# Determination of the acoustic outputs of an ultrasound probe with an oblique beam-axis according to the new JIS (or IEC Standards)

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### 1. Introduction

Transcranial Doppler (TCD) ultrasound is a useful tool for monitoring cerebral blood flows and evaluating stroke associated risks.<sup>1)</sup> However, it is often difficult to get echo signal of enough intensity required for blood flow display from cerebral arteries due to the barrier of cranium, especially in the elderly female people.<sup>2)</sup> To overcome this problem, a blood flow monitor for carotid artery (FURUHATA device, HDK BM001, Hashimoto Electronics Co., Ltd, Mie, Japan) has been developed with a paste type probe (PTP), which can be set on the neck easily with a surgical tape and can automatically emit an obliquely incident ultrasound beam to irradiate the carotid artery and acquire therefrom blood flow signals efficiently in almost all of the examinees.<sup>3)</sup>

On the other hand, with the implement of the JIS T 0601-2-37: 2018 (IEC 60601-2-37: 2007, Amd.1: 2015), the formulae about thermal index (TI) have been changed significantly, based on the revised normative reference IEC 62359: 2010. Especially, a major change is that a bounded-square output power ( $P_{1x1}$ ) was newly introduced for determination of soft tissue thermal index (TIS) for both scanning and non-scanning modes. However, it has not be reported about how to measure  $P_{1x1}$  for an ultrasound probe with an oblique beam-axis, like the PTP.

Therefore, the first purpose of this study was to establish a method to measure  $P_{1x1}$  of an ultrasound probe with an inclined beam-axis, according to the requirement of the new IEC standard. The second purpose was to determine if the new Doppler device with a PTP has admittable TI and mechanical index (MI) at FURUHATA's all of the selectable presetting.

### 2. Test Method

#### 2.1 Measurement of the beam inclination angle

The PTP was fixed into the water tank of an acoustic intensity measurement system (AIMS) with an inclination-correction jig, and the ultrasound field in the azimuth plane including the central beam-axis was raster scanned with a hydrophone and the beam-axis was determined as the straight line that passes through the point of maximum pulse-intensity-integral (PII) and a deeper centrepoint of the beam. The inclination angle ( $\theta$ ) was defined as the angle between the beam-axis and the normal line of the

output surface of the probe.

# 2.2 Measurement of the output power P and P1x1

The PTP was set in center of the water tank of an ultrasound power meter (UPM-DT-1AV) with a jig keeping the beam-axis vertical, and the output power (P) at each condition was measured with an absorbent target, made of an echoless acoustic absorber material (HAM A, NPL, UK)<sup>4</sup>).

For  $P_{1x1}$ , a specially made bounded-square output mask, which has an 1 cm  $\times$  1 cm slit with the same inclination angle as the PTP, was fixed above the absorbent target with the slit's walls kept vertical. The PTP was set on the mask with a slidable fixer. At first the position with a maximum output through the slit was determined. Then  $P_{1x1}$  were measured at the determined position for all setups of FURUHATA.

# 2.3 Measurement of output beam area and calculation of break-point depth

The PTP was fixed to the AIMS with its emitting face set horizontally, and the ultrasound field at a distance of about 0.5 mm from the emitting face was raster scanned with a hydrophone. At first the -12 dB area at the emitting plane ( $A_{aprt, o}$ ) was measured, then the corresponding value ( $A_{aprt}$ ) of an imaginary emitting aperture that is perpendicular to the beam-axis was calculated as:

 $A_{aprt} = A_{aprt,o} \times \cos(\theta),$ And break-point depth (Z<sub>bp</sub>) was calculated as:  $z_{bp} = 1.69 \times \sqrt{A_{aprt}}$ 

