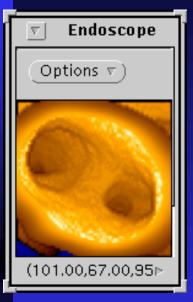
#### A. General Visualization and Analysis Tools



Virtual Bronchoscopy for 3D Pulmonary Image Assessment: Visualization and Analysis

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Geoffrey McLennan,<sup>2</sup> Eric A. Hoffman,<sup>2</sup> Roderick Swift<sup>1</sup>
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## Laboratory Research Goals:

1. Exploit the *enhanced awareness* afforded by virtual endoscopy over traditional endoscopy.

➡ Build integrated visual tools.

2. Devise *automatic image analysis* methods to make virtual endoscopy truly useful.

➡ Alleviate burden of manual intervention.

3. Focus on Pulmonary Applications.

## Virtual Endoscopy ---- Idea

Input a high-resolution 3D radiologic image

➡ virtual copy of anatomy

Use computer to explore virtual anatomy
 permits unlimited navigation exploration

## QUICKSEE: virtual-endoscopic software system

- 1. Provides many visual and quantitative tools:
  - a. Visualize airways
  - b. Get measurements (cross-sectional area)
- 2. Automatic or manual real-time navigation:
  - a. use automatically computed paths
  - b. create one yourself
- 3. Runs on Sun Workstations, Solaris 2.X.

QUICKSEE basic operation
Projections     1. Load data:
<ul> <li>3D radiologic image</li> </ul>
<ul> <li>(optional) 3D path data</li> </ul>
QUICKSEE 3.0
Input/Output (Interactive ) Automatic Done
Copyright 1995, Penn State University

## QUICKSEE --- basic operation

- 2. Do automatic analysis:
  - Compute:
    - paths (axes) through airways
    - extracted regions (airways)
  - Save results for interactive navigation.

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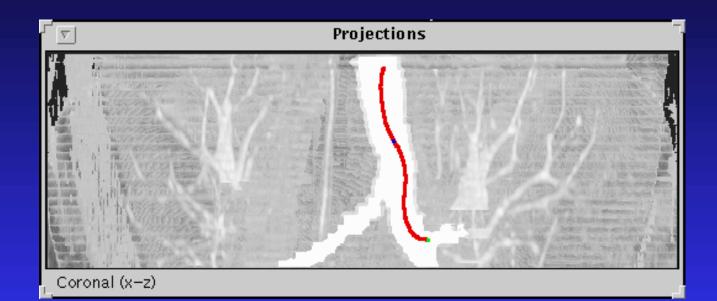
## QUICKSEE --- basic operation

3. Perform interactive navigation/assessment:
View, Edit, Create paths through 3D image
View structures; get quantitative data
Many visual aids and viewers available

## Example 1: Lung Cancer Patient

An upper airway examination of the patient showed a critical narrowing toward the distal third of the trachea. The axial extent of the narrowed segment, however, could not be determined, as the bronchoscope could not be passed distal to the tumor, without risk of hemorrhage and edema. Thus, an EBCT scan was performed (25) contiguous slices, 512X512 slices, slice thickness =3.0mm, axial-plane resolution = 0.41mm. Manual analysis had been done for this case, which served as a guide for subsequent Nd:Yag laser therapy. We used this case retrospectively for Virtual-Bronchoscopic study.

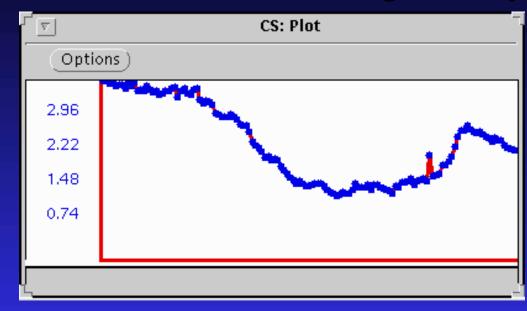
#### 1. Get automatically computed paths.



