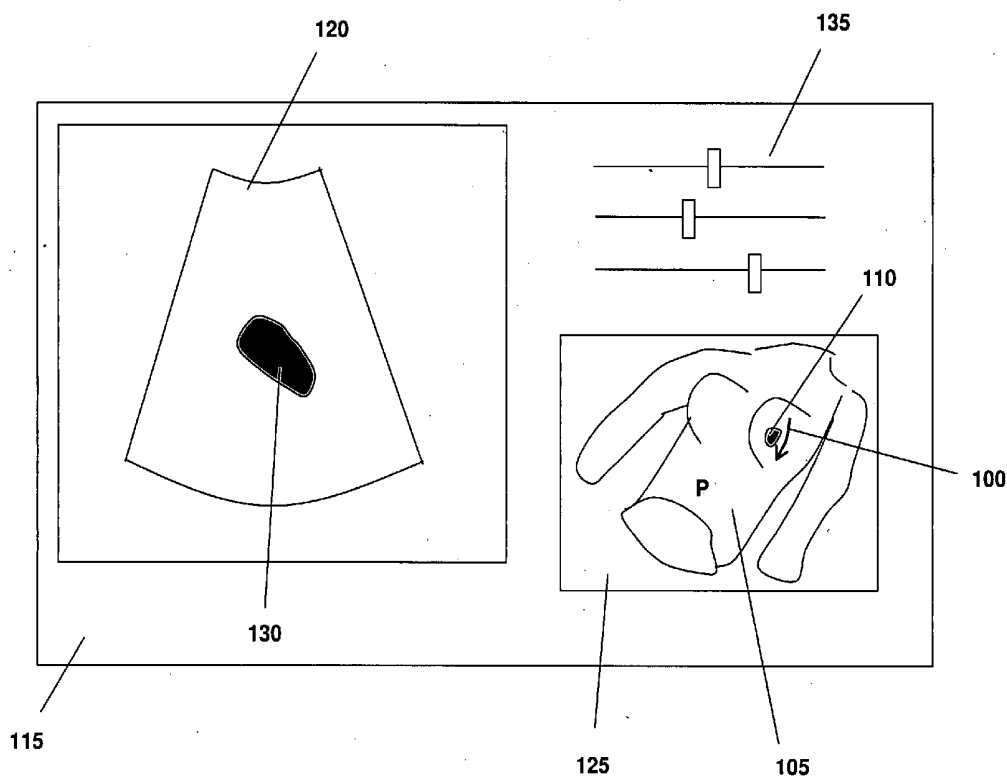




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(19) **United States**(12) **Patent Application Publication**  
**Lachaine et al.**(10) **Pub. No.: US 2009/0024030 A1**(43) **Pub. Date: Jan. 22, 2009**(54) **METHODS AND SYSTEMS FOR GUIDING  
THE ACQUISITION OF ULTRASOUND  
IMAGES****Publication Classification**(51) **Int. Cl.**  
**A61B 8/13** (2006.01)(52) **U.S. Cl.** ..... **600/437**(76) **Inventors:** **Martin Lachaine**, Montreal (CA);  
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**BOSTON, MA 02109-2881 (US)**(21) **Appl. No.:** **12/176,774**(22) **Filed:** **Jul. 21, 2008****Related U.S. Application Data**(60) **Provisional application No. 60/951,001, filed on Jul. 20, 2007.**(57) **ABSTRACT**

A method of presenting a suggested path for an ultrasound probe along a patient's surface includes obtaining a three-dimensional, non-ultrasound image of the patient and an ultrasound image of the patient. A treatment area is defined within the within the three-dimensional, non-ultrasound image, and using the images, defining a scanning site contour of an anatomical structure of interest within the patient and an external contour of the patient's surface. A preferred path of the ultrasound scan is projected onto the external contour such that an operator can reproduce the ultrasound scan without knowledge of the anatomical structure of interest.



