A Robust Particle Filtering Approach with Spatially-dependent Template Selection for Medical Ultrasound Tracking Applications

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Abstract: Tracking moving organs captured by ultrasound imaging techniques is of fundamental importance in many applications, from image-guided radiotherapy to minimally invasive surgery. Due to operative constraints, tracking has to be carried out on-line, facing classic computer vision problems that are still unsolved in the community. One of them is the update of the template, which is necessary to avoid drifting phenomena in the case of template-based tracking. In this paper, we offer an innovative and robust solution to this problem, exploiting a simple yet important aspect which often holds in biomedical scenarios: in many cases, the target (a blood vessel, cyst or localized lesion) exists in a semi-static operative field, where the unique motion is due to organs that are subjected to quasi-periodic movements. This leads the target to occupy certain areas of the scene at some times, exhibiting particular visual layouts. Our solution exploits this scenario, and consists into a template-based particle filtering strategy equipped with a spatially-localized vocabulary, which in practice suggests the tracker the most suitable template to be used among a set of available ones, depending on the proposal distribution. Experiments have been performed on the MICCAI CLUST 2015 benchmark, reaching an accuracy (i.e. mean tracking error) of 1.11 mm and a precision of 1.53 mm. These results widely satisfy the clinical requirements imposed by image guided surgical procedure and show fostering future developments.

1 INTRODUCTION

Surgical practice is constantly replacing traditional invasive approaches with minimally invasive surgeries (MISs), which provide many benefits for the patient such as reduced post-operative complications and faster recovery. These MISs require accurate positioning of the surgical tools to guarantee the correct treatment of the diseased area. Although these procedures could be performed blindly, the introduction of medical image guidance could improve the outcome of the procedure even in case of very complex cases. This image guidance is further important when the target area is moving, for instance due to breathing motions in abdominal and thoracic areas. The tracking of respiratory dynamics requires a real time feedback and error in order of 1 mm to guarantee the expected precision and accuracy of the procedure; moreover, the tracking method should guarantee its processing performance over a long period of time (in the order of several minutes) compatible with the duration of the most critical step of the procedure (De Luca et al., 2013).

Between all the possible image guidance technologies, ultrasound (US) image provides some interesting characteristics that could not be found in other medical image modalities (such as computer tomography (CT) or magnetic resonance imaging (MRI)): US is not based on ionizing radiation, the acquisition device does not require a dedicated room since the scanner is compact and lightweight and US is able to acquire images in real time, with very high acquisition rate up to 100 frames per second. Unfortunately, all these interesting characteristics come at the cost of lower contrast and spatial details compared to other modalities and strong presence of non-Gaussian noise with complex statistical properties, usually referred as speckle. According to (Douglas et al., 2001), the US guided percutaneous procedures are constantly increasing in United States, due to the continuous improvement of scanner technology and lower costs. More than 90% of the total procedures are performed under US guidance for cancer management, which is the second most common cause of death in United States (Siegel et al., 2015).

All the structures in abdominal and pelvic areas

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Figure 1: The figure shows the strong changes in the appearance of different regions of interest, extracted in different temporal and spatial positions of the image sequence. In (a), the original frame extracted from the US sequence MED-05-1 with the regions of interest in the highlighted boxes. From (b) to (d) the appearance of the corresponding regions at different instants of the sequence.

are subjected to breathing motions, that makes really complex an accurate targeting of pathological areas for diagnosis and treatment. These regions have been tracked on US sequences using different approaches: speckle tracking, optical flow, intensitybased, feature-based and hybrid methods (see Section 2 for a review).

In all these cases tracking has to face classical problems which are still of interest in the computer vision community, like the model drifting (Matthews et al., 2004; Rattani et al., 2009). This problem holds in the template-based tracking strategies, where the object to track is modeled by an exemplar; such exemplar has to be chosen in order to match with the moving target, and in principle should be able to cope with changes in appearance, pose, illumination etc. Unfortunately, a single template does not meet these requirements, and strategies of template updating are needed. In general, these strategies modify the appearance of the target to track, employing mechanisms of soft renewal given by online learning techniques (Matthews et al., 2004; Rattani et al., 2009). In biomedical applications, online strategies are often not capable to cope with the dramatic changes that the object of interest undergoes in the target area (as visible in Figure 1), resulting in very frequent tracking failures.

In this paper, we present a tracking approach that represents a valid solution for the problem of the model drifting, which is especially suited to scenarios characterized by the following constraints:

- The sensor that captures the target area is static, that is, the unique motion in the scene is due to foreground entities; one or more of these moving entities are the targets to track;
- The moving entities follow quasi periodic trajectories, possibly changing their appearances drastically and where a given appearance could be statistically associated to a given position in the tracking area.

