



US010667790B2

(12) **United States Patent**
Chiang et al.

(10) **Patent No.:** **US 10,667,790 B2**
(45) **Date of Patent:** ***Jun. 2, 2020**

(54) **TABLET ULTRASOUND SYSTEM**

(71) Applicant: **Teratech Corporation**, Burlington, MA (US)

(72) Inventors: **Alice M. Chiang**, Weston, MA (US);
William M. Wong, Milton, MA (US);
Noah Berger, Sudbury, MA (US)

(73) Assignee: **Teratech Corporation**, Burlington, MA (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: **13/838,694**

(22) Filed: **Mar. 15, 2013**

(65) **Prior Publication Data**

US 2014/0114190 A1 Apr. 24, 2014

Related U.S. Application Data

(60) Provisional application No. 61/704,254, filed on Sep. 21, 2012, provisional application No. 61/615,627, filed on Mar. 26, 2012.

(51) **Int. Cl.**
A61B 8/00 (2006.01)
G01S 7/52 (2006.01)

(Continued)

(52) **U.S. Cl.**
CPC **A61B 8/469** (2013.01); **A61B 8/4405** (2013.01); **A61B 8/4427** (2013.01);
(Continued)

(58) **Field of Classification Search**
CPC G06F 3/0488; G06F 3/041; G06F 3/0486;
G06F 3/04886; A61B 8/4427;
(Continued)

(56) **References Cited**

U.S. PATENT DOCUMENTS

5,311,095 A 5/1994 Smith et al.
6,063,030 A * 5/2000 Vara G06F 19/00
600/437

(Continued)

FOREIGN PATENT DOCUMENTS

CN 102525556 A 7/2012
CN 102626324 A 8/2012

(Continued)

OTHER PUBLICATIONS

Butrus, T. Khuri-Yakub, et al., "Capacitive Micromachined Ultrasonic Transducers for Medical Imaging and Therapy; CMUTS for Medical Imaging and Therapy," Journal of Micromechanics and Microengineering, Institute of Physics Publishing, vol. 21, No. 5, Apr. 28, 2013, p. 54004 (XP020190354).

(Continued)

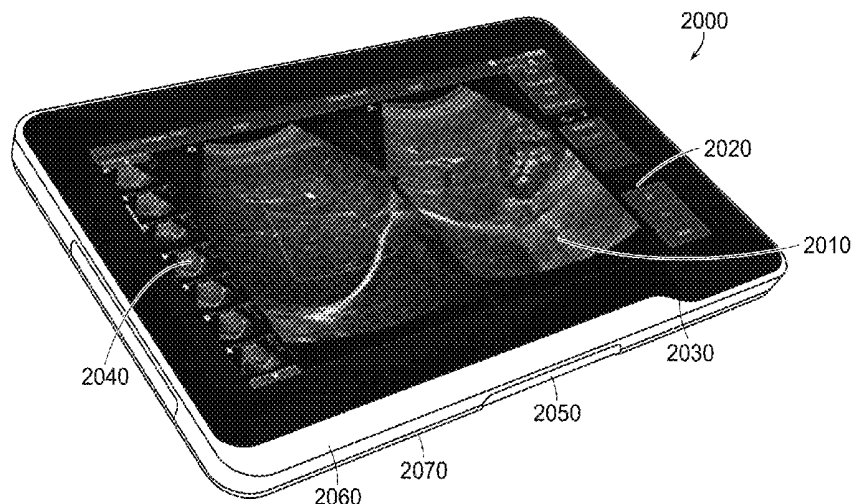
Primary Examiner — Sanjay Cattungal

(74) *Attorney, Agent, or Firm* — McCarter & English, LLP

(57) **ABSTRACT**

Exemplary embodiments provide systems and methods for portable medical ultrasound imaging. Certain embodiments provide a multi-chip module for an ultrasound engine of a portable medical ultrasound imaging system, in which a transmit/receive chip, an amplifier chip and a beamformer chip are assembled in a vertically stacked configuration. Exemplary embodiments also provide an ultrasound engine circuit board including one or more multi-chip modules, and a portable medical ultrasound imaging system including an ultrasound engine circuit board with one or more multi-chip modules. Exemplary embodiments also provide methods for fabricating and assembling multi-chip modules as taught herein. A single circuit board of an ultrasound engine with one or more multi-chip modules may include 16 to 128 channels in some embodiments. Due to the vertical stacking arrangement of the multi-chip modules, a 128-channel ultra-

(Continued)



sound engine circuit board can be assembled within exemplary planar dimensions of about 10 cm×about 10 cm.

46 Claims, 48 Drawing Sheets

(51) Int. Cl.

G06F 3/0488 (2013.01)
A61B 8/06 (2006.01)
A61B 8/08 (2006.01)
G01S 15/89 (2006.01)

(52) U.S. Cl.

CPC **A61B 8/4477** (2013.01); **A61B 8/462** (2013.01); **A61B 8/463** (2013.01); **A61B 8/465** (2013.01); **A61B 8/467** (2013.01); **A61B 8/468** (2013.01); **G01S 7/52074** (2013.01); **G01S 7/52082** (2013.01); **G01S 7/52084** (2013.01); **G06F 3/0488** (2013.01); **A61B 8/06** (2013.01); **A61B 8/08** (2013.01); **A61B 8/54** (2013.01); **G01S 15/8979** (2013.01); **H01L 2224/32145** (2013.01); **H01L 2224/32245** (2013.01); **H01L 2224/48091** (2013.01); **H01L 2224/48095** (2013.01); **H01L 2224/48247** (2013.01); **H01L 2224/48465** (2013.01); **H01L 2224/73265** (2013.01); **H01L 2924/181** (2013.01); **Y10T 29/49002** (2015.01)

(58) Field of Classification Search

CPC **A61B 8/469**; **A61B 8/465**; **A61B 8/467**; **A61B 8/468**; **A61B 8/462**; **A61B 8/4405**; **A61B 8/463**; **A61B 8/4477**; **A61B 8/08**; **A61B 8/54**; **A61B 8/06**; **G01S 7/52074**; **G01S 7/52084**; **G01S 7/52082**; **G01S 15/8979**; **H01L 2224/48247**; **H01L 2224/48091**; **H01L 2224/48095**; **H01L 2224/48465**; **H01L 2224/32245**; **H01L 2224/73265**; **H01L 2924/181**; **H01L 2224/32145**; **Y10T 29/49002**
 USPC 600/437–469
 See application file for complete search history.

(56) References Cited

U.S. PATENT DOCUMENTS

6,106,472 A 8/2000 Chiang et al.
 6,146,331 A 11/2000 Wong
 6,261,234 B1* 7/2001 Lin A61B 8/0833
 600/461
 6,371,918 B1 4/2002 Bunce
 6,447,451 B1 9/2002 Wing et al.
 6,450,958 B1 9/2002 Linkhart et al.
 6,468,212 B1* 10/2002 Scott A61B 8/00
 600/437
 6,500,126 B1 12/2002 Brock-Fisher
 6,516,667 B1 2/2003 Broad et al.
 6,520,912 B1 2/2003 Brooks et al.
 6,530,887 B1 3/2003 Gilbert et al.
 6,575,908 B2* 6/2003 Barnes et al. 600/443
 6,638,226 B2 10/2003 He et al.
 6,669,633 B2 12/2003 Brodsky et al.
 6,689,055 B1 2/2004 Mullen et al.
 6,761,689 B2 7/2004 Salgo et al.
 7,022,075 B2 4/2006 Grunwald et al.
 7,457,672 B2 11/2008 Katsman et al.
 7,604,601 B2 10/2009 Altmann et al.
 7,736,313 B2 6/2010 Luo et al.
 7,736,314 B2 6/2010 Beach et al.
 7,794,398 B2 9/2010 Salgo
 8,241,220 B2 8/2012 Wilser et al.

8,409,095 B1 4/2013 Marquis
 8,435,183 B2* 5/2013 Barnes et al. 600/459
 9,033,879 B2 5/2015 Urness et al.
 9,072,471 B2* 7/2015 Kato A61B 8/08
 9,113,825 B2 8/2015 Chaggares et al.
 9,220,478 B2 12/2015 Smith et al.
 9,301,730 B2 4/2016 Poland
 9,314,225 B2* 4/2016 Steen A61B 8/4427
 9,386,964 B2 7/2016 Bagge
 9,504,448 B2 11/2016 Cheng et al.
 9,597,008 B2 3/2017 Henkel et al.
 9,877,699 B2 1/2018 Chiang et al.
 9,962,143 B2 5/2018 Funakubo
 9,986,972 B2 6/2018 Halmann et al.
 2002/0173721 A1 11/2002 Grunwald et al.
 2003/0078501 A1* 4/2003 Barnes et al. 600/446
 2003/0088182 A1 5/2003 He et al.
 2003/0139664 A1* 7/2003 Hunt et al. 600/407
 2003/0195418 A1* 10/2003 Barnes A61B 5/0402
 600/437
 2003/0212327 A1 11/2003 Wang et al.
 2004/0015079 A1 1/2004 Berger et al.
 2004/0152982 A1 8/2004 Hwang et al.
 2004/0152986 A1 8/2004 Fidel et al.
 2004/0158154 A1* 8/2004 Hanafy et al. 600/446
 2004/0193042 A1 9/2004 Scampini et al.
 2005/0085730 A1* 4/2005 Flesch A61B 8/12
 600/459
 2005/0101864 A1 5/2005 Zheng et al.
 2006/0020204 A1* 1/2006 Serra A61B 8/0833
 600/437
 2006/0020206 A1 1/2006 Serra et al.
 2007/0139873 A1 6/2007 Thomas et al.
 2008/0161686 A1 7/2008 Halmann
 2008/0215982 A1 9/2008 Washburn et al.
 2009/0054781 A1 2/2009 Stonefield et al.
 2009/0125840 A1 5/2009 Squilla et al.
 2009/0177086 A1 7/2009 Steen
 2009/0198132 A1 8/2009 Pelissier et al.
 2009/0275835 A1* 11/2009 Hwang et al. 600/443
 2010/0022890 A1 1/2010 Fukukita et al.
 2010/0094132 A1 4/2010 Hansen et al.
 2010/0145195 A1 6/2010 Hyun
 2010/0179428 A1 7/2010 Pedersen et al.
 2010/0217123 A1 8/2010 Eran et al.
 2010/0217128 A1* 8/2010 Betts A61B 8/14
 600/459
 2010/0305444 A1 12/2010 Fujii et al.
 2011/0050594 A1* 3/2011 Kim et al. 345/173
 2011/0125022 A1 5/2011 Lazebnik
 2011/0218436 A1 9/2011 Dewey et al.
 2011/0237948 A1 9/2011 Corn
 2011/0313292 A1 12/2011 Kwak et al.
 2012/0010508 A1 1/2012 Sokulin et al.
 2012/0053463 A1 3/2012 Yoo
 2012/0065513 A1 3/2012 Lee
 2012/0078108 A1 3/2012 Kim et al.
 2012/0089024 A1 4/2012 Hong
 2012/0095342 A1 4/2012 Lee
 2012/0101378 A1 4/2012 Lee
 2012/0108962 A1 5/2012 Yoon
 2012/0108964 A1 5/2012 Lee et al.
 2012/0112605 A1 5/2012 Kim
 2012/0130244 A1 5/2012 Kim
 2012/0133601 A1* 5/2012 Marshall G06F 19/321
 345/173
 2012/0136252 A1 5/2012 Cho
 2012/0136254 A1 5/2012 Kim
 2012/0157836 A1 6/2012 Kim
 2012/0157844 A1 6/2012 Halmann
 2012/0157847 A1 6/2012 Kim
 2012/0157848 A1 6/2012 Kim
 2012/0179038 A1 7/2012 Meurer et al.
 2012/0184849 A1 7/2012 Sandstrom et al.
 2012/0190984 A1 7/2012 Kim et al.
 2012/0215108 A1 8/2012 Park et al.
 2012/0220873 A1 8/2012 Hyun
 2012/0232399 A1 9/2012 Lee
 2012/0265027 A1 10/2012 Lee et al.

U.S. PATENT DOCUMENTS

CN	102636787	A	8/2012
CN	102872542	A	1/2013
CN	102930170	A	2/2013
CN	102940507	A	2/2013
CN	102988043	A	3/2013
CN	103140175	A	6/2013
CN	103876781	A	6/2014
EP	1016875	A2	7/2000

EP	2422705	A1	2/2012
EP	2425784	A1	3/2012
EP	2453256	A2	5/2012
EP	2455753	A2	5/2012
EP	2468191	A1	6/2012
EP	2575628	A2	4/2013
EP	2599442	A1	6/2013
EP	2605035	A2	6/2013
EP	2637166	A2	9/2013
JP	H11-508461	A	7/1999
JP	2004-530463	A	10/2004
JP	2005-137747	A	6/2005
JP	2008-515583	A	5/2008
JP	2009-525538	A	7/2009
JP	2009-183720	A	8/2009
JP	2009-240779	A	10/2009
JP	2010-131396	A	6/2010
JP	2010-220218	A	9/2010
JP	2011-87949	A	5/2011
JP	2011-200482	A	10/2011
JP	2012-24133	A	2/2012
JP	2012101075	A	5/2012
JP	2013043082	A	3/2013
JP	2013-111203	A	6/2013
JP	2016-087020	A	5/2016
KR	20120043642	A	5/2012
KR	20120047785	A	5/2012
KR	20120071319	A	7/2012
KR	20120097324	A	9/2012
KR	20120117714	A	10/2012
KR	20120137206	A	12/2012
KR	20120138478	A	12/2012
KR	20130011793	A	1/2013
KR	20130012501	A	2/2013
KR	20130012844	A	2/2013
KR	20130020035	A	2/2013
KR	20130020054	A	2/2013
KR	20130020371	A	2/2013
KR	20130022249	A	3/2013
KR	20130026041	A	3/2013
KR	20130030663	A	3/2013
KR	20130033717	A	4/2013
KR	20130036327	A	4/2013
KR	101269459	B1	5/2013
KR	20130043702	A	5/2013
KR	20130054013	A	5/2013
KR	20130056676	A	5/2013
KR	101273585	B1	6/2013
KR	20130059307	A	6/2013
KR	20130060007	A	6/2013
KR	20130066821	A	6/2013
KR	20130074398	A	7/2013
KR	20130074399	A	7/2013
KR	20130075458	A	7/2013
KR	20130075465	A	7/2013
KR	20130075472	A	7/2013
KR	20130075477	A	7/2013
KR	20130075481	A	7/2013
KR	20130075486	A	7/2013
KR	20130076031	A	7/2013
KR	20130076042	A	7/2013
KR	20130076054	A	7/2013
KR	20130076064	A	7/2013
KR	20130076071	A	7/2013
KR	20130076404	A	7/2013
KR	20130076428	A	7/2013
KR	20130077118	A	7/2013
KR	20130077121	A	7/2013
KR	20130077406	A	7/2013
KR	20130078935	A	7/2013
KR	20130078972	A	7/2013
KR	20130080640	A	7/2013
KR	20130081067	A	7/2013
KR	20130081626	A	7/2013
KR	20130081684	A	7/2013
KR	20130082267	A	7/2013
KR	20130083725	A	7/2013
KR	20130084049	A	7/2013
KR	20130087291	A	8/2013

(56)

References Cited

FOREIGN PATENT DOCUMENTS

KR	20130087478	8/2013
KR	20130088478 A	8/2013
KR	20130089037 A	8/2013
KR	20130090038 A	8/2013
KR	20130094671 A	8/2013
KR	20130095160 A	8/2013
KR	20130095236 A	8/2013
KR	20130095505 A	8/2013
TW	1378255	12/2012
TW	1380014	12/2012
TW	1406684	9/2013
WO	2002/068992 A2	9/2002
WO	2003/075769 A1	9/2003
WO	2005/053664 A2	6/2005
WO	2006/040697 A1	4/2006
WO	2006/111871 A1	10/2006
WO	2008/069021 A1	6/2008
WO	2008/115312 A2	9/2008
WO	2009/129845 A1	10/2009
WO	2010/020939 A2	2/2010
WO	2010/042282 A1	4/2010
WO	2010/051587 A1	5/2010
WO	2012091518 A2	7/2012
WO	2012141550 A2	10/2012
WO	2013/030746 A1	3/2013
WO	2013/034175 A1	3/2013
WO	2013/055707 A1	4/2013
WO	2013095032 A1	6/2013
WO	2013122320 A1	8/2013
WO	2013/148730 A2	10/2013
WO	2013/162244 A1	10/2013
WO	2014/003404 A1	1/2014
WO	2014/014965 A1	1/2014
WO	2014/134316 A1	9/2014
WO	2015/048327 A2	4/2015
WO	2015/114484 A1	8/2015
WO	2016/001865 A1	1/2016
WO	2016/083985 A1	6/2016
WO	2017/013511 A1	1/2017
WO	2017/222970 A1	12/2017

OTHER PUBLICATIONS

International Preliminary Report on Patentability by the International Bureau of WIPO for International Application No. PCT/US2013/033941 dated Oct. 1, 2014. (24 pages).

International Search Report and Written Opinion of the International Searching Authority on International application No. PCT/US2013/0333941, dated Oct. 8, 2013.

Invitation to Pay Additional Fees including Communication Relating to the Results of the Partial International Search by the International Searching Authority for International Application No. PCT/US2014/057516 dated Jan. 13, 2015. (6 pages).

U.S. Appl. No. 14/037,106, filed Sep. 25, 2013, Published.

GE Healthcare Venue 40 Basic User Manual, Technical Publications Direction 5265930-100, Rev. 5. 288 pages (2008-2010).

NanoMaxx Ultrasound System—Sonosite—User Guide. 100 pages (2010).

Esaote, MyLab Ultrasound Scanners, DICOM Conformance Statement, Document Version 6.3. May 21, 2010. 277 pages.

Esaote, MyLab Ultrasound Scanners, DICOM Conformance Statement, Document Version 6.5. Jul. 19, 2011. 278 pages.

Esaote, MyLab Ultrasound Scanners, DICOM Conformance Statement, Document Version 6.6. Mar. 1, 2012. 278 pages.

Stolka et al., Needle guidance using handheld stereo vision and projection for ultrasound-based interventions. *Med Image Comput Comput Assist Interv.* 2014;17(Pt 2):684-91.

alibaba.com, Chison SonoTouch 10 B&W HAndled Ultrasound Tablet With CE FDA. Shaanxi Aipu Medical Instrument Co., Ltd. 6 pages, (2014).

Basoglu et al., Applications of a next-generation programmable ultrasound machine. *Proceedings SPIE Medical Imaging.* 1 page, Abstract 3031, May 7, 1997.

Basoglu et al., Computing requirements of modern medical diagnostic ultrasound machines. *Parallel Computing.* Sep. 1998;24(9-10):1407-1431.

Chison Medical Imaging Co., Ltd., Premarket Notification [510(k)] Summary. SonoTouch Series Diagnostic Ultrasound System. 11 pages, Aug. 2, 2012.

Felix et al., Biplane ultrasound arrays with integrated multiplexing solution for enhanced diagnostic accuracy in endorectal and transvaginal imaging. *IEEE Ultrasonics Symposium.* Sep. 18, 2005;4:2251-2254.

Gray et al., Ultrasound-guided Regional Anesthesia, Current State of the Art. *Anesthesiology.* Feb. 2006;104:368-73.

Karadayi et al., Software-based Ultrasound Beamforming on Multi-core DSPs. *IEEE International Ultrasonics.* Oct. 18-21, 2011, 14 pages.

SOMA, Access Systems, Introducing AxoTrack™ Needle visualization as you've never seen it. Retrieved online at: SomaAccessSystems.com, 6 pages.

SonoTouch, The Revolution is at Hand, catalog. Retrieved online at: www.sonatouch.com. 4 pages.

SonoTouch, The Revolution is at Hand, SonoTouch 20 Operation Manual. 68 pages.

Wygant et al., Beamforming and hardware design for a multichannel front-end integrated circuit for real-time 3D catheter-based ultrasonic imaging. *Proceedings of SPIE.* 2006;6147:61470A-1.

York et al., Ultrasound Processing and Computing: Review and Future Directions. *Annu Rev Biomed Eng.* 1999;1:559-588.

York, Architecture and Algorithms for a Fully Programmable Ultrasound System. A dissertation in partial fulfillment of the requirements for the Degree of Doctor of Philosophy, University of Washington. 141 pages, (1999).

Brattain LJ et al. Machine learning for medical ultrasound: status, methods, and future opportunities. *Abdominal Radiology.* Apr. 1, 2018;43(4):786-99.

U.S. Appl. No. 14/037,106, filed Sep. 25, 2013, U.S. Pat. No. 9,877,699, Issued.

U.S. Appl. No. 15/025,058, filed Mar. 25, 2016, 2016-0228091, Published.

U.S. Appl. No. 15/833,547, filed Dec. 6, 2017, 2018-0168548, Published.

U.S. Appl. No. 16/461,581, filed May 16, 2019, Pending.

U.S. Appl. No. 16/414,215, filed May 16, 2019, Pending.

* cited by examiner

Whole Tablet outside dimensions: 11" x 7.5" x 0.95"

