

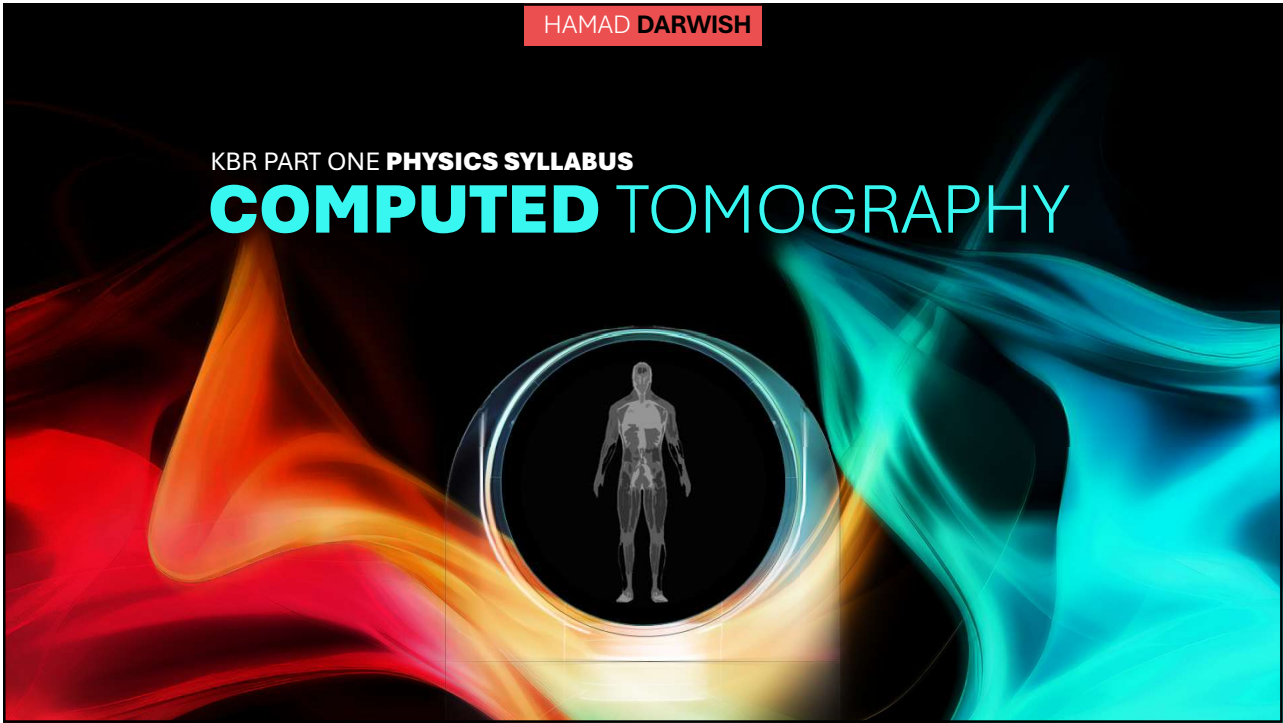


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140

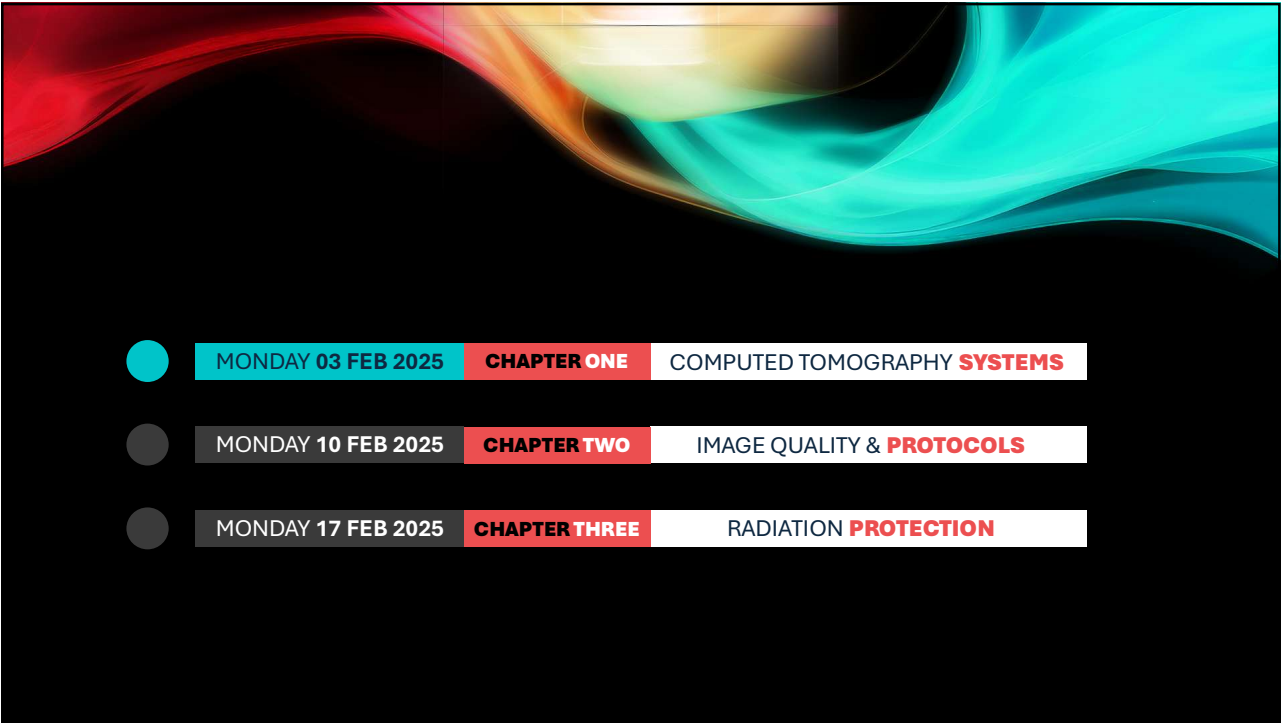


HAMAD DARWISH

KBR PART ONE **PHYSICS SYLLABUS**

COMPUTED TOMOGRAPHY

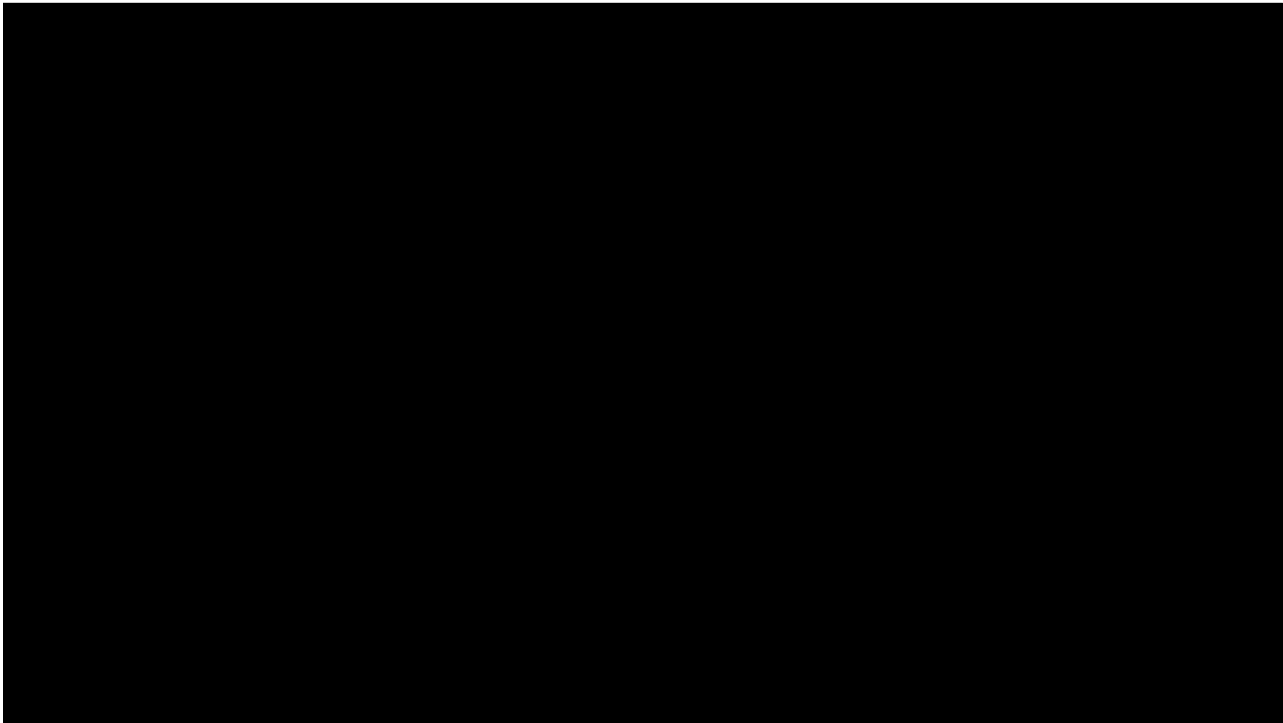
141



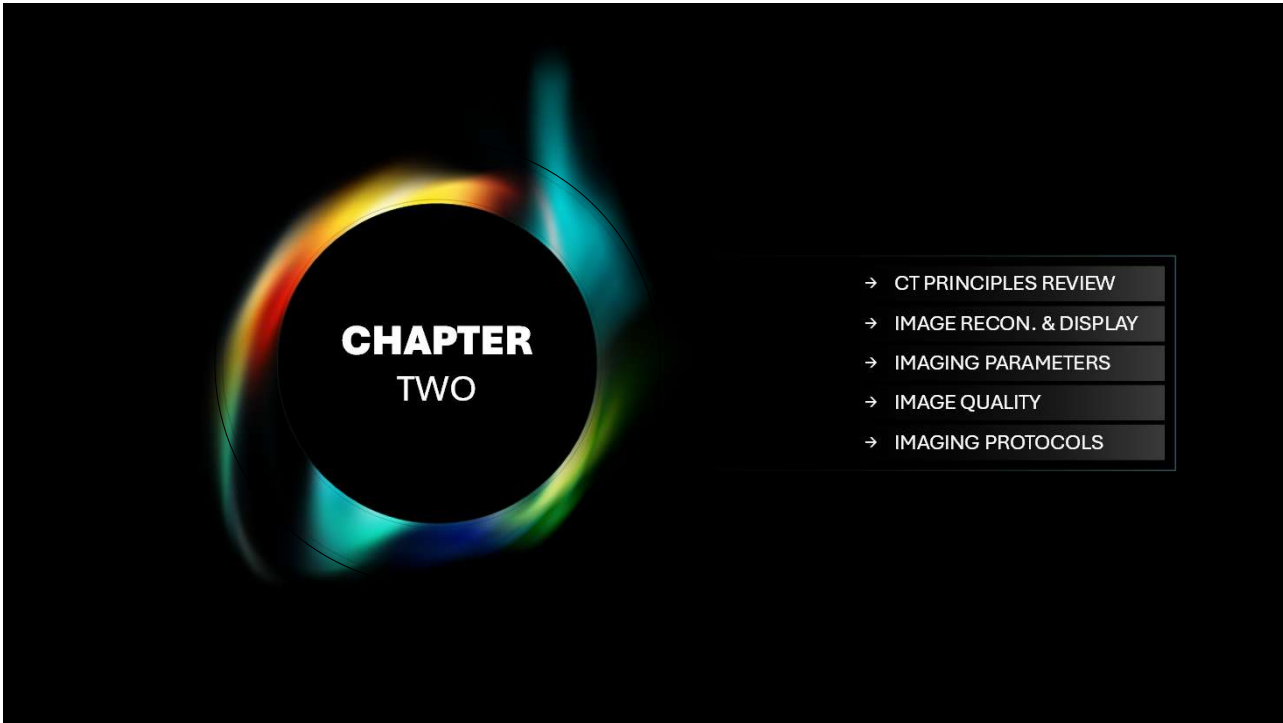
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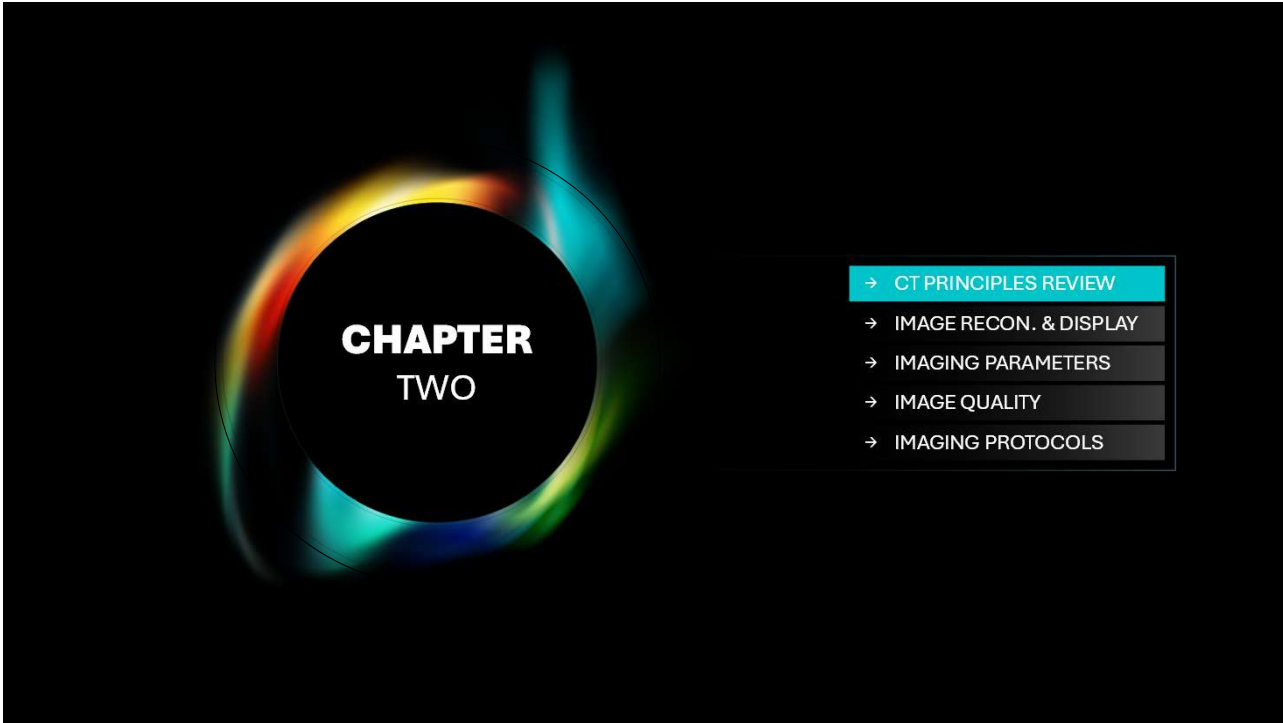
143



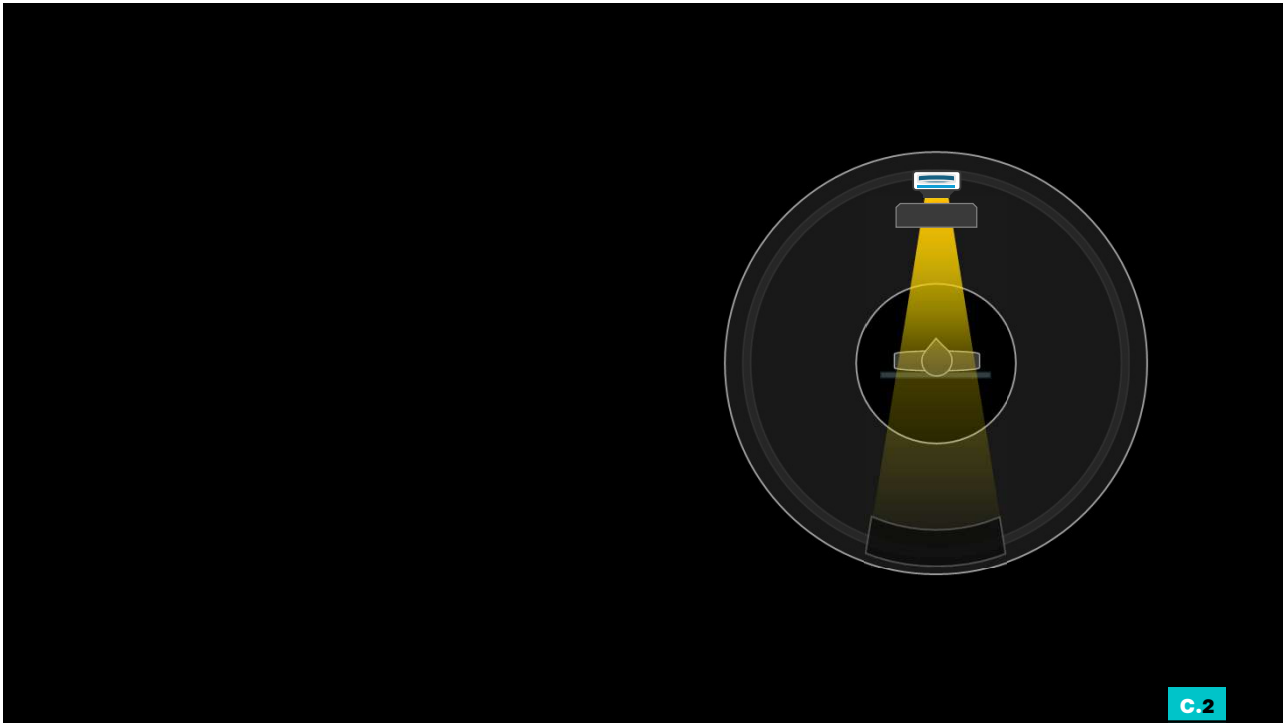
144



145



146



147

Beam limiting device responsible for adjusting the width of the beam. Adjusting the width in:

-
- A stylized illustration of a lighthouse beam illuminating a small boat on the water. The lighthouse is represented by a small white structure on a pink base, emitting a bright yellow beam of light. The beam widens as it descends, creating a gradient from yellow to dark blue. In the center of the beam, a small white boat is visible. The background is a dark blue circle with concentric white lines, suggesting a night sky or a circular frame.

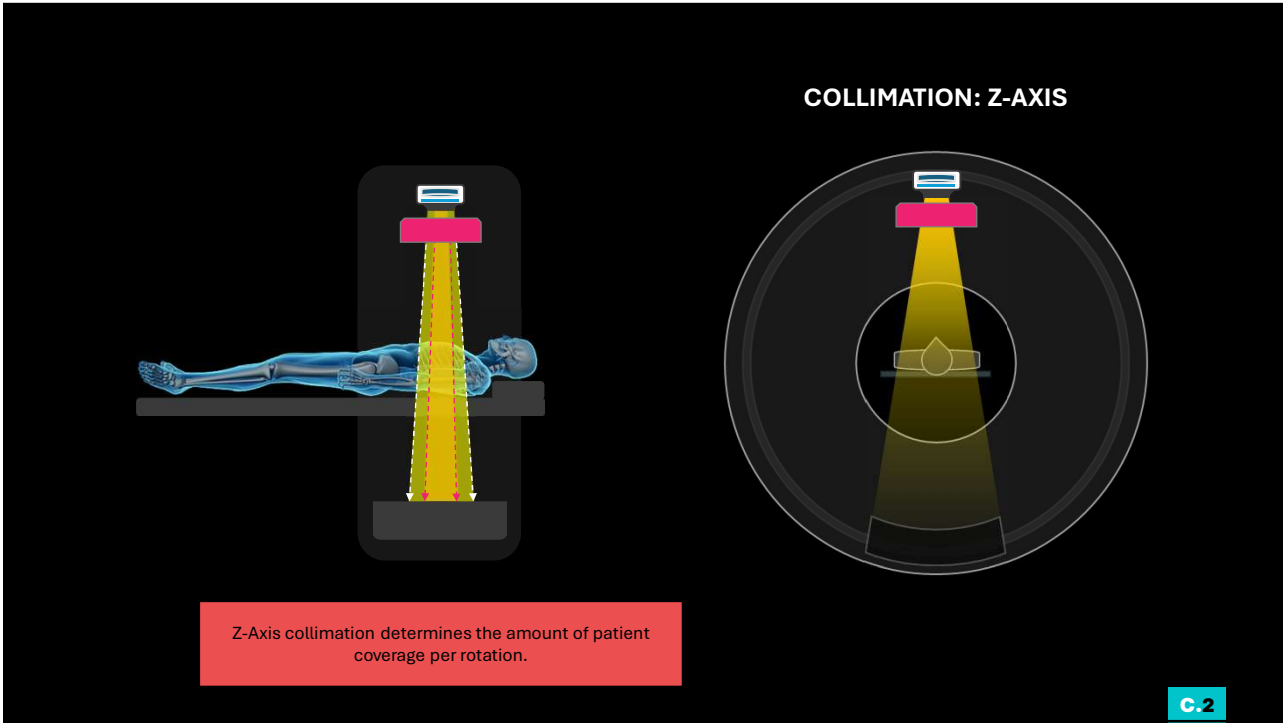
148

A diagram of a circular sensor array. Eight sensors, represented by small rectangular units with blue and white segments, are arranged in a circle. Each sensor emits a yellow conical beam of light towards the center. The central area where all beams overlap is labeled 'SFOV' (Simultaneous Field of View). This central area is defined by a dashed blue circle and a solid white circle. The entire array is enclosed within a larger black circle.

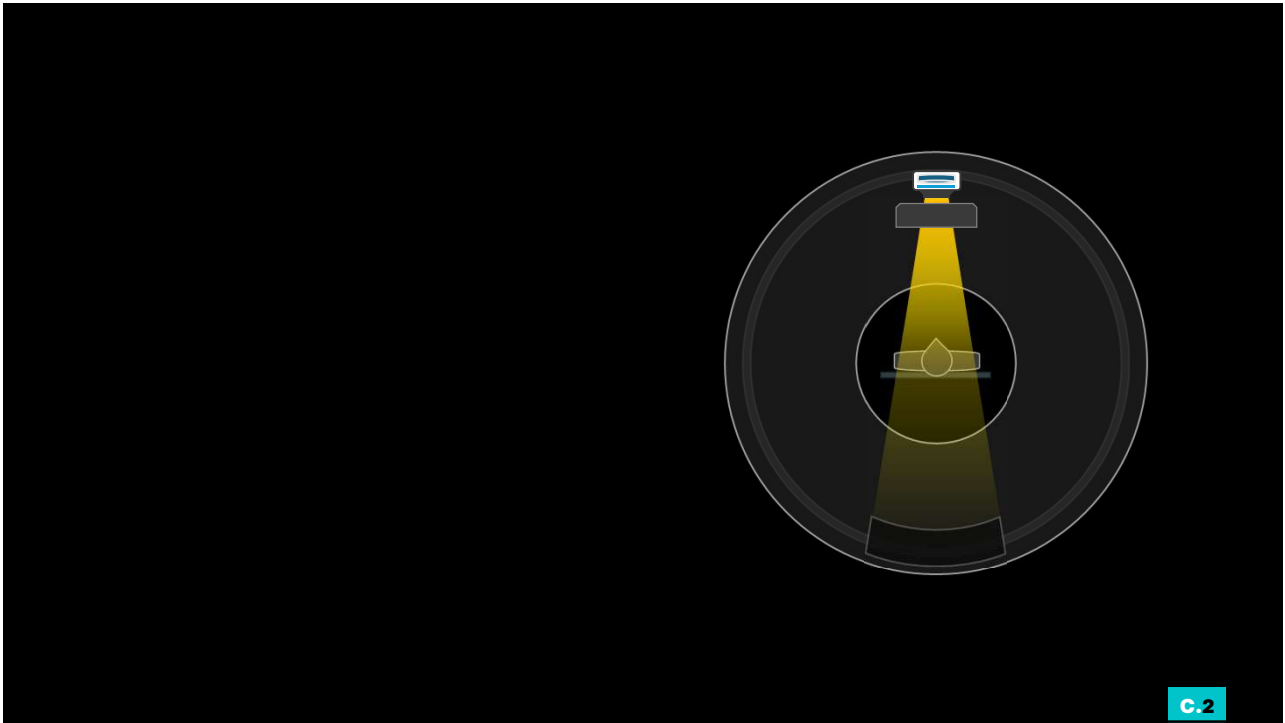
LARGE

C.2

149



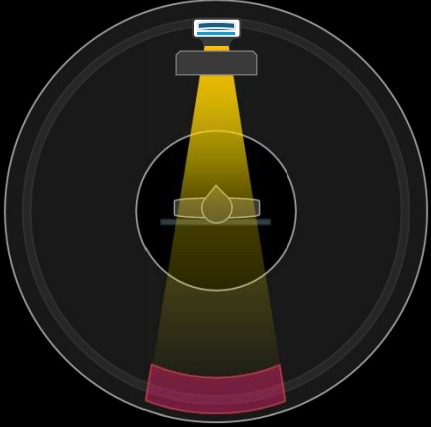
150



151

DETECTOR

One of most important parts of the CT scanner (if not the most important!). The detector is responsible for many of the performance characteristics of the scanner.



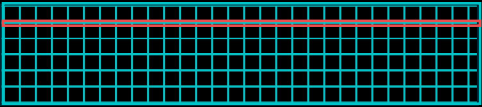
C.1

152

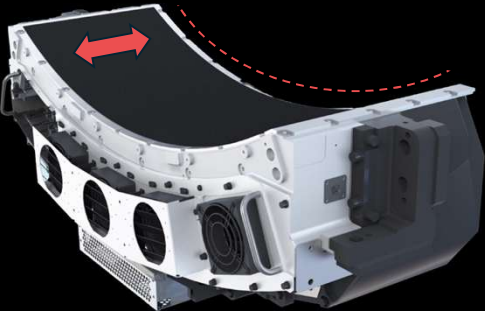
CELL (DETECTOR ELEMENT) SIZE



NUMBER OF DETECTOR ELEMENTS



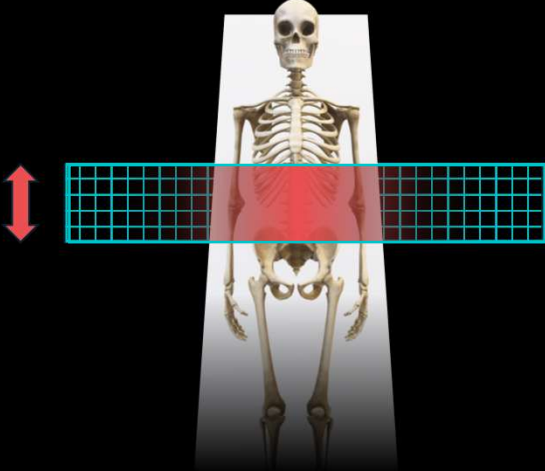
NUMBER OF DETECTOR ROWS (SLICES)



C.2

153

The **number of detector rows (slices)** and **their size (cell size)** also determines the amount of patient coverage possible for every rotation.