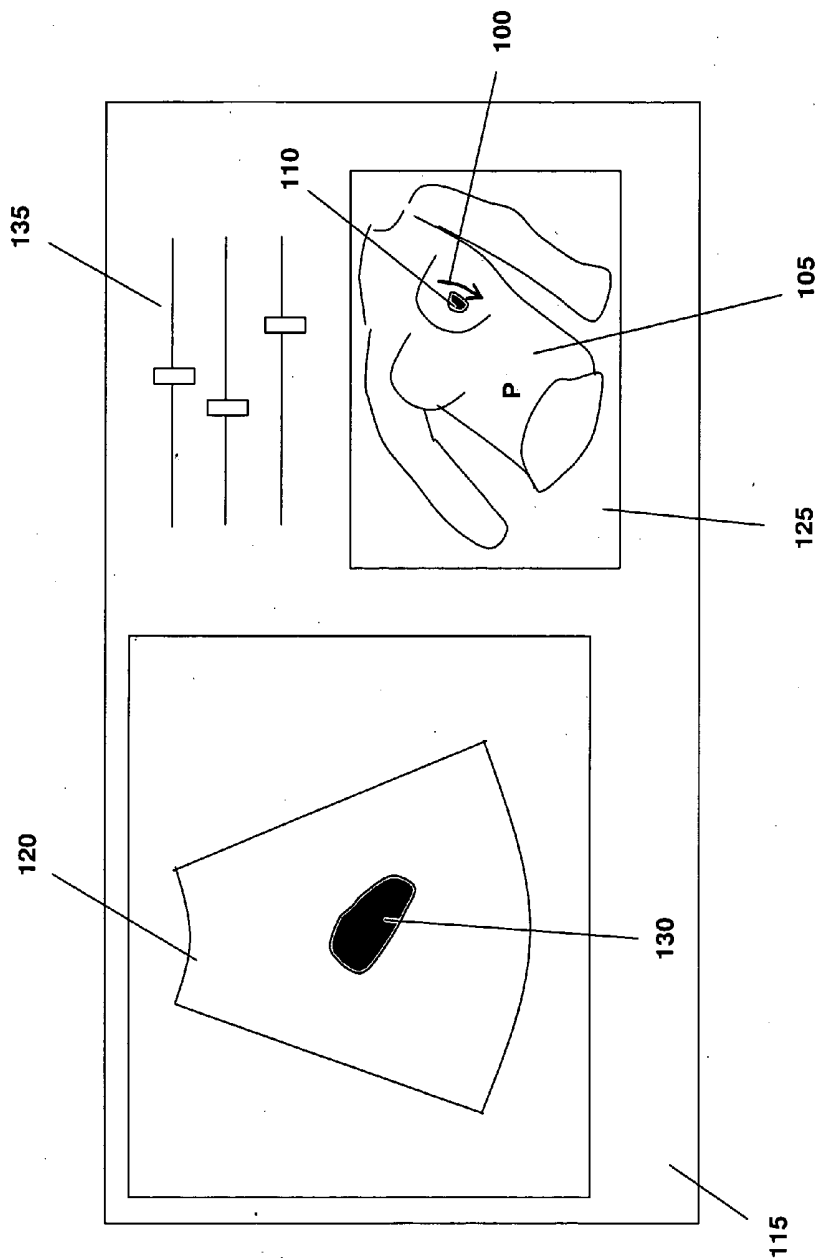


FIG. 1

