

Automating Echocardiography Analysis using Deep Learning



Efficient measurement, workflow, and data generation

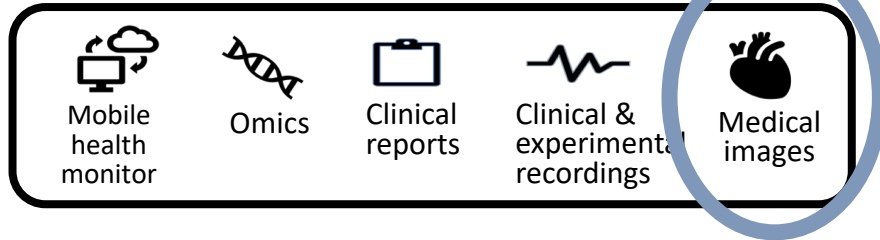
Andrew Gilbert

Disputas

02.07.2021

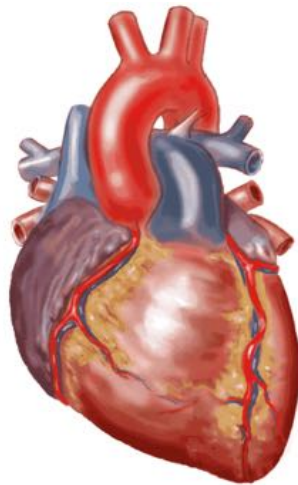
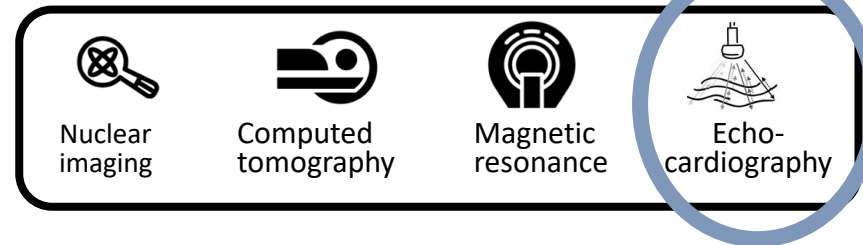
A global perspective of this thesis: *An automated analysis of structural echocardiography parameters using deep learning*

Clinical data

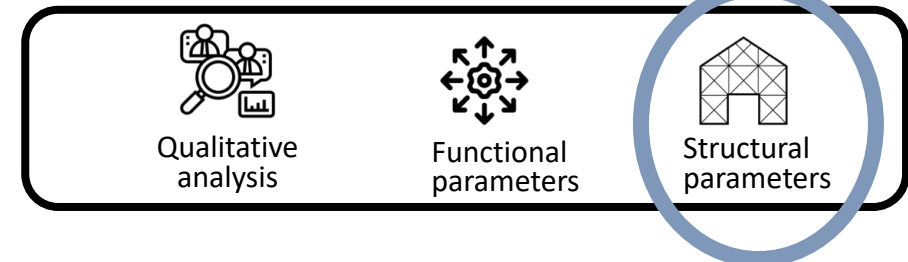


Goal: Make echocardiography more **efficient, reliable, and accurate.**

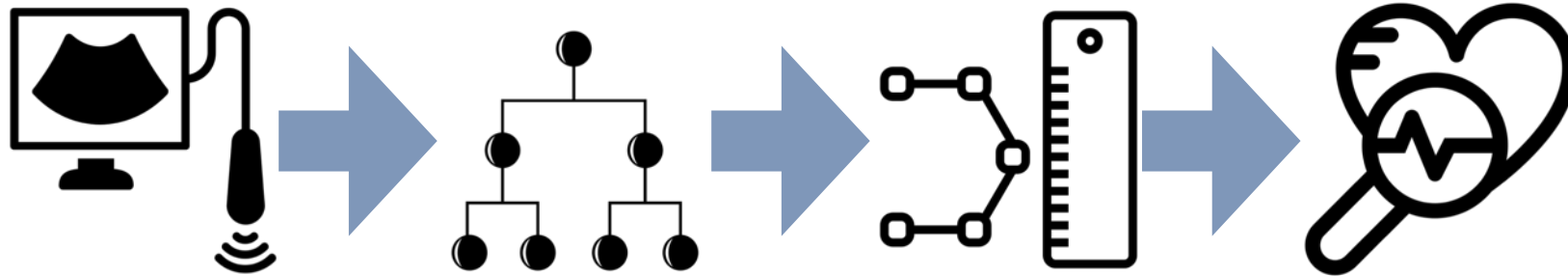
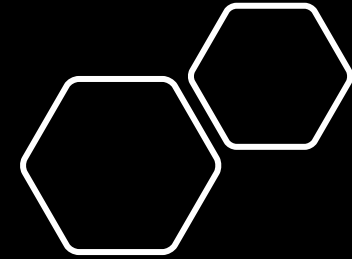
Medical Imaging



Echocardiography Analysis



Structural Measurement Echocardiography Workflow



1. Acquire

2. Classify

3. Measure

4. Diagnose



Deep Learning Workflow

Deep Learning Workflow



1. Collect Data



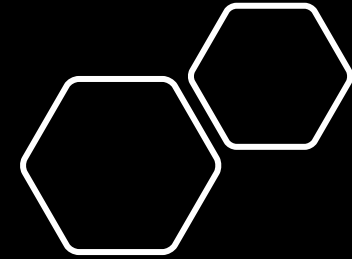
2. Annotate



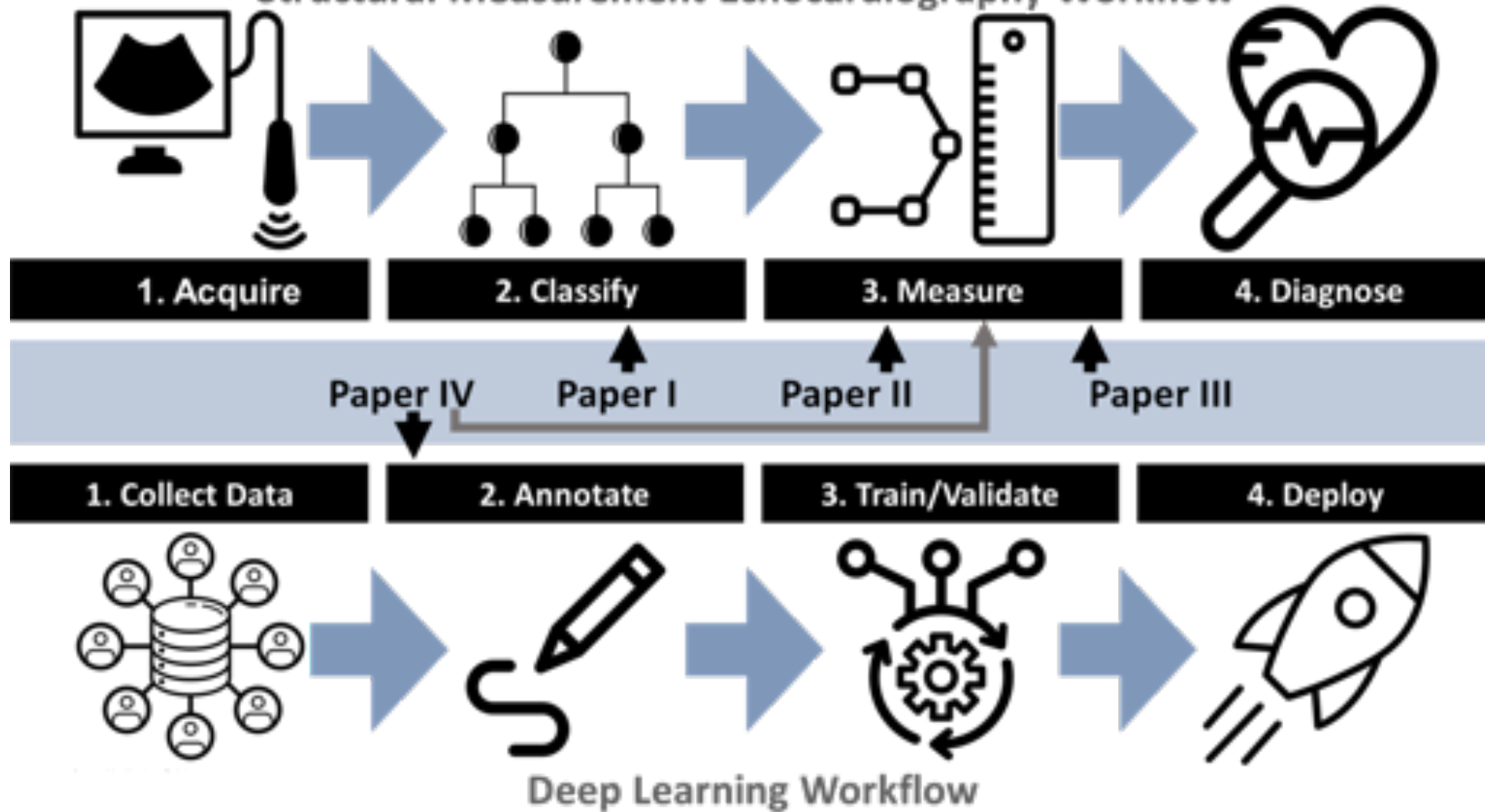
3. Train/Validate



4. Deploy



Structural Measurement Echocardiography Workflow



I: Doppler spectrum classification

II: Automated left ventricle dimension measurement

III: Curvature as a marker of basal septal hypertrophy

IV: Synthetic data generation

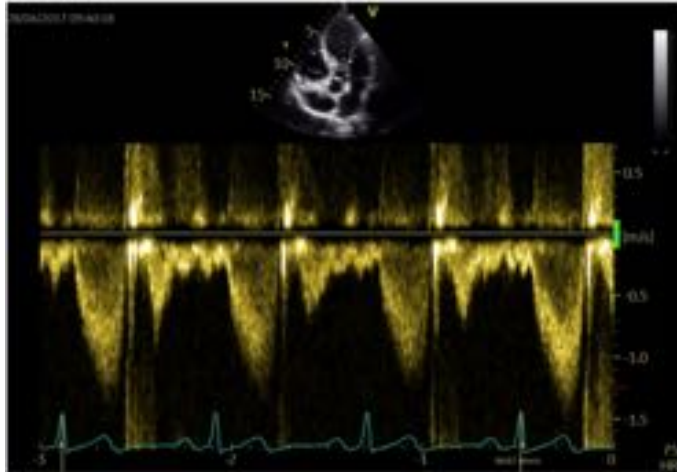
I. Doppler spectrum classification

Gilbert, A., Holden, M., Eikvil, L. Rakmail, M., Babić, A., Aaset, S. A., Samset, E., and McLeod, K. "User-Intended Doppler Measurement Type Prediction Combining CNNs with Smart Post-Processing". In: *Journal of Biomedical and Healthcare Informatics*. (2020).

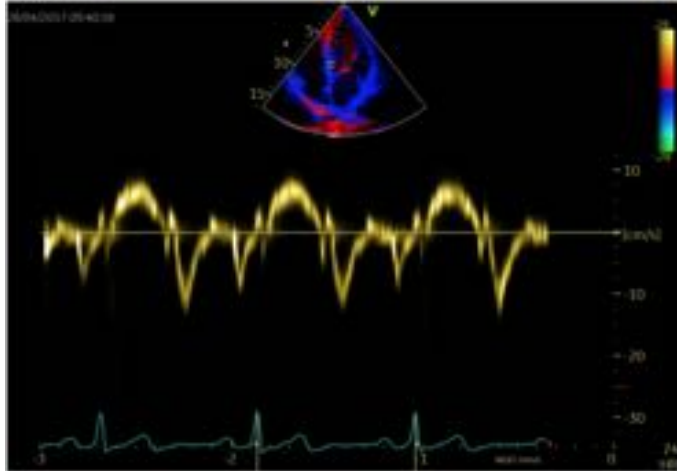
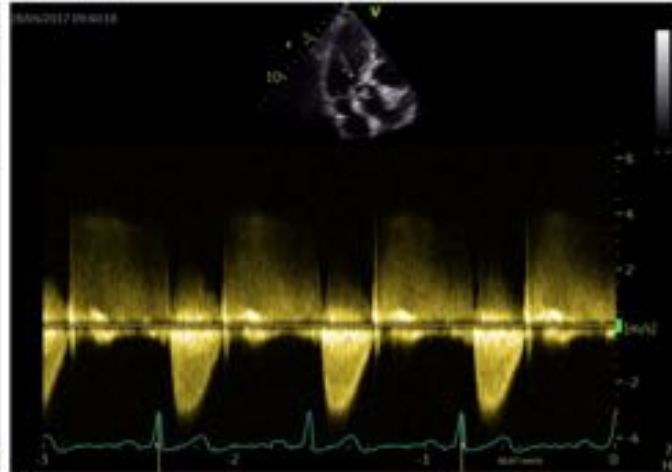
Doppler imaging is an important modality for measurements of motion and flow.

