SOFTWARE & TECH

Understanding Ultrasound Physics Edelman

PUBLISHED
November 25, 2026

REFERENCE
#1795582176188511

Introduction: The Foundation of Diagnostic Imaging

In the world of medical imaging, few subjects are as simultaneously critical and challenging as the physics that underpin ultrasound technology. For sonographers, radiologists, and medical physicists, a deep, intuitive grasp of these principles is not optional—it is the very foundation upon which accurate diagnosis is built. Among the myriad resources available to master this complex subject, the work of Sidney K. Edelman stands as a beacon of clarity. **Understanding ultrasound physics Edelman**is not merely about memorizing formulas; it is about developing a mental model of how sound waves interact with human tissue. This article will provide a comprehensive exploration of the core concepts, from the basic wave properties to the advanced beam-forming techniques, all framed within the context of Edelman's highly effective pedagogical approach. Whether you are a student preparing for the ARDMS Sonography Principles & Instrumentation (SPI) exam or a seasoned practitioner seeking a refresher, this guide will illuminate the path to genuine mastery.

The Man Behind the Method: Who is Sidney Edelman?

Before diving into the physics, it is valuable to understand the source of the knowledge. Sidney K. Edelman, Ph.D., is a renowned educator whose name has become synonymous with ultrasound physics review. His textbooks, review courses, and now digital resources like Edelman Ultrasound and the ESP (Edelman's Simulation Program) have helped countless sonographers and physicians conquer the daunting SPI board exam. The popularity of the approach lies in its ability to demystify highly complex topics. Rather than presenting physics as a collection of abstract equations, Edelman focuses on conceptual understanding and real-world application. This philosophy is the reason why **understanding ultrasound physics Edelman**is often described as the "missing link" between clinical scanning and the theoretical underpinnings of the machine. His method emphasizes pattern recognition, logical deduction, and a systematic approach to problem-solving—skills that are directly transferable to the clinical environment.

Core Wave Physics: The Language of Sound

What is a Sound Wave?

At its heart, ultrasound is simply sound with a frequency above human hearing (greater than 20,000 Hz). For diagnostic imaging, we use frequencies typically in the range of 2 to 20 MHz. A sound wave is a mechanical, longitudinal wave. This means it requires a medium (like tissue) to travel, and the particles in that medium vibrate parallel to the direction of the wave's travel. As Edelman stresses, you cannot have sound in a vacuum.

The Fundamental Parameters

Edelman's teaching drills these five key parameters into every student: **Frequency (f)**, **Wavelength (;²•**

Propagation Speed (c): The speed at which the sound wave travels through the medium. It is determined entirely by the medium's density and stiffness. In soft tissue, the average speed is 1,540 m/s. Importantly, as Edelman emphasizes, the propagation speed does not depend on the frequency of the sound.

- Frequency (f): The number of cycles per second (Hz). This is determined by the sound source (the transducer). Higher frequency provides better resolution but poorer penetration.
- Wavelength (;²“ The physical length of one cycle. It is determined by both the source (frequency) and the medium (speed). A shorter wavelength produces a sharper image.

Attenuation: The Enemy of Penetration

As a sound wave travels through the body, it loses energy. This is called attenuation. Edelman breaks attenuation down into three components: **absorption** (conversion of sound energy to heat), **reflection** (the echo we use for imaging), and **scattering**. The total amount of attenuation is calculated using the **attenuation coefficient**, which in soft tissue is roughly 0.5 dB/cm/MHz. This means that for every 1 MHz of frequency and every 1 cm of depth, the sound beam loses half a decibel of intensity. This is the fundamental trade-off in ultrasound: to see deeper, you must use a lower frequency, which sacrifices resolution. Edelman's mnemonic devices and clinical analogies make this trade-off intuitive.

Transducers and the Piezoelectric Effect

From Electrical Energy to Sound and Back Again

The transducer is the "heart" of the ultrasound machine. Its magic lies in the **piezoelectric effect**. Discovered by the Curie brothers, this effect describes how certain materials (like lead zirconate titanate, or PZT) change shape when an electrical voltage is applied, and conversely, generate a voltage when they are mechanically deformed (struck by an echo). Edelman simplifies this into the "send" and "receive" functions. When the machine applies an alternating voltage, the crystal vibrates, producing sound waves. When the returning echoes hit the crystal, it generates a voltage that the machine can process into an image. The thickness of the crystal determines its resonant frequency—a key factor in choosing the right transducer for a clinical application.

Matching Layers and Acoustic Impedance

For the sound to efficiently leave the transducer and enter the body, acoustic impedance must be matched. **Acoustic impedance (Z)**is a property of the medium calculated as density multiplied by propagation speed. A large mismatch in impedance (like between air and tissue) causes almost all of the sound to be reflected, which is why we must use gel to eliminate air pockets. Edelman's teaching highlights that the matching layers on the face of the transducer are designed to gradually transition the impedance from the high-impedance PZT crystal to the lower-impedance tissue, maximizing energy transfer.

