

# A semi-automated approach to fusion of multimodal medical images

Prachalith S  
M.Tech, Signal Processing  
Dept. of EIE, BIT  
Bengaluru-560004

Dr Suresh H N  
Professor & Coordinator for PG Studies  
and Research  
Dept. Of Electronics & Instrumentation,  
BIT, Bengaluru-560004

**Abstract** — Medical images are progressively more being utilized as a part of healthcare and research. So, there is a wide interest for perfectly relating information in the distinctive images for diagnosis, treatment & basic science. This research paper proposed new registration and fusion techniques used to solve this problem, and describes the wide variety of applications to which these techniques are applied. Uses of image registration incorporate consolidating images of the same subject from diverse modal qualities, arranging temporal sequences of images to make up for motion of subject between scans, image guidance in the time of intervention. The goal of this project is to enhance the image content of first modality (CT) by means of combining with a second modality magnetic resonance imaging (MRI) by fusion. Hence decreasing redundancy and increasing information between the modalities. **Keywords**— Image registration, fusion

## I. Introduction

The process of medical fusion of images involves the combination of multiple images from a single or different modalities to increase information and quality and hence reduce randomness and redundancy in order to increase clinical application of the medical images for diagnosis and assessing medical abnormalities. The image fusion encompasses a variety of techniques from image fusion and information fusion to help medical issues reflected through images from the human body and organs. The excess information attained from the fused images can be efficiently utilized for precise pin pointing of abnormalities.

The fusion between Ultrasound images and other diagnostic images like computerized tomography or Magnetic resonance Imaging (MRI) allows to integrate the 2D real time anatomical context of higher precision and via these images, with functional information given by other imaging modalities.

## II. Related Work

Latest studies have demonstrated that combination of images from various modalities can enhance analysis and observing of disease progression. New hybrid imaging frameworks consolidating positron outflow tomography (PET) or single photon emission computer tomography (SPECT) with registered tomography (CT) offer a one-stop examination advancing the demonstrative and prognostic possibilities for additional cranial uses of picture combination in tumor. Picture combination has demonstrated helpful for assessment of patients with growth supporting finding, arranging, treatment

arranging, checking the reaction to treatment including illness movement. Insignificantly intrusive picture guided treatment like radiofrequency warm removal is in effect routinely utilized, particularly in the liver, lung, bone and kidney and enhances survival for specific patients. For this procedure we are utilizing Brain MRI and Brain CT as the two distinct modalities, by the mix of these two pictures we will show signs of improvement exactness, and the unwavering quality of the analytic procedure is expanded and thus gives the high determination pictures.

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## III. Image acquisition

MRI acquisitions were performed utilizing 1.5T scanner with a most extreme inclination quality of 33mT/m and slew rate of 125 mT/m/ms, utilizing standard 12channel grid head loops. This MRI scanner utilizes a solid attractive field and radio waves to make photos of the tissues and different structures inside mind, on a PC. The attractive field adjusts the protons out of position, and as they realign, they radiate radio signs which are recognized by an accepting gadget in the scanner. The signs radiated from various tissues shift and they can be separated in the PC picture. A MRI picture can make clear structure of the mind in point of interest. This aides in identifying any anomalies like tumors and so forth. Here and there color, for example, galodinium might be presented through a vein in the arm, to enhance contrast in the picture. The unwinding time  $T_1$ ,  $T_2$  and  $T_2^*$  are measured after the scanners beat grouping, and is chosen to investigate a particular tissue.

The accompanying arrangements were procured 1) Scout T1 grouping: three sagittal cuts, three coronal cuts and one pivotal cut with low determination, utilized for situating and introduction of different successions. 2) Axial Proton Density turbo turn reverberation, with taking after parameters: TR, TE, reverberation train length, flip point, cut thickness, network size and field of perspective. A piece of cuts without hole was procured the focal cut of the chunk was situated parallel to line that joins the sub-par foremost and mediocre back edge of the

corpus callosum, obvious on sagittal scout T1. This standard siting ensured the incorporation of the entire cerebrum and the skin with 6 fiducial markers.