Red line : automatically computed 3D path.

Path is superimposed on maximum-intensity projection of 3D data set (bones and mediastinal structures had been previously removed automatically).

#### 2. See lumen diameter along airway path.

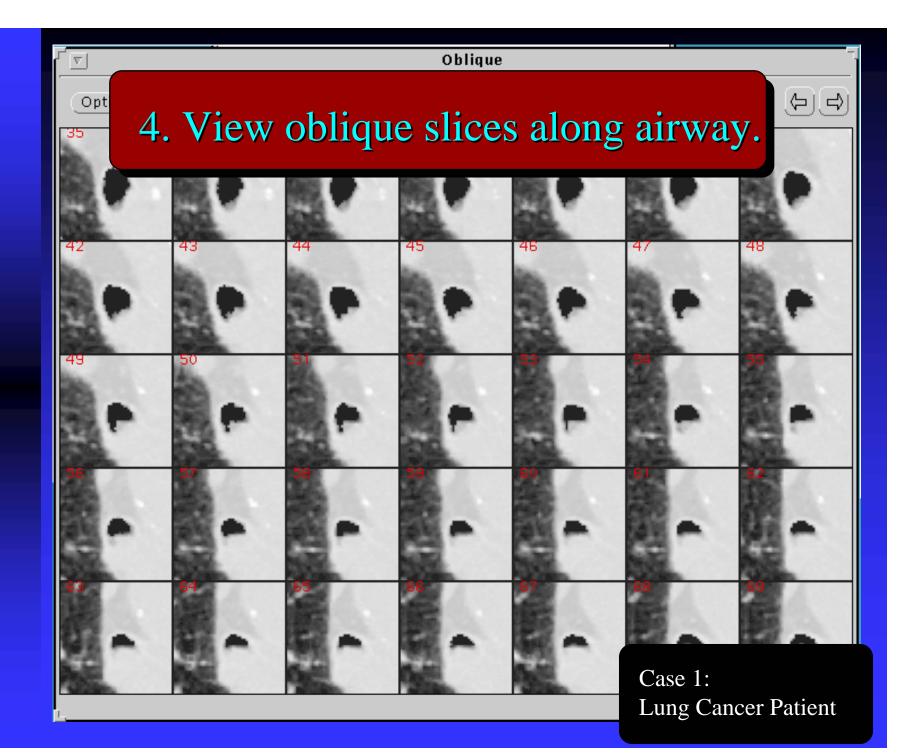


Plot gives lumen diameter versus distance along path. Distance = distance travelled down airway.

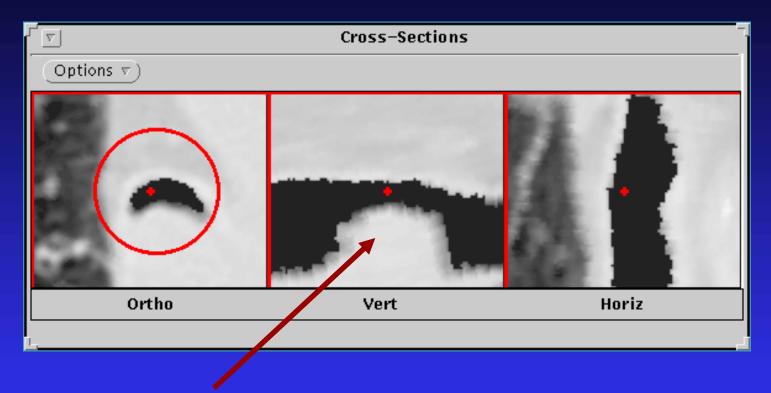
The drop and rise of this diameter quantitatively shows the amount, extent, and position of the narrowing.

