

# Shaping the Future of Medical Ultrasound Imaging with AI and GPU Computing

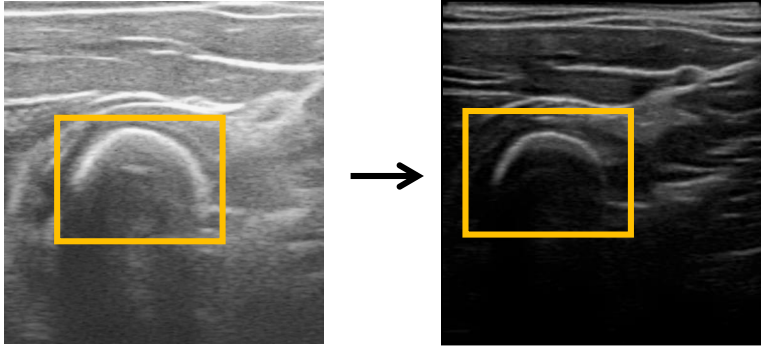
GTC 2019 Conference – Session S8712

Raphael Prevost

*Senior Research Scientist @ ImFusion*

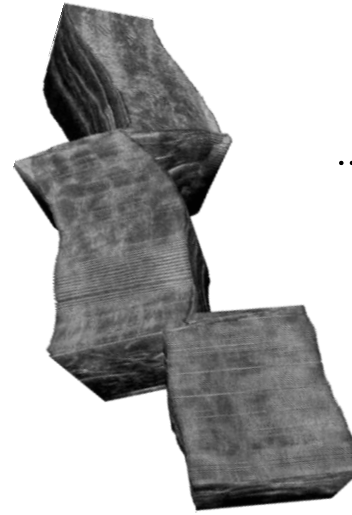


# In this session, you will see how AI enables to...

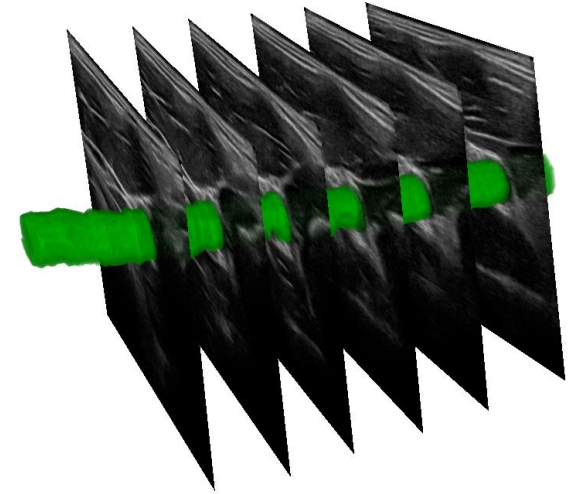


Develop an  
auto-focus system...

...improve orthopedic  
and brain surgery...



... transform a video clip  
into a 3D volume...



...and reconstruct  
my carotid in real-time !

# But first, who are we?



- Company founded in 2012 in Munich, Germany
- Private and independent R&D lab in medical imaging and computer vision
- Software framework deployed in various clinical products and used by large companies, start-ups and research labs



# What we do



## Project Consulting

From feasibility studies to implementation



## Research & Development

Solving challenging problems with state-of-the-art algorithms



## Software Development Kit

ImFusion SDK serves as an ideal platform for R&D



## Implementation & Integration – OEM

Running our software within your medical product



# Technology Portfolio

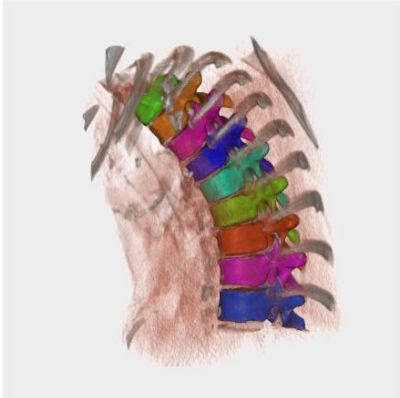


Image Segmentation

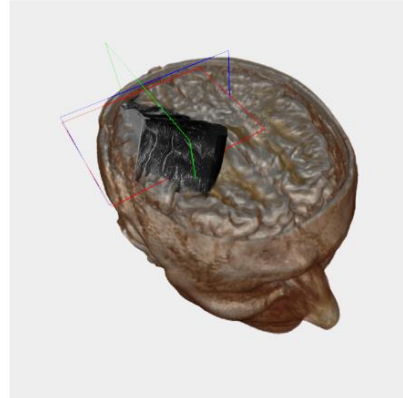
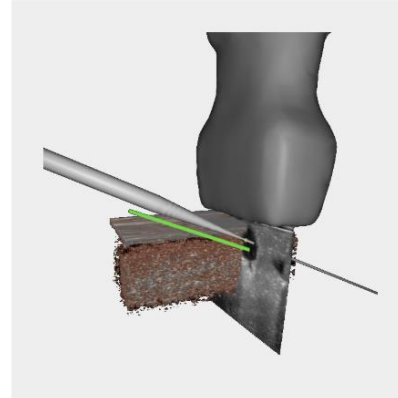
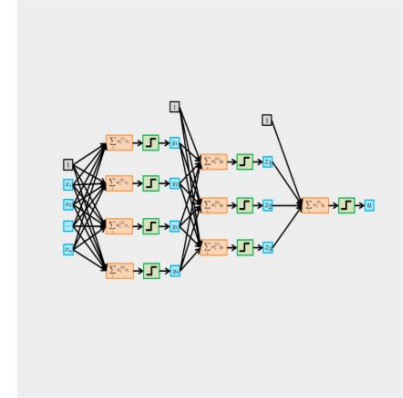


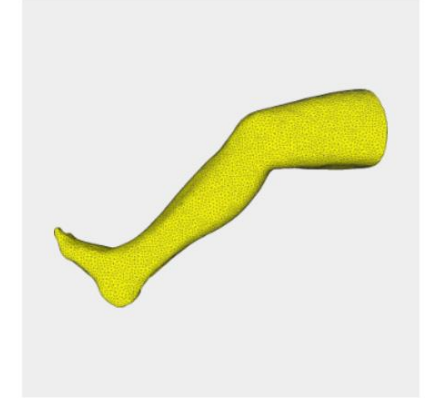
Image Registration



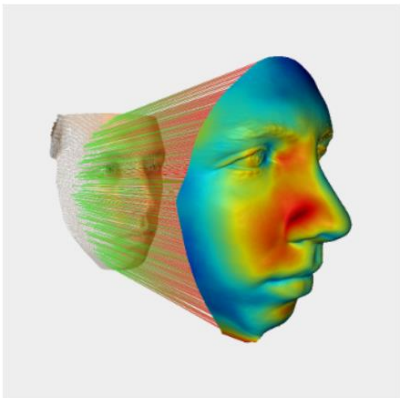
Navigation



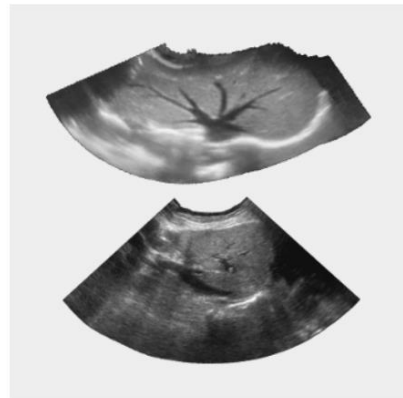
Machine Learning



3D Scanning & RGB-D



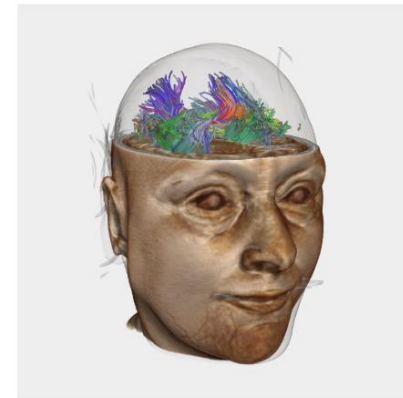
Point Clouds and Meshes



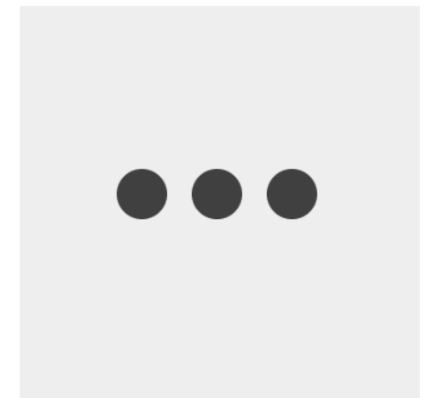
3D Freehand Ultrasound



Cone-Beam CT



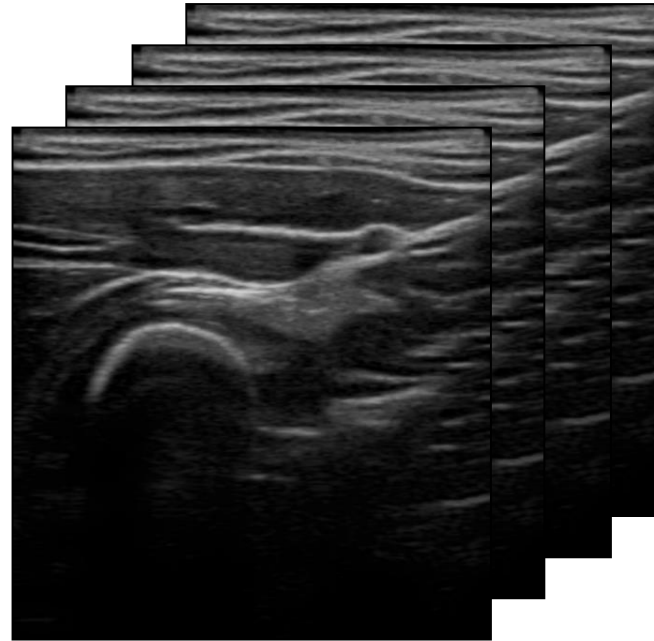
Diffusion Tensor Imaging



More...

# PART 1

## QUICK INTRO TO ULTRASOUND



# Ultrasound for Medical Applications



Credit: Yale University

# Problem #1: US is difficult to acquire





# Problem #1: US is difficult to acquire





# Problem #1: US is difficult to acquire



# Problem #1: US is difficult to acquire



# Problem #1: US is difficult to acquire

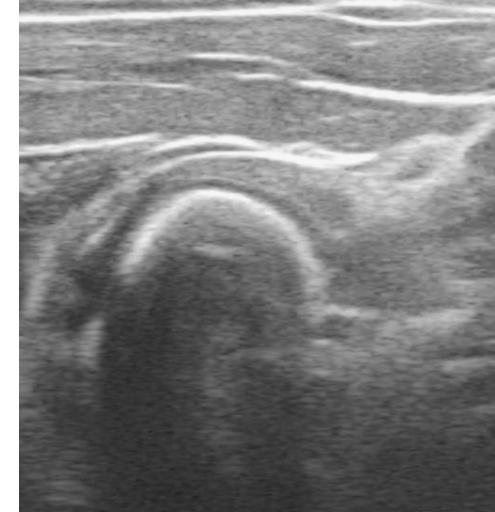


# Problem #1: US is difficult to acquire



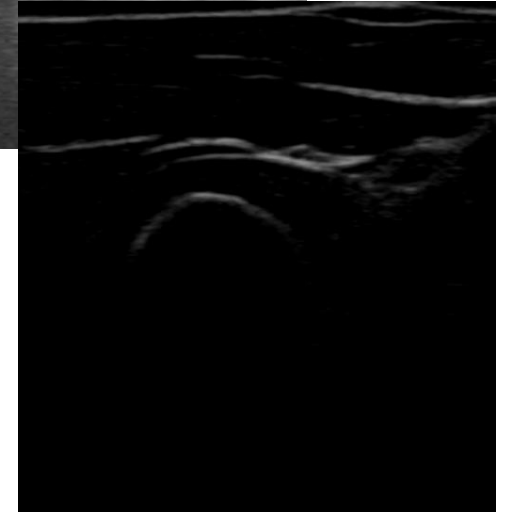
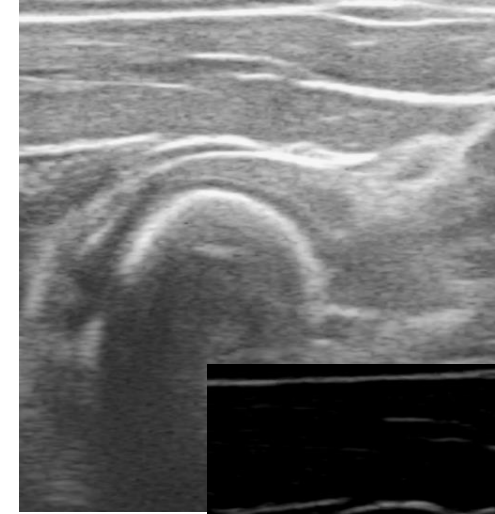


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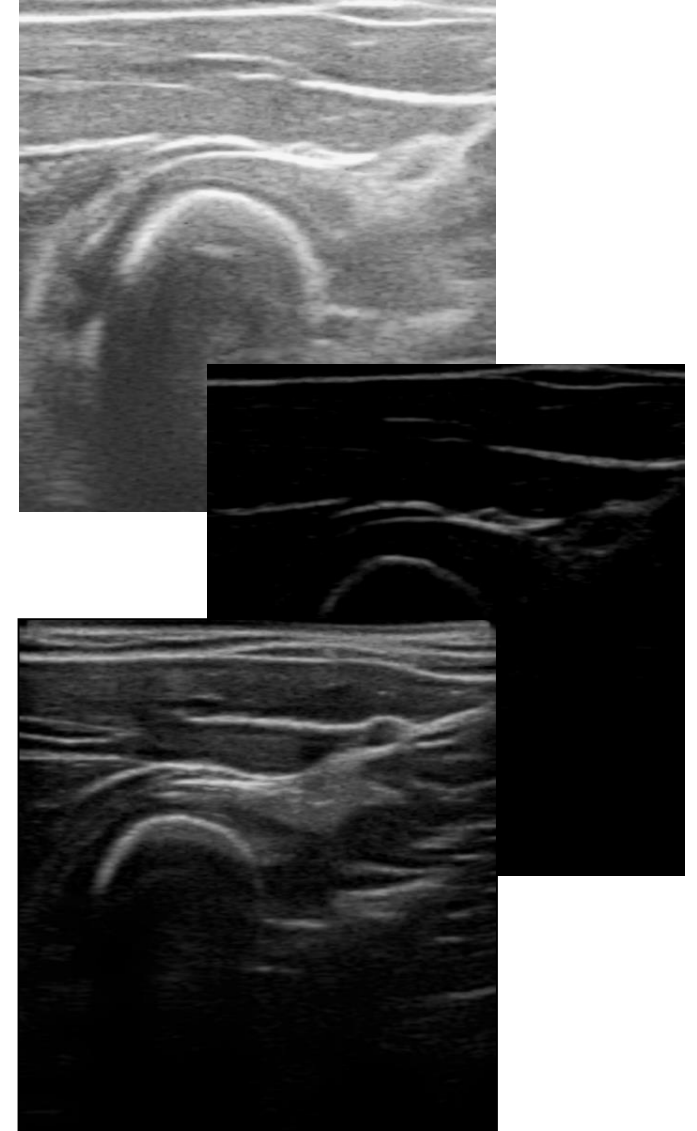




# Problem #1: US is difficult to acquire



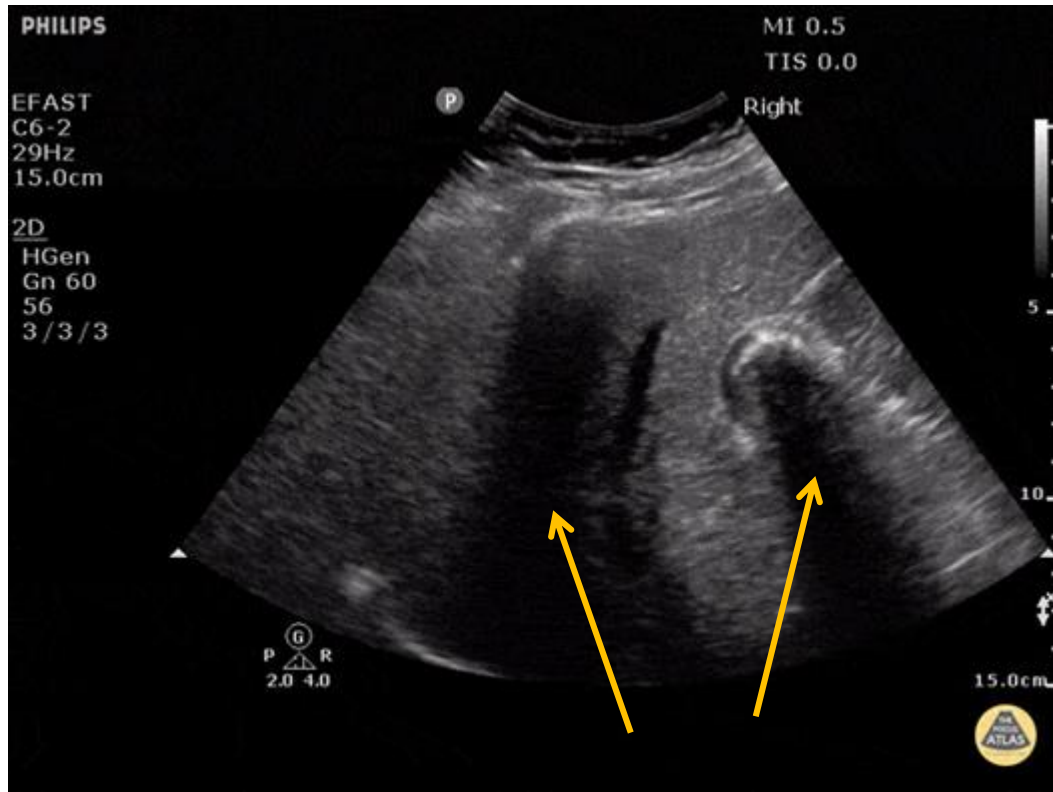
# Problem #1: US is difficult to acquire



## Problem #2: US images are hard to read



## Problem #2: US images are hard to read

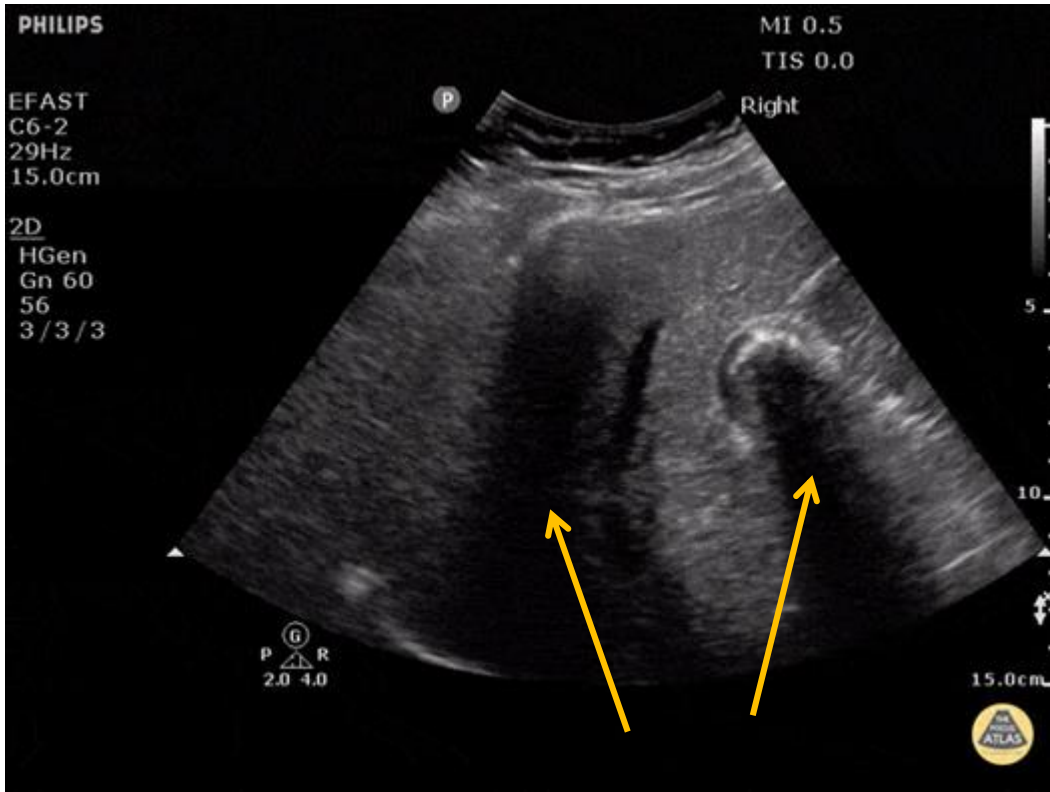


Shadows

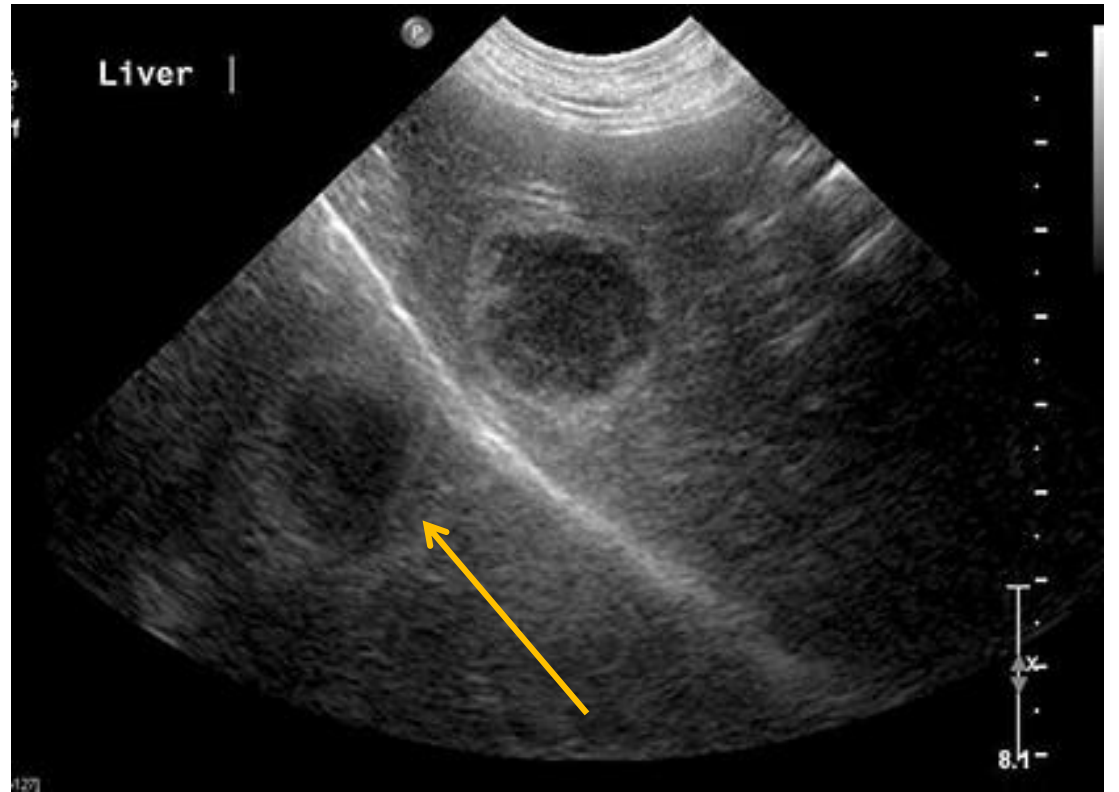




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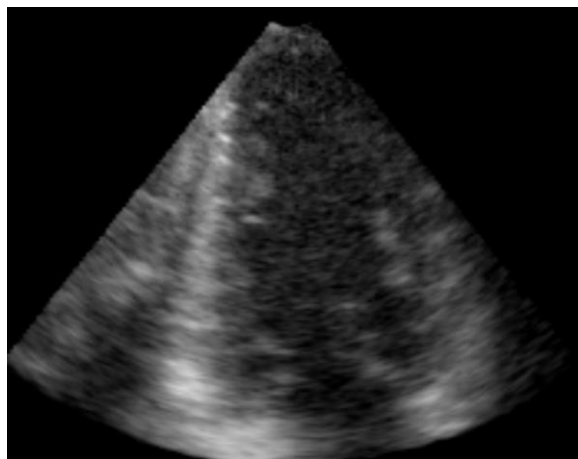
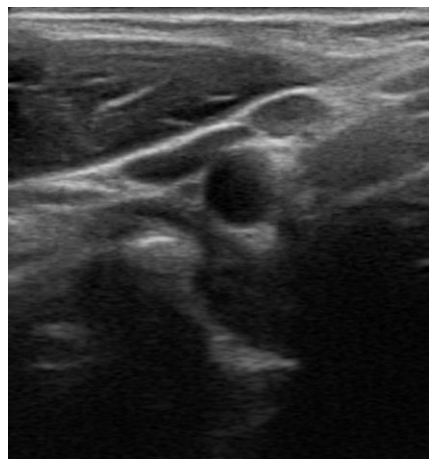
Shadows



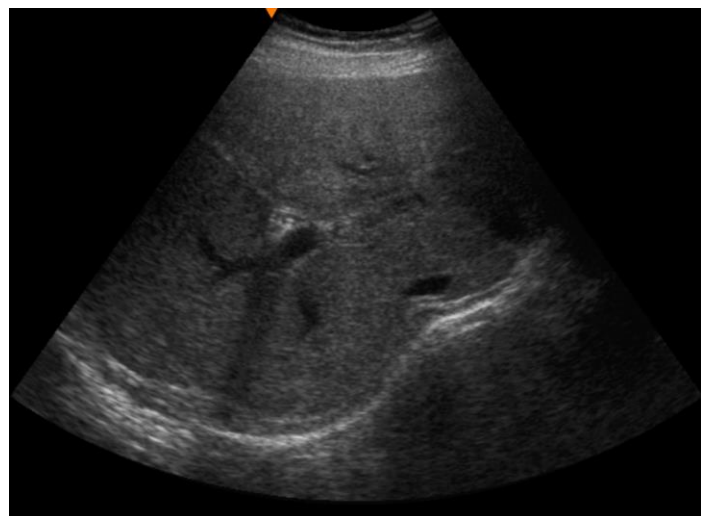
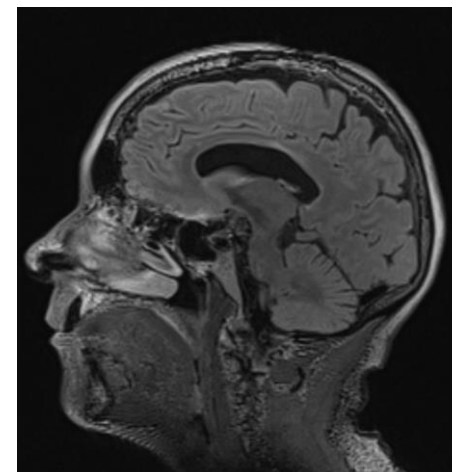
Mirroring



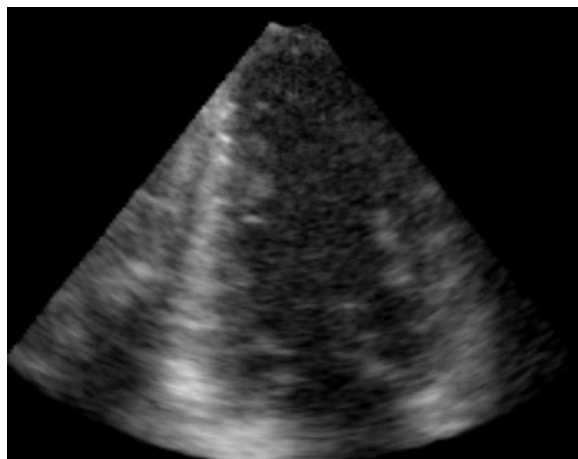
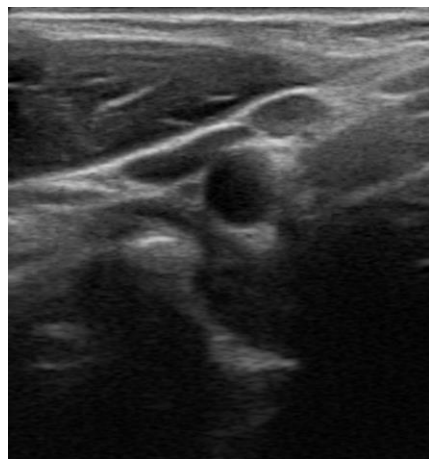
## Problem #3: US lack anatomical context



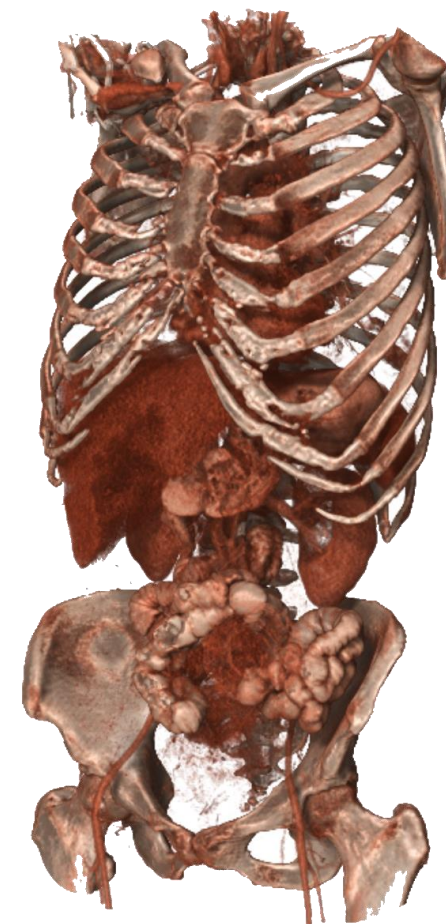
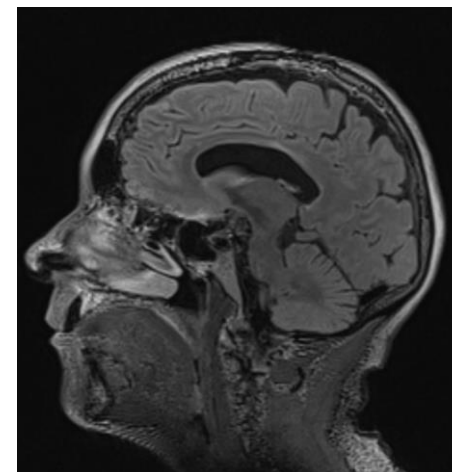
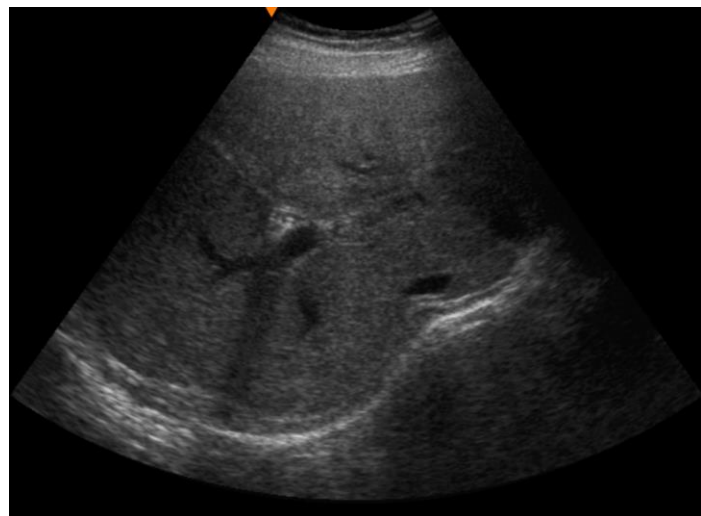
versus



## Problem #3: US lack anatomical context



versus



# ...but ultrasound has a huge potential

✓ Portable



# ...but ultrasound has a huge potential

✓ Portable

✓ Cheap



5 - 50K \$



1M \$

# ...but ultrasound has a huge potential

✓ Portable



✓ Cheap



✓ Safe





# ...but ultrasound has a huge potential

✓ Portable



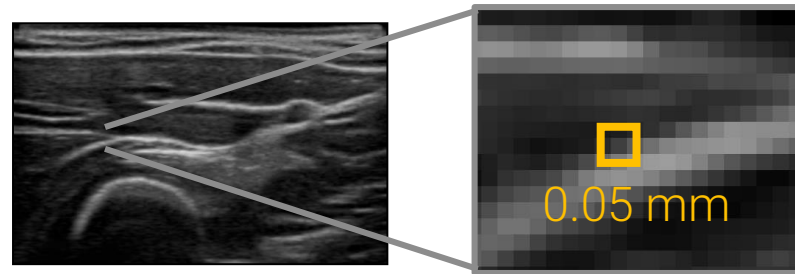
✓ Cheap



✓ Safe



✓ High spatial resolution



# ...but ultrasound has a huge potential

✓ Portable



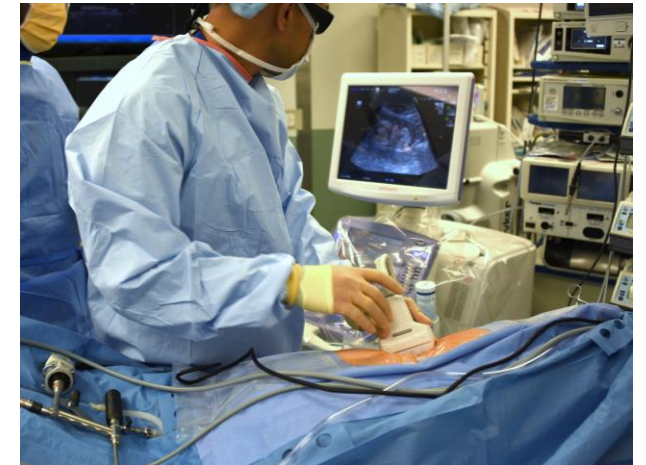
✓ Cheap



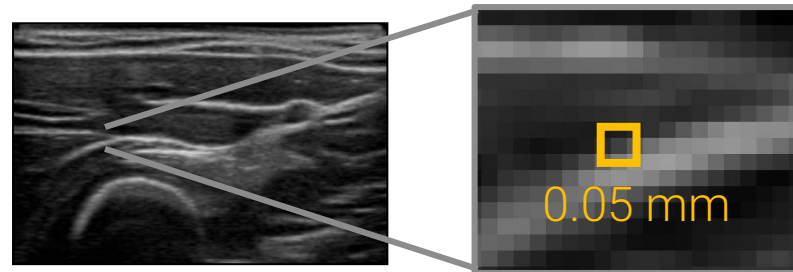
✓ Safe



✓ Real-time acquisition  
→ suitable for OR



✓ High spatial resolution



# ...but ultrasound has a huge potential

✓ Portable



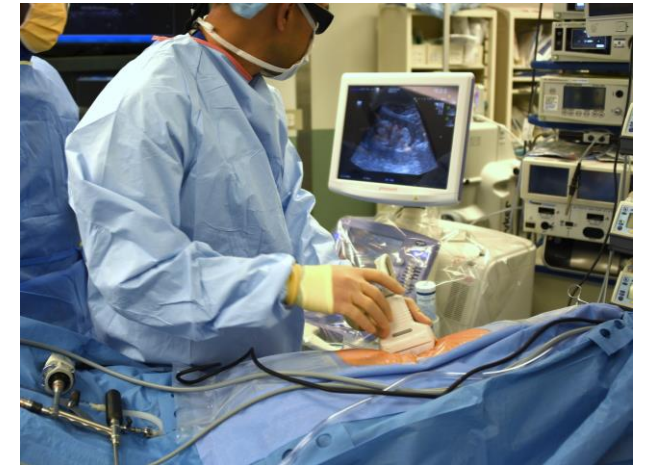
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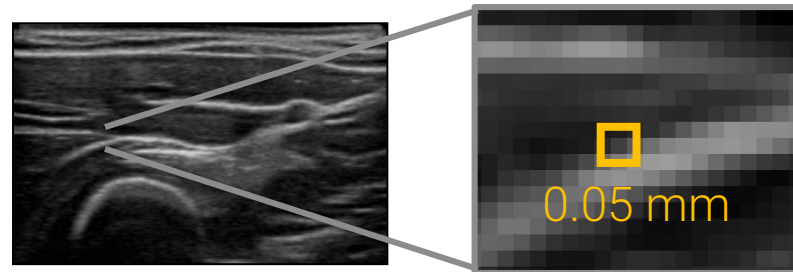
✓ Safe



