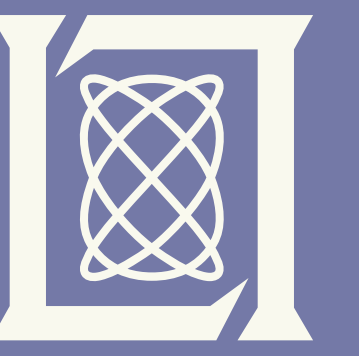


Transcranial Ultrasound Tomography for Imaging Traumatic Brain Injury

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Motivation

- CT and MRI are effective for TBI detection, but SWaP requirements are impractical
- Medical ultrasound (US) has ideal SWaP, but struggles with transcranial imaging
- Ultrasound tomography (UST) addresses typical US limitations through:
 - < 1 MHz signals for reduced attenuation
 - Transmission mode to bypass reflections
 - Whole-head image coverage
- Goal: Develop a UST-based imaging system for whole-head TBI imaging at point of injury

Methods

Imaging Setup

- In this work, UST data were collected on a Delphinus SoftVue clinical scanner [1] featuring:
- 1024 element ring array transducer
 - Operational bandwidth: 200 kHz to 5 MHz
 - Synthetic aperture acquisition



Figure 1. A) The SoftVue clinical UST imaging system. B) Overview of the UST synthetic aperture data acquisition. The system transmits on one element at a time and receives on all 1024 elements before advancing to the next transmit element.

Sample Preparation

- Cadaveric human head opened to provide access to the brain for UST studies [2]
 - Brain imaged with and without intact, degassed calvarium
- Repeat imaging performed after insertion of 40-cc hemorrhage-mimicking water inclusion
 - Sound speed (SS) contrast (~80 m/s) mimics hemorrhage vs. healthy brain tissue
- CT imaging (Philips Ingenuity 128) acquired of each sample as a ground truth assessment

