

Computational Approaches to Renal Function Assessment from DCE-MRI Time Series

Frank G. Zöllner^{1,2}, Jarle Rørvik¹, and Arvid Lundervold²

¹Dept. for Surgical Sciences, University of Bergen

²Dept. for Biomedicine, University of Bergen

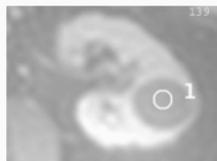
Cost B21 - Renal Working Group Meeting, Bergen
8 Dec. 2006

Kidney Disease

Secondary Renal Hypertension

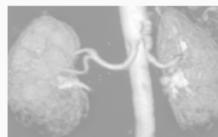
- presence of a stenosis which reduces renal blood flow
- assess the loss in renal function
- **segmentation** of functional compartments & **perfusion parameters**

Polycystic Kidney Disease



- cause functional loss in kidney
- growth of cysts can go along with a change of **total kidney volume**

Renal Transplants



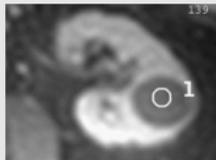
- anastomotic stenosis and perfusion defects
- access to blood flow/ perfusion
- **quantification** of the status of the graft

Kidney Disease

Secondary Renal Hypertension

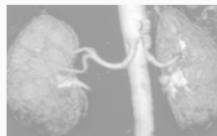
- presence of a stenosis which reduces renal blood flow
- assess the loss in renal function
- **segmentation** of functional compartments & **perfusion parameters**

Polycystic Kidney Disease



- cause functional loss in kidney
- growth of cysts can go along with a change of **total kidney volume**

Renal Transplants



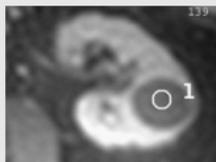
- anastomotic stenosis and perfusion defects
- access to blood flow/ perfusion
- **quantification** of the status of the graft

Kidney Disease

Secondary Renal Hypertension

- presence of a stenosis which reduces renal blood flow
- assess the loss in renal function
- **segmentation** of functional compartments & **perfusion parameters**

Polycystic Kidney Disease



- cause functional loss in kidney
- growth of cysts can go along with a change of **total kidney volume**

Renal Transplants



- anastomotic stenosis and perfusion defects
- access to blood flow/ perfusion
- **quantification** of the status of the graft

- 1 Assessment of Renal Function
- 2 Computational Approaches
 - K-Means Clustering of Time Series
 - Independent Component Analysis
 - Active Contours for Segmentation
- 3 Results
 - Datasets
 - Clustering Results
 - ICA Results
 - Segmentation Results
- 4 Summary

Clinical Assessment of Renal Function of Human Kidney

Measurements

- creatinine level in blood (CL)
- change of blood urea nitrogen (BUN)
- creatinine clearance

Disadvantages

- significant change in BUN and CL only detectable until 60% function loss
- creatinine clearance overestimates actual glomerular filtration rate (GFR) up to 20%
- no split function between left or right kidney

→ indirect measures are rather imperfect,
need for other assessment

Clinical Assessment of Renal Function of Human Kidney

Measurements

- creatinine level in blood (CL)
- change of blood urea nitrogen (BUN)
- creatinine clearance

Disadvantages

- significant change in BUN and CL only detectable until 60% function loss
- creatinine clearance overestimates actual glomerular filtration rate (GFR) up to 20%
- no split function between left or right kidney

→ indirect measures are rather imperfect,
need for other assessment

Clinical Assessment of Renal Function of Human Kidney

Measurements

- creatinine level in blood (CL)
- change of blood urea nitrogen (BUN)
- creatinine clearance

