

# Fundamentals of Cone-Beam CT Imaging

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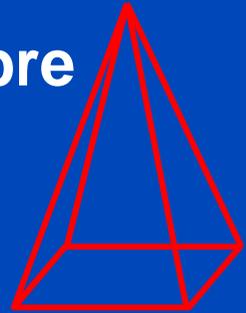
DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT

# Learning Objectives

- To understand the principles of volumetric image formation with flat detectors.
- To understand the difference between CBCT and MSCT.
- To learn about reconstruction techniques and image processing.
- To become acquainted with the important image quality parameters.

# Terminology Cone-Beam CT

- The shape of the x-ray ensemble depends on the pre patient collimation and can be approximated by
  - a cone if the detector is a circle (e.g. an image intensifier)
  - a pyramid if the detector is a rectangle (e.g. a flat detector)
  - a distorted pyramid if the detector is an arc (e.g. a clinical CT detector)
- Cone-beam CT =
  - a CT with many detector rows?
  - a CT equipped with flat detectors?
  - a CT that requires a volumetric reconstruction!
- Flat detector =
  - a detector of low aspect ratio (number of columns  $\approx$  number of rows)
  - indirect converting, based on TFT (amorph. Si) or CMOS (cryst. Si)
- Often used synonymously:
  - CT = clinical CT = diagnostic CT = multi slice CT (MSCT)
  - CBCT = cone-beam CT = flat detector CT (FDCT)

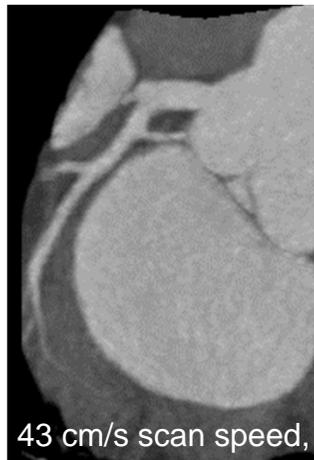


# Clinical CT

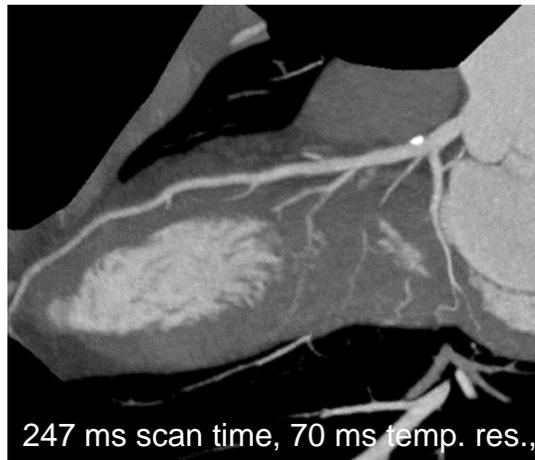


*Clinical CT detector inside*

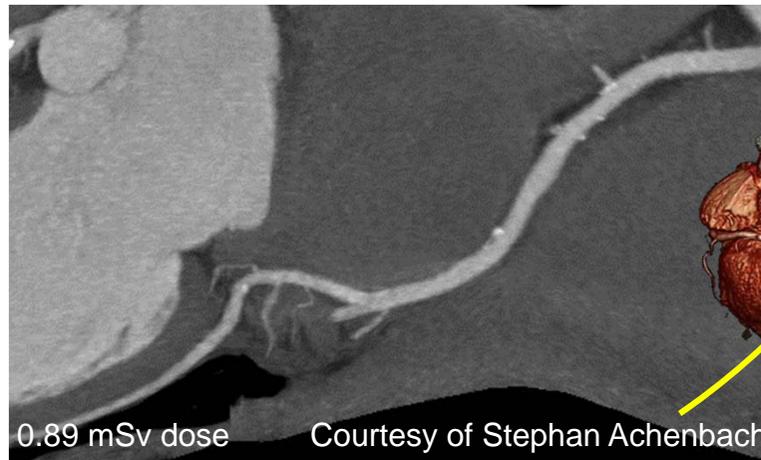
e.g. Definition Flash dual source spiral cone-beam CT scanner,  
Siemens Healthcare, Forchheim, Germany.



43 cm/s scan speed,



247 ms scan time, 70 ms temp. res.,



0.89 mSv dose

Courtesy of Stephan Achenbach

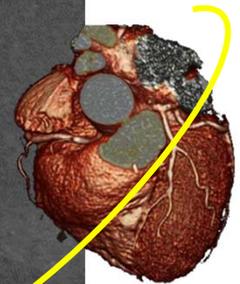
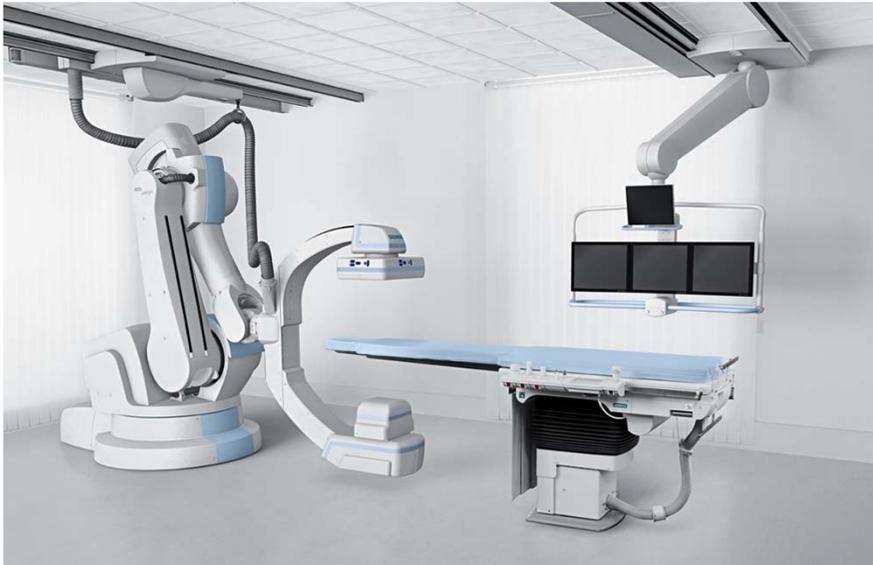


Image courtesy by Siemens Healthcare

# Fixed C-Arm CT



*Flat detector inside*

e.g. floor-mounted Artis Zeego or ceiling-mounted Artis Zee, Siemens Healthcare, Forchheim, Germany

# Mobile C-Arm CT



e.g. Vision RFD 3D, Ziehm Imaging GmbH, Nürnberg, Germany

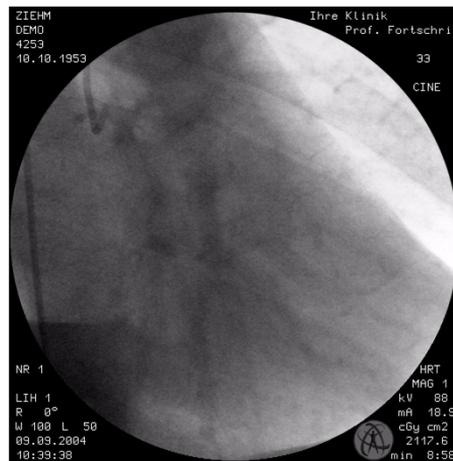
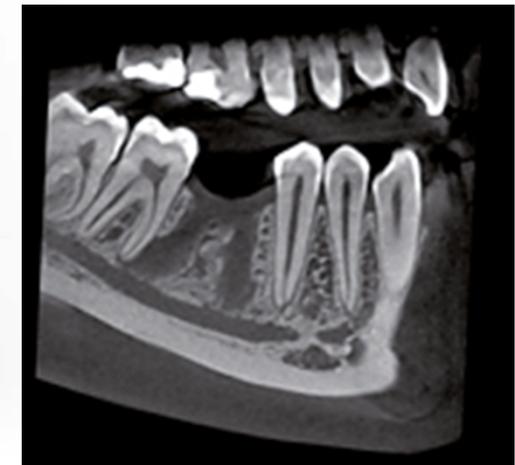


Image courtesy by Ziehm Imaging

# Dental Volume Tomography (DVT)



e.g. Orthophos XG 3D, Sirona Dental Systems GmbH, Bensheim, Germany

Image courtesy by Sirona Dental

dkfz.

