

# Overview of CT reconstruction and denoising strategies



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## Acknowledgements

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Healthcare

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## Outline

- Introduction
- Model based reconstruction
- Statistical reconstruction
- Non-linear/non-stationary effects
- Conclusions

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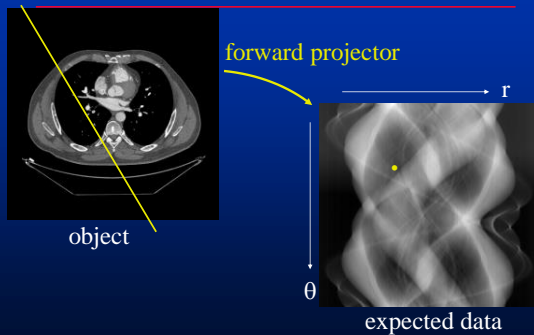
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## Forward problem



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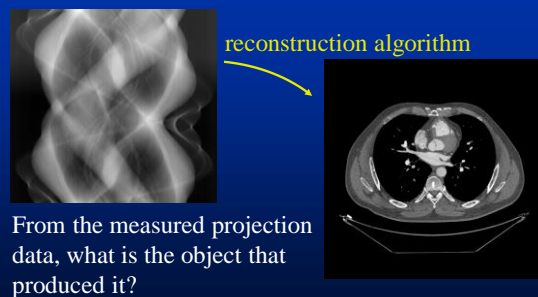
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## Inverse problem



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## Analytical reconstruction

- Image is produced directly from the measured data

- E.g., filtered backprojection (FBP)

- $$f(x, y) = \int_0^\pi \int_{-\infty}^{\infty} P(k, \theta) |k| e^{i2\pi k r} dk d\theta$$
 with  $r = x \cos \theta + y \sin \theta$

- If the data is perfect the image is exact

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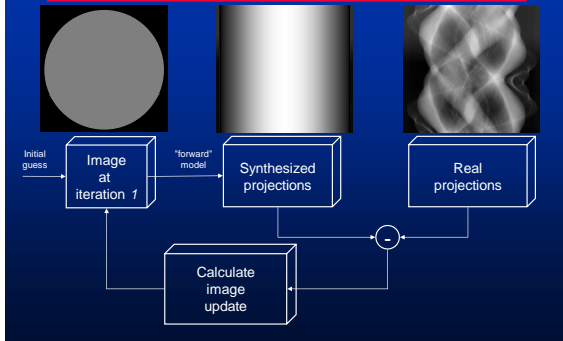
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## Iterative reconstruction



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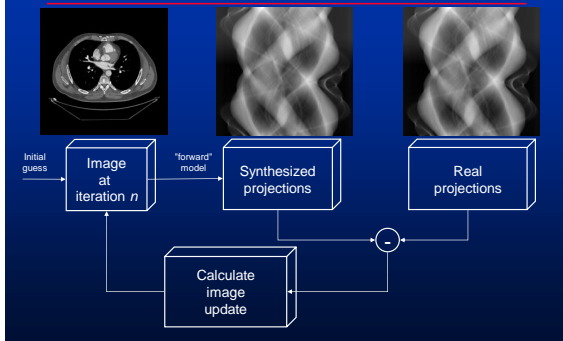
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## Iterative reconstruction



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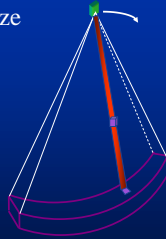
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## Build in an accurate physics model

- Real focal spot and detector size
- Finite size voxel
- True ray path (divergent rays)
- Beam hardening
- Known system imperfections
- Motion
- Reconstruction algorithm attempts to correct for effects built into the model



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## Taking uncertainty into account

If Warren Buffet and I give you stock predictions, do you trust them equally?



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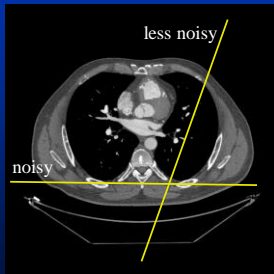
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## Are all measured rays equally reliable?