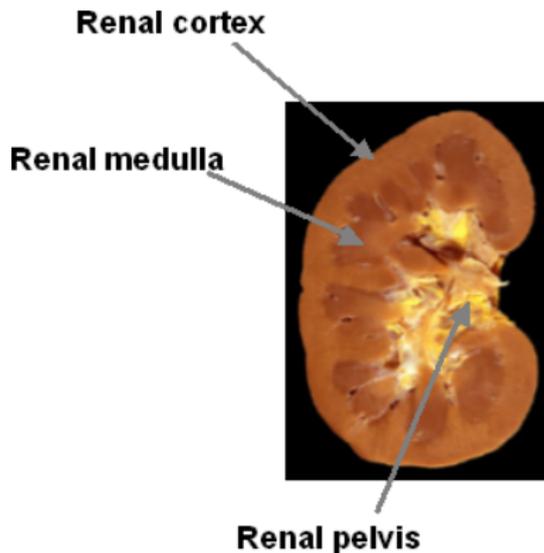
Disadvantages

- significant change in BUN and CL only detectable until 60% function loss
- creatinine clearance overestimates actual glomerular filtration rate (GFR) up to 20%
- no split function between left or right kidney

→ indirect measures are rather imperfect,
need for other assessment

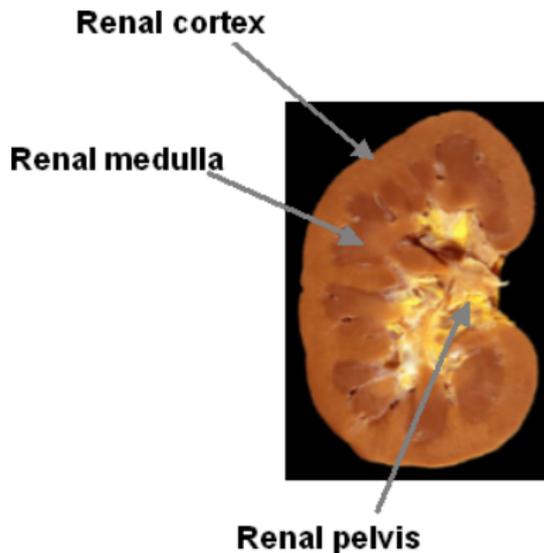
Standard Volume Estimations in Human Kidney

- kidney compartments: cortex, medulla, pelvis
- ultra-sound: method of choice to detect cysts
- imprecise estimates
 - high intra- and interobserver variations
 - manual perimeter drawing
 - semi-major/ semi-minor axis of one slice



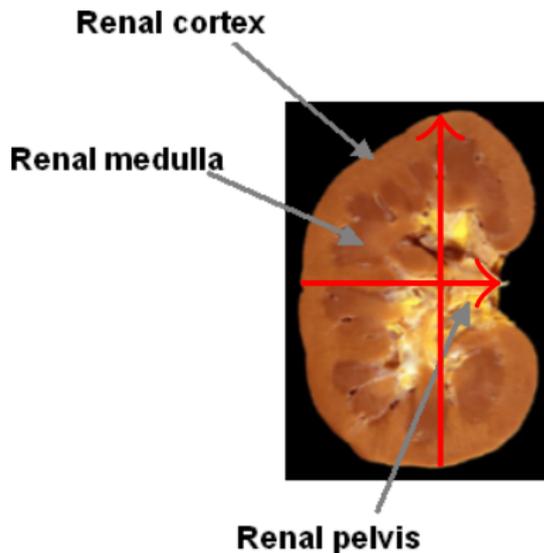
Standard Volume Estimations in Human Kidney

- kidney compartments: cortex, medulla, pelvis
- ultra-sound: method of choice to detect cysts
- imprecise estimates
 - high intra- and interobserver variations
 - manual perimeter drawing
 - semi-major/ semi-minor axis of one slice



Standard Volume Estimations in Human Kidney

- kidney compartments: cortex, medulla, pelvis
- ultra-sound: method of choice to detect cysts
- imprecise estimates
 - high intra- and interobserver variations
 - manual perimeter drawing
 - semi-major/ semi-minor axis of one slice



Assessment of Renal Function: MRI

Perfusion MRI

- noninvasive imaging of organs and tissue
- high resolution 3D, 4D data
- fast acquisition
- using contrast agents for perfusion study
- enables more accurate assessment of kidney function and volume



3T MR Scanner at Haukeland University Hospital

Assessment of Renal Function: MRI

Perfusion MRI

- noninvasive imaging of organs and tissue
- high resolution 3D, 4D data
- fast acquisition
- using contrast agents for perfusion study
- enables more accurate assessment of kidney function and volume



