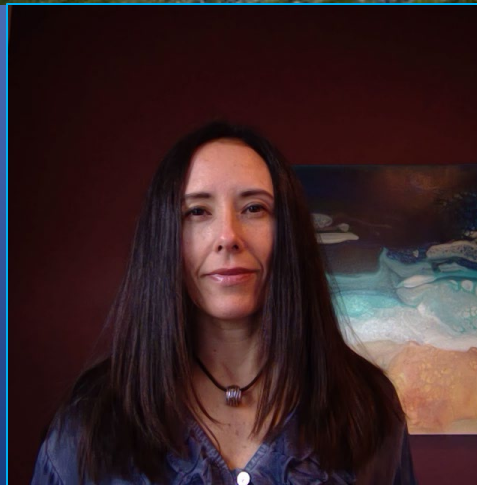


Fundamentals for Success

Carotid Duplex & Transcranial Doppler



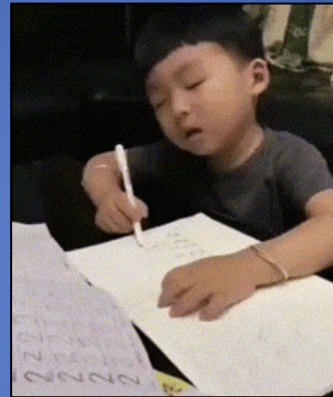
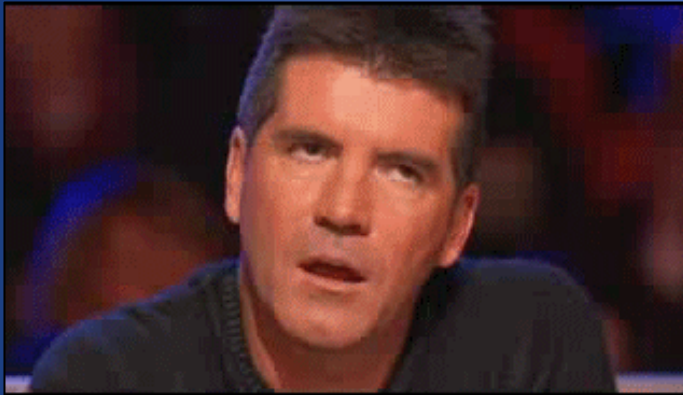
Leni N. Karr, BA, RVT

*Vascular Sonographer
Swedish Medical Center
&
University of Washington
Medical Center
Seattle, WA*

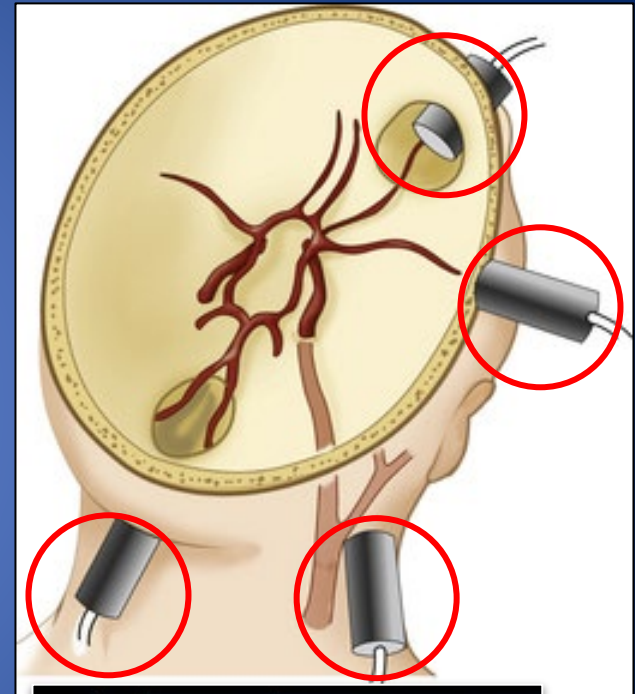
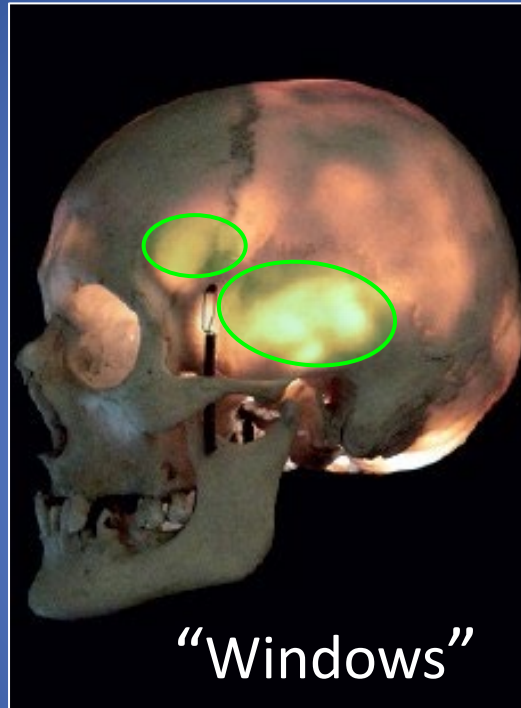
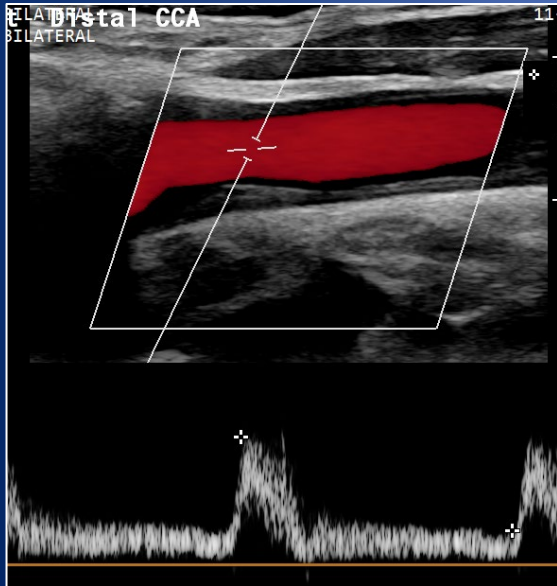
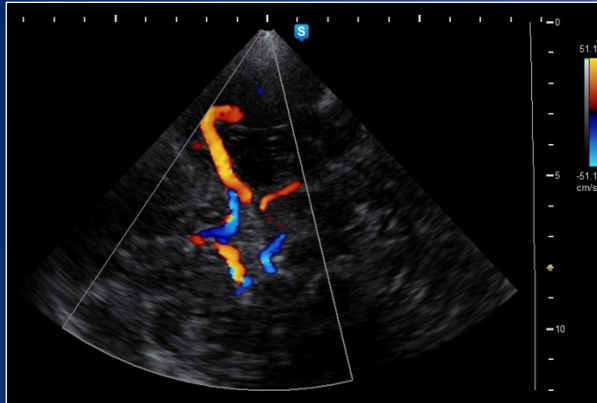
*Adjunct Professor
Bellevue College
Bellevue, WA*

No disclosures...except...

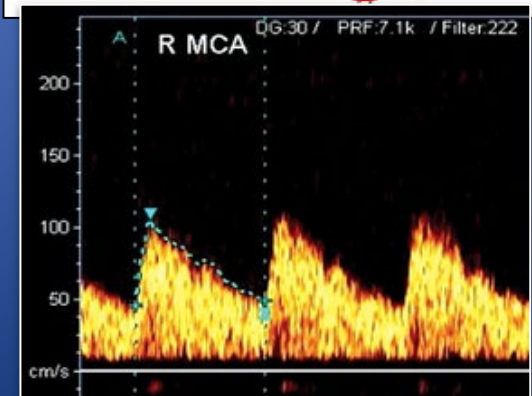
US Physics and Instrumentation



How it Works – *The Short Story*



- Direct Testing
- Dynamic/Live
- Repeatable
- Safe
- Cheap



All US Instrumentation

Subject to limitations:

- ✓ Sound & Instrument Design
- ✓ Operator/Interpreter
- ✓ Patient/Physiology/Hemodynamics



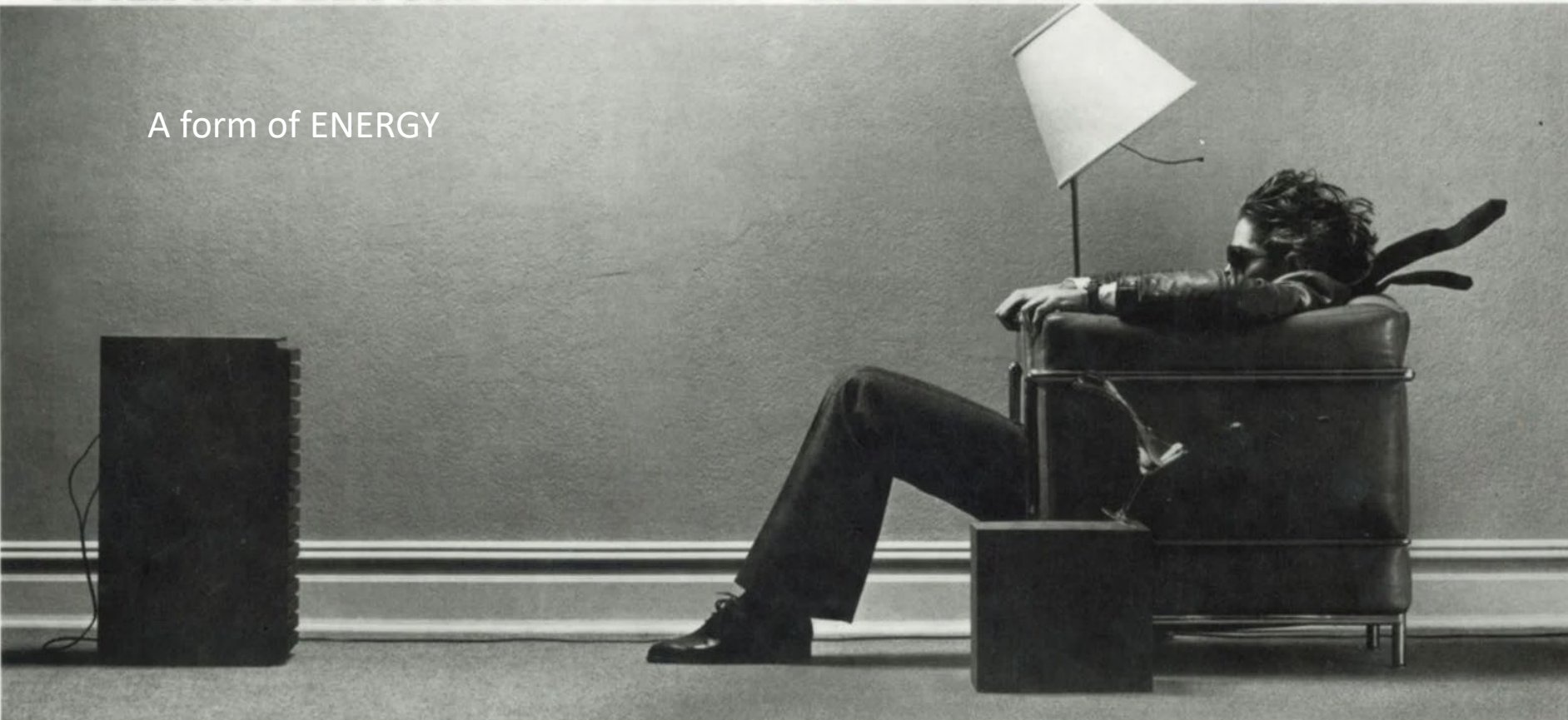
The Rest of the Story

(Objectives)

What you need to know:

- Parameters of sound (Quantification)
- Properties of sound (Behavior)
- The Doppler Effect
- Instrumentation
- Capabilities and limitations:
 - ✓ sound
 - ✓ Instrumentation

A form of ENERGY



Maxell Corporation of America, 225 Central Expressway, Mahwah, NJ 07430

If your old favorites don't sound as good as they used to, the problem could be your recording tape.

Some tapes show their age more than others. And when a tape ages prematurely, the music on it does too.

What can happen is, the oxide particles that are bound onto tape loosen and fall off, taking some of your music with them.

At Maxell, we've developed a binding process that helps to prevent this. When oxide particles are bound onto our tape, they stay put. And so does your music.

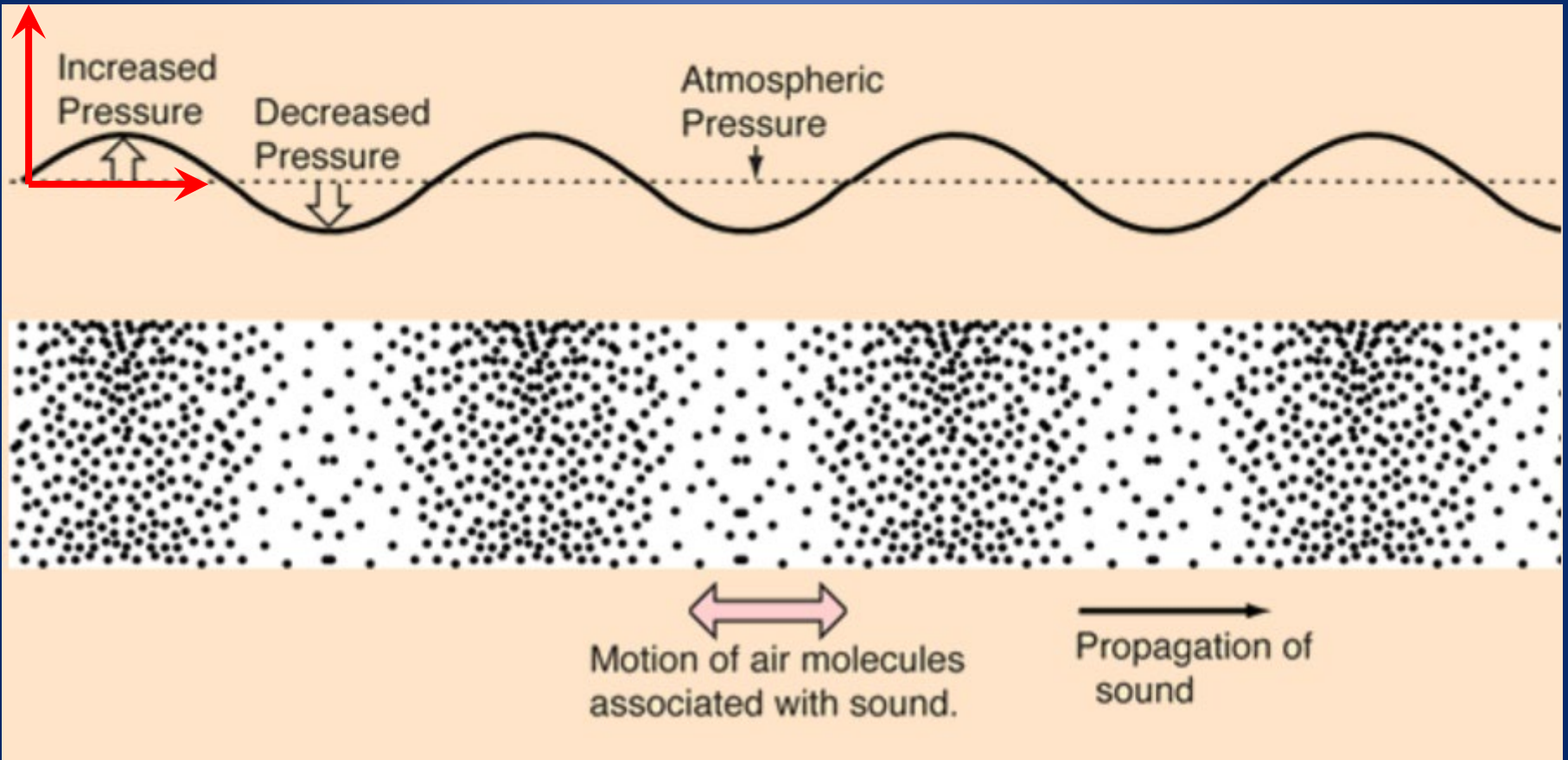
So even after a Maxell recording is 500 plays old, you'll swear it's not a play over five.



IT'S WORTH IT.



Wave-Particle Theory



<http://hyperphysics.phy-astr.gsu.edu/hbase/Sound/tralon.html>



Parameters of Sound

- Frequency
- Period
- Wavelength
- Amplitude
- Power
- Intensity

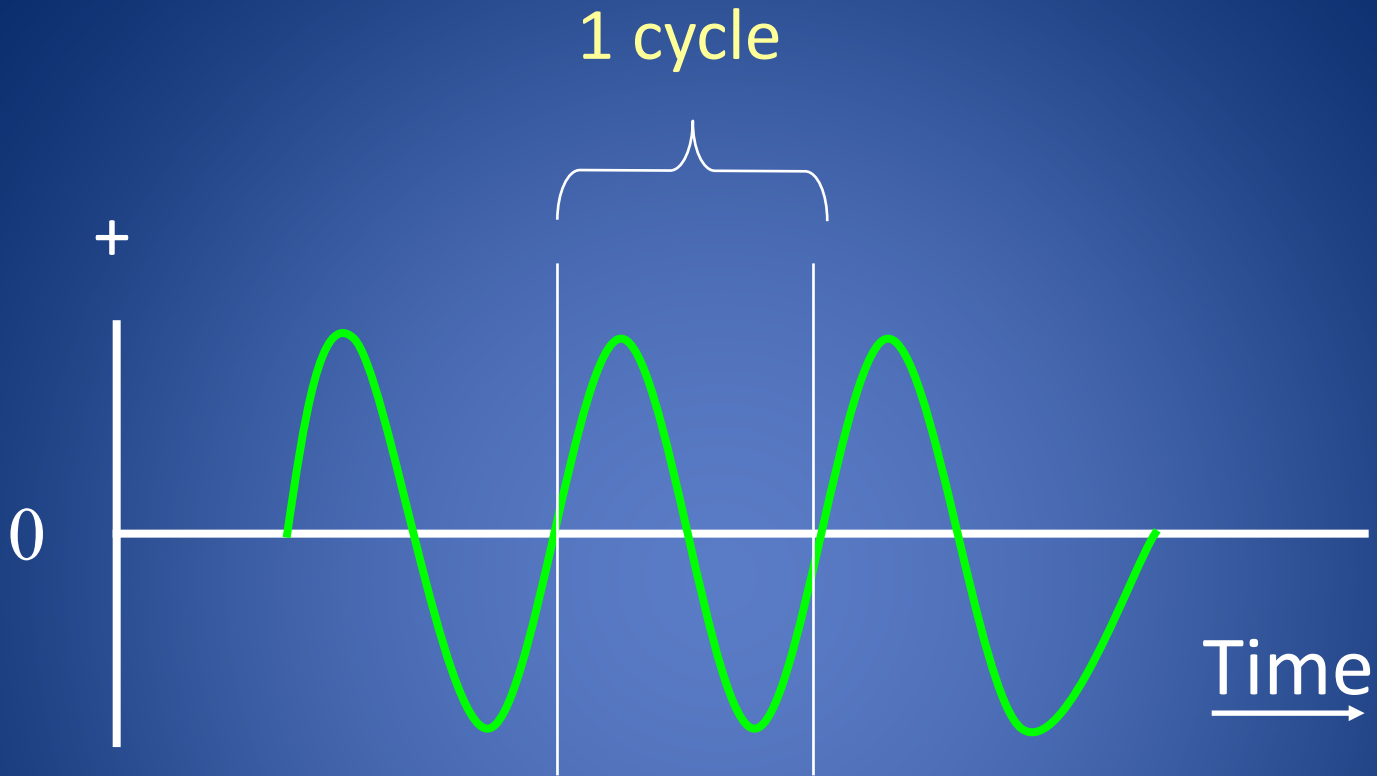


Parameters of Sound

- Frequency
- Period
- Wavelength
- Amplitude
- Power
- Intensity

So...?



