

**Henry Ford**  
 Health System  
 RADIOLOGY RESEARCH

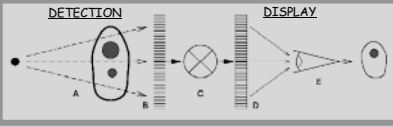
## Digital Image Processing in Radiography

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Intro - Display Processing

Display processing is used to transform digital radiography data to display values for presentation using a workstation or film printer.



(A) Subject contrast  
 (B) is recorded by the detector  
 (C) and transformed to display values  
 (D) that are sent to a display device  
 (E) for presentation to the human visual system.

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Intro - Course Outline

- Introduction (4)
- 1. Preprocessing (12)
- 2. Generic Image Processing (2)
  - A. Grayscale rendition (10)
  - B. Exposure recognition (7)
  - C. Edge restoration (10)
  - D. Noise reduction (10)
  - E. Contrast enhancement (14)
- 3. Commercial Implementations (23)

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Intro - Learning objectives

1. Understand how recorded signals are conditioned to produce image data for processing.
2. Understand the approaches used to improve the visibility of structures in radiological images.
3. Survey current commercial implementations and distinguish essential similarities / differences.

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**Intro - Disclosure**

The presenter is a designated principal investigator on research agreements between Henry Ford Health System and the following companies (alphabetical):

- \* Agfa Medical Systems
- Brown & Herbranson imaging
- \* Eastman Kodak Company
- Shimadzu Medical Systems
- Roche Pharmaceuticals

The presenter has provided consulting services over the last 12 months with the following companies (alphabetical):

- Gammex-RMI
- \* Vidar Systems Corp.

\* Involves DR image processing

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**Projection Test Pattern**

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**1- Course Outline**

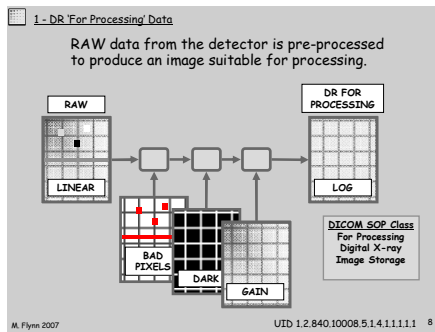
1. [Preprocessing](#)
2. [Generic Image Processing](#)
3. Commercial Implementations

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**1 - Raw Image Data**

- For CR and DR systems, radiation energy deposited in the detector is converted to electrical charge.
- Pre-amplifier circuits then convert this to a voltage which is digitized using analog to voltage converter (ADC) to produce RAW image values.

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1 - Bad pixels

- Pixels with high or low values or with excessive noise
- Values corrected by interpolation from neighbors
- There are presently no requirements to report bad pixel statistics as a part of DR system purchase.

The left image shows a grid of pixels with a blue box highlighting a specific pixel. The right image shows a dark 450 x 200 region.

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1 - New Bad pixels

- New pixel defects can develop in DR panels that are in service.
- Frequent gain calibration can help detect newly developed problems.
- The defects shown to the right were reported by the radiologist interpreting the study.

The image shows an indirect DR image of a leg. Three orange circles highlight bad pixels.

Indirect DR

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1 - Dark image

Digital Fluoroscopy dark image

- The signal recorded when no x-rays are incident on the detector is referred to as the 'dark image' or 'offset image'.
- Most detectors produce a signal that linearly increase from the offset value of each pixel as x-ray incident exposure is increased.
- Dark image values are susceptible to drift and often have high thermal dependence.

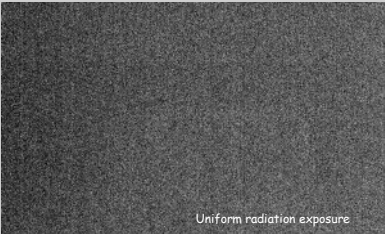
The image shows a dark, noisy region representing a dark image.

Display Window = 0-20

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1 - Gain image

- The linear gain may slightly differ from pixel to pixel.
- These variations produce fixed pattern noise.



Uniform radiation exposure

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1 - Offset/Gain correction

- Dark Image ( $I_D$ )**  
Obtained by averaging many images obtained with no xray input to the detector.
- Gain Image ( $I_G$ )**  
Obtained by averaging many images obtained with a uniform x-ray fluence.
- Uniformity correction** is performed subtracting the dark offset and adjusting for gain differences.  

$$I_{COR} = (I_{RAW} - I_D) \{k / (I_G - I_D)\}$$
- Log transformation** using a Log look-up table allows this to be performed with a subtraction.  

$$I_{FP} = \log(I_{RAW} - I_D) - \log(I_G - I_D) - K$$

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1 - log image values

The recorded signal recorded is approximately proportional to the exponent of the attenuation coefficient line integral:

$$P(x,y) = \int \mu(s)$$

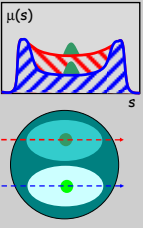
$$I(x,y) \propto I_0 \exp[-P(x,y)]$$

The log of the recorded signal is proportional to the line integral.

