



(11)

EP 2 566 394 B1

(12)

EUROPEAN PATENT SPECIFICATION

(45) Date of publication and mention
of the grant of the patent:

14.12.2016 Bulletin 2016/50

(21) Application number: **11723653.9**

(22) Date of filing: **20.04.2011**

(51) Int Cl.:

G01S 15/89 <small>(2006.01)</small>	G01S 7/52 <small>(2006.01)</small>
A61B 34/20 <small>(2016.01)</small>	A61B 8/00 <small>(2006.01)</small>
A61B 8/08 <small>(2006.01)</small>	A61B 8/12 <small>(2006.01)</small>
A61B 8/15 <small>(2006.01)</small>	A61B 90/00 <small>(2016.01)</small>
G10K 11/34 <small>(2006.01)</small>	

(86) International application number:

PCT/IB2011/051729

(87) International publication number:

WO 2011/138698 (10.11.2011 Gazette 2011/45)

(54) **ULTRASONIC TRACKING OF ULTRASOUND TRANSDUCER(S) ABOARD AN INTERVENTIONAL TOOL**

ULTRASCHALLVERFOLGUNG VON ULTRASCHALLWANDLERN BEI EINEM
INTERVENTIONELLEN INSTRUMENT

POURSUITE ULTRASONORE DE TRANSDUCTEUR(S) À ULTRASONS EMBARQUÉS SUR UN
OUTIL D'INTERVENTION

(84) Designated Contracting States:

**AL AT BE BG CH CY CZ DE DK EE ES FI FR GB
GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO
PL PT RO RS SE SI SK SM TR**

(30) Priority: **03.05.2010 US 330641 P**

(43) Date of publication of application:

13.03.2013 Bulletin 2013/11

(73) Proprietor: **Koninklijke Philips N.V.**

5656 AE Eindhoven (NL)

(72) Inventors:

- **VIGNON, Francois Guy Gerard Marie**
New York 10510-8001 (US)
- **SHI, William Tao**
New York 10510-8001 (US)
- **ROBERT, Jean-Luc**
New York 10510-8001 (US)
- **JAIN, Ameet Kumar**
New York 10510-8001 (US)

- **GUTIERREZ, Luis Felipe**
New York 10510-8001 (US)

(74) Representative: **van Velzen, Maaïke Mathilde**
Philips Intellectual Property & Standards
High Tech Campus 5
5656 AE Eindhoven (NL)

(56) References cited:

EP-A2- 1 245 191	JP-A- 10 277 040
US-A- 6 120 453	US-A1- 2002 173 720
US-A1- 2009 069 693	

- **FRAZIER C H ET AL: "SYNTHETIC APERTURE
TECHNIQUES WITH A VIRTUAL SOURCE
ELEMENT", IEEE TRANSACTIONS ON
ULTRASONICS, FERROELECTRICS AND
FREQUENCY CONTROL, IEEE, US, vol. 45, no. 1,
1 January 1998 (1998-01-01), pages 196-207,
XP000750150, ISSN: 0885-3010, DOI:
10.1109/58.646925**

Note: Within nine months of the publication of the mention of the grant of the European patent in the European Patent Bulletin, any person may give notice to the European Patent Office of opposition to that patent, in accordance with the Implementing Regulations. Notice of opposition shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).

Description

FIELD OF THE INVENTION

5 **[0001]** The present invention is directed to one-way only beamforming of transmissive ultrasound and, more particularly, to using such beamforming for tracking an interventional tool during real-time imaging.

BACKGROUND OF THE INVENTION

10 **[0002]** Precise visualization of catheters and real-time knowledge of their localization with respect to the anatomy are needed for minimally invasive interventions. Intra-operative ultrasound is often used for these purposes. However, many surgical tools are difficult to image with conventional pulse-echo ultrasound. For instance, the usability of 3D Transoesophageal Echocardiography (3D-TEE) for guidance of catheter cardiac interventions is still limited because it is challenging to image catheters reliably with ultrasound. Catheters are specular reflectors that reflect the sound away from the imaging probe if the insonifying angles are not favorable. As a consequence, a catheter appears on and off on 3D-TEE images during its progression through the cardiac chambers. It also frequently happens that some parts of the catheter are visible and others not depending on the local angle between the catheter and the imaging beams, for instance the distal end of the catheter may be invisible and some point along its shaft may be mistaken as its tip. Also, due to weak reflection, signal from the catheter may be drowned in signal from the surrounding anatomy.

15 **[0003]** Electromagnetic (EM) tracking sensors have been mounted aboard catheters for tracking their tip and other selected locations along their shaft. However, the positioning accuracy of such sensors can get really poor (of the order of 10mm) in EM distorted operating environment. Additionally, an independent EM tracking system adds to the equipment cost and clutter in the catheter laboratory.

20 **[0004]** Application No. EP 1 245 191 A2 discloses a catheter containing three ultrasound receivers that receive ultrasound signals transmitted from an external 2D transducer array which is also used for 3D imaging. The positions of the receivers are determined based on the respective times of flight. The catheter orientation is determined by using the positions of the three receivers. A region of interest for the 3D imaging, comprising the catheter, can automatically be set.

25 **[0005]** Application No. US 2009/0069693 A1 discloses principles of retrospective dynamic transmit focusing using a synthetic aperture with virtual transducers for pulse-echo ultrasound systems.

30 **[0006]** Application No. US 2002/173720 A1 (Seo Yasutsugu), entitled "Ultrasound diagnostic apparatus" discloses an ultrasound diagnostic apparatus that includes first and second probes. The inside of an object to be examined is scanned with a first ultrasound beam through the first probe to acquire first ultrasound image data associated with the object. The inside of the object is scanned with a second ultrasound beam through the second probe to acquire second ultrasound image data associated with the object. The second ultrasound image data is synthesized with the first ultrasound image data on the basis of the position of the first probe relative to the second probe, which is detected by a position detector.

35 **[0007]** U.S. Patent No. 4,249,539, entitled "Ultrasound needle tip localization system," to D.H.R. Vilkomerson *et al.* (hereinafter "Vilkomerson") discloses an active ultrasound transducer that is attached at the tip of a biopsy needle to be imaged by a B-mode. ultrasound scanner. The transducer at the tip of the needle, upon sensing signals from the imaging probe, immediately transmits back a short pulse. The ultrasound transducer on the needle thus merely acts as a "super-reflector" that re-radiates a strong ultrasonic signal upon insonification. The imaging paradigm is not modified and the "super-reflector" is simply seen as a very bright point in the ultrasound image. Furthermore, all embodiments described in that patent results in a very bad lateral resolution of the needle tip because there is no proper transmit focusing.

SUMMARY OF THE INVENTION

45 **[0008]** In one aspect, the present invention is directed to an ultrasound device according to claim 1 and to a method for receive beamforming of transmissive ultrasound according to claim 13. The device and the method can be used for reliably determining both the position (particularly, of the tip) and orientation of a catheter or other surgical tool (e.g., a biopsy needle) relatively to the surrounding anatomy, in three dimensions and in real time. One or more small ultrasound transducers, serving as receivers, are placed (embedded) at known locations on the catheter or surgical tool.

50 **[0009]** The 3D position of the ultrasound receiver can be obtained by beamforming the signals received by it as the ultrasound beams sweep the field of view during pulse-echo acquisition. In accordance with this technique, the ultrasound scanner scans using synthetic aperture with virtual transducers. The effect is to allow sensitive and specific catheter imaging, with perfect accuracy and the same resolution as that of the ultrasound imaging scanner at the same depth.

55 **[0010]** In other embodiments, tracking and pulse-echo image acquisition are separated by means of frequency or by means of timing (e.g., alternating, or otherwise interspersing, imaging frame with tracking frames).

[0011] "Transmissive ultrasound," as this term is used herein, refers to ultrasound that has not reflected back for processing, in contrast to the ultrasound echoes processed in pulse-echo imaging. With respect to aspects of what is

proposed herein, transmissive ultrasound is emitted by the scanner for reception by the receiver.

[0012] "One-way only" receive beamforming or "one-way" receive beamforming is, as the term is used herein, receive beamforming that uses "one-way" beamforming delays. "One-way" beamforming delays are, as the term is used herein, beamforming delays that account for the duration of ultrasound propagation toward the transducer based upon whose output the beamforming is performed. This is in contrast to "two-way" or "pulse-echo" beamforming which uses two-way delays, i.e., a delay for the pulse and a delay for the echo.

[0013] In accordance with an aspect of the present invention, an ultrasound receive beamformer is configured for one-way only beamforming of transmissive ultrasound using one-way delays.

[0014] In accordance with a related aspect, the ultrasound receive beamformer is configured for three-dimensional imaging.

[0015] In a further aspect, an ultrasound device comprising the beamformer is configured for interspersing acquisition of imaging frames, upon which two-way beamforming is performed, with acquisition of tracking frames, upon which the one-way only beamforming is performed.