I: Doppler spectrum classification

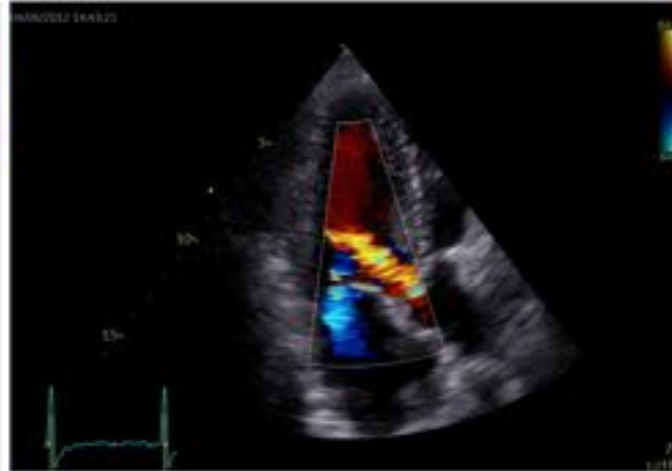
Pulsed Wave



Continuous Wave



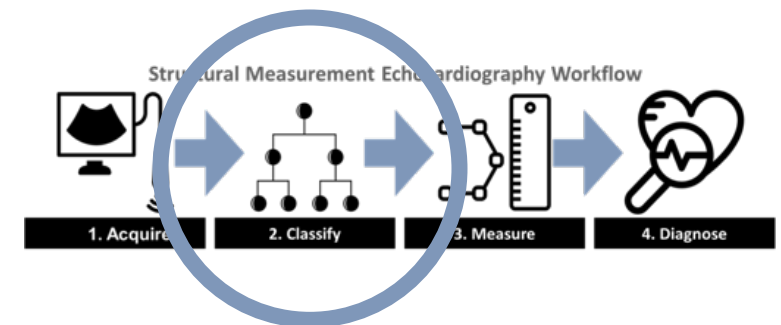
Tissue Doppler



Color Flow

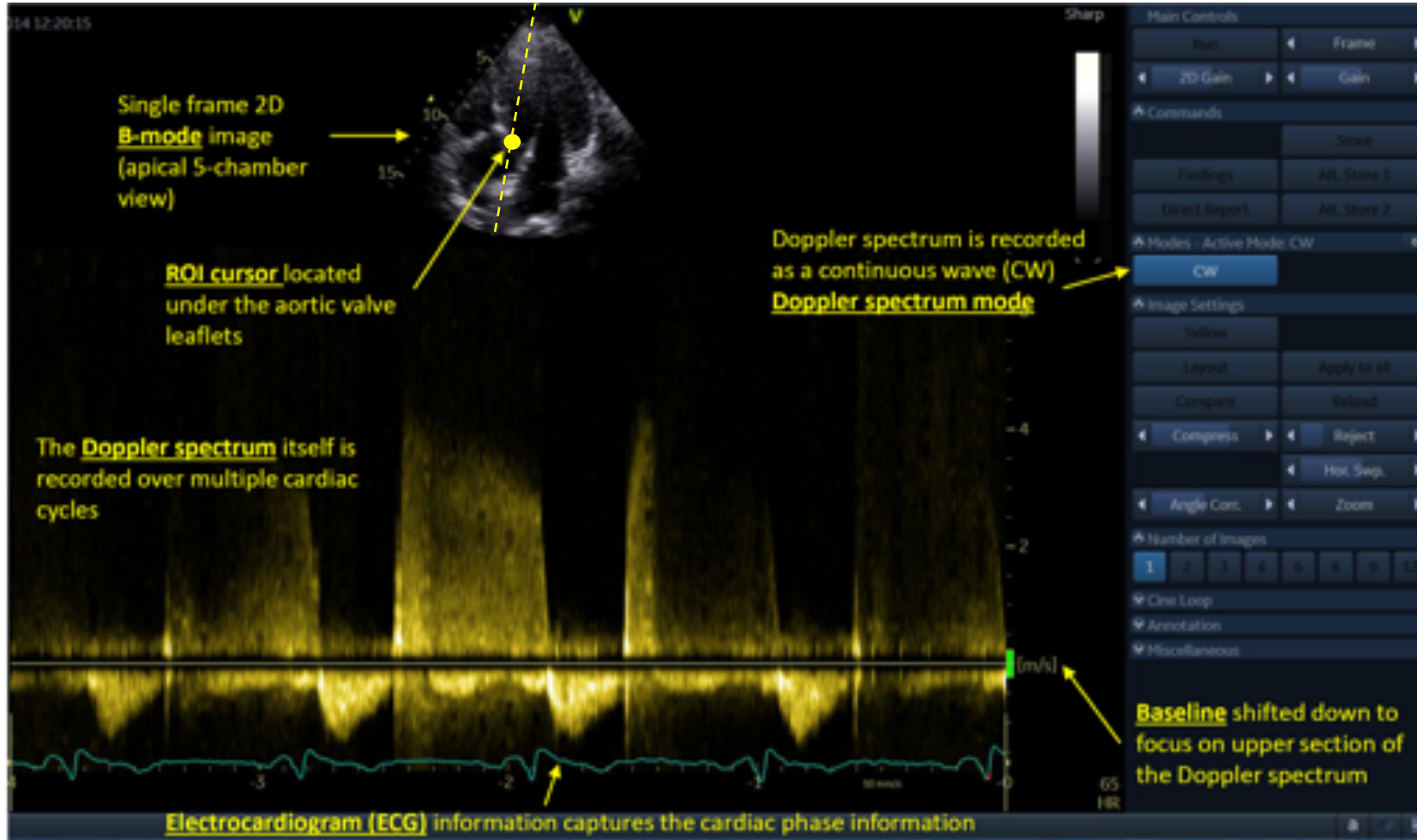
Doppler imaging can be used to measure blood flow and structural motion for many different regions

To measure, it is necessary to first identify which measurement should be performed



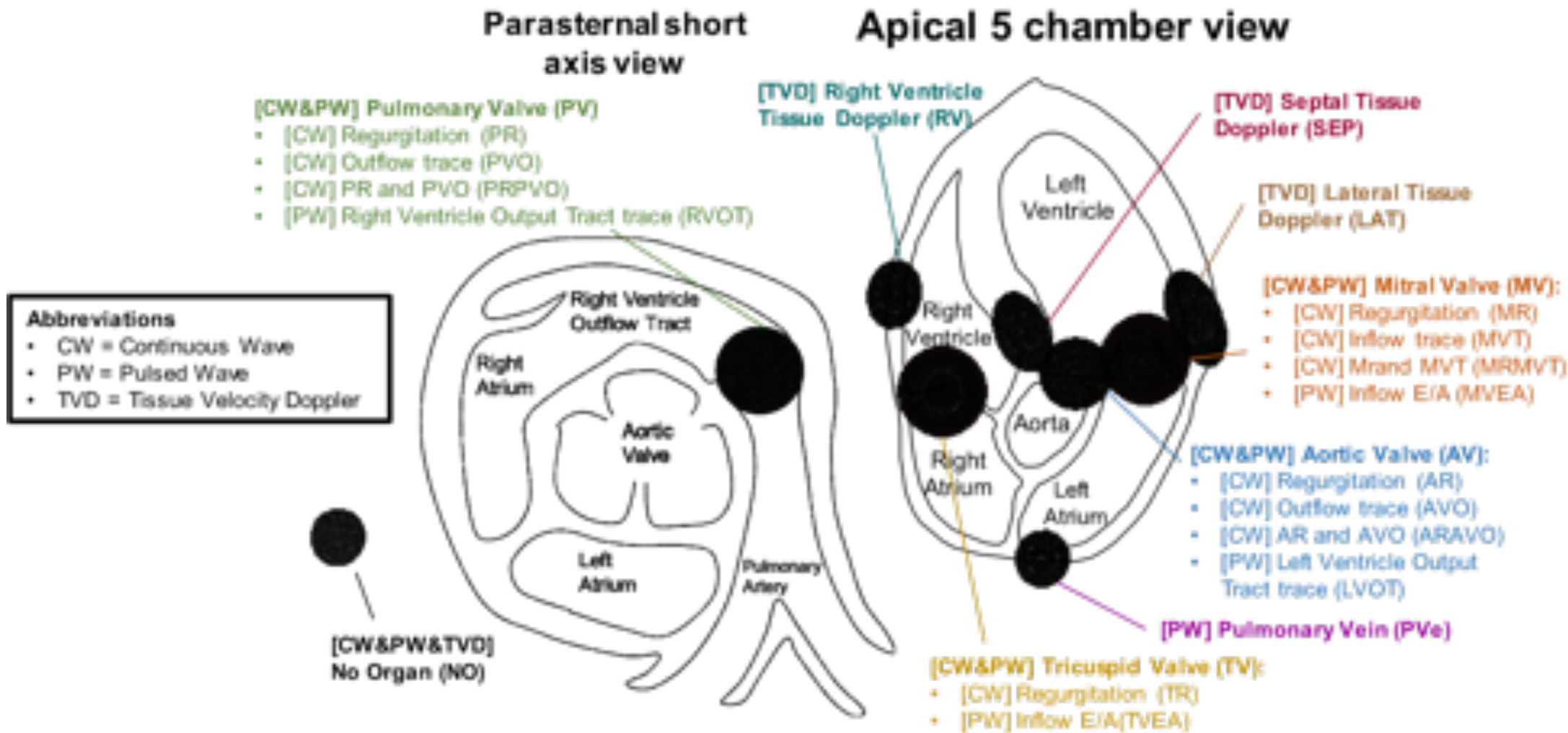
There is a variety of information we can use to classify the image. Which are most relevant?

I: Doppler spectrum classification



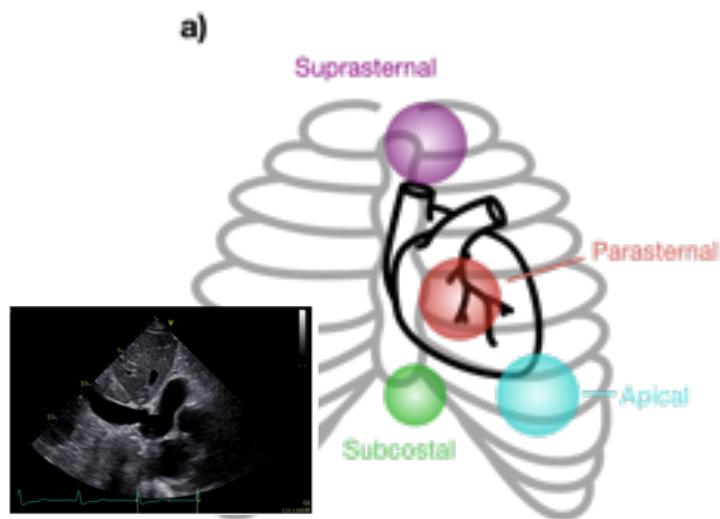
The measurement classes can be grouped by location

I: Doppler spectrum classification

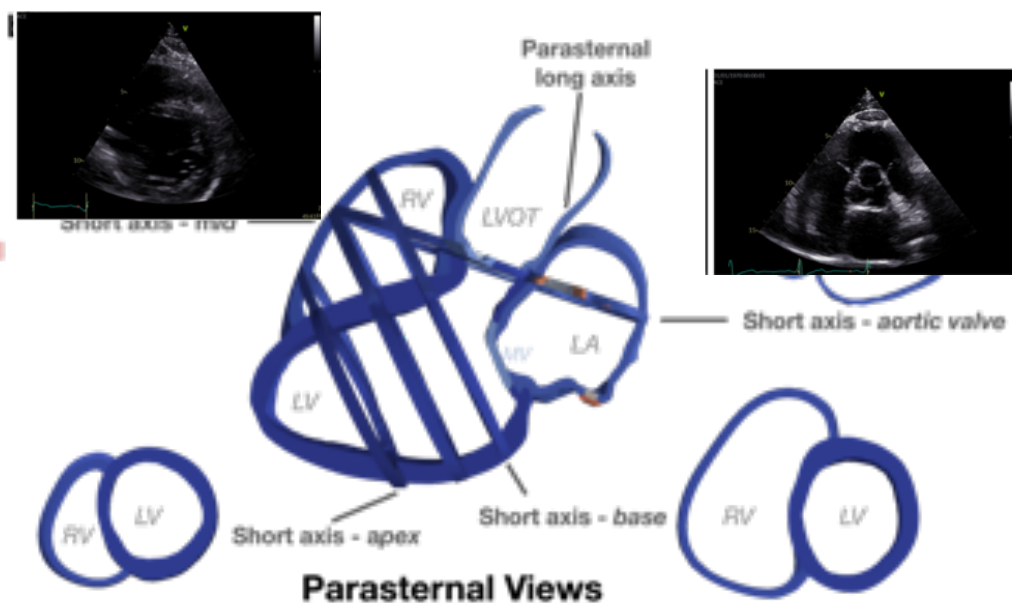


Similar to view recognition, but B-mode and ROI information must be combined.

I: Doppler spectrum classification



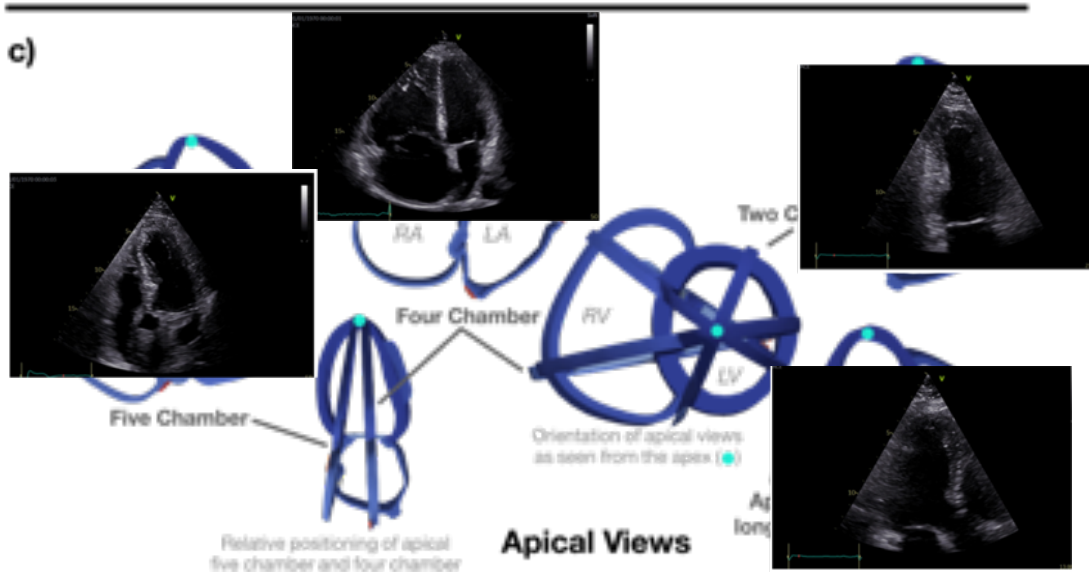
Acquisition Windows



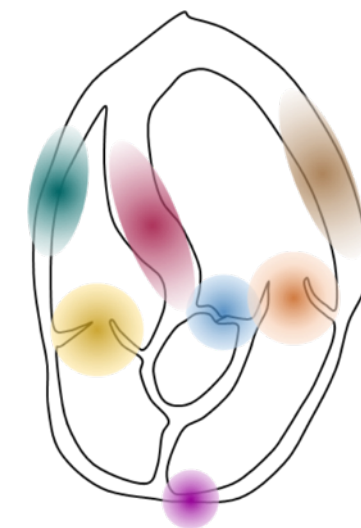
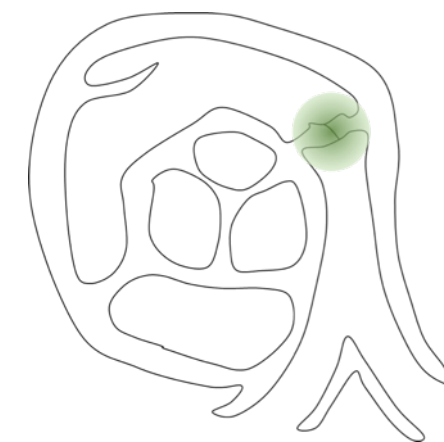
Parasternal Views

Key

- LV Left ventricle
- RV Right ventricle
- LA Left atrium
- RA Right atrium
- LVOT Left ventricle outflow tract
- RVOT Right ventricle outflow tract
- AV Aortic valve
- MV Mitral Valve
- PV Pulmonary Valve
- TV Tricuspid Valve

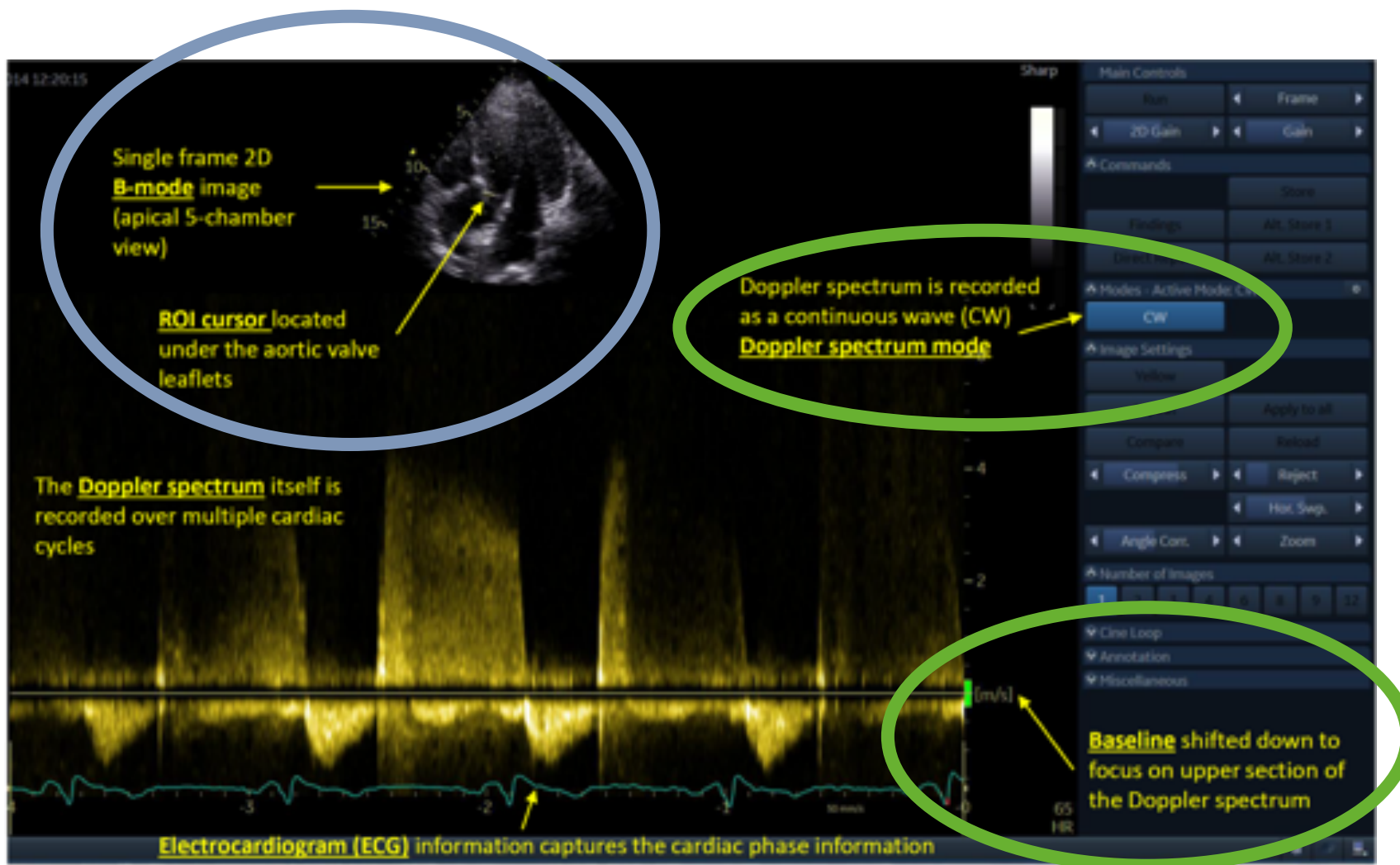


Apical Views



There is a variety of information we can use to classify the image. Which are most relevant?

