



**The Abdus Salam
International Centre for Theoretical Physics**



2166-Handout

**College on Medical Physics. Digital Imaging Science and Technology to
Enhance Healthcare in the Developing Countries**

13 September - 1 October, 2010

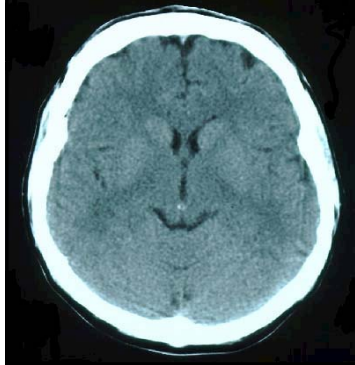
Basic Principles of CT scanners and image reconstruction

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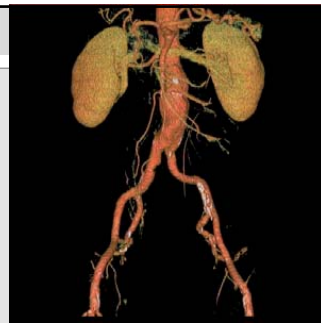
Basic principles of CT scanners and image reconstruction

CT scanning and imaging parameters



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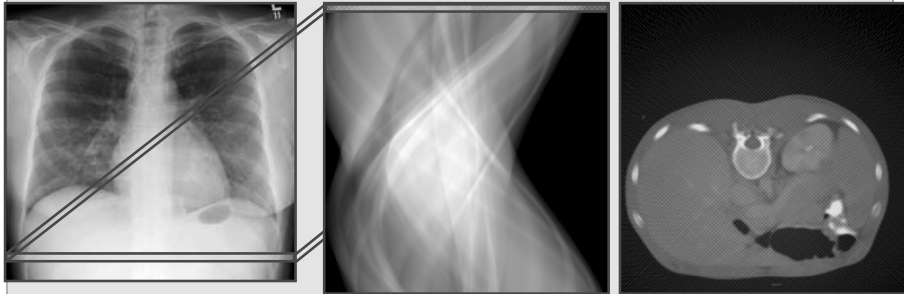
CT applications



ADVANTAGES:

A number of 2D views (projections) of an object are used to calculate its shape in the 3rd dimension – scan
Differentiate overlying structures

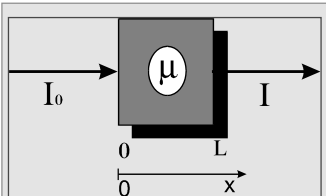
- Overlying structures do not decrease contrast
- Increased contrast
- Digital images with variable window settings



Planar x-ray

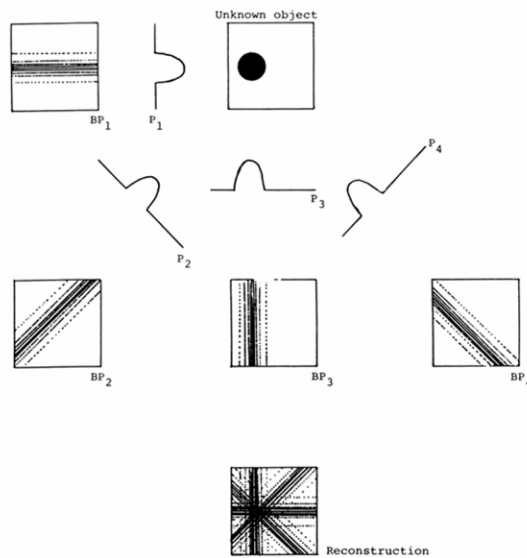
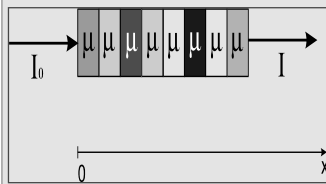
Sinogram

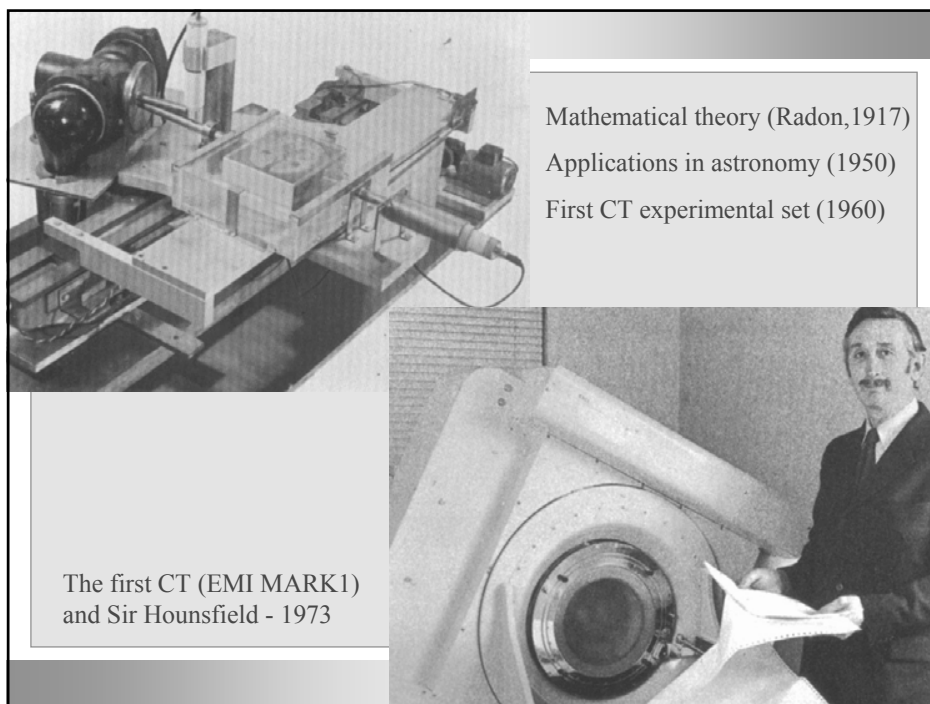
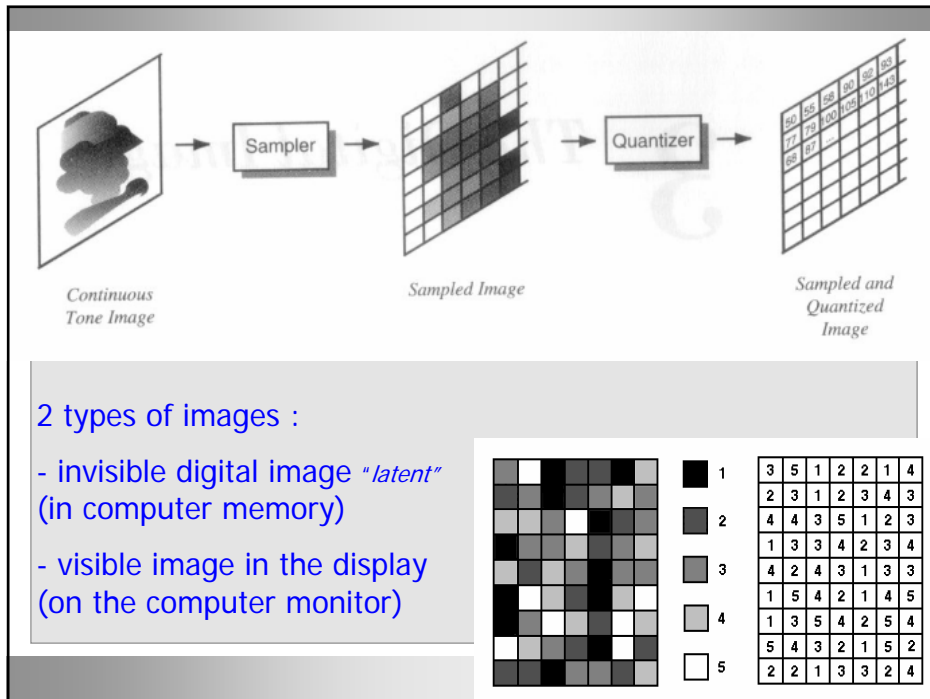
Reconstructed image