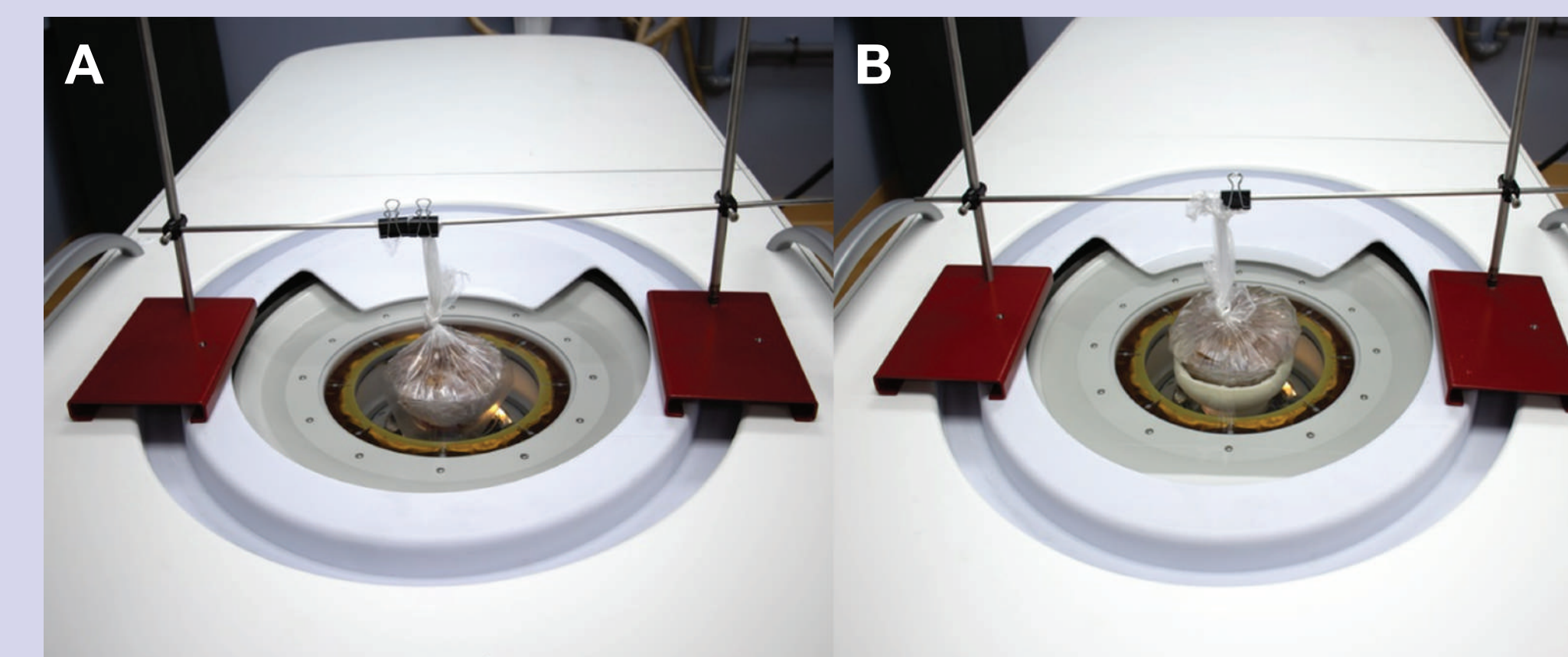


Figure 2. Experimental setup on the SoftVue UST scanner. The brain sample is suspended from above while the ring transducer translates vertically to generate a full 3D volume. A) Standalone brain inside the scanner. B) Brain inside the removed calvarium, providing a realistic imaging environment.

Image Reconstruction

- Quantitative SS reconstruction with frequency-domain full-waveform inversion (FWI) was performed using a homogeneous initial model [3].
- Iterative nonlinear least-squares optimization minimizes mismatch between measured US data and forward model
 - SS updates back-projection of residuals
 - Frequency progression avoids cycle-skipping while improving resolution
 - 200 kHz to 1 MHz (standalone brain)
 - 200 to 800 kHz (transcranial imaging)

Results

Standalone Brain Imaging

- Healthy and irregular anatomy clearly visualized in both FWI SS maps and reflection images
- Measured SS values:
 - 1605 ± 1.5 m/s (healthy brain)
 - 1515 ± 2.3 m/s (inclusion)
 - 0.75 mm spatial resolution