The procedure of having an output is effortless and safe. There is no presentation to radiation, however at times, a patient may have a response to the tracer color. Pregnant moms are not prescribed to embrace the method unless there is no option, since it is not known whether the impacts of a solid attractive field may influence the creating infant.

Computer Tomography (CT) has been one of the greatest leap forward in radiology. The principal CT scanner for clinical reason for existing was created by Godfrey N. Hounsfield for inspecting the head. Prior to the end of the 1970s the fundamental specialized advancement of CT was finished. The most recent advancement is the multi cut CT in 1998. It really changes CT from transaxial imaging methodology to a 3D strategy that yields brilliant pictures.

Computer tomography (CT) is a X-beam tomographic method in which a X-beam bar goes through a dainty pivotal area of patient from different headings. Parallel collimation is utilized to shape the X-beam shaft to a slight fan, which characterizes the thickness of the sweep plane. Finders measure the force of the weakened radiation as it rises up out of the body. A scientific picture recreation figures the neighborhood weakening coefficients are interpreted into "CT numbers" and are at long last changed over into shades of dim that are shown as a picture. CT checking of the head is utilized to recognize localized necrosis, tumors, and calcifications. Tumors can be recognized by the swelling and anatomical contortion they cause, or by encompassing edema

#### IV Image Registration

Image registration is the procedure of deciding the ideal spatial change that carries two images into arrangement with each other. For every subject of the study, the registration strategy of MRI to CT space incorporate two steps: 1) semi programmed point based rigid registration of relating fiducial markers; 2) a manual calibrating, in view of anatomical milestones confined on the premise of the past coarse registration.

**Step 1:** Point based rigid registration is commonly utilized for image guided frameworks. One arrangement of focuses to be enrolled to another arrangement of relating focuses by method for a rigid registration of the principal set. For neurosurgery, since the unbending nature of the skull, the point mapping is regularly a rigid registration. A fiducial point set is gotten by limiting each fiducial marker both in the image and in the working room. As respect to the first, the fiducial markers on the MRI/CT rendering and those on the subject lying in bed.

**Step 2:** The registration of the MRI to the CT was then affirmed with a manual tweaking, going for lessening the misalignment amongst MRI and the enrolled CT image, especially in the inside structures, close to the vessels which will be explored. A base movement between the outside

fiducial markers on the two imaging modalities could bring about a higher inward move that we need to minimize. This was acquired by selecting structures which are all around improved in both the image modalities, because of either anatomical or heterodynamic contrast, or physically diminishing their shared movement.

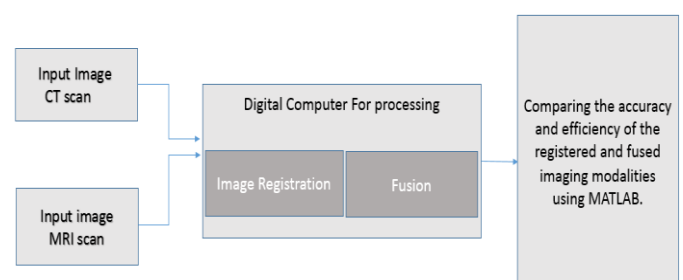
#### V Image Fusion

The fundamental Task of image fusion is coordinating correlative data from numerous images into single image. The resultant melded image will be more enlightening and finish than any of the information image and is more appropriate for human visual and machine recognition. Image fusion is the procedure that consolidates data from various images of the same scene. Medical image fusion is the innovation that could compound two shared images into one as per certain standards to accomplish clear visual impact. By watching restorative fusion image, specialist could without much of a stretch affirm the position of sickness. Medical imaging gives an assortment of methods of image data for clinical conclusion, for example, CT, X-ray, MRI, PET, SPECT and so forth. Diverse therapeutic images have distinctive qualities, which can give auxiliary data of various organs. For illustration, CT (Computed tomography) and MRI (Magnetic reverberation image) with high spatial determination can give anatomical structure data of organs. Furthermore, PET (Positive electron tomography) and SPECT (Emission figured tomography) with moderately poor spatial determination, however gives data on organ digestion system. Hence, an assortment of imaging for the same organ, they are conflicting, however reciprocal and interconnected. Along these lines the suitable image fusion of diverse components gets to be critical prerequisite for clinical determination.

