

## ULTRASONIC PROPERTIES OF BIOLOGICAL MEDIA

F. Dunn

Bioacoustics Research Laboratory  
University of Illinois  
Urbana, Illinois 61801, USA

### INTRODUCTION

This paper comprises a brief review of the ultrasonic propagation properties of biological media, with particular attention to those properties that are considered to influence, or to be otherwise useful in, the obtaining of significant diagnostic ultrasound information and those properties important in producing and assessing biological effects. The properties are discussed according to categories which emerge readily from the reported literature<sup>(1,2)</sup>. Generalizations are then employed to characterize tissues from these categorical suggestions.

### SPEED OF SOUND

Data regarding the speed of sound comes largely from measurements of freshly excised tissues<sup>(1,2)</sup>. An appreciable range appears in the reported values which is believed to result from different measuring methods being employed, from different methods of specimen preparation, and from different examples of specimens being chosen. The range of the data extends from approximately 5% for brain and muscle, to approximately 9% for fat. Nevertheless, the data show that an ordering of tissue specimens in terms of increasing speed of sound is also an ordering for increasing structural protein content, but for decreasing water content.

parenchymal tissues exhibit speeds of sound which are the same as that for water, it has become customary to study the soft tissues as being liquid-like media having compressibilities much like water, but with different attenuation and absorption behavior, greater magnitudes and a nearly linear, rather than dependence upon frequency. However, the published data (1,2) exhibits a very appreciable range of reported values, reflecting the greater difficulty in making such measurements and in interpreting the resulting data (3,4), though it is noted that measurement methods and specimen preparations varied with time and experience as publication values have increased. The reported attenuation range, in some cases, is

few methods available for measuring absorption and the transient thermoelectric method has been used to study freshly excised tissues as a function of frequency. The exponents on frequency have been found to vary from 0.02 to 1.08 among testis, kidney, heart, brain, liver, even though these tissues represent substantial differences in their structural and chemical compositions. There are very pronounced differences in the magnitudes of the absorption, viz., tendon being 4 to 5 times greater than liver, muscle and kidney, which in turn are about twice that of heart, brain, and kidney have about 16-18% protein and 1-2% collagen, and about 71-76% water. On the other hand, a total protein content of about 80% collagen, but with a water content of only 63% (Testis may have a greater water content than any other fetal brain.) Though brain has lesser protein than kidney, liver, and heart, its greater lipid and protein contents may combine in some way to provide its absorption properties.

dependence of absorption for the single organ liver (dog, cat, and mouse, in the frequency range 0.5-7 MHz, has been studied, and shows little, possibly negligible, difference in the observed values (6))

of these absorption measurements with the average attenuation taken from the literature (1,2), yields contrasts (6). Namely, there is little difference in the dependence of absorption and of attenuation in the

frequency range 0.5-7 MHz, suggesting that whatever the source of differences in magnitude between attenuation and absorption values (i.e., scattering, reflection, measurement artifact, etc.), that mechanism is nearly linearly dependent upon frequency. It is to be noted that the magnitudes of attenuation and absorption are greatly different, with the former being nearly a factor of three greater than the latter for each tissue.

#### TEMPERATURE DEPENDENCE

Measurements of the temperature dependence of attenuation of excised tissues generally yield a decreasing dependence with temperature, as is expected when dealing with a fluid viscosity mechanism. However, the situation for in vivo absorption, which is the more pertinent quantity, may be considerably different. As it is very difficult to conduct observations as a function of temperature with an ordinary mammal, because of superior temperature controlling mechanisms, measurements have been made using young mice, approximately 24 hours after birth, which are essentially poikilothermic animals (7,8). The general demeanor of these studies is that the frequency-free absorption vs temperature comprises a family of curves whose maxima decrease and move toward ever increasing temperatures as a function of increasing frequency.

#### DEPENDENCE UPON CONSTITUENT MACROMOLECULES

It has long been known that the absorption of ultrasound in tissues is largely determined by the protein constituents and, because of this, aqueous solutions of globular proteins have been studied as model systems of tissue, wherein the tissue architecture may be relegated or associated with the remaining portion of the attenuation (4). These studies have involved only globular proteins (different size/structure) which carry out the biochemical events in the physiological processes of the various organs. Studies of the ultrasonic properties of structural proteins in aqueous suspension have now been carried out (9) and it is interesting to include these results with those of globular proteins and with tissues (10). Structural proteins provide a framework maintaining tissue structure integrity. It is to be noted that tissues comprised mainly of these proteins, mostly collagen, have much different elastic properties than do tissues having little collagen or are predominantly comprised of globular protein. Thus, it is found that values for the ultrasonic velocity of various tissues, as a function of the wet weight percentage of total protein, are contained between the two values (1) of the velocity in aqueous solutions of serum albumin (for the appropriate wet weight percentage of total protein) and (2) of the velocity in collagen suspensions. Accordingly, tissues predominantly comprised of globular protein

