

## General Information

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# Illustrative Visualization

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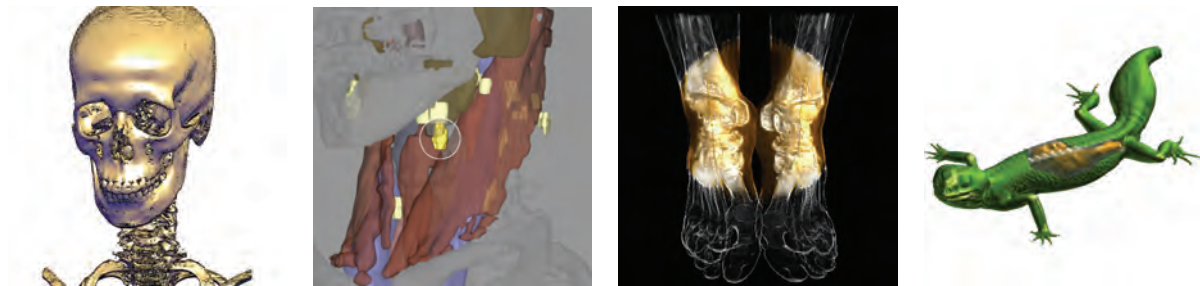
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## Abstract

The tutorial presents state-of-the-art visualization techniques inspired by traditional technical and medical illustrations. Such techniques exploit the perception of the human visual system and provide effective visual abstractions to make the visualization clearly understandable. Visual emphasis and abstraction has been used for expressive presentation from prehistoric paintings to nowadays scientific and medical illustrations. Many of the expressive techniques used in art are adopted in computer graphics, and are denoted as illustrative or non-photorealistic rendering. Different stroke techniques, or brush properties express a particular level of abstraction. Feature emphasis or feature suppression is achieved by combining different abstraction levels in illustrative rendering.

Challenges in visualization research are very large data visualization as well as multi-dimensional data visualization. To effectively convey the most important visual information there is a significant need for visual abstraction. For less relevant information the dedicated image space is reduced to enhance more prominent features. The discussed techniques in the context of scientific visualization are based on iso-surfaces and volume rendering. Apart from visual abstraction, i.e., illustrative representation, the visibility of prominent features can be achieved by illustrative visualization techniques such as cut-away views or ghosted views. The structures that occlude the most prominent information are suppressed in order to clearly see more interesting parts. Another smart way to provide information on the data is using exploded views or other types of deformation.

Illustrative visualization is demonstrated via application-specific tasks in medical visualization. An important aspect as compared to traditional medical illustrations is the interactivity and real-time manipulation of the acquired patient data. This can be very useful in anatomy education. Another application area is surgical planning which is demonstrated with two case studies: neck dissection and liver surgery planning.

**Keywords:** technical illustration, medical illustration, visualization, visual abstraction

Categories and Subject Descriptors (according to ACM CCS): I.3.3 [Computer Graphics]: Viewing algorithms, I.3.3 [Computer Graphics]: Picture/Image Generation

### Prerequisites

The tutorial assumes basic knowledge in scientific visualization algorithms and non-photorealistic rendering techniques. Any knowledge of illustration techniques for science and medicine may be helpful but is not required. In general the level of the tutorial can be considered as beginning.

### Intended Audience

Intended audience consists of domain experts like medical doctors and biologists, visualization researchers, programmers, illustrators, and others interested in techniques for meaningful depictions of the data and its applicability to current visualization challenges.

### Schedule

The tutorial is planned as a half day tutorial. The talks are grouped into three main parts: Introduction, Illustrative Techniques in Visualization, and Applications in Medical Visualization. In the second part a coffee break is planned (30 minutes). A more detailed schedule including speaker's name and talk length is given in the following table:

<i>Introduction</i>		
M. E. Gröller	Introduction of Speakers and Topics	10 min
K. Bühler	Human Visual Perception and Illustrative Aspects of Art	30 min
D. Ebert	Illustrative and Non-Photorealistic Rendering	20 min
<i>Illustrative Techniques in Visualization</i>		
M. Hadwiger	Illustrative Visualization for Isosurfaces and Volumes	30 min
I. Viola	Smart Visibility in Visualization	30 min
<i>Applications in Medical Visualization</i>		
D. Ebert	Interactive Volume Illustration for Medical and Surgical Training	20 min
B. Preim	Illustrative Visualization for Surgical Planning	30 min
<i>Closing Remarks and Discussion</i>		
All	Discussion	10 min

### Outline

The tutorial is divided into the following talks:

**K. Bühler: Human Visual Perception and Illustrative Aspects of Art** employs a survey on the history of technical, scientific and medical illustrations as motivation to demonstrate how artists and graphic designers developed the ability to encode complex information within a single graphic representation. We start with an overview on physiological and psychological aspects of human perception, and their manifestation in common illustration techniques and design principles. This will include an introduction to commonly used materials, and basic artistic elements like points, lines, continuous tone and colour. A discussion on the use of perspective, focus, selective enhancement, transparency and abstraction will lead us to advanced design principles that aim at representing multi layered information using e.g. focus and context, cut-away views, exploded views, and the combination of realism and abstraction. Weighing up advantages and limitations of "hand made" scientific illustrations will link up with the following chapters that introduce and discuss the art of illustrative rendering.

**D. Ebert: Illustrative and Non-Photorealistic Rendering** introduces a category of rendering techniques that simulate a style of a particular artistic painting or illustration technique. In contrast to traditional photorealistic rendering, the category of illustrative or non-photorealistic rendering (NPR) exploits artistic abstraction to express the prominence of rendered objects. We describe general NPR principles and discuss several NPR categories defined by material basis (ink, charcoal, paint) or stroke simulation (brushes, hatching, stippling). Furthermore we show how to use illustrative rendering techniques as visual abstraction levels for form and shape emphasis. Finally we describe how to focus the viewer's attention by varying detail of painterly rendering according to the distance from the focus.

**M. Hadwiger: Illustrative Visualization of Isosurfaces and Volumes** describes visualization techniques for rendering isosurfaces with a variety of different shape cues and illustrative techniques such as pen-and-ink style rendering, focusing on styles that use or depict surface curvature information, such as rendering ridge and valley lines, and hatching. In addition to techniques operating on meshes, we illustrate how non-polygonal isosurfaces that are extracted on-the-fly can be annotated with shape cues based on implicit surface curvature. We illustrate a GPU-based rendering pipeline for high-quality rendering of isosurfaces with real-time curvature computation and shading.

After describing surface-based illustration styles we continue with full volume rendering. We show that segmentation information is an especially powerful tool for depicting the objects contained in medical data sets in varying styles. A combination of non-photorealistic styles with standard direct volume rendering is a very effective means for separating focus from context objects or regions. We describe the concept of two-level volume rendering that integrates different rendering modes and compositing types by using segmented data and per-object attributes.

**I. Viola: Smart Visibility in Visualization** first discusses techniques that modify the visual representation of the data by incorporating viewpoint information to provide maximal visual information. In illustration such techniques are called cut-away views or ghosted views. We discuss basic principles and techniques for automatic generation of cut-away and ghosted visualizations. One approach is importance-driven feature enhancement, where the visibility of a particular feature is determined according to assigned importance information. The most appropriate level of abstraction is specified automatically to unveil the most important information. We show the applicability of smart visibility techniques for the visualization of complex dynamical systems, visualization of peripheral arteries, and visualization of the human abdomen.

The second category of smart visibility techniques are based on object deformation and object splitting. These techniques are closely related to exploded views, often used for assembly instructions. We discuss visualization techniques that separate context information to unveil the inner focus information by splitting the context into parts and moving them apart. Another visualization technique enables browsing within the data by applying deformations like leafing, peeling, or spreading. In the case of time-varying data we present another visualization technique which is related to exploded views and is denoted as fanning in time.

**D. Ebert: Interactive Volume Illustration for Medical and Surgical Training** shows the applicability of illustrative visualization in medical visualization. A system for surgical simulation and anatomy education is presented. We point out that the design of an effective illustrative presentation style is application-specific, i.e., there are different criteria for training and for education purposes. The presentation of information is highly dependent on the level of user expertise. We treat interactive illustrative visualization for anatomical education and temporal bone surgical planning.

**Illustrative Visualization for Surgical Planning** explains how illustrative visualization can significantly improve the spatial perception of feature arrangement for surgical planning and education training. Both discussed applications, i.e., the liver surgical training system and the neck dissection planning, are based on a database of clinical data. In these specific visualization tasks there are many overlapping interesting features. We present how a suitable selection of visual abstractions, such as a combination of silhouette, surface, and volume rendering or cut-away illustrative techniques, can make the visualization clearly understandable.

Apart from educational aspects, both applications use visualization and interaction techniques to support surgical decisions. The liver surgery planning system is designed for interactive resection planning. The neck dissection planning system is designed for interactive path-planning for minimal invasive interventions.

## Presenter's Background

**Ivan Viola** graduated in 2002 from the Vienna University of Technology, Austria, as a Dipl.-Ing. (MSc) in the field of computer graphics and visualization. Since then he is a PhD student and research associate in the ADAPT research project in the field of medical visualization and real-time volume visualization. He has co-authored several scientific works published on international conferences such as IEEE Visualization, EuroVis, and Vision Modeling and Visualization and acted as a reviewer for conferences in the field of computer graphics and visualization. His research interests are efficient visualization in terms of quality, performance, and visual information.

**Meister E. Gröller** is associate professor at the Institute of Computer Graphics and Algorithms (ICGA), Vienna University of Technology. In 1993 he received his PhD from the same university. His research interests include computer graphics, flow visualization, volume visualization, and medical visualization. He is heading the visualization group at ICGA. The group performs basic and applied research projects in the area of scientific visualization. Dr. Gröller has given lecture series on scientific visualization at various other universities (Tübingen, Graz, Praha, Bahia Blanca, Magdeburg). He is a scientific proponent and member of the Scientific Advisory Committee of the VRVis Kplus center of excellence. The center performs applied research



in virtual reality and visualization. Dr. Gröller co-authored more than 100 scientific publications and acted as a reviewer for numerous conferences and journals in the field. He also serves on various program and paper committees. Examples include Computers&Graphics, IEEE Transactions on Visualization and Graphics, EuroVis, IEEE Visualization conference, Eurographics conference. He is head of the working group on computer graphics of the Austrian Computer Society and member of IEEE Computer Society, ACM (Association of Computing Machinery), GI (Gesellschaft für Informatik), OCG (Austrian Computer Society).

**Markus Hadwiger** is a senior researcher in the Medical Visualization department at the VRVis Research Center in Vienna, Austria. He received a PhD degree in computer science from the Vienna University of Technology in 2004, concentrating on high-quality real-time volume rendering and texture filtering with graphics hardware. Results on rendering segmented volumes and non-photorealistic volume rendering have been presented at IEEE Visualization 2003. He is regularly teaching courses and seminars on computer graphics, visualization, and game programming, including two courses at the annual SIGGRAPH conference, and two tutorials at IEEE Visualization. Before concentrating on scientific visualization, he was working in the area of computer games and interactive entertainment.

**Katja Bühler** is head of the Medical Visualization department at VRVis Research Center for Virtual Reality and Visualization and external lecturer for medical visualization at the Vienna University of Technology in Vienna, Austria. Her current research topics are motivated by real world applications in the medical field and focus mainly on techniques for computer aided diagnosis and surgery simulation, including specialized solution for segmentation and visualization. She studied Mathematics with focus on Geometry, Numerics and Computer Science at the University of Karlsruhe, Germany and received her diploma in pure Mathematics in 1996. In 2001 she received a PhD in computer science from the Institute of Computer Graphics and Algorithms, Vienna University of Technology for her work on reliable geometry processing. Katja Bühler has worked as researcher at the Institute for Applied Mathematics, University of Karlsruhe, Germany and the Center of Computer Graphics and Applied Geometry, Universidad Central de Venezuela, Caracas, Venezuela. She became assistant professor at the Institute of Computer Graphics and Algorithms, Vienna University of Technology in 1998 and was teaching courses in computer graphics, algorithms and data structures, and programming. In 2002 she joined the medical visualization group at VRVis as senior researcher and became key researcher in 2003.

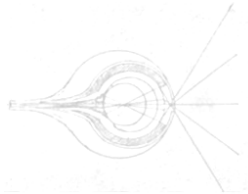
**Bernhard Preim** worked for four years as project leader Surgery planning at the Center for Medical Visualization and Diagnostic Systems (MeVis Bremen, Germany) before he was appointed as full professor for visualization at the computer science department at the Otto-von-Guericke-University of Magdeburg, Germany. His research group focusses on medical visualization and specific applications in surgical education and surgery planning. He is speaker of the working group Medical Visualization in the German Society for Computer Science. He is member of the scientific advisory boards of ICCAS (International Competence Center on Computer-Assisted Surgery Leipzig, since 2003) and CURAC (German Society for Computer- and Roboter-assisted Surgery, since 2004) and Visiting Professor at the University of Bremen. He is author and co-author of more than 80 publications, most of them dealing with interactive visualizations in medical applications. His research interests include 3D interaction techniques, visualization techniques for medical volume data (visualization of vasculature, transfer function design, illustrative medical visualization) and computer support for medical diagnosis and treatment planning, in particular neck dissection planning and liver surgery planning.

**David Ebert** is an Associate Professor in the School of Electrical and Computer Engineering at Purdue University. His research interests are scientific, medical, and information visualization, computer graphics, animation, and procedural techniques. Dr. Ebert performs research in volume rendering, illustrative visualization, realistic rendering, procedural texturing, modeling, and animation, and modeling natural phenomena. Ebert has been very active in the graphics community, teaching courses, presenting papers, serving on and co-chairing many conference program committees, serving on the ACM SIGGRAPH Executive Committee and serving as Editor in Chief for IEEE Transactions on Visualization and Computer Graphics. Ebert is also editor and co-author of the seminal text on procedural techniques in computer graphics, *Texturing and Modeling: A Procedural Approach*, whose third edition was published in December 2003.

# **Human Visual Perception and Illustrative Aspects of Art**

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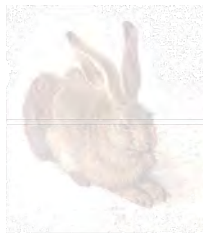
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# Illustrative Visualization

Human Visual Perception and Illustrative Aspects of Art

(Long Version – Tutorial Notes)



Katja Bühler  
VRVis Research Center, Vienna



## Abstract



In this introductory part of the tutorial, we will employ a survey on the history of technical, scientific and medical illustrations as motivation to demonstrate how artists and graphic designers developed the ability to encode complex information within a single graphic representation.

We start with an overview on physiological and psychological aspects of human perception, and their manifestation in common illustration techniques and design principles. This will include an introduction to commonly used materials, and basic artistic elements like points, lines, continuous tone and colour.

A discussion on the use of perspective, focus, selective enhancement, transparency and abstraction will lead us to advanced design principles that aim at representing multi layered information using e.g. focus and context, cut-away views and the combination of realism and abstraction. Weighing up advantages and limitations of "hand made" scientific illustrations will link up with the following chapters that introduce and discuss the art of illustrative rendering.



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## Overview



- Motivation
- Part 1: Drawings
  - Media
  - Elements
  - Masterpieces
- Part 2: Scientific Illustrations
  - Development of Scientific Illustrations
- Towards interactive 3D illustrations....



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## Motivation



### Illustrative Visualization?

“An Illustration is a visualisation such as drawing, painting, photograph or other work of art that stresses subject more than form.

The aim of an Illustration is to elucidate or decorate a story, poem or piece of textual information (such as a newspaper article) by providing a visual representation of something described in the text. “

(Wikipedia)



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## Part 1 Drawings



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Eugene Delacroix; Study for "The Death of Sardanapalus" 1827-28; Pastel with chalk over wash on paper; Art Institute of Chicago. (WebMuseum)

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## Drawings



- "Mother" of all illustrations
- Drawings can be
  - a subjective image of the experienced world
    - e.g. by children
    - Stand-alone work of art
  - a sketch
    - "fast visual note"
    - study for final work
  - **a media to transmit complex information in a compact way (Illustration)**



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## Drawings



- History
  - Drawing and painting is part of civilization since prehistoric times.
  - General availability of paper made drawing popular since 15th century
    - Drawings changed from pure sketches to independent art pieces
  - Printing/Reproduction techniques
    - allowed mass production of drawings



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## Drawing - Material



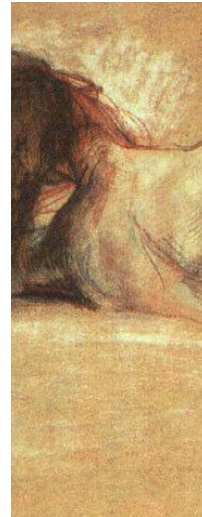
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## Media – Pencils, Caryons and Sticks



- Group of friable media
- Thin drawing media
  - Graphite, Crayon / pencil
  - Lead and silver pencil
  - Color pencils
- Broad drawing media
  - Charcoal
  - Chalk
    - Natural: white, black, red chalk
    - Artificial/Mixed: pastel, oil chalk



Gustave Courbet: *Portrait of Juliette Courbet as a Sleeping Child* 1841; Graphite on paper; Musee d'Orsay. (WebMuseum)  
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Eugene Delacroix: *Study for "The Death of Sardanapalus"* 1827-28; Pastel with chalk over wash on paper; Art Institute of Chicago. (WebMuseum)

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## Media - Pigments



- Ink
  - Natural (Indian ink, Sepia, coloured ink,...)
  - Artificial
- Carbon dust
- For coloring:
  - Aquarell, Acrylics, Gouache,...



Peter Paul Rubens 1577-1640 : *St. George Slaying the Dragon*  
Pen with brown ink and brown wash; Louvre (WebMuseum)



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## Media – Transferring instruments

- Pens
  - Reed (Rohr)
    - Oldest known
  - Bird (~12th century)
  - Metal (begin 19th century)
  - Technical Pens
- Brushes



Johann Füssli (1741-1825) ; *Perseus Returning the Eye of the Grail*. Pen. City Art Gallery at Birmingham, England (WebMuseum)



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## Support

- The combination of support and media
  - highly influences the character of the final drawing
  - has to be appropriate to get best possible results
- Support
  - Stone, Bone, Metal, ....
  - Papyrus, Pergament, Wood, ...
  - Paper, Cardboard
    - Silk, plant fibers, ....
    - natural, bleached, colored, ....
    - Smooth, absorbing, structured, ...



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## Reproduction techniques

- Basic techniques (one color)
  - Relief printing
    - Woodcut (Europe, ~12th century)
    - Lithography (1798)
    - Relief halftone (1880)
  - Gravure / engraving
    - Etching (~1630)
    - Copperplate engraving (1523)
    - Mezzotint (1642)
    - Wood engraving (~1780)
- Colored illustrations
  - Hand coloring
  - Printing multiple layers  
(e.g. Mezzotint, Lithography, Relief halftone)
- Modern techniques
  - Photography
  - Modern digital imaging/printing



Illustration, Berengario da Carpi, Jacopo. *Isagogae breues, perucidiae ac uberrimae, in anatomiam humani corporis a communi medicorum academia usitatae*. Woodcut, Bologna 1523. NLM



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## Drawing – Overview on Elements



Johann Adam Kulmus. *Kaitai shinsho*. 1774. NLM

- Points
- Lines
- Contours
- Homogeneous Areas
- Light and Shadow
- Perspective
- Illusion and Gestalt



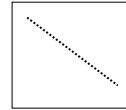
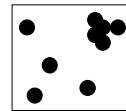
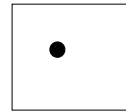
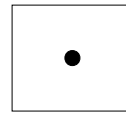
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## Points



- Characteristic
  - Primary basic element of all drawings
  - Round + small
  - Bodiless
    - Geometrically seen not a visible entity
- Visual effect is defined by size, position, and environment.
  - Point in center = calmness
  - Little bit decentralised = tension
  - Little amount of spread points = lightness
  - Dense point cloud = density
  - Line of points = line
  - ....



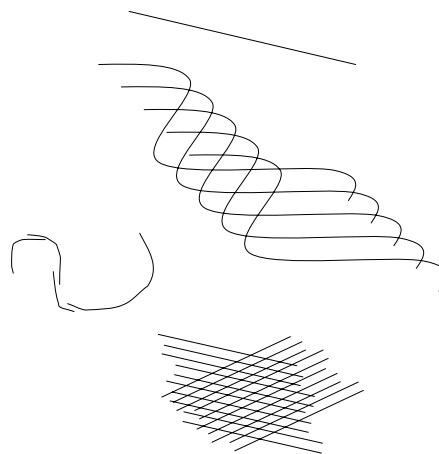
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## Lines



- THE element of drawings
- Types
  - Straight lines
  - Curved lines
- Visual effect depends on
  - direct characteristics
    - curvature
    - direction
    - course
    - line thickness
    - ductus
  - embedding
    - grouping
    - form



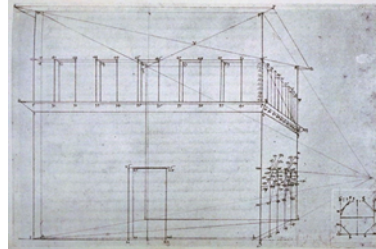
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## The straight line



- Appeared in art as constructed element of perspective during Renaissance



Piero della Francesca, *De prospectiva pingendi*, Lib. II, Lib. II, cap. IX, a cura di Giusta Nicco Fasola, Firenze, Sansoni, 1942, tav. XVII. ISSM

- Characteristic
  - Geometrically seen invisible
  - “The straight line does not exist in nature” (Delacroix, 1852)
  - „Inhuman“ (Hundertwasser, 1958)
  - Equivalent to a moving point (Kandinsky)



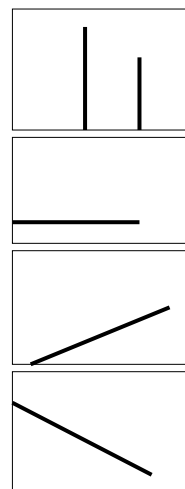
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## The straight line – Emotional / visual effect



- Vertical
  - symbol for hereafter, light, life - active mental force
- Horizontal
  - calmness, reality, earth
  - death, end
  - passive, close to earth
- Diagonal – Space!
  - left lower corner to right upper corner = going upwards, search and hope
  - left upper corner to right lower corner = resignation, declination, downfall, depression
- Connected straight lines
  - perceived often as area

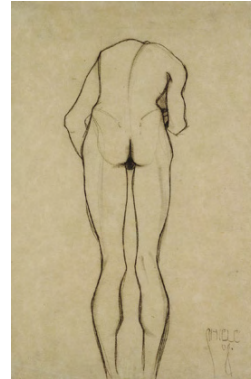


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## The contour - a line as descriptive element

- Nature does not know any line
  - a photography shows only gray/color values
  - "contour" is an abstract concept
- But a contour describes a form that can be recognized as a symbol for a specific object (Gestalt theory)
  - the inside will be seen as figure
  - the outside as background
  - in general: the smaller will be seen as object
  - the inside appears brighter and denser!
- A contour can be
  - a closed line
  - an open line
  - line fragments
  - collection of points



Egon Schiele; Rückenansicht eines vorgebeugten Jünglings; 1908; Bleistift auf Papier, Leopold Museum Wien

Gustav Klimt; Frauenkopf von vorne, 1902. Leopold Museum Wien



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## Internal contours

- Internal contours strengthen the outline
- Render the internal structure (of the visible surface) of the object
- Elements
  - *single lines* for internal contours
  - structuring *compounds of lines* to visualize not only visible things but also forces, movement,....
  - *shadow*
    - hatching
    - cross hatching



Honoré Daumier; Don Quixote and the Dead Mule 1867, Musée d'Orsay, Paris. (WebMuseum)



Peter Bruegel der Ältere; The painter and the buyer. 1565; Pen and black ink on brown paper, Albertina, Vienna (WebMuseum)

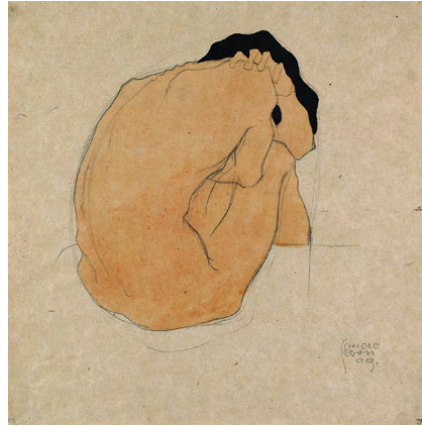


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## Rule of simplicity

- Simplest things will be perceived first.
- Simplifying /leaving away makes forms clearer
- Too much details impede the direct perception of the essential form



Egon Schiele; Sitzender schwarzhäariger Mann, 1909. Leopoldmuseum Wien

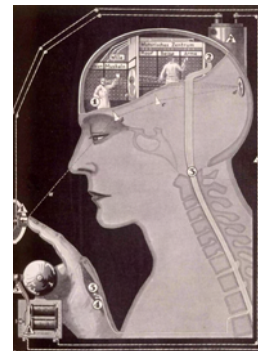
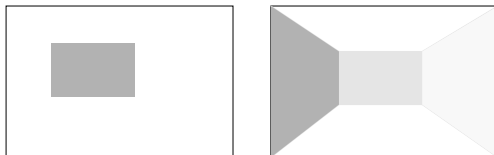


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## Homogeneous Areas

- Homogeneous 2D areas
  - flat + parallel to viewing plane
  - combination can create spatial illusion



Fritz Kahn; Das Leben des Menschen; eine volkstümliche Anatomie, Biologie, Physiologie und Entwicklungsgeschichte des Menschen, Vol. 2, Stuttgart, 1926. Relief halbfone. National Library of Medicine

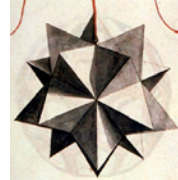


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## Light and Shadow

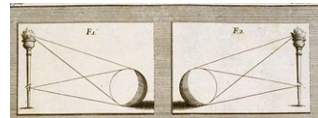
- **Shadow creates light creates illusion of space!**
- Types of lights/shadows
  - Highlight
    - one of the strongest drawing elements
  - Diffuse light
    - lights up shadows
    - penumbra (Half shadow)
    - umbra or core (Full shadow)
  - Object shadows
    - is always generated by only one light source - never sum up
  - Cast shadow
    - sum up if generated by different light sources



Leonardo da Vinci: *Icosaedro elevato solido*, 1498. (ISSM)



Leonardo da Vinci: *Study of hands*: Silverpoint and white highlights on pink prepared paper, 1474. Royal Library, Windsor (GFMER)



Leon Battista Alberti, *Della pittura e della statua*, 1651 (ISSM)

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## Light and Shadow – Techniques

- Hatching
  - parallel
  - cross
- Stippling
- Blending
  - brushing with carbon dust
  - wiping utilizing paper stumps
  - washing using ink
  - white color / ink /... for highlighting
- Erasing (for highlights)
- Hybrid techniques



Johann Adam Kulmus, *Kaitai shirsho*, 1774. NLM



Leonardo da Vinci: *Head of a Young Woman*; Gallerie dell'Accademia, Venice (WebMuseum)

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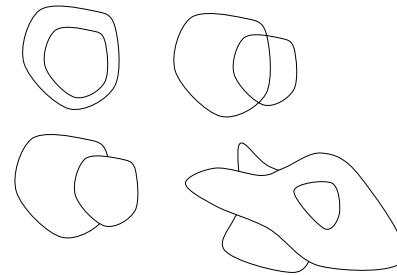
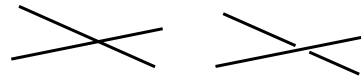
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## Space



### Creating space by arrangement of lines or contours

- Lines
  - intersecting lines
  - non-intersecting lines
- Contours
  - inner contour
  - transparent overlapping
  - opaque overlapping
  - intersection



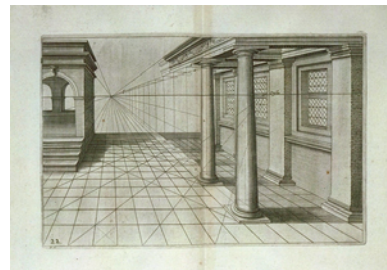
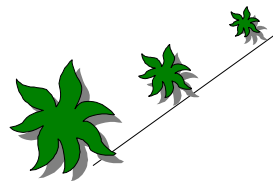
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## Constructed perspective



- Simple illusion of space
  - A diagonal line
  - Objects of different size
- Linear Perspective
  - parallel
  - central
    - one vanishing point
    - two vanishing points (more than one set of parallel lines)
- Frog / Bird perspective



Samuel Marolois, *Opera mathematica, ou Oeuvres mathematiques traictans de geometrie, perspective, architecture et fortification*, Amsterdam, chez Jan Janssen, 1662, tav. 22. (IMSS)



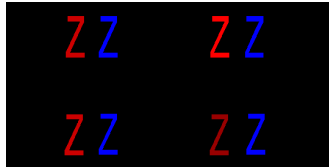
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## Air perspective

- Brightness and color influence distance perception



Peter Kaiser, The Joy of Visual Perception, Online Book.  
<http://www.yorku.ca/eye/thejoy.htm>

- In Nature, objects appear lighter and blurred as farer away



Honoré Daumier; *Don Quixote and the Dead Mule*  
 1867, Musée d'Orsay, Paris. (WebMuseum)



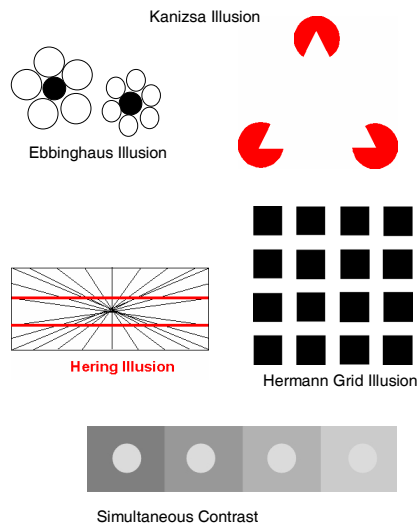
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## Illusion and Gestalt Theory

Essence of Gestalt Theory: "The whole is more than the sum of its parts"

- Examples:
  - Kanizsa Illusion: completing incomplete forms
  - Ebbinghaus Illusion: Physical size does not correspond to perceived size
  - Hering Illusion: Physical shape does not correspond to perceived shape
  - Physical intensity of color and perceived brightness do not correspond



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Peter Kaiser, The Joy of Visual Perception, Online Book.  
<http://www.yorku.ca/eye/thejoy.htm>

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## Gestalt Theory – Laws of visual organization



We have an innate tendency to constellate, or to see elements as "belonging together" (structural economy)

- Similarity grouping
- Proximity grouping
- Good continuation
  - tendency to perceive incomplete forms as complete (closure)
  - preferring the good continuation

But interplay is not simple:

- The appearance of parts is determined by wholes (e.g. simultaneous contrast)
- Judgement about similarity or proximity are always comparative
- Different grouping principles might compete in a composition



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## Some comments on masterpieces



- What makes a masterpiece a masterpiece?
  - In the very first moment, the decision on quality of an art work is intuitive and subjective.
  - But the determination of a work of art as masterpiece is (most of the time) an objective classification
  - Gestalt theory - the theory on good Gestalt, Prägnanz, and Tension - has become one of the key concepts for understanding the effect of an art work.
    - "Surely, one of the reasons artists embraced gestalt theory is that it provided in their minds, scientific validation of age-old principles of composition and page layout" [Behrens]
- Koschatzky formulated **four criteria for masterpieces**:
  - determination of the artist
  - usefulness and effectiveness of each line, dot,... - nothing is just decoration
  - security in handling proportion, surface and space
  - the ability to create tension and strong unity in the same time



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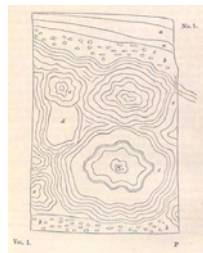
## Part 2: Scientific Illustrations



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## Scientific Illustrations - "Seeing is believing"

- Topics
  - Natural Sciences
  - Medicine
  - Mathematics
  - Technical Illustrations
  - Archeology
  - .....



Sir Charles Lyell; *Principles of geology* (published 1830-1833) (NYPL)



Antoine Laurent Lavoisier; *Nomenclature chimique ou synonymie ancienne et moderne*. (published 1789) (NYPL)



Joannes de Sacro Bosco; *Computus, Quadrans, De Sphaera, Algorismus, Cautelae*. (created ca. 1260) (NYPL)



Leonardo da Vinci (su disegno di), *Corpo vuoto a venti basi elevate*, 1498. Acquerello. (ISSM)

### Previous page:

- \*Smellie, William. *A sett of anatomical tables, with explanations, and an abridgment, of the practice of midwifery*. (London: [s.n.], 1754). (NLM)
- \*Peter Christian Abildgaard, *Ornithorhynchus paradoxus*. *The Waller Manuscript Collection*
- \*Nikolaus Joseph Freither von Jacquin; *Icones plantarum rariorum*, 1781-1793 (MGB)

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## Scientific Illustrations - Purpose



- Observation
  - showing the seen without interpretation
- Induction
  - "I observed this and I thought that"
  - Includes Interpretation
- Methods
  - Illustration of Experiments
  - manipulation of nature to gain insight
- Classification
  - Images that help to order and to classify nature
- Concepts
  - Visualization of the invisible
  - e.g. black holes, atoms,.....



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## Influences on scientific illustrations



- Illustrations have always been and still are influenced by
  - Art
    - Available material
    - Common Art Styles
    - Printing/reproduction techniques
    - Till 19th century "universal scientist" which has been very often also artist
  - Cultural background
    - Religion
    - Philosophy
  - Technical / Scientific developments
    - perspective
    - perception of reality
- But illustrations also influenced science!
  - Perspective and considerations on shadows influenced Galileo in interpretation of shadows on moon



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## Development of Scientific Illustration



- General
- Prehistoric
- Antique
- Medieval 5th - 15th century
- Renaissance and Enlightenment  
1430-1700
- 1700-1900
- 1900 - today



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## Medieval 5th - 15th century



- Theo- and anthropocentric image of the world
- Konrad von Megenberg - Das Buch der Natur ~1350 - Allegoric Interpretation of Nature
- Dark Ages for Medical Images
  - Humans as God's creatures
  - Officially dissections forbidden in Christian and Buddhist cultures
  - Imaging humans forbidden in islamic cultures
    - but "geometric" schemes of human anatomy



Konrad von Megenberg - Das Buch der Natur  
~1350, Cod. Pal. germ. 300, Universität  
Heidelberg



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## Renaissance and Enlightenment (1430- early18th century)



- Rediscovery of antique science
- Era of great scientific and technical achievements:
  - Development of telescope and microscope (make the invisible visible)
  - Advances in Mathematics, Mechanics, Astronomy, Physics,....
    - Investigation of the non-living world
    - Technical/ scientific Illustrations, e.g.
      - Trajectories of cannonballs
      - Flying machines
      - Platonic Solids
    - Illustrations describing natural phenomena e.g. flow of water



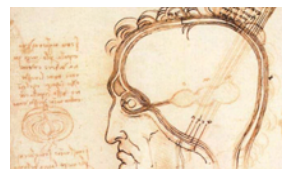
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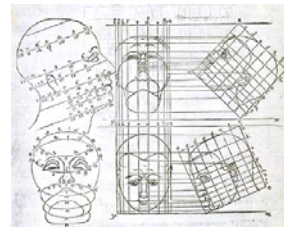
## The „discovery“ of perspective



- Systematic investigation of visual system
- New ideas and techniques disseminate over whole Europe starting from Italy: Dürer (Nürnberg), Descartes (Paris),...
- **Key technique for scientific Illustrations!**  
**Perspective drawing allowed more realism and exactness**



Leonardo da Vinci; (GFMER)



D. Barbaro, *La pratica della prospettiva di monsignor Daniel Barbaro ... : opera molto utile a pittori, a scultori & ad architetti*, Venezia, appresso Camillo & Rutilio Borgominieri, 1569, p. 186. (ISSM)



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## Medical Images

- Restrictions for dissection of the human body are ignored by Leonardo and others



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All images by Leonardo Da Vinci, Downloaded at GFMER



## Medical Images

- New idea of functionality of the human body: Equivalence to machine
- Influence by other scientific disciplines
  - Comparison of musculoskeletal system and mechanics
  - Search for natural analogies
    - Hydrodynamics and the cardiocirculatory system
    - Linkage between development of vascular system and branching of trees



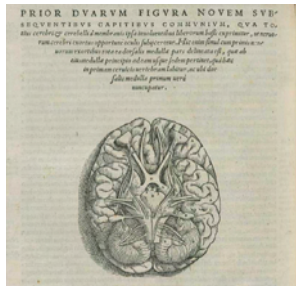
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## Medical Images

- First illustrated PRINTED medical book by Johannes de Ketham Fasciculus medicinae published in Venice 1491
- First printed illustrated anatomy book by Vesalius De Humani Corporis Fabrica 1543



Andreas Vesalius. *De Humani Corporis Fabrica*. Basel, 1543. Woodcut. National Library of Medicine.



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## Medical Images – Mixing art and science

- Mixture of art and scientific illustration:
  - Subjective interpretation
  - Anatomical drawings tell stories
  - First „exploded views“



Fredrik van Ruysch: *Alle de ontleed, genees- en heekindige werken...* Vol. 3 Amsterdam, 1744. Etching with engraving. (NLM - National Library of Medicine.)



Bernhard Seigfried Albinus. *Tabulae scoleti et musculorum corporis humani*, 1749 (NLM)



Juan Valverde de Amusco: *Anatomia del corpo humano*. Rome, 1590. (NLM)



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## Medical Images – Rendering Styles



- “Multi-layered Illustrations” by Johann Remmelin



Johann Remmelin; *Catoptrum Microscopicum*.  
1613, Hardin Library



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## 1700-1900 - Understanding the world



- New techniques and discoveries open new worlds
- The non-living world
  - Electricity, Light, Magnetism, Chemistry,.....
  - Images of experiments and visualization of concepts gains more an more importance
- The living world
  - Charles Darwin - Evolution theory
  - Carl von Linné - First classification system for living things



E. L. Trouvelot; Group of sun spots and veiled spots.  
Observed on June 17th 1875 at 7 h. 30 m. The Trouvelot  
astronomical drawings: Atlas. (1881-1882) (NYPL)



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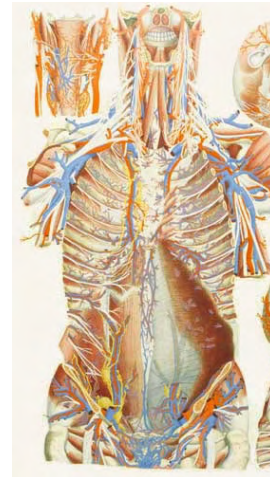


## New scientific images

- Scientific Images are characterized by objectivity, realism and system
- New rendering style
  - Color printing becomes available - intense use of color
  - But often too much detail!



Gautier d'Agoty, *Myologie complete en couleur et grandeur naturelle : composee de l'Essai et de la Suite de l'Essai d'anatomie, en tableaux imprimes; ouvrage unique, utile et necessaire aux etudiants & amateurs de cette science.* Paris, 1746. (W. K. Kellogg Health Sciences Library)



Palo Mascagni; *Anatomia Universa*, Pisa, 1823-1832 (Hardin Library for the Health Sciences)

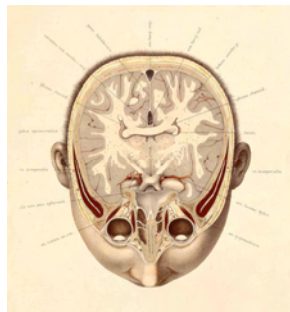


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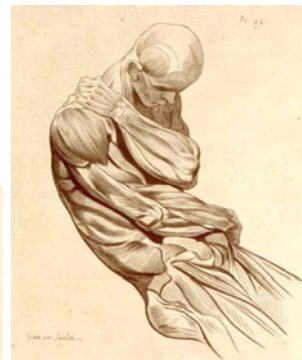


## Medical Images

- Images try to give an objective image of the seen anatomy
- "shocking dream-like clarity" [Dream Anatomy]



Wilhelm Braune; *Topographisch-anatomischer atlas nach durchschnitten an geflorenen cadavern...* Leipzig, 1872. Chromolithograph. National Library of Medicine.



Jacques Gamelin; *Nouveau recueil d'ostéologie et de myologie.* Toulouse, 1779. Etching. National Library of Medicine

Left: William Hunter; *The Anatomy of the Human Gravid Uterus.* Birmingham, 1774. Copperplate engraving. National Library of Medicine.

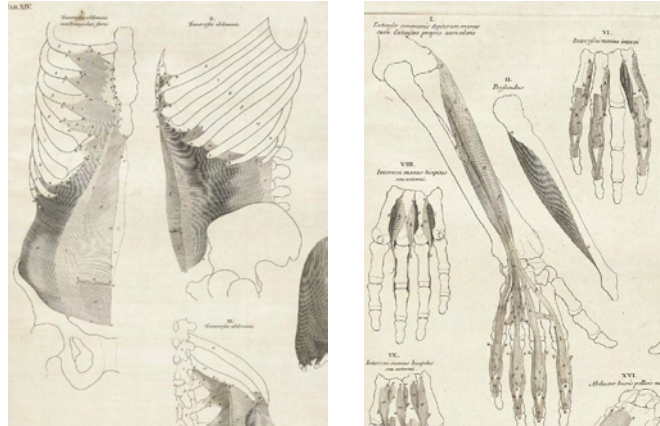


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## Medical Images

### ▪ Focus and Context by Albinus



Bernhard Seigfried Albinus; *Tabulae sceleti et musculorum corporis humani*, 1749, NLM



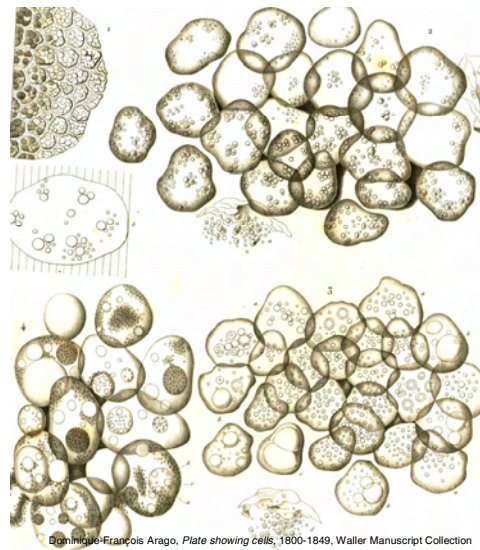
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## Medical Images

### ▪ New topic: Visualizing microscopic structures

- Cells
- Skin,...



Dominique-François Arago, *Plate showing cells*, 1800-1849, Waller Manuscript Collection



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## 1900 - today



- Explosion of Scientific Knowledge
  - Making again the invisible visible:
    - Structures on atomic level
    - Living structures
    - 3D structures
- New imaging, data acquisition, and recording techniques
  - Photography, Film,...
  - x-ray, CT, MRI
  - Electron microscope.....
  - Ultrasound,...
  - .....
- Simulation of phenomena using computers

*New challenges for visualization*



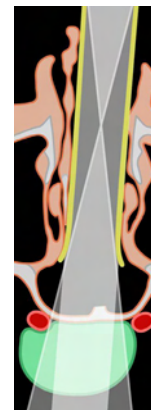
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## Generating scientific illustrations today



- Basis is still the same like 500 years ago!
- Application of computers for illustrations
  - partly impersonalization and mechanization of illustrations
  - but possibility for 3D visualization
- Medical illustrations:
  - In many cases still drawn or generated manually at the computer
  - Style has not changed much during the last 250 years...
  - But: Combination of traditional techniques with modern media and modern imaging techniques
  - Better visualization of complex behaviour e.g. blood flow, metabolism, surgical interventions



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## Towards interactive 3D illustrations....



- High quality „hand made“ illustrations are extremely precise and effective.
- New imaging modalities allow
  - Digital data acquisition and spatial (and temporal) reconstruction of organic structures
  - The acquisition of multidimensional information including information on soft tissue, metabolism and brain activities,...
- Effective visualization of such multi-dimensional, multi-layered information is almost impossible using traditional 2D techniques
- The next parts of the tutorial present computer aided illustrative visualization techniques dealing with this problems



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## Material – Books, Texts and Links



### Drawings

- Die Kunst der Zeichnung, Walter Koschatzky, Graphische Sammlung Albertina, Edition Atlantis, 1990
- The Web Museum - General online collection art works <http://www.ibiblio.org/wm/>

### Perspective

- [Bibliotheca Perspectivae](http://www.imss.fi.it/biblio) at Istituto e Museo di Storia della Scienza, Firenze: <http://www.imss.fi.it/biblio>
- The MacTutor History of Mathematics archive
  - Mathematics and art – perspective <http://www-groups.dcs.st-and.ac.uk/~history/HistTopics/Art.html>

### Perception / Gestalt Theory

- Art, Design and Gestalt Theory, by Roy R. Behrens <http://mitpress2.mit.edu/e-journals/Leonardo/isast/articles/behrens.html>
- Gestalt from Goethe to Gibson, Theories on the vision of beauty and order, Ph.D Thesis Utrecht University 1994, Cretien van Campen <http://home-1.tiscali.nl/~cretien/pub/gestalt.htm>
- Encyclopedia of Educational Technology -Visual Perception and Gestalt Theory <http://coe.sdsu.edu/eev/Admin/index.htm>

- The Joy of Visual Perception - Online Book <http://www.yorku.ca/eye/thejoy.htm>
- Online Collection of Optical Illusions <http://www.michaelbach.de/ol/>

### Scientific Illustrations in general

- **Images of Science: A History of Scientific Illustration** by Brian J. Ford
- **The Scientific Image: From Cave to Computer** by Harry Robin. Harry N Abrams Inc., New York 1992
- **Visualizations** by Martin Kemp Oxford Univ. Press, 2000
- Online Ressources of the **Instituto e Museo di Storia della Scienza [IMSS]**, Firenze: <http://www.imss.fi.it>
  - Especially the exhibition on Engineers of the Renaissance: <http://brunelleschi.imss.fi.it/ingrin/index.html>
- **"Seeing is believing"** – Collection and online exhibition on Scientific Illustrations of the **NY Public Library**. [http://digitalgallery.nypl.org/nypldigital/explore/dgexplore.cfm?topic=all&collection=SeeingIsBelieving700&col\\_id=197](http://digitalgallery.nypl.org/nypldigital/explore/dgexplore.cfm?topic=all&collection=SeeingIsBelieving700&col_id=197)
- Manuscripta Mediaevalia – Online Database on Manuscripts in Germany, Switzerland and Austria <http://www.manuscripta-mediaevalia.de/>
- The **Waller manuscript collection**, Uppsala University <http://publications.uu.se/waller/>



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#### Anatomy

- The United States **National Library of Medicine [NLM]**
  - Dream Anatomy - Online Exhibition on the History of Anatomical Illustrations  
[http://www.nlm.nih.gov/exhibition/dreamanatomy/da\\_gallery.html](http://www.nlm.nih.gov/exhibition/dreamanatomy/da_gallery.html)
  - Historical Anatomies on the Web – Collection of Online Manuscripts  
<http://www.nlm.nih.gov/exhibition/historicalanatomies/intro.html>
- **Hardin Library for the Health Science**, University of Iowa. Imaging Project of the Rare Book Room.  
<http://www.lib.uiowa.edu/hardin/rbr/Imaging/index.html>
- **Gautier d'Agoty's Anatomical Atlas**. W. K. Kellogg Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, Canada.  
<http://www.library.dal.ca/kellogg/collections/Gautieratlas/Gautieratlas.htm>  
"Pictures in this tutorial reproduced with permission of the W. K. Kellogg Health Sciences Library, Dalhousie University, Halifax, Nova Scotia, Canada."
- Leonardo Anatomical Drawings, **Geneva Foundation for Medical Education and Research [GFMER]**  
[http://www.gfmer.ch/International\\_activities\\_En/Leonardo\\_anatomical\\_drawings.htm](http://www.gfmer.ch/International_activities_En/Leonardo_anatomical_drawings.htm)
- The **Library of Congress**: Vatikan Library Exhibit  
[http://www.lbiblio.org/expo/vatican.exhibit/exhibit/Main\\_Hall.html](http://www.lbiblio.org/expo/vatican.exhibit/exhibit/Main_Hall.html)

#### Botanics

- **The Art of Botanical Illustration**. An Illustrated History by Wilfrid Blunt. Dover Publications, 1994
- Animal, Vegetable, and Mineral. Online Exhibition John Hopkins University  
<http://naturalhistory.mse.jhu.edu/splash.html>
- Library at the **Missouri Botanical Garden [MBL]** - Online Collection of Rare Botanical Books  
<http://www.illustratedgarden.org/mobot/rarebooks/index.asp>
- **Konrad von Megenberg**. Buch der Natur, Handschrift, Heidelberg, Universitätsbibliothek, Cod. Pal. germ. 300, 1443-1451; [http://www.ub.uni-heidelberg.de/helios/fachinfo/www/kunst/digi/lauber/cp\\_g300.html](http://www.ub.uni-heidelberg.de/helios/fachinfo/www/kunst/digi/lauber/cp_g300.html)
- Link Collection on classical herbal texts -  
<http://www.ibiblio.org/herbmed/eclectic/main.html>
- Köhlers Medizinialpflanzen -  
<http://pharm1.pharmazie.uni-greifswald.de/allgemei/koehler/koeh-sta.htm>
- KRÄUTERBUCH VON JACOBUS THEODORUS "TABERNAEMONTANUS" ANNO 1625 -  
<http://www.kraeuter.ch/>
- vPlants - The virtual Herbarium -  
<http://www.vplants.org/index.html>



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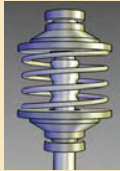
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## **Illustrative and Non-Photorealistic Rendering**

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## Illustrative and Non-Photorealistic Rendering



David S.Ebert  
Electrical & Computer Engineering  
Purdue University  
ebertd@purdue.edu



## Traditionally...



*Imagery generated by illustrators has been used to provide information that may not be readily apparent in photographs or real life.*

### Non-Photorealistic Rendering (NPR)

- Similar goal using computer graphics
- Very poor choice of name – negative definition



## Non-Photorealistic Rendering (NPR)



- Images are judged by how **effectively** they **communicate**
- Involves stylization and **communication**, usually driven by human **perception**
- Knowledge and techniques long used by artists and illustrators
- Emphasis on specific features of a scene, exposing subtle attributes, omitting extraneous information
- Brings together art and science



## Definitions and Goals



- **Illustrations: Interpretations of visual information expressed in a particular medium.**
- **Goals of NPR:**
  - Enable **interpretive** and **expressive** rendering in digital media
  - Effectively communicate information to the viewer



## Scientific Illustrations...



*Often highly representational*

*Might or might not be visually realistic*

**Main purpose:**

- Communicate information and not necessarily look "real"

*Differs from photorealism and other representational genres*



## Common NPR / Illustration Techniques



### Point and line-based

- Stippling
- Hatching
- Silhouettes

### Illumination-based

- NPR lighting and tone shading





## Stippling

*Stipple – (stip’al) - To draw, engrave or paint in dots or short strokes*

PURPL  
Purdue University

## Two Approaches

### Object Space

- Determine stipples to render each geometric primitive (triangle, voxel, etc.)

### Image Space

- Compute image
- Determine grey level values
- Generate new image with points using a Poisson distribution

PURPL  
Purdue University

## Illustrative Interactive Stipple Rendering

*Lu et al., IEEE TVCG 2003*  
*Works for both volumes and surfaces*

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Purdue University

## Stipple Drawing

### Advantages

- Not limited by texture memory size
- Quick interaction with transfer functions and parameters

*Points can be used for quick preview and interaction with volume datasets*

PURPL  
Purdue University

## The Stipple Volume Renderer

<b>Initial Processing</b>	Normalized voxel data Voxel positions
<b>Stipple Generation</b>	Normalized gradient magnitudes Gradient directions
<b>Interactive Rendering</b>	An edge field: generated by LoG with the voxel data

PURPL  
Purdue University

## The Stipple Volume Renderer

PURPL  
Purdue University



### Stipple Drawing

Pre-generate list of stipples & locations

For each voxel / poly calculate number to draw based on:

positions  
environment  
enhancements

Draw points

Rendering for each frame

### Feature Enhancements

Resolution enhancement:  $T_r$

Boundary & silhouette enhancement:  $T_b, T_s$

Distance enhancement:  $T_d$

Interior enhancement:  $T_i$

Light enhancement:  $T_l$

#Stipples to be drawn:  $N_i = N_{max} \cdot \prod T_n$

### Resolution Enhancement

For each frame: Maximum density for the volume position

For each voxel: Maximum density for current voxel

$$T_r = \frac{\partial D_{max} + d_i \cdot \partial^2}{\partial D_{max} + d_i \cdot \partial^2} \cdot (\nabla \vec{v}_i \cdot \vec{E})^2$$

Leg

### Distance Enhancement

$$T_d = 1 + \frac{\partial z \cdot \partial^2}{\partial a \cdot \partial^2}$$

z: voxel position in the volume  
a: half valid volume length  
k<sub>dc</sub>: degree of the feature

Engine block

### Light Enhancement

According to light direction:  $T_l = 1 - (\vec{L} \cdot \nabla \vec{v}_i)^2$

According to view direction:  $T_v = 1 - (\vec{V} \cdot \nabla \vec{v}_i)^2$

Aneurysm

Without

With

### The Stipple Volume Renderer

Initial Process

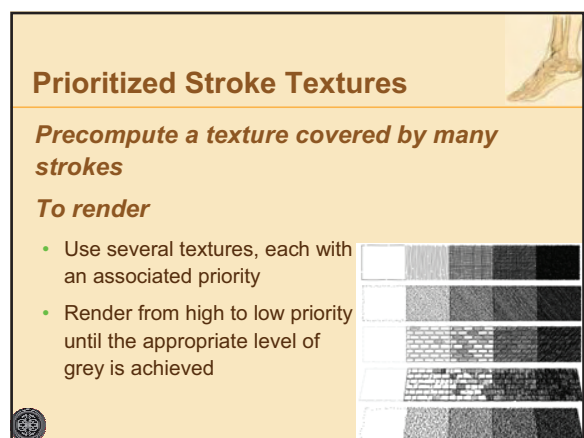
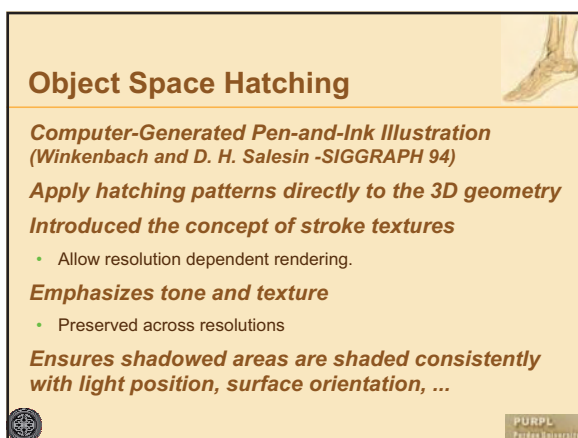
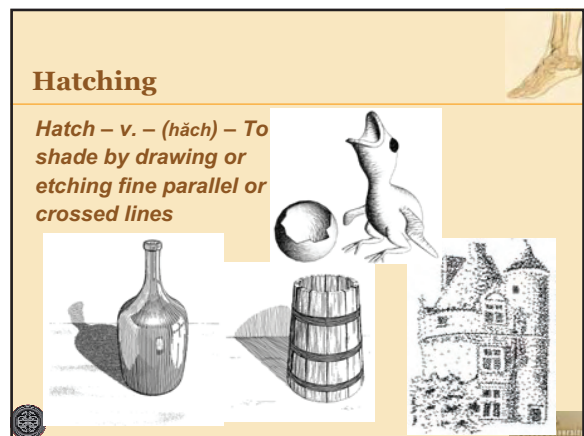
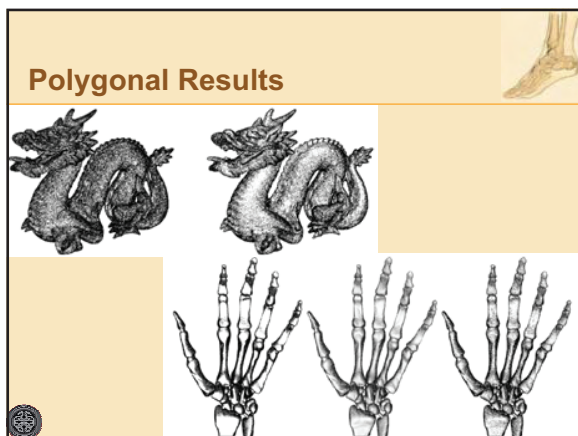
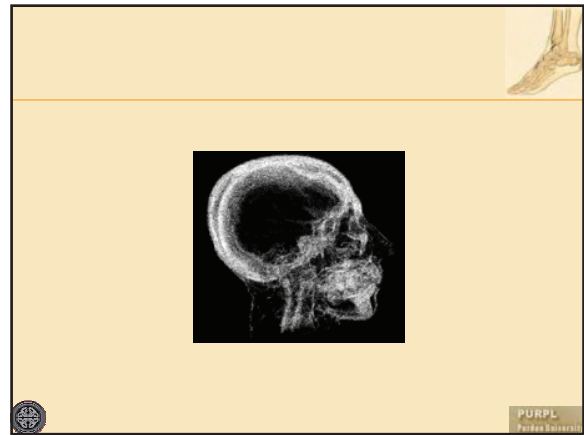
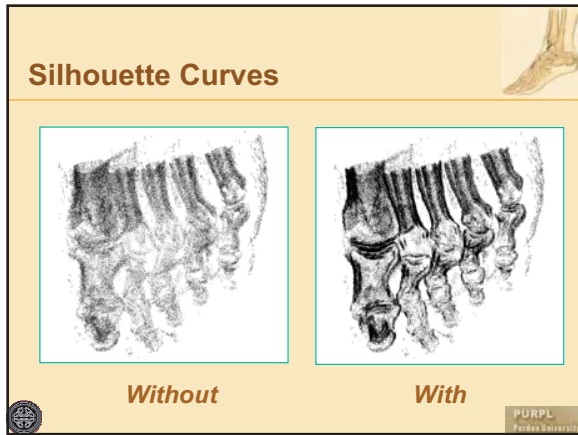
Stipple Generation

Interactive Rendering

Stipple drawing




Silhouette curves

Results



## Results

**Frank Lloyd Wright's "Robie House"**  
Roughly consists of ~1000 polygons







## Image-Based Hatching

*Salisbury et al. SIGGRAPH '97*  
Hatching patterns are placed on image using orientable textures  
User interactively edits direction field superimposed on a grey-scale image and draws a few sample strokes  
Align the direction field with the curvatures and orientations of the object

- Hatching appears to be attached to the object

**No geometric information required**

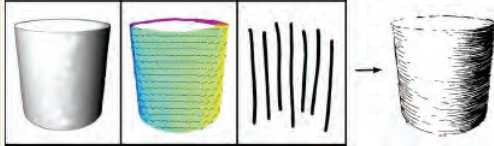

## Target Images and Direction Fields

**Grey-scale target image**

- Allows interactively changing the shading (tone)

**Direction field**

- Interactively modifiable
- Used to apply the hatching texture



## Some Results




## Real-Time Hatching

*Praun, Hoppe, et al.*  
Applies a hatching pattern in object-space using Tonal Art Maps (TAMs) and lapped textures  
Uses multi-texturing graphics hardware

- Smoothly blends several hatching image textures with several different stroke densities for shading

## Results





## Silhouettes

An "outline" or sketch of the object

- (a.k.a. contour, edge line)

Used extensively in art and illustration, the outline is an important shape descriptor




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## Silhouette word etymology

Étienne de Silhouette (1709 – 1767)

- Had an art hobby:
  - Drawing/cutting a human portrait in profile, in black (using shadow as a reference)



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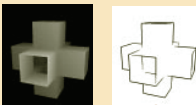
## Silhouette Approach Classification

- Image-space vs. Object-space
- Polygonal vs. Smooth
- Surfaces vs. Volumes
- Software vs. Hardware

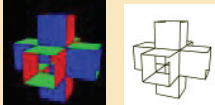
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## Image-based Approaches [Herzmann98]

Render depth map.  
Apply edge detection



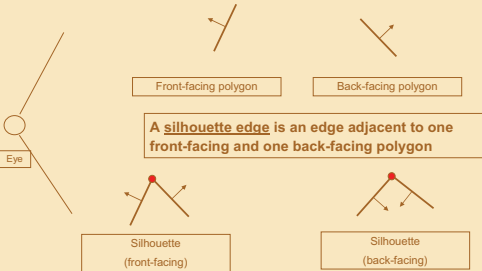
Render normal map  
Apply edge detection





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## Polygonal Mesh: Definition of Silhouette



A silhouette edge is an edge adjacent to one front-facing and one back-facing polygon

Silhouette (front-facing)

Silhouette (back-facing)

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## Smooth Surface: Definition of silhouette

Silhouette and contour curves are the 2D projection of points on the 3D surface where the direction of the surface normal is orthogonal to the line of sight [Interrante95, Herzmann98]

- Silhouette curves form a closed outline around the projection
- Contour curves may be disjoint and can fall within the projective boundary

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### Surface Contour

- Effect is view-dependent
- Main term -  $(N, V)$  dot product (normalized)
- Contour area – where  $(N, V)$  is close to 0

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### Surface contour

In practice, a threshold  $\underline{T}$  is set, corresponding to contour thickness

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### Silhouettes in volumes

Surface technique is extendable to volumes [Ebert, Rheingans 2000]

- Uses volume gradient direction to approximate surface normal
- Uses volume gradient magnitude to detect boundaries
- Modifies sample color and/or opacity to achieve different effects

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### Volume Silhouette Example

Skin surface is transparent in non-silhouette regions, removing visual obstruction while providing foot shape cues

Bone surface is darkened in silhouette regions, emphasizing the structure without illumination

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### NPR Lighting

Martin-01      Akers-03      Sousa '04

Hamel-00      Gooch 98,99

courtesy of Mario Sousa

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### Tone Shading

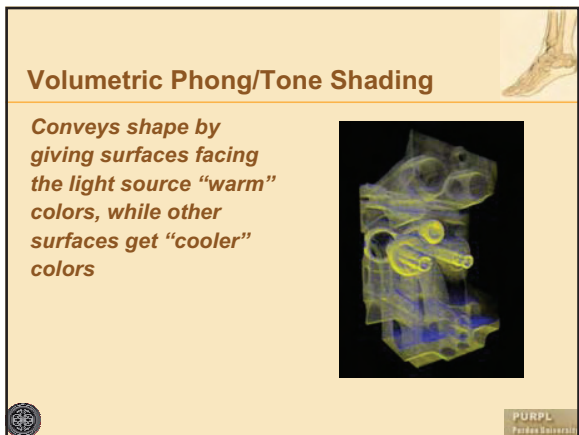
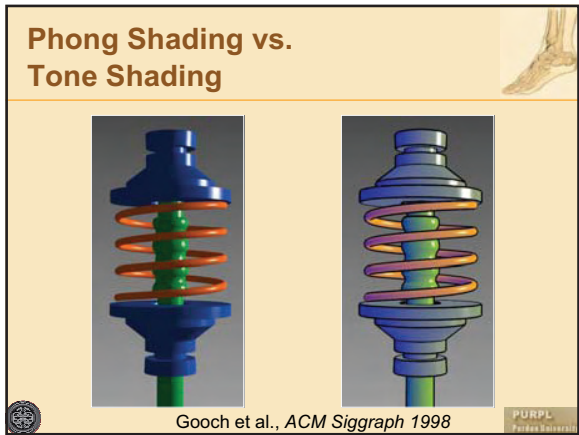
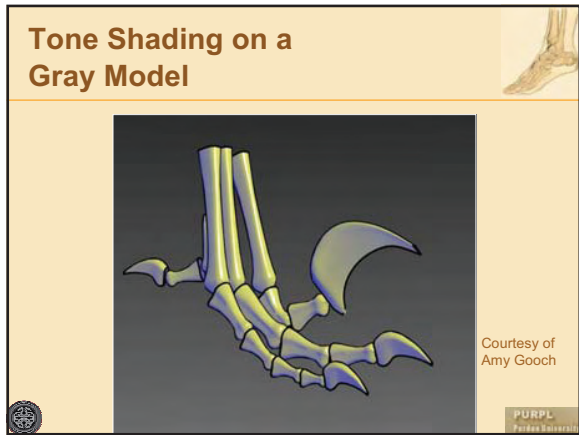
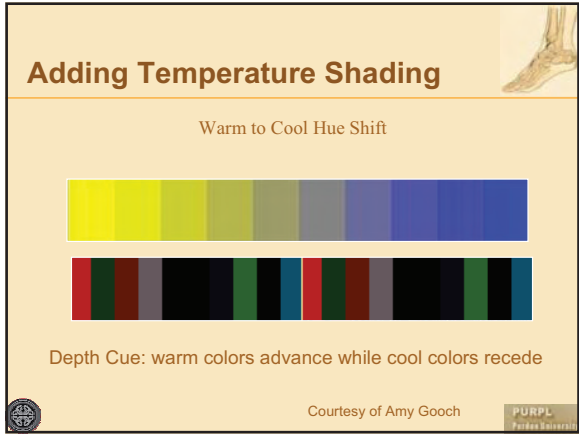
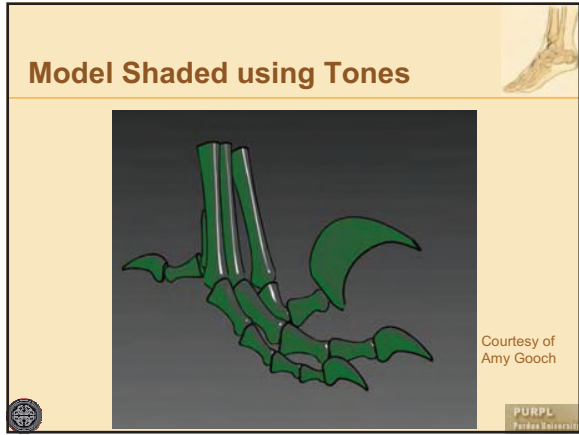
Tones vary, but not luminance

Clearly shows highlights and edge lines

Green to Gray (tone)

Courtesy of Amy Gooch

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## **Illustrative Visualization of Isosurfaces and Volumes**

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# Illustrative Visualization of Isosurfaces and Volumes

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## Abstract

*This part of the tutorial on Illustrative Visualization describes visualization techniques for depicting isosurfaces from volumes without extracting explicit geometry, and full volume rendering with non-photorealistic styles for different embedded objects. We start by describing how isosurfaces can be shaded based on differential surface properties that are computed on a per-pixel basis, employing a deferred shading approach. This information can then be used for depicting a variety of different shape cues such as color-coding implicit surface curvature and rendering ridge and valley lines. We illustrate a GPU-based rendering pipeline for high-quality rendering of isosurfaces with real-time curvature computation and shading. After describing surface-based illustration styles we continue with full volume rendering. We show that segmentation information is an especially powerful tool for depicting the objects contained in medical data sets in varying styles. A combination of non-photorealistic styles with standard direct volume rendering is a very effective means for separating focus from context objects or regions. We describe the concept of two-level volume rendering that integrates different rendering modes and compositing types by using segmented data and per-object attributes.*

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## 1. Isosurface Illustration With Deferred Shading

Many non-photorealistic volume rendering techniques operate on isosurfaces of volumetric data. Although direct volume rendering as well as other techniques aiming to depict an entire volume in a single image are very important and popular, rendering isosurfaces corresponding to particular structures of interest, or more precisely, their boundaries, play a very important role in the field of volume rendering. Isosurfaces naturally allow depicting their structure with surface-based shape cues such as ridge and valley lines and contours, such as the distance field isosurface shown in Figure 1.

There are two major approaches for rendering isosurfaces of volume data. First, an explicit triangle mesh corresponding to a given iso-value can be extracted prior to rendering, e.g., using marching cubes [LC87] or one of its variants [KBSS01]. Second, ray-isosurface intersections can be determined via ray casting [Bar86, Lev88]. Naturally, general NPR techniques for rendering surfaces can easily be applied to rendering isosurfaces of volume data.

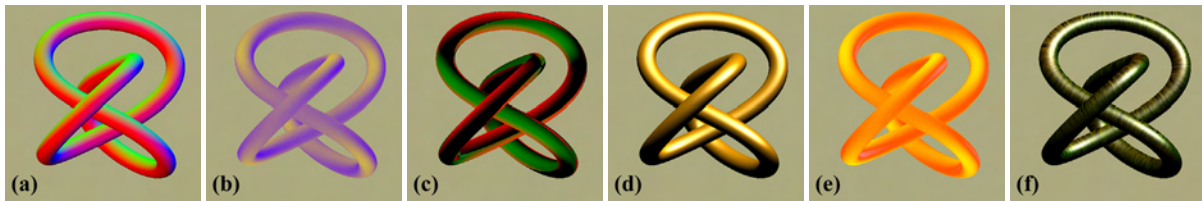
In hardware-accelerated volume rendering, isosurfaces have traditionally been rendered by slicing the volume in



**Figure 1:** Illustrating shape cues such as ridge and valley lines and contours on an isosurface of a three-dimensional distance field. There is no explicit geometry here.

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**Figure 2:** Example image space rendering passes of deferred isosurface shading. Surface properties such as (a) the gradient (here color-coded in RGB), (b) principal curvature magnitudes (here:  $\kappa_1$ ), and (c) principal curvature directions can be reconstructed. These properties can be used in shading passes, e.g., (d) Blinn-Phong shading, (e) color coding of curvature measures (here:  $\sqrt{\kappa_1^2 + \kappa_2^2}$  [KW03]), and (f) advection of flow along principal curvature directions.

back-to-front order and exploiting the hardware alpha test in order to reject fragments not corresponding to the isosurface [WE98]. The concept of pre-integration can also be applied to isosurface rendering, which yields results of high quality even with low sampling rates [EKE01]. Recently, GPU-based ray casting approaches have been developed [KW03, RGW\*03], which can also be used to determine ray-isosurface intersections.

The following sections illustrate a high-quality rendering pipeline for direct rendering of isosurfaces by determining ray-isosurface intersections and subsequent deferred shading of the corresponding pixels. The input to the deferred shading stages is a floating point image of ray-isosurface intersection positions, which is obtained from either slicing the volume [HBH03], illustrated in figure 3, or first hit ray casting that stores hit positions into the target buffer using an adaptation of a GPU ray casting method [KW03].

### 1.1. Deferred Shading

In standard rendering pipelines, shading equations are often evaluated for pixels that are entirely invisible or whose contribution to the final image is negligible. With the shading equations used in real-time rendering becoming more and more complex, avoiding these computations for invisible pixels becomes an important goal.

A very powerful concept that allows to compute shading only for actually visible pixels is the notion of *deferred shading* [DWS\*88, LMOW95]. Deferred shading computations are usually driven by one or more input images that contain all the information that is necessary for performing the final shading of the corresponding pixels. Especially in the context of non-photorealistic rendering, these input images are often also called *G-buffers* [ST90]. The major advantage of the concept of deferred computations is that it reduces their complexity from being proportional to object space, e.g., the number of voxels in a volume, to the complexity of image space, i.e., the number of pixels in the final output image. Naturally, these computations are not limited to shading equations per se, but can also include the derivation of additional information that is only needed for visible pixels

and may be required as input for shading, such as differential surface properties.

In this section, we describe deferred shading computations for rendering isosurfaces of volumetric data. The computations that are deferred to image space are not limited to actual shading, but also include the derivation of differential implicit surface properties such as the gradient (first order partial derivatives), the Hessian matrix (second order partial derivatives), and principal curvature information.

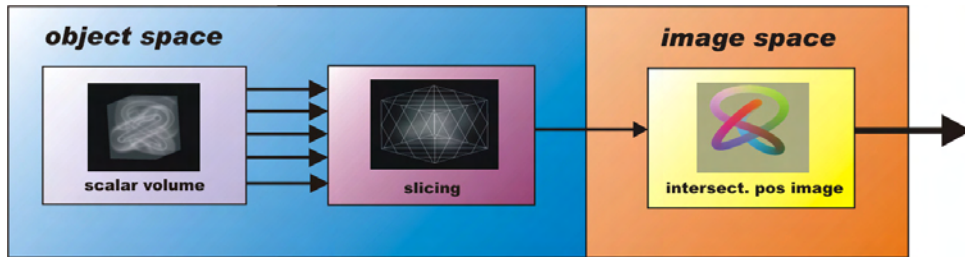
Figure 4 illustrates a pipeline for deferred shading of isosurfaces of volume data, and figure 2 shows example images corresponding to the output of specific image space rendering passes. The input to the pipeline is a single floating point image storing ray-surface intersection positions of the viewing rays and the isosurface. This image is obtained via either slicing the volume, or first hit ray casting, as outlined above and illustrated in figure 3.

From this intersection position image, differential isosurface properties such as the gradient and additional partial derivatives such as the Hessian matrix can be computed first. This allows shading with high-quality gradients, as well as computation of high-quality principal curvature magnitude and direction information. Sections 1.2 and 1.3 describe high-quality reconstruction of differential isosurface properties.

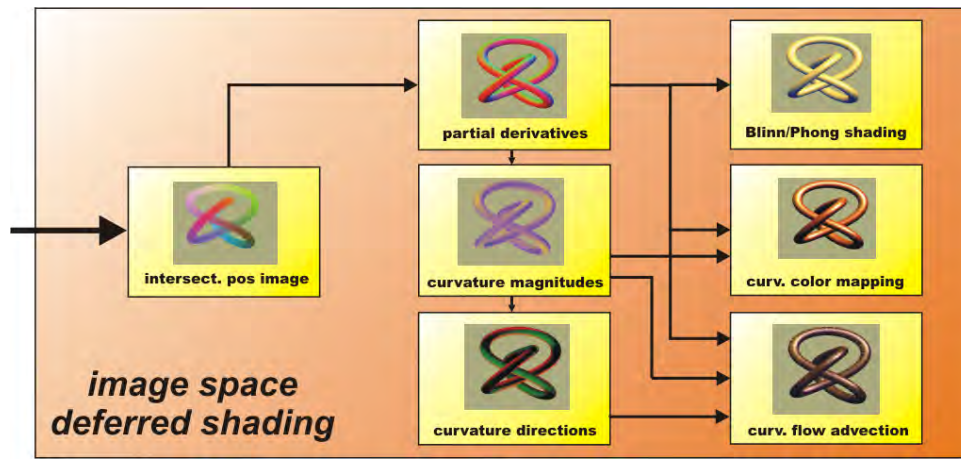
In the final actual shading pass, differential surface properties can be used for shading computations such as Blinn-Phong shading, color mapping of curvature magnitudes, and flow advection along curvature directions, as well as applying a solid texture onto the isosurface.

#### Shading from gradient image

The simplest shading equations depend on the normal vector of the isosurface, i.e., its normalized gradient. The normal vector can for example be used to compute Blinn-Phong shading, and reflection and refraction mapping that index an environment map with vectors computed from the view vector and the normal vector. See figure 5(left) for an example.



**Figure 3:** Slicing a volume in order to determine an intersection image of ray-isosurface intersections for deferred shading of an isosurface in subsequent image space rendering passes.



**Figure 4:** Deferred shading computations for an isosurface given as a floating point image of ray-surface intersection positions. First, differential properties such as the gradient and additional partial derivatives can be computed. These derivatives also allow to compute principal curvature information on-the-fly. In the final shading pass, the obtained properties can be used for high-quality shading computations. All of these computations and shading operations have image space instead of object space complexity and are only performed for visible pixels.

### Solid texturing

The initial position image that contains ray-isosurface intersection positions can be used for straight-forward application of a solid texture onto an isosurface. Parameterization is simply done by specifying the transformation of object space to texture space coordinates, e.g., via an affine transformation. For solid texturing, real-time tri-cubic filtering can be used instead of tri-linear interpolation in order to achieve high-quality results. See figure 5(center and right) for a comparison.

### 1.2. Deferred Gradient Reconstruction

The most important differential property of the isosurface that needs to be reconstructed is the gradient of the underlying scalar field  $f$ :

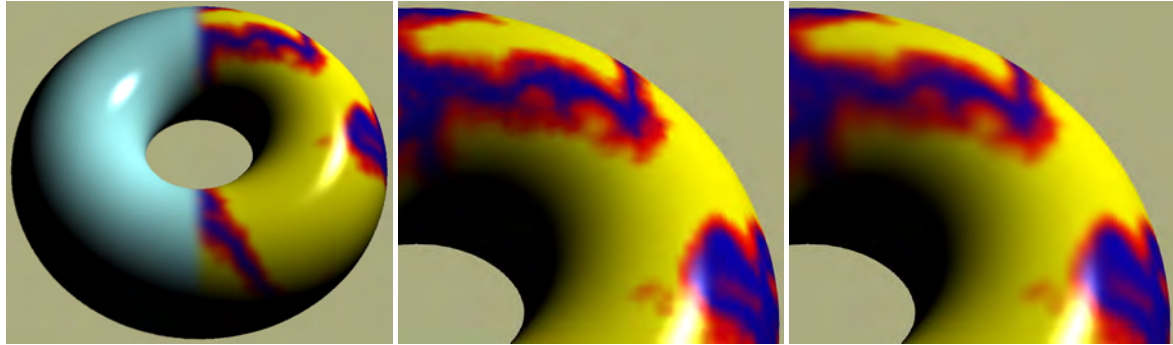
$$\mathbf{g} = \nabla f = \left( \frac{\partial f}{\partial x}, \frac{\partial f}{\partial y}, \frac{\partial f}{\partial z} \right)^T \quad (1)$$

The gradient can then be used as implicit surface normal for shading and curvature computations.

The surface normal is the normalized gradient of the volume, or its negative, depending on the notion of being inside/outside of the object that is bounded by the isosurface:  $\mathbf{n} = -\mathbf{g}/|\mathbf{g}|$ . The calculated gradient can be stored in a single RGB floating point image, see figure 2(a).

Hardware-accelerated high-quality filtering can be used for reconstruction of high-quality gradients by convolving the original scalar volume three times with the first derivative of a reconstruction kernel, e.g., the derived cubic B-spline kernel that is shown in figure 6(a).

The quality difference between cubic filtering and linear interpolation is even more apparent in gradient reconstruction than it is in value reconstruction. Figure 7 shows a comparison of different combinations of filters for value and gradient reconstruction, i.e., linear interpolation and cubic reconstruction with a cubic B-spline kernel. Figure 8 compares



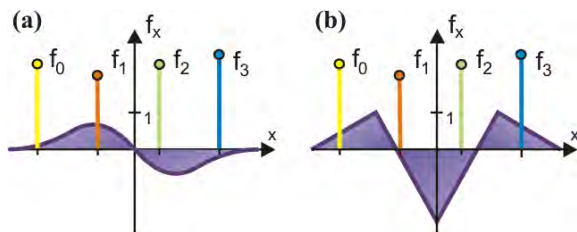
**Figure 5:** Deferred shading of an isosurface from a ray-isosurface intersection and a gradient image (left). Solid texture filtering can be done using tri-linear interpolation (center), or tri-cubic filtering in real-time (right).

linear and cubic (B-spline) reconstruction using reflection mapping and a line pattern environment map. Reconstruction with the cubic B-spline achieves results with  $C^2$  continuity.

### 1.3. Other Differential Properties

In addition to the gradient of the scalar volume, i.e., its first partial derivatives, further differential properties can be reconstructed in additional deferred shading passes.

For example, implicit principal curvature information can be computed from the second order partial derivatives of the volume. Curvature has many applications in surface investigation and rendering, e.g., non-photorealistic rendering equations incorporating curvature magnitudes in order to detect surface structures such as ridge and valley lines, or rendering silhouettes of constant screen space thickness.



**Figure 6:** The first order (a) and second order (b) derivatives of the cubic B-spline filter for direct high-quality reconstruction of derivatives via convolution.

### Second order partial derivatives: the Hessian

The Hessian matrix  $\mathbf{H}$  is comprised of all second order partial derivatives of the scalar volume  $f$ :

$$\mathbf{H} = \nabla \mathbf{g} = \begin{pmatrix} \frac{\partial^2 f}{\partial x^2} & \frac{\partial^2 f}{\partial x \partial y} & \frac{\partial^2 f}{\partial x \partial z} \\ \frac{\partial^2 f}{\partial y \partial x} & \frac{\partial^2 f}{\partial y^2} & \frac{\partial^2 f}{\partial y \partial z} \\ \frac{\partial^2 f}{\partial z \partial x} & \frac{\partial^2 f}{\partial z \partial y} & \frac{\partial^2 f}{\partial z^2} \end{pmatrix} \quad (2)$$

Due to symmetry, only six unique components need to be calculated, which can be stored in two RGB floating point images.

High-quality second order partial derivatives can be computed by convolving the scalar volume with a combination of first and second order derivatives of the cubic B-spline kernel, for example, which is illustrated in figure 6.

### Principal curvature magnitudes

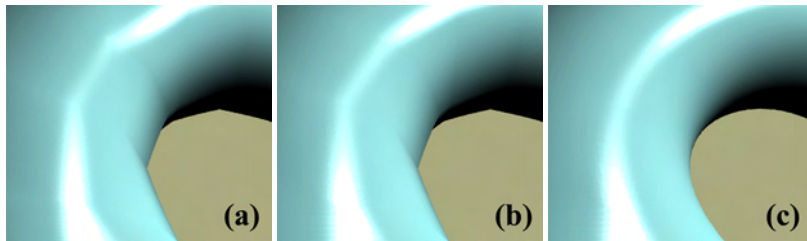
The first and second principal curvature magnitudes ( $\kappa_1, \kappa_2$ ) of the isosurface can be estimated directly from the gradient  $\mathbf{g}$  and the Hessian  $\mathbf{H}$  [KWTM03], whereby tri-cubic filtering in general yields high-quality results. This can be done in a single rendering pass, which uses the three partial derivative RGB floating point images generated by previous pipeline stages as input textures. It amounts to a moderate number of vector and matrix multiplications and solving a quadratic polynomial.

The result is a floating point image storing  $(\kappa_1, \kappa_2)$ , which can then be used in the following passes for shading and optionally calculating curvature directions. See figure 2(b).

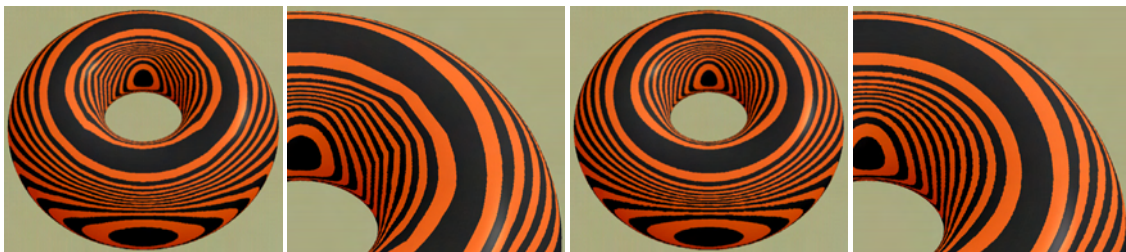
### Principal curvature directions

The principal curvature magnitudes are the eigenvalues of a  $2 \times 2$  eigensystem in the tangent plane specified by the normal vector, which can be solved in the next rendering pass for the corresponding eigenvectors, i.e., the 1D subspaces of





**Figure 7:** Linear and cubic filtering for value and gradient reconstruction on a torus: (a) both value and gradient are linear; (b) value is linear and gradient cubic; (c) both value and gradient are cubic. For cubic filtering, a cubic B-spline kernel has been used.



**Figure 8:** Comparing linear and cubic gradient reconstruction with a cubic B-spline filter using reflection lines. The left two images are with linear, the right two with cubic filtering.

principal curvature directions. Representative vectors for either the first or second principal directions can be computed in a single rendering pass.

The result is a floating point image storing principal curvature direction vectors. See Figure 2(c).

#### Filter kernel considerations

All curvature reconstructions in this chapter employ a cubic B-spline filter kernel and its derivatives. It has been shown that cubic filters are the lowest order reconstruction kernels for obtaining high-quality curvature estimates. They also perform very well when compared with filters of even higher order [KWTM03].

The B-Spline filter is a good choice for curvature reconstruction because it is the only fourth order BC-spline filter which is both accurate and continuous for first and second derivatives [MMK\*98, KWTM03]. Hence it is the only filter of this class which reconstructs continuous curvature estimates. Cubic B-spline filters can be implemented very efficiently on current GPUs [SH05].

However, although B-spline filters produce smooth and visually pleasing results, they might be inappropriate in some applications where data interpolation is required [MN88]. Using a combination of the first and second derivatives of the cubic B-spline for derivative reconstruction, and a Catmull-Rom spline for value reconstruction

is a viable alternative that avoids smoothing the original data [KWTM03].

#### 1.4. Rendering from Implicit Curvature

Computing implicit surface curvature is a powerful tool for isosurface investigation and non-photorealistic rendering of isosurfaces.

When differential isosurface properties have been computed in preceding deferred shading passes (see section 1.3), this information can be used for performing a variety of mappings to shaded images in a final shading pass.

#### Curvature-based transfer functions

Principal curvature magnitudes can be visualized on an isosurface by mapping them to colors via one-dimensional or two-dimensional transfer function lookup textures.

**One-dimensional curvature transfer functions.** Simple color mappings of first or second principal curvature magnitude via 1D transfer function lookup tables can easily be computed during shading. The same approach can be used to depict additional curvature measures directly derived from the principal magnitudes, such as mean curvature  $(\kappa_1 + \kappa_2)/2$  or Gaussian curvature  $\kappa_1 \kappa_2$ . See figures 11(left), 14(top, left), and 16(top, left) for examples.

**Two-dimensional curvature transfer functions.** Trans-



**Figure 9:** Two-dimensional transfer functions in curvature space. (left) Ridge and valley lines in  $(\kappa_1, \kappa_2)$  domain [KWTM03]; (right) contour thickness control [KWTM03].

fer functions in the 2D domain of both principal curvature magnitudes  $(\kappa_1, \kappa_2)$  are especially powerful, since color specification in this domain allows to highlight different structures on the surface [HKG00], including ridge and valley lines [IFP95, KWTM03]. Curvature magnitude information can also be used to implement silhouette outlining with constant screen space thickness [KWTM03]. See figures 11, 12, 14, 15, and 16 for examples. Figure 9 illustrates 2D transfer functions in the domain of curvature measures for ridge and valley lines (left), and constant silhouette thickness (right).

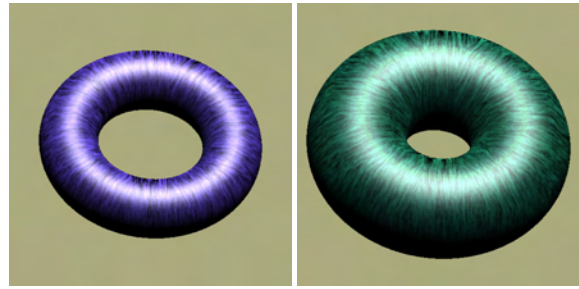
### Curvature-aligned flow advection

Direct mappings of principle curvature directions to RGB colors are hard to interpret, see figure 2(c), for example.

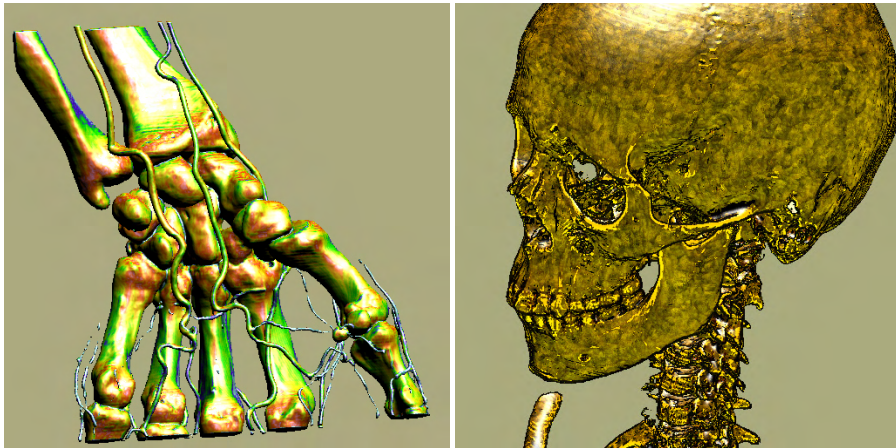
However, principal curvature directions on an isosurface can be visualized using image-based flow visualization [van03]. In particular, flow can be advected on the surface entirely in image space [LJH03, LvJH04]. These methods can easily be used in real-time, complementing the capability to generate high-quality curvature information on-the-fly, which also yields the underlying, potentially unsteady, "flow" field in real-time. See figure 2(f). In this case, it is natural to perform per-pixel advection guided by the floating point image containing principal direction vectors instead of warping mesh vertex or texture coordinates.

A problem with advecting flow along curvature directions is that their orientation is not uniquely defined and thus seams in the flow cannot be entirely avoided [van03].

See figures 10 and 12(top, left) for examples.



**Figure 10:** Changing the iso-value of a torus isosurface represented by a signed distance field. Color is derived from maximum principal curvature magnitude, and flow is advected in image space in maximum principal curvature direction. All changes to the iso-value take effect in real-time. Curvature directions constitute an unsteady flow field.

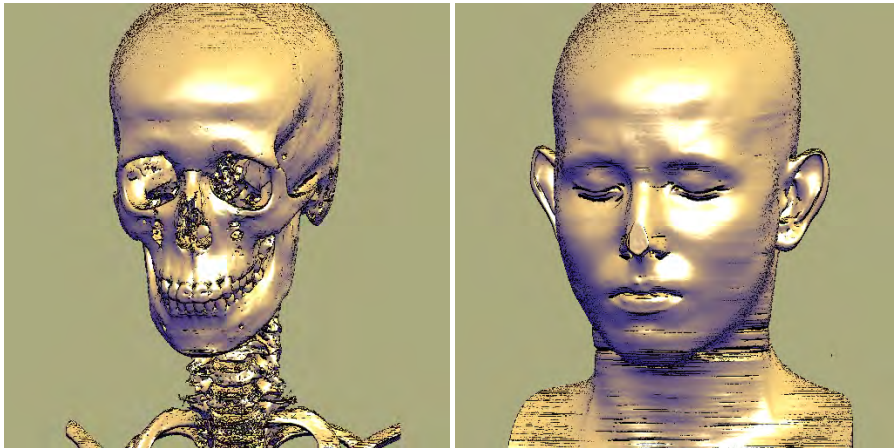


**Figure 11:** Two examples of implicit curvature-based isosurface rendering. (left) CT scan (256x128x256) with color mapping from a 1D transfer function depicting  $\sqrt{\kappa_1^2 + \kappa_2^2}$ ; (right) CT scan (256x256x333) with contours, ridges and valleys, tone shading, and principal curvature-aligned flow advection to generate a noise pattern on the surface.



**Figure 12:** Curvature-based NPR. (top, left) Contours, curvature magnitude colors, and flow in curvature direction; (top, right) tone shading and contours; (bottom, left) contours, ridges, and valleys; (bottom, right) flow in curvature direction.

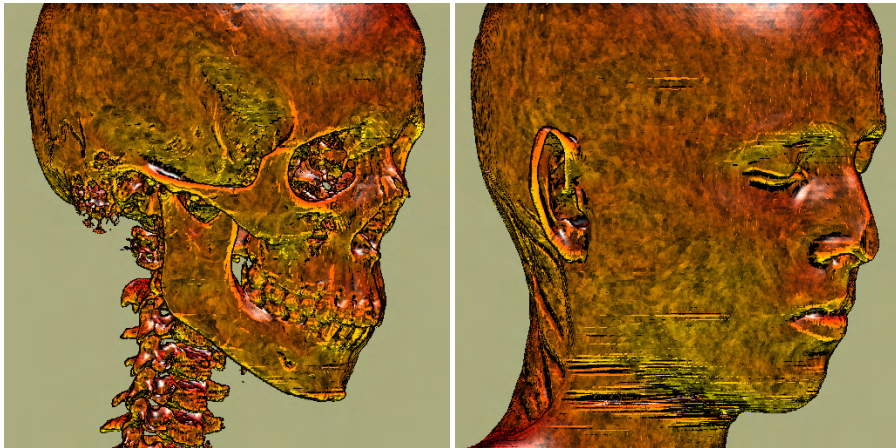




**Figure 13:** CT scan (512x512x333) with tone shading and curvature-controlled contours with ridge and valley lines specified in the  $(\kappa_1, \kappa_2)$  domain via a 2D transfer function.



**Figure 14:** Dragon distance field (128x128x128) with colors from curvature magnitude (top, left); with Phong shading (top, right); with contours (bottom, left); with ridge and valley lines (bottom, right).



**Figure 15:** CT scan (256x256x333) with contours, ridges and valleys, tone shading, and image space flow advection to generate a noise pattern on the surface.



**Figure 16:** Happy Buddha distance field (128x128x128) with colors from curvature magnitude (top, left); only ridge and valley lines (top, right); with contours (bottom, left); with contours, and ridge and valley lines (bottom, right).



## 2. Volume Rendering of Segmented Data

One of the most important goals in volume rendering, especially when dealing with medical data, is to be able to visually separate and selectively enable specific objects of interest contained in a single volumetric data set.

A very powerful approach to facilitate the perception of individual objects is to create explicit object membership information via *segmentation* [UH99]. The process of segmentation determines a set of voxels that belong to a given object of interest, usually in the form of one or several *segmentation masks*. There are two major ways of representing segmentation information in masks. First, each object can be represented by a single binary segmentation mask, which determines for each voxel whether it belongs to the given object or not. Second, an object ID volume can specify segmentation information for all objects in a single volume, where each voxel contains the ID of the object it belongs to. These masks can then be used to selectively render only some of the objects contained in a single data set, or render different objects with different optical properties such as transfer functions, for example. Volumes with object ID tags are often also called *tagged volumes* [HCE96].

Other approaches for achieving visual distinction of objects are for example rendering multiple semi-transparent isosurfaces, or direct volume rendering with an appropriate transfer function. In the latter approach, multi-dimensional transfer functions [KD98, KKH01] have proven to be especially powerful in facilitating the perception of different objects. However, it is often the case that a single rendering method or transfer function does not suffice in order to distinguish multiple objects of interest according to a user's specific needs, especially when spatial information needs to be taken into account. Non-photorealistic volume rendering methods [CMH\*01, ER00, LME\*02] have also proven to be promising approaches for achieving better perception of individual objects.

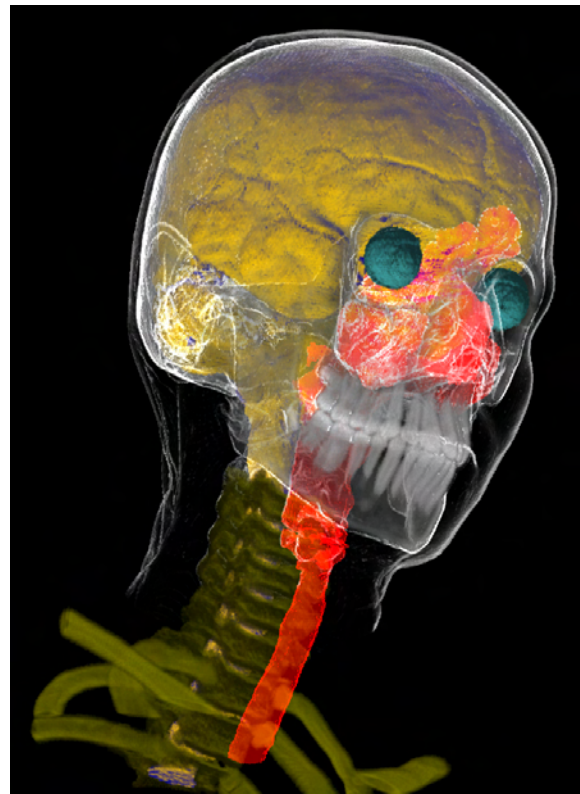
An especially powerful approach is to combine different non-photorealistic and traditional volume rendering methods in a single volume rendering. When segmentation information is available, different objects can be rendered with individual per-object rendering modes, which allows to use specific modes for structures they are well suited for, as well as separating *focus* from *context*. Even further, different objects can be rendered with their own individual compositing mode, combining the contributions of all objects with a single global compositing mode. This two-level approach to object compositing can facilitate object perception very effectively and is known as *two-level volume rendering* [HMBG00, HMBG01].

### Overview

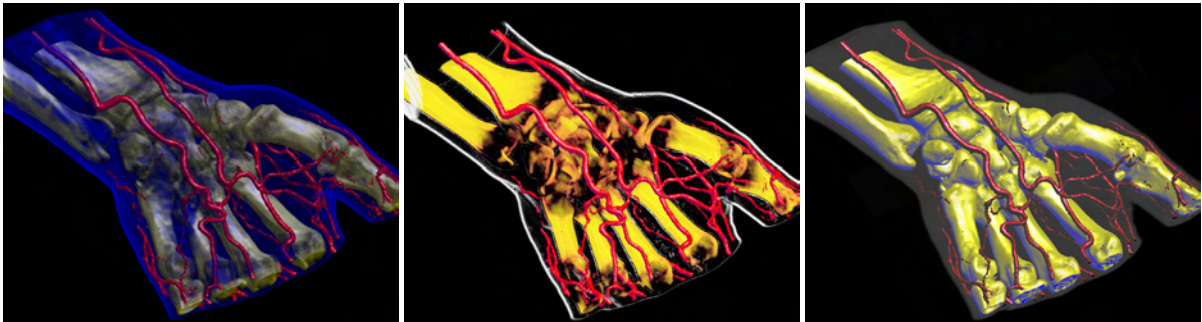
Integrating segmentation information and multiple rendering modes with different sets of parameters into a fast high-

quality volume renderer is not a trivial problem, especially in the case of consumer hardware volume rendering, which tends to only be fast when all or most voxels can be treated identically. On such hardware, one would also like to use a single segmentation mask volume in order to use a minimal amount of texture memory. Graphics hardware cannot easily interpolate between voxels belonging to different objects, however, and using the segmentation mask without filtering gives rise to artifacts. Thus, one of the major obstacles in such a scenario is filtering object boundaries in order to attain high quality in conjunction with consistent fragment assignment and without introducing non-existent object IDs due to interpolation.

In this chapter, we show how segmented volumetric data sets can be rendered efficiently and with high quality on current consumer graphics hardware. The segmentation information for object distinction can be used at multiple levels of sophistication, and we describe how all of these different possibilities can be integrated into a single coherent hardware volume rendering framework.



**Figure 18:** Segmented head and neck data set (256x256x333) with eight different enabled objects – brain: tone shading; skin: contour enhancement with clipping plane; eyes and spine: shaded DVR; skull, teeth, and vertebrae: unshaded DVR; trachea: MIP.



**Figure 17:** Segmented hand data set (256x128x256) with three objects: skin, blood vessels, and bone. Two-level volume rendering integrates different transfer functions, rendering and compositing modes: (left) all objects rendered with shaded DVR; the skin partially obscures the bone; (center) skin rendered with non-photorealistic contour rendering and MIP compositing, bones rendered with DVR, vessels with tone shading; (right) skin rendered with MIP, bones with tone shading, and vessels with shaded isosurfacing; the skin merely provides context.

First, different objects can be rendered with the same rendering technique (e.g., DVR), but with different transfer functions. Separate per-object transfer functions can be applied in a single rendering pass even when object boundaries are filtered during rendering. On an ATI Radeon 9700, up to eight transfer functions can be folded into a single rendering pass with linear boundary filtering. If boundaries are only point-sampled, e.g., during interaction, an arbitrary number of transfer functions can be used in a single pass. However, the number of transfer functions with boundary filtering in a single pass is no conceptual limitation and increases trivially on architectures that allow more instructions in the fragment shader.

Second, different objects can be rendered using different hardware fragment shaders. This allows easy integration of methods as diverse as non-photorealistic and direct volume rendering, for instance. Although each distinct fragment shader requires a separate rendering pass, multiple objects using the same fragment shader with different rendering parameters can effectively be combined into a single pass. When multiple passes cannot be avoided, the cost of individual passes is reduced drastically by executing expensive fragment shaders only for those fragments active in a given pass. These two properties allow highly interactive rendering of segmented data sets, since even for data sets with many objects usually only a couple of different rendering modes are employed. We have implemented direct volume rendering with post-classification, pre-integrated classification [EKE01], different shading modes, non-polygonal isosurfaces, and maximum intensity projection. See figures 17 and 19 for example images. In addition to non-photorealistic contour enhancement [CMH\*01] (figure 17, center; figure 19, skull), we have also used a volumetric adaptation of tone shading [GGSC98] (figure 17, right), which improves depth perception in contrast to standard shading.

Finally, different objects can also be rendered with dif-

ferent compositing modes, e.g., alpha blending and maximum intensity projection (MIP), for their contribution to a given pixel. These per-object compositing modes are object-local and can be specified independently for each object. The individual contributions of different objects to a single pixel can be combined via a separate global compositing mode. This two-level approach to object compositing [HMBG00, HMBG01] has proven to be very useful in order to improve perception of individual objects.

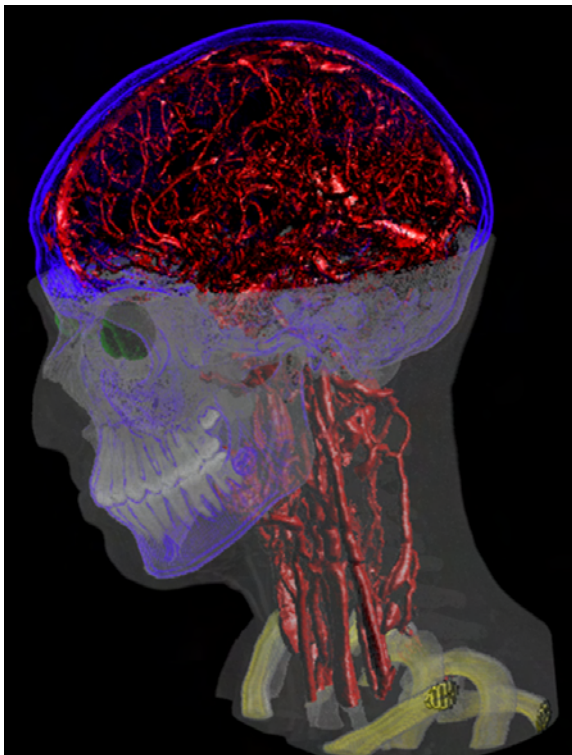
The major points of this chapter are:

- A systematic approach to minimizing both the number of rendering passes and the performance cost of individual passes when rendering segmented volume data with high quality on current GPUs. Both filtering of object boundaries and the use of different rendering parameters such as transfer functions do not prevent using a single rendering pass for multiple objects. Even so, each pass avoids execution of the corresponding potentially expensive fragment shader for irrelevant fragments by exploiting the early z-test. This reduces the performance impact of the number of rendering passes drastically.
- An efficient method for mapping a single object ID volume to and from a domain where filtering produces correct results even when three or more objects are present in the volume. The method is based on simple 1D texture lookups and able to map and filter blocks of four objects simultaneously.
- An efficient object-order algorithm based on simple depth and stencil buffer operations that achieves correct compositing of objects with different per-object compositing modes and an additional global compositing mode. The result is conceptually identical to being able to switch compositing modes for any given group of samples along the ray for any given pixel.

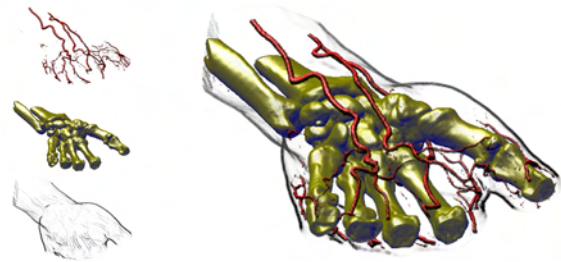
## 2.1. Segmented Data Representation

For rendering purposes, we simply assume that in addition to the usual data such as a density and an optional gradient volume, a *segmentation mask volume* is also available. If embedded objects are represented as separate masks, we combine all of these masks into a single volume that contains a single object ID for each voxel in a pre-process. Hence we will also be calling this segmentation mask volume the *object ID volume*. IDs are simply enumerated consecutively starting with one, i.e., we do not assign individual bits to specific objects. ID zero is reserved (see later sections).

The object ID volume consumes one byte per voxel and is either stored in its own 3D texture in the case of view-aligned slicing, or in additional 2D slice textures for all three slice stacks in the case of object-aligned slicing. With respect to resolution, we have used the same resolution as the original volume data, but all of the approaches we describe could



**Figure 19:** Segmented head and neck data set (256x256x333) with six different enabled objects. The skin and teeth are rendered as MIP with different intensity ramps, the blood vessels and eyes are rendered as shaded DVR, the skull uses contour rendering, and the vertebrae use a gradient magnitude-weighted transfer function with shaded DVR. A clipping plane has been applied to the skin object.



**Figure 20:** CT scan of a human hand (256x128x256) with three segmented objects (skin, blood vessels, and bone structure). The skin is rendered with contour enhancement, the vessels with shaded DVR, and the bones with tone shading.

easily be used for volume and segmentation data of different resolutions.

## 2.2. Rendering Segmented Data

In order to render a segmented data set, we determine object membership of individual fragments by filtering object boundaries in the hardware fragment shader (section 2.3). Object membership determines which transfer function, rendering, and compositing modes should be used for a given fragment. See figure 20 for an example of three segmented objects rendered with per-object rendering modes and transfer functions.

We render the volume in a number of rendering passes that is basically independent of the number of contained objects. It most of all depends on the required number of different hardware configurations that cannot be changed during a single pass, i.e., the fragment shader and compositing mode. Objects that can share a given configuration can be rendered in a single pass. This also extends to the application of multiple per-object transfer functions (section 2.3) and thus the actual number of rendering passes is usually much lower than the number of objects or transfer functions. It depends on several major factors:

**Enabled objects.** If all the objects rendered in a given pass have been disabled by the user, the entire rendering pass can be skipped. If only some of the objects are disabled, the number of passes stays the same, independent of the order of object IDs. Objects are disabled by changing a single entry of a 1D lookup texture. Additionally, per-object clipping planes can be enabled. In this case, all objects rendered in the same pass are clipped identically, however.

**Rendering modes.** The rendering mode, implemented as an actual hardware fragment shader, determines what and how volume data is re-sampled and shaded. Since it cannot be changed during a single rendering pass, another pass must be used if a different fragment shader is required. However, many objects often use the same basic rendering mode and



thus fragment shader, e.g., DVR and isosurfacing are usually used for a large number of objects.

**Transfer functions.** Much more often than the basic rendering mode, a change of the transfer function is required. For instance, all objects rendered with DVR usually have their own individual transfer functions. In order to avoid an excessive number of rendering passes due to simple transfer function changes, we apply multiple transfer functions to different objects in a single rendering pass while still retaining adequate filtering quality (section 2.3).

**Compositing modes.** Although usually considered a part of the rendering mode, compositing is a totally separate operation in graphics hardware. Where the basic rendering mode is determined by the fragment shader, the compositing mode is specified as blend function and equation in OpenGL, for instance. It determines how already shaded fragments are combined with pixels stored in the frame buffer. Changing the compositing mode happens even more infrequently than changing the basic rendering mode, e.g., alpha blending is used in conjunction with both DVR and tone shading.

Different compositing modes per object also imply that the (conceptual) ray corresponding to a single pixel must be able to combine the contribution of these different modes (figure 27). Especially in the context of texture-based hardware volume rendering, where no actual rays exist and we want to obtain the same result with an object-order approach instead, we have to use special care when compositing. The contributions of individual objects to a given pixel should not interfere with each other, and are combined with a single global compositing mode.

In order to ensure correct compositing, we are using two render buffers and track the current compositing mode for each pixel. Whenever the compositing mode changes for a given pixel, the already composited part is transferred from the *local compositing buffer* into the *global compositing buffer*. Section 2.4 shows that this can actually be done very efficiently without explicitly considering individual pixels, while still achieving the same compositing behavior as a ray-oriented image-order approach, which is crucial for achieving high quality. For faster rendering we allow falling back to single-buffer compositing during interaction (figure 28).

### The basic rendering loop

We will now outline the basic rendering loop that we are using for each frame. Table 1 gives a high-level overview.

Although the user is dealing with individual objects, we automatically collect all objects that can be processed in the same rendering pass into an *object set* at the beginning of each frame. For each object set, we generate an *object set membership texture*, which is a 1D lookup table that determines the objects belonging to the set. In order to further distinguish different transfer functions in a single object set,

we also generate 1D *transfer function assignment textures*. Both of these types of textures are shown in figure 21 and described in sections 2.2 and 2.3.

After this setup, the entire slice stack is rendered. Each slice must be rendered for every object set containing an object that intersects the slice, which is determined in a pre-process. In the case of 3D volume textures, all slices are always assumed to be intersected by all objects, since they are allowed to cut through the volume at arbitrary angles. If there is more than a single object set for the current slice, we optionally render all object set IDs of the slice into the depth buffer before rendering any actual slice data. This enables us to exploit the early z-test during all subsequent passes for each object set, see below.

We proceed by rendering actual slice data. Before a slice can be rendered for an object set, the fragment shader and compositing mode corresponding to this set must be activated. Using the two types of textures mentioned above, the fragment shader filters boundaries, rejects fragments not corresponding to the current pass, and applies the correct transfer function.

In order to attain two compositing levels, slices are rendered into a local buffer, as already outlined above. Before rendering the current slice, those pixels where the local compositing mode differs from the previous slice are transferred from the local into the global buffer using the global compositing mode. After this transfer, the transferred pixels are cleared in the local buffer to ensure correct local compositing for subsequent pixels. In the case when only a single compositing buffer is used for approximate compositing, the local to global buffer transfer and clear are not executed.

Finally, if the global compositing buffer is separate from the viewing window, it has to be transferred once after the entire volume has been rendered.

```
DetermineObjectSets();
CreateObjectSetMembershipTextures();
CreateTFAssignmentTextures();
FOR each slice DO
    TransferLocalBufferIntoGlobalBuffer();
    ClearTransferredPixelsInLocalBuffer();
    RenderObjectIdDepthImageForEarlyZTest();
    FOR each object set with an object in slice DO
        SetupObjectSetFragmentRejection();
        SetupObjectSetTFAssignment();
        ActivateObjectSetFragmentShader();
        ActivateObjectSetCompositingMode();
        RenderSliceIntoLocalBuffer();
```

**Table 1:** The basic rendering loop that we are using. Object set membership can change every time an object's rendering or compositing mode is changed, or an object is enabled or disabled.

### Early fragment culling via early z-test

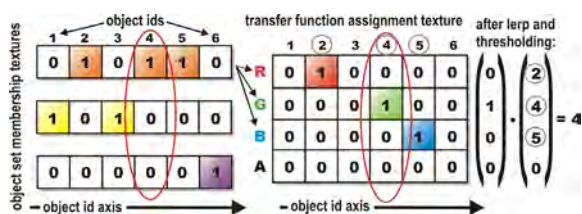
On current graphics hardware, it is possible to avoid execution of the fragment shader for fragments where the depth test fails as long as the shader does not modify the depth value of the fragment. This early z-test is crucial to improving performance when multiple rendering passes have to be performed for each slice.

If the current slice's object set IDs have been written into the depth buffer before, see above, we reject fragments not belonging to the current object set even before the corresponding fragment shader is started. In order to do this, we use a depth test of `GL_EQUAL` and configure the vertex shader to generate a constant depth value for each fragment that exactly matches the current object set ID. Figure 22 graphically illustrates the performance difference of using the early z-test as opposed to also shading voxels that will be culled.

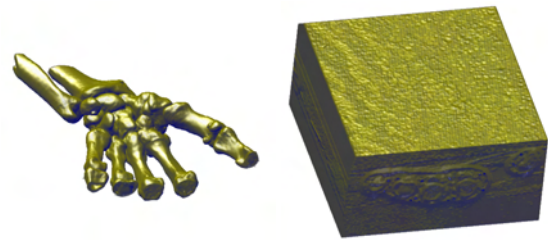
Excluding individual fragments from processing by an expensive fragment shader via the early z-test is also crucial in the context of GPU-based ray casting in order to be able to terminate rays individually [KW03].

### Fragment shader operations

Most of the work in volume renderers for consumer graphics hardware is done in the fragment shader, i.e., at the granularity of individual fragments and, ultimately, pixels. In contrast to approaches using lookup tables, i.e., paletted textures, we are performing all shading operations procedurally in the fragment shader. However, we are most of all interested in the operations that are required for rendering segmented data. The two basic operations in the fragment shader with respect to the segmentation mask are fragment rejection and per-fragment application of transfer functions:



**Figure 21:** Object set membership textures (left; three 1D intensity textures for three sets containing three, two, and one object, respectively) contain a binary membership status for each object in a set that can be used for filtering object IDs and culling fragments. Transfer function assignment textures (right; one 1D RGBA texture for distinction of four transfer functions) are used to filter four object boundaries simultaneously and determine the corresponding transfer function via a simple dot product.



**Figure 22:** In order to render the bone structure shown on the left, many voxels need to be culled. The early z-test allows to avoid evaluating shading equations for culled voxels. If it is not employed, performance will correspond to shading all voxels as shown on the right.

**Fragment rejection.** Fragments corresponding to object IDs that cannot be rendered in the current rendering pass, e.g., because they need a different fragment shader or compositing mode, have to be rejected. They, in turn, will be rendered in another pass, which uses an appropriately adjusted rejection comparison.

For fragment rejection, we do not compare object IDs individually, but use 1D lookup textures that contain a binary membership status for each object (figure 21, left). All objects that can be rendered in the same pass belong to the same object set, and the corresponding object set membership texture contains ones at exactly those texture coordinates corresponding to the IDs of these objects, and zeros everywhere else. The re-generation of these textures at the beginning of each frame, which is negligible in terms of performance, also makes turning individual objects on and off trivial. Exactly one object set membership texture is active for a given rendering pass and makes the task of fragment rejection trivial if the object ID volume is point-sampled.

When object IDs are filtered, it is also crucial to map individual IDs to zero or one before actually filtering them. Details are given in section 2.3, but basically we are using object set membership textures to do a binary classification of input IDs to the filter, and interpolate after this mapping. The result can then be mapped back to zero or one for fragment rejection.

**Per-fragment transfer function application.** Since we apply different transfer functions to multiple objects in a single rendering pass, the transfer function must be applied to individual fragments based on their density value and corresponding object ID. Instead of sampling multiple one-dimensional transfer function textures, we sample a single global two-dimensional transfer function texture (figure 23). This texture is not only shared between all objects of an object set, but also between all object sets. It is indexed with one texture coordinate corresponding to the object ID, the other one to the actual density.

Because we would like to filter linearly along the axis of



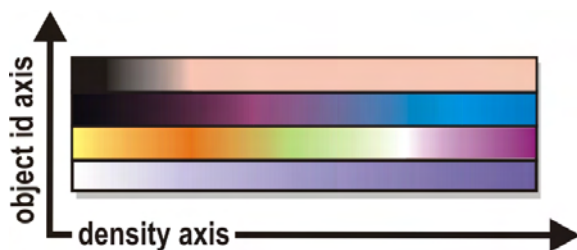
the actual transfer function, but use point-sampling along the axis of object IDs, we store each transfer function twice at adjacent locations in order to guarantee point-sampling for IDs, while we are using linear interpolation for the entire texture. We have applied this scheme only to 1D transfer functions, but general 2D transfer functions could also be implemented via 3D textures of just a few layers in depth, i.e., the number of different transfer functions.

We are using an extended version of the pixel-resolution filter that we employ for fragment rejection in order to determine which of multiple transfer functions in the same rendering pass a fragment should actually use. Basically, the fragment shader uses multiple RGBA transfer function assignment textures (figure 21, right) for both determining the transfer function and rejecting fragments, instead of a single object set membership texture with only a single color channel. Each one of these textures allows filtering the object ID volume with respect to four object boundaries simultaneously. A single lookup yields binary membership classification of a fragment with respect to four objects. The resulting RGBA membership vectors can then be interpolated directly. The main operation for mapping back the result to an object ID is a simple dot product with a constant vector of object IDs. If the result is the non-existent object ID of zero, the fragment needs to be rejected. The details are described in section 2.3.

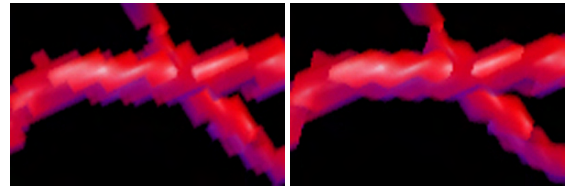
This concept can be extended trivially to objects sharing transfer functions by using transfer function IDs instead of object IDs. The following two sections will now describe filtering of object boundaries at sub-voxel precision in more detail.

### 2.3. Boundary Filtering

One of the most crucial parts of rendering segmented volumes with high quality is that the object boundaries must be calculated during rendering at the pixel resolution of the



**Figure 23:** Instead of multiple one-dimensional transfer functions for different objects, we are using a single global two-dimensional transfer function texture. After determining the object ID for the current fragment via filtering, the fragment shader appropriately samples this texture with (density, object\_id) texture coordinates.



**Figure 24:** Object boundaries with voxel resolution (left) vs. object boundaries determined per-fragment with linear filtering (right).

output image, instead of the voxel resolution of the segmentation volume. Figure 24 (left) shows that simply point-sampling the object ID texture leads to object boundaries that are easily discernible as individual voxels. That is, simply retrieving the object ID for a given fragment from the segmentation volume is trivial, but causes artifacts. Instead, the object ID must be determined via filtering for each fragment individually, thus achieving pixel-resolution boundaries.

Unfortunately, filtering of object boundaries cannot be done directly using the hardware-native linear interpolation, since direct interpolation of numerical object IDs leads to incorrectly interpolated intermediate values when more than two different objects are present. When filtering object IDs, a threshold value  $s_f$  must be chosen that determines which object a given fragment belongs to, which is essentially an iso-surfacing problem.

However, this cannot be done if three or more objects are contained in the volume, which is illustrated in the top row of figure 25. In that case, it is not possible to choose a single  $s_f$  for the entire volume. The crucial observation to make in order to solve this problem is that the segmentation volume must be filtered as a successive series of binary volumes in order to achieve proper filtering [TSH98], which is shown in the second row of figure 25. Mapping all object IDs of the current object set to 1.0 and all other IDs to 0.0 allows using a global threshold value  $s_f$  of 0.5. We of course do not want to store these binary volumes explicitly, but perform this mapping on-the-fly in the fragment shader by indexing the *object set membership texture* that is active in the current rendering pass. Filtering in the other passes simply uses an alternate binary mapping, i.e., other object set membership textures.

One problem with respect to a hardware implementation of this approach is that texture filtering happens before the sampled values can be altered in the fragment shader. Therefore, we perform filtering of object IDs directly in the fragment shader. Note that our approach could in part also be implemented using texture palettes and hardware-native linear interpolation, with the restriction that not more than four transfer functions can be applied in a single rendering pass. However, we have chosen to perform all filtering in the frag-

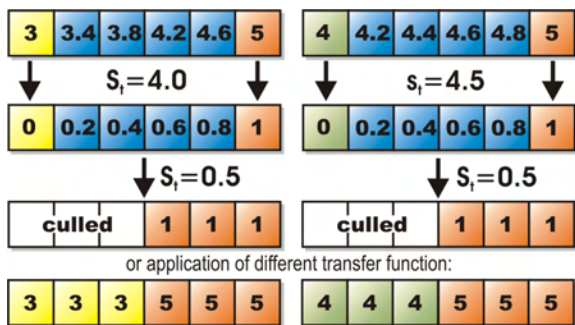
ment shader in order to create a coherent framework with a potentially unlimited number of transfer functions in a single rendering pass and prepare for the possible use of cubic boundary filtering in the future.

After filtering yields values in the range  $[0.0, 1.0]$ , we once again come to a binary decision whether a given fragment belongs to the current object set by comparing with a threshold value of 0.5 and rejecting fragments with an interpolated value below this threshold (figure 25, third row).

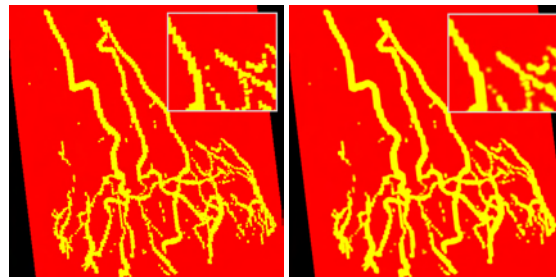
Actual rejection of fragments is done using the `KILL` instruction of the hardware fragment shader that is available in the `ARB_fragment_program` OpenGL extension, for instance. It can also be done by mapping the fragment to RGBA values constituting the identity with respect to the current compositing mode (e.g., an alpha of zero for alpha blending), in order to not alter the frame buffer pixel corresponding to this fragment.

**Linear boundary filtering.** For object-aligned volume slices, bi-linear interpolation is done by setting the hardware filtering mode for the object ID texture to nearest-neighbor and sampling it four times with offsets of whole texels in order to get access to the four ID values needed for interpolation. Before actual interpolation takes place, the four object IDs are individually mapped to 0.0 or 1.0, respectively, using the current object set membership texture.

We perform the actual interpolation using a variant of texture-based filtering, which proved to be both faster and use fewer instructions than using LRP instructions. With this approach, bi-linear weight calculation and interpolation can be reduced to just one texture fetch and one dot



**Figure 25:** Each fragment must be assigned an exactly defined object ID after filtering. Here, IDs 3, 4, and 5 are interpolated, yielding the values shown in blue. Top row: choosing a single threshold value  $s_t$  that works everywhere is not possible for three or more objects. Second row: object IDs must be converted to 0.0 or 1.0 in the fragment shader before interpolation, which allows using a global  $s_t$  of 0.5. After thresholding, fragments can be culled accordingly (third row), or mapped back to an object ID in order to apply the corresponding transfer function (fourth row).



**Figure 26:** Selecting the transfer function on a per-fragment basis. In the left image, point-sampling of the object ID volume has been used, whereas in the right image procedural linear interpolation in the fragment shader achieves results of much better quality.

product. When intermediate slices are interpolated on-the-fly [RSEB\*00], or view-aligned slices are used, eight instead of four input IDs have to be used in order to perform trilinear interpolation.

**Combination with pre-integration.** The combination of pre-integration [EKE01] and high-quality clipping has been described recently [RGW\*03]. Since our filtering method effectively reduces the segmentation problem to a clipping problem on-the-fly, we are using the same approach after we have mapped object IDs to 0.0 or 1.0, respectively. In this case, the interpolated binary values must be used for adjusting the pre-integration lookup.

### Multiple per-object transfer functions in a single rendering pass

In addition to simply determining whether a given fragment belongs to a currently active object or not, which has been described in the previous section, this filtering approach can be extended to the application of multiple transfer functions in a single rendering pass without sacrificing filtering quality. Figure 26 shows the difference in quality for two objects with different transfer functions (one entirely red, the other entirely yellow for illustration purposes).

In general hardware-accelerated volume rendering, the easiest way to apply multiple transfer functions in a single rendering pass would be to use the original volume texture with linear interpolation, and an additional separate point-sampled object ID texture. Although actual volume and ID textures could be combined into a single texture, the use of a separate texture to store the IDs is mandatory in order to prevent that filtering of the actual volume data also reverts back to point-sampling, since a single texture cannot use different filtering modes for different channels and point-sampling is mandatory for the ID texture. The hardware-native linear interpolation cannot be turned on in order to filter object IDs,

and thus the resolution of the ID volume is easily discernible if the transfer functions are sufficiently different.

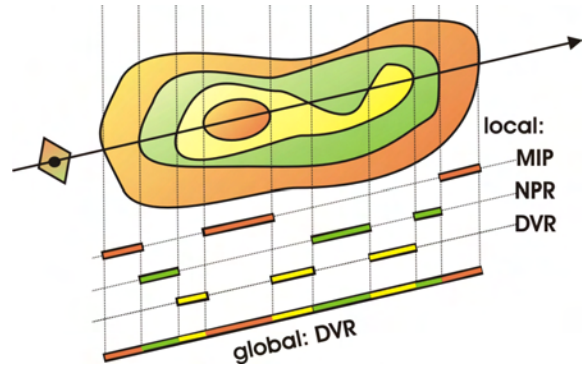
In order to avoid the artifacts related to point-sampling the ID texture, we perform several almost identical filtering steps in the fragment shader, where each of these steps simultaneously filters the object boundaries of four different objects. After the fragment's object ID has been determined via filtering, it can be used to access the global transfer function table as described in section 2.2 and illustrated in figure 23. For multiple simultaneous transfer functions, we do not use object set membership textures but the similar extended concept of *transfer function assignment textures*, which is illustrated in the right image of figure 21.

Each of these textures can be used for filtering the object ID volume with respect to four different object IDs at the same time by using the four channels of an RGBA texture in order to perform four simultaneous binary classification operations. In order to create these textures, each object set membership texture is converted into  $\lceil \#objects/4 \rceil$  transfer function assignment textures, where  $\#objects$  denotes the number of objects with different transfer functions in a given object set. All values of 1.0 corresponding to the first transfer function are stored into the red channel of this texture, those corresponding to the second transfer function into the green channel, and so on.

In the fragment shader, bi-linear interpolation must index this texture at four different locations given by the object IDs of the four input values to interpolate. This classifies the four input object IDs with respect to four objects with just four ID texture sampling operations. A single linear interpolation step yields the linear interpolation of these four object classifications, which can then be compared against a threshold of (0.5, 0.5, 0.5, 0.5), also requiring only a single operation for four objects. Interpolation and thresholding yields a vector with at most one component of 1.0, the other components set to 0.0. In order for this to be true, we require that interpolated and thresholded repeated binary classifications never overlap, which is not guaranteed for all types of filter kernels. In the case of bi-linear or tri-linear interpolation, however, overlaps can never occur [TSH98].

The final step that has to be performed is mapping the binary classification to the desired object ID. We do this via a single dot product with a vector containing the four object IDs corresponding to the four channels of the transfer function assignment texture (figure 21, right). By calculating this dot product, we multiply exactly the object ID that should be assigned to the final fragment by 1.0. The other object IDs are multiplied by 0.0 and thus do not change the result. If the result of the dot product is 0.0, the fragment does not belong to any of the objects under consideration and can be culled. Note that exactly for this reason, we do not use object IDs of zero.

For the application of more than four transfer functions



**Figure 27:** A single ray corresponding to a given image pixel is allowed to pierce objects that use their own object-local compositing mode. The contributions of different objects along a ray are combined with a single global compositing mode. Rendering a segmented data set with these two conceptual levels of compositing (local and global) is known as two-level volume rendering.

in a single rendering pass, the steps outlined above can be executed multiple times in the fragment shader. The results of the individual dot products are simply summed up, once again yielding the ID of the object that the current fragment belongs to.

Note that the calculation of filter weights is only required once, irrespective of the number of simultaneous transfer functions, which is also true for sampling the original object ID textures.

Equation 3 gives the major fragment shader resource requirements of our filtering and binary classification approach for the case of bi-linear interpolation with LRP instructions:

$$4\text{TEX\_2D} + 4 \left\lceil \frac{\#objects}{4} \right\rceil \text{TEX\_1D} + 3 \left\lceil \frac{\#objects}{4} \right\rceil \text{LRP}, \quad (3)$$

in addition to one dot product and one thresholding operation (e.g., DP4 and SGE instructions, respectively) for every  $\lceil \#objects/4 \rceil$  transfer functions evaluated in a single pass.

Similarly to the alternative linear interpolation using texture-based filtering that we have outlined in section 2.3, procedural weight calculation and the LRP instructions can once again also be substituted by texture fetches and a few cheaper ALU instructions. On the Radeon 9700, we are currently able to combine high-quality shading with up to eight transfer functions in the same fragment shader, i.e., we are using up to two transfer function assignment textures in a single rendering pass.

## 2.4. Two-Level Volume Rendering

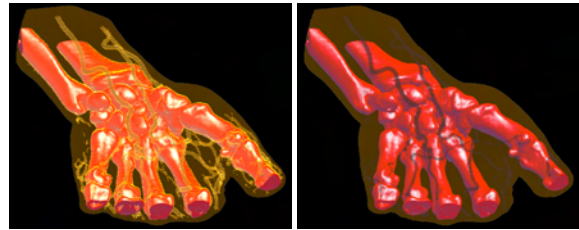
The final component of the framework presented in this chapter with respect to the separation of different objects is the possibility to use individual object-local compositing modes, as well as a single global compositing mode, i.e., *two-level volume rendering* [HMBG00, HMBG01]. The local compositing modes that can currently be selected are alpha blending (e.g., for DVR or tone shading), maximum intensity projection (e.g., for MIP or contour enhancement), and isosurface rendering. Global compositing can either be done by alpha blending, MIP, or a simple summation of all contributions.

Although the basic concept of two-level volume rendering is best explained using an image-order approach, i.e., individual rays (figure 27), in the context of texture-based volume rendering we have to implement it in object-order. As described in section 2.2, we are using two separate rendering buffers, a local and a global compositing buffer, respectively. Actual volume slices are only rendered into the local buffer, using the appropriate local compositing mode. When a new fragment has a different local compositing mode than the pixel that is currently stored in the local buffer, that pixel has to be transferred into the global buffer using the global compositing mode. Afterward, these transferred pixels have to be cleared in the local buffer before the corresponding new fragment is rendered. Naturally, it is important that both the detection of a change in compositing mode and the transfer and clear of pixels is done for all pixels simultaneously.

In order to do this, we are using the depth buffer of both the local and the global compositing buffer to track the current local compositing mode of each pixel, and the stencil buffer to selectively enable pixels where the mode changes from one slice to the next. Before actually rendering a slice (see table 1), we render IDs corresponding to the local compositing mode into both the local and the global buffer's depth buffer. During these passes, the stencil buffer is set to one where the ID already stored in the depth buffer (from previous passes) differs from the ID that is currently be-

```
TransferLocalBufferIntoGlobalBuffer() {
    ActivateContextGlobalBuffer();
    DepthTest( NOT_EQUAL );
    StencilTest( RENDER_ALWAYS, SET_ONE );
    RenderSliceCompositingIds( DEPTH_BUFFER );
    DepthTest( DISABLE );
    StencilTest( RENDER_WHERE_ONE, SET_ZERO );
    RenderLocalBufferImage( COLOR_BUFFER );
}
```

**Table 2:** Detecting for all pixels simultaneously where the compositing mode changes from one slice to the next, and transferring those pixels from the local into the global compositing buffer.



**Figure 28:** Detecting changes in compositing mode for each individual sample along a ray can be done exactly using two rendering buffers (left), or approximately using only a single buffer (right).

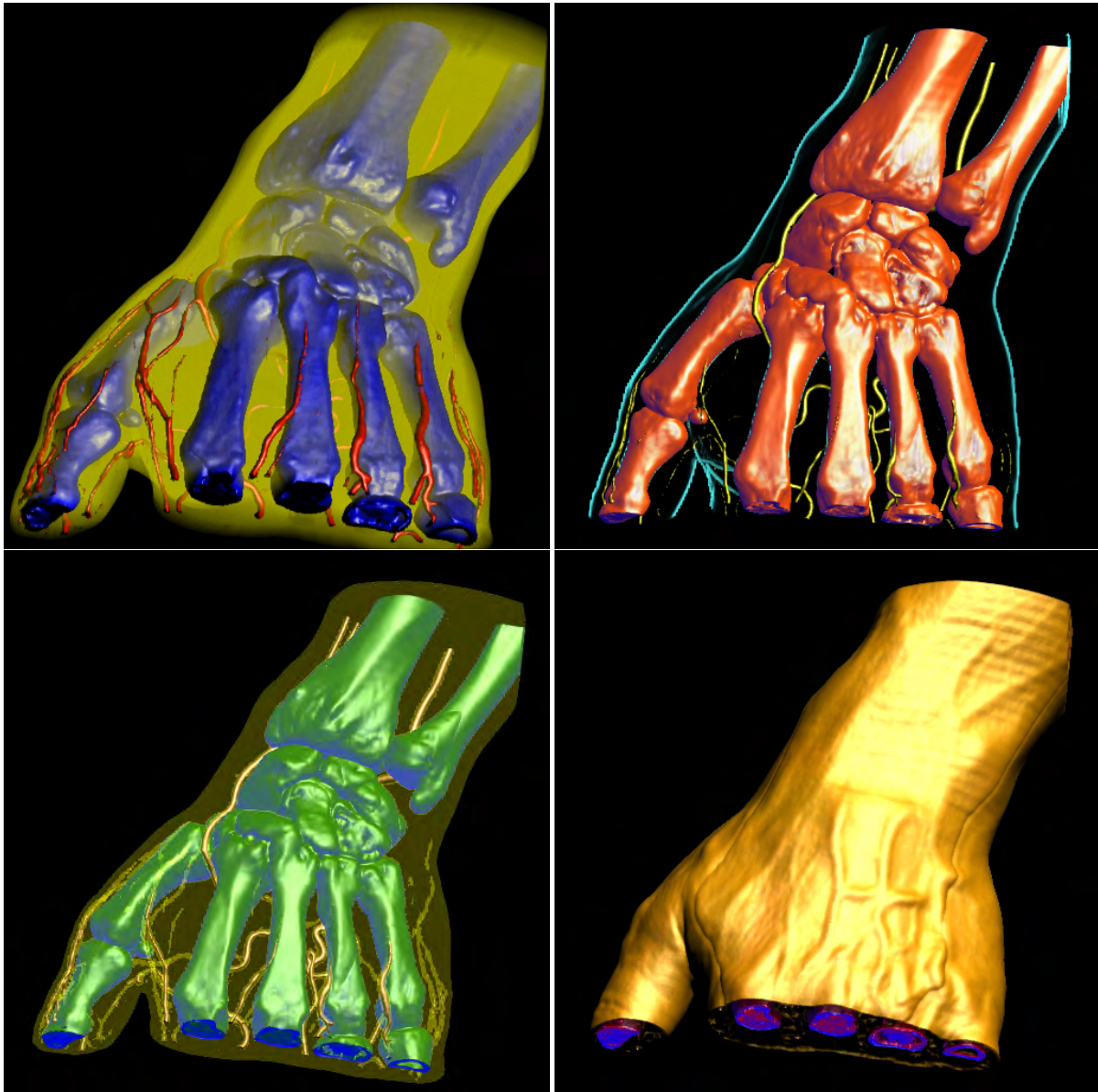
ing rendered. This gives us both an updated ID image in the depth buffer, and a stencil buffer that identifies exactly those pixels where a change in compositing mode has been detected.

We then render the image of the local buffer into the global buffer. Due to the stencil test, pixels will only be rendered where the compositing mode has actually changed. Table 2 gives pseudo code for what is happening in the global buffer. Clearing the just transferred pixels in the local buffer works almost identically. The only difference is that in this case we do not render the image of another buffer, but simply a quad with all pixels set to zero. Due to the stencil test, pixels will only be cleared where the compositing mode has actually changed.