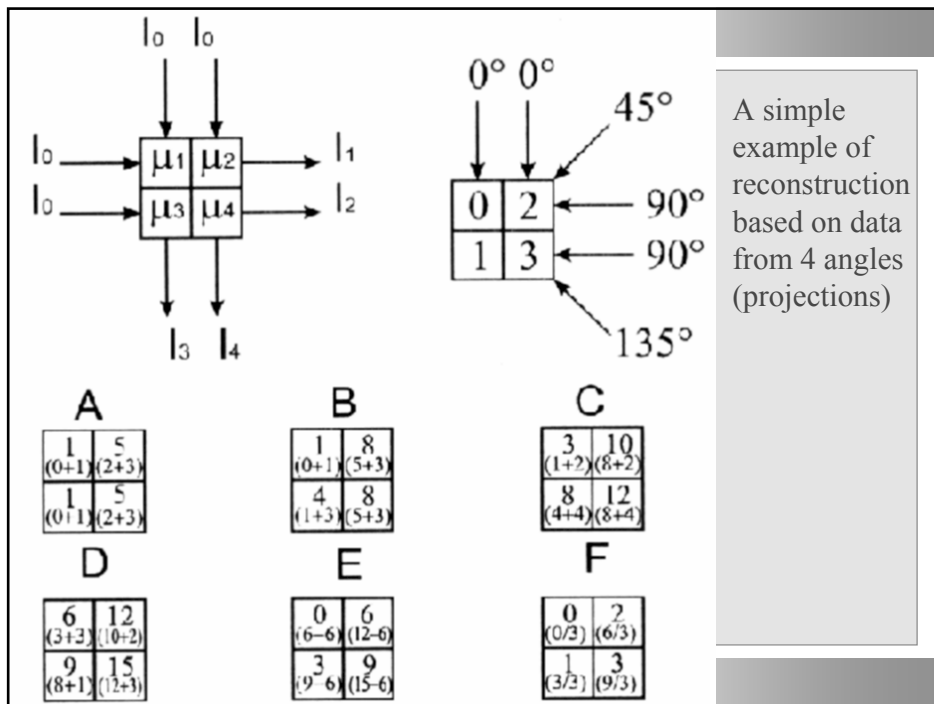
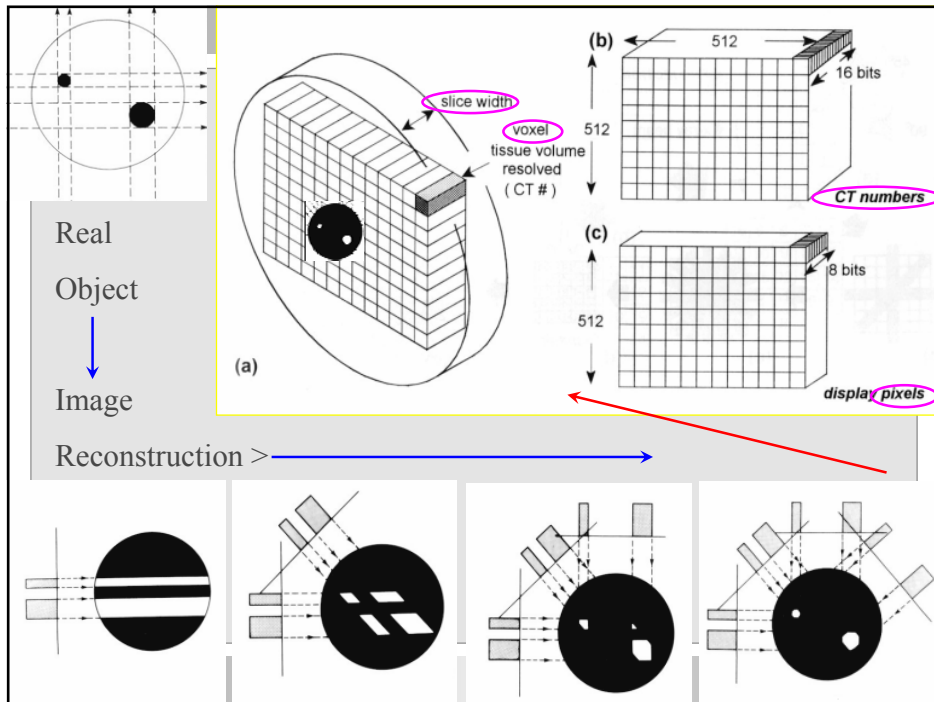


? How to visualise all parts of a “closed” 3D object ?

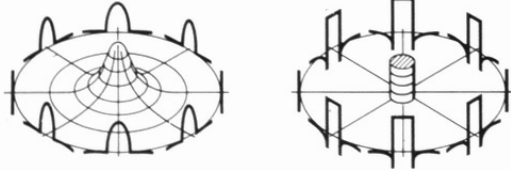
- voxel: elementary volume
- pixel: element of the image



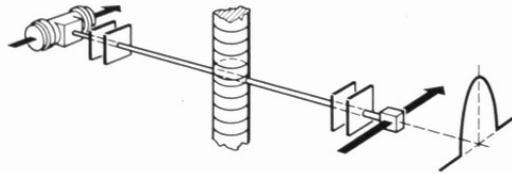




backprojection without convolution backprojection with convolution

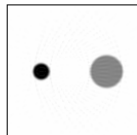


projection of a homogeneous cylinder

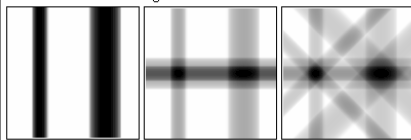


CT image is a product of complex calculation based on backprojection reconstruction algorithm.

The CT image is not a real "shade" like in classical Radiography, but a picture which represents with some probability (>95%) the similarity between the real object and its calculated CT image.



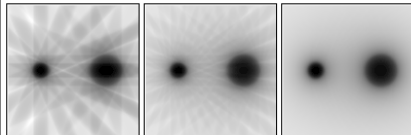
Original source distribution



1 Angle

2 Angles

4 Angles



8 Angles

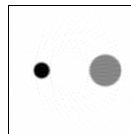
16 Angles

32 Angles

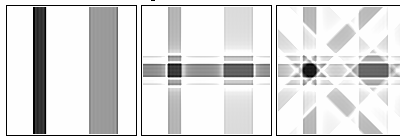
Note that the activity of both sources appears to be the same.

