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Advancements in Forensic Imaging: Soft Tissue Injury Analysis and Exploration with 3D Cinematic Rendering

Walter M Wallner-Essl*, Johannes AR Pfaff and Jochen Grimm

*Correspondence:

Forensic Imaging Group, Department of Neuroradiology, Christian Doppler Medical Center, Paracelsus Medical University, Salzburg, Austria. Dr. Walter M. Wallner-Essl, MD Forensic Imaging Group, Department of Neuroradiology Christian Doppler Medical Center, Paracelsus Medical University, Ignaz-Harrer-Straße 79 A-5020 Salzburg Austria, Phone: +43 (0)5 7255-56107, Fax: +43 (0)5 7255-39198.

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ABSTRACT

Forensic imaging techniques have witnessed significant advancements in recent years, offering enhanced insights into the analysis of soft-tissue injuries. This article explores the innovative application of 3D cinematic rendering in the field of forensic radiology, enabling a comprehensive evaluation of soft-tissue trauma. By combining highresolution imaging with dynamic visualization, this technique provides forensic experts with a powerful tool for injury analysis, offering detailed anatomical information and improving the accuracy of injury interpretation. This article discusses the methodology, results, and implications of employing 3D cinematic rendering in soft-tissue injury analysis, showcasing its potential to transform forensic investigations.

and jurors [1-7].

Methods and Materials

characteristics, and potential patterns.

Keywords

3D cinematic rendering, Forensic imaging, Soft-tissue injury, Virtopsy, forensic analysis, Computed Tomography.

Abbreviations

CT: Computed Tomography, CR: Cinematic Rendering, 3D: Three-Dimensional, XR: X-Ray, MRI: Magnetic Resonance Imaging, VR: Volume Rendering, MPR: Multi-Planar Reconstruction.

Introduction

Forensic radiology holds a pivotal position in the examination of traumatic injuries, contributing to the identification of the factors leading to the occurrence of injury, the manner in which it transpired, and the estimation of the time of decease. Conventional radiographic methods, like X-rays and CT scans, furnish invaluable insights, but frequently fall short in offering a comprehensive perspective of intricate soft-tissue injuries. The emergence of 3D cinematic rendering technology presents a captivating prospect for surmounting these constraints. This methodology involves the generation of dynamic three-dimensional reconstructions utilizing radiological data, facilitating interactive exploration of injuries and

time of decease. Conventional level of detail and precision that is indispensable when dealing

with complex anatomical structures and subtle tissue changes. By capturing images in thin cross-sectional slices, CT scans can reveal intricate internal structures, abnormalities, and injuries that might not be readily apparent through other imaging modalities.

augmenting the conveyance of discoveries to legal professionals

In this study, a comprehensive investigation was conducted through

a retrospective analysis of forensic cases that centered around

the examination of soft-tissue injuries. This approach involