

MEDICAL/VOLUME
VISUALIZATIONS

JOHN BARTLETT

PAPERS

- Gerald Bianchi, Benjamin Knoerlein, Gabor Szekely, and Matthias Harders. **High Precision Augmented Reality Haptics.** *In EuroHaptics 2006*, pages 169–177, Jul 2006.
- Melanie Tory, Simeon Potts, and Torsten Moller. **A parallel coordinates style interface for exploratory volume visualization.** *IEEE Transactions on Visualization and Computer Graphics*, 11(1):71–80, 2005.
- Christof Rezk-Salama and Andreas Kolb. **Opacity peeling for direct volume rendering.** *Computer Graphics Forum*, 25(3):597–606, 2006.



HIGH PRECISION AR HAPTICS

HIGH PRECISION AR HAPTICS

- Laparoscopic surgical training more effective with realistic force feedback
 - AR systems with real tissue perform well
- Proof-of-concept haptic systems exist
- Integration in OR not yet feasible:
 - lag
 - tracking error

PROBLEM: LAG

- Computational demands already high:
 - image acquisition / processing
 - virtual overlay
 - rendering output
- System response should be approximately real-time

SOLUTION: DISTRIBUTED SYSTEM

- Distributed system
 - graphics server and physics server
 - communication via ethernet cable
- Haptics and visuals computed independently
- Synchronization of servers
 - within $100\mu s$ using NTP server