These constrains are really common in US guided

surgical procedures, since the most common causes of physiological deformation and movements are breathing motions and hearth beat, which are both highly repetitive (despite the temporal frequency may change). Even if we release the first constraint, we can still use an external tracking system to compensate for the movement of the US sensor (Mercier et al., 2005).

An example of such constraints are reported in Figure 1, in which liver vessels subjected to breathing motions and deformations are considered. These requirements are very typical in the case of structures subjected to respiration motion on US sequences: our claim is that these phenomena have been never taken actively into account, and this is a mistake, since on the contrary they could be exploited as advantages.

The proposed approach consists in a particle filtering framework (Isard and Blake, 1998), in which the target is tracked by employing an advanced template matching procedure in the observation step; the novelty lies on the fact that the template is not unique, but it is chosen among a dictionary of templates, and that these templates are selected in dependence on the position in which the target is assumed to be (that is, checking the position of each particle as it is sampled from the proposal distribution). The dictionary is built by a semi-automatic training stage, in which the only supervision required to the user amounts to a selection of a small set of ground truth positions of the target(s) (max 30 locations): once the positions have been defined, a non parametric clustering approach (affinity propagation (Frey and Dueck, 2007)) operating on the x,y coordinates and the visual appearance individuates those zones that more reliably could be represented by a given template. The approach has also a single parameter to set, which is the width of the observation window, plus the duration of the dictionary training stage, which however is usually set by following medical guidelines (see Section 4 for detail). This promotes our approach for practical use by medicians. Also, an automatic procedure to rescue the failure of tracking is proposed exploiting the assumption of the localization of the target.

Extensive experiments have been performed on the MICCAI CLUST 2015 benchmark, showing on 24 video sequences very convincing results; in particular, on the benchmark data we overcome all the comparative baselines, reaching an average accuracy (i.e. mean tracking error) of 1.11 mm and a precision of 1.53 mm. Moreover, these results widely satisfy the clinical requirements imposed by common US guided surgical procedures.

The paper is structured as follows: literature review is presented in Section 2, while in Section 3 the proposed tracking method is described. In Section 4 the evaluation procedure and results are described and discussed, and, finally, Section 5 is left for the conclusion and future development of the proposed method.

2 LITERATURE REVIEW

Considering the physical principles behind US image formation, speckle tracking has been applied to US bidimensional images in (Lubinski et al., 1999), while the tri-dimensional case has been studied in (Harris et al., 2010) and (Lediju et al., 2010). These approaches suffer from the technical and hardware limitations of the actual US scanners and the complex deformation and motion of tissues imaged with US; therefore, these methods do not obtain performance compatible with the challenging clinical conditions. Estimating the optical flow in US image is a very complex problem due to poor data characteristics. Despite all these limits, a differential approach called Iterative Conditional Models (ICM) has been originally introduced in (Geman and Geman, 1984), and later its computational performances have been improved in (Liu, 2009). Phase Congruency (PC) (Kovesi, 2003) is a processing technique based on frequency analysis that is robust to noise, intensity variation and artifacts. As a result of these properties, PC analysis has been used to overcome the described US limitations in different applications in (DallAlba and Fiorini, 2015) (Gautama and Van Hulle, 2002), (Tomasi et al., 2010). Many block matching (BM) methods have been applied to US tracking, for instance a multi-scale approach based on spectral principal component analysis (PCA) (De Luca et al., 2013) is able to obtain tracking accuracy in the order of 1 mm. Other multiscale and iterative approaches have been presented in (Bouguet, 2001) and (Farnebäck, 2003) with comparable results.

A similar approach to BM is Template Matching (TM), where a template is defined at the beginning

of the tracking process and is matched in subsequent images under the assumption of invariant appearance of the template. In US images, it is very difficult that this assumption is satisfied, therefore improved methods have been proposed in literature based on template updating (Matthews et al., 2004; Rattani et al., 2009) or dictionaries (Mei et al., 2007).

Most of the available TM and BM methods are based on raw pixel intensity; instead, feature based methods extract more structured information from US images. Edge information were among the first features used; for instance, in (Guerrero et al., 2007), a probabilistic edge detector method combined with a Kalman filter obtains results comparable to the one of an expert clinician on the segmentation and tracking of vessels. Other methods for the same clinical problem are presented in (Angelova and Mihaylova, 2011) and (Zhang et al., 2010), based respectively on Multi Model Particle Filter and snake segmentation supported by a Bayesian filter. Another type of feature used for US tracking is the salient point extraction, even if it is not clear how to obtain a stable and robust extraction in US images. Despite this limit, salient points have been used for multi-modal image registration in (Wong and Bishop, 2008) and image matching in (DallAlba and Fiorini, 2015).

