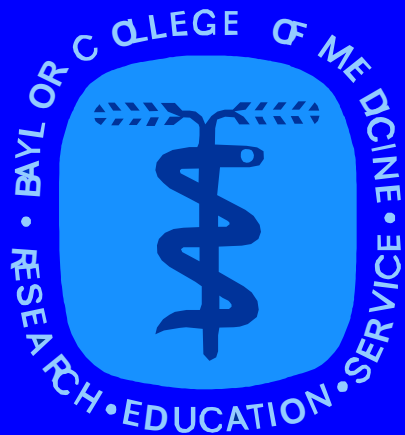


*RSNA 2002 Refresher Course 426
Update on PACS Acquisition, Display Technology,
and DICOM:*

PACS Acquisition Technology

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Learning Objectives

- Explain how ordinary radiographic images can be captured in digital form
- Describe how special imaging modalities can supply images to PACS
- Preview some advanced systems for acquiring digital images

What is a digital image?



Etruscan Roman Mosaic circa 50BC

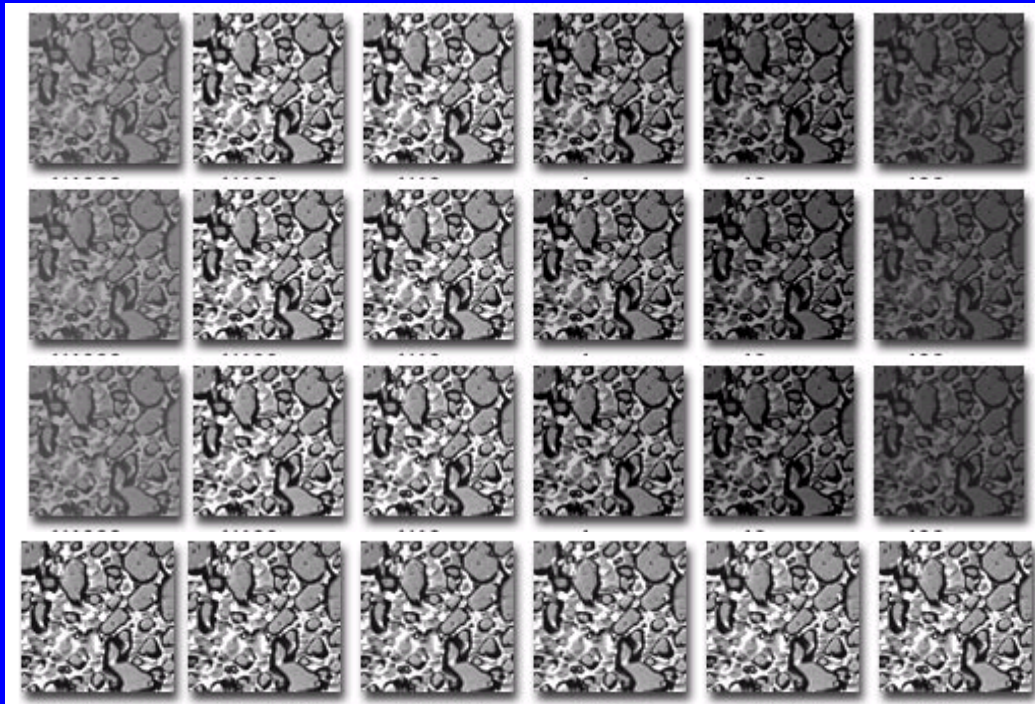
Conventional Screen-film Radiography

- Radiographic projection strikes intensification screen(s) producing *fluorescence*
- Fluorescent light exposes photographic film producing *latent image*
- Latent image is chemically developed to produce *density* in film
- Film density is viewed by *transillumination*



Developed Film is Effectively Analog

- Density is result of many developed silver grains
- Grains in intensification screen are quite small



[1,0,0,2,3,4]

[1,0,0,2,3,4]

