

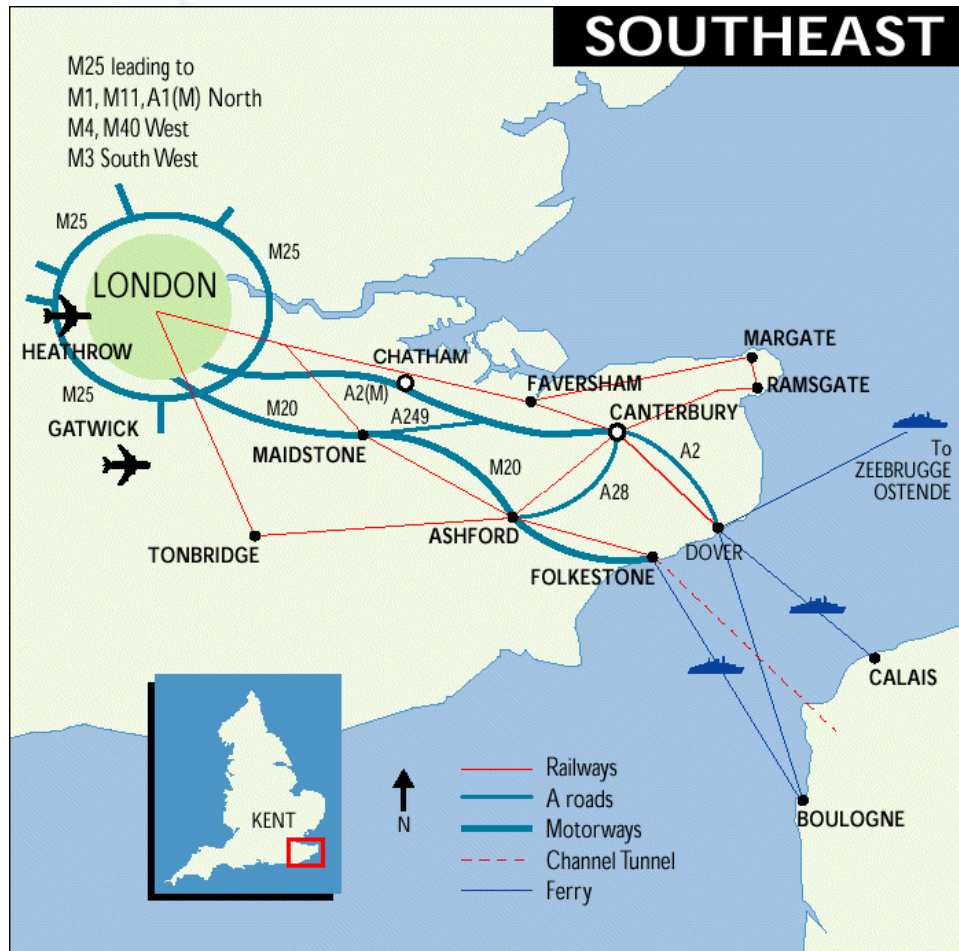


OPTICAL COHERENCE TOMOGRAPHY

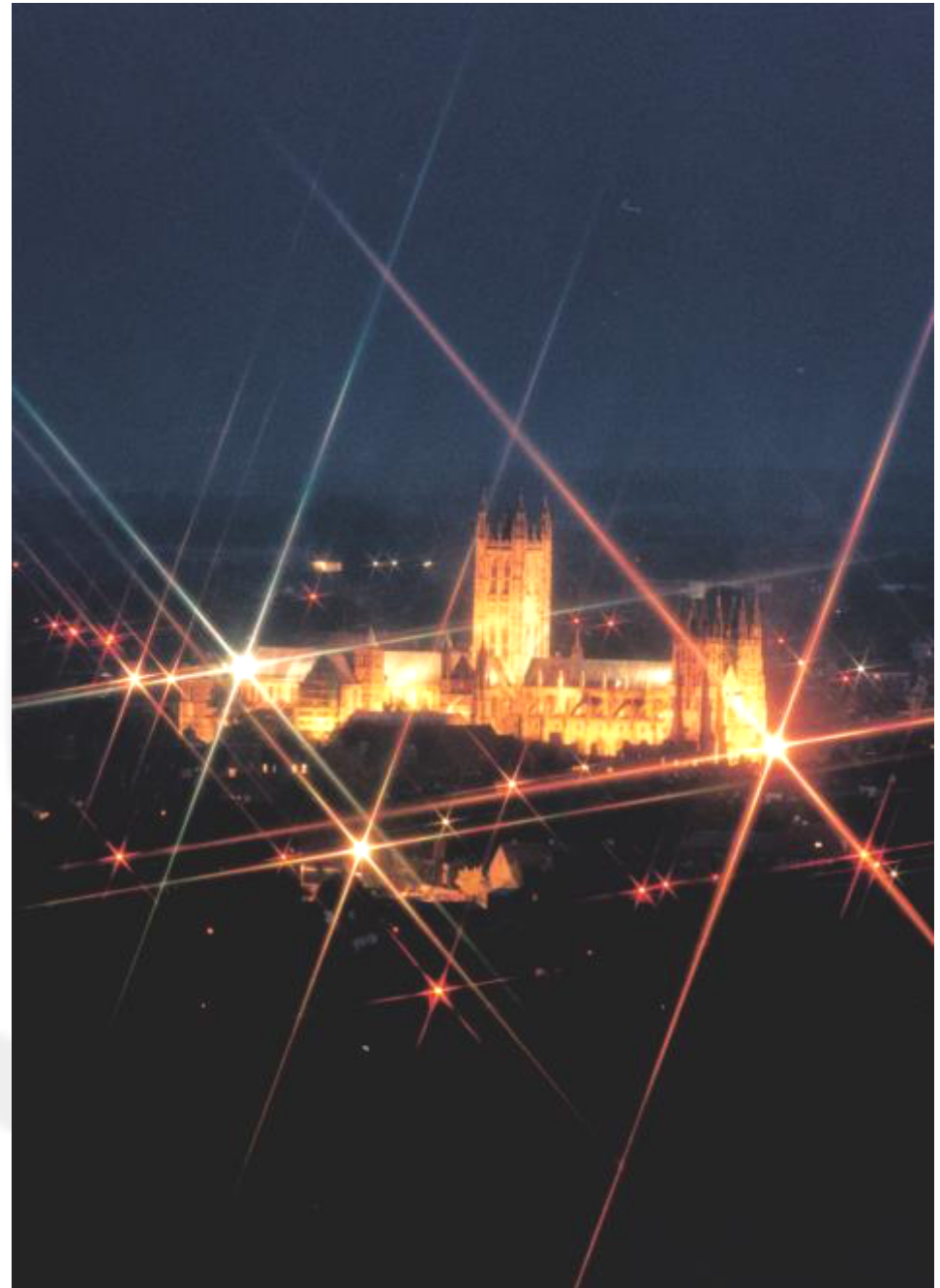
Adrian Podoleanu
University of Kent
Canterbury
UK

ap11@kent.ac.uk

Location



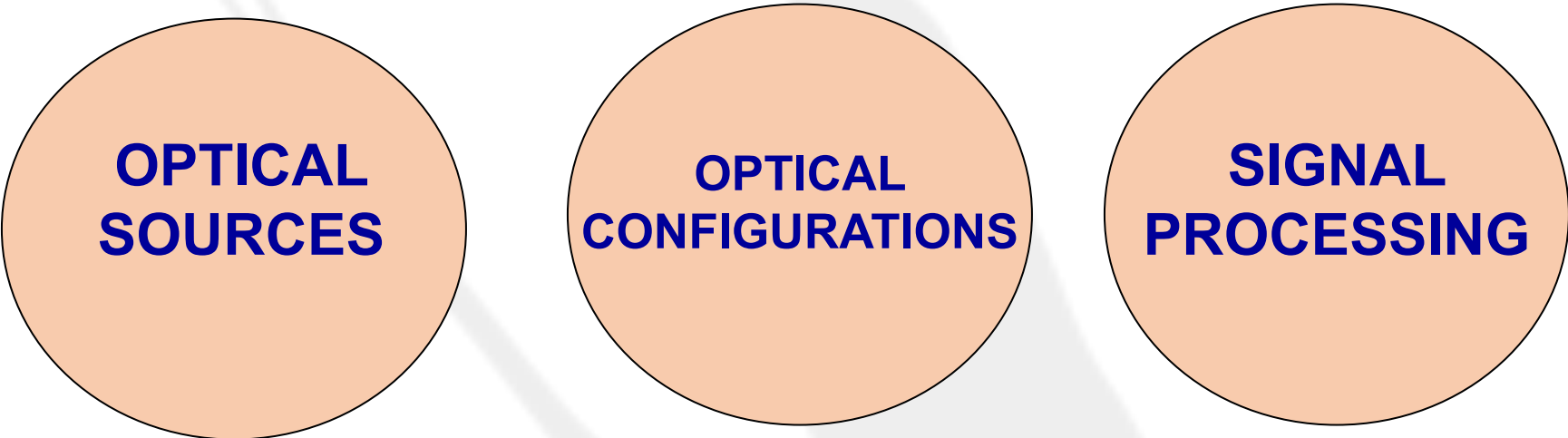
- **Main campus in Canterbury**
- **50 minutes by Hitachi train from London, 90 minutes by other trains or by road**
- **15 minutes from the coast**
- **Easy access to main international airports of Heathrow and Gatwick**
- **Close to continental Europe - access by ferry or Channel Tunnel - 2 hours to the Paris or Brussels**



CONTENT

- **Principle of operation**
- **Comparison of Time Domain (TD) and Spectral Domain (SD)/(Fourier) Domain (FD) methods**
- **Flying spot versus full field**
- **Examples in medical imaging**

3 OPTICS PILLARS of OPTICAL COHERENCE TOMOGRAPHY



**OPTICAL
SOURCES**

**OPTICAL
CONFIGURATIONS**

**SIGNAL
PROCESSING**

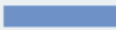
**Translation to Health, Non Destructive
Testing, art conservation and forensic art**

Number of publications on OCT

(CT and
(ophthalmology
or
ophthalmoscopy
or optometry or
eye or cornea or
retina or
glaucoma or
ocular))

Retina
Glaucoma
Cornea

Field: Publication Years	Record Count	% of 36998	Bar Chart
2016	5131	13.868 %	
2015	4506	12.179 %	
2014	3707	10.019 %	
2013	3418	9.238 %	
2012	3011	8.138 %	
2011	2658	7.184 %	
2010	2215	5.987 %	
2017	2092	5.654 %	
2009	1955	5.284 %	
2008	1690	4.568 %	
2007	1488	4.022 %	
2006	1142	3.087 %	
2005	1055	2.852 %	
2004	782	2.114 %	
2003	591	1.597 %	
2002	420	1.135 %	
2001	318	0.860 %	
2000	292	0.789 %	
1999	195	0.527 %	
1998	123	0.332 %	
1997	92	0.249 %	
1996	57	0.154 %	
1995	41	0.111 %	
1993	8	0.022 %	
1994	8	0.022 %	
1992	2	0.005 %	
1991	1	0.003 %	

	Field: Research Areas	Record Count	% of 36998	Bar Chart
	OPHTHALMOLOGY	16983	45.902 %	
	OPTICS	8298	22.428 %	
	CARDIOVASCULAR SYSTEM CARDIOLOGY	3908	10.563 %	
	RADIOLOGY NUCLEAR MEDICINE MEDICAL IMAGING	3711	10.030 %	
	ENGINEERING	3683	9.955 %	
	BIOCHEMISTRY MOLECULAR BIOLOGY	1994	5.389 %	
	PHYSICS	1729	4.673 %	
	SURGERY	1667	4.506 %	
	NEUROSCIENCES NEUROLOGY	1223	3.306 %	
	SCIENCE TECHNOLOGY OTHER TOPICS	995	2.689 %	
	RESEARCH EXPERIMENTAL MEDICINE	737	1.992 %	
	IMAGING SCIENCE PHOTOGRAPHIC TECHNOLOGY	663	1.792 %	
	GENERAL INTERNAL MEDICINE	636	1.719 %	
	BIOPHYSICS	575	1.554 %	
	DERMATOLOGY	556	1.503 %	
	INSTRUMENTS INSTRUMENTATION	394	1.065 %	
	COMPUTER SCIENCE	391	1.057 %	
	MATERIALS SCIENCE	381	1.030 %	
	GASTROENTEROLOGY HEPATOLOGY	324	0.876 %	
	PHARMACOLOGY PHARMACY	310	0.838 %	
	CHEMISTRY	272	0.735 %	
	DENTISTRY ORAL SURGERY MEDICINE	253	0.684 %	
	ONCOLOGY	236	0.638 %	
	MICROSCOPY	230	0.622 %	
	SPECTROSCOPY	212	0.573 %	
	CELL BIOLOGY	208	0.562 %	
	RESPIRATORY SYSTEM	178	0.481 %	
	PEDIATRICS	169	0.457 %	

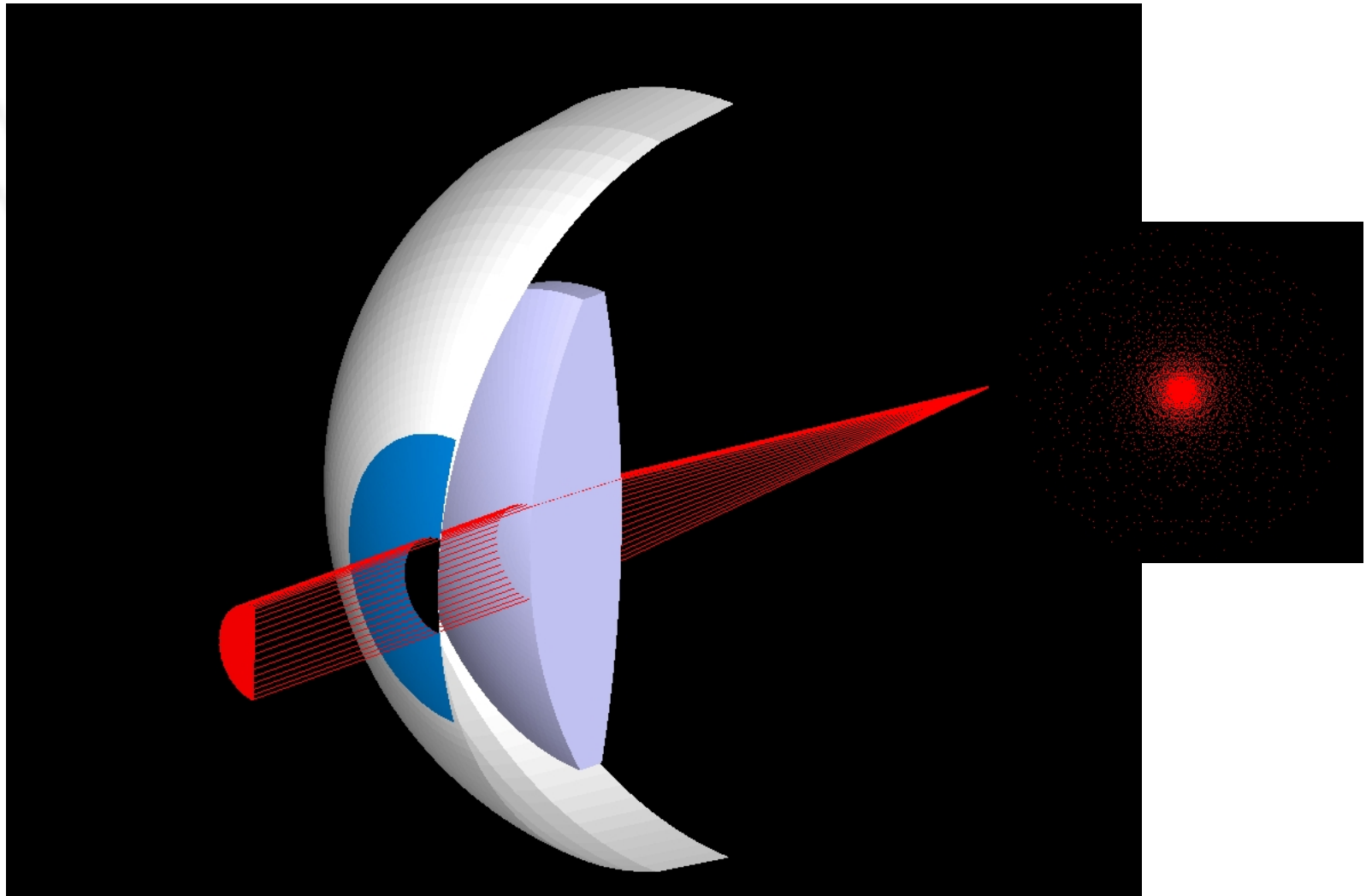


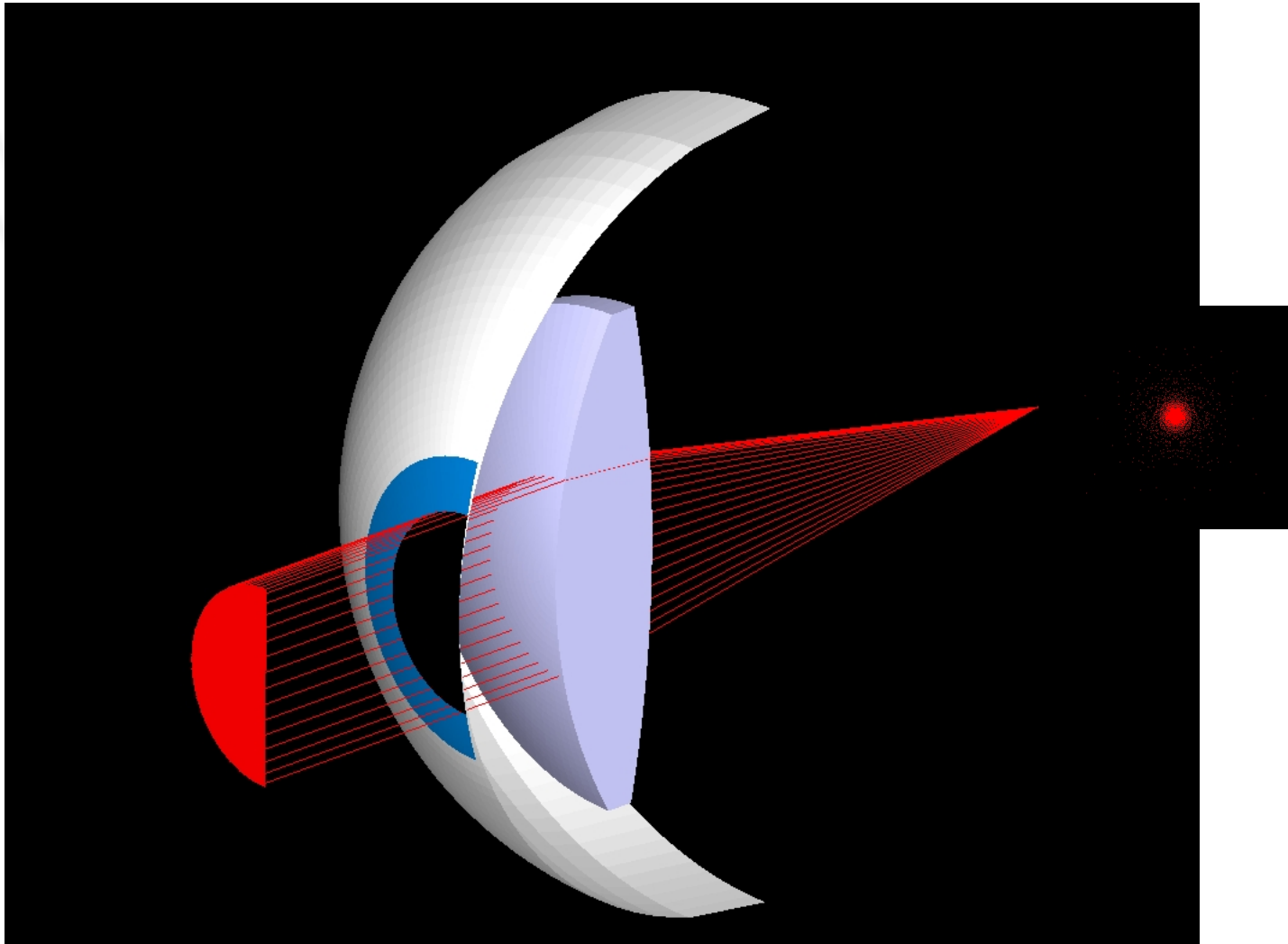
**Need for a high
resolution imaging for
the human retina
demanded the
innovation that lead to
OCT**

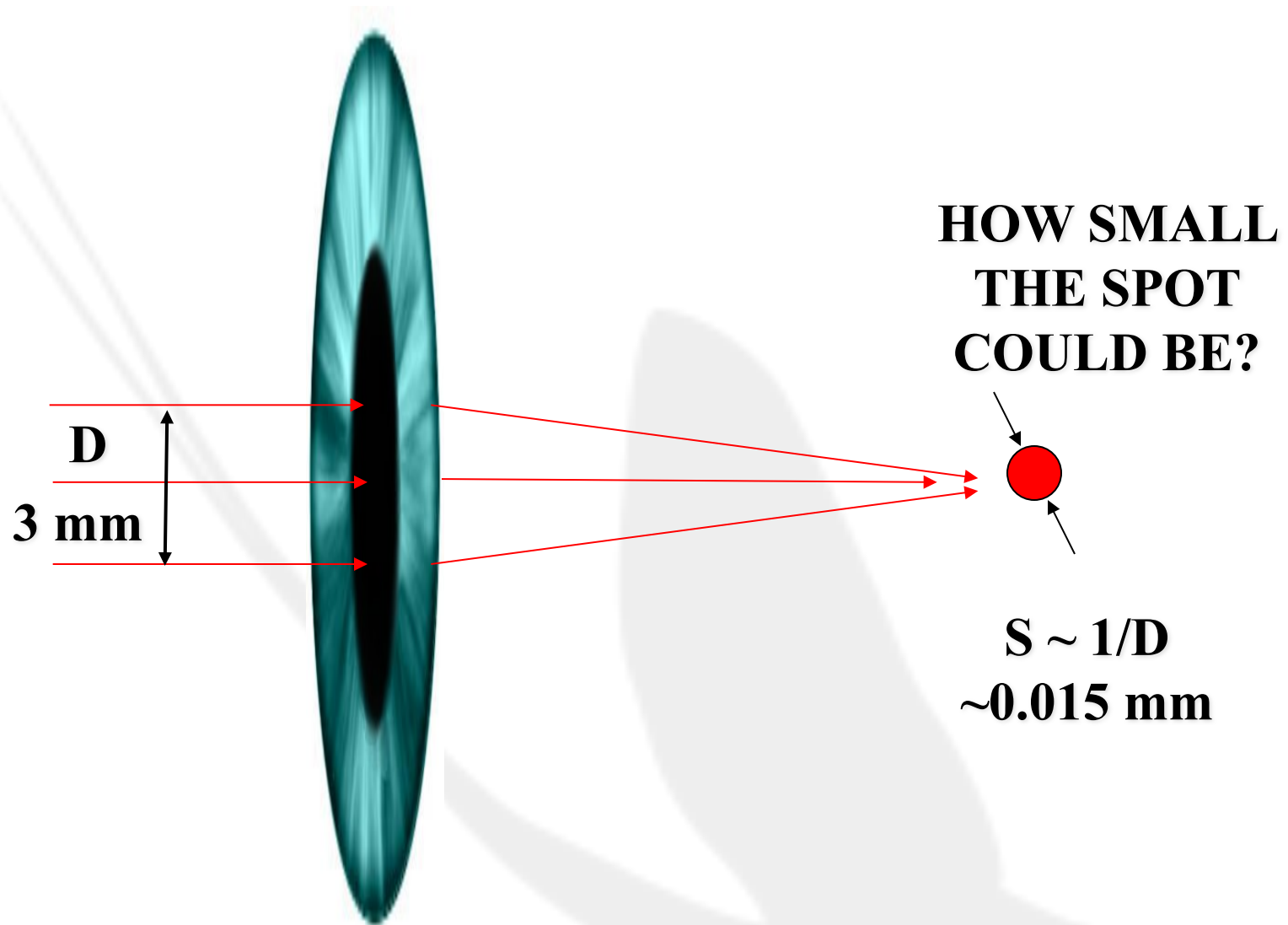


Focusing light with a lens

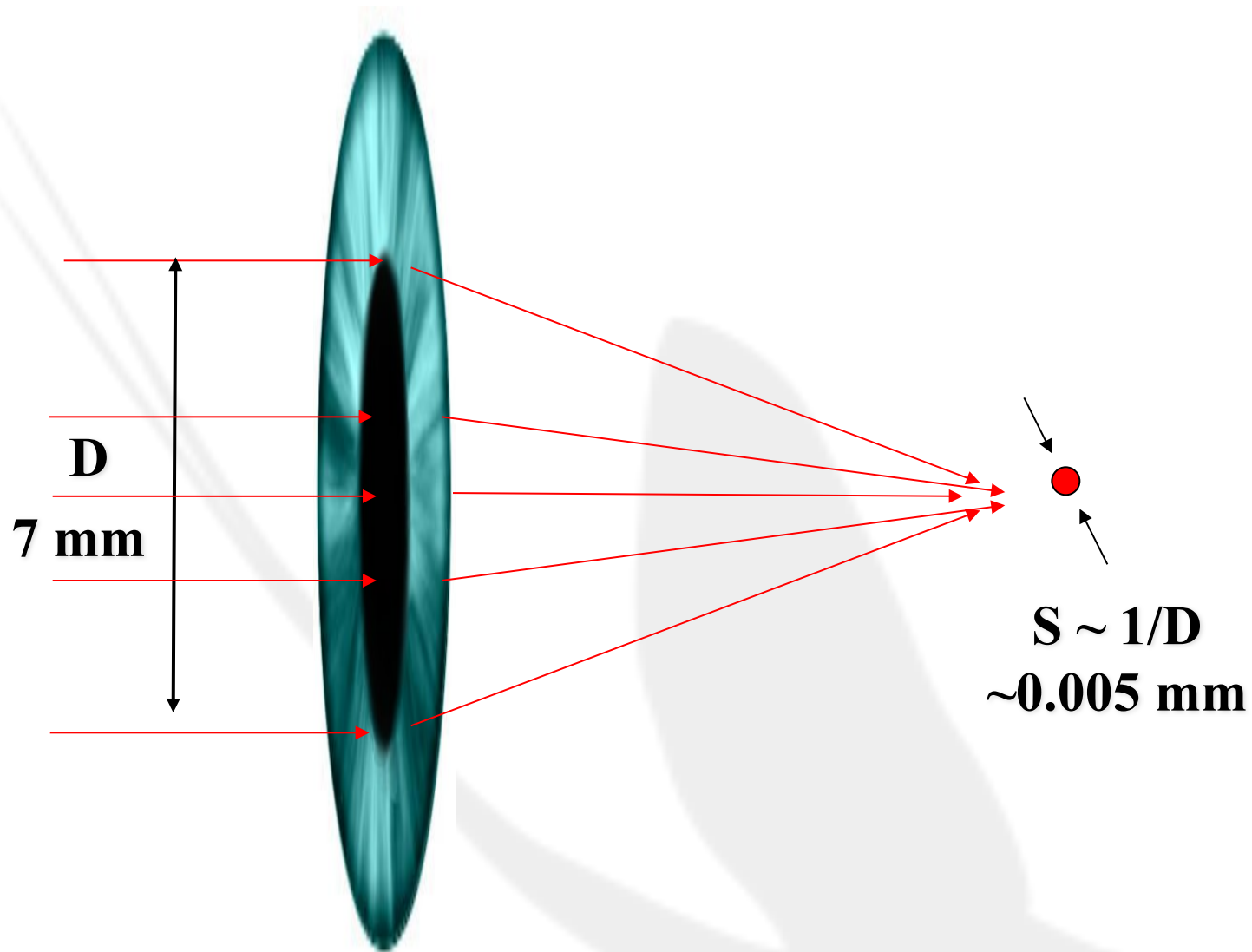
Spot on the retina





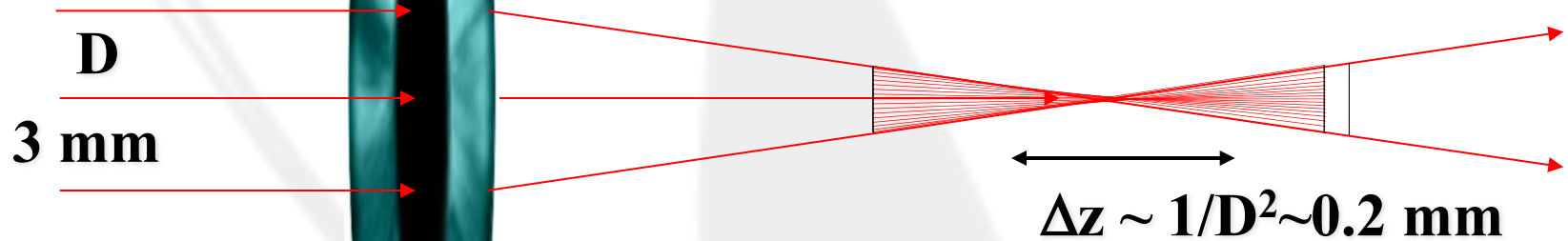


**IN THE CASE OF THE EYE, 3 mm PUPIL, 15
MICRONS LATERAL**

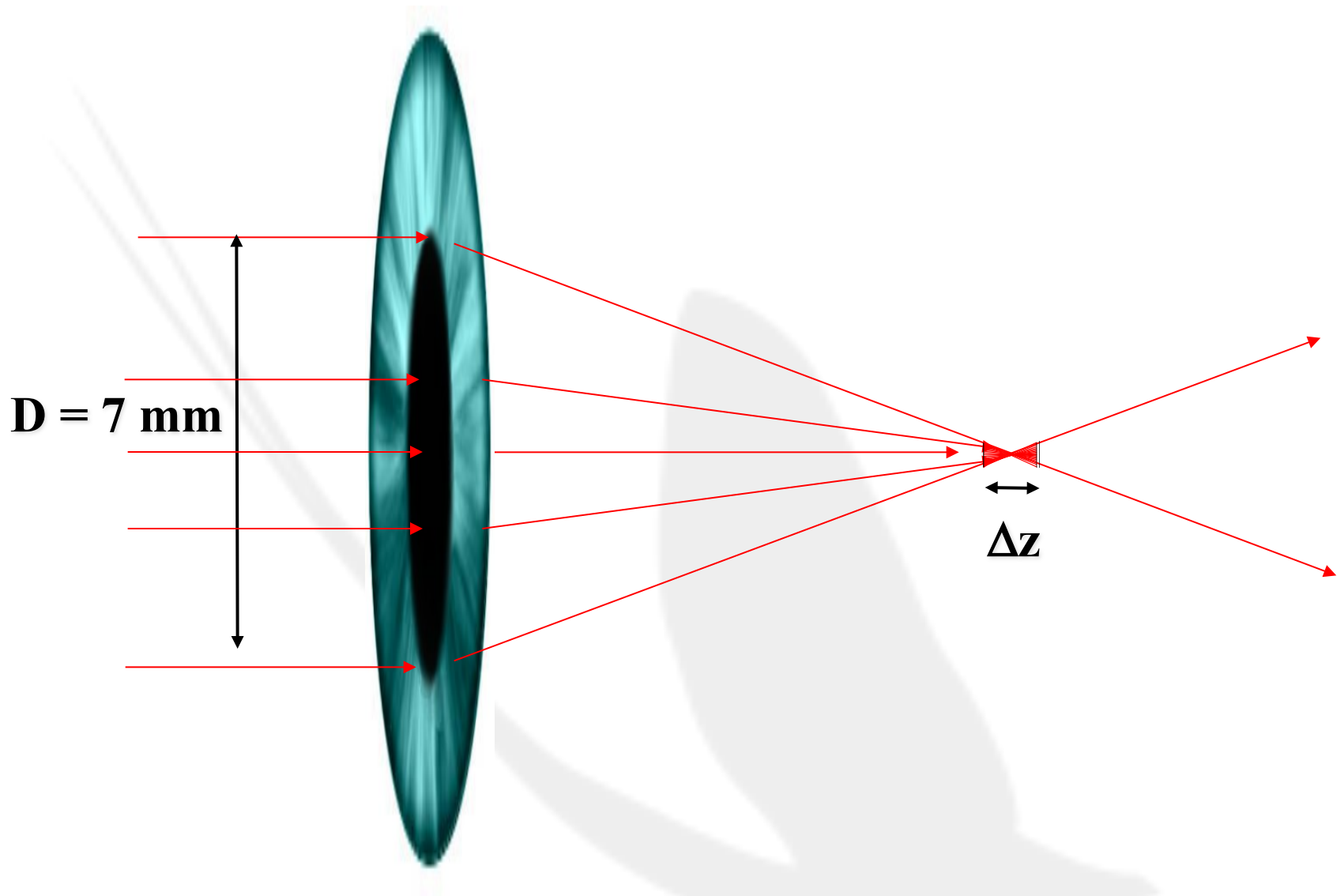


**Increasing D to 7 mm,
S could become less than 5 microns**

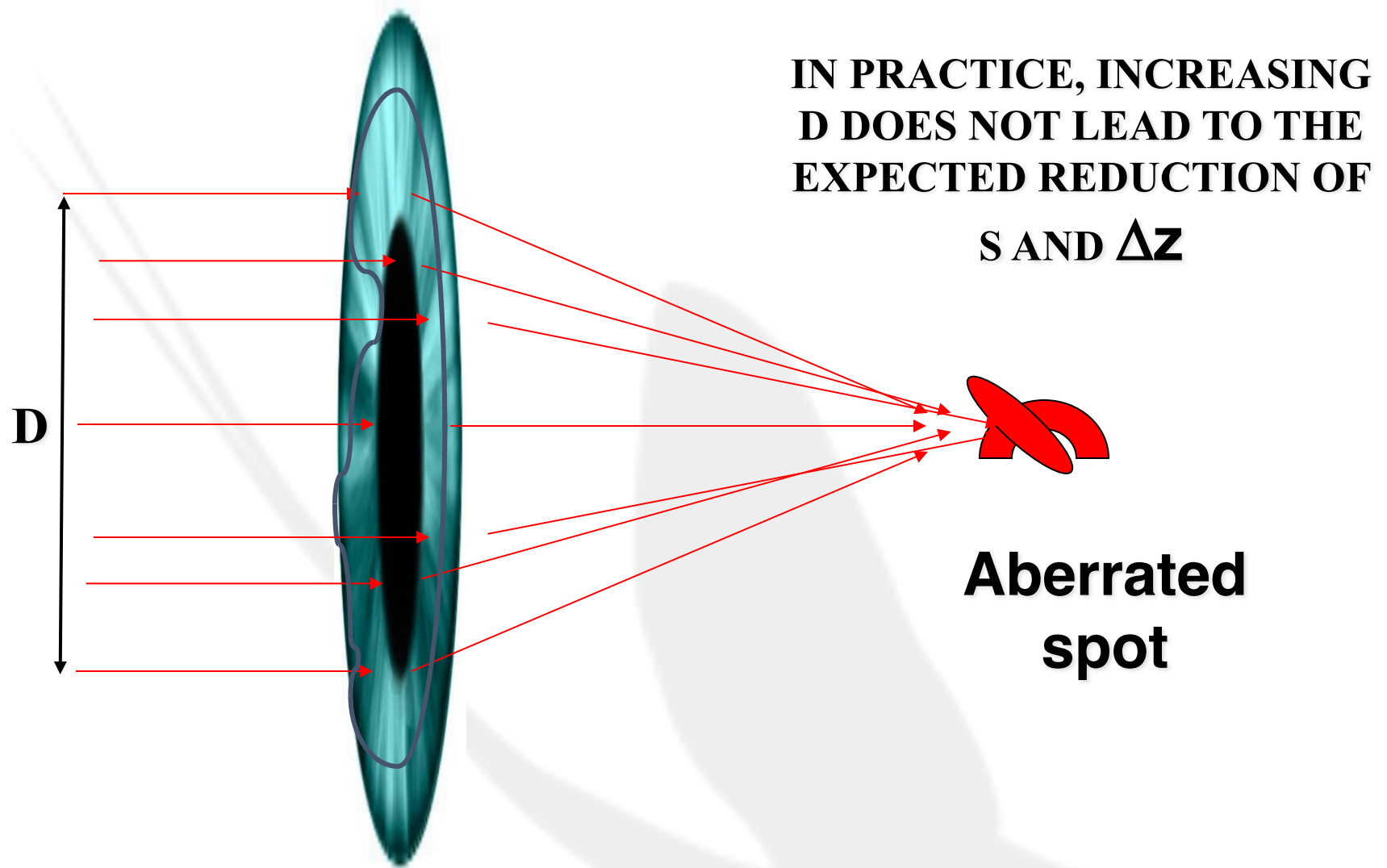
**HOW SMALL
THE DEPTH OF
FOCUS COULD
BE?**



**In the case of the eye, 3 mm pupil
200 microns axial**



Increasing D to 7 mm, Δz could reach 0.05 mm



The curvature of the cornea is not following that of an ideal lens

Instead of improving the **focus**

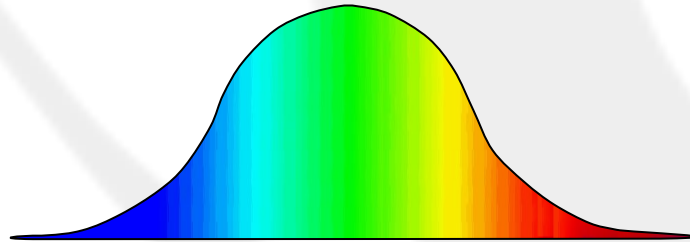


Use as **many colours** as possible in an interferometer

OPTICAL COHERENCE

TOMOGRAPHY

Even with aberrations present, such a method could determine a resolution depth $\sim 1/(\text{optical source bandwidth})$.



Sub-micron resolution is achievable

Optical Coherence Tomography (OCT)

- **Huang, Hee, Fujimoto, Puliafito 1991**
- **Optical B-scans (Cross-sections)**
- **Near histological resolution**
- **Excellent for macular diagnostics**

Clutter of terminology

A, B, C, T scanning

Flying spot

Full field

Time domain

Spectral domain

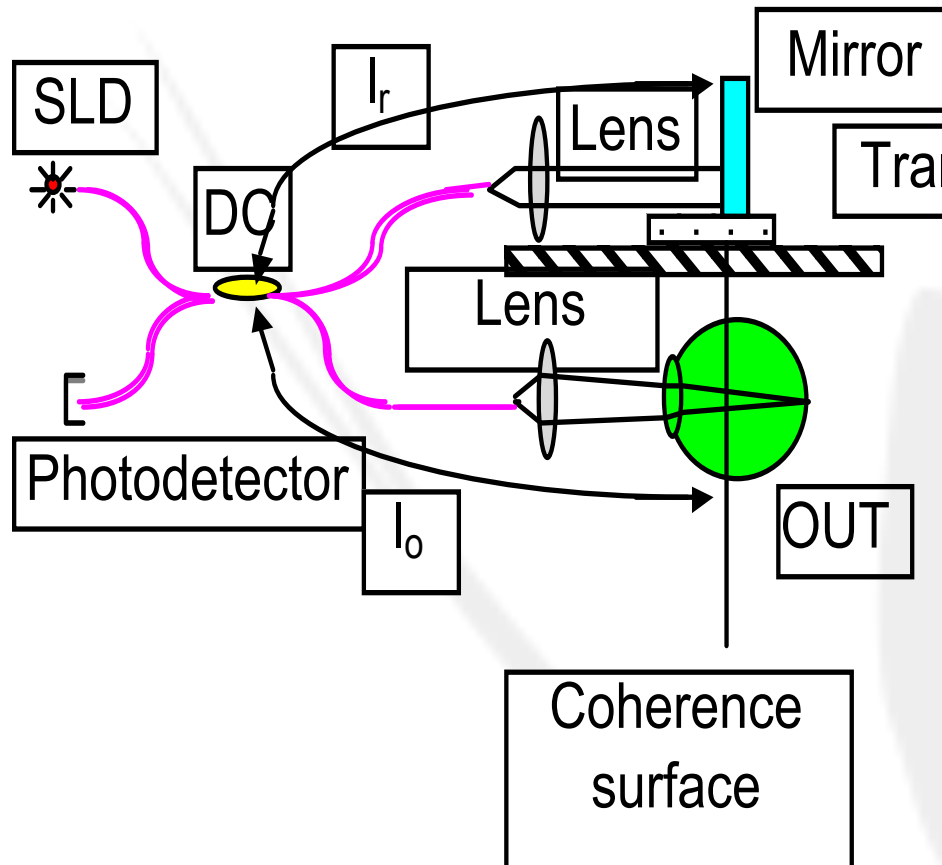
Fourier domain

Swept source

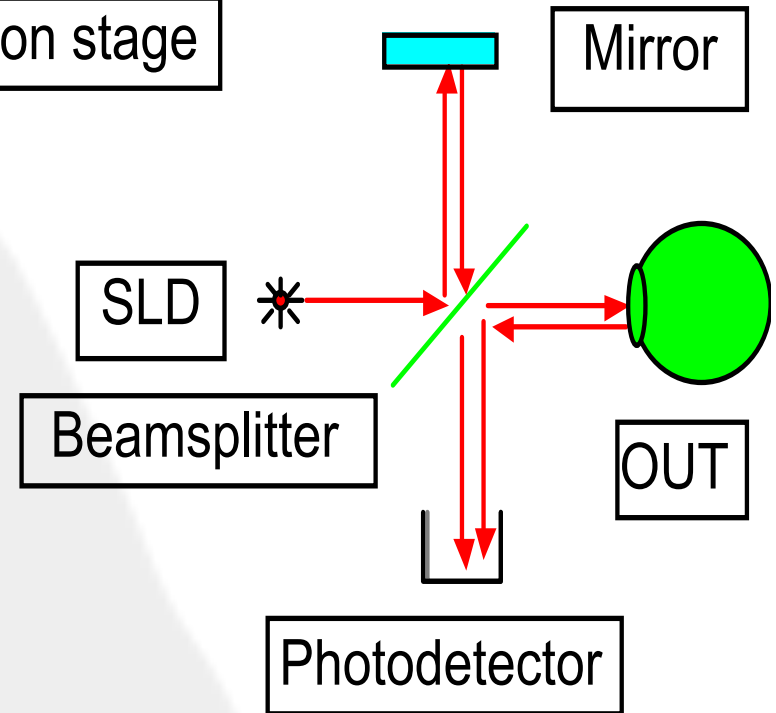
Spectrometer

Mechanical scanning

Low coherence reflectometer (LCR)

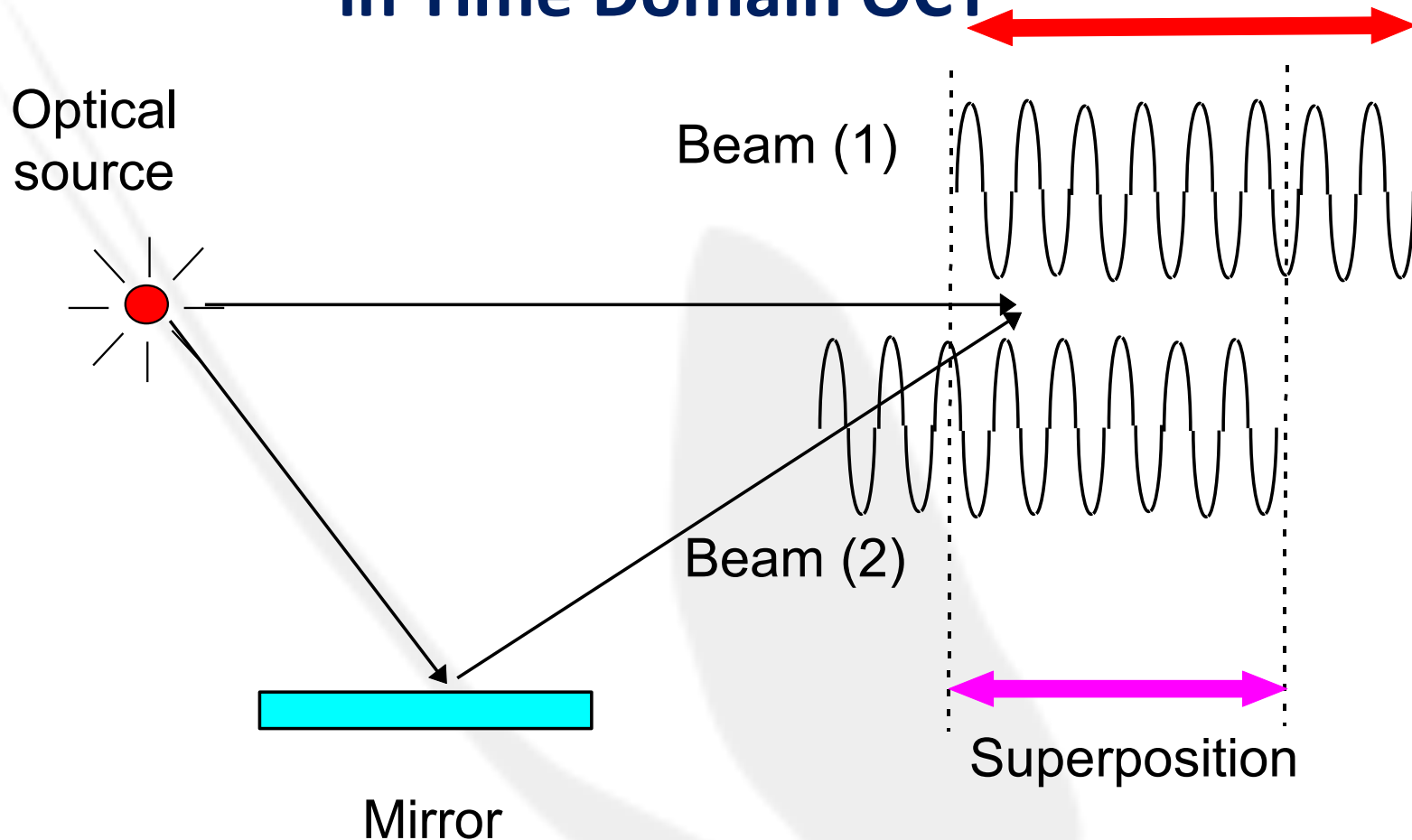


In-fibre LCR (OCT)



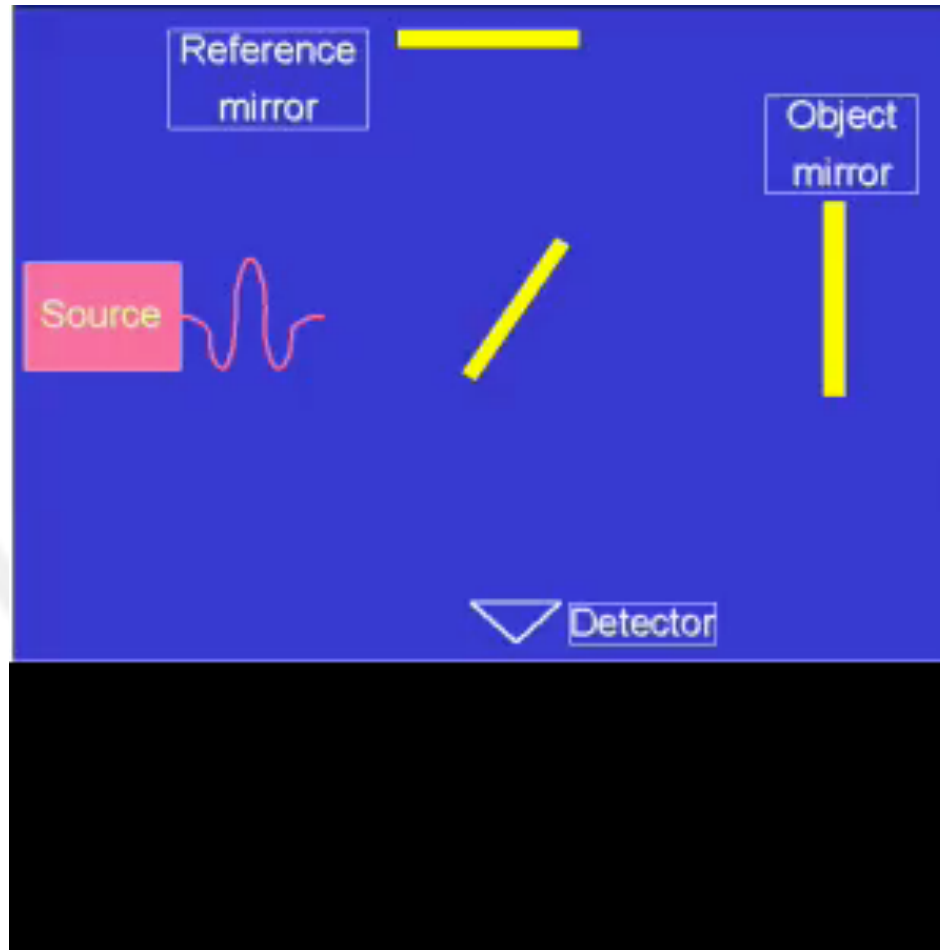
Bulk LCR (OCT)

OPD < Coherence length (microns) in Time Domain OCT



Superposition of two wavetrains (interference of two beams generated by a source with a large bandwidth).

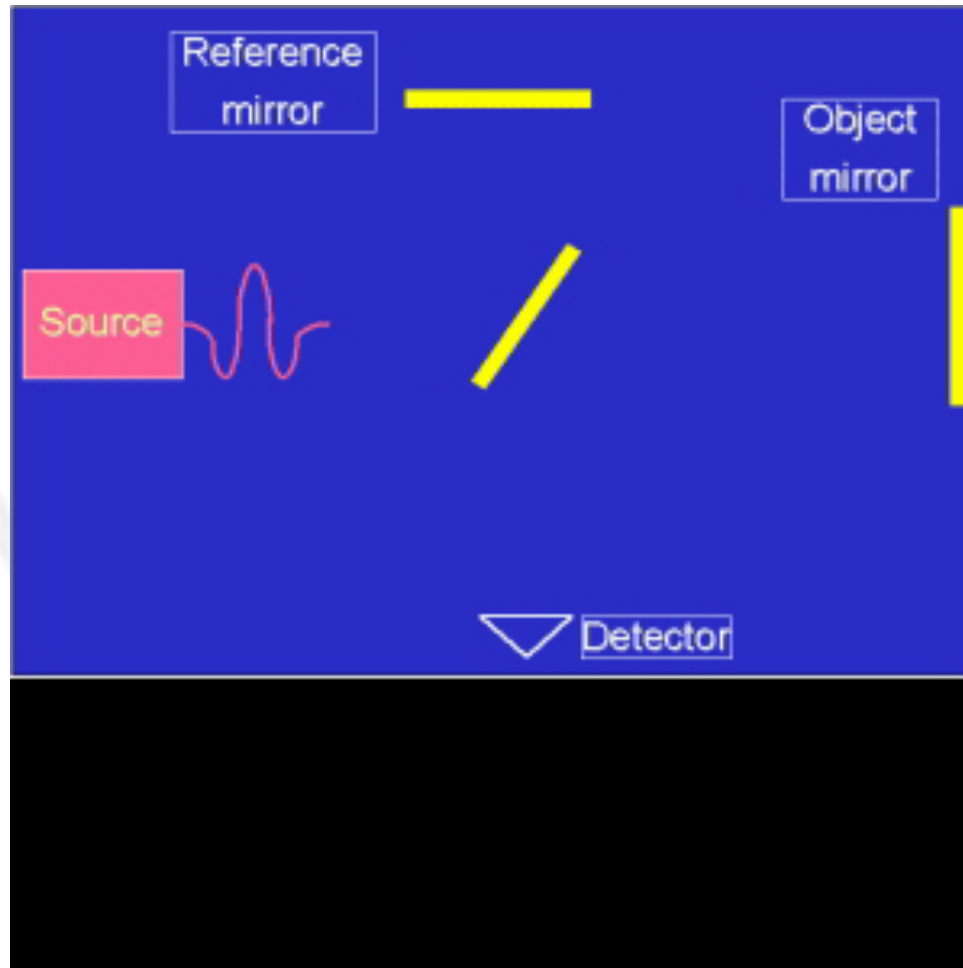
PRINCIPLE OF TIME DOMAIN INTERFEROMETRY



MATCHED INTERFEROMETER

(OPD = 0)

PRINCIPLE OF TIME DOMAIN INTERFEROMETRY



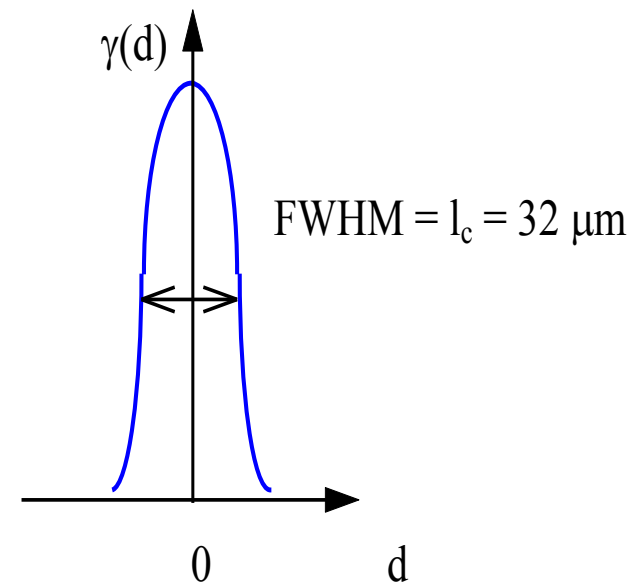
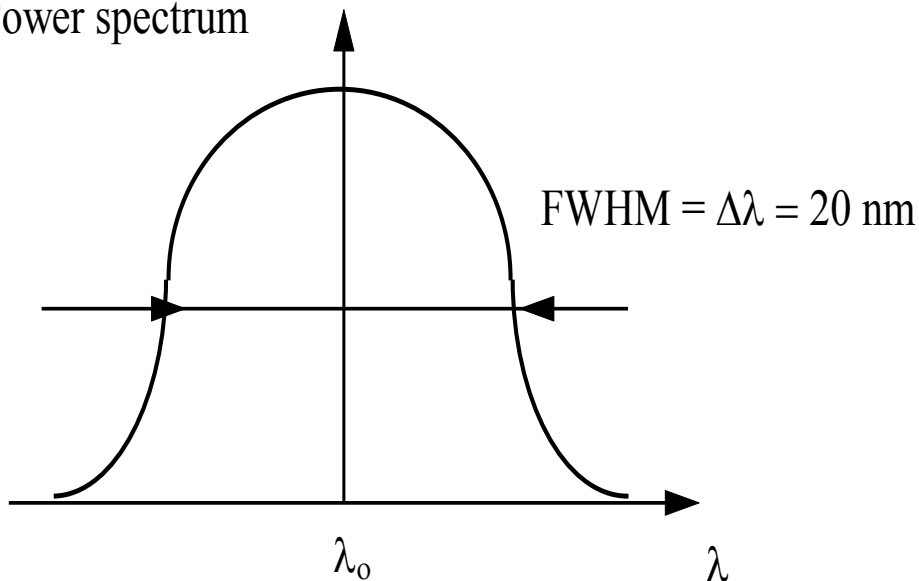
OBJECT PATH LONGER

$$i_{\text{ph}} = \alpha \frac{P_0}{2} \left[O + R + 2\sqrt{OR}\gamma(d)\Pi \cos\left(\frac{2\pi}{\lambda}d\right) \right]$$

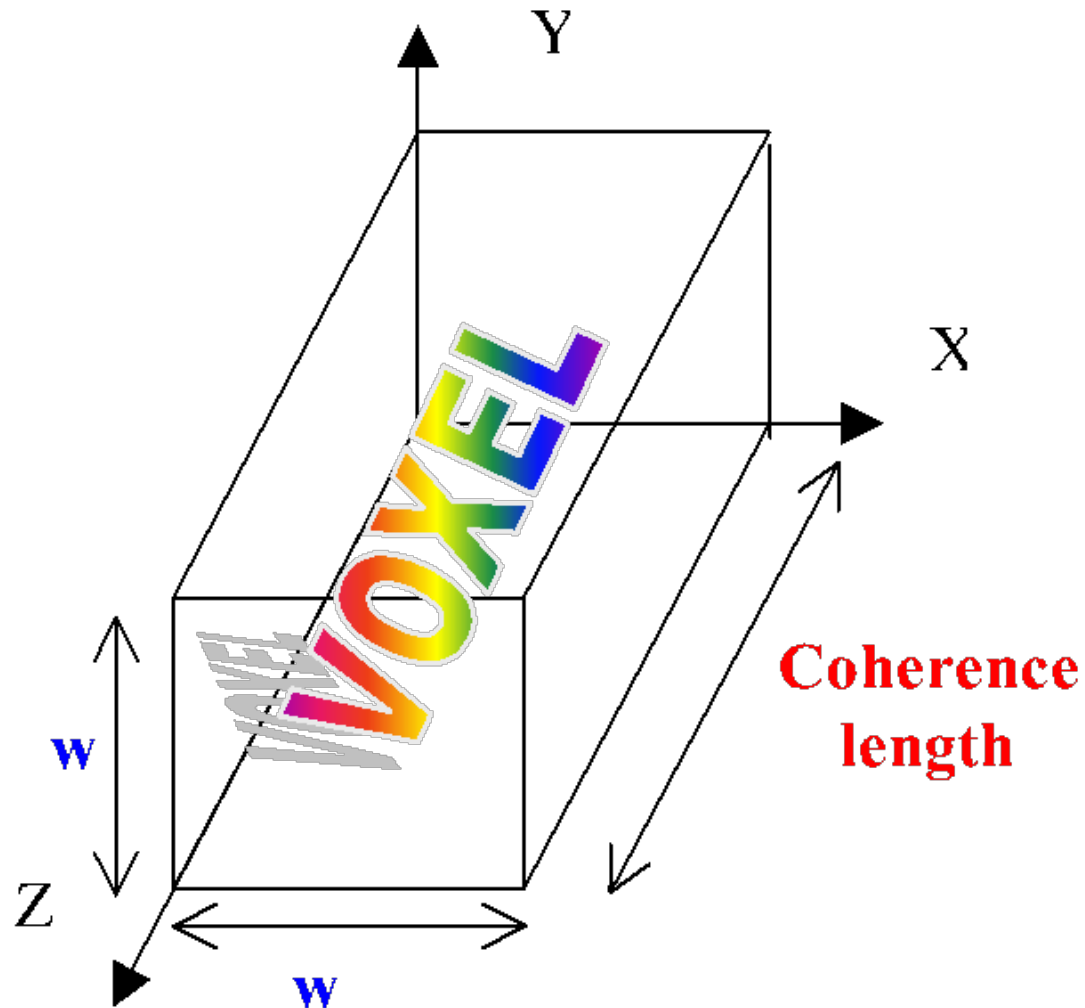
$$\gamma(d) = \exp\left[-\ln(2)\left(\frac{2d}{l_c}\right)^2\right]$$

$$l_c = \frac{4 \ln 2}{\pi} \frac{\lambda^2}{\Delta\lambda}$$

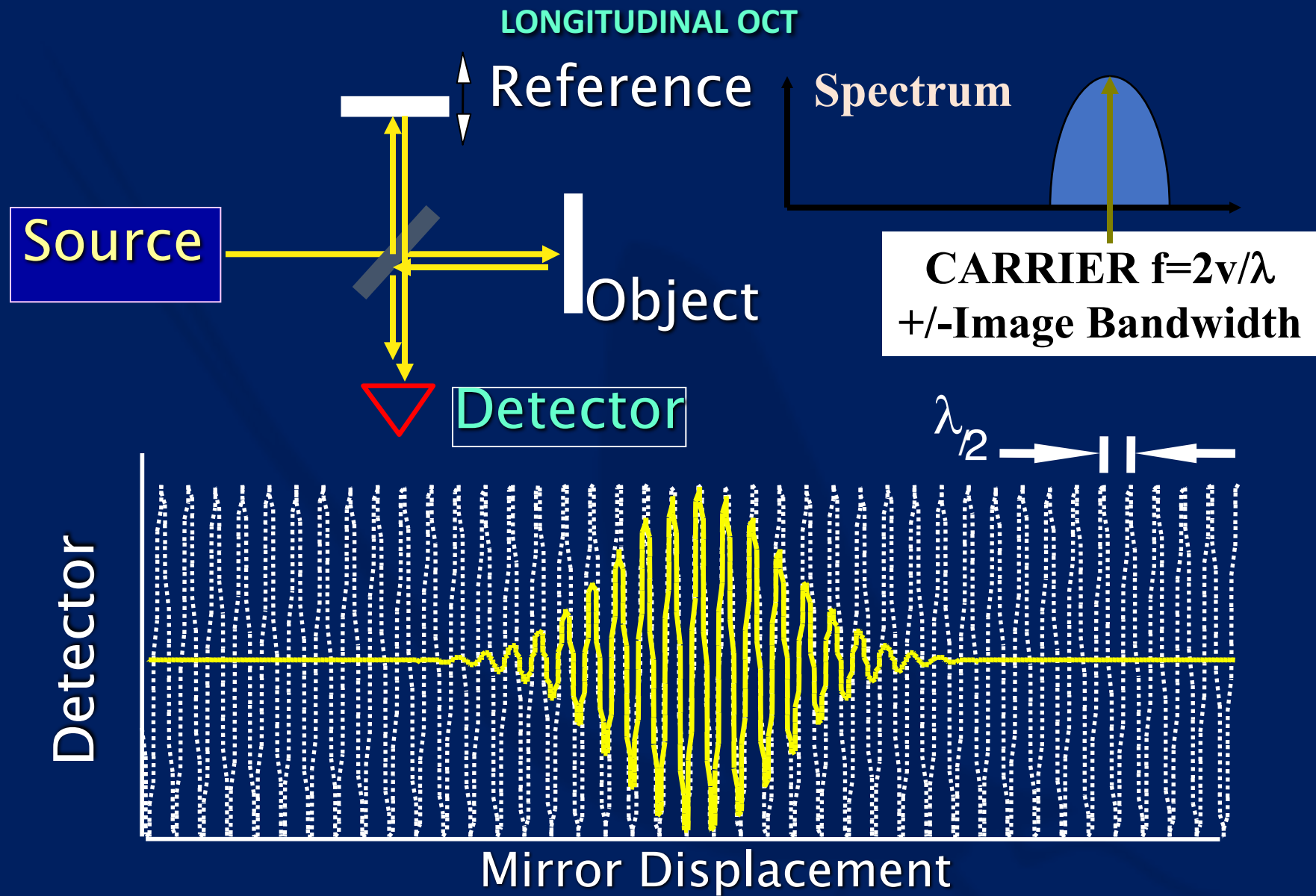
Power spectrum



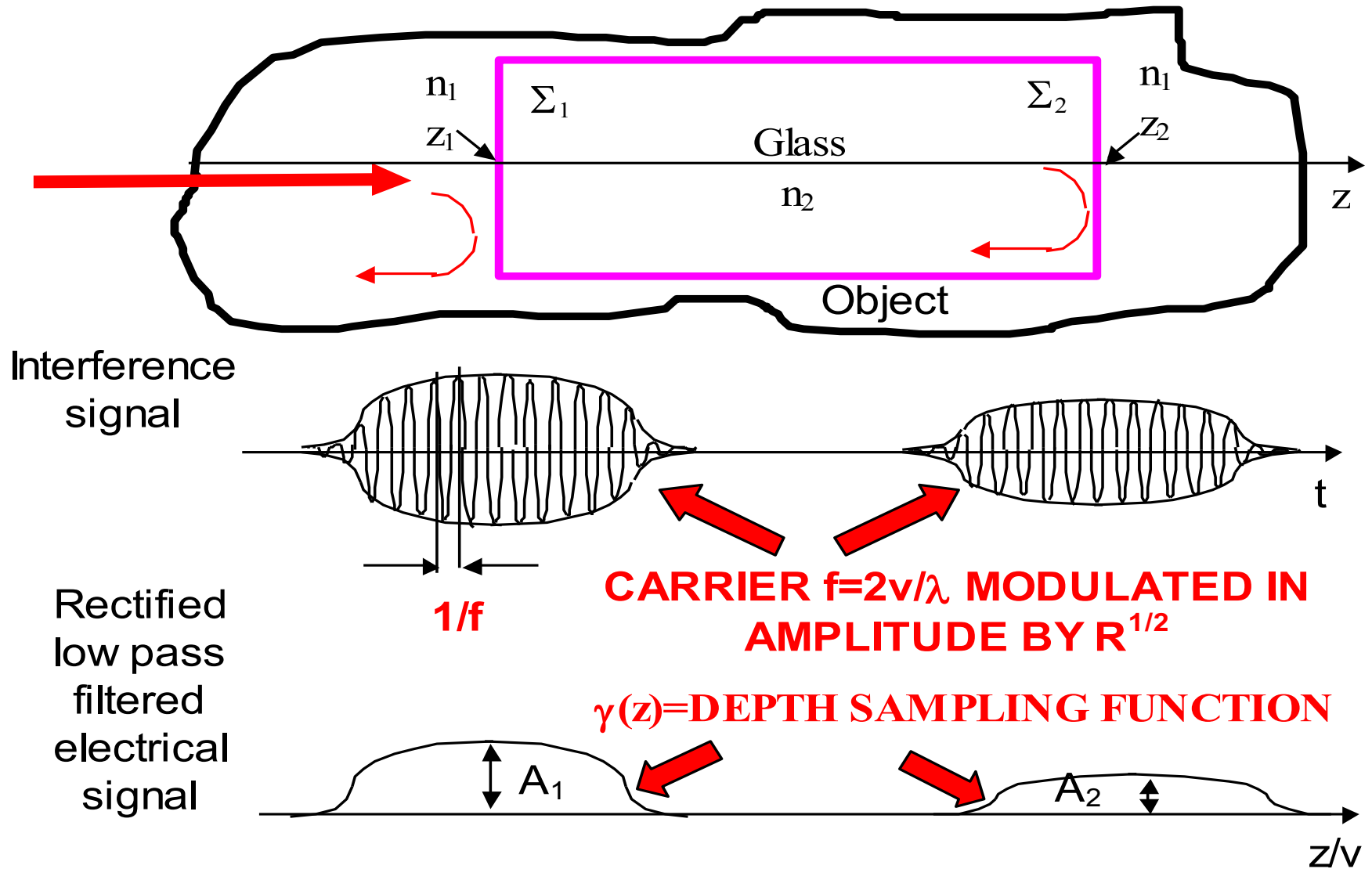
RESOLUTIONS



Coherence length: *Optical spectrum*
 w : *Diffraction limit*



CARRIER IN CONVENTIONAL OCT



OCT signal for two interfaces inside the object

OCT KEY PARAMETERS

LINEWIDTH

**DEPTH
RESOLUTION**

$$l_c = \frac{4 \ln 2}{\pi} \frac{\lambda^2}{\Delta \lambda}$$

**SINGLE SCATTERED
PHOTONS**

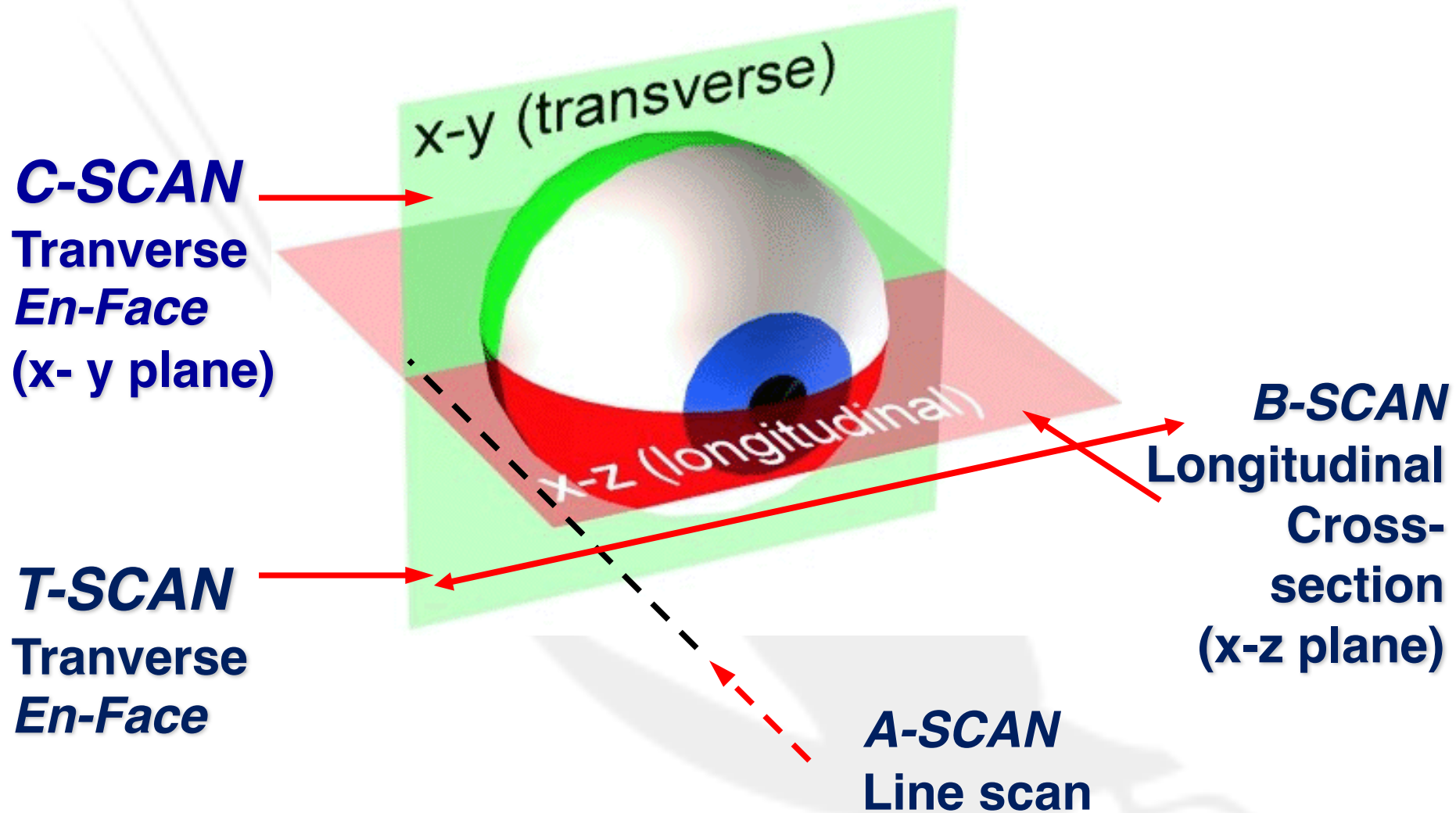
**PENETRATION
DEPTH**

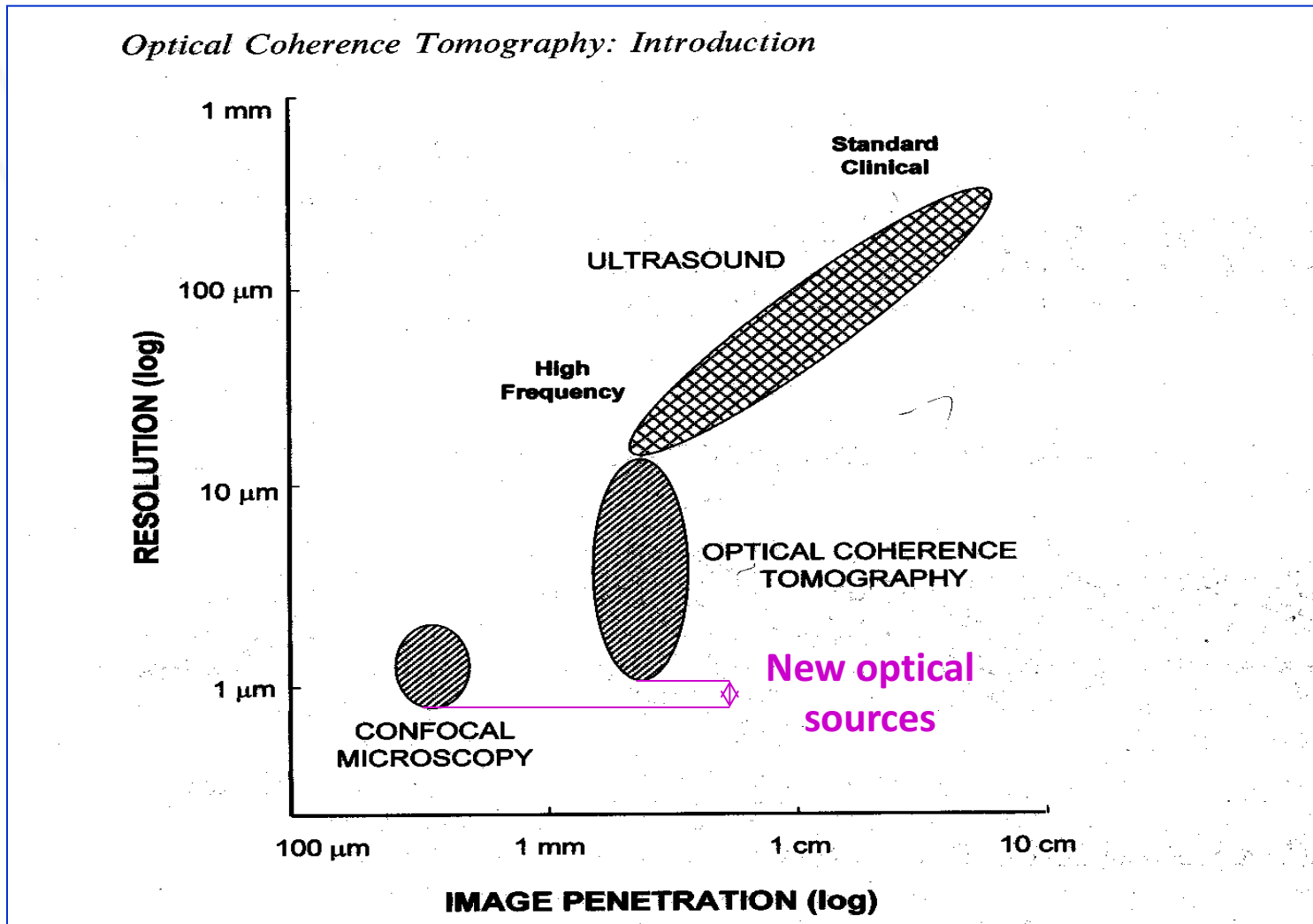
PHOTODETECTED SIGNAL ~
(WEAK BACKSCATTERED SIGNAL) X
(STRONG REFERENCE SIGNAL)

$$\approx \sqrt{P_{\text{Object}}} \cdot \sqrt{P_{\text{Reference}}}$$

**AMPLIFICATION
EFFECT**

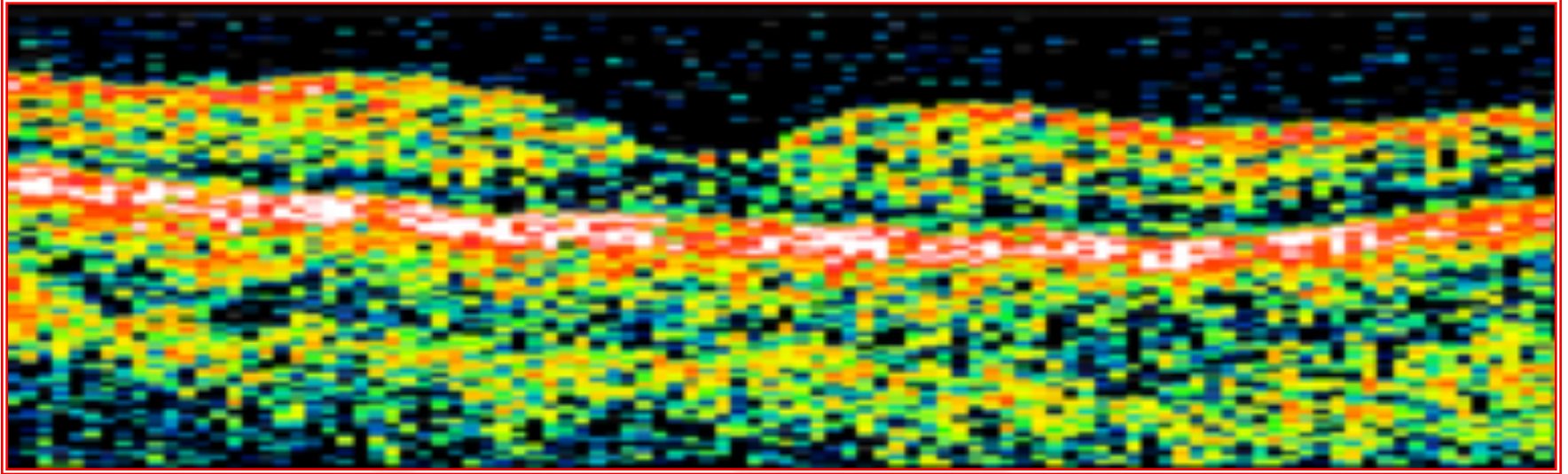
Scanning Regimes





**RESOLUTION AND PENETRATION DEPTH OF
DIFFERENT IMAGING TECHNIQUES,** Handbook of OCT, p. 17

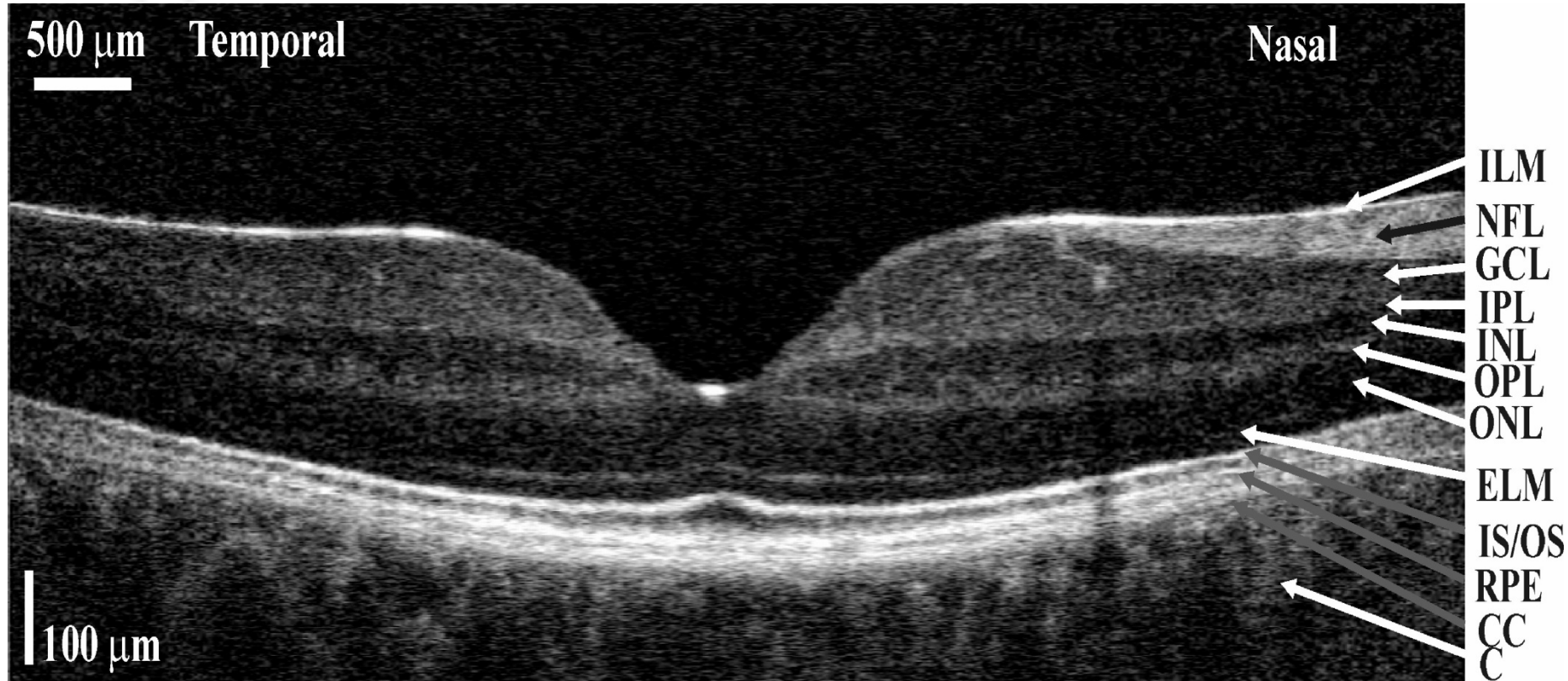
Optical Coherence Tomography (OCT)



- **Huang, Hee, Fujimoto, Puliafito 1991**
- **B-scan (Cross-section)**

ULTRA-HIGH RESOLUTION *EN-FACE* OCT

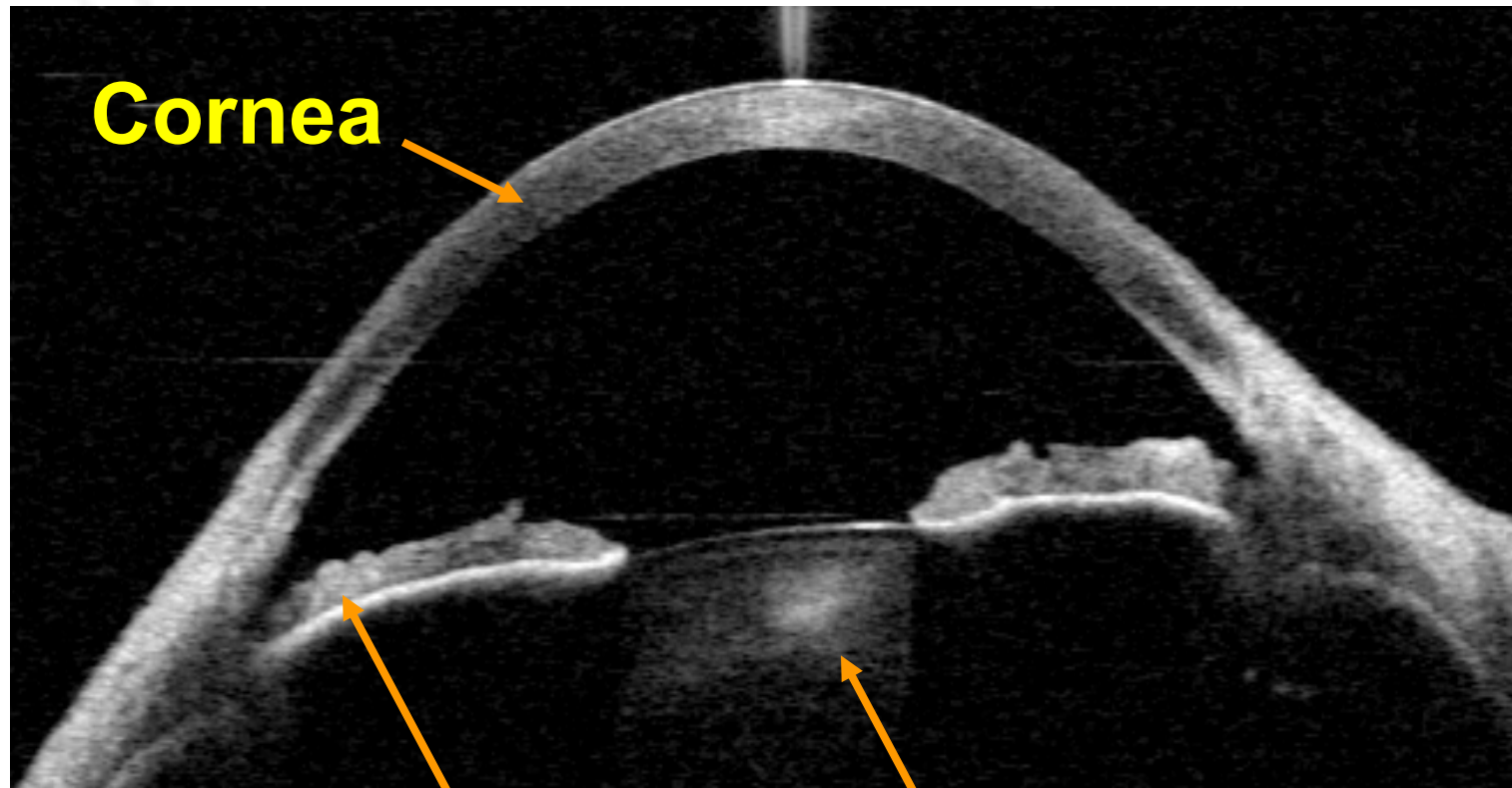
B-scan OCT with 3 μm depth resolution



R. Cucu, Optics Letters, Vol. 31, No. 11, June 1, 2006, 1684-1687.

840 nm, 0.8 mW

ANTERIOR CHAMBER

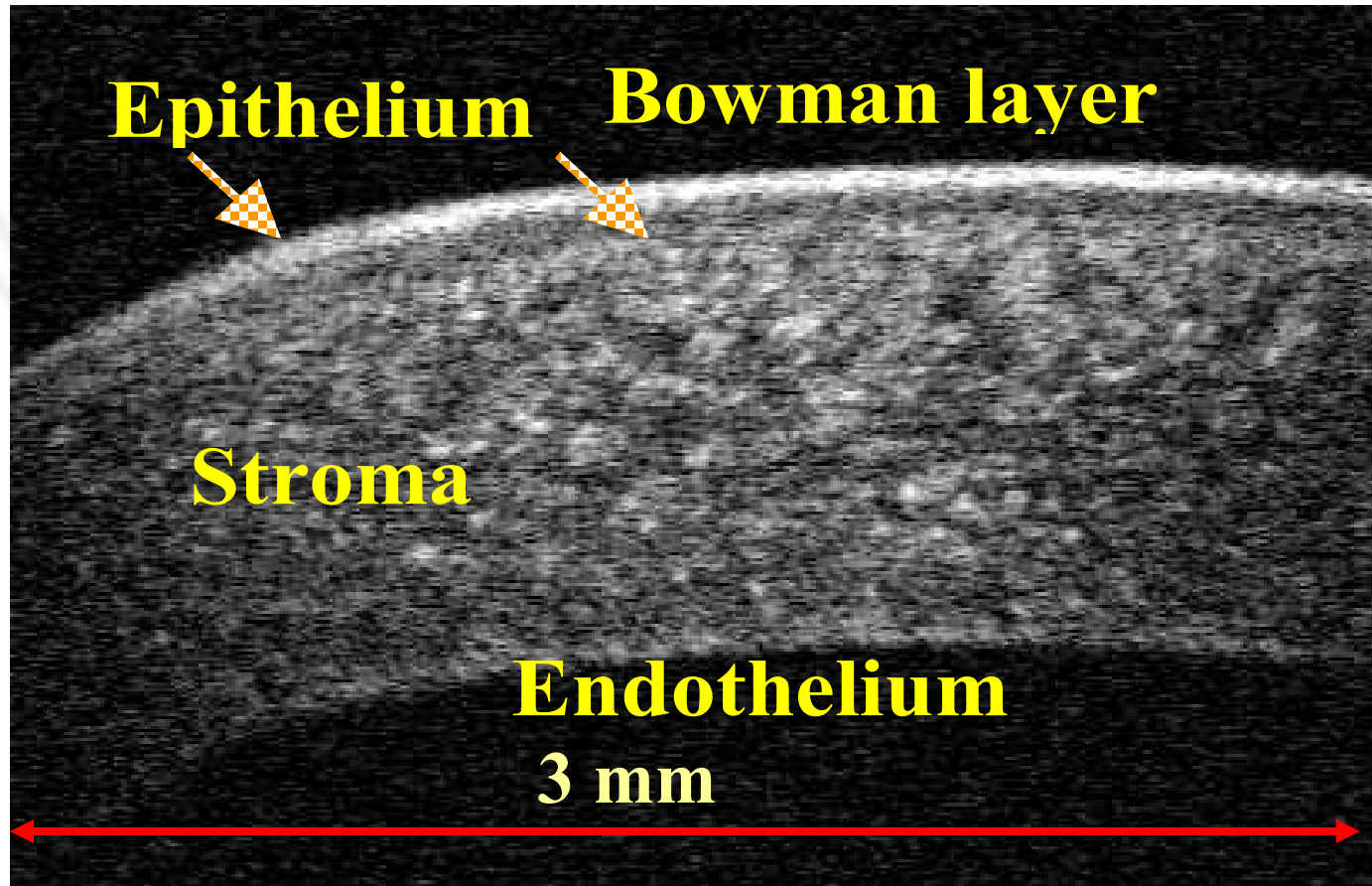


Cornea

Iris

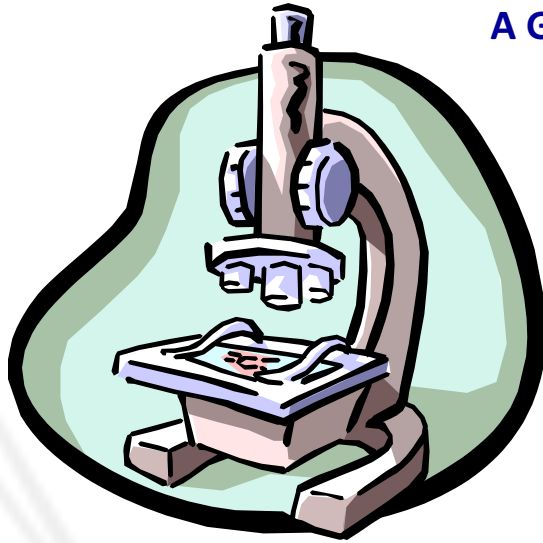
Eye lens

B-SCAN FROM CORNEA



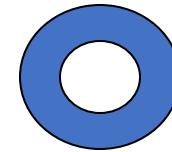
...ted using *in-vivo*
840 nm, 1050 nm or 1300 nm > 1 mW

A Gh. Podoleanu, Optical coherence tomography,
Journal of Microscopy, 247(3) 209-219, 2012
(Review, OPEN ACCESS).

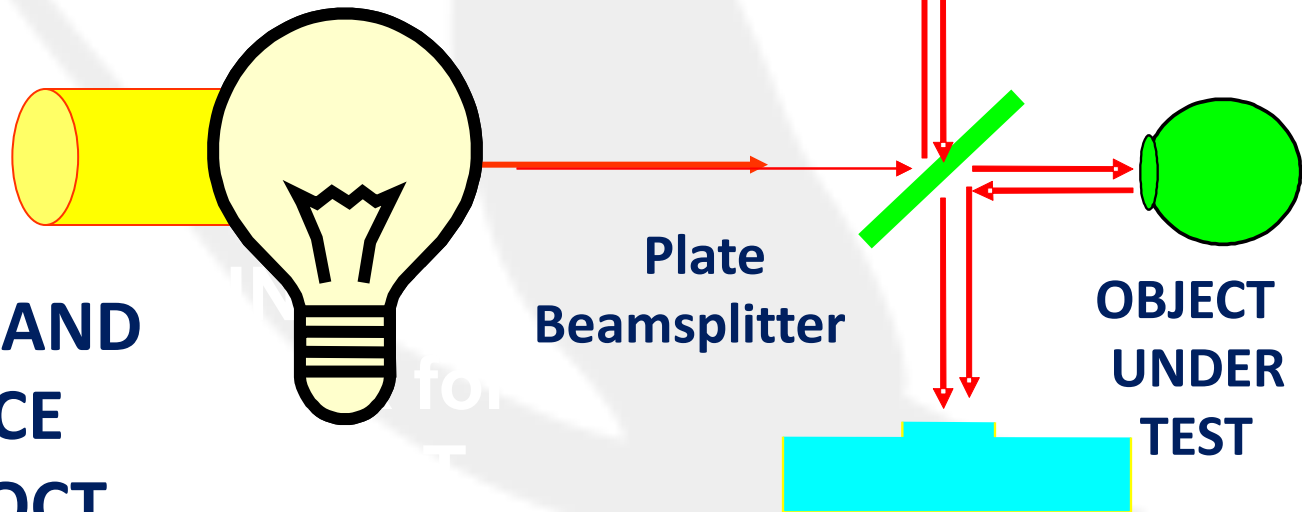


MICROSCOPE

PINHOLE



INTERFEROMETER



Mirror

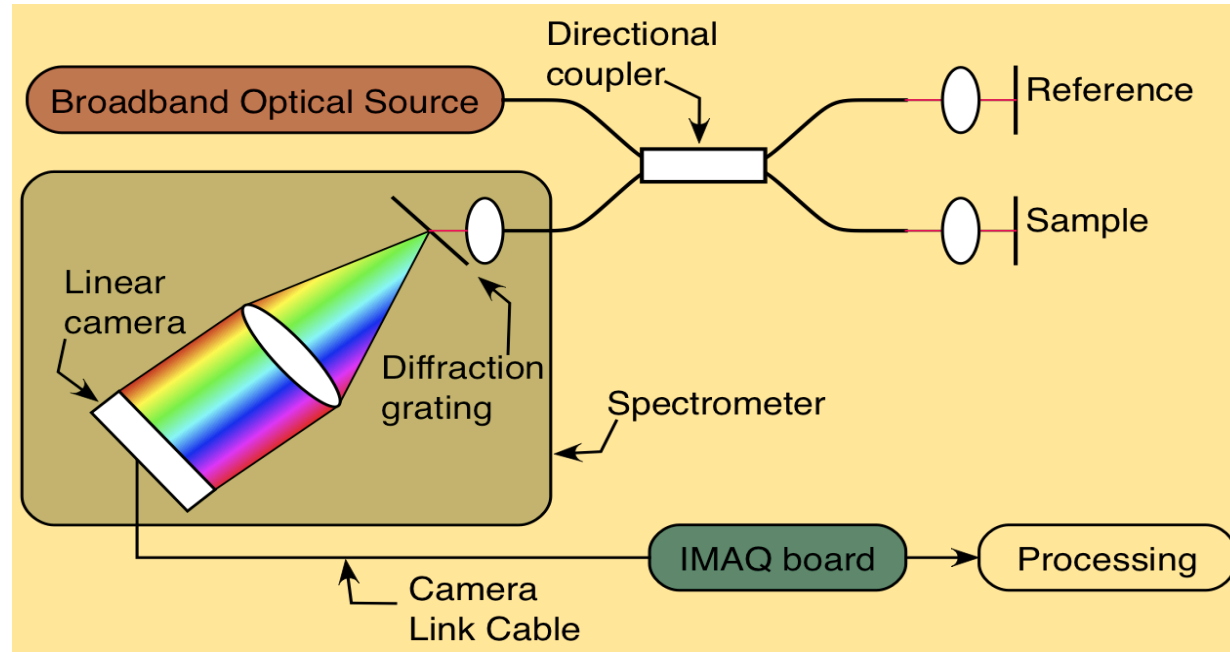
**Plate
Beamsplitter**

**OBJECT
UNDER
TEST**

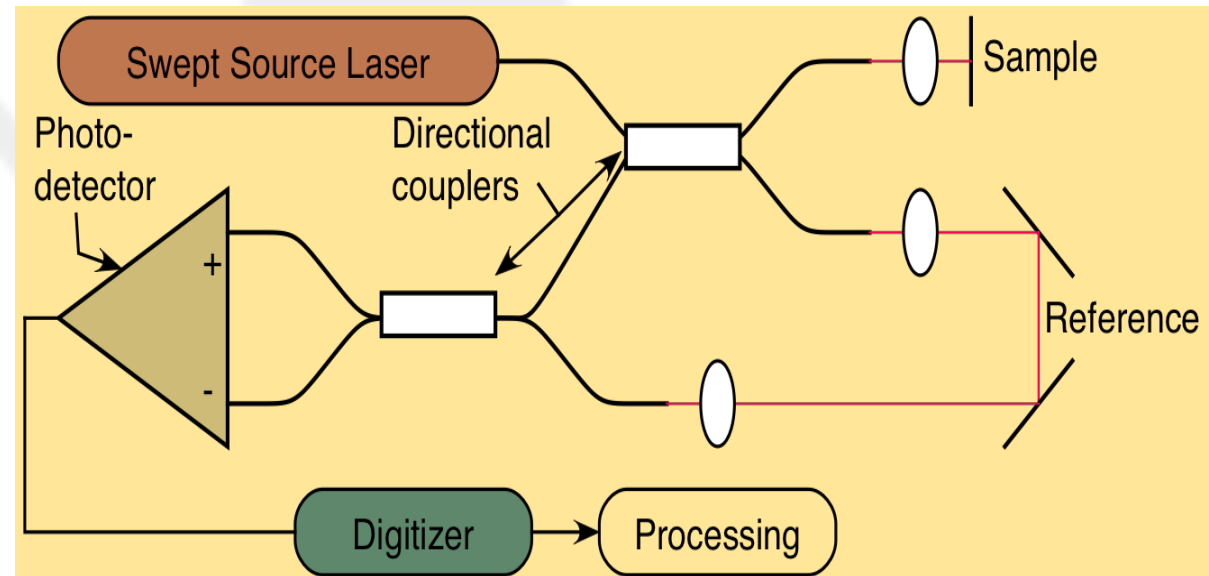
SPECTROMETER

Spectral Domain-OCT

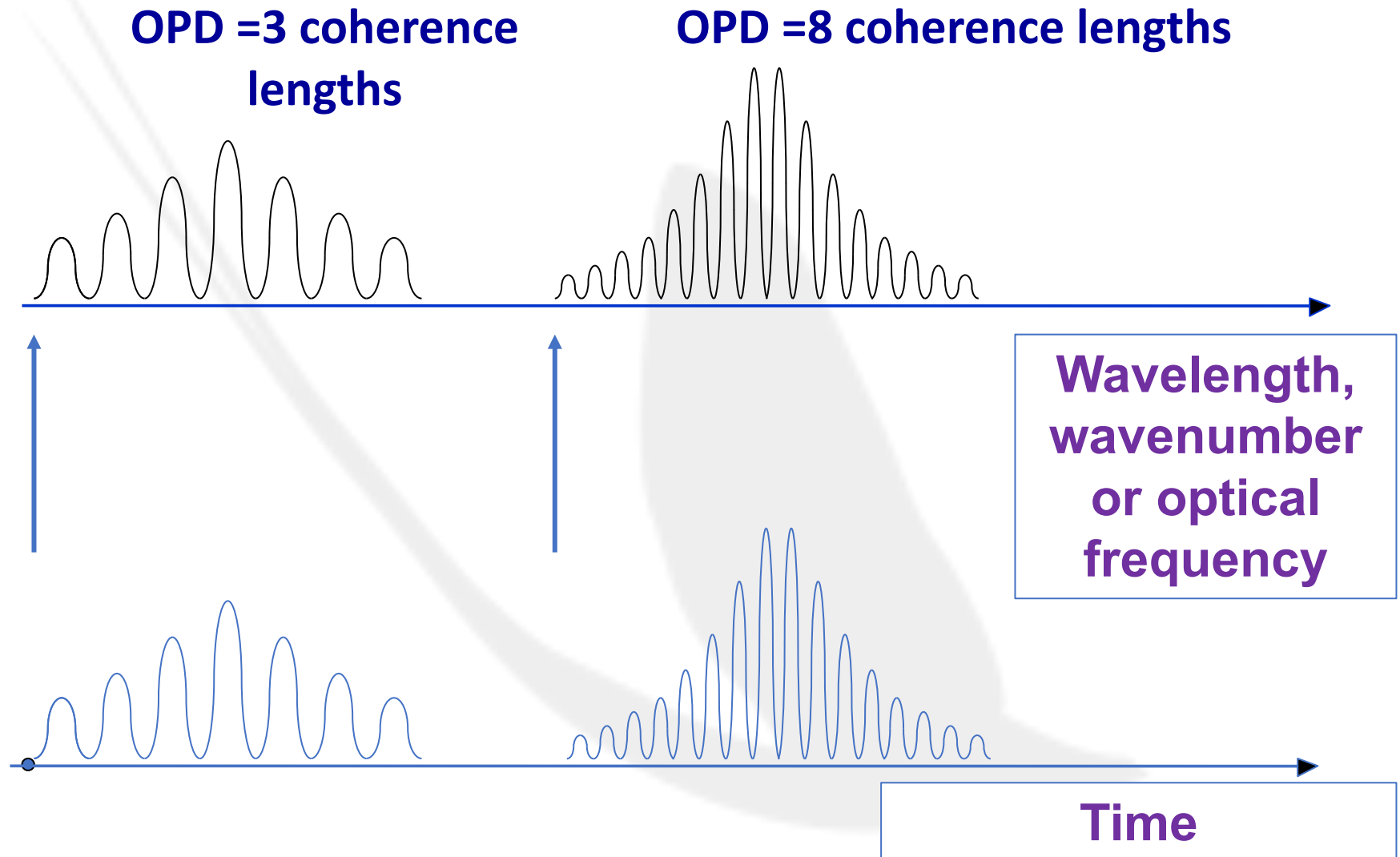
Generic Camera based OCT system

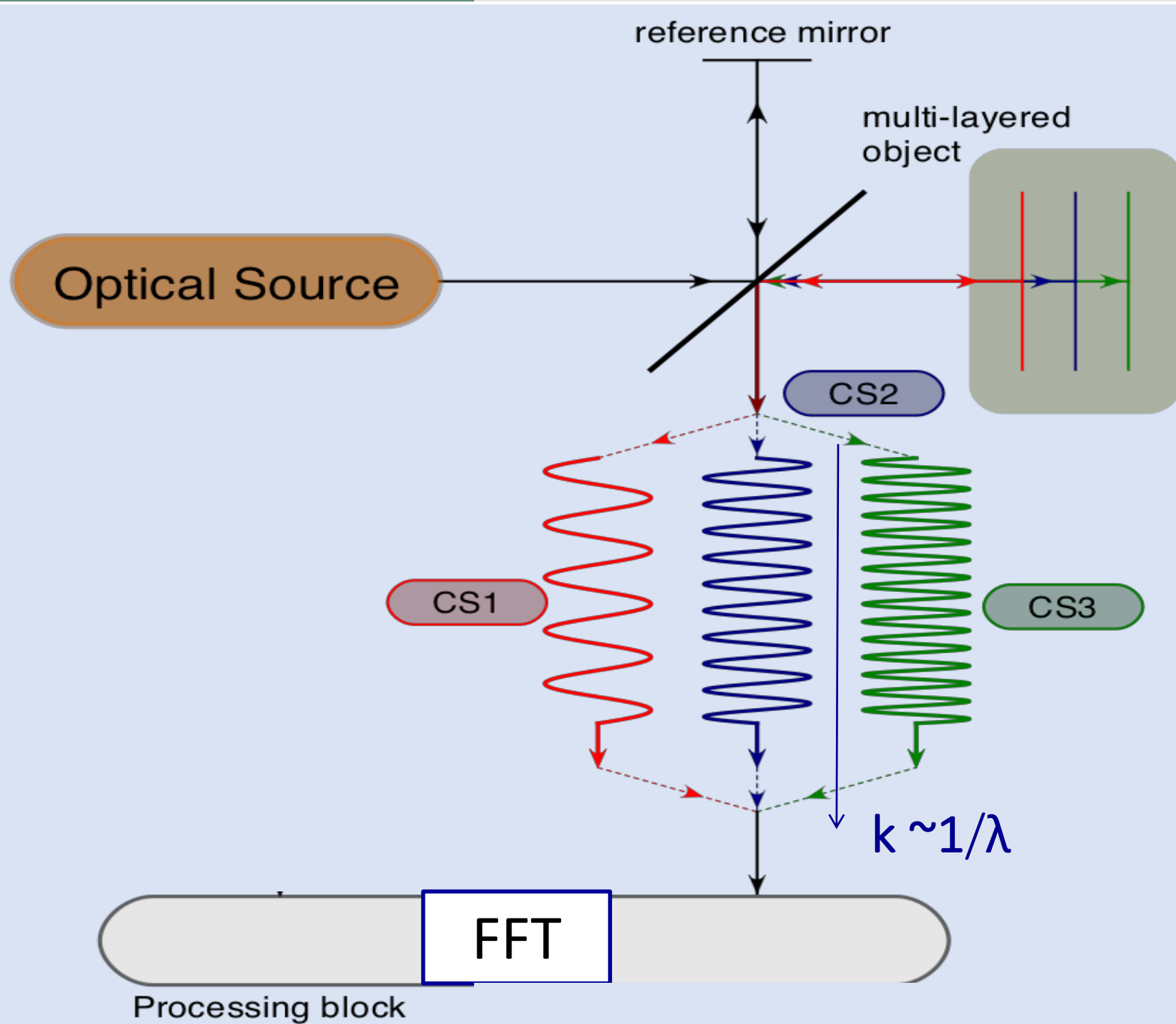


Generic Swept Source OCT system



SS-OCT





Fundamental difference between time domain and spectral (Fourier) domain OCT

- TD-OCT works around $OPD = 0$
- In SD-OCT and FD-OCT all OPDs are interrogated at once

Journal of Microscopy, 247 (3) 209-219, 2012.

COMPARISON

Depth resolution

Spectrometer based

Swept source based

Bandwidth

Tuning bandwidth

Axial scan range

Spectrometer based

Swept source based

Spectrometer resolution Linewidth

SENSING

TELECOM

(DISTANCE MEASUREMENTS)

Tuning

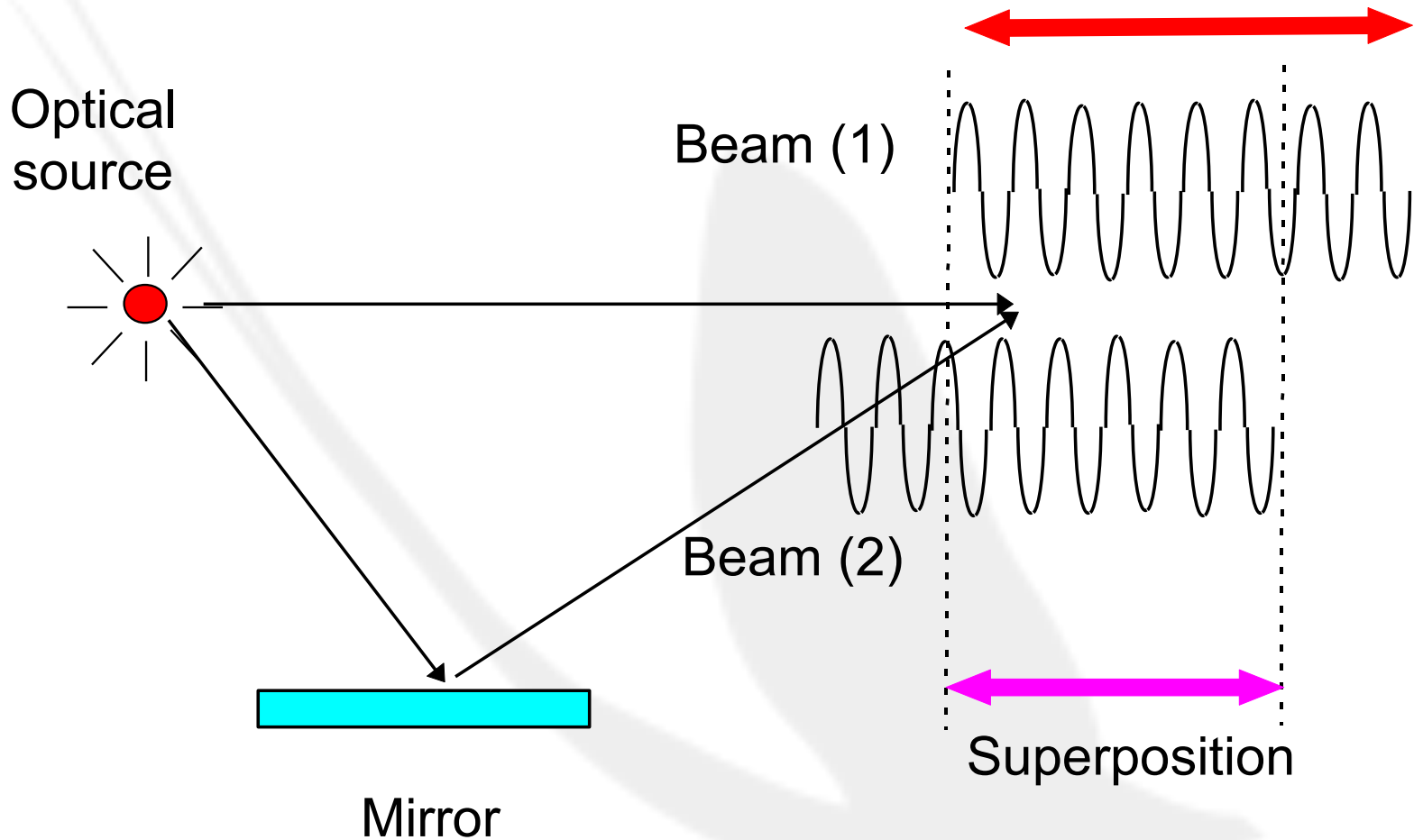
SIMILAR DEMANDS

bandwidth: GHz

TO CURRENT OCT REPORTS

Linewidth: <MHz

OPD < Coherence length (several mm) in SS-OCT



Superposition of two wavetrains (interference of two beams generated by a source with a narrow bandwidth).



Optical sources for OCT

Superluminescent diode (Superlum Moscow Russia, Exalos Switzerland)

Groups of superluminescent diodes (Superlum Moscow, Russia) or groups of fibre lasers (Multiwave Photonics, Porto, Portugal)

Titanium sapphire laser (Femto Lasers (Spectra Physics))

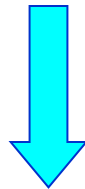
Supercontinuum (NKT Denmark, Fianium UK)



fiber-based SuperContinuum, 1999



**Optical coherence
tomography
Endoscopy**



Instrumentation



OCT: 1991



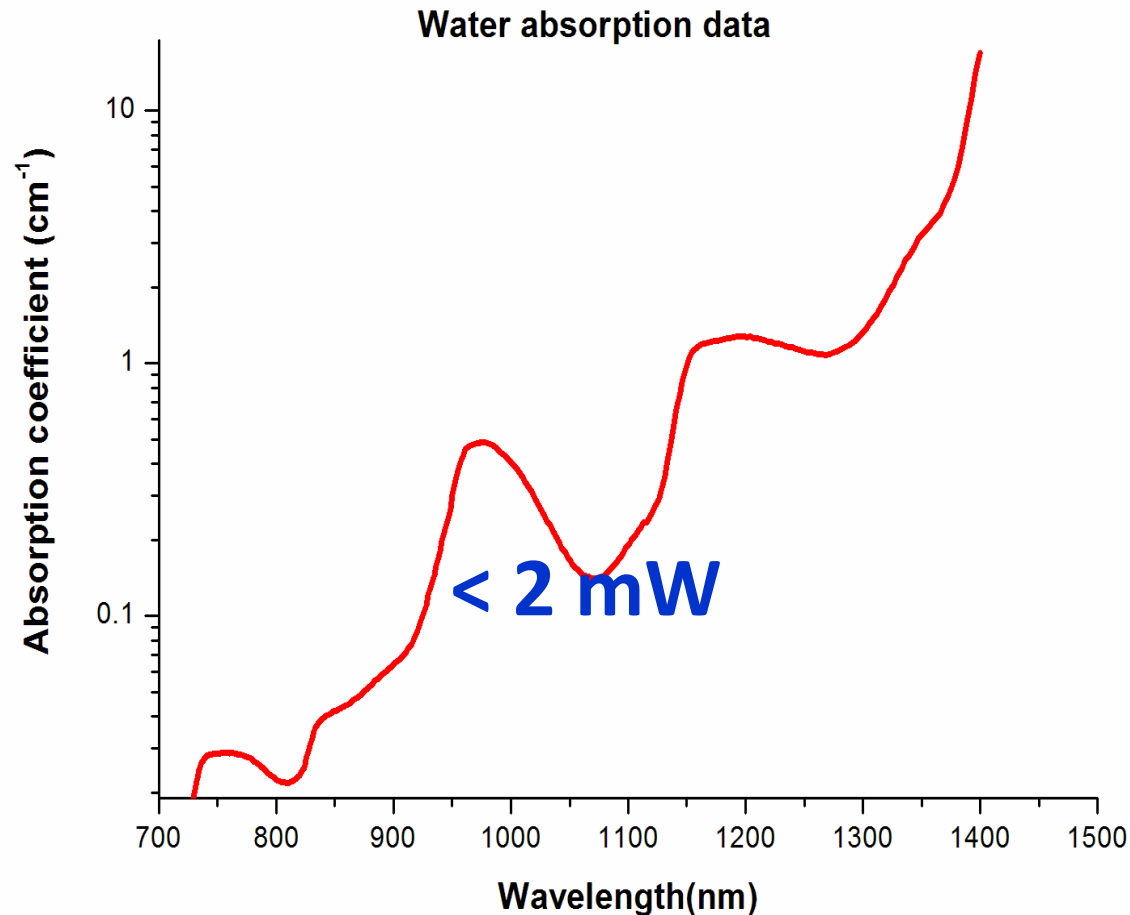
EXAMPLES of Broadband sources

**Groups of fibre lasers (Multiwave Photonics, Porto,
Portugal)**

The 1050 nm window in imaging the eye fundus

- InGaAs cameras with 1024 pixels (Goodrich, 46 kHz, 14 bits, 100 kHz, 12 bits)
- 2006-2011, in collaboration with Multiwave, Porto, Novel large band source at 1050 nm for TD- OCT and Sp-OCT, Marie Curie Training Site, EC

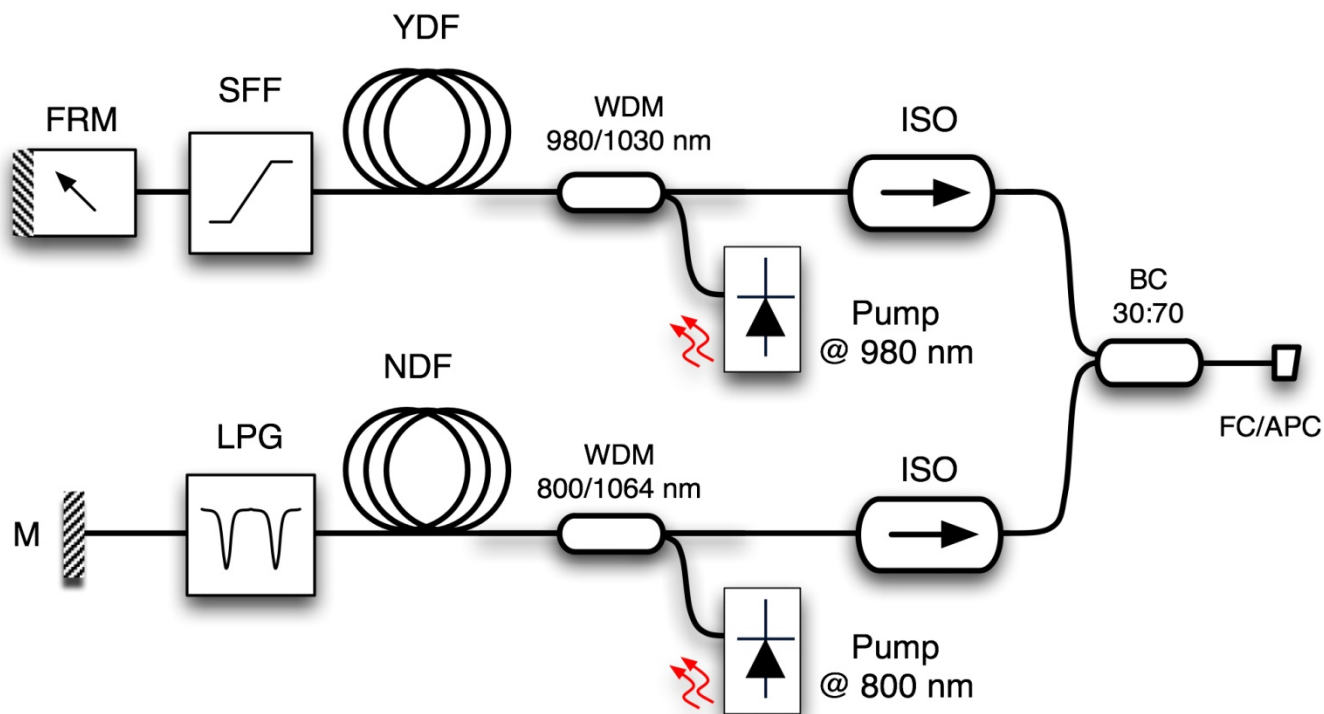
SNR and eye safety considerations



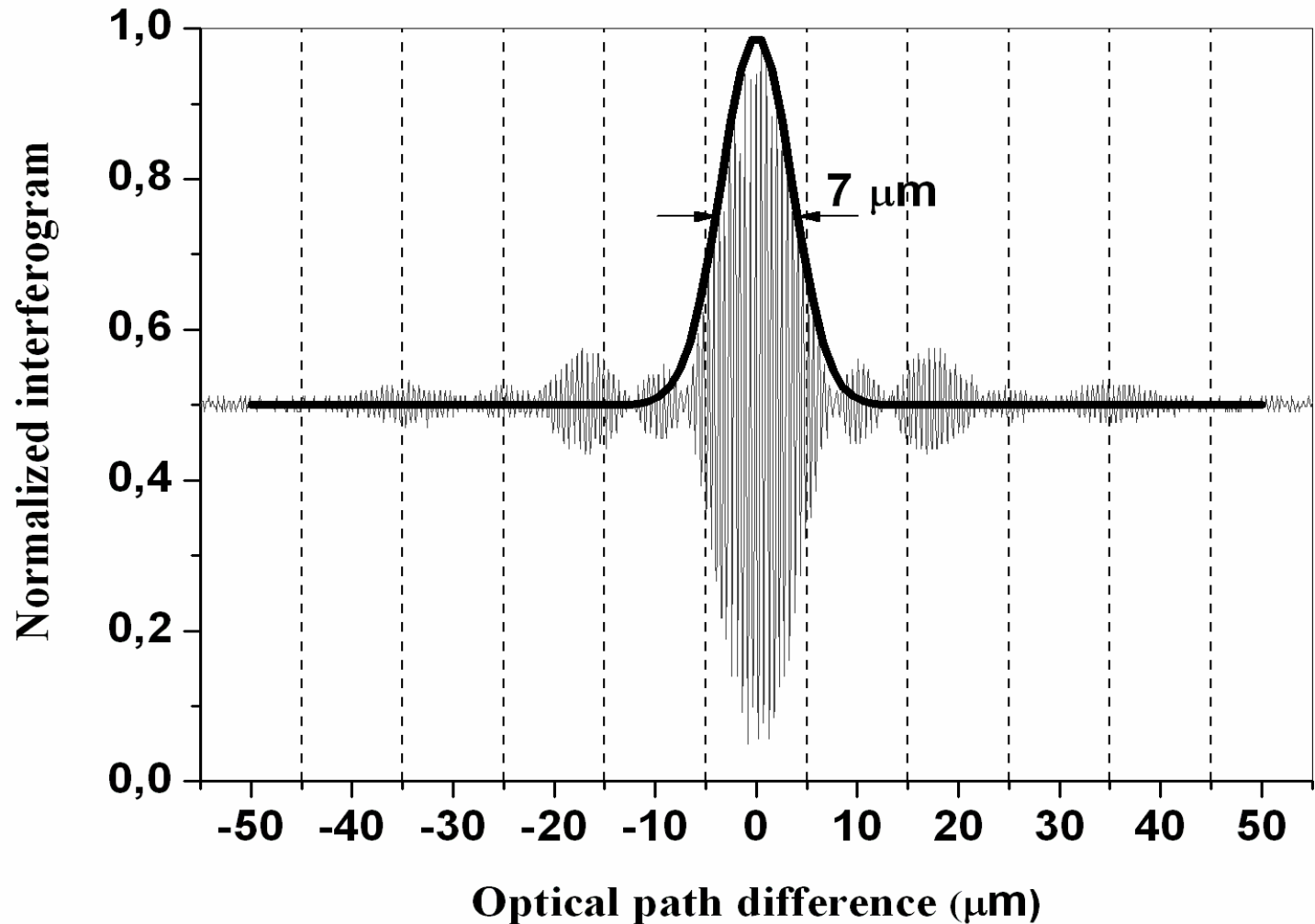
Total loss of signal of 3-4 dB when changing wavelength from 830 nm to 1050 nm.

Large bandwidth source at 1050 nm

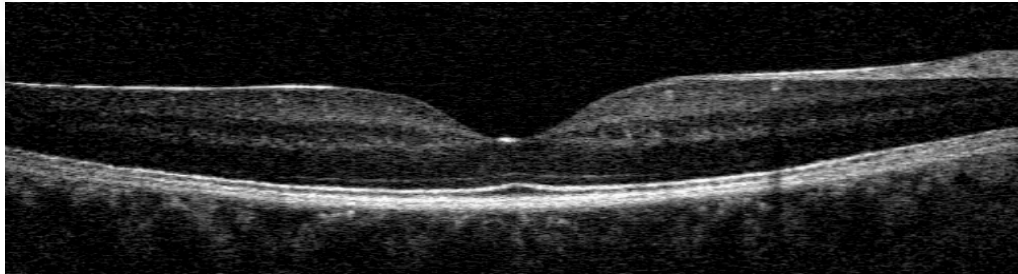
2006-2011, in collaboration with Multiwave, Porto



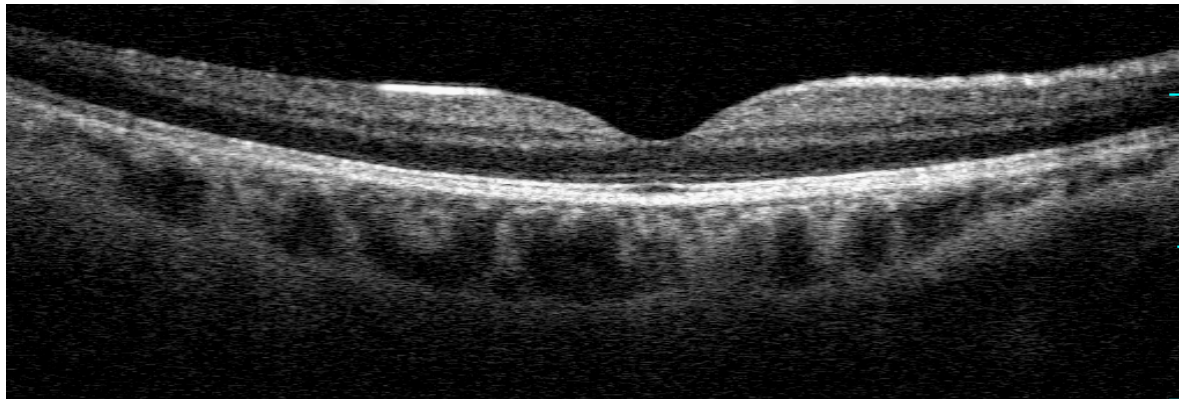
Depth resolution



B-scans at 890 nm at 1050 nm

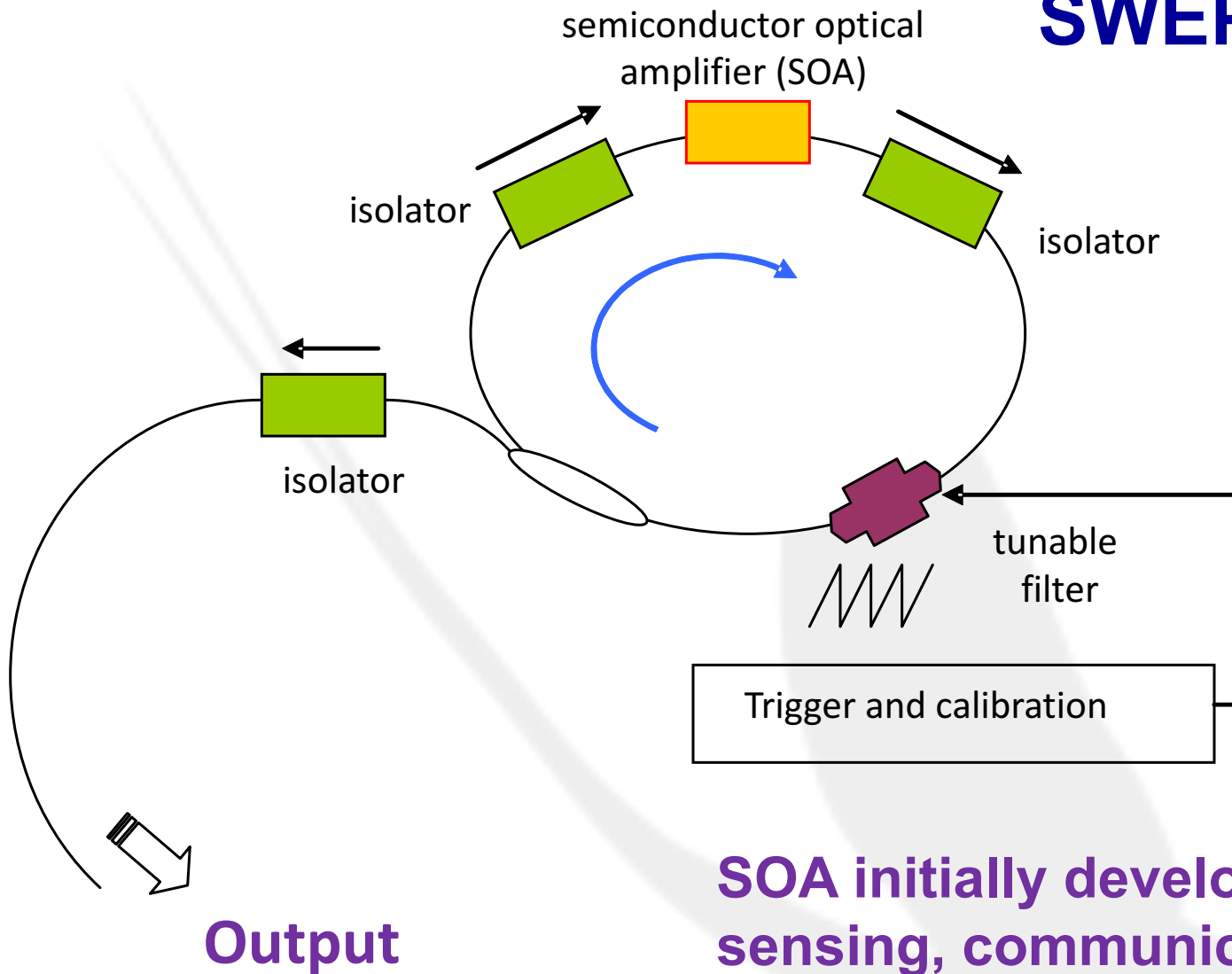


$\lambda_0 = 890 \text{ nm}$
3 μm axial
resolution



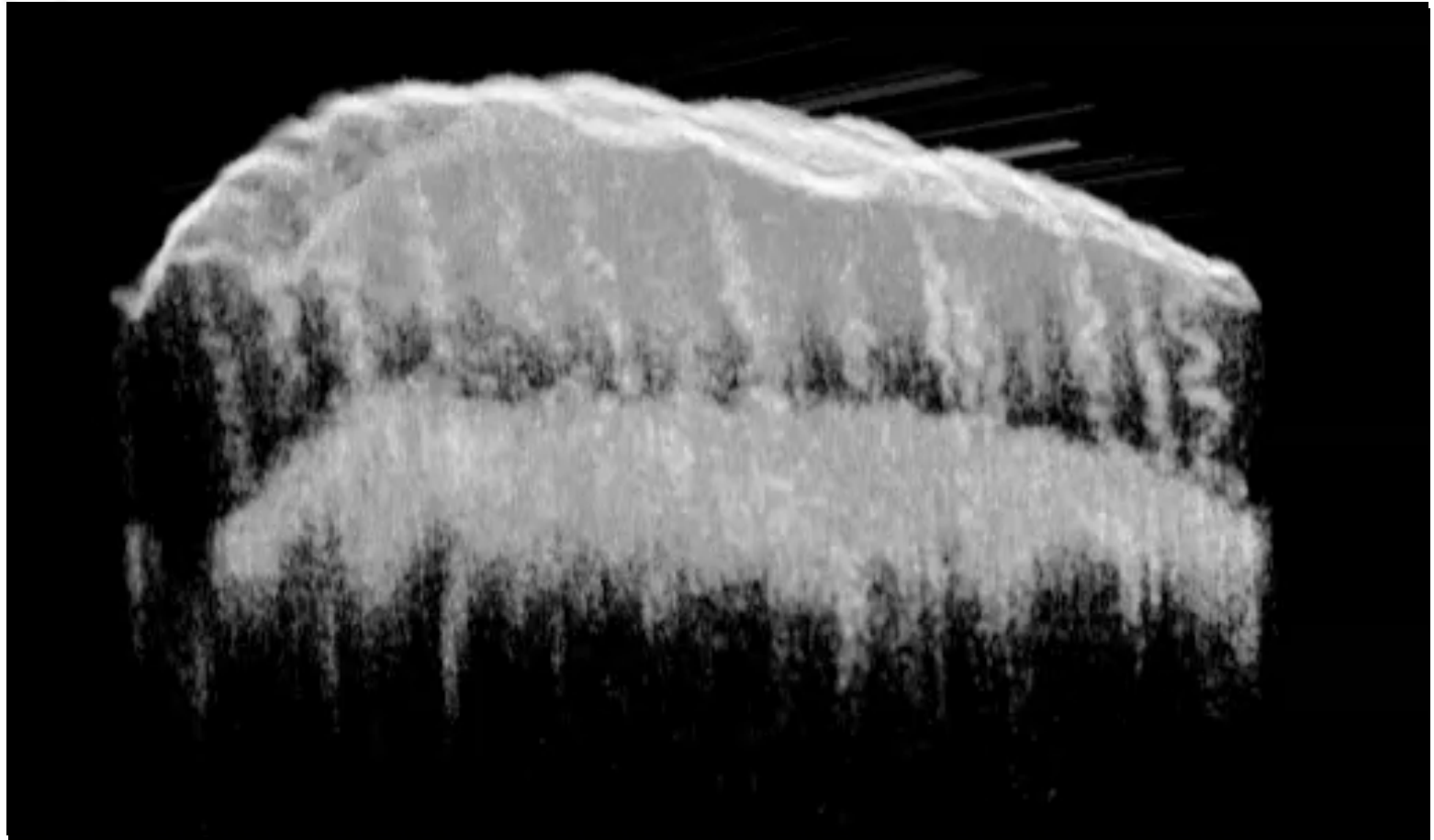
$\lambda_0 = 1050 \text{ nm}$
12.31 μm axial
resolution

SWEPT SOURCE



SOA initially developed for sensing, communications and amplification, now used in sources for SS-OCT

Assembled a volume of A-scans using FFT based Swept Source-OCT



TREND IN IMAGE PRESENTATION TOWARDS SHOWING THE *EN-FACE* ORIENTATION

A faint, light gray background illustration of a microscope, oriented diagonally from the top left towards the bottom right. The illustration shows the eyepiece, objective lenses, stage, and base, providing a subtle scientific context for the slide's title.

