

Imaging of Single Transducer-Harmonic Motion **Imaging-derived Displacements at Several Oscillation Frequencies Simultaneously**

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Abstract— Mapping of mechanical properties, dependent 55 harmonic shear waves have been generated by an external device 3 monitoring treatment response, or intra-operative surgical 4 resection planning. While shear wave speeds at different s frequencies have been described elsewhere, the effect of 6 frequency on the "on-axis" acoustic radiation force (ARF)-7 induced displacement has not been previously investigated. 8 Instead of generating single transducer-harmonic motion 9 imaging (ST-HMI)-derived peak-to-peak displacement 10 (P2PD) image at a particular frequency, a novel multiin frequency excitation pulse is proposed to generate P2PD 12 images at 100-1000 Hz simultaneously. The performance of 13 the proposed excitation pulse is compared with the ARFI by 14 imaging 16 different inclusions (Young's moduli of 6, 9, 36, 15 70 kPa and diameters of 1.6, 2.5, 6.5, and 10.4 mm) 16 embedded in an 18 kPa background. Depending on inclusion 17 size and stiffness, the maximum CNR and contrast were 18 achieved at different frequencies and were always higher 19 than ARFI. The frequency, at which maximum CNR and 20 contrast were achieved, increased with stiffness for fixed 21 inclusion's size and decreased with size for fixed stiffness. 72 speed in anisotropic materials [24]. However, shear waves with 22 In vivo feasibility is tested by imaging a 4T1 breast cancer 23 mouse tumor on Day 6, 12, and 19 post-injection of tumor 24 cells. Similar to phantoms, the CNR of ST-HMI images was 25 higher than ARFI and increased with frequency for the tumor 26 on Day 6. Besides, P2PD at 100-1000 Hz indicated that the 27 tumor became stiffer with respect to the neighboring non-28 cancerous tissue over time. These results indicate the 29 importance of using a multi-frequency excitation pulse to 30 simultaneously generate displacement at multiple 31 frequencies to better delineate inclusions or tumors.

Index Terms— Displacement Imaging; Harmonic motion 32 33 imaging; ARFI; Ultrasound elastography; Breast Cancer; 34 High-Frequency ARF.

I. INTRODUCTION

35

Ultrasound elastography [1], magnetic resonance elastography 36 37 (MRE) [2], or optical coherence elastography (OCE) [3] derived 38 mechanical properties have been used to diagnose diseases, 39 monitor the efficacy of treatment, and plan surgery [1], [4], [5]. 40 All these elastographic methods are different in terms of the use 41 of the mechanical force to probe the tissue, tracking force-42 induced deformation, and inferring mechanical properties from 43 the estimated deformation. Due to these differences, the 44 estimated mechanical properties and the perceived size of the 45 lesions/inclusions vary between different elastographic methods 46 [6], [7]. While these variations can be mitigated by assessing 47 mechanical properties as a function of frequency [8], 48 interrogated frequencies are also different among these methods. 49 As an example, MRE uses the single frequency shear wave (i.e., 50 narrowband harmonic shear waves) in the 20-60 Hz range [4] 51 whereas generated shear waves in the ultrasound elastography 52 can be harmonic or transient/impulsive (i.e., broadband 53 frequency range of 50-2000 Hz) [9].

In ultrasound shear wave elastography (SWE), narrowband

2 on the frequency of motion, is relevant in diagnosis, 56 [10]-[12] or focused ultrasound transducer (FUS) vibrating 57 continuously at a particular frequency [13] or by repeating a 58 pulsed ARF at a particular frequency [14] or modulating ARF 59 excitation pulse duration [15], [16]. Rather than generating 60 narrowband harmonic shear waves, impulsive ARF was also 61 used to generate shear waves in the wide frequency range and 62 shear wave at a particular frequency (i.e., phase velocity) was 63 calculated in the frequency domain using phase gradients or 64 Fourier transform methods [17]-[22]. While these methods were 65 mainly used to study phase velocity dispersion due to 66 viscoelasticity [17]-[22] and geometry of the ARF [23], the 67 selection of frequencies is important to correctly estimate 68 mechanical properties and detect inclusion. Higher frequencies 69 are better suited to reconstruct the shape of the stiffer inclusions 70 and detect smaller inclusions with isotropic mechanical 71 properties [20] and estimate fiber orientation and shear wave 73 higher frequencies attenuate more and do not propagate further 74 from the source [25].

> In contrast to the shear wave-based measurements, some 76 ARF-based elastographic methods used displacements "on-axis" 77 to the ARF to estimate mechanical properties of tissue [26]–[29]. 78 Though "on-axis" ARF based methods provide qualitative 79 mechanical properties compared to the quantitative values 80 provided by the SWE, "on-axis" methods may provide better 81 mechanical resolution [30], be less distorted by tissue 82 heterogeneity, reflected waves, and anisotropy [31], and provide 83 higher penetration depth [32] compared to the SWE. Some "on-84 axis" ARF- based methods include acoustic radiation force 85 impulse (ARFI) imaging [26], ARF creep imaging [33], ⁸⁶ viscoelastic response (VisR) ultrasound imaging [29], [34], 87 kinetic acoustic vitreoretial examination (KAVE) [35], Vibro-88 acoustography (VA) [36] and harmonic motion imaging (HMI) 89 [28]. The "on-axis" methods, other than HMI or VA, used single 90 [26] or several impulsive ARF excitation pulses co-localized in 91 space-separated in time [29], [33]-[35] to assess mechanical 92 properties of tissues. In VA [36], [37], or HMI [28], ARF is used 93 to continuously oscillate tissue at a particular frequency. Due to 94 the known frequency, the VA or HMI-derived mechanical 95 properties are robust against artifacts due to the reverberation, 96 movement, and breathing. While the HMI has been used for 97 detecting pancreatic tumors [38], monitoring treatment response 98 of pancreatic tumors [39], monitoring high intensity focused 99 ultrasound-induced ablation of tumors [40], [41], and livers [42], 100 the current use of two different transducers with a mechanical 101 positioner to generate a 2-D image renders the HMI system 102 highly complex to use for diagnostic imaging.

To facilitate HMI data acquisitions while preserving the

1 advantages of the amplitude modulated (AM) ARF-induced 2 harmonic excitation, Hossain et al. proposed a single transducer 3-HMI (ST-HMI) to generate and map narrowband harmonic 4 motion using an imaging transducer [43], [44]. In ST-HMI, the 5 AM-ARF is generated by modulating the excitation pulse 6 duration and the AM-ARF-induced motion is tracked by 7 transmitting the tracking pulses in between the discrete 8 excitation pulses. Note, changes in the excitation pulse duration 9 change the integrated intensity of the pulse which in turn 10 generates different magnitude ARF [26]. While the shear wave 11 or phase velocity as a function of frequency was well 12 investigated in the past, the impact of frequency on the "on-axis" 13 displacement was not studied extensively. By varying ST-HMI 14 oscillation frequency from 60 - 420 Hz, Hossain *et al.* showed 15 that the oscillation frequency could be exploited to improve the 16 contrast-to-noise ratio (CNR) of 15 and 60 kPa inclusions [43]. 17 However, the effect of oscillation frequency in detecting 18 different size inclusion was not studied previously. The main 19 limitation of [43] was the separate acquisition of each frequency 20 data from 60 to 420 Hz. This may be unrealistic in a clinical 21 imaging scenario due to the long imaging time and difficulty in 22 registering different frequency images if there are patients' or 23 sonographers' hand movements during the separate collection of 24 several frequencies. Instead of collecting each frequency 25 separately, the more realistic option is to collect several 26 frequencies simultaneously.

Towards the goal of generating ST-HMI-derived motion at 28 several frequencies simultaneously, this study investigates the 29 use of a new multi-frequency excitation pulse which is 30 composed of a sum of sinusoids with desired frequencies. 31 Similar to [43], the continuous multi-frequency excitation pulse 32 is sampled and the tracking pulses are transmitted in between the 33 discrete excitation pulses. The estimated displacements are 34 filtered out to generate peak-to-peak displacements (P2PD) at 35 corresponding frequencies of the multi-frequency excitation 36 pulse.

The objectives of this study are as follows. First, the feasibility 37 38 of generating P2PD images at 100-1000 Hz frequencies is 39 demonstrated using an excitation pulse composed of a sum of 40 sinusoids with the corresponding frequencies and higher weights 41 to the larger frequencies. To the best of our knowledge, no 42 previous studies investigated "on-axis" displacement at these 43 high frequencies. Second, the impact of inclusion size and 44 stiffness on the contrast and CNR derived at 100-1000 Hz 45 frequencies is investigated by imaging different inclusion sizes $_{46}$ (N = 4) and stiffnesses (N=4). Third, the advantages of 47 exploiting oscillation frequencies over ARFI-derived peak 48 displacement (PD) are demonstrated. Note that, ARFI uses 49 impulsive ARF to generate displacements with a wide frequency 50 range. Fourth, the in vivo feasibility of generating P2PD images 51 at 100-1000 Hz frequencies is demonstrated by imaging tumors 52 in a 4T1 breast cancer mouse model.

53 II. MATERIALS AND METHODS

54 A. Excitation Pulse Composed of Sum of Sinusoids

The proposed multi-frequency excitation pulse was composed so of a sum of sinusoids with the lowest frequency of f_L and was generated as follows:

$$e_{1}(t) = \sum_{j=1}^{N_{sinusoid}} j^{2} \times cos(2\pi j f_{L}t + \theta_{j})$$
(1)
where, $\theta_{j} = \begin{cases} \pi, & if j \text{ odd} \\ 0, & if j \text{ even} \end{cases}$

58 where $N_{sinusoid}$ defines the total number of sinusoids with a 59 frequency of an integer multiple of the lowest frequency of f_L . 60 Therefore, the maximum frequency in $e_1(t)$ is $N_{sinusoid} \times f_L$. The 61 duration of the continuous excitation pulse is the product of the 62 total cycle number (N_{cycle}) and fundamental period of f_L (i.e., $_{63}$ 1/f_L). For example, if a continuous excitation pulse contains 6 ₆₄ cycles of $f_L = 100$ Hz (i.e, fundamental period = 1000/100 ms), 65 the duration of continuous excitation pulse will be 6*1000/100 $_{66}$ ms = 60 ms. The multiplication term, j^2 , in (1) is added to 67 account for the higher loss in the higher frequencies. The phase 68 (θ_i) of sinusoids alternates between 0 and π to maximize the $e_1(t)$ 69 dynamic range by constructively (5 ms) or destructively (4.5 and 70 5.7 ms) summing sinusoids at different time points, which will 71 produce motion at a wider dynamic range because pulse 72 intensity (or ARF magnitude) is directly proportional to the 73 pulse duration. As $e_1(t)$ is generated by adding sinusoids, $e_1(t)$ 74 contains both positive and negative values. However, the 75 excitation pulse duration can not be negative. Therefore, a dc 76 offset, A_{offset} , is added to $e_1(t)$ as follows:

$$e_{2}(t) = A_{offset} + e_{1}(t)$$
where, $A_{offset} = -A_{factor} \times \min(e_{1}(t))$
(2)

where, $min(e_1(t))$ means minimum of $e_1(t)$. A_{factor} in (2) defines r8 the minimum continuous excitation pulse duration. Therefore, r9 A_{factor} has to be greater than 1.0 to have only positive values in 80 $e_2(t)$. Note, A_{factor} sets to 1.25 for all experiments (see Table I). 81 While the A_{offset} is determined from the pulse duration, it does 82 not need to depend on the $e_1(t)$. Any dc values can be added to 83 have only positive values in the continuous pulse. Finally, $e_2(t)$ 84 is normalized as follows to have a maximum excitation pulse 85 duration of t_{ARF}^{max} .

$$e(t) = \frac{t_{ARF}^{max} \times e_2(t)}{max(e_2(t))}$$
(3)

⁸⁶ where, $max(e_2(t))$ means maximum of $e_2(t)$. However, e(t) in ⁸⁷ (3) is a continuous excitation pulse (see Fig. 2a). After setting ⁸⁸ $A_{factor} = 1.25$ and $t_{ARF}^{max} = 100 \,\mu$ s, minimum continuous excitation ⁸⁹ pulse became 10 μ s (see Fig. 2a). To accommodate both discrete ⁹⁰ excitation and tracking pulses, e(t) is sampled to generate N_{ep} ⁹¹ discrete excitation pulses as follows:

$$E[n] = e(t) \times \sum_{n=1}^{N_{ep}} \delta(t - t_n)$$
⁽⁴⁾

⁹² where δ is the Delta-Dirac function and t_n defines the n^{th} discrete ⁹³ excitation pulse's location in the time-axis. Tracking pulses are ⁹⁴ interleaved with N_{ep} discrete excitation pulses (see Fig. 2b). The ⁹⁵ induced displacement was estimated relative to the reference ⁹⁶ tracking pulse which was transmitted at the start of excitation ⁹⁷ and tracking pulse sequence.