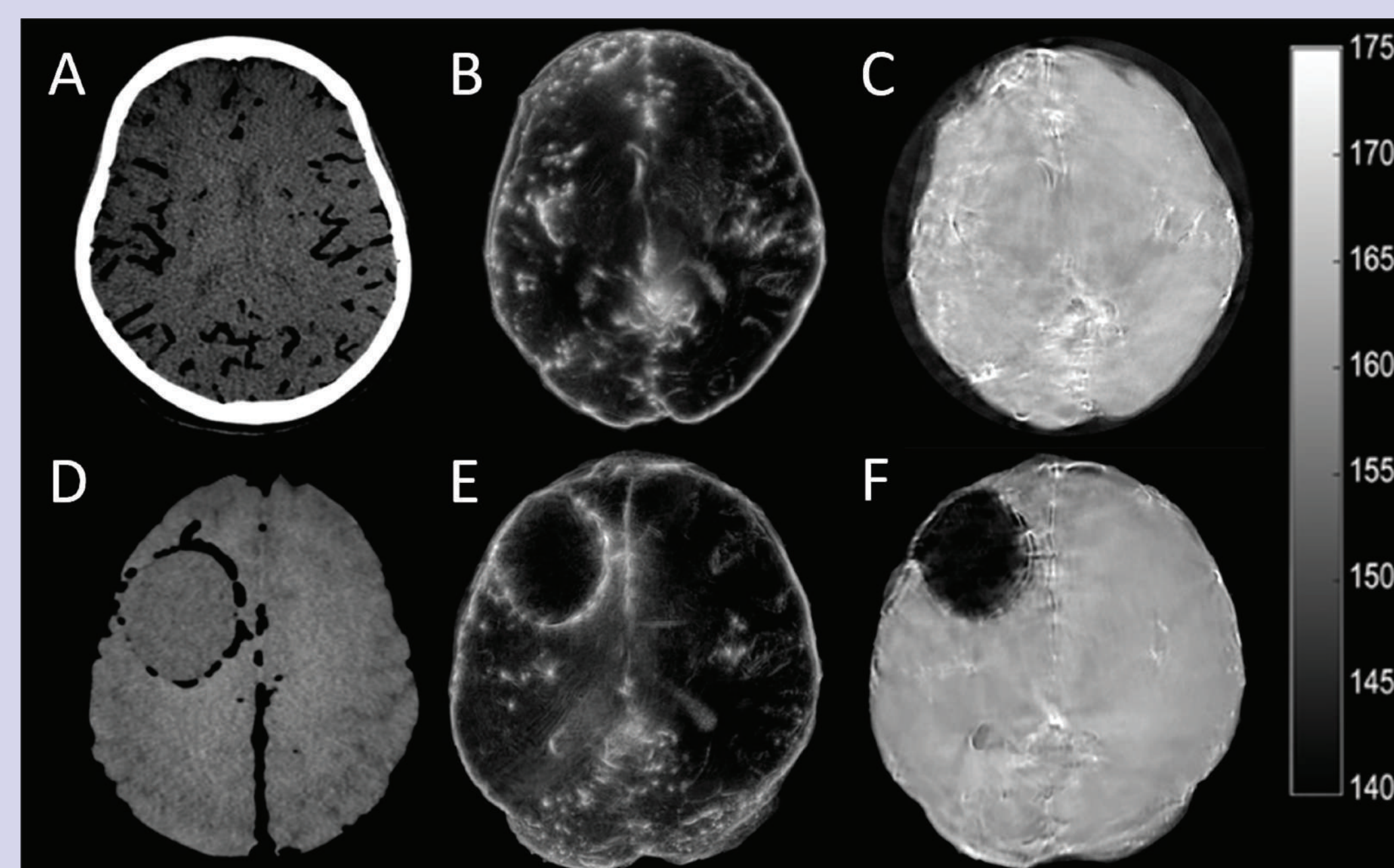


Figure 3. Results from standalone brain imaging. A) CT image of intact head. B) Reflection and C) sound speed images of healthy cadaveric brain. D) CT image of brain with 40-cc hemorrhage-mimicking inclusion. E) Reflection and F) sound speed images of the brain with the 40-cc inclusion.

Transcranial Imaging

- Healthy brain tissue clearly distinguishable from surrounding skull in SS images
 - Skull shape, thickness matches CT
 - Hemorrhage-mimicking inclusion easily visualized through skull
 - Presence and location of hemorrhage validated by three independent radiologists
- Measured SS values:
 - 1584 ± 4.3 m/s (healthy brain)
 - 1532 ± 1.0 m/s (inclusion)
 - 1 mm spatial resolution

