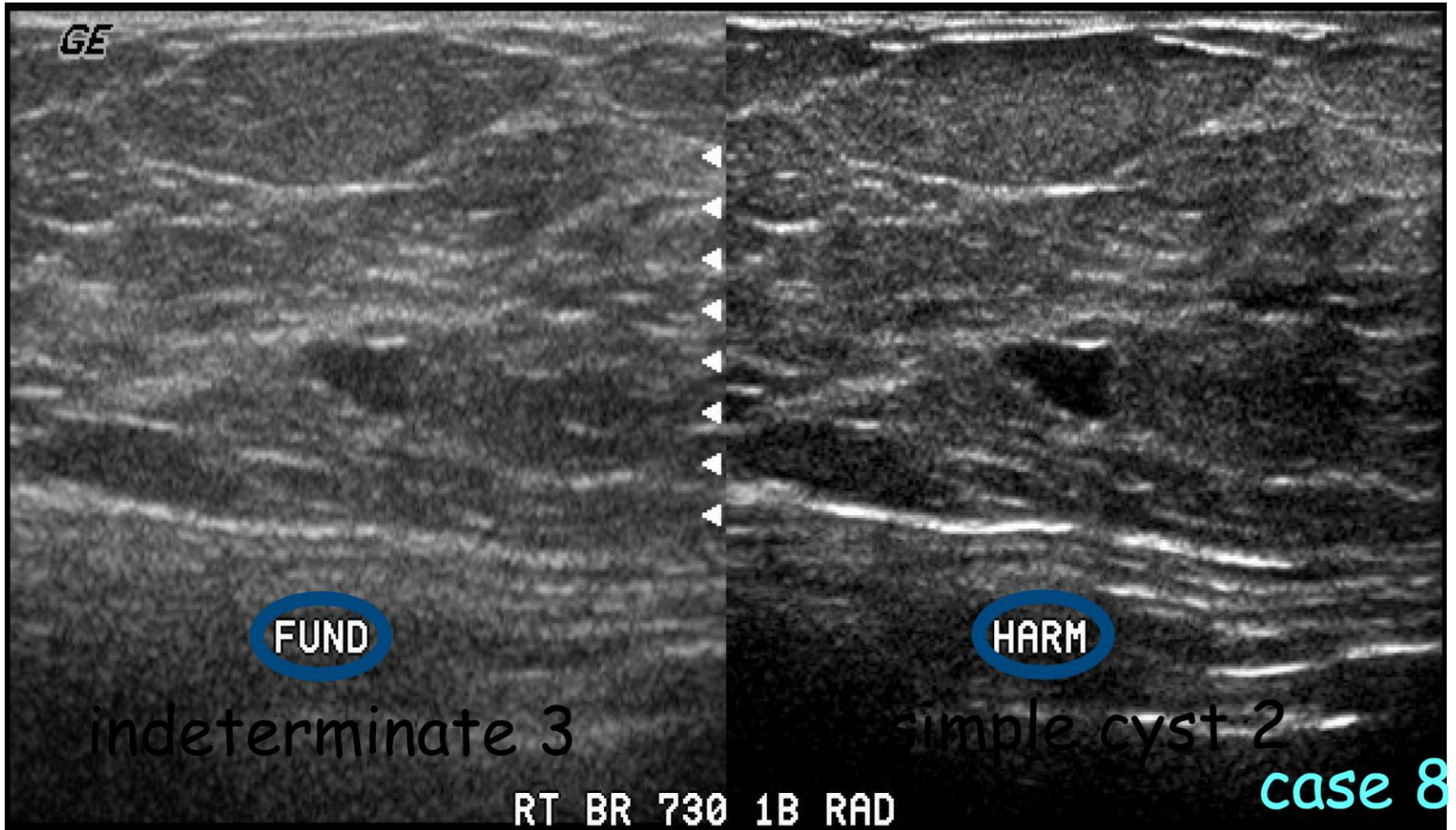
- Harmonics formed at main lobe
 - narrower beams
 - lower sidelobes
- much acoustic noise generation at fundamental
 - refraction from fat layers
 - reverberations near fat/muscle layers
- Optimization of beamformers may be necessary