✓ Real-time acquisition  
→ suitable for OR



✓ High spatial resolution



**Our vision**

AI and GPU computing to unlock this potential

# Real-Time 2D Image Analysis

Image Filtering

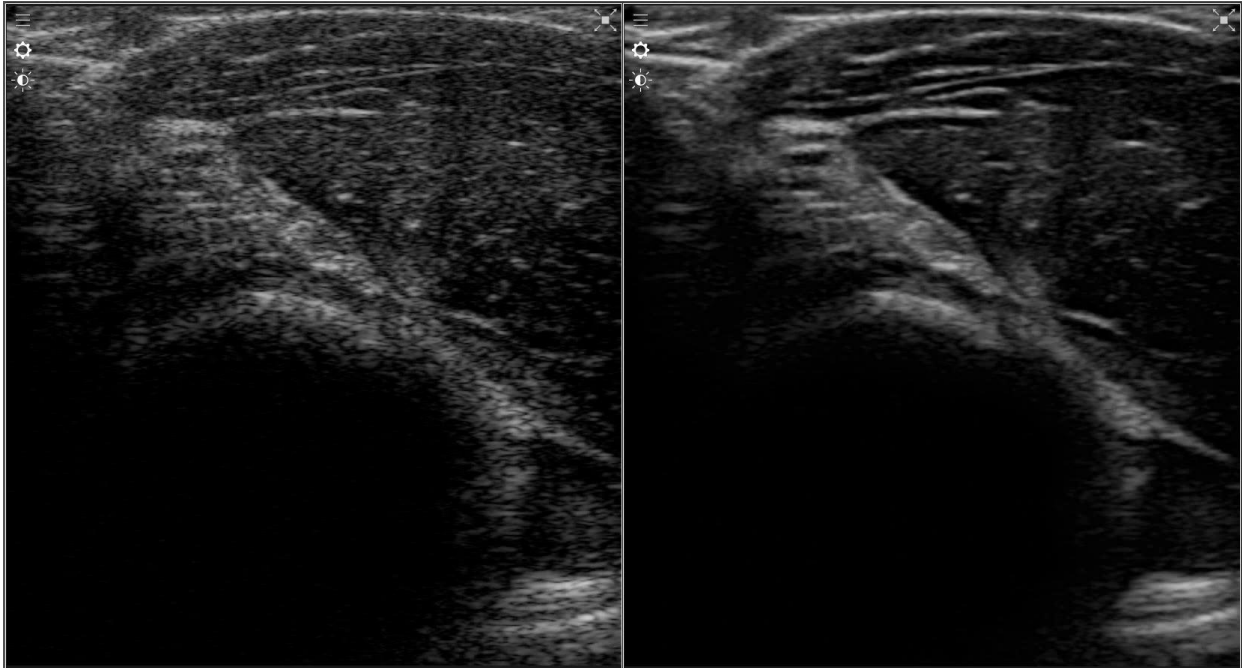
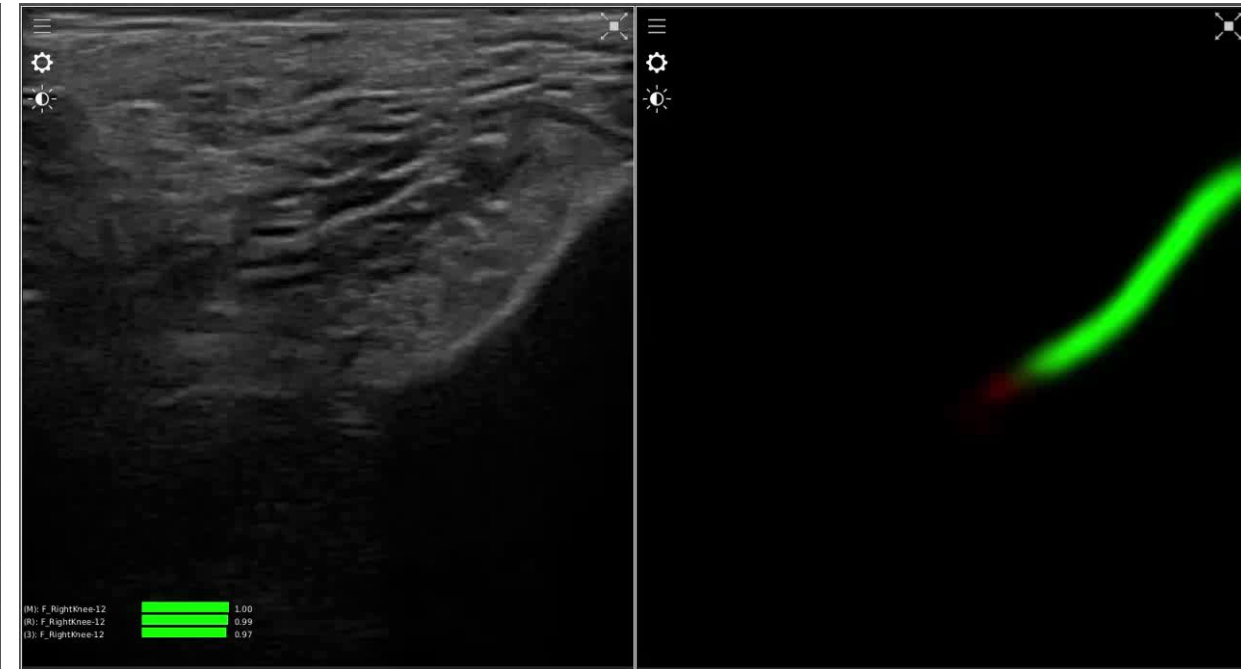


Image Segmentation





# Real-Time 2D Image Analysis

Image Filtering

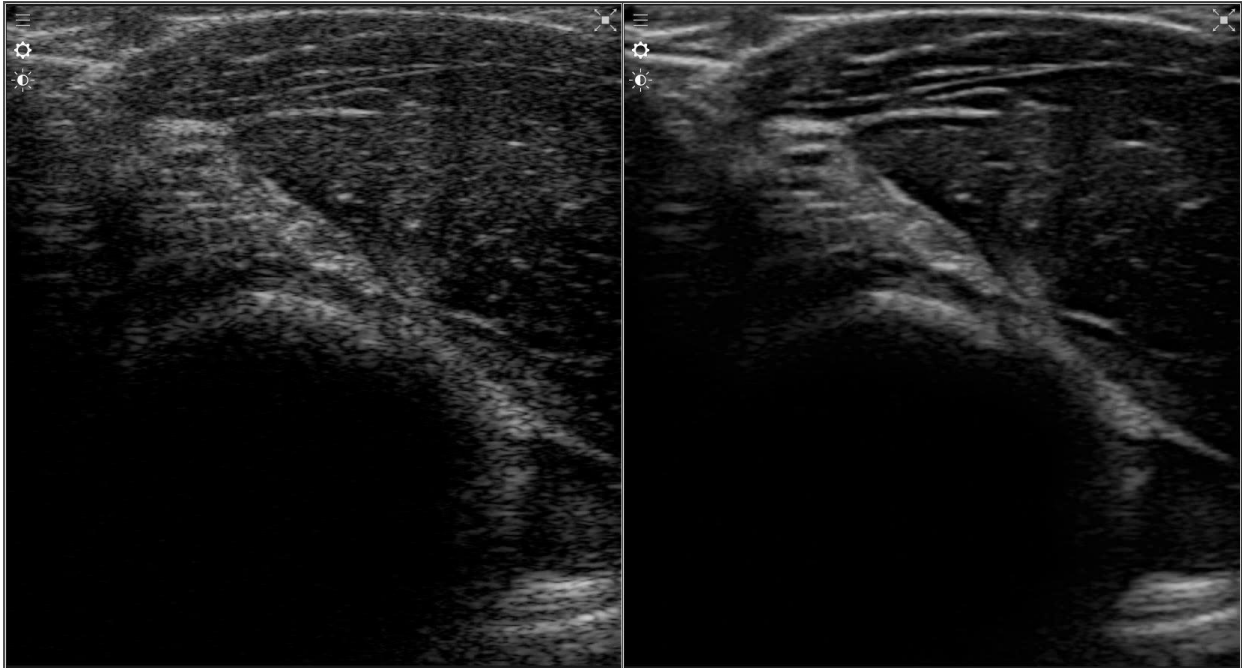
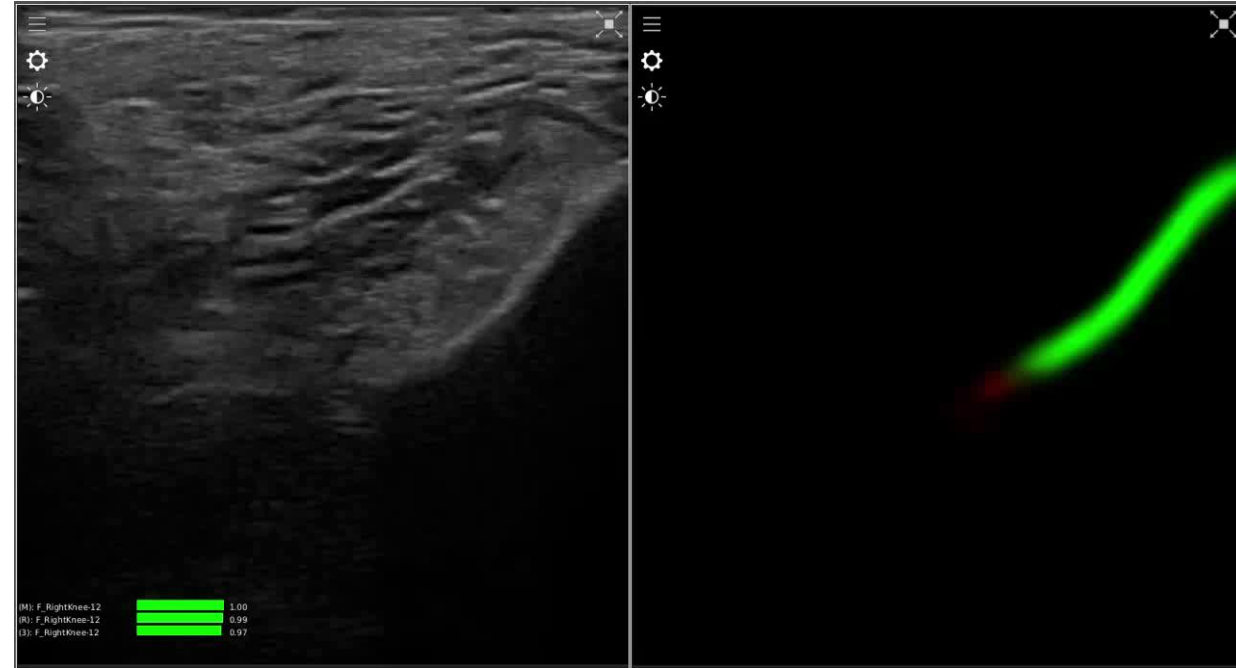


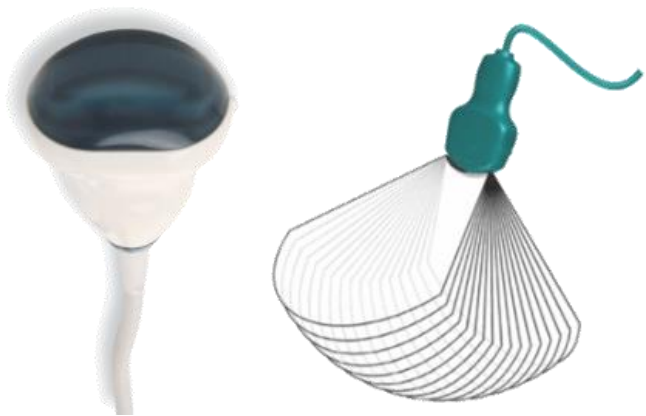
Image Segmentation



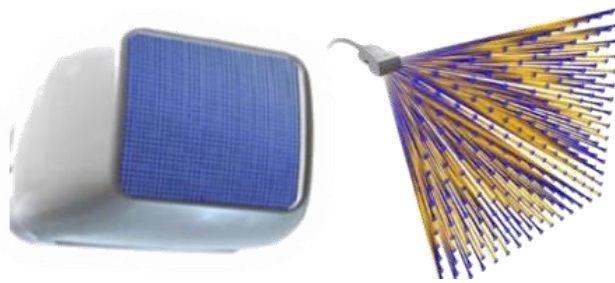
For many clinical applications, we need 3D information  
(measurements, navigation during surgery, etc.)

# From 2D to 3D: Hardware Solutions

Motorized  
Transducer  
“wobbler”



Matrix  
Array  
“3D probe”



Philips xMatrix

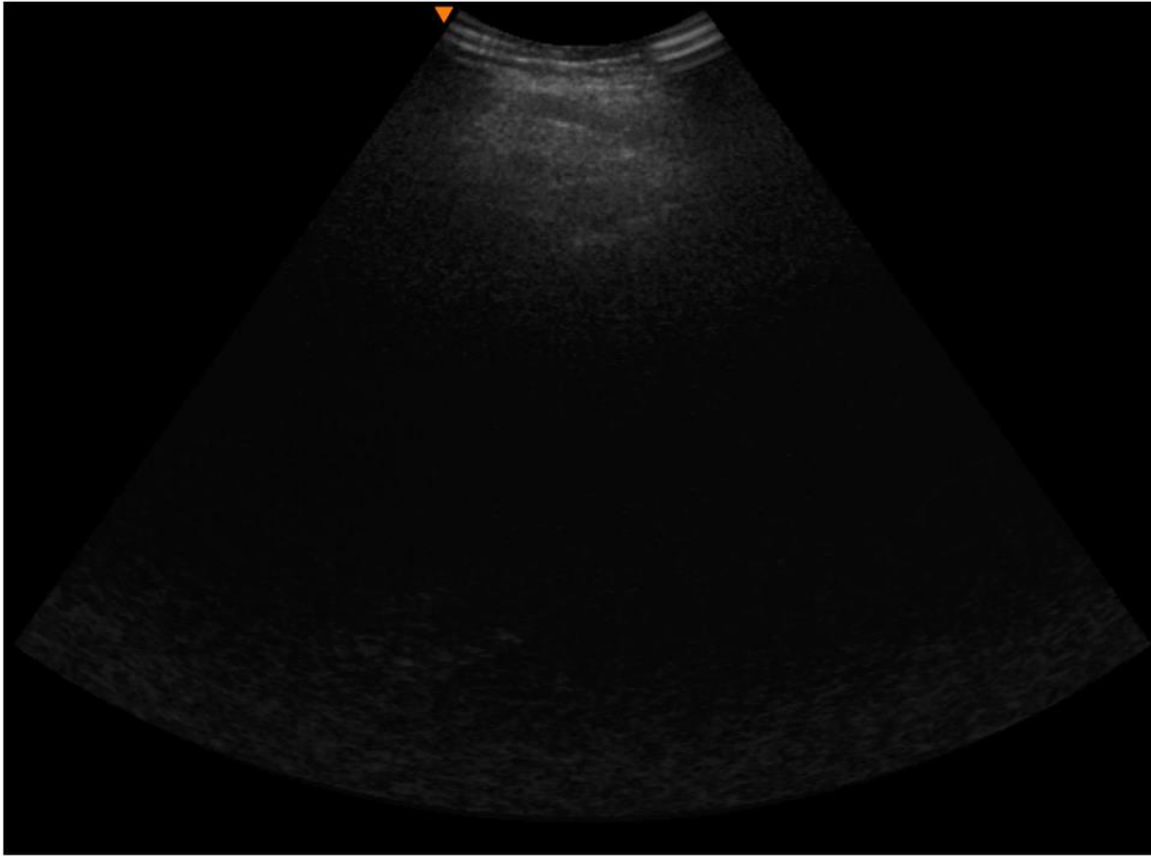
Tracking  
(optical or  
electro-magnetic)



# Tracked 3D Ultrasound Sweeps

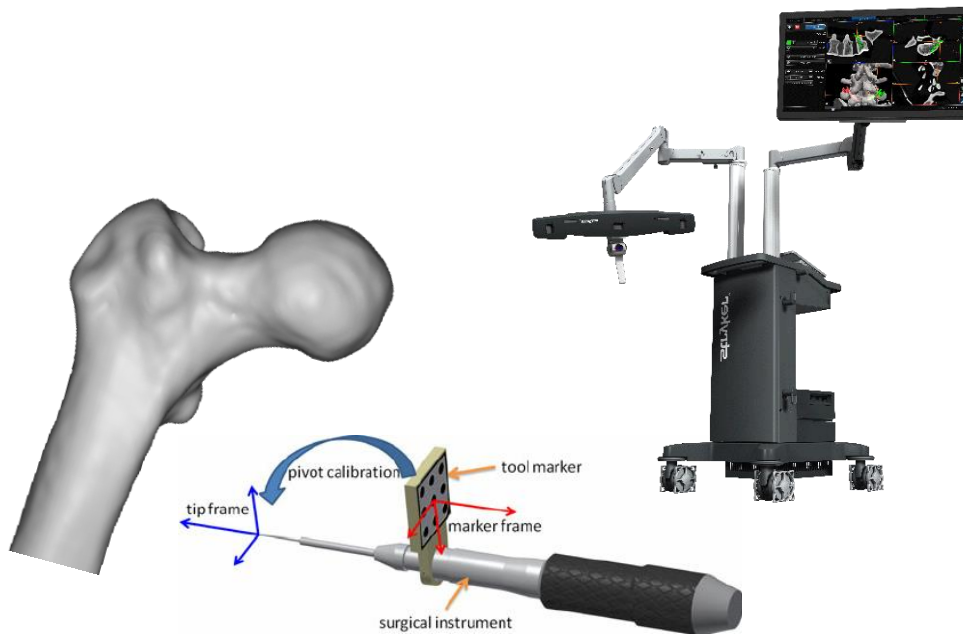
## Ultrasound Sweep

2D ultrasound frames, each associated with a 4x4 matrix (position + orientation)



# PART 2

## ORTHOPEDIC SURGERY

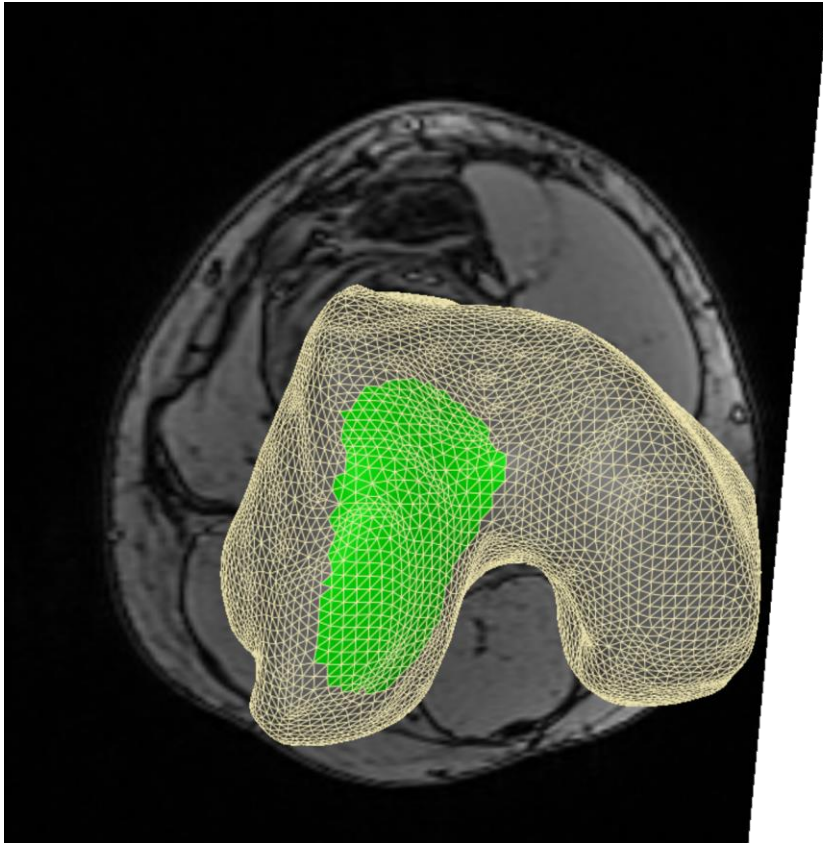


in partnership with  
**stryker**



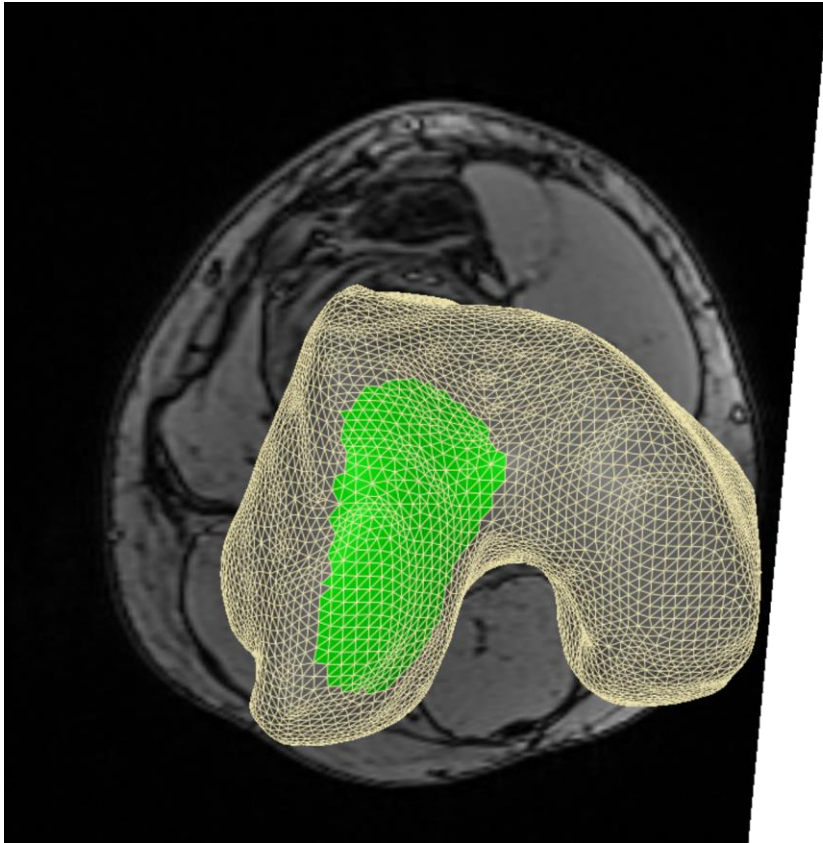
# From planning to navigated surgery

Before  
Surgery

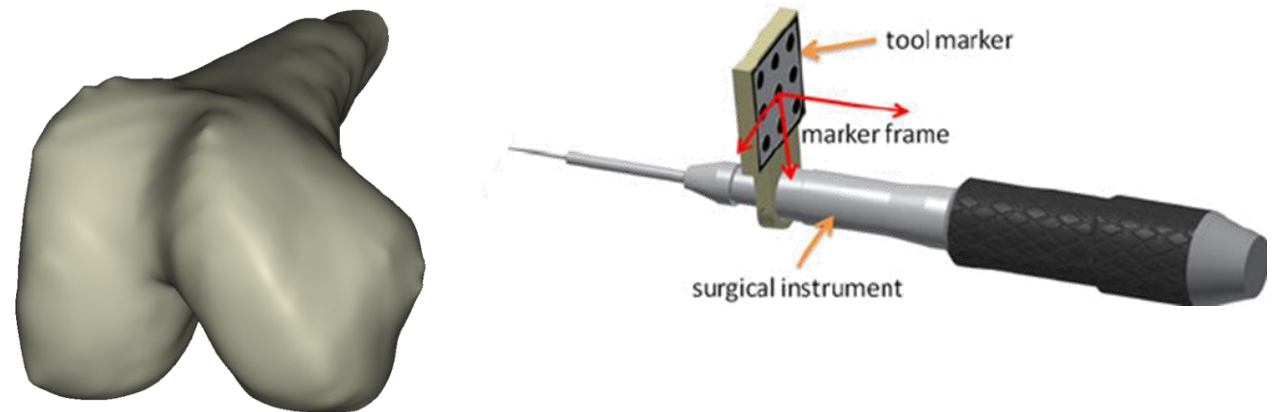


# From planning to navigated surgery

Before  
Surgery

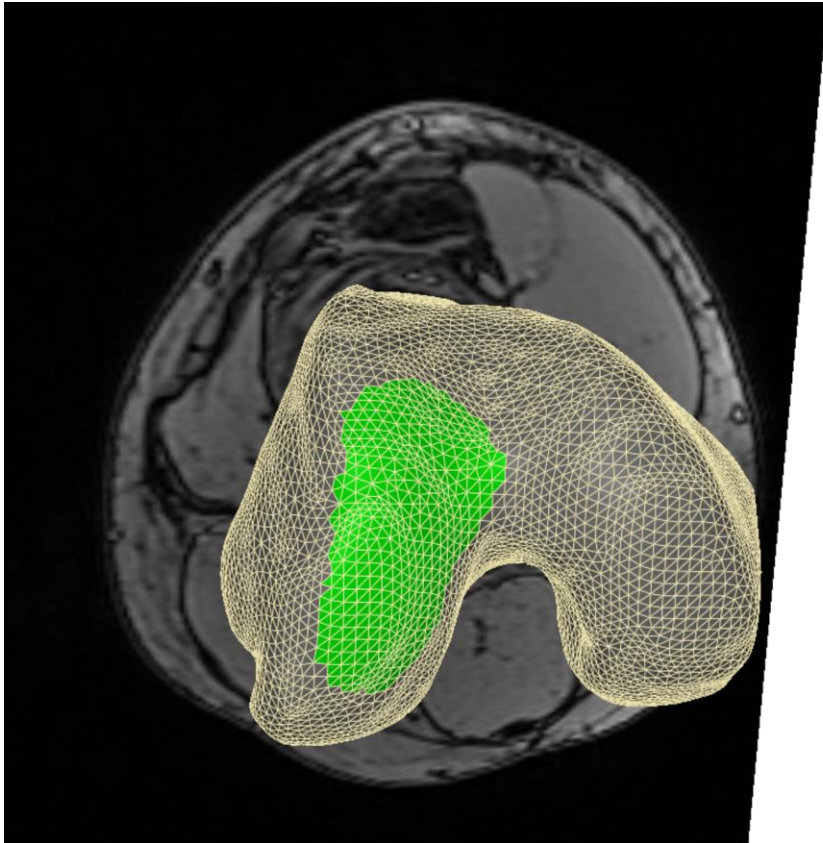


During  
Surgery

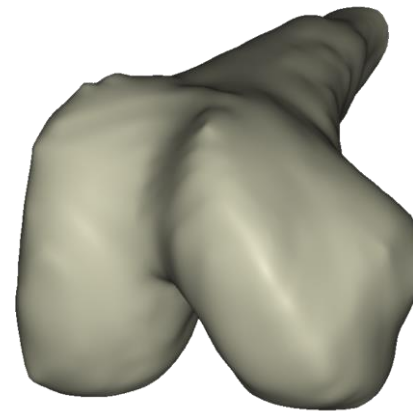


# From planning to navigated surgery

Before  
Surgery

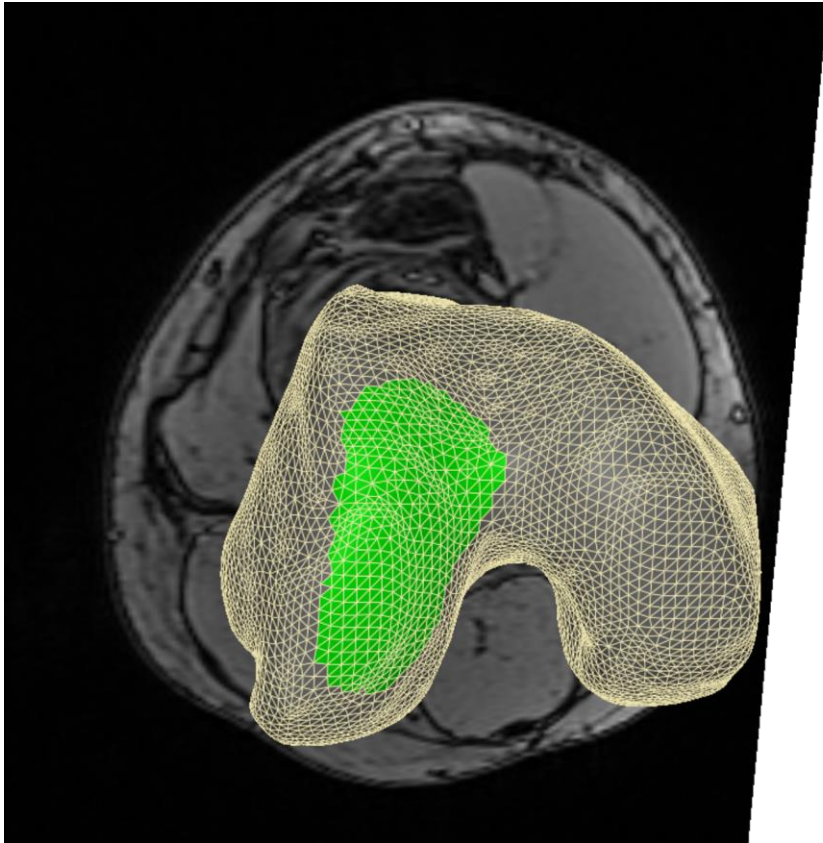


During  
Surgery

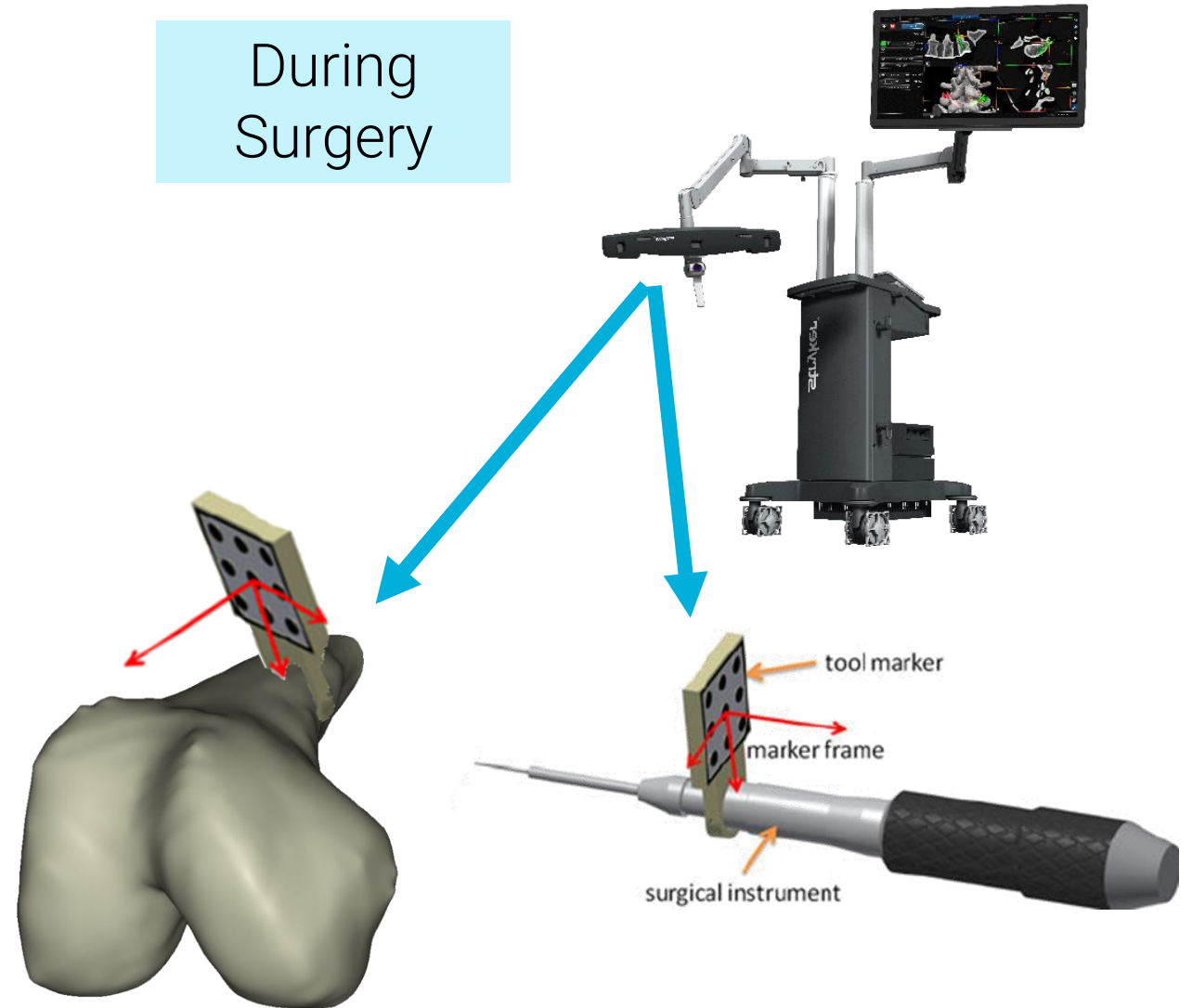


# From planning to navigated surgery

Before  
Surgery



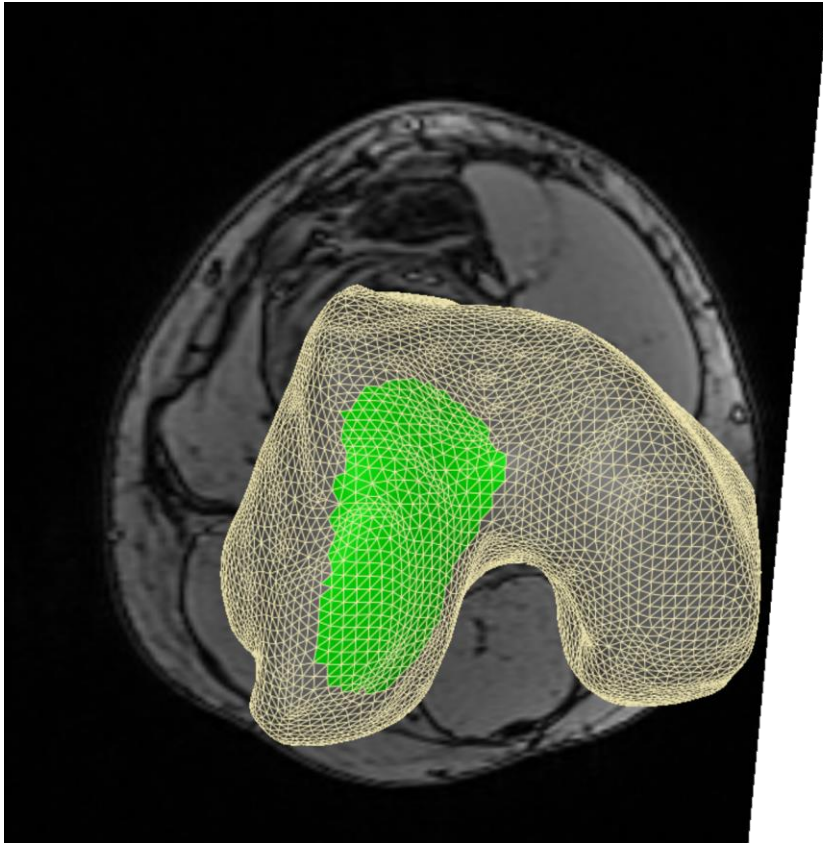
During  
Surgery





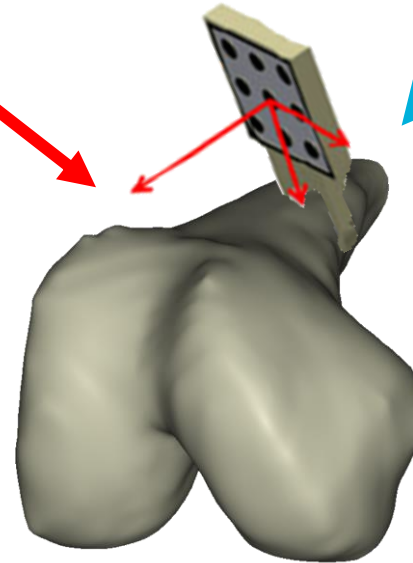
# From planning to navigated surgery

Before  
Surgery



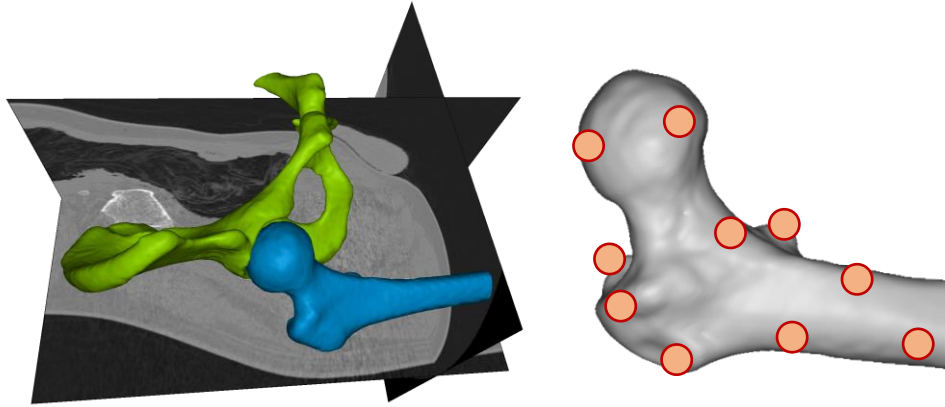
During  
Surgery

Missing  
transformation

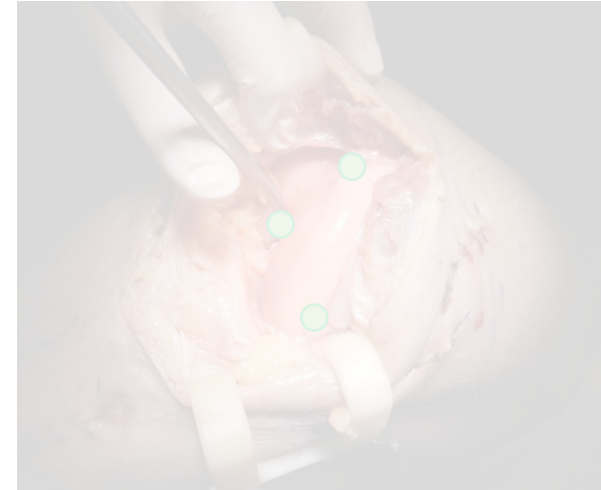




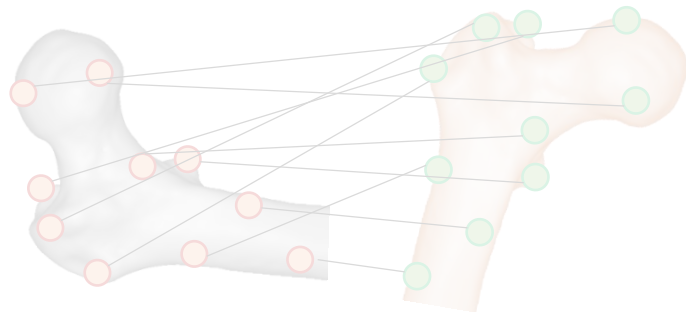
# Current workflow



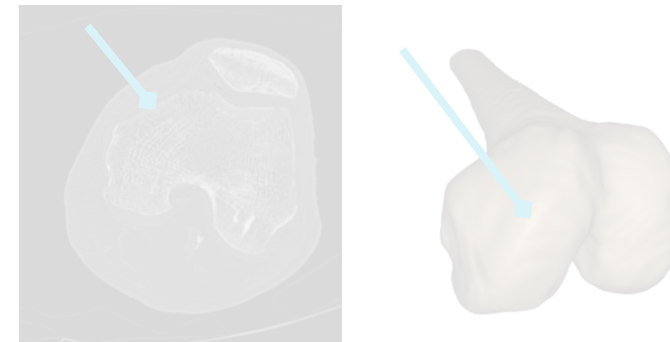
1 Acquire CT/MR image before the operation  
Segment the bones and detect landmarks



