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| PAPER           | CR & DR       |
| SUBMITTED<br>TO | MAM<br>MAHEEN |

## QUESTION NO 1

Describe the features of preprocessing and post-processing?

## ANSWER 1

### PREPROCESSING

refers to the initial steps that are applied to the raw imaging data and is generally out of the hands of the imaging device

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## ANSWER 1

### PREPROCESSING

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operator or the end-user  
the radiologist

## PREPROCESSING FEATURES

- 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.
- preprocessing of digital images is largely automatic.
- Processing and postimage processing alter image appearance usually for improving image contrast
- Preprocessing is designed artifact free digital image.

→ Preprocessing provides electronic calibration to reduce pixel to pixel row to row and column to column differences.

→ The processes of pixel interpolation, lag-correction and noise correction are automatically applied with most systems.

→ Offset images and gain images are automatic calibration images designed to make the response of the image receptor uniform.

→ These preprocessing calibration techniques are identified as flatfielding.

→ Digital image receptor and display devices have millions of pixels,

to be defective and to respond differently or not all all.

→ 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.

→ Each type of digital image receptor an electronic latent image that may not be visible completely

→ Some voltage variation may be seen along the buses that drive each pixel.

→ The defect is called line noise cause liner artifacts

to appear on final image.

## POST PROCESSING

- Post-processing describes the manipulation of radiographic images to derive additional qualitative or quantitative data.
- Modern imaging devices and protocols whenever in CT and MRI or ultrasounds, ultrasound generate large volumes of information that enhances not only our diagnostic roles but treatment planning as well.

# FEATURES OF POSTPROCESSING

- Post-processing is where digital image shines.
- Post-processing of digital images requires operator manipulation.
- In contrast to preprocessing which is largely automatic, post-processing requires intervention by the radiologic technologist and the radiologist.
- Post processing refers to anything that can be done to a digital radio-graphic image after it is acquired by imaging system.
- Postprocessing detect the better pathology.

→ Digital Images have dynamic ranges up to 16-bit 65,536 gray levels

→ The larger matrix size digital display have better spatial resolution.

→ Sometimes pathology can be more visible with image inversion.

digital  
→ Image Post Processing  
→ • Annotation,  
• window and level  
• magnification,  
• Image Flip Image  
• Inversion, Subtraction  
• Pixel shift, Region  
• of Interest.

→ Edge enhancement is effective for fractures and small high contrast tissue.

→ Pan scroll and zoom allow careful visualization of image.



# QUESTION No 2

Q2 Distinguish between spatial resolution and contrast resolution.

## ANSWER SPATIAL RESOLUTION

- spatial resolution is the ability of an imaging system to allow two adjacent structures to be visualized as being separate
- spatial resolution refers to the ability of imaging instruments to provide the sharpness or detail of images

→ Factors affecting spatial resolution include collimator resolution. (The main factor in nuclear medicine.)

→ System sensitivity requires certain diameter of the collimator holes etc. dots range from as  $200 \mu\text{m}$ .

## CONTRAST RESOLUTION

- Contrast resolution is the ability to distinguish structures with similar objects with contrast such as liver-spleen, fat muscle.

→ Computed tomography and MRI have excellent contrast resolution.

→ Contrast to distinguish shades of gray from black to

White.  
→ digital imaging system  
have better contrast  
than screen film  
imaging.

## QUESTION No 3

Discuss the characteristic  
of digital imaging  
that should result  
in lower patient  
radiation dose?

## ANSWER 3

patient radiation dose:-  
→ with acceleration  
to all digital  
imaging we have  
the opportunity to  
reduce patient  
doses 20% to 50%.

depending on the examination

→ however quite the opposite often has occurred - something that many call dose creep.

→ by not changing factors between a lateral view and anteroposterior view when taken consecutively. As a result possible in increase patient radiation dose.

→ Patient radiation dose reduction should by possible by DQE.