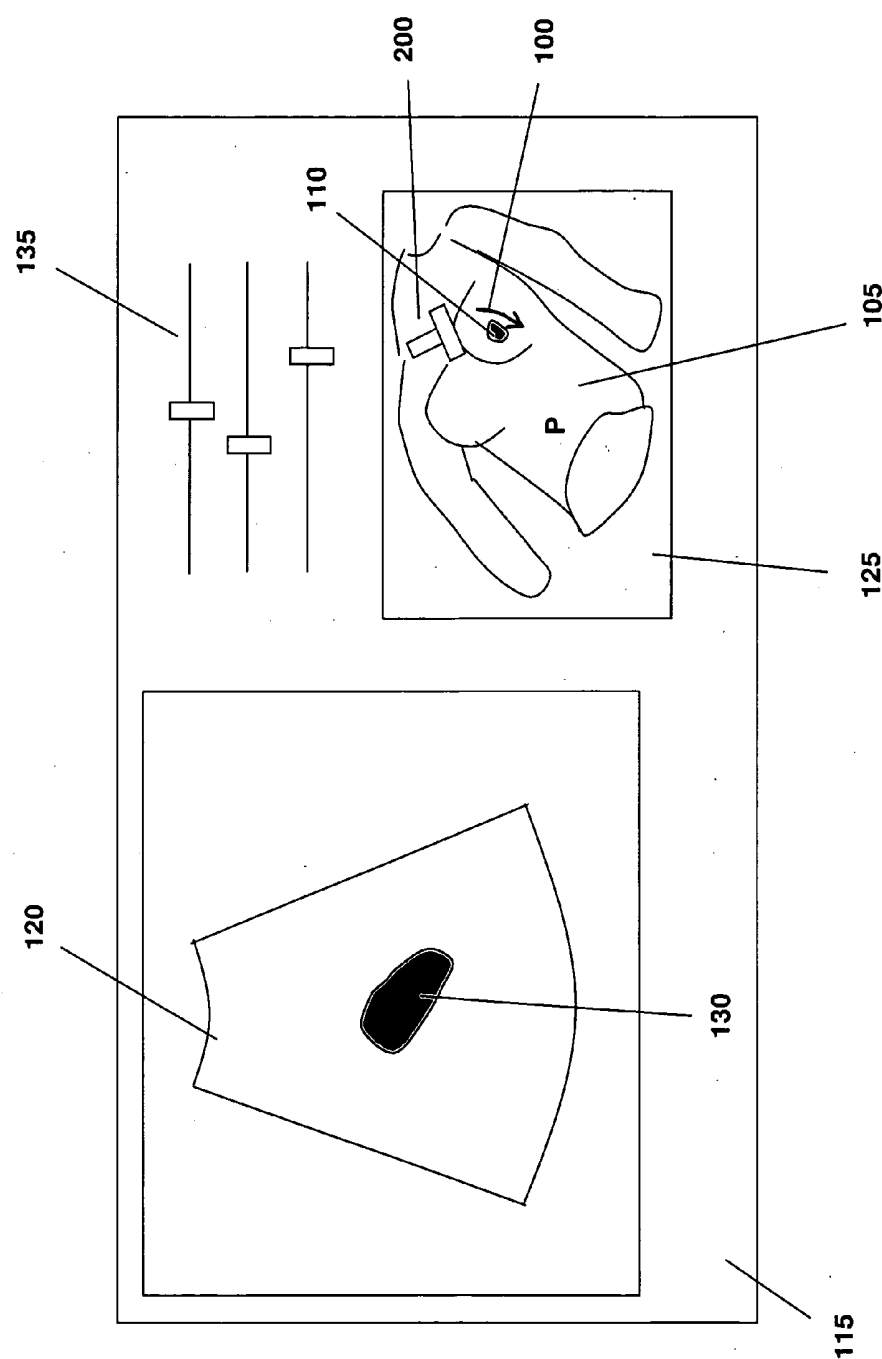
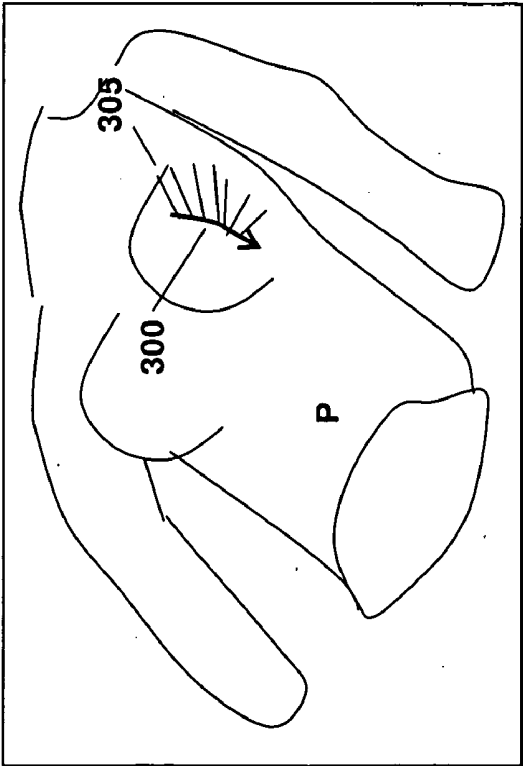


