Imaging the body using impedance measurements

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Outline

- Electrical Impedance Tomography
- Lung imaging with EIT
- Reconstruction of images
 - Data artefacts
 - Movement compensation
 - Total Variation
 - GREIT
- EIDORS

EIT: Block Diagram



Electrode placement to monitor the lungs and heart



Adult



Preterm infant

Application: Breathing



Chest images of tidal breathing in normal

Application: Heart Beat



EIT signal in ROI around heart and ECG

Applications: Brain

Applications

• Hemorrhage





Newborn with EIT electrode cap on head

Geophysics





60mm diameter pipeline electrode system

Industrial Flow



Industrial Applications

Process Tomography

- Fluid/gas flow in pipes
- Metal Castings Ladle



Why image lungs? Respiratory Failure

Inadequate gas exchange by the respiratory system. Hypoxemia PaO2 < 60 mmHg or Hyercapnia PaCO2 > 45 mmHg

Causes

- Pulmonary dysfunction
 - Asthma , Emphysema , Chronic obstructive airway disease, Pneumonia , Pneumothorax, Hemothorax, Acute Respiratory Distress Syndrome (ARDS), Cystic Fibrosis
- Cardiac dysfunction
 - Pulmonary edema, Arrhythmia, Congestive heart failure, Valve pathology

Treatment

- Emergency treatment: cardiopulmonary resuscitation.
- Treatment of the underlying cause is required.
- Mechanical ventilation may be required.

Mechanical Ventilation

used in acute settings (ICU). Often a life-saving technique, but has many complications

- pneumothorax,
- airway injury,
- alveolar damage,

Accordingly it is generally weaned off or to minimal settings as soon as possible.

Ref: Wikipedia.org



Ref: healthlibrary.epnet.com/ © 2009 Nucleus Medical Art, Inc.

Why image lungs? eg. Pneumonia



A: Normal chest x-ray B: Abnormal chest x-ray

shadowing from pneumonia in the right lung



Ref: Wikipedia.org

Acute Respiratory Distress Syndrome (ARDS)



Chest X-ray of pediatric patient

Wolf GK, Arnold JH in: Yearbook of Intensive Care and Emergency Medicine. Springer, 2005

Acute Respiratory Distress Syndrome (ARDS)



Chest CT of pediatric patient

Wolf GK, Arnold JH in: Yearbook of Intensive Care and Emergency Medicine. Springer, 2005



Regional ventilation

Images from Frerichs *et al* (2003) *Intensive Care Med.*.





0

20

60 time (s) 80

100

120

40

EIT vs CT in ARDS

Data from pig study of EIT and CT Victorino JA et al (2004), *Am J Respir Crit Care Med*

Show video

Recruitment of lungs (Wolf, Arnold) Patient 1 – $PaO_2 + PaCO_2$

Pressure-Volume Curve Determination Phase A – Baseline Ventilation 10 minutes Phase B - Open Lung Approach 10 minutes Phase C – Maximal Recruitment Phase D – PEEP Titration Phase E - Followup ≤25 minutes ~20 minutes 1 hour 60 ONLY IF PaO2 + PaCO2 < 400 mm Hg AND plateau pressure < upper inflection point 50 -453 PC ΔP = 15 cm H2O 40 130 PC 600 Sustained Inflation 35 102 Tv = 6 mL/kgPC 30-109 30 VC 122 PC 25 VC PC 20-112 20 20 VC 16 15 'P380' VC 10 Pflex+2 14 Baseline 0.

Ventilatory Pressure (cm H₂O)

Time (sequence of study)

5 mins

End

Patient #1: Lung opening and "optimal ventilation" images



Patient #1: Lung opening and "optimal ventilation" images



What can EIT tell us that is clinically useful?

- EIT shows regional ventilation
 - Can a patient can be recruited?
 - Have we opened up the lungs?

EIT shows changes earlier than blood gas

- PaO₂ responds slowly (LPF of blood)
- PaO₂ responds only at high shunt fraction
- Can we control ventilation better with EIT?