# CBCT Guidance for Radiation Therapy



e.g. TrueBeam, Varian Medical Systems, Palo Alto, CA, USA

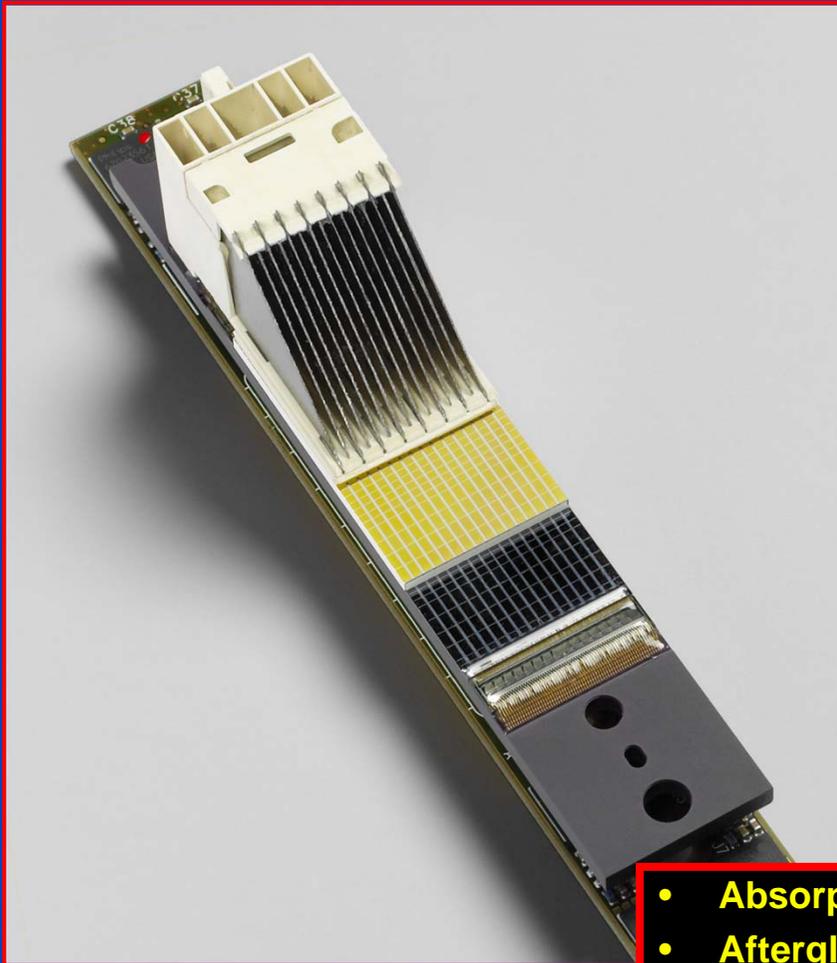
# Micro CT for Preclinical Research



e.g. TomoScope, CT imaging, Erlangen, Germany

# Detector Technology

## Clinical CT Detector

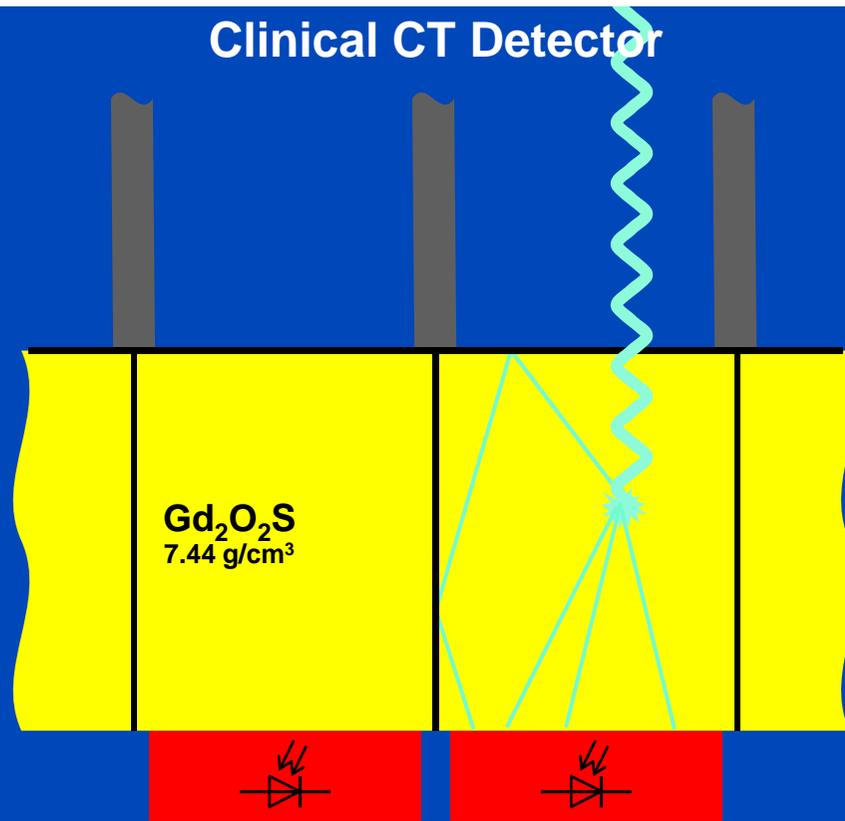


## Flat Detector



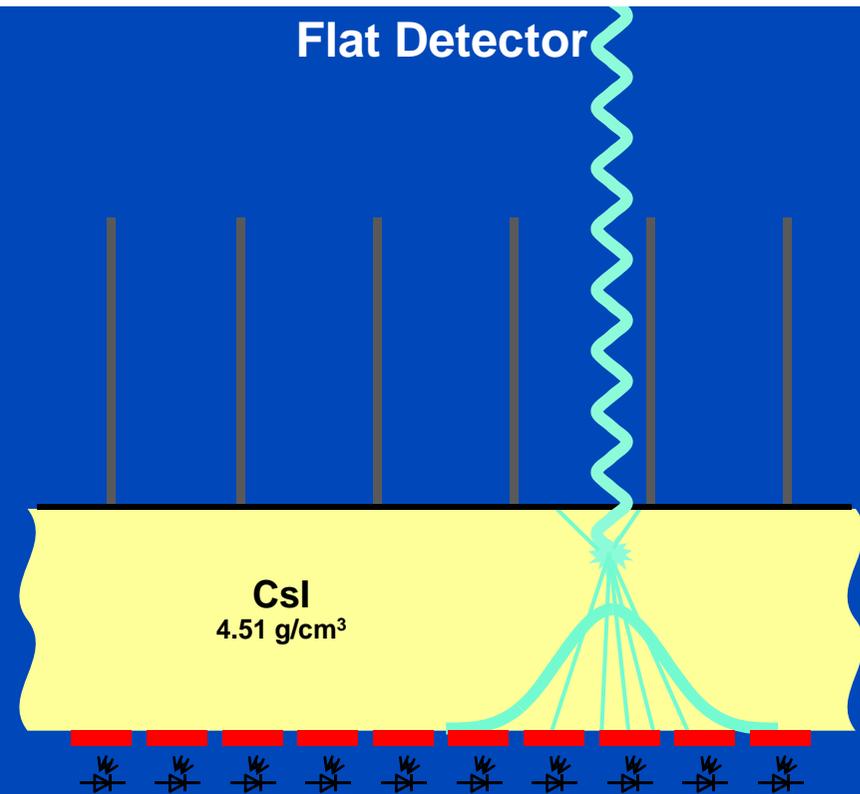
- Absorption efficiency
- Afterglow
- Dynamic range
- Cross-talk
- Framerate
- Scatter grid

## Clinical CT Detector



- Thick scintillators improve dose usage
- $\text{Gd}_2\text{O}_2\text{S}$  is a high density scintillator with favourable decay times
- Detector pixels are structured, reflective coating maximizes light usage and minimizes cross-talk
- Anti-scatter grids are aligned to the detector pixels
- Anti-scatter grids reject scattered radiation
- Detector pixels are of about 1 mm size
- Individual electronics, fast read-out (5 kHz)
- Very high dynamic range ( $10^7$ ) can be realized

## Flat Detector



- Thick scintillators decrease spatial resolution
- $\text{CsI}$  grows columnar and suppresses light scatter to some extent
- Detector pixels are unstructured, light scatters to neighboring pixels, significant cross-talk
- Anti-scatter grids are not aligned to the detector pixels
- The benefit of anti-scatter grids is unclear
- Detector pixels are of about 0.2 mm size or smaller
- Row-wise readout is rather slow (25 Hz)
- Low dynamic range ( $<10^3$ ), long read-out paths

# Dose Efficiency of Flat Detectors

	Clinical CT (120 kV)			Flat Detector CT (120 kV)			Micro CT (60 kV)		
<b>Material</b>	Gd <sub>2</sub> O <sub>2</sub> S			CsI			CsI		
<b>Density</b>	7.44 g/cm <sup>3</sup>			4.5 g/cm <sup>3</sup>			4.5 g/cm <sup>3</sup>		
<b>Thickness</b>	1.4 mm			0.6 mm			0.3 mm		
<b>Manufacturer</b>	Siemens			Varian			Hamamatsu		
<b>Water Layer</b>	0 cm	20 cm	40 cm	0 cm	20 cm	40 cm	0 cm	4 cm	8 cm
<b>Photons absorbed</b>	98.6%	97.7%	96.7%	80.0%	69.8%	62.2%	85.3%	85.6%	85.8%
<b>Energy absorbed</b>	94.5%	91.4%	88.7%	66.6%	55.4%	48.3%	67.1%	65.2%	64.2%

**Absorption values are relative to a detector of infinite thickness.**

# Dynamic Range in Flat Detectors

	<u>Saturation-to-noise range</u>			<u>X-ray exposure range</u>			Eff. bit depth (bits)	<u>Digital range</u>	
	Electronic noise (ADU)	Saturation signal (ADU)	Dynamic range	Quantum limited exposure ( $\mu\text{R}$ )	Saturation exposure ( $\mu\text{R}$ )	Dynamic range		Quantization range	Eff. bit depth (bits)
<b><u>No binning, gain 2</u></b>	<b>A1</b>	<b>B1</b>	<b>B1/A1</b>	<b>A2</b>	<b>B2</b>	<b>C2=B2/A2</b>	<b>D2=lb(C2)</b>	<b>B1:1</b>	<b>lb(B1)</b>
Dynamic gain switching	5.32	80500	15100	2.75	3550	1291	10.3	80500:1	16.3
0.5 pF fixed	5.32	14500	2700	2.75	595	216	7.8	14500:1	13.8
4 pF fixed	3.57	14800	4150	35.7	4200	118	6.9	14800:1	13.8
<b><u>2x2 binning, gain 1</u></b>									
Dual gain readout	4.33	80100	18500	1.00	1800	1800	10.8	80100:1	16.3
Dynamic gain switching	4.37	84200	19300	1.03	2062	2002	11.0	84200:1	16.4
0.5 pF fixed	4.37	14300	3300	1.03	311	302	8.2	14300:1	13.8
4 pF fixed	3.14	14800	4700	15.6	2104	135	7.1	14800:1	13.8
0.5 pF fixed, gain 2 (fluoroscopy mode)	7.25	12900	1700	0.71	125	176	7.5	12900:1	13.6

Table 2 4030CB dynamic range in available imaging modes

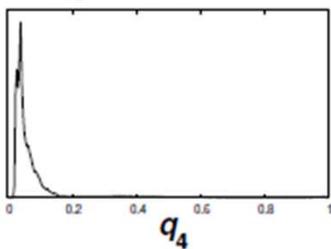
A2 is defined as the exposure where Quantum Noise=Electronic Noise.



Table taken from [Roos et al. "Multiple gain ranging readout method to extend the dynamic range of amorphous silicon flat panel imagers," *SPIE Medical Imaging Proc.*, vol. 5368, pp. 139-149, 2004]. Additional values were added, for convenience.

No  
overexposure

Histogram [a.u.]

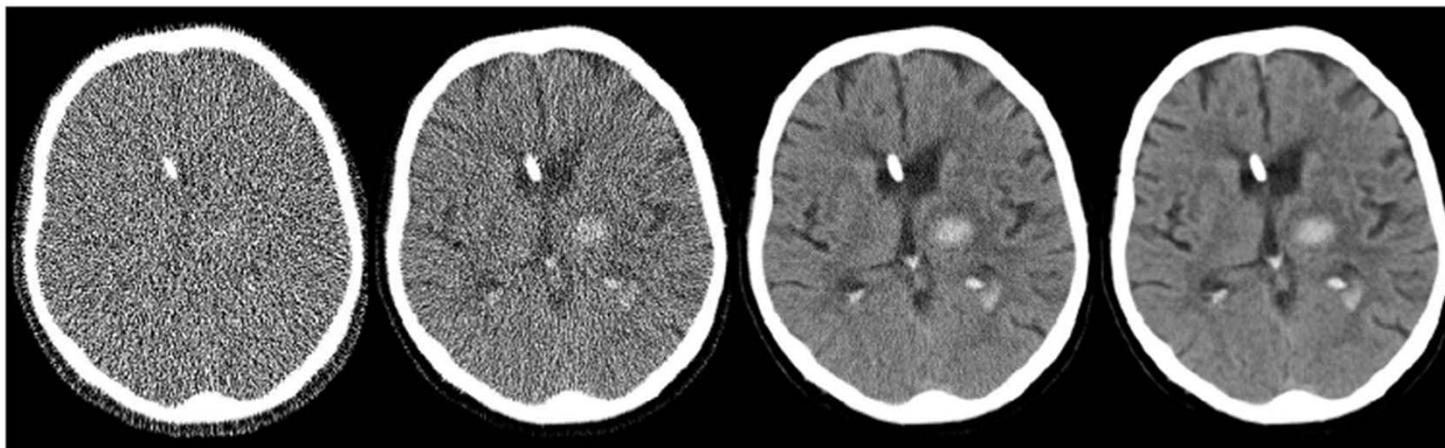


8 bit

10 bit

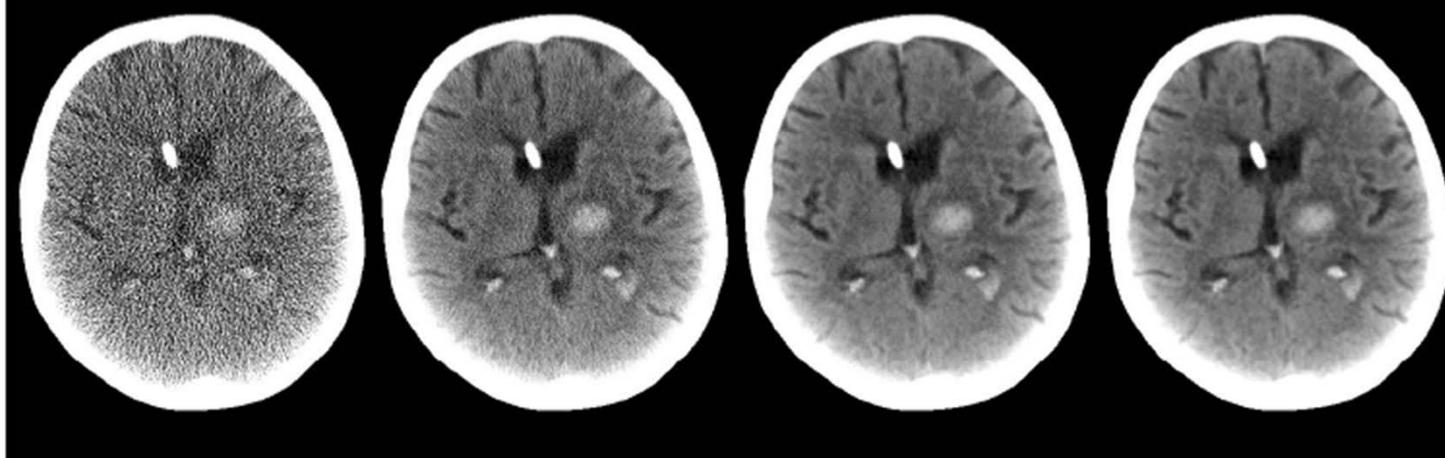
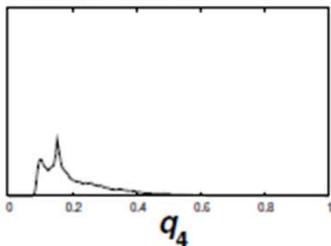
12 bit

14 bit

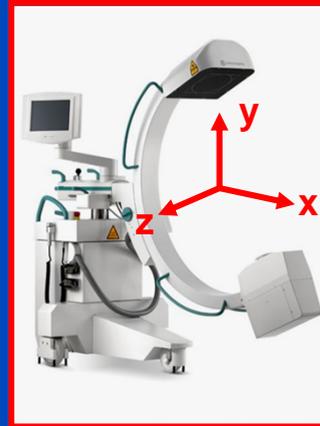
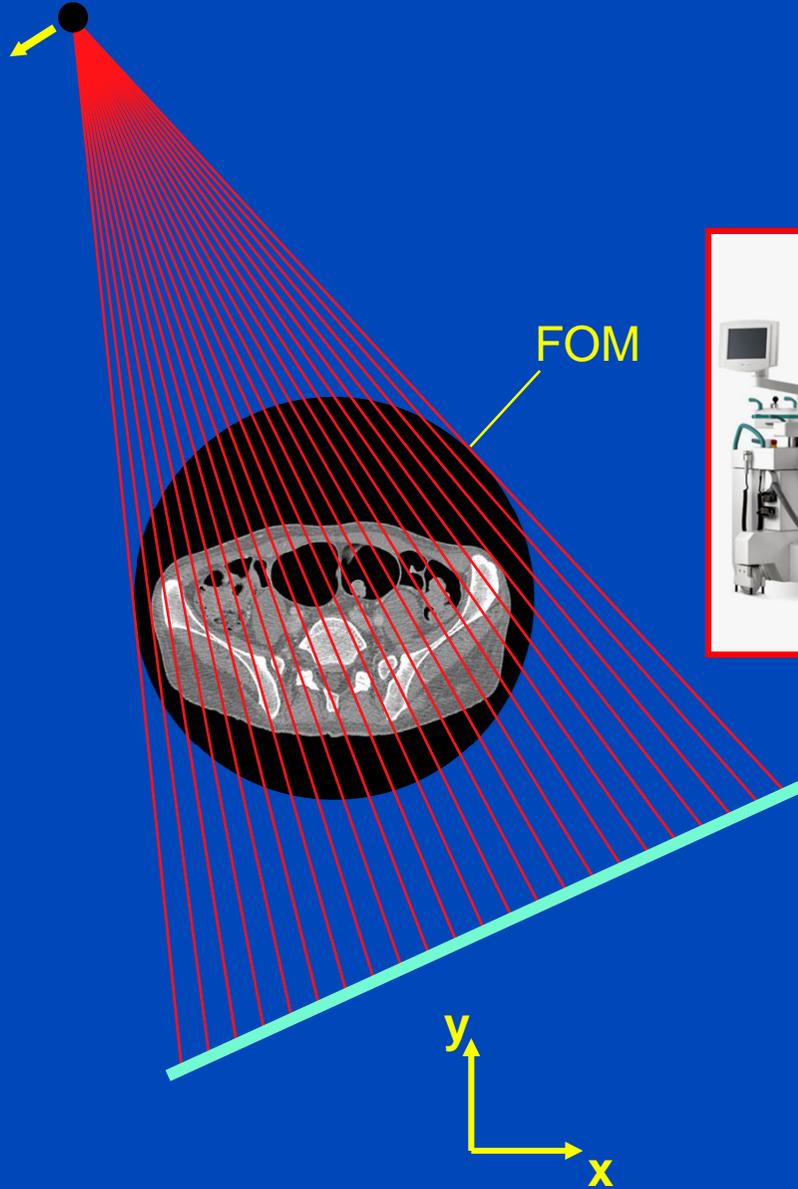


Intended  
overexposure  
(factor 4)

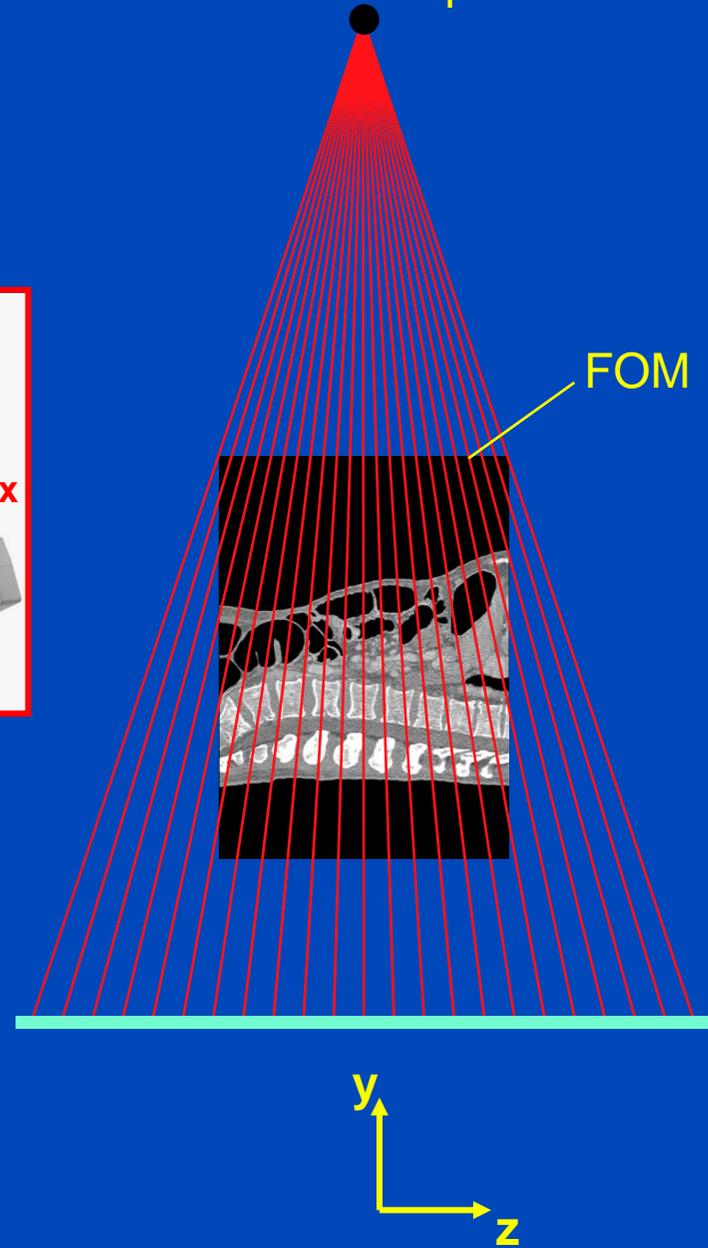
Histogram [a.u.]



