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(54) ULTRASOUND LOCATION OF ANATOMICAL LANDMARKS

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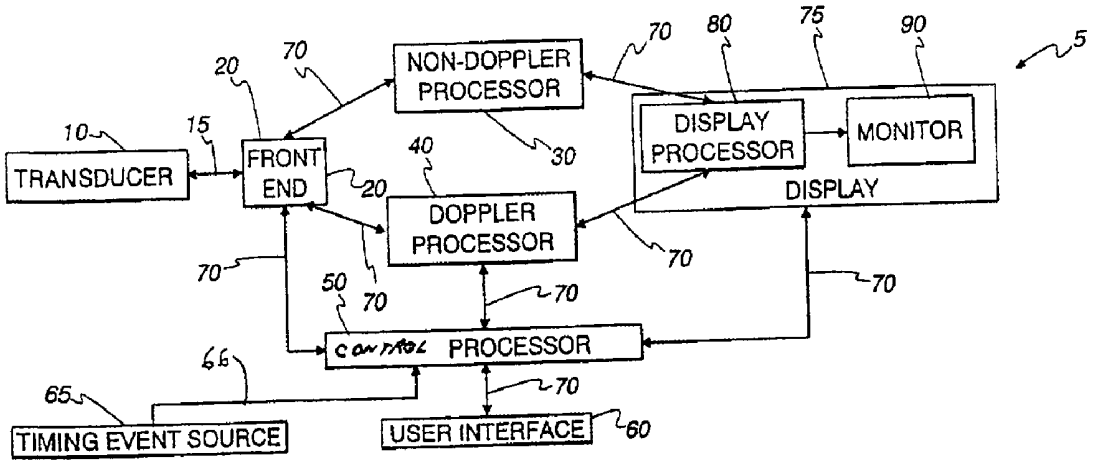
(57) ABSTRACT

An ultrasound machine is disclosed that includes a method and apparatus for generating an image responsive to moving cardiac structure and for locating anatomical landmarks of the heart by generating received signals in response to ultrasound waves transmitted into and then backscattered from the moving cardiac structure over a time period. A processor is responsive to the received signals to generate a set of analytic parameter values representing movement of the cardiac structure over the time period and analyzes elements of the set of analytic parameter values to automatically extract position information of the anatomical landmarks. A display is arranged to overlay indicia onto the image corresponding to the position information of the anatomical landmarks. The positions of the anatomical landmarks are tracked in real-time.



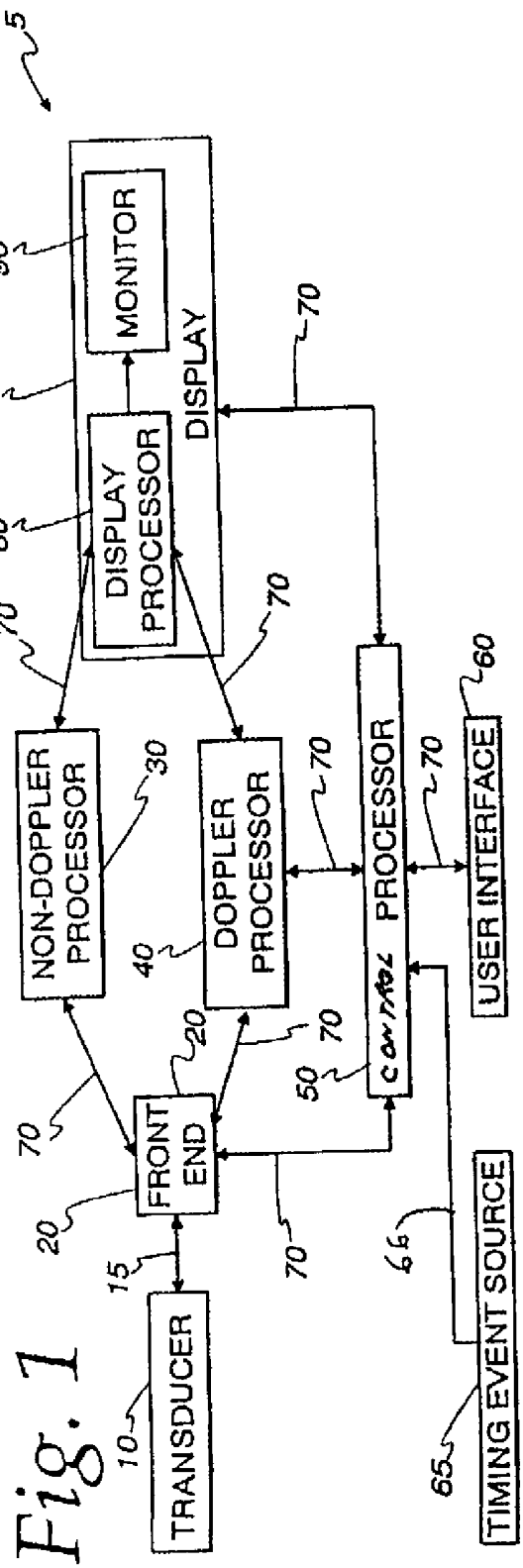

5
DISPLAY
MONITOR
90
75
DISPLAY PROCESSOR
80
70
70
70
NON-DOPPLER PROCESSOR
30
DOPPLER PROCESSOR
40
70
70
PROCESSOR
70
USER INTERFACE
60
70
20
FRONT END
20
15
70
50
70
66
TRANSDUCER
10
TIMING EVENT SOURCE
65

Fig. 1

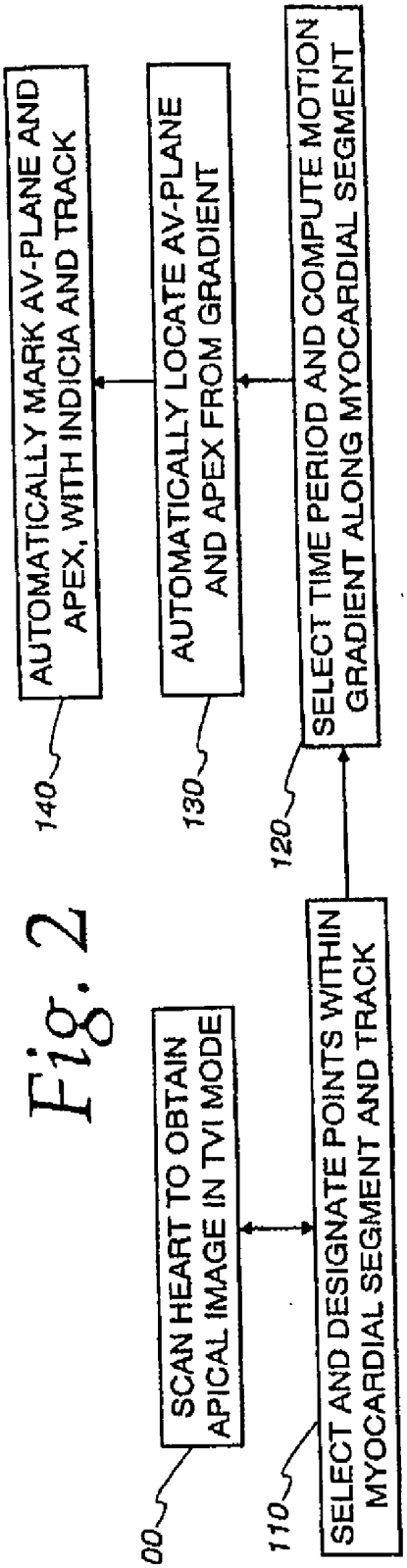

AUTOMATICALLY MARK AV-PLANE AND APEX, WITH INDICIA AND TRACK
140
AUTOMATICALLY LOCATE AV-PLANE AND APEX FROM GRADIENT
130
SELECT TIME PERIOD AND COMPUTE MOTION GRADIENT ALONG MYOCARDIAL SEGMENT
120
SCAN HEART TO OBTAIN APICAL IMAGE IN TVI MODE
100
SELECT AND DESIGNATE POINTS WITHIN MYOCARDIAL SEGMENT AND TRACK
110