Linear difference imaging with pictures

- Total Variation
- Electrode Errors
- Electrode Movement
- Temporal Filtering
- GREIT

• Forward Model (linearized)



System is underdetermined

Regularized linear Inverse Model



Measurement Norm

Penalize measurements by the SNR of each channel (ie 1/noise variance)





• Penalty functions: Image Amplitude



• Penalty functions: Image Smoothness





TV penalty function does not prefer smooth to "blocky" images



Electrode Measurement Errors

Experimental measurements with EIT quite often show large errors from one electrode

Causes aren't always clear

- Electrode Detaching
- Skin movement
- Sweat changes contact impedance
- Electronics Drift?

Example of electrode errors



Images measured in anaesthetised, ventilated dog

- A. Image of 700 ml ventilation
- B. Image of 100 ml saline instillation in right lung
- C. Image of 700 ml ventilation and 100 ml saline

"Zero bad data" solution

"Traditional solution" (in the sense that I've done this)



Regularized imaging solution

Electrode errors are large measurement noise on affected electrode



Correcting for errors. Results

B

"Bad" Electrode

- A. Image of 700 ml ventilation
- B. Image of 100 ml saline instillation in right lung
- C. Image of 700 ml ventilation and 100 ml saline

Electrode Movement



Electrodes move

- with breathing
- with posture change

Simulations show broad central artefact in images

Imaging Electrode Movement

• Forward model image includes movement



Image and movement

Penalty: Image and movement Smoothness



Images of electrode movement

Simulation: tank twisted in 3D



Bottom slice

Middle slice

Top slice



EIT makes fast measurements. Can we use this fact?



Temporal Reconstruction

Temporal Penalty Functions







likely

quite likely

unlikely

Standard EIT approaches to not take this into account

Direct temporal solver



Rewrite as ...

Direct temporal forward model -2 -2 -1 0 $\mathbf{0}$ +1+1 +2 +2 Augmented Image Measurement Jacobian sequence sequence



	Temporal Priors						
Exp.		Spatial Prior	Time Prior ∆t = 1	Time Prior ∆t = 2	Time Prior ∆t = 3	Time Prior ∆t = 4	
		Time Prior ∆t = 1	Spatial Prior	Time Prior ∆t = 1	Time Prior ∆t = 2	Time Prior ∆t = 3	
		Time Prior ∆t = 2	Time Prior ∆t = 1	Spatial Prior	Time Prior ∆t = 1	Time Prior ∆t = 2	
		Time Prior ∆t = 3	Time Prior ∆t = 2	Time Prior ∆t = 1	Spatial Prior	Time Prior ∆t = 1	
		Time Prior ∆t = 4	Time Prior ∆t = 3	Time Prior ∆t = 2	Time Prior ∆t = 1	Spatial Prior	

GREIT: Consensus EIT algorithm for lung images

Lots of authors! Our goal is to get people to stop using Backprojection (which was super in 1982) and use something "rational"

Andy Adler, John Arnold, Richard Bayford, Andrea Borsic,
Brian Brown, Paul Dixon, Theo J.C. Faes, Inéz Frerichs,
Hervé Gagnon, Yvo Gärber, Bartlomiej Grychtol, Günter
Hahn, William R B Lionheart, Anjum Malik, Janet Stocks,
Andrew Tizzard, Norbert Weiler, Gerhard Wolf



Step #1: Agree on performance parameters

Noise parameters – set equal to behaviour of backprojection



Step #2: Reconstruction matrix based on specified performance



GREIT Reconstruction examples



EIDORS: community-based extensible software for EIT

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Goal: software community



Blobby the Walrus?

- EIT images blobby objects in aqueous media; Blobby the Walrus is a fat animal that lives in water.
- 2. Walrus is EIDORS logo
- 3. Walruses are much funnier than a talk about software architecture.

Images: www.biobcc.net © Genny Anderson



EIDORS Features

Open-source:

- License: GNU General Public License.
- Free to use, modify, and distribute modifications.
- May be used in a commercial product

Hosted on Sourceforge.net

- Software is available for download (version 2.0)
- CVS access to latest developer versions
- Group members can modify
- Anyone can read and download

Web Site



This

Tutorial



To try the EIDORS software, follow these steps:

- 1. Download the software (release or eveloper version):
 - Release Version: EIDORS 3.1
 - Developer Version: Follow instructions for Anonymous CVS Access

Version

Developer / Version

Tutorials

