

## Lecture 5: Tomographic nuclear systems: SPECT

Field trip this Saturday at 11 AM at UWMC

- meet in main hospital lobby at 11 AM
- if you miss the 'boat', page me at 540-4950
- should take ~1 to 1.5 hours, depending

No class next week

Exam will be emailed to class email list Wednesday afternoon

Submit to class website - closes at 10 PM Nov 1st.

Next homework

- Read chp 7 Seutens
- Find 2 medical images of abnormal anatomy or physiology (pathology) formed using ultrasound (AKA 'sonography'). Place these images in a document. Write 1-2 brief sentences describing each image. Write 1-2 brief sentences describing differences between the images. Write 1-2 sentence what the image values represent physically.

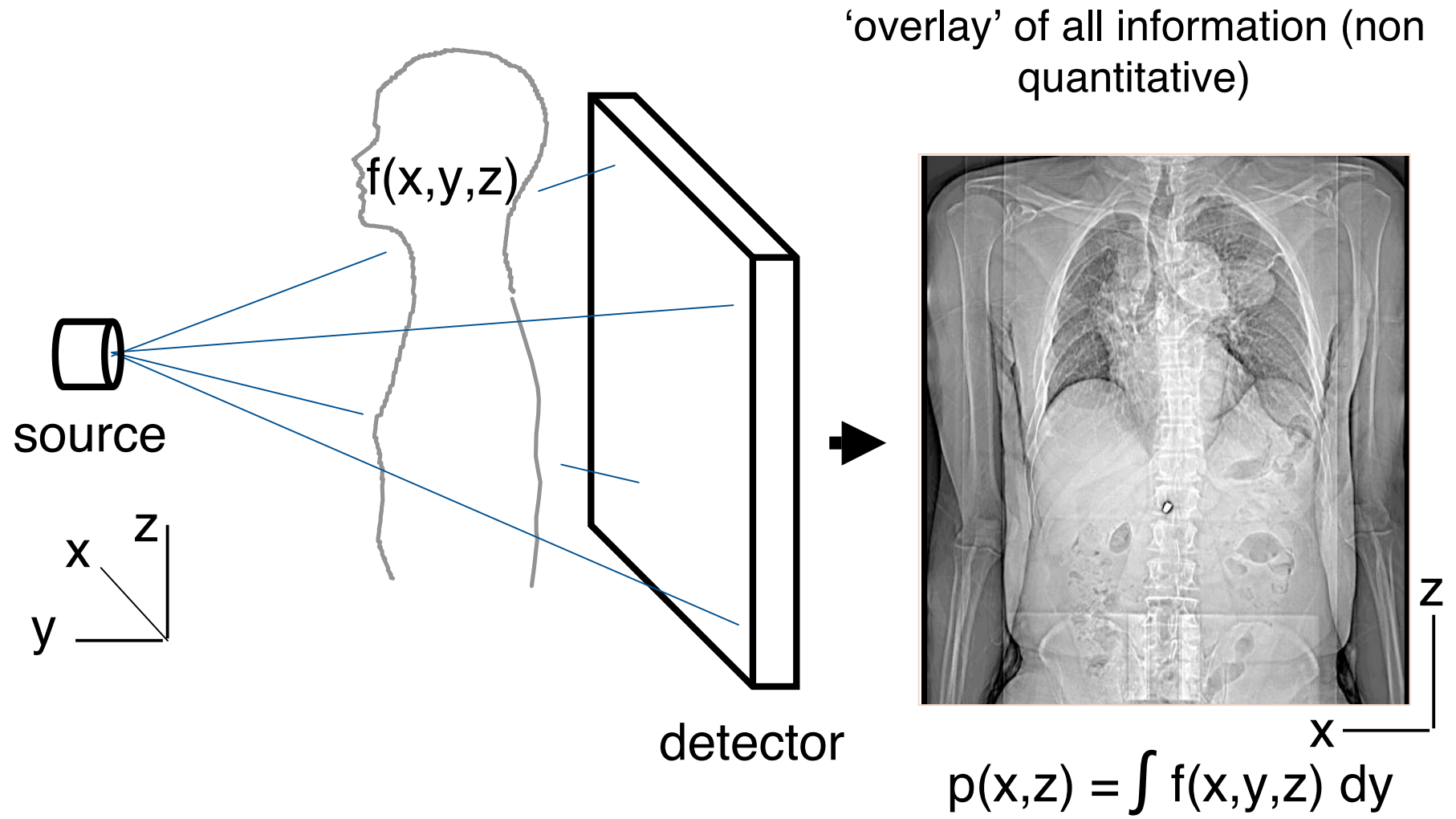
# Project Groups

1. Rodriguez, Dones
2. Romig, Martinez, Sung, Harmelin
3. Pham, Wong, Legesse
4. Braddock, Mauro
5. Jeddi, Miller, Zhang
6. Morrow, Dahl, Clayton
7. Rundgren, Lam