Hybrid methods have been introduced to overcome the limitations of all the approaches previously described, by combining two or more of them in a single framework. A BM method combining PC and intensity information to define an improved similarity metric is described in (Cifor et al., 2012). The same group extends the previous work for the diffeomorphic registration of 2D images (Cifor et al., 2013). In (König et al., 2014), the authors propose a multiresolution approach for vessel tracking based on rectangular templates for the computation of Normalized Gradient Field (NGF). In (Somphone et al., 2014), a sparse demons approach is proposed for the minimization of tracking drift in long US image sequence, with the goal of minimizing a previously defined energy function (Thirion, 1998).

At this point, one may ask why other modern strategies of tracking cannot be taken into account, as the one of tracking with the support of a detector. The presence of a detector in a tracking pipeline may serve to initialize the tracker with a proper template (Holzer et al., 2015), to create consecutive detections to be associated in the target-by-detection paradigm (Avidan, 2007), to help the tracking in the observation step by suggesting where the object most probably locates (Breitenstein et al., 2009), or to work independently on the tracker in a joint framework, updating its detection model in an online fashion (Kalal et al., 2012). In all the cases, a robust detector has to be available, which is not a standard assumption in the case of biomedical applications, where the object of interest is often poorly distinguishable from the surrounding background and whose appearance changes radically (as visible in Figure 1).

For this reason, other approaches are often taken into account, such as the template-based techniques (previously explained), but also recipes based on Bsplines (Barbosa et al., 2012) or level sets (Dekel et al., 2013).

3 METHOD

The approach follows the standard pipeline of the particle filtering procedure (Isard and Blake, 1998), composed by the phases of *sampling*, *dynamics application* and *observation*, anticipated by a preliminary step of *initialization*. Also, as an extension of the observation phase, a procedure to resolve the tracking failure is proposed. The observation and the initialization steps are the ones which embed the novelties of our approach. In the following, each of these steps will be explained in the details.

3.1 Initialization

The initialization serves to individuate the first position where the object to track is located, but most importantly to build the spatially dependent template dictionary *D* before the tracking starts. To reduce the noise of the images, each frame in the sequences is preprocessed with a median filter, using a square 3×3 support area.

The idea is to let the human operator select a few ground truth points in the image sequence (using a simple interface which can stop/play the streaming to ease the annotation with a single mouse click for each object of interest), storing at each selection the x, ycoordinates and the visual appearance of the object of interest, in terms of an array of grayscale values. Concerning the appearance modeling, the user selects a particular fixed dimension $\mathbf{d} \in \mathbb{R}^2_+$ that individuates a rectangular patch, so that the point selected by the user corresponds to the center of the observation window. The selection of the observation window size is in practice the only parameter the user has to set (in addition to the training points) and the values of all the remaining parameters are dependent on these numbers, which will be kept fixed during the whole tracking procedure. After the template selection, the arrays composed by coordinates and visual appearance of the training locations are given to the affinity propagation clustering approach (Frey and Dueck, 2007), which provides a set of regions in which each one of them is represented by as a single template, as visible in Figure 2. In particular, the affinity propagation builds a similarity matrix *S* between the training arrays, where at position *ij* corresponds the following similarity measure:

$$S(i,j) = \|p_i - p_j\|^2 (ssim(T_{p_i}, T_{p_j}) - 1)$$
(1)

Above, the first factor is the square euclidean distance between the selected training points p_i and p_j , multiplied by a visual similarity score that is modeled by the structural similarity measure (*ssim*) of (Wang et al., 2004), that compares the templates T_{p_i} and T_{p_j} centered in p_i and p_j . In practice, the probability of a point to be the centroid of a cluster augments when the point is far or dissimilar to the others.

The structural similarity exploits the luminance, contrast and structural components of two ndimensional signals and computes a bounded score which describes the perceived quality (or similarity) between them. The ssim function is upper bounded to 1 but is not lower bounded. Despite this fact, we found that considering as zero the negative results of ssim does not provide visible side effects in the proposed system. Based on the S matrix, the affinity propagation algorithm iterates until a partitioning of the training points is obtained, automatically selecting also the number of clusters. In the experiments, approximately 30 training points are required to obtain complete classification from the clustering method, ensuring the convergence of the propagation procedure in less than 200 iterations (see the experiments Section 4). The clustering algorithm returns the dictionary of reference templates. For each cluster, it is selected the nearest point to the centroid, in an euclidean distance sense, and its appearance is used as reference.