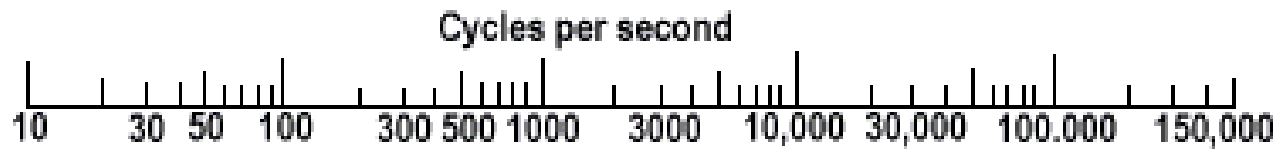


Frequency (f) = # cycles /unit time

Hertz (Hz) = 1 cycle /second

Megahertz (MHz) = 1,000,000 cycles/second





Voicing
Hearing

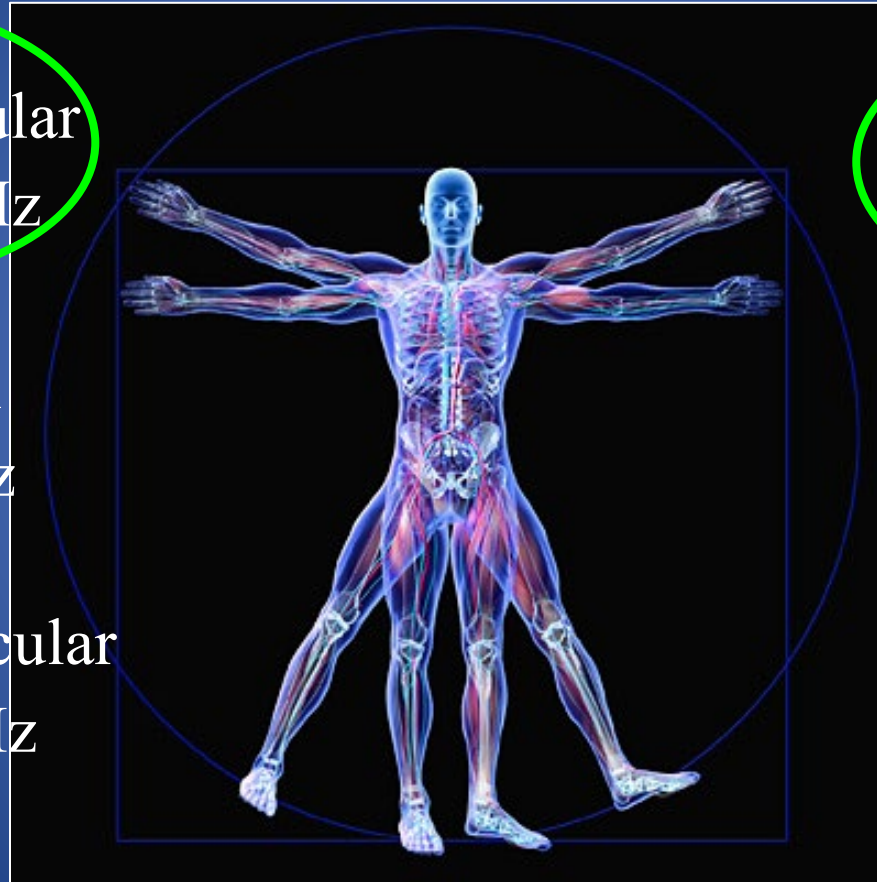


Typical frequencies used in US

Cerebrovascular
5.0-15.0MHz

Abdominal
2.0-5.0MHz

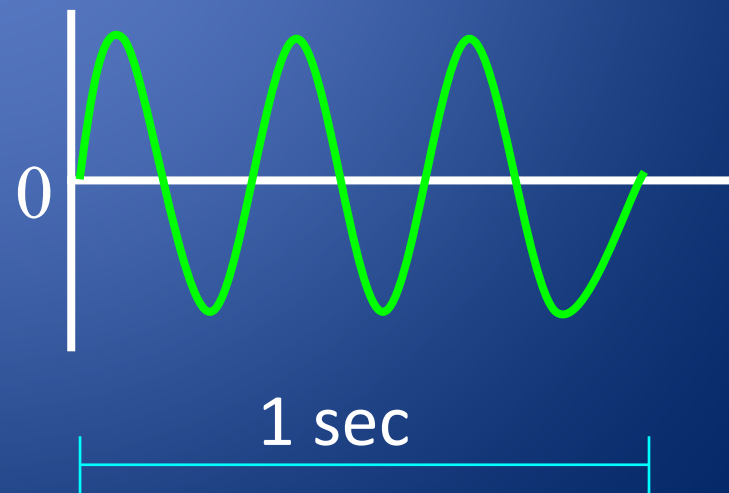
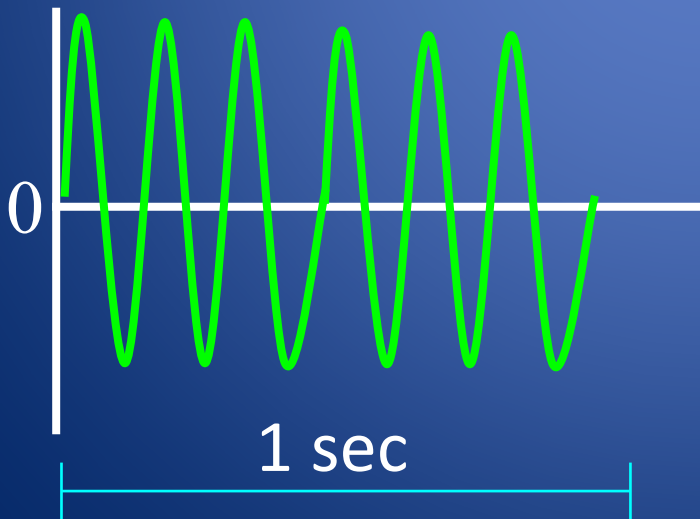
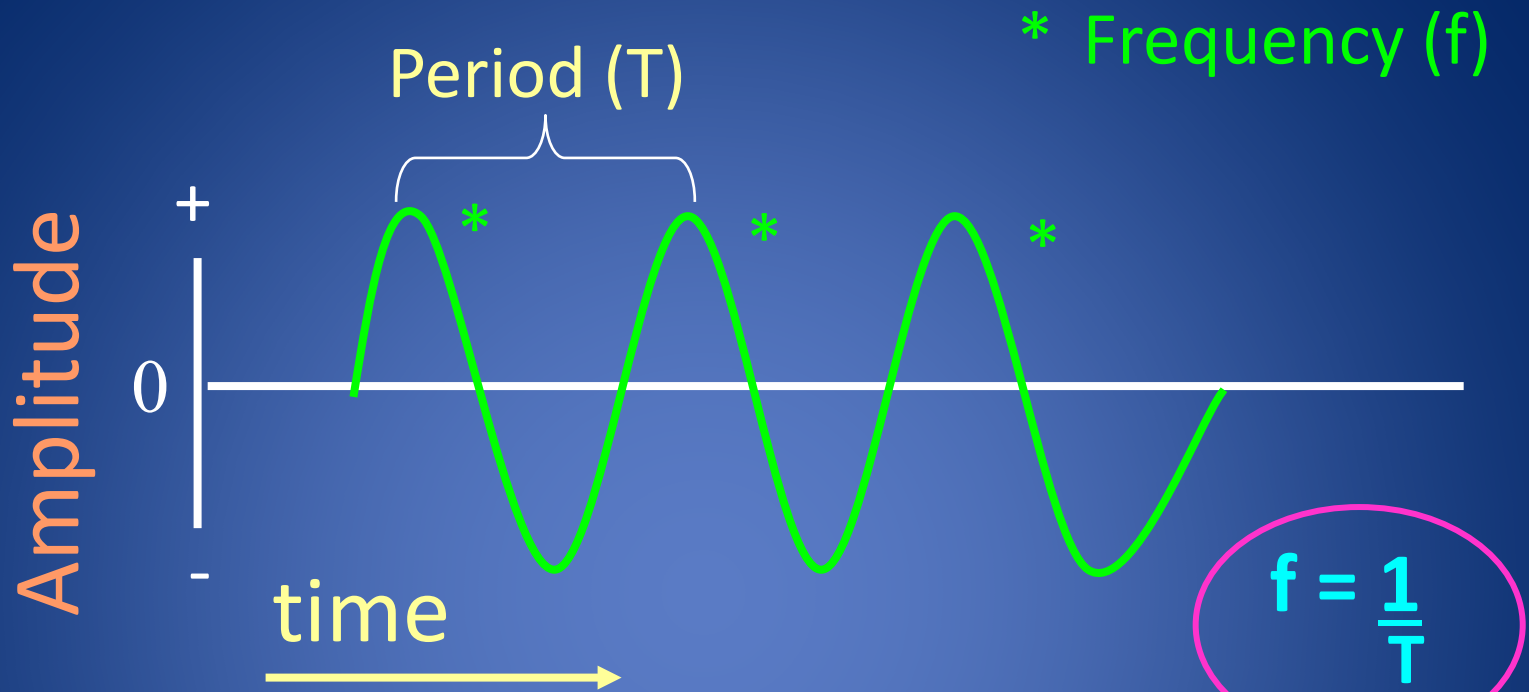
Peripheral Vascular
3.0-15.0MHz



Transcranial
1.0-2.5MHz

Cardiac
1.5-5.0MHz



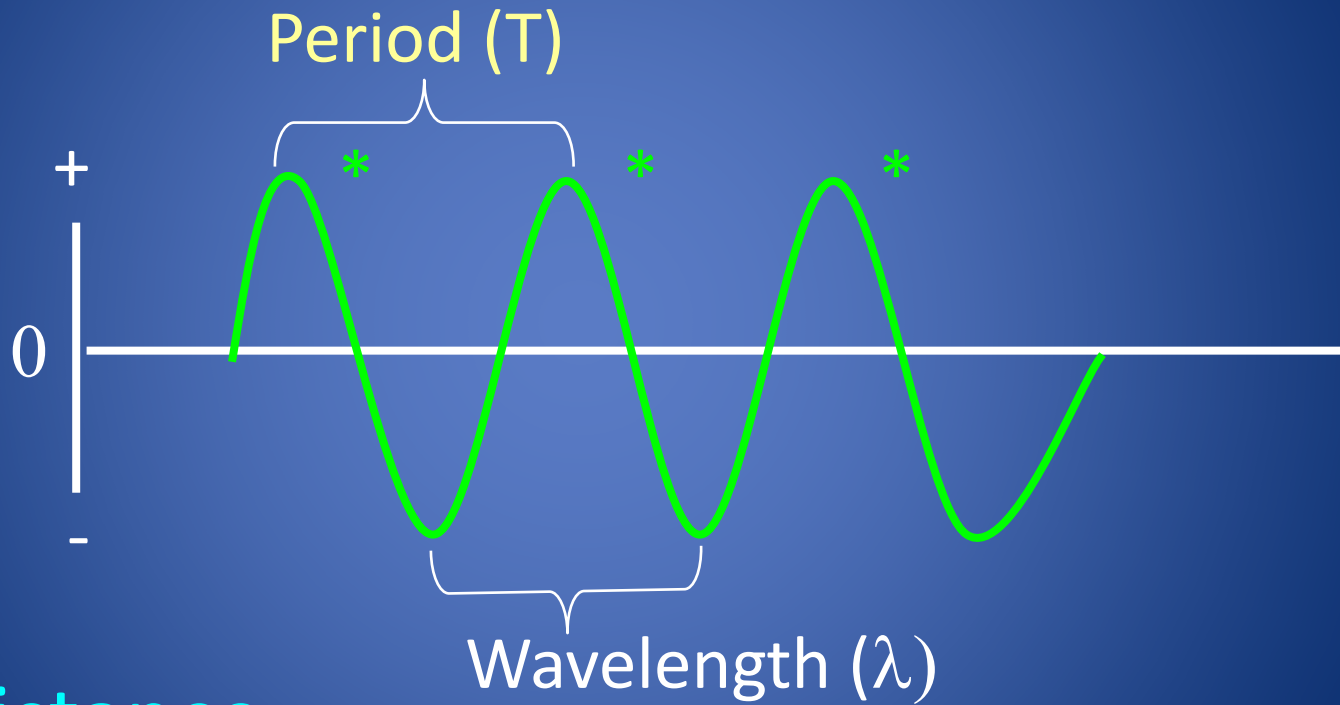


time



* Frequency

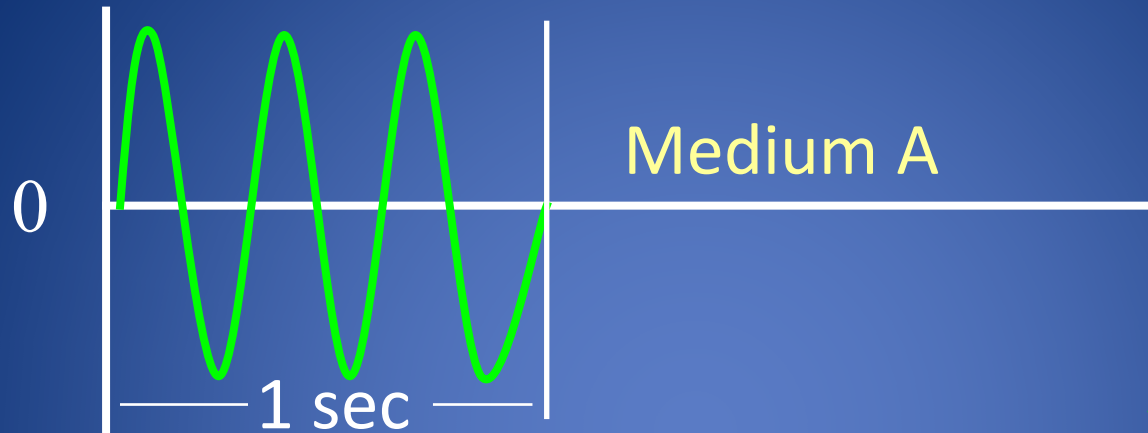
Amplitude



distance

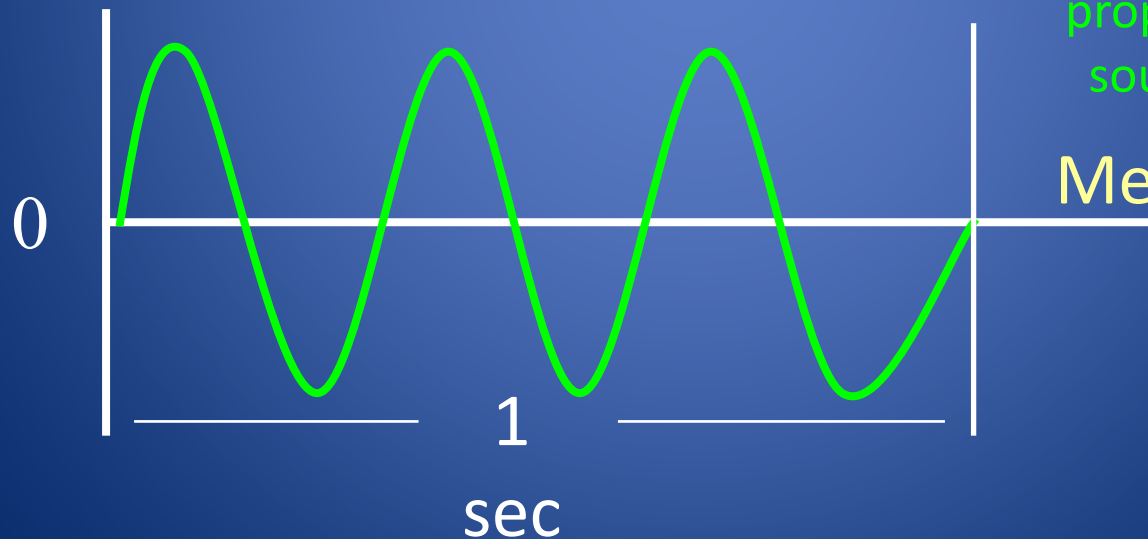


Same f , same λ , different medium



$$c \propto \lambda$$

Where c is the propagation speed of sound in a medium



Speed of Sound

“c”

<u>Medium</u>	<u>m/sec</u>
air	331
fat	1450
soft tissue	1540
blood	1570
muscle	1585
bone	4080
water	1482
steel	5960



Parameters of Sound

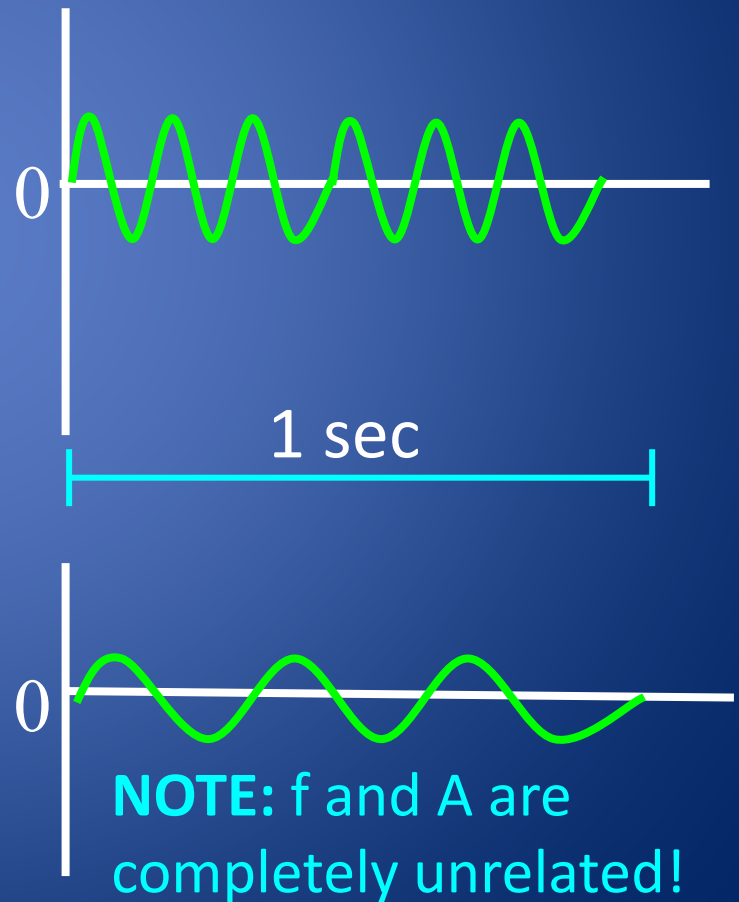
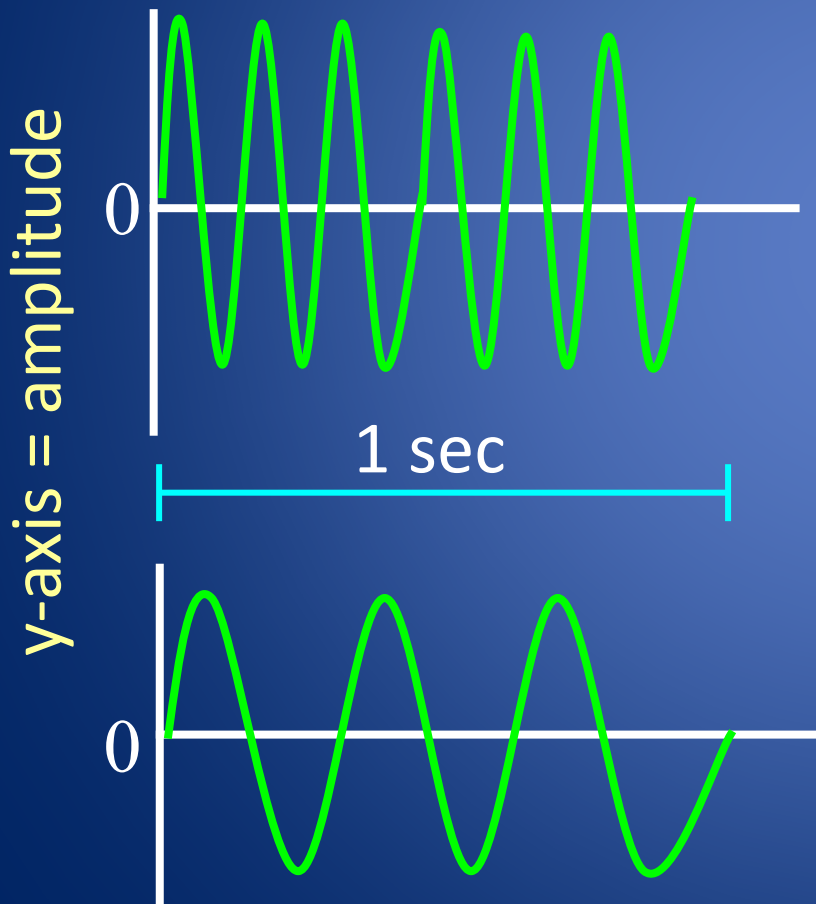
- Frequency
- Period
- Wavelength
- Amplitude
- Power
- Intensity

So...?

- ✓ Attenuation
- ✓ Artifacts & Resolution
- ✓ Acoustic Variables

Amplitude

The maximum variation from an undisturbed value or baseline (“gain” or volume)



Power



The amount of energy transported per second by a sound wave; the ability to do work over time (units = joules/sec or Watts)

$$P \propto A^2$$



Parameters of Sound

- Frequency
- Period
- Wavelength
- Amplitude
- Power
- Intensity

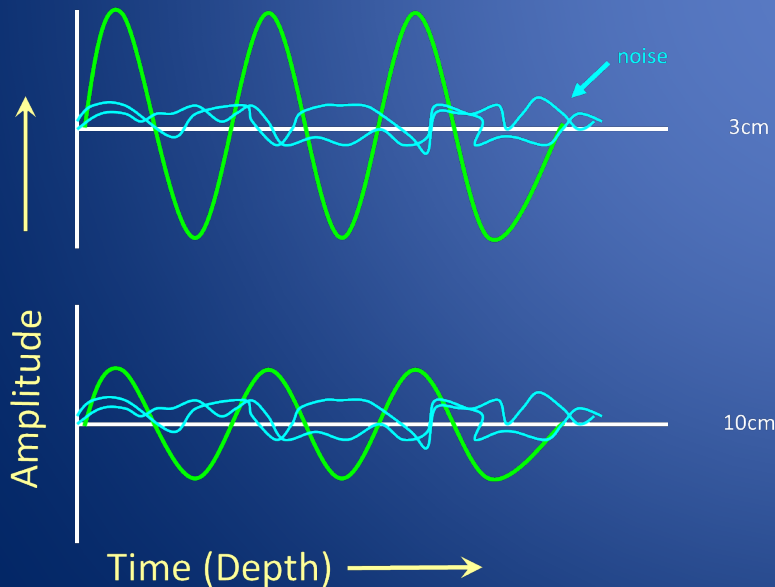
So...?

This should this affect
how you scan!