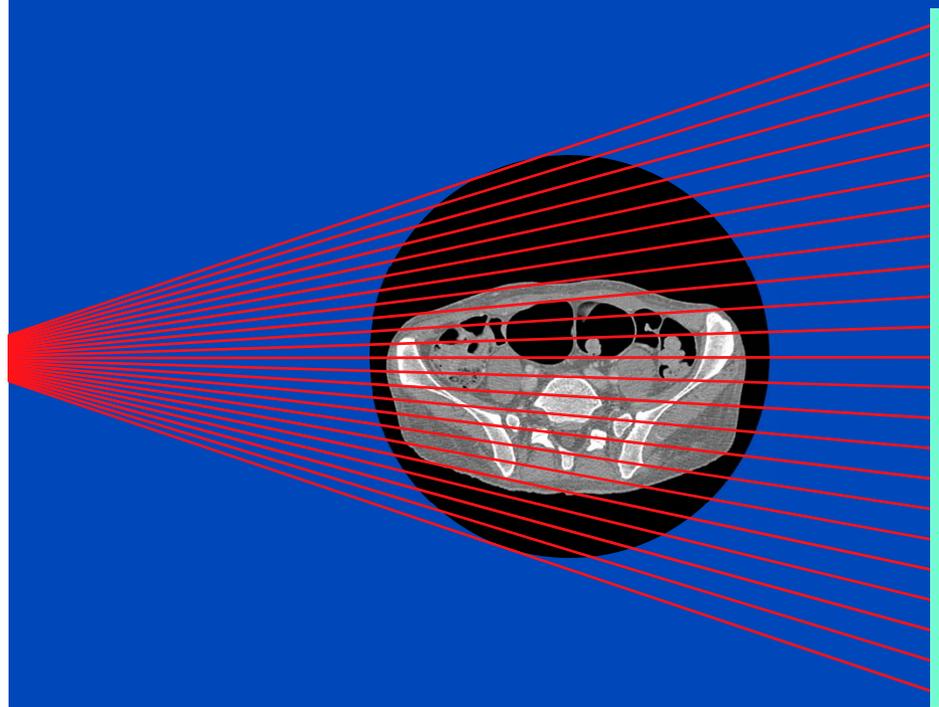
focal spot



focal spot

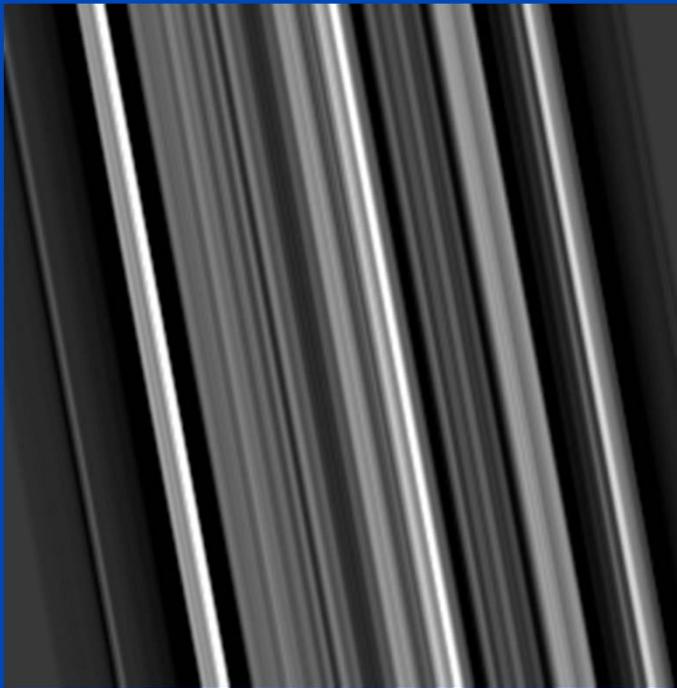


Detector: 1000×1000 to 4000×4000 elements, typically

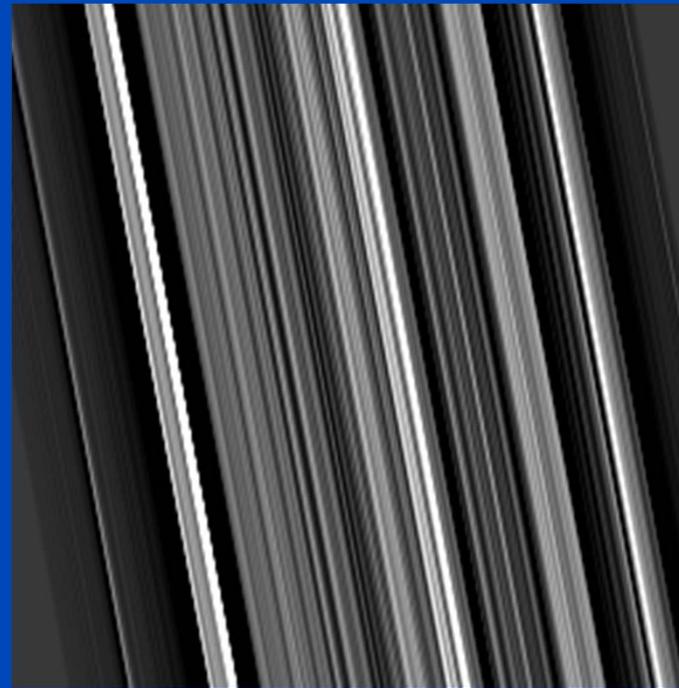


# Filtered Backprojection (FBP)

1. Filter projection data with the reconstruction kernel.
2. Backproject the filtered data into the image:



Smooth

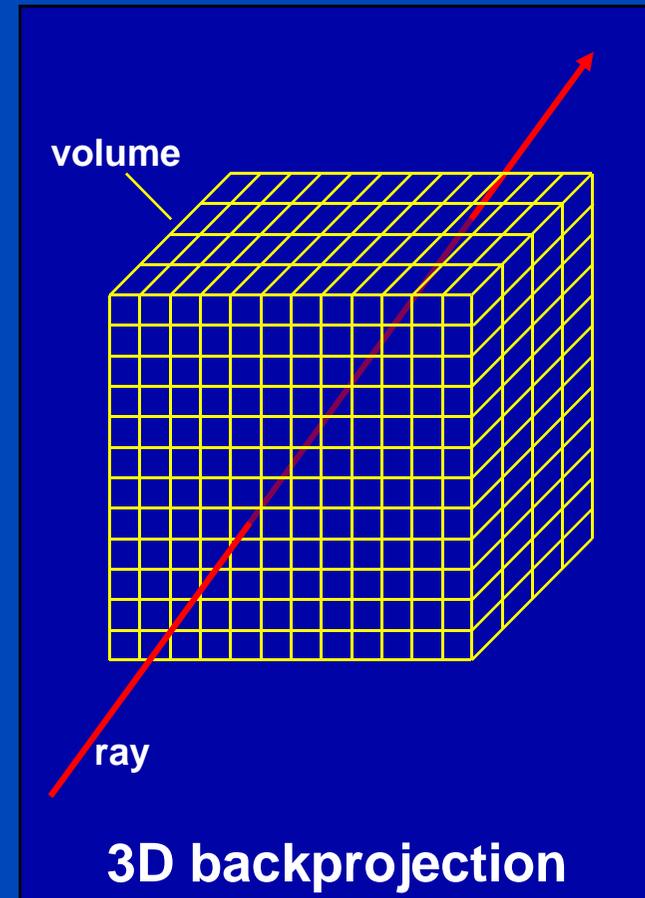


Standard

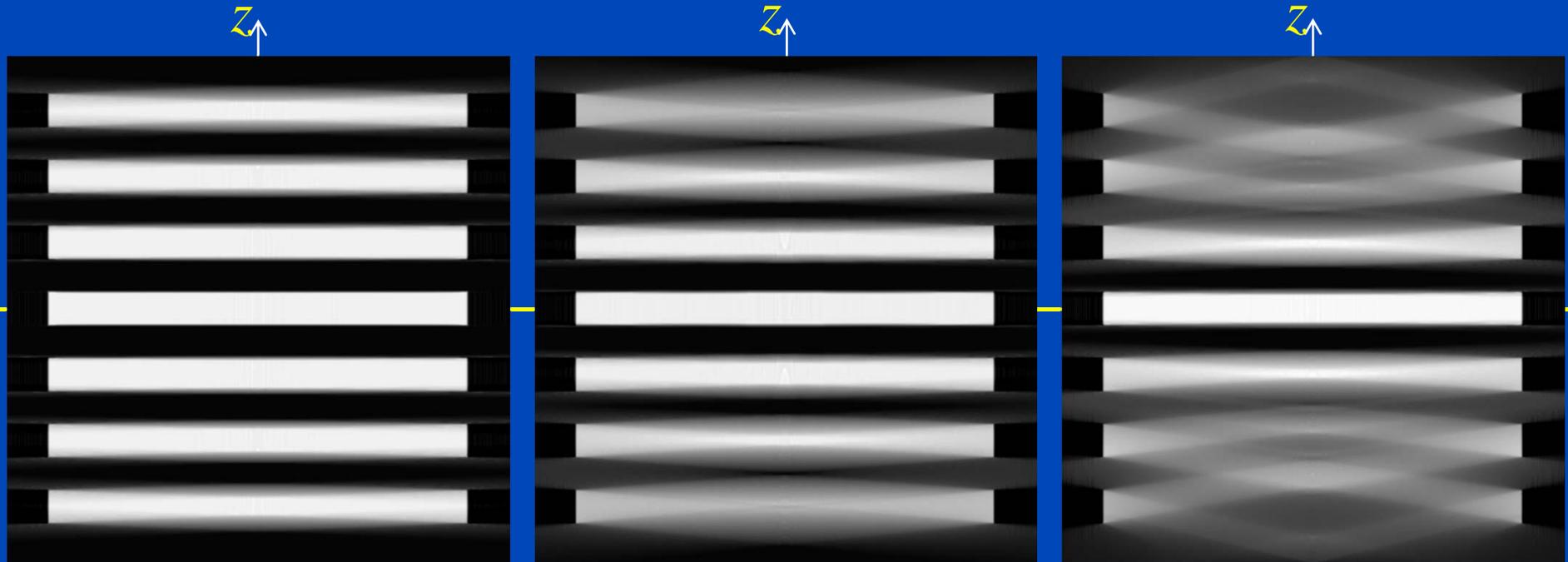
Reconstruction kernels balance between spatial resolution and image noise.

# Feldkamp-Type Reconstruction

- **Similar to 2D reconstruction:**
  - row-wise filtering of the rawdata
  - followed by backprojection
- **True 3D volumetric backprojection along the original ray direction**
- **Approximate**
- **Cone-beam rawdata is only exact for the center slice**



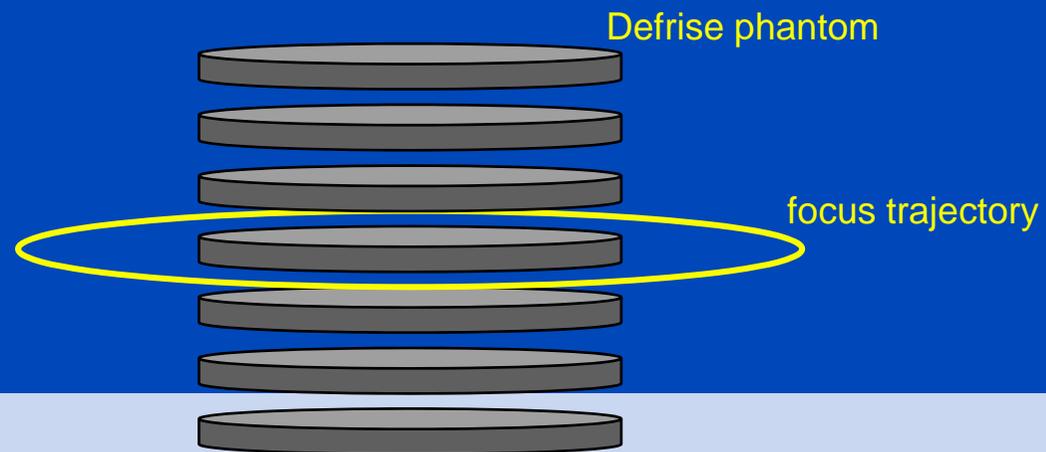
# Cone-Beam Artifacts



Cone-angle  $\Gamma = 6^\circ$

Cone-angle  $\Gamma = 14^\circ$

Cone-angle  $\Gamma = 28^\circ$



# Uncorrected

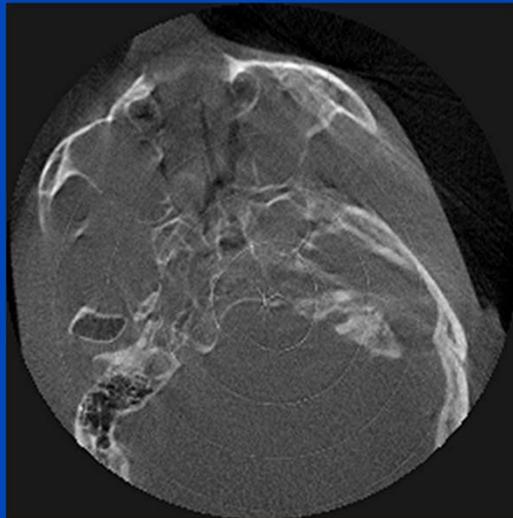


Image courtesy of Dr. Ludwig Ritschl, Ziehm Imaging GmbH, Nürnberg, Germany.

# With Geometric Calibration

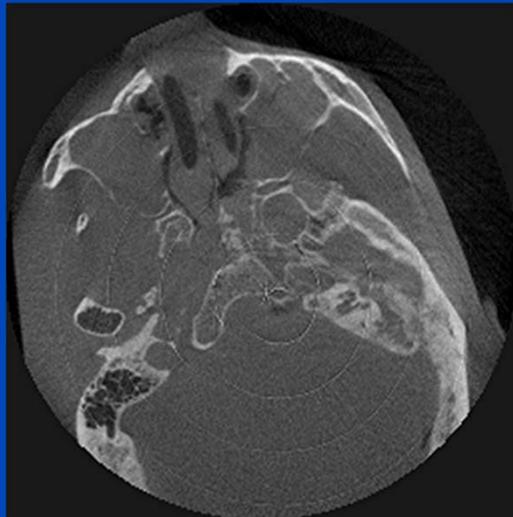


Image courtesy of Dr. Ludwig Ritschl, Ziehm Imaging GmbH, Nürnberg, Germany.

