

The Rapapeutic and Diagnostic Applications of Ultra Sound

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Abstract:

An examination of the progression of ultrasound technology throughout history. The study of sound waves commenced in 1822 with the pioneering work of Swiss physicist Dile Kowalden. Kowalden, who

hailed from Switzerland, conducted experiments to determine the speed of sound using a water bell in Lake Geneva. In 1877, the scientist Lord Rayleigh developed a sound theory that elucidated the fundamental principles of sound waves, including their transmission and reverberation. The research persisted until the development of the inaugural sound radar system, commonly referred to as Sonar, in the United States in 1914. This system was primarily designed for maritime navigation and to detect the presence of German marines during the First World War. Ultrasound scans are typically enduring, yet devoid of pain, as they do not involve any injections or needles. Ultrasound imaging is widely utilized and user-friendly due to its lower cost compared to other imaging modalities. Ultrasound imaging is highly secure and does not involve the use of ionizing radiation. Ultrasound imaging provides precise visualizations of soft tissues that are not easily discernible through X-rays. Ultrasound imaging is the preferred modality for diagnosing and visualizing the fetus in pregnant women. Ultrasound imaging provides real-time images, making it an effective tool for guiding minimally invasive procedures like needle endoscopy or fluid withdrawal. Diagnostic ultrasound imaging was not known to have any adverse effects on humans.

Keywords: water bell, radar system, transmission, reverberation

Introduction

An analysis of the evolutionary development of ultrasound devices. The investigation of sound waves began in 1822 with the groundbreaking research conducted by Swiss physicist Dile Kowalden. Kowalden, a native of Switzerland, sought to ascertain the speed of sound through a series of experiments involving his water bell in Lake Geneva. In 1877, Lord Rayleigh, a scientist, formulated a comprehensive theory that explained the fundamental principles of sound waves, encompassing their propagation and reflection. The research continued until the creation of the first sound radar system, commonly known as Sonar, in the United States in 1914. The main purpose of this system was to facilitate maritime navigation and identify the presence of German naval forces during the First World War. The medical application of ultrasound began in the early 1940s, when the Austrian neurologist Carl Theodo became the first physician to use ultrasound for medical diagnosis. Nevertheless, he faced difficulties due to the skull bones' absorption of a substantial amount of the ultrasound energy. The user's text is "1.2.3". Through a comprehensive collaboration involving physicists, mechanical, electrical, and biological engineers, doctors, computer programmers, researchers, and government support, ultrasound diagnostics have achieved notable progress in the domains of neurology, heart, and eye clinics. Radiologist Douglas Hori at the University of Colorado in Dungar pursued the objective of developing B-Mode ultrasound waves, which have the ability to penetrate tissues and enable the examination of anatomical organs. Hori collaborated with nephrologist Joseph Hummels, who advanced medical research in this field with the support of scientists and engineers Bells and Bosaconi. The utilization of the B-Mode system commenced in 1951 with the advent of the inaugural two-dimensional ultrasound apparatus. The devices in this system were mobile, although they were quite large. The patient must immerse themselves in water, either completely or partially, and remain still for a long period of time. As a result of this requirement, it has become impractical and unfeasible to find such facilities in specialized clinics. By late 1955, there were attempts to increase the sensitivity, decrease the size, and enhance the ease of examination of these devices, ultimately resulting in their integration into the arm. The portable metallic

item is situated at the specified location for examination. The field of ultrasound experienced a notable revolution in the 1980s with the advent of the real-time scanner. This technology, referred to as live imaging or two-dimensional B-Mode, enables the observation of the fetus inside the mother's womb, including its movements, behaviors, heartbeat, and breathing. In 1985, a revolutionary device was unveiled in Germany, representing the initial substantial progress in this particular domain. In the 1980s, manufacturers of ultrasound devices fiercely competed to create the most accurate and visually distinct images. Hence, the notable advancements in the field of obstetrics and gynecology, particularly in the domains of fetal diagnosis and ensuring fetal safety, have become apparent. Due to historical advancements in ultrasound technology and scientific revolutions in various fields, two-dimensional ultrasound devices have become unparalleled in meeting the demands of the modern era. Sufficient. In order to capture clear and lifelike images of the processes taking place inside the human body, scientists have started utilizing the third dimension, building upon their previous accomplishments. In 1984, a publication on the three-dimensional system (consisting of length, width, and depth or height) was released at the University of Tokyo in Japan. In 1986, researchers successfully utilized computer technology to generate a three-dimensional representation of a fetus from a two-dimensional image. After the development of self-governing three-dimensional ultrasound devices, a notable problem emerged concerning the extended duration needed to record each clip, exceeding ten minutes. This makes it inconvenient for both the attending physician and the patient to use, thus impeding its potential for commercialization. In 1989, Austria successfully introduced the first commercially available three-dimensional ultrasound device after significant efforts and continuous advancements. This development gained significant traction globally, especially in Japan, Austria, Britain, Canada, and China. The progress persisted until the emergence of the concept of four-dimensional imaging in London in 1996. Embrace the idea of three-dimensionality, where the temporal dimension (the fourth dimension) is incorporated to create a realistic and practical representation. The current state of affairs is a result of notable progress in the field of computer science and the impressive velocity of computer processing, which has consequently brought us to the subject matter being discussed. The number 5.6 is represented. Ultrasound is a medical imaging technique that employs sound waves with frequencies higher than 20 kilohertz, which are outside the range of frequencies that can be heard by humans.

