



(51) International Patent Classification:
A61B 8/00 (2006.01)

[US/US]; 1041 Randolph Avenue, Milton, MA 02186 (US).

(21) International Application Number:
PCT/US2013/033941

(74) Agents: HOOVER, Thomas, O. et al.; McCarter & English, LLP, 265 Franklin Street, Boston, MA 02110 (US).

(22) International Filing Date:
26 March 2013 (26.03.2013)

(81) Designated States (unless otherwise indicated, for every kind of national protection available): AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BN, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
61/615,627 26 March 2012 (26.03.2012) US
61/704,254 21 September 2012 (21.09.2012) US
13/838,694 15 March 2013 (15.03.2013) US

(63) Related by continuation (CON) or continuation-in-part (CIP) to earlier application:
US 13/838,694 (CIP)
Filed on 15 March 2013 (15.03.2013)

(84) Designated States (unless otherwise indicated, for every kind of regional protection available): ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM,

(71) Applicant: TERATECH CORPORATION [US/US]; 77-79 Terrace Hall Avenue, Burlington, MA 01803 (US).

(72) Inventors; and

(71) Applicants : CHIANG, Alice, M. [US/US]; 4 Glenfield East, Weston, MA 02493 (US). WONG, William, M.

[Continued on next page]

(54) Title: TABLET ULTRASOUND SYSTEM

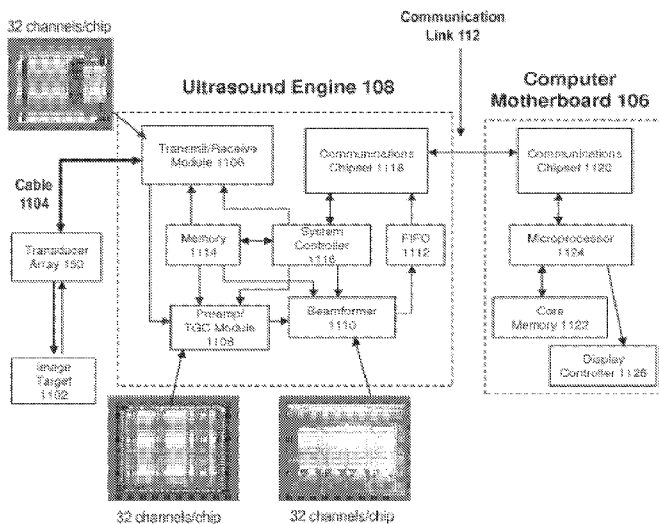
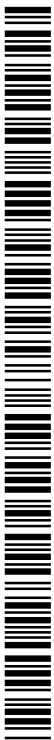


Fig. 11

(57) Abstract: Exemplary embodiments provide systems and methods for portable medical ultrasound imaging. Preferred embodiments utilize a tablet touch-screen display operative to control imaging and display operations without the need for using traditional keyboards or controls. Certain embodiments provide a multi-chip module for an ultrasound engine of a portable medical ultrasound imaging system, in which a transmit/receive chip, an amplifier chip and a beamformer chip are assembled in a vertically stacked configuration. Exemplary embodiments also provide an ultrasound engine circuit board including one or more multi-chip modules, and a portable medical ultrasound imaging system including an ultrasound engine circuit board with one or more multi-chip modules. Exemplary embodiments also provide methods for fabricating and assembling multi-chip modules as taught herein.



TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG). **Published:**

— *without international search report and to be republished upon receipt of that report (Rule 48.2(g))*

SUMMARY

In accordance with the present application, systems and methods of medical ultrasound imaging are disclosed. The presently disclosed systems and methods of medical ultrasound imaging employ medical ultrasound imaging equipment that includes a handheld housing in a tablet form factor, and a touch screen display disposed on a front panel of the housing. The touch screen display includes a multi-touch touchscreen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches on a surface of the touch screen display, thereby allowing the use of gestures, ranging from simple single point gestures to complex multipoint moving gestures, as user inputs to the medical ultrasound imaging equipment.

In accordance with one aspect, exemplary medical ultrasound imaging system includes a housing having a front panel and a rear panel rigidly mounted to each other in parallel planes, a touch screen display, a computer having at least one processor and at least one memory, an ultrasound beamforming system, and a battery. The housing of the medical ultrasound imaging equipment is implemented in a tablet form factor. The touch screen display is disposed on the front panel of the housing, and includes a multi-touch LCD touch screen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches or gestures on a surface of the touch screen display. The computer, the ultrasound beamforming system or engine, and the battery are operatively disposed within the housing. The medical ultrasound imaging equipment can use a Firewire connection operatively connected between the computer and the ultrasound engine within the housing, and a probe connector having a probe attach/detach lever to facilitate the connection of at least one ultrasound probe/transducer. In addition, the exemplary medical ultrasound imaging system includes an I/O port connector and a DC power input.

In an exemplary mode of operation, medical personnel can employ simple single point gestures and/or more complex multipoint gestures as user inputs to the multi-touch LCD touch screen for controlling operational modes and/or functions of the exemplary medical ultrasound imaging equipment. Such single point/multipoint gestures can correspond to single and/or multipoint touch events that are mapped to one or more predetermined operations that can be performed by the computer and/or the ultrasound engine. Medical personnel can make such single point/multipoint gestures by various finger, palm, and/or stylus motions on the surface of the touch screen display. The multi-touch LCD touch screen receives the single point/multipoint gestures as user inputs, and provides the user inputs to the computer, which executes, using the processor, program instructions stored in the memory to carry out the predetermined operations associated with the single point/multipoint gestures, at least at some times, in conjunction with

the ultrasound engine. Such single point/multi-point gestures on the surface of the touch screen display can include, but are not limited to, a tap gesture, a pinch gesture, a flick gesture, a rotate gesture, a double tap gesture, a spread gesture, a drag gesture, a press gesture, a press and drag gesture, and a palm gesture. In contrast to existing ultrasound systems that rely on numerous control features operated by mechanical switching, keyboard elements, or touchpad trackball interface, preferred embodiments of the present invention employ a single on/off switch. All other operations have been implemented using touchscreen controls. Moreover, the preferred embodiments employ a capacitive touchscreen display that is sufficiently sensitive to detect touch gestures actuated by bare fingers of the user as well as gloved fingers of the user. Often medical personnel must wear sterilized plastic gloves during medical procedures. Consequently, it is highly desirable to provide a portable ultrasound device that can be used by gloved hands, however, this has previously prevented the use of touchscreen display control functions in ultrasound systems for many applications requiring sterile precautions. Preferred embodiments of the present invention provide control of all ultrasound imaging operations by gloved personnel on the touchscreen display using the programmed touch gestures.

In accordance with an exemplary aspect, at least one flick gesture may be employed to control the depth of tissue penetration of ultrasound waves generated by the ultrasound probe/transducer. For example, a single flick gesture in the “up” direction on the touch screen display surface can increase the penetration depth by one (1) centimeter or any other suitable amount, and a single flick gesture in the “down” direction on the touch screen display surface can decrease the penetration depth by one (1) centimeter or any other suitable amount. Further, a drag gesture in the “up” or “down” direction on the touch screen display surface can increase or decrease the penetration depth in multiples of one (1) centimeter or any other suitable amount. Additional operational modes and/or functions controlled by specific single point/multi-point gestures on the touch screen display surface can include, but are not limited to, freeze/store operations, 2-dimensional mode operations, gain control, color control, split screen control, PW imaging control, cine/time-series image clip scrolling control, zoom and pan control, full screen control, Doppler and 2-dimensional beam steering control, and/or body marking control. At least some of the operational modes and/or functions of the exemplary medical ultrasound imaging equipment can be controlled by one or more touch controls implemented on the touch screen display in which beamforming parameters can be reset by moving touch gestures. Medical personnel can provide one or more specific single point/multi-point gestures as user inputs for specifying at least one selected subset of the touch controls to be implemented, as

required and/or desired, on the touch screen display. A larger number of touchscreen controls enable greater functionality when operating in full screen mode when a few or more virtual buttons or icons are available for use.

5 In accordance with another exemplary aspect, a press gesture can be employed inside a region of the touch screen display, and, in response to the press gesture, a virtual window can be provided on the touch screen display for displaying at least a magnified portion of an ultrasound image displayed on the touch screen display. In accordance with still another exemplary aspect, a press and drag gesture can be employed inside the region of the touch screen display, and, in response to the press and drag gesture, a predetermined feature of the ultrasound image can be
10 traced. Further, a tap gesture can be employed inside the region of the touch screen display, substantially simultaneously with a portion of the press and drag gesture, and, in response to the tap gesture, the tracing of the predetermined feature of the ultrasound image can be completed. These operations can operate in different regions of a single display format, so that a moving gesture within a region of interest within the image, for example, may perform a different
15 function than the same gesture executed within the image but outside the region of interest.

By providing medical ultrasound imaging equipment with a multi-touch touchscreen, medical personnel can control the equipment using simple single point gestures and/or more complex multipoint gestures, without the need of a traditional keyboard or knob. Because the multi-touch touch screen obviates the need for a traditional keyboard or knob, such medical
20 ultrasound imaging equipment is easier to keep clean in hospital and/or field environments, provides an intuitive user friendly interface, while providing fully functional operations. Moreover, by providing such medical ultrasound imaging equipment in a tablet form factor, medical personnel can easily transport the equipment between hospital and/or field locations.

Certain exemplary embodiments provide a multi-chip module for an ultrasound engine
25 of a portable medical ultrasound imaging system, in which a transmit/receive (TR) chip, a pre-amp/time gain compensation (TGC) chip and a beamformer chip are assembled in a vertically stacked configuration. The transmission circuit provides high voltage electrical driving pulses to the transducer elements to generate a transmit beam. As the transmit chip operates at voltages greater than 80V, a CMOS process utilizing a 1 micron design rule has been utilized for the
30 transmit chip and a submicron design rule has been utilized for the low-voltage receiving circuits (less than 5V).

Preferred embodiments of the present invention utilize a submicron process to provide integrated circuits with sub-circuits operating at a plurality of voltages, for example, 2.5V, 5V

and 60V or higher. These features can be used in conjunction with a bi-plane transducer probe in accordance with certain preferred embodiments of the invention.

Thus, a single IC chip can be utilized that incorporates high voltage transmission, low voltage amplifier/TGC and low voltage beamforming circuits in a single chip. Using a 0.25
5 micron design rule, this mixed signal circuit can accommodate beamforming of 32 transducer channels in a chip area less than 0.7×0.7 (0.49) cm^2 . Thus, 128 channels can be processed using four 32 channel chips in a total circuit board area of less than 1.5×1.5 (2.25) cm^2 .

The term “multi-chip module,” as used herein, refers to an electronic package in which multiple integrated circuits (IC) are packaged with a unifying substrate, facilitating their use as a
10 single component, i.e., as a higher processing capacity IC packaged in a much smaller volume. Each IC can comprise a circuit fabricated in a thinned semiconductor wafer. Exemplary embodiments also provide an ultrasound engine including one or more such multi-chip modules, and a portable medical ultrasound imaging system including an ultrasound engine circuit board with one or more multi-chip modules. Exemplary embodiments also provide methods for
15 fabricating and assembling multi-chip modules as taught herein. Vertically stacking the TR chip, the pre-amp/TGC chip, and the beamformer chip on a circuit board minimizes the packaging size (e.g., the length and width) and the footprint occupied by the chips on the circuit board.

The TR chip, the pre-amp/TGC chip, and the beamformer chip in a multi-chip module
20 may each include multiple channels (for example, 8 channels per chip to 64 channels per chip). In certain embodiments, the high-voltage TR chip, the pre-amp/TGC chip, and the sample-interpolate receive beamformer chip may each include 8, 16, 32, 64 channels. In a preferred embodiment, each circuit in a two layer beamformer module has 32 beamformer receive channels to provide a 64 channel receiving beamformer. A second 64 channel two layer module
25 can be used to form a 128 channel handheld tablet ultrasound device having an overall thickness of less than 2 cm. A transmit multi-chip beamformer can also be used having the same or similar channel density in each layer.

Exemplary numbers of chips vertically integrated in a multi-chip module may include, but are not limited to, two, three, four, five, six, seven, eight, and the like. In one embodiment of
30 an ultrasound device, a single multi-chip module is provided on a circuit board of an ultrasound engine that performs ultrasound-specific operations. In other embodiments, a plurality of multi-chip modules are provided on a circuit board of an ultrasound engine. The plurality of multi-

chip modules may be stacked vertically on top of one another on the circuit board of the ultrasound engine to further minimize the packaging size and the footprint of the circuit board.

Providing one or more multi-chip modules on a circuit board of an ultrasound engine achieves a high channel count while minimizing the overall packaging size and footprint. For example, a 128-channel ultrasound engine circuit board can be assembled, using multi-chip modules, within exemplary planar dimensions of about 10 cm x about 10 cm, which is a significant improvement over the much larger space requirements of conventional ultrasound circuits. A single circuit board of an ultrasound engine including one or more multi-chip modules may have 16 to 128 channels in some embodiments. In certain embodiments, a single circuit board of an ultrasound engine including one or more multi-chip modules may have 16, 32, 64, 128 or 192 channels, and the like.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing and other objects, aspects, features, and advantages of exemplary embodiments will become more apparent and may be better understood by referring to the following description taken in conjunction with the accompanying drawings, in which:

Fig. 1 is a plan view of exemplary medical ultrasound imaging equipment, in accordance with an exemplary embodiment of the present application;

Figs. 2a and 2b are side views of the medical ultrasound imaging system in accordance with preferred embodiments of the invention;

Fig. 3a illustrates exemplary single point and multipoint gestures that can be employed as user inputs to the medical ultrasound imaging system in accordance with preferred embodiments of the invention;

Fig. 3b illustrates a process flow diagram for operating a tablet ultrasound system in accordance with preferred embodiments of the invention;

Figs. 3c-3k illustrate details of touchscreen gestures to adjust beamforming and display operation;

Figs. 4a-4c illustrate exemplary subsets of touch controls that can be implemented on the medical ultrasound imaging system in accordance with preferred embodiments of the invention;

Figs. 5a and 5b are exemplary representations of a liver with a cystic lesion on a touch screen display of the medical ultrasound imaging system in accordance with preferred embodiments of the invention;

Figs. 5c and 5d are exemplary representations of the liver and cystic lesion on the touch screen display of Figs. 5a and 5b, including a virtual window that corresponds to a magnified portion of the liver;

5 Fig. 6a is an exemplary representation of an apical four (4) chamber view of a heart on the touch screen display of the medical ultrasound imaging system;

Figs. 6b-6e illustrate an exemplary manual tracing of an endocardial border of a left ventricle of the heart on the touch screen display of Fig. 6a;

Figs. 7a-7c illustrate an exemplary measurement of the size of the cystic lesion on the liver within the virtual window of Figs. 5c and 5d;

10 Figs. 8a-8c illustrate an exemplary caliper measurement of the cystic lesion on the liver within the virtual window of Figs. 5c and 5d;

Fig. 9A illustrates one of a plurality of transducer arrays attached to the processor housing;

Fig. 9B shows a transducer attach sequence in accordance with exemplary embodiments;

15 Fig. 10 shows a method of measuring heart wall motion;

Fig. 11 is a detailed schematic block diagram of an exemplary embodiment of an ultrasound engine (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of a computer motherboard (i.e., the host computer) of the exemplary ultrasound device;

20 Fig. 12 depicts a schematic side view of a circuit board including a multi-chip module assembled in a vertically stacked configuration;

Fig. 13 is a flowchart of an exemplary method for fabricating a circuit board including a multi-chip module assembled in a vertically stacked configuration;

25 Fig. 14a is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by passive silicon layers with a 2-in-1 dicing die attach film (D-DAF);

Fig. 14b is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA film-based adhesives acting as die-to-die spacers;

30 Fig. 14c is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA paste or film-based adhesives acting as die-to-die spacers;

Fig. 15 is a flowchart of another exemplary method of die-to-die stacking using (a) passive silicon layers with a 2-in-1 dicing die attach film (D-DAF), (b) DA paste, (c) thick DA-film, and (d) film-over wire (FOW) including a 2-in-1 D-DAF;

5 Fig. 16 is a schematic side view of a multi-chip module including an ultrasound transmit/receive IC chip, an amplifier IC chip and an ultrasound beamformer IC chip vertically integrated in a vertically stacked configuration;

10 Fig. 17 is a detailed schematic block diagram of an exemplary embodiment of an ultrasound engine (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of a computer motherboard (i.e., the host computer) provided as a single board complete ultrasound system;

Fig. 18 is a perspective view of an exemplary portable ultrasound system provided in accordance with exemplary embodiments;

Fig. 19 illustrates an exemplary view of a main graphical user interface (GUI) rendered on a touch screen display of the exemplary portable ultrasound system of Fig. 18;

15 Fig. 20 is a top view of the medical ultrasound imaging system in accordance with another preferred embodiment of the invention;

Fig. 21 illustrates a preferred cart system for a tablet ultrasound system in accordance with preferred embodiment 9 of the invention;

20 Fig. 22 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

Fig. 23 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

Fig. 24 illustrates preferred cart system for a modular ultrasound imaging system in accordance with preferred embodiments of the invention;

25 Figs. 25a-25b illustrate a multifunction docking base for tablet ultrasound device;

Fig. 26 illustrates a 2D imaging mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 27 illustrates a motion mode of operation with a modular ultrasound imaging system in accordance with the invention;

30 Fig. 28 illustrates a color Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 29 illustrates a pulsed-wave Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 30 illustrates a Triplex scan mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 31 illustrates a GUI Home Screen interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

5 Fig. 32 illustrates a GUI Menu Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 33 illustrates a GUI Patient Data Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

10 Fig. 34 illustrates a GUI Pre-sets Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 35 illustrates a GUI Review Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 36 illustrates a GUI Report Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

15 Figs. 37a-37c illustrate a GUI Setup Display Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

Fig. 38 illustrates a GUI Setup Store/Acquire Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention;

20 Figs. 39a-39c illustrate XY bi-plane probe comprising a two one-dimensional, ID multi-element arrays in accordance with a preferred embodiment of the invention;

Fig. 40 illustrates the operation of a bi-plane image forming xy-probe;

Fig. 41 illustrates the operation of a bi-plane image forming xy-probe;

Fig. 42 illustrates a high voltage driver circuit for a bi-plane image forming xy-probe;

Figs. 43a-43b illustrate simultaneous bi-plane evaluation of left ventricular condition;

25 and

Figs. 44a-44b illustrate ejection fraction probe measurement techniques in accordance with preferred embodiments of the invention;

DETAILED DESCRIPTION

30 Systems and methods of medical ultrasound imaging are disclosed. The presently disclosed systems and methods of medical ultrasound imaging employ medical ultrasound imaging equipment that includes a housing in a tablet form factor, and a touch screen display disposed on a front panel of the housing. The touch screen display includes a multi-touch touch

screen that can recognize and distinguish one or more single, multiple, and/or simultaneous touches on a surface of the touch screen display, thereby allowing the use of gestures, ranging from simple single point gestures to complex multipoint gestures, as user inputs to the medical ultrasound imaging equipment. Further details regarding tablet ultrasound systems and operations are described in U.S. Application No. 10/997,062 filed on November 11, 2004, 10/386,360 filed March 11, 2003 and U.S. Patent No. 6,969,352, the entire contents of these patents and applications are incorporated herein by reference.

Fig. 1 depicts an illustrative embodiment of exemplary medical ultrasound imaging equipment 100, in accordance with the present application. As shown in Fig. 1, the medical ultrasound imaging equipment 100 includes a housing 102, a touch screen display 104, a computer having at least one processor and at least one memory implemented on a computer motherboard 106, an ultrasound engine 108, and a battery 110. For example, the housing 102 can be implemented in a tablet form factor, or any other suitable form factor. The housing 102 has a front panel 101 and a rear panel 103. The touch screen display 104 is disposed on the front panel 101 of the housing 102, and includes a multi-touch LCD touch screen that can recognize and distinguish one or more multiple and/or simultaneous touches on a surface 105 of the touch screen display 104. The computer motherboard 106, the ultrasound engine 108, and the battery 110 are operatively disposed within the housing 102. The medical ultrasound imaging equipment 100 further includes a Firewire connection 112 (see also Fig. 2a) operatively connected between the computer motherboard 106 and the ultrasound engine 108 within the housing 102, and a probe connector 114 having a probe attach/detach lever 115 (see also Figs. 2a and 2b) to facilitate the connection of at least one ultrasound probe/transducer. The transducer probe housing can include circuit components including a transducer array, transmit and receive circuitry, as well as beamformer and beamformer control circuits in certain preferred embodiments. In addition, the medical ultrasound imaging equipment 100 has one or more I/O port connectors 116 (see Fig. 2a), which can include, but are not limited to, one or more USB connectors, one or more SD cards, one or more network ports, one or more mini display ports, and a DC power input.

In an exemplary mode of operation, medical personnel (also referred to herein as the “user” or “users”) can employ simple single point gestures and/or more complex multipoint gestures as user inputs to the multi-touch LCD touch screen of the touch screen display 104 for controlling one or more operational modes and/or functions of the medical ultrasound imaging equipment 100. Such a gesture is defined herein as a movement, a stroke, or a position of at

least one finger, a stylus, and/or a palm on the surface 105 of the touch screen display 104. For example, such single point/multi-point gestures can include static or dynamic gestures, continuous or segmented gestures, and/or any other suitable gestures. A single point gesture is defined herein as a gesture that can be performed with a single touch contact point on the touch screen display 104 by a single finger, a stylus, or a palm. A multi-point gesture is defined herein as a gesture that can be performed with multiple touch contact points on the touch screen display 104 by multiple fingers, or any suitable combination of at least one finger, a stylus, and a palm. A static gesture is defined herein as a gesture that does not involve the movement of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104. A dynamic gesture is defined herein as a gesture that involves the movement of at least one finger, a stylus, or a palm, such as the movement caused by dragging one or more fingers across the surface 105 of the touch screen display 104. A continuous gesture is defined herein as a gesture that can be performed in a single movement or stroke of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104. A segmented gesture is defined herein as a gesture that can be performed in multiple movements or strokes of at least one finger, a stylus, or a palm on the surface 105 of the touch screen display 104.

Such single point/multi-point gestures performed on the surface 105 of the touch screen display 104 can correspond to single or multi-point touch events, which are mapped to one or more predetermined operations that can be performed by the computer and/or the ultrasound engine 108. Users can make such single point/multi-point gestures by various single finger, multi-finger, stylus, and/or palm motions on the surface 105 of the touch screen display 104. The multi-touch LCD touch screen receives the single point/multi-point gestures as user inputs, and provides the user inputs to the processor, which executes program instructions stored in the memory to carry out the predetermined operations associated with the single point/multi-point gestures, at least at some times, in conjunction with the ultrasound engine 108. As shown in Fig. 3a, such single point/multi-point gestures on the surface 105 of the touch screen display 104 can include, but are not limited to, a tap gesture 302, a pinch gesture 304, a flick gesture 306, 314, a rotate gesture 308, 316, a double tap gesture 310, a spread gesture 312, a drag gesture 318, a press gesture 320, a press and drag gesture 322, and/or a palm gesture 324. For example, such single point/multi-point gestures can be stored in at least one gesture library in the memory implemented on the computer motherboard 106. The computer program operative to control system operations can be stored on a computer readable medium and can optionally be implemented using a touch processor connected to an image processor and a control processor

connected to the system beamformer. Thus beamformer delays associated with both transmission and reception can be adjusted in response to both static and moving touch gestures.

In accordance with the illustrative embodiment of Fig. 1, at least one flick gesture 306 or 314 may be employed by a user of the medical ultrasound imaging equipment 100 to control the depth of tissue penetration of ultrasound waves generated by the ultrasound probe/transducer. For example, a dynamic, continuous, flick gesture 306 or 314 in the “up” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can increase the penetration depth by one (1) centimeter, or any other suitable amount. Further, a dynamic, continuous, flick gesture 306 or 314 in the “down” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can decrease the penetration depth by one (1) centimeter, or any other suitable amount. Moreover, a dynamic, continuous, drag gesture 318 in the “up” or “down” direction, or any other suitable direction, on the surface 105 of the touch screen display 104 can increase or decrease the penetration depth in multiple centimeters, or any other suitable amounts.

Additional operational modes and/or functions controlled by specific single point/multi-point gestures on the surface 105 of the touch screen display 104 can include, but are not limited to, freeze/store operations, 2-dimensional mode operations, gain control, color control, split screen control, PW imaging control, cine/time-series image clip scrolling control, zoom and pan control, full screen display, Doppler and 2-dimensional beam steering control, and/or body marking control. At least some of the operational modes and/or functions of the medical ultrasound imaging equipment 100 can be controlled by one or more touch controls implemented on the touch screen display 104. Further, users can provide one or more specific single point/multi-point gestures as user inputs for specifying at least one selected subset of the touch controls to be implemented, as required and/or desired, on the touch screen display 104.

Shown in Fig. 3b is a process sequence in which ultrasound beamforming and imaging operations 340 are controlled in response to touch gestures entered on a touchscreen. Various static and moving touch gestures have been programmed into the system such that the data processor operable to control beamforming and image processing operations 342 within the tablet device. A user can select 344 a first display operation having a first plurality of touch gestures associated therewith. Using a static or moving gesture the user can perform one of the plurality of gestures operable to control the imaging operation and can specifically select one of a plurality of gestures that can adjust beamforming parameters 346 being used to generate image data associated with the first display operation. The displayed image is updated and displayed

348 response to the updated beamforming procedure. The user can further elect to perform a
different gesture having a different velocity characteristic (direction or speed or both) to adjust
350 a second characteristic of the first ultrasound display operation. The displayed image is then
updated 352 based on the second gesture, which can modify imaging processing parameters or
5 beamforming parameters. Examples of this process are described in further detail herein where
changes in velocity and direction of different gestures can be associated with distinct imaging
parameters of a selected display operation.

Ultrasound images of flow or tissue movement, whether color flow or spectral Doppler,
are essentially obtained from measurements of movement. In ultrasound scanners, a series of
10 pulses is transmitted to detect movement of blood. Echoes from stationary targets are the same
from pulse to pulse. Echoes from moving scatterers exhibit slight differences in the time for the
signal to be returned to the scanner.

As can be seen from Fig. 3c-3h, there has to be motion in the direction of the beam; if
the flow is perpendicular to the beam, there is no relative motion from pulse to pulse receive,
15 there is no flow detected. These differences can be measured as a direct time difference or, more
usually, in terms of a phase shift from which the 'Doppler frequency' is obtained. They are then
processed to produce either a color flow display or a Doppler sonogram. In Fig. 3c-3d, the flow
direction is perpendicular to the beam direction, no flow is measured by Pulse Wave spectral
Doppler. In Fig. 3g-3h when the ultrasound beam is steered to an angle that is better aligned to
20 the flow, a weak flow is shown in the color flow map, and in addition flow is measured by Pulse
Wave Doppler. In Fig. 3h, when the ultrasound beam is steered to an angle much better aligned
to the flow direction in response to a moving, the color flow map is stronger, in addition when
the correction angle of the PWD is placed aligned to the flow, a strong flow is measured by the
PWD.

25 In this tablet ultrasound system, an ROI, region of interest, is also used to define the
direction in response to a moving gesture of the ultrasound transmit beam. A liver image
with a branch of renal flow in color flow mode is shown in Fig. 3i since the ROI is straight
down from the transducer, the flow direction is almost normal to the ultrasound beam, so
very weak renal flow is detected. Hence, the color flow mode is used to image a renal flow in
30 liver. As can be seen, the beam is almost normal to the flow and very weak flow is detected.
A flick gesture with the finger outside of the ROI is used to steer the beam. As can be seen in
Fig. 3j, the ROI is steered by resetting beamforming parameters so that the beam direction is
more aligned to the flow direction, a much stronger flow within the ROI is detected. In Fig.

3j, a flick gesture with the finger outside of the ROI is used to steer the ultrasound beam into the direction more aligned to the flow direction. Stronger flow within the ROI can be seen. A panning gesture with the finger inside the ROI will move the ROI box into a position that covers the entire renal region, i.e., panning allows a translation movement of the ROI box such that the box covers the entire target area.

Fig. 3k demonstrates a panning gesture. With the finger inside the ROI, it can move the ROI box to any place within the image plane. In the above embodiment, it is easy to differentiate a “flick” gesture with a finger outside an “ROI” box is intended for steering a beam, and a “drag-and-move, panning” gesture with a finger inside the “ROI” is intended for moving the ROI box. However, there are applications in which no ROI as a reference region, then it is easy to see that it is difficult to differentiate a “flick” or a “panning” gesture, in this case, the touch-screen program needs to track the initial velocity or acceleration of the finger to determine it is a “flick” gesture or a “drag-and-move” gesture. Thus, the touch engine that receives data from the touchscreen sensor device is programmed to discriminate between velocity thresholds that indicate different gestures. Thus, the time, speed and direction associated with different moving gestures can have preset thresholds. Two and three finger static and moving gestures can have separate thresholds to differentiate these control operations. Note that preset displayed icons or virtual buttons can have distinct static pressure or time duration thresholds. When operated in full screen mode, the touchscreen processor, which is preferably operating on the systems central processing unit that performs other imaging operations such as scan conversion, switches off the static icons.

Figs. 4a-4c depict exemplary subsets 402, 404, 406 of touch controls that can be implemented by users of the medical ultrasound imaging equipment 100 on the touch screen display 104. It is noted that any other suitable subset(s) of touch controls can be implemented, as required and/or desired, on the touch screen display 104. As shown in Fig. 4a, the subset 402 includes a touch control 408 for performing 2-dimensional (2D) mode operations, a touch control 410 for performing gain control operations, a touch control 412 for performing color control operations, and a touch control 414 for performing image/clip freeze/store operations. For example, a user can employ the press gesture 320 to actuate the touch control 408, returning the medical ultrasound imaging equipment 100 to 2D mode. Further, the user can employ the press gesture 320 against one side of the touch control 410 to decrease a gain level, and employ the press gesture 320 against another side of the touch control 410 to increase the gain level. Moreover, the user can employ the drag gesture 318 on the touch control 412 to identify ranges

of densities on a 2D image, using a predetermined color code. In addition, the user can employ the press gesture 320 to actuate the touch control 414 to freeze/store a still image or to acquire a cine image clip.

As shown in Fig. 4b, the subset 404 includes a touch control 416 for performing split
5 screen control operations, a touch control 418 for performing PW imaging control operations, a touch control 420 for performing Doppler and 2-dimensional beam steering control operations, and a touch control 422 for performing annotation operations. For example, a user can employ the press gesture 320 against the touch control 416, allowing the user to toggle between opposing sides of the split touch screen display 104 by alternately employing the tap gesture 302
10 on each side of the split screen. Further, the user can employ the press gesture 320 to actuate the touch control 418 and enter the PW mode, which allows (1) user control of the angle correction, (2) movement (*e.g.*, “up” or “down”) of a baseline that can be displayed on the touch screen display 104 by employing the press and drag gesture 322, and/or (3) an increase or a decrease of scale by employing the tap gesture 302 on a scale bar that can be displayed on the touch screen
15 display 104. Moreover, the user can employ the press gesture 320 against one side of the touch control 420 to perform 2D beam steering to the “left” or any other suitable direction in increments of five (5) or any other suitable increment, and employ the press gesture 320 against another side of the touch control 420 to perform 2D beam steering to the “right” or any other suitable direction in increments of five (5) or any other suitable increment. In addition, the user
20 can employ the tap gesture 302 on the touch control 422, allowing the user to enter annotation information via a pop-up keyboard that can be displayed on the touch screen display 104.

As shown in Fig. 4c, the subset 406 includes a touch control 424 for performing dynamic range operations, a touch control 426 for performing Teravision™ software operations, a touch control 428 for performing map operations, and a touch control 430 for performing needle guide
25 operations. For example, a user can employ the press gesture 320 and/or the press and drag gesture 322 against the touch control 424 to control or set the dynamic range. Further, the user can employ the tap gesture 302 on the touch control 426 to choose a desired level of the Teravision™ software to be executed from the memory by the processor on the computer motherboard 106. Moreover, the user can employ the tap gesture 302 on the touch control 428
30 to perform a desired map operation. In addition, the user can employ the press gesture 320 against the touch control 430 to perform a desired needle guide operation.

In accordance with the present application, various measurements and/or tracings of objects (such as organs, tissues, *etc.*) displayed as ultrasound images on the touch screen display

104 of the medical ultrasound imaging equipment 100 (see Fig. 1) can be performed, using single point/multipoint gestures on the surface 105 of the touch screen display 104. The user can perform such measurements and/or tracings of objects directly on an original ultrasound image of the displayed object, on a magnified version of the ultrasound image of the displayed object, and/or on a magnified portion of the ultrasound image within a virtual window 506 (see
5 Figs. 5c and 5d) on the touch screen display 104.

Figs. 5a and 5b depict an original ultrasound image of an exemplary object, namely, a liver 502 with a cystic lesion 504, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see Fig. 1). It is noted that such an ultrasound image can be
10 generated by the medical ultrasound imaging equipment 100 in response to penetration of the liver tissue by ultrasound waves generated by an ultrasound probe/transducer operatively connected to the equipment 100. Measurements and/or tracings of the liver 502 with the cystic lesion 504 can be performed directly on the original ultrasound image displayed on the touch screen display 104 (see Figs. 5a and 5b), or on a magnified version of the ultrasound image. For
15 example, the user can obtain such a magnified version of the ultrasound image using a spread gesture (see, *e.g.*, the spread gesture 312; Fig. 3) by placing two (2) fingers on the surface 105 of the touch screen display 104, and spreading them apart to magnify the original ultrasound image. Such measurements and/or tracings of the liver 502 and cystic lesion 504 can also be performed on a magnified portion of the ultrasound image within the virtual window 506 (see
20 Figs. 5c and 5d) on the touch screen display 104.

For example, using his or her finger (see, *e.g.*, a finger 508; Figs. 5a-5d), the user can obtain the virtual window 506 by employing a press gesture (see, *e.g.*, the press gesture 320; Fig. 3) against the surface 105 of the touch screen display 104 (see Fig. 5b) in the vicinity of a region of interest, such as the region corresponding to the cystic lesion 504. In response to the press
25 gesture, the virtual window 506 (see Fig. 5c and 5d) is displayed on the touch screen display 104, possibly at least partially superimposed on the original ultrasound image, thereby providing the user with a view of a magnified portion of the liver 502 in the vicinity of the cystic lesion 504. For example, the virtual window 506 of Fig. 5c can provide a view of a magnified portion of the ultrasound image of the cystic lesion 504, which is covered by the finger 508 pressed
30 against the surface 105 of the touch screen display 104. To re-position the magnified cystic lesion 504 within the virtual window 506, the user can employ a press and drag gesture (see, *e.g.*, the press and drag gesture 322; Fig. 3) against the surface 105 of the touch screen display 104 (see Fig. 5d), thereby moving the image of the cystic lesion 504 to a desired position within

the virtual window 506. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to allow the user to select a level of magnification within the virtual window 506 to be 2 times larger, 4 times larger, or any other suitable number of times larger than the original ultrasound image. The user can remove the virtual window 506 from the touch screen display 104 by lifting his or her finger (see, *e.g.*, the finger 508; Figs. 5a-5d) from the surface 105 of the touch screen display 104.

Fig. 6a depicts an ultrasound image of another exemplary object, namely, an apical four (4) chamber view of a heart 602, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see Fig. 1). It is noted that such an ultrasound image can be generated by the medical ultrasound imaging equipment 100 in response to penetration of the heart tissue by ultrasound waves generated by an ultrasound probe/transducer operatively connected to the equipment 100. Measurements and/or tracings of the heart 602 can be performed directly on the original ultrasound image displayed on the touch screen display 104 (see Figs. 6a-6e), or on a magnified version of the ultrasound image. For example, using his or her fingers (see, *e.g.*, fingers 610, 612; Figs. 6b-6e), the user can perform a manual tracing of an endocardial border 604 (see Fig. 6b) of a left ventricle 606 (see Figs. 6b-6e) of the heart 602 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104. In one embodiment, using his or her fingers (see, *e.g.*, the fingers 610, 612; Figs. 6b-6e), the user can obtain a cursor 607 (see Fig. 6b) by employing a double tap gesture (see, *e.g.*, the double tap gesture 310; Fig. 3a) on the surface 105 of the touch screen display 104, and can move the cursor 607 by employing a drag gesture (see, *e.g.*, the drag gesture 318; Fig. 3a) using one finger, such as the finger 610, thereby moving the cursor 607 to a desired location on the touch screen display 104. The systems and methods described herein can be used for the quantitative measurement of heart wall motion and specifically for the measurement of ventricular dyssynchrony as described in detail in U.S. Application No. 10/817,316 filed on April 2, 2004, the entire contents of which is incorporated herein by reference.

