Quantitative data analysis and multiparameter inversion of Biot wave data: insights from topology and geometry

The 3D nature

the transmitted

acoustic field

seen here

transmitter

Hoffa's pad

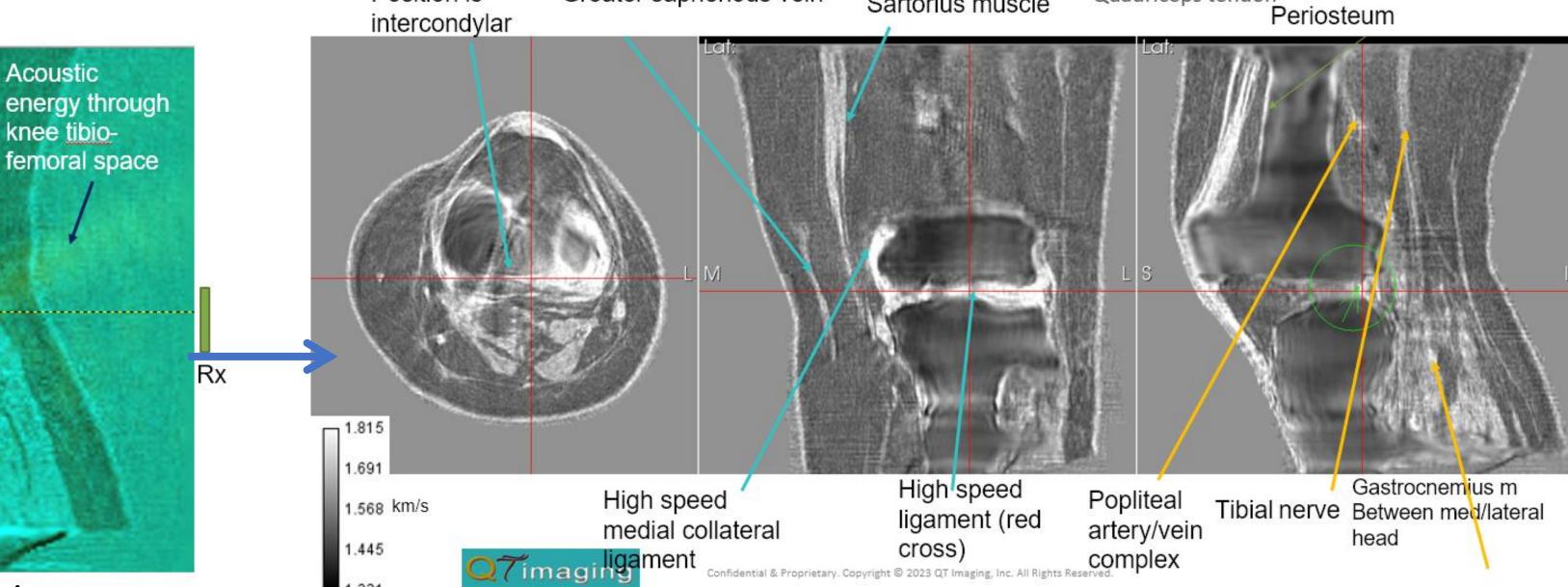
as a 'lens'

in one view

ames Wiskin, John Klock, QT Imaging, Inc. ames.wiskin@qtimaging.com

Sartorius muscle

Quadriceps tendon



knee tibiofemoral space

Position

Greater saphenous vein

Quantitative accuracy of ligaments, muscle, cartilage, tendons, fat, skin, etc. However, bone interior appears slower than expected.

 $N(\nabla \times \nabla \times \mathbf{u})$  $ho_{12}$ 

## Introduction

right 3D ultrasound tomography (3D-UT) is employed in breast imaging presently and has recently been extended to orthopedic applications as a proof of concept (POC) with a cadaver knee.

Speed of sound reconstruction shows quantitative accuracy. [1]

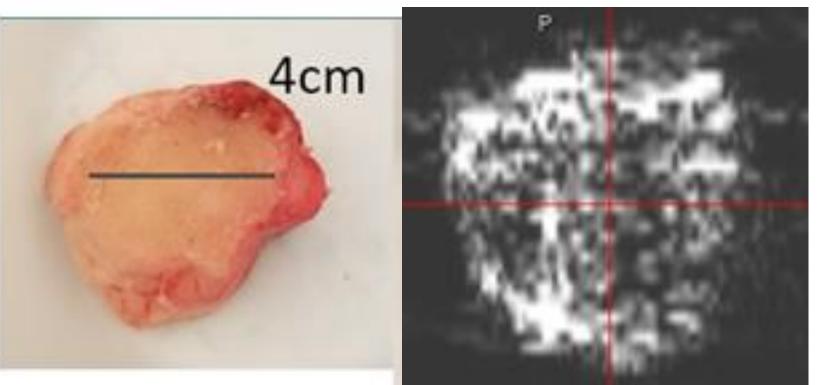


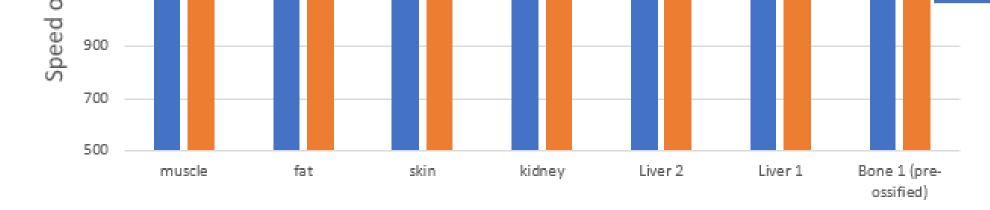
sound [1]

QT Imaging Scanner with water bath and 8 by 256 column array and independent transmitter array – cadaver knee imaged and segmented based on quantitative speed of

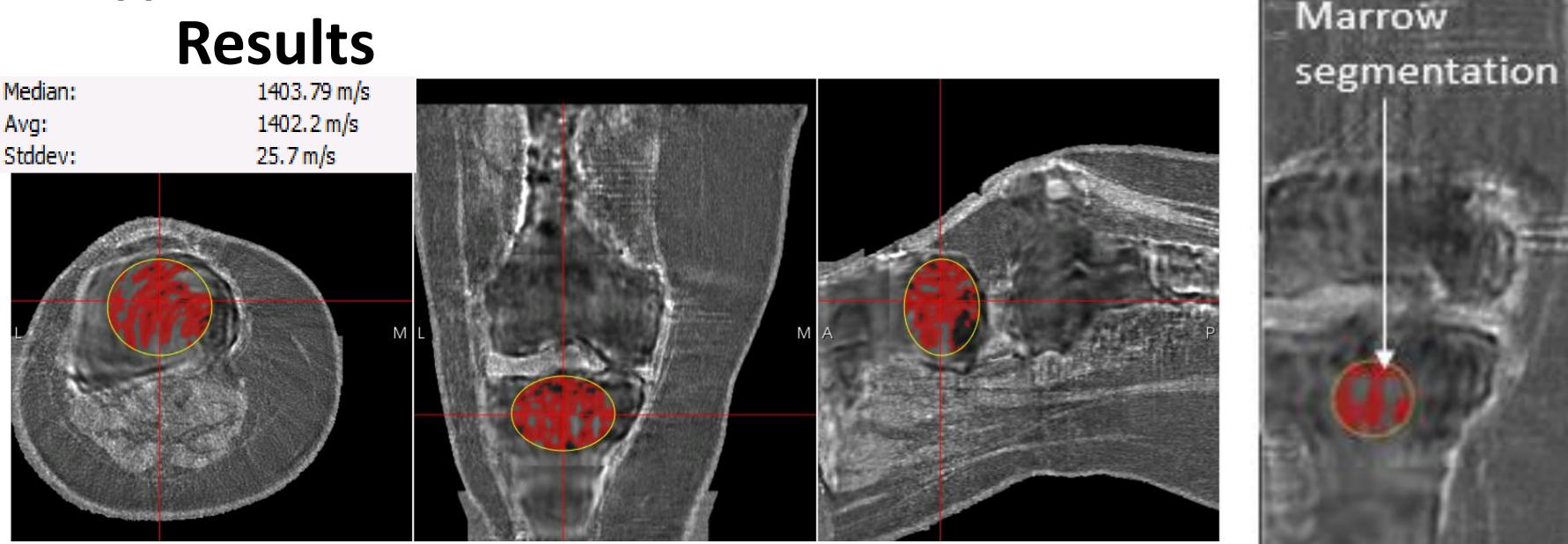
ultrasonic wave 3D nature of requires 3D full wave inversion imaging algorithm

Acoustic

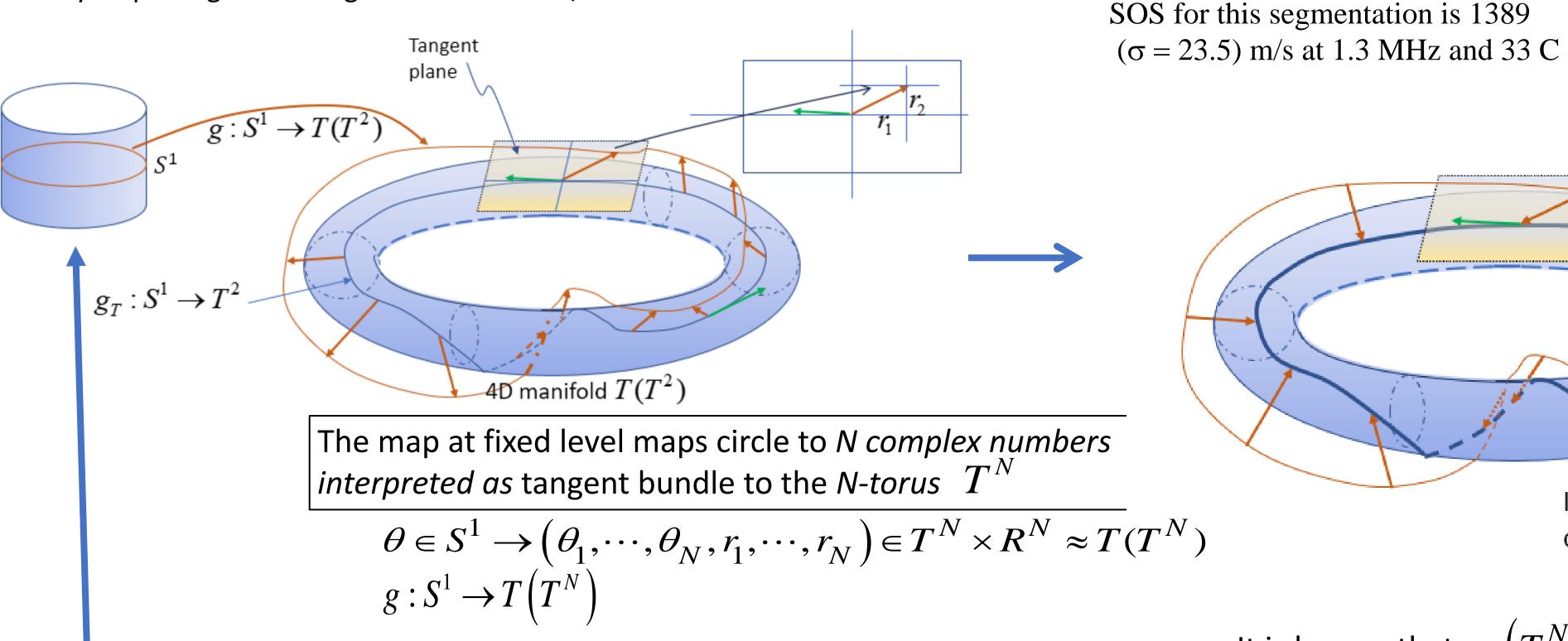




QT Ultrasound Volography
Literature SOS values Quantitative accuracy has been verified for soft tissue [1]



Segmentation of marrow in tibia based on the SOS and constrained by ellipsoid gives average value 1402.2 m/s



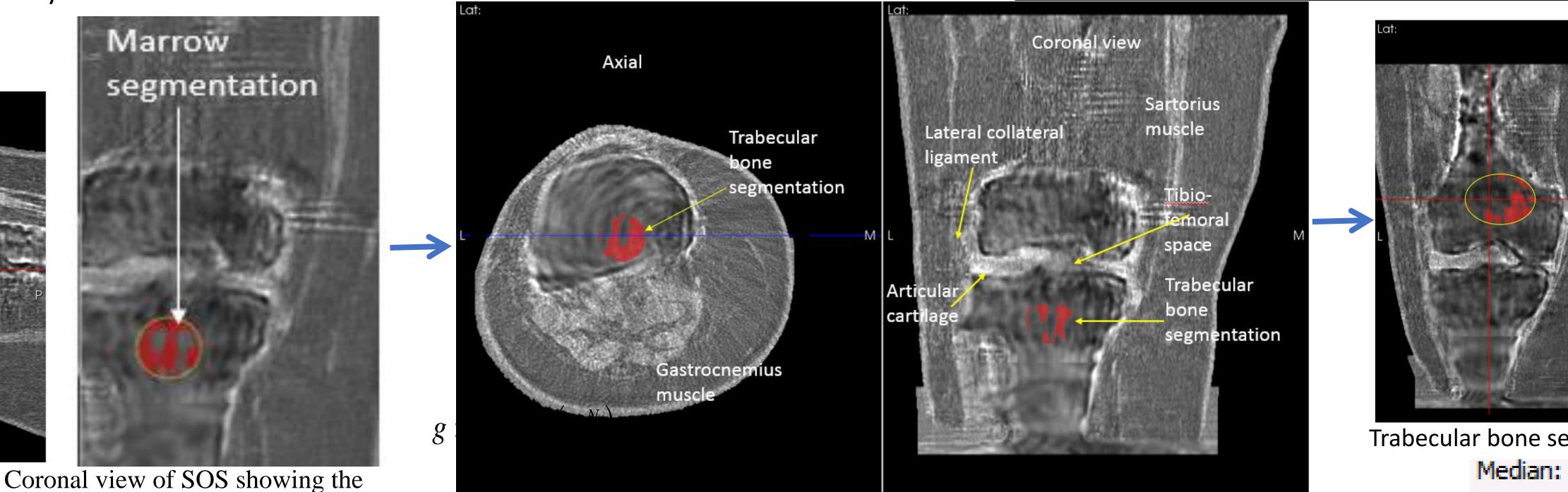


Femur and Tibia bone are cancellous with bone matrix filled with marrow – accurately modelled with Biot-Johnson theory

marrow segmentation in tibia

Bovine tibia sample is scanned in the water bath scanner – attenuation image on right

Biot theory:  $\hat{\rho}_{::}$  N, Q, R, and P coefficients relate to mass density of fluid, dynamic tortuosity, permeability and viscous characteristic length and arise out of the contribution of Johnson et al.[2] and Biot's original paper. This theory predicts a 'slow' compressional wave: SOS =~1470 m/s (temperature and frequency dependent). Which is slower than the standard compressional wave.



Axial and coronal view of cadaver knee 3D ultrasound speed of sound image (SOS) with bone segmented region shown in red has an average SOS = 1466 m/s (SD = 29.9)which agrees with estimates of slow P wave SOS in human femur at 0.4 - 0.8 MHz

All points on the bottom

boundary MAY get mapped to

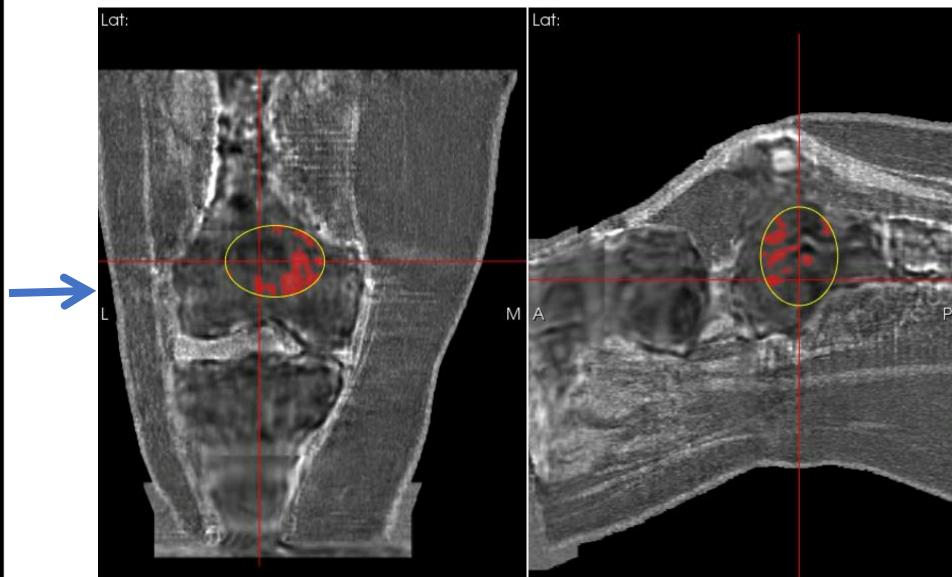
the same point in torus  $T^{NR}$ 

 $(0,0) \in \pi_1(T^N)$ 

 $(4,3) \in \pi_1(T^N)$ 

 $(11) \in \pi \mathbf{b}^{N}$ 

 $(0,0) \in \pi_1(T^N)$ 



Trabecular bone segmentation in Femur

Median:	1466.29 m/s
Avg:	1472.5 m/s
Stddev:	25.1 m/s

human bone

Idealized water tank as cylinder gives angle and level  $(\theta, l) \in S^1 \times R$ 

The red arrows above show this is homotopic to a map to the torus-green line  $g_T: S^1 \to T^N$ However, this is by definition the first homotopy group of the *N*-torus,  $\pi_1(T^N)$ 

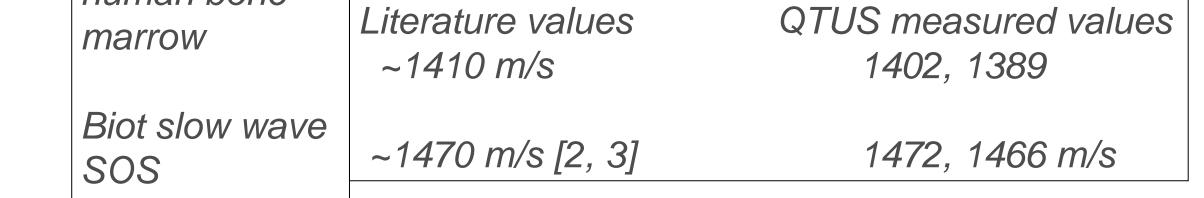
Low Resource Environments (LRE): the scanner is self-contained (120V) and can be transported easily on a mobile platform to LRE's and historically underserved populations.

A typical element of  $\pi_1(T^N) \approx Z \otimes \cdots Z \otimes Z$  has the form  $\mathbf{N} \equiv (n_1, \cdots, n_N) \in \pi_1(T^N)$ , that is, it is an *n-tuple of integer's indicating* the number times the curve wind's around the torus in the orthogonal directions.

Intermediate maps are topologically

The case for *N=2* is shown above for clarity. Note these represent the homotopically distinct maps  $g_T: S^1 \to T^N$ , and thus the possibility of phase wrapping. The vertical steps must be small enough to ensure that these integral values only change by unity:  $n_i \rightarrow n_i \pm 1$ 

The vertical direction can also represent the frequencies (.4, .5, ..., 1.3 MHz) in which case the construction indicates that small steps must be made in frequency so that any change in integral values is by one value only.



The table above shows the close correspondence of our measured values for the Biot slow compressional wave compared to the literature values [2,3,4]. There is some discrepancy due to temperature and frequency differences. The Biot slow wave value is related to porosity. This phenomenological relationship may help in detecting osteoporosis.

## References

- [1] J. Wiskin, B. Malik, C. Ruoff, N. Pirshafiey, M. Lenox, and J. Klock, "Whole-Body Imaging Using Low Frequency Transmission Ultrasound," Academic Radiology, 2023/02/24/ 2023.
- [2] D. L. Johnson, J. Koplik, and R. Dashen, "Theory of dynamic permeability and tortuosity in fluid-saturated porous media," Journal of Fluid Mechanics, vol. 176, pp. 379-402, 2006
- [3] A. Hosokawa and T. Otani, "Ultrasonic wave propagation in bovine cancellous bone," *J Acoust Soc Am*, vol. 101, pp. 558-62, Jan 1997.
- [4] K. Wear, Y. Nagatani, K. Mizuno, and M. Matsukawa, "Fast and slow wave detection in bovine cancellous bone in vitro using bandlimited deconvolution and Prony's method," J Acoust Soc Am, vol. 136, pp. 2015-24, Oct 2014.

It is known that  $\pi_1(T^N) \approx Z \otimes \cdots Z \otimes Z$ 

distinct



The reconstruction interior to the bone appears to reconstruct trabecula with slow wave SOS and marrow with accepted literature values for this temperature and frequency. The slow (Biot) wave is known to dominate the fast P wave, supporting a valid reconstruction with this wave interior to trabecular bone. This may have clinical applications since a reconstruction using the full Biot model may give effective parameters that correlate to osteoporosis.

The fact that these values are close to the literature values for marrow and the slow Biot wave are supportive but not conclusive at this time. A full inversion of the equations in (1) would give further justification that we are seeing a true slow Biot wave.

The representation of the DA as a subset of the first homotopy group of the N-torus  $\pi_1(T^N) \approx Z \otimes \cdots Z \otimes Z$ , provides a natural context for understanding phase unwrapping from a manifold perspective, and gives natural constraints on frequencies and distance between DA levels.



The authors acknowledge the contributions of multiple members of the QT Imaging team, and in particular Veenda Theendakara for the procurement of the tibia (bovine), the knee images are related to but distinct from those in the Acad. Rad. paper.