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Pro : Bs Radiology

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Q2 Explain the latent image formation?

Ans Latent image formation :-

The image forming x-ray exiting the patient and incident on the radiographic intensifying screen film deposit visible light energy in the emulsion primarily through photoelectric interaction with atom of the silver halide crystal.

This energy is deposited in a pattern that is representative of the object or anatomical part that is being radiographed.

Immediately after exposure, no image can be observed on the film. An invisible image can be observed on the film.

An invisible image is present, however, and is called a latent image.

With proper chemical processing the latent image becomes a visible image.

The interaction between photons and silver halide crystals is fairly well understood as is the processing of the latent image into the visible image.

However, the formation of the latent image, some time called the photographic effect, is not well understood and continues to be the subject of considerable research. The following discussion is an extraction of the Gurney-Mott theory, the accepted although incomplete, explanation of latent image formation.

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Silver Halide crystal: The silver bromine and iodine atoms are fixed in the crystal lattice in ion form. Silver is a positive ion, and bromide and iodide are negative ions. When a silver halide crystal is formed, each silver atom releases an outer-shell electron, which becomes attached to a halide atom (either bromine or iodine).

The silver atom is missing an electron and therefore is a positively charged ion, identified as Ag^+ . The bromine and iodine atoms each have one extra electron and therefore are negatively charged ions, identified as bromide and iodide (Br^- and I^-) respectively.

The silver halide crystal is not as rigid as some crystals such as diamonds. Under certain conditions, atoms and electrons are free to migrate ~~at~~ within the silver halide crystal.

The halide ions, bromide and iodide are generally found in greatest concentration along the surface of the crystal. Therefore the crystal takes on a negative surface charge, which is matched by the positive charge of the interstitial silver ions the silver ions inside the crystal. An inherent defect in the structure of silver halide crystals.

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The Frankel defect, consists of interstitial silver ions and silver ion vacancies. Presents a model of the silver halide crystal.

Photon Interaction with Silver halide Crystal

When radiation interacts with film, it is the interaction with the silver and halide atoms (Ag, Br, I) that forms the latent image. If the x-ray is totally absorbed, its interaction is photoelectric. If it is partially absorbed, its interaction is Compton. In both cases a secondary electron either a photoelectron or a Compton electron - is released with sufficient energy to travel a large distance within the crystal. Secondary electron may have sufficient energy to dislodge additional electrons from the crystal lattice. Secondary electrons liberated by the event migrate to the sensitivity center and are trapped. Once a sensitivity center captures a photoelectron and becomes more negatively charged, the center is attractive to mobile interstitial silver ions. The interstitial silver ion combines with the electron trapped at the sensitivity center to form

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metallic silver atoms. Most electron from the bromide and iodide ions b/c these negative ions have one extra electron, these negative ions therefore are converted to neutral atoms, and loss of ionic charge results in disruption of the crystal lattice.

Latent image :-

The concentration of electron at the sensitivity center produce a region of negative electrification - ion atoms are removed from the crystal the positive silver ions are electrostatically attracted to the sensitivity center. After migrating to the sensitivity center the silver ions are neutralized by electron and are converted to metallic silver.

This group of silver atoms is called a latent image. Crystal with silver deposited at the sensitivity center are developed into black grains crystal that have not been irradiated remain crystalline and inactive. processing is the term applied to the chemical reactions that transform the latent image into a visible image.

Q3,

Briefly describe the construction of radiographic film with diagram?

Ans 3

FILM CONSTRUCTION:

The manufacture of radiographic film is a precise procedure that requires tight quality control. Manufacturing facilities are extremely clean because the slightest bit of dirt or other contaminant in the film limits the film's ability to reproduce information from the x-ray beam.

During the early 1960s at the height of nuclear weapons testings x-ray film manufacture took extraordinary precaution to ensure that contamination from radioactive fallout did not invade their manufacturing environment. Such contamination could seriously fog the film.

Radiographic film has two parts: the base and the emulsion. In most x-ray film the emulsion is coated on both sides; therefore it is called double emulsion film. R/w the emulsion the base is a thin coating of material is called the adhesive.

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layer which ensure uniform adhesive of the emulsion to the base. This adhesive layer allows the emulsion and base to maintain proper contact and integrity during use and processing. The emulsion is enclosed by a protective covering of gelatin called the overcoat. This overcoat protects the emulsion from scratch, pressure and contamination during handling, processing and storage and allows for relatively rough manipulation of x-ray film before exposure. processed film may be handled with even less regard for damage. The thickness of radiographic film approximately 150 to 300 μm .