FIG. 2



**FIG. 3**

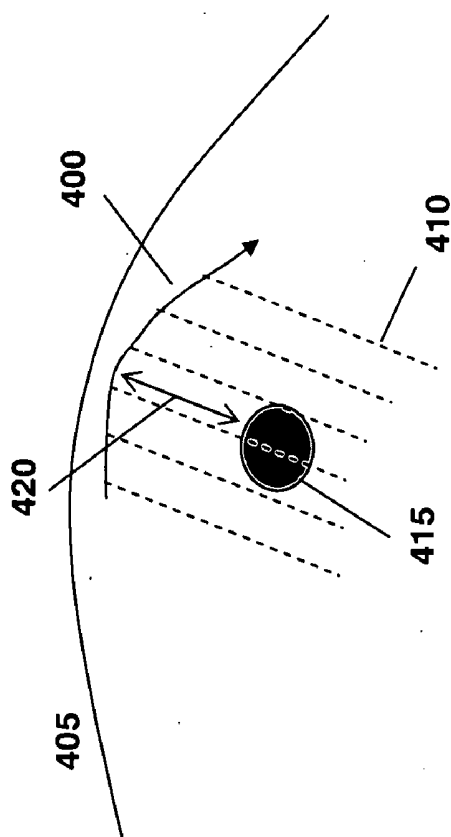
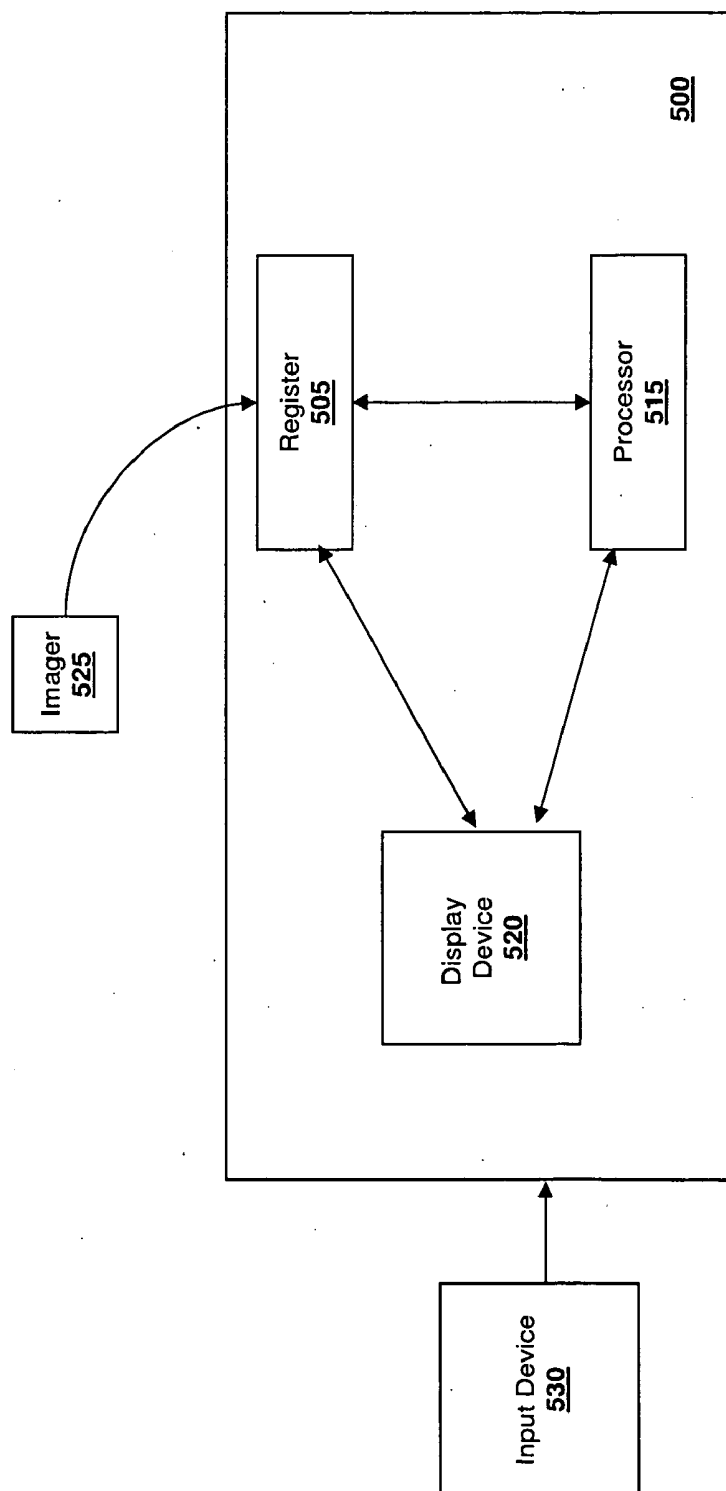


FIG. 4



**FIG. 5**

## METHODS AND SYSTEMS FOR GUIDING THE ACQUISITION OF ULTRASOUND IMAGES

### CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims priority to and the benefit of, and incorporates herein by reference, in its entirety, provisional U.S. patent application Ser. No. 60/951,001, filed Jul. 20, 2007.

### TECHNICAL FIELD

[0002] This invention relates to methods for guiding the acquisition of images of anatomical features, and more specifically, guiding the rapid acquisition of ultrasound images that encompass particular features of interest.