Fig. 2

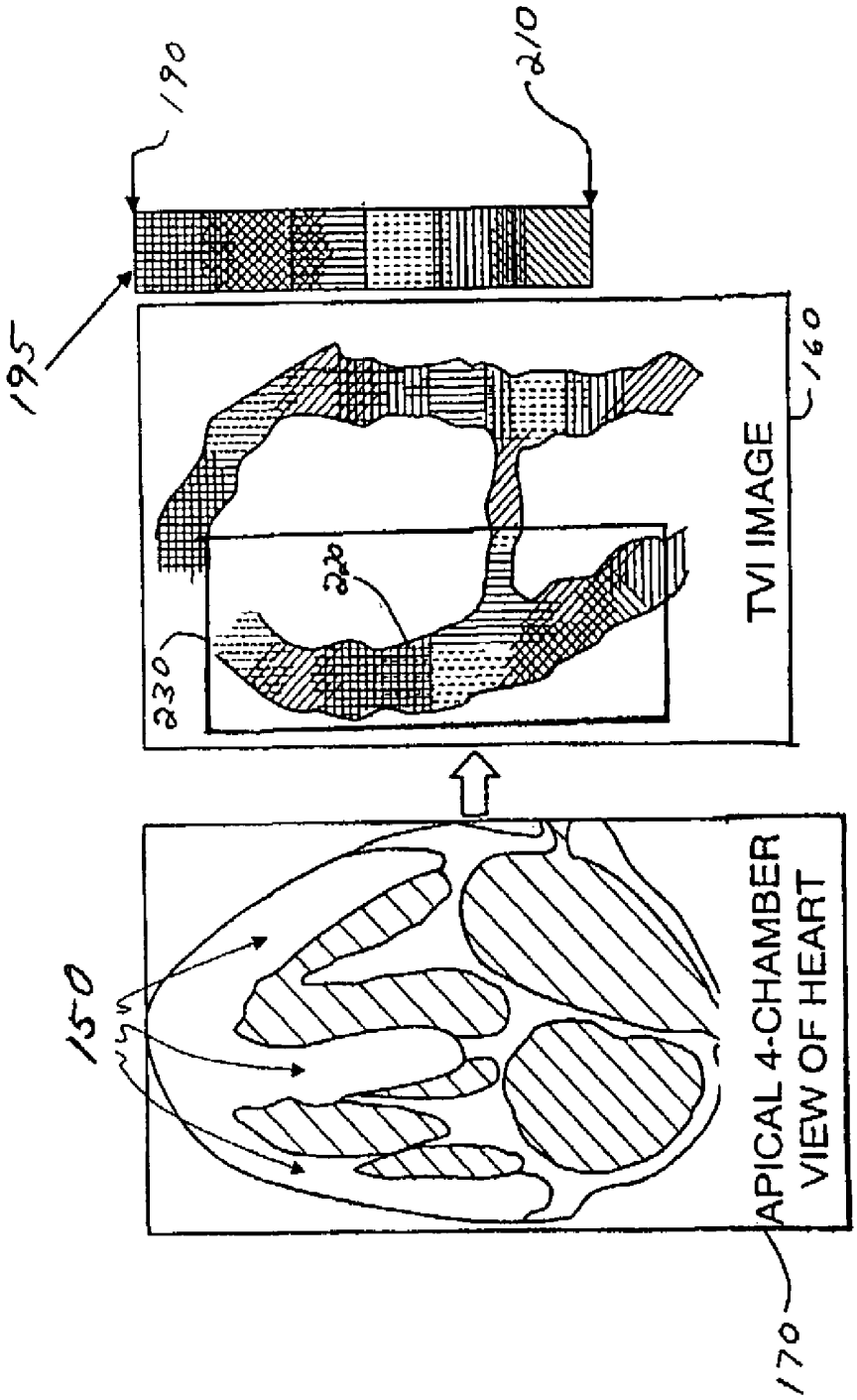

190
210
195
160
TVI IMAGE
220
230
150
APICAL 4-CHAMBER
VIEW OF HEART
170

Fig. 3

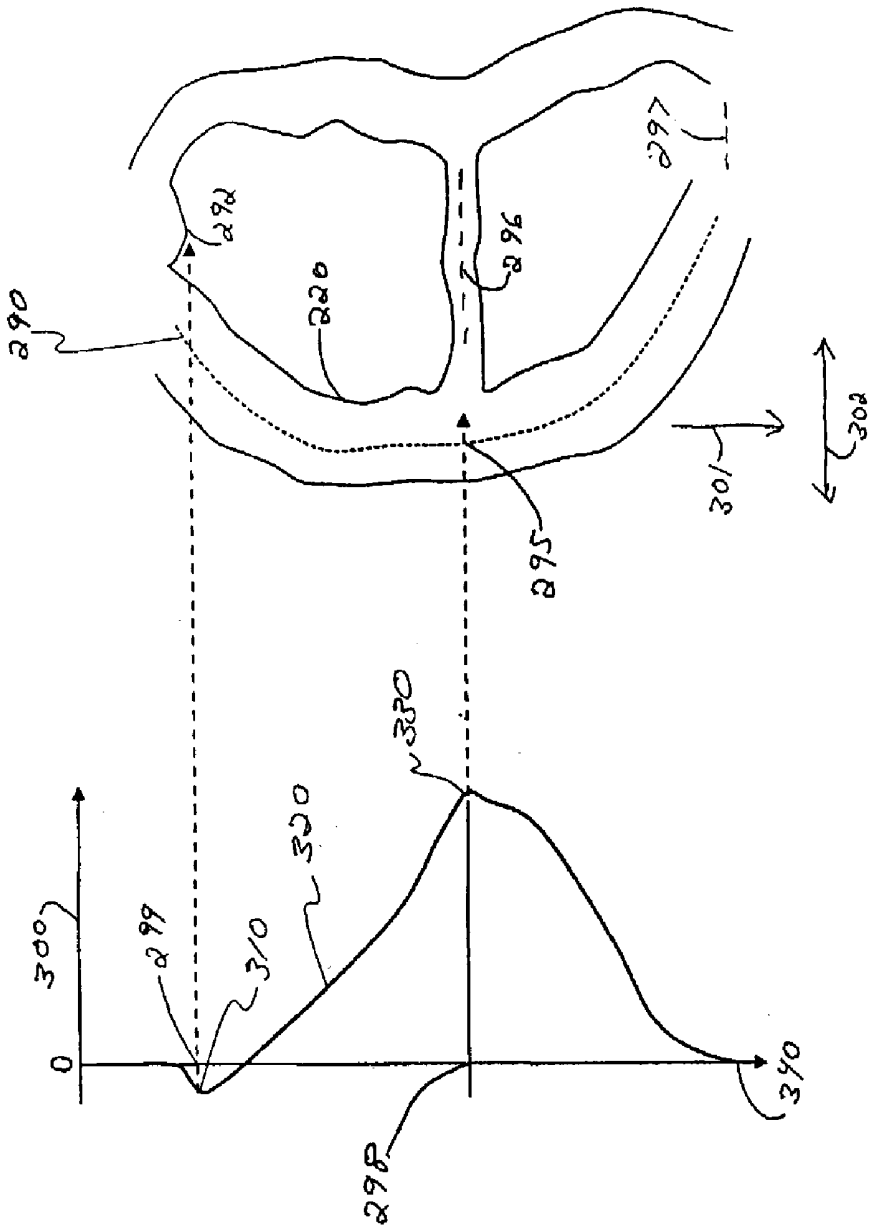


Fig. 4

Fig. 5