I: Doppler spectrum classification

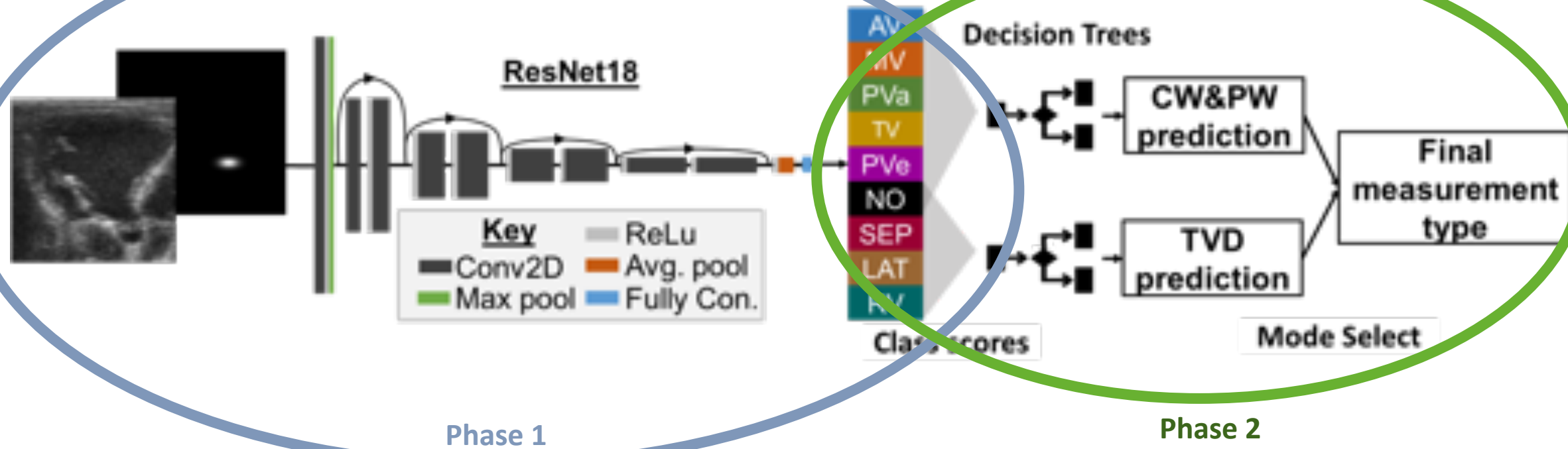


Phase 1: Identify the location of the measurement using the B-mode image and ROI cursor

Phase 2: Classify the measurement from the location (Phase 1) and other parameters

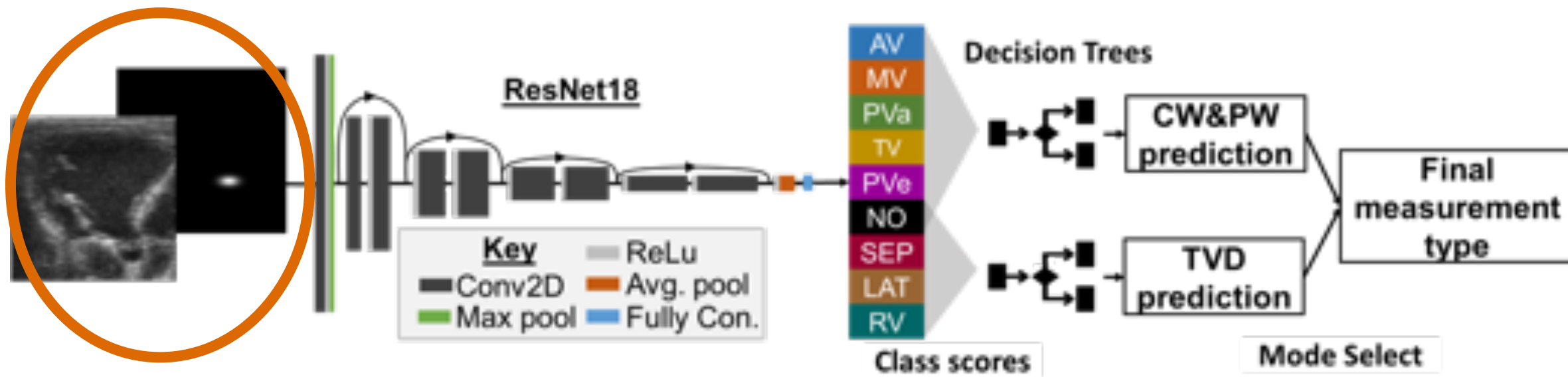
The network must learn to combine the imaging and ROI cursor information.

I: Doppler spectrum classification



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I: Doppler spectrum classification

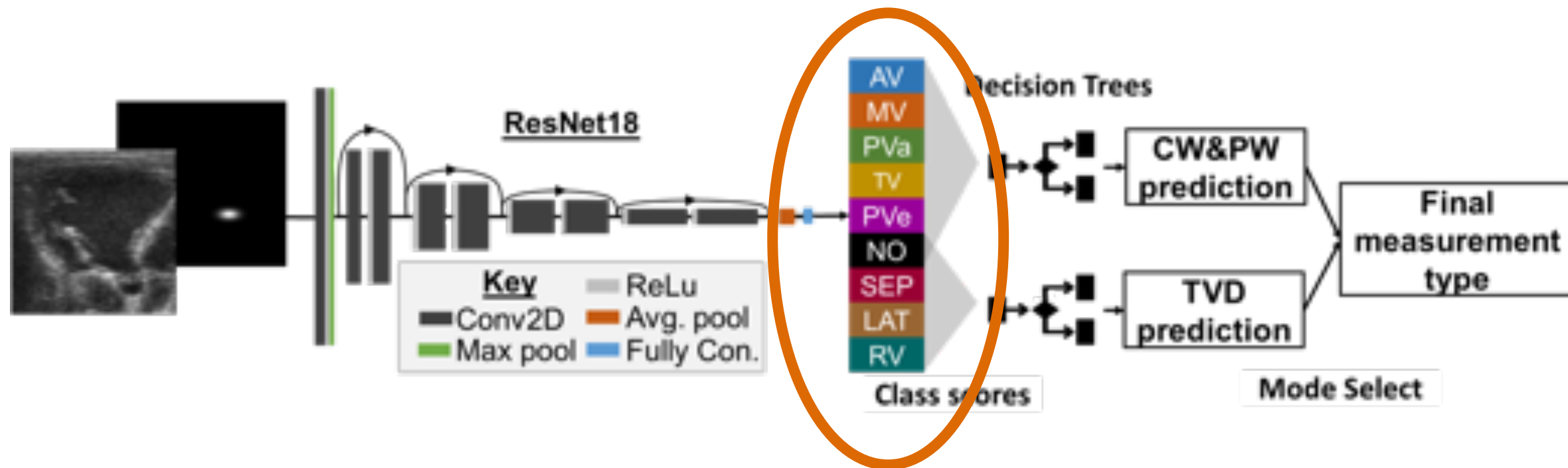


Key insights:

- **Heatmaps used to encode** location information at the input.
- **Multi-head learning** to integrate mode information.
- Thresholding and ensemble networks can be used to increase accuracy and as a **measure of confidence**.

The network must learn to combine the imaging and ROI cursor information.

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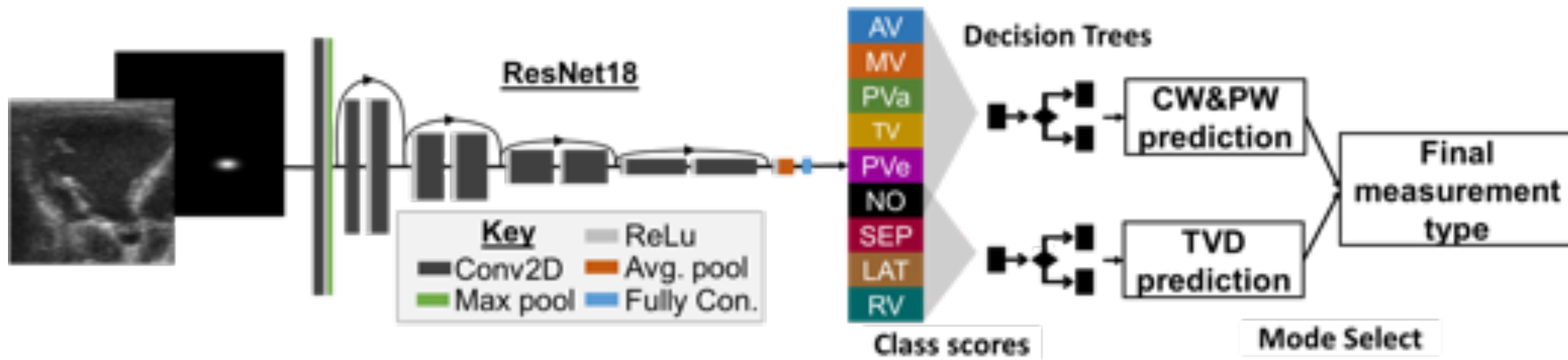


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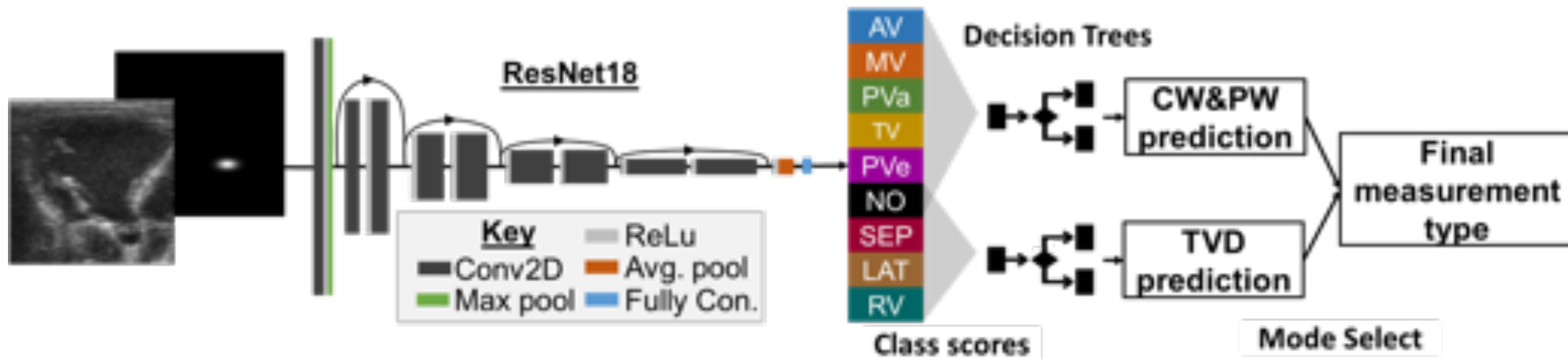


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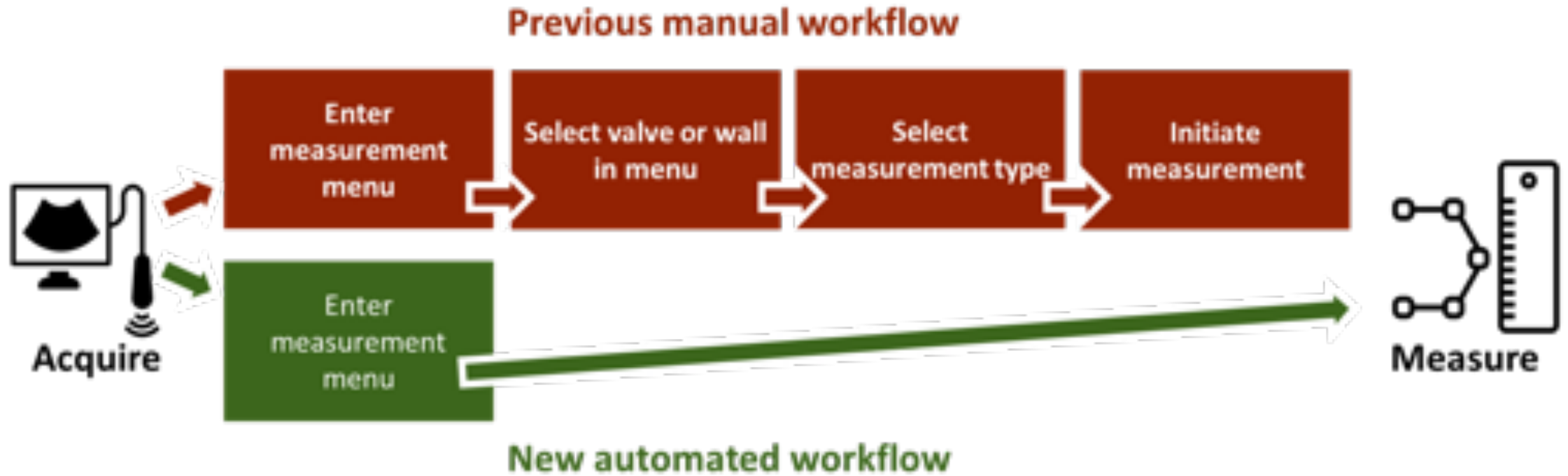
- **Heatmaps used to encode** location information at the input.
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- Thresholding and ensemble networks can be used to increase accuracy and as a **measure of confidence**.

Results:

- Achieve **96.4%** accuracy on a test set from a different distribution.
- Can be increased to **98.7%** accuracy using an ensemble of networks and ignoring 4.8% of “uncertain” images.

Automated classification brings workflow improvements on every Doppler scan

I: Doppler spectrum classification



Doppler spectrum classification implemented within Vivid Ultra Edition.

I: Doppler spectrum classification



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**CLINICAL EXCELLENCE
for the Echo Lab**

LESS CLICKS, UP TOP
-80%

AI Auto Measure 2D

With the power of AI, the manual caliper measurements can be completed with 3 clicks: Freeze – Measure – Auto. A full set of reproducible measurements will instantly appear on the screen.