These medical devices are dependent on the utilization of ultrasound waves in order to function properly. Objects are illuminated by incident light and subsequently reflect it, analogous to the way a bat utilizes ultrasound waves for navigation in the absence of light. Through the use of ultrasound waves and the detection of their reflections, the bat is able to navigate and fly at night without relying on its vision. This allows the bat to determine the location of objects on its own. In the ocean, whales take advantage of ultrasound waves, which are also utilized by marine submarines as a radar tool for the purpose of detecting hostile submarines operating in the deep sea. Pulses of high-frequency sound waves, typically consisting of frequencies ranging from 1 to 5 MHz, are emitted by the ultrasound device. Through the utilization of a specialized probe, these waves are directed toward the human body. As ultrasound waves travel through the human body, they interact with the boundaries and interfaces that exist between the various components of the body. These include the interstitial fluids that are found between the layers of skin as well as the interface that exists between the skin and the bone layer. Certain ultrasound waves are able to reflect off of the interfaces that exist between various parts of the human body and return to the probe. On the other hand, the remaining ultrasound waves continue to penetrate deeper layers of the body in order to reach other interfaces and then reflect back to the probe. The ultrasound waves that have

traveled through the layers of the human body are detected by the probe, and then they are transmitted to the ultrasound device. Through the utilization of the velocity of ultrasound waves in the human body, which is approximately 1540 meters per second, the ultrasound device is able to determine the distance between the probe and the reflecting layer of a solid or organ. This is accomplished by calculating the time it takes for the waves to return to the probe, which is typically measured in microseconds. A two-dimensional representation of the distance and intensity is provided by the ultrasound device. This representation illustrates the correlation between the distance and the intensity of the signal that is reflected from the human body. The visual representation that can be seen on the ultrasound device is created by the distribution of the data into different categories. When an ultrasound imaging session is being performed, the ultrasound device will send out a large number of light pulses in the direction of the body and will then detect the return of these pulses. In order to generate the image that is observed, the waves are subjected to analysis, and the distance that they travel is the subject of calculation. It is possible to capture images from a variety of perspectives by moving the sensor to a variety of different positions. The text "(9.10)" that was entered by the user is not changed. It is of the utmost importance that the probe, which is the primary component of ultrasound devices, be used. The primary purpose of the sensor is to send out sound waves and then identify the echoes that are produced when the waves return to the sensor after they have been reflected off of an object. It is comparable to the process of verbal communication, which includes both listening and speaking during the exchange of information.

The person is able to notice the sound waves of the ultrasound. The operation of the sensor is achieved through the utilization of a fundamental physical principle known as the piezoelectric effect. The phenomenon, which was first observed by scientists Pierre and Jacques Curie in the year 1880, is related to the generation of electrical energy as a consequence of the application of pressure.

A crystal made of quartz is the object that is being discussed here. Putting the quartz crystal through the motions of an electric current causes it to go through a series of rapid changes in its shape, which ultimately results in the generation of sound waves through the use of extremely rapid vibrations. On the other hand, when sound waves collide with one another, they cause vibrations in the crystal, which ultimately results in the generation of an internal electric current. Because of this, the quartz crystal can be utilized for both the transmission and reception of ultrasound waves, in addition to serving as a material that absorbs sound in order to prevent any interference between the sound that is transmitted and the sound that is reflected.

In addition to this, the sensor is fitted with an acoustic lens, which serves the purpose of concentrating the sound waves that are emitted by the sensor.