3. View straightened "Tube View" along airway. Airway along path is mathematically straightened.

<u>_</u>	Tube Viewer	
Rotation Ang	le: 0 🔤 🔺 🔽 Size: 🔽 Double	
Slice Width:	2 🔨 🗹 Show Axes	
	Note severe narrowing due to cancer.	Case 1: Lung Cancer Patient



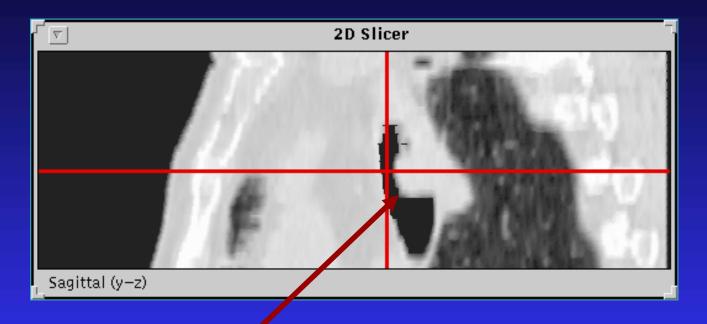
### 5. See local cross-sections at cancer site.



#### Note severe narrowing due to cancer.

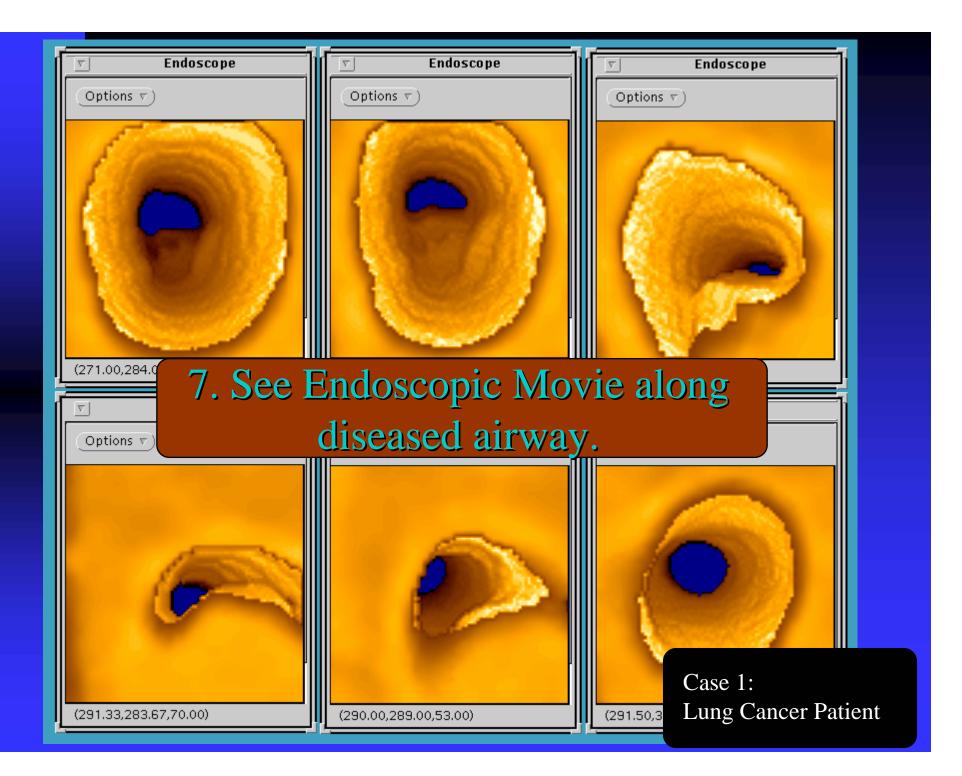
'Cross-Sections' displays small local orthogonal 2Dslice data at a viewing site. The Cross-Sections tool, like most other QUICKSEE tools, permits dynamic movie displays of information along a path.

