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Q1: Describe the features of preprocessing and postprocessing.

Ans: Preprocessing:

A principal advantage of digital radiographic imaging over screen film radiographic imaging is the ability to manipulate the image before and after display. Preprocessing and postprocessing respectively. Preimage processing and postimage processing alter the image appearance, usually for the purpose of improving image contrast.

Preprocessing of digital image is largely automatic.

~~Preprocessing action are outlined~~

Preprocessing is designed to produce artifact free digital image.

It provides electronic calibration to reduce pixel-to-pixel row-to-row and column-to-column response differences. Pixel interpolation, lag correction, and noise correction are automatically applied with most systems.

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Offset images and gain images:

- = Automatically calibration image design to make the response of the image receptor uniform.
- = Gain images are generated every few months, and offset images are generated many times each day.

Flatfielding:

- = Preprocessing calibration techniques are identified as flatfielding.
- = Averaging techniques also are used to reduce noise and improve contrast.

Signal interpolation:

- = Digital IR and display devices have million of pixel.
- = Such defects are corrected by signal interpolation.
- = The response of pixels surrounding the defective pixel is averaged, and that value is assigned to the defective pixel.

- = Digital IR are display devices have million of pixel
- = Therefore it is responsible for to expect some individual pixel to be defective and to respond

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Differently are not at all.

Image lag:

Each type of digital IR generates an electronic latent image receptor generates that may not be made visible completely. What remains in image lag, and this can be troublesome when one is switching from high dose to low dose techniques.

offset voltage:

A switching from digital subtraction angiography (DSA) to fluoroscopy. The solution is application of an offset voltage before the next image is required.

line noise:

Some voltage variations may be seen along the buses that drive each pixel. This defect called line noise.

It can cause linear artifacts to appear on the final image. The solution is to apply a voltage correction from a row or a column of pixels in a dark unexposed area of the image receptor.

Post processing:-

- = Where digital imaging shines.
- = The contrast to pre processing which is largely automatic part processing required intervention by the radiologic technologist and the radiologist.
- = post processing refers to anything that can be done to a digital radiographic image after it is acquired by the imaging system.
- = post processing of digital imaging required operator manipulation.
- = post processing of digital radiographic image perform to optimize the appearance of the image for the purpose of better detecting pathology.

Annotation:-

- = It is the process of adding text to an image.
- = In addition to patient and identification annotation is often helpful in informing the clinician about anatomy and diagnosis.

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Window and level adjustment:

The radiologic technologist can make all 65,536 shades of gray visible.

- This amplification of contrast may be the most important feature of digital radiographic image.

Magnification:

The larger matrix size digital display devices have better spatial resolution because they have smaller pixels.

- Magnification of a region of an image to render the smallest detail visible.

Magnification in digital imaging is smallest detail visible.

- Magnification in digital imaging is similar to using a magnifying glass with a film image.

Image flip:

At times multiple digital image must be flipped horizontally and vertically. Process known as

Image flip.

It is used to bring into standard viewing order.

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Image inversion:

= Some time pathology can be more visible with image inversion.
= which result in black appearance of soft tissue.

= Image subtraction as used in DSA.

• Subtraction of digital radiographic image obtained months apart temporal subtraction is used to amplify changes in anatomy or disease.

The purpose of image subtraction is used to enhance contrast.

Pixel shift:

Misregistration of a subtraction image occurs when the patient moves during serial image acquisition. This can be corrected by reregistering the image through a technique called pixel shift.

Region of interest:

Greater use is being made of quantitative imaging that is use of the numeric value of pixels to help in diagnosis. This required identifying a region of interest. (ROI) and computing the mean pixel value for (ROI)

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Edge enhancement:

Is effective for fracture and small high contrast tissue.

Highlighting:

It can be effective in identifying diffused, nonfocal disease.

pan, scroll:

= Zoom allow for careful visualization of precise regions of an image.

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Q:- Distinguished between spatial and contrast resolution:

Spatial resolution

(i) It is the ability of imaging system to resolve and render on the image a small high-contrast object.

= Image resolution described by the quantity of spatial frequency. 10%.

= Screen-film radiography is determined principally by focal spot size.

- Image detail is determined by system MTF.

= single screen & smaller focal spot.

Contrast resolution.

The ability to distinguish many shades of grey from black and white.

All digital imaging systems have better contrast resolution than screen film imaging.

- It prevails in digital imaging regardless of dose.

- limited by noise.

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Q3:- Discuss characteristic of digital imaging that should result in lower patient radiation dose.

patient radiation dose:
With acceleration

to all digital imaging we have three opportunity to reduce patient dose's 20% to 50%.

Depending on examination

= However quite the opposite often has occurred some thing that many does creep.

= By not changing factor between one lateral view when taken consecutively As a result possible in increase patient radiation dose.

= patient radiation dose reduction should possible by DQE.

= Reduction of dose by exposure not repeated.

It also central of kVp and mAs.

Radiation dose decrease image quality will decrease.

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Q4:- Discuss feature of an active matrix Liquid crystal display:

Phase LCD is a material state between of liquid and a solid.

LCDs are superior to CRT displays.

LCD has the property of a highly ordered molecular structure a crystal - and the property of viscosity a fluid.

LCD materials are linear organic molecules that are electrically charged, forming a natural molecular dipole.

Consequently the liquid crystals can be aligned through the action of an external electric field.

features.

LCD are fashioned pixel by pixel.

The LCD has a very intense white backlight that illuminates each pixel.

Each pixel contains light polarizing filters and films to control the intensity and color of light transmitted through the pixel.

The differences between color and monochrome LCDs involve the design of the filters and films.

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- Color LCD have red-green-blue filters within each pixel. fashioned into subpixels, each with one of these three filters.
- Medical flat panel display devices are monochrome LCDs.
- A backlight illuminates the pixel and is blocked or transmitted by the orientation of liquid crystals.
- The pixel consist of two glass plate substrates that are separated by embedded spherical glass beads of a few microns in diameter that act as spacers.
- Spatial resolutions improve with the use of higher megapixel digitally display devices.

= Medical flat panel digital display devices are identified by the number of pixels in the LCD.

- A 1 megapixel display will have a 1024×1080 pixel arrangement.

Image luminance

LCD is very inefficient device. Only approximately 10% of the backlight is transmitted through a monochrome monitor and half of that through a color monitor.

Q5:- Identify application of the picture archiving and communication system:

Ans:- Radiology has adopted digital imaging very rapidly. Estimates of the present level of digitally acquired images range up to 95%.

There are four principal of a PACS,

- ① a. image acquisition system
- ② display system
- ③ Network
- ④ storage system.

Network:

Computer scientist use the term network to describe the manner in which many computers can be connected to interact with one another.

In radiology in addition to secretarial workstations the network may consist of various types of devices that allow storage, retrieval and viewing of images, PACS workstation, remote PACS workstation, a department mainframe, and a hospital mainframe.

Clients are interconnected by telephone or cable television lines among buildings, and by microwave or satellite transmission to remote facilities.

Televideo allow for image interpretation remotely even intercontinentally.

Storage system:

One motivation for PACS are in achieving just the cost of the hospital space to accommodate a film file room is sufficient to justify PACS. Image storage requirements are determined by the number of image and the data file size. Image file size is the product of the matrix size and the grayscale bit depth.

Image Acquisition system:

Images are undoubtedly the preferred method in representing concepts of the human brain.

Color shape, weight size and moisture content and critical factors to food production, quality control.

In contrast machine vision technology provides significant advantages because of its ability in processing, analysing and measuring various characteristics of the acquire image in two or three dimensions.

Display system:

Most radiology modalities today use monitors have become integral components of DR, USG, CT/MRI consoles and workstations and PACS terminals.

Qb: Three types of digital radiographic imaging artifacts and how to avoid them?

Image receptor artifacts:

As occur with screen film image receptor, digital image receptor can suffer from rough handling, scratches, and dust.

- Artifact produced by dust can be corrected easily with proper cleaning
- Digital radiography including CR & IP, should last for thousand of exposure.
- Environmental radiation can contribute to ghost artifacts.

Software artifacts:

- Digital radiographic image are obtained as raw data sets. As such, these image are ready for processing.
- For-processing images are manipulated into 'for presentation' images that the radiologic technologist can use for QC and for interpretation by the radiologist.
- Flatfielding is a software correction that is performed to equalize the response of each pixel to a uniform x-ray-beam.

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Image compression:

Digital Radiographic image becomes ever more robust in terms of the digital data files generated. This would not represent a problem if it were not for increasing applications of tele-radiology, which requires electronic transmission of images.

Object artifacts:

Object artifacts can arise from the technologist's errors in patient positioning, x-ray beam collimation and kVp selection. Backscatter radiation also can be troublesome because of the sensitivity of the digital radiographic image receptor.

Image Histogram:

= It is very important for digital image production.

= A histogram is a graph of frequency of occurrence versus digital value intervals.

Artifact produce by dust can be corrected easily with proper cleaning.

- = Dust internal to the optics of con CR imaging system.
- = CR imaging take with an IP con contaminated with residual glue that could not be removed.

- = Rough handling or faulty construction of a digital IP can result in artifacts. result an image from a damaged CR.

- = CR cassettes are highly sensitive to back ground radiation and scatter.

- = if CR cassette has not been used for several days, it shall be inserted into the reader for 10-erase.

- = The practise of leaving cassettes in a supposedly "radiation safe"

- = area in an x-ray room during an examination must be discouraged.

- = properly collimated size and positioned exposure field recognition errors may occur.

- = These can lead to histogram analysis errors.

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error. because signal outside the exposure field is included in histogram. The result is very dark or very light or very noisy image.

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Q7:- Describe the basis for data compression and differentiate between lossless and lossy compression.

Ans. Data compression:-

= In signal processing, data compression, source coding or bit-rate reduction is the process of encoding information using fewer bits than original representation.

= Any particular compression is either lossy or lossless.

= The process of reducing the size of a data file is often referred to as data compression.

= It is useful because it reduces resources required to store and transmit data.

= Basis for compression is provided by information theory, and more specifically compression and rate-distortion theory for lossy compression. These areas of study were essentially created by Claude in 1940.

Difference b/w lossless and lossy

Lossless

- = It represent data with out losing any information.
- = It is reversible process.
- = lossless compression is possible because most real world data exhibits statistically redundancy.
- = Compression methods are among the most popular algorithms for lossless storage.
- = It can be slow.
- = It reduces the data file 20% to 50% of the original file.
- = No large image files because transmission time and manipulation time can still be acceptable.

Lossy.

- = Data with losing any information.
- = It is not reversible process.
- = lossy compression is impossible.
- = It can be fast.
- = It not reduce the data.
- = large image file provide compression up to 100:1 or greater can be used on images in which exact measurement or fine detail is not required.
- = video recording that are to be replayed on standard domestic vision.
- = It is not acceptable for mammography.

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Q8:- Identify the different between for-processing image for presentation image.

Ans: for processing:

= Before image is prepared.

= Out put of image receptor may be necessary for to correct for potential artifacts.

= Artifact occur because of dead pixels or dead rows or columns for pixels.

= Single pixel or a single row or column normally will not interfere with diagnosis.

= defect must be correct.

= correction algorithms specific to each type of digital image receptor use interpolation technique to assign digital value to each dead pixel, row, or column.

• Image processing is a method to ~~on~~ ~~on~~ some operators on an image.

• enhance image

• Automatic processing

• They are software artifacts.

• visual information

• Effectively used.

presentation image is creating as a pitch to present audience.

• One element that want to focus on to create your presentation

Q9:- Explain how digital radiographic image artifacts occur because of improper collimation or alignment.

Ans: If exposure field is not properly collimated size and positioned exposure field recognition errors may occur. These can lead to histogram analysis errors because signal outside to exposure field is included in the histogram. The result is very dark or very light or very noisy images.

Automatic radiation field recognition is essential for artifact-free images.

Digital radiographic IPs now are available in the standard sizes shown in ~~Box~~. The image receptor is history; it has been replaced by an image receptor.

Collimation of the projected area X-ray beam is important for patient radiation dose reduction and for improved image contrast screen-film radiography.

In DR, proper collimation has the added value of defining the image histogram. If improperly collimated, the histogram can be improperly analyzed, resulting in an artifact such as that shown.

Proper collimation and centering prevent histogram errors that can lead to artifacts.

Digital image receptors normally can recognize even-numbered (i.e. two/four) X-ray exposure fields that are centered.

and clearly collimated. Three on one and four on one are not recommended unless the unexposed portion is shielded. A good example of reduced contrast when three on one is used. For the image histogram to be properly analyzed each collimated field should consist of four distant collimated margins. The use of three collimated ~~edges~~ margins usually works, but when fewer than three are used, artifacts may result.

If images are not collimated and centered, image receptor exposure will not be accurate and cannot be used for image quality evaluation.