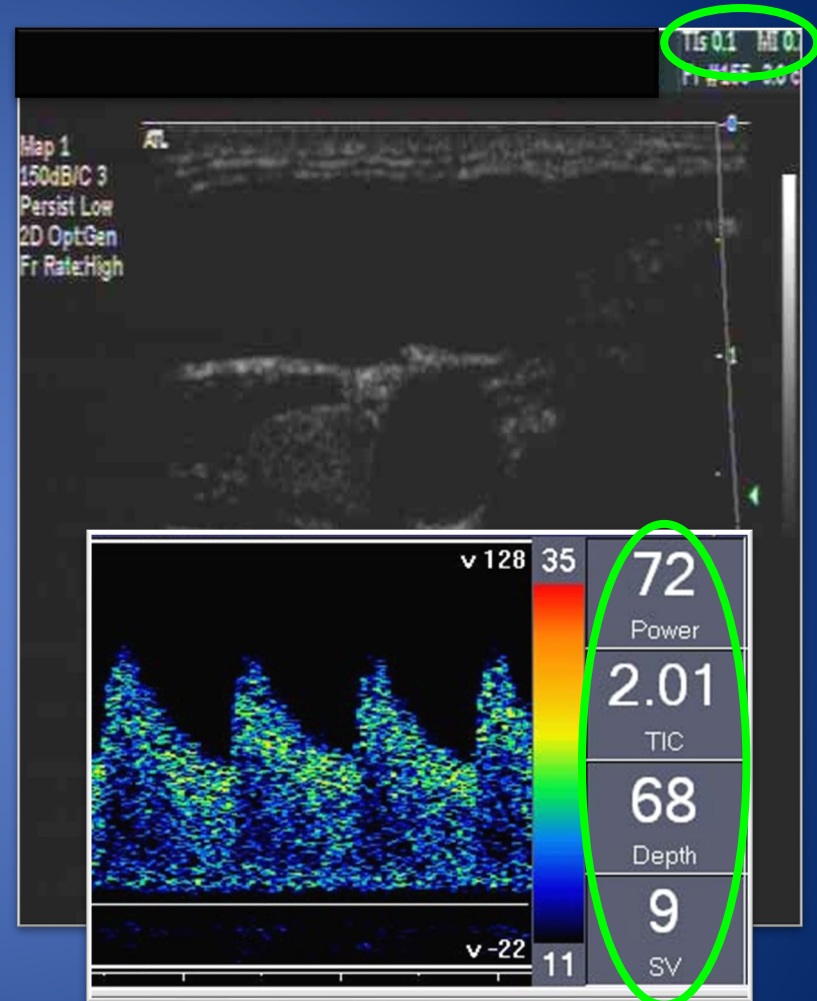
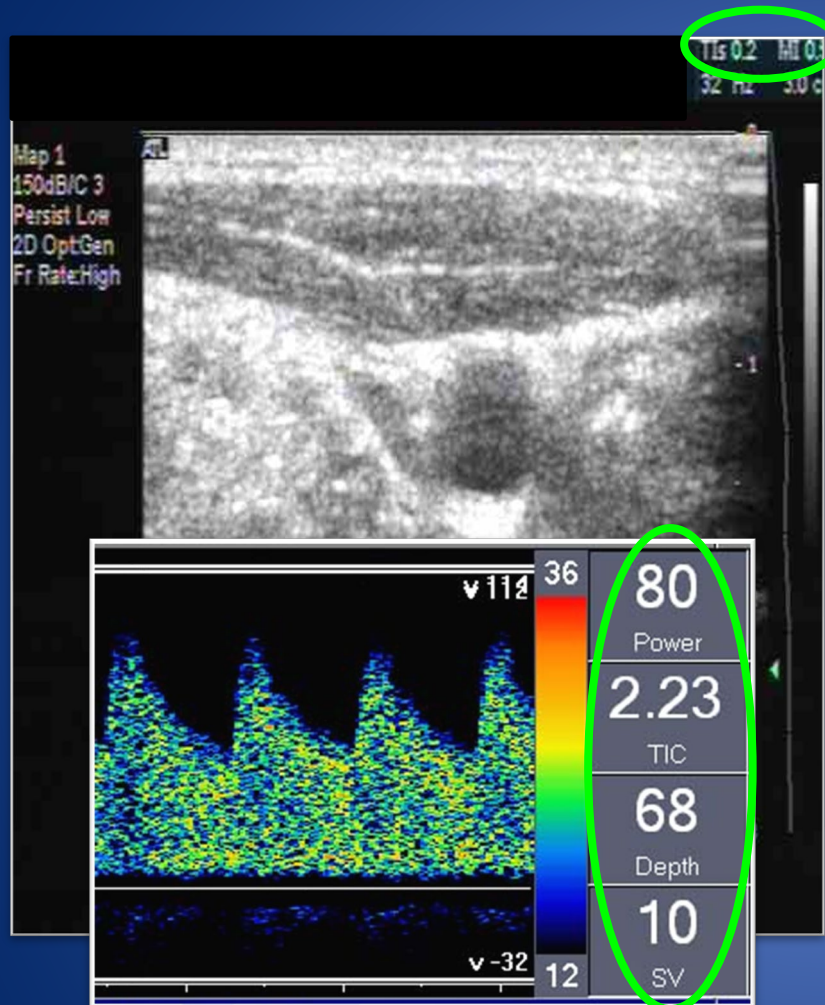
How to use your Power



- The signal to noise ratio decreases as depth increases
- Increasing Power typically improves the signal to noise ratio
- Increasing Power increases the energy sent into the body
- Increasing the Gain, amplifies signals returning from the body
- Do not confuse Power with Receiver Gain! (Know your knobs)



About Power and Gain...

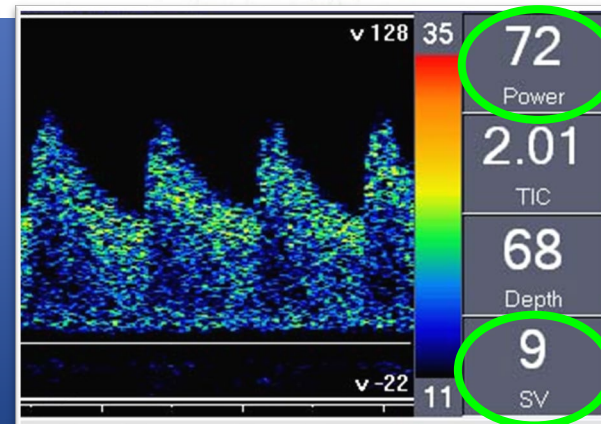
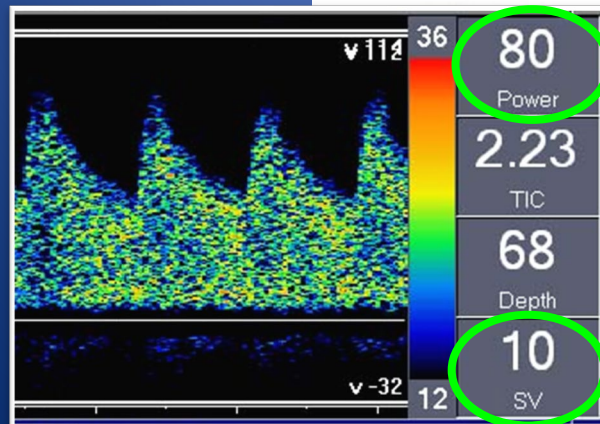
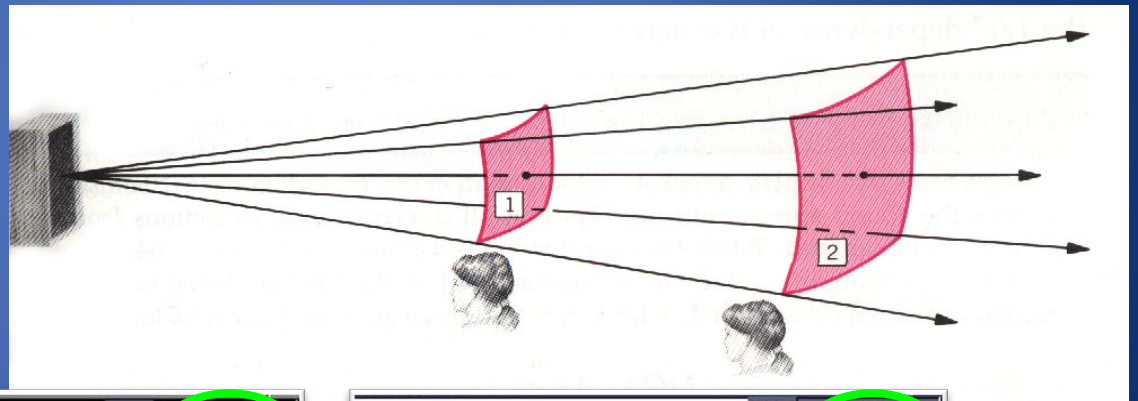


Increasing Power or Gain will both visually brighten an image. Increasing Power, increases intensity whereas increasing Gain does not. Thermal Index (TI) and Mechanical Index (MI) correlate to Power output and relative risk of bioeffects.

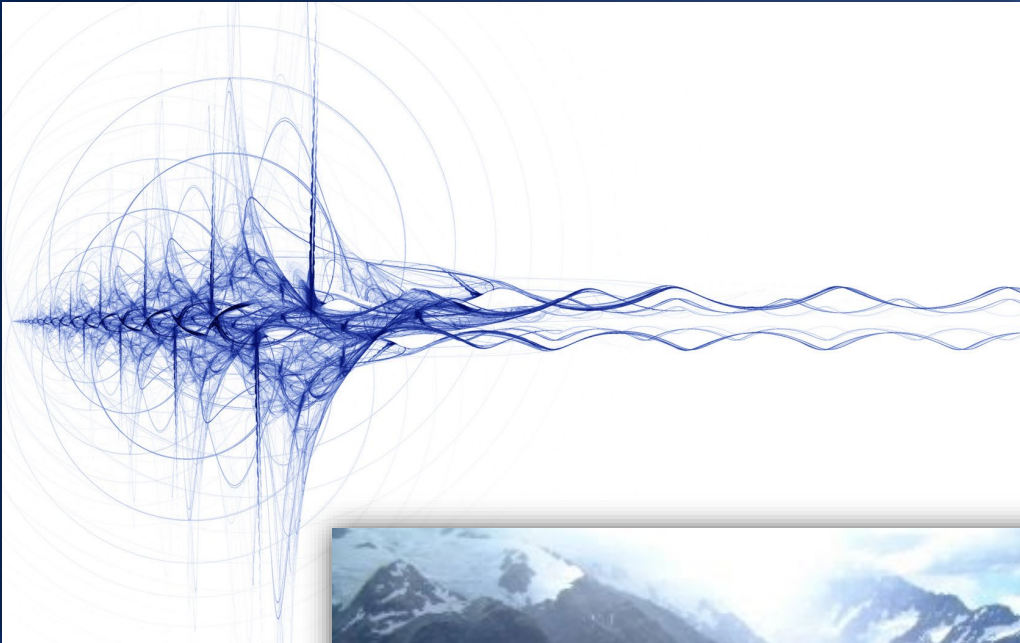


Intensity

- ✓ equal to power/beam area
- ✓ focusing decreases area and increases intensity



Properties of Sound



Attenuation:

amplitude
decreases with
propagation

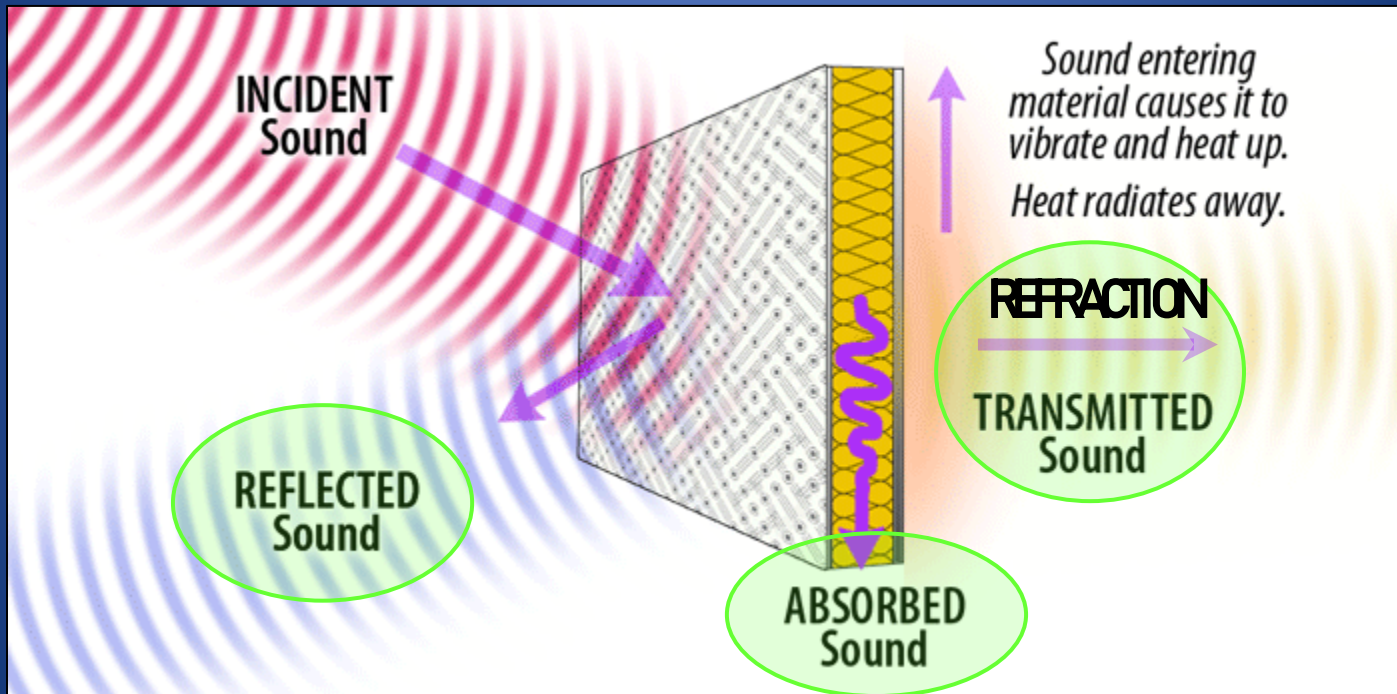
Acoustic Variables:

qualities that vary
within a sound wave



Attenuation

amplitude decreases with propagation

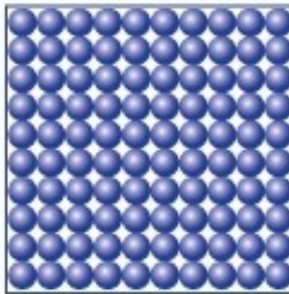


<http://www.acousticssciences.com/solutions/absorption>

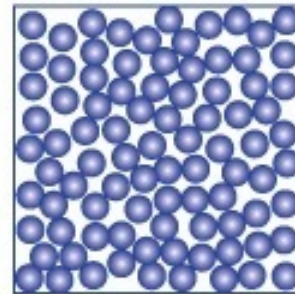


Properties of Sound & Properties of a Medium

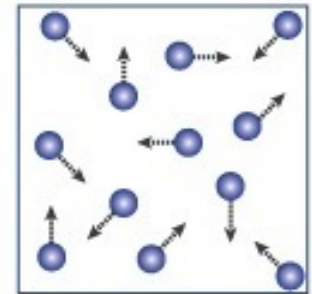
$$\lambda = \frac{c}{f}$$



Solid



Liquid



Gas



Acoustic Variables

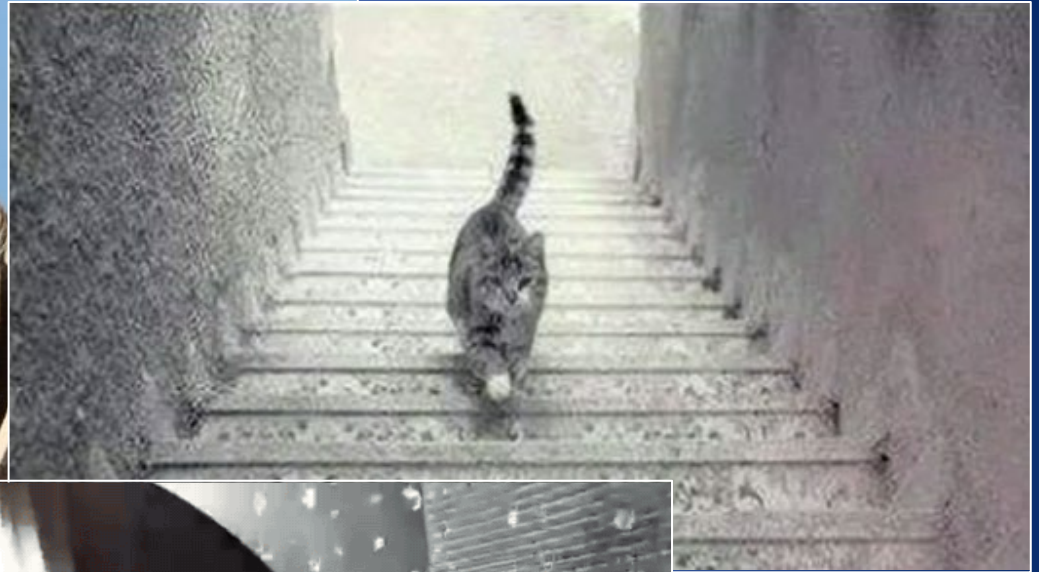
- **Pressure:** particle motion; feel a “beat” of sound
- **Density:** mass/volume
- **Temperature:** friction; heat energy as wave propagates
- **Particle motion:** distance travelled



- ✓ Consider focal and global factors: different tissues, hct, temperature, other pharmacological effects, etc.



When Seeing is Believing



Artifacts

- Anything not properly indicative of structures evaluated
- Imaging Artifacts:
Attenuation (Brightness)
& Propagation (Location)
- Doppler Artifacts
(Spectral & Color):
Location, Direction,
Timing/Speed



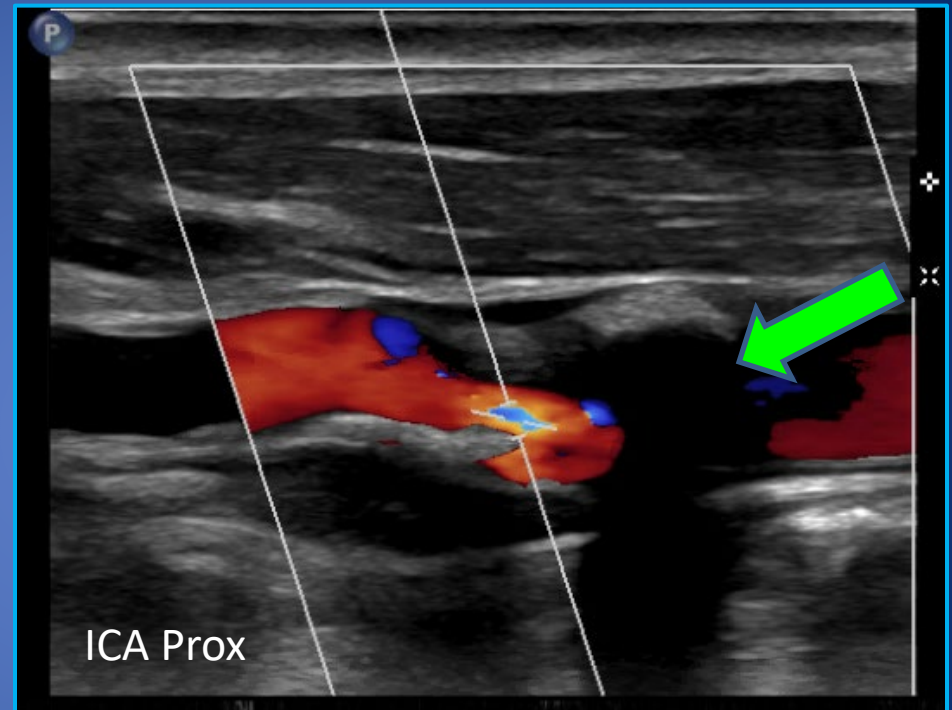
Why artifacts occur

Assumptions:

1. Sound only travels in a straight line
2. Echoes only originate from objects in the beam pathway
3. Amplitude of echoes only represents reflecting properties of objects along the axis
4. Distance (depth) to an object is proportional to the RT time of $13\mu\text{s}/\text{cm}$ (speed of sound in soft tissue)

Shadowing

- Weakening of echoes distal to a strongly attenuating or reflecting structure or from the edges of a refracting structure (“edge shadowing”)

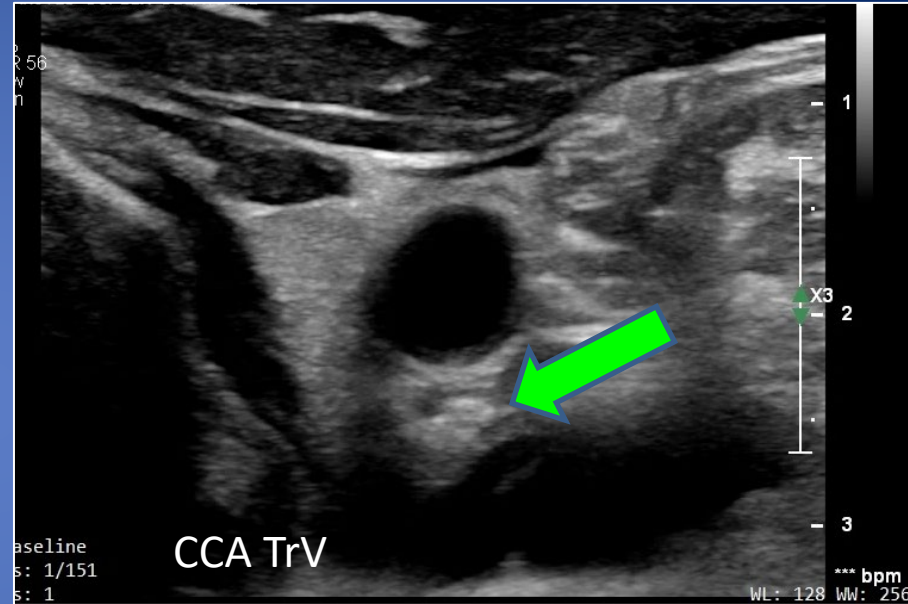


Solution: use spatial compounding and other speckle reduction techniques; use different approaches



Enhancement

- Strengthening of echoes distal to a weakly attenuating structure
- Increased brightness behind a weakly attenuating structure
- Often a useful artifact
- “Focal Enhancement” – increased enhancement at the focus; solution: spatial compounding