3T MR Scanner at Haukeland University Hospital

Assessment of Renal Function: MRI

Perfusion MRI

- noninvasive imaging of organs and tissue
- high resolution 3D, 4D data
- fast acquisition
- using contrast agents for perfusion study
- enables more accurate assessment of kidney **function** and **volume**



3T MR Scanner at Haukeland University Hospital

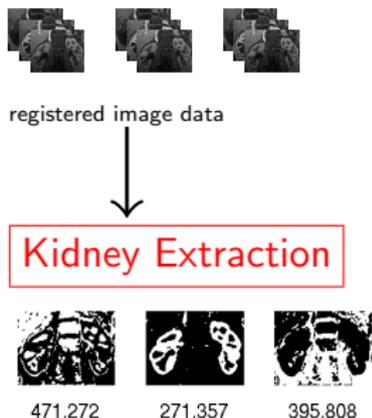
Clustering Volumetric MRI Perfusion Time Series



registered image data

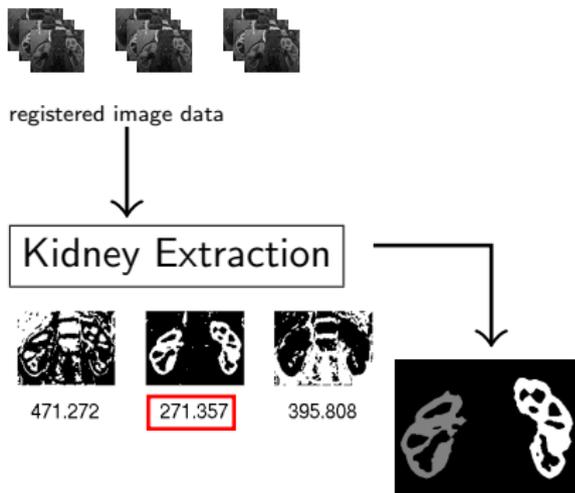
- prerequisite: registered time series
- separate kidneys to estimate renal function for single kidneys
 - K-Means Clustering of short sequence (≈ 20 frames)
 - initialise 3 classes, cosine distance function
 - separation based on intracluster distance \rightarrow smallest value identifies cortex
- Clustering of single Kidneys
 - similar procedure as above
 - initialisation with 5 classes

Clustering Volumetric MRI Perfusion Time Series



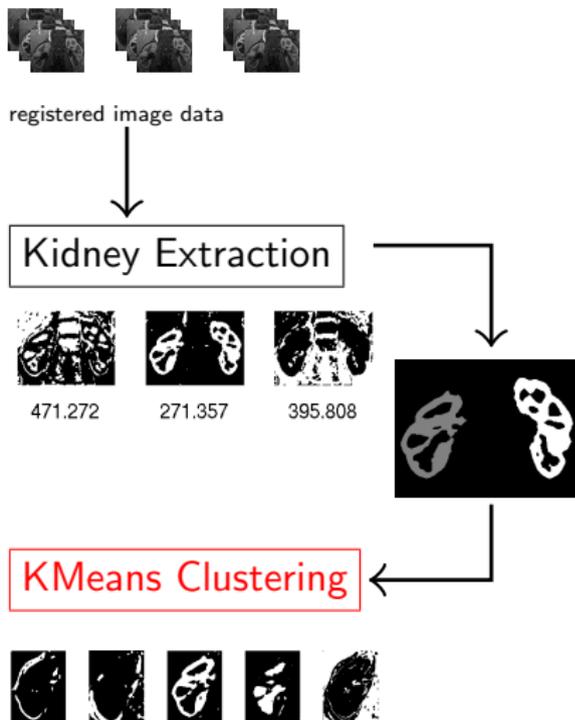
- prerequisite: registered time series
- separate kidneys to estimate renal function for single kidneys
 - K-Means Clustering of short sequence (≈ 20 frames)
 - initialise 3 classes, cosine distance function
 - separation based on intracluster distance \rightarrow smallest value identifies cortex
- Clustering of single Kidneys
 - similar procedure as above
 - initialisation with 5 classes

Clustering Volumetric MRI Perfusion Time Series



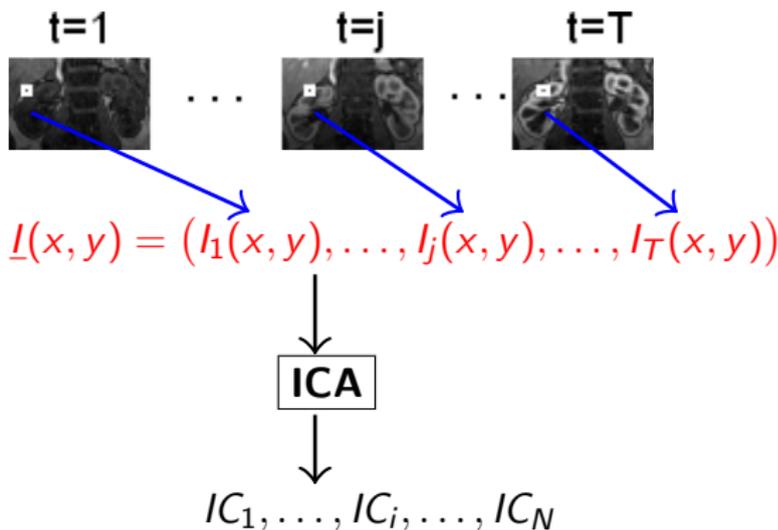
- prerequisite: registered time series
- separate kidneys to estimate renal function for single kidneys
 - K-Means Clustering of short sequence (≈ 20 frames)
 - initialise 3 classes, cosine distance function
 - separation based on **intracluster distance** \rightarrow **smallest value identifies cortex**
- Clustering of single Kidneys
 - similar procedure as above
 - initialisation with 5 classes

Clustering Volumetric MRI Perfusion Time Series



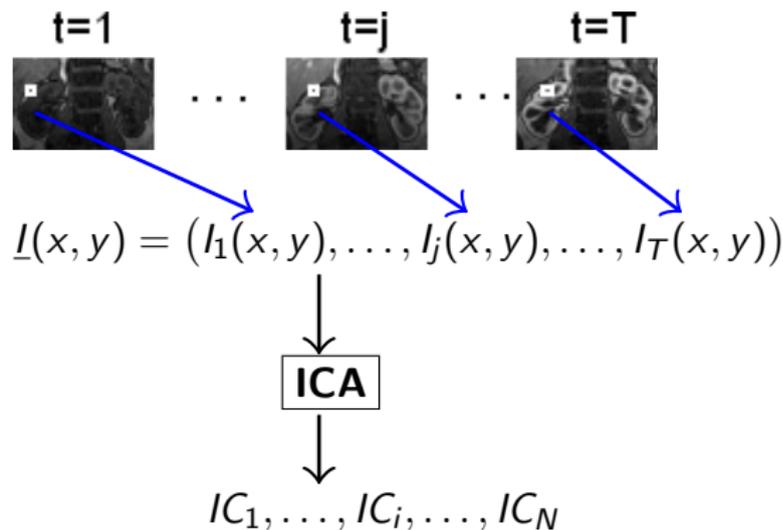
- prerequisite: registered time series
- separate kidneys to estimate renal function for single kidneys
 - K-Means Clustering of short sequence (≈ 20 frames)
 - initialise 3 classes, cosine distance function
 - separation based on intracluster distance \rightarrow smallest value identifies cortex
- Clustering of single Kidneys
 - similar procedure as above
 - initialisation with 5 classes

Independent Component Analysis of Kidney MRI Perfusion Data



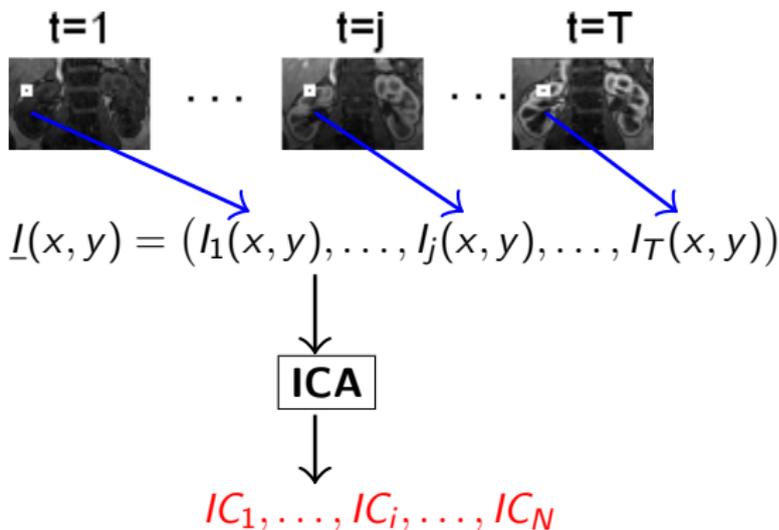
- find independent components in multidimensional data
- based on maximal non-gaussianity of ICs
- transform pixel intensities vectors into matrix
- apply fastICA algorithm
- transform back ICs into image space

Independent Component Analysis of Kidney MRI Perfusion Data



- find independent components in multidimensional data
- based on maximal non-gaussianity of ICs
- transform pixel intensities vectors into matrix
- apply fastICA algorithm
- transform back ICs into image space

Independent Component Analysis of Kidney MRI Perfusion Data



- find independent components in multidimensional data
- based on maximal non-gaussianity of ICs
- transform pixel intensities vectors into matrix
- apply fastICA algorithm
- transform back ICs into image space

Active Contours for Segmentation

Minimisation of the energy functional E_{snake}^* on the curve $\underline{v}(s)$:

$$E_{\text{snake}}^* = \int_0^l [\alpha E_{\text{cont}} + \beta E_{\text{curv}} + \gamma(E_{\text{dist}})E_{\text{image}} + \delta(E_{\text{dist}})E_{\text{dist}}] ds$$

- E_{cont} & E_{curv} : Continuity of the curve
- E_{image} : Result of time intensity vector correlation
- E_{dist} : Distance from initial contour
- α , β , γ & δ : Weights of the energy terms
- Adaption of γ & δ according to E_{dist}
→ guiding of the contour

Active Contours for Segmentation

Minimisation of the energy functional E_{snake}^* on the curve $\underline{v}(s)$:

$$E_{\text{snake}}^* = \int_0^l [\alpha E_{\text{cont}} + \beta E_{\text{curv}} + \gamma(E_{\text{dist}}) E_{\text{image}} + \delta(E_{\text{dist}}) E_{\text{dist}}] ds$$

- E_{cont} & E_{curv} : Continuity of the curve
- E_{image} : Result of time intensity vector correlation
- E_{dist} : Distance from initial contour
- α , β , γ & δ : Weights of the energy terms
- Adaption of γ & δ according to E_{dist}
→ guiding of the contour

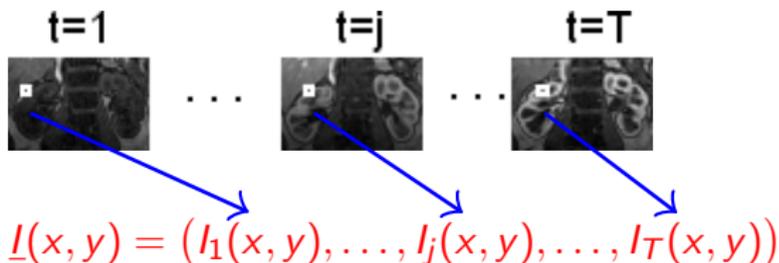
Active Contours for Segmentation

Minimisation of the energy functional E_{snake}^* on the curve $\underline{v}(s)$:

$$E_{\text{snake}}^* = \int_0^l [\alpha E_{\text{cont}} + \beta E_{\text{curv}} + \gamma(E_{\text{dist}}) E_{\text{image}} + \delta(E_{\text{dist}}) E_{\text{dist}}] ds$$