2 Open the region of surgery  
Digitize landmarks on the patient's bone

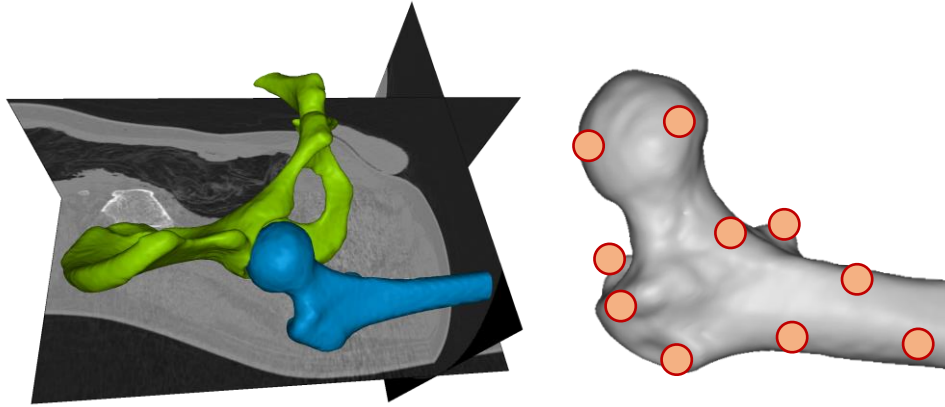


3 Register pre-op/intra-op landmarks

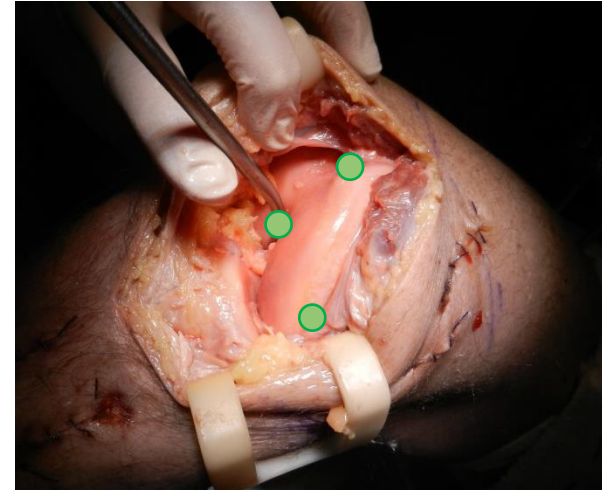


4 Navigate using the pre-op data

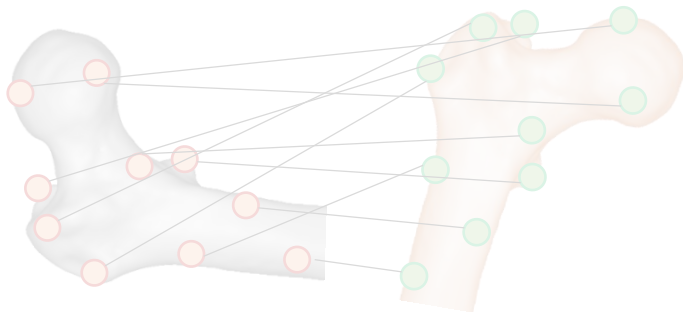
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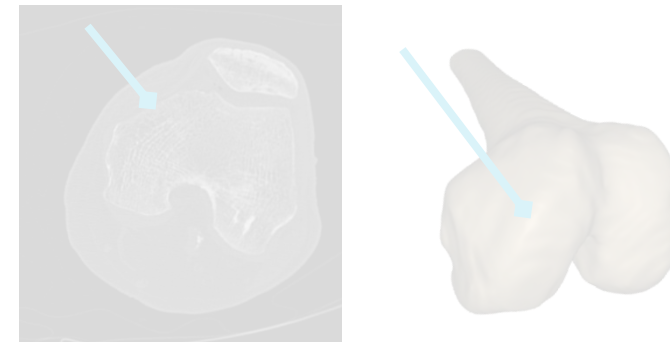
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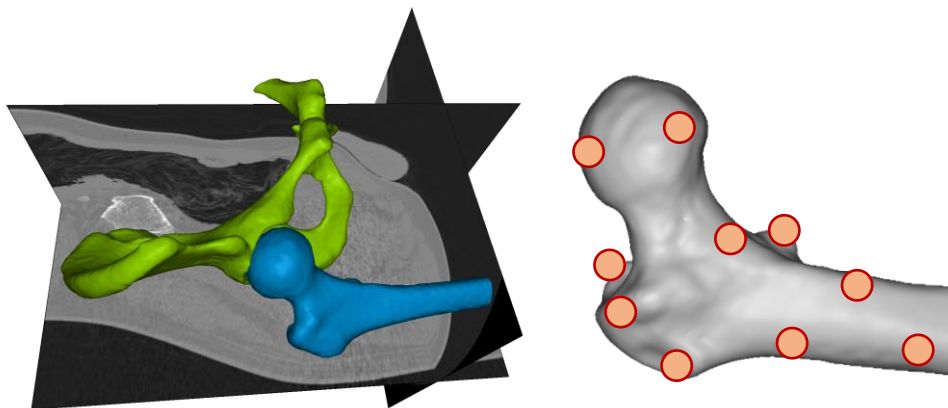


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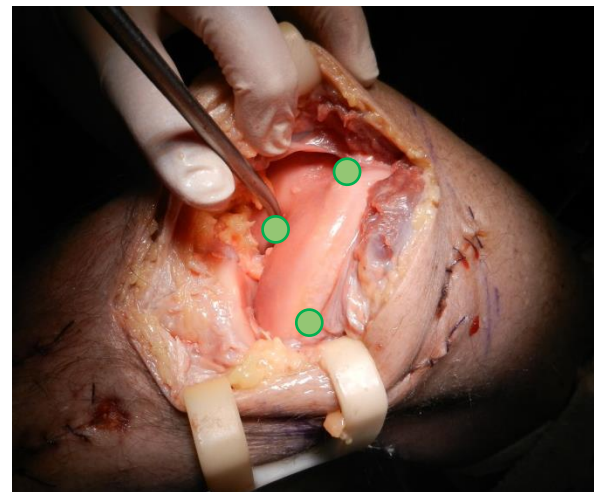


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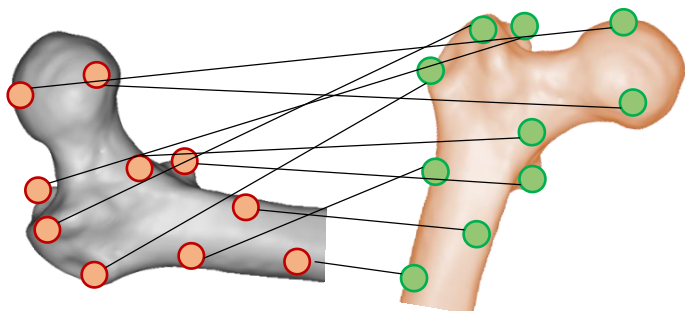
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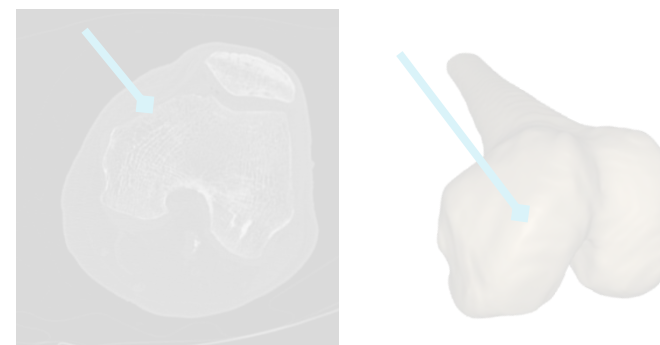
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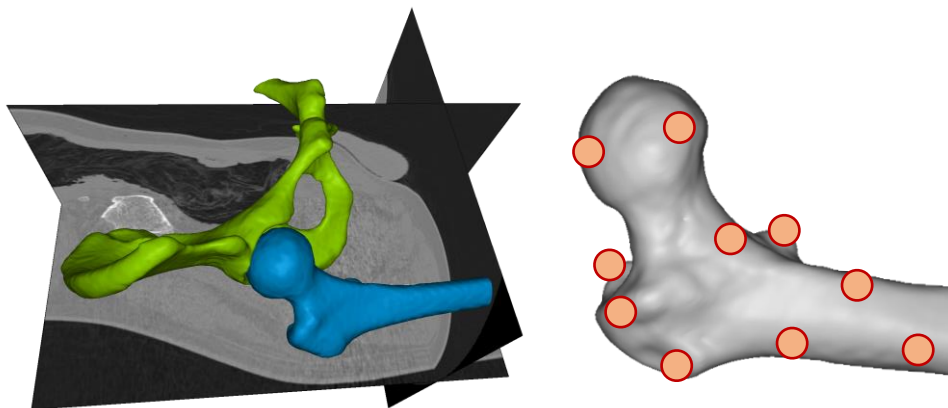


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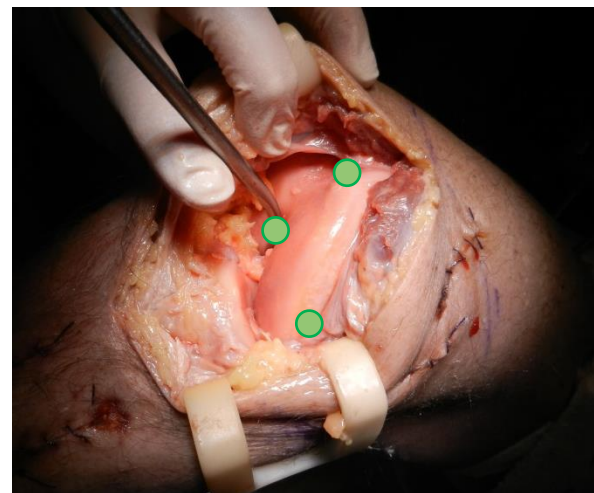


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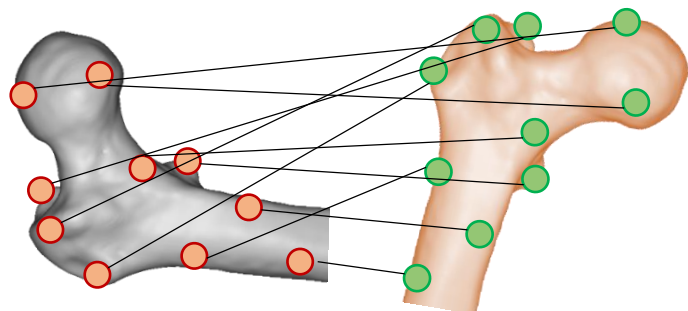
# Current workflow



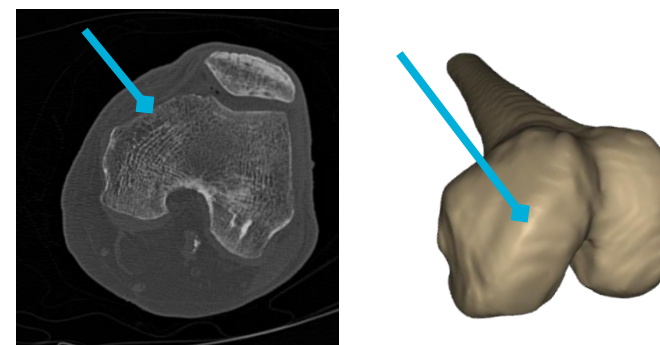
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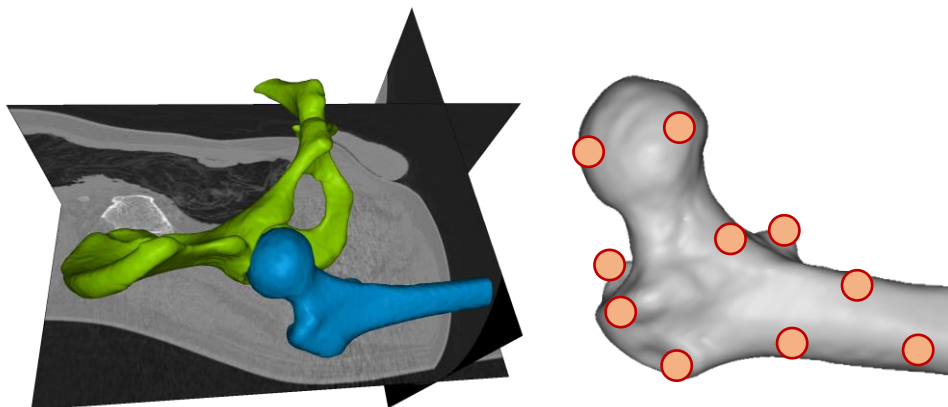
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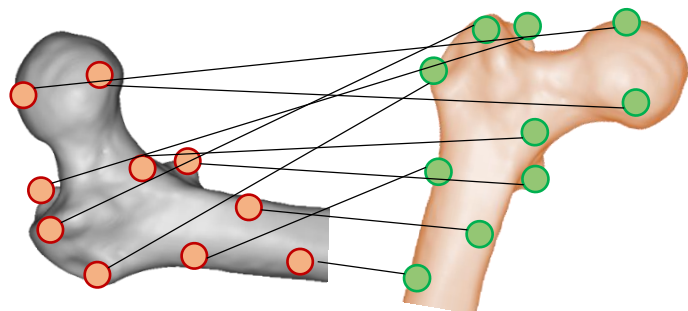
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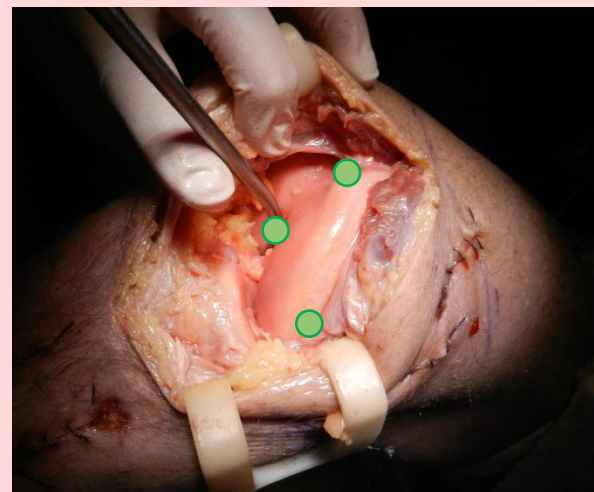
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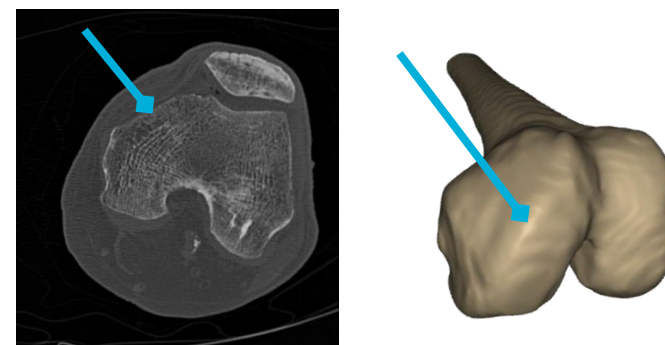
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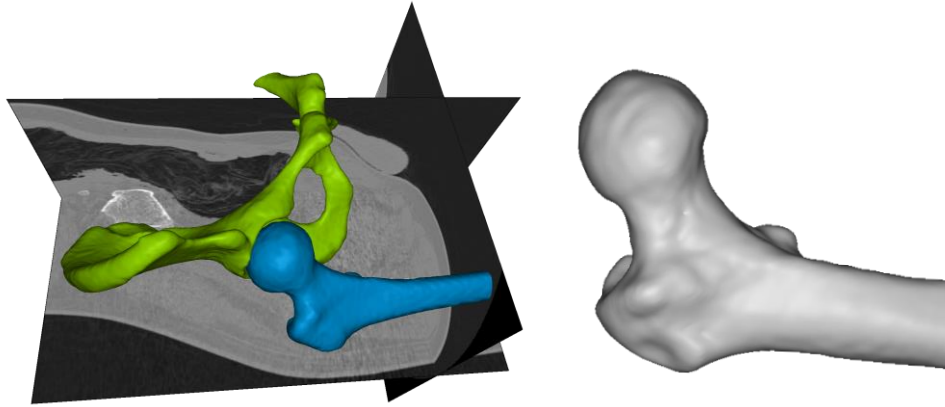
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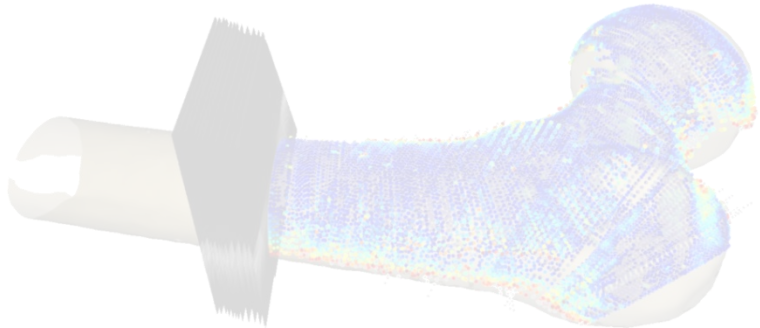
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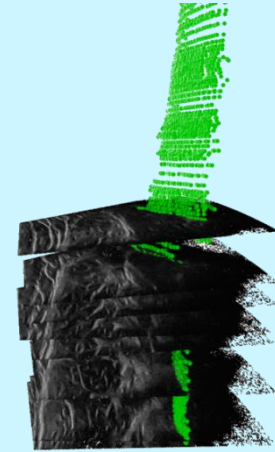
# Ultrasound-based workflow



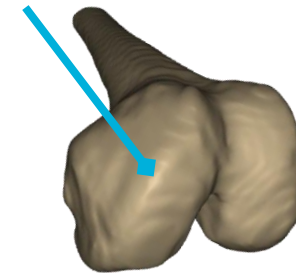
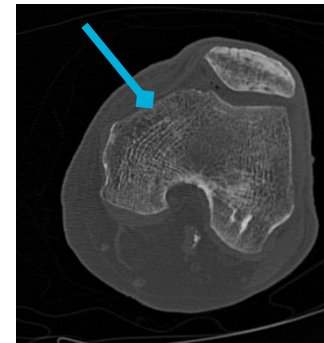
- 1 Acquire CT/MR image before the operation  
Segment the bones



- 3 Register pre-op/intra-op bone surface

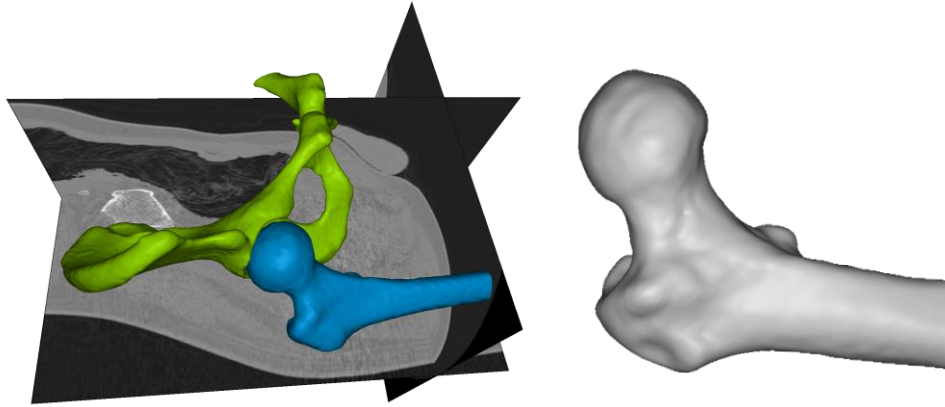


- 2 Acquire a tracked 3D Ultrasound sweep  
Extract the bone surface

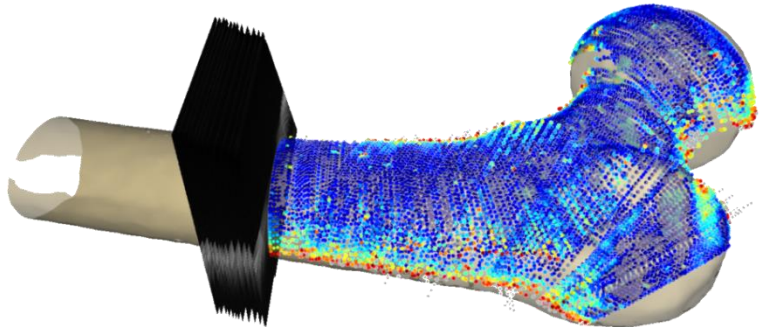


- 4 Navigate using the pre-op data

# Ultrasound-based workflow



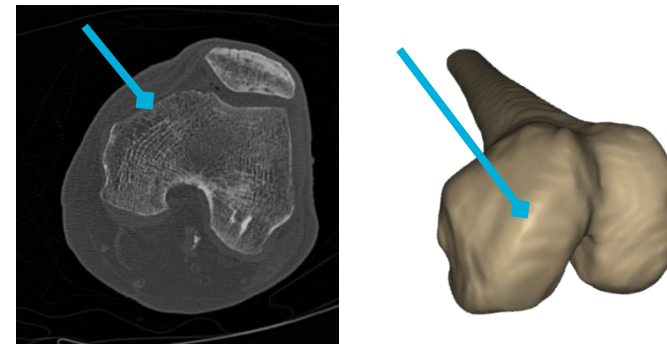
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- 3 Register pre-op/intra-op bone surface



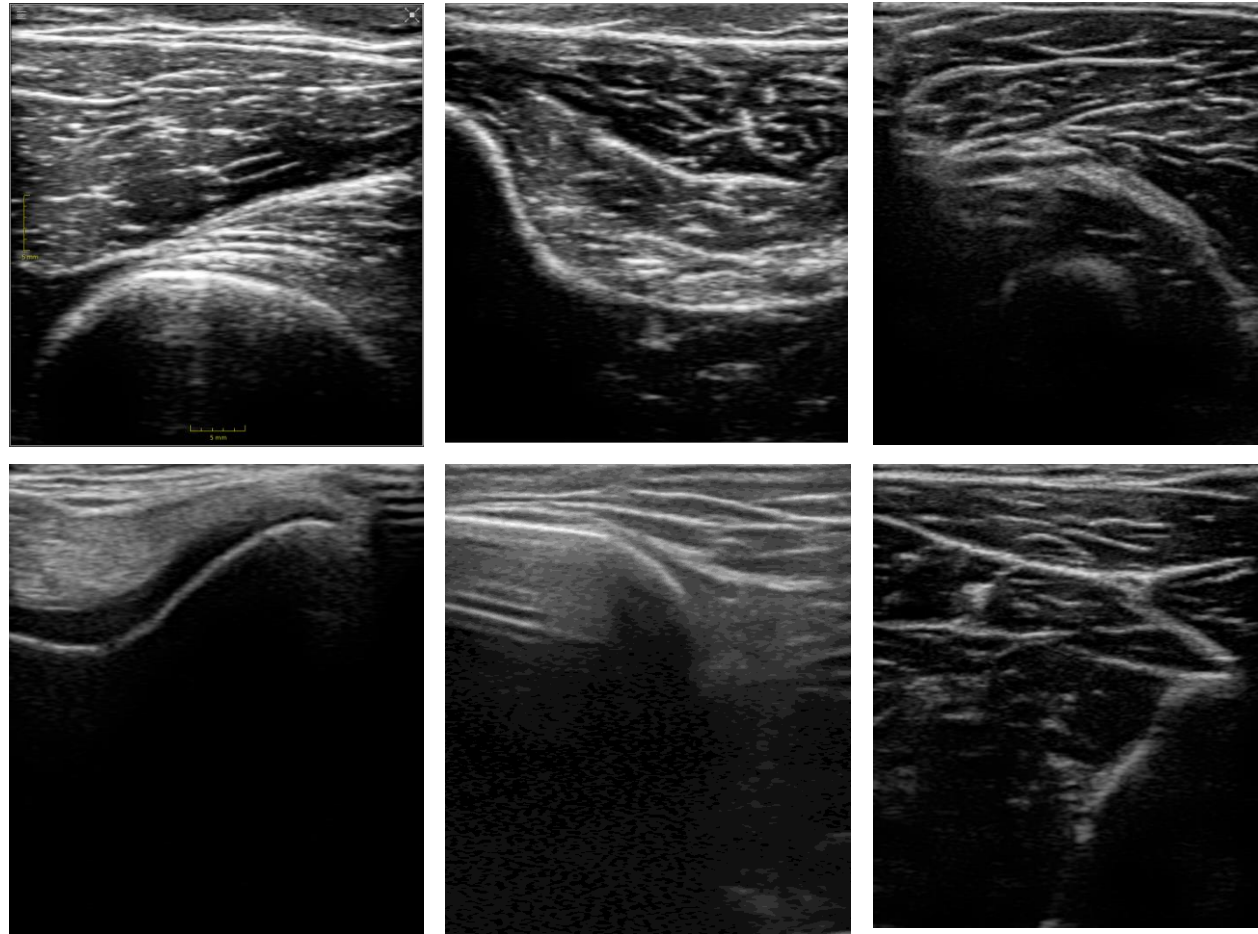
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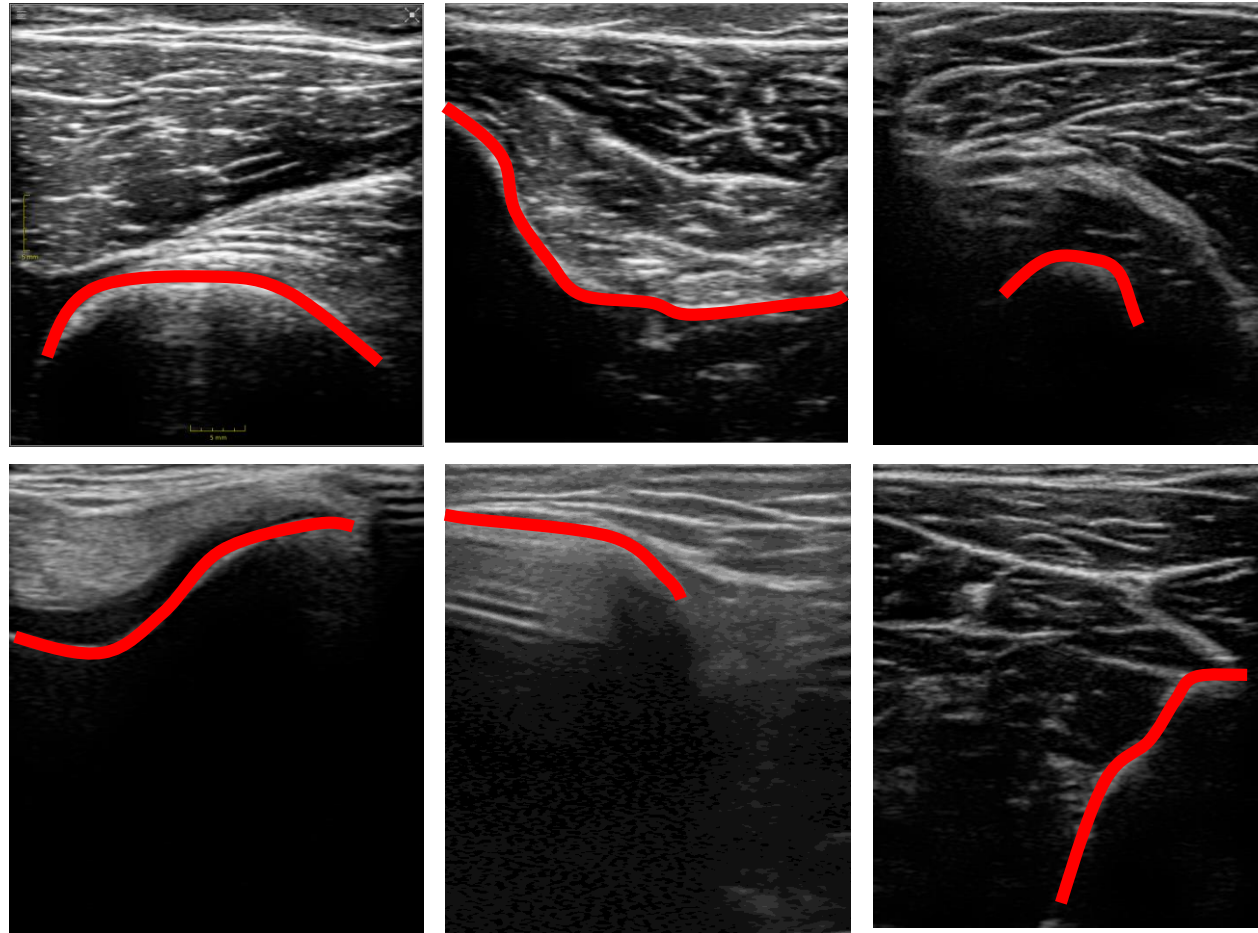
# Deep Learning for Bone Detection

High shape and appearance variability



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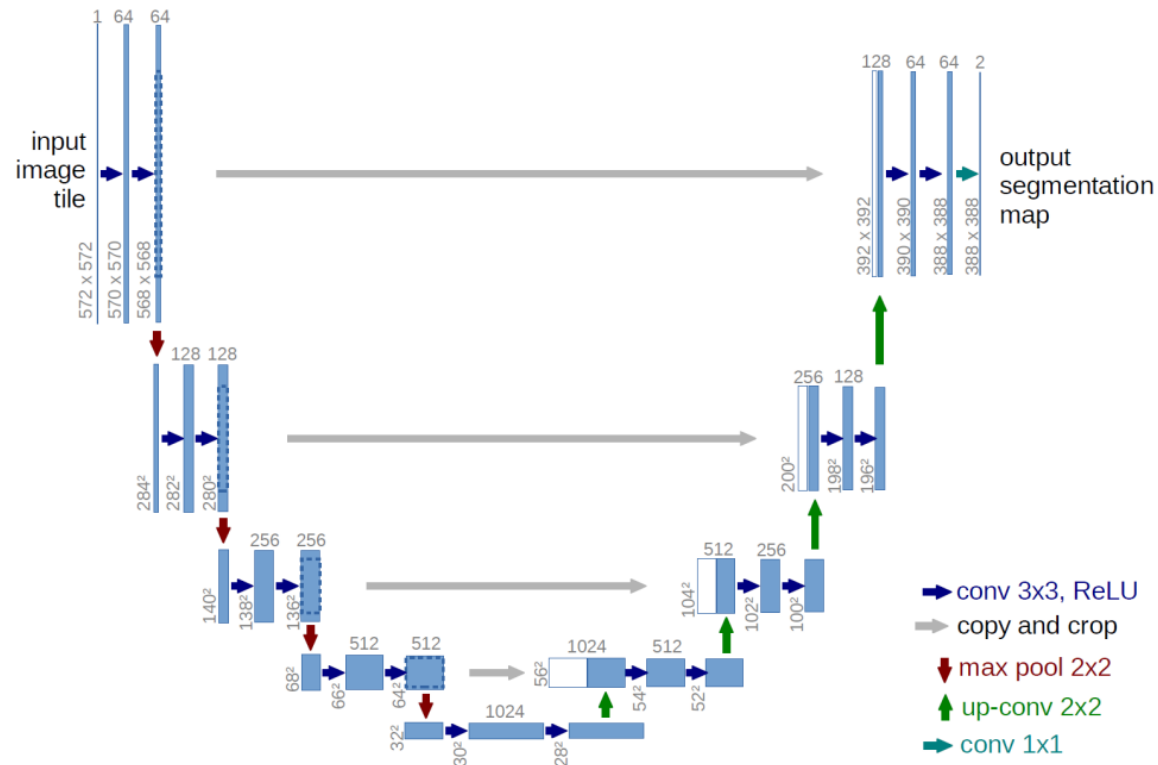
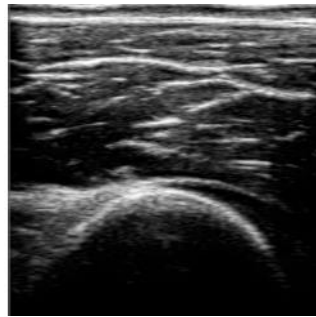
High shape and appearance variability





# Network Architecture for Segmentation

## U-Net Architecture (most popular for medical image segmentation)

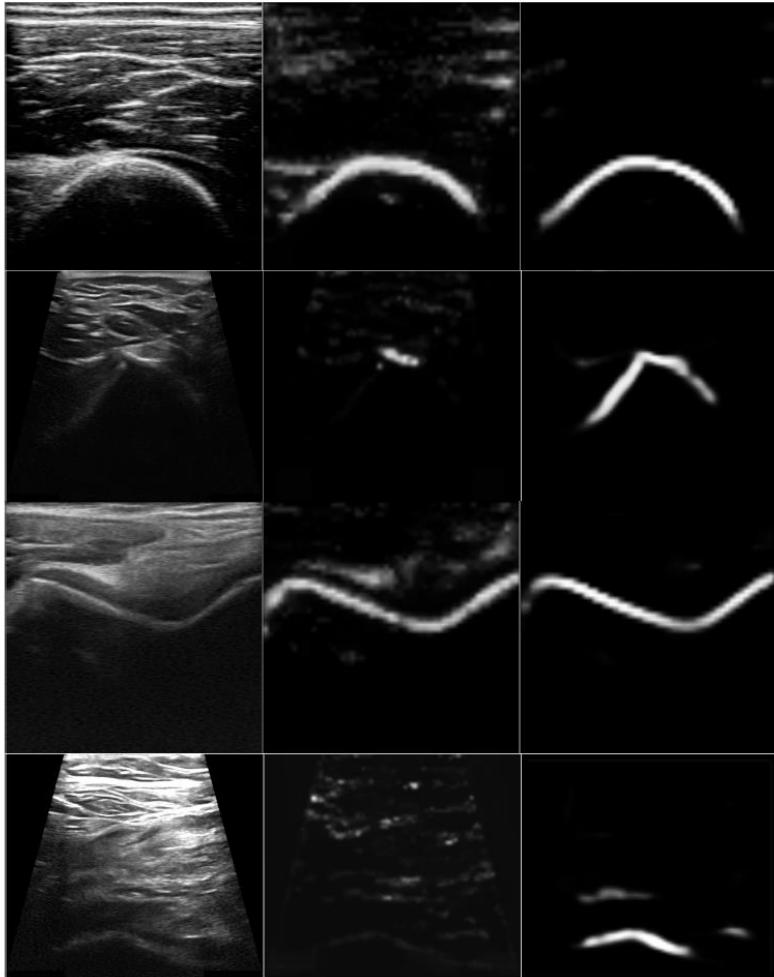


from <https://lmb.informatik.uni-freiburg.de/people/ronneber/u-net/>



# Bone Segmentation Results

US Image    Random Forest    Neural Network

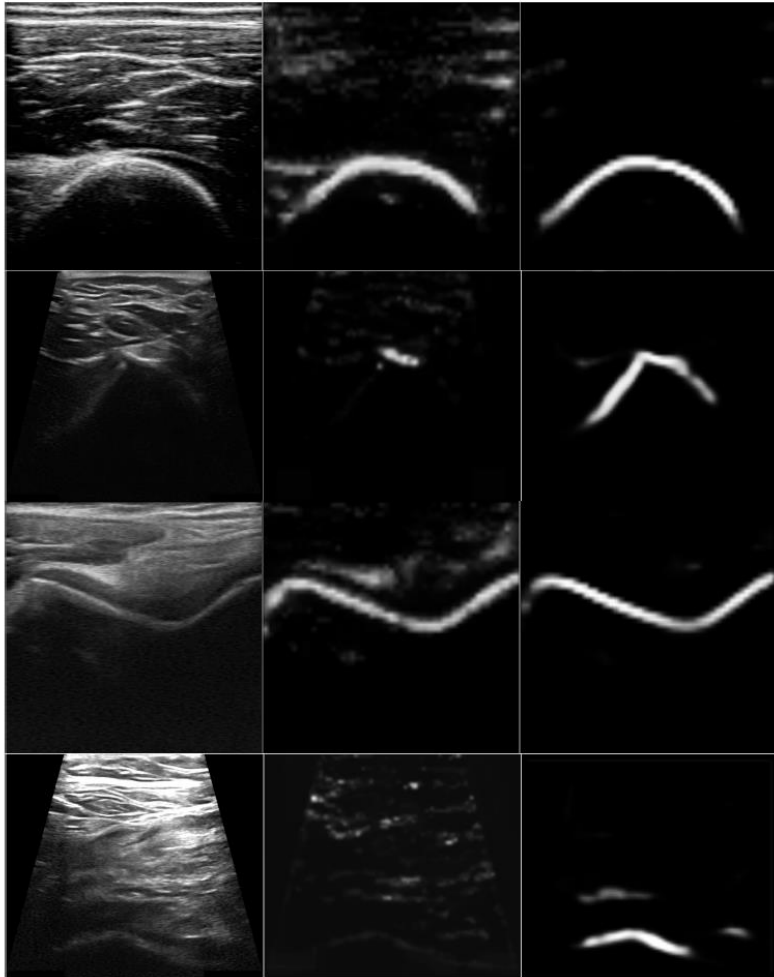


The segmentation is then refined at the pixel-level

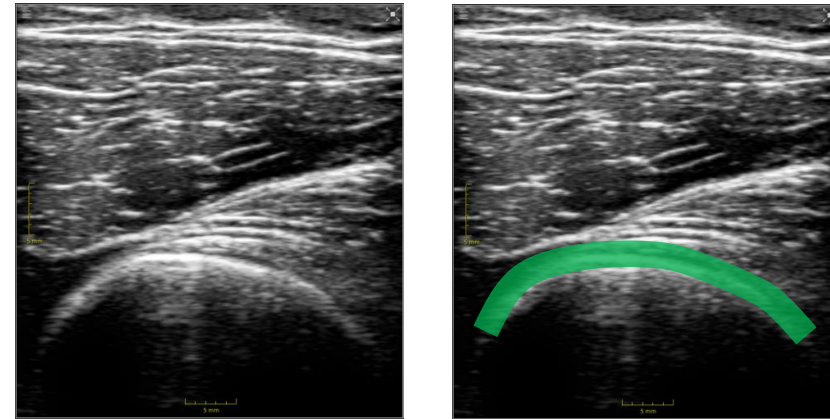


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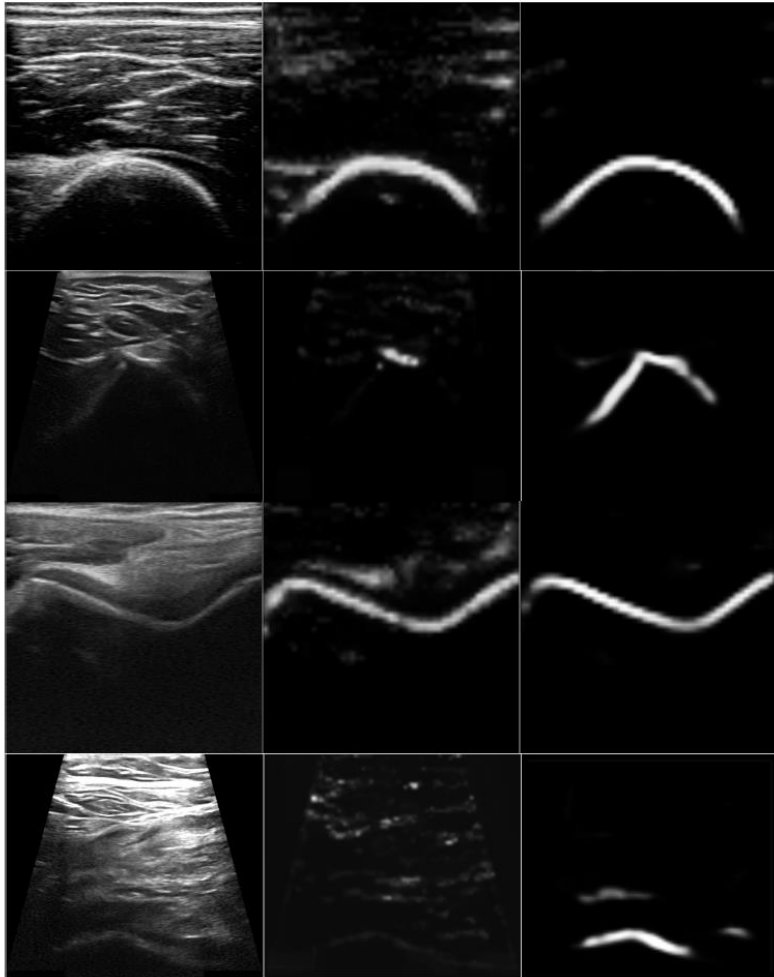