3.2 Sampling

Given the initial position of the target to track, a set of np particles is initialized with uniform weight and spread over the location (see later for the automatic selection of np). The spread $\mathbf{g} \in \mathbb{R}^2_+$ is equal to $\mathbf{g} = 0.4\mathbf{d}$, so the 99% of the particles are included in the region of interest. After the first iteration, the sampling stage simply accounts for the previous posterior distribution to select those particles that more probably represent the state of the target. In particular, the state of the target is represented by its location $\mathbf{l}_t = [u \ v]^T$ in terms of centroid of the bounding box and appearance. In conclusion, the state of a particle at time *t* is:

$$x_t = \langle \mathbf{l}_t, T_{\mathbf{l}_t} \rangle \tag{2}$$



Figure 2: The template dictionary is obtained from the clustering of the user annotations and the selection of the most representative template for each cluster. See text for more details. Images (a) and (b) are the original and zoomed frames, where the user selects the target positions used in the training phase; (c) represents the result of the clustering procedure and (d) is the vocabulary built with the nearest elements to the centroid of each cluster.

3.3 Dynamics Application

The dynamics of the target is a probabilistic distribution composed by different elements: **h**, that is the story of the target at the previous time frame t - 1; **f**, that is the averaged intensity and the mean vector of the motion flow modeling the global motion in the observation area, computed over the observation window; finally, a Gaussian random variable, modeling the noise of the sensor. In particular, the history component is the last speed vector computed as the difference between the previous two estimated state locations:

$$\mathbf{h}_t = \mathbf{I}_{t-1} - \mathbf{I}_{t-2} \tag{3}$$

The motion flow is computed using the algorithm proposed by (Liu, 2009), that performs a conjugate gradient analysis based on a multiresolution approach. The method demonstrates a very efficient way to solve the motion flow problem since, instead of considering the entire frame, this algorithm performs the computation only on the observation window of the target. To reduce the noise influence in the motion estimation, an entropy analysis is formulated. Let F be the flow map composed by N speed vectors computed via (Liu, 2009). We introduce the normalized entropy measure

$$H(F) = -\frac{\sum_{i}^{N} F_{i} log_{2} F_{i}}{log_{2} N}$$
(4)

If H(F) is lower than a confidence threshold (in this case 0.05), the flow component **f** is discarded, considering the history twice. The dynamic distribution is obtained from the combination of the previous components, that is

$$\mathbf{l}_{t} = \frac{1}{2}(\mathbf{f} + \mathbf{h}) + \mathcal{N}(\mathbf{l}_{t-1}, \mathbf{g}^{2}),$$
 (5)

where the first and second member are respectively the deterministic and stochastic component.

3.4 Observation

The observation step exploits the dictionary of the templates, which is built in the initialization step (pre-

viously described in Section 3.1). In practice, after the application of the dynamics, each sample has a novel position that is compared against the dictionary created during initialization, selecting the nearest neighborhood in terms of spatial location. This indicates the most suitable template to compare the sample with, where the comparison is carried out using the ssim measure between the observation window centered over the hypothesized sample location and the chosen template. Since the dimensions of the region of interest of the target is fixed (i.e. it is the only free parameter of the proposed method), it is possible to extract a template T_{l_t} from the current frame centered in the target location \mathbf{l}_t . The extracted patch is then compared with the reference dictionary built in the initialization stage by the structural similarity measure, producing the confidence π_t of the current state x_t as:

$$\pi_t = p(x_t) = ssim(T_{\mathbf{l}_t}, D(\mathbf{l}_t))$$
(6)

where $D(\mathbf{l}_t)$ selects from the dictionary the closest reference template to x_t . The extraction probability of a particle depends on its confidence computed at the time t - 1.

This is a hard selection strategy (at the end, one sample is associated with only one template), which has been compared against a soft variation (the sample is assigned to a mixture of templates, each of them weighted by a quantity proportional to the distance w.r.t. the sample) without exhibiting clear advantages. Therefore, it has been preferred the hard selection option, which in addition is faster in terms of computational performance.

3.5 **Rescue Procedure**

Tracking failures occur when a few frames are lost or the instantaneous motion of the target is greater than the observation window size. When the system loses the target, we notice a unique behaviour in the likelihood function estimation that drops to 20% of confidence, as shown in Figure 3. Also, if the target is lost it is reasonable to assume that it is located in the neighborhood of the last valid estimated status of the tracker.

Following these assumptions, we propose here a rescue procedure, which is triggered when the likelihood function returns a value $L \in [0, 1]$ below a user defined threshold $\theta \in [0, 1]$. The strategy consists in temporarily disabling the deterministic component and amplifying the stochastic gain **g**, which becomes:

$$\mathbf{g} = \frac{2 - L}{2.5} \mathbf{d} \tag{7}$$

Due to experimental evidence (on a small subset of sequences), we define $\theta = 0.2$. The deactivation of the deterministic component is necessary because we do not know what causes the loss of the target. The rescue procedure gives robustness to the system, avoiding the manual reinitialization by the user. When $L \ge \theta$ the spread **g** returns to its original value as described in Section 3.2.