[0016] In accordance with another related aspect, the ultrasound receive beamformer is configured to, by the beamforming, localize an object within a region of interest.

[0017] As another, related version, for an ultrasound device comprising the ultrasound receive beamformer, hardware that senses ultrasound for performing the one-way only beamforming is that which senses ultrasound used in pulse-echo imaging of the region of interest.

[0018] In one further aspect, an ultrasound device includes an ultrasound receive beamformer, hardware that senses ultrasound for performing the one-way only beamforming being separate, and physically apart from, that which senses ultrasound for performing receive beamforming used in pulse-echo imaging of the region of interest.

[0019] As a yet further aspect, an ultrasound device comprises the ultrasound receive beamformer, and a plurality of tracking transducers that includes the object within the region of interest, each of the plurality serving as a receiver, of the transmissive ultrasound, each being attached to an interventional tool. The plural tracking transducers are located mutually apart for real-time determination, by the device, of an orientation of the tool.

[0020] In an alternative aspect, an ultrasound device comprises the beamformer configured for real-time tracking.

[0021] In another aspect, the ultrasound device is configured for superimposing, in real time, tracking frames on imaging frames.

[0022] In one other aspect, ultrasound for creating said tracking frames is issued by a synthetic aperture technique.

[0023] In a yet further aspect, the ultrasound device is configured for superimposing, on an imaging frame, a tracking frame having a different color map.

[0024] In some versions, the ultrasound device further comprises an ultrasound receiver subject to the real-time tracking.

[0025] In a related aspect, an ultrasound device comprises the RDT receive beamformer, an ultrasound transducer and an ultrasound scanner, the transducer serving as a receiver of the transmissive ultrasound and being disposed within a region of interest subject to imaging by the scanner.

[0026] In an additional aspect, the method further comprises one or both of:

configuring into different frequencies the transmissive ultrasound and pulse-echo ultrasound; and
alternating acquisition of imaging frames with acquisition of tracking frames.

[0027] Details of the novel ultrasonic tracking device and method are set forth further below, with the aid of the following drawings, which are not drawn to scale.

BRIEF DESCRIPTION OF THE DRAWINGS

[0028]

FIG. 1 is a conceptual diagram offering a comparison between two-way beamforming and one-way only beamforming; FIG. 2 is a schematic diagram depicting a configuration, which uses synthetic aperture with virtual transducers, in which a receiving ultrasound transducer fixed to a catheter is disposed within a region of interest

FIG. 3 is a conceptual diagram that portrays a synthetic aperture acquisition scheme in the top drawing, and the same scheme using virtual transducers in the bottom drawing;

FIG. 4 is a schematic diagram showing the ultrasound transducer as a transmitter;

FIG. 5 is a schematic diagram showing the received signals at the tracked receiver are fed back to the ultrasound scanner's beamforming module and one-way beamforming is performed;

FIG. 6 is a flow chart showing an embodiment in which transmit focal depth is switched to the measured image depth of the receiver; and

FIG. 7 shows an interventional tool with two embedded transmitters.

DETAILED DESCRIPTION OF EMBODIMENTS

[0029] FIG. 1 offers, by way of illustrative and non-limitative example, a comparison between two-way beamforming and one-way only beamforming. The top figure, representative of two-way beamforming shows an imaging array 102 of N elements 104 issuing ultrasound that impinges on a reflector 106. Since the ultrasound waves go out and back (from the imaging array to the reflectors and back to the imaging array), we talk of "two-way" or "round-trip" beamforming. On receive (of the ultrasound that has reflected back), beamforming determines the reflectivity of the reflector 106 and the position of the reflector relative to the array 102. The array 102 send out a beam 108 that reflects off reflector 106 and returns to all elements 104 of the array 102. The flight of the pulse is over a distance $r(P) + d(i,P)$ for element i. Each element 104 measures continually the amplitude of the return ultrasound. For each element 104, the time until a maximum of that measurement, i.e., the "round-trip time of flight," is indicative of the total flight distance. Since the $r(P)$ leg of the flight is constant, the return flight distance $d(i,P)$ is determined. From these measurements, the relative position of the reflector 106 is computed geometrically. As to the reflectivity of the reflector 106, it can be indicated by summing the maxima over all i (i.e., over all elements 104).

[0030] As seen from the bottom figure, one-way only (receive) beamforming, there is no echo. Instead, as in the case of transmitter 110, it emits a pulse 112 which is incident on each element 104 of the array 102. The flight here, in contrast to the two-way beamforming case, is over the distance $d(i,P)$. The time from emission of the pulse 112 until the maximum amplitude reading at an element 104 determines the value $d(i,P)$ for that element i. Thus, the position of the transmitter 110 can be derived geometrically, and the reflectivity calculated by summing the maximum amplitude readings.

[0031] Although one-way beamforming is implementable in the time domain via delay logic, as discussed hereinabove, it can also be implemented in the frequency domain by well-known Fourier beamforming algorithms.

[0032] FIG. 2 depicts a configuration, which uses synthetic aperture with virtual transducers, in which a receiving ultrasound transducer 202, fixed to a catheter 204 (or other interventional tool or instrument, flexible or rigid), is disposed within a region of interest 206 (such as part of the heart of a patient or animal subject) which is subject to imaging by the ultrasound scanner. While the region of interest 206 is being imaged by the scanner, whose imaging probe 208 is shown in the figure, output 210 of the receiver 202 of the transmissive ultrasound is one-way only beamformed by a beam-space beamformer 212 which images using synthetic aperture with virtual transducers, i.e., a technique used in retrospective dynamic transmit focusing (RDT).

[0033] The front end of the scanner guides transmit and receive beamforming from the imaging probe 208 used, for example, in TEE (Transesophageal Echocardiography). For example, the receiver(s) 202 aboard the catheter are triggered active in receive (to, in other words, start the clock at time zero in measuring the one-way delay) by the scanner's line trigger 209 (a trigger signal is emitted each time the TEE probe emits a different transmit beam). For this purpose, an electrical connection is made to the receiver 202, such as a wired cable extending from the scanner up through the catheter 204 and to the receiver.

[0034] In practice, what is proposed herein is of particular value in three-dimensional imaging, for this and all embodiments described below.

[0035] The scanner's beamformer 214 processes the beamformed signal for display as a tissue image 216.

[0036] The signals received by the receiver(s) 202 aboard the catheter 204 are sent to the RDT beamformer, 212. Moreover, hardware 218, i.e., (transducer hardware) that senses ultrasound for performing the one-way only beamforming is separate, and physically apart from, hardware 220, including, for example, transducer elements of an imaging array, which senses ultrasound for performing receive beamforming used in pulse-echo imaging of the region of interest 206. As mentioned above, the receive beamforming is one-way only beamforming of the transmissive ultrasound using one-way delays.

[0037] Output of the RDT beamformer 212 is fed back to the back end of the ultrasound scanner for processing and displaying the resulting image 222.

[0038] Advantageously, beamforming localizes the ultrasound receiver in the region of interest 206 and yields an image of the receiver in the same coordinate system as the regular pulse-echo image of the region of interest, i.e., anatomy.

[0039] The receiver image 222 can be conveniently superimposed onto the image 216 of the anatomy, as seen in the figure from the overlay image 224, as, for example a grayscale image with full dynamic range, or, alternatively an icon representative of the image, which here is an image of the tip of the catheter 204, superimposed on the image 216 of the anatomy from the regular pulse-echo imaging sequence. With regard to an icon or predefined drawing (such as a cross or star), it can be placed at the location of maximum intensity in the tracking frame 222. If the icon is given, for example, a solid color, its color map is constant at that color; whereas, the underlying image of anatomy has a different color map corresponding, for example, to the grayscale used.

[0040] In particular, the dynamic range of the tracking frames 222 is ideally half that of the imaging frames 216 to take into account one-way beamforming only that induces sidelobes roughly twice as high as conventional two-way imaging.

The tracking frames 222 are superimposed on the imaging frames 216 in real-time; they are ideally displayed with, as mentioned above, a different color. This allows unequivocal identification of the tracked device 218, and avoids saturation of the brightness image with potentially very strong signals received from the active source (as compared to the weaker pulse-echo signals backscattered by the tissue). Optionally, the point with maximum brightness in the tracking frames is simply isolated and taken as the needle tip location. A schematic drawing of the needle tip at the calculated location can then be superimposed on the image of the anatomy. The calculated position of the tracked receiver 218 can be superimposed on the real-time intra-operative ultrasound imaging display and/or preoperative co-registered CT or MR images. Note that, if a 2D ultrasound probe is used allowing 3D tracking of the needle or catheter 204, 3D one-way beamforming can be performed during the tracking frames 222 even if the displayed pulse-echo imaging frames are 2D for easier visualization. It allows seeing the interventional tool 204 even when it is out of the imaging plane, and knowing its position with respect to the current imaging plane, enabling tool and imaging guidance.

