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In Vivo 3-D Vector Velocity Estimation with Continuous Data

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Abstract—In this study, a method for estimating 3-D vector velocities at very high frame rate using continuous data acquisition is presented. An emission sequence was designed to acquire real-time continuous data in one plane. The transverse oscillation (TO) method was used to estimate 3-D vector flow in a carotid flow phantom and in vivo in the common carotid artery of a healthy 27-year old female. Based on the out-of-plane velocity component during four periodic cycles, estimated flow rates in healthy 27-year old female. Based on the out-of-plane velocity component during four periodic cycles, estimated flow rates in agreement with the expected 3.06 ml/s ± 0.09 ml/s compared to the measured 3.06 ml/s ± 0.09 ml/s in the in vivo measurements. The out-of-plane velocity components is in both cases used to derive the flow rates. With the applied emissions sequence, ultrafast frame rates up to 2.1 kHz was obtained. In combination with the TO method, both slow flow in the end-diastole and fast flow in the peak-systole could be detected.

II. MATERIALS & METHODS

This section describes the continuous 3-D method. It introduces the equipment, emission sequence, data processing, and theoretical properties of the TO velocity estimator. The basic principles of the TO method is described in [5][10].

A. Emission sequence

In Fig. 1 an illustration is seen of how the applied sequence was designed to yield continuous data. The idea is that the duration between emissions of two identical flow lines should be the same at all times. This could for instance be achieved by emitting the flow lines $F_1$-$F_5$ consecutively, followed by emitting the B-mode line $B_1$. Next, the flow lines $F_{1-5}$ would be emitted again, followed by the B-mode line $B_2$ etc. When the desired amount of B-mode lines $B_n$ has been reached, the sequence repeats itself from the beginning. The number of unique B-mode emission $B_n$ was set to 64 in all measurements. A schematic representation of an emission sequence is

$$F_1 \rightarrow F_2 \rightarrow F_3 \rightarrow F_4 \rightarrow F_5 \rightarrow B_1 \rightarrow$$
$$F_1 \rightarrow F_2 \rightarrow F_3 \rightarrow F_4 \rightarrow F_5 \rightarrow B_2 \rightarrow$$
$$\vdots \quad \vdots \quad \vdots \quad \vdots \quad \vdots \quad \vdots$$
$$F_1 \rightarrow F_2 \rightarrow F_3 \rightarrow F_4 \rightarrow F_5 \rightarrow B_N \rightarrow$$

This would produce continuous flow data and one or multiple continuous B-modes images if desired.
The axial velocity estimates were based on the autocorrelation approach [15], and the two transverse velocity components were found by using the TO method [5],[10].

For each transverse velocity estimate two TO beams were beamformed along the lines separated spatially by their respective transverse wavelengths λ\_x/4 or λ\_y/4, thereby generating two fields phase-shifted by 90°. The two transverse wavelengths are theoretically given by

\[
\begin{align*}
\lambda_x(z) &= 2\lambda_z \frac{z}{d_x} \\
\lambda_y(z) &= 2\lambda_z \frac{z}{d_y},
\end{align*}
\]

where \( \lambda_z \) is the wavelength of the emitted pulse, \( z \) is the axial depth of the beamformed RF-line and \( d_x, d_y \) are the distances between the two peaks in the receive apodization in the \( x \)- and \( y \)-direction. The apodization used in receive was in both directions two rect profiles spanning 8 elements with a spacing of 16 elements between. From [10], the maximum transverse velocities that could be estimated without reaching the aliasing limit were

\[
\begin{align*}
v_{x,\text{max}} &= \frac{\lambda_x}{4k} f_{prf} \\
v_{y,\text{max}} &= \frac{\lambda_y}{4k} f_{prf},
\end{align*}
\]

where \( k \) is the lag used in the autocorrelation and \( f_{prf} \), is the effective pulse repetition frequency between two emissions of the same flow line.

### Velocity estimators

The axial velocity estimates were based on the autocorrelation approach [15], and the two transverse velocity components were found by using the TO method [5],[10].

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### Measurement setup

The experimental ultrasound scanner SARUS [11] with 1024 channels in receive and transmit was used along with a Vermon 3.5 MHz, 0.3 mm pitch, 0.278 mm height 32x32 element 2-D phased array transducer (Vermon S.A., Tours, France) for data acquisition. See Table I for transducer specifications. The emitted frequency was 3.0 MHz, to avoid grating-lobes and reduce transducer heating. Data was sampled from all 1024 channels and stored for offline processing on a Linux cluster.

The employed 2-D matrix probe contains, due to construction issues, three inactive rows in the \( x \)-direction. The dimensions of the actual transducer is therefore 35x32 with the active aperture being 32x32.

### Setup for flow pump measurements

For the phantom measurements a predefined pulsating carotid flow profile was generated with a flow pump (CompuFlow 1000 System, Shelley Medical Imaging Technologies, Ontario, Canada) containing blood mimicking fluid with backscattering coefficient equivalent to blood cells. With the included software CompuFlow 1000 System, a carotid flow profile was generated with a cycle time of 0.84 s and a flow rate of 3.06 ml/s ± 0.09 ml/s. A blood mimicking fluid was pumped through a carotid phantom (Danish Phantom Design, Frederikssund, Denmark) with a diameter of 0.8 cm located at a depth of 2.7 cm. Properties for the sequence used for the experimental setup can be seen in Table I.

### Clinical setup

Intensity measurements to ensure compliance with the FDA limits, were performed for the \textit{in vivo} sequence. The derated mechanical index (MI) was 1.29 and the pulse repetition frequency \( f_{prf} \) was scaled to 12.6 kHz to obtain \( I_{spta,3} = 720 \text{ mW/cm}^2 \) in accordance with FDA limits. The \textit{in vivo} measurement was performed on a healthy 27-year old female who had been resting for 15 minutes before measurements were conducted to ensure a steady flow. The scans were performed by an experienced radiologist. Properties for the \textit{in vivo} sequence are summarized in Table I as well.

### Data processing

The stored data was processed offline. The raw RF data was match filtered and Hilbert transformed before the IQ data was beamformed with the Beamformation Toolbox 3 [12]. In this part, the three velocity components were decoupled, such that one line was beamformed for the axial velocity estimation and two dedicated lines were beamformed for each of the two transverse velocity estimates. In total five unique beamformed lines were used to estimate the 3-D velocity vector for each flow line. Due to the asymmetric geometry of the transducer, two different transverse wavelengths \( \lambda_x \) and \( \lambda_y \) were used for the velocity estimator. The applied transverse wavelengths were \( \lambda_x = 3.42 \text{ mm} \) and \( \lambda_y = 3.90 \text{ mm} \) for the experimental setup and \( \lambda_x = 1.98 \text{ mm} \) and \( \lambda_y = 2.18 \text{ mm} \) for the \textit{in vivo} measurements at the depth of 2.7 cm and 1.5 cm respectively. For a more extensive description of the employed 3-D TO method, see previous work [13],[7],[8]. Echo cancellation of the beamformed data was subsequently performed with a low frequency Doppler filter algorithm [14].
Flow rates from the out-of-plane velocity component in the experimental setup.

The discriminated velocity estimates for all three components were then scan converted and interpolated yielding a complete 3-D vector velocity map at each time instance. The data set was divided into three subsets each of length 0.93 s. The mean 3-D vector velocities during one cycle was then found by calculating the average velocity estimate for all three velocity components across the three sub-samples. In Fig. 4 3-D vector velocities averaged over three heart cycles at the identified end-diastole are presented. The magnitude of the velocity vector $|v| = \sqrt{v_x^2 + v_y^2 + v_z^2}$ was found to be 17.0 cm/s in the center of the vessel. The highest center velocity for $|v| = 81.6$ cm/s was identified as the peak-systole. Spatial variance in peak velocity between each heart cycle and a slightly variance in the heart cycle time results in an average $|v|$ during peak systole that is lower than the peak $v_z$ velocities during each of the three heart cycles. The 3-D vector velocity map is seen in Fig. 4. Based on the cross-sectional area and the out-of-plane velocity component, the estimated mean average flow rate was 257 ml/min. In the literature the corresponding flow rate from the carotid artery found with spectral Doppler for a healthy person is 334 ml/min [16].

V. DISCUSSION & CONCLUSION

The presented results showed that 3-D vector velocities at very high frame could be obtained when acquiring continuous data. In combination with the TO method, both the slow and fast flow could be detected in pulsating flow setups. The TO method was applicable for estimating accurate flow rates in an experimental setup with a flow pump generating a carotid flow profile.
in vivo 3-D vector velocities at end-diastole, time = 0.62 seconds

vy
vx
25 cm/s
vz
0 0.5 10
50
100
Time [s]
|v| [cm/s]

in vivo 3-D vector velocities at peak-systole, time = 0.69 seconds

vy
vx
0.5 cm
0.5 cm

in vivo 3-D vector velocities at peak-systole, time = 0.69 seconds

vy
vx
25 cm/s
vz
0 0.5 10
50
100
Time [s]
|v| [cm/s]

Fig. 4. 3-D vector velocities at the end-diastole, |v| = 17.0 cm/s. 3-D vector velocities at the peak-systole, |v| = 81.6 cm/s. 3-D vector velocities averaged over three complete and consecutive heart cycles. The bottom-left graph shows the magnitude of v in the center of the vessel at the time instance of the cycle indicated by the red dot. The colored arrows depict the direction of the flow and its magnitude. The velocity arrows are plotted on top of a B-mode image and only values within the discriminator are shown. Mean flow rate over the averaged cycle was 257 ml/min.

The presented method offers a unique possibility to study complex flow pattern in 3-D, even when slow and fast flow is present. Furthermore, accurate angle-independent flow rates and peak velocity estimates can be derived from the 3-D vector flow. However, further validation of the method against e.g. similar MRI estimates are needed to clarify the accuracy and potential for clinical use.

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