## **Deadlines:**

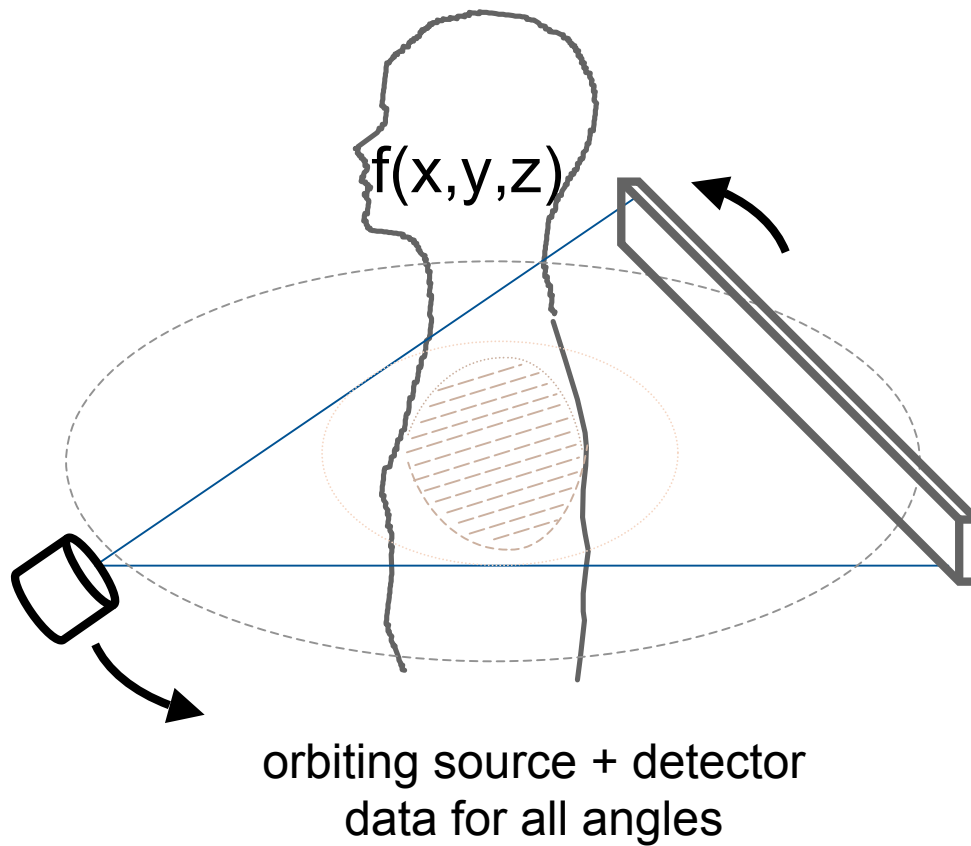
Nov 1: Outline due	30% of mark for project
Nov 29: Final report due	50% of mark for project
Dec 6: Class presentation	20% of mark for project

# X-ray Projection Imaging



# X-ray Tomographic Imaging

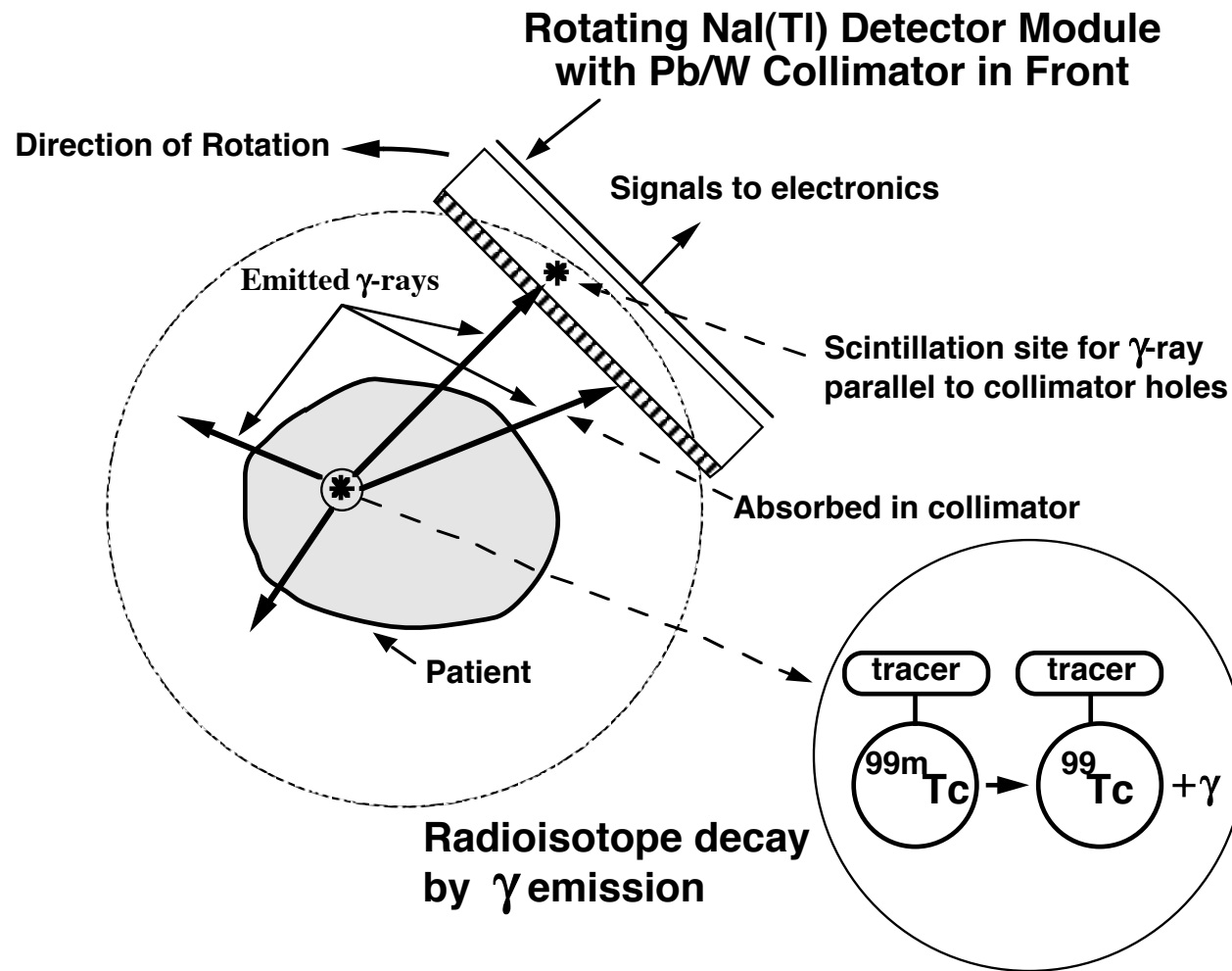
'Tomo' + 'graphy' = Greek: 'slice' + 'picture'