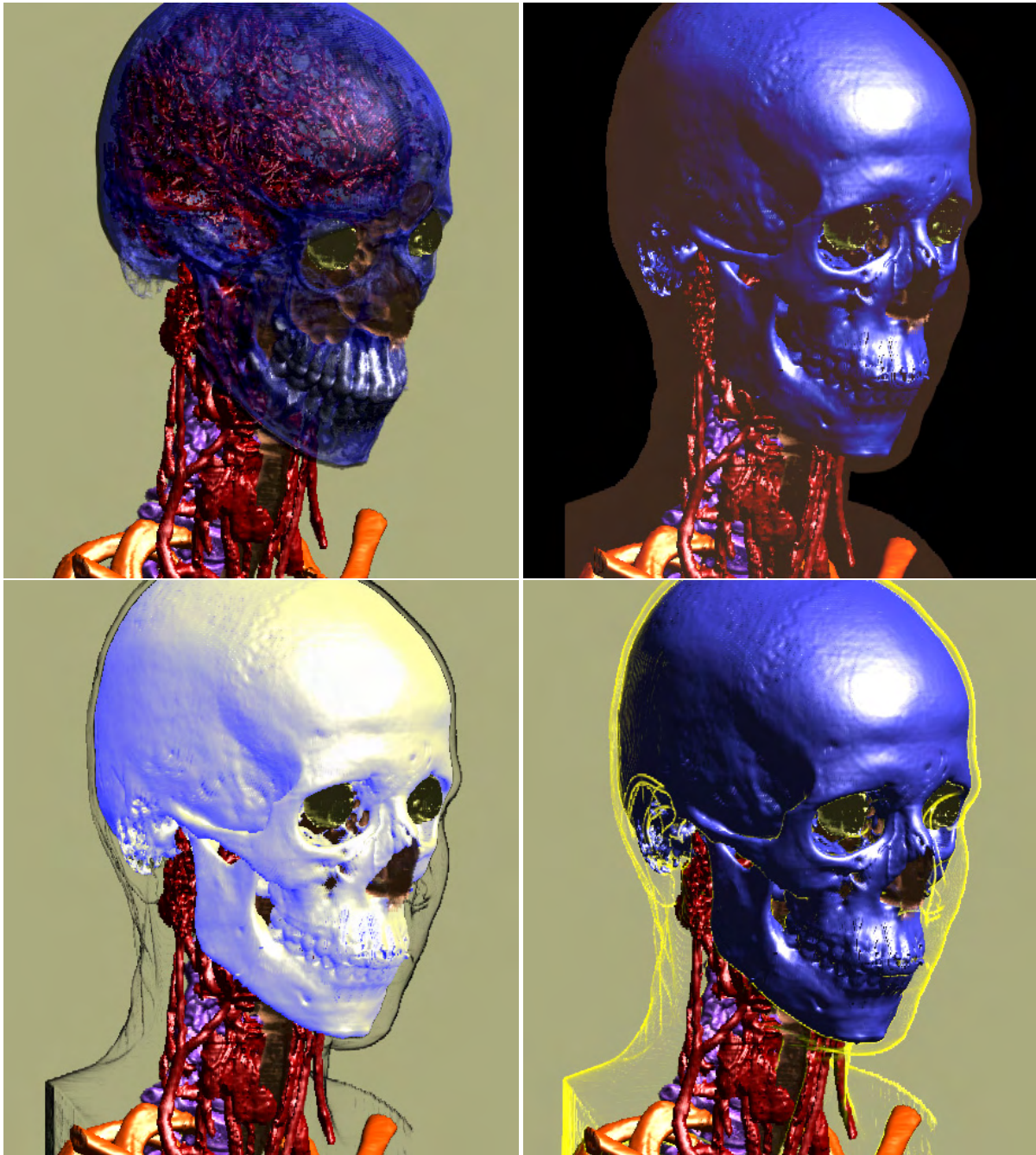
Note that all these additional rendering passes are much faster than the passes actually rendering and shading volume slices. They are independent of the number of objects and use extremely simple fragment shaders. However, the buffer/context switching overhead is quite noticeable, and thus correct separation of compositing modes can be turned off during interaction. Figure 28 shows a comparison between approximate and correct compositing with one and two compositing buffers, respectively. When only a single buffer is used, the compositing mode is simply switched according to each new fragment without avoiding interference with the previous contents of the frame buffer.

The visual difference depends highly on the combination of compositing modes and spatial locations of objects. The example in figure 28 uses MIP and DVR compositing in order to highlight the potential differences. However, using approximate compositing is very useful for faster rendering, and often exhibits little or no loss in quality. Also, it is possible to get an almost seamless performance/quality trade-off between the two, by performing the buffer transfer only every  $n$  slices instead of every slice. See figures 18, 29, and 30 for two-level volume renderings of segmented volume data.





**Figure 29:** Hand data set (256x128x256) examples of different rendering and compositing modes. (top, left) skin with unshaded DVR, vessels and bones with shaded DVR; (top, right) skin with contour rendering, vessels with shaded DVR, bones with tone shading; (bottom, left) skin with MIP, vessels with shaded DVR, bones with tone shading; (bottom, right) skin with isosurfacing, occluded vessels and bones with shaded DVR.



**Figure 30:** Head and neck data set (256x256x333) examples of different rendering and compositing modes. (top, left) skin disabled, skull with shaded DVR; (top, right) skin with MIP, skull with isosurfacing; (bottom, left) skin with contour rendering, skull with tone shading; (bottom, right) skin with contour rendering, skull with isosurfacing.

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## **Smart Visibility in Visualization**

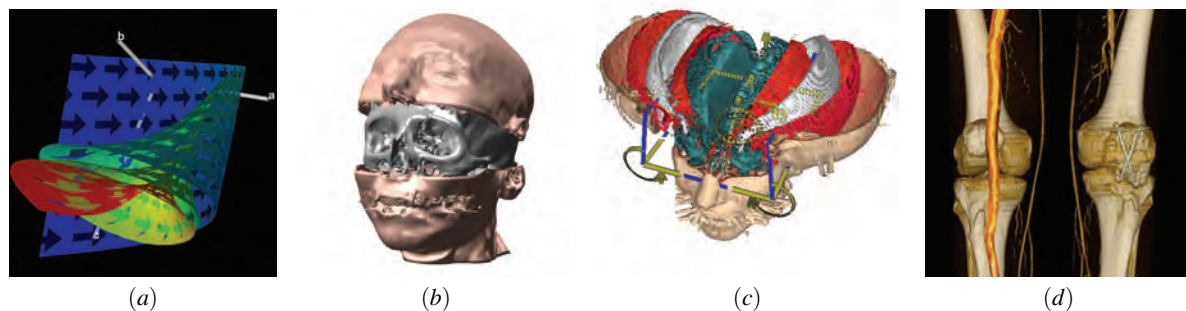
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# Smart Visibility in Visualization

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**Figure 1:** Examples of smart visibility visualizations: cut-away view visualization of complex dynamical systems [LMG97] (a), volumetric splitting [IDSC04] (b), browsing in the features through leafer deformation [MTB03] (c), and cutaway views visualization of peripheral arteries [SvC\*04] (d).

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## Abstract

In this part of the tutorial we first discuss expressive visualization techniques that provide maximal visual information through dynamic change in visual representation. Such techniques originate from technical illustration and are called cut-away views or ghosted views. We discuss basic principles and techniques for automatic generation of cut-away and ghosted visualizations. One approach is importance-driven feature enhancement, where the visibility of a particular feature is determined according to assigned importance information. The most appropriate level of abstraction is specified automatically to unveil the most important information. Additionally we show the applicability of cut-away views on particular visualization examples.

The second category of smart visibility techniques are based on modification of the spatial arrangement of structures. Such techniques are closely related to exploded views, often used for assembly instructions. We discuss visualization techniques that separate context information to unveil the inner focus information by splitting the context into parts and moving them apart. Another visualization technique enables browsing within the data by applying deformations like leafing, peeling, or spreading. In the case of time-varying data we present another visualization technique which is related to exploded views and is denoted as fanning in time.

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## 1. Introduction

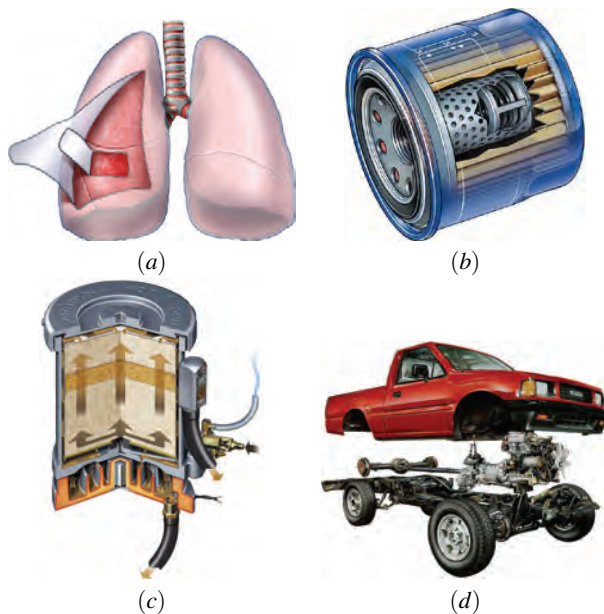
A typical problem in the visualization of three-dimensional or higher-dimensional data is that the most interesting features are not easily perceivable, because they are occluded by other, less important features. Traditional visualization techniques classify the visual representation of features in-

dependently from the viewpoint. The global setting limits viewpoint positions and viewing angles to a range, where the important structures are not occluded by other objects.

Widely used technique to resolve the visibility problem is incorporating clipping planes. A clipping plane defines two half-spaces. The context information that spatially be-

longs to one half-space is visible, while the other is not displayed. This is a very very easy and intuitive way to unveil the most important data. However such approach eliminates less important objects also in those viewing situations, where it would not be necessary, or even worse the spatial arrangement information is lost, because too much of context information has to be removed. Different optical properties and rendering techniques (e.g., contour rendering) in the suppressed half-space ease the problem only to a certain degree.

An effective way to visualize three-dimensional data and resolve the occlusion of the most prominent information is to take approaches used in technical and medical illustrations [GMS\*02, Hod03]. Illustration challenges are very similar in this case. Illustration techniques such as cut-away views, ghosted views, or exploded views effectively uncover the most important information. This is achieved by changing the level of visual abstraction or modifying the spatial arrangement of features. In the following we will describe illustrative visualizations that have been inspired by these illustration techniques. Figure 2 shows examples of expressive illustrations that enables to see interesting structures. Further illustrations featuring expressive techniques can be found on the referenced web-sites [How05, Hul05].



**Figure 2:** Different types of hand crafted expressive illustrations: cut-away view (a), ghosted view (b), section view (c), and exploded view (d). Technical illustrations are courtesy of Kevin Hulsey Illustration, Inc [Hul05].

## 2. Cut-Away Views, Section Views, and Ghosted Views

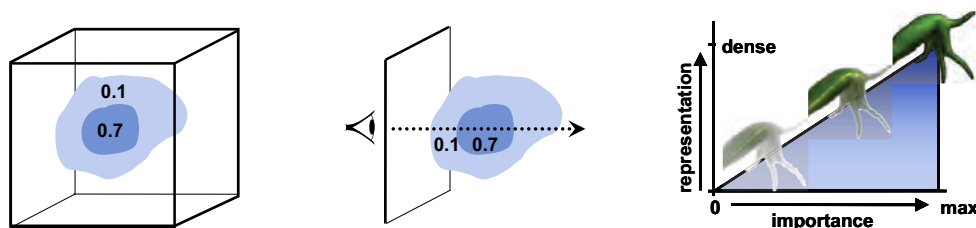
The popularity of cut-away and ghosted views is demonstrated by the fact that they can be found in all books on technical or medical illustrations [GMS\*02, Hod03]. An automatic generation of cut-away and ghosted views for polygonal data was introduced by Feiner and Seligmann [FS92]. They propose a family of algorithms that automatically identify potentially obscuring objects and display them in a ghosted or cut-away view. The proposed algorithms exploit z-buffer rendering, therefore they are suitable for real-time interaction achieved by hardware acceleration. Interactive semi-transparent views, section views, and cut-away views for polygonal data have been recently revised by Diepstraten et al. [DWE02, DWE03]. Semi-transparent views unveil interesting objects obscured by other context information by increasing the transparency of the context. Diepstraten et al. propose to adhere to an effective set of rules for the automatic generation of the discussed illustrative techniques. For semi-transparent illustrative views the following three rules should be taken into consideration:

- faces of transparent objects never shine through
- objects occluded by two transparent objects do not shine through
- transparency falls-off close to the edges of transparent objects

For section views and cut-away views they propose to keep in mind seven other rules:

- inside and outside objects have to be distinguished from each other
- a section view is represented by the intersection of two half spaces
- the cut-out of a section view is aligned to the main axis of the outside object
- an optional jittering mechanism is useful for cut-outs
- a mechanism to make the walls visible is needed
- cut-outs consist of a single hole in the outside object
- interior objects should be visible from any given viewing angle

The mentioned algorithms and rules for cut-away views, section views, and ghosted views have been applied to polygonal data and are generally applicable in computer graphics. For an arbitrary clipping of volumetric data Weiskopf et al. [WEE03] propose a number of effective techniques to increase performance and visual quality. The implementation of clipping operations is mapped to commodity graphics hardware to achieve interactive framerates. Additionally to clipping all rendering computations are performed on the graphics hardware. Per-fragment operations estimate on-the-fly the visibility according to the clipping geometry and adjust the shading in areas where clipping occurs. In the following Sections 2.1 and 2.2 we focus more on visualization related tasks. First we will discuss an approach for automatic cut-away and ghosted views out of scientific volumetric data [VKG04]. This technique employs



**Figure 3:** Stages in the pipeline of importance-driven volume rendering: Volumetric features are assigned importance values (left image). The volume is traversed (center) in the importance compositing stage to estimate levels of sparseness (right). These are used to enhance or suppress particular parts of the volume. The resulting images then emphasize important features.

additional information about importance of a particular feature. Then we will show the potential of such expressive views on a set of applications.

### 2.1. Importance-Driven Feature Enhancement

Traditionally features within the volume dataset are classified by optical properties like color and opacity. With importance-driven feature enhancement we additionally assign one more dimension to features, which describes their importance. Importance encodes which features are the most interesting ones and have the highest priority to be clearly visible. Prior to the final image synthesis, the visibility of important features is estimated. If less important objects are occluding features that are more interesting, the less important ones are rendered more sparsely, e.g., more transparently. If the same object does not cause any unwanted occlusions in other regions of the image, it is rendered more densely, e.g., opaque, in order to see its features more clearly. This allows to see all interesting structures irrespective if they are occluded or not, and the less important parts are still visible as much as possible. Instead of using constant optical characteristics, which are independent from the viewpoint, we use several levels of sparseness for each feature. Levels of sparseness correspond to levels of abstraction, i.e., we do not assign a single optical characteristic, but several characteristics with smooth transitions in between. These multiple levels of sparseness allow the object to continuously change its visual appearance from a very dense representation to a very sparse one. Which level of sparseness will be chosen, is dependent on the importance of the particular object and the importance of objects in front and behind. The level of sparseness thus may continuously vary within a single feature. For different viewpoints the same part of a feature may be represented with different levels of sparseness. To determine the sparseness level for each object or parts thereof the rendering pipeline requires an additional step, which we call importance compositing. This step evaluates the occlusion according to the viewpoint settings, takes the importance factor of each feature into account and assigns to each feature a particular level of sparseness. The final synthesis results in images with maximal visual information with re-

spect to the predefined object importance. The interrelationship between object importance, importance compositing, and levels of sparseness is depicted in Figure 3. The importance compositing traverses the whole volume to identify object occlusions and assigns the corresponding level of sparseness to each object. Object importance translates to object visibility in the result image. This causes different rendering settings for the context object (with importance 0.1) in the area of the image which is covered by the focus object (importance 0.7).

Figure 4 shows cut-away view of multi-dimensional volumetric data of hurricane Isabel using importance-driven feature enhancement. The important feature was hurricane eye selected by cylindrical proxy geometry. Inside the cylinder the total precipitation mixing ratio is visualized. Thanks to the cut-away view it is possible to have a clear view at this property close to the eye of the hurricane. Outside the cylinder is the context area where the total cloud moisture is visualized.



**Figure 4:** Cut-away visualization of multidimensional volumetric data of hurricane Isabel.

Figure 5 illustrates ghosted view of scalar volumetric data of a Leopard gecko. The small internal structure (in yellow) of Leopard gecko dataset is the most interesting information and has been pre-segmented. Body is considered as context information. In the area of occlusion the visual representation of gecko body is reduced to contours to have a clear view on the interesting internal organ.

### 2.2. Applications in Visualization

Expressive visualizations inspired by illustration techniques are useful for various visualization tasks. Straka et





**Figure 5:** Ghosted visualization using contours of CT scan of Leopard gecko.

al. [SvC\*04] are applying a cut-away technique for CT-angiography of peripheral arteries in human legs. The goal is to have a clear view on the vessels, which are partially segmented by their centerline. For a clear understanding of the spatial arrangement it is necessary to visualize also bones and skin contours. To have an unobstructed view on the vessel for each viewpoint it is necessary to perform a cut in the bone. To avoid potential misinterpretations, the cut is clearly depicted as an artificial and sharp change in the data. This is illustrated in Figure 1 (d).

An extension to direct volume rendering that focuses on increasing the visibility of features has been proposed by Bruckner et al. [BGKG05]. This technique is known as illustrative context-preserving volume rendering. The approach maps transparency to the strength of specular highlights. This allows to see *inside* the volume in the areas of highlights. The human perception can easily complete the shape of partially transparent parts and therefore additional information can be shown here. A further parameter tunes the ratio between specular and transparency. A depth parameter determines how far one can look inside a volumetric object (fuzzy clipping). Certain data value ranges can be excluded from the transparency modulation to allow a clear view on specific (inner) structures. An example of illustrative context-preserving volume rendering is shown in Figure 6.

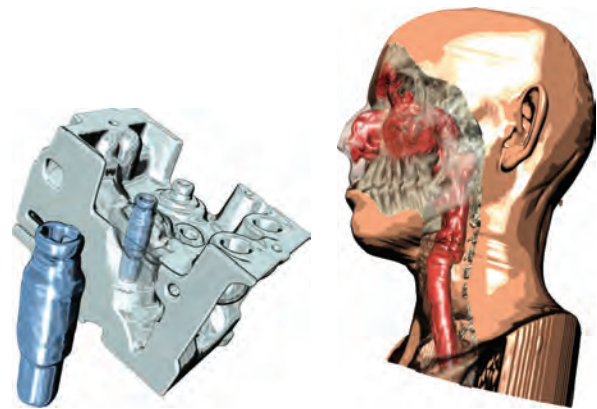
An interactive tool for cut-away and ghosting visualizations has been recently proposed by Bruckner [BG05, BVG05]. The tool is denoted as VolumeShop and it is an interactive system which features advanced manipulation techniques and illustrative rendering techniques to generate interactive illustrations directly from the volumetric data. The system is using latest-generation texture-mapping hardware to perform interactive rendering using various kinds of rendering styles. It implements a multi-volume concept to enable individual manipulations of each volume part. The segmentation of the volumetric objects can be done directly via 3D painting. Apart from importance-driven visualization resulting into cut-away and ghosted views, VolumeShop features a label management to intro-



**Figure 6:** Illustrative context-preserving volume rendering showing interior structures of a human hand [BGKG05].

duce basic descriptions for the visualized data. To focus at a particular feature, this feature can be moved from its original spatial position. To indicate its original spatial position it is possible to display a *ghost* there, or add additional markers such as fanning or arrows.

Some ghosted visualizations generated using VolumeShop are shown in Figure 7.



**Figure 7:** Interactive ghosted visualizations of the engine block and human head datasets [BG05, BVG05].

Previous applications of cut-away views are viewpoint-dependent, i.e., the shape and location of the cut is directly dependent on the viewpoint information. Volume cutting is another medical visualization technique that is related to cut-away views, but the cut shape is not influenced by viewpoint settings. Pflesser et al. [PPT\*02] present an interac-



tive drill-like tool for surgical training, which is based on the multi-volume concept. Owada et al. [ONOI04] extend volume cutting by incorporating two-dimensional textures that are mapped on the cut surface. This enhances the visualization with additional information of the internal arrangement of bones or muscles. Such a concept can be very useful for anatomy education for example. Both volume cutting techniques are illustrated in Figure 8.



**Figure 8:** Volume cutting featuring two-dimensional textures for anatomy education [ONOI04] (left) and volume cutting with drill-like tool for surgical education [PPT\*02] (right).

Visualization of complex dynamical systems can be also enhanced by incorporating cuts into stream surfaces. Streamarrows proposed by Löffelmann et al. [LMG97] exploit cutting for enhancing the visual information. They use arrows as a basic element for cutting away part of the stream surface. This allows to see through the surface and perceive other surfaces or structures behind. Animating streamarrows along the stream surface enables to see beyond the front stream surfaces and perceive the flow direction. Streamarrows belong to the category of view-point independent cut-away techniques and are shown in Figure 1 (a).

### 3. Exploded Views and Deformations

Exploded views and deformations modify the spatial arrangement of features to uncover the most prominent ones. It is also a very effective way to present assembly instructions. Exploded views enable a clear view on individual features and convey the information about the original spatial location by helpers such as lines or arrows. Agrawala et al. [APH\*03] proposed design principles for creating effective assembly instructions based on exploded views. They additionally present a system for the automatic design of assembly instructions and a system that semi-automatically generates exploded views from two-dimensional images [LAS04]. The rules for assembly instructions are based on cognitive psychology and experiments:

- assembling is decomposed into a hierarchy of operations and parts
- parts in the same hierarchy (e.g., legs of a chair) have to be added at the same time-step, or in sequence one after another
- step-by-step instructions are better understandable than a single diagram showing all the operations
- diagrams presenting the final assembly are necessary to understand the step-by-step action diagrams
- parts added in the current assembly step must be clearly visible
- objects have to be presented in their clearest orientation

Smart-visibility visualizations are using some of the above mentioned rules for other tasks than assembly instructions. In the following visualization approaches are presented that have been inspired by the exploded views concept. They use some of the rules for assembly instructions implicitly.

#### 3.1. Applications in Visualization

One of the visualization techniques that is closely related to exploded views is volume splitting [IDSC04, GBKG04]. This technique is intended for displaying multiple enclosed iso-surfaces within the volumetric data. Each iso-surface, except the innermost one, is split into two parts and moved apart. Such splitting is denoted as logical splitting. Another type is geometrical splitting which moves apart the two halves of the entire volume. Logical splitting is illustrated in Figure 1 (b).

McGuffin et al. [MTB03] propose an elaborate framework featuring a set of advanced deformations for an understandable visual presentation of complex three-dimensional information. The operation for investigating the interior of a volume is browsing. The browsing is realized on pre-segmented data decomposed into several semantic layers (e.g., skin, muscle, skull, brain). The user can cut into and open up, spread apart, or peel away parts of the volume in real time. This makes the interior visible while still retaining surrounding context. Additionally they present a set of interaction techniques based on various metaphors. Interaction techniques are controlled by pop-up menus and three-dimensional widgets. The interaction technique using leafing deformation is shown in Figure 1 (c).

Another interesting visualization technique inspired by exploded views is called fanning in time [GBKG04]. This technique is different from previously mentioned techniques, because it is a temporal exploded view analogous to temporal exploded views and multiple exposure photographs. It is useful for the visualization of time-series with a relatively small number of time-steps. The main goal is to show all time-steps in one image similar to illustrative photographs of a skateboarder performing a certain skateboard trick. Figure 9 illustrates the idea of fanning in time and the correspondence to illustrative photography.



**Figure 9:** Illustrative photography of a skateboarder performing a jump (top). Photography expressively displays the principle of a particular trick. The photography is courtesy of Trasher magazine. Fanning in time (bottom) shows all time steps of time-varying dataset of beating heard [GBKG04].

#### 4. Conclusions

In this part of the tutorial we have presented expressive visualization techniques inspired by strategies from traditional illustration. We have shown that many challenging visualization tasks can be solved by adopting existing techniques from visual arts. Although computer generated visualization can hardly compete hand crafted illustrations in terms of expressivity, harmony, or esthetics, considerable advantage to traditional illustration is the aspect of real-time interaction and manipulation. Effective combination of expressive visualization techniques with right interaction tools conveys the information on complex scientific data much better than a static image.

#### 5. Acknowledgements

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# Smart Visibility in Visualization

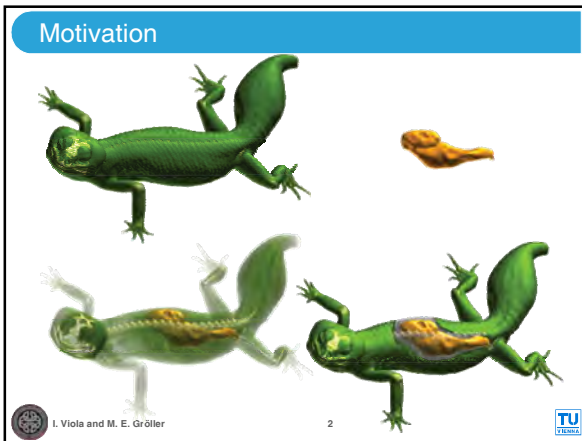
I. Viola and M. E. Gröller

Institute of Computer Graphics and Algorithms  
Vienna University of Technology

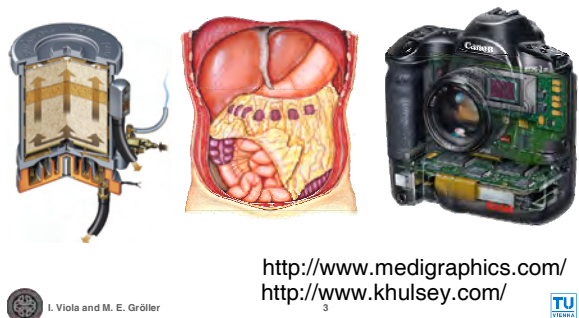
## Smart Visibility Techniques

- Artificial modifications of the data to enhance visibility of important features
- Expressive illustration techniques
  - ◆ Visual modifications
    - Section views
    - Cut-away and ghosted views
  - ◆ Spatial deformations
    - Deformations
    - Exploded views

## Motivation



## Section, Cut-Away, Ghosted Illustrations



## Rules for Cut-Aways and Section Views

[Diepstraten et al. '03]

- Inside and outside objects are differentiable
- Section view is intersection of two half spaces
- Section view is aligned to main axis of outside object
- Jittering mechanism is useful for cut-outs
- Mechanism to make the walls visible is needed
- Cut-away views are single hole in outside object
- Interior objects are visible from any viewing angle

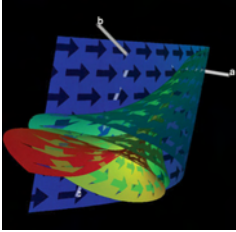
## Additional Rules for Ghosted Views

[Diepstraten et al. '02]

- Transparent objects never shine through
- Opaque objects occluded by two transparent objects do not shine through
- Transparency falls-off close to the edges of transparent objects


### Viewpoint Independent Cut-Away Views

**Streamarrows**




[Löffelman et al. '97] 🌸

**Volume Cutting**




[Pflesser et al. '02]

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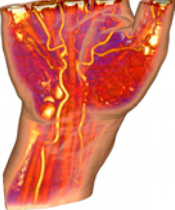
### Viewpoint-Dependent Cut-Away Views

**VesselGlyph**

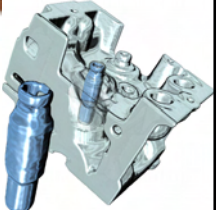


[Straka et al. '04] 🌸


**ICPVR**



**VolumeShop**



[Bruckner et al. '05] 🌸

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### Importance-Driven Feature Enhancement

[Viola et al. '04 '05] 🌸

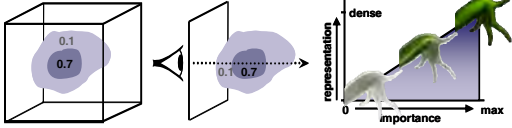
Importance specification

→


Importance compositing

→



levels of sparseness

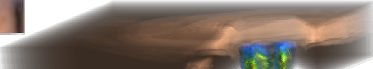



**importance-driven feature enhancement**

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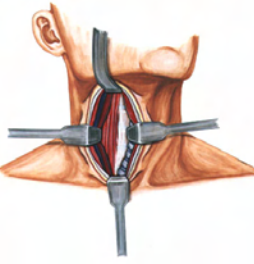

### Applications




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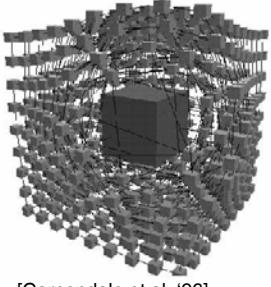

### Deformations and Exploded Views


<http://www.medgraphics.com/>  
<http://www.khulsey.com/>

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### Deformations

[Carpendale et al. '96] [Mackinlay et al. '99]

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### Browsing Deformations

Leafer      Peeler

[McGuffin et al. '03]

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### Spatial Exploding

Volume Splitting      Dynamic Multi-Volumes

[Islam et al. '04]      [Grimm et al. '04]

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### Temporal Exploding (C.E.M.E.N.T.)

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### Temporal Exploding

Fanning in Time

[Grimm et al. '04]

I. Viola and M. E. Gröller 15

### Conclusions

- Visual arts are source of inspiration
- Illustrations are nicer than synthetic image
- Visualization can be interactive, illustration not
- Smart visibility makes visualization expressive
  - ◆ Local modification of visual properties
  - ◆ Modification in spatial arrangement

I. Viola and M. E. Gröller 16

### Thank you!

Questions???

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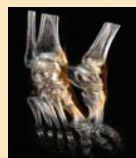
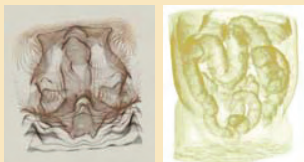
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## **Interactive Volume Illustration for Medical and Surgical Training**

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## Interactive Volume Illustration for Medical and Surgical Training



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Purdue University  
ebertd@purdue.edu



## Talk Overview

### Volume illustration approach

- Toolbox of techniques

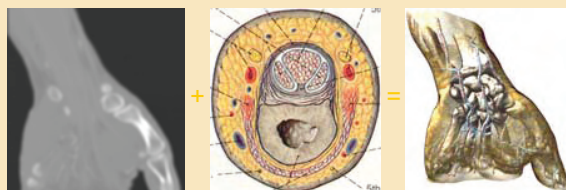
### Interactive volume illustration system

### Surgical simulation

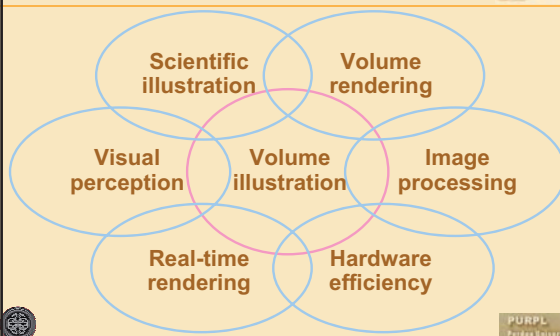
### Conclusions



## Volume Illustration



## Bases of Volume Illustration



## Approach to Effective Visual Representations (ala Bertin)

*Understand the problem or question*

*Determine data needed for solution and its characteristics*

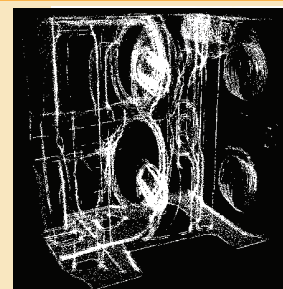
*Determine effective visual representation*

- Utilize perception, design, illustration, and advanced rendering techniques
- Interactivity, accuracy, and reproducibility are vital



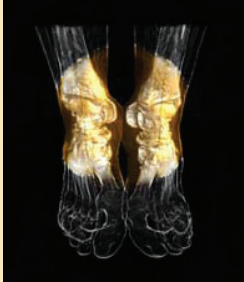



## Volume Illustration: Overview

*Abstract away unimportant details*



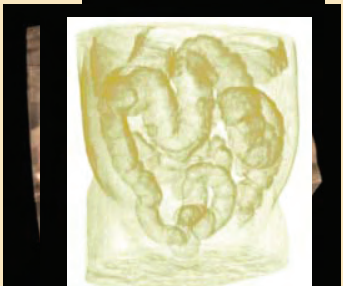



## Volume Illustration: Overview

*Utilize attentive focus to emphasize data*

## Volume Illustration: Overview

*Utilize illustration principles and techniques*




## Volume Illustration

### Approach

- Apply expressive-level NPR techniques to volume models to improve comprehensibility

### Issues

- What to show?
- How to show it?
- How to implement it?

## Volume Illustration Approach

### What to show?




- Incorporate principles from technical illustration

### How to show it?

- Develop a toolbox of illustrative techniques

### How to implement it?

- Adapt volume rendering pipeline to volume illustration




## Toolbox of Techniques

### Feature enhancement

- Boundary enhancement
- Silhouette enhancement

### Depth and orientation techniques

- Aerial perspective
- Intensity depth cueing
- Oriented fading
- Halos
- Tone shading




## Interactive Volume Illustration System (IVIS) (Svakhine et al.)

### Review of volume rendering basics

### Examples of basic techniques

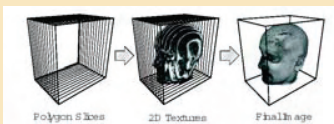
### Styles and zones

### Use for medical education and surgical training examples

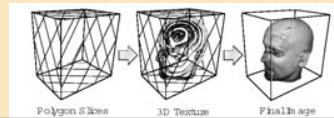




## Texture-Based Volume Rendering

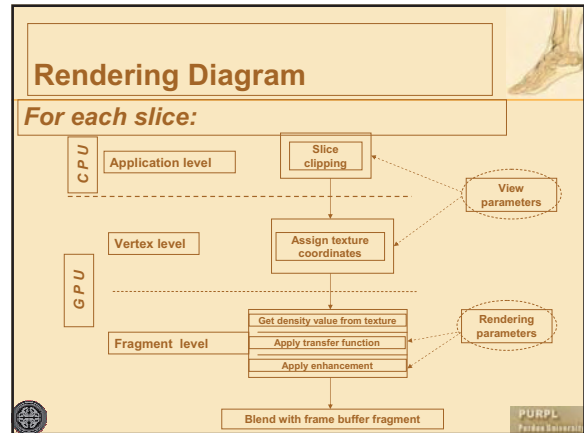
*Object-aligned (2D textures)*



*View-aligned (3D-texture)*



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## Simple Transfer Function

*Mapping T:*

- Scalar values  $d \rightarrow$  RGBA values

*Basic volume exploration tool*

- Highlight/color areas of the volume based on the scalar value (e.g., density)

*Easily applied at fragment program level*

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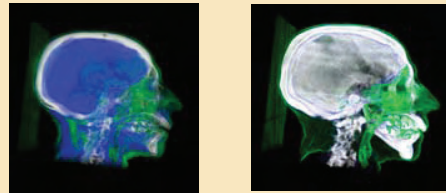
## Illustrative Enhancements

- Boundary enhancement*
- Sketching*
- Edge coloring*
- Tone shading / illumination*
- Distance color blending*
- Feature halos*

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## Boundary Enhancement

*Areas with high gradient represent boundaries between materials*

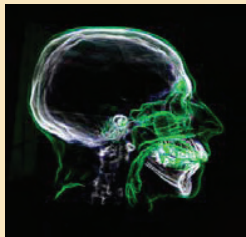


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## Silhouette Enhancement

*Strongest where view vector orthogonal to surface normal vector*

*Modify the opacity according to (view-vector, gradient-vector) dot product*



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### Sketch Example

*Lower opacity if silhouette term is small*

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### Edge Coloring

*Modify color instead of opacity (darken)*

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### Advanced Transfer Functions

*Multi-dimensional transfer functions*

- Use more than one value for transfer function domain

*Hierarchical transfer functions*

- Use transfer functions not only for (color, opacity), but for illustration effect application

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### 2D Histogram Analysis

*Consider 2D volume histogram*

- X for density, Y for gradient magnitude, brightness for sample frequency

CT Tooth Dataset

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### 2D Histogram Analysis

These spots represent homogeneous materials

These arcs represent material boundaries

Histogram of CT Tooth Dataset

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### Probe Tool Demo

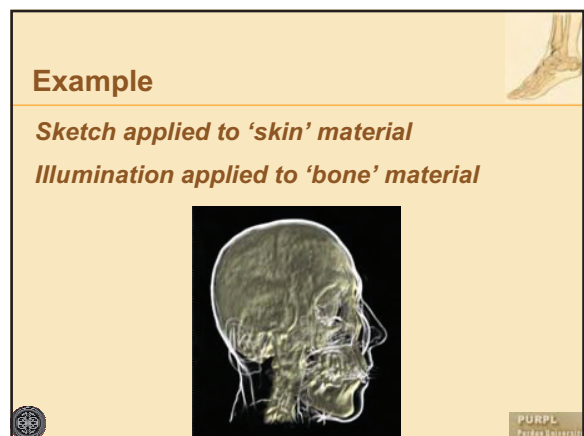
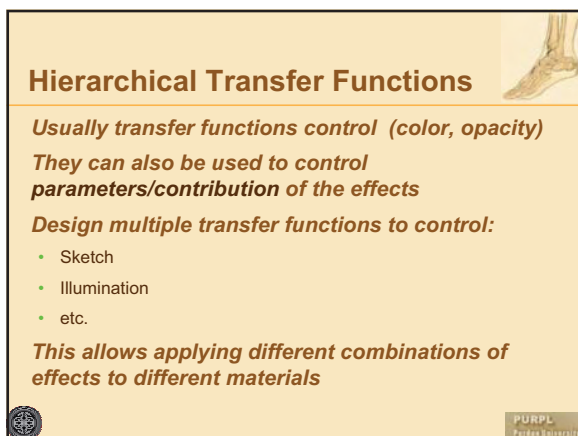
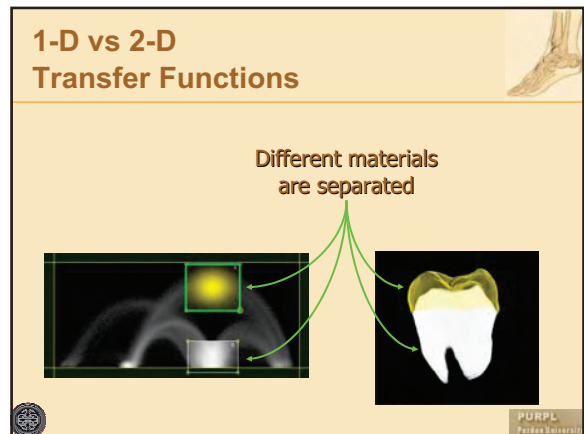
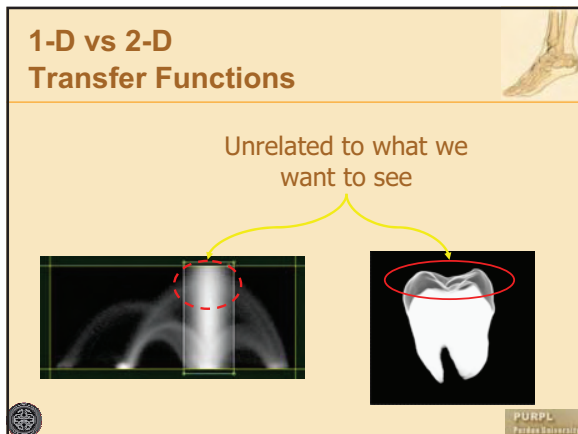
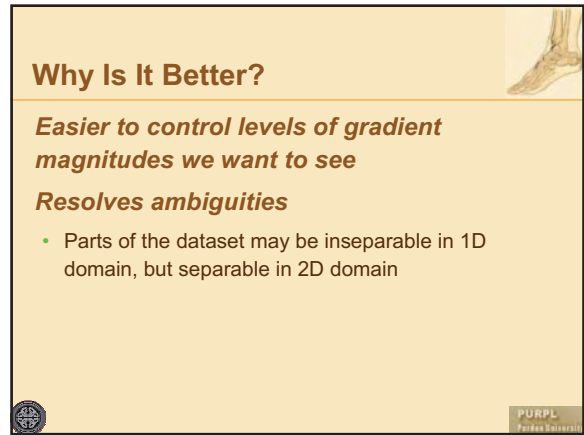
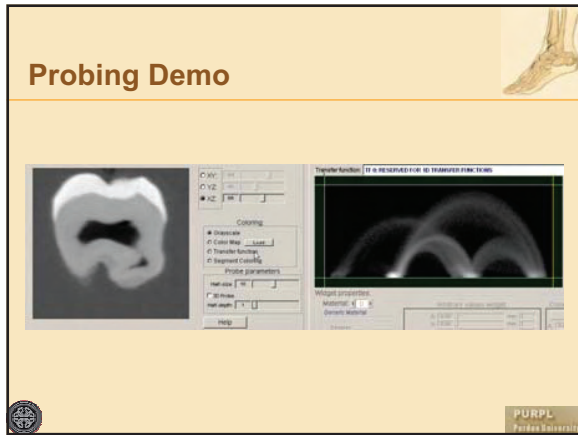
*Use 'probe' to sample multiple points in dataset*

*See where the points lie in histogram*

*Identify the material*

*AVI Demo*

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## Styles

*In our system, every transfer function can be modified independently*

*Style is defined as a set of transfer functions, controlling rendering appearance (per material)*

*Example style description*

- "Apply white sketch to everything except bone and brain, bone is pale yellow and illuminated, brain is invisible"



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## Next Step: Zones

*Zones are regions of the volume space*

*Zones can have different applied styles*

*Zones can be either ellipsoids or rectangles*

*This allows large set of possible effects*



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## Zones With Different Styles



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## Multi-level Interface

*Transfer functions are used to parameterize everything*

- Color/opacity
- Effect blending
- Enhancement parameters

*As with most visualization systems, number of parameters is very large*



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## Multi-level Interface

*Transfer function editor is*

- Hard to master
- For some tasks, tedious to manage

*Solutions*

- Multi-level Interface
- Illustration Motifs



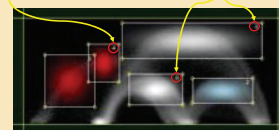
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## Defining Materials

*Materials are regions of the transfer domain*

Each widget has material ID associated with it

There can be more than one widget with same material ID



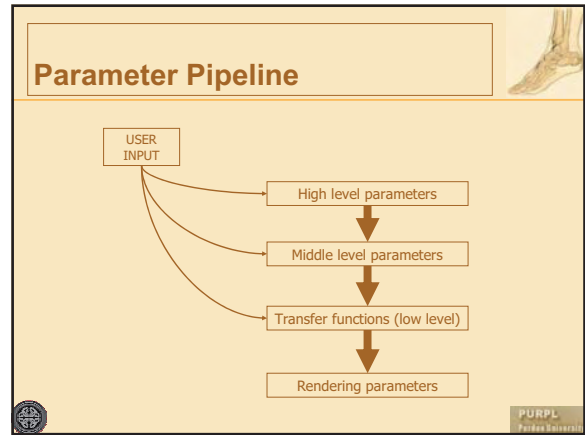
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## Higher Levels

*Materials are assigned meaningful names*  
*Settings formulated in common language terms*

High level                      Middle level

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## Medical Motifs

*Motifs are settings upon which illustrator can quickly build styles specification*

**Example:**

- Anatomical illustration
- Surgical simulation
- Different levels of expertise for intended users

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## Comparison of Motifs

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## Medical illustrations

Foot bone structure from anatomy textbook

Same structure shown by IVIS with Visible Human foot dataset

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## Anatomical Illustration

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Purdue University

## Surgical Training

Images by Nik Svakhine

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Portland University

## Levels of Expertise

**Novice**

- Frequently overwhelmed by the quantity and complexity of data presented during training
- Must learn to develop their attentive focus and unconsciously orient the structures in the data for reference

**Expert**

- Has necessary experience to subjugate data details that provide context
- Can quickly focus on the specific portion of the data and relevant structures

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## Levels of Representation

*Motifs are designed with help/feedback from professional medical illustrator*

Temporal bone microCT

Schematic/simplistic representation of the cochlea and semicircular canals

A more complex representation of the same area, with more detail on surrounding bone

Almost 'realistic' representation

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## Levels of Representation

Temporal bone microCT

**Even without segmentation, structures are visible**

**Different levels of enhancement**

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## Surgical Training

Images by Nik Svakhine

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## Utility of Volume Illustration

**Enhancing presentation**

- Teaching
- Explaining
- Convincing

**Reinforcing unreality**

**Emphasizing important features**

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## Conclusions



***Volume illustration is an effective, powerful tool !***

- Effective enhancement / extraction of information
- Perception research
- Art / illustration techniques
- Interactive



## Conclusions



***Visualization is most powerful when combined with***

- Effective enhancement / extraction of information
- Perception research
- Advanced illumination and shading
- Art / illustration techniques
- Improved interaction
- A larger solution



## Acknowledgments



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NSF ACI-9978032, NSF MRI-9977218, NSF ACR-9978099
- DOE VIEWS program
- Nvidia



# Illustration Motifs for Effective Medical Volume Illustration

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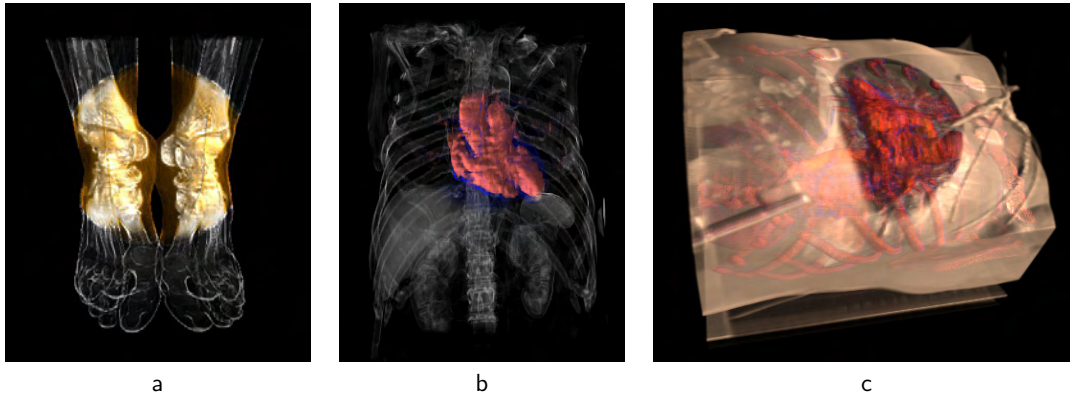


Figure 1: Medical illustrations of the (a) tarsal joints of the foot, (b) anterior view of the heart, and (c) surgical view of the heart.