- E_{cont} & E_{curv} : Continuity of the curve
- E_{image} : Result of time intensity vector correlation
- E_{dist} : Distance from initial contour
- α , β , γ & δ : Weights of the energy terms
- Adaption of γ & δ according to E_{dist}
→ guiding of the contour

Deriving Gradient Information from Voxel Time Series

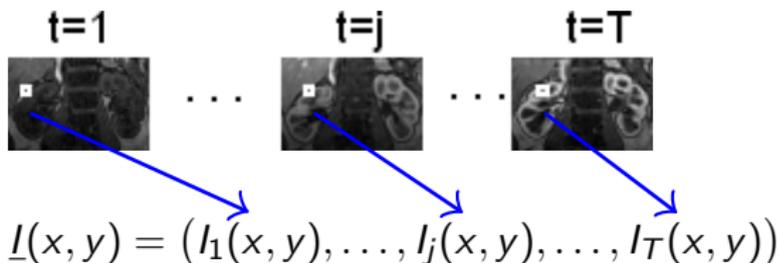


$$c'(x, y) = \frac{1}{n} \sum_{(p, q) \in N^{(n)}(x, y)} c(I(x, y), I(p, q))$$

$$c(I(x, y), I(p, q)) = \frac{\langle I(x, y), I(p, q) \rangle}{\|I(x, y)\| \|I(p, q)\|}$$

- perfusion data (3D+time)
- intensity vector for each pixel
- clustering time series: cosine distance function (angle between intensity vectors)
- using the correlation with neighbourhood pixel

Deriving Gradient Information from Voxel Time Series

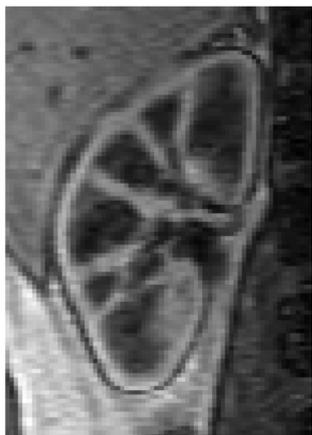


$$c'(x, y) = \frac{1}{n} \sum_{(p, q) \in N^{(n)}(x, y)} c(I(x, y), I(p, q))$$

$$c(I(x, y), I(p, q)) = \frac{\langle I(x, y), I(p, q) \rangle}{\|I(x, y)\| \|I(p, q)\|}$$

- perfusion data (3D+time)
- intensity vector for each pixel
- clustering time series: cosine distance function (angle between intensity vectors)
- using the correlation with neighbourhood pixel

Deriving Gradient Information from Voxel Time Series



original image slice



after correlation



after k^{TH} and
 h -maxima
transformation

Datasets

id	field	seq.	resolution(mm)	4D size	timing
1	1.5 T	FLASH	(1.48x1.48x3.00)	(256x256x20x20)	n.e.
2	1.5 T	VIBE	(1.48x1.48x3.00)	(256x256x20x118)	2.5
3	3.0 T	LAVA	(0.86x0.86x1.20)	(512x512x44x60)	3.0
4	3.0 T	LAVA	(1.72x1.71x2.4)	(256x256x20x60)	3.7

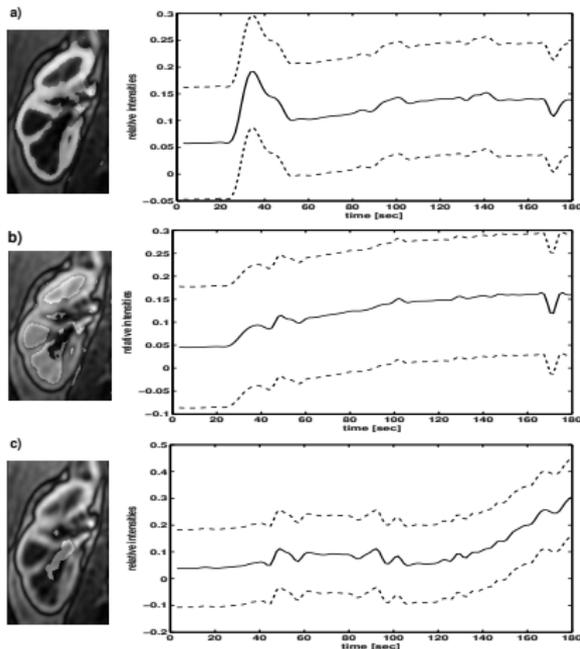
- scanner: 1.5 T Siemens Symphony, 3.0 T Signa Excite GE
- healthy volunteers
- all datasets have been registered before processing!