true cross-sectional image

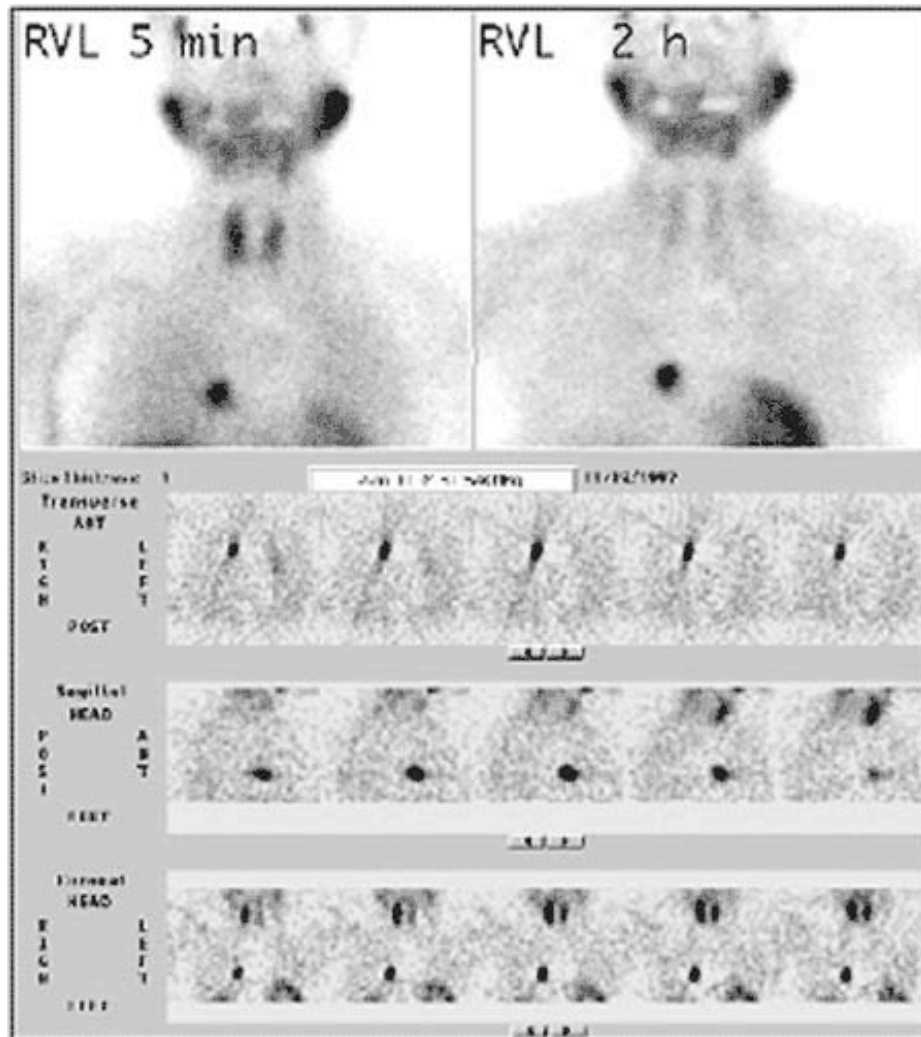
# Nuclear Medicine Tomographic Imaging: single photon emission computed tomography (SPECT)

## Underlying Principles of SPECT



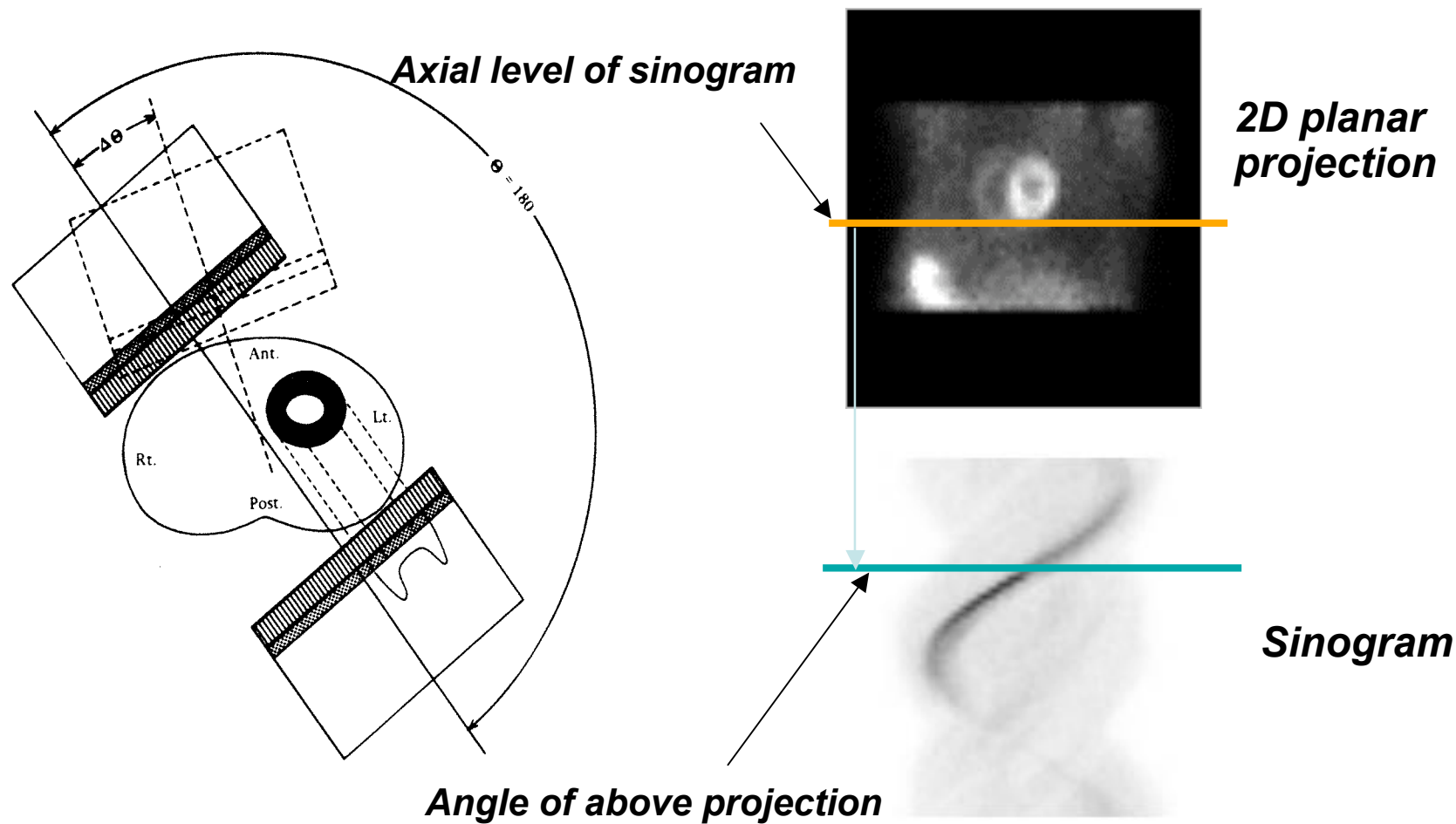
# Nuclear Medicine Imaging

Projection Images



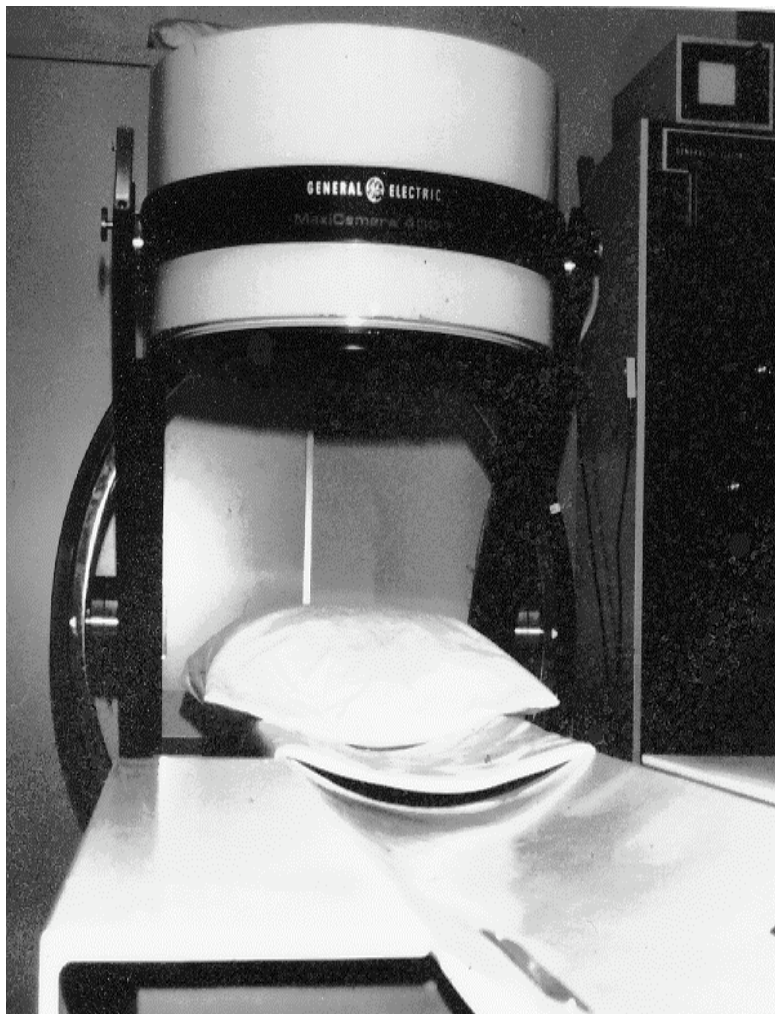
Tomographic Images

# Basic SPECT





## Early Clinical SPECT



***GE 400T Rotating Anger Camera (ca. 1981)***



# Modern Clinical Systems



**GE Millenium VG**



**Philips Cardio 60**



**Siemens e.cam  
Variable Angle**

# Conventional Anger Camera

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PMTs coupled to large, continuous  
NaI(Tl) crystal

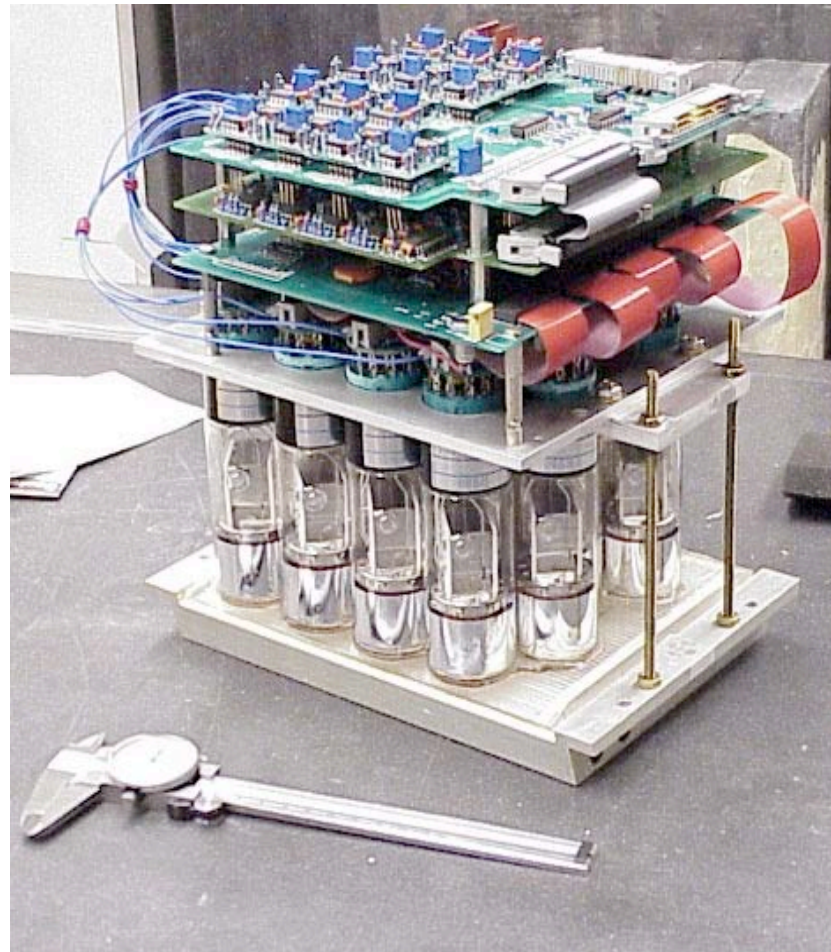
Spatial resolution 3–4 mm FWHM

Energy resolution 8–10% FWHM

Mature technology (DoB ~1957)

Large-area, >40cm x 40cm typical

Simple and cost-effective

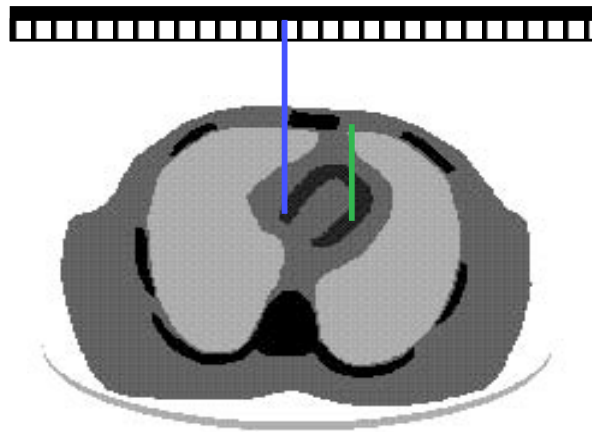


***SPRINT II camera module***

# Photon Absorption

- Ideal Photon Detection

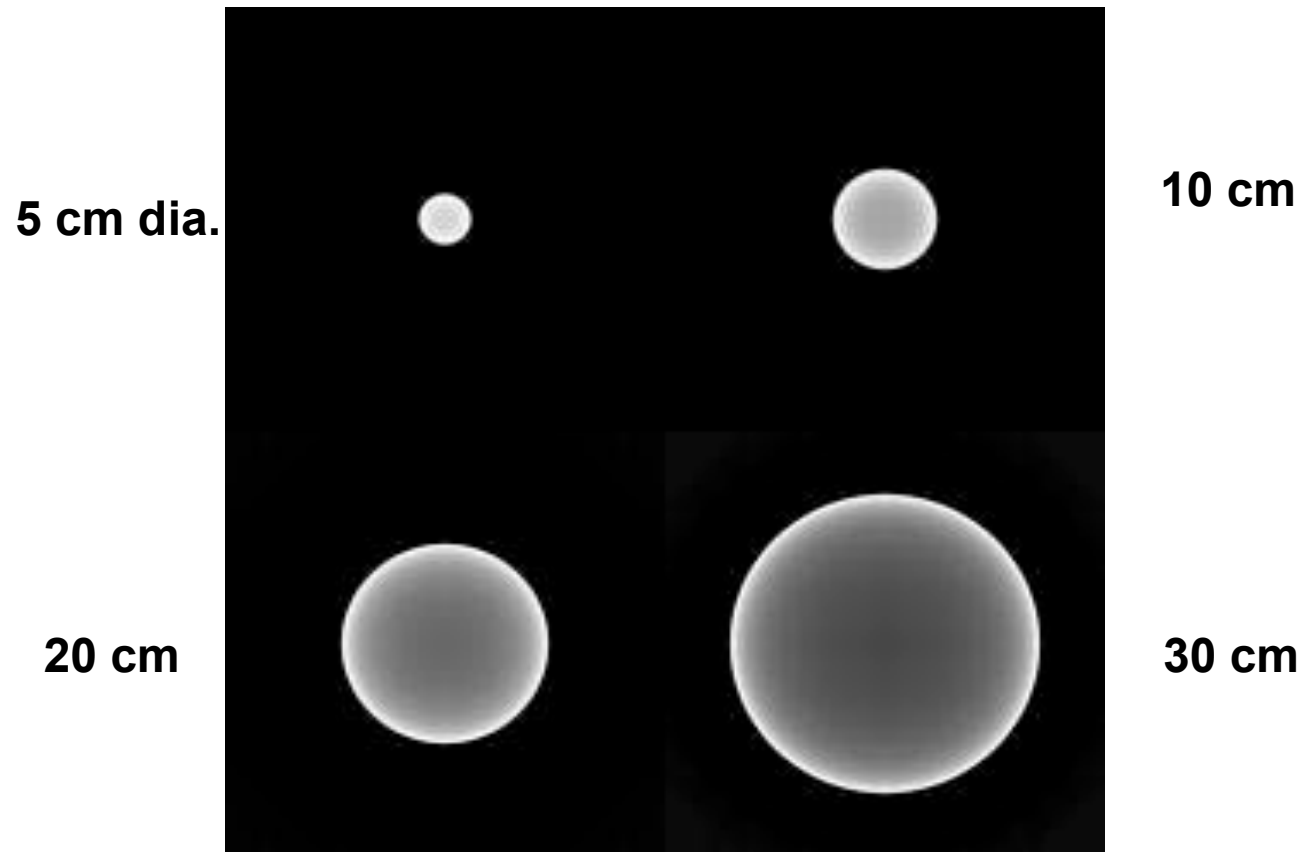
- Absorbed Photon



NOTE: at 30cm cylinder center

SPECT ( $\mu=0.153/\text{cm}$ ):  $I/I_0 = 0.10$

# Attenuation Effects



*Attenuation 0.15/cm (140 keV photons in water)*

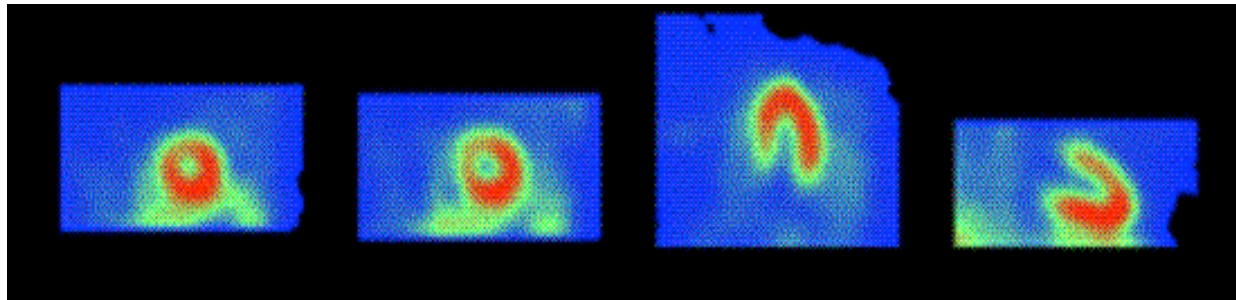
*Reconstructions of disks should be uniform*