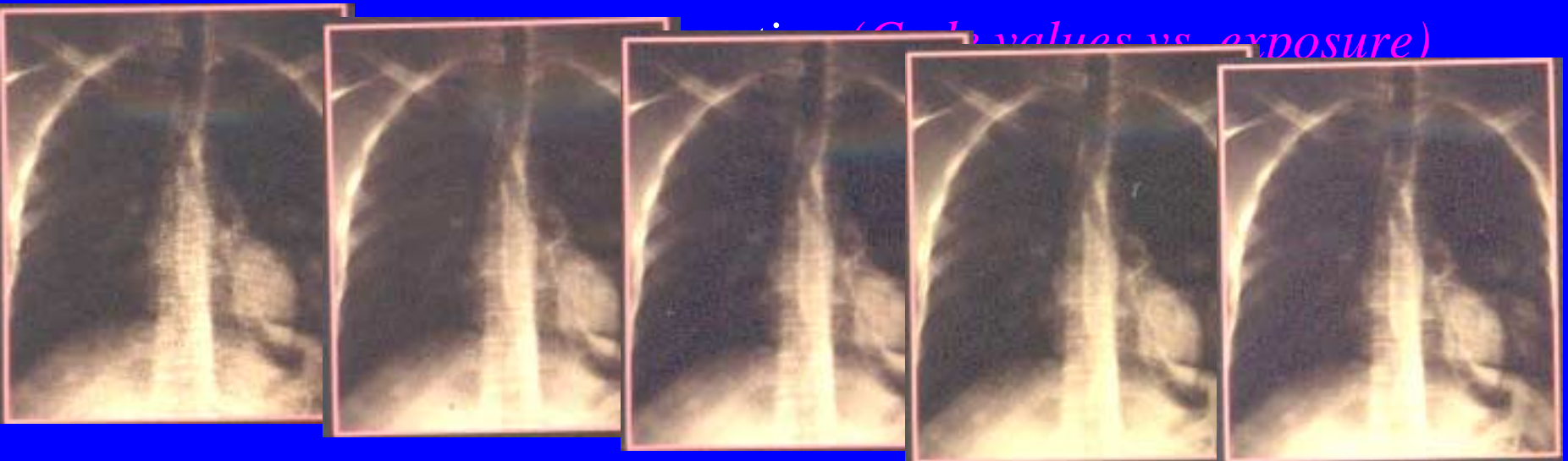
[1,0,0,2,3,4]

[0,0,0,0,0,0]

How good an approximation does the digital image make?



➤ Gray levels (256 values) per pixel (quantization)



➤ C, b values vs. exposure

Approaches to Digital Radiography

- Translate developed film into digital form.
- Capture the radiographic projection by non-photographic method and digitize during development.
- Capture the radiographic projection *or its fluorescence* directly in digital form.

Film Digitization

- Video of transilluminated radiographs
 - *“Camera-on-a-stick”*
 - *Low cost, low quality*
- Laser film digitizers
 - *Best quality, less cost than other approaches*
 - *Highest cost of digitizers, periodic maintenance costs*
- CCD film digitizers
 - *Less cost than lasers, less maintenance, better quality than camera-on-a-stick*
 - *Old problems of drift, noise, non-uniform illumination, and veiling glare – probably rectified*

Film Digitization

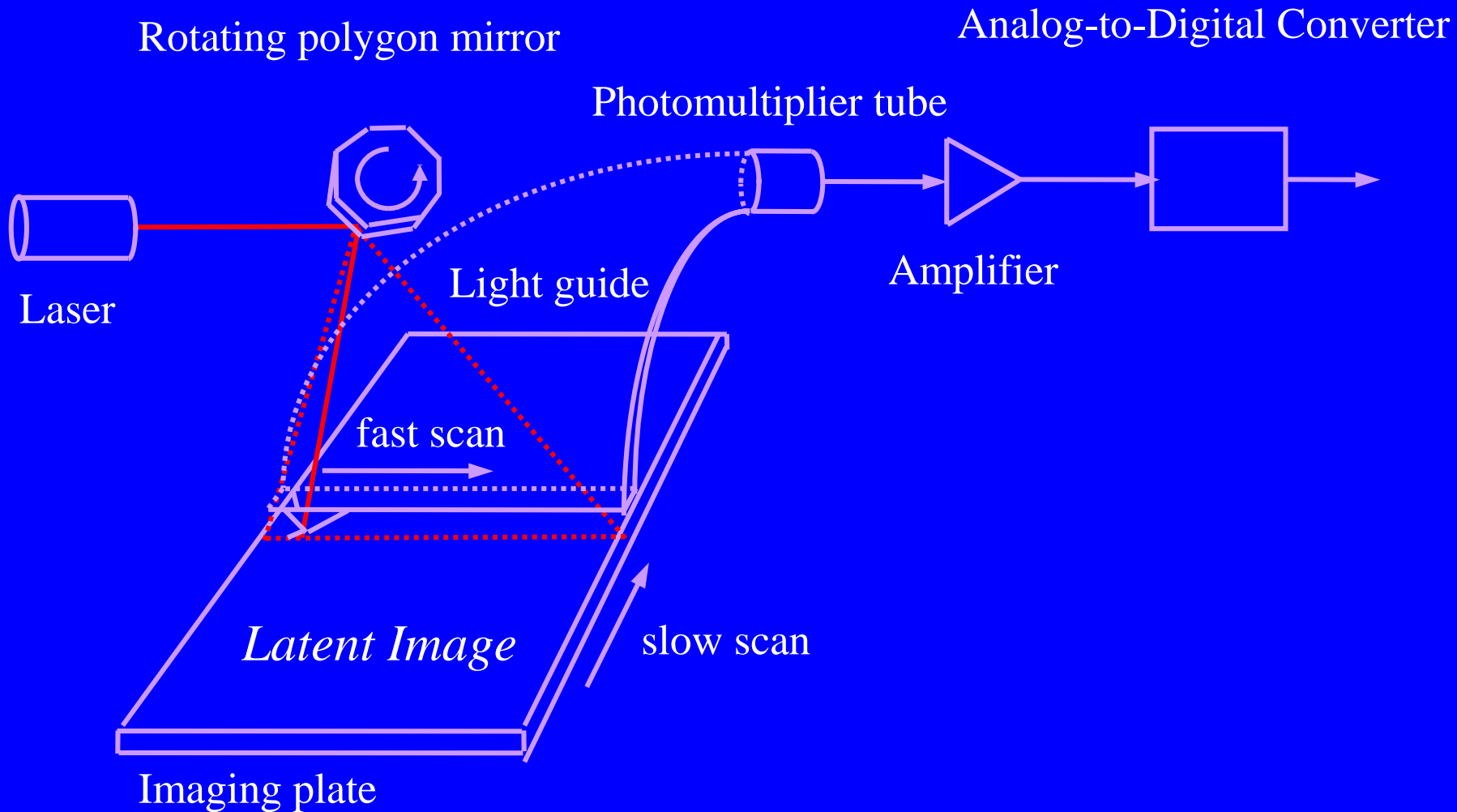
- Fundamental limitations
 - *Prone to artifacts*
 - *Best quality achievable is limited by original film-screen image*