Analytical recon treats all rays as equally accurate

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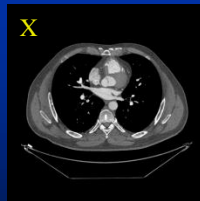
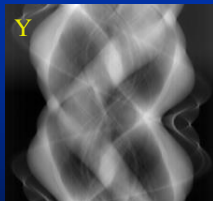
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## Optimization method



X = object "most likely" to produce data Y  
can include measurement uncertainty (noise, etc.)  
and physical imperfections

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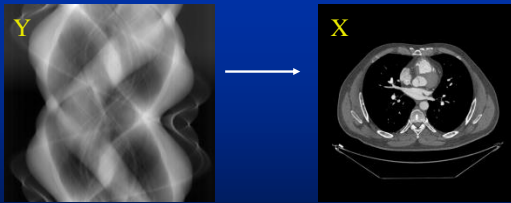
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## Optimization method



$X$  = object "most likely" to produce data  $Y$

**Problems:** lack of convergence, noise amplification

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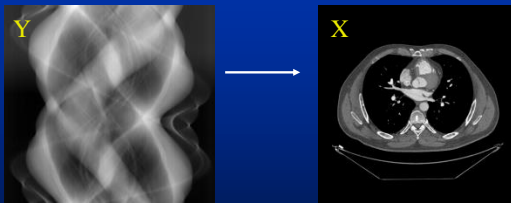
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## Regularization



$X = \left[ \begin{array}{l} \text{object "most likely"} \\ \text{to produce data } Y \end{array} \right] \text{ given } \left[ \begin{array}{l} \text{constraints,} \\ \text{prior "knowledge"} \end{array} \right]$

measurement uncertainty

promote smoothness

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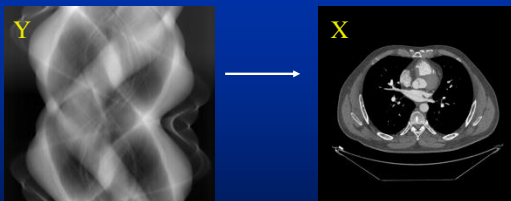
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## Regularization



minimize  $\left[ \begin{array}{l} \text{data} \\ \text{disagreement} \end{array} \right] + \beta \left[ \begin{array}{l} \text{difference of} \\ \text{nearby pixels} \end{array} \right]$

measurement uncertainty

key parameter, smoothes image

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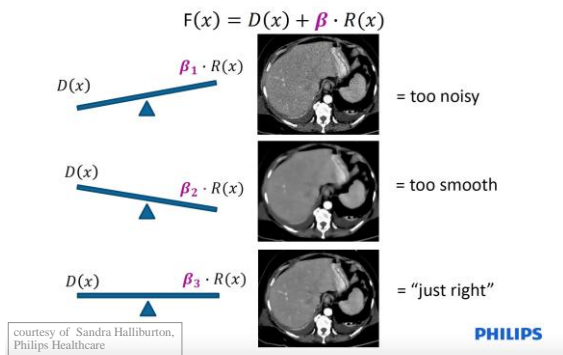
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## Noise Constraint




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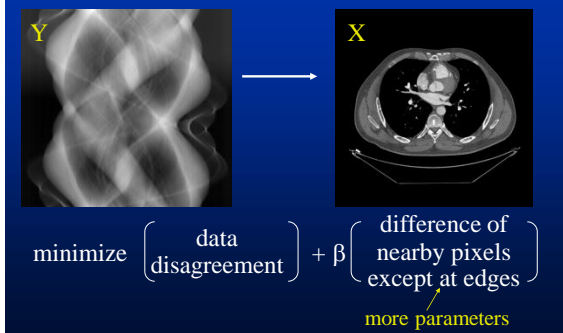
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## Regularization




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## Edge-preserving smoothing

Compare local signal differences to expected noise

- low: suppress them (smoothing)
- large: retain them (edge-preserving)
- medium: smooth a little