Beam Formation, Foci, and Resolution

The Shape of the Sound Beam

The sound beam emitted from a single crystal element is not a perfect cylinder. It has a complex shape, divided into near field (Fresnel zone) and far field (Fraunhofer zone). The beam converges in the near field to a natural focal point and then diverges in the far field. To create a useful image, we need to control this beam. Edelman's explanation of **focusing** is a highlight. We can use acoustic lenses or curved elements to bring the focal point closer, or we can use **phased array** technology to electronically steer and focus the beam at multiple depths.

Axial, Lateral, and Temporal Resolution

Resolution is the ability to distinguish two separate structures. Edelman categorizes this into three primary

types:

1. Axial Resolution: The ability to distinguish two structures that are one above the other (parallel to the beam). It is determined entirely by the spatial pulse length (SPL). The shorter the pulse, the better the axial resolution. Higher frequencies produce shorter pulses and thus better axial resolution.
2. Lateral Resolution: The ability to distinguish two structures side by side (perpendicular to the beam). It is determined by the beam width. A narrower beam gives better lateral resolution. This is improved by focusing.
3. Temporal Resolution: The ability to accurately locate moving structures in time. This is the frame rate. A higher frame rate is needed to image fast-moving structures like heart valves. Edelman stresses the trade-off: improving spatial resolution often degrades temporal resolution, and vice versa.

Understanding Common Artifacts Through Edelman's Lens

Artifacts are not "errors" to be feared; they are information to be interpreted. Edelman's systematic approach to artifacts is a cornerstone of his educational material. He teaches that every artifact is a predictable consequence of the machine's assumptions.

- Reverberation: Occurs when the sound bounces back and forth between two strong reflectors (e.g., the transducer face and a needle). The machine assumes each echo came from a deeper reflection, creating equally spaced false echoes.
- Acoustic Shadowing: Occurs behind a strong attenuator like a gallstone or bone. No sound passes through, so no echoes return. The machine displays a dark shadow.
- Acoustic Enhancement: The opposite of shadowing. Occurs behind a weak attenuator, like a fluid-filled cyst. The sound beam is less attenuated, so the echoes from deeper structures are stronger, and they appear brighter than they should.
- Mirror Image Artifact: A strong reflector (like the diaphragm) acts as a mirror, creating a false image of a structure on the other side of the reflector.
- Refraction Artifact: When the sound beam bends as it passes obliquely from one medium to another at a different speed, causing a structure to appear in the wrong location.

Edelman's "Artifact Bingo" or similar mnemonic systems help students quickly identify and recall these common phenomena, turning a potential source of confusion into a powerful diagnostic tool.

Doppler Physics: Measuring Motion and Flow

The Doppler Shift

The Doppler effect is the change in frequency of a wave as a result of relative motion between the source and the observer. In ultrasound, we transmit a known frequency and listen for the frequency of the returning echo. If the reflector (e.g., a red blood cell) is moving toward the transducer, the returning frequency is higher (positive shift). If it is moving away, the returning frequency is lower (negative shift). The difference in frequency is the **Doppler shift**. Edelman's formula for Doppler shift (9Fb Ò " r b r 6÷3¸ × f € / c) is drilled into students. The critical variable is the **Doppler angle (;,•**The cosine of 90 degrees is zero, meaning if the beam is perpendicular to the flow, you will detect no shift. The optimal angle is 0 or 180 degrees, but clinically, 60 degrees or less is considered acceptable for reliable velocity measurements.

Color Flow, Power Doppler, and Spectral Doppler

Edelman clearly distinguishes between the three main modes of Doppler imaging:

- Color Flow Doppler: Displays mean velocity and direction as a color overlay on the 2D image. Red is traditionally "toward" and blue is "away." It is qualitative or semi-quantitative.
- Power Doppler (or Color Power Anglo): Displays the amplitude (power) of the Doppler signal, not the velocity or direction. It is much more sensitive to low flow and is not angle-dependent, but it cannot show

direction. Edelman teaches that power Doppler is excellent for evaluating perfusion in organs like the kidney or testicle.

- Spectral Doppler: Provides a quantitative graph of velocity versus time. It includes Pulsed Wave (PW) and Continuous Wave (CW). PW samples a specific location but is limited by the Nyquist limit and aliasing. CW measures all velocities along the beam line, has no depth resolution, but can measure very high velocities without aliasing.

Bioeffects and Safety: ALARA Principle

Understanding the potential for harm is a key responsibility of the sonographer. Edelman covers two primary mechanisms for bioeffects: **thermal effects** (heating of tissue through absorption) and **mechanical effects** (cavitation, or the formation and collapse of gas bubbles). The machine provides safety indices to guide the user: the **Thermal Index (TI)** and the **Mechanical Index (MI)**. The ALARA principle (As Low As Reasonably Achievable) is the guiding standard. Edelman reinforces that a sonographer should always use the lowest output power and shortest examination time necessary to obtain a diagnostic image

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