$$\ln(I(x,y)) \propto -P(x,y) + \ln(I_0)$$

Small perturbations cause the same image value change whether in high or low transmission regions

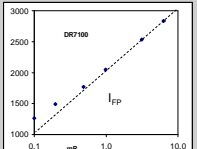
$$I_{FP}^1 \propto P^1(x,y) + \Delta P$$

$$I_{FP}^2 \propto P^2(x,y) + \Delta P$$


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1 - 'for processing' Log format

- Most 'for processing' image values are proportional to the log of the exposure incident on the detector.
- Samei et al., Med Phys 2001
  - Agfa,  $PV = 1250 * \log(cBE) - 121$
  - Fuji,  $PV = (1024/L) * (\log(E) + \log(S/200))$
  - Kodak,  $PV = 1000 * \log(E) + C_0$



For  $I_{FP}$  values stored as a 12 bit number (0 - 4095), a convenient format has a change of 1000 for every factor of 10 change in exposure.

$$I_{FP} = 1000 \log_{10}(mR) + 2000$$

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1 -  $I_{FP}$  proportional to  $mR^{1/2}$

- One major manufacturer uses internal  $I_{FP}$  values that are proportional to the square root of exposure.
- The relative noise of the  $I_{FP}$  values is constant for all incident exposures, however the tissue contrast is not.

$I_{FP} = 1250 \text{ mR}^{1/2}$

For this system, this structure is used only for data stored in a multi-scale Agfa format used by Agfa products. Data exported using DICOM exchange (for processing) can be sent in a log exposure format.

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1 - Normalized  $I_{FP}$  values, TG116

AAPM Task group 116 draft report  
 "Recommended Exposure Indicators for Digital Radiography"  
 Normalized For Processing Pixel Values ( $I_{NFP}$ )

"For-processing pixel values,  $I_{FP}$ , that have been converted to have a specific relation to a standardized radiation exposure ( $E_{STD}$ ). ..."

$I_{NFP} = 1,000 * \log_{10}(E_{STD}/E_0)$ ,  
 $E_{STD}$  in micro-Gray units,  
 $E_0 = 0.001$  micro-Gray.

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2 - Course Outline

1. Preprocessing
2. [Generic Image Processing](#)
3. Commercial Implementations

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2 - Five generic processes

- ⇒ **Grayscale Rendition:** Convert signal values to display values
- ⇒ **Exposure Recognition:** Adjust for high/low average exposure.
- ⇒ **Edge Restoration:** Sharpen edges while limiting noise.
- ⇒ **Noise Reduction:** Reduce noise and maintain sharpness
- ⇒ **Contrast Enhancement:** Increase contrast for local detail

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**2A - processing sequence**

- ⇒ **Grayscale Rendition:** Convert signal values to display values
- ⇒ **Exposure Recognition:** Adjust for high/low average exposure.
- ⇒ **Edge Restoration:** Sharpen edges while limiting noise.
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- ⇒ **Contrast Enhancement:** Increase contrast for local detail

Exposure Recognition

→

**Spatial Processes**  
 • Edge Restoration  
 • Noise Reduction  
 • Contrast Enhance

→

Grayscale (VOI-LUT)

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**2A - Grayscale Rendition**

**Grayscale LUTs**

'For Processing' data values are transformed to presentation values using a grayscale Look Up Table

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**2A - Presentation Values**

Log-Luminance  
 Presentation Values  
 ▲  
 Grayscale VOI-LUT  
 ▲  
 For Processing Values

- ⇒ The Grayscale Value of Interest (VOI) Look up Table (LUT) transforms 'For Processing' values to 'For Presentation Values'.
- ⇒ Monitors and printers are DICOM calibrated to display presentation values with equivalent contrast.
- ⇒ The VOI-LUT optimizes the display for radiographs of specific body parts.

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**2A - DICOM VOI LUT**

**The VOI-LUT may be applied by the modality, or sent to an archive and applied by a viewing station**

Exposure Recognition

→

**Spatial Processes**  
 • Edge Restoration  
 • Noise Reduction  
 • Contrast Enhance

→

(VOI-LUT)

**DICOM PS 3.3 2007, Pg 88**

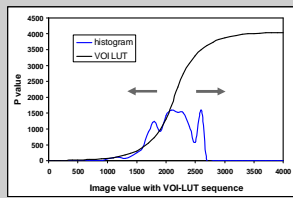
- When the transformation is linear, the VOI LUT is described by the Window Center (0028,1050) and Window Width (0028,1051).
- When the transformation is non-linear, the VOI LUT is described by VOI LUT Sequence (0028,3010).

