

# Contrast-to-Noise based Metric of Denoising Algorithms for Liver Vein Segmentation

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**Abstract:** We analyse CT image denoising when applied to vessel segmentation. Proposed semi-global quality metric based on the contrast-to-noise ratio allowed us to estimate initial image quality and efficiency of denoising procedures without prior knowledge about a noise-free image. We show that the total variance filtering in L1 metric provides the best denoising when compared to other well-known denoising procedures such as non-local means denoising or anisotropic diffusion. Computational complexity of this denoising algorithm is addressed by comparing its implementation for Intel MIC and for NVIDIA CUDA HPC systems.

## 1 INTRODUCTION

Liver volumetry is a critical aspect of safe hepatic surgeries. Precise segmentation of the vessel tree structure topology can be used in an image-guided surgery for liver lobes segmentation, tumor detection, and to reduce incisions and prevent post-operative bleeding, resulting in less blood loss and rapid patient recovery. CT image quality varies widely in different tomograms. Image noise and low contrast between veins and surrounding tissue make automatic and semi-automatic intrahepatic blood vessel segmentation a challenging task.

Radiation dose from clinical CT scanning is an increasing health concern worldwide (Brenner and Hall, 2007). The guiding principle in CT scanner design is to reduce radiation levels as much as possible while maintaining acceptable diagnostic accuracy. This results in stronger image noise. Most noise suppression techniques in CT images can be broadly categorized as projection space denoising, image space denoising, and iterative reconstruction (Li et al., 2014). Denoising is critical for the tasks of vascular structure segmentation.

Low contrast problem is caused by non-optimal distribution of the contrast agent during the scan. For example, in venous phase the agent may still be present in liver veins while absent in inferior vena

cava. Low contrast in noisy images makes vessel structures indistinguishable from surrounding tissue.

Differences in CT image quality affects segmentation results, and new segmentation methods have been suggested (Shang, 2010). Multiple methods exist to perform image restoration both at the scanning and reconstruction stages (Shuman et al., 2014), and at the image processing stage (Brenner and Hall, 2007).

Quality measure is important for both image and segmentation quality evaluation. However, there is no unambiguous solution to measure image quality in practical CT segmentation tasks. To use a common PSNR measure we need to have a noise-free image available. Contrast-to-noise measures require a ROI in the image to be selected (Shuman et al., 2014). This prior knowledge is available only for synthetic tests or when we already have a “ground truth” segmentation.

We propose a new contrast-to-noise-based measure with reduced dependency on the prior knowledge, and proceed to use this measure to test different denoising algorithms applied to vessel segmentation. Incremental vessel segmentation technique is based on fast marching and level-set algorithms.

Total variance in L1 distance (Chambolle and Pock, 2011) shows the best denoising quality. To make this computational-intensive method practical,

we implemented this denoising procedure using two “desktop supercomputing” methods: GPGPU using NVIDIA CUDA and MIC (Many Integrated Core) using Intel Xeon Phi.

## 2 ONE POINT CONTRAST-TO-NOISE RATIO AS A QUALITY MEASURE

Most of quality measures developed for signal and image processing, such as PSNR and method noise (Buades, Coll and Morel, 2006), require prior knowledge about a noise-free image. For example, CT reconstruction quality for different radiation dose is investigated using phantom images (Shuman et al., 2014), (Hendrick, 2008). These metrics measure different aspects of image quality: PSNR describes degradation of the best signal, while method noise measures image edge corruption by denoising procedures. The most important image quality aspect for vessel segmentation is a contrast between vessels and noisy surrounding tissue.

According to (Hendrick, 2008), contrast-to-noise ratio (CNR) is defined as the ratio of signal difference (contrast) to the noise level in the image:

$$CNR = \frac{M_{object} - M_{background}}{\sigma}, \quad (1)$$

where  $M_{object}$  and  $M_{background}$  are average intensities of the object and its background,  $\sigma$  is standard deviation of the image noise.

Details of CNR estimation vary across different works. Usually, it is necessary to choose one ROI on the object and one – on the background to compute  $M_{object}$  and  $M_{background}$  (Shuman et al., 2014), (Magnotta and Friedman, 2006). However, it is possible to get incorrect CNR estimation on non-uniform image parts (Mori et al., 2013).

In (Nikonorov et al., 2014), Sliver7 (Heimann et al., 2009) training database was used to estimate denoising quality. The training set contains segmented livers and these segmentations are used to estimate  $M_{object}$  in (1) and an outside image part is used for  $M_{background}$  estimation. Unfortunately, this prior knowledge is not available for segmentation tasks found in many preoperative planning situations.