*Attenuation causes a distortion that increases with object size*

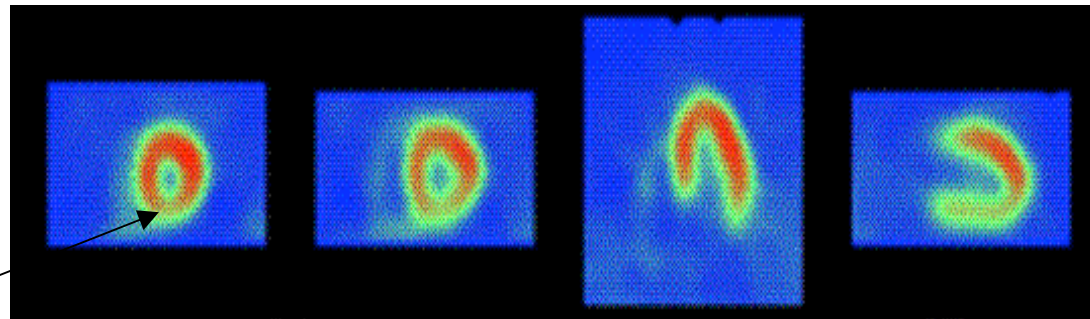
## Possible Attenuation Artifacts

*Activity in myocardium should be uniform but isn't  
Could be interpreted as abnormal*

### Breast Attenuation



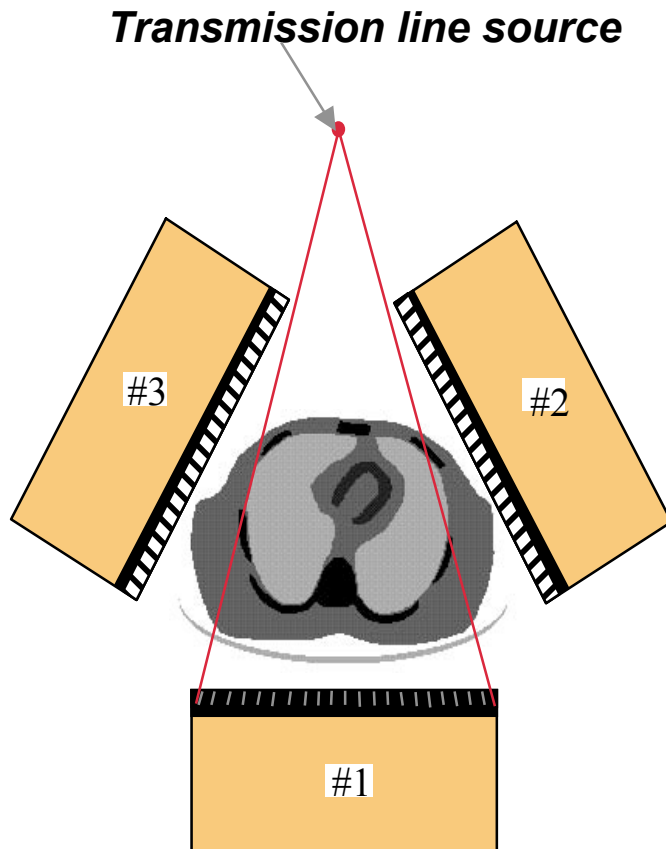
### Diaphragmatic Attenuation



*Should  
be  
uniform  
intensit  
y*

*Tc-99m Sestimibi Myocardial Perfusion Images*

# TCT/ECT Acquisition Geometry



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*Detector 1 - Transmission and emission  
65cm focal distance fanbeam  
collimator*

*Detectors 2&3 - Emission only  
Parallel hole collimator*

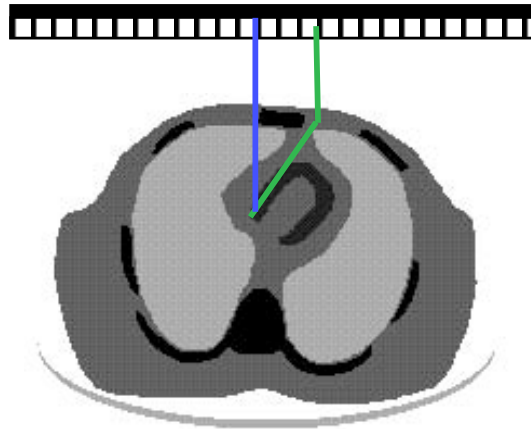
*Transmission Source  
Am-241 (60 keV photons)*

