

# Three Dimensional Echocardiography

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Past, Present, and Future

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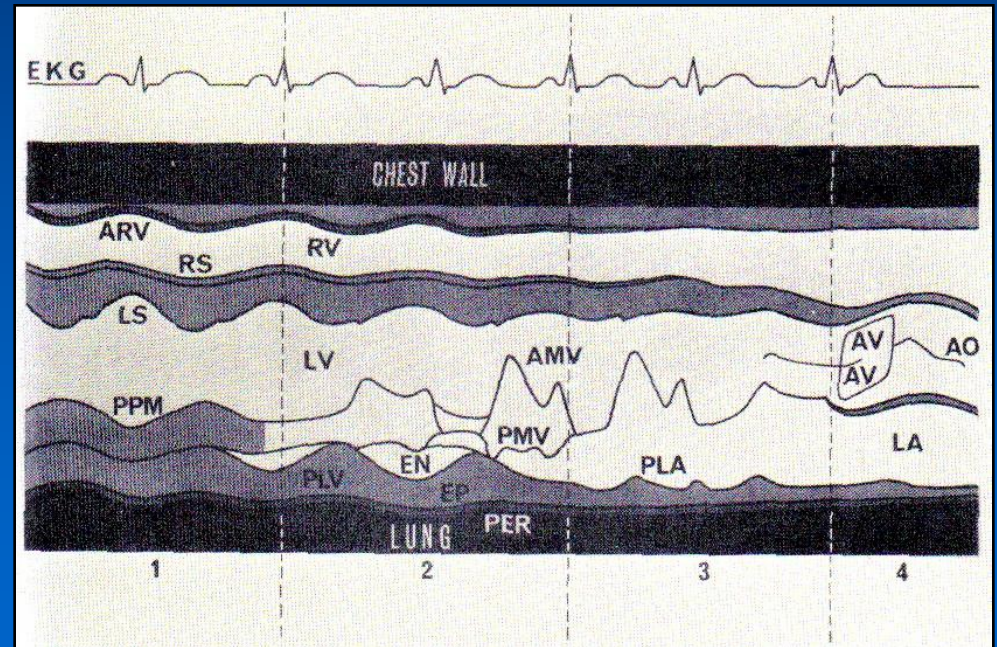
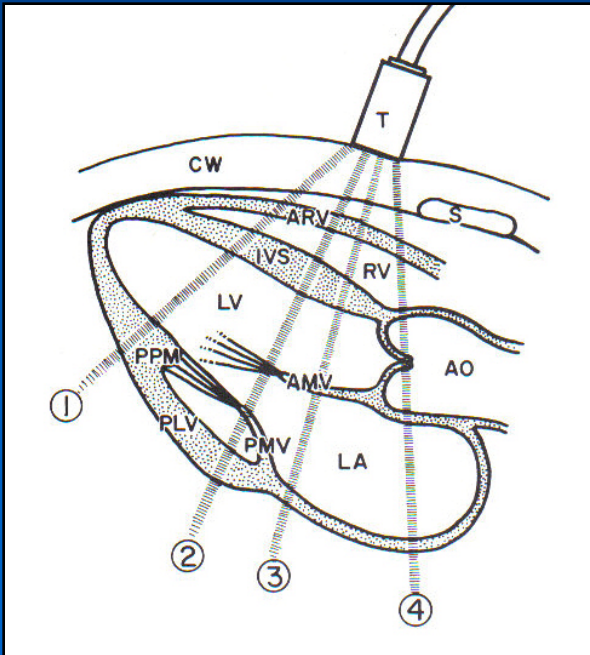
# Overview

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- History of echocardiography
- History of 3-D echo
- Current utility
- Specific examples
- Future directions

# History of Echocardiography

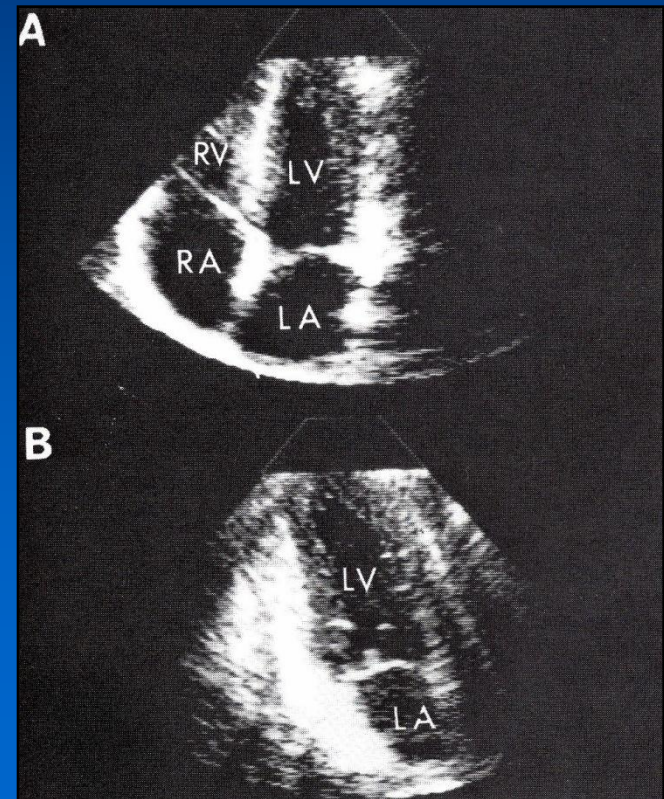
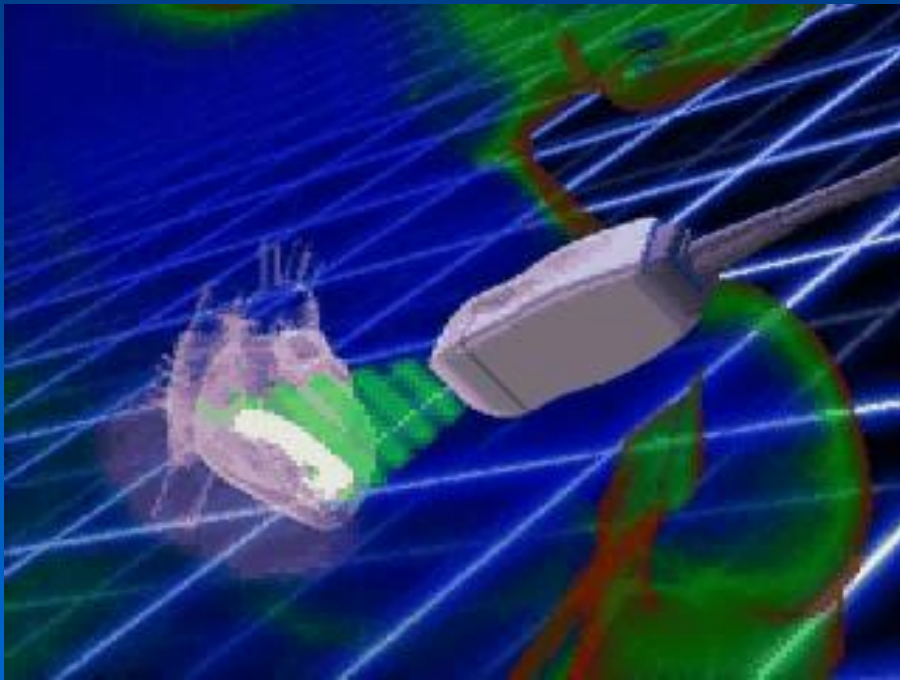
## Single dimensional (M-Mode) Echo



# History of Echocardiography

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## Two dimensional Imaging 1980's-90's





# Additional Historic Advances

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- Doppler velocity tracings
- Color Doppler imaging
- Transesophageal imaging (TEE)
- Intravascular ultrasound (IVUS)
- Harmonic imaging
- Contrast perfusion imaging

# Limitations of 2-D Imaging

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- Limited acquisition windows
- Theoretically more time consuming acquisition
- Incomplete view of a single structure
- Loss of structural orientation/spatial relationships
- Lack of volume or mass measurements
- Poor quantification of regurgitant lesions
- Inherent increased learning curve

# Art History

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## Pre Perspective



Early  
➔  
Renaissance

## Post Perspective



Raphael: School of Athens--15th C.

Initial word panel of Psalm--14th C.