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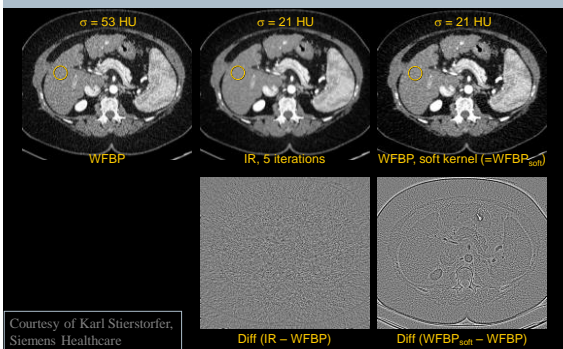
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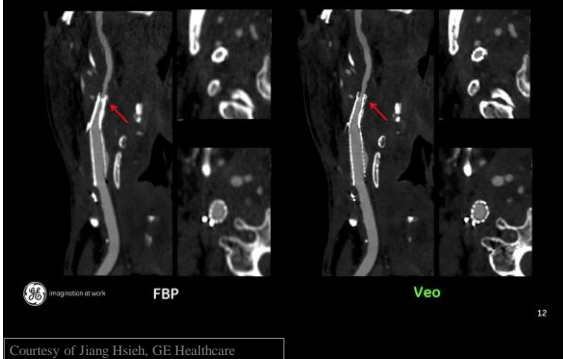
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Thibault, et al, Med Phys 34, 4526-44 , 2007.

**SIEMENS**



**Case showing blooming reduction in the stent**



## Regularization

- Examples
  - Quadratic
  - Huber
  - Total variation
  - Wavelets
  - Dictionary learning
- Regularizer can introduce
  - Nonlinearity
  - Non-stationarity
  - Bias

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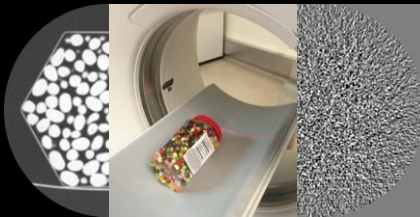
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### Image quality assessment for **linear** CT systems



#### (Quasi) Noise Linearity



FBP reconstruction

Corresponding noise-only image

Slide courtesy of Guang-Hong Chen, University of Wisconsin

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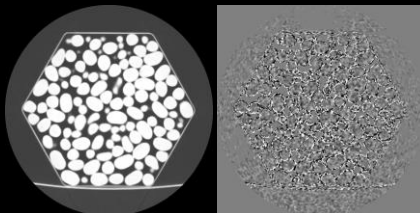
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### Image quality assessment for **nonlinear** CT systems



#### Noise Nonlinearity



MBIR reconstruction

Corresponding noise-only image

Slide courtesy of Guang-Hong Chen, University of Wisconsin

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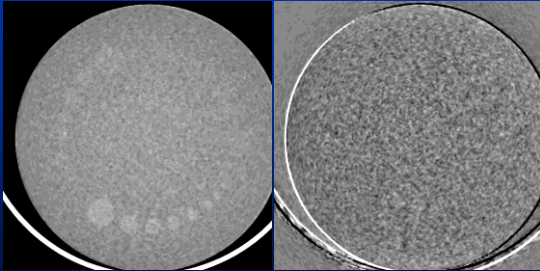
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## Low contrast phantom



difference of Veo  
recons of two slices

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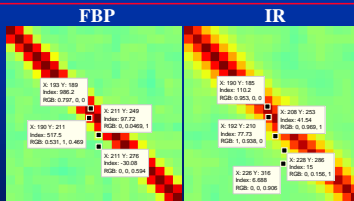
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## Regularizers operate in 3D



- Slice direction covariance measured in a uniform image region
- IR has lower but wider covariance
- Slices are effectively thicker in low contrast region

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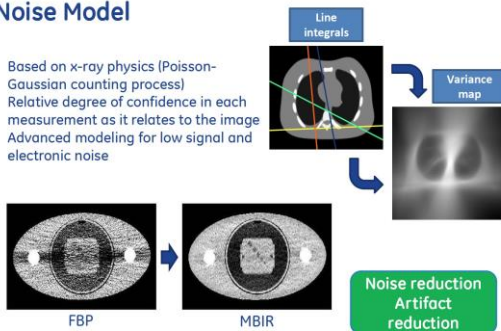
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## Noise Model

- Based on x-ray physics (Poisson-Gaussian counting process)
- Relative degree of confidence in each measurement as it relates to the image
- Advanced modeling for low signal and electronic noise