## ABSTRACT

The main goal of visualization and rendering is to effectively convey information to the viewer. For scientific visualization, this goal translates into determining which portions of data to highlight and how to render these portions to concisely convey the appropriate information to the specific audience. These are the tasks that medical and technical illustrators have undertaken for centuries. We have developed a system that builds upon and extends recent work in volume illustration to produce images that simulate pictorial representations for scientific and biomedical visualizations. Our system is designed in collaboration with a trained biomedical illustrator whose work focuses on visualization for clinical research and resident surgical training. Our system combines traditional and novel volume illustration techniques. A high-level interface enables the user to specify the type of illustration and visualization goals to produce effective, illustrative rendering on commodity graphics hardware at nearly interactive rates.

**CR Categories:** I.3.8 [Computer Graphics]: Applications—; I.3.7 [Three-Dimensional Graphics and Realism]: shading—;

**Keywords:** volume rendering, volume illustration, illustrative styles, transfer functions, non-photorealistic rendering

## 1 INTRODUCTION

The enormous amount of three-dimensional data generated by modern scientific experiments, simulations, and scanners exacerbates the tasks of effectively exploring, analyzing, and communicating the essential information from these datasets. The expanding field

of biomedicine creates datasets that challenge current techniques to effectively communicate information for use in diagnosis, staging, simulation, and training. In contrast, medical illustration succinctly represents essential anatomical structures in a clear way and is used extensively in the medical field for communicative and illustrative purposes [1]

Thus, the idea of rendering real medical datasets using traditional medical illustrative styles inspired work in volume illustration [6]. The main goal of the volume illustration approach is to enhance the expressiveness of volume rendering by highlighting important features within a volume while subjugating insignificant details, and rendering the result in a way that resembles an illustration. Recently, this approach has been extended to interactive volume illustration [11, 12] by using a commodity PC graphics hardware volume rendering implementation to accelerate the enhanced rendering, resulting in nearly interactive rates.

Our work goes beyond previous work in developing illustration techniques to create a flexible illustration system that incorporates domain knowledge of illustration styles. Our new volume rendering techniques enable emphasis and subjugation of information to create images with an appearance similar to medical illustrations, as shown in Figures 1 and 2. By selective application of enhancements, incorporation of rendering techniques to direct visual focus, and incorporation of several illustrative style profiles, our system can semi-automatically create visualizations of volume data in a variety of illustration motifs. In collaboration with a trained medical illustrator and medical visualization developer, we have designed a framework for use in various medical illustration tasks.

## 2 PREVIOUS WORK

Our approach for volume illustration is based on standard volume rendering algorithms enhanced with non-photorealistic (NPR) techniques, as proposed by Ebert and Rheingans [6]. There are many other developed volumetric techniques that greatly aid the process of volume exploration and illustration. In particular, Höhne et al. [8] have developed a framework for generating volume based 3D interactive atlases from cross-sectional images, Weiskopf et al. [13]

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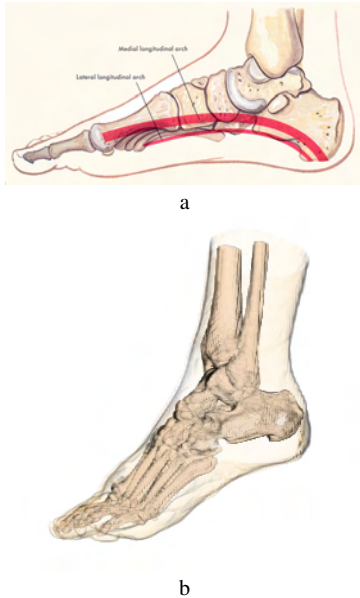


Figure 2: a) Foot bone structure from anatomy textbook [1], b) Same structure shown by our volume illustration system with visible human foot dataset.

present interactive clipping for texture-based volume rendering using arbitrary geometry, and Hadwiger et al. [7] describe two-level volume rendering with various enhancements for pre-segmented datasets.

The need to focus attention of the viewer on a particular part of the volume has been previously implemented through a user-controlled focal region used as an enhancement tool [2], where the enhanced iso-surface rendering algorithms are applied to the data contained in the sphere-bound volume of interest using high-resolution rendering inside, and coarse rendering outside.

We are employing an analogous interface to these focal area rendering techniques, achieving similar effects for interactive volume rendering. However, our system allows more flexible rendering motifs to be selected in the focal region and the outside volume.

Virtually all of this previous work describes parameterized rendering systems which focus mainly on the quality of the image, requiring the adjustment of many parameters. This usually makes these systems difficult for the end user to manipulate. Therefore, we have created a compact high-level interaction mechanism which provides different sets of basic settings and illustration motifs to create a more natural, controllable system for illustration generation. There are many areas in medicine where such illustrations are applicable, such as clinical research, resident surgical training, and general medical education.

### 3 BASIS AND GOALS OF TRADITIONAL ILLUSTRATION

Most volume illustration work is directed at replicating traditional scientific illustration techniques. However, we want to look at the problem on a different level, considering the entire illustration process.

The fundamental goals of visualization are insight and communication; therefore, visualizations must allow a rich and varied repertoire for clear and concise depictions of complex phenomenon to aid in the task of sensemaking. The visualization challenge then becomes providing a diverse set of tools that allows for a wide vari-

ance of approaches to the information, one that not only allows one to “see” the information, but also facilitates “thinking” about the information.

All of these techniques include the variation, emphasis, and subordination of spatial information (pattern and form), light frequency (color), and temporal sequence (motion). Artists and illustrators manipulate line, shape, color, space and pattern in pictorial representation to depict and convey meaning and aesthetics. These cues help create the percept made by our neural mechanisms that process form, color, and movement [10]. Therefore, through visual cueing, not complete replication, the artist/illustrator manages the image so another brain can recreate a reality similar to the one conceived by the originator. The brain relies heavily on symbolic information to impart a deeper and more extensive meaning. Through emulation of previously adopted schema in our non-realistic volume rendering, we have generated preliminary data to study if these motifs can be effective in facilitating comprehension of large, complex three-dimensional datasets, and to explore how levels of representation can be employed to facilitate transitions from novice to expert in complex, interactive surgical training environments [4].

Studies in flight simulation have demonstrated that novices are overwhelmed by complexity, where experts will not attend to schematic or simplified representations. Similarly, surgical residents are often initially overwhelmed with information when they try to orient themselves during an actual surgery. Therefore, a medical illustration guide [3] gives direction for surgical illustration as follows: “A drawing of surgery removes inessentials. It eliminates distracting background and simplifies and emphasizes information.” The main value of our illustrative approach is the ability to initially select the appropriate level of complexity based on the target user’s expertise level for use in both medical education and surgical training. These selections will be employed in the studies to evaluate the efficacy of levels of representation for facilitating complex structural anatomy and procedural techniques for surgical residents.

### 4 ILLUSTRATION SYSTEM OVERVIEW

Our volume illustration system is a combination of existing volume visualization algorithms, new extensions to volume rendering techniques, a high-level, more natural user interface, and a domain-specific illustration specification framework. One of the main issues in the design of such a system is providing high-level control of the visualization parameters. As volume visualization systems incorporate more enhancement, rendering, and shading techniques, the number of user adjustable parameters tends to increase dramatically. In such a system, to create the most appropriate rendering of the dataset for a given application, the user must search a very high-dimensional parameter space, which makes the systems non-intuitive and extremely difficult to use. Therefore, through our interdisciplinary efforts, we have created a new, more natural specification interface with intuitive and understandable parameters.

Our system objective is to provide an intuitive interface for users with various backgrounds to be able to quickly generate the required results and to keep the performance acceptable for the application. The results are images and animations used for educational, training, and simulation purposes. The interface incorporates three levels of interaction: a low-level, a mid-level, and a high-level. The low-level is for software developers, experienced illustrators, and system builders. The mid-level interface is for illustrators and experienced end-users that want to make adjustments once they understand the controls. The high-level interface is designed for the end user, and in our current application focus, it would be for medical students, surgeons, and surgical residents.

As mentioned previously, we have designed our illustration system on schema found in perception and subsequently exploited

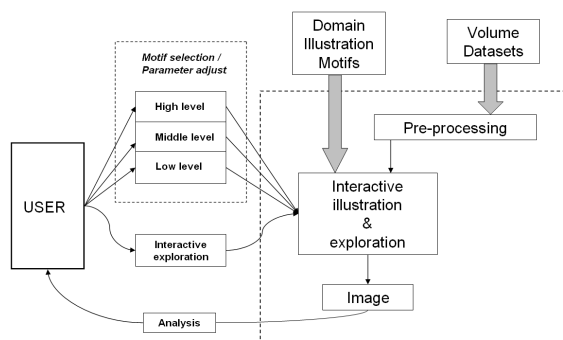


Figure 3: Interactive volume illustration system

through illustrative techniques. One of the primary perceptual principles used by illustrators is visual focus: the most important information in the illustration will be rendered to facilitate orientation and to hold the viewer’s attention. The surrounding details are de-emphasized (subjugated) to provide context, while not overloading the viewer’s attention. Therefore, a simple focal volumetric region is utilized to determine the spatial distribution of illustrative techniques to be applied.

Our spatial focusing method is designed to reflect the attentive focus that results from foveal viewing, similar to the Magic-Sphere [5]. Our method attenuates on the edge similar to the acuity of foveal vision and is meant to direct and focus the attention of the viewer. This technique is often used in traditional medical illustration. Other approaches include using anatomical objects as the basis of focus/context, but they also require segmented datasets. To make our system most generally applicable, we provide spatial focusing. However, segmentation information can be readily used in our system if it is available.

We also classify illustrative techniques in terms of their use for color perception and form perception. We utilize variances to emphasize or de-emphasize form, using a repertoire of volume rendering enhancements, such as stipples, lines, continuous shading, as well as illumination and contrast. Finally, interactivity is crucial to utilize our shape-from-motion perception and to improve our understanding of these complex three-dimensional datasets. Subsequently, we ensure the interactive performance of our system by adjusting the rendering quality to meet the interactivity requirements.

High-level control of the visualization process is achieved through the use of *illustration motifs*, the sets of rendering parameters that define an illustrative approach. Since we are incorporating traditional medical illustration motifs, we can capitalize on the familiarity of these motifs and presentation methods with medical professionals. The motif specification contains a compact set of core parameters and specification of the target application, providing the user with a much more manageable set of understandable controls.

An overview of the components of, and user interaction with, the system is provided in Figure 3. While our initial system includes motifs specific to medical illustration and several medical visualization applications, the motif specification interface allows additional domain motifs and target applications to be easily incorporated. The user interaction with the system through our new interface is described below in Section 4.2.

#### 4.1 Medical Motifs

Artists employ various techniques to manipulate or guide the viewer’s attentive focus. These techniques, based on physiologi-

cal principles, include brightness and complexity, with complexity being composed of increased variations of feature detail (pattern/texture, color, and position). In order for the end user to perceive the detailed picture of a specific portion of the volume, an artist will apply high-quality, structure-emphasizing techniques to this area, while providing a sketch of the outer area. The high-quality artistic rendering allows the user to perceive all the necessary details (conscious attention), while the outer sketch provides context. This context is perceived unconsciously, but still compellingly represents the outer environment for reference.

We, therefore, introduce different styles for the region of interest renderings and the outer context renderings. In order to begin the process, an illustrator first must select the regions of the volume to be emphasized or de-emphasized. The general volumetric selection process is a complicated user-interface problem, so we do not use volume marking directly. Instead, we employ known methods traditionally used in volume rendering: spatial focusing, transfer function selection, and segmentation.

Our spatial focusing method is implemented with a simple ellipsoidal/rectangular focal area for general datasets as shown in Figure 7, and allows segment-based focusing for segmented datasets. This focusing is useful for specification of the region of interest and the outer context for applying different rendering styles.

Transfer function selection is based on the idea that separate materials in the volume correspond to different value ranges in volume data value, and in its first and second derivatives [9]. While this may or may not be true for all problems, transfer function selection has proven useful for material-based classification of the volume. To define the material, one can simply select the appropriate ranges in the transfer function domain.

The segmentation, when available, essentially provides the process with an extra volumetric map, which identifies a material/part to which each voxel belongs. Creating a meaningful segmentation for the volume has to be done as a preprocessing stage using a variety of techniques.

Once the selection stage is complete, the user needs a simple and understandable way to communicate illustration parameters to the rendering system, while only needing to know the general requirements of the target application. In our system, the motifs can be used to describe a wide variety of effects, including the ability to highlight a selection to emphasize and focus the viewer’s attention, remove layers of occluding material while exposing the important objects, and provide a chalk-sketch of the outer shape of the body part in order to visualize only the contours, limiting visual confusion. These capabilities are exposed through the multi-level user interface described in Section 4.2.

As has been mentioned previously, a motif can be viewed as the settings template that is used as a basis for a particular illustration style. In our current system, motifs are characterized by (1) the meaning of the zone of interest and (2) styles, defined inside and outside of the zone. The power of these motifs is to exploit a single data base for a wide variety of rich and complex representations.

A simple example is the *anatomical illustration* motif. The zone of this motif has a meaning of “attentive focus.” Inside this zone, the settings are set to render the full detail of the illustrated feature (using Phong illumination, boundary enhancement, etc.), while outside features that define general shape are drawn as a sketch (using a black or white color and boundary and silhouette enhancement). An example of using this motif is shown in Figure 4a.

For another example set of motifs, we describe two motifs used for surgery simulation. Our approach uses the trainee’s level of expertise as a basis for motif classification. As previously mentioned, novices are frequently overwhelmed by the quantity and complexity of data presented during training and must learn to develop their attentive focus for the surgical target and unconsciously orient the contextual structures in the data for reference. Therefore, in

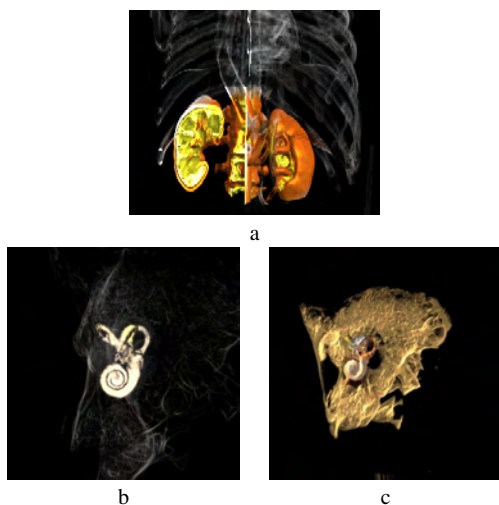


Figure 4: Motif examples: a) anatomical illustration motif for kidney illustration, b) and c) novice and expert motifs for surgery simulation in the otic capsule of the inner ear

a *novice surgery simulation* motif, a zone of interest is placed in the surgery target area. To define styles, we note that there needs to be a silhouetted context for subjugation of details outside of this zone, while an illustrative rendering with color cues is used inside the zone to enhance the important structures (Figure 4b). In contrast, an expert has the necessary experience to subjugate the data details that provide context and can quickly focus on the specific portion of the data and relevant structures. Thus, in our *expert surgery simulation* motif, we provide more detailed rendering with the selective choice of color and illumination enhancements for structure identification (Figure 4c). However, even if an expert is introduced to new information (outside of their own expertise), they may need to start at either the schematic or intermediate level to structure their mental representation. Therefore, we also need the ability to switch from novice to intermediate to expert levels of representation.

## 4.2 Application Interface

Our volume illustration system provides three levels of user interaction for different classes of users. The three levels balance the level of control with the flexibility and ease-of-use of the system.

The high-level interface is for novice users or end-application users who wish to interact quickly with the system and produce images from the included high-level motifs, (e.g., a surgical resident or attending physician to create images for patients or general surgical education). The user is able to specify the type of illustration motif (e.g., anatomical illustration) and select different materials within the data to be emphasized. The high-level interface is shown in Figure 5.

The mid-level interface, shown in Figure 6, allows more experienced users (e.g., medical illustrators) to create and fine-tune the high-level motifs, and make general adjustments to the application of illustration techniques. This level of interface is designed to be the most frequently used, as it allows fine adjustment of all rendering parameters at a manageable level. Using simple spinner controls with intuitive parameter names, the user is able to specify the approximate magnitude of various effects based on the position of the voxel (in different areas or for different volume segments) and on the voxel data values.

Finally, the low-level interface allows expert users to navigate

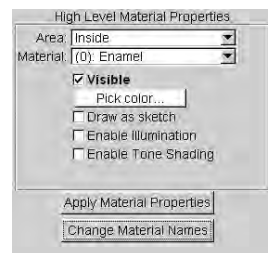


Figure 5: High-level control panel

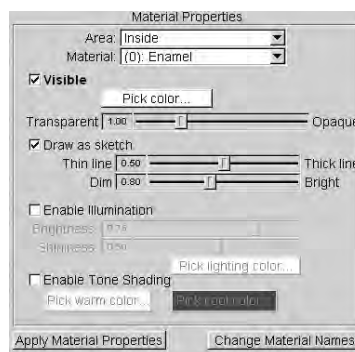


Figure 6: Mid-level control panel

the data thoroughly, identify new materials, name them for easy identification in the high- and mid- levels, adjust existing material properties and specification, and modify all the parameters of the transfer functions. The main part of this level is the 2D transfer function editor, similar to the one described in [9]. It contains the map of the classification domain, with 2D histogram displayed as the background for reference, and allows user to select regions of the domain by creating widgets and assigning parameters to them.

Another part of the interface is the cross-section display window, which allows the user to see grayscale image of an arbitrary cross-section of the volume, and is accessible from all levels of the interface. This window can be used for two purposes. First, the user can use this view (on any level) to specify the position of the region of interest by placing its center point on the cross-section. Second, when using the low-level interface, the user can “probe” the volume to identify materials in the volume: after clicking on the window, the voxels from the small neighborhood of the corresponding point are projected on the 2D classification domain and are displayed as points in the transfer function editor window. Figure 7 shows the cross-section display window along with the low-level control panel, containing the transfer function editor.

After the low-level is used to identify the materials in the classification domain, the user can utilize the mid-level interface or the high-level interface. When the user uses higher levels and the settings are changed, the transfer functions are re-generated. However, they still can be edited in the transfer function editor and, thus, the low-level interface can also be used to fine-tune the result and individual parameters of each illustration technique.

To facilitate the parameterization of the rendering, “rendering profiles” can be created based on illustration motifs, target application of the final image, and specific datasets. These profiles contain user settings on all levels, including high-level flags, mid-level parameters and low-level specifications of transfer functions. Profiles can be created based on previous illustration work with a particular dataset, or datasets produced using the same acquisition technique



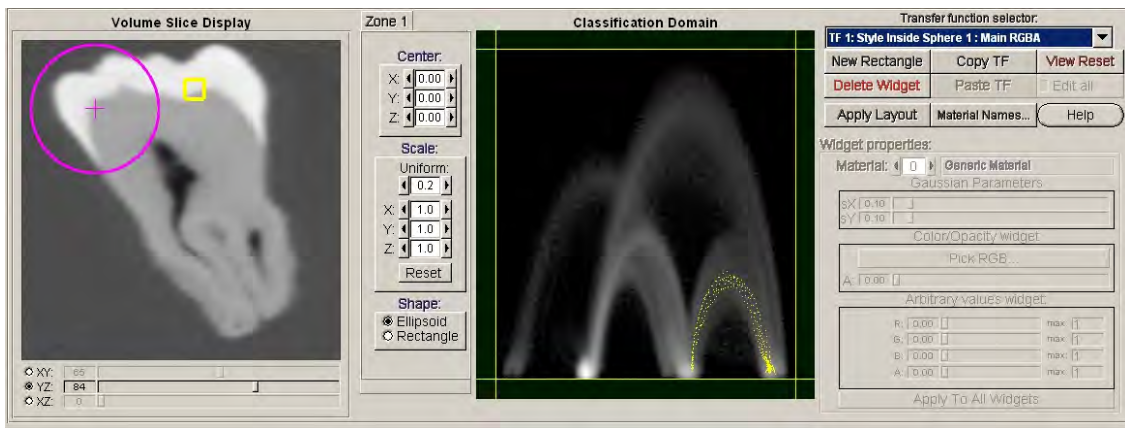


Figure 7: Left side: cross-section window with the zone of interest (purple circle) and a probe (yellow square). Right side: low-level interface with transfer function editor with map of the classification domain and widget controls. Classification domain map shows probing result (yellow dots).

(e.g., normal CT scan, contrast enhanced CT scan, T1-weighted MRI scan). Of course, knowledge of patient-to-patient variance and domain expertise is needed to adjust the profiles to provide the most optimized data representation.

## 5 RENDERING OVERVIEW

### 5.1 Renderer

We use texture-based volume rendering in combination with programmable fragment programs for our volume illustration system. Before rendering, the volume data is converted into two 3D textures, which are used in fragment shaders as sources for voxel value and voxel gradient (the gradient volume is pre-computed). The textures are standard OpenGL 1.4 RGBA textures with 8-bits per component. All the computations inside the fragment program use 32-bit floating point precision, and for higher blending precision, we use 32-bit floating point buffers (e.g., the NVIDIA OpenGL extension, available on FX boards).

For volume rendering, the volume is sliced by view-aligned quadrilaterals that are rendered in back-to-front order and blended together to form the final image. As each slice is being rendered, the application level program clips the slice against the volume boundary, while shading occurs at the fragment level. Thus, to change the motif parameters, we only need to change the input of the fragment program, without re-processing the data. The illustration techniques are easily adapted to modern graphics hardware, where enhancement calculations occur on the fragment level.

Our basic set of illustrative enhancements include the following feature and orientation enhancements: boundary enhancement, sketch enhancement, color distance attenuation, aerial perspective, null halos, Phong illumination, and tone shading. We have developed an interactive implementation of these techniques based on recent work described in [12].

All of the transfer functions are stored as 2D-lookup tables consecutively packed into a 3D texture. In the fragment shader program, when the value needs to be calculated, a 3D lookup is used, with the transfer function arguments as the first and second coordinates and transfer function ID as the third coordinate.

### 5.2 Multi-level Transfer Functions

To create a system that has the power of scientific illustration, we need to be able to render different objects, materials, and regions

within the dataset using different illustration techniques. Traditional transfer functions do not have the flexibility and capabilities needed. Therefore, we have developed a collection of hierarchical transfer functions that we will refer to as multi-level transfer functions.

One of the basic components of the illustration process is to first identify the different materials within the dataset. In volume rendering, we can use multiple scalar values per voxel for material classification. The basic scalar value is the voxel value (X-ray absorption for CT datasets, hydrogen density for MRI datasets). Other commonly used scalar values are the first and second derivative magnitudes [9]. The Cartesian product of the domains of these chosen local voxel values forms the *classification domain* and the number of considered values determines the dimensionality of the classification domain. Currently we use a 2D-domain of (Voxel Density, Gradient Magnitude). With segmented datasets, we use the segmentation data to separate the materials, instead of the transfer function on the classification domain.

Traditionally, transfer functions are used only to map classification domain values to the color and opacity of samples. Thus, changing the transfer function specification highlights some materials, hides others, and assigns different colors to different materials. While these capabilities provide good cues for initial volume exploration, they are not sufficient for effective illustration. We call the traditional transfer function the *basic transfer function*. Other transfer functions in our multi-level set are classified below based on their purpose (illustration goal) and classification domain (voxel value).

We need the ability to render different materials in different styles. Since style is defined as a set of volumetric enhancement effects applied to a sample, we use a set of transfer functions that map classification domain values to the magnitude of a particular effect and, thus, makes it possible to distinguish the materials not just by opacity and color, but also by rendering technique. These functions form a group of *selective enhancement transfer functions* (e.g., Figure 8a).

In order to direct the visual focus of the viewer, the rendering algorithm must apply different styles based on the voxel position (e.g., whether or not the voxel is inside the region of interest). In order to do this, we use a *style selection function*. Here, a style selection function is a condition that determines which style to apply to a voxel, based on its position. If the current voxel is in the boundary zone (e.g., close to the boundary of the region of interest),

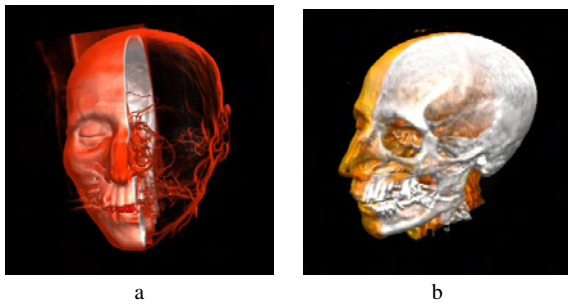


Figure 8: a) CT head with silhouette effect on tissue, b) CT head with clipped tissue

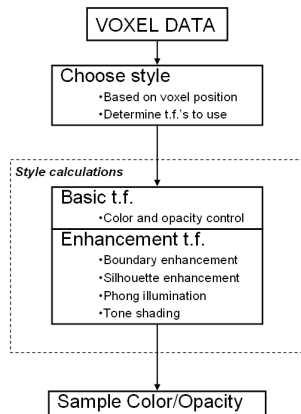


Figure 9: Illustrative calculations on fragment level

appropriate interpolation of the two styles is calculated and used as the result.

The data flow inside fragment program is illustrated in Figure 9. The style selection chooses the set of selective enhancement transfer functions, and those functions are used to determine sample color and opacity. By using this approach that can apply different styles to the different zones, we can render the image with a combination of various effects and illustration techniques and, thus, generate images similar to the various styles of medical and technical illustration.

## 6 INITIAL RESULTS

In order to demonstrate the illustration capabilities of our system, we have used four representative datasets for illustration: the Visible Woman feet CT<sup>1</sup> dataset, a contrast enhanced abdominal CT<sup>2</sup> dataset, a temporal bone microCT<sup>3</sup> dataset, and a virtual colonoscopy<sup>4</sup> dataset. The selection of example regions of interest has been done in collaboration with medical experts, who provided insight into the significance of various anatomical structures. All the images were generated by loading the appropriate motif and

<sup>1</sup>Visible Human Project

<sup>2</sup>Johns Hopkins University

<sup>3</sup>Kim Powell, Cleveland Clinic Foundation

<sup>4</sup>Dirk Bartz, University of Tubingen

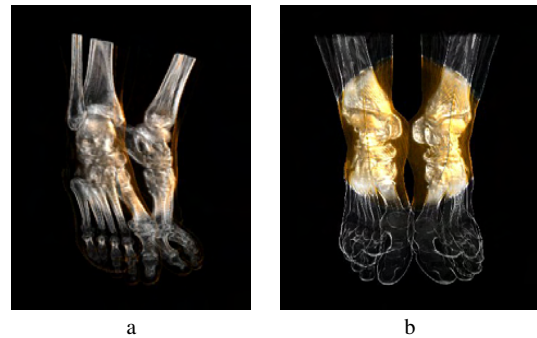


Figure 10: Visible Woman feet dataset illustrations, highlighting tarsal (ankle) joints

adjusting rendering parameters on all of the three levels of the interface.

The anatomical illustration motif was designed to mimic the traditional medical illustration found in medical anatomy texts [1]. As previously mentioned in the description of the motif, the main idea is to draw the focal region in full color, while subjugating the outer tissue through sketching for reference. Surgical simulation, on the contrary, has the goal of providing realism by showing an image similar to the appearance of the patient on the operating table, with different levels of subjugation of the unneeded details. The novice surgical illustration motif level shows only the relevant anatomical structures, while the expert level shows all of the patient data with minimal, selective enhancement to increase the realism of the simulation.

Two anatomical illustrations of the Visible Woman feet CT dataset are presented in Figure 10. These images are based on the anatomical illustration motif, and employ an illuminated realistic volume rendering inside the zone of interest and varying levels of silhouette/boundary enhancement to “sketch” the surrounding structures. The region of interest is placed to emphasize and focus attention to the subject of the tarsal (ankle) bones of the foot. The silhouette technique (stronger in Figure 9b) is employed to subjugate the outlines of the surrounding bones and surface of the feet.

Figures 11a-d are also generated with our anatomical illustration motif. Here, we use it to focus attention and illustrate the chambers of the heart (a), kidneys with a cutaway view for detailed structure (b) and major components of the circulatory system plus the liver, spleen and kidneys (c). The surrounding structures are deemphasized, but serve to orient the user and provide location. Figures 11a-c once again use sketching of the outer context and more realistic illuminated volume rendering for organs and systems of interest. Figure 11d shows a false-colored, simplified illustration of the gross anatomy of the chest and abdominal cavity created from this same dataset, with the digestive organs removed. The relationship of the lungs, spine, and aorta are clearly shown in the middle top of the image, while the liver (green), spleen (blue) and kidney (blue/red) are highlighted in the lower half of the image. In contrast to these anatomical illustrations, the illustration in Figure 11e shows the same dataset rendered using an intermediate surgical illustration motif, where the structure of the heart chambers are drawn in reference to the body and occluding tissue is removed. A portion of the left ventricle has been removed and the heart is more transparent than in reality to create an illustration for an annular ring or valve replacement surgery.

Figure 11f shows an anterior view of the colon, where a part of the transverse colon is highlighted in red and a portion of it is cut away with three extra clipping planes to show internal struc-

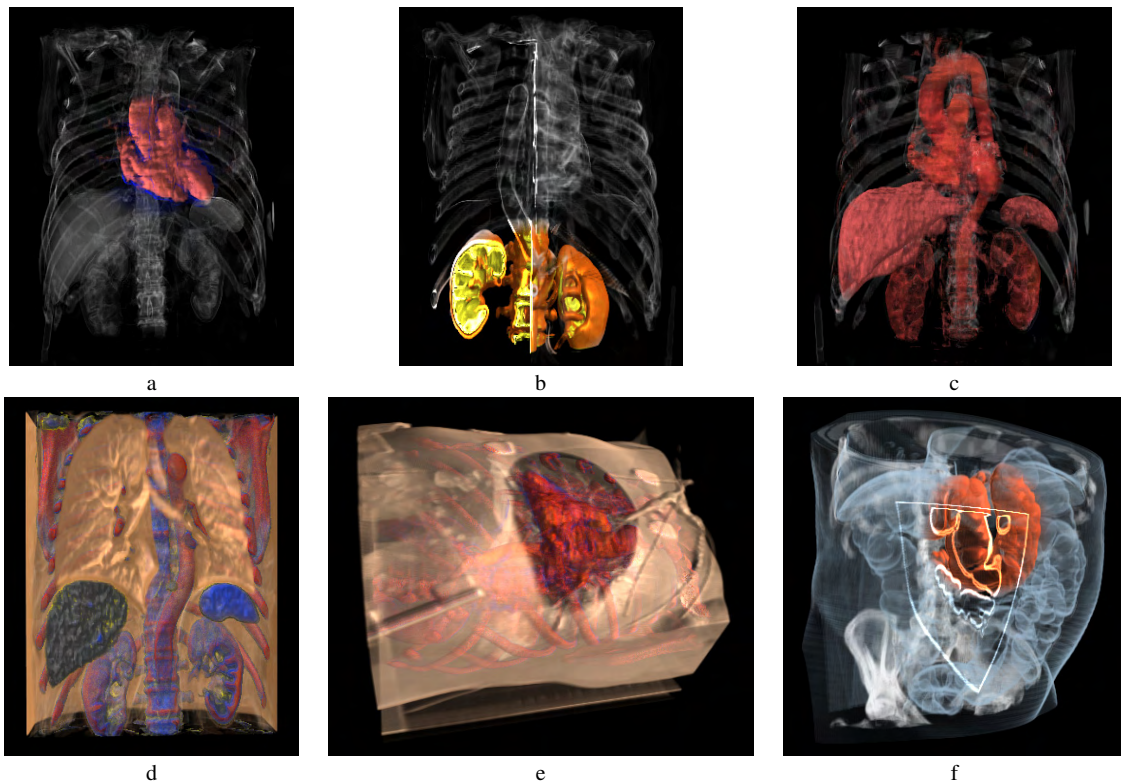


Figure 11: Abdomen CT dataset illustrations a) chambers of the heart b) kidney structure c) circulatory system, liver, spleen and kidneys d) false-colored chest and abdomen cavity illustration e) chambers of the heart, surgical illustration f) colon illustration with bent region highlighted and cut with clipping planes

ture. The motif used there has two zones. The first zone simply highlights the volume region of interest by using a red color, and is placed on the bent region of the colon. The second zone is a rectangular region and is used to cut away the front portion of the body (inside this region, everything has zero opacity), and enhanced contour lines along the cut to show the intestine detail. This image was generated using an augmented shader for contour enhancement on the edge of the zone.

Figures 11a through d use an objective view, common in anatomical illustration, while Figure 11e uses the surgeon's subjective view, as used in surgical illustrations.

Figure 12 contains several renderings of a micro CT-scan of a temporal bone. These images emphasize important parts of the bone and the cochlea structure, which is occluded by the surrounding structure and is, therefore, difficult to visualize with traditional methods. Figure 12a shows a novice surgical simulation view where the cochlea is shown in detail while the rest of the bone is simplified to aid navigation and orientation. Figure 12b shows more detail of the entire structure, the cochlea part is enhanced but does not stand out as much, while Figure 12c shows a non-enhanced rendering of the dataset, much closer to a real surgical view.

All of the images were generated on a Pentium IV 1.5 Ghz PC with 1.5 Gbytes of RAM and a GeForce FX 6800 Ultra card (128 Mbytes of VRAM), using 500 slices, and a screen area of approximately 400x400. For these settings, current performance is about 4 frames per second. However, in the "preview mode" we use one simplified transfer function to color the volume, which speeds the rendering to 20 fps for the same settings.

The majority of the enhancement calculations occur at the fragment level, so the more effects we include, the more texture lookups are performed in a single pass, and the longer the fragment program becomes. The performance also directly depends on the screen size and the number of slices.

## 7 CONCLUSIONS

We have presented a new, effective, volume illustration system based on illustration motifs. Our system incorporates many feature enhancement techniques and new multi-level transfer functions, provides interactive exploration and analysis of volume datasets, allows adjustment of illustrative parameters based on classification and spatial data, and creates images structurally similar to medical illustrations. One significant contribution is the enabling of different illustration techniques applied to different regions or materials in a manner that incorporates medical illustration expertise and application goals.

This new system is a powerful exploration, previewing, analysis, and illustration tool. In order to facilitate the usage of the system, we employ a multi-level user interface, which allows both flexibility and ease of final illustration generation. Collaboration with medical illustrators and surgical simulation training developers allowed us to provide appropriate interfaces at multiple levels.

We have received encouraging feedback that our system will be useful for providing training modules for medical education and also be very useful in surgery simulation for training surgeons, such as one of the applications that our biomedical illustrator co-author



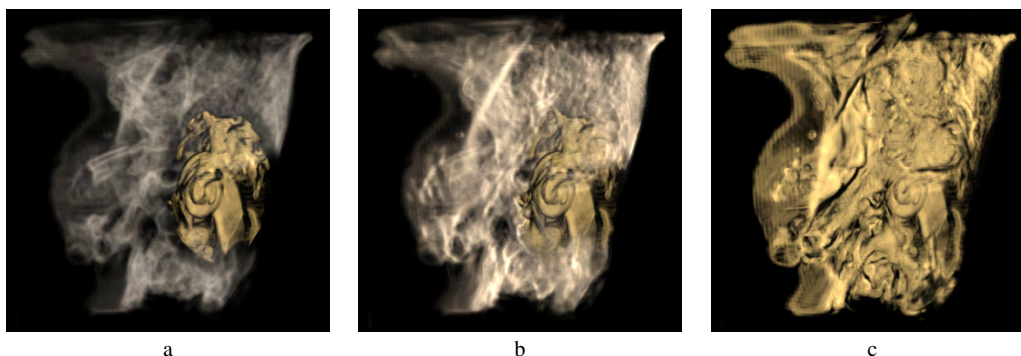


Figure 12: Temporal bone illustrations. a) cochlea structure enhanced b) cochlea structure slightly enhanced, with more realistic appearance c) non-enhanced realistic rendering

has been developing.

## 8 FUTURE WORK

In continued collaboration with field experts in medical visualization, we will include more volume rendering enhancements in the toolkit, which will extend the current illustration approaches to provide more flexibility for various applications. We also plan to extend this work to real-time interactive training systems. For instance, one of the authors (Stredney) is involved in a study that is developing and validating an interactive temporal bone dissection simulator. This system emulates temporal bone dissection, which is used to gain proficiency in temporal bone surgical technique. We believe it could prove useful to dynamically adjust the region of interest and level of detail based on the level of expertise of the user. This would allow for increased usage of the system for both novice training, by employing schema to control emphasis and subjugated areas, while also providing the expected complexity and sophistication that would be required by experts for use in pre-operative assessment and treatment planning.

## 9 ACKNOWLEDGEMENTS

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## **Illustrative Visualization for Surgical Planning**

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# Illustrative Visualization for Surgical Planning

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**Keywords:** Medical visualization, illustrative rendering, neck dissection, operation planning

## 1. Introduction

Visualizations are generated for a certain purpose. In medical applications this purpose is often a diagnostic question or a therapy planning scenario. In these scenarios, it is essential to adapt the appearance of objects or regions to their relevance for the specific task. As an example, it is often useful to focus on certain anatomic structures whereas other objects or regions only serve as orientation aid which might be displayed less pronounced. A medical visualization system might "know" what is relevant, after the user selected an object either immediately within the visualization or indirectly via its name in a list. Emphasis techniques modify the selected object or other objects such that its shape can be clearly recognized and its location in the overall model becomes obvious.

Most of the techniques discussed here require segmentation information concerning relevant objects. As a family of visualization techniques suitable for emphasis in medical visualization, we discuss so-called non-photorealistic rendering techniques where points and lines are employed to display and augment objects. These are inspired by traditional illustration techniques in scientific and medical applications. The potential of these techniques is to emphasize important features and to remove extraneous detail [Hod89]. Among the large variety of possible visualization techniques, those are preferred which are recognized at a first glance (*preattentive vision*, [Tre85]). Research in visual perception indicates that there are visualization parameters which are recognized without attention. As an example, objects shown with highly saturated colors are recognized immediately. Another effective focussing technique is blurring where only important objects are rendered sharply whereas others appear blurred, similar to blurred regions in photographs [KMH02].

## 2. Illustrative Surface Rendering

For a long time computer graphics has been focussed on photorealistic rendering. It was the goal to compute an image from a description of the geometry by simulating optical effects such as reflection, absorption and refraction as closely as possible. In 1990, a new direction emerged and meanwhile gained much acceptance - non-photorealistic rendering (NPR). The goal here is to provide a wider range of rendering techniques to express various effects and to simulate styles from traditional scientific and medical illustration. The term "non-photorealistic" is widespread in computer graphics although it is not expressive. Due to the inspiration from traditional illustrations, these methods are also called *illustrative rendering*. According to our experience, illustrative rendering is a better term for the communication between computer scientists and medical doctors.

Directing attention to relevant features, on the one hand, and omitting unimportant details on the other hand may be achieved by rendering strokes and points instead of shading surfaces. Illustrative rendering also provides facilities to expose features which have been obscured. This is essential in the context of emphasis techniques.

The pioneering work [ST90] was entitled "Comprehensible rendering of 3D shapes". Silhouette and feature lines were generated to emphasize the shape of objects, and hatchings were employed to convey the curvature and the texture of objects. Also, discontinuities in the depth-buffer were analyzed and visualized by means of lines. Silhouettes are essential in shape recognition because they provide cues for figure-to-ground distinction. However, since they are view dependent, they need to be determined for every viewing direction [IFH\*03].

It is interesting and worth while to note, that the goals of scientific visualization and illustrative rendering are very similar: to convey information effectively and to emphasize

features in the data. Therefore, it is not surprising that illustrative rendering techniques have been adopted in visualization in general and in medical visualization in particular [NSW02].

**Shape perception.** Psychological studies clearly revealed that silhouette and hatching lines might improve the comprehensibility of images. As an example, Kim et al. investigated the effect of textured lines superimposed on shaded surfaces [KHSI03b] [KHSI03a]. In their study, users had the task to estimate surface normals. It turned out that the 3d shape was better perceived with hatching lines in the direction of maximum curvature. Slightly improved results were achieved with hatching lines in two directions. These and other studies reveal that texture may improve shape perception. While illustrative rendering has many subareas and applications, such as artistic applications or games, we focus on techniques to improve the perception of anatomic and pathologic structures. The perception improvement of this structures is essential for surgical planning. Illustrative techniques have the potential to convey complex information, such as anatomic and functional information.

### 2.1. Emphasis and Illustrative Rendering

Illustrative rendering provides a wide range of techniques which might be employed for emphasis purposes. In photo-realistic rendering, emphasis might be achieved by adapting the position of the virtual camera or by placing a spot-light source. The rendering process itself, however, regards all edges and faces as similarly important. Nothing is left blank even if it is less relevant. Partial visibility of an outer object to reveal inner structures can only be achieved by semitransparent rendering. This method, however, strongly degrades shape perception.

Illustrative rendering offers more degrees of freedom to emphasize objects or regions. Important objects might be enhanced by silhouette and hatching lines, while others are not. As has been pointed out by [VKG04], illustrative rendering permits *sparse visual representations* of objects which consume less screen space than shaded surfaces. Outlines or silhouettes are probably the sparsest meaningful visualization which allows to roughly understand the object shape. The addition of prominent *feature lines* or hatching lines leads to a denser representation which reveals more detail on the object shape. Finally, the combination of such illustration techniques with conventional rendering techniques represents a dense representation which depicts an object clearly at the expense of obstructed objects behind.

The drawback of this freedom is that good choices for many parameters are required. More degrees of freedom make it more difficult to adjust a visualization. While artists may take hours to produce expressive images, surgical planning is carried out under time-pressure. Also, medical visualizations should be precise and reliable. Our view on il-

lustrative rendering and its potential is focussed on these aspects. Techniques which require considerable and non-trivial input by the user (for example specification of hatching directions) are not considered. Also, rendering styles which are more artistic than precise are omitted. Browsing through anatomic illustrations and surgical textbooks gives an idea about useful rendering styles for medical education and therapy planning. Silhouettes and points are frequently used to convey the shape of objects. The local density of points is adapted to the curvature of objects and simulates a lighting effect. This rendering style is called "*stippling*". Small dots of ink are placed onto paper such that their density gives the impression of tone. Besides their expressive power, stippling is attractive since the rendering of points is very fast and facilitates an interactive exploration.

### 2.2. Silhouette and Feature Lines from Surface Models

Surface models in medical visualization are generated by thresholding medical volume data or by transforming segmentation information into (polygonal) surfaces. For continuous objects, such as B-Spline surfaces, the silhouette  $S$  is defined as the set of points on the object's surface where the surface normal is perpendicular to the vector from the viewpoint [HZ00]. At these points  $p_i$ , the dot product of the normal  $n_i$  with the view vector is zero (Eq. 1):

$$\{S\} = \{P | n_i \Delta (p_i - c) = 0\} \quad (1)$$

with  $c$  being the camera position (for perspective projections).

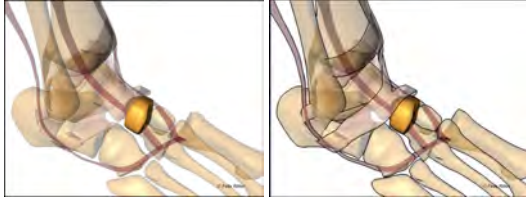
For polygonal models, the definition above cannot be directly applied because normals are only defined for faces and not for arbitrary points. However, silhouettes can be interpolated along edges in a polygonal model that lie on the border between changes of surface visibility. Thus, silhouette edges of a polygonal model are edges that share a front- and a back-facing polygon.

Other significant lines are creases, which are defined by comparing the angle between its two adjacent polygons. If this angle is above a certain threshold the common edge represents a crease. Creases on smooth surfaces are also called *crest lines*. They represent ridges as well as valleys on such surfaces. Together with some other lines considered as important, creases are also referred to as *feature lines*.

Silhouette algorithms solve two tasks: They determine silhouette edges and determine the visible subset of them. In general, *image-* and *object-space* methods are available for these tasks (see [IFH\*03] for a recent survey).

Image-space methods operate on image buffers which contain per pixel information. In particular, the  $z$ -buffer and the normal-buffer (representing the  $z$ -coordinate and

the normal of the polygon rendered at each pixel) are useful to find silhouette edges. Strong discontinuities in these buffers indicate the borders between objects and thus silhouettes. Edge detection methods from conventional image processing are employed for this purpose (recall [HZ00]). Image-space methods efficiently compute silhouettes because graphics hardware may be exploited. Fig. 1 illustrates the use of image-space silhouettes and feature lines to convey the shape of context objects. Object-space methods, on the other hand, analyze the 3d model and produce an analytical description of the silhouette which is essential if silhouette lines have to be flexibly parameterized.