Harmonic Imaging Example 1

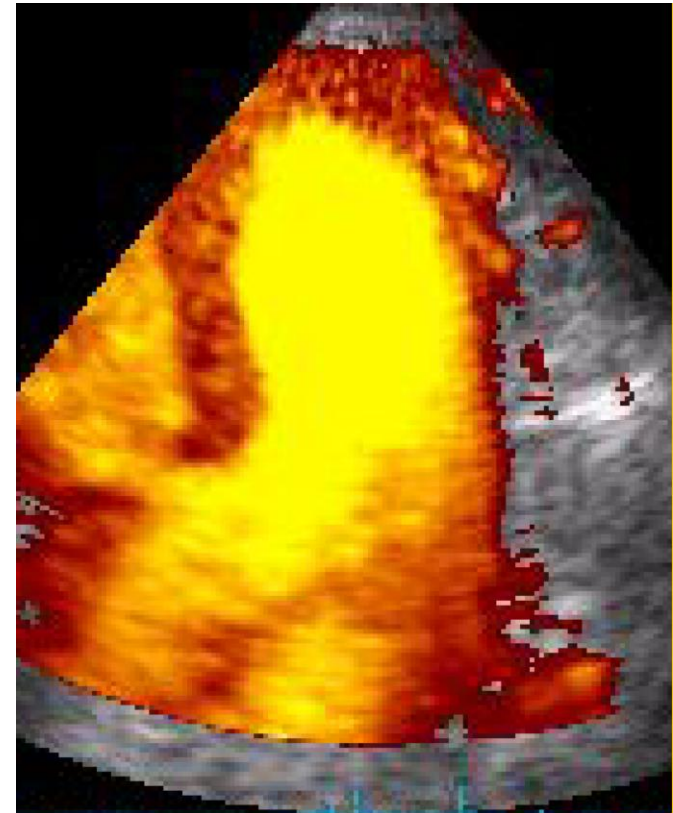


[Harmonic Imaging Example 2]



Harmonic Imaging with Contrast

- Ultrasound contrast agent
 - Gas filled microbubbles
 - Strong harmonic response
- Main clinical goal: perfusion
 - Myocardial viability
 - Presence of tumors
- Tissue harmonics confuse the issue
- Trend toward low frequency (1.5 MHz) operation



Comparison between Tissue and Contrast Harmonic Imaging

Tissue Harmonics

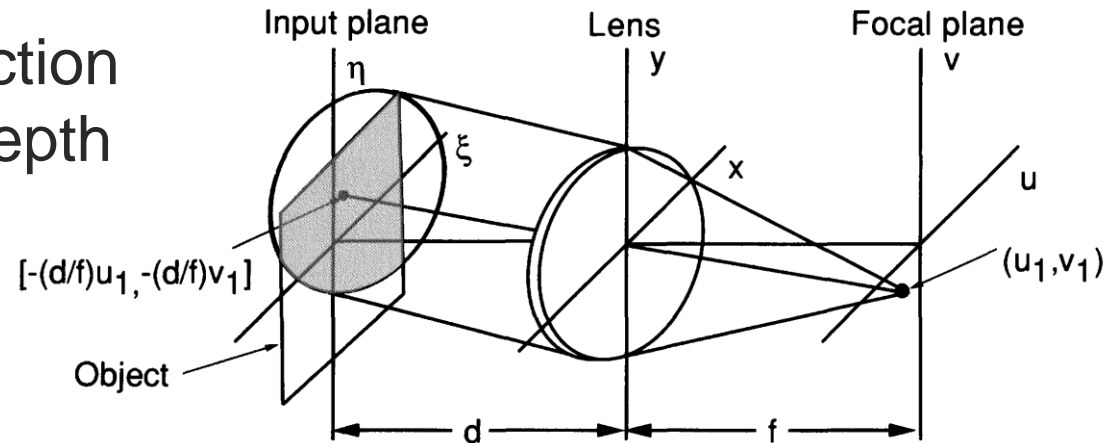
- Goal: best tissue images
- Methods
 - Maximize harmonic energy
 - Higher f-numbers to allow harmonic energy to accumulate
 - Consider non-spherical focusing

Contrast Harmonics

- Goal: Show distribution of contrast agents
- Methods
 - Minimize propagation harmonic energy
 - Transmit harmonic energy that cancels propagation related harmonics.
 - Alternative phasing scheme