98 B. In Silico Model

⁹⁹ The *in silico* model consists of Field II [45], [46] and LS-¹⁰⁰ DYNA3D (Livermore Software Technology Corp. Livermore, ¹ CA), a finite element method (FEM) solver. The model was ² adapted from [47]–[49] to simulate multi-frequency ST-HMI ³ and ARFI imaging of elastic solid with parameters in Table I. ⁴ The axial, lateral, and elevational range of the FEM mesh was ⁵ 5 to 42 mm, -8 to 8 mm, and -6 to 6 mm, respectively with an ⁶ isotropic element size of 0.2 x 0.2 x 0.2 mm³. A 2 mm diameter ⁷ spherical inclusion was embedded in the background with the ⁸ center (elevational, lateral, axial) of the inclusion at (0, 0, 30) ⁹ mm. The Young's moduli of the background and inclusion were ¹⁰ set to 18 and 22.5 kPa, respectively with the Poisson's ratio of ¹¹ 0.499.

¹² To simulate ultrasonic tracking of displacements, scatterers in ¹³ Field II were moved according to the FEM displacement ¹⁴ estimates with the parameters in Table I. Eleven independent ¹⁵ unique scatter realizations with 15 scatterers per resolution cell ¹⁶ were implemented. White Gaussian noise was added Field II ¹⁷ generated RF data using the *awgn* function in MATLAB ¹⁸ (Mathworks Inc., Natick, MA, USA) to simulate system echo ¹⁹ SNR of 25 dB. Motion tracking was performed by one-²⁰ dimensional axial normalized cross-correlation (NCC) using ²¹ the parameters listed in Table I [50]. The focal depth of the ²² excitation and tracking pulse was at 30 mm and a 2-D image ²³ was generated by moving the lateral focus location from -4 to 4 ²⁴ mm in steps of 0.4 mm.

25 C. Phantom Experiments

The feasibility of generating displacements at multi-26 27 frequencies simultaneously was tested by imaging a 28 commercially available elastic phantom (model 049A, 29 Computerized Imaging Reference Systems (CIRS) Inc, 30 Norfolk, VA, USA). The imaging was performed using a 31 Verasonics research system (Vantage 256, Verasonics Inc., 32 Kirkland, WA, USA) equipped with an L7-4 transducer (Philips 33 Healthcare, Andover, MA, USA). Using a clamp, the transducer 34 was held in a steady position. Four stepped-cylindrical 35 inclusions with nominal Young's moduli of 6, 9, 36, and 70 kPa 36 were embedded in the background with nominal Young's 37 modulus of 18 kPa. For each stiffness, imaging was performed 38 at cross-sections with 1.6, 2.5, 6.5, and 10.4 mm diameters. The 39 manufacturer provided standard deviation in elasticity and 40 diameters measurements was approximately 5%. The center of 41 the inclusion was approximately 30 mm from the phantom's 42 surface. However, water was added between the transducer's 43 and phantom's surface which resulted in the center of inclusion 44 at 34 mm from the transducer surface. Throughout the remainder 45 of the manuscript, each inclusion will be represented by its mean 46 nominal Young's modulus and diameter.

The performance of ST-HMI with multi-frequency excitation the pulse was compared to ARFI imaging [26]. The ARFI and ST-49 HMI imaging were performed consecutively using the methods to described in [26], [43], [51] with parameters indicated in Table 51 I. Briefly, both ARFI and ST-HMI data were collected using 52 focused excitation and tracking beams generated with sub-53 aperture and translated electronically across the lateral field to 54 generate a 2-D image. Thirty-two or Thirty-eight evenly spaced 55 RF lines with 0.6 mm or 0.3 mm spacing between RF lines were 56 acquired to image inclusions with diameters of (10.4 and 6.5 57 mm) or (2.5 and 1.6 mm), respectively. Wiper blading scanning

Table I

EXCITATION AND TRACKING PARAMETERS OF ACOUSTIC RADIATION FORCE IMPULSE (ARFI) USED IN IMAGING PHANTOMS AND SINGLE TRANSDUCER-HARMONIC MOTION IMAGING (ST-HMI) USED IN IMAGING PHANTOMS AND BREAST CANCER MOUSE TUMOR WITH NORMALIZED CROSS CORRELATION PARAMETERS FOR DISPLACEMENT ESTIMATION.

Parameters	Phantom	Mouse				
	(Simulation)					
Beam sequence parameters of ST-HMI / ARFI						
Transducer	L7-4	L11-5				
Bandwidth	58%	77%				
Sampling frequency	20.84 MHz	31.3 MHz				
Acoustic lens axial focus	25 mm	18 mm				
Excitation pulse center frequency	4.0 MHz	5.0 MHz				
Excitation pulse F-number	2.25	2.25				
Tracking pulse center frequency	6.1 MHz	8.0 MHz				
Tracking pulse transmit F-number	1.75	1.75				
Tracking pulse receive F-number*	1.0	1.0				
Excitation and tracking pulse axial focus	34 (30) mm	22 mm				
Spacing between PE lines	0.59 / 0.3	0.6 / 0.3				
Spacing between KI-lines	(0.2) mm	mm				
RF-lines number/image	32 / 38 (16)	30				
Lateral field of view size	20 / 11 (8)	18 / 9 mm				
Tracking pulse PRF	10 KH7	12 KH7				
	f	12 1112				
ST-HIMI speci	ne parameters					
Lowest oscillation frequency, f_L	100 Hz	100 Hz				
Sinusoids number, Nsinusoid	10	10				
Afactor	1.25	1.25				
Maximum excitation pulse duration, t_{ARF}^{max}	100 µs	40 µs				
Discrete excitation pulse duration range	35 - 100 μs	45 - 60 μs				
Discrete excitation pulse per f_L	6	7				
Cycle number, Ncycle	6 (4)	4				
ARFI Specific parameters						
Tracking pulse number	110 (30)	130				
Excitation pulse duration	113 μs	75 μs				
Normalized cross correlation parameter						
Interpolation factor	4	4				
Kernel length	592 μm	492 µm				
Search region	80 µm	80 µm				

* Aperture growth and dynamic Rx focusing enabled

⁵⁸ mode [52] was used to prevent interference in the tissue ⁵⁹ mechanical response between consecutive RF lines and reduce ⁶⁰ transducer face heating. One frame of the B-mode ultrasound ⁶¹ image with 128 RF lines spanning approximately 38 mm in ⁶² lateral direction was collected preceding ARFI and ST-HMI ⁶³ imaging. By moving the transducer in the elevational direction, ⁶⁴ six repeated acquisitions of ARFI and ST-HMI were acquired at ⁶⁵ each inclusion stiffness and size. The acquisition time of (ST-⁶⁶ HMI, ARFI) data with 32 RF lines took approximately (6, 4) s ⁶⁷ with (0.1, 0.08) s interval between RF lines.

68 D. Imaging of A breast cancer mouse model, In Vivo

⁶⁹ The *in vivo* performance of the proposed excitation pulse ⁷⁰ sequence was investigated by imaging tumors in an orthotropic, ⁷¹ 4T1 breast cancer mouse model (N=1). The Columbia ⁷² University Irving Medical Center (CUIMC) Institutional Animal



Fig 1: Data processing steps employed to generate ST-HMI-derived peak-2-peak displacement (P2PD) image at each frequency. Steps marked by *, #, and % mean steps are repeated for each pixel, time point, and frequency, repectivey. Note, some steps are repated for more than one cases. DAS = Dealy-and-sum; NCC = Normalized cross-correlation; DD = Differential displacments;

1 Care and Use Committee (IACUC) reviewed and approved the 48 points to remove the slowly varying motion. Third, the 6 [54].

20 approximately 38 mm, for anatomical reference.

E. ST-HMI and ARFI Data Processing 21

The channel data were stored onto the Verasonics workstation 22 23 after running ARFI and ST-HMI imaging sequence and were 24 transferred to the computational workstation for offline 25 processing using MATLAB (MathWorks Inc., Natick, MA, 26 USA). A custom delay-and-sum beamforming [55] was applied 27 to the channel data to construct beamformed radiofrequency 28 (RF) data. 1-D NCC [50] (Table I) was applied to estimate 29 displacement relative to the reference tracking pulse which 30 yielded in a 3-D dataset (axial x lateral x time) describing axial 31 displacements over time.

From the ARFI 3-D dataset, a parametric 2-D image of PD 32 33 was generated after applying a linear filter [56] to the 34 displacement versus time profile at each pixel [43]. Finally, 35 ARFI-derived PD images were normalized to account for the 36 variation in the ARF magnitude over the axial range [57]. A 2-37 D spline interpolation (interp2 function) was applied to the ³⁸ normalized PD image to convert the anisotropic pixel dimension 39 (0.04 x 0.6 mm or 0.04 x 0.3 mm) to an isotropic pixel dimension 86 40 of 0.1 mm.

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2 protocol for the cancer induction and imaging of the mouse's 49 differential displacements at each time point were averaged $_3$ tumors. Tumors were generated by injecting 1 x 10⁵ 4T1 breast 50 using a 2-D sliding window with a 0.8 x 0.8 mm kernel. Note, 4 cancer cells in the 4th inguinal mammary fat pad of the eight to 51 the differential displacements calculation can act as a high pass s ten-week-old female BALB/c mice (Jackson Laboratory)[53], 52 filter and has the potential to enhance noise. Therefore, the 53 spatial averaging of the differential displacements was 7 The same Vantage Verasonics research system equipped with 54 performed to reduce noise before filtering out displacement at 8 an L11-5 (Verasonics) linear array was used to perform ST-HMI 55 each frequency. Fourth, the differential displacement profiles 9 and ARFI with the setup described in [43]. Briefly, the 56 were filtered out using a fourth-order infinite impulse response 10 anesthetized mice (1-2% isoflurane in oxygen) were imaged by 57 (IIR) bandpass filter (designfilt and filter function) to estimate 11 placing the mice in a supine position on a heating pad with their 58 displacements at each frequency. It is noteworthy to mention that 12 abdominal hair removed, and the transducer was held in a steady 59 filtering of differential displacement profiles was performed 13 position using a clamp during imaging. The mouse was imaged 60 separately at each frequency. At each pixel, the cutoff values of 14 on Day 6, 12, and 19 post-injection of cancer cells using the 61 the bandpass filter were selected adaptively [43]. Fifth, the 15 parameters indicated in Table I. Thirty evenly spaced RF-lines 62 filtered displacement profile at each pixel and each frequency 16 with 0.3 or 0.6 mm separation in between RF-lines were 63 were integrated (cumsum function in MATLAB) and normalized 17 acquired to generate 2-D images of ST-HMI-derived P2PDs. 64 to a zero mean. Sixth, using the integrated-filtered displacement 18 Preceding each ST-HMI sequence, one spatially-matched B- 65 profile, the average P2PD over cycle was calculated at each 19 mode image was acquired with 128 lateral lines spanning 66 pixel, and then, rendered into a 2-D parametric image. Note, The 67 number of cycles varies between frequencies as the duration of 68 the continuous excitation pulse was fixed. As an example, if the ⁶⁹ duration of the continuous excitation pulse is 60 ms with $f_L = 100$ 70 Hz, then 100 and 1000 Hz had 6 cycles and 60 cycles of 71 oscillation, respectively (Table I). Seventh, P2PD images at each 72 frequency were normalized separately to account for the 73 variation in the ARF magnitude over the axial range [43]. The 74 normalizing profiles for both ARFI and ST-HMI were generated 75 from the 1.5 mm leftmost and rightmost lateral field of view 76 (FOV) [43]. Fig. 1 depicts a flowchart representing the 77 processing steps implemented to generate normalized P2PD 78 images at each frequency.