[0041] Alternatively, although not shown in FIG. 2, the beam-space beamformer 212 may be part of the scanner's beamformer 214, i.e., signals from the receiver(s) 202 may be fed back to the scanner with the scanner's beamformer 214, in this case, having a separate one-way only beamforming function for the fed back signals.

[0042] FIG. 3 portrays a synthetic aperture acquisition scheme in the top drawing, and the same scheme using virtual transducers (the RDT embodiment) is the one illustrated in FIG. 2.

[0043] Turning now to the top drawing in FIG. 2, 3, the N elements of the imaging array sequentially send out an impulse, i.e., pulse, into the medium. Let $r_{i,P}(t)$ be the temporal signal received by the receiver P in the medium when element i fires an impulse. (The origin of time is taken each time an element is fired.) The travel time from i to P is

$$t_{i,P} = d(i,P)/c \quad (\text{equation 1})$$

where $d(i,P)$ is the distance between element i and receiver P, and c is the medium's speed of sound. Thus $r_{i,P}(t)$ has its maximum at $t_{i,P}$. An image of the receiver in space is formed by, for each point Q inside the field of view, taking the summation:

$$s(Q) = \sum r_{i,P}(t_{i,Q}) \quad (\text{equation 2})$$

over $i = 1$ to N. Apodization functions may optionally be used as is standard practice in the art.

[0044] The quantity $s(Q)$ will be maximized for $Q = P$; that is, at the location of the receiver.

[0045] Referring now to the bottom drawing of FIG. 3, the RDT with virtual transducers scheme is similar to above-described synthetic aperture scheme - the imaging array is replaced by a "virtual array" made of "virtual elements." Each virtual element is the focal location of one focused beam emanating from the real (physical) imaging array. There are as many virtual elements as there are focused beams from the imaging array. The imaging array sends out N beams into the medium, sweeping the field of view. Let $r_{i,P}(t)$ be the temporal signal received by the receiver P in the medium when the beam number i is fired into the medium (i.e., the virtual element i emits an impulse). The origin in time is now taken when the beam is emitted. The travel time from virtual element i to P is

$$t_{i,P} = d(i,P)/c \quad (\text{equation 3})$$

The time it takes for the transmitted beam to focus at the location of the virtual transducer is

$$t_i = d(i)/c \quad (\text{equation 3})$$

where $d(i)$ is the distance between the center of the imaging array's active aperture and the focal point of transmit beam i (i.e., the virtual transducer i). In usual transmit schemes, all transmits are focused at the same depth, so $d(i)$ does not depend on i; let us call it d_1 and

$$t_1 = d_1/c \quad (\text{equation 4})$$

[0046] It thus takes the time $t_1 + t_{i,P}$ between the emission of beam i and reception of the corresponding impulse at point P . The quantity $r_{i,P}(t)$ thus has its maximum at $t_1 + t_{i,P}$. An image of the receiver in space is formed by, for each point Q inside the field of view, doing the summation:

$$s(Q) = \sum r_{i,P}(t_1 + t_{i,Q}) \quad (\text{equation 2})$$

over $i = 1$ to N .

[0047] The quantity $s(Q)$ will be maximized for $Q = P$ which is the location of the receiver.

[0048] In reality, since the virtual transducers are not punctual and have a certain directivity that is governed by the shape of the actually transmitted imaging beams, it is necessary, as known in the art, to perform some transmit beam simulations to compute the exact theoretical arrival times of each beam i at each point Q .

[0049] The RDT beamformer 212 beamforms the data received by the ultrasound receiver in beam-space (like RDT), thereby affording optimal (diffraction-limited) resolution of the tracked object at all depths.

[0050] FIG. 4 shows the ultrasound transducer as a transmitter 402 according to a comparative example; however, the examples that are realizable with the transmitter are alternatively implementable with a receiver instead, such as the receiver 202 discussed above.

[0051] In order to simplify the description, it is first assumed that an active source, i.e., the transmitter 402, is placed on the tracked surgical tool 404. Because of reciprocity, the active source that sends signals toward the ultrasound scanner can be replaced by an ultrasound receiver that receives signals from the ultrasound scanner, without changing the signal processing for its localization.

[0052] A small ultrasound "tracked" source, i.e., the transmitter 402, is placed at the tip of the catheter, needle or other interventional tool 404. Ideally, the tracked source 402 is as omnidirectional (monopolar radiation pattern) as possible in order to be able to sense signals from it from any direction of space. The tracked source is able to emit short pulses (optionally, more complicated waveforms with transmit codes) which ideally (but not necessarily) have a frequency band different from that of the imaging pulses of the intra-operative imaging ultrasound in order to avoid interference between the tracking and imaging pulses. Reception of tracking and imaging pulses may be differentiated either simply with receive filters or more sophisticated pulse signature identification algorithms.

[0053] The device used to sense signals from the tracked source 402 is the same ultrasonic probe 408 (ideally a 2D probe for 3D tracking) and scanner that are used to make the intra-operative ultrasound anatomical images 416.

[0054] The scanner triggers emission of sound from the tracked source 402 with its line trigger (which is designed to be fired upon emission of each beam) or frame trigger 426 (which is designed to be fired upon emission of each frame), propagation of sound then occurring from the source to the individual elements 104 of the imaging array 102.

[0055] Alternatively, the tracked source 402 can be the one that triggers image acquisition by the ultrasound scanner; this might be desirable in the case where the duty cycle and on/off times of the source on the surgical tool 404 have been optimized for best treatment safety and efficacy (in the case where the tracked source is actually used for treatment). In effect then, an ultrasound device is configured for an ultrasound scanner triggering, by a line trigger or by a frame trigger, emission of sound from the source 402 and/or for the source triggering the scanner active for image acquisition.

[0056] The most important modification that has to be made to the ultrasound scanner for tracking the source 402 is to adjust its receive beamforming delays, e.g., $[r(P) + d(i,P)]/c$ as in FIG. 1, to account for the one-way only ultrasound propagation (from the tracked source to the probe 408). In FIG. 4, this is implemented as a one-way beamformer 428 whose function is separate from the pulse-echo receive beamformer of the scanner's beamformer 430.

[0057] The ultrasound scanner alternates imaging frames (active ultrasound emission from the imaging probe 408, the tracked source 402 on the interventional tool 404 is turned off, and conventional two-way beamforming is performed for pulse-echo imaging) with tracking frames 422 (emission from the imaging probe is turned off, the tracked source on the interventional tool is turned on, one-way only beamforming is performed). Optionally, if the tracked source 402 is designed with a different frequency from the imaging frequencies, there is no need to turn on/off the tracked source/imaging probe during the imaging or tracking frames: for the tracking frames 422, the temporal receive filters are just modified to take into account the different nominal frequency of the active source.

[0058] As already mentioned, the tracked source can be replaced by a tracked receiver. In one such embodiment, the individual elements of the ultrasound scanner are turned on one by one in a synthetic aperture fashion, as explained above in connection with the top illustration in FIG. 3. As in the tracked source example imaging frames created are alternated with tracking frames created, although, unlike in the tracked source example, the switching from one mode to the other cannot be foregone in favor of creating a distinction based on different frequencies.

[0059] For the embodiment shown in FIG. 5, in which the scanner likewise transmits in synthetic aperture fashion during tracking mode, the received signals at the tracked receiver 202 are fed back, here by a wired electrical connection 540 to the ultrasound scanner's beamforming module 514, and one-way beamforming 516 is performed (due to reciprocity,

signals sent from individual elements 104 of the imaging array 102 and sensed at the instrument tip are identical to signals sent from the instrument tip and received by the individual elements of the imaging array).

[0060] It is noted that a synthetic aperture transmit scheme could also be used to perform pulse-echo imaging. In that case, as for the synthetic aperture with virtual transducers embodiment, the pulse-echo transmit sequence would not be affected by the tracking schemes.

[0061] As an alternative to using one-way only beamforming as in the above-described embodiments, the tracked receiver can be localized with comparable accuracy by focusing at the depth of the receiver. Thus, in FIG. 5, there would be no one-way only beamforming 516. In particular, the ultrasound scanner keeps sending regular imaging (focused) beams. The time from beam emission to reception by the tracked receiver indicates the depth of the receiver, e.g., $r(P)$ in FIG. 1 if the reflector 106 were a receiver. That information is fed back to the ultrasound scanner that sets the transmit focal depth at the depth of the tracked receiver 202 for optimal lateral resolution at that depth. The position of the imaging beam that yields the highest amplitude sensed at the tracked receiver's location corresponds to the lateral (or angular, depending on the imaging geometry) location of the tracked receiver 202.