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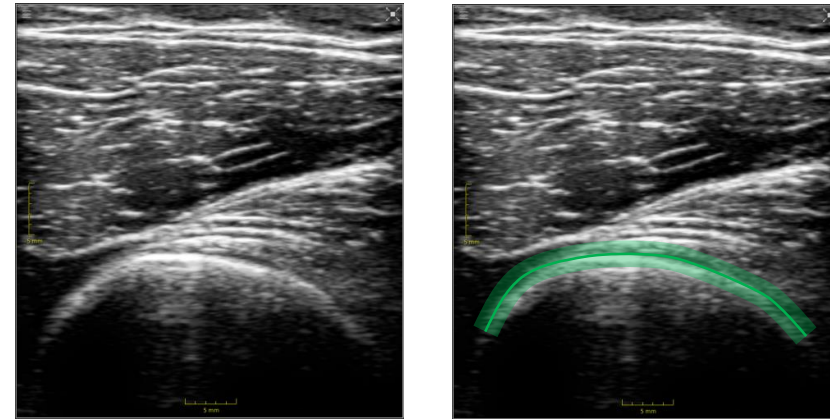


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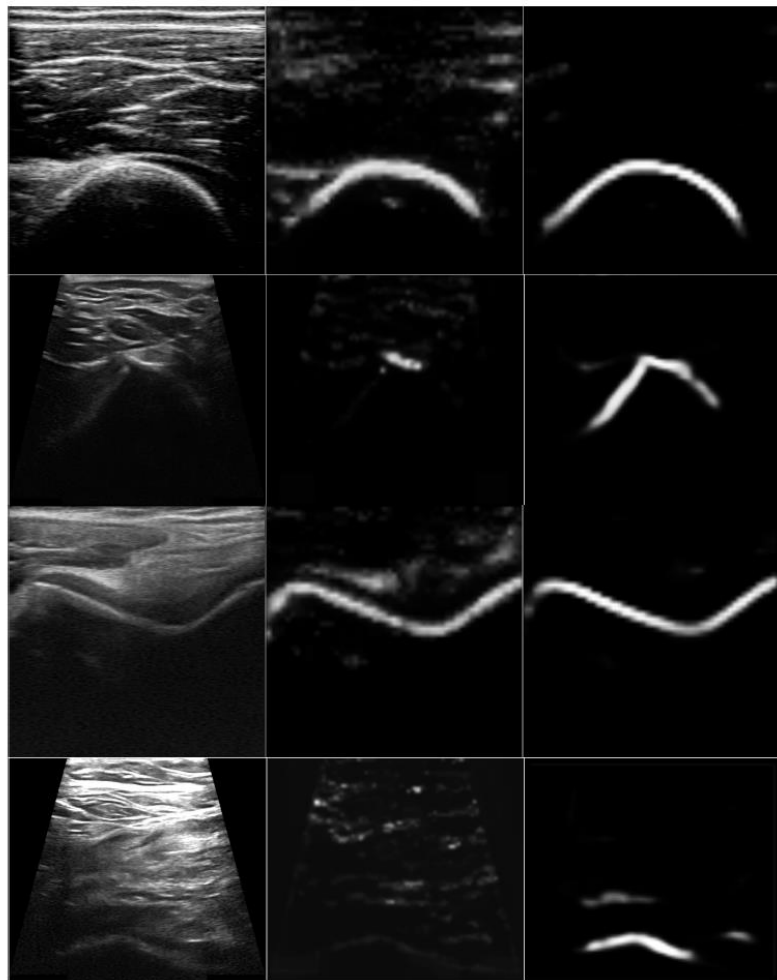


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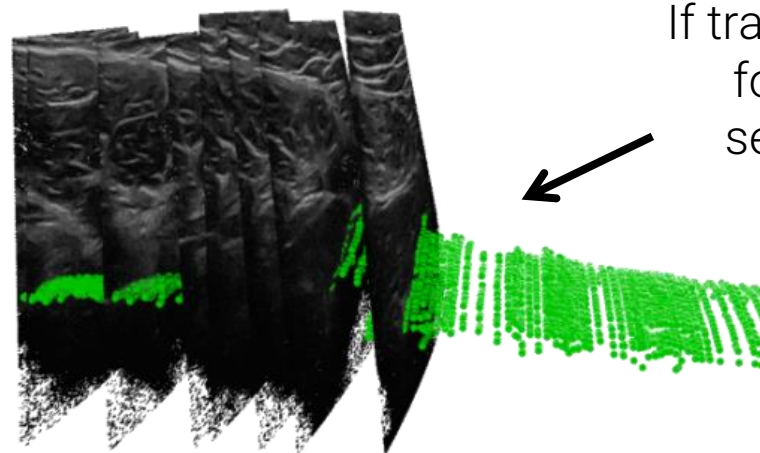
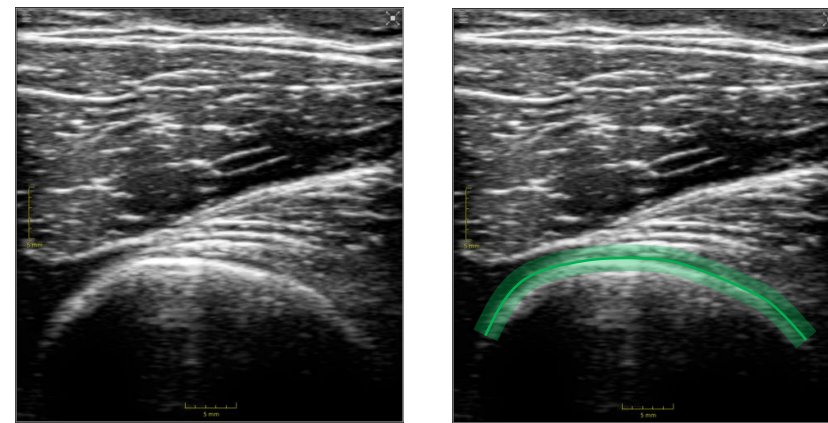


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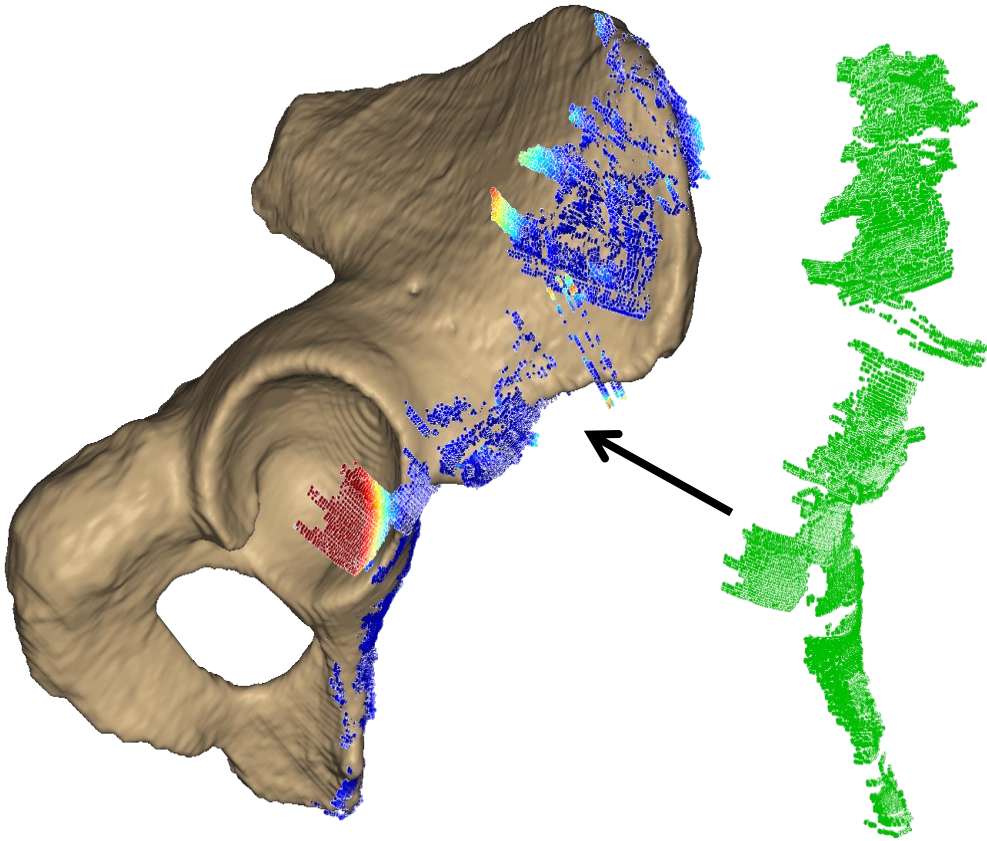
If tracking data is available for each frame, a 3D segmentation can be generated



# Point Cloud to Surface Registration

## Optimization problem

Minimize the distance between each point and the closest point on the surface

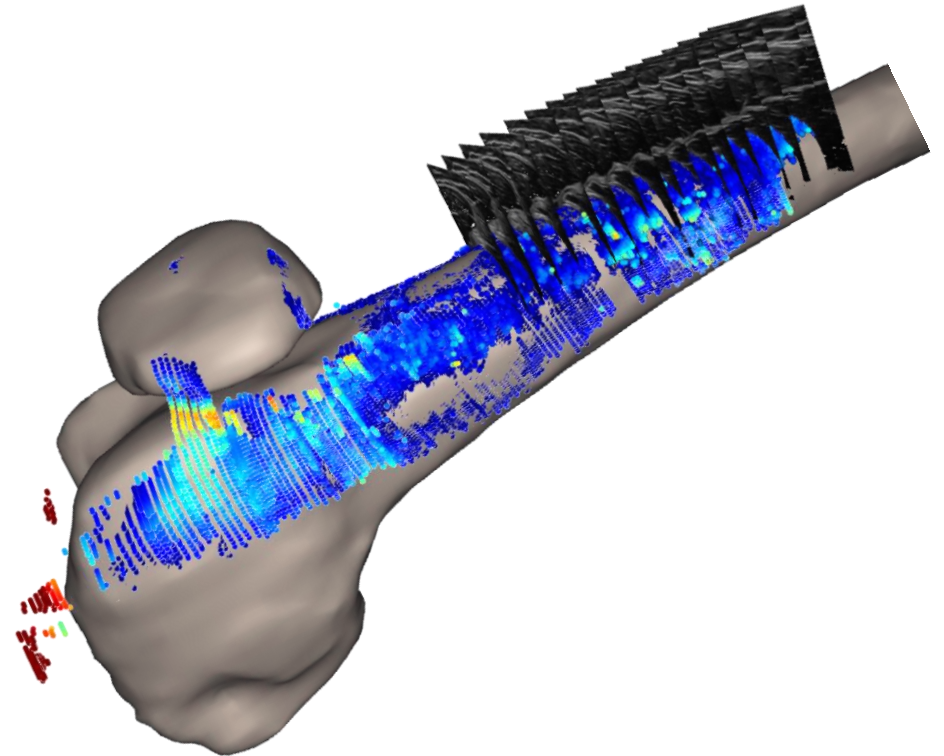
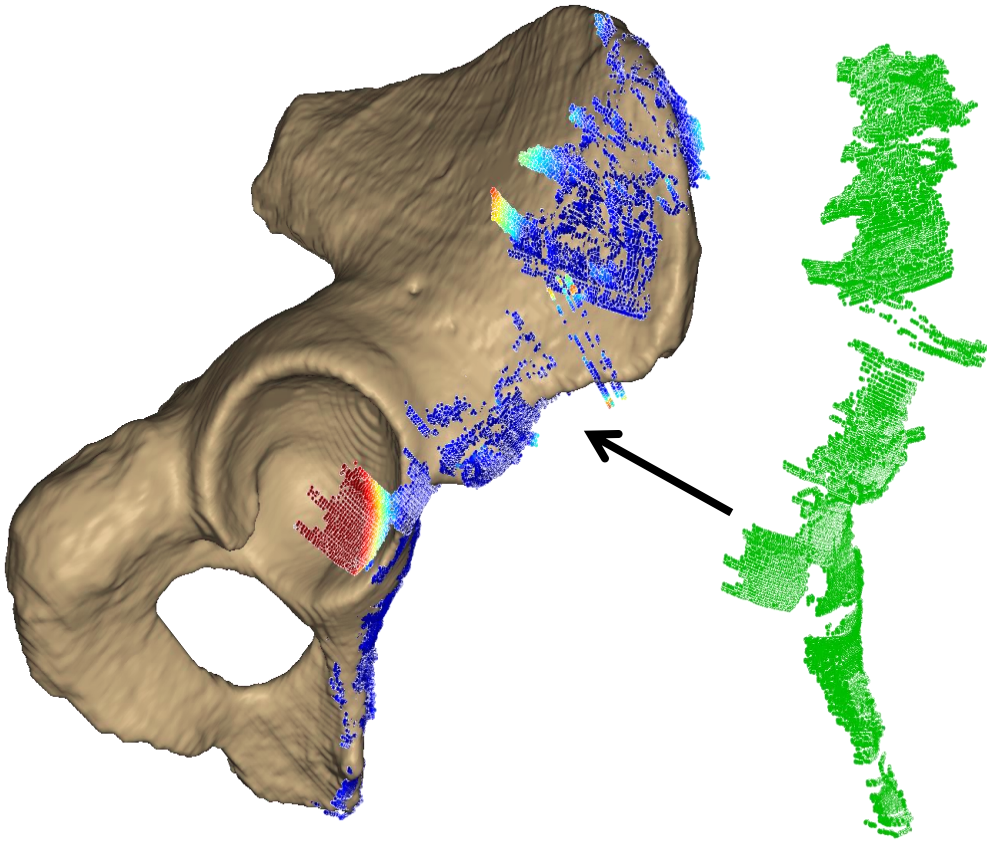




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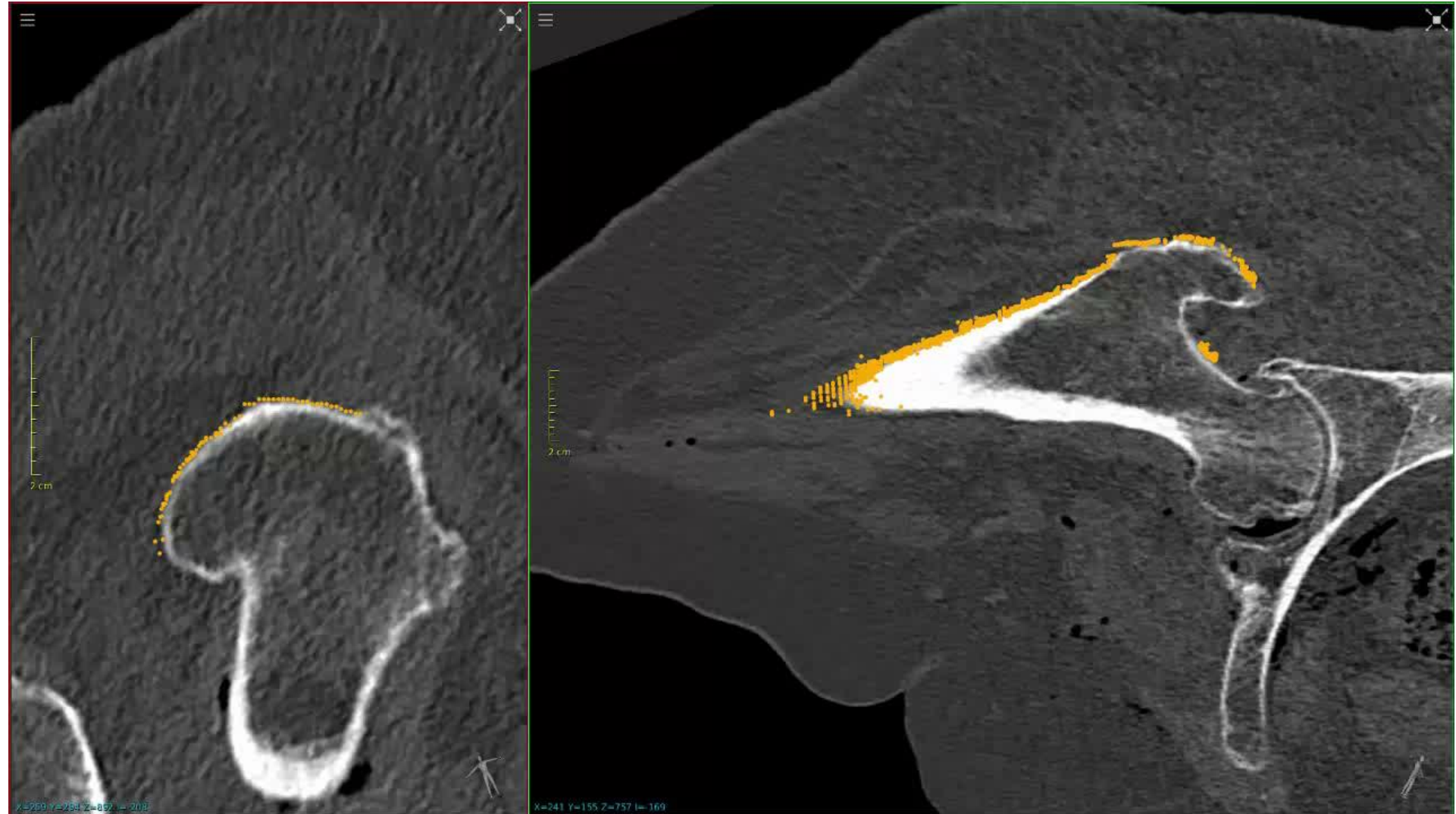


# Fusion with pre-operative image

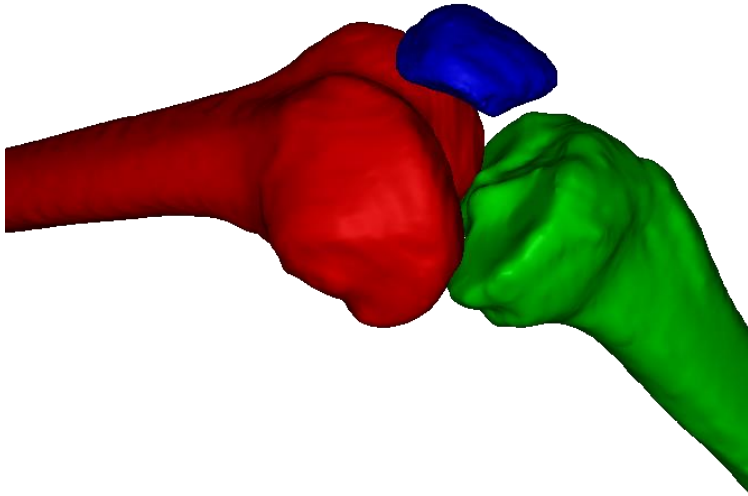
Salehi & Prevost et al.

Precise Ultrasound  
Bone Registration with  
Learning-Based  
Segmentation and  
Speed of Sound  
Calibration

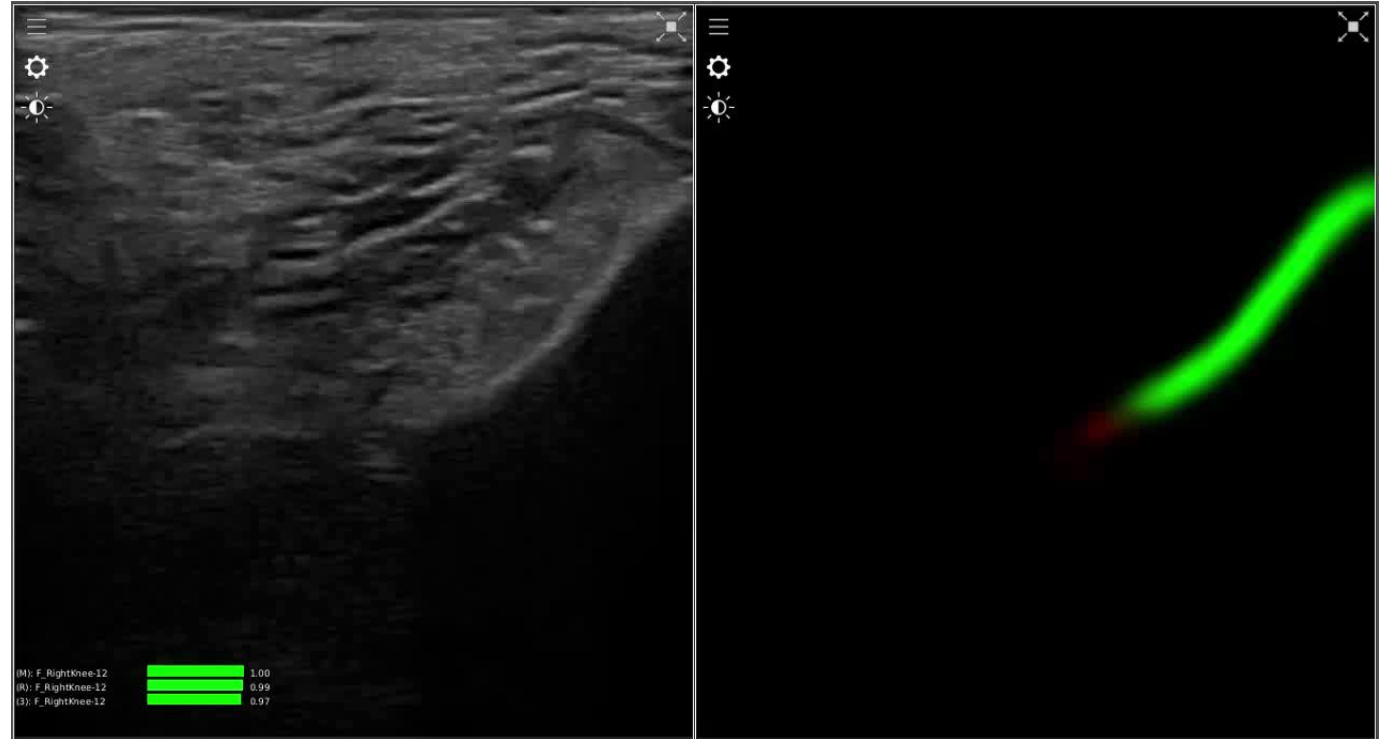
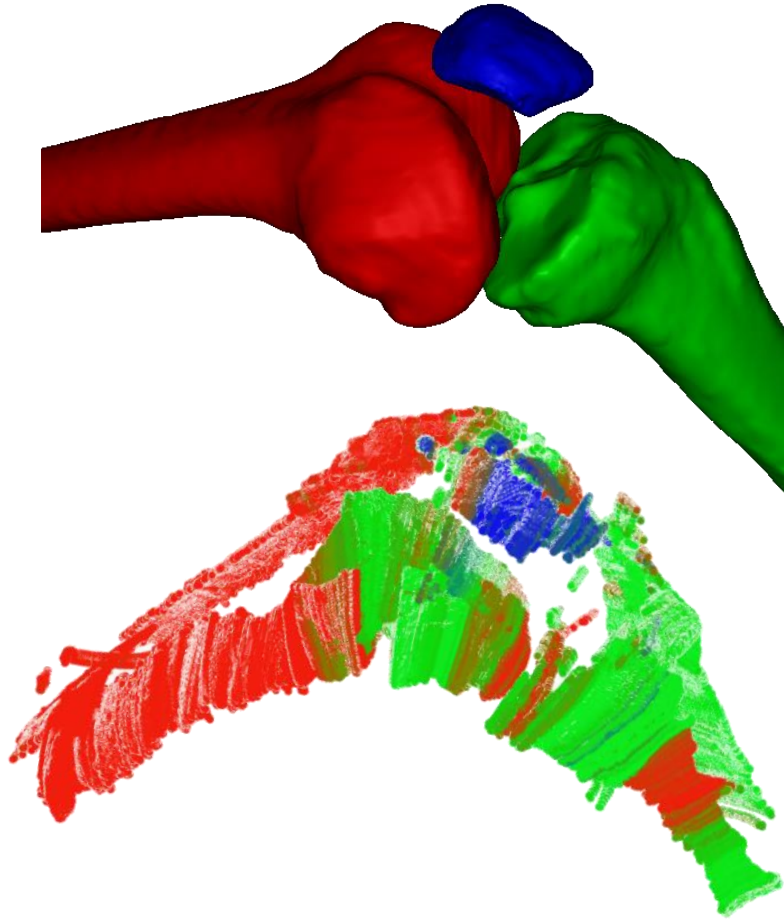
*MICCAI 2017*



# Extension to multiple bones



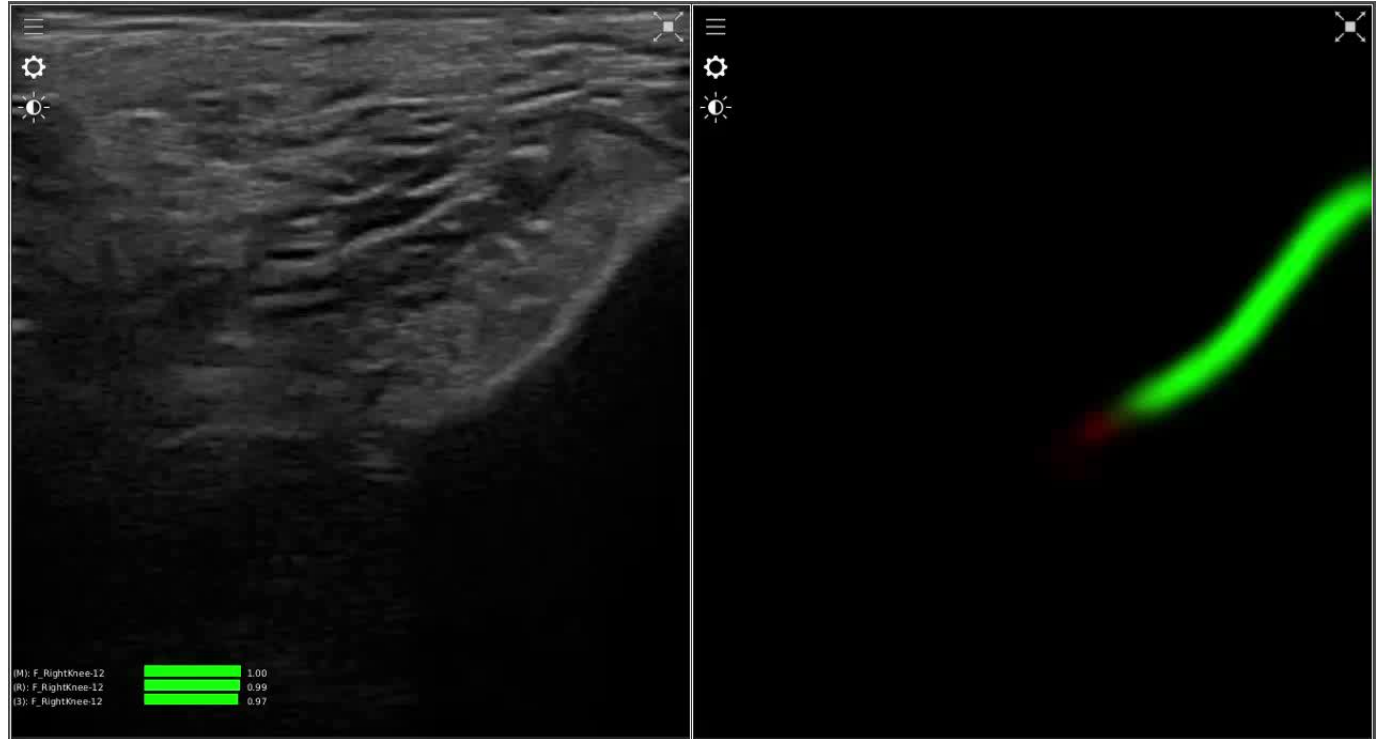
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Train a neural network on different bones separately by encoding them as multiple channels



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# Optimize the system accuracy by leveraging AI

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The whole system needs to be precisely calibrated

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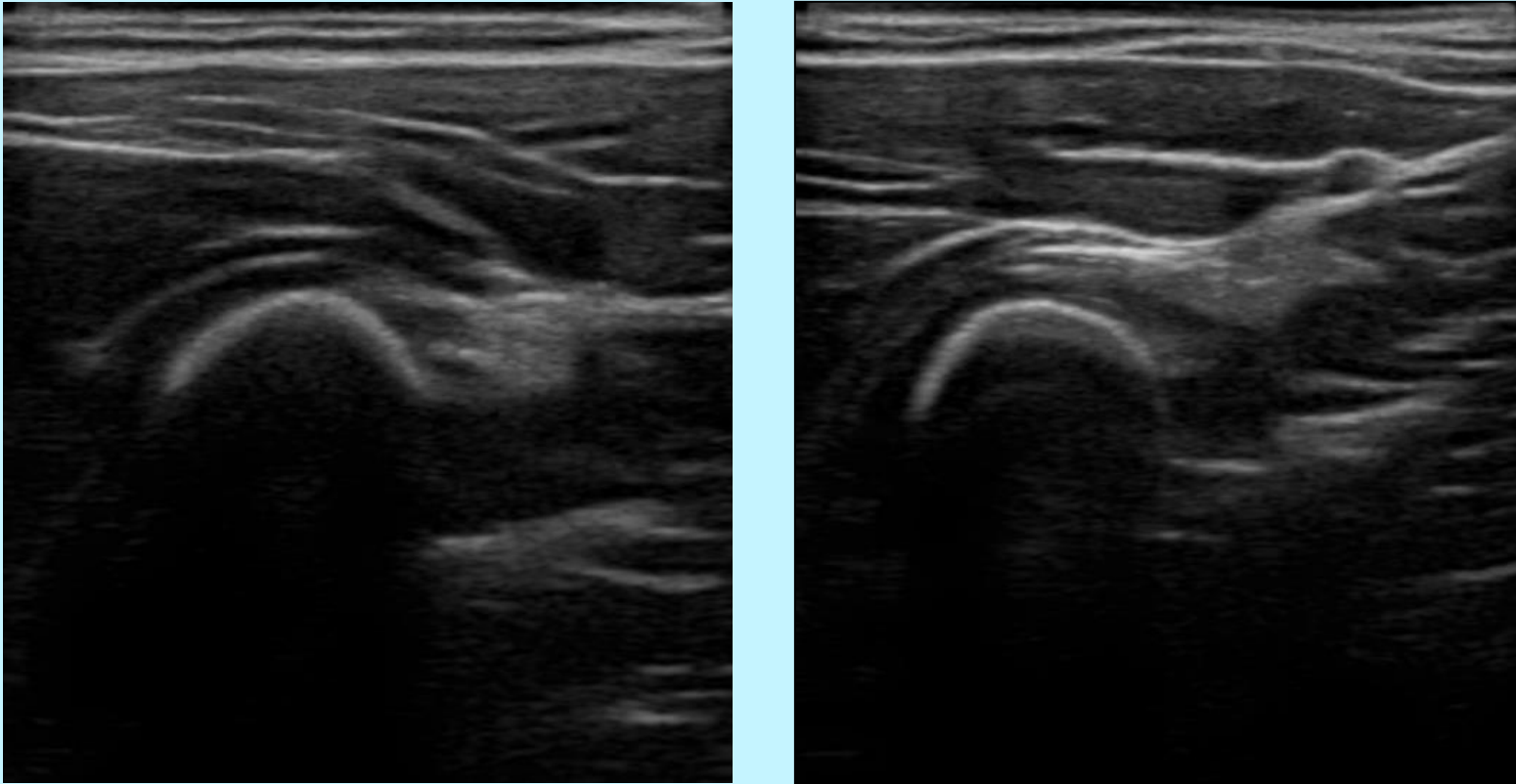
The whole system needs to be precisely calibrated

- ✓ Acquisition parameters must be optimized

# Optimize the system accuracy by leveraging AI

The who

✓ Acc



Bone surface can be more or less fuzzy

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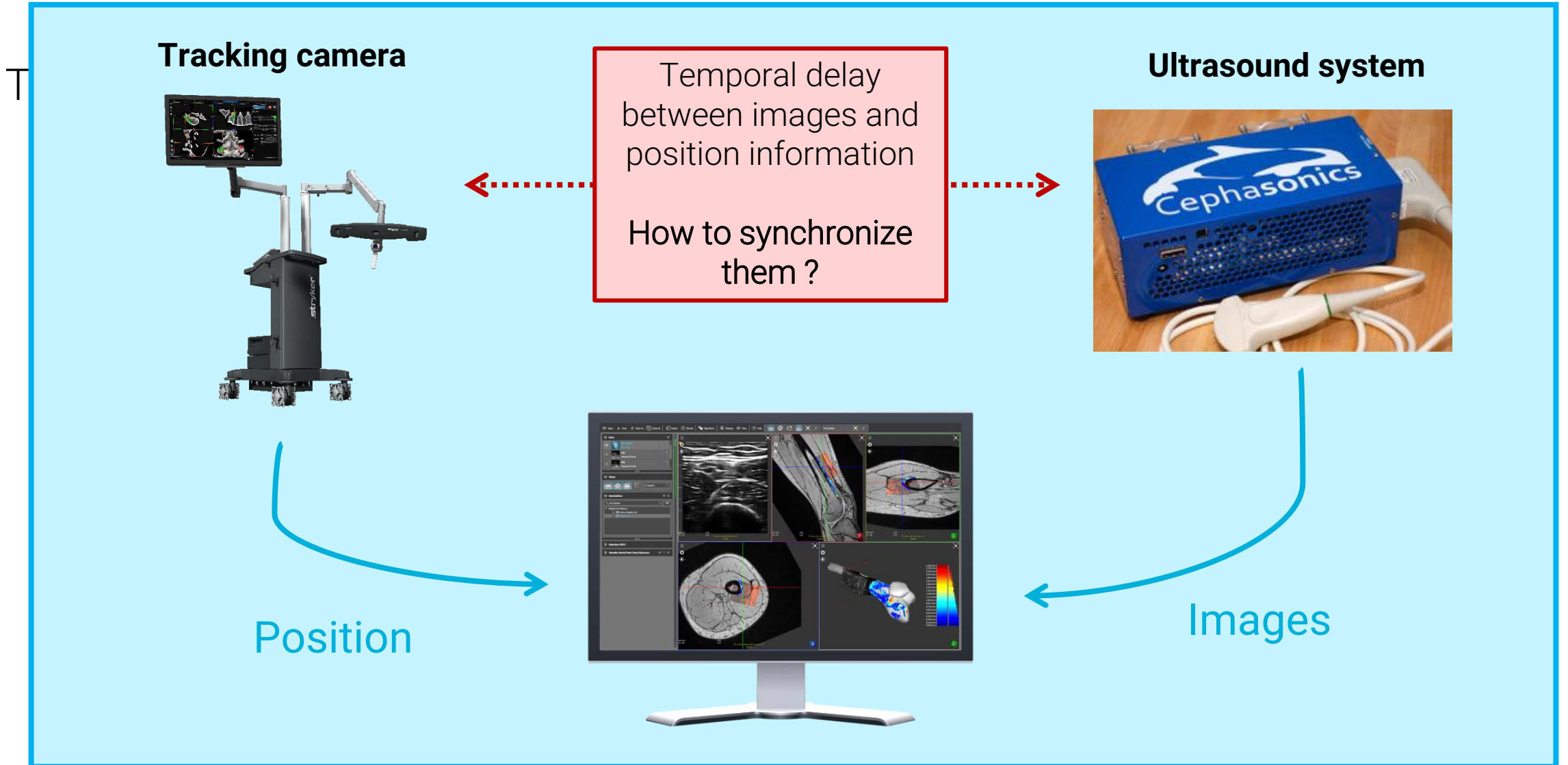


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US systems assume a constant speed of sound  
However, sound travels at different speeds in fat and muscle

US System Assumption

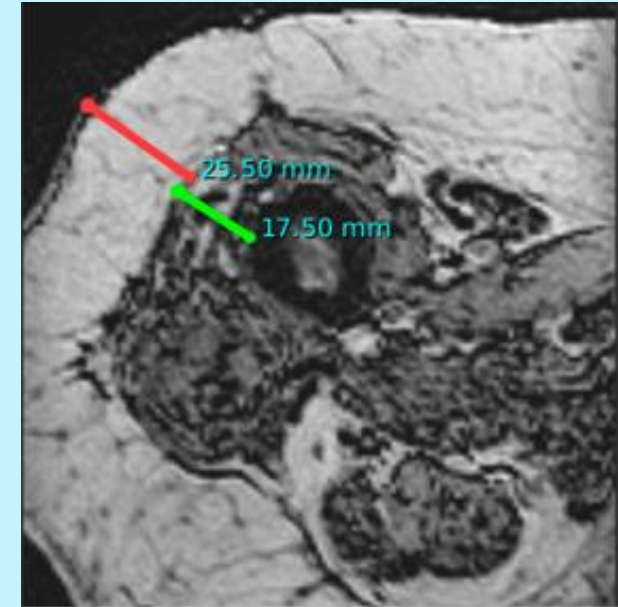
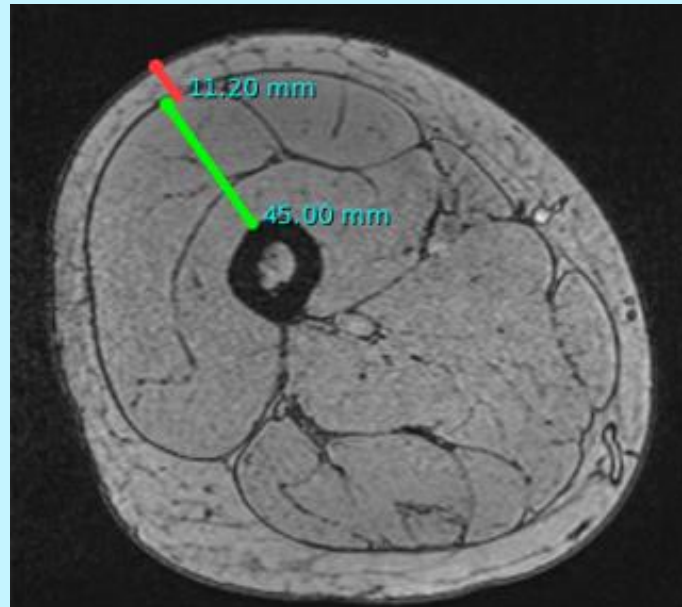
1540 m/s

Fat

1470 m/s

Muscle

1620 m/s





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Such processes are usually tedious and complex

...but we can leverage our real-time algorithms to solve them!