***This is one configuration; Many others are in use***



# Photon Scatter

- Ideal Photon Detection
- Scattered Photon

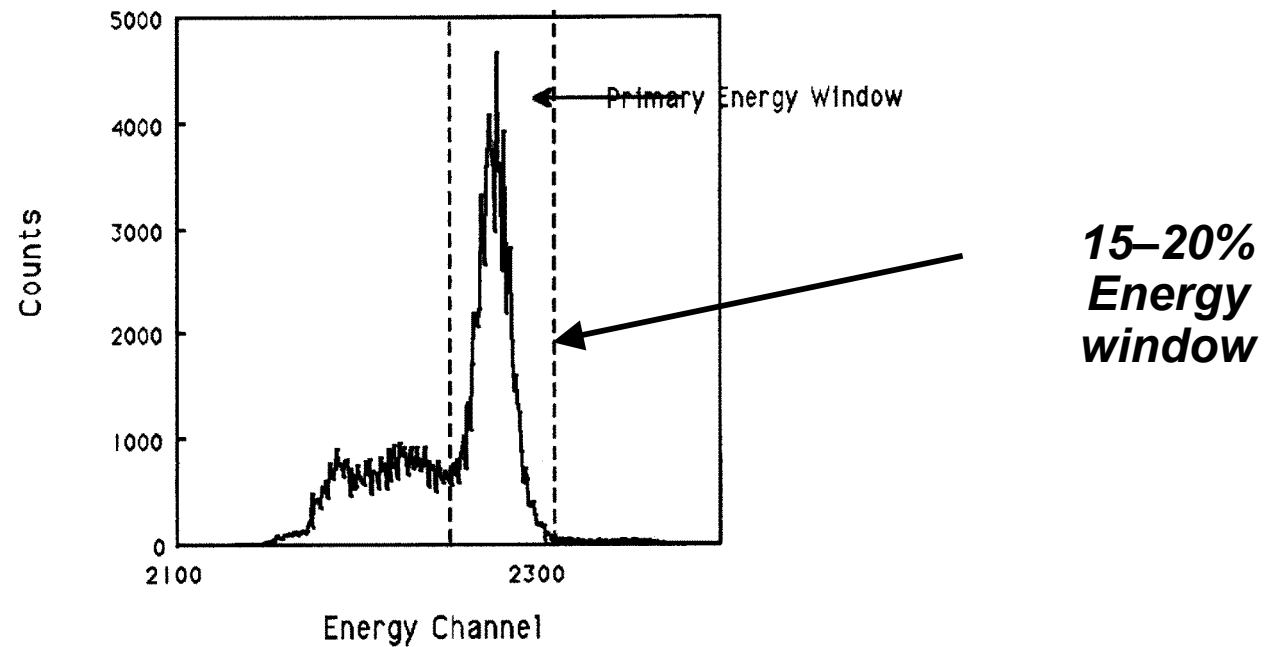


## NOTES:

- Additive
- Loss in resolution and contrast
- Typical scatter fractions. TI:1.0, Tc:0.3-0.4, PET: 0.15-0.40

# Camera Energy Spectrum

140 keV



***Typical Anger camera has from 8–10% FWHM energy resolution at 140 keV***

# Collimation Systems

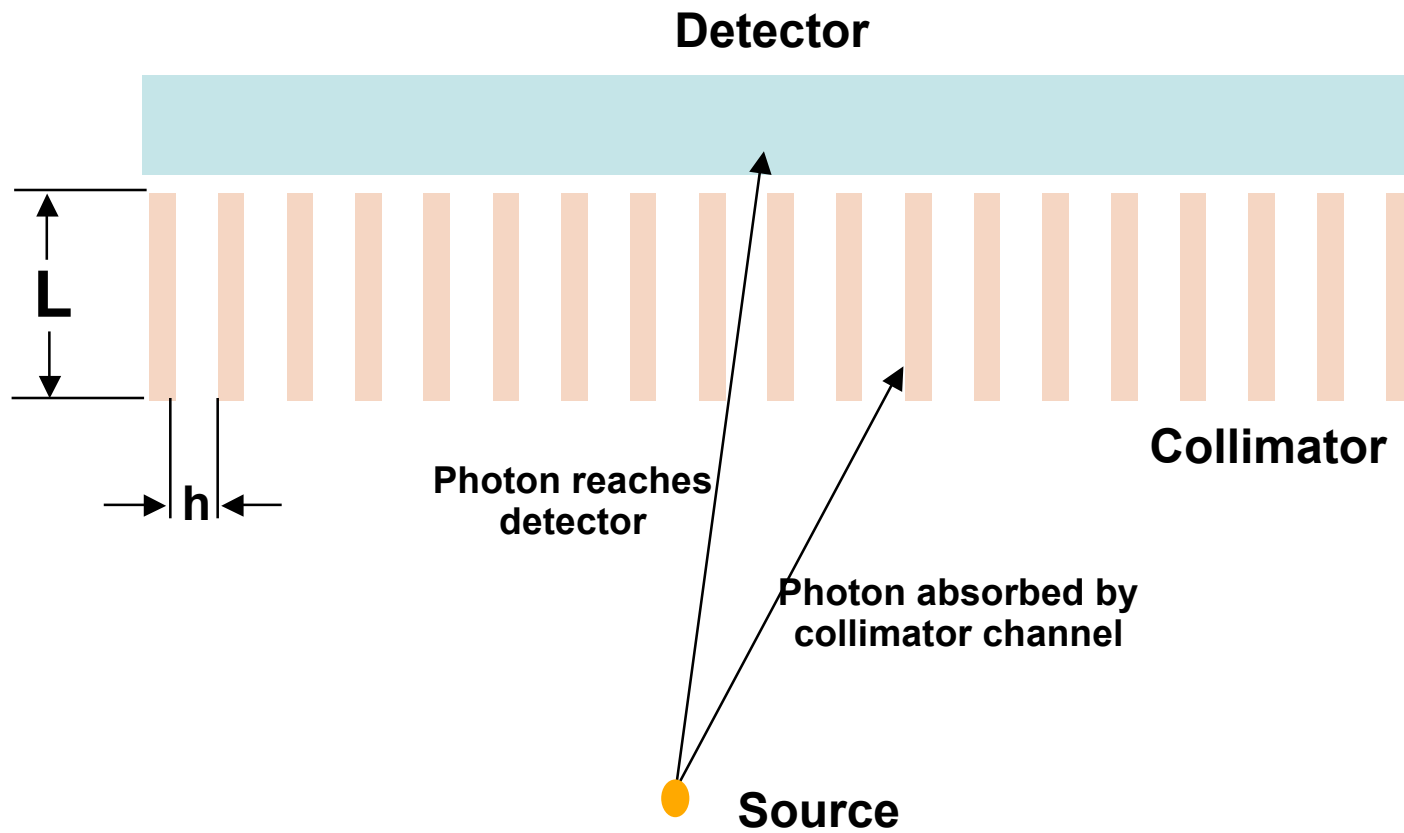
The collimation system is the heart of the SPECT instrument – it's the front-end and has the biggest impact on SNR

Its function is to form an image by determining the direction along which gamma-rays propagate

Ideally, a lens similar to that used for visible photon wavelengths would be used for high efficiency – not feasible at gamma-ray wavelengths