4 EXPERIMENTS

The proposed algorithm needs the tuning of only one parameter: the dimensions of the observation window $\mathbf{d} \in \mathbb{N}^2_+$. Concerning the number of breathing cycles $nbc \in \mathbb{N}$ during which the user selects the training points, we set it equal to 10 as suggested in (De Luca et al., 2013). Please note that there are other two parameters the user could optionally tune: the number of particles $np \in \mathbb{N}$ and the gain $\mathbf{g} \in \mathbb{R}^2_+$ of the stochastic component of each particle filter. We propose an autotuning procedure to avoid any calibration phase. Once the user has set the dimensions of the windows, we compute the other parameters as:

$$np = \frac{1}{4} \|\mathbf{d}\|^2 \tag{8}$$

$$\mathbf{g} = \frac{1}{2.5}\mathbf{d} \tag{9}$$

The equation 8 gives a good compromise between efficiency and robustness of the system. The gain in equation 9 is set to include the 99% of the particles in the observation window assuming normal distribution.

4.1 Benchmarks

We evaluate our system on the training data from the MICCAI CLUST 2015 benchmark (only training data are available at the moment of writing, since testing data will be released after the publication of the CLUST 2015 results), composed of 24 US sequences, that we call *datasets* in the rest of the paper. The

benchmark is subdivided in four categories according to the US setup used for the image acquisition: CIL (2 vids), ETH (12 vids), ICR (4 vids) and MED (8 vids). Each image sequence has duration between 1 and 10 minutes, with a mean number of frames of 3408 ± 1142 . Detailed information about each dataset are reported in Table 1.

Table 1: Datasets statistics. Im.res indicates the real size that corresponds to one pixel in the scene.

Dataset	Num.	Im.rate	Im.res.	Num.
Name	Imgs.	(Hz)	(mm)	Points
CIL-01	1342	18	0.50	2
CIL-02	1075	18	0.50	1
ETH-01-1	3652	25	0.71	2
ETH-01-2	4650	25	0.71	2
ETH-02-1	2620	16	0.40	1
ETH-02-2	4878	16	0.40	1
ETH-03-1	4588	17	0.36	1
ETH-03-2	4191	17	0.36	1
ETH-04-1	5247	15	0.42	2
ETH-04-2	4510	15	0.42	2
ETH-05-1	4615	15	0.40	2
ETH-05-2	3829	15	0.40	2
ICR-01	4858	18	0.41	3
ICR-02	3481	18	0.41	2
ICR-03	3481	18	0.41	3
ICR-04	3481	18	0.41	4
MED-01-1	2455	20	0.41	3
MED-02-1	2458	20	0.41	3
MED-02-2	2443	20	0.41	3
MED-02-3	2436	20	0.41	5
MED-03-1	2442	20	0.41	2
MED-03-2	2450	20	0.41	3
MED-04-1	3304	20	0.41	1
MED-05-1	3304	20	0.41	2

The benchmark provides ground truth measurements that consist in the coordinates of the targets for a subset of all the frames (approximately 10%). To compare our system with other approaches we compute three score values, according to the ones used in the original benchmark: mean tracking error (MTE) for the accuracy, that is the mean of the absolute position error between our measurements and the ground truth annotations, the standard deviation (STD), that is calculated as the norm of the square root of position error variance, and the 95th percentile of the position errors. Lower values indicate better performance.

To better understand the contribution of each part of the proposed method, we consider the following cases:

- **B Base** : the dictionary only contains the first observation window centered on the target;
- **R Rescue** : as the previous case, but with the addi-



Figure 3: The figure shows the likelihood estimation of the target in the ETH-03-2 dataset before and after the activation of the rescue procedure (respectively the upper and lower images). After the tracking error at frame 255, the target is lost by the tracking system. The oscillations in the lower image are due to the breathing of the patient. On the axes, the number of frames (X) and the normalized confidence (Y).

tion of the rescue procedure;

Table 2: Results of the proposed method on differentdatasets. Error in millimiters.

- **D Dictionary** : the dictionary is introduced as described in Section 3;
- **RD Rescue+Dictionary** : the combination of the previous case and the rescue procedure.

The results of each considered case are presented in Table 2.

The results of the D-case demonstrate the positive impact of the template dictionary if compared to the B-case, showing a best accuracy and precision in almost all the sequences. Concerning the rescue procedure (R-case), its activation improves the accuracy performance by 10% if compared to the B-case. When both dictionary and rescue procedure are employed (RD-case), the performance of the method decreases the tracking error of 10% if compared the previous cases. In particular, if compared with the Bcase, the impact of the dictionary and the rescue procedure improves the overall performance of more than 30%. These final results demonstrate the accuracy of the method, which is slightly higher than 1 mm. This is an interesting result if compared to clinical requirements (Keall et al., 2006; Shirato et al., 2007) where high accuracy and robustness are foundamental characteristics. If compared with the CLUST 2014 works, that are shown in Table 3, our algorithm achieves competitive results.