2. Filtered backprojection >>>

<<< 1. Simple (unfiltered) backprojection



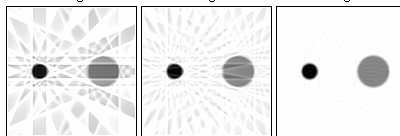
Original source distribution



1 Angle

2 Angles

4 Angles

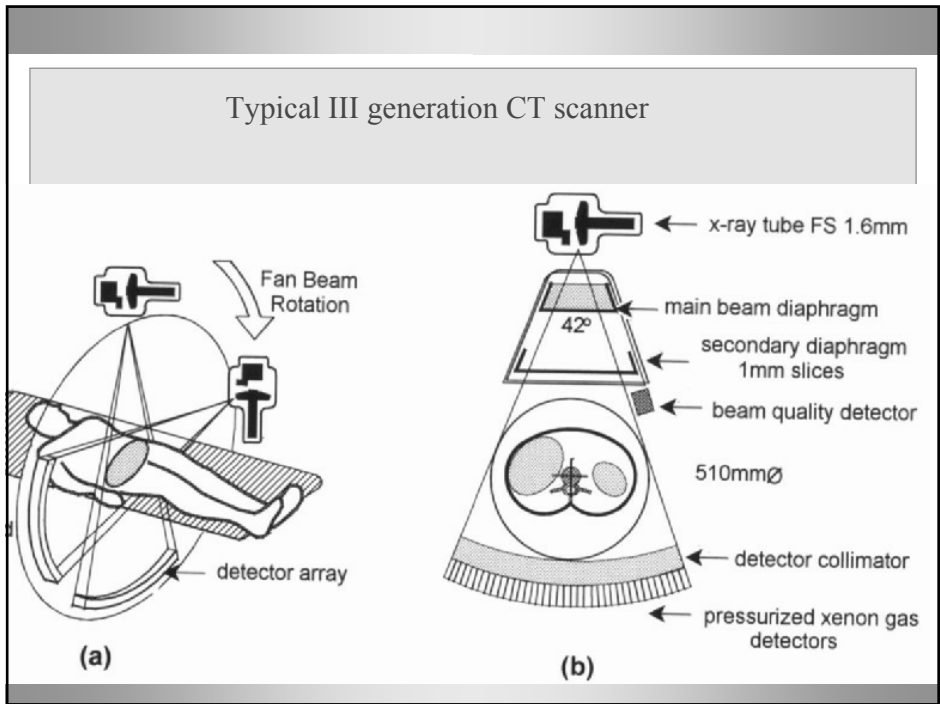
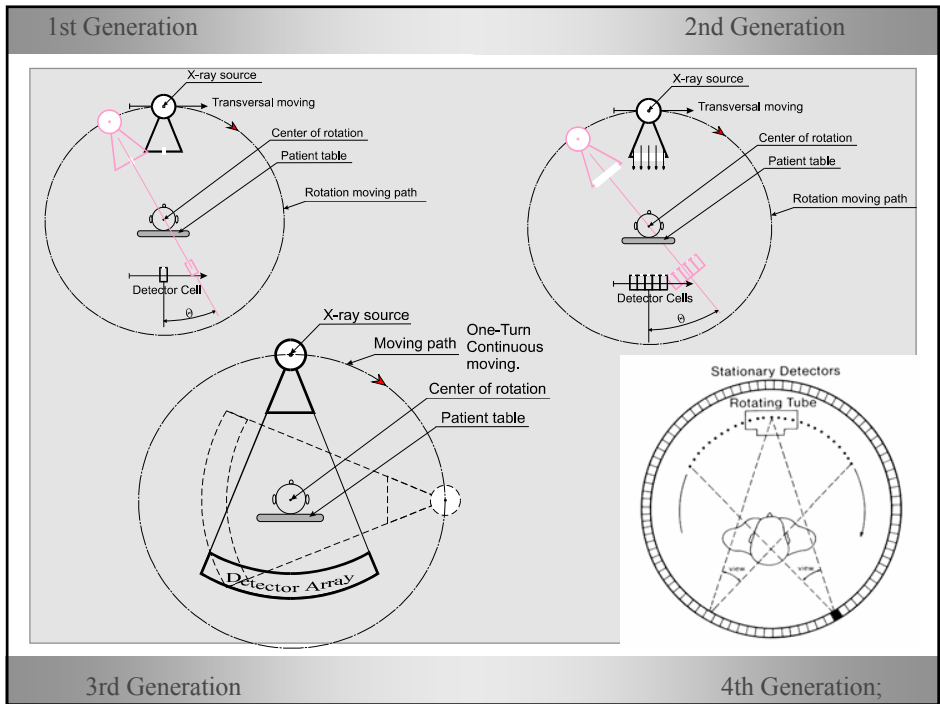


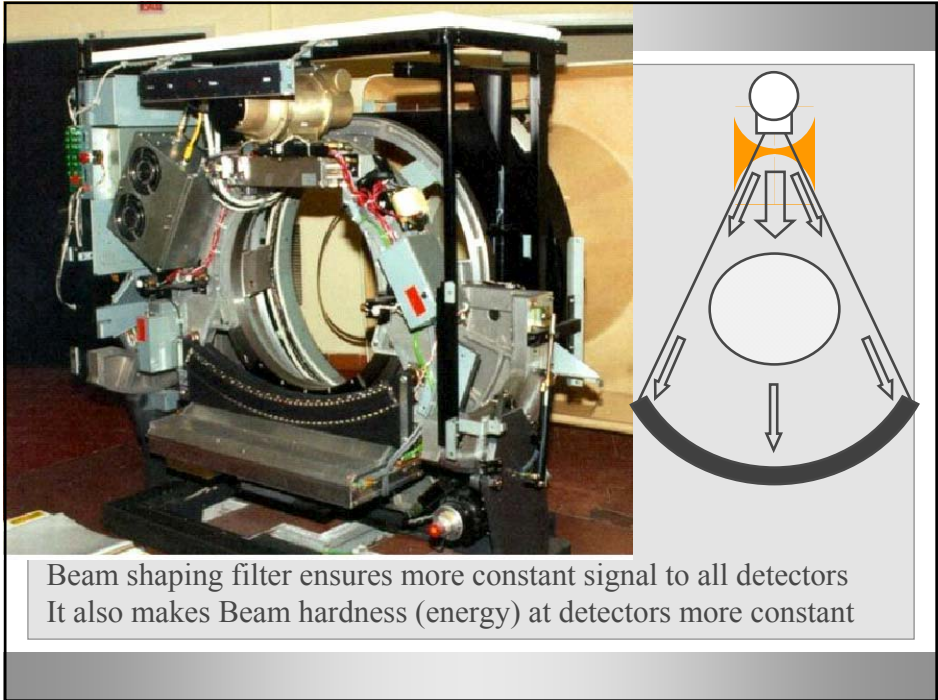
8 Angles

16 Angles

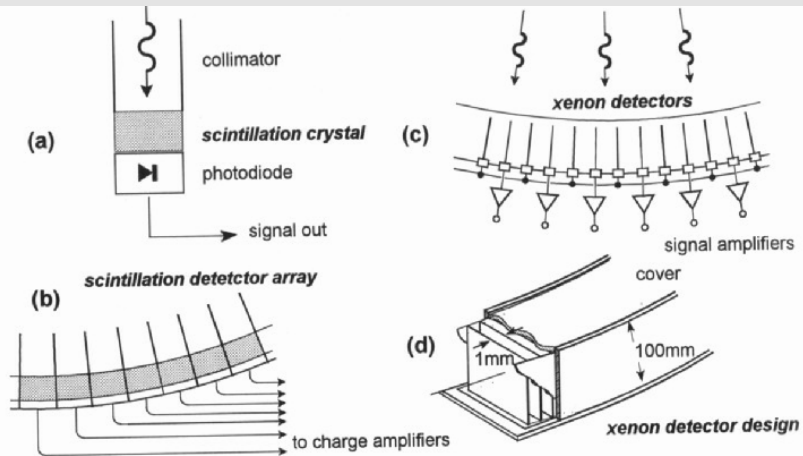
32 Angles

Note that the activity of both sources now have the same activity ratio as in the original image

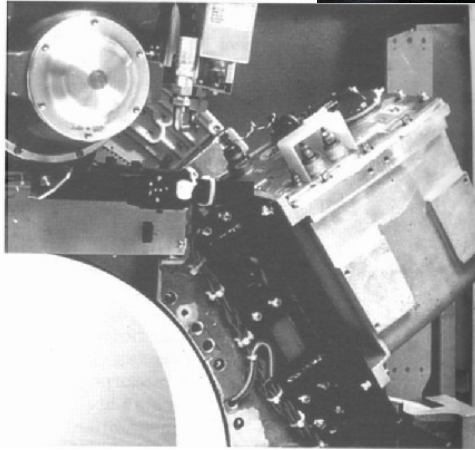
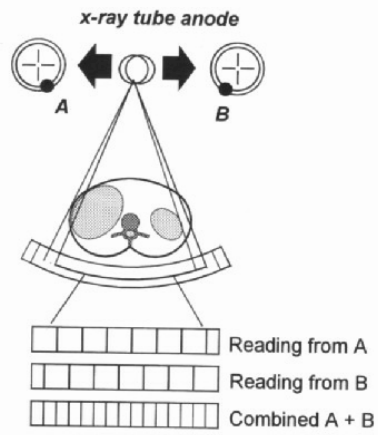
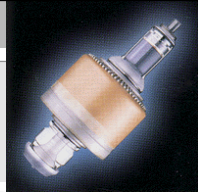




