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Disclosures

- **Financial**
NovaSignal: design and run device clinical trials
- **Unapproved Use of Devices**
None

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Clinical Ultrasound Physics

- **Ultrasound**
 - sound waves
 - acoustic variables & parameters
 - pulsed waves
 - sound in media
 - time of flight
 - sound beams
 - Doppler
- **Hemodynamics**
 - flow (laminar, turbulent)
 - energy
 - pressure-flow
 - Ohm's law/Hagen-Poiseuille
 - continuity of volume flowrate
 - stenosis
 - Bernoulli's principle



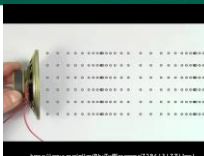
Ultrasound

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Ultrasound

Sound

- sound is a mechanical, longitudinal wave
- requires a medium where molecules can be alternately "compressed" and "rarefied"
- what makes a wave "sound?"
 - rhythmic oscillation of pressure, density or distance
- how is sound described? **Acoustic parameters**
 - period – time for 1 cycle (time)
 - frequency – number of cycles/time (Hz)
 - amplitude – Δ max/min and average (pressure, density or distance)
 - power – energy transfer, "work" (watts)
 - intensity – area in which power is distributed (watt/beam area)
 - wavelength – length of 1 cycle (length)
 - propagation speed – rate of travel through a medium (distance/time)
- **audible sound: 20 Hz – 20 kHz; ultrasound > 20 kHz**



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Sound

Wavelength (λ)
Distance between identical points on consecutive waves

Amplitude
Distance between origin and crest (or trough)

Frequency (ν)
Number of waves that pass a point per unit time

Speed
= wavelength x frequency

Period
Time for 1 wave cycle (T)

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Sound

- **“power”** describes magnitude and energy transfer of a sound wave
power \propto amplitude²
- **“intensity”** is that power distributed over an area
power (watt)/ area (cm²)
- **period and wavelength* = 1/frequency**
- **period, frequency defined by source alone**
- **medium affects most parameters**
amplitude, power, intensity
wavelength uniquely affected by source and medium
- **propagation speed is determined by medium alone**
speed \propto stiffness; speed \propto 1/density
- **average speed of sound in soft tissue: 1540 m/s or 1.54 mm/ μ s**

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Pulsed waves

- **pulsed waves are necessary to create images and for focal depth**
continuous wave can provide Doppler data only
- **transmit/talking “on” and receive/listening “off”**
- **pulse repetition frequency = pulses/second (Hz)**

Pulse Duration / Spatial pulse length

Listening Time

Pulse Repetition Period (Pulse Duration + Listening Time)

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Pulsed waves

- **pulse duration is the number of cycles multiplied by the period**
 pulse duration = cycles*period; cycles/frequency
- **spatial pulse length is similar but the distance, not the time**
 SPL = cycles*wavelength; cycles/frequency;
 since wavelength can change in medium, so does SPL
- **pulse repetition period = pulse duration + listening time**
 increasing PRP → increased "depth of view"
- **pulse repetition frequency = pulses/second**
 PRP = 1/PRF
- **pulse duration, PRP and PRF set by the instrument, not medium**
- **duty factor = % time transmitting pulse = (pulse duration/PRP)*100**
 usually very low in imaging US (0.2%-0.5%)
 100% with CW Doppler

Ultrasound **UHS**

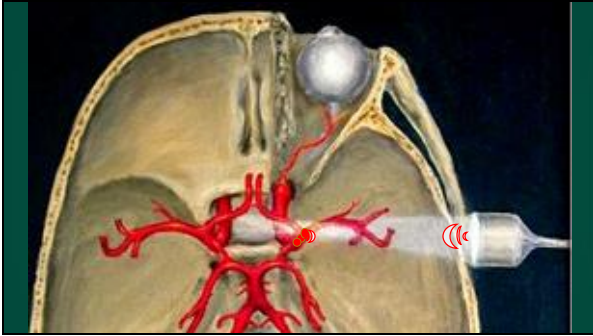
Sound in Media

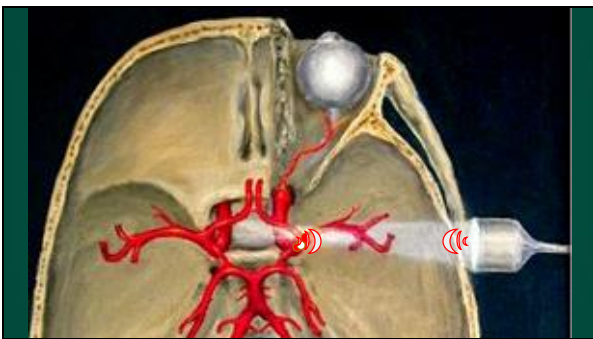
- **as sound travels through soft tissue it attenuates**
 attenuation = decrease in amplitude/power/intensity
 ∝ path length & frequency, measured in dB, comparing initial to reflected
- **attenuation is caused by**
 reflection, scattering, absorption
- **reflection happens when a pulse strikes a boundary between media**
 amount of reflection depends on the media on either side of the boundary, weakens the wave
 specular reflection = "clean" reflection off a smooth surface, diffuse reflection/backscatter = irregular
- **scattering**
 random redirection of sound in many directions, usually happens when the interface is small (λ)
 Rayleigh scattering = form of scattering when reflector is much smaller than λ , omnidirectional
 scatter ∝ frequency
- **absorption**
 amount of energy (heat or mechanical) lost to tissue, absorption ∝ frequency
- **"attenuation coefficient" is specific to medium, combines all 3 factors (dB/cm)**
 soft tissue attenuation coefficient = frequency/2

Ultrasound **UHS**

Sound in Media

- **reflection is the basis of diagnostic ultrasound**
- **amount of reflection vs transmission influenced by impedance**
 impedance (Z) = resistance to sound traveling = density x prop. speed
 reflection depends on the difference in impedance between two media
- **conservation of energy at the boundary**
 incident energy = reflected + transmitted
 intensity reflection coefficient (IRC) is the % of energy reflected when sound strikes boundary between media
 IRC (normal) = $(z_2 - z_1 / z_2 + z_1)^2$; smaller differences will make fractions, large differences will ~1
 intensity transmission coefficient (ITC) = (transmitted/incident)*100 = 1-IRC
- **oblique incidence**
 cannot as easily predict or measure reflection or transmission
 refraction = "bend" of transmitted wave; happens when oblique and wave travels at different speeds in media





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Time of Flight

- echo must go to depth x and return the same distance x
- time of flight (TOF)
 - go there and back ($2x$) at the prop. speed of the medium
 - soft tissue: $2x / 1.54 = \text{TOF}$ or $\text{depth } x = 1.54(\text{TOF})^2$
- increase TOF – and depth – by increasing PRP on the instrument
- as TOF and depth increase, PRF is decreased

number of pulse repetitions possible in one second decreases as we ask the echo to go further
 PRF = prop. speed / $2 \times \text{depth}$
 important for Doppler sampling

<http://www.sonix.com/time-of-flight.html>

Hemodynamics **UFHSC**

Flow

- Laminar flow**
streamlines are aligned and parallel layers traveling at an individual speed, physiologic
- Turbulent flow**
streamlines are obliterated and chaotic, pathological
flow energy is converted into sound (bruit) or mechanical (thrill)
- Flow happens because of energy gradients**
All things move from high to low; systole gives blood energy
the total energy at any one point is kinetic (mass*velocity) + potential (pressure) energy
- Energy loss**
viscosity – overcoming "stickiness," driven by hematocrit
friction – blood "rubbing" against endothelium generating heat or mechanical energy
inertia – tendency to resist changes in velocity (Newton's 1st law)

<http://img.med.unc.edu/learn/vascular/flow.html>

Hemodynamics **UFHSC**

Flow

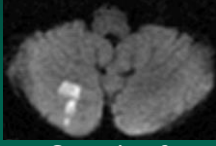
- simplified pressure-flow dynamic**
pressure gradient = flow x resistance
essentially Ohm's law: voltage = current x resistance
- less simplified: Poiseuille's law**
*laminar, straight pipe, no acceleration, Newtonian/incompressible
- continuity of volume flow rate**
velocity increases in stenosis
- Bernoulli's principle**
conservation of energy: with steady flow, the sum of the energy (kinetic and potential) is the same
if kinetic energy is rising mid-stenosis due to continuity, potential energy must decrease (potential → kinetic)
pressure energy rises again in the post-stenotic region as blood decelerates (kinetic → potential)

<http://img.med.unc.edu/learn/vascular/flow.html>

<http://www.ibr.ac.uk/ibf/ibf.html>

References

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2. Kremkau, Frederick W. Sonography: Principles and Instruments 9th Ed. 2016
3. Alexandrov, AV Cerebrovascular Ultrasound in Stroke: Prevention and Treatment, 2nd Ed 2011



Questions?
Ask in the Chat or email:
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