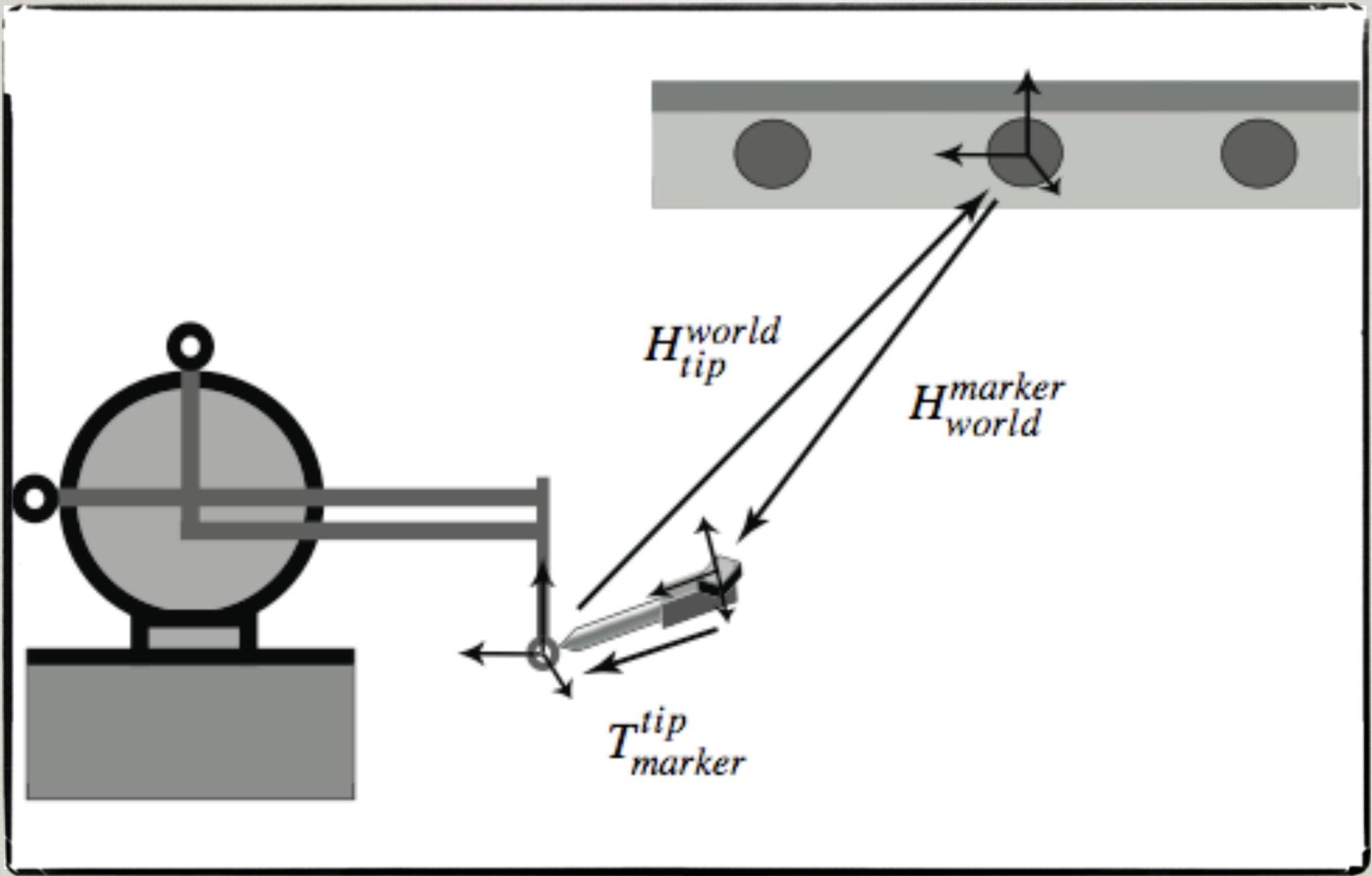
PROBLEM: TRACKING ERROR

- Goal: precision of a few millimetres
 - 15 mm attained in early studies
 - adequate precision possible with calibration grid
- Problems:
 - only valid for points close to grid
 - assumes planarity

SOLUTION:

TIP-MARKER CALIBRATION

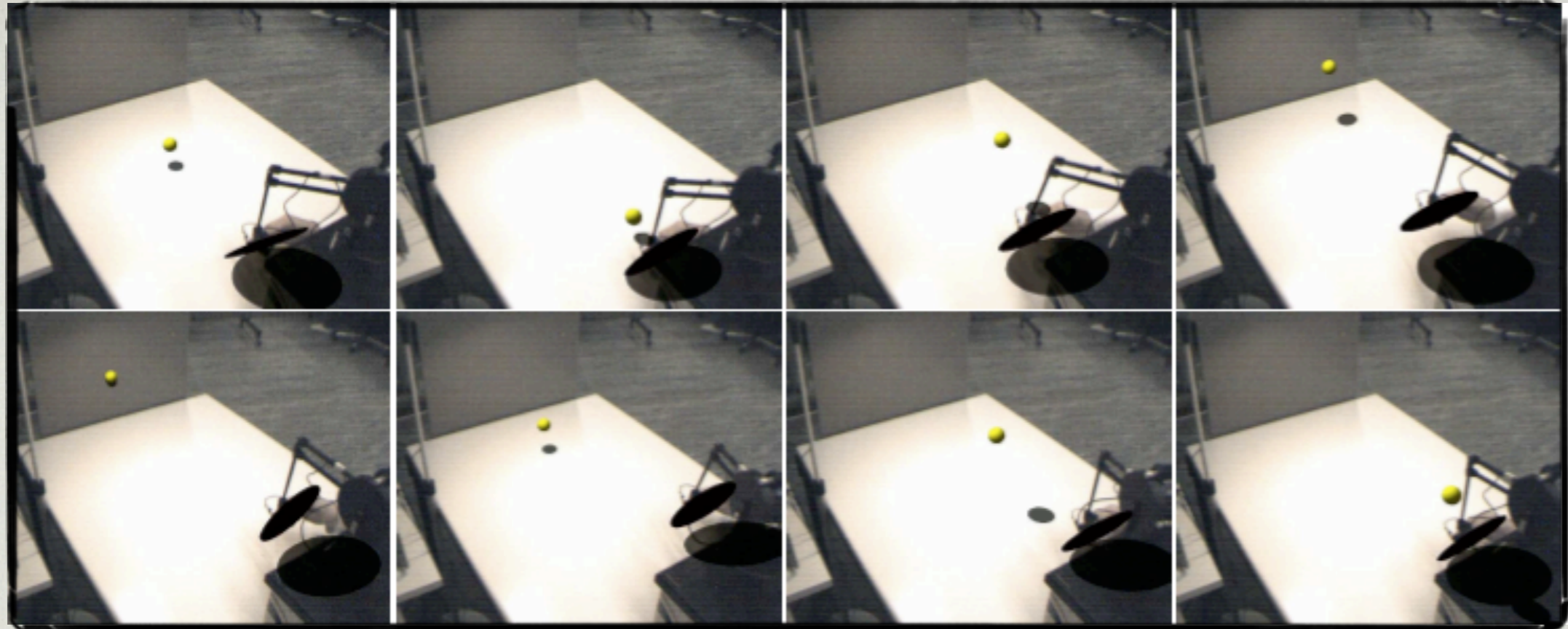
- Fix tip of haptic device and track 3-D rotation of marker
- Follow with haptic-world calibration
- Calibration allowed precision of 1.3 mm