AVD	3.8 cm
LVDD	5.8 cm
LVPSD	3.8 cm
AVc	3.3 cm
LVDC	3.8 cm
LVPSDc	3.4 cm
SPIC (LAD)	42.1%
SPIC (LAD)	70.1%
SPIC	18.1%

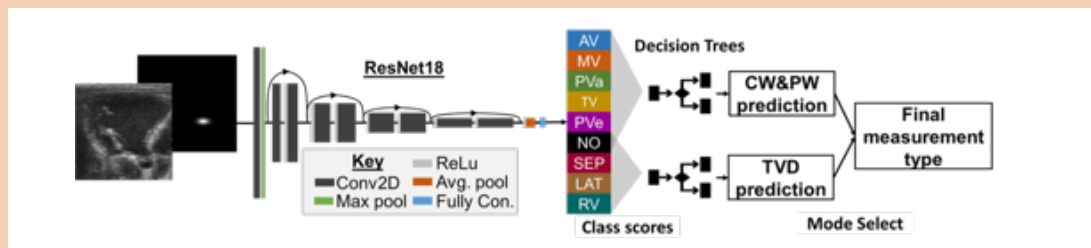
AI Auto Measure Spectrum Recognition

With the power of AI, a wide range of Doppler measurements can be completed with 2 clicks: Freeze – Measure. A Doppler trace and full set of associated measurements will instantly appear on the screen.

ACCURACY
98%

VVDT (mm)	5.04 mm
VVDT (mm)	5.04 mm
VVDT (mm)	4.99 mm
VVDT (mm)	5.04 mm
VVDT (mm)	5.04 mm
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I: Doppler spectrum classification



Highly accurate Doppler spectrum classification using heatmap-encoding, multi-head training, and confidence metrics.

II: Automated left ventricle dimension measurement

III: Curvature as a marker of basal septal hypertrophy

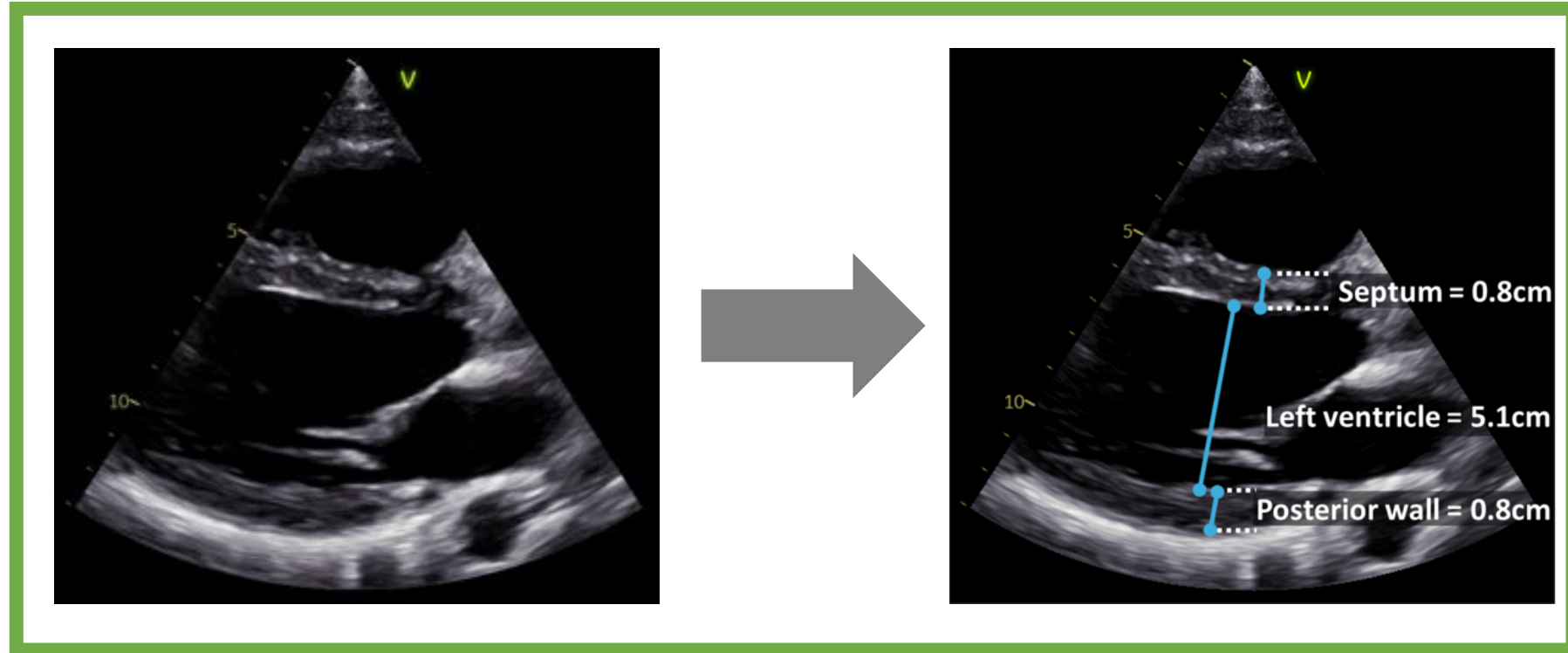
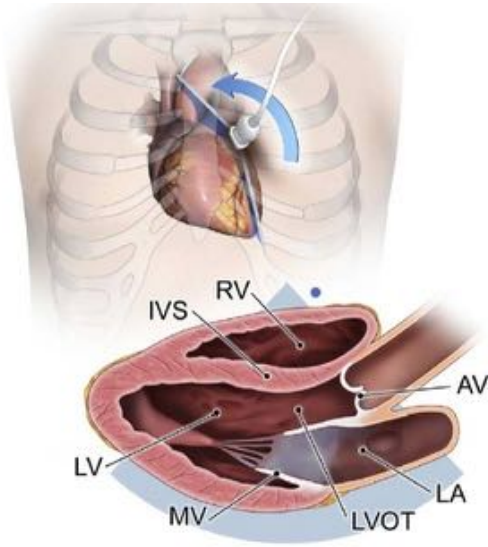
IV: Synthetic data generation

II: Left ventricle dimension measurement

Gilbert, A., Holden, M., Eikvil, L., Aase, S. A., Samset, E., and McLeod, K.
“Automated Left Ventricle Dimension Measurement in 2D Cardiac ultrasound via
an Anatomically Meaningful CNN Approach”. In: *Lecture Notes in Computer
Science*. Vol. 11798, (2019), pp. 29-37.

Automate measurements of the left ventricle in the parasternal long axis (PLAX) view.

II: Left ventricle dimension measurement



Goal

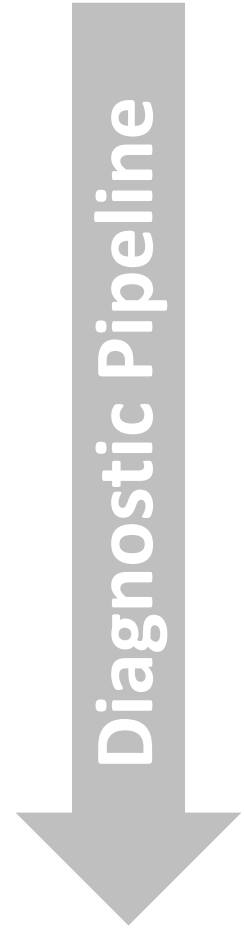
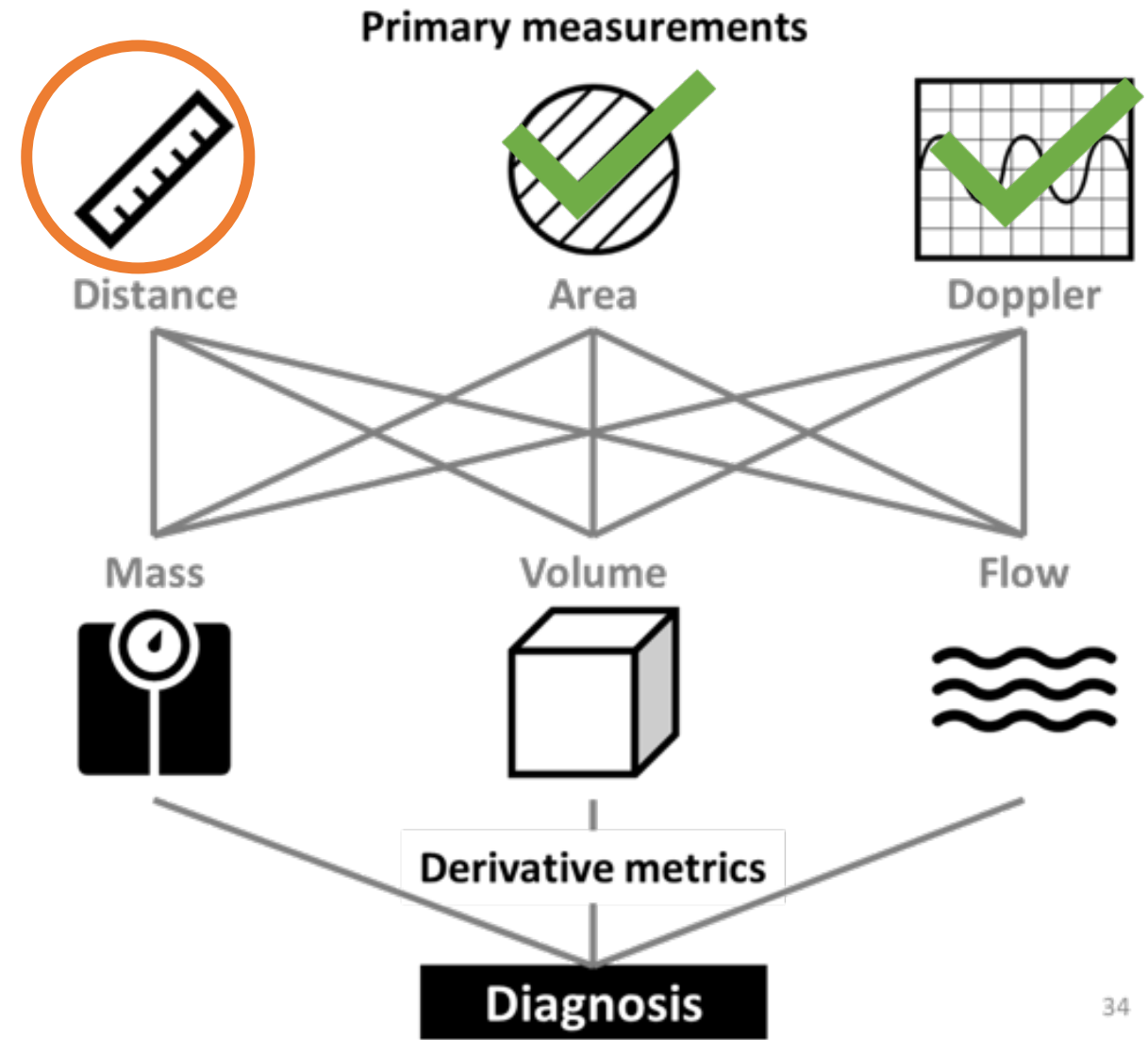
2D measurements of the left ventricle are a part of the first diagnostic measurements used for guiding patient treatments.

II: Left ventricle dimension measurement

✓ High level of automation
○ More automation needed

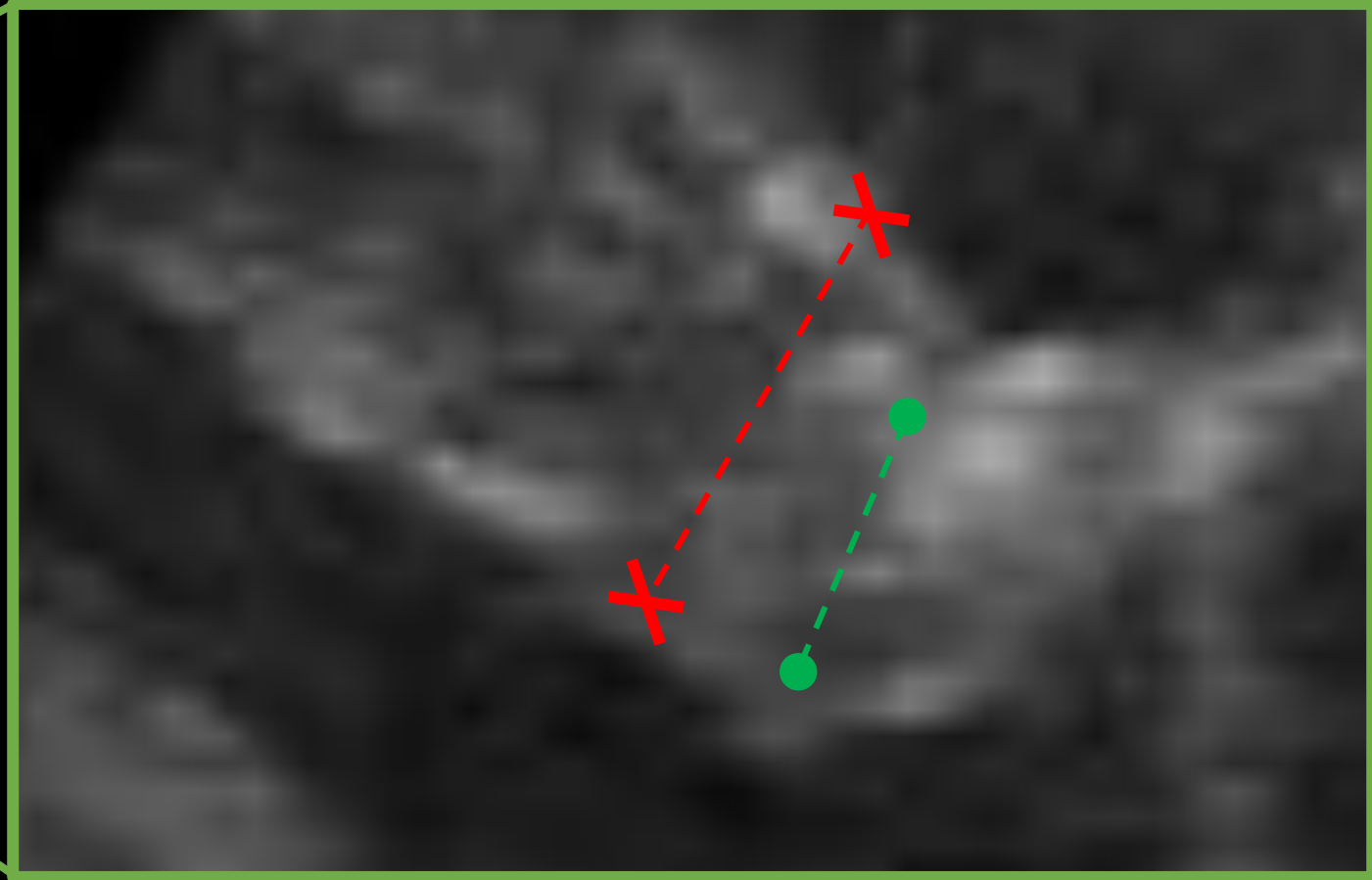
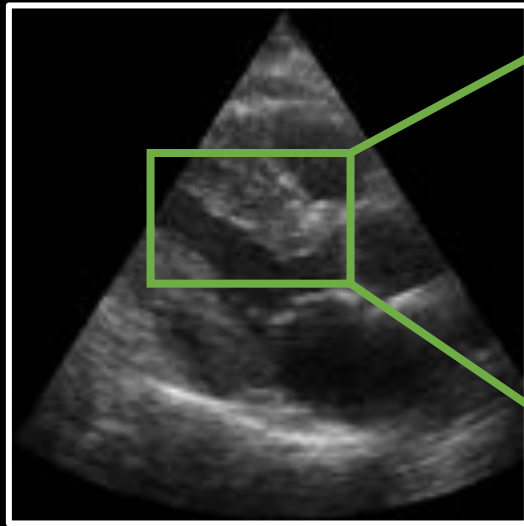