Focusing Theory

- Fraunhofer diffraction pattern at focal depth when $d=0$



$$t_l(x, y) = \exp \left[-j \frac{k}{2f} (x^2 + y^2) \right].$$

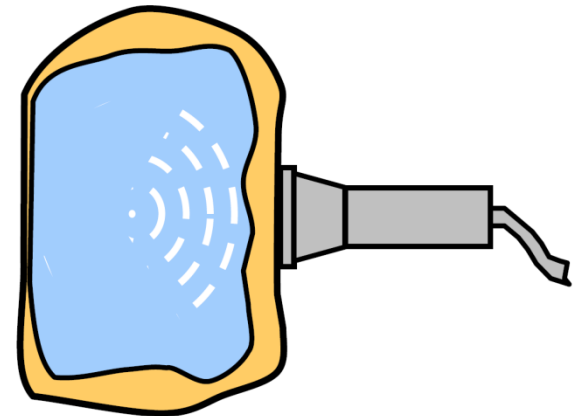
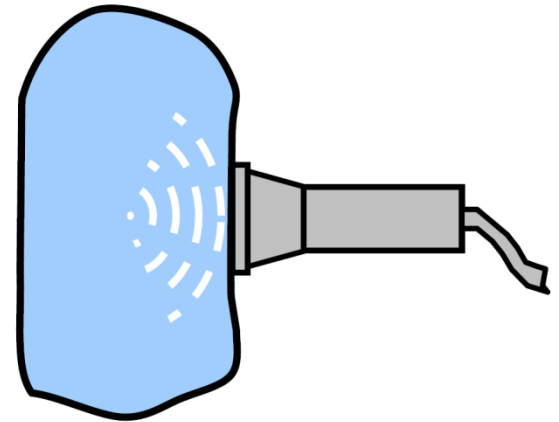
$$U_f(u, v) = \frac{\exp \left[j \frac{k}{2f} (u^2 + v^2) \right]}{j\lambda f} \iint_{-\infty}^{\infty} U_l(x, y) \exp \left[-j \frac{2\pi}{\lambda f} (xu + yv) \right] dx dy.$$

Focusing Implementation

- Reciprocity theorem
 - Beamform at Transmit = beamform at Receive
 - Overall beamform = Trans beamform x Rec beamform
- Static focusing
 - Static focal point
 - Used in transmission
- Dynamic focusing
 - Multiple focal points
 - Used in reception
 - Ideally, focused in all points

Phase Aberration

- Present ultrasound imaging
 - People are bags of water !
 - Crude approximation
- Practical Imaging
 - Fat and muscle degrade quality
 - Time-delay Errors from the abdominal wall are *10-50 Times Larger than beamformer delay quanta!*
 -



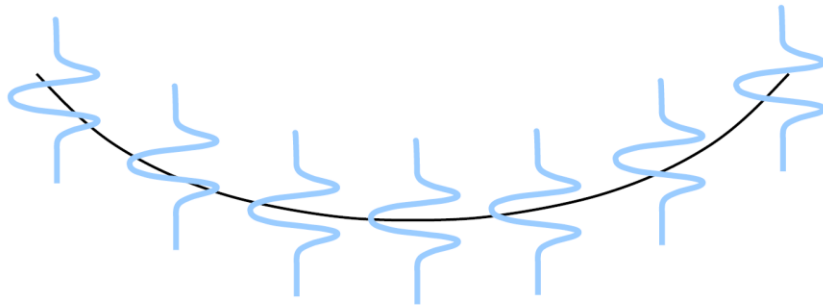
Phase Aberration

- All beamformers use an assumption of constant speed of sound (1540 m/s in all ultrasound systems)
 - This assumption is not valid.
- In soft tissues, we have these speeds:
 - fat 1440 m/s
 - liver 1510
 - kidney 1560
 - muscle 1570 (skeletal)
 - Tumors 1620
- This variation limits further spatial & contrast resolution improvements.