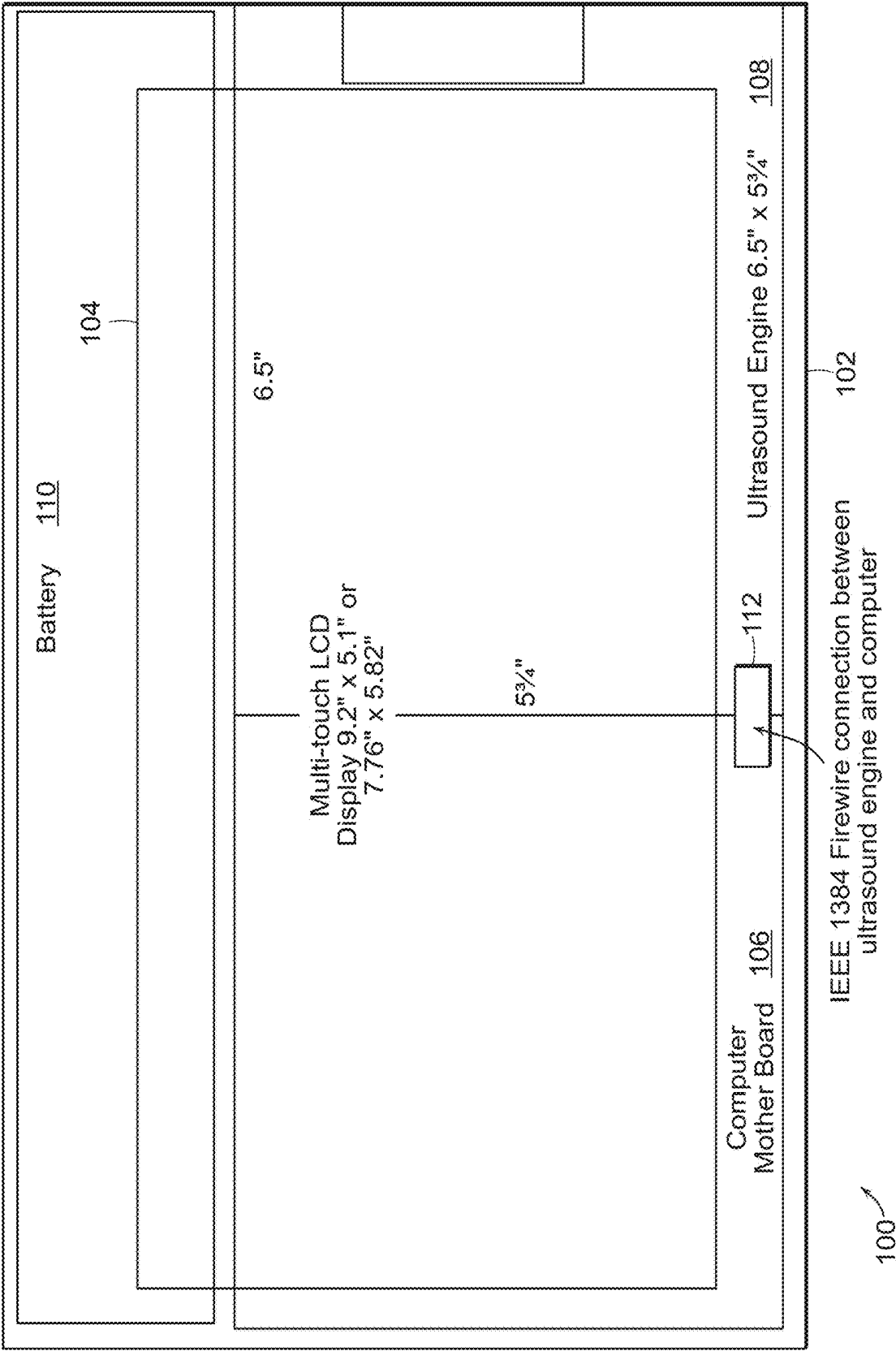


FIG. 1

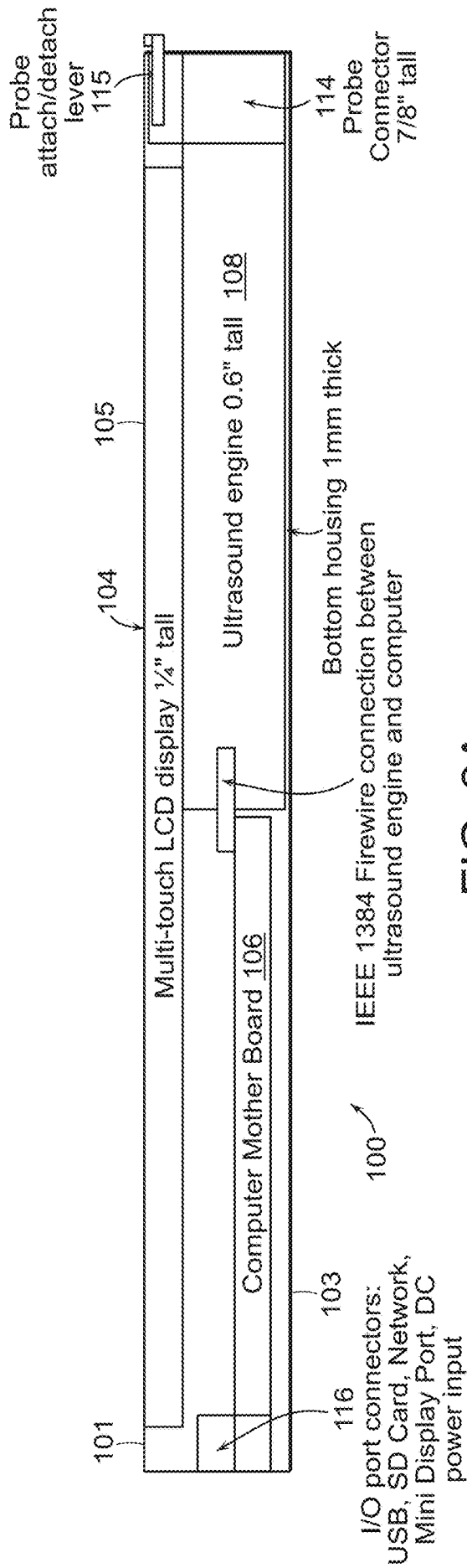


FIG. 2A

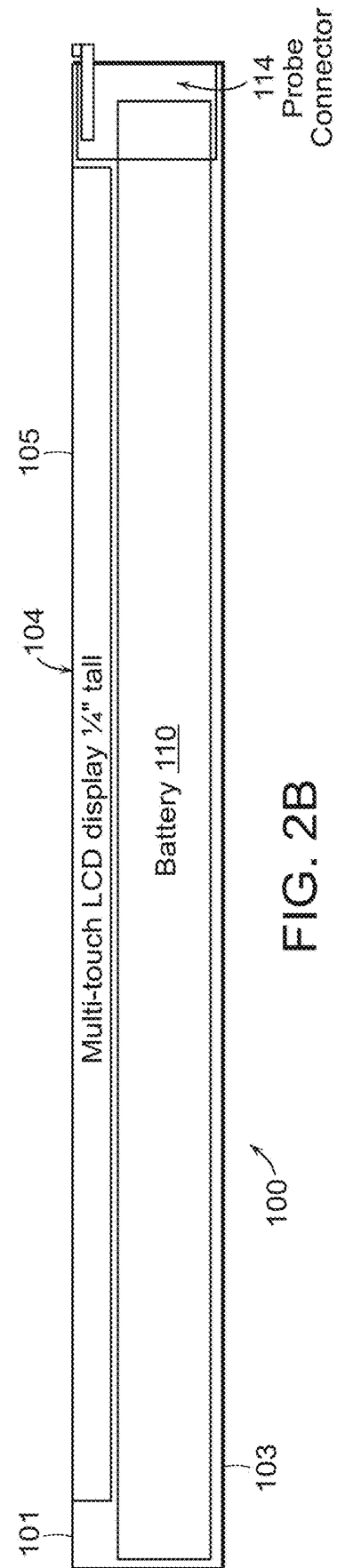


FIG. 2B

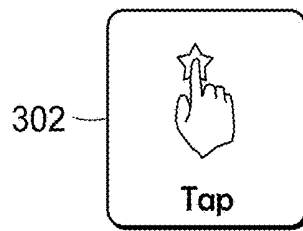


FIG. 3A

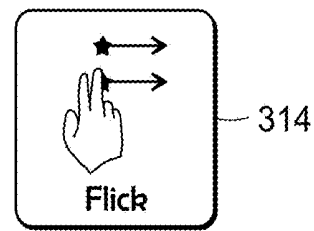


FIG. 3G

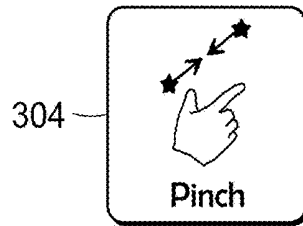


FIG. 3B

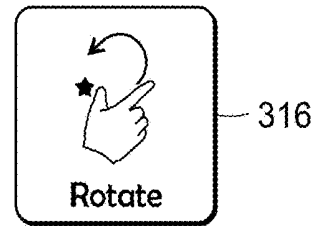


FIG. 3H

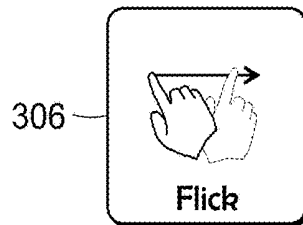


FIG. 3C

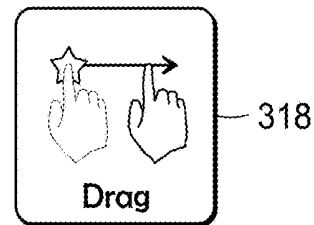


FIG. 3I

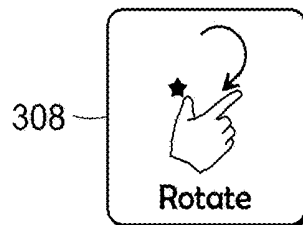


FIG. 3D

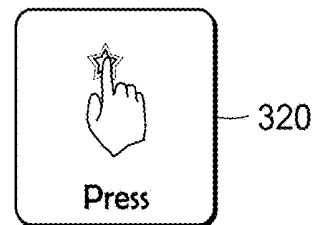


FIG. 3J

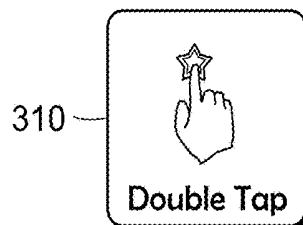


FIG. 3E

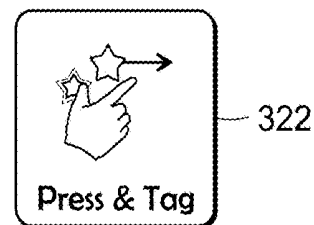


FIG. 3K

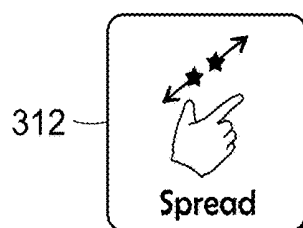


FIG. 3F

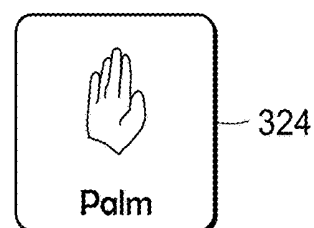


FIG. 3L

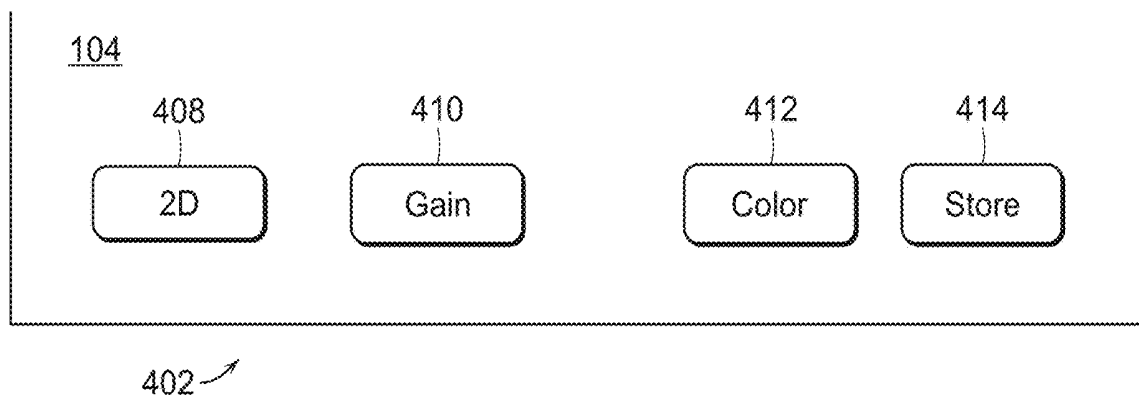


FIG. 4A

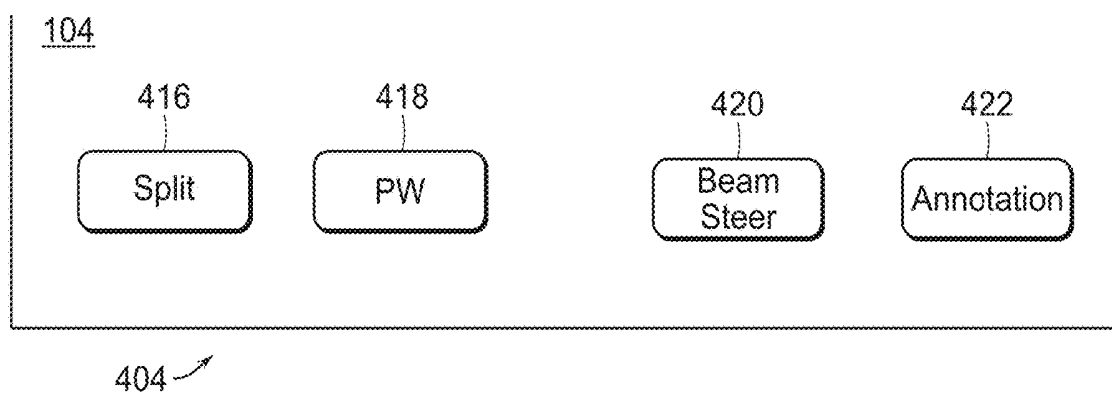


FIG. 4B

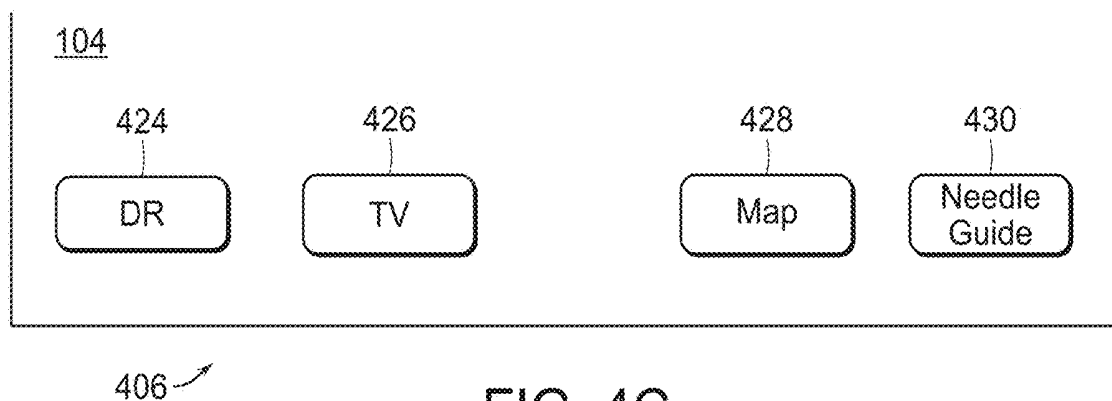


FIG. 4C

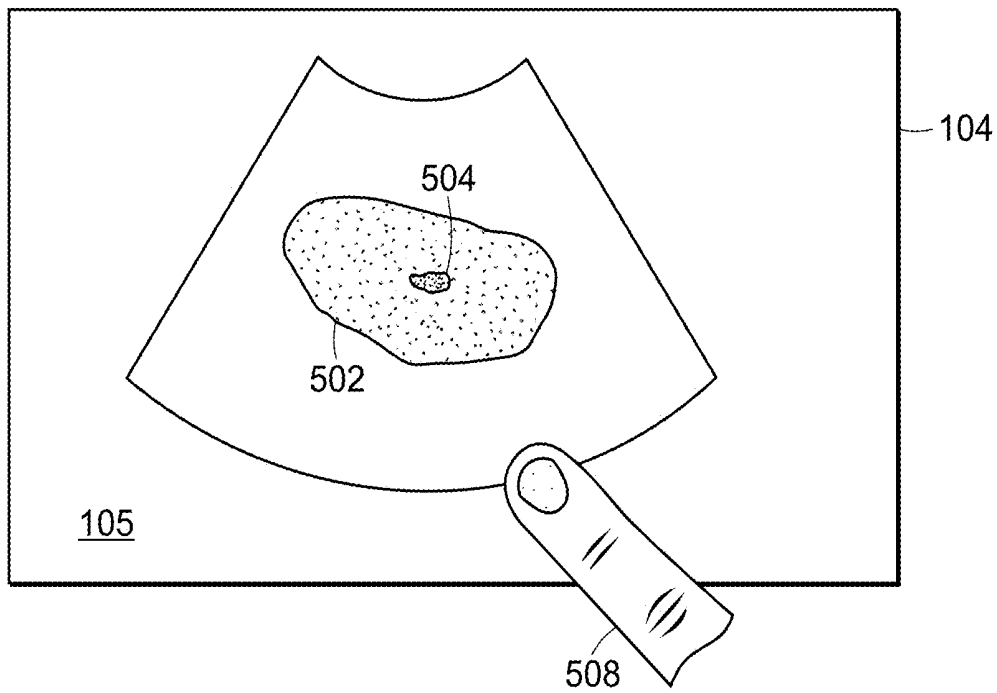


FIG. 5A

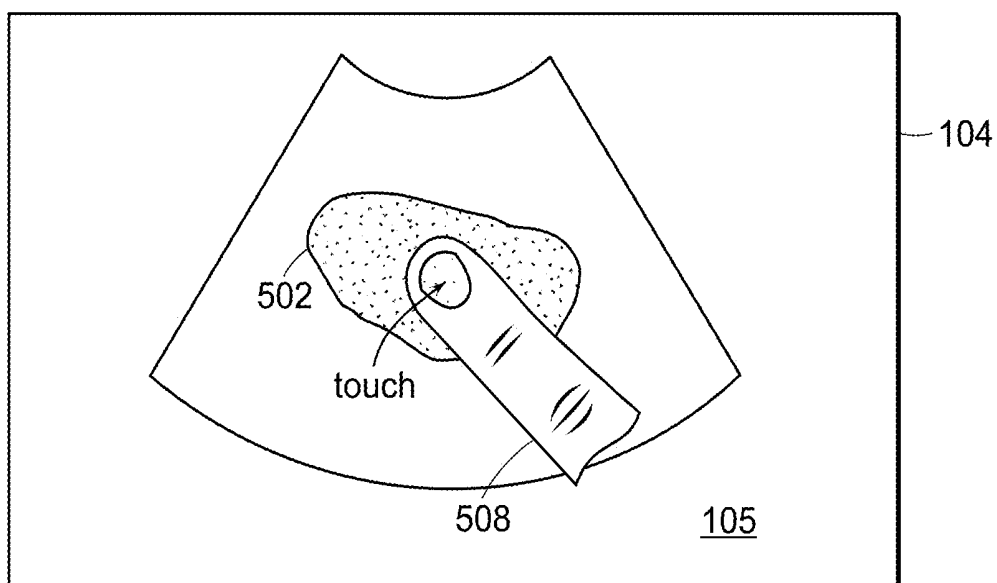


FIG. 5B

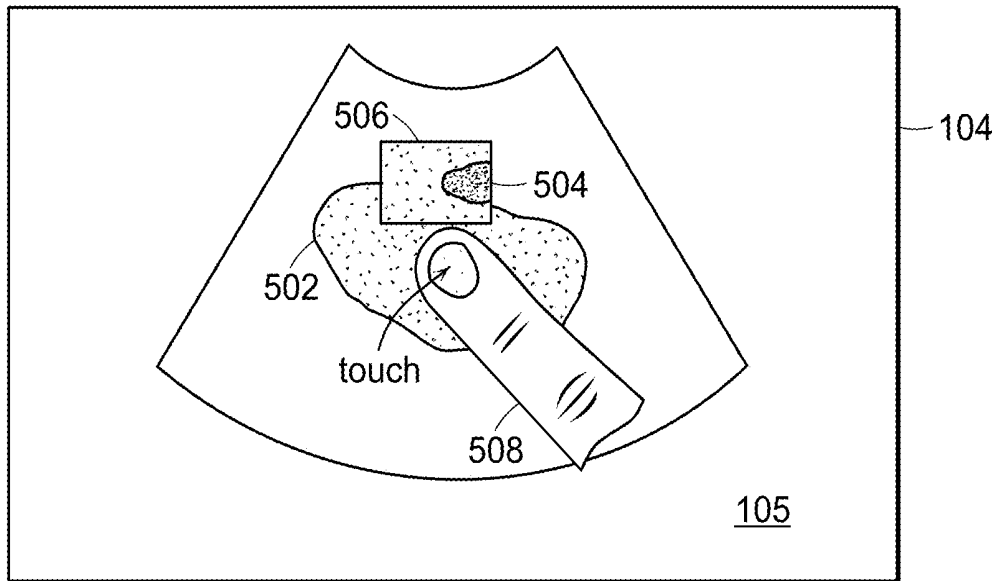


FIG. 5C

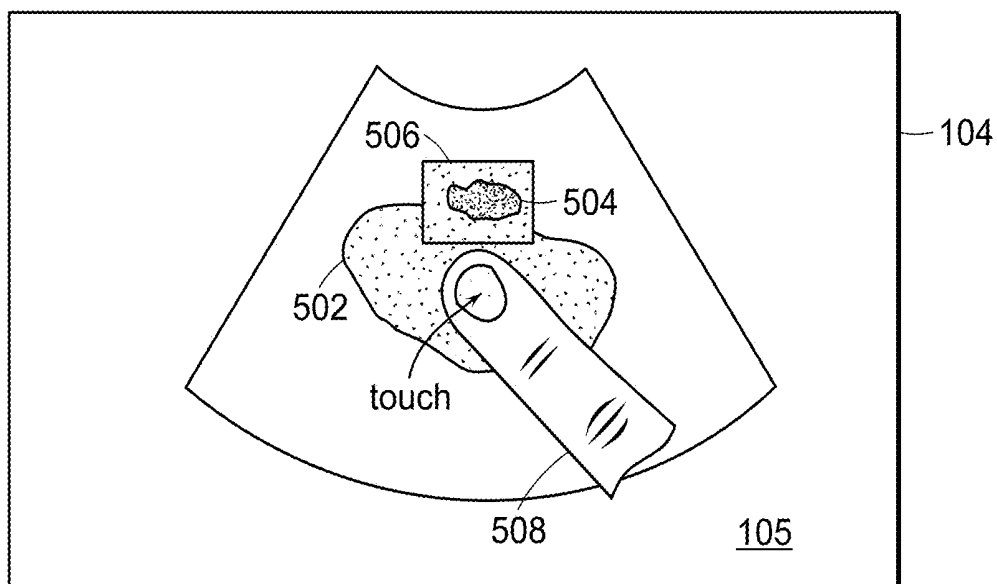


FIG. 5D

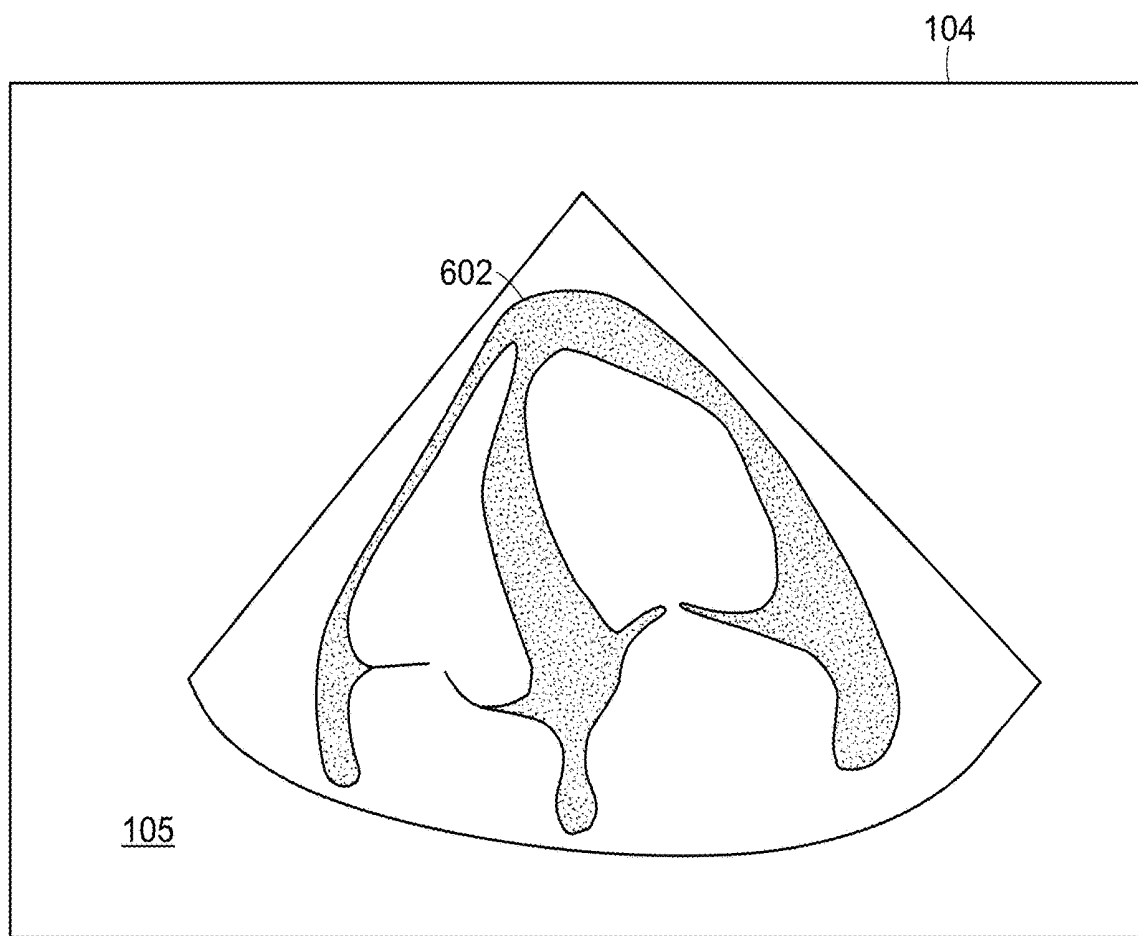


FIG. 6A

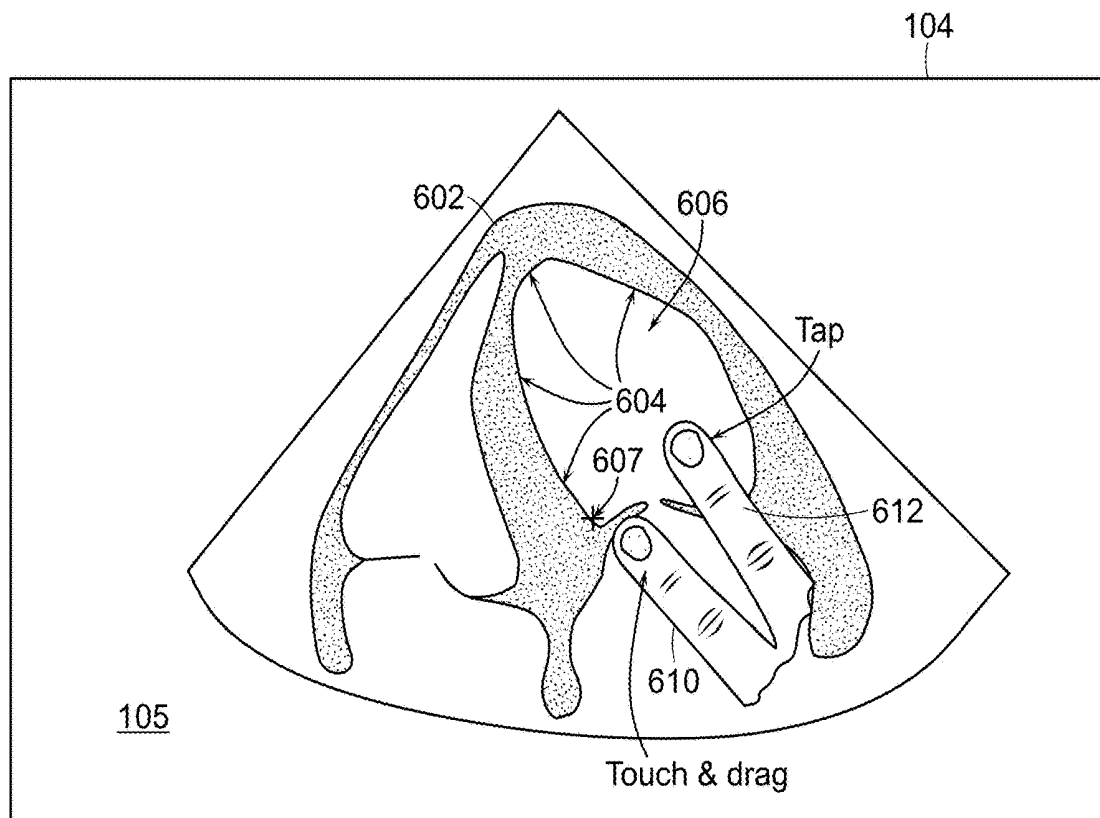


FIG. 6B

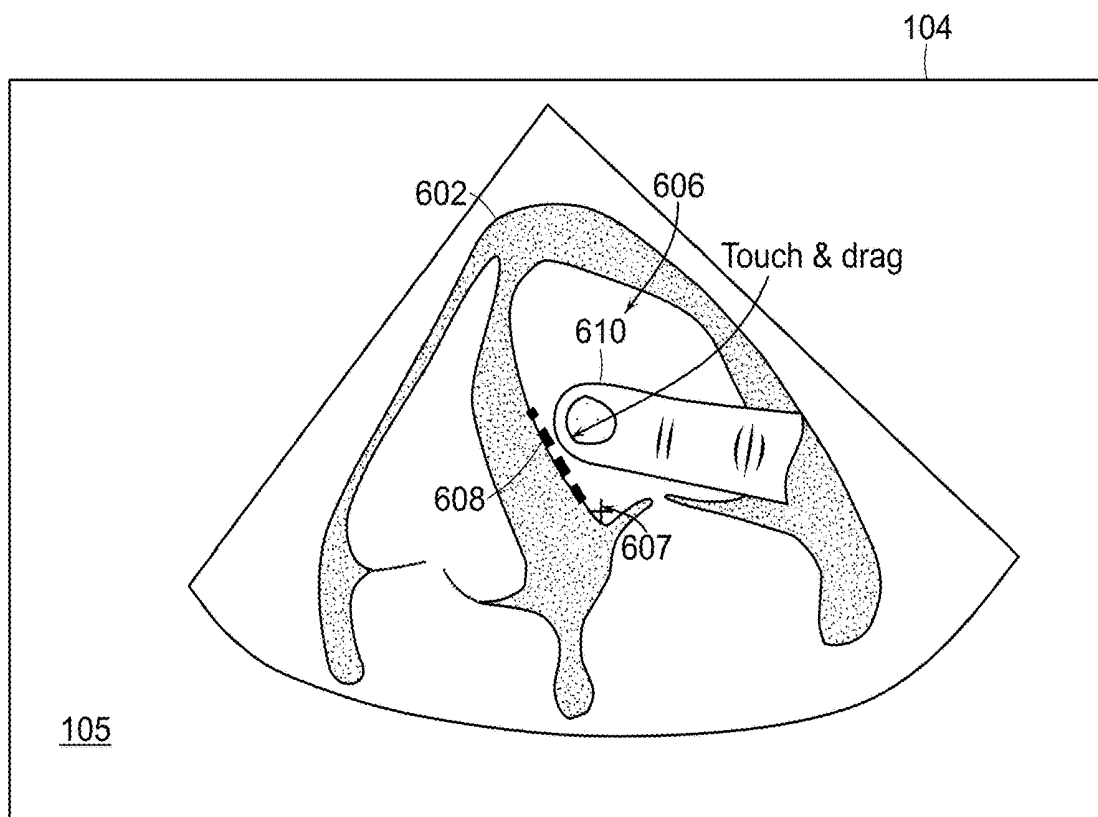


FIG. 6C

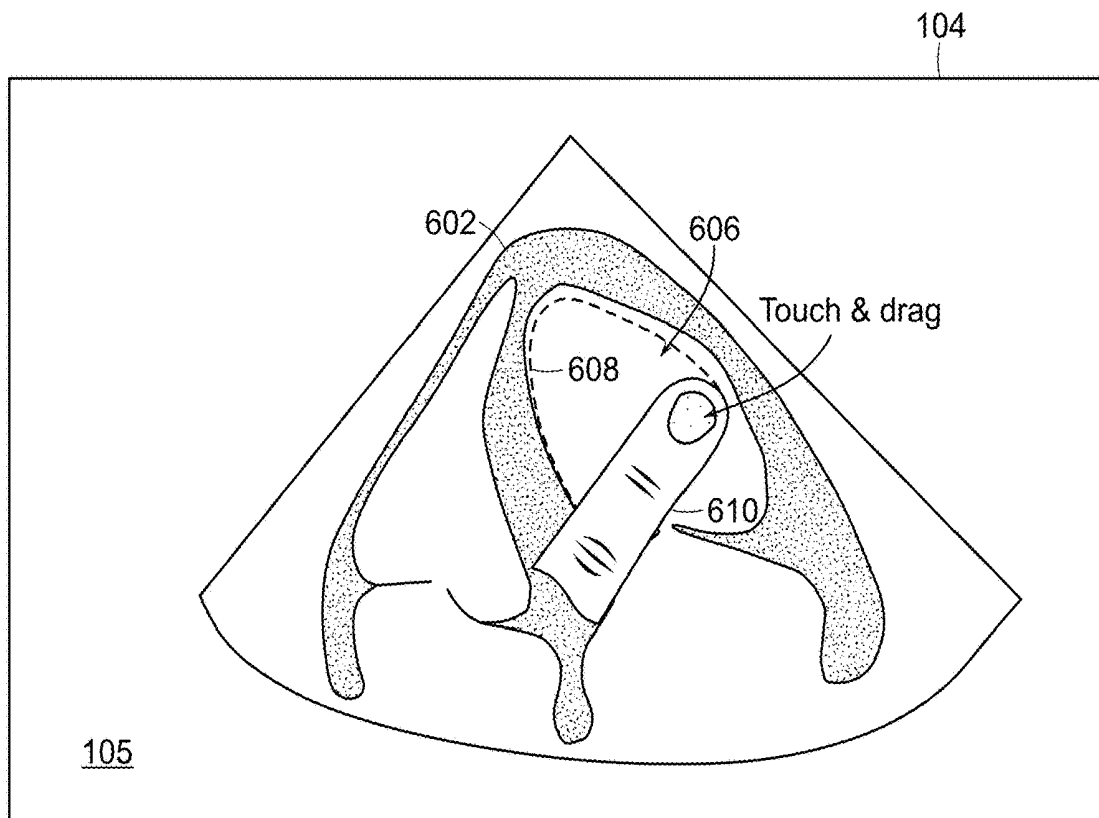


FIG. 6D

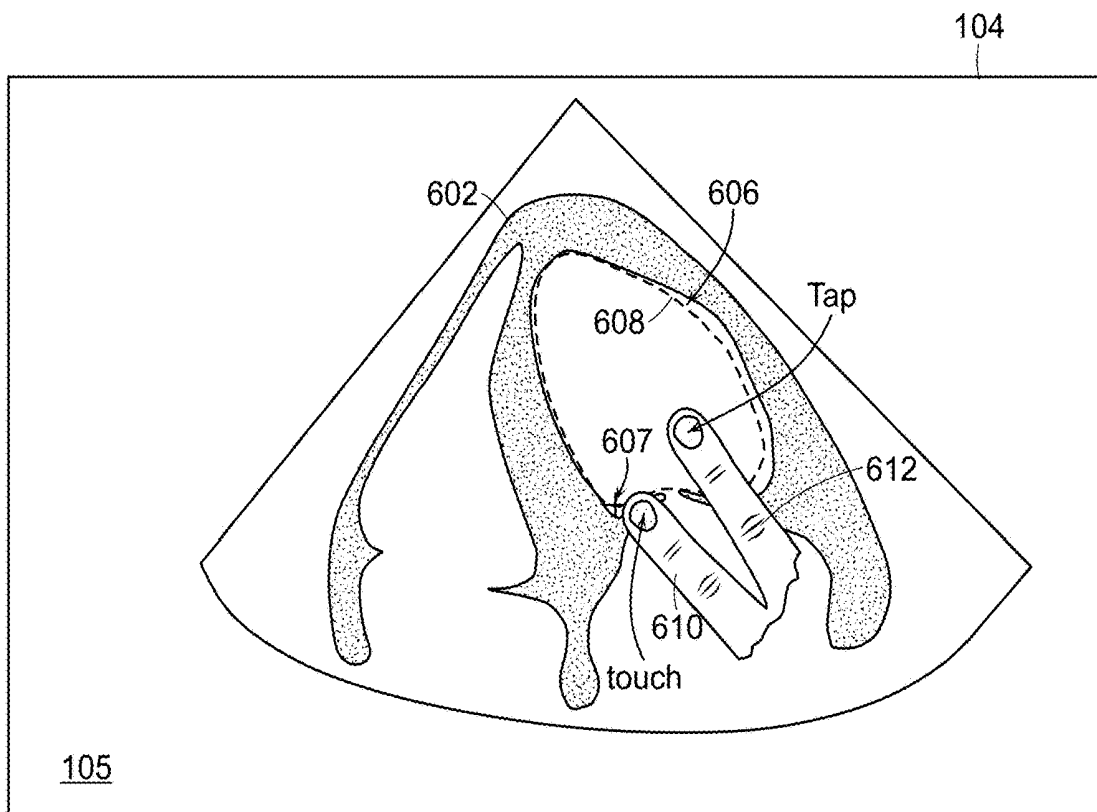


FIG. 6E

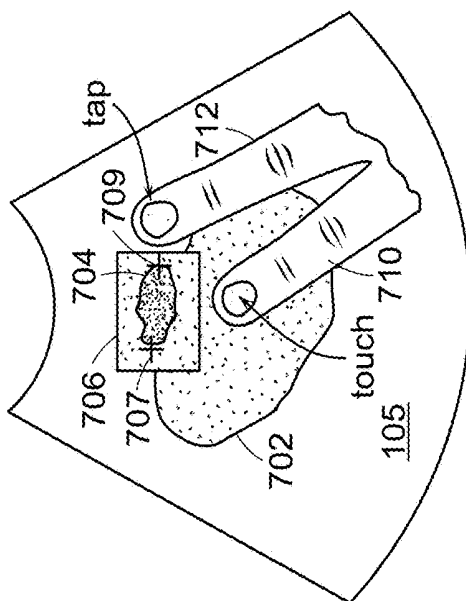


FIG. 7C

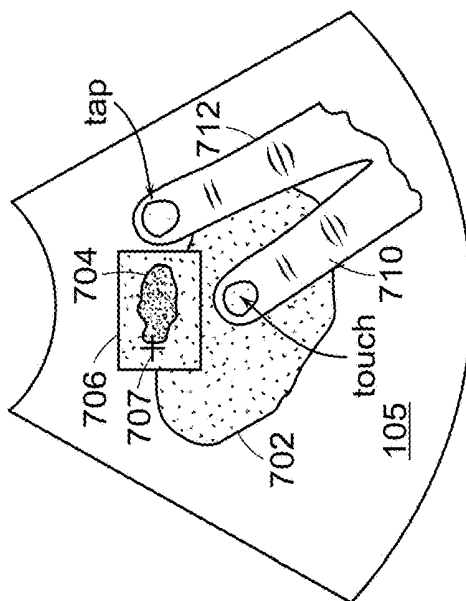


FIG. 7B

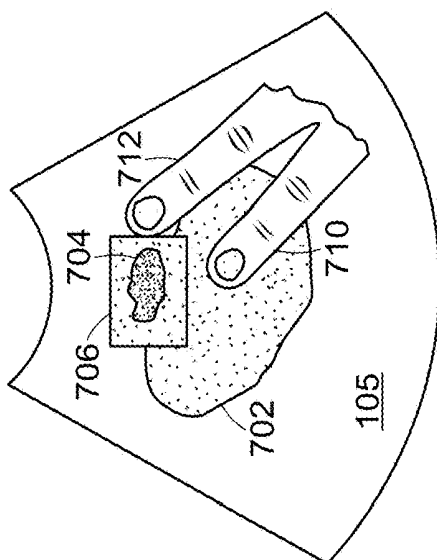


FIG. 7A

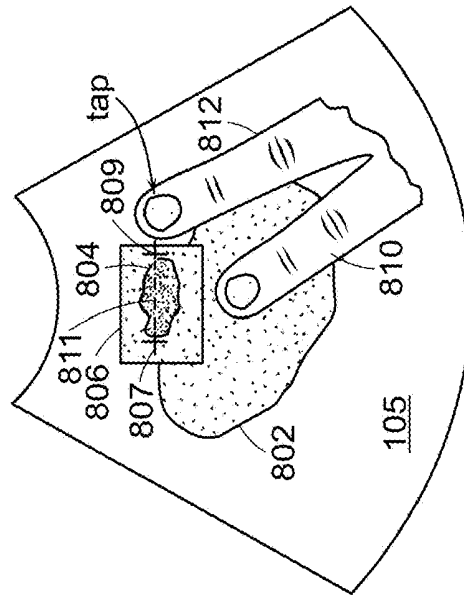


FIG. 8A

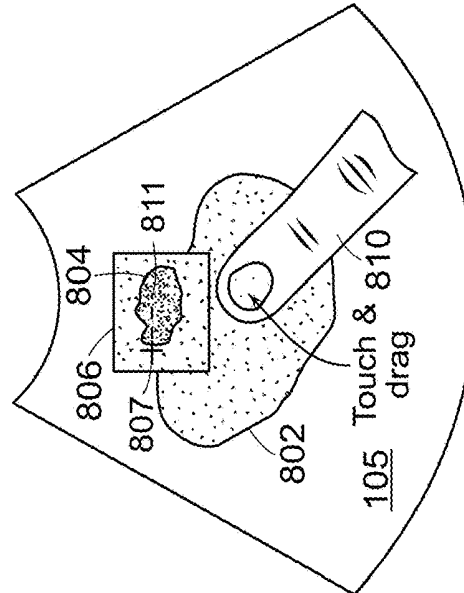


FIG. 8B

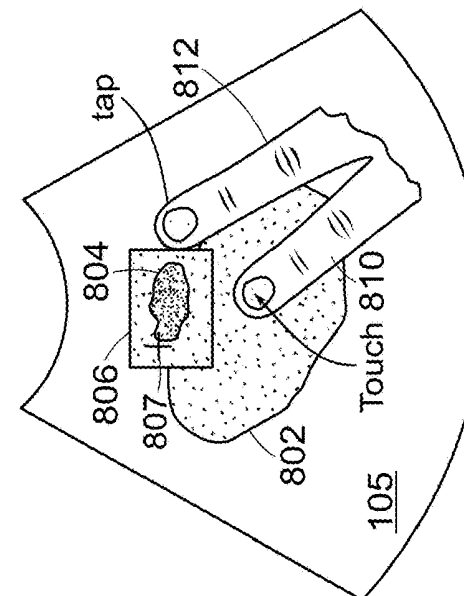


FIG. 8C

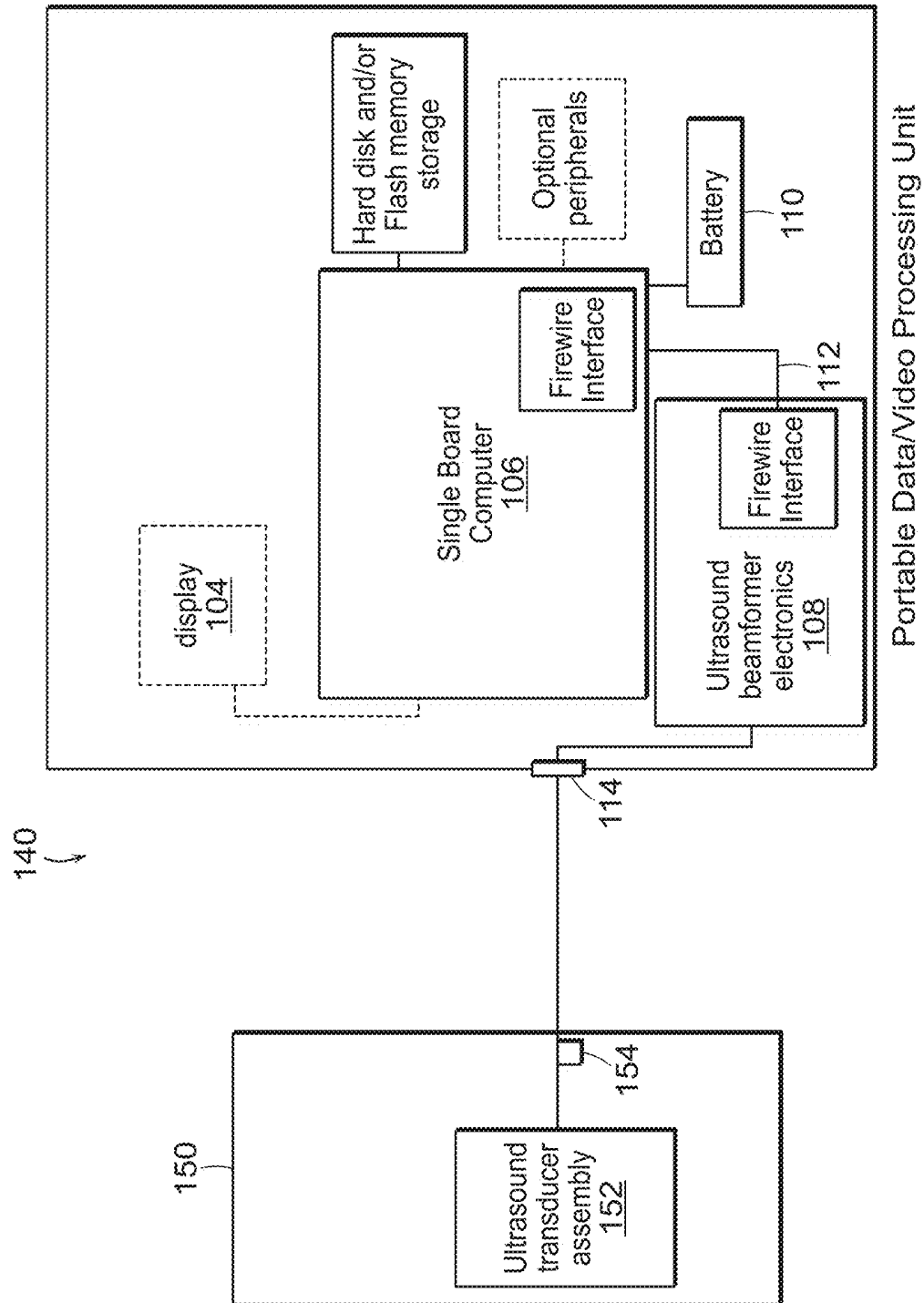
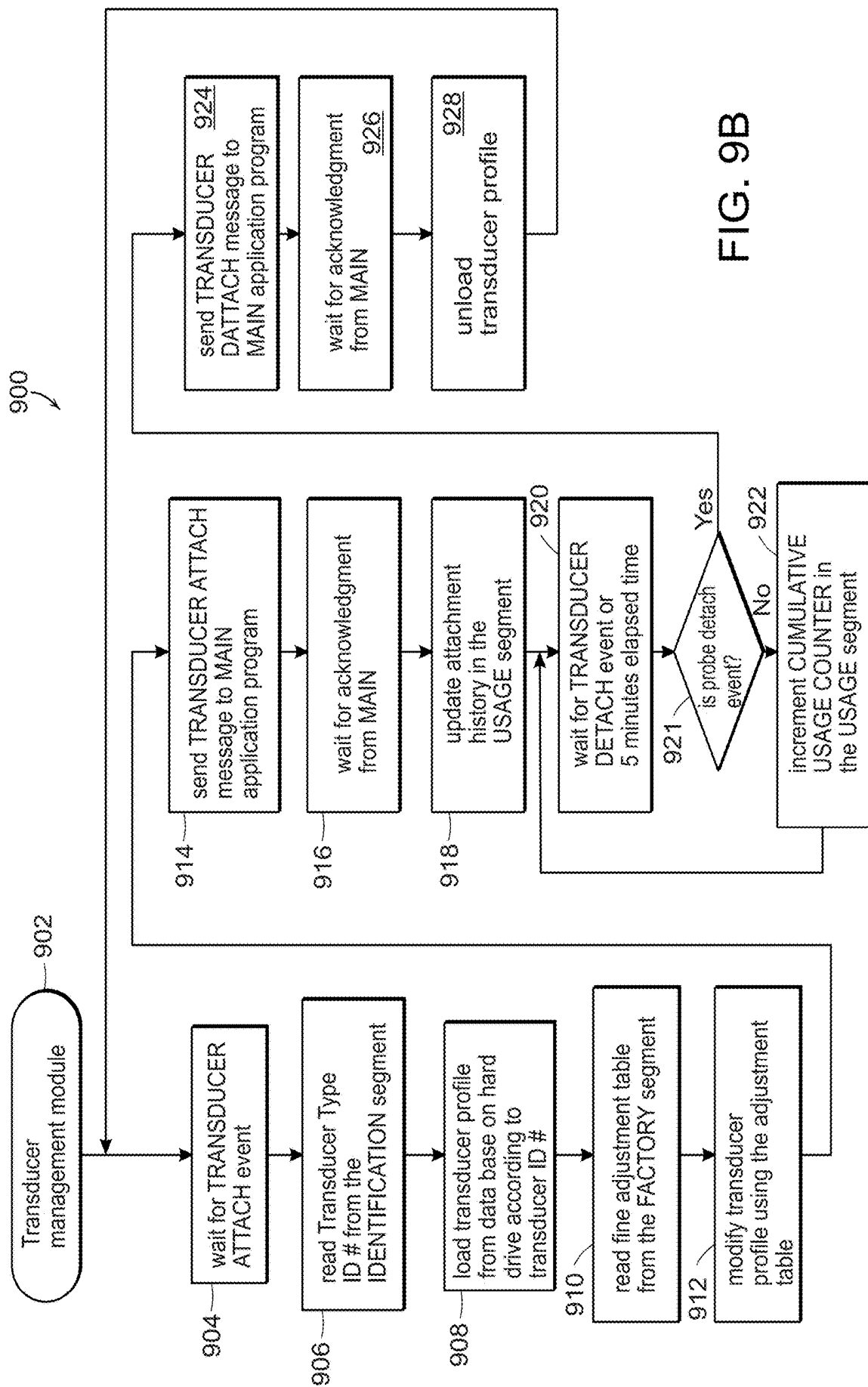