In order to meet the specific imaging requirements of various regions that make use of the ultrasound device, these sensors are manufactured in a variety of shapes and dimensions. Sensors can consist of a number of quartz crystals, and each crystal requires its own individual electrical circuit in order to function properly. It is "(11.12)" that the user has entered. The time difference between the sound waves that are generated by each crystal can be adjusted with the help of these sensors, which are equipped with multiple crystals themselves. This makes it easier for ultrasound waves to be guided where they need to go within the body. The number 16 is the numerical value.

Sensors can consist of a number of quartz crystals, and each crystal requires its own individual electrical circuit in order to function properly. In order to synchronize the time difference between the sound waves that are emitted by each crystal, these sensors, which are equipped with multiple crystals, provide the necessary information. As a consequence of this, the transmission of ultrasound waves throughout the body is made possible.

Electricity is used to power this module, which is an automated device that is connected to the pipes. Additionally to its role as a receiver for audio signals, the central console also performs the function of distributing power to a number of different components. The device gives the physician or a specialized technician the ability to enter the pre-established frequency and duration values for the sound pulses that are emitted by the sensor. These values are necessary for imaging a specific body part. Additionally, the scanning mechanism that the device employs in order to display the image is under the control of this unit. This is a standard computer monitor that shows the results of computations that have been carried out by the central processing unit. It is possible for the display of the ultrasound device to toggle between black and white and color, depending on the type of device and its specifications. In order to manipulate the software of the device and carry out the procedures necessary to save the image in a file, the physician or specialized technician will use particular instruments. In addition, they make use of these tools in order to carry out measurements and compute dimensions based on the image that is displayed on the screen. In order to save the images that are displayed on the screen, the storage unit is utilized. A variety of media formats, including hard disks, floppy disks, compact discs, and DVDs, are included in this category. These formats are identical to those that are utilized in computers. It is utilized in the process of establishing a medical database that functions to monitor the condition of the patient at a number of different time intervals. First and foremost, the primary emphasis is placed on computer printers, more specifically thermal printers. 13.14 is the value on the numerical scale.

Result and Discussion

Two-dimensional imaging devices, such as those we've been talking about so far, employ the same techniques as three-dimensional imaging devices, such as Doppler ultrasound devices. Having said that, the following imaging devices do the same things: [in the time stamp of 15:16] 3D ultrasound imaging and the Doppler method of ultrasonography Ultrasound frequently used

The purpose of this device is to capture stereoscopic three-dimensional pictures of the inside of a human or fetal body. Its goal is to achieve this. To achieve this, the probe is either passed over the body or rotated around it so that multiple pictures are taken. The stereoscopic images are generated by the computer using a combination of the images captured by the probe. A number of technologies are based on the principle of the Doppler effect, which states that when ultrasonic waves reflect off of organs in motion, they alter the frequency of the returning waves relative to the ones that hit the body. The Doppler effect is utilized by other devices as well. The speed of these structures can be precisely ascertained by determining the frequency differential between the outgoing and incoming waves. It is possible to calculate the organs' speeds in this way. It is possible to determine the rate of blood flow from the heart to the arteries and veins by using this data, for example. The unique acoustic characteristics of gas-filled microbubbles—also called ultrasound contrast agents—form the basis of ultrasonic molecular imaging.

When imaging these microbubbles using traditional ultrasound methods, a very high level of sensitivity can be attained. Both manipulating the shell characteristics of microbubbles and binding specific probes to them can lead to the capability of microbubble targeting to histological structures of interest. The size and delivery mechanism of microbubbles make them highly effective at targeting intravascular epitopes. Luckily, targeted contrast ultrasound imaging is made possible by the expression of these markers on the local endothelium of the tissue microvasculature, which occurs in most disease processes. Fortunately, this has come to pass. The results of the abdominal ultrasonography reveal a normal homogenous hepatic parenchymal echopattern, which suggests that the liver is of average size. Along with the hepatic veins appearing sonographically normal, the portal vein does not seem to be dilated. Not only that, but enlarged bile ducts and focal lesions have not been detected. It seems like the spleen is about the average size, and its echopattern is also normal. The splenic vein does not seem enlarged, and its wall thickness is typical for its size. It also seems to be of average size. Since there are no stones or masses within its lumen, they cannot be observed. However, the common bile duct remains undilated and unseen due to gas shadows emanating from the intestines and stomach. The existence of gas shadows is to blame for this. Parenchymal thickness and echogenicity are both within the normal range, suggesting an average size. The patient underwent this examination without the presence of any masses, cysts, stones, or hydronephrosis. Parenchymal thickness and echogenicity are both within the normal range, suggesting an average size. The patient underwent this examination without the presence of any masses, cysts, stones, or hydronephrosis. No focal lesion is detected, and the wall thickness and capacity are within normal ranges. No signs of ascites, enlarged lymph nodes, or masses in the abdominal region have been detected. A hereditary disorder known as irritable bowel syndrome (IBS) manifests itself, among other symptoms, in an overabundance of gas in the colon. Using ultrasounds when necessary is recommended, even though there have been no reported cases of disease in animals or humans after having one. Despite the lack of disease reports in either species, this remains the case. Further, these devices will be used as a non-invasive diagnostic tool that does not require incisions in the body or the injection of radioactive materials into the patient. All that is required is to possess it. This is the exact reason why some parts of the human body are shielded from the effects of energy. Due to its high absorption coefficient in water, ultrasound causes a localized rise in temperature in the treated regions. This is due to the fact that water readily absorbs the sound waves generated by ultrasound. That equates to 18.19%. Technological advancements in computers have led to parallel advancements in ultrasound devices. That is correct in terms of how quickly they can carry out their tasks as well as how much data they can hold. New developments in three-dimensional ultrasound imaging and the manufacturing of smaller devices are both ongoing at the moment. The strange and interesting technical development entails feeding the doctor's head with converted images from the ultrasound machine so that he can adopt a made-up human being for the purpose of taking pictures of them. This is done with the intention of embracing the subject of the photograph. Medical professionals can learn more about their patients' internal systems by conducting physical examinations.(20) Twenty

Conclusions

Ultrasound scans normally only take a few minutes to finish, are painless, and usually take less time than other diagnostic procedures because they do not use needles or injections. Ultrasound imaging has become increasingly popular and accessible due, in part, to its low cost compared to other imaging modalities. Ultrasound imaging does not use ionizing radiation, despite appearances to the contrary. The

doctor can see more of the soft tissues with ultrasound than with X-rays. It is standard practice to use ultrasound imaging for prenatal diagnosis and foetal viewing. For minimally invasive procedures like fluid withdrawal or needle endoscopy, the live images produced by ultrasound imaging are extremely helpful. No adverse effects on humans have been reported from diagnostic ultrasound imaging.

REFERENCES

1. Amigh S, Dinani ST (2020) Combination of ultrasound-assisted aqueous enzymatic extraction and cooking pretreatment for date seed oil recovery. *Heat Mass Transf* 56(8):2345–2354. <https://doi.org/10.1007/s00231-020-02865-2>
2. Barrales FM, Rezende CA, Martínez J (2015) Supercritical CO₂ extraction of passion fruit (*Passiflora edulis* sp.) seed oil assisted by ultrasound. *J Supercrit Fluids* 104:183–192. <https://doi.org/10.1016/j.supflu.2015.06.006>
3. Böger BR, Salviato A, Valezi DF, Di Mauro E, Georgetti SR, Kurozawa LE (2018) Optimization of ultrasound-assisted extraction of grape-seed oil to enhance process yield and minimize free radical formation. *J Sci Food Agric* 98(13):5019–5026. <https://doi.org/10.1002/jsfa.9036>
4. Bovo T, Natália M, Lúcio S, Camila C (2019) Pumpkin (*Cucurbita maxima*) by-products: obtaining seed oil enriched with active compounds from the peel by ultrasonic-assisted extraction. *J Food Process Eng.* <https://doi.org/10.1111/jfpe.13125>
5. Chemat F, Rombaut N, Sicaire AG, Meullemiestre A, Fabiano-Tixier AS, Abert-Vian M (2017) Ultrasound assisted extraction of food and natural products. Mechanisms, techniques, combinations, protocols and applications. A review. *Ultrason Sonochem* 34:540–560. <https://doi.org/10.1016/j.ultsonch.2016.06.035>
6. Chen F, Zhang Q, Gu H, Yang L (2016) An approach for extraction of kernel oil from *Pinus pumila* using homogenate-circulating ultrasound in combination with an aqueous enzymatic process and evaluation of its antioxidant activity. *J Chromatogr A* 1471:68–79. <https://doi.org/10.1016/j.chroma.2016.10.037>
7. Chen Q, Dong W, Wei C, Hu R, Long Y (2020) Industrial Crops & products combining integrated ultrasonic-microwave technique with ethanol to maximise extraction of green coffee oil from Arabica coffee beans. *Ind Crops Prod* 151:112405. <https://doi.org/10.1016/j.indcrop.2020.112405>
8. Clodoveo ML, Durante V, Notte DL, Punzi R, Gambacorta G (2013) Ultrasound - assisted extraction of virgin olive oil to improve the process efficiency. *Eur J Lipid Sci Technol.* <https://doi.org/10.1002/ejlt.201200426>
9. Cravotto G, Bicchi C, Mantegna S, Binello A, Tomao V, Chemat F, Tomao V (2011) Natural product research extraction of kiwi seed oil: Soxhlet versus four different non-conventional techniques. *Nat Prod Res* 25(10):974–981. <https://doi.org/10.1080/14786419.2010.524162>
10. Dias JL, Mazzutti S, de Souza JAL, Ferreira SRS, Soares LAL, Stragevitch L, Danielski L (2019) Extraction of umbu (*Spondias tuberosa*) seed oil using CO₂, ultrasound and conventional methods: evaluations of composition profiles and antioxidant activities. *J Supercrit Fluids* 145:10–18. <https://doi.org/10.1016/j.supflu.2018.11.011>
11. Dos Santos P, De Aguiar AC, Viganó J, Boeing JS, Visentainer JV, Martínez J (2016) Supercritical CO₂ extraction of cumbaru oil (*Dipteryx alata* Vogel) assisted by ultrasound: global yield, kinetics and fatty acid composition. *J Supercrit Fluids* 107:75–83. <https://doi.org/10.1016/j.supflu.2015.08.018>