Echocardiography



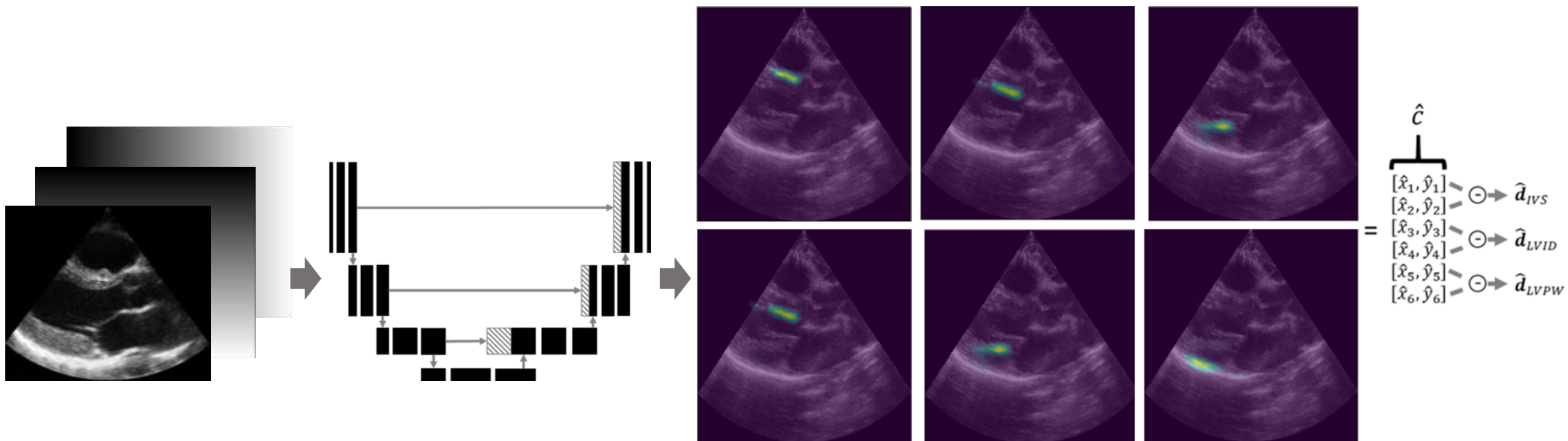
2D measurements are often difficult to perform accurately

II: Left ventricle dimension measurement



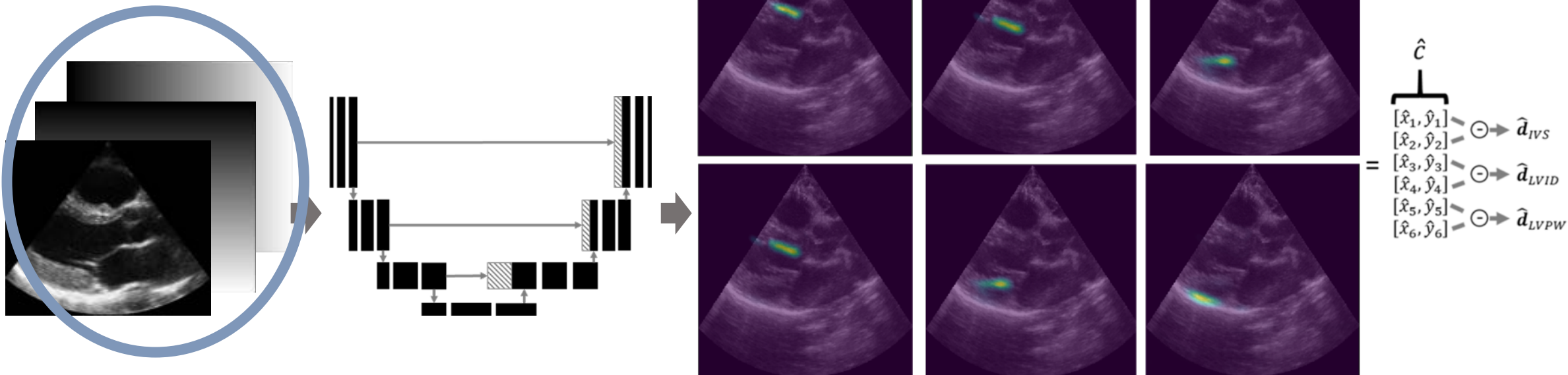
Framed as a landmark detection problem and solved with CNNs

II: Left ventricle dimension measurement



Framed as a landmark detection problem and solved with CNNs

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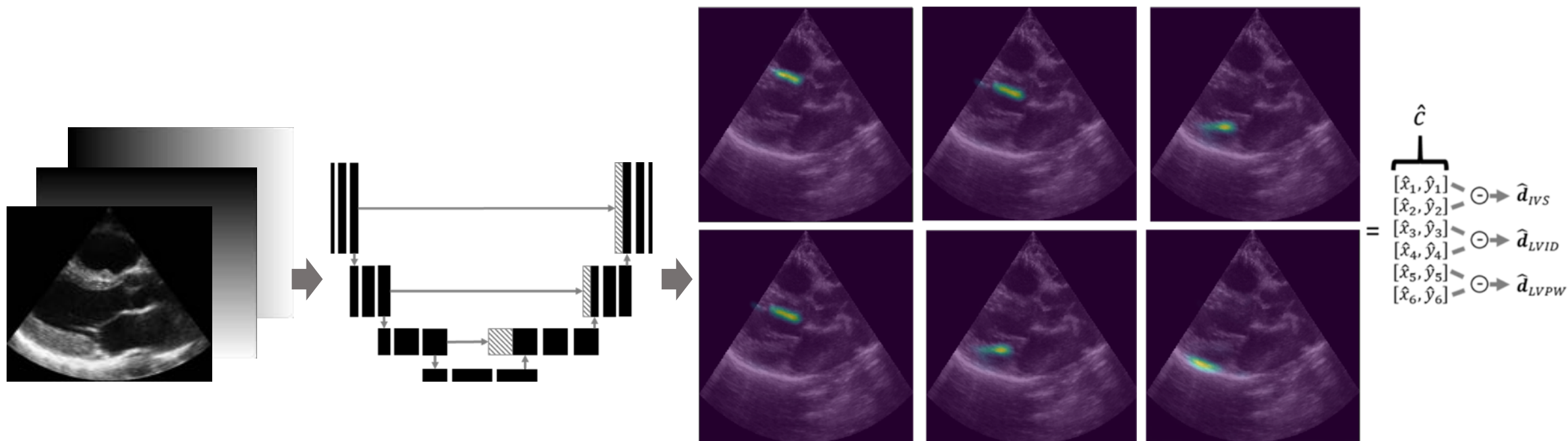


Key insights:

- **Coordinate convolution** can help distinguish between similar looking features.
- **Anatomical heatmaps** follow the expected distribution of the label uncertainty.
- A **multi-component loss function** helps optimize across multiple objectives

Framed as a landmark detection problem and solved with CNNs

II: Left ventricle dimension measurement

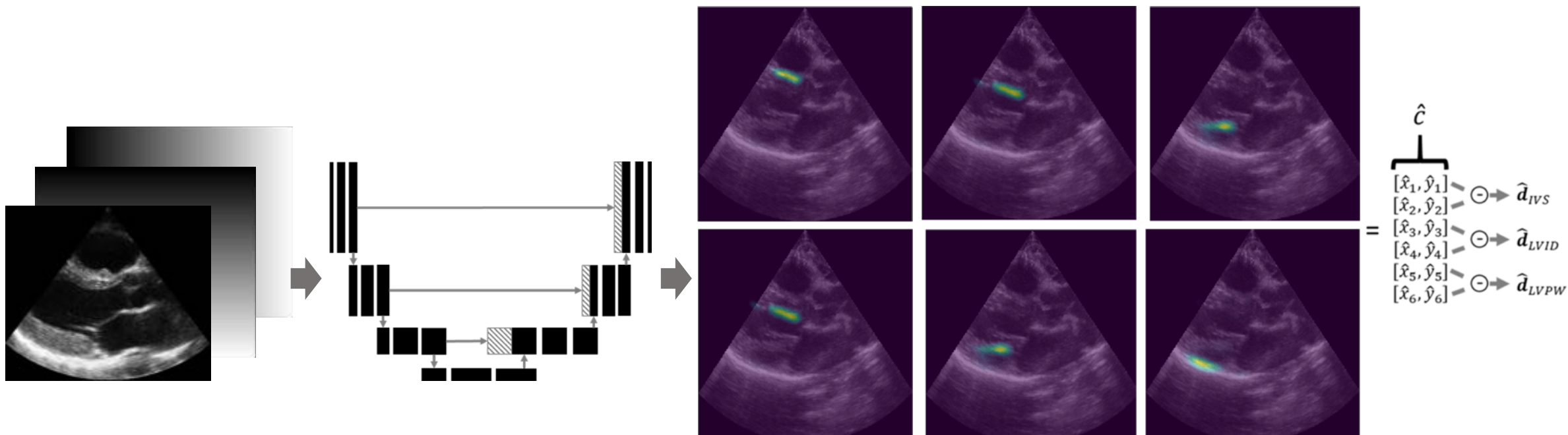


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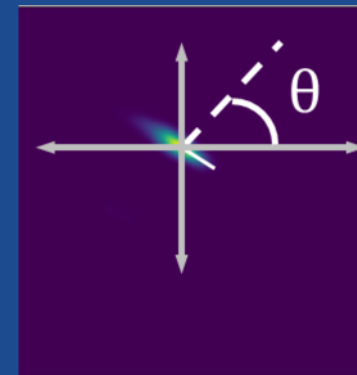
- Coordinate convolution
- Anatomical heatmaps for
- A multi-component loss

$$H_i \sim \mathcal{N}(\mu_i, \Sigma_j)$$

$$\mu_i = [x_i, y_i]$$

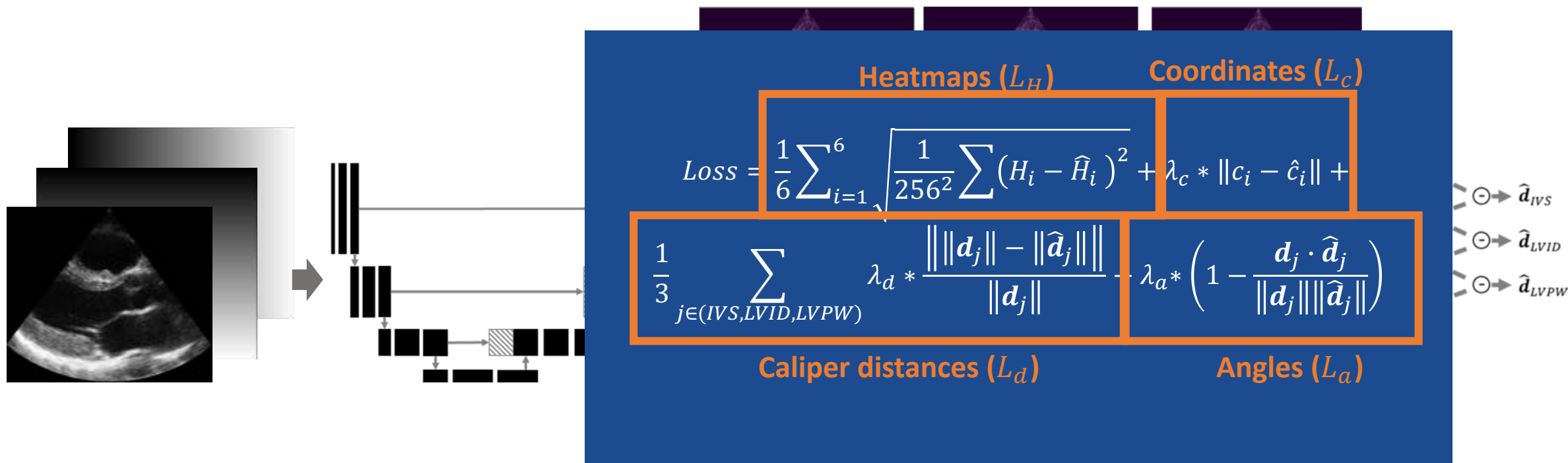
$$\Sigma_j = n * (R_j \cdot \begin{bmatrix} 1 & 0 \\ 0 & m \end{bmatrix} \cdot R_j^T)$$

R_j is a rotation matrix with $\theta_j = \angle d_i$



Framed as a landmark detection problem and solved with CNNs

II: Left ventricle dimension measurement

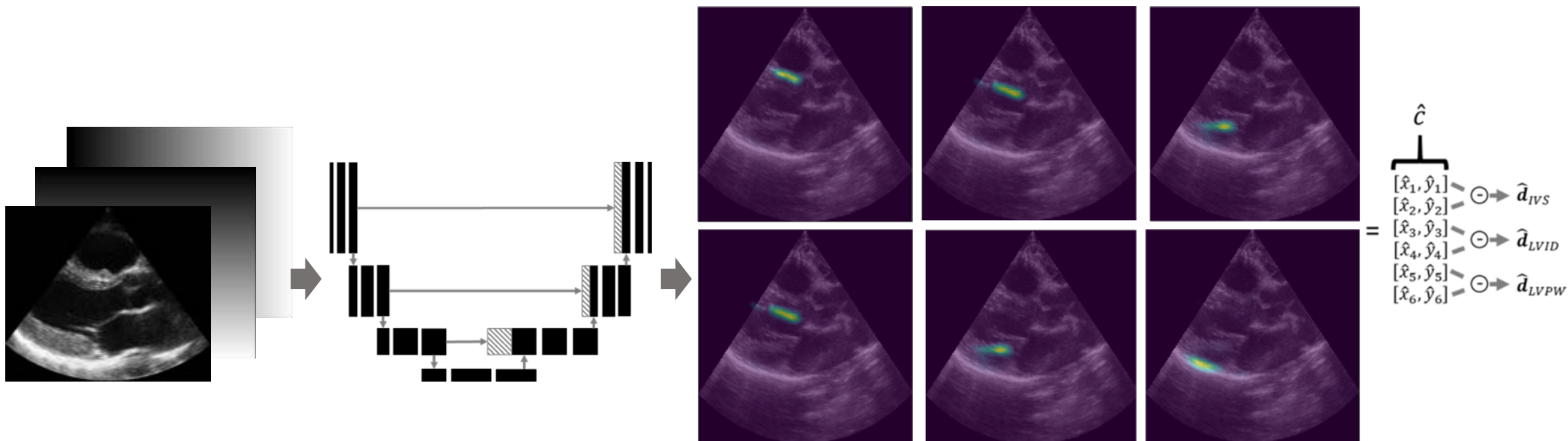


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II: Left ventricle dimension measurement



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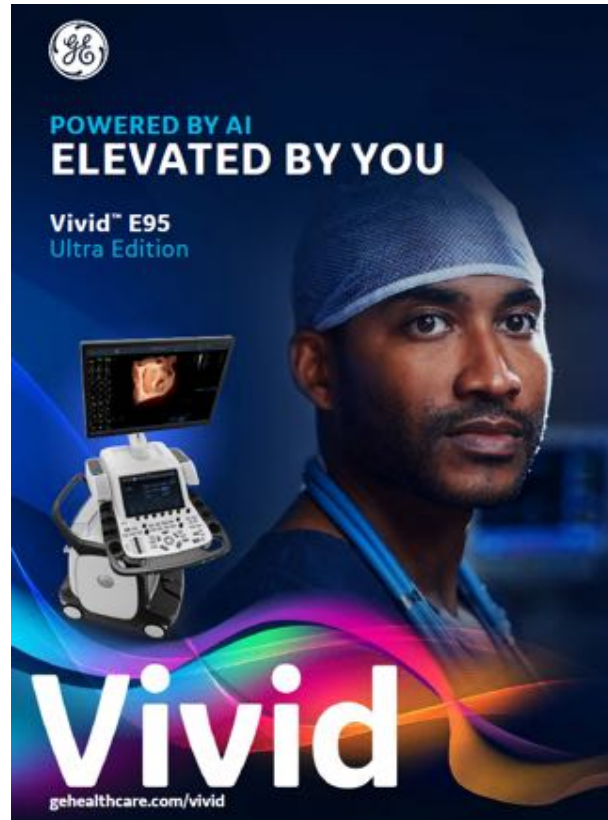
- Coordinate convolution
- Anatomical heatmaps
- Multi-component loss function

Accuracy approaches intra-analyzer error:

Method	Mean percent error
One expert annotating same image multiple times:	8.9%
Our approach:	10.0%

Left ventricle measurement also implemented within Vivid Ultra Edition.