Datasets

id	field	seq.	resolution(mm)	4D size	timing
1	1.5 T	FLASH	(1.48x1.48x3.00)	(256x256x20x20)	n.e.
2	1.5 T	VIBE	(1.48x1.48x3.00)	(256x256x20x118)	2.5
3	3.0 T	LAVA	(0.86x0.86x1.20)	(512x512x44x60)	3.0
4	3.0 T	LAVA	(1.72x1.71x2.4)	(256x256x20x60)	3.7

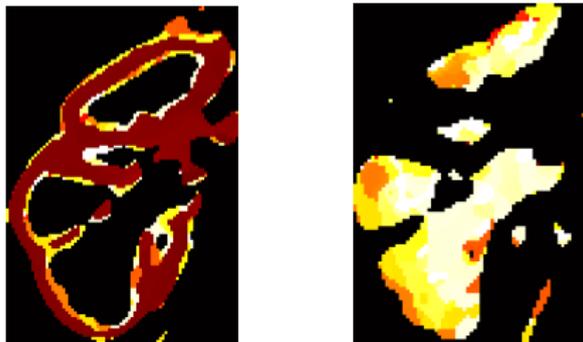
- scanner: 1.5 T Siemens Symphony, 3.0 T Signa Excite GE
- healthy volunteers
- all datasets have been registered before processing!

Results of Clustering Approach



- clusters depict functional compartments (cortex, medulla, pelvis) of the kidney
- derived time courses similar to descriptions from literature
- other clusters (2) represent background and partial volume effects (omitted)

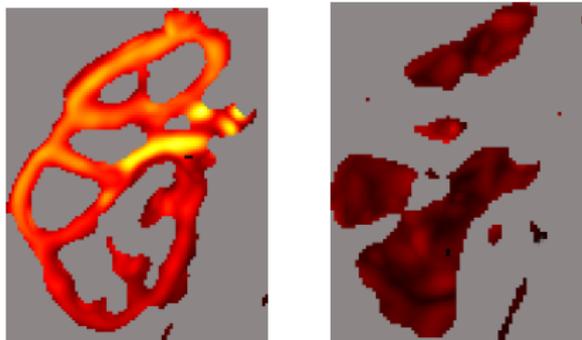
Derived Parameter Maps



slice 22/44, dataset 3

- time to peak map (cortex, medulla)
- lighter color → later time point
- maximum slope
- lighter color → greater slope

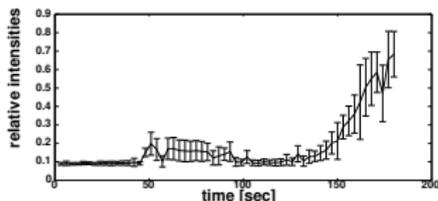
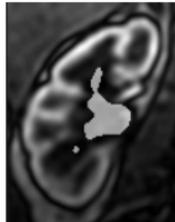
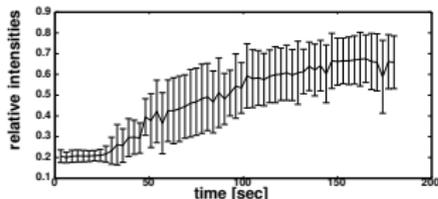
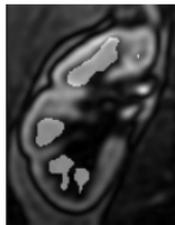
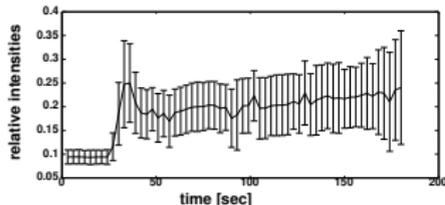
Derived Parameter Maps



slice 22/44, dataset 3

- time to peak map (cortex, medulla)
- lighter color → later time point
- maximum slope
- lighter color → greater slope