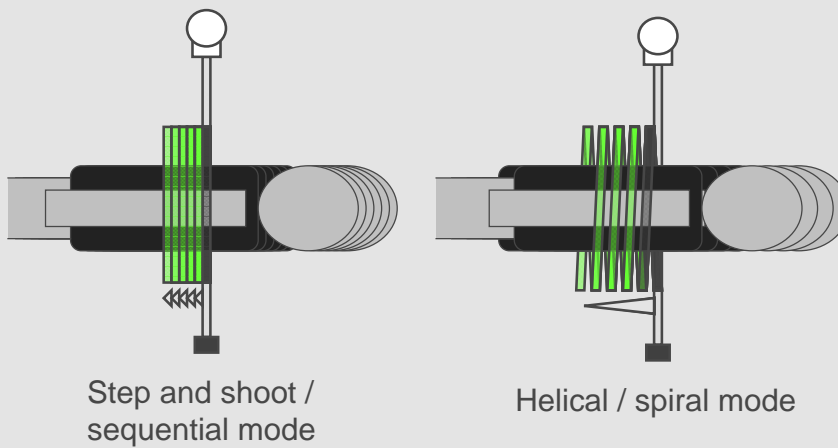
CT detectors development - solid state and gas (Xe) filled
Increased detector efficiency and new (III) generation scanners



Increase spatial resolution using powerful new X-ray tubes with flying focal spot technology



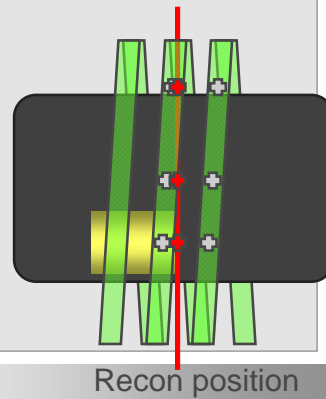
Helical CT - Data Collection



Helical Interpolation

- Interpolated helical scan data reduces artefacts due to changing structure in z-axis
- For any set reconstruction position, only one scan projection will be at that point
- Interpolation averages data either side of the reconstruction position to estimate projection data at that point

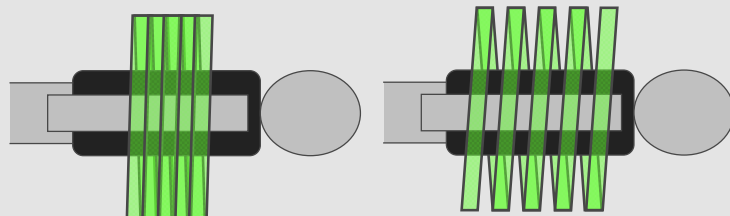
- ⊕ Measured data
- ⊕ Interpolated data



Helical Pitch

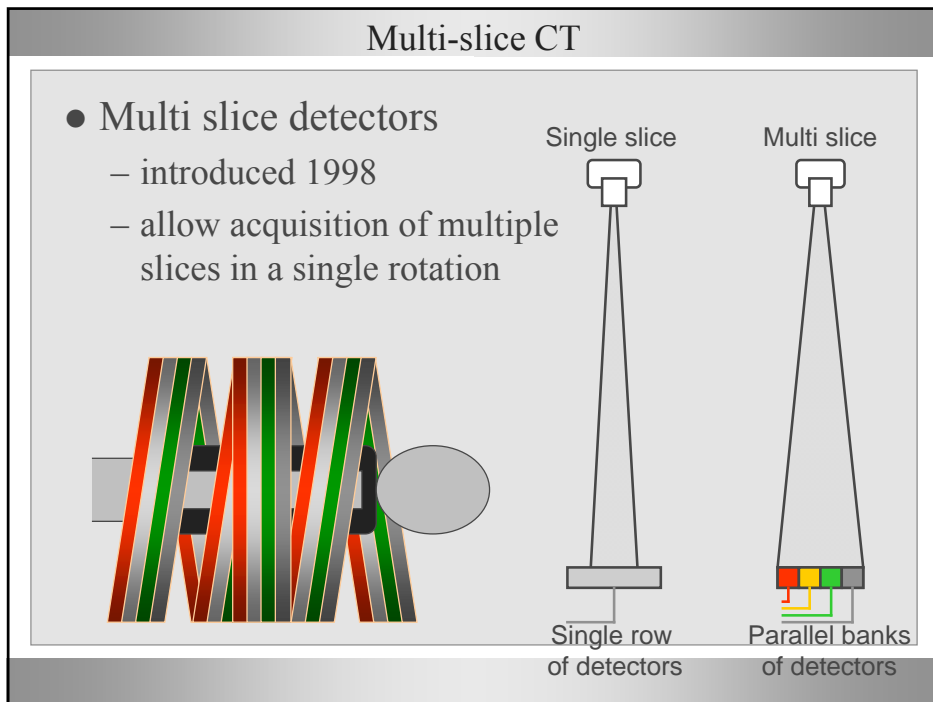
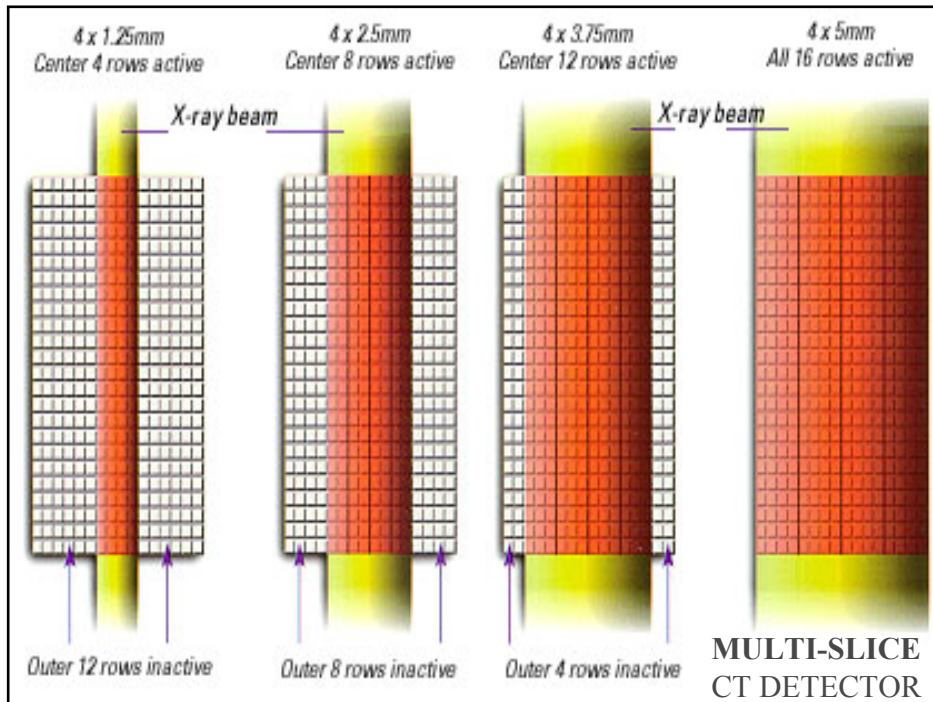
Speed of table movement through gantry defines spacing of helices

