

# VALIDITY OF MUSCLE SIZE AND QUALITY ANALYSIS TECHNIQUES

McKenzie M. Hare<sup>1</sup>, Kealey J. Wohlgemuth<sup>1</sup>, Kathryn E. Southall<sup>1</sup>, Malia N.M. Blue<sup>2</sup>, Katie G. Kennedy<sup>1</sup>, Jacob A. Mota<sup>1</sup>  
<sup>1</sup>Neuromuscular and Occupational Performance Laboratory, Department of Kinesiology and Sport Management, Texas Tech University, Lubbock, TX  
<sup>2</sup>Health Exercise and Lifestyle Laboratory, Department of Exercise and Sport Science, University of North Carolina at Chapel Hill, Chapel Hill, NC

## BACKGROUND

- Muscle anatomical cross-sectional area (ACSA) and echo intensity (EI) can be assessed via Brightness-mode (B-mode) ultrasound
- Manual analysis requires consistent selection of the muscle tissue and avoiding surrounding fascia
- Recently, an automatic software, Deep Anatomical Cross-Sectional Area (DeepACSA), was created to eliminate technician bias and reduce the time required for ultrasound analysis (Ritsche et. al., 2022)

**PURPOSE:** To investigate the validity of manual compared to automatic ultrasound analysis techniques for muscle anatomical cross-sectional area and echo intensity at two frequencies.

## PRACTICAL APPLICATIONS

Automatic ultrasound analysis is a *valid tool for reducing bias and time*

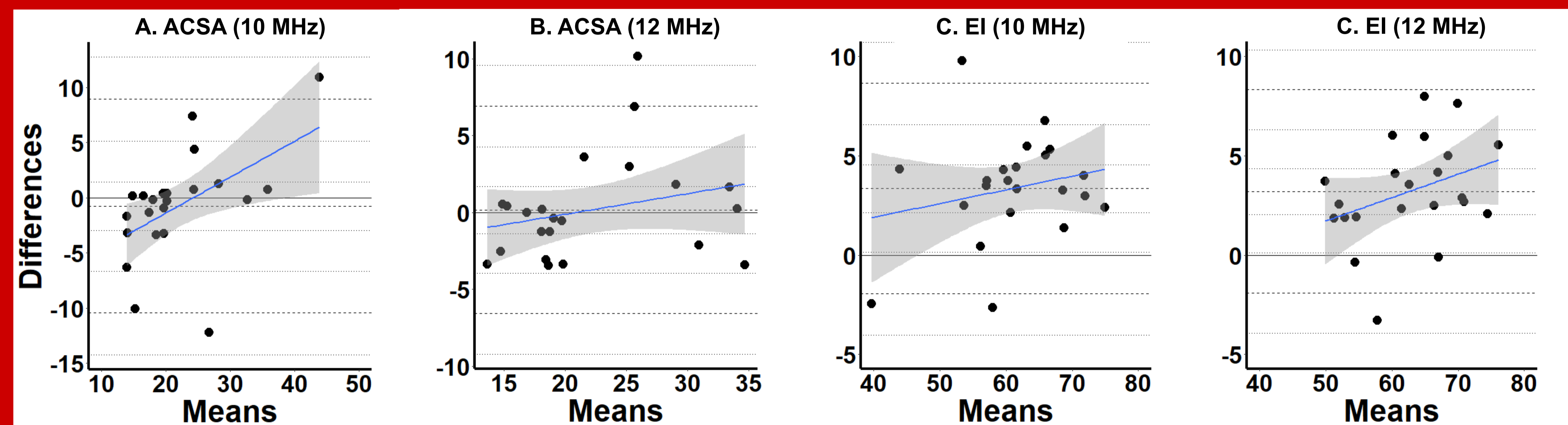


Figure 2. The regression lines in the Bland-Altman plots indicate bias for analysis of anatomical cross-sectional area (ACSA) (A. 10 MHz: -0.76,  $R^2 = 0.73$ ; B. 12 MHz: 0.17,  $R^2 = 0.78$ ) and of echo intensity (EI) (C. 10 MHz: 3.35,  $R^2 = 0.91$ ; D. 12 MHz: 3.21,  $R^2 = 0.91$ ).