Base :-

The base is the foundation of Radiographic film. Its primary purpose is to provide a rigid structure onto which the emulsion can be coated. The base is flexible and fracture resistant to allow easy handling but is rigid enough to be snapped into a viewbox.

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Conventional photographic film has a much thinner base than radiographic film and therefore is not as rigid. Can you imagine attempting to snap 14 x 17 - inch photographic negative into viewbox. The base of radiographic film maintains its size and shape during use and processing so that it does not contribute to image distortion. This property of the base is known as dimensional stability. The base is of uniform density and is nearly transparent to light. So no unwanted pattern or shading is found on the image.

During manufacturing however dye is added to the base of most radiographic film to slightly tint the film base. Compared with untinted film this coloring reduces eyestrain and fatigue, enhancing the radiologist's diagnostic efficiency and accuracy.

The original radiographic film base was a glass plate. Radiologists used to refer

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to radiographic as x-ray plate Radiologists use. During world war I, high-quality glass became largely unavailable while medical application of x-rays - particularly by the military were increasing rapidly.

A substitute material, cellulose nitrate soon became the standard base. Cellulose nitrate, however had one serious deficiency. It was flammable, improper storage and handling of some x-ray film files resulted in severe hospital fires during the 1920s and early 1930s. Cellulose triacetate, was introduced. Cellulose triacetate has properties similar to those of cellulose nitrate but is not a flammable.

In the early 1960s a polyester base was introduced. Polyester has taken the place of cellulose triacetate as the film base of choice. Polyester is more resistant to warping from age and is stronger than cellulose triacetate permitting easier transport through automatic processors. Its dimensional stability is superior. Polyester base are thinner than triacetate.

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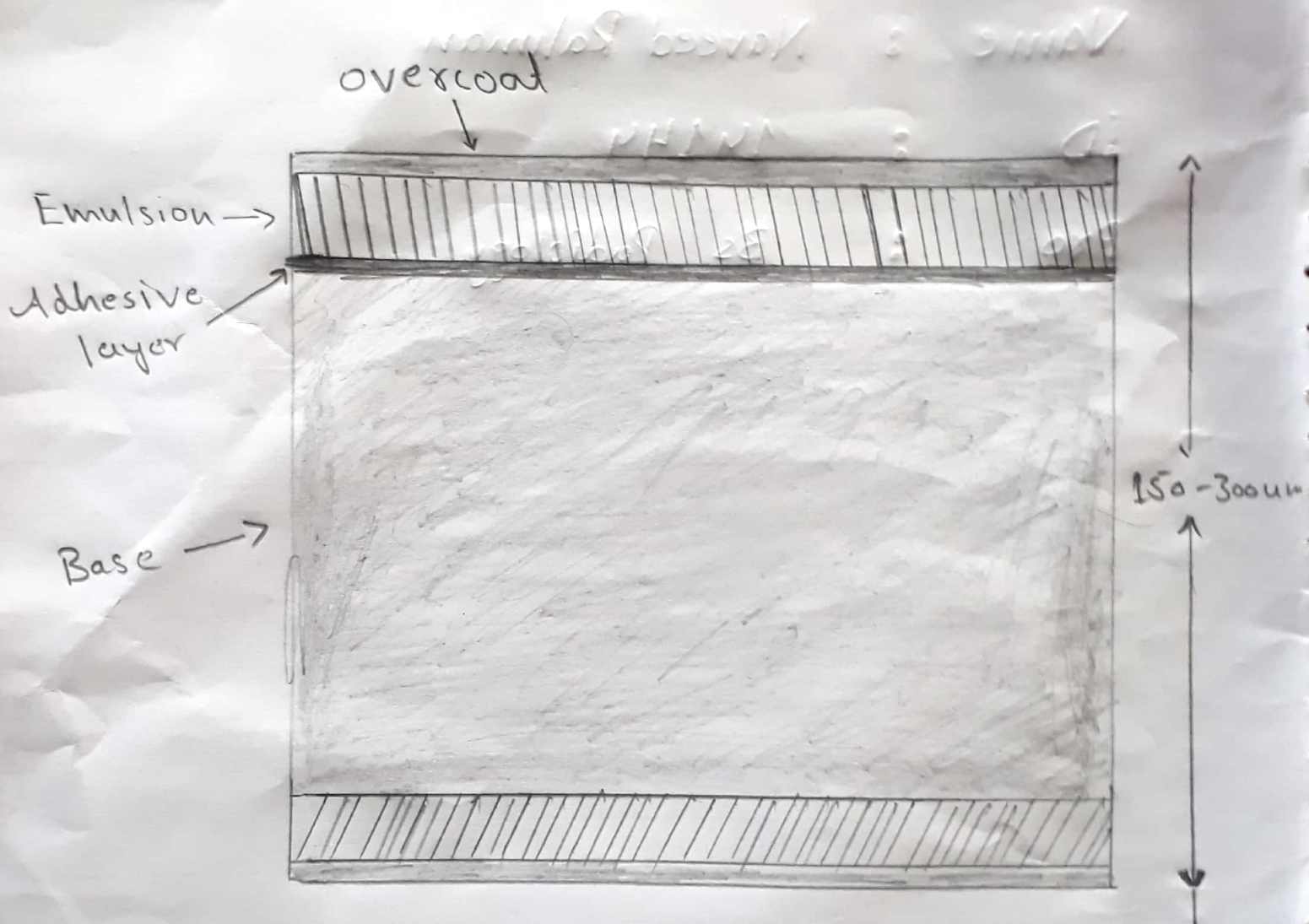
may have tabular, cubic, octahedral polyhedral or irregular shape. Tabular grains are used in most radiographic film.