> It took 5 min to process data from performing the delay-and-80 sum beamforming to generating the final normalized P2PD 81 image at each frequency using a 2.2 GHz Intel Xeon Platinum 82 processor with a 20 cores processor. The computational time can 83 be reduced by implementing ST-HMI data processing pipelines 84 (Fig. 1) in CUDA GPU.

85 F. Image Quality Metrics

The performance of ARFI-derived PD and ST-HMI-derived 87 P2PD images were compared quantitatively in terms of contrast 2-D parametric image of ST-HMI-derived P2PD at each 88 and CNR with the region of interests (ROIs) in inclusion (INC) 42 frequency was generated using the method described in [43] as 89 and background (BKD) as the concentric circle and ring, 43 follows. First, a 2-D spline interpolation (interp2 function) was 90 respectively (see Fig. 3a) [43]. The inclusion's ROI was defined 44 applied to the 2-D displacement data at each time point to 91 as the concentric circle with 80% of the corresponding $_{45}$ convert the anisotropic pixel size to an isotropic pixel size of 0.1 $_{92}$ inclusion's radius. The background ROI was defined as a ring 46 mm. Second, the differential displacements at each pixel were 93 surrounding the inclusion, with an inner radius of 120% of the 47 computed by subtracting displacements between successive time 94 corresponding inclusion' radius. Contrast and CNR were



Fig 2: (a) Tracking pulses (black arrow) interleaved with discrete excitation pulses (red arrow) after sampling a continuous excitation pulse (blue). Displacement was estimated with respect to the reference tracking pulse (green arrow). Y-axis contains a break to accommodate the difference in excitation and tracking pulse duration. (b) Fourier transform (FT) magnitude spectra of continuous (blue) and discrete (red) excitation pulse. FT was calcuated using 6 cycles of respective excitation pulse i.e after repeating continuous and discrete pulse in panel (a) 6 times with mean normalized to zero.

¹ computed as $|\mu_{INC} - \mu_{BKD}| / \mu_{BKD}$ and $|\mu_{INC} - \mu_{BKD}| / 2 \sqrt{(\sigma_{INC}^2 + \sigma_{BKD}^2)}$, respectively, where, μ and σ are the median 3 and standard deviation of normalized displacements in the ROI.

⁴ To perform linear regression between P2PD ratios versus ⁵ Young's moduli ratios, a rectangular ROI (see Fig. 3a) [43] was ⁶ used to avoid the boundary effects. The inclusion's boundary ⁷ was derived from the B-mode image (see Figs. 3a and 6).

8 G. Statistical Analysis

9 All statistical analyses were performed in MATLAB. Thirty-10 two (diameter, N = 4, stiffness, N = 4) separate Kruskal-Wallis 11 tests (*kruskalwallis* function), were carried out to compare the 12 contrast and CNR of ARFI-derived PD and ST-HMI derived 13 P2PD images at 100-1000 Hz. If any group was statistically 14 significant, a two-sample Wilcoxon signed rank-sum test 15 (*signrank* function) was used to find which combination was 16 statistically significant. The R^2 , slope, and root mean square 17 error (RMSE) of the linear regression between the PD or P2PD 18 ratio versus Young's moduli ratio was calculated at each 19 frequency and inclusion size. The RMSE was calculated 20 between displacement ratio (DR) and Young's Moduli ratio. For 21 all the analyses, the statistical significance was based on p < 22 0.05.

III. RESULTS

24 Fig. 2(a) shows multi-frequency continuous excitation pulse, 25 e(t) (equation (3)) with $N_{sinusoid} = 10$, $N_{cycle} = 1$, and $f_L = 100$ Hz. 26 From here onward, 100:100:1000 Hz will represent frequencies 27 from 100 to 1000 Hz in steps of 100 Hz. Therefore, the 28 continuous excitation pulse mainly contains frequencies from 29 100 to 1000 Hz in steps of 100 Hz. While 1 cycle of excitation 30 pulse is shown in Fig. 2, data were collected using 6 (phantom) 31 or 4 (mouse) cycles of $f_L = 100$ Hz (Table I) i.e total duration of 32 excitation pulse was 60 ms (phantom) or 40 ms (mouse). The Y-33 axis in Fig. 2a is shown in terms of the pulse duration to 34 underline the change in pulse duration over time because the ST-35 HMI modulates the excitation pulse duration to generate 36 amplitude modulated-ARF (AM-ARF). The continuous 37 excitation pulse was sampled to accommodate both tracking 38 (black) and discrete excitation (red) pulses. Note, there were ³⁹ only 6 discrete excitation pulses ($N_{ep} = 6$) per one period of 100



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Fig 3: (a) B-mode ultrasound image of 6.5 mm, 36 kPa inclusion. Inclusion boundary (black dashed circle) was derived from the B-mode image and used to draw region of interests (circle or ring or rectange) in inclusion and background. ST-HMI derived (b) displacement profiles (c) differential displacement between successive time points (d) magnitude spectrum of Fourier transform (FT) of the differential displacement profiles (e) filtered displacement profiles at 300 Hz in 36 kPa inclusion (blue) and 18 kPa background (red). Green dahsed lines in panel (d) represent adaptively selected cutoff values for the bandpass filter.



Fig 4: Simulated phantom: Bmode, normalized ARFI peak displacement, and ST-HMI derived normalized peak-to-peak displacement images at 100- 1000 Hz of a 22.5 kPa inclusion with 2 mm diameter embedded in 18 kPa background. Black contour represents the true inclusion boundary.

2 was variable (35-100 μs) but the tracking pulse duration was 41 better at 800-1000 Hz than the PD image. Throughout the 3 fixed to 0.33 µs (i.e., 2 cycles of 6 MHz). The number of the 42 manuscript, detecting an inclusion will refer to qualitative 4 tracking pulses in between the excitation pulses depends on the 43 comparison when the inclusion pixel values are clearly different s pulse repetition frequency (PRF) of the tracking pulse (Table I). 44 than the background pixel values. The qualitative results are ⁶ Fig. 2(b) shows Fourier transform (FT) magnitude spectra of ⁴⁵ confirmed by the CNR and contrast results which are shown in 7 continuous (blue) and discrete (red) excitation pulse. Both 8 spectra contain 10 peaks at 100 to 1000 Hz in steps of 100 Hz 9 with maximum magnitude at 600 and 1000 Hz for discrete and 10 continuous excitation pulse, respectively.

¹¹ Fig. 3 shows a representative B-mode ultrasound image of a 12 6.5 mm, 36 kPa inclusion embedded in an 18 kPa background 13 (panel (a)) and representative displacement profiles in inclusion 14 and background with frequency spectrum (panels (b)-(e)). The 15 inclusion's boundary was derived from the B-mode and was 16 used to draw ROI for contrast and CNR calculation (section 17 II.E). Displacements (panel (b)) or differential displacements 18 (panel (c)) were higher in 18 kPa versus 36 kPa material which 19 is expected. Six peaks per period (10 ms) correspond to the six 20 discrete excitation pulses (Fig. 2a). The amplitude of each peak 21 was different due to the difference in the duration of the discrete 22 excitation pulse. The Fourier transform of the differential 23 displacements (panel (d)) contains peaks at 100:100:1000 Hz. 24 These indicate that the multi-frequency excitation pulse with 25 peaks at 100:100:1000 Hz generated displacements with peaks 26 at 100:100:1000 Hz. Panel (e) shows displacements at 300 Hz 27 after applying Bandpass filtering with [283 315] Hz cutoff 28 values to the differential displacement profiles. The P2PD was 29 0.11 and 0.27 µm in 36 and 18 kPa materials at 300 Hz. Similar 30 to panel (e), P2PDs were calculated for each pixel and each 31 frequency to generate P2PD images at corresponding 32 frequencies.

Fig. 4 shows B-mode, ARFI normalized PD, and ST-HMI 33 34 normalized P2PD images at 100-1000 Hz of a 22.5 kPa, 2 mm 35 diameter simulated spherical inclusion embedded in an 18 kPa 36 background. These images were generated by averaging 11 37 independent speckle realizations. Despite the lower difference in 38 Young's moduli in inclusion versus background, both PD and ³⁹ P2PD at greater than 400 Hz detected the presence of inclusion.

1 Hz (i.e, 10 ms). The duration of the discrete excitation pulses 40 However, the perceived contrast and boundary delineation were



Fig 5: Simulated phantom: (a) Contrast and (b) CNR of ARFI and ST-HMI derived images at 100-1000 Hz of 2 mm, 22.5 kPa inclusion embedded in 18 kPa background. Data are plotted as median ± 0.5*interquartile range over 11 independent speckle realizations. The Kruskal-Wallis test suggested that contrast and CNR were statistically different across ARFI and ST-HMI. For clarity, the asterisk is only shown when Kruskal-Wallis test suggests a statistical difference and median contrast and CNR were statistically different (sign ranksum) from the highest median contrast and CNR (dotted blue rectangle).



Fig 6: Bmode, ARFI normalized peak displacement, and ST-HMI normalized peak-to-peak displacement image at 100:100:1000 Hz of 36 kPa inclusion with 10.4 mm (1st-2nd rows), 6.5 mm (3rd-4th rows), 2.5 mm (5th – 6th rows), and 1.6 mm (7th – 8th rows) diameters.Black contour and arrowhead represent the inclusion boundary and the presence of high echogeneous region in the bournady, respectively.

1 Fig 5. The maximum CNR and contrast were achieved at 1000 2 and 900 Hz which were significantly higher than other



Fig 7: Contrast of ARFI (red box) and ST-HMI derived images at 100-1000 Hz of (a) 6, (b) 9, (c) 36, and (b) 70 kPa inclusions with 10.4, 6.5, 2.5, and 1.6 mm diameters embedded in an 18 kPa background. Note that, the Y-axis range is different between panels. ST-HMI derived images at 100-500 and 600-1000 Hz are shown in different combination of red+blue and green + blue colors. Data are plotted as median ± 0.5*interquartile range over 6 repeated acquisitions. The Kruskal-Wallis test suggested that contrast were statistically different across ARFI and ST-HMI at 100-1000 Hz irrespective of inclusion size and stiffness. For clarity, the asterisk is only shown when Kruskal-Wallis test suggests a statistical difference and median contrast were statistically different (sign ranksum) from the highest median contrast (dotted blue rectangle).

1 frequencies and PD (p<0.05, *kruskalwallis* and *ranksum*).

7 contrast of inclusion varies with the inclusion size for the fixed 34 diameters, respectively. 8 36 kPa stiffness irrespective of ARFI or ST-HMI. Second, 35 Fig. 8 quantitatively compares ARFI versus ST-HMI derived 17 detected 1.6 mm inclusion.