[0062] Referring to FIG. 6, steps which are performed automatically and without user intervention include: calculating, with respect to an ultrasound scanner, an imaging depth of an ultrasound receiver (step S610), switching transmit focal depth to that imaging depth (step S620), and issuing imaging beams (with simultaneously both a tracking function and a pulse-echo imaging function) with that imaging depth as their focal depth (step S630). While imaging and real-time tracking of the receiver 202 continue (step S640), processing returns to step S610 to continually update focal depth in accordance with the then-present position of the tracked receiver 202. Also shown in FIG. 6 is a process in which the imaging beams issued in step S630 are received (step S650) and, from the received beams, the receiver 202 is localized (step S660) and accordingly represented in the displayed image 224 of the region of interest 206. While real-time imaging/tracking continue (step S670), processing branches back to step S650.

[0063] The result is a diffraction-limited localization accuracy for the catheter, as with the RDT technique. However, here the transmit focal depth has to be physically modified as the catheter advances.

[0064] FIG. 7 shows an interventional tool 710 with two transmitters 720, 730 attached and located mutually apart. Having two or more transmitters or, alternatively two or more receivers, on the interventional tool 710 allows reliably and precisely identifying the position and orientation of an interventional tool or catheter with respect to the surrounding tissues, which is extremely useful for visualization of the surgical procedure, and often a difficult task using standard ultrasound imaging alone. This affords visualizing and predicting the path of the interventional tool so that major vessels shown, e.g., in Doppler or vessel contrast modes, are reliably and safely avoided during the intervention. The configuration in FIG. 7 of the two transmitters 720, 730 on the interventional tool 710 (or alternatively receivers, as appropriate) is implementable in any of the above-mentioned examples and of the invention.

[0065] As mentioned above, in comparative examples other than that for synthetic aperture with virtual transducers, the real-time anatomy or pulse-echo ultrasound is, by frequency band or by timing, kept separate from ultrasound used by the transmitter or receiver in real-time tracking. If by timing, acquisition of tracking frames 422 alternates with acquisition of imaging frames 416. As an alternative for examples with transmitters, the separation can be accomplished by frequency band. The transmitters 720, 730 transmit at frequencies f_1 , f_2 740, 750. These are in a frequency band different from that of the pulse-echo ultrasound 760 from an ultrasound scanner 770, which emits ultrasound at frequency f_3 780.

[0066] In an aspect of the invention, it is an ultrasonic tracking method for reliably and precisely identifying the position of an interventional tool or catheter with respect to the surrounding tissues, which is often a difficult task using standard ultrasound imaging. For instance, according to what is proposed herein, the tip of a biopsy needle can be precisely located, distinguishing it from points along the shaft which are often mistaken for the tip when imaging the needle in traditional pulse-echo B-mode. In addition, ultrasound emission from the tip of the needle or catheter does not require reflection of the beam from the ultrasound scanner, so that the needle or catheter is visible even in cases where the imaging beam would be reflected away from the ultrasound scanner or when the needle or catheter is away from the imaging plane. Moreover, the proposed tracking technology will work in all ultrasound imaging modes, including grayscale tissue imaging and contrast and Doppler flow imaging (as discussed hereinabove). With regard to imaging vascularity (e.g., vascular flows and tissue perfusion), all signals from the tissue as well as reflected signals for the catheter or needle are suppressed in contrast imaging mode, so the catheter is invisible in contrast mode. Advantageously, the above-described embodiments of the invention avoid this shortcoming.

[0067] The novel tracking methods and devices also overcome the need for electromagnetic tracking of the surgical tool (thereby reducing the amount of equipment to be included in the operating room) and all the associated calculations that have to be done for calibration of tracking and co-registration with intra-operative images. In embodiments of the present invention, the position of the interventional tool is automatically co-registered with intra-operational ultrasound. This new tracking approach is cost effective and conveniently compatible with a large base of ultrasound scanners available in hospitals.

[0068] It should be noted that the above-mentioned embodiments illustrate rather than limit the invention, and that those skilled in the art will be able to design many alternative embodiments without departing from the scope of the

appended claims. In the claims, any reference signs placed between parentheses shall not be construed as limiting the claim. Use of the verb "to comprise" and its conjugations does not exclude the presence of elements or steps other than those stated in a claim. The article "a" or "an" preceding an element does not exclude the presence of a plurality of such elements. The invention may be implemented by means of hardware comprising several distinct elements, and by means of a suitably programmed computer having a computer readable storage medium and/or by means of an integrated circuit having a machine-accessible storage medium. The mere fact that certain measures are recited in mutually different dependent claims does not indicate that a combination of these measures cannot be used to advantage.

Claims

1. An ultrasound device comprising a receiver (202) of transmissive ultrasound, a real imaging array and an ultrasound receive beamformer **characterized in that** the ultrasound receive beamformer comprises:

a retrospective dynamic transmit focusing, RDT, receive beamformer (212) configured to perform one-way only beamforming (112) of signals output by the receiver of the transmissive ultrasound, wherein the transmissive ultrasound is issued by synthetic aperture acquisition with a virtual transducer array made of virtual transducer array elements, wherein each virtual transducer array element is formed by a focal location of one focused beam emanating from the real imaging array.

2. The ultrasound receive beamformer of claim 1, wherein the RDT receive beamformer (212) is further configured for use with three-dimensional imaging.

3. The ultrasound device of claim 1, and configured for interspersing acquisition of imaging frames (216), upon which two-way beamforming is performed, with acquisition of tracking frames (222), upon which said one-way only beamforming is performed.

4. The ultrasound device of claim 1, wherein the RDT receive beamformer (212) is further configured to, by said one-way only beamforming, localize an object within a region of interest (206).

5. The ultrasound device of claim 4, further comprising a hardware (408) that senses ultrasound for performing said one-way only beamforming being that which senses ultrasound used in pulse-echo imaging of said region of interest.

6. The ultrasound device of claim 4, further comprising a hardware (220) that senses ultrasound for performing said one-way only beamforming being separate, and physically apart from, that which senses ultrasound for performing receive beamforming used in pulse-echo imaging of said region of interest.

7. The ultrasound device of claim 4, further comprising a plurality of tracking transducers (720, 730) that includes said object, each of the plurality respectively serving as the receiver of said transmissive ultrasound, each being attached to an interventional tool (710), the plurality of tracking transducers being located mutually apart for real-time determination, by said device, of an orientation of said interventional tool.

8. The ultrasound device of claim 1, configured for real-time tracking.

9. The ultrasound device of claim 8, further configured for superimposing (224), in real time, tracking frames (222) on imaging frames (216).

10. The ultrasound device of claim 9, wherein ultrasound for creating said tracking frames is issued by a synthetic aperture technique.

11. The ultrasound device of claim 8, further configured for superimposing, on an imaging frame, a tracking frame, having a different color map frame.

12. The ultrasound device of claim 8, further comprising an ultrasound receiver (202) subject to said real-time tracking.

13. The ultrasound device of claim 1, comprising an ultrasound transducer and an ultrasound scanner, said ultrasound transducer serving as the receiver of said transmissive ultrasound and being configured to generate the signals processed by the RDT receive beamformer for the one-way only beamforming, wherein the ultrasound transducer

can be disposed within a region of interest (206) subject to imaging by said ultrasound scanner to enable tracking of an interventional tool in the region of interest during imaging.

14. A method for receive beamforming of transmissive ultrasound, comprising:

using a retrospective dynamic transmit focusing, RDT, receive beamformer (212, 428) for one-way only beamforming of transmissive ultrasound, configured to process signals output by a receiver (202) of the transmissive ultrasound, wherein the transmissive ultrasound is issued by synthetic aperture acquisition with a virtual transducer array made of virtual transducer array elements, wherein each virtual transducer array element is formed by a focal location of one focused beam emanating from a real imaging array.

15. The method of claim 14, further comprising one or both of:

configuring into different frequencies said transmissive ultrasound (740,750) and pulse-echo ultrasound (780); and
alternating acquisition of imaging frames with acquisition of tracking frames.

Patentansprüche

1. Ultraschallvorrichtung umfassend einen Empfänger (202) von transmissivem Ultraschall, ein reelles Bildgebungsarray und einen Ultraschallempfangsstrahlformer, **dadurch gekennzeichnet, dass** der Ultraschallempfangsstrahlformer Folgendes umfasst:

einen Empfangsstrahlformer (212) mit retrospektiver dynamischer Sendefokussierung (engl. retrospective dynamic transmit, RDT), der konfiguriert ist, um eine reine Einweg-Strahlformung (112) von durch den Empfänger des transmissiven Ultraschalls ausgegebenen Signalen durchzuführen, wobei der transmissive Ultraschall durch synthetische Aperturerfassung mit einem virtuellen Wandlerarray aus virtuellen Wandlerarrayelementen ausgegeben wird, wobei jedes virtuelle Wandlerarrayelement durch einen Fokusort von einem aus dem reellen Bildgebungsarray austretenden fokussierten Strahlenbündel gebildet wird.

2. Ultraschallempfangsstrahlformer nach Anspruch 1, wobei der RDT-Empfangsstrahlformer (212) weiterhin zur Verwendung mit dreidimensionaler Bildgebung konfiguriert ist.