## RESULTS

- Automatic analyses of ACSA had a greater TE and SEE at a frequency of 10 MHz than at 12 MHz
- Automatic analyses of EI had a greater TE and SEE at a frequency of 10 MHz than at 12 MHz

	Anatomical Cross-Sectional Area			
	CE	TE	SEE	$R^2$
10 MHz	-0.73	4.77	3.56	0.73
12 MHz	0.16	3.29	3.03	0.78

	Echo Intensity			
	CE	TE	SEE	$R^2$
10 MHz	3.21	4.17	2.52	0.91
12 MHz	3.07	4.01	2.29	0.91

Table 1. Validity statistics for manual compared to automatic ultrasound analyses of anatomical cross-sectional area and echo intensity at high (12 MHz) and low (10 MHz) frequencies.

## METHODS

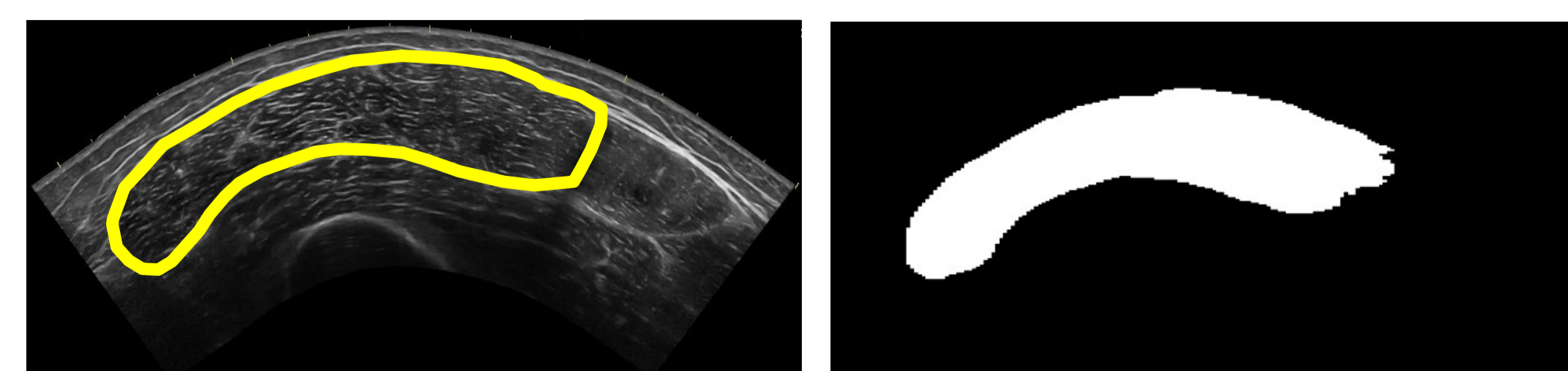
### Ultrasound Assessment

- N = 22; 24 ± 4 yrs;  
24.19 ± 3.26 kg/m<sup>2</sup>



### Ultrasound Analysis

- Manually analyzed using an open-source imaging software, ImageJ
- Automatically analyzed using the DeepACSA program



### Statistical Analysis

- Validity statistics (i.e., constant error [CE], total error [TE], standard error of the estimate [SEE]) were calculated for both the manual and automatic analyses of each ultrasound frequency (10 and 12 MHz)

## CONCLUSION

- This study suggests low CE, TE, and SEE regardless of frequency
- The DeepACSA program may be a promising alternative to manual ultrasound analysis
- Investigators should use caution when utilizing the program until future studies are completed