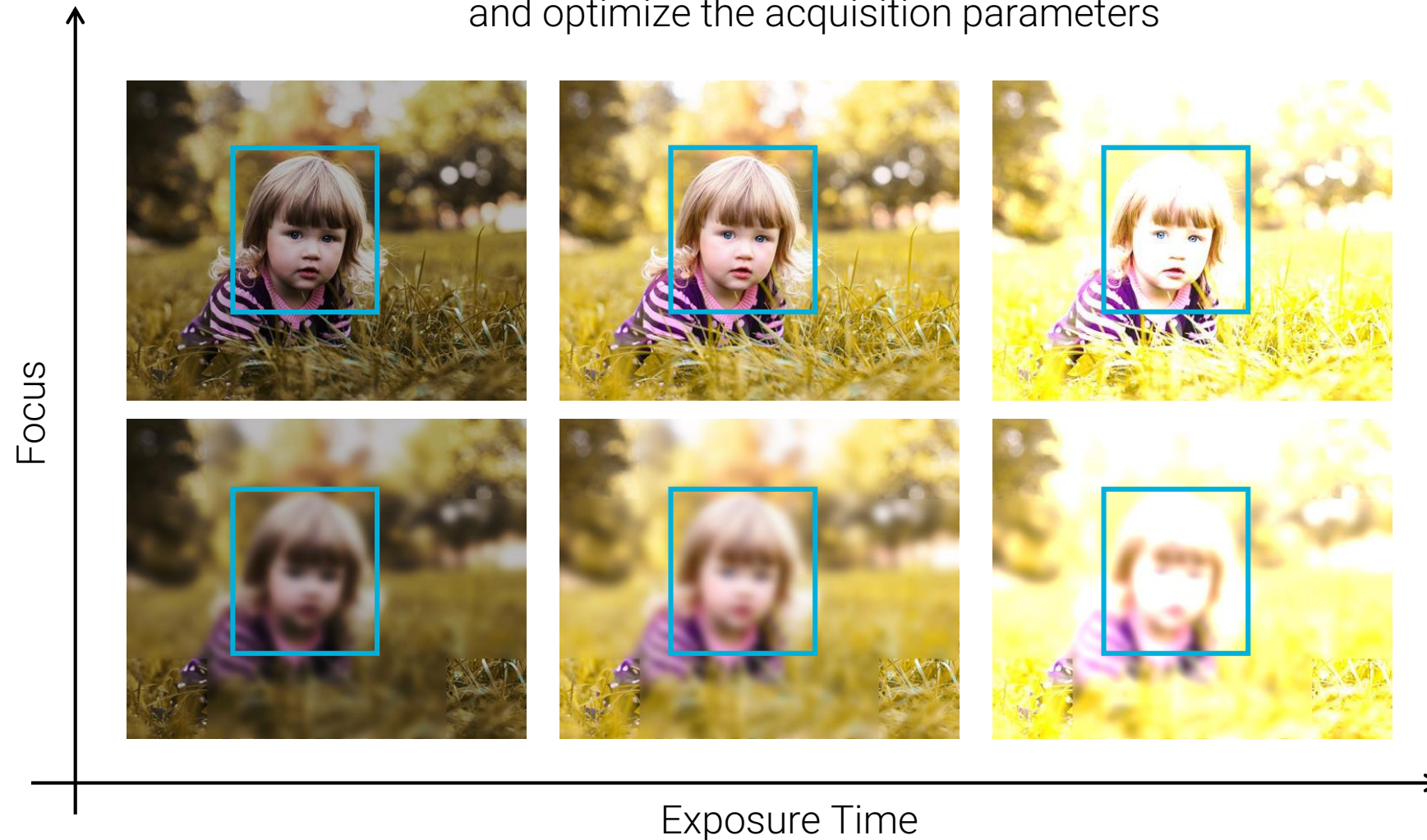
# 1) Parameter Tuning - Auto-Focus for Cameras

Cameras can automatically find the region of interest in an image and optimize the acquisition parameters



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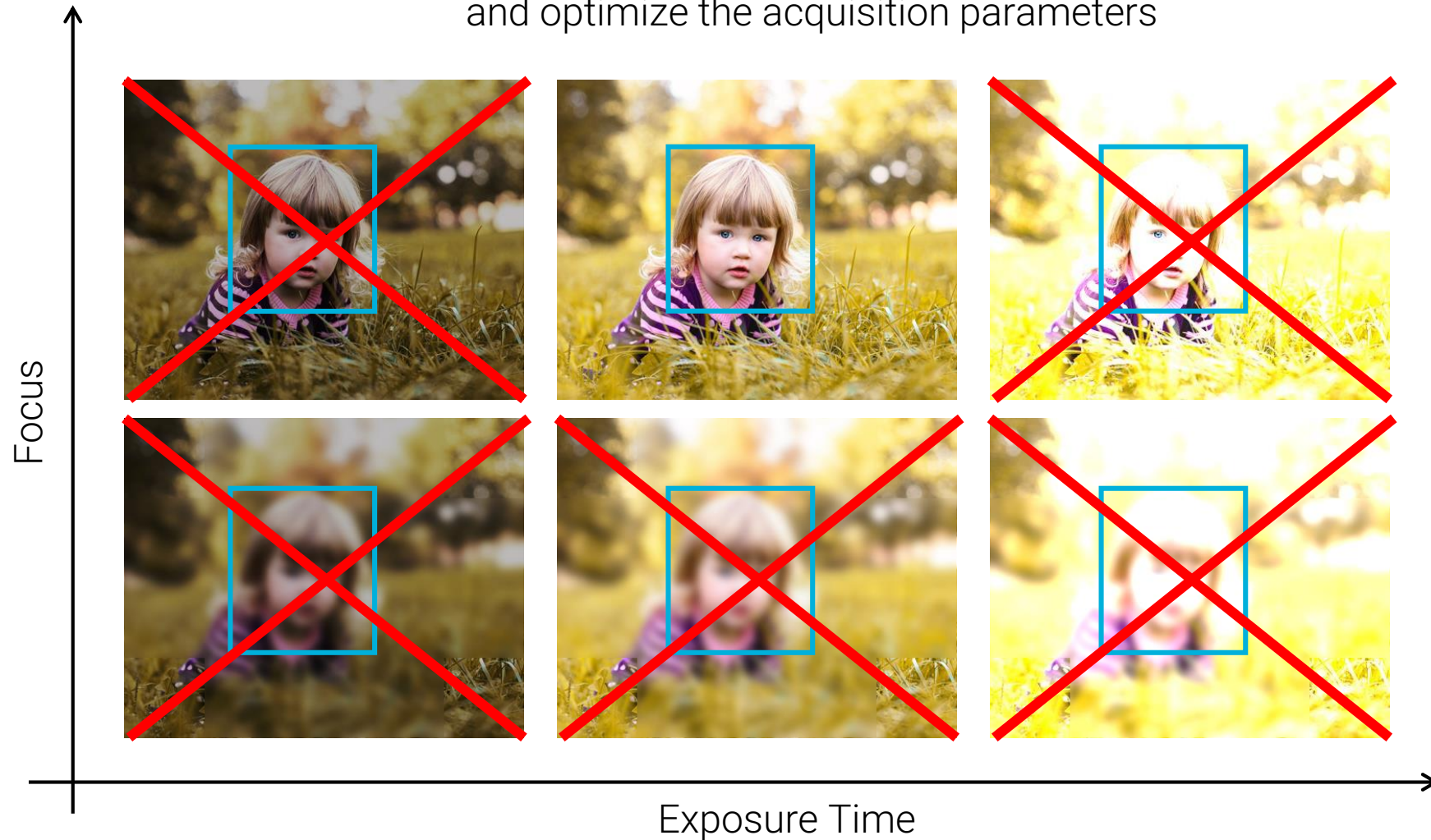
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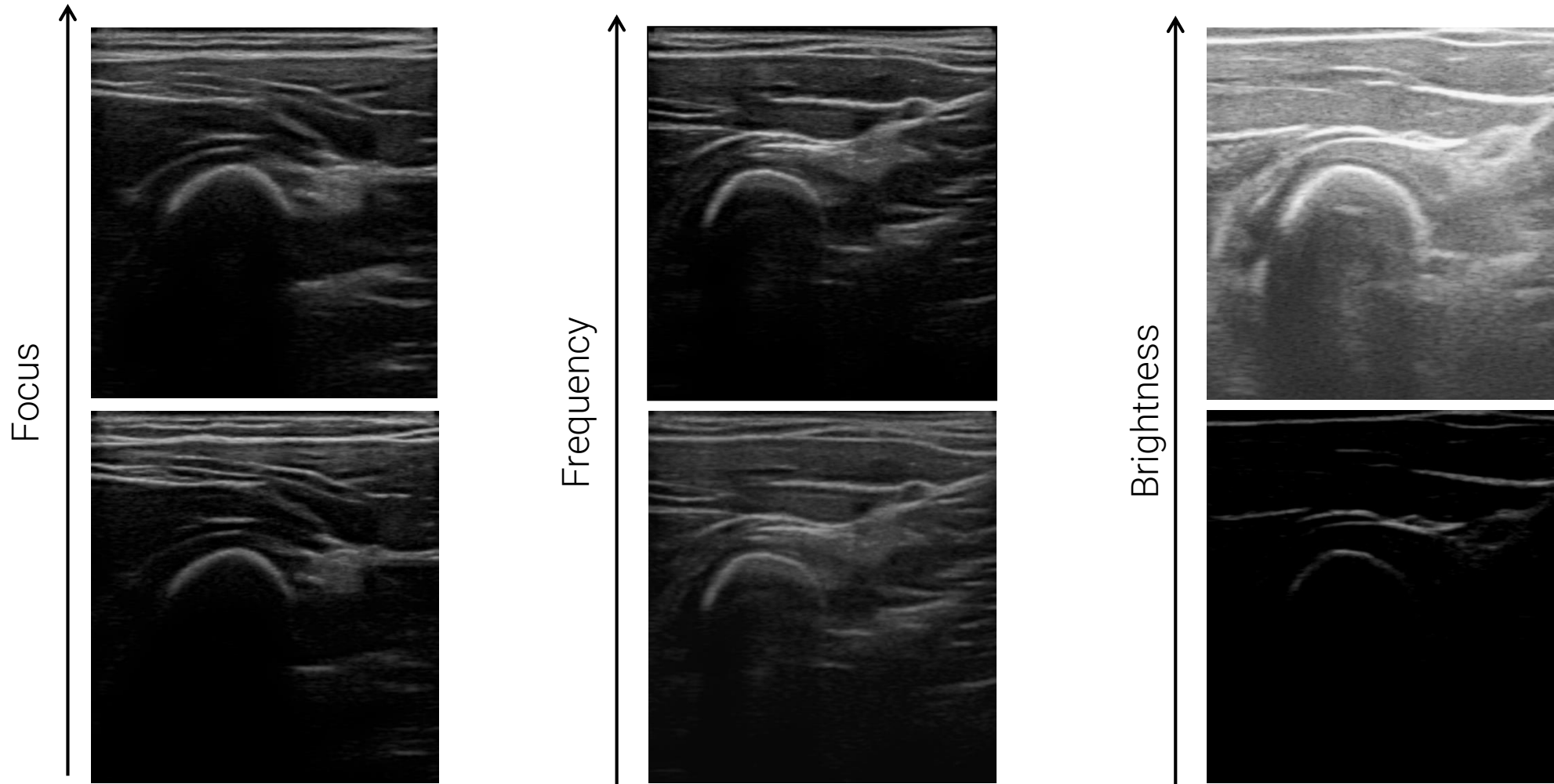


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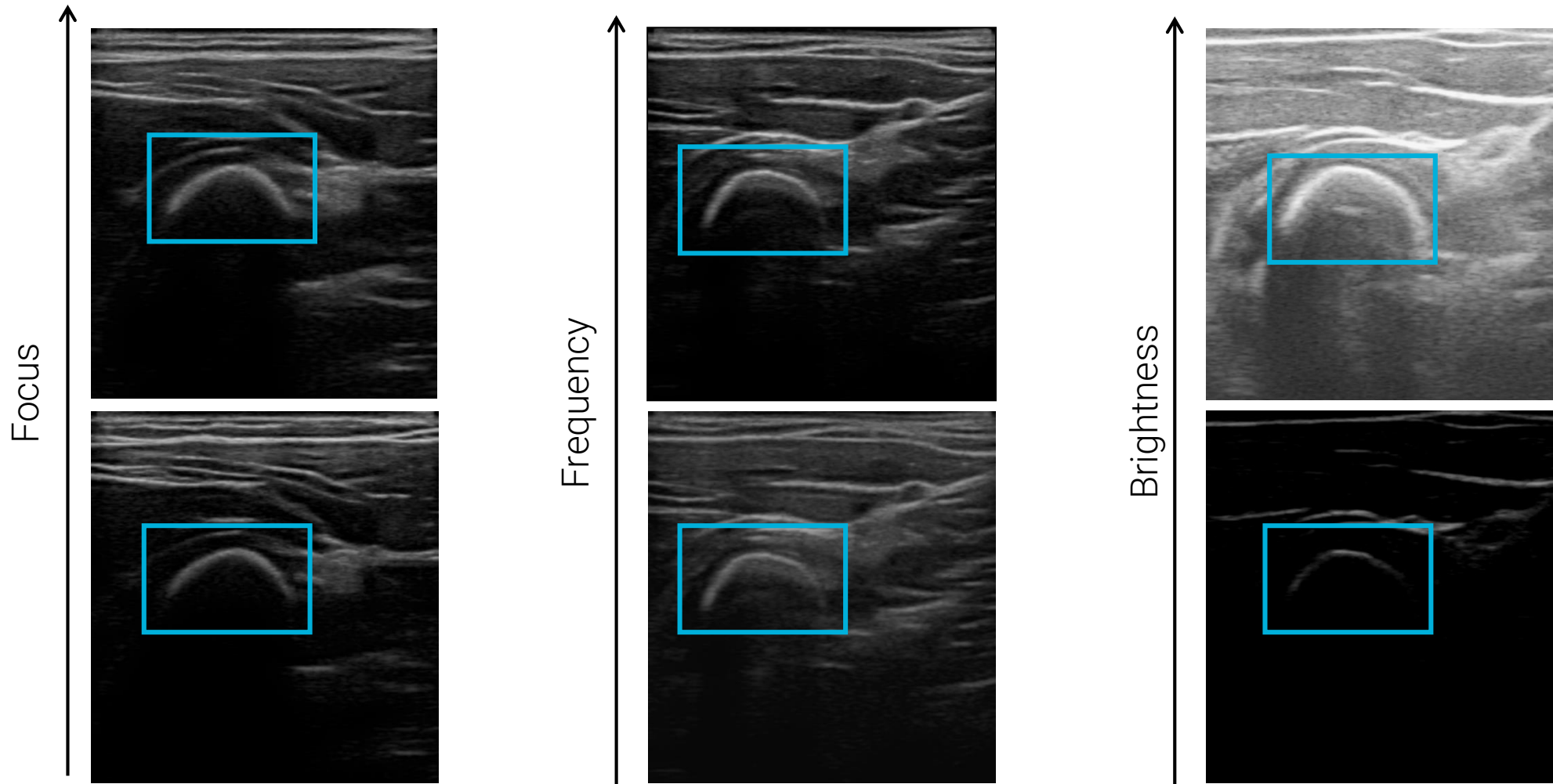
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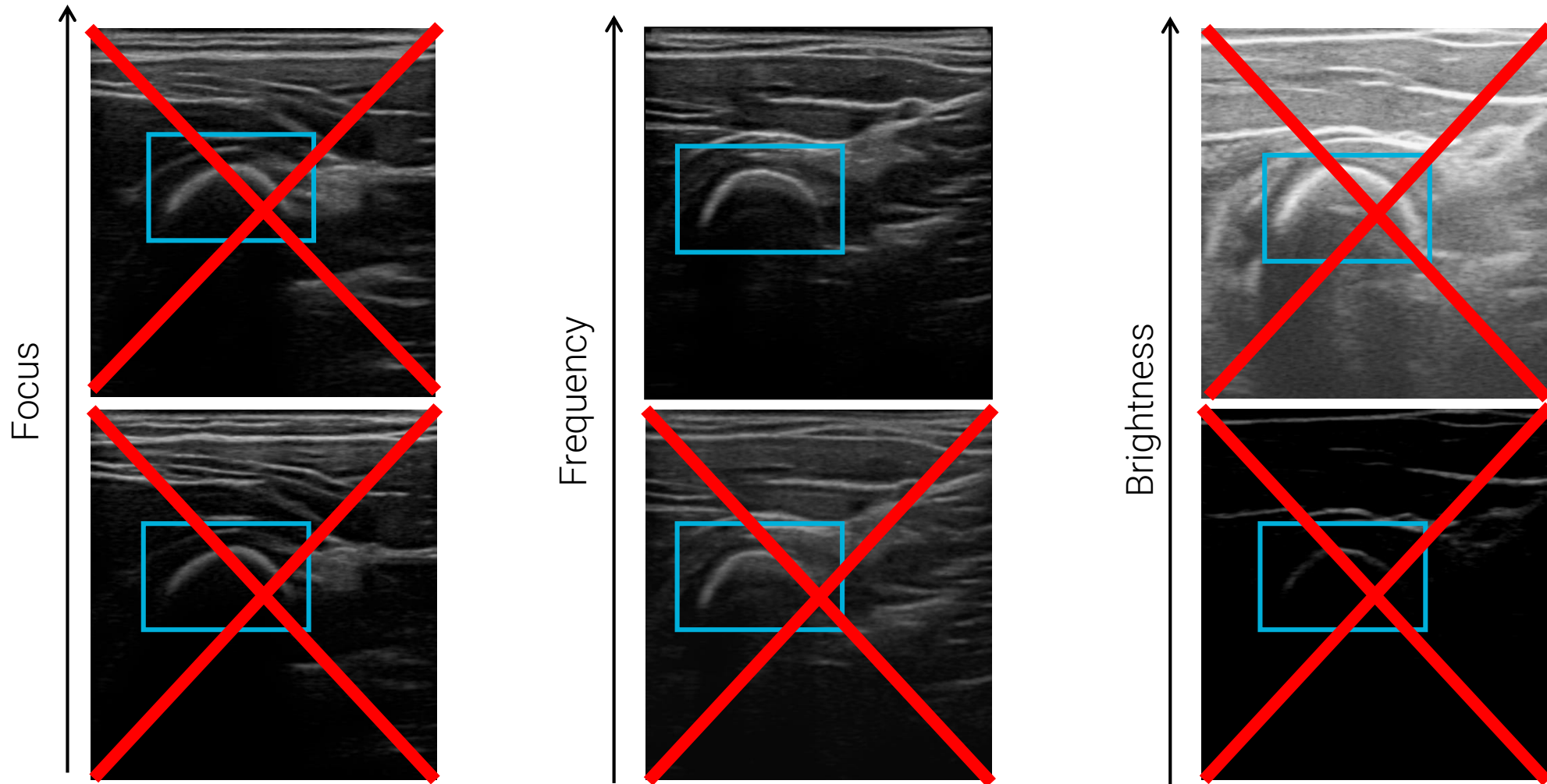
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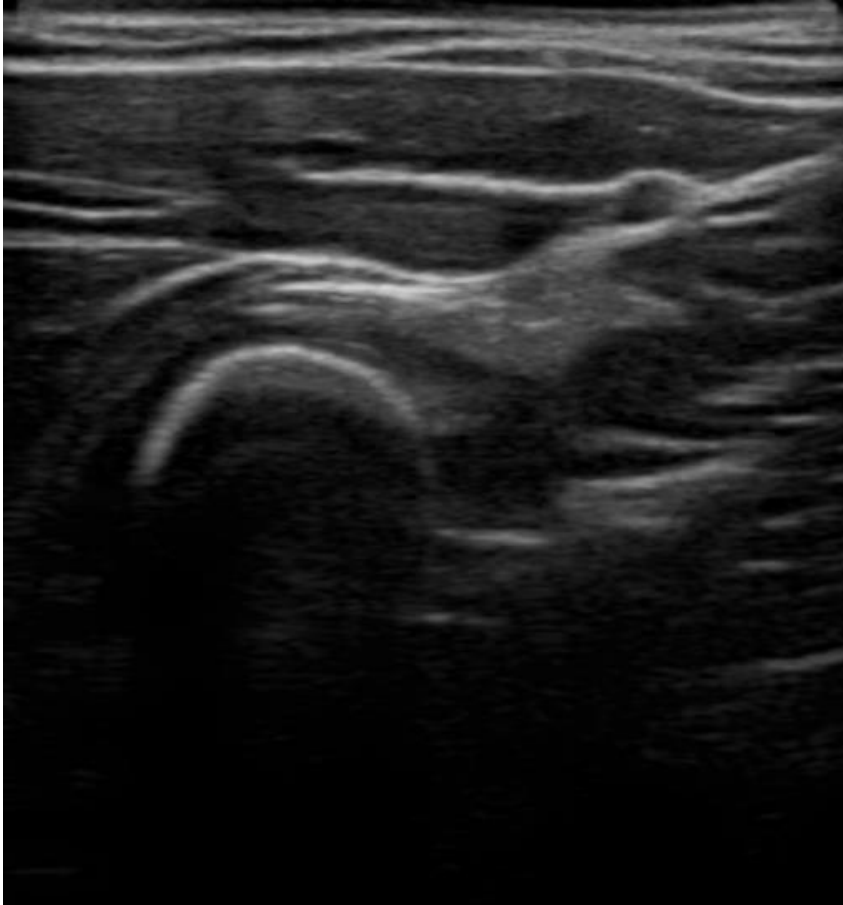
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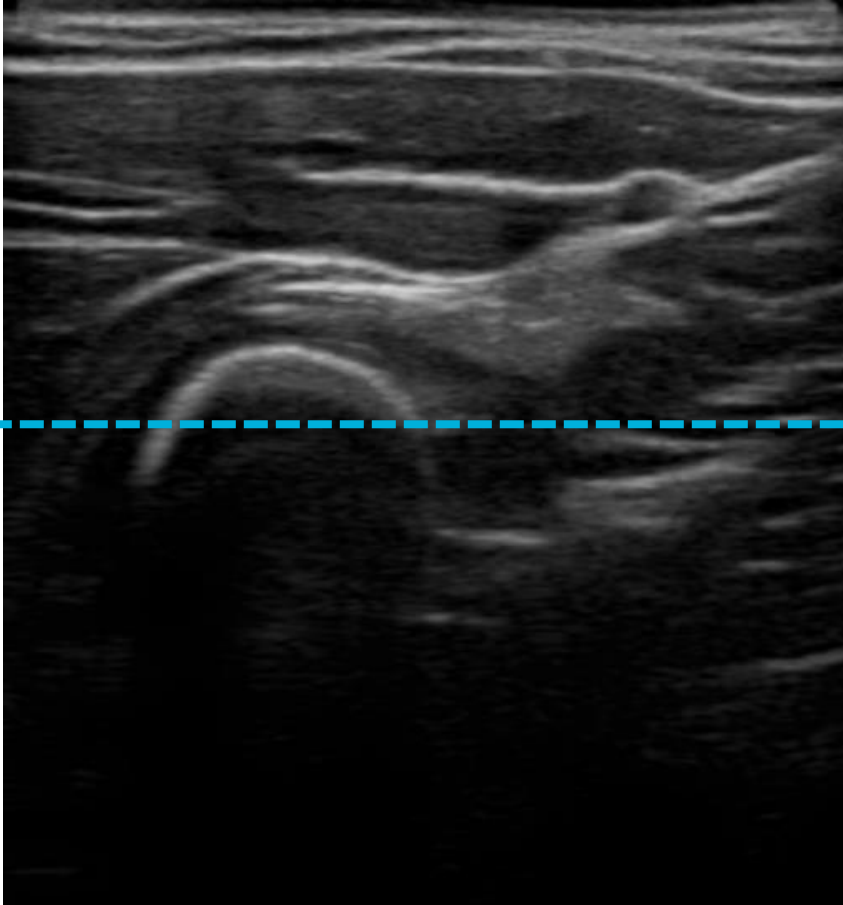


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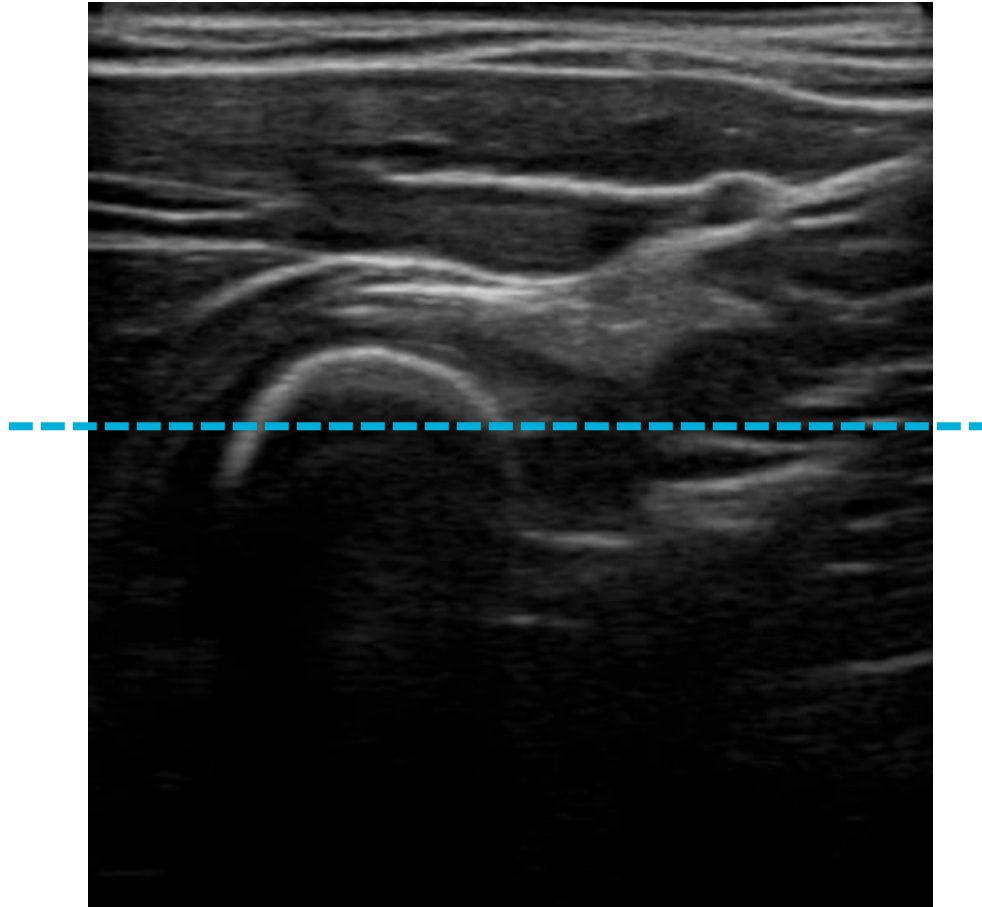


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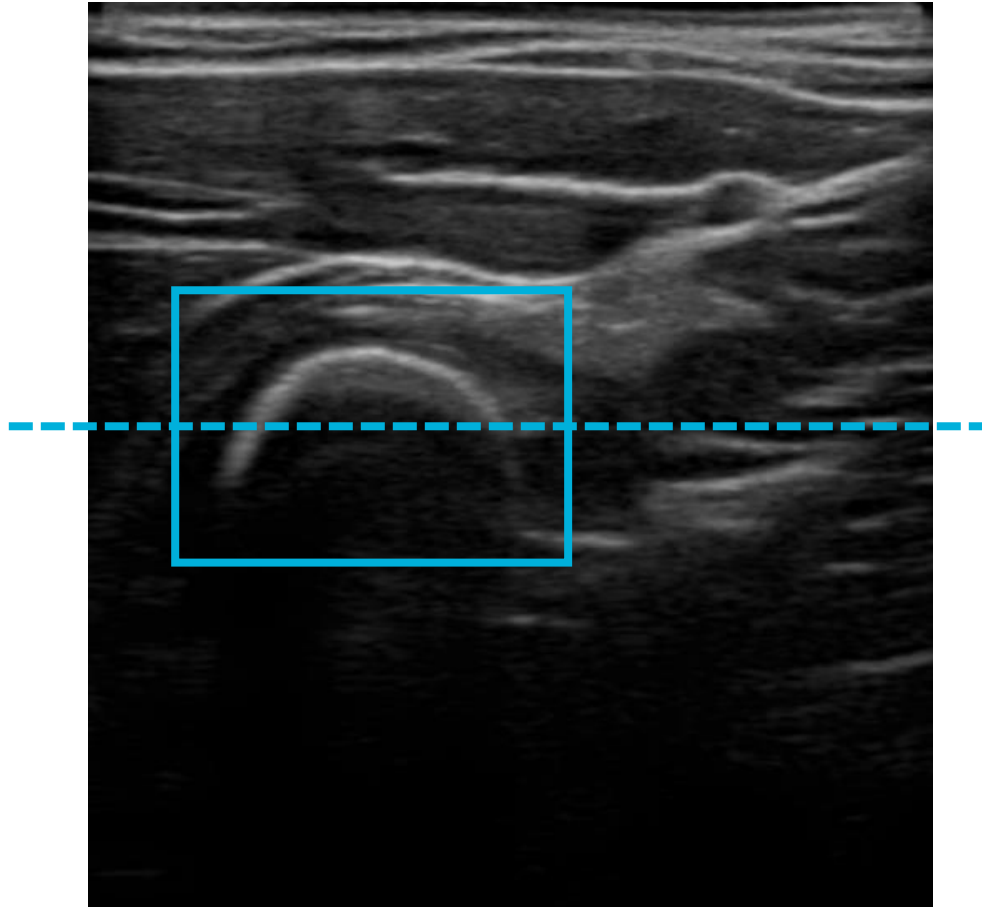
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- **Focus** is equal to the depth of the bone
- **Frequency** also depends on the depth of the bone (high frequencies do not travel deep enough)

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- **Focus** is equal to the depth of the bone
- **Frequency** also depends on the depth of the bone (high frequencies do not travel deep enough)
- **Brightness** can be adjusted by computing intensity statistics

# LIVE DEMO

## AUTO-FOCUS

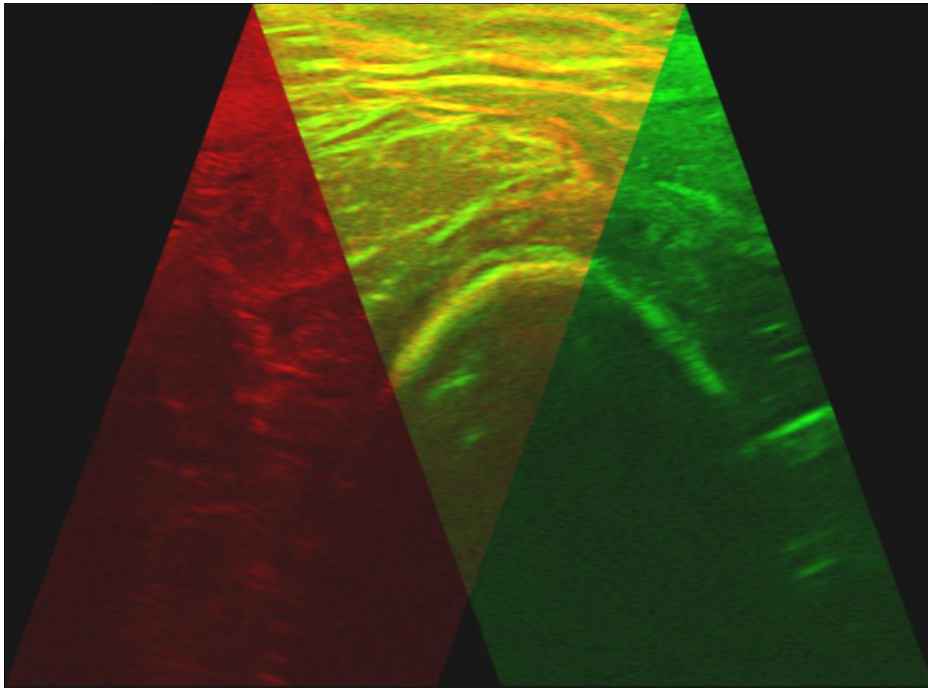


in partnership with

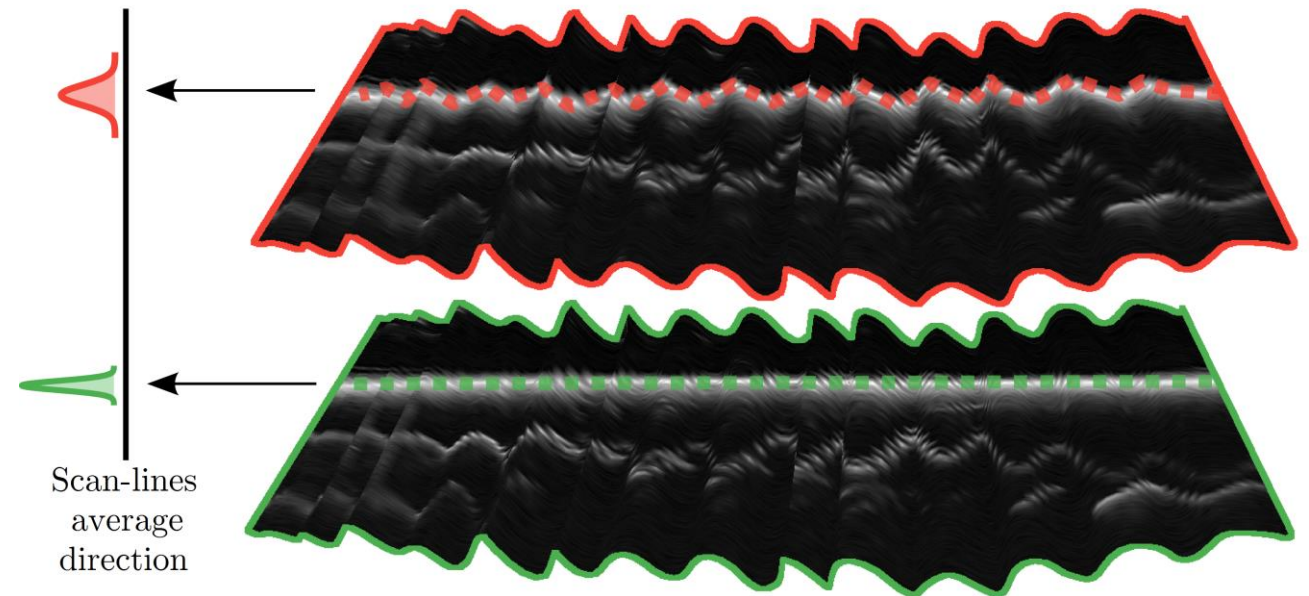


## 2) Calibrations

Speed of sound correction



Temporal calibration

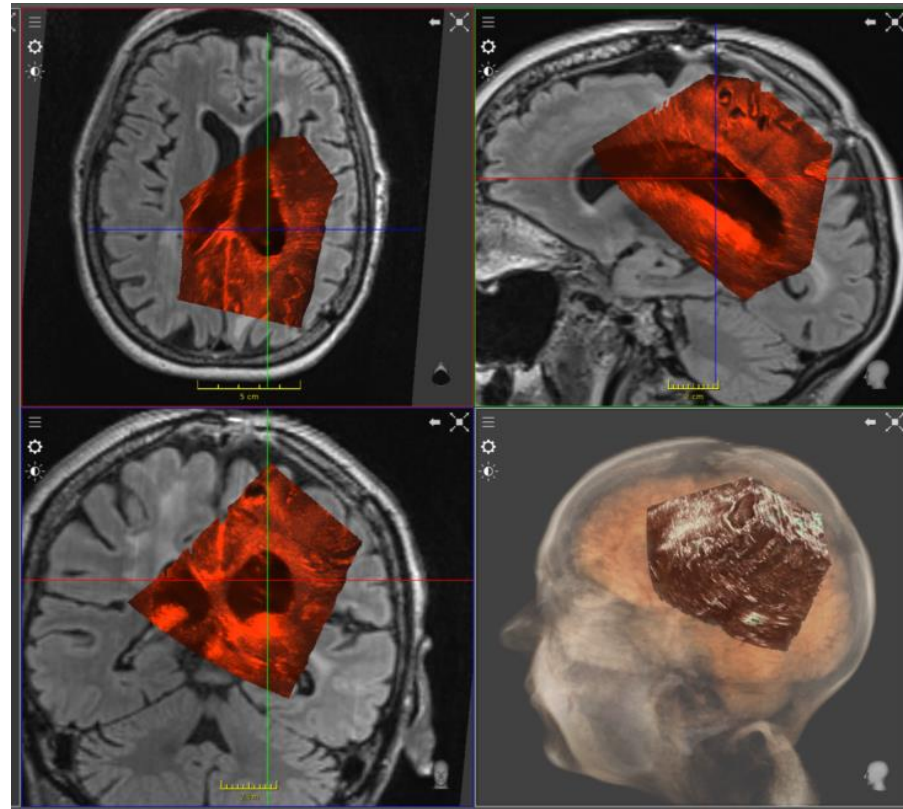


Salehi & Prevost et al.  
Precise Ultrasound Bone Registration with Learning-Based Segmentation and Speed of Sound Calibration  
*MICCAI 2017*



# PART 3

## NEURO SURGERY



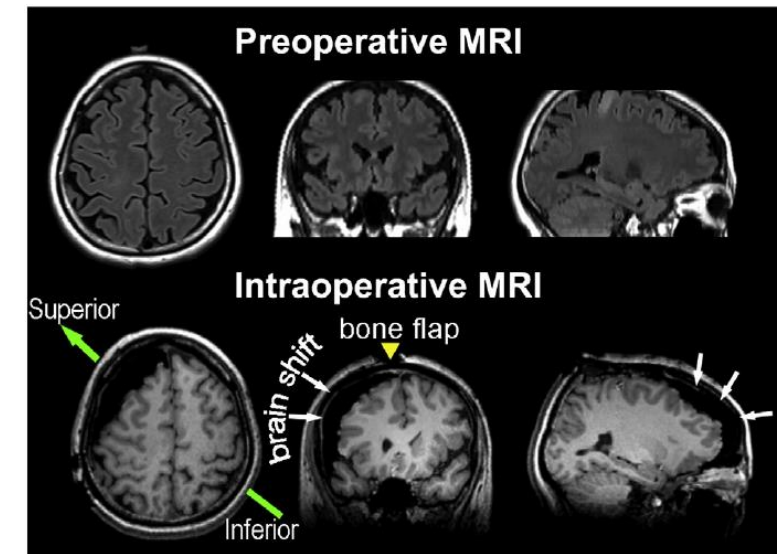
# From planning to brain surgery

- Brain surgery usually planned on pre-operative MRI  
Where is the tumor? How big is it?