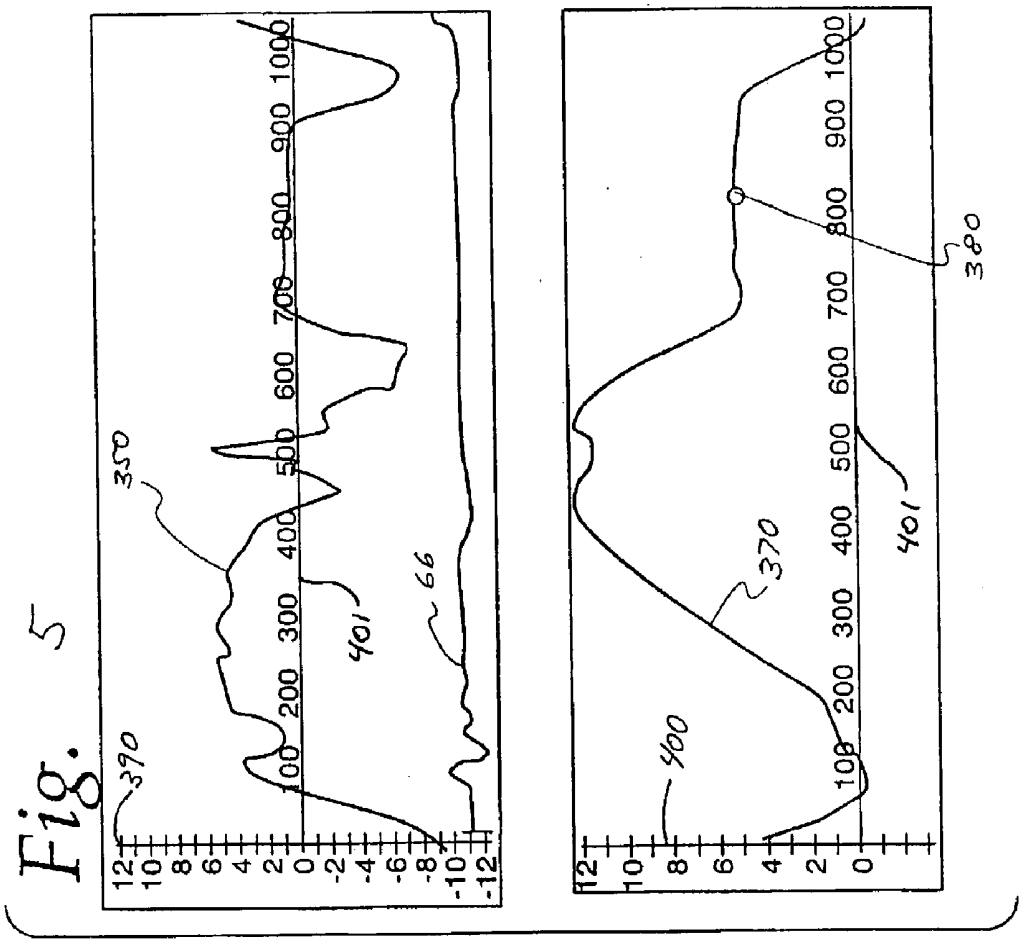
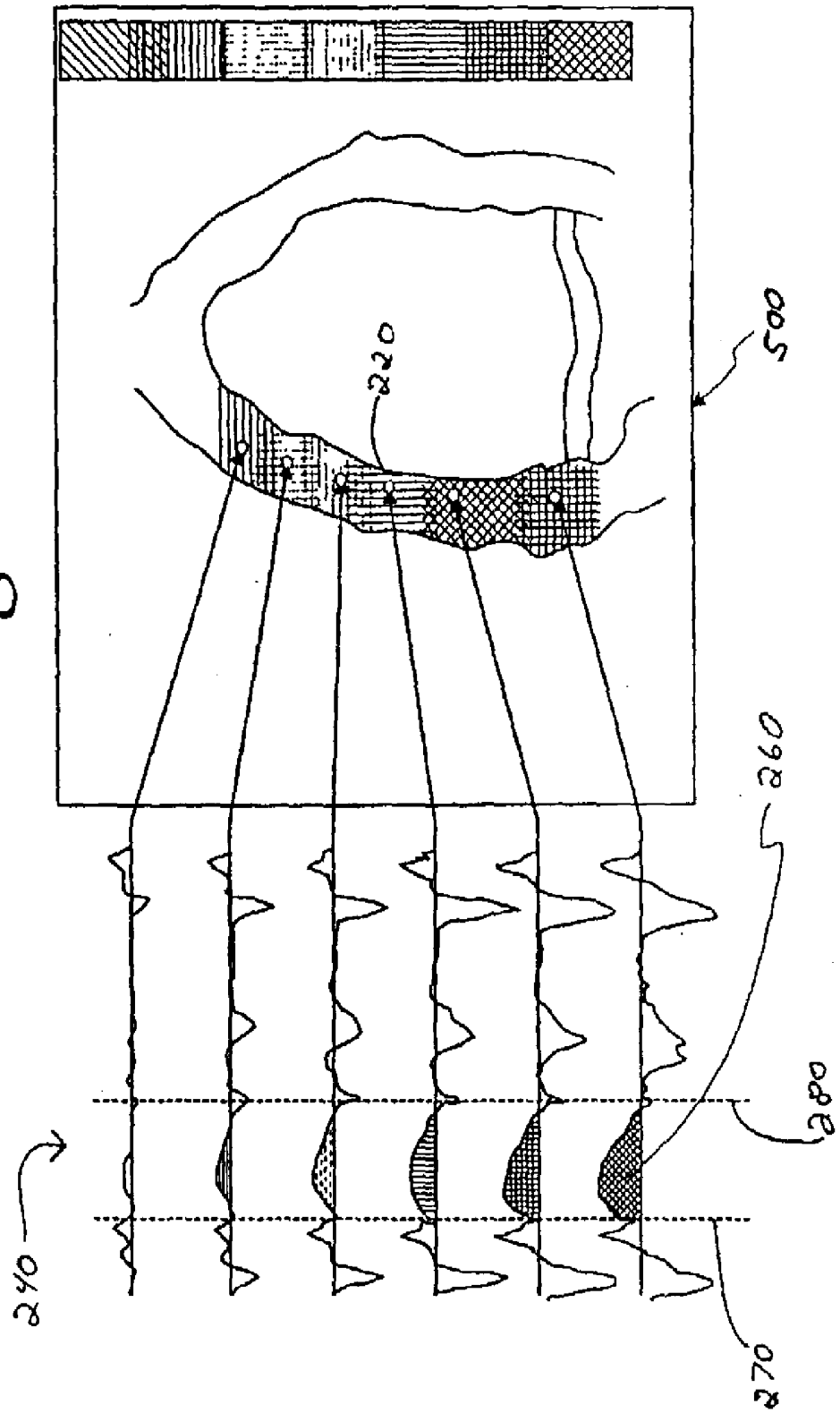

350
390
401
66
370
400
380
401
12
10
8
6
4
2
0
-2
-4
-6
-8
-10
-12
100
200
300
400
500
600
700
800
900
1000