**Figure 1:** An anatomic illustration with emphasis on a user-selected bone. The context objects are rendered strongly transparent (left). On the right, transparent objects are enhanced with silhouette and feature lines to better convey their shape. (Courtesy of Felix Ritter, MeVis Bremen).

**Subpolygon silhouettes.** In medical visualization (flat) polygonal meshes usually approximate curved anatomic structures with a smooth appearance. Therefore, silhouettes of polygonal meshes can differ obviously from the silhouette that an algorithm based on polygonal edges yields. Therefore, methods have been developed to determine silhouettes more precisely.

As an example, [HZ00] consider the silhouette of a free-form surface approximated by a polygonal mesh. To find this silhouette, they recompute the normal vectors of the approximated free-form surface at the vertices of the polygonal mesh. Using this normal, they compute its dot product with the respective viewing direction. Then, for every edge where the vertices have opposite polarity, they use linear interpolation along this edge to calculate the point where the surface normal is zero. The connection of these points yields a piecewise linear subpolygon silhouette line which probably has fewer artifacts and is closer to the real silhouette.

**Data structures for silhouette and feature line determination.** For the efficient extraction of lines and strokes from 3d meshes, it is essential to use a data structure which provides local connectivity information. For conventional surface rendering, it is sufficient to represent the affiliation of vertices to polygons. For silhouette and feature line determination, it is essential to access adjacent polygons (polygons which have a common edge or a common

vertex). This information is represented for example in a Winged Edge data structure [Bau72] which is useful for object-oriented rendering methods. As the name suggests, it is based on an (global) edge list and consists of locally linked edges. For every object, the data structure additionally stores a list of polygons and vertices. As an example, the winged-edge data structure allows to select adjacent polygons with strong deviation in the surface normal efficiently. This data structure is created as a preprocessing step.

**Suggestive contours.** An interesting extension of the more traditional silhouettes are so-called *suggestive contours* introduced by [DFRS03]. They include contours derived from adjacent viewpoints to generate expressive renderings which convey complex shapes with concavities convincingly. Suggestive contours are computed based on Eq. 1. Instead of drawing pixels if the dot product of surface normal and view vector is zero; pixels are drawn if the dot product represents a local minimum.

An essential advantage of suggestive contours is their temporal coherence. While conventional silhouettes may strongly change after small rotations, suggestive contours are more constant [DFR04]. Temporal coherence is an advantage for animations as well as for interactive 3d renderings. Suggestive contours have not been used for surgical planning so far.

### 2.3. Hatching Surface Models

Feature lines may effectively convey prominent features of a surface, such as ridges and valleys in the shape of the human brain. In the absence of such prominent features they are not applicable. The surface of organs, for example, has only a very few landmarks which might be emphasized with feature lines. In particular, for such smooth objects, hatching may convey shape information. Hatching techniques support a continuous perception of a surface encompassing rapidly changing as well as relatively constant areas.

Hatching may be utilized in isolation or in combination with surface rendering, in particular with strongly transparent surfaces. Strongly transparent surfaces are often used in surgical planning to show outer structures such as organs and inner structures such as vasculature or pathology simultaneously. The drawback of this strategy is that most of the depth-cues to convey shape have a minimal effect (at best) for transparent surfaces. This is well-known in psychophysics as well as in computer graphics and visualization [IFP96].

The challenge however is to develop algorithms for the optimal placement and scaling of hatching lines and strokes to convey shape information best. While hatching techniques designed for artists rely on many parameters which have to be supplied by the user, in surgical planning, an easy or even

automatic parametrization is essential. Artists have recognized that the direction of strokes has a strong influence on our perception of surfaces. A uniform direction is not preferable as shapes tend to be perceived flattened. [IFP96] found that medical illustrators often use the curvature of surfaces to guide hatching: strokes are oriented along the strongest curvature. They described a viable approach for defining principal curvature directions by approximating partial derivatives based on finite differences of voxel values [IFP95]. The driving application for their work is radiation treatment planning where isosurfaces represent equal intensity of radiation dose. For treatment planning, the radiation beams and several of the surfaces are shown as transparent isosurfaces together with the tumor which should be destroyed, is rendered opaque. Hatching techniques enhance the interpretation of the transparent isointensity surfaces. This work started in 1990 [LFP\*90] and represents the first application of illustrative rendering techniques in medical visualization.

#### 2.4. Reconstruction of Surfaces for Illustrative Rendering

Medical volume data consists of slices where the in-plane resolution is usually higher than the distance between slices. This is referred to as *anisotropic data*. A typical resolution is  $0.8 \times 0.8 \times 4\text{mm}$ . Segmentation results are usually stored as volume data where the values indicate which object the corresponding voxel belongs to - voxels belong either completely to a certain structure or not at all.

A surface may be generated by the Marching Cubes (MC) algorithm or one of its refinements. The MC algorithm involves linear interpolation to compute intersections of the surface with the volume data. If the MC algorithm is applied to anisotropic data, aliasing effects occur. These effects strongly hamper the expressiveness of illustrative renderings. This is a general problem for any kind of medical visualization, however, it is more serious in case of silhouette and feature line rendering since the artifacts appear pronounced (see Fig. 2, left).

To overcome this problem two strategies are possible:

- Interpolation of additional slices, and
- Smoothing surfaces

On the one hand, higher order interpolation techniques can be employed to compute in-between slices. Ideally, the number of interpolated slices is chosen such that an isotropic resolution arises. Cubic interpolation is an appropriate method to compute these additional slices. The drawback of this strategy is the considerable increase in memory consumption. In our example with a voxel size of  $0.8 \times 0.8 \times 4\text{mm}$ , the number of slices and thus the overall size of the dataset is increased by a factor of 5.

**Smoothing segmentation results for illustrative rendering.** A large variety of techniques exist to remove high

frequency noise in polygonal models. These methods differ in their computational effort and in the quality of the resulting surfaces. Some of the smoothing techniques allow to fulfill certain constraints. For surgical planning, it is often desirable that structures do not shrink after smoothing. Therefore, volume conservation is an essential constraint. Usually, smoothing modifies the position of vertices. Alternatively, surface normals could be modified. Shaded surface visualizations benefit from the modification of surface normals, however for silhouette rendering modifying the surface normals does not matter.

A widespread and simple algorithm is Laplacian smoothing where each vertex is moved in the geometric center of its local neighborhood [YOB02]. The filter is applied iteratively and has a smoothness factor and the number of iterations as parameters. Laplacian smoothing does not prevent shrinkage. Other simple smoothing techniques are Gaussian and Median smoothing [Tau95a], [Tau95b].

Similar to image processing techniques used to reduce noise in 2d data, there are more advanced techniques which reduce noise but preserve features better. A family of these advanced techniques is based on the physical process of diffusion. In particular, anisotropic diffusion leads to excellent results [TWBO02]. Other advanced smoothing techniques which turned out to be useful for smoothing anatomic structures are described in [DMSB99] and [Kob00].

In Fig. 2 and Fig. 3, the effect of smoothing a surfaces on the resulting silhouettes and feature lines is shown. In both cases, the same filter was applied. However, the two parameters had to be selected differently to cope with the peculiarities of these structures.



**Figure 2:** Silhouette generation of the liver. Left: the isosurface representing the original segmentation result is employed. The resulting staircase artifacts are distracting and confusing since they have no anatomical basis. Right: the triangle mesh of the isosurface was smoothed with a relaxation filter.

An essential aspect of smoothing is the assessment of the result. In a qualitative sense, the surface should appear smooth. Quantitatively, the smoothed surface should be evaluated with respect to the distance to the original surface. Strong differences are not acceptable for clinical applications. The Hausdorff distance provides a worst case approx-



**Figure 3:** Silhouette generation of skeletal structures. The unprocessed isosurface leads to noisy artifacts which can be corrected by appropriate smoothing.

imation of how strongly the smoothed surface differs from the original one. A general problem is that different smoothing techniques are appropriate for different anatomic structures. Smoothing techniques which are appropriate for thin and elongated structures are different compared to those appropriate for compact larger structures, such as organs. In case of thin structures, special care is necessary to avoid topological changes (separation of a previously connected structure). Pathologic structures, such as lesions, again require different techniques. For surgical planning, it is essential that for each class of anatomic structure suitable default techniques and parameters are selected to reduce the interaction effort of the user.

### 3. Combining Line-, Surface-, and Volume Visualization

In surgical planning, illustrative techniques need to be combined with other - more conventional - rendering techniques. The combination of different rendering styles is a challenging problem. Hybrid surface and volume renderings can be generated e.g. by converting surface data to volume data (voxelization) and subsequently creating a combined volume rendering. The alternative approach is to apply a two-pass rendering where surfaces and volume data are rendered independently and are combined in a final step considering depth values of surface and volume data. Similarly, there are two different strategies, how line rendering can be integrated with surface and volume rendering.

1. Integration of lines and surfaces in the volume rendering process.
2. Application of different rendering passes to render lines, surfaces and volume data.

**Integration of lines and surfaces in the volume rendering process.** This strategy is computationally faster and easier to implement. An example for this approach is given in [VKG04].

**Combining different rendering passes.** The second strategy leads to an object-space method where line strips are considered as individual graphics primitives which might be parameterized flexibly. This strategy has been suggested

by [NSW02]. This strategy is also realized in [TIP05] where the geometry and appearance of lines, surfaces and a volume rendering are integrated in an extended OpenInventor-scene graph. This object-space approach, however, poses some technical problems to achieve a correct rendering with respect to the depth-order of lines, surfaces and volume data. In a scene graph representation, the ordering of nodes in the graph is essential for a correct rendering.

#### 3.1. Hybrid Rendering with Object-Based Methods

In this subsection, we describe the object-space method in more detail. This description is based on [TIP05].

In order to use direct volume rendering (DVR), we integrate this rendering technique into the scene graph. This is achieved by a specialized DVR node coupled with a transfer function (TF) node. However, since DVR always renders the whole volume into the  $z$ -buffer, it is not possible to add surface shading afterwards. Thus, the sequence in which the modules for the individual rendering techniques are added to the rendering pipeline is important.

For surface shading the OpenInventor architecture relies on normal  $z$ -buffer rendering. Thus, no special order of nodes is required for a correct rendering of the scene. Due to the nature of the remaining two techniques, the resulting scene graph may get fairly complex.

Direct volume rendering may be combined with surface rendering by adding the respective nodes to the scene graph. However, the DVR node fills the  $z$ -buffer for the entire volume that is rendered regardless of the opacity transfer function as explained above. Therefore, it has to be added to the scene graph after the surface shading has been completed, i.e., as the last node in the scene graph traversal. Hence, after the DVR, the  $z$ -buffer contains no more sensible depth information.

For the efficient extraction of lines and strokes from 3d meshes, a Winged Edge data structure is employed (recall Sect. 2.2). In order to render and stylize these objects, each object's mesh data is subsequently used to extract the lines and stylize them. The stylization process is divided into several steps represented by nodes in the scene graph. This concept also allows the reuse of certain line stylization pipelines because the respective nodes may be linked into the scene graph at several positions. This ensures a coherent appearance of the objects that use the same pipeline.

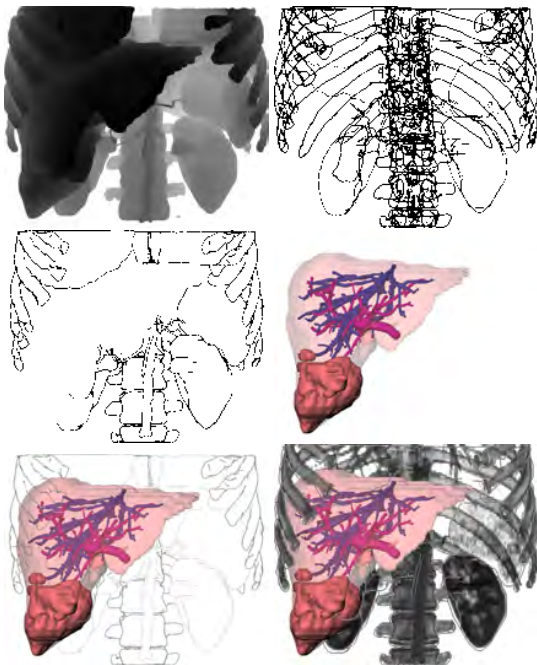
The object-space silhouette rendering approach that we employ comprises three steps: geometry data preparation, line extraction and stroke generation, and stylization.

After extracting the significant edges (silhouettes and feature lines), these edges are assembled into strokes and are processed in a stroke pipeline for stylization. As an essential step, this involves that hidden lines are removed. A fast and simple method for hidden line removal might be accomplished in the following way:



1. Objects are rendered into the z-buffer (while the frame buffer remains unchanged).
2. In a second step, all extracted lines are scan-converted individually and stepwise classified as hidden or visible using the previously generated z-buffer data [IHS02].

Then, stylization may be applied such as changing the stroke's width, dashing and color. The edge extraction and stroke generation is thus independent from the final stroke rendering. If surface rendering is used in addition to the line graphics, the surface objects have to be rendered into the final image prior to the lines. However, this approach is only applicable for opaque objects because transparent objects do not change the z-buffer. Thus, lines that lie behind a transparent object would not be removed. In order to prevent that distant lines are rendered on top of closer transparent model parts, the z-buffer rendering must be carried out for the transparent objects as well. The steps of the process are outlined in Figure 4.



**Figure 4:** Sequence for combining all rendering styles. (From: [TIP05]).

### 3.2. Emphasis with Hybrid Visualizations

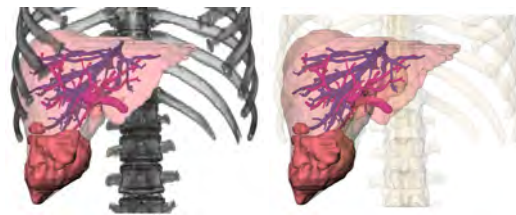
The different rendering styles are not equally well suited to visualize objects. Thus, they will be used to depict different structures according to their relevance for the visualization. With respect to relevance, in the following we will refer to three types of structures or objects:

**Focus objects (FO):** objects in the center of interest are emphasized in a particular way.

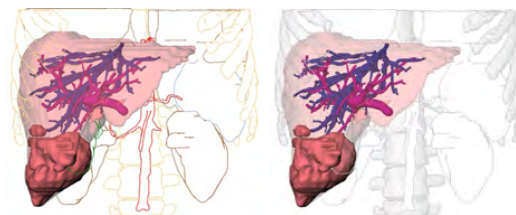
**Near focus objects (NFO):** important objects for the understanding of the functional interrelation or spatial location. Their visualization depends on the particular problem.

**Context objects (CO):** all other objects.

The combination of different rendering styles provides facilities to adapt a medical visualization to the importance of anatomic and pathologic structures. Illustrative rendering might be used to depict anatomic context, either as a single rendering mode or in combination with strongly transparent surface rendering. As an alternative, volume rendering might be employed for the anatomic context. Surface rendering and high opacity might be used for FOs. In Fig. 5 and 6, we show some combinations of rendering styles designed for a medical education system. Focus objects are the liver and the intrahepatic structures; the skeletal structures serve as anatomic context.



**Figure 5:** Important structures as surface rendering. Context shown as direct volume rendering (left) and as strongly transparent surfaces (right). (From: [TIP05]).



**Figure 6:** Important structures as surface rendering. Context displayed exclusively with silhouettes (left) and as strongly transparent surfaces combined with silhouette rendering (right). (From: [TIP05]).

A relevant yet difficult question concerns the appropriateness of the images in Fig. 5 and 6. Many variants have been discussed with surgeons and the four images in Fig. 5 and 6 have been regarded as suitable. But is there any best image? Probably, different viewers strongly differ in their choice. As a consequence, it should be easy to generate such images and to save parameters as individually preferred style which is reused for other images.

Line stylization may be used to control whether objects are conceived as FO or CO. One type of stylization is color which is widely used to emphasize objects. An interesting type of stylization refers to the visibility of lines. Hidden

and visible lines may be depicted in a different manner to convey the spatial relationships (see Fig. 7). This is only feasible with the object-space approach to the visualization of lines.



**Figure 7:** Hidden feature lines are rendered as dashed lines. With this technique additional information concerning a tumor and the intrahepatic vasculature are included in a visualization.

**Default values.** Hybrid visualizations consisting of lines, surfaces and volume data provide excellent facilities for fine-tuning visualizations of medical volume data. However, the huge space of possible renderings is due to many parameters. To make hybrid visualizations feasible, it is essential to carefully select appropriate default values for the visualization of categories of anatomic and pathologic structures, such as organs, lesions or vascular structures. Users should be able to modify these values, but in general the interaction effort should be reduced.

#### 4. Emphasis with Illustrative Rendering

With conventional local emphasis techniques, the currently selected object (CSO) is emphasized with an appropriate color or with additional lines superimposed or by placing symbols which direct to the CSO. Local techniques might also be successful if parts of the CSO are hidden. If, however, larger portions or the CSO as a whole are hidden, local techniques are insufficient. In this section, we discuss cutaway and ghost views which ensure the visibility of the CSO. We also discuss regional techniques to color selection; in particular, we consider contrasts between the CSO and adjoined objects.

##### 4.1. Cutaway and Ghost Views

An useful illustration technique is the modification of occluding regions to make an important object visible. These regions are removed or at least shown strongly transparent. Such visualizations are called cutaway illustrations.

A slightly different illustration technique is referred to

as *ghost view*. In these views, a region is shown semitransparently to reveal hidden structures. The generation of cutaway and ghost views is very similar since in both cases a cut region has to be defined and considered. Compared to ghostviews cutaway views lead to a sharp contrast between foreground and background objects. Thus, ambiguities with respect to spatial ordering are avoided [DWE03]. Cutaway views have been introduced by [FS92] in computer-based illustration systems with applications in maintenance.

To indicate that an illustration technique is applied, the shape of the regions should differ strongly from the shape of anatomic or pathologic structures. While technical illustrators often create zig-zag-shaped cutaway views, regular shapes such as prisms or cylinders are useful for medical visualization. Cutaway views may be generated in the context of volume rendering as well as in the context of surface rendering. Cutaways in volume rendering require to voxelize the clip geometry. Based on a voxel representation, volume rendering is modified such that voxels in the clip region are discarded.

Fig. 8 shows a ghostview based on a cylindrical cutaway in a visualization which emphasizes enlarged lymph nodes relevant for neck dissection planning (see Sect. 5 for a discussion of these surgical interventions). The circular cross-section is parallel to the view plane and located around the tumor. The cylinder height is chosen such that the lymph nodes become completely visible. Together, the circular clip region is scaled such that the tumor itself as well as a 5 mm margin in  $x$ -,  $y$ -, and  $z$ -direction is cut out. The borderline of the cut is depicted to be clearly recognizable.

Similar to other emphasis techniques, cutaway and ghost views have a limited applicability: Primarily small and compact objects may be emphasized with cutaway views. For objects with a branching structure and a large axis aligned bounding box this technique is less appropriate.

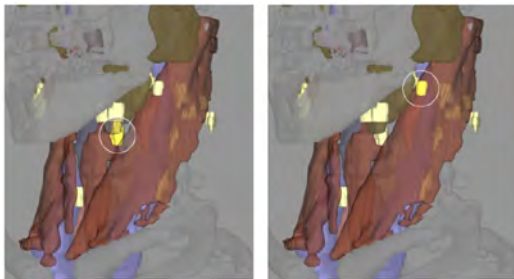
Cutaway views of small pathologic lesions may be combined with an interaction to systematically explore them. With a special key, for example the Tab-key, the user may step through emphasized visualizations of these objects. Additional information, such as size and volume, might be included for the currently selected object.

**Realization of cutaway and ghost views.** In the context of medical visualization (large models, up to 100,000 vertices per structure), an efficient approach is necessary to compute the cutaway region and to adapt it immediately to a changing viewing direction. A useful intermediate result is the convex hull  $ch(o)$  of the object  $o$  which should be displayed. The convex hull of a 3d pointset  $P$  is the smallest convex polygon which contains all points of  $P$ . If the cut-region has a convex shape, for example a cylinder, the cut-region of the  $ch(o)$  is the same as the cut-region of  $o$  itself.  $ch(o)$  has considerably less vertices than  $o$  (e.g. 200 vs.

20,000) and may be further geometrically simplified since the accuracy requirements are not distinctive.

In a second step the convex hull is projected onto the viewing plane and the position and size of the cut shape in the viewing plane is determined. To reduce vertices again, the convex hull of the projection is calculated in 2d. In case of cylindrical cut-regions, an algorithm which determines minimally enclosing circles of a pointset (around 20 vertices) is applied. After changing the viewpoint, only the second step has to be carried out.

Convex hull determination is one of the most essential problems studied in computational geometry. For example [BKOS00] provide a chapter on convex hull algorithms. Minimally enclosing circle determination (or more general: minimally enclosing discs) are also discussed in computational geometry books [SE02, e.g.] and [BYB98]. The latter problem can be solved in  $O(n)$  time which means that the computational effort only linearly increases with the number of points involved.



**Figure 8:** Ghost view of enlarged lymph nodes for neck dissection planning. (From: [KTH\*05]).

Recently, cutaway views have been generalized to importance-driven volume rendering [VKG04]. Here, less important parts of the data are suppressed, for example by employing transparency. The general concept here is to transform *importance* to *visibility*. Importance-driven rendering is based on a visibility priority which is assigned to each object. It is thus more general, than an emphasis technique for the CSO only. Similar to cutaways, importance-driven rendering is most suitable to focus on smaller objects. If objects with high priorities occlude each other, the object with maximum priority is drawn (maximum importance projection). The straightforward application of this concept leads to a cylinder-shaped countersink for an important object. This variant suffers from similar problems as the maximum intensity projection where the depth relations are difficult to recognize.

## 5. Case Study: Neck Dissection Planning

In this section, we discuss how conventional and illustrative rendering techniques might be employed to support a particular surgical intervention: neck dissection planning. Neck

dissection planning poses challenging visualization problems due to the enormous density of crucial anatomic structures: Muscles, vascular structures and nerves share the same small space.

This discussion is based on an ongoing research project and describes experiences gained in the first two years. In total, 20 CT and MRI datasets have been analyzed and visualized to support preoperative planning. This case study is presented in more detail in [KTH\*05].

### 5.1. Medical Background

Neck dissections are carried out for patients with malignant tumors in the head and neck region. These surgical procedures are necessary because the majority of the patients develop lymph node metastases in the neck region.

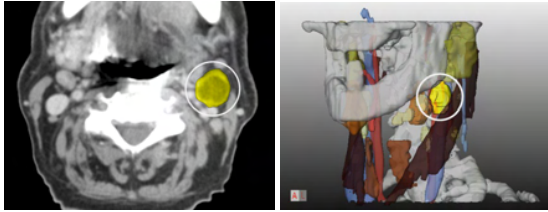
The extent of the intervention depends on the occurrence and location of enlarged (and probably) malignant lymph nodes. In particular, the infiltration of a large muscle (*M. sternocleidomastoideus*), a nerve (*N. facialis*) or blood vessel determine the surgical strategy. If for example the *A. carotis interna* is infiltrated, the patient is regarded as not resectable. The identification and the quantitative analysis of lymph nodes with respect to size and shape is crucial for the surgeon's decision. Visualization techniques should be developed to support decisions regarding the resectability and the surgical strategy for neck dissections.

### 5.2. Conventional Surgical Planning

Surgical planning in general as well as neck dissection planning as a special problem are carried out by means of 2d slices. Computer support allows to browse quickly through the slices, to change brightness and contrast and to perform measurements such as determining distances between selected points. 3d renderings are rarely used and many surgeons are not convinced of the additional value of 3d renderings at all. This attitude is not only due to their habits but has some serious arguments: in 2d slices each and every voxel is visible - it can be selected and its intensity value can be inquired. Instead, 3d visualizations provide an overview which is often too coarse for an in-depth planning of surgical strategies.

Since conventional surgical planning relies on 2d slices it is a good strategy to include 2d slices and the related manipulation techniques in advanced surgical planning systems. With this strategy, surgeons can plan their interventions as usual and can use the advanced techniques additionally. The most benefit can be achieved if 2d and 3d visualizations are carefully synchronized. A simple yet very efficient synchronization relates to the selection of an object. Whenever an object is selected in one view it should also be selected and emphasized in the other view (Fig. 9). This coordination allows surgeons to recognize which structures of the original volume data correspond to a 3d surface.

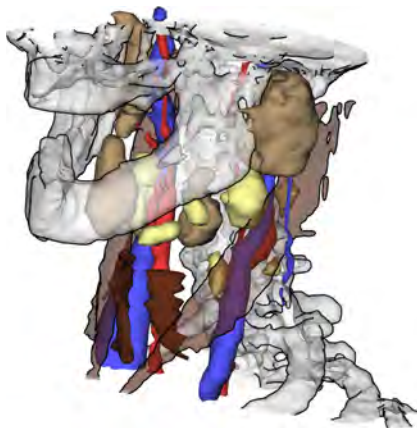




**Figure 9:** The lymph node emphasized in the 3d visualization is simultaneously emphasized in the original slices.

### 5.3. Advanced Surgical Planning

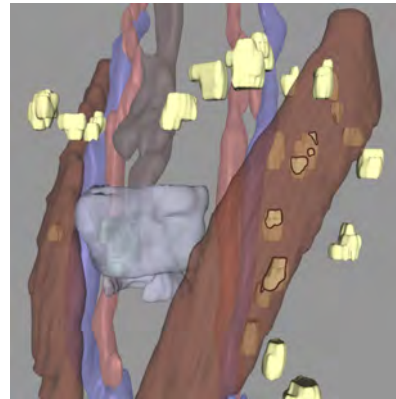
Advanced surgical planning requires reliable segmentation results. Segmentation of the relevant structures is a challenging task and computer support for minimally-interactive solutions is an area of ongoing research. We omit this important problem here and assume that segmentations of all relevant structures are available. For most anatomic structures the segmentation result comprises a connected set of voxels. For some structures, such as nerves, only selected voxels can be identified in a few slices. Nevertheless, it is desirable for surgical planning to see the rough course of the nerves. A special rendering technique is required for such incomplete structures.



**Figure 10:** Illustrative rendering for neck dissection planning. Silhouettes are generated for the bones which serve as anatomic context.

**Illustrative rendering.** Silhouette rendering is employed for two purposes. The obvious use is to indicate the context objects, such as bones (Fig. 10). In addition, silhouettes may be used to discriminate two classes of objects; those which exhibit a certain feature are rendered with silhouettes enabled whereas the remaining objects are drawn without silhouettes. A reasonable use of this strategy is to enable silhouettes for objects which are more "interesting" since silhouettes direct the user's attention. In neck surgery

planning, many lymph nodes have to be shown and explored by the user. In particular, lymph nodes which are enlarged and touch a critical structure are essential. In Fig. 11, these lymph nodes are rendered with silhouettes. Surgical users regard this as a substantial help since otherwise it is not recognizable whether the lymph node is (only) close to a critical structure or touches it.

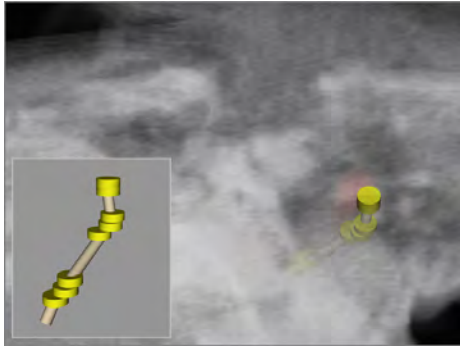


**Figure 11:** Silhouette rendering indicates lymph nodes which touch and potentially infiltrate a critical structure.

**Approximative rendering of nerves.** Nerves are very small structures compared to the spatial resolution of the data. Therefore, a single voxel contains nerve tissue and other adjacent tissue resulting in an intensity value which is very hard to distinguish from its surrounding. As a consequence, only in some slices a nerve could be identified at all. Anatomic experience indicates that nerves proceed almost linearly and do not deviate strongly from the straight connection between positions found in some slices. Since it is an important goal to prevent the injury of nerves we decided together with surgical partners that approximate visualizations should be generated where the segmented portions are emphasized and the part in between is reconstructed as a linear connection. The emphasis of the segmented portions is accomplished by means of small cylindrical disks (see Fig. 12).

### 5.4. Discussion

From an applications point of view, illustrative renderings target only a portion of the overall problem. Whether or not all relevant lymph nodes are detected and correctly delineated is probably more important than the details of their visualization. Valuable computer support for surgical planning requires high-quality and dedicated image acquisition, reliable and fast image analysis techniques *and* comprehensible visualizations. With respect to the visualization, conventional as well as more recent rendering techniques have their merits if appropriately combined. The combination of 2d and 3d renderings is an essential aspect for the acceptance and use of computer-supported surgical planning systems.



**Figure 12:** Approximate visualization of *N. facialis* for neck dissection planning.

## 6. Concluding Remarks

We presented a variety of illustration techniques applicable and viable to surgical planning in particular. The case study on neck dissection planning is based on a close collaboration with clinicians. The ideas how to use illustrative techniques were developed in discussions with them and the informal feedback is positive and encouraging.

Illustrative techniques are not widespread in surgical planning. Our research results indicate however, that illustrative techniques have a potential to improve surgical planning. The need for illustrative techniques will likely increase since more and more information is available preoperatively. The development of illustrative techniques should be directed to support the integrated and comprehensible visualization of these different sources of information.

The great advantage of using illustrative techniques is the additional freedom to fine-tune visualizations with respect to task-specific needs. The major drawback is that additional effort is required to process segmentation results and to select appropriate techniques and parameters. In clinical settings, these steps need to be strongly supported and automatized if possible since the time for surgical planning remains severely restricted.

**Future work.** Illustrative rendering of medical volume data is one of the most active research areas in medical visualization. We discussed emphasis and illustration in static volume data. We briefly described the idea by [VKG04] to adjust visualization parameters to the importance of objects. This idea can be extended in many ways; in particular, the importance may be different for different parts of objects (the shape of a long muscle near a tumor is highly important whereas other areas are less important). More insight is necessary to automatically choose and combine illustrative techniques.

The most important work to be done concerns an evaluation of illustrative techniques by means of controlled

user studies (see [KHI\*03] for a discussion of issues in the preparation, execution, and analysis of user studies of visualization techniques). Such studies should investigate which visualization techniques provide additional insight into the patient's anatomy and should explore whether these insights influence the surgical strategy.

**Further reading.** For an overview on illustrative rendering, two dedicated books can be recommended: [SS02] and [GG01]. Since 2000, the conference Non-Photorealistic Rendering and Animation (NPAR) has been established as biannual conference (see the conference website <http://www.npar.org>). Concerning hatching, [PHWF01], [ZISS04] and [JEGPO02] are recommended; concerning silhouettes and feature lines we refer to [RC99]. [IHS02] give an overview discussing requirements and appropriate silhouette detection methods. [XNYC04] describe high quality silhouette rendering based on point-based models. [NSW02] describe interactive volume illustration where expressive hatchings are generated based on the estimated curvature, transparency and lightings. The placement of hatchings is guided by seedpoints specified by the user which are used as starting points for tracking lines with high curvature. [KWTM03] designed curvature-based transfer functions which make it possible to emphasize regions with large values for the major curvature  $\kappa_1$  and  $\kappa_2$ . With this approach, ridges and valleys can be emphasized effectively. The use of line-based illustrations for displaying several isosurfaces and the value of line-based illustration for emphasis is discussed by [TC00].

We omitted a discussion of stippling techniques although these techniques are relevant for emphasis in medical visualizations. Stippling is based on points or small filled circles as rendering primitives. Meanwhile, complex objects can be stippled sufficiently fast and they can be easily parameterized. Stippling techniques are described for example in [DHvOS00], [Sec02] and [PS02]. Recent work by [LME\*02] and [LME\*03]) also considered stippling based on medical volume data. Gradient direction and gradient magnitude are estimated to adjust the local resolution of points so that silhouettes and local features are highlighted. Silhouette rendering and stippling is combined by [SBS05]. Expressive visualizations arise in particular if shading effects are integrated for controlling the density of points. It is recommended to look at applications of illustrative renderings in other application areas, such as illustration of terrain data [WV03] and illustration in technical areas [GSG\*99]. Shape perception by means of computerized line drawings has been investigated—among others—by [Koe84] and [KvDCL96].

Illustrative rendering, focussing and emphasis techniques are also discussed in [PTD05]. Cutaway illustrations are discussed in depth in [DWE03]. Different variants of cutaway illustrations are considered, the combination with illustrative



rendering is tackled and the mapping of cutaway rendering to modern graphics hardware is described there.

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# Illustrative Visualization for Surgical Planning

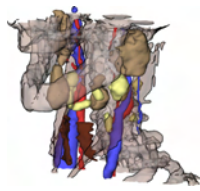
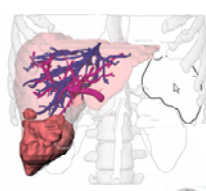
Bernhard Preim

Otto-von-Guericke-University of Magdeburg,  
FIN/ISG




## Motivation

- Surgery planning requires the understanding of a complex anatomy (often severely disturbed by pathologic changes).
- Illustrative techniques are used to generate more comprehensible renditions (c.f. Saito/Takahashi, SIGGRAPH 1990) and to support emphasis

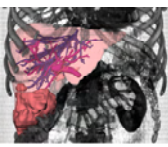
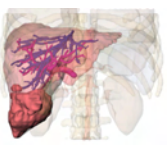




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## Motivation

Conventional medical visualizations

- Limited degrees of freedom to emphasize structures
- Context visualization hampers interpretation
  - ◆ Context structures cannot be discriminated or
  - ◆ Context structures hide the focus object

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## Motivation

- User studies indicate that
  - ◆ hatching lines along curvature directions improve shape perception compared to surface shading

*S. Kim, H. Hagh-Shenas, V. Interrante (2003). „Showing shape with texture – two directions seem better than one“*

*V. L. Interrante (1997). „Illustrating Surface Shape in Volume Data via Principal Direction-Driven 3D Line Integral Convolution“*

- ◆ silhouettes improve the ability to discriminate objects

*C. Ware, Information Visualization, Morgan Kaufman, 2001*

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## Outline

- Silhouettes and feature lines
- Combination of Rendering Methods
- Case Study: Neck Dissections
  - ◆ Opacity Mapping
  - ◆ Cutaways and Ghostviews
  - ◆ Quantitative Visualization
- Concluding Remarks

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## Illustrative Visualization for Surgery Planning

Challenges of surgery planning:

- Patient-individual data → segmentation
- Segmentation results need to be fine-tuned (smoothed and/or simplified)
- Severe time constraints
- Combination of line rendering with volume rendering and surface rendering

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## Silhouettes and Feature Lines

Definition Silhouettes:

- Silhouette of a continuous object: set of all points  $p_i$  where the surface normale  $N$  is orthogonal to the view vector  $v = p_i - c$  ( $c$  camera position).
- Silhouettes of polygonal meshes:
  - ◆ Silhouette connects all edges which separate a visible and an invisible polygon.
- Silhouettes are view-dependent!



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6



## Silhouettes and Feature Lines

- Feature Lines: edges where the angle of the adjacent polygons surface normals  $N_1$  and  $N_2$  exceeds a threshold.
- Feature Lines are view-independent!
- Application: Emphasis of regions with high curvature, such as ridges and valleys (e.g. brain folds)



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7



## Silhouettes and Feature Line Generation

Algorithms for silhouette generation:

- Image-based:** Use a G-Buffer (Object-Id, Normal) and determine all pixels which limit the object.
- Object-based:** Determine 3d-edges which belong to the silhouette.

Comparison:

- Image-based:** faster and easier to implement. Result depends on the resolution of the buffers.
- Object-based:** yields an analytic description of the silhouettes and supports a flexible parameterization (e.g. adapt silhouette lines to ist depth values)

T. Isenberg, B. Freudenberg, N. Halper, S. Schlechtweg, and T. Strothotte. A Developer's Guide to Silhouette Algorithms for Polygonal Models. IEEE Computer Graphics and Applications, 23(4):28-37, 2003.

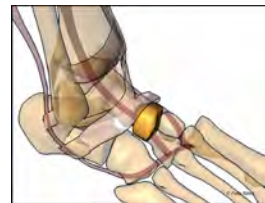


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8



## Silhouettes and Feature Lines



- Silhouettes and feature lines in a polygonal model improve the perception of semi-transparent objects. Dataset from Viewpoint Datalabs.



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9



## Combination of Rendering Methods

Combining silhouettes, surface shading and DVR

- Conventional rendering (surface shading)
- Illustrative rendering (silhouettes)
  - ◆ Object-based approach for line stylisation (requires two rendering steps)
- Volume rendering
  - ◆ Difficult due to semi-transparent voxels
  - ◆ Masking the volume data
- Combination using a scene graph architecture



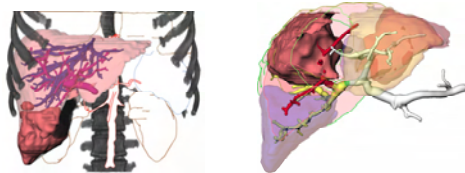
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10



## Combination of Rendering Methods

- Advantages
  - ◆ Improved context visualization
  - ◆ More comprehensible renditions
- Classification in focus object, near focus object and context (FO, NFO, CO)



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11



### Combination of Rendering Methods

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### Combination of Rendering Methods

#### Silhouette rendering

1. z-buffer rendering
2. Generation of the silhouettes
3. Hidden line removal
4. Rendering of the silhouettes

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### Combination of Rendering Methods

#### Combination of silhouette and surface rendering

1. Surface rendering
2. Silhouette rendering

Wrong order Correct order

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### Combination of Rendering Methods

#### Volume rendering

1. Rendering of the polygonal objects
2. Rendering of the Volume dataset

Avoid unwanted occlusions by masking

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### Combination of Rendering Methods

#### Combination of all three rendering styles

1. z-buffer rendering
2. Generation of the silhouettes (including HLR)
3. Clear the z-buffer
4. Rendering line- and surface shaded objects
5. Volume rendering

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### Combination of Rendering Methods

#### Removing self-occluding lines:

For each object do:

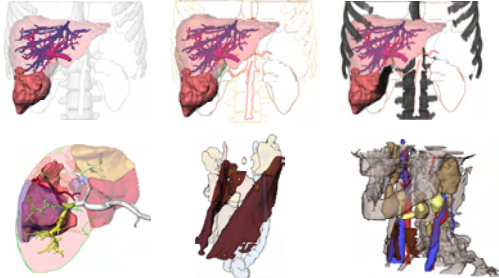
1. Rendering the z-buffer of the current object
2. Line generation and HLR
3. Clearing the z-buffer

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## Combination of Rendering Methods

### Visualization examples



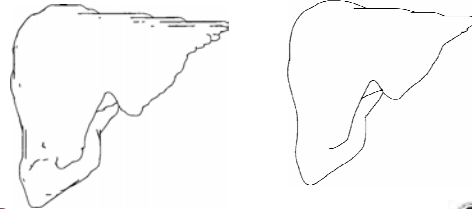
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18



## Smoothing

- Stair artefacts on isosurfaces
- Produces unwanted "feature" lines
- Interpolate intermediate slices or smooth surface afterwards



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19



## Case Study: Neck Dissection Planning

- Medical Background
- Material and Segmentation
- Visualization (conventional and illustrative techniques)
- Quantitative Visualization
- Exploration of Lymph Nodes



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20



## Neck Dissections: Medical Background

- Indication: Patients with malignant tumors in the neck region.
- Lymph nodes will be precautionary resected.
- Resectability and operation strategy depend on number and position of lymph nodes.
- Surgical strategies are:
  - ◆ Selective, superselective or radical



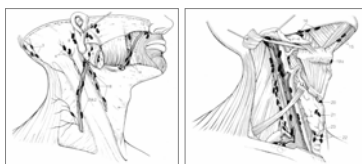
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21



## Neck Dissections: Medical Background

- Malignant lymph nodes occur often numerous
- Infiltration e.g. in vessels barely visible preoperatively
- Radical forms of neck dissection cause long-term consequences



Source: Naumann H.H.,  
Kopf und Hals-  
Chirurgie, Vol. 3: Hals  
(OP-Atlas), 2nd ed.,  
Thieme, 1998



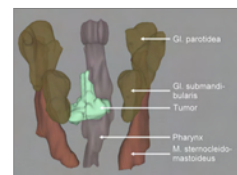
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22



## Neck Dissections: Material and Segmentation

- 13 CT-datasets (0.7- 3 mm slice distance)
- Segmentation:
  - ◆ Muscles and glands using live-wire
  - ◆ Watershed transformation for vascular structures
  - ◆ Region growing for bones and throat



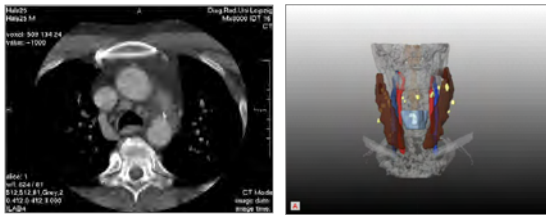
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23



## Neck Dissections: Material and Segmentation

### Results:



Animation with semitransparent overlays. All segmented structures of the segmentation results



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24



## Neck Dissections: Visualization

### Questions and goals of surgeons:

- Existence and location of enlarged lymph nodes?
- What are the distances to risk structures?

### Visualization techniques:

- Coloring inspired by textbooks → standardized use of color, transparency and other material properties
- Opacity-Mapping to enhance spatial recognition
- Ghost views to emphasize explored structures
- Silhouettes for edge enhancement

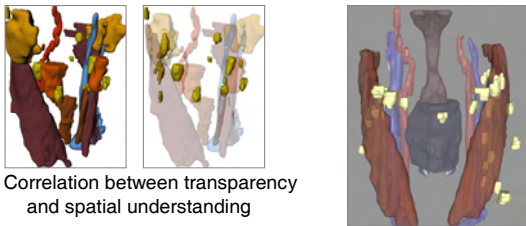


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25



## Neck Dissections: Coloring and Material Properties



Correlation between transparency and spatial understanding

Context structures: slightly saturated colors  
Shininess applied to vessels  
Opacity-Mapping applied to muscles



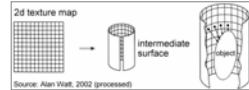
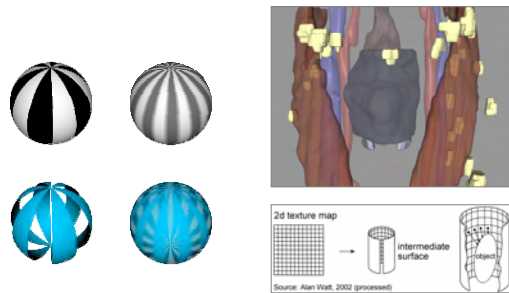
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26



## Neck Dissections: Coloring and Material Properties

### Opacity-Mapping:



Source: Alan Watt, 2002 (processed)



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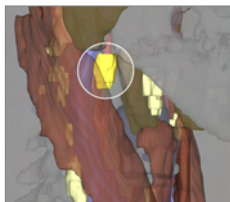
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## Neck Dissections: Ghost Views and Silhouettes

### ■ Geometry reduction for interactive cutaways and ghost views:

- ◆ lymph node model  $L$  circa 10K to 100K vertices
- ◆  $CH(L)$  in 3d → 200 vertices
- ◆ Project  $CH(L)$  to the viewplane
- ◆  $CH(P(CH(L)))$  in 2d → 20 vertices
- ◆ Minimal enclosing circle to define a cylindrical cutregion
- ◆ Draw silhouettes on edges

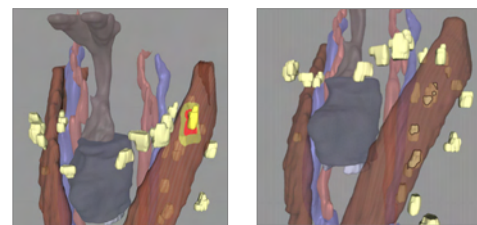


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28



## Neck Dissections: Quantitative Visualization



Left: Color coded distance between muscle and lymph node, calculated on volume data (Euclidean DTF)

Right: Possible infiltration of the muscle by the lymph nodes, drawing of silhouette lines on intersections



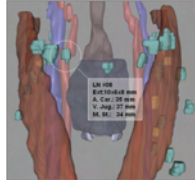
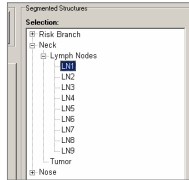
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29



## Neck Dissections: Exploration of Lymph Nodes

- Selection by name is not feasible.
- Better: sequential order e.g. starting with the lymph node with maximal extent or lowest distance to risk structures.



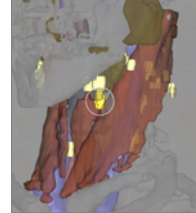
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30



## Neck Dissections: Exploration of Lymph Nodes

- Ghost Views for the sequential emphasis of lymph nodes
- Cylindrical cutting volume, color saturation, transparency and silhouettes



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31



## Concluding Remarks

- Visualization and interaction for surgery planning:
  - ◆ Standardized visualizations for surgical planning
  - ◆ Include quantitative information in visualizations
  - ◆ Focus-control and enhanced spatial recognition due to transparency and material properties and silhouettes
  - ◆ Sequential emphasis of pathologic structures (lymph nodes, lung nodules, ...) using ghost views



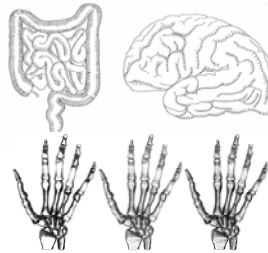
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32



## Concluding Remarks (cont'd)

- Other illustrative techniques are promising provided that their use could be highly standardized.



F. Dong, G. J. Clapworthy, H. Lin und M. A. Krokos (2003). "Non-Photorealistic Rendering of Medical Volume Data", IEEE CG&A, Vol. 23(4): 44-52

A. Lu, C. J. Morris, D. S. Ebert, P. Rheingans und C. Hansen (2003). "Illustrative Interactive Stipple Rendering", IEEE Transactions on Visualization and Graphics, Vol. 9(2):1-12



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33



## Concluding Remarks (cont'd)

- User studies are required to compare visualization options with respect to task-specific problems (e.g. exploration of vasculature around a tumor).
- Investigate usefulness:
  - Does your visualization technique provides additional insight?
  - influence surgical strategies?

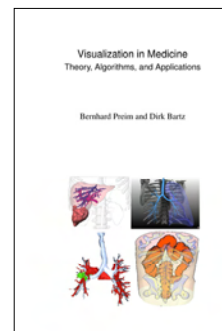


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34



## Outlook



To appear:  
Morgan Kaufman  
2006



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35



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Bernhard Preim

36



# Smart 3d visualizations in clinical applications

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**Abstract.** We discuss techniques for the visualization of medical volume data dedicated for their clinical use. We describe the need for rapid dynamic interaction facilities with such visualizations and discuss emphasis techniques in more detail. Another crucial aspect of medical visualization is the integration of 2d and 3d visualizations. In order to organize this discussion, we introduce 6 „Golden“ rules for medical visualizations.

## 1 Introduction

Many tasks in medical applications can be supported with appropriate visualizations. In addition to visualizations from textbooks, computer-generated and highly interactive 3d visualizations are employed in medical education. In anatomy education, for example, the VOXELMAN [9-11] is used to allow the exploration of medical volume data with advanced cut and clip functions. The volume data was enriched by a sophisticated knowledge representation about anatomical taxonomy (“intelligent” voxels). The pioneering work of the VOXELMAN has inspired some of the ideas presented here. Another long-term effort has been carried out in surgery simulation by KÜHNAPFEL et al. [1, 12]. They developed the KISMET system which simulates bleeding and smoke caused by surgical devices besides a variety of other interactions between surgical devices and human tissue.

**“Idealized” and clinical data.** The discussion of appropriate visualizations has to consider the quality of the underlying data which differs strongly between the above-mentioned educational applications and applications for the routine clinical use. For educational purposes, idealized data, such as the Visible Human dataset of the National Library of Medicine are employed. The use of a cadaver dataset has several advantages: high radiation can be applied and motion artifacts for example from breathing do not occur. These datasets are carefully prepared and enriched with additional information. Such a time-consuming approach is not feasible for medical diagnosis and treatment planning. The underlying data have less quality (because they are acquired from living patients). This paper is focused on clinical applications and discusses visualization and interaction techniques that are designed to support diagnostic processes and treatment decisions, such as operability of a patient.

This paper is organized as follows: In Sect. 2 visualization techniques currently used for medical diagnosis and treatment planning are described. This section is followed by the brief Sect. 3 which names six “golden rules” for smart medical visualizations which are discussed in the remainder of this paper.



## 2 3d Visualizations for clinical applications

3d visualizations in medicine are based on radiological image data. Primarily CT (computed tomography) data, and MRI (Magnetic Resonance Imaging) are used. The traditional – film-based or soft-copy – “reading” of radiological image data represents a slice-by-slice inspection. Due to the growing resolution of image scanners this is no longer feasible as the only inspection method. As an example, CT data of the human thorax acquired with multislice image devices produce some 500 slices. Therefore, 3d visualizations, such as direct volume rendering, isosurface rendering, and maximum-intensity-projections (MIP) are becoming more commonly used. MIP images depict the brightest voxel along each line of sight and thus do not require any user interaction with respect to opacity settings ([3] gives an excellent overview on these basic techniques). Direct volume rendering and isosurface rendering, on the other hand, strongly depend on user settings. Predefined transfer functions for certain visualization tasks, such as highlighting bony structures in CT data, are used to reduce the interaction effort. Unfortunately, such predefined settings are not reliable for MR data (which do not exhibit a standardized intensity scale and are less homogeneous) and for the visual delineation of structures with similar intensity values.

If the diagnosis is confirmed, radiologists demonstrate the images to the referring physician in order to discuss the therapy. Furthermore, if an intervention is considered radiologists and surgeons discuss the strategy. Still, it is common to use static images, either slices from the original data or rendered images for this discussion. If interactive 3d visualizations are used at all, it is the radiologist who operates the system in order to show what is important. In order to understand the 3d reality of a particular patient’s organ, it is desirable that interactive 3d visualizations are used and that the surgeon is in control to explore the data in order to answer his or her questions.

## 3 The six golden rules for the design of smart medical visualization

SHNEIDERMAN succeeded in convincing people of his 8 “golden rules” for user interface design [20]. Inspired by these we present 6 “golden rules” for the design of smart medical visualizations. “Smart” means that the visualizations are useful for clinical tasks which includes that they are recognizable and dedicated to a particular task. Moreover, smart medical visualizations are fast to generate and can be interactively explored. The following rules are based on our experience with the development and evaluation of clinical applications.

- Integrate 2d and 3d visualization with interaction facilities in both views
- Provide useful defaults for visualization parameters
- Provide dynamic interaction facilities
- Use model-based visualizations, for example for thin elongated structures
- Provide appropriate emphasis techniques
- Include anatomical context in the visualization of the relevant structures

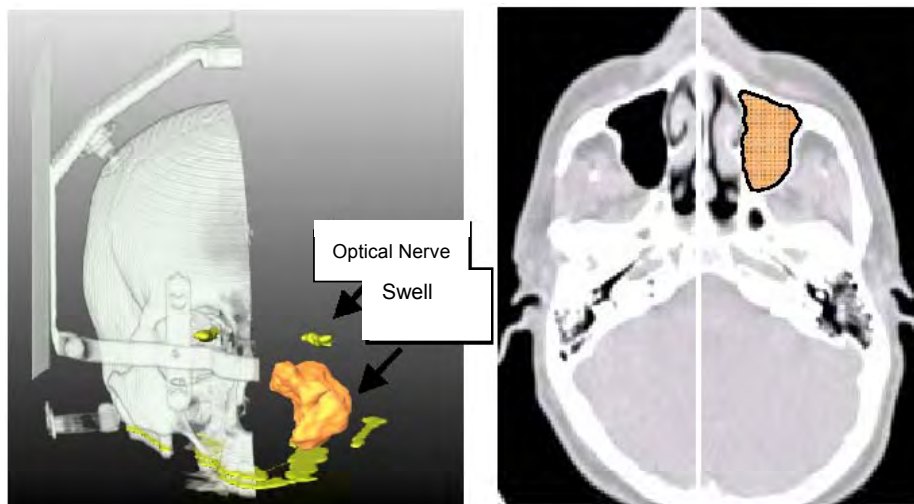
The rest of the paper is devoted to the discussion of these 6 rules.

## 4 Integration of 2d and 3d visualizations

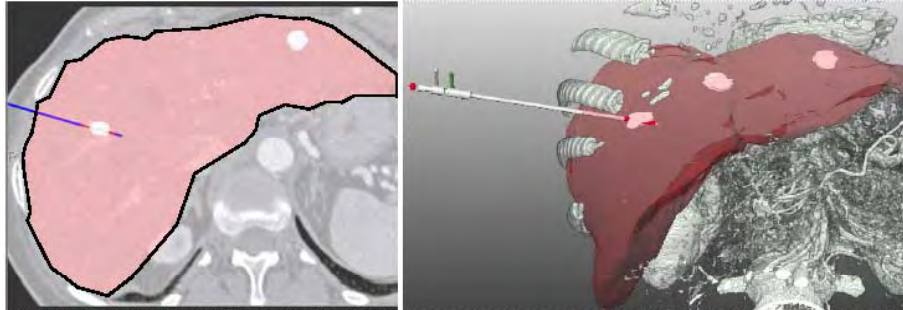
On the first glance it seems that smart medical visualizations should be 3d exclusively. The human body is a three-dimensional system; therapy planning and surgery simulation based on 3d visualizations are therefore more realistic than visualizations based on 2d slice visualizations. 3d visualizations with appropriate depth-cues (first of all shading) are intuitively comprehensible and seem to be superior. Despite of these obvious advantages, clinically relevant therapy planning systems contain 2d and 3d visualizations and interactive manipulations are allowed in both often with some kind of synchronization between the views.

The question arises whether 2d visualizations are only needed for conservative medical doctors not accustomed to the great benefit of 3d visualizations, so-to-say to be upward compatible to slice-based reading. Researchers in the field agree on real benefits of and needs for 2d visualizations, too.

In general, 2d-visualizations better support precise interaction. Precision is required, for example when measurements are derived, implants are placed in the geometric model of the patient and drilling procedures are planned. 2d visualizations are useful for these tasks because selection tasks which are part of the discussed tasks can be accomplished more precisely. Each voxel can be selected if the appropriate slice is chosen for the 2d visualization. 3d visualizations provide an overview; the “big” picture of the data. They are used, for example, to decide which range of slices is displayed in the respective 2d view in more detail. As a consequence, 2d and 3d visualizations allow for interactions in both views.



**Fig. 1:** The 3d visualization of a human head in CT data and the corresponding 2d visualization. The clipping plane is also included in the 2d visualization and can be manipulated in both views. The segmentation results are transparently overlaid to the original data in the 2d view. Radiological data kindly provided by University of Leipzig (Dr. Strauß).



**Fig. 2:** Synchronized 2d and 3d visualizations of a CT liver data set with the segmented liver and three liver lesions (white). The visualization is used for the planning of a minimally-invasive therapy with a laser applicator. Radiological data kindly provided by the Technical University of Munich (Prof. Feussner)

While this general principle has been realized in several medical visualization systems, we have applied it consequently to all interactions frequently required for therapy planning ([16]). For example, 2d and 3d visualizations are employed for the placement of applicator devices used for minimally-invasive operations. The precise definition of the target point (the point where the applicator produces a maximum of energy to destroy the pathology around) is usually selected in 2d. The entry point (where the applicator penetrates the skin) might also be selected in a 2d visualization. Whether important structures are hurt by this access path, however, becomes more obvious in 3d visualizations (see Fig. 2). In a similar manner, 2d and 3d visualizations are combined for measurements, such as distances and angles for the quantitative analysis of spatial relations. Another frequent task in therapy planning is the specification of resection areas (those parts of the body which should be removed later in surgery). Resection specification can be accomplished in 2d (by drawing into selected slices and interpolating between them) and in 3d by moving surgical tools through the data which virtually remove tissue. Again, it is crucial to evaluate the virtual resection in the other view. If the resection area was specified in 2d, the 3d view shows its general shape – which is important to assess whether this shape can be resected. On the other hand, if the resection was specified in 3d, the 2d view is useful to assess the affected regions.

## 5 Provide useful defaults for visualization parameters

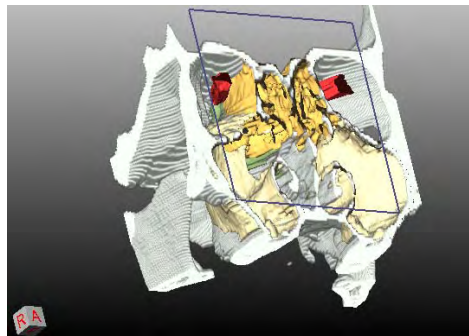
Visualizations, such as these presented in Figs. 1-2 are controlled by a variety of parameters. These include object colors, transparency values, the viewing direction as well as smoothness and quality parameters. It is essential that these parameters are available via the graphical user interface. However, it is tedious if they have to be specified again and again for individual objects. Hence, meaningful default values which can be accepted in the majority of the cases are crucial for the usability of such a system. How can these be specified? First it is important to classify objects, because such a classification provides a useful base for the assignment of default values. Examples of object classes are organs, bony structures, vascular structures and tumors. Organs are large structures: usually it is desirable to see details of the organ interior. Therefore, by de-

fault they are rendered semitransparently whereas lesions and vascular structures are not. Note, that different transparency values are useful for 2d and 3d visualizations. In 2d visualizations (Fig. 2, left) the original data should be visible to some extent. Therefore, even lesions and vascular structures are not displayed fully opaque. Large compact structures such as organs can be displayed with lower resolution compared to thin elongated structures.

Finally, and that is an aspect which was often discussed with medical doctors: the initial viewing direction should be a natural one, preferably the surgeon's view. The two images in Fig. 2 for example are generated without changing any visualization parameter. All colors and transparency values, the transfer functions for the volume rendering correspond to the default values. An individual user may have slightly different preferences. Therefore, it should be possible to customize visualizations by storing personalized default values. The benefit of well-selected default values are not only time-savings but also better quality and reproducibility of the resulting visualization.

## 6 Dynamic medical visualizations

The understanding of the complex spatial phenomena inside the human body requires the interactive manipulation of images. Dynamic visualizations – interactive visualizations with rapid feedback after continuous interaction – are particularly useful for this understanding because changes between images can be observed and need not to be interpreted (see [21] for a discussion of active and dynamic visualizations).



**Fig. 3:** Exploration of a CT data set of the human head. The continuous movement of the clipping plane is used to gain insight into the nasal cavities. The images were acquired to prepare surgery in this area. The spatial relations to critical structures, in particular the optical nerves, are essential. The cube in the lower left corner indicates the viewing direction. Radiological data kindly provided by University of Leipzig (Dr. Strauß).

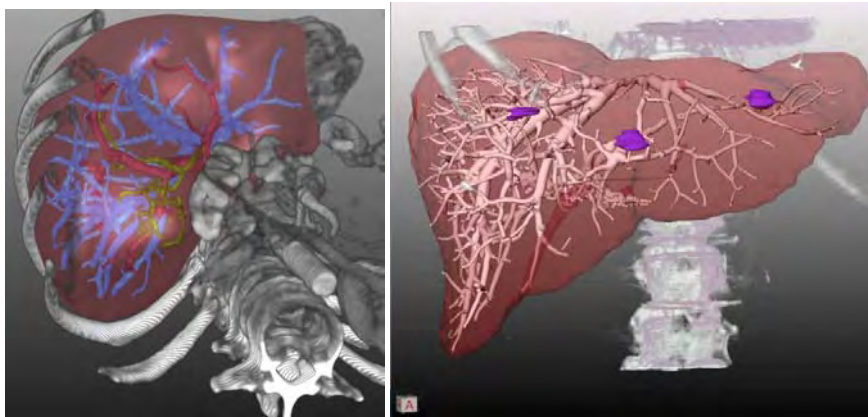
There are several wide-spread interaction tasks in medical visualization which can be supported with dynamic interactions initiated with the pointing device on the image viewer (see Fig. 3). Clipping planes and clip boxes are translated and rotated in order to suppress parts of the underlying data. Radiologists are used to adapt brightness and contrast of volume rendered images by simply dragging the mouse (the  $x$ - and  $y$ -position of the mouse specify the parameters for the widely used ramp transfer func-

tions). Again, the interaction can be initiated without moving the pointing device outside the visualization to some control element. Also, the traditional 2d slice view can be enhanced with dynamic interaction such that the displayed slice changes continuously as long as a certain combination of mouse buttons is pressed. This interaction is referred to as the cine-mode.

Another effective dynamic interaction facility is included in the VOXELMAN (recall [9-11]). It is based on a sorting process of the object's relation to the skin. With a continuous mouse movement objects are hidden starting from those closer to the skin giving sight to more distant ones. Compared to the traditional interaction required to hide objects (select them individually and press some button to hide them) this is much faster and again allows to concentrate on the visualization.

## 7 Integration of anatomical context

Medical visualizations for sophisticated treatment planning procedures are based on prior image analysis. Examples are planning processes for total hip replacements [2, 8], facial surgery [4], neurosurgery [6] and liver surgery [19]. In the image analysis stage, important anatomical and pathological structures are identified and delineated (segmented). The segmented objects are usually visualized by means of surface rendering. With appropriate smoothing and shading this often yields easy-to-interpret visualizations.



**Fig. 4:** Hybrid combination of the direct volume rendering of bony structures and surface rendering of intrahepatic structures (liver, vascular systems, tumors in the right view). The bony structures serve as anatomical context for the intrahepatic structures. Radiological data kindly provided by Medical School Hannover (Prof. Galanski).

Segmented objects might be selectively displayed or hidden to customize the visualization to the questions related to the therapeutic process at hand. However, the mere visualization of important structures is often insufficient. The lack of surrounding tissue, in particular of skeletal structures makes it very difficult to understand the current view. Therefore, medical doctors appreciate the visual integration of bony struc-



tures (usually displayed by means of volume rendering) and structures which are in the focus (see Fig. 4).

## 8 Model-based visualizations

Medical visualizations for clinical use have two fulfil two requirements:

1. they should strictly adhere to the underlying radiological data and
2. they should be easy to interpret.

Let us discuss these requirements with respect to vascular structures. These structures are often very thin, for example in the periphery of vascular trees. Due to the limited spatial resolution of CT and MR scanners these thin structures are often represented by only one or two voxels per slice. A straightforward visualization that fulfils the first requirement usually results in noisy visualizations due to the limited spatial resolution of radiological data. For example, it is very difficult, to assess the topology of a vascular tree based on such visualizations. This, however, is often crucial for surgery planning where risks of a procedure have to be judged. As an example of this risk analysis it is important to recognize which branches of a vascular tree would be affected if a certain branch is cut. To support those questions, more abstract visualizations serve better. Therefore, several attempts have been made to reconstruct vascular structures based on a prior vessel skeletonization [5, 17]. In the skeletonization process, the medial axis inside the vessel as well as the minimum and maximum diameter for each skeleton voxel is derived (see [19] for details). This information can be used to visualize vascular trees by means of graphics primitives fitted along the skeleton path. As an example, we used truncated concatenated cones as the underlying primitives [7]. Special care was taken to provide smooth transitions of surface normals at branchings. Fig. 4 and Fig. 5 show examples of this vessel visualization method. This method has been developed and refined in fruitful discussions with radiologists and obviously is a good compromise between the desire to have precise *and* easy-to-interpret visualizations.

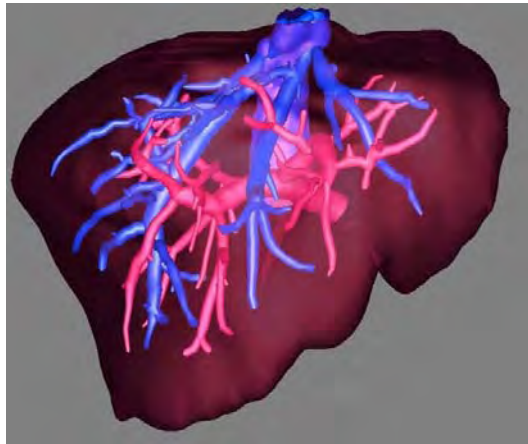
The degree of correspondence to the radiological data is adjustable by the number of cones that are generated. Cones can be generated between two subsequent voxels (highest level of correspondence) or only between branchings of the vascular tree (lowest level of correspondence). Also, the vessel diameter can adhere strictly to the values measured in the skeletonization process or be smoothed in order to reduce the effect of rounding errors (see Fig. 6). In summary, the degree of realism is adjustable with such model-based visualizations.

This method is based on the assumption that the cross-section of vascular structures is circular. This assumption, of course, is a simplification. It is not appropriate when vascular diseases should be diagnosed. However, for many therapy planning tasks it is crucial to understand the spatial relation between pathologic structures and adjacent vascular structures. In such cases these model-based visualizations are very helpful.<sup>1</sup> Similar model-based visualizations are used in the VOXELMAN (recall [9-11]) where B-spline shapes are fitted to selected points which represent nerves in some slices. These structures are so small that they appear in some slices and disappear in others.

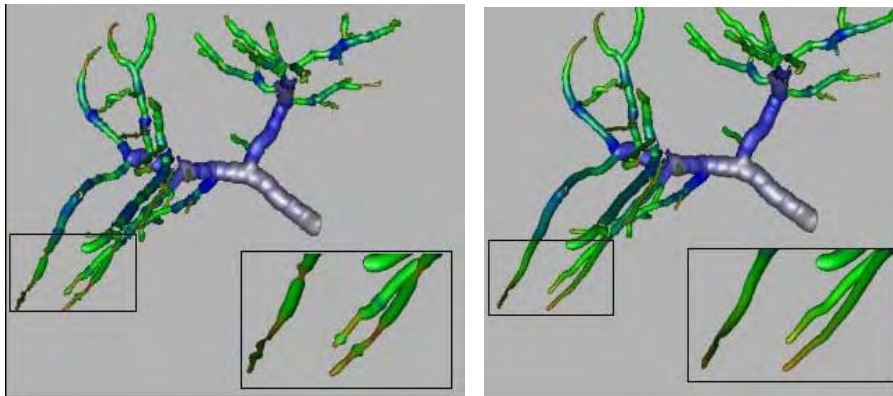
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<sup>1</sup> Some details of the described visualization are inspired by medical doctors. The visualization method is regularly used for liver surgery planning.

Using the anatomical knowledge that the nerves are connected and using knowledge about their principal shape appropriate visualizations can be generated with the reconstruction process described in [14].



**Fig. 5:** High quality visualization of the intrahepatic vascular anatomy (hepatic and portal veins). Radiological data kindly provided by Medical School Hannover (Prof. Galanski).



**Fig. 6:** Model-based vessel visualizations with different settings for the smoothing of the vessel diameter. The vessel diameter is color-coded. In the left image, no smoothing is applied which results in obvious discontinuities in the periphery. These discontinuities are due to the limited spatial resolution of the underlying data.

## 9 Emphasis in medical 3d visualizations

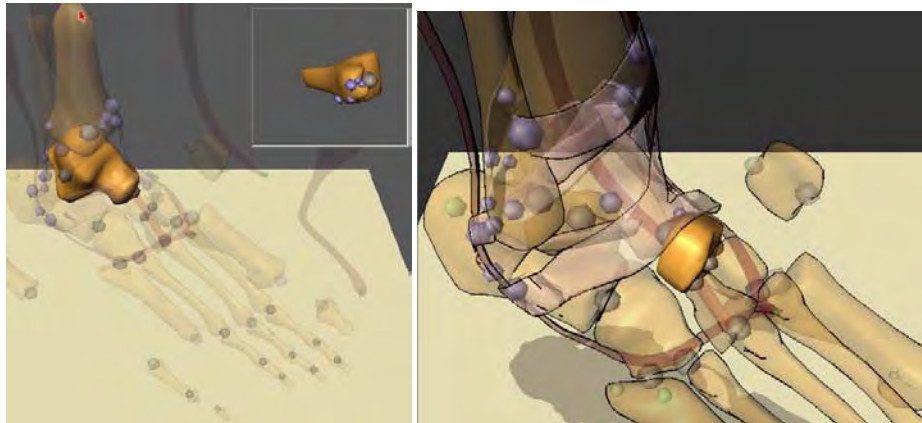
In therapy planning applications as well as in software for medical education it is often necessary to highlight an anatomic or pathologic structure. As an example, the user of such a system selects an object in a list via its name and the system should provide feedback emphasizing this object. Another obvious reason for the need of 3d emphasis techniques is due to the integration of 2d and 3d views (recall Sect. 4). After an object

is selected in a 2d view it should be highlighted in the 3d view to support the connection between the two visualizations.

The emphasis of objects in 3d visualizations is difficult by its very nature. From the current viewing position objects might be too small to be recognizable or they might be occluded by other objects. In medical visualizations these problems are prevalent: objects are often concave, are at least partly occluded by others. Therefore simple emphasis techniques such as the use of a special colour for highlighted objects or blinking do not work well. Emphasis techniques therefore should ensure the visibility of the involved objects (see [18]). In principle, two strategies are possible to achieve visibility:

- the camera position might be changed to make the desired object visible or
- visualization parameters of occluding objects might be adapted to allow to look through them.

The first strategy, in general, cannot be recommended. A radical change of the camera position, not initiated by the user, is often not comfortable because the user has to interpret this change and perhaps dislikes the chosen perspective. Unnatural viewing directions may result. The change of visualization parameters, the second strategy, can be implemented by using transparency: occluding objects are rendered semitransparently to reveal objects behind. This is a viable approach, however showing apparent drawbacks. If several objects are in front of the object to be emphasized all occluding objects must be strongly transparent with the result that they are almost unrecognizable (see Fig. 7). As an alternative, fast silhouette generation algorithms might be used to enhance the visualization of the transparently rendered objects. For the sake of brevity, emphasis techniques could only be touched here. There is a variety of emphasis techniques suitable for medical visualization, including those based on the shadow generation for selected objects (see [15] for a review on such techniques).



**Fig. 7:** Visualizations of bony structures and some muscles of the human foot as part of an educational system (the spheres represent docking positions to compose objects). A particular bone is emphasized using transparency of other objects (left). In the right view the shape of the transparent objects is emphasized with line drawing of their silhouette.

## 10 Concluding remarks

Smart medical visualizations integrate 2d and 3d visualizations with a bi-directional link in order to synchronize changes between both. 3d visualizations of the relevant anatomic and pathologic structures are integrated with the anatomic context which provides a reference. Appropriate visualization parameters depend on the category of the respective object; vascular structures should be rendered with other parameters than organs or pathologic lesions per default. A comprehensible visualization of thin elongated branching structures requires other parameters as large compact structures. Smart medical visualizations include predefined parameters for different categories. In particular for vascular structures a model-based reconstruction is useful for the visualization. Finally, smart medical visualizations are highly interactive. They support dynamic changes which are initiated with the pointing device on an image view.

**Future Work.** So far, non realistic renderings [22] have not been integrated in medical visualizations used in the clinical routine. With their ability to emphasize shape and structures, these algorithms are promising for such applications. Another wide area for future work is the incorporation of uncertainty visualization techniques. The image acquisition and image analysis steps which are carried out prior to visualization may produce imprecise or unreliable results. At least some of these “errors” might be estimated. For example, tumor segmentation is often imprecise because the lesions have similar intensity values to the surrounding tissue and apparently no gradient at their borders. Special visualization techniques should be developed to encode this uncertainty (see for example [13]). Finally, the development of emphasis techniques dedicated to the complex shapes in medical visualizations is an area where further research is needed. In particular, the appropriate technique should be automatically selected by the visualization system (taking into account object visibility, size and shape).

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# Combining Silhouettes, Surface, and Volume Rendering for Surgery Education and Planning

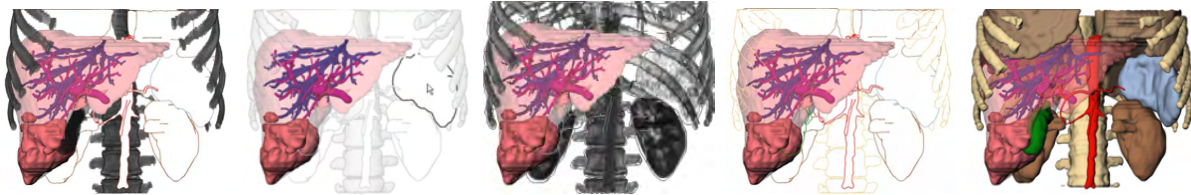
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## Abstract

We introduce a flexible combination of volume, surface, and line rendering. We employ object-based edge detection because this allows a flexible parametrization of the generated lines. Our techniques were developed mainly for medical applications using segmented patient-individual volume datasets. In addition, we present an evaluation of the generated visualizations with 8 medical professionals and 25 laypersons. Integration of lines in conventional rendering turned out to be appropriate.

Categories and Subject Descriptors (according to ACM CCS): I.3.3 [Computer Graphics]: Picture/Image Generation—Display algorithms; I.3.3 [Computer Graphics]: Picture/Image Generation—Line and curve generation

**Keywords:** Medical visualization, non-photorealistic rendering, hybrid styles, line rendering.

## 1. Introduction

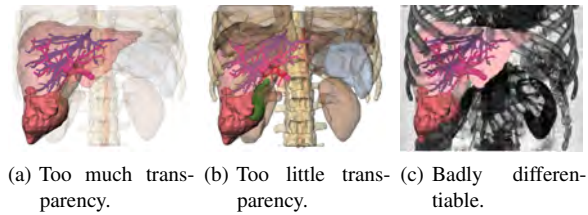
Direct and indirect (isosurface) volume rendering of CT or MRI datasets dominate in application areas such as diagnosis and surgery planning. Direct volume rendering (DVR) is used for a fast overview, e. g., if complex fractures are involved or when structures should be displayed that do not exhibit (sharp) surfaces. However, using DVR it is often difficult to emphasize objects or their parts. Advanced DVR methods relying on multidimensional transfer functions are better suited for emphasis but they exhibit a huge parameter space that is usually not appropriate for clinical applications.

In contrast to DVR, surface rendering transforms a part of the volume data into a polygonal representation. This is accomplished either as threshold-based isosurface rendering or as surface rendering of segmentation results. The flexibility to adjust surface visualizations is reduced to emphasis with

color and transparency. In particular, transparency easily introduces visual clutter (Figure 1). The hybrid combination of surface and volume visualization is often useful: Surface visualization is employed to show anatomic structures which have been segmented in advance, whereas DVR is employed to present anatomic context such as skeletal structures.

Inspired by traditional depictions, e. g., in medical atlases non-photorealistic rendering (NPR) techniques [SS02] emerged to produce comprehensible renditions. NPR techniques range from those line drawings inspired from traditional artwork (such as silhouettes and hatching) to methods derived from DVR (such as tone shading). So far, mostly individual techniques were used—either traditional (e. g., DVR or surface rendering) or NPR methods. In this paper, we describe the integration of line drawings with surface and volume visualization to create more comprehensible renditions. In particular, we discuss the problems that arise when these are used together in an OPEN INVENTOR based scene graph architecture [Wer94].

We rely on segmented data where the relevant anatomic



**Figure 1:** 3D visualization with surface rendering and DVR: context structures (bones, kidneys, gallbladder, lung, and aorta) are not differentiable or hiding the focus. The focused liver includes a tumor, the portal vein, and the hepatic vein.

structures are delineated. This makes it possible to generate renderings of particular objects. Applications of such hybrid visualizations lie in therapy planning and educational systems. In addition, hybrid visualizations are intended to explain a planned intervention to patients. For these applications, it is essential to employ patient-individual datasets that have a reduced resolution and a higher noise level than artificial datasets such as the *VISIBLE HUMAN* [SASW96].

In order to confirm the effectiveness of the created visualizations, we carried out a user study. In this study, we presented the renditions to different groups that represent the different possible potential users of the visualizations: medical professionals and medical laypersons.

The remainder of this paper is organized as follows. Section 2 describes related work. Afterwards, we discuss the combination of the three mentioned rendering methods in Section 3. Section 4 then presents the user study we carried out to compare the usefulness of the different visualizations. Finally, in Section 5 we conclude the paper.

## 2. Related Work

The main source of inspiration for our work comes from medical atlases (e. g., [Rog92]) where line primitives are often used to depict form and to distinguish objects from each other. This is motivated by research in perception. For example, *WARE* discusses that silhouette lines are essential for figure-ground segregation, for the fast recognition of objects, and for the identification of object structure [War04].

The development of non-photorealistic rendering styles [SS02] to generate images similar to those in medical atlases started approximately in 1990 [ST90]. It is interesting to note that NPR has very similar goals as scientific visualization, namely to convey information effectively and to emphasize features [NSW02]. Thus, it is not surprising that the visualization community adopts techniques from NPR. For the first time this has been done in a system for radiation treatment planning [LFP\*90].

The term *non-photorealistic volume rendering*—or as *RHEINGANS* and *EBERT* suggest *volume illustration*—

refers to visualization techniques that are similar to surface-based NPR but are applied to volume data [RE01]. In the context of medical volume data we prefer the term *volume illustration* because there is no photorealistic rendering option for a clinical CT dataset.

One class of volume illustration techniques operates on the original data without any segmentation information. The gradient direction is estimated based on differences between adjacent voxels. Silhouette lines are generated where the gradient magnitude is large and the cross product of camera direction and the gradient direction is close to 0. [CMH\*01] presented expressive visualizations where the large gradient between air and skin is employed for silhouette generation. [LM02] introduced an efficient implementation of volume illustration that exploits commodity graphics hardware. However, for many regions in the human body contrasts in CT and MRI data is considerably lower than at the air-skin boundary and silhouettes cannot be identified easily.

[SE04] calculate silhouettes from volumetric data using implicit trivariate tensor product B-spline functions that approximate the data. A subdivision method is used to calculate the silhouettes that have a superior look compared to voxel-based silhouette extraction schemes. Convincing results were achieved recently by *KINDLMANN* et al. who employed curvature information to guide the placement of silhouette lines [KWTM03]. Transfer functions (TF) could be specified with the first and second main curvature as the two-dimensional domain for TF specification. They also generate contours and can control their thickness in image-space by considering curvature information.

Hatchings based on volume information allow to produce smoother hatching lines compared to purely surface-based methods [DCLK03]. [NSW02] introduce concepts for hatching volume data based on curvature information which is extracted near user-selected seed points. Hatching is modified by transparency values and lighting conditions. They argue not to combine DVR and line drawing in order to allow for flexible stylization.

For clinical applications it is more appropriate to rely on segmentation information and to deliberately assign rendering styles to anatomic structures or categories such as nerves or muscles. [HBH03] combined volume illustration techniques with surface rendering and DVR in a two-pass approach. This is achieved by applying local TFs to different objects using graphics hardware shader.

A recent approach presented by *YUAN* and *CHEN* [YC04] combines DVR with surface shading and also adds silhouettes and feature lines. However, their approach is based on image-space silhouette and feature line detection and is, therefore, limited to image-processing stylization. Our approach, in contrast, uses object-space stroke extraction that allows more freedom to parameterize the rendered lines.

[VKG04] also employed segmentation information in or-

der to specify the appearance of individual objects. In addition, they integrated illustration techniques such as cut-away views. The general concept of this work is to derive the importance of an object (e. g., from input by the user) and to project the most important objects onto the screen. All rendering styles are provided. However, they are integrated in a DVR which limits the flexibility of line stylization.

### 3. Combining Silhouettes, Surface Shading and DVR

In this section we describe a rendering process that allows to combine the three visualization techniques named above to create hybrid renditions. We integrate these techniques using an OPEN INVENTOR scene graph architecture which allows us to reuse nodes that affect visualization parameters at different positions in the same scene graph. This not only generates a more consistent visualization but also is more flexible in terms of stylizing individual objects.

#### 3.1. Initial Considerations

The different rendering styles are not equally well suited to visualize objects. Thus, they will be used to depict different structures according to their relevance for the visualization (see Figure 7). With respect to relevance, in the following we will refer to three types of structures or objects:

**Focus objects (FO):** objects in the center of interest are emphasized in a particular way.

**Near focus objects (NFO):** important objects for the understanding of the functional interrelation or spatial location. Their visualization depends on the particular problem.

**Context objects (CO):** all other objects.

Line stylization—when carefully applied—may be used to control whether objects are conceived as FO or CO. One type of stylization that we include is color since this is widely used to emphasize objects or structures. In addition, we will depict hidden and visible lines in a different manner in order to convey the spatial relationships.

For the efficient extraction of lines and strokes from 3D meshes, a Winged Edge data structure is employed to store local connectivity information. This data structure has to be created as a pre-computation step for the individual objects. In order to render and stylize these objects, each object's mesh data is subsequently used to extract, e. g., the lines, and stylize them. Therefore, the use of stylization pipelines that successively modify the line style data is required. The stylization process is divided into several small steps represented by nodes in the scene graph. This concept also allows the reuse of certain line stylization pipelines because the respective nodes may be linked into the scene graph at several positions. This ensures a coherent appearance of the objects that use the same pipeline.

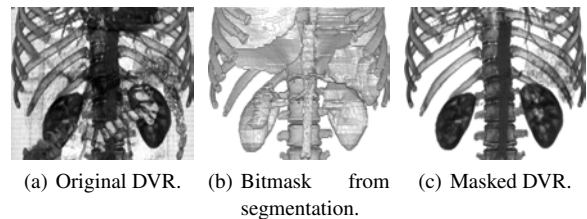
In order to use DVR, we integrate this rendering technique into one scene graph. This is achieved by specialized DVR

node coupled with a TF node. However, since DVR always renders the whole volume into the  $z$ -buffer, it is not possible to add surface shading afterwards. Thus, the sequence in which the modules for the individual rendering techniques are added to the rendering pipeline will be important.

#### 3.2. Hybrid Rendering

For surface shading the OPEN INVENTOR architecture relies on normal  $z$ -buffer rendering. Thus, no special order of nodes is required for a correct rendering of the scene. Due to the nature of the remaining two techniques, the resulting scene graph may get fairly complex. Therefore, we start by discussing the extension of the scene graph for surface shading to include DVR. Then, we will show how line rendering can be added and explain the required individual modifications. Our rendering process is based upon the scene graph architecture of OPEN INVENTOR. In addition, we use the OPENNPAR system that extends OPEN INVENTOR and adds line extraction and line stylization capabilities [HIR\*03]. For easy scene graph manipulations as well as DVR, we employ the MEVISLAB system [HLP03].

**Direct volume rendering.** DVR may be combined with surface rendering by adding the respective nodes to the scene graph. However, the DVR node fills the  $z$ -buffer for the entire volume that is rendered regardless of the TF as explained above. Therefore, it has to be added to the scene graph after the surface shading has been completed, i. e., as the last node in the scene graph traversal. Otherwise, the surface objects would not be rendered because all would fail the  $z$ -buffer test. Hence, after the DVR, the  $z$ -buffer contains no more sensible depth information. Furthermore, DVR may previously be modified according to segmentation results as shown in Figure 2. The bit mask of segmented areas is used for the purpose of displaying or hiding user-selected objects.



**Figure 2:** *The original volume has been segmented in advance. Thus, it may be restricted to bones, gallbladder, aorta, kidneys, milt and lung. The gallbladder is not visible because of the chosen transfer function.*

**Silhouette rendering.** The object-space line rendering approach that we employ comprises the following steps: geometry data preparation, line extraction and stroke generation, hidden line removal, and stroke stylization (see Figure 3).

To facilitate the following stages, first a geometry data

structure is created that provides adjacency information. Then, after extracting the significant edges (silhouettes and feature lines), these edges are assembled into strokes and are processed in a stroke pipeline for stylization. As an essential step in this pipeline hidden lines have to be removed. A fast and simple method to solve this problem is illustrated in Figures 4(a) to (c). First, the objects are rendered into the z-buffer (while the frame buffer remains unchanged). In a second step, all extracted lines are scan-converted individually and stepwise classified as hidden or visible using the previously generated z-buffer data by locally comparing z-depths [IHS02]. Then, stylization may be applied such as changing the stroke's width, saturation, color, and texture. Further methods for line stylization such as cut away views or lighted regions may also be applied. In fact, the edge extraction and stroke generation is independent from the final stroke rendering because the data in the stroke pipeline is not altered by any of the other rendering steps. We will use this fact later on for combining all three rendering techniques.

If surface rendering is used in addition to the line graphics, the surface objects have to be rendered into the final image prior to the lines. Silhouettes being located exactly at discontinuities of the z-buffer of the surface objects. One side of each generated and stylized line would otherwise be overwritten by the surface object since they are typically more than one pixel wide. This is also the reason why there has to be an explicit hidden line removal (HLR) for the computed strokes before starting the final rendering process. In addition, the z-buffer generated for HLR would interfere with a correct rendering of the surface objects.

However, this approach is only applicable for opaque objects because transparent objects usually do not change the z-buffer. Thus, lines that lie behind a transparent object would not be removed. In order to prevent distant lines to be rendered on top of closer transparent model parts, the z-buffer rendering must be carried out for the transparent objects as well. Unfortunately, this conflicts with the regular shading technique for transparent objects.

**Combination of rendering styles.** According to the discussion above, the line extraction and visibility classification has to occur before rendering surface objects. Also, the DVR

has to be performed after all surface objects have been drawn. However, rendering surfaces on top of the stylized lines would potentially overwrite parts of the rendered lines as explained above. Fortunately, we can make use of the line extraction, classification, and storage being independent from the process of rendering the line into the frame-buffer as suggested above. Therefore, we use the following procedure for generating the hybrid rendition:

1. generate the z-buffer for surface and line objects (including transparent objects),
2. extract lines from internal mesh representation,
3. determine line visibility according to the z-buffer,
4. clear the z-buffer,
5. render surface objects using z-buffering,
6. render stylized lines with writing z-buffer data but without doing the z-buffer test, and
7. render volume using z-buffering.

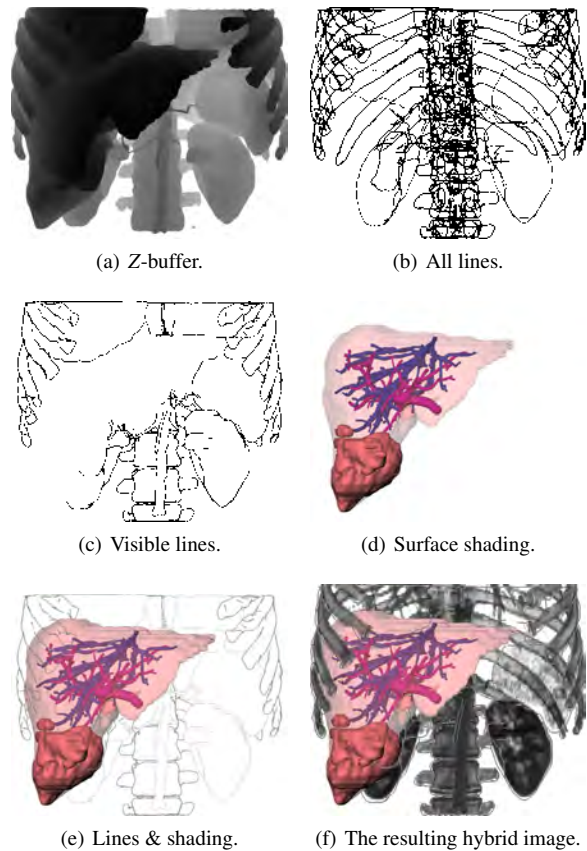


Figure 4: Sequence for combining all rendering styles.

The z-buffer of the surface objects and the line objects is rendered first (Figure 4(a)). The z-buffer is generated for all objects regardless whether they are transparent or opaque. Thereafter, the lines are generated (Figure 4(b)) and HLR is performed using the z-buffer information (Figure 4(c)). Because the line data is stored separately, it is not affected by

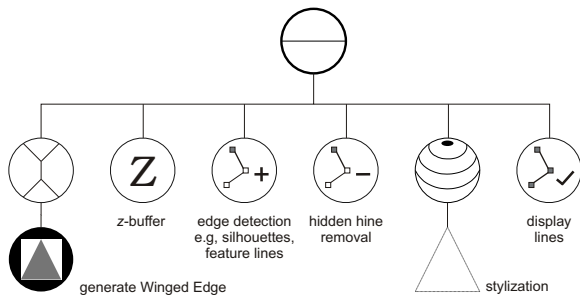
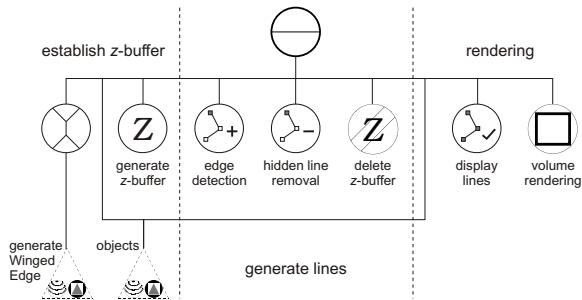


Figure 3: Scene graph for silhouette rendering.





**Figure 5:** Scene graph for combining all rendering styles.

surface and volume rendering. Thus, it can be determined this early in the process. After the line extraction, the generated z-buffer is not needed anymore because it also contains transparent and line objects and becomes deleted.

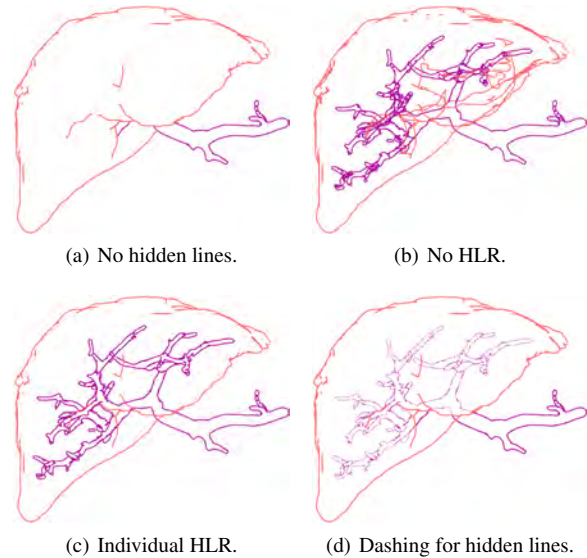
Now, the surface rendering is initiated (Figure 4(d)). Since we included transparent objects in the initial z-buffer rendering, there will be no lines that will mistakenly be drawn on top of them. Due to the separate storage of the stroke data, the lines can be displayed with correct depth information. For this purpose, the line rendering is performed without z-buffer test but with writing z-buffer data (Figure 4(e)). DVR is carried out as the last step and after the lines because now the line data is present in the z-buffer as well (Figure 4(f)). Figure 5 shows the scene graph for the entire process.

**Removing self-occluding lines.** In some cases it might be useful to show line drawings behind other line drawings. However, at the same time the hidden lines of both the front and back objects have to remain hidden so that the rendition does not get confusing. Unfortunately, the process discussed so far does not allow this. If both objects are rendered into the z-buffer simultaneously, it is not possible to distinguish between lines that are self-occluding and those that are hidden by a different object.

This problem can be solved by rendering the z-buffer for each object separately such that the self-occluding lines can be removed individually for each object (see Figure 6). The disadvantage of this procedure is that after each individual HLR it is necessary to clear the z-buffer. However, the produced effect (see Figure 6(d)) illustrates the spatial relationships and improves the understanding of the geometry.

#### 4. Evaluation

In order to analyze whether line rendering is a meaningful extension to the existing visualization techniques, we carried out a user study. In addition to that, we have analyzed the answers to extract parameters for useful hybrid renditions combining DVR, surface shading, and line rendering. However, the goal for this task was not to find the ‘best’ visualization but several appropriate ones for the specific dataset since the quality of visualizations strongly depends on the domain.



**Figure 6:** Removing self-occluding lines. In (a) the rendering of hidden lines is prevented due to a collective z-buffer. Individual HLR (c) solves this problem. Additional dashing and thinner hidden lines (d) produce an even stronger effect.

In cases where structures have to be displayed as COs, traditional illustrations typically use silhouettes and feature lines. We hypothesize that line renderings are preferred for the joint visualization of COs, NFOs and FOs. We also hypothesize, that a stylization with colors is most satisfying.

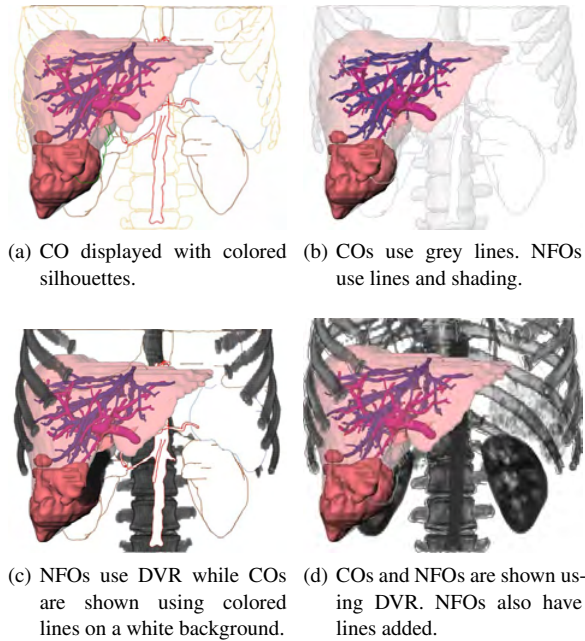
#### 4.1. Evaluated Application Domains

The visualizations shown in this paper were generated for an educational system, the LIVERSURGERYTRAINER [BMOP04]. In this training system, users are asked, for example, to decide whether the patient could be safely operated and specify a resection line. For this purpose, comprehensible renderings of the intrahepatic anatomy (vascular structures, liver tumors) are necessary. In order to provide a realistic setting, the system employs clinical datasets. The relevant anatomic and pathologic structures are segmented to permit selective visualizations.

**Context visualization.** There are many possibilities for the visualization of COs. The shape of the structure to be visualized will finally prove the most appropriate variant (Figure 7). DVR usually looks unnatural and is difficult to interpret. On the other hand, DVR shows the original data and is able to show non-segmented structures.

**Simplifying complex visualizations.** In complex scenarios, only few viewing directions allow to appraise how all objects are situated to each other. By providing interaction means to view the scenario from all directions, viewers watch it also from other directions. By employing silhouettes we are able

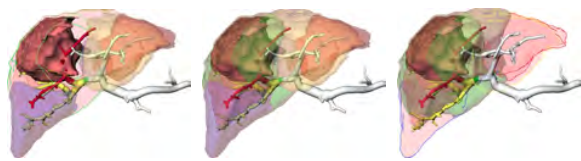




**Figure 7:** A number of possibilities to visualize COs, NFOs, and FOs differently. The FO is the liver in all visualizations. NFO are the bones and the gallbladder. Figure 7(c) and 7(d) were not part of the evaluation.

to achieve a plainer visualization for suboptimal directions that is easier to understand.

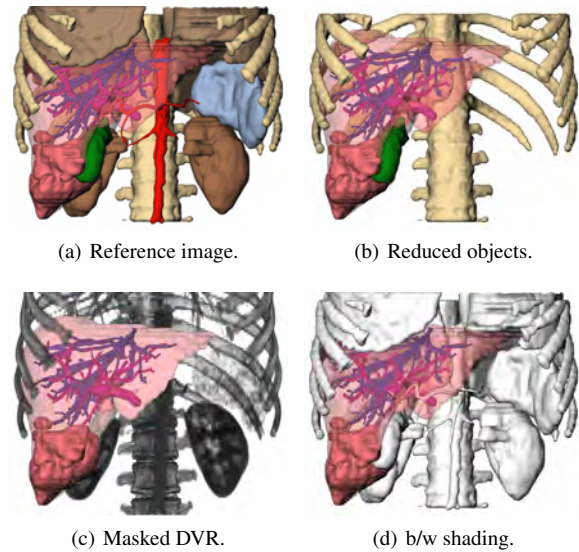
Figure 8 illustrates this application. A liver is divided into several vascular territories. To eliminate a liver tumor, in most cases all involved territories have to be removed. For planning purposes all vascular territories, the tumor, and the portal vein have to be visualized. Typically, visualizations as in the right of Figure 8 are used. They can be simplified by rendering the affected or healthy vascular territories using colored silhouettes.



**Figure 8:** Different coronal visualizations of the affected vascular territories. Left to right: affected vascular territories displayed via silhouettes, all segments transparent, and healthy territories via silhouettes.

#### 4.2. Study Subjects

The presented visualization process was developed for medical doctors who are familiar with medical atlases. Therefore



**Figure 9:** Selected variants without lines. Other visualizations shown are transparent versions of Figure (a) and (b).

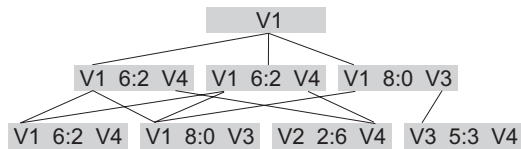
we asked them to compare and evaluate the quality of the visualizations. In addition, the visualizations were shown to medical laypersons. This second survey has practical relevance because patients usually receive a pre-surgery consultation. Comprehensible 3D visualizations may be employed in such a consultation.

#### 4.3. Methodology

Based on a CT dataset, we generated a representative repository of possible visualizations. In computer-assisted surgery, surface visualizations and DVR are common (see Figure 9). These visualizations were compared with hybrid renditions using silhouettes. Considering the pros and cons of each visualization for specific tasks such as using more or less context to show the FO, the subjects were asked for their preference. To obtain meaningful answers, we had to narrow down the specific application domain and chose liver surgery. To get as many as possible answers, the questionnaires were sent in printed form. The chosen viewing direction is the ‘view of the surgeon’, meaning the perspective of the surgeon on the patient during the surgery.

#### 4.4. Questionnaire Assembly

Our questionnaire is guided by principles described in [Shn97]. Every page of the questionnaire uses the same pattern. On top, two visualizations of the same anatomic structures are shown. Below these images multiple choice questions are placed. First, one of the two presented pictures had to be chosen. This question asked for the personal preference without closer examination whether the image is particularly



**Figure 10:** Extraction of the decision tree for the medical doctors after critical examination. V1 refers to Figure 7(a), V2 to Figure 9(b), V3 to Figure 4(e), and V4 to Figure 9(a). From these Figure 7(a) was voted to be best.

suited to solve certain problems. Subsequently, specific questions were asked to encourage the respondent to comment on the usefulness of the visualizations. In these questions a specific problem had to be assessed on a five value scale (for example ranging from 'very clearly arranged' to 'very complex'). Finally, the subjects were asked to specify the variant they would prefer for surgery education.

To classify the answers, we asked for some personal data: age, gender, education level, and personal skills with PCs as well as with 3D applications. The laypersons were introduced into the necessary medical knowledge by an additional preamble.

#### 4.5. Analysis

For every pair of pictures on each page of the questionnaire the number of votes was counted. Due to the assembly, it could be determined which one of two images seems to be more suitable. The reference image (see Figure 9(a)) was compared with all other images. The remaining images were compared with only a few others to get a cross validation for the final results (shown in Figure 10). All in all 9 images for context visualization on 11 pages and 3 images for simplifying visualizations on one page are compared. Comparing all images with each other would have resulted in too many comparisons. By comparing the winners of each pair, we determined the most optical appealing and the most appropriate visualization for a given task since in medical training environments both aspects are important.

#### 4.6. Interpretation

We received 33 filled out questionnaires in total. Eight sheets were returned by surgeons (2 female and 6 male) and 25 by medical laypersons (11 female and 14 male). The average age of the medical professionals is 42.8 years (ranging from 29 to 50) and they have medium skills with PCs and 3D applications. The average medical layperson is 25.3 years old (ranging from 23 to 27) and has very good skills with PCs and 3D applications.

Because only eight sheets were received by surgeons, it was difficult to extract significant results. In general, medical doctors settled upon less context information but noted that basic information about all COs has to be available all

the time. In addition, the application of silhouettes seems to be appropriate for surgery planning. The visualization of the affected vascular territories using silhouettes was regarded as appropriate by six out of eight medical professionals. The two images that were favored by five of eight surgeons are shown in Figure 7(a) and 7(b). Our observations indicate a tendency, that surgeons prefer little context information. For this reason, the Figures 9(c) and 9(d) are also good candidates.

It was not possible to draw a distinct conclusion for the laypersons. This may be due to the novelty of the presented visualizations for the respondents. I. e., the reference image (Figure 9(a)) was compared to the DVR, the transparent, and the hybrid visualization. For the DVR and the transparent surface shading, no significant tendency was registered. Among all images which include silhouettes, 75% favored Figure 7(a). 83% favored Figure 7(a) compared to the transparent visualization. Almost all laypersons favored the silhouette image with additional surface shading.

Our results indicate that silhouettes are an appropriate extension of the existing visualization possibilities. In a direct comparison between the transparent surface and the hybrid visualization, the silhouettes are regarded as superior. The exclusive application of silhouettes without any further information about shape or color of the objects was regarded as unfavorable by all respondents. However, with additional information such as colored silhouettes or highly transparent surfaces, the silhouettes were rated to be very good.

#### 5. Conclusion & Future Work

In this paper we described a scene graph based combination of silhouette, surface, and volume rendering. It shows that using a scene graph architecture facilitates a flexible and parameterizable integration of these existing rendering components. Stroke extraction and stroke rendering are decoupled from each other to allow for the display of correctly determined visible lines with stylization applied. Existing techniques such as using one or several semi-transparent layers of shaded objects may be used as well. One limitation is that we cannot render semi-transparent shading with the VR shining through. This would require to render the volume first which is not possible with the proposed pipeline. The combination of silhouette rendering with the traditional rendering styles for medical visualization has great potential. The integration of silhouettes allows to convey complex spatial relations more clearly which is essential for therapy planning and medical education. We collected feedback from medical professionals and laypersons indicating that hybrid renderings including silhouettes are appropriate to convey spatial information based on clinical data.

A great deal of work still needs to be done. Illustration techniques such as hatching and stippling should be integrated in a similar object-based manner. The interaction to

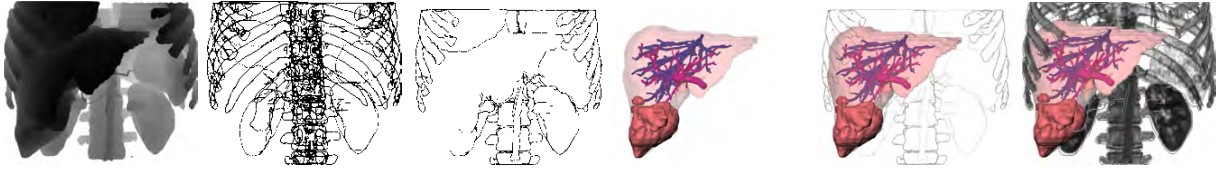
adjust hybrid medical visualizations should be redesigned to reduce the interaction effort. In [KTH\*05], applications of hybrid renderings for a special area of surgery planning are described.

### Acknowledgments

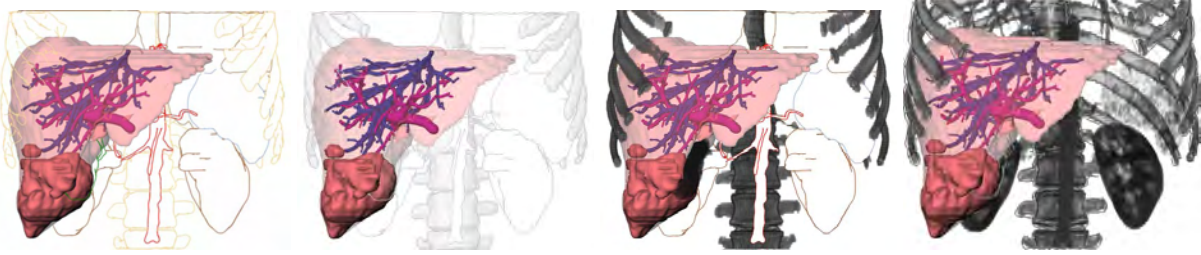
Special thanks go to Angela Brennecke and Sebastian Mirschel. The liver data sets were provided by Prof. Dr. Karl J. Oldhafer of the Allgemeines Krankenhaus Celle, Germany. Prof. Oldhafer substantially supported the user study. Thanks also to Wolf Spindler for providing the volume renderer. The high-quality vessel visualizations in this paper are created by [OP05]. This work was carried out in the framework of a project supported by the Deutsche Forschungsgemeinschaft (DFG) (Priority Programme 1124, PR 660/3-1).

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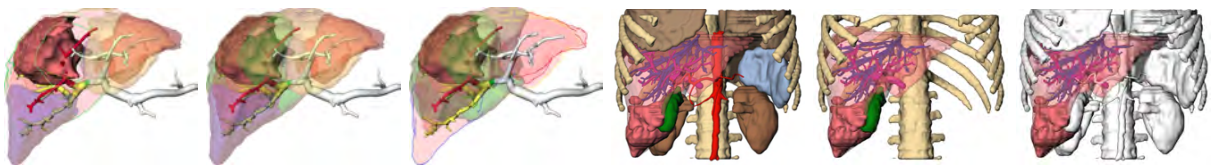
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**Figure 4:** Sequence for combining all rendering styles.



**Figure 7:** A number of possibilities to visualize COs, NFOs, and FOs differently.



**Figure 8:** Different coronal visualizations of the liver.

**Figure 9:** Selected variants without lines.



# Interactive Visualization for Neck-Dissection Planning

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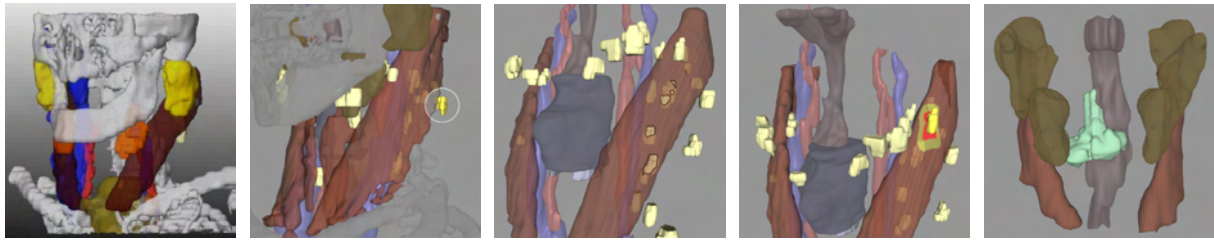
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## Abstract

*In this paper, we present visualization techniques for neck dissection planning. These interventions are carried out to remove lymph node metastasis in the neck region. 3d visualization is intended to explore and to quantify anatomic and pathologic structures and thus support decisions concerning the surgical strategy. For this purpose we developed and combined visualization and interaction techniques such as cutaway views, silhouettes and color-coded distances. In addition, a standardized procedure for processing and visualization of the patient data is presented.*

Categories and Subject Descriptors (according to ACM CCS): I.3.6 [Computing Methodologies]: Computer GraphicsMethodology and Techniques; I.4.m [Computing Methodologies]: Image Processing and Computer VisionMiscellaneous; J.3 [Computer Applications]: Live and Medical SciencesHealth;

**Keywords:** Medical visualization, neck dissection, operation planning, lymph node exploration

## 1. Introduction

Neck dissections are carried out for patients with malignant tumors in the head and neck region. These surgical procedures are necessary because the majority of the patients develops lymph node metastases in the neck region.

The extent of the intervention depends on the occurrence and location of enlarged (and probably) malignant lymph nodes. In particular, the infiltration of a large muscle (*M. sternocleidomastoideus*), a nerve (*N. facialis*) or blood vessel determine the surgical strategy. If for example the *A. carotis interna* is infiltrated, the patient is regarded as not resectable. The identification and the quantitative analysis of lymph nodes with respect to size and shape is crucial for the surgeon's decision. The image analysis and visualization techniques described in this paper support decisions regard-

ing the resectability and the surgical strategy for neck dissections.

Visualization techniques aim at comprehensible renderings of the relevant information. This includes the visualization of the target structures and some context information necessary to illustrate the spatial relations. By means of our visualizations, we convey information concerning shape and size of lymph nodes, as well as critical distances or even infiltrations of lymph nodes into important structures. In addition to carefully parameterizing surface rendering, we explore silhouette rendering and cutaway views for parts of an object's surface. Although these visualizations are targeted at neck dissection planning they are applicable to other applications such as the evaluation of lung nodules. We also discuss interaction facilities to explore the data. In particular, we discuss the selection of lymph nodes based on their properties. Our case study report is based on 18 clinical CT-datasets which have been acquired and processed for the planning of neck dissections.



## 2. Image Analysis

In order to support neck dissection planning, it is crucial to segment the relevant anatomic and pathologic structures. The segmentation is a prerequisite for the selective visualization and the quantitative analysis of the patient data. For surgical planning, the extent of pathologic structures, distances to important anatomic structures and the potential infiltration are of special interest.

### 2.1. CT Data

We employed 18 CT-datasets which have been acquired for neck dissection planning. Eleven of these datasets contained a tumor in the head and neck region and were suspected of containing lymph node metastases as well. The quality of the datasets was diverse with respect to the signal-to-noise ratio, motion artifacts as well as the slice distance (0.7 to 3 mm), resulting from different CT scanning devices and acquisition parameter.

The data were exchanged based on a WWW upload including information concerning the diagnosis of the patient and specific requirements for computer-supported planning. We choose not to employ MRI data, although they are wide-spread for diagnosis in the neck region due to their inherent inhomogeneity and low resolution.

### 2.2. Requirements

In collaboration with our clinical partners, the target structures of the segmentation were identified as being most relevant for preoperative planning:

- Vascular structures (*V. jugularis*, *A. carotis*)
- Muscles (*M. sternocleidomastoideus*)
- Skeletal structures (*Mandible* and *Clavicle*)
- Salivary glands (*Gl. submandibularis*, *Gl. parotidea*)
- *Pharynx*
- *N. accessorius* (where visible),
- Primary tumor,
- Lymph nodes, with emphasis on enlarged and potentially malignant nodes.

In selected cases, the segmentation of additional structures is desirable, e.g. additional muscles or nerves.

### 2.3. Segmentation

Segmentation was carried out by means of the software platform MeVisLab (MeVis, Bremen, <http://www.mevislab.de>), a library which provides a variety of image preprocessing and segmentation methods. A live wire approach was employed for the segmentation of muscles (*M. sternocleidomastoideus*, *M. omohyoideus*) and the salivary glands. With this semi-automatic approach, the user selects seedpoints and the system calculates a path of minimal cost in between.

This procedure is carried out in selected slices; the intermediate contours are interpolated [SPP00]. The interactive watershed transform [HP03] proved to be suitable to identify and delineate the *V. jugularis* and *A. carotis*. Intensity-based region growing was used for bone and *Pharynx* segmentation.

While the muscles and the glands could be identified in the majority of the datasets, most of the desired nerves could not be identified due to their size in relation to the image resolution. Among the vascular structures, only the *A. carotis* and *V. jugularis* could be segmented in most of the data.

Nerves are very difficult to detect in CT-images because they are very small. In datasets with a large slice distance (>3 mm), they could not be detected at all. In CT-data with low slice distance, the *N. accessorius* and *N. vagus* could be identified manually in a few slices. Due to the low slice distance the partial volume effect (averaging of signal intensities in a volume element) is less disturbing. As the approximate course of these nerves is essential for surgeons, we chose to segment the nerves partially and to employ this information for an approximate visualization (see Section 6).

Primary tumors were segmented manually as well. They exhibited low contrasts and could only be distinguished by exploiting considerable anatomic knowledge, in particular symmetry considerations. At present, also the lymph nodes are identified manually. Our ongoing research aims at an automatic detection of lymph nodes, using assumptions regarding their grey values, size and shape. The segmentation is described in more detail in [HCP\*05].

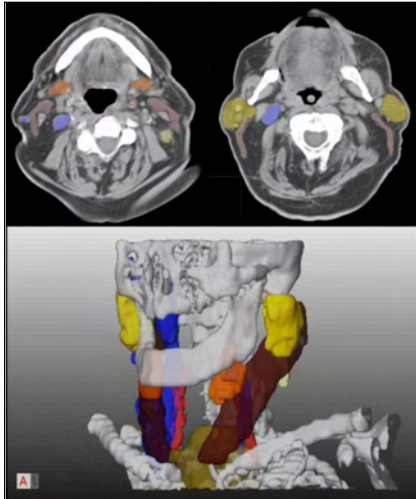
## 3. Visualization of the Segmented Target Structures

We discarded volume rendering because it does not provide essential information for our purposes. By relying on surface visualizations, we provide all necessary information within rather small surface models which can be easily transmitted over the internet and explored using wide-spread software. In addition we use functionalities from modern graphics hardware (GPU) which is optimized for surface rendering.

### 3.1. Color Selection

Our color selection was guided by observations from textbooks [Net02] and later refined in discussions with the clinical partners. Transparency was primarily used to expose important structures, such as lymph nodes. This type of visualization is shown in Figure 1.

After processing three CT-datasets, we evaluated all visualization parameters. In several in-depth discussions, we modified colors and transparencies for all structures to enhance contrasts and recognizability of object borders. As a result, a final color table was developed which represents our standardization (see Table 1). Finally, all datasets have been adapted to these values.



**Figure 1:** 2d and 3d visualizations are combined for neck dissection planning. The colors used in the 3d visualization are also used to superimpose segmentation results in 2d slice data.

### 3.2. Material Effects for the Visualization

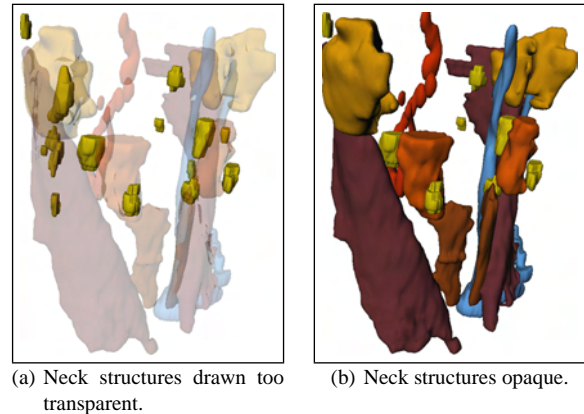
It turned out that object-based transparency specification does not allow a comprehensible visualization of complex structures. With multiple highly transparent objects, the specific location of a target object is barely visible with a high opacity on the other hand the spatial relations between emphasized objects are difficult to recognize (see Fig. 2).

The key for the solution is employing object-based opacity maps with alternating opaque and semi-transparent stripes. They are mapped to the neck muscles in roughly the same direction as real fibers. For this purpose we use the calculated envelope of each muscle and compute its bounding cylinder. By using the normals of the muscle we transfer the

Structure	Red	Green	Blue
<i>A. carotis</i>	240	50	50
<i>V. jugularis</i>	80	80	250
<i>Muscles</i>	100	40	20
<i>Skeletal structures</i>	255	255	255
<i>Salivary glands</i>	180	150	110
<i>Pharynx</i>	255	190	150
<i>Nerves</i>	240	185	80
<i>Primary tumor</i>	255	255	200
<i>Lymph nodes</i>	255	255	150

**Table 1:** Color table for the standardized visualization of neck structures

texture coordinates from the cylinder to each vertex of the muscle. With this technique the real texturing of neck muscles is slightly indicated in the visualization. In [DCLK03] the identification of muscle fibres for hatching is presented. This technique was found to be too complex for our purposes, since neck muscles are regarded as context information only.



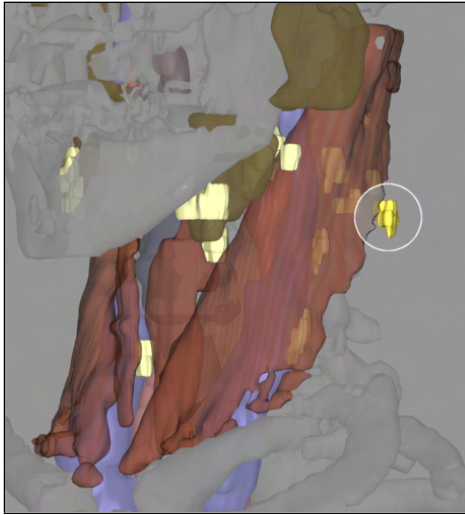
**Figure 2:** With object-based transparency assignment, the location of lymph nodes cannot be depicted effectively.

To improve the visibility of lymph nodes and tumors, all colors from other objects are reduced in saturation and lightness. Especially skeletal structures are invisible during surgery and provide only spatial orientation, e.g. *Mandible* and *Clavicle* serve as landmarks. In Figure 3, the improved color selection for lymph node emphasis is shown.

Inspired by illustrations from textbooks [Net02], we use a material with shiny impression for vascular structures. This technique enhances the recognizability of vascular structures (cf. Fig. 3 or 6).

Segmented objects from clinical datasets mostly exhibit unnatural artifacts. Therefore we smoothed all objects visually (not geometrically), by assigning a slight self-illumination (emissive color in an SoMaterial node of Open-Inventor) to these objects. This effected a visual flatness of the surface because the shading does not render hard contrasts (see the bones in Fig. 3 and 5).

Further visualization techniques were investigated. The use of silhouettes for highly transparent objects considerably increases the recognizability. As a result, silhouettes are used e.g. to enhance strongly transparent objects (see Fig. 3). We do not consider hatching as a promising technique for surgery planning. It seems to be challenging to reliably derive appropriate hatching parameters from the complex geometries of segmented objects. The improved spatial understanding is probably not significant to justify additional interaction effort.



**Figure 3:** Emphasized lymph node partially behind the *M. sternocleidomastoideus*. Note the use of a cutaway view as well as the thin silhouette line to enhance depth perception.

In contrast, the use of cutaway views is promising. As an example, a muscle which is covering a tumor should be rendered only transparent in regions, where the tumor is behind. In Section 4.2 the use of cutaway views is presented.

### 3.3. Integrating Measurement in Neck Dissection Planning

Measurement tools to compute the extent of anatomic structures and the distance between structures are also provided [PTSP02]. With these tools (see Fig. 4), the extent of enlarged lymph nodes can be determined precisely. The measurements are directly included in the 3d visualization.

### 4. Interaction Techniques for Exploring Lymph Nodes

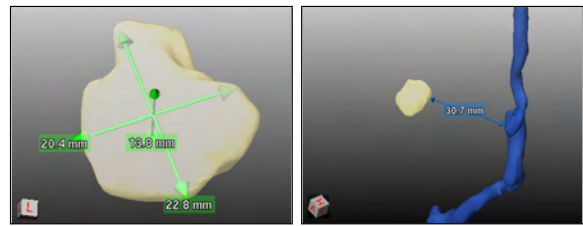
The exploration of a complex set of enlarged and therefore surgically relevant lymph nodes requires appropriate interaction techniques. The usual selection of objects via their name is not feasible. The selection of entire lymph node groups or via measurement results is more appropriate. Extent or minimal distances to risk structures are possible criteria. Two problems related to lymph nodes are essential for surgery planning: the exploration of enlarged lymph nodes (partly over 20) and the evaluation of infiltration or resectability of lymph nodes.

#### 4.1. Sequential Visualization of Lymph Nodes

The basic interaction for the exploration of lymph nodes is the selection. We suggest a facility to step through all lymph nodes with a simple interaction. We found that the most

interesting information are the quantity of enlarged lymph nodes and their potential malignity. Therefore, a simple list, ordered by the lymph node number, is not appropriate for exploration. In our planning tool we provide three different selection criteria - extent, volume or malignity from TNM-classification, discussed in Section 4.5.

As a feedback after selection, lymph nodes should become visible. It is not appropriate to render a large object, such as the *M. sternocleidomastoideus*, highly transparent, to expose a small lymph node. A better alternative is to render only a small part of the muscle transparent which can be achieved by cutaway views (see [VKG04]).



(a) Extension measurement of a tumor, automatically computed via principal axis transformation. (b) Minimal distance between an enlarged lymph node and the *V. jugularis*.

**Figure 4:** Measurement tools for automated computing the extent of structures and minimal distances.

### 4.2. Emphasis with Cutaway Views

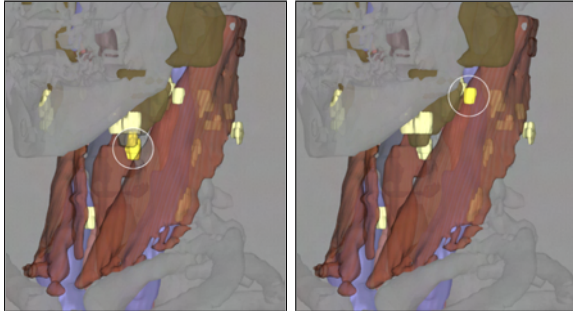
For the exploration of lymph nodes, we generate a cutaway view with a cylindrical cutting volumen. We calculate the convex hull from the lymph node in 3d and project it via OpenGL to the screen. From the result we calculate the convex hull in 2d and finally the minimal enclosing circle plus a fixed margin around a lymph node. So with each step we reduce the involved points to enhance the speed. The resulting volume is cutting all structures in front of the lymph node. The cylinder is aligned orthogonal to the viewing plane and is terminated at the lymph node. OpenInventor, OpenGL 2.0 and the fragment shader functionality from modern GPUs is used to realize the cutting of the structures in realtime.

The intersecting parts of foreground objects within the bounding volume are displayed strongly transparent. However, the depth perception is limited in this region. Therefore a thin silhouette (see [IFH\*03]) of the muscle is included brightly, calculated simply from the scalar product between viewing vector and the surface normals.

With these visualization parameters, foreground and background objects are correctly perceived. The emphasized area is additionally marked with a bright circle. The radius of this area is the same as the radius of the cutting cylinder. In technical illustrations in contrast, organic shapes or zigzag

should be used to compute cutaway views (see [DWE03]). The lymph node is also visually enhanced by raising the saturation of color (see Figure 3 for the interactive visualization result).

As shown in Figure 5, this combination of visualization techniques is applicable also for multiple occlusions 5(a) or full visibility 5(b). Hence, the surgeon may interactively step through all lymph nodes, e.g. by pressing the tab key. The currently selected object (CSO) will always be clearly emphasized. We chose not to rotate the camera automatically to emphasize the CSO because of distracting effects.



(a) Lymph node behind the *M. sternocleidomastoideus* and the *Gl. submandibularis*. (b) Lymph node in front of all other structures.

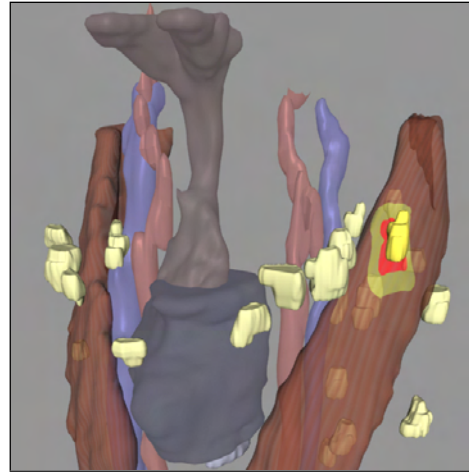
**Figure 5:** Combining color, transparency mapping and a cutaway view to emphasize a single lymph node. In the interactive tool the stepping through all lymph nodes is facilitated.

#### 4.3. Visualizing Distances to Risk-Structures

For the evaluation of the resectability, distances to risk structures are crucial. We employ a distance-dependent coloring of the neck vessels and muscles which conveys the distance to the lymph nodes. With a discrete color scale (gradation: 2 and 5 mm) the resectability of this target may be evaluated.

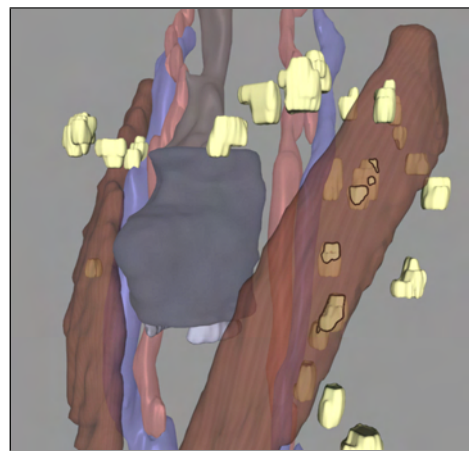
The emphasized lymph node in Figure 6 is located in front of the *M. sternocleidomastoideus*, where the distance information is displayed. Two depending levels are encoded for the distance. For a well-defined separation of the structures in the 3d scene, the used colors were evaluated by the clinical partners and regarded as appropriate. This kind of accentuation leads to a more simple application for several objects, so the visual focus is located at the CSO. Distance information relating to multiple objects would more likely confuse the viewer.

A color-coding of the distances does not indicate an infiltration of a muscle or a vessel. We employ a line character accentuation (see [TIP05]) of the cut line which is marked above the illustration. In Figure 7, the potential infiltration of the *M. sternocleidomastoideus* is shown. According to



**Figure 6:** Color-coded distance of a lymph node to the *M. sternocleidomastoideus*. The 2 mm distance is coded in red, 5 mm in yellow.

the segmentation results, these lymph nodes reach into the muscle. In reality it is possible, that the muscle tissue is displaced, but not infiltrated. A displacement occurs considerably more often. Distance-related visualizations may be generated for each anatomic structure. Other relevant examples are the *A. carotis* and the *V. jugularis*.



**Figure 7:** Possible infiltration of the *M. sternocleidomastoideus*. Silhouette lines form an intersection line between muscle and lymph nodes.

A drawback of this visualization technique is, that lymph nodes which are in front and potentially infiltrate the muscle, will not be accentuated in the current viewing position. Therefore the user should rotate the 3d scene. A color-coded view for potentially infiltrating lymph nodes is also provided for a fast overview.



#### 4.4. Visualization of Lymph Node Size

Primarily, the size of lymph nodes is important. Medical doctors consider lymph nodes with an extent of more than 1 cm as critical (potentially malignant) and would resect them. Therefore, we generate an initial visualization which conveys the size of lymph nodes. In Figure 8, this is realized by a front view and color-coded lymph nodes. The color graduation appears via two discrete values: yellow for lymph nodes smaller than 1 cm and turquoise for extents beyond. Here, we emphasize lymph nodes larger than 1 cm minus the slice thickness, to account for possible inaccuracies from image acquisition and segmentation. The maximum extent is used to realize the color-coding. If this value exceeds the calculated threshold, the lymph node will be classified as bigger than 1 cm and is coded as enlarged. A discrete color-coding with more than two grades turns out to be inappropriate, because the surgical decision is of binary nature, too. In the real surgical procedure, all lymph nodes will be removed, that are palpably enlarged.

This visualization is based on data known from the segmentation process. All lymph nodes and tumors are measured automatically by a principal component analysis from which the extent is derived [PTSP02]. We do not calculate the volumes of lymph nodes since high measurement inaccuracies due to very small volumes are to be expected (volumetry is uncertain when a large portion of border voxels occurs).

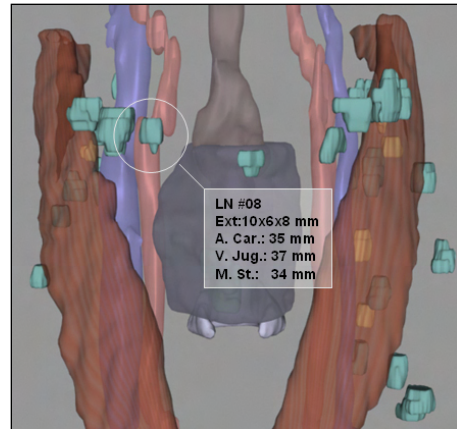
By a mouse-over interaction, tooltips, respectively text boxes, fade in with the precise measurement values of extent and minimal distances to risk structures (see Fig. 8). For primary tumors the same interaction is provided.

#### 4.5. Malignity and TNM Classification

Surgeons grade the level of a tumor disease according to a fixed scheme, the TNM classification. It is constructed based on three numerical values, with possible levels for each. T stands for the tumor grade (five levels), N for the lymph node state (N0 or N1) and M for the level of distant metastases (M0 or M1). About the last one we cannot state anything with computer assistance, but the T and N values can be determined algorithmically.

The lower levels of the T-classification (1, 2 and 3) characterize mostly the size of pathological structures. Level 4 and 5 are assigned with respect to the infiltration of critical structures, such as vasculature. An adhesion with a neck arteria tends to a level 5 classification, because such cases are not resectable.

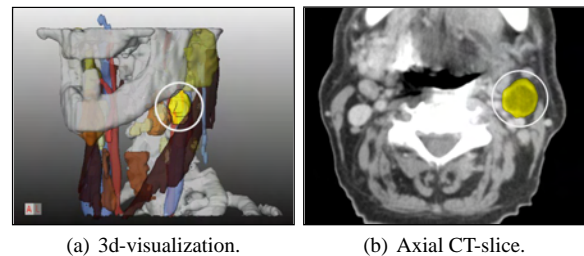
For tumor classification, the computer cannot perform an automatic estimation. The shapes vary strongly and the spatial relationships are too complex. A computer assistance for the surgeon is reasonable: According to the measurement results, the extent can be employed for a suggestion of the T-level is presented. By observing the 3d-visualization and the



**Figure 8:** Color-coded lymph node size. Two levels are used: yellow below 1cm and turquoise above. The exact values are readable via tooltip.

overlayed segmentation in the CT-slices (see Fig. 1), the surgeon can correct the initial level.

The N part of the classification can be automated. This is reasonable, because of the large number of lymph nodes in most cases. The extent of a lymph node is considered in determining conclusion about malignancy. Spherical structures are more likely malignant than longish ones and their roundness can be calculated by comparing the 3 principal directions.



**Figure 9:** Representation of a lymph node with a central necrosis marked in 3d and in a 2d view.

Another clue concerning malignancy is the inner gray value characteristic. A central necrosis has much darker values in the center than on the border. In Figure 9, such a case is shown. Detectable characteristics in gray values can be used for an automated N classification. If required, the suggested TNM is displayed on the screen border in our operation planning tool, like other patient data.

#### 5. The Segmentation and Visualization Process

It was a major goal to produce comparable visualizations for different patient data. Besides the visualization, a procedure



for the treatment of datasets is to be defined. This includes the type and resolution of the datasets, the application of segmentation methods, the type of visualization and the presentation of the results. We consider the following aspects of standardization:

- type and resolution of the processed datasets (CT, < 3 mm slice distance)
- standardized "order sheet" with specifications regarding structures, that should be segmented besides the standard in this case
- technique of segmentation for the different structures
- naming of the structures
- colors, views and types of visualization
- measurement of segmented lymph nodes, tumors and the distances to risk structures
- data exchange and result presentation on the project's web page

The segmentation and visualization is carried out as a service for the surgical partner in the framework of a research project. Patient datasets are always submitted with an "order sheet". By this, the diagnosis is stated and target structures and measurements besides the standard are listed (see Section 2).

The segmentation process is also standardized (sequence of segmentation tasks). However, parameters have to be adapted to each dataset. The result is presented as images and small animation sequences. 2d-slice views with the segmentation results (which are radiologically evaluated) transparently overlaid to the original data were created to support the verification of segmentation results and the mental integration of 3d visualizations with the underlying slice data. Selective clipping of bony structures was used to enhance the interpretation of the spatial relations. The clips, images and interactive 3d-data are available for the project partner via a secured web page.

The average time for image analysis and creation of the visualizations was approximately 90 minutes. Most of the time was spent on the segmentation of lymph nodes.

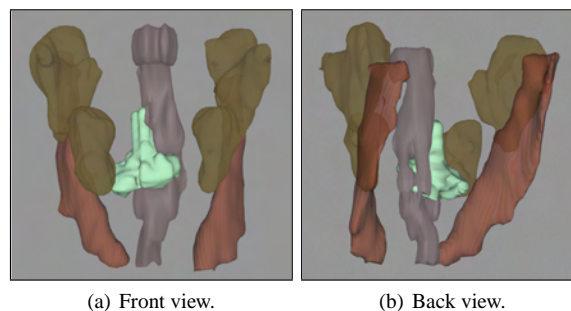
## 6. Influence on Surgical Strategies

The visualization results were compared with the experiences of real surgical interventions. The surgeons attested a high degree of correspondence to intraoperative views. In some cases, the results of computer assisted planning were essential for the surgical decision.

For the surgeon it is necessary to evaluate distances to risk structures (see Section 4.4). The number of lymph nodes is employed to develop an understanding of the expected difficulty of the resection. These nodes are not visible in the neck area, but hidden in e.g. fatty tissue.

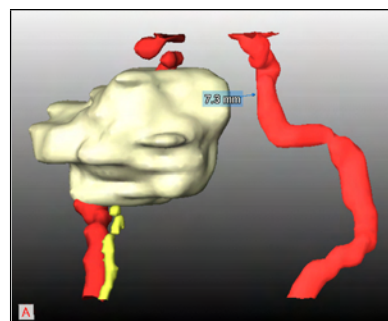
The above-mentioned information improves neck dissections with respect to speed and safety. In contrast, other in-

formation a priori can lead to choose another surgical strategy. If it turns out, that possibly important structures are infiltrated, the involved areas are not resectable, without previous radiation therapy. Therefore, it is important to estimate the resectability as reliably as possible and to choose the right surgical strategy preoperatively. In neck dissections, there are the following strategies: left or right sided and with different kinds of radicality e.g. with resection of muscles.



**Figure 10:** A large tumor (green) is infiltrating the Pharynx. The upper tail also infiltrates the cranial base.

Figure 10 presents a case, where the tumor had a long tail, that was not noticeable on CT-slices. Due to the infiltration of the cranial base, the intervention had to be terminated unsuccessfully. The surgeon stated, that having seen the segmentation results in advance might have led to another surgical strategy. Currently, CT-data is acquired close before surgery. There is almost no time for preparing the operation planning.



**Figure 11:** *N. hypoglossus* (yellow) and *A. jugularis* (red). Notice the slice artifacts in the course of the nerve near the tumor (dark yellow).

Information about the nerves are valuable, because they are often injured and patients carry away heavy intricacies for lifetime. Slice distance concerned in the project is 2-3 mm in average. A higher resolution is required to segment big facial nerves. Even then, only a partial segmentation is feasible, because their size and contrast is too small. This is the case even at the high resolution of the Visible Human

dataset. Similar to [HPP\*00], we model the course between selected points of the nerve. Instead of visually appealing B-Splines, we use simple lines with an appropriate thickness. Figure 11 shows such a segmentation result from a 1 mm slice distance data set. The visualization of the approximate course of the nerve was regarded as useful.

## 7. Conclusion & Future Work

We presented image analysis and visualization techniques for planning neck dissections. The focus of our work is the visualization of enlarged lymph nodes and the surrounding structures. The image analysis which requires considerable experience, is carried out as a service in the framework of a research project. As a result, surgeons are provided with standardized static visualizations and with standardized animation sequences, primarily rotations of different subsets of the relevant target structures. To explore the data themselves, they are provided with an interactive system with surface rendering and measurement facilities.

We attempted a standardized report consisting of images from standardized viewing directions. The correlation between 3d visualizations and the original 2d slices of the radiological data is crucial to assess whether the 3d visualizations are reliable. Therefore segmentation results are indicated as semitransparent overlays to the original CT-data. The potential of 3d visualizations for surgery planning cannot be fully exploited by means of standardization. Each and every case exhibits some peculiarities which require interaction techniques to explore them. In particular, the occurrence, number and size of enlarged lymph nodes differ from patient to patient. Therefore, we developed an "order sheet".

Our work is directed at a progress in planning neck dissections; more reliable preoperative decisions and more safety during the intervention are the primary goals. Our strategies to adjust 3d visualizations, to explore spatial relations, is applicable to other areas of computer assisted surgery. The use of silhouettes as well as the use of cutaway views to expose hidden pathologic structures turned out to be useful for surgery planning. Cutaway views are also useful for the exploration of round lesions (lung nodule) or small liver metastases.

Future work includes an in-depth user study to characterize the impact of 3d visualization on the surgical strategy. In this study, we will compare surgery planning based on conventional information (axial slices of CT-data) with surgery planning based on the additional information which is available after image processing. A specialized further development of the interactive planning tool, the "InterventionPlanner ENT" (ear nose throat), currently will be finished.

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