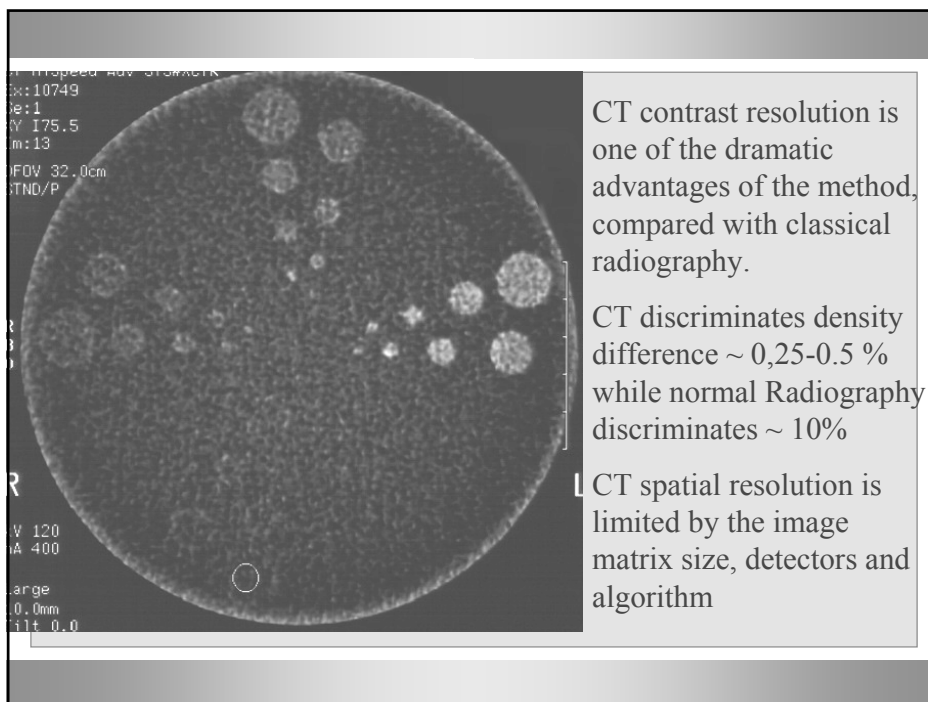
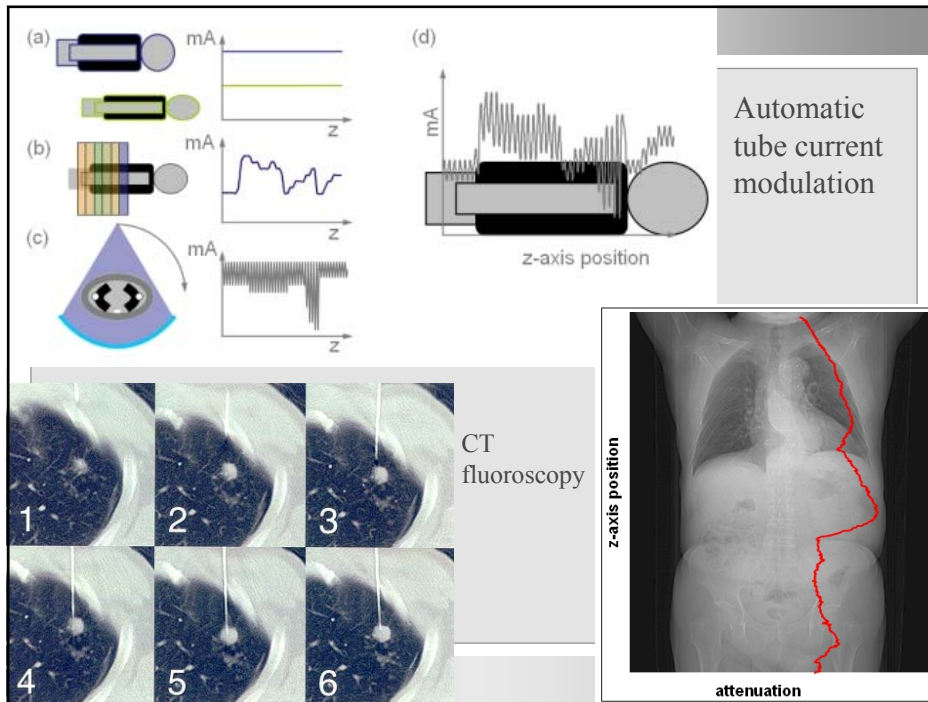
$$\text{Pitch} = \frac{\text{Table travel per rotation}}{\text{x-ray beam width}}$$

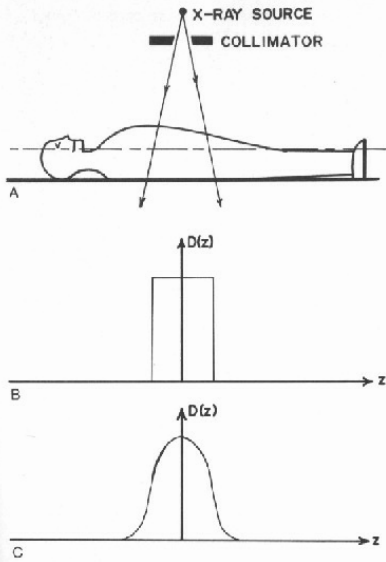


Travel = 10 mm/rot
Beam = 10 mm
Pitch = 1

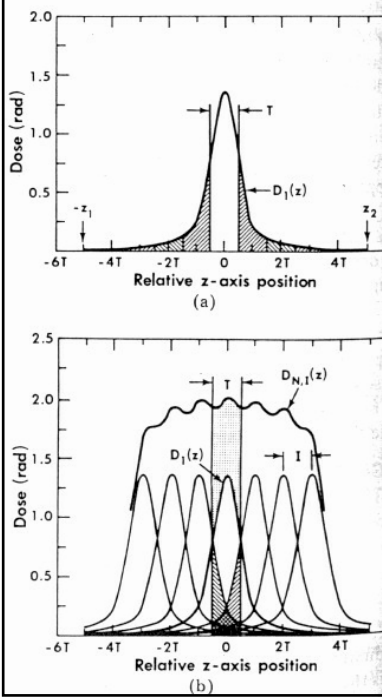
Travel = 20 mm/rot
Beam = 10 mm
Pitch = 2







The beam width is determined by the tube collimator. Ideally it would be with steep sides, in practice it is spread (bell shape dose distribution). When numerous contiguous slides are made, the spread overlap. This creates an overall dose increase



Computed Tomography

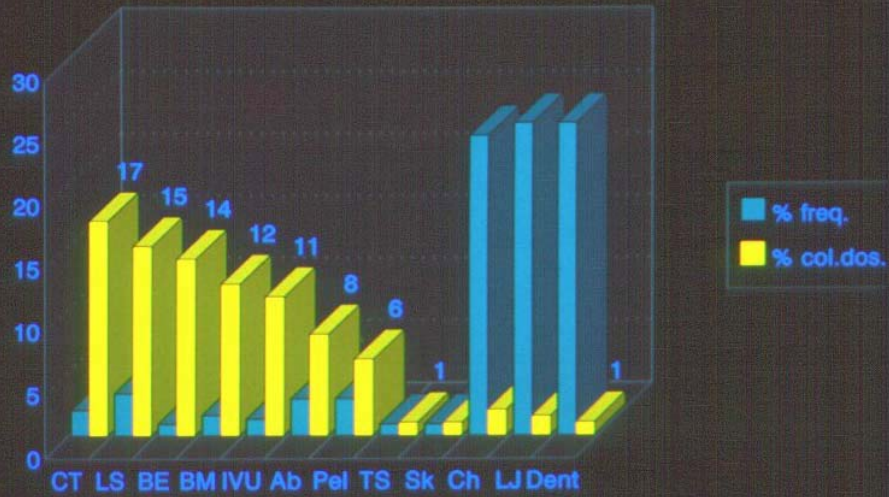
Dose Index - CTDI

Originally the integration is over 14T

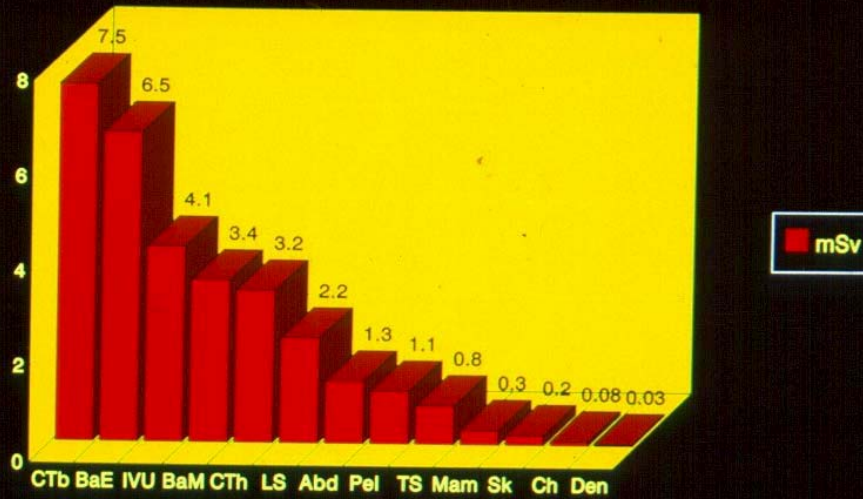
$$CTDI = \frac{1}{n \cdot T} \int_{z_1}^{z_2} D(z) dz \quad \text{mGy}$$