exhibit ultrasonic velocities near the value for media, with a tissue wholly so constituted exhibiting a solution of globular protein at the specified. Similarly collagenous tissues, such as tendon, where fraction of the protein is in the form of collagen, are fibit values well above the collagen-free, globular This is borne out in that liver, kidney, heart, and h approximately the same total protein, about 17%, little, less than 1%, is collagen, have nearly the same appear near the collagen-free value for their wet ge of total protein. Tendon, which is largely protein, 85% of this is collagen) exhibits the for its wet weight percentage of total protein. obtain little protein and their velocities are less . Thus, it appears that the ultrasonic velocities in rned, in some way, by the ultrasonic properties of macromolecular constituents comprising them.

absorption appears to be governed by similar That is, the absorption of tissues is found to fall ues, at the appropriate wet weight percentage of the absorption of solutions of globular proteins rption of suspensions of collagen (10).  
 appears that absorption in tissues may be considered erposition of the absorption properties of their uents, and tissues may further appear, at least as a tion, as composite materials whose ultrasonic governed by the individual ultrasonic properties of 1 and globular protein contents.

an attempt to characterize tissues according to their erties and biological function at 1 MHz. Here, en grouped, in an apparent teleologic fashion, with of attenuation (doubling) from group to group. It so doing, the velocity increases in the same direc- direction of increasing attenuation. Also, he same direction, tissues of ever decreasing water r increasing structural protein content become appears, thereby, that attenuation and velocity may ssues according to functional criteria.

ture detailed measurements will allow assignment of ue values to each tissue structure, including entiable values for pathological states, so that impedance values, as a function of state and of lters, media, etc., should specify uniquely tissues

Tissue attenuation categories	Assumed Tissue	Attenuation at 1 MHz (cm <sup>-1</sup> )	General trends
1. Very low	serum blood ion, metabolic, etc., transport, convection	0.03 0.01	↑ Increasing speed of sound ↑ Increasing structural protein content
2. Low	adipose tissue (water) storage	0.06-0.07	
3. Medium	nervous tissue physiological function	0.08-0.11	
	liver parenchymal tissue	0.11	
	muscle	0.08-0.16	
	heart	0.23	
	kidney	0.3	
4. High	Integument structural integration, tendon stromal cartilage	0.4 0.5 0.6	
5. Very high	bone skeletal framework (mineral- ized) pulmonary gaseous tissue exchange	1 or more >4	↑ Increasing H <sub>2</sub> O content

Table 1. Average attenuation of tissues by categories

for diagnostic purposes. However, it is clearly not necessary to have acoustic methods for discriminating say, between brain and liver, but it can be seen from the figure that certain classes of pathology should be easily identifiable and others not. For example, cirrhosis of the liver, as manifested by collagen deposited in place of normal tissues, could be easily identified, and is, while metastases of say, nerve tissue neoplasm in liver, are probably not identifiable, at least in the early stages before cirrhosis of the liver tissue begins. A major problem of prediction, at present, is the paucity of available data on abnormal tissues.

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## TRANSDUCERS AND SOUNDFIELDS

L. Filipczynski

Institute of Fundamental Technological Research  
 Polish Academy of Science  
 00-049 Warsaw, Poland

The purpose of this paper is to present and to discuss fundamental problems and solutions connected with piezoelectric transducers and soundfields generated for ultrasonic medical applications.

The first problem I should like to review is the general soundfields with piezoelectric transducers. To obtain sufficient bandwidth, power and sensitivity the transducer must be carefully designed to be properly coupled with the electronic transmitter and receiver and with the biological medium in which ultrasonic waves propagate.

The theory of ultrasonic transducers performing thick expander vibrations was given by Mason and is based on a one-dimensional approach(1). As a consequence many authors apply electromechanical equivalent circuit but others have shown mentally that the vibration patterns are very complex and resemble one-dimensional vibrations(2). Fig. 1.(A) shows displacement (amplitude and phase) distributions measured transducer's surface along its diameter(3). The transducer freely in thickness resonances near to 1.6 MHz. This is done to explain using Mason's circuit.

However, we could show(3) -- using the capacitance method -- that with the increase of the mechanical load on transducer's back surface the many resonances amalgamate to resonance and the transducer's surface vibrates like a piston 1.(B) and (C)). Hence in diagnostic applications -- where transducer's back surface must be heavily loaded for obtaining short pulse -- the one-dimensional approach and Mason's circuit are fully justified.