Fig. 6



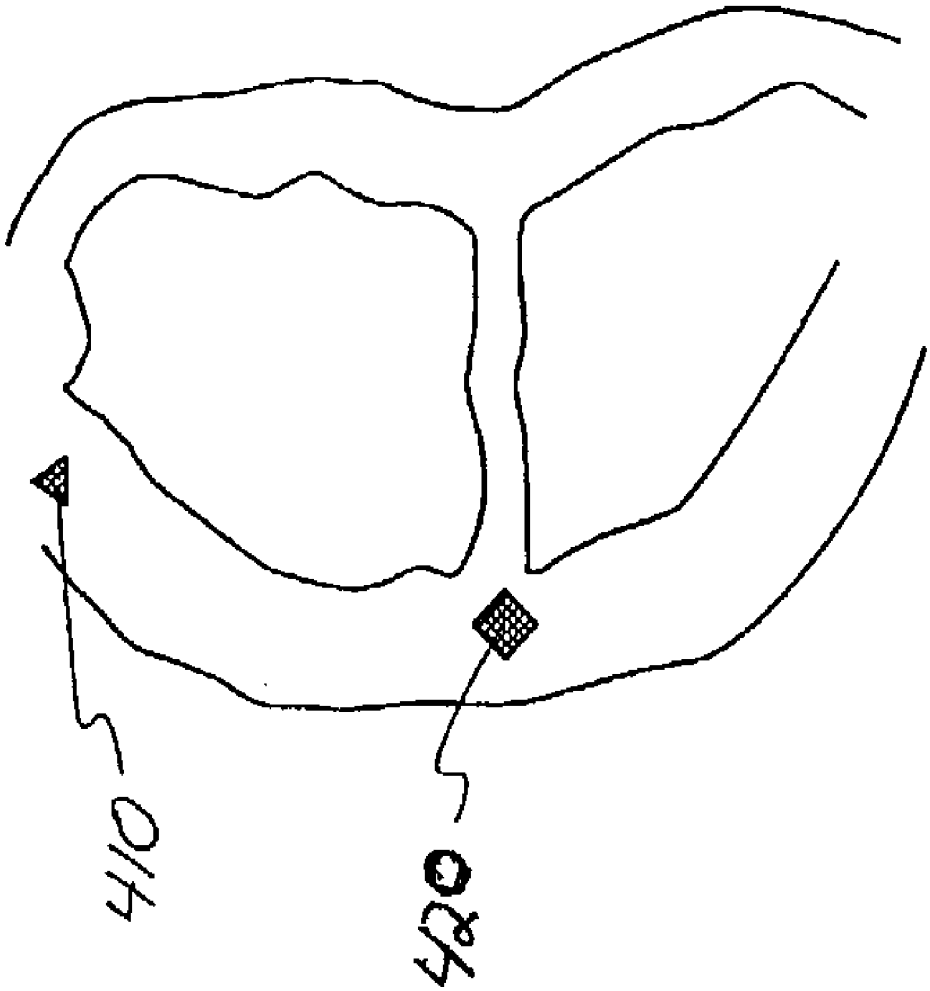


Fig. 7

Fig. 8

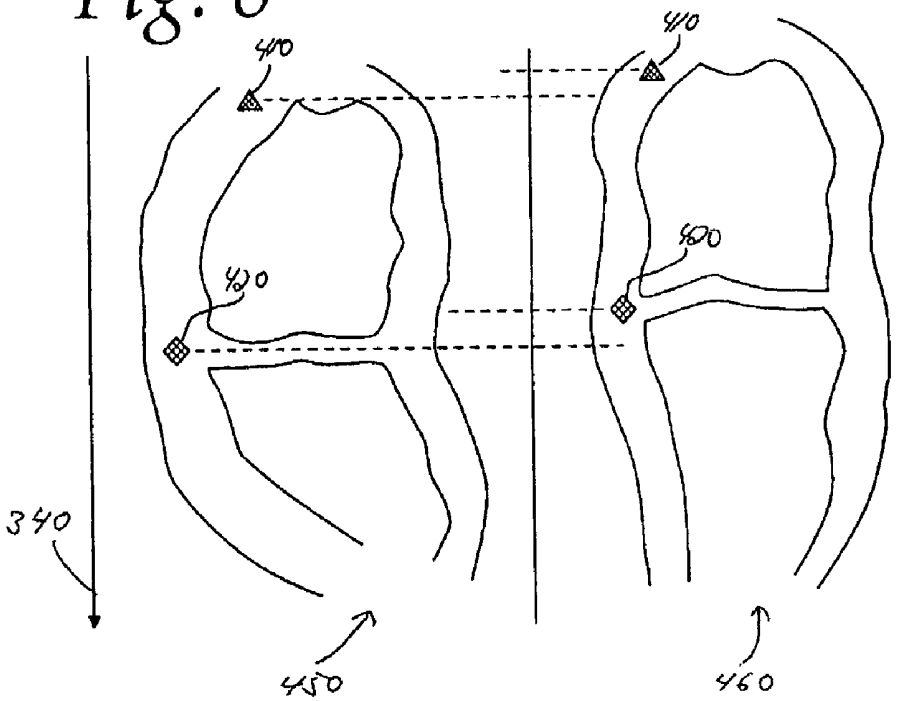
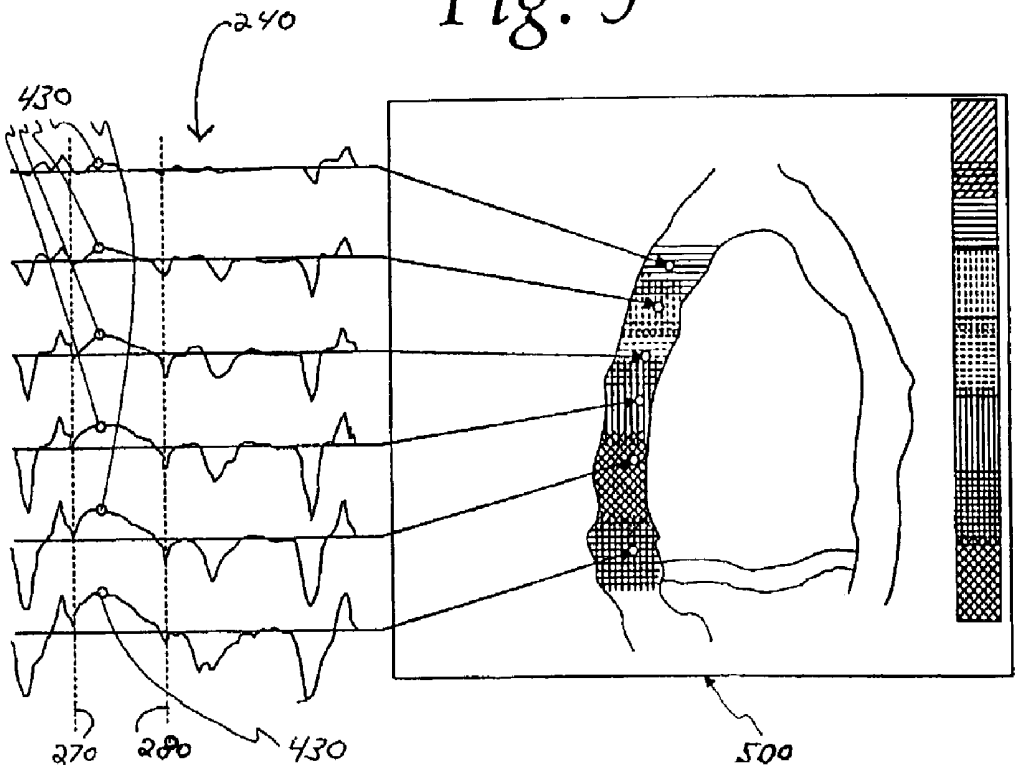