- z_1, z_2 = the limits of integration
- $D(z)$ = the single slice dose profile
- T = the nominal slice thickness in cm
- n = the number of slices irradiated simult

CONTRIBUTION TO THE U.K. COLLECTIVE EFF.DOSE EQUIVALENT FROM ALL MEDICAL AND DENTAL EXAMINATIONS (%)



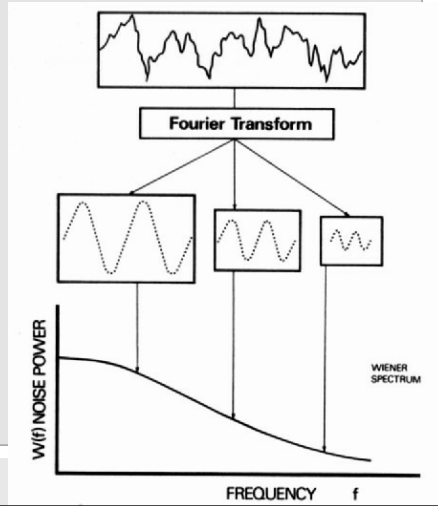
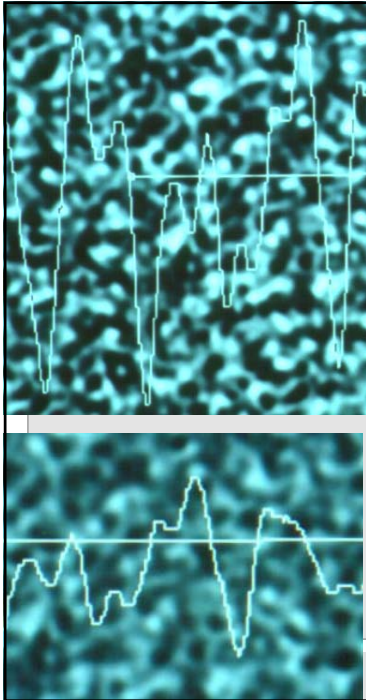
TYPICAL PATIENT DOSES RECEIVED DURING VARIOUS EXAMINATIONS



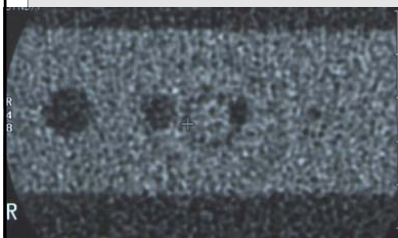
(NRPB)

CT Image - Noise

- Enlarged image of water phantom (high and low noise level)
- Wiener noise spectrum calculation

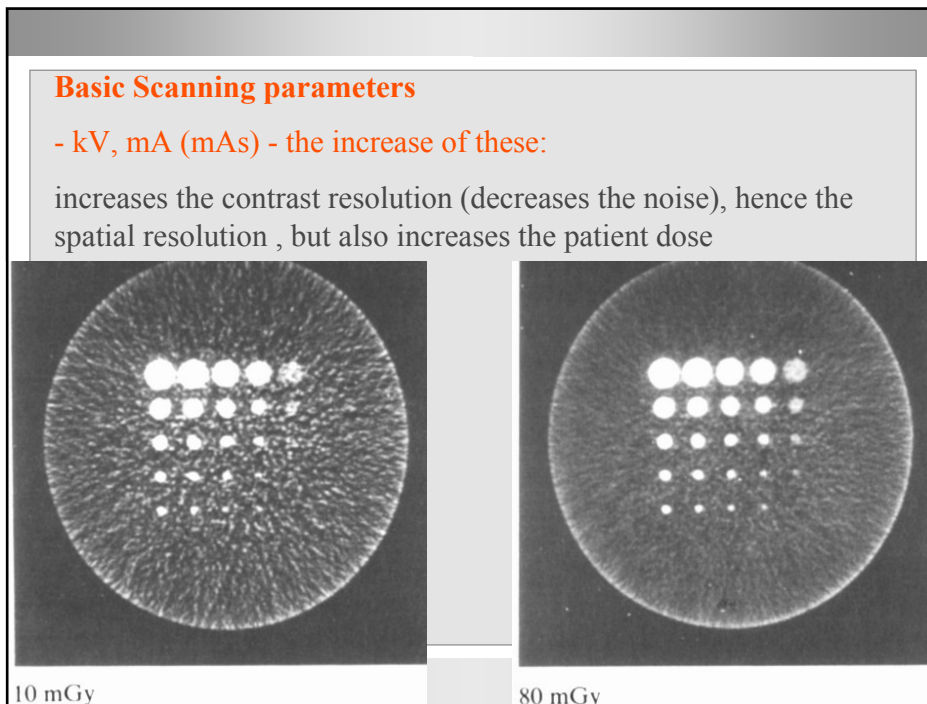
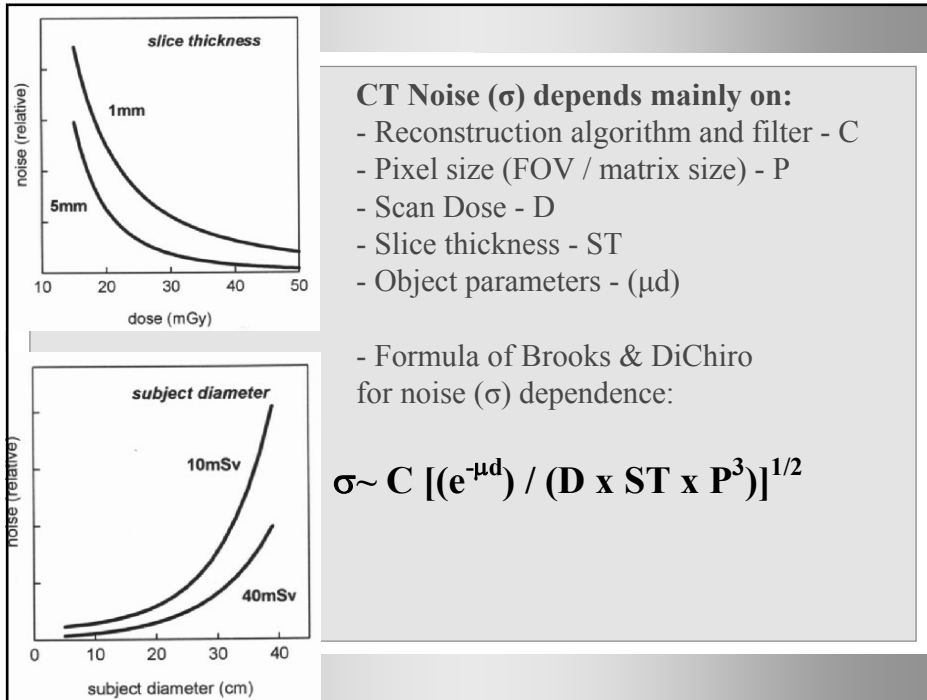