3. Ultraschallvorrichtung nach Anspruch 1 und konfiguriert zum Durchsetzen der Erfassung von Bildgebungseinzelbildern (216), für die eine Zweiwege-Strahlformung durchgeführt wird, mit der Erfassung von Verfolgungseinzelbildern (222), für die die genannte reine Einweg-Strahlformung durchgeführt wird.

4. Ultraschallvorrichtung nach Anspruch 1, wobei der RDT-Empfangsstrahlformer (212) weiterhin konfiguriert ist, um durch die genannte reine Einweg-Strahlformung ein Objekt innerhalb einer interessierenden Region (206) zu lokalisieren.

5. Ultraschallvorrichtung nach Anspruch 4, weiterhin umfassend eine Hardware (408), die Ultraschall zum Durchführen der genannten reinen Einweg-Strahlformung erfasst, als diejenige, die Ultraschall für die Verwendung in Impuls-Echo-Bildgebung der genannten interessierenden Region erfasst.

6. Ultraschallvorrichtung nach Anspruch 4, weiterhin umfassend eine Hardware (220), die Ultraschall zum Durchführen der genannten reinen Einweg-Strahlformung erfasst, als separat und physikalisch getrennt von derjenigen, die Ultraschall zum Durchführen von Empfangsstrahlformung für die Verwendung in Impuls-Echo-Bildgebung der genannten interessierenden Region erfasst.

7. Ultraschallvorrichtung nach Anspruch 4, weiterhin umfassend eine Vielzahl von Verfolgungswandlern (720, 730), die das genannte Objekt umfassen, wobei jeder der Vielzahl jeweils als der Empfänger des genannten transmissiven Ultraschalls dient, wobei jeder an einem interventionellen Instrument (710) angebracht ist, wobei die Vielzahl von Verfolgungswandlern für die Echtzeitermittlung, durch die genannte Vorrichtung, einer Ausrichtung des genannten interventionellen Instruments voneinander beabstandet sind.

8. Ultraschallvorrichtung nach Anspruch 1, konfiguriert zur Echtzeitverfolgung.

9. Ultraschallvorrichtung nach Anspruch 8, weiterhin konfiguriert, um Bildgebungseinzelbildern (216) Verfolgungseinzelbilder (222) in Echtzeit zu überlagern (224).

10. Ultraschallvorrichtung nach Anspruch 9, wobei Ultraschall zur Schaffung der genannten Verfolgungseinzelbilder durch eine synthetische Aperturtechnik ausgegeben wird.

11. Ultraschallvorrichtung nach Anspruch 8, weiterhin konfiguriert, um einem Bildgebungseinzelbild ein Verfolgungseinzelbild mit einem anderen Farbkarteneinzelbild zu überlagern.

12. Ultraschallvorrichtung nach Anspruch 8, weiterhin umfassend einen Ultraschallempfänger (202), der der genannten Echtzeitverfolgung unterliegt.

13. Ultraschallvorrichtung nach Anspruch 1, umfassend einen Ultraschallwandler und einen Ultraschallscanner, wobei der genannte Ultraschallwandler als der Empfänger des genannten transmissiven Ultraschalls dient und konfiguriert ist, um die durch den RDT-Empfangsstrahlformer für die reine Einweg-Strahlformung verarbeiteten Signale zu erzeugen, wobei der Ultraschallwandler innerhalb einer interessierenden Region (206) angeordnet sein kann, die der Bildgebung durch den genannten Ultraschallscanner unterliegt, um das Verfolgen eines interventionellen Instrument in der interessierenden Region während der Bildgebung zu ermöglichen.

14. Verfahren zur Empfangsstrahlformung von transmissivem Ultraschall, das Folgendes umfasst:

Verwenden eines Empfangsstrahlformers (212, 428) mit retrospektiver dynamischer Sendefokussierung (engl. retrospective dynamic transmit, RDT) für reine Einweg-Strahlformung von transmissivem Ultraschall, konfiguriert zum Verarbeiten von durch einen Empfänger (202) des transmissiven Ultraschalls ausgegebenen Signalen, wobei der transmissive Ultraschall durch synthetische Aperturerfassung mit einem virtuellen Wandlerarray aus virtuellen Wandlerarrayelementen ausgegeben wird, wobei jedes virtuelle Wandlerarrayelement durch einen Fokusort von einem aus dem reellen Bildgebungsarray austretenden fokussierten Strahlenbündel gebildet wird.

15. Verfahren nach Anspruch 14, das weiterhin eines oder beides von Folgendem umfasst:

Konfigurieren des genannten transmissiven Ultraschalls (740, 750) und des Impuls-Echo-Ultraschalls (780) in unterschiedliche Frequenzen; und
Abwechseln der Erfassung von Bildgebungseinzelbildern mit der Erfassung von Verfolgungseinzelbildern.

Revendications

1. Dispositif à ultrasons comprenant un récepteur (202) d'ultrasons de transmission, un réseau d'imagerie réelle, et un formeur de faisceaux de réception d'ultrasons, **caractérisé en ce que** le formeur de faisceaux de réception d'ultrasons comprend :

un formeur de faisceaux de réception (212) à focalisation de transmission dynamique rétrospective, RDT, conçu pour exécuter une formation de faisceau uniquement unidirectionnelle (112) de signaux délivrés en sortie par le récepteur des ultrasons de transmission, dans lequel les ultrasons de transmission sont délivrés par une acquisition d'ouverture synthétique avec un réseau de transducteurs virtuels constitué d'éléments de réseau de transducteurs virtuels, dans lequel chaque élément de réseau de transducteurs virtuels formé par un emplacement focal d'un faisceau focalisé émanant du réseau d'imagerie réelle.

2. Formeur de faisceaux de réception d'ultrasons selon la revendication 1, dans lequel le formeur de faisceaux de réception RDT (212) est en outre conçu pour une utilisation avec une imagerie tridimensionnelle.

3. Dispositif à ultrasons selon la revendication 1, et conçu pour parsemer l'acquisition de trames d'imagerie (216), sur lesquelles une formation de faisceau bidirectionnelle est effectuée, avec une acquisition de trames de suivi (222), sur lesquelles ladite formation de faisceau uniquement unidirectionnelle est effectuée.

4. Dispositif à ultrasons selon la revendication 1, dans lequel le formeur de faisceaux de réception RDT (212) est en outre configuré pour localiser, par ladite formation de faisceau uniquement unidirectionnelle, un objet au sein d'une région d'intérêt (206).

5. Dispositif à ultrasons selon la revendication 4, comprenant en outre un matériel (408) qui détecte les ultrasons pour exécuter ladite formation de faisceau uniquement unidirectionnelle étant celui qui détecte les ultrasons utilisés dans une imagerie d'échos d'impulsions de ladite région d'intérêt.

6. Dispositif à ultrasons selon la revendication 4, comprenant en outre un matériel (220) qui détecte les ultrasons pour exécuter ladite formation de faisceau uniquement unidirectionnelle étant indépendant, et physiquement séparé, de celui qui détecte les ultrasons pour exécuter la formation de faisceau de réception utilisée dans l'imagerie d'échos d'impulsions de ladite région d'intérêt.

7. Dispositif à ultrasons selon la revendication 4, comprenant en outre une pluralité de transducteurs de suivi (720, 730) qui comprennent ledit objet, chacun de la pluralité servant respectivement de récepteur desdits ultrasons de transmission, chacun étant fixé à un outil d'intervention (710), la pluralité de transducteurs de suivi étant située mutuellement séparée pour une détermination en temps réel, par ledit dispositif, d'une orientation dudit outil d'intervention.

8. Dispositif à ultrasons selon la revendication 1, conçu pour le suivi en temps réel.

9. Dispositif à ultrasons selon la revendication 8, conçu en outre pour superposer (224), en temps réel, des trames de suivi (222) sur des trames d'imagerie (216).

10. Dispositif à ultrasons selon la revendication 9, dans lequel les ultrasons pour créer lesdites trames de suivi sont délivrés par une technique d'ouverture synthétique.

11. Dispositif à ultrasons selon la revendication 8, conçu en outre pour superposer, sur une trame d'imagerie, une trame de suivi, possédant une trame de cartographie de couleur différente.

12. Dispositif à ultrasons selon la revendication 8, comprenant en outre un récepteur d'ultrasons (202) sujet audit suivi en temps réel.

13. Dispositif à ultrasons selon la revendication 1, comprenant un transducteur à ultrasons et un scanner à ultrasons, ledit transducteur à ultrasons servant de récepteur desdits ultrasons de transmission et étant conçu pour produire les signaux traités par le formeur de faisceaux de réception RDT pour la formation de faisceau uniquement unidirectionnelle, dans lequel le transducteur à ultrasons peut être disposé au sein d'une région d'intérêt (206) sujette à une imagerie par ledit scanner à ultrasons pour permettre le suivi d'un outil d'intervention dans la région d'intérêt pendant l'imagerie.