24 inclusion sizes or stiffnesses. Second, the frequency of ST-HMI 51 than 1 is needed to reliably detect inclusion. 25 can be exploited to achieve higher contrast (p<0.05, ranksum 52 Fig. 9 shows linear regression between ARFI PD ratio or ST-

28 contrast decreases with inclusion size. Fifth, the frequency at ² Fig. 6 shows representative ARFI PD and ST-HMI P2PD ²⁹ which the maximum contrast was achieved also depended on the 3 images at 100:100:1000 Hz of 36 kPa inclusion with 10.4, 6.5, 30 inclusion stiffness and size. The maximum contrast was 4 2.5, and 1.6 mm diameters. Note, all images were normalized to 31 achieved at (200, 200, 500, 500), (300, 200, 500, 700), (600, s account for the variation in the ARF magnitude over axial 32 700,1000, 1000), and (700, 1000,100,1000) Hz frequency for 6, 6 distance. Four observations are notable. First, the perceived 33 9, 36, and 70 kPa inclusions with (10.4, 6.5, 2.5, 1.6) mm

9 qualitatively ARFI detected 10.4 and 6.5 mm inclusions but was 36 CNR of 6 kPa (panel (a)), 9 kPa (panel (b)), 36 kPa (panel (c)), 10 unable to detect 2.5 or 1.6 mm inclusion. Third, ST-HMI 37 and 70 kPa (panel (d)) inclusions with 10.4, 6.5, 2.5, and 1.6 mm 11 detected all inclusions, and the perceived contrast varied with 38 diameters. Observations similar to the contrast in Fig. 7 can be 12 the frequency. This result indicates that the frequency in ST- 39 made i.e., the frequency of ST-HMI can be exploited to achieve 13 HMI can be exploited to detect different size inclusions with the 40 higher CNR than ARFI and maximum CNR depends on 14 same stiffness. Fourth, the number of frequencies detected 41 frequency and inclusion's size and stiffness. However, the 15 inclusions decreases with size. As an example, all frequencies 42 frequencies at which the maximum CNR was achieved were 16 detected 10.4 mm inclusion whereas only 900 and 1000 Hz 43 different from those at the maximum contrast. The maximum 44 CNR was at achieved (300, 500, 900, 700), (300, 300, 600, 600), Fig. 7 quantitatively compares ARFI versus ST-HMI derived 45 (300, 400, 1000, 1000), and (600, 900, 1000, 1000) Hz 19 contrast of 6 kPa (panel (a)), 9 kPa (panel (b)), 36 kPa (panel 46 frequency for 6, 9, 36, and 70 kPa inclusions with (10.4, 6.5, 20 (c)), and 70 kPa (panel (d)) inclusions with 10.4, 6.5, 2.5, and 47 2.5, 1.6) mm diameters, respectively. Note, only median values 21 1.6 mm diameters. Five observations are notable. First, the 48 versus median and standard deviation were used in contrast 22 contrast was statistically different (p<0.05, kruskalwallis test) 49 versus CNR calculation, respectively. Therefore, CNR accounts 23 between ARFI and ST-HMI at 100:100:1000 Hz irrespective of 50 for the heterogeneity of background and inclusion. CNR greater

26 test) than ARFI. Third, the maximum contrast depends on the 53 HMI P2PD ratio of background over inclusion versus Young's 27 inclusion size and stiffness. Fourth, for fixed stiffness, maximum 54 moduli ratio of inclusion over background with R², slope, and



Fig 8: CNR of ARFI (red box) and ST-HMI derived images at 100-1000 Hz of (a) 6, (b) 9, (c) 36, and (b) 70 kPa inclusions with 10.4, 6.5, 2.5, and 1.6 mm diameters embedded in an 18 kPa background. Note that, the Y-axis range is different between panels. ST-HMI derived images at 100-500 and 600-1000 Hz are shown in different combination of red+blue and green + blue colors. Data are plotted as median ± 0.5*interquartile range over 6 repeated acquisitions. The Kruskal-Wallis test suggested that CNR were statistically different across ARFI and ST-HMI at 100-1000 Hz irrespective of inclusion size and stiffness. For clarity, the asterisk is only shown when Kruskal-Wallis test suggests a statistical difference and median contrast were statistically different (sign ranksum) from the highest median contrast (dotted blue rectangle).

33

² results are only shown for 200-1000 Hz in steps of 200 Hz for ¹² in all cases. 3 simplicity. The RMSE was calculated between the displacement 13 Fig. 10 shows in vivo B-mode, ARFI normalized PD, and ST-4 ratio and Young's moduli ratio. Table II lists R², slope, and 14 HMI normalized P2PD images at 100-1000 Hz of a mouse tumor 5 RMSE of all frequencies for all 4 diameters and after combining 15 on Day 6, 12, and 19. Table II lists CNR, contrast, and the 6 all diameters. Combining all diameters means the size of the 16 displacement ratio (DR) of ARFI and ST-HMI images at three-7 inclusion was not taken into consideration. For the larger 17 time points. The DR was calculated as the ratio of ARFI PD or 8 inclusion (10.4 and 6.5 mm), 400 Hz had the lowest RMSE 18 ST-HMI P2PD of neighboring non-cancerous tissue over the 9 whereas 1000 Hz had the lowest RMSE for smaller inclusion 19 tumor. Therefore, higher DR means higher stiffness of tumor 10 (2.5 and 1.7 mm) along with combined diameter. Except for 100- 20 assuming that non-cancerous tissue stiffness remained stable



Fig 9: ST-HMI-derived Peak-to-peak displaceement (P2PD) and ARFI-derived peak displacment (PD) ratio of background (BKD) to inclusion (INC) versus Young's moduli ratio of inclusion to background for 10.4 mm diameter inclusion with R², slope (m), and root mean square error (RMSE) value on the legend. The numerator and denominator are interchanged in the abscissa and ordinate's ratio as Young's modulus and P2PD/PD are inversely related. Data are plotted as median ± 0.5* interguartile range over 6 repeated acquisitions. LoE = Line of Equivalency.

1 root mean square error (RMSE) for 10.4 mm diameter. The 11 300 Hz in combined diameters, the R² value was greater than 0.9

21 over time. Six observations are notable. First, both ARFI and 22 ST-HMI detected the presence of the tumor. Second, the tumor 23 grew in size over time with the ingression of cancerous cells and 24 the tumor area was 11.4, 19.2, and 56.0 mm² on Day 6, 12, and 25 19 respectively. Third, the tumor also became stiffer over time 26 which was indicated by an increase in DR over time irrespective 27 of methods or frequencies. Fourth, the CNR of ST-HMI-derived 28 images was higher than ARFI irrespective size or stiffness of the 29 tumor. Fifth, the CNR of ST-HMI-derived images increased 30 with frequency for the tumor on Day 6 whereas the CNR 31 remained stable with frequency for the tumor on Day 12 and 19. 32 Sixth, the contrast of ARFI and ST-HMI images was similar.

IV. DISCUSSION

Conventional HMI uses AM-ARF to interrogate mechanical 34 35 properties by oscillating tissue at a particular frequency. To do 36 so, HMI simultaneously generates and tracks narrowband

Table II R², SLOPE, AND ROOT MEAN SQUARE ERROR (RMSE) OF LINEAR REGREESION BETWEEN ST-HMI / ARFI DISPLACEMENT RATIO (DR) VERSUS YOUNG'S MODULI (YM) RATIO IN PHANTOM FOR 10.4, 6.5, 2.5, 1.4 MM INCLUSION DIAMETERS AND AFTER COMBING ALL DIAMETER INCLUSIONS. DRST-HMI = P2PDBKD / P2PDINC AND YM RATIO = YMINC / YMBKD, INC = INCLUSION, BKD= BACKGROUND. ST-HMI AND ARFI-DERIVED CNR, CONTRAST, AND DR OF MOUSE TUMOR. THE LOWEST RMSE AND HIGHEST CNR AND CONTRAST ARE SHOWN IN BOLD FOR BETTER DISTINCTION.

$\begin{array}{c c c c c c c c c c c c c c c c c c c $													
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Diameter	Metric	ARFI	100	200	300	400	500	600	700	800	900	1000
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		R ²	1.0	0.97	1.0	1.0	1.0	1.0	0.99	0.98	0.99	0.99	0.97
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	10.4 mm	Slope	0.58	0.42	0.69	0.76	0.91	0.73	0.79	0.93	0.73	0.61	0.66
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		RMSE	0.66	1.01	0.52	0.36	0.17	0.41	0.32	0.30	0.41	0.57	0.51
6.5 mm Slope RMSE 0.54 0.25 0.46 0.75 0.84 0.61 0.68 1.02 0.74 0.71 1.14 RMSE 0.74 1.28 0.97 0.41 0.25 0.62 0.49 0.31 0.38 0.44 0.61 R ² 1.0 0.96 0.91 0.99 0.99 0.99 0.98 1.0 1.0 0.99 2.5 mm Slope 0.22 0.08 0.10 0.21 0.26 0.27 0.32 0.43 0.34 0.38 0.55		R ²	1.0	0.94	1.0	1.0	1.0	1.0	1.0	0.98	0.99	0.98	0.96
RMSE 0.74 1.28 0.97 0.41 0.25 0.62 0.49 0.31 0.38 0.44 0.61 R ² 1.0 0.96 0.91 0.99 0.99 0.99 0.99 0.98 1.0 1.0 0.99 2.5 mm Slope 0.22 0.08 0.10 0.21 0.26 0.27 0.32 0.43 0.34 0.38 0.55	6.5 mm	Slope	0.54	0.25	0.46	0.75	0.84	0.61	0.68	1.02	0.74	0.71	1.14
R ² 1.0 0.96 0.91 0.99 0.99 0.99 0.98 1.0 1.0 0.99 2.5 mm Slope 0.22 0.08 0.10 0.21 0.26 0.27 0.32 0.43 0.34 0.38 0.55		RMSE	0.74	1.28	0.97	0.41	0.25	0.62	0.49	0.31	0.38	0.44	0.61
2.5 mm Slope 0.22 0.08 0.10 0.21 0.26 0.27 0.32 0.43 0.34 0.38 0.55		R^2	1.0	0.96	0.91	0.99	0.99	0.99	0.99	0.98	1.0	1.0	0.99
	2.5 mm	Slope	0.22	0.08	0.10	0.21	0.26	0.27	0.32	0.43	0.34	0.38	0.55
RMSE 1.36 1.53 1.57 1.38 1.32 1.30 1.22 1.03 1.13 1.02 0.71	2.0 1111	RMSE	1.36	1.53	1.57	1.38	1.32	1.30	1.22	1.03	1.13	1.02	0.71
R ² 0.99 0.95 0.91 0.98 0.97 0.98 0.97 0.97 0.98 0.99 1.0		R ²	0.99	0.95	0.91	0.98	0.97	0.98	0.97	0.97	0.98	0.99	1.0
1.6 mm Slope 0.24 0.10 0.12 0.22 0.27 0.27 0.30 0.35 0.32 0.39 0.56	1.6 mm	Slope	0.24	0.10	0.12	0.22	0.27	0.27	0.30	0.35	0.32	0.39	0.56
BMSE 1.33 1.51 1.54 1.40 1.33 1.34 1.30 1.18 1.18 1.02 0.70	1.0 1111	RMSE	1.33	1.51	1.54	1.40	1.33	1.34	1.30	1.18	1.18	1.02	0.70
		D ²	0.04	0.87	0.91	0.80	0.04	0.08	0.00	1.0	0.00	1.0	0.00
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Combined	л Slope	0.94	0.87	0.81	0.89	0.94	0.98	0.99	0.42	0.99	0.41	0.99
Combined Stope 0.20 0.13 0.13 0.25 0.27 0.29 0.32 0.43 0.30 0.41 0.00	Combined	Siope	0.20	0.13	0.13	0.25	0.27	0.29	0.52	0.45	0.30	0.41	0.60
NUSE 1.25 1.44 1.50 1.54 1.25 1.22 1.17 0.55 1.07 0.55 0.00		RIVISE	1.23	1.44	1.50	1.34	1.23	1.22	1.1/	0.95	1.07	0.95	0.00
Mouro CNR 5.48 8.3 6.68 7.62 7.07 7.86 7.73 7.71 8.47 9.39 9.35	Mouso	CNR	5.48	8.3	6.68	7.62	7.07	7.86	7.73	7.71	8.47	9.39	9.35
Dové Contrast 0.82 0.72 0.78 0.80 0.84 0.81 0.81 0.80 0.79 0.78 0.74	Dov 6	Contrast	0.82	0.72	0.78	0.80	0.84	0.81	0.81	0.80	0.79	0.78	0.74
DR 5.53 3.60 4.45 5.02 6.13 5.14 5.18 5.02 4.69 4.52 3.81	Day 0	DR	5.53	3.60	4.45	5.02	6.13	5.14	5.18	5.02	4.69	4.52	3.81
CNR 4.95 6.97 4.19 6.33 5.16 6.95 6.90 6.81 6.59 6.62 5.49		CNR	4.95	6.97	4.19	6.33	5.16	6.95	6.90	6.81	6.59	6.62	5.49
Mouse Contrast 0.78 0.80 0.80 0.84 0.84 0.79 0.80 0.79 0.79 0.79 0.81	Mouse Day 12	Contrast	0.78	0.80	0.80	0.84	0.84	0.79	0.80	0.79	0.79	0.79	0.81
Day 12 DR 4.49 4.96 5.07 6.12 6.34 4.75 5.0 4.84 4.75 4.80 5.31		DR	4.49	4.96	5.07	6.12	6.34	4.75	5.0	4.84	4.75	4.80	5.31
CNR 1.79 3.84 3.25 3.83 3.63 4.28 4.30 4.18 4.07 3.93 3.86		CNR	1.79	3.84	3.25	3.83	3.63	4.28	4.30	4.18	4.07	3.93	3.86
Mouse Contrast 0.92 0.88 0.92 0.91 0.92 0.88 0.88 0.88 0.87 0.86 0.85	Mouse	Contrast	0.92	0.88	0.92	0.91	0.92	0.88	0.88	0.88	0.87	0.86	0.85
Day 19 DR 11.9 8.50 12.3 11.6 11.8 8.31 8.35 8.40 7.56 7.28 6.81	Day 19	DR	11.9	8.50	12.3	11.6	11.8	8.31	8.35	8.40	7.56	7.28	6.81

harmonic oscillation with a frequency less than 100 Hz using 33 mouse model, *in vivo*. 13 100-1000 Hz for ST-HMI.

24 "on-axis" to ARF as mentioned previously and also in [43] are 56 duration which will be dictated by the clinical applications. 25 still held. Second, Zheng et al. used two different transducers for 57 The energy of the 100-1000 Hz frequency component of the

² focused ultrasound and imaging transducers, respectively [58]. ³⁴ The proposed continuous excitation pulse was generated by 3 To facilitate data acquisition, ST-HMI has been proposed 35 summing sinusoids with the frequency of 100-1000 Hz and 4 recently and the feasibility of generating ST-HMI-induced 36 larger weights to the higher frequencies (j^2 in (1)). The frequency s oscillation in the range of 60-420 Hz was demonstrated by 37 range was chosen by considering hardware constraints and 6 collecting each frequency data separately [43]. Though 38 previous research on shear wave-based methods [20], [61]. If the 7 oscillation frequency can be exploited to better detect 39 frequency lower than 100 Hz was chosen, the excitation pulse 8 inclusions/lesions, acquisition of multiple frequencies separately 40 duration and data collection time will be longer albeit with better 9 may be unrealistic in clinical settings due to patients' or 41 performance due to finer sampling. On the other hand, some 10 sonographer hand movements. To facilitate the generation of 42 frequency components may not have sufficient energy to 11 displacement maps at several frequencies simultaneously, this 43 generate displacements above the noise level if the frequencies 12 study presents a novel excitation pulse with frequencies from 44 higher than 1000 Hz are chosen while keeping the lower limit to 45 100 Hz. While the current frequency range of 100-1000 Hz was 14 ST-HMI assesses mechanical properties "on-axis" to the ARF 46 shown capable of generating displacement images over a wide 15 and is different from the "off-axis" shear wave-based methods 47 range of stiffness (6-70 kPa) and size (1.6-10.4 mm), the 16 like supersonic shear imaging [59], shear wave imaging (SWI) 48 performance of ST-HMI can be improved further by obtaining 17 [60], shearwave dispersion ultrasound vibrometry [14], or 49 the data collection in two steps. In the first step, the data can be 18 harmonic SWI [8] in terms of estimating the mechanical 50 collected in a wider frequency range (200 - 2000 Hz) with a 19 properties of tissues. Though an excitation pulse composed of a 51 coarse sample of 200 Hz, then a narrow frequency range around 20 sum of sinusoids was used in shear wave-based methods [16], 52 the best performing frequency that can be used in the second 21 there are several differences between the proposed work versus 53 step. This two-step data collection will lengthen the overall data 22 Zheng et al. [16]. First, Zheng et al. is a shear wave method. 54 collection duration. Therefore, there is a trade-off between 23 Therefore, the advantages of assessing mechanical properties 55 improving lesion boundary delineation and data collection

26 generating multi-frequency excitation pulse and tracking 58 continuous excitation pulse increased monotonically with 27 induced motion "off-axis" to ARF whereas the proposed work 59 frequency due to larger weights to the higher frequencies (Fig. 28 uses a single transducer to perform both generation and tracking 60 2b). However, the energy of frequency components of the 29 of motion. Third, Zheng et al. demonstrated the feasibility of 61 discrete excitation pulse did not increase monotonically (Fig. 2b) 30 generating multi-excitation motion in the homogeneous material 62 due to sparse sampling (Fig. 2a). The energy was generally 31 only whereas this work has shown the feasibility in 16 different 63 higher for larger frequencies except at 700 Hz. The displacement 32 inclusions with varying stiffnesses and sizes and tumors in a 64 frequency spectrum (Fig. 3d) followed a similar relation of FT



Fig 10: In Vivo Bmode, ARFI-derived normalized peak displacement, and ST-HMI derived normalized peak-to-peak displacement image at 100-1000 Hz of a 4T1 mouse tumor on Day 6 (1st-2nd rows), Day 12 mm (3rd-4th rows), and Day 19 (5th - 6th rows) post-injection of tumor cell. Black, magenta, red, and blue contours represent tumor boundary, displacement image field of view, the region of interest in tumor and neighboring non-cancerous tissue, respectively.

4 spectrum of displacements. This is advantageous in customizing 18 comparable performance to the Loupass 11 also demonstrated that there was no significant difference in 25 elastography in two ways. First, ARF 14 frequency [43].

1 magnitude versus frequency as in the discrete excitation pulse. 15 In this study, displacement was estimated using the 1-D NCC ² The result indicates that the FT magnitude spectrum of the ¹⁶ method [50]. While a deep convolutional neural networks-based 3 discrete excitation pulse can be used to predict the FT magnitude 17 motion estimator is proposed for ARFI imaging [62] with phase-based 5 discrete excitation pulse based on the clinical application. 19 displacement estimator, the NCC estimator generally provides ⁶ Though the energy content of each frequency of discrete ²⁰ higher accuracy than phase-based displacement estimators [50]. 7 excitation pulse was different, the same excitation pulse was 21 While the 2-D regularization-based displacement estimators ⁸ used to interrogate both background and inclusion. Therefore, ²² [63]–[65] provide better axial displacement estimates in 9 normalized P2PD reflects the difference in mechanical 23 ultrasound quasi-static elastography, the displacement in the 10 properties between inclusion and background. Previous work 24 ARF-based methods is different from the quasi-static generates stress 12 contrast or CNR of single frequency ST-HMI-derived images 26 predominantly in the axial direction which generally induces 13 due to the difference in energy content of the oscillation 27 axial displacements of 0-20 µm and lateral displacements in the 28 picometer range. Therefore, ARF-induced axial strain (<0.01%)

1 is very small compared to the larger strain (5-10%) in quasi- 59 achieved by ST-HMI were higher than ARFI irrespective of size 9 displacement estimator.

11 frequencies of the excitation pulse were calculated by adaptively 69 frequency excitation pulse to simultaneously generate 12 finding the cutoff values of the bandpass filter (Fig. 3d). The 70 displacement maps at different frequencies instead of using a 14 center of the inclusion versus near boundary or two different 72 wide frequency range as it is done in ARFI or single frequency 15 axial locations due to the variation in the ARF expiation beam 73 ST-HMI. 16 point spread function (PSF) dimension. Note that, the ARF 74 The general trend in ST-HMI-derived CNR and contrast is that 17 excitation PSF dimension varies with axial location with the 75 the frequency, at which maximum CNR and contrast were 18 smallest area at the focal depth. Due to the passband variation of 76 achieved, increases with stiffnesses for fixed-size inclusion and 19 each frequency component over spatial location, a custom 77 decreases with size for fixed stiffness inclusion. This is 20 algorithm was applied to find cutoff values at each pixel for 78 expected. Because, in a material with fixed stiffness, the 21 bandpass filtering for each frequency component [43]. This 79 wavelength of the generated shear waves within the ARF 22 adaptive bandpass filter cutoff is important to reduce the 80 excitation beam will be smaller for higher frequency. Therefore, 23 heterogeneity of the image. Adaptively finding the cut-off values 81 higher frequencies are better to contrast smaller inclusions. 24 is a faster process and usually takes 0.014 s for each pixel and 82 Similarly, the wavelength will be larger for the stiffer materials 25 frequency. One way to reduce the processing time is to calculate 83 (i.e., higher shear wave speed) for a fixed frequency [43]. 26 cut-off values at a 1 mm spatial interval instead of each pixel. 84 However, the inclusion can be detectable even if a sub-27 Future work will explore the tradeoff between spatial intervals 85 wavelength of a particular frequency is contained within the 28 for calculating cut-off values versus image quality. The 86 inclusion, and the contrast of inclusion increases with the 29 differential displacement profiles also contained higher 87 increasing ratio of diameter over wavelength. As an example, the 30 harmonic frequencies (i.e., greater than 1000 Hz). Displacement 88 wavelength of 400, 500, and 1000 Hz in a 22.5 kPa in silico 31 at higher harmonic frequencies was not exploited because the 89 inclusion is 6.85, 5.48, and 2.74 mm, respectively. Note that, the 32 energy of the frequency greater than the frequency of the 90 inclusion was not detectable at 400 Hz but the detectability or 33 excitation pulse is less controllable and depends on the relative 91 contrast of the inclusion increases with frequency from 500 to 34 location of the pixel.

35 36 the proposed multi-frequency excitation pulse was tested in 94 respectively. Therefore, the detection of the inclusion is feasible 37 silico, in phantom, and in a breast cancer mouse tumor in vivo 95 even if 36% of a wavelength is contained within the inclusion. 38 with comparison to ARFI imaging in terms of CNR and contrast. 96 Note, the detectability of the inclusion also depends on the ARF 39 While both ARFI and ST-HMI detected the presence of a low 97 excitation beam PSF dimension in the lateral and elevation 40 elastic contrast spherical inclusion in an in silico phantom (Fig. 98 plane. The lateral and elevational dimension of the ARF 41 4), maximum contrast and CNR were achieved by ST-HMI at 99 excitation beam was fixed to 0.8 and 1.4 mm for in silico model 42 900 and 1000 Hz, respectively (Fig. 5). The advantage of 100 and all phantom experiments. Future studies will investigate the 43 generating P2PD at different frequencies simultaneously to 101 spatial resolution of ST-HMI by considering both the oscillation 44 delineate different sized 36 kPa inclusions in a commercial 102 frequency and PSF dimension. Note, the ST-HMI interrogates 45 phantom is qualitatively demonstrated in Fig. 6. Qualitatively, 103 mechanical properties at the ARF-ROE without observing shear 46 ARFI and P2PD images (frequency \geq 300 Hz) detected 10.4 and 104 wave propagation away from the ARF-ROE. Therefore, the 47 6.5 mm inclusions. However, 2.5 and 1.6 mm inclusions were 105 frequency is exploited to better detect inclusion due to the 48 not detected by ARFI whereas P2PD images at 900 and 1000 Hz 106 shearing within the ARF excitation beam. Shearing is occurred 49 were able to detect 2.5 and 1.6 mm inclusions. The background 107 due to the nonuniform axial displacements within the ARF 50 of 10.4 and 6.5 mm inclusion was noisier, especially at 700 Hz 108 excitation beam PSF [48], [66]. s1 than other inclusion. It may be due to the presence of 109 The CNR and contrast mainly increased with frequency until 55 the source of this particular noise.

58 quantitatively in Figs. 7 and 8. The maximum CNR and contrast 116 test the feasibility of using frequencies up to 2000 Hz.

2 static elastography. Due to these smaller strains, signal 60 and stiffness of inclusions. In addition, the highest CNR and 3 decorrelation does not pose a problem in the ARF-induced 61 contrast were achieved at different frequencies depending on the 4 displacement estimator. Second, 2-D ARFI or ST-HMI image 62 inclusion size and stiffness. As the size and stiffness of the 5 was generated by exciting each lateral location (interval 0.3 or 63 lesions or tumors are not known apriori, it is impossible to 6 0.6 mm) independently. Therefore, combining 2 or more lateral 64 achieve maximum CNR and contrast using a single frequency. 7 lines in displacement estimation means combining more 65 The main advantage of the proposed multi-frequency excitation 8 decorrelated signals which will increase the variance in the 66 pulse is that there is no need for apriori knowledge of lesions or 67 tumors size or stiffness to achieve maximum CNR and contrast. 10 The displacements at frequencies corresponding to the 68 These results demonstrate an advantage of using a multi-13 passband of each frequency component will be different at the 71 pulsed excitation pulse to generate displacement profiles with a

92 1000 Hz (Figs. 4 and 5). The ratio of inclusion diameter (2 mm) The feasibility of generating 2-D images at 100-1000 Hz using 93 over wavelength is 0.3, 0.36, and 0.73 at 400, 500, and 1000 Hz,

52 heterogeneity in the background which is picked up by 700 Hz 110 they reached maximum, and then decreased with frequency for 53 or the corruption of 700 Hz by some kind of noise due to the 111 6 and 9 kPa inclusion irrespective of size. However, the CNR 54 lowest energy in 700 Hz. More investigations are needed to find 112 and contrast increased with frequency for 36 and 70 kPa 113 inclusions with 2.5 and 1.6 mm diameters which suggests that 56 The further advantage of exploiting frequency to delineate 114 further optimization in ST-HMI performance is possible by 57 inclusions with different sizes and stiffnesses is demonstrated 115 using a higher frequency for these inclusions. Future works will

1 The contrast is not reciprocal between 9 kPa versus 36 kPa 59 DR indicated the tumor became stiffer over time, the size of the 17 inclusions with the same true elastic contrast difference.

24 contrast was achieved at 700 Hz. Note, the displacement 82 be performed to answer this question. 25 estimated by NCC was in the range of 1-5 µm (Fig. 3b). 83 In this study, B-mode-derived boundary was used as 26 However, P2PD became sub-micron after differential 84 comparative benchmarks rather than ground truth boundary to 27 displacement calculation and filtering out each frequency 85 select ROI for the CNR and contrast calculation. While there 28 component. In addition, 200 Hz provided the maximum contrast 86 was no noticeable difference in echogenicity between inclusion 29 for the 10.4 and 6.5 mm, 6 kPa inclusions. If it is due to minimal 87 and background, there is a slight change in the echogenicity at 30 energy, maximum contrast should not be achieved at 200 Hz. 88 the boundary (arrowhead in Fig. 6) which guides us to draw the 31 Therefore, the frequency at which maximum contrast and CNR 89 boundary. In addition, the inclusion's ROI area was smaller than 32 were achieved depends mainly on the size and stiffness of the 90 the inclusion size. Therefore, the effect of boundary derivation 33 inclusion.

34 35 surgical planning or guiding biopsy or monitoring the response 93 used for CNR and contrast calculation. As this study 36 of the treatment, like, shrinkage of tumors due to the 94 demonstrates that multi-frequency ST-HMI can detect 37 chemotherapy response, the P2PD ratio of background over 95 inclusions at different sizes and stiffnesses, future studies aim to 38 inclusion has the potential to be used as a relative stiffness 96 develop techniques for automated boundary detection based on 39 indicator for longitudinal or cross-sectional studies [52]. Fig. 9 97 the multi-frequency displacement images. 40 and Table II show that the P2PD ratio is highly correlated with 98 While multi-frequency ST-HMI demonstrated better contrast 41 Young's moduli irrespective of frequencies or inclusion sizes. 99 and CNR than ARFI, the data collection and processing time is 42 However, the lowest RMSE was achieved at 400 and 1000 Hz 100 higher in ST-HMI compared to the ARFI (Table I). Due to the 43 for larger (10.4 and 6.5 mm) and smaller (2.5 and 1.6 mm) 101 separation (at least 1 ms) of the discrete excitation pulses (Fig. 44 diameters, respectively which indicates that the size of the 102 2a), the temperature rise due to ST-HMI was less than 1°C which 45 inclusion will confound the P2PD ratio derived relative stiffness 103 is within the U.S. FDA limits [43], [67]. ARFI-derived PD image 46 assessment. Therefore, there is a need to develop a normalizing 104 is used as a comparative benchmark of the "on-axis" 47 term accounting for the inclusion size before using the P2PD 105 displacement image because PD has already been used to 48 ratio as a relative stiffness indicator. Note, a similar confounding 106 characterize different biological tissues [51], [68]–[71]. 49 effect of inclusion size on the ARFI PD ratio was also observed. 107 However, CNR, contrast, and resolution of ARFI-derived so However, the P2PD ratio at 1000 Hz had lower RMSE than 108 displacement images can be improved by generating s1 ARFI irrespective of size or after combining all diameters. The 109 displacement images at different time points [30] which also s2 future study will investigate the use of either the P2PD ratio at 110 makes it very difficult to compare with ST-HMI. As the contrast 53 1000 Hz or the P2PD ratio at each frequency with a normalizing 111 is usually maximized at later time points, especially for softer 54 term to monitor disease progression or regression.

56 phantoms are the idealistic representation of tissues. In vivo 114 magnitude become unreliable and results in decreased resolution 57 performance of ST-HMI was evaluated by imaging a 4T1 mouse 115 [30]. In addition, later time points are more susceptible to being 58 tumor on Day 6, 12, and 19. While ARFI and ST-HMI-derived 116 corrupted by motion artifacts and may show a reversal of

2 inclusions. This phenomenon is more pronounced for the smaller 60 tumor was not taken into account. As discussed previously 3 inclusions which may be due to bulk displacement of the 61 related to Fig. 9 and Table II, the size of the tumor will confound 4 inclusion as the focal zone of the ARF excitation beam was 62 the DR change over time. While ARFI normalized PD was lower s around 10 mm. The discord in the contrast between ARFI- 63 than ST-HMI normalized P2PD in the tumor, especially on Day 6 derived images of 9 versus 36 kPa is higher than in ST-HMI 64 6, ST-HMI at 400 Hz achieved the highest contrast (Table II) 7 images (Fig. 7). The ARFI contrast was approximately 5 times 65 because normalized P2PD was higher than PD in the nearest 8 higher in 9 versus 36 kPa with 2.5 and 1.6 mm diameter whereas 66 non-cancerous tissue. Similar to phantoms, the CNR of ST-HMI 9 the maximum median ST-HMI contrast was 1.2-1.6 times higher 67 images was higher than ARFI and increased with frequency, 10 in 9 versus 36 kPa with the maximum difference for 2.5 mm 68 especially for the smaller tumor on Day 6. Note, the change in 11 diameter inclusion. It is reasonable to expect that the maximum 69 CNR with frequency was higher in the phantom (Fig. 8) than in 12 contrast of 36 kPa with 2.5 and 1.6 mm diameter inclusions will 70 the tumor. It may be due to the change in ROI in the tumor 13 increase if the ST-HMI data were collected at a frequency 71 (rectangle, Fig. 10) from the phantom (circle, Fig. 3) for CNR 14 beyond 1000 Hz. This is another advantage of using a multi- 72 calculation. As there is no background/non-cancerous tissue 15 frequency excitation pulse so that the contrast difference can be 73 concentric to the tumor, rectangle ROI was used. As the 16 reduced between softer versus stiffer or different sized 74 displacement is calculated "on-axis" to ARF, the boundary is 75 distorted more in the axial than lateral direction (Figs. 4 and 6). The diminished contrast at 100 or 200 Hz may not be due to 76 While the perceived detectability of the tumor was higher for 19 the minimal energy at those frequencies. As an example, while 77 larger the tumor, the CNR of the larger tumor was the lowest 20 the contrast of a 6.5 mm 36 kPa inclusion was maximum at 700 78 irrespective of methods. It may be due to either not having 21 Hz (Fig. 7), the peak-to-peak displacement (P2PD) was 0.17 and 79 enough non-cancerous tissue ROI for the CNR calculation or the 22 0.05 µm at the center of the inclusion for 100 and 700 Hz 80 tumor along with neighboring tissues becomes heterogeneous 23 respectively. Despite the lower displacement, the highest 81 over time. Future studies with histopathological validation will

91 will be minimal for comparing ARFI and ST-HMI images as the While delineating the true boundary of lesions is useful in 92 same ROI, correctly located in background and inclusion, was

112 inclusions, observed displacements are a combination of the 55 These results in the phantoms are very promising. However, 113 recovery and the reflected shear wave, which makes their

1 inclusion contrast i.e. stiffer inclusion may appear as a softer or 58 in phantom. These findings indicate the advantages of using a 2 vice versa [57]. Future studies will be conducted to perform a 59 multi-frequency excitation pulse to simultaneously generate 3 detailed comparison of ARFI-derived optimized displacement, 60 oscillation at several frequencies to better delineate inclusions or 4 multi-frequency ST-HMI-derived P2PD, and shear wave- 61 lesions. 5 derived group and phase velocity images in terms of CNR, 62 6 contrast, and resolution with or without the presence of motion 7 artifacts.

This feasibility study of generating multi-frequency oscillation 9 simultaneously using the proposed excitation pulse 66 mouse study and Niloufar Saharkhiz and Xiaoyue Li for the help in the 10 demonstrated very promising results. However, the study has 67 mouse experiments. 11 four main limitations. First, only two examples of the 68 12 combination of excitation and tracking pulses were 13 demonstrated. In theory, a different combination of discrete 70 14 excitation pulse numbers and the location of discrete pulses can 15 be used to generate 100-1000 Hz frequencies with varying 73 16 amplitude. We hypothesize that results will not vary 17 significantly depending on the excitation pulse number and $\frac{77}{78}$ location of the discrete pulse because the previous study showed 19 that results were similar for the same frequency with different 79 20 energy contents [43]. However, more experiments are needed to 21 validate the hypothesis. Second, P2PD was used as a relative 82 22 indicator of viscoelastic properties. In the future, filtered 23 displacement profiles at each frequency can be fit to a well-24 known rheological model to separate the contributions of 25 elasticity and viscosity [34], [35]. Future studies will also test 88 26 the feasibility of correcting attenuation between cancerous 27 versus healthy tissue using displacement at multiple frequencies. 91 28 Third, the mechanical anisotropy of tumors [72] was ignored. In 29 the future, the mechanical anisotropy will be assessed using 94 30 P2PD at each frequency generated using two orthogonal point 31 spread functions [49], [51], [73]. Fourth, there was no $_{32}$ demonstration of the proposed multi-frequency pulse in humans. 33 The translation of the proposed pulse in the clinics should be 100 34 straightforward as the previous work using single-frequency ST-35 HMI has shown strong promise in delineating breast masses in 103 $_{36}$ humans [43]. One potential challenge is to provide enough $\frac{104}{105}$ 37 energy at each frequency to exceed the noise floor, especially for 106 $_{38}$ deeper and stiffer tissue. One potential solution is to collect the $\frac{107}{108}$ 39 data in two steps as mentioned earlier. Future works will apply 109 $_{40}$ the proposed multi-frequency pulse for imaging tumor masses in $\frac{110}{111}$ 41 breast cancer patients. 112

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V. CONCLUSION

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In this study, the feasibility of generating ST-HMI-derived ¹¹⁶ 43 ⁴⁴ P2PD at multi-frequency was presented using an excitation pulse $\frac{11}{118}$ 45 composed of a sum of sinusoids with frequency from 100 to 119 $_{46}$ 1000 Hz. The performance of the proposed excitation pulse was $\frac{120}{121}$ 47 evaluated by imaging 16 different inclusions with varying 122 $_{48}$ stiffnesses and sizes and was compared to the ARFI imaging. $_{124}^{125}$ 49 The highest CNR and contrast were achieved at a frequency 125 50 dependent on the inclusion size and stiffness. The maximum $\frac{120}{127}$ 51 CNR and contrast achieved by ST-HMI were higher than ARFI 128 $_{52}$ irrespective of inclusion size and stiffness. The P2PD ratio is $\frac{129}{130}$ 53 highly correlated with Young's moduli irrespective of 131 $_{132}^{32}$ frequencies or sizes with the lowest RMSE overserved at 1000 $_{133}^{132}$ 55 Hz. The P2PD ratio of non-cancerous tissue over tumors ¹³⁴ $_{56}$ increased over time indicating stiffening of the tumor. ST-HMI $_{136}^{135}$ 57 was capable of detecting as small as 1.6 mm diameter inclusion 137

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REFERENCES

[1]	R. M. S. Sigrist, J. Liau, A. El Kaffas, M. C. Chammas, and J. K. Willmann, "Ultrasound Elastography: Review of Techniques and Clinical Applications,"
[2]	<i>Theranostics</i> , vol. 7, no. 5, pp. 1505–1529, 2017, doi: 10./150/thno.18650. S. K. Venkatesh <i>et al.</i> , "Magnetic resonance elastography: beyond liver fibrosis—a case-based pictorial review," <i>Abdom. Radiol.</i> , vol. 43, no. 7, pp. 1590–1611, Jul. 2018, doi: 10.1007/s00261-017-1383-1.
[3]	S. Wang and K. V. Larin, "Optical coherence elastography for tissue characterization: a review," <i>J. Biophotonics</i> , vol. 8, no. 4, pp. 279–302, Apr. 2015. doi: 10.1002/ibio.201400108.
[4]	A. Arani, A. Manduca, R. L. Ehman, and J. Huston Iii, "Harnessing brain waves: a review of brain magnetic resonance elastography for clinicians and scientists entering the field.," <i>Br. J. Radiol.</i> , vol. 94, no. 1119, p. 20200265, Mar. 2021, doi: 10.1259/bir.20200265.
[5]	G. Rus, I. H. Faris, J. Torres, A. Callejas, and J. Melchor, "Why Are Viscosity and Nonlinearity Bound to Make an Impact in Clinical Elastographic Diagnosis?," <i>Sensors</i> , vol. 20, no. 8, p. 2379, Apr. 2020, doi: 10.3390/s20082379.
[6]	H. Zhao et al., "Noninvasive assessment of liver fibrosis using ultrasound-based shear wave measurement and comparison to magnetic resonance elastography.," J. Ultrasound Med., vol. 33, no. 9, pp. 1597–1604, Sep. 2014, doi: 10.7863/ultra.33.9.1597.
[7]	J. H. Yoon <i>et al.</i> , "Hepatic fibrosis: prospective comparison of MR elastography and US shear-wave elastography for evaluation.," <i>Radiology</i> , vol. 273, no. 3, pp. 772–82, Dec. 2014, doi: 10.1148/radiol.14132000.
[8]	S. Sadeghi, CY. Lin, and D. H. Cortes, "Narrowband Shear Wave Generation Using Sinusoidally Modulated Acoustic Radiation Force," <i>IEEE Trans.</i> <i>Ultrason. Ferroelectr. Freq. Control</i> , vol. 66, no. 2, pp. 264–272, Feb. 2019, doi: 10.1109/TUFFC.2018.2884847.
[9]	J. R. Doherty, G. E. Trahey, K. R. Nightingale, and M. L. Palmeri, "Acoustic radiation force elasticity imaging in diagnostic ultrasound.," <i>IEEE Trans.</i> <i>Ultrason. Ferroelectr. Freq. Control</i> , vol. 60, no. 4, pp. 685–701, Apr. 2013, doi:10.1109/TUFFC.2013.2017
[10]	L. Sandrin <i>et al.</i> , "Transient elastography: a new noninvasive method for assessment of hepatic fibrosis.," <i>Ultrasound Med. Biol.</i> , vol. 29, no. 12, pp. 1705–1713 2003 doi:10.1016/j.ultrasmedhia.2003.07.001
[11]	D. H. Cortes, S. M. Suydam, K. G. Silbernagel, T. S. Buchanan, and D. M. Elliott, "Continuous Shear Wave Elastography: A New Method to Measure Viscoelastic Properties of Tendons in Vivo.," <i>Ultrasound Med. Biol.</i> , vol. 41, no. 6 np. 1518–29 Jun 2015 doi: 10.1016/j.ultrasmedbio.2015.02.001
[12]	H. Zhao <i>et al.</i> , "External vibration multi-directional ultrasound shearwave elastography (EVMUSE): application in liver fibrosis staging.," <i>IEEE Trans. Med. Imaging</i> , vol. 33, no. 11, pp. 2140–8, Nov. 2014, doi: 10.1109/TMI.2014.2332542.
[13]	J. Vappou, C. Maleke, and E. E. Konofagou, "Quantitative viscoelastic parameters measured by harmonic motion imaging," <i>Phys. Med. Biol.</i> , vol. 54, no. 11, pp. 3579–3594, Jun. 2009, doi: 10.1088/0031-9155/54/11/020.
[14]	S. Chen <i>et al.</i> , "Shearwave dispersion ultrasound vibrometry (SDUV) for measuring tissue elasticity and viscosity.," <i>IEEE Trans. Ultrason. Ferroelectr.</i> <i>Freq. Control</i> , vol. 56, no. 1, pp. 55–62, Jan. 2009, doi: 10.1109/TUFFC.2009.1005.
[15]	S. Sadeghi and D. H. Cortes, "Measurement of the shear modulus in thin-layered tissues using numerical simulations and shear wave elastography," <i>J. Mech. Behav. Biomed. Mater.</i> , vol. 102, no. September 2019, p. 103502, Feb. 2020, doi: 10.1016/i.imbbm.2019.103502.
[16]	Yi Zheng <i>et al.</i> , "Ultrasound vibrometry using orthogonal- frequency-based vibration pulses," <i>IEEE Trans. Ultrason. Ferroelectr. Freq. Control</i> , vol. 60, no. 11 np. 2359–2370, Nov. 2013. doi: 10.1109/TUEEC.2013.6644739
[17]	S. Catheline <i>et al.</i> , "Measurement of viscoelastic properties of homogeneous soft solid using transient elastography: An inverse problem approach," <i>J. Acoust.</i> Soc. <i>Am.</i> vol. 116, no. 6, pp. 3734–3741. Dec. 2004. doi:10.1121/1.1815075
[18]	S. Chen <i>et al.</i> , "Assessment of liver viscoelasticity by using shear waves induced by ultrasound radiation force.," <i>Radiology</i> , vol. 266, no. 3, pp. 964–70, Mar. 2013. doi: 10.1148/radiol.12120837
[19]	M. Bhatt <i>et al.</i> , "Reconstruction of Viscosity Maps in Ultrasound Shear Wave Elastography.," <i>IEEE Trans. Ultrason. Ferroelectr. Freq. Control</i> , vol. 66, no. 6, no. 6, no. 105–1075. Apr. 2019. doi: 10.1109/TUEEC.2019.2908550
[20]	P. Kijanka and M. W. Urban, "Local Phase Velocity Based Imaging: A New Technique Used for Ultrasound Shear Wave Elastography.," <i>IEEE Trans. Med.</i> <i>Imaging</i> , vol. 38, no. 4, pp. 894–908, Apr. 2019, doi: 10.1109/TMI.2018.2874545.

E. Budelli et al., "A diffraction correction for storage and loss moduli imaging 88

using radiation force based elastography.," *Phys. Med. Biol.*, vol. 62, no. 1, pp. 89
91–106, 2017, doi: 10.1088/1361-6560/62/1/91.
4 [22] K. Nightingale *et al.*, "Derivation and analysis of viscoelastic properties in 91
human liver: Impact of frequency on fibrosis and steatosis staging," *IEEE Trans.* 92 [45] *Ultrason. Ferroelectr. Freq. Control*, vol. 62, no. 1, pp. 165–175, 2015, doi: 93

 7
 10.1109/TUFFC.2014.006653.
 94

 8 [23]
 S. L. Lipman, N. C. Rouze, M. L. Palmeri, and K. R. Nightingale, "Impact of 95 [46]
 95

 9
 Acoustic Radiation Force Excitation Geometry on Shear Wave Dispersion and 96
 96

 10
 Attenuation Estimates," Ultrasound Med. Biol., no. 2016, Feb. 2018, doi: 97

 10
 10.1016/j.ultrasmedbio.2017.12.019.
 98

 12 [24]
 M. W. Urban, B. Qiang, P. Song, I. Z. Nenadic, S. Chen, and J. F. Greenleaf, 99 [47]

"Investigation of the effects of myocardial anisotropy for shear wave 100
 elastography using impulsive force and harmonic vibration," *Phys. Med. Biol.*, 101
 vol. 61, no. 1, pp. 365–382, Jan. 2016, doi: 10.1088/0031-9155/61/1/365.

P. Kijanka and M. W. Urban, "Local Phase Velocity Based Imaging (LPVI) of 103
Viscoelastic Phantoms and Tissues," *IEEE Trans. Ultrason. Ferroelectr. Freq.* 104 [48] *Control*, vol. 3010, no. c, pp. 1–1, 2020, doi: 10.1109/TUFFC.2020.2968147. 105

K. Nightingale, M. S. Soo, R. Nightingale, and G. Trahey, "Acoustic radiation 106
force impulse imaging: in vivo demonstration of clinical feasibility.," 107
Ultrasound Med. Biol., vol. 28, no. 2, pp. 227–35, Feb. 2002, Accessed: Dec. 07, 108 [49]
2014. [Online]. Available: http://www.ncbi.nlm.nih.gov/pubmed/11937286. 109

23 [27] M. M. Hossain *et al.*, "Viscoelastic Response Ultrasound Detects Changes in 110
 24 Degree of Mechanical Anisotropy with Renal Fibrosis in Pig Model," in 2019 111
 25 *IEEE International Ultrasonics Symposium (IUS)*, Oct. 2019, vol. 2019-Octob, 112
 26 pp. 415–418, doi: 10.1109/ULTSYM.2019.8925733. 113 [50]

[26] [27] [28] E. E. Konofagou and K. Hynynen, "Localized harmonic motion imaging: 114
 [28] Theory, simulations and experiments," *Ultrasound Med. Biol.*, vol. 29, no. 10, 115
 [29] pp. 1405–1413, 2003, doi: 10.1016/S0301-5629(03)00953-0.
 [16] [51]

M. R. Selzo, C. J. Moore, M. M. Hossain, M. L. Palmeri, and C. M. Gallippi, 117
"On the Quantitative Potential of Viscoelastic Response (VisR) Ultrasound 118
Using the One-Dimensional Mass-Spring-Damper Model.," *IEEE Trans.* 119
Ultrason. Ferroelectr. Freq. Control, vol. 63, no. 9, pp. 1276–87, 2016, doi: 120
10.1109/TUFFC.2016.2539323. 121 [52]

P. J. Hollender, S. J. Rosenzweig, K. R. Nightingale, and G. E. Trahey, "Single-122
and Multiple-Track-Location Shear Wave and Acoustic Radiation Force Impulse 123
Imaging: Matched Comparison of Contrast, Contrast-to-Noise Ratio and 124 [53]
Resolution," Ultrasound Med. Biol., vol. 41, no. 4, pp. 1043–1057, 2015, doi: 125
10.1016/j.ultrasmedbio.2014.11.006.

 40 [31]
 S. S. Leong et al., "Stiffness and Anisotropy Effect on Shear Wave Elastography: 127

 41
 A Phantom and in Vivo Renal Study," Ultrasound Med. Biol., vol. 00, no. 00, 128 [54]

 42
 pp. 1–12, Oct. 2019, doi: 10.1016/j.ultrasmedbio.2019.08.011.
 129

43 [32] Y. S. Cho, S. Lim, Y. Kim, T. Y. Kim, W. K. Jeong, and J. H. Sohn, "Abdominal 130
44 Wall Thickness Affects Liver Stiffness Measurements by 2-D Shear Wave 131
45 Elastography in Patients with Chronic Liver Disease," *Ultrasound Med. Biol.*, 132 [55]
46 vol. 00, no. 00, pp. 1–7, Jul. 2019, doi: 10.1016/j.ultrasmedbio.2019.06.415. 133

 46
 vol. 00, no. 00, pp. 1–7, Jul. 2019, doi: 10.1016/j.ultrasmedbio.2019.06.415.
 133

 47 [33]
 X. Zhao and A. a. Pelegri, "Dynamic Simulation of Viscoelastic Soft Tissue in 134
 134

 48
 Acoustic Radiation Force Creep Imaging," J. Biomech. Eng., vol. 136, no. 9, p. 135

49094502, 2014, doi: 10.1115/1.4027934.136 [56]50 [34]M. M. Hossain and C. M. Gallippi, "Viscoelastic Response Ultrasound Derived13751Relative Elasticity and Relative Viscosity Reflect True Elasticity and Viscosity:138

 52
 In Silico and Experimental Demonstration.," IEEE Trans. Ultrason. Ferroelectr.
 139

 53
 Freq. Control, vol. 67, no. 6, pp. 1102–1117, 2020, doi: 140 [57]
 141

 54
 10.1109/TUFFC.2019.2962789.
 141

 55 [35]
 F. Viola and W. F. Walker, "Radiation force imaging of viscoelastic properties 142

 56
 with reduced artifacts.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 143 [58]

 57
 50, no. 6, pp. 736–42, Jun. 2003, Accessed: Aug. 28, 2016. [Online]. Available: 144

 58
 http://www.ncbi.nlm.nih.gov/pubmed/10870702.
 145

M. Fatemi and J. F. Greenleaf, "Vibro-acoustography: An imaging modality 146 [59]
based on ultrasound-stimulated acoustic emission," *Proc. Natl. Acad. Sci.*, vol. 147
96, no. 12, pp. 6603–6608, 1999, doi: 10.1073/pnas.96.12.6603.

M. W. Urban, M. Fatemi, and J. F. Greenleaf, "Modulation of ultrasound to 149
 produce multifrequency radiation force.," *J. Acoust. Soc. Am.*, vol. 127, no. 3, 150 [60]
 pp. 1228–38, Mar. 2010, doi: 10.1121/1.3294487.

 64
 pp. 1228–38, Mar. 2010, doi: 10.1121/1.3294487.
 151

 65
 JS
 T. Payen *et al.*, "Elasticity mapping of murine abdominal organs in vivo using 152

 66
 harmonic motion imaging (HMI)," *Phys. Med. Biol.*, vol. 61, no. 15, pp. 5741–153

 67
 5754, Aug. 2016, doi: 10.1088/0031-9155/61/15/5741.

 68 [39]
 T. Payen et al., "Harmonic Motion Imaging of Pancreatic Tumor Stiffness 155

 69
 Indicates Disease State and Treatment Response," Clin. Cancer Res., vol. 26, no. 156

 70
 6, pp. 1297–1308, Mar. 2020, doi: 10.1158/1078-0432.CCR-18-3669.
 157 [62]

71 [40] C. Wu *et al.*, "Assessing Age-Related Changes in the Biomechanical Properties 158
72 of Rabbit Lens Using a Coaligned Ultrasound and Optical Coherence 159
73 Elastography System," *Invest. Ophthalmol. Vis. Sci.*, vol. 56, no. 2, pp. 1292– 160
74 1300, Feb. 2015, doi: 10.1167/iovs.14-15654. 161 [63]

Y. Han, S. Wang, T. Payen, and E. Konofagou, "Fast lesion mapping during 162
HIFU treatment using harmonic motion imaging guided focused ultrasound 163
(HMIgFUS) in vitro and in vivo," *Phys. Med. Biol.*, vol. 62, no. 8, pp. 3111–164
3123, Apr. 2017, doi: 10.1088/1361-6560/aa6024.

J. Grondin, T. Payen, S. Wang, and E. E. Konofagou, "Real-time Monitoring of 166
High Intensity Focused Ultrasound (HIFU) Ablation of In Vitro Canine Livers 167
Using Harmonic Motion Imaging for Focused Ultrasound (HMIFU).," *J. Vis.* 168 *Exp.*, vol. 2015, no. 105, p. e53050, Nov. 2015, doi: 10.3791/53050. 169 [65]

M. M. Hossain, N. Saharkhiz, and E. E. Konofagou, "Feasibility of Harmonic 170
Motion Imaging Using a Single Transducer: In Vivo Imaging of Breast Cancer 171
in a Mouse Model and Human Subjects," *IEEE Trans. Med. Imaging*, vol. 40, 172
no. 5, pp. 1390–1404, May 2021, doi: 10.1109/TMI.2021.3055779. 173 [66]

87 [44] M. M. Hossain, N. Saharkhiz, and E. E. Konofagou, "In Vivo Demonstration of 174

Single Transducer Harmonic Motion Imaging (ST-HMI) in a Breast Cancer Mouse Model and Breast Cancer Patients," in 2020 IEEE International Ultrasonics Symposium (IUS), Sep. 2020, vol. 2020-Septe, pp. 1–4, doi: 10.1109/IUS46767.2020.9251522.

J. A. Jensen, D.- Lyngby, P. Medical, B. Engineering, and I. Technology, "Field: A Program for Simulating Ultrasound Systems," in *10th Nordic-Baltic Conference on Biomedical Imaging*, 1996, vol. 34, pp. 351–353. J. A. Jensen and N. B. Svendsen, "Calculation of pressure fields from arbitrarily

J. A. Jensen and N. B. Svendsen, "Calculation of pressure fields from arbitrarily shaped, apodized, and excited ultrasound transducers.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 39, no. 2, pp. 262–7, Jan. 1992, doi: 10.1109/58.139123.

M. L. Palmeri, A. C. Sharma, R. R. Bouchard, R. W. Nightingale, and K. R. Nightingale, "A finite-element method model of soft tissue response to impulsive acoustic radiation force.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 52, no. 10, pp. 1699–712, Oct. 2005, doi: 10.1109/TUFFC.2005.1561624.

M. L. Palmeri, S. a. McAleavey, G. E. Trahey, and K. R. Nightingale, "Ultrasonic tracking of acoustic radiation force-induced displacements in homogeneous media," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 53, no. 7, pp. 1300–1313, 2006, doi: 10.1109/TUFFC.2006.1665078.

M. M. Hossain and C. M. Gallippi, "Electronic Point Spread Function Rotation Using a Three-Row Transducer for ARFI-Based Elastic Anisotropy Assessment: In Silico and Experimental Demonstration.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 68, no. 3, pp. 632–646, Mar. 2021, doi: 10.1109/TUFFC.2020.3019002.

G. F. Pinton, J. J. Dahl, and G. E. Trahey, "Rapid tracking of small displacements with ultrasound.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 53, no. 6, pp. 1103–17, Jun. 2006, doi: 10.1109/ULTSYM.2005.1603285.

M. M. Hossain *et al.*, "Mechanical Anisotropy Assessment in Kidney Cortex Using ARFI Peak Displacement: Preclinical Validation and Pilot In Vivo Clinical Results in Kidney Allografis.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 66, no. 3, pp. 551–562, Mar. 2019, doi: 10.1109/TUFFC.2018.2865203.

M. M. Hossain *et al.*, "Evaluating Renal Transplant Status Using Viscoelastic Response (VisR) Ultrasound.," *Ultrasound Med. Biol.*, vol. 44, no. 8, pp. 1573– 1584, May 2018, doi: 10.1016/j.ultrasmedbio.2018.03.016.

K. A. Skalina, S. Singh, C. G. Chavez, F. Macian, and C. Guha, "Low Intensity Focused Ultrasound (LOFU)-mediated Acoustic Immune Priming and Ablative Radiation Therapy for in situ Tumor Vaccines.," *Sci. Rep.*, vol. 9, no. 1, p. 15516, 2019, doi: 10.1038/s41598-019-51332-4.

T. Savage, S. Pandey, and C. Guha, "Postablation Modulation after Single High-Dose Radiation Therapy Improves Tumor Control via Enhanced Immunomodulation," *Clin. Cancer Res.*, vol. 26, no. 4, pp. 910–921, Feb. 2020, doi: 10.1158/1078-0432.CCR-18-3518.

G. Montaldo, M. Tanter, J. Bercoff, N. Benech, and M. Fink, "Coherent planewave compounding for very high frame rate ultrasonography and transient elastography.," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 56, no. 3, pp. 489–506, Mar. 2009, doi: 10.1109/TUFFC.2009.1067.

D. M. Giannantonio, D. M. Dumont, G. E. Trahey, and B. C. Byram, "Comparison of physiological motion filters for in vivo cardiac ARFL," *Ultrason. Imaging*, vol. 33, no. 2, pp. 89–108, Apr. 2011, doi: 10.1177/016173461103300201.

K. Nightingale, M. Palmeri, and G. Trahey, "Analysis of contrast in images generated with transient acoustic radiation force.," *Ultrasound Med. Biol.*, vol. 32, no. 1, pp. 61–72, Jan. 2006, doi: 10.1016/j.ultrasmedbio.2005.08.008.

N. Saharkhiz et al., "Harmonic motion imaging of human breast masses: an in vivo clinical feasibility.," *Sci. Rep.*, vol. 10, no. 1, p. 15254, Sep. 2020, doi: 10.1038/s41598-020-71960-5.

J. Bercoff, M. Tanter, and M. Fink, "Supersonic shear imaging: a new technique for soft tissue elasticity mapping," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 51, no. 4, pp. 396–409, Apr. 2004, doi: 10.1109/TUFFC.2004.1295425.

K. Nightingale, S. McAleavey, and G. Trahey, "Shear-wave generation using acoustic radiation force: in vivo and ex vivo results.," *Ultrasound Med. Biol.*, vol. 29, no. 12, pp. 1715–1723, Dec. 2003, doi: 10.1016/j.ultrasmedbio.2003.08.008.

M. W. Urban, S. Chen, and M. Fatemi, "A Review of Shearwave Dispersion Ultrasound Vibrometry (SDUV) and its Applications," *Curr. Med. Imaging Rev.*, vol. 8, no. 1, pp. 27–36, Feb. 2012, doi: 10.2174/157340512799220625.

D. Y. Chan, D. Cody Morris, T. J. Polascik, M. L. Palmeri, and K. R. Nightingale, "Deep Convolutional Neural Networks for Displacement Estimation in ARFI Imaging," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 3010, no. c, pp. 1–1, 2021, doi: 10.1109/TUFFC.2021.3068377.

M. Ashikuzzaman and H. Rivaz, "Second-Order Ultrasound Elastography With L 1-Norm Spatial Regularization," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 69, no. 3, pp. 1008–1019, Mar. 2022, doi: 10.1109/TUFFC.2022.3141686.

R. Al Mukaddim, N. H. Meshram, and T. Varghese, "Locally optimized correlation-guided Bayesian adaptive regularization for ultrasound strain imaging," *Phys. Med. Biol.*, vol. 65, no. 6, p. 065008, Mar. 2020, doi: 10.1088/1361-6560/ab735f.

M. Mirzaei, A. Asif, and H. Rivaz, "Combining Total Variation Regularization with Window-Based Time Delay Estimation in Ultrasound Elastography," *IEEE Trans. Med. Imaging*, vol. 38, no. 12, pp. 2744–2754, Dec. 2019, doi: 10.1109/TMI.2019.2913194.

S. a. McAleavey, K. R. Nightingale, and G. E. Trahey, "Estimates of echo correlation and measurement bias in acoustic radiation force impulse imaging.,"

1 [21]

- IEEE Trans. Ultrason. Ferroelectr. Freq. Control, vol. 50, no. 6, pp. 631–41, Jun. 2003, doi: 10.1109/tuffc.2003.1209550.
- P. Song, H. Zhao, A. Manduca, M. W. Urban, J. F. Greenleaf, and S. Chen,
 "Comb-Push Ultrasound Shear Elastography (CUSE): A Novel Method for
 Two-Dimensional Shear Elasticity Imaging of Soft Tissues," *IEEE Trans. Med. Imaging*, vol. 31, no. 9, pp. 1821–1832, Sep. 2012, doi:
 10.1109/TMI.2012.2205586.
- 8 [68] T. J. Czernuszewicz *et al.*, "Performance of acoustic radiation force impulse
 9 ultrasound imaging for carotid plaque characterization with histologic
 10 validation," *J. Vasc. Surg.*, vol. 66, no. 6, pp. 1749-1757.e3, Dec. 2017, doi:
 11 10.1016/j.jvs.2017.04.043.
- M. M. Hossain and C. M. Gallippi, "Quantitative Estimation of Mechanical Anisotropy using Acoustic Radiation Force (ARF)-Induced Peak Displacements (PD): In Silico and Experimental Demonstration.," *IEEE Trans. Med. Imaging*, vol. PP, no. X, pp. 1–14, Jan. 2022, doi: 10.1109/TMI.2022.3141084.
- 16 [70] J. R. Doherty *et al.*, "Comparison of Acoustic Radiation Force Impulse Imaging
 Derived Carotid Plaque Stiffness With Spatially Registered MRI Determined
 Composition.," *IEEE Trans. Med. Imaging*, vol. 34, no. 11, pp. 2354–65, Nov.
 2015, doi: 10.1109/TMI.2015.2432797.
- D. C. Morris *et al.*, "Multiparametric Ultrasound for Targeting Prostate Cancer:
 Combining ARFI, SWEI, QUS and B-Mode," *Ultrasound Med. Biol.*, vol. 81, no. 1, pp. e89–e92, Sep. 2020, doi: 10.1016/j.ultrasmedbio.2020.08.022.
- [72] K. Skerl, S. Vinnicombe, K. Thomson, D. McLean, E. Giannotti, and A. Evans,
 "Anisotropy of Solid Breast Lesions in 2D Shear Wave Elastography is an
 Indicator of Malignancy," *Acad. Radiol.*, vol. 23, no. 1, pp. 53–61, Jan. 2016,
 doi: 10.1016/j.acra.2015.09.016.
- M. Hossain, C. J. Moore, and C. M. Gallippi, "Acoustic Radiation Force
 Impulse-Induced Peak Displacements Reflect Degree of Anisotropy in
 Transversely Isotropic Elastic Materials," *IEEE Trans. Ultrason. Ferroelectr. Freq. Control*, vol. 64, no. 6, pp. 989–1001, Jun. 2017, doi:
 10.1109/TUFFC.2017.2690223.

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