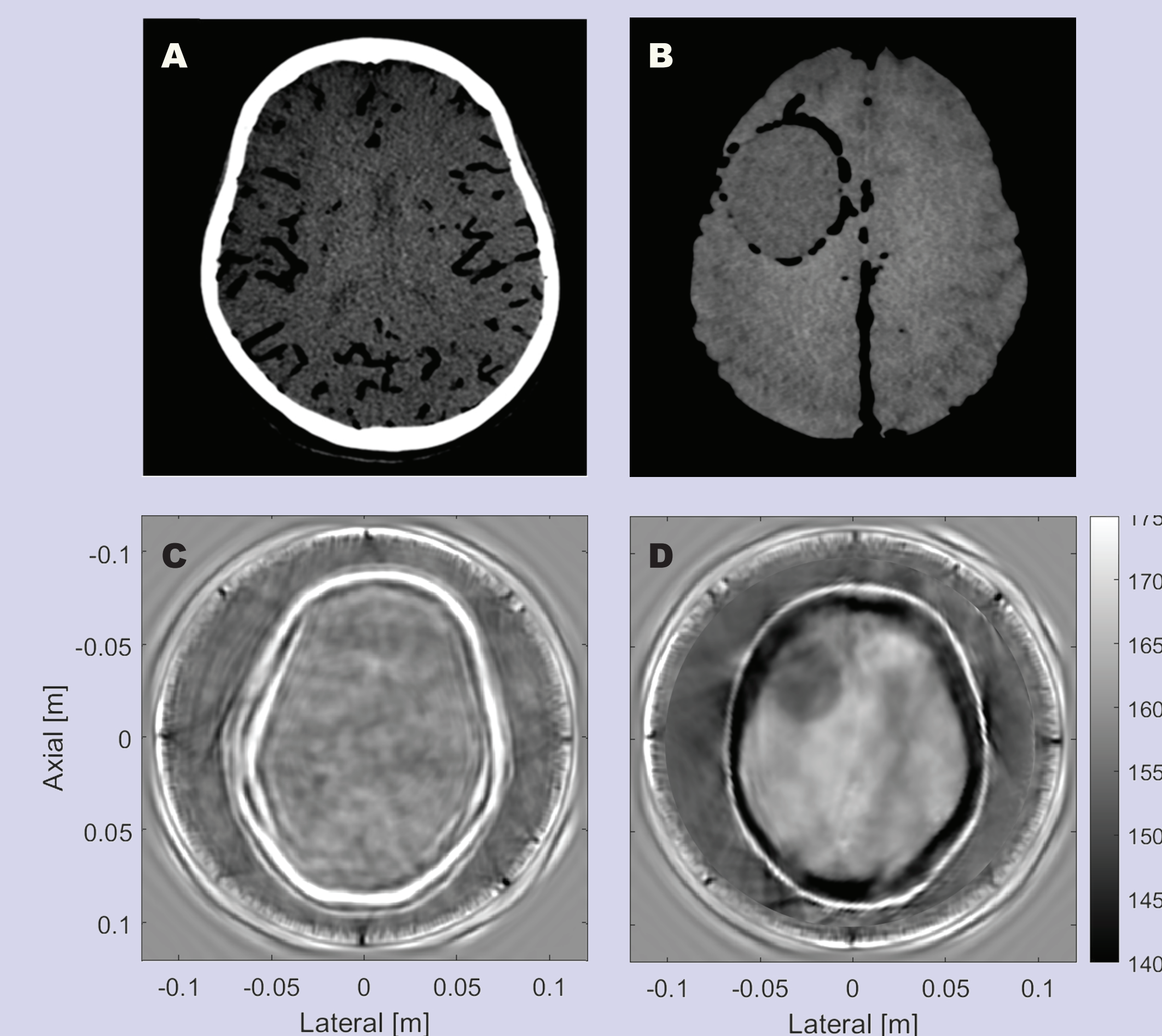


Figure 4. Results from transcranial brain imaging. A) CT image of intact head. B) CT image of brain with 40-cc inclusion. C) UST image of intact cadaveric head showing skull and soft tissue contrast. D) UST image of the brain with inclusion within the degassed skull, clearly showing the hemorrhage-mimicking inclusion.

Conclusions

- Healthy anatomy differentiated from irregular pathology when imaging through intact skull
- First-ever UST image of hemorrhage through human skull
- Demonstrates feasibility of UST for whole-head point-of-injury TBI detection
 - 40 cc hemorrhage detected (comparable to 30-cc evacuation threshold)
- Future Work
 - Improve image quality through reconstruction and hardware optimization
 - Develop portable form factor suitable for field deployment in austere environments
 - Evaluate multiple hemorrhage sizes and locations