### BACKGROUND INFORMATION

[0003] The use of ultrasound imaging systems requires advanced training and is most often performed by sonographers or physicians who have an intimate knowledge of the anatomy under study, as well as the expected appearance of anatomical features in an ultrasound image. For example, in order to pinpoint the correct probe positioning to acquire an image of a desired anatomical structure (e.g., an organ, lesion or tumor), an operator must coordinate moving the ultrasound probe to the correct location on the anatomy while simultaneously interpreting the resulting images on a display.

[0004] Ultrasound has recently been introduced into the field of image-guided radiotherapy (IGRT) in which anatomical structures of interest are imaged immediately prior to a radiotherapy treatment session in order to correctly align the structures of interest to therapeutic radiation beams. Heretofore, ultrasound has most commonly been used for prostate IGRT in which a three-dimensional ultrasound scan (or, in some cases, multiple two-dimensional scans having known three-dimensional positions in space) of the prostate are acquired. These images are used to align the prostate to reproduce a previously-defined treatment plan accounting for daily prostate motion, growth, etc. One challenge is that radiation therapists, who typically have no ultrasound training, are expected to acquire the ultrasound images during the radiation delivery phase of treatment. Because the prostate is always in approximately the same location relative to the bladder, finding it using ultrasound can be relatively easy given some training for the therapists.

[0005] However, there are other potential applications for ultrasound-based IGRT in which an operator cannot rely on a consistent location of the anatomical feature of interest, for example, guiding localized breast-cancer radiotherapy treatments in which the main structure of interest is typically a lumpectomy cavity (i.e. the original site of the surgically-removed tumor). While some cavities may be easily found using ultrasound, others can be more difficult to identify. Further, unlike the prostate, which is always in the same general area within the patient, the therapist does not know where to look for the cavity—it can be anywhere within the breast, and therefore requires significant time and experience to find.

[0006] As part of radiation therapy, a computed tomography (CT) scan of the area of interest is typically taken for planning purposes prior to the first treatment session. As described in U.S. patent application Ser. No. 10/343,336,

entitled “Method and Apparatus for Lesion Localization, Definition and Verification” a three-dimensional ultrasound image may also be acquired immediately before or after acquiring the CT scan. This image is typically acquired by either a CT technologist, radiation therapist or radiation oncologist, who also may not have ultrasound experience, giving rise to the same issues as ultrasound-based IGRT.

[0007] Because time and trained operators are scarce in a radiotherapy department, finding an anatomical structure such as a lesion cavity using an ultrasound imaging system can be a limiting task in ultrasound-based IGRT of the breast. Other anatomical sites may share the same problem, such as tumors or nodes in the head and neck region. Therefore, approaches are needed to assist the radiation therapist in finding anatomical structures of interest using ultrasound.

### SUMMARY OF THE INVENTION

[0008] The present invention provides methods and systems for assisting users in locating anatomical structures of interest using ultrasound imaging devices. One exemplary application of the invention is ultrasound-based IGRT.

[0009] In various aspects, a planning CT image and planning ultrasound image are acquired. For example, the planning ultrasound scan may have been taken in the CT room, where typically more time is available for scanning, and it is desirable to utilize these images in the treatment room (possibly on a daily or weekly basis), where the time and resources available to acquire ultrasound scans is limited. The user contours (e.g., draws, either programmatically or manually) the external body shape on the CT image, and in some cases the anatomical structure of interest may be displayed with the CT image, typically using the planning ultrasound or CT image, (the structure being referred to herein as the “scanning site contour” or SSC). For example, for breast patients, the SSC may correspond to a contour of the lumpectomy cavity within the breast. The path used to create the planning ultrasound image may be projected onto the contoured CT scan, resulting in an image of the desired ultrasound path on the CT scan. In some instances, the SSC may be included on the display, whereas in other instances it may not. The image can then be printed, or preferably, appear on a display in the treatment room, which the user may then consult while scanning the patient for subsequent ultrasound images. Because the path used to create the original ultrasound image is provided, the user does not need extensive training with regard to human anatomy or ultrasound scanning techniques, and the time required to obtain the image is greatly reduced. In addition, for breast scanning in radiation therapy for example, it is important not to apply probe pressure which would deform the breast during the scanning process, and by providing guidance as to where to place the probe, the operator can devote more attention to minimizing probe pressure.