# Prince of Egypt

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# Live 3D Echo

## Historical Perspective of Echo

A-mode

B-Mode

Doppler

TEE

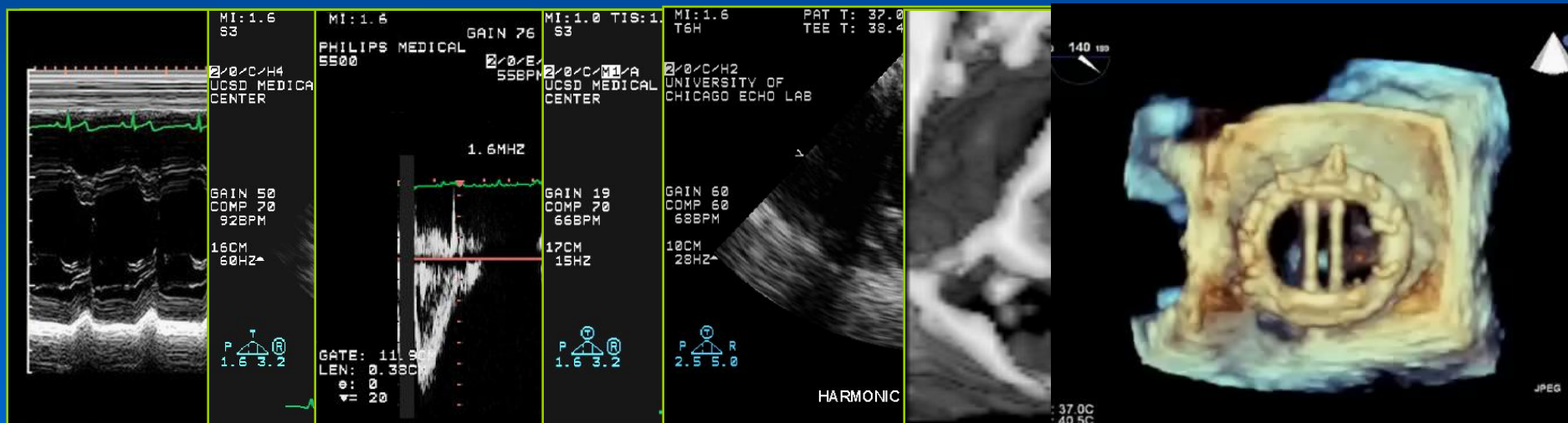
Live 3D

M-Mode

Real-time

Color

Gated-3D



# History of 3-D Echocardiography

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## Free-hand Scanning Method

- Developed in the early 80's
- Utilized multiple separate imaging planes
- Images aligned using acoustic locator system
- Acquired over several heart beats
- Reconstructed off-line with hand tracing
- Used for LV volume and mass measurements

# History of 3-D Echocardiography

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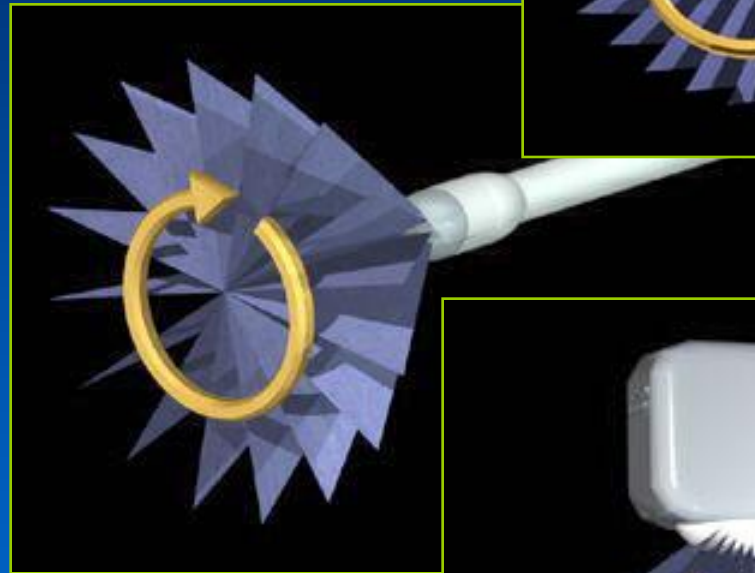
## Gated Sequential Scanning

- Developed in the early 90's
- Utilized a single acquisition window
- Mechanically rotated the transducer
- ECG/Respiratory gated
- Acquired over several heart beats
- Reconstructed off-line

# Live 3D Echo Data Acquisition

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- Sequential acquisition
- Manual method
  - ▶ Parallel
  - ▶ Fan-like
  - ▶ Free surface
- Automated method
  - ▶ Rotational
  - ▶ Fan-like
  - ▶ Parallel



# History of 3-D Echocardiography

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## Real Time (Live) 3-D

- Initial development in mid 80's
- Transducer technology
  - ▶ Sparse array: 256 elements
  - ▶ Full matrix array: 3000 elements
- Simultaneous image acquisition
  - ▶ Multiple planes simultaneously
  - ▶ Single heart beat
- Image processing on-line

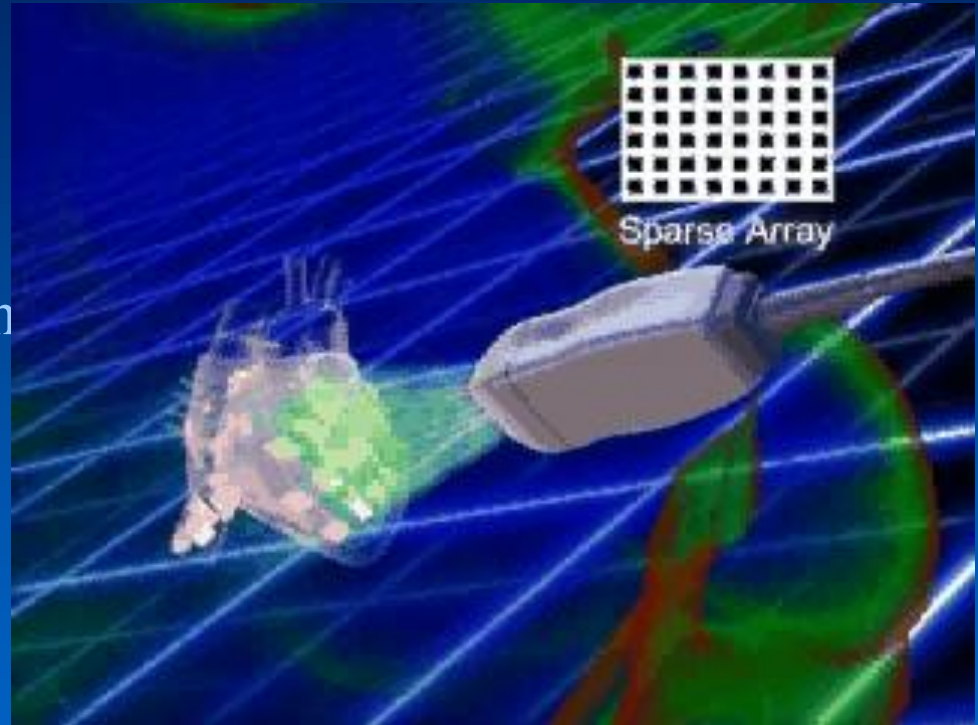


# Live 3D Echo

## Sparse Arrays

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- Real-time
- Limited image quality
  - ▶ Weak sensitivity
  - ▶ Potentially poor resolution
- ~300 elements

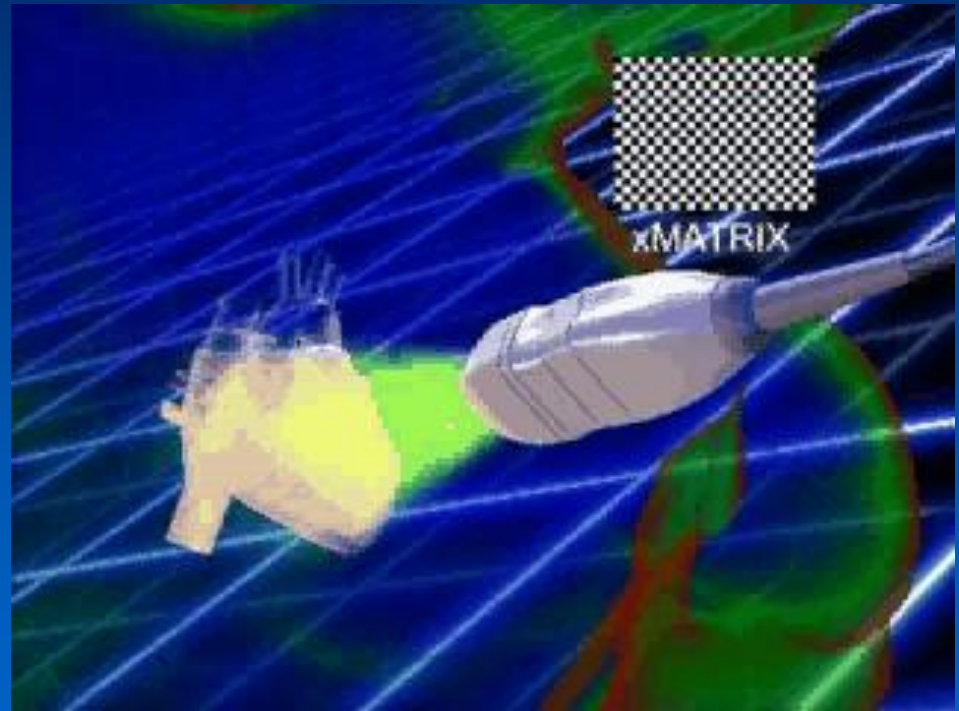


# Live 3D Echo

## X- Matrix Array

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- Real-time **volume** acquisition
- Excellent image quality
- ~3000 elements and electrical connections

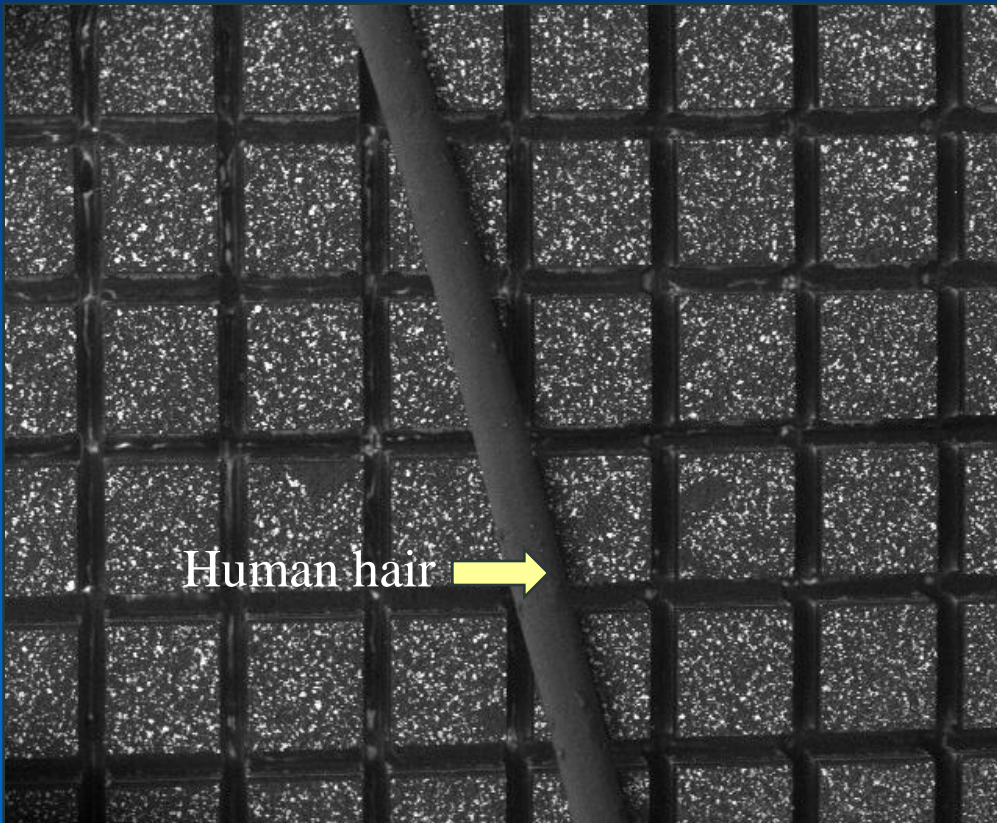


# Live 3D Echo

## X-Matrix Technology

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### ▪ Sensor Fabrication



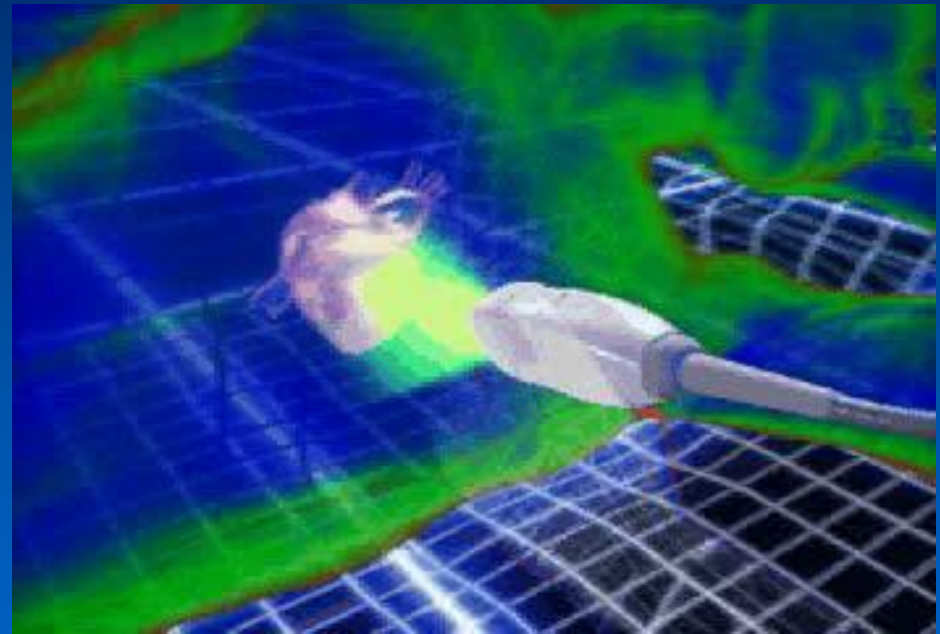
Microscopic photo of top view  
xMATRIX posts

# Live 3D Echo *Technology*

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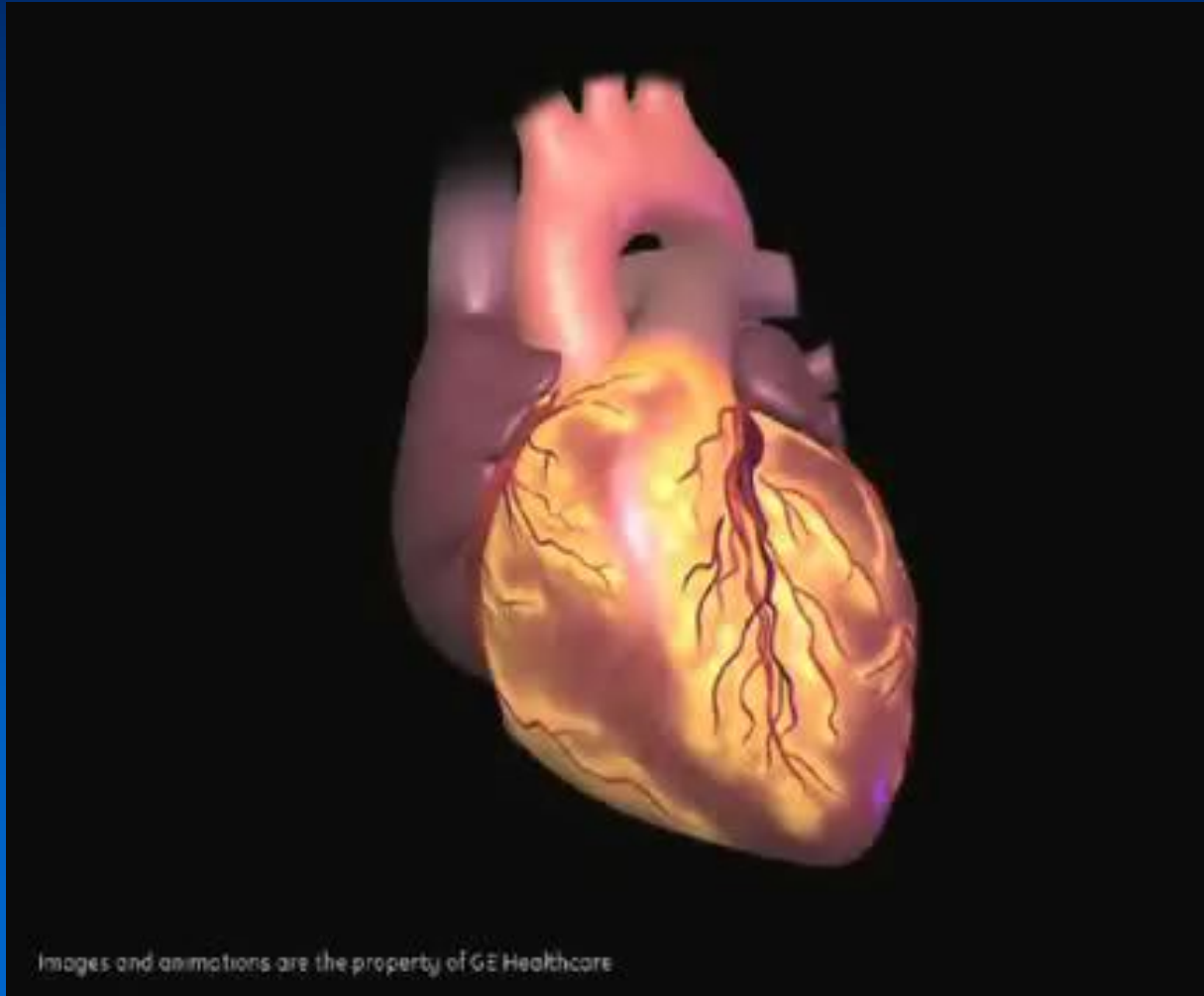
## xSTREAM Architecture

- ▶ Super-computed processing
- ▶ Processes multiple data streams simultaneously
- ▶ Incorporates a processing environment capable of 250 billion operations per second



# 3-D Echo Acquisition

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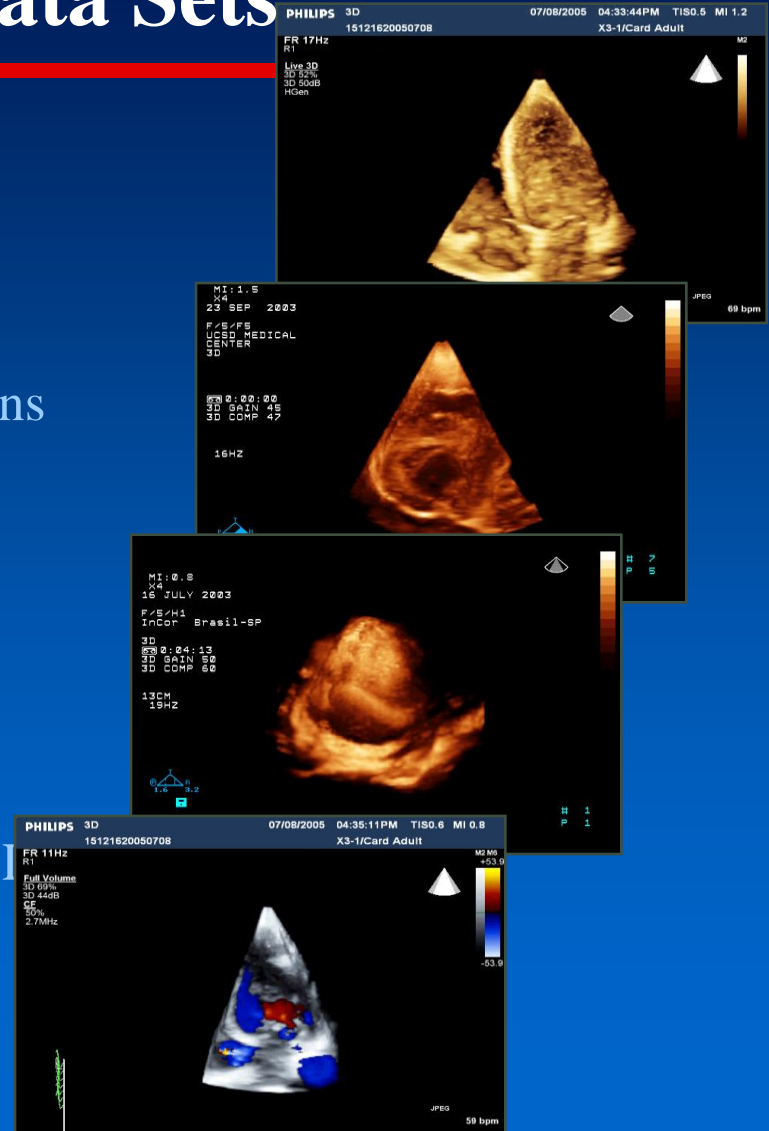