The results of the RD-case prove the necessity of a rescue procedure to give robustness against tracking errors. Despite the simplicity of the proposed approach, the results are very encouraging.

Another interesting comparison is made with the approach proposed by (De Luca et al., 2013). Using affine registration, the method achieves an accuracy of 0.9 mm but requires manual reinitialization when a frame drop accours. Also, the algorithm is computationally expensive and does not ensure real-time

			Base	R	D	RD
		MTE	1.71	1.62	1.38	1.28
	CIL	STD	1.58	1.58	1.13	1.09
		95P	2.67	2.50	1.91	1.72
		MTE	2.20	1.58	1.16	1.06
	ETH	STD	2.37	2.03	1.68	1.69
		95P	5.93	5.21	3.16	2.31
		MTE	0.83	0.77	0.75	0.69
	ICR	STD	1.04	0.98	1.11	1.11
		95P	1.59	1.46	1.46	1.26
		MTE	1.74	1.92	1.77	1.41
	MED	STD	2.40	2.72	2.86	2.22
		95P	5.30	5.60	6.80	3.84
		MTE	1.62	1.47	1.23	1.11
	Total	STD	1.85	1.83	1.70	1.53
		95P	3.87	3.69	3.33	2.28

Table 3: CLUST 2014 challenge results of 2D pointlandmark tracking. Results are in millimetres and ranked according to increasing mean tracking error.

	MTE	STD	95P
(König et al., 2014)	1.51	1.88	4.06
(Rothlübbers et al., 2014)	1.52	1.38	4.08
(Kondo, 2014)	1.83	3.16	4.82
(Benz et al., 2014)	1.84	2.42	5.34
(Lübke and Grozea, 2014)	1.91	2.47	5.32
(Somphone et al., 2014)	2.00	2.87	5.59
(O'Shea et al., 2014)	2.61	3.78	7.98

processing. A second solution uses a fast BM approach that achieves lower accuracy (2.18 mm). With a preliminary training approach, similar to the one proposed in our work, (De Luca et al., 2013) reaches an accuracy of 0.84 mm in the first case and 0.97 in the second one. Our solution overcomes the computational complexity of the referred solution exploiting

a fast particle filter approach with an acceptable decrease in the results. The proposed method works up to 15 Hz and the computational complexity for one instance of the system (each instance is a single target) is proportional to the number of particles, for each one we calculate the structural similarity, and the size of the observation window. The complexity is then $O(\|\mathbf{d}\|^4)$ but, since the observation windows are usually small (in the order of 20×20 pixels) the high exponent is not a significant limitation.

Our algorithm runs up to 15 Hz in Matlab R2015a on a Intel Core i7-2670QM@2.2GHz and achieves a mean accuracy of 1.11 ± 1.53 mm with a mean 95^{th} percentile of 2.28 mm when frame drops occur. The reference vocabulary gives a significant boost in the accuracy results, but only with the rescue procedure the system achieves robustness against outliers.

5 CONCLUSIONS AND FUTURE WORKS

In this paper a novel approach for tracking in 2D US image sequences is proposed. The presented technique consists in a particle filter framework in which the target is tracked exploiting its semi-periodic dynamics and by building a spatially-localized vocabulary with a semi-automatic learning phase. Also, a rescue procedure is developed to face the problem of fast movements of the scene or frame drops. Our method takes advantage from the intrinsic noise robustness of the CONDENSATION algorithm (Isard and Blake, 1998), the structural similarity measure (Wang et al., 2004) that evaluates the similarity between two images in a perception sense and the fast optical flow approach proposed by (Liu, 2009). Also, the proposed approach requires the tuning of only one parameter, that is the dimensions of the observation window.

The results confirm our assumptions about the modeling of the variation of the appearance of the target by exploiting the periodicity of the dynamics. Using a single template as reference is a fast solution but suffers from significant variations of the template. The vocabulary allows to better describe the appearance model and the space where the target moves, giving robustness to the system. Unfortunately, the vocabulary does not manage degenerated cases like frame drops or fast movements of the scene. The proposed rescue procedure allows to resolve these problems and gives a significant boost to the overall performance. Results are very promising if compared with the clinical requirements and the state-of-the-art solutions.

Future works include a CPU/GPU implementation to further reduce the lag caused by the computational complexity. Other optimizations may concern the usage of a faster image similarity metrics and optical flow algorithm, especially for a possible 3D extension. Also, the median filter used to reduce the noise should be used only in the neighborhood of the target.