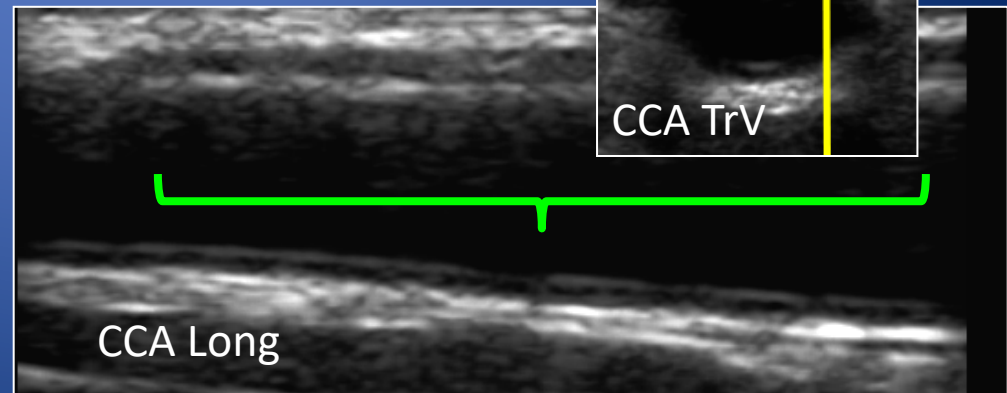
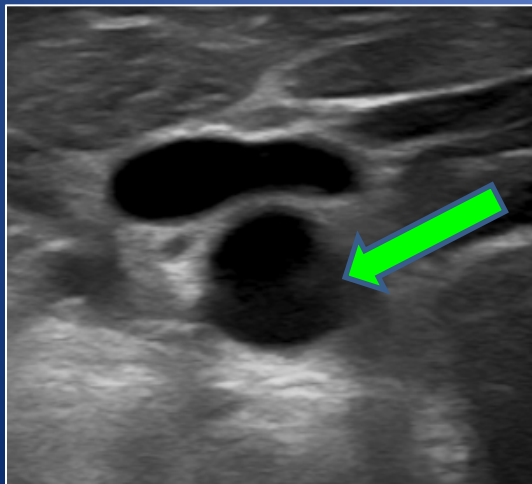
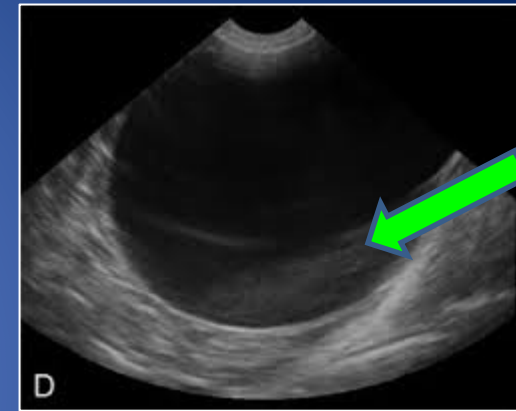
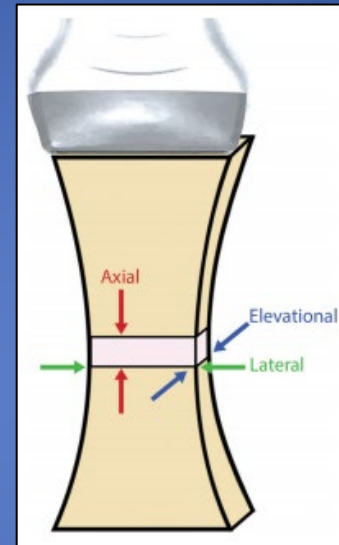


Solution: use different approaches; know posterior wall appears thicker/brighter



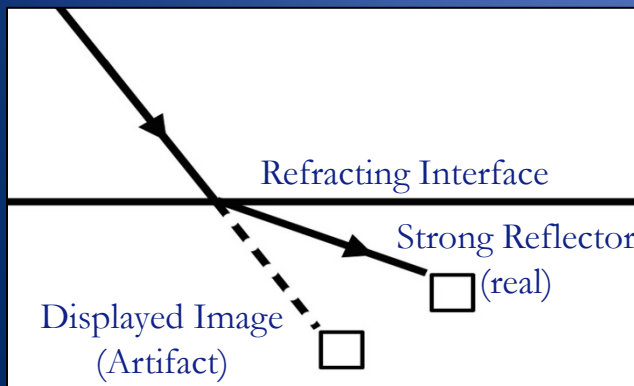
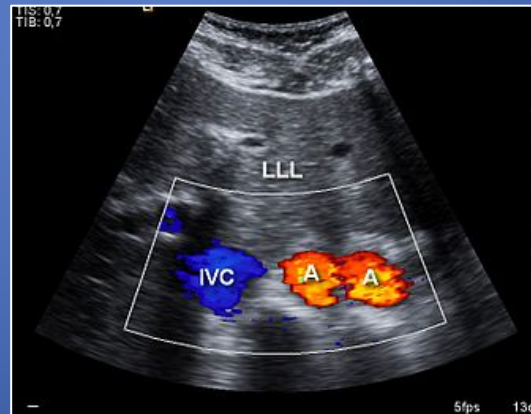
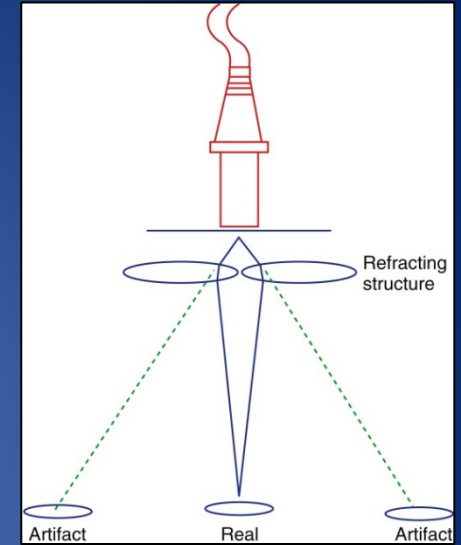
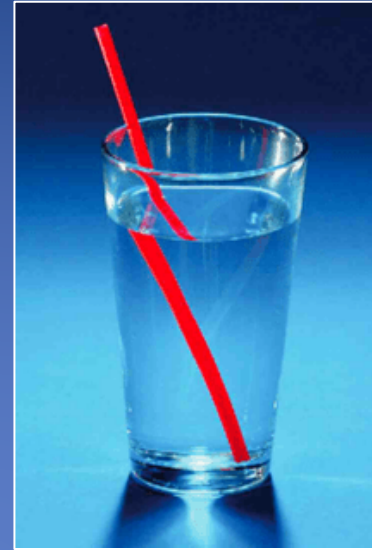
Slice Thickness

- Third dimension
- Beam width perpendicular to the scan plane
- **Solution:** possible to resolve by using tissue harmonic imaging



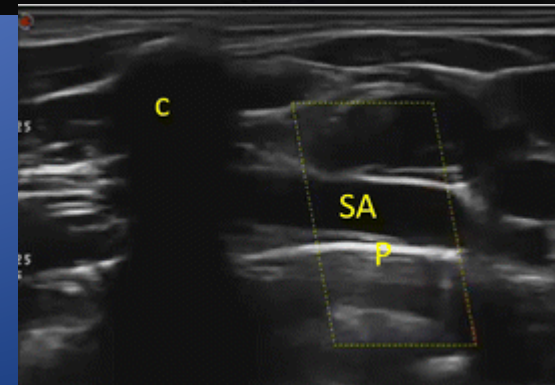
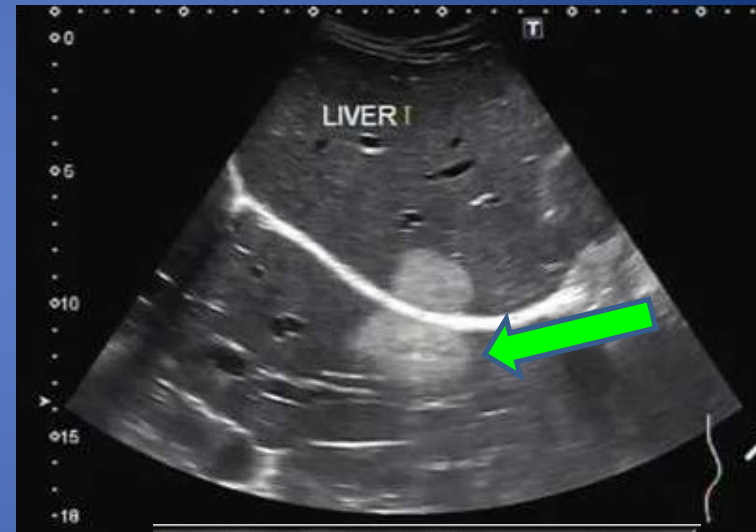
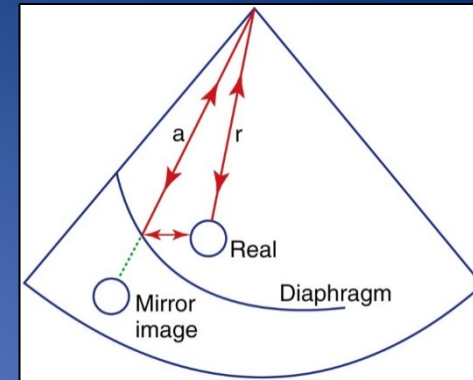
Refraction

- Change of direction of the sound beam from one medium to the next
- Displaces (and sometimes duplicates) structures laterally from their correct locations
- **Solution:** change approach or vary angle across a wider area

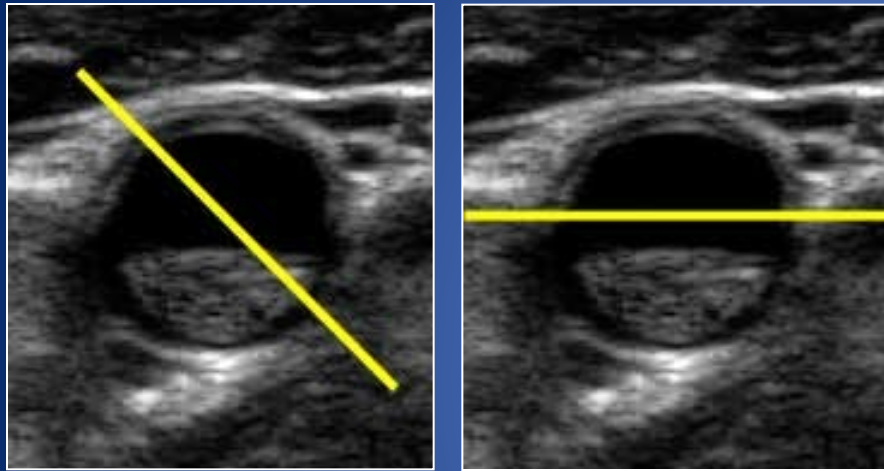


Mirror Image

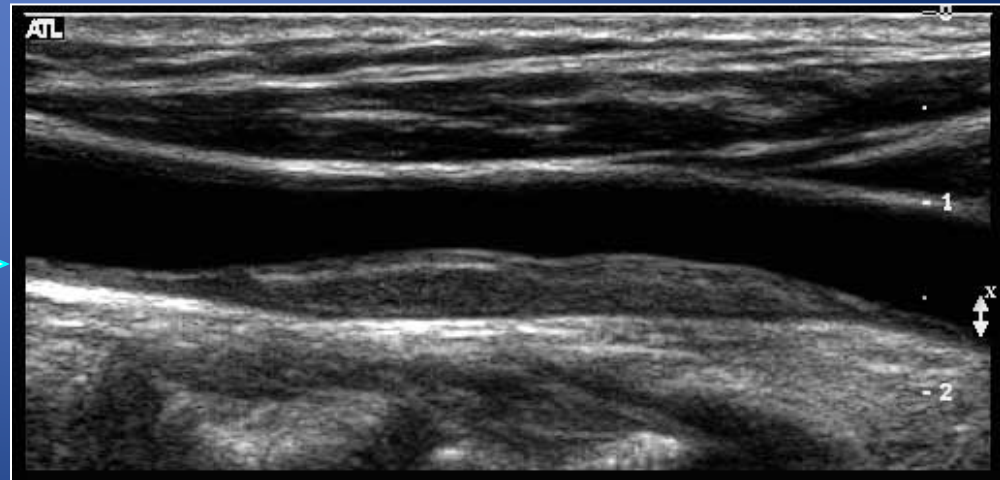
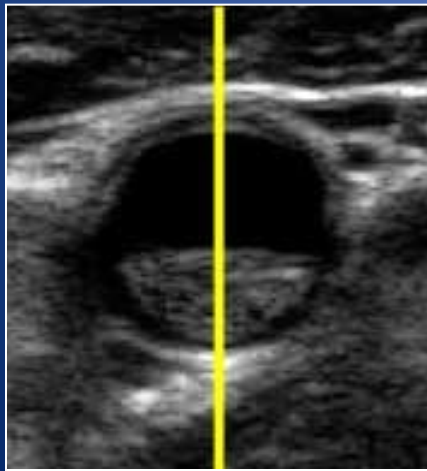
- Duplication of a structure on the opposite side of a strong reflector
- Form of reverberation
- Common around the pleura and diaphragm
- **Solution:**
 - ✓ change angle/window
 - ✓ adjust focal zone or TGC to reduce high reflectivity of strong reflector



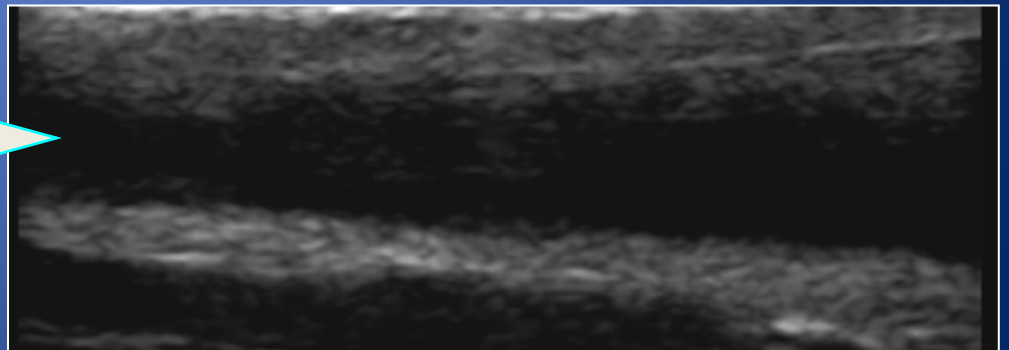
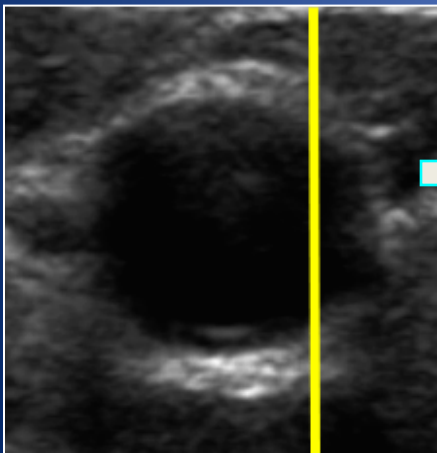
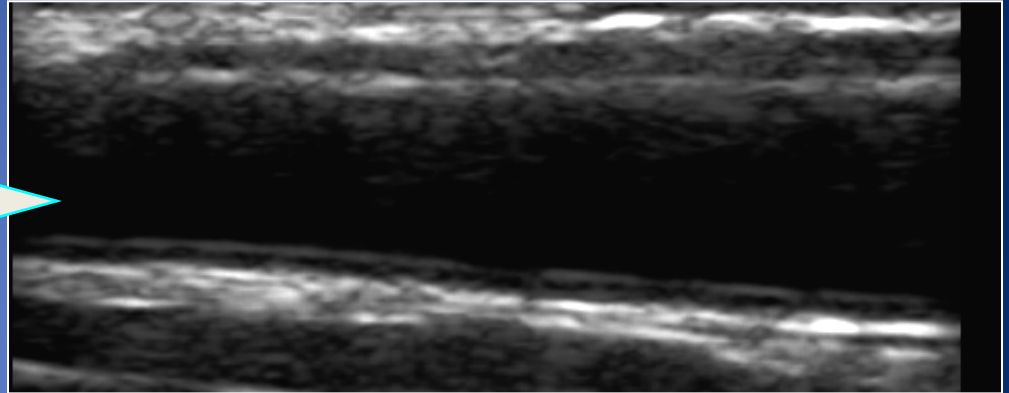
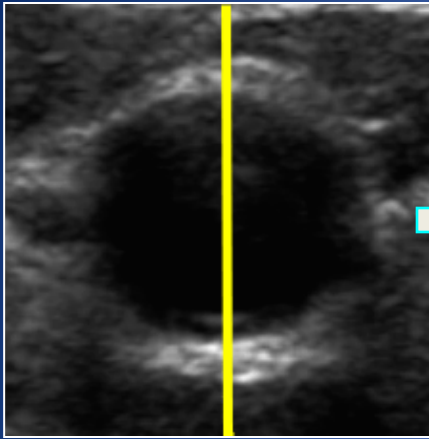
2D (B-mode) Imaging Angle Effects



- Diameter reduction dependent on scan plane



Normal Vessel



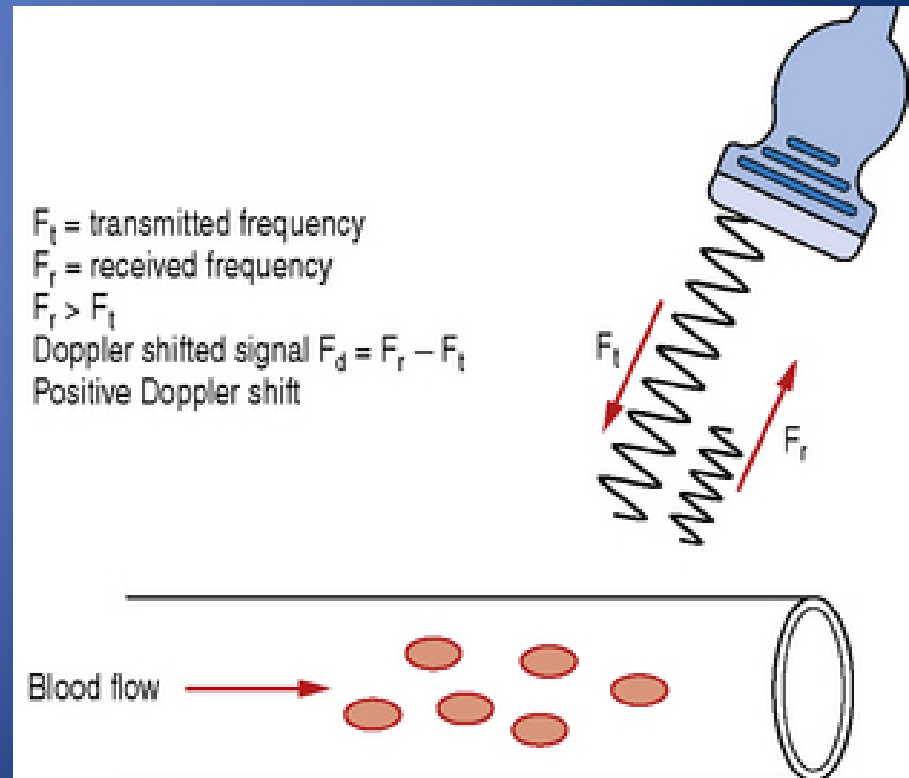
Off Axis Plane



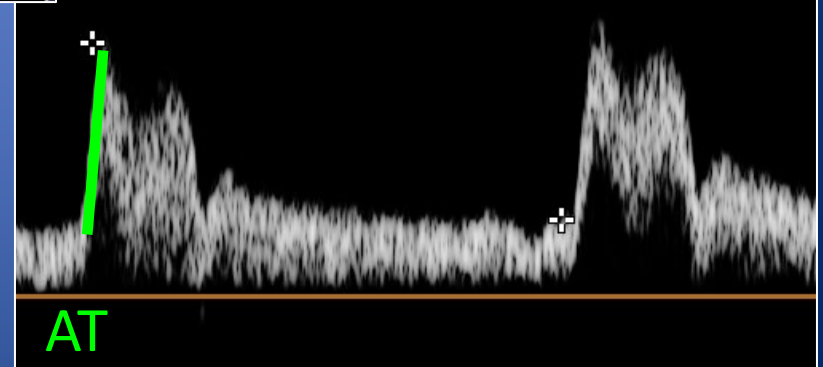
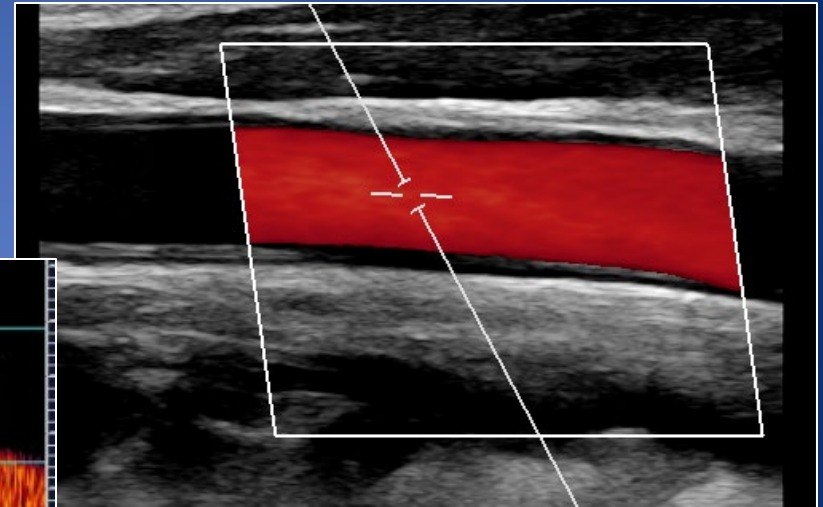
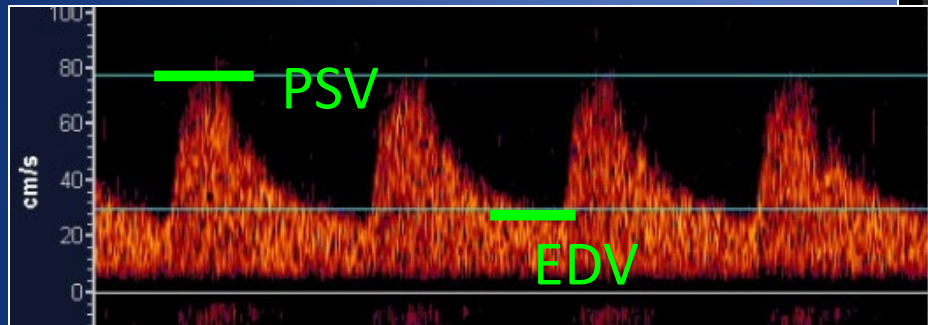
The Doppler Effect