TIP-MARKER CALIBRATION

EVALUATION: PING-PONG

- Highly interactive and precise
- Virtual ball, real environment
- Virtual paddle attached to haptic device
- Head-mounted display



EVALUATION: PING-PONG

- Lack of stereo camera impedes depth judgement
- Evaluation inconclusive

CRITIQUE

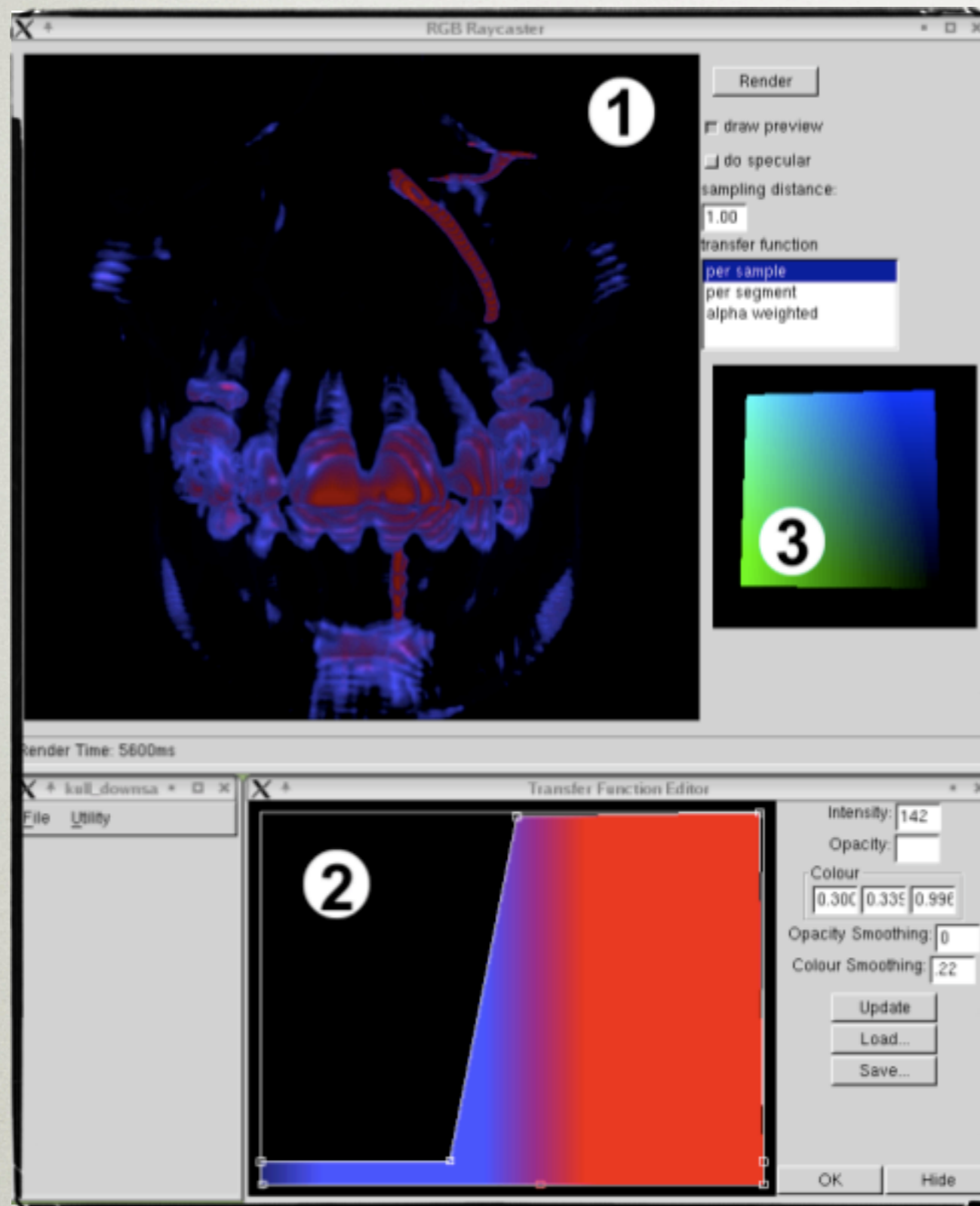
- Pros:
 - distributed framework
 - high precision
- Cons:
 - evaluation unintuitive and inconclusive
 - concluded that system could be applied to medical training scenarios - how?