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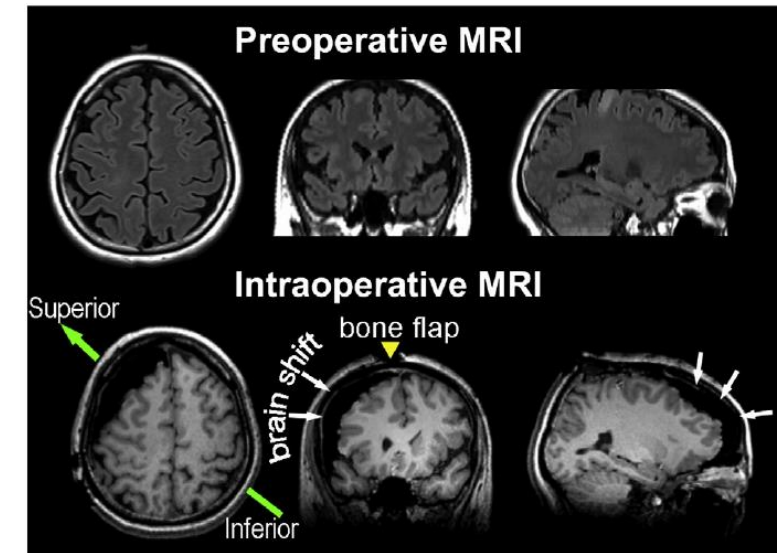
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- **Brain shift:** When the skull is opened, gravity causes the brain to collapse



Lu, Jun-Feng, et al. *NeuroImage: Clinical* 2 (2013): 132-142

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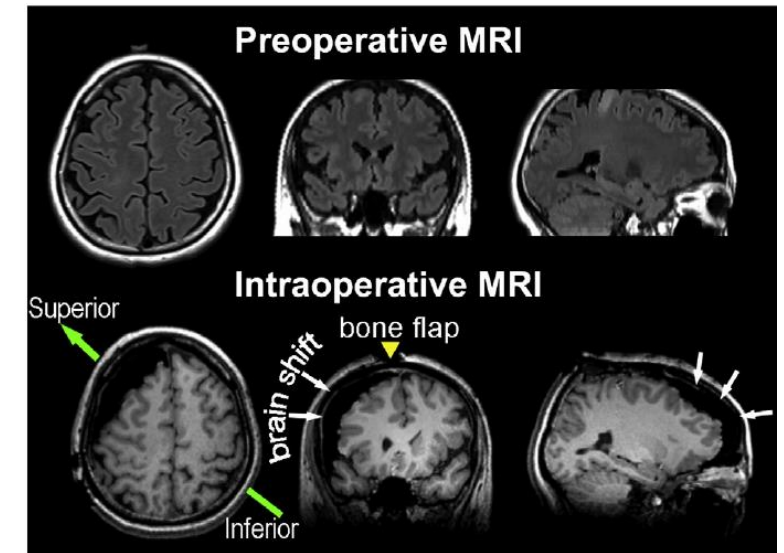
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Deformable registration to the MR image  
→ Planning can be used



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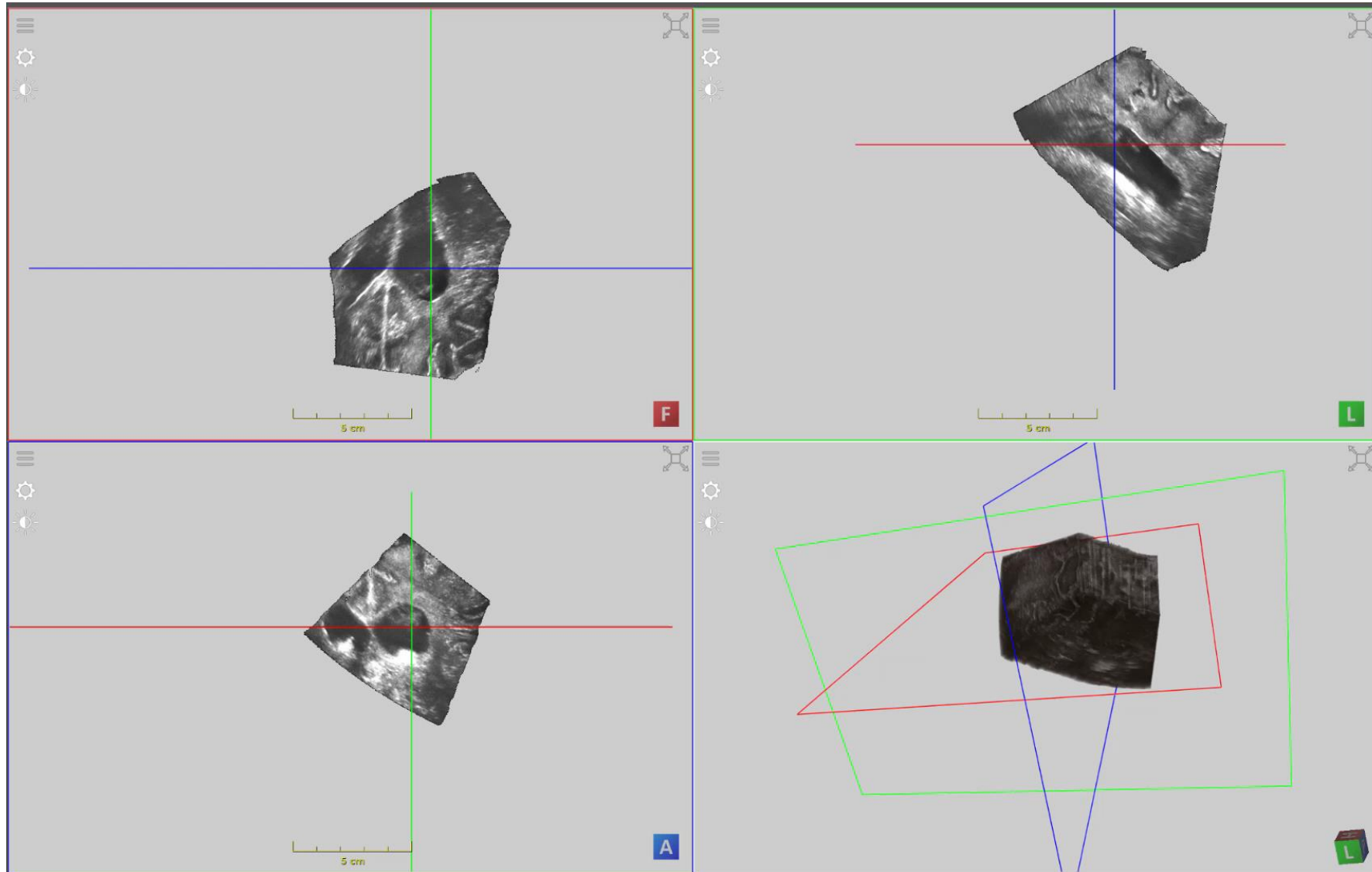


Lu, Jun-Feng, et al. *NeuroImage: Clinical* 2 (2013): 132-142



# MRI to 3D Ultrasound Registration

# MRI to 3D Ultrasound Registration



# MICCAI CuRIOUS Challenge 2018

Correction of Brainshift with Intra-Operative Ultrasound

<https://curious2018.grand-challenge.org>



# Not an AI method !

**Similarity Measure:** Instead of correlating US intensities with two channels of simulated information from CT as in [13], we use  $LC^2$  to correlate US with both the MRI intensity values  $p$  and its spatial gradient magnitude  $g = |\nabla p|$ . The local  $LC^2$  value is computed for each pixel  $\mathbf{x}_i$  in each ultrasound image, considering a neighborhood  $\Omega(\mathbf{x}_i)$  of  $m$  pixels. For each patch of  $m$  pixels, the contribution of MRI intensity values  $p$  and gradient magnitudes  $g$  are unknown. Therefore, we define an intensity function  $f(\mathbf{x}_i)$  as a function of the transformed MRI intensities  $p_i = p(T(\mathbf{x}_i))$  and gradients  $g_i = g(T(\mathbf{x}_i)) = |\nabla p_i|$  as:

$$f(\mathbf{x}_i) = \alpha p_i + \beta g_i + \gamma, \quad (1)$$

where  $y_i = \{\alpha, \beta, \gamma\}$  denotes the unknown parameters of the influence of the MRI intensities and gradients within  $\Omega(\mathbf{x}_i)$ . They can be estimated by minimizing the difference of the intensity function and the ultrasound image intensity  $u_i$ :

$$\left\| M \begin{pmatrix} \alpha \\ \beta \\ \gamma \end{pmatrix} - \begin{pmatrix} u_1 \\ \vdots \\ u_m \end{pmatrix} \right\|^2 \quad \text{where } M = \begin{pmatrix} p_1 & g_1 & 1 \\ \vdots & \vdots & \vdots \\ p_m & g_m & 1 \end{pmatrix}, \quad (2)$$

which can be solved using ordinary least squares with the pseudo-inverse of  $M$ . This results in a parameter triple  $y_i$  for each pixel  $\mathbf{x}_i$ , which is only depending on the neighborhood  $\Omega(\mathbf{x}_i)$  and therefore compensating for changing influences of tissue interfaces or organ-internal intensities. The local similarity is then:

$$S(u, M) = 1 - \frac{\sum_{\mathbf{x}_i} |u(\mathbf{x}_i) - My|^2}{\sum_{\mathbf{x}_i} Var(u(\mathbf{x}_i))} \quad (3)$$

The overall similarity is the weighted sum of eq. 3 with the local variance of the US image. This suppresses regions without structural appearance, therefore allowing to cope with ultrasonic occlusions implicitly, without the need to simulate them.

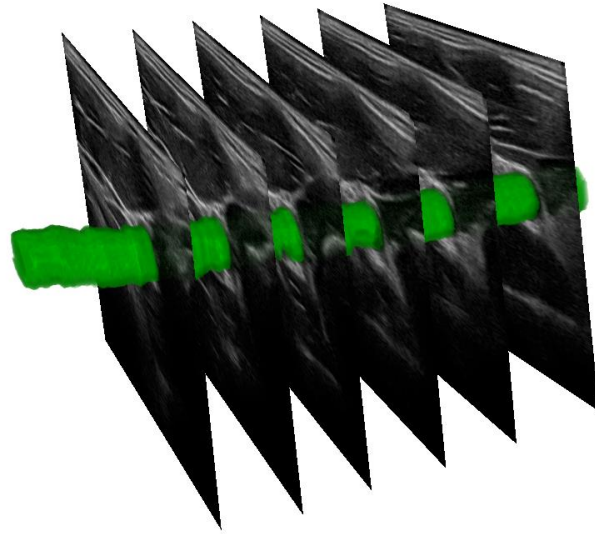
Wein et al.  
Global Registration of  
Ultrasound to MRI Using the LC2  
Metric for Enabling  
Neurosurgical Guidance  
*MICCAI 2013*

... but still computationally intensive → GPU implementation

Top 3 methods were not based on machine learning

# PART 4

## ULTRASOUND FOR VASCULAR IMAGING



in partnership with



[www.piurimaging.com](http://www.piurimaging.com)



# Vascular Imaging

- Visualization of blood vessels
- Multiple clinical applications, e.g.
  - Stenosis/Aneurysm Management and Surveillance
  - Fistula Planning and Monitoring
  - Vascular Mapping
- Typically performed with a CT or MR scanner after injection of contrast agents
  - Expensive, long, toxic
  - Not suited for screening or monitoring



MR

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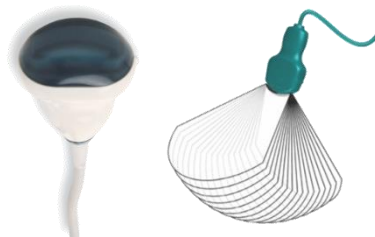
US

source: [piurimaging.com](http://piurimaging.com)

# From 2D to 3D US – without External Hardware

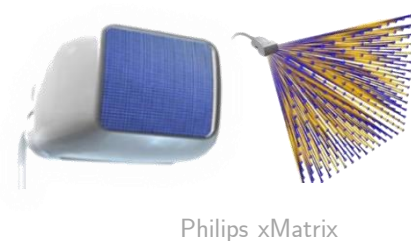
Existing  
Hardware  
Solutions

Motorized Transducer  
“wobbler”



Limited field of view  
Temporal artifacts

Matrix Array  
“3d probe”



Limited field of view  
Decreased image quality

Tracking  
(optical/EM)



Expensive  
Not portable

Our Goal

Image-Based  
Reconstruction

No hardware



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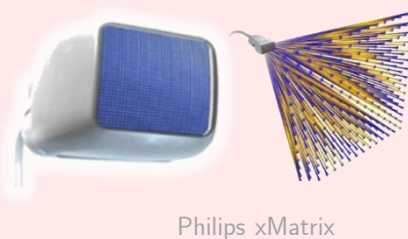
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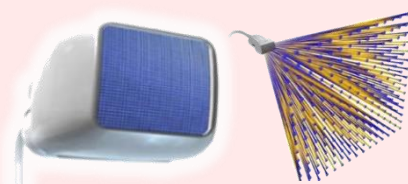
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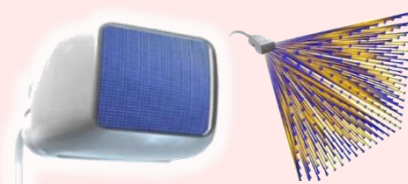
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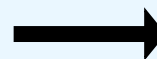


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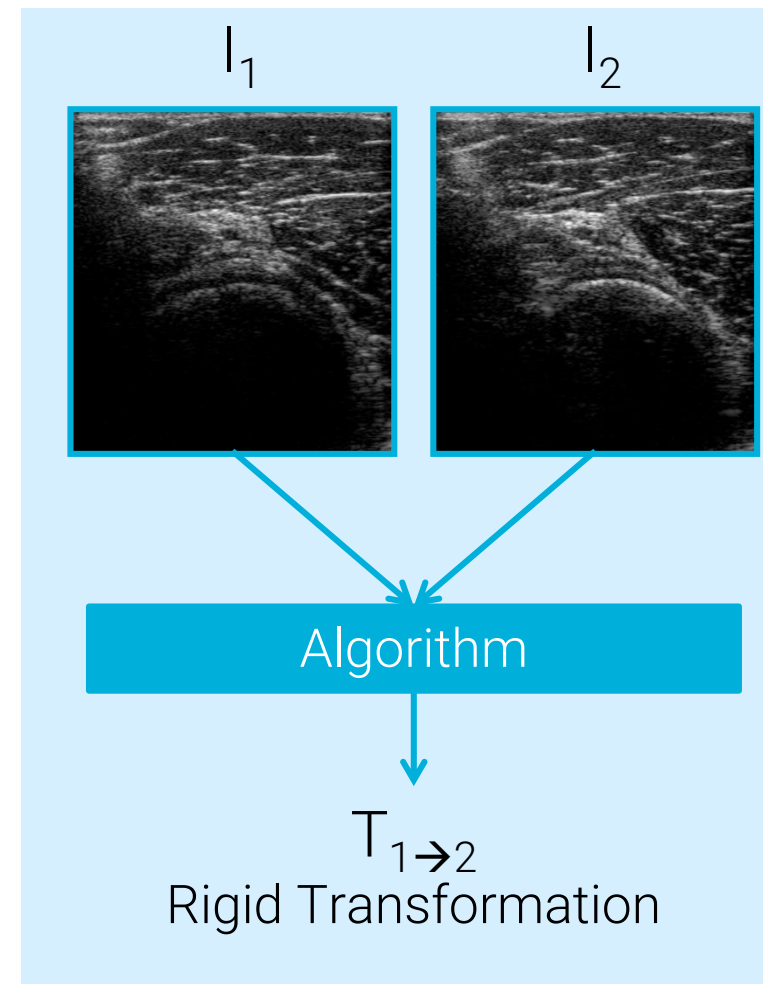
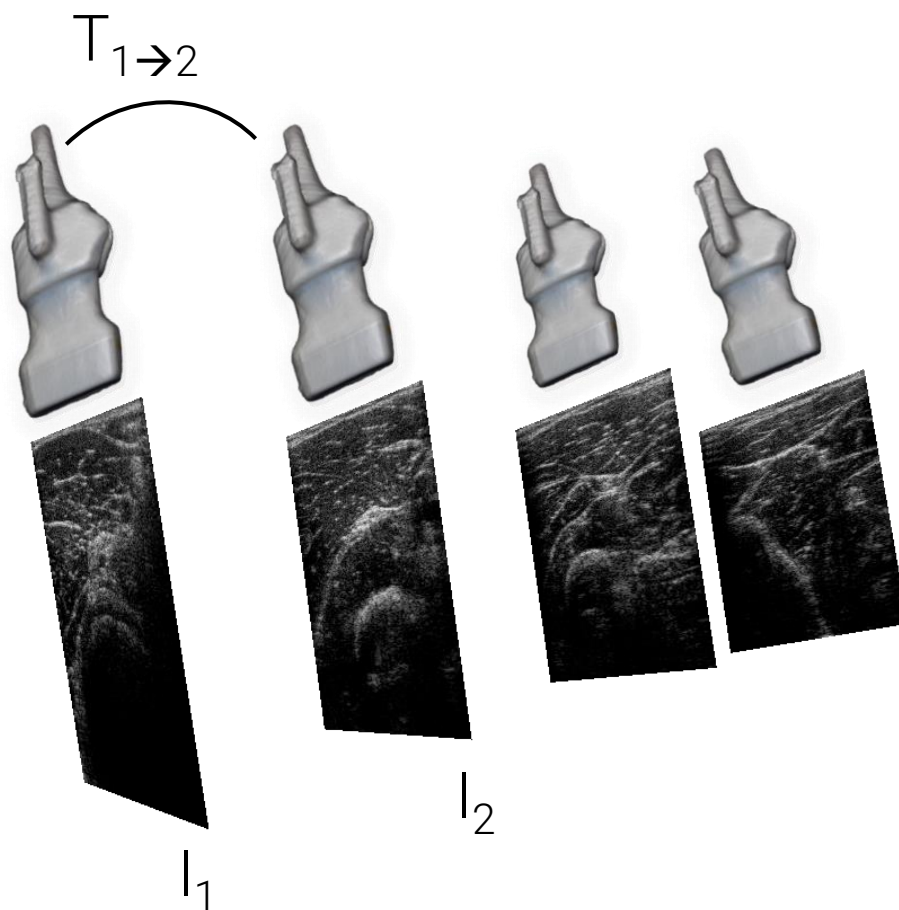
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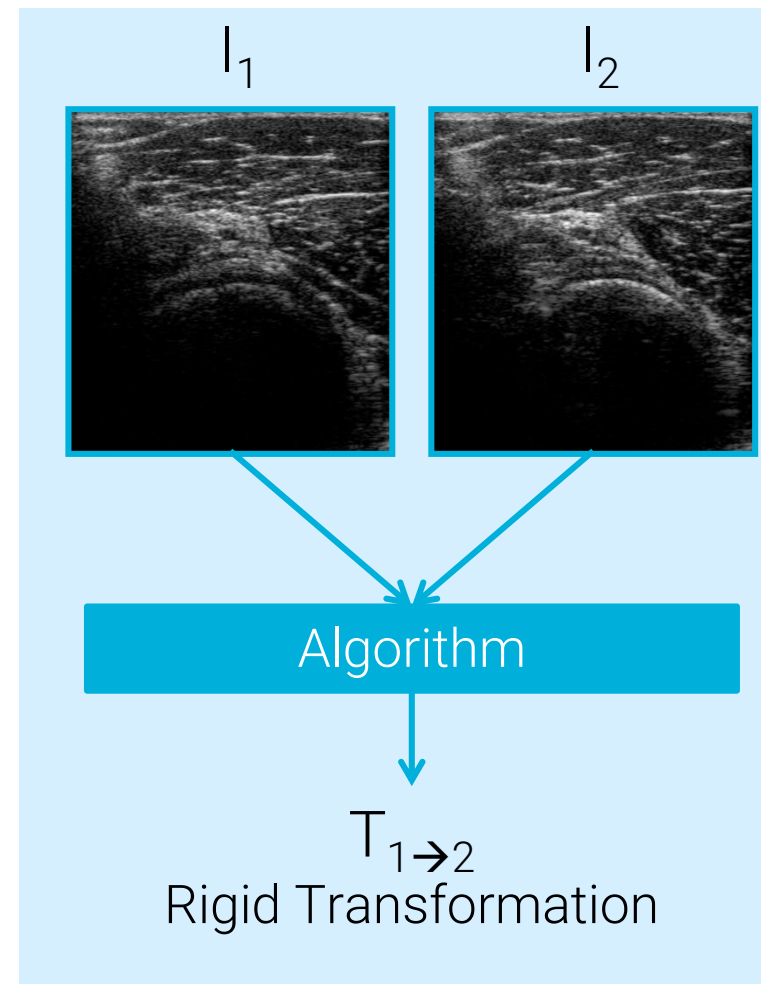
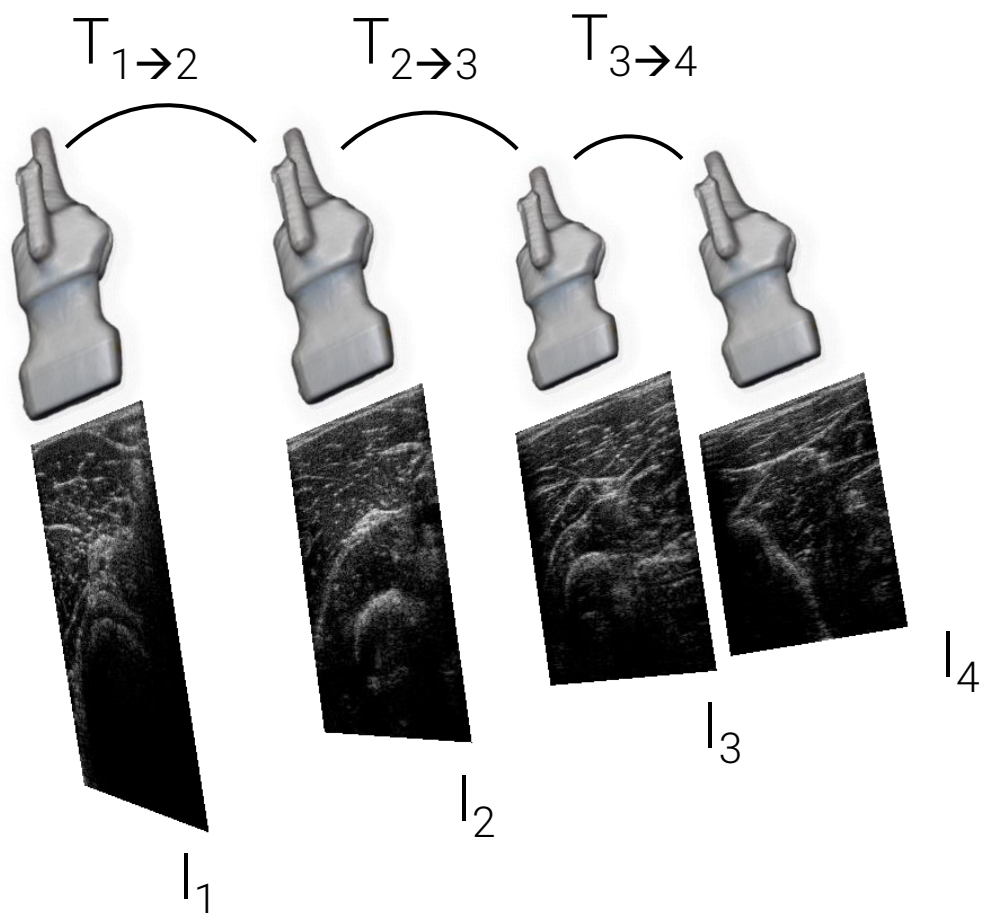
# Image-based Motion Reconstruction

Frame-to-frame motion estimation



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# Image-based Motion Reconstruction

In-plane motion  
is easy to detect  
(optical flow, block matching)





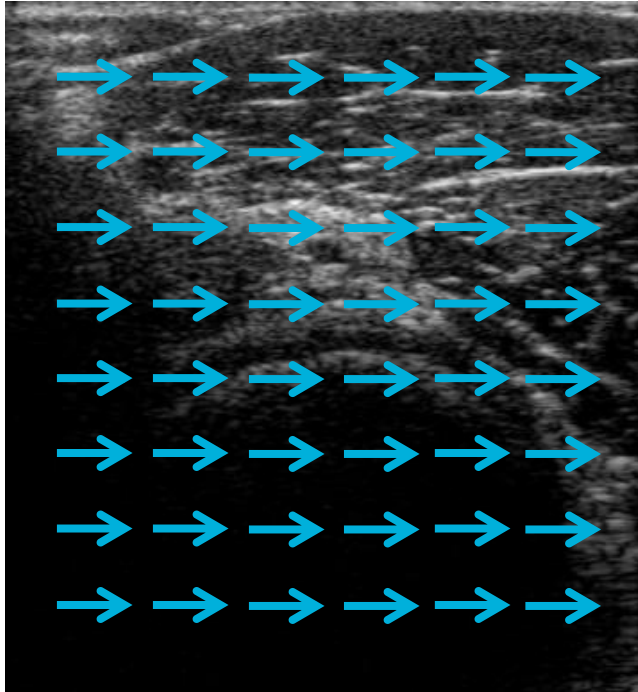
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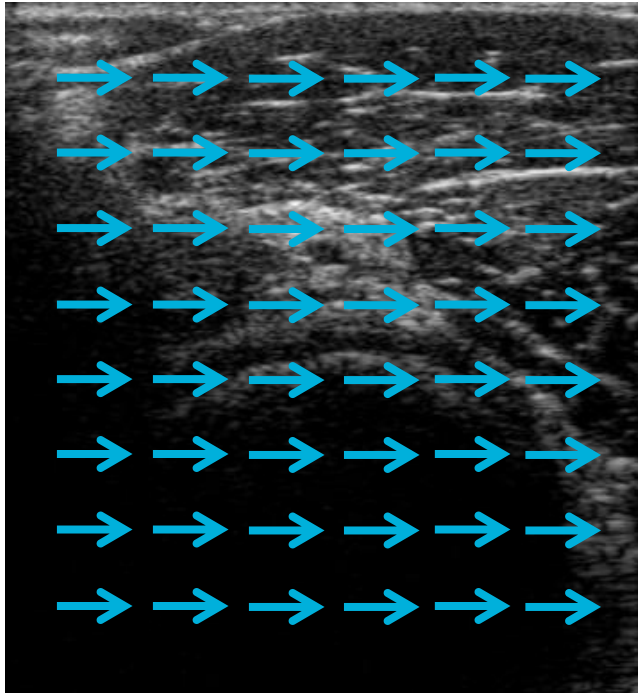
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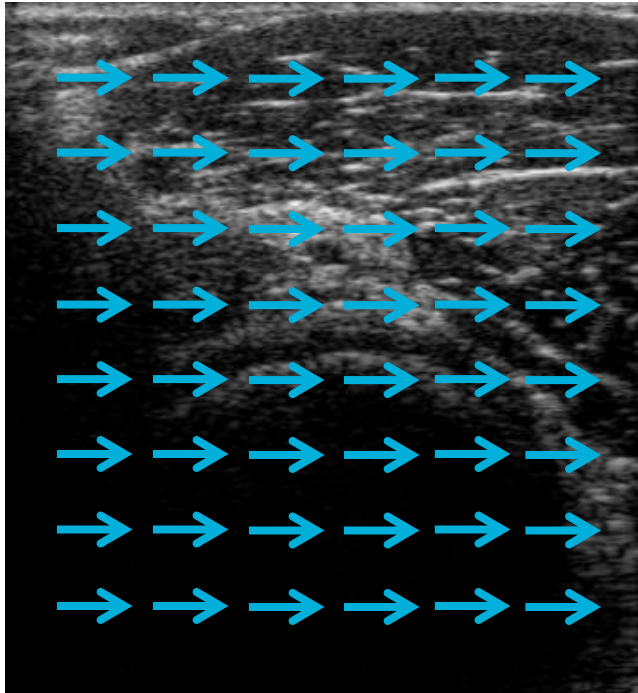
Out-of-plane motion  
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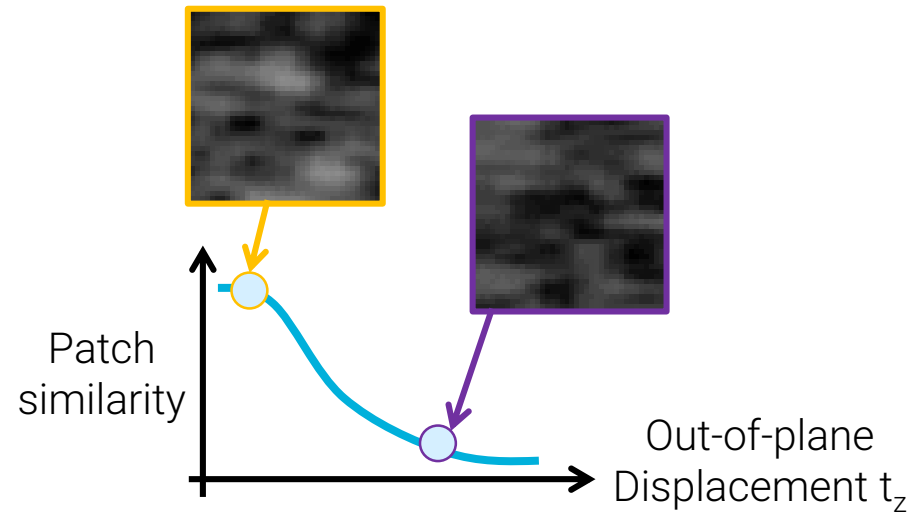
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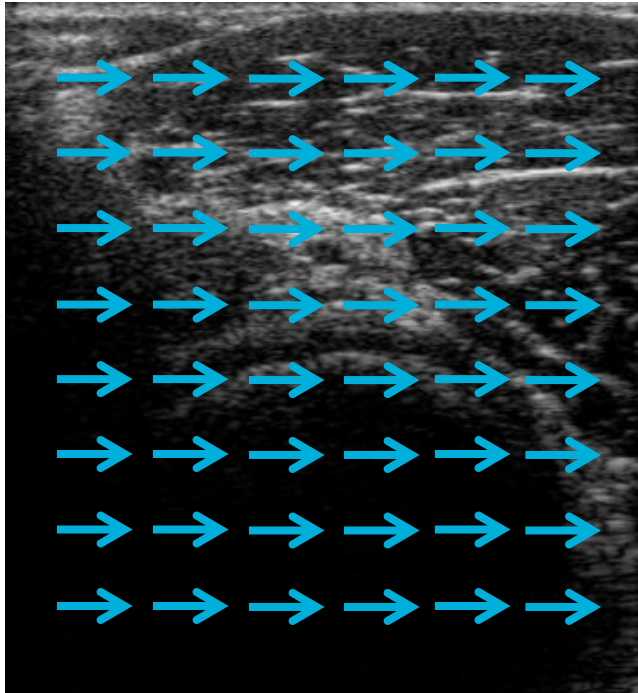


The more the content changes,  
the higher the out-of-plane displacement



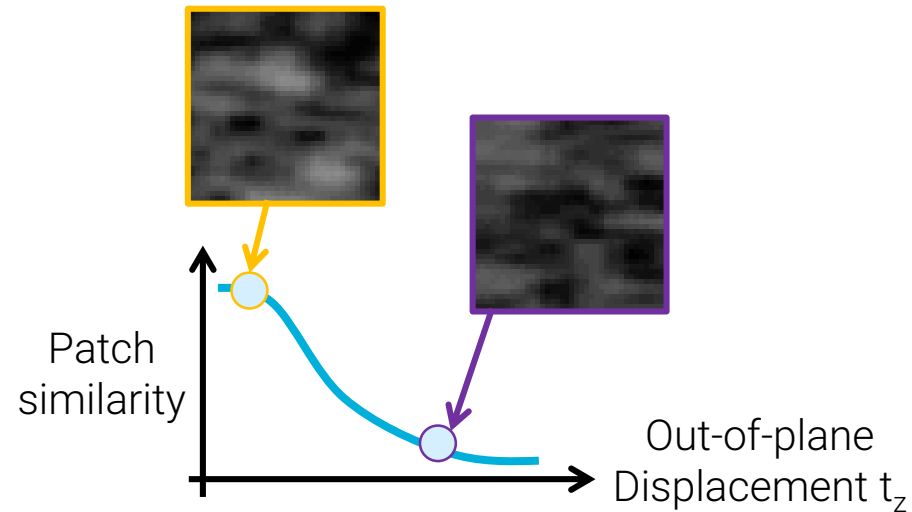
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The more the content changes,  
the higher the out-of-plane displacement



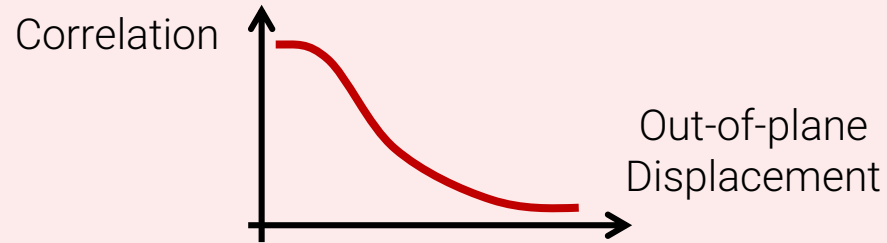
Standard approach  
=  
Speckle decorrelation

- Split pair of images into patches
- 2D vector field +  $t_z$  = 3D vector field
- Mask non-speckle areas
- Fit a rigid transformation



# Machine Learning for Tracking Estimation

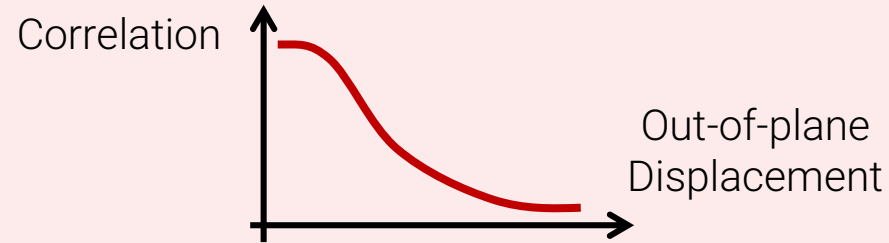
## Issues of speckle decorrelation



- Decorrelation is very difficult to model (depends on the tissues, on the acquisitions parameters, etc.)
- Physical model assumes Rayleigh conditions
- Errors add up through the entire pipeline (2D registration, decorrelation, transformation fitting)

# Machine Learning for Tracking Estimation

## Issues of speckle decorrelation

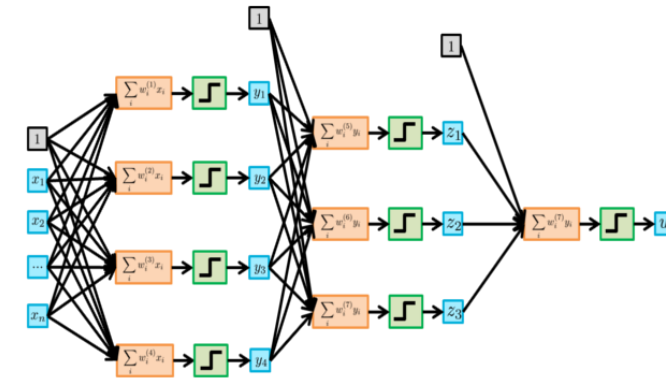


- Decorrelation is very difficult to model (depends on the tissues, on the acquisitions parameters, etc.)
- Physical model assumes Rayleigh conditions
- Errors add up through the entire pipeline (2D registration, decorrelation, transformation fitting)

## Our End-to-end Approach

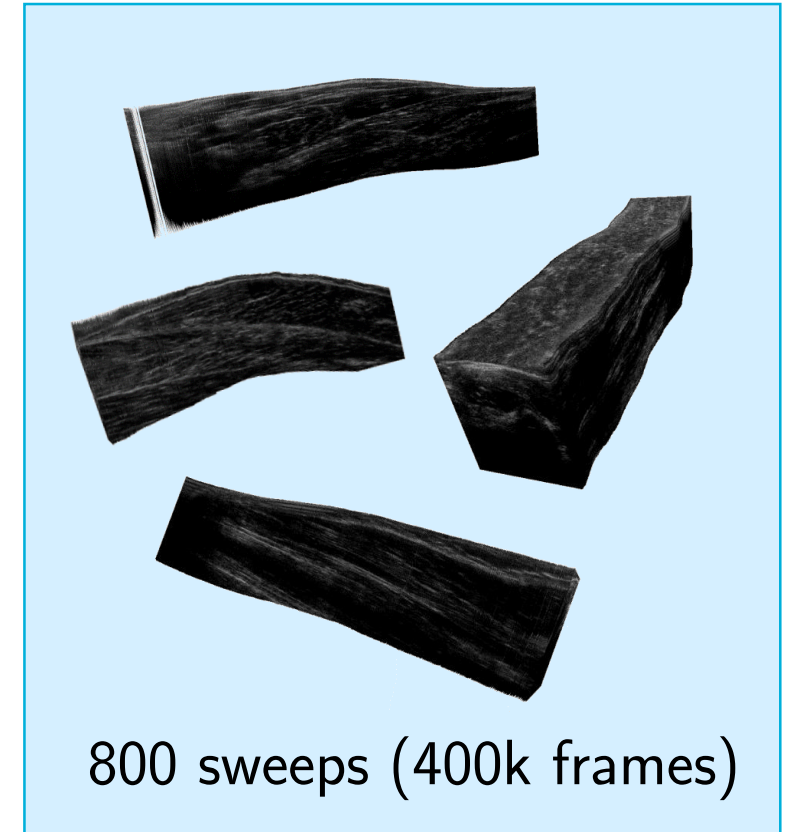
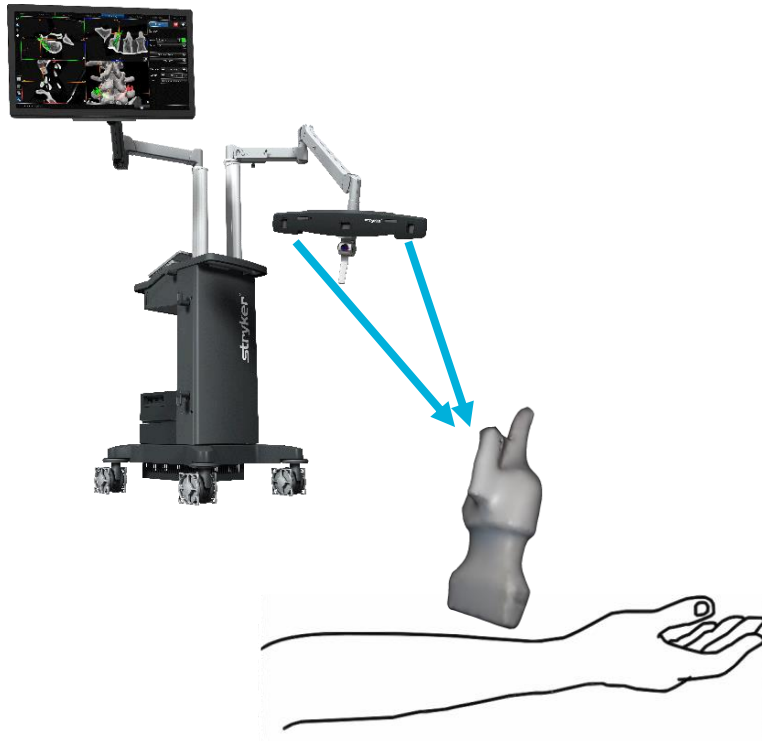
One model to solve the whole problem  
pair of images  $\rightarrow$  transformation parameters