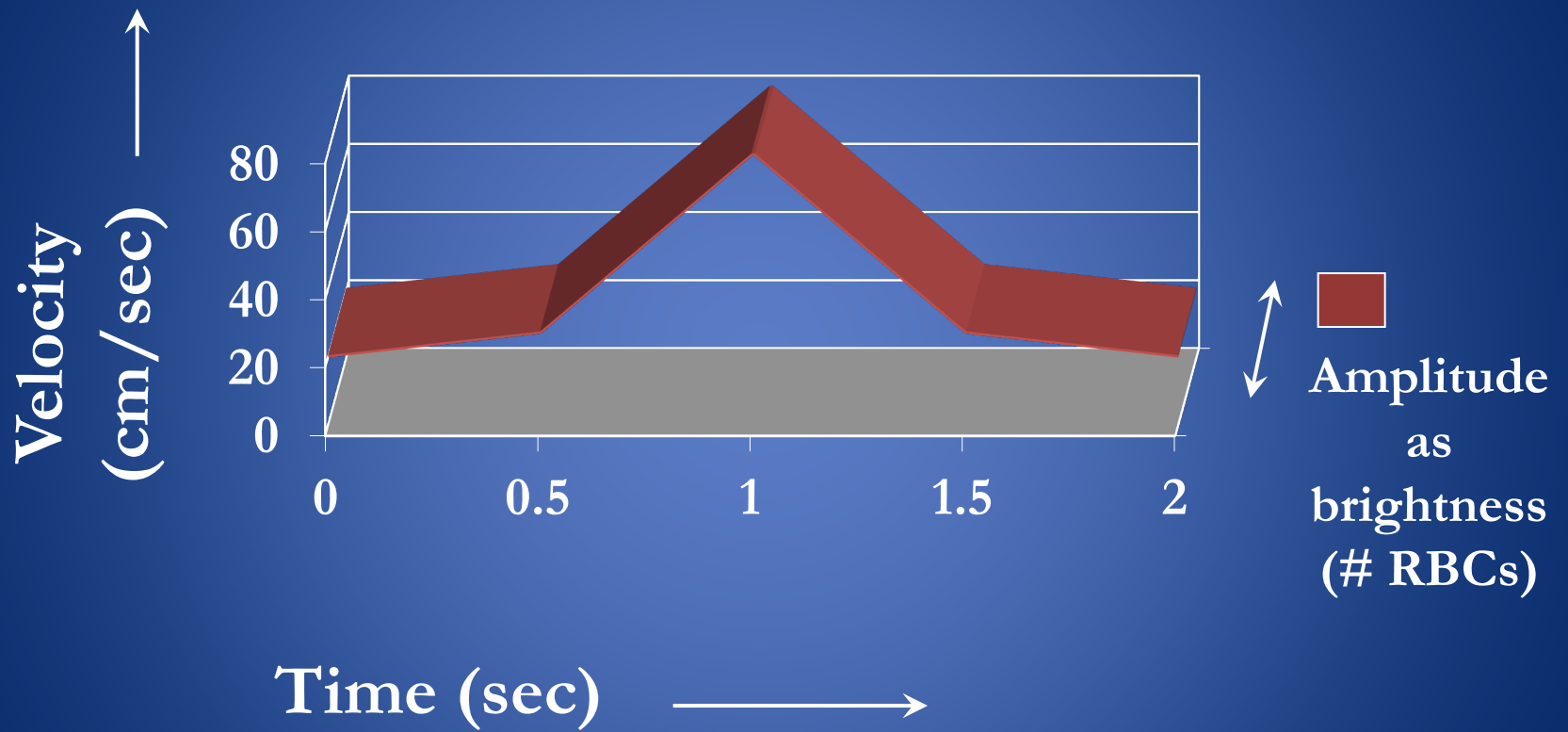
- The change in the frequency of sound due to motion of the source of the sound or the observer (or both)

$$\Delta f = \frac{2f_t v \cos\theta}{c}$$



Quantifying Data: Spectral Analysis





The Doppler Shift

$$\Delta f = \frac{2f_s v \cos\theta}{c}$$



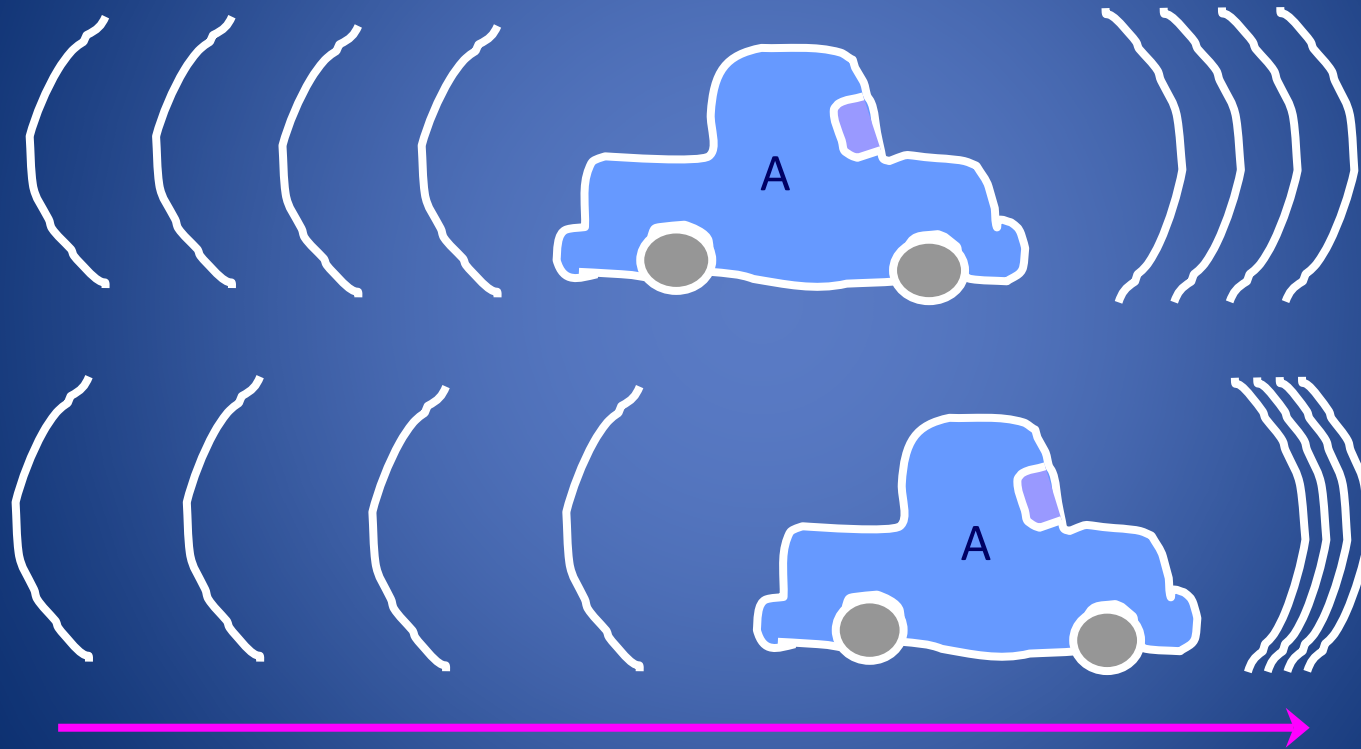
$$\Delta f = \frac{2f_t v \cos\theta}{c}$$



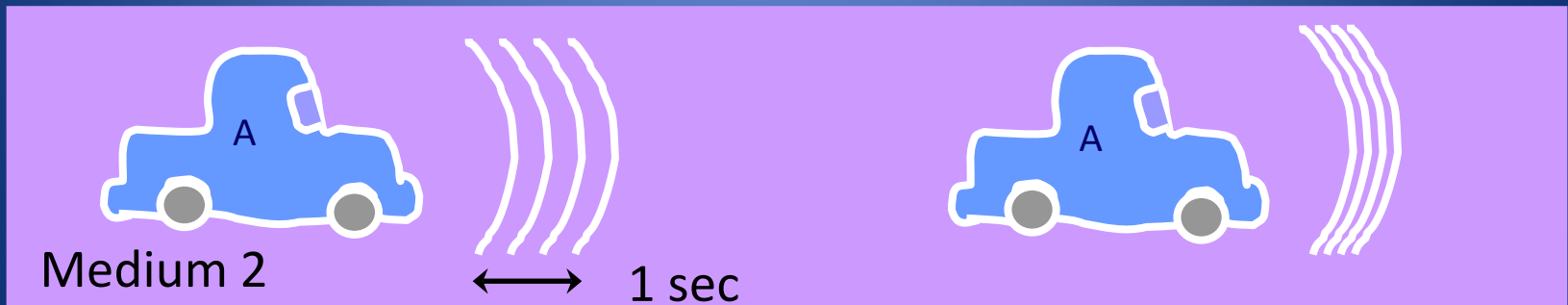
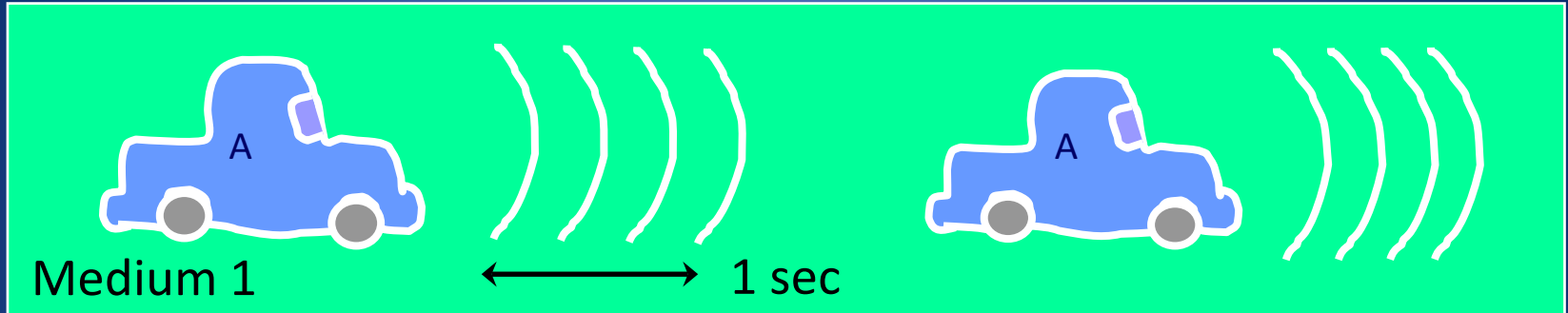
$$f_{t_A} > f_{t_B}$$



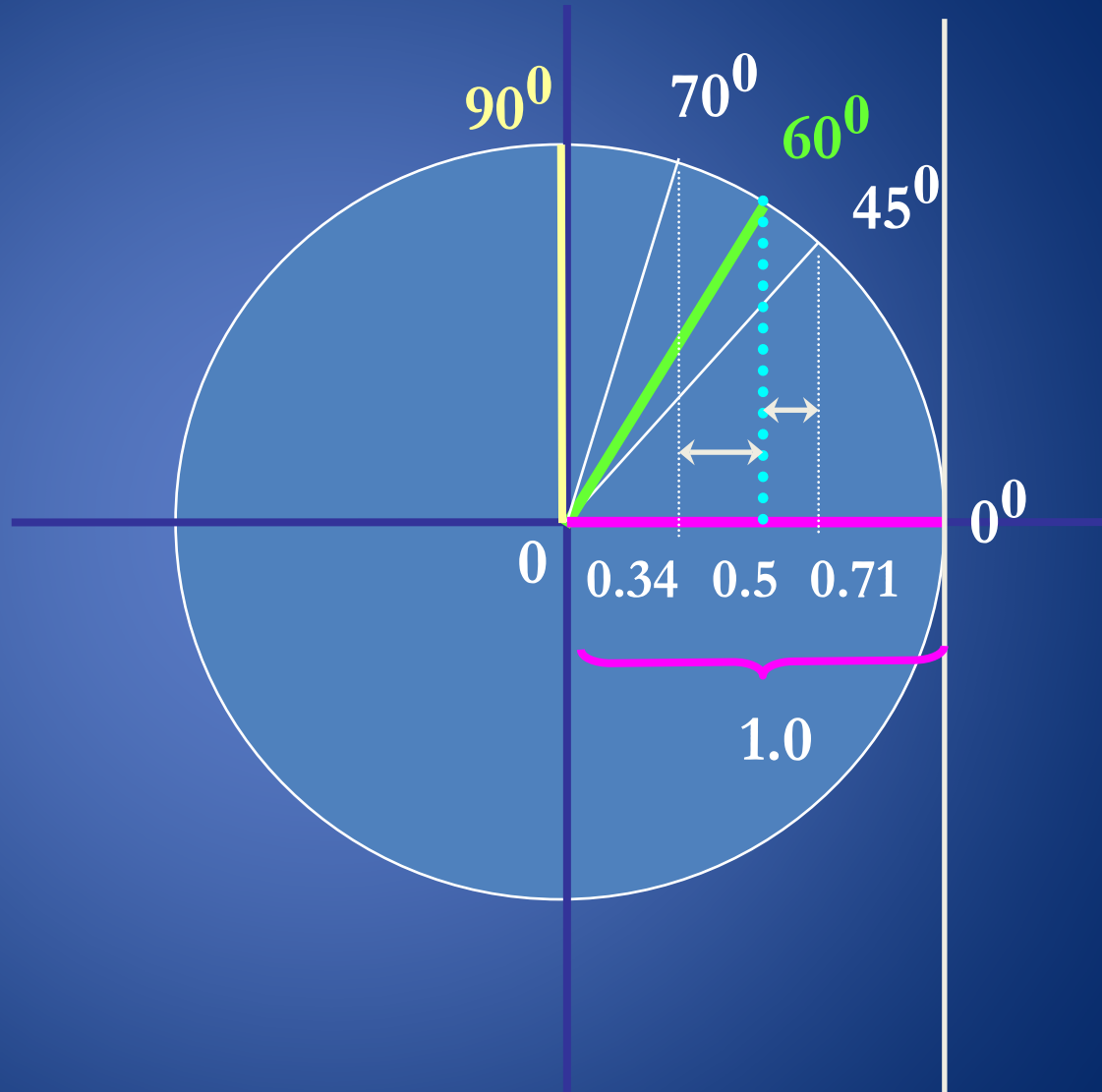
$$\Delta f = \frac{2f_t v \cos\theta}{c}$$



$$\Delta f = \frac{2f_t v \cos\theta}{c}$$

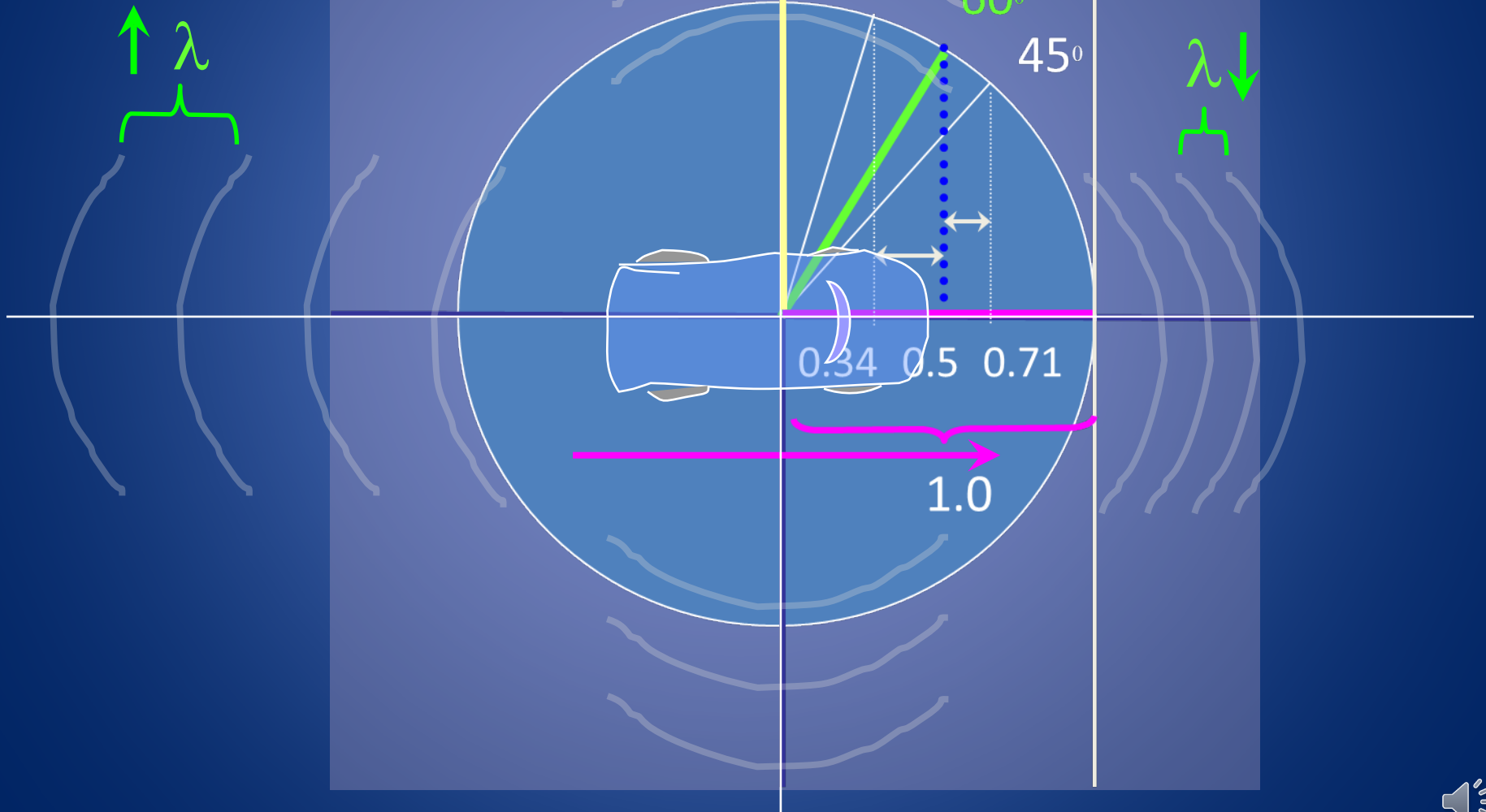


Degrees	Cos θ
0	1.0
10	.98
20	.94
30	.87
40	.77
50	.64
60	.50
70	.34
80	.17
90	0.00

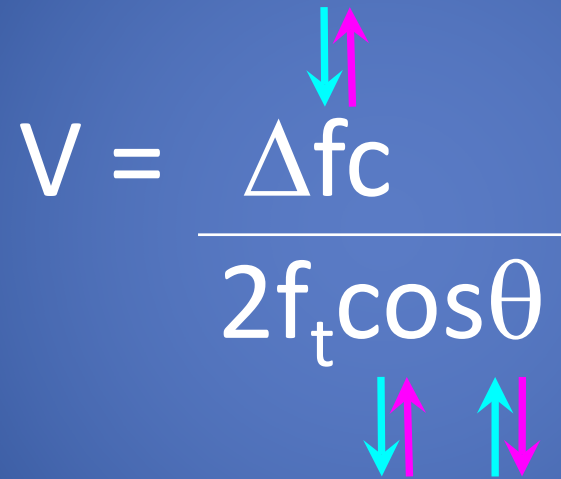


Perspective Matters!!

$$\Delta f = \frac{2f_t v \cos \theta}{c}$$



Velocity is not affected by the θ^*
...right?

$$V = \frac{\Delta f c}{2f_t \cos \theta}$$


* In theory this is true based on $\theta = 60^\circ$; in reality there is more than one angle and frequency



Angle of Incidence (θ)

Error

Degrees	Cos θ	> Angle (5°)	< Angle (5°)	% Velocity Overestimation	% Velocity Underestimation
0	1.0	0.996	0.996	0.38%	0.38%
10	.98	0.966	0.996	1.95%	-1.14%
20	.94	0.906	0.966	3.68%	-2.72%
30	.87	0.819	0.906	5.72%	-4.44%
40	.77	0.707	0.819	8.34%	-6.48%
50	.64	0.574	0.707	12.07%	-9.10%
60	.50	0.423	0.574	18.31%	-12.83%
70	.34	0.259	0.423	32.15%	-19.07%
80	.17	0.087	0.256	99.24%	-32.91%



Putting it all together

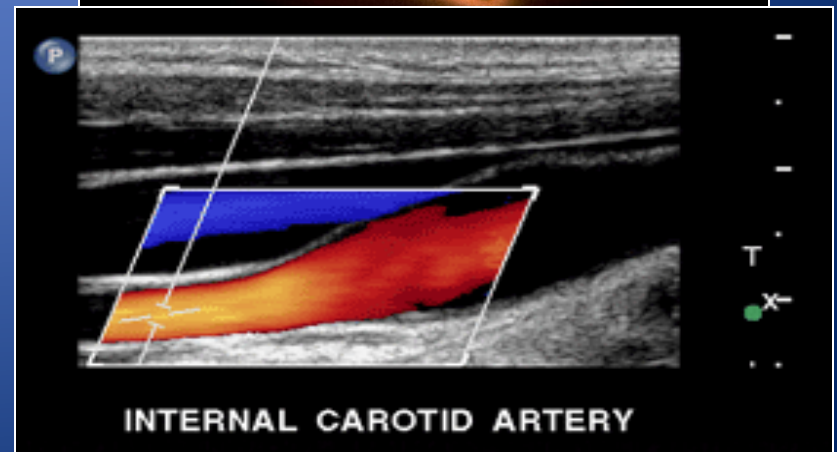
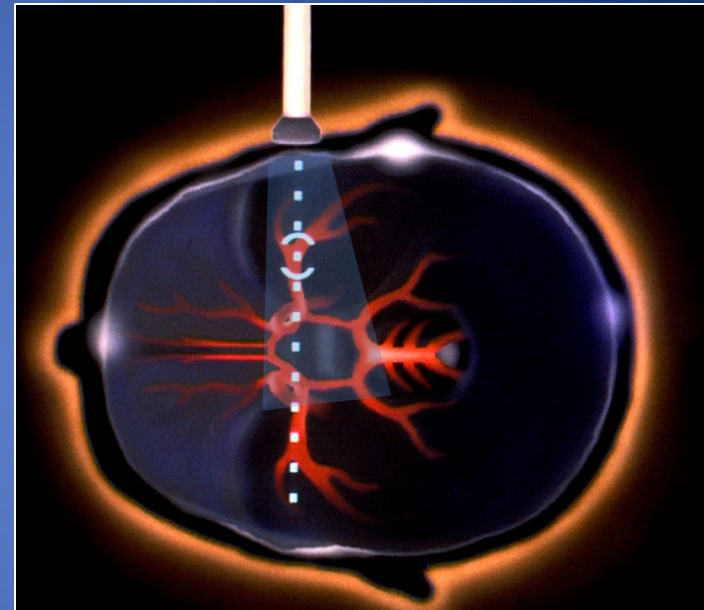
$$\Delta f = \frac{2f_t v \cos\theta}{c}$$

