

Display of image data information

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(54) **DISPLAY OF IMAGE DATA INFORMATION**

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(57) **ABSTRACT**

A method is shown of producing a combined image comprising information from a first diagnostic image and a

second diagnostic image, where areas of increased uptake are identified in the second diagnostic image and the areas of increased uptake in second diagnostic image are mapped onto the equivalent areas in the first diagnostic image.

The areas of increased uptake in the second diagnostic image are identified as being those areas containing pixels whose intensity values are at least a threshold value, this value being calculated by:

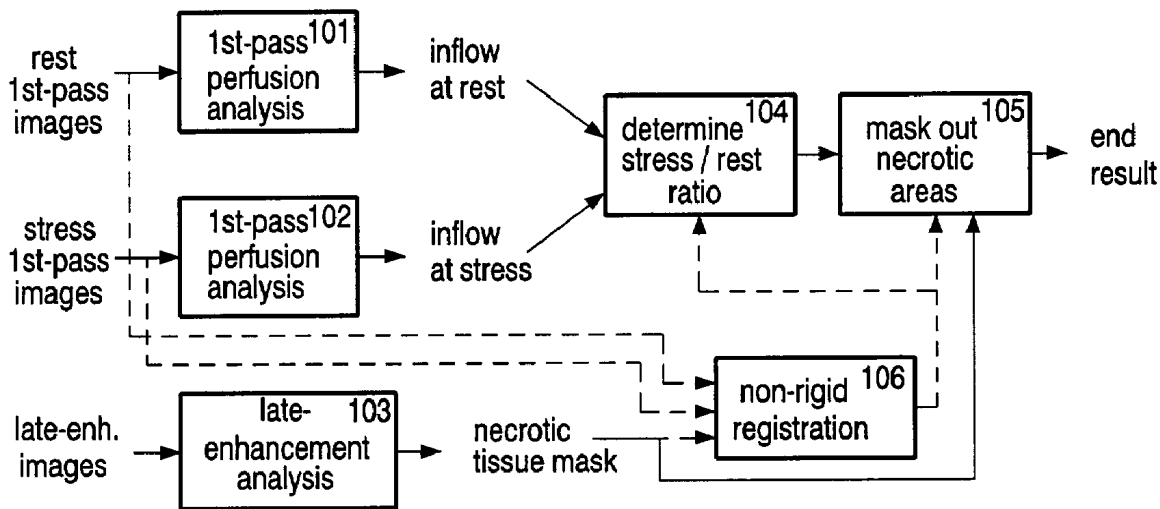
computing a histogram of the pixel values defined by the region of interest, showing a first significant peak of intensity values,

applying a low pass filter,

calculating the intensity value of the first significant peak,

calculating a deviation value for the first significant peak,

calculating a threshold value as a function of the intensity value of the first significant peak and the deviation value.