A PARALLEL
COORDINATES-STYLE
INTERFACE FOR
EXPLORATORY VOLUME
VISUALIZATION

PARALLEL COORDINATES FOR VOLUME VIS

- Standard interface:
 - graph of colour / opacity for data range
 - slow, tedious parameter selection
- Improvements:
 - parameters constrained as selections are made to reduce search space
 - histogram provided as guide
 - automated parameter generation

STANDARD INTERFACE



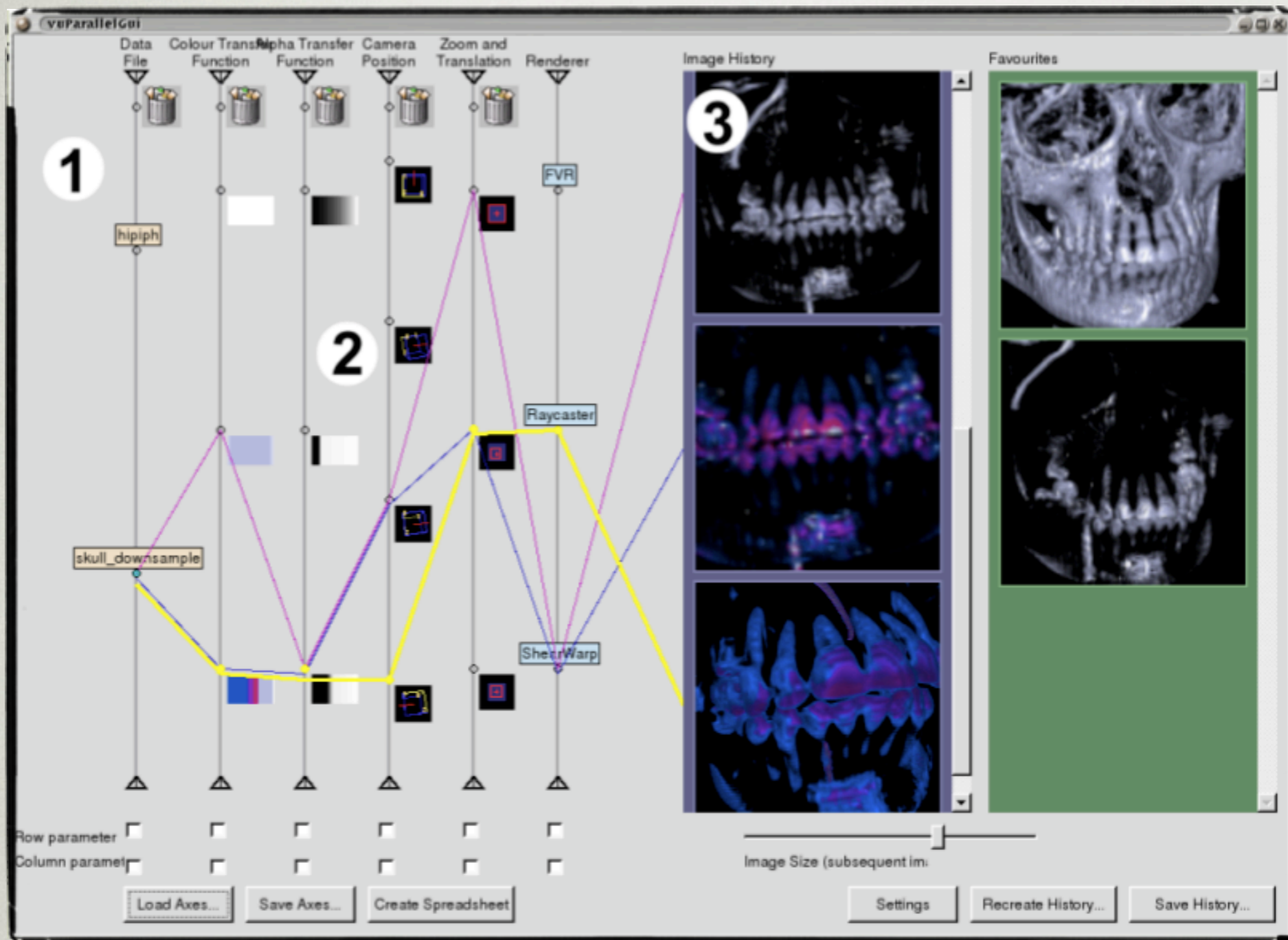
1. Rendering window
2. Transfer function editor
3. Zoom/rotation widget

PROBLEMS

- Hard to keep track of previous choices
- No "undo" button or history
- Comparing between settings is difficult

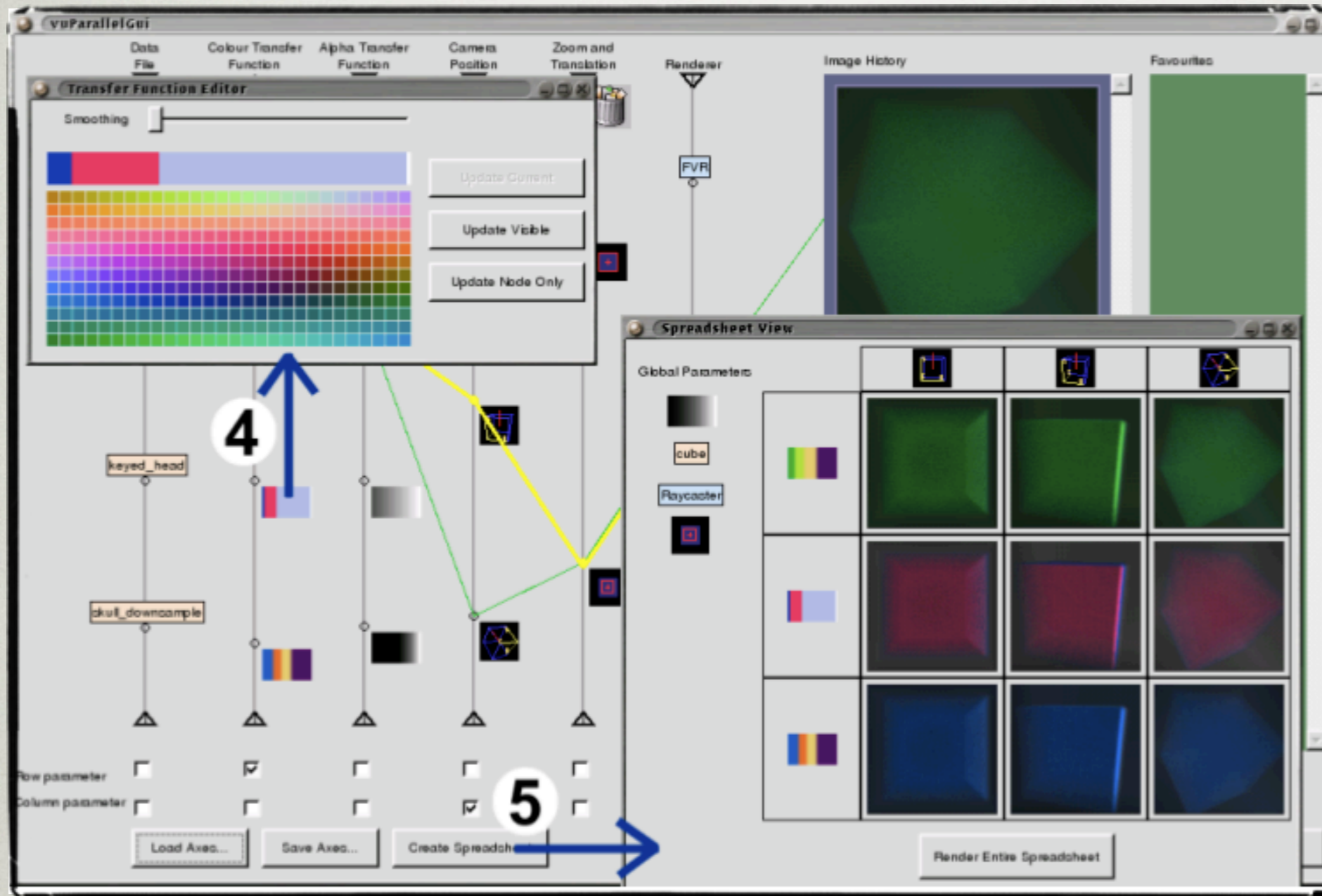
SOLUTION: PARALLEL COORDINATES

- Design Goals:
 - Overview
 - Zoom & Filter
 - Relate
 - History
 - Extract



SOLUTION: PARALLEL COORDINATES

1. One axis for each parameter
2. Parameter sets are represented as lines connecting parameters to resultant image
3. History bar shows previous settings

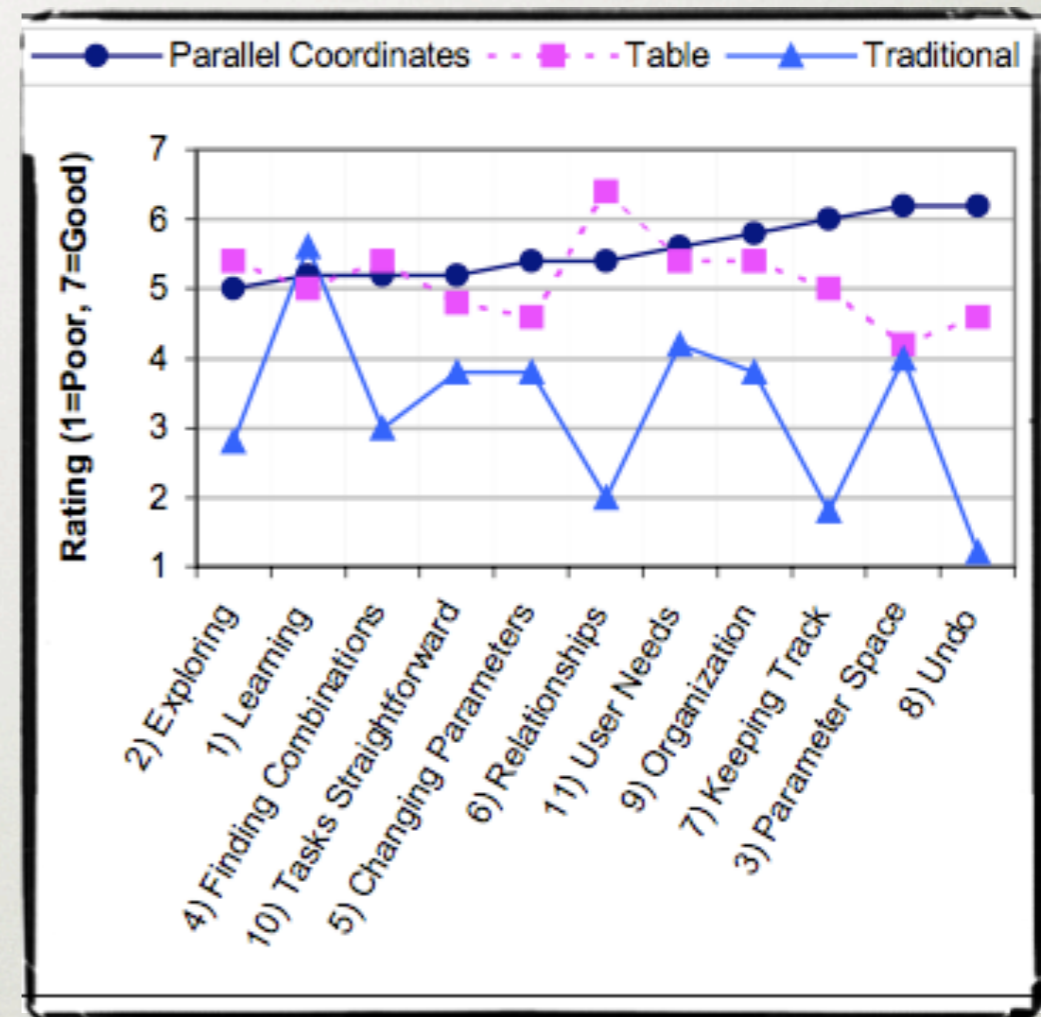


SOLUTION: PARALLEL COORDINATES

4. Edit existing parameter nodes to make new ones
5. Choose parameters to plot on row and column of table

EVALUATION

- 5 experts chosen for qualitative user study
- Data exploration and search tasks
- Outperformed traditional and table interfaces