Fig. 9



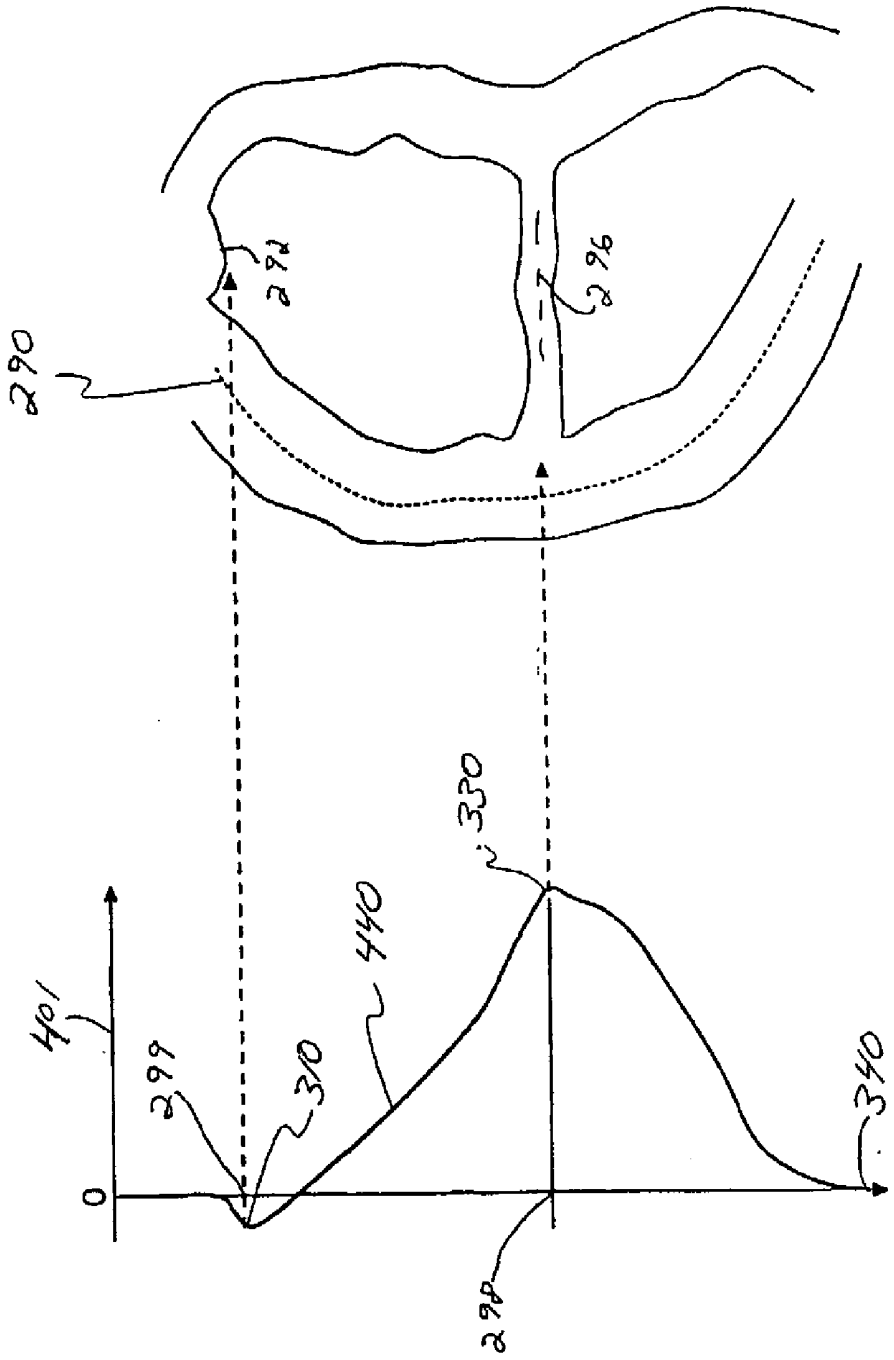


Fig. 10

ULTRASOUND LOCATION OF ANATOMICAL LANDMARKS

BACKGROUND OF INVENTION

[0001] Certain embodiments of the present invention relate to an ultrasound machine for locating anatomical landmarks in the heart. More particularly, certain embodiments relate to automatically determining positions of anatomical landmarks of the heart in an image and overlaying indicia on the image that indicate the positions of the anatomical landmarks.

[0002] Echocardiography is a branch of the ultrasound field that is currently a mixture of subjective image assessment and extraction of key quantitative parameters. Evaluation of cardiac wall function has been hampered by a lack of well-established parameters that may be used to increase the accuracy and objectivity in the assessment of, for example, coronary artery diseases. Stress echo is such an example. It has been shown that the subjective part of wall motion scoring in stress echo is highly dependent on operator training and experience. It has also been shown that inter-observer variability between echo-centers is unacceptably high due to the subjective nature of the wall motion assessment.

[0003] Much technical and clinical research has focused on the problem and has aimed at defining and validating quantitative parameters. Encouraging clinical validation studies have been reported, which indicate a set of new potential parameters that may be used to increase objectivity and accuracy in the diagnosis of, for instance, coronary artery diseases. Many of the new parameters have been difficult or impossible to assess directly by visual inspection of the ultrasound images generated in real-time. The quantification has typically required a post-processing step with tedious, manual analysis to extract the necessary parameters. Determination of the location of anatomical landmarks in the heart is no exception. Time intensive post-processing techniques or complex, computation-intensive real-time techniques are undesirable.

[0004] A method in U.S. Pat. No. 5,601,084 to Sheehan et al. describes imaging and three-dimensionally modeling portions of the heart using imaging data. A method in U.S. Pat. No. 6,099,471 to Torp et al. describes calculating and displaying strain velocity in real time. A method in U.S. Pat. No. 5,515,856 to Olstad et al. describes generating anatomical M-mode displays for investigations of living biological structures, such as heart function, during movement of the structure. A method in U.S. Pat. No. 6,019,724 to Gronningsaeter et al. describes generating quasi-realtime feedback for the purpose of guiding procedures by means of ultrasound imaging.

[0005] A need exists for a simple, real-time technique for automatic localization, indication, and tracking of anatomical landmarks of the heart, such as the apex and the atrium/ventricle (AV) plane.

SUMMARY OF INVENTION

[0006] An embodiment of the present invention provides an ultrasound system for imaging a heart, automatically locating anatomical landmarks within the heart, overlaying indicia onto the image of the heart corresponding to the positions of the anatomical landmarks, and tracking the anatomical landmarks.

[0007] An apparatus is provided in an ultrasound machine for overlaying indicia onto a displayed image responsive to moving structure within the heart of a subject such that the indicia indicate locations of anatomical landmarks within the heart. In such an environment an apparatus displaying the indicia preferably comprises a front-end arranged to transmit ultrasound waves into a structure and to generate received signals in response to ultrasound waves backscattered from said structure over a time period. A processor is responsive to the received signals to generate a set of analytic parameter values representing movement of the cardiac structure over the time period and analyzes elements of the set of analytic parameter values to automatically extract position information of the anatomical landmarks and track the positions of the landmarks. A display is arranged to overlay indicia corresponding to the position information onto an image of the moving structure to indicate to an operator the position of the tracked anatomical landmarks.

[0008] A method is also provided in an ultrasound machine for overlaying indicia onto a displayed image responsive to moving structure within the heart of a subject such that the indicia indicate locations of anatomical landmarks within the heart. In such an environment a method for displaying the indicia preferably comprises transmitting ultrasound waves into a structure and generating received signals in response to ultrasound waves backscattered from said structure over a time period. A set of analytic parameter values is generated in response to the received signals representing movement of the cardiac structure over the time period. Position information of the anatomical landmarks is automatically extracted and the positions of the landmarks are then tracked. Indicia corresponding to the position information are overlaid onto the image of the moving structure to indicate to an operator the position of the tracked anatomical landmarks.

[0009] Certain embodiments of the present invention afford a relatively simple approach to automatically locate key anatomical landmarks of the heart, such as the apex and the AV-plane, and track the landmarks with a degree of convenience and accuracy previously unattainable in the prior art.

BRIEF DESCRIPTION OF DRAWINGS

[0010] **FIG. 1** is a schematic block diagram of an ultrasound machine made in accordance with an embodiment of the present invention.

[0011] **FIG. 2** is a flowchart of a method performed by the machine shown in **FIG. 1** in accordance with an embodiment of the present invention.

[0012] **FIG. 3** illustrates an apical cross section of a heart and shows an illustration of an exemplary tissue velocity image of a heart generated by the ultrasound machine in **FIG. 1** in accordance with an embodiment of the present invention.

[0013] **FIG. 4** illustrates an exemplary resultant motion gradient profile derived from analytic parameter values comprising tissue velocity values, and also shows designated anatomical points along a length of a myocardial segment in accordance with an embodiment of the present invention.

[0014] **FIG. 5** is an exemplary pair of graphs of a tracked velocity parameter profile and a motion parameter profile generated by a longitudinal tracking function executed by the ultrasound machine in **FIG. 1** and corresponding to a designated point in a myocardial segment, in accordance with an embodiment of the present invention.

[0015] **FIG. 6** illustrates several exemplary tissue velocity estimate profiles at discrete points along a color image of a myocardial segment of a heart indicating motion over a designated time period in accordance with an embodiment of the present invention.

[0016] **FIG. 7** illustrates exemplary indicia overlaid onto an image of the heart, indicating landmarks of the heart in accordance with an embodiment of the present invention.

[0017] **FIG. 8** illustrates the motion of the indicia shown in **FIG. 7** being longitudinally tracked by the ultrasound machine in **FIG. 1** in accordance with an embodiment of the present invention.

[0018] **FIG. 9** illustrates several exemplary velocity profiles, like those shown in **FIG. 6**, corresponding to discrete points along a myocardial segment of an exemplary color image and indicating peaks in the profiles over a designated time period.

[0019] **FIG. 10** illustrates the resultant velocity gradient profile derived from the peaks of the exemplary velocity profiles of **FIG. 9** in accordance with an embodiment of the present invention.

[0020] The foregoing summary, as well as the following detailed description of certain embodiments of the present invention, will be better understood when read in conjunction with the appended drawings. It should be understood, however, that the present invention is not limited to the arrangements and instrumentality shown in the attached drawings.