REFERENCES

- Angelova, D. and Mihaylova, L. (2011). Contour segmentation in 2d ultrasound medical images with particle filtering. *Machine Vision and Applications*, 22(3):551– 561.
- Avidan, S. (2007). Ensemble tracking. Pattern Analysis and Machine Intelligence, IEEE Transactions on, 29(2):261–271.
- Barbosa, D., Bernard, O., Heyde, B., Dietenbeck, T., Houle, H., Friboulet, D., and D'hooge, J. (2012). B-spline explicit active tracking of surfaces (beats): Application to real-time 3d segmentation and tracking of the left ventricle in 3d echocardiography. In Ultrasonics Symposium (IUS), 2012 IEEE International, pages 224– 227. IEEE.
- Benz, T., Kowarschik, M., and Navab, N. (2014). Kernelbased tracking in ultrasound sequences of liver. *Challenge on Liver Ultrasound Tracking CLUST 2014*, page 21.
- Bouguet, J.-Y. (2001). Pyramidal implementation of the affine lucas kanade feature tracker description of the algorithm. *Intel Corporation*, 5:1–10.
- Breitenstein, M. D., Reichlin, F., Leibe, B., Koller-Meier, E., and Van Gool, L. (2009). Robust tracking-bydetection using a detector confidence particle filter. In *Computer Vision, 2009 IEEE 12th International Conference on*, pages 1515–1522. IEEE.
- Cifor, A., Risser, L., Chung, D., Anderson, E. M., Schnabel, J., et al. (2012). Hybrid feature-based log-demons registration for tumour tracking in 2-d liver ultrasound images. In *Biomedical Imaging (ISBI), 2012 9th IEEE International Symposium on*, pages 724–727. IEEE.
- Cifor, A., Risser, L., Chung, D., Anderson, E. M., Schnabel, J., et al. (2013). Hybrid feature-based diffeomorphic registration for tumor tracking in 2-d liver ultrasound images. *Medical Imaging, IEEE Transactions on*, 32(9):1647–1656.
- DallAlba, D. and Fiorini, P. (2015). Bipco: ultrasound feature points based on phase congruency detector and binary pattern descriptor. *International journal of computer assisted radiology and surgery*, 10(6):843– 854.
- De Luca, V., Tschannen, M., Székely, G., and Tanner, C. (2013). A learning-based approach for fast and robust vessel tracking in long ultrasound sequences. In *Medical Image Computing* and Computer-Assisted Intervention–MICCAI 2013, pages 518–525. Springer.

- Dekel, S., Sochen, N., and Avidan, S. (2013). *Incremental Level Set Tracking*. Springer.
- Douglas, B. R., Charboneau, J. W., and Reading, C. C. (2001). Ultrasound-guided intervention: Expanding horizons. *Radiologic Clinics of North America*, 39(3):415 – 428.
- Farnebäck, G. (2003). Two-frame motion estimation based on polynomial expansion. In *Image Analysis*, pages 363–370. Springer.
- Frey, B. J. and Dueck, D. (2007). Clustering by passing messages between data points. *science*, 315(5814):972–976.
- Gautama, T. and Van Hulle, M. M. (2002). A phase-based approach to the estimation of the optical flow field using spatial filtering. *Neural Networks, IEEE Transactions on*, 13(5):1127–1136.
- Geman, S. and Geman, D. (1984). Stochastic relaxation, gibbs distributions, and the bayesian restoration of images. *Pattern Analysis and Machine Intelligence*, *IEEE Transactions on*, (6):721–741.
- Guerrero, J., Salcudean, S. E., Mcewen, J., Masri, B., Nicolaou, S., et al. (2007). Real-time vessel segmentation and tracking for ultrasound imaging applications. *Medical Imaging, IEEE Transactions on*, 26(8):1079– 1090.
- Harris, E. J., Miller, N. R., Bamber, J. C., Symonds-Tayler, J. R. N., and Evans, P. M. (2010). Speckle tracking in a phantom and feature-based tracking in liver in the presence of respiratory motion using 4d ultrasound. *Physics in medicine and biology*, 55(12):3363.
- Holzer, S., Ilic, S., Tan, D., Pollefeys, M., and Navab, N. (2015). Efficient learning of linear predictors for template tracking. *International Journal of Computer Vision*, 111(1):12–28.
- Isard, M. and Blake, A. (1998). Condensationconditional density propagation for visual tracking. *International journal of computer vision*, 29(1):5–28.
- Kalal, Z., Mikolajczyk, K., and Matas, J. (2012). Trackinglearning-detection. *Pattern Analysis and Machine Intelligence, IEEE Transactions on*, 34(7):1409–1422.
- Keall, P. J., Mageras, G. S., Balter, J. M., Emery, R. S., Forster, K. M., Jiang, S. B., Kapatoes, J. M., Low, D. A., Murphy, M. J., Murray, B. R., et al. (2006). The management of respiratory motion in radiation oncology report of aapm task group 76a). *Medical physics*, 33(10):3874–3900.
- Kondo, S. (2014). Liver ultrasound tracking using longterm and short-term template matching. *Challenge on Liver Ultrasound Tracking CLUST 2014*, page 13.
- König, L., Kipshagen, T., and Rühaak, J. (2014). A non-linear image registration scheme for real-time liver ultrasound tracking using normalized gradient fields. *Challenge on Liver Ultrasound Tracking CLUST 2014*, page 29.
- Kovesi, P. (2003). Phase congruency detects corners and edges. In *The australian pattern recognition society conference: DICTA 2003.*
- Lediju, M., Byram, B. C., Harris, E. J., Evans, P. M., Bamber, J. C., et al. (2010). 3d liver tracking using a matrix array: Implications for ultrasonic guidance of imrt.