FIG. 9A



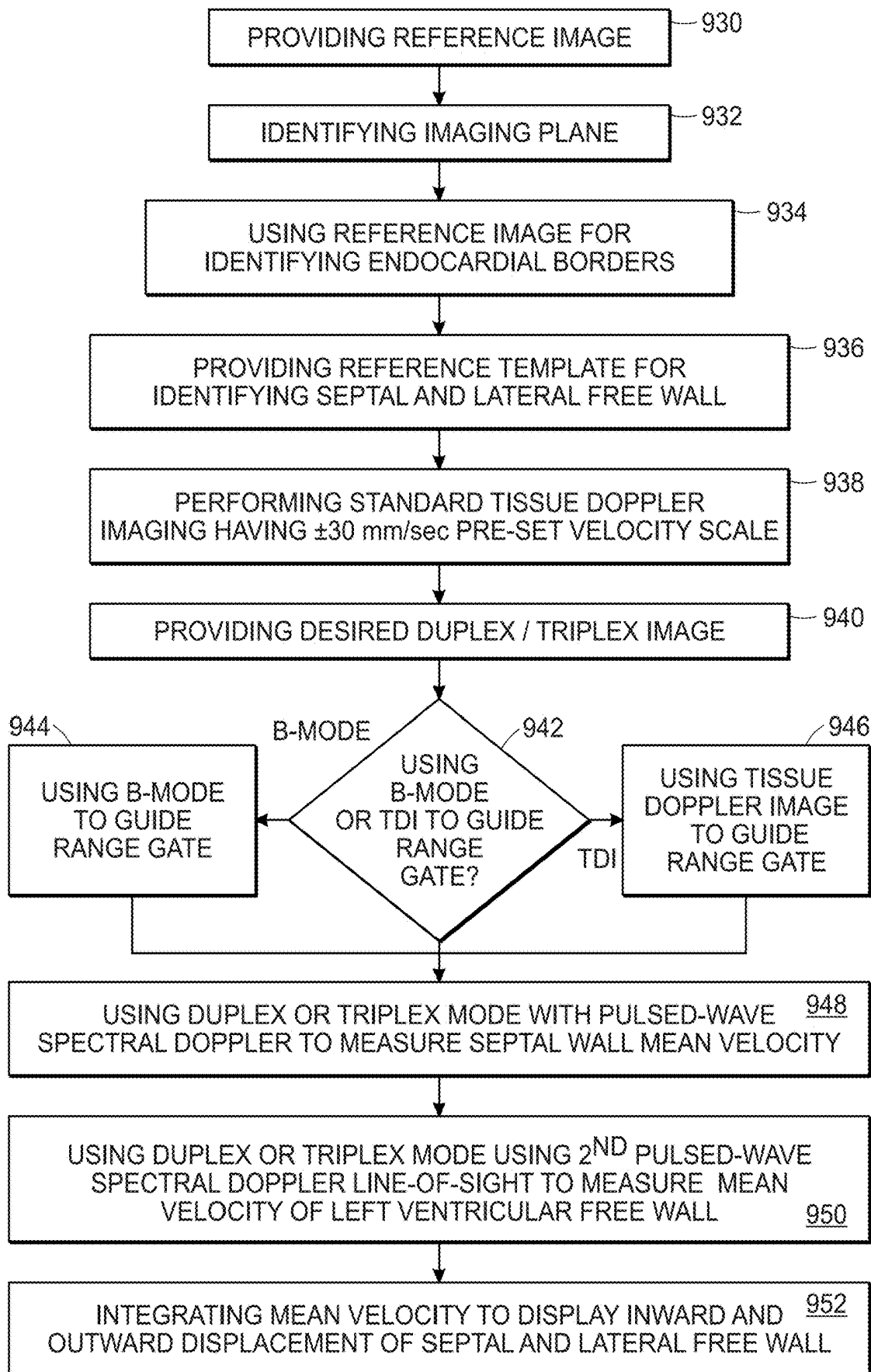


FIG. 10

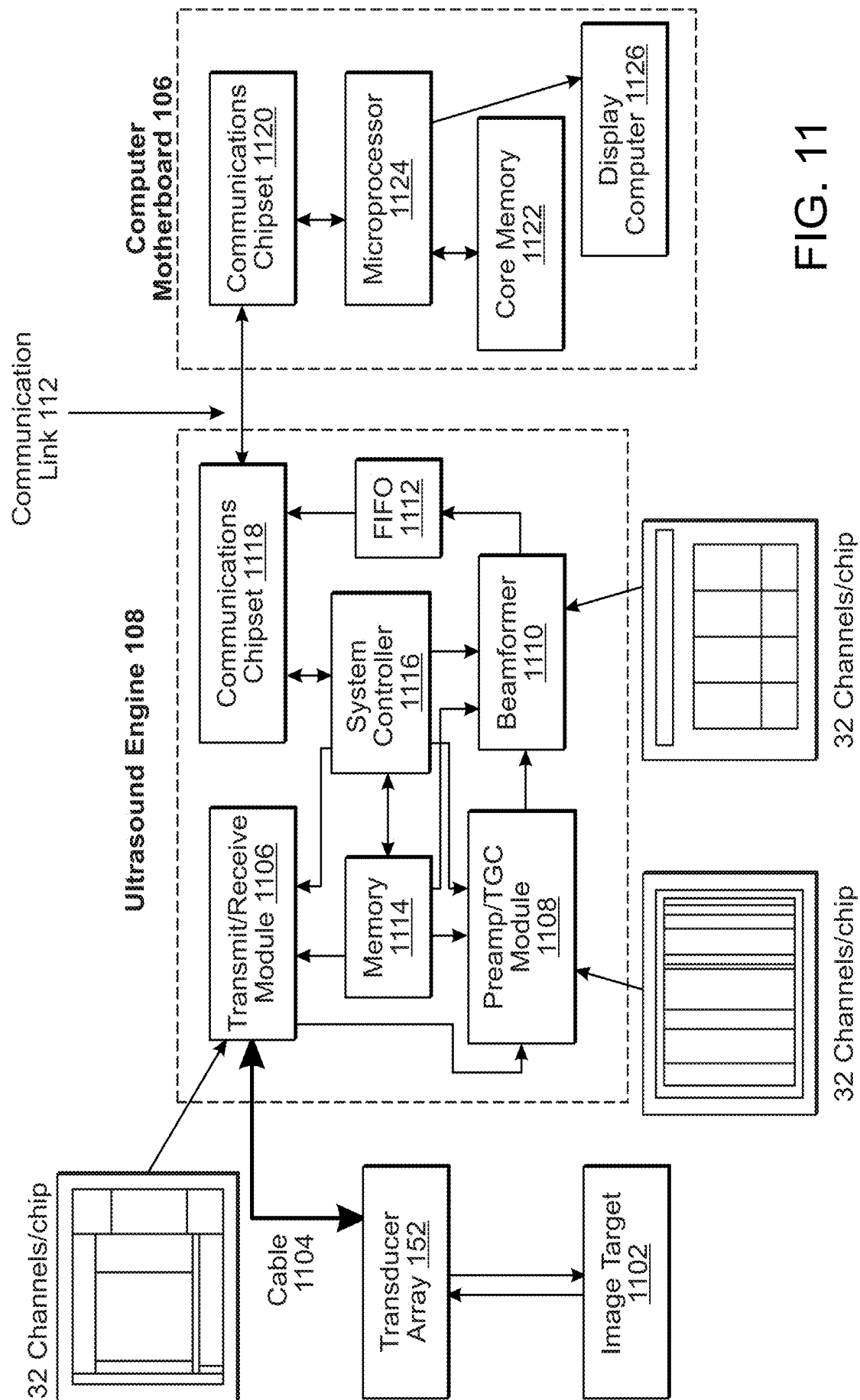


FIG. 11

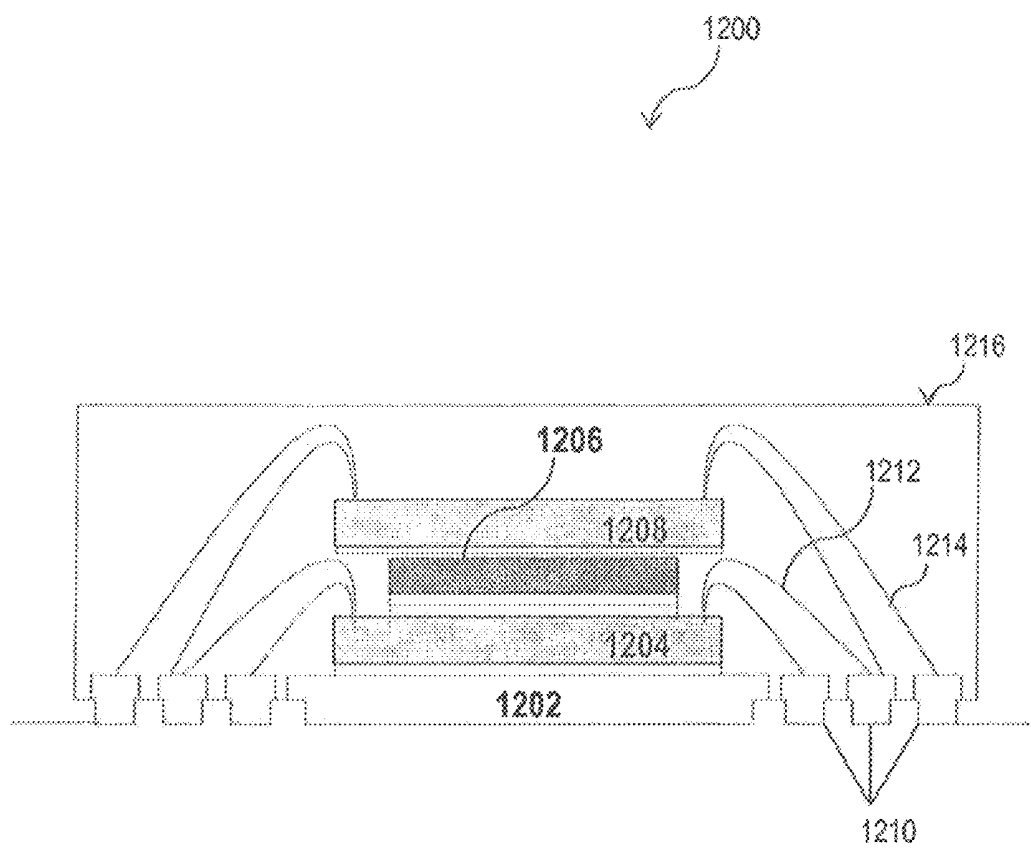


FIG. 12

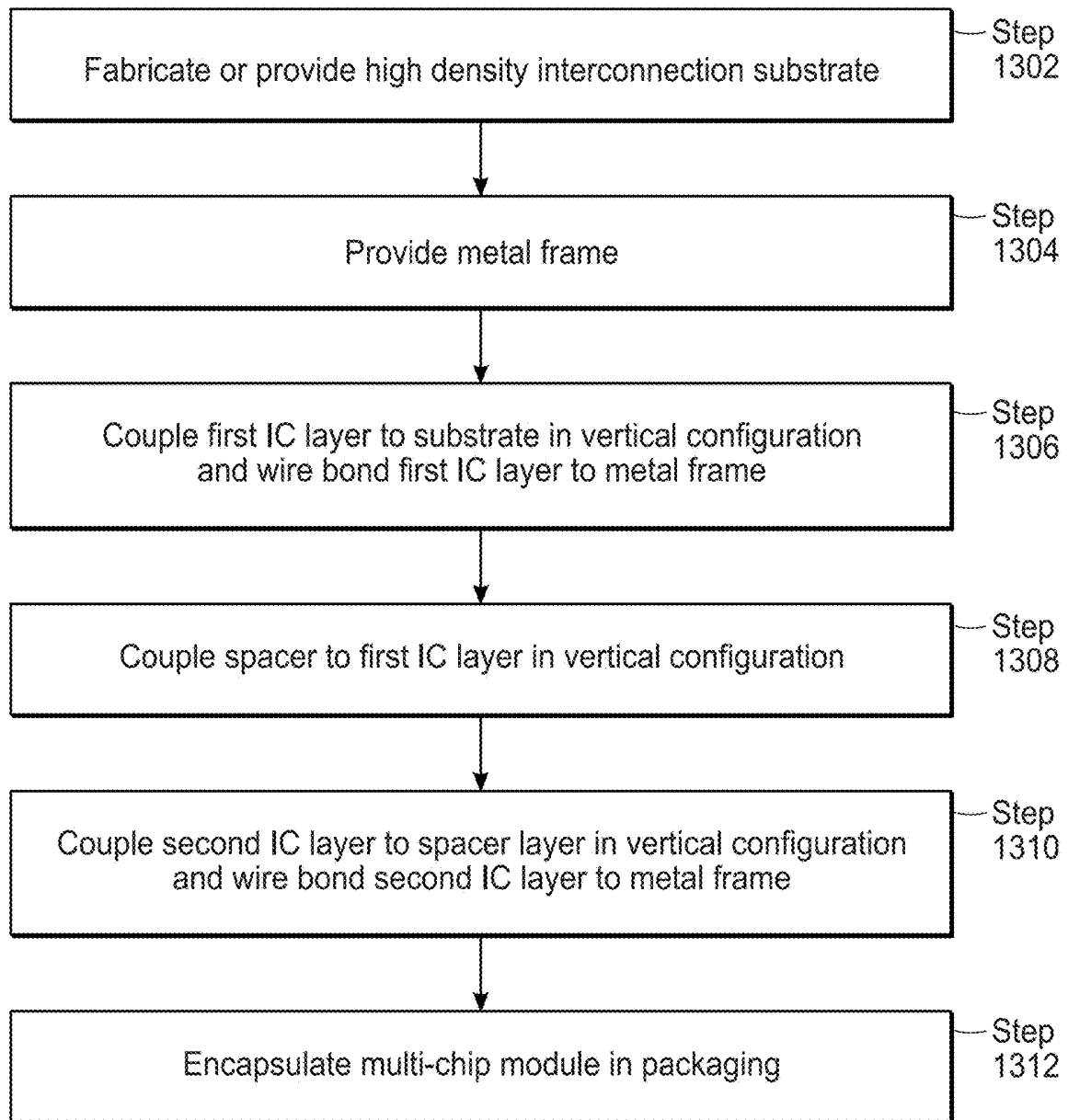


FIG. 13

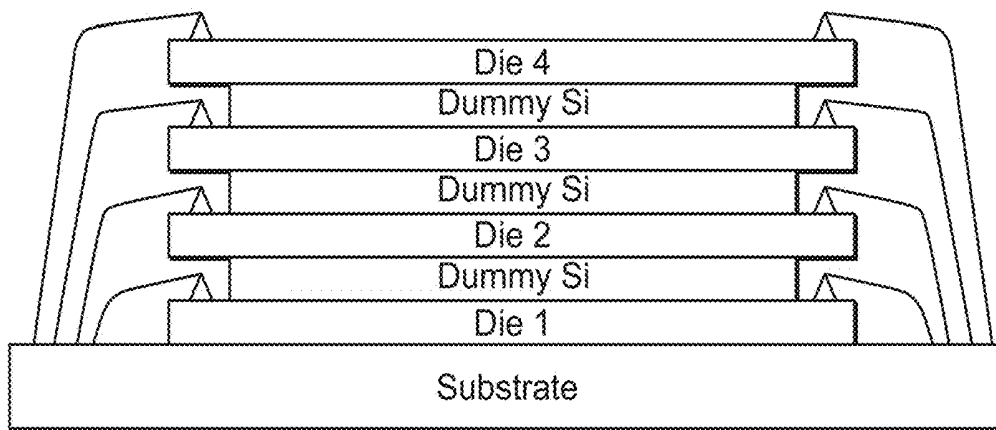


FIG. 14A

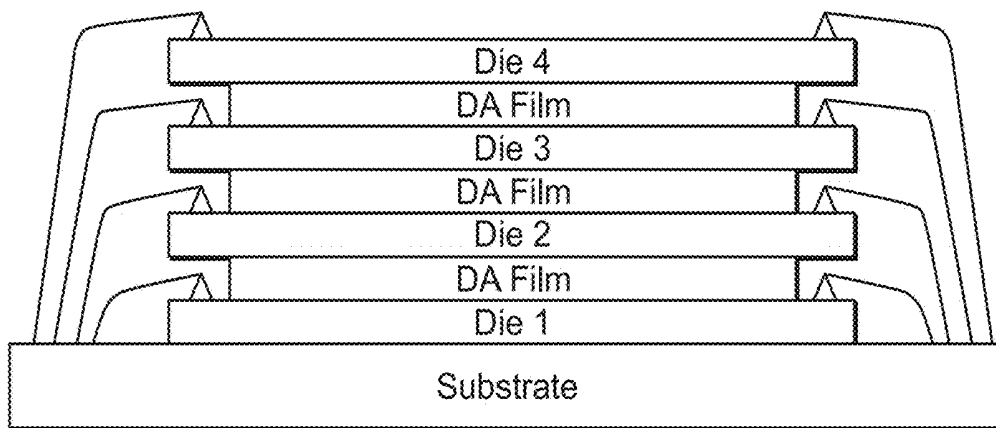


FIG. 14B

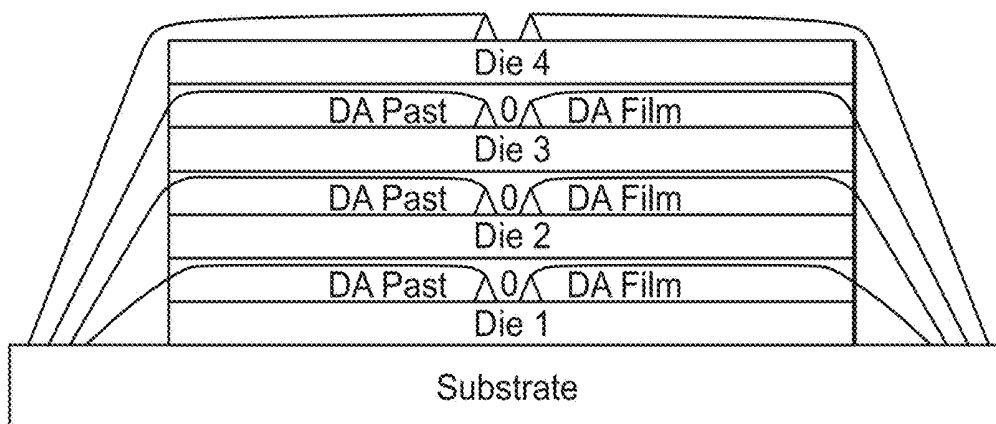


FIG. 14C

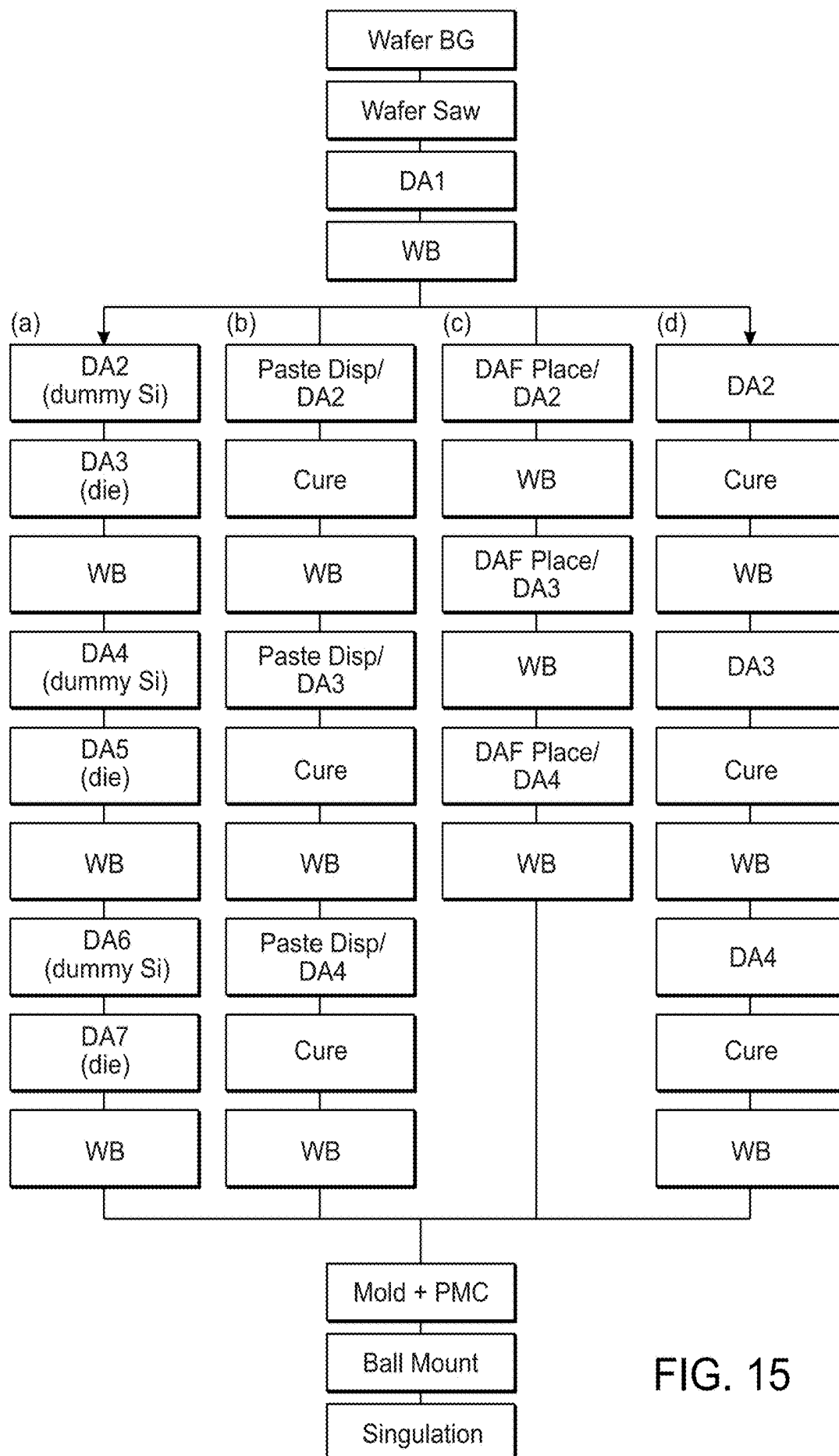


FIG. 15

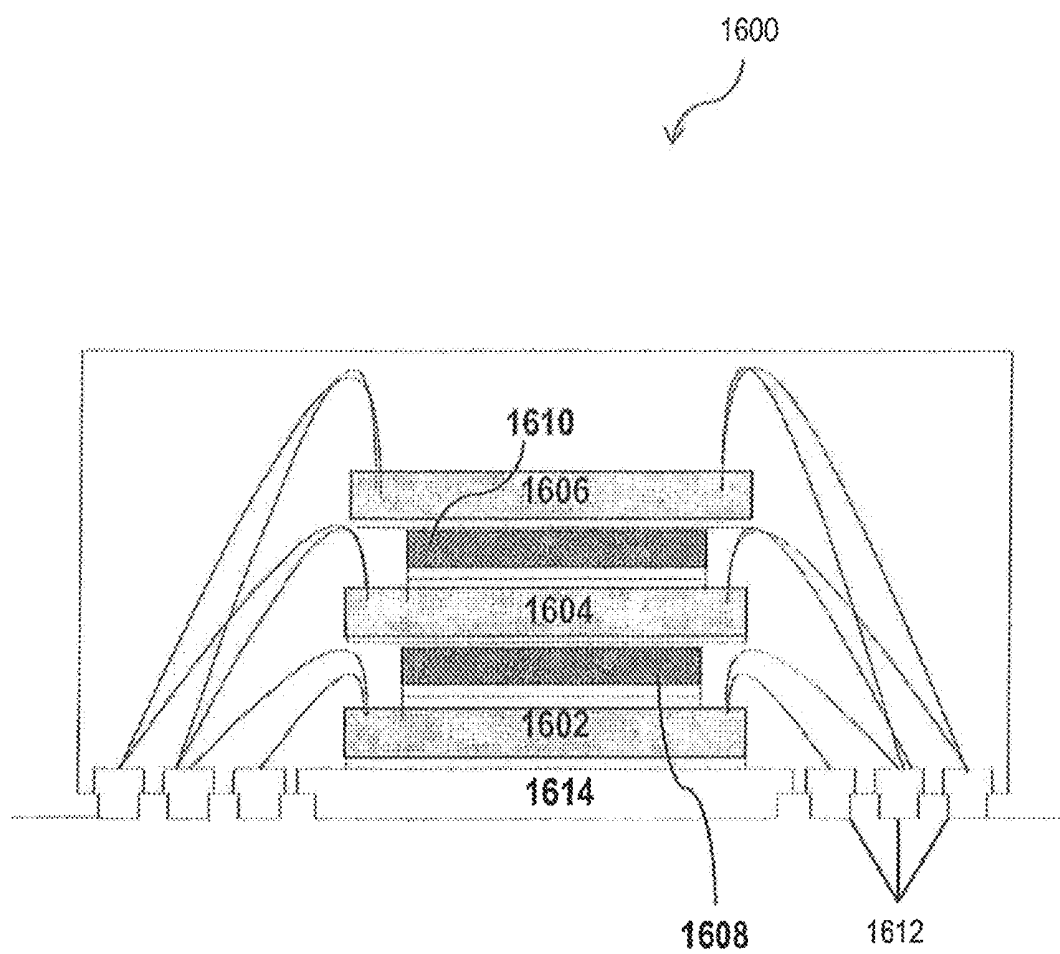


FIG. 16

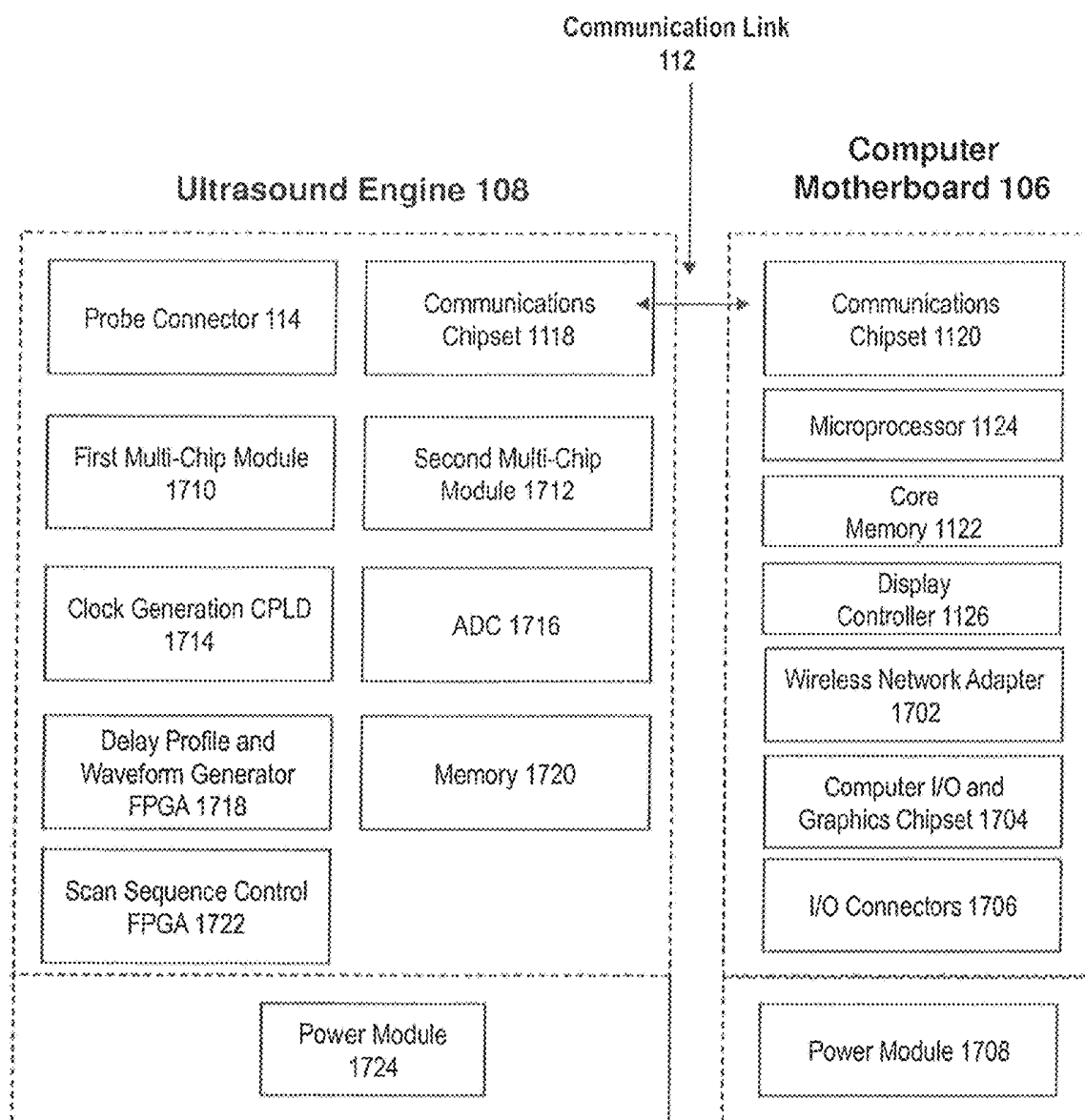


FIG. 17

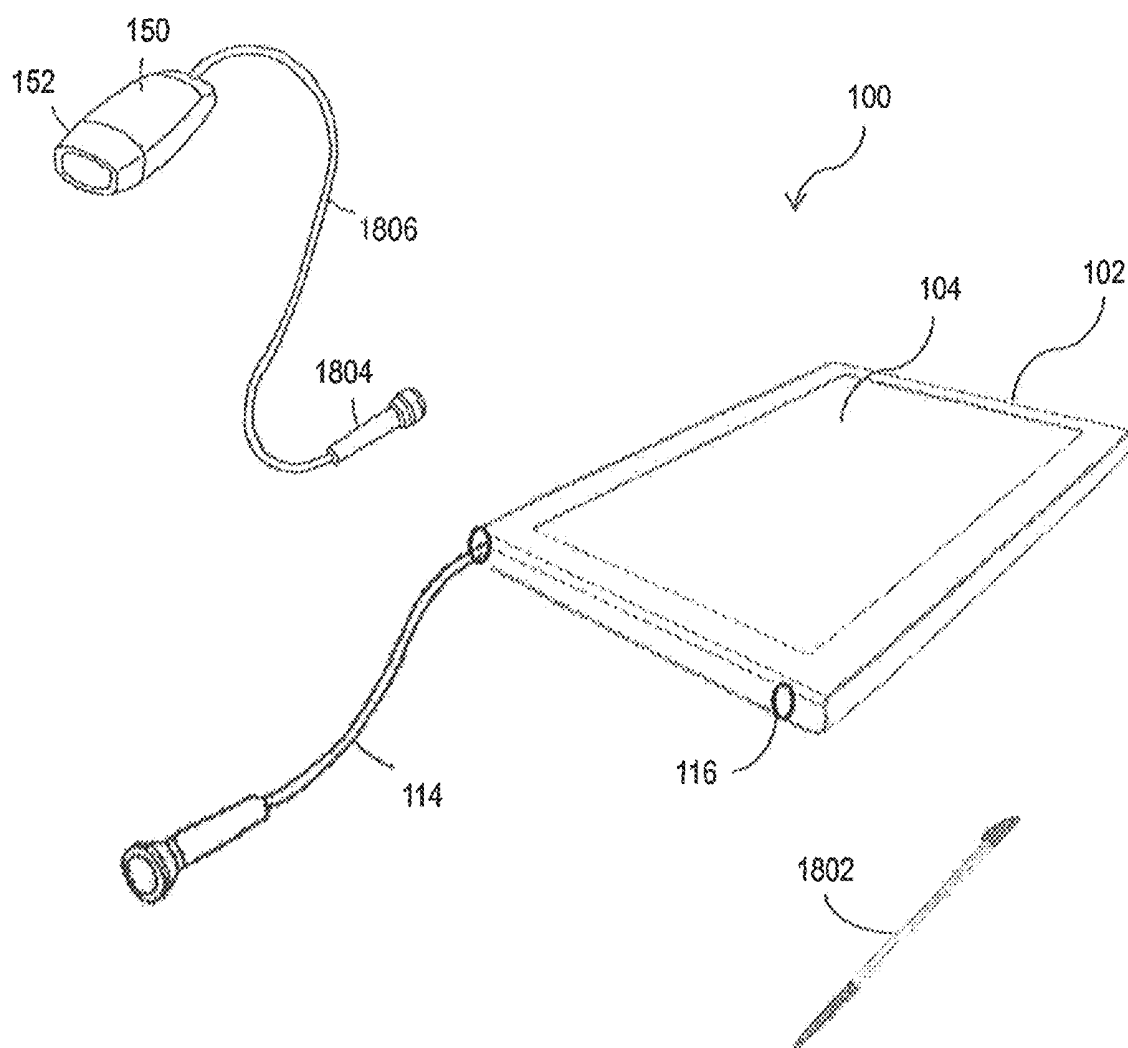
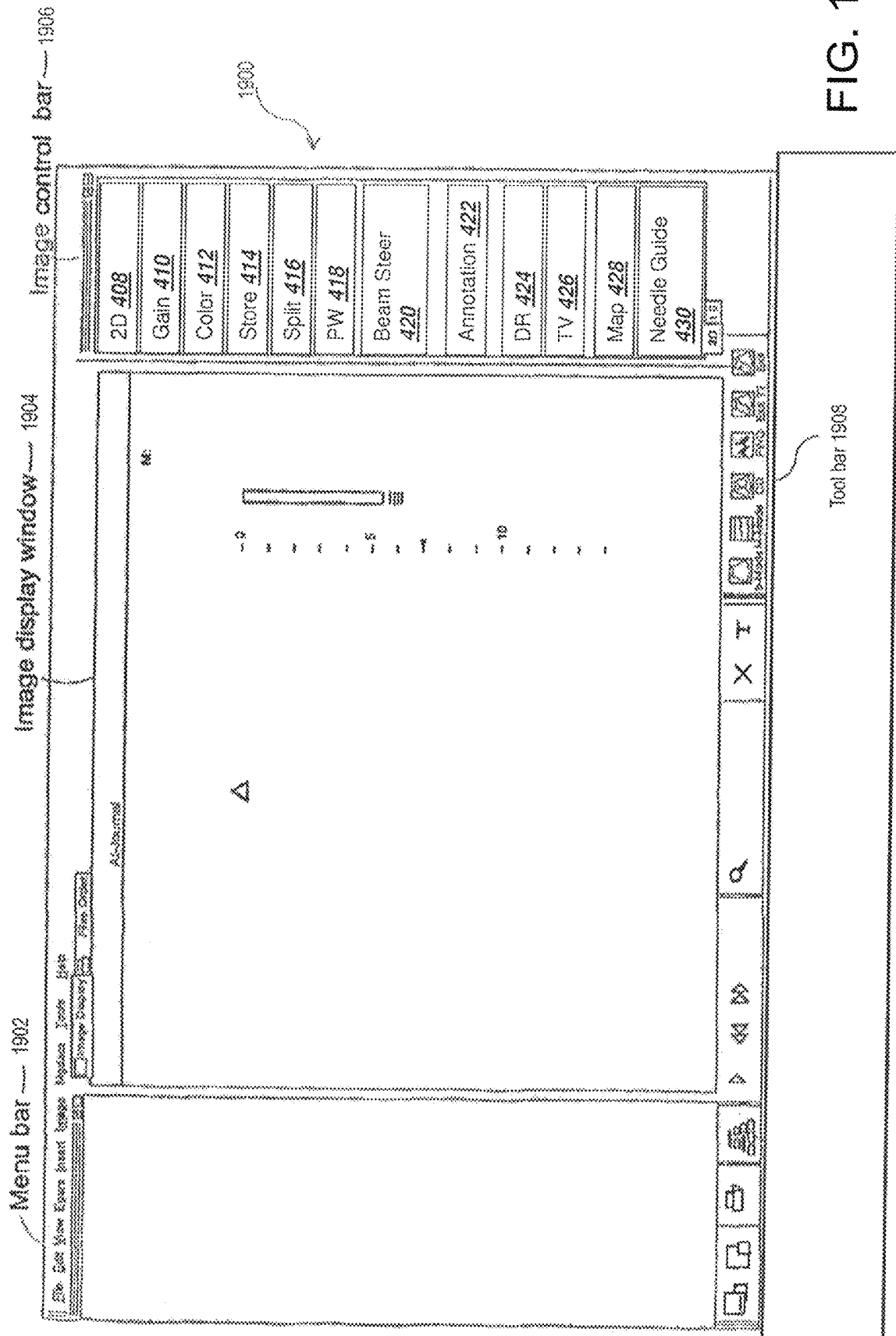