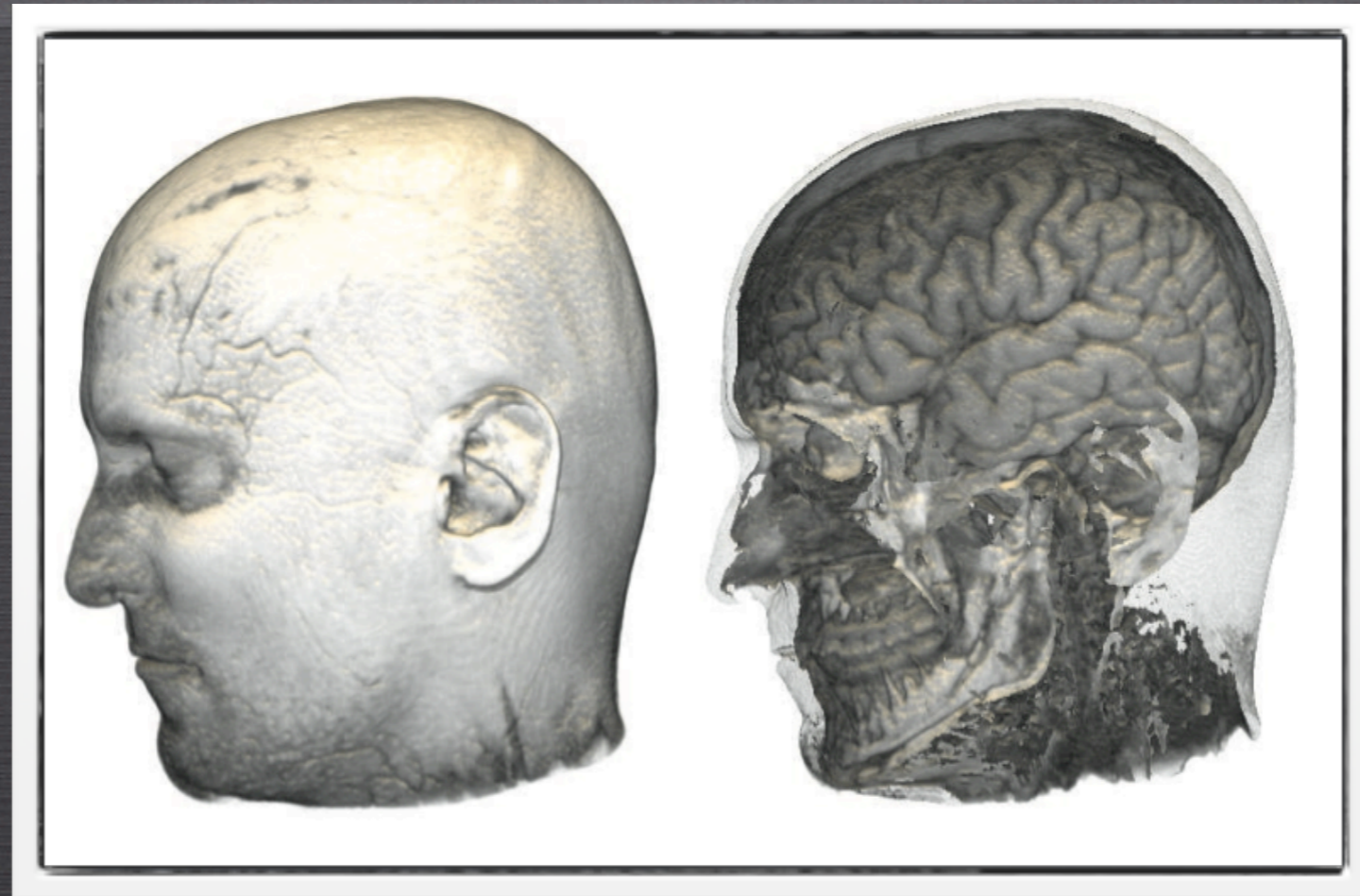


DISCUSSION

- Parameter-based vs. image-based visualization
- Parameters occupy a lot of space
- Lacks transfer function interactivity
- Multi-dimensional parameter values treated as discrete and unrelated
- Scalability issues

