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# Brief Overview of the Physics of Ultrasound

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# Disclosures

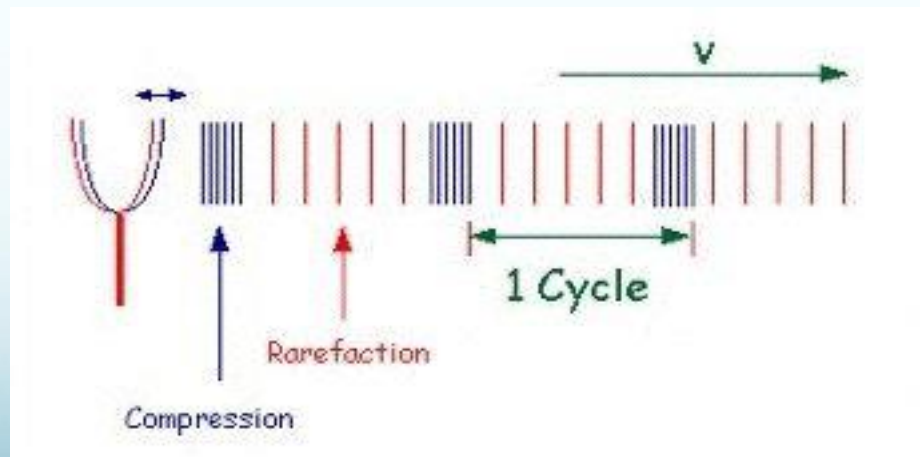
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# Basic Physics of Ultrasound

- What is ultrasound?
- How is ultrasound generated?
- Velocity of ultrasound in tissue
- Interaction of ultrasound with tissue
- Choice of probe
- Optimising the image

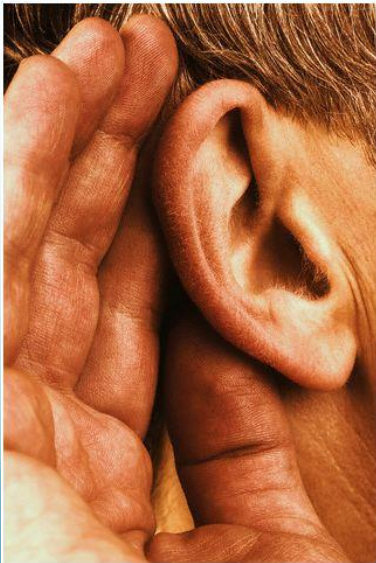
# What is ultrasound?

- A longitudinal wave - particles move in the same direction as the wave.
- A succession of rarefactions and compressions transmitted due to elastic forces between adjacent particles



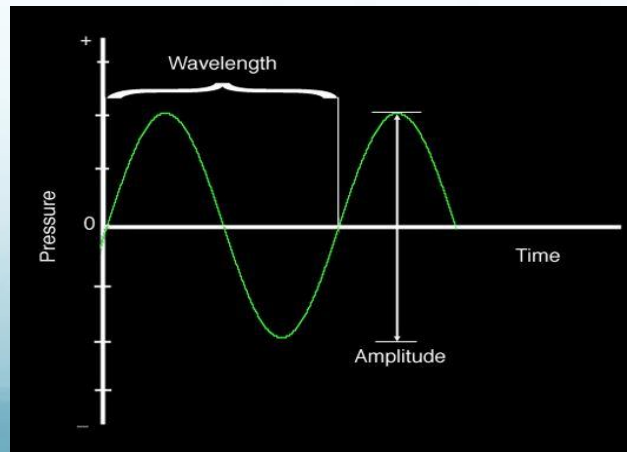
# What is ultrasound?

- Audible sound has frequency 20 Hz to 20 kHz
- Most diagnostic ultrasound has frequencies in range 2-20 MHz



# Important equation!

- Frequency of oscillations is inversely proportional to wavelength
- $f = c/\lambda$  ( $c \approx 1540 \text{ m s}^{-1}$  in soft tissue)
- Therefore for diagnostic ultrasound of 2-20MHz, frequency in tissue is approximately 1 - 0.1 mm in tissue



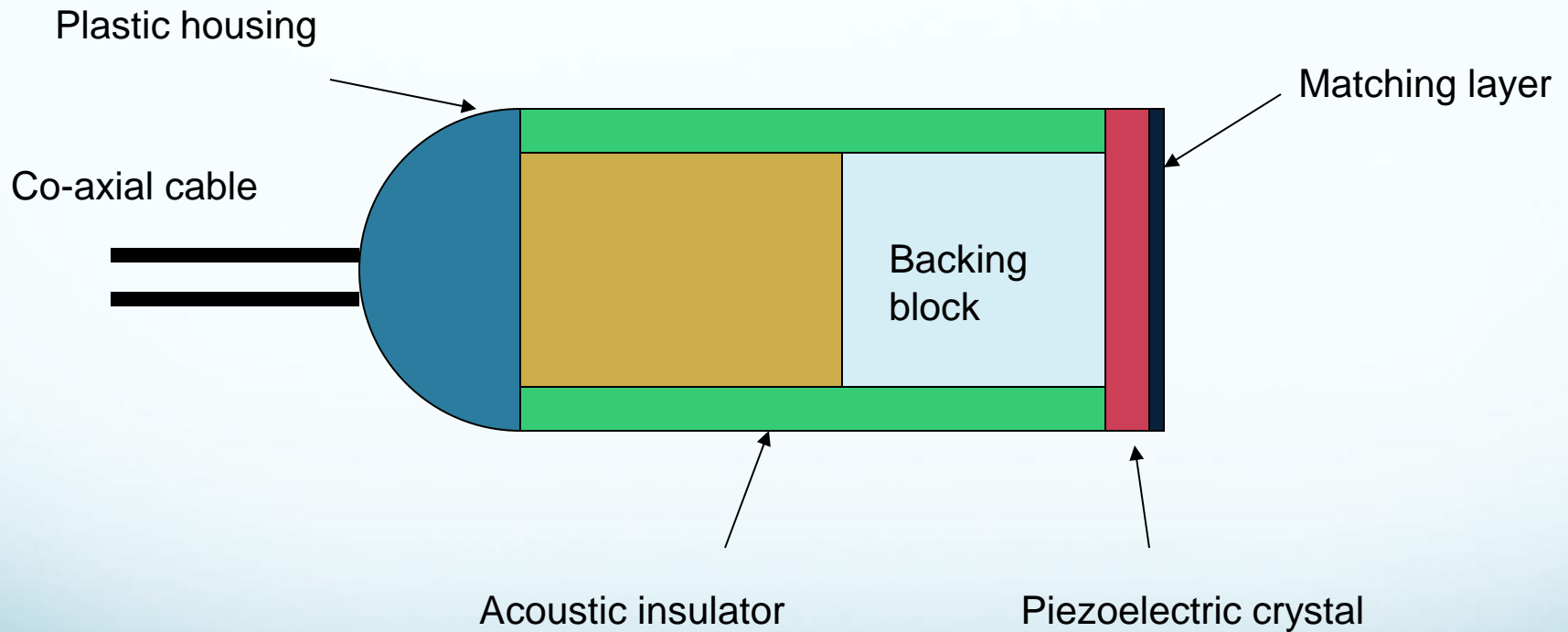
# Generation of Ultrasound

- US generated by piezoelectric crystal
- Commonest material is lead zirconate titanate (PZT)
- When electric field applied crystal rings like a bell at a resonant frequency determined mainly by its thickness
- Same or similar crystal used as receiver to produce electrical signal when struck by the returning ultrasound wave.



# Ultrasound Transducer

Converts electricity to sound and vice versa



# Speed of ultrasound in tissue

- Speed of US in tissue depends on stiffness and density
- Stiffer material e.g. solid, transmits ultrasound faster

Medium	Speed of sound (ms <sup>-1</sup> )
Air	331
Muscle	1,585
Fat	1,450
Soft Tissue (average)	1,540

# Speed of ultrasound in tissue

- In clinical practice, speed of US in tissue is almost constant at  $1540 \text{ ms}^{-1}$

# Interaction of US with tissue

- Ultrasound which enters tissue may be transmitted, attenuated or reflected.
- Ultrasound needs to be transmitted far enough into the tissues in order to image them but must be reflected back to be received by the probe
- Attenuation is a problem which needs to be addressed by the machine

# Attenuation – why does it happen?

- If particles in a tissue are small enough, they will move as a single entity and transmit sound in an orderly manner. Coherent vibration → sound
- If large molecules are present, chaotic vibration occurs → heat
- Loss of coherence is most important cause of loss of ultrasound energy

# Absorption of ultrasound/Gain

- Absorption of ultrasound means that lower tissues return less ultrasound (some absorbed as heat, some reflected/refracted out of field of probe)
- To ensure a uniform picture (so deeper areas not darker), ultrasound uses Time Gain Compensation (TGC)
- TGC applies progressively increasing amplitude to later echoes in proportion to their depth i.e. differential amplification

# TGC

- TGC can be varied by users. Can be used to compensate for artefactual increased brightness (when automatic TGC is excessive in certain situations)
- Beware previous user adjusting TGC controls and not resetting them before you start scanning!



# Attenuation and depth penetration

- Absorption is proportional to ultrasound frequency
- Higher frequency probes have smaller depth penetration.