FIG. 18



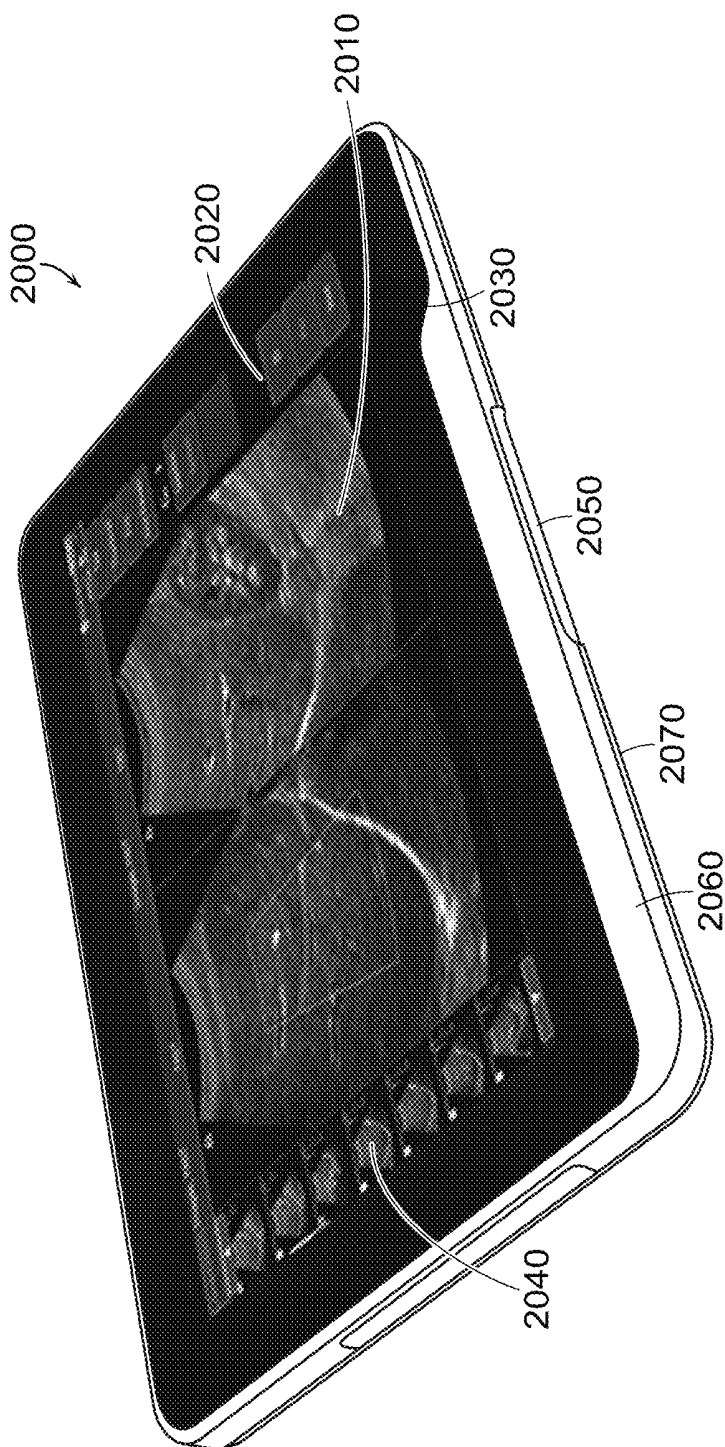


FIG. 20

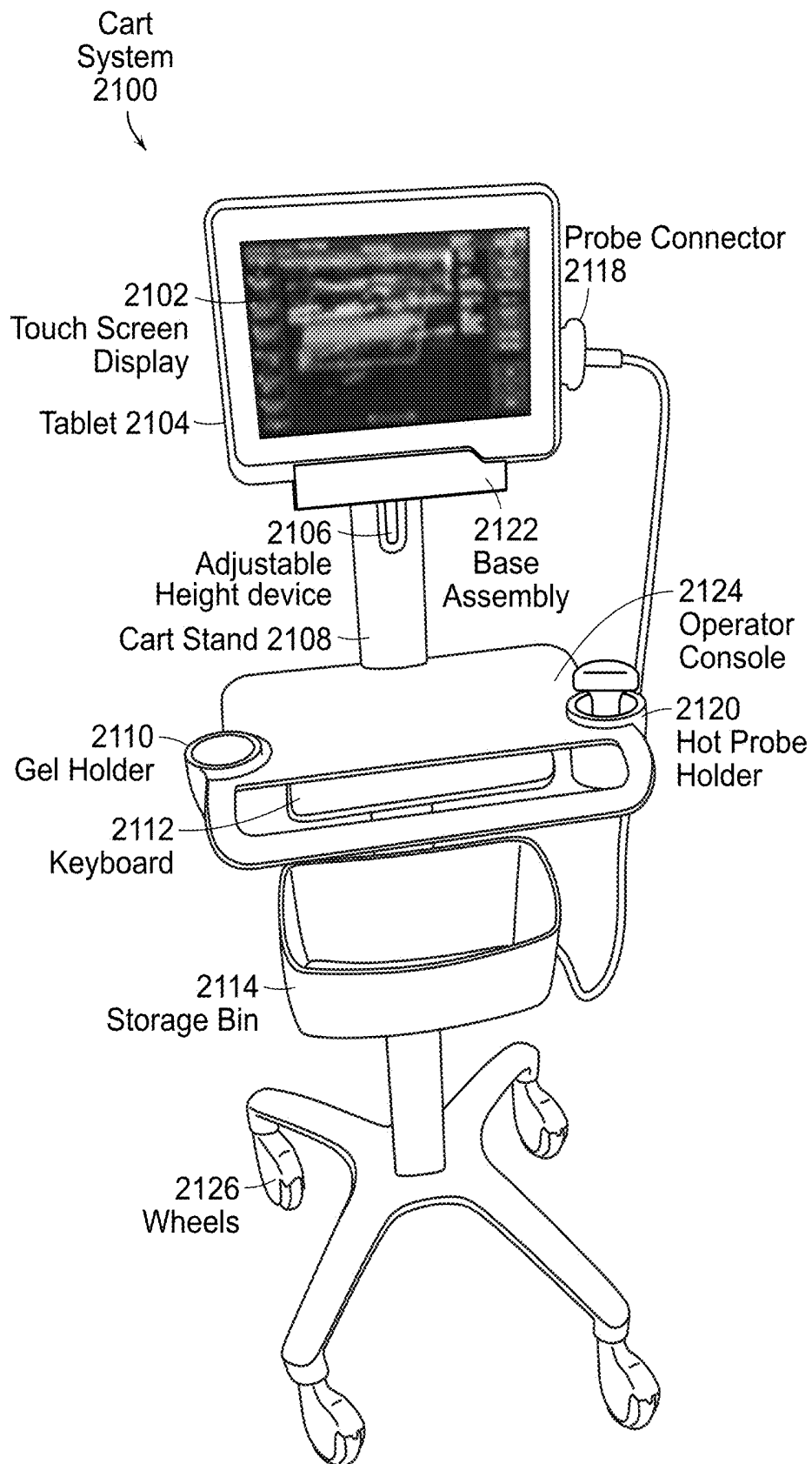


FIG. 21

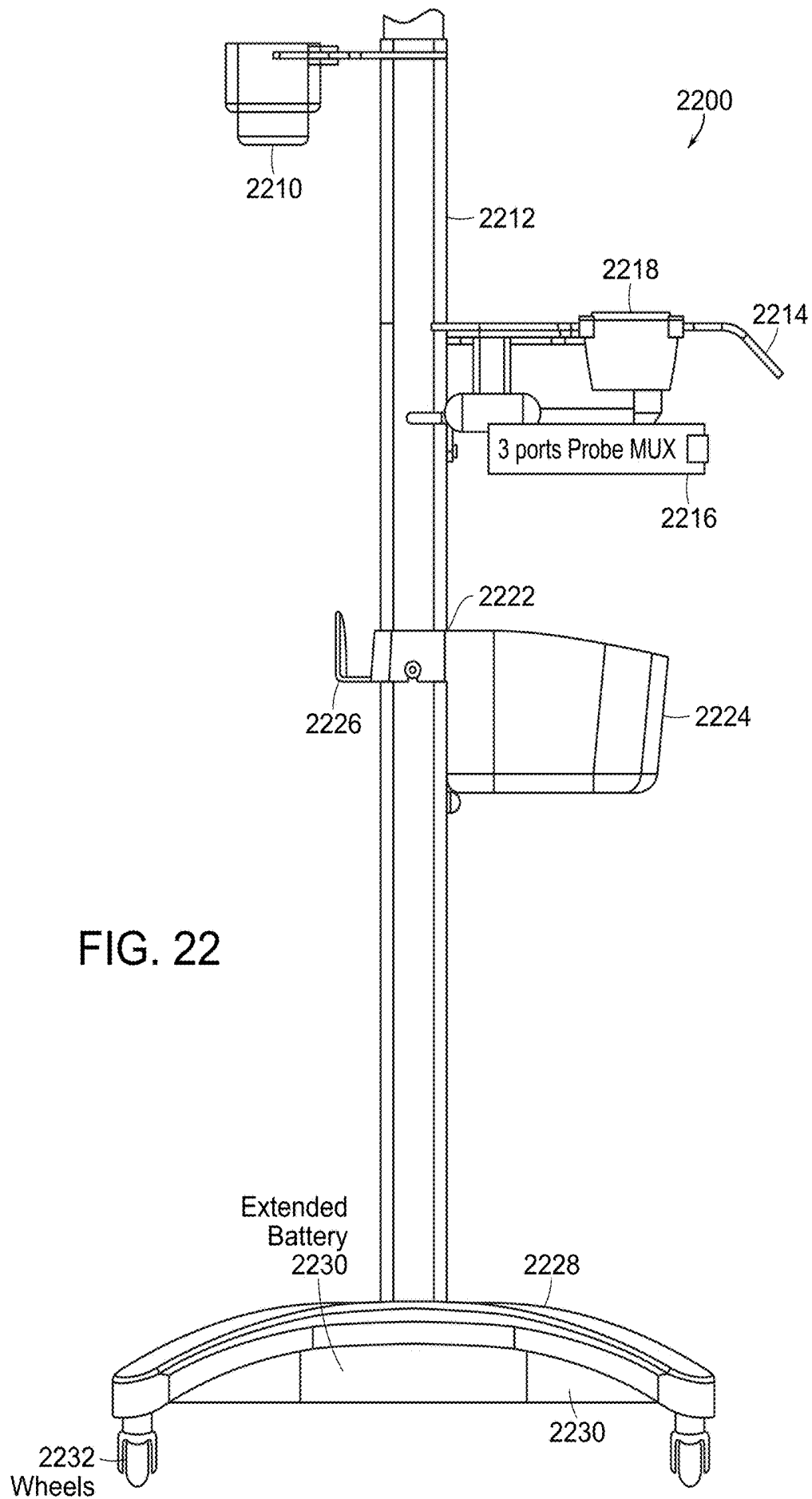


FIG. 22

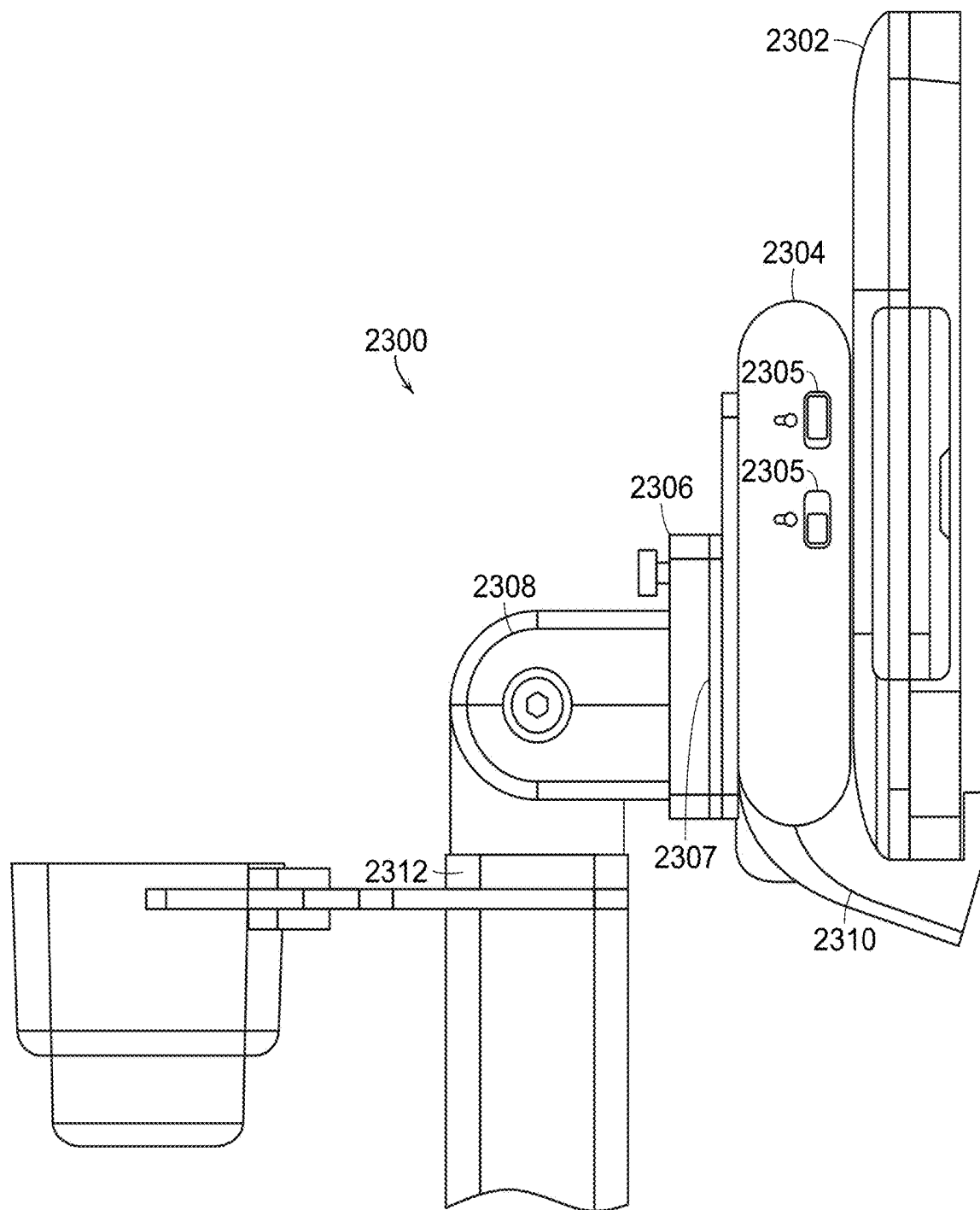


FIG. 23

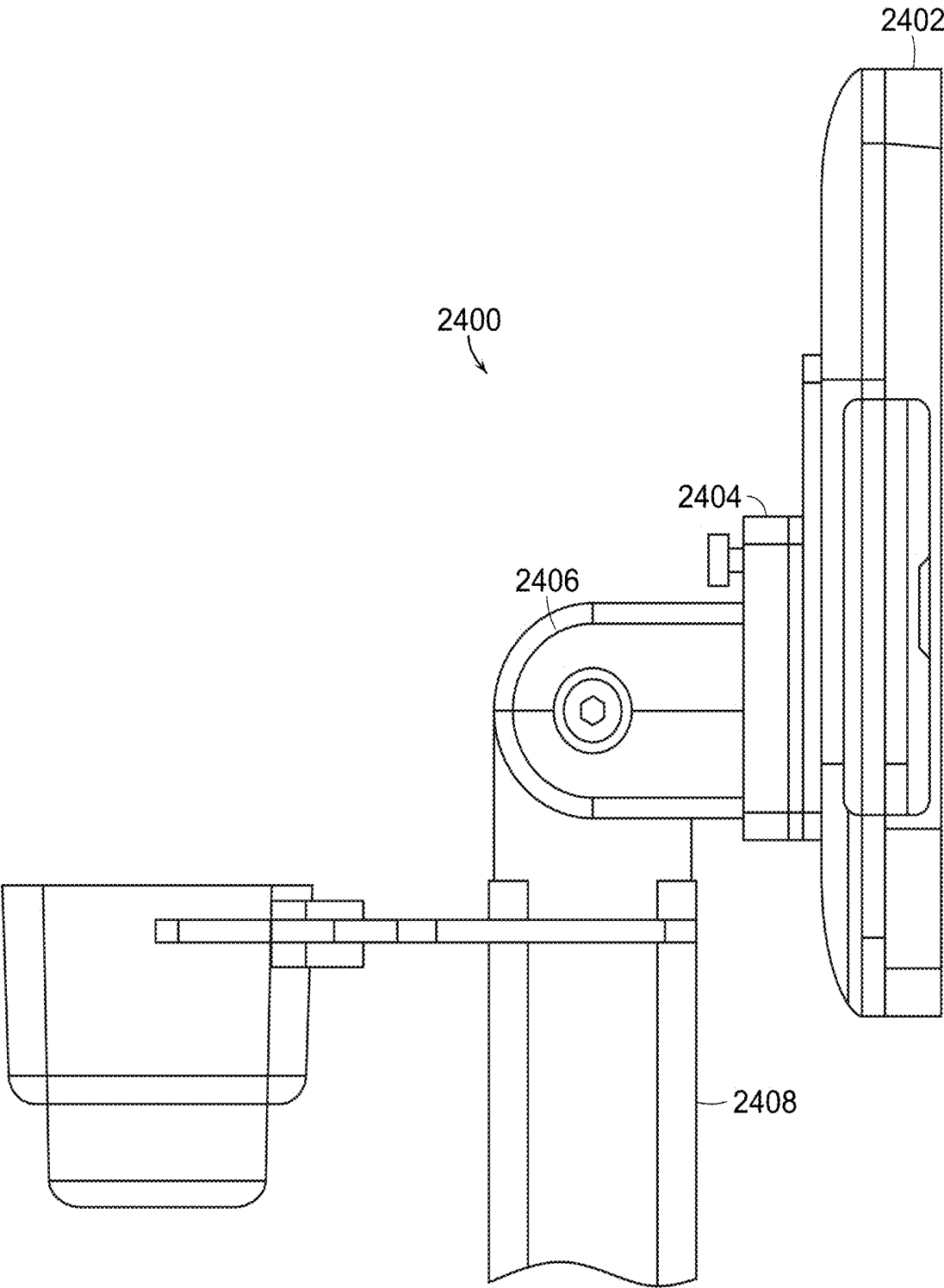


FIG. 24

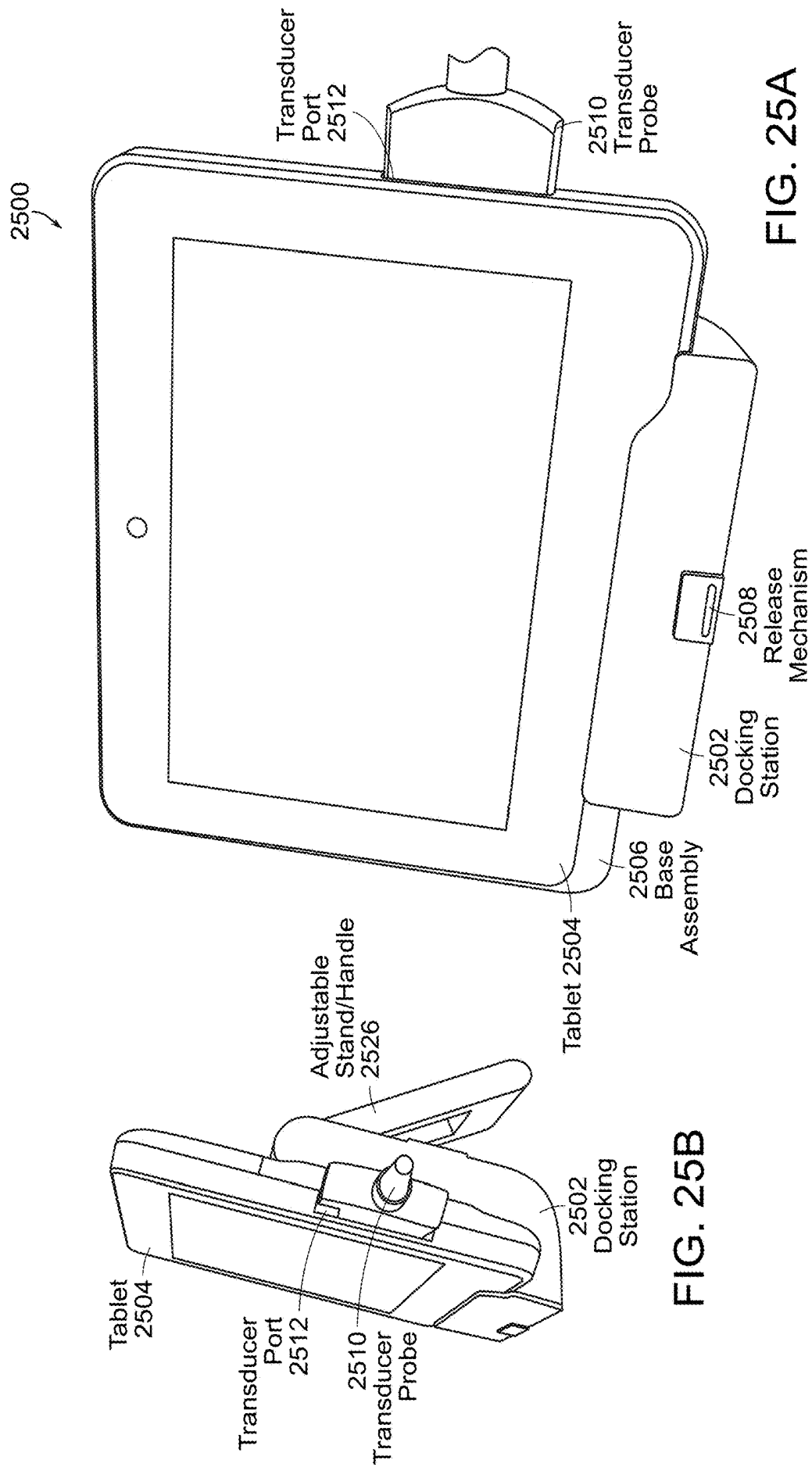


FIG. 25A

FIG. 25B

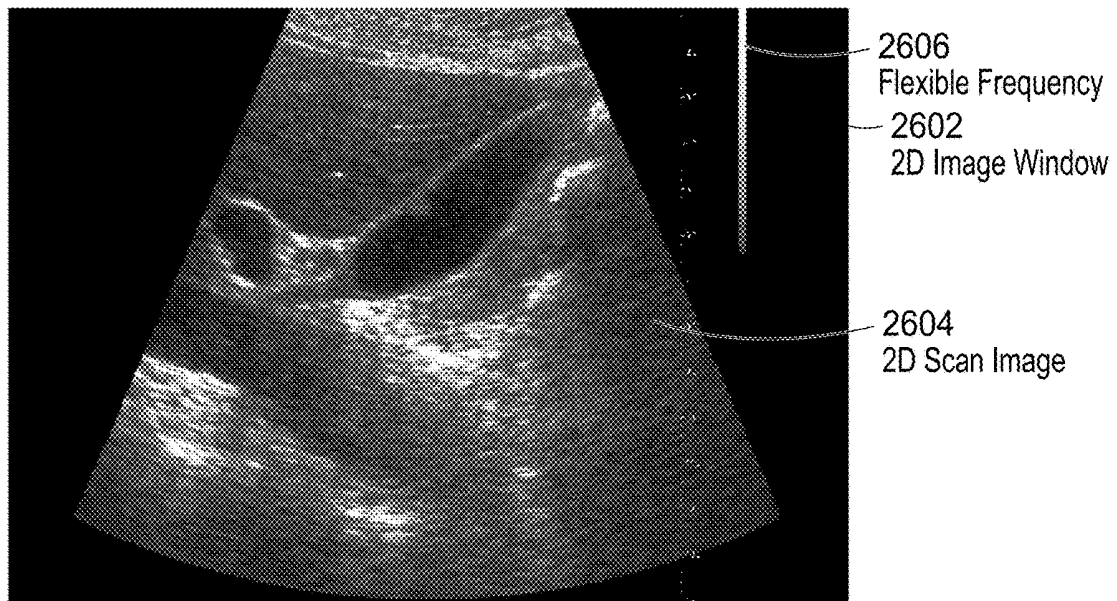


FIG. 26

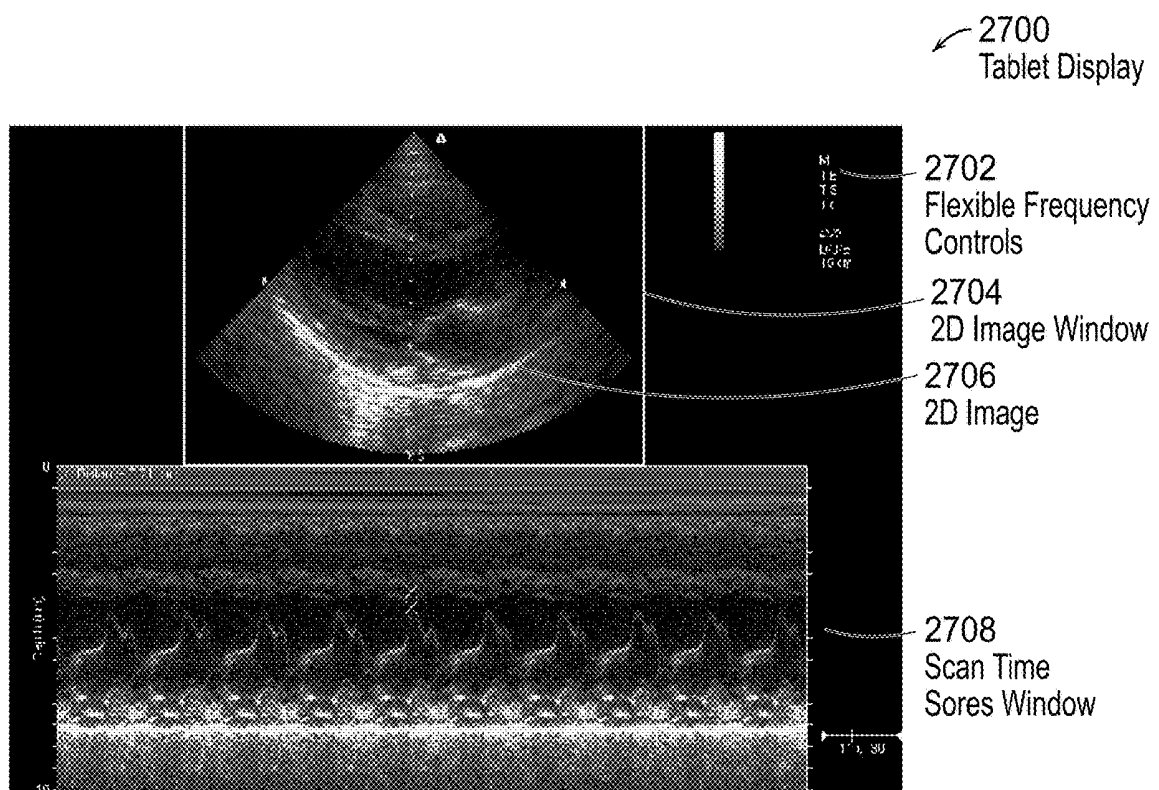


FIG. 27

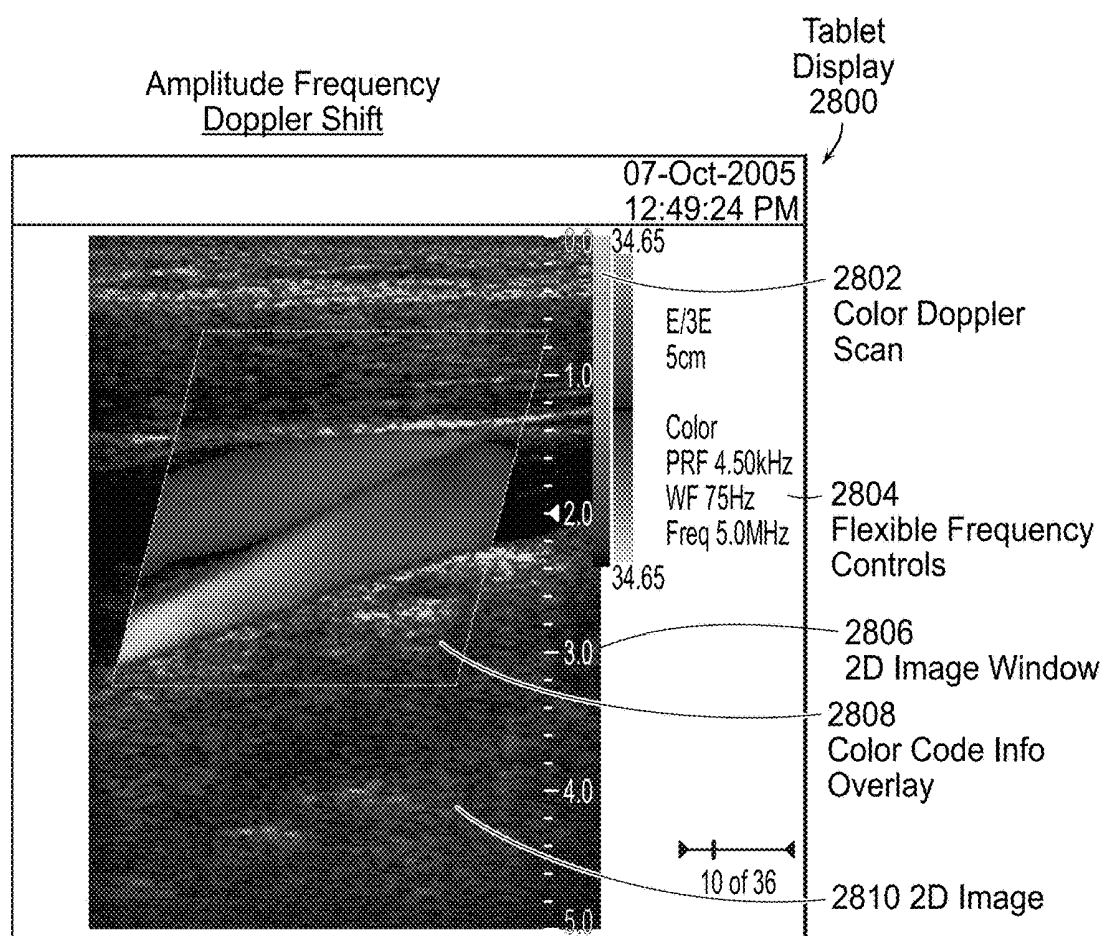


FIG. 28

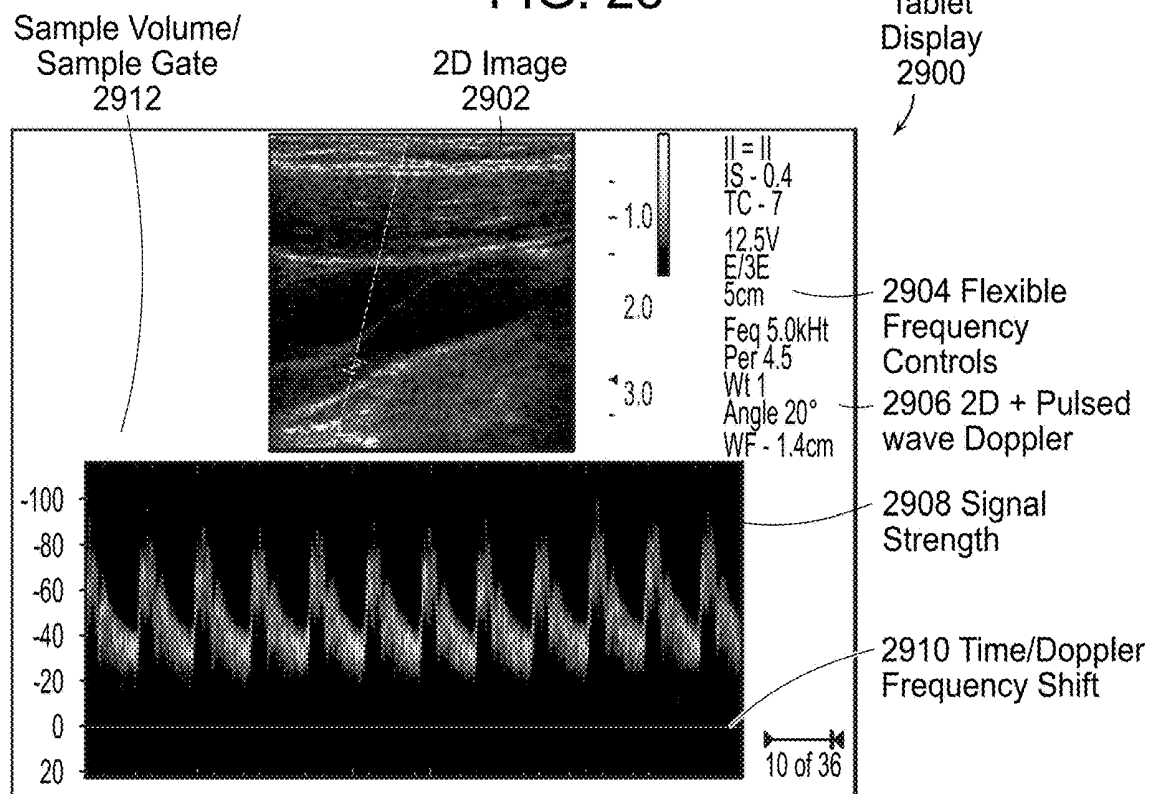
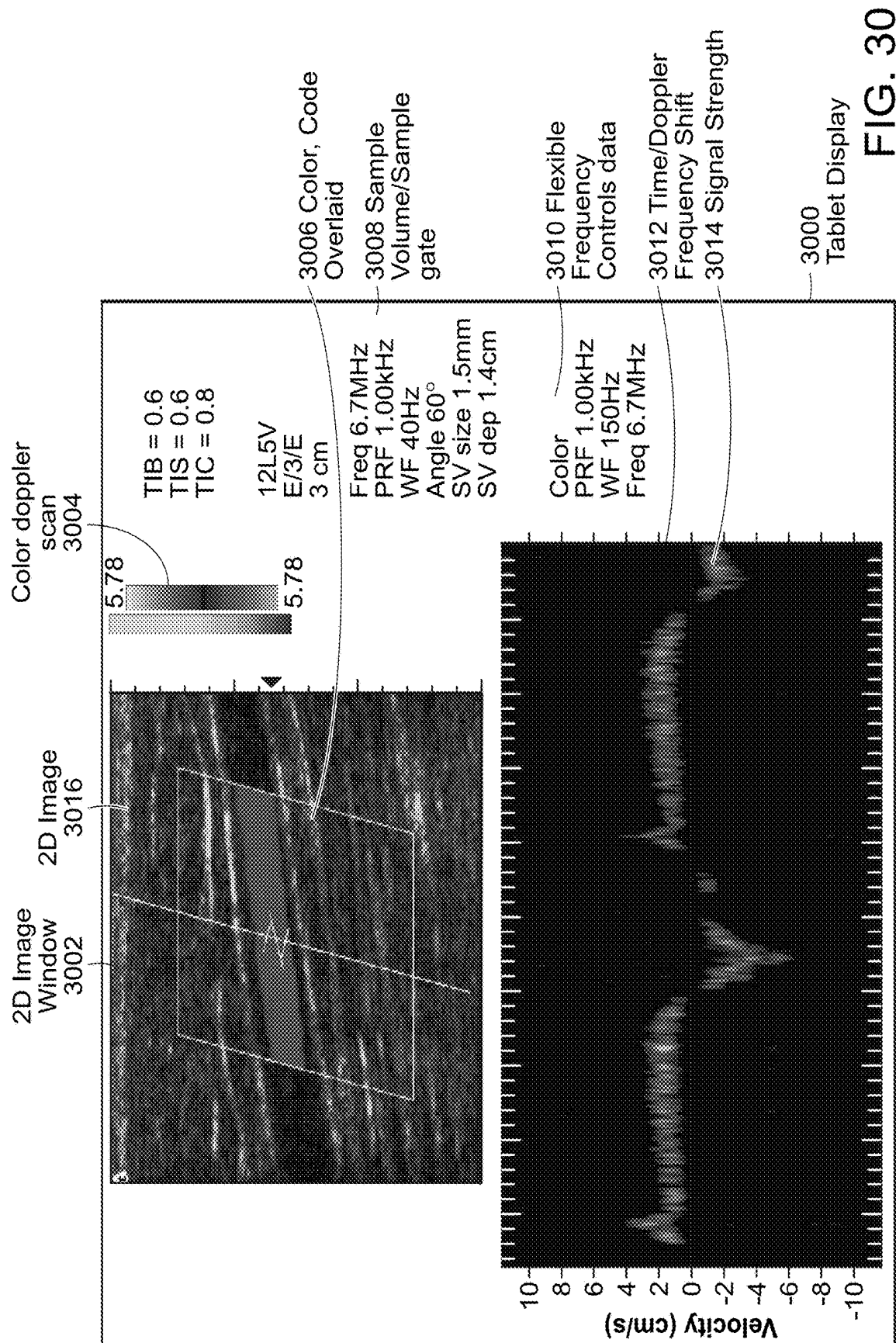
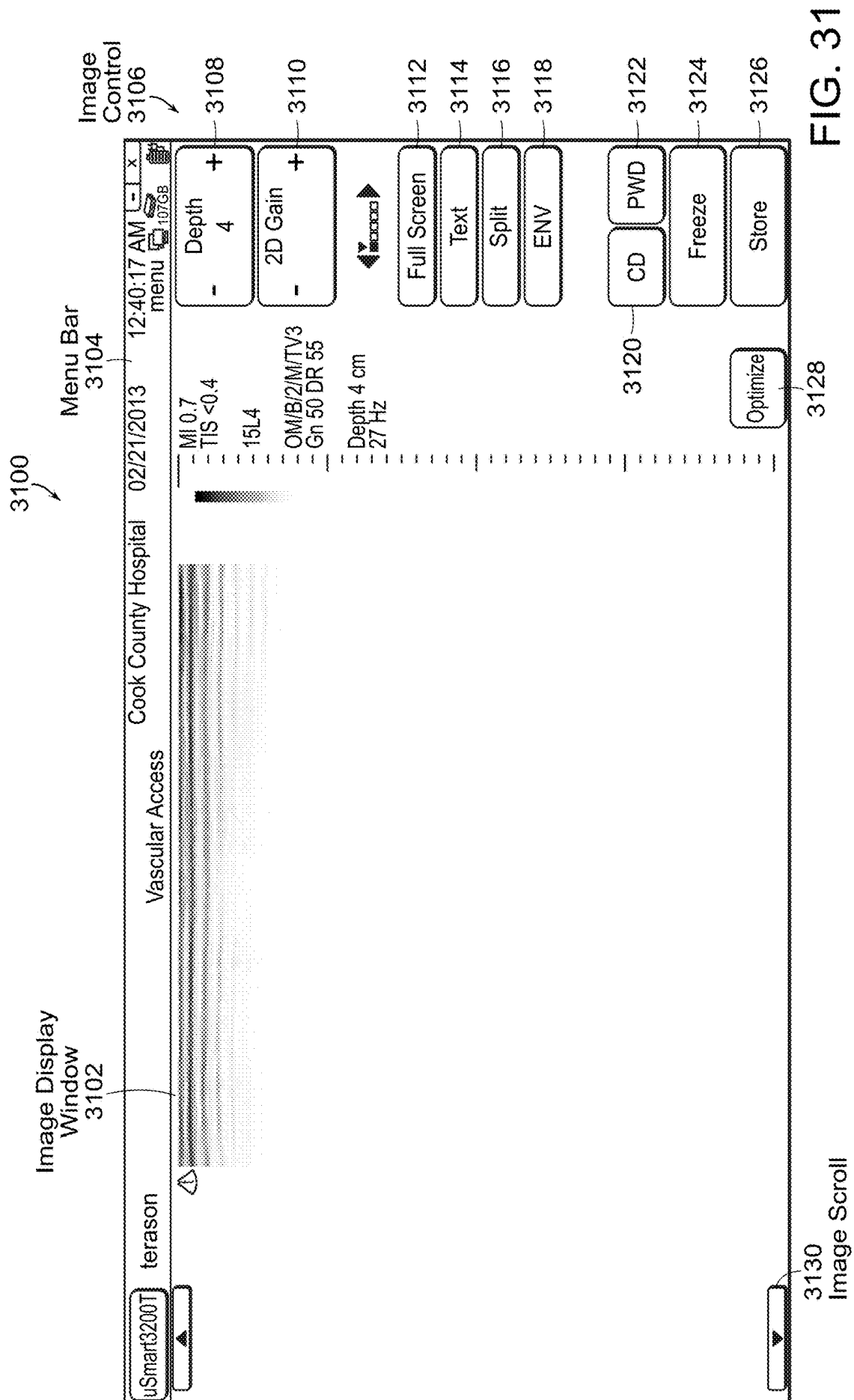
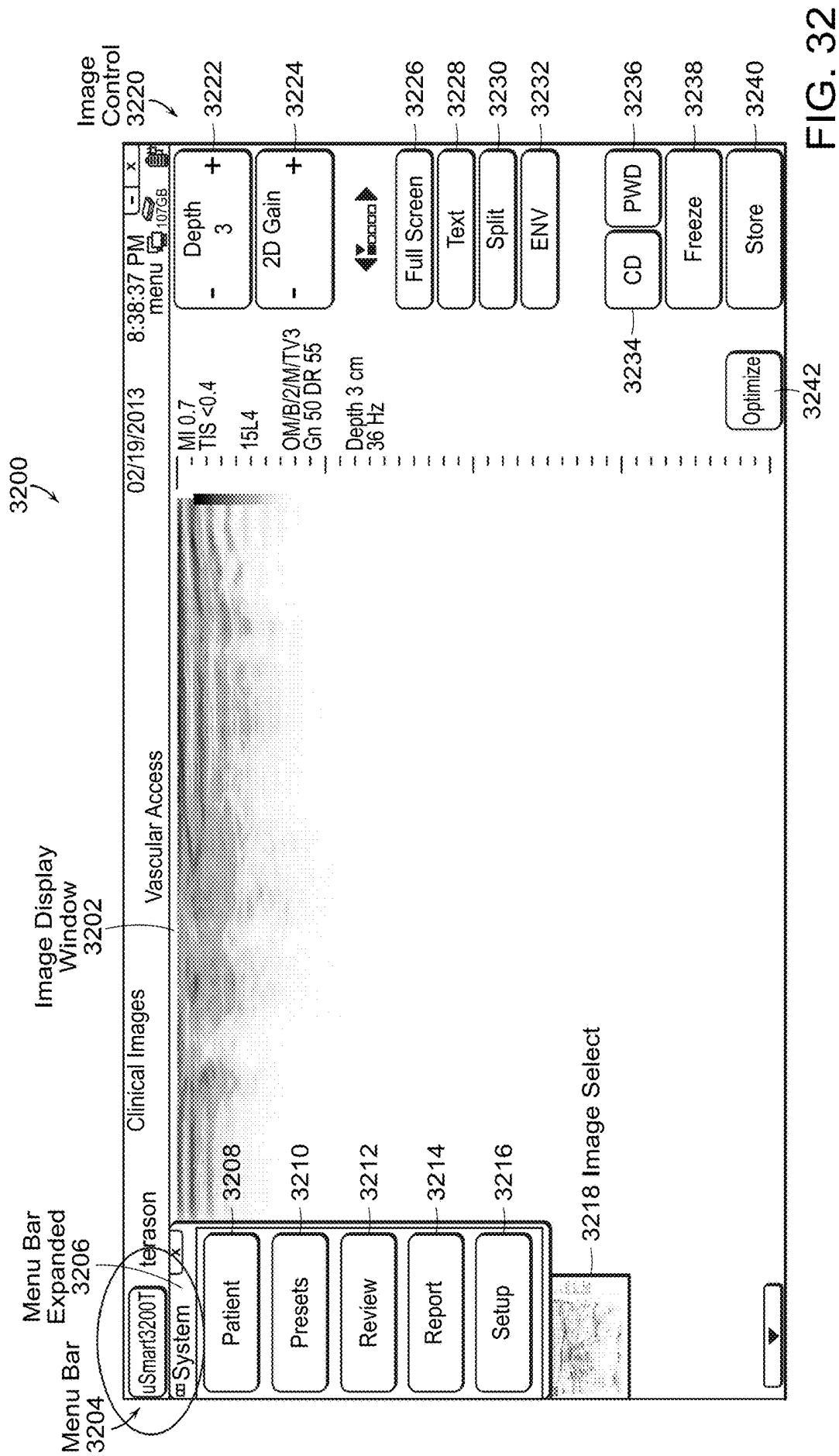
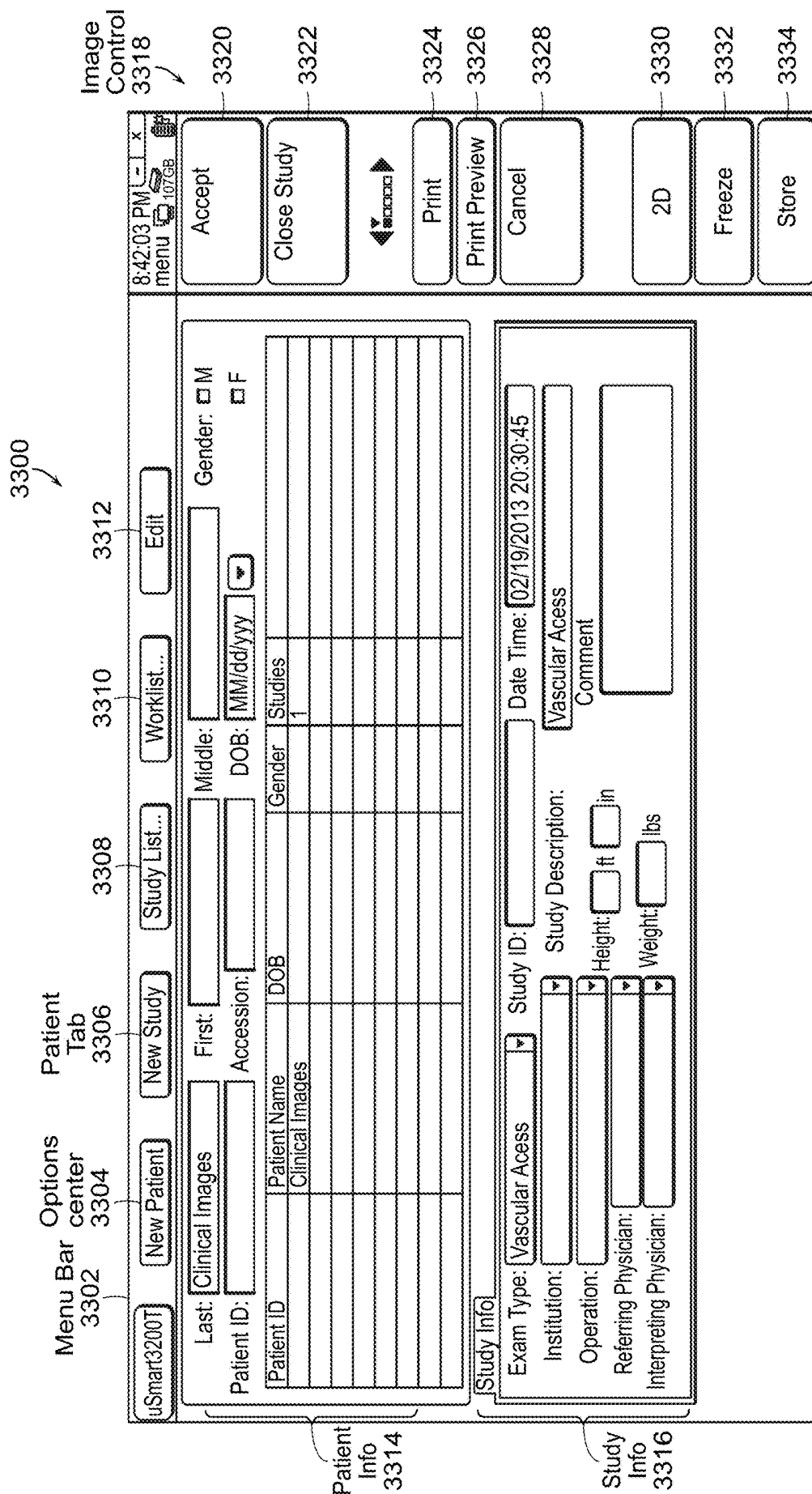


