## Introduction to Medical Ultrasound

John Campbell MD and Ryan Embertson MD UNC Diagnostic Radiology Residency July 2017



## Lecture Objectives & Outline

- Lecture participants will learn Ultrasound physics Ultrasound image formation and artifacts Abdominal and FAST imaging introduction
- Lecture Outline
  - Ultrasound physics Ultrasound image formation Ultrasound transducers and artifacts Abdominal ultrasound scan planes and images



## What is Ultrasound?

- Medical imaging technique that exposes the body to high frequency mechanical, longitudinal sound waves and generates images based on their returning echoes
- Similar to echolocation used by bats, whales and SONAR of submarines
- Frequencies exceed the upper limit of human hearing (20,000 Hz), typically 2MHz to 16 MHz
- Noninvasive, safe modality that allows real time imaging with numerous medical applications

   Imaging With



## Properties of Sound Wave

- Velocity speed with which a sound wave travels through a medium (cm/sec), determined by density and stiffness of the medium it travels in (slowest in air, fastest in solids)
- Frequency rate of oscillations (cycles per second), Units = Hertz (Hz) = 1 cycle per second
- Wavelength distance required to complete one cycle
- Amplitude strength/intensity of sound wave at any point in time





## How Ultrasound Works

- Transducer creates sound waves and receives echoes using the pizoelectric effect
- Pizoelectric crystals within the transducer change shape when electric current is applied, causing vibrations and production of mechanical sound waves (electrical signal to acoustic/mechanical)
- Need gel as the high frequency sound cannot travel through air

- Sound waves travel into the body and hit a boundary/interface between tissues (fluid-soft tissue, soft tissue-bone). Some sound reflects off these internal structures while some travel further into tissue (transmission)
- Reflected echoes are transformed back into electric signals by the pizoelectric elements and the computer generates an image







UNC

SCHOOL OF MEDICINE



## Pizoelectric Crystals and Frequency

- The frequency of the probe is determined by the thickness of the pizoelectric crystals
- Thinner elements produce HIGHER frequencies, whereas thicker elements produce LOWER frequencies
- Higher frequency, less penetration/travel distance
- Lower frequency, deeper penetration





Low Freq (3 MHz)

High Freq (12 MHz)



#### Interaction with Tissues

- Reflection
- Transmission
- Scattering/refraction redirection of sound wave caused by small reflector or rough interface
- Attenuation the deeper the wave travels in the body, the weaker it becomes
- Air>bone>muscle>soft tissue>blood>water are listed in order of ability to attenuate the sound beam (via reflection, absorption, and refraction and proportional to frequency)



#### Interaction with Tissues



# Strength of the Echoes

- Reflected echoes are transformed back into electric signals by the pizoelectric elements, signals then processed by the computer and produce greyscale 'dots' on the screen
- Brightness of the dots is proportional the the strength of the returning sound wave
- Location of dot is determined by the travel time





## Strength of Echoes

- Strong reflectors = White dots (diaphragm, osseous, stones)
- Weaker reflectors = Grey dots (LN, solid viscera)
- No reflectors = No dots (simple fluid, blood vessels)





#### Ultrasound Terms

- Echogenicity Amount of echoes an organ/structure has, ie the ability to return the signal in ultrasound examinations
- A structure is echogenic if it has internal echoes, ie it is capable of reflecting sound waves. The term echogenic is used in comparison to other imaged/surrounding structures





#### Ultrasound Terms

- Anechoic = no echoes (simple fluid, gallbladder, urine, cyst)
- Hypoechoic = low level internal echoes (LN, liver mass)
- Isoechoic = equal echoes to surrounding tissue (solid viscera)
- Hyperechoic / Echogenic = bright internal echoes (bone, fat)





## Frequency vs Resolution

- Higher frequency, better resolution (NB: cannot penetrate deep into the body), used for superficial structures
- Lower frequency, less resolution (may penetrate deep into body), used for deeper structures





Lower frequency

Deeper structures

Liver and diaphragm



#### Transducers - Probes

- Generally described by the size and shape of their face (socalled footprint)
- 3 basic types used in emergency setting: linear, curvilinear, phased array





## Linear probe

- Higher frequency 5-13 MHz with better resolution, lesser penetration therefore superficial imaging
- Crystals aligned in linear fashion with flat head and produce sound waves in straight line to produce rectangular image







## Curvilinear (convex) probe

- Low frequency 1-8 MHz with better penetration, lesser resolution therefore deeper structure imaging (abd and pelv)
- Crystals aligned along a curved surface and produce sound waves that produce wide field of view image







# Phased array probe

- 2-8 MHz with small/flat footprint, used in cardiac imaging in small spaces between ribs
- Crystals grouped closely together and produce sound waves that originate from single point and fan outward





#### Artifact

- Ultrasound software makes the assumption that all waves travel straight, maintain constant speed (1540m/s), and reflect straight back
- In reality, the sound waves do not follow these strict rules, which leads to artifact
- Artifact can be used to the sonographer's and sonologist's advantage



## Posterior acoustic shadowing

Hyperechoic structures reflect a majority of sound waves, leaving a dark shadow behind them



# Increased through transmission

Anechoic structures do not reflect sound waves, leaving a bright band behind them



# Mirror image artifact

In clinical imaging, a duplicated structure is commonly identified at level of the diaphragm, with the pleural-air interface acting as the strong reflector



Beware!

NOT a second mass



# Ring down artifact

Resonant vibrations within fluid trapped between tetrahedron of air bubbles create a continuous sound wave that is transmitted back to the transducer



## Peritoneal stripe sign

Presence of tiny bubbles of free air in addition to the acoustic mismatch at interface between soft tissue and air produces bright hyperechoic peritoneal stripe



# Imaging with Ultrasound

Transducer orientation Scan planes Abdominal, pelvic, and cardiac images



#### Orientation of Transducer

• Conventionally, the probe notch is toward the patient's head during longitudinal scan and toward patient's right side during a transverse scan



Notch toward patient head in longitudinal scanning



#### Orientation of Transducer

• Conventionally, the probe notch is toward the patient's right during a transverse scan and toward the patient's head during

a longitudinal scan

Notch toward patient right in transverse scanning





#### Transverse Plane



## Longitudinal Plane



#### Anatomy: Liver



# Anatomy: Gallbladder



# Anatomy: Kidneys









#### Anatomy: Pancreas



# Anatomy: Spleen



## Anatomy: Pelvis





Transverse Images

Female Pelvis

#### Anatomy: Aorta





RUQ View of the Proximal Aorta

#### Anatomy: Heart in Long Axis







### Anatomy: Heart in Short Axis







# Thank you for your time and attention

john.campbell@unchealth.unc.edu ryan.embertson@unchealth.unc.edu