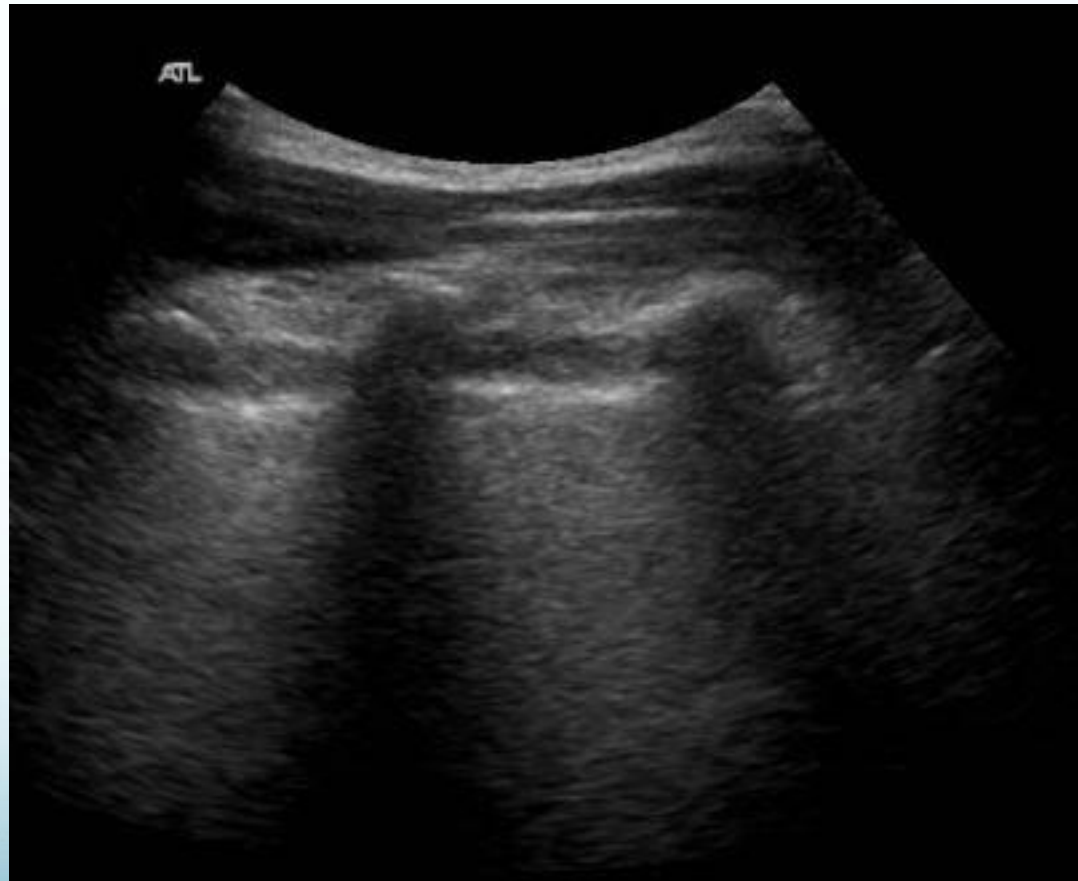


# High vs. low frequency probes

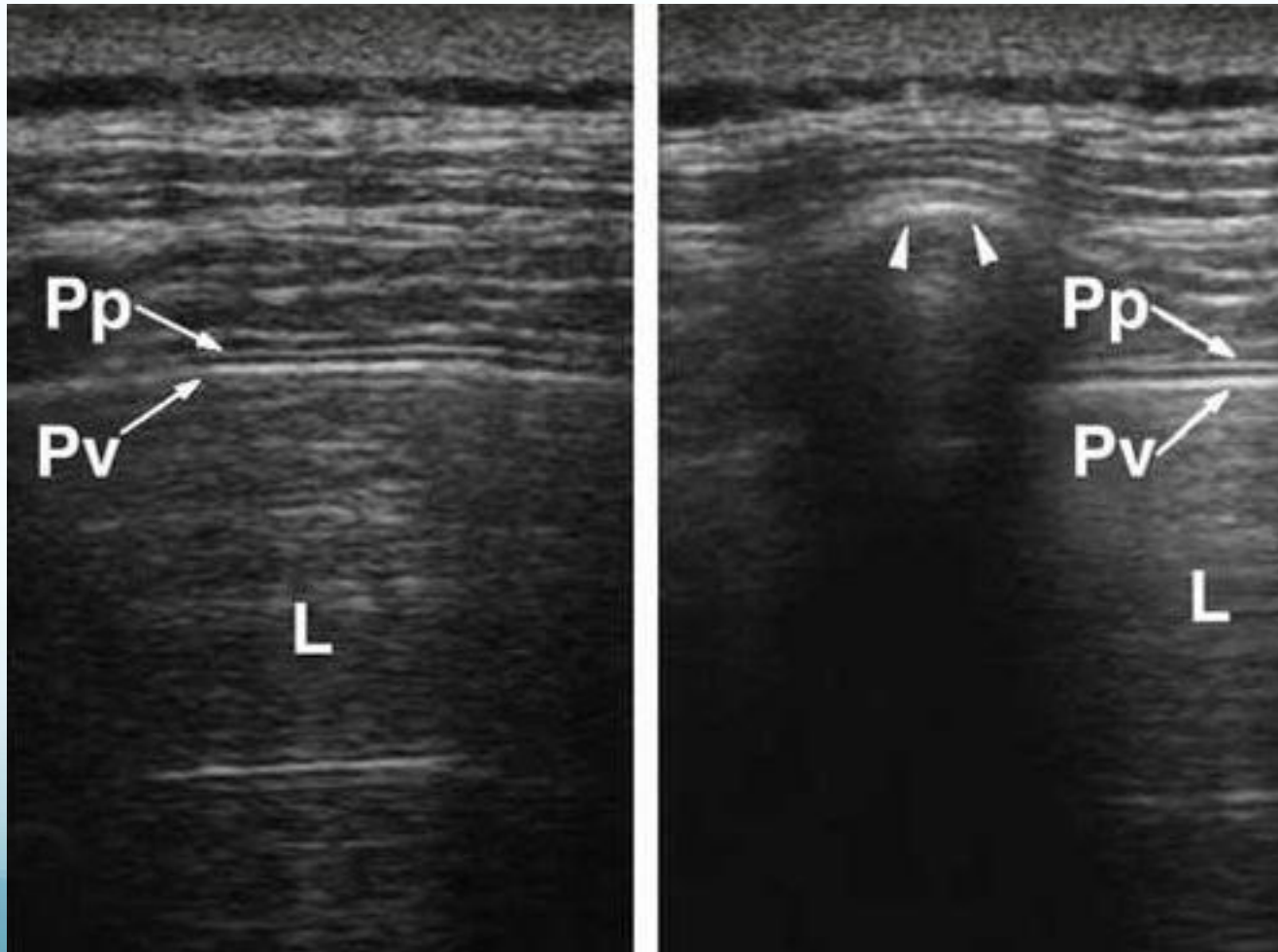
- High frequency probes have good resolution (fine detail) but poor depth penetration
- Low frequency probes have poor resolution but good depth penetration
- Many US machines allow user to alter frequency up to maximum/minimum allowed
- Can be helpful in large patients/deep lesions