CRITIQUE

- Pros:
 - presented a novel exploratory visualization technique
 - addressed existing problems
 - thorough discussion - identified weaknesses and planned future work
- Cons:
 - only 5 people chosen in user study



OPACITY PEELING FOR
DIRECT VOLUME
RENDERING

MEDICAL VOLUME VISUALIZATION

- More info than can be displayed
- Often a focus + context task
 - structure of interest smaller than relevant contextual info

FILTERING VOLUME DATA

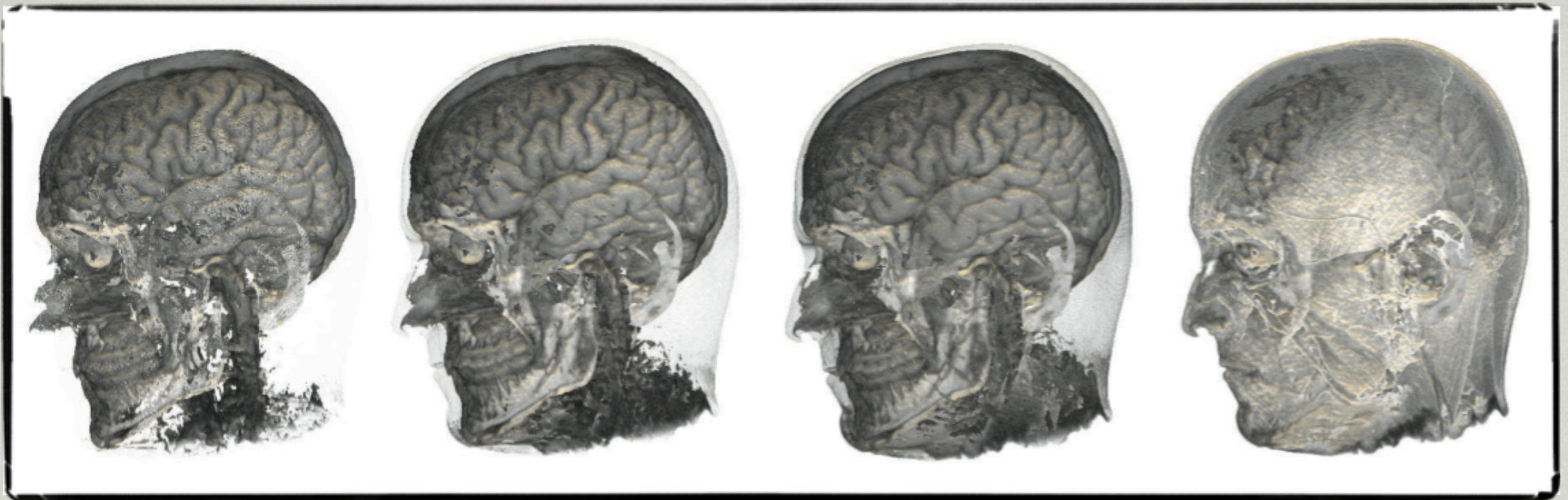
- Reducing opacity:
 - occlusion still an issue
 - may consider values, gradients, etc.
- Volume clipping:
 - preserve context manually
- Importance / Classification-based:
 - requires segmentation / annotation

RAY TRACING

- Common volume rendering technique
- Project rays through volume along viewing axis and either:
 - attenuate according to transfer function,
 - select maximum intensity, or
 - select first intensity that satisfies threshold

OPACITY PEELING

- Ray tracing with attenuation, but reset rays to full strength when ray either:
 - becomes insignificant or
 - reaches a strong gradient
- Remember layers where new rays are cast



OPACITY PEELING

Leftmost: threshold too low

Rightmost: can see muscle layer below skin

ADVANTAGES

- GPU implementation allows on-the-fly rendering
- Opacity peeling: can remove / modify "remembered" layers
- Great for looking beneath skull and fat in brain MRI images
- Can reveal unexpected structures

CRITIQUE

- Pros:
 - good segmentation for time-critical visualization scenarios
 - potential for integration in OR
 - discussed using complex transfer functions for offline visualizations
- Cons:
 - crude segmentation compared to offline techniques

QUESTIONS?