[0010] In some instances, the planning CT is acquired, displayed and interrogated by the user prior to the planning ultrasound scan in order to aid in the localization of the organ of interest during the acquisition of the planning ultrasound. For example, the user can interrogate the CT image by scrolling through the planning CT data until the organ of interest comes into view, at which point the user has information about the organ’s location relative to the landmarks on the surface of the planning CT, and can use these landmarks to guide acquisition of the planning ultrasound.

[0011] Where the SSC and external patient surface contour are contoured on the planning CT, but no planning ultrasound

is available, the invention provides may facilitate the identification of the desired ultrasound scanning path using the two contours. In some cases, the desired path is found by tracing a line on the external contour which minimizes the distance between the line and the SSC. The path line may then be projected onto the external surface for visualization, as previously described. Such techniques may improve ultrasound scanning in both the treatment and planning rooms, and is especially useful in the planning room as there is no previous ultrasound image to use as a guide.

[0012] In some embodiments, the invention provides real-time feedback to the user as to the current probe position relative to the intended path. The three-dimensional location of the probe is known via a tracking system (such as a guided mechanical arm or optical-based tracking system), and this information can be overlaid with the current location of the probe relative to the external surface contour and intended path, indicating both where the probe is and where it should be.

#### BRIEF DESCRIPTION OF THE DRAWINGS

[0013] In the drawings, like reference characters generally refer to the same parts throughout the different views. Also, the drawings are not necessarily to scale, emphasis instead is generally being placed upon illustrating the principles of the invention.

[0014] FIG. 1 illustrates one embodiment of a screen display indicating a proposed path and external contour surface for obtaining ultrasound images.

[0015] FIG. 2 illustrates the screen display of FIG. 1 with a current location of an ultrasound probe superimposed on the suggested scan path and external contour surface.

[0016] FIG. 3 illustrates one embodiment of a display indicating suggested probe angles along the suggested scan path of FIG. 1.

[0017] FIG. 4 illustrates one embodiment of the invention in which a suggested scan path is constructed without the benefit of a previously-obtained ultrasound scan.

[0018] FIG. 5 is a schematic representation of a system in accordance with an embodiment of the invention.

#### DETAILED DESCRIPTION

[0019] FIG. 1 illustrates one embodiment of the invention in which a path suggestion line 100 is shown projected onto an external contour 105 of a patient P. A scanning site contour (SSC) 110 is also shown, and may be derived from a three-dimensional surface contour of the anatomical structure of interest, in this case a breast lumpectomy site. In instances in which the SSC lies within the external contour, the contours may be displayed in semi-transparent fashion to allow full visibility of the SSC and other anatomical features. The three-dimensional information may be manipulated to improve viewing (using, for example, conventional visualization devices and/or software), including being rotated and/or zoomed. The images may also be printed, but preferably are available directly on an ultrasound scanning screen 115 in a treatment planning and/or delivery room. In brief summary, an operator scans the patient using an ultrasound device while reviewing a real-time image 120 to find the area of interest. Using the location-guidance image 125, the operator can find the correct treatment delivery location, indicated in FIG. 3 at 130. The user can then adjust ultrasound settings 135, and obtain a three-dimensional scan which includes the intended

treatment region by visually reproducing the intended scanning path 100 on the patient's skin.

[0020] In ultrasound-based IGRT, the ultrasound probe may be tracked (typically in real-time or near real-time) such that its three-dimensional position and orientation in space is known with respect to landmarks or other system components in the treatment room. In this fashion, the ultrasound slices can be positioned in space relative to the corresponding coordinates of the treatment room and/or a linear accelerator used to deliver radiotherapy. Techniques for tracking ultrasound devices typically rely on either a mechanical arm affixed to the probe or an optical camera attached to a fixed location in the room (often the ceiling) which tracks passive or active markers affixed to the probe.

[0021] Referring to FIG. 2, a representation of the probe 200 (based on its location as determined above) is shown in the location-guidance image 125. The probe representation 200 may be updated in real-time as the operator moves the probe according to tracking information obtained from the tracking system, helping the operator see how close the current probe position is relative to the suggested path 100 (and thereby enabling the operator to include the appropriate anatomy in the scan with minimal searching). It also allows the operator to reproduce the same (or approximately the same) scan from one radiotherapy treatment session to the next.