Interest for the *en-face* display:

FIRST INTERNATIONAL CONGRESS OF "EN FACE" OCT

and update on OCT clinical applications and technology

December 13 (2:00 p.m. - 7:00 p.m.) **and 14** (8:00 a.m. - 6:00 p.m.) **2013**

Rome, NH Hotel Vittorio Veneto - Corso d'Italia, 1

Organizers:

Bruno Lumbroso (Rome), Philip J. Rosenfeld (Miami), Gabriel Coscas (Paris)

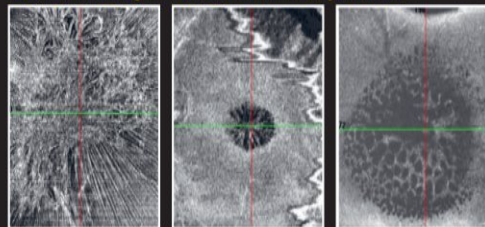
Coordinators:

Andre Romano (São Paulo), Martine Mauguet-Faysse (Paris), Marco Rispoli (Rome)

Honorary President: Rosario Brancato

Guest of Honor and Coscas Medal: James Fujimoto

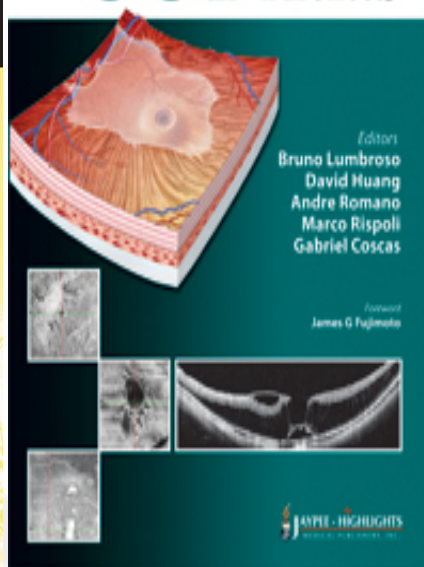
OFFICIAL LANGUAGES English and French, translation in Italian, English and French



Over the past 12 years, the use of clinical OCT by ophthalmologists has become the gold standard for imaging the posterior pole. During this time, technological advances have improved the speed, resolution, and strategies used to image the macula. We've evolved from traditional B-scans and segmentation maps of the RPE and ILM to three-dimensional imaging of the retina and vitreoretinal interface. But, over the past 5 years, the most exciting advance has been the emerging field of "en face" OCT imaging, which has revolutionized our ability to visualize the posterior pole by combining and adding to all these previous advances in OCT imaging. En face imaging allows for independent dissection of the vitreoretinal interface, retina, RPE, and chorioid and uniquely projects these layers so that macula pathology throughout the posterior pole can be studied and correlated with a patient's symptoms, their disease, and its progression.

Bruno Lumbroso
Philip J. Rosenfeld
Gabriel Coscas

Clinical En Face OCT Atlas



Rome, December 12 - 13, 2014
NH Hotel Vittorio Veneto - Corso d'Italia, 1

Second International Congress on "En face" OCT imaging Advances in OCT, OCT Angiography

Organizers:

Bruno Lumbroso (Rome), Gabriel Coscas (Paris), David Huang (Portland), Philip J. Rosenfeld (Miami)

Coordinators:

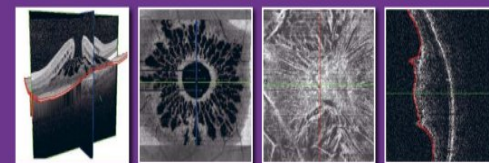
Andre Romano (São Paulo), Martine Mauguet-Faysse (Paris), Marco Rispoli (Rome)

Honorary President:

Rosario Brancato (Milan)

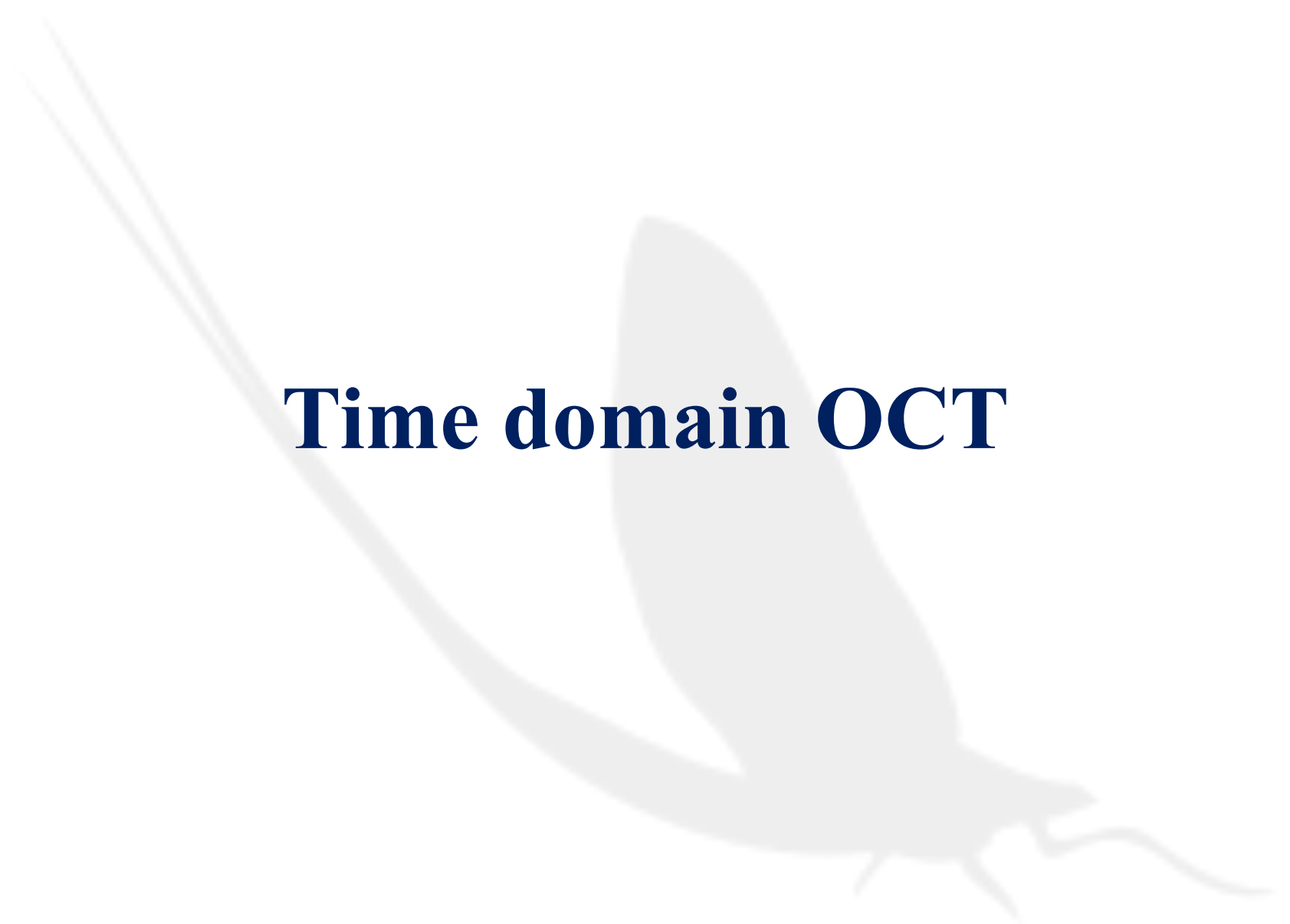
Guest of honor:

Carmen Puliafito (Los Angeles)

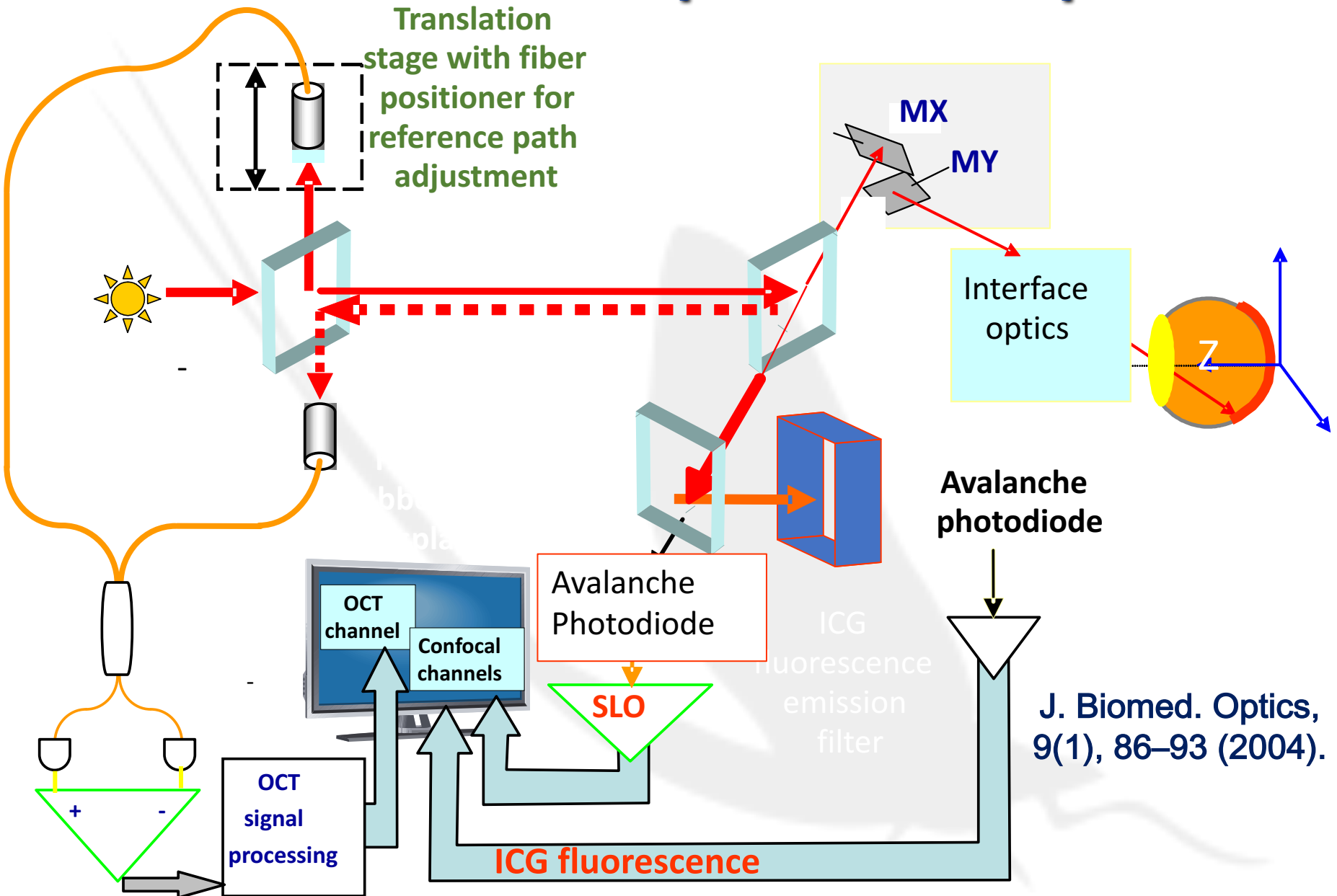


Official languages English and French, translation in Italian, English and French

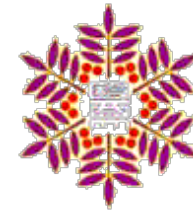
Time domain OCT



OCT Confocal Ophthalmoscope



EN-FACE OCT

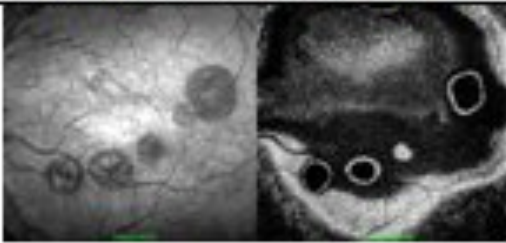
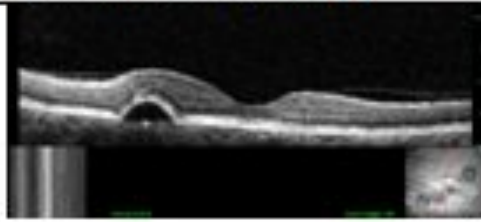
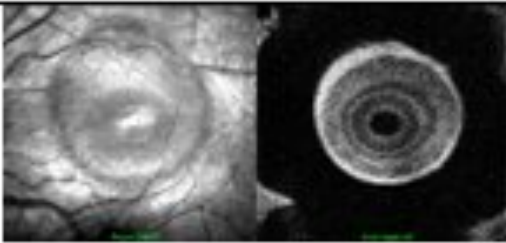
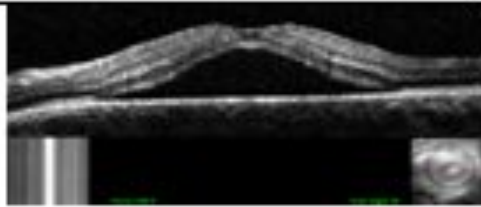
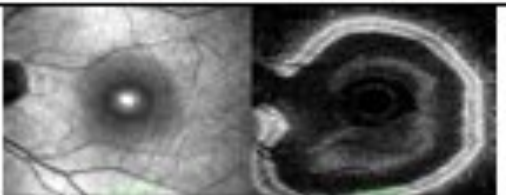
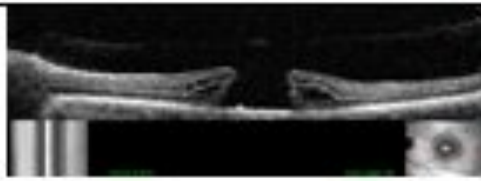
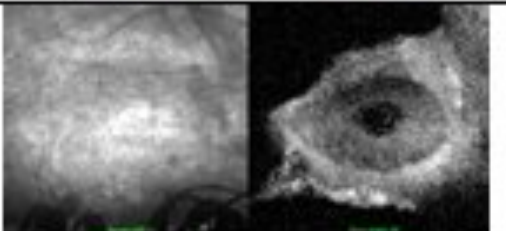
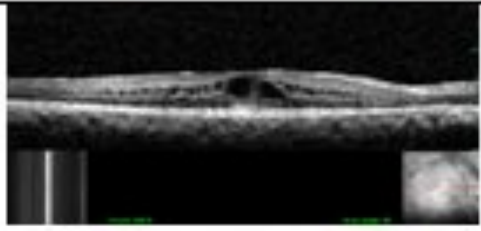
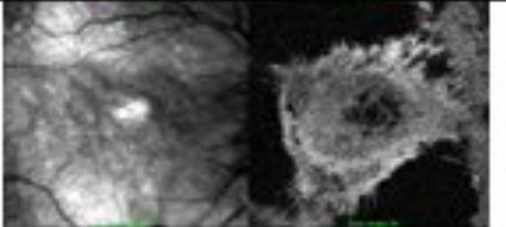
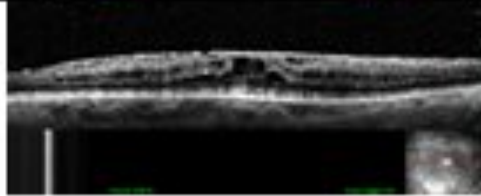


New York Eye & Ear Infirmary
Academisch Medisch Centrum, Amsterdam

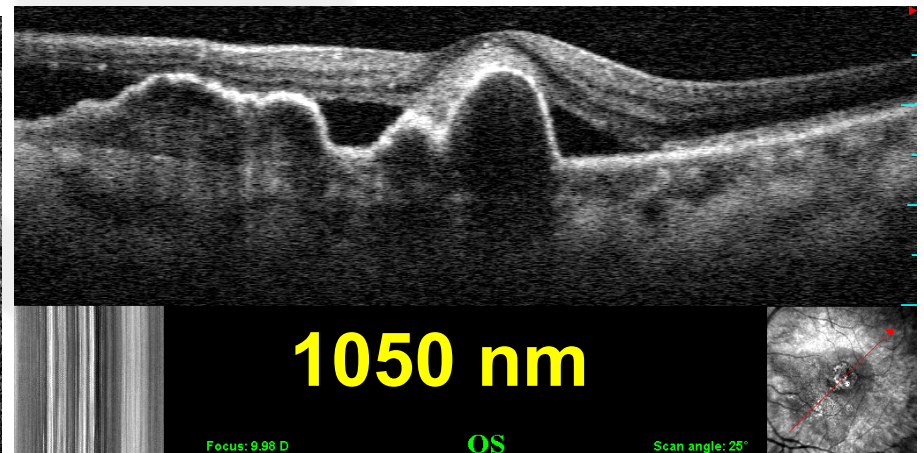
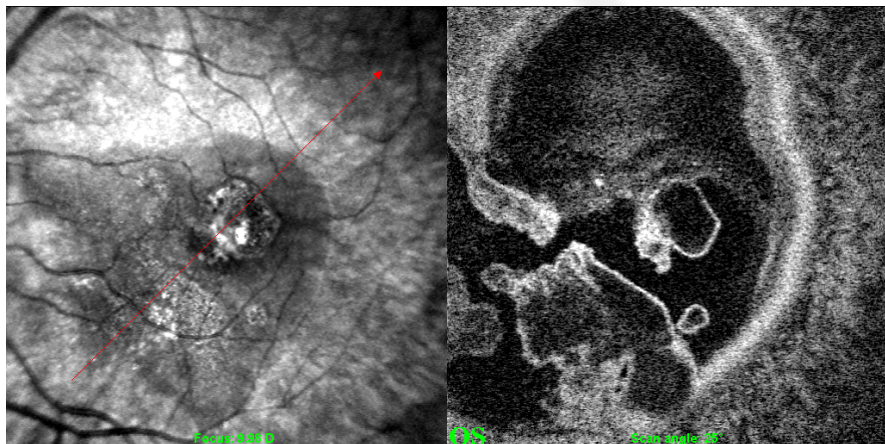
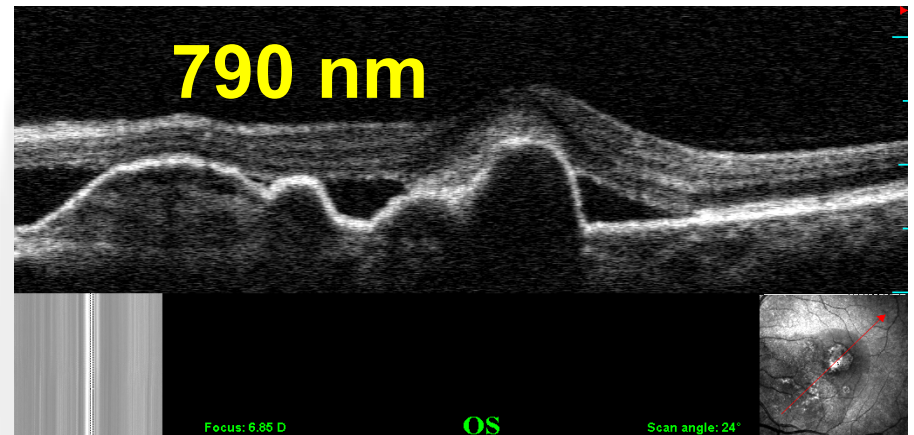
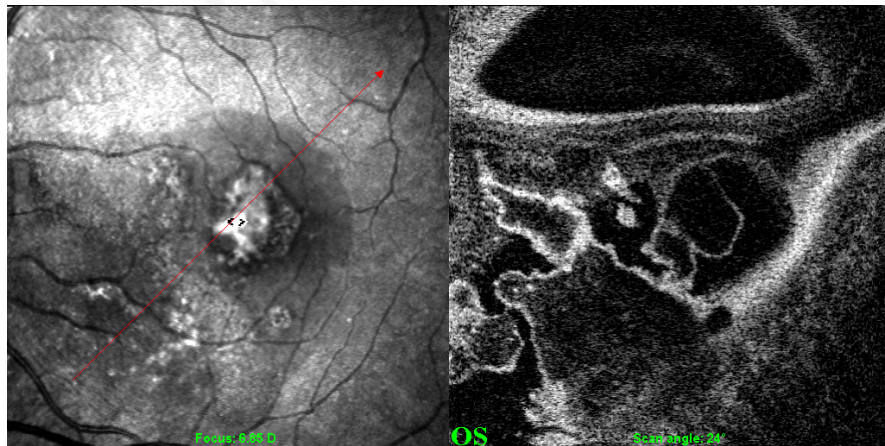
Asahikawa
Medical College,
Asahikawa, Japan

- Optics Express, 17/5, pp. 4112-4133 (2009)
- IOVS, 24, 50:851-860 (2008).
- Retina, 26:, pp. 129–136, (2006).
- J. Biomedical Optics, 9(1), 86–93 (January/February 2004)

Richard Rosen, New York Eye and Ear Infirmary, Images produced by T-scan based OCT, (*en-face* OCT), PRER, No. 4, (2008): 464-499

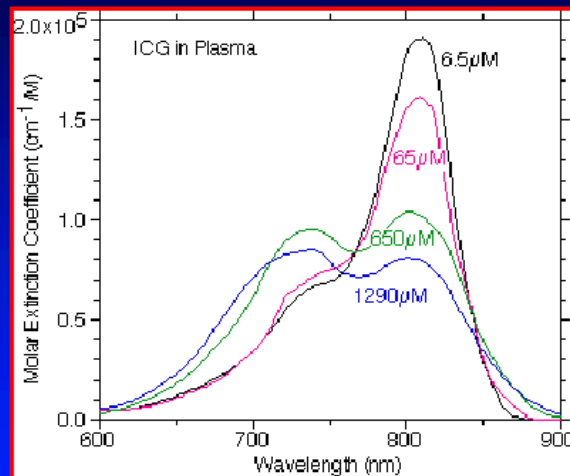
Disease	Pattern	C-scan OCT/SLO Image	B-scan OCT image
RPE detachment	Rings of light (isolated bright circles surrounding dark spaces)		
Central Serous Retinopathy	<u>Bullseye</u> target (concentric rings of alternating bright and dark lines)		
Macular hole	<u>Petaloid</u> wreath (ring of cysts around a central axis)		
<u>Cystoid</u> macular edema	Swiss Cheese Wheel (cluster of circular holes)		
<u>Epiretinal</u> membrane	Shining star (radiating lines)		

IPCV case - comparison with SLO/OCT imaging at shorter wavelengths



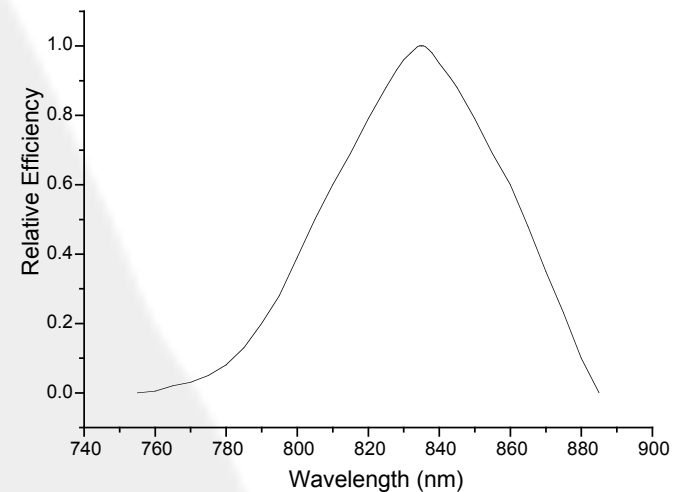
ICG and OCT - Common Operating Spectrum

ICG ABSORPTION SPECTRUM



Peak = 805nm

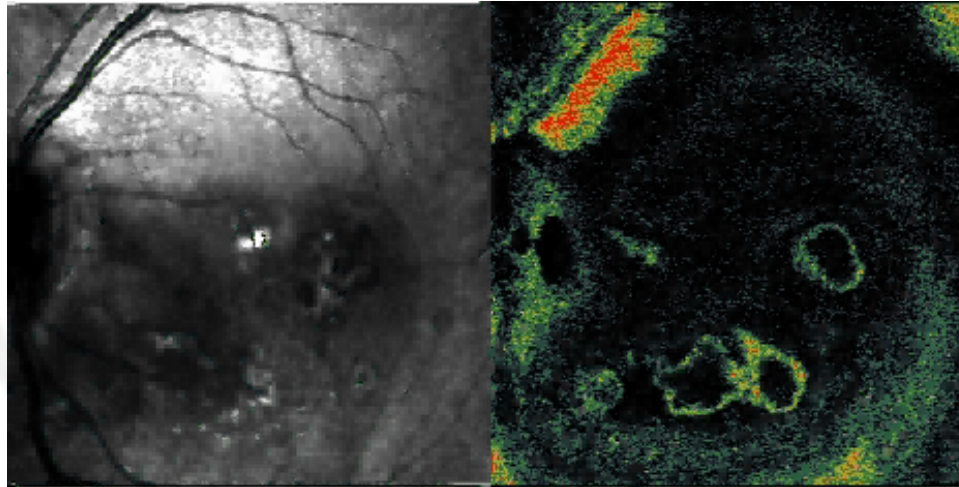
ICG FLUORESCENCE SPECTRUM



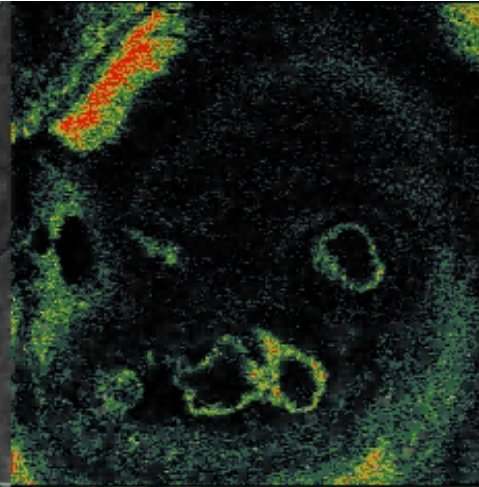
Peak at = 830 nm

Polypoidal Choroidal Vasculopathy Complex Neovascularization

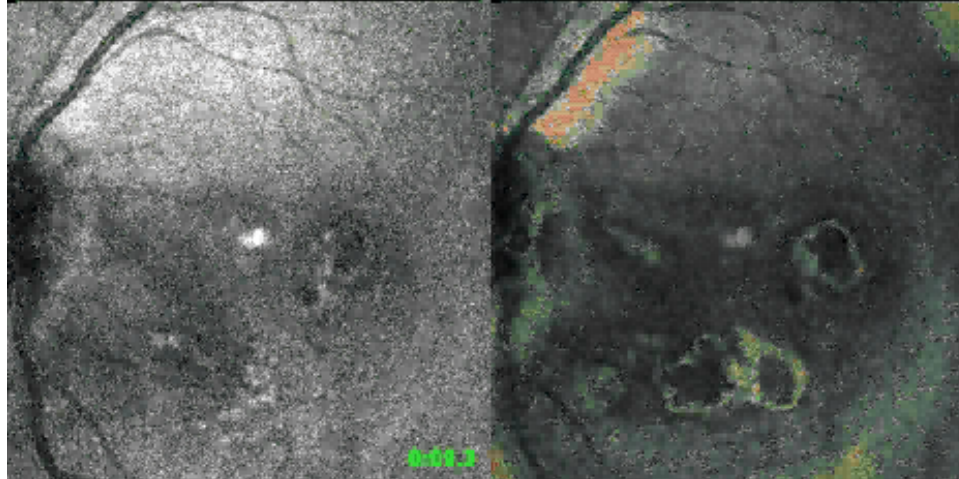
Confocal



**C-scan
OCT**



ICG

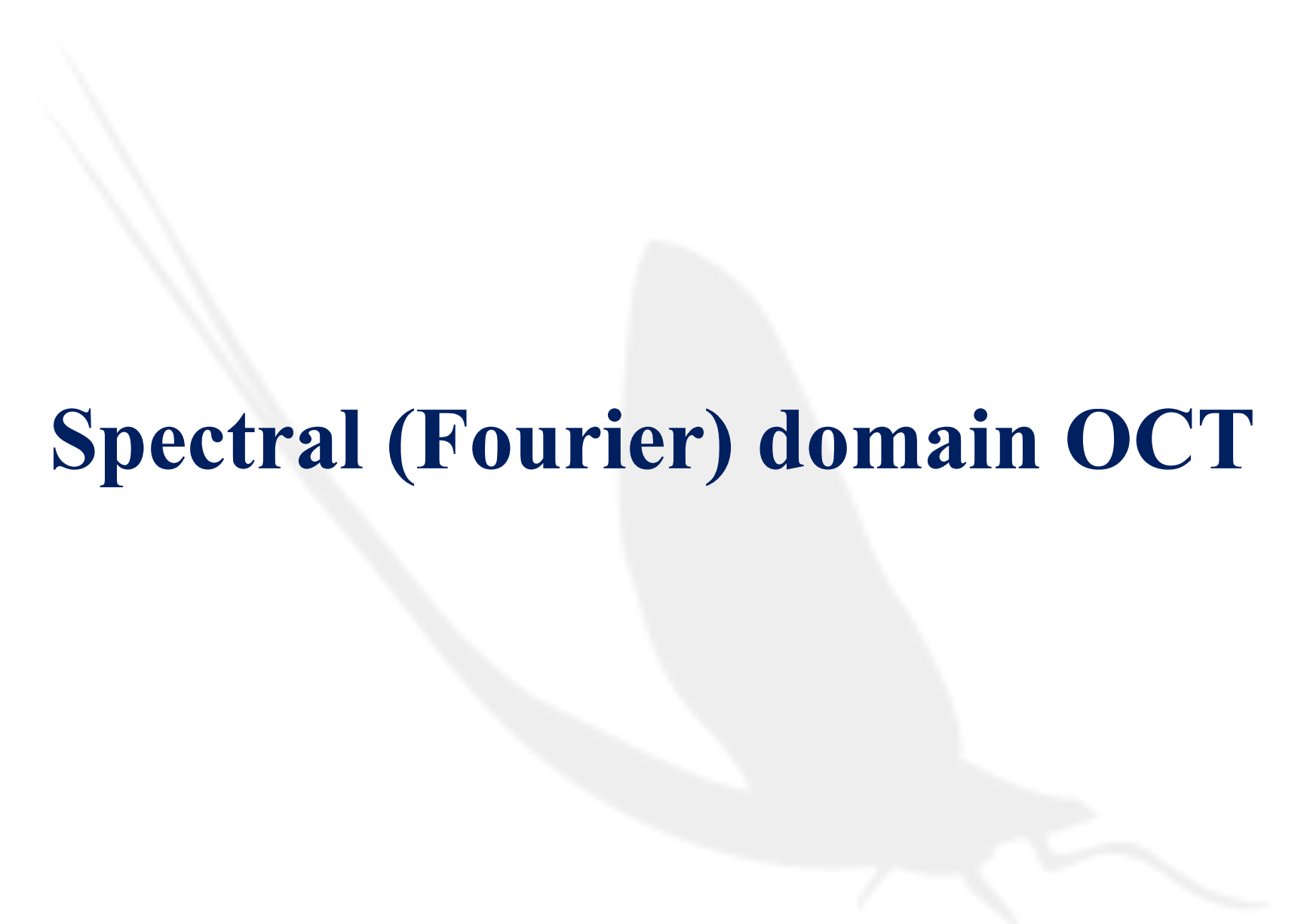


Overlay

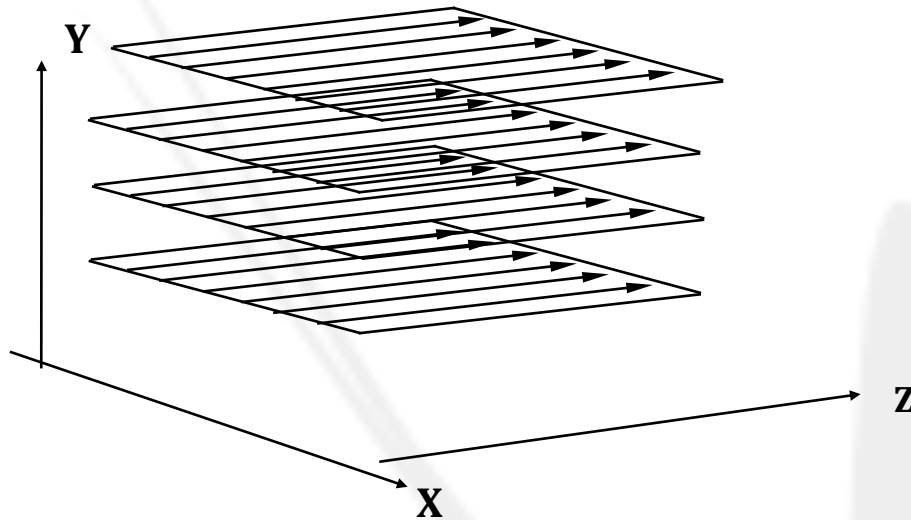
**4 screens
In 0.5 s**

805 nm, 0.8 mW

Spectral (Fourier) domain OCT

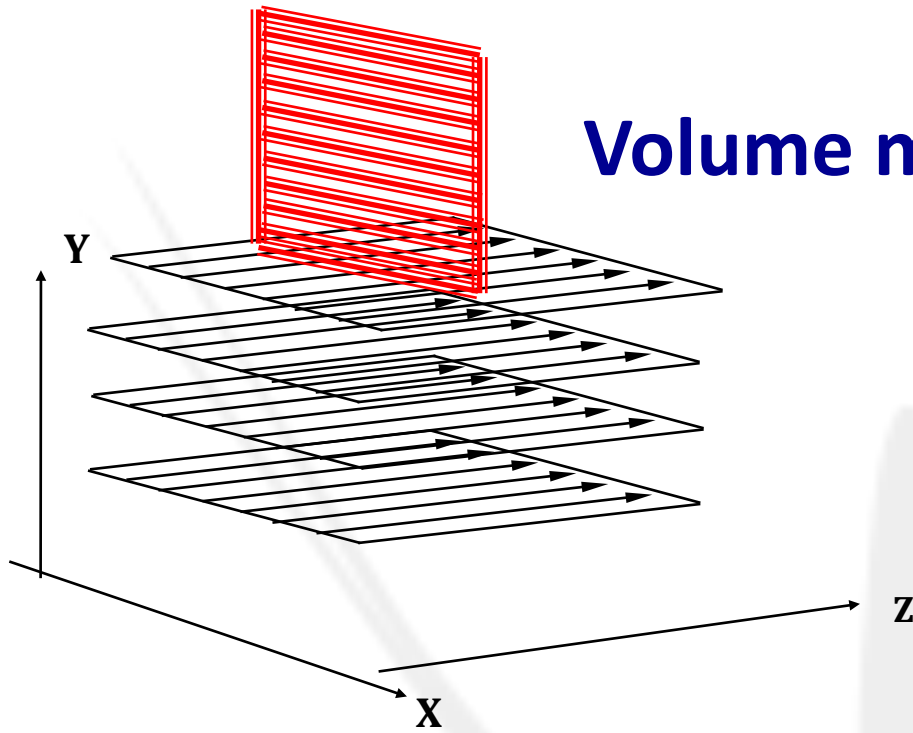
A faint, light gray illustration of a dragonfly is positioned in the background, oriented diagonally from the top left towards the bottom right. The dragonfly's body, wings, and legs are visible, though the details are subtle due to the low opacity.