14. Procédé pour recevoir une formation de faisceau d'ultrasons de transmission, comprenant :

l'utilisation d'un formeur de faisceaux de réception (212, 428) de focalisation de transmission dynamique rétrospective, RDT, pour une formation de faisceau uniquement unidirectionnelle d'ultrasons de transmission, conçu pour traiter des signaux délivrés en sortie par un récepteur (202) des ultrasons de transmission, dans lequel les ultrasons de transmission sont délivrés par une acquisition d'ouverture synthétique avec un réseau de transducteurs virtuels constitué d'éléments de réseau de transducteurs virtuels, dans lequel chaque élément de réseau de transducteurs virtuels est formé par un emplacement focal d'un faisceau focalisé émanant d'un réseau d'imagerie réelle.

15. Procédé selon la revendication 14, comprenant en outre l'un et/ou l'autre parmi :

la configuration dans différentes fréquences desdits ultrasons de transmission (740,750) et ultrasons d'échos d'impulsions (780) ; et
l'alternance de l'acquisition de trames d'image avec l'acquisition de trames de suivi.

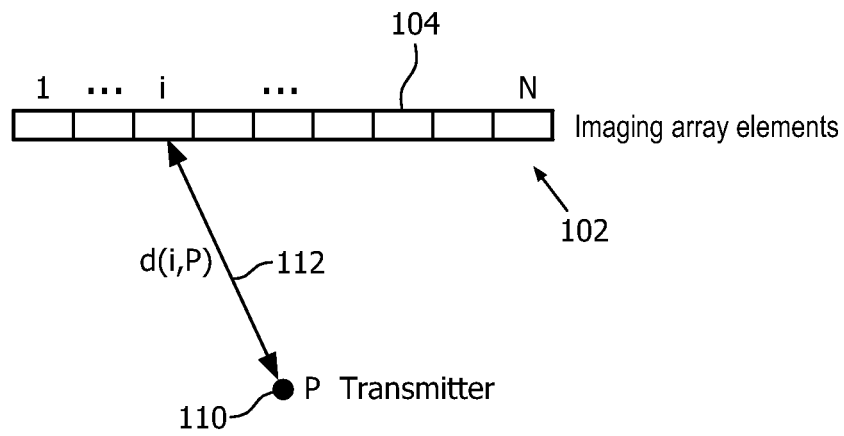
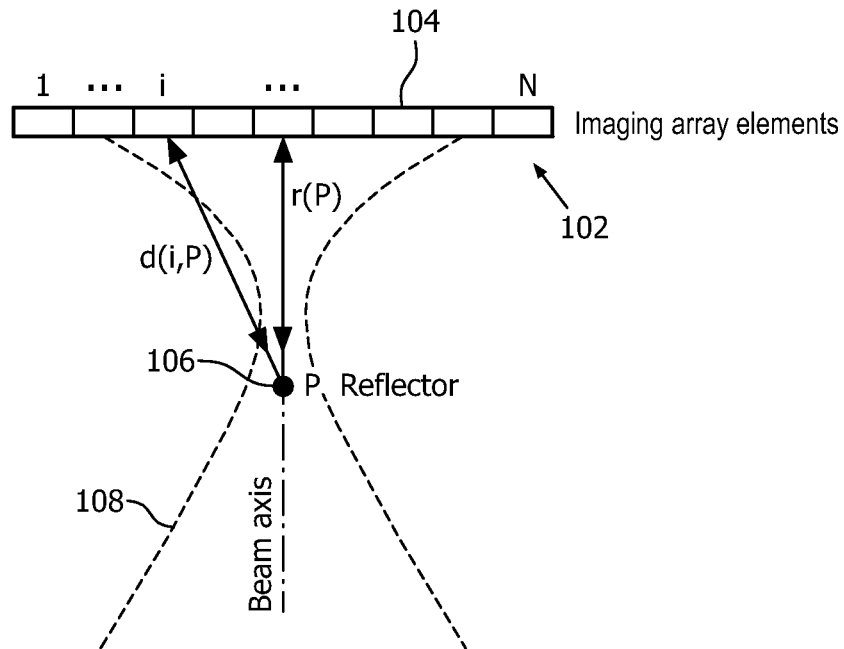
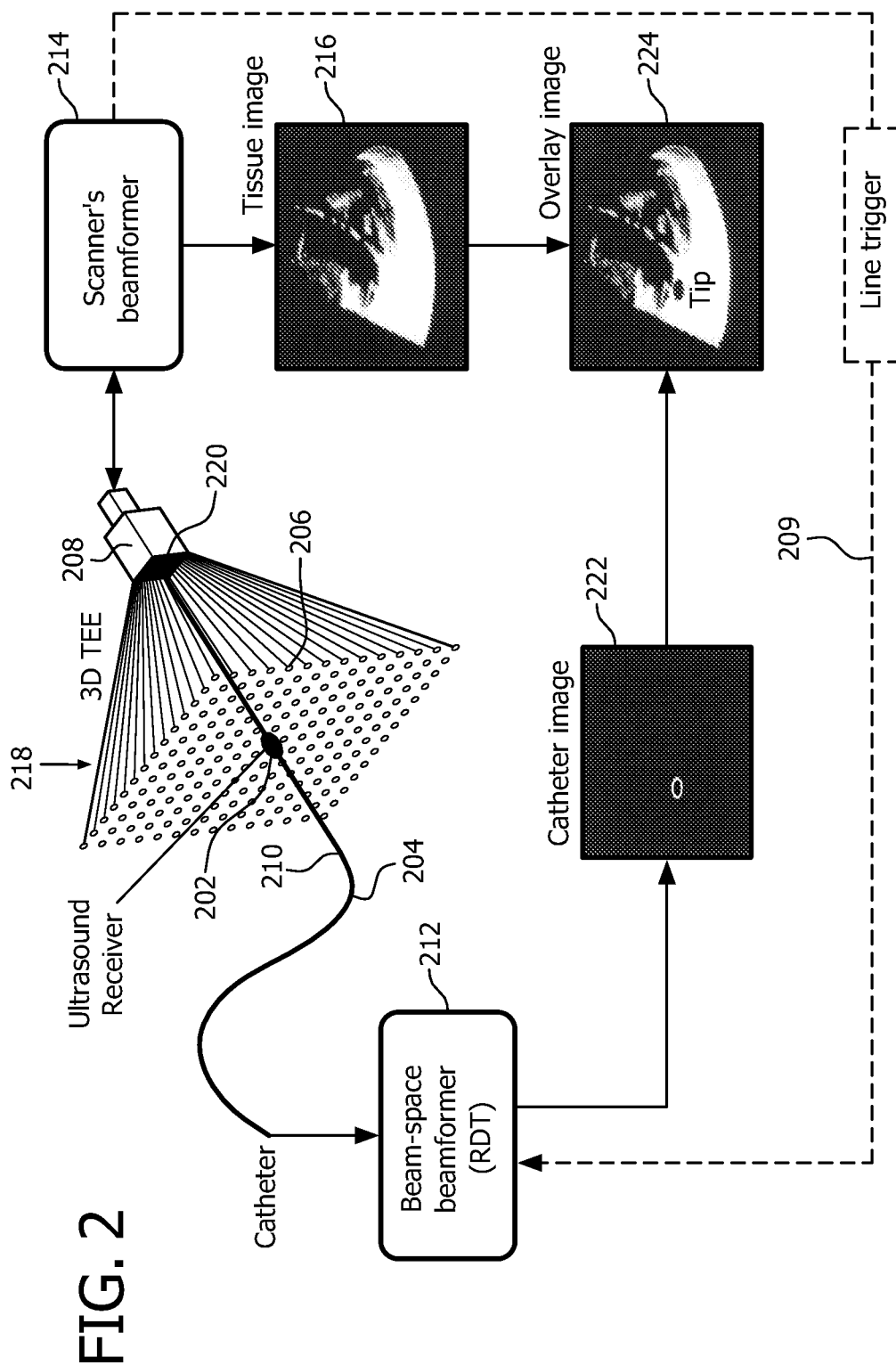