In Ultrasonics Symposium (IUS), 2010 IEEE, pages 1628–1631. IEEE.

- Liu, C. (2009). Beyond pixels: exploring new representations and applications for motion analysis. PhD thesis, Citeseer.
- Lubinski, M., Emelianov, S. Y., O'Donnell, M., et al. (1999). Speckle tracking methods for ultrasonic elasticity imaging using short-time correlation. Ultrasonics, Ferroelectrics, and Frequency Control, IEEE Transactions on, 46(1):82–96.
- Lübke, D. and Grozea, C. (2014). High performance online motion tracking in abdominal ultrasound imaging. *Challenge on Liver Ultrasound Tracking CLUST* 2014.
- Matthews, I., Ishikawa, T., and Baker, S. (2004). The template update problem. *IEEE Transactions on Pattern Analysis & Machine Intelligence*, (6):810–815.
- Mei, X., Zhou, S. K., and Porikli, F. (2007). Probabilistic visual tracking via robust template matching and incremental subspace update. In *Multimedia and Expo*, 2007 IEEE International Conference on, pages 1818– 1821. IEEE.
- Mercier, L., Langø, T., Lindseth, F., and Collins, L. D. (2005). A review of calibration techniques for freehand 3-d ultrasound systems. *Ultrasound in medicine* & *biology*, 31(2):143–165.
- O'Shea, T., Bamber, J., and Harris, E. (2014). Liver feature motion estimation in long high frame rate 2d ultrasound sequences. *Challenge on Liver Ultrasound Tracking CLUST 2014*.
- Rattani, A., Freni, B., Marcialis, G. L., and Roli, F. (2009). Template update methods in adaptive biometric systems: a critical review. In *Advances in Biometrics*, pages 847–856. Springer.
- Rothlübbers, S., Schwaab, J., Jenne, J., and Günther, M. (2014). Miccai clust 2014: Bayesian real-time liver feature ultrasound tracking. *Challenge on Liver Ultrasound Tracking. MICCAI*, pages 45–52.
- Shirato, H., Shimizu, S., Kitamura, K., and Onimaru, R. (2007). Organ motion in image-guided radiotherapy: lessons from real-time tumor-tracking radiotherapy. *International Journal of Clinical Oncology*, 12(1):8– 16.
- Siegel, R. L., Miller, K. D., and Jemal, A. (2015). Cancer statistics, 2015. CA: A Cancer Journal for Clinicians, 65(1):5–29.
- Somphone, O., Allaire, S., Mory, B., and Dufour, C. (2014). Live feature tracking in ultrasound liver sequences with sparse demons. *Challenge on Liver Ultrasound Tracking CLUST 2014*, page 53.
- Thirion, J.-P. (1998). Image matching as a diffusion process: an analogy with maxwell's demons. *Medical image analysis*, 2(3):243–260.
- Tomasi, M., Barranco, F., Vanegas, M., Díaz, J., and Ros, E. (2010). Fine grain pipeline architecture for high performance phase-based optical flow computation. *Journal of Systems Architecture*, 56(11):577–587.
- Wang, Z., Bovik, A. C., Sheikh, H. R., and Simoncelli, E. P. (2004). Image quality assessment: from error visibil-

A Robust Particle Filtering Approach with Spatially-dependent Template Selection for Medical Ultrasound Tracking Applications

ity to structural similarity. *Image Processing, IEEE Transactions on*, 13(4):600–612.

- Wong, A. and Bishop, W. (2008). Efficient least squares fusion of mri and ct images using a phase congruency model. *Pattern Recognition Letters*, 29(3):173–180.
- Zhang, X., Günther, M., and Bongers, A. (2010). Real-time organ tracking in ultrasound imaging using active contours and conditional density propagation. In *Medical Imaging and Augmented Reality*, pages 286–294. Springer.