Tabular silver halide crystals are flat and typically 0.1 μm thick with a triangular, hexagonal, or higher order polygonal cross section. The arrangement of atoms in a crystal is cubic.

Differences in speed, contrast and resolution among various radiographic film are exposure, photoelectrons and silver are determined by the process by which silver halide crystals are manufactured and by the mixture of those crystals into the gelatin. The number of sensitivity centers per crystal, the concentration of crystals in the size and distribution of the affect performance characteristic radiographic film.

Direct-exposure film contains thicker emulsions with more silver halide crystals than screen-film. Radiographic film is together until final packaging. no light present.

Diagram of radiographic film :-



Q1 Differentiate b/w calcium tungstate screens and rare earth screens? :

Ans Calcium tungstate screens :

Using calcium tungstate (CaWO₄) and intensifying screens were compared in exposures of a pelvis phantom, and radiation doses were measured at several kilovoltages. Using a slit pattern, the resolving power was assessed by a modified contrast-frequency response and by direct viewing of the radiographs in the comparison of the rare-earth and CaWO₄ screens. The following differences were found:

- ① A great reduction in the radiation dose can be achieved by the use of the fast screen type yet at the cost of some loss of resolving power.

② The film contrast can be improved by a reduction in the kilovoltage without an increase in the radiation dose.

③ The short exposure time and the characteristic course of the dose curve necessitate an adjustment of the phototime or a change of the control unit. ④ With the slower type tested the resolving power can be improved without increasing the radiation dose.

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Rare Earth Screens:

Newer phosphor material have become the material of choice for most radiographic applications. Table 13-3 lists these phosphors and the general identification of screens into which they have been incorporated. Except for barium and zinc-based phosphors the other new phosphors are identified as rare earth, therefore, all these screens have come to be known as rare earth screens.

Rare earth radiographic intensifying screens are manufactured to perform at several speed levels up to 1200. This increase in speed is attained without loss of spatial or contrast resolution, however with the fastest rare earth screen and can be effect quantum mottle.

Rare earth screens provide a general reduction in the radiation environment and when used exclusively can influence the design of radiographic facilities and reduce the need for protective lead shielding.

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This abrupt increase in absorption at this energy level is called the L -shell absorption edge and it is followed by another rapid reduction in photoelectric absorption with increasing x-ray energy.

Below the K -shell absorption edge for the rare earth elements x-ray absorption is higher in tungsten. At an x-ray energy equal to the K -shell electron binding energy of the rare earth elements, however the probability of photoelectric absorption is considerably higher than that for tungsten.

Each of the rare earth radiographic intensifying screens has an absorption curve characteristic of the phosphor that determine the speed of the screen and how it changes with kVp .

The result of this complex interaction process is that in the x-ray energy range b/w K -shell absorption edge for the rare earth element and that for tungsten a rare earth screen is absorbed.

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Rare earth radiographic intensifying screens exhibit better absorption properties than calcium tungstate screen only in the energy range b/w the respective k-shell absorption edge. This energy range extends from approximately 35 to 70 keV and corresponds to most of the useful x-rays emitted during routine x-ray examination. Outside this energy range, calcium tungstate radiographic intensifying screens absorb more x-rays than rare earth screen.

In chest radiography for example the front screen/emulsion is slower and higher in contrast and the back screen/emulsion is faster and lower in contrast. The result is a more balanced image of wide latitude and high contrast over the lung fields and the mediastinum.