[0022] In some embodiments, the probe representation denotes both an angle and a position of the probe in space and relative to the patient P, while in some cases only its position is indicated. In certain variations, the intended scanning path 100 is shown as a line, while in others it also denotes a suggested direction of travel for the probe along the line. For example, in FIG. 3, the intended scanning path 300 includes a series of lines 305 perpendicular to the scanning path 100 indicating the intended scan direction along the path, thus indicating whether, for example, the path was scanned in a sweeping fashion or a translational motion. In some embodiments, a movie loop may be compiled showing an actual representation of the suggested probe motion along the intended scan path, indicating a more detailed version of the motion.

[0023] In some cases, a high-quality scan may have already been obtained in a first scanning session (typically during a treatment planning phase), and this scan may then be reproduced in future scanning sessions and used as a guide for augmenting the CT image with a preferred ultrasound path. In planning sessions, there is generally more time to obtain a good scan than in a treatment session, and the operators are typically more experienced and can obtain higher quality ultrasound scans than a radiotherapy technician who is not familiar with the representations of the anatomical structures in ultrasound images. In this case, the external contour 105 may be obtained from the CT and the SSC obtained from either the CT or the initial ultrasound image.

[0024] The external contour 105 can be drawn slice-by-slice on the CT scan, and converted into a three-dimensional surface (which can be represented as a mesh, for example) before being provided to the scanning system. In some cases, the three-dimensional surface is extracted automatically using techniques, such as thresholding, which uses differences in pixel characteristics find the interface between air and tissue. Similarly, the SSC can be found by either manually segmenting a region of interest in the CT or ultrasound



image, or can be centered about a point in the general area of interest and defining the SSC as a sphere centered at that point.

[0025] In one embodiment, the suggested scanning path can be found by analyzing the temporal tracked probe positions of the first approved scan using, for example, the tracking data supplied by the tracking system and determining the position of a given pixel in the ultrasound image throughout the progression of the three-dimensional scan. In some implementations, the top-central pixel may be used as the reference pixel because it can be related to the center of the probe. The three-dimensional path of the reference pixel generates a series of three-dimensional points in space, which when connected in order define the scanning path. If the direction of the probe along the path is also of importance, this can be found by finding a vector connecting the top-center reference pixel and any other pixel in the center line of the ultrasound image. In general, if the CT and ultrasound image were acquired at nearly the same time with the patient in substantially the same position, the path will fall directly on the external contour. In some cases, if there are inaccuracies or if the patient moved or breathed during the scan, the path may not fall exactly on the skin. In some cases it may be preferable to project the path directly onto the external contour.

[0026] In some applications, the invention facilitates the definition of a scanning path without the benefit of an initial ultrasound image. In such cases, the suggested scan path may be defined automatically using a previously acquired CT dataset with an associated external contour as input. Referring to FIG. 4, the suggested scan path 400 can be extracted by finding a path which is constrained to lie on the external contour 405, and for which perpendicular lines 410 pass through the SSC 415. In general there are many paths which will satisfy this condition, and therefore additional constraints may be imposed to determine the preferred path. For example, one such constraint is to minimize the distance 420 along each perpendicular line between the SSC and the surface. For example, the scan path may be calculated at the depth below the patient's skin of the SSC by finding an arbitrary line which passes through the SSC, and then projecting this line to the external contour surface such that the distance between the original line and the projected line is minimized. Continuity between the perpendicular lines should also be enforced since the ultrasound scan should be smooth. Further, the algorithm determines whether the preferred path is a sweeping, "fan" motion or a translational scan, in which all the perpendicular lines are substantially parallel to each other. Even with these constraints, there remains a number of possible paths, but in general choosing one such path is sufficient to guide the user.

[0027] FIG. 5 schematically depicts a hardware embodiment of the invention realized as a system 500 for presenting a preferred path for obtaining an ultrasound image. The system 500 comprises a register 505 and a processor 515.

[0028] The register 505, which may be any suitably organized data storage facility (e.g., partitions in RAM, etc.), receives images from an imager 520 such as an MRI, CT/PET scanner, ultrasound device, or x-ray device. In some embodiments, the images are stored on a data-storage device separate from the imager (e.g., a database, microfiche, etc.) and sent to the system 500. The register 505 may receive the images through conventional data ports and may also include circuitry for receiving analog image data and analog-to-digital conversion circuitry for digitizing the image data.