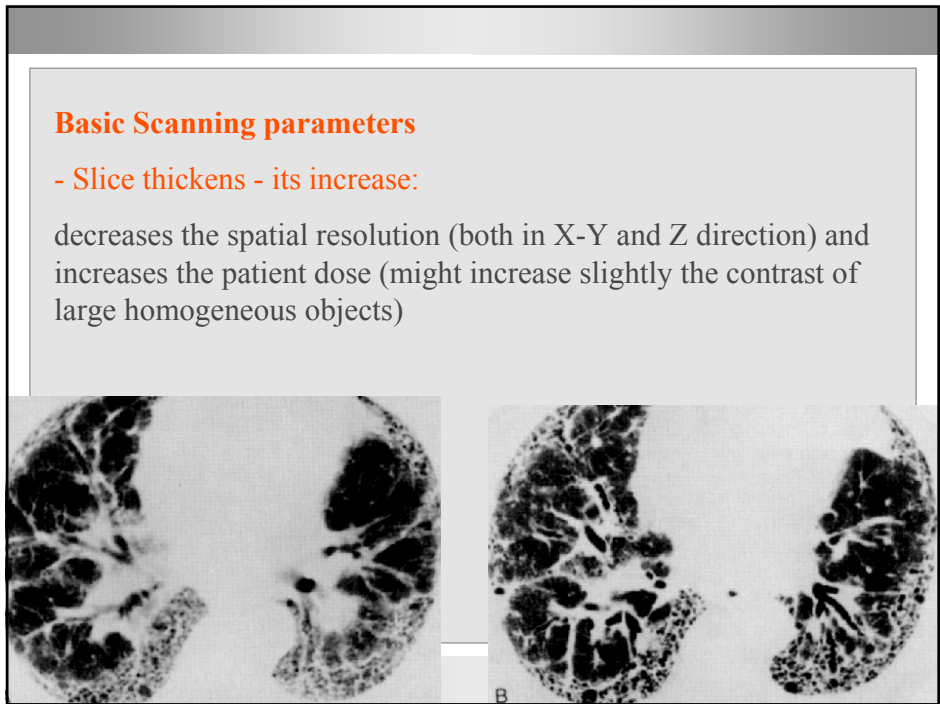
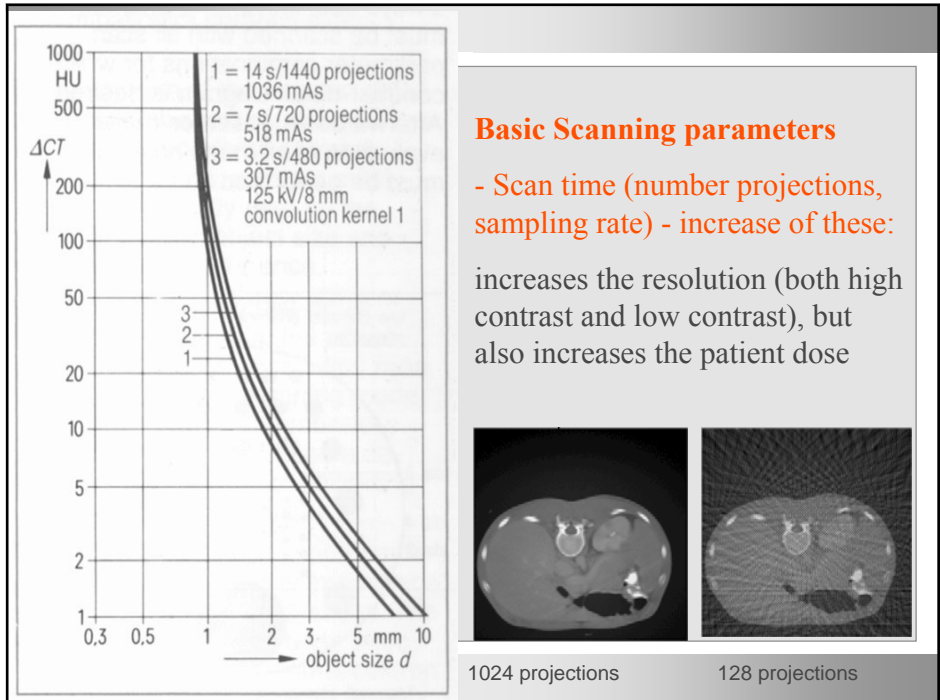
- CT noise as standard deviation of mean CT values (HU) varies most often between 1 and 10 HU
- Main limitation of contrast resol.
- Min. contrast > noise level (HU)

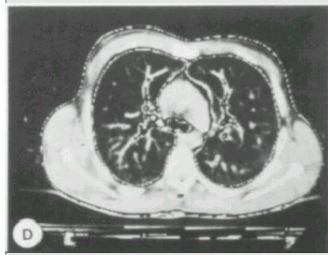
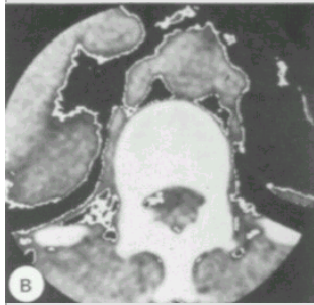


- Standard deviation (noise):

$$\sigma = [\sum (CT_i - CT_{\text{mean}})^2 / (n-1)]^{1/2}$$







Basic Scanning parameters

Field of View (FOV)

Also Basic Imaging parameter.

FOV/matrix size = pixel size

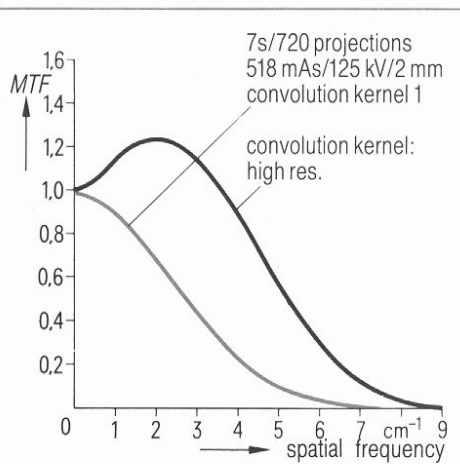
Its increase leads to increase of pixel size, hence decrease of spatial resolution.

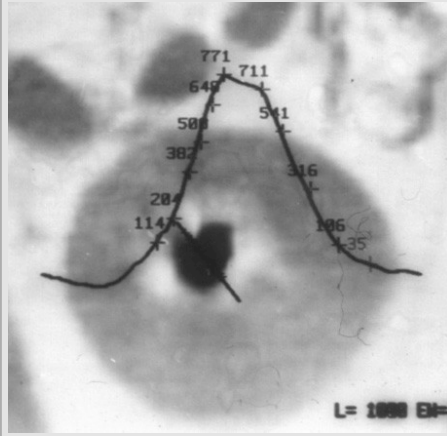
Basic Imaging parameters

Reconstruction algorithm

also Basic Scanning parameter

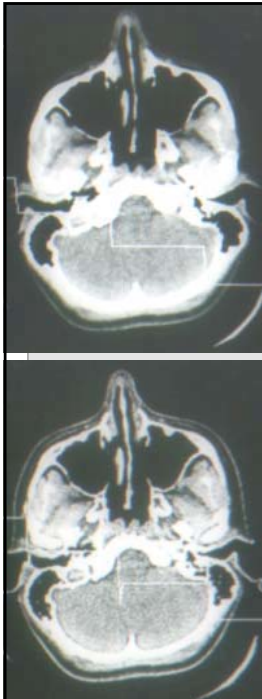
The HF algorithm increase high spatial resolution, but also increases the noise, hence decreases the contrast resolution (all algorithms are different for Head and Body)





All scanning and imaging parameters (but mainly the algorithm) influence the image contour spread.

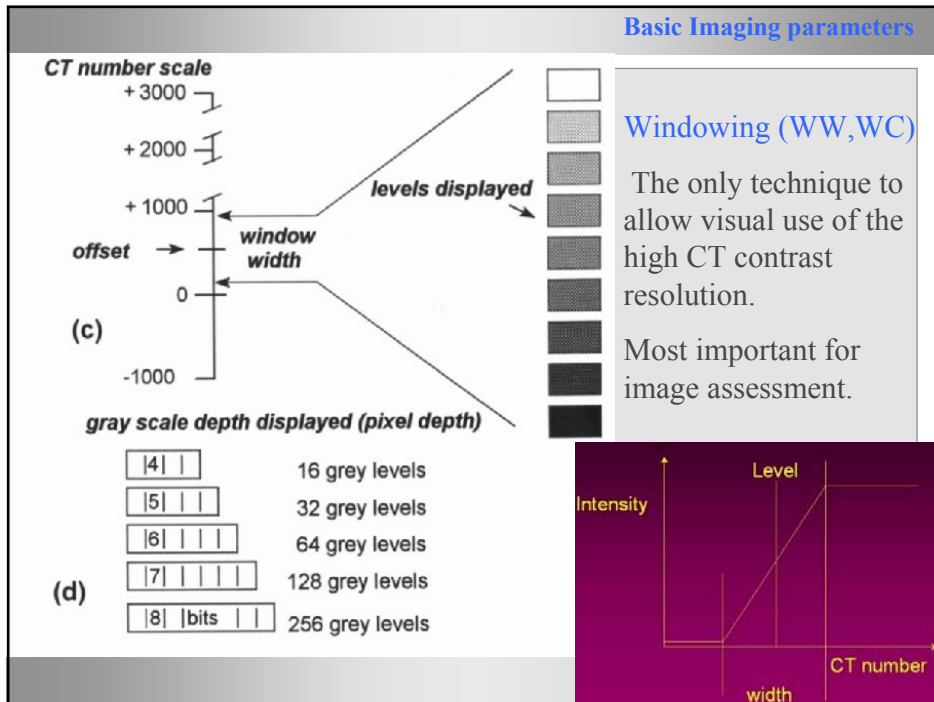
This spread is one of the main reasons for un-precise densitometry of small objects.