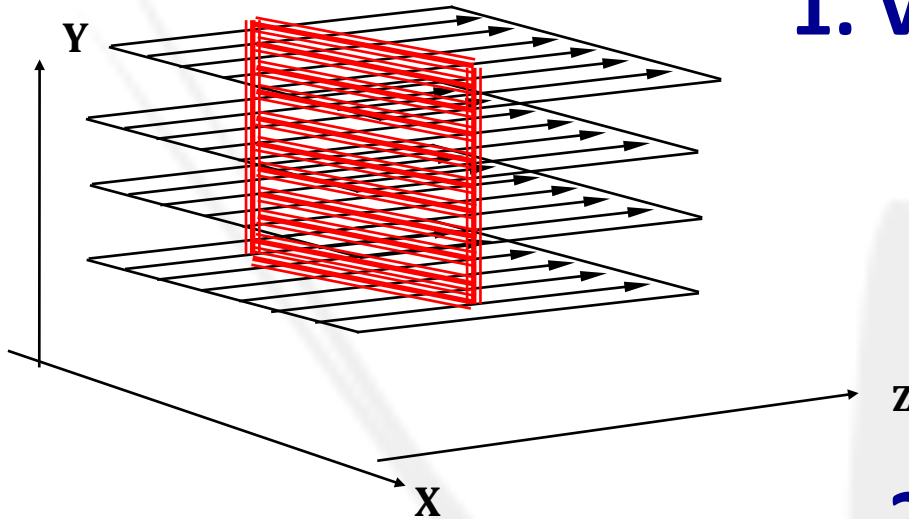
Volume made of A-scans



***3D SCANNING BASED ON B-
SCAN SLICES AT DIFFERENT
POSITIONS Y
CURRENTLY USED BY
SD-OCT SYSTEMS***

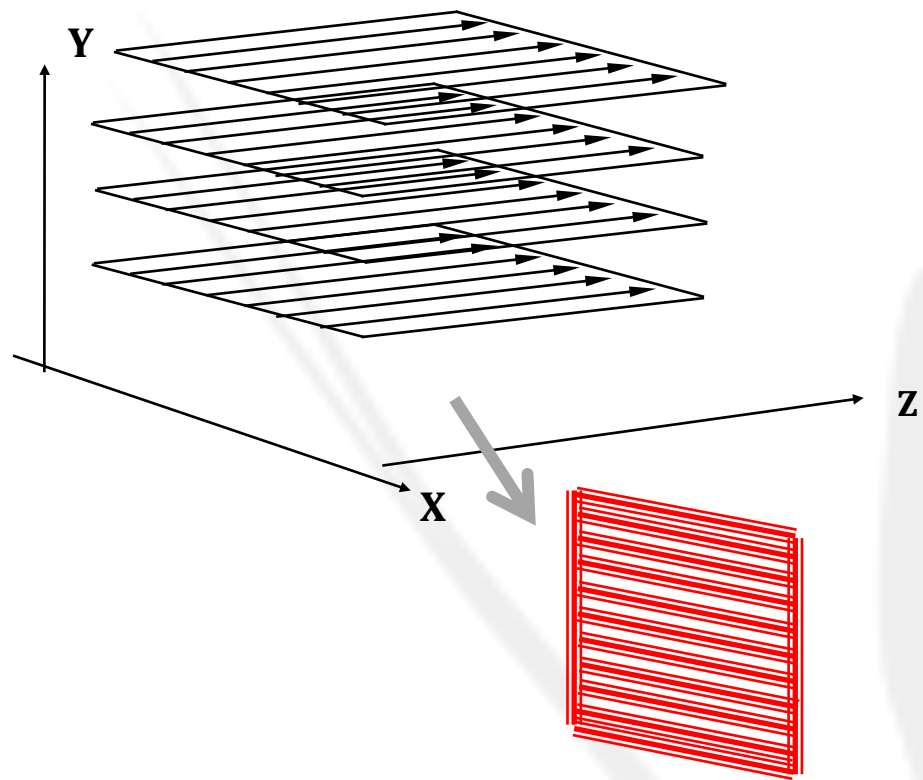
Volume made of A-scans





1. Volume made of A-scans

**2. Slice of the volume
calculated by software means
to produce
a C-scan
(*en-face* OCT) image**

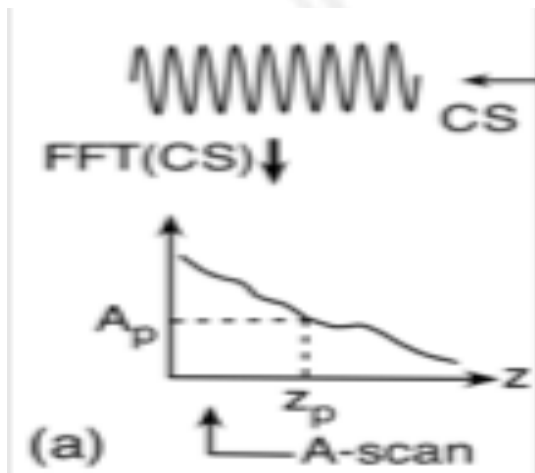


This takes time

En-face image

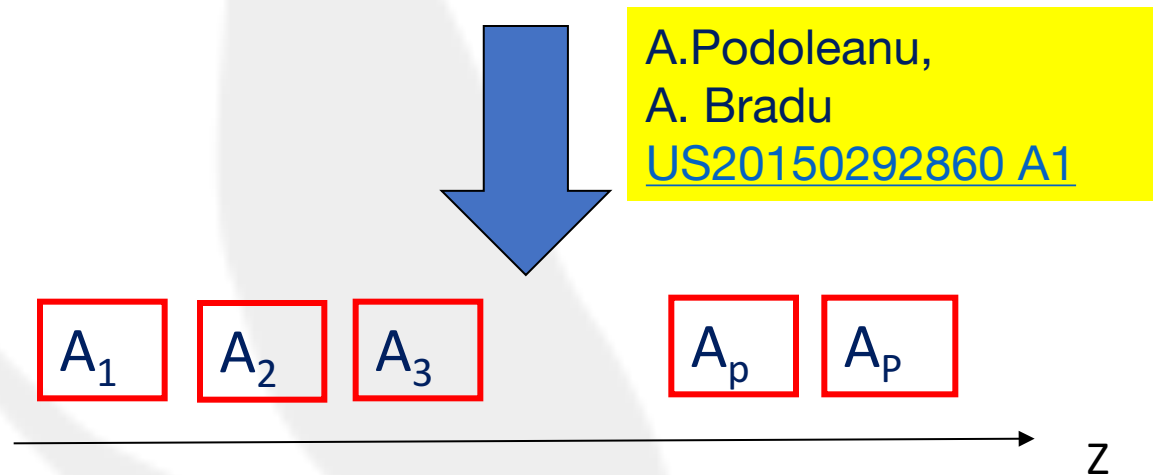
1st DISADVANTAGE: Based on A-scans,
en-face images can only be obtained after
reconstruction of data

Conventional OCT FFT of Channeled Spectra (CS)



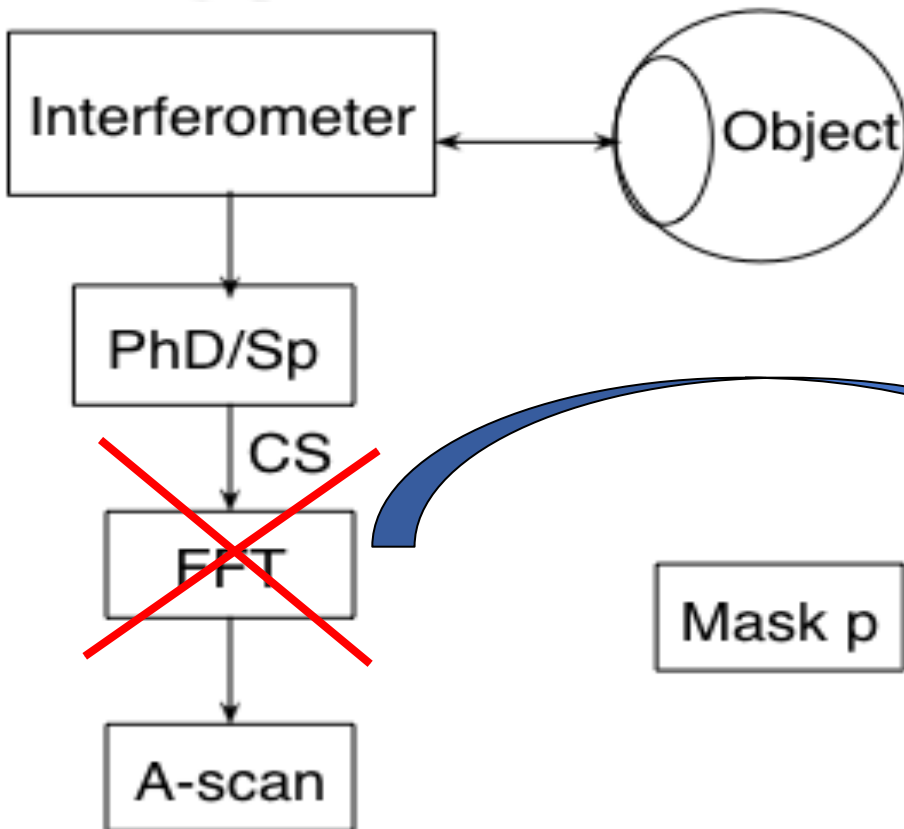
FFT delivers an A-scan, ie all A_p points are obtained in one go

Master/Slave OCT Uses a processor for each pixel in depth in the A-scan



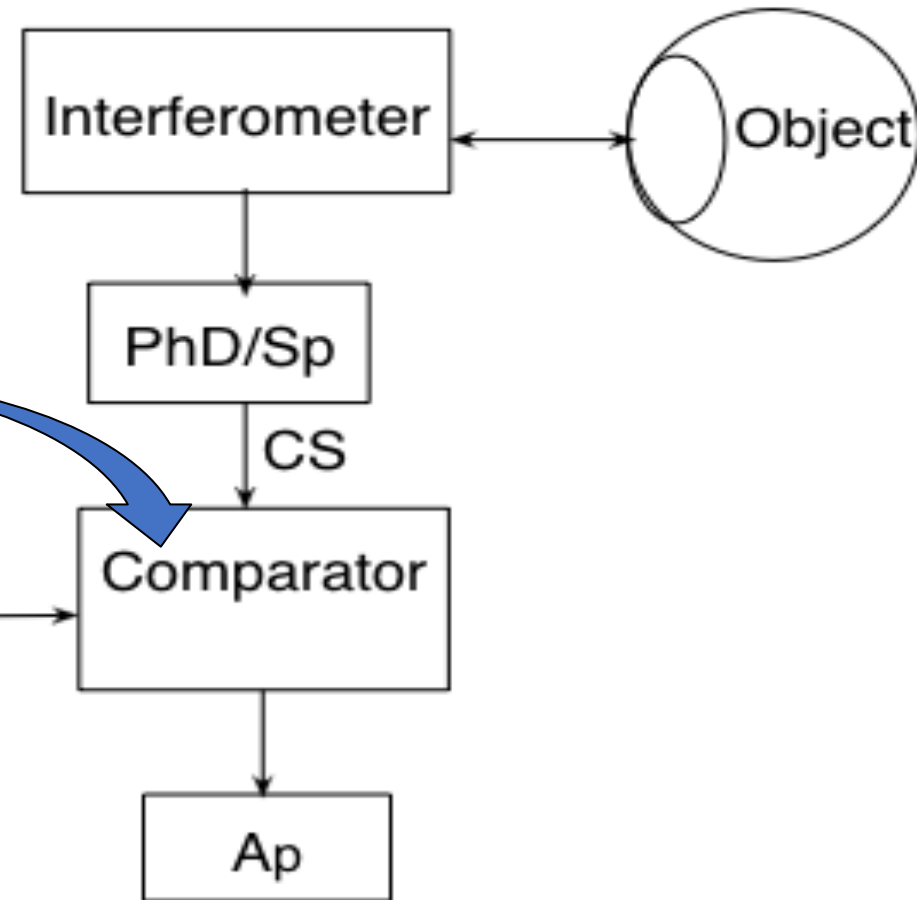
A-scan made from P inferred results delivered by P processors implementing each a comparison (correlation) operation for each depth

Conventional FFT based interferometry (ALL)



Whole A-scan profile

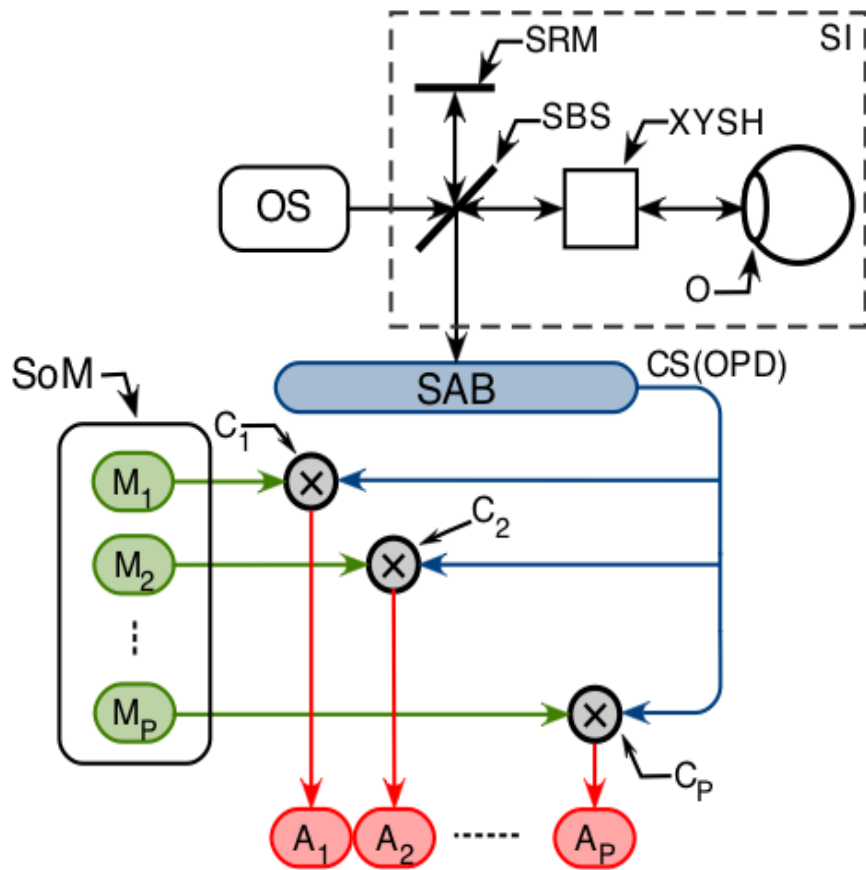
Master Slave interferometry (Kent only)



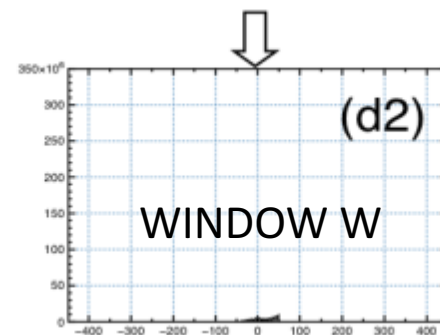
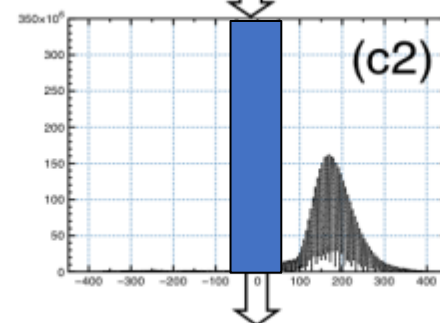
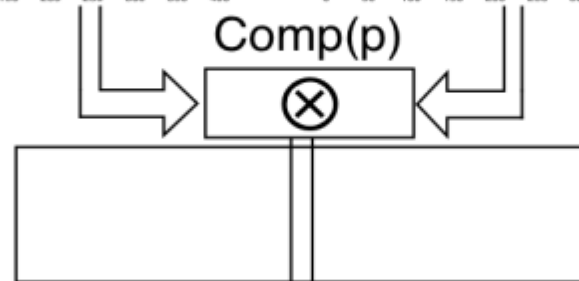
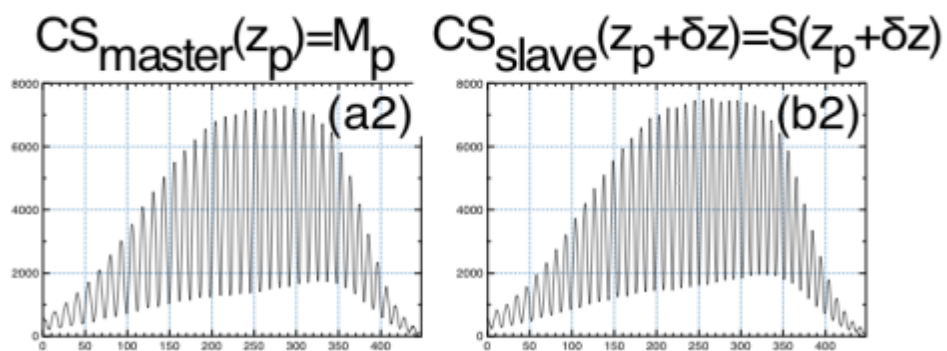
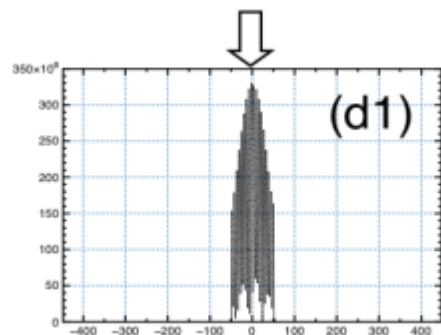
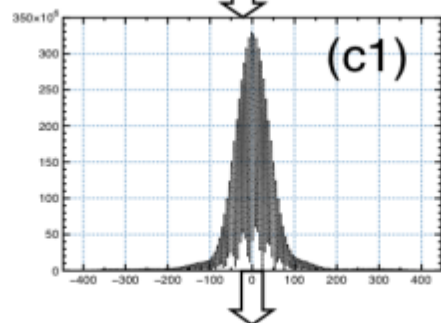
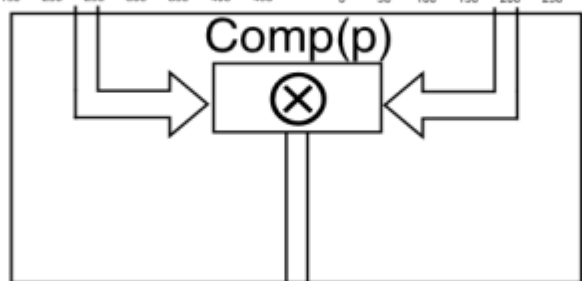
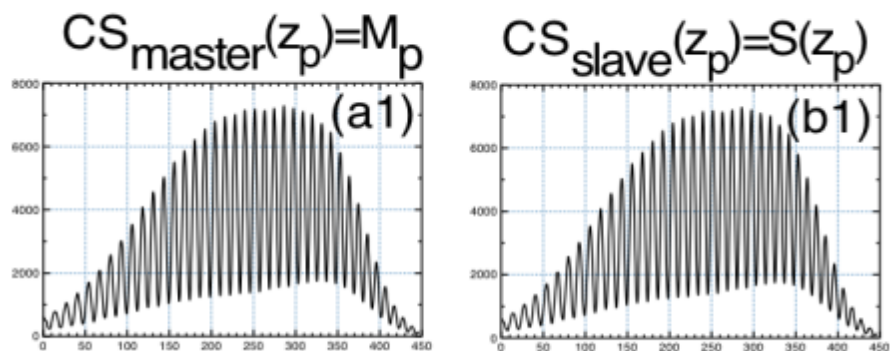
Single depth point in the A-scan

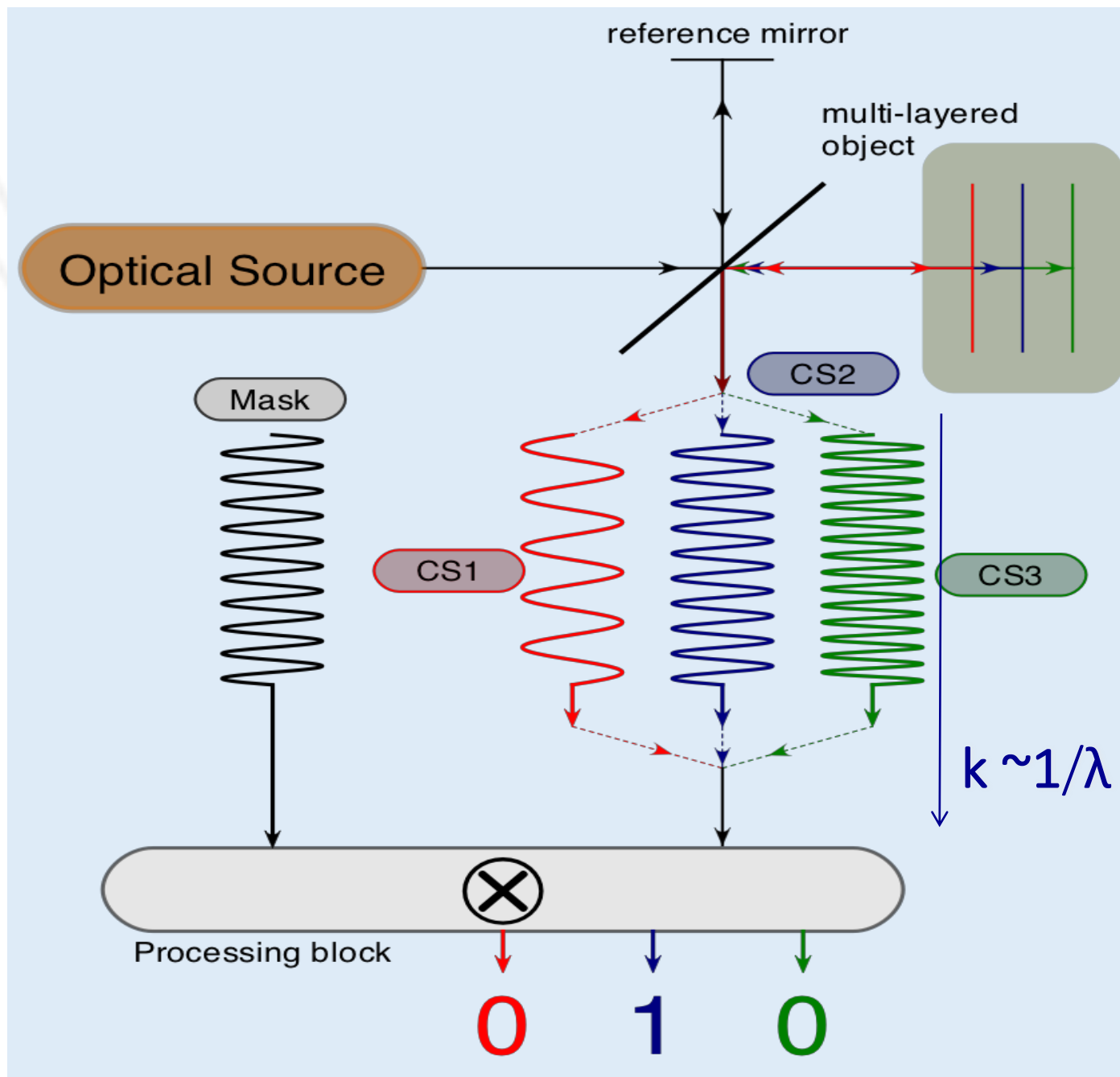
PARALLEL IMAGING AT SEVERAL DEPTHS SIMULTANEOUSLY

A. Podoleanu, A. Bradu, Master Slave OCT
Opt. Express 21, 19324-19338 (2013)

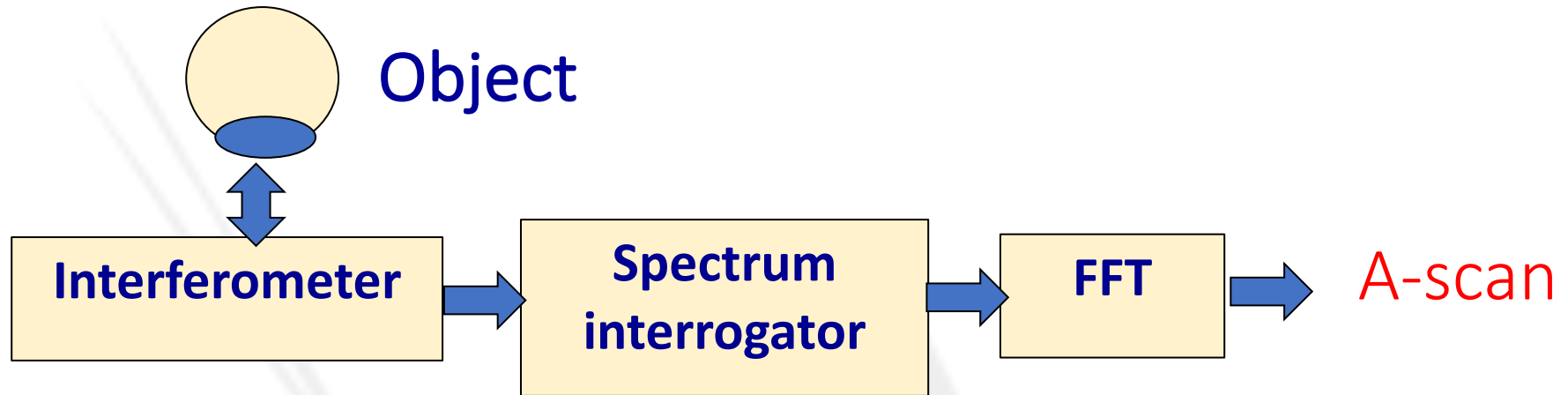


Comparison of
channeled
spectrum CS with
 $M_1, M_2, \dots, M_P$:
MASKS





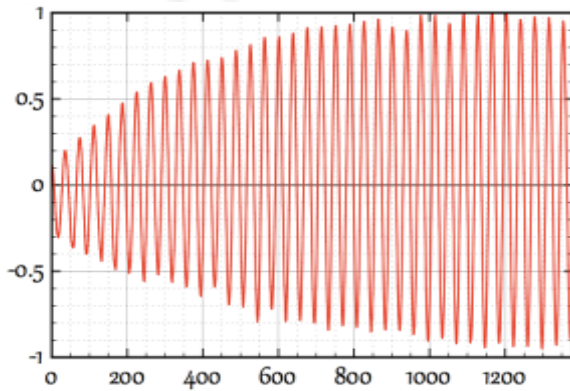
Conventional spectral domain OCT



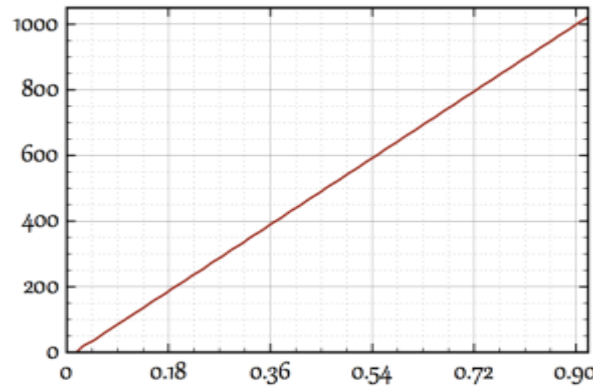
2nd DISADVANTAGE: Method requires resampling, linearisation that takes time

Need for resampling/linearisation

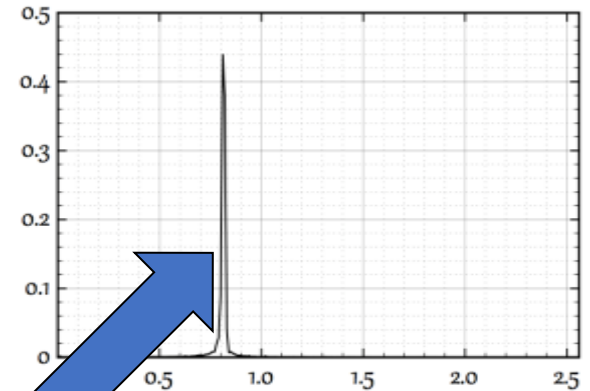
Effect of the spectrum chirp in the k-space