[0029] The register 505 provides the image to the processor 515 which implements the functionality of the present invention in hardware or software, or a combination of both on a general-purpose computer. In addition, such a program may set aside portions of a computer's random access memory to provide control logic that affects one or more of the image capture, user manipulation (using, for example, an input device 525) and presentation on a display 530. In such an embodiment, the program may be written in any one of a number of high-level languages, such as FORTRAN, PASCAL, C, C++, C#, Java, Tcl, or BASIC. Further, the program can be written in a script, macro, or functionality embedded in commercially available software, such as EXCEL or VISUAL BASIC. Additionally, the software can be implemented in an assembly language directed to a microprocessor resident on a computer. For example, the software can be implemented in Intel 80x86 assembly language if it is configured to run on an IBM PC or PC clone. The software may be embedded on an article of manufacture including, but not limited to, "computer-readable program means" such as a floppy disk, a hard disk, an optical disk, a magnetic tape, a PROM, an EPROM, or CD-ROM.

[0030] While the invention has been particularly shown and described with reference to specific embodiments, it should be understood by those skilled in the art that various changes in form and detail may be made therein without departing from the spirit and scope of the invention as defined by the appended claims.

What is claimed is:

1. A method of presenting a suggested path for an ultrasound probe along a patient's surface, the method comprising:

- (a) obtaining a three-dimensional, non-ultrasound image of the patient;
- (b) defining a treatment area within the three-dimensional, non-ultrasound image;
- (c) obtaining an ultrasound image of the treatment area, and using the ultrasound image and three-dimensional, non-ultrasound image to define a scanning site contour of an anatomical structure of interest within the patient and an external contour of the patient's surface; and
- (d) displaying a preferred path of the previously acquired ultrasound scan onto the external contour such that an operator can reproduce the ultrasound scan without knowledge of the anatomical structure of interest.

2. The method of claim 1 further comprising displaying the scanning site contour.

3. The method of claim 1 wherein the preferred path is found algorithmically by constraining the preferred path to the external surface such that the reproduced ultrasound scan encompasses the scanning site contour.

4. The method of claim 1 further comprising presenting a representation of the position of the ultrasound probe in conjunction with the preferred path.

5. The method of claim 4 wherein the position of the ultrasound probe is determined using an optical tracking system.

6. The method of claim 4 wherein the position of the ultrasound probe is determined using a mechanical tracking system.

7. A method of presenting a suggested path for an ultrasound probe along a surface of a patient, the method comprising:

- (a) obtaining a surface representation of the patient; and
- (b) superimposing a preferred ultrasound scanning path on the surface representation, thereby guiding an operator's use of an ultrasound probe in obtaining an ultrasound image.

**8.** The method of claim 7 further comprising displaying a surface portion of an anatomical structure in the ultrasound image.

**9.** The method of claim 7 wherein the preferred ultrasound scanning path is based at least in part on a previously acquired ultrasound scan.

**10.** The method of claim 7 further comprising presenting a representation of the position of the ultrasound probe in conjunction with the preferred ultrasound scanning path.

**11.** The method of claim 7 where the surface representation is obtained from a non-ultrasound image.

**12.** A system for presenting a suggested path for an ultrasound probe along a patient's surface, the system comprising:

- (a) a register for (i) obtaining a three-dimensional, non-ultrasound image of the patient, (ii) obtaining an ultrasound image of the treatment area, and (iii) receiving, from an operator, a defined treatment area within the three-dimensional, non-ultrasound image; and
- (b) a processor configured to (i) define a scanning site contour of an anatomical structure of interest within the patient and an external contour of the patient's surface using the ultrasound image and three-dimensional, non-ultrasound image, and (ii) display a preferred path of the previously acquired ultrasound scan onto the external contour such that an operator can reproduce the ultrasound scan without knowledge of the anatomical structure of interest.

\* \* \* \* \*

专利名称(译)	用于指导超声图像采集的方法和系统		
公开(公告)号	<a href="#">US20090024030A1</a>	公开(公告)日	2009-01-22
申请号	US12/176774	申请日	2008-07-21
[标]申请(专利权)人(译)	LACHAINE MARTIN FALCO TONY		
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发明人	LACHAINE, MARTIN FALCO, TONY		
IPC分类号	A61B8/13		
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优先权	60/951001 2007-07-20 US		
其他公开文献	US10531858		
外部链接	<a href="#">Espacenet</a> <a href="#">USPTO</a>		

#### 摘要(译)

一种沿患者表面呈现超声探头的建议路径的方法包括获得患者的三维非超声图像和患者的超声图像。在三维非超声图像内定义治疗区域，并使用图像，定义患者体内感兴趣的解剖结构的扫描部位轮廓和患者表面的外部轮廓。将超声扫描的优选路径投影到外部轮廓上，使得操作者可以在不知道感兴趣的解剖结构的情况下再现超声扫描。