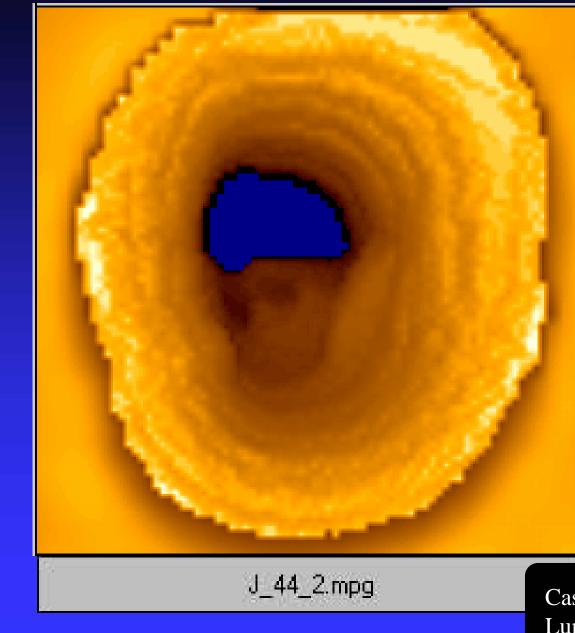
#### 6. See global 2D slices at cancer site.



#### Note severe narrowing due to cancer.

The 2D Slicer gives global 2D cuts through a view site. The cuts lie along the standard orthographic axes (Sagittal, Coronal, Tranverse). They give a 'Big Picture' view of a site.





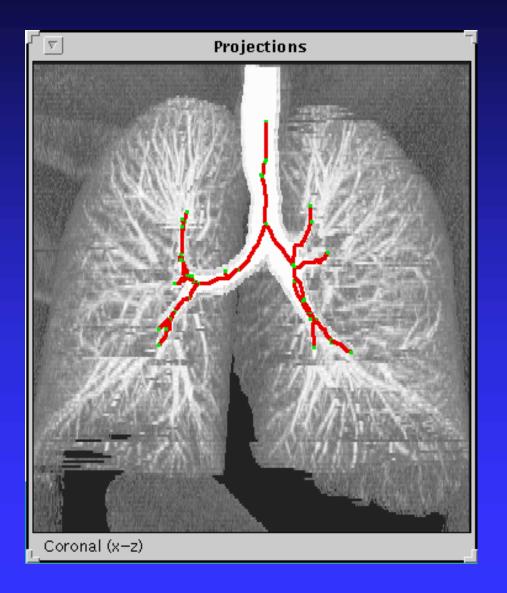
Virtual endoscopic movie through trachea and narrowed region. This movie is computed interactively.

DOUBLE-CLICK on the lower bar "J\_44\_2.mpg" to see movie.

## Case 2: Healthy Human Complete Lung Scan

To gain an appreciation for the extensive "road map" possible for a virtual-bronchoscopy system, we made a complete 3D CT chest scan of a healthy volunteer. The volunteer underwent scanning in an EBCT scanner at 40% total lung capacity. Three 20 sec scans were made to collect the data. A lung volume-controller was used to help the volunteer maintain constant lung volume during the separate scans. 116 (512X512) 3mm thick slices were collected (0.781 axial-plane resolution). The following several frames illustrate virtual-bronchoscopic analysis and navigation for this case.

### 1. Get automatically computed paths.



3D paths (red lines) are once again projected onto the coronal plane. Note that many paths are available for navigation. Green dots are bifurcation points.

The projected CT data has the bones and other mediastinal structures removed for unobscured projection viewing of the lungs.

> Case 2: Healthy Human

## 2. See Tube View along selected airway.

	Projections
Tube Viewer	
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Slice Width: 2 🖉 🖌 🗹 Show Axes	
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	Case 2:
	Healthy Human

### 3a. View 2D Global Slices at a site

2D Slicer  $\nabla$ Sagittal (y–z)

Sagittal...