II: Left ventricle dimension measurement



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RVOL	5.8 cm
RVOLd	5.8 cm
LVPVd	5.8 cm
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LVPVd	5.8 cm
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LVPVd	5.8 cm
RVOL	5.8 cm
LVPVd	5.8 cm
RVOL	5.8 cm
LVPVd	5.8 cm

AI Auto Measure Spectrum Respiration

With the power of AI, a wide range of Doppler measurements can be completed with 2 clicks: Freeze – Measure. A Doppler trace and full set of associated measurements will instantly appear on the screen.

VVOT Vmax	5.04 m/s
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VVOT Vmax	5.04 m/s
VVOT Vmax	5.04 m/s

II: Left ventricle dimension measurement

Archive Patient Img Browser Review Protocol Analysis Worksheet Report Config Help Exit

Store 1 Alt Store 2

Review Page

Controls Measure Calliper

Main Controls

Stop Frame

2D Gain Move Res Win

Apps

Mode: Active Mode: 2D

HH AMH

Image Settings

Up/Down Left/Right

Medium

Layout Apply to all

Compare Reload

Compress Reject

DDP Zoom

UD Clarity Text

Number of Images

1 2 3 4 6 8 9 12

Cine Loop

L Marker R Marker

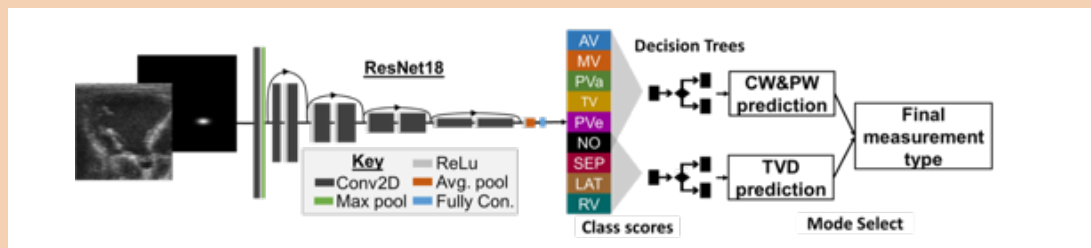
Cycle Sel No Cycles

First Last

Select All

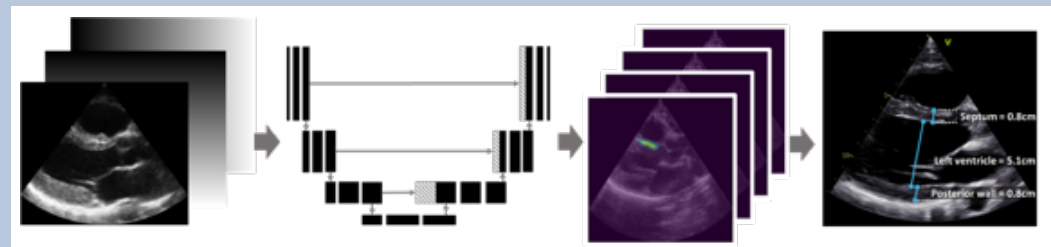
Annotation

I: Doppler spectrum classification



Highly accurate Doppler spectrum classification using **heatmap-encoding, multi-head training, and confidence metrics.**

II: Automated left ventricle dimension measurement



Accurate two-dimensional measurements of the left ventricle using **coordinate convolution, anatomical heatmaps, and a multi-component loss function.**

III: Curvature as a marker of basal septal hypertrophy

IV: Synthetic data generation

III: Curvature as a marker of hypertrophy

Marciniak, M., **Gilbert, A.**, Loncaric, F., Fernandes, J. F., Bijnes, B., Sitges, M., King, A., Crispi, F., and Lamata, P. “Septal Curvature as a Robust and Reproducible Marker for Basal Septal Hypertrophy”. In: *Journal of Hypertension*. Vol. 38, (2021).

Basal septal hypertrophy affects 15-20% of hypertension patients.

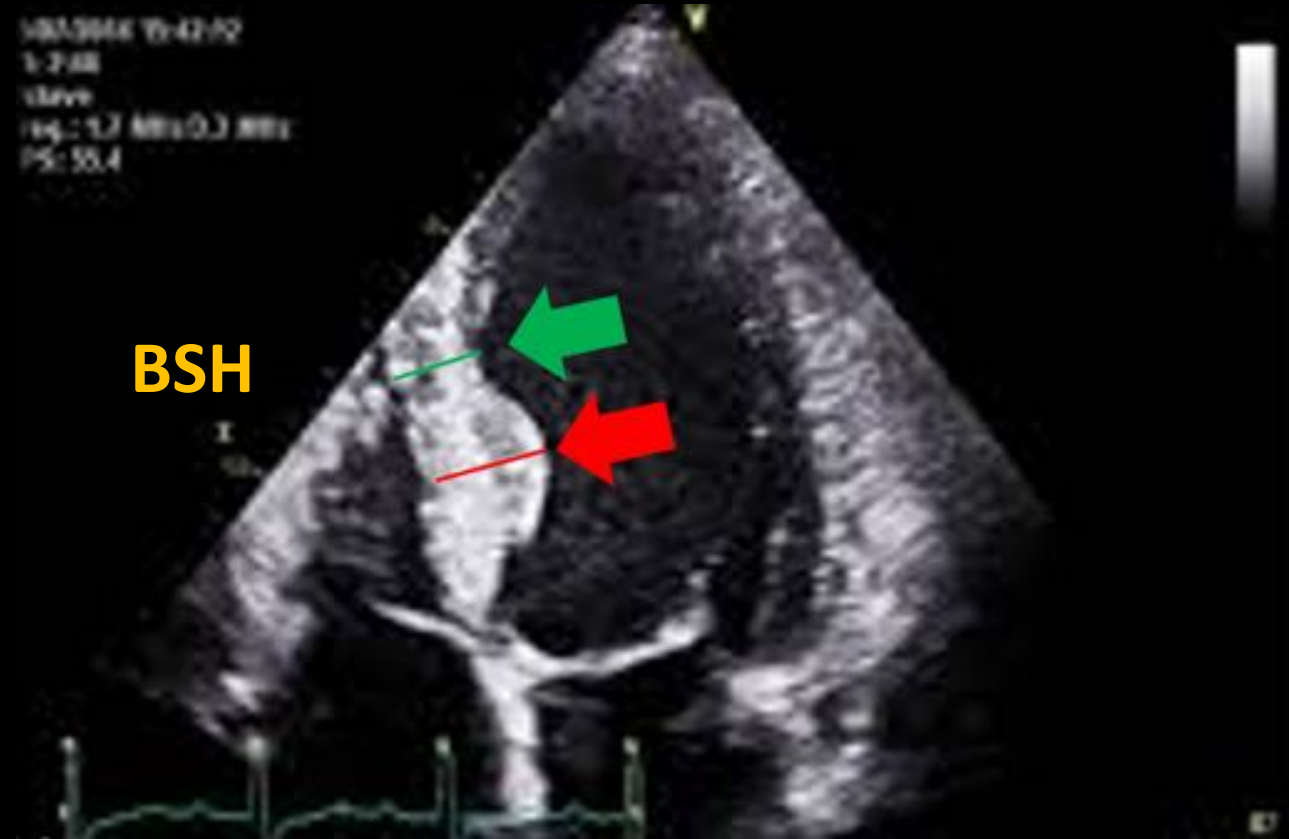
III: Curvature as a marker of hypertrophy

Basal septal hypertrophy (BSH) is an early marker of **remodeling** in hypertension.

Currently, diagnosed from wall thickness ratios and visual assessment.

Wall thickness ratios are **difficult to reproduce**.

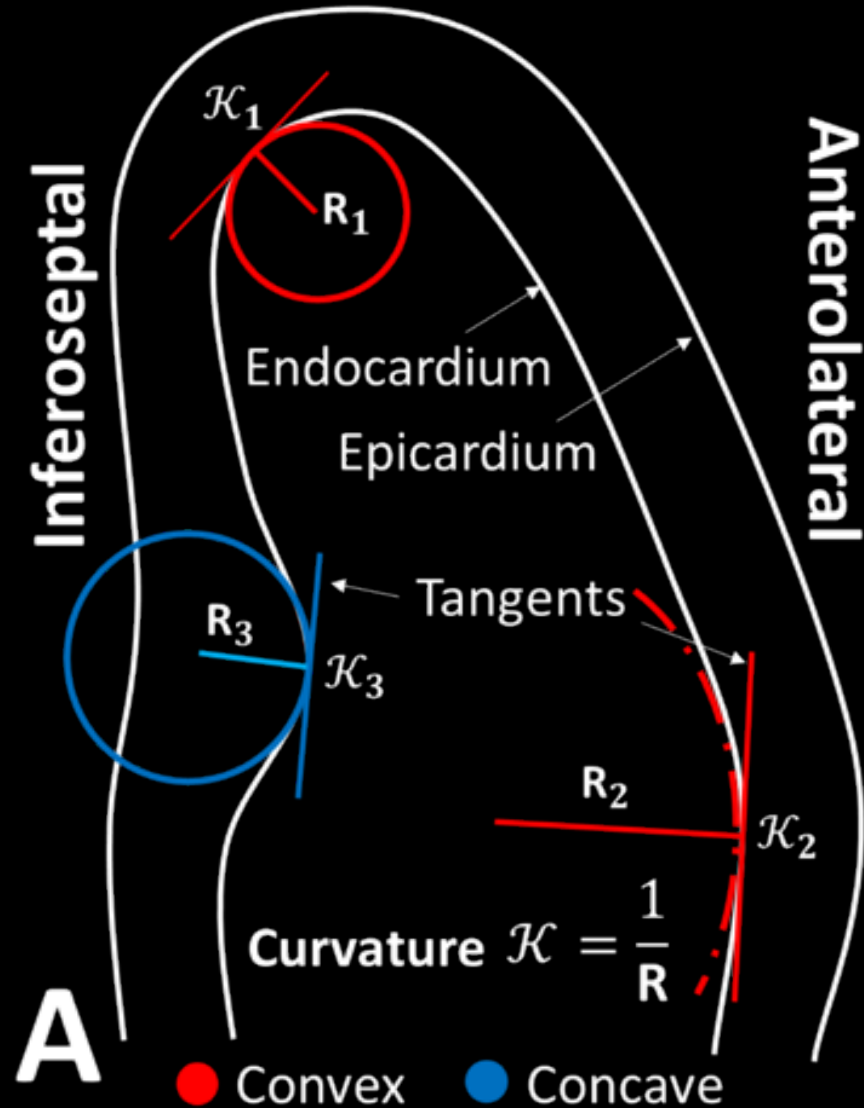
Visual assessment is reliable, but qualitative, we need a metric that **quantifies visual assessment**.



$$WTR = \frac{WT_{BASE}}{WT_{MID}}$$

The curvature of the endocardium can be quantified using the radii of tangent circles.

III: Curvature as a marker of hypertrophy

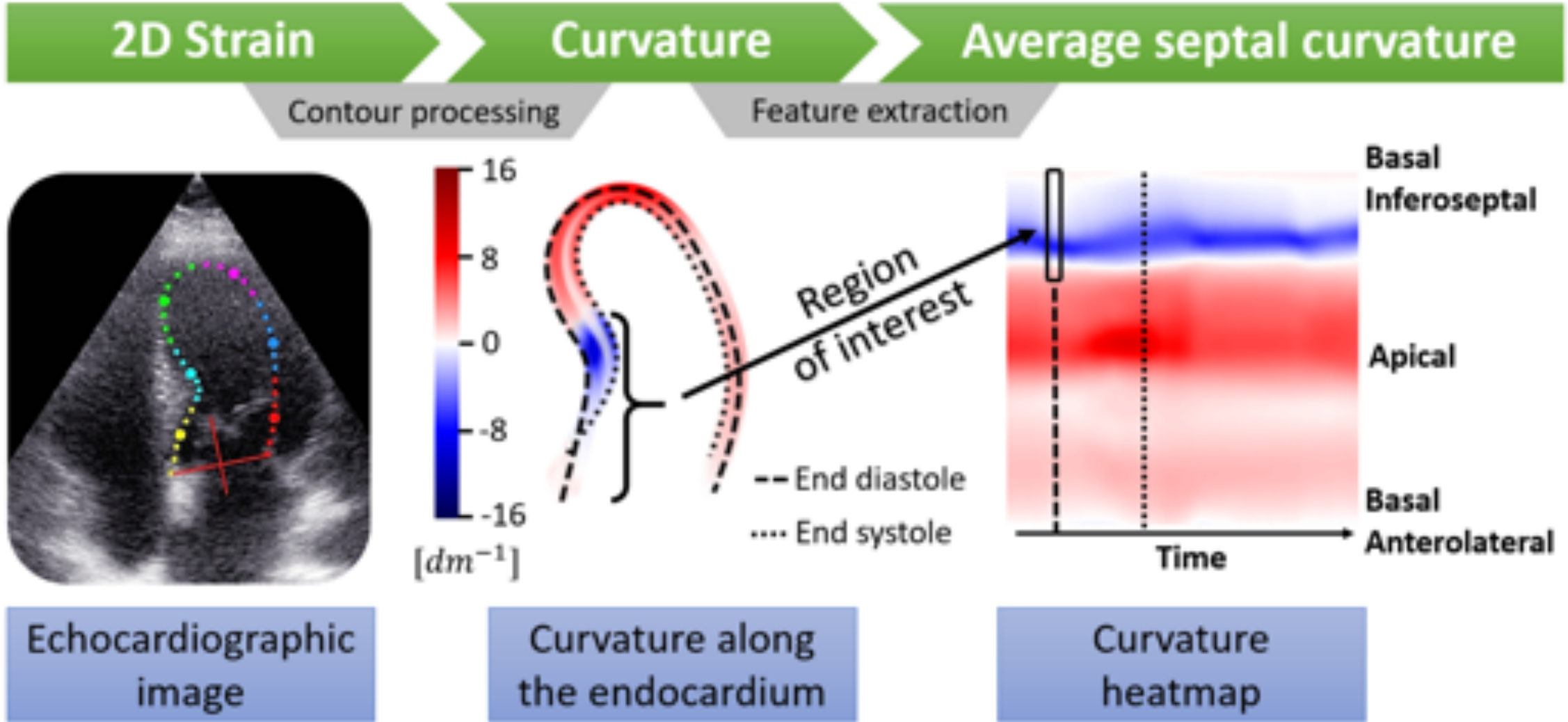


$$\mathcal{K}_i = \frac{|\dot{x}_i \ddot{y}_i - \dot{y}_i \ddot{x}_i|}{(\dot{x}_i^2 + \dot{y}_i^2)^{\frac{3}{2}}}$$

$$i \in \{1, 2, 3, \dots, N\}$$

The contour is extracted and processed to find a heatmap of curvature over time.

III: Curvature as a marker of hypertrophy



Average septal curvature is much more strongly correlated with functional metrics associated with basal septal hypertrophy than traditional markers.