→ Reduction of dose by exposure not to repeated,

DR-System cannot compensate for excessive noise caused by quantum mottle.  
• overexposed image not repeated.

## QUESTION NO 4

Discuss the features of an active matrix liquid crystal display

## ANSWER

→ Current display system for medical imaging are based on cathode ray tubes or active matrix liquid displays (AMLCDs)

- Allow very high resolution
- Each sub pixel is individually controlled by an isolated thin film transistor
- It allows the electrical signals for each sub-pixel to avoid influencing adjacent elements

- Fast response time
- Good image quality

→ A liquid crystals material are linear organic molecules that are electrically charge forming a natural molecular dipole.

→ liquid crystals can be aligned by applying external electric field.

→ liquid crystals displays by pixel by pixel.

QUESTION  
NO 5

ANSWER NO  
5

## PICTURE ARCHIVING AND COMMUNICATION SYSTEM

- Picture Archiving and Communication System improves image interpretation, processing, viewing, storage and recall.
- The four principal components of a PACS are the image acquisition

System, display system  
the network and  
Storage System

→ when a radiologist is not available for image interpretation, then image can transfer to a PACS workstation in the radiologist room.

→ PACS is the radiologist data base system

→ Jus the cost of the hospital space to accommodate a film file room is sufficient to justify PACS.

→ PACS store electronically images and reports instead of using old method of manually filing retrieving and transporting file jackets.



# QUESTION

## NO 6

Discuss the three types of digital radiographic imaging artifacts and how to avoid them.

## ARTIFACTS

- Incorrect detector orientation
- backscatter
- stitching artifact
- over exposure etc.

## IMAGE RECEPTOR ARTIFACTS

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

- Artifacts produced by dust can be corrected easily with proper cleaning unless the dust is internal to the optics of a computed radiography imaging system.

→ dust dirt

- scratches
- pixel
- malfunction

ghost image  
all are the  
artifacts in  
image receptor.

→ Debris on image receptor  
can be confused  
with foreign  
bodies

# SOFTWARE ARTIFACTS

- Digital radiographic images are obtained as a raw data sets.
- As such these images are ready for processing for processing images are manipulated into for presentation images that the radiologic technologist can use for de and for interpretation by the radiologist.

→ histograms

- Range / Scaling
- Image compression

all are artifact in software.

# OBJECT ARTIFACT

object artifacts can arise from the technologists errors in patient positioning x-ray beam collimation and histogram selection.

→ If a lot of scattering material is present behind the image receptor backscatter radiation can cause a phantom image.

→ Patient positioning

- Collimator partition
- Backscatter artifacts in object.

# AVOID THESE ARTIFACTS

- We can avoid artifact in image receptor by erasing the image plate properly

- or to remove metal objects from patient body for clear image.

→ Form for routine documentation of imaging plate  
reduce artifact

→

In software artifacts avoid the dead pixels or dead rows or column of pixels because most artifact occur by the dead pixels.

— Algorithms are use  
for correction  
→ Flatfielding software  
also use for  
equalization of  
pixel to uniform  
x-ray beam.

→ Object artifact can  
be avoid by techno-  
logist errors

→ Correct patient position

→ Avoid Backscattering.

## QUESTION NO 7

Describe the basis for data  
compression and the  
differences between lossless  
lossy compression

# DATA COMP- RESSION

- It is the process of encoding information using fewer bits than the original representation.
  - Data compression either lossy or lossless.
  - Data compression is particularly useful in communications because it enables devices to transmit or store the same amount of data in few bits.
- The process of reducing the size of a data file is often referred to as data compression.

Data Compression is a subject to a space-time complexity trade-off.

→ The data transmission it is called source coding & encoding done at the source of data before it is stored or transmitted.

→ Compression is useful because it reduces resources required to store and transmit data.