# Live 3D Echo

## Types of 3D Data Sets

- Live 3D
  - ▶ A real-time mode allowing immediate acquisition and visualization in 3D
- 3D Zoom
  - ▶ A real time mode used for specific regions of the heart
- Full Volume (FV)
- Color Full Volume (FV)
  - ▶ Fast triggered mode to acquire high resolution anatomic structures in larger volumes
  - ▶ FV mode acquires high resolution color flow of hemodynamic patterns/shapes in 3D



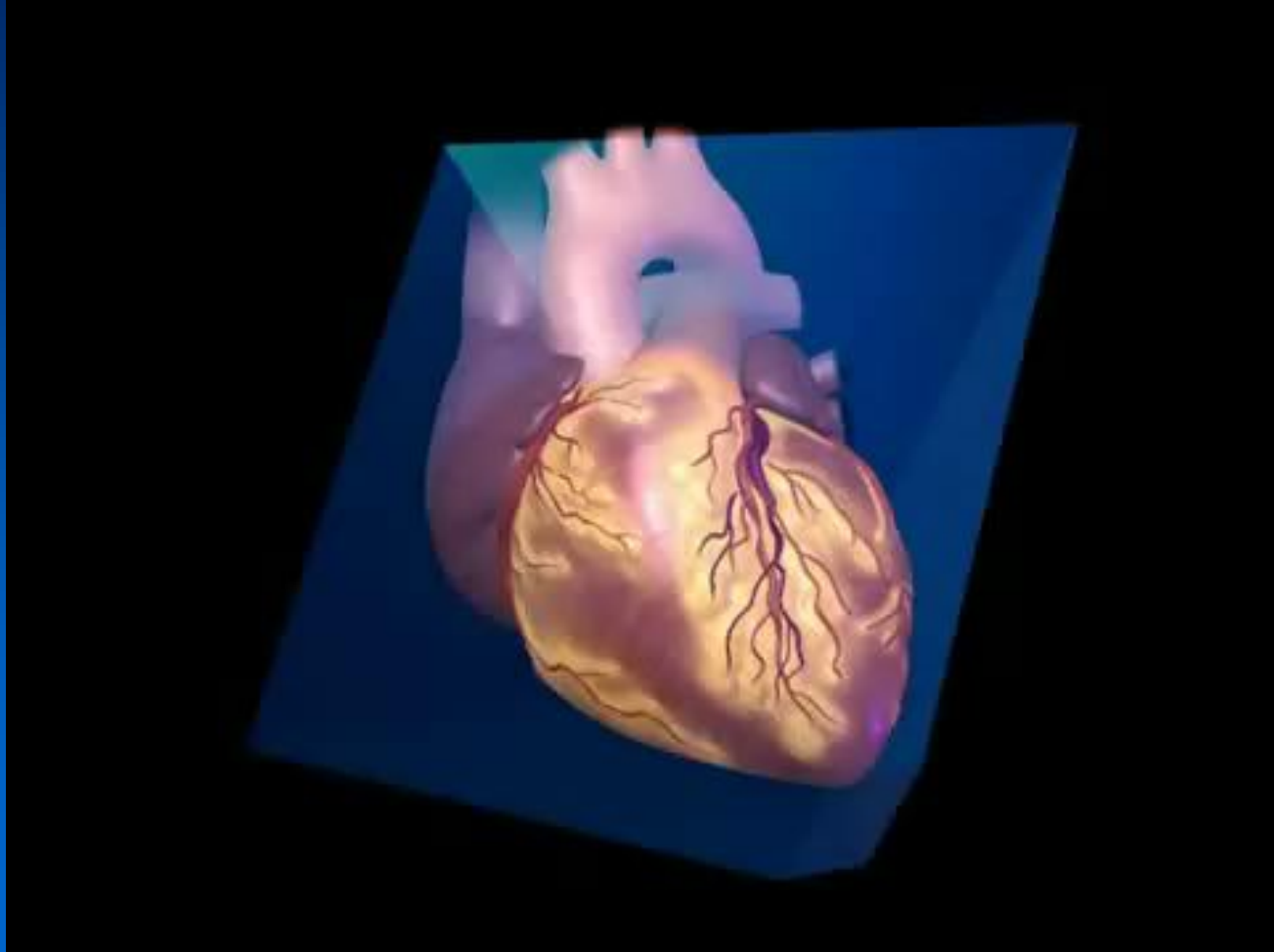
# Current Applications

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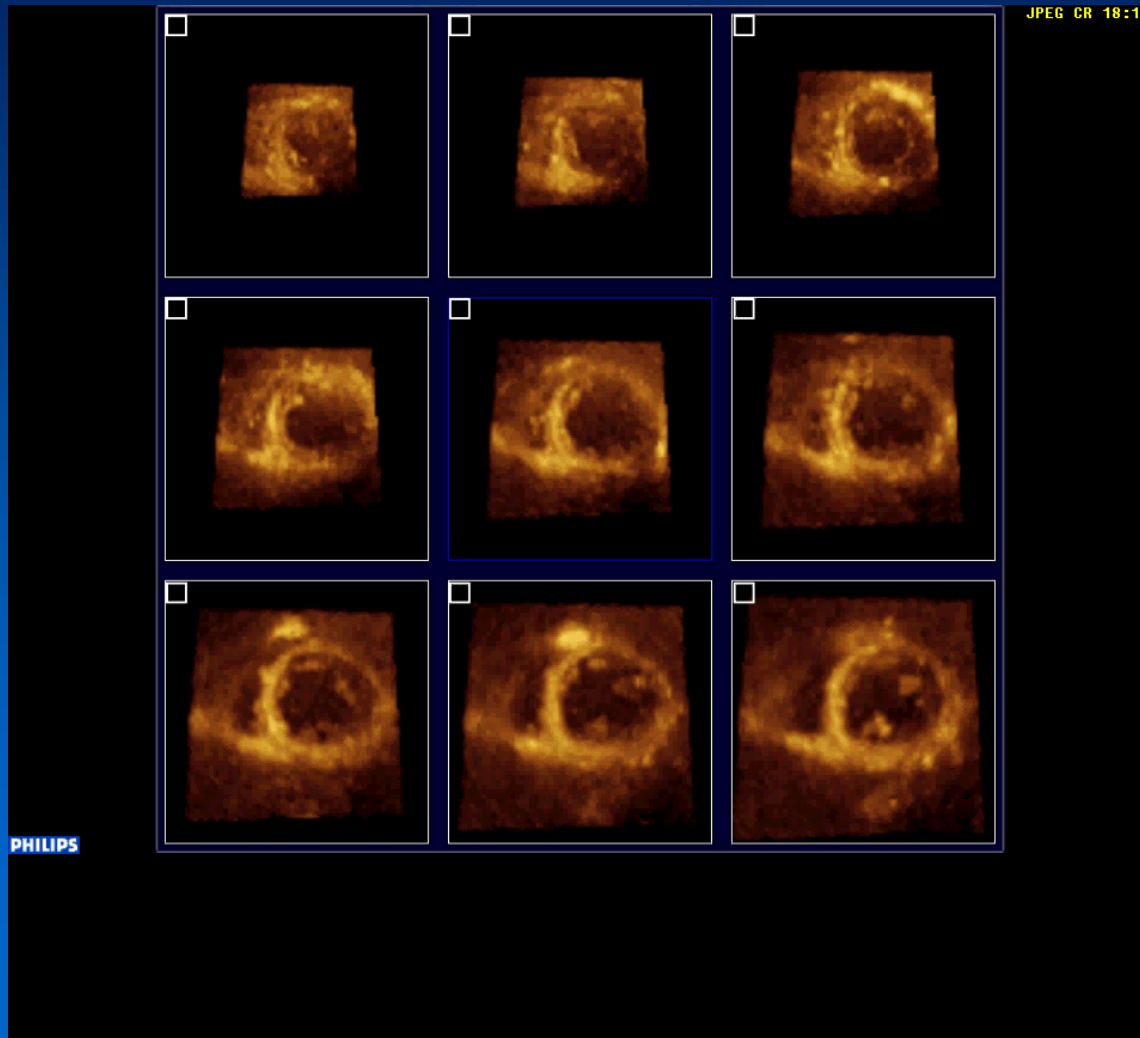
- Ejection fraction calculation
  - ▶ Prior M-mode/2-D techniques make assumptions
  - ▶ Accurate for both LV and RV measurements
  - ▶ Reproducible
- LV Mass
  - ▶ Risk stratification
  - ▶ Treatment response
  - ▶ Significance of valvular lesions

# LV Volume Movie

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# i Slice for CAD



# i Slice for CAD





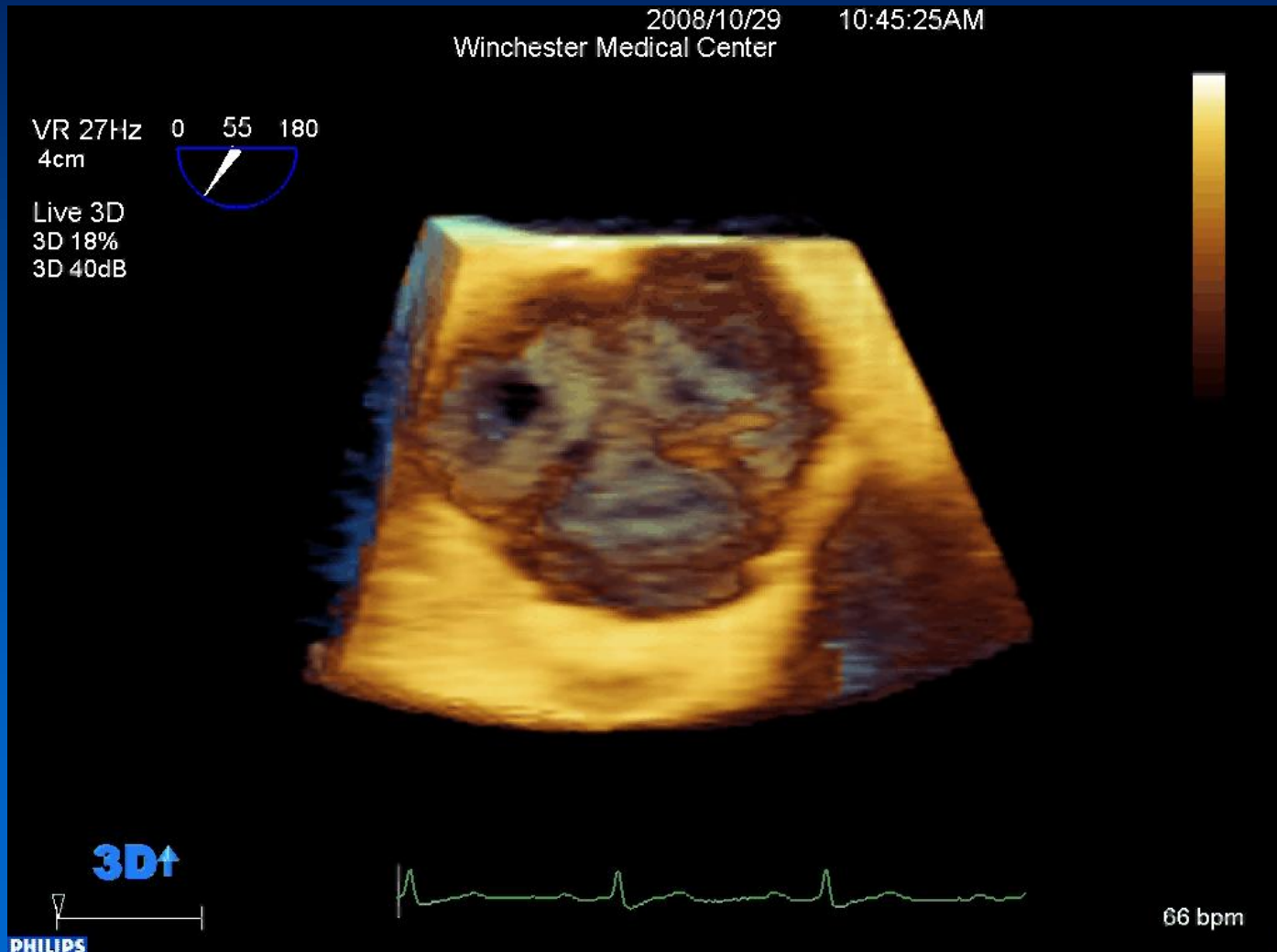
# Current Applications

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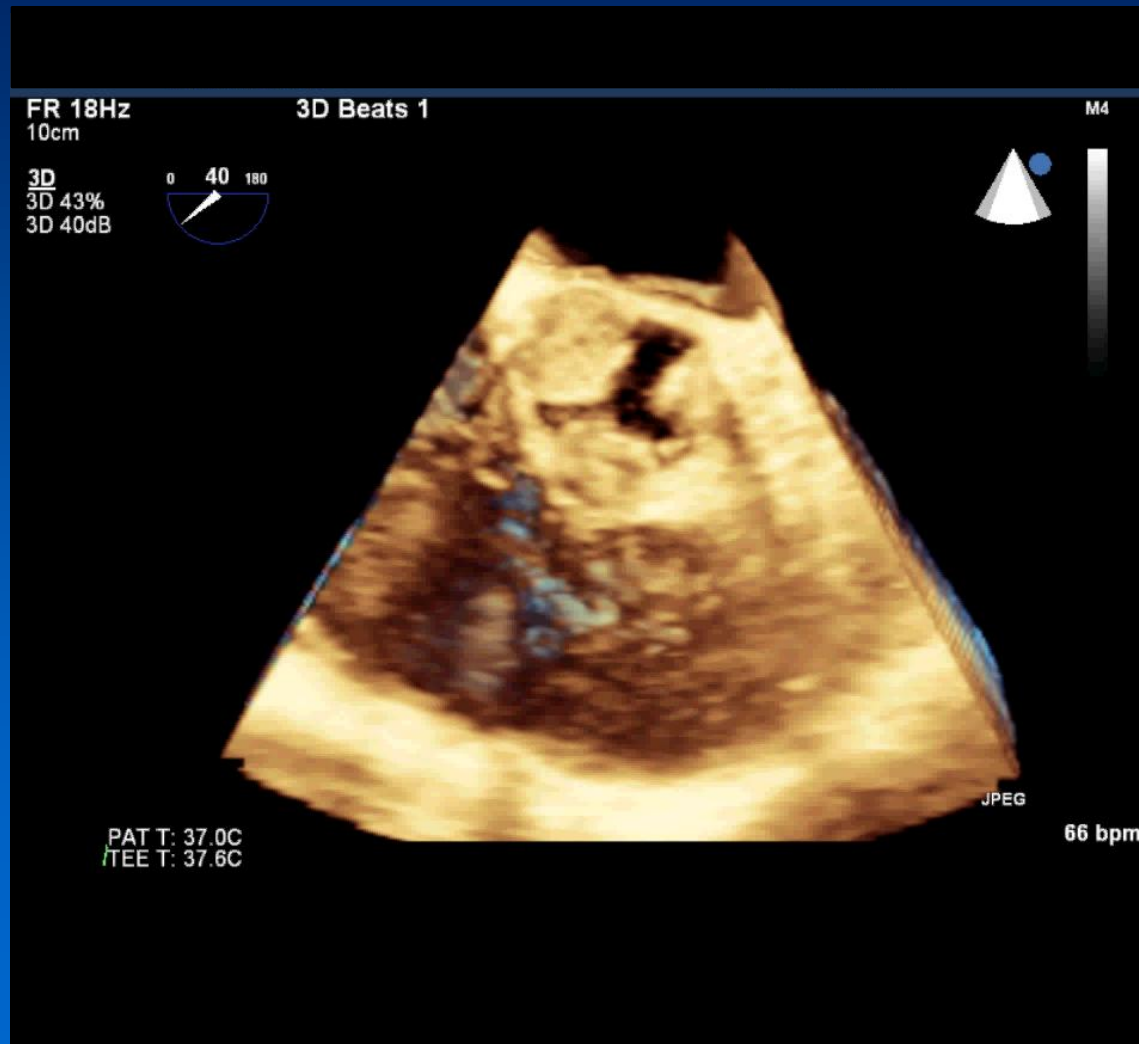
## Valvular Heart Disease

- Mitral Valve
  - ▶ Mitral valve prolapse
  - ▶ Mitral stenosis
  - ▶ Mitral regurgitation
    - Ischemic v dilated
  - ▶ Endocarditis
  - ▶ Prosthetic valve function
    - Pre and post valve surgery
- Aortic Valve
  - ▶ Aortic regurgitation
  - ▶ Endocarditis
  - ▶ Bicuspid AV
- Tricuspid/Pulmonary Valves

# Aortic Valve Vegetation



# Aortic Valve Perforation



# Example Valve Cases

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# Current Applications

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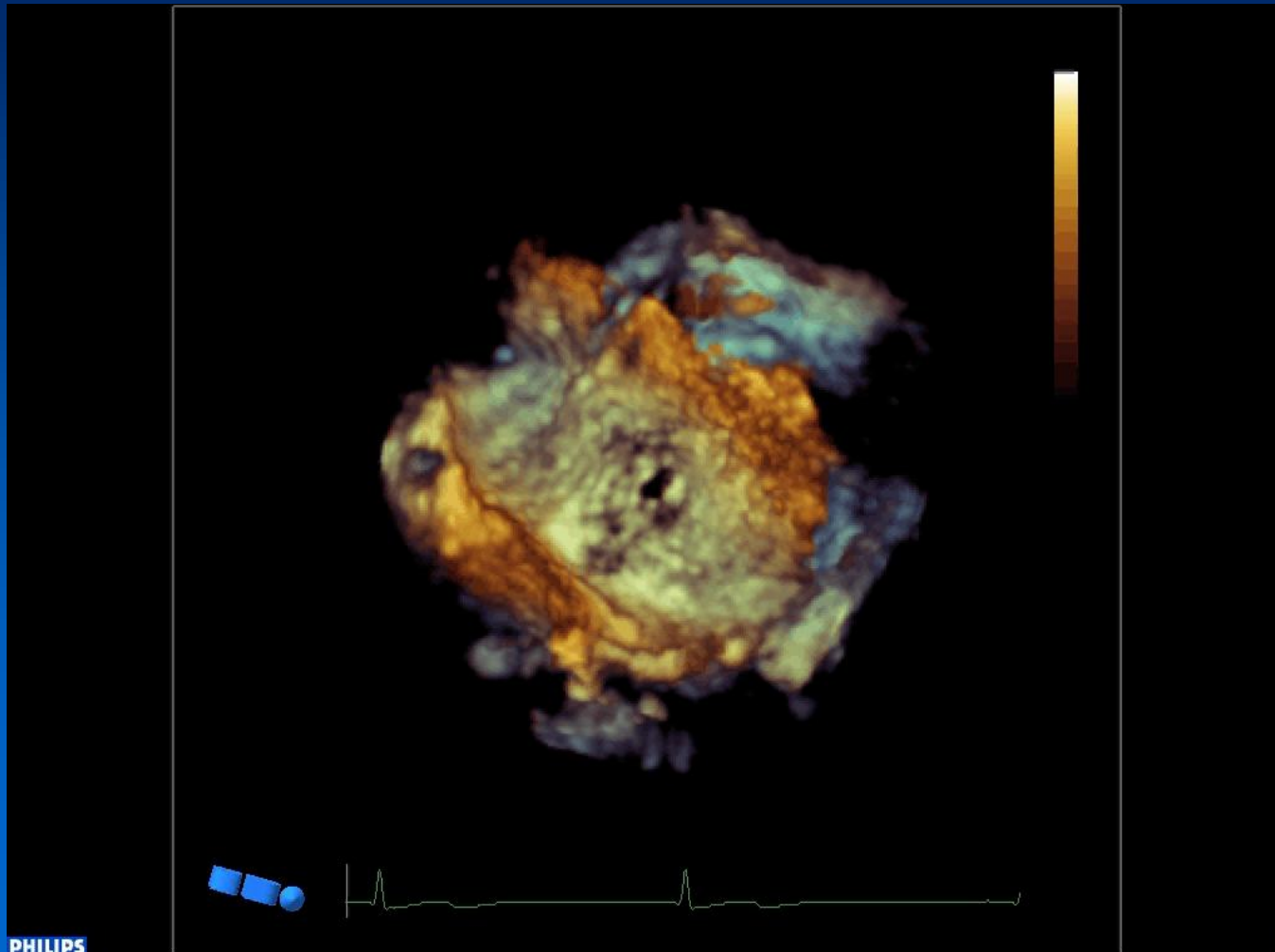
## Congenital Heart Disease

- Atrial septal defects
  - ▶ Size and shape
  - ▶ Rim tissue assessment
- A-V septal defects
- Associated congenital defects
- Complex congenital defects (pediatrics)



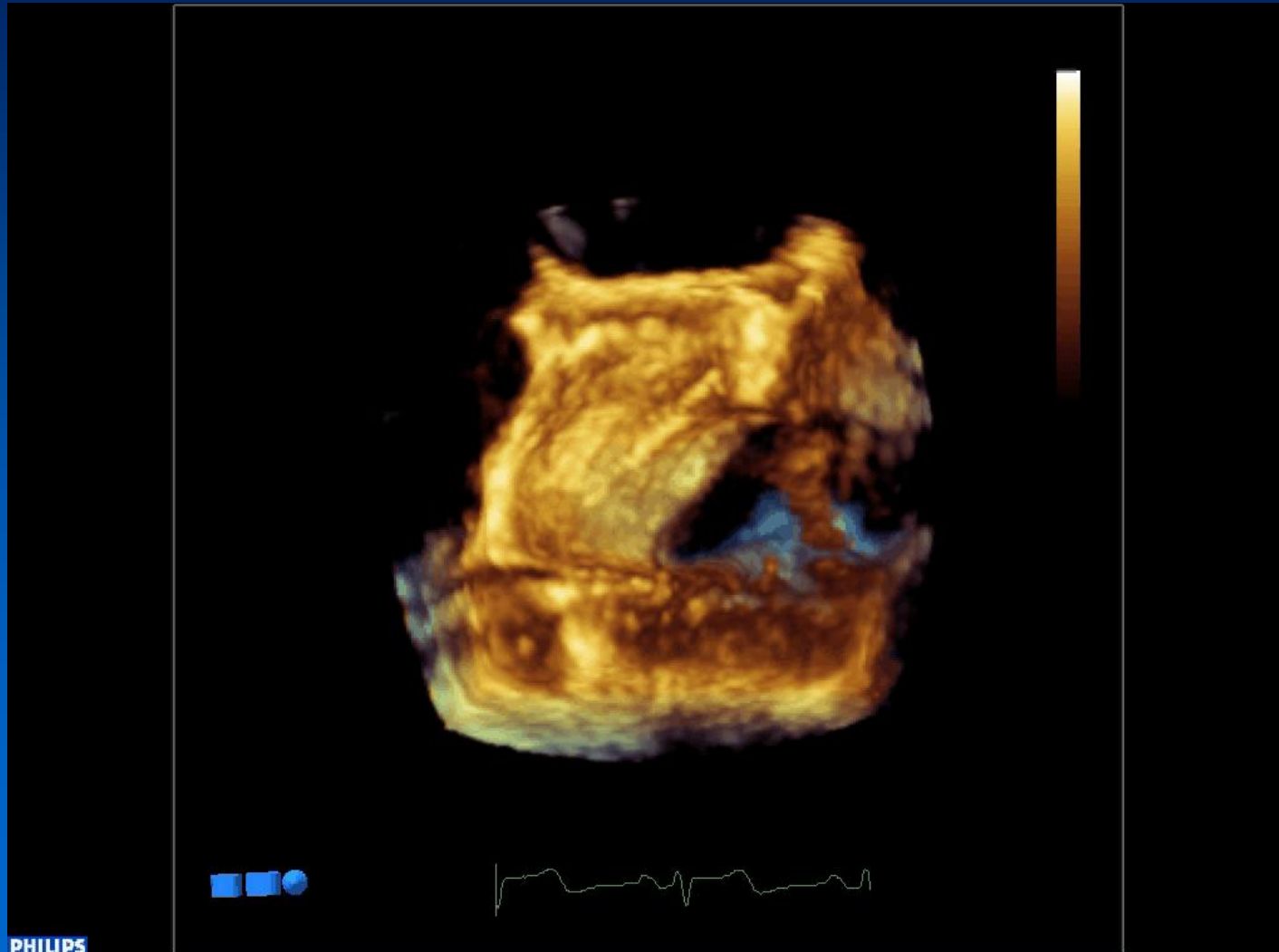
# Atrial Septal Defect

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# Sinus Venous Defect

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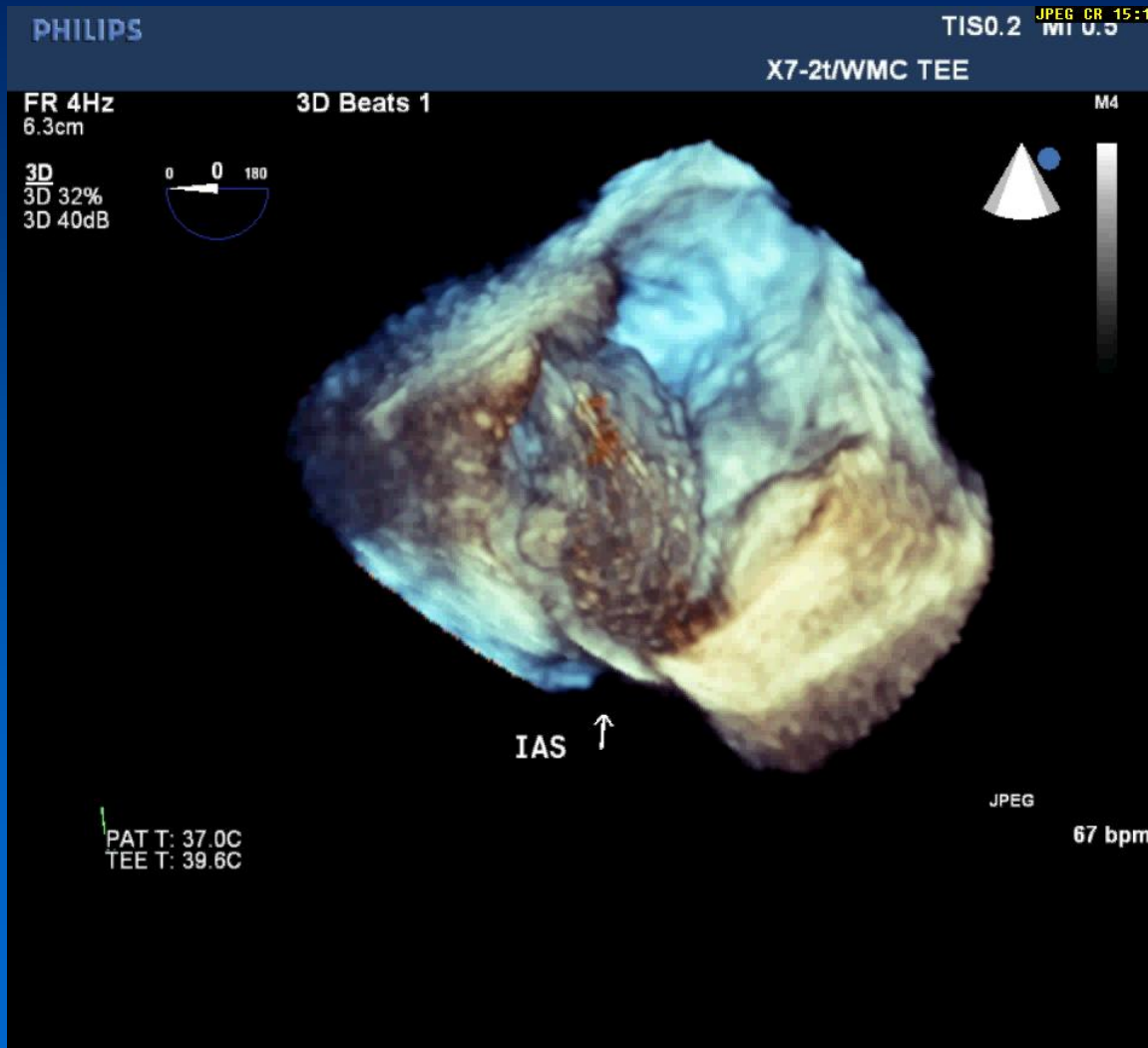
# Current Applications

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## Cardiac Masses

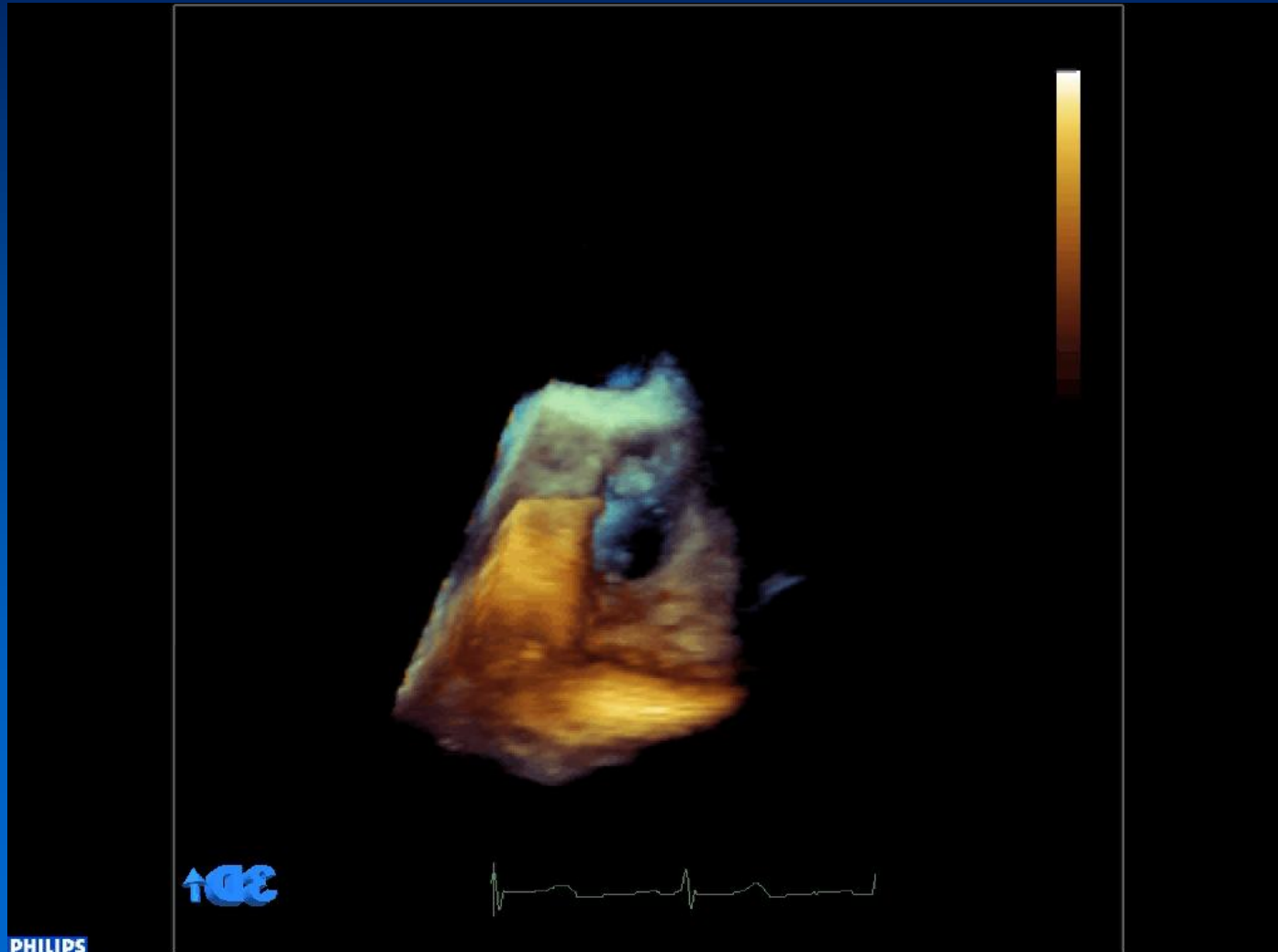
- Assessment of size
- Tissue characterization
  - ▶ Smooth v irregular
  - ▶ Circular v irregular
- Attachment site
- Involvement of adjacent structures