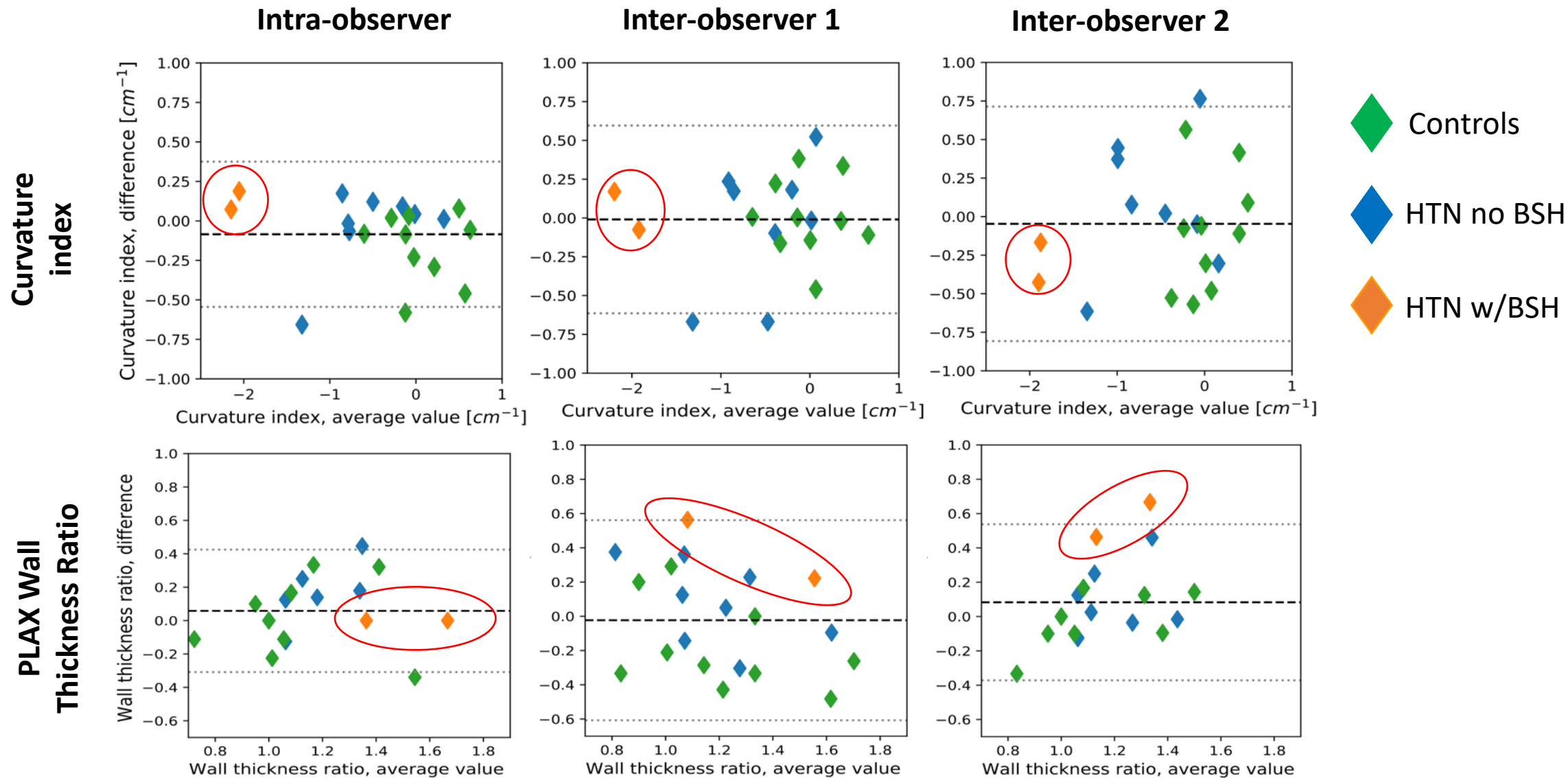
*significantly correlated

Variables	Spearman ρ – rank correlation		
	Average Septal Curvature	4CH Wall Thickness Ratio	PLAX Wall Thickness Ratio
Mitral annulus e' medial velocity	0.234*	-0.156*	-0.158*
Mitral annulus a' medial velocity	-0.192*	0.227*	0.163*
Mitral annulus e' lateral velocity	0.062	-0.116	-0.085
Average mitral annulus e' velocity	0.129	0.148	0.137
Basal septal strain	-0.417*	0.341*	0.24*
Mid septal strain	-0.164*	0.100	0.109
LA contractile strain	-0.219*	0.158*	0.152
LA conduit strain	0.159*	-0.137	-0.060
LA conduit/contractile strain ratio	-0.232*	0.203*	0.140

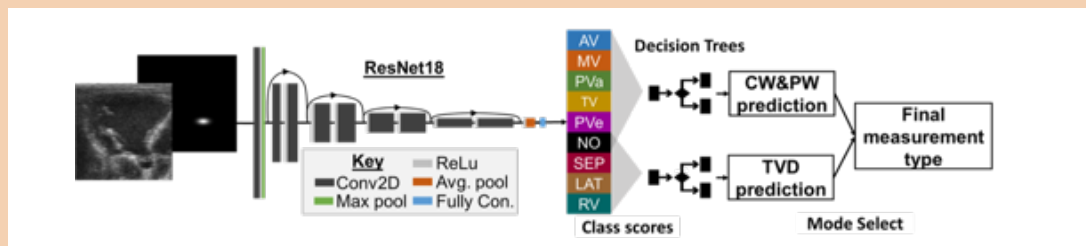
III: Curvature as a marker of hypertrophy

Average septal curvature is more reproducible.

III: Curvature as a marker of hypertrophy

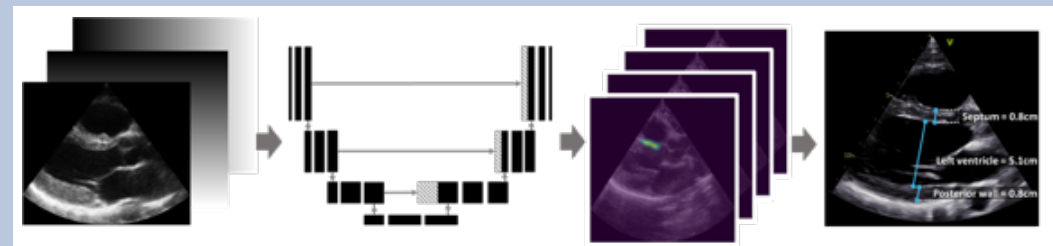


I: Doppler spectrum classification



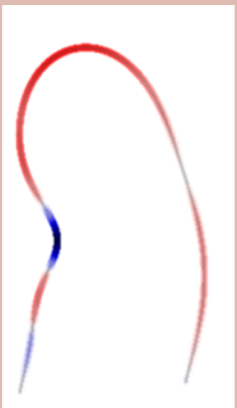
Highly accurate Doppler spectrum classification using **heatmap-encoding, multi-head training, and confidence metrics.**

II: Automated left ventricle dimension measurement



Accurate two-dimensional measurements of the left ventricle using **coordinate convolution, anatomical heatmaps, and a multi-component loss function.**

III: Curvature as a marker of basal septal hypertrophy



Curvature is a **marker** of basal septal hypertrophy. Compared to traditional metrics it:

- **Better correlates** to functional metrics
- Is more **reproducible**

Curvature can be **easily extracted** from existing tools and adds value to clinical workflows.

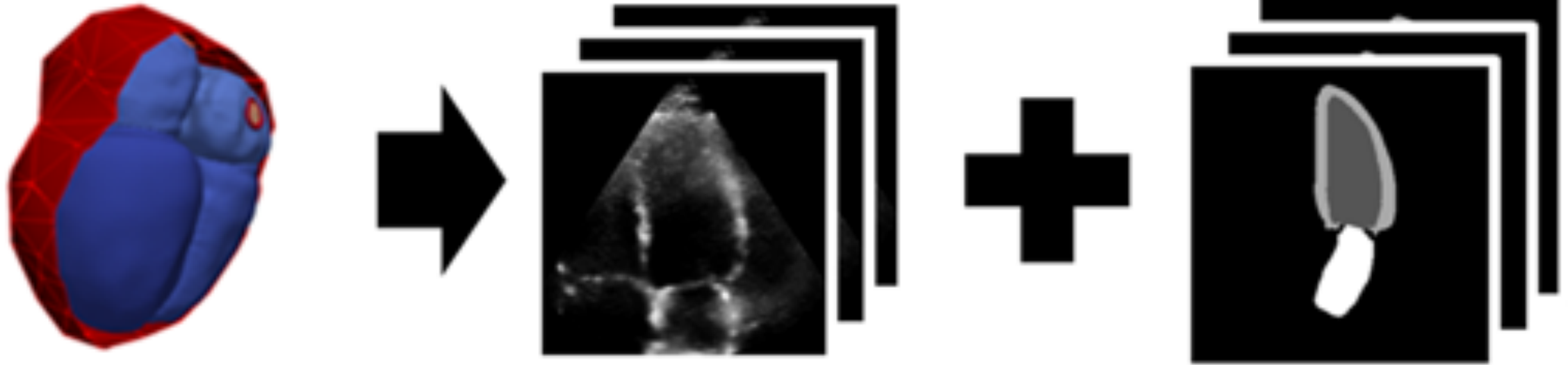
IV: Synthetic data generation

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Gilbert, A., Marciniak, M., Rodero, C., Lamata, P., Samset, E., and McLeod, K. “Generating Synthetic Labeled Data from Existing Anatomical Models: An Example with Echocardiography Segmentation”. In: *Transactions in Medical Imaging*. (2021).

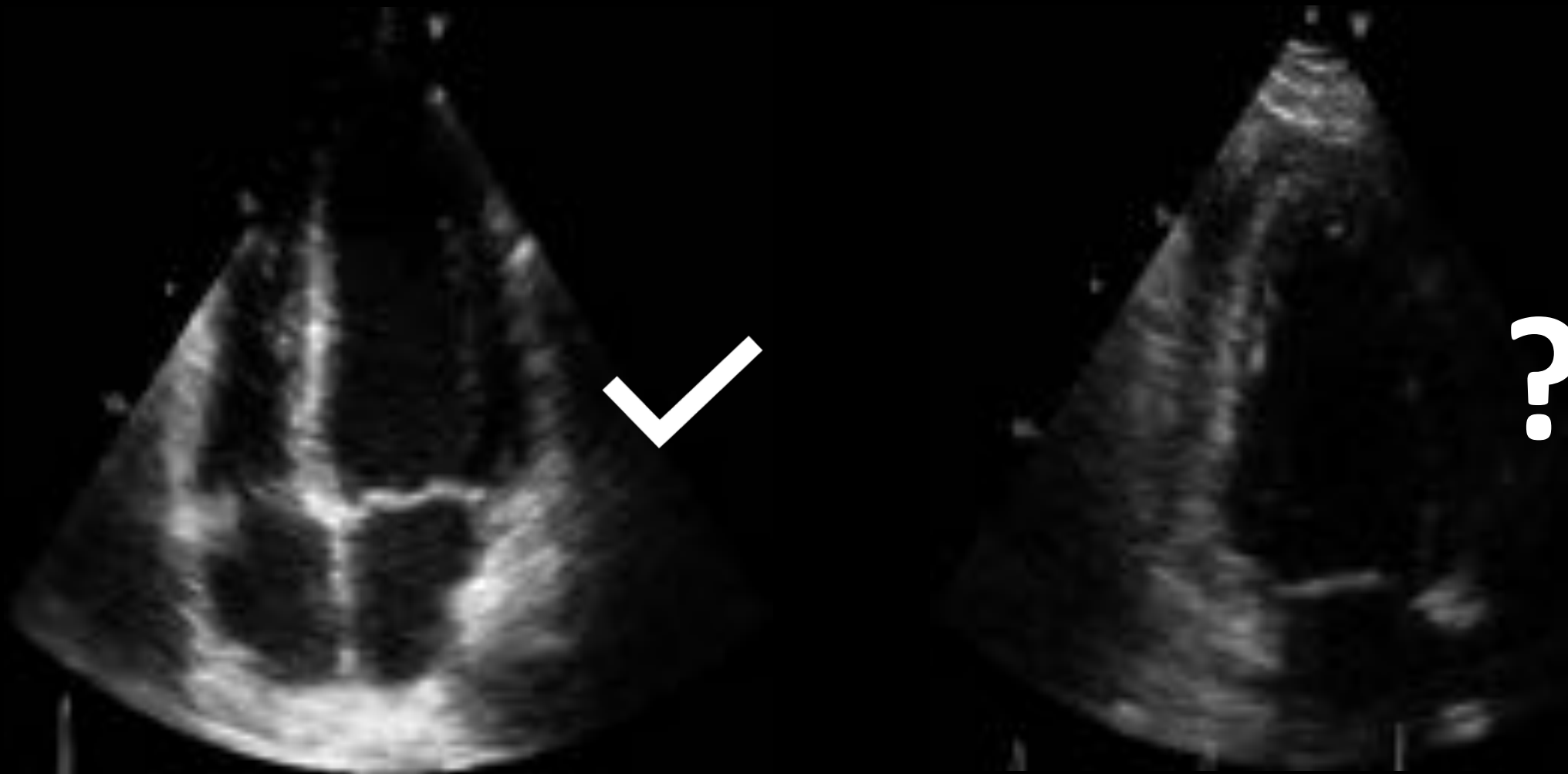
Goal: Speed up training of AI algorithms by generating synthetic images for training.

IV: Synthetic data generation



In general, deep learning algorithms are only as good as the data they are trained on.

IV: Synthetic data generation



Generating high quality annotations in echo is difficult and time consuming.

Computational models have been previously developed for research in a variety of areas.