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2A - VOI-LUT sent with image values

When communicating images to a PACS systems, it can be beneficial to send the VOI-LUT sequence for application at display.

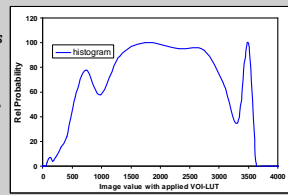
PACS workstations should be capable of translating or stretching the VOI LUT to make contrast and brightness changes



2A - LUT applied and P values sent

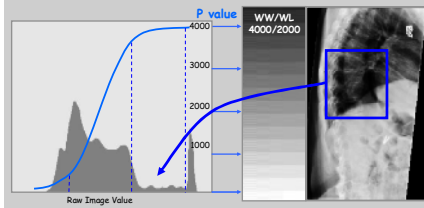
Presently, many systems send images to a PACS system as scaled P values with the VOI LUT already applied to the processed data.

PACS workstations can not adjust the VOI-LUT to demonstrate contrast in over or under penetrated regions.



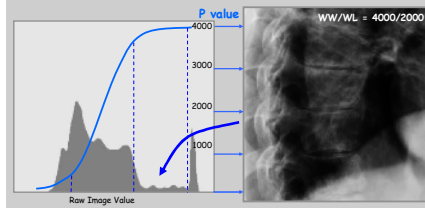
2A - A better WW/WL for CR/DR

The applied VOI-LUT produces good contrast for the primary tissues of interest. For the full range of P values, contrast is limited in the toe and shoulder regions.



2A - A better WW/WL for CR/DR

The applied VOI-LUT produces good contrast for the primary tissues of interest. For the full range of P values, contrast is limited in the toe and shoulder regions.



**2A - A better WW/WL for CR/DR**

Shifting the Window Level (WL) to inspect highly penetrated regions renders gray levels with a poorly shaped portion of the VOI LUT.

Raw Image Value

P value

WW/WL = 1000/3500

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**2A - A better WW/WL for CR/DR**

The ability to shifting the VOI-LUT at the display workstation permits regions of secondary interest to be viewed with good radiographic contrast.

Raw Image Value

P value

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**2B - Exposure Recognition**

- ⇒ Grayscale Rendition: Convert signal values to display values
- ⇒ Exposure Recognition: Adjust for high/low average exposure.
- ⇒ Edge Restoration: Sharpen edges while limiting noise.
- ⇒ Noise Reduction: Reduce noise and maintain sharpness
- ⇒ Contrast Enhancement: Increase contrast for local detail

```

    graph LR
      A[Exposure Recognition] --> B[Spatial Processes  
• Edge Restoration  
• Noise Reduction  
• Contrast Enhance]
      B --> C[Grayscale (VOI-LUT)]
  
```

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**2B - Exposure recognition - signal**

**Signal Range:**  
A signal range of up to  $10^4$  can be recorded by digital radiography systems. Unusually high or low exposures can thus be recorded. However, display of the full range of data presents the information with very poor contrast. It is necessary to determine the values of interest for the acquired signal data.

log(S) probability

log(S) value

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**2B - Exposure recognition: regions**

**Exposure Recognition:**

All digital radiographic systems have an exposure recognition process to determine the range and the average exposure to the detector in anatomic regions. A combination of edge detection, noise pattern analysis, and histogram analysis may be used to identify Values of Interest (VOI).

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**2B - Exposure recognition: VOI LUT**

**VOI LUT Level and Width:**

- The values of interest obtained from exposure recognition processes are used to set the level and width of the VOI LUT.
- Areas outside of the collimated field may be masked to prevent bright light from adversely affecting visual adaptation.

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**2B - Segmentation - Anatomic region**

**Tissue region**

Advanced image segmentation algorithms are used in some systems to identify the region where tissue attenuation has occurred. This provides information on the values of interest for presentation.

X. Wang, H. Luo, "Automatic and exam-type independent algorithm for the segmentation and extraction of foreground, background, and anatomy regions in digital radiographic images." Proc. SPIE 5370, 1427-1434, 2004.

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**2B - Exposure recognition: metrics**

- DR systems report a metric indicating the detector response to the incident radiation exposure.
- The methods used to deduce this metric are all different
  - The regions from which exposure is measured vary.
  - Reported exposures may increase proportional to the log of exposure or may vary inversely with exposure.
  - The scale of units varies widely with factor of 2 changes in exposure associated with changes varying from 0.15 to 300.

•Fuji:	$S = 200/E_{in}$	80 kVp, unfiltered
•Agfa:	$lgM = 2.22 + \log(E_{in}) + \log(S_e/200)$	75 kVp, 1.5 Cu (mm)
•Kodak:	$EI = 1000 \log(E_{in}) + 2000$	80 kVp, 0.5 Cu 1.0 Al

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2B - Exposure Indicators, TG116

AAPM Task group 116 draft 8b

**"Recommended Exposure Indicators for Digital Radiography"**

**Indicated Equivalent Air Kerma ( $K_{IND}$ ) [IEC, Exposure Index]**

- An indicator of the quantity of radiation that was incident on regions of the detector for each exposure made. ...
- The regions .. may be defined in different ways ..
- The value should be reported in units of microgray ..

