

French Institute of Health and Medical Research



Detection of Deeply-Implanted Impedance-Switching Devices Using Ultrasound Doppler

Jean Martial Mari, Cyril Lafon, Jean Yves Chapelon

INSERM U1032 (ex556), France; Université de Lyon, France





► 2 MA procedures compatible with the Ultrasponder approaches





Ultrasponder TX/RX options



- TDMA/Coded sequences require heavier TPDR computational load.
- beam steering is natural to ultrasound imaging.
- SDMA requires scanning space with changing interrogation area.
- transponder may move.
- how to help discriminate the transponder positions from background?





Impedance switching and ultrasound

Ultrasponder communication principle based on passive impedance switching



- ▶ the probe can perform imaging of the search area
- ► the impedance switching is specific to the transponder.
- ▶ it is a discriminating criteria.
- ▶ how to image the flashing aspect of the transponder?
- idea = perform Doppler imaging





Outline

- I. Imaging and Doppler of an impedance switching device.
- II. Acquisitions and results
- **III.** Conclusion





Imaging and Doppler of an impedance switching device.



Why would it show on Doppler image?



French Institute of Health and Medical Research



Imaging and Doppler of an impedance switching device.









Too much reverberation at 1 MHz \rightarrow work @ 5 MHz





Complete example at 5 MHz:



ultrasp@nder



Inserm

French Institute

- excitation length from 25 ns to 3200 ns (min to max possible excitation)
- impedance switching from 100 Hz to 1000 MHz
- Doppler signal by 32 samples @ 40 MHz (400 ns / 616 μm windows)



If the switching frequency is too small, successive shots image the sensor of the transponder in the same state, which makes the Doppler signal constant.
If the switching frequency is too high, averaging/masking of several cycles.
a longer pulse, up to Doppler window length, increases the Doppler amplitude.





Repeatability :

• over 5 repeats for each point.



too low/too high switching frequency reduces the repeatability

▶ above 0.5 kHz, the relative dispersion remains around 5 % and below 10 %









- switching frequency of 200 kHz
- excitation length of 1600 ns (2500 μm)



► longer windows average more cycles, decrease the Doppler signal, and thus reduce the ability to distinguish the transponder.

► smaller windows increase Doppler amplitude, but increases the sensitivity to noise and computational cost.





Impact of incidence angle :

- switching @ 100 kHz
- 1600 ns excitation
- 5 repeats



► ON amplitudes above the OFF amplitudes between -10° and 24°
► range of ≈ 34°





Conclusion

- A SDMA approach is explored for facilitating the transponders detection
- Ultrasound colour Doppler sequence is implemented for a custom probe imaging at 5 MHz
- RF data are collected for different excitation lengths, flashing frequencies and incidence angles.
- Results shows that detection is optimum when
 - Spectral Doppler window is smaller
 - excitation approaches window size
 - switching frequency is in the range of 0.5 kHz and 200 kHz
- the device can be detected over an angle window of around 34°.
- Doppler facilitates the detection but is not a final solution
- detection process requires advanced image processing.
- Still it allows a fast localization of possibly multiple TRPDs which does not require exchange of ID data (simplified transmission protocol) and random energy transmission.



French Institute of Health and Medical Research



Detection of Deeply-Implanted Impedance-Switching Devices Using Ultrasound Doppler

Jean Martial Mari, Cyril Lafon, Jean Yves Chapelon

INSERM U1032 (ex556), France; Université de Lyon, France