Channelled
Spectrum



Phase



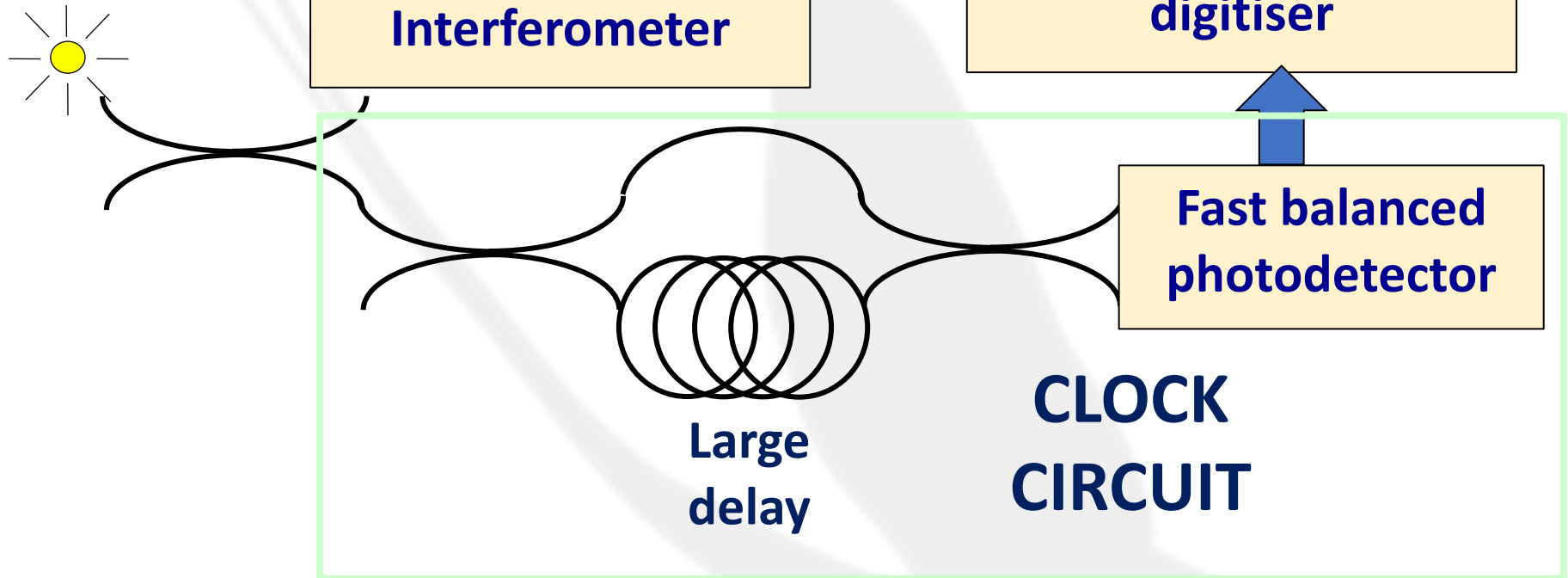
A-scan

For a different point in
depth, peak is thicker and
exhibits shoulders

Procedure performed during acquisition, for each A-
scan, delaying display

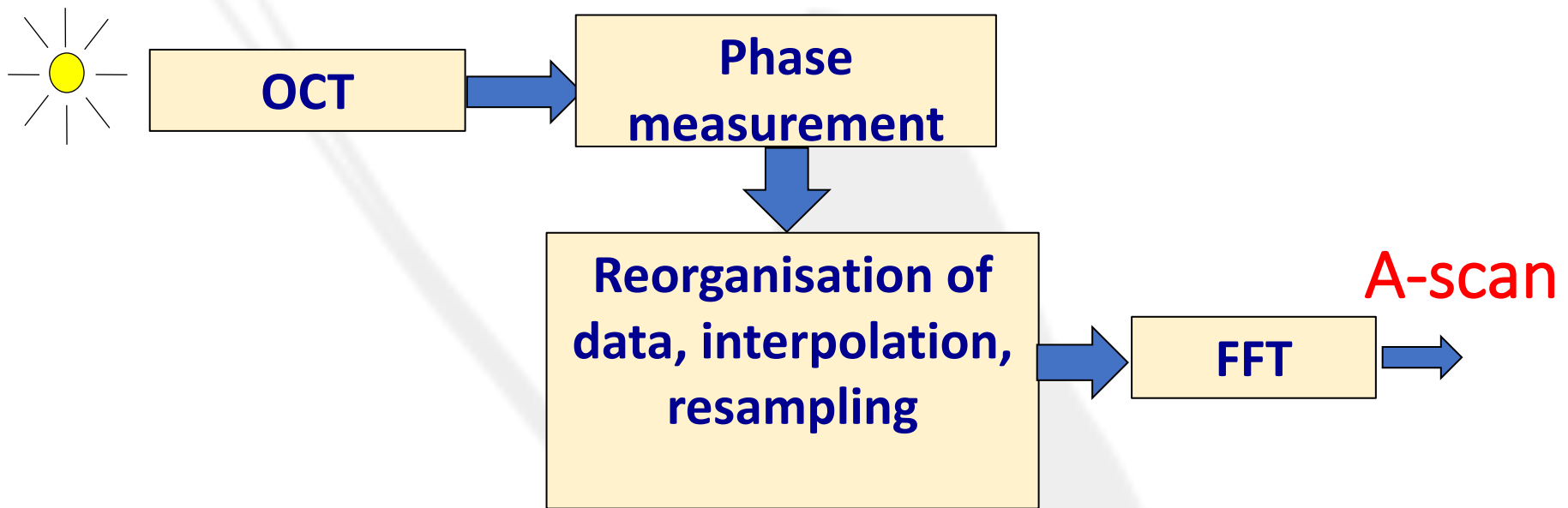
HARDWARE LINEARISATION OF CHANNELLED SPECTRUM

**Tunable
laser**



**INCREASED COST OF SWEEP SOURCES
LIMITS THE AXIAL RANGE**

SOFTWARE LINEARISATION OF CHANNELLED SPECTRUM



IMPERFECT UNLESS MANY MULTIPLE PHASE POINTS ARE USED

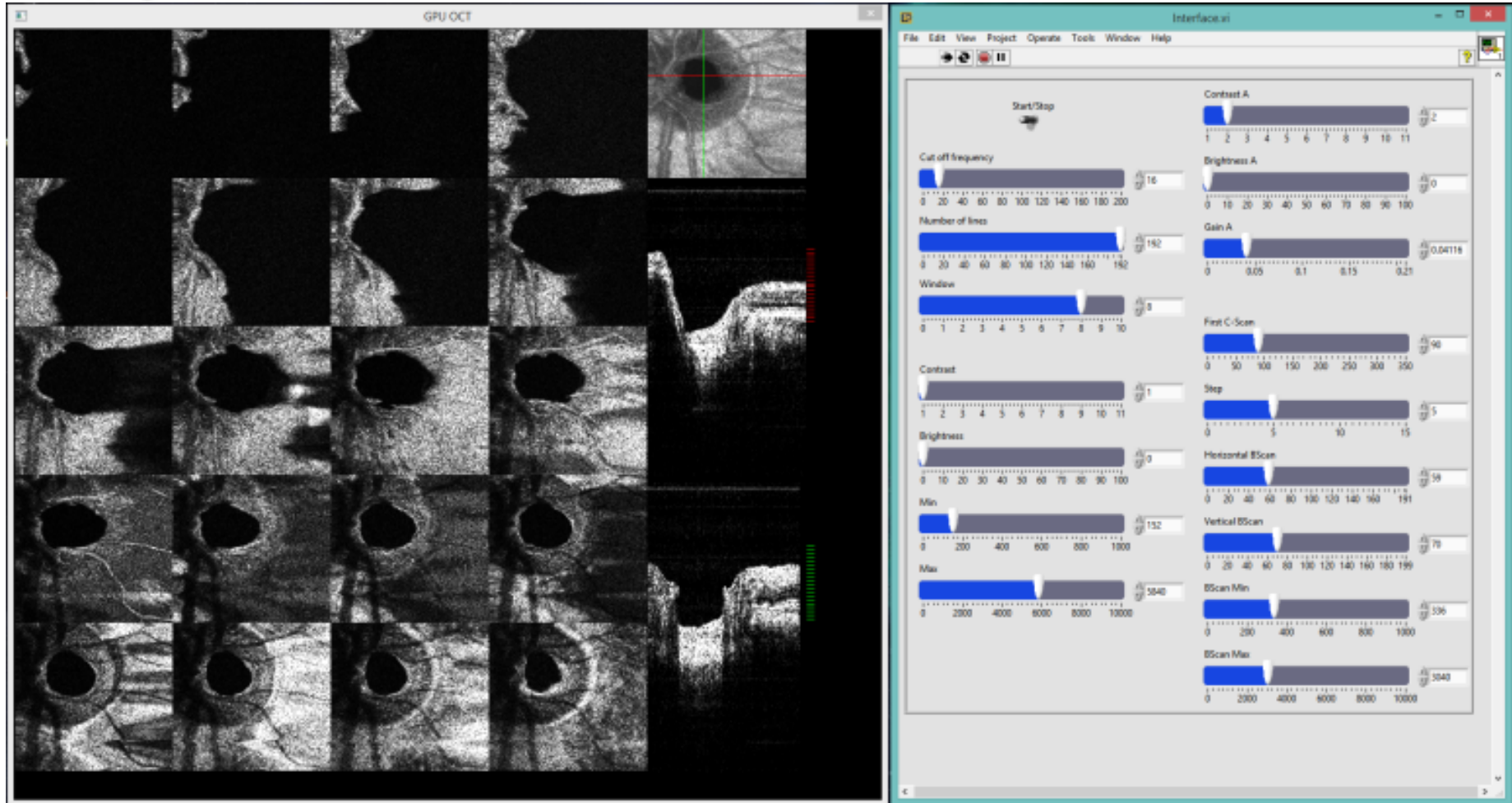
Developed a fast MS algorithm for evaluation of the correlation function

A. Bradu, K. Kapinchev, F. Barnes, A. Podoleanu,
J. Biomed. Opt., 20(7), 076008 (2015).

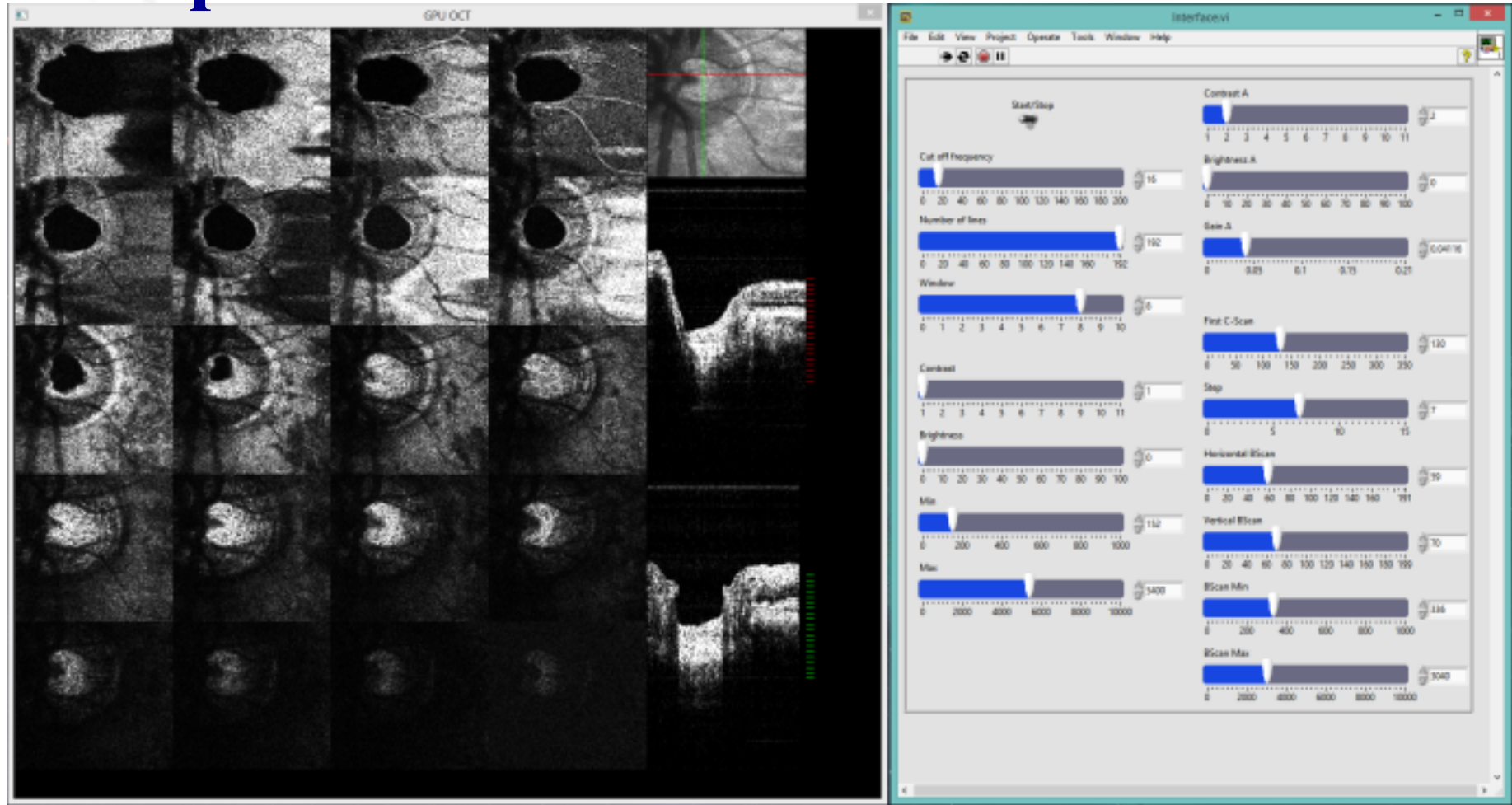
$$Corr_p = CS(k) \otimes CS_{(OPD=OPD_p)}(k)$$

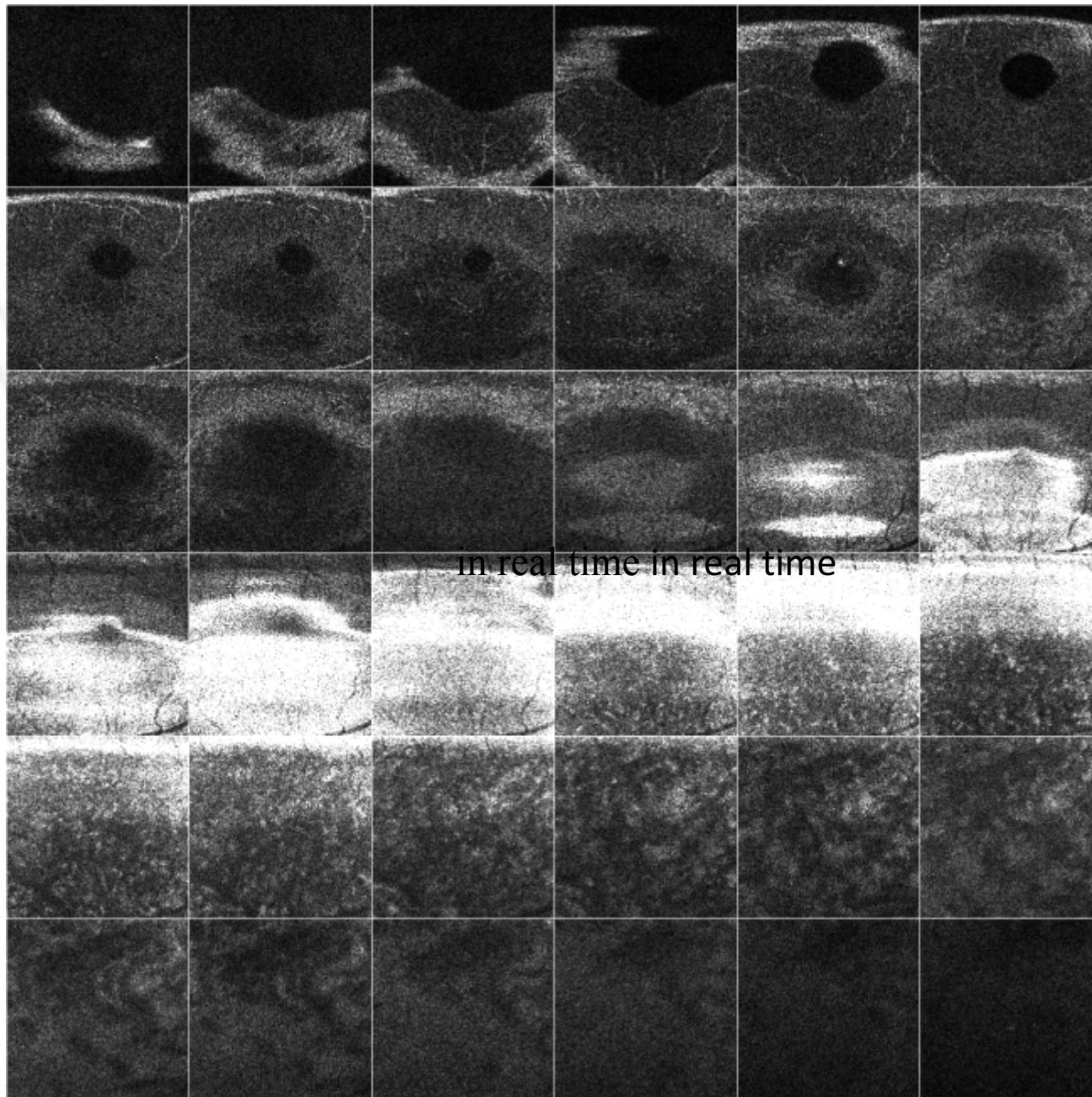
$$A_p = \sum_{k=-(w-1)}^{k=+(w-1)} |Corr_p(k)|$$

20 C-scans above the lamina



Deeper 20 C-scans inside the lamina





Hand-held devices

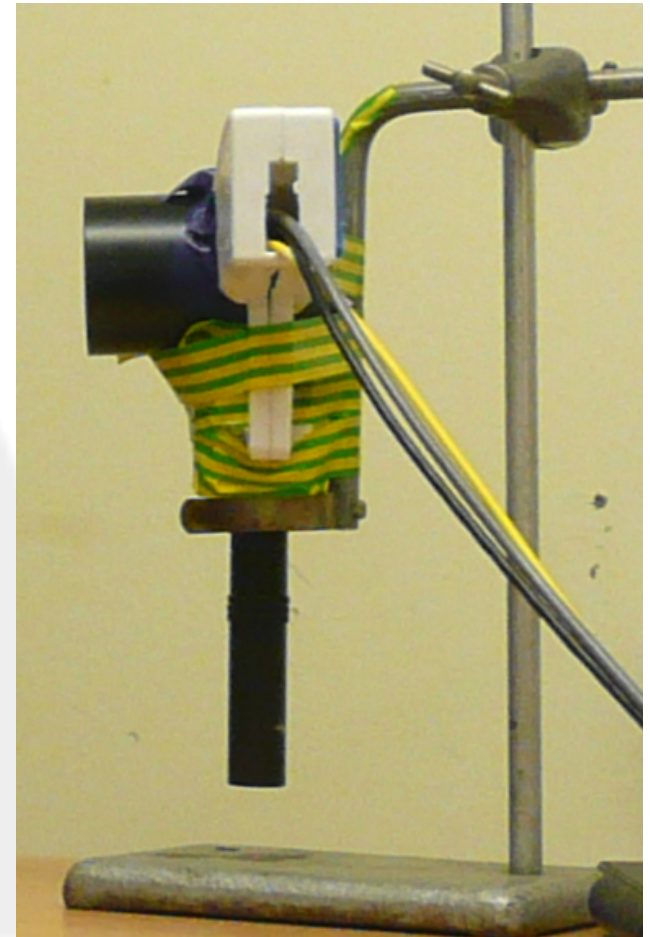
Trend in customising OCT systems for:

- **Anterior chamber of the eye;**
- **Skin;**
- **Mouth**

Oral cavity and skin surface of the head and neck: Hand held probe



Schematic diagram of the SS-OCT system where the hand-held OCT probe unit is used



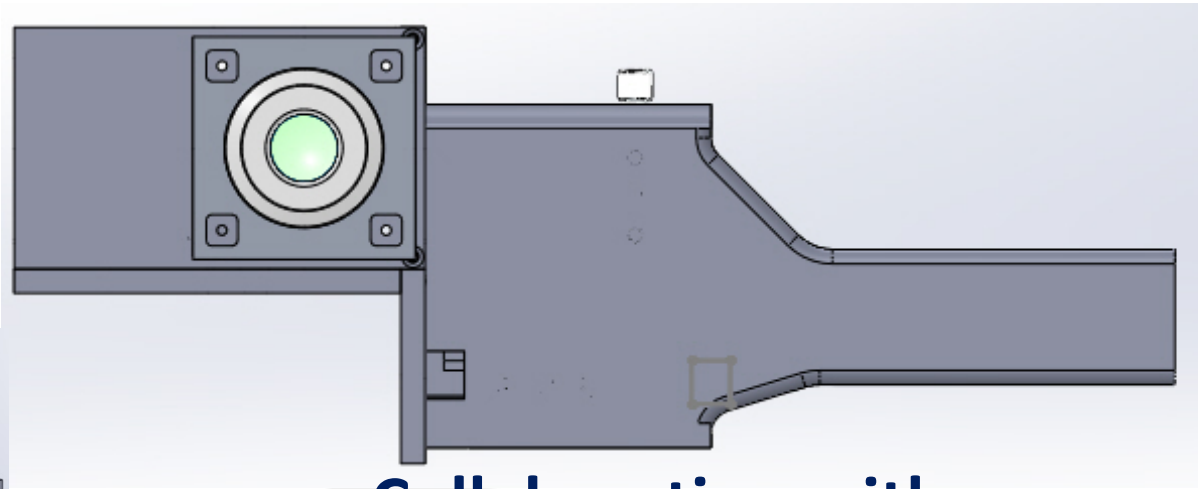
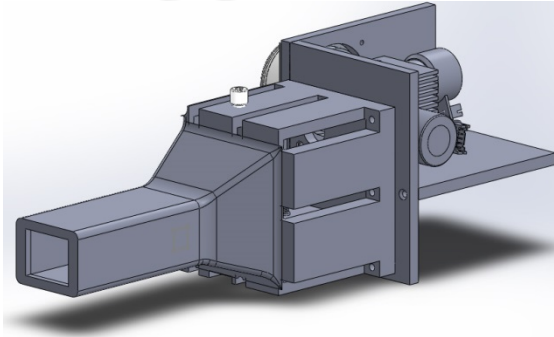
Currently at Northwick Park Hospital London



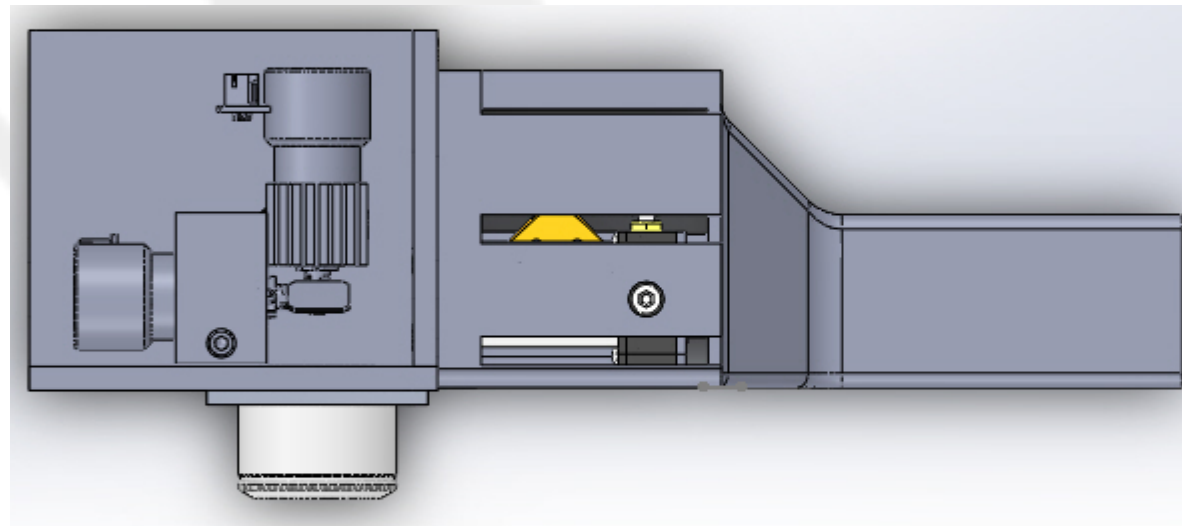
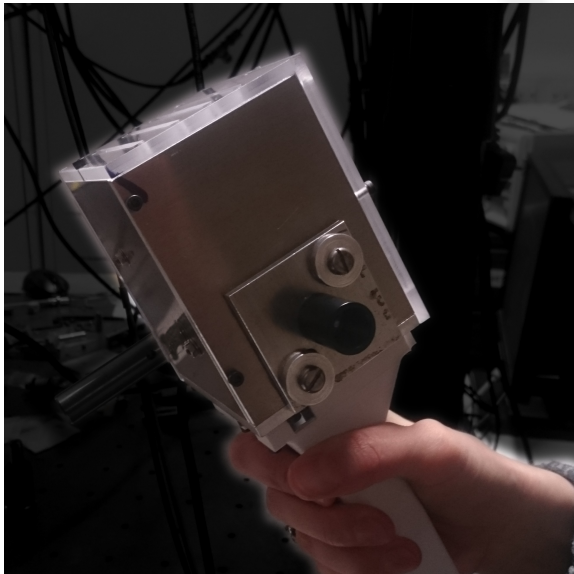
Hand held 1D lateral scanner with extended focus to access internal parts of the mouth



Hand held oriented vertically to inspect biopsied tissue



**Collaboration with
Prof. Ole Bang, Dr. Niels Israelsen
Technical University of Denmark**



Hand-held devices

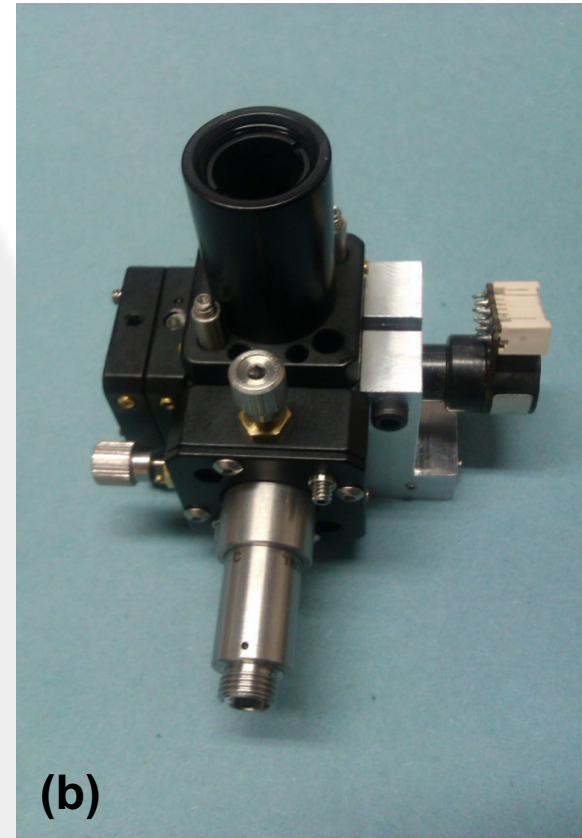
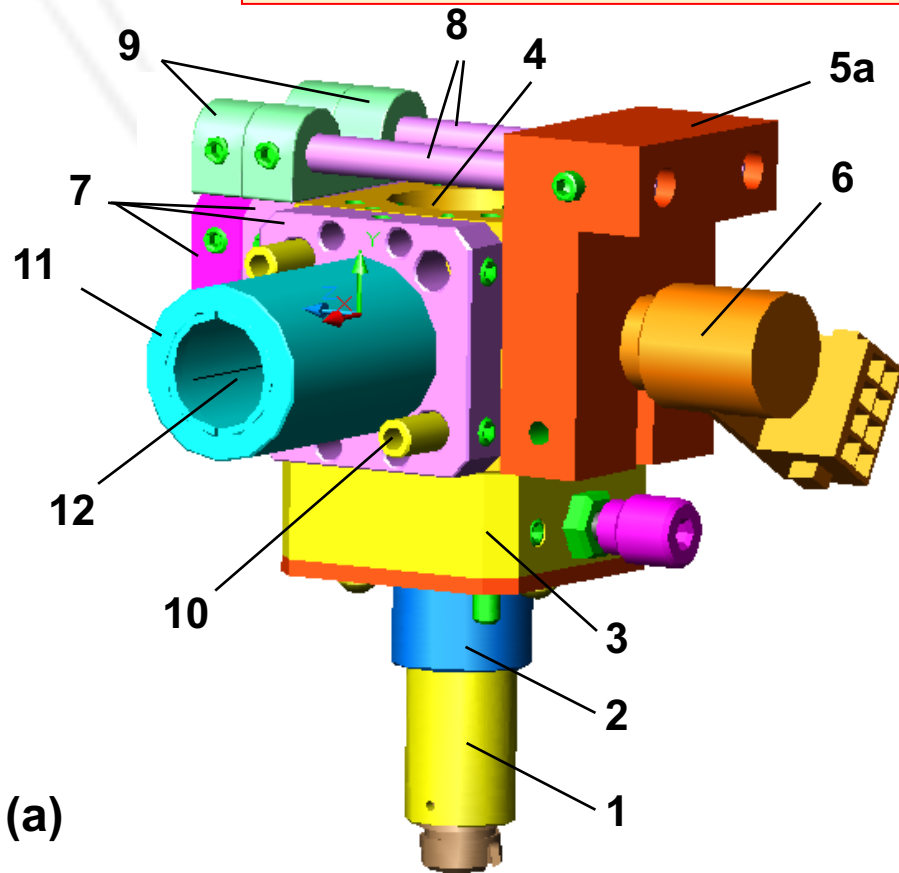
**Collaboration with
Professor Virgil-Florin Duma
3OM Optomechatronics Group,
“Aurel Vlaicu” University of Arad**

A faint, light gray illustration of a dragonfly is positioned in the background, oriented diagonally from the top left towards the bottom right. The dragonfly's body, wings, and long abdomen are clearly visible, though the image is semi-transparent.

Handheld Scanning Probes for OCT

1st Design

➤ built almost entirely with off-the-shelf (Thorlabs) components

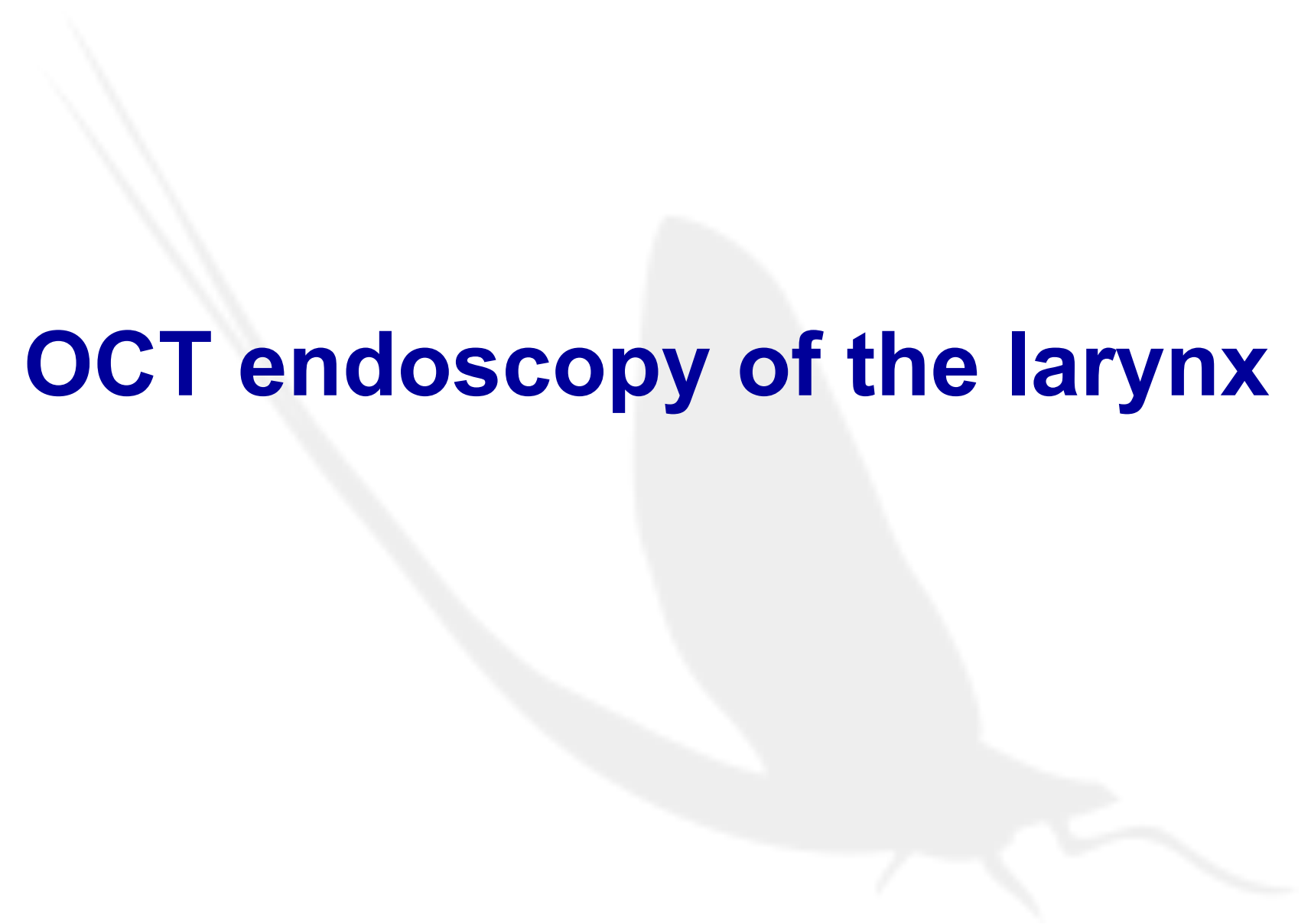


OCTNews Feature of the Week 10/5/14: Design and Testing of Handheld Scanning Probe Prototypes for Optical Coherence Tomography