**Relative Exposure ( $E_{REL}$ ) -> Deviation Index [IEC]**

- An indicator as to whether the detector response for a specific image,  $K_{IND}$ , agrees with  $K_{TAR}(b,v)$ .
- Relative exposures are to be reported as  $E_{REL} = \log_{10}(K_{IND}/K_{TAR}(b,v))$
- $E_{REL}$  is intended as an indicator for radiographers and radiologists as to whether the technique used to acquire a radiograph was correct.

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2C - Edge Restoration

- Grayscale Rendition: Convert signal values to display values
- Exposure Recognition: Adjust for high/low average exposure.
- Edge Restoration: Sharpen edges while limiting noise.**
- Noise Reduction: Reduce noise and maintain sharpness
- Contrast Enhancement: Increase contrast for local detail

Exposure Recognition → **Spatial Processes** (Edge Restoration, Noise Reduction, Contrast Enhance) → Grayscale (VOI-LUT)

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2C - Edge Restoration

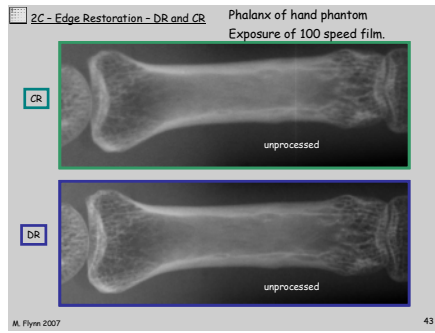
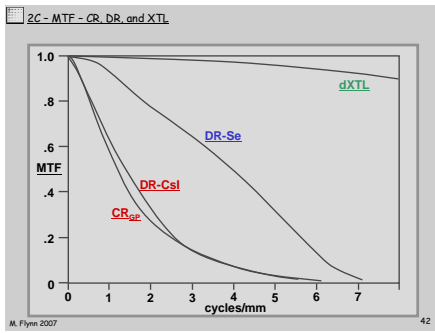
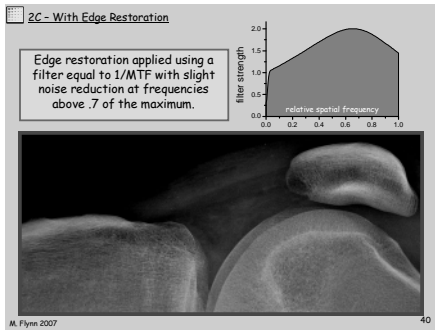
- Radiographs with high contrast details input high spatial frequencies to the detector.
- For many systems the detector will blur this detail as indicated by the MTF.
- Enhancing these frequencies can help restore image detail.
- However, at sufficiently high frequencies there is little signal left and the quantum mottle (noise) is amplified.
- The frequency where noise exceeds signal is different for different body parts/views

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2C - Without Edge Restoration

Lateral knee view with equalization but no edge restoration as indicated by the filter strength.

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2C - Edge Restoration - dDR and iDR Clinical Wrist Identical Manual Exposure

dDR




iDR

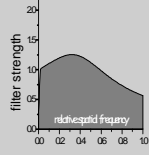


High DQE iDR systems can restore edges without producing excessive noise.

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2C - Chest Edge Restoration



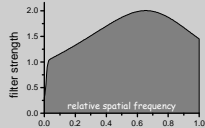


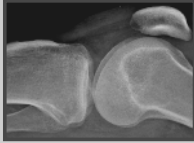
**Chest Processing**

- **Edge restoration:** lung tissue typically produces low frequency signals and the chest radiograph has high quantum noise. Thus, very modest edge restoration should be used.
- **Quantum mottle in the abdomen:** Low exposure and thick tissue result in significant quantum mottle below the diaphragm. Inverse MTF filters need to be damped at high frequency to prevent excessive noise (Metz filter).

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2C - Skeletal Edge Restoration





**Skeletal Processing**

- **Edge restoration** may be extended to high frequencies particularly if high resolution screens are used. Noise is generally not problematic for extremity views.
- **Restoration versus enhancement:** 1/MTF edge processing as shown restores object detail to that which would be recorded with a perfect detector. The term restoration is recommended rather than enhancement.