# Pleura on 3.5 MHz curvilinear probe



# Pleura on high resolution linear probe



# Reflection

Importance of Reflection:

- allows generation of the ultrasound signal
- leads to loss of ultrasound signal
- helps determine appearance of tissue
- can cause artefacts



# Reflection

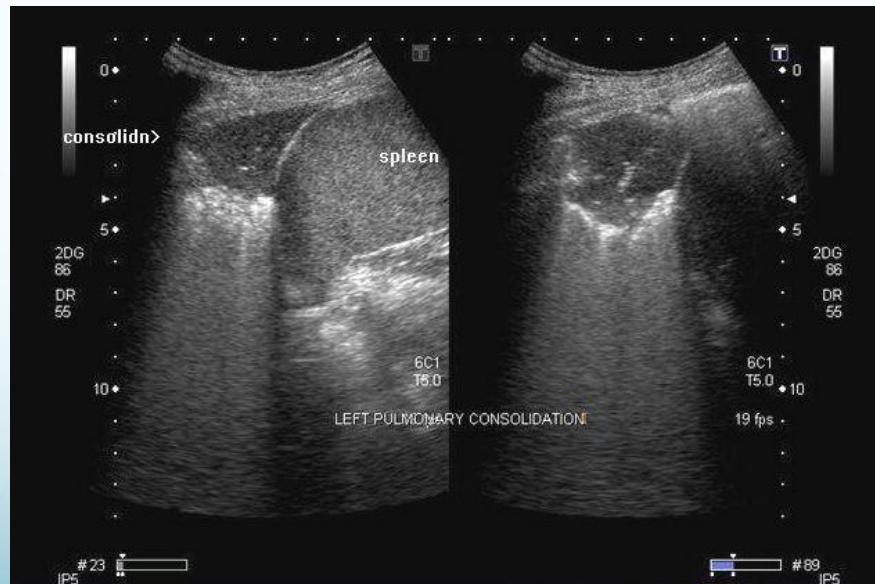
- Whenever transmitted ultrasound crosses an interface between two tissues with different impedance, some ultrasound is reflected
- Amount depends on difference in impedance
- Ultrasound which is not reflected carries on and can be used to image deeper structures

# Reflection

Interface	Reflection coefficient (%)
Soft Tissue - Air	99
Soft Tissue - Bone	66
Fat - Muscle	1.08
Muscle - Liver	1.5

# Reflection - consequences

- Need coupling material between probe and patient skin
- Cannot see through aerated lung
- Cannot see through bone



# Reflection - specular vs. scattering

- Specular reflection occurs when the surface is smooth compared with the wavelength i.e. flat for several mm
- Scattering occurs when irregularities in surface with irregularities are similar to wavelength. Important in generation of ultrasound image



# Pulse Repetition Frequency

- Relatively slow speed of ultrasound in tissue limits rate at which ultrasound information can be acquired
- Need to wait for each pulse to fade away before second transmitted
- If send second pulse too early, last returning echoes from first pulse with overlap with first returning echoes from second pulse

# Pulse Repetition Frequency

- The pulse repetition frequency (PRF) is set in order to allow time for the most distant echoes to return before sending next pulse
- PRF will be slower if trying to image larger area or trying to use grey scale and doppler at same time
- Reducing scan area can help increase PRF e.g. if trying to image fast moving structure

# Ultrasound tips

- Use highest frequency for necessary depth penetration
- Use tissue harmonics for larger patients
- Try moving patient into different positions eg to move ribs apart/move bowel gas out of way
- Use 'optimise' button
- Reduce size of sector for improved resolution

# Ultrasound tips

- If all else fails.....

## MORE JELLY!



# Any questions?

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