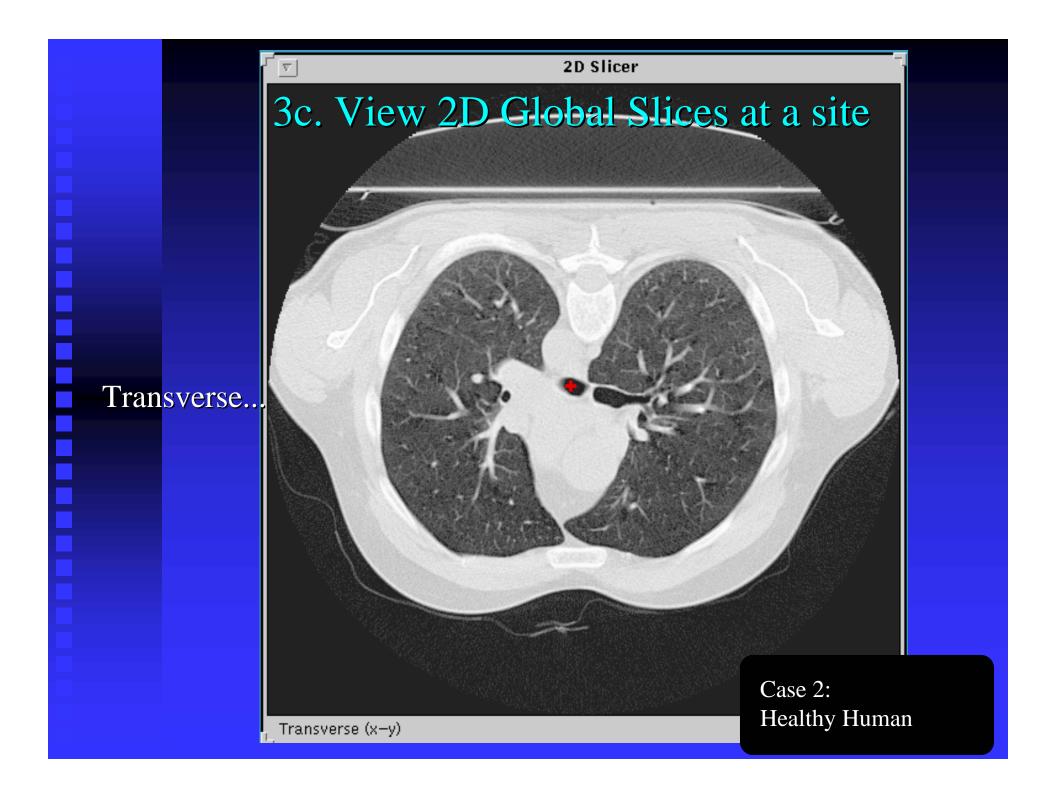
Case 2: Healthy Human

### 3b. View 2D Global Slices at a site



Coronal...

Case 2: Healthy Human



## 4. If desired, navigate through lungs yourself!

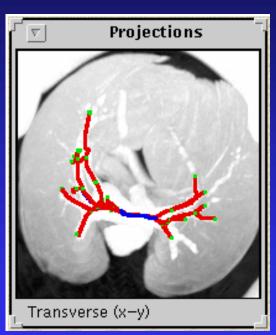
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2D Slicer		
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Create' and 'Helm' tools sed for manual navigation.		5,257.67,129.37)

## Case 3: Dog Lung

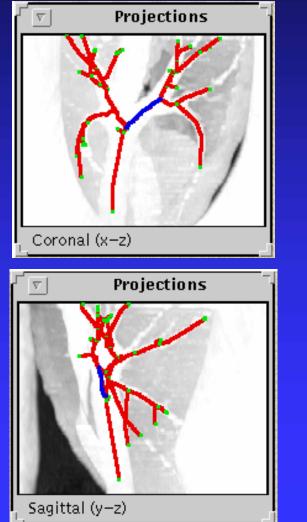
As a final demonstration, we present a full chest-scan of a dog lung. The EBCT scanner was used. 156 slices, 202X197 voxels per slice, is in the data set. Voxel resolution is (0.703mm)^3. This case was prominent in our early virtual-bronchoscopy development efforts.

