## Medical imaging (Chapter 32 TB):

• Principles of the production of X-rays by electron bombardment of a metal target:

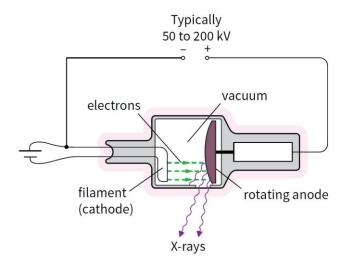
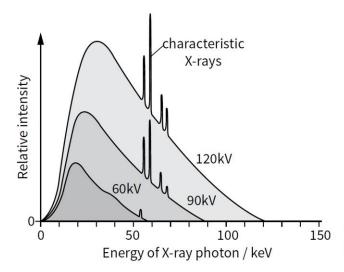


Figure 32.4 A simplified diagram of an X-ray tube.

- Contains two electrodes:
  - Cathode the heated filament from which electrons are emitted
  - Anode the rotating anode (to avoid overheating) made of a hard target metal (tungsten)
- External power supply produces a voltage between the two electrodes, resulting to the acceleration of a beam of electrons across the gap between the cathode and the anode, bombarding the anode (metal target) at high speed, stopping the electrons, hence losing a small amount of their kinetic energy in the form of X-ray photons which emerge in all directions
- ➤ The window, is thinner than the rest allowing X-rays to emerge into the space outside the tube; the width of the X-ray beam can be controlled using metal tubes beyond the window to absorb X-rays, which produces a parallel-sided beam called a collimated beam



**Figure 32.5** X-ray spectra for a tungsten target with accelerating voltages of 60 kV, 90 kV and 120 kV. The continuous curve shows the braking radiation while the sharp spikes are the characteristic X-rays.

X-ray photons produced when electrons is accelerated have range of accelerations when
hitting the target metal, hence the distributions of wavelengths forming the broad
background braking radiation; the characteristic radiation are due to the de-excitation of
orbital electrons in the target metal (anode); the sharp cut-off at short wavelength is
because an electron gives all of its energy to a single photon and is stopped in a single

collision, as well as where its minimum wavelength gives the maximum energy

$$f_{\text{max}} = \frac{eV}{h}$$
 or  $\lambda_{\text{min}} = \text{hc / E}_{\text{max}}$ 

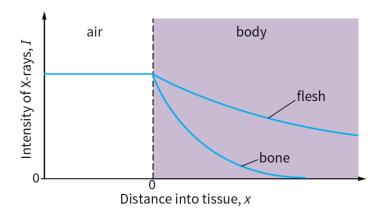
- **Hardness** of an X-ray beam: the measure of the penetration of the beam; the greater the hardness, the greater the penetration / shorter wavelength / higher frequency / higher photon energy
  - Increasable by increasing the accelerating potential difference (p.d. between anode and cathode)
  - Soft X-rays are less penetrative (long wavelengths), so it is more likely to be absorbed in the body, hence it possesses a greater health hazard than short-wavelength radiation; minimised by using aluminium sheet filter placed in the X-ray beam from tube
- The gradual decrease in the intensity of X-rays as it passes through matter is called attenuation
- Intensity is the power / rate of energy transfer per unit cross-sectional area; unit: W m<sup>-2</sup>

$$I = \frac{P}{A}$$

• Attenuation of X-rays passing through a uniform material given by:

$$I = I_0 e^{-\mu x}$$

- $\triangleright$   $I_0$  is the initial intensity
- > x is the thickness of the material
- I is the transmitted intensity
- $\triangleright \mu$  is the attenuation coefficient; unit: m<sup>-1</sup> or cm<sup>-1</sup>, etc

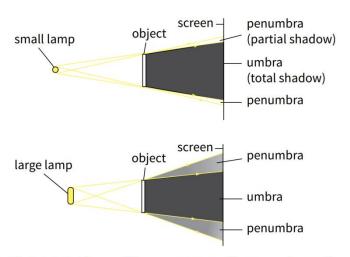


**Figure 32.6** The absorption of X-rays follows an exponential pattern.

• Half-thickness of an absorbing material given by:



- Sharpness: ease with which edges of structures can be seen
- Determined by the width of the X-ray beam (sharp image achieved by a narrow beam of parallel X-rays) controlled by:
  - Width of the electron beam and the metal target
  - Size of aperture at the exit window (reduced by adjustable lead plates)
  - Collimation of beam ensuring parallel-sided beams when passed through the lead slits