12. Fouad MA, Gaber M, Tujillo FJ, Mansour MP, Juliano P (2018) Improving Oil extraction from canola seeds by conventional and advanced methods. *Food Eng Rev* 10:198–210. <https://doi.org/10.1007/s12393-018-9182-1>
13. Fuad FM, Karim KA, Don MM (2016) Ultrasound-assisted extraction of oil from *Calophyllum inophyllum* seeds: statistical optimisation using Box-Behnken design. *J Phys Sci* 27(2):103–121
14. Goula AM, Papatheodorou A, Karasavva S, Kaderides K (2018) Ultrasound-assisted aqueous enzymatic extraction of oil from pomegranate seeds. *Waste Biomass Valoriz.* <https://doi.org/10.1007/s12649-016-9740-9>
15. Haji Heidari S, Taghian Dinani S (2018) The study of ultrasound-assisted enzymatic extraction of oil from peanut seeds using response surface methodology. *Eur J Lipid Sci Technol* 120(3):1–13. <https://doi.org/10.1002/ejlt.201700252>
16. Hernández-santos B, Rodríguez-miranda J, Herman-lara E, Torruco-uco JG, Carmona-garcía R, Juárez-barrientos JM, Chávez-zamudio R, Martínez-sánchez CE (2016) Ultrasonics Sonochemistry effect of oil extraction assisted by ultrasound on the physicochemical properties and fatty acid profile of pumpkin seed oil (*Cucurbita pepo*). *Ultrason Sonochem* 31:429–436. <https://doi.org/10.1016/j.ultsonch.2016.01.029>
17. Hosseini S, Gharachorloo M, Ghiassi B (2015) Effects of ultrasound amplitude on the physicochemical properties of some edible oils. *J Am Oil Chem Soc.* <https://doi.org/10.1007/s11746-015-2733-1>
18. Hu AJ, Feng QQ, Zheng J, Hu XH, Wu C, Liu CY (2012) Kinetic model and technology of ultrasound extraction of safflower seed oil. *J Food Process Eng* 35(2):278–294. <https://doi.org/10.1111/j.1745-4530.2010.00589.x>
19. Hu B, Wang H, He L, Li Y, Li C, Zhang Z, Liu Y, Zhou K, Zhang Q, Liu A, Liu S, Zhu Y, Luo Q (2019b) A method for extracting oil from cherry seed by ultrasonic-microwave assisted aqueous enzymatic process and evaluation of its quality. *J Chromatogr A* 1587:50–60. <https://doi.org/10.1016/j.chroma.2018.12.027>
20. Hu B, Li C, Qin W, Zhang Z, Liu Y, Zhang Q, Liu A, Jia R, Yin Z, Han X, Zhu Y, Luo Q, Liu S (2019) A method for extracting oil from tea (*Camellia sinensis*) seed by microwave in combination with ultrasonic and evaluation of its quality. *Ind Crops Prod* 131:234–242. <https://doi.org/10.1016/j.indcrop.2019.01.068>