

# 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

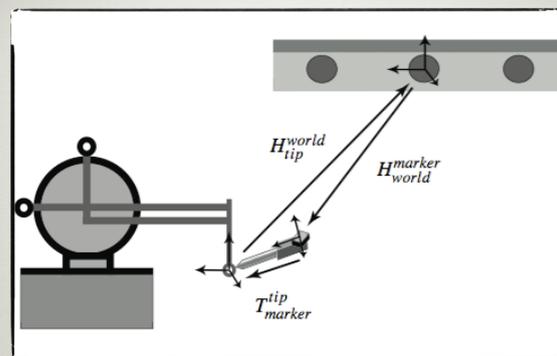
- Distributed system
  - graphics server and physics server
  - communication via ethernet cable
- Haptics and visuals computed independently
- Synchronization of servers
  - within 100 $\mu$ s using NTP server

### 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

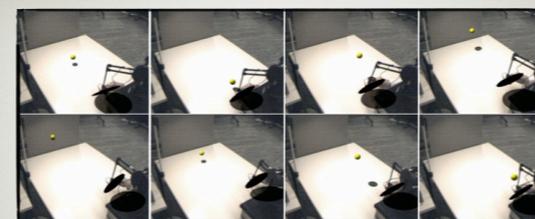
- Fix tip of haptic device and track 3-D rotation of marker
- Follow with haptic-world calibration
- Calibration allowed precision of 1.3 mm



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

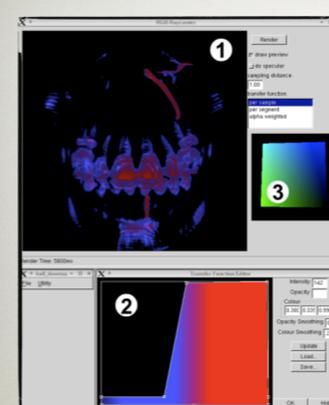
- Lack of stereo camera impedes depth judgement
- Evaluation inconclusive

### CRITIQUE

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

### 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

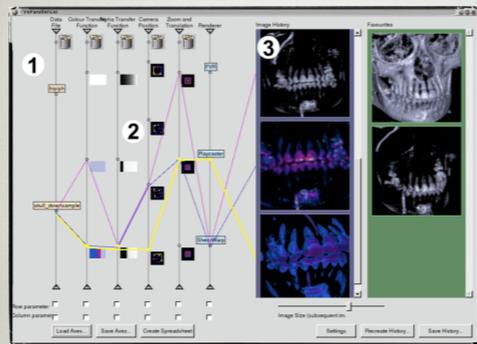
## A PARALLEL COORDINATES-STYLE INTERFACE FOR EXPLORATORY VOLUME VISUALIZATION

### PROBLEMS

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

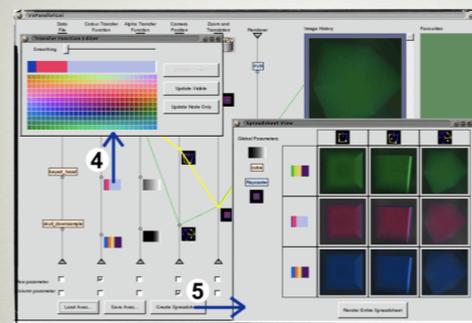
## SOLUTION: PARALLEL COORDINATES

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



### SOLUTION: PARALLEL COORDINATES

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

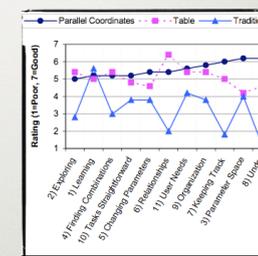


### SOLUTION: PARALLEL COORDINATES

- Edit existing parameter nodes to make new ones
- 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

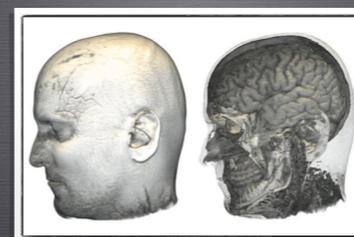


## DISCUSSION

- 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

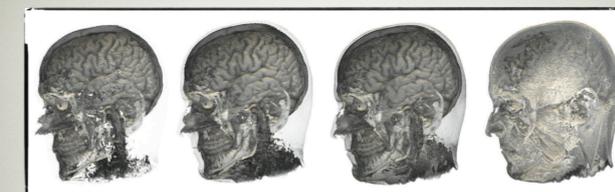
- Reducing opacity:
  - occlusion still an issue
  - may consider values, gradients, etc.
- Volume clipping:
  - preserve context manually
- Importance/Classification-based:
  - requires segmentation/annotation

## 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?