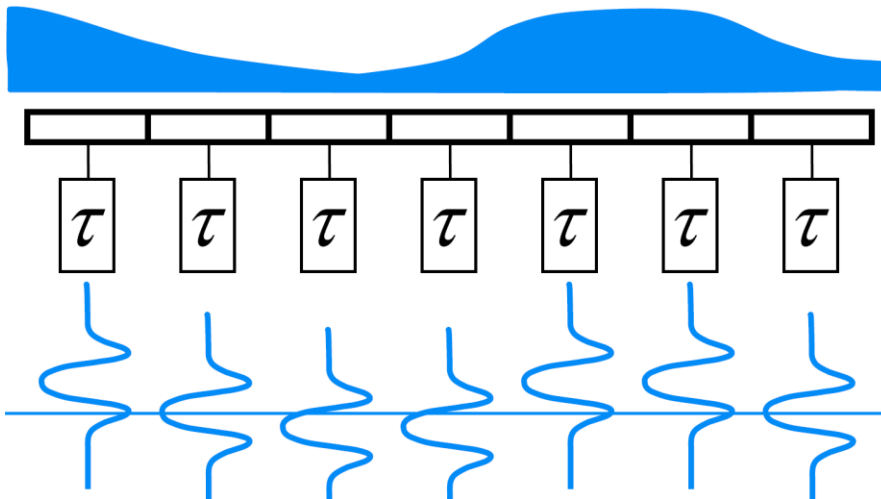
Phase Aberration

o

Point-like scatterer



Spherical wavefronts



Aberrating Layer, $C \neq C_0$

Transducer

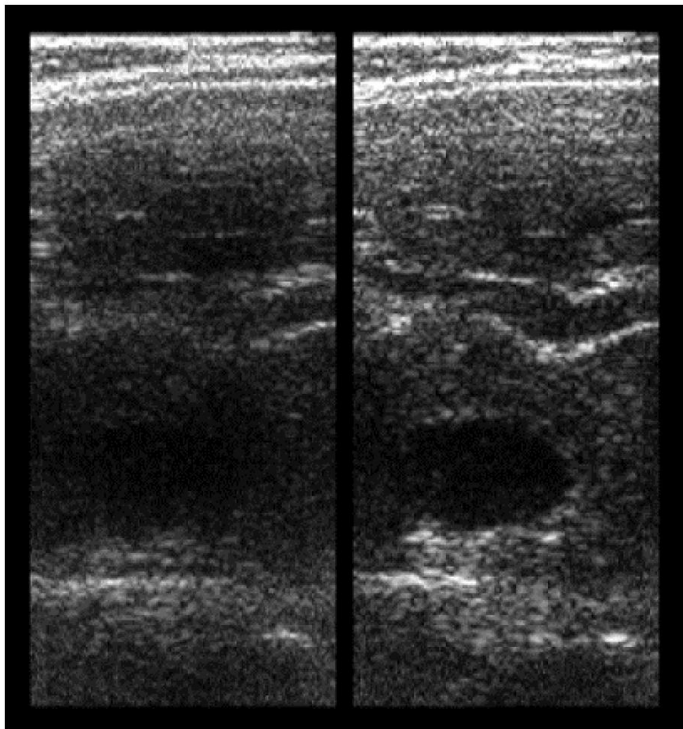
*Geometric beamforming
delays*

*Channel data poorly
aligned*

Phase Aberration Solutions

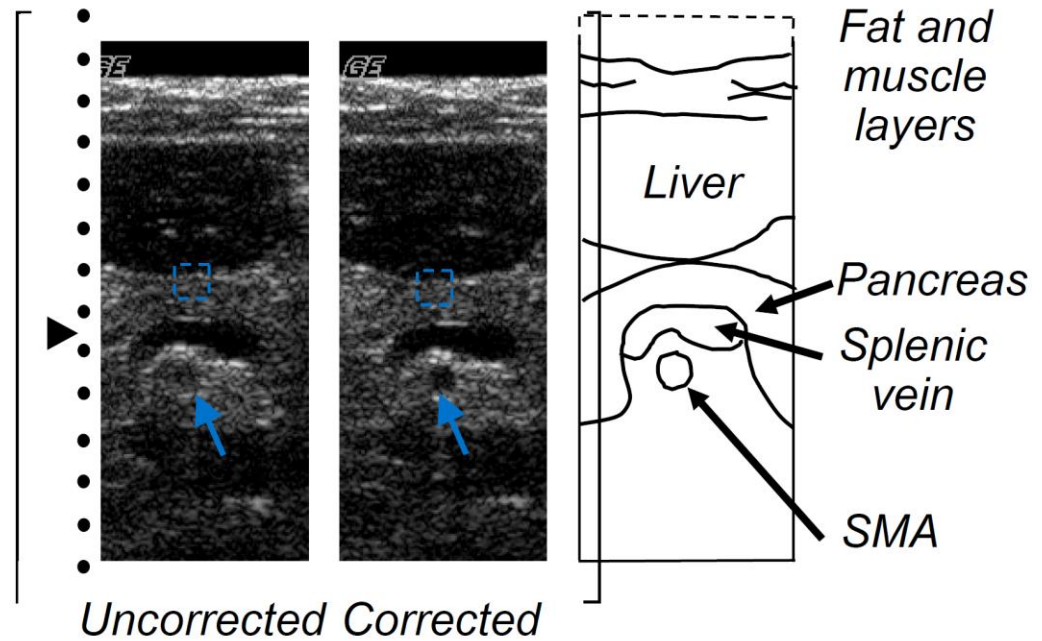
- Phase screen models
 - all aberrating sources near skin line
 - deaberration can occur via time shifting of the echoes
 - amount of shift determined by correlations.
- Distributed aberrators
 - aberrating sources away from skin (as well as near it). Interference among refracted beams occurs.
 - far more complex deaberration methods than time shifting is needed.
- Inverse filtering
 - Assume a common source to all echoes
 - Blind systems identification

Phase Aberration Correction Results



Uncorrected Corrected

Pancreas and Superior Mesenteric Artery



SMA 4.4 dB darker, pancreas 1.4 dB brighter

Remaining Beamformer Issues

- Expanding aperture receive beamforming
- Synthetic aperture beamforming
- Digital beamforming
 - Hilbert transformation
 - Fractional period delay filters
 - Sampling issues

[Problem Assignments]

- At the end of second lecture on Beamforming, there will be a problem assignment for you. Problems include programming tasks on Matlab or “mini-projects”.