# DIFFERENCE BETWEEN LOSSY AND LOSSLESS



# LOSSELESS

- lossless compression reduces bits by identifying and eliminating redundancy and statistical
- No information is lost
- compression use (compression prediction by partial matching, finite state machine arithmetic coding etc)
- lossless compression restores and rebuilt in its original form without loss of information.
- No large transmission time manipulation time can still be acceptable

# LOSSY

- Lossy compression reduces bits by removing unnecessary or less important information
- Just important information
- compression based on discrete cosine transform transform coding. methods of audio compression, speech coding, audio signal etc.
- lossy compression does not restore by data in its original form after decomposition
- No acceptable for mammography.

# QUESTION 8

## ANSWER

### FOR PROCESSING AND FOR PRESENTATION OF AN IMAGE

→ For processing images are manipulated for presentation images that the radiologic technologist can use for QC and for interpretation by the radiologist

→ Before an image is prepared for processing several manipulation of the output of an image receptor may be necessary to correct for potential artifacts.

→ such artifacts can occur because of dead pixels/dead rows/columns

# QUESTION NO 9 ANSWER

Artifact → most artifact radiology occur because we seen in image is not present in reality but appear due to quirk of the modality itself.

→ The structure appear on the radiograph artificially that means something technical processing occur be there.

→ artifact cause because of improper collimation

partition or alignment  
is objective artifacts.

## IMPROPER COLLIMATION ARTIFACTS:-

An exposure field recognition error may occur due to the x-ray exposure field is not properly collimated or sized and positioned.

- The improper collimation are results in a very noisy or very light or very dark image.
- For an artifact free images there should be automatic radiation field recognition is essential.
- For improve contrast and patient dose

Collimation projected  
area x-ray beam is  
important

due to improper collimation  
the histogram can be  
improperly analyzed  
which results  
in an artifact.

## PARTITION ARTIFACT

→ The partitioning of  
the multiple digital  
images on a single IP  
results in a proper  
separation and collimation  
of each image.

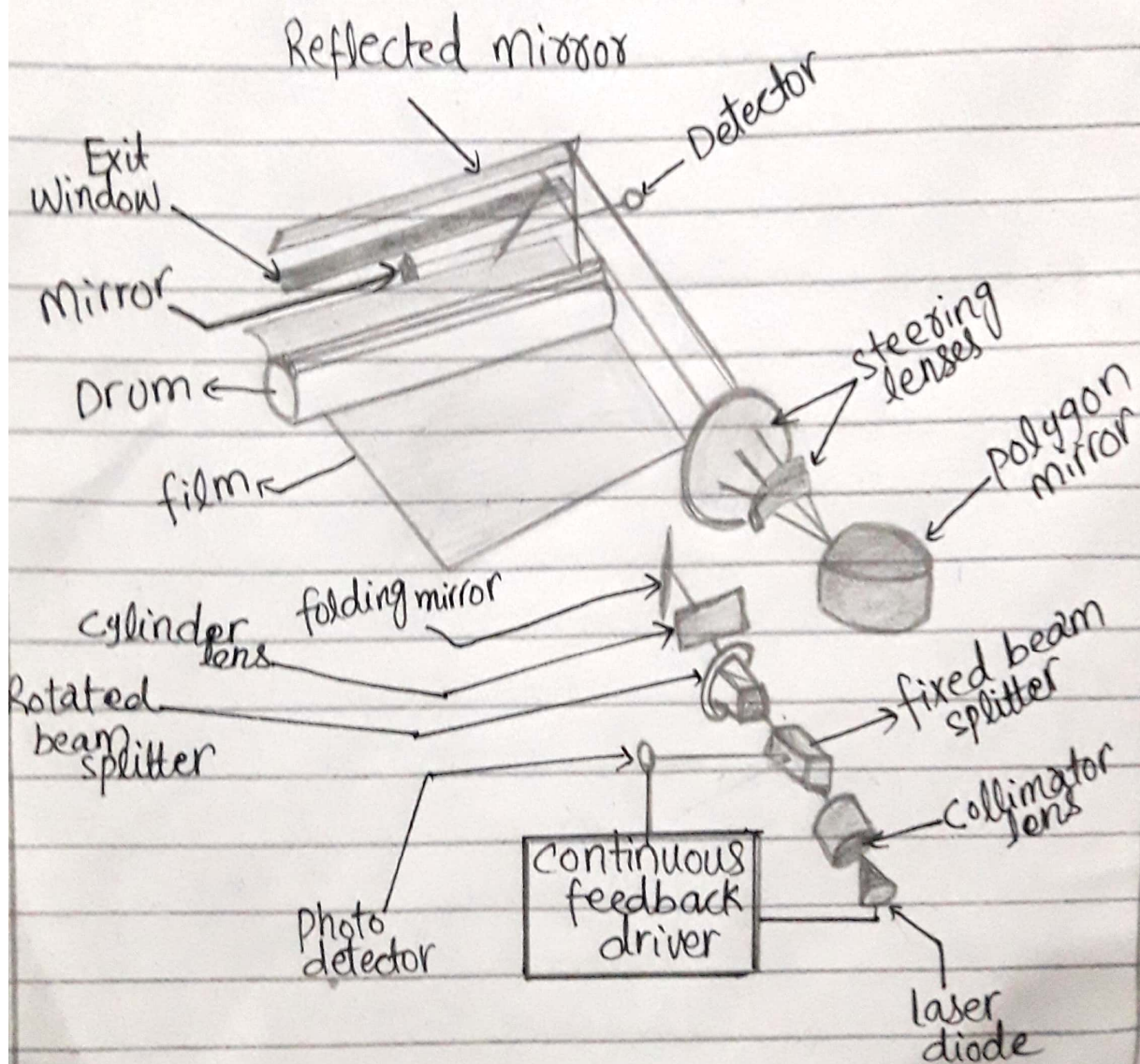
→ Partition is a process  
which allow two  
or more images  
to be projected  
on single IP.