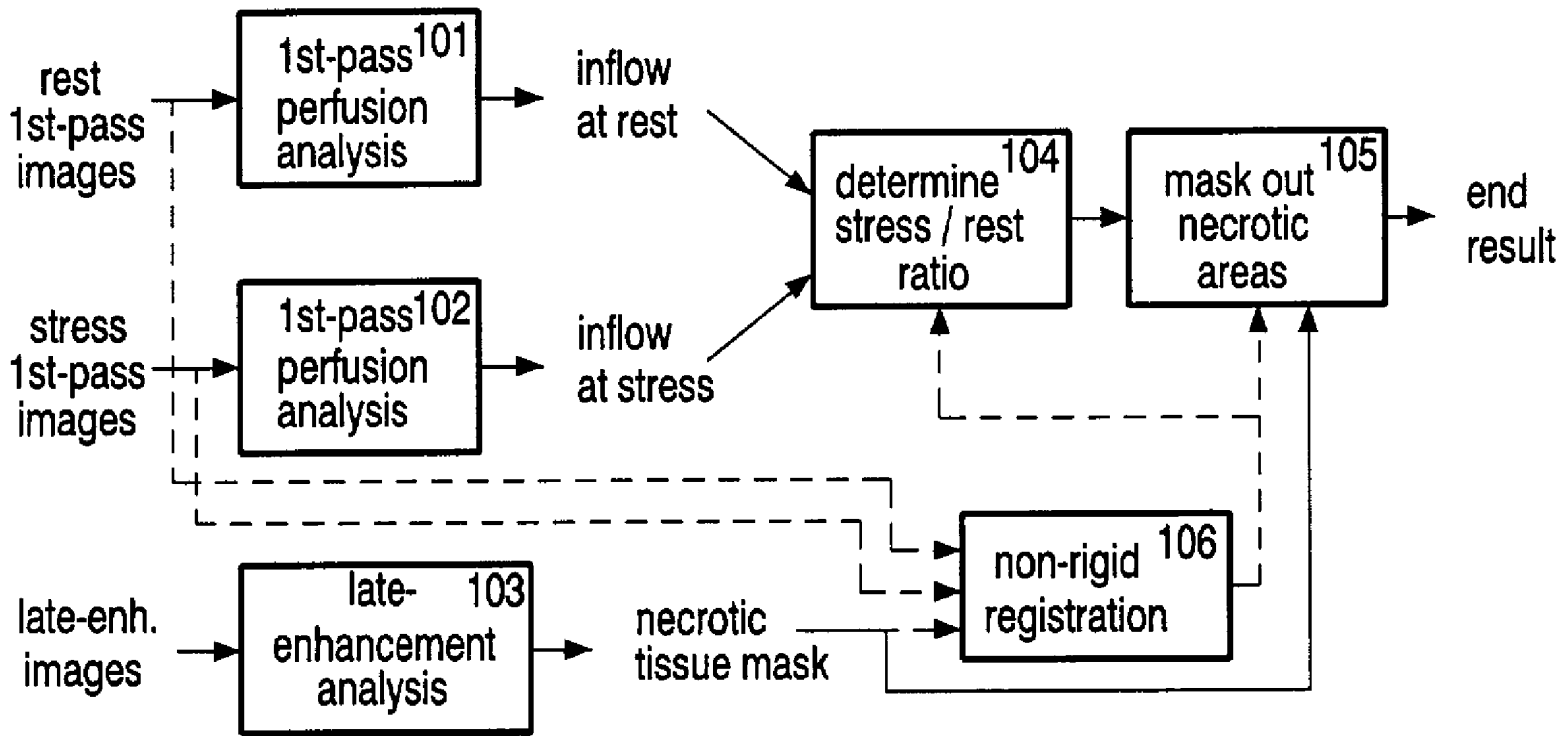


FIG. 1

DISPLAY OF IMAGE DATA INFORMATION

[0001] The invention relates to a method of producing a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image.

[0002] First-pass myocardial perfusion imaging identifies regions within the myocardium tissue that are insufficiently supplied by blood. As such it provides useful information to the physician that aids him or her in making a reasoned diagnosis taking all other factors into consideration. The general method used to perform such imaging is broadly similar across imaging modalities. A contrast agent is injected and ECG-triggered image is acquired. This image may, for example, be an ECG-triggered magnetic resonance image but the method is also applicable to other modalities. The set of acquired images are used to dynamically view the passage of the contrast agent through the myocardium. The image intensity in the myocardium as a function of time (the time-intensity profile) is a measure for how well blood flows from the coronary arteries into the myocardium. Various parameters have been proposed to quantify the degree of perfusion based on these time-intensity profiles, such as the maximum upslope and the time-to-peak. First-pass perfusion imaging is often performed both when the heart is at rest and when it is stressed. The myocardial perfusion reserve index, i.e. the ratio of the maximum upslope at stress and at rest, is considered to be a good indicator of the degree of perfusion.