- $2 =$ constant (2 Doppler shifts occur)
- $f_t =$ constant; transmit frequency
- $C =$ constant; speed of sound (1540 m/s)
- $v =$ what we're measuring
- $\Delta f =$ what is calculated based on $\cos\theta$
- $\cos\theta =$ controlled by user/instrument

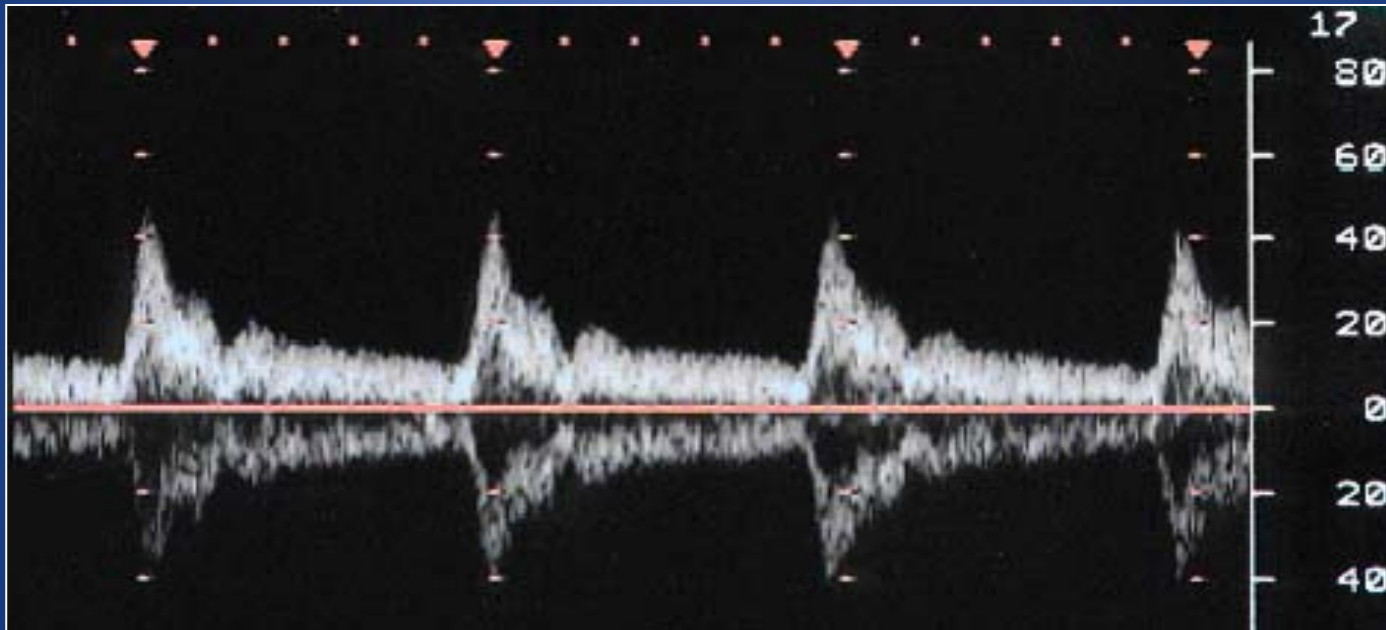


What's your angle?

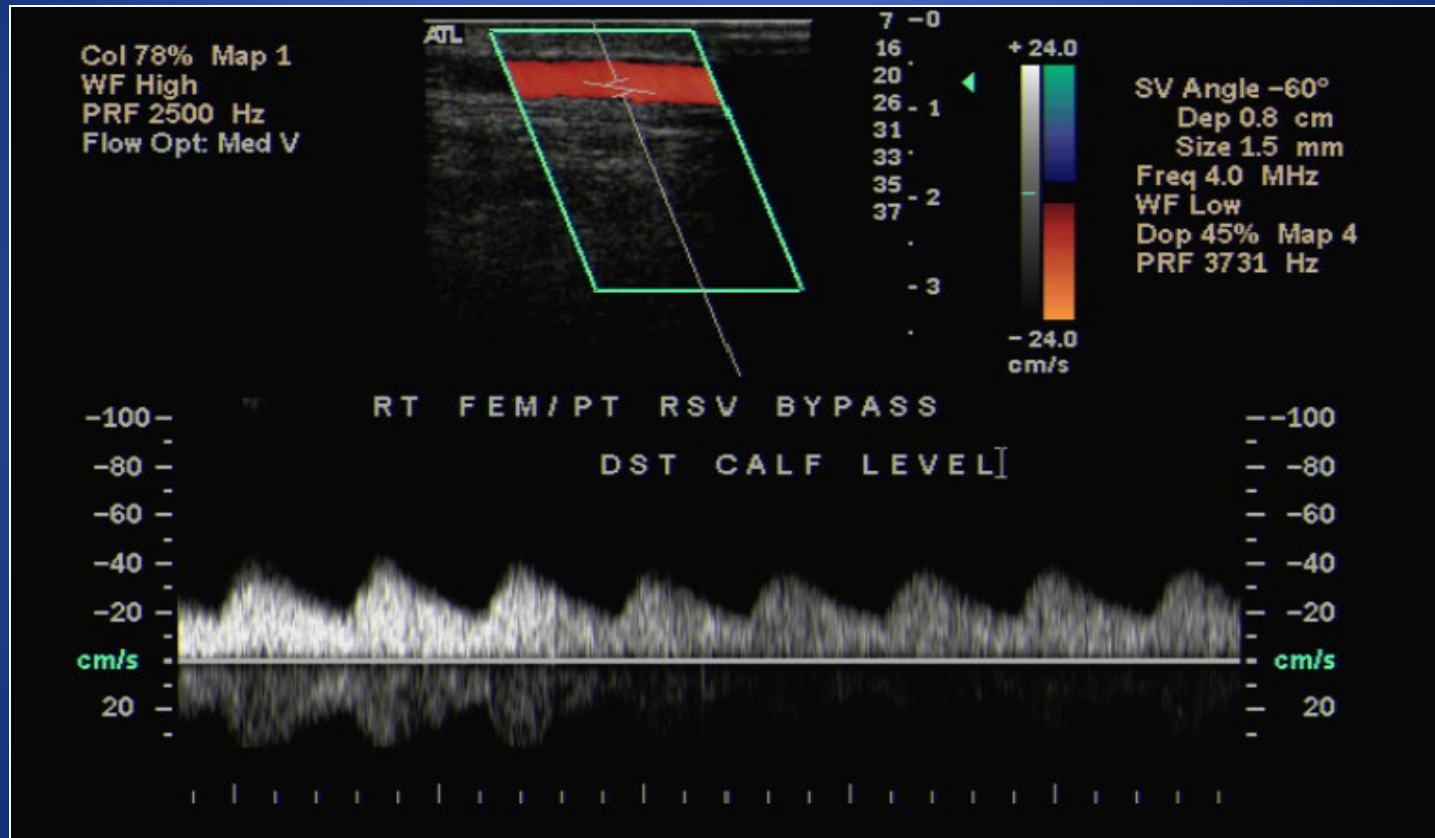
- Anatomy: Most major intracranial arteries are parallel to θ_i vs Extracranial, which are perpendicular
- Error: Velocity calculation error increases $\theta > 60^\circ$
- Highest audible shift: Listen!
- When to Align or "Angle Correct"? With TCDI, often not necessary; record angles used; remain $< 20^\circ$



Doppler Artifacts: Spectral Mirroring



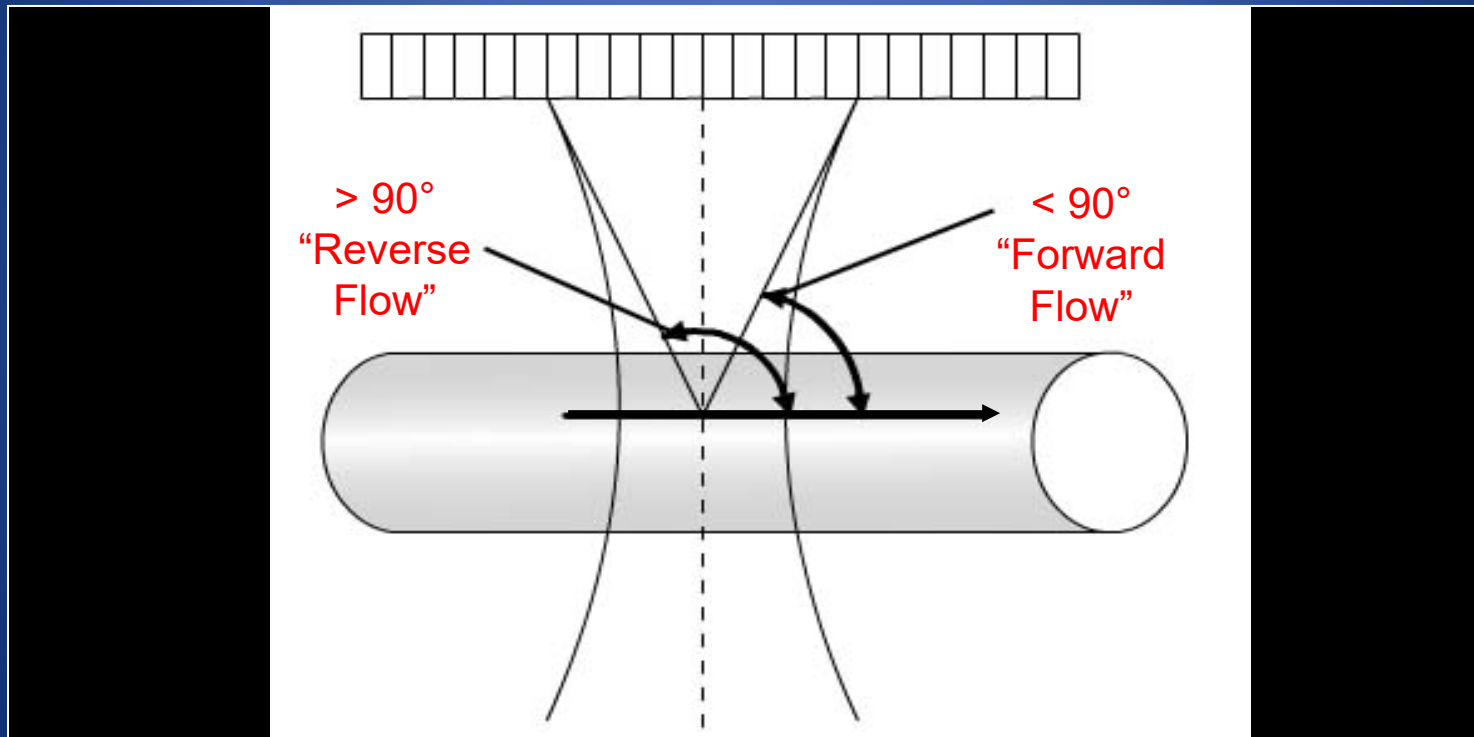
Spectral Mirroring (Overgain)



(Pg 613 A)

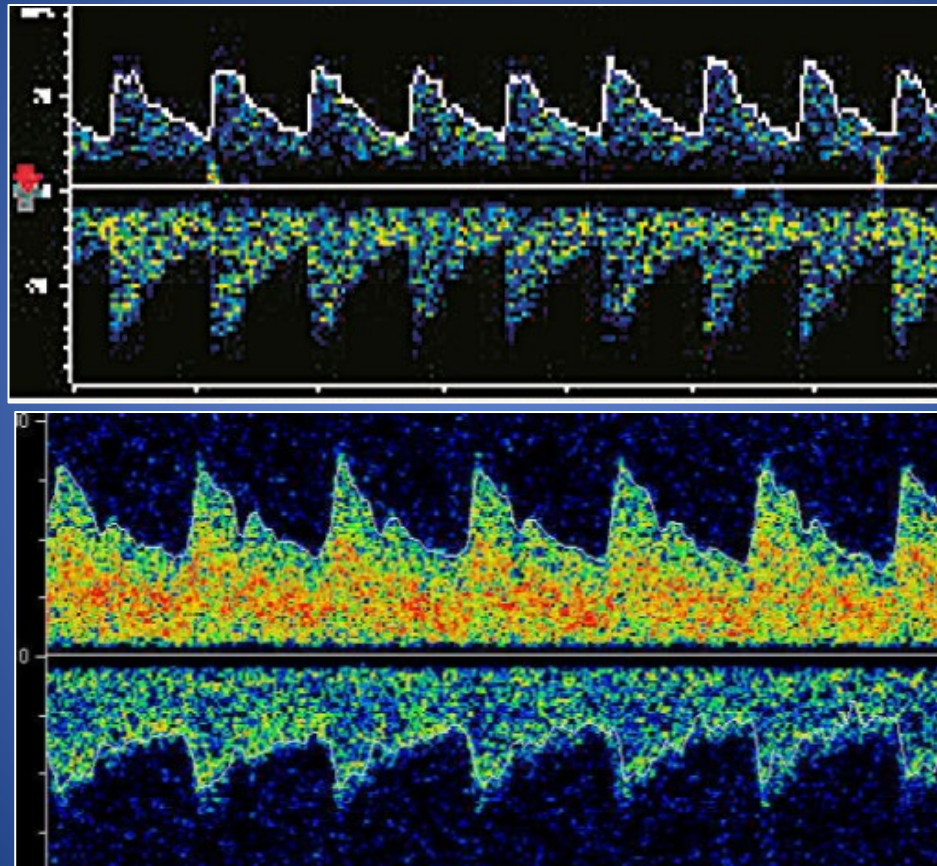
Solution: decrease Doppler gain

Spectral Mirroring Caused By Angle



Solution: change angulation/approach of transducer

Mirroring or Reverse Flow?



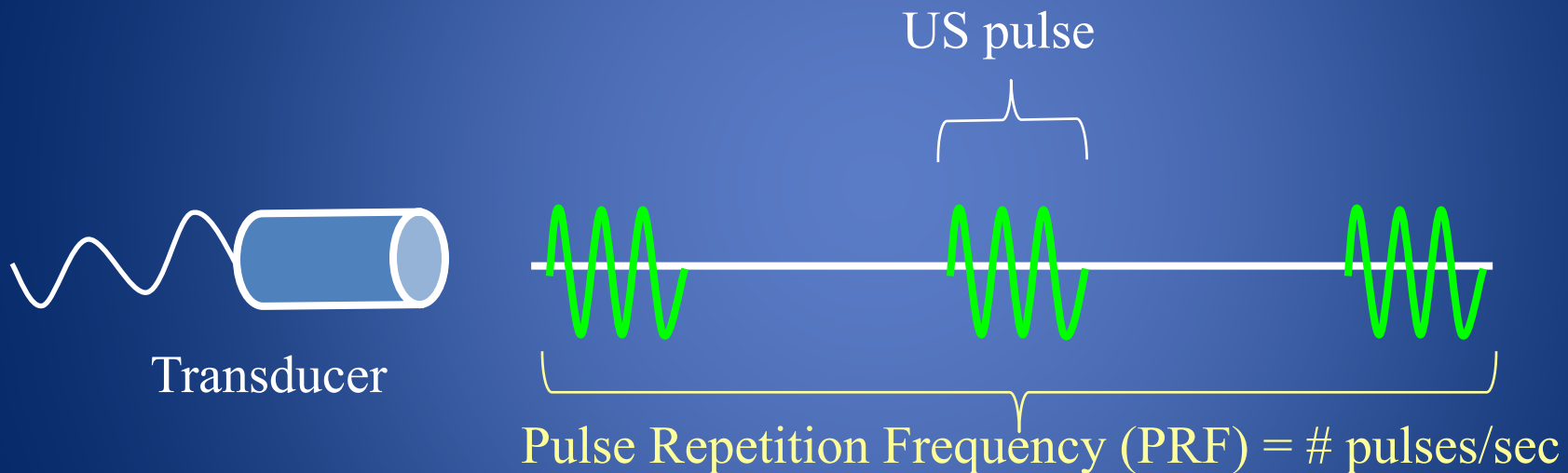
Answer: Real flow at MCA/ACA Bifurcation

TIP: *be suspicious of perfect symmetry*



Pulsed Wave Doppler

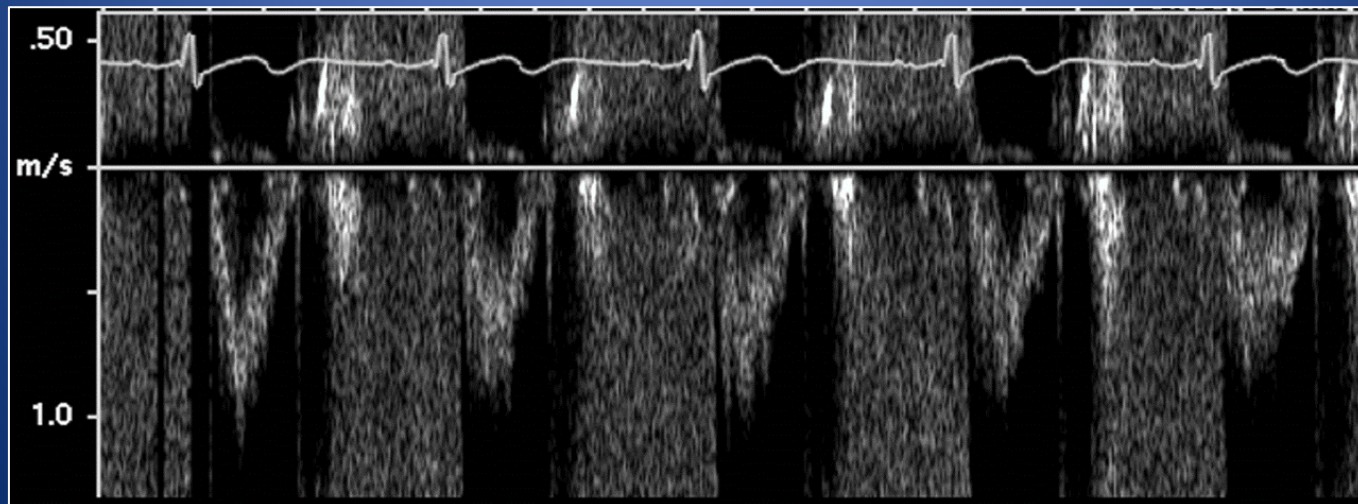
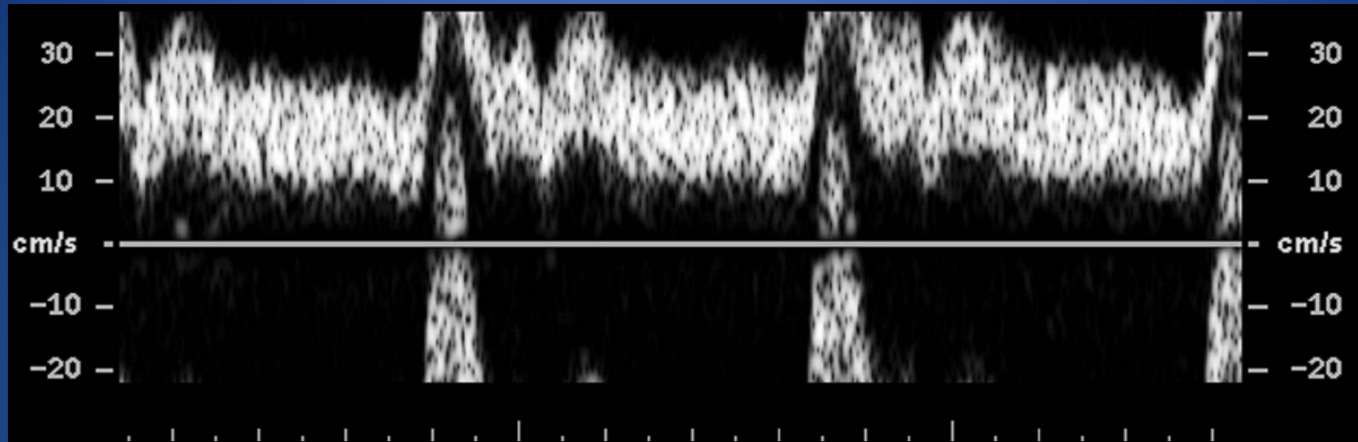
- Uses one crystal that alternately transmits and receives



- PW Doppler is a SAMPLING system; discrete depths
- Range gate - depth by timing; adjusted by user