## Convolutional Neural Network



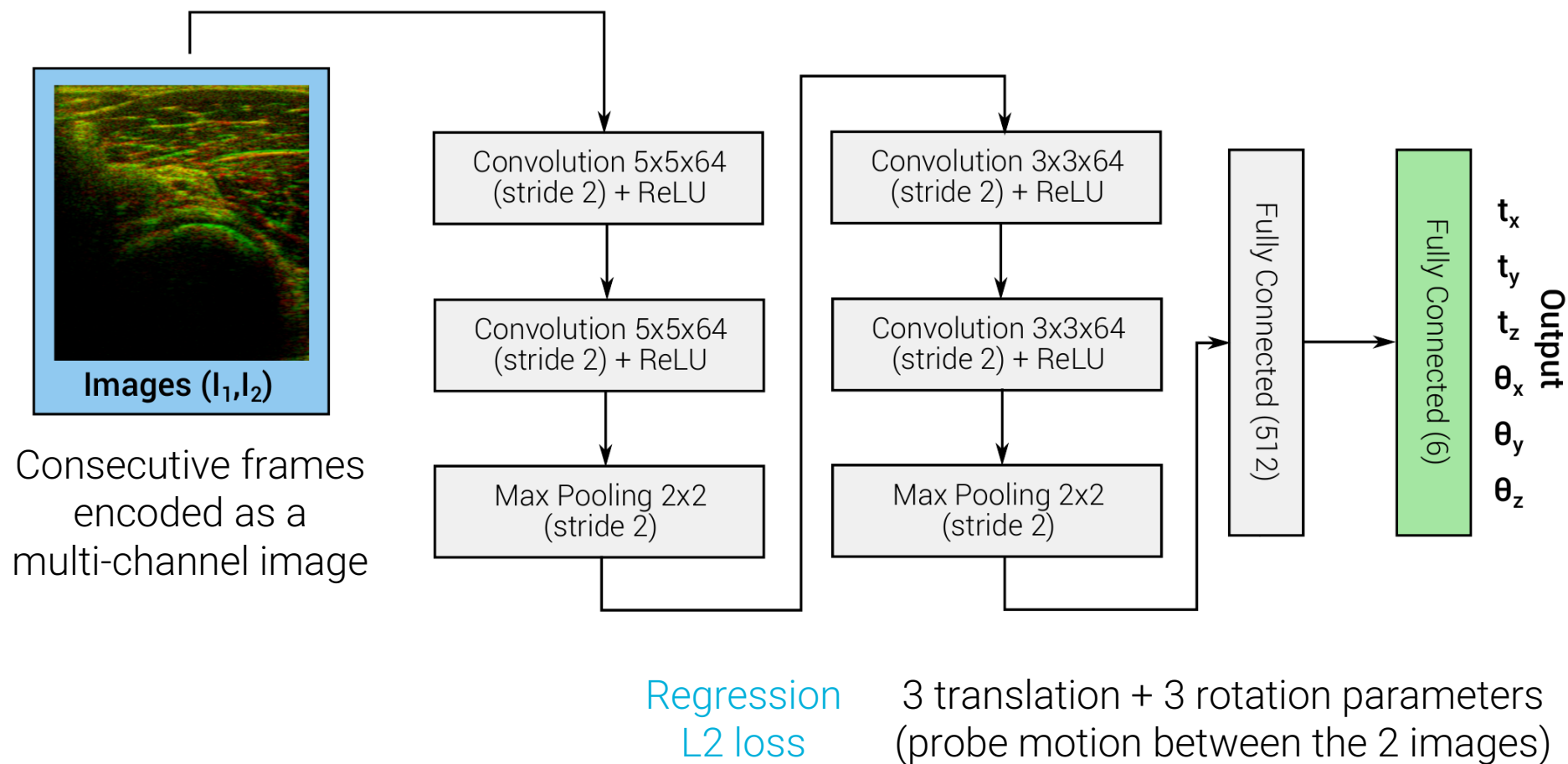
# Training Data Acquisition

No need for manual labeling  
We just need to acquire a lot of tracked sweeps  
(but calibration must be super accurate)



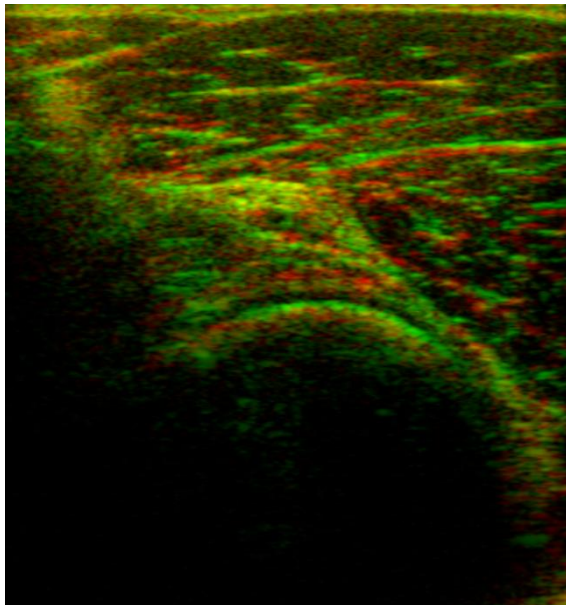
800 sweeps (400k frames)

# Neural Network Architecture

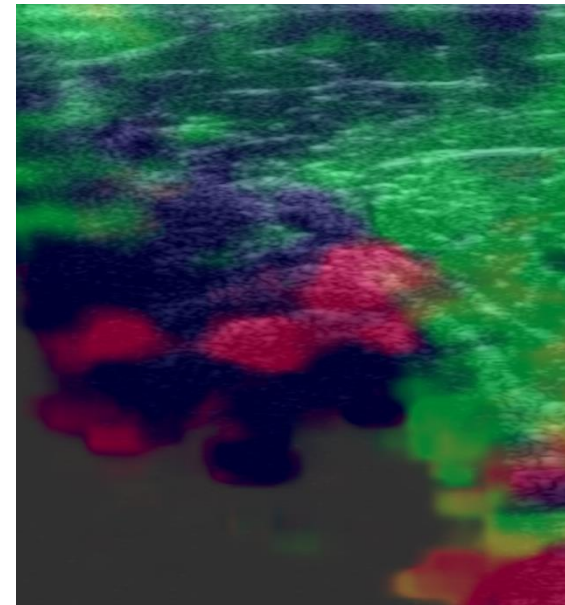


# Trick #1: Use the optical flow

Pre-compute the optical flow (in-plane motion)  
and use it as additional channel



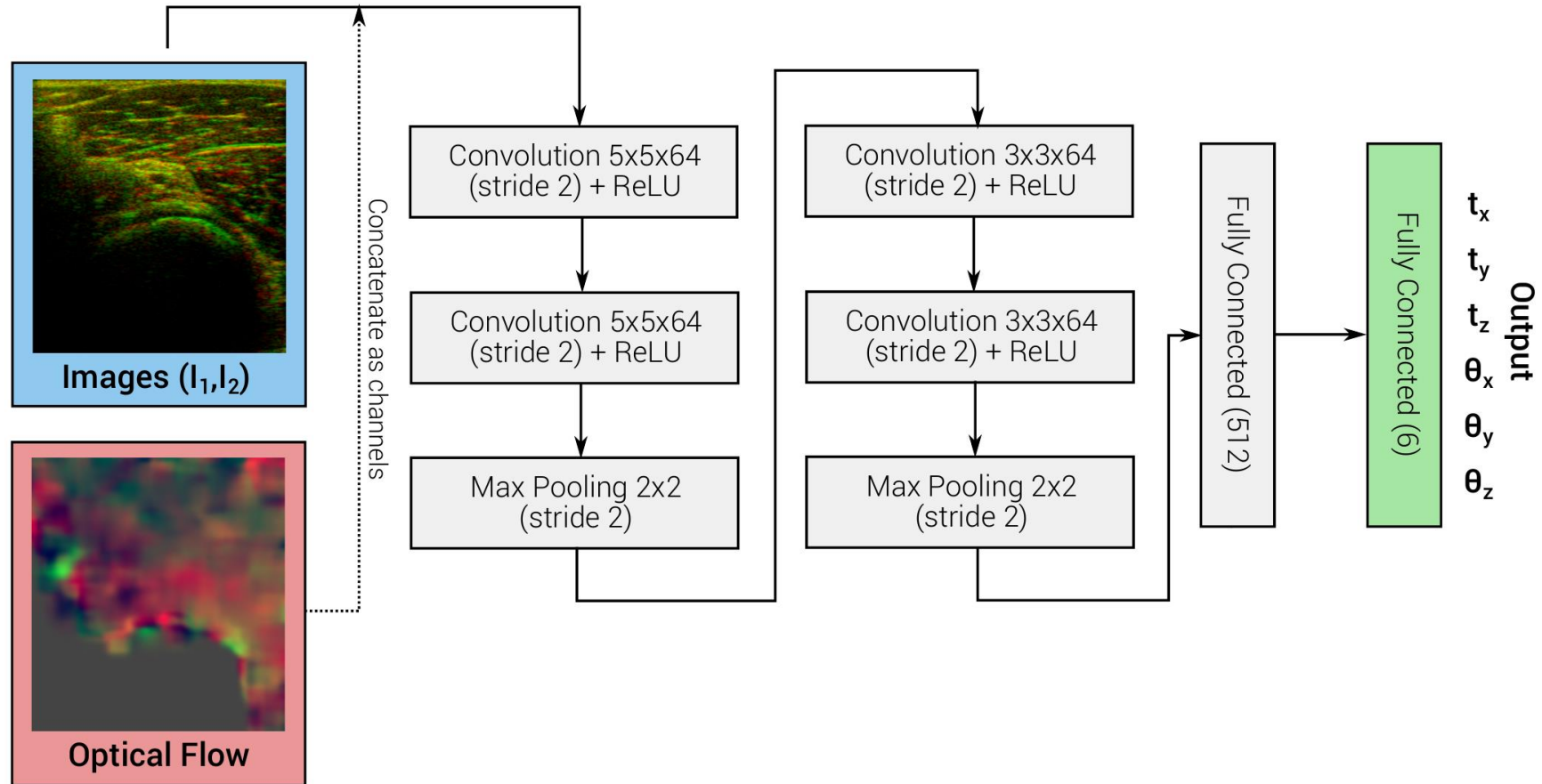
2-channel input  
2 ultrasound images



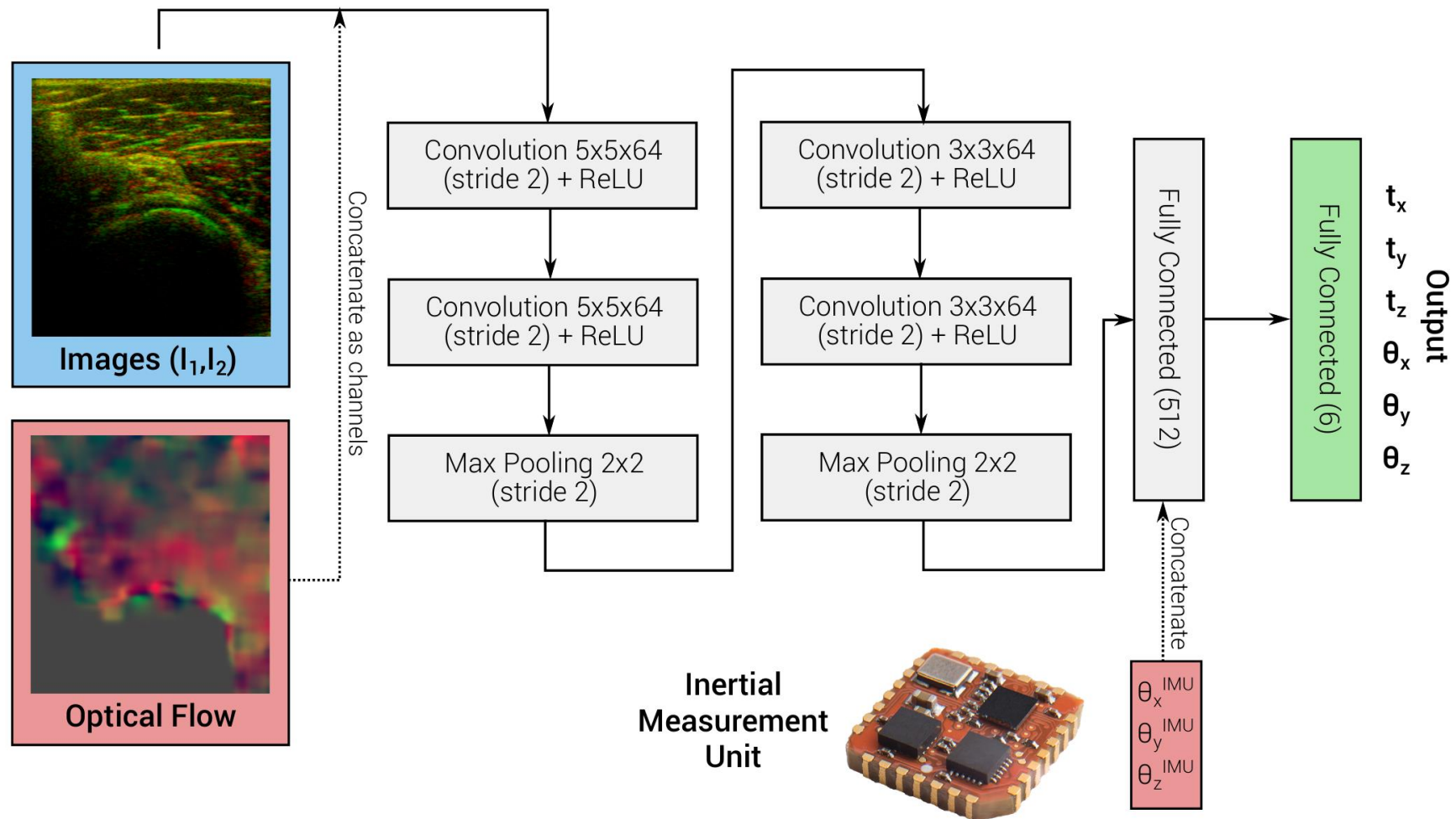
4-channel input  
2 ultrasound images + 2D vector field



# Trick #1: Use the optical flow

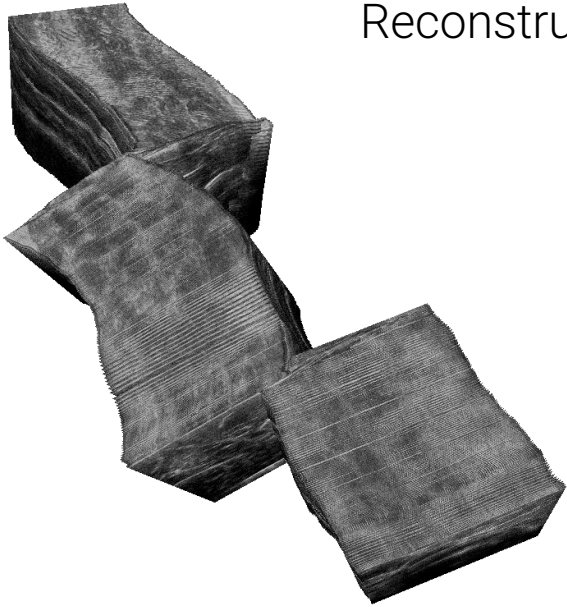


# Trick #2: Use the Inertial Measurement Unit



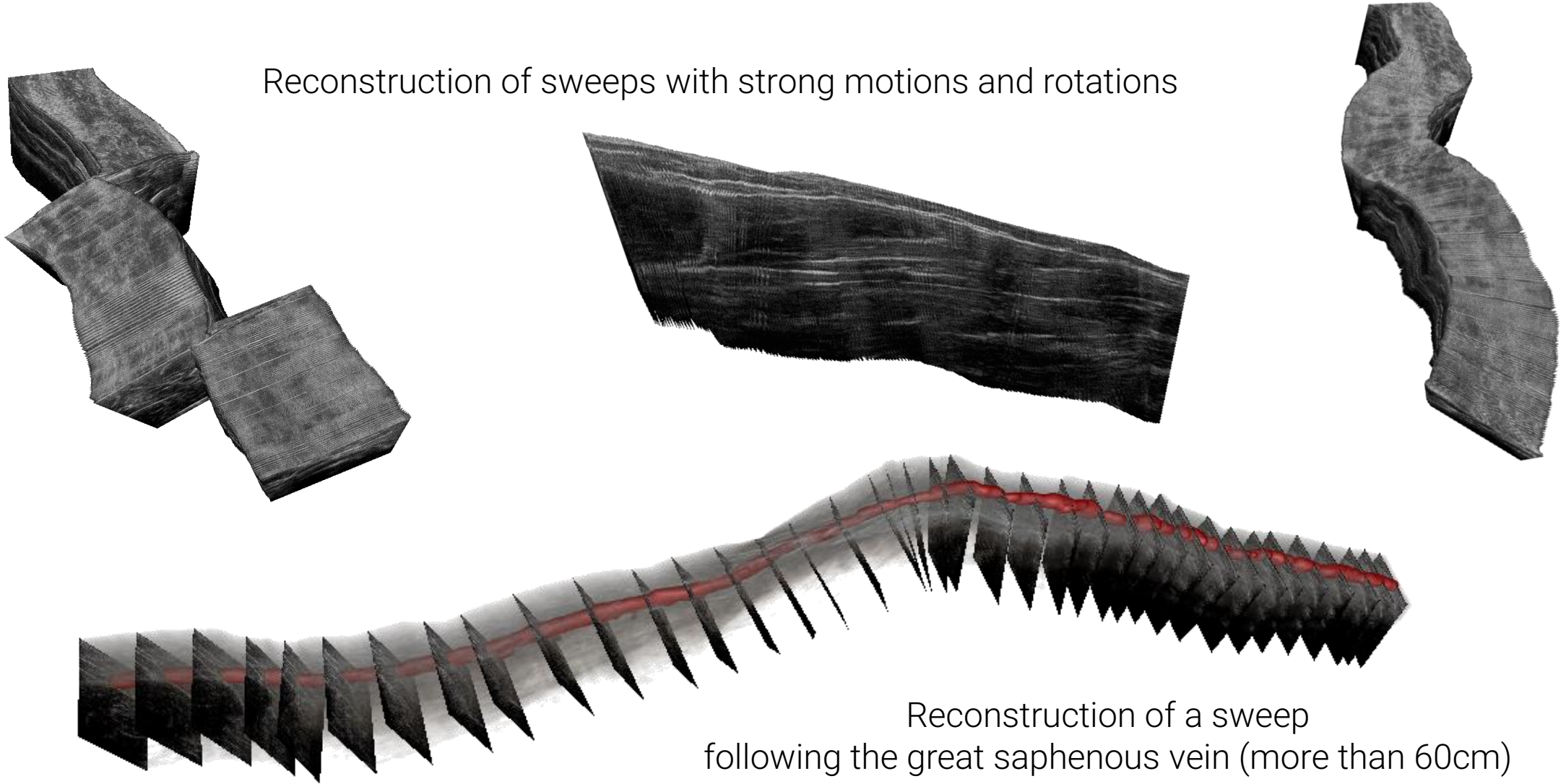
# 3D Reconstructions with IMU

Reconstruction of sweeps with strong motions and rotations



# 3D Reconstructions with IMU

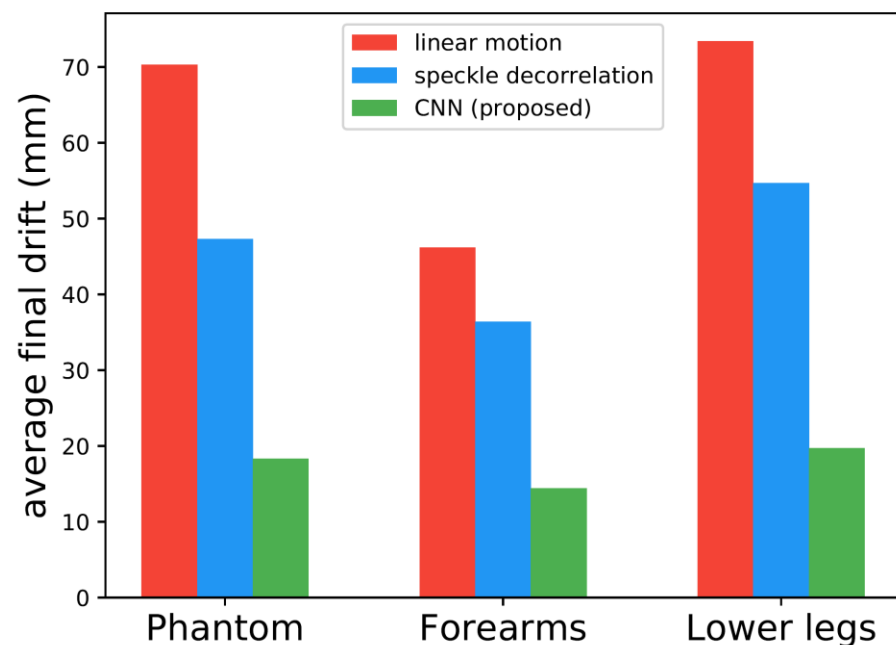
Reconstruction of sweeps with strong motions and rotations



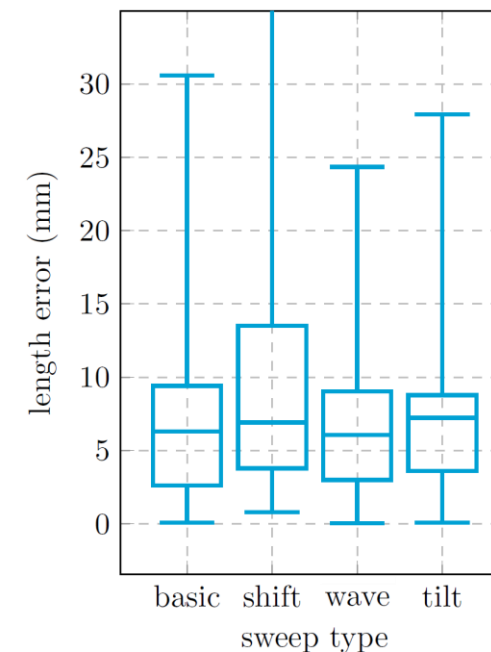
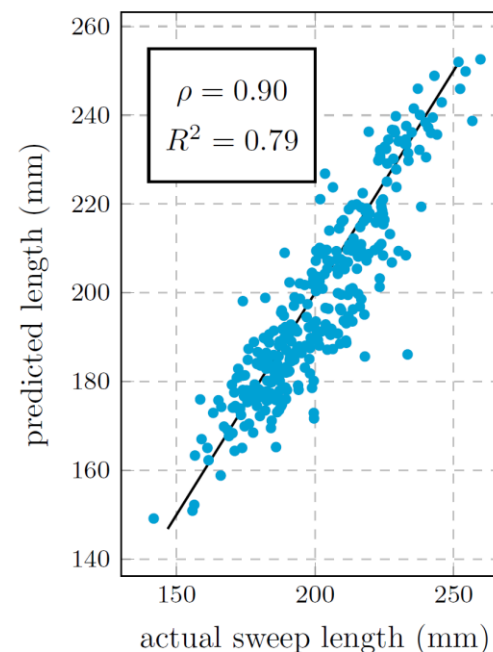
Reconstruction of a sweep  
following the great saphenous vein (more than 60cm)

# Quantitative Results

Accuracy study conducted on 800 US sweeps on various anatomies




Outperforms state-of-the-art methods



Median drift of 5% over long sweeps




# More Quantitative Results



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## Medical Image Analysis

journal homepage: [www.elsevier.com/locate/media](http://www.elsevier.com/locate/media)




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### 3D freehand ultrasound without external tracking using deep learning

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Motion estimation  
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#### ABSTRACT

This work aims at creating 3D freehand ultrasound reconstructions from 2D probes with image-based tracking, therefore not requiring expensive or cumbersome external tracking hardware. Existing model-based approaches such as speckle decorrelation only partially capture the underlying complexity of ultrasound image formation, thus producing reconstruction accuracies incompatible with current clinical requirements. Here, we introduce an alternative approach that relies on a statistical analysis rather than physical models, and use a convolutional neural network (CNN) to directly estimate the motion of successive ultrasound frames in an end-to-end fashion. We demonstrate how this technique is related to prior approaches, and derive how to further improve its predictive capabilities by incorporating additional information such as data from inertial measurement units (IMU). This novel method is thoroughly evaluated and analyzed on a dataset of 800 in vivo ultrasound sweeps, yielding unprecedentedly accurate reconstructions with a median normalized drift of 5.2%. Even on long sweeps exceeding 20 cm with complex trajectories, this allows to obtain length measurements with median errors of 3.4%, hence paving the way toward translation into clinical routine.

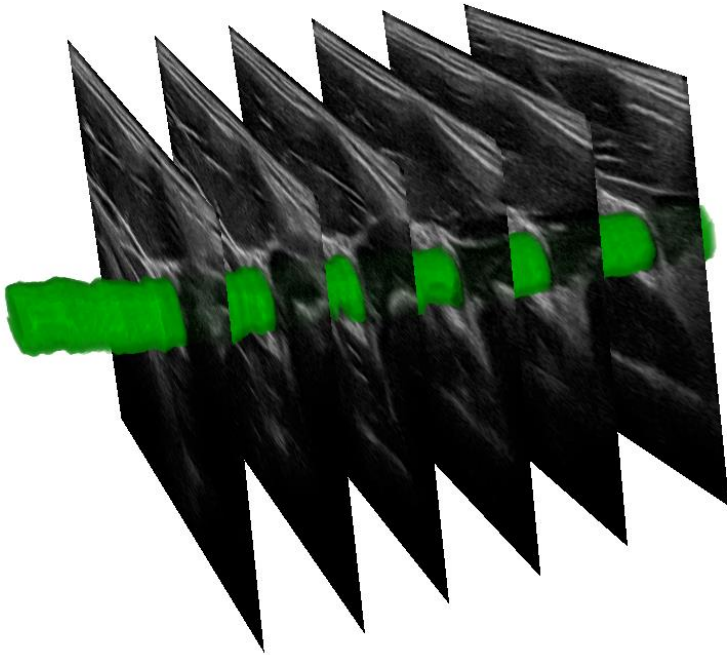
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All papers and references available on [www.imfusion.com](http://www.imfusion.com)



# LIVE DEMO

## CAROTID RECONSTRUCTION



in partnership with



# What if one sweep is not enough?



# What if one sweep is not enough?



# What if one sweep is not enough?



# What if one sweep is not enough?

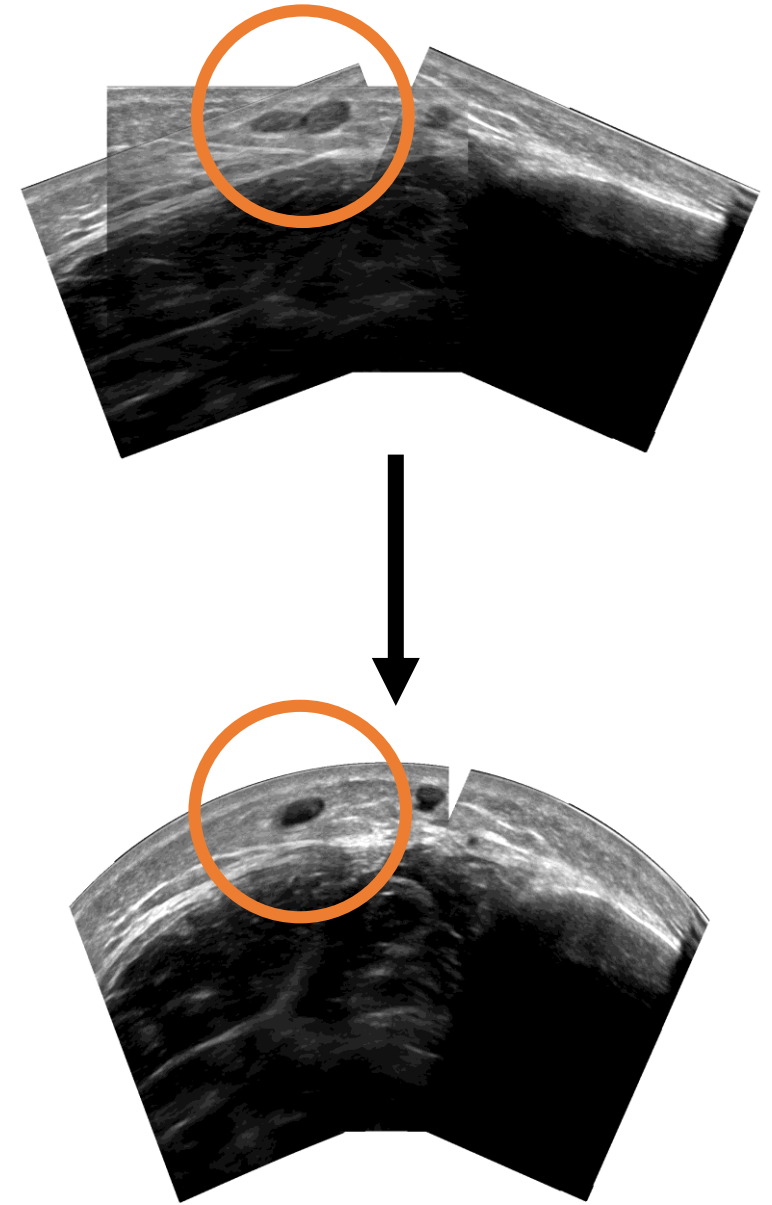


Anatomical structures do not match  
because of compression

# What if one sweep is not enough?



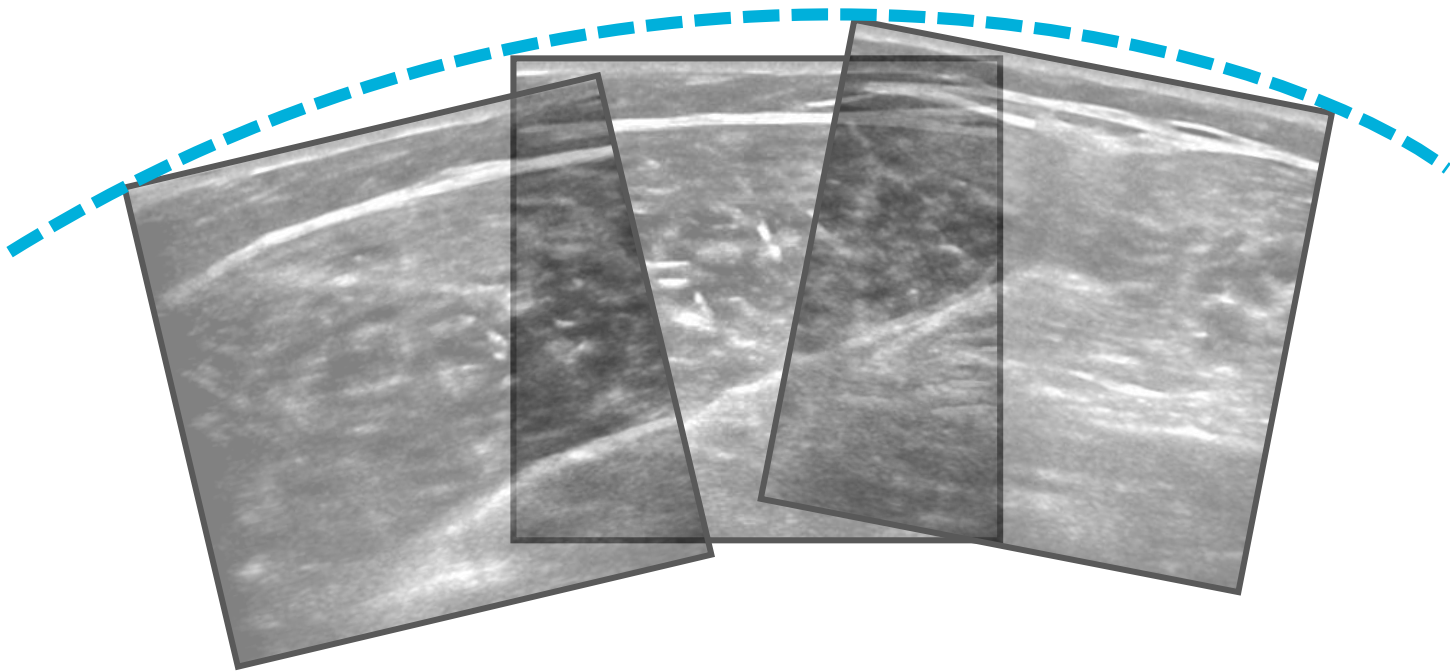
Anatomical structures do not match  
because of compression





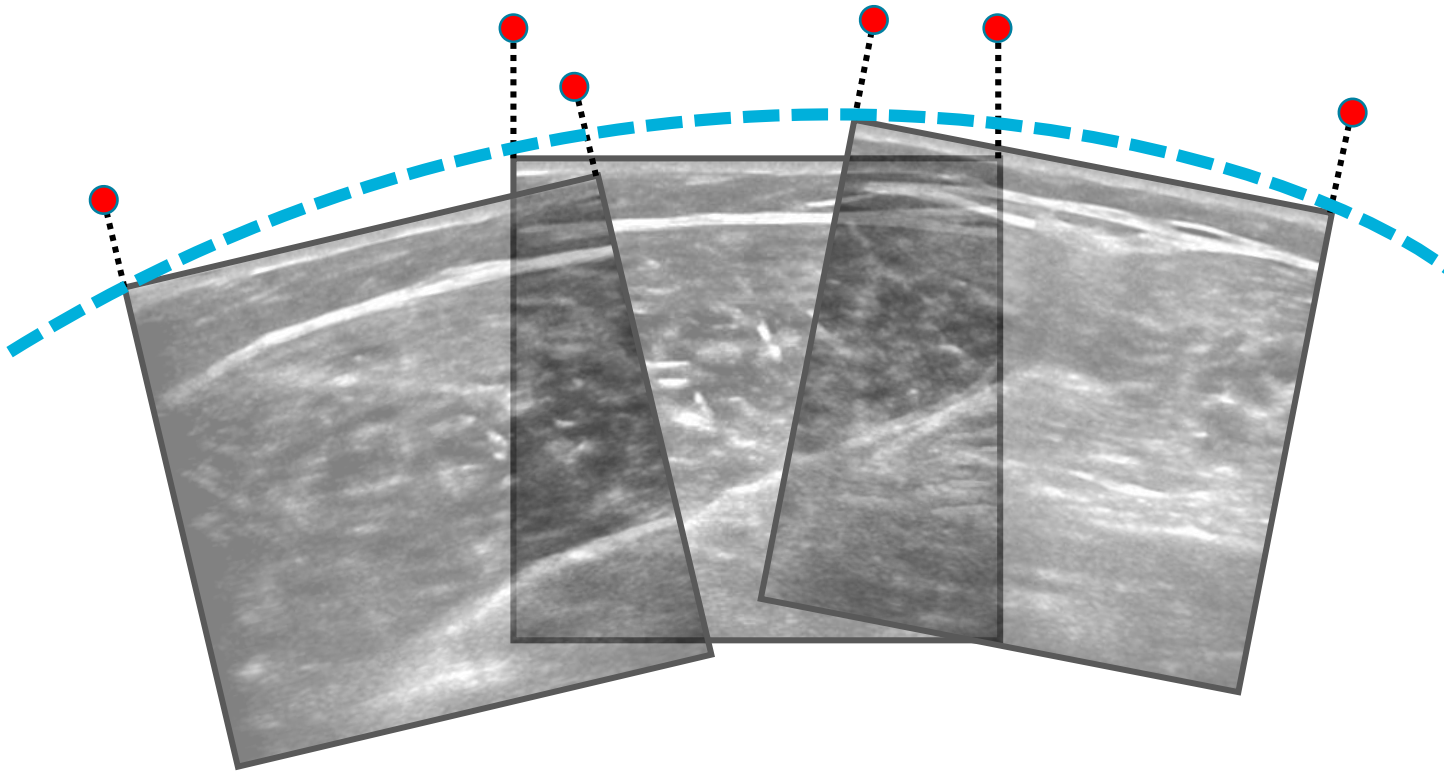
# Decompression Model

- Skin surface locally modeled as a circle



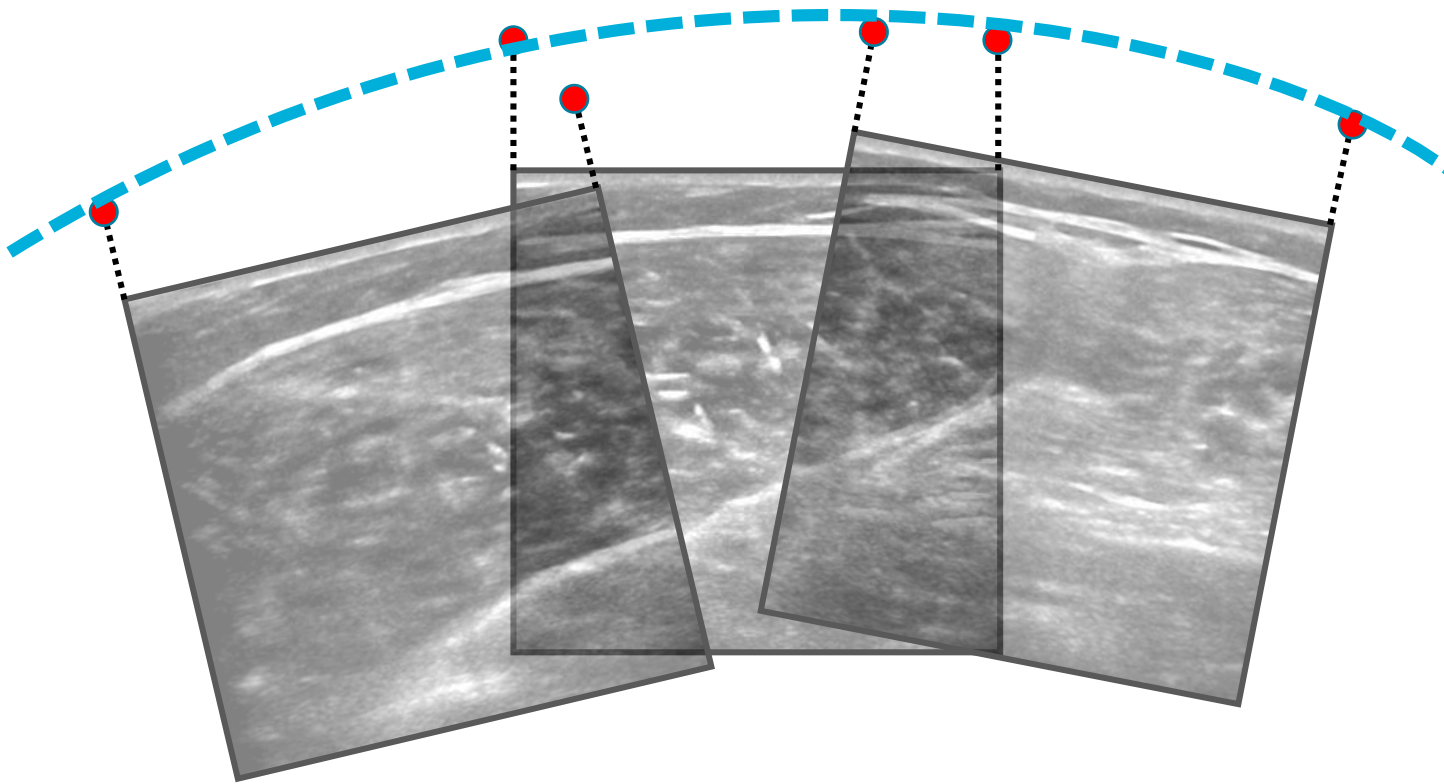
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- Skin surface locally modeled as a circle