FIG. 29

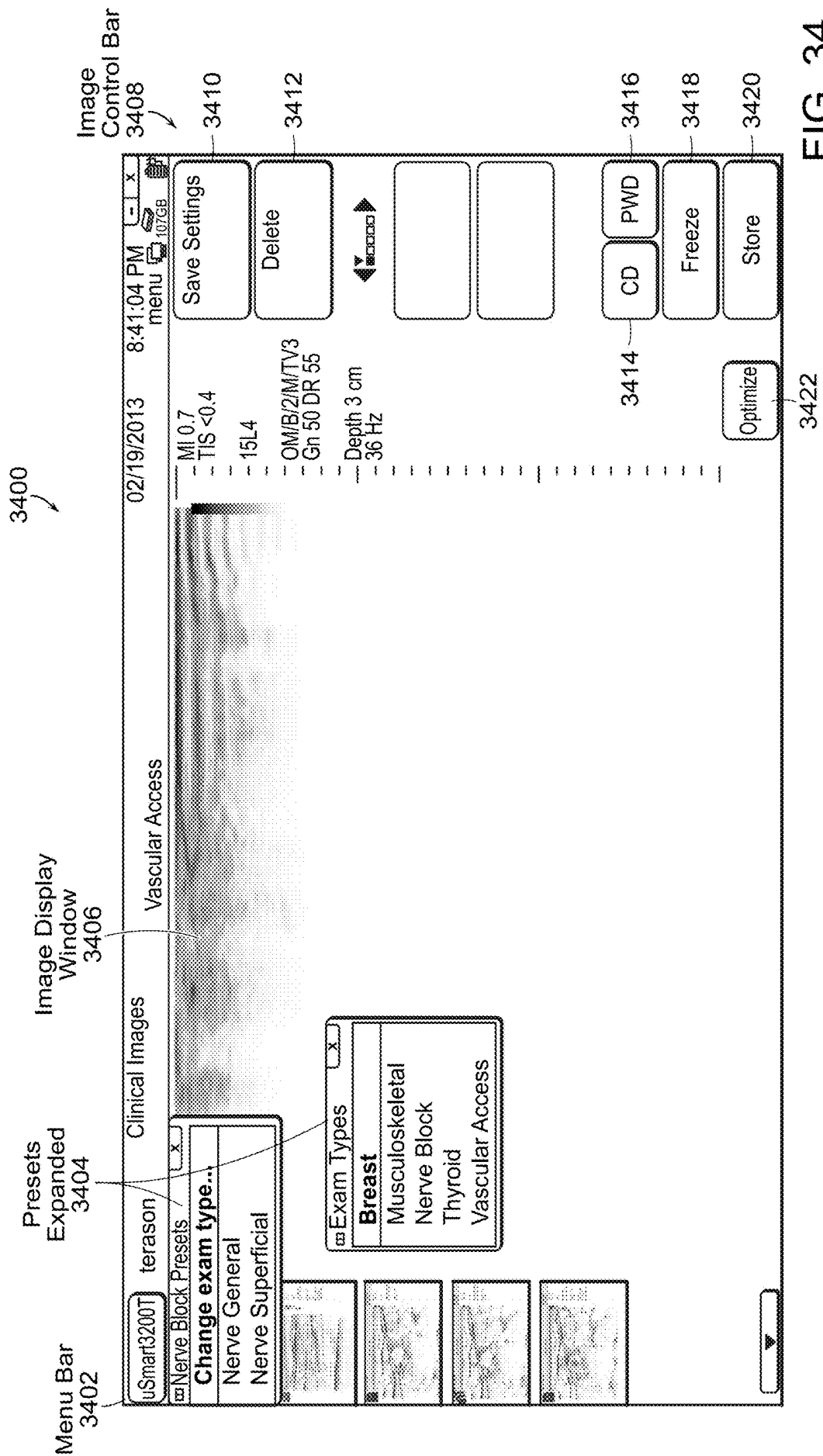








33
G.
F.



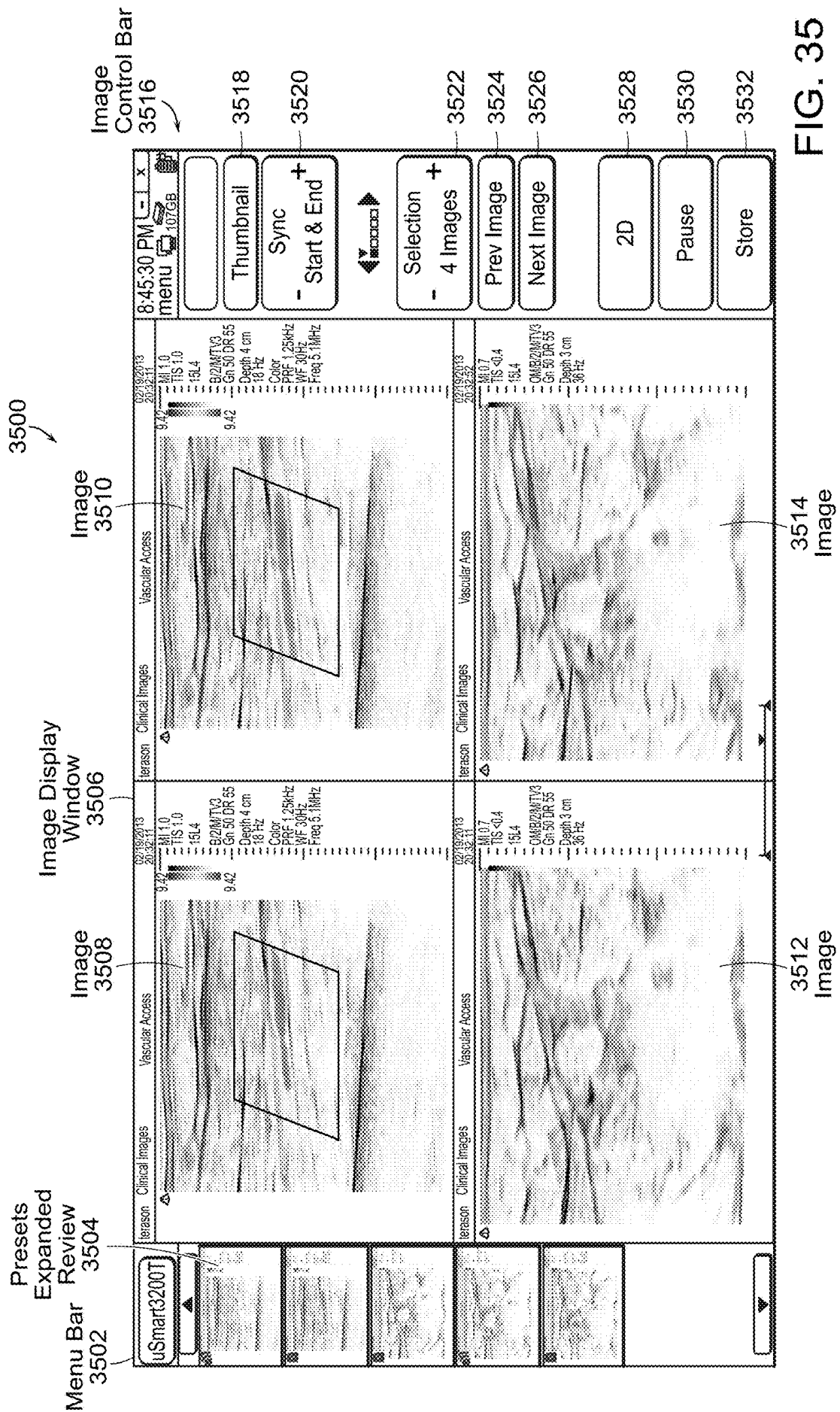


FIG. 35

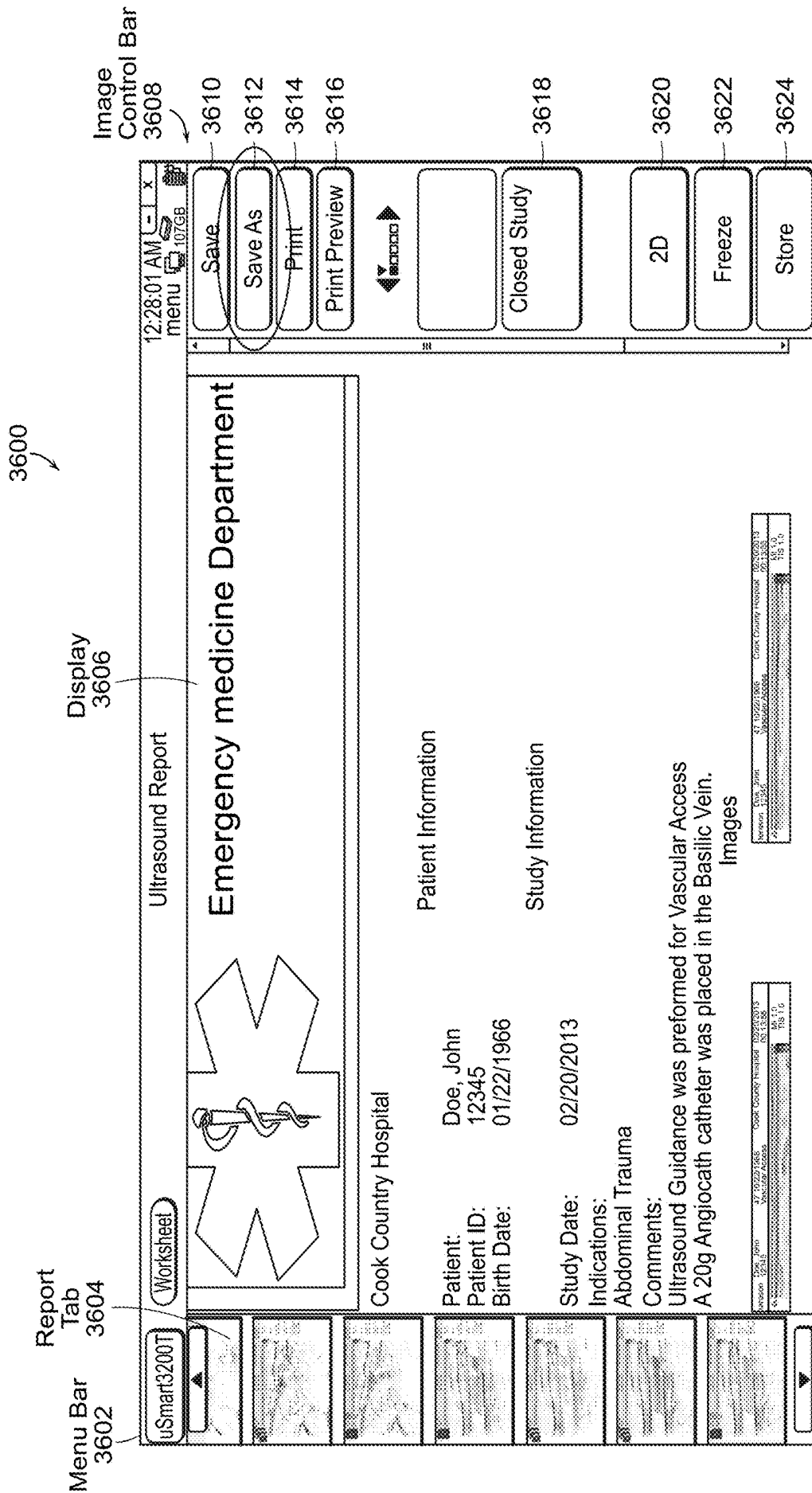


FIG. 36

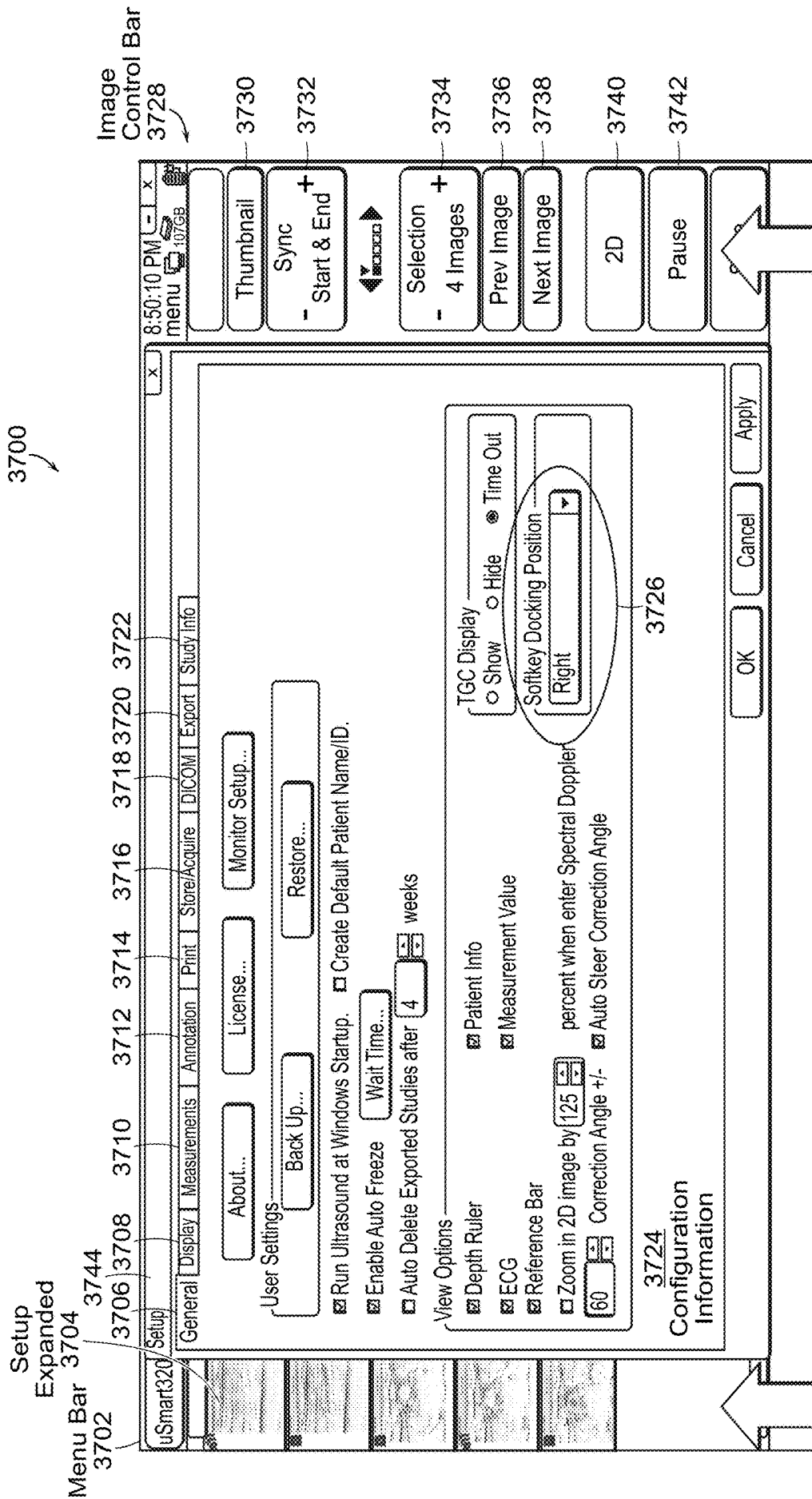


FIG. 37A

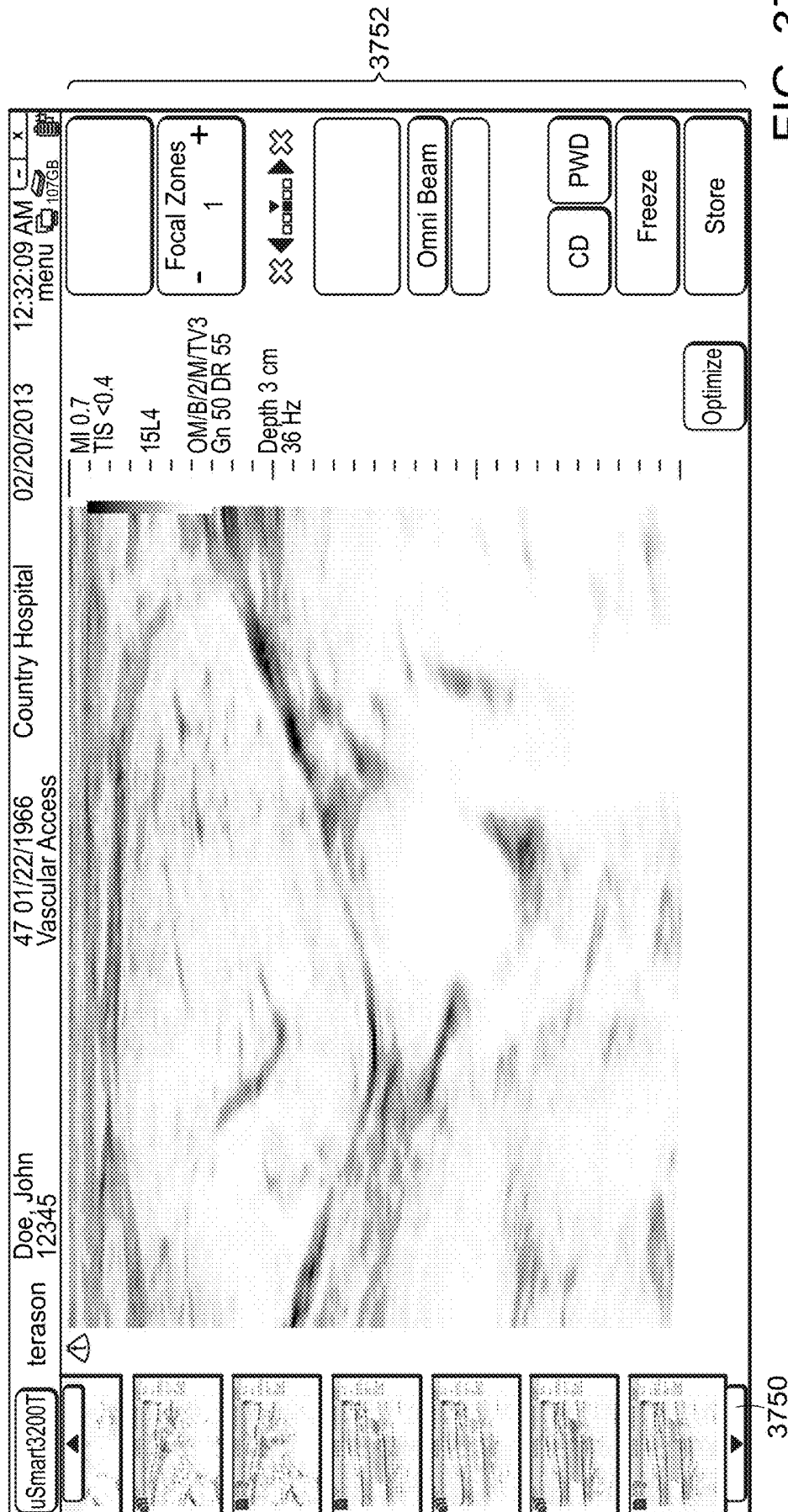
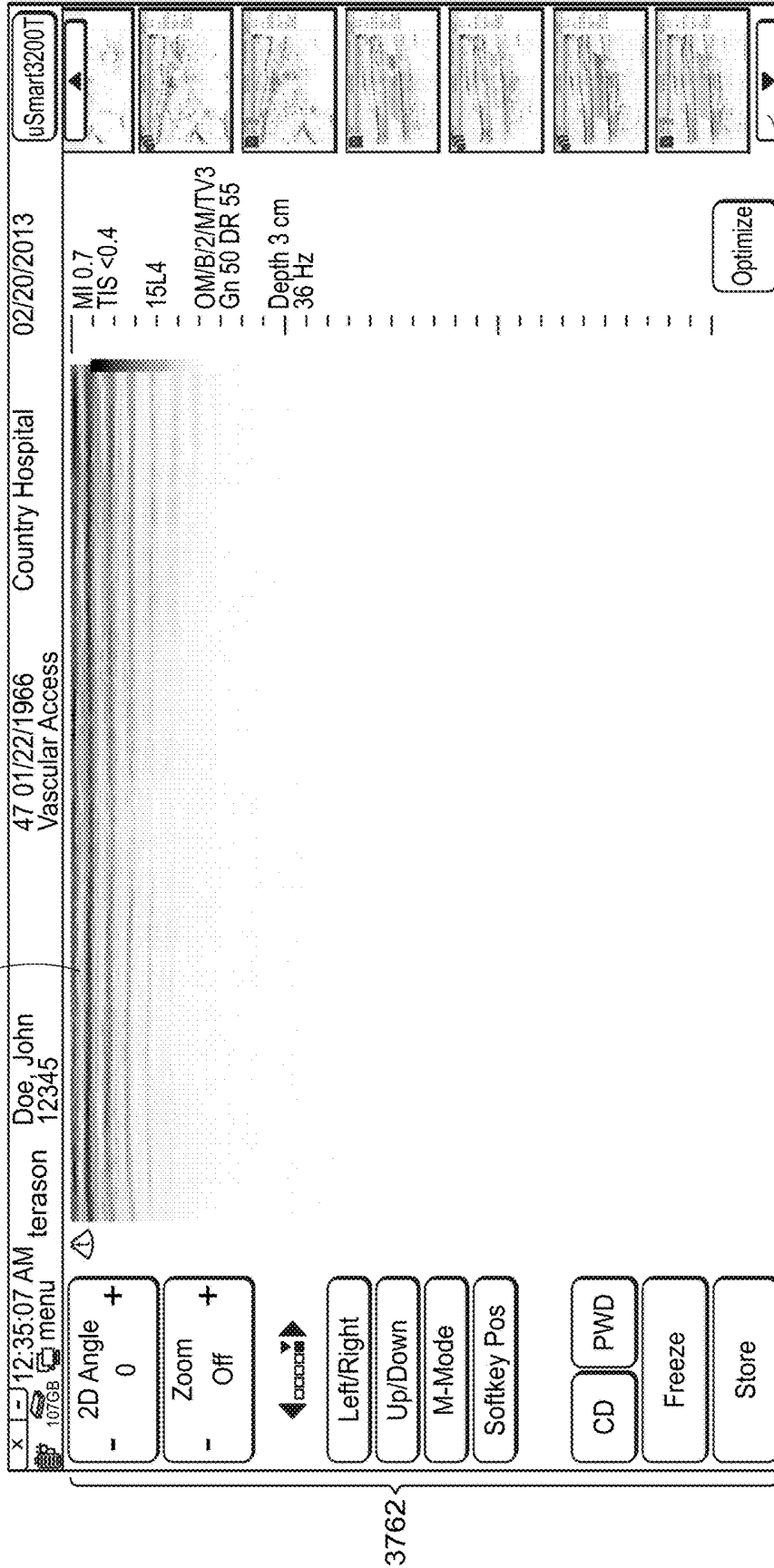