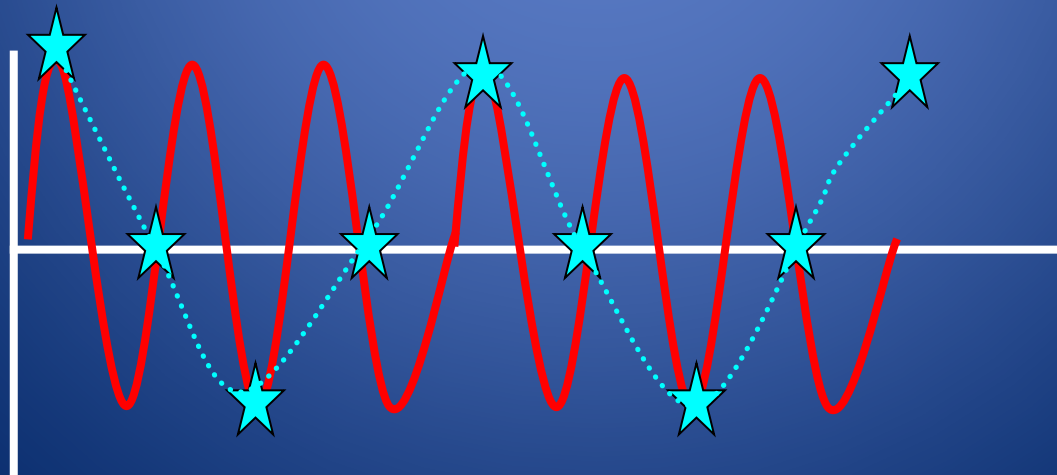
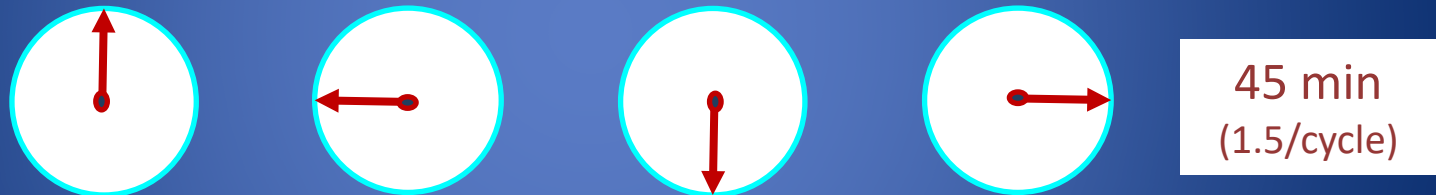
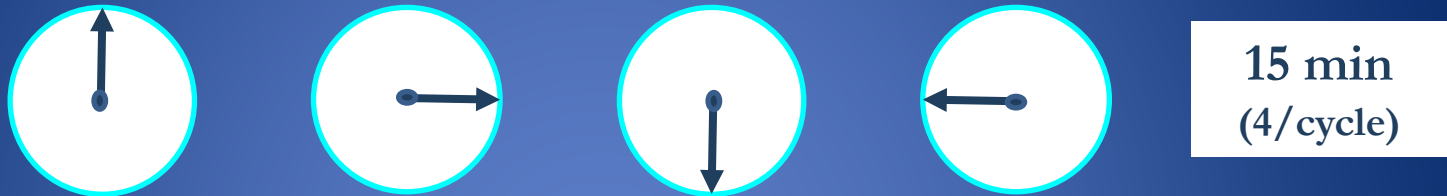


Doppler Artifacts: Aliasing



Aliasing

Alias: to be misidentified; a false or assumed identity



$$f = 6$$

$$f_{\text{alias}} = 3$$

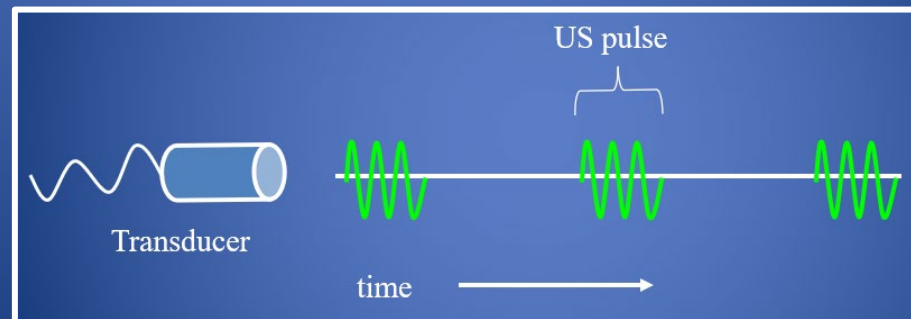


Nyquist Limit

- The highest frequency in a sampled signal which is represented unambiguously
- NL is the minimum number of samples required to avoid aliasing

$$NL = \frac{1}{2} PRF$$

PRF = Pulse Repetition Frequency



Aliasing Examples



Frame rate of our brain isn't fast enough to keep up with rate of wheel turn

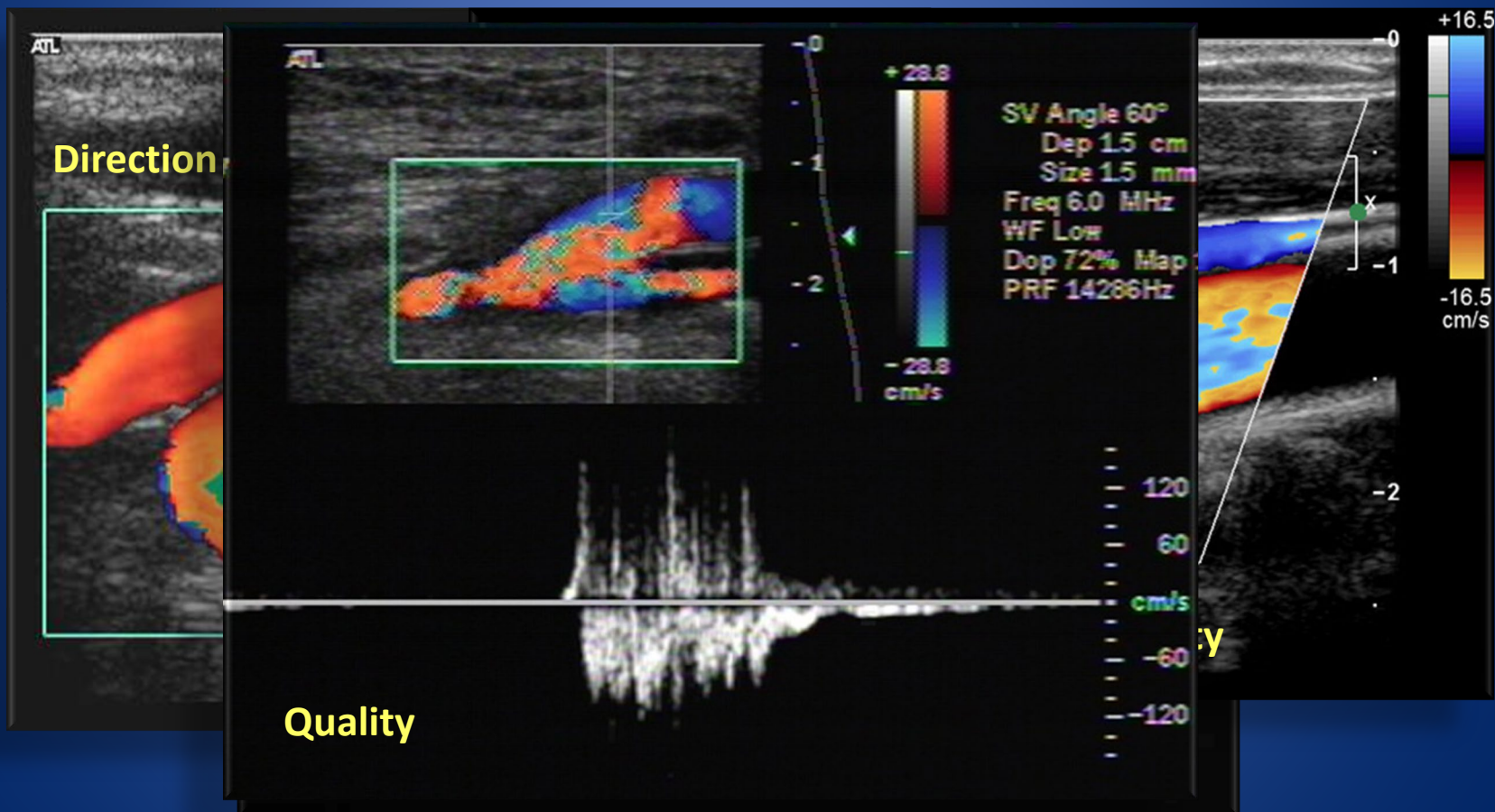
Frame rate of camera set to same rate of propeller

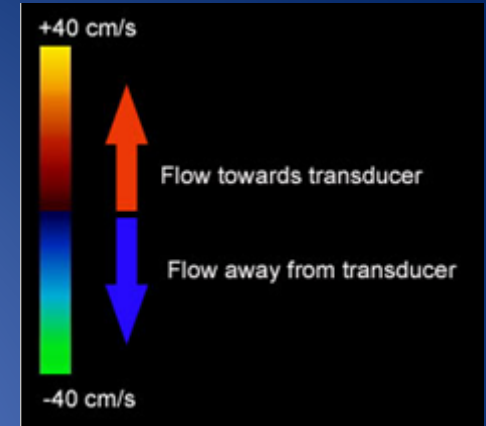
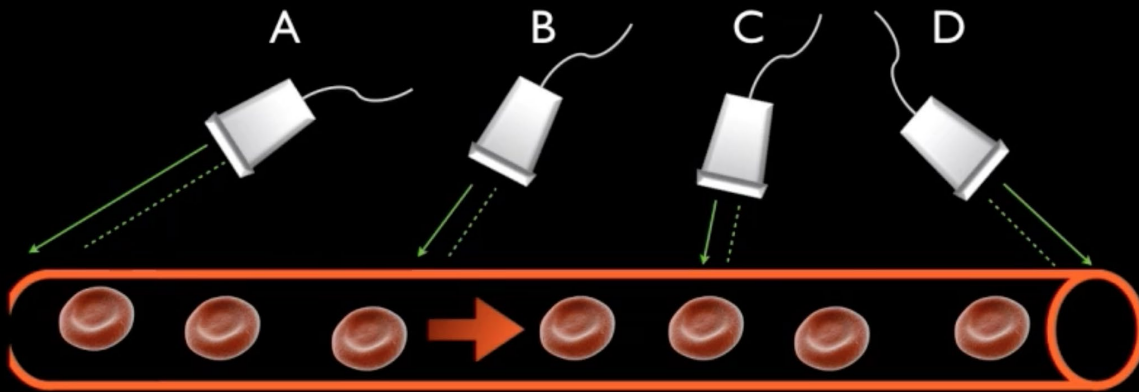


Troubleshooting Aliasing

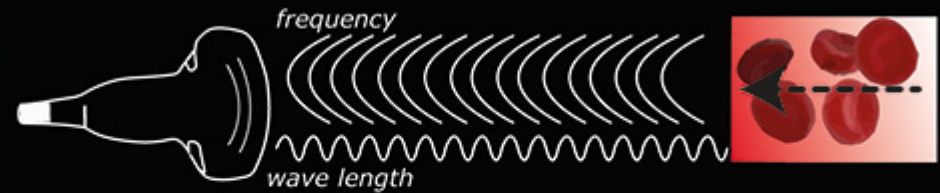
- ✓ \uparrow PRF (scale)
- ✓ drop baseline
- ✓ decrease depth (allows \uparrow PRF)
- ✓ $\downarrow f_t$ ($\downarrow \Delta f$)
- ✓ Use CW (if possible)
- ✓ \uparrow Doppler angle ($\downarrow \Delta f$)

color Doppler

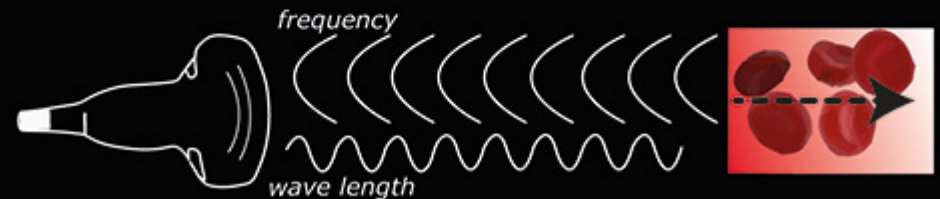




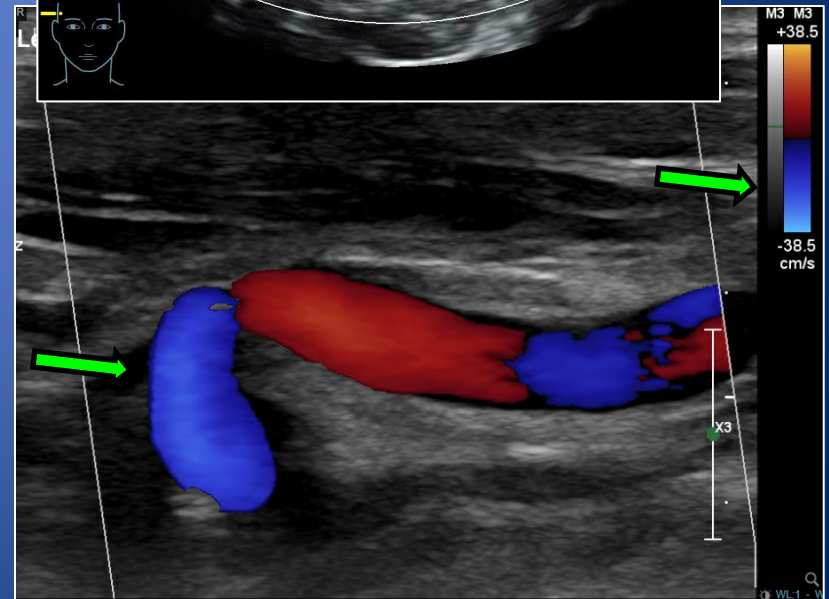
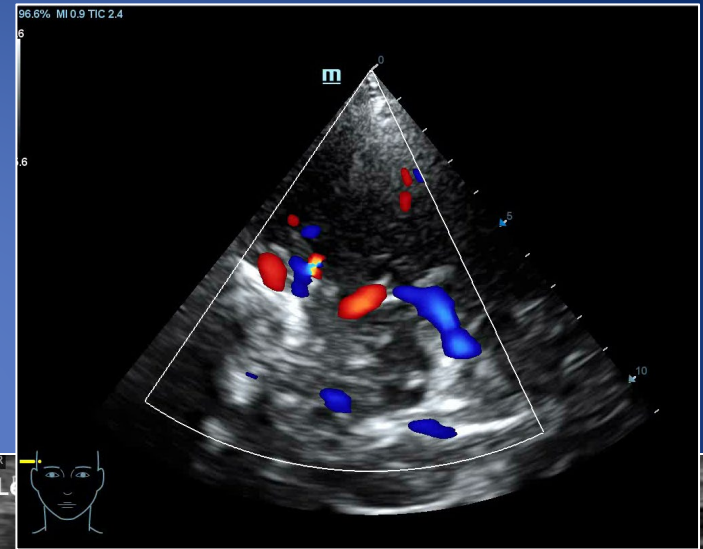
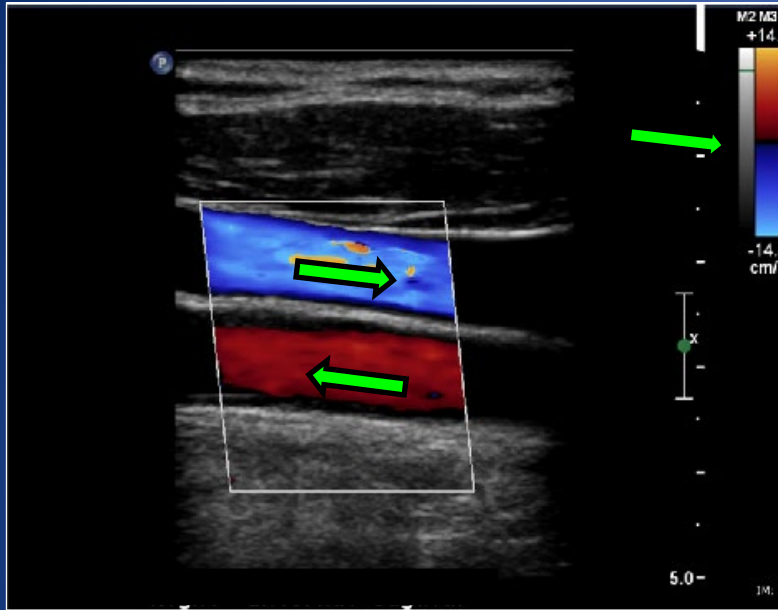
flow towards the transducer



flow away from the transducer



Flow Direction w/Color



color Doppler

Advantages

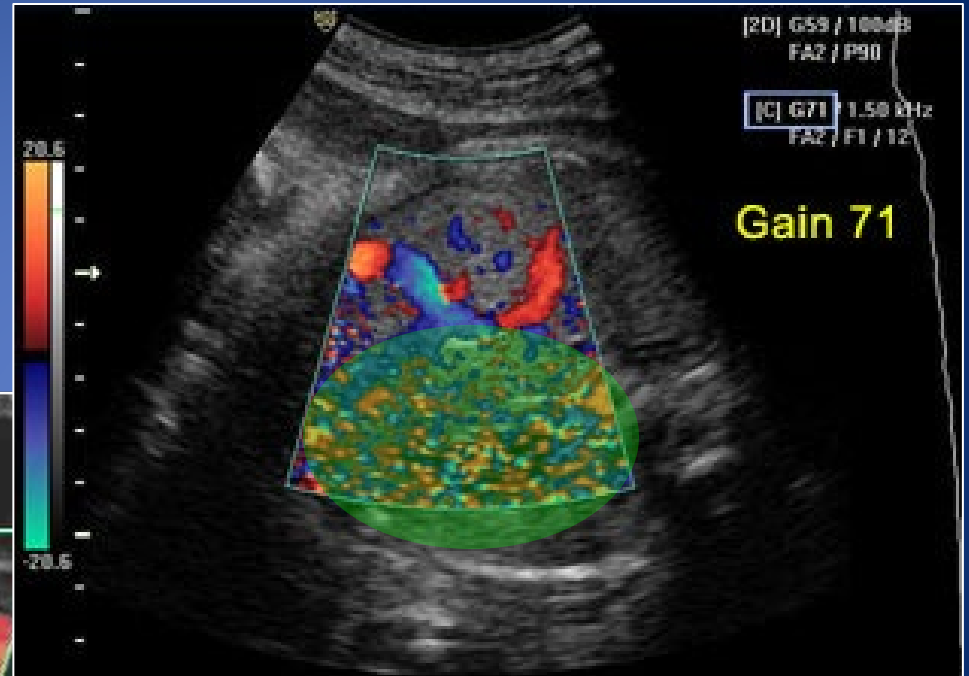
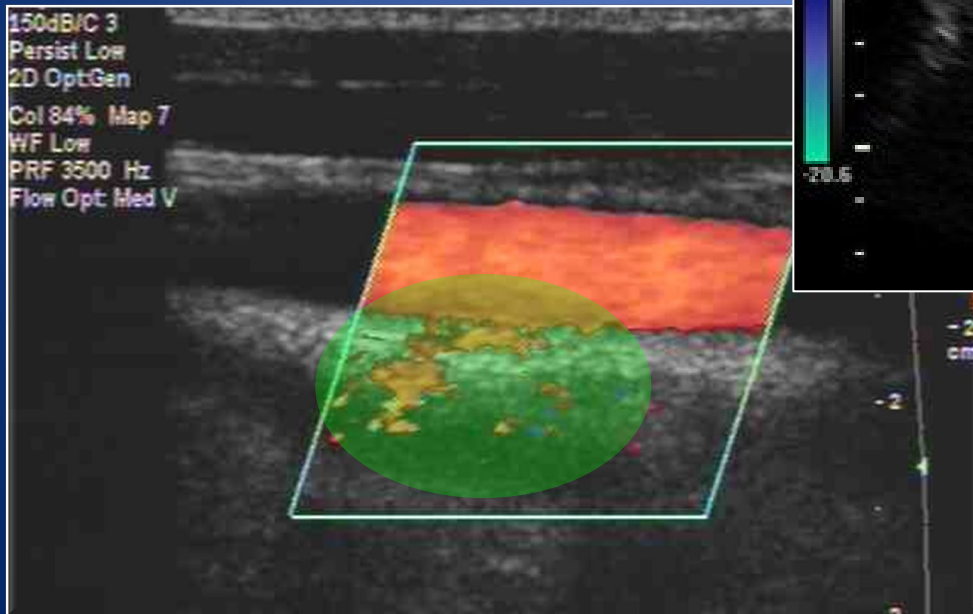
- Presence of flow
- Flow direction
- Assess blood flow quality
- Stenosis location

Limitations

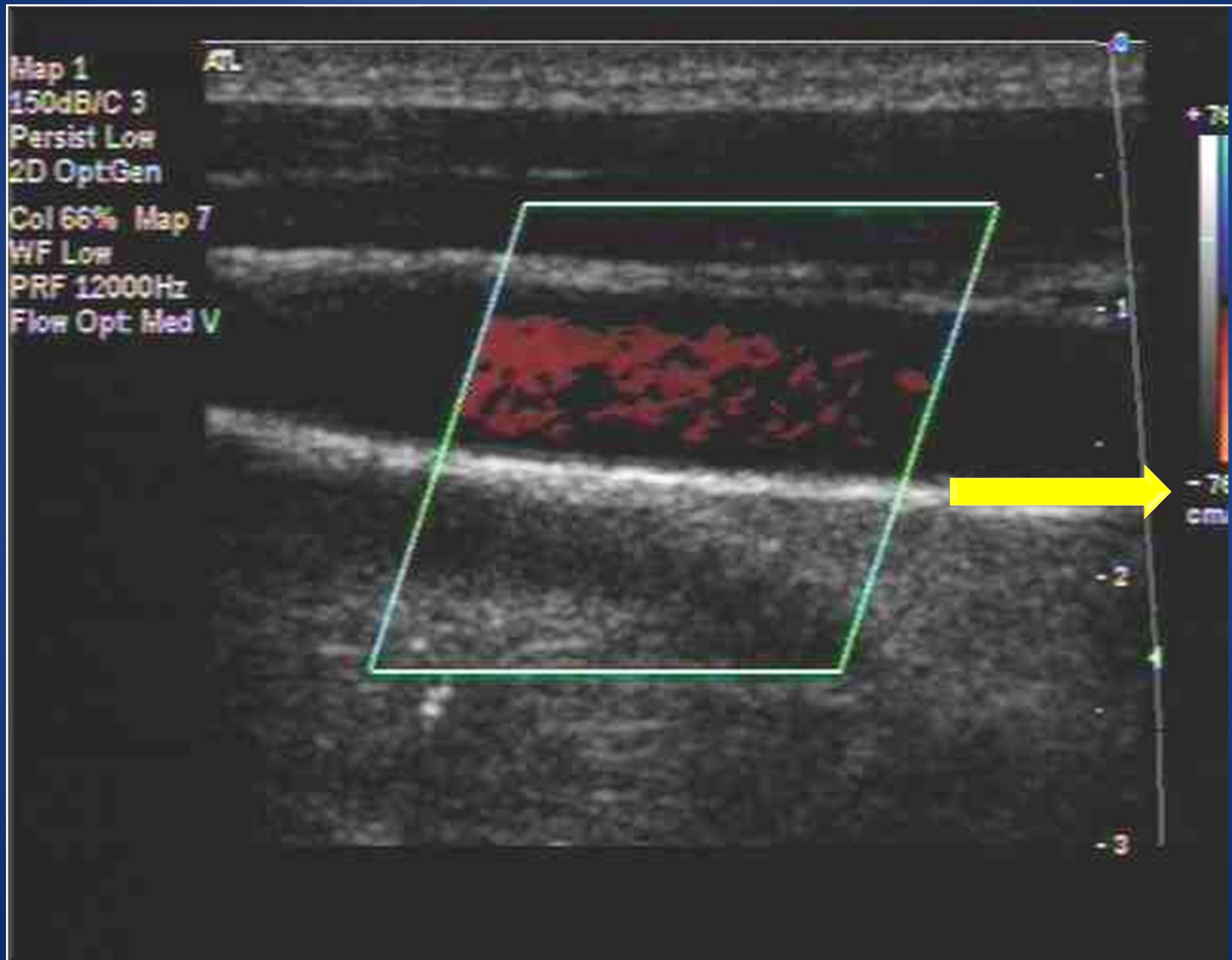
- Frame rate
- Angle of color box
- PRF/color scale
- Gain setting
- Motion artifact