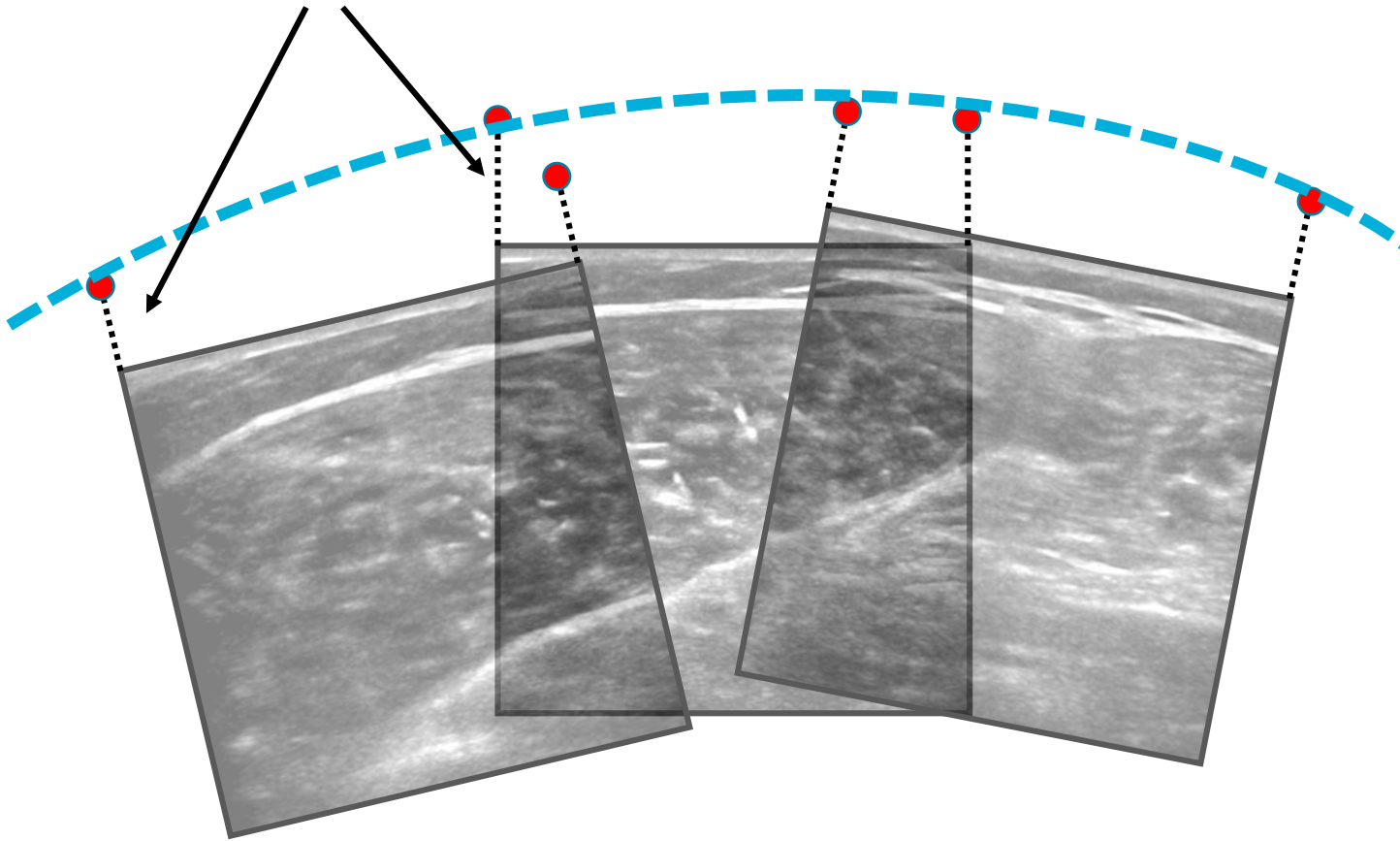
# Decompression Model

- Skin surface locally modeled as a circle



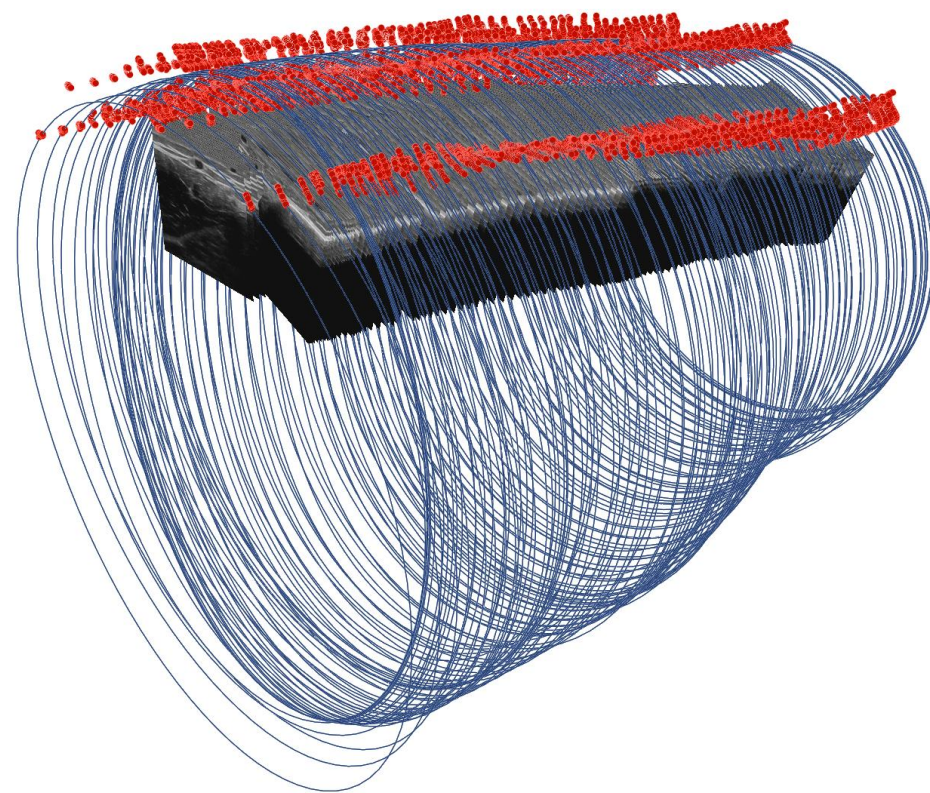
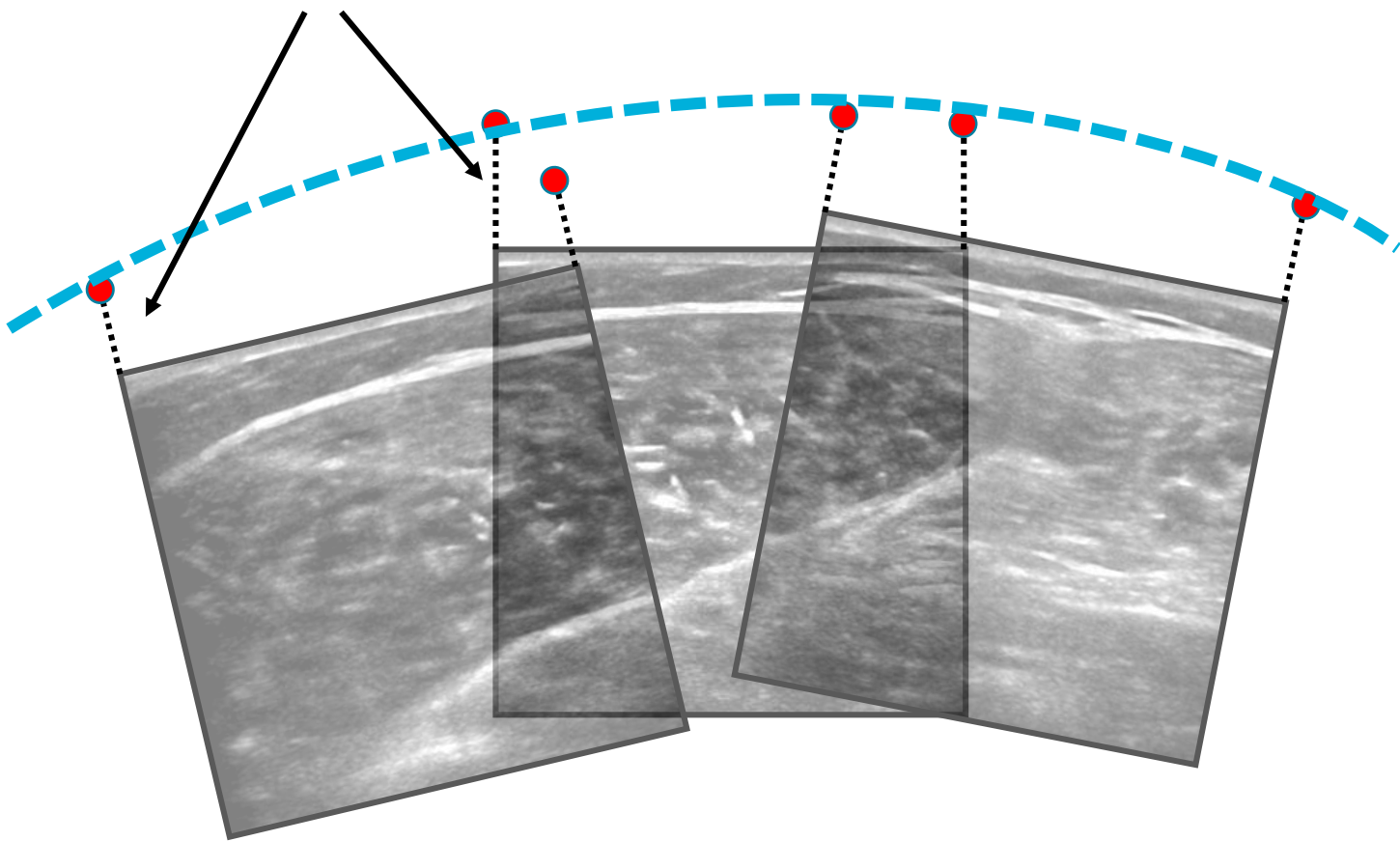
# Decompression Model

- Skin surface locally modeled as a circle
- Displacements are optimized by maximizing image similarity in the overlapping regions



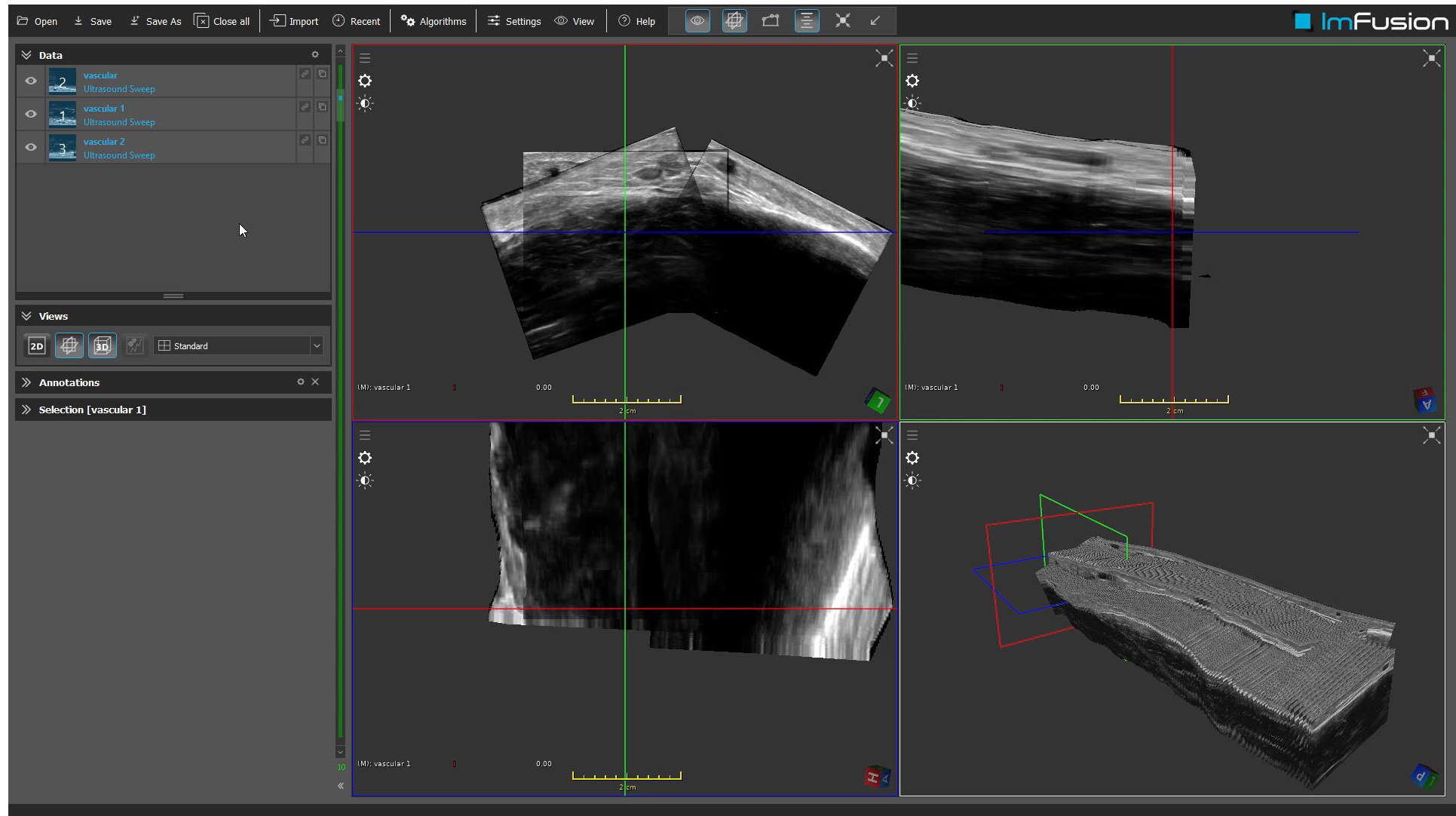
# Decompression Model

- Skin surface locally modeled as a circle
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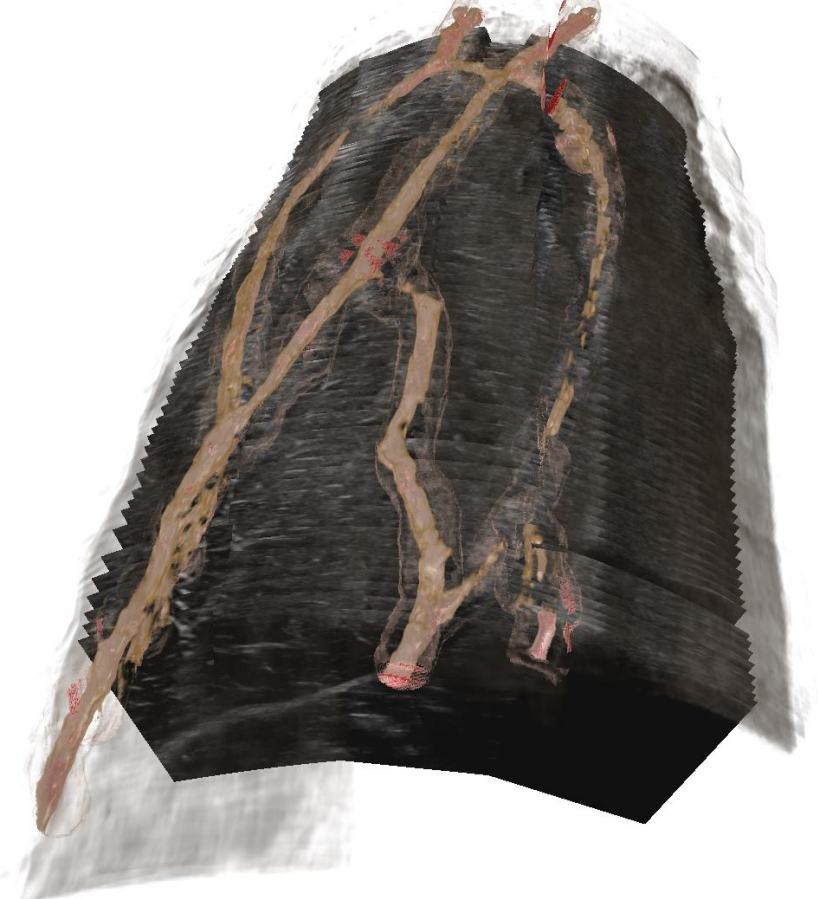


# Multi-scan Decompression Algorithm





# Wide Field-of-View Reconstruction

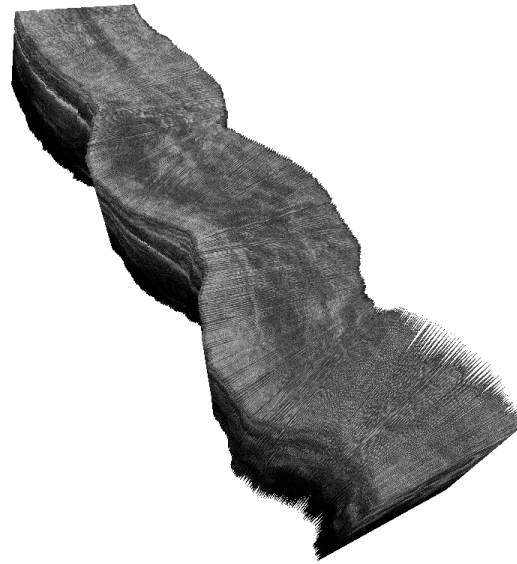


Schulte zu Berge et al.

Ultrasound Decompression  
for Large Field-of-View  
Reconstructions  
*VCBM 2018*

# CONCLUSION

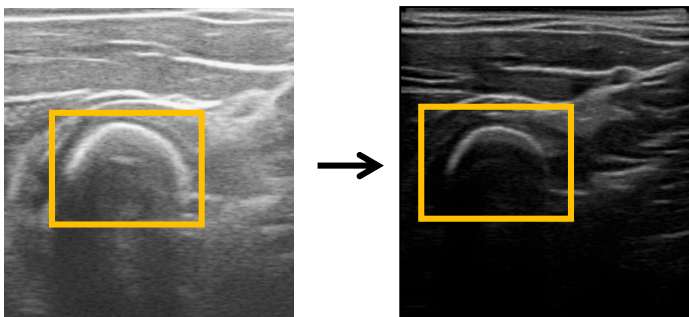
## THE FUTURE OF ULTRASOUND IMAGING



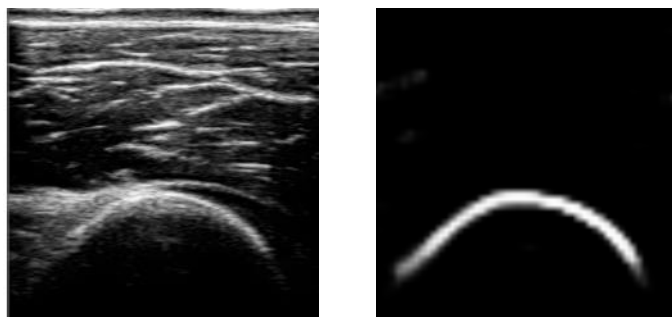
# Let's recap

# Let's recap

- Ultrasound acquisition can be made easier and less tedious



Auto-tuning of the parameters



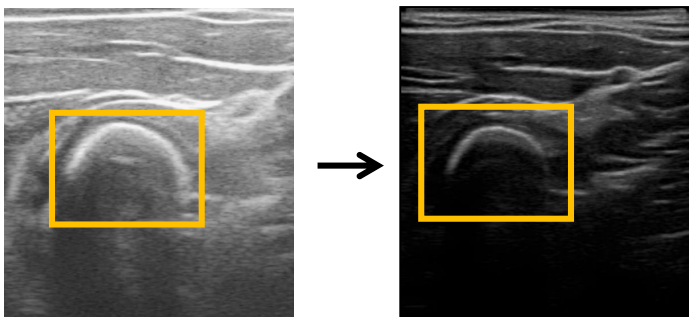
Real-time anatomy recognition



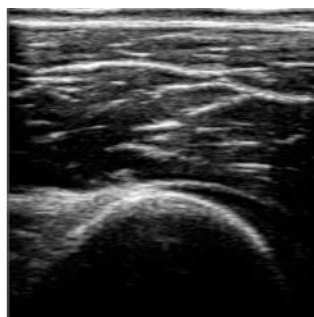
Trackingless 3D Reconstruction

# Let's recap

- Ultrasound acquisition can be made easier and less tedious



Auto-tuning of the parameters

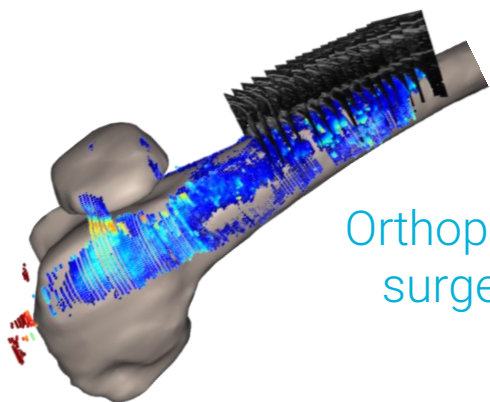


Real-time anatomy recognition



Trackingless 3D Reconstruction

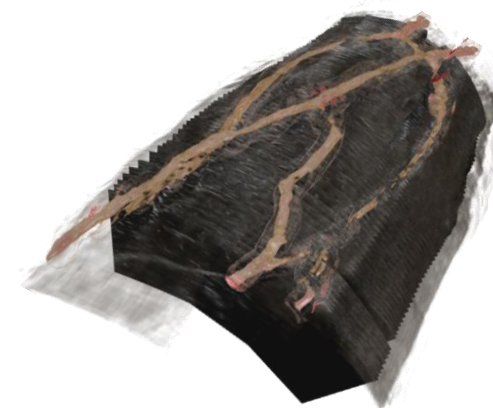
- Ultrasound improves both surgery workflows and diagnostics/monitoring



Orthopedic surgery



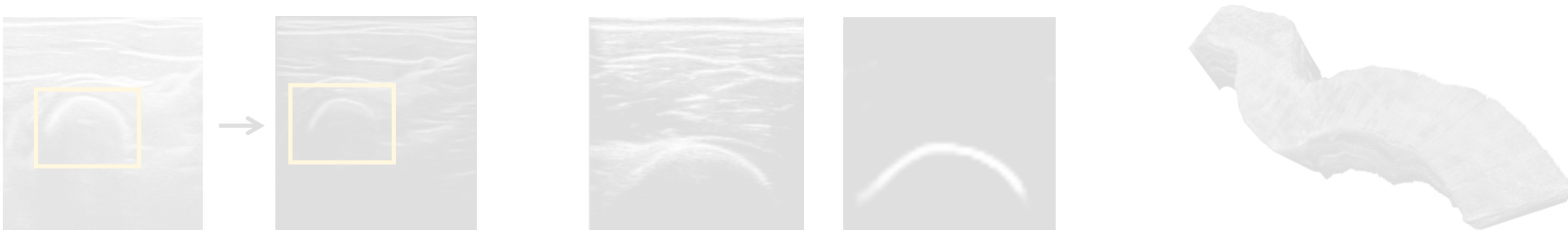
Neuro surgery



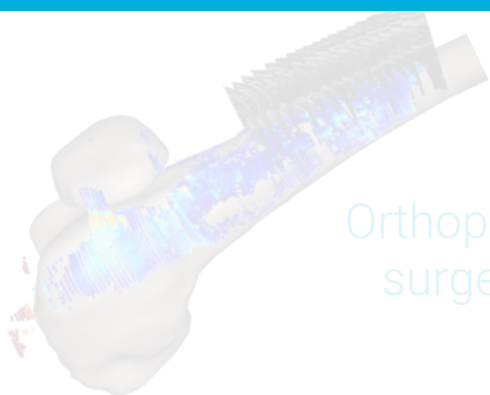
Vascular imaging

# Let's recap

- Ultrasound acquisition can be made easier and less tedious



With AI + GPU computing + advanced algorithms,  
US becomes more accessible and create new applications  
... maybe even replace other modalities in the long run



Orthopedic  
surgery



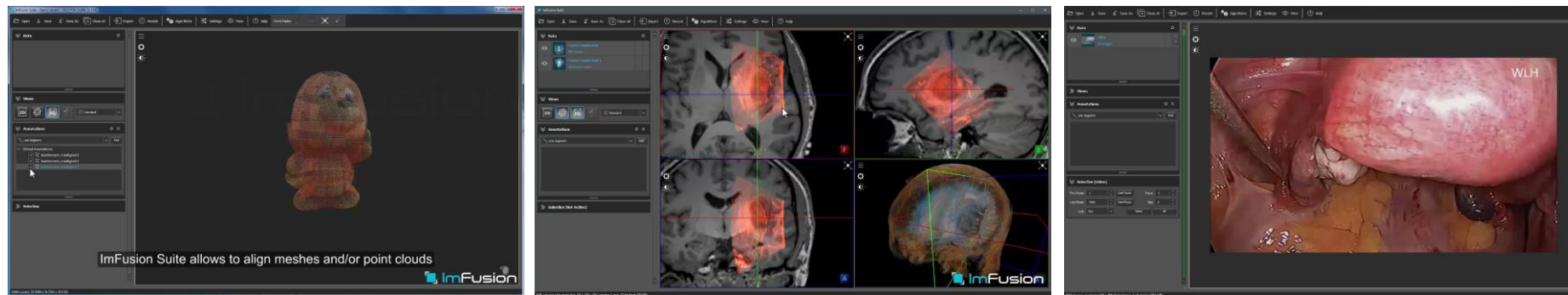
Neuro  
surgery



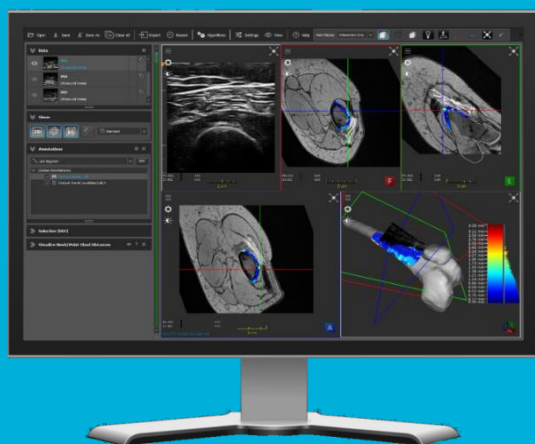
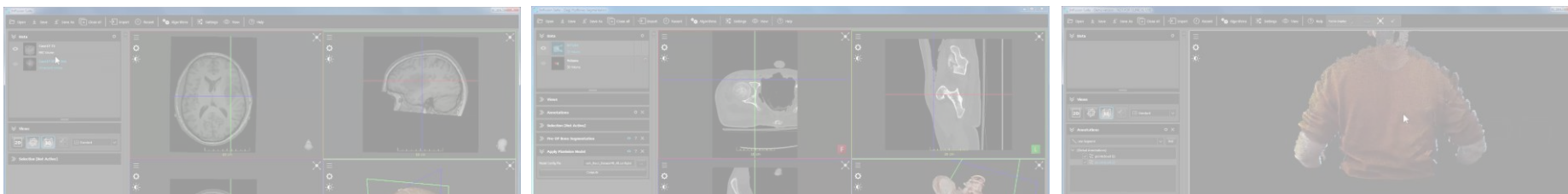
Vascular  
imaging



# ImFusion Suite: The ideal platform for R&D

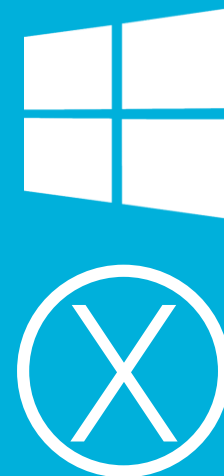


# ImFusion Suite: The ideal platform for R&D



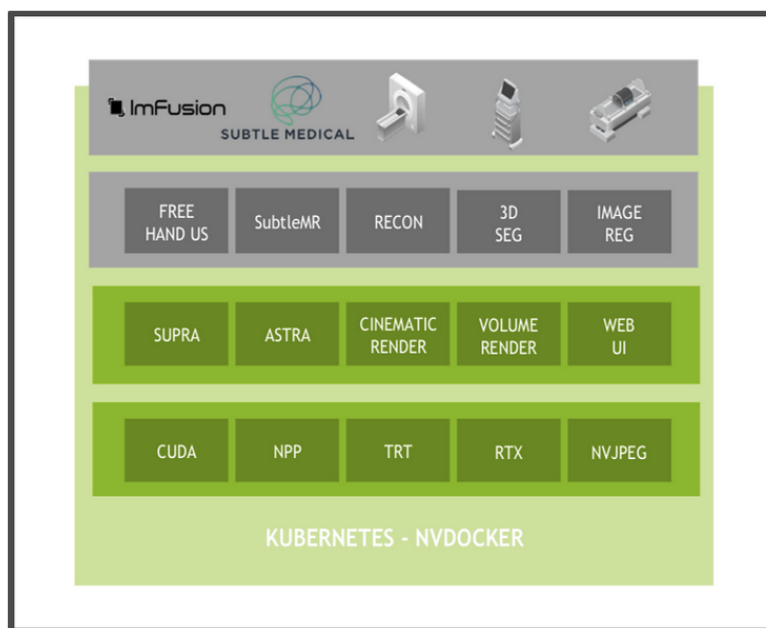
Download the ImFusion Suite demo  
[www.imfusion.com](http://www.imfusion.com)

Image Visualization,  
Segmentation, Registration,  
Mesh/Point Cloud Processing,  
... and more!



# ImFusion x NVIDIA

NVIDIA Clara initiative for transparent access to accelerated computing (closer to the sensor/raw data for certain applications & high-end systems vs. in the cloud for point-of-care ultrasound)



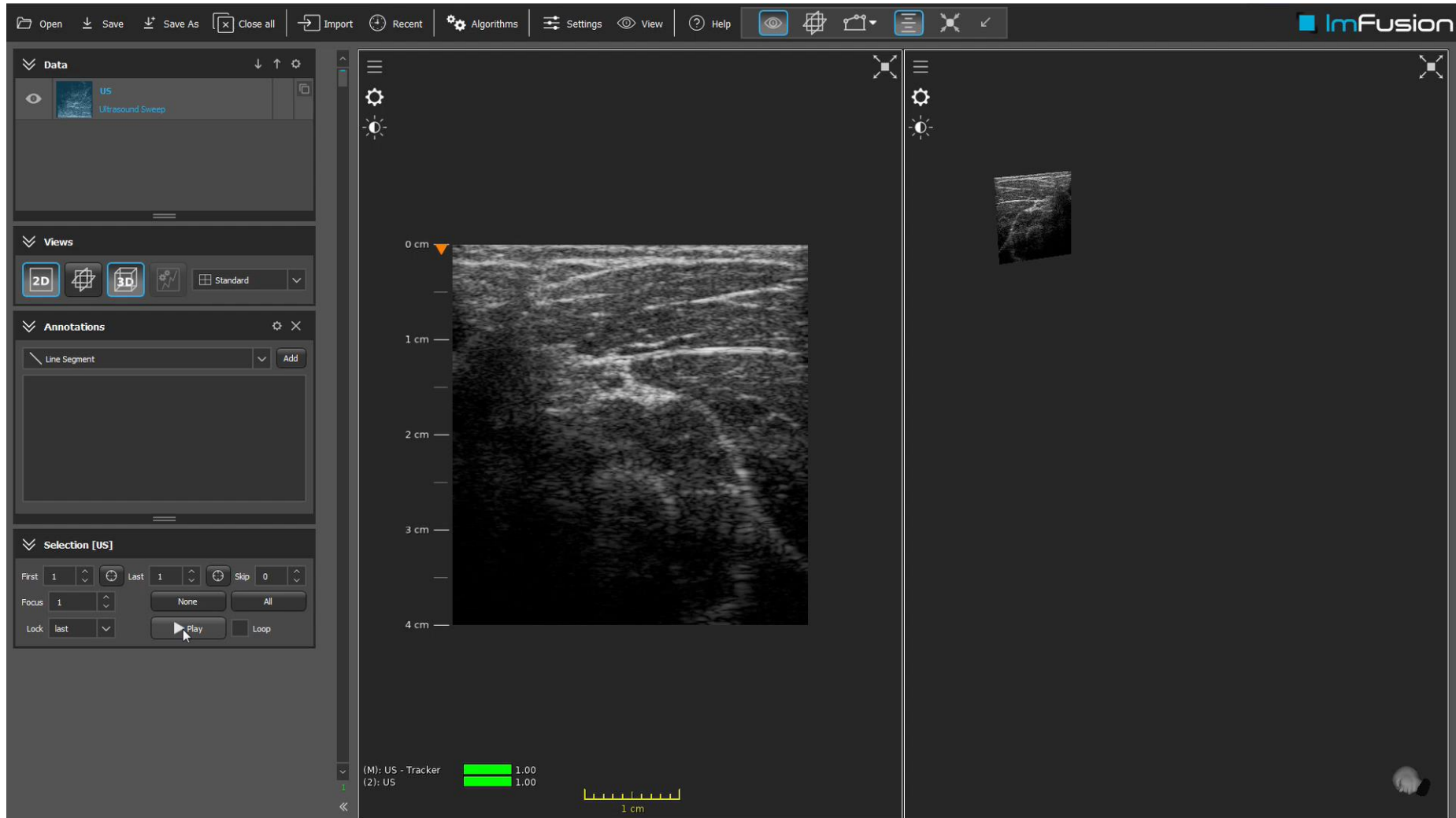
NVIDIA Clara SDK



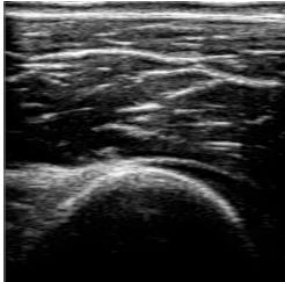
Clara Developers

source: <https://developer.nvidia.com/clara>

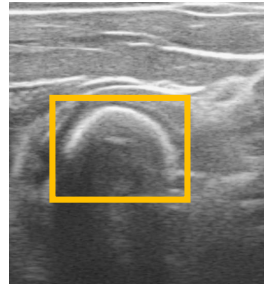
# ImFusion SDK x CLARA Rendering Server



# THANK YOU!



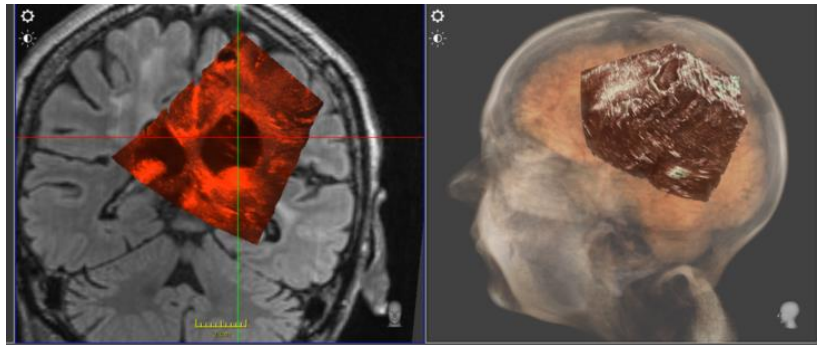
Real-time anatomy detection



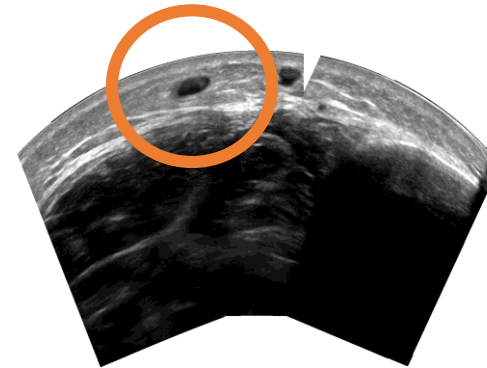
Auto-tuning of the parameters



Tracking-less 3D ultrasound



Multi-modal registration



Decompression & Stitching

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