# 2.4 Measurement and calculation of MI and TIS

The PTP was fixed in the water tank of the AIMS with an inclination-correction jig to keep its beamaxis vertically. The PII, peak-rarefactional acoustic pressure ( $P_r$ ) and  $f_{awf}$  were measured along the beamaxis from 1 mm to 100 mm. MI and TIS were calculated as follow,

$$MI = P_{r,\alpha}(z_{MI}) \times f_{awf}^{-0.5} \div C_{MI},$$
  

$$TIS_{as} = \frac{P_{1x1} f_{awf}}{C_{TIS,1}},$$
  

$$TIS_{bs} = min\left[\frac{P_{\alpha}(z_{s,ns}) f_{awf}}{C_{TIS,1}}, \frac{I_{ta,\alpha}(z_{s,ns}) f_{awf}}{C_{TIS,2}}\right]$$

where, TIS<sub>as</sub> and TIS<sub>bs</sub> are soft tissue thermal index at surface and below surface, respectively;  $Z_{MI}$ , the depth for mechanical index, was the depth on the beam axis from the emitting aperture of the PTP to the point of maximum attenuated pulse-intensity integral (PII<sub> $\alpha$ </sub>);  $Z_{s,ns}$ , depth for TIS for non-scanning modes, was the distance along the beam axis from the emitting aperture of the PTP to the point at which the lower value of the attenuated output power (P<sub> $\alpha$ </sub>) and the product of the attenuated temporal-average intensity (I<sub>ta,  $\alpha$ </sub>) and 1 cm<sup>2</sup> is maximized over the distance range equal to, or greater than, the breakpoint depth,  $Z_{bp}$ ; fawf, acoustic working frequency;  $C_{MI} = 1$  MPa MHz<sup>-1/2</sup>,  $C_{TIS,1} = 210$  mW MHz and  $C_{TIS,2} = 210$  mW cm<sup>-2</sup> MHz.

#### 3. Results and Discussion

# 3.1 The inclination angle of the beam-axis

The inclination angle of the beam-axis was found to be about  $31^{\circ}$ , larger than supposed  $25^{\circ}$  (Fig.1). Therefore, the angle correction was adjusted to  $31^{\circ}$  to provide more precise MI and TIS.



Fig. 1 The ultrasound field in the azimuth plane after a primary inclination angle correction of 25°.

# 3.2 The output power P and $P_{1\times 1}$

Both P and  $P_{1x1}$  were found to be linearly dependent on the product of the selected amplitude (Amp) and sample volume (SV) (Fig. 2).



Fig.2 Dependence of P and  $P_{1\times 1}$  on Amp $\times$  SV.

#### 3.3 The output beam area and break-point depth

The output beam area ( $A_{aprt}$ ) was measured to be ~92 mm<sup>2</sup>, and the break-point depth ( $Z_{bp}$ ) was calculated to be ~16.3 mm, approximated to 1.65 cm.

#### 3.4 MI and TIS of the PTP

Ultrasound fields measured on the beam-axis for all of the selectable conditions have a similar pattern as those shown in Fig. 3. Both of the maximum PII<sub>a</sub> (not shown) and Pr<sub>a</sub> were found at a depth of about 12.1 mm; therefore,  $Z_{MI}$  was determined as 1.2 cm. And the attenuated output power was found lower than the product of the attenuated spatial-peak temporal-average intensity and 1 cm<sup>2</sup> for all depths; therefore,  $Z_{s,ns}$  was determined simply as:  $Z_{s,ns} = Z_{bp} = 1.65$  cm.



Fig. 3 A typical measurement of ultrasound field along the beam-axis. (A) Negative Pressure (Pr): in water (blue) and in assumed human body (black). (B) attenuated output power P.3 (blue) and Ita.3 \* 1cm<sup>2</sup> (black).

Both the maximum MI and the maximum TIS were found at the maximum output settings, with a value of 0.39 and 0.42, respectively. Both MI and TIS were far less than 1.0, suggesting a very good safety level even at the strongest output of the equipment.

# 4. Conclusion

We have established a method to measure and calculate TIS and MI for an ultrasound probe with an oblique beam-axis according to the new JIS (IEC standards), and we found that both TIS and MI of the newly developed blood flow Doppler device with a paste type probe were much lower than 1.0, suggesting that it can be applied not only very conveniently and efficiently, but also as safely as conventional TCD devices.

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