DETAILED DESCRIPTION

[0021] An embodiment of the present invention enables real-time location and tracking of anatomical landmarks of the heart. Moving cardiac structure is monitored to accomplish the function. As used in the specification and claims, structure means non-liquid and non-gas matter, such as cardiac wall tissue. An embodiment of the present invention helps establish improved, real-time visualization and assessment of key anatomical landmarks of the heart such as the apex and the AV-plane. The moving structure is characterized by a set of analytic parameter values corresponding to anatomical points within a myocardial segment of the heart. The set of analytic parameter values may comprise, for example, tissue velocity values, time-integrated tissue velocity values, B-mode tissue intensity values, tissue strain rate values, blood flow values, and mitral valve inferred values.

[0022] **FIG. 1** is a schematic block diagram of an embodiment of the present invention comprising an ultrasound machine **5**. A transducer **10** is used to transmit ultrasound waves into a subject by converting electrical analog signals to ultrasonic energy and to receive ultrasound waves backscattered from the subject by converting ultrasonic energy to analog electrical signals. A front-end **20** comprising a receiver, transmitter, and beamformer, is used to create the necessary transmitted waveforms, beam patterns, receiver filtering techniques, and demodulation schemes that are used for the various imaging modes. Front-end **20** performs the functions by converting digital data to analog data and vice versa. Front-end **20** interfaces at an analog interface **15** to transducer **10** and interfaces over a digital bus **70** to a non-Doppler processor **30** and a Doppler processor **40** and a control processor **50**. Digital bus **70** may comprise several digital sub-buses, each sub-bus having its own unique configuration and providing digital data interfaces to various parts of the ultrasound machine **5**.

[0023] Non-Doppler processor **30** comprises amplitude detection functions and data compression functions used for imaging modes such as B-mode, B M-mode, and harmonic imaging. Doppler processor **40** comprises clutter filtering functions and movement parameter estimation functions used for imaging modes such as tissue velocity imaging (TVI), strain rate imaging (SRI), and color M-mode. The two processors, **30** and **40**, accept digital signal data from the front-end **20**, process the digital signal data into estimated parameter values, and pass the estimated parameter values to processor **50** and a display **75** over digital bus **70**. The estimated parameter values may be created using the received signals in frequency bands centered at the fundamental, harmonics, or sub-harmonics of the transmitted signals in a manner known to those skilled in the art.

[0024] Display **75** comprises scan-conversion functions, color mapping functions, and tissue/flow arbitration functions, performed by a display processor **80** which accepts digital parameter values from processors **30**, **40**, and **50**, processes, maps, and formats the digital data for display, converts the digital display data to analog display signals, and passes the analog display signals to a monitor **90**. Monitor **90** accepts the analog display signals from display processor **80** and displays the resultant image to the operator on monitor **90**.

[0025] A user interface **60** allows user commands to be input by the operator to the ultrasound machine **5** through control processor **50**. User interface **60** comprises a keyboard, mouse, switches, knobs, buttons, track ball, and on screen menus.

[0026] A timing event source **65** is used to generate a cardiac timing event signal **66** that represents the cardiac waveform of the subject. The timing event signal **66** is input to ultrasound machine **5** through control processor **50**.

[0027] Control processor **50** is the main, central processor of the ultrasound machine **5** and interfaces to various other parts of the ultrasound machine **5** through digital bus **70**. Control processor **50** executes the various data algorithms and functions for the various imaging and diagnostic modes. Digital data and commands may be transmitted and received between control processor **50** and other various parts of the ultrasound machine **5**. As an alternative, the functions performed by control processor **50** may be performed by multiple processors, or may be integrated into processors **30**, **40**, or **80**, or any combination thereof. As a further alternative, the functions of processors **30**, **40**, **50**, and **80** may be integrated into a single PC backend.

[0028] Referring to **FIG. 2**, according to an embodiment of the present invention, in step **100** an operator uses transducer **10** to transmit ultrasound energy into anatomical

structure, such as cardiac tissue **150** (see **FIG. 3**), of the subject in an imaging mode, such as tissue velocity imaging (TVI) **160**, that will yield the desired set of analytic parameter values of the desired anatomical structure (typically a 2 dimensional apical cross section of the heart **170**). Ultrasound energy is received into transducer **10** and signals are received into front-end **20** in response to ultrasound waves backscattered from the structure. The resultant analytic parameter values computed by non-Doppler processor **30** and/or Doppler processor **40** typically comprise estimates of at least one of tissue velocity, B-mode tissue intensity, and tissue strain rate.

[**0029**] In an embodiment of the present invention, in step **10** of **FIG. 2**, the operator brings up a region-of-interest (ROI) **230** on monitor **90** through the user interface **60** to designate anatomical points along a myocardial segment **220** of the heart in the color TVI image of imaging mode **160** on monitor **90**. The color legend **195** indicates the tissue velocity values within the myocardial segment **220** in the TVI imaging mode **160**. The analytic parameter values (e.g. tissue velocity values) corresponding to the desired myocardial segment **220** are automatically separated from the parameter values of cavities and other cardiac structure of the heart by processor **50** using, for example, B-mode tissue intensity in conjunction with a segmentation algorithm in accordance with an embodiment of the present invention. Anatomical points **290** (see **FIG. 4**) are automatically designated within the myocardial segment **220**. Well-known segmentation, thresholding, centroiding, and designation techniques operating on at least one of the set of analytic parameter values are used to establish the designated points **290** in accordance with an embodiment of the present invention.

[**0030**] Such a designation of a myocardial segment **220** will force the automatic extraction and subsequent processing of the set of analytic parameter values and the display of the resultant anatomical landmark positions of the heart. As an alternative embodiment of the present invention, instead of the operator defining a ROI **230** around the myocardial segment **220**, the entire image of the TVI imaging mode **160** may be automatically analyzed by host processor **50** to isolate a myocardial segment or multiple segments using automatic segmentation, thresholding, centroiding, and designation techniques in accordance with an embodiment of the present invention.

[**0031**] Once the anatomical points **290** within the desired myocardial segment **220** are designated, real-time tracking of each of the designated points is performed in accordance with an embodiment of the present invention. The set of analytic parameter values corresponding to the designated anatomical points **290** are sent from non-Doppler processor **30** and/or Doppler processor **40** to control processor **50**, where a tracking function is applied to at least a subset of the analytic parameter values. **FIG. 5** illustrates certain profiles **350** and **370** created by the tracking function in accordance with an embodiment of the present invention. Point **295** (see **FIG. 4**) is an example of an anatomical point to be tracked.

[**0032**] As an introduction to the tracking function, in accordance with an embodiment of the present invention, a tracked velocity parameter profile **350** (V_1, V_2, . . . , V_n) (**FIG. 5**) for a given sampled anatomical point (e.g. **295**) in the myocardium **220**, is created by converting a set of estimated tissue velocity values into a motion parameter profile **370** in time by control processor **50**. Generation of the profile is accomplished by computing the series of time integrals (S_1, S_2, . . . , S_n) where:

$$S_i = T^*(V_1 + V_2 + \ldots + V_i) \quad [1]$$

[**0033**] and where T is the time delay between two consecutive velocity estimates (T is typically based on the frame rate of the imaging mode). S_i (motion value, e.g. **380**) is then the longitudinal distance in millimeters (from some zero reference location **375**) that a sample of tissue in the myocardium **295** has moved at time segment T_i, thus allowing the isolated tissue sample to be tracked in a longitudinal direction **301** (along the ultrasound beam) by control processor **50**. The tracking function estimates the new spatial location of the anatomical tissue sample after every time segment T_i and extracts velocity estimates at the new spatial locations. The tracking is done for all of the designated anatomical points **290** along the myocardial segment **220**.

[**0034**] The upper part of **FIG. 5** shows a resultant tracked velocity parameter profile **350** of a designated anatomical point (e.g. **295**) in the image as a function of time for a complete cardiac cycle. The velocity scale **390** shows the change in velocity over a time axis **401** in, for example, units of cm/sec. The lower part of **FIG. 5** shows the corresponding resultant longitudinal motion parameter profile **370** (time-integrated velocity profile, S_1, S_2, ... , S_n) of the same designated anatomical point (e.g. **295**) in the image. The distance axis **400** shows the change in longitudinal deviation over a time axis **401** in units of, for example, millimeters. Motion **300** in millimeters along the ultrasound beam direction **301** may be accurately tracked with the technique allowing the appropriate velocity parameter profiles to be generated for the corresponding anatomical locations. The tracked velocity parameter profile for each designated anatomical point is stored in the memory of control processor **50** as a sampled array of tissue velocity values. As a result, the stored parameter profile history corresponds to each designated anatomical point, instead of just a spatial location in the image.

