Visualization and Virtual Reality in Medicine

Prof. Dr.-Ing. Bernhard Preim, Dr.-Ing. Steffen Oeltze-Jafra Lehrstuhl für Visualisierung Universität Magdeburg

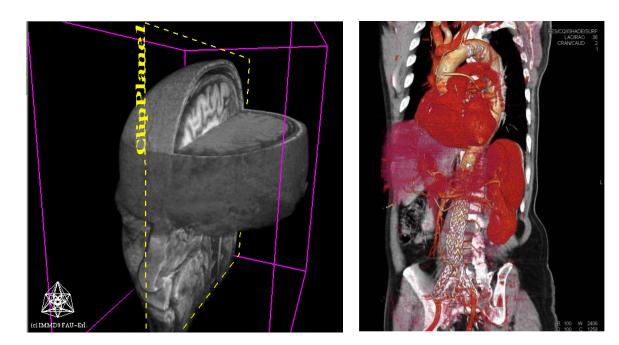


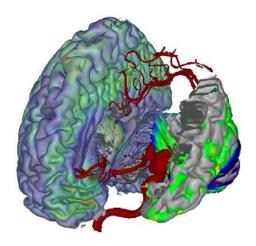
Tutorial Syllabus

Surface Visualization - Marching Cubes and its improvements - Smoothing of surface visualizations	(40 min.)
3D Vessel Visualization	(30 min.)
Labeling Medical Visualizations	(20 min.)
Break	(15 min.)
Direct Volume Visualization - Ray casting and texture-based approaches - Projection methods	(40 min.)
Multifield Medical Visualization	(30 min.)
Virtual Endoscopy	(20 min.)



Multifield Medical Visualization





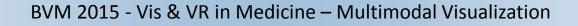
Outline

- Introduction: Motivation and major applications
- Strategies for multimodal rendering
- Multifield volume rendering
- Surface-Based multimodal rendering
- Exploration techniques and transfer function design
- Illustrative Multimodal Visualization



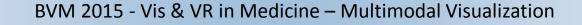
Introduction

- Diagnosis, treatment planning and follow up often requires to integrate information from different sources
 - Multiple points in time (longitudinal data)
 - Multimodal data (PET/CT, PET/MRI or CT and MRI)
 - Pre- and intraoperative data
- Important subfield of medical visualization with seminal papers in the 1990s ([Valentino, 1991], [Cai, 1999], [Hastreiter, 1998], [Stokking, 1997])



Introduction: Visualization Goals

- Integrate the information to reveal interesting portions of both source data, e.g. metabolism from PET and anatomical structure from CT or MRI
 - High-uptake regions in PET reveal tumor but also organs such as gallbladder, liver, kidney
- **Compare** structures visible in both sources, e.g., tumor delineation in CT and MRI or in two MRI sequences
 - Indicate similarities and differences
- Data from sources with different resolution and quality is integrated → Uncertainty-awareness is desirable



Introduction: Technical Requirements

To integrate and compare data, it needs to be

- Aligned with each other (image registration)
- **Normalized** with respect to intensity values
- Fused with a multifield visualization technique

Thus, multimodal visualization is enabled by hybrid imaging devices (PET/CT, PET/MRI, SPECT/CT) and by powerful registration algorithms.

Some authors argue that only integrated data should be visualized in a fused manner since otherwise small registration errors hamper the interpretation.

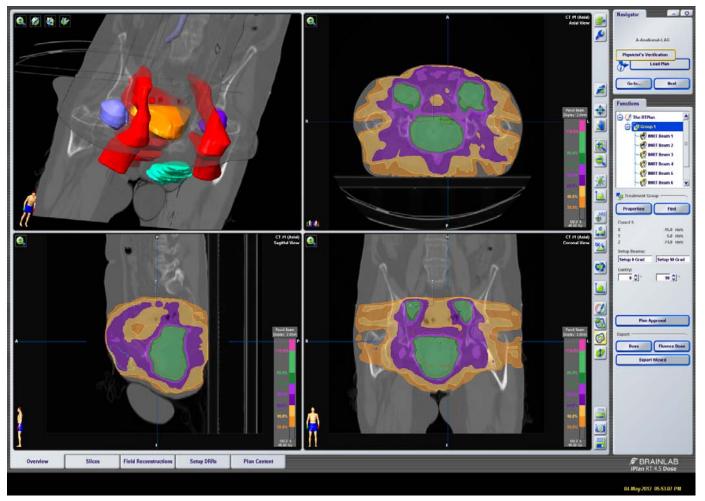


Introduction: Major Applications

- Radiation treatment planning
- Hybrid imaging (nuclear medicine, radiology)
- Functional imaging in neuroscience and neuroradiology
- Dual-energy CTs
- Follow-up studies

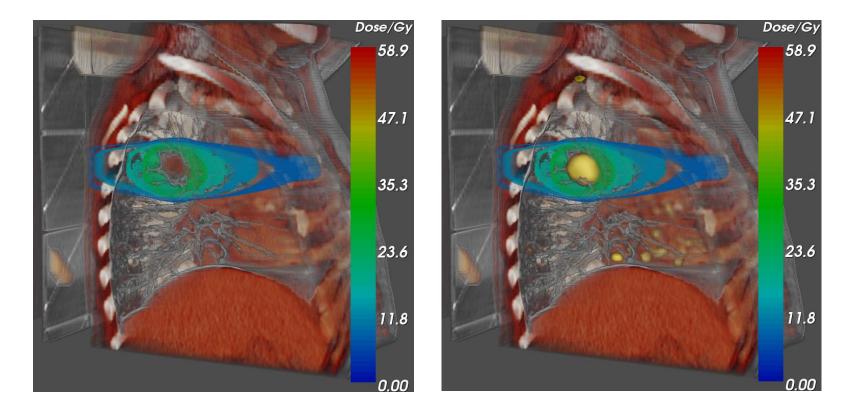


Major Applications: RT Planning



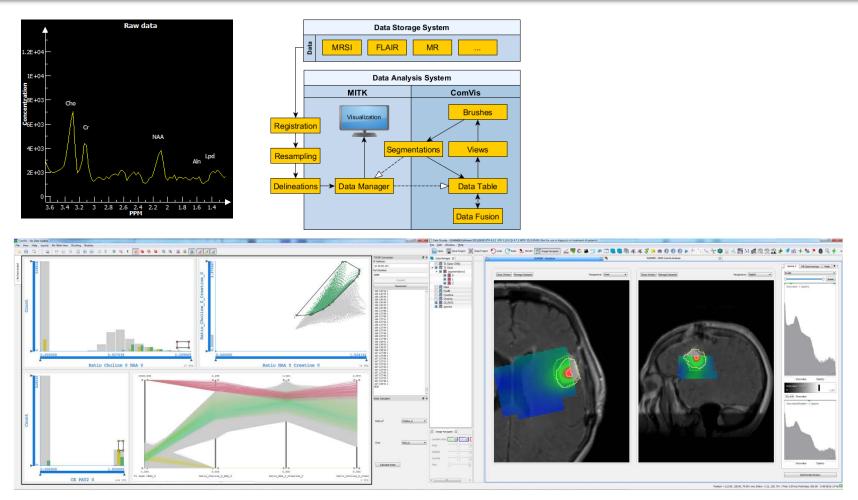
Planning CT and simulated dose distribution are overlaid (in 2D and 3D). Dose distribution is often displayed as isolines (Screenshot from BrainLab iPlan).

Major Applications: RT Planning



Left: Fusion of the planning CT and four iso-dose surfaces.Right: Additional fusion of PET (From: Schlachter, 2014)

Major Applications: RT Planning



MR Spectroscopy (left) is combined with other MRI data to define a planning volume for radiation treatment. The lower left view is used to select properties from spectroscopy data to be highlighted in the other views (From: Nunes, 2014)



Major Applications: Dual Energy CT

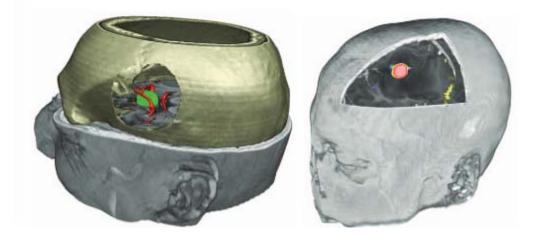




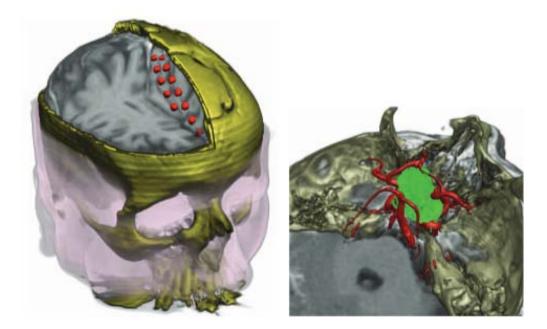
CT-Data in two energy levels are overlaid (one serves a background image).



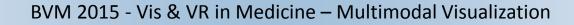
Major Applications: Neurosurgery Planning



Left: Multi-volume rendering (green: tumor - MR, red: vessels -MRA, brown: skull - CT). Right: Multi-volume blending (black/white: brain - MR, red: metabolic active part of tumor - PET, yellow: brain areas active during speech - fMR)



Left: CT data (skull) and MRI data (brain) for visualization of electrodes for epilepsy surgery. Right: CT, MRI and MRA data for tumor resection planning. Target structures were segmented (From: [Beyer, 2007])



Medical Image Data

- Anatomical data (CT, CTA, MRI, MRA, ...)
 - High spatial resolution
- Functional data (fMRI, PET, SPECT)
 - Represent functional processes
 - Low resolution
- Radiation isodose distribution
- Segmented data
- Diffusion Tensor Data



Medical Image Data

- Different anatomical data have a similar resoultion and a high overlap in information (information redundancy)
 - Fused visualization, e.g. to assess differences in tumor volume
- Functional and anatomical data are complementary
- Functional data are registered to anatomical data (not vice versa) to avoid distortions of the anatomical data

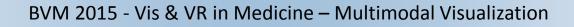


2D Visualization

- Slice-based visualization
 - Side-by-side views, synchronization with respect to the selected slice and synchronized cursor (Linked Feature Display) (Levin, 1989)
- Integrated slice-based visualization
 - Overlay of both source datasets.
 - For each pixel,
 - > data from only one source dataset is used or
 - > data from both datasets are blended (semitransparently)

3D Visualization

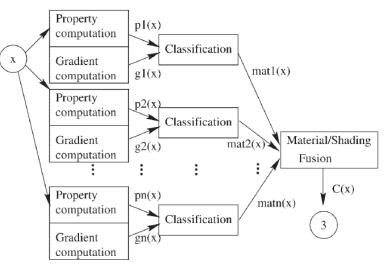
- Occlusion is aggravated for 3D multified data
- Key is to ensure visibility of essential information.
- Multifield volume rendering.
 - A combination of geometric properties and data properties is used to restrict the visible portions of the source data
- Surface-based rendering
 - A reference surface is extracted from one dataset.
 - Information from another dataset is projected and combined along the reference surface.



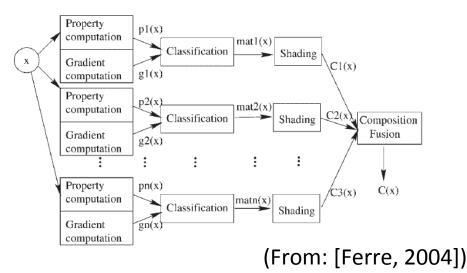
Strategies for Multifield Volume Rendering

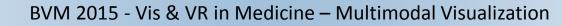
Stages of Mixing Data ([Cai, Sakas 1999], [Ferre, 2004]):

 Accumulation level (material fusion)

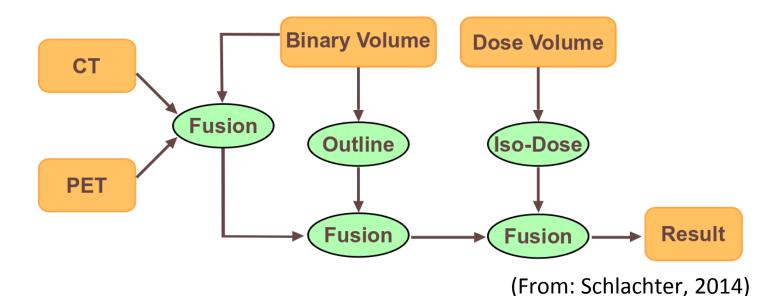


- Illumination level (shading fusion)
- Pixel level (fusion of two rendered images)

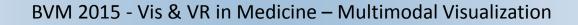




Strategies for Multifield Volume Rendering



Fusion pipeline for multimodal visualization for radiation treatment planning. Besides PET and CT, segmented risk structures and tumor (binary volume) and the dose simulation need to be integrated.



Select data properties:

 Define a fusion transfer function (FTF) that assigns color and opacity depending on the intensity (and gradient) of v₁ and v₂.

Select geometric properties:

- Use predefined segmentations, clipping planes, clipping boxes or deformable clipping planes (Konrad, 2004) to restrict the visualization of one source dataset.
- **Example**: A segmented tumor along with a safety margin defines a volume of interest.

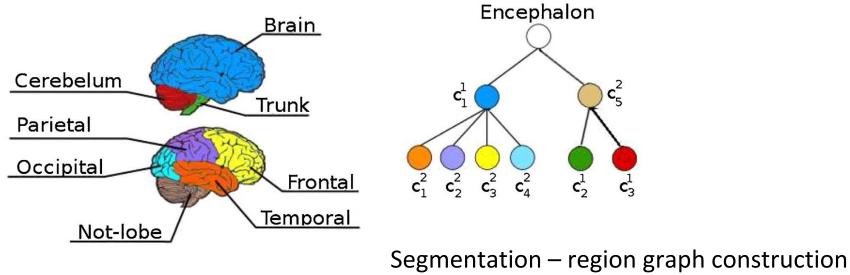
Geometric and data properties may be combined, e.g., with distance-based transfer functions. (see [Manssour, 2002] for a discussion)



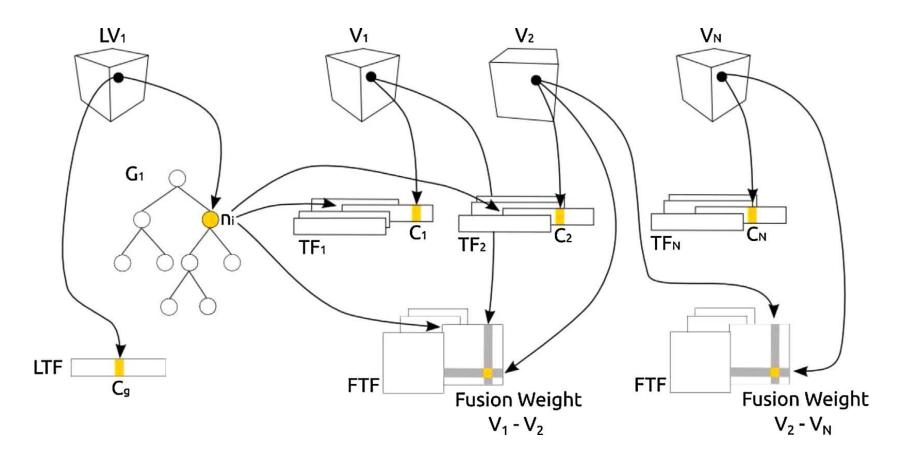
Fusion modes (Abellan, 2013):

- Global fusion transfer function
- Segmentation-Based (Local) FTF
- Interactively Manipulated (Local) FTF

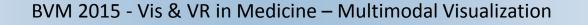
Often, local FTF override the global FTF.

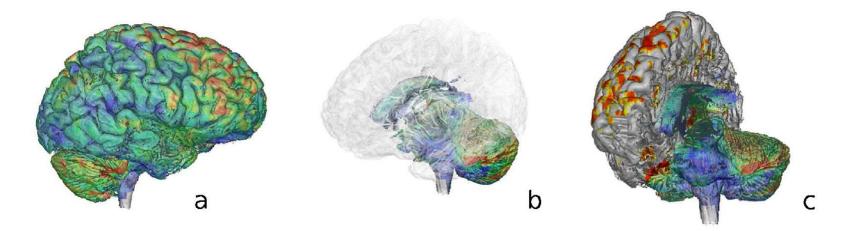


(From: Abellan, 2013**)**



Local Transfer Functions (LTF) control the fusion for the respective area in two (or more) datasets (From: Abellan, 2013)



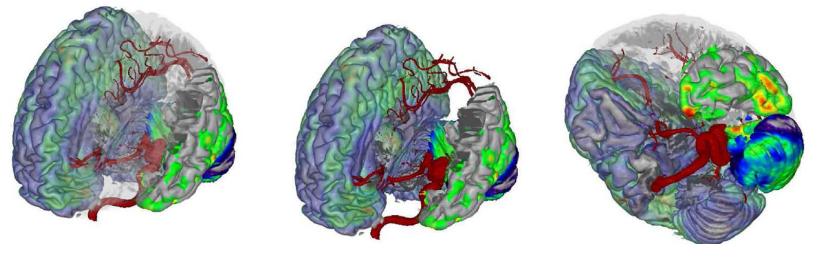


Combination of PET and MRI:

(From: Abellan, 2013)

- (a) global fusion of PET on the brain surface;
- (b) rendering of the ROI (middle brain and cerebellum); and color ghosting for the context;
- (c) high activity in the left part of the brain



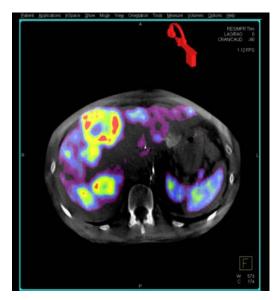


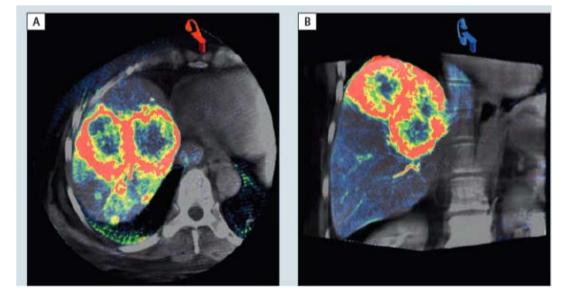
(From: Abellan, 2013)

Combination of PET activity, MR (brain) and MRA (blood vessels). Semantic regions were defined to adjust fusion parameters locally.



Transparent Overlays





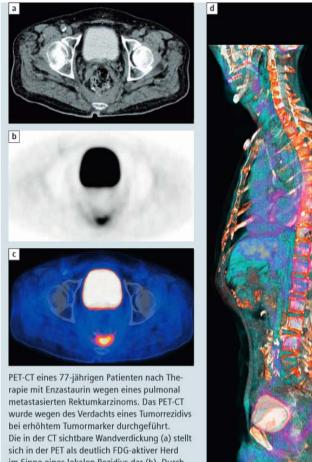
SPECT/CT (From: Siemens.healthcare.com)

Dyna CT combined with perfusion imaging reveals two lesions of hepatocelluler carcinoma (From: inside:health Mai, 2013, pp. 30)



BVM 2015 - Vis & VR in Medicine – Multimodal Visualization

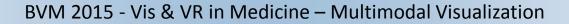
Transparent Overlays



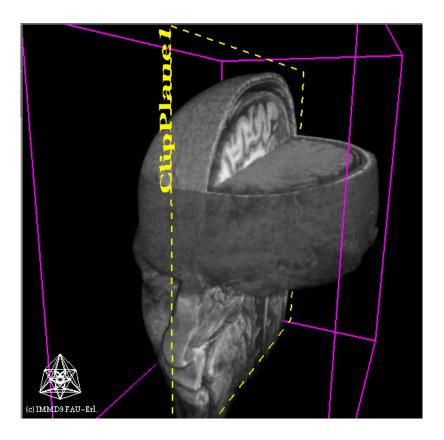
im Sinne eines lokalen Rezidivs dar (b). Durch die Koregistrierung mit der CT ist eine genaue

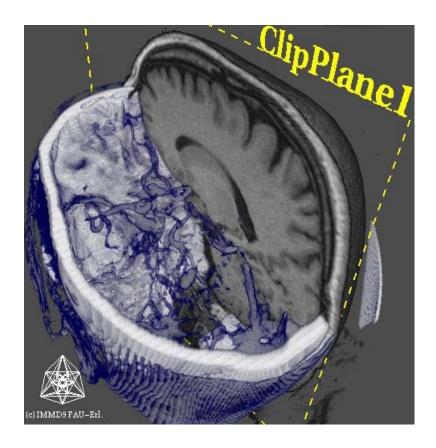
Clinical routine: three synchronized slice-based views: Dataset₁, fused view, Dataset₂ A slider controls opacity of the overlaid dataset.

Source: Inside Health, SIEMENS

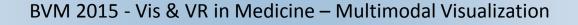


Exploration Techniques: Clipping Planes

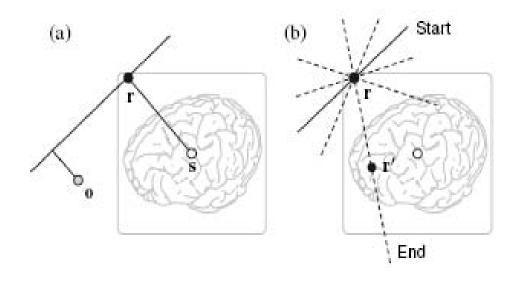




Clipping planes to adjust the visible portion of the two source (CT and MRI brain) datasets (From: Hastreiter, 1998).



Exploration Techniques: Clipping Planes

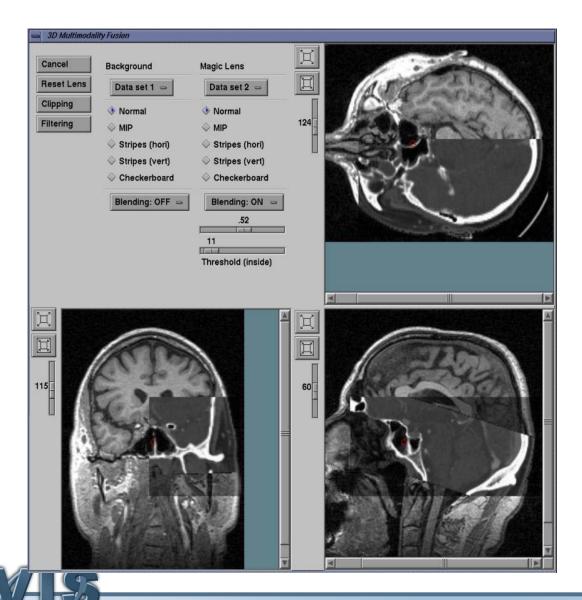


Rotation of clipping planes along the world coordinate orign (o) is not intuitive. A reference point (r) that corresponds to the "middle" of the clipping plane is more appropriate (Jainek, 2008).

Today: Multitouch gestures may improve clip plane handling.



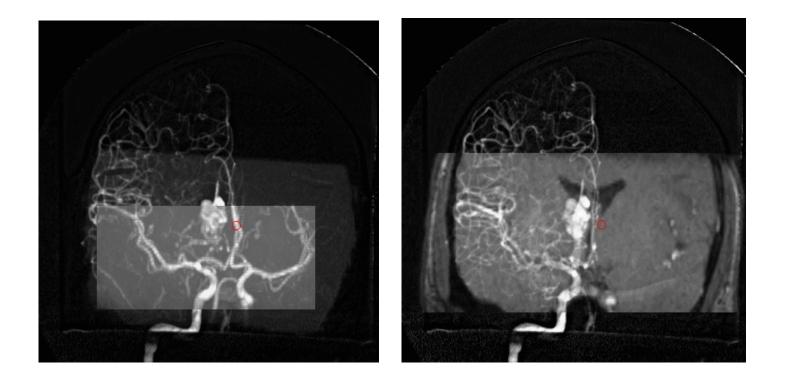
Exploration Techniques: Lens-based Interaction



Lens-based interaction with slice views. In the lens region CT data is visible (semitransparent overlay) (From: Hastreiter, 1998)

BVM 2015 - Vis & VR in Medicine – Multimodal Visualization

Exploration Techniques: Lens-based Interaction



The concept of a lens may be transferred to a 3D volume lens (From: Hastreiter, 1998)



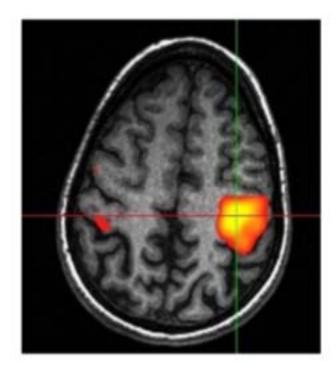
BVM 2015 - Vis & VR in Medicine – Multimodal Visualization

Transfer Function Design

- Intensity of one dataset mapped to color (metabolism in PET data, activation in fMRI)
- Color should be used sparsely → map the same data to high transparency values (focus on regions with high metabolism or activation)
- Information-theoretic approach (Haidacher, 2008)
 - Evaluate the joint histogram of the two source data and determine for each (discrete) bin the probability that a combination of values occurs
 - Assign opacity such that rare combinations are preferred



Transfer Function Design

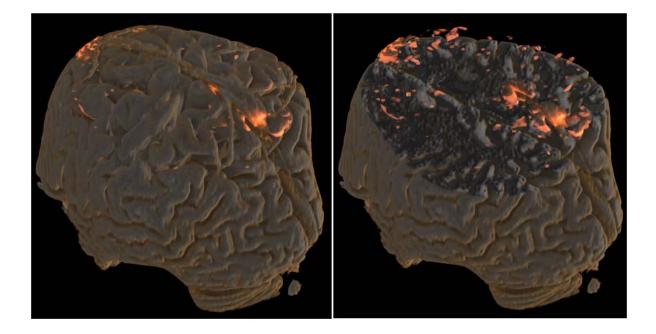


(From: [Rieder, 2008])

Combination of MRI data and functional MRI. Activity data are thresholded. Only for high activity it is mapped to color and overlaid on anatomical data. Limited Occlusion (slice view). Color (as often) is only used for one dataset.



Transfer Function Design



Right image: voxels without fMRI activity have their opacity reduced by a factor of $\lambda_{min} = 0.02 \rightarrow$ interior signals are more visible (From: Nguyen, 2010)



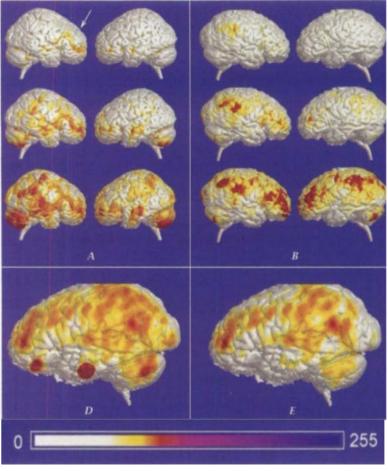
Surface-Based Visualization

Map functional values on the surface of a reference structure (heart, brain, ...).

Functional values are integrated along the surface normal (**normal-based fusion**).

Common choice: maximize over these values.

Combination of MRI and SPECT data. Brain extracted from MRI. SPECT activity values mapped on the surface visualization of the brain.



(From: [Stokking, 1997])



- Color-coding is essential.
- Stokking suggests
 - a color-scheme based on the HSV color space, and
 - Manipulation facilities to adjust the components (HSV primarily as a color space where goal-directed manipulation is enabled).



Illustrative techniques (silhouettes and other feature lines) may serve as sparse representation of anatomical context.

Examples: hull structures, such as skin, organs (brain, heart).

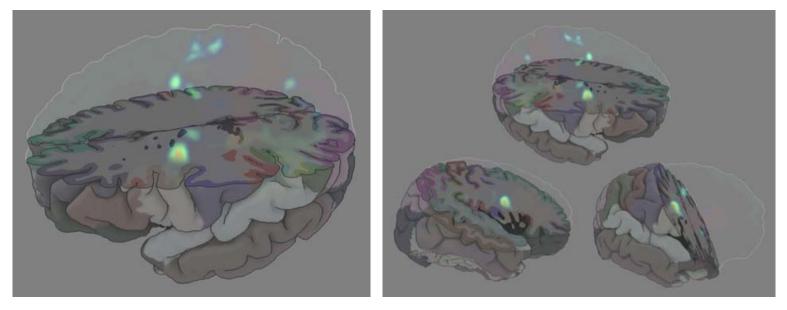
Use of illustrative techniques for multimodal visualization was first mentioned by [Wilson, 2002]

"To help differentiate the volumes, ... can be achieved by varying color, lightning and rendering style."

"The mixing of photorealistic and non-photorealistic rendering styles can be particularly effective in differentiating the two volumes, but also in drawing focus to features of interest."



Illustrative Multimodal Visualization



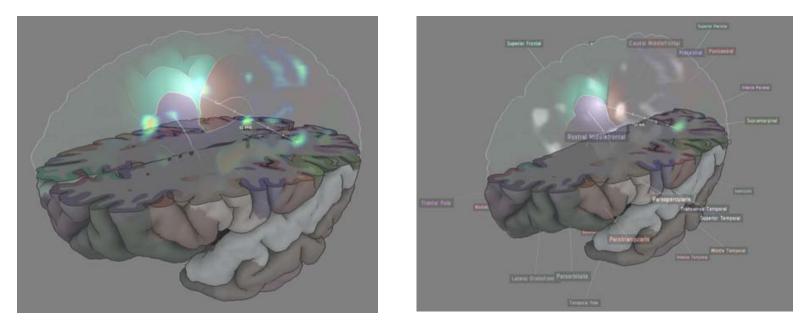
Location and extent of activation areas w. r. t. subcortical structures and the cortex surface should be shown. Brain, GM and WM are extracted from MRI data.

Activation areas from fMRI. Combination of clipping, (3D) silhouette rendering and (2D) edge detection.

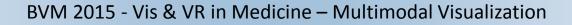
Realized as hybrid surface and volume rendering (Jainek, 2008).



Illustrative Multimodal Visualization

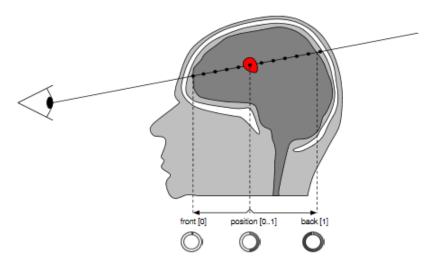


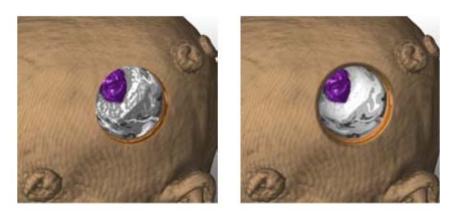
Multimodal visualization combined with distance measurements and (automatic) labeling (Jainek, 2008)



Illustrative Multimodal Visualization: Neurosurgery

- Cut geometries are employed to reveal activation regions (fMRI) and fiber tracts (DTI) within MRI and CT data
- Internal and external 3D views are combined with slice views

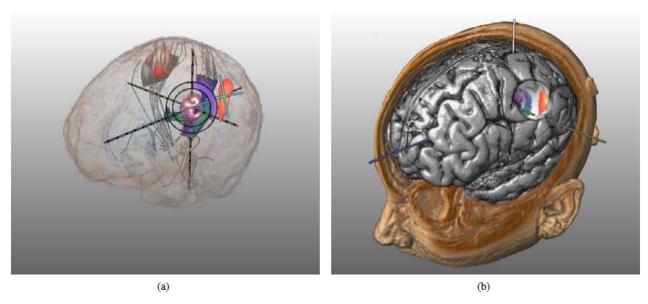


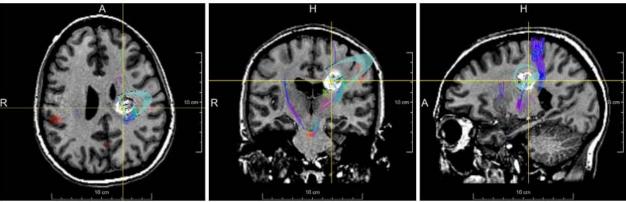


The right image has an improved shading of the cut geometry (From: Rieder et al., 2008)



Illustrative Multimodal Visualization: Neurosurgery





Internal view (brain structures), external view (skull, brain surface) and slice views (From: [Rieder, 2008])

BVM 2015 - Vis & VR in Medicine – Multimodal Visualization

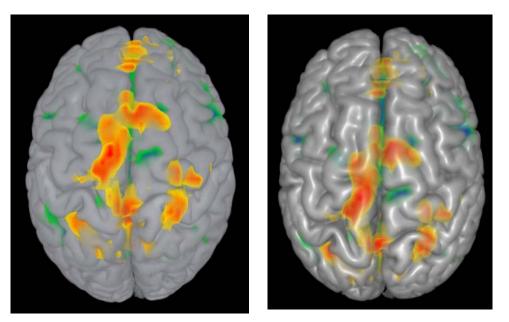
Realization of Multimodal Rendering

- Like "standard" volume rendering, (image-based) ray casting, splatting and texture-based approaches are used.
- GPU raycasting dominates (e.g. Beyer, 2007, Rößler, 2006, Schlachter, 2014)
- Hybrid (surface and volume rendering) with interleaving (Kreeger, 1999)
- Rendering is integrated in a single pass or two passes.



Lightning for Multimodal Visualization

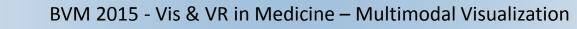
The improved spatial perception with proper shading enhances comprehension.

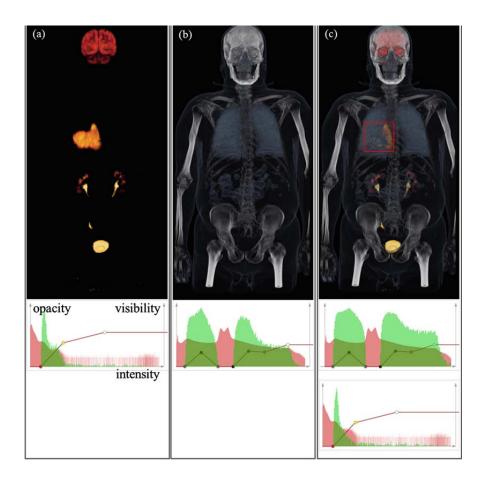


Integration of functional data and brain surface with and without lightning (From: Rößler, 2006)



- Visibility-driven transfer functions indicate how opacity mapping influences the relative visibility of each bin (visibility histogramme) (Correa, 2011)
- Individual transfer functions applied to each volume do not consider mutual influence on visibility
- Joint visibility histogramme enables a fusion transfer function optimized for visibility (Jung, 2013)
- Combination with automated preprocessing
 - High uptake values in PET are segmented (threshold-based, minimum region size)
 - Visibility of these regions as constraints for the manipulation of the CTbased opacity transfer function
- Visibility-based approaches are view-dependent → each rotation requires to recompute the histogramme (performance)

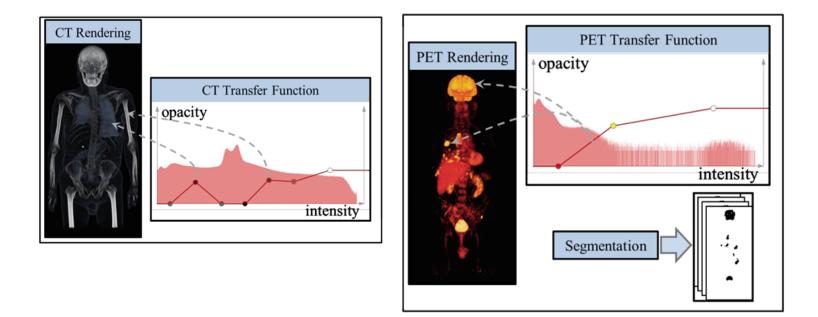




Visibility Histograms and opacity transfer functions (resulting visibility: green).

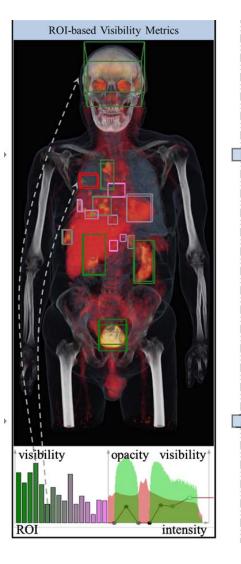
Left: PET only, middle: CT only; right: combined PET/CT. (From: Jung, 2013)





Source volumes (CT and PET) with their histogramm and opacity transfer function. High uptake regions in PET are segmented.







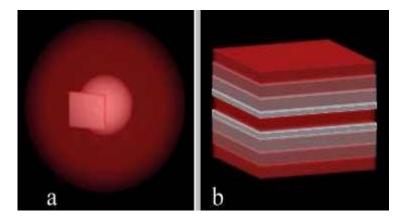
Fused volume rendering. The box-shaped ROIs (from PET) should be visible. The right image shows the

result after automation (From: Jung, 2013)

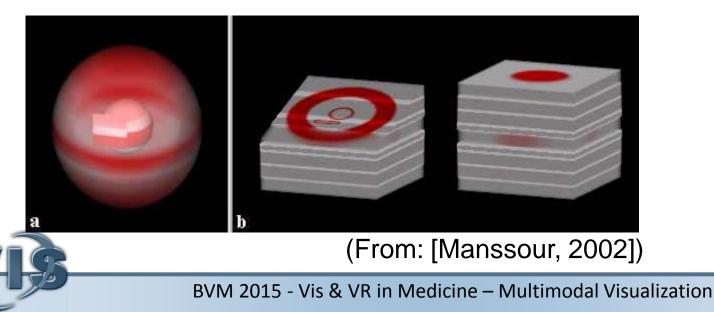


Prototyping of New Visualization Techniques

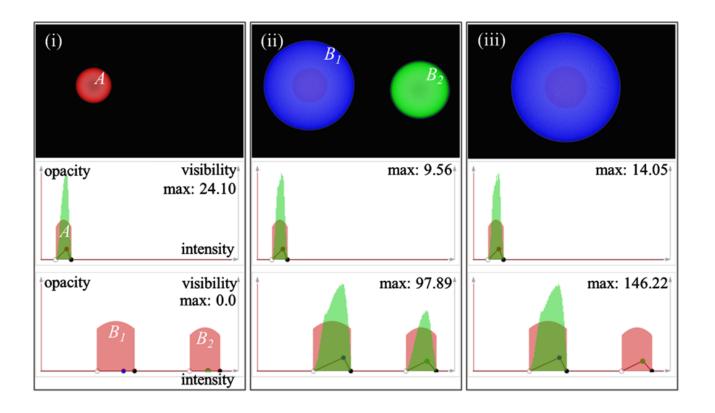
Before applying to real world data, use simple synthethic volumes (rasterize spheres with different layers, ...) and



Combine them.



Prototyping of New Visualization Techniques



Synthetic volumes used for visibility-driven PET-CT visualization. One dataset with one and anothr with two spheres with different intensity values and added Gaussian noise were employed (From: Jung, 2013)



Summary

- Multimodal visualization incorporates advanced visualization techniques (illustrative rendering, smart visibility, ambient occlussion) and
- Advanced interaction techniques (control of cutting regions, fusion transfer functions)
- Besides general solutions (e.g. based on information theory) specific solutions exist, e.g. for mapping functional data on the brain.
- Combination of different views, in particular slicebased and 3D views is essential.



Summary

🛛 🧮 Open 📲 Save Project 🔀 Close Proje	ect 🏷 Undo 🥂 Redo 🚴 DICOM 📰 Image Navigator	🖌 🖌 🌹 🛎 🤍 🧶 🦄 RT 🕐 🕐 🖉 🤊	4. 🛐 M 💰 ⋞ 🛸 q 🦓 🐃 🥁 🔬 🖮 📦 🥌 📼 💽
Data Manager	Display	2	VolVis 🛛
AT02RTDose	·	- 3500 	BPLCTO
 Image 			4D_Pet :
► Strice		- 3000	
🗌 📕 gtv_ct3			CUDA test kernel
□ 🚆 gtv_ct2		- 2500	Volumerendering
			Volume Properties Contours RT Dose Plot Settings Info
► gtv_ct01		- 2000	Volume 1 Volume 2
🗆 🚟 rm			Shading Shading
aussenkontur BPLCT0			Use gradient opacity Use gradient opacity
labeled Bifurcations			Transfer Function Editor
🕨 🗌 🚟 secure margin			Trim to Min/Max
skeleton # 4D Pet			Presets Threshold Bell
and the per	Axial	Sentitic 500	
			choose an internal transferfunction preset
		Dose/Gy	Load Save
		58.9	0 Reset
		- 500	
7 Image Navigator 업		47.1	Grayvalue -> Opaciży
Location (mm) -54.0 ÷ 59.91 ÷ -285. ÷		- 1000	
Axial 179		35.3	
		23.6	
Sagittal			-1000 2975
Coronal 326 🕽		11.8 -	Grayvalue Opacity
Time 0			Grayvalun -> Color
		0.00 -409	-1000 2975
		2921	

Position: <-54.09, 59.91, -285.00> mm; Index: <84, 74, 59> ; Time: 0.00 ms; Pixelvalue: 58.54 8.33 GB (53.24 %)

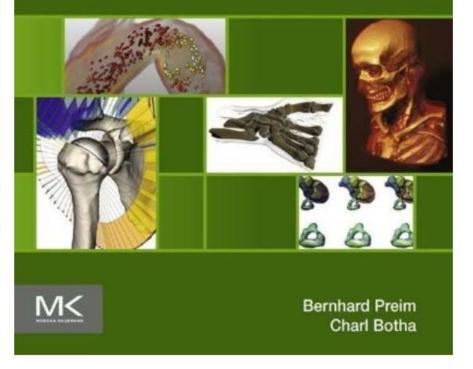
Different views and interaction facilities are combined for multimodal visualization for RT planning (From: Schlachter, 2014)



Edition 2

Visual Computing for Medicine

Theory, Algorithms, and Applications





BVM 2015 - Vis & VR in Medicine – Multimodal Visualization

Upcoming Workshop



VCBM integrates medical image analysis and visualization.

- Full paper (8 pages) are due on June 21
- Careful and constructive review

Besides visualization topics, model-based segmentation, vessel analysis, landmark-based registration and applications in computer-assisted surgery were part of previous workshops



References

- Pascual Abellán, Dani Tost, Sergi Grau, Anna Puig: Regions-based illustrative visualization of multimodal datasets. *Comp. Med. Imag. and Graph.* 37(4): 263-271 (2013)
- Johanna Beyer, Markus Hadwiger, Stefan Wolfsberger, Katja Bühler: High-Quality Multimodal Volume Rendering for Preoperative Planning of Neurosurgical Interventions. *IEEE Trans. Vis. Comput. Graph.* 13(6): 1696-1703 (2007)
- Cai W, Georgios Sakas: Data intermixing and multivolume rendering, *Computer Graphics Forum* 1999; 18(3): 359–368
- Correa, C.D., Ma, K.: Visibility histograms and visibility-driven transfer functions. *IEEE Trans. Vis. Comput. Graph.* 17(2), 192–204 (2011)
- Maria Ferre, Anna Puig, Dani Tost: A framework for fusion methods and rendering techniques of multimodal volume data. *Journal of Visualization and Computer Animation* 15(2): 63-77 (2004)
- M. Haidacher, S. Bruckner, A. Kanitsar, and M. E. Gröller, "Information-based transfer functions for multimodal visualization," *Proc. of EG Workshop on Visual Computing for Biology and Medicine*, 2008, pp. 101–108
- Peter Hastreiter, Thomas Ertl: "Integrated Registration and Visualization of Medical Image Data". *Proc. of Computer Graphics International* 1998: 78-85
- Werner M. Jainek, Silvia Born, Dirk Bartz, Wolfgang Straßer, Jan Fischer: Illustrative Hybrid
 Visualization and Exploration of Anatomical and Functional Brain Data. *Comput. Graph. Forum* 27(3): 855-862 (2008)
- Y. Jung, Jinman Kim, Stefan Eberl, Micheal Fulham, and David Dagan Feng. Visibility-driven PET-CT visualisation with region of interest (ROI) segmentation. *Vis. Comput.* 29, 6-8, 805-815, 2013



References

- Kevin Kreeger, Arie E. Kaufman: Mixing Translucent Polygons with Volumes. *Proc. of IEEE Visualization* 1999: 191-198
- Levin DN, Hu XP, Tan KK, Galhotra S. Surface of the brain: three-dimensional MR images created with volume rendering. *Radiology*. *1989* Apr;171(1):277-280
- Isabel Harb Manssour, Sérgio Shiguemi Furuie, Sílvia D. Olabarriaga, Carla Maria Dal Sasso Freitas: Visualizing Inner Structures in Multimodal Volume Data. *Proc. of SIBGRAPI (Brazilian Symposium on Computer Graphics and Image Processing)* 2002: 51-58
- Miguel Nunes, Benjamin Rowland, Matthias Schlachter, Soléakhéna Ken, Kresimir Matkovic, Anne Laprie and Katja Bühler. "An Integrated Visual Analysis System for Fusing MR Spectroscopy and Multi-Modal Radiology Imaging", *Proc. of VAST*, 2014
- Christian Rieder, Felix Ritter, Matthias Raspe, Heinz-Otto Peitgen: Interactive Visualization of Multimodal Volume Data for Neurosurgical Tumor Treatment. *Comput. Graph. Forum* 27(3): 1055-1062 (2008)
- Schlachter M., Fechter T., Nestle U., Bühler K. "Visualization of 4D-PET/CT, Target Volumes and Dose Distribution: Applications in Radiotherapy Planning", *The MIDAS Journal - Image-Guided Adaptive Radiation Therapy* (IGART), 2014
- Rik Stocking, Karel J. Zuiderveld, Hilleke E. Hulshoff, Peter P. van Rijk, Max Viergever. Normal fusion for three-dimensional integrated visualization of SPECT and magnetic resonance brain images, *Journal of Nuclear Medicine*, 05/1997; 38(4):624-629.



References

Stokking, Rik, Zuiderveld Karel J., Viergever, Max A. "Integrated volume visualization of functional image data and anatomical surfaces using normal fusion", *Human Brain Mapp*. 2001 ;12(4):203-218.

Valentino D. J., Mazziotta J. C., Huang H. K. "Volume rendering of multimodal images: application to MRI and PET imaging of the human brain", *IEEE Trans Med Imaging*. 1991;10(4):554-562

Brett Wilson, Eric B. Lum, Kwan-Liu Ma: Interactive Multi-volume Visualization, *Proc. of Computational Science — ICCS* 2002, Volume 2330, 2002, pp. 102-110

Karel J. Zuiderveld, Anton H. J. Koning, Rik Stokking, J. B. Antoine Maintz, Fred J. R. Appelman, Max A. Viergever: Multimodality visualization of medical volume data. *Computers & Graphics* 20(6): 775-791 (1996)