#### VI Proposed Approach

The Figure 1 block diagram shows the basic approach followed in this method:

- 1) The brain scanning imaging modalities are given as the input to the semi-automated process.
- 2) The modalities registered using point based rigid registration and manual registration (by selecting control points).
- 3) The registered images are fused using Rigid Transformation and Spatial Transformation



**Figure 1: Basic block diagram**  
**VII Experimental results**

The input images are of different modalities that is MRI and CT images. They are shown in figure 1

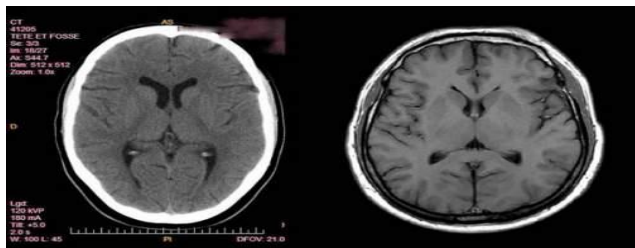


Figure 2: MRI and CT image modalities

The default registration has the following optimizer properties at the beginning of the iteration

TABLE I.

Optimizer properties			
Maximum Iterations	Initial radius	Epsilon	Growth factor
100	6.250000e-03	1.500000e-06	1.050000e+00

Here the time taken for automatic registration is 4.8692 seconds but the accuracy of the fusion is very small.

By manually changing the optimizer values for optimum time versus efficiency the registration has the following optimizer properties at the end of the iteration.

TABLE II.

Optimizer properties			
Maximum Iterations	Initial radius	Epsilon	Growth factor
300	1.000000e-03	1.500000e-04	1.010000e+00

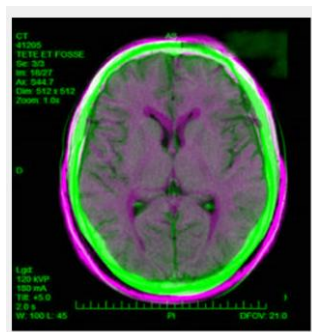


Figure 3a: Default fusion

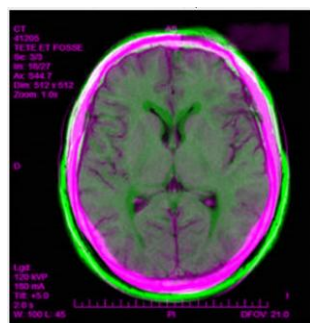


Figure 3b: Final fused modalities

By this semi-automated registration the time taken to complete the process is 4.6888 seconds and since the growth factor is reduced the accuracy is also more.

The following figure shows the default registration and final fusion by optimum semi-automated registration.

Henceforth the fusion of MRI and CT modalities is done successfully with increase in accuracy compared to the automated fusion process.

## VIII Conclusion and future work

Different medical images have different characteristics, which can provide structural information of different. For example CT (Computed tomography) with high spatial resolution can provide anatomical structure information and MRI (Magnetic resonance image) is helpful as it does not use harmful radiations similarly there are many advantages over disadvantages of both modalities. Hence by fusion of different imaging modalities we can decrease the randomness, redundancy and also improve the quality of image; Here the fusion technique is applied to a 2D image of the modalities the same can be extended to a 3D medical image so that it will increase the clinical applicability of medical images for diagnosis and it is used in the image guided systems.

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