GE imagination at work

Courtesy of Jiang Hsieh, GE Healthcare

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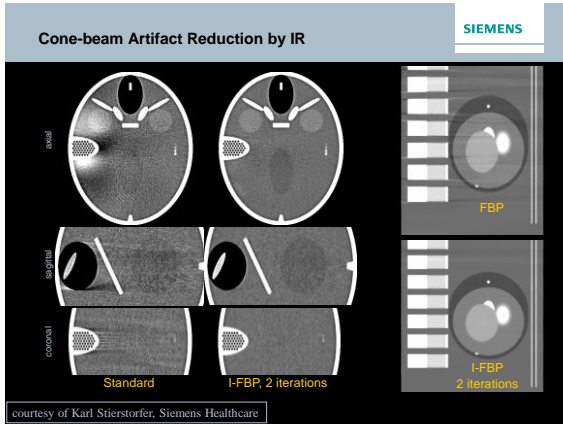
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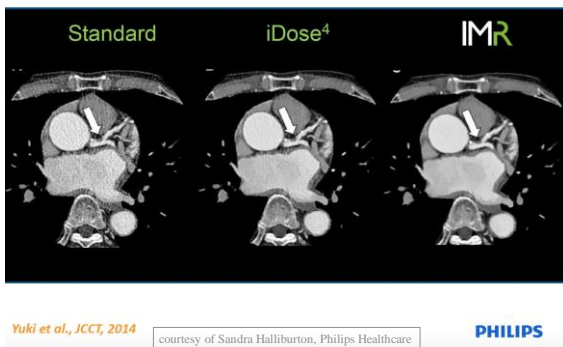
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## Cardiac CT IR w/ motion artifact correction




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## Iterative reconstruction modeling all the physics

- very powerful
- iterates in both raw data and image domains
- can include: statistical uncertainty, system physics, "prior knowledge", edge-preserving noise reduction
- yields: improved low contrast resolution, artifact reduction
- computationally expensive

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## General Approach

For the different objectives of iterative reconstruction, choose the domain most efficient to accomplish them:

*Need low signal data enhancement?*

→ work in the raw data domain; apply statistical modeling

*Need (cone beam) artifact reduction?*

→ need a full raw data/image loop including a forward projection of images

*Need noise reduction?*

→ best apply iterative regularization in image domain

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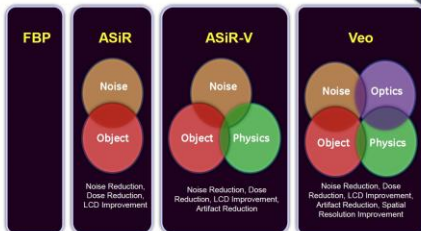
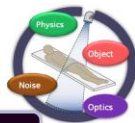
courtesy of Karl Stierstorfer, Siemens Healthcare

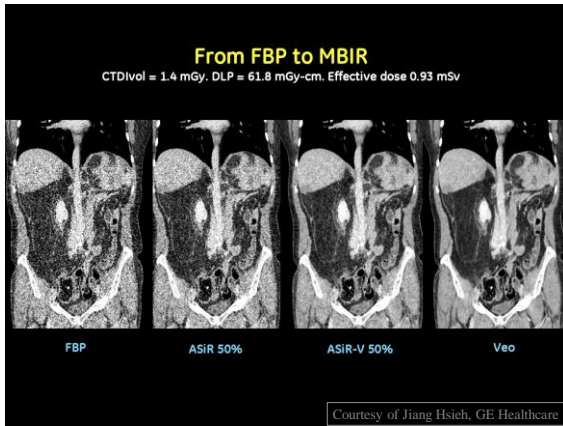
## CT image reconstruction

- FBP
- iterative reconstruction that model statistics and x-ray physics
  - multiple iterations between raw data and image domains
- "Statistical" reconstruction
  - edge-preserving noise reduction in image and/or raw data domains
  - much faster than full iterative recon