[**0035**] Two-dimensional velocity estimation is necessary for accurate tracking when a substantial part of the motion of the structure is in an orthogonal direction **302** to the ultrasound beam direction **301**. Tracking may be performed in any combination of longitudinal depth, lateral position, and angular position according to various embodiments of the present invention. Other tracking techniques may be employed as well.

[**0036**] The specifics of the preferred tracking function are now described for a given designated anatomical point within a myocardial segment in accordance with an embodiment of the present invention. The methodology generates, at a minimum, a set of tissue velocity values in step **100** of **FIG. 2** so that the motion values S may be calculated for tracking. The tissue velocity values are generated by Doppler processor **40** in a well-known manner, such as in the TVI imaging mode.

[**0037**] Processor **50** selects a velocity value V_i for a designated anatomical point in the image from a spatial set of estimated tissue velocity values corresponding to a time T where i=1 and is called T_1. Processor **50** computes the motion value S_i for the designated anatomical point (e.g. **295**), as

$$S_i = T^*(V_1 + V_2 + \ldots + V_i) \quad [1]$$

[**0038**] (Note that for i=1, $S_1 = T^*V_1$)

[0039] Processor **50** then stores V_i in a tracked velocity parameter profile array **350** and S_i is stored in a motion parameter profile array **370** along with the current spatial position (e.g. **298**) of the designated anatomical point (e.g. **295**). Next, i is incremented by one (corresponding to the next sample time, T seconds later) and the next V_i is selected from the spatial set of velocity values based on the motion parameter S_i previously computed and the previous spatial position of the anatomical location in accordance with an embodiment of the present invention (S_i represents the longitudinal spatial movement in millimeters of the designated anatomical point over time interval $T_i=i*T$).

[0040] The tracking function then computes the next motion parameter value S_i in the series using Equation [1] in the same manner. The iterative process is followed for continuous tracking of the designated anatomical point. The tracking function is performed simultaneously for each of the designated anatomical points **290** in the myocardial segment. **FIG. 5** illustrates the resultant motion parameter profile of a designated anatomical point. The motion parameter profile **370** is a history of the longitudinal movement of the designated anatomical point over time. When estimated tissue velocity values are integrated over time, the resultant motion parameter value (shaded areas **260** of **FIG. 6**) is a distance moved in units of length such as millimeters (mm).

[0041] In step **120** of **FIG. 2**, the operator selects, through the user interface **60**, a desired time period over which to process the estimated analytic parameter values, such as systole, which is a sub-interval of the cardiac cycle in accordance with an embodiment of the present invention. In **FIG. 6**, the time period is defined by T_{start} **270** and T_{end} **280**. The time period is determined from a cardiac timing signal **66** (**FIGS. 1 and 6**) generated from the timing event source **65** (**FIG. 1**) and/or from characteristic signatures in estimated analytic parameter values. An example of such a cardiac timing signal is an ECG signal. Those skilled in ultrasound also know how to derive timing events from signals of other sources such as a phonocardiogram signal, a pressure wave signal, a pulse wave signal, or a respiratory signal. Ultrasound modalities such as spectral Doppler or M-modes may also be used to obtain cardiac timing information.

[0042] T_{start} **270** is typically selected by the operator as an offset from the R-event in the ECG signal. T_{end} **280** is set such that the time interval covers a selected portion end of the cardiac cycle such as systole. It is also possible to select a time period corresponding to the complete cardiac cycle. Other sub-intervals of the cardiac cycle may also be selected in accordance with other embodiments of the present invention.

[0043] **FIG. 6** graphically illustrates typical sets of estimated parameter profiles **240** of tissue velocity at anatomical points within myocardial tissue **220** in an exemplary color TVI image **500** that may be segmented into desired time periods based on signature characteristics of the sets **240**. The time period may be selected automatically or as a combination of manual and automatic methods. For example, the time period could be determined automatically with an algorithm embedded in control processor **50** in accordance with an embodiment of the present invention. The algorithm could use well-known techniques of analyzing the sets of estimated parameter profiles **240**, as shown in **FIG. 6**, looking for key signature characteristics and defining a time period based on the characteristics, or similarly, analyzing the ECG signal (e.g. **66**). An automatic function could be implemented to recognize and exclude unwanted events from the selected time period, if desired, as well.

[0044] According to an embodiment of the present invention, once the time period is established, the stored, tracked velocity parameter profile array (e.g. **350**) for each of the designated anatomical points **290** is integrated over the time period T_{start} **270** to T_{end} **280** by control processor **50** to form motion parameter values over the image depth **340**. A time integration function accomplishes the integration in control processor **50** which approximates the true time integral by summing the tracked values as follows:

$$S_{int}=T*(V_{start}+V2+V3+\ldots+V_{end}) \quad [2]$$

[0045] where S_{int} is the time integrated value (motion parameter value), V_{start} is the value in the tracked velocity parameter profile array corresponding to T_{start} **270** and V_{end} is the value corresponding to T_{end} **280**. Each shaded area **260** under the profiles **240** in **FIG. 6** represent a motion parameter value calculated by integrating tissue velocity values over the time interval T_{start} **270** to T_{end} **280**. The time integration start end function is performed simultaneously for each of the designated anatomical points **290** in the myocardial segment **220** to form the set of motion parameter values which constitutes a motion gradient profile **320** over the image depth **340**, as illustrated in **FIG. 4**.

[0046] Care should be taken by the operator to adjust the Nyquist frequency **190** and **210** of the imaging mode such that aliasing does not occur. With aliasing present in the data, erroneous results may occur. Alternatively, well known automatic aliasing correction techniques may be employed.

[0047] In step **130** of **FIG. 2**, the time integrated velocity parameter value S_{int} for each of the designated and tracked anatomical points **290** (the motion gradient profile **370**) is used by processor **50** to locate the longitudinal depth position **299** of the apex **292** and the longitudinal depth position **298** of the AV-plane **296** of the heart in the image in accordance with an embodiment of the present invention.

[0048] **FIG. 4** illustrates an exemplary motion gradient profile **320** corresponding to the designated, tracked anatomical points **290** along the myocardial segment **220** in the image. It may be appreciated how the magnitude **300** of the profile increases (becomes more positive with respect to a zero reference **305**) as the sampling location is moved from the apex **292** down toward the AV-plane **296**. In particular, the motion values during systole increase from apex **292** down to the AV-plane **296**. The motion values attain their peak positive value **330** at or close to the AV-plane **296** and start to decrease as the base of the atrium **297** is approached. Therefore, the peak positive value **330** is used to locate the longitudinal depth **298** of the AV-plane **296**.

[0049] Also, slightly negative motion values **310** are often found in the apex **292** as a consequence of the myocardial wall thickening in the apex **292**. Therefore, the negative peak is used to locate the longitudinal depth **299** of the apex **292**. Processor **50** locates the apex **292** and AV-plane **296** by peak-detecting the motion gradient profile **320** over depth **340**. In accordance with an embodiment of the present invention, the positive-most peak **330** is searched for and found as the AV-plane **296** location and then the negative

peak **310**, which is above the AV-plane **296**, is searched for and found as the apex **292** location. Even though the AV-plane **296** and apex **292** are clearly shown in the illustration on the right side of **FIG. 4**, the anatomical locations are often not so apparent in a real displayed image, thus establishing the need for the invention.

[**0050**] In step **140** of **FIG. 2**, in accordance with an embodiment of the present invention, discrete anatomical points in the image at the longitudinal depths **298** and **299** of the anatomical landmarks (apex **292** and AV-plane **296**) are automatically labeled with indicia **410** and **420** as shown in **FIG. 7**. The anatomical points are continually tracked, using the techniques described previously, as imaging continues. The positions of the indicia **410** and **420** are continuously updated and displayed to follow the tracked anatomical points corresponding to the anatomical landmarks.

[**0051**] **FIG. 8** illustrates how the location of the landmarks (identified by the indicia **410** and **420**) may move from end diastole **450** to end systole **460** of the cardiac cycle during live imaging. The motion may be viewed by the operator when the tracking and indicia labeling techniques described above are employed.