FIG. 37B

Image Display
3764



3760
Softkey Control
FIG. 37C

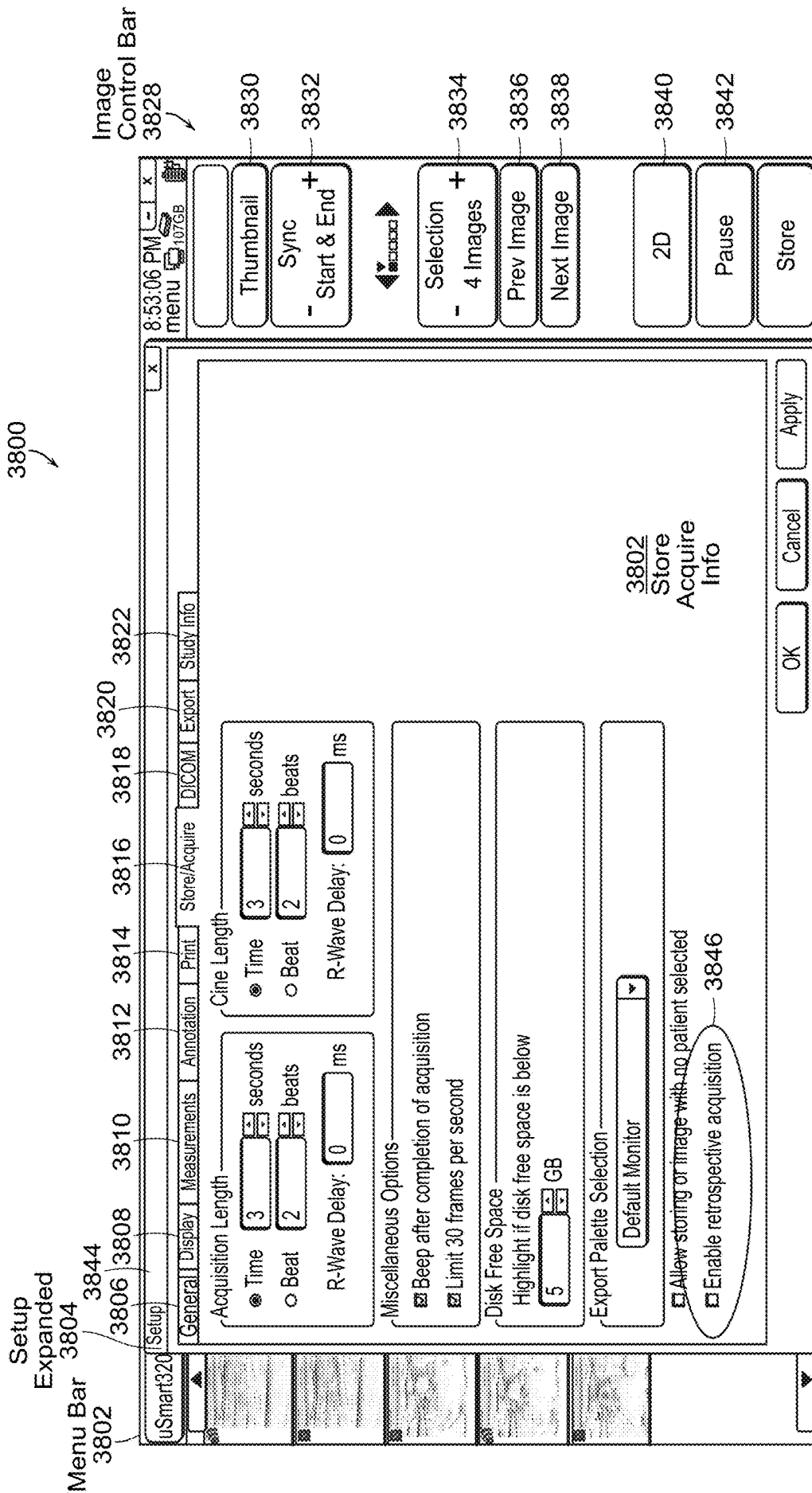


FIG. 38

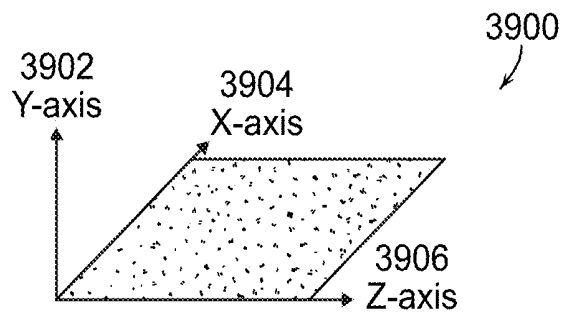


FIG. 39A

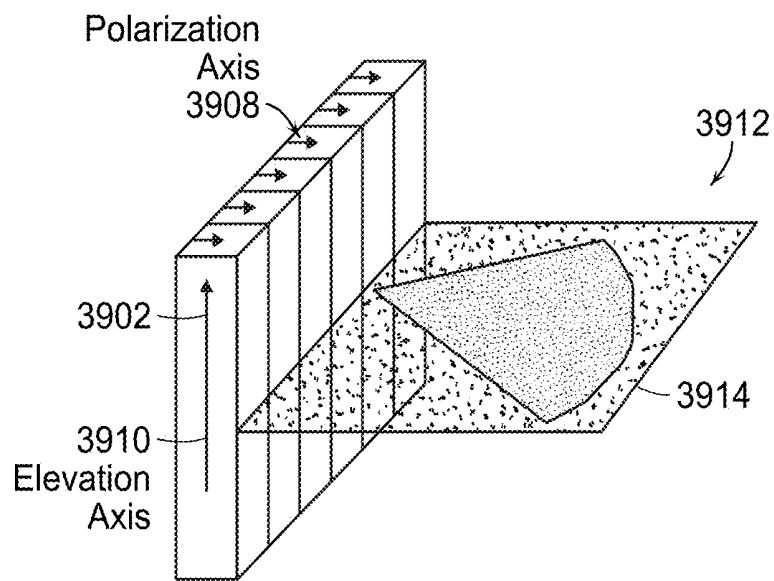


FIG. 39B

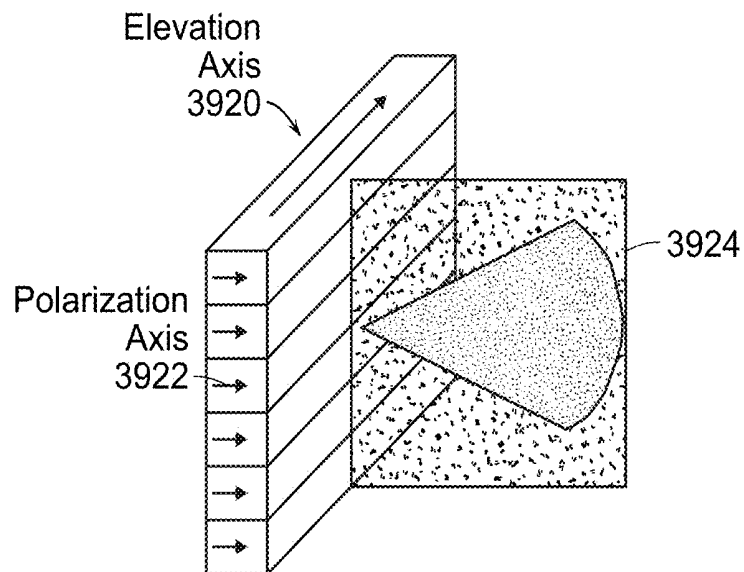


FIG. 39C

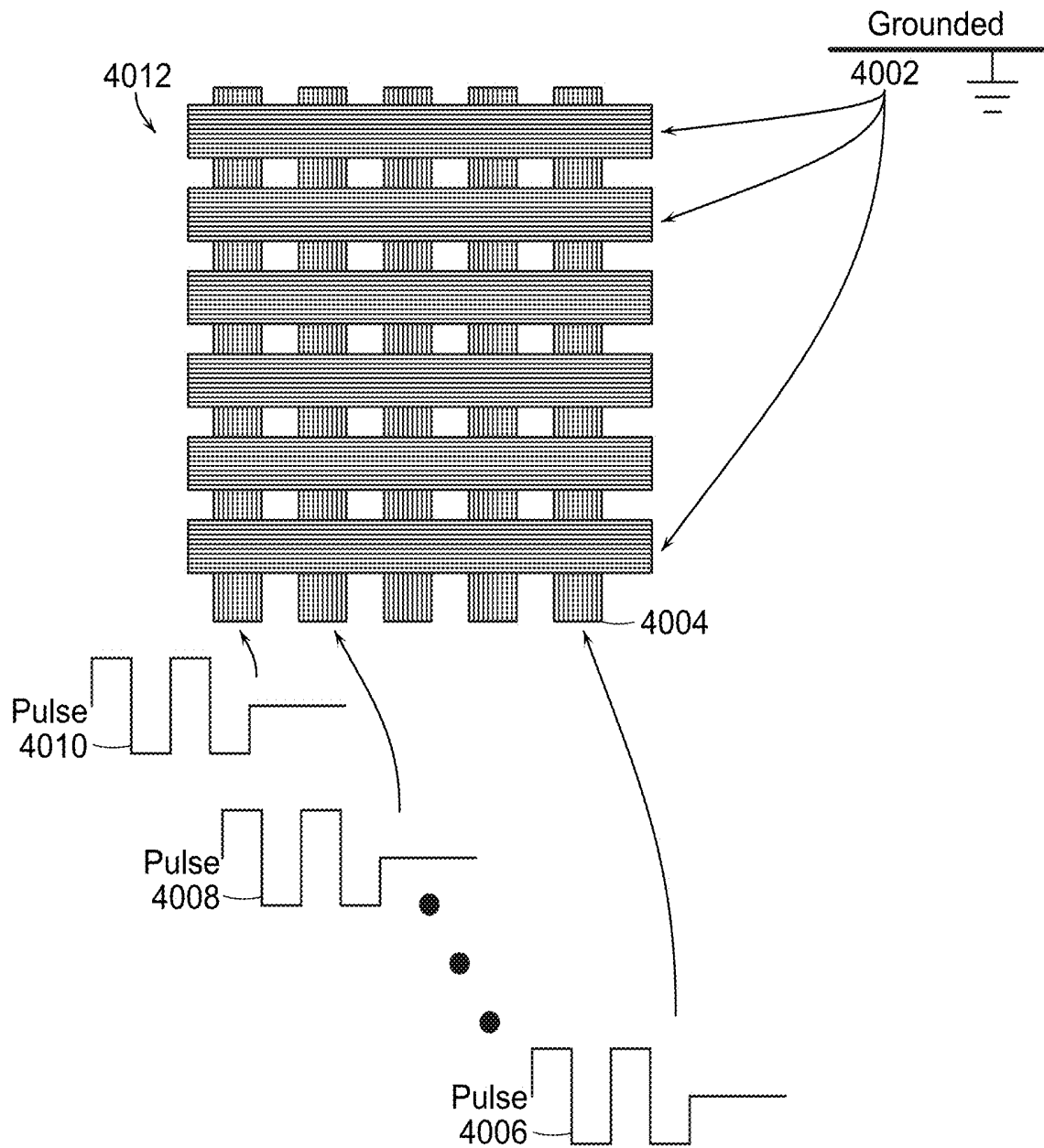


FIG. 40

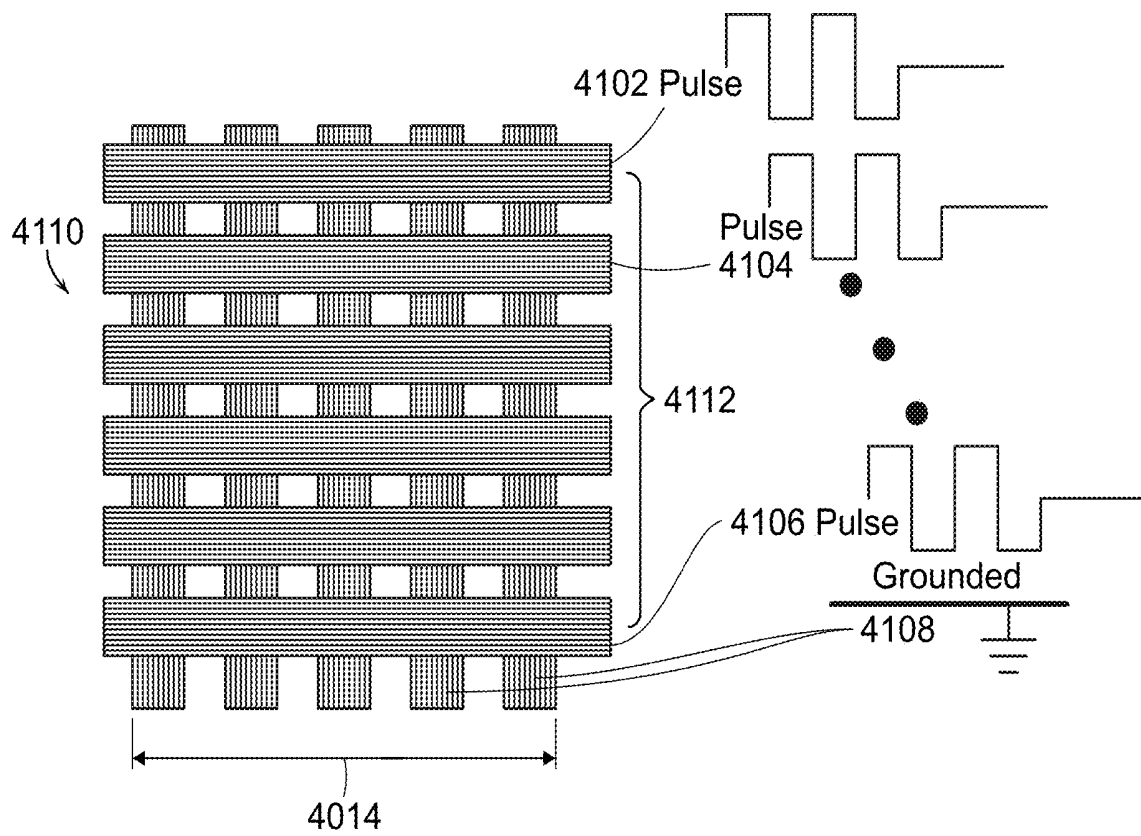


FIG. 41

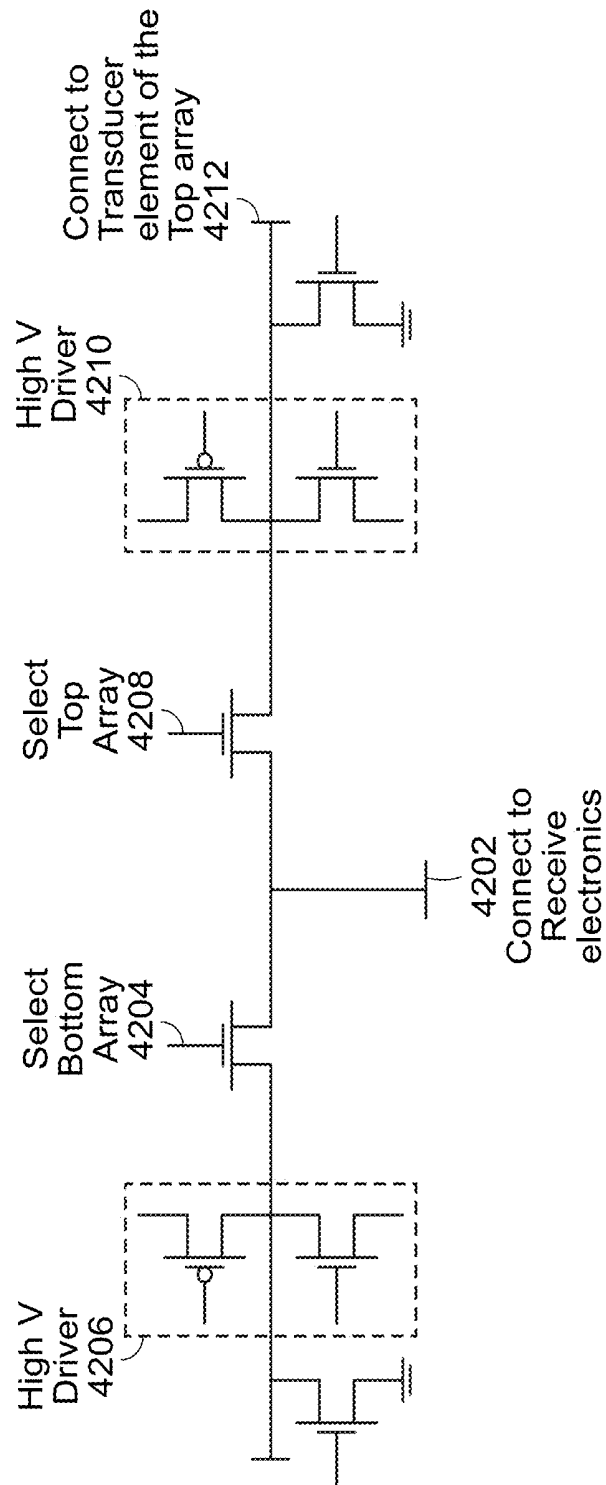


FIG. 42

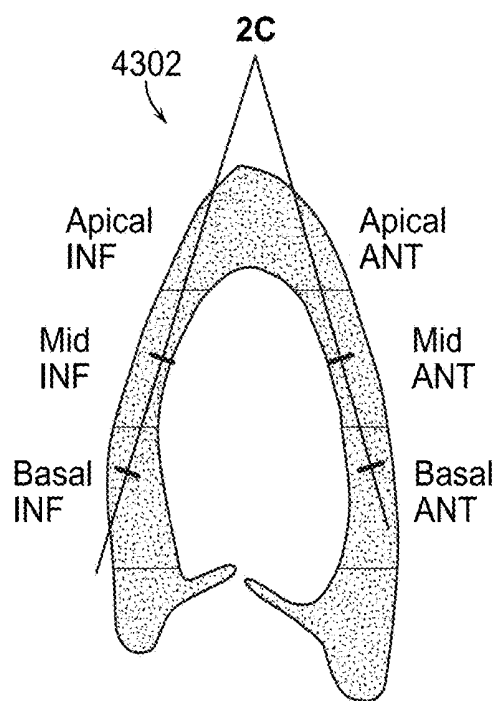


FIG. 43A

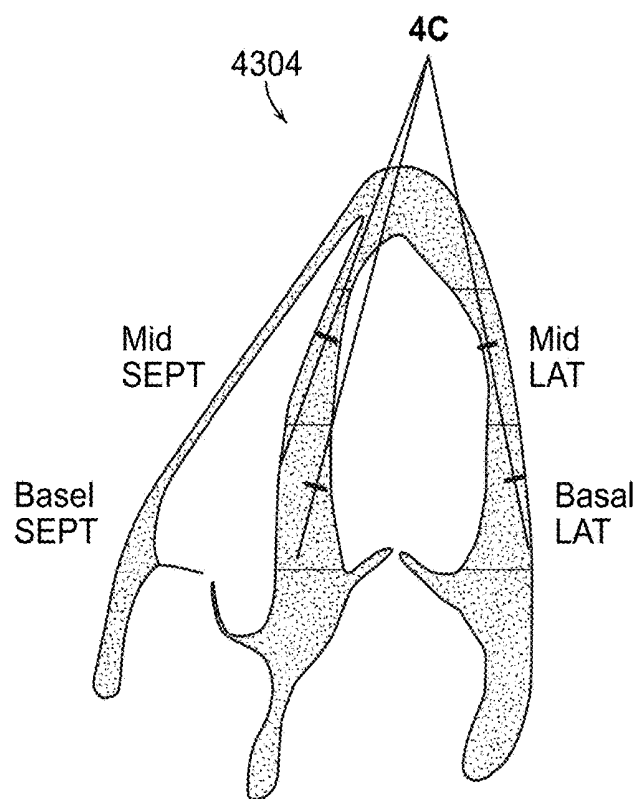


FIG. 43B

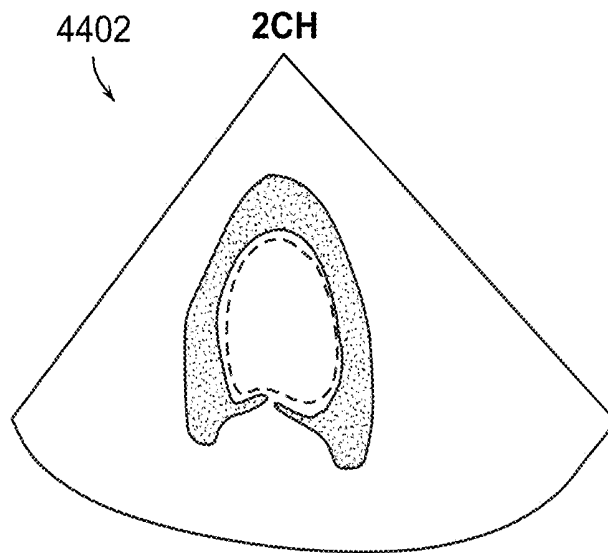


FIG. 44A

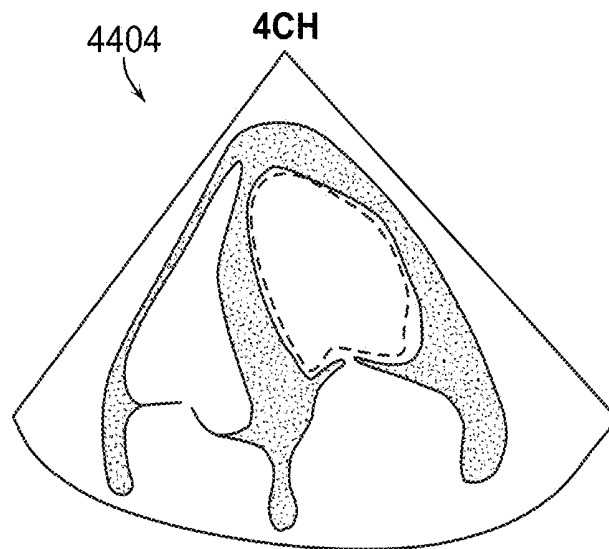


FIG. 44B

TABLET ULTRASOUND SYSTEM**CROSS REFERENCE TO RELATED APPLICATIONS**

This application claims priority to U.S. Provisional Application No. 61/615,627 filed Mar. 26, 2012 and U.S. Provisional Application No. 61/704,254 filed Sep. 21, 2012. These applications are incorporated herein by reference in their entirety.

BACKGROUND

Medical ultrasound imaging has become an industry standard for many medical imaging applications. In recent years, there has been an increasing need for medical ultrasound imaging equipment that is portable to allow medical personnel to easily transport the equipment to and from hospital and/or field locations, and more user-friendly to accommodate medical personnel who may possess a range of skill levels.

Conventional medical ultrasound imaging equipment typically includes at least one ultrasound probe/transducer, a keyboard and/or a knob, a computer, and a display. In a typical mode of operation, the ultrasound probe/transducer generates ultrasound waves that can penetrate tissue to different depths based on frequency level, and receives ultrasound waves reflected back from the tissue. Further, medical personnel can enter system inputs to the computer via the keyboard and/or the knob, and view ultrasound images of tissue structures on the display.

However, conventional medical ultrasound imaging equipment that employ such keyboards and/or knobs can be bulky, and therefore may not be amenable to portable use in hospital and/or field locations. Moreover, because such keyboards and/or knobs typically have uneven surfaces, they can be difficult to keep clean in hospital and/or field environments, where maintenance of a sterile field can be crucial to patient health. Some conventional medical ultrasound imaging equipment have incorporated touch screen technology to provide a partial user input interface. However, conventional medical ultrasound imaging equipment that employ such touch screen technology generally provide only limited touch screen functionality in conjunction with a traditional keyboard and/or knob, and can therefore not only be difficult to keep clean, but also complicated to use.

SUMMARY

In accordance with the present application, systems and methods of medical ultrasound imaging are disclosed. The presently disclosed systems and methods of medical ultrasound imaging employ medical ultrasound imaging equipment that includes a handheld housing in a tablet form factor, and a touch screen display disposed on a front panel of the housing. The touch screen display includes a multi-touch touch screen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches on a surface of the touch screen display, thereby allowing the use of gestures, ranging from simple single point gestures to complex multipoint gestures, as user inputs to the medical ultrasound imaging equipment.

In accordance with one aspect, exemplary medical ultrasound imaging equipment includes a housing having a front panel and a rear panel, a touch screen display, a computer having at least one processor and at least one memory, an ultrasound beamforming system, and a battery. The housing

of the medical ultrasound imaging equipment is implemented in a tablet form factor. The touch screen display is disposed on the front panel of the housing, and includes a multi-touch LCD touch screen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches on a surface of the touch screen display. The computer, the ultrasound beamforming system or engine, and the battery are operatively disposed within the housing. The medical ultrasound imaging equipment can use a Firewire connection operatively connected between the computer and the ultrasound engine within the housing, and a probe connector having a probe attach/detach lever to facilitate the connection of at least one ultrasound probe/transducer. In addition, the exemplary medical ultrasound imaging equipment includes an I/O port connector and a DC power input.

In an exemplary mode of operation, medical personnel can employ simple single point gestures and/or more complex multipoint gestures as user inputs to the multi-touch LCD touch screen for controlling operational modes and/or functions of the exemplary medical ultrasound imaging equipment. Such single point/multipoint gestures can correspond to single and/or multipoint touch events that are mapped to one or more predetermined operations that can be performed by the computer and/or the ultrasound engine. Medical personnel can make such single point/multipoint gestures by various finger, palm, and/or stylus motions on the surface of the touch screen display. The multi-touch LCD touch screen receives the single point/multipoint gestures as user inputs, and provides the user inputs to the computer, which executes, using the processor, program instructions stored in the memory to carry out the predetermined operations associated with the single point/multipoint gestures, at least at some times, in conjunction with the ultrasound engine. Such single point/multipoint gestures on the surface of the touch screen display can include, but are not limited to, a tap gesture, a pinch gesture, a flick gesture, a rotate gesture, a double tap gesture, a spread gesture, a drag gesture, a press gesture, a press and drag gesture, and a palm gesture.

In accordance with an exemplary aspect, at least one flick gesture may be employed to control the depth of tissue penetration of ultrasound waves generated by the ultrasound probe/transducer. For example, a single flick gesture in the “up” direction on the touch screen display surface can increase the penetration depth by one (1) centimeter or any other suitable amount, and a single flick gesture in the “down” direction on the touch screen display surface can decrease the penetration depth by one (1) centimeter or any other suitable amount. Further, a drag gesture in the “up” or “down” direction on the touch screen display surface can increase or decrease the penetration depth in multiples of one (1) centimeter or any other suitable amount. Additional operational modes and/or functions controlled by specific single point/multipoint gestures on the touch screen display surface can include, but are not limited to, freeze/store operations, 2-dimensional mode operations, gain control, color control, split screen control, PW imaging control, cine/time-series image clip scrolling control, zoom and pan control, Doppler and 2-dimensional beam steering control, and/or body marking control. At least some of the operational modes and/or functions of the exemplary medical ultrasound imaging equipment can be controlled by one or more touch controls implemented on the touch screen display. Medical personnel can provide one or more specific single point/multipoint gestures as user inputs for specifying

at least one selected subset of the touch controls to be implemented, as required and/or desired, on the touch screen display.

In accordance with another exemplary aspect, a press gesture can be employed inside a region of the touch screen display, and, in response to the press gesture, a virtual window can be provided on the touch screen display for displaying at least a magnified portion of an ultrasound image displayed on the touch screen display. In accordance with still another exemplary aspect, a press and drag gesture can be employed inside the region of the touch screen display, and, in response to the press and drag gesture, a predetermined feature of the ultrasound image can be traced. Further, a tap gesture can be employed inside the region of the touch screen display, substantially simultaneously with a portion of the press and drag gesture, and, in response to the tap gesture, the tracing of the predetermined feature of the ultrasound image can be completed.

By providing medical ultrasound imaging equipment with a multi-touch touch screen, medical personnel can control the equipment using simple single point gestures and/or more complex multipoint gestures, without the need of a traditional keyboard or knob. Because the multi-touch touch screen obviates the need for a traditional keyboard or knob, such medical ultrasound imaging equipment is easier to keep clean in hospital and/or field environments. Moreover, by providing such medical ultrasound imaging equipment in a tablet form factor, medical personnel can easily transport the equipment between hospital and/or field locations.

Certain exemplary embodiments provide a multi-chip module for an ultrasound engine of a portable medical ultrasound imaging system, in which a transmit/receive (TR) chip, a pre-amp/time gain compensation (TGC) chip and a beamformer chip are assembled in a vertically stacked configuration. The transmission circuit provides high voltage electrical driving pulses to the transducer elements to generate a transmit beam. As the transmit chip operates at voltages greater than 80V, a CMOS process utilizing a 1 micron design rule has been utilized for the transmit chip and a submicron design rule has been utilized for the low-voltage receiving circuits (less than 5V).

Preferred embodiments of the present invention utilize a submicron process to provide integrated circuits with sub-circuits operating at a plurality of voltages, for example, 2.5V, 5V and 60V or higher.

Thus, a single IC chip can be utilized that incorporates high voltage transmission, low voltage amplifier/TGC and low voltage beamforming circuits in a single chip. Using a 0.25 micron design rule, this mixed signal circuit can accommodate beamforming of 32 transducer channels in a chip area less than 0.7×0.7 (0.49) cm^2 . Thus, 128 channels can be processed using four 32 channel chips in a total circuit board area of less than 1.5×1.5 (2.25) cm^2 .

The term "multi-chip module," as used herein, refers to an electronic package in which multiple integrated circuits (IC) are packaged with a unifying substrate, facilitating their use as a single component, i.e., as a higher processing capacity IC packaged in a much smaller volume. Each IC can comprise a circuit fabricated in a thinned semiconductor wafer. Exemplary embodiments also provide an ultrasound engine including one or more such multi-chip modules, and a portable medical ultrasound imaging system including an ultrasound engine circuit board with one or more multi-chip modules. Exemplary embodiments also provide methods for fabricating and assembling multi-chip modules as taught herein. Vertically stacking the TR chip, the pre-amp/TGC chip, and the beamformer chip on a circuit board minimizes

the packaging size (e.g., the length and width) and the footprint occupied by the chips on the circuit board.

The TR chip, the pre-amp/TGC chip, and the beamformer chip in a multi-chip module may each include multiple channels (for example, 8 channels per chip to 64 channels per chip). In certain embodiments, the high-voltage TR chip, the pre-amp/TGC chip, and the sample-interpolate receive beamformer chip may each include 8, 16, 32, 64 channels. In a preferred embodiment, each circuit in a two layer beamformer module has 32 beamformer receive channels to provide a 64 channel receiving beamformer. A second 64 channel two layer module can be used to form a 128 channel handheld tablet ultrasound device having an overall thickness of less than 2 cm. A transmit multi-chip beamformer can also be used having the same or similar channel density in each layer.

Exemplary numbers of chips vertically integrated in a multi-chip module may include, but are not limited to, two, three, four, five, six, seven, eight, and the like. In one embodiment of an ultrasound device, a single multi-chip module is provided on a circuit board of an ultrasound engine that performs ultrasound-specific operations. In other embodiments, a plurality of multi-chip modules are provided on a circuit board of an ultrasound engine. The plurality of multi-chip modules may be stacked vertically on top of one another on the circuit board of the ultrasound engine to further minimize the packaging size and the footprint of the circuit board.

Providing one or more multi-chip modules on a circuit board of an ultrasound engine achieves a high channel count while minimizing the overall packaging size and footprint. For example, a 128-channel ultrasound engine circuit board can be assembled, using multi-chip modules, within exemplary planar dimensions of about 10 cm x about 10 cm, which is a significant improvement over the much larger space requirements of conventional ultrasound circuits. A single circuit board of an ultrasound engine including one or more multi-chip modules may have 16 to 128 channels in some embodiments. In certain embodiments, a single circuit board of an ultrasound engine including one or more multi-chip modules may have 16, 32, 64, 128 channels, and the like.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing and other objects, aspects, features, and advantages of exemplary embodiments will become more apparent and may be better understood by referring to the following description taken in conjunction with the accompanying drawings, in which:

FIG. 1 is a plan view of exemplary medical ultrasound imaging equipment, in accordance with an exemplary embodiment of the present application;

FIGS. 2A and 2B are side views of the medical ultrasound imaging equipment of FIG. 1;

FIGS. 3A-3L illustrates exemplary single point and multipoint gestures that can be employed as user inputs to the medical ultrasound imaging equipment of FIG. 1;

FIGS. 4A-4C illustrate exemplary subsets of touch controls that can be implemented on the medical ultrasound imaging equipment of FIG. 1;

FIGS. 5A and 5B are exemplary representations of a liver with a cystic lesion on a touch screen display of the medical ultrasound imaging equipment of FIG. 1;

FIGS. 5C and 5D are exemplary representations of the liver and cystic lesion on the touch screen display of FIGS. 5A and 5B, including a virtual window that corresponds to a magnified portion of the liver;

FIG. 6A is an exemplary representation of an apical four (4) chamber view of a heart on the touch screen display of the medical ultrasound imaging equipment of FIG. 1;

FIGS. 6B, 6C, 6D, and 6E illustrate an exemplary manual tracing of an endocardial border of a left ventricle of the heart on the touch screen display of FIG. 6A;

FIGS. 7A-7C illustrate an exemplary measurement of the size of the cystic lesion on the liver within the virtual window of FIGS. 5C and 5D;

FIGS. 8A-8C illustrate an exemplary caliper measurement of the cystic lesion on the liver within the virtual window of FIGS. 5C and 5D;

FIG. 9A illustrates one of a plurality of transducer arrays attached to the processor housing;

FIG. 9B shows a transducer attach sequence in accordance with exemplary embodiments;

FIG. 10 shows a method of measuring heart wall motion;

FIG. 11 is a detailed schematic block diagram of an exemplary embodiment of an ultrasound engine (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of a computer motherboard (i.e., the host computer) of the exemplary ultrasound device illustrated in FIGS. 1 and 2A;

FIG. 12 depicts a schematic side view of a circuit board including a multi-chip module assembled in a vertically stacked configuration;

FIG. 13 is a flowchart of an exemplary method for fabricating a circuit board including a multi-chip module assembled in a vertically stacked configuration;

FIG. 14A is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by passive silicon layers with a 2-in-1 dicing die attach film (D-DAF);

FIG. 14B is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA film-based adhesives acting as die-to-die spacers;

FIG. 14C is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA paste or film-based adhesives acting as die-to-die spacers;

FIG. 15 is a flowchart of another exemplary method of die-to-die stacking using (a) passive silicon layers with a 2-in-1 dicing die attach film (D-DAF), (b) DA paste, (c) thick DA-film, and (d) film-over wire (FOW) including a 2-in-1D-DAF;

FIG. 16 is a schematic side view of a multi-chip module including an ultrasound transmit/receive IC chip, an amplifier IC chip and an ultrasound beamformer IC chip vertically integrated in a vertically stacked configuration;

FIG. 17 is a detailed schematic block diagram of an exemplary embodiment of an ultrasound engine (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of a computer motherboard (i.e., the host computer) provided as a single board complete ultrasound system;

FIG. 18 is a perspective view of an exemplary portable ultrasound system provided in accordance with exemplary embodiments;

FIG. 19 illustrates an exemplary view of a main graphical user interface (GUI) rendered on a touch screen display of the exemplary portable ultrasound system of FIG. 18;

FIG. 20 is a top view of the medical ultrasound imaging equipment;

FIG. 21 illustrates a preferred cart system for a tablet ultrasound system in accordance with preferred embodiment of the invention;

FIG. 22 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

FIG. 23 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

FIG. 24 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

FIGS. 25A-25B illustrate a multifunction docking base for tablet ultrasound device;

FIG. 26 illustrates a 2D imaging mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 27 illustrates a motion mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 28 illustrates a color Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 29 illustrates a pulsed-wave Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 30 illustrates a Triplex scan mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 31 illustrates a GUI Home Screen interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 32 illustrates a GUI Menu Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 33 illustrates a GUI Patient Data Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 34 illustrates a GUI Pre-sets Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 35 illustrates a GUI Review Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 36 illustrates a GUI Report Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIGS. 37A-37C illustrate a GUI Setup Display Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIG. 38 illustrates a GUI Setup Store/Acquire Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

FIGS. 39A-39C illustrate XY bi-plane probe comprising a two one-dimensional, 1D multi-element arrays in accordance with a preferred embodiment of the invention;

FIG. 40 illustrates the operation of a bi-plane image forming xy-probe;

FIG. 41 illustrates the operation of a bi-plane image forming xy-probe;

FIG. 42 illustrates a high voltage driver circuit for a bi-plane image forming xy-probe;

FIGS. 43A-43B illustrate simultaneous bi-plane evaluation of left ventricular condition; and

FIGS. 44A-44B illustrate ejection fraction probe measurement techniques in accordance with preferred embodiments of the invention;

DETAILED DESCRIPTION

Systems and methods of medical ultrasound imaging are disclosed. The presently disclosed systems and methods of

medical ultrasound imaging employ medical ultrasound imaging equipment that includes a housing in a tablet form factor, and a touch screen display disposed on a front panel of the housing. The touch screen display includes a multi-touch touch screen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches on a surface of the touch screen display, thereby allowing the use of gestures, ranging from simple single point gestures to complex multipoint gestures, as user inputs to the medical ultrasound imaging equipment. Further details regarding tablet ultrasound systems and operations are described in U.S. application Ser. No. 10/997,062 filed on Nov. 11, 2004, Ser. No. 10/386,360 filed Mar. 11, 2003 and U.S. Pat. No. 6,969,352, the entire contents of these patents and applications are incorporated herein by reference.

FIG. 1 depicts an illustrative embodiment of exemplary medical ultrasound imaging equipment 100, in accordance with the present application. As shown in FIG. 1, the medical ultrasound imaging equipment 100 includes a housing 102, a touch screen display 104, a computer having at least one processor and at least one memory implemented on a computer motherboard 106, an ultrasound engine 108, and a battery 110. For example, the housing 102 can be implemented in a tablet form factor, or any other suitable form factor. The housing 102 has a front panel 101 and a rear panel 103. The touch screen display 104 is disposed on the front panel 101 of the housing 102, and includes a multi-touch LCD touch screen that can recognize and distinguish one or more multiple and/or simultaneous touches on a surface 105 of the touch screen display 104. The computer motherboard 106, the ultrasound engine 108, and the battery 110 are operatively disposed within the housing 102. The medical ultrasound imaging equipment 100 further includes a Firewire connection 112 (see also FIG. 2A) operatively connected between the computer motherboard 106 and the ultrasound engine 108 within the housing 102, and a probe connector 114 having a probe attach/detach lever 115 (see also FIGS. 2A and 2B) to facilitate the connection of at least one ultrasound probe/transducer. In addition, the medical ultrasound imaging equipment 100 has one or more I/O port connectors 116 (see FIG. 2A), which can include, but are not limited to, one or more USB connectors, one or more SD cards, one or more network ports, one or more mini display ports, and a DC power input.

In an exemplary mode of operation, medical personnel (also referred to herein as the “user” or “users”) can employ simple single point gestures and/or more complex multipoint gestures as user inputs to the multi-touch LCD touch screen of the touch screen display 104 for controlling one or more operational modes and/or functions of the medical ultrasound imaging equipment 100. Such a gesture is defined herein as a movement, a stroke, or a position of at least one finger, a stylus, and/or a palm on the surface 105 of the touch screen display 104. For example, such single point/multipoint gestures can include static or dynamic gestures, continuous or segmented gestures, and/or any other suitable gestures. A single point gesture is defined herein as a gesture that can be performed with a single touch contact point on the touch screen display 104 by a single finger, a stylus, or a palm. A multipoint gesture is defined herein as a gesture that can be performed with multiple touch contact points on the touch screen display 104 by multiple fingers, or any suitable combination of at least one finger, a stylus, and a palm. A static gesture is defined herein as a gesture that does not involve the movement of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104. A dynamic gesture is defined herein as a gesture

that involves the movement of at least one finger, a stylus, or a palm, such as the movement caused by dragging one or more fingers across the surface 105 of the touch screen display 104. A continuous gesture is defined herein as a gesture that can be performed in a single movement or stroke of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104. A segmented gesture is defined herein as a gesture that can be performed in multiple movements or strokes of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104.

Such single point/multipoint gestures performed on the surface 105 of the touch screen display 104 can correspond to single or multipoint touch events, which are mapped to one or more predetermined operations that can be performed by the computer and/or the ultrasound engine 108. Users can make such single point/multipoint gestures by various single finger, multi-finger, stylus, and/or palm motions on the surface 105 of the touch screen display 104. The multi-touch LCD touch screen receives the single point/multipoint gestures as user inputs, and provides the user inputs to the processor, which executes program instructions stored in the memory to carry out the predetermined operations associated with the single point/multipoint gestures, at least at some times, in conjunction with the ultrasound engine 108. As shown in FIGS. 3A-3L, such single point/multipoint gestures on the surface 105 of the touch screen display 104 can include, but are not limited to, a tap gesture 302, a pinch gesture 304, a flick gesture 306, 314, a rotate gesture 308, 316, a double tap gesture 310, a spread gesture 312, a drag gesture 318, a press gesture 320, a press and drag gesture 322, and/or a palm gesture 324. For example, such single point/multipoint gestures can be stored in at least one gesture library in the memory implemented on the computer motherboard 106.

In accordance with the illustrative embodiment of FIG. 1, at least one flick gesture 306 or 314 may be employed by a user of the medical ultrasound imaging equipment 100 to control the depth of tissue penetration of ultrasound waves generated by the ultrasound probe/transducer. For example, a dynamic, continuous, flick gesture 306 or 314 in the “up” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can increase the penetration depth by one (1) centimeter, or any other suitable amount. Further, a dynamic, continuous, flick gesture 306 or 314 in the “down” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can decrease the penetration depth by one (1) centimeter, or any other suitable amount. Moreover, a dynamic, continuous, drag gesture 318 in the “up” or “down” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can increase or decrease the penetration depth in multiple centimeters, or any other suitable amounts.

Additional operational modes and/or functions controlled by specific single point/multipoint gestures on the surface 105 of the touch screen display 104 can include, but are not limited to, freeze/store operations, 2-dimensional mode operations, gain control, color control, split screen control, PW imaging control, cine/time-series image clip scrolling control, zoom and pan control, Doppler and 2-dimensional beam steering control, and/or body marking control. At least some of the operational modes and/or functions of the medical ultrasound imaging equipment 100 can be controlled by one or more touch controls implemented on the touch screen display 104. Further, users can provide one or more specific single point/multipoint gestures as user inputs

for specifying at least one selected subset of the touch controls to be implemented, as required and/or desired, on the touch screen display 104.

FIGS. 4A-4C depict exemplary subsets 402, 404, 406 of touch controls that can be implemented by users of the medical ultrasound imaging equipment 100 on the touch screen display 104. It is noted that any other suitable subset(s) of touch controls can be implemented, as required and/or desired, on the touch screen display 104. As shown in FIG. 4A, the subset 402 includes a touch control 408 for performing 2-dimensional (2D) mode operations, a touch control 410 for performing gain control operations, a touch control 412 for performing color control operations, and a touch control 414 for performing image/clip freeze/store operations. For example, a user can employ the press gesture 320 to actuate the touch control 408, returning the medical ultrasound imaging equipment 100 to 2D mode. Further, the user can employ the press gesture 320 against one side of the touch control 410 to decrease a gain level, and employ the press gesture 320 against another side of the touch control 410 to increase the gain level. Moreover, the user can employ the drag gesture 318 on the touch control 412 to identify ranges of densities on a 2D image, using a predetermined color code. In addition, the user can employ the press gesture 320 to actuate the touch control 414 to freeze/store a still image or to acquire a cine image clip.

As shown in FIG. 4B, the subset 404 includes a touch control 416 for performing split screen control operations, a touch control 418 for performing PW imaging control operations, a touch control 420 for performing Doppler and 2-dimensional beam steering control operations, and a touch control 422 for performing annotation operations. For example, a user can employ the press gesture 320 against the touch control 416, allowing the user to toggle between opposing sides of the split touch screen display 104 by alternately employing the tap gesture 302 on each side of the split screen. Further, the user can employ the press gesture 320 to actuate the touch control 418 and enter the PW mode, which allows (1) user control of the angle correction, (2) movement (e.g., "up" or "down") of a baseline that can be displayed on the touch screen display 104 by employing the press and drag gesture 322, and/or (3) an increase or a decrease of scale by employing the tap gesture 302 on a scale bar that can be displayed on the touch screen display 104. Moreover, the user can employ the press gesture 320 against one side of the touch control 420 to perform 2D beam steering to the "left" or any other suitable direction in increments of five (5) or any other suitable increment, and employ the press gesture 320 against another side of the touch control 420 to perform 2D beam steering to the "right" or any other suitable direction in increments of five (5) or any other suitable increment. In addition, the user can employ the tap gesture 302 on the touch control 422, allowing the user to enter annotation information via a pop-up keyboard that can be displayed on the touch screen display 104.