We will use the following image model to estimate CNR on real CT data. We assume that the image consists of only two components: a vessel of a certain unknown diameter that we need to estimate, and surrounding tissue. This enables us to apply

bimodal intensity distribution hypothesis at any local neighborhood.

We used two approaches for CNR-like measure computation. In the simple two-point method we use one point inside and one outside of the vessel object to be segmented. Similar to ROI selection in (Shuman et al., 2014), a two-point CNR has the following form:

$$q_2(\mathbf{x}^{obj}, \mathbf{x}^{bkg}) = \frac{M(\mathbf{x}^{obj}, R^{obj}) - M(\mathbf{x}^{bkg}, R^{bkg})}{\sigma(\mathbf{x}^{bkg}, R^{bkg})},$$

$$M(\mathbf{x}^{obj}, R^{obj}) =$$

$$= M \left( \left\{ \left\{ p(\mathbf{x}), \mathbf{x} : \|\mathbf{x}^{obj} - \mathbf{x}\| \leq R^{obj} \right\}, \left\{ \|\mathbf{x}^{obj} - \mathbf{x}\|_{\infty} = \max_{i=1,2,3} |x_i^{obj} - x_i| \right\} \right\} \right), \quad (2)$$

where  $\mathbf{x}^{obj}$  и  $\mathbf{x}^{bkg}$  are points at the vessel and surrounding tissue,  $x_i$ ,  $i = 1, 2, 3$  is  $i$ -th component of  $\mathbf{x}$ ,  $p(\mathbf{x})$  is an intensity value at the point  $\mathbf{x}$ ,  $M$  is an intensity median over a cubic neighborhood,  $R^{obj}$  is the size of the cubic neighborhood on the vessel (object),  $R^{bkg}$  – on the surrounding tissues (background),  $M(\mathbf{x}^{bkg}, R^{bkg})$  is defined the same way as  $M(\mathbf{x}^{obj}, R^{obj})$ ,  $\sigma(\mathbf{x}^{bkg}, R^{bkg})$  is standard deviation across the same region as  $M^{bkg}$ ,  $\|\cdot\|_{\infty}$  is  $L_{\infty}$  or Chebyshev distance.

Computation of  $R^{obj}$  could be done assuming unimodality of the intensity distribution in the cubic image patch centered in  $\mathbf{x}^{obj}$ . Follow (Basu and Das-Gupta, 1992) if the distribution is unimodal then

$$\frac{|M_{obj} - m_{obj}|}{\sigma_{obj}} \leq \sqrt{3/5}, \quad (3)$$

$$\frac{|M_{obj} - \mu_{obj}|}{\sigma_{obj}} \leq \sqrt{3}, \quad (4)$$

where  $m_{obj}$  is mean estimation and  $\mu_{obj}$  mode estimation over the image cubic neighborhood centered in  $\mathbf{x}^{obj}$ .

With  $R^{obj}$  increasing above a threshold, the distribution loses its unimodality and inequalities (3) and (4) fails.

To separate the object from the background the value of (2) must be greater than 1, with a value of 2 being a better threshold for stable separation of the vessel from its surroundings. These values are obtained in the experiments, described in section 6. Values of (2) vary along with the point on the background selection. A low value for (2) means that the segmentation quality will be subpar, but if we get

good value then it does not follow that quality will be high. It would only mean that we have not found a bad case, yet. Therefore, the value of metric (2) is necessary but not sufficient for good vessels separation from background.

We propose a semi-global method for CNR-like measure estimation using only one point inside the object. We use a cubic neighborhood of the point  $\mathbf{x}^{obj}$  defined using  $L_\infty$  as done in (2):

$$D = \left\{ \mathbf{x} : \left\| \mathbf{x}^{obj}, \mathbf{x} \right\|_\infty \leq R_D \right\}. \quad (5)$$

The distribution inside the cube is unimodal. The tissue surrounding this cube has different intensity distribution and thus overall distribution becomes bimodal, so inequalities (3), (4) fail and take the following form:

$$\frac{|M_{bkg} - m_{obj}|}{\sigma_{obj}} > \sqrt{3/5}, \quad (6)$$

$$\frac{|M_{bkg} - \mu_{obj}|}{\sigma_{obj}} > \sqrt{3}. \quad (7)$$

At least one of (6), (7) must be true if the distribution isn't unimodal. We can estimate the median over the set of cubic patches centered in  $\mathbf{x}^k$  and having the size  $R^{bkg}$ , all the patches placed in the neighborhood  $D$  of the  $\mathbf{x}_{obj}$  point:

$$\{M_k^{bkg}(\mathbf{x}^{obj})\} = \left\{ M_k \left( \left\{ \left\{ p(\mathbf{x}) : \left\| \mathbf{x}^k, \mathbf{x} \right\|_\infty \leq R^{bkg} \right\} \right\} \right) \right\} \quad (8)$$