Absorbing collimation typically used

# Parallel Hole Collimation



# Typical Parallel Hole Collimator



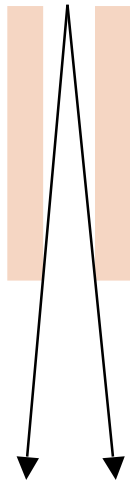
# Parallel Hole Collimation

$$\eta \approx \frac{h^2}{16L^2} \times F$$

**Efficiency**

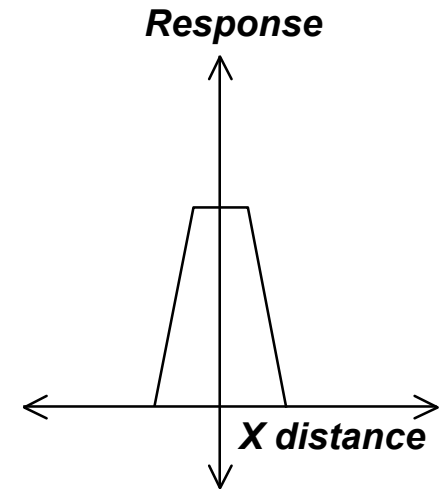
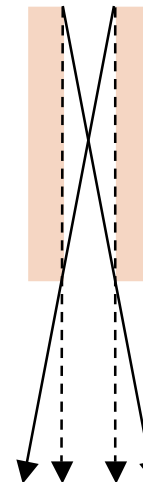
$$R \approx h + \frac{h}{L} \times d$$

**Intrinsic Resolution (FWHM)**



**Single collimator channel**

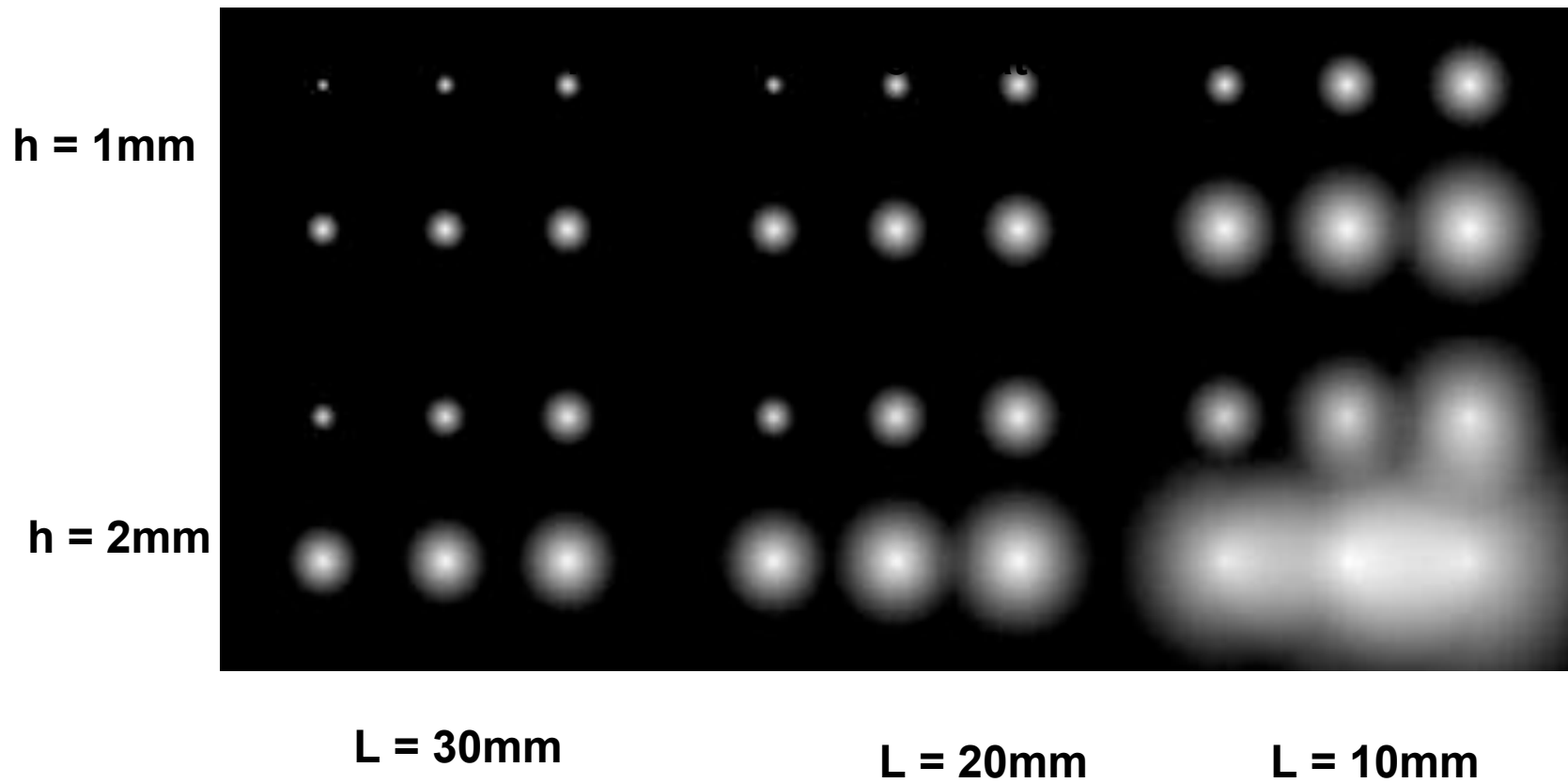
*Essentially solid-angle  
efficiency of single channel*



*Response is trapezoidal  
becoming triangular at larger  
distances*



# Resolution vs. Depth



Point source depths: 10, 15, 20, 25, 30, 35 cm

# Sad Facts About Absorbing Collimation

In the best case efficiency is only a few photons detected for 10,000 emitted

Performance of absorbing collimation decreases rapidly with increasing energy

Photoelectric absorption coefficient changes as  $\sim Z^4 / E^3$

Typical collimator for 140 keV Tc-99m – 9mm FWHM @ 10cm,  $2.3 \times 10^{-4}$

Typical for 364 keV (I-131) – 12mm FWHM @ 10cm,  $1 \times 10^{-4}$

Radionuclides with even a small fraction of higher energy radiation will result in severely compromised imaging performance

# Alternatives for Increasing Efficiency

- ***Surround patient with more cameras***
- ***Use fan-beam or cone-beam collimation to trade FOV size for efficiency at given resolution***