Gain Setting

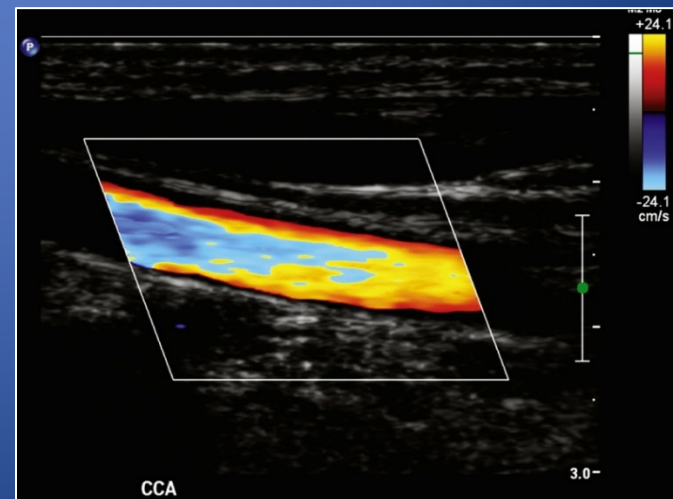
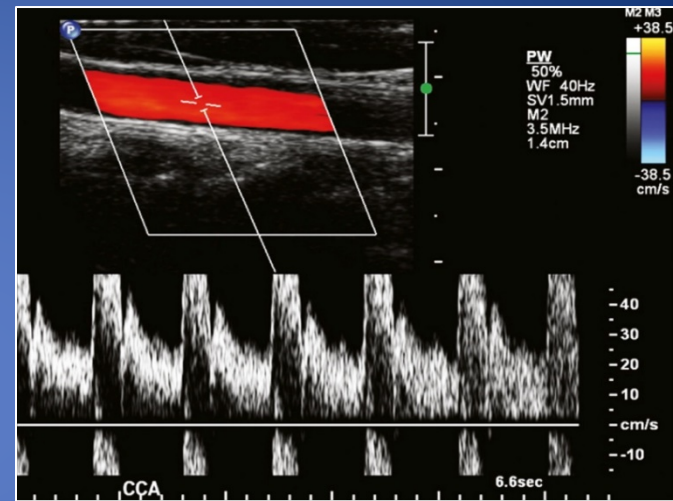


Scale/PRF...too high

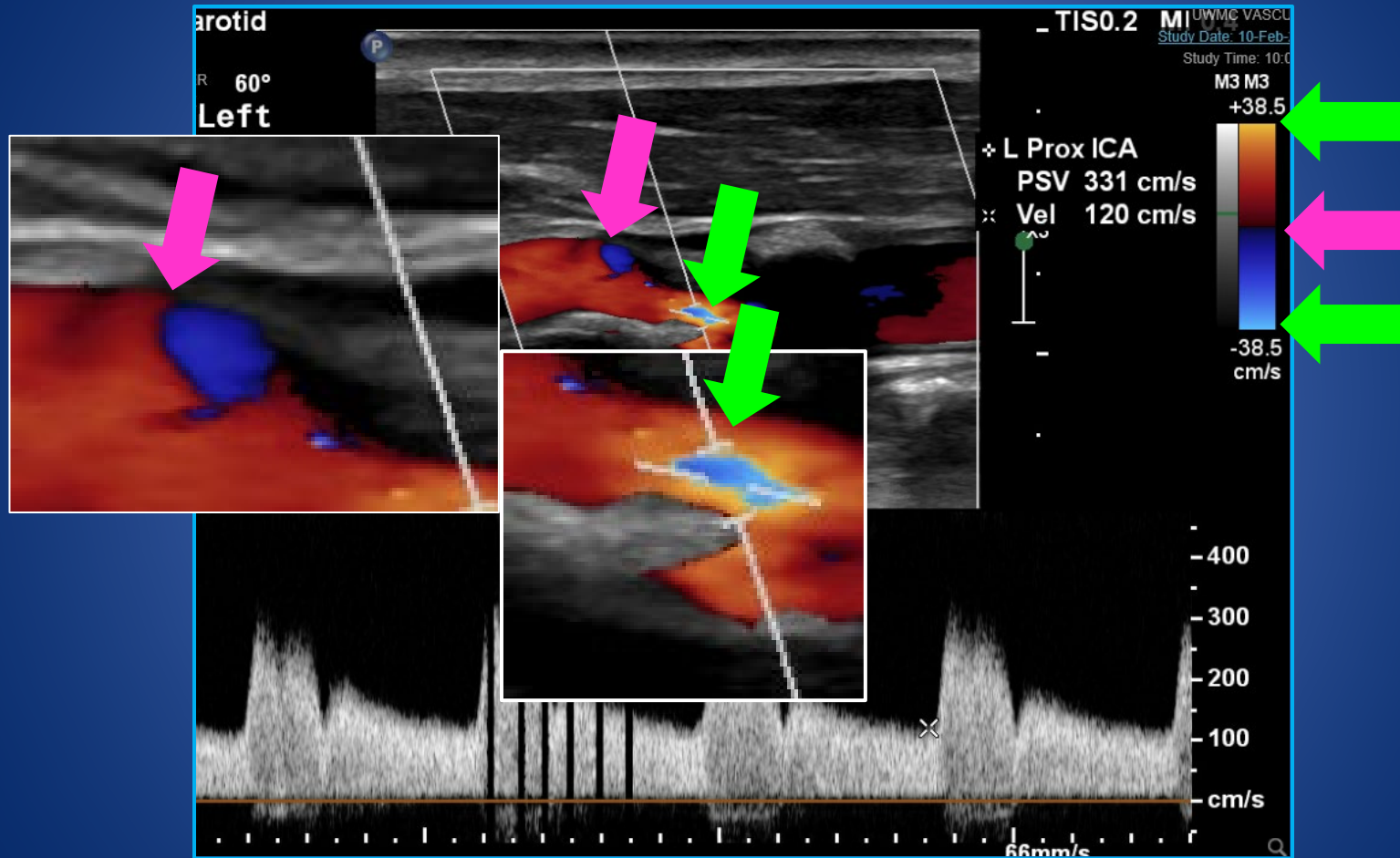


Aliasing

- Under sampling of the Doppler shifts in a pulsed Doppler system
- Appearance of Doppler information (spectral or color) on the wrong side of the baseline

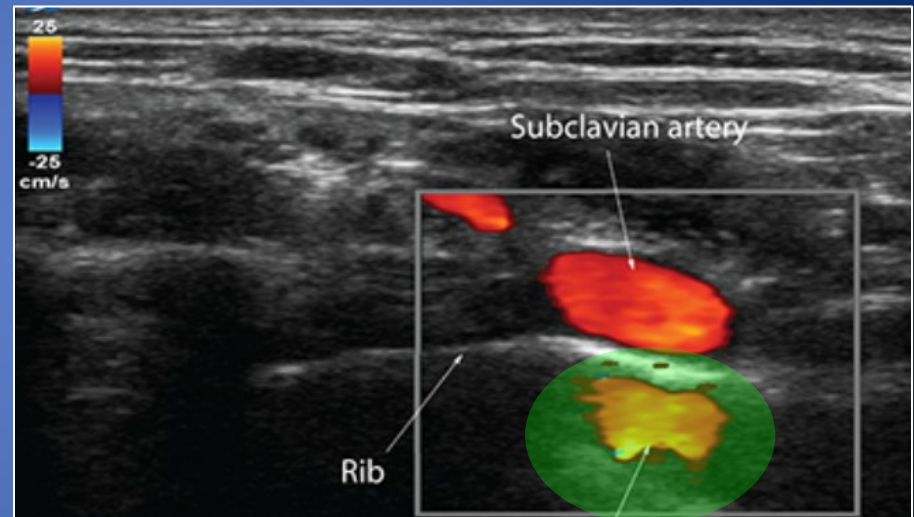


Color Aliasing

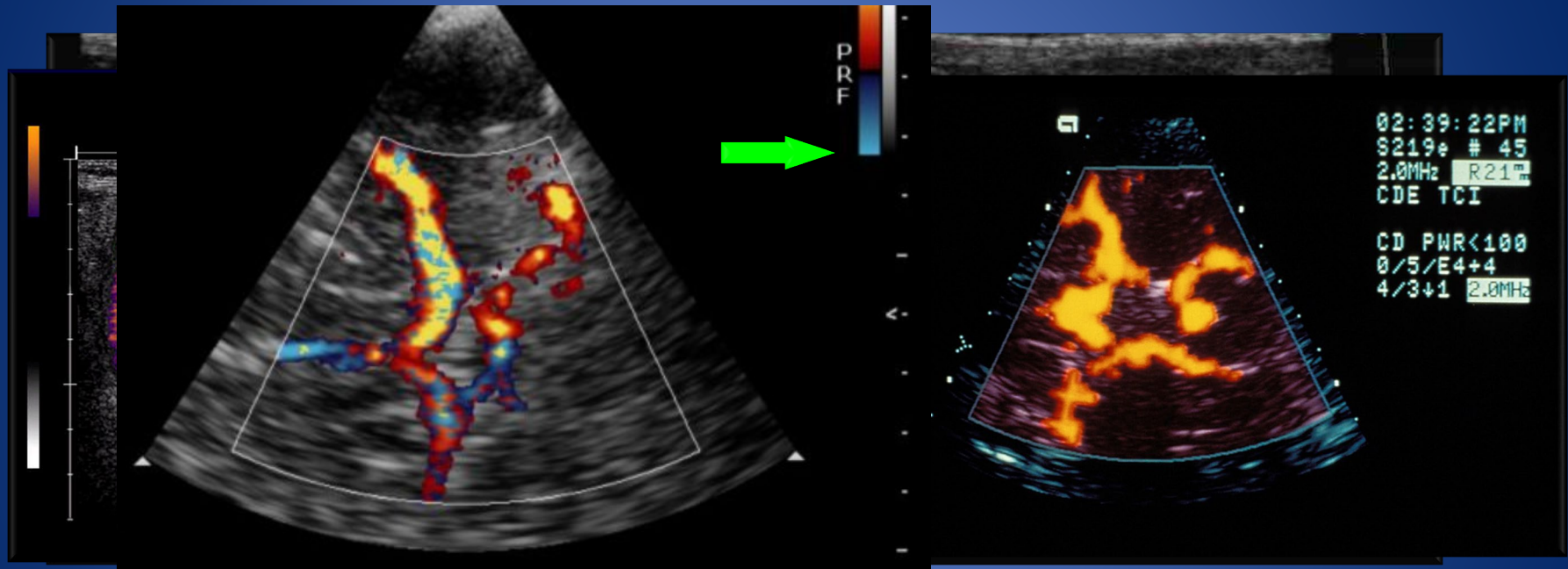


Mirror Image

- Duplication of a vessel or Doppler shift on the opposite side of a strong reflector
- Mirror vessel will demonstrate color and spectral flow
- **Solution:** reduce gain; change approach to avoid strong reflector'; mostly be aware of what it is



Power Doppler



- Represents presence/volume of RBCs (amplitude)
- It is NOT angle dependent
- Does NOT represent velocity



Power Doppler

Advantages

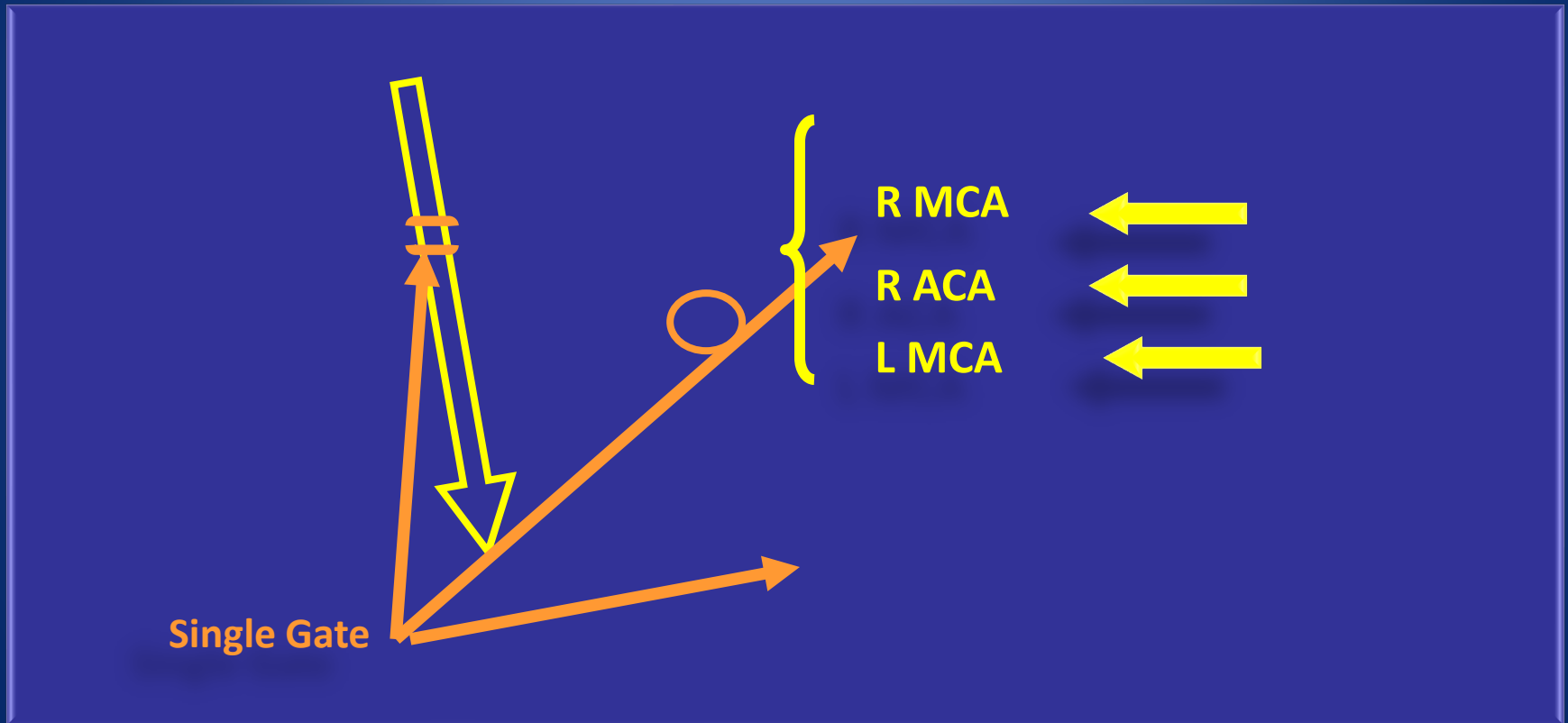
- Vessel identification & orientation
- Identify presence of flow
- Useful in “low flow” states
- NOT angle dependent

Limitations

- No velocity information
- Sensitive to motion artifact
- Flow direction not always depicted
- Can be confused with Color Doppler



Power M-Mode Doppler (Non-Imaging – Multi Gate)

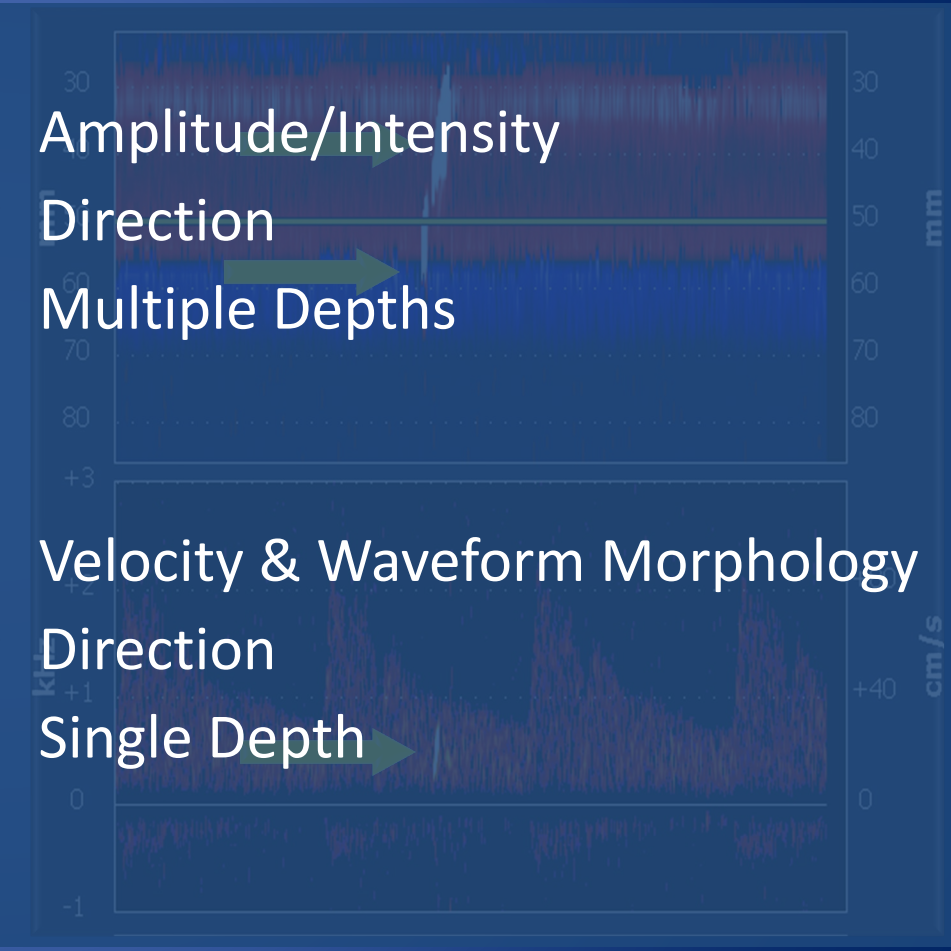


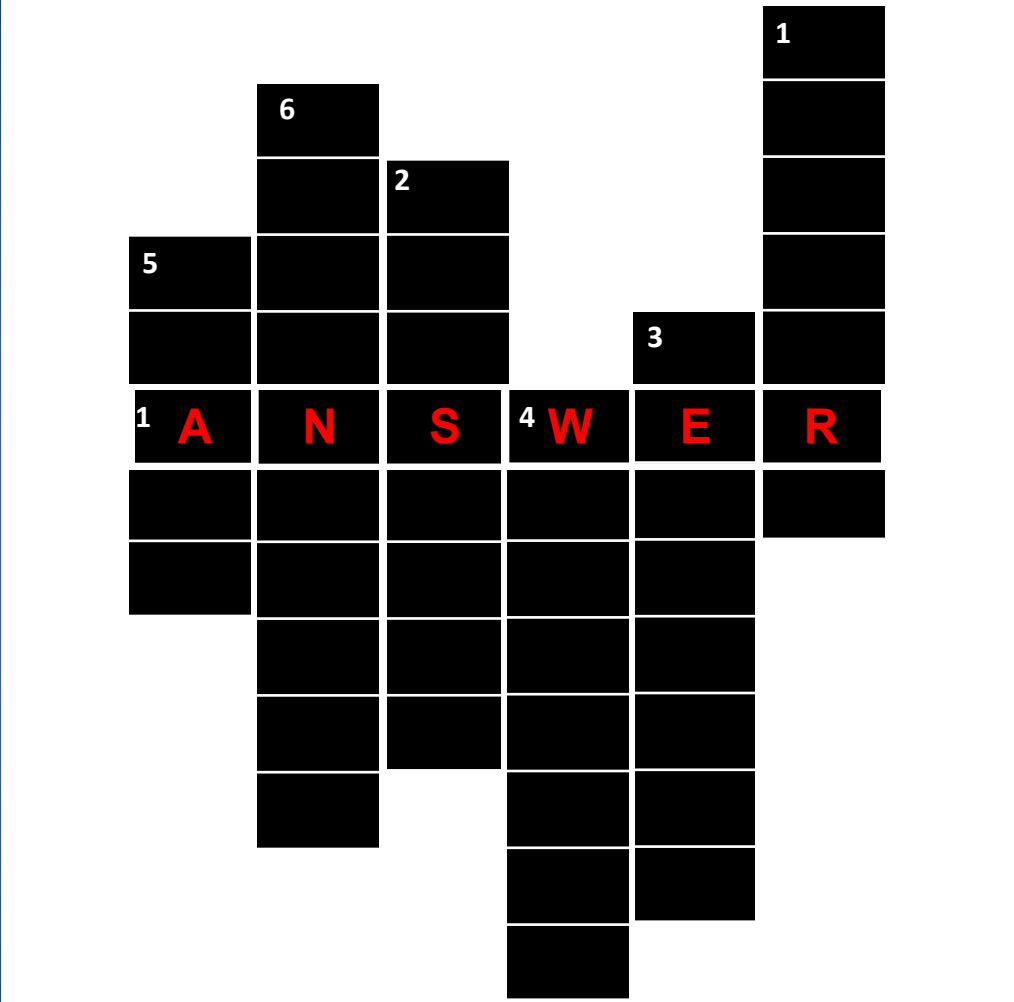
Multi Gate (33)



Power m-mode Doppler

Single gate Doppler





Thank you!

leni@leadingedgeinsight.com

206-412-6127 m

 @Leni_Karr