The  $\{M_k\}$  set includes only patches with either (6) or (7) to be true, so it is an estimation of the background intensity median. The standard deviation for these patches is estimated as follows:

$$\{\sigma_k^{bkg}(\mathbf{x}^{obj})\} = \left\{ \sigma_k \left( \left\{ \left\{ p(\mathbf{x}) : \left\| \mathbf{x}^k, \mathbf{x} \right\|_\infty \leq R^{bkg} \right\} \right\} \right) \right\} \quad (9)$$

Finally, we estimate median and standard deviation as modes of (8) and (9). So, semi-global CNR-like measure takes the following form:

$$q_1(\mathbf{x}^{obj}) = \frac{M(\mathbf{x}^{obj}) - \text{mode}(M_k^{bkg}(\mathbf{x}^{obj}))}{(\text{mode}(\sigma_k^{bkg}(\mathbf{x}^{obj})) + \sigma^{obj}) / 2}. \quad (10)$$

The variance of the noise often depends on the signal intensity, with the object and the background producing different estimates for the variance. As a result, it is not clear which variance must be used in the denominator of the measure (1). To address this problem, we use a half sum of the object and

background variances in the denominator of the proposed one-point contrast-to-noise measure (10) as a compromise.

### 3 VESSELS SEGMENTATION TECHNIQUE

We applied Level Sets approach to segment vessels. Semi-automatic segmentation is performed in two steps. At the first ‘‘interactive initialization’’ step, Fast Marching Upwind Gradient method is used for the rough segmentation of vascular structures. At the second ‘‘precise segmentation’’ step, Geodesic Active Contours method is used for the final segmentation of vascular structures. The algorithm is shown in Fig. 1 (Antiga, 2002), (Caselles, Kimmel, and Sapiro, 1997).

At the first step, seed points and optional target points are specified inside the vessel to be segmented. Seed points indicate the start of the wave front propagation in the Fast Marching algorithm.

The wave propagation stops when one of the specified target points is reached. The wave front propagation is determined by a speed image. The original image has been used as a speed image after applying a threshold.

At the second step, we use Geodesic Active Contour method to refine segmentation. This method requires two inputs: The Fast Marching result as the initial level set, and the feature image. We use the gradient magnitude of the original image with the transformation of the nonlinear function (Sigmoid filter) as the edge potential map.

The level-set algorithm produces a real-valued image. The binary image, obtained by applying a threshold, is the final segmentation result.

We also used a restricted segmentation region defined by a binary image of an organ or an organ region to improve segmentation speed and increase segmentation precision.

We used stepwise incremental approach to segment the whole vascular tree when it was impossible to perform vascular tree segmentation at once. Each step implies the segmentation of a certain vessel subtree. The final binary image obtained at each step is combined with the final binary images achieved at previous steps.

To improve segmentation quality in low-contrast situations, the original image has been smoothed by Gaussian filter to prevent the leak into the region rich in blood vessels represented as less than one pixel diameter on low-contrast CT data.

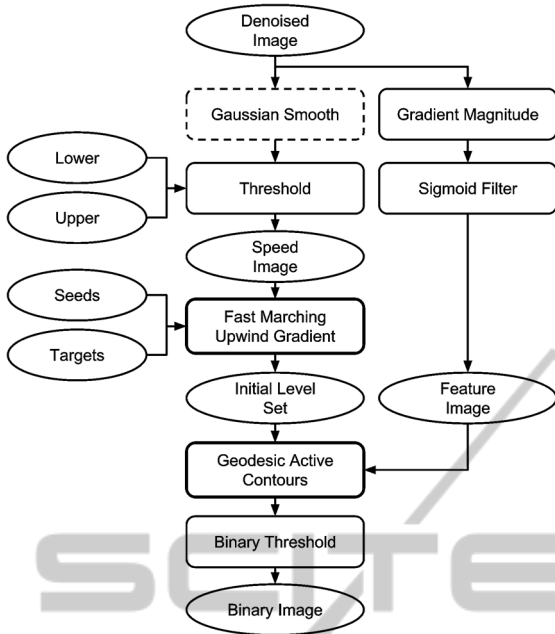


Figure 1: Incremental segmentation algorithm.