# With Detector Calibration

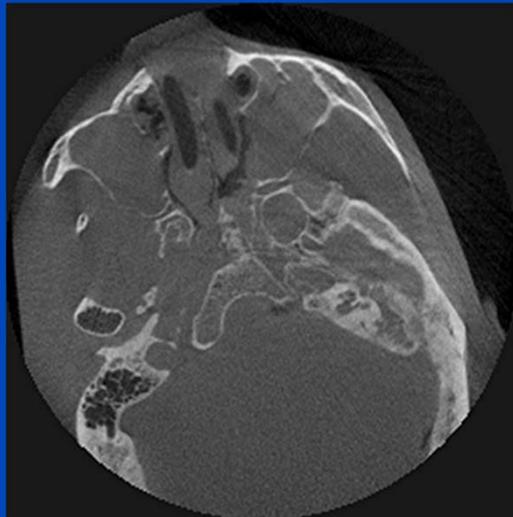


Image courtesy of Dr. Ludwig Ritschl, Ziehm Imaging GmbH, Nürnberg, Germany.

# With Scatter and Beam Hardening Correction

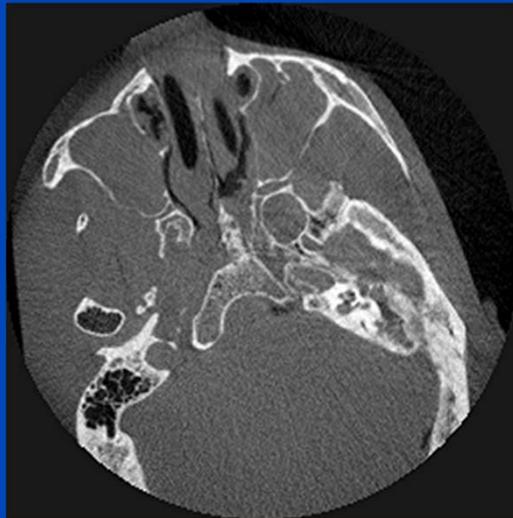


Image courtesy of Dr. Ludwig Ritschl, Ziehm Imaging GmbH, Nürnberg, Germany.

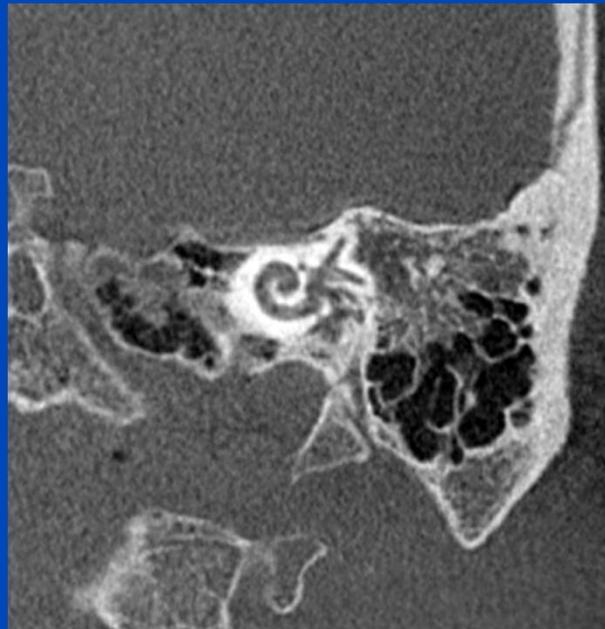


Image courtesy of Dr. Ludwig Ritschl, Ziehm Imaging GmbH, Nürnberg, Germany.

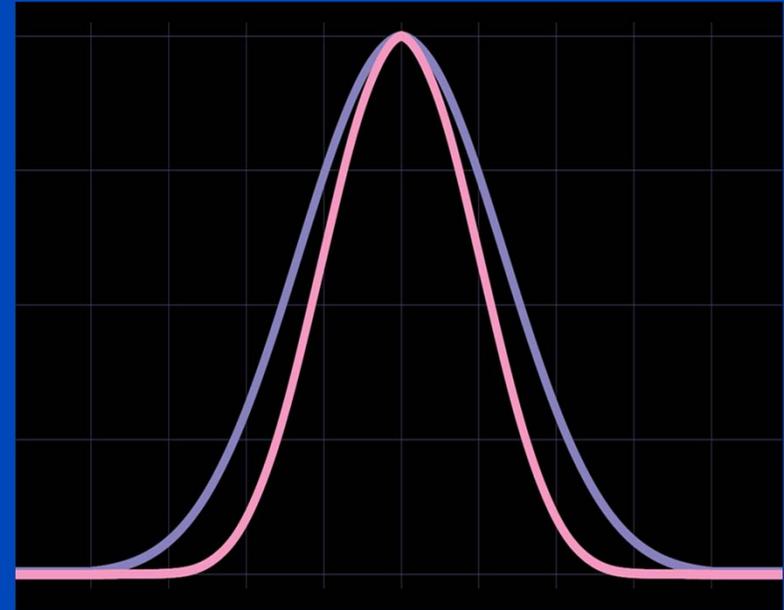
# Spatial Resolution



Method 1

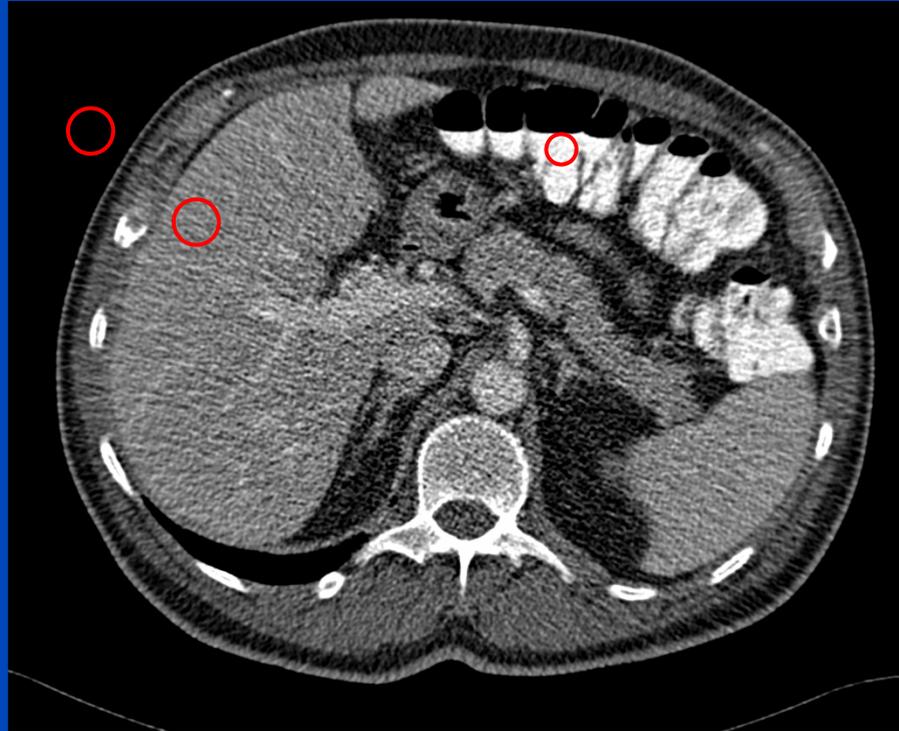


Method 2



Method 3

# Image Noise



150 HU / 600 HU

Air ROI:  $\mu = -995$  HU ,  $\sigma = 31$  HU  
Soft tissue ROI:  $\mu = 148$  HU ,  $\sigma = 59$  HU  
Iodine ROI:  $\mu = 423$  HU ,  $\sigma = 62$  HU

# Dependencies of IQ and Dose

- Image quality is determined by spatial resolution and contrast resolution (image noise)
- Image noise  $\sigma$  decreases with the square-root of dose

$$\sigma^2 = \text{Noise}^2 \propto \frac{1}{\text{Dose}} \propto \frac{1}{\text{mAs}_{\text{eff}}}$$

