ANALYSIS OF CONTRAST-ENHANCED ULTRASOUND USING FLUID DYNAMIC

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ABSTRACT

Recent developments in contrast-enhanced ultrasound (CEUS), associated with image processing techniques allow analysing blood perfusion of various organs. A new kinetic analysis is proposed in order to quantify the velocity amplitude of the bolus arrival using a fluid dynamic model. The efficiency of proposed methodology is evaluated *in-vivo*, for the classification of placental insufficiency (control versus ligature) of pregnant rats from DCEUS.

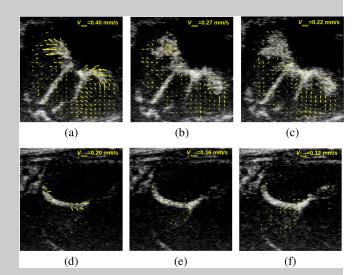
1. INTRODUCTION

Contrast-enhanced ultrasound (CEUS) is a non-invasive imaging technique extensively used for blood perfusion imaging of various organs [1]. This modality is based on the acoustic detection of gasfilled microbubble contrast agents used as intravascular flow tracers. Recent efforts aim at quantifying parameters related to the enhancement in the vascular compartment using time-intensity curve (TIC), and at using these latter as indicators for several pathological conditions [2]. However, this quantification is mainly hampered by two reasons: first, the quantification intrinsically solely relies on temporal intensity variation, the explicit spatial transport of the contrast agent being left out. Second, the exact relationship between the acquired US-signal and the local microbubble concentration is hardly accessible. In this study, we introduce the use of a fluid dynamic model for the analysis of dynamic CEUS (DCEUS) [3], in order to circumvent the two above-mentioned limitations. A new kinetic analysis is proposed in order to quantify the velocity amplitude of the bolus arrival.

2. RESULTS

Fig. 1 reports typical microbubble transport fields obtained from two dynamic contrast-enhanced experiments (one clip was selected in the control and one in the ligature population, respectively). The estimated microbubble transports are visually larger for the control population (Fig. 1a-c) as compared to the ligature population (Figs. 1d-f). The spatio-temporally averaged microbubble transport amplitude was significantly higher (p-value= 1.1×10^{-3} , AUROC=0.93) in the control group (9 rats) than in the ligature group (11 rats) .

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Fig. 1. Example of microbubble transport estimates from the DCEUS of two rats using the proposed approach. The first and the second rows display results associated to a control and a ligature rats, respectively. The 1^{st} , 2^{nd} and 3^{rd} columns display DCEUS images acquired 10 s, 15 s and 20 s after microbubble arrival, respectively.

3. CONCLUSION

This study introduces the use of a fluid dynamic model for the analysis of DCEUS. The proposed classification criterion, estimated from DCEUS echography, was demonstrated to be a good binary classification criterion for ligature/non-ligature rat placentas. Our methodology opens great perspectives for the evaluation of the proposed technique for the clinical diagnostic of obstetrical disorders.

4. REFERENCES

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