The main parameter of the algorithm is a threshold between vessels and surrounding tissues. We automatically estimate its value by using a Mahalanobis-like procedure:

$$T = M_{bkg} + \frac{(M_{obj} - M_{bkg})\sigma_{bkg}}{\sigma_{bkg} + \sigma_{obj}}, \quad (11)$$

and using measure (10):

$$T = \text{mode}(M_k^{bkg}(\mathbf{x}^{obj})) + \frac{q_1(\mathbf{x}^{obj}) \text{mode}(\sigma_k^{bkg}(\mathbf{x}^{obj}))}{2}, \quad (12)$$

where  $T$  is a threshold value, and  $q_1(\mathbf{x}^{obj})$  is defined by (10).

## 4 DENOISING PROCEDURES

We compared four denoising techniques applied to vessel segmentation: curvature anisotropic diffusion, bilateral filtering, non-local-means filter, and total variance based denoising in  $L_2$  and  $L_1$ .

We will briefly describe these methods using the following notation. Let us denote a noisy source image as  $\mathbf{p}_0(\mathbf{x})$ , while the target filtered image as  $\mathbf{p}^*(\mathbf{x})$ .

The downside of image denoising (smoothing) is that it blurs sharp boundaries used to distinguish

anatomical structures, such as vessels. Perona and Malik (1990) introduced an alternative to linear-filtering called anisotropic diffusion. The motivation for anisotropic diffusion (also called nonuniform or variable conductance diffusion) is that a Gaussian smoothed image is a single time slice of the solution to the heat equation that has the original image as its initial conditions. Thus, the solution to

$$\frac{\partial g(\mathbf{x}, t)}{\partial t} = \nabla \cdot \nabla g(\mathbf{x}, t), \quad (13)$$

where  $g(\mathbf{x}, 0) = \mathbf{p}(\mathbf{x})$  is  $g(\mathbf{x}, t) = G(\sqrt{2t}) \otimes p(\mathbf{x})$ , and  $G(\sigma)$  is a Gaussian kernel with standard deviation  $\sigma$ . Anisotropic diffusion includes a variable conductance term which in turn depends on the differential structure of the image. Thus, the variable conductance can be formulated to limit edge smoothing in images, as measured by a high gradient magnitude, for example. In our work, we use curvature anisotropic diffusion modification, described in (Shang, 2010) and implemented in ITK (Johnson et al., 2013).

Total variation model was invented by Rudin, Osher, Fatemi (1992). This model is based on minimization of the following functional

$$\mathbf{p}^* = \arg \min_{\mathbf{p}} \|\nabla \mathbf{p}\|_1 + \lambda \|\mathbf{p}_0 - \mathbf{p}\|_2, \quad (14)$$

where  $\|\cdot\|_1$  is the robust  $L_1$  norm,  $\|\cdot\|_2$  is the  $L_2$  norm used in the least-squares restoration model,  $\mathbf{p}_0$  is the source noisy image,  $\mathbf{p}^*$  is the target filtered image and  $\lambda$  is the weighting parameter, which defines the trade-off between regularization and data fitting. The  $L_1$  norm of the image gradient is total variation  $\|\nabla \mathbf{p}\|_1$ . This filtering is capable of denoising images without blurring edges. We use implementation of total variance filtering based on (Chambolle and Pock, 2011). We will refer to it as TV L2 de-noising.

An alternative denoising technique, based on non-local-mean approach proposed in (Buades, Coll and Morel, 2006), involves averaging over pixels similar in intensity but distant in spatial domain. It is therefore necessary to scan a vast portion of the image in search of all the pixels that resemble the pixel to denoise because the image can have periodic textured patterns, or the elongated edges. Denoising is then done by computing the average color of these most resembling pixels. The resemblance is evaluated by comparing a whole window around each pixel. This new filter is called non-local means and is computed as follows:

$$p_1(\mathbf{x}) = \frac{1}{C(\mathbf{x})} \sum_{\mathbf{y}} w(\mathbf{x}, \mathbf{y}) p(\mathbf{y}). \quad (15)$$

The family of weights  $w(\mathbf{x}, \mathbf{y})$  depends on the similarity between the pixels  $\mathbf{x}$  and  $\mathbf{y}$ ,  $C(\mathbf{x})$  is a weighting constant:

$$w(\mathbf{x}, \mathbf{y}) = \exp\left(-\frac{\|p(\mathbf{N}(\mathbf{x})), p(\mathbf{N}(\mathbf{y}))\|_{2,\alpha}^2}{h}\right), \quad (16)$$

where  $\mathbf{N}(\mathbf{x})$  denotes a square neighborhood of a fixed size and centered around a pixel  $\mathbf{x}$ .

Another filtering method we test is a bilateral or Yaroslavsky filter, which we use from ITK package (Johnson et al., 2013).

This approach was previously compared to the anisotropic diffusion and total variance filtering in (Buades, Coll and Morel, 2006) using method noise measure and comparing visual quality. The main idea of the method noise measure is to estimate how a denoising algorithm alters structures found in the image.

We developed optimization method to de-noise 3D CT data based on the optimal first-order primal-dual framework by Chambolle and Pock (2011). It is a total variance minimization based on  $L_1$  norm, we will call this method TV L1 denoising.

Let  $X$  and  $Y$  be the finite-dimensional real vector spaces for the primal and dual space, respectively. Consider the following operators and functions:

$\mathbf{K}: X \rightarrow Y$  is a linear operator from  $X$  to  $Y$ ;

$\mathbf{G}: X \rightarrow [0, +\infty)$  is a proper, convex, (l.s.c.) function;

$\mathbf{F}: Y \rightarrow [0, +\infty)$  is a proper, convex, (l.s.c.) function;

where l.s.c. stands for lower-semi-continuous.

The optimization framework (Chambolle and Pock, 2011) considers general problems in the following form:

$$\hat{\mathbf{x}} = \arg \min_{\mathbf{x}} \mathbf{F}(\mathbf{K}(\mathbf{x})) + \mathbf{G}(\mathbf{x}). \quad (17)$$

To solve this problem, the following algorithm is described in the paper (Chambolle and Pock, 2011). During initialization,  $\tau, \sigma \in \mathbb{R}_+$  are set,  $\theta \in [0, 1]$ ,  $(\mathbf{x}_0, \mathbf{y}_0) \in X \times Y$  is some initial approximation,  $\bar{\mathbf{x}}_0 = \mathbf{x}_0$ . For 3D CT data, the final result obtained on the previous slice is used as the initial approximation for the next slice. With  $n \geq 0$  as the current step number, values of the  $\mathbf{x}_n, \mathbf{y}_n, \bar{\mathbf{x}}_n$  are iteratively updated as follows:

$$\mathbf{y}_{n+1} = \text{prox}_{\sigma F^*}(\mathbf{y}_n + \sigma \mathbf{K} \bar{\mathbf{x}}_n), \quad (18)$$

$$\mathbf{x}_{n+1} = \text{prox}_{\tau G}(\mathbf{x}_n + \tau \mathbf{K}^* \mathbf{y}_{n+1}), \quad (19)$$

$$\bar{\mathbf{x}}_{n+1} = \mathbf{x}_{n+1} + \theta(\mathbf{x}_{n+1} - \mathbf{x}_n). \quad (20)$$

The proximal operator with respect to  $G$  in (19), is defined as:

$$\begin{aligned} \text{prox}_{\tau G}(\bar{\mathbf{x}}) &= (\mathbf{E} + \tau \mathbf{G})^{-1}(\bar{\mathbf{x}}) = \\ &= \arg \min_{\mathbf{x}} \frac{1}{2\tau} \|\mathbf{x} - \bar{\mathbf{x}}\|_2^2 + \mathbf{G}(\mathbf{x}), \end{aligned} \quad (21)$$

where  $\mathbf{E}$  is an identity matrix. The proximal operator (18) is defined in a similar way.

The model of denoising is based on the total variance approach (Chambolle and Pock, 2011) and is described by the following functional:

$$\mathbf{p}^* = \min_{\mathbf{p}} \|\nabla \mathbf{p}\|_1 + \lambda \|\mathbf{p}_0 - \mathbf{p}\|_1, \quad (22)$$

where  $\|\cdot\|_1$  is the robust  $L_1$  norm,  $\mathbf{p}_0$  is the source noisy image,  $\mathbf{p}^*$  is the target filtered image and  $\lambda$  is the weighting parameter, which defines the tradeoff between regularization and data fitting.

In order to apply the described algorithm to (22), we follow the (Chambolle and Pock, 2011):

$$G(\mathbf{p}) = \|\nabla \mathbf{p}\|_1, \quad (23)$$

$$F^*(\mathbf{p}) = \|\mathbf{p}_0 - \mathbf{p}\|_1. \quad (24)$$

Finally, proximal operators for steps (18) and (19) of the algorithm can be obtained using (23) and (24). Please refer to (Chambolle and Pock, 2011) for further details. The denoising algorithm based on total variance can preserve sharp edges. Also, the use of  $L_1$  makes it possible to efficiently remove strong outliers.

## 5 HIGH PERFORMANCE IMPLEMENTATION OF DENOISING ALGORITHM

As can be seen in the results of our experiments in the following Section 6, TV L1 denoising algorithm proved to be the best for low-contrast CT data, but it is the most computationally expensive one. This is why we implemented it for two many-core systems, Xeon Phi and CUDA. The work (Pock et al., 2008) addressed CUDA implementation of TV L1 algorithms, but did not provide details.

A general algorithm is shown in Fig. 2. The implementation is based on (11)-(13). Expressions (11)-(12) describe the dual part of the iteration of the

proximal algorithm, UpdateDual(), and (13) describes the primal part UpdatePrimal().

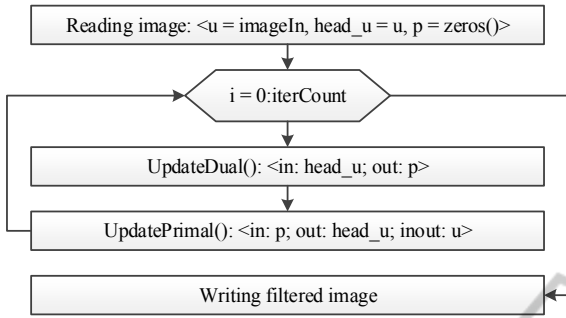


Figure 2: General algorithm of TV L1 filtering.

TV L1 is based on proximal algorithms, these algorithms have large dimensionality but they are separable, as it was shown in (Parikh and Boyd, 2013). This property enables efficient parallel implementation.

Each iteration of the computation is divided into two stages: UpdateDual() and UpdatePrimal(). Inside these stages we have a vector-like processing of the arrays with a size of about  $2^{18}$ . However, these two stages are sequential and require synchronization between them at each iteration.

**GPU implementation.** Intensive memory use of TV L1 algorithm represents a challenge for GPU implementation. The size of the shared memory is a major constraint of the GPU, which can be expressed as follows:

$$\begin{aligned}
 S_{MP} &= N_{MP} \cdot N_S \leq S_{MP}^{\max}, \\
 N_{Th\ per\ MP} &= N_{MP} \cdot N_B \leq N_{Th\ per\ MP}^{\max}, \\
 N_{MP} &\leq N_{MP}^{\max}, \\
 N_B^{opt} &= N_{Th\ per\ MP}^{\max} / N_{MP}^{\max},
 \end{aligned} \tag{25}$$

where  $S_{MP}$  amount of available shared memory per MP in bytes,  $N_{MP}$  - a number of blocks per MP,  $N_S$  necessary amount of shared memory per block,  $S_{MP}^{\max}$  - maximum amount of shared memory per MP in bytes,  $N_{Th\ per\ MP}$  - a number of simultaneous threads per MP,  $N_B$  - a number of threads per block,  $N_{Th\ per\ MP}^{\max}$  - maximum amount of threads per MP,  $N_{MP}^{\max}$  - a number of blocks per MP,  $N_B^{opt}$  - an optimal block size in bytes.

In our case,  $N_S = (N_B + 1) \cdot S_{type}$ , where  $S_{type}$  is the size of pixel in bytes. So, the amount of shared memory per multiprocessor is:

$$S_{MP} = N_{MP} \cdot (N_B + 1) \cdot S_{type} \leq S_{MP}^{\max}. \tag{26}$$

For both tested GPU platforms we use  $N_{MP}^{\max} = 16$ ,  $N_{Th\ per\ MP}^{\max} = 2048$ ,  $S_{MP}^{\max} = 49152$ , so,  $N_B^{opt} = 128$  threads per block. Finally,  $S_{MP} = 8256$  bytes for single precision and  $S_{MP} = 16512$  bytes for double precision, which is lower than  $S_{MP}^{\max}$ .

We use two CUDA kernel calls for each iteration. The first kernel call implements UpdateDual(), the second - UpdatePrimal(). There is global memory exchange between these two kernel calls, that is why we do not have any overhead caused by shared memory invalidation between the kernel calls.

Many-core Xeon Phi implementation is an alternative to CUDA. We use OpenMP for both multicore CPU and Xeon Phi implementation. For Xeon Phi we used non-shared memory offload model.

We use *omp parallel for private* pragmas for the CPU version. All intermediate variables are made private. Synchronization by *omp barrier* pragmas is made after UpdateDual() and UpdatePrimal(), at the same places as in the CPU version. Private variables are also the same as in the CPU version.

Main algorithm iteration loop and all inner loops are made on the coprocessors side. Parallelization of the for-loops is made by *omp parallel for simd private* pragma. The *simd* modifier allows efficient utilization of the Xeon Phi vectorized architecture. We bind OpenMP threads to physical processing units by setting environment variables `KMP_AFFINITY` to "balanced,granularity=fine" and `KMP_PLACE_THREADS` to "59C,4T".

We use one CT slice to test performance, with 600 iterations. The slice is 16-bit image of the 512x512 size. Testing equipment: Intel Xeon E5-2695 v2, Intel Core i7 4770K at 4.2 GHz, Intel Xeon Phi 5110P, NVIDIA Tesla K20m, NVIDIA GTX770 4096 MB. In the offload model one core of Xeon Phi is reserved for system need, which leaves us with 236 threads out of 240 available at Xeon Phi. Results are shown in Fig. 3.

As shown in Fig. 3, NVIDIA Tesla slightly outperforms Intel Xeon Phi, with both systems about 10 times faster than a CPU-based version, and only slightly faster than an implementation based on an inexpensive GTX 770 GPU. A major advantage of Xeon Phi is its capability to run the same OpenMP implementation as a CPU-based version, which makes Xeon Phi a better option for rapid prototyping of computationally-expensive algorithms. GPGPU approach is optimal for production use, when the cost and power consumption are more important considerations. With a typical CT that has about 200 slices, the data could be filtered by a GTX 770-based system in about 3.3 seconds, which is acceptable for

production use. Peak memory usage is one gigabyte for single precision and two gigabytes for double precision. Neither GPU nor Xeon Phi architectures limit the memory needed by slice-by-slice processing. A similar workflow for large color image filtering was proposed in (Nikonorov, Bibikov and Fursov, 2010).

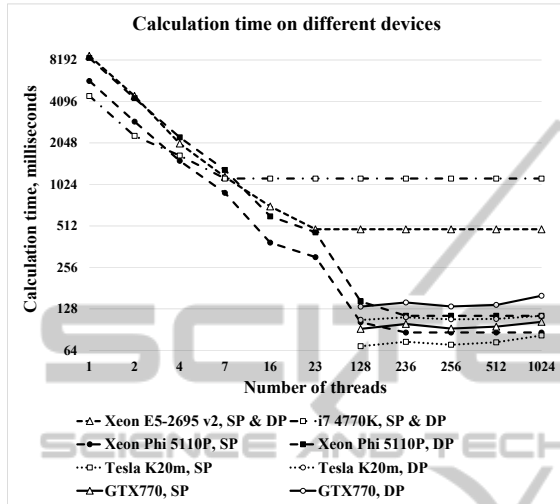


Figure 3: Computation time for different systems.

## 6 RESULTS AND DISCUSSION

We tested our algorithm on 20 CT images from Sliver 7 database and on 8 of our own CT images and used proposed metric and visual quality analysis. We also used 10 CT scans of the abdomen from a publicly available database (IRCAD) in our evaluation of the proposed one-point CNR measure (10).

The implementations of bilateral filter and curvature anisotropic diffusion filter can be found in ITK library (Johnson et al., 2013). The following parameters were used for bilateral filter: domain sigma of 7, range sigma of 7; and for curvature anisotropic diffusion (Johnson et al., 2013): time step of 0.09, 8 iterations and a conductance value of 3.0. The total variance filters have  $\lambda \in [0.2, 0.4]$ .

We tested different denoising techniques on the CT images from (IRCAD) database. All images in this database have a good contrast. However, good quality venous segmentations are only possible after a denoising step.

For our evaluation, we used the following algorithm. We apply different denoising procedures with TV L1, TV L2 and non-local-means filtering. Then we compute one-point CNR measure and perform segmentation. We compared our

segmentation with the ground truth and compute volume overlap error – VOE (Heimann et al., 2009).

For different CT images the value of one-point CNR (10) varies, with values typically between 2 and 5. VOE is usually between 5% and 18%. To make these values comparable across different images, we apply normalization to CNR and VOE values. Plots of normalized VOE and CNR with its 90% confidence interval values are shown in Fig. 6.

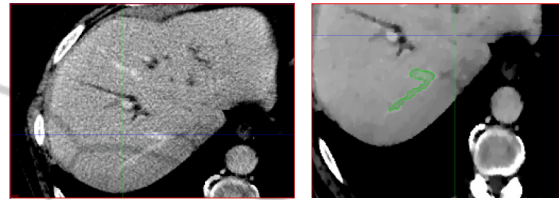


Figure 4: Low quality CT, TV L2 denoising, TV L1 denoising.

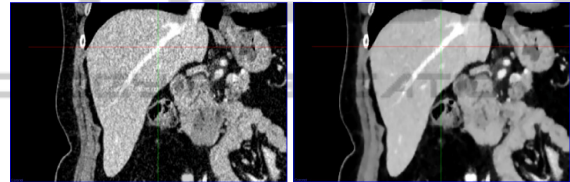


Figure 5: High quality CT and its TV L2 denoising.

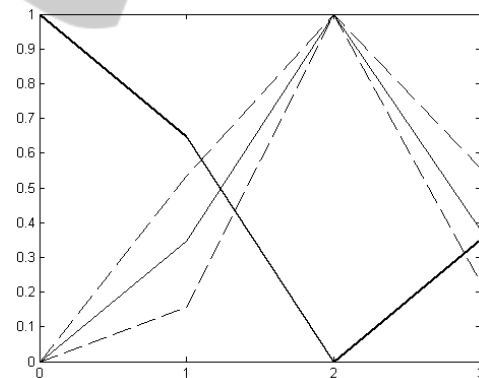


Figure 6: Normalized VOE (bold), mean normalized value of measure (10) (regular) and its 90% CI (dashed) for different denoising parameters applied to 10 CT images.

In Fig. 4 low-contrast CT is shown, the quality measure (10) for this image is 1.45. The result of TV L1 denoising has the quality measure of 3.24, for TV L2 denoising – 2.83. As shown in Fig. 4, the visual quality for TV L1 is also better. This denoised image allows us to segment a portion of the hepatic vein (central-bottom part of the Fig. 4). This branch of hepatic vein could not be separated otherwise. Only TV L1 filtering made it possible to perform a complete segmentation of hepatic veins in this CT

data using previously described segmentation technique.

A low-contrast example is compared to a high-contrast one shown in Fig. 5. Quality measure for this image is 2.81, the quality increased to 8.62 after denoising.

Quality measure values for bilateral filtering and curvature diffusion are lower than results obtained with non-local-means filter and total variance denoising. Sample results obtained on two low-contrast CT images (with a quality lower than 2) and on two CT images with normal contrast are shown in table 1.

Table 1: Image quality measure for denoising.

Image type	Image number/Quality measure (10)			
	Image #21	Image #3	Image #5	Image #22
Noisy image	1.45	1.86	2.81	2.27
Bilateral filtering	2.11	2.13	5.83	3.12
Curvature diffusion	1.87	2.45	6.17	2.87
Non-local-means	2.30	2.67	8.89	4.13
TV L2	2.83	2.44	8.62	3.78
TV L1	3.23	2.94	8.17	3.65

These results allow us to make the following conclusions. First, proposed one-point contrast-to-noise based CT image quality measure helps to predict the quality of the segmentation and allows detection of the low-contrast CT data. It is also a useful in choosing the best denoising procedure and its parameters for individual CT scans.

Second, for CT images with good contrast and a quality measure higher than 2.0, results for total variance algorithm using  $L_1$  and  $L_2$  norms and non-local-means are close. Non-local-means produce a slightly better denoising results, which is similar to the findings in (Buades, Coll and Morel, 2006).

Third, TV  $L_1$  denoising shows significantly better results for low-contrast images. While these low quality images represent only 20% of our data set, only TV  $L_1$  filtering makes whole venous segmentation technique from section 4 possible.

As shown in section 5, HPC implementation reduces the time of the TV  $L_1$  denoising procedure while maintains its effectiveness. It makes this denoising method the best practical choice for preprocessing low-contrast CT data with quality measure (10) lower than 2.0.

The results achieved with an HPC-based implementation of TV L1 algorithm opens new opportunities in exploring computationally intensive hepatic segmentation algorithms, as well as other aspects of image-guided surgery such as non-rigid registration and real-time tracking. This will be explored in subsequent research.

Improvement to the segmentation technique for low contrast images is another interesting area to explore. The challenge here is that the image requires different threshold values in various areas of the CT. Incorporating threshold prediction in the wave propagation process during the first step of the segmentation could be a promising direction. An HPC implementation of the geodesic active contour segmentation step could further reduce segmentation processing time.

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