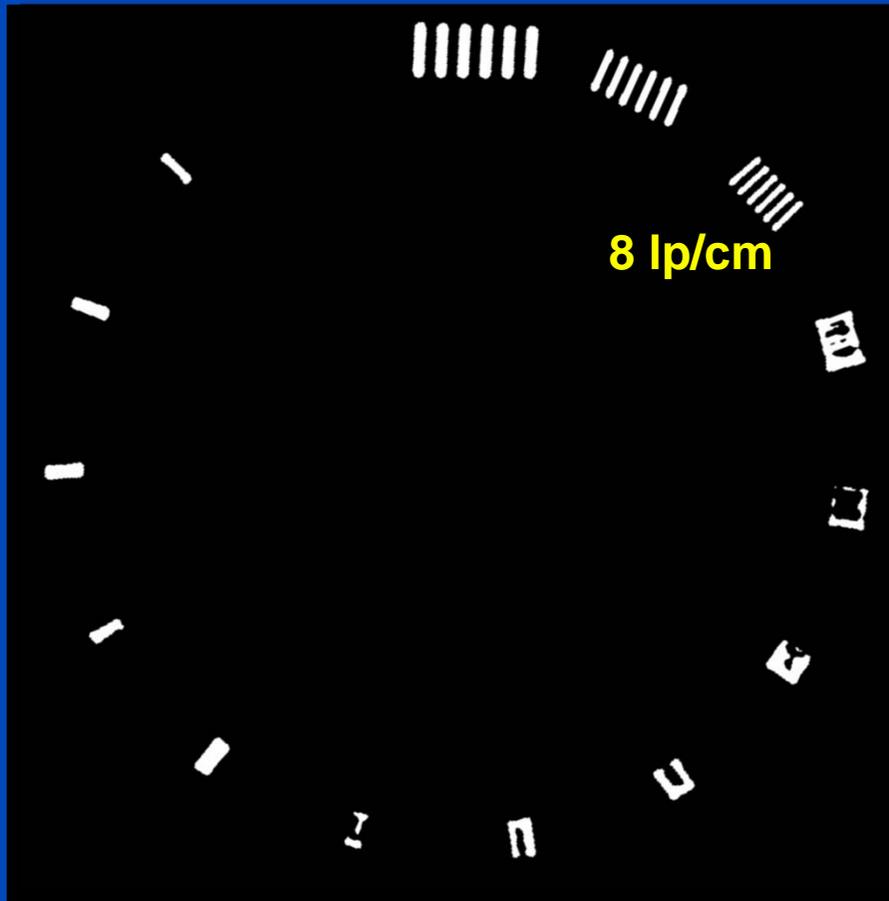
- Dose increases with the fourth power of the spatial resolution for a given object and image noise

$$\left(\frac{\sigma}{\mu}\right)^2 \propto \frac{e^{\mu 2R} + 1}{\mu^2 \Delta x^4}$$

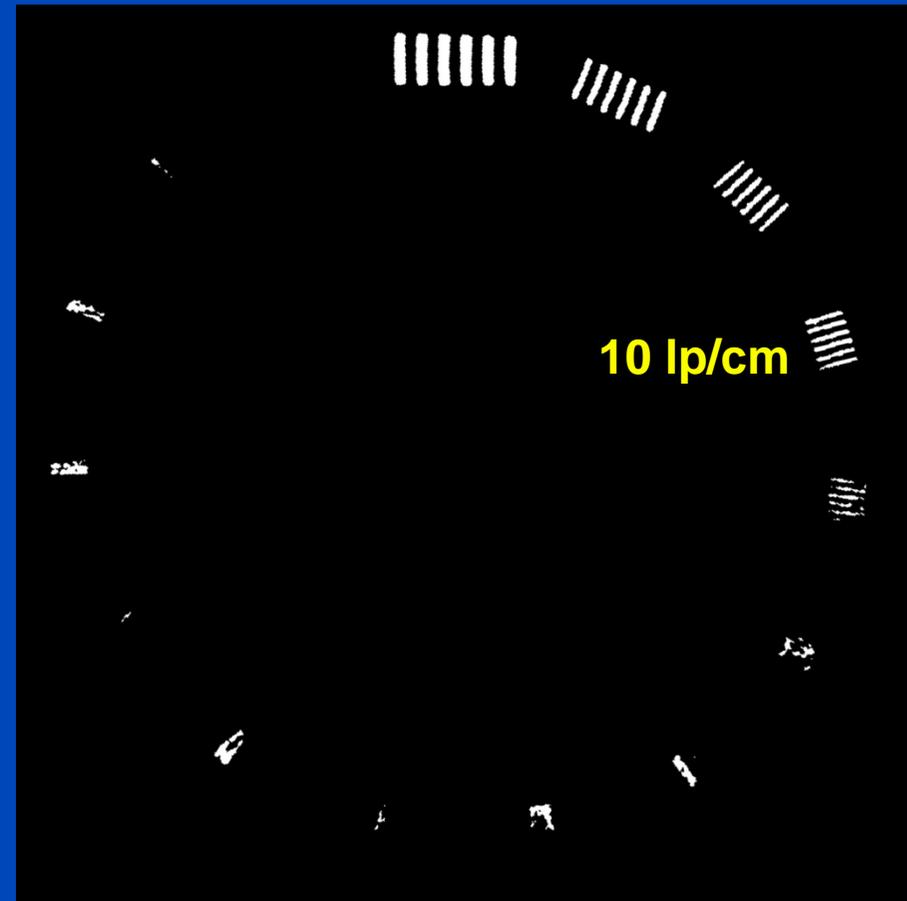
Noise relative to  
the background  
(= 1/SNR)