[0003] First-pass perfusion analysis does not supply information about the viability of myocardial tissue that is insufficiently perfused. This information is supplied by late-enhancement (also denoted as delayed-enhancement) perfusion imaging which is also based on the injection of a contrast agent. Images are acquired after a delay of 15-25 minutes and show an increased uptake of the contrast agent in the non-viable tissue. At present these two types of data are separately visualized and analyzed.

[0004] It is an object of the invention to produce an image which provides more accurate and relevant data to the physician and which is simpler to understand.

[0005] This is achieved according to the invention by a method characterized in that the areas of increased uptake in second diagnostic image are mapped onto the corresponding areas in the first diagnostic image.

[0006] This allows simultaneous analysis of both first pass and late enhancement images.

[0007] An embodiment according to the invention produces a combination of 1st-pass and late-enhancement myocardial magnetic resonance images. The 1st-pass perfusion images are first analyzed with a commonly used approach, e.g. for each point or region in the myocardium the ratio of inflow at stress and rest is calculated. For example a sector map may be laid over the 2 dimensional representations of myocardium in each slice taken from the 3 dimensional image data set.

[0008] The late-enhancement images are analyzed so that the points or segments containing necrotic tissue are detected. This can also be done on a sector by sector basis. Subsequently, the first-pass and late-enhancement images are non-rigidly registered, so that a geometrical correspondence is available for all locations in the myocardium. The detected necrotic points or segments in the late enhancement

study are then used as a mask which is mapped onto the 1st-pass perfusion images and associated quantitative analysis results by means of the derived registration transformation, so that the 1st-pass quantitative analysis results in the necrotic areas can be ignored.

[0009] The invention as described allows creation of a composite image which provides important and useful information to the diagnostician who is then assisted in ultimately making a diagnosis. It is confusing and often difficult for the viewing physician to codependantly examine the different images showing essentially different types of information. When the full set of images are shown the clinician may be presented with a full set of images slices representing not only the first pass rest and stress images but also the ratio images providing vital information about the myocardial perfusion and also a full set of late enhancement data indicating areas of necrotic tissue.

[0010] It is found in the art that first-pass perfusion analysis generally works well for myocardial areas that are still viable, that is, tissue which is not yet necrotic. For such non-necrotic areas, the ratio of the inflow at stress and at rest is a good indicator for how well this particular areas is perfused. However, for necrotic areas of tissue, the inflow will be low both at rest and at stress. The ratio of these inflows at individual pixels or averaged over individual segments can take a wide range of values, not always representative of the physiological function of that particular volume or section of tissue. In conventionally used 1st-pass perfusion analysis methods this is not taken into account. The method of the invention as described reintroduces diagnostic meaning to these areas of tissue by mapping areas or segments representing this necrotic tissue onto images representing the first pass perfusion.

[0011] This aspect of the invention is described in diagram 1.

[0012] Diagram 1 shows a block diagram of how the invention may be achieved in practice. The set of images from the initial rest first pass study are subjected to first pass perfusion analysis 101 as known per se in the art. The set of images from the stress first pass study are also subjected to first pass perfusion analysis 102, known as such in the art. Both sets of analyzed data are now used to create a stress/rest ratio image 104 as is known per se in the art. Image data from a late-enhancement study is analyzed 103 according to the invention and a mask of pixels representing areas of high uptake is calculated. A non-rigid registration 106 is performed between all sets of data and the mask is applied to the image representing the stress/rest ratio data 105.