As shown in FIG. 4C, the subset 406 includes a touch control 424 for performing dynamic range operations, a touch control 426 for performing Teravision™ software operations, a touch control 428 for performing map operations, and a touch control 430 for performing needle guide operations. For example, a user can employ the press gesture 320 and/or the press and drag gesture 322 against the touch control 424 to control or set the dynamic range. Further, the user can employ the tap gesture 302 on the touch control 426 to choose a desired level of the Teravision™ software to be executed from the memory by the processor on the computer

motherboard 106. Moreover, the user can employ the tap gesture 302 on the touch control 428 to perform a desired map operation. In addition, the user can employ the press gesture 320 against the touch control 430 to perform a desired needle guide operation.

In accordance with the present application, various measurements and/or tracings of objects (such as organs, tissues, etc.) displayed as ultrasound images on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see FIG. 1) can be performed, using single point/multipoint gestures on the surface 105 of the touch screen display 104. The user can perform such measurements and/or tracings of objects directly on an original ultrasound image of the displayed object, on a magnified version of the ultrasound image of the displayed object, and/or on a magnified portion of the ultrasound image within a virtual window 506 (see FIGS. 5C and 5D) on the touch screen display 104.

FIGS. 5A and 5B depict an original ultrasound image of an exemplary object, namely, a liver 502 with a cystic lesion 504, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see FIG. 1). It is noted that such an ultrasound image can be generated by the medical ultrasound imaging equipment 100 in response to penetration of the liver tissue by ultrasound waves generated by an ultrasound probe/transducer operatively connected to the equipment 100. Measurements and/or tracings of the liver 502 with the cystic lesion 504 can be performed directly on the original ultrasound image displayed on the touch screen display 104 (see FIGS. 5A and 5B), or on a magnified version of the ultrasound image. For example, the user can obtain such a magnified version of the ultrasound image using a spread gesture (see, e.g., the spread gesture 312; FIG. 3F) by placing two (2) fingers on the surface 105 of the touch screen display 104, and spreading them apart to magnify the original ultrasound image. Such measurements and/or tracings of the liver 502 and cystic lesion 504 can also be performed on a magnified portion of the ultrasound image within the virtual window 506 (see FIGS. 5C and 5D) on the touch screen display 104.

For example, using his or her finger (see, e.g., a finger 508; FIGS. 5A-5D), the user can obtain the virtual window 506 by employing a press gesture (see, e.g., the press gesture 320; FIG. 3J) against the surface 105 of the touch screen display 104 (see FIG. 5B) in the vicinity of a region of interest, such as the region corresponding to the cystic lesion 504. In response to the press gesture, the virtual window 506 (see FIGS. 5C and 5D) is displayed on the touch screen display 104, possibly at least partially superimposed on the original ultrasound image, thereby providing the user with a view of a magnified portion of the liver 502 in the vicinity of the cystic lesion 504. For example, the virtual window 506 of FIG. 5C can provide a view of a magnified portion of the ultrasound image of the cystic lesion 504, which is covered by the finger 508 pressed against the surface 105 of the touch screen display 104. To re-position the magnified cystic lesion 504 within the virtual window 506, the user can employ a press and drag gesture (see, e.g., the press and drag gesture 322; FIG. 3K) against the surface 105 of the touch screen display 104 (see FIG. 5D), thereby moving the image of the cystic lesion 504 to a desired position within the virtual window 506. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to allow the user to select a level of magnification within the virtual window 506 to be 2 times larger, 4 times larger, or any other suitable number of times larger than the original ultrasound image. The user can remove the virtual window 506 from the

touch screen display 104 by lifting his or her finger (see, e.g., the finger 508; FIGS. 5A-5D) from the surface 105 of the touch screen display 104.

FIG. 6A depicts an ultrasound image of another exemplary object, namely, an apical four (4) chamber view of a heart 602, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see FIG. 1). It is noted that such an ultrasound image can be generated by the medical ultrasound imaging equipment 100 in response to penetration of the heart tissue by ultrasound waves generated by an ultrasound probe/transducer operatively connected to the equipment 100. Measurements and/or tracings of the heart 602 can be performed directly on the original ultrasound image displayed on the touch screen display 104 (see FIGS. 6A-6E), or on a magnified version of the ultrasound image. For example, using his or her fingers (see, e.g., fingers 610, 612; FIGS. 6B-6E), the user can perform a manual tracing of an endocardial border 604 (see FIG. 6B) of a left ventricle 606 (see FIGS. 6B-6E) of the heart 602 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104. In one embodiment, using his or her fingers (see, e.g., the fingers 610, 612; FIGS. 6B-6E), the user can obtain a cursor 607 (see FIG. 6B) by employing a double tap gesture (see, e.g., the double tap gesture 310; FIG. 3E) on the surface 105 of the touch screen display 104, and can move the cursor 607 by employing a drag gesture (see, e.g., the drag gesture 318; FIG. 3I) using one finger, such as the finger 610, thereby moving the cursor 607 to a desired location on the touch screen display 104. The systems and methods described herein can be used for the quantitative measurement of heart wall motion and specifically for the measurement of ventricular dysynchrony as described in detail in U.S. application Ser. No. 10/817,316 filed on Apr. 2, 2004, the entire contents of which is incorporated herein by reference.

Once the cursor 607 is at the desired location on the touch screen display 104, as determined by the location of the finger 610, the user can fix the cursor 607 at that location by employing a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using another finger, such as the finger 612. To perform a manual tracing of the endocardial border 604 (see FIG. 6B), the user can employ a press and drag gesture (see, e.g., the press and drag gesture 322; FIG. 3K) using the finger 610, as illustrated in FIGS. 6C and 6D. Such a manual tracing of the endocardial border 604 can be highlighted on the touch screen display 104 in any suitable fashion, such as by a dashed line 608 (see FIGS. 6C-6E). The manual tracing of the endocardial border 604 can continue until the finger 610 arrives at any suitable location on the touch screen display 104, or until the finger 610 returns to the location of the cursor 607, as illustrated in FIG. 6E. Once the finger 610 is at the location of the cursor 607, or at any other suitable location, the user can complete the manual tracing operation by employing a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using the finger 612. It is noted that such a manual tracing operation can be employed to trace any other suitable feature(s) and/or waveform(s), such as a pulsed wave Doppler (PWD) waveform. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable calculation(s) and/or measurement(s) relating to such feature(s) and/or waveform(s), based at least in part on a manual tracing(s) of the respective feature(s)/ waveform(s).

As described above, the user can perform measurements and/or tracings of objects on a magnified portion of an original ultrasound image of a displayed object within a virtual window on the touch screen display 104. FIGS.

7A-7C depict an original ultrasound image of an exemplary object, namely, a liver 702 with a cystic lesion 704, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see FIG. 1). FIGS. 7A-7C further depict a virtual window 706 that provides a view of a magnified portion of the ultrasound image of the cystic lesion 704, which is covered by one of the user's fingers, such as a finger 710, pressed against the surface 105 of the touch screen display 104. Using his or her fingers (see, e.g., fingers 710, 712; FIGS. 7A-7C), the user can perform a size measurement of the cystic lesion 704 within the virtual window 706 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104.

For example, using his or her fingers (see, e.g., the fingers 710, 712; FIGS. 7A-7C), the user can obtain a first cursor 707 (see FIGS. 7B, 7C) by employing a double tap gesture (see, e.g., the double tap gesture 310; FIG. 3E) on the surface 105, and can move the first cursor 707 by employing a drag gesture (see, e.g., the drag gesture 318; FIG. 3I) using one finger, such as the finger 710, thereby moving the first cursor 707 to a desired location. Once the first cursor 707 is at the desired location, as determined by the location of the finger 710, the user can fix the first cursor 707 at that location by employing a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using another finger, such as the finger 712. Similarly, the user can obtain a second cursor 709 (see FIG. 7C) by employing a double tap gesture (see, e.g., the double tap gesture 310; FIG. 3E) on the surface 105, and can move the second cursor 709 by employing a drag gesture (see, e.g., the drag gesture 318; FIG. 3I) using the finger 710, thereby moving the second cursor 709 to a desired location. Once the second cursor 709 is at the desired location, as determined by the location of the finger 710, the user can fix the second cursor 709 at that location by employing a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using the finger 712. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable size calculation(s) and/or measurement(s) relating to the cystic lesion 704, based at least in part on the locations of the first and second cursors 707, 709.

FIGS. 8A-8C depict an original ultrasound image of an exemplary object, namely, a liver 802 with a cystic lesion 804, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see FIG. 1). FIGS. 8A-8C further depict a virtual window 806 that provides a view of a magnified portion of the ultrasound image of the cystic lesion 804, which is covered by one of the user's fingers, such as a finger 810, pressed against the surface 105 of the touch screen display 104. Using his or her fingers (see, e.g., fingers 810, 812; FIGS. 8A-8C), the user can perform a caliper measurement of the cystic lesion 804 within the virtual window 806 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104.

For example, using his or her fingers (see, e.g., the fingers 810, 812; FIGS. 8A-8C), the user can obtain a first cursor 807 (see FIGS. 8B, 8C) by employing a double tap gesture (see, e.g., the double tap gesture 310; FIG. 3E) on the surface 105, and can move the cursor 807 by employing a drag gesture (see, e.g., the drag gesture 318; FIG. 3I) using one finger, such as the finger 810, thereby moving the cursor 807 to a desired location. Once the cursor 807 is at the desired location, as determined by the location of the finger 810, the user can fix the cursor 807 at that location by employing a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using another finger, such as the finger 812. The user can then employ a press and drag gesture (see, e.g., the press and drag

gesture 322; FIG. 3K) to obtain a connecting line 811 (see FIGS. 8B, 8C), and to extend the connecting line 811 from the first cursor 807 across the cystic lesion 804 to a desired location on another side of the cystic lesion 804. Once the connecting line 811 is extended across the cystic lesion 804 to the desired location on the other side of the cystic lesion 804, the user can employ a tap gesture (see, e.g., the tap gesture 302; see FIG. 3A) using the finger 812 to obtain and fix a second cursor 809 (see FIG. 8C) at that desired location. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable caliper calculation(s) and/or measurement(s) relating to the cystic lesion 804, based at least in part on the connecting line 811 extending between the locations of the first and second cursors 807, 809.

FIG. 9A shows a system 140 in which a transducer housing 150 with an array of transducer elements 152 can be attached at connector 114 to housing 102. Each probe 150 can have a probe identification circuit 154 that uniquely identifies the probe that is attached. When the user inserts a different probe with a different array, the system identifies the probe operating parameters.

FIG. 9B shows a software flowchart 900 of a typical transducer management module 902 within the ultrasound application program.

When a TRANSDUCER ATTACH 904 event is detected, the Transducer Management Software Module 902 first reads the Transducer type ID 906 and hardware revision information from the IDENTIFICATION Segment. The information is used to fetch the particular set of transducer profile data 908 from the hard disk and load it into the memory of the application program. The software then reads the adjustment data from the FACTORY Segment 910 and applies the adjustments to the profile data just loaded into memory 912. The software module then sends a TRANSDUCER ATTACH Message 914 to the main ultrasound application program, which uses the transducer profile already loaded. After acknowledgment 916, an ultrasound imaging sequence is performed and the USAGE segment is updated 918. The Transducer Management Software Module then waits for either a TRANSDUCER DETACH event 920, or the elapse of 5 minutes. If a TRANSDUCER DETACH event is detected 921, a message 924 is sent and acknowledged 926, the transducer profile data set is removed 928 from memory and the module goes back to wait for another TRANSDUCER ATTACH event. If a 5 minutes time period expires without detecting a TRANSDUCER DETACH event, the software module increments a Cumulative Usage Counter in the USAGE Segment 922, and waits for another 5 minutes period or a TRANSDUCER DETACH event. The cumulative usage is recorded in memory for maintenance and replacement records.

There are many types of ultrasound transducers. They differ by geometry, number of elements, and frequency response. For example, a linear array with center frequency of 10 to 15 MHz is better suited for breast imaging, and a curved array with center frequency of 3 to 5 MHz is better suited for abdominal imaging.

It is often necessary to use different types of transducers for the same or different ultrasound scanning sessions. For ultrasound systems with only one transducer connection, the operator will change the transducer prior to the start of a new scanning session.

In some applications, it is necessary to switch among different types of transducers during one ultrasound scanning session. In this case, it is more convenient to have multiple transducers connected to the same ultrasound sys-

tem, and the operator can quickly switch among these connected transducers by hitting a button on the operator console, without having to physically detach and re-attach the transducers, which takes a longer time.

FIG. 10 illustrates an exemplary method for monitoring the synchrony of a heart in accordance with exemplary embodiments. In the method, a reference template is loaded into memory and used to guide a user in identifying an imaging plane (per step 930). Next a user identifies a desired imaging plane (per step 932). Typically an apical 4-chamber view of the heart is used; however, other views may be used without departing from the spirit of the invention.

At times, identification of endocardial borders may be difficult, and when such difficulties are encountered tissue Doppler imaging of the same view may be employed (per step 934). A reference template for identifying the septal and lateral free wall is provided (per step 936). Next, standard tissue Doppler imaging (TDI) with pre-set velocity scales of, say, ± 30 cm/sec may be used (per step 938).

Then, a reference of the desired triplex image may be provided (per step 940). Either B-mode or TDI may be used to guide the range gate (per step 942). B-mode can be used for guiding the range gate (per step 944) or TDI for guiding the range gate (per step 946). Using TDI or B-mode for guiding the range gate also allows the use of a direction correction angle for allowing the Spectral Doppler to display the radial mean velocity of the septal wall. A first pulsed-wave spectral Doppler is then used to measure the septal wall mean velocity using duplex or triplex mode (per step 948).

A second range-gate position is also guided using a duplex image or a TDI (per step 950), and a directional correction angle may be used if desired. After step 950, the mean velocity of the septal wall and lateral free wall are being tracked by the system. Time integration of the Spectral Doppler mean velocities 952 at regions of interest (e.g., the septum wall and the left ventricular free wall) then provides the displacement of the septal and left free wall, respectively.

The above method steps may be utilized in conjunction with a high pass filtering means, analog or digital, known in the relevant arts for removing any baseline disturbance present in collected signals. In addition, the disclosed method employs multiple simultaneous PW Spectral Doppler lines for tracking movement of the interventricular septum and the left ventricular free wall. In addition, a multiple gate structure may be employed along each spectral line, thus allowing quantitative measurement of regional wall motion. Averaging over multiple gates may allow measurement of global wall movement.

FIG. 11 is a detailed schematic block diagram of an exemplary embodiment of the ultrasound engine 108 (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of the computer motherboard 106 (i.e., the host computer) of the ultrasound device illustrated in FIGS. 1 and 2A. The components of the ultrasound engine 108 and/or the computer motherboard 106 may be implemented in application-specific integrated circuits (ASICs). Exemplary ASICs have a high channel count and can pack 32 or more channels per chip in some exemplary embodiments. One of ordinary skill in the art will recognize that the ultrasound engine 108 and the computer motherboard 106 may include more or fewer modules than those shown. For example, the ultrasound engine 108 and the computer motherboard 106 may include the modules shown in FIG. 17.

A transducer array 152 is configured to transmit ultrasound waves to and receive reflected ultrasound waves from

one or more image targets **1102**. The transducer array **152** is coupled to the ultrasound engine **108** using one or more cables **1104**.

The ultrasound engine **108** includes a high-voltage transmit/receive (TR) module **1106** for applying drive signals to the transducer array **152** and for receiving return echo signals from the transducer array **152**. The ultrasound engine **108** includes a pre-amp/time gain compensation (TGC) module **1108** for amplifying the return echo signals and applying suitable TGC functions to the signals. The ultrasound engine **108** includes a sampled-data beamformer **1110** that the delay coefficients used in each channel after the return echo signals have been amplified and processed by the pre-amp/TGC module **1108**.

In some exemplary embodiments, the high-voltage TR module **1106**, the pre-amp/TGC module **1108**, and the sample-interpolate receive beamformer **1110** may each be a silicon chip having 8 to 64 channels per chip, but exemplary embodiments are not limited to this range. In certain embodiments, the high-voltage TR module **1106**, the pre-amp/TGC module **1108**, and the sample-interpolate receive beamformer **1110** may each be a silicon chip having 8, 16, 32, 64 channels, and the like. As illustrated in FIG. 11, an exemplary TR module **1106**, an exemplary pre-amp/TGC module **1108** and an exemplary beamformer **1110** may each take the form of a silicon chip including 32 channels.

The ultrasound engine **108** includes a first-in first-out (FIFO) buffer module **1112** which is used for buffering the processed data output by the beamformer **1110**. The ultrasound engine **108** also includes a memory **1114** for storing program instructions and data, and a system controller **1116** for controlling the operations of the ultrasound engine modules.

The ultrasound engine **108** interfaces with the computer motherboard **106** over a communications link **112** which can follow a standard high-speed communications protocol, such as the Fire Wire (IEEE 1394 Standards Serial Interface) or fast (e.g., 200-400 Mbits/second or faster) Universal Serial Bus (USB 2.0 USB 3.0), protocol. The standard communication link to the computer motherboard operates at least at 400 Mbits/second or higher, preferably at 800 Mbits/second or higher. Alternatively, the link **112** can be a wireless connection such as an infrared (IR) link. The ultrasound engine **108** includes a communications chipset **1118** (e.g., a Fire Wire chipset) to establish and maintain the communications link **112**.

Similarly, the computer motherboard **106** also includes a communications chipset **1120** (e.g., a Fire Wire chipset) to establish and maintain the communications link **112**. The computer motherboard **106** includes a core computer-readable memory **1122** for storing data and/or computer-executable instructions for performing ultrasound imaging operations. The memory **1122** forms the main memory for the computer and, in an exemplary embodiment, may store about 4 Gb of DDR3 memory. The computer motherboard **106** also includes a microprocessor **1124** for executing computer-executable instructions stored on the core computer-readable memory **1122** for performing ultrasound imaging processing operations. An exemplary microprocessor **1124** may be an off-the-shelf commercial computer processor, such as an Intel Core-i5 processor. Another exemplary microprocessor **1124** may be a digital signal processor (DSP) based processor, such as one or more DaVinci™ processors from Texas Instruments. The computer motherboard **106** also includes a display controller **1126** for controlling a display device that may be used to display ultrasound data, scans and maps.

Exemplary operations performed by the microprocessor **1124** include, but are not limited to, down conversion (for generating I, Q samples from received ultrasound data), scan conversion (for converting ultrasound data into a display format of a display device), Doppler processing (for determining and/or imaging movement and/or flow information from the ultrasound data), Color Flow processing (for generating, using autocorrelation in one embodiment, a color-coded map of Doppler shifts superimposed on a B-mode ultrasound image), Power Doppler processing (for determining power Doppler data and/or generating a power Doppler map), Spectral Doppler processing (for determining spectral Doppler data and/or generating a spectral Doppler map), and post signal processing. These operations are described in further detail in WO 03/079038 A2, filed Mar. 11, 2003, titled "Ultrasound Probe with Integrated Electronics," the entire contents of which are expressly incorporated herein by reference.

To achieve a smaller and lighter portable ultrasound devices, the ultrasound engine **108** includes reduction in overall packaging size and footprint of a circuit board providing the ultrasound engine **108**. To this end, exemplary embodiments provide a small and light portable ultrasound device that minimizes overall packaging size and footprint while providing a high channel count. In some embodiments, a high channel count circuit board of an exemplary ultrasound engine may include one or more multi-chip modules in which each chip provides multiple channels, for example, 32 channels. The term "multi-chip module," as used herein, refers to an electronic package in which multiple integrated circuits (IC) are packaged into a unifying substrate, facilitating their use as a single component, i.e., as a larger IC. A multi-chip module may be used in an exemplary circuit board to enable two or more active IC components integrated on a High Density Interconnection (HDI) substrate to reduce the overall packaging size. In an exemplary embodiment, a multi-chip module may be assembled by vertically stacking a transmit/receive (TR) silicon chip, an amplifier silicon chip and a beamformer silicon chip of an ultrasound engine. A single circuit board of the ultrasound engine may include one or more of these multi-chip modules to provide a high channel count, while minimizing the overall packaging size and footprint of the circuit board.

FIG. 12 depicts a schematic side view of a portion of a circuit board **1200** including a multi-chip module assembled in a vertically stacked configuration. Two or more layers of active electronic integrated circuit components are integrated vertically into a single circuit. The IC layers are oriented in spaced planes that extend substantially parallel to one another in a vertically stacked configuration. In FIG. 12, the circuit board includes an HDI substrate **1202** for supporting the multi-chip module. A first integrated circuit chip **1204** including, for example, a first beamformer device is coupled to the substrate **1202** using any suitable coupling mechanism, for example, epoxy application and curing. A first spacer layer **1206** is coupled to the surface of the first integrated circuit chip **1204** opposite to the substrate **1202** using, for example, epoxy application and curing. A second integrated circuit chip **1208** having, for example, a second beamformer device is coupled to the surface of the first spacer layer **1206** opposite to the first integrated circuit chip **1204** using, for example, epoxy application and curing. A metal frame **1210** is provided for mechanical and/or electrical connection among the integrated circuit chips. An exemplary metal frame **1210** may take the form of a leadframe. The first integrated circuit chip **1204** may be coupled to the metal frame **1210** using wiring **1212**. The second integrated

circuit chip **1208** may be coupled to the same metal frame **1210** using wiring **1214**. A packaging **1216** is provided to encapsulate the multi-chip module assembly and to maintain the multiple integrated circuit chips in substantially parallel arrangement with respect to one another.

As illustrated in FIG. **12**, the vertical three-dimensional stacking of the first integrated circuit chip **1204**, the first spacer layer **1206** and the second integrated circuit chip **1208** provides high-density functionality on the circuit board while minimizing overall packaging size and footprint (as compared to an ultrasound engine circuit board that does not employ a vertically stacked multi-chip module). One of ordinary skill in the art will recognize that an exemplary multi-chip module is not limited to two stacked integrated circuit chips. Exemplary numbers of chips vertically integrated in a multi-chip module may include, but are not limited to, two, three, four, five, six, seven, eight, and the like.

In one embodiment of an ultrasound engine circuit board, a single multi-chip module as illustrated in FIG. **12** is provided. In other embodiments, a plurality of multi-chip modules also illustrated in FIG. **12**. In an exemplary embodiment, a plurality of multi-chip modules (for example, two multi-chip modules) may be stacked vertically on top of one another on a circuit board of an ultrasound engine to further minimize the packaging size and footprint of the circuit board.

In addition to the need for reducing the footprint, there is also a need for decreasing the overall package height in multi-chip modules. Exemplary embodiments may employ wafer thinning to sub-hundreds micron to reduce the package height in multi-chip modules.

Any suitable technique can be used to assemble a multi-chip module on a substrate. Exemplary assembly techniques include, but are not limited to, laminated MCM (MCM-L) in which the substrate is a multi-layer laminated printed circuit board, deposited MCM (MCM-D) in which the multi-chip modules are deposited on the base substrate using thin film technology, and ceramic substrate MCM (MCM-C) in which several conductive layers are deposited on a ceramic substrate and embedded in glass layers that layers are co-fired at high temperatures (HTCC) or low temperatures (LTCC).

FIG. **13** is a flowchart of an exemplary method for fabricating a circuit board including a multi-chip module assembled in a vertically stacked configuration. In step **1302**, a HDI substrate is fabricated or provided. In step **1304**, a metal frame (e.g., leadframe) is provided. In step **1306**, a first IC layer is coupled or bonded to the substrate using, for example, epoxy application and curing. The first IC layer is wire bonded to the metal frame. In step **1308**, a spacer layer is coupled to the first IC layer using, for example, epoxy application and curing, so that the layers are stacked vertically and extend substantially parallel to each other. In step **1310**, a second IC layer is coupled to the spacer layer using, for example, epoxy application and curing, so that all of the layers are stacked vertically and extend substantially parallel to one another. The second IC layer is wire bonded to the metal frame. In step **1312**, a packaging is used to encapsulate the multi-chip module assembly.

Exemplary chip layers in a multi-chip module may be coupled to each other using any suitable technique. For example, in the embodiment illustrated in FIG. **12**, spacer layers may be provided between chip layers to spacedly separate the chip layers. Passive silicon layers, die attach paste layers and/or die attach film layers may be used as the spacer layers. Exemplary spacer techniques that may be used in fabricating a multi-chip module is further described in

Toh CH et al., "Die Attach Adhesives for 3D Same-Sized Dies Stacked Packages," the 58th Electronic Components and Technology Conference (ECTC2008), pp. 1538-43, Florida, US (27-30 May 2008), the entire contents of which are expressly incorporated herein by reference.

Important requirements for the die attach (DA) paste or film is excellent adhesion to the passivation materials of adjacent dies. Also, a uniform bond-link thickness (BLT) is required for a large die application. In addition, high cohesive strength at high temperatures and low moisture absorption are preferred for reliability.

FIGS. **14A-14C** are schematic side views of exemplary multi-chip modules, including vertically stacked dies, that may be used in accordance with exemplary embodiments. Both peripheral and center pads wire bond (WB) packages are illustrated and may be used in wire bonding exemplary chip layers in a multi-chip module. FIG. **14A** is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by passive silicon layers with a 2-in-1 dicing die attach film (D-DAF). FIG. **14B** is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA film-based adhesives acting as die-to-die spacers. FIG. **14C** is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA paste or film-based adhesives acting as die-to-die spacers. The DA paste or film-based adhesives may have wire penetrating capability in some exemplary embodiments. In the exemplary multi-chip module of FIG. **14C**, film-over wire (FOW) is used to allow long wire bonding and center bond pads stacked die packages. FOW employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. This solves the problem of stacking same or similar-sized dies directly on top of each other, which otherwise poses a challenge as there is no or insufficient clearance for the bond wires of the lower dies.

The DA material illustrated in FIGS. **14B** and **14C** preferably maintain a bond-line thickness (BLT) with little to no voiding and bleed out through the assembly process. Upon assembly, the DA materials sandwiched between the dies maintain an excellent adhesion to the dies. The material properties of the DA materials are tailored to maintain high cohesive strength for high temperature reliability stressing without bulk fracture. The material properties of the DA materials are tailored to also minimize or preferably eliminate moisture accumulation that may cause package reliability failures (e.g., popcorning whereby interfacial or bulk fractures occur as a result of pressure build-up from moisture in the package).

FIG. **15** is a flowchart of certain exemplary methods of die-to-die stacking using (a) passive silicon layers with a 2-in-1 dicing die attach film (D-DAF), (b) DA paste, (c) thick DA-film, and (d) film-over wire (FOW) that employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. Each method performs backgrinding of wafers to reduce the wafer thickness to enable stacking and high density packaging of integrated circuits. The wafers are sawed to separate the individual dies. A first die is bonded to a substrate of a multi-chip module using, for example, epoxy application and curing in an oven. Wire bonding is used to couple the first die to a metal frame.

In method (a), a first passive silicon layer is bonded to the first die in a stacked manner using a dicing die-attach film (D-DAF). A second die is bonded to the first passive layer in a stacked manner using D-DAF. Wire bonding is used to couple the second die to the metal frame. A second passive silicon layer is bonded to the second die in a stacked manner using D-DAF. A third die is bonded to the second passive layer in a stacked manner using D-DAF. Wire bonding is used to couple the third die to the metal frame. A third passive silicon layer is bonded to the third die in a stacked manner using D-DAF. A fourth die is bonded to the third passive layer in a stacked manner using D-DAF. Wire bonding is used to couple the fourth die to the metal frame.

In method (b), die attach (DA) paste dispensing and curing is repeated for multi-thin die stack application. DA paste is dispensed onto a first die, and a second die is provided on the DA paste and cured to the first die. Wire bonding is used to couple the second die to the metal frame. DA paste is dispensed onto the second die, and a third die is provided on the DA paste and cured to the second die. Wire bonding is used to couple the third die to the metal frame. DA paste is dispensed onto the third die, and a fourth die is provided on the DA paste and cured to the third die. Wire bonding is used to couple the fourth die to the metal frame.

In method (c), die attach films (DAF) are cut and pressed to a bottom die and a top die is then placed and thermal compressed onto the DAF. For example, a DAF is pressed to the first die and a second die is thermal compressed onto the DAF. Wire bonding is used to couple the second die to the metal frame. Similarly, a DAF is pressed to the second die and a third die is thermal compressed onto the DAF. Wire bonding is used to couple the third die to the metal frame. A DAF is pressed to the third die and a fourth die is thermal compressed onto the DAF. Wire bonding is used to couple the fourth die to the metal frame.

In method (d), film-over wire (FOW) employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. A second die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the second die to the metal frame. A third die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the third die to the metal frame. A fourth die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the fourth die to the metal frame.

After the above-described steps are completed, in each method (a)-(d), wafer molding and post-mold curing (PMC) are performed. Subsequently, ball mount and singulation are performed.

Further details on the above-described die attachment techniques are provided in Toh C H et al., "Die Attach Adhesives for 3D Same-Sized Dies Stacked Packages," the 58th Electronic Components and Technology Conference (ECTC2008), pp. 1538-43, Florida, US (27-30 May 2008), the entire contents of which are expressly incorporated herein by reference.

FIG. 16 is a schematic side view of a multi-chip module 1600 including a TR chip 1602, an amplifier chip 1604 and a beamformer chip 1606 vertically integrated in a vertically stacked configuration on a substrate 1614. Any suitable technique illustrated in FIGS. 12-15 may be used to fabricate the multi-chip module. One of ordinary skill in the art will recognize that the particular order in which the chips are stacked may be different in other embodiments. First and second spacer layers 1608, 1610 are provided to spacedly

separate the chips 1602, 1604, 1606. Each chip is coupled to a metal frame (e.g., a leadframe) 1612. In certain exemplary embodiments, heat transfer and heat sink mechanisms may be provided in the multi-chip module to sustain high temperature reliability stressing without bulk failure. Other components of FIG. 16 are described with reference to FIGS. 12 and 14.

In this exemplary embodiment, each multi-chip module may handle the complete transmit, receive, TGC amplification and beam forming operations for a large number of channels, for example, 32 channels. By vertically integrating the three silicon chips into a single multi-chip module, the space and footprint required for the printed circuit board is further reduced. A plurality of multi-chip modules may be provided on a single ultrasound engine circuit board to further increase the number of channels while minimizing the packaging size and footprint. For example, a 128 channel ultrasound engine circuit board 108 can be fabricated within exemplary planar dimensions of about 10 cmxabout 10 cm, which is a significant improvement of the space requirements of conventional ultrasound circuits. A single circuit board of an ultrasound engine including one or more multi-chip modules may have 16 to 128 channels in preferred embodiments. In certain embodiments, a single circuit board of an ultrasound engine including one or more multi-chip modules may have 16, 32, 64, 128 channels, and the like.

FIG. 17 is a detailed schematic block diagram of an exemplary embodiment of the ultrasound engine 108 (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of the computer motherboard 106 (i.e., the host computer) provided as a single board complete ultrasound system. An exemplary single board ultrasound system as illustrated in FIG. 17 may have exemplary planar dimensions of about 25 cmxabout 18 cm, although other dimensions are possible. The single board complete ultrasound system of FIG. 17 may be implemented in the ultrasound device illustrated in FIGS. 1, 2A, 2B, and 9A, and may be used to perform the operations depicted in FIGS. 3-8, 9b, and 10.

The ultrasound engine 108 includes a probe connector 114 to facilitate the connection of at least one ultrasound probe/transducer. In the ultrasound engine 108, a TR module, an amplifier module and a beamformer module may be vertically stacked to form a multi-chip module as shown in FIG. 16, thereby minimizing the overall packaging size and footprint of the ultrasound engine 108. The ultrasound engine 108 may include a first multi-chip module 1710 and a second multi-chip module 1712, each including a TR chip, an ultrasound pulser and receiver, an amplifier chip including a time-gain control amplifier, and a sample-data beamformer chip vertically integrated in a stacked configuration as shown in FIG. 16. The first and second multi-chip modules 1710, 1712 may be stacked vertically on top of each other to further minimize the area required on the circuit board. Alternatively, the first and second multi-chip modules 1710, 1712 may be disposed horizontally on the circuit board. In an exemplary embodiment, the TR chip, the amplifier chip and the beamformer chip is each a 32-channel chip, and each multi-chip module 1710, 1712 has 32 channels. One of ordinary skill in the art will recognize that exemplary ultrasound engines 108 may include, but are not limited to, one, two, three, four, five, six, seven, eight multi-chip modules.

The ASICs and the multi-chip module configuration enable a 128-channel complete ultrasound system to be implemented on a small single board in a size of a tablet computer format. An exemplary 128-channel ultrasound

engine **108**, for example, can be accommodated within exemplary planar dimensions of about 10 cm×about 10 cm, which is a significant improvement of the space requirements of conventional ultrasound circuits. An exemplary 128-channel ultrasound engine **108** can also be accommodated within an exemplary area of about 100 cm².

The ultrasound engine **108** also includes a clock generation complex programmable logic device (CPLD) **1714** for generating timing clocks for performing an ultrasound scan using the transducer array. The ultrasound engine **108** includes an analog-to-digital converter (ADC) **1716** for converting analog ultrasound signals received from the transducer array to digital RF formed beams. The ultrasound engine **108** also includes one or more delay profile and waveform generator field programmable gate arrays (FPGA) **1718** for managing the receive delay profiles and generating the transmit waveforms. The ultrasound engine **108** includes a memory **1720** for storing the delay profiles for ultrasound scanning. An exemplary memory **1720** may be a single DDR3 memory chip. The ultrasound engine **108** includes a scan sequence control field programmable gate array (FPGA) **1722** configured to manage the ultrasound scan sequence, transmit/receiving timing, storing and fetching of profiles to/from the memory **1720**, and buffering and moving of digital RF data streams to the computer motherboard **106** via a high-speed serial interface **112**. The high-speed serial interface **112** may include Fire Wire or other serial or parallel bus interface between the computer motherboard **106** and the ultrasound engine **108**. The ultrasound engine **108** includes a communications chipset **1118** (e.g., a Fire Wire chipset) to establish and maintain the communications link **112**.

A power module **1724** is provided to supply power to the ultrasound engine **108**, manage a battery charging environment and perform power management operations. The power module **1724** may generate regulated, low noise power for the ultrasound circuitry and may generate high voltages for the ultrasound transmit pulser in the TR module.

The computer motherboard **106** includes a core computer-readable memory **1122** for storing data and/or computer-executable instructions for performing ultrasound imaging operations. The memory **1122** forms the main memory for the computer and, in an exemplary embodiment, may store about 4 Gb of DDR3 memory. The memory **1122** may include a solid state hard drive (SSD) for storing an operating system, computer-executable instructions, programs and image data. An exemplary SSD may have a capacity of about 128 Gb.

The computer motherboard **106** also includes a microprocessor **1124** for executing computer-executable instructions stored on the core computer-readable memory **1122** for performing ultrasound imaging processing operations. Exemplary operations include, but are not limited to, down conversion, scan conversion, Doppler processing, Color Flow processing, Power Doppler processing, Spectral Doppler processing, and post signal processing. An exemplary microprocessor **1124** may be an off-the-shelf commercial computer processor, such as an Intel Core-i5 processor. Another exemplary microprocessor **1124** may be a digital signal processor (DSP) based processor, such as DaVinci™ processors from Texas Instruments.

The computer motherboard **106** includes an input/output (I/O) and graphics chipset **1704** which includes a co-processor configured to control I/O and graphic peripherals such as USB ports, video display ports and the like. The computer motherboard **106** includes a wireless network adapter **1702** configured to provide a wireless network

connection. An exemplary adapter **1702** supports 802.11g and 802.11n standards. The computer motherboard **106** includes a display controller **1126** configured to interface the computer motherboard **106** to the display **104**. The computer motherboard **106** includes a communications chipset **1120** (e.g., a Fire Wire chipset or interface) configured to provide a fast data communication between the computer motherboard **106** and the ultrasound engine **108**. An exemplary communications chipset **1120** may be an IEEE 1394b 800 Mbit/sec interface. Other serial or parallel interfaces **1706** may alternatively be provided, such as USB3, Thunder-Bolt, PCIe, and the like. A power module **1708** is provided to supply power to the computer motherboard **106**, manage a battery charging environment and perform power management operations.

An exemplary computer motherboard **106** may be accommodated within exemplary planar dimensions of about 12 cm×about 10 cm. An exemplary computer motherboard **106** can be accommodated within an exemplary area of about 120 cm².

FIG. **18** is a perspective view of an exemplary portable ultrasound system **100** provided in accordance with exemplary embodiments. The system **100** includes a housing **102** that is in a tablet form factor as illustrated in FIG. **18**, but that may be in any other suitable form factor. An exemplary housing **102** may have a thickness below 2 cm and preferably between 0.5 and 1.5 cm. A front panel of the housing **102** includes a multi-touch LCD touch screen display **104** that is configured to recognize and distinguish one or more multiple and/or simultaneous touches on a surface of the touch screen display **104**. The surface of the display **104** may be touched using one or more of a user's fingers, a user's hand or an optional stylus **1802**. The housing **102** includes one or more I/O port connectors **116** which may include, but are not limited to, one or more USB connectors, one or more SD cards, one or more network mini display ports, and a DC power input.