FIG. 1

Methods - Receive mode



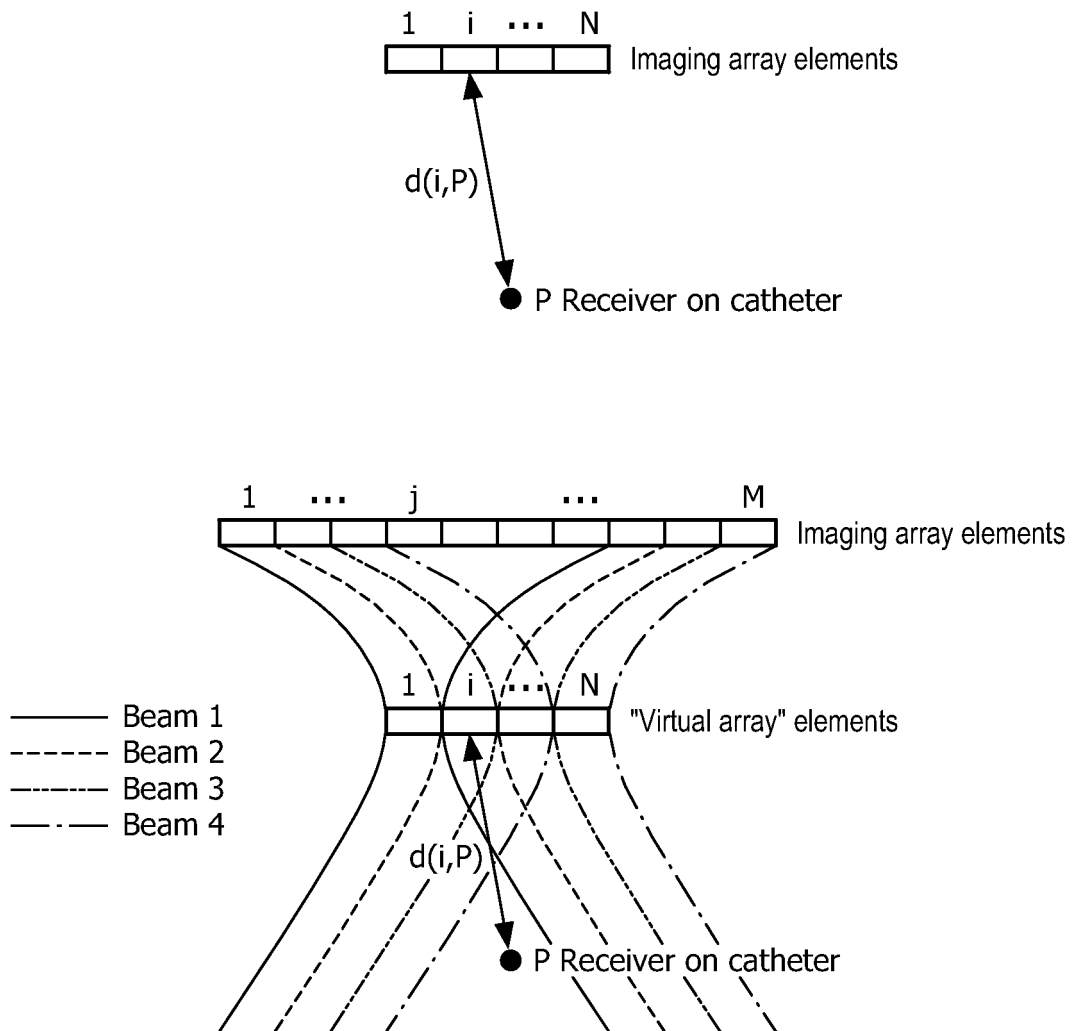
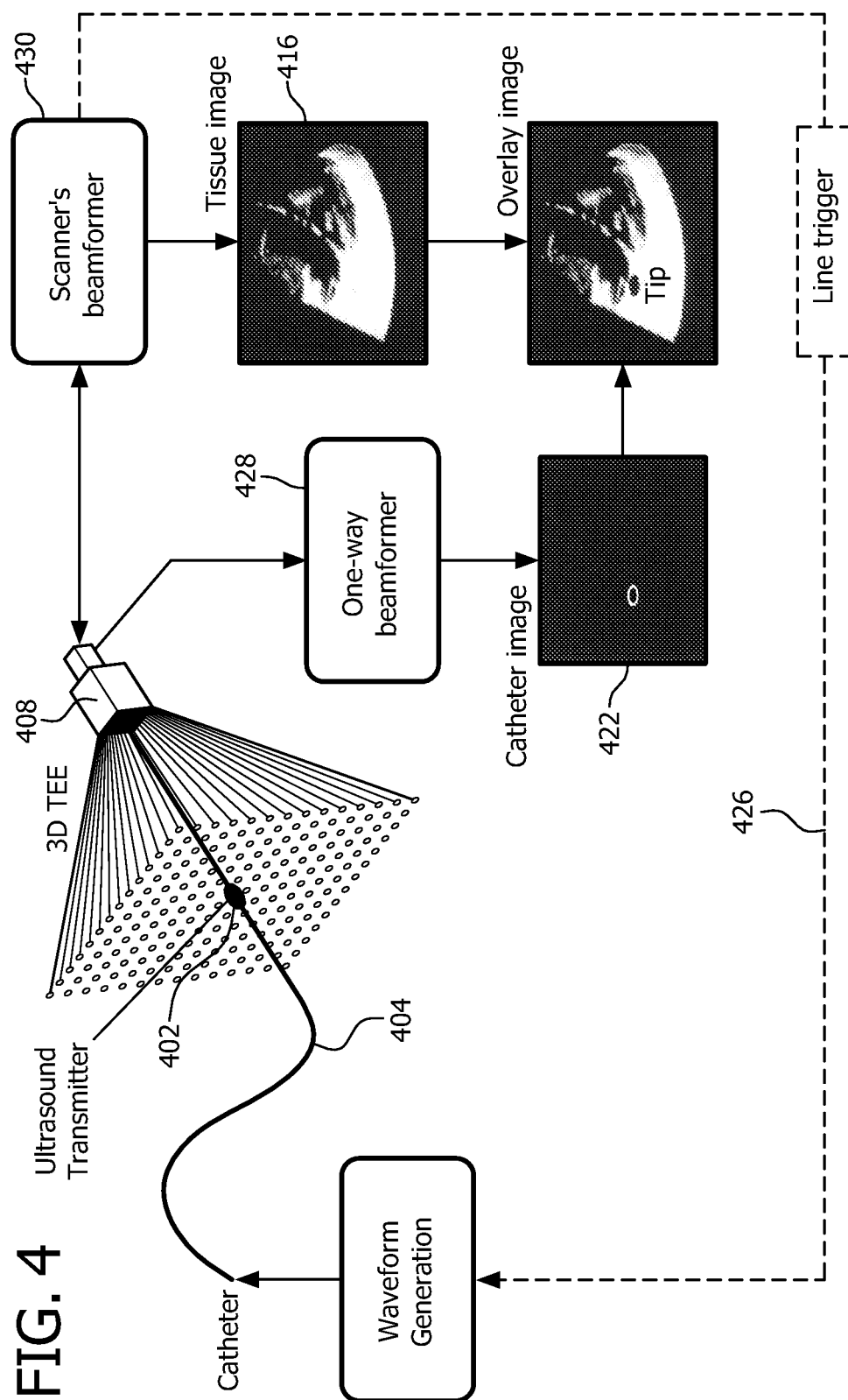