SINGLE SLICE CT

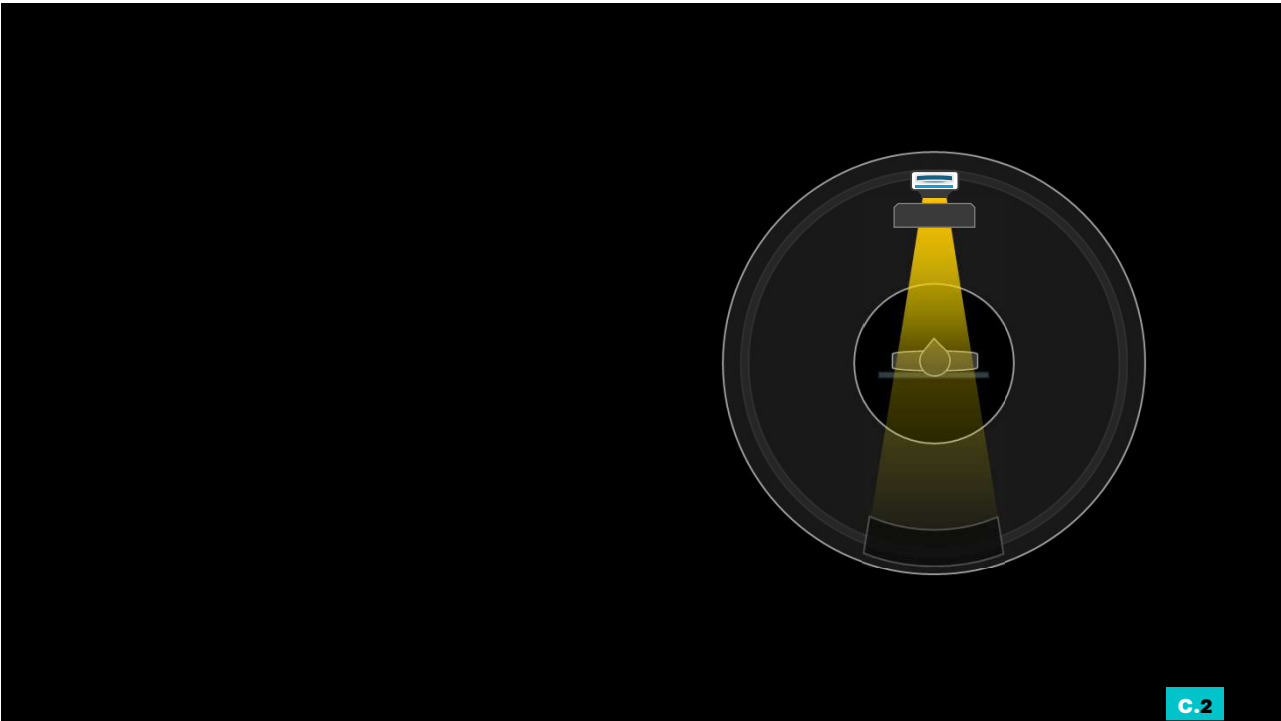
MULTI-SLICE CT

64 Row (slice) detector with 0.625mm cell size
has **Z-Axis coverage** of $(64 \times 0.625\text{mm}) = 40\text{mm}$

320 Row (slice) detector with 0.5mm cell size
has **Z-Axis coverage** of $(320 \times 0.5\text{mm}) = 160\text{mm}$

C.2

154

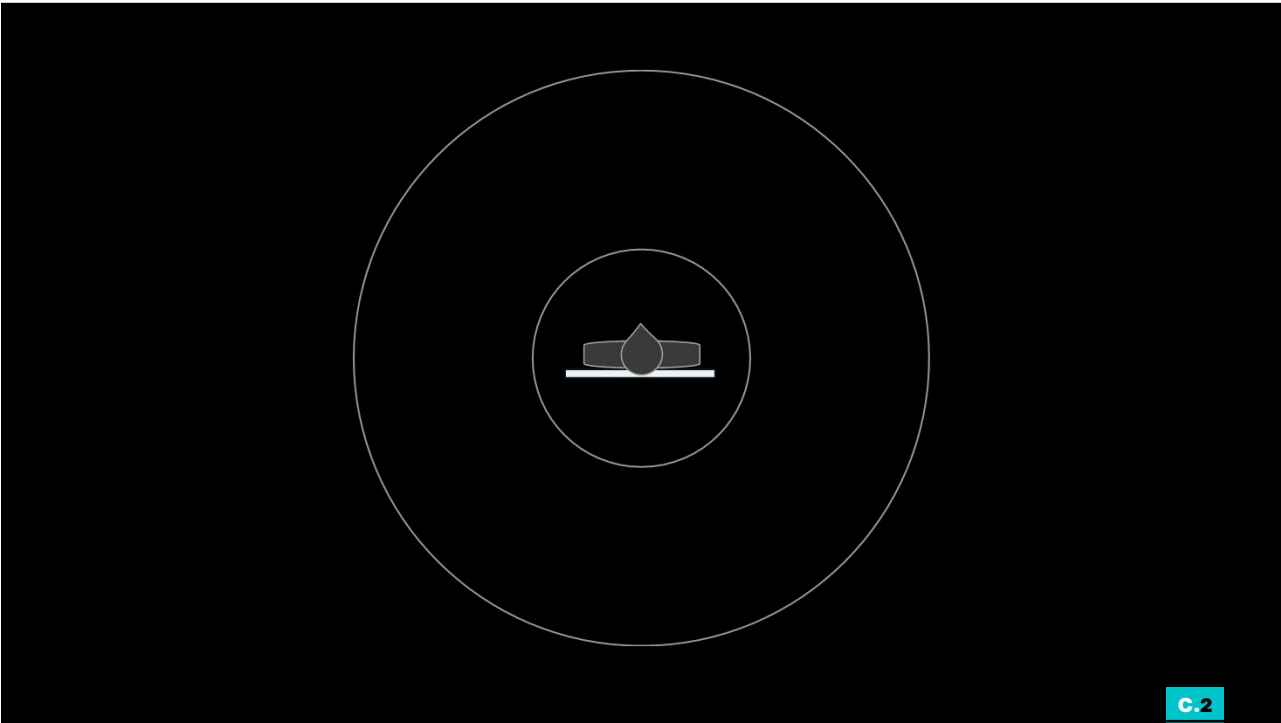


155

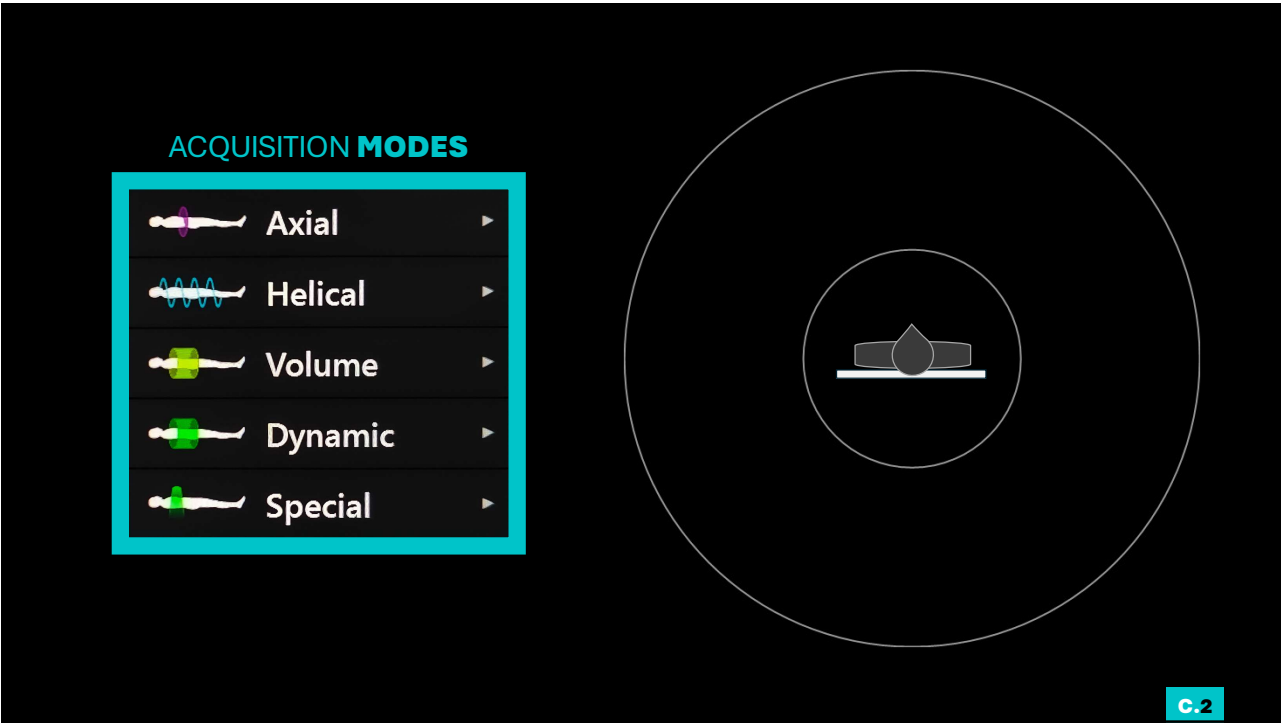
The rotation mechanism is responsible for how fast the CT scanner can complete an acquisition. It is generally referred to as “Rotation Speed”. It describes the **time it takes the X-Ray tube & Detector to complete one full rotation around the patient.**

156

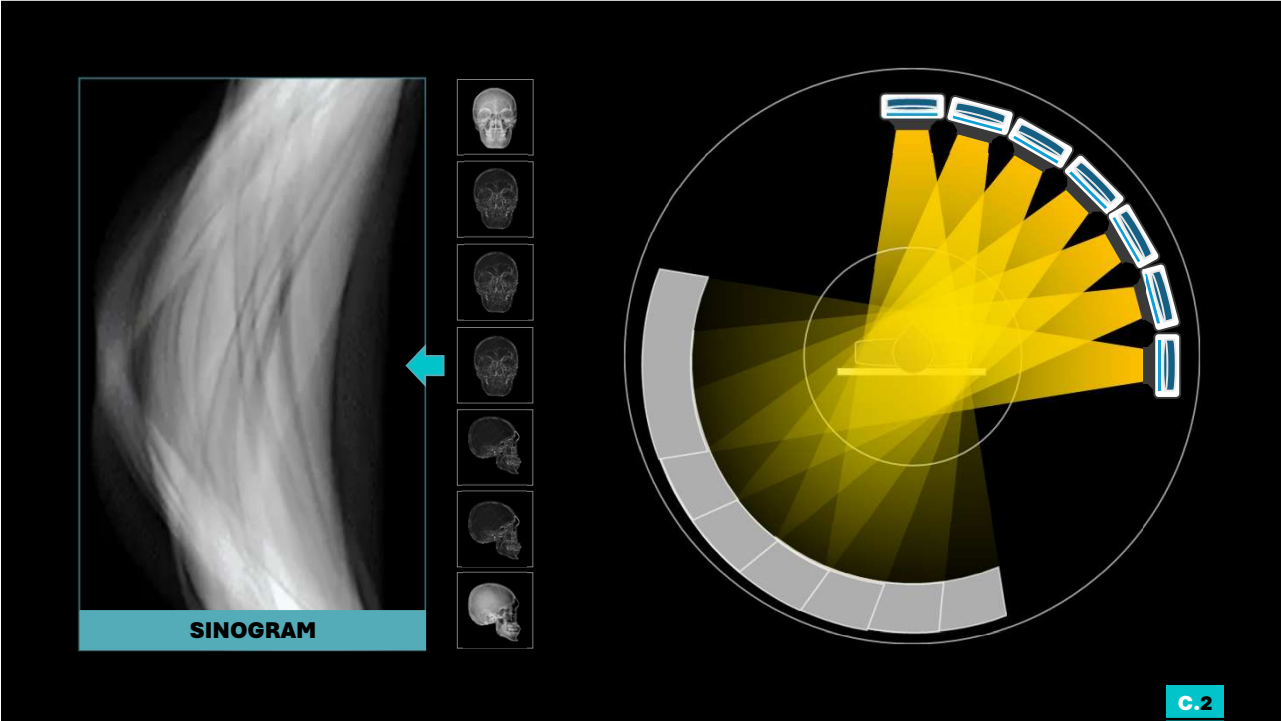
157



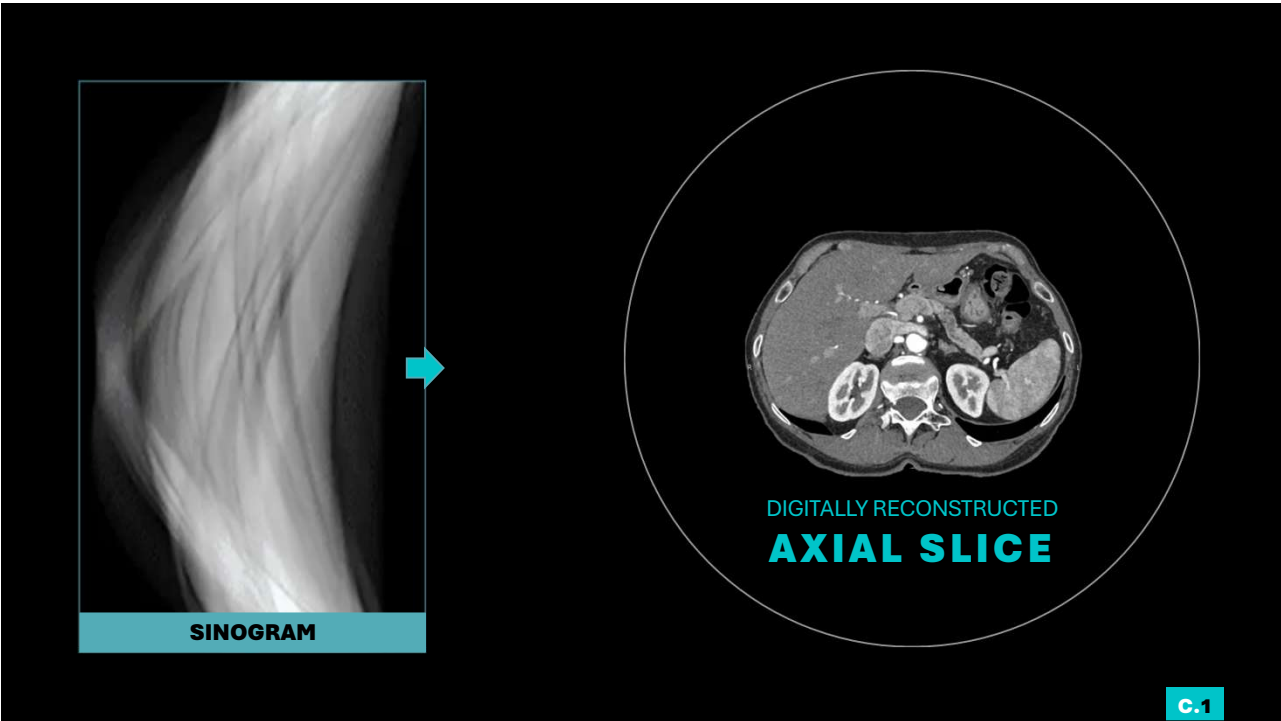
158



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FILTERED BACK-PROJECTION

How it Works:

1. Projection Data

2. Back Projection

3. Filtering

PROS

• Fast and computationally efficient

• well-established (industry standard)

CONS

• Susceptible to noise and artifacts

• FBP does not explicitly account for the physics of x-ray interactions, which can lead to inaccuracies in the reconstructed image.

C.2

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ITERATIVE RECONSTRUCTION

How it Works:

1. Initial Image Estimate

2. Forward Projection

3. Comparison

4. Image Update

5. Iteration

PROS

• Excellent noise reduction and Image quality

• Has potential to reduce the radiation dose

• Less susceptible to artifacts and can be used to reduce artifacts.

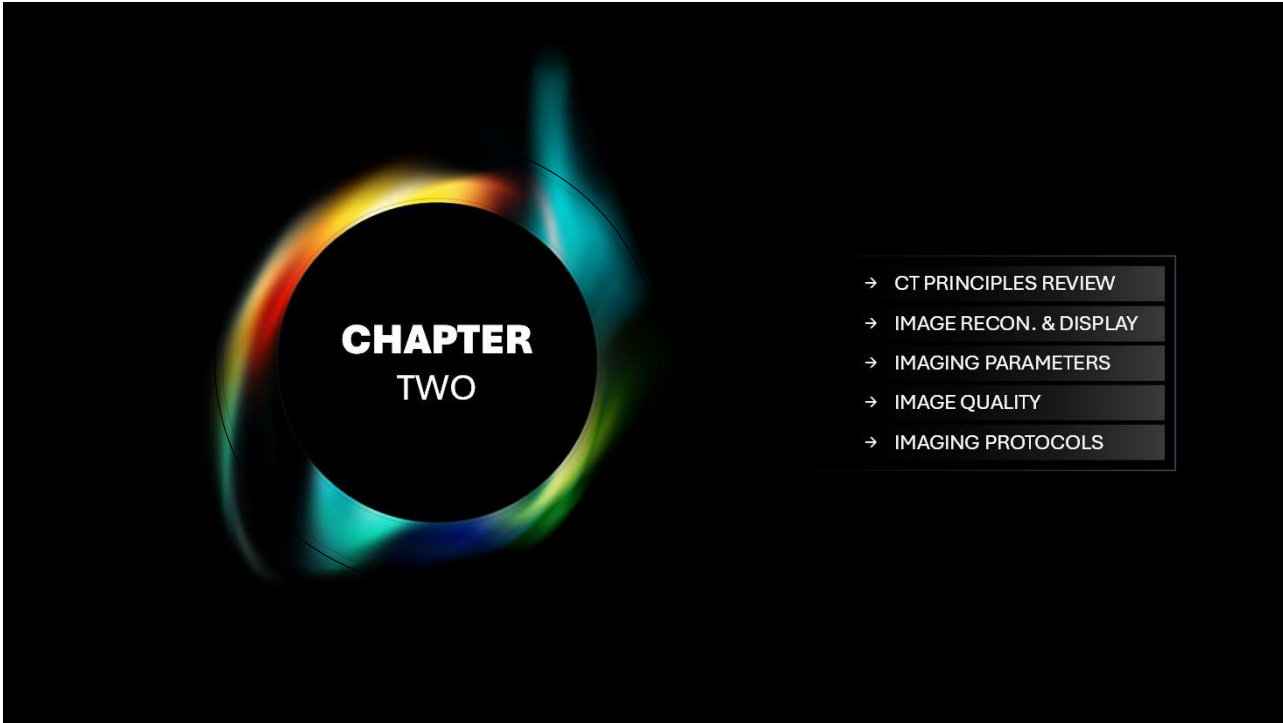
CONS

• Slow and computationally demanding

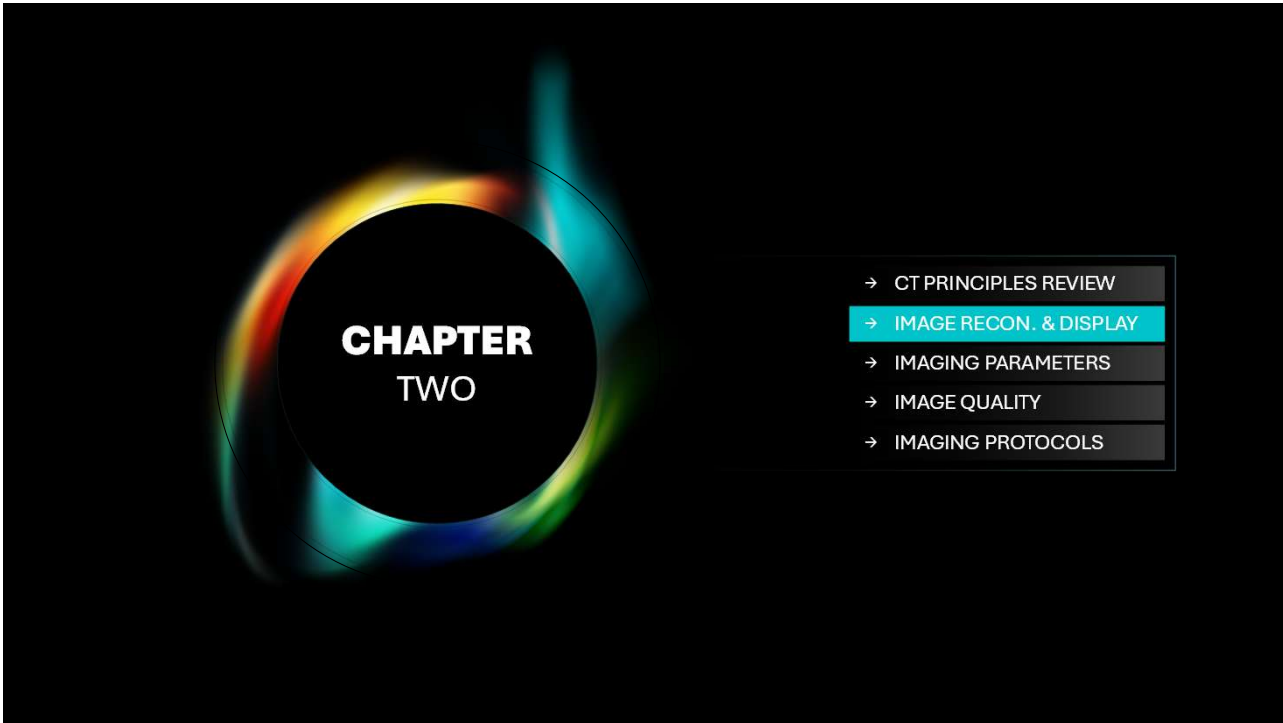
• Images may look “Plastic-y”

C.2

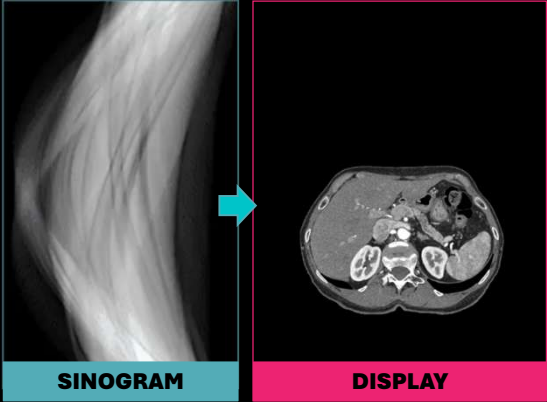
163



164



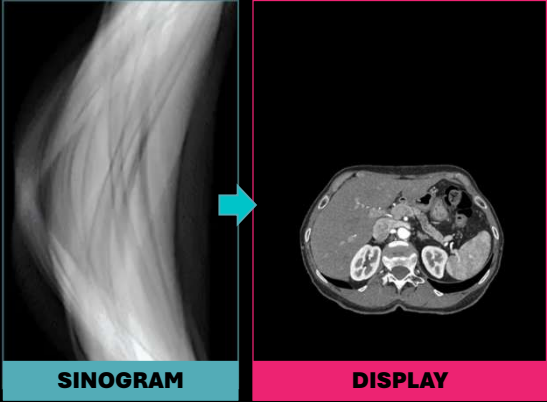
165



Going from raw data to final image is like **cooking** and **serving a meal**.

C.2

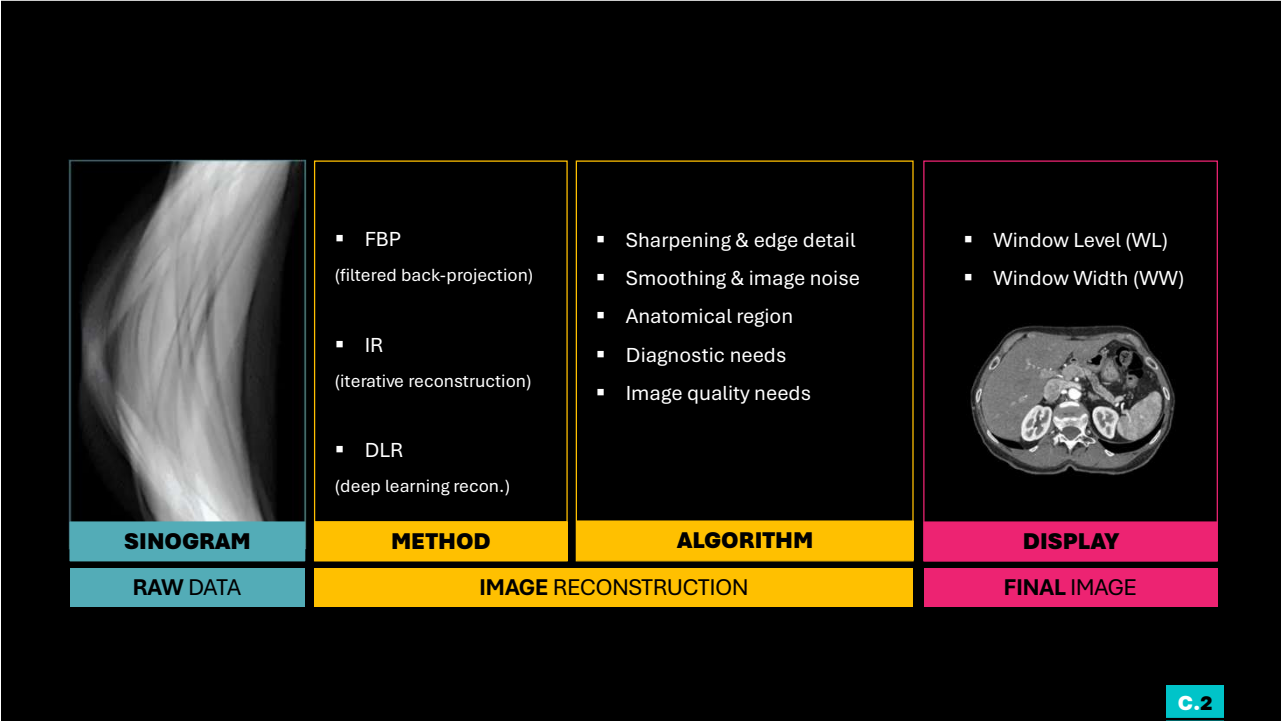
166



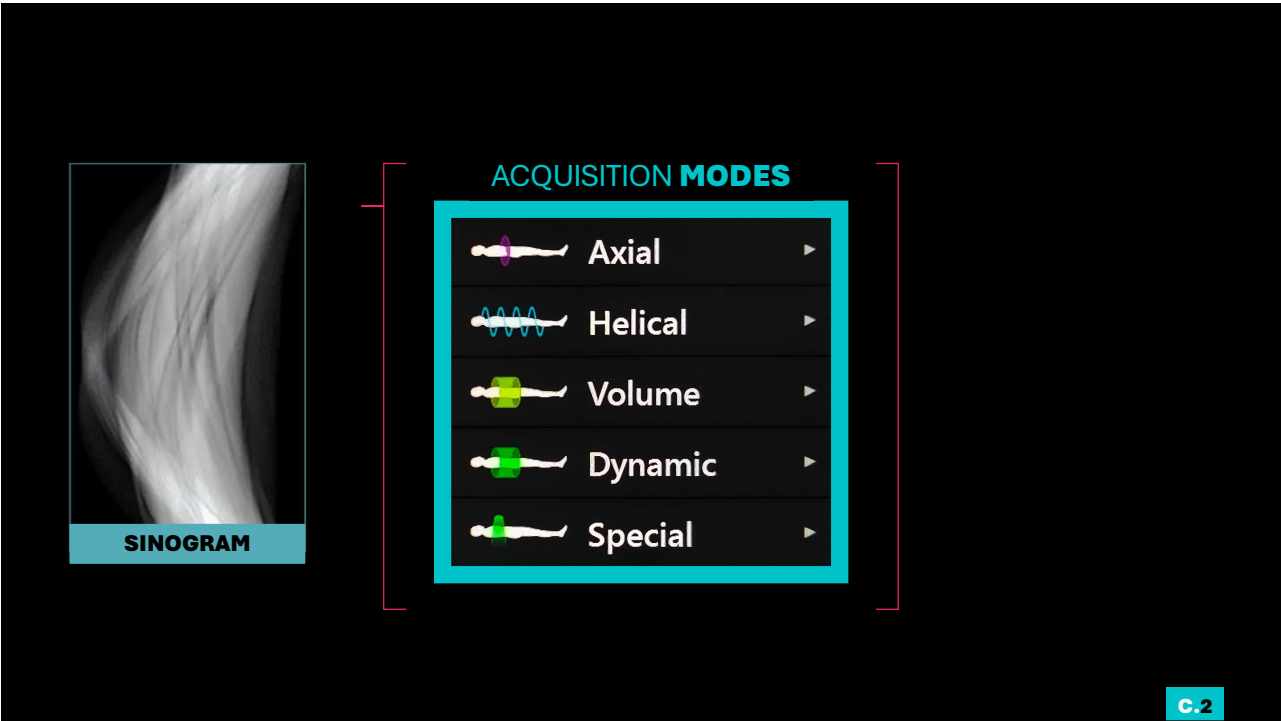
We are cooking the raw ingredients using our choice of **cooking method**, **recipe**, and **presentation**.

C.2

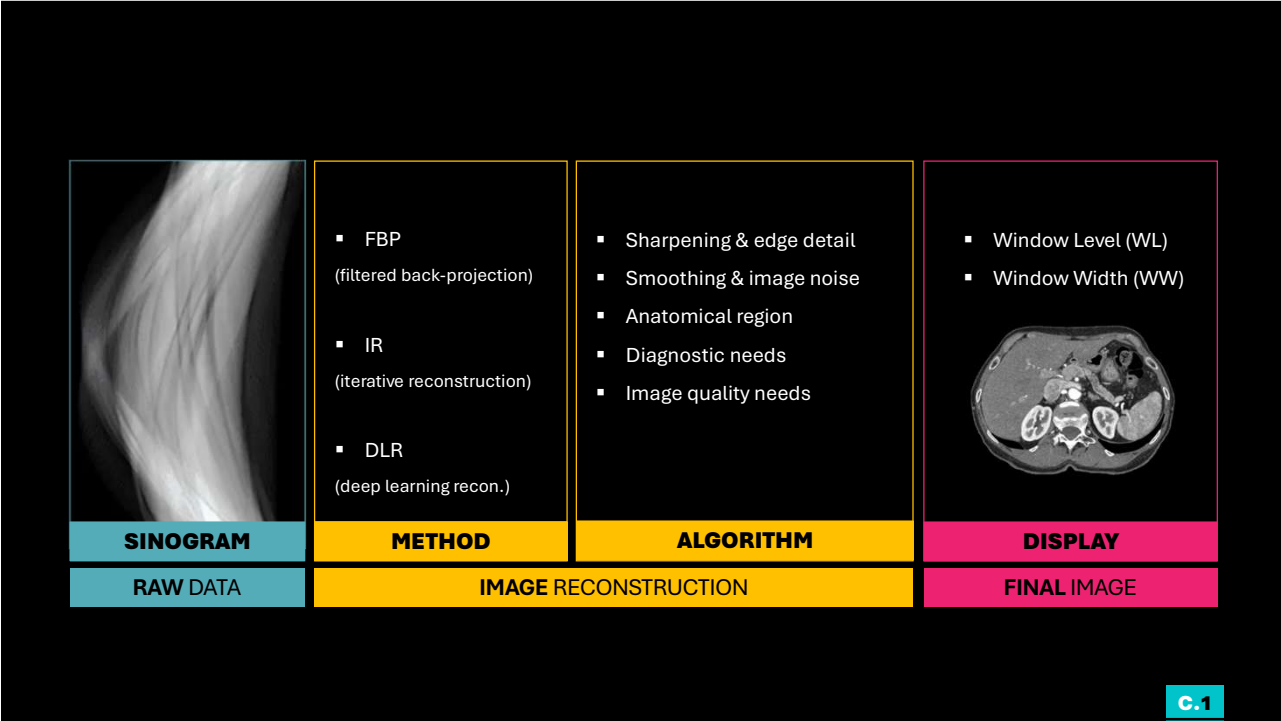
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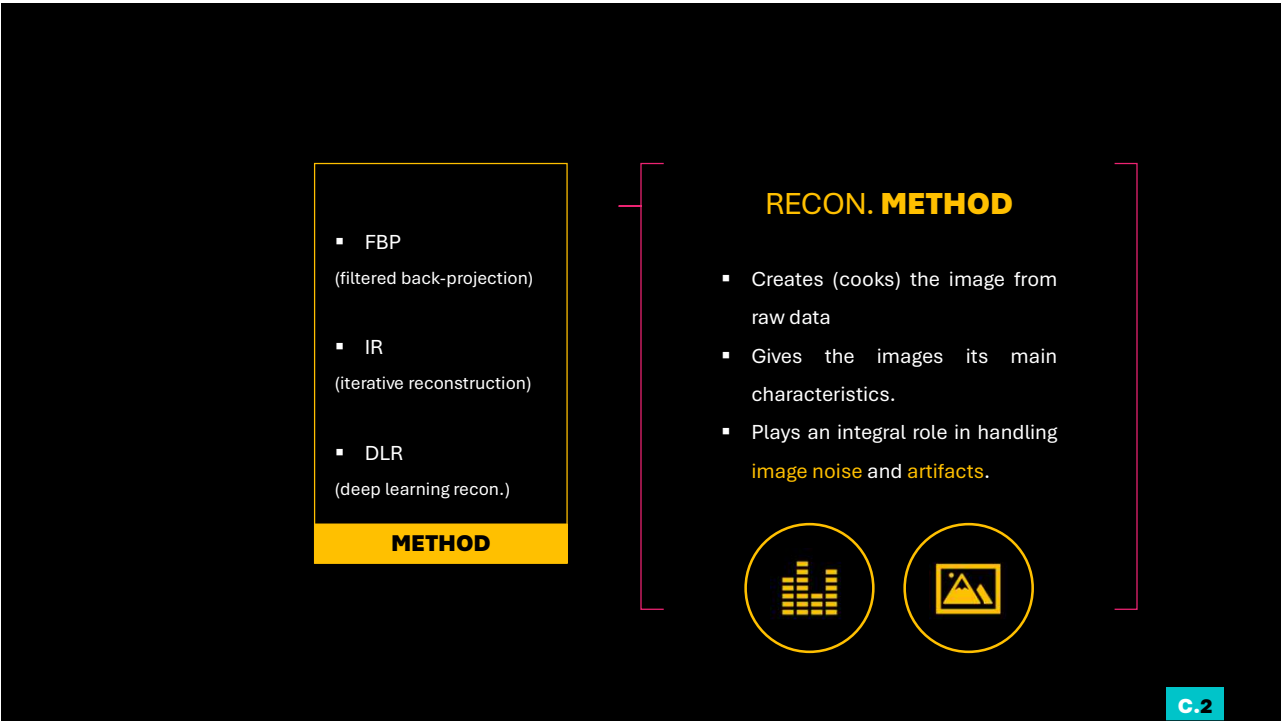
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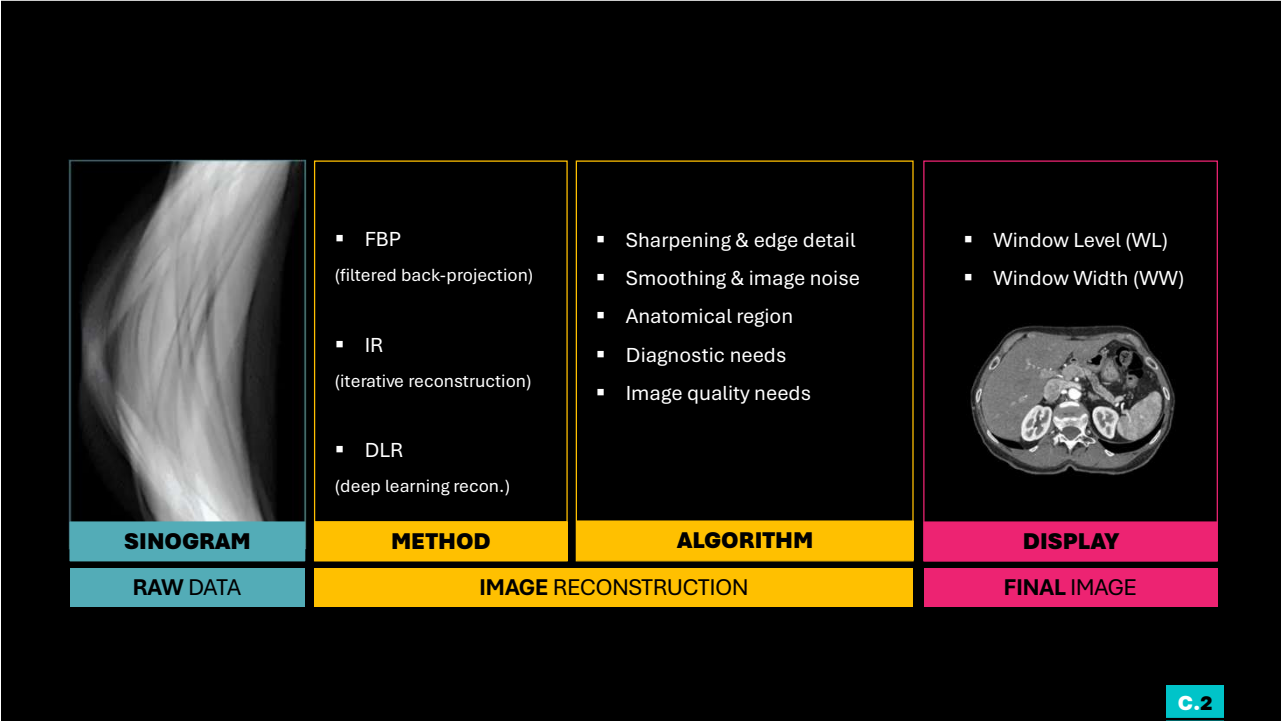
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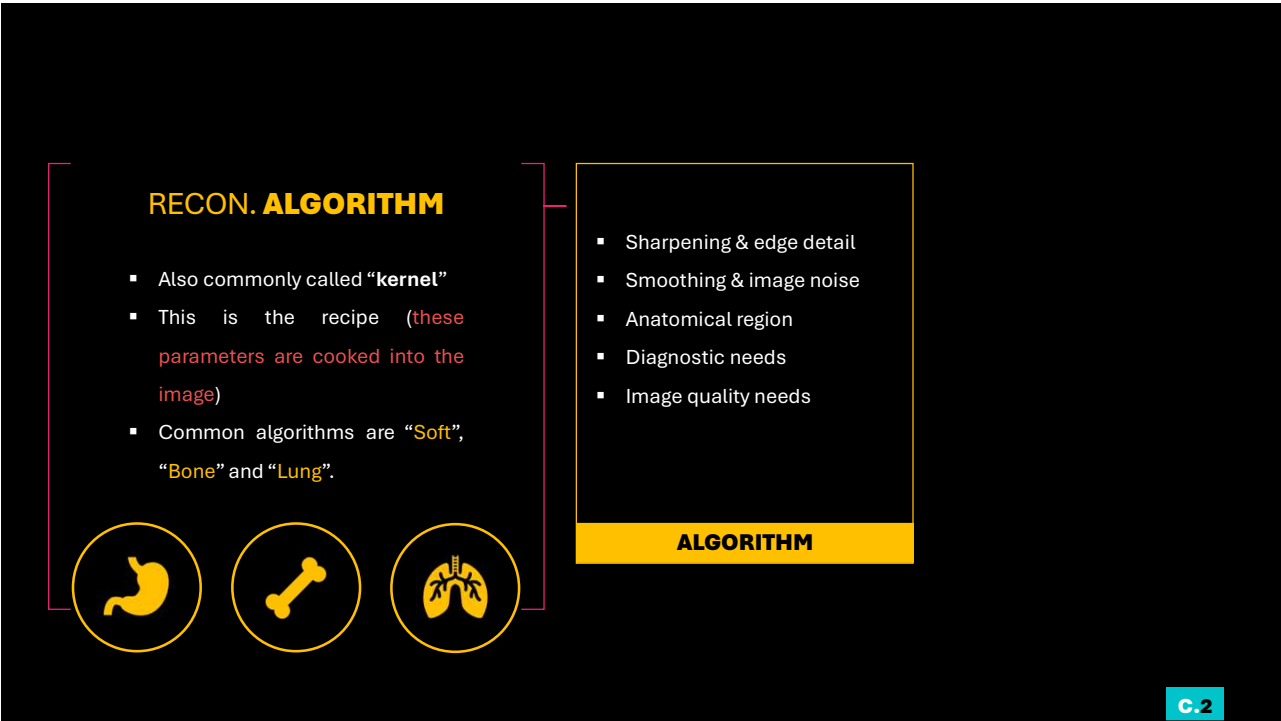
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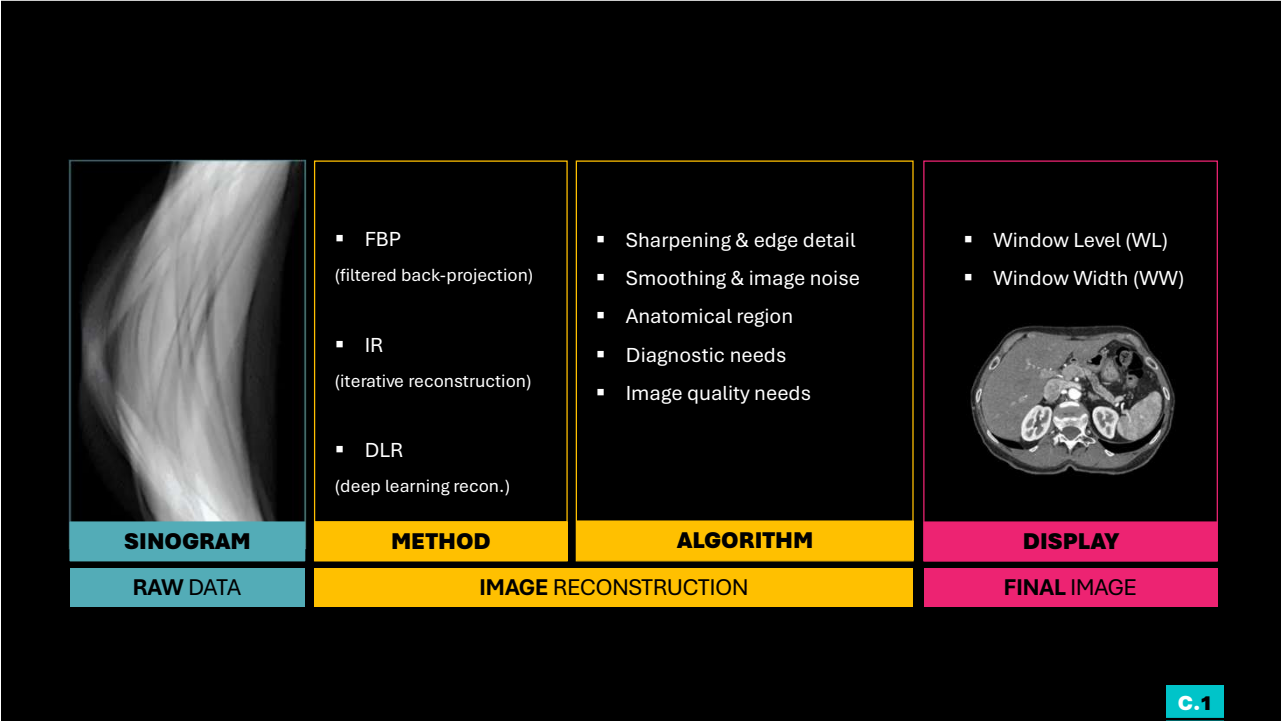
171



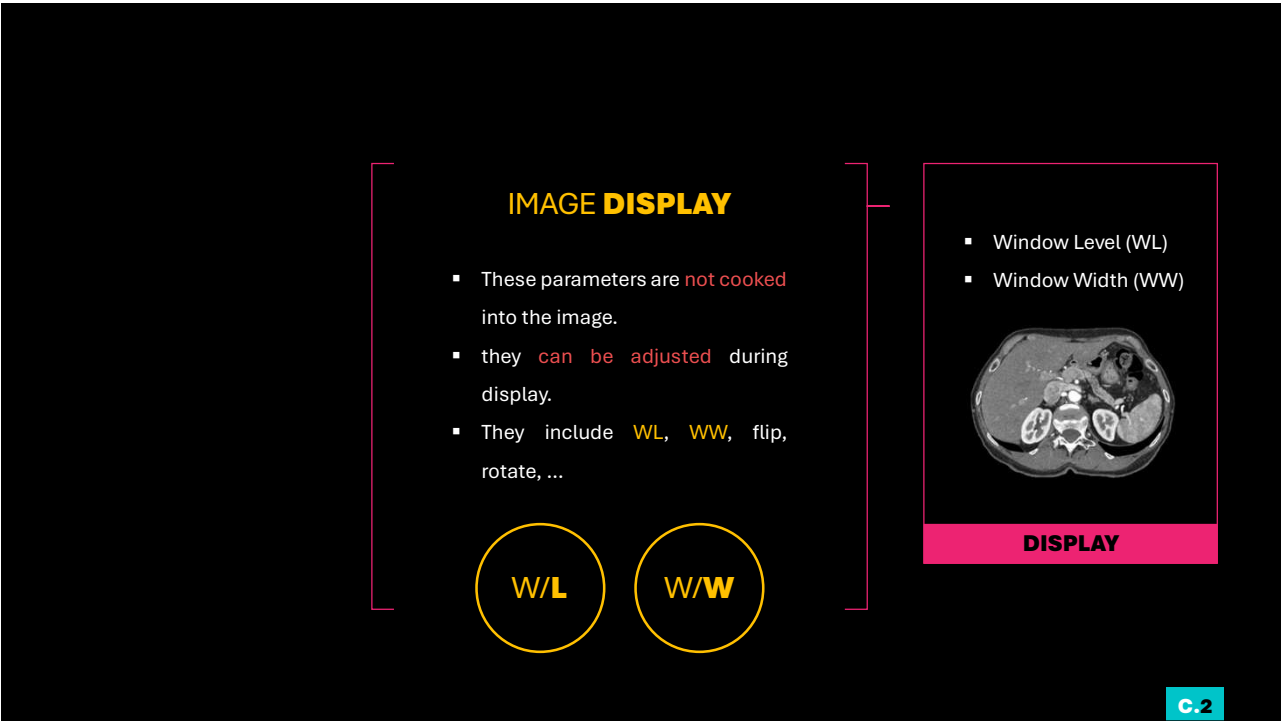
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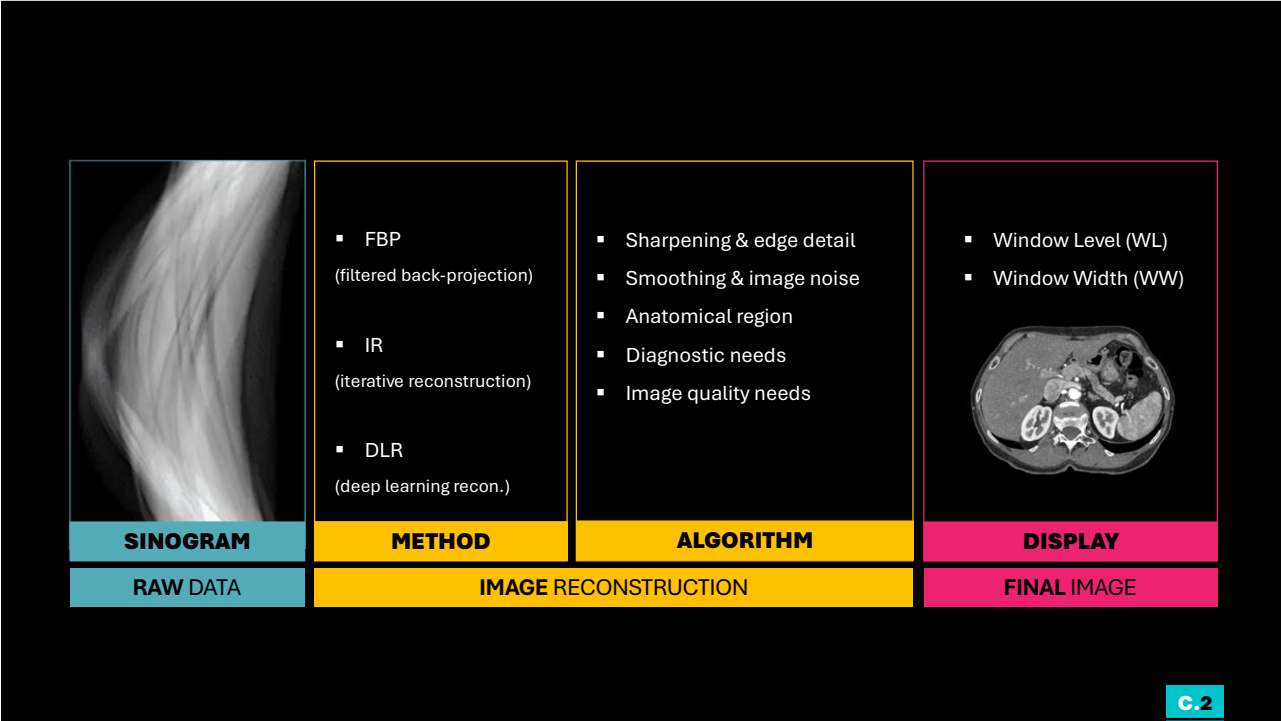
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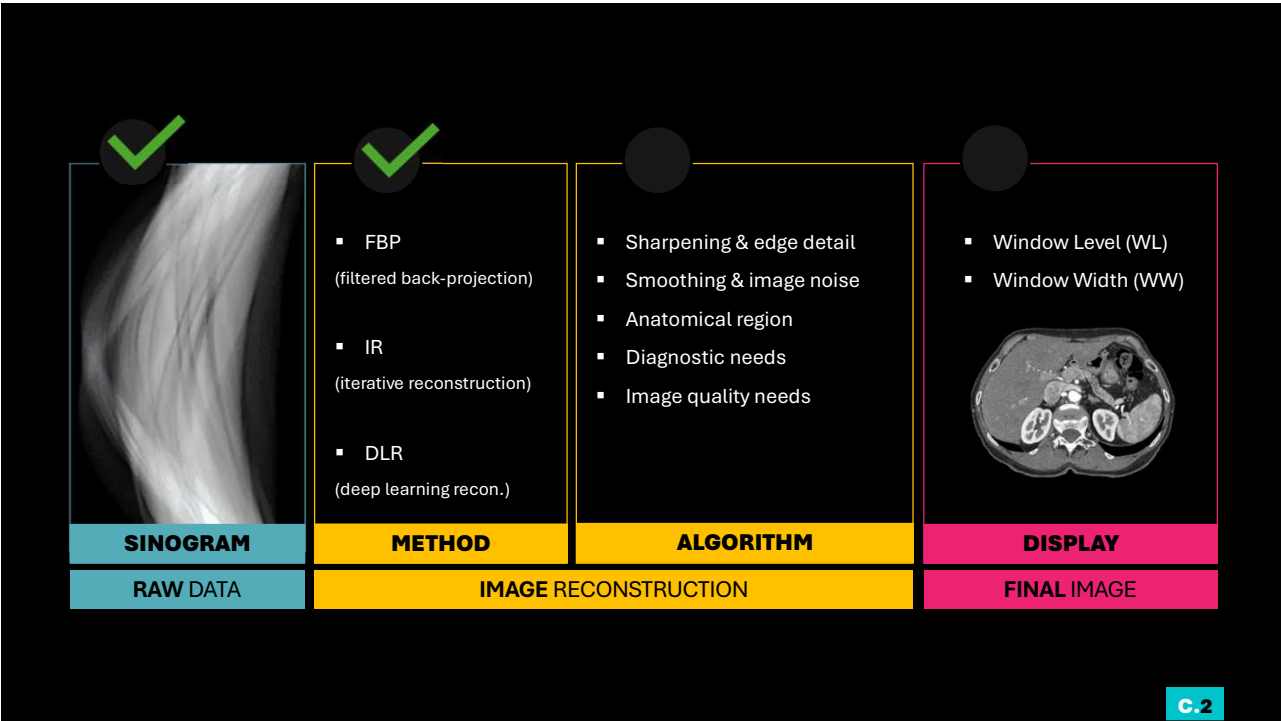
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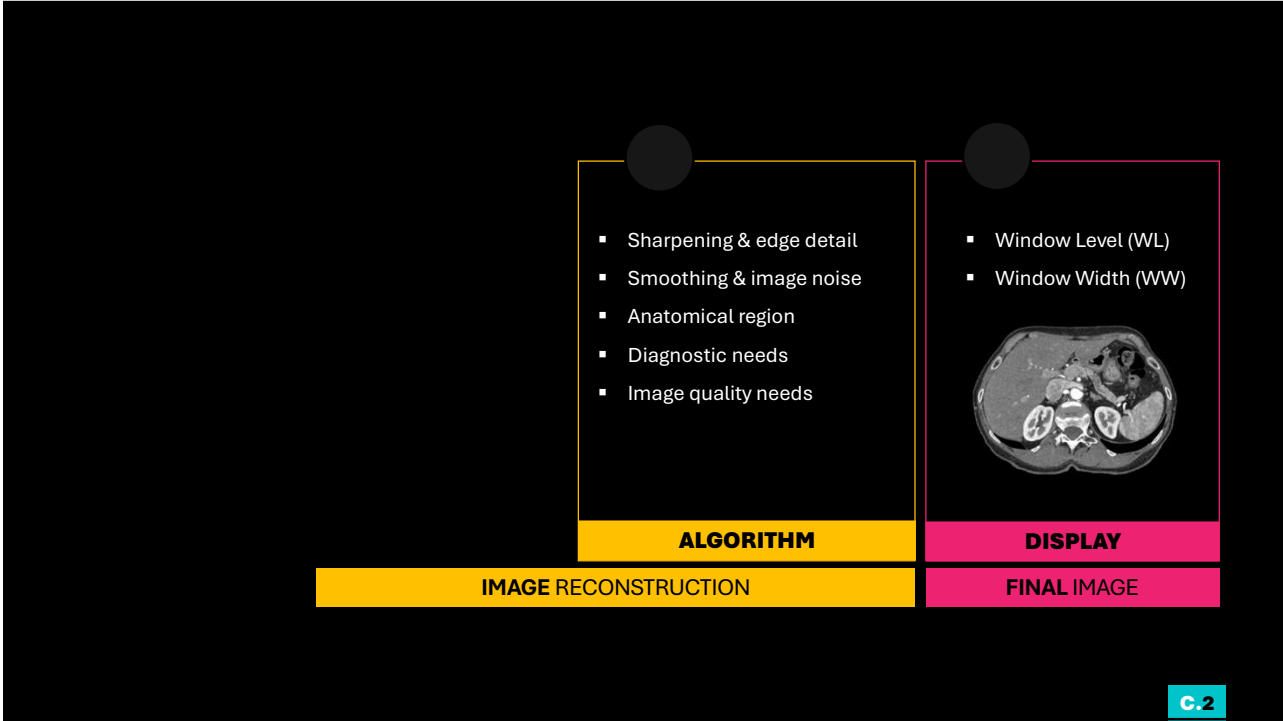
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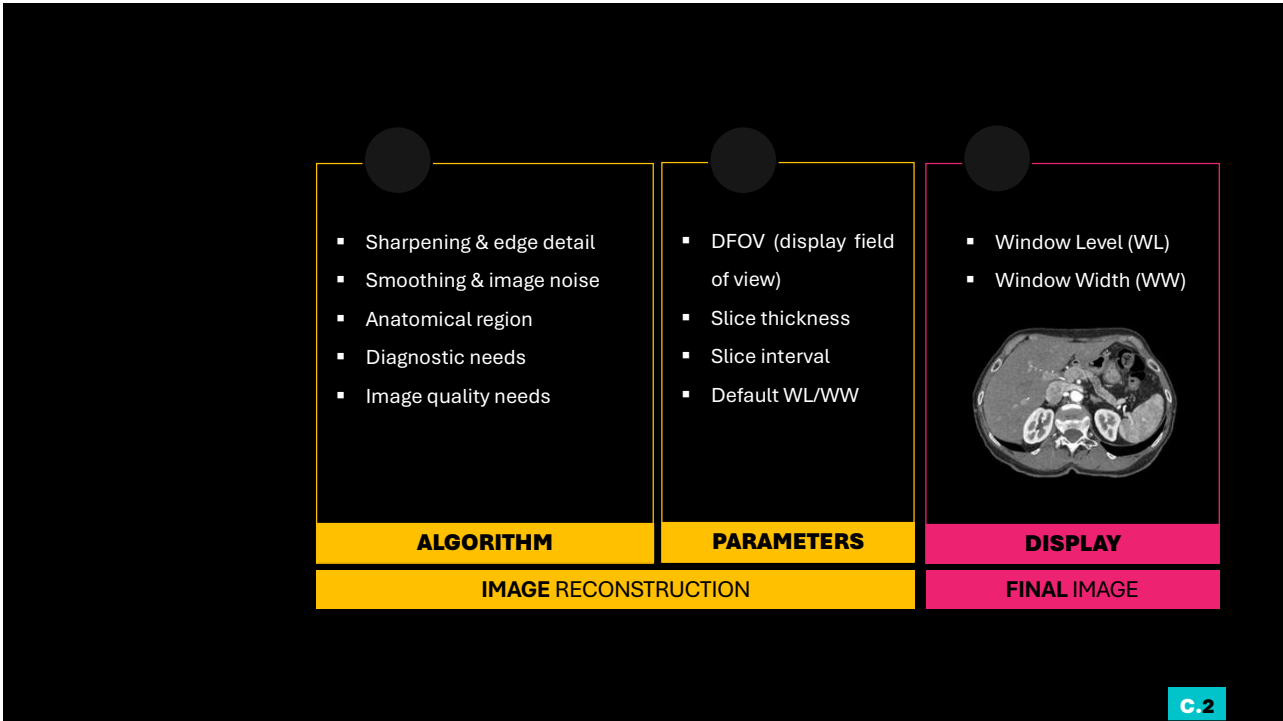
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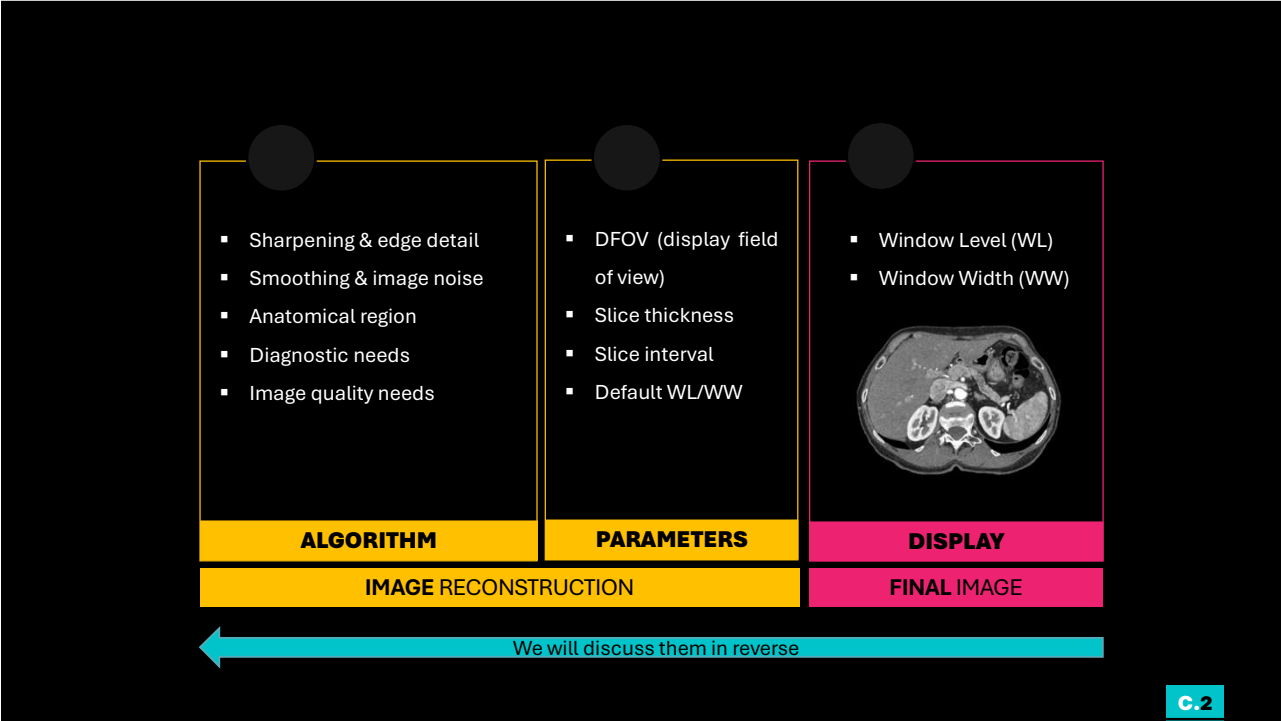
177