The housing **102** includes or is coupled to a probe connector **114** to facilitate connection of at least one ultrasound probe/transducer **150**. The ultrasound probe **150** includes a transducer housing including one or more transducer arrays **152**. The ultrasound probe **150** is couplable to the probe connector **114** using a housing connector **1804** provided along a flexible cable **1806**. One of ordinary skill in the art will recognize that the ultrasound probe **150** may be coupled to the housing **102** using any other suitable mechanism, for example, an interface housing that includes circuitry for performing ultrasound-specific operations like beamforming. Other exemplary embodiments of ultrasound systems are described in further detail in WO 03/079038 A2, filed Mar. 11, 2003, titled "Ultrasound Probe with Integrated Electronics," the entire contents of which is expressly incorporated herein by reference.

FIG. **19** illustrates an exemplary view of a main graphical user interface (GUI) **1900** rendered on the touch screen display **104** of the portable ultrasound system **100** of FIG. **18**. The main GUI **1900** may be displayed when the ultrasound system **100** is started. To assist a user in navigating the main GUI **1900**, the GUI may be considered as including four exemplary work areas: a menu bar **1902**, an image display window **1904**, an image control bar **1906**, and a tool bar **1908**. Additional GUI components may be provided on the main GUI **1900** to, for example, enable a user to close, resize and exit the GUI and/or windows in the GUI.

The menu bar **1902** enables a user to select ultrasound data, images and/or videos for display in the image display window **1904**. The menu bar **1902** may include, for

example, GUI components for selecting one or more files in a patient folder directory and an image folder directory. The image display window **1904** displays ultrasound data, images and/or videos and may, optionally, provide patient information. The tool bar **1908** provides functionalities associated with an image or video display including, but not limited to, a save button for saving the current image and/or video to a file, a save Loop button that saves a maximum allowed number of previous frames as a Cine loop, a print button for printing the current image, a freeze image button for freezing an image, a playback toolbar for controlling aspects of playback of a Cine loop, and the like. Exemplary GUI functionalities that may be provided in the main GUI **1900** are described in further detail in WO 03/079038 A2, filed Mar. 11, 2003, titled "Ultrasound Probe with Integrated Electronics," the entire contents of which are expressly incorporated herein by reference.

The image control bar **1906** includes touch controls that may be operated by touch and touch gestures applied by a user directly to the surface of the display **104**. Exemplary touch controls may include, but are not limited to, a 2D touch control **408**, a gain touch control **410**, a color touch control **412**, a storage touch control **414**, a split touch control **416**, a PW imaging touch control **418**, a beamsteering touch control **20**, an annotation touch control **422**, a dynamic range operations touch control **424**, a Teravision™ touch control **426**, a map operations touch control **428**, and a needle guide touch control **428**. These exemplary touch controls are described in further detail in connection with FIGS. 4A-4C.

FIG. 20 depicts an illustrative embodiment of exemplary medical ultrasound imaging equipment **2000**, implemented in the form factor of a tablet in accordance with the invention. The table may have the dimensions of 12.5"×1.25"×8.75" or 31.7 cm×3.175 cm×22.22 cm but it may also be in any other suitable form factor having a volume of less than 2500 cm³ and a weight of less than 8 lbs. As shown in FIG. 20, the medical ultrasound imaging equipment **2000**, includes a housing **2030**, a touch screen display **2010**, wherein ultrasound images **2010**, and ultra sound data **2040**, can be displayed and ultrasound controls **2020**, are configured to be controlled by a touchscreen display **2010**. The housing **2030**, may have a front panel **2060** and a rear panel **2070**. The touchscreen display **2010**, forms the front panel **2060**, and includes a multi-touch LCD touch screen that can recognize and distinguish one or more multiple and or simultaneous touches of the user on the touchscreen display **2010**. The touchscreen display **2010**, may have a capacitive multi-touch and AVAH LCD screen. For example, the capacitive multi-touch and AVAH LCD screen may enable a user to view the image from multi angles without losing resolution. In another embodiment, the user may utilize a stylus for data input on the touch screen.

Capacitive touchscreen module comprises an insulator for example glass, coated with a transparent conductor, such as indium tin oxide. The manufacturing process may include a bonding process among glass, x-sensor film, y-sensor film and a liquid crystal material. The tablet is configured to allow a user to preform multi-touch gestures such as pinching and stretching while wearing dry or a wet glove. The surface of the screen registers the electrical conductor making contact with the screen. The contact distorts the screens electrostatic field resulting in measureable changes in capacitance. A processor then interprets the change in the electrostatic field. Increasing levels of responsiveness are enabled by reducing the layers and by producing touch screens with "in-cell" technology. "In-cell" technology eliminates layers by placing the capacitors inside the display.

Applying "in-cell" technology reduces the visible distance between the user's finger and the touchscreen target, thereby creating a more directive contact with the content displayed and enabling taps and gestures to have an increase in responsiveness.

FIG. 21 illustrates a preferred cart system for a modular ultrasound imaging system in accordance with the invention. The cart system **2100**, uses a base assembly **2122** including a docking bay that receives the tablet. The cart configuration **2100**, is configured to dock tablet **2104**, including a touch screen display **2102**, to a cart **2108**, which can include a full operator console **2124**. After the tablet **2104**, is docked to the cart stand **2108**, the system forms a full feature roll about system. The full feature roll about system may include, an adjustable height device **2106**, a gel holder **2110**, a storage bin **2114**, a plurality of wheels **2116**, a hot probe holder **2120**, and the operator console **2124**. The control devices may include a keyboard **2112** on the operator console **2124**, that may also have other peripherals added such as a printer or a video interface or other control devices.

FIG. 22 illustrates a preferred cart system, for use in embodiments with a modular ultrasound imaging system in accordance with the invention. The cart system **2200**, may be configured with a vertical support member **2212**, coupled to a horizontal support member **2028**. An auxiliary device connector **2018**, having a position for auxiliary device attachment **2014**, may be configured to connect to the vertical support member **2212**. A 3 port Probe MUX connection device **2016**, may also be configured to connect to the tablet. A storage bin **2224** can be configured to attach by a storage bin attachment mechanism **2222**, to vertical support member **2212**. The cart system may also include a cord management system **2226**, configured to attach to the vertical support member. The cart assembly **2200** includes the support beam **2212** mounted on a base **2228** having wheels **2232** and a battery **2230** that provides power for extended operation of the tablet. The assembly can also include an accessory holder **2224** mounted with height adjustment device **2226**. Holders **2210**, **2218** can be mounted on beam **2212** or on console panel **2214**. The multipoint probe multiplex device **2216** connects to the tablet to provide simultaneous connection of several transducer probes which the user can select in sequence with the displayed virtual switch.

FIG. 23 illustrates preferred cart mount system for a modular ultrasound imaging system in accordance with the invention. Arrangement **2300**, depicts the tablet **2302**, coupled to the docking station **2304**. The docking station **2304** is affixed to the attachment mechanism **2306**. The attachment mechanism **2306** may include a hinged member **2308**, allowing for the user display to tilted into a user desired position. The attachment mechanism **2306**, is attached to the vertical member **2312**. A tablet **2302** as described herein can be mounted on the base docking unit **2304** which is mounted to a mount assembly **2306** on top of beam **2212**. The base unit **2304** includes cradle **2310**, electrical connectors **2305** and a port **2307** to connect to the system **2302** to battery **2230** and multiplexor device **2216**.

FIG. 24 illustrates preferred cart system **2400** modular ultrasound imaging system in accordance with the invention in which tablet **2402** is connected on mounting assembly **2406** with connector **2404**. Arrangement **2400**, depicts the tablet **2402**, coupled to the vertical support member **2408**, via attachment mechanism **2404** without the docking element **2304**. Attachment mechanism **2404** may include a hinged member **2406** for display adjustment.

FIGS. 25A and 25B illustrate a multi-function docking station. FIG. 25A illustrates docking station **2502**, and tablet

25

2504, having a base assembly **2506**, that mates to the docking station **2502**. The tablet **2504**, and the docking station **2502**, may be electrically connected. The tablet **2504**, may be released from docking station **2502**, by engaging the release mechanism **2508**. The docking station **2502**, may contain a transducer port **2512**, for connection of a transducer probe **2510**. The docking station **2502**, can contain 3 USB 3.0 ports, a LAN port, a headphone jack and a power connector for charging. FIG. **25B** illustrates a side view of the tablet **2504**, and docking station **2502**, having a stand in accordance with the preferred embodiments of the present invention. The docking station may include an adjustable stand/handle **2526**. The adjustable stand/handle **2526**, may be tilted for multiple viewing angles. The adjustable stand/handle **2526**, may be flipped up for transport purposes. The side view also illustrates a transducer port **2512**, and a transducer probe connector **2510**.

FIG. **26** illustrates a 2D imaging mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen of table **2504** may display images obtained by 2-dimensional transducer probe using a 256 digital beamformer channels. The 2-dimensional image window **2602** depicts a 2-dimensional image scan **2604**. The 2-dimensional image may be obtained using flexible frequency scans **2606**, wherein the control parameters are represented on the tablet.

FIG. **27** illustrates a motion mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet **2700**, may display images obtained by a motion mode of operation. The touch screen display of tablet **2700**, may simultaneously display 2-dimensional **2706**, and motion mode imaging **2708**. The touch screen display of tablet **2700**, may display a 2-dimensional image window **2704**, with a 2-dimensional image **2706**. Flexible frequency controls **2702** displayed with the graphical user interface can be used to adjust the frequency from 2 MHz to 12 MHz.

FIG. **28** illustrates a color doppler mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet **2800** displays images obtained by color doppler mode of operation. A 2-dimensional image window **2806**, is used as the base display. The color coded information **2808**, is overlaid on the 2-dimensional image **2810**. Ultrasound-based imaging of red blood cells are derived from the received echo of the transmitted signal. The primary characteristics of the echo signal are the frequency and the amplitude. Amplitude depends on the amount of moving blood within the volume sampled by the ultrasound beam. A high frame rate or high resolution can be adjusted with the display to control the quality of the scan. Higher frequencies may be generated by rapid flow and can be displayed in lighter colors, while lower frequencies are displayed in darker colors. Flexible frequency controls **2804**, and color doppler scan information **2802**, may be displayed on the tablet display **2800**.

FIG. **29** illustrates a Pulsed wave Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet **2900**, may display images obtained by pulsed wave doppler mode of operation. Pulsed wave doppler scans produce a series of pulses used to analyse the motion of blood flow in a small region along a desired ultrasound cursor called the sample volume or sample gate **2012**. The tablet display **2900**, may depict a 2-dimensional image **2902**, wherein the sample volume/sample gate **2012** is overlaid. The tablet display **2900**, may use a mixed mode of operation **2906**, to depict a 2-dimensional image **2902**, and a time/

26

doppler frequency shift **2910**. The time/doppler frequency shift **2910** can be converted into velocity and flow if an appropriate angle between the beam and blood flow is known. Shades of gray **2908**, in the time/doppler frequency shift **2910**, may represent the strength of signal. The thickness of the spectral signal may be indicative of laminar or turbulent flow. The tablet display **2900** can depict adjustable frequency controls **2904**.

FIG. **30** illustrates a triplex scan mode of operation with a modular ultrasound imaging system in accordance with the invention. The tablet display **3000**, may include a 2-dimensional window **3002**, capable of displaying 2-dimensional images alone or in combination with the color doppler or directional doppler features. The touch screen display of tablet **3000**, may display images obtained by color doppler mode of operation. A 2-dimensional image window **3002**, is used as the base display. The color coded information **3004**, is overlaid **3006**, on the 2-dimensional image **3016**. The pulsed wave doppler feature may be used alone or in combination with 2-dimensional imaging or the color doppler imaging. The tablet display **3000**, may include a pulsed wave doppler scan represented by a sample volume/sample gate **3008**, overlaid over 2 dimensional image **3016**, or the color code overlaid **3006**, either alone or in combination. The tablet display **3000**, may depict a split screen representing the time/doppler frequency shift **3012**. The time/doppler frequency shift **3012**, can be converted into velocity and flow if an appropriate angle between the insulating beam and blood flow is known. Shades of gray **3014**, in the time/doppler frequency shift **3012**, may represent the strength of signal. The thickness of the spectral signal may be indicative of laminar or turbulent flow. The tablet display **3000**, also may depict flexible frequency controls **3010**.

FIG. **31** illustrates a GUI home screen interface **3100**, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3100**, may be displayed when the ultrasound system is started. To assist a user in navigating the GUI home screen **3100**, the home screen may be considered as including three exemplary work areas: a menu bar **3104**, an image display window **3102**, and an image control bar **3106**. Additional GUI components may be provided on the main GUI home screen **3100**, to enable a user to close, resize and exit the GUI home screen and/or windows in the GUI home screen.

The menu bar **3104**, enables users to select ultra sound data, images and/or video for display in the image display window **3102**. The menu bar may include, components for selecting one or more files in a patient folder directly and an image folder directory.

The image control bar **3106**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a depth control touch controls **3108**, a 2-dimensional gain touch control **3110**, a full screen touch control **3112**, a text touch control **3114**, a split screen touch control **3116**, a ENV touch control **3118**, a CD touch control **3120**, a PWD touch control **3122**, a freeze touch control **3124**, a store touch control **3126**, and a optimize touch control **3128**.

FIG. **32** illustrates a GUI menu screen interface **3200**, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3200**, may be displayed when the menu selection mode is triggered from the menu bar **3204** thereby initiating ultrasound system. To assist a user in navigating the GUI home screen **3100**, the

home screen may be considered as including three exemplary work areas: a menu bar **3204**, an image display window **3202**, and an image control bar **3220**. Additional GUI components may be provided on the main GUI menu screen **3200** to, for example enable a user to close, resize and exit the GUI menu screen and/or windows in the GUI menu screen.

The menu bar **3204**, enables users to select ultra sound data, images and/or video for display in the image display window **3202**. The menu bar **3204**, may include, touch control components for selecting one or more files in a patient folder directory and an image folder directory. Depicted in an expanded format, the menu bar may include exemplary touch control such as, a patient touch control **3208**, a pre-sets touch control **3210**, a review touch control **3212**, a report touch control **3214**, and a setup touch control **3216**.

The image control bar **3220**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a depth control touch controls **3222**, a 2-dimensional gain touch control **3224**, a full screen touch control **3226**, a text touch control **3228**, a split screen touch control **3230**, a needle visualization ENV touch control **3232**, a CD touch control **3234**, a PWD touch control **3236**, a freeze touch control **3238**, a store touch control **3240**, and a optimize touch control **3242**.

FIG. **33** illustrates a GUI patient data screen interface **3300**, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3300**, may be displayed when the patient selection mode is triggered from the menu bar **3302**, when the ultrasound system is started. To assist a user in navigating the GUI patient data screen **3300**, the patient data screen may be considered as including five exemplary work areas: a new patient touch screen control **3304**, a new study touch screen control **3306**, a study list touch screen control **3308**, a work list touch screen control **3310**, and a edit touch screen control **3312**. Within each touch screen control, further information entry fields are available **3314**, **3316**. For example, patent information section **3314**, and study information section **3316**, may be used to record data.

Within the patient data screen **3300**, the image control bar **3318**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to accept study touch control **3320**, close study touch control **3322**, print touch control **3324**, print preview touch control **3326**, cancel touch control **3328**, a 2-dimensional touch control **3330**, freeze touch control **3332**, and a store touch control **3334**.

FIG. **34** illustrates a GUI Patient Data Screen Interface **3400**, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3400**, may be displayed when the pre-sets selection mode **3404**, is triggered from the menu bar **3402**, when the ultrasound system is started.

Within the pre-sets screen **3400**, the image control bar **3408**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a save settings touch control **3410**, a delete touch control **3412**, CD touch control **3414**, PWD touch control **3416**, a freeze touch control **3418**, a store touch control **3420**, and a optimize touch control **3422**.

FIG. **35** illustrates a GUI Review Screen Interface **3500**, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3500**, may be displayed when the pre-sets expanded review **3504**, selection mode **3404**, is triggered from the menu bar **3502**, when the ultrasound system is started.

Within the review screen **3500**, the image control bar **3516**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a thumbnail settings touch control **3518**, sync touch control **3520**, selection touch control **3522**, a previous image touch control **3524**, a next image touch control **3526**, a 2-dimensional image touch control **3528**, a pause image touch control **3530**, and a store image touch control **3532**.

A image display window **3506**, may allow the user to review images in a plurality of formats. Image display window **3506**, may allow a user to view images **3508**, **3510**, **3512**, **3514**, in combination or subset or allow any image **3508**, **3510**, **3512**, **3514**, to be viewed individually. The image display window **3506**, may be configured to display up to four images **3508**, **3510**, **3512**, **3514**, to be viewed simultaneously.

FIG. **36** illustrates a GUI Report Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3600**, may be displayed when the report expanded review **3604**, is triggered from the menu bar **3602**, when the ultrasound system is started. The display screen **3606**, contains the ultrasound report information **3626**. The user may use the worksheet section within the ultrasound report **3626**, to enter in comments, patient information and study information.

Within the report screen **3600**, the image control bar **3608**, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a save touch control **3610**, a save as touch control **3612**, a print touch control **3614**, a print preview touch control **3616**, a close study touch control **3618**, a 2-dimensional image touch control **3620**, a freeze image touch control **3622**, and a store image touch control **3624**.

FIG. **37A** illustrates a GUI Setup Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation **3700**, may be displayed when the report expanded review **3704**, is triggered from the menu bar **3702**, when the ultrasound system is started.

Within the setup expanded screen **3704**, the setup control bar **3744**, includes touch controls that may be operated by touch and touch gestures, applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a general touch control **3706**, a display touch control **3708**, a measurements touch control **3710**, annotation touch control **3712**, a print touch control **3714**, a store/acquire touch control **3716**, a DICOM touch control **3718**, a export touch control **3720**, and a study info image touch control **3722**. The touch controls may contain display screen that allow the user to enter configuration information. For example, the general touch control **3706**, contains a configuration screen **3724**, wherein the user may enter configuration information. Additionally, the general touch control **3706**, contains a section allowing user configuration of the soft key docking position **3726**. FIG. **37 B** depicts the soft key controls **3752**, with a right side align-

ment. The figure further illustrates that activation of the soft key control arrow 3750, will change the key alignment to the opposite side, in this case, left side alignment. FIG. 37C depicts left side alignment of the soft key controls 3762, the user may activate an orientation change by using the soft key control arrow 3760, to change the position to right side alignment.

Within the review screen 3700, the image control bar 3728, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include but are not limited to, a thumbnail settings touch control 3730, sync touch control 3732, selection touch control 3734, a previous image touch control 3736, a next image touch control 3738, a 2-dimensional image touch control 3740, and a pause image touch control 3742.

FIG. 38 illustrates a GUI Setup Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3800, may be displayed when the report expanded review 3804, is triggered from the menu bar 3802, when the ultrasound system is started.

Within the setup expanded screen 3804, the setup control bar 3844, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to, a general touch control 3806, a display touch control 3808, a measurements touch control 3810, annotation touch control 3812, a print touch control 3814, a store/acquire touch control 3816, a DICOM touch control 3818, an export touch control 3820, and a study info image touch control 3822. The touch controls may contain display screen that allow the user to enter store/acquire information. For example, the store/acquire touch control 3816, contains a configuration screen 3802, wherein the user may enter configuration information. Additionally, the store/acquire touch control 3802, contains a section allowing user enablement of retrospective acquisition 3804. When the user enables the store function, the system is defaulted to store prospective cine loops. If the user enables the enable retrospective capture, the store function may collect the cine loop retrospectively.

Within the setup screen 3800, the image control bar 3828, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a thumbnail settings touch control 3830, sync touch control 3832, selection touch control 3834, a previous image touch control 3836, a next image touch control 3838, a 2-dimensional image touch control 3840, and a pause image touch control 3842.

FIGS. 39A and 39B illustrate an XY bi-plane probe consisting of two one dimensional, multi-element arrays. The arrays may be constructed where one array is on top of the other with a polarization axis of each array being aligned in the same direction. The elevation axis may be at a right angle or orthogonal to one another. Illustrated by FIG. 39A, the array orientation is represented by arrangement 3900. The polarization axis 3908, of both arrays are pointed in the z-axis 3906. The elevation axis of the bottom array, is pointed in y-direction 3902, and the elevation axis of the top array, is in the x-direction 3904.

Further illustrated by FIG. 39B, a one dimensional multi-element array form an image as depicted in arrangement 3912. A one-dimensional array with an elevation axis 3910, in a y-direction 3914, forms the ultra sound image 3914, on the x-axis 3904, z-axis 3906, plane. A one-dimensional array

with the elevation axis 3910, in the x-direction 3904, forms the ultra sound image 3914, on the y-axis 3902, z-axis 3906. A one dimensional transducer array with elevation axis 3910, along a y-axis 3902, and polarization axis 3908, along a z-axis 3906, will result in an ultrasound image 3914, formed along the x 3904, z 3906, plane. An alternate embodiment illustrated by FIG. 39C depicts a one-dimensional transducer array with an elevation axis 3920, in a x-axis 904, and a polarization axis 3922, in the z-axis 3906, direction. The ultra sound image 3924, is formed on the y 3902, z 3906, plane.

FIG. 40 illustrates the operation of a bi-plane image forming xy-probe. FIG. 40 illustrates a array 4012, that has a high voltage applied for forming images. A high voltage driving pulses 4006, 4008, 4010, may be applied to the bottom array 4004, with a y-axis elevation. This application may result in generation of transmission pulses for forming the line one of the received image on the XZ plane, while keeping the elements of the top array 4002 at a grounded level.

FIG. 41 illustrates the operation of a bi-plane image forming xy-probe. FIG. 41 illustrates a array 4110, that has a high voltage applied to it for forming images. A high voltage pulse 4102, 4104, 4106, may be applied to the top array 4112, with elevation in the x-axis, generating transmission pluses for forming the line one of the received image on the yz-plane, while keeping the elements of the bottom array 4014, grounded 4108.

FIG. 42 illustrates the circuit requirements of a bi-plane image forming xy-probe. The receive beam forming requirements are depicted for a bi-plane probe. A connection to receive the electronics 4202, is made. Then elements from the select bottom array 4204, and select top array 4208, are connected to share one connect to receive electronics 4202, channel. A two to one mux circuit can be integrated on the high voltage driver 4206, 4210. The two- to one mux circuit can be integrated into high voltage driver 4206, 4212. One receive beam is formed for each transmit beam. The bi-plane system requires a total of 256 transmit beams for which 128 transmit beams are used for forming a XZ-plane image and the other 128 transmit beams are used for forming a YZ-plane image. A multiple-received beam forming technique can be used to improve the frame rate. An ultrasound system with dual received beam capabilities for each transmit beam two received beams can be formed. The bi-plane probe only needs a total of 128 transmit beams for forming the two orthogonal plane images, in which 64 transmit beams are used to form a XZ-plane image with the other 64 transmit beams for the YZ-plane image. Similarly, for an ultrasound system with a quad beam capability, the probe requires 64 transmit beams to form two orthogonal-plane images.

FIGS. 43A-43B illustrate an application for simultaneous bi-plane evaluation. The ability to measure the LV mechanical dyssynchrony with echocardiograph can help identify patients that are more likely to benefit from Cardiac Resynchronization Therapy. LV parameters needed to be quantified are Ts-(lateral-septal), Ts-SD, Ts-peak, etc[4]. The Ts-(lateral-septal) can be measured on a 2D apical 4-chamber view Echo image, while the Ts-SD, Ts-peak (medial), Ts-onset (medial), Ts-peak (basal), Ts-onset (basal) can be obtained on two separated parasternal short-axis views with 6 segments at the level of mitral valve and at the papillary muscle level respectively—total 12 segments. FIG. 43A-43B depicts an xy-probe providing apical four chamber 4304, and apical two chamber 4302 images, to be viewed simultaneously.

FIGS. 44A-44B illustrate ejection fraction probe measurement techniques. The biplane-probe provides for EF measurement, as visualization of two orthogonal planes ensure on-axis views are obtained. Auto-border detection algorithm, provides quantitative Echo results to select implant responders and guide the AV delay parameter setting. As depicted in FIG. 44A the XY probe acquires real-time simultaneous images from two orthogonal planes and the images 4402, 4404 are displayed on a split screen. A manual contour tracing or automatic border tracing technique can be used to trace the endocardial border at both end-systole and end-diastolic time from which the EF is calculated. The LV areas in the apical 2CH 4402, and 4CH 4404, views, A1 and A2 respectively, are measured at the end of diastole and the end of systole. The LVEDV, left ventricular end-diastolic volume, and LVESV, left ventricular end-systole volume, are calculated using the formula:

$$V = \frac{8}{3\pi} \frac{A_1 A_2}{L}$$

And the ejection fraction is calculated by

$$EF = \frac{LVEDV - LVESV}{LVEDV}$$

It is noted that the operations described herein are purely exemplary, and imply no particular order. Further, the operations can be used in any sequence, when appropriate, and/or can be partially used. Exemplary flowcharts are provided herein for illustrative purposes and are non-limiting examples of methods. One of ordinary skill in the art will recognize that exemplary methods may include more or fewer steps than those illustrated in the exemplary flowcharts, and that the steps in the exemplary flowcharts may be performed in a different order than shown.

In describing exemplary embodiments, specific terminology is used for the sake of clarity. For purposes of description, each specific term is intended to at least include all technical and functional equivalents that operate in a similar manner to accomplish a similar purpose. Additionally, in some instances where a particular exemplary embodiment includes a plurality of system elements or method steps, those elements or steps may be replaced with a single element or step. Likewise, a single element or step may be replaced with a plurality of elements or steps that serve the same purpose. Further, where parameters for various properties are specified herein for exemplary embodiments, those parameters may be adjusted up or down by 1/20th, 1/10th, 1/5th, 1/3rd, 1/2, etc., or by rounded-off approximations thereof, unless otherwise specified.

With the above illustrative embodiments in mind, it should be understood that such embodiments can employ various computer-implemented operations involving data transferred or stored in computer systems. Such operations are those requiring physical manipulation of physical quantities. Typically, though not necessarily, such quantities take the form of electrical, magnetic, and/or optical signals capable of being stored, transferred, combined, compared, and/or otherwise manipulated.

Further, any of the operations described herein that form part of the illustrative embodiments are useful machine operations. The illustrative embodiments also relate to a device or an apparatus for performing such operations. The

apparatus can be specially constructed for the required purpose, or can incorporate a general-purpose computer selectively activated or configured by a computer program stored in the computer. In particular, various general-purpose machines employing one or more processors coupled to one or more computer readable media can be used with computer programs written in accordance with the teachings disclosed herein, or it may be more convenient to construct a more specialized apparatus to perform the required operations.

The foregoing description has been directed to particular illustrative embodiments of this disclosure. It will be apparent, however, that other variations and modifications may be made to the described embodiments, with the attainment of some or all of their associated advantages. Moreover, the procedures, processes, and/or modules described herein may be implemented in hardware, software, embodied as a computer-readable medium having program instructions, firmware, or a combination thereof. For example, one or more of the functions described herein may be performed by a processor executing program instructions out of a memory or other storage device.

It will be appreciated by those skilled in the art that modifications to and variations of the above-described systems and methods may be made without departing from the inventive concepts disclosed herein. Accordingly, the disclosure should not be viewed as limited except as by the scope and spirit of the appended claims.

What is claimed is:

1. A method of operating a medical ultrasound tablet imaging device, the medical ultrasound tablet imaging device including a tablet housing, the tablet housing comprising a front panel, a battery and a computer in the tablet housing, the computer including at least one processor and at least one memory, a touch screen display for displaying an ultrasound image, the touch screen display positioned on the front panel, and an ultrasound beamformer processing circuit disposed in the housing, the touch screen display and the ultrasound beamformer processing circuit being communicably connected to the computer, the method comprising the steps of:

receiving, at the computer, a first input from the touch screen display to actuate a biplane transducer array including a first transducer array and a second orthogonal transducer array in a handheld probe that is communicably connected to the tablet imaging device, the tablet imaging device operating on power from the battery;

actuating split screen operation with a second input from the touchscreen to display a first biplane ultrasound image simultaneously with a second biplane ultrasound image within a display window on the touch screen display; and

in response to a third input from the touch screen display, altering a display operation to display a first ultrasound image including an apical view of a heart of a patient and a second ultrasound image including an orthogonal view of the heart on the touch screen display using the biplane transducer array.

2. The method of claim 1 wherein the first input corresponds to a press gesture against the touch screen display.

3. The method of claim 1 further comprising receiving, at the computer, the third input from the touch screen display to display a two chamber view of the heart.

4. The method of claim 3 wherein a further input corresponds to a double tap gesture against the touch screen display.

33

5. The method of claim 1 further comprising displaying a first cursor inside a region of the display window in response to the second input from the touch screen display.

6. The method of claim 1 wherein the third input corresponds to a drag gesture on the touch screen display.

7. The method of claim 5 further comprising in response to the third input from the touch screen display, moving the first cursor to a first location inside the region of the display window.

8. The method of claim 7 further comprising receiving, at the computer, a fourth input from the touch screen display, the fourth input being received at the first location inside the region of the display window.

9. The method of claim 8 wherein the fourth input corresponds to a press gesture against the touch screen display.

10. The method of claim 8 further comprising receiving, at the computer, a fifth input from the touch screen display, the fifth input being received substantially simultaneously with the fourth input.

11. The method of claim 10 wherein the fifth input corresponds to a tap gesture against the touch screen display.

12. The method of claim 5 further comprising in response to further input from the touch screen display, fixing the first cursor at the first location inside the region of the display window.

13. The method of claim 12 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the first cursor at the first location.

14. The method of claim 1 further comprising receiving, at the computer, a second further input from the touch screen display to simultaneously display a two chamber view and a four chamber view of the heart.

15. The method of claim 14 wherein the second further input corresponds to a double tap gesture against the display window on the touch screen display.

16. The method of claim 14 further comprising in response to the second further input from the touch screen display, displaying a second cursor at a second location inside the display window.

17. The method of claim 16 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the respective locations of the first and second cursors inside the region of the display window.

18. The method of claim 16 further comprising in response to the seventh input from the touch screen display, providing a connecting line on the touch screen display extending from the first cursor across at least a portion of the ultrasound image to a second location inside the region of the display window.

19. The method of claim 7 further comprising in response to an input from the touch screen display, displaying a second cursor inside a region of a virtual window, and fixing the second cursor at a second location inside the region of the virtual window.

20. The method of claim 19 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on a connecting line extending between the respective locations of the first cursor and second cursor inside the region of the virtual window.

21. The method of claim 1 further comprising operating the handheld biplane transducer array having the first linear transducer array oriented in an x-direction that is orthogonal

34

to the second linear transducer array oriented in the y-direction and wherein each array is directed along a z-direction.

22. The method of claim 21 further comprising displaying apical two chamber images on the display.

23. The method of claim 1 further comprising performing a Doppler processing operation and overlaying a color encoded window on an ultrasound image.

24. A method of operating a portable medical ultrasound imaging device, the portable medical ultrasound imaging device including a tablet housing in a tablet form factor, the tablet housing comprising a front panel, a battery and a computer disposed in the tablet housing, the computer including at least one processor and at least one memory, a touch screen display for displaying an ultrasound image in a display window, the touch screen display being disposed on the front panel and configured to display a graphic user interface having a control bar with a plurality of touch actuated tap controls, and a split screen touch control configured to generate a plurality of displayed ultrasound images, the plurality of ultrasound images being displayable in the display window on the touch screen display in combination during split screen actuation of the display window, the ultrasound imaging device further including an ultrasound beamformer circuit disposed in the tablet housing, the touch screen display and the ultrasound beamformer circuit being communicably coupled to the computer, the method comprising the steps of:

receiving, at the computer, a first input from the touch screen display to actuate a biplane transducer assembly that is communicably connected to the ultrasound imaging device that is powered by the battery; simultaneously displaying a plurality of ultrasound images in the display window on the touch screen display; and in response to a second input from the touch screen display, tracing a displayed feature of at least one of the ultrasound images.

25. The method of claim 24 wherein the second input corresponds to a press and drag gesture against the touch screen display.

26. The method of claim 24 wherein a third input corresponds to a tap gesture against the touch screen display.

27. The method of claim 24 further comprising receiving, at the computer, a fourth input from the touch screen display.

28. The method of claim 27 wherein the fourth input corresponds to a double tap gesture against the touch screen display.

29. The method of claim 27 further comprising in response to a touch input from the touch screen display, displaying a first cursor inside a region of the touch screen display.

30. The method of claim 24 wherein a touch input corresponds to a drag gesture on the touch screen display.

31. The method of claim 29 further comprising in response to a moving gesture input from the touch screen display, moving the first cursor to a first location inside the region of the touch screen display.

32. The method of claim 24 further comprising receiving, at the computer, a fifth input from the touch screen display, the fifth input being received at the first location inside a display region of the touch screen display.

33. The method of claim 24 wherein the first input comprises actuating the biplane transducer assembly wherein a first one dimensional transducer array generates a two chamber view of a heart of a patient and wherein a

35

second one dimensional transducer array generates a four chamber view of the heart displayed on the touch screen display.

34. The method of claim 32 further comprising receiving, at the computer, a sixth input from the touch screen display, the sixth input being received substantially simultaneously with the fifth input.

35. The method of claim 34 wherein the sixth input corresponds to a tap gesture against the touch screen display.

36. The method of claim 34 further comprising in response to the sixth input from the touch screen display, fixing the first cursor at the first location inside the region of the touch screen display.

37. The method of claim 36 wherein the tracing of the predetermined feature of the ultrasound image includes tracing the predetermined feature of the ultrasound image, starting from the first cursor at the first location inside the region of the touch screen display.

38. The method of claim 24 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the tracing of the predetermined feature of the ultrasound image.

39. A method of operating a medical ultrasound tablet imaging device, the medical ultrasound tablet imaging device including a tablet housing, the tablet housing comprising a front panel, a battery and a computer in the tablet housing, the computer including at least one processor and at least one memory, a touch screen display for displaying an ultrasound image in a display window, the touch screen display positioned on the front panel, and an ultrasound beamformer processing circuit disposed in the housing, the touch screen display and the ultrasound beamformer processing circuit being communicably connected to the computer, the method comprising the steps of:

receiving, at the computer, a first input from the touch screen display to actuate a biplane transducer probe that is communicably connected to the tablet imaging device that is powered by the battery, the biplane transducer array including a first one dimensional multi-element transducer array that is orthogonal to a

36

second one-dimensional multi-element transducer array wherein each transducer array is directed along the same axis such that orthogonal images of a region of interest are generated;

in response to a second input from the touch screen display, altering a display operation to display split screen images including a first displayed orthogonal plane ultrasound image using beamformed image data from the first one dimensional multi-element transducer array in the display window and a second orthogonal plane image using beamformed image data from the second one dimensional multi-element transducer array in the display window on the touch screen display.

40. The method of claim 39 wherein the first gesture input corresponds to a press gesture against the touch screen display.

41. The method of claim 39 further comprising receiving, at the computer, a third input from the touch screen display.

42. The method of claim 39 wherein a further input corresponds to a double tap gesture against the touch screen display.

43. The method of claim 41 wherein the third input corresponds to a drag gesture on the touch screen display.

44. The method of claim 39 further comprising simultaneously displaying the first ultrasound image of a heart of a patient detected with the first one-dimensional multi-element transducer array and the second ultrasound image of the heart detected with the second one-dimensional multi-element transducer array.

45. The method of claim 39 further comprising in response to an input from the touch screen display, displaying a first cursor inside the display window.

46. The method of claim 45 further comprising performing, by the computer, at least one measurement on the first displayed ultrasound image based at least in part on a connecting line extending between the respective locations of the first cursor and a second cursor.

* * * * *

专利名称(译)	平板电脑超声仪		
公开(公告)号	US10667790	公开(公告)日	2020-06-02
申请号	US13/838694	申请日	2013-03-15
[标]申请(专利权)人(译)	蒋爱丽丝M 黄WILLIAM中号		
申请(专利权)人(译)	CHIANG, ALICE M. 黄, WILLIAM M.		
当前申请(专利权)人(译)	TERATECH CORPORATION		
[标]发明人	CHIANG ALICE M WONG WILLIAM M BERGER NOAH		
发明人	CHIANG, ALICE M. WONG, WILLIAM M. BERGER, NOAH		
IPC分类号	A61B8/00 G01S7/52 G06F3/0488 A61B8/08 A61B8/06 G01S15/89		
CPC分类号	A61B8/4427 A61B8/467 A61B8/462 A61B8/468 A61B8/463 A61B8/469 A61B8/4477 G01S7/52084 G01S7/52074 G06F3/0488 G01S7/52082 A61B8/4405 A61B8/465 H01L2224/48091 Y10T29/49002 H01L2924/181 H01L2224/32145 H01L2224/73265 G01S15/8979 H01L2924/00 A61B8/06 H01L2924 /00012 H01L2224/48247 H01L2224/48465 H01L2224/48095 A61B8/54 H01L2924/00014 H01L2224 /32245 A61B8/08		
优先权	61/704254 2012-09-21 US 61/615627 2012-03-26 US		
其他公开文献	US20140114190A1		
外部链接	Espacenet		

摘要(译)

示例性实施例提供了用于便携式医学超声成像的系统和方法。某些实施例提供了一种用于便携式医学超声成像系统的超声引擎的多芯片模块，其中，发射/接收芯片，放大器芯片和波束形成器芯片被组装成垂直堆叠的构造。示例性实施例还提供一种包括一个或多个多芯片模块的超声引擎电路板，以及一种便携式医学超声成像系统，其包括具有一个或多个多芯片模块的超声引擎电路板。示例性实施例还提供了如本文所教导的用于制造和组装多芯片模块的方法。在一些实施例中，具有一个或多个多芯片模块的超声引擎的单电路板可以包括16至128个通道。由于多芯片模块的垂直堆叠布置，所以可以在约10cm×约10cm的示例性平面尺寸内组装128通道超声引擎电路板。