# Myxoma

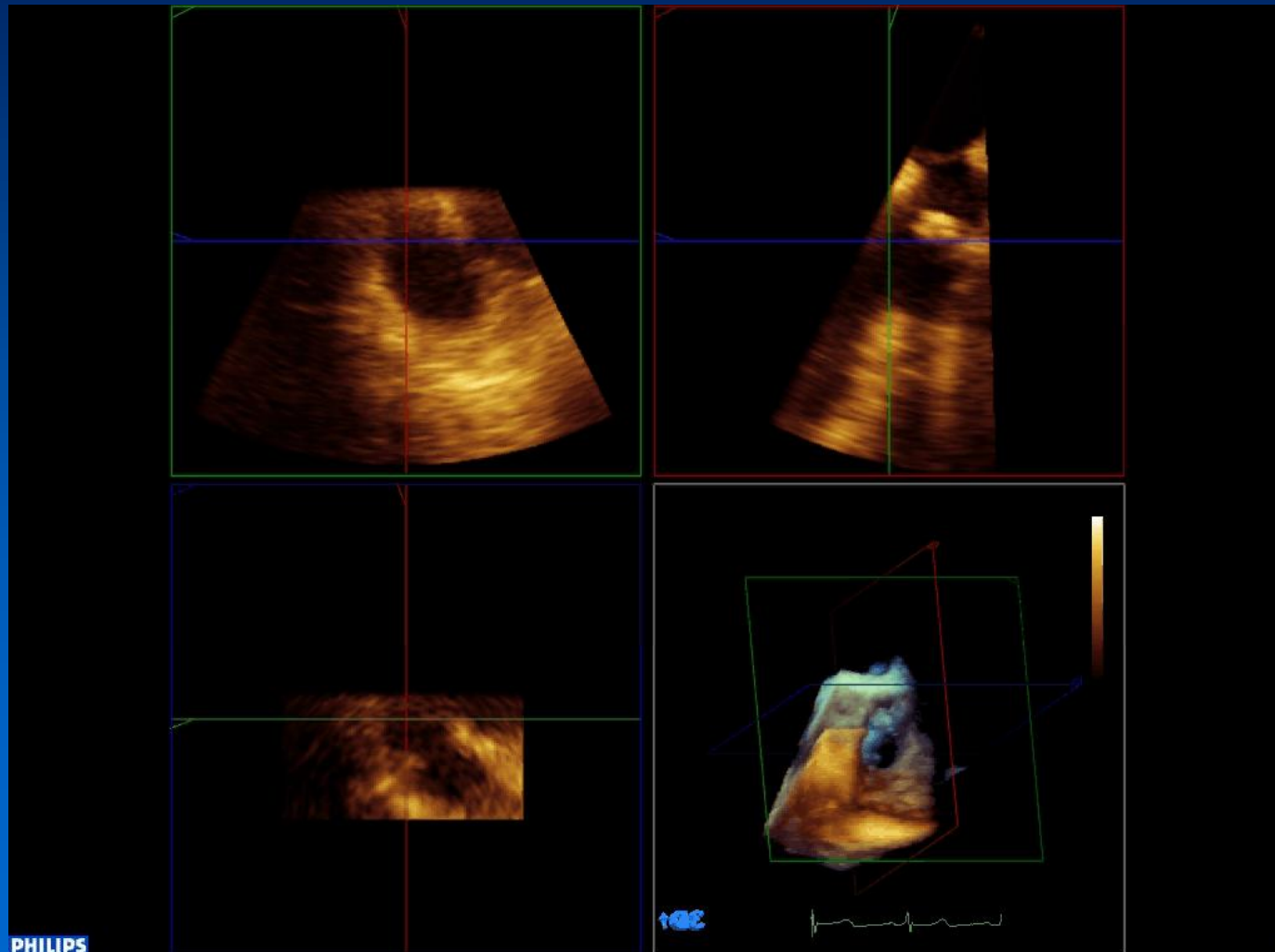


# Right Atrial Mass

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# Right Atrial Mass





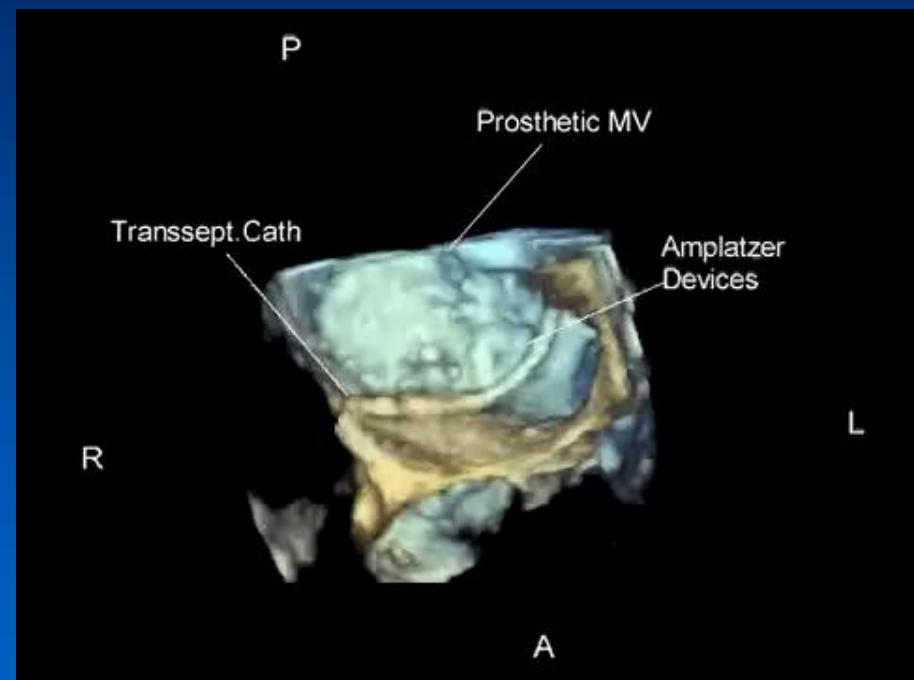
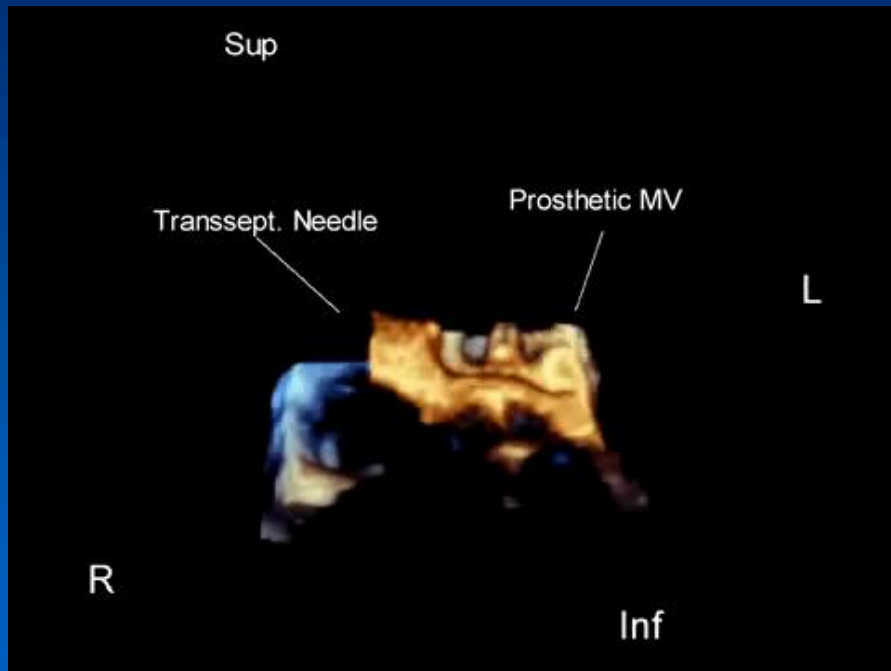
# Echo Therapeutics

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- ASD closure device placement
  - ▶ Assess position
  - ▶ Assess success of closure
- Guidance for right ventricular biopsy
- Mitral valvuloplasty
  - ▶ Pre-assessment of balloon placement
  - ▶ Post-assessment of success

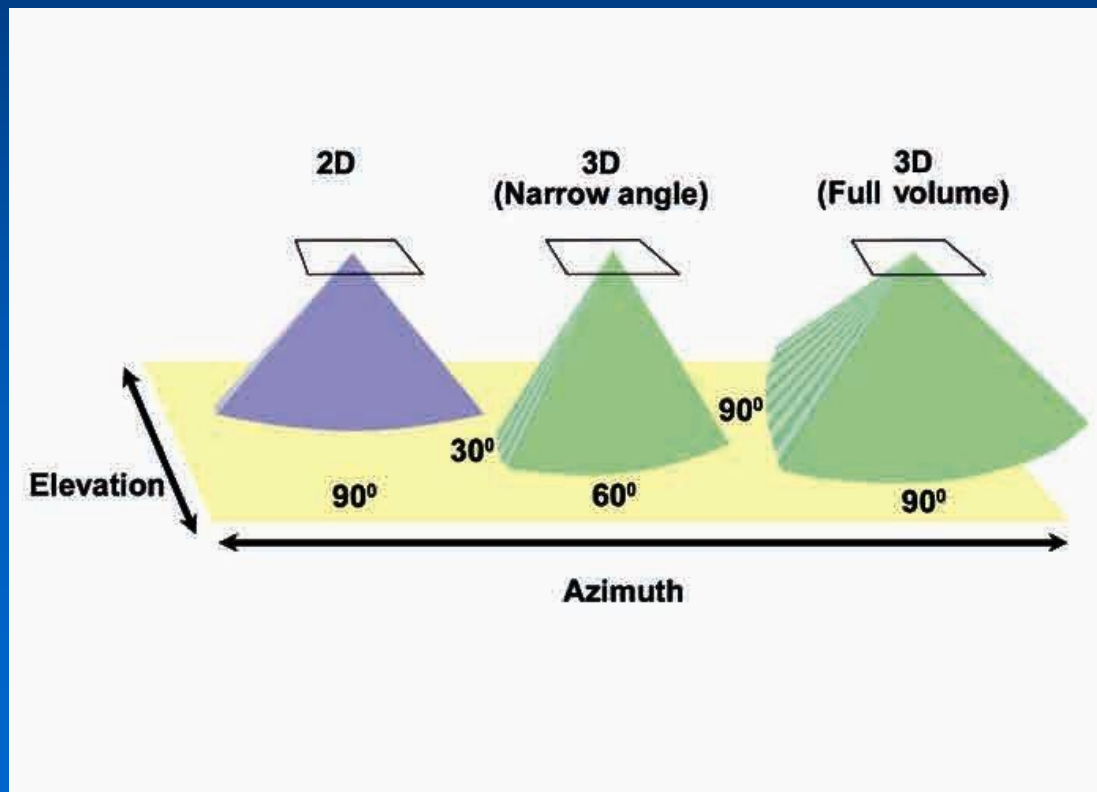
# Trans-Septal Puncture

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# Live 3D Echo

- What 3D adds to the image



# Comparison Study

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## Real-time 3-D Echo to Conventional 2-D

- 106 pts
- 2-D and 3-D echos

<u>Grading Scale</u>	<u>#Cases</u>
▶ A: new findings	7 (7%)
▶ B: additional info	19 (18%)
▶ C: equivalent info	65 (61%)
▶ D: missed findings	15 (14%)

# Comparison Study

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## **New Findings**

- Depth of anterior mitral leaflet cleft
- Shape of ventricular septal defect
- Two pacer wires in venous ventricle
- Leaflet motion in a tissue prosthesis
- Improper tricuspid leaflet coaptation

# Comparison Study

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## Additional Useful Information

- Visualization of myxomatous mitral valve
- Morphology of atrial septal defect
- Mass in left ventricular outflow tract
- Patency of main pulmonary artery
- Stenotic baffle in Mustard case
- Intra-atrial membrane location
- Ventricular septal patch dehiscence
- Location of epicardial fat in pericardial effusion
- Aortic valvular mass
- Aortic valvular morphology
- Mitral valvular mass
- Papillary muscle orientation
- Left ventricular wall-motion abnormality



# Future Applications

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## Transcutaneous Therapy

- Atrial ablation
  - ▶ RA flutter ablation
  - ▶ Pulmonary vein isolation
- Cardiac resynchronization therapy (CRT)
- Delivery of gene therapy

# Future Applications

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## Ischemic evaluation

- Stress echocardiography
  - ▶ Shorter acquisition time
  - ▶ Improved test sensitivity
  - ▶ Less respiratory artifact

# Future Directions

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- On-line analysis
  - ▶ Preset multiple 2-D slices from one 3-D data set
  - ▶ Wall motion analysis
- Transducer improvements
  - ▶ Smaller foot plate for better acoustic window
- Improved image resolution
- Larger image window
- Incorporation into 2-D exam

# 3-D Limitations

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- Image acquisition
  - ▶ Larger footprint limits acoustic window
  - ▶ Heavy transducer
- Image processing
  - ▶ Still time consuming for in depth structural analysis
  - ▶ Standardization needed
- Image analysis
  - ▶ Cardiologists need more exposure

# Questions?

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