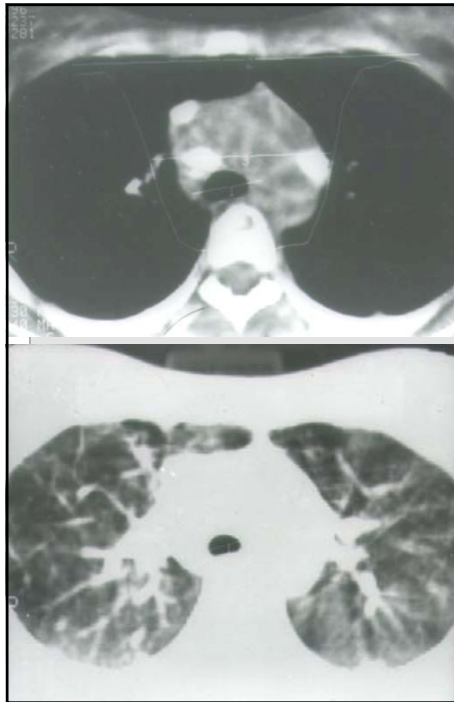


Basic Imaging parameters

Image filter

The hard filter (HF) filter increase high spatial resolution, but also increases the noise, hence decreases the contrast resolution. The filter is often mistaken with the algorithm, although they lead to similar effects, the filter is applied after the algorithm. The filter can be changed for any image. Soft filtration (LF) increases contrast resolution.



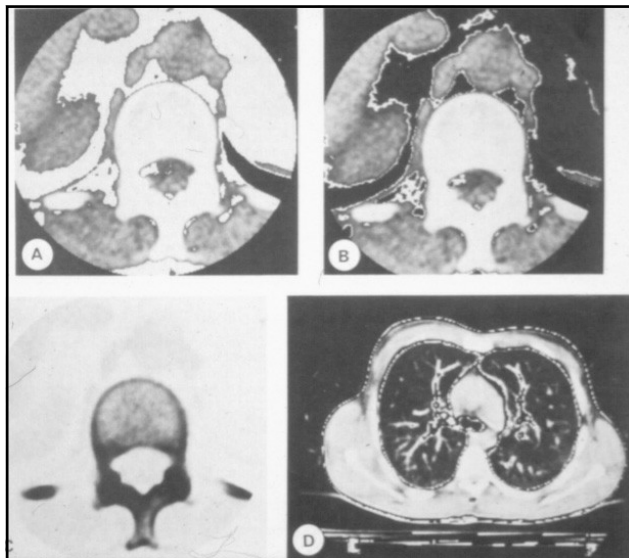


WC changes not only the visualised tissue range, but also the size of the displayed objects.

WW and WC should be adjusted for each object (tissue).

Setting WW, WC

1. Measure the object density (HU)
2. Set the WC at this HU value
3. Start with narrow WW, enlarging it until best display of the object and its surroundings.



WW, WC, and all image processing changes dramatically the visualisation.

These should be recorded to assure repeatability of results

The calculated pixel values in the memory are not influenced by WW and WC. This is not true for some image processing

$$CT_{\text{number}} = 1000 \cdot (\mu_{\text{tissue}} - \mu_{\text{water}}) / \mu_{\text{water}}$$

CT number (CT#, HU)

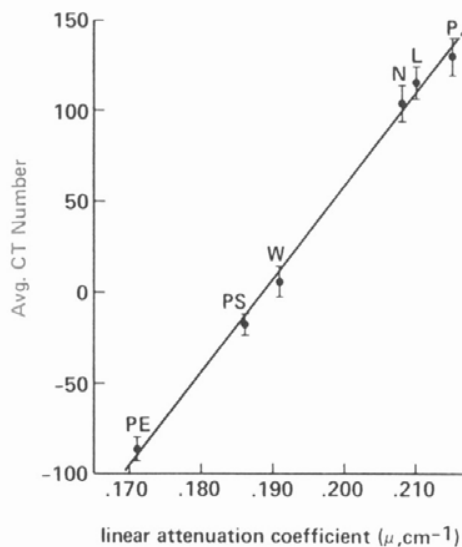
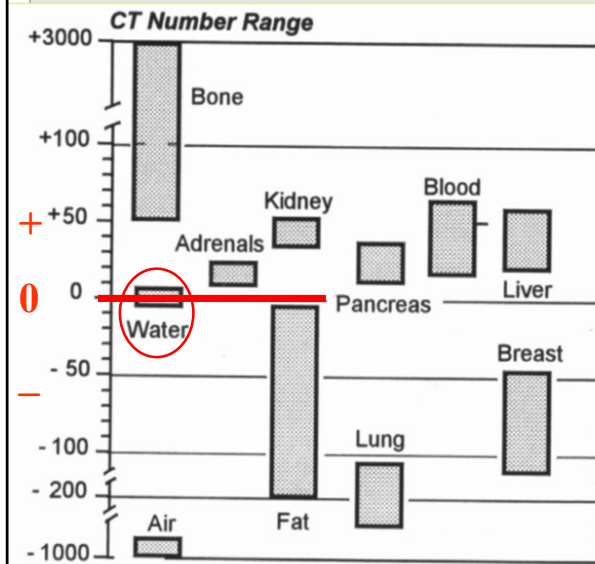
$$CT_{\text{number}} = 1000 \cdot (\mu_{\text{tissue}} - \mu_{\text{water}}) / \mu_{\text{water}}$$

CT number represents the Lin. Attn. Coef. μ of an object, related to μ_{water} (CT water=0)

This way objects with $\mu_{\text{object}} > \mu_{\text{water}}$ will have **+CT number**

and objects with $\mu_{\text{object}} < \mu_{\text{water}}$ will have **-CT number**

Body organs on CT image differ not only with their image, but also with their CT # (CT densitometry)



Precise adjustment of the CT Densitometry is performed during the CT calibration (usually made by the CT engineer).

Additional adjustments are made automatically every day (or before each scanning period)

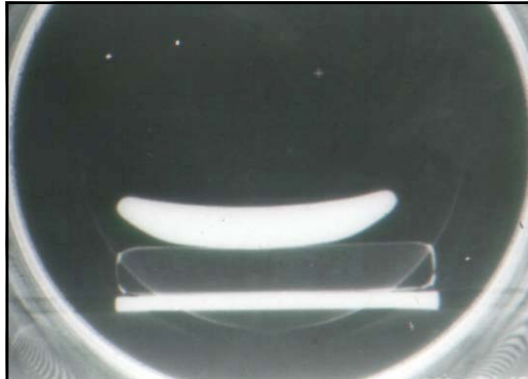
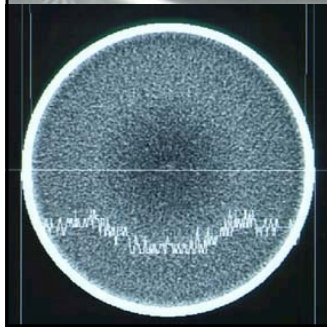


Image Artefacts

Beam hardening artefact exists in all CT scans (with different intensity)



Correction of beam hardening (metal artefact) with interpolation of the attenuation profile (from Felsenberg)