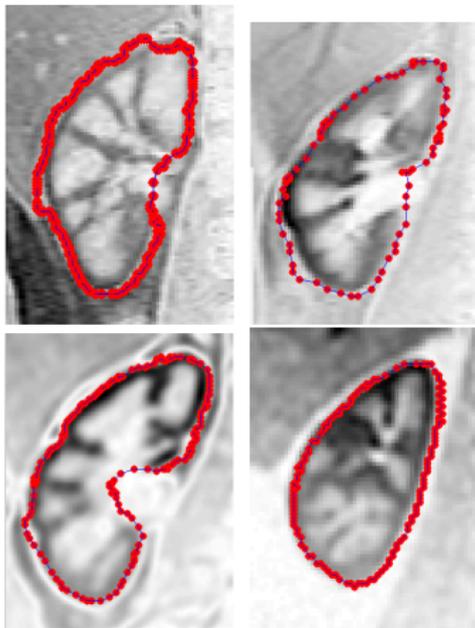
Results of Independent Component Analysis



- ICA can reveal functional compartments of the kidney
- derived time curves similar to those from K-Means clustering

Segmentation Results

- slice with the finally estimated contour of the left kidney for each dataset
- average segmentation accuracy for all slices/
dataset:
 - 1 0.91
 - 2 0.92
 - 3 0.92
 - 4 0.94



Segmentation Results

Volume rendering from segmentation results

Summary & Outlook

- presented several computational approaches to assess renal function (K-Means clustering, ICA analysis, volume segmentation)
- results are promising, functional compartments could be identified/ volume segmented
- based on time intensity curves, derivation of parameter maps
- test methods on data from non-healthy patients, and larger dataset
- transfer time intensity curves to concentration time curves (→ pharmacokinetic modelling)
- calculate perfusion parameters like GFR

Summary & Outlook

- presented several computational approaches to assess renal function (K-Means clustering, ICA analysis, volume segmentation)
- results are promising, functional compartments could be identified/ volume segmented
- based on time intensity curves, derivation of parameter maps
- **test methods on data from non-healthy patients, and larger dataset**
- transfer time intensity curves to concentration time curves (→ pharmacokinetic modelling)
- calculate perfusion parameters like GFR

Summary & Outlook

- presented several computational approaches to assess renal function (K-Means clustering, ICA analysis, volume segmentation)
- results are promising, functional compartments could be identified/ volume segmented
- based on time intensity curves, derivation of parameter maps
- test methods on data from non-healthy patients, and larger dataset
- transfer time intensity curves to concentration time curves (→ pharmacokinetic modelling)
- calculate perfusion parameters like GFR

Summary & Outlook

- presented several computational approaches to assess renal function (K-Means clustering, ICA analysis, volume segmentation)
- results are promising, functional compartments could be identified/ volume segmented
- based on time intensity curves, derivation of parameter maps
- test methods on data from non-healthy patients, and larger dataset
- transfer time intensity curves to concentration time curves (→ pharmacokinetic modelling)
- calculate perfusion parameters like GFR

Acknowledgements

Registration

- Rosario Sance, Technical University of Madrid, Spain
- Peter Rogelj, University of Ljubljana, Slovenia
- Andreea Anderlik, UiB

Visualisation

- Marek Kocinski, Technical University of Lodz, Poland

Imaging & Supervision

- Jarle Rørvik, UiB
- Arvid Lundervold, UiB

References

- 1 Zöllner FG, et al. Assessment of Renal Function from 3D Dynamic Contrast Enhanced MR images using Independent Component Analysis in *BVM 2007*. Informatik Aktuell, Springer 2007. accepted
- 2 Zöllner FG, et al. Towards quantification of kidney function by clustering volumetric MRI perfusion time series *MAGMA* 2006;19:103–104.
- 3 Zöllner FG, et al. Assessment of high field DCE-MRI of the kidneys using non-rigid image registration and segmentation of voxel time-course *Inv Radiology*. 2006. submitted