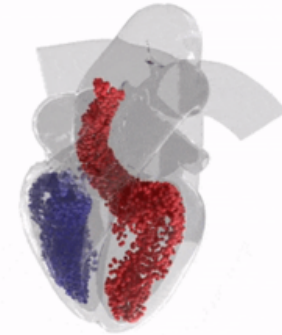
IV: Synthetic data generation



Shape analysis



Electromechanical simulations



Fluid dynamics

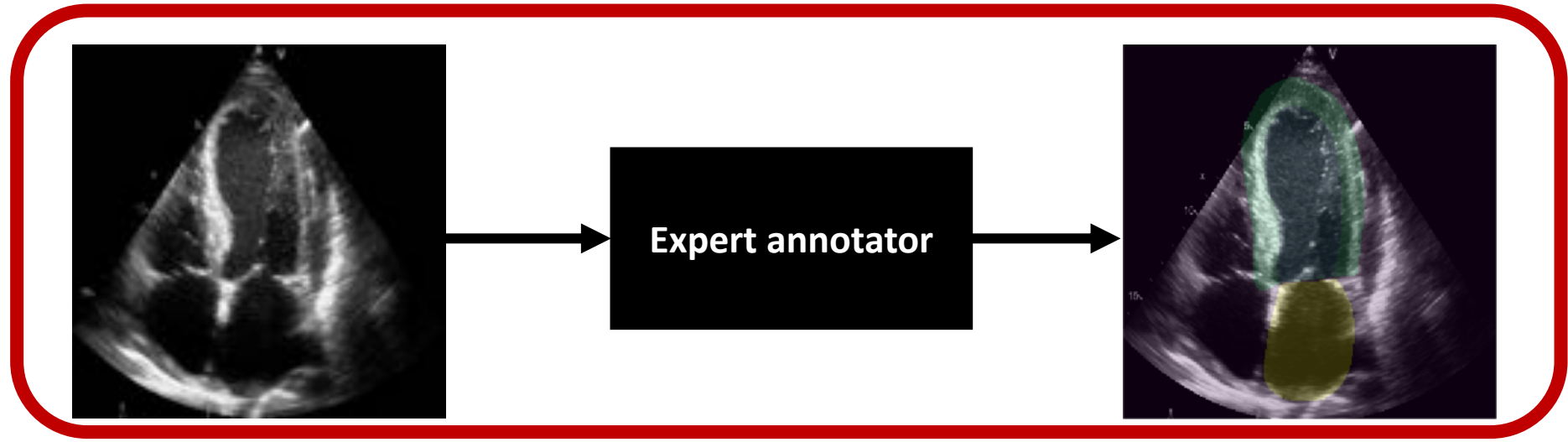


Let's use these models as sources of annotations

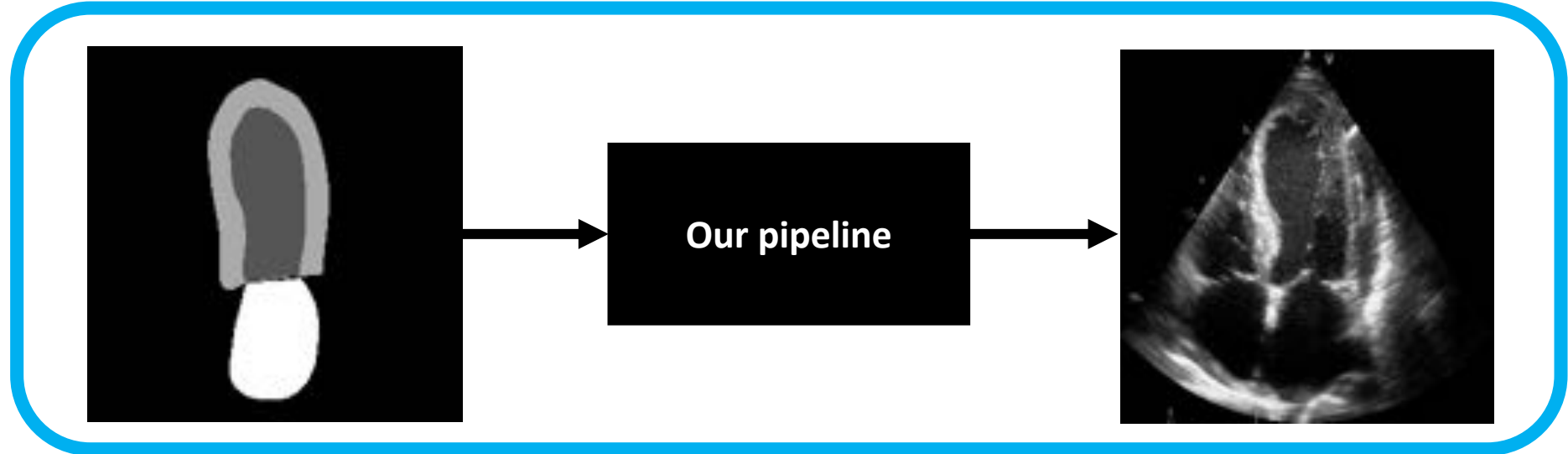
Instead of relying on annotators, our pipeline automatically generates images to match existing high-quality annotations.

IV: Synthetic data generation

Manual workflow

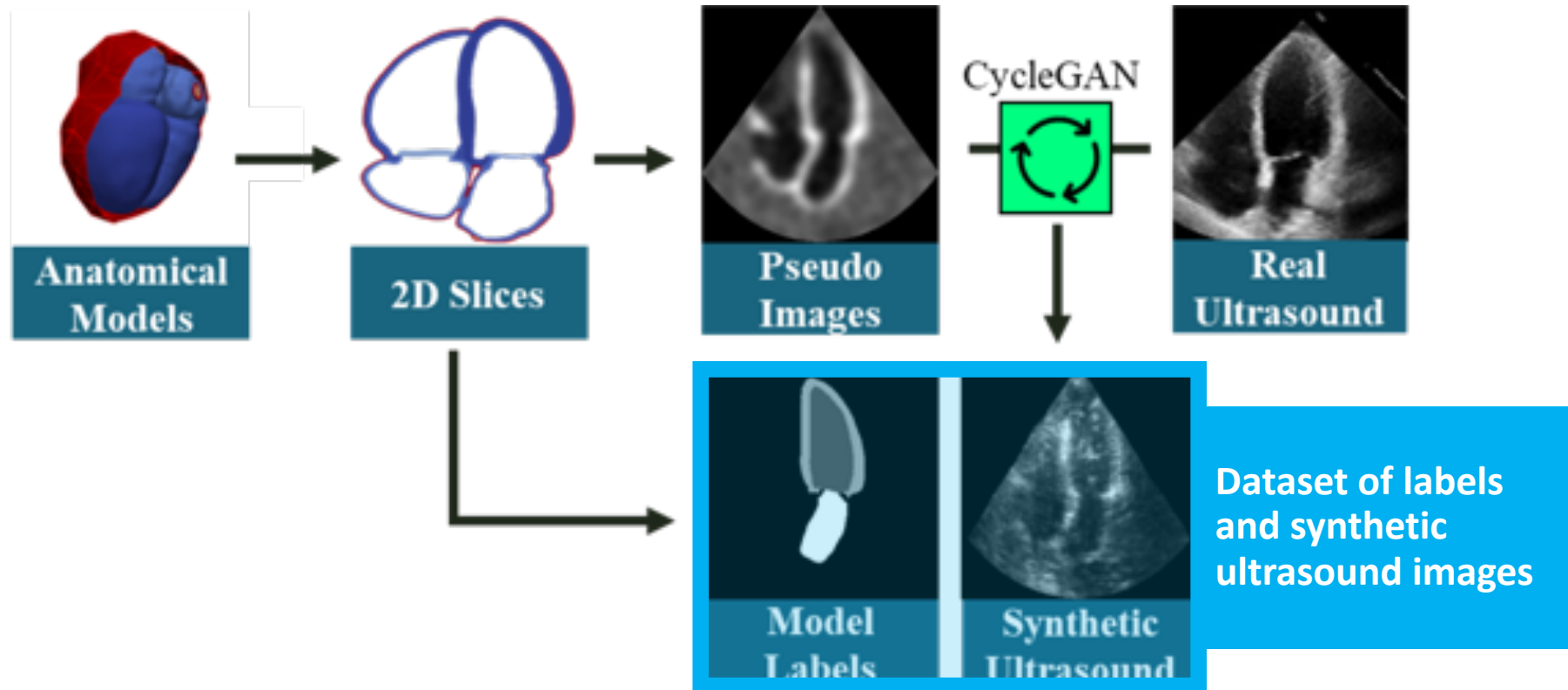


Our workflow



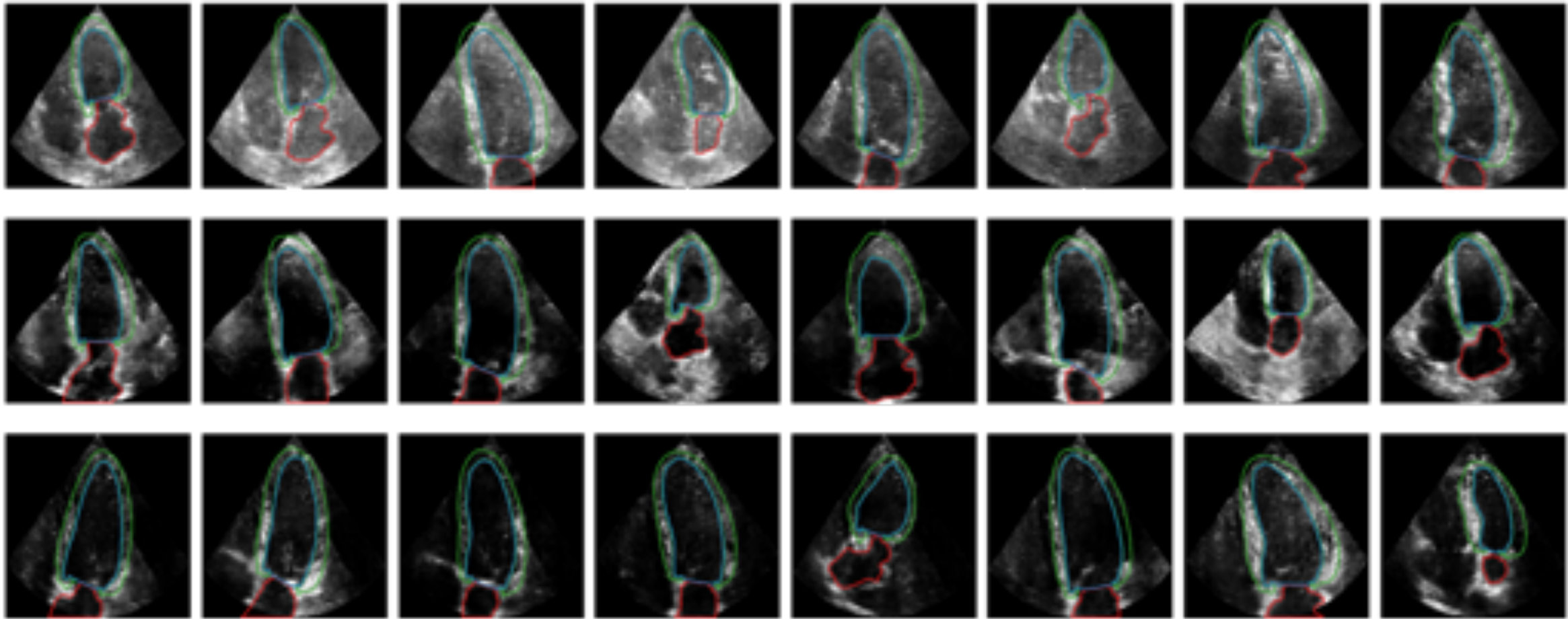
Our pipeline moves from anatomical models to a dataset of synthetic ultrasound images with paired labels.

IV: Synthetic data generation



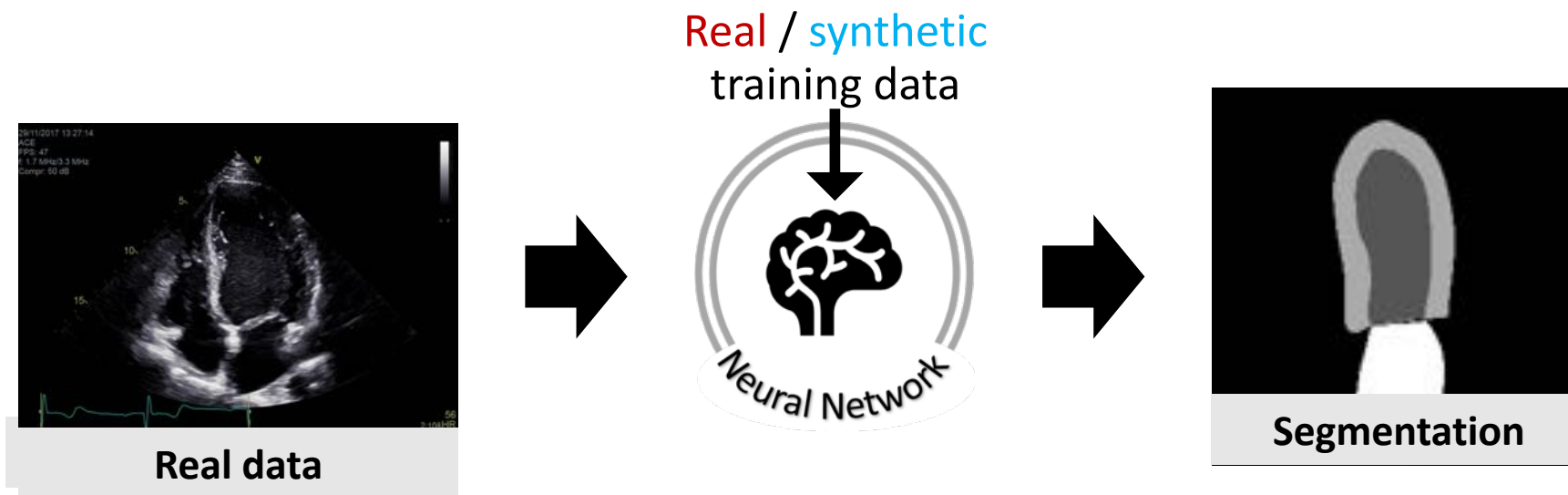
Synthetic images appear realistic and contain accurate annotations that match structures.

IV: Synthetic data generation



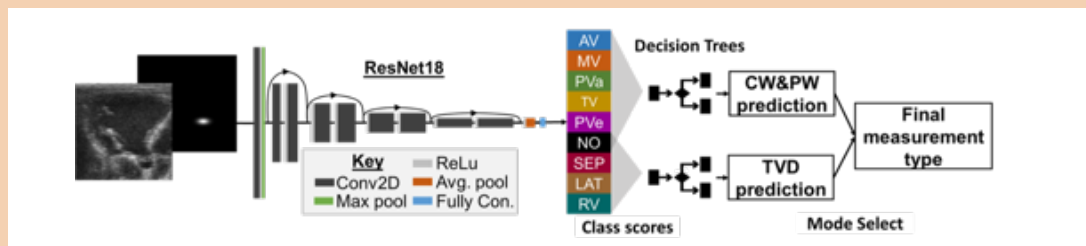
Networks trained with **synthetic data** achieve accurate segmentations on **real data**

IV: Synthetic data generation



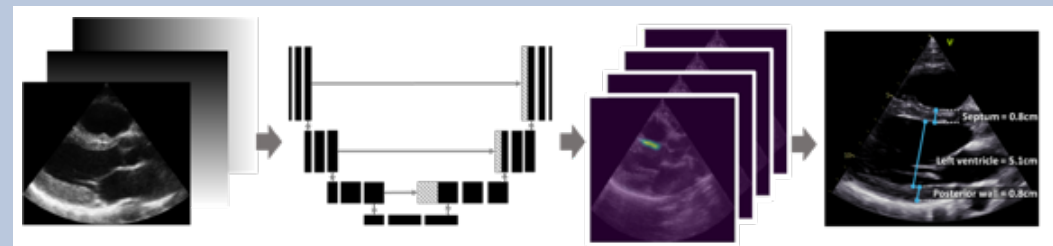
Method	LV _{endo} Dice score
Training/testing with real data <i>same dataset</i>	93.7
Training/testing with real data <i>different datasets</i>	89.1
Training with synthetic data Testing with real data	89.1
Inter-observer	87.9

I: Doppler spectrum classification



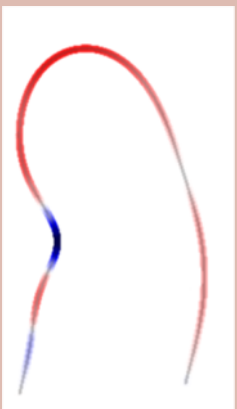
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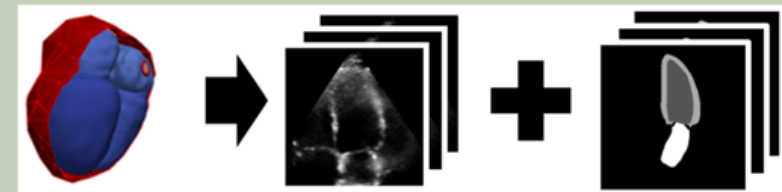


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IV: Synthetic data generation



Proposed a method to **automatically generate** echo images with a **known ground truth** to facilitate training of deep learning algorithms.

High performance when using synthetic images

Goal: Make echocardiography more **efficient**, **reliable**, and **accurate**.

Efficiency:

- Automated classification and measurement workflows *make analysis faster*.
- Automated generation of synthetic data *increases speed* of new tool development.

I

II

III

IV

Reliability:

- Automated measurement workflows and new markers *decrease variability*.
- Synthetic data *increases consistency* of labels.

I

II

III

IV

Accuracy:

- New markers *better correlate to* functional metrics.
- Automated measurement workflow *approaches inter-observer error*.

I

II

III

IV



UiO : Universitetet i Oslo



Thank you



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