[0013] The detection of the pixels which represent high uptake tissue in the late enhancement images can be achieved using an automatic detection algorithm. This is done according to an embodiment of the invention using thresholding which utilizes an automatically derived threshold, comprising the following steps:

[0014] all slices are rescaled to the range from 0 to 255 (maximum value is mapped to 255),

[0015] for each slice the histogram of pixel values in the myocardium is determined,

[0016] this histogram is severely smoothed to take out the noise,

[0017] the position ppeak and value hpeak of the first significant peak in the smoothed histogram are determined (searching from the low to the high pixel values),

[0018] the position psigma in the histogram at which the value hsigma is 0.5 times the peak value is determined,

[0019] the standard deviation sigma is calculated by taking the absolute value of $(\text{ppeak}-\text{psigma})$,

[0020] the enhanced-tissue detection threshold is calculated: $t=\text{ppeak}+2.5*\text{sigma}$,

[0021] binary thresholding of all pixels in the myocardium is performed using the threshold t .

[0022] As such this method is also applicable to other methods of assessing the myocardium and can be used in ultrasound imaging and other modalities such as CT, PET and nuclear medicine.

[0023] The invention also relates to a computer program, comprising instructions for the display of images.

[0024] A computer program characterized in that it also comprises instructions to produce a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image, the areas of increased uptake in second diagnostic image being mapped onto the equivalent areas in the first diagnostic image has the advantage that it can perform the invention.

[0025] The invention also relates to a workstation, configured for the purposes of displaying images.

[0026] A workstation characterised in that it also comprises instructions to produce a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image, the areas of increased uptake in second diagnostic image being mapped onto the equivalent areas in the first diagnostic image has the advantage that it can perform the invention.

[0027] The application pertains to the diagnosis, planning of treatment and monitoring of ischemic cardiac diseases.

1. A method of producing a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image, characterized in that,

the areas of increased uptake in second diagnostic image are mapped onto the equivalent areas in the first diagnostic image.

2. A method as claimed in claim 1, characterized in that,

the areas of increased uptake in the second diagnostic image are identified as being those areas containing pixels whose intensity values are at least a threshold value.

3. A method as claimed in claim 2, where the second diagnostic image contains a region of interest which contains pixels representing increased uptake, characterized in that,

the threshold value is calculated by:

computing a histogram of the pixel values defined by the region of interest, which histogram showing a first significant peak of intensity values,

applying a low pass filter to the histogram,

calculating the intensity value of the first significant peak in the histogram,

calculating a deviation value for the first significant peak,

calculating a threshold value as a function of the intensity value of the first significant peak and the deviation value.

4. A method as in claim 3, characterized in that,

the deviation value is calculated by taking the absolute difference between the positional values of the first significant peak in the histogram the intensity value which is half that of the intensity value of the first significant peak.

5. A method as in claim 3, characterized in that,

the threshold value is calculated by taking the sum of the intensity value of the first significant peak and at least 2 times the value of the deviation value, and preferably 2.5 times the value of the deviation value.

6. A method as in claim 1, characterized in that,

the first diagnostic image is a cardiac magnetic resonance image displaying first pass data and the second diagnostic image is a late enhancement cardiac magnetic resonance image.

7. A method as in claim 1, characterized in that,

the first diagnostic image is a cardiac magnetic resonance image displaying functional data and the second diagnostic image is a late enhancement cardiac magnetic resonance image.

8. A method as in claim 1, characterized in that,

the first diagnostic image is a cardiac magnetic resonance image displaying tagged data and the second diagnostic image is a late enhancement cardiac magnetic resonance image.

9. A method as in claim 1, characterized in that,

the first diagnostic image is an ultrasound image displaying first pass data and the second diagnostic image is a late enhancement ultrasound image.

10. A computer program, comprising instructions for the display of images, characterized in that,

the computer program also comprises instructions to produce a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image, and the areas of increased uptake in second diagnostic image are mapped onto the equivalent areas in the first diagnostic image.

11. An workstation, configured for the purposes of displaying images, characterized in that,

the workstation also comprises instructions to produce a combined image comprising information from a first diagnostic image and a second diagnostic image, where areas of increased uptake are identified in the second diagnostic image, and the areas of increased uptake in second diagnostic image are mapped onto the equivalent areas in the first diagnostic image.

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