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The Hounsfield scale, named after Sir Godfrey Hounsfield, is a quantitative scale used in CT imaging to **represent the radiodensity of tissues**. It assigns a numerical value, called a CT number or **Hounsfield unit (HU)**, to each pixel in the CT image, reflecting the relative attenuation of x-rays by the corresponding tissue.

In the Hounsfield scale we use **water as the reference point**. Water is given the value of **zero (0 HU)**.

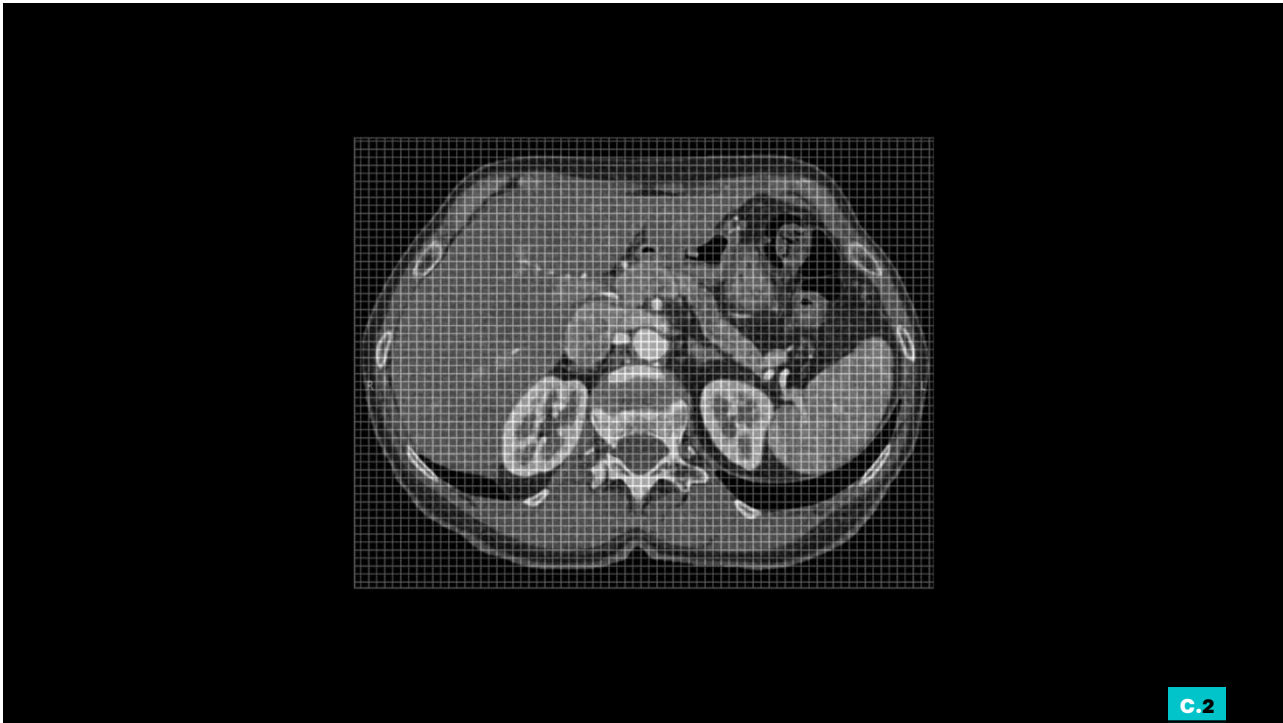


C.2

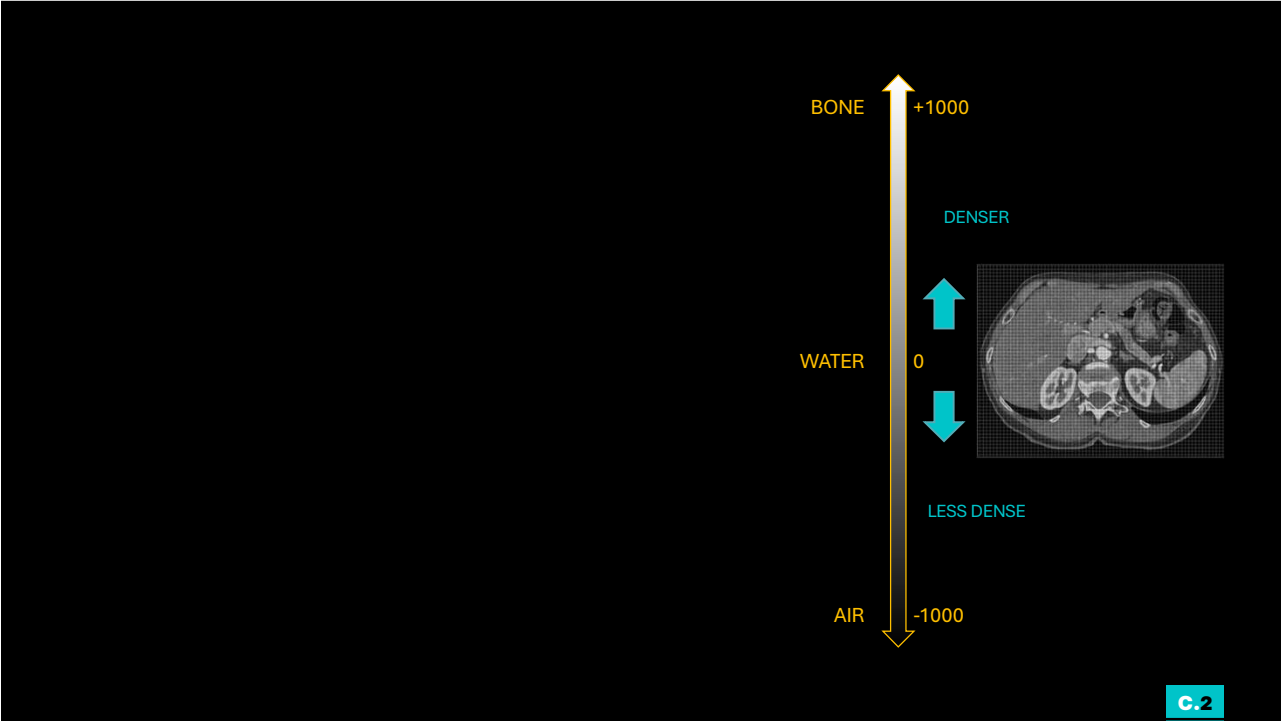
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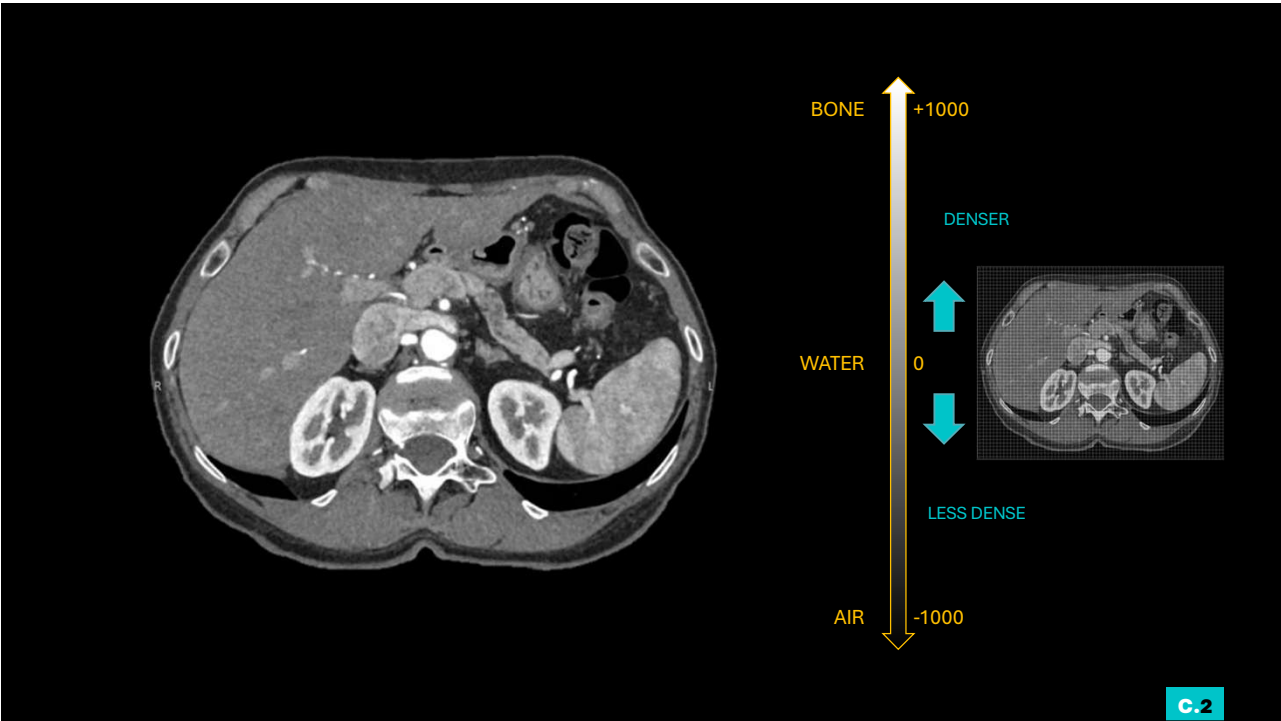
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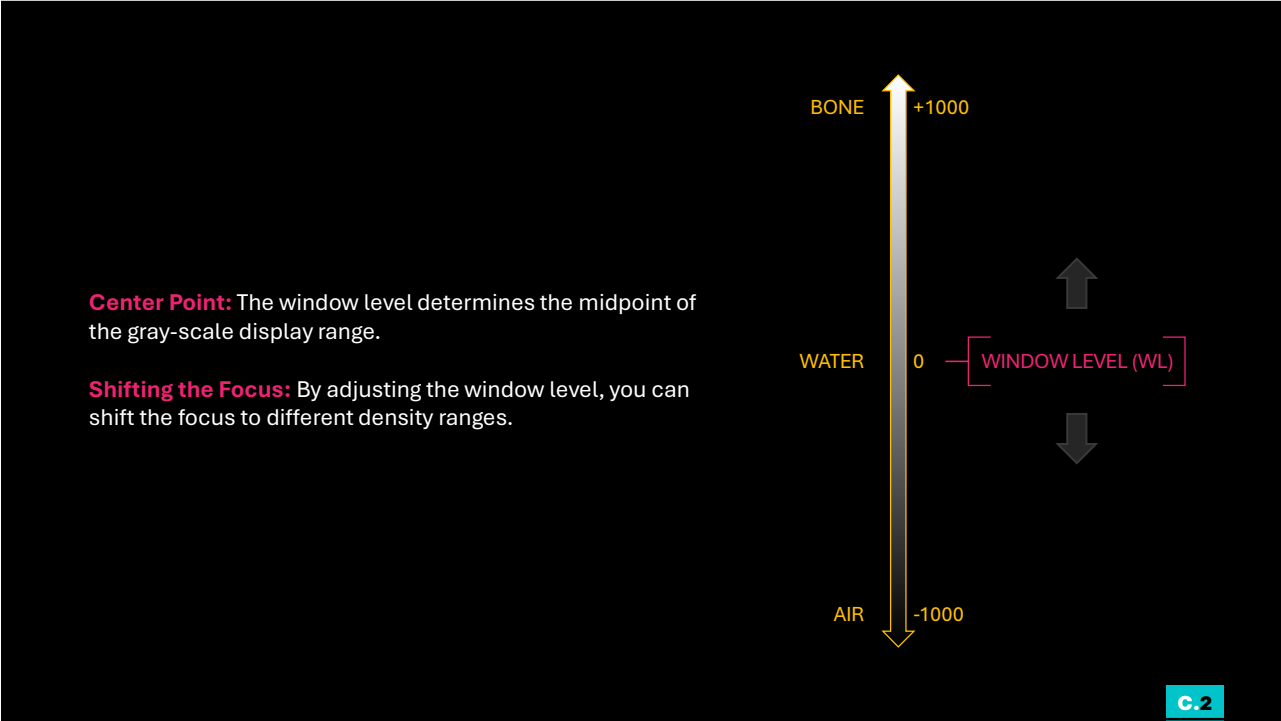
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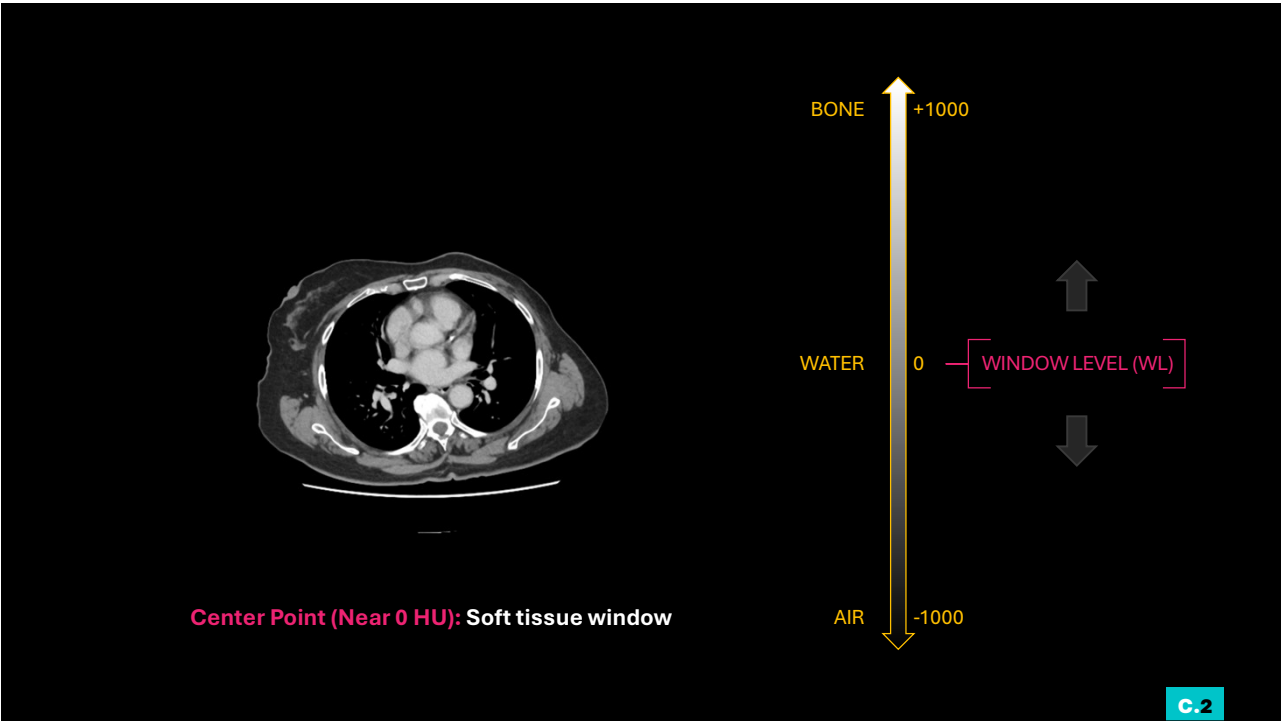
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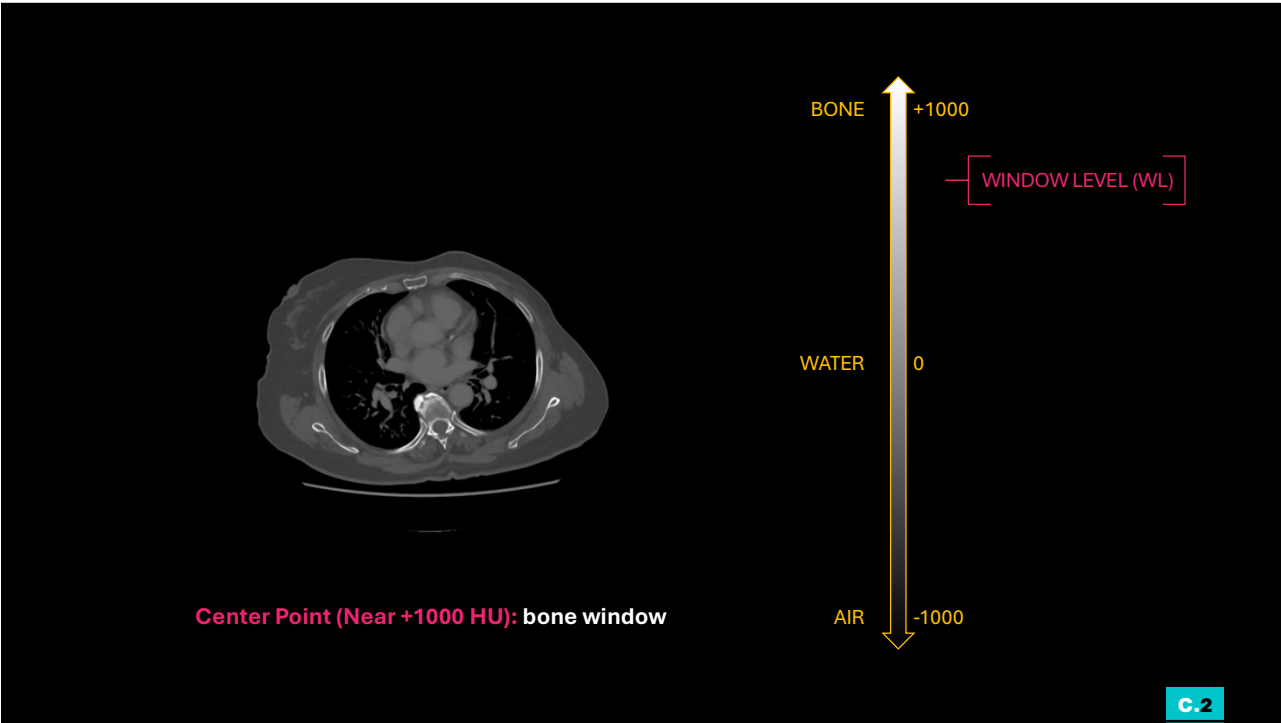
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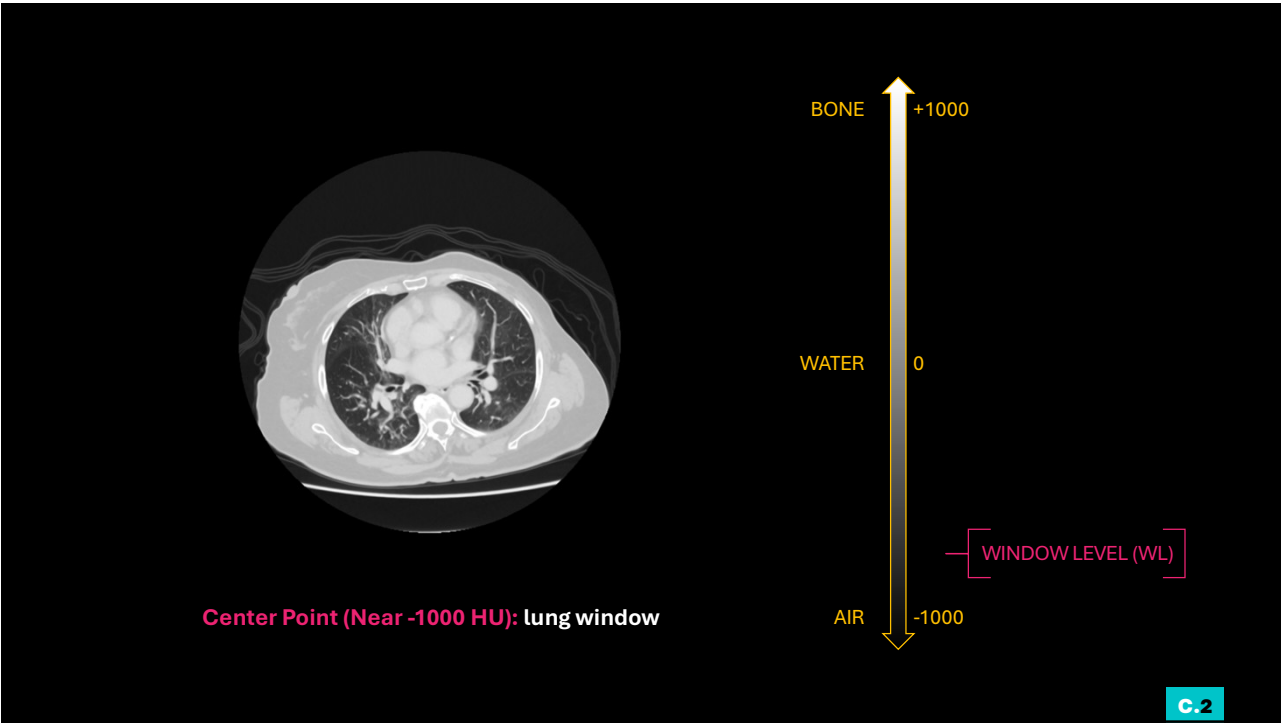
186



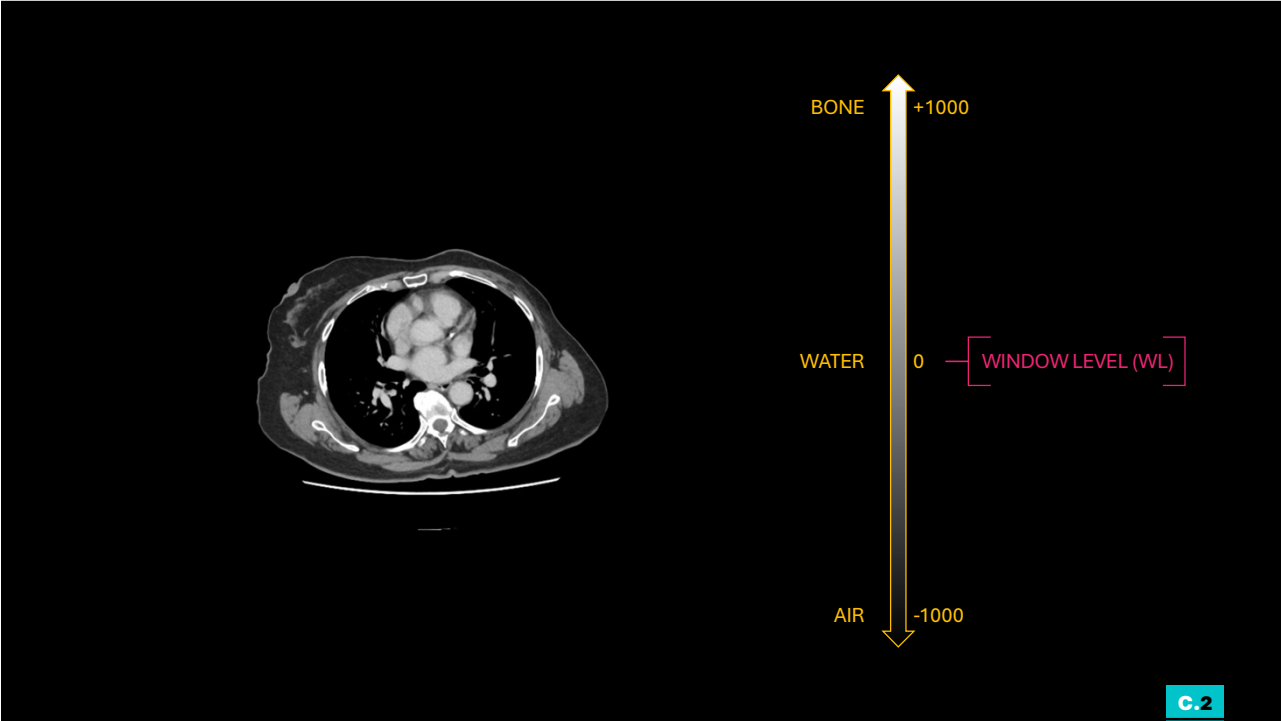
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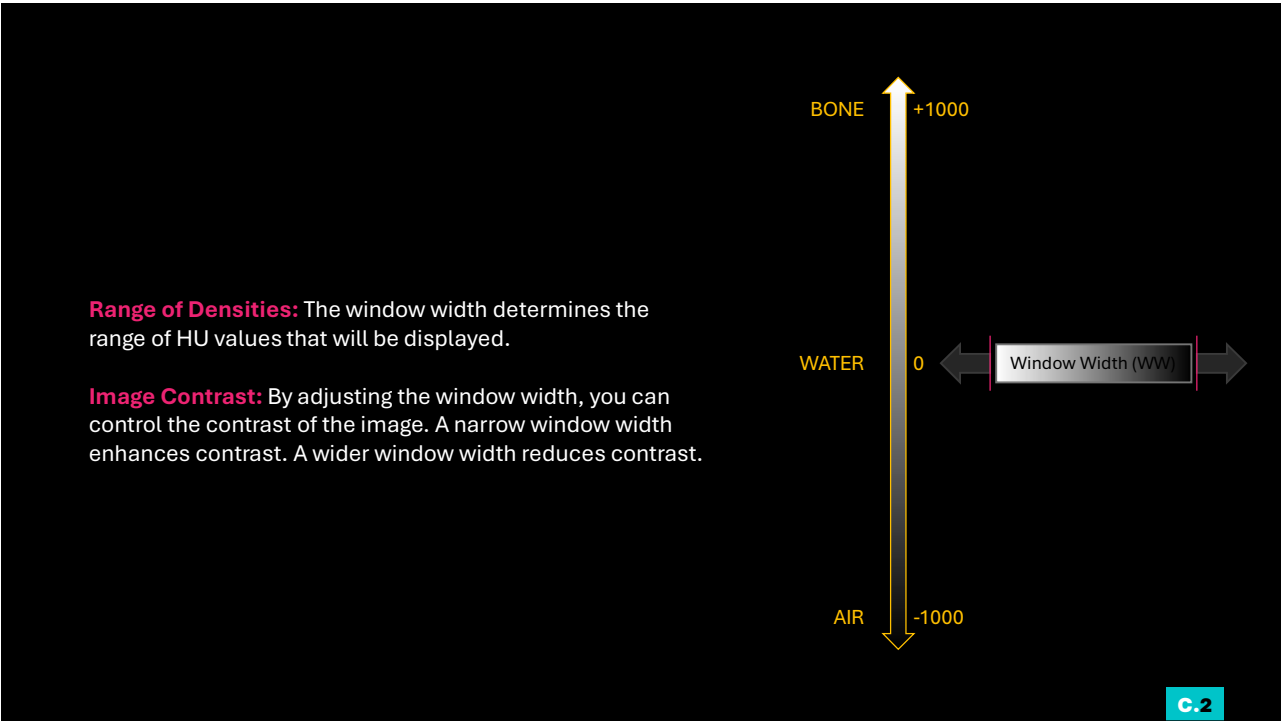
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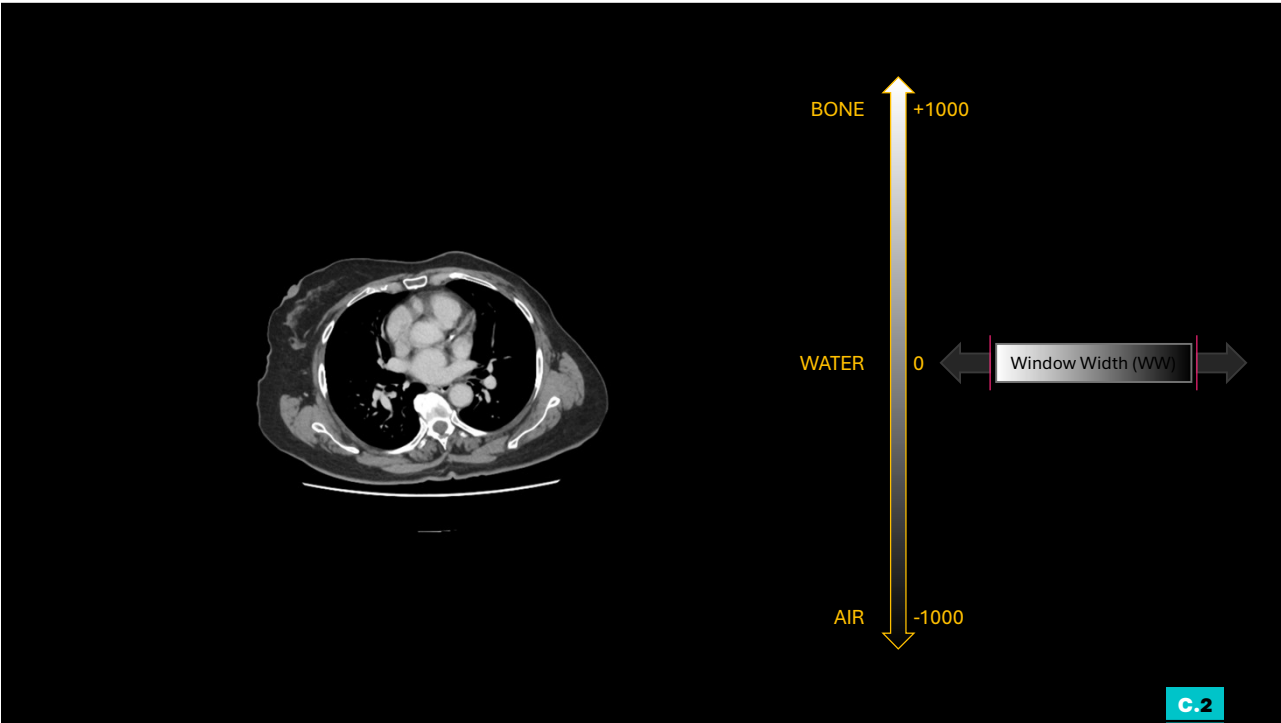
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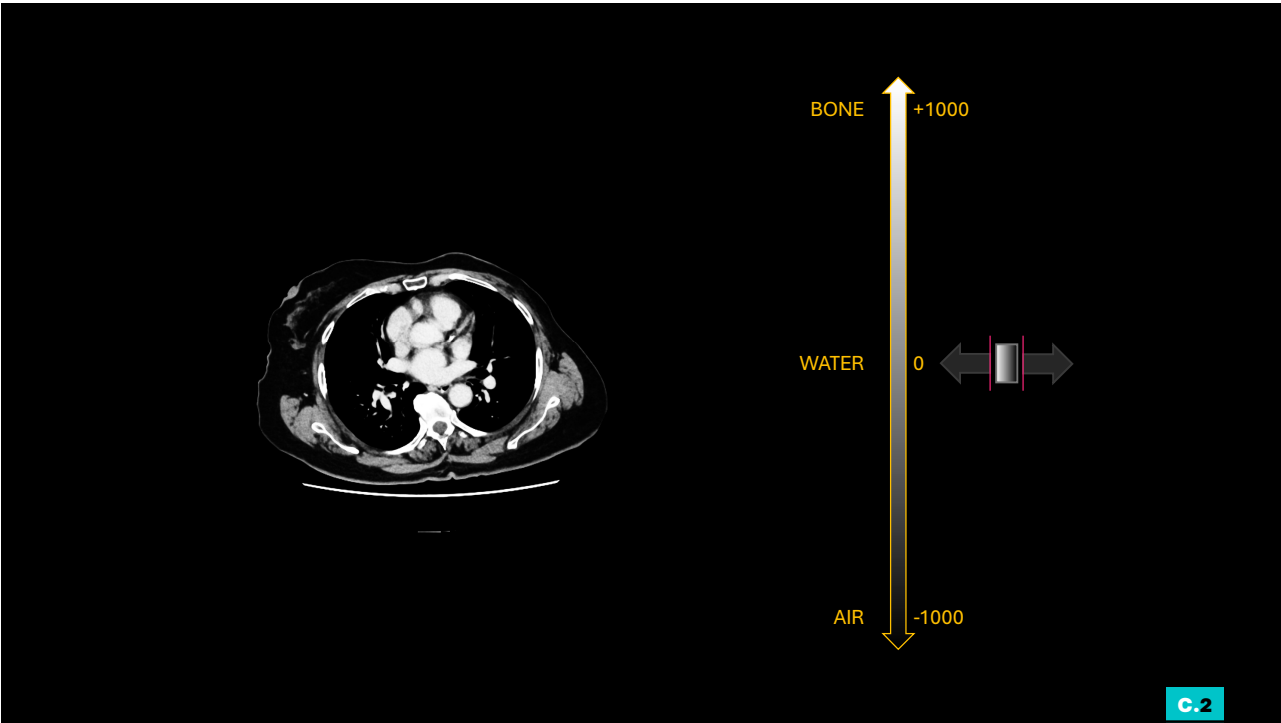
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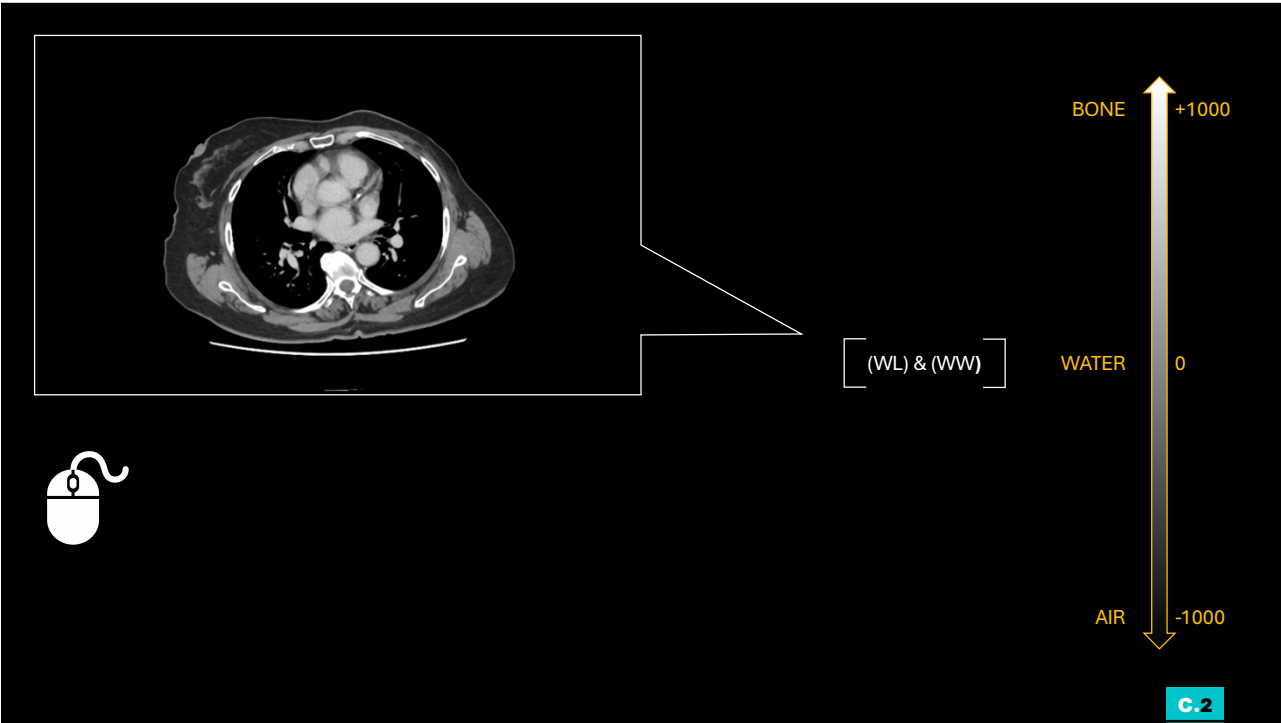
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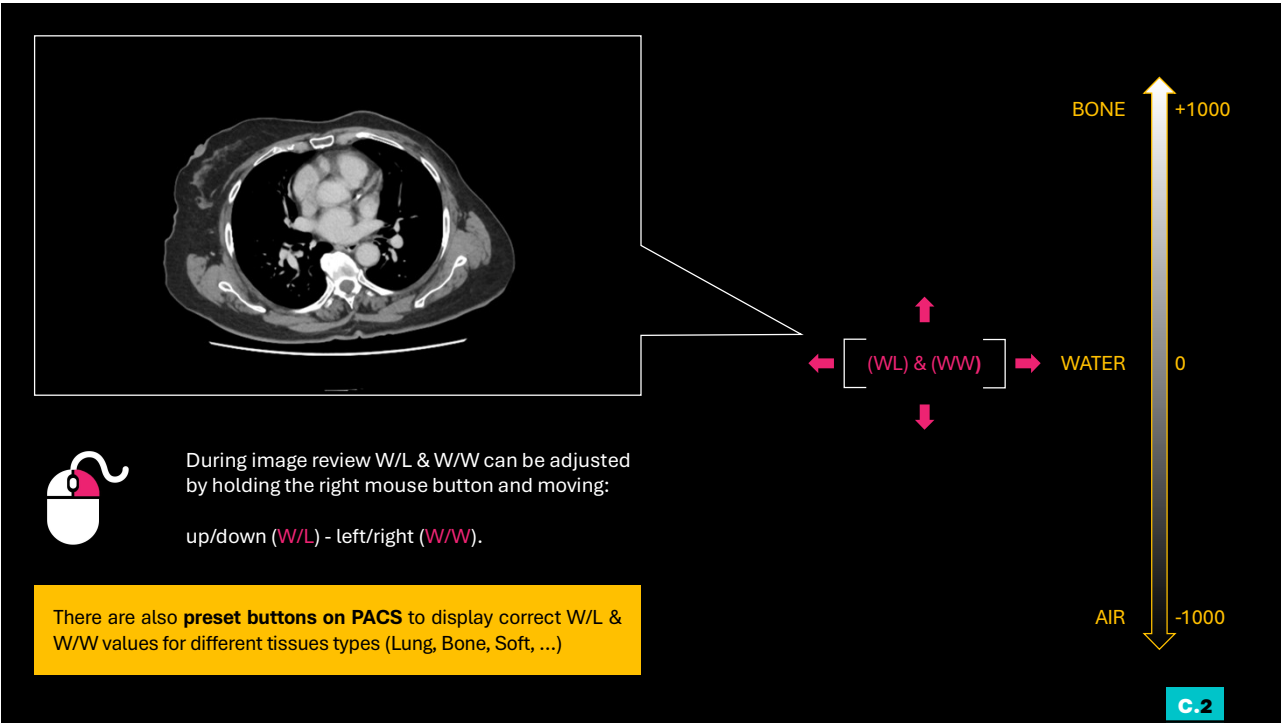
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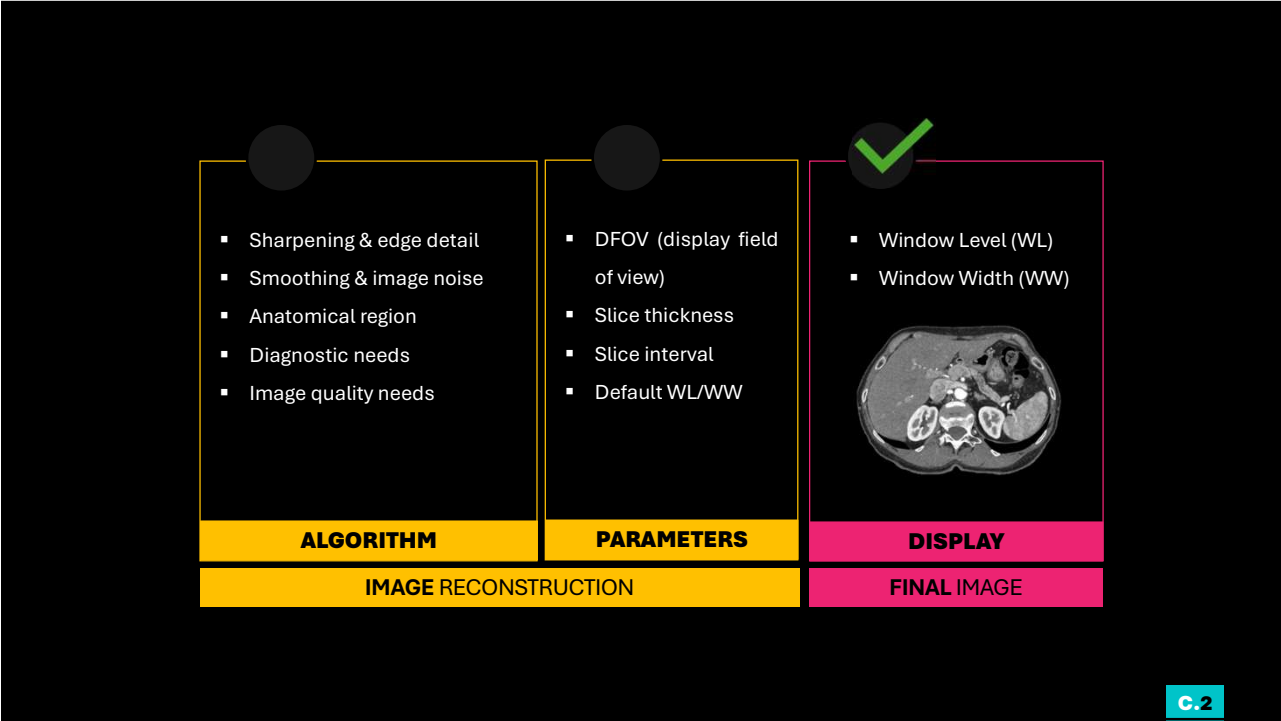
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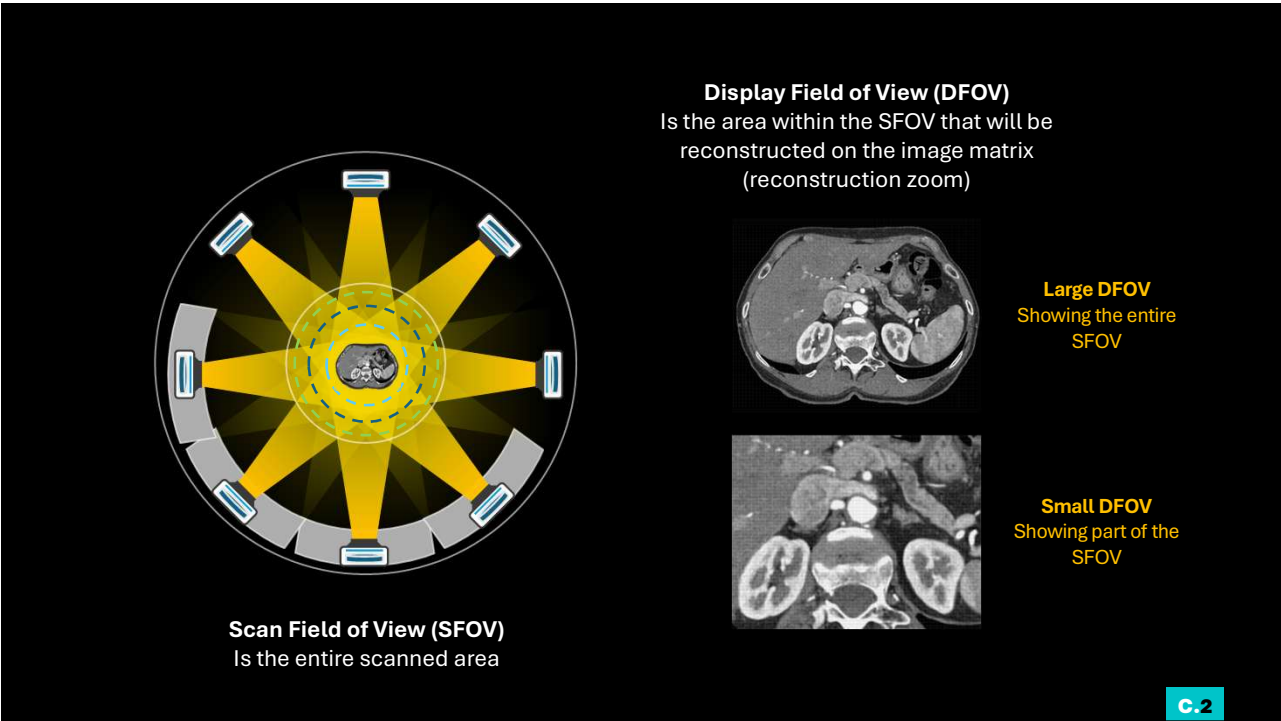
194



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CT slices are made of **voxels** (3D Pixels)

Depth of voxel = slice thickness

CT images can be reconstructed at **any desirable slice thickness**. The minimum thickness is determined by the detector cell size.

The spacing between each CT slice (**Slice Interval**) can also be reconstructed at any desired value. Slices can be **back to back**, **overlapped** or reconstructed with **gaps in-between**.



Thicker slices have less image noise compared to thin slices but they suffer from **Partial Volume Effect**.

C.2

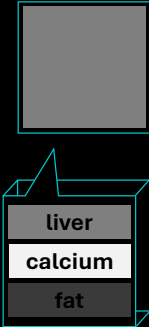
198

CT slices are made of **voxels** (3D Pixels)

Depth of voxel = slice thickness

We only see the face of the voxel (as a pixel on a screen). However, **the voxel has depth** and within that depth **many structures can exist**.

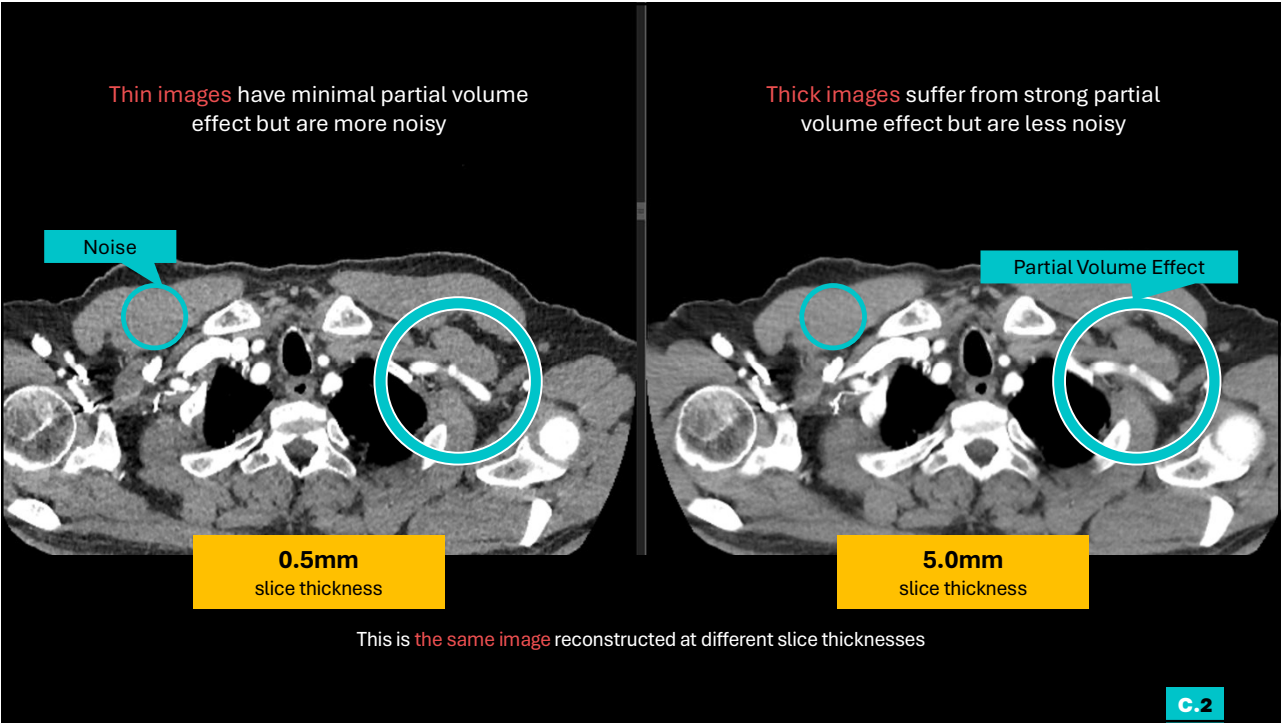
Unfortunately, this means we have to represent many different structures using a single pixel on the screen. This undesirable effect is called **partial volume**.



The thicker the slice the stronger the partial volume effect.

C.2

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We can determine how the partial volume effect is displayed on the face of the voxel. We can...

- Display the average of all the values inside the voxel.
- Give priority to the max value (Maximum Intensity Projection)
- Give priority to the minimum value (Minimum Intensity Projection)

Diagram illustrating the partial volume effect and reconstruction options:

A 3D voxel is shown with three layers: liver (top), calcium (middle), and fat (bottom). The voxel is projected onto a 2D plane, resulting in a single pixel value. The options for this projection are:

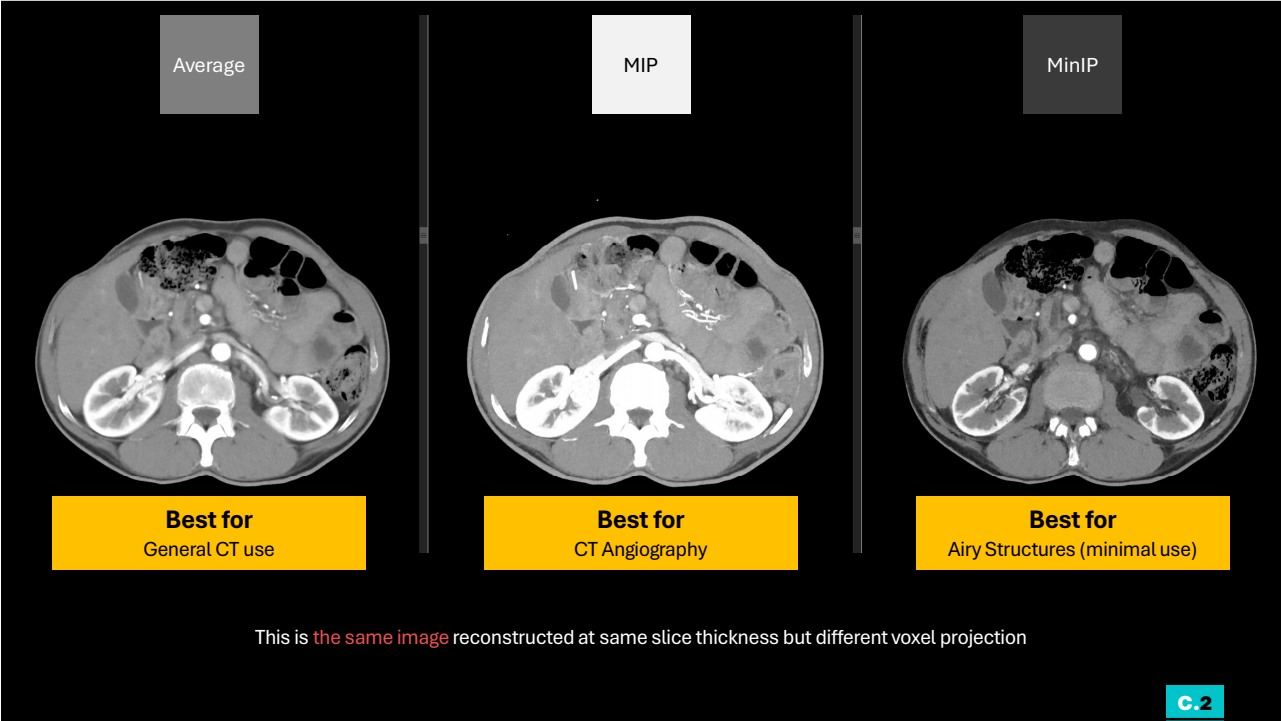
- Average
- MIP (Maximum Intensity Projection)
- MinIP (Minimum Intensity Projection)

The resulting 2D image shows the liver, calcium, and fat layers, with a question mark indicating the choice of projection method.

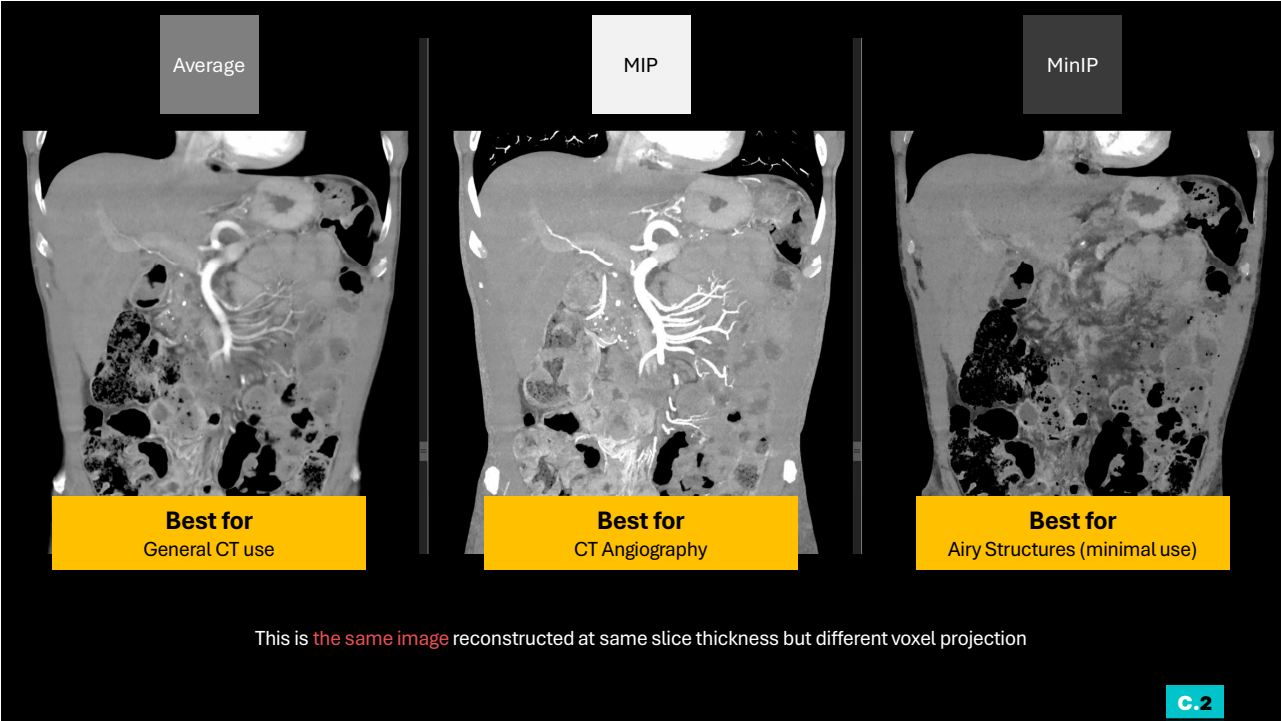
C.2

The diagram illustrates the partial volume effect and reconstruction options. On the left, a 3D voxel is shown with three layers: liver (top), calcium (middle), and fat (bottom). A red arrow points from the voxel to a central area containing three options: 'Average', 'MIP', and 'MinIP'. To the right of these options is a red box containing a question mark. A red arrow points from the question mark box to a 2D axial CT scan slice on the far right, which shows the liver, calcium, and fat layers. A small red box with the text 'C.2' is in the bottom right corner.

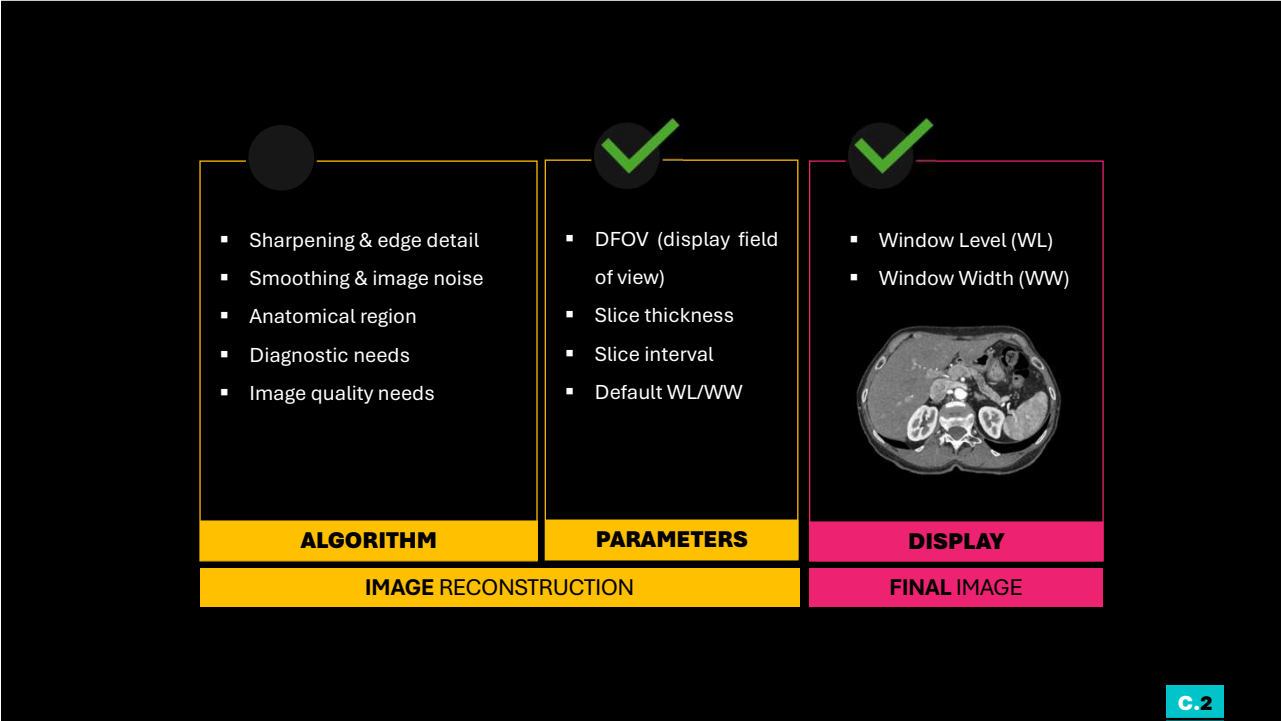
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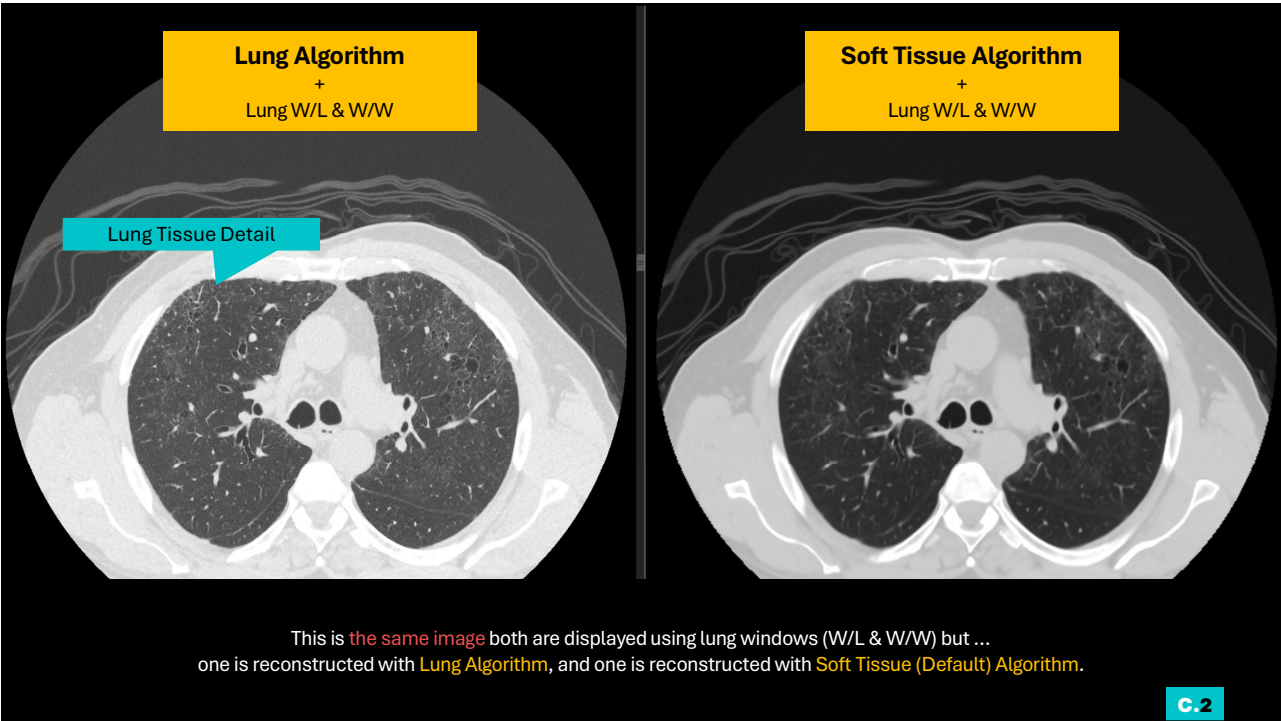
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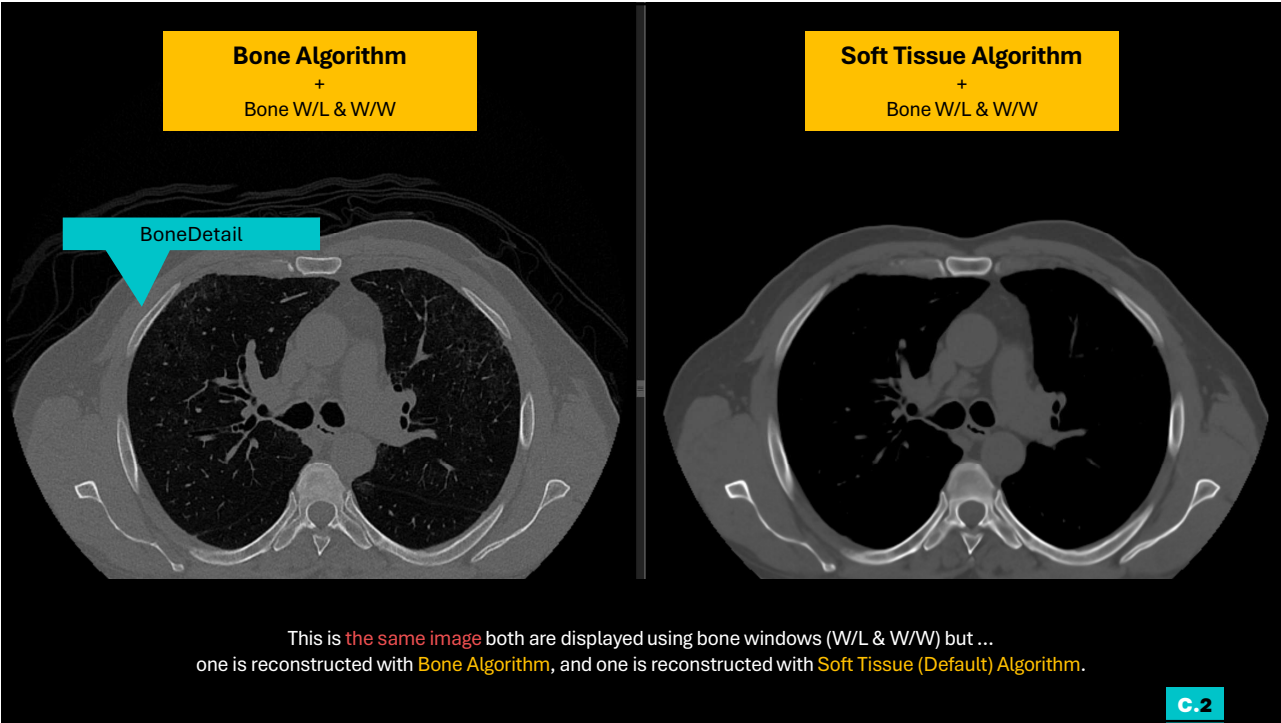
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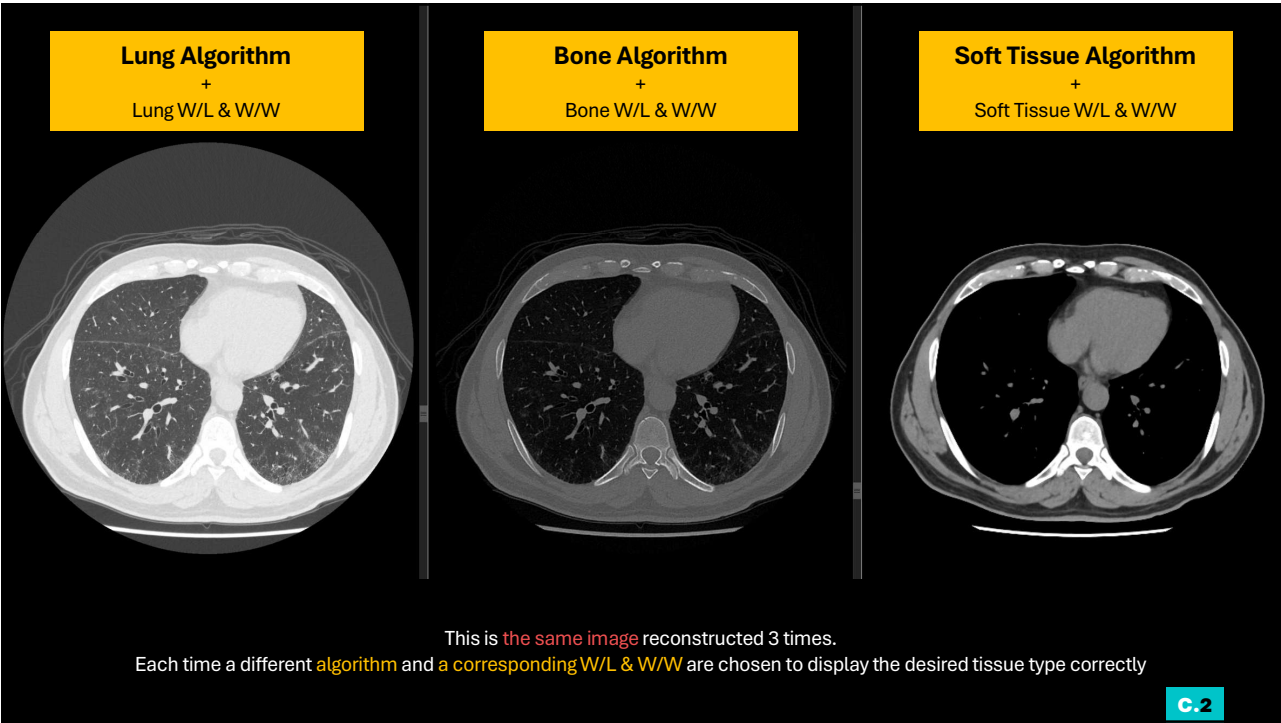
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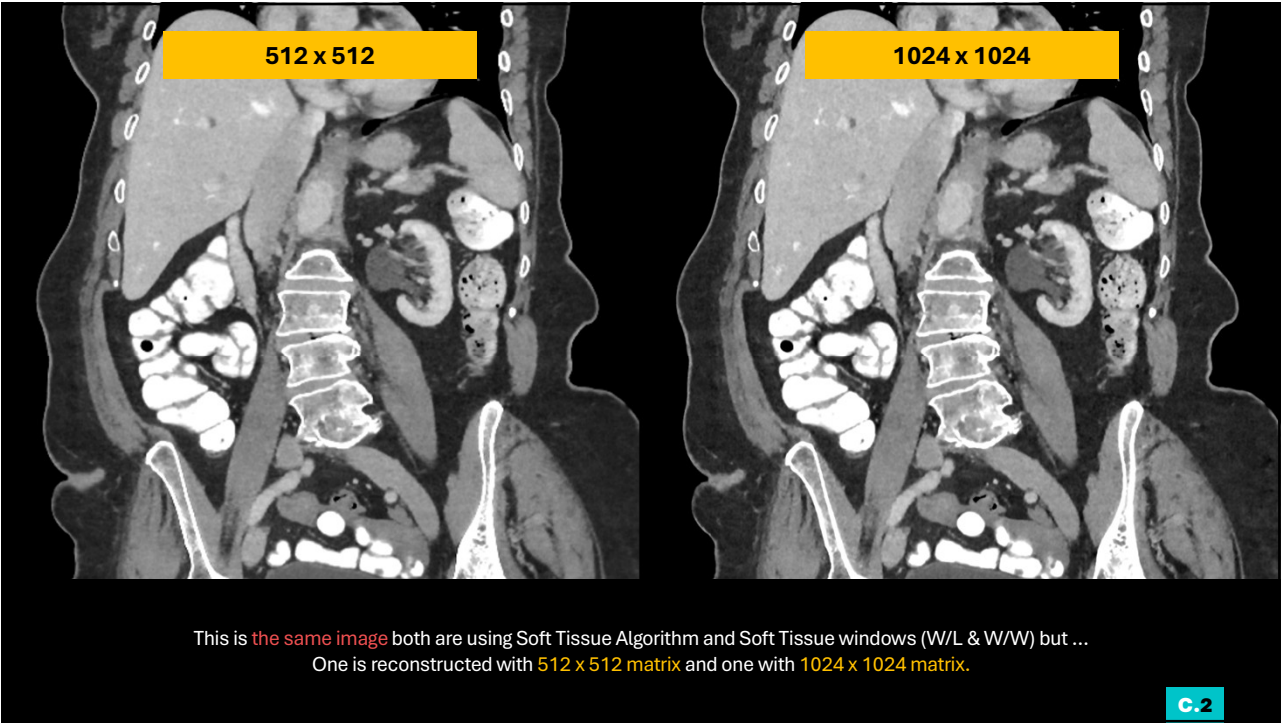
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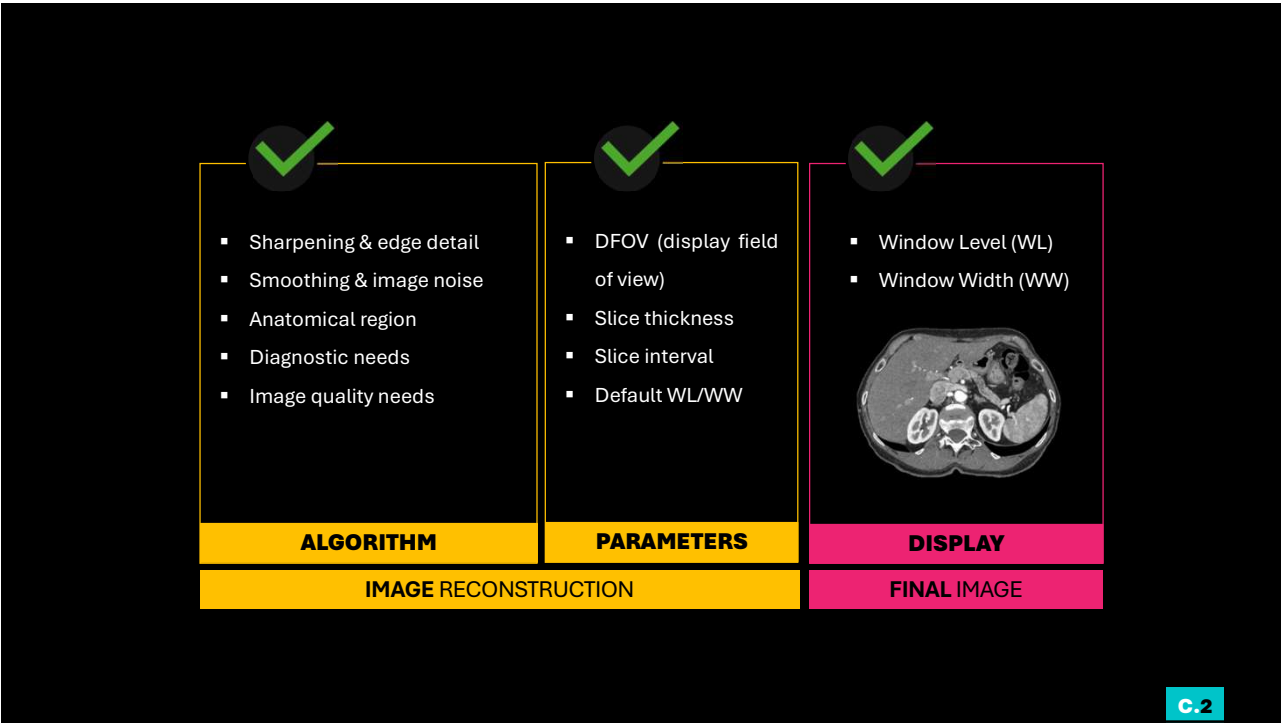
206



207



208



209

✓

- Sharpening & edge detail
- Smoothing & image noise
- Anatomical region
- Diagnostic needs
- Image quality needs

ALGORITHM

✓

- DFOV (display field of view)
- Slice thickness
- Slice interval
- Default WL/WW

PARAMETERS

✓

- Window Level (WL)
- Window Width (WW)



DISPLAY

IMAGE RECONSTRUCTION

FINAL IMAGE

Everything shown here is a responsibility of the computer system; therefore, it can be changed and adjusted retrospectively (after the scan has finished).

C.2

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ABDOMEN & PELVIS (-C)

Scan

Reconstruction

Body Sharp OFF

Body Sharp AiCE L2

App Type: Volume

Kernel: Body Sharp

Noise Reduction: OFF

Mode: SEMAR

Thickness (mm): 5.000

Interval (mm): 5.000

Direction: H - F

Images: 0

Rendering: Average

Series Description: 3mm AIDR 3D

Everything shown here is a responsibility of the computer system; therefore, it can be changed and adjusted retrospectively (after the scan has finished).

C.2

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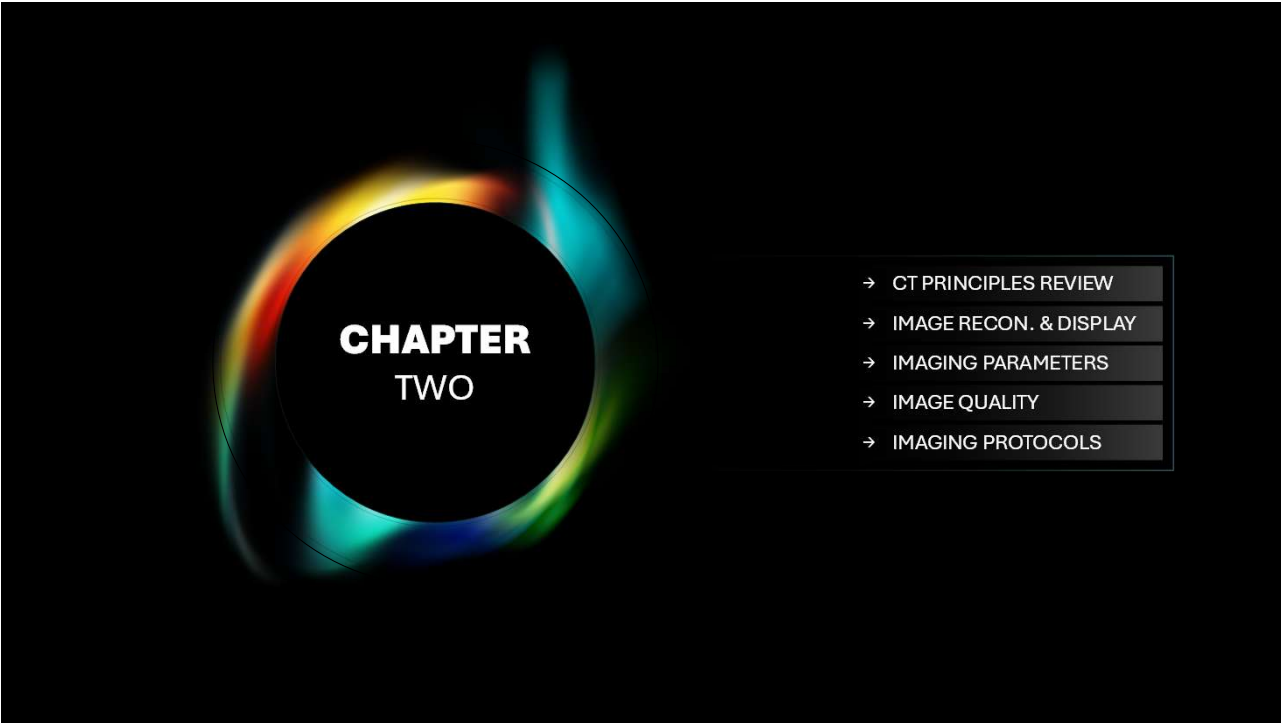
36



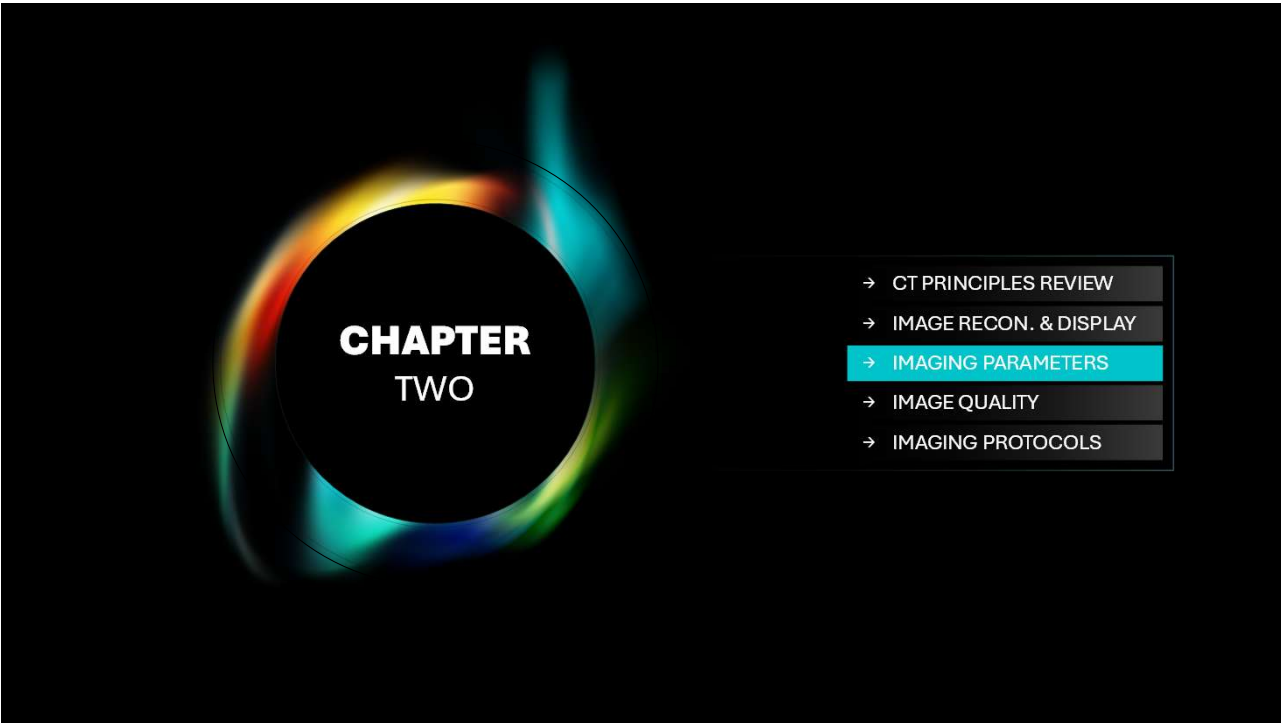
212



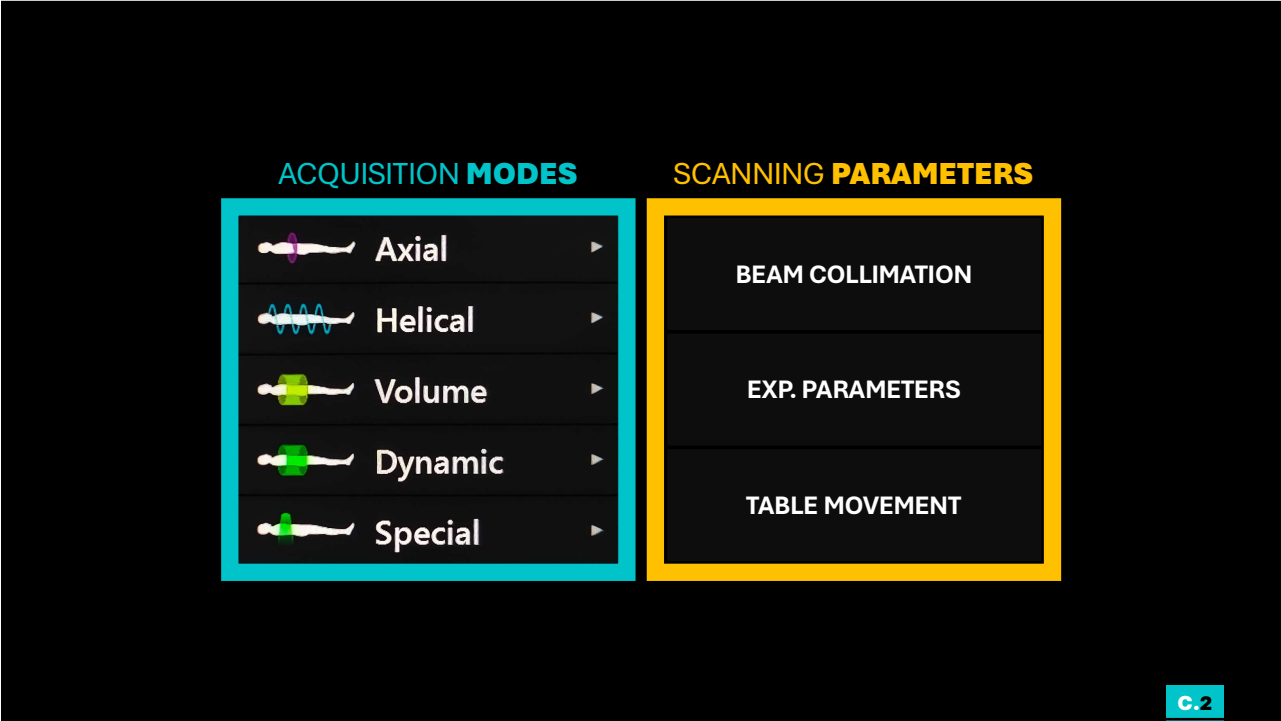
213



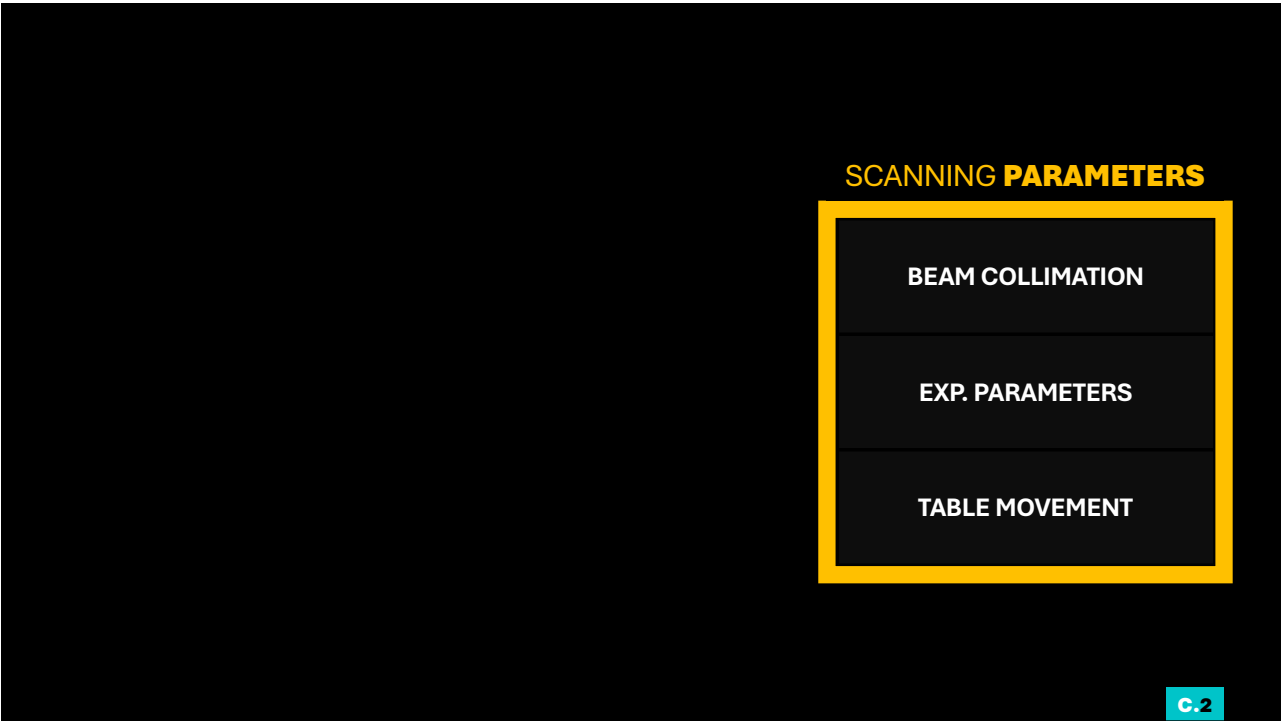
214



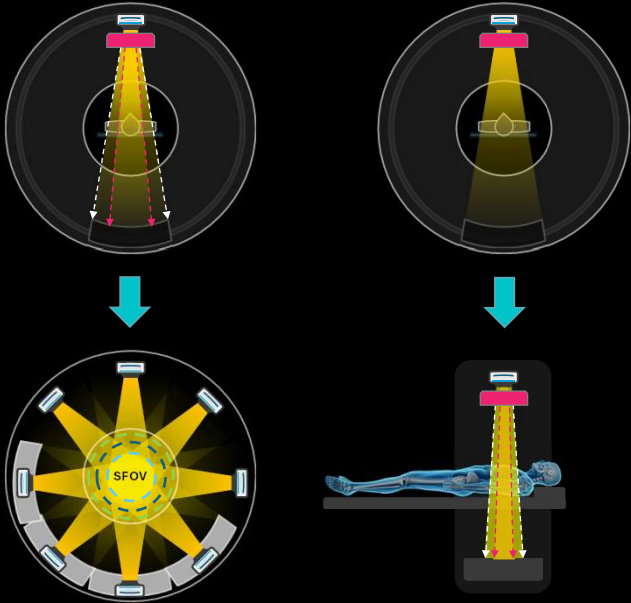
215



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SCAN FIELD OF VIEW

BEAM WIDTH

SCANNING PARAMETERS

BEAM COLLIMATION

EXP. PARAMETERS

TABLE MOVEMENT

C.2

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kVp	80	100	120	140
mA	FIXED mA	Auto mA		
Rotation Speed	0.3s	0.5s	0.8s	1.0s

SCANNING PARAMETERS

BEAM COLLIMATION

EXP. PARAMETERS

TABLE MOVEMENT

C.2

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Axial Scanning

No Effect: The beam is turned off during table movement.

Volume & Dynamic Scanning

No Effect: There is no table movement in this type of scanning.

Helical Scanning

Table speed plays an important role during helical scanning. It affects the helical pitch.

SCANNING PARAMETERS

BEAM COLLIMATION

EXP. PARAMETERS

TABLE MOVEMENT

C.2

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HELICAL (SPIRAL) PITCH

It describes the relationship between the table feed (how fast the patient table moves) and the x-ray beam collimation (the width of the x-ray beam).

Pitch<1: The table moves less than the beam width during one rotation. This results in overlapping slices, increased image quality, and higher radiation dose.

Pitch=1: The table moves the same distance as the beam width during one rotation. This results in contiguous slices with no overlap or gaps.

Pitch>1: The table moves more than the beam width during one rotation. This results in gaps between slices, decreased image quality, and lower radiation dose.

C.2

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Pitch<1: The table moves less than the beam width during one rotation. This results in overlapping acquisitions, increased image quality, and higher radiation dose.

Pitch=1: The table moves exactly the same distance as the beam width during one rotation. This results in contiguous acquisitions with no overlap or gaps.

Pitch>1: The table moves more than the beam width during one rotation. This results in gaps between acquisitions, decreased image quality, and lower radiation dose.

The diagram illustrates three pitch scenarios in CT scanning, each showing a patient lying on a table with a series of vertical blue bars representing the X-ray beam slices. The top scenario, labeled 'OVERLAPS', shows the table moving less than the beam width, resulting in overlapping slices. The middle scenario, labeled 'SIDE BY SIDE', shows the table moving exactly the same distance as the beam width, resulting in contiguous slices with no overlap or gaps. The bottom scenario, labeled 'GAPS', shows the table moving more than the beam width, resulting in gaps between slices. A small red box with the text 'C.2' is located in the bottom right corner of the diagram area.

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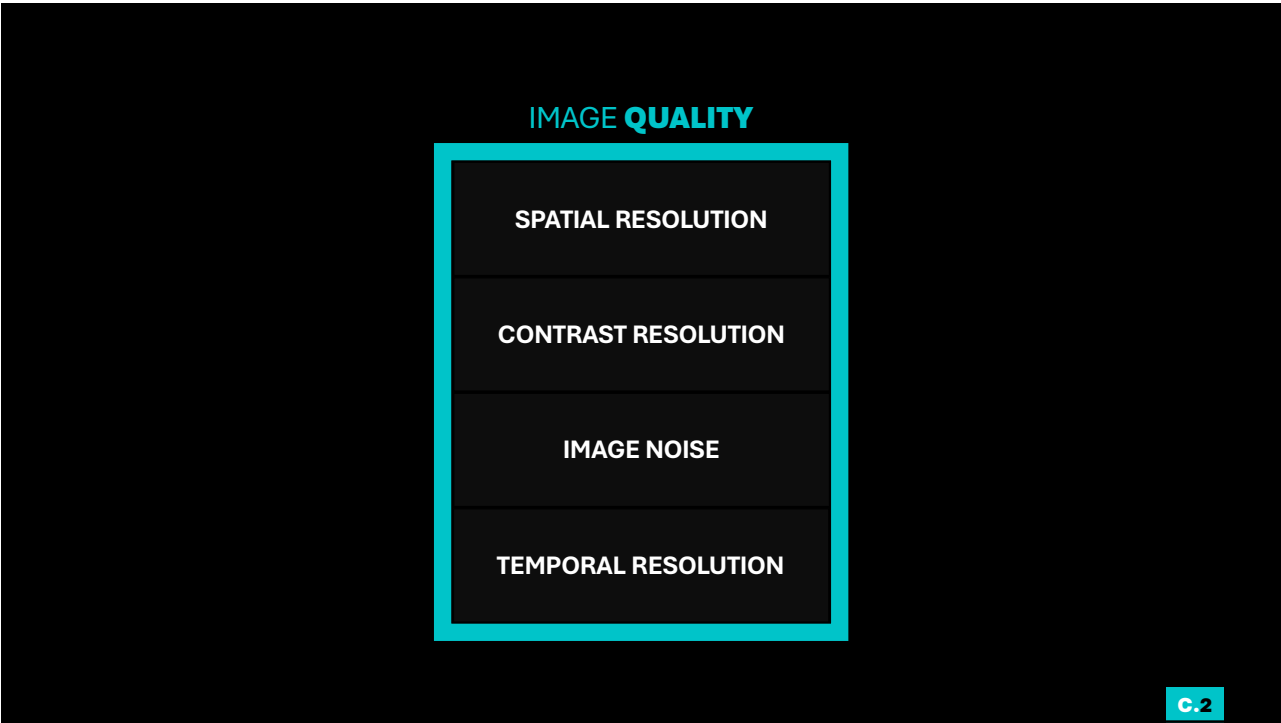
A circular graphic with a colorful, glowing ring around the text "CHAPTER ONE". The ring is composed of various colors including yellow, orange, red, and blue, creating a vibrant, multi-colored effect. The text "CHAPTER ONE" is centered within the circle in a bold, white, sans-serif font.

- CT PRINCIPLES REVIEW
- IMAGE RECON. & DISPLAY
- IMAGING PARAMETERS
- IMAGE QUALITY
- IMAGING PROTOCOLS

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IMAGE QUALITY

SPATIAL RESOLUTION

CONTRAST RESOLUTION

IMAGE NOISE

TEMPORAL RESOLUTION

C.2

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DEFINITION

Spatial Resolution is the measure of how far apart two objects must be before they can be seen as separate details in the image.

HOW IT'S MEASURED

Resolution is measured in line pairs per centimeter (lp/cm) ... the number of line pairs that can be imaged as separate structures within one centimeter.

X-Y
RESOLUTION

Z
SENSITIVITY

IMAGE QUALITY

SPATIAL RESOLUTION

CONTRAST RESOLUTION

IMAGE NOISE

TEMPORAL RESOLUTION

C.2

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X-Y
RESOLUTION

. Detector cell size (X-Y-Axis)

Smaller is better

Focal spot size

Smaller is better (but limits max mA)

Number of projections

More is better

Reconstruction algorithm (kernel)

Sharper or higher matrix is better (but noisier images)

Pixel size (pixel size= FOV/image matrix)

Smaller pixel size (smaller DFOV or Higher matrix)

Noise

Less is better (higher mA, Slower Rotation, Thicker slices)

Z
SENSITIVITY

. Detector cell size (Z-Axis)

Smaller is better

Focal spot size

Smaller is better

Helical Pitch

Smaller is better (overlapping acquisitions)

Reconstructed slice thickness

thinner is better (reduce partial volume effect)

Noise

Less is better (higher mA, Slower Rotation, Thicker slices)

C.2

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describe how the detector "sees" or responds to anatomical information along the z-axis (the scan direction). It's not uniform; there's usually a peak sensitivity at the center of the slice and a gradual decrease towards the edges.

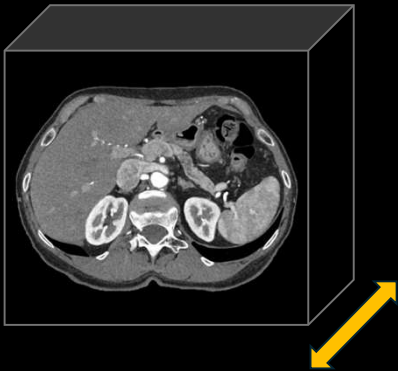
Slice Thickness: The width of the SSP effectively determines the nominal slice thickness. A wider SSP means a thicker slice, and a narrower SSP means a thinner slice.

Shape: The shape of the SSP influences the sharpness of the slice boundaries and the degree of partial volume averaging.

Axial scanning is better than Helical scanning – Slower Pitch is better than faster Pitch

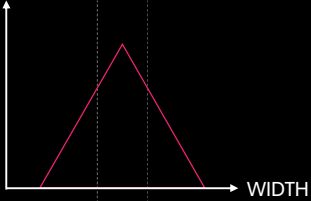
Z
SENSITIVITY

SLICE SENSITIVITY PROFILE (SSP)



SIGNAL

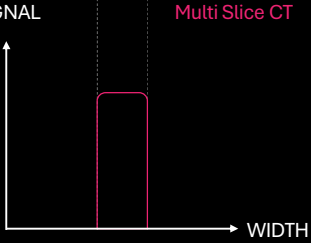
Single Slice CT



WIDTH

SIGNAL

Multi Slice CT



WIDTH

C.2

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FACTORS THAT AFFECT IMAGE CONTRAST

▪ Beam kilovoltage: a higher beam energy will generally reduce the contrast between Objects

▪ Noise: a higher noise will obscure any contrast between objects

▪ Tube current: a higher tube current reduces the noise in the image

▪ Inherent tissue properties: the difference in the linear attenuation coefficient of adjacent imaged objects will determine the contrast between those objects

▪ Use of contrast media

C.2

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IMAGE QUALITY

SPATIAL RESOLUTION

CONTRAST RESOLUTION

IMAGE NOISE

TEMPORAL RESOLUTION

C.2

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DEFINITION

Image noise refers to the random variations in pixel values that appear as graininess or a speckled appearance in the image.

HOW IT'S MEASURED

Using an ROI (region-of-interest) measurement in a uniform subject. The standard deviation of the Hounsfield units in a uniform subsection gives the mean noise measurement.

Mean: 80HU
SD: 12.5
Area: ...

ROI

IMAGE QUALITY

SPATIAL RESOLUTION

CONTRAST RESOLUTION

IMAGE NOISE

TEMPORAL RESOLUTION

C.2

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FACTORS THAT AFFECT IMAGE NOISE

▪ mA: higher tube current reduces noise

▪ Rotation Time: Slower tube rotation (longer time) reduces noise

▪ Slice Thickness: Thicker slices are less noisy

▪ Reconstruction Algorithm (kernel): Some reconstruction algorithms with suppress noise better than others

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FIXED mA

. The tube current (mA) is fixed to a specific value for the entire scan (start to finish).

. Can work for certain cases where the density of the subject does not vary throughout the scan length.

. If variation in density (thickness) is present the slices will have different noise levels from one to another.

AUTO mA

. The tube current (mA) is modulated or varied to compensate for changes in density (thickness) of the subject throughout the length of the scan.

. Most used setting

. The variation in tube current allows a consistent noise level throughout all slices.

. Uses the scout image as a reference.

. Attempts to keep the “Standard Deviation” constant for a given slice thickness throughout all slices by varying the mA between a minimum and maximum value set by the user.

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MIN mA

MAX mA

R

L

0

200

400

600

mA

SD: 12.50

SURE Exposure Control

Lung

Standard

Noise Reduction

AIDR 3D Enh...

Level

1

2

3

Max

☒ XY Modulation

☒ Adaptive SD

☐ OEM

Max

700 mA

Min

80 mA

SD

12.50

Thickness

5.0 mm

AUTO mA

ROI

Mean: 80HU

SD: 12.5

Area: ...

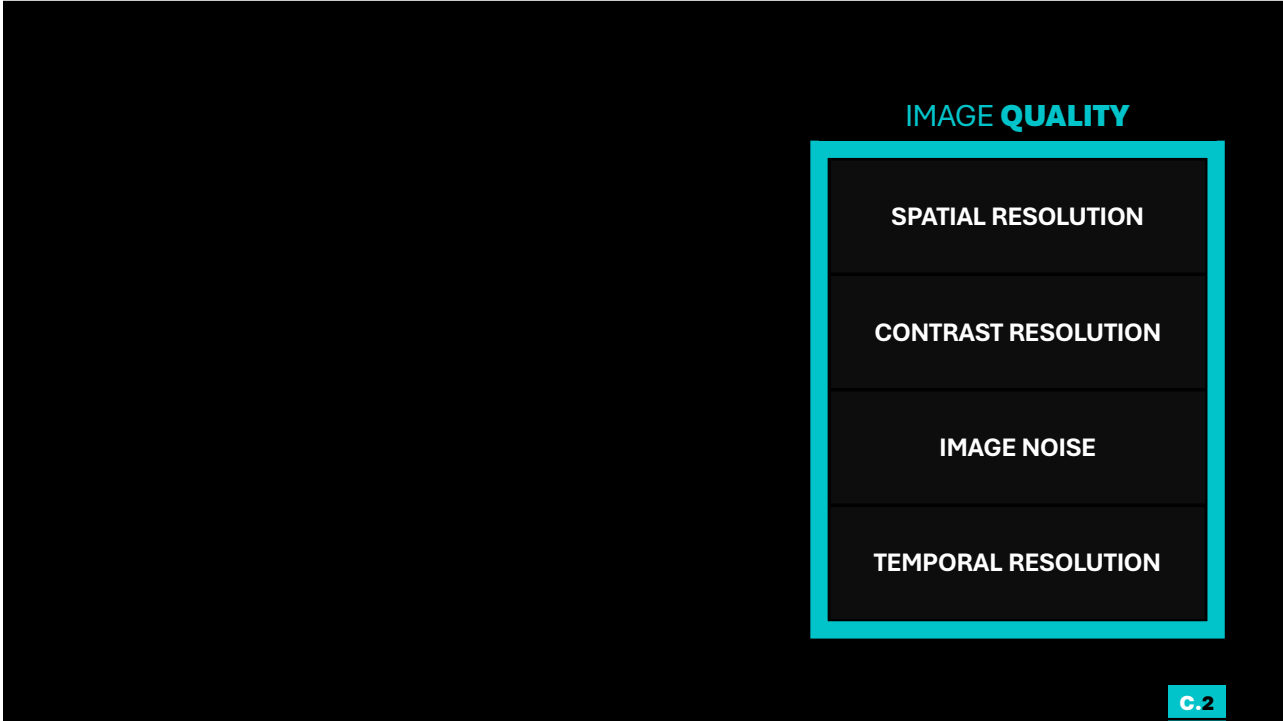
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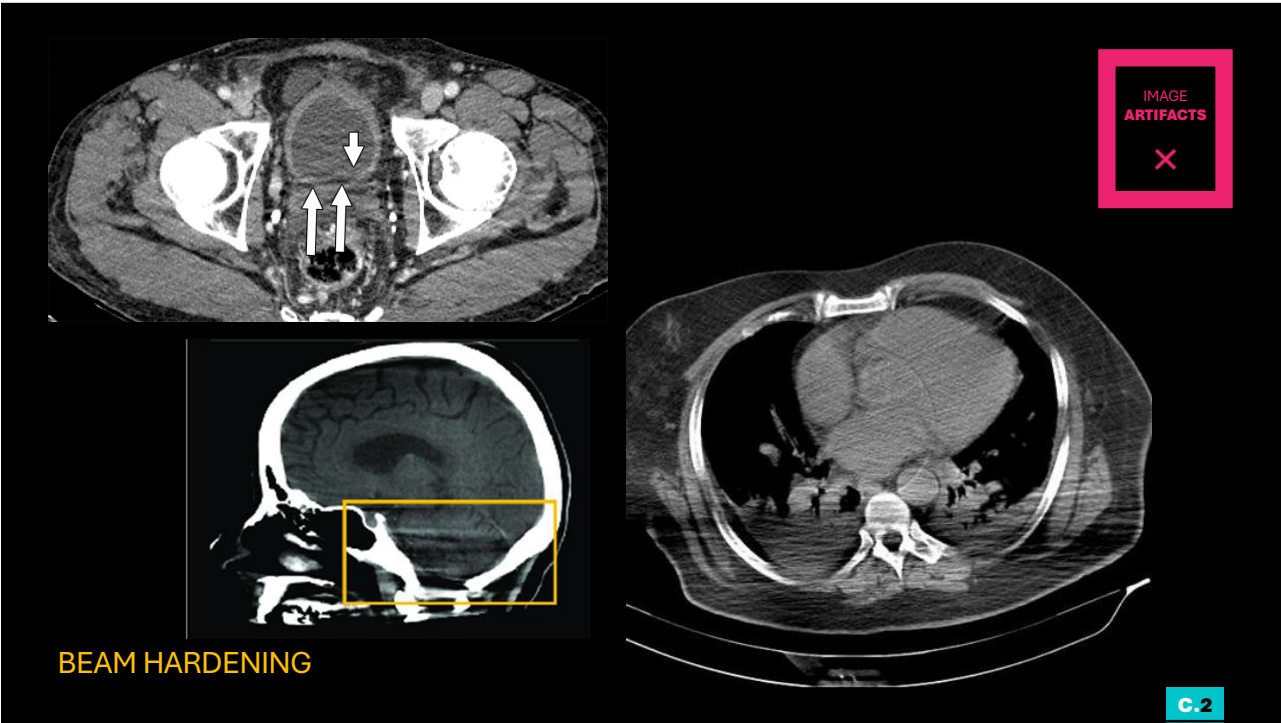




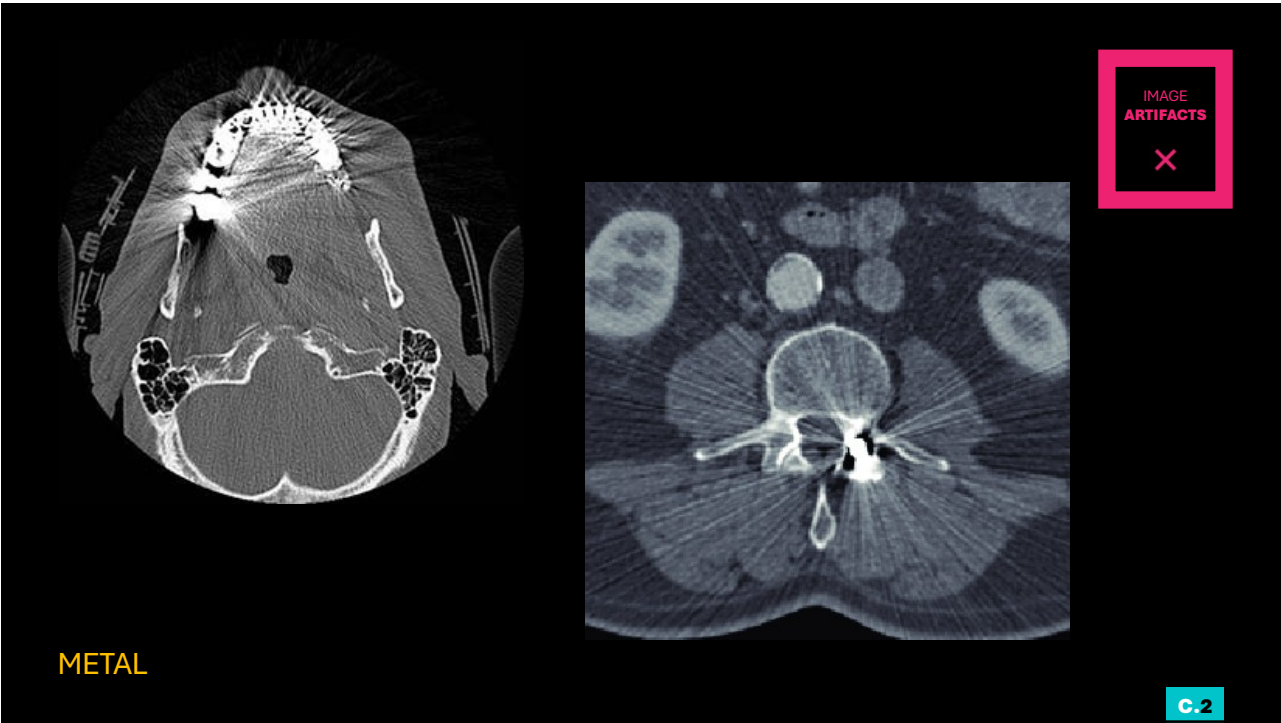
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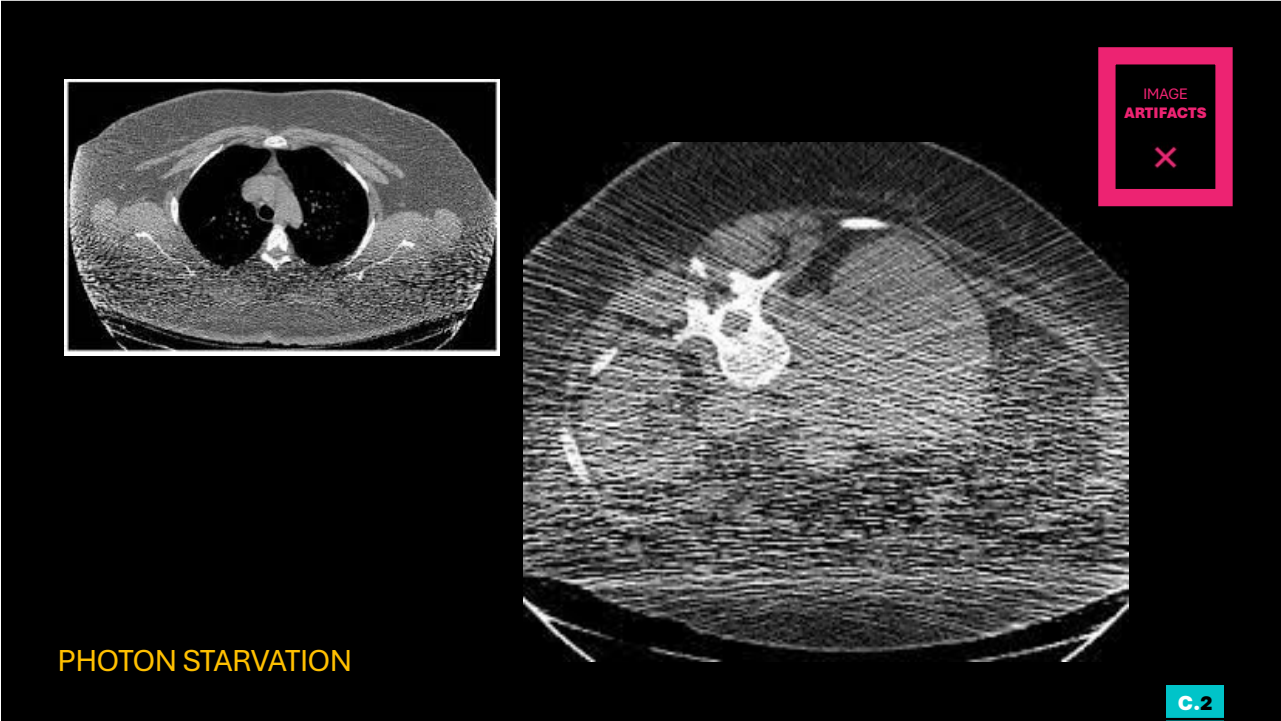
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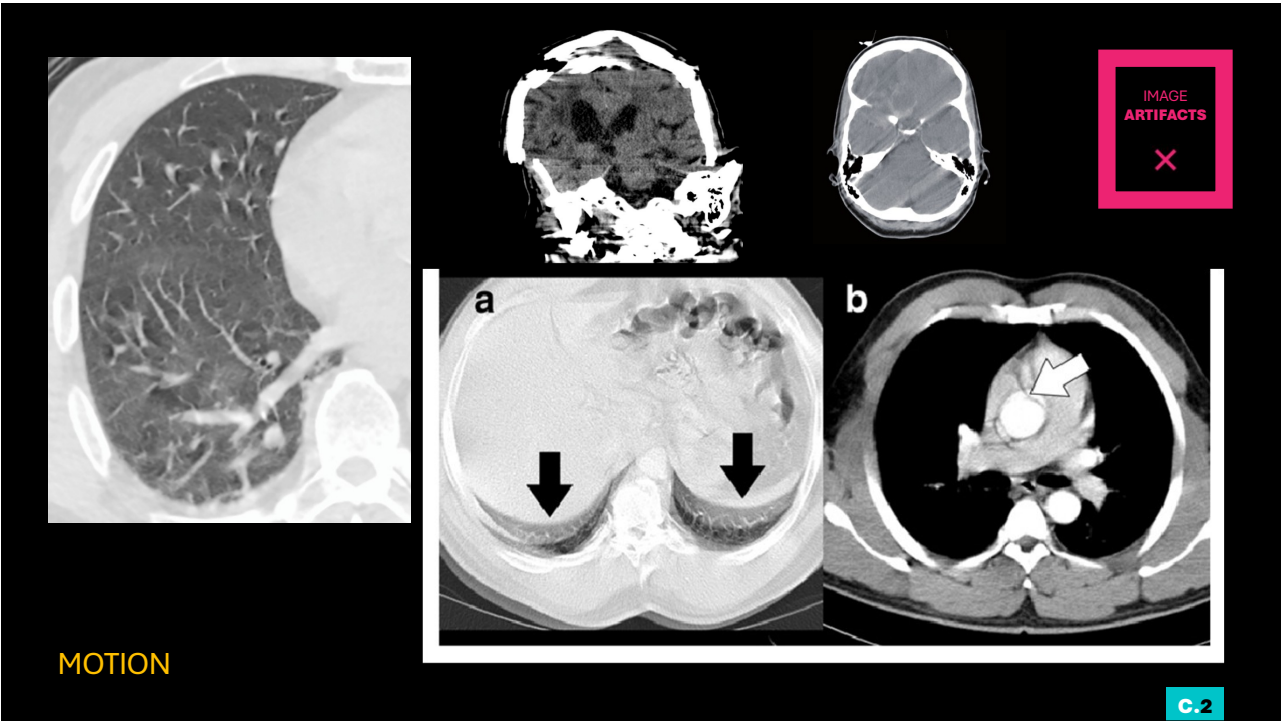
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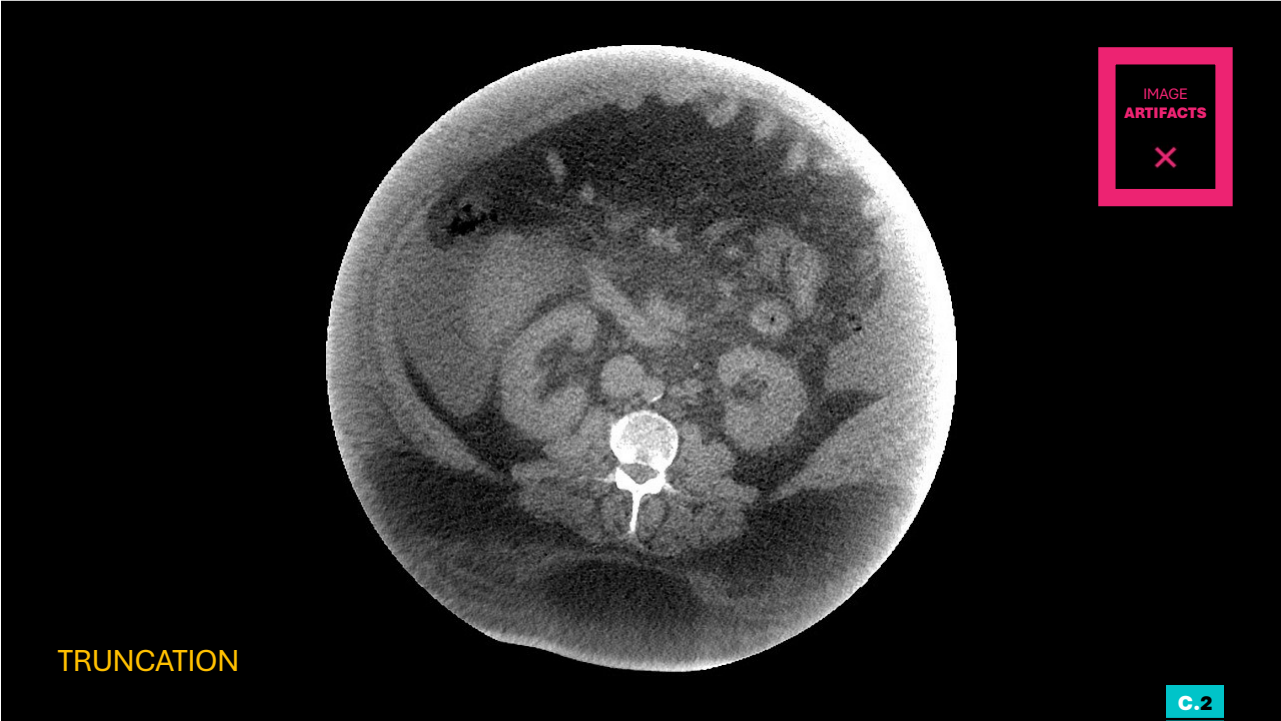
243



244



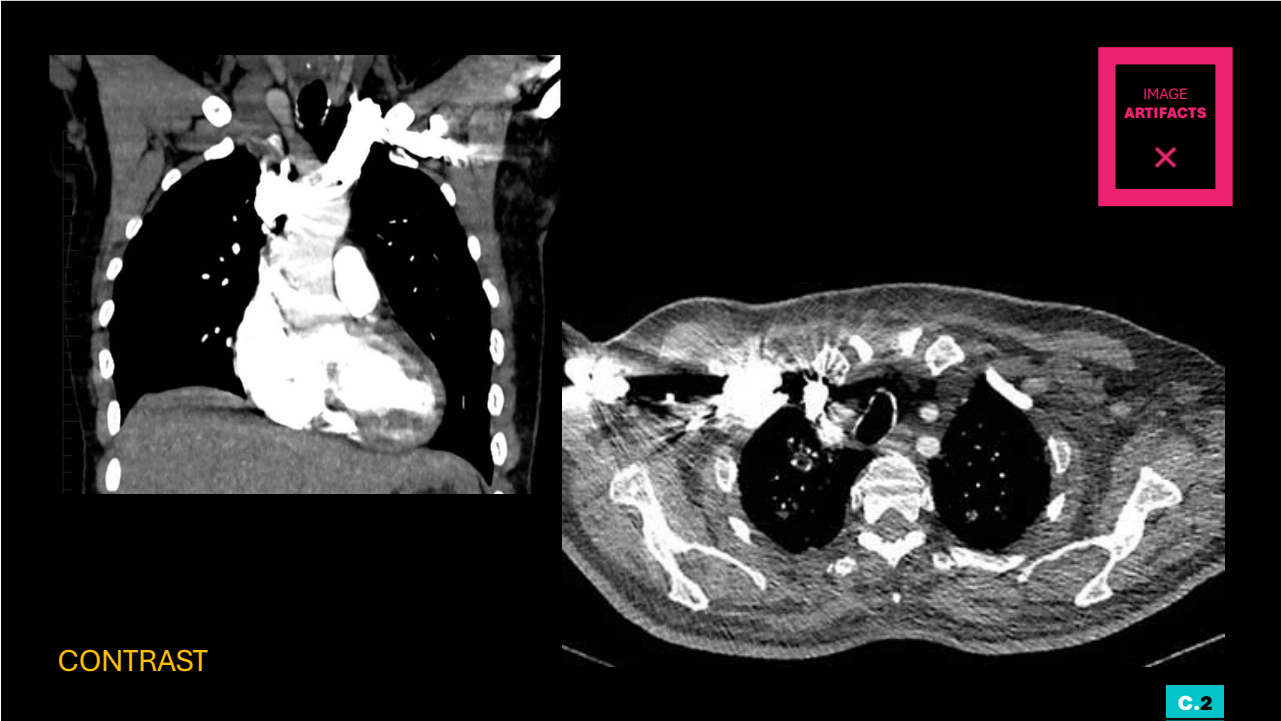
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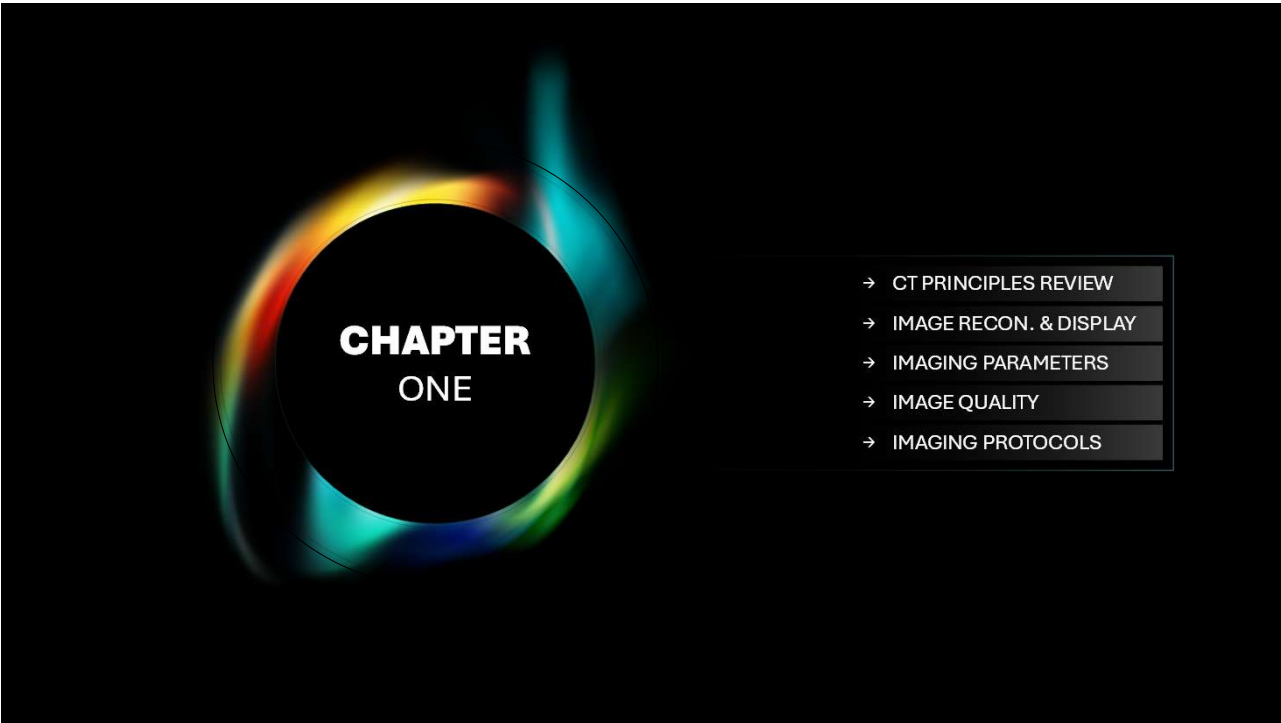
246



247



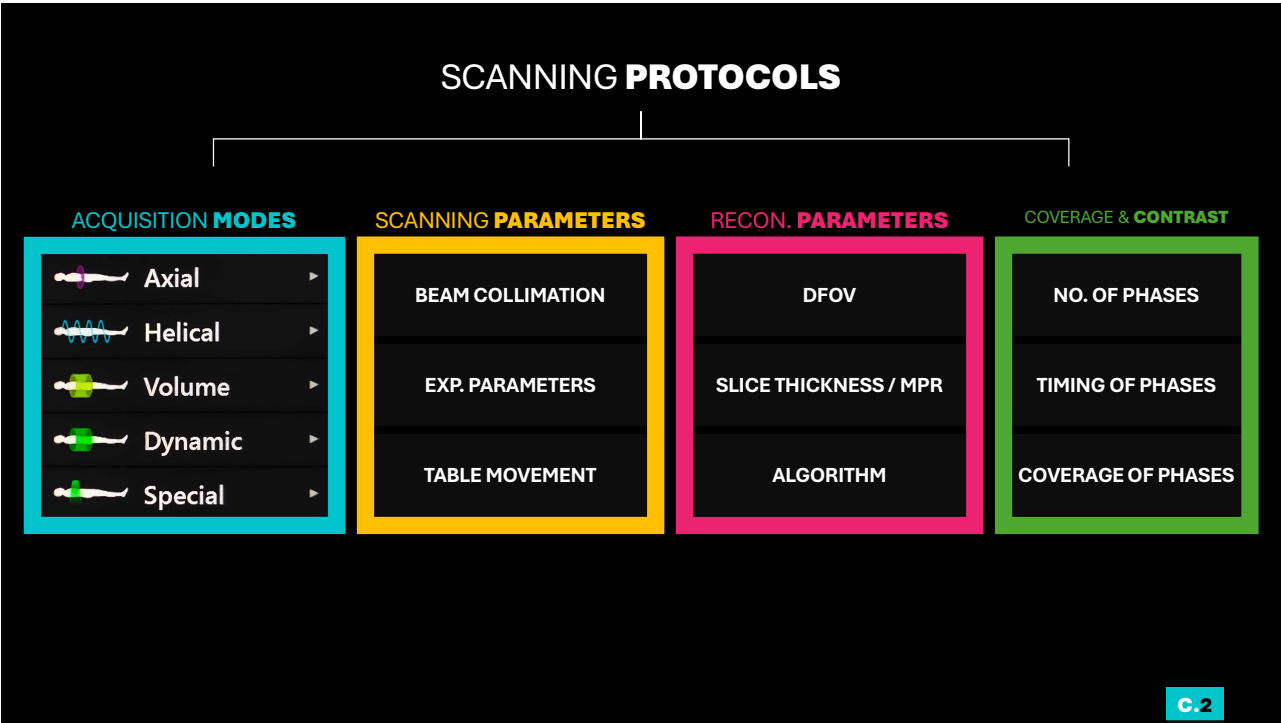
248



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ORAL & RECTAL CONTRAST

Purpose: Used to opacify the **gastrointestinal tract**, making it easier to distinguish bowel loops from other abdominal structures. Helps visualize bowel walls, identify obstructions, and improve the detection of intra-abdominal masses.

CODE	TARGET AREA	CONTRAST AGENT	VOLUME	ADMINISTRATION PROTOCOL	
1	UPPER ABDOMEN	A	WATER ONLY	1L	Total amount to be given over 30mins period
		B	WATER SOLUBLE	1L	Total amount to be given over a 1-hour period
		C	BARIUM	1L	Total amount to be given over a 1-hour period
		⚠️ 200mL EVERY 15MINS FOR 45 MINS + 200mL ON CT TABLE			
2	ABDOMEN AND PELVIS	A	WATER ONLY	2L	Total amount to be given over 1-hour period
		B	WATER SOLUBLE	2L	Total amount to be given over a 2-hour period
		C	BARIUM	2L	Total amount to be given over a 2-hour period
		⚠️ 300mL EVERY 15MINS FOR 75 MINS + 200mL ON CT TABLE			
3	RECTUM AND DISTAL COLON	A	WATER ONLY	1L	Total amount to be given as quickly as possible. Scanning can be started immediately after.
		B	WATER SOLUBLE	1L	
		C	BARIUM	1L	
		⚠️ CONTRAST AMOUNT AND RATE MAY BE ADJUSTED AS PER PATIENT TOLERANCE			

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IV CONTRAST

Purpose: Primarily used to **visualize blood vessels**, enhance **organ parenchyma** (like liver, kidneys, pancreas), and highlight certain **lesions**. Essential for CT angiography (CTA), perfusion studies, and visualizing tumor vascularity.

SLOW INJECTION

- . To visualize organ parenchyma and lesions
- . Accurate timing is **not required**
- . **Fixed delay time** from start of injection to initiate the scan



FAST INJECTION

- . To visualize blood vessels (CT Angiography)
- . Accurate timing is **essential**
- . **Bolus tracking** (or bolus timing) are used to accurately start the scan when the arteries are opacified



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CHEST / ABDOMEN / PELVIS (-C/+C)

PRE-CONTRAST	CHEST TO PELVIS	AX			SOFT TISSUE
		AX			LUNG
VENOUS (75s)	CHEST TO PELVIS	AX	COR	SAG	SOFT TISSUE

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CHEST / ABDOMEN / PELVIS (TWO PHASE)

PRE-CONTRAST	CHEST TO PELVIS	AX			SOFT TISSUE
		AX			LUNG
ARTERIAL <i>SUREstart</i>	CHEST TO ILIAC CREST	AX	COR	SAG	SOFT TISSUE
VENOUS (75s)	ABDOMEN TO PELVIS	AX	COR	SAG	SOFT TISSUE

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CHEST / ABDOMEN / PELVIS (THREE PHASE)

PRE-CONTRAST	CHEST TO PELVIS	AX			SOFT TISSUE
		AX			LUNG
ARTERIAL <i>SUREstart</i>	CHEST TO ILIAC CREST	AX	COR	SAG	SOFT TISSUE
VENOUS (75s)	ABDOMEN TO PELVIS	AX	COR	SAG	SOFT TISSUE
DELAY (5 MINS)	LIVER	AX			SOFT TISSUE

ROUTINE PROTOCOLS **EXAMPLES**

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PULMONARY CTA

CTA <i>SUREstart</i>	CHEST	AX	COR	SAG	CTA
			COR	SAG	MIP
		AX			LUNG

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AORTIC CTA

PRE-CONTRAST	CHEST TO PELVIS	AX			LUNG
		AX			SOFT
CTA <i>SUREstart</i>	CHEST TO PELVIS	AX	COR	SAG	CTA
			COR	SAG	MIP

FOR DISSECTION CASES, USE PROTOCOL 107

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AORTIC CTA WITH ECG GATING (vHP)

PRE-CONTRAST	ABOVE SHOULDERS TO PELVIS	AX			LUNG
		AX			SOFT
CTA <i>SUREstart</i>	ABOVE SHOULDERS TO PELVIS	AX	COR	SAG	CTA
			COR	SAG	MIP

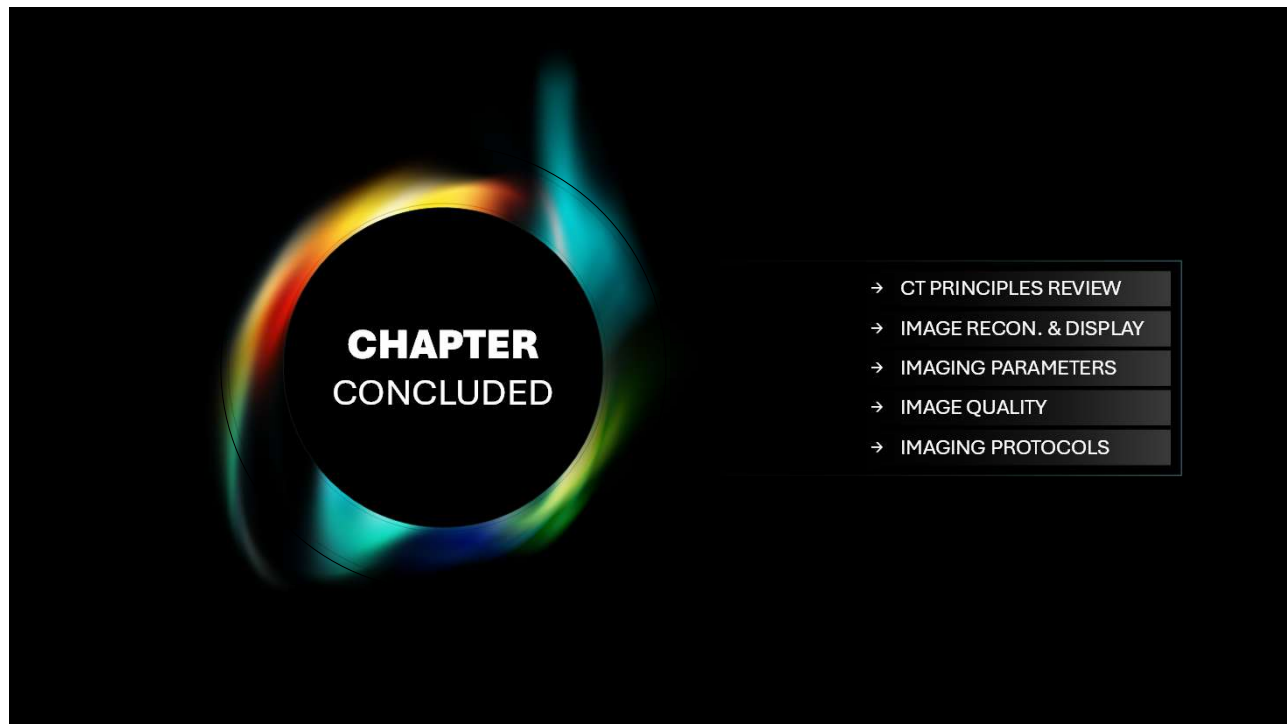
USED TO GENERATE MOTION-FREE AORTIC ROOT IMAGES FOR DISSECTION/ANEURYSM ASSESSMENT

CT ANGIO PROTOCOL **EXAMPLES**

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