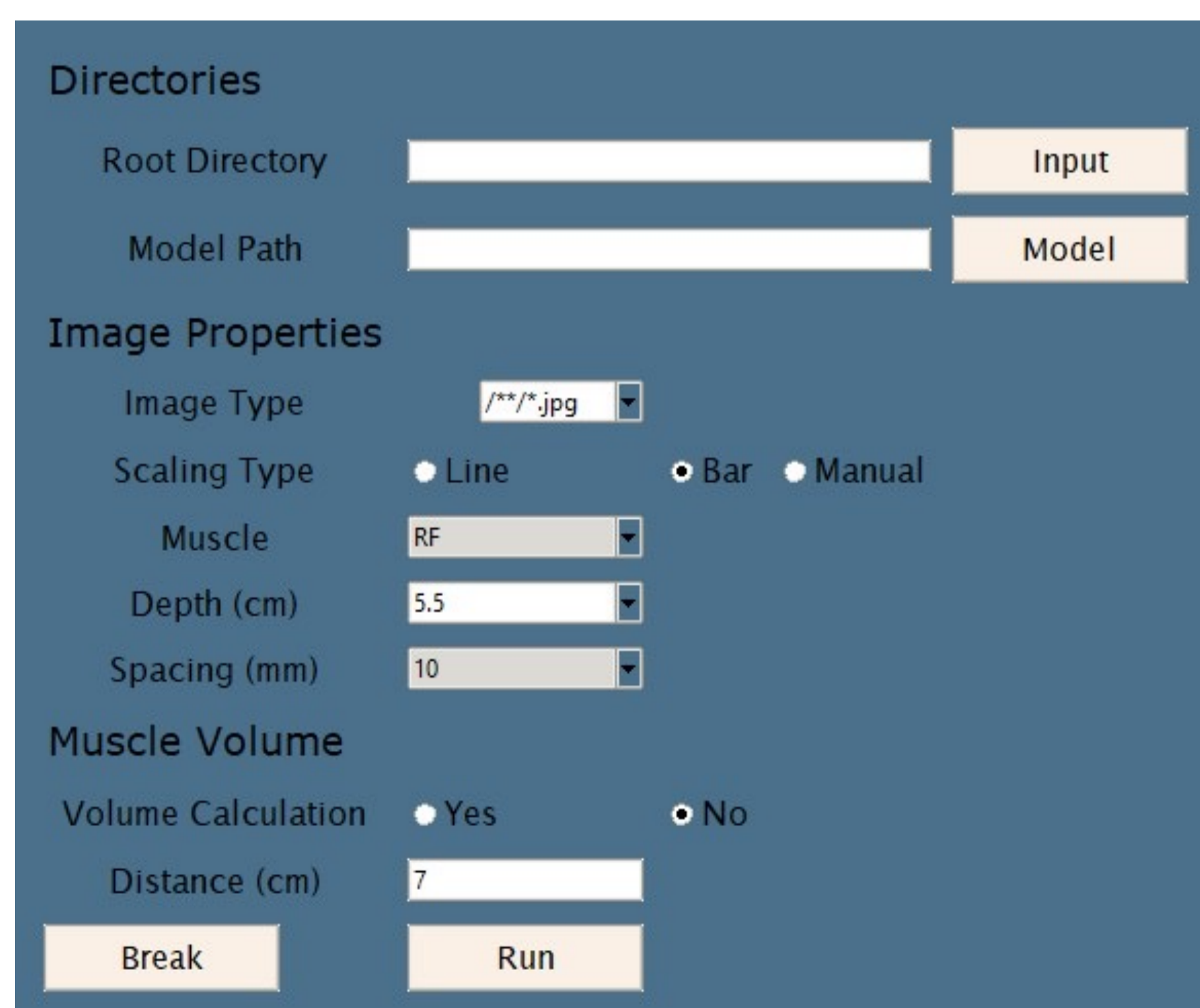


Figure 1. Graphical user interface (GUI) from the DeepACSA program. Ultrasound image details are entered into the GUI for analysis.