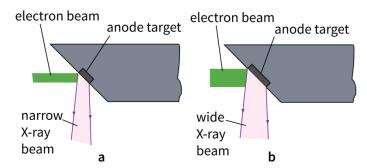


adjustable, overlapping lead plates

aperture

**Figure 32.9** The small lamp casts a smaller penumbra and this improves the sharpness of the shadow.

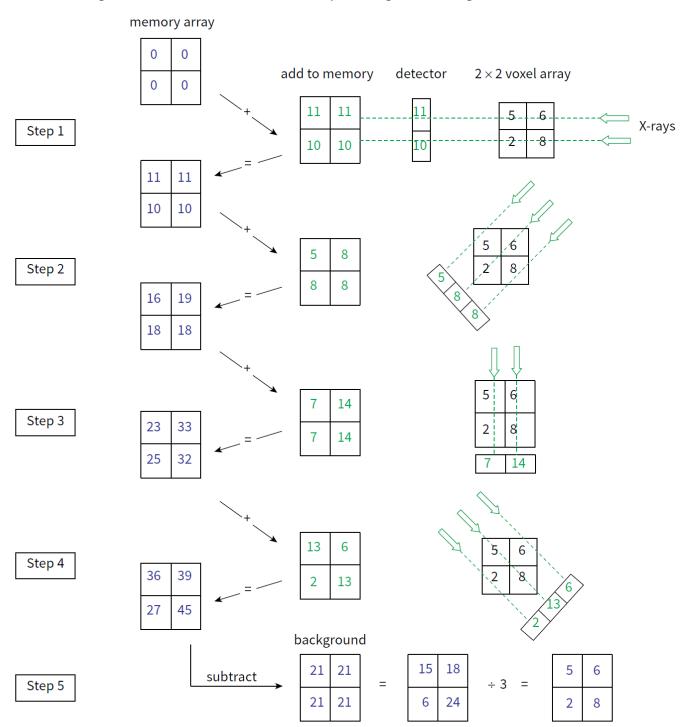
**Figure 32.11** The smaller the aperture, the narrower the X-ray beam.



**Figure 32.10** A wide anode target results in a wide X-ray beam, giving fuzzy edges to the shadow image.

- Contrast: difference in degree of blackening between structures
  - Good contrast when the ratio between the intensity of the incident and the emergent X-ray beam of different organs are far apart
- Principles of computed tomography or CT scanning:
  - X-ray images of one slice is taken from different angles, all in the same plane
  - Combined to produce a 2D image of one slice
  - Repeated for many slices and images combined
  - ➤ To build up 3D image of whole body structure using the computer that can be rotated and viewed from different angles

- Advantages of CT scan over the standard X-ray image: image gives depth / 3D image formed / final image can be rotated viewed from any angle
- Disadvantages of CT scan over the standard X-ray image: greater exposure to X-ray radiation / more expensive / higher health risks / person must remain stationary#
- The image of an 8-voxel cube can be developed using CT scanning:



**Figure 32.19** Data is built up from a CT scan of a 2 × 2 voxel array, and then processed to deduce the original array.

 Principles of the generation and detection of ultrasonic waves using piezo-electric transducers: 5 | Page

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- ➤ Potential difference is applied across the piezo-electric transducer (quartz crystal) causing it to change shape (distort)
- Applying alternating p.d. causes oscillations/vibrations
- When applied frequency is natural frequency, crystal resonates
- Natural frequency of crystal is in the ultrasound range (hence usage of ultrasound waves), alternating p.d. produced across the crystal
- Principles behind the use of ultrasound to obtain diagnostic information about internal structures:
  - > Pulse of ultrasound produced by quartz crystal / piezo-electric crystal
  - ➤ Gel/coupling medium on the skin to reduce reflection at skin
  - > Reflected from the boundaries between media
  - Reflected pulse/wave detected by ultrasound transmitter
  - Reflected wave processed and displayed
  - Intensity of reflected pulse/wave gives information about boundary
  - > Time delay gives information about the depth of boundary
- Ultrasound at higher frequencies allows smaller structures to be observed/resolved
- **Specific acoustic impedance** *Z* of a medium: product of medium density and the speed of sound in the medium; unit: kg m<sup>-2</sup> s<sup>-1</sup>

$$Z = \rho c$$

• The intensity reflection coefficient  $\alpha$  is given by the expression:

$$\alpha = \frac{(Z_2 - Z_1)^2}{(Z_2 + Z_1)^2}$$
 or  $\frac{I_r}{I_0} = \frac{(Z_2 - Z_1)^2}{(Z_2 + Z_1)^2}$ 

- $\triangleright$   $\alpha$  is the ratio of the reflected intensity to incident intensity
- $\triangleright$   $Z_1$  and  $Z_2$  are the specific acoustic impedances of media on each of the boundaries
- ➤ The greater the difference in acoustic impedances, the greater the reflected fraction of the ultrasound waves
- The intensity *I* decreases with as it passes through the body of distance x, hence attenuation of ultrasound in matter is given by:

$$I = I_0 e^{-\mu x}$$

• Ultrasound relies on the reflection of ultrasound at the boundaries between different tissues, hence the thickness of an organ is given by:

thickness of bone = 
$$\frac{\text{distance travelled by ultrasound}}{2} = \frac{c\Delta t}{2}$$

- Principles behind the use of nuclear magnetic resonance imaging (NMRI) to obtain diagnostic information about internal structures:
  - > Strong uniform magnetic field is applied
  - Nuclei precess about the field direction

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- Radio frequency pulse is applied, at the Larmor frequency, causing resonance (nuclei absorbs the energy)
- > On relaxation, nuclei emit the radio frequency pulse
- Emitted pulse is detected and processed
- Non-uniform field superimposed on uniform field
- Allows the position of resonating nuclei to be determined
- Allows for the position of detection to be changed (different slices to be studied)
- The function of the non-uniform magnetic field, superimposed on the large constant magnetic field, in diagnosis using NMRI:
  - > Strong uniform magnetic field aligns the nuclei / gives rise to Larmor frequency in the r.f. region
  - Non-uniform magnetic field enables the nucli to be located / changes the Larmor frequency