Fourth power of  
the spatial  
resolution

# Clinical CT vs. Flat Detector CT

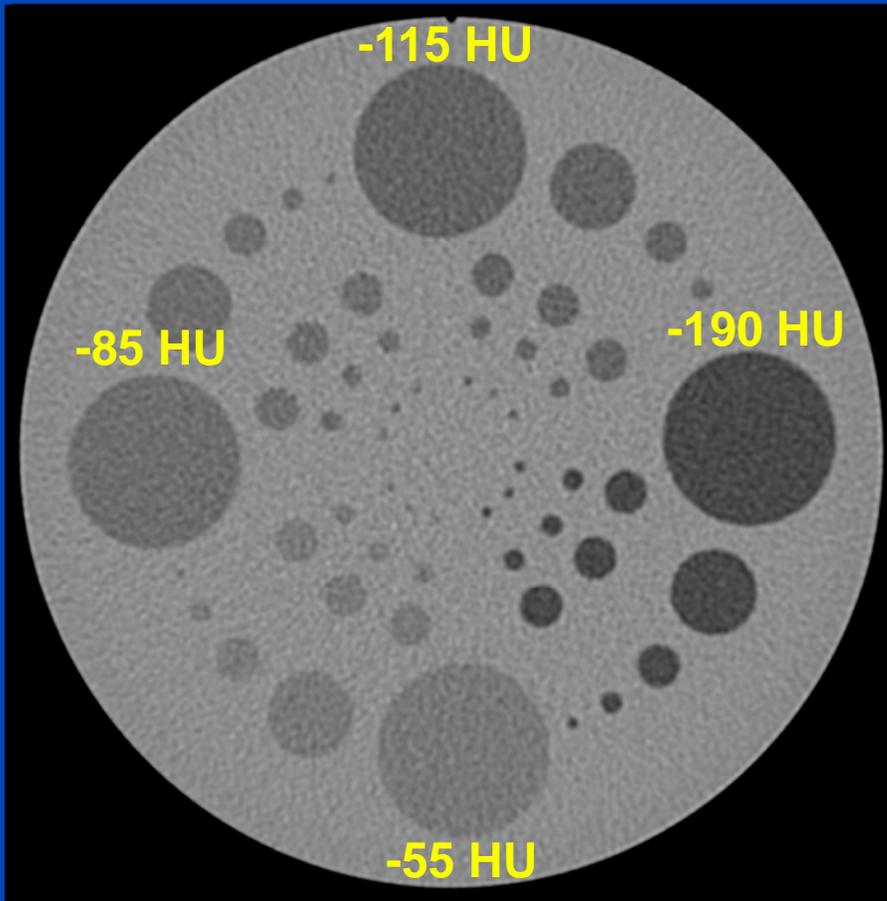


Clinical CT, Standard Kernel

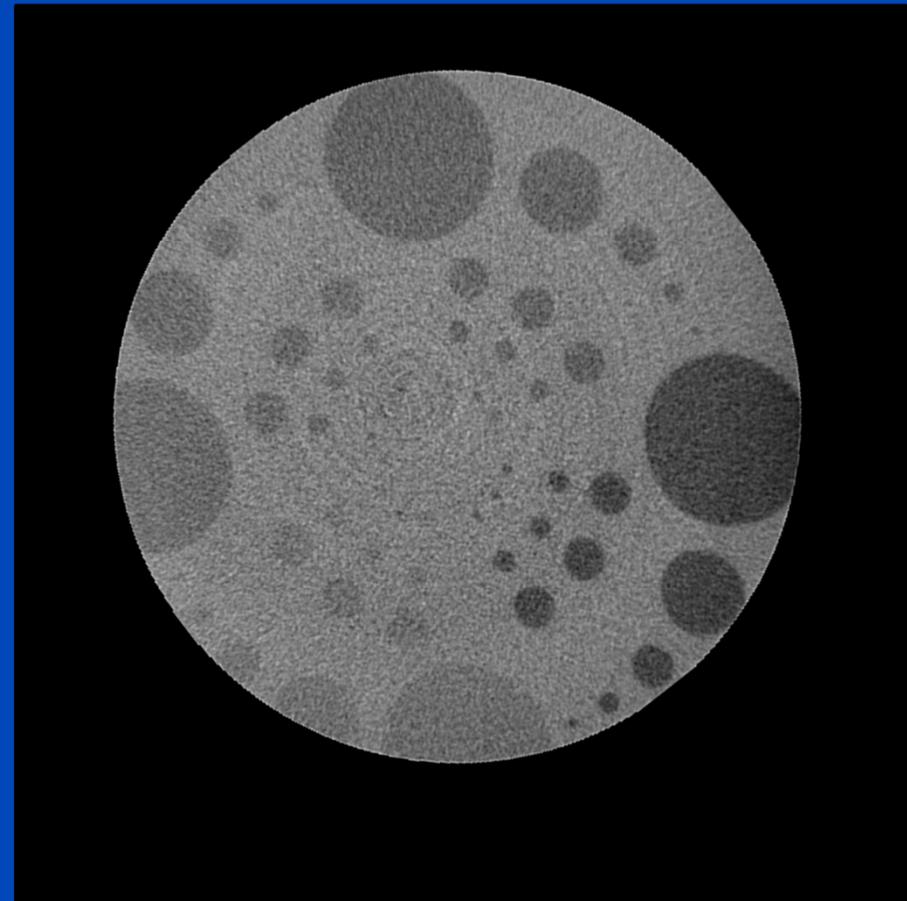


Flat Detector CT, 2x2 Binning

# Clinical CT vs. Flat Detector CT

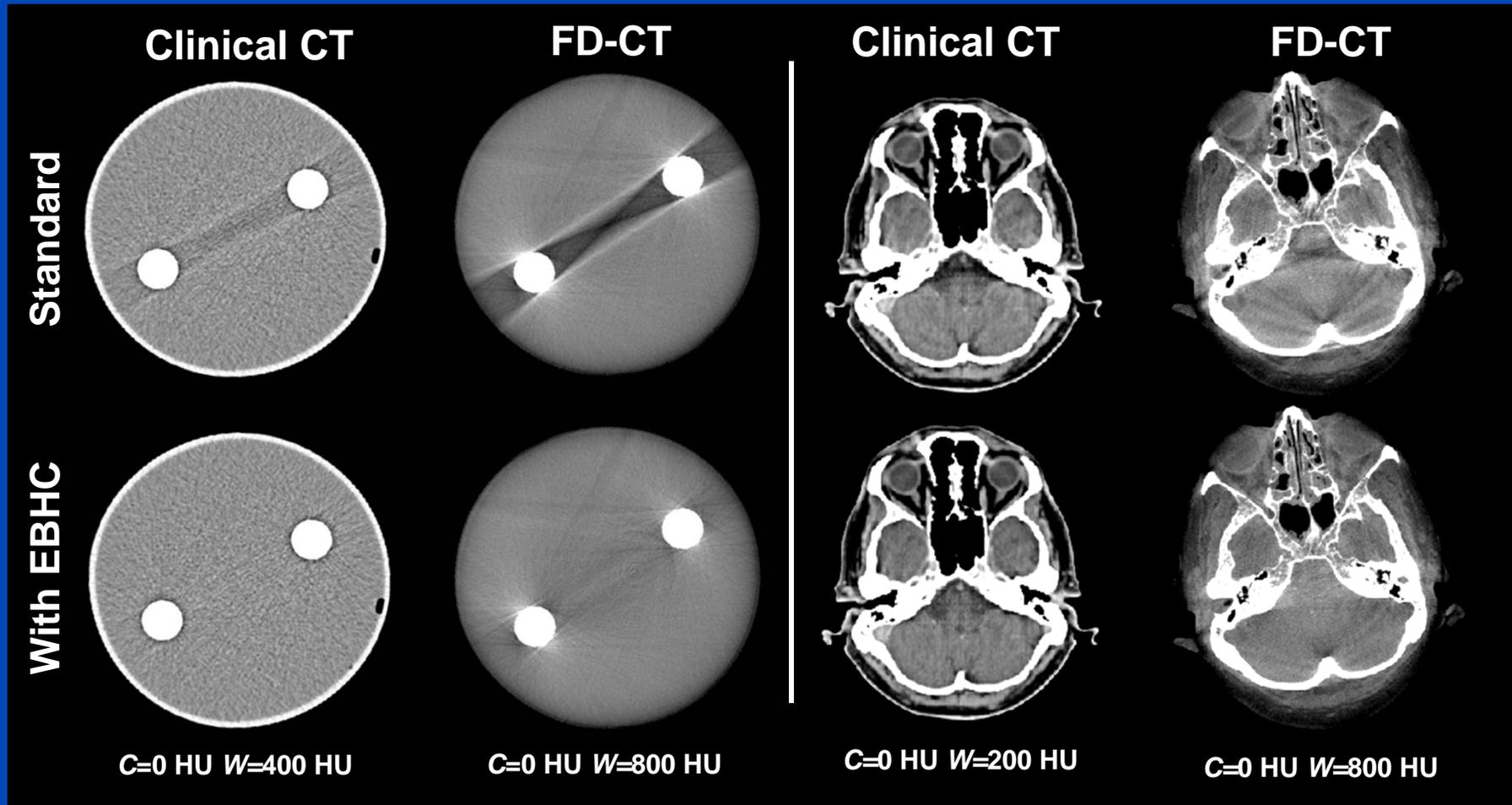


Clinical CT, Standard Kernel  
 $C = 0 \text{ HU}$ ,  $W = 700 \text{ HU}$



Flat Detector CT, 2x2 Binning

# Clinical CT vs. Flat Detector CT



# Clinical vs. Flat Detector CT

	Clinical CT	Flat Detector CT
<b>Spatial resolution</b>	0.5 mm	0.2 mm
<b>Contrast</b>	3 HU	30 HU
<b>Dynamic range</b>	≈ 20 bit	≈ 10 bit
<b>Dose efficiency</b>	≈ 90%	≈ 50%
<b>Lowest rotation time</b>	0.28 s	3 s
<b>Temporal resolution</b>	0.07 s	3 s
<b>Frame rate</b>	≈ 5000 fps	≈ 25 fps
<b>X-ray power</b>	100 – 120 kW	5 – 25 kW

# System Variability

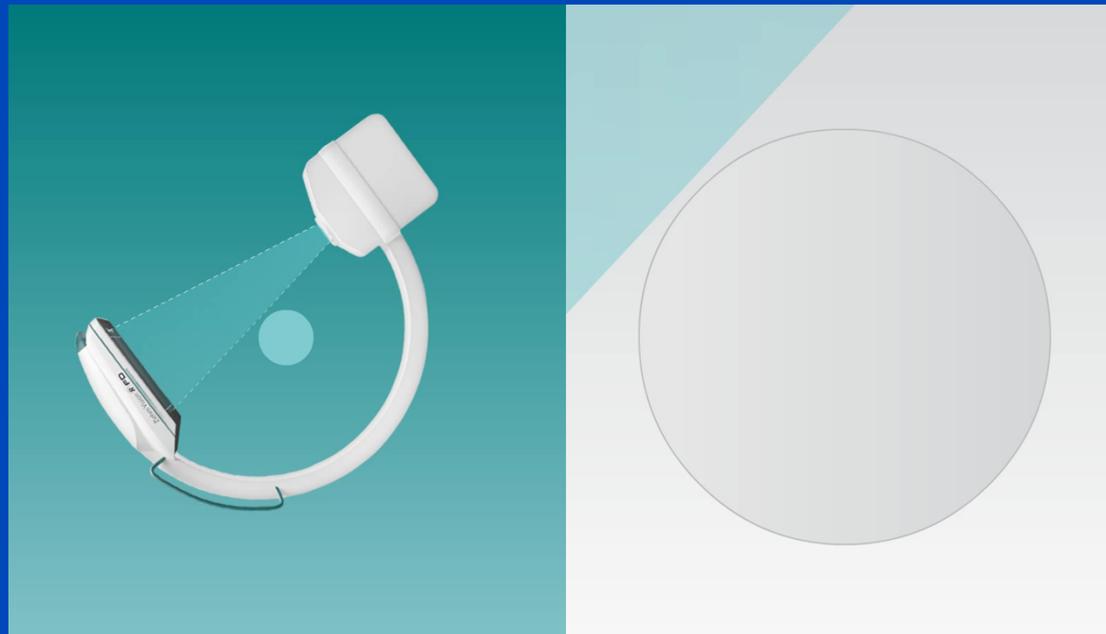
## Clinical CT



## Flat Detector CT



# Non-Conventional Trajectories



Thursday, Session SS 713, Talk B-067 „Reconstructing interventional C-arm CT rawdata from non-conventional scan trajectories“

# Summary

- Flat detector CT image reconstruction is typically based on the Feldkamp filtered backprojection algorithm.
- Apart from a higher spatial resolution, flat detector-based cone-beam CT image quality is inferior to clinical CT image quality.
- The high spatial resolution (100 to 200  $\mu\text{m}$ ), the good form factor (small, light weight) and the variability of flat detector systems justifies their existence for several highly important medical applications (see presentations of Dr. Grass and Dr. Bosmans)

# Thank You!



The 4<sup>th</sup> International Conference on  
**Image Formation in X-Ray Computed Tomography**

July 18 – July 22, 2016, Bamberg, Germany  
[www.ct-meeting.org](http://www.ct-meeting.org)



Conference Chair

**Marc Kachelrieß**, German Cancer Research Center (DKFZ), Heidelberg, Germany

This presentation will soon be available at [www.dkfz.de/ct](http://www.dkfz.de/ct).