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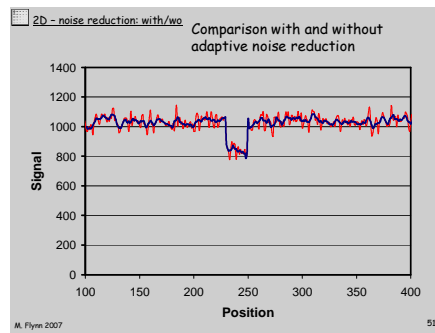
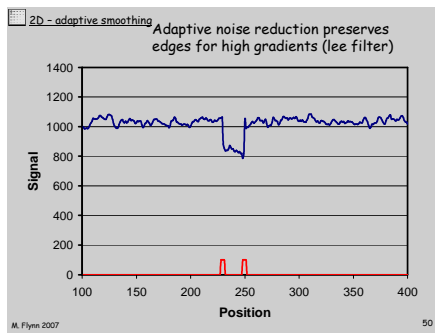
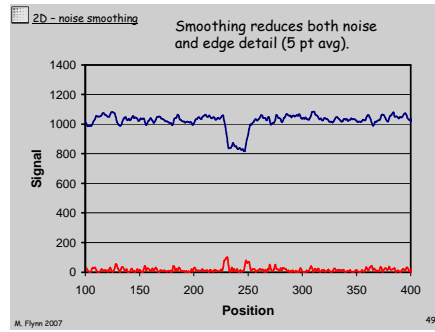
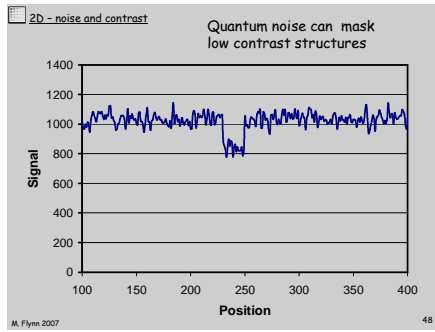
2D - Noise Reduction

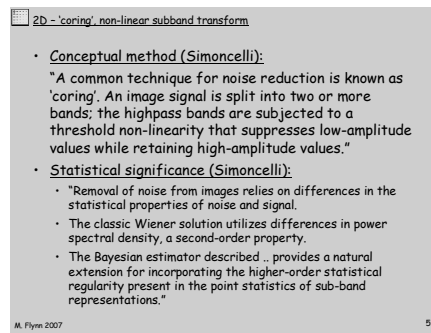
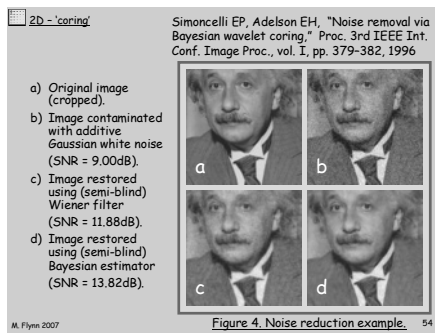
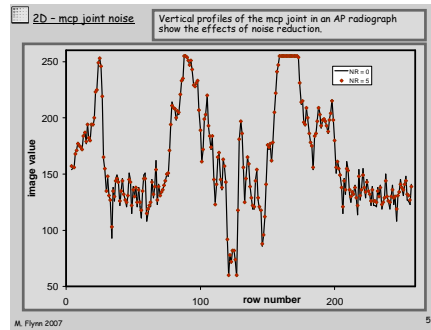
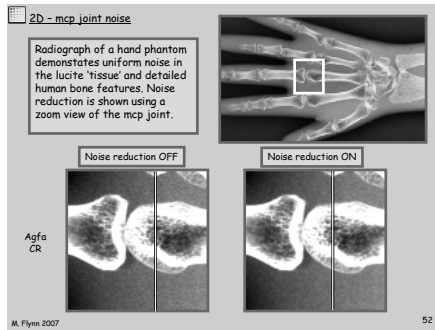
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```

graph LR
    A[Exposure Recognition] --> B[Spatial Processes]
    subgraph B [Spatial Processes]
        B1[Edge Restoration]
        B2[Noise Reduction]
        B3[Contrast Enhance]
    end
    B --> C[Grayscale (VOI-LUT)]
    
```

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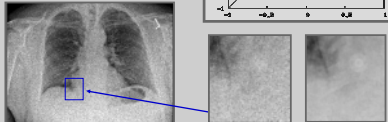


2D - adaptive non-linear coring

[Couwenhoven, 2005.](#)  
[SPIE MI vol 5749, pg318](#)

- High frequency sub-band
- Coring function  

$$P = P/(1+s/P^2)$$
- Adaptation
  - Signal amplitude
  - Signal to noise



Darking Peristaltic - High Frequency Band

Original Image  
 SPIE MI vol 5749, pg 318

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2E - Contrast Enhancement

- ⇒ Grayscale Rendition: Convert signal values to display values
- ⇒ Exposure Recognition: Adjust for high/low average exposure.
- ⇒ Edge Restoration: Sharpen edges while limiting noise.
- ⇒ Noise Reduction: Reduce noise and maintain sharpness
- ⇒ **Contrast Enhancement: Increase contrast for local detail**

```

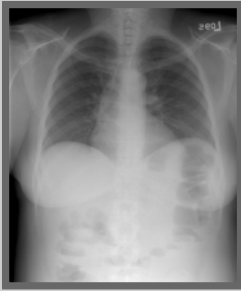
  graph LR
    A[Exposure Recognition] --> B[Spatial Processes  
• Edge Restoration  
• Noise Reduction  
• Contrast Enhance]
    B --> C[Grayscale (VOI-LUT)]
  
```

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2E - Contrast Enhancement

- A wide range of log(S) values is difficult to display in one view.
- Lung detail is shown here with low contrast.


**Contrast Enhancement:**  
 Enhancement of local detail with preservation of global latitude.



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2E - Unsharp Mask

- A highly blurred image can be used to adjust image values.
- The Unsharp Mask can be obtained by large kernel convolution or low pass filter.
- Note that the grayscale has been reversed.




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**2E - Detail enhancement**

The difference between the image and the unsharp mask contains detail. This is added to the image to enhance detail contrast.

The contrast enhanced image has improved lung contrast and good presentation of structures in the mediastinum.

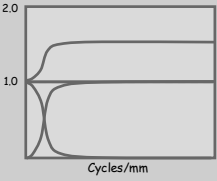


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**2E - Contrast Enhancement in frequency space**

- the image is low pass filtered to get a smoothed mask image (illustrated as a gaussian low pass filter).
- Subtraction of the mask from the image yields a high pass filtered image having only the detail associated with local tissue structures.

Detail contrast enhancement is obtained by adding the scaled subtracted detail to the image.



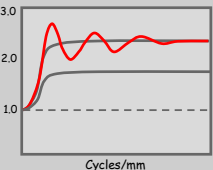
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**2E - Selecting contrast enhancement**

In practice, the amount of contrast enhancement can be selected by first defining a grayscale rendition that achieves the desired latitude, and then applying a filter that enhances detail contrast.

The enhancement gain is adjusted to amplifying the contrast of local detailed tissue structures.

Methods using large kernel of equal weight have poor frequency response characteristics.



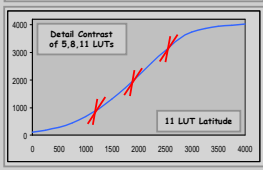

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**2E - Detail Contrast, Latitude, and Gain**

Extended Visualization Processing (EVP, Kodak).

For a specific grayscale rendition, detail contrast can be progressively enhanced.

- Latitude** - the range of the unenhanced LUT.
- Detailed Contrast** - the effective slope of the enhanced detail at each gray level.
- Gain** - the increase in LUT local slope.

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**2E - Optimal PA chest gain**

5 thoracic radiologists at 3 medical centers preferred a gain of 2.4 for the interpretation of PA chest radiographs of any latitude.

SPIE 4319, 2001

Optimal Contrast/Latitude  
All Reader Mean (n=5) for 8 Cases