[**0052**] Clinical trials may be performed so that locations (depths) of the anatomical landmarks may be anticipated and may be preset in the ultrasound machine. Algorithms and functions for locating the landmarks may be implemented more efficiently by, for example, limiting the part of the motion gradient profile that needs to be searched for peaks.

[**0053**] Referring to **FIGS. 9 and 10**, as one alternative embodiment of the present invention, the estimated tissue velocity values for each designated, tracked anatomical point in the myocardial segment may be peak-detected over the time period T_{start} **270** to T_{end} **280** to construct a velocity gradient profile **440** of peak velocity values **401** instead of integrating the velocity values over time. The peak-detection techniques described above may then be applied to the velocity gradient profile to locate the anatomical landmarks in the same manner previously described. **FIGS. 9 and 10** illustrate using peak-detected tissue velocity profiles **240** to generate the peak parameter values **430**. Instead of integrating over the time period, the velocity profiles are peak-detected. The resultant velocity gradient profile **440** is constructed over depth **340** from the peak values **430** as shown in **FIG. 10**. However, construction of the motion gradient profile **320**, by integrating the velocities, reduces the noise content in the profile **320** and provides a more robust source for localization of peak values in the gradient profile.

[**0054**] As a further alternative embodiment of the present invention, tissue strain rate values may be generated by Doppler processor **40** and used to generate a strain rate gradient profile for tracked anatomical points within a myocardial segment. Since strain rate is the spatial derivative of velocity, the AV-plane may be located by finding a zero crossing of the profile.

[**0055**] In another alternative embodiment of the present invention, since the mitral valve is connected to the ventricle in the AV-plane, AV-plane localization may be inferred if the mitral valves may be localized. The mitral valves have characteristic shape that may be identified with B-mode imaging and are the tissue reflectors having the highest velocities in the heart. Also, color flow, PW-Doppler, and/or CW-Doppler of blood flow may be used to localize the AV-plane due to known flow singularities across the mitral valve at specific time in the cardiac cycle.

[**0056**] In a further alternative embodiment of the present invention, the position information of the tracked anatomical landmarks may be reported out of the ultrasound machine and/or captured in a storage device for later analysis instead of overlaying indicia on the display corresponding to the anatomical landmarks.

[**0057**] As another alternative embodiment of the present invention, data may be collected and processed in a 3-dimensional manner instead of the 2-dimensional manner previously described.

[**0058**] As still a further alternative embodiment of the present invention, the motion gradient profile **320** (or velocity gradient profile **440**) may be displayed along the side of the TVI image on the monitor. The operator may then visualize where the AV-plane **296** and apex **292** are located in the image based on the peaks **310** and **330** in the displayed gradient. The operator may then manually designate the landmark locations as points in the image that may then be automatically tracked.

[**0059**] As still yet another alternative embodiment of the present invention, more than one myocardial segment in the image may be designated and processed at the same time.

[**0060**] While the invention has been described with reference to certain embodiments, it will be understood by those skilled in the art that various changes may be made and equivalents may be substituted without departing from the scope of the invention. In addition, many modifications may be made to adapt a particular situation or material to the teachings of the invention without departing from its scope. Therefore, it is intended that the invention not be limited to the particular embodiment disclosed, but that the invention will include all embodiments falling within the scope of the appended claims.

1. In an ultrasound machine for generating an image responsive to moving cardiac structure within a subject, an apparatus for locating anatomical landmarks of said moving cardiac structure comprising:

a front-end arranged to transmit ultrasound waves into said moving cardiac structure and to generate received signals in response to ultrasound waves backscattered from said moving cardiac structure over a time period; and

a processor responsive to said received signals to generate a set of analytic parameter values representing movement along a segment of said moving cardiac structure over said time period, and said processor analyzing elements of said set of analytic parameter values to automatically extract position information of said anatomical landmarks.

2. The apparatus of claim 1 further comprising a display arranged to overlay indicia onto said image corresponding to said position information of said anatomical landmarks.

3. The apparatus of claim 1 wherein said time period is a portion of a cardiac cycle that is selectable from a timing event signal comprising at least one of an ECG signal, a

phonocardiogram signal, a pressure wave signal, a pulse wave signal, a respiratory signal, a velocity signal, and a strain rate signal.

4. The apparatus of claim 1 wherein said set of analytic parameter values comprises at least one of tissue velocity values, time-integrated tissue velocity values, B-mode tissue intensity values, tissue strain rate values, blood flow values, and mitral valve inferred values over said time period.

5. The apparatus of claim 1 wherein said position information comprises at least one of longitudinal depth, lateral position, and angular position of said anatomical landmarks within said image.

6. The apparatus of claim 1 wherein said anatomical landmarks comprise at least one of an apex of a heart and an AV-plane of said heart.

7. The apparatus of claim 1 wherein said processor employs at least one of peak detection techniques, zero crossing techniques, and inference techniques to at least a subset of said set of analytic parameter values to extract said position information.

8. The apparatus of claim 1 wherein said set of analytic parameter values correspond to designated anatomical points within a myocardial segment of said moving cardiac structure.

9. The apparatus of claim 1 further comprising a user interface enabling a human operator to select a myocardial segment within said image.

10. The apparatus of claim 1 wherein said processor employs techniques comprising segmentation, thresholding, centroiding, and designation to isolate and extract a myocardial segment in order to generate said set of analytic parameter values.

11. The apparatus of claim 1 wherein said processor employs tracking techniques to track anatomical points over time in at least one of a longitudinal depth dimension, a lateral position dimension, and an angular position dimension.

12. In an ultrasound machine for generating an image responsive to moving cardiac structure within a subject, a method for locating anatomical landmarks of said moving cardiac structure comprising:

transmitting ultrasound waves into said moving cardiac structure and generating received signals in response to ultrasound waves backscattered from said moving cardiac structure over a time period;

generating a set of analtyic parameter values representing movement along a segment of said moving cardiac structure over said time period in response to said received signals, and

extracting position information of said anatomical landmarks from said set of analytic parameter values by analyzing elements of said set of analytic parameter values.

13. The method of claim 12 further comprising overlaying indicia onto said image corresponding to said position information of said anatomical landmarks.

14. The method of claim 12 wherein said time period is a portion of a cardiac cycle that is selectable from a timing event signal comprising at least one of an ECG signal, a phonocardiogram signal, a pressure wave signal, a pulse wave signal, a respiratory signal, a velocity signal, and a strain rate signal.

15. The method of claim 12 wherein said set of analytic parameter values comprises at least one of tissue velocity values, time-integrated tisuue velocity values, B-mode tissue intensity values, tissue strain rate values, blood flow values, and mitral valve-inferred values over said time period.

16. The method of claim 12 wherein said position information comprises at least one of longitudinal depth, lateral position, and angular position of said anatomical landmarks within said image.

17. The method of claim 12 wherein said anatomical landmarks comprise at least an apex of a heart and an A-V plane of said heart.

18. The method of claim 12 further comprising employing at least one of peak-detection techniques, zero crossing techniques, and inference techniques to at least a subset of said set of analytic parameter values to extract said position information.

19. The method of claim 12 wherein said set of analytic parameter values correspond to anatomical points within a myocardial segment of said moving cardiac structure.

20. The method of claim 12 further comprising enabling a human operator to select a myocardial segment within said image.

21. The method of claim 12 further comprising employing techniques including segmentation, thresholding, centroiding, and designation to isolate and extract anatomical points within a myocardial segment in order to generate said set of analytic parameter values.

22. The method of claim 12 further comprising employing tracking techniques to track anatomical points over time in at least one of a longitudinal depth dimension, a lateral position dimension, and an angular position dimension.

* * * * *

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摘要(译)

公开了一种超声机器，其包括用于响应于移动心脏结构产生图像并且通过响应于在一段时间内传输到移动心脏结构中并且然后从移动心脏结构反向散射的超声波产生接收信号来用于定位心脏的解剖标志的方法和设备。期。处理器响应于所接收的信号以生成表示心脏结构在该时间段内的运动的一组分析参数值，并分析该组分析参数值的元素以自动提取解剖标志的位置信息。显示器被布置成将标记覆盖到对应于解剖标志的位置信息的图像上。实时跟踪解剖标志的位置。