OCT ENDOSCOPY



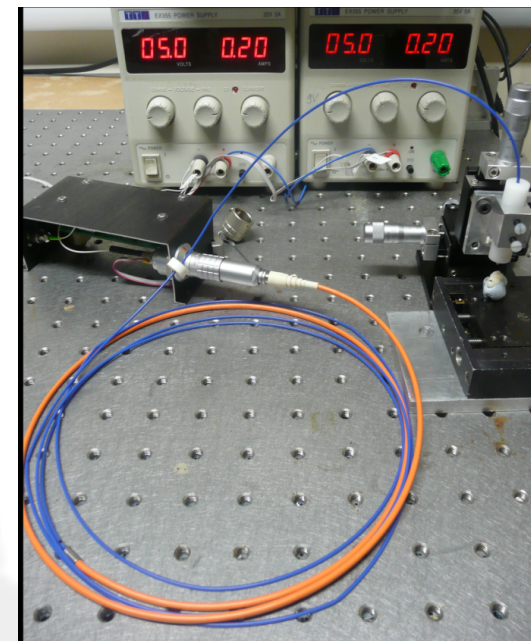
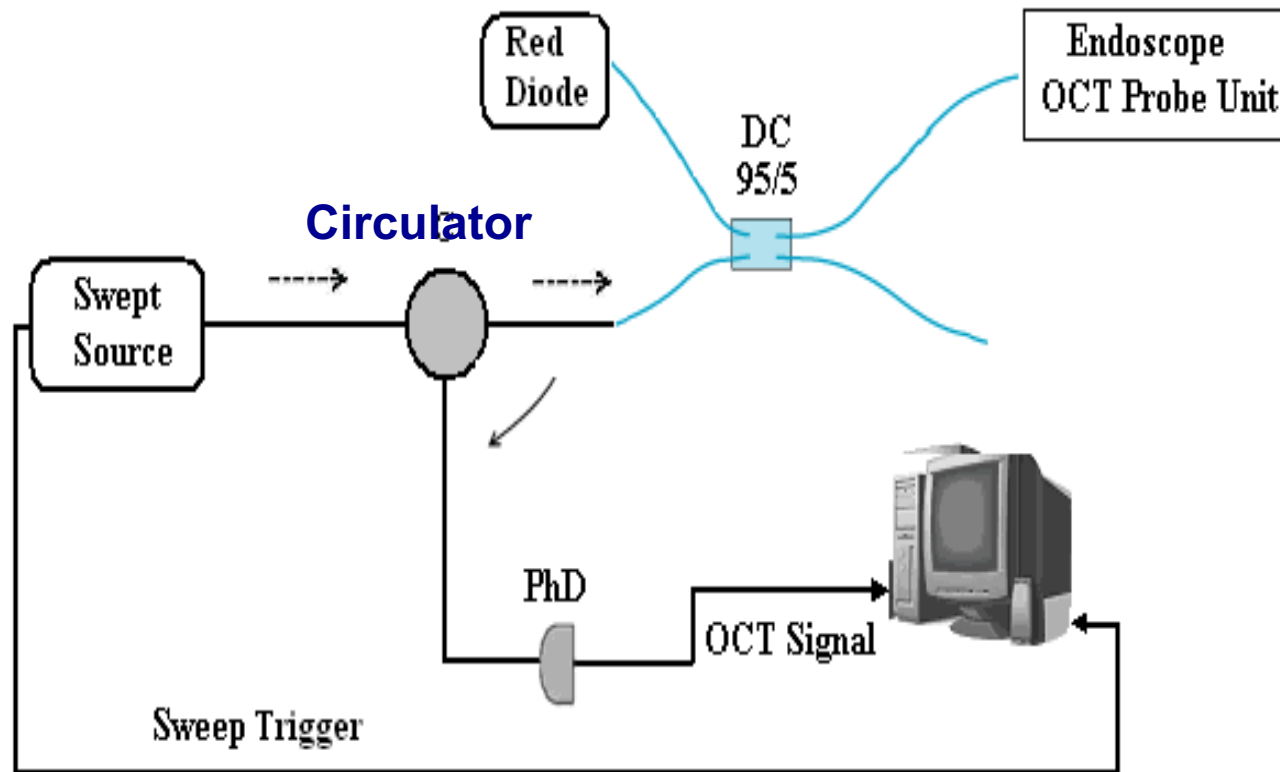
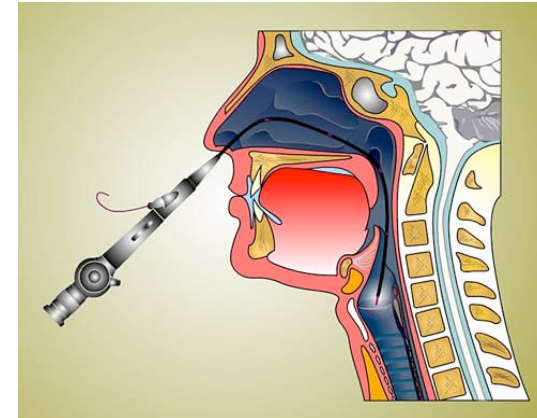
OCT endoscopy of the larynx



Laryngeal investigation via nasopharyngeal OCT endoscope

NIHR i4i

NIHR



Endoscope
OCT Probe

Combination of

1. *Cross section (B-scan)*

SS-OCT and

2. Bundle Endoscopy)

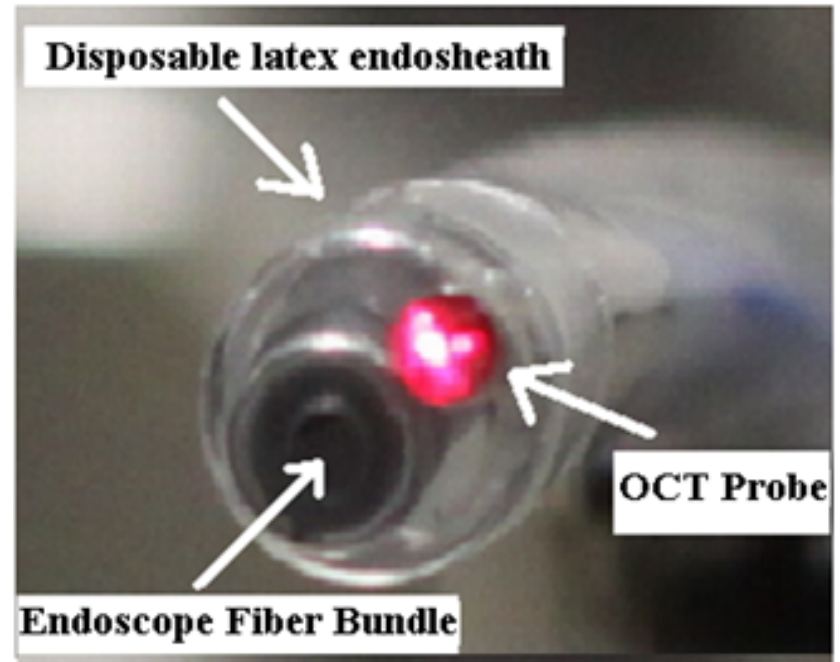
Dual channel OCT/endoscope for larynx (NIHR support)



a)

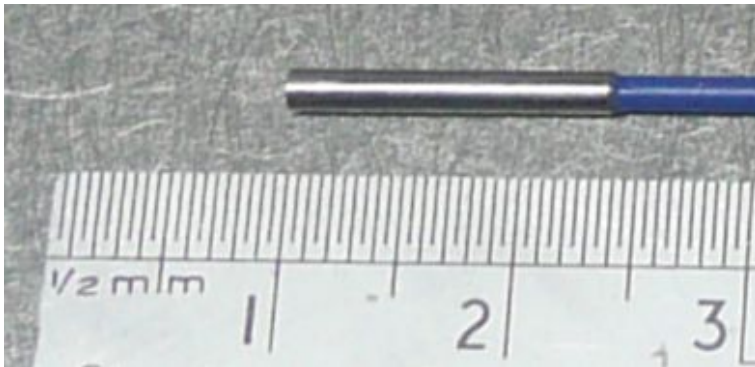


b)



c)

OCT Probe



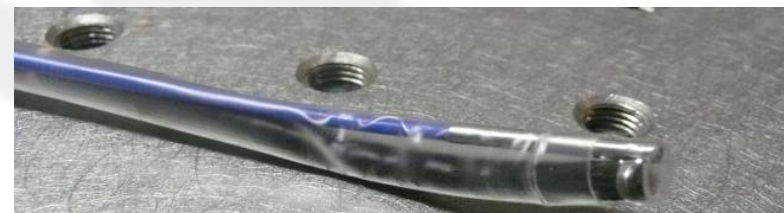
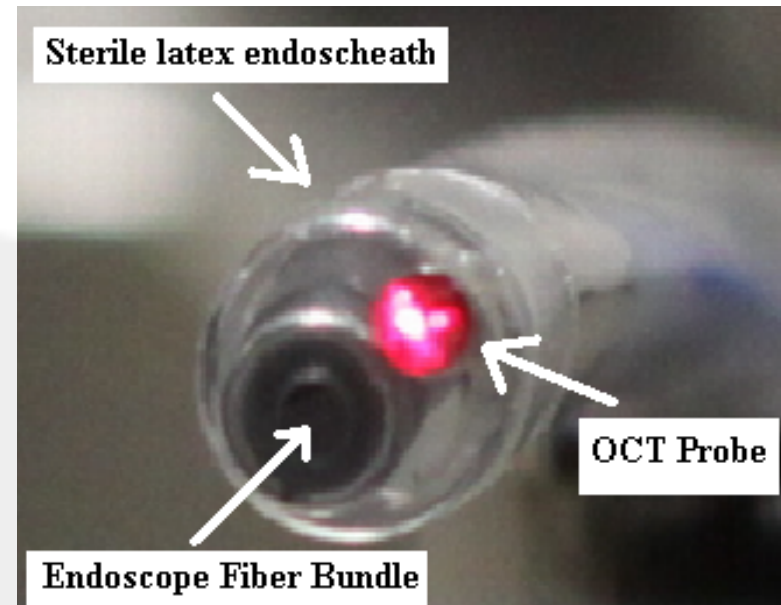
The OCT probe terminates with a stainless steel cylinder of 13 mm length and 1.9 mm diameter.



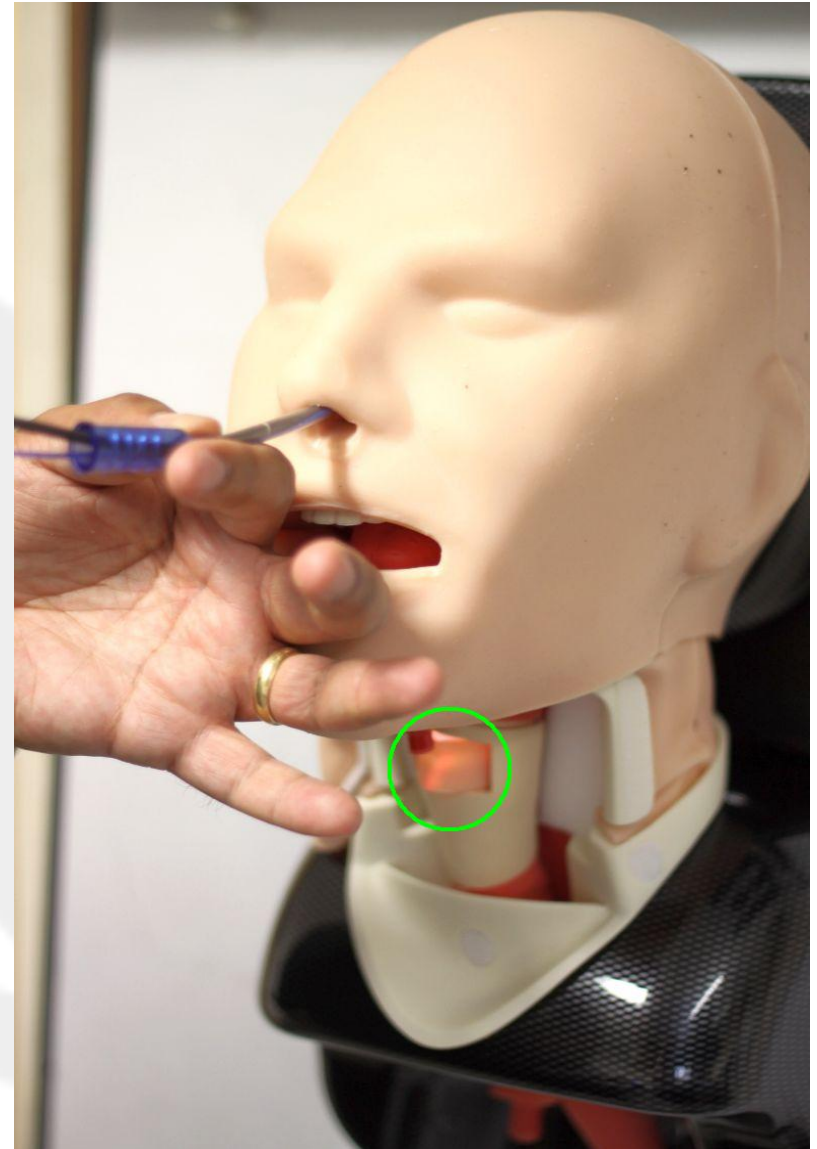
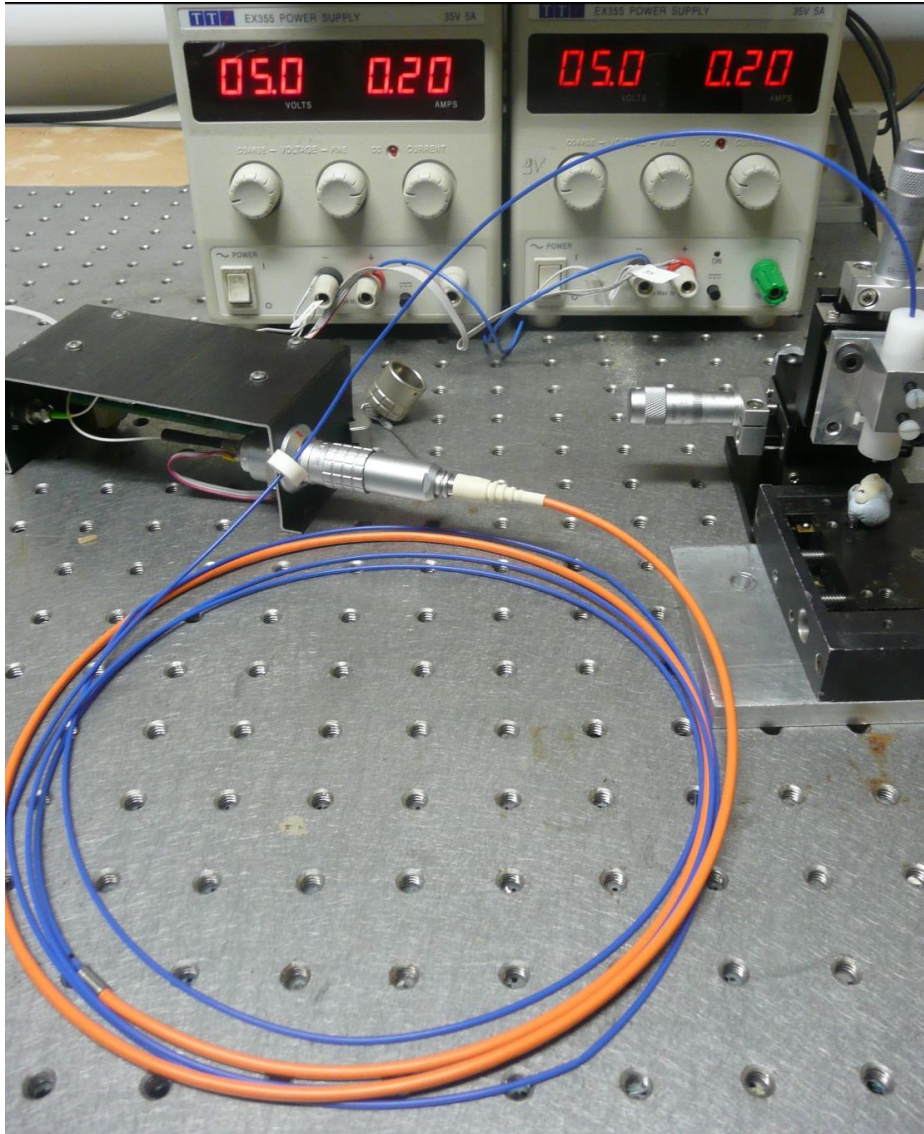
Disposable latex endosheath:

- length 22.5 cm
- shaft inner diameter 5.5 mm
- inner diameter 5.2 mm

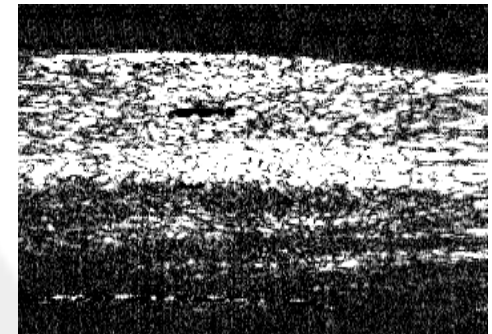
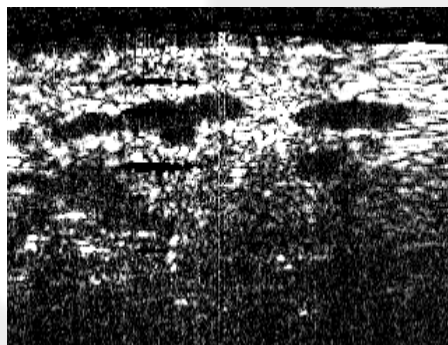
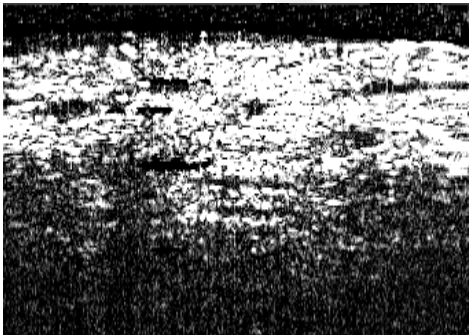
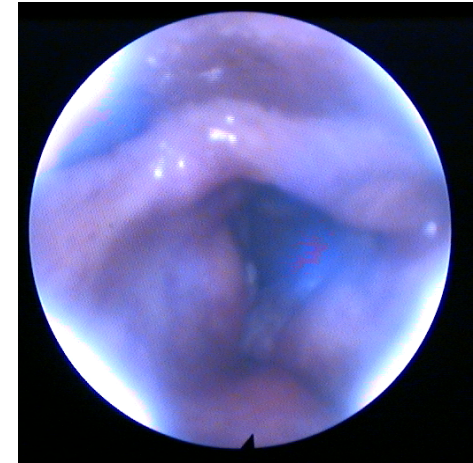
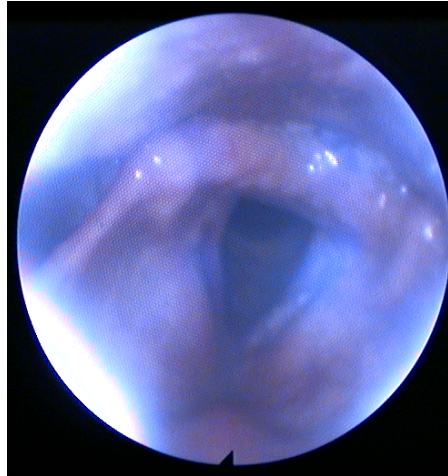
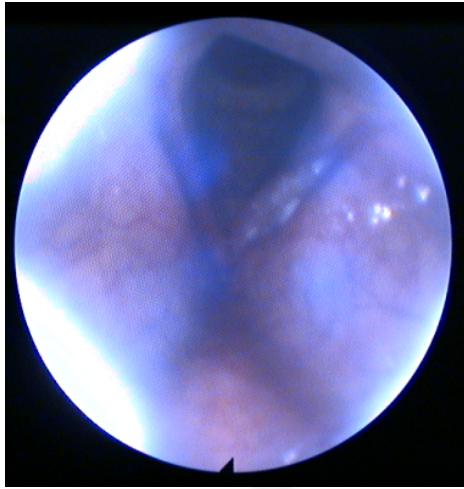
Dual head



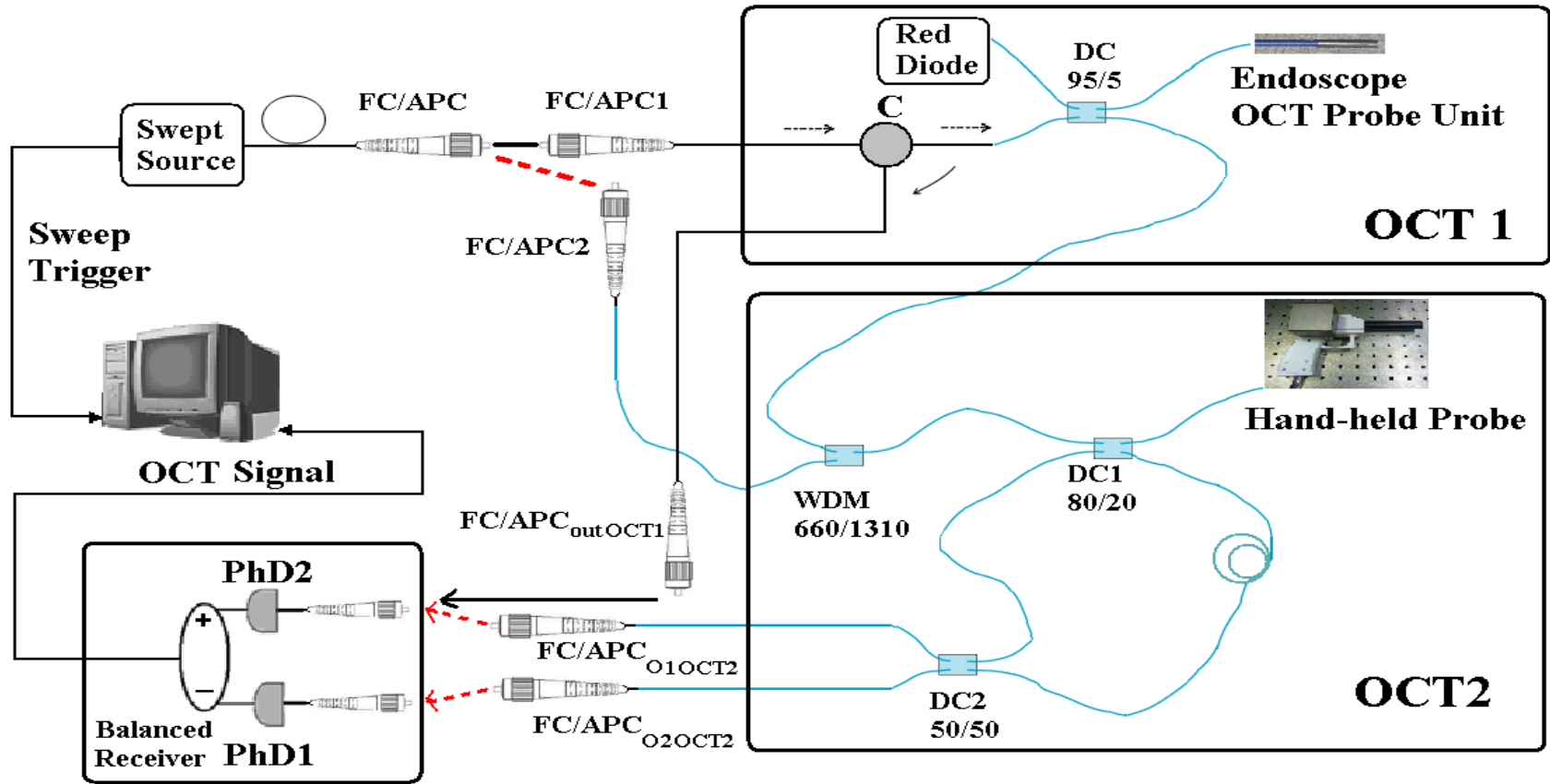
The internal dual probe head



In-vivo Investigations

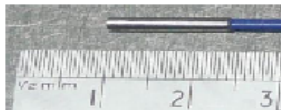


B-scan images of *in-vivo* laryngeal diseased tissue from suspect laryngeal lesions using the OCT probe unit simultaneously with a commercial fiber bundle endoscope

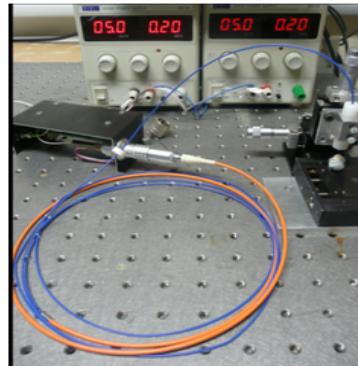


Biomed. Opt. Express 3,
3346-3356 (2012)

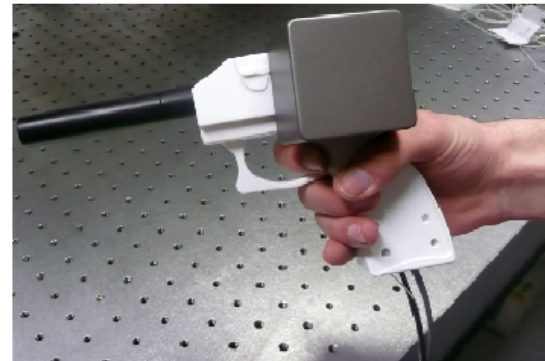
a)



b)

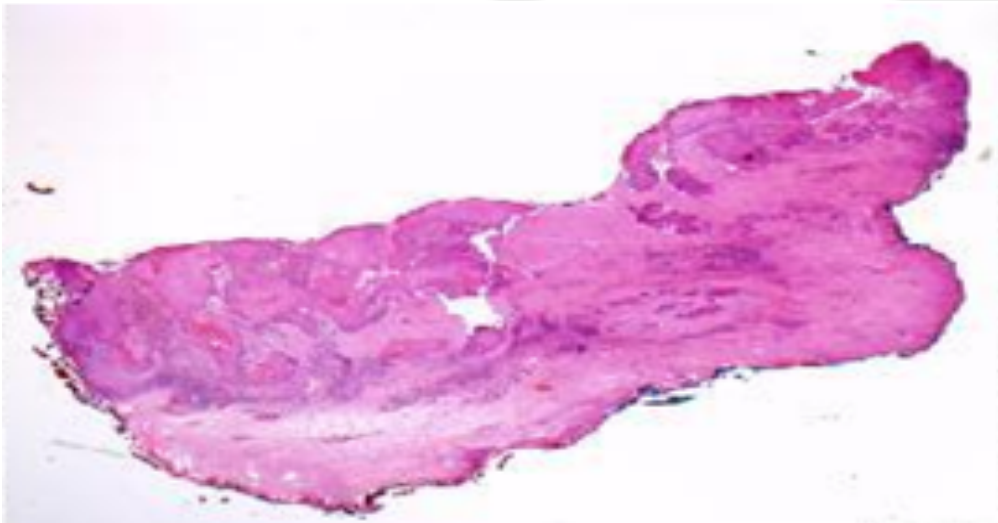
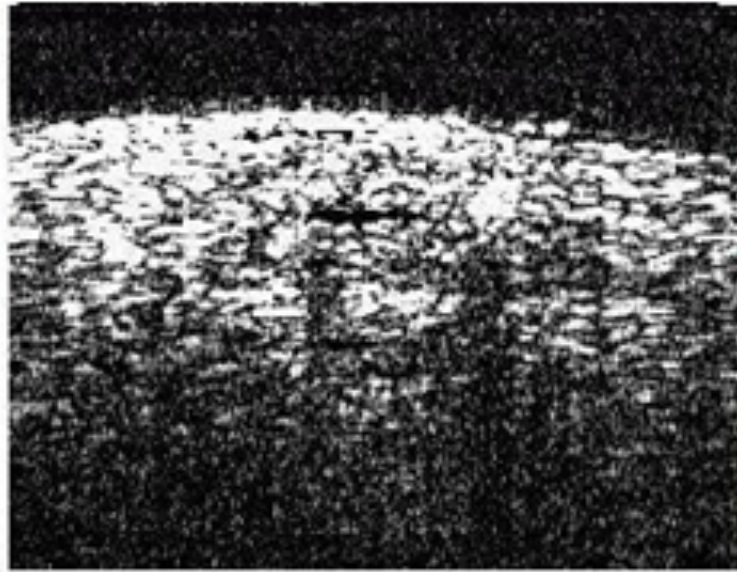
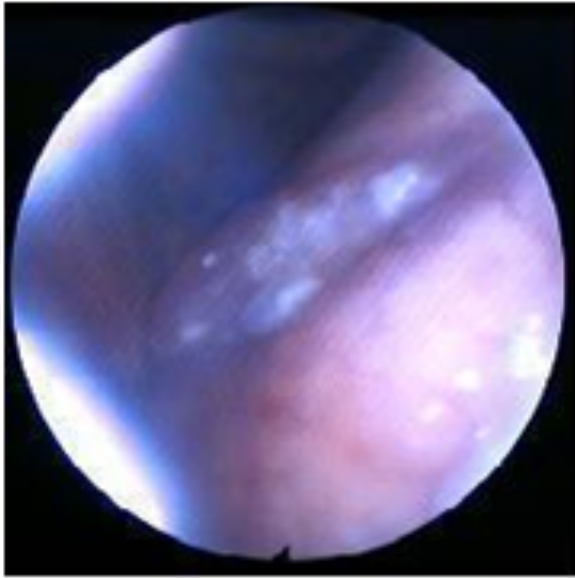


c)



d)

Invasive squamous cell carcinoma in a desmoplastic stroma



1300 nm, 2 mW

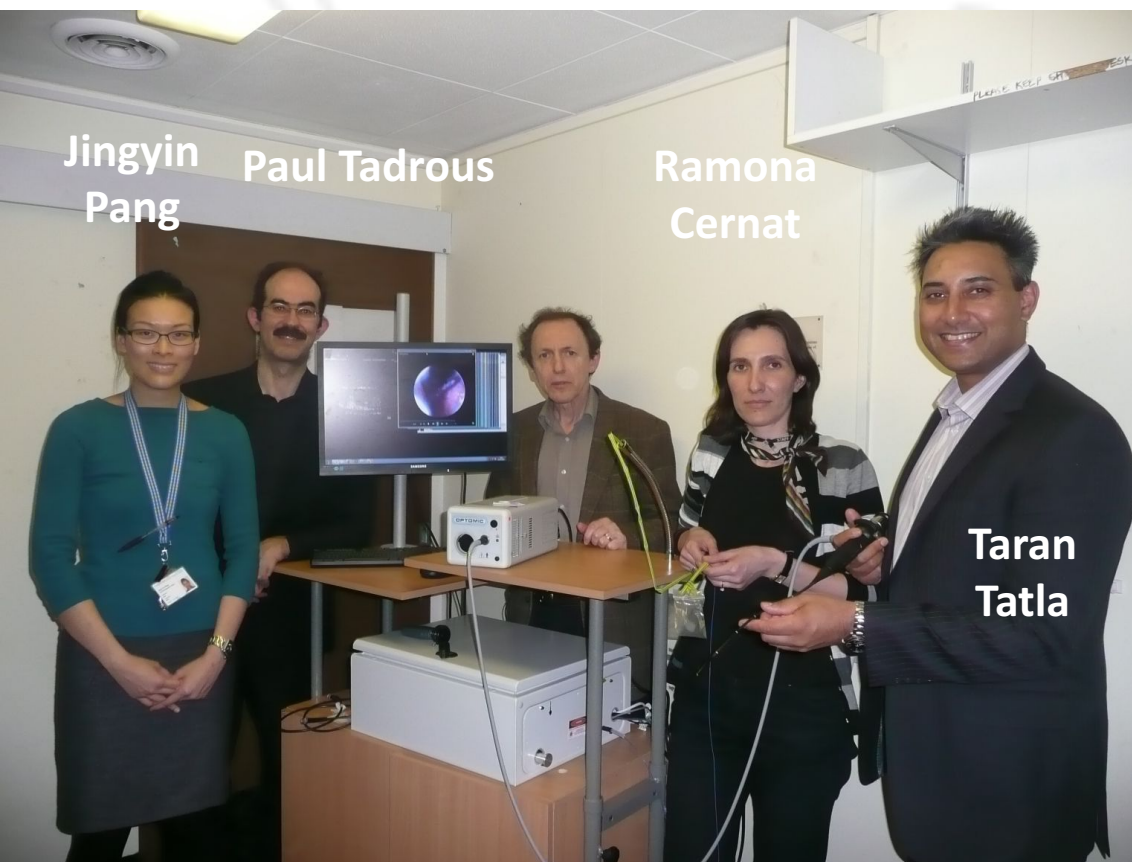
Northwick Park Hospital (NPH, London)

NIHR Support

The North West London Hospitals



NHS Trust



Jingyin
Pang

Paul Tadrous

Ramona
Cernat

Taran
Tatla



Institute of Applied
Physics, Nizhny Novgorod

Russia

G. Gelikonov

V. Gelikonov

**Biomed. Opt. Express 3,
3346-3356 (2012)**

Top 100 fields

The first 100 Research Areas (by record count) are shown.

- | | | |
|---|---|---|
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Feature of the Week 05/08/2016: Complex Master Slave Interferometry

Optical Coherence Tomography News (May 8 2016)



A general theoretical model is developed to improve the novel Spectral Domain Interferometry method denoted as Master/Slave (MS) Interferometry. In this model, two functions, g and h are introduced to describe the modulation chirp of the channelled spectrum signal due to nonlinearities in the decoding process from wavenumber to time and due to dispersion in the interferometer. The utilization of these two functions

brings two major improvements to previous implementations of the MS method. A first improvement consists in reducing the number of channelled spectra necessary to be collected at Master stage. In previous MSI implementation, the number of channelled spectra at the Master stage equated the number of depths where information was selected from at the Slave stage. The paper demonstrates that two experimental channelled spectra only acquired at Master stage suffice to produce A-scans from any number of resolved depths at the Slave stage. A second improvement is the utilization of complex signal processing. Previous MSI implementations discarded the phase. Complex processing of the electrical signal determined by the channelled spectrum allows phase processing that opens several novel avenues. A first consequence of such signal processing is reduction in the random component of the phase without affecting the axial resolution. In previous MSI implementations, phase instabilities were reduced by an average over the wavenumber that led to reduction in the axial resolution.

For more information see recent [Article](#). Courtesy [Adrian Podoleanu](#) from [University of Kent](#).

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Joint research developed between the Applied optics Group and numerous collaborators lead to translation of non invasive high resolution imaging technology from the Canterbury laboratories to several research institutes, hospitals and universities in the UK and abroad.

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