### Electrical Impedance Tomography: *advances in Image Reconstruction*

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### Outline

- Electrical Impedance Tomography
  - Imaging the lungs
- Measurement Difficulties and solutions
  - Electrode Errors
  - Electrode Movement
  - 3D Imaging / Electrode Placement
  - Temporal Filtering
- EIDORS Project



A: image of section thorax due to  $\Delta VL 800$  ml

*B*: image due to a  $\Delta$ VL 400 where left main stem bronchus was plugged.



- Volume estimates by EIT, Pao and Pes, after step volume increases of 100ml, 500ml, 900ml.
- Note that EIT signal does not display overshoot

### Pulmonary Oedema: model using fluid instillation



Change in lung liquid volume by EIT vs liquid volume instilled

#### Iterative (Absolute) Image Reconstruction



### Absolute Imaging Difficulties

- Extremely sensitive to uncertainties in electrode position
  - Need to know where electrodes are to and electrode shape to 1mm
  - "Absolutely" must do 3D
- Numerical instability
- Slow reconstructions
- Is muscle in chest isotropic?

### Difference Imaging: Example











### **Difference Imaging**

• Calculate  $\Delta$  conductivity from  $\Delta$  measurements

- Inverse problem *linearized*
- reduced sensitivity to electrode and hardware errors.
- Suitable for physiological imaging: lung, heart, GI

### Image Reconstruction

• Forward Model (linearized)



System is underdetermined

### Image Reconstruction

**Regularized linear Inverse Model** 



### Noise – Resolution Tradeoff

Lots of Regularization (large penalty)

#### Little Regularization (small penalty)



### Applications ...

- Electrode Errors
- Electrode Movement
- 3D Imaging / Electrode Placement
- Temporal Filtering

### 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

### Measurements with "bad" electrode



01	X	X		*	*			X
12	X	X	X	*	*			
23		X	X	X	*			
34	*	*	X	X	X	*	*	*
45	*	*	*	X	X	X	*	*
56				*	X	X	X	
67				*	*	X	X	X
70	X			*	*		X	X
	01	12	23	34	45	56	67	70

- \* "bad" measurement
- X measurement at current injection

### "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





Data simulated with 2D FEM with 1024 elements

- not same as inverse model

## Simulation results for opposite drive



**Zero Affected Measurements** 



#### **Regularized Image**



### How does this work with real data?



### Electrode Movement



Electrodes move

- with breathing
- with posture change

Simulations show broad central artefact in images

### Imaging Electrode Movement

• Forward model *image* includes movement







### 3D Electrode Arrangements using 16 electrodes









### **Electrode Sequencing**

- Can put electrodes anywhere; algorithm knows and can interpret data
- Electrode Placement strategies to evaluate
  - Planar
  - Planar-Offset
  - Planar-Opposite
  - Zigzag
  - Zigzag-Offset
  - Zigzag-Opposite
  - Square



#### Planar-Offset





### Zigzag-Offset



### Planar-Opposite



### ZigZag-Opposite



### Square



### 3D placement summary



Planar			+	+	+	+
Planar-Offset			+	+	+	+
Planar-Opposite	-		+			
Zigzag			-		+	-
Zigzag-Offset					-	-
Zigzag-Opposite	-		-			
Square			+	-		

### Recommended 3D placement

- Planar and Planar-offset strategies are most robust.
- Planar
  placement is easiest



### 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

### GN vs. Temporal Inverse

- 1. Noise free data (IIRC tank)
- 2. Data with added 6dB SNR noise

Gauss-Newton solver

Solve time = 5.33 s(with caching) = 0.22 s Temporal solver (4 time steps) Solve time = 34.81 s (with caching) = 0.60 s

### Gauss Newton vs. Temporal Inverse (6db SNR)



Gauss-Newton solver

Solve time = 5.33 s(with caching) = 0.22 s



Temporal solver (4 time steps) Solve time = 34.81 s (with caching) = 0.60 s

### Non-blurring EIT

- Traditional EIT will dramatically blur reconstructed contrasts
- Iterative (ie slower) techniques exist to remove blur
- Problem still low spatial resolution



Figure 1. Two points A and B can be connected by several paths. All of them have the same TV.



(a) TV solution at  $8^{th}$  iteration (b)  $L^2$  solution at  $8^{th}$  iteration

Figure 10. Reconstructions of Phantom B with 2.5% AWGN.

# EIDORS: community-based extensible software for EIT

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### **EIDORS** Tutorial

- Introduction to EIDORS
  - Goal
  - Features
- Examples (worked together)
  - Forward solutions
  - Inverse solutions
- Examples (worked alone)
  - Based on EIDORS tutorial (with V3.1)

### Goal: software community



Project: Electrical Impedance and Diffuse Optical Tomography Reconstruction Software

### 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 credit: <u>www.biosbcc.net</u> © 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



#### Language independence:

- Octave (octave.org, ver≥ 2.9)
- Matlab (version  $\geq$  6.0).

#### Usage examples:



- new software is based on demos.
- simple and more complex usage examples.

#### **Tests:**

- Software is intrinsically difficult to test.
- Numerical software is probably more difficult
- Implement of regression test scripts

#### Pluggable code base:

- Object-oriented: *Packaging* and *Abstraction*.
- Don't use the Matlab OO framework
- Instead, EIDORS designed as "Pluggable" software using function pointers.



#### Automatic matrix caching:

- Save computationally expensive variables

   ie Jacobian , Image priors.
  - Caphing complicator
- Caching complicates software
- Caching managed in eidors\_obj



#### Generalized data formats:

- EIT has a wide variety of stimulation, measurements
- general EIT data format : *fwd\_model* 
  - electrode positions
  - contact impedances
  - stimulation and measurement patterns.

### Interface software for common EIT systems:

- Load data from some EIT systems
- Please contribute

### getting started

- Download
  - Run tutorial examples
- Join Mailing list eidors3d@listserv.umist.ac.uk
- Sign up as developer at: sourceforge.net
- Contribute your code



### Tutorials

#### Also tutorial.shtml In eidors-v3.1 distribution

EIDORS - Microsoft Internet Explorer

Edit \* Address http://eidors3d.sf.net/putorial/tutorial.shtml



File

EIDORS Main Documentation Examples **Tutorials**  Basics – Data structures **Tutorials**  Modifying models Netgen More Netgen Imaging – 2D Imaging 3D Imaging Moving Objects Cheating

Download

#### **EIDORS** Examples

To run these tutorials, you need to <u>download and install</u> EIDORS and then run this command in a matlab (or octave) session.

>>run /path/to/eidors3d/startup.m

- EIDORS Basics
- Basic EIDORS Data structures

EIDORS: Electrical Impedance Tomography and

Diffuse Optical Tomography Reconstruction Software

Modifying EIDORS models

### Summary

- EIT and Image Reconstruction
  - Electrode Errors
  - Electrode Movement
  - Temporal Filtering– EIDORS Project
- Significant recent developments in EIT image algorithms will improve EIT's clinical applicability

### Is backprojection bad?

Yes

- No Mathematical Model poorly understood artifacts
- Pushes objects into centre
- Can't handle arbitrary electrode placements
- No 3D
- Must be done on a circular thorax
  No
- Handles position Error
- Maybe good enough for rough model



What do clinical people want from algorithm people?

- Better accuracy?
- More stable
- Automatic detection of errors
- How much more accurate data (ie. electrode placement) are clinical people prepared to make