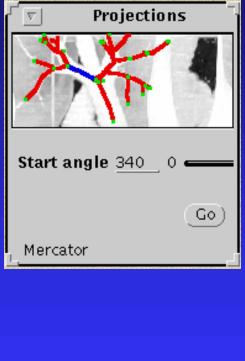
The data set uses an *inverted* gray scale. Thus, the airways and lung cavities appear bright, and bony structures appear dark.

# 1. View automatically computed airway axes on reference projections.



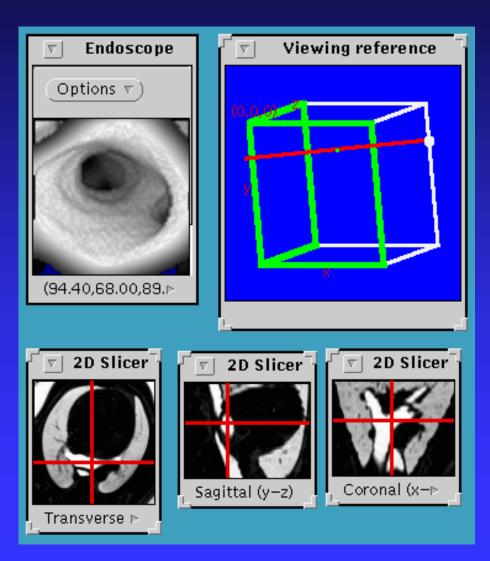
Airways are bright in these and subsequent views.





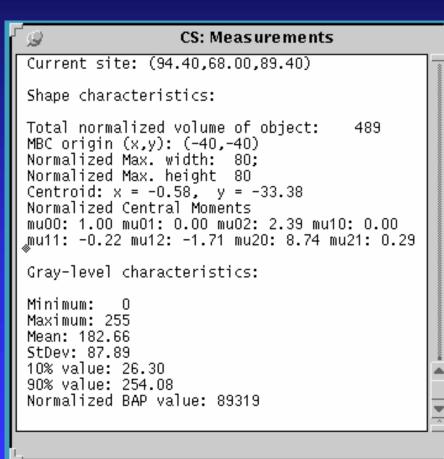
Case 3: Dog Bronchial Tree

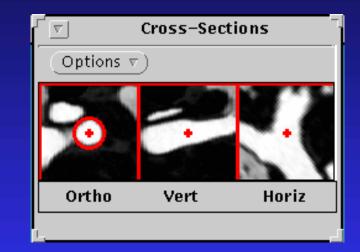
#### 2. See Virtual Endoscopic View and 2D Slices.



Notice that several tools can be active simultaneously. Thus, integrated movies of information along a path can be viewed.

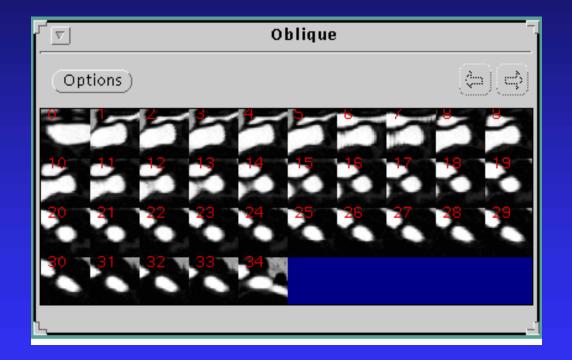
## 3. See quantitative data and local 2D cross-sections.