# ALIGNMENT ARTIFACT

→ An image artifact can appear when an image field is not oriented with the size and dimension of the IP

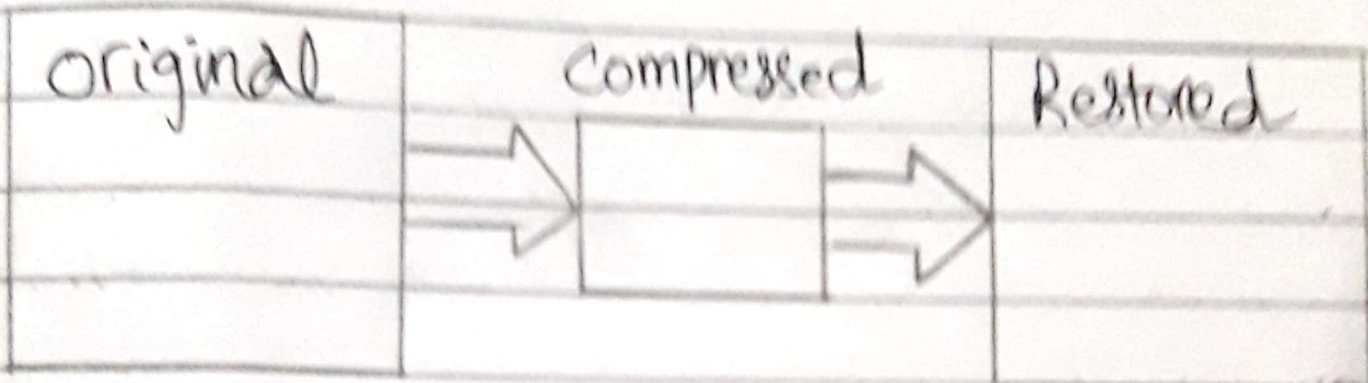
→ In the same way and for the same reason like collimation & alignment of the exposure field is important for reducing artifact on the exposure field of the IP

# Question # 5



# QUESTION 7

LOSSLESS



LOSSY