Once the cursor 607 is at the desired location on the touch screen display 104, as determined by the location of the finger 610, the user can fix the cursor 607 at that location by employing a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using another finger, such as the finger 612. To perform a manual tracing of the endocardial border 604 (see Fig. 6b), the user can employ a press and drag gesture (see, *e.g.*, the press and drag gesture 322; Fig. 3) using the finger 610, as illustrated in Figs. 6c and 6d. Such a manual tracing of the endocardial border 604 can be highlighted on the touch screen display 104 in any suitable fashion, such as by a

dashed line 608 (see Figs. 6c-6e). The manual tracing of the endocardial border 604 can continue until the finger 610 arrives at any suitable location on the touch screen display 104, or until the finger 610 returns to the location of the cursor 607, as illustrated in Fig. 6e. Once the finger 610 is at the location of the cursor 607, or at any other suitable location, the user can complete the manual tracing operation by employing a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using the finger 612. It is noted that such a manual tracing operation can be employed to trace any other suitable feature(s) and/or waveform(s), such as a pulsed wave Doppler (PWD) waveform. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable calculation(s) and/or measurement(s) relating to such feature(s) and/or waveform(s), based at least in part on a manual tracing(s) of the respective feature(s)/waveform(s).

As described above, the user can perform measurements and/or tracings of objects on a magnified portion of an original ultrasound image of a displayed object within a virtual window on the touch screen display 104. Figs. 7a-7c depict an original ultrasound image of an exemplary object, namely, a liver 702 with a cystic lesion 704, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see Fig. 1). Figs. 7a-7c further depict a virtual window 706 that provides a view of a magnified portion of the ultrasound image of the cystic lesion 704, which is covered by one of the user's fingers, such as a finger 710, pressed against the surface 105 of the touch screen display 104. Using his or her fingers (see, *e.g.*, fingers 710, 712; Figs. 7a-7c), the user can perform a size measurement of the cystic lesion 704 within the virtual window 706 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104.

For example, using his or her fingers (see, *e.g.*, the fingers 710, 712; Figs. 7a-7c), the user can obtain a first cursor 707 (see Figs. 7b, 7c) by employing a double tap gesture (see, *e.g.*, the double tap gesture 310; Fig. 3) on the surface 105, and can move the first cursor 707 by employing a drag gesture (see, *e.g.*, the drag gesture 318; Fig. 3) using one finger, such as the finger 710, thereby moving the first cursor 707 to a desired location. Once the first cursor 707 is at the desired location, as determined by the location of the finger 710, the user can fix the first cursor 707 at that location by employing a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using another finger, such as the finger 712. Similarly, the user can obtain a second cursor 709 (see Fig. 7c) by employing a double tap gesture (see, *e.g.*, the double tap gesture 310; Fig. 3) on the surface 105, and can move the second cursor 709 by employing a drag gesture (see, *e.g.*, the drag gesture 318; Fig. 3) using the finger 710, thereby moving the second cursor 709 to a desired

location. Once the second cursor 709 is at the desired location, as determined by the location of the finger 710, the user can fix the second cursor 709 at that location by employing a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using the finger 712. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable size calculation(s) and/or measurement(s) relating to the cystic lesion 704, based at least in part on the locations of the first and second cursors 707, 709.

Figs. 8a-8c depict an original ultrasound image of an exemplary object, namely, a liver 802 with a cystic lesion 804, displayed on the touch screen display 104 of the medical ultrasound imaging equipment 100 (see Fig. 1). Figs. 8a-8c further depict a virtual window 806 that provides a view of a magnified portion of the ultrasound image of the cystic lesion 804, which is covered by one of the user's fingers, such as a finger 810, pressed against the surface 105 of the touch screen display 104. Using his or her fingers (see, *e.g.*, fingers 810, 812; Figs. 8a-8c), the user can perform a caliper measurement of the cystic lesion 804 within the virtual window 806 by employing one or more multi-finger gestures on the surface 105 of the touch screen display 104.

For example, using his or her fingers (see, *e.g.*, the fingers 810, 812; Figs. 8a-8c), the user can obtain a first cursor 807 (see Figs. 8b, 8c) by employing a double tap gesture (see, *e.g.*, the double tap gesture 310; Fig. 3) on the surface 105, and can move the cursor 807 by employing a drag gesture (see, *e.g.*, the drag gesture 318; Fig. 3) using one finger, such as the finger 810, thereby moving the cursor 807 to a desired location. Once the cursor 807 is at the desired location, as determined by the location of the finger 810, the user can fix the cursor 807 at that location by employing a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using another finger, such as the finger 812. The user can then employ a press and drag gesture (see, *e.g.*, the press and drag gesture 322; Fig. 3) to obtain a connecting line 811 (see Figs. 8b, 8c), and to extend the connecting line 811 from the first cursor 807 across the cystic lesion 804 to a desired location on another side of the cystic lesion 804. Once the connecting line 811 is extended across the cystic lesion 804 to the desired location on the other side of the cystic lesion 804, the user can employ a tap gesture (see, *e.g.*, the tap gesture 302; see Fig. 3) using the finger 812 to obtain and fix a second cursor 809 (see Fig. 8c) at that desired location. In one embodiment, the medical ultrasound imaging equipment 100 can be configured to perform any suitable caliper calculation(s) and/or measurement(s) relating to the cystic lesion 804, based at least in part on the connecting line 811 extending between the locations of the first and second cursors 807, 809.

Fig. 9A shows a system 140 in which a transducer housing 150 with an array of transducer elements 152 can be attached at connector 114 to housing 102. Each probe 150 can have a probe identification circuit 154 that uniquely identifies the probe that is attached. When the user inserts a different probe with a different array, the system identifies the probe operating parameters. Note that preferred embodiments can include a display 104 having a touch sensor 107 which can be connected to a touch processor 109 that analyzes touchscreen data from the sensor 107 and transmits commands to both image processing operations and to a beamformer control processor (1116, 1124). In a preferred embodiment, the touch processor can include a computer readable medium that stores instructions to operate an ultrasound touchscreen engine that is operable to control display and imaging operations described herein.

Fig. 9B shows a software flowchart 900 of a typical transducer management module 902 within the ultrasound application program. When a TRANSDUCER ATTACH 904 event is detected, the Transducer Management Software Module 902 first reads the Transducer type ID 906 and hardware revision information from the IDENTIFICATION Segment. The information is used to fetch the particular set of transducer profile data 908 from the hard disk and load it into the memory of the application program. The software then reads the adjustment data from the FACTORY Segment 910 and applies the adjustments to the profile data just loaded into memory 912. The software module then sends a TRANSDUCER ATTACH Message 914 to the main ultrasound application program, which uses the transducer profile already loaded. After acknowledgment 916, an ultrasound imaging sequence is performed and the USAGE segment is updated 918. The Transducer Management Software Module then waits for either a TRANSDUCER DETACH event 920, or the elapse of 5 minutes. If a TRANSDUCER DETACH event is detected 921, a message 924 is sent and acknowledged 926, the transducer profile data set is removed 928 from memory and the module goes back to wait for another TRANSDUCER ATTACH event. If a 5 minutes time period expires without detecting a TRANSDUCER DETACH event, the software module increments a Cumulative Usage Counter in the USAGE Segment 922, and waits for another 5 minutes period or a TRANSDUCER DETACH event. The cumulative usage is recorded in memory for maintenance and replacement records.

There are many types of ultrasound transducers. They differ by geometry, number of elements, and frequency response. For example, a linear array with center frequency of 10 to 15 MHz is better suited for breast imaging, and a curved array with center frequency of 3 to 5 MHz is better suited for abdominal imaging.

It is often necessary to use different types of transducers for the same or different ultrasound scanning sessions. For ultrasound systems with only one transducer connection, the operator will change the transducer prior to the start of a new scanning session.

In some applications, it is necessary to switch among different types of transducers during one ultrasound scanning session. In this case, it is more convenient to have multiple transducers connected to the same ultrasound system, and the operator can quickly switch among these connected transducers by hitting a button on the operator console, without having to physically detach and re-attach the transducers, which takes a longer time. Preferred embodiments of the inventors can include a multiplexor within the tablet housing that can select between a plurality of probe connector ports within the tablet housing, or alternatively, the tablet housing can be connected to an external multiplexor that can be mounted on a cart as described herein.

FIG. 10 illustrates an exemplary method for monitoring the synchrony of a heart in accordance with exemplary embodiments. In the method, a reference template is loaded into memory and used to guide a user in identifying an imaging plane (per step 930). Next a user identifies a desired imaging plane (per step 932). Typically an apical 4-chamber view of the heart is used; however, other views may be used without departing from the spirit of the invention.

At times, identification of endocardial borders may be difficult, and when such difficulties are encountered tissue Doppler imaging of the same view may be employed (per step 934). A reference template for identifying the septal and lateral free wall is provided (per step 936). Next, standard tissue Doppler imaging (TDI) with pre-set velocity scales of, say, ± 30 cm/sec may be used (per step 938).

Then, a reference of the desired triplex image may be provided (per step 940). Either B-mode or TDI may be used to guide the range gate (per step 942). B-mode can be used for guiding the range gate (per step 944) or TDI for guiding the range gate (per step 946). Using TDI or B-mode for guiding the range gate also allows the use of a direction correction angle for allowing the Spectral Doppler to display the radial mean velocity of the septal wall. A first pulsed-wave spectral Doppler is then used to measure the septal wall mean velocity using duplex or triplex mode (per step 948). The software used to process the data and calculate dysynchrony can utilize a location (e.g. a center point) to automatically set an angle between dated locations on a heart wall to assist in simplifying the setting of parameters.

A second range-gate position is also guided using a duplex image or a TDI (per step 950), and a directional correction angle may be used if desired. After step 950, the mean velocity of the septal wall and lateral free wall are being tracked by the system. Time integration of the Spectral Doppler mean velocities 952 at regions of interest (e.g., the septum wall and the left ventricular free wall) then provides the displacement of the septal and left free wall, respectively.

The above method steps may be utilized in conjunction with a high pass filtering means, analog or digital, known in the relevant arts for removing any baseline disturbance present in collected signals. In addition, the disclosed method employs multiple simultaneous PW Spectral Doppler lines for tracking movement of the interventricular septum and the left ventricular fee wall. In additional, a multiple gate structure may be employed along each spectral line, thus allowing quantitative measurement of regional wall motion. Averaging over multiple gates may allow measurement of global wall movement.

FIG. 11 is a detailed schematic block diagram of an exemplary embodiment of the ultrasound engine 108 (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of the computer motherboard 106 (i.e., the host computer) of the ultrasound device illustrated in Figs 1 and 2a. The components of the ultrasound engine 108 and/or the computer motherboard 106 may be implemented in application-specific integrated circuits (ASICs). Exemplary ASICs have a high channel count and can pack 32 or more channels per chip in some exemplary embodiments. One of ordinary skill in the art will recognize that the ultrasound engine 108 and the computer motherboard 106 may include more or fewer modules than those shown. For example, the ultrasound engine 108 and the computer motherboard 106 may include the modules shown in FIG. 17.

A transducer array 152 is configured to transmit ultrasound waves to and receive reflected ultrasound waves from one or more image targets 1102. The transducer array 152 is coupled to the ultrasound engine 108 using one or more cables 1104.

The ultrasound engine 108 includes a high-voltage transmit/receive (TR) module 1106 for applying drive signals to the transducer array 152 and for receiving return echo signals from the transducer array 152. The ultrasound engine 108 includes a pre-amp/time gain compensation (TGC) module 1108 for amplifying the return echo signals and applying suitable TGC functions to the signals. The ultrasound engine 108 includes a sampled-data beamformer 1110 that the delay coefficients used in each channel after the return echo signals have been amplified and processed by the pre-amp/TGC module 1108.

In some exemplary embodiments, the high-voltage TR module 1106, the pre-amp/TGC module 1108, and the sample-interpolate receive beamformer 1110 may each be a silicon chip having 8 to 64 channels per chip, but exemplary embodiments are not limited to this range. In certain embodiments, the high-voltage TR module 1106, the pre-amp/TGC module 1108, and the sample-interpolate receive beamformer 1110 may each be a silicon chip having 8, 16, 32, 64 channels, and the like. As illustrated in FIG. 11, an exemplary TR module 1106, an exemplary pre-amp/TGC module 1108 and an exemplary beamformer 1110 may each take the form of a silicon chip including 32 channels.

The ultrasound engine 108 includes a first-in first-out (FIFO) buffer module 1112 which is used for buffering the processed data output by the beamformer 1110. The ultrasound engine 108 also includes a memory 1114 for storing program instructions and data, and a system controller 1116 for controlling the operations of the ultrasound engine modules.

The ultrasound engine 108 interfaces with the computer motherboard 106 over a communications link 112 which can follow a standard high-speed communications protocol, such as the Fire Wire (IEEE 1394 Standards Serial Interface) or fast (e.g., 200 – 400 Mbits/second or faster) Universal Serial Bus (USB 2.0 USB 3.0), protocol. The standard communication link to the computer motherboard operates at least at 400 Mbits/second or higher, preferably at 800 Mbits/second or higher. Alternatively, the link 112 can be a wireless connection such as an infrared (IR) link. The ultrasound engine 108 includes a communications chipset 1118 (e.g., a Fire Wire chipset) to establish and maintain the communications link 112.

Similarly, the computer motherboard 106 also includes a communications chipset 1120 (e.g., a Fire Wire chipset) to establish and maintain the communications link 112. The computer motherboard 106 includes a core computer-readable memory 1122 for storing data and/or computer-executable instructions for performing ultrasound imaging operations. The memory 1122 forms the main memory for the computer and, in an exemplary embodiment, may store about 4 Gb of DDR3 memory. The computer motherboard 106 also includes a microprocessor 1124 for executing computer-executable instructions stored on the core computer-readable memory 1122 for performing ultrasound imaging processing operations. An exemplary microprocessor 1124 may be an off-the-shelf commercial computer processor, such as an Intel Core-i5 processor. Another exemplary microprocessor 1124 may be a digital signal processor (DSP) based processor, such as one or more DaVinci™ processors from Texas Instruments. The computer motherboard 106 also includes a display controller 1126 for controlling a display device that may be used to display ultrasound data, scans and maps.

Exemplary operations performed by the microprocessor 1124 include, but are not limited to, down conversion (for generating I, Q samples from received ultrasound data), scan conversion (for converting ultrasound data into a display format of a display device), Doppler processing (for determining and/or imaging movement and/or flow information from the ultrasound data), Color Flow processing (for generating, using autocorrelation in one embodiment, a color-coded map of Doppler shifts superimposed on a B-mode ultrasound image), Power Doppler processing (for determining power Doppler data and/or generating a power Doppler map), Spectral Doppler processing (for determining spectral Doppler data and/or generating a spectral Doppler map), and post signal processing. These operations are described in further detail in WO 03/079038 A2, filed March 11, 2003, titled "Ultrasound Probe with Integrated Electronics," the entire contents of which are expressly incorporated herein by reference.

To achieve a smaller and lighter portable ultrasound devices, the ultrasound engine 108 includes reduction in overall packaging size and footprint of a circuit board providing the ultrasound engine 108. To this end, exemplary embodiments provide a small and light portable ultrasound device that minimizes overall packaging size and footprint while providing a high channel count. In some embodiments, a high channel count circuit board of an exemplary ultrasound engine may include one or more multi-chip modules in which each chip provides multiple channels, for example, 32 channels. The term "multi-chip module," as used herein, refers to an electronic package in which multiple integrated circuits (IC) are packaged into a unifying substrate, facilitating their use as a single component, i.e., as a larger IC. A multi-chip module may be used in an exemplary circuit board to enable two or more active IC components integrated on a High Density Interconnection (HDI) substrate to reduce the overall packaging size. In an exemplary embodiment, a multi-chip module may be assembled by vertically stacking a transmit/receive (TR) silicon chip, an amplifier silicon chip and a beamformer silicon chip of an ultrasound engine. A single circuit board of the ultrasound engine may include one or more of these multi-chip modules to provide a high channel count, while minimizing the overall packaging size and footprint of the circuit board.

FIG. 12 depicts a schematic side view of a portion of a circuit board 1200 including a multi-chip module assembled in a vertically stacked configuration. Two or more layers of active electronic integrated circuit components are integrated vertically into a single circuit. The IC layers are oriented in spaced planes that extend substantially parallel to one another in a vertically stacked configuration. In FIG. 12, the circuit board includes an HDI substrate 1202

for supporting the multi-chip module. A first integrated circuit chip 1204 including, for example, a first beamformer device is coupled to the substrate 1202 using any suitable coupling mechanism, for example, epoxy application and curing. A first spacer layer 1206 is coupled to the surface of the first integrated circuit chip 1204 opposite to the substrate 1202 using, for example, epoxy application and curing. A second integrated circuit chip 1208 having, for example, a second beamformer device is coupled to the surface of the first spacer layer 1206 opposite to the first integrated circuit chip 1204 using, for example, epoxy application and curing. A metal frame 1210 is provided for mechanical and/or electrical connection among the integrated circuit chips. An exemplary metal frame 1210 may take the form of a leadframe. The first integrated circuit chip 1204 may be coupled to the metal frame 1210 using wiring 1212. The second integrated circuit chip 1208 may be coupled to the same metal frame 1210 using wiring 1214. A packaging 1216 is provided to encapsulate the multi-chip module assembly and to maintain the multiple integrated circuit chips in substantially parallel arrangement with respect to one another.

As illustrated in FIG. 12, the vertical three-dimensional stacking of the first integrated circuit chip 1204, the first spacer layer 1206 and the second integrated circuit chip 1208 provides high-density functionality on the circuit board while minimizing overall packaging size and footprint (as compared to an ultrasound engine circuit board that does not employ a vertically stacked multi-chip module). One of ordinary skill in the art will recognize that an exemplary multi-chip module is not limited to two stacked integrated circuit chips. Exemplary numbers of chips vertically integrated in a multi-chip module may include, but are not limited to, two, three, four, five, six, seven, eight, and the like.

In one embodiment of an ultrasound engine circuit board, a single multi-chip module as illustrated in FIG. 12 is provided. In other embodiments, a plurality of multi-chip modules also illustrated in FIG. 12. In an exemplary embodiment, a plurality of multi-chip modules (for example, two multi-chip modules) may be stacked vertically on top of one another on a circuit board of an ultrasound engine to further minimize the packaging size and footprint of the circuit board.

In addition to the need for reducing the footprint, there is also a need for decreasing the overall package height in multi-chip modules. Exemplary embodiments may employ wafer thinning to sub-hundreds micron to reduce the package height in multi-chip modules.

Any suitable technique can be used to assemble a multi-chip module on a substrate. Exemplary assembly techniques include, but are not limited to, laminated MCM (MCM-L) in

which the substrate is a multi-layer laminated printed circuit board, deposited MCM (MCM-D) in which the multi-chip modules are deposited on the base substrate using thin film technology, and ceramic substrate MCM (MCM-C) in which several conductive layers are deposited on a ceramic substrate and embedded in glass layers that layers are co-fired at high temperatures (HTCC) or low temperatures (LTCC).

FIG. 13 is a flowchart of an exemplary method for fabricating a circuit board including a multi-chip module assembled in a vertically stacked configuration. In step 1302, a HDI substrate is fabricated or provided. In step 1304, a metal frame (e.g., leadframe) is provided. In step 1306, a first IC layer is coupled or bonded to the substrate using, for example, epoxy application and curing. The first IC layer is wire bonded to the metal frame. In step 1308, a spacer layer is coupled to the first IC layer using, for example, epoxy application and curing, so that the layers are stacked vertically and extend substantially parallel to each other. In step 1310, a second IC layer is coupled to the spacer layer using, for example, epoxy application and curing, so that all of the layers are stacked vertically and extend substantially parallel to one another. The second IC layer is wire bonded to the metal frame. In step 1312, a packaging is used to encapsulate the multi-chip module assembly.

Exemplary chip layers in a multi-chip module may be coupled to each other using any suitable technique. For example, in the embodiment illustrated in FIG. 12, spacer layers may be provided between chip layers to spacedly separate the chip layers. Passive silicon layers, die attach paste layers and/or die attach film layers may be used as the spacer layers. Exemplary spacer techniques that may be used in fabricating a multi-chip module is further described in Toh CH *et al.*, "Die Attach Adhesives for 3D Same-Sized Dies Stacked Packages," the 58th Electronic Components and Technology Conference (ECTC2008), pp. 1538-43, Florida, US (27-30 May 2008), the entire contents of which are expressly incorporated herein by reference.

Important requirements for the die attach (DA) paste or film is excellent adhesion to the passivation materials of adjacent dies. Also, a uniform bond-link thickness (BLT) is required for a large die application. In addition, high cohesive strength at high temperatures and low moisture absorption are preferred for reliability.

Figs 14a-14c are schematic side views of exemplary multi-chip modules, including vertically stacked dies, that may be used in accordance with exemplary embodiments. Both peripheral and center pads wire bond (WB) packages are illustrated and may be used in wire bonding exemplary chip layers in a multi-chip module. FIG. 14a is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated

from one another by passive silicon layers with a 2-in-1 dicing die attach film (D-DAF). FIG. 14b is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA film-based adhesives acting as die-to-die spacers. FIG. 14c is a schematic side view of a multi-chip module including four vertically stacked dies in which the dies are spacedly separated from one another by DA paste or film-based adhesives acting as die-to-die spacers. The DA paste or film-based adhesives may have wire penetrating capability in some exemplary embodiments. In the exemplary multi-chip module of FIG. 14c, film-over wire (FOW) is used to allow long wire bonding and center bond pads stacked die packages. FOW employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. This solves the problem of stacking same or similar-sized dies directly on top of each other, which otherwise poses a challenge as there is no or insufficient clearance for the bond wires of the lower dies.

The DA material illustrated in Figs 14b and 14c preferably maintain a bond-line thickness (BLT) with little to no voiding and bleed out through the assembly process. Upon assembly, the DA materials sandwiched between the dies maintain an excellent adhesion to the dies. The material properties of the DA materials are tailored to maintain high cohesive strength for high temperature reliability stressing without bulk fracture. The material properties of the DA materials are tailored to also minimize or preferably eliminate moisture accumulation that may cause package reliability failures (e.g., popcorning whereby interfacial or bulk fractures occur as a result of pressure build-up from moisture in the package).

FIG. 15 is a flowchart of certain exemplary methods of die-to-die stacking using (a) passive silicon layers with a 2-in-1 dicing die attach film (D-DAF), (b) DA paste, (c) thick DA-film, and (d) film-over wire (FOW) that employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. Each method performs backgrinding of wafers to reduce the wafer thickness to enable stacking and high density packaging of integrated circuits. The wafers are sawed to separate the individual dies. A first die is bonded to a substrate of a multi-chip module using, for example, epoxy application and curing in an oven. Wire bonding is used to couple the first die to a metal frame.

In method (a), a first passive silicon layer is bonded to the first die in a stacked manner using a dicing die-attach film (D-DAF). A second die is bonded to the first passive layer in a stacked manner using D-DAF. Wire bonding is used to couple the second die to the metal

frame. A second passive silicon layer is bonded to the second die in a stacked manner using D-DAF. A third die is bonded to the second passive layer in a stacked manner using D-DAF.

Wire bonding is used to couple the third die to the metal frame. A third passive silicon layer is bonded to the third die in a stacked manner using D-DAF. A fourth die is bonded to the third
5 passive layer in a stacked manner using D-DAF. Wire bonding is used to couple the fourth die to the metal frame.

In method (b), die attach (DA) paste dispensing and curing is repeated for multi-thin die stack application. DA paste is dispensed onto a first die, and a second die is provided on the DA paste and cured to the first die. Wire bonding is used to couple the second die to the metal
10 frame. DA paste is dispensed onto the second die, and a third die is provided on the DA paste and cured to the second die. Wire bonding is used to couple the third die to the metal frame. DA paste is dispensed onto the third die, and a fourth die is provided on the DA paste and cured to the third die. Wire bonding is used to couple the fourth die to the metal frame.

In method (c), die attach films (DAF) are cut and pressed to a bottom die and a top die is
15 then placed and thermal compressed onto the DAF. For example, a DAF is pressed to the first die and a second die is thermal compressed onto the DAF. Wire bonding is used to couple the second die to the metal frame. Similarly, a DAF is pressed to the second die and a third die is thermal compressed onto the DAF. Wire bonding is used to couple the third die to the metal frame. A DAF is pressed to the third die and a fourth die is thermal compressed onto the DAF.
20 Wire bonding is used to couple the fourth die to the metal frame.

In method (d), film-over wire (FOW) employs a die-attach film with wire penetrating capability that allows the same or similar-sized wire-bonded dies to be stacked directly on top of one another without passive silicon spacers. A second die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the second die to the metal frame.
25 A third die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the third die to the metal frame. A fourth die is bonded and cured to the first die in a stacked manner. Film-over wire bonding is used to couple the fourth die to the metal frame.

After the above-described steps are completed, in each method (a)-(d), wafer molding and post-mold curing (PMC) are performed. Subsequently, ball mount and singulation are
30 performed.

Further details on the above-described die attachment techniques are provided in TOH CH *et al.*, "Die Attach Adhesives for 3D Same-Sized Dies Stacked Packages," the 58th

Electronic Components and Technology Conference (ECTC2008), pp. 1538-43, Florida, US (27-30 May 2008), the entire contents of which are expressly incorporated herein by reference.

FIG. 16 is a schematic side view of a multi-chip module 1600 including a TR chip 1602, an amplifier chip 1604 and a beamformer chip 1606 vertically integrated in a vertically stacked configuration on a substrate 1614. Any suitable technique illustrated in Figs 12-15 may be used to fabricate the multi-chip module. One of ordinary skill in the art will recognize that the particular order in which the chips are stacked may be different in other embodiments. First and second spacer layers 1608, 1610 are provided to spacedly separate the chips 1602, 1604, 1606. Each chip is coupled to a metal frame (e.g., a leadframe) 1612. In certain exemplary embodiments, heat transfer and heat sink mechanisms may be provided in the multi-chip module to sustain high temperature reliability stressing without bulk failure. Other components of FIG. 16 are described with reference to Figs 12 and 14.

In this exemplary embodiment, each multi-chip module may handle the complete transmit, receive, TGC amplification and beam forming operations for a large number of channels, for example, 32 channels. By vertically integrating the three silicon chips into a single multi-chip module, the space and footprint required for the printed circuit board is further reduced. A plurality of multi-chip modules may be provided on a single ultrasound engine circuit board to further increase the number of channels while minimizing the packaging size and footprint. For example, a 128 channel ultrasound engine circuit board 108 can be fabricated within exemplary planar dimensions of about 10 cm x about 10 cm, which is a significant improvement of the space requirements of conventional ultrasound circuits. A single circuit board of an ultrasound engine including one or more multi-chip modules may have 16 to 128 channels in preferred embodiments. In certain embodiments, a single circuit board of an ultrasound engine including one or more multi-chip modules may have 16, 32, 64, 128 channels, and the like.

FIG. 17 is a detailed schematic block diagram of an exemplary embodiment of the ultrasound engine 108 (i.e., the front-end ultrasound specific circuitry) and an exemplary embodiment of the computer motherboard 106 (i.e., the host computer) provided as a single board complete ultrasound system. An exemplary single board ultrasound system as illustrated in FIG. 17 may have exemplary planar dimensions of about 25 cm x about 18 cm, although other dimensions are possible. The single board complete ultrasound system of FIG. 17 may be implemented in the ultrasound device illustrated in Figs 1, 2a, 2b, and 9a, and may be used to perform the operations depicted in FIGs. 3-8, 9b, and 10.

The ultrasound engine 108 includes a probe connector 114 to facilitate the connection of at least one ultrasound probe/transducer. In the ultrasound engine 108, a TR module, an amplifier module and a beamformer module may be vertically stacked to form a multi-chip module as shown in FIG. 16, thereby minimizing the overall packaging size and footprint of the ultrasound engine 108. The ultrasound engine 108 may include a first multi-chip module 1710 and a second multi-chip module 1712, each including a TR chip, an ultrasound pulser and receiver, an amplifier chip including a time-gain control amplifier, and a sample-data beamformer chip vertically integrated in a stacked configuration as shown in FIG. 16. The first and second multi-chip modules 1710, 1712 may be stacked vertically on top of each other to further minimize the area required on the circuit board. Alternatively, the first and second multi-chip modules 1710, 1712 may be disposed horizontally on the circuit board. In an exemplary embodiment, the TR chip, the amplifier chip and the beamformer chip is each a 32-channel chip, and each multi-chip module 1710, 1712 has 32 channels. One of ordinary skill in the art will recognize that exemplary ultrasound engines 108 may include, but are not limited to, one, two, three, four, five, six, seven, eight multi-chip modules. Note that in a preferred embodiment the system can be configured with a first beamformer in the transducer housing and a second beamformer in the tablet housing.

The ASICs and the multi-chip module configuration enable a 128-channel complete ultrasound system to be implemented on a small single board in a size of a tablet computer format. An exemplary 128-channel ultrasound engine 108, for example, can be accommodated within exemplary planar dimensions of about 10 cm x about 10 cm, which is a significant improvement of the space requirements of conventional ultrasound circuits. An exemplary 128-channel ultrasound engine 108 can also be accommodated within an exemplary area of about 100 cm².

The ultrasound engine 108 also includes a clock generation complex programmable logic device (CPLD) 1714 for generating timing clocks for performing an ultrasound scan using the transducer array. The ultrasound engine 108 includes an analog-to-digital converter (ADC) 1716 for converting analog ultrasound signals received from the transducer array to digital RF formed beams. The ultrasound engine 108 also includes one or more delay profile and waveform generator field programmable gate arrays (FPGA) 1718 for managing the receive delay profiles and generating the transmit waveforms. The ultrasound engine 108 includes a memory 1720 for storing the delay profiles for ultrasound scanning. An exemplary memory 1720 may be a single DDR3 memory chip. The ultrasound engine 108 includes a scan sequence

control field programmable gate array (FPGA) 1722 configured to manage the ultrasound scan sequence, transmit/receiving timing, storing and fetching of profiles to/from the memory 1720, and buffering and moving of digital RF data streams to the computer motherboard 106 via a high-speed serial interface 112. The high-speed serial interface 112 may include Fire Wire or
5 other serial or parallel bus interface between the computer motherboard 106 and the ultrasound engine 108. The ultrasound engine 108 includes a communications chipset 1118 (e.g., a Fire Wire chipset) to establish and maintain the communications link 112.

A power module 1724 is provided to supply power to the ultrasound engine 108, manage a battery charging environment and perform power management operations. The power module
10 1724 may generate regulated, low noise power for the ultrasound circuitry and may generate high voltages for the ultrasound transmit pulser in the TR module.

The computer motherboard 106 includes a core computer-readable memory 1122 for storing data and/or computer-executable instructions for performing ultrasound imaging operations. The memory 1122 forms the main memory for the computer and, in an exemplary
15 embodiment, may store about 4 Gb of DDR3 memory. The memory 1122 may include a solid state hard drive (SSD) for storing an operating system, computer-executable instructions, programs and image data. An exemplary SSD may have a capacity of about 128 Gb.

The computer motherboard 106 also includes a microprocessor 1124 for executing computer-executable instructions stored on the core computer-readable memory 1122 for
20 performing ultrasound imaging processing operations. Exemplary operations include, but are not limited to, down conversion, scan conversion, Doppler processing, Color Flow processing, Power Doppler processing, Spectral Doppler processing, and post signal processing. An exemplary microprocessor 1124 may be an off-the-shelf commercial computer processor, such as an Intel Core-i5 processor. Another exemplary microprocessor 1124 may be a digital signal
25 processor (DSP) based processor, such as DaVinci™ processors from Texas Instruments.

The computer motherboard 106 includes an input/output (I/O) and graphics chipset 1704 which includes a co-processor configured to control I/O and graphic peripherals such as USB ports, video display ports and the like. The computer motherboard 106 includes a wireless
30 network adapter 1702 configured to provide a wireless network connection. An exemplary adapter 1702 supports 802.11g and 802.11n standards. The computer motherboard 106 includes a display controller 1126 configured to interface the computer motherboard 106 to the display 104. The computer motherboard 106 includes a communications chipset 1120 (e.g., a Fire Wire chipset or interface) configured to provide a fast data communication between the computer

motherboard 106 and the ultrasound engine 108. An exemplary communications chipset 1120 may be an IEEE 1394b 800 Mbit/sec interface. Other serial or parallel interfaces 1706 may alternatively be provided, such as USB3, Thunder-Bolt, PCIe, and the like. A power module 1708 is provided to supply power to the computer motherboard 106, manage a battery charging environment and perform power management operations.

An exemplary computer motherboard 106 may be accommodated within exemplary planar dimensions of about 12 cm x about 10 cm. An exemplary computer motherboard 106 can be accommodated within an exemplary area of about 120 cm².

FIG. 18 is a perspective view of an exemplary portable ultrasound system 100 provided in accordance with exemplary embodiments. The system 100 includes a housing 102 that is in a tablet form factor as illustrated in FIG. 18, but that may be in any other suitable form factor. An exemplary housing 102 may have a thickness below 2 cm and preferably between 0.5 and 1.5 cm. A front panel of the housing 102 includes a multi-touch LCD touch screen display 104 that is configured to recognize and distinguish one or more multiple and/or simultaneous touches on a surface of the touch screen display 104. The surface of the display 104 may be touched using one or more of a user's fingers, a user's hand or an optional stylus 1802. The housing 102 includes one or more I/O port connectors 116 which may include, but are not limited to, one or more USB connectors, one or more SD cards, one or more network mini display ports, and a DC power input.

The housing 102 includes or is coupled to a probe connector 114 to facilitate connection of at least one ultrasound probe/transducer 150. The ultrasound probe 150 includes a transducer housing including one or more transducer arrays 152. The ultrasound probe 150 is couplable to the probe connector 114 using a housing connector 1804 provided along a flexible cable 1806. One of ordinary skill in the art will recognize that the ultrasound probe 150 may be coupled to the housing 102 using any other suitable mechanism, for example, an interface housing that includes circuitry for performing ultrasound-specific operations like beamforming. Other exemplary embodiments of ultrasound systems are described in further detail in WO 03/079038 A2, filed March 11, 2003, titled "Ultrasound Probe with Integrated Electronics," the entire contents of which is expressly incorporated herein by reference.

FIG. 19 illustrates an exemplary view of a main graphical user interface (GUI) 1900 rendered on the touch screen display 104 of the portable ultrasound system 100 of FIG. 18. The main GUI 1900 may be displayed when the ultrasound system 100 is started. To assist a user in navigating the main GUI 1900, the GUI may be considered as including four exemplary work

areas: a menu bar 1902, an image display window 1904, an image control bar 1906, and a tool bar 1908. Additional GUI components may be provided on the main GUI 1900 to, for example, enable a user to close, resize and exit the GUI and/or windows in the GUI.

5 The menu bar 1902 enables a user to select ultrasound data, images and/or videos for display in the image display window 1904. The menu bar 1902 may include, for example, GUI components for selecting one or more files in a patient folder directory and an image folder directory. The image display window 1904 displays ultrasound data, images and/or videos and may, optionally, provide patient information. The tool bar 1908 provides functionalities associated with an image or video display including, but not limited to, a save button for saving
10 the current image and/or video to a file, a save Loop button that saves a maximum allowed number of previous frames as a Cine loop, a print button for printing the current image, a freeze image button for freezing an image, a playback toolbar for controlling aspects of playback of a Cine loop, and the like. Exemplary GUI functionalities that may be provided in the main GUI 1900 are described in further detail in WO 03/079038 A2, filed March 11, 2003, titled
15 “Ultrasound Probe with Integrated Electronics,” the entire contents of which are expressly incorporated herein by reference.

The image control bar 1906 includes touch controls that may be operated by touch and touch gestures applied by a user directly to the surface of the display 104. Exemplary touch controls may include, but are not limited to, a 2D touch control 408, a gain touch control 410, a
20 color touch control 412, a storage touch control 414, a split touch control 416, a PW imaging touch control 418, a beamsteering touch control 20, an annotation touch control 422, a dynamic range operations touch control 424, a Teravision™ touch control 426, a map operations touch control 428, and a needle guide touch control 428. These exemplary touch controls are described in further detail in connection with FIGs. 4a-4c.

25 Fig. 20 depicts an illustrative embodiment of exemplary medical ultrasound imaging equipment 2000, implemented in the form factor of a tablet in accordance with the invention. The table may have the dimensions of 12.5” x 1.25” x 8.75” or 31.7 cm x 3.175 cm x 22.22 cm but it may also be in any other suitable form factor having a volume of less than 2500 cm³ and a weight of less than 8 lbs. As shown in Fig. 20, the medical ultrasound imaging equipment 2000,
30 includes a housing 2030, a touch screen display 2010, wherein ultrasound images 2010, and ultra sound data 2040, can be displayed and ultrasound controls 2020, are configured to be controlled by a touchscreen display 2010. The housing 2030, may have a front panel 2060 and a rear panel 2070. The touchscreen display 2010, forms the front panel 2060, and includes a

multi-touch LCD touch screen that can recognize and distinguish one or more multiple and or simultaneous touches of the user on the touchscreen display 2010. The touchscreen display 2010, may have a capacitive multi-touch and AVAH LCD screen. For example, the capacitive multi-touch and AVAH LCD screen may enable a user to view the image from multi angles without losing resolution. In another embodiment, the user may utilize a stylus for data input on the touch screen. The tablet can include an integrated foldable stand that permits a user to swivel the stand from a storage position that conforms to the tablet form factor so that the device can lay flat on the rear panel, or alternatively, the user can swivel the stand to enable the tablet to stand at an upright position at one of a plurality of oblique angles relative to a support surface.

Capacitive touchscreen module comprises an insulator for example glass, coated with a transparent conductor, such as indium tin oxide. The manufacturing process may include a bonding process among glass, x-sensor film, y-sensor film and a liquid crystal material. The tablet is configured to allow a user to perform multi-touch gestures such as pinching and stretching while wearing a dry or a wet glove. The surface of the screen registers the electrical conductor making contact with the screen. The contact distorts the screens electrostatic field resulting in measureable changes in capacitance. A processor then interprets the change in the electrostatic field. Increasing levels of responsiveness are enabled by reducing the layers and by producing touch screens with “in-cell” technology. “In-cell” technology eliminates layers by placing the capacitors inside the display. Applying “in-cell” technology reduces the visible distance between the user’s finger and the touchscreen target, thereby creating a more directive contact with the content displayed and enabling taps and gestures to have an increase in responsiveness.

Fig. 21 illustrates a preferred cart system for a modular ultrasound imaging system in accordance with the invention. The cart system 2100, uses a base assembly 2122 including a docking bay that receives the tablet. The cart configuration 2100, is configured to dock tablet 2104, including a touch screen display 2102, to a cart 2108, which can include a full operator console 2124. After the tablet 2104, is docked to the cart stand 2108, the system forms a full feature roll about system. The full feature roll about system may include, an adjustable height device 2106, a gel holder 2110, a storage bin 2114, a plurality of wheels 2116, a hot probe holder 2120, and the operator console 2124. The control devices may include a keyboard 2112 on the operator console 2124, that may also have other peripherals added such as a printer or a video interface or other control devices.

Fig. 22 illustrates a preferred cart system, for use in embodiments with a modular ultrasound imaging system in accordance with the invention. The cart system 2200, may be configured with a vertical support member 2212, coupled to a horizontal support member 2028. An auxiliary device connector 2018, having a position for auxiliary device attachment 2014, may be configured to connect to the vertical support member 2212. A 3 port Probe MUX connection device 2016, may also be configured to connect to the tablet. A storage bin 2224 can be configured to attach by a storage bin attachment mechanism 2222, to vertical support member 2212. The cart system may also include a cord management system 2226, configured to attach to the vertical support member. The cart assembly 2200 includes the support beam 2212 mounted on a base 2228 having wheels 2232 and a battery 2230 that provides power for extended operation of the tablet. The assembly can also include an accessory holder 2224 mounted with height adjustment device 2226. Holders 2210, 2218 can be mounted on beam 2212 or on console panel 2214. The multiport probe multiplex device 2216 connects to the tablet to provide simultaneous connection of several transducer probes which the user can select in sequence with the displayed virtual switch. A moving touch gesture, such as a three finger flick on the displayed image or touching of a displayed virtual button or icon can switch between connected probes.

Fig. 23 illustrates preferred cart mount system for a modular ultrasound imaging system in accordance with the invention. Arrangement 2300, depicts the tablet 2302, coupled to the docking station 2304. The docking station 2304 is affixed to the attachment mechanism 2306. The attachment mechanism 2306 may include a hinged member 2308, allowing for the user display to tilted into a user desired position. The attachment mechanism 2306, is attached to the vertical member 2312. A tablet 2302 as described herein can be mounted on the base docking unit 2304 which is mounted to a mount assembly 2306 on top of beam 2212. The base unit 2304 includes cradle 2310, electrical connectors 2305 and a port 2307 to connect to the system 2302 to battery 2230 and multiplexor device 2216.

Fig. 24 illustrates preferred cart system 2400 modular ultrasound imaging system in accordance with the invention in which tablet 2402 is connected on mounting assembly 2406 with connector 2404. Arrangement 2400, depicts the tablet 2402, coupled to the vertical support member 2408, via attachment mechanism 2404 without the docking element 2304. Attachment mechanism 2404 may include a hinged member 2406 for display adjustment.

Figs. 25a and 25b illustrate a multi-function docking station. Fig. 25a illustrates docking station 2502, and tablet 2504, having a base assembly 2506, that mates to the docking station

2502. The tablet 2504, and the docking station 2502, may be electrically connected. The tablet 2504, may be released from docking station 2502, by engaging the release mechanism 2508. The docking station 2502, may contain a transducer port 2512, for connection of a transducer probe 2510. The docking station 2502, can contain 3 USB 3.0 ports, a LAN port, a headphone jack and a power connector for charging. Fig. 25b illustrates a side view of the tablet 2504, and docking station 2502, having a stand in accordance with the preferred embodiments of the present invention. The docking station may include an adjustable stand/handle 2526. The adjustable stand/handle 2526, may be tilted for multiple viewing angles. The adjustable stand/handle 2526, may be flipped up for transport purposes. The side view also illustrates a transducer port 2512, and a transducer probe connector 2510.

Fig. 26 illustrates a 2D imaging mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen of tablet 2504 may display images obtained by 2-dimensional transducer probe using a 256 digital beamformer channels. The 2-dimensional image window 2602 depicts a 2-dimensional image scan 2604. The 2-dimensional image may be obtained using flexible frequency scans 2606, wherein the control parameters are represented on the tablet.

Fig. 27 illustrates a motion mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet 2700, may display images obtained by a motion mode of operation. The touch screen display of tablet 2700, may simultaneously display 2-dimensional 2706, and motion mode imaging 2708. The touch screen display of tablet 2700, may display a 2-dimensional image window 2704, with a 2-dimensional image 2706. Flexible frequency controls 2702 displayed with the graphical user interface can be used to adjust the frequency from 2 MHz to 12 MHz.

Fig. 28 illustrates a color doppler mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet 2800 displays images obtained by color doppler mode of operation. A 2-dimensional image window 2806, is used as the base display. The color coded information 2808, is overlaid on the 2-dimensional image 2810. Ultrasound-based imaging of red blood cells are derived from the received echo of the transmitted signal. The primary characteristics of the echo signal are the frequency and the amplitude. Amplitude depends on the amount of moving blood within the volume sampled by the ultrasound beam. A high frame rate or high resolution can be adjusted with the display to control the quality of the scan. Higher frequencies may be generated by rapid flow and can be displayed in lighter colors, while lower frequencies are displayed in darker colors. Flexible

frequency controls 2804, and color doppler scan information 2802, may be displayed on the tablet display 2800.

Fig. 29 illustrates a Pulsed wave Doppler mode of operation with a modular ultrasound imaging system in accordance with the invention. The touch screen display of tablet 2900, may display images obtained by pulsed wave doppler mode of operation. Pulsed wave doppler scans produce a series of pulses used to analyse the motion of blood flow in a small region along a desired ultrasound cursor called the sample volume or sample gate 2012. The tablet display 2900, may depict a 2-dimensional image 2902, wherein the sample volume/sample gate 2012 is overlaid. The tablet display 2900, may use a mixed mode of operation 2906, to depict a 2-dimensional image 2902, and a time/doppler frequency shift 2910. The time/doppler frequency shift 2910 can be converted into velocity and flow if an appropriate angle between the beam and blood flow is known. Shades of gray 2908, in the time/doppler frequency shift 2910, may represent the strength of signal. The thickness of the spectral signal may be indicative of laminar or turbulent flow. The tablet display 2900 can depict adjustable frequency controls 2904.

Fig. 30 illustrates a triplex scan mode of operation with a modular ultrasound imaging system in accordance with the invention. The tablet display 3000, may include a 2-dimensional window 3002, capable of displaying 2-dimensional images alone or in combination with the color doppler or directional doppler features. The touch screen display of tablet 3000, may display images obtained by color doppler mode of operation. A 2-dimensional image window 3002, is used as the base display. The color coded information 3004, is overlaid 3006, on the 2-dimensional image 3016. The pulsed wave doppler feature may be used alone or in combination with 2-dimensional imaging or the color doppler imaging. The tablet display 3000, may include a pulsed wave doppler scan represented by a sample volume/sample gate 3008, overlaid over 2-dimensional image 3016, or the color code overlaid 3006, either alone or in combination. The tablet display 3000, may depict a split screen representing the time/doppler frequency shift 3012. The time/doppler frequency shift 3012, can be converted into velocity and flow if an appropriate angle between the insulating beam and blood flow is known. Shades of gray 3014, in the time/doppler frequency shift 3012, may represent the strength of signal. The thickness of the spectral signal may be indicative of laminar or turbulent flow. The tablet display 3000, also may depict flexible frequency controls 3010.

Fig. 31 illustrates a GUI home screen interface 3100, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for

a user mode of operation 3100, may be displayed when the ultrasound system is started. To assist a user in navigating the GUI home screen 3100, the home screen may be considered as including three exemplary work areas: a menu bar 3104, an image display window 3102, and an image control bar 3106. Additional GUI components may be provided on the main GUI home screen 3100, to enable a user to close, resize and exit the GUI home screen and/or windows in the GUI home screen.

The menu bar 3104, enables users to select ultrasound data, images and/or video for display in the image display window 3102. The menu bar may include components for selecting one or more files in a patient folder directly and an image folder directory.

The image control bar 3106, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a depth control touch controls 3108, a 2-dimensional gain touch control 3110, a full screen touch control 3112, a text touch control 3114, a split screen touch control 3116, a ENV touch control 3118, a CD touch control 3120, a PWD touch control 3122, a freeze touch control 3124, a store touch control 3126, and a optimize touch control 3128.

Fig. 32 illustrates a GUI menu screen interface 3200, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3200, may be displayed when the menu selection mode is triggered from the menu bar 3204 thereby initiating operation of the ultrasound system. To assist a user in navigating the GUI home screen 3100, the home screen may be considered as including three exemplary work areas: a menu bar 3204, an image display window 3202, and an image control bar 3220. Additional GUI components may be provided on the main GUI menu screen 3200 to enable a user to close, resize and exit the GUI menu screen and/or windows in the GUI menu screen, for example.

The menu bar 3204, enables users to select ultra sound data, images and/or video for display in the image display window 3202. The menu bar 3204 may include touch control components for selecting one or more files in a patient folder directory and an image folder directory. Depicted in an expanded format, the menu bar may include exemplary touch control such as, a patient touch control 3208, a pre-sets touch control 3210, a review touch control 3212, a report touch control 3214, and a setup touch control 3216.

The image control bar 3220, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch

controls may include, but are not limited to depth control touch controls 3222, a 2-dimensional gain touch control 3224, a full screen touch control 3226, a text touch control 3228, a split screen touch control 3230, a needle visualization ENV touch control 3232, a CD touch control 3234, a PWD touch control 3236, a freeze touch control 3238, a store touch control 3240, and a optimize touch control 3242.

Fig. 33 illustrates a GUI patient data screen interface 3300, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3300, may be displayed when the patient selection mode is triggered from the menu bar 3302, when the ultrasound system is started. To assist a user in navigating the GUI patient data screen 3300, the patient data screen may be considered as including five exemplary work areas: a new patient touch screen control 3304, a new study touch screen control 3306, a study list touch screen control 3308, a work list touch screen control 3310, and an edit touch screen control 3312. Within each touch screen control, further information entry fields are available 3314, 3316. For example, patient information section 3314, and study information section 3316, may be used to record data.

Within the patient data screen 3300, the image control bar 3318, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to accept study touch control 3320, close study touch control 3322, print touch control 3324, print preview touch control 3326, cancel touch control 3328, a 2-dimensional touch control 3330, freeze touch control 3332, and a store touch control 3334.

Fig. 34 illustrates a GUI patient data screen interface 3400, for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3400, may be displayed when the pre-sets selection mode 3404, is triggered from the menu bar 3402, when the ultrasound system is started.

Within the pre-sets screen 3400, the image control bar 3408, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a save settings touch control 3410, a delete touch control 3412, CD touch control 3414, PWD touch control 3416, a freeze touch control 3418, a store touch control 3420, and a optimize touch control 3422.

Fig. 35 illustrates a GUI review screen interface 3500, for a user mode of operation, with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3500, may be displayed when the pre-sets expanded

review 3504, selection mode 3404, is triggered from the menu bar 3502, when the ultrasound system is started.

Within the review screen 3500, the image control bar 3516, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a thumbnail settings touch control 3518, sync touch control 3520, selection touch control 3522, a previous image touch control 3524, a next image touch control 3526, a 2-dimensional image touch control 3528, a pause image touch control 3530, and a store image touch control 3532.

A image display window 3506, may allow the user to review images in a plurality of formats. Image display window 3506, may allow a user to view images 3508, 3510, 3512, 3514, in combination or subset or allow any image 3508, 3510, 3512, 3514, to be viewed individually. The image display window 3506, may be configured to display up to four images 3508, 3510, 3512, 3514, to be viewed simultaneously.

Fig. 36 illustrates a GUI Report Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3600, may be displayed when the report expanded review 3604, is triggered from the menu bar 3602, when the ultrasound system is started. The display screen 3606, contains the ultrasound report information 3626. The user may use the worksheet section within the ultrasound report 3626, to enter in comments, patient information and study information.

Within the report screen 3600, the image control bar 3608, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a save touch control 3610, a save as touch control 3612, a print touch control 3614, a print preview touch control 3616, a close study touch control 3618, a 2-dimensional image touch control 3620, a freeze image touch control 3622, and a store image touch control 3624.

Fig. 37 illustrates a GUI Setup Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3700, may be displayed when the report expanded review 3704, is triggered from the menu bar 3702, when the ultrasound system is started.

Within the setup expanded screen 3704, the setup control bar 3744, includes touch controls that may be operated by touch and touch gestures, applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a general

touch control 3706, a display touch control 3708, a measurements touch control 3710, annotation touch control 3712, a print touch control 3714, a store/acquire touch control 3716, a DICOM touch control 3718, an export touch control 3720, and a study information image touch control 3722. The touch controls may contain a display screen that allow the user to enter configuration information. For example, the general touch control 3706, contains a configuration screen 3724, wherein the user may enter configuration information. Additionally, the general touch control 3706, contains a section allowing user configuration of the soft key docking position 3726. Fig. 37 b depicts the soft key controls 3752, with a right side alignment. Fig. 37b further illustrates that activation of the soft key control arrow 3750, will change the key alignment to the opposite side, in this case, left side alignment. Fig. 37c depicts left side alignment of the soft key controls 3762, the user may activate an orientation change by using the soft key control arrow 3760, to change the position to right side alignment.

Within the review screen 3700, the image control bar 3728, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include but are not limited to, a thumbnail settings touch control 3730, sync touch control 3732, selection touch control 3734, a previous image touch control 3736, a next image touch control 3738, a 2-dimensional image touch control 3740, and a pause image touch control 3742.

Fig. 38 illustrates a GUI Setup Screen Interface for a user mode of operation with a modular ultrasound imaging system in accordance with the invention. The screen interface for a user mode of operation 3800, may be displayed when the report expanded review 3804, is triggered from the menu bar 3802, when the ultrasound system is started.

Within the setup expanded screen 3804, the setup control bar 3844, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to, a general touch control 3806, a display touch control 3808, a measurements touch control 3810, annotation touch control 3812, a print touch control 3814, a store/acquire touch control 3816, a DICOM touch control 3818, an export touch control 3820, and a study information image touch control 3822. The touch controls can contain a display screen that allow the user to enter store/acquire information. For example, the store/acquire touch control 3816, contains a configuration screen 3802, wherein the user may enter configuration information. Additionally, the store/acquire touch control 3802, contains a section allowing user enablement of retrospective acquisition 3804. When the user enables the store function, the system is defaulted

to store prospective cine loops. If the user enables the enable retrospective capture, the store function may collect the cine loop retrospectively.

Within the setup screen 3800, the image control bar 3828, includes touch controls that may be operated by touch and touch gestures applied by the user directly to the surface of the display. Exemplary touch controls may include, but are not limited to a thumbnail settings touch control 3830, synchronize touch control 3832, selection touch control 3834, a previous image touch control 3836, a next image touch control 3838, a 2-dimensional image touch control 3840, and a pause image touch control 3842.

Figs. 39a and 39b illustrate an XY bi-plane probe consisting of two one dimensional, multi-element arrays. The arrays may be constructed where one array is on top of the other with a polarization axis of each array being aligned in the same direction. The elevation axis of the two arrays can be at a right angle or orthogonal to one another. Illustrated by Fig. 39a, the array orientation is represented by arrangement 3900. The polarization axis 3908, of both arrays are pointed in the z-axis 3906. The elevation axis of the bottom array, is pointed in y-direction 3902, and the elevation axis of the top array, is in the x-direction 3904.

Further illustrated by Fig. 39b, a one dimensional multi-element array forms an image as depicted in arrangement 3912. A one-dimensional array with an elevation axis 3910, in a y-direction 3914, forms the ultrasound image 3914, on the x-axis 3904, z-axis 3906, plane. A one-dimensional array with the elevation axis 3910, in the x-direction 3904, forms the ultrasound image 3914, on the y-axis 3902, z-axis 3906. A one dimensional transducer array with elevation axis 3910, along a y-axis 3902, and polarization axis 3908, along a z-axis 3906, will result in a ultrasound image 3914, formed along the x 3904 and the z 3906 plane. An alternate embodiment illustrated by Fig. 39c depicts a one-dimensional transducer array with an elevation axis 3920, in a x-axis 904, and a polarization axis 3922, in the z-axis 3906, direction. The ultrasound image 3924, is formed on the y 3902 and the z 3906 plane.

Fig. 40 illustrates the operation of a bi-plane image forming xy-probe where array 4012 has a high voltage applied for forming images. High voltage driving pulses 4006, 4008, 4010, may be applied to the bottom array 4004, with a y-axis elevation. This application may result in generation of transmission pulses for forming the received image on the XZ plane, while keeping the elements of the top array 4002 at a grounded level.

Fig. 41 illustrates the operation of a bi-plane image forming xy-probe. Fig. 41 illustrates a array 4110, that has a high voltage applied to it for forming images. High voltage pulses 4102, 4104, 4106, may be applied to the top array 4112, with elevation in the x-axis, generating

transmission pulses for forming the received image on the yz-plane, while keeping the elements of the bottom array 4014, grounded 4108.

Fig. 42 illustrates the circuit requirements of a bi-plane image forming xy-probe. The receive beamforming requirements are depicted for a bi-plane probe. A connection to receive the electronics 4202, is made. Then elements from the select bottom array 4204, and select top array 4208, are connected to share one connect to the receive electronics 4202 channel. A two to one mux circuit can be integrated on the high voltage driver 4206, 4210. The two to one multiplexor circuit can be integrated into high voltage driver 4206, 4212. One receive beam is formed for each transmit beam. The bi-plane system requires a total of 256 transmit beams for which 128 transmit beams are used for forming a XZ-plane image and the other 128 transmit beams are used for forming a YZ-plane image. A multiple-received beam forming technique can be used to improve the frame rate. An ultrasound system with dual received beam capabilities for each transmit beam provides a system in which two received beams can be formed. The bi-plane probe only needs a total of 128 transmit beams for forming the two orthogonal plane images, in which 64 transmit beams are used to form a XZ-plane image with the other 64 transmit beams for the YZ-plane image. Similarly, for an ultrasound system with a quad or 4 receive beam capability, the probe requires 64 transmit beams to form two orthogonal-plane images.

Figs. 43a-43b illustrate an application for simultaneous bi-plane evaluation. The ability to measure the LV mechanical dyssynchrony with echocardiograph can help indentify patients that are more likely to benefit from Cardiac Resynchronization Therapy. LV parameters needed to be quantified are Ts-(lateral-septal), Ts-SD, Ts-peak, etc. The Ts-(lateral-septal) can be measured on a 2D apical 4-chamber view Echo image, while the Ts-SD, Ts-peak (medial), Ts-onset(medial), Ts-peak(basal), Ts-onset (basal) can be obtained on two separated parasternal short-axis views with 6 segments at the level of mitral valve and at the papillary muscle level, respectively, providing a total of 12 segments. Fig. 43a-43b depicts an xy-probe providing apical four chamber 4304, and apical two chamber 4302 images, to be viewed simultaneously.

Figs. 44a-44b illustrate ejection fraction probe measurement techniques. The biplane-probe provides for EF measurement, as visualization of two orthogonal planes ensure on-axis views are obtained. Auto-border detection algorithm, provides quantitative Echo results to select implant responders and guide the AV delay parameter setting. As depicted in Fig. 44 A XY probe acquires real-time simultaneous images from two orthogonal planes and the images 4402, 4404 are displayed on a split screen. A manual contour tracing or automatic boarder

tracing technique can be used to trace the endocardial boarder at both end-systole and end-diastolic time from which the EF is calculated. The LV areas in the apical 2CH 4402, and 4CH 4404, views, A1 and A2 respectively, are measured at the end of diastole and the end of systole. The LVEDV, left ventricular end-diastolic volume, and LVESV, left ventricular the end-systole volume, are calculated using the formula:

$$V = \frac{8 A_1 A_2}{3 L} \quad \text{EF} = \frac{\text{LVEDV} - \text{LVESV}}{\text{LVEDV}}$$

And the ejection fraction is calculated by

It is noted that the operations described herein are purely exemplary, and imply no particular order. Further, the operations can be used in any sequence, when appropriate, and/or can be partially used. Exemplary flowcharts are provided herein for illustrative purposes and are non-limiting examples of methods. One of ordinary skill in the art will recognize that exemplary methods may include more or fewer steps than those illustrated in the exemplary flowcharts, and that the steps in the exemplary flowcharts may be performed in a different order than shown.

In describing exemplary embodiments, specific terminology is used for the sake of clarity. For purposes of description, each specific term is intended to at least include all technical and functional equivalents that operate in a similar manner to accomplish a similar purpose. Additionally, in some instances where a particular exemplary embodiment includes a plurality of system elements or method steps, those elements or steps may be replaced with a single element or step. Likewise, a single element or step may be replaced with a plurality of elements or steps that serve the same purpose. Further, where parameters for various properties are specified herein for exemplary embodiments, those parameters may be adjusted up or down by 1/20th, 1/10th, 1/5th, 1/3rd, 1/2, etc., or by rounded-off approximations thereof, unless otherwise specified.

With the above illustrative embodiments in mind, it should be understood that such embodiments can employ various computer-implemented operations involving data transferred or stored in computer systems. Such operations are those requiring physical manipulation of physical quantities. Typically, though not necessarily, such quantities take the form of electrical, magnetic, and/or optical signals capable of being stored, transferred, combined, compared, and/or otherwise manipulated.

Further, any of the operations described herein that form part of the illustrative embodiments are useful machine operations. The illustrative embodiments also relate to a device or an apparatus for performing such operations. The apparatus can be specially constructed for the required purpose, or can incorporate general-purpose computer devices selectively activated or configured by a computer program stored in the computer. In particular, various general-purpose machines employing one or more processors coupled to one or more computer readable media can be used with computer programs written in accordance with the teachings disclosed herein, or it may be more convenient to construct a more specialized apparatus to perform the required operations.

The foregoing description has been directed to particular illustrative embodiments of this disclosure. It will be apparent, however, that other variations and modifications may be made to the described embodiments, with the attainment of some or all of their associated advantages. Moreover, the procedures, processes, and/or modules described herein may be implemented in hardware, software, embodied as a computer-readable medium having program instructions, firmware, or a combination thereof. For example, one or more of the functions described herein may be performed by a processor executing program instructions out of a memory or other storage device.

It will be appreciated by those skilled in the art that modifications to and variations of the above-described systems and methods may be made without departing from the inventive concepts disclosed herein. Accordingly, the disclosure should not be viewed as limited except as by the scope and spirit of the appended claims.

CLAIMS

What is claimed is:

1. A handheld medical ultrasound imaging device comprising a tablet housing, the housing
5 having a front panel, a computer in the housing, the computer including at least one processor
and at least one memory, a touch screen display for displaying an ultrasound image, the touch
screen display positioned on the front panel, and an ultrasound beamformer processing circuit
disposed in the housing, the touch screen display and the ultrasound beamformer processing
circuit being communicably connected to the computer wherein the computer, being operative in
10 response to a first gesture input from the touch screen display to alter an operation of the
ultrasound beamformer processing circuit.
2. The device of claim 1 wherein the first gesture input corresponds to a moving gesture on
the touch screen display.
15
3. The device of claim 1 further comprising receiving, at the computer, a second input from
the touch screen display.
4. The device of claim 3 wherein the second input corresponds to a double tap gesture
20 against the touch screen display.
5. The device of claim 3 further comprising in response to the second input from the touch
screen display, displaying a first cursor inside a region of a virtual window displaying a
magnified image.
25
6. The device of claim 5 further comprising receiving, at the computer, a third input from
the touch screen display, the third input being received inside the region of the virtual window.
7. The device of claim 6 wherein the third input corresponds to a drag gesture on the touch
30 screen display.
8. The device of claim 6 further comprising in response to the third input from the touch
screen display, moving the first cursor to a first location inside the region of the virtual window.

9. The device of claim 8 further comprising receiving, at the computer, a fourth input from the touchscreen display, the fourth input being received at the first location inside the region of the virtual window.

5

10. The device of claim 1 wherein a fourth input corresponds to a press gesture against the touch screen display.

11. The device of claim 10 further comprising receiving, at the computer, a second further input from the touchscreen display, the second further input being received substantially simultaneously with the further input.

10

12. The device of claim 11 wherein the second further input corresponds to a tap gesture against the touchscreen display.

15

13. The device of claim 11 further comprising in response to the second further input from the touch screen display, fixing the first cursor at the first location inside the region of the virtual window.

20

14. The device of claim 13 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the first cursor at the first location.

25

15. The device of claim 13 further comprising receiving, at the computer, a third further input from the touchscreen display.

16. The device of claim 15 wherein the third further input corresponds to a double tap gesture against the touchscreen display.

30

17. The device of claim 15 further comprising in response to the third further input from the touch screen display, displaying a second cursor at a second location inside the region of the virtual window.

18. The device of claim 17 wherein the computer processes at least one measurement with the ultrasound image based at least in part on the respective locations of the first and second cursors inside the region of the virtual window.

5 19. The device of claim 13 wherein the computer receives a fourth further input from the touchscreen display, the fourth further input being received inside the region of the virtual window.

10 20. The device of claim 19 wherein the fourth further input corresponds to a press and drag gesture against the touch screen display.

15 21. The device of claim 19 further comprising in response to the fourth further input from the touch screen display connecting a line on the touch screen display extending from the first cursor across at least a portion of the ultrasound image to a second location inside the region of the virtual window.

22. The device of claim 19 further comprising receiving, at the computer, an fifth input from the touchscreen display.

20 23. The device of claim 22 wherein the fifth input corresponds to a tap gesture against the touch screen display.

25 24. The device of claim 22 further comprising in response to the fifth input from the touch screen display, displaying a second cursor inside the region of the virtual window, and fixing the second cursor at the second location inside the region of the virtual window.

30 25. The device of claim 24 further comprising a measurement on the ultrasound image based at least in part on the connecting line extending between the respective locations of the first and second cursors inside the region of the virtual window.

26. The device of claim 1 further comprising a transducer array connected to the housing with a transducer connector.

27. The device of claim 1 wherein the wherein the housing has a volume of less than 2500 cubic centimeters.
28. The device of claim 1 wherein the housing is connected to a stand.
- 5 29. The device of claim 28 wherein the stand rotates relative to the housing.
30. The device of claim 1 wherein the housing mounts on a cart.
- 10 31. The device of claim 1 wherein a multiplexor on the cart can electrically connect to the housing to connect to a plurality of transducer arrays.
32. The device of claim 28 wherein the housing docks with the stand.
- 15 33. The device of claim 32 wherein the stand housing is electrically connected to the stand and wherein the stand has external communication parts.
34. The device of claim 31 wherein the multiplexor can be switched using a touch gesture.
- 20 35. A method of operating handheld medical ultrasound imaging device, the medical ultrasound imaging device comprising a tablet housing, the housing having a front panel, a computer in the housing, the computer including at least one processor and at least one memory, a touch screen display for displaying an ultrasound image, the touch screen display positioned on the front panel, and an ultrasound beamformer processing circuit disposed in the housing, the
25 touch screen display and the ultrasound beamformer processing circuit being communicably coupled to the computer, the method comprising the steps of:
receiving, at the computer, a first gesture input from the touch screen display; and
in response to the first gesture input from the touch screen display, altering an operation of the ultrasound beamformer processing circuit.
- 30 36. The method of claim 35 wherein the first gesture input corresponds to a moving gesture on the touch screen display.

37. The method of claim 35 further comprising receiving, at the computer, a second input from the touch screen display.

5 38. The method of claim 37 wherein the second input corresponds to a double tap gesture against the touch screen display.

39. The method of claim 37 further comprising in response to the second input from the touch screen display, displaying a first cursor inside a region of a virtual window displaying a magnified image.

10

40. The method of claim 39 further comprising receiving, at the computer, a third input from the touch screen display, the third input being received inside the region of the virtual window.

15 41. The method of claim 40 wherein the third input corresponds to a drag gesture on the touch screen display.

42. The method of claim 40 further comprising in response to the third input from the touch screen display, moving the first cursor to a first location inside the region of the virtual window.

20 43. The method of claim 42 further comprising receiving, at the computer, a fourth input from the touchscreen display, the fourth input being received at the first location inside the region of the virtual window.

25 44. The method of claim 35 wherein a fourth input corresponds to a press gesture against the touch screen display.

45. The method of claim 44 further comprising receiving, at the computer, a second further input from the touchscreen display, the second further input being received substantially simultaneously with the further input.

30

46. The method of claim 44 wherein the second further input corresponds to a tap gesture against the touchscreen display.

47. The method of claim 45 further comprising in response to the second further input from the touch screen display, fixing the first cursor at the first location inside the region of the virtual window.

5 48. The method of claim 47 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the first cursor at the first location.

49. The method of claim 47 further comprising receiving, at the computer, a third further
10 input from the touchscreen display.

50. The method of claim 49 wherein the third further input corresponds to a double tap gesture against the touchscreen display.

15 51. The method of claim 49 further comprising in response to the third further input from the touch screen display, displaying a second cursor at a second location inside the region of the virtual window.

20 52. The method of claim 51 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the respective locations of the first and second cursors inside the region of the virtual window.

53. The method of claim 47 further comprising receiving, at the computer, a fourth further
25 input from the touchscreen display, the fourth further input being received inside the region of the virtual window.

54. The method of claim 53 wherein the fourth further input corresponds to a press and drag gesture against the touch screen display.

30 55. The method of claim 53 further comprising in response to the fourth further input from the touch screen display, providing a connecting line on the touch screen display extending from the first cursor across at least a portion of the ultrasound image to a second location inside the region of the virtual window.

56. The method of claim 53 further comprising receiving, at the computer, an fifth input from the touchscreen display.

5 57. The method of claim 56 wherein the fifth input corresponds to a tap gesture against the touch screen display.

58. The method of claim 56 further comprising in response to the fifth input from the touch screen display, displaying a second cursor inside the region of the virtual window, and fixing the
10 second cursor at the second location inside the region of the virtual window.

59. The method of claim 58 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the connecting line extending between the respective locations of the first and second cursors inside the region of the virtual
15 window.

60. A method of operating portable medical ultrasound imaging equipment, the portable medical ultrasound imaging equipment including a housing in a tablet form factor, the housing having a front panel, a computer disposed in the housing, the computer including at least one
20 processor and at least one memory, a touch screen display for displaying an ultrasound image, the touch screen display being disposed on the front panel, and an ultrasound beamformer circuit disposed in the housing, the touch screen display and the ultrasound engine being communicably coupled to the computer, the method comprising the steps of:

receiving, at the computer, a first input from the touch screen display;

25 in response to the first input from the touch screen display, tracing a predetermined feature of the ultrasound image;

receiving, at the computer, a second input from the touch screen display, the second input being received substantially simultaneously with a portion of the first input; and

30 in response to the second input from the touch screen display, completing the tracing of the predetermined feature of the ultrasound image.

61. The method of claim 60 wherein the first input corresponds to a press and drag gesture against the touch screen display.

62. The method of claim 60 where in the second input corresponds to a tap gesture against the touch screen display.

5 63. The method of claim 60 further comprising receiving, at the computer, a third input from the touch screen display.

64. The method of claim 63 wherein the third input corresponds to a double tap gesture against the touch screen display.

10

65. The method of claim 63 further comprising in response to the third input from the touch screen display, displaying a first cursor inside a region of the touch screen display.

15

66. The method of claim 65 further comprising receiving, at the computer, a fourth input from the touch screen display.

67. The method of claim 66 wherein the fourth input corresponds to a drag gesture on the touch screen display.

20

68. The method of claim 66 further comprising in response to the fourth input from the touch screen display, moving the first cursor to a first location inside the region of the touch screen display.

25

69. The method of claim 68 further comprising receiving, at the computer, a fifth input from the touch screen display, the fifth input being received at the first location inside the region of the touch screen display.

30

70. The method of claim 69 wherein the fifth input corresponds to a press gesture against the touch screen display.

71. The method of claim 69 further comprising receiving, at the computer, a sixth input from the touch screen display, the sixth input being received substantially simultaneously with the fifth input.

72. The method of claim 71 wherein the sixth input corresponds to a tap gesture against the touch screen display.

5 73. The method of claim 77 further comprising in response to the sixth input from the touch screen display, fixing the first cursor at the first location inside the region of the touch screen display.

74. The method of claim 73 wherein the tracing of the predetermined feature of the
10 ultrasound image includes tracing the predetermined feature of the ultrasound image, starting from the first cursor at the first location inside the region of the touch screen display.

75. The method of claim 60 further comprising performing, by the computer, at least one measurement on the ultrasound image based at least in part on the tracing of the predetermined
15 feature of the ultrasound image.

76. A portable medical ultrasound imaging device comprising:
a housing in a tablet form factor, the housing having a front panel;
a computer disposed in the housing, the computer including at least one processor and at
20 least one memory;
a touch screen display disposed on the front panel of the housing, the touch screen display being communicably connected to the computer; and
an ultrasound engine disposed in the housing, the ultrasound engine being communicably connected to the computer,
25 wherein the processor is operative to execute program instructions from the memory to detect a plurality of gestures on the touch screen display, thereby selectively initiating a plurality of operational modes, and
wherein the plurality of operational modes include two or more of:
a first operational mode for controlling penetration depth of ultrasound waves;
30 a second operational mode for performing freeze/store operations;
a third operational mode for controlling 2-dimensional image operations;
a fourth operational mode for performing gain control;
a fifth operational mode for performing color control;

a sixth operational mode for implementing a split screen display;
a seventh operational mode for performing PW imaging;
an eighth operational mode for controlling cine/time-series image clip scrolling;
a ninth operational mode for controlling zoom and pan operations;
5 a tenth operational mode for performing Doppler and 2-dimensional beam steering control; and
an eleventh operational mode for performing body marking.

77. A portable medical ultrasound imaging system, comprising:

10 a housing in a tablet form factor, the housing having a front panel;
a computer disposed in the housing, the computer including at least one processor and at least one memory;

a touch screen display disposed on the front panel of the housing and communicably connected to the computer; and

15 an ultrasound beamforming circuit disposed in the housing and communicably connected to the computer, the ultrasound beamformer circuit wherein the beamformer integrated circuit of the ultrasound engine are assembled as a vertically stacked multi-chip module.

20 78. The portable medical ultrasound imaging system of claim 77, wherein the vertically stacked multi-chip module comprises:

a substrate;

a first integrated circuit chip mounted over to the substrate so as to extend parallel to the substrate;

25 a first spacer layer coupled to a first integrated circuit chip so as to extend parallel to the substrate; and;

a second integrated circuit chip over the first layer so as to extend parallel to the first spacer layer.

30 79. The portable medical ultrasound imaging system of claim 78, wherein the first and a second spacer layer are passive silicon layers.

80. The portable medical ultrasound imaging system of claim 78, wherein the first and second spacer layers are formed of die attach paste.

5 81. The portable medical ultrasound imaging system of claim 78, wherein the first and second spacer layers are formed of die attach films.

82. The portable medical ultrasound imaging system of claim 79, wherein the first and second spacer layers are formed of die attach paste or films having wire penetrating capability.

10 83. The portable medical ultrasound imaging system of claim 82, wherein the connection mechanism coupling the integrated circuit chips to a frame penetrate through the first and second spacer layers.

15 84. The portable medical ultrasound imaging system of claim 77, wherein a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip process at least 16 transducer channels.

20 85. The portable medical ultrasound imaging system of claim 77, wherein a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip processes a plurality of transducer channels ranging from 16 channels to 64 channels.

25 86. The portable medical ultrasound imaging system of claim 77, wherein a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip each process at least 16 transducer channels.

87. The portable medical ultrasound imaging system of claim 77, wherein a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip each process at least 32 transducer channels.

30 88. The portable medical ultrasound imaging system of claim 77, wherein a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip process at least 64 transducer channels.

89. The portable medical ultrasound imaging system of claim 84, wherein the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip are implemented as application-specific integrated circuits (ASICs).

5 90. The portable medical ultrasound imaging system of claim 77, wherein the multi-chip module is fabricated using laminated multi-chip module fabrication technology.

91. The portable medical ultrasound imaging system of claim 77, wherein the multi-chip module is fabricated using deposited multi-chip module fabrication technology.

10

92. The portable medical ultrasound imaging system of claim 77, wherein the multi-chip module is fabricated using ceramic multi-chip module fabrication technology.

15

93. The portable medical ultrasound imaging system of claim 77, wherein the multi-chip module is accommodated on a circuit board for the ultrasound engine.

94. The portable medical ultrasound imaging system of claim 93, wherein the circuit board for the ultrasound engine further comprises:

20 one or more additional multi-chip modules vertically stacked over the multi-chip module on the circuit board, each of the additional multi-chip modules including an additional ultrasound transmit/receive integrated circuit chip, an additional amplifier integrated circuit chip, and an additional beamformer integrated circuit chip assembled in a stacked configuration within the multi-chip module.

25

95. The portable medical ultrasound imaging system of claim 94, wherein the circuit board has a maximum length of about 10 cm and a maximum width of about 10 cm.

96. The portable medical ultrasound imaging system of claim 94, wherein the circuit board has a maximum area of about 100 cm².

30

97. The portable medical ultrasound imaging system of claim 77, wherein the system has 32 channels implemented on a single circuit board for the ultrasound engine.

98. The portable medical ultrasound imaging system of claim 77, wherein the system has 64 channels implemented on a single circuit board for the ultrasound engine.

99. The portable medical ultrasound imaging system of claim 77, wherein the system
5 processes data from 128-192 transducer channels connected by cable to the housing containing a single circuit board for the ultrasound beamforming circuit.

100. The portable medical ultrasound imaging system of claim 77, wherein the processor is
10 operative to execute program instructions from the memory to detect a plurality of gestures on the touch screen display, thereby selectively initiating a plurality of operational modes.

101. The portable medical ultrasound imaging system of claim 77, wherein the plurality of operational modes include two or more of:

a first operational mode for controlling penetration depth of ultrasound waves;

15 a second operational mode for performing freeze/store operations;

a third operational mode for controlling 2-dimensional image operations;

a fourth operational mode for performing gain control;

a fifth operational mode for performing color control;

a sixth operational mode for implementing a split screen display;

20 a seventh operational mode for performing PW imaging;

an eighth operational mode for controlling Cine/time-series image clip scrolling;

a ninth operational mode for controlling zoom and pan operations;

a tenth operational mode for performing Doppler and 2-dimensional beam steering
control; and

25 an eleventh operational mode for performing body marking.

102. A multi-chip module for an ultrasound beamformer configured to perform ultrasound-specific operations in a portable medical ultrasound imaging system, comprising:

a substrate;

30 a first of a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip, coupled to the substrate so as to extend parallel to the substrate;

a first spacer layer coupled to the first of the integrated circuit chips so as to extend parallel to the first of the integrated circuit chips;

a second of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, coupled to the first spacer layer so as to extend parallel to the first spacer layer;

a second spacer layer coupled to the second of the integrated circuit chips so as to extend parallel to the second of the integrated circuit chips;

a third of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, coupled to the first spacer layer so as to extend parallel to the second spacer layer;

a metal frame; and

connection mechanisms for coupling the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip to the metal frame.

103. The multi-chip module of claim 102, wherein the first and second spacer layers are passive silicon layers.

104. The multi-chip module of claim 102, wherein the first and second spacer layers are formed of die attach paste.

105. The multi-chip module of claim 102, wherein the first and second spacer layers are formed of die attach films.

106. The multi-chip module of claim 102, wherein the first and second spacer layers are formed of die attach paste or films having wire penetrating capability.

107. The multi-chip module of claim 106, wherein the connection mechanism coupling the integrated circuit chips to the metal frame penetrate through the first and second spacer layers.

108. The multi-chip module of claim 102, wherein the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip each have a minimum of 16 channels.

109. The multi-chip module of claim 102, wherein the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip each have a number of channels ranging from 16 channels to 64 channels.

5 110. The multi-chip module of claim 102, wherein the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip each have 16 channels.

10 111. An ultrasound engine configured for performing ultrasound-specific operations in a portable medical ultrasound imaging system, comprising:
a circuit board including a multi-chip module as set forth in claim 102.

15 112. An ultrasound engine configured for performing ultrasound-specific operations in a portable medical ultrasound imaging system, comprising:
a circuit board including a plurality of multi-chip modules as set forth in claim 102.

113. The ultrasound engine of claim 112, wherein the circuit board has a maximum length of about 10 cm and a maximum width of about 10 cm.

20 114. The ultrasound engine of claim 78, wherein the circuit board has a maximum area of about 100 cm².

115. A method of assembling a portable medical ultrasound imaging system, the method comprising:
25 providing a housing in a tablet form factor, the housing having a front panel;
disposing a computer in the housing, the computer including at least one processor and at least one memory;
disposing a touch screen display on the front panel of the housing and communicably
connecting the touch screen display to the computer; and
30 assembling an ultrasound transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip as a vertically stacked multi-chip module for an ultrasound engine;
integrating the multi-chip module in the ultrasound engine; and

disposing the ultrasound engine in the housing and communicably connecting the ultrasound engine to the computer.

116. The method of claim 115, wherein assembly of the vertically stacked multi-chip module
5 comprises:

providing a substrate;

coupling a first of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip to the substrate so as to extend parallel to the substrate;

10 coupling a first spacer layer to the first of the integrated circuit chips so as to extend parallel to the first of the integrated circuit chips;

coupling a second of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, to the first spacer layer so as to extend parallel to the first spacer layer;

15 coupling a second spacer layer to the second of the integrated circuit chips so as to extend parallel to the second of the integrated circuit chips;

coupling a third of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, to the first spacer layer so as to extend parallel to the second spacer layer;

20 providing a metal frame; and

coupling the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip to the metal frame.

117. The method of claim 115, further comprising:

25 assembling a second ultrasound transmit/receive integrated circuit chip, a second amplifier integrated circuit chip, and a second beamformer integrated circuit chip as a second vertically stacked multi-chip module for an ultrasound engine; and

integrating the second multi-chip module in the ultrasound engine.

30 118. A method for assembling a vertically stacked multi-chip module for use in an ultrasound engine of a portable medical ultrasound imaging system, the method comprising:

providing a substrate;

coupling a first of a transmit/receive integrated circuit chip, an amplifier integrated circuit chip, and a beamformer integrated circuit chip to the substrate so as to extend parallel to the substrate;

5 coupling a first spacer layer to the first of the integrated circuit chips so as to extend parallel to the first of the integrated circuit chips;

coupling a second of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, to the first spacer layer so as to extend parallel to the first spacer layer;

10 coupling a second spacer layer to the second of the integrated circuit chips so as to extend parallel to the second of the integrated circuit chips;

coupling a third of the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip, to the first spacer layer so as to extend parallel to the second spacer layer;

providing a metal frame; and

15 coupling the transmit/receive integrated circuit chip, the amplifier integrated circuit chip, and the beamformer integrated circuit chip to the metal frame.

119. A method of operating a portable medical ultrasound image, the medical ultrasound imaging device including a transducer, a touch screen display, a ultrasound beamformer processing circuit, and a processor the method comprising:

20 configuring the ultrasound beamformer processing circuit to be communicably coupled to the processor;

controlling a parameter of the ultrasound beamformer processing circuit with the processor;

25 configuring the touch screen display to simultaneously display a first ultrasound image and a second ultrasound image;

receiving a first input touch gesture by the processor that resets a parameter of the ultrasound beamformer processing circuit;

30 altering the first ultrasound image displayed on the touch screen display in response to the first input touch gesture from the touch screen display;

receiving a second input touch gesture by the processor that resets a parameter of the ultrasound beamformer processing circuit; and

altering the second ultrasound image displayed on the touch screen display in response to the second input touch gesture from the touch screen display.

5 120. The method of claim 119, further comprising: configuring the touch screen display to operate in a full screen mode.

10 121. The method of claim 119, further comprising: configuring the touch screen display to simultaneously recognize a static touch screen gesture associated with an icon and a free touch screen gesture independent of an icon.

122. The method of claim 119, further comprising:
performing the first input touch gesture on the first ultrasound image displayed on the touchscreen to alter a first ultrasound image display property; and
performing the first input touch gesture on the second ultrasound image displayed on the touch screen to alter different second ultrasound image display property.

123. The method of claim 119, further comprising:
performing the first input touch gesture on the first ultrasound image displayed on the touchscreen to alter a first parameter of the ultrasound beamformer processing circuit property; and
performing the first input touch gesture on the second ultrasound image displayed on the touch screen to alter a different second parameter of the ultrasound beamformer processing circuit property.

25 124. The method of claim 119, further comprising: configuring a first transducer and a second transducer to operate simultaneously.

125. The method of claim 124, further comprising:
configuring the first ultrasound image displayed on the touch screen display to receive a first ultrasound image data from the first transducer; and
30 configuring the second ultrasound image displayed on the touch screen display to simultaneously receive a second ultrasound image data from the second transducer.

126. The method of claim 124, further comprising: configuring the first ultrasound image displayed on the touch screen display to preformed a real time transfer from the first transducer to the second transducer.

5 127. The method of claim 124, further comprising: configuring the touch screen display to receive a input touch gesture to perform a real time transfer between a plurality of beamforming operations.

10 128. The method of claim 119, further comprising: configuring the touch screen display to operate in a full screen mode; and transfer a static touch screen gesture associated with an icon to a free touch screen gesture independent of an icon.

15

20

25

30

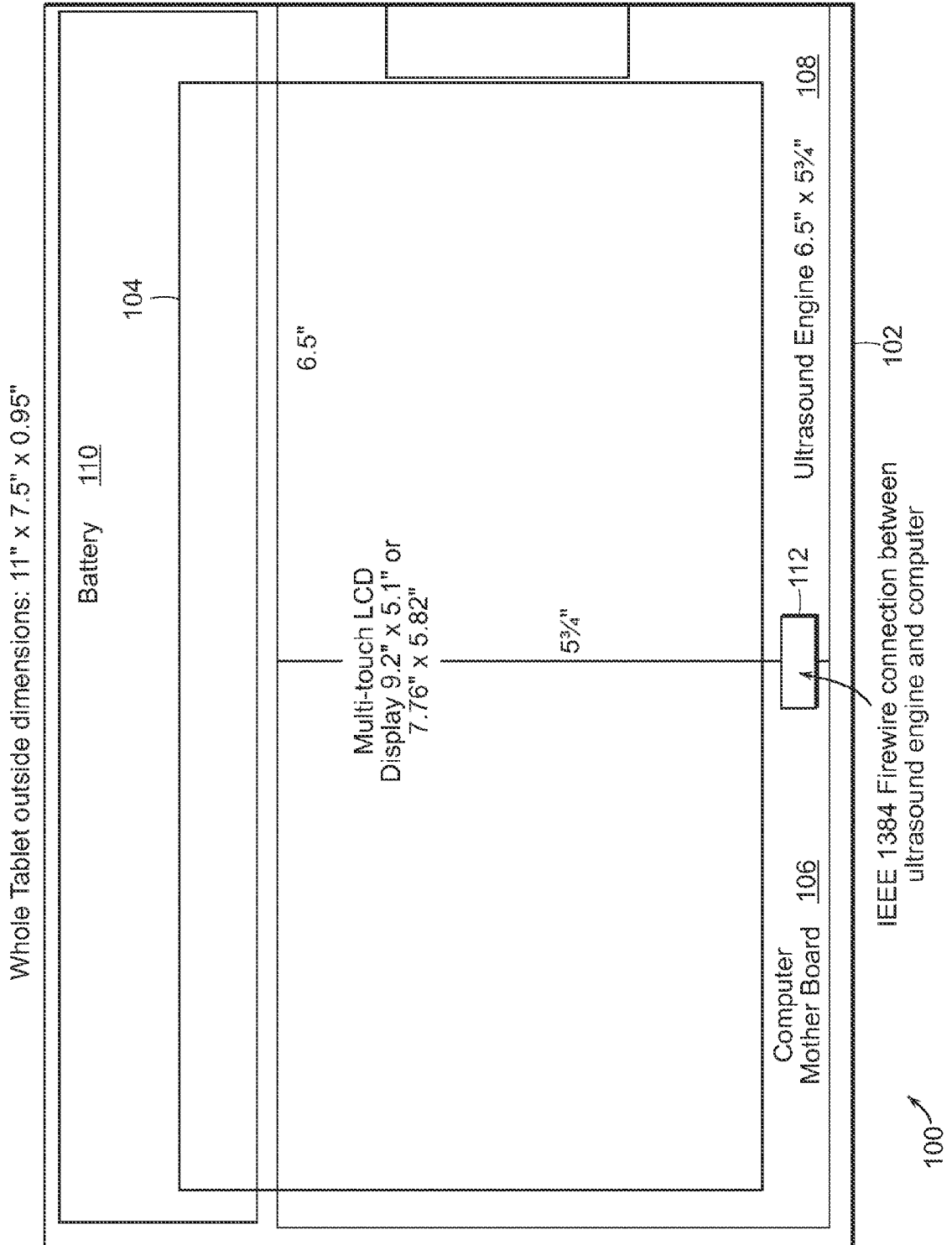


FIG. 1

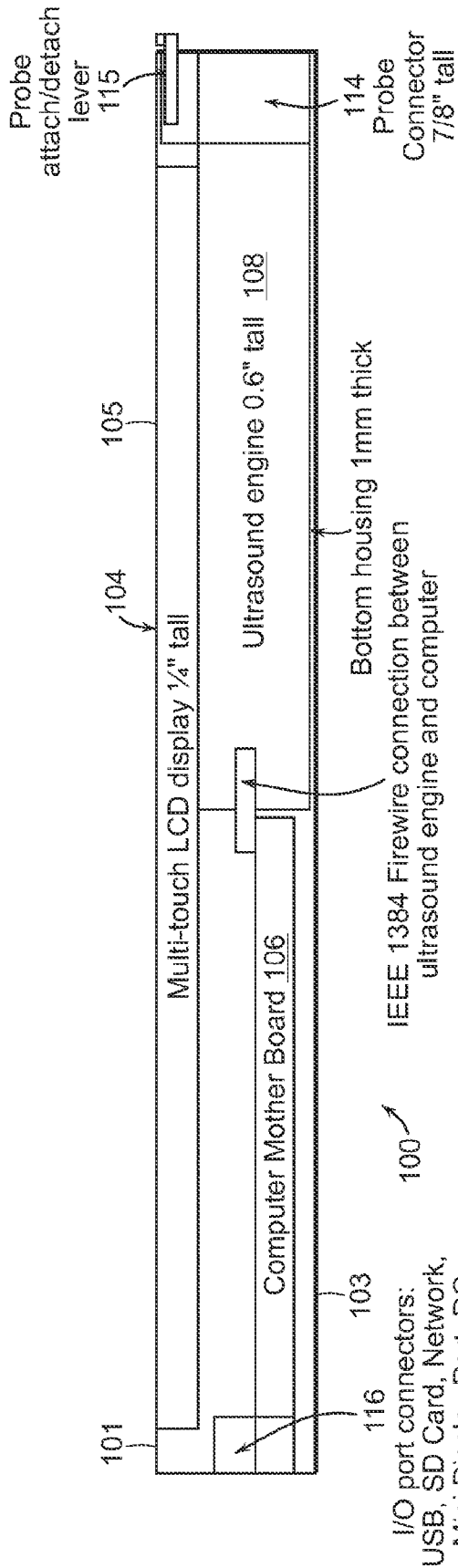


FIG. 2A

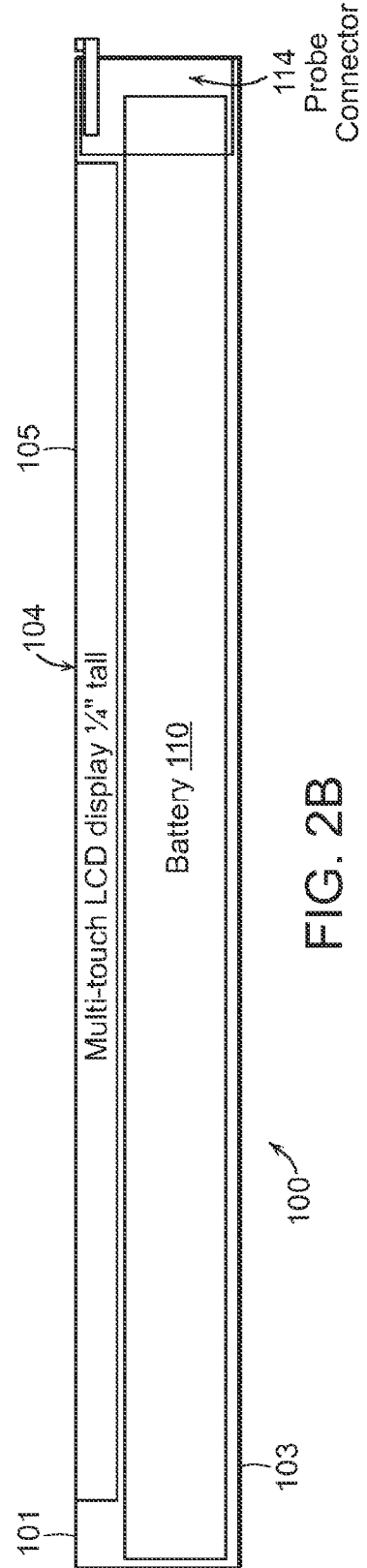
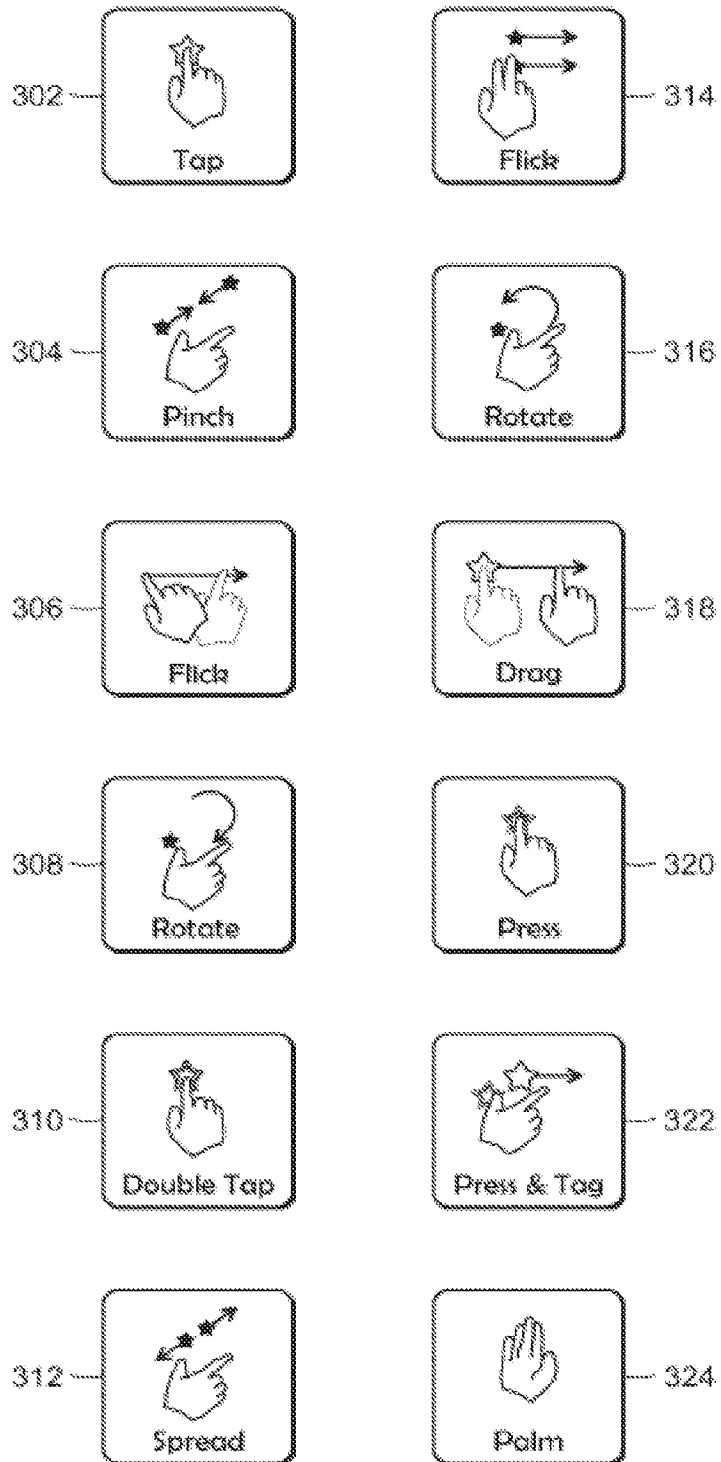


FIG. 2B

FIG. 3A



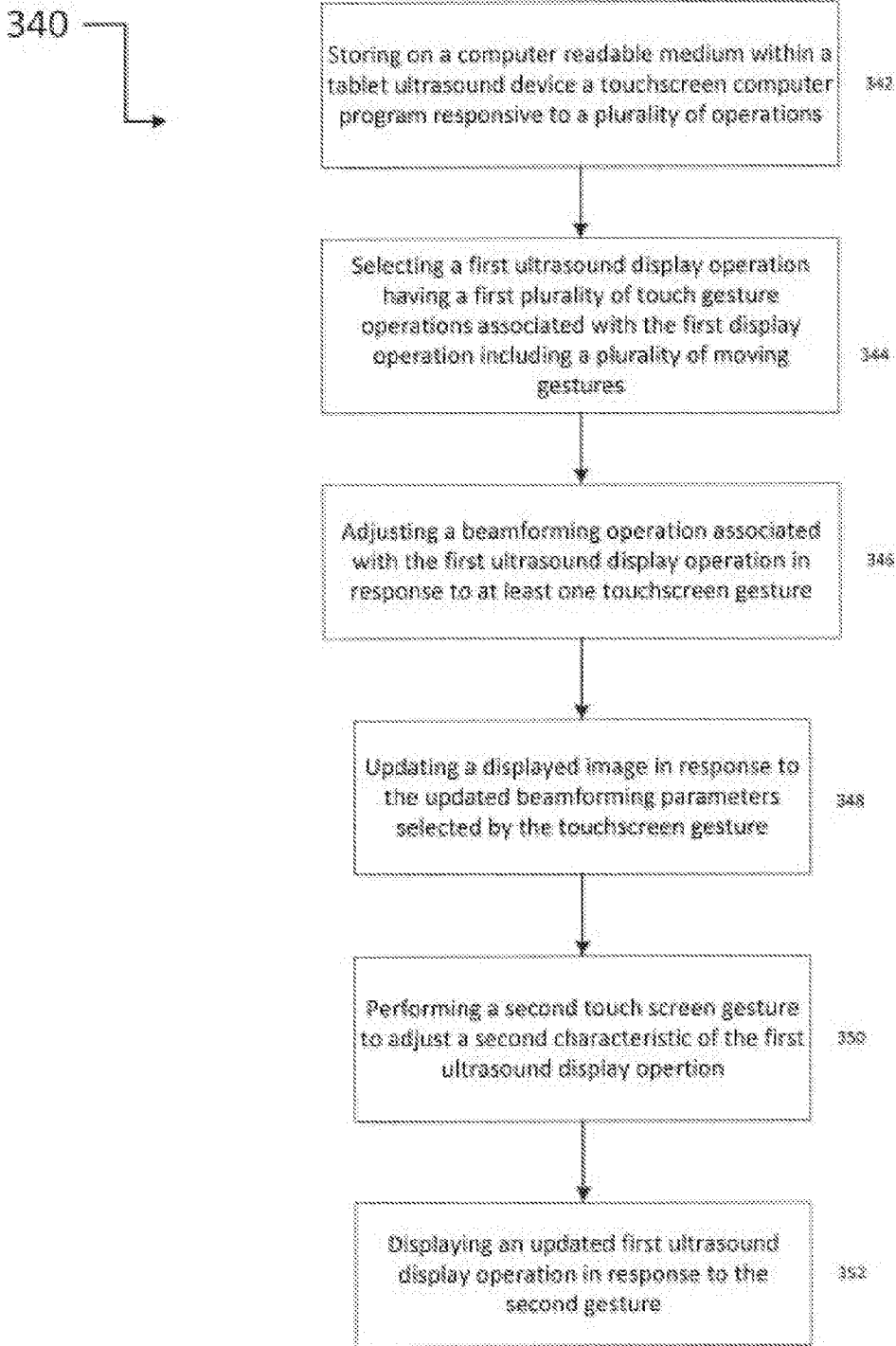


Fig. 3B

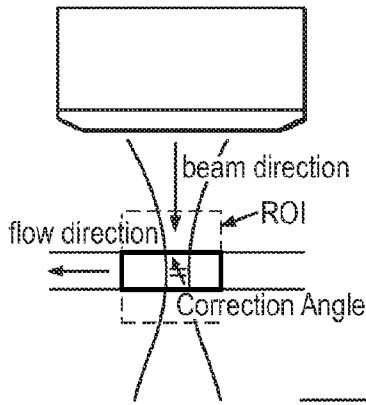


FIG. 3C



FIG. 3D

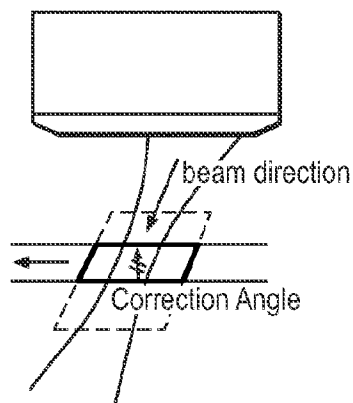


FIG. 3E

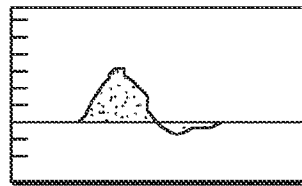


FIG. 3F

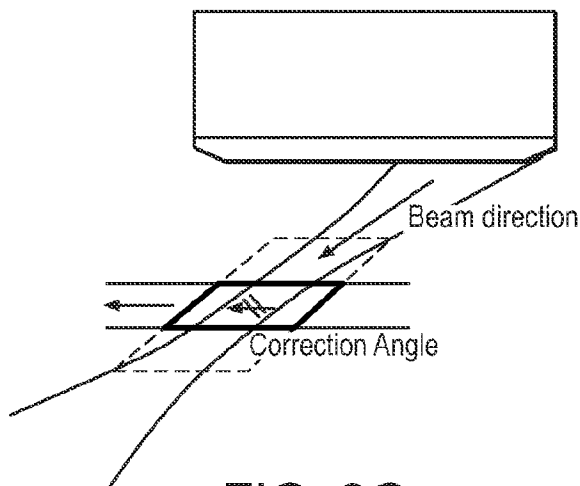


FIG. 3G

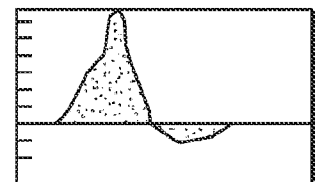


FIG. 3H

6/51

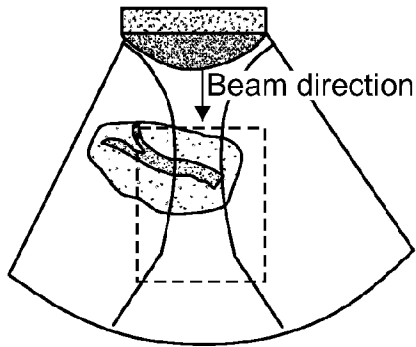


FIG. 3I

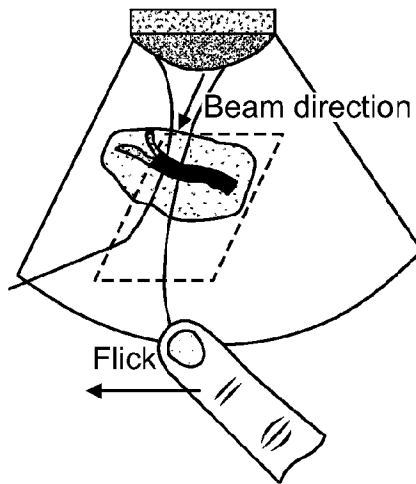


FIG. 3J

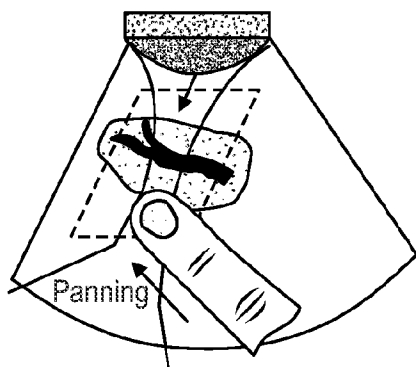


FIG. 3K

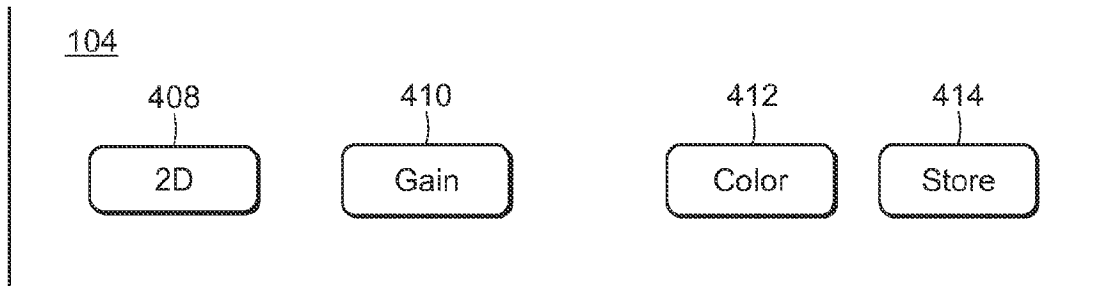


FIG. 4A

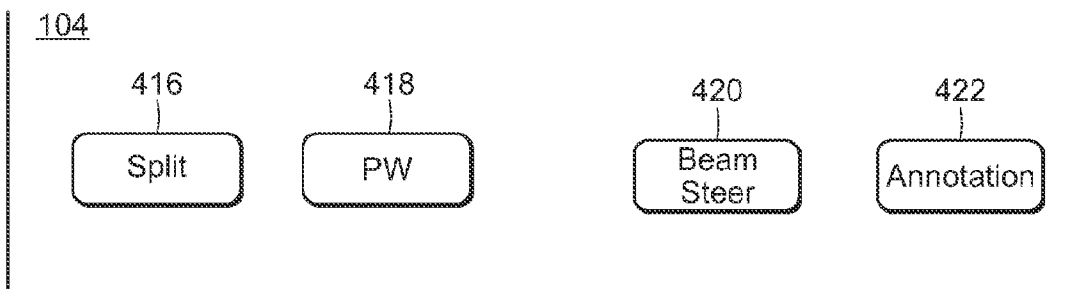


FIG. 4B

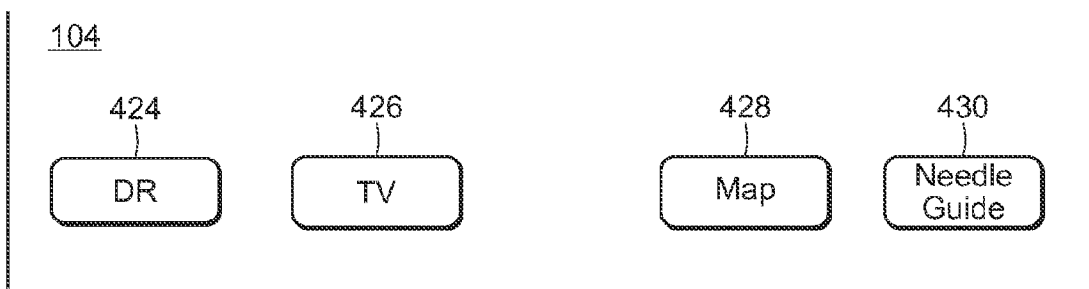


FIG. 4C

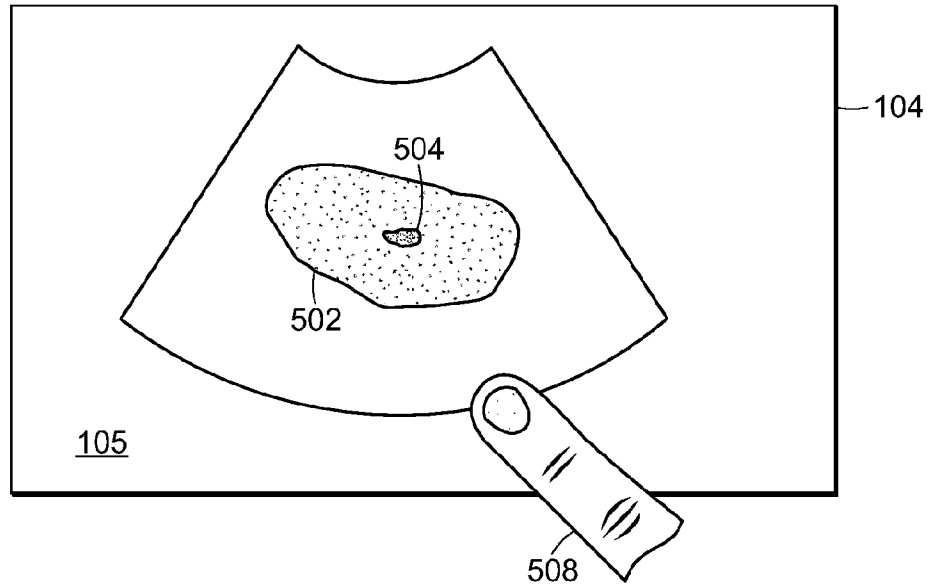


FIG. 5A

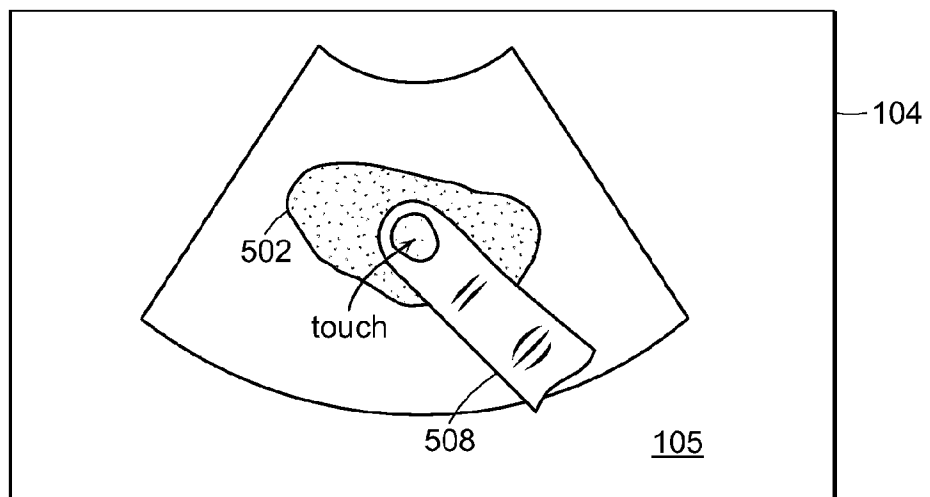


FIG. 5B

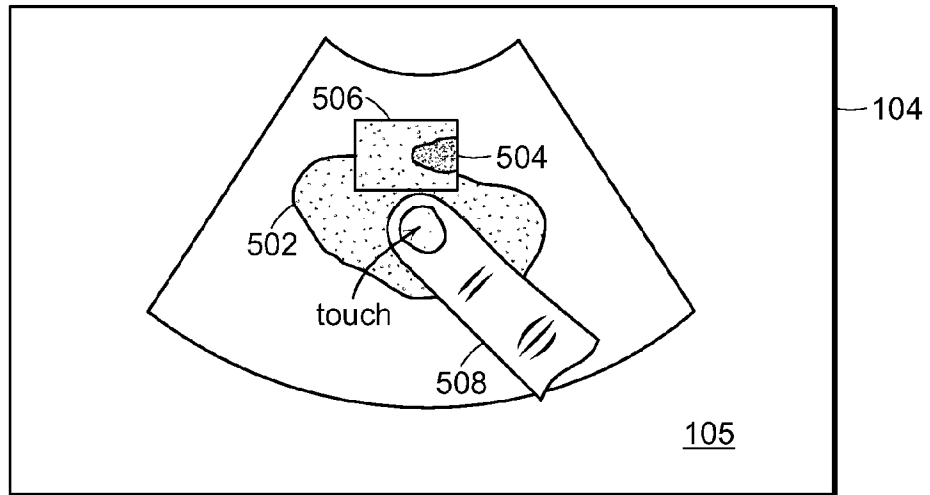


FIG. 5C

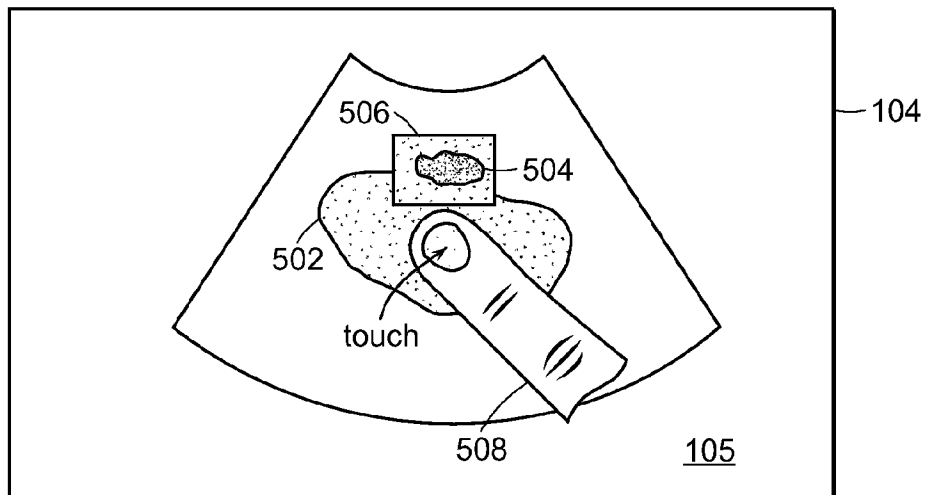


FIG. 5D

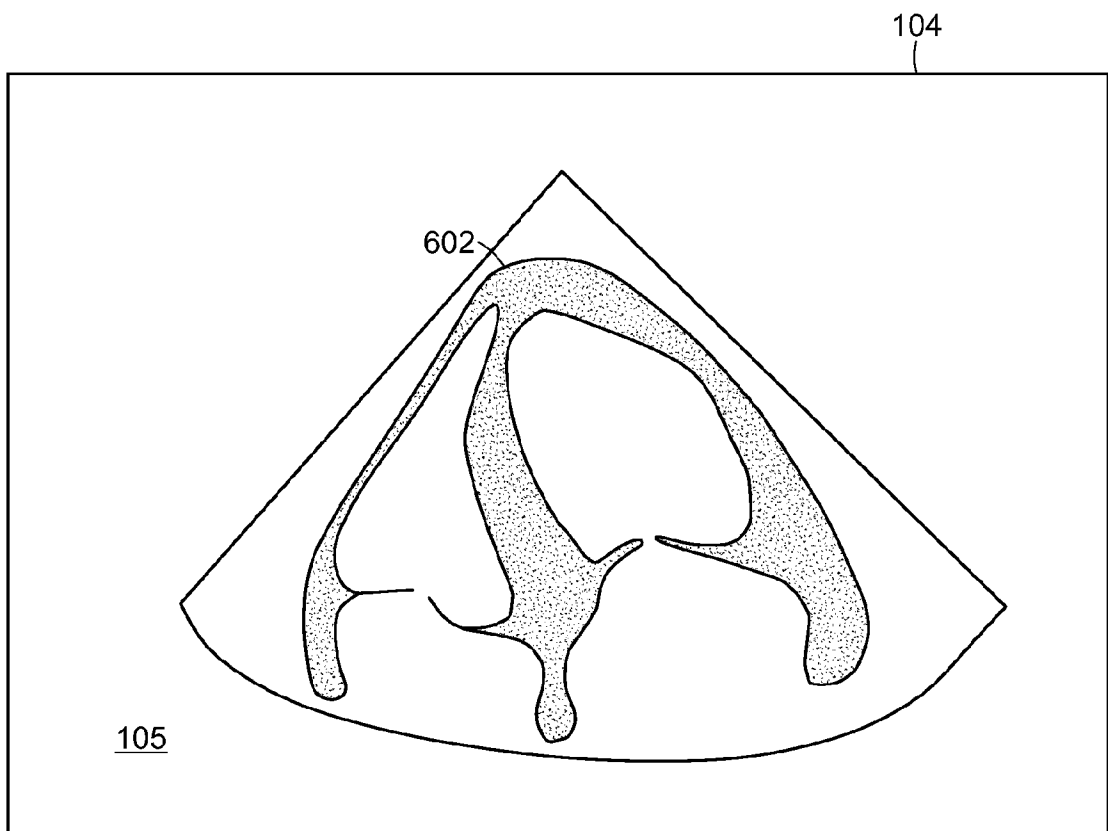


FIG. 6A

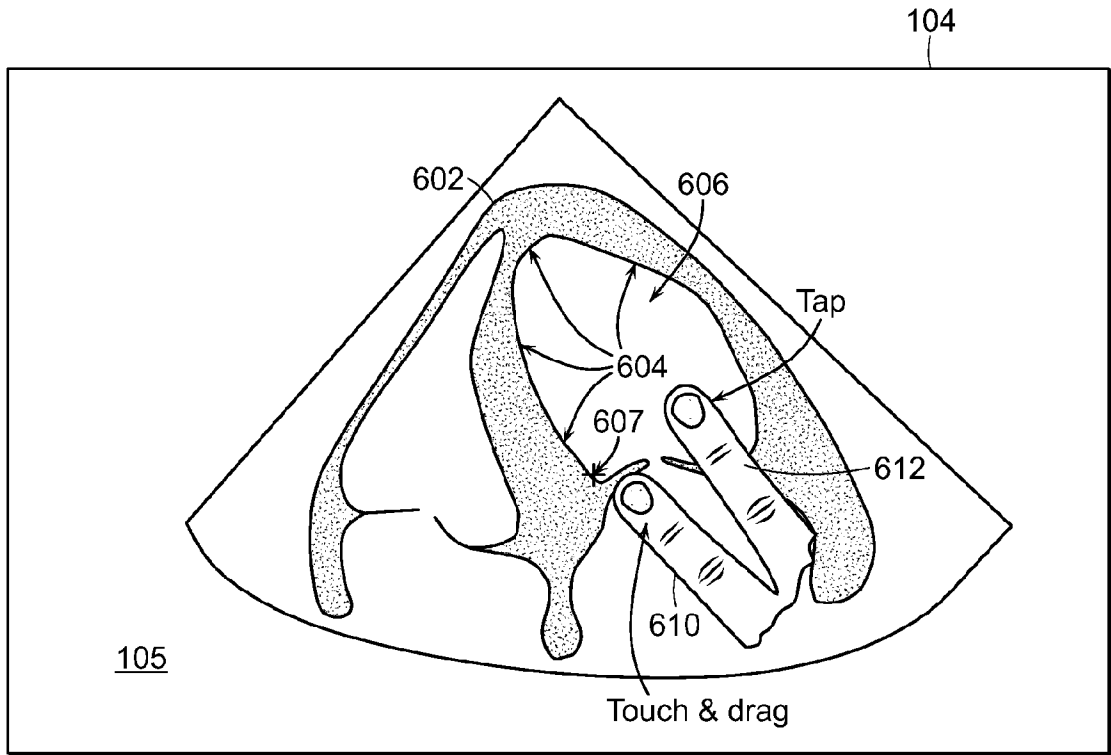


FIG. 6B

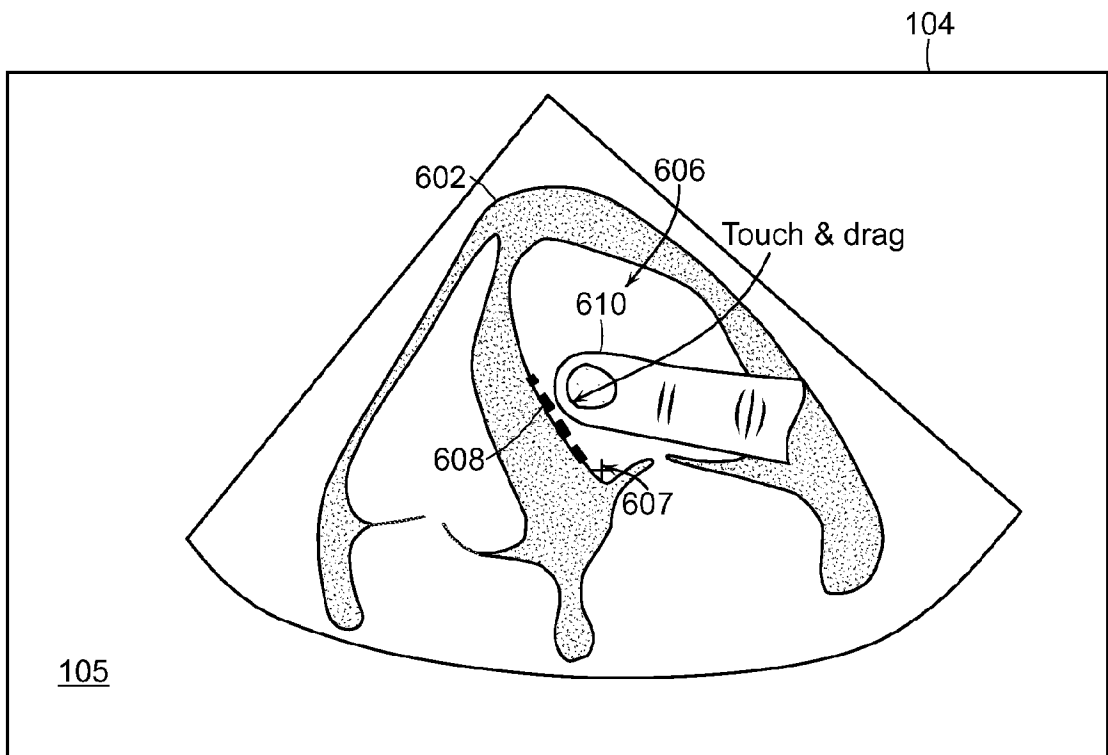


FIG. 6C

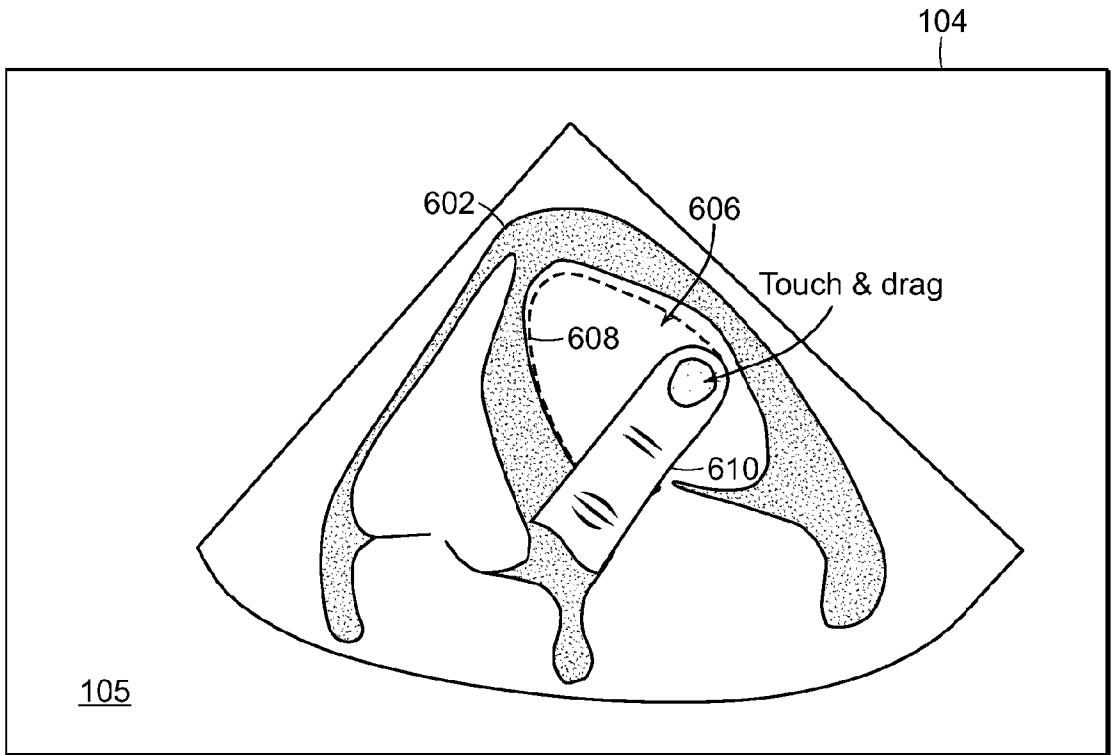


FIG. 6D

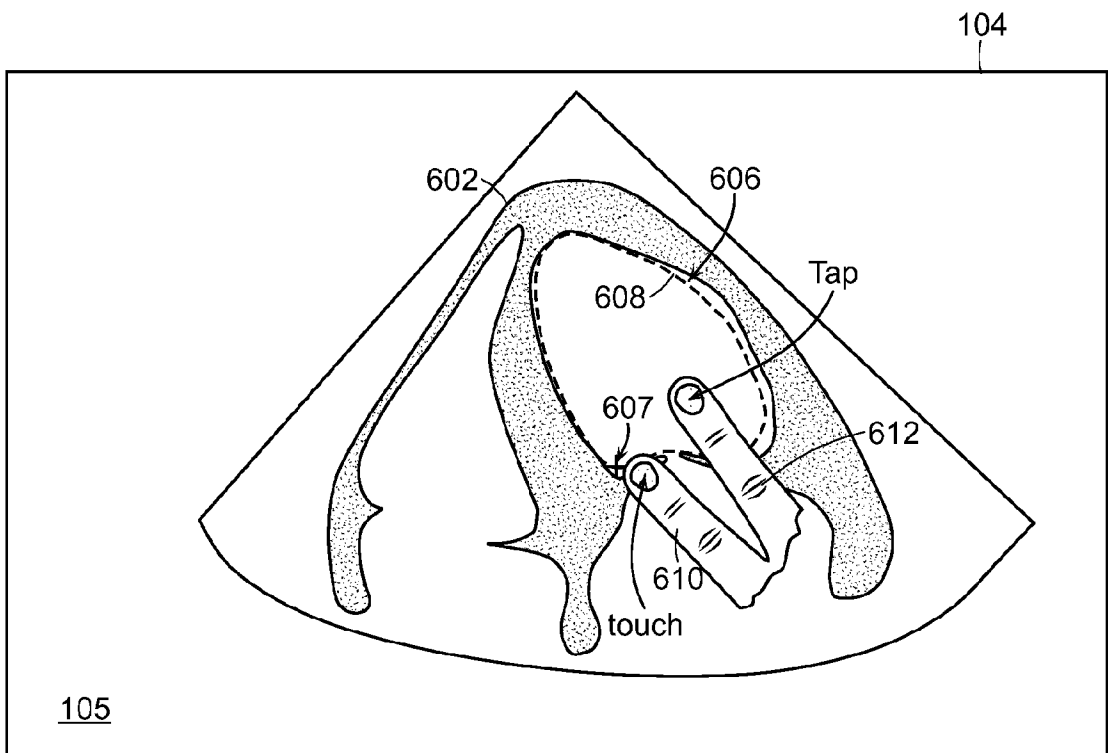


FIG. 6E

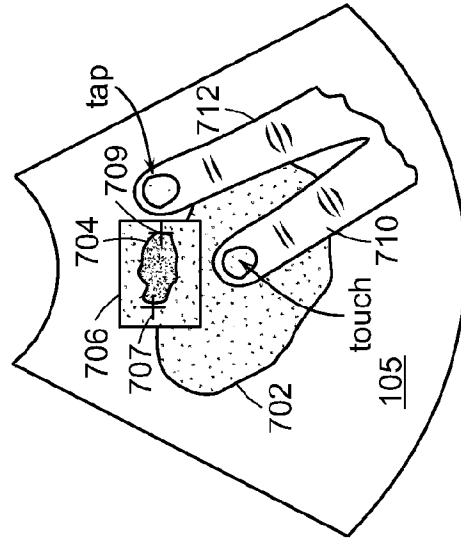


FIG. 7A

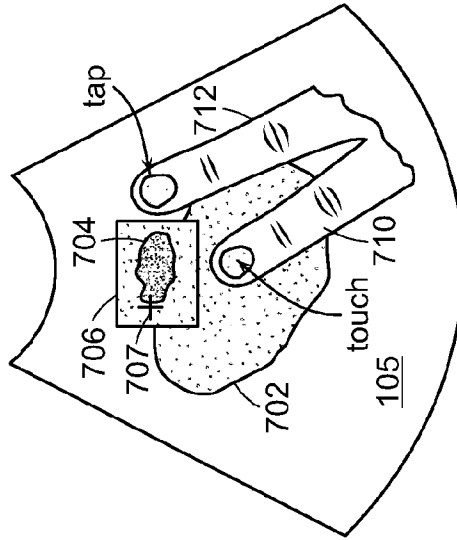


FIG. 7B

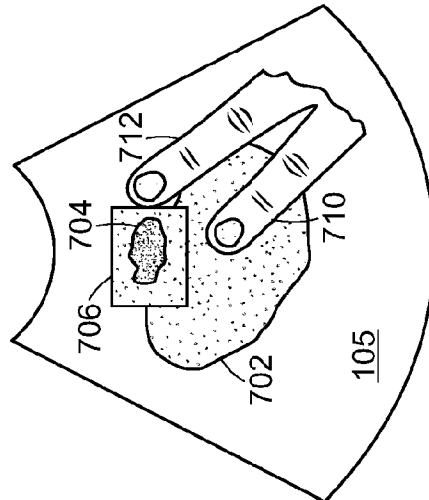


FIG. 7C

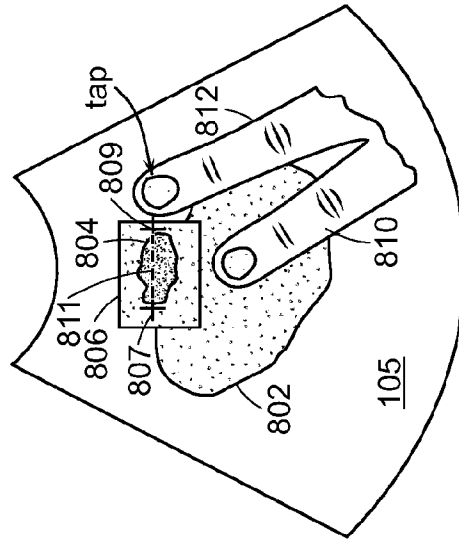


FIG. 8C

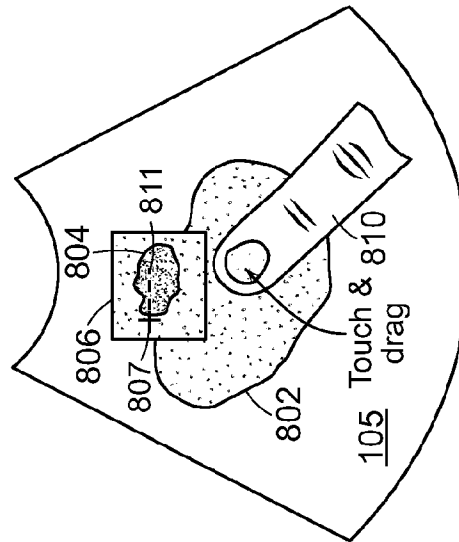


FIG. 8B

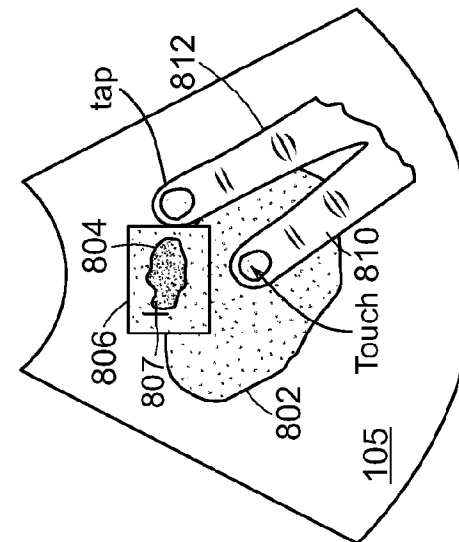


FIG. 8A

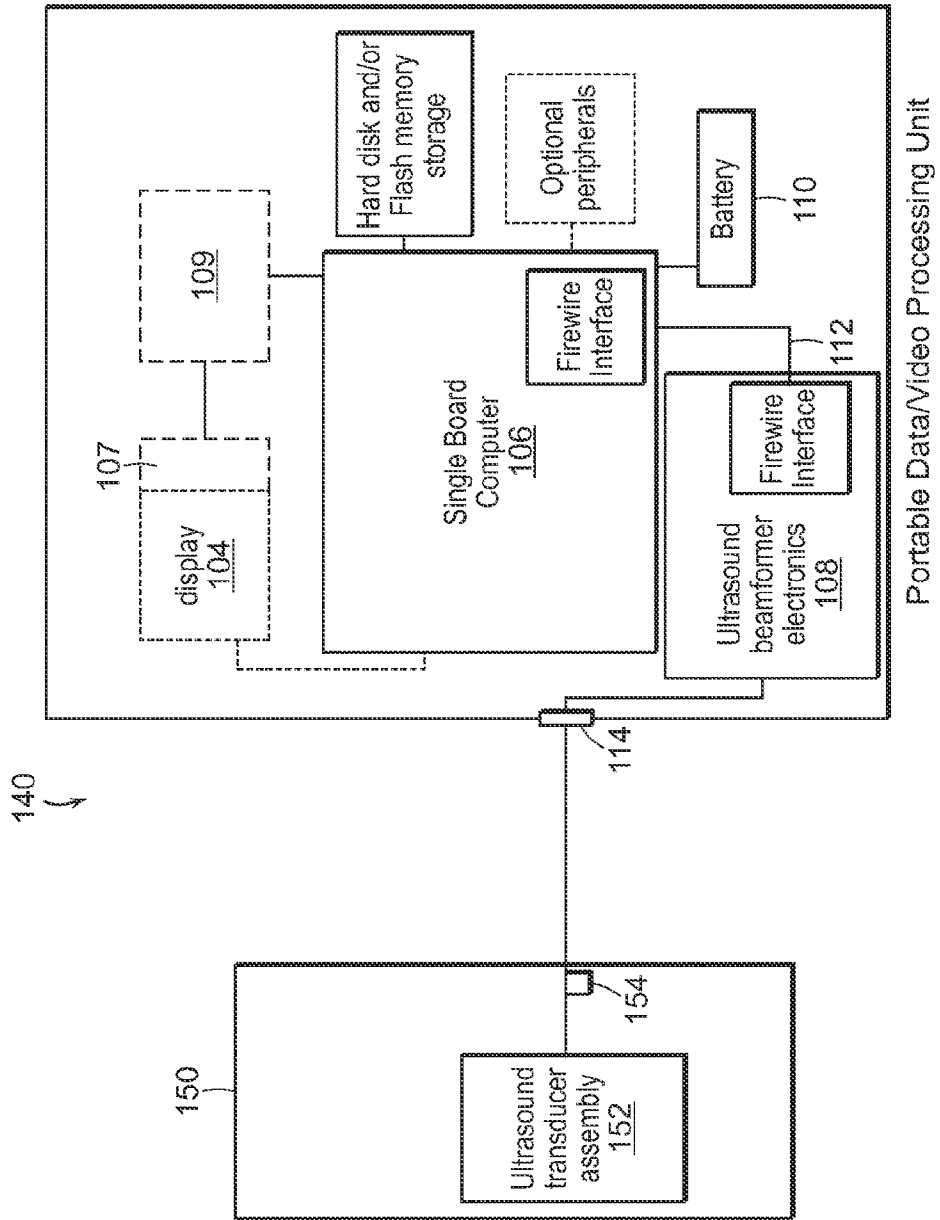


FIG. 9A

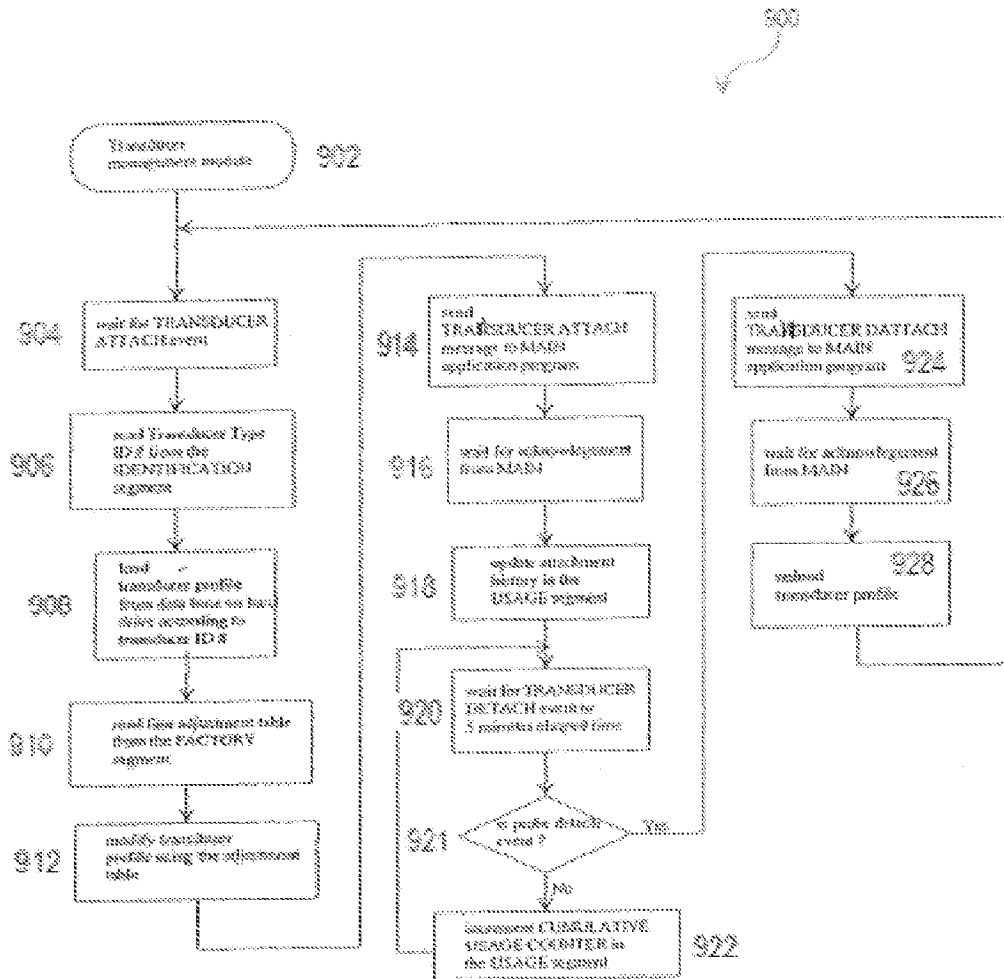


Fig. 9B

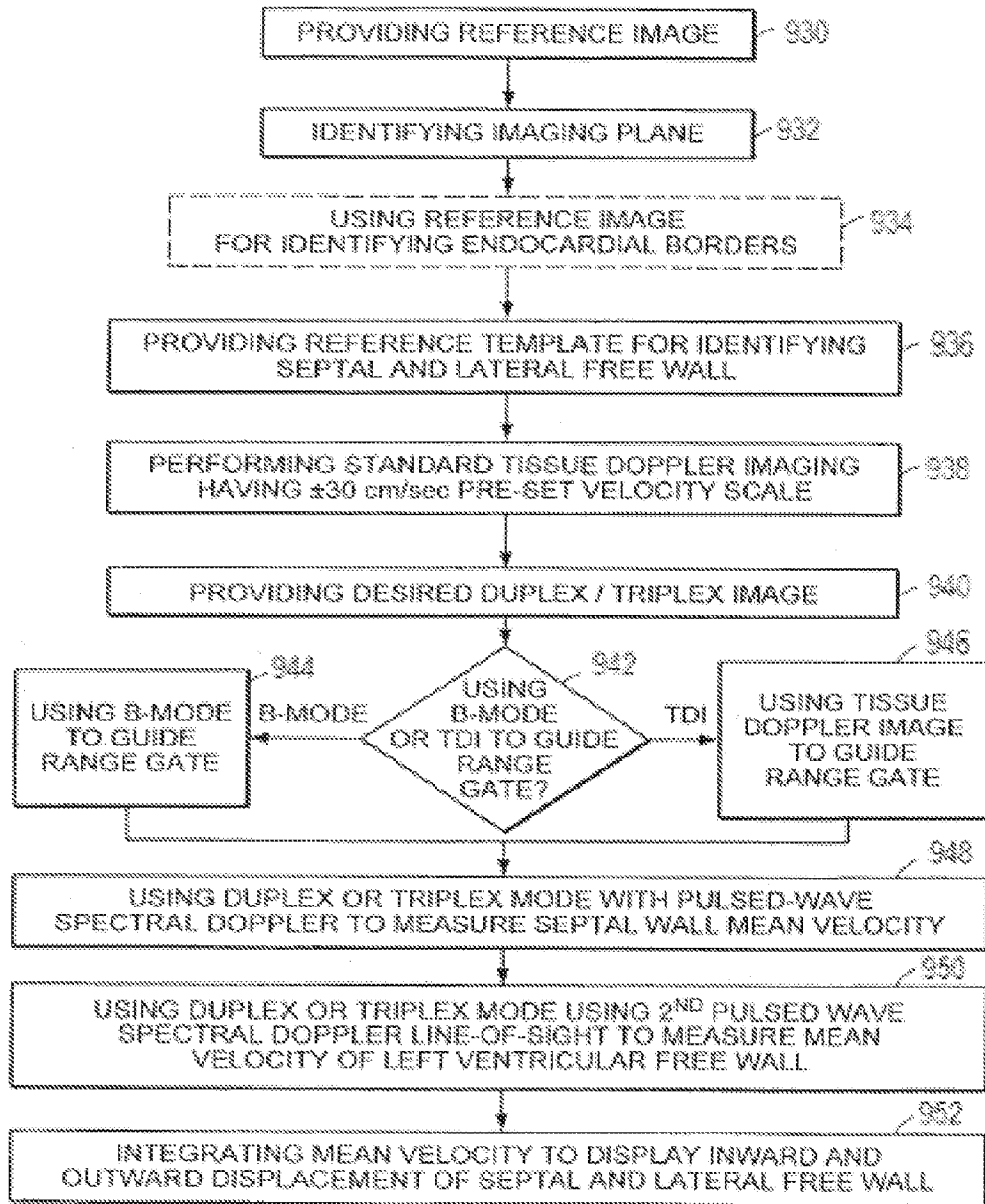


Fig. 10

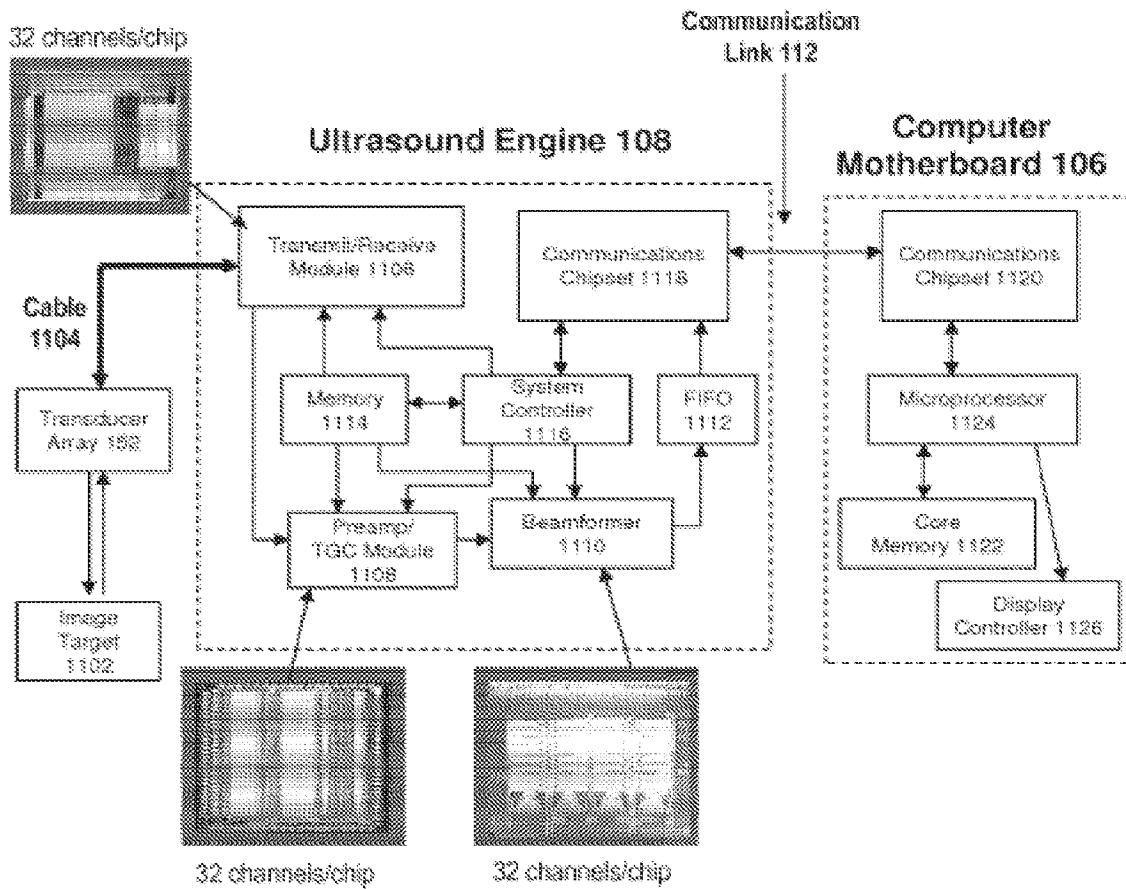


Fig. 11

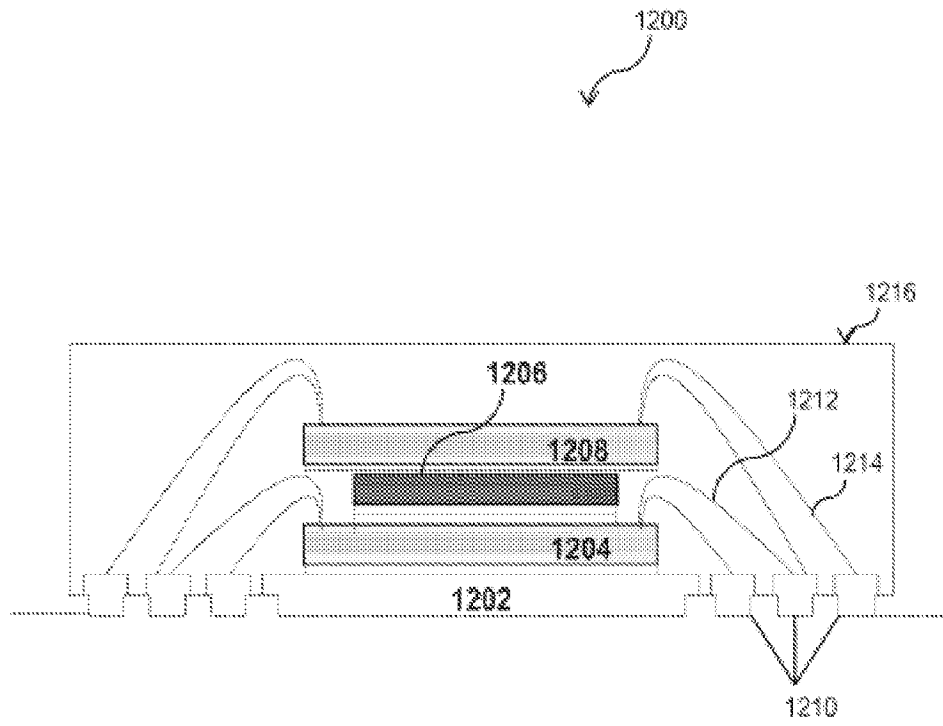


Fig. 12

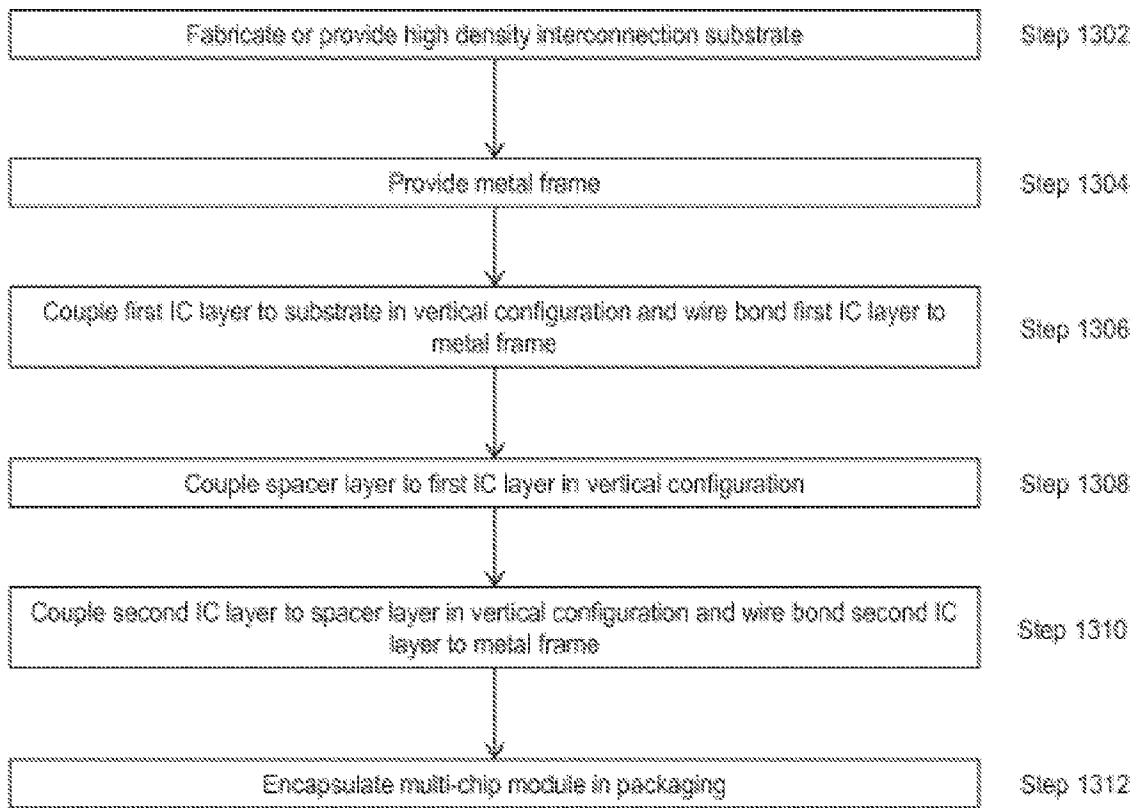


Fig. 13

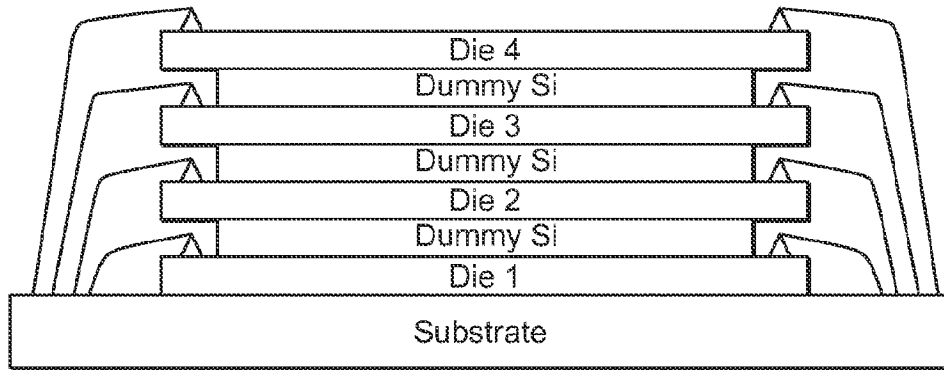


FIG. 14A

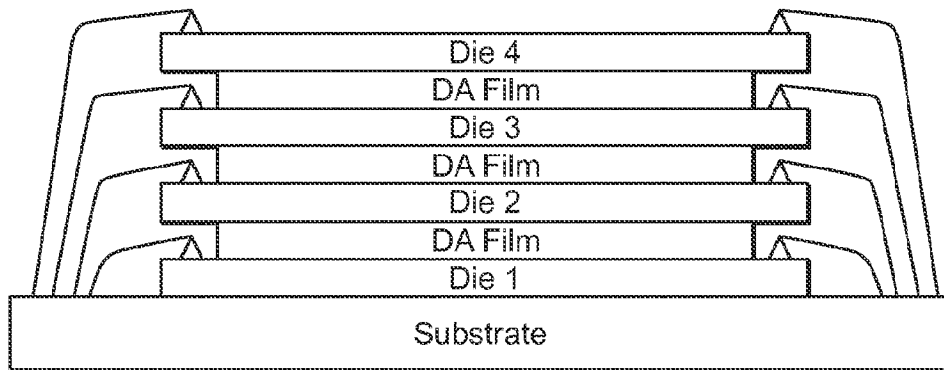


FIG. 14B

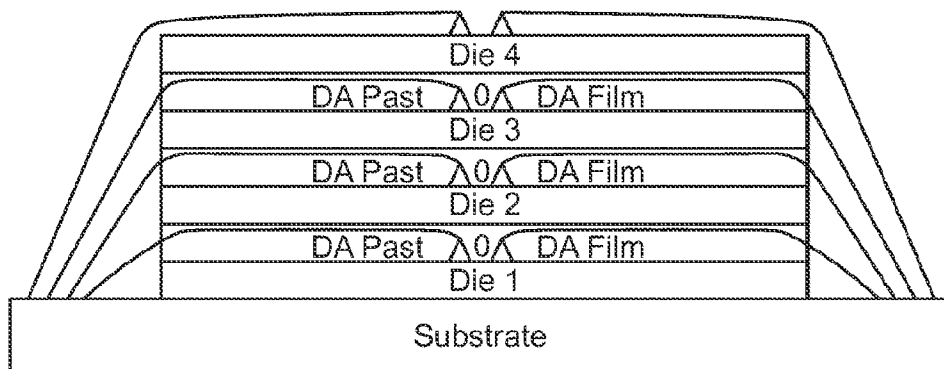


FIG. 14C

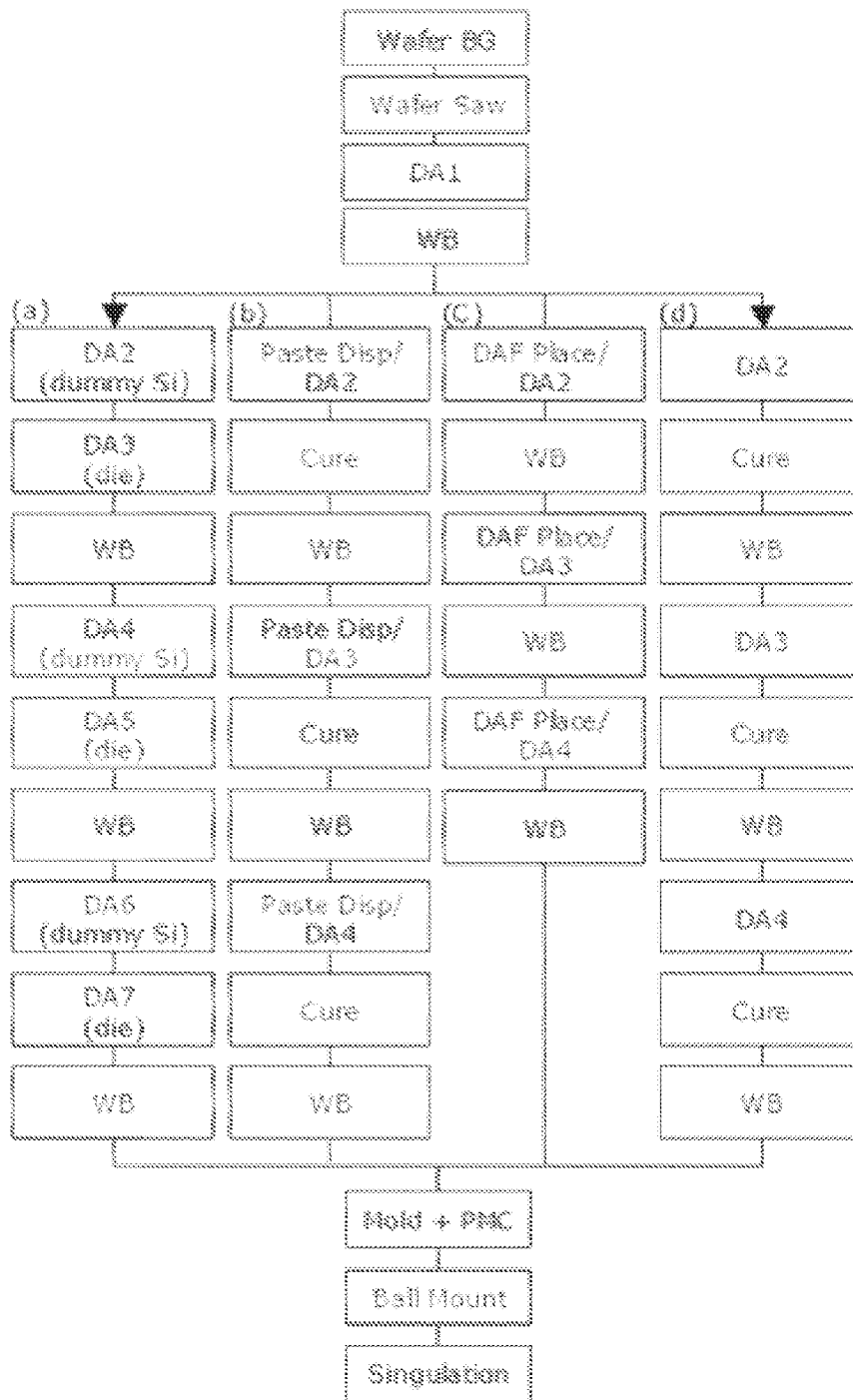


Fig. 15

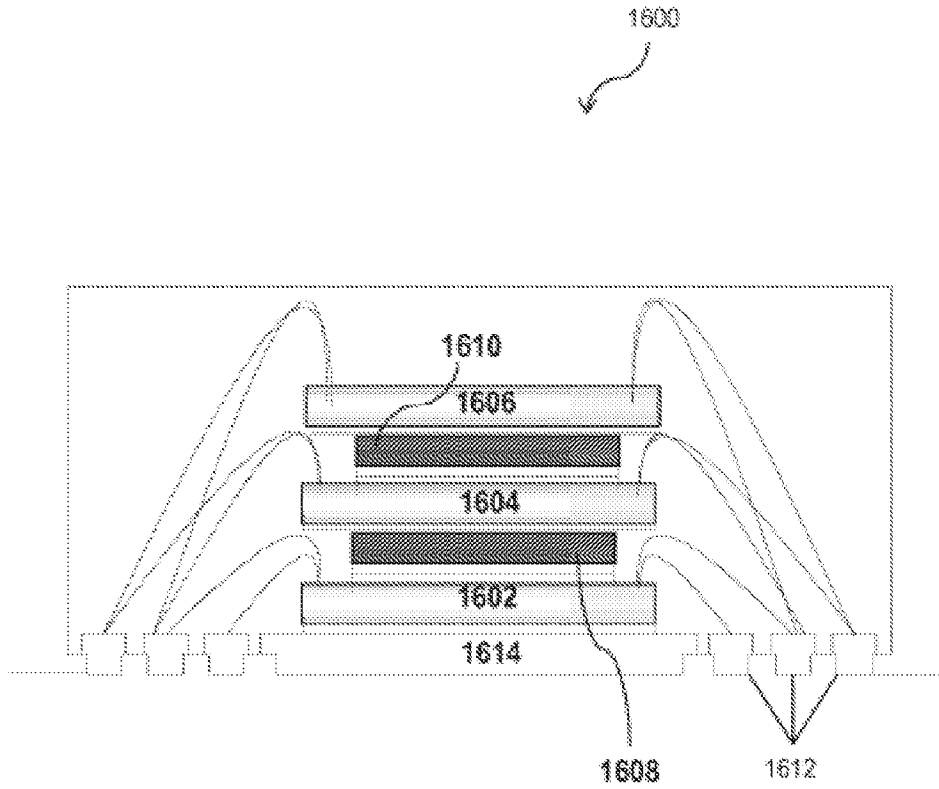


Fig. 16

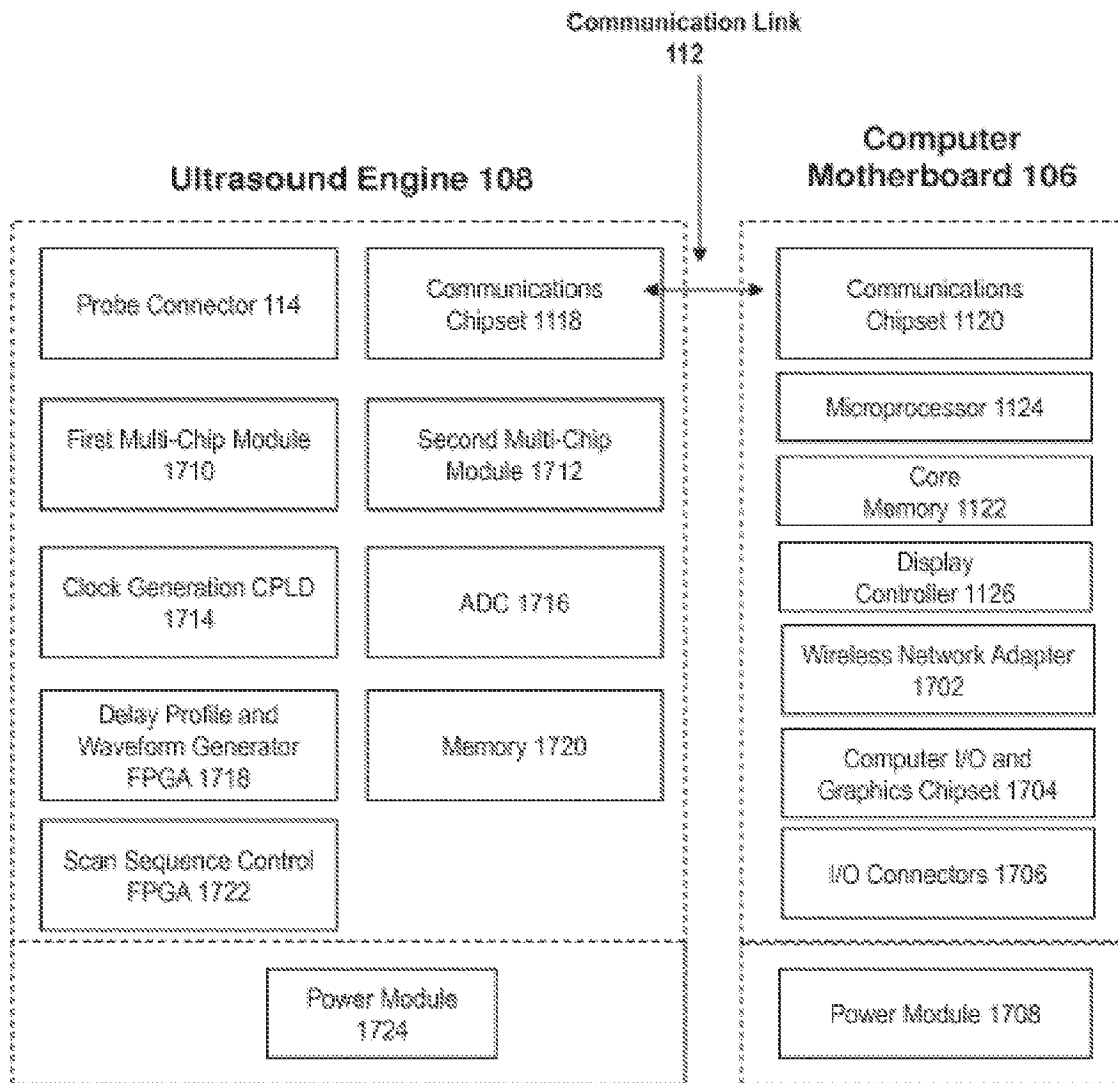


Fig. 17

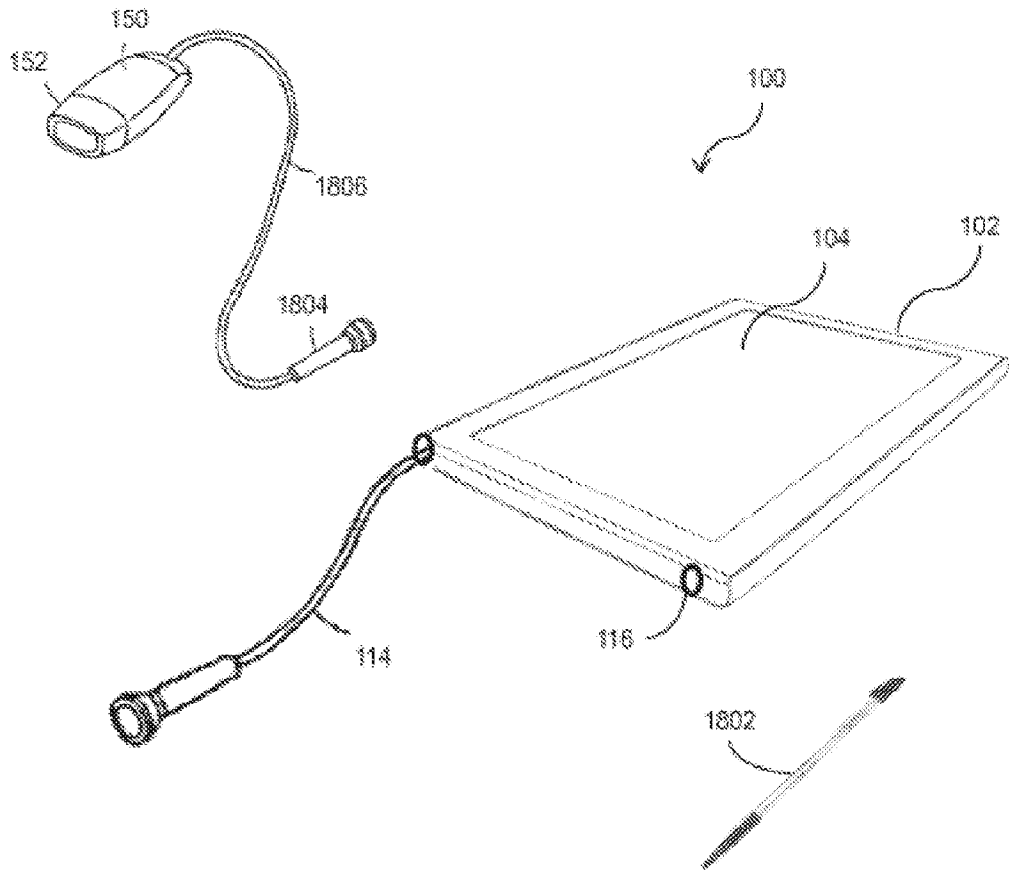


Fig. 18

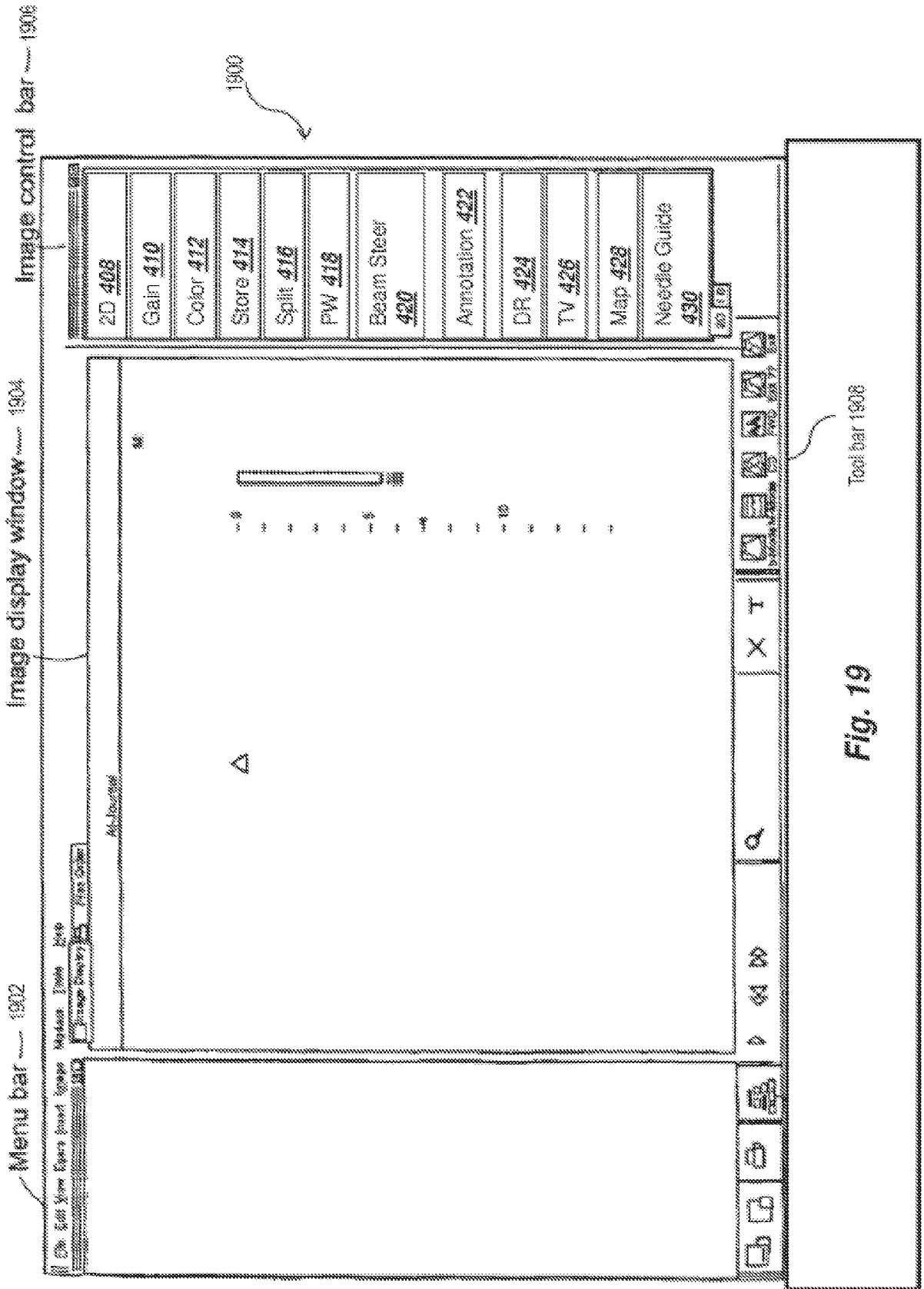


Fig. 19

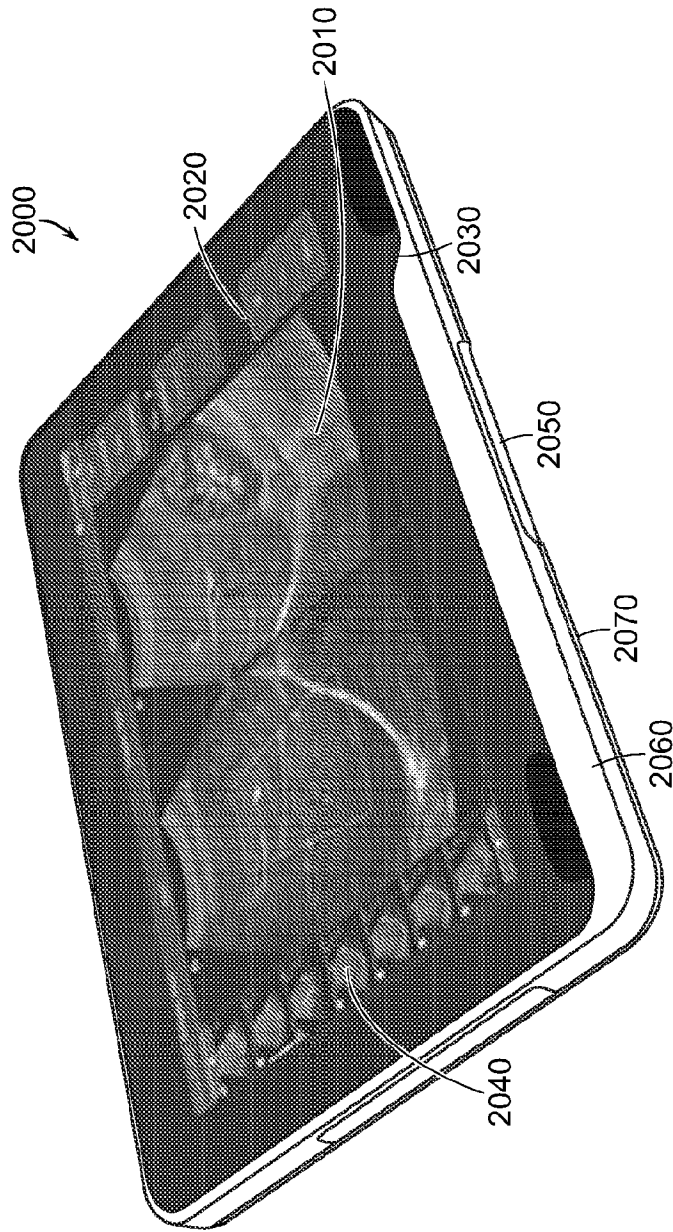


FIG. 20

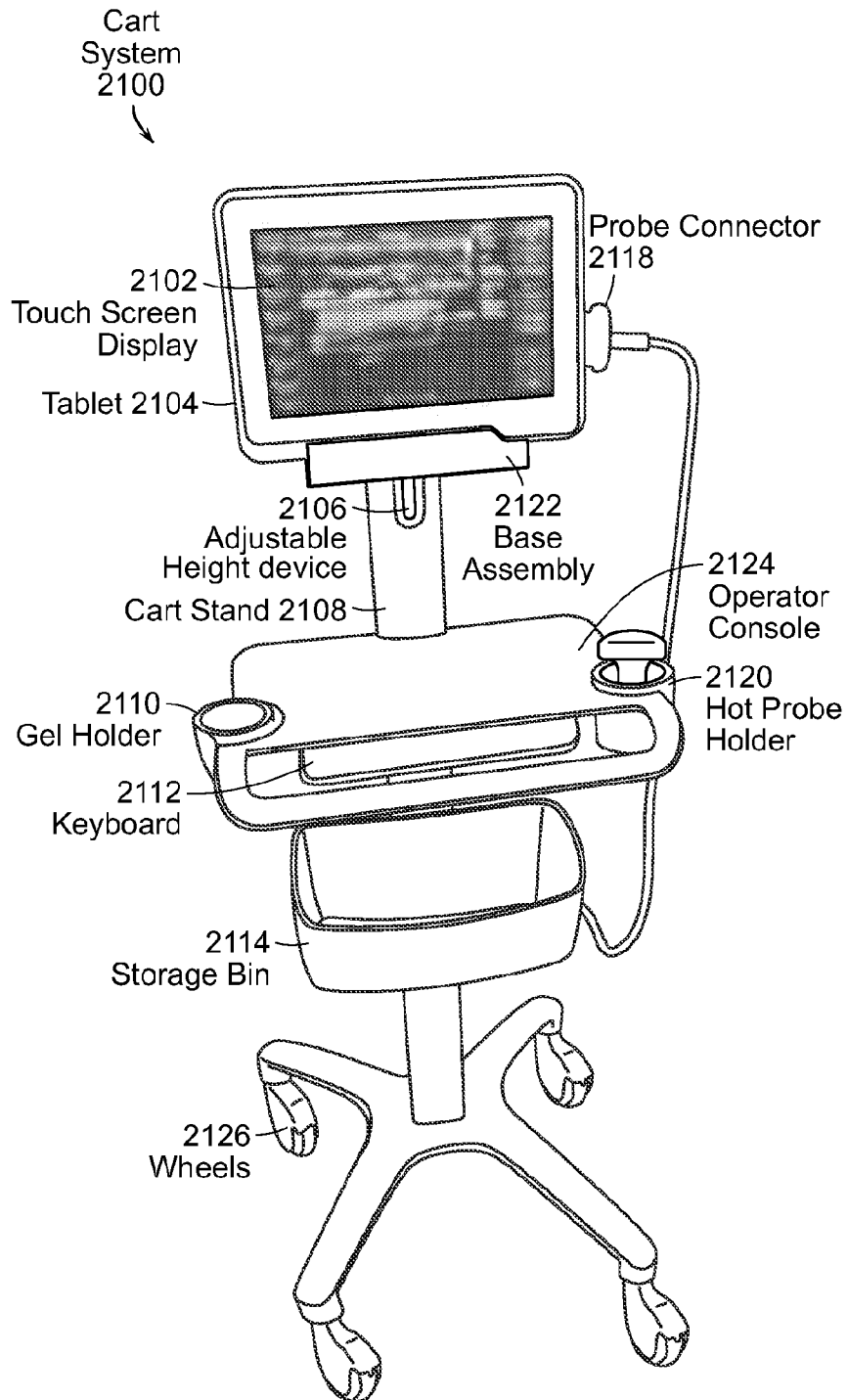
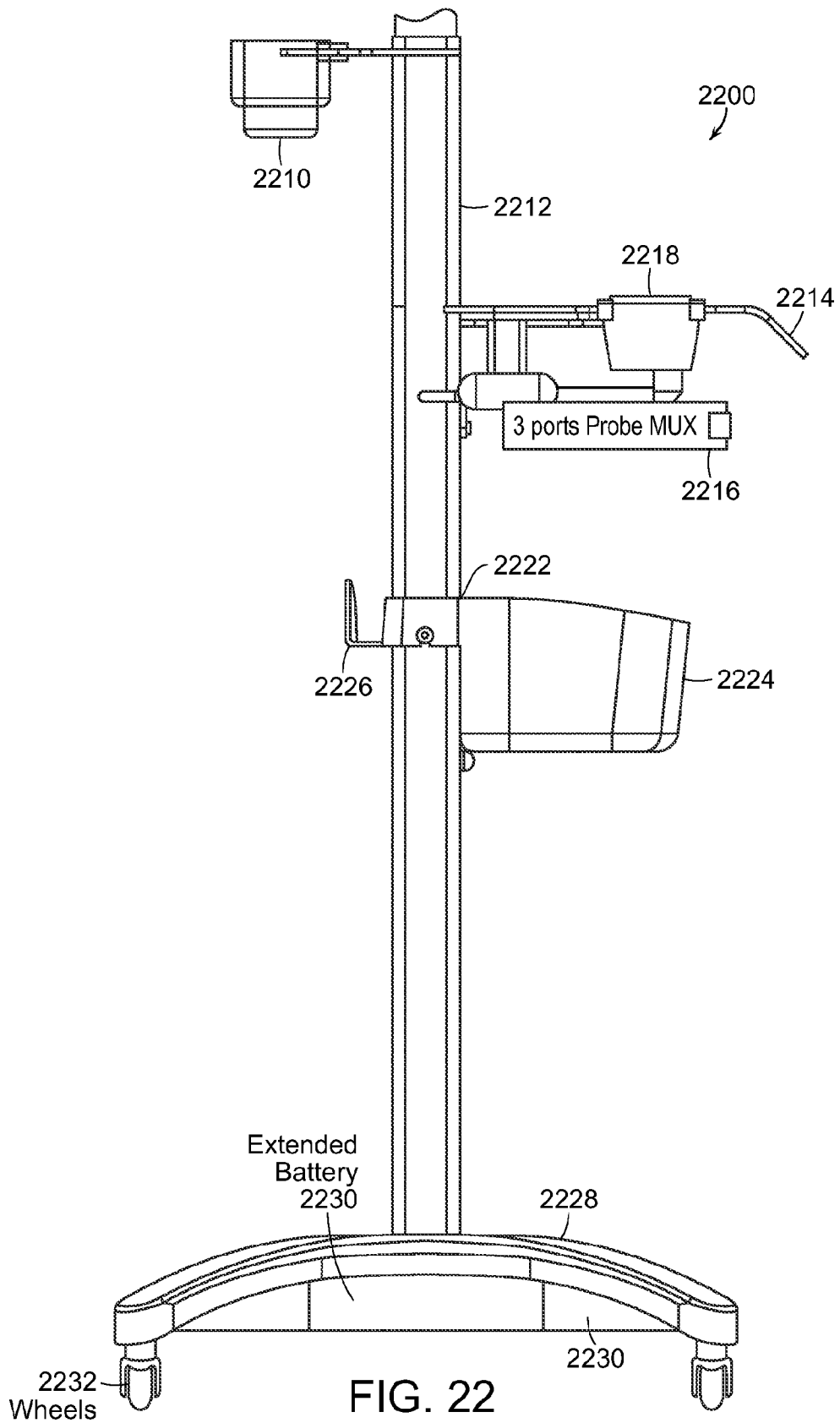


FIG. 21

29/51



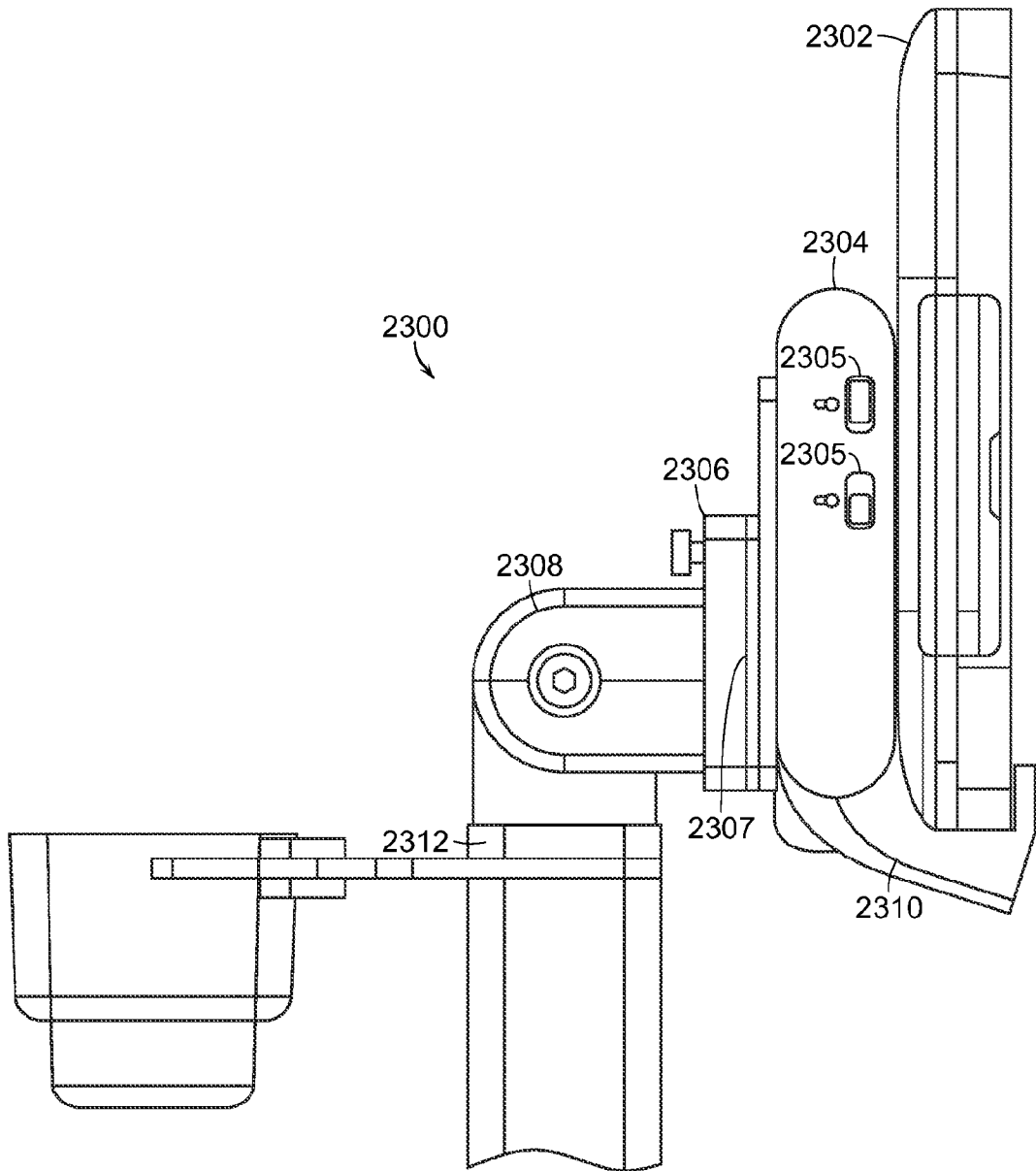


FIG. 23

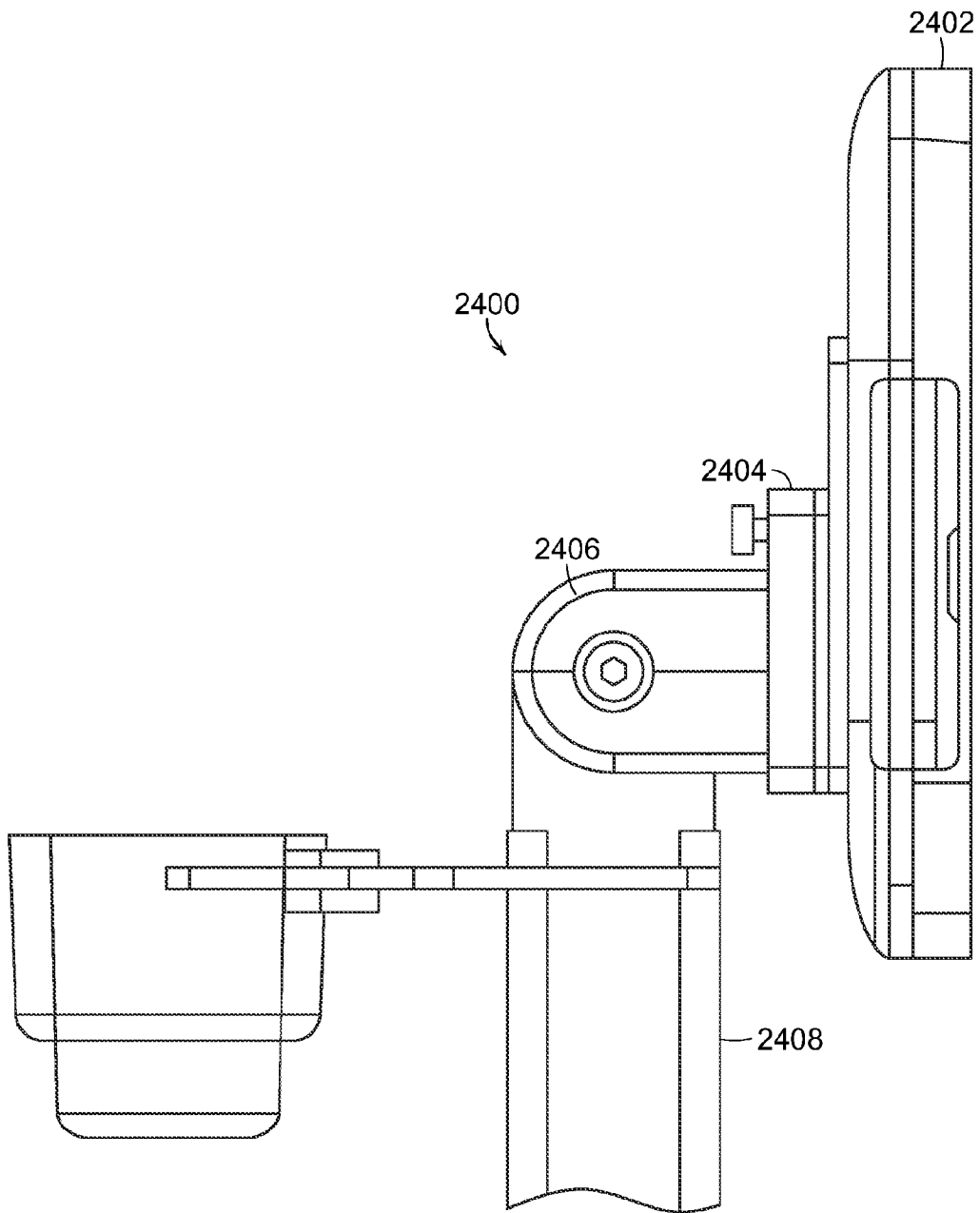


FIG. 24

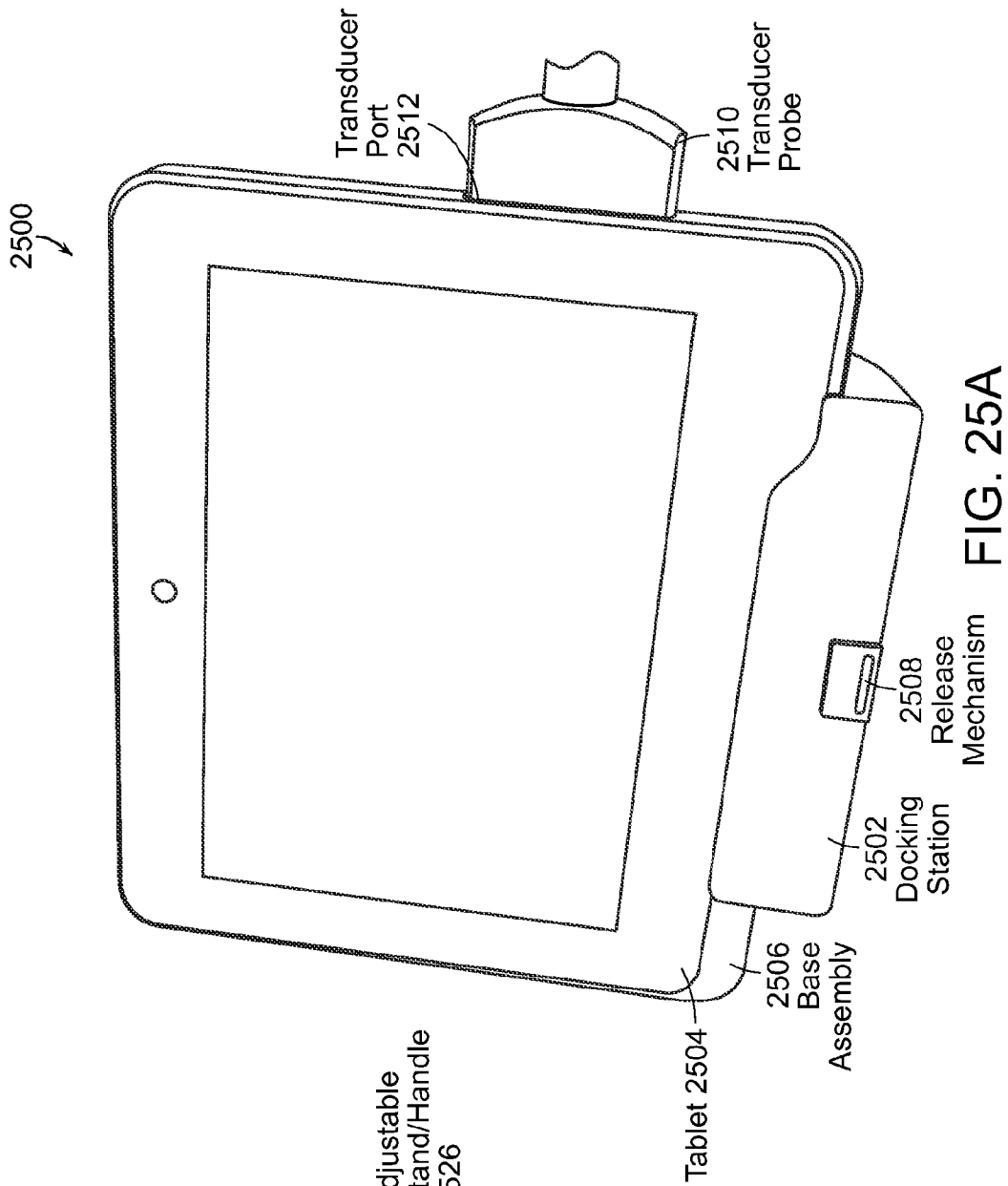


FIG. 25A

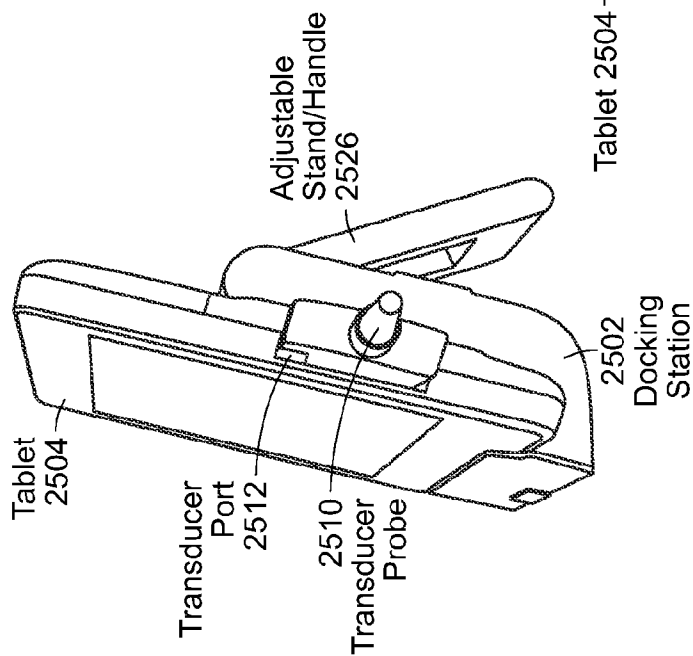


FIG. 25B

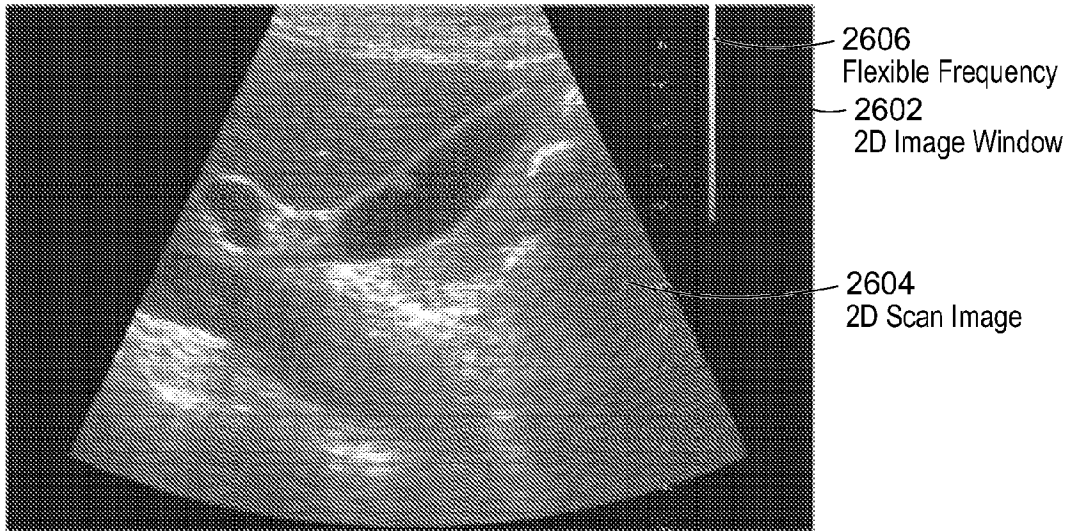


FIG. 26

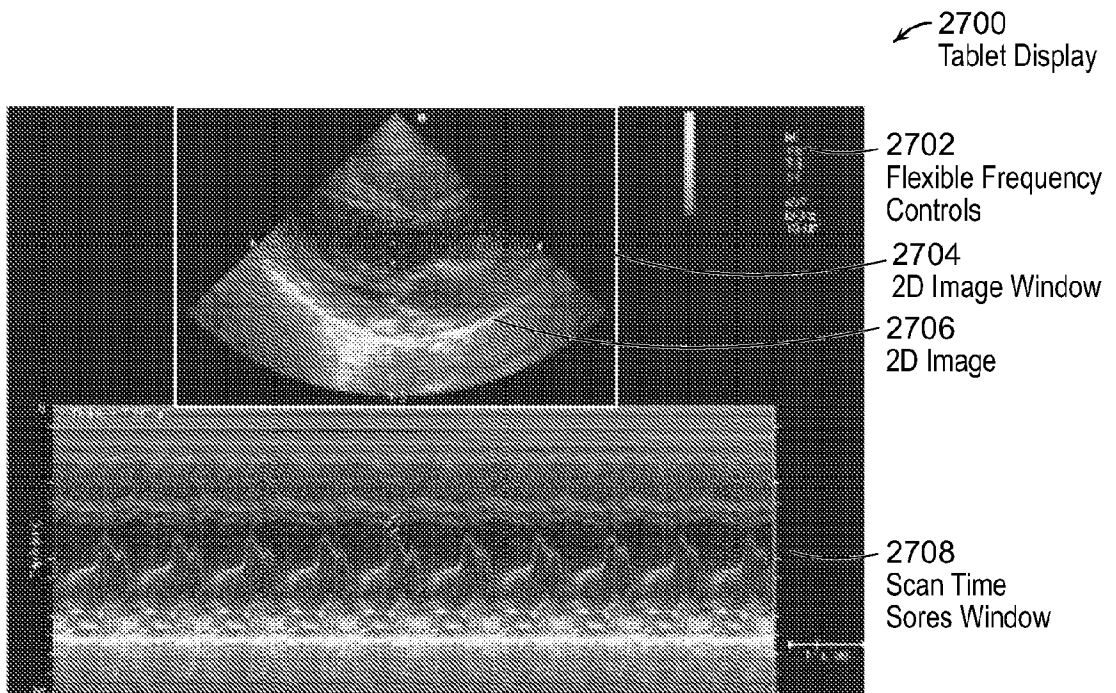


FIG. 27

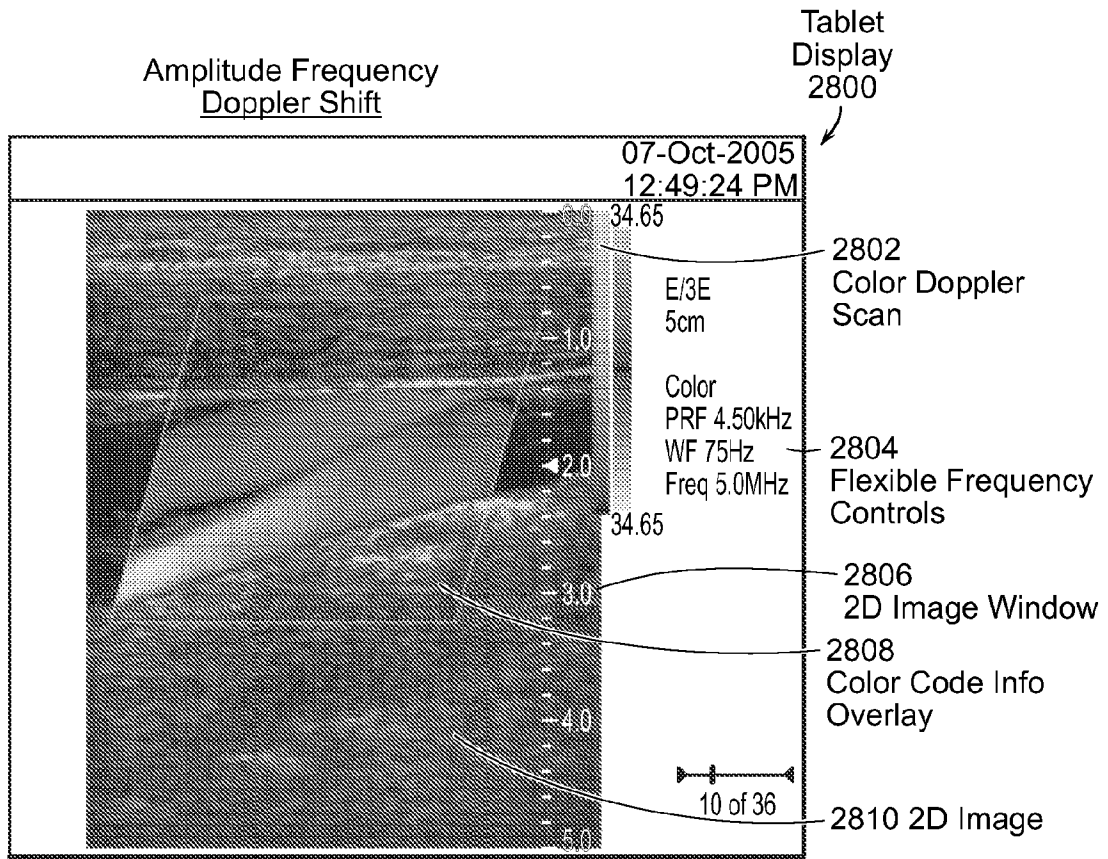


FIG. 28

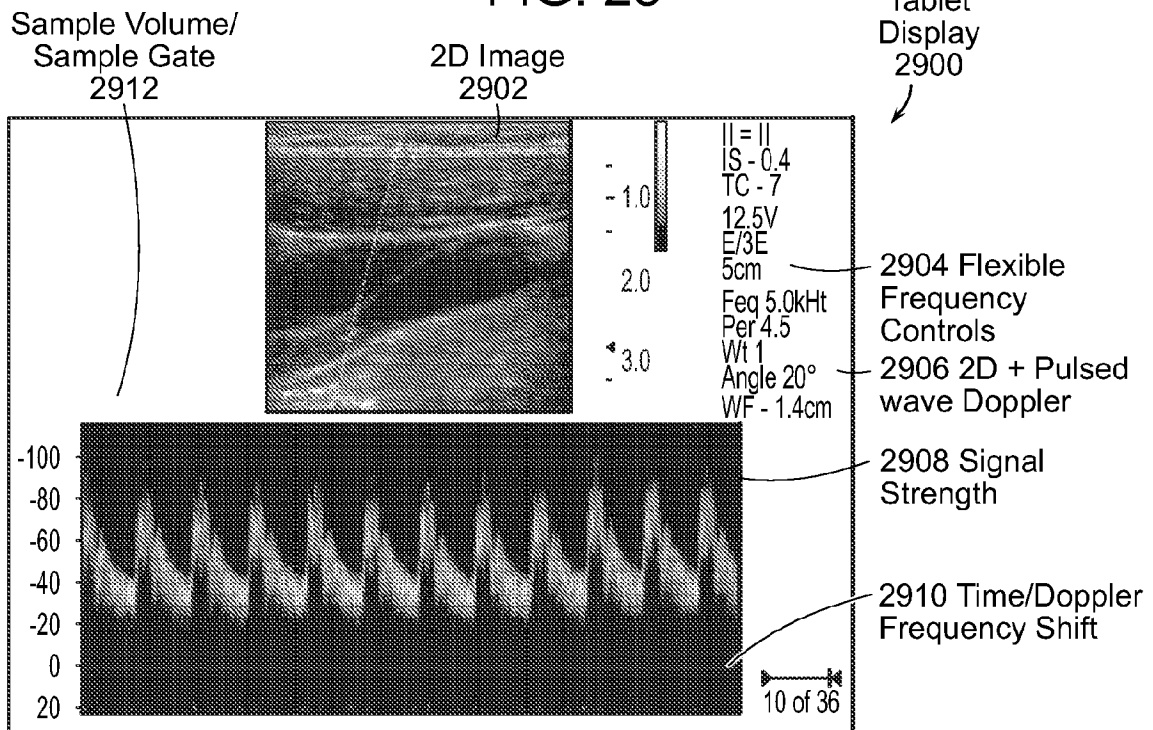


FIG. 29

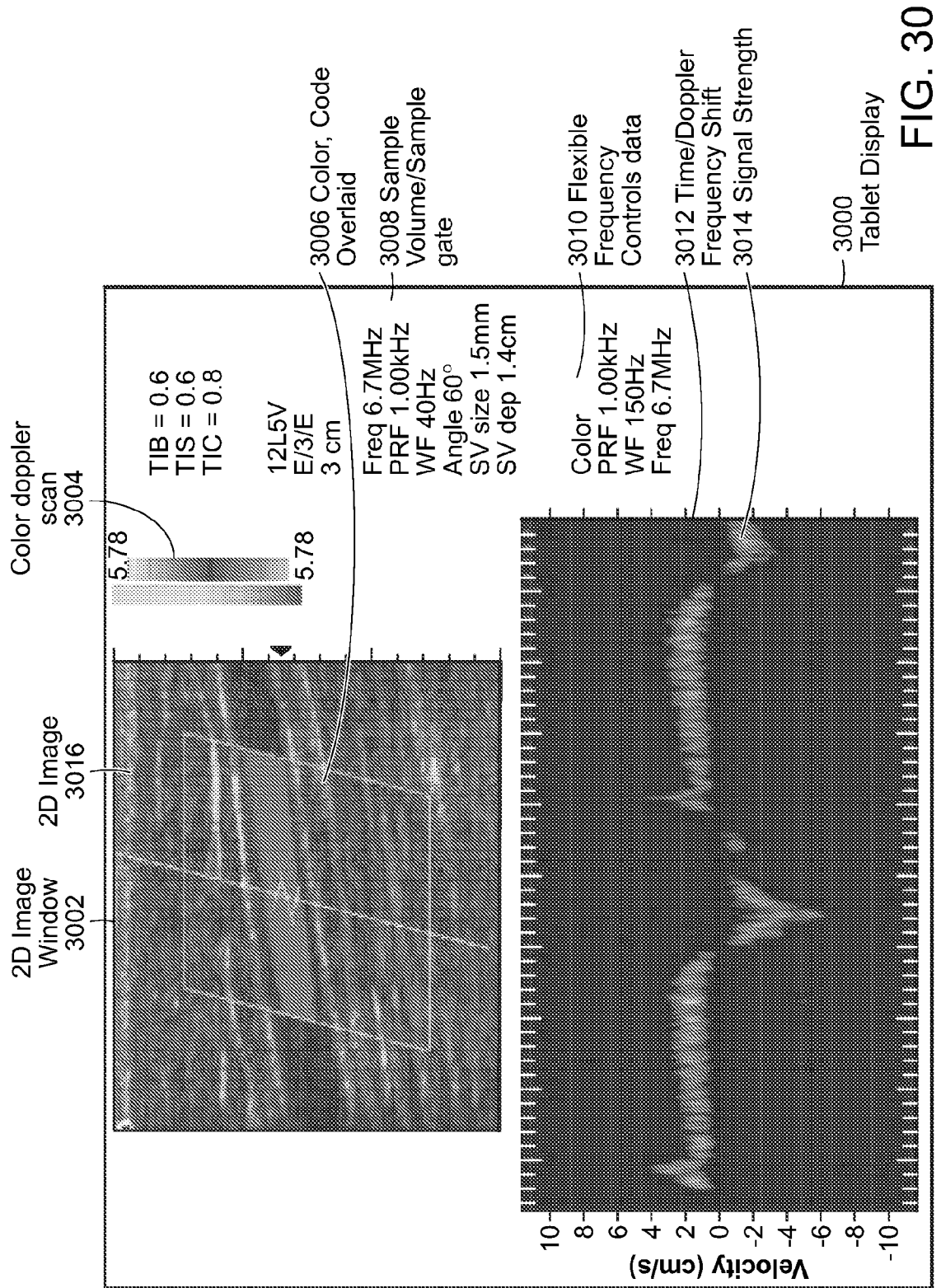


FIG. 30

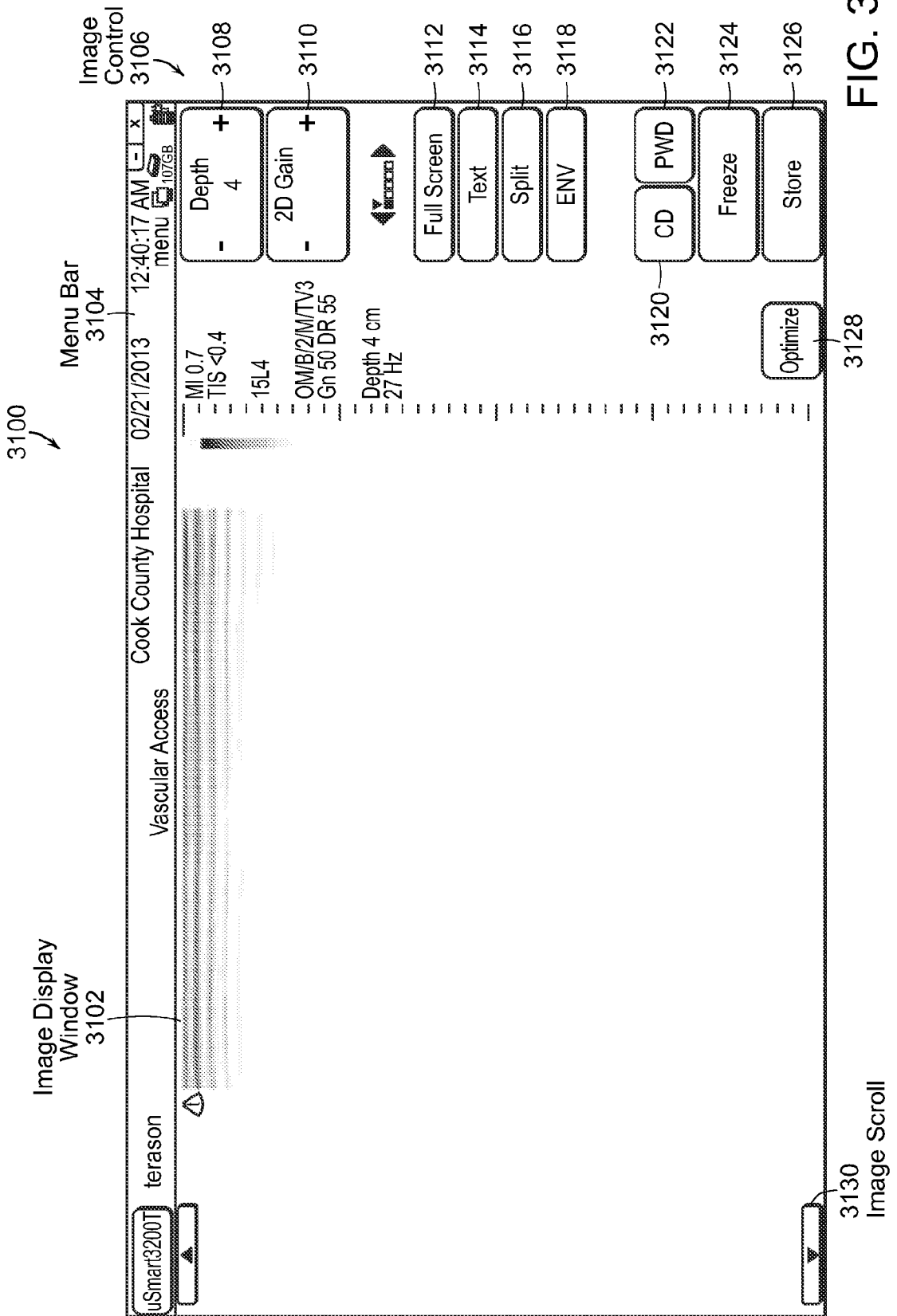


FIG. 31

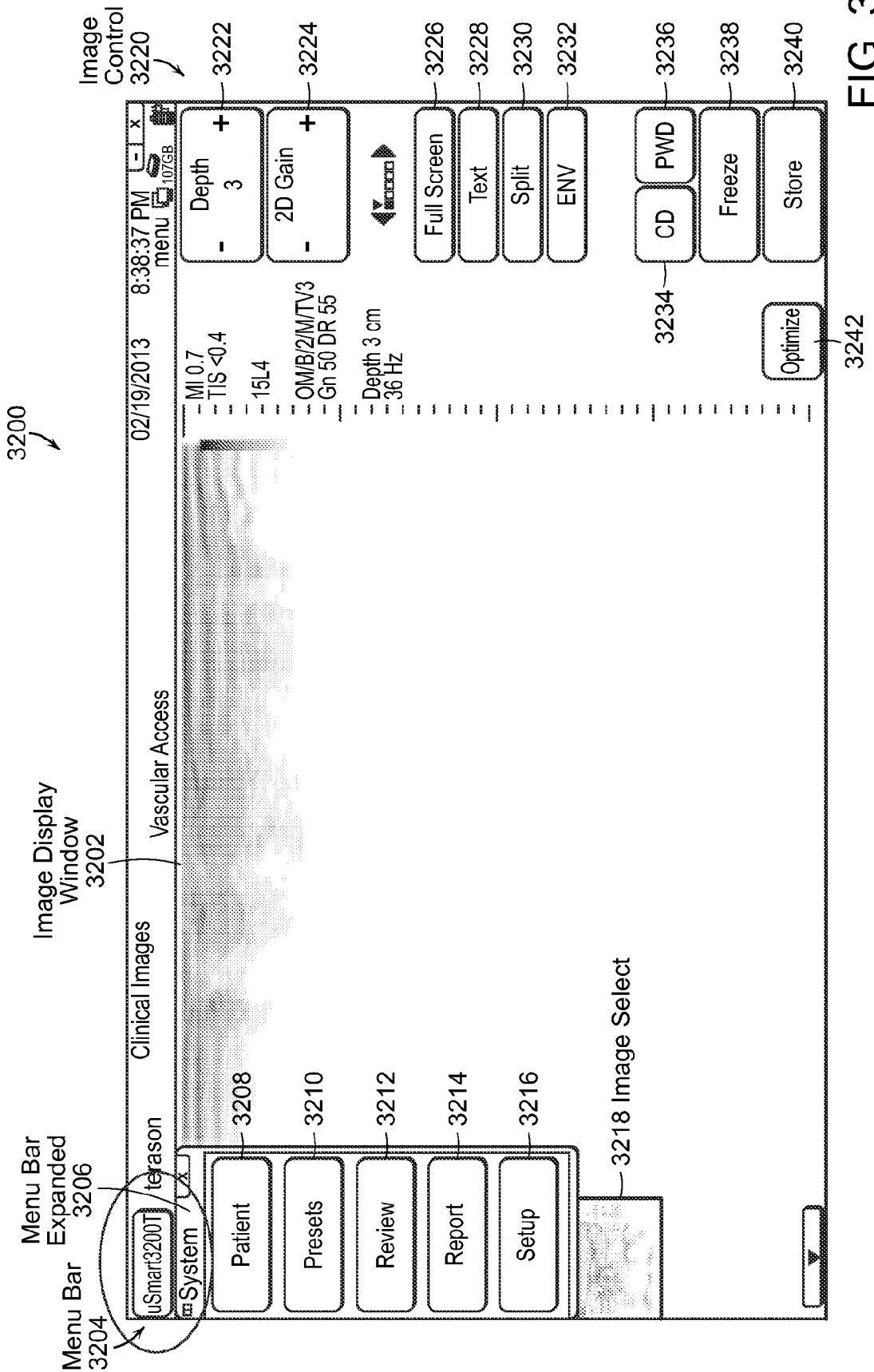


FIG. 32

The screenshot shows a software interface with a menu bar at the top and a main content area. The menu bar includes 'uSmart3200T', 'Options center 3302', 'Patient Tab 3306', and 'Image Control 3318'. The main content area is divided into several sections:

- Options center 3302:** Contains buttons for 'New Patient 3304', 'New Study 3308', 'Study List...', 'Worklist...', and 'Edit 3312'.
- Patient Info 3314:** A form with fields for 'Last: Clinical Images', 'First:', 'Middle:', 'DOB: MM/dd/yyyy', 'Gender: M F', 'Patient ID:', and 'Accession:'. Below these is a table with columns for 'Patient Name', 'DOB', 'Gender', and 'Studies'.
- Study Info 3316:** A form with fields for 'Exam Type: Vascular Access', 'Institution:', 'Operation:', 'Referring Physician:', 'Interpreting Physician:', 'Study ID:', 'Date Time: 02/19/2013 20:30:45', 'Study Description:', 'Vascular Access Comment', 'Height: ft in', and 'Weight: lbs'.
- Image Control 3318:** A vertical bar on the right side containing buttons for 'Accept 3320', 'Close Study 3322', 'Print 3324', 'Print Preview 3326', 'Cancel 3328', '2D 3330', 'Freeze 3332', and 'Store 3334'.

FIG. 33

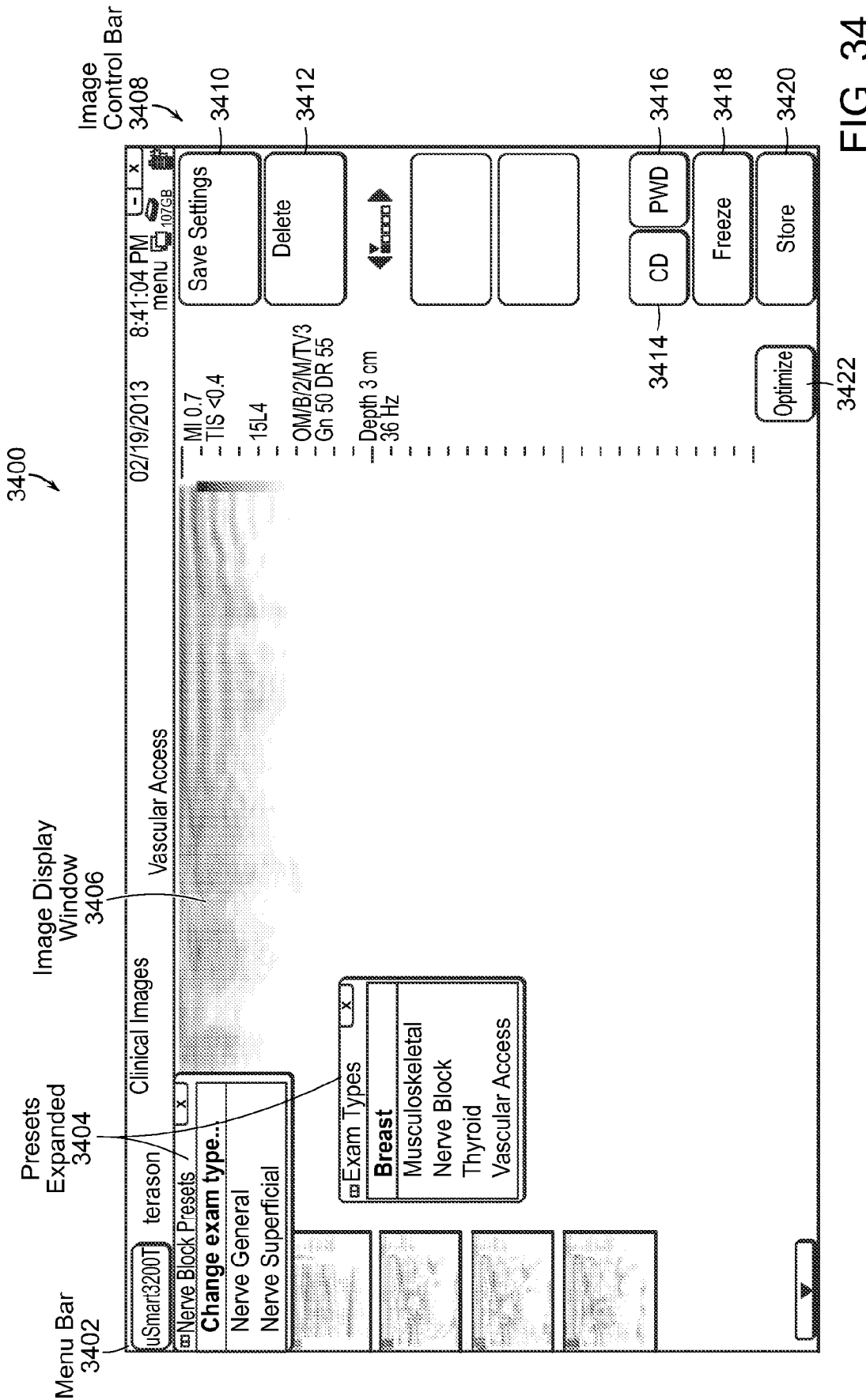


FIG. 34

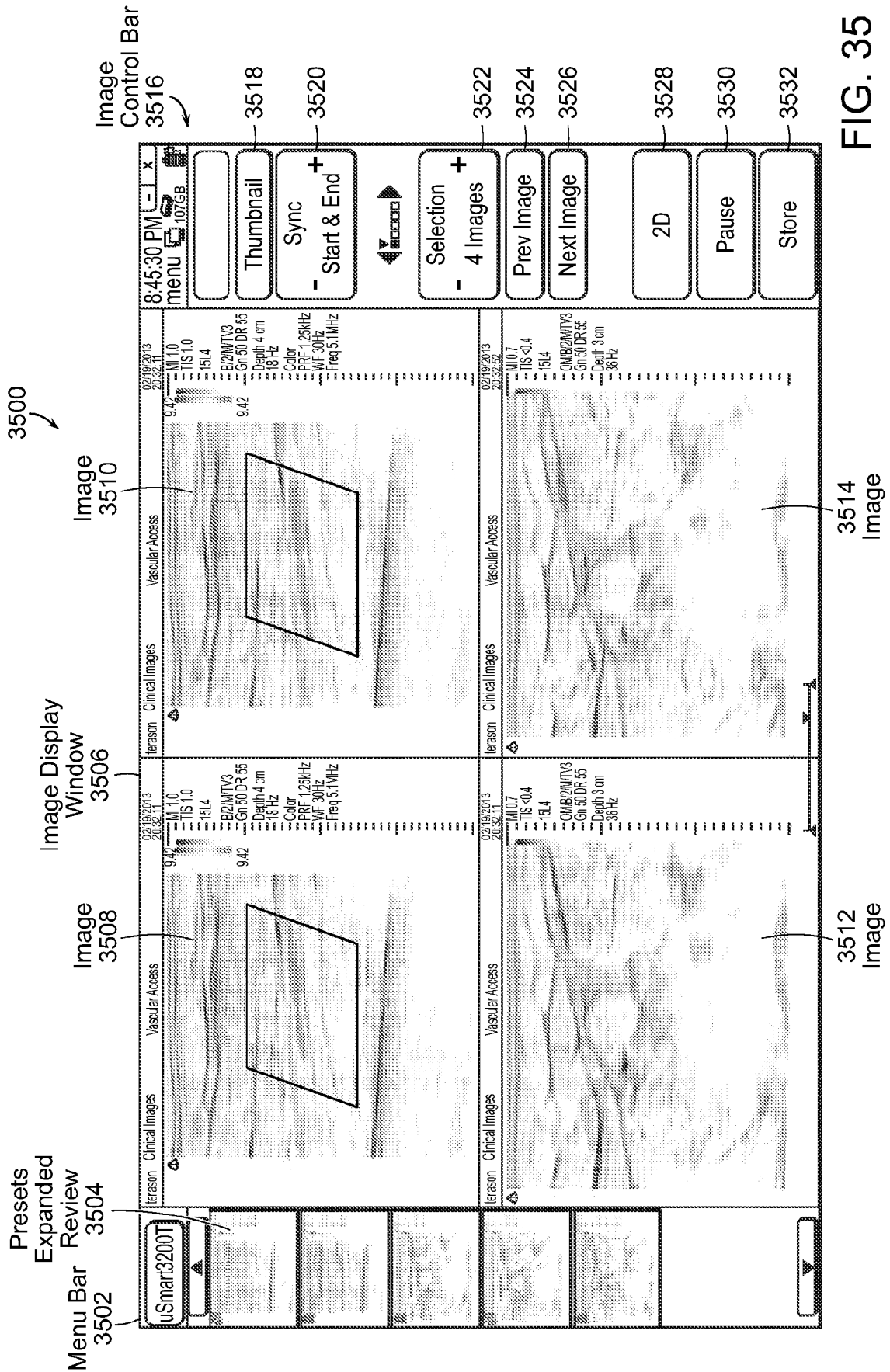


FIG. 35

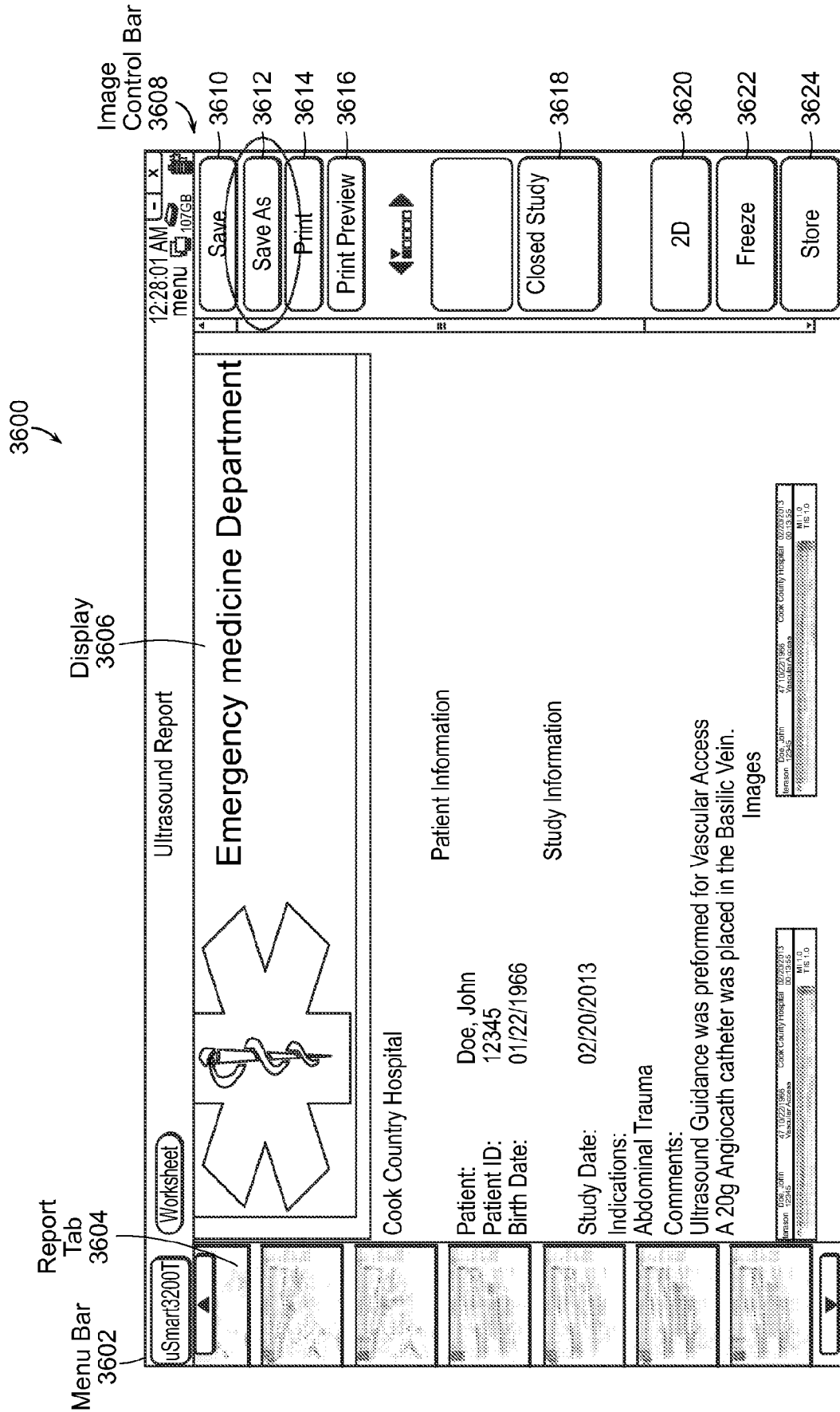


FIG. 36

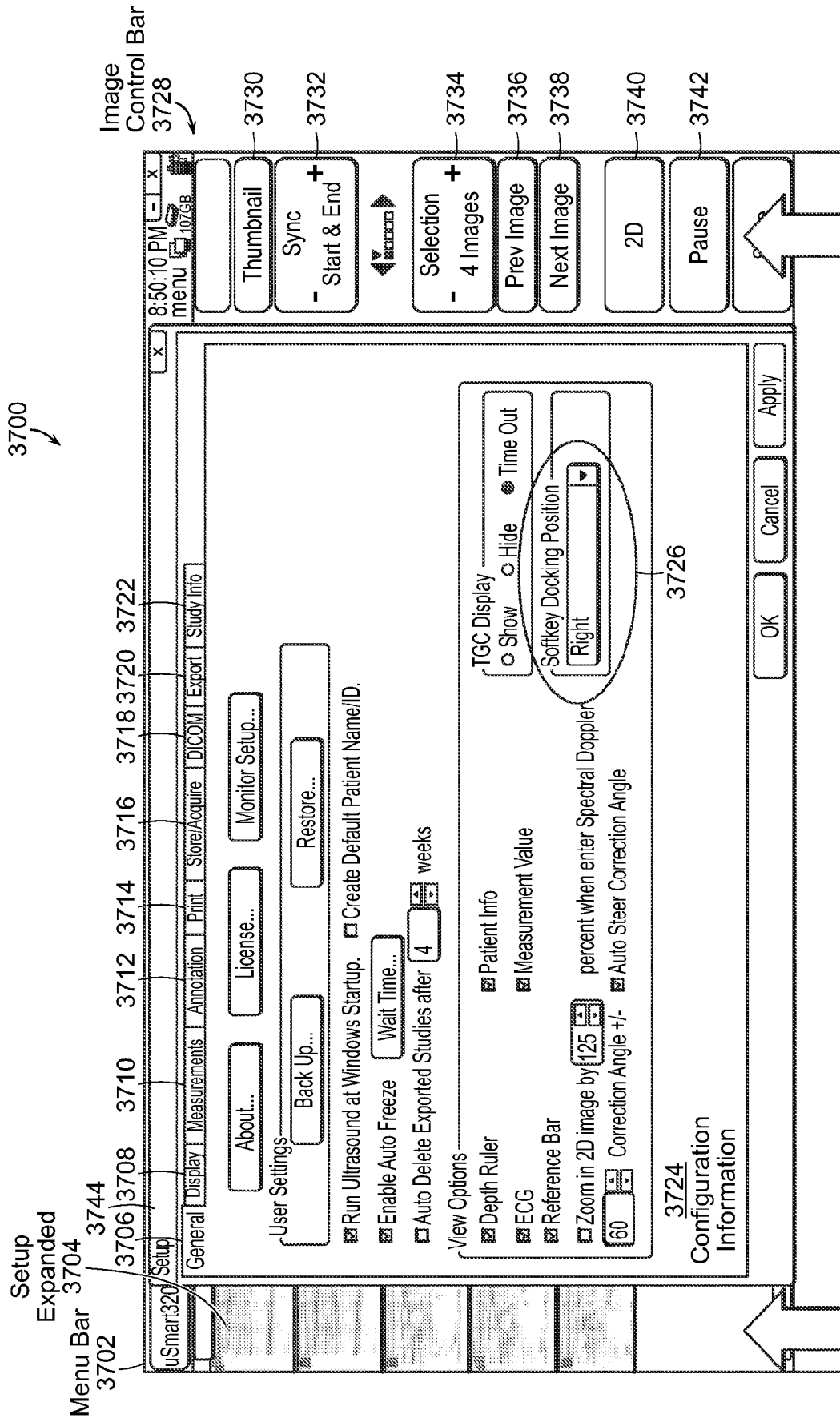


FIG. 37A

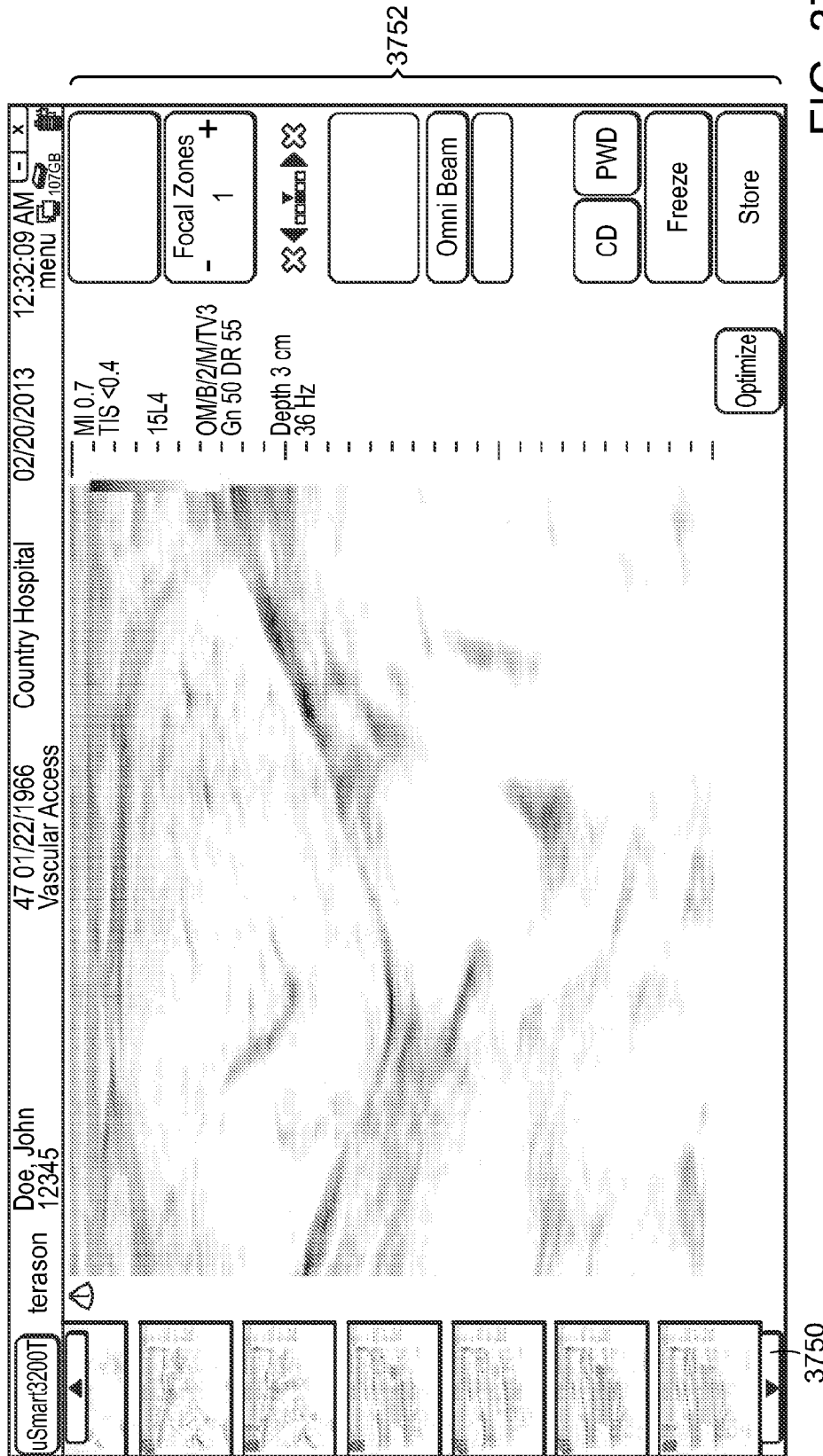
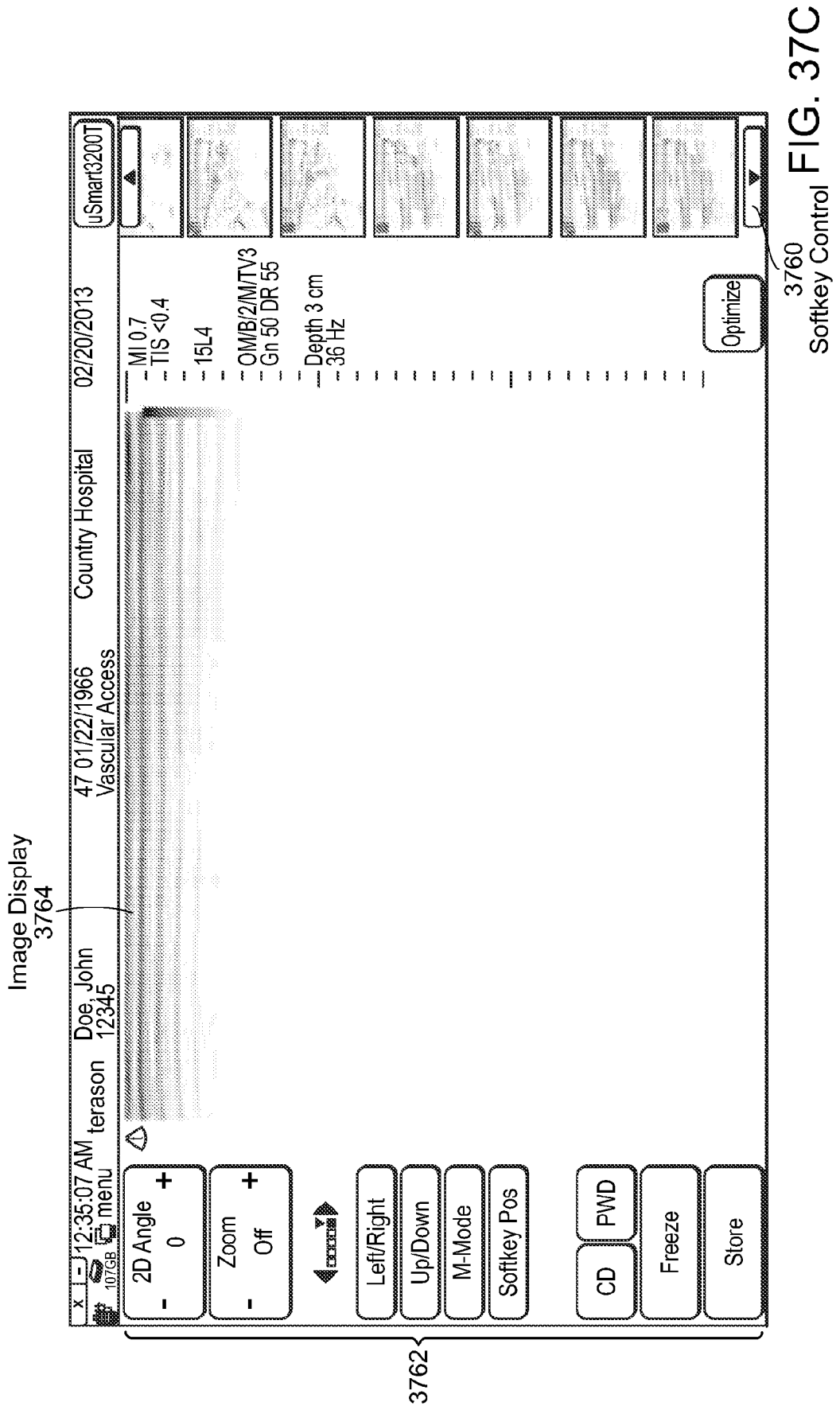


FIG. 37B



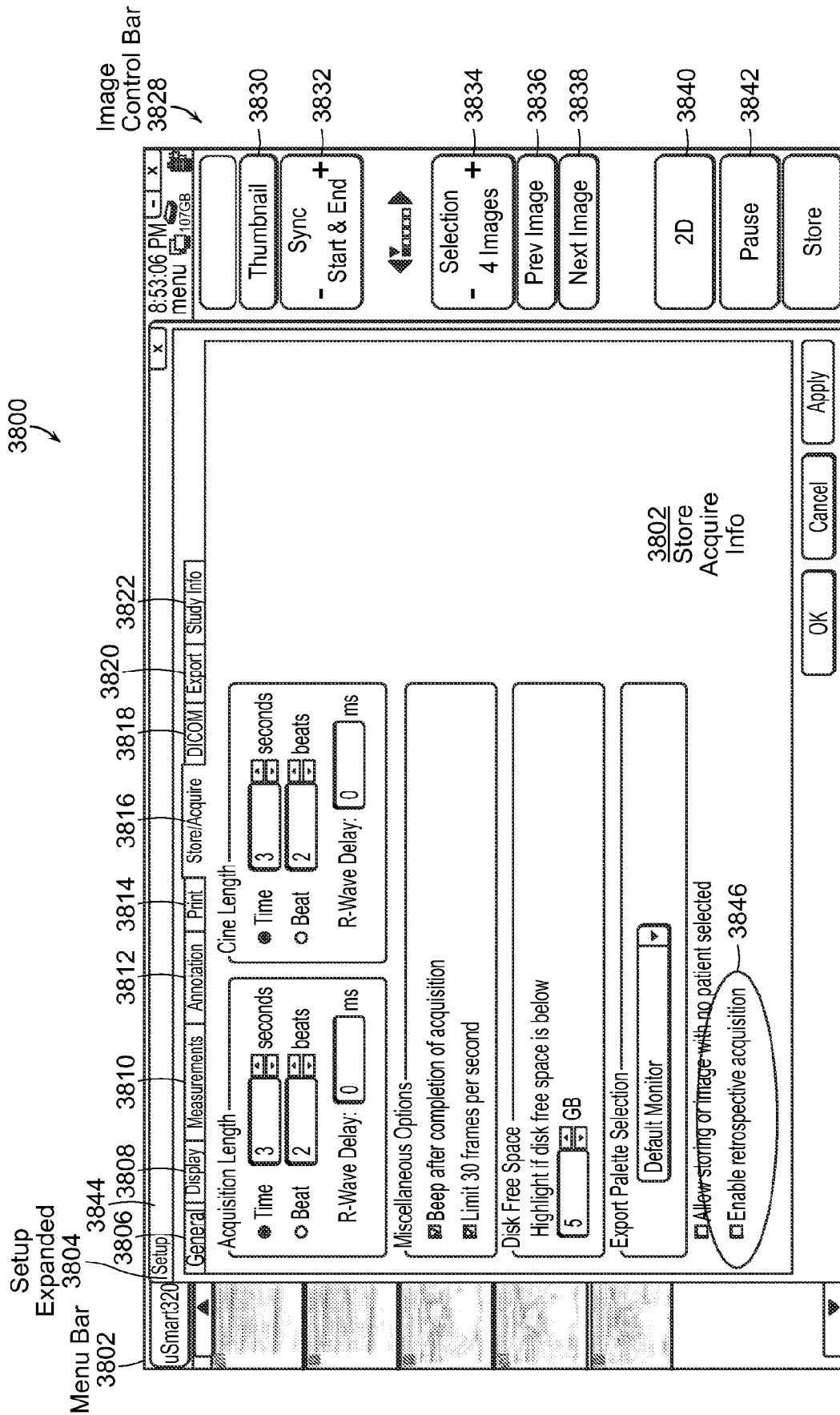


FIG. 38

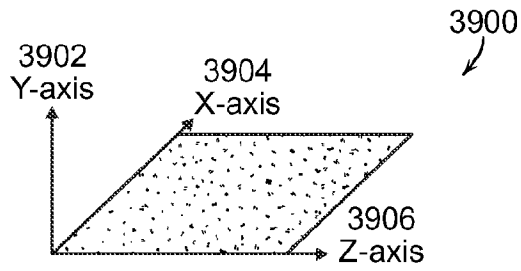


FIG. 39A

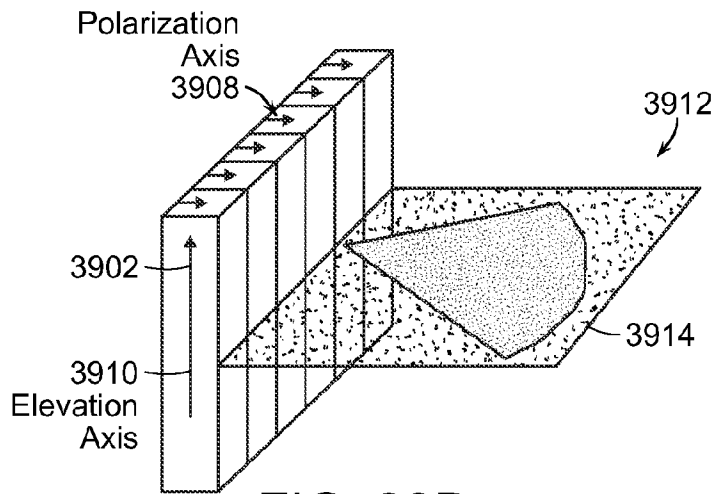


FIG. 39B

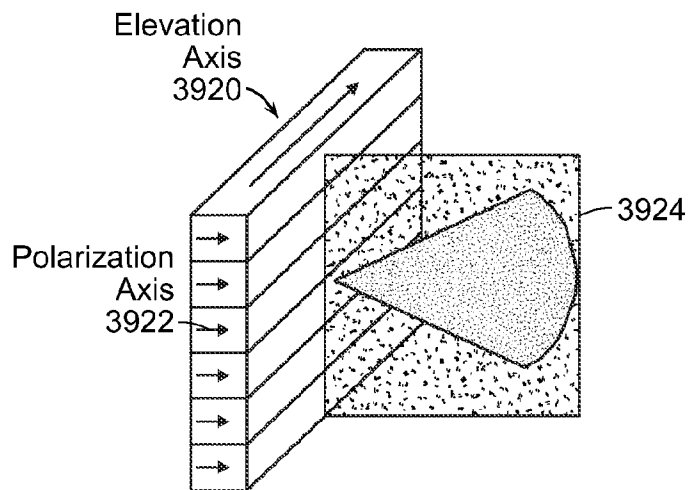


FIG. 39C

47/51

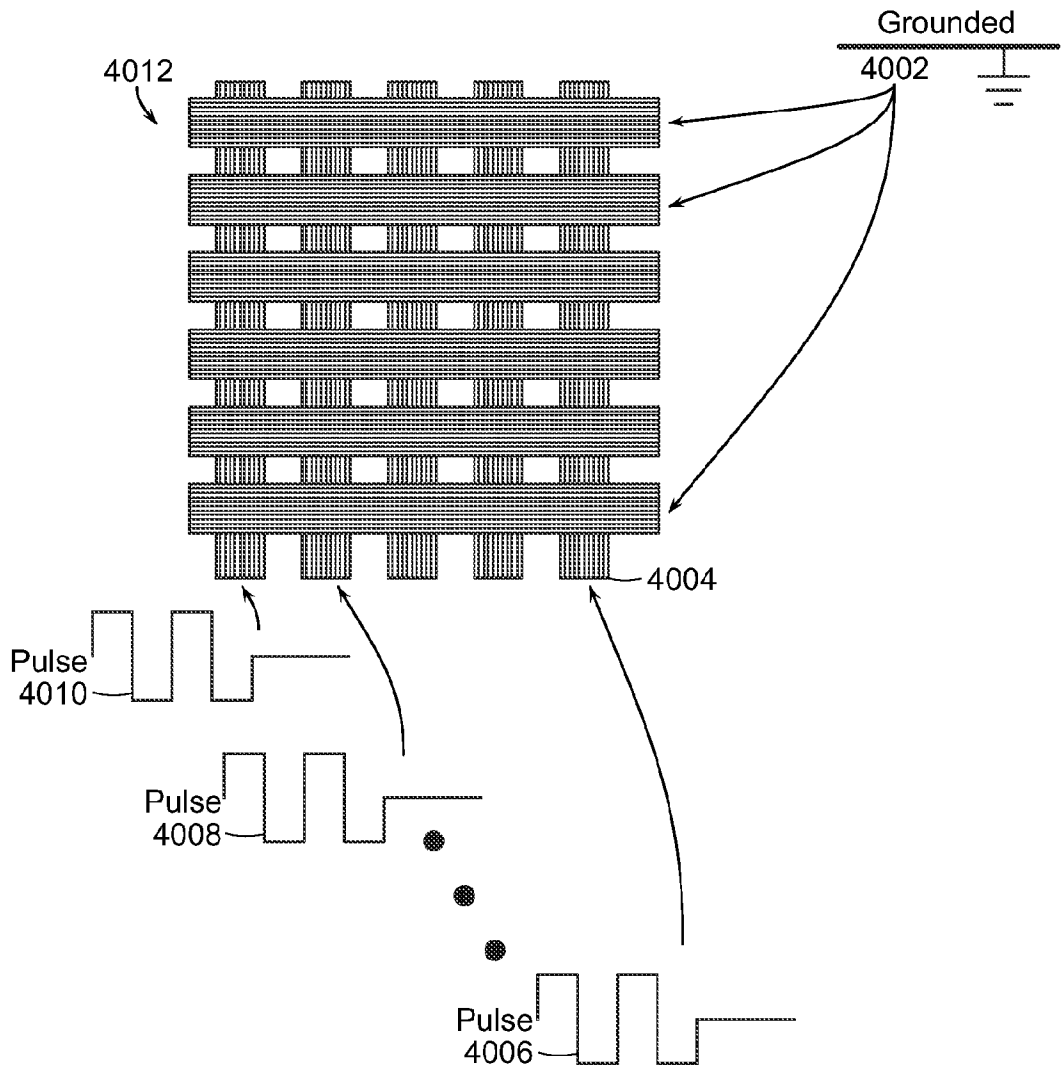
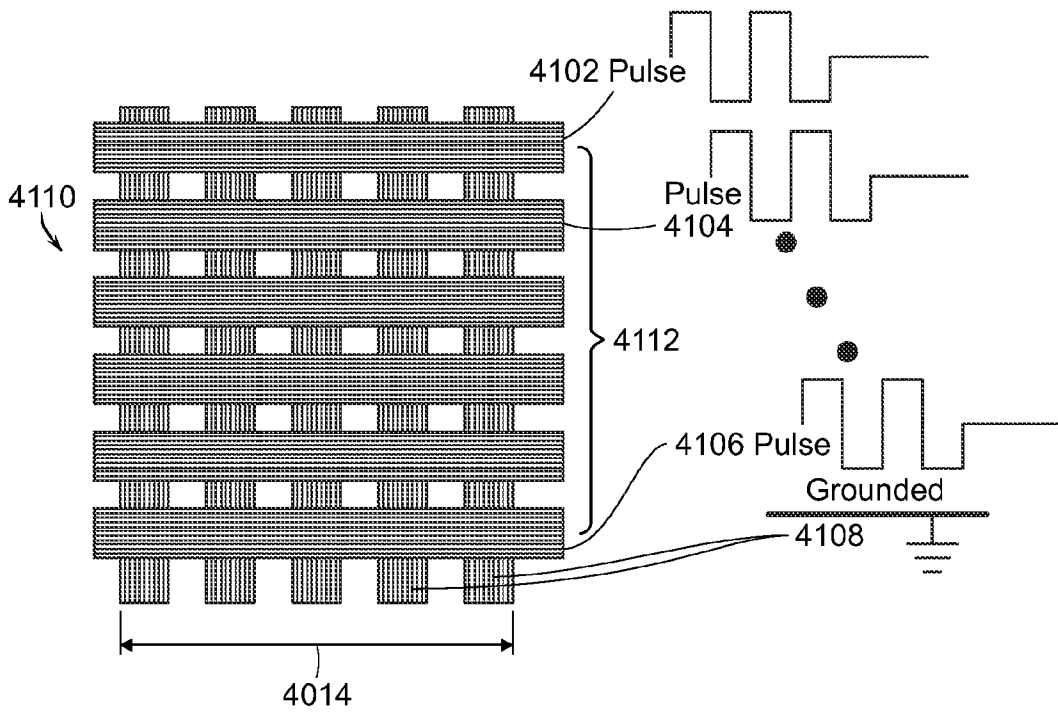


FIG. 40



High-voltage driving pulses applying to elements of the transducer array with elevation axis in X-direction for forming images on the YZ plane.

FIG. 41

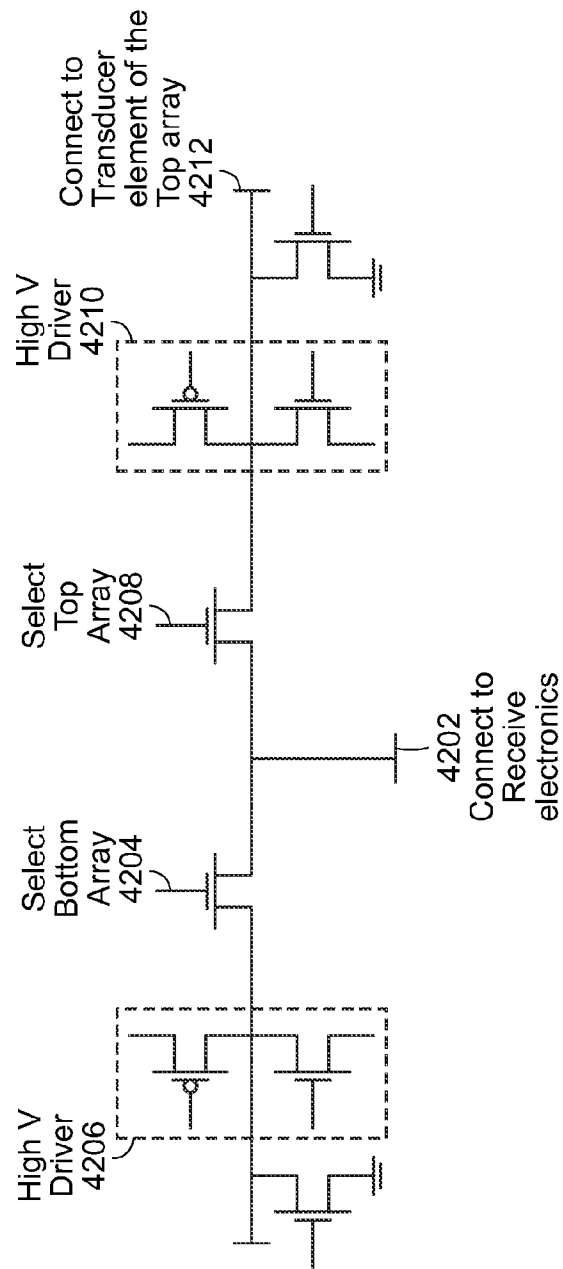


FIG. 42

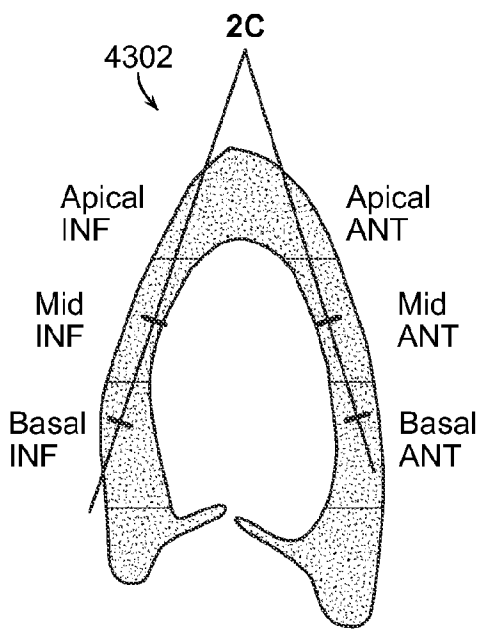


FIG. 43A

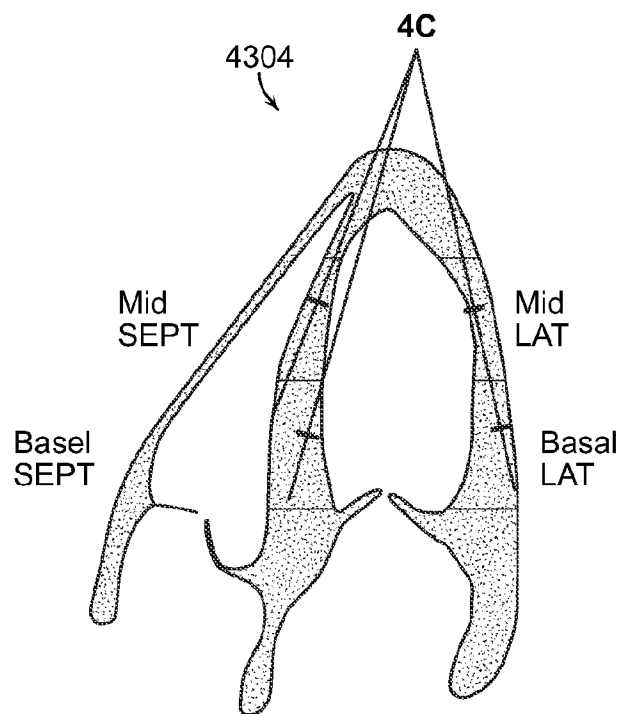


FIG. 43B

Simultaneous bi-plane evaluation of left ventricular mechanical dyssynchrony functions

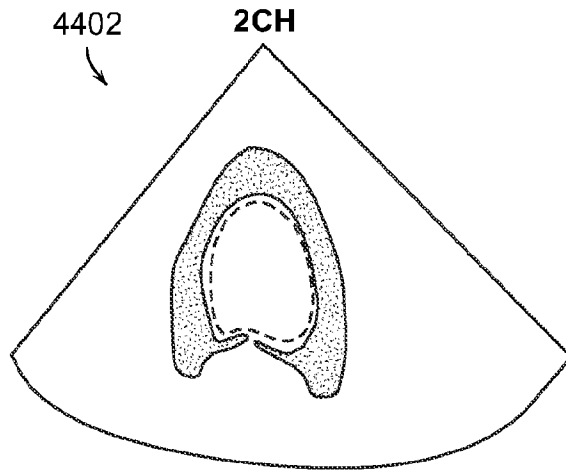


FIG. 44A

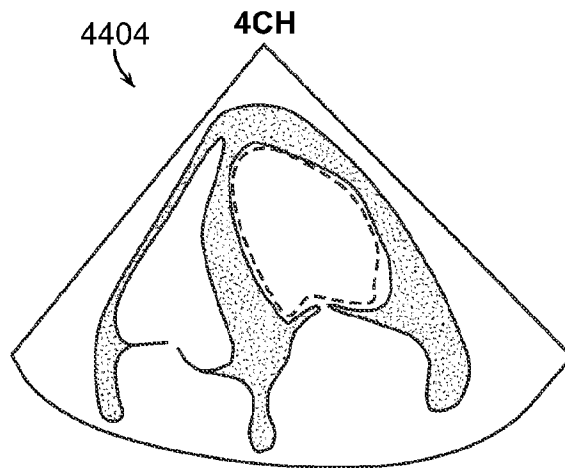


FIG. 44B

Simultaneous Left Ventricular Apical Bi-Plane 2CH & 4CH orthogonal view for LV EF measurement. Either manual or automatic boarder detection method is used to do the end-diastolic and end-systolic LV volume measurements. The LC areas in the apical 2CH and 4CH views (A_1 & A_2 , respectively), and the longest L from the apex to the point of the mitral valve plane are measured at the end of diastole and the end of systole. The LVEDV and LVESV were calculated using the formula:

$$V = \frac{8}{3\pi} \frac{A_1 A_2}{L}$$