Non-photographic capture with digital development – Computed Radiography

- Computed Radiography (*CR*) or Photostimulable Phosphor (*PSP*) Radiography
- Latent image is “developed” physically instead of chemically
- As the latent image is “developed” ...
 - *Stimulated light is directed to a Photomultiplier Tube (PMT)*
 - *The PMT current is digitized by an Analog-to-Digital Converter (ADC)*
- The digital image consists of an array of ADC Code Values
 - *ADC Code Values represent density information*
 - *Array locations represent spatial information*

Photostimulable Phosphor Reader



Non-photographic capture with digital development – Selenium Plate

- **Xeroradiography**

- *charged Selenium plate*

- *Electrostatic latent image*

- *Charge distribution transferred to drum*

- **Selenium drum detector**

- *Selenium deposited on selenium drum*

- *Selenium uniformly charged before exposure*

- *X-rays partly neutralize the charge*

- *Charge distribution measured by electrometer array*



“Direct” Capture

- X-ray-to-light Converters with photodetector
 - Fluorescent material such as $Gd_2O_2S:Tb$, $CsI:Th$, with good x-ray stopping power
 - Photodetector relatively transparent to x-rays
 - Also Scintillating Fiber Optics (SFO) as converter
- Direct X-ray Conversion (photoconductor)
 - PbI_2 , $ZnCeTe$ with high Z
 - Thick layer of $a-Se$

“Direct” Capture

- Synchronous scanning mechanism
 - *Collimated x-ray beam and linear detector array scan anatomy*
- Large Area detector
 - *Entire image captured at once*

“Direct” Capture

- Fluorescent screen with video camera (*video-fluoroscopy, image intensifiers*)
- Fluorescent screen with Charged-Coupled Devices (*CCD*)
 - *Optical lens coupling*
 - *Secondary quantum sink*
 - *Fiber optic coupling*
 - *Small area*
- Hydrogenated Amorphous Silicon (*a-Si:H*) with Thin Film Transistors (*TFT*)
- Alpha Selenium (*α-Se*) electronically coupled to TFT

“Direct” Capture

- Rapid acquisition and processing
- High initial capital investment
- Challenging manufacturing processes
- No systems for bedside radiography
- Brief history of clinical operation
 - *Life cycle issues unknown (durability?)*
 - *Image rendering unknown*
 - *Exposure factor issues*

Interfacing Special Imaging Modalities (Fluoro, US, CT, MR, NM)

- ▶ Video frame capture (“fram



Interfacing Special Imaging Modalities (Fluoro, US, CT, MR, NM)

- **Interfacing is Two-sided challenge**
 - *Does modality provide proper information to PACS?*
 - *Does PACS properly interpret the information supplied?*
- **Advances in acquisition modalities increase demands on PACS**
 - *Multislice CT, Dynamic US, Functional MR have associated storage, transmission, and display overhead*

Digital Mammography => extreme technical challenge! (OpEd page)

- Mammography is exam of high consequence
- At the limits of spatial and contrast resolution for conventional screen/film
- Digital display for 4Kx4K matrix size is recent development
- Primary driver for digital mammography is Computer Assisted Diagnosis (CAD), rather than image distribution or archiving
- Catalyzing improvements in digital radiography and digital fluoroscopy

New Approaches

- All the Direct Detectors
- Two-sided CR reading
 - *Transparent imaging plate support*
 - *Stimulate from front side only*
 - *Collect luminescence from front and back*
- Needle-crystal CR with slot-scanner
 - *Linear light source (array of laser diodes)*
 - *Linear CCD array*
 - *Columnar phosphor (CsBr:A)*

Conclusions:

- A variety of methods exist for introducing ordinary radiographic projections into PACS
- Special imaging modalities can also be imported into PACS via DICOM
- New systems are being developed to acquire diagnostic quality digital images rapidly and at the lowest radiation exposure to the patient

References:

