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Autore	Miller, Rupert G.
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Nota di contenuto	Compression of Biomedical Images and Signals; Table of Contents; Preface; Chapter 1. Relevance of Biomedical Data Compression; 1.1. Introduction; 1.2. The management of digital data using PACS; 1.2.1. Usefulness of PACS; 1.2.2. The limitations of installing a PACS; 1.3. The increasing quantities of digital data; 1.3.1. An example from radiology; 1.3.2. An example from anatomic pathology; 1.3.3. An example from cardiology with ECG; 1.3.4. Increases in the number of explorative examinations; 1.4. Legal and practical matters; 1.5. The role of data compression; 1.6. Diagnostic quality 1.6.1. Evaluation1.6.2. Reticence; 1.7. Conclusion; 1.8. Bibliography; Chapter 2. State of the Art of Compression Methods; 2.1. Introduction; 2.2. Outline of a generic compression technique; 2.2.1. Reducing

redundancy; 2.2.2. Quantizing the decorrelated information; 2.2.3. Coding the quantized values; 2.2.4. Compression ratio, quality evaluation; 2.3. Compression of still images; 2.3.1. JPEG standard; 2.3.1.1. Why use DCT?; 2.3.1.2. Quantization; 2.3.1.3. Coding; 2.3.1.4. Compression of still color images with JPEG; 2.3.1.5. JPEG standard: conclusion; 2.3.2. JPEG 2000 standard
 2.3.2.1. Wavelet transform 2.3.2.2. Decomposition of images with the wavelet transform; 2.3.2.3. Quantization and coding of subbands; 2.3.2.4. Wavelet-based compression methods, serving as references; 2.3.2.5. JPEG 2000 standard; 2.4. The compression of image sequences; 2.4.1. DCT-based video compression scheme; 2.4.2. A history of and comparison between video standards; 2.4.3. Recent developments in video compression; 2.5. Compressing 1D signals; 2.6. The compression of 3D objects; 2.7. Conclusion and future developments; 2.8. Bibliography
 Chapter 3. Specificities of Physiological Signals and Medical Images 3.1. Introduction; 3.2. Characteristics of physiological signals; 3.2.1. Main physiological signals; 3.2.1.1. Electroencephalogram (EEG); 3.2.1.2. Evoked potential (EP); 3.2.1.3. Electromyogram (EMG); 3.2.1.4. Electrocardiogram (ECG); 3.2.2. Physiological signal acquisition; 3.2.3. Properties of physiological signals; 3.2.3.1. Properties of EEG signals; 3.2.3.2. Properties of ECG signals; 3.3. Specificities of medical images; 3.3.1. The different features of medical imaging formation processes; 3.3.1.1. Radiology 3.3.1.2. Magnetic resonance imaging (MRI) 3.3.1.3. Ultrasound; 3.3.1.4. Nuclear medicine; 3.3.1.5. Anatomopathological imaging; 3.3.1.6. Conclusion; 3.3.2. Properties of medical images; 3.3.2.1. The size of images; 3.3.2.2. Spatial and temporal resolution; 3.3.2.3. Noise in medical images; 3.4. Conclusion; 3.5. Bibliography; Chapter 4. Standards in Medical Image Compression; 4.1. Introduction; 4.2. Standards for communicating medical data; 4.2.1. Who creates the standards, and how?; 4.2.2. Standards in the healthcare sector; 4.2.2.1. Technical committee 251 of CEN 4.2.2.2. Technical committee 215 of the ISO

Sommario/riassunto

During the last decade, image and signal compression for storage and transmission purpose has seen a great expansion. But what about medical data compression? Should a medical image or a physiological signal be processed and compressed like any other data? The progress made in imaging systems, storing systems and telemedicine makes compression in this field particularly interesting. However, this compression has to be adapted to the specificities of biomedical data which contain diagnosis information. As such, this book offers an overview of compression techniques applied to medical data, i