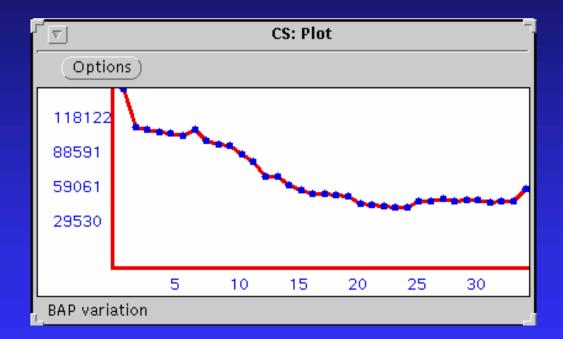


Many measurements can be computed at viewing sites along a path as shown in the Measurements window.

## 4. See Oblique slices along airway.



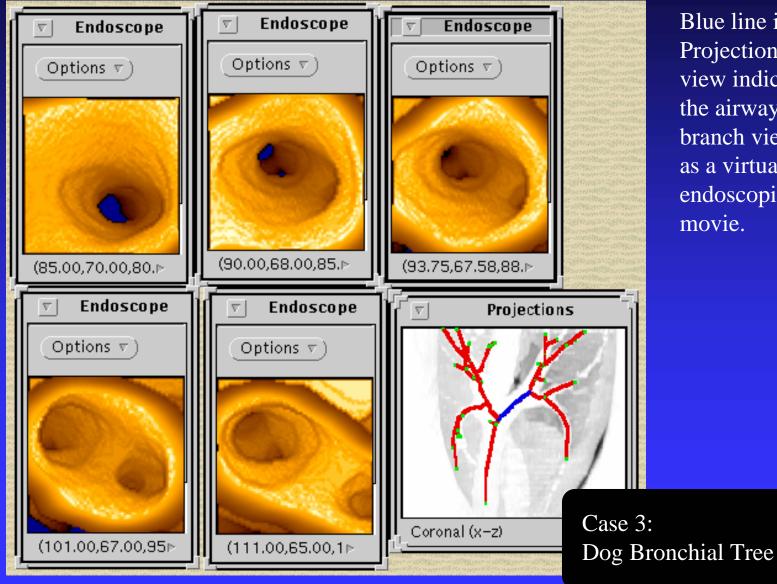
# 5. See plot of lumen diameter along airway extent.



# 6. See a straightened "Tube View" along airway.

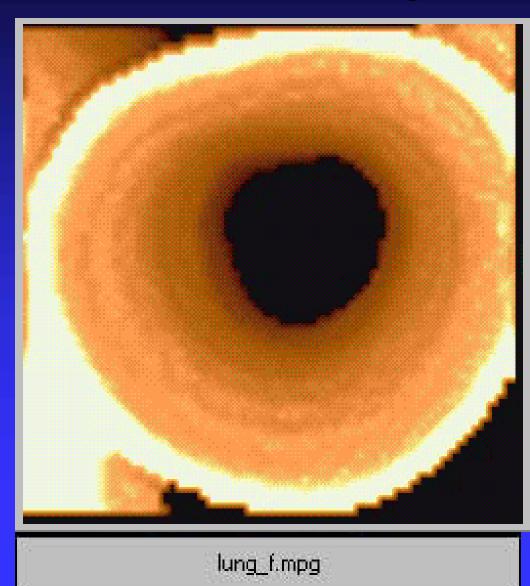
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S	lice Width: 1 🖌 🕤 🛛 🖌 Show Axes
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### 7. See Virtual Endoscopic movie along airway.



Blue line in Projections view indicates the airway branch viewed as a virtual endoscopic movie.

# 8. MPEG recording of Virtual Endoscopic movie along airway.



This movie is computed interactively (in real time) in the QUICKSEE system.

DOUBLE-CLICK on the bottom bar labeled "lung\_f.mpg" to see movie.

## Acknowledgments:

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Whitaker Foundation --- 3 Biomedical Engineering Grants
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■ NSF --- Biological Instrument Devel., grant BIR9317816