Detail Contrast (85 to 97%, logscale)

Latitude (.47 to 2.06, logscale)

$G = 2.4$

**8 PA chest Radiographs**

- 52 display processing conditions for each radiograph.
  - EVP gain varied from 1.0 to 6.8.
  - Detail contrast set to 8 values (rows).
  - Latitude set to 10 values (columns).

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**2E - chest wide latitude**

**T1-c**

- Lat = 1.68
- Con = 2.21
- G = 2.4

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**2E - chest low latitude**

**T3-c**

- Lat = 1.44
- Con = 3.00
- G = 2.4

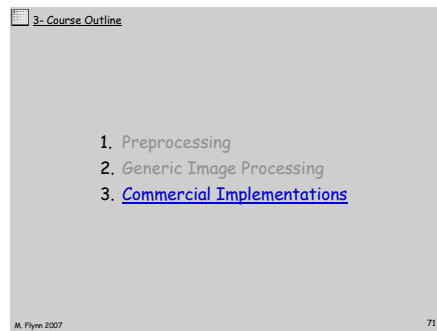
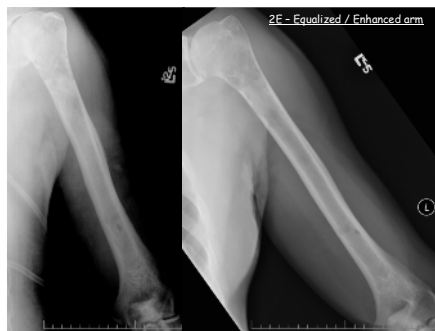
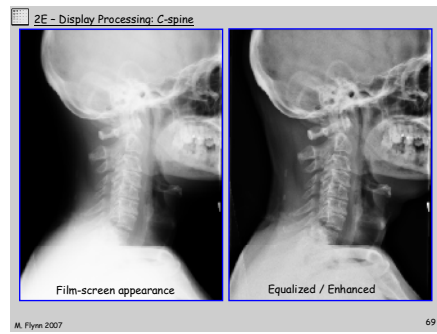
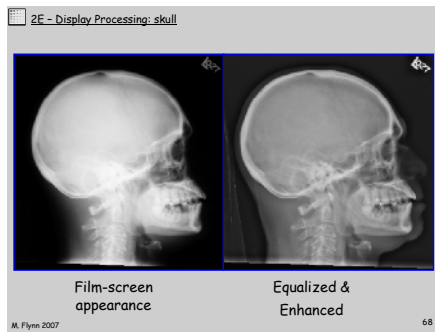
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**2E - foot - contrast enhancement**

Contrast enhancement of wide latitude  
Musculoskeletal views improves visualization

Latitude 1200 - 2X Gain contrast enhancement

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3A - Fujifilm Medical Systems USA

**MFP (Multi-Frequency Processing)**

An optional software applicable for all types of FCR imaging. MFP is an enhanced version of Fujifilm's renowned Dynamic Range Control (DRC), and uses frequency enhancement to provide greater diagnostic information from a single exposure image.

**FNC (Flexible Noise Control)**

Through separation of the noise and signal of an image, it is possible to selectively decrease the noise level. Maximum selective exclusion of unnecessary information translates into easier diagnosis.

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3A - Fujifilm MEC Yamada, BJR,78 (2005), 519-527

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3A - Fujifilm FNC Yamada, BJR,78 (2005), 519-527

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3B - Eastman Kodak Company

**Increased latitude without loss of detail contrast**

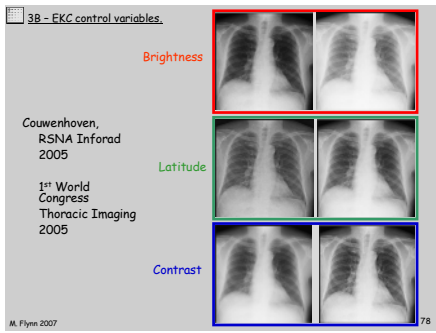
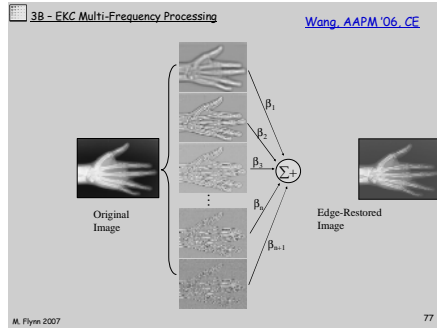
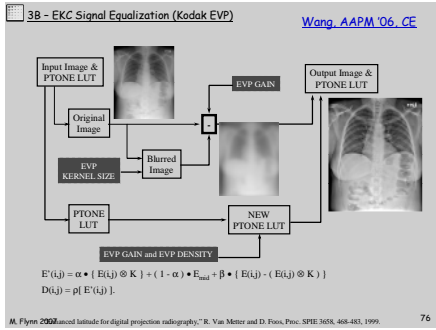
Evolution - and related to standard processing - an enhanced resolution image processing technique to the application of image processing to improve image quality.

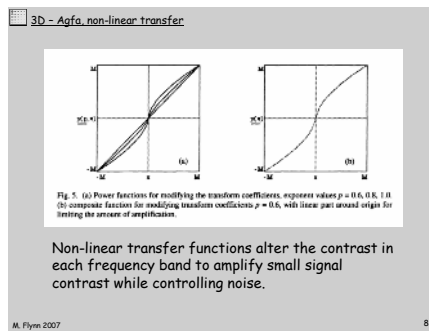
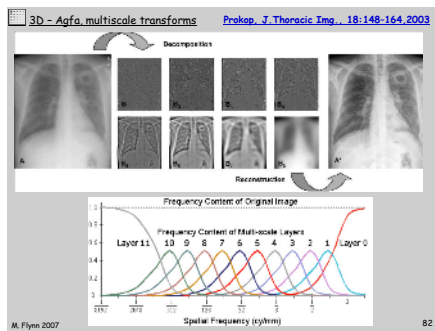
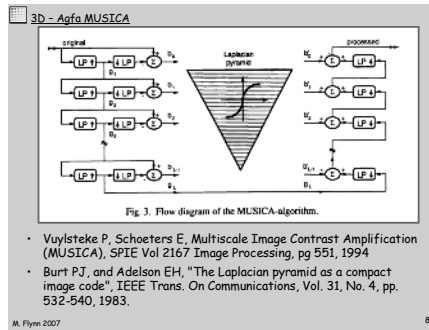
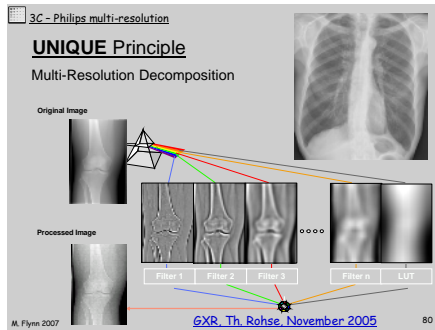
**EVP**

- 1997 SPIE3034 Sem, skinline detection
- 1998 SPIE3335 Barski, phone grayscale
- 1999 SPIE3658 Barski, grid suppression
- 1999 SPIE3658 Van Metter, EVP
- 2001 SPIE4322 Pakin, extremity segment.
- 2003 SPIE5367 Couwenhoven, control
- 2004 SPIE5370 Wang, auto segmentation
- 2005 SPIE5749 Couwenhoven, noise

A series of proceedings articles describes the image processing approaches used by Eastman Kodak Company


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3D - Musica 2

MU-1



MU-2

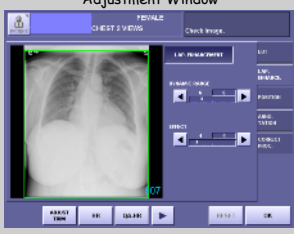


- The recently released Musica-2 provides a more unified approach to the processing of all bodyparts.
- In general, Musica-2 has the ability to provide more aggressively processed appearance.

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3E - Canon

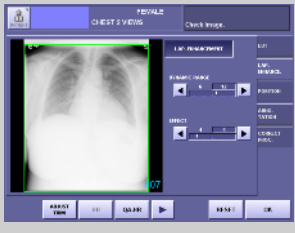
### Multi Frequency Adjustment Window



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3E - Canon

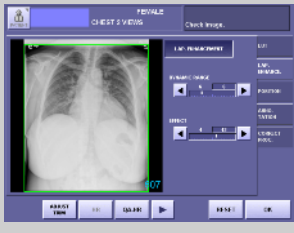
### Narrowed Signal Range



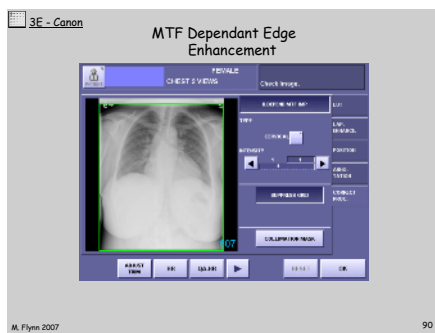
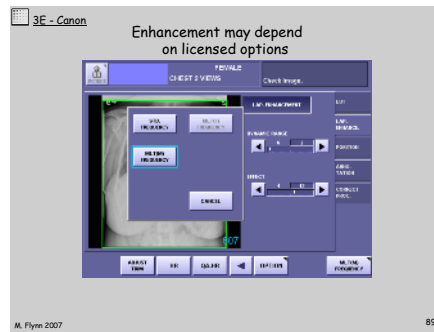
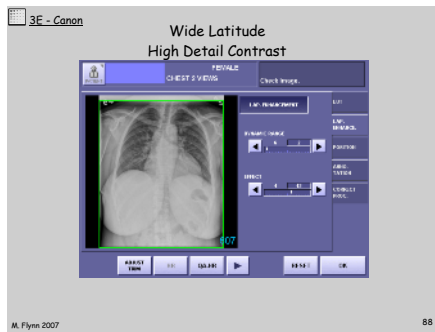
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3E - Canon

### Increased Detail Contrast



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3 - "multi-frequency"

In General

- Linear Filters  
Linear filters implemented with Fourier transforms or convolution with large area, variable amplitude kernels can achieve equalization and edge restoration with full control of the frequency transfer characteristics.
- Multi-scale Filters  
Multi-scale filters have coarse control of frequency transfer characteristics but can apply non-linear transformations to achieve noise reduction and prevent high contrast saturation.

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3 - others

- Del Medical Systems Group
- GE Healthcare
- Hologic, Inc
- Imaging Dynamics Co, Ltd
- Infimed Inc
- Konica Minolta Medical Imaging
- Lodox Systems
- New Medical Ltd
- Shimadzu Medical
- Siemens Medical Solutions
- Swissray International
- Vidar Systems Corp.

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3 - Commercial Implementation of DR Processing

- Image processing is provided by all CR/DR suppliers under a variety of trade names.
- While the computation approaches differ, the effect on the radiograph is similar.
- The processed digital image can appear very much different that a traditional screen film radiograph.
- It is possible to set up systems from different suppliers to provide similar appearance (but difficult). Harmonized processing is needed.

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3 - Body Part & View

- Processing parameters for equalization, grayscale rendition, and edge restoration are set specifically for each body part / view that may be done.
- This requires close cooperation between the user and the supplier to set up tables that conform to the body part-view used in a department.
- Dependence on body part size complicates processing

- New industry developments may provide processing software that automatically selects the proper parameters from the image data and makes adjustments for body part size.

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Questions 2

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