## Reconstruction Algorithms

- Primary goal: dose reduction
- Speed vs. performance tradeoff






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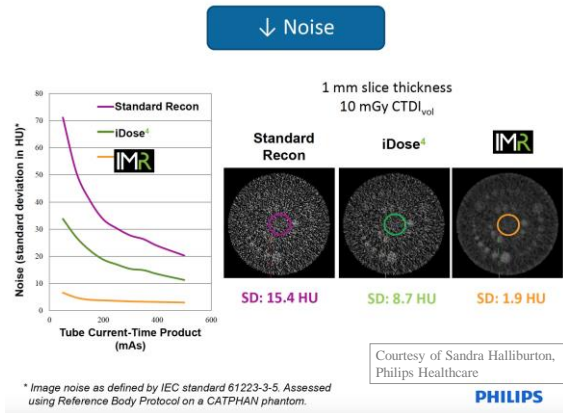
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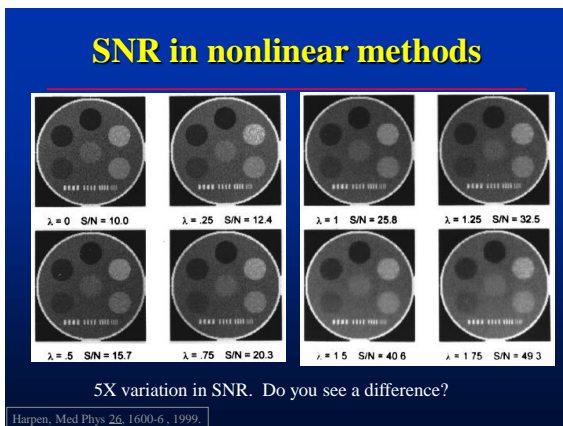
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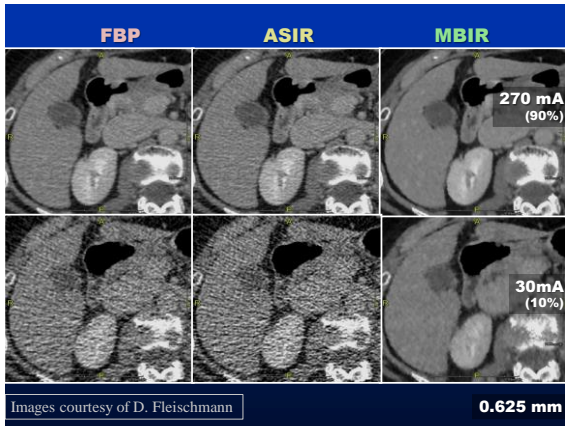
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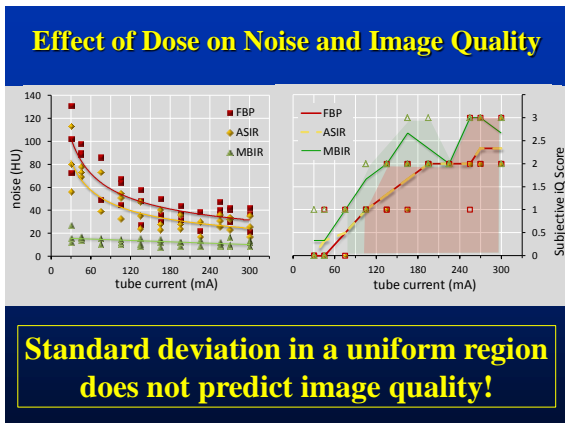
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Spatial resolution in IR depends on contrast

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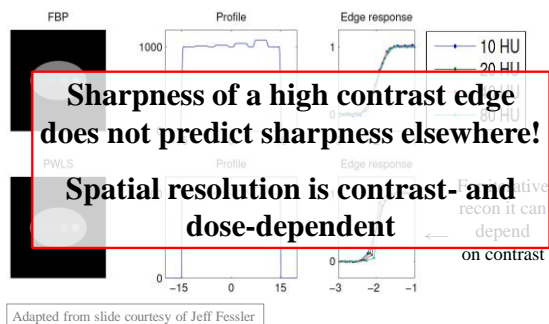
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## Vendor product names

	edge-preserving noise reduction (in one domain)	iterative recon including model of data statistics	iterative recon modeling statistics and physics
GE	ASIR	ASIR-V	Veo
Philips	iDose <sup>4</sup>	IMR	
Siemens	IRIS	SAFIRE	ADMIRE
Toshiba	QDS/BOOST	AIDR 3D	FIRST

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## CT image reconstruction

- FBP (linear)  
Linear. Resolution is independent of contrast.  
Noise predicts IQ.
- "Statistical" reconstruction (non-linear)  
edge-preserving noise reduction
- Model-based iterative reconstruction (non-linear)  
most effective noise and artifact reduction  
slow
- Hybrid methods
- Non-linear methods have contrast-dependent noise and resolution behavior

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Thank you!

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## Conclusions

- Analytical reconstruction (e.g., FBP) is fast and ideal when raw data is “perfect”
- Tremendous advance in statistical and iterative reconstruction, certain to continue to evolve
- Impact is highest when data quality is poor  
low dose, large patients
- Significant dose reductions
- Differences among methods
- We need new image quality metrics

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