FIG. 3

FIG. 4

Methods - Transmit mode



Methods - Receive mode

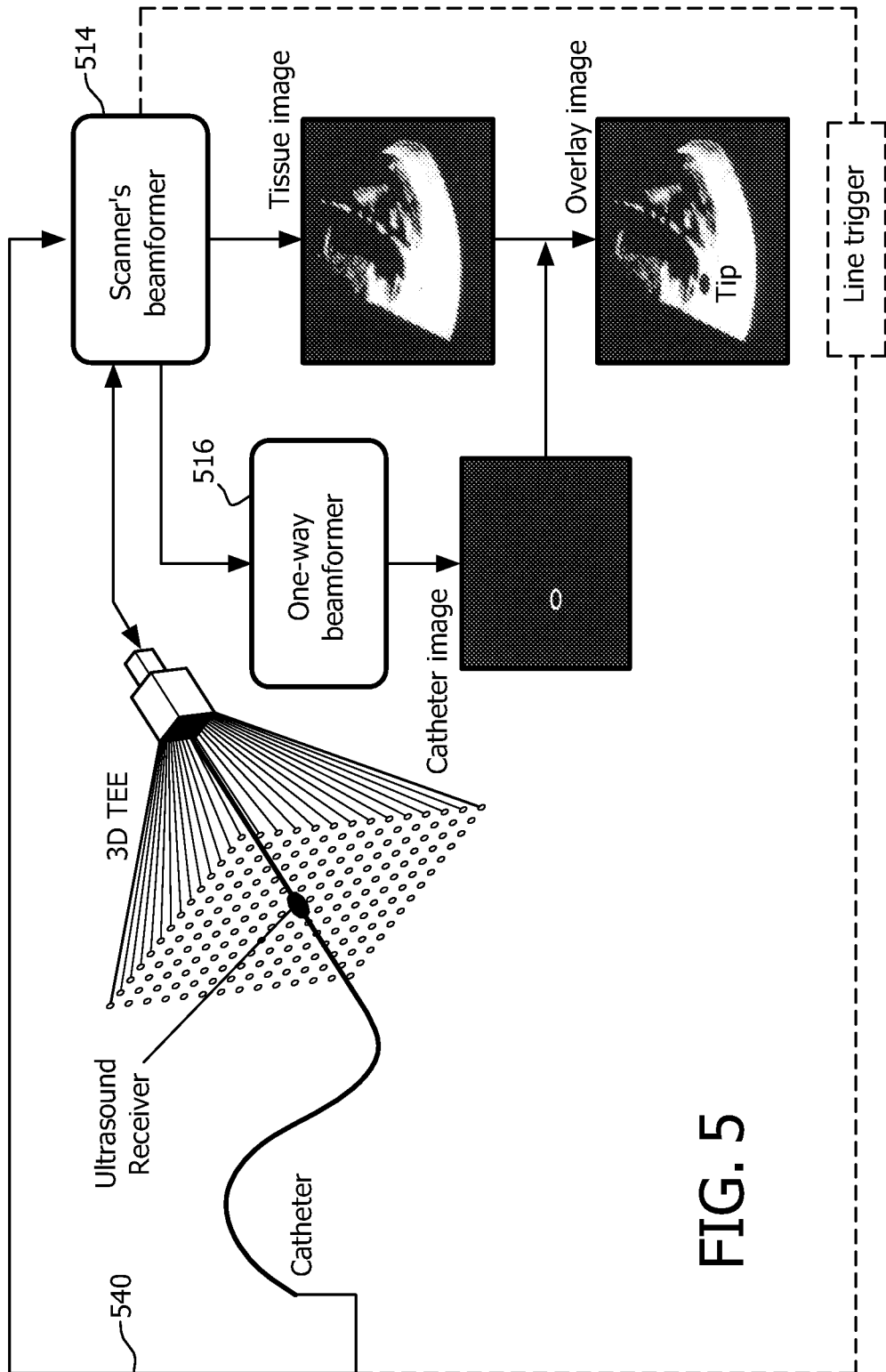


FIG. 5

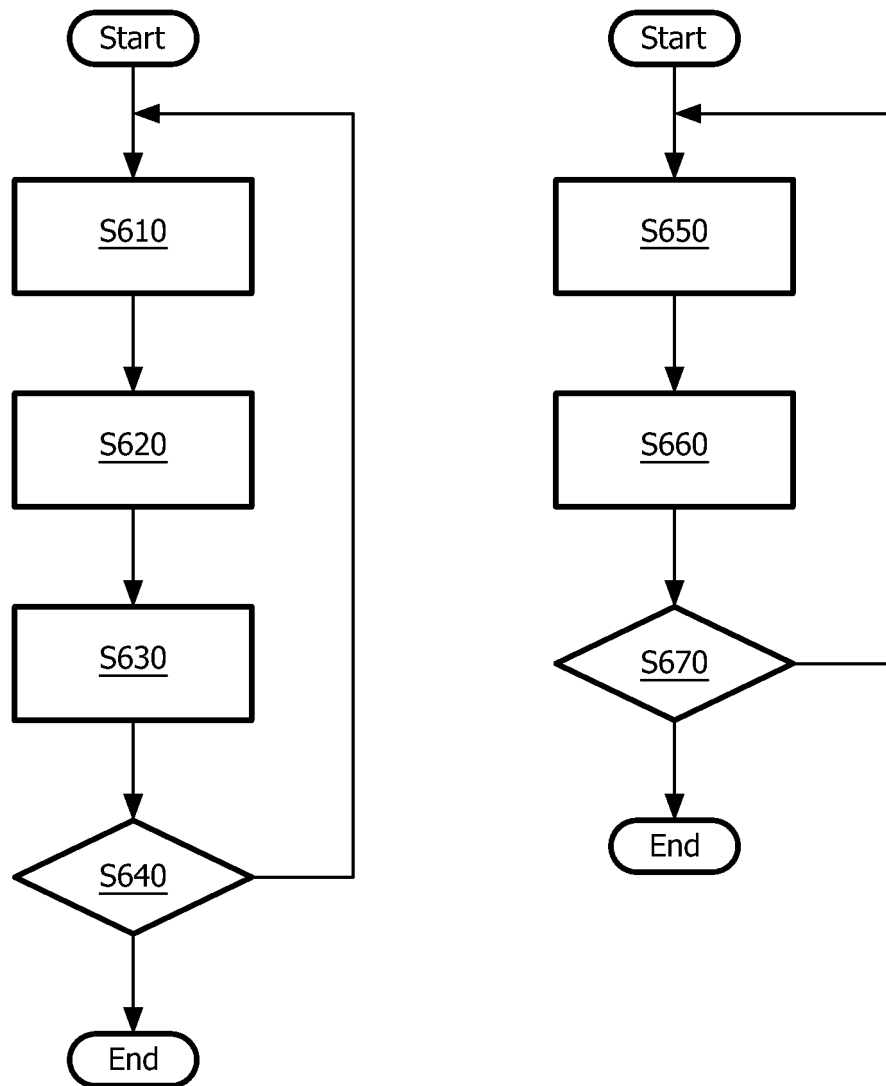


FIG. 6

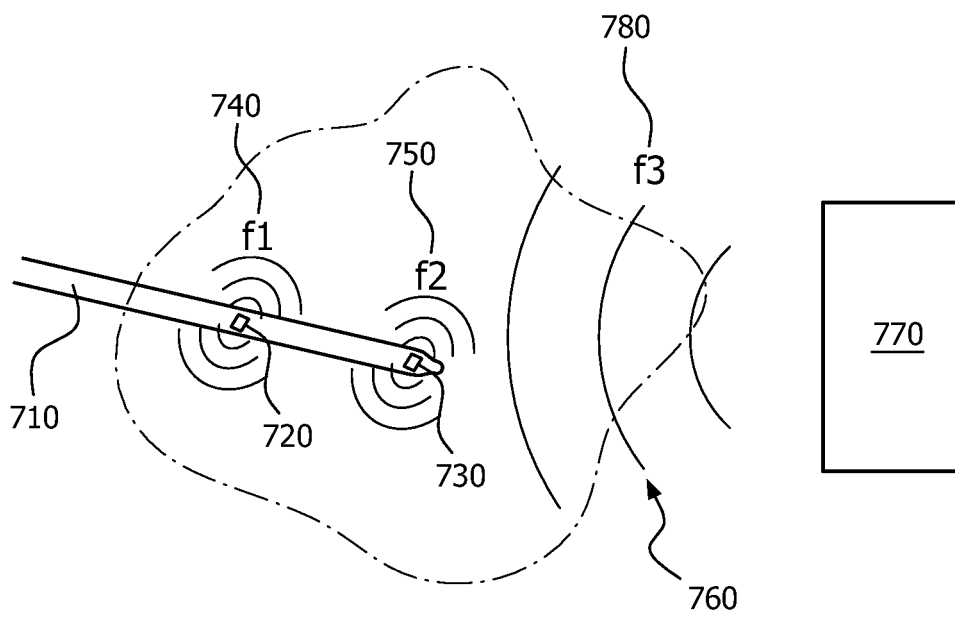


FIG. 7

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- EP 1245191 A2 [0004]
- US 20090069693 A1 [0005]
- US 2002173720 A1, Seo Yasutsugu [0006]
- US 4249539 A [0007]

专利名称(译)	超声换能器在介入工具上的超声波跟踪		
公开(公告)号	EP2566394A1	公开(公告)日	2013-03-13
申请号	EP2011723653	申请日	2011-04-20
[标]申请(专利权)人(译)	皇家飞利浦电子股份有限公司		
申请(专利权)人(译)	皇家飞利浦电子N.V.		
当前申请(专利权)人(译)	皇家飞利浦N.V.		
[标]发明人	VIGNON FRANCOIS GUY GERARD MARIE SHI WILLIAM TAO ROBERT JEAN LUC JAIN AMEET KUMAR GUTIERREZ LUIS FELIPE		
发明人	VIGNON, FRANCOIS GUY GERARD MARIE SHI, WILLIAM TAO ROBERT, JEAN-LUC JAIN, AMEET KUMAR GUTIERREZ, LUIS FELIPE		
IPC分类号	A61B8/08 A61B8/12 A61B8/15 G01S15/89 G10K11/34 A61B8/00 A61B34/20 A61B90/00 G01S7/52		
CPC分类号	A61B8/0841 A61B8/12 A61B8/4488 A61B8/483 A61B8/5207 A61B34/20 A61B2090/3782 G01S7/52085 G01S15/8915 G01S15/8993 G01S15/8997		
优先权	61/330641 2010-05-03 US		
其他公开文献	EP2566394B1		
外部链接	Espacenet		

摘要(译)

在一个方面，超声接收波束形成器被配置用于使用单向延迟的单向波束形成透射超声波。在一些实施例中，接收波束成形用于实时跟踪感兴趣区域的图像内的导管，针或其他手术工具。该工具可以在其尖端处嵌入小型超声发射器或接收器，用于发射或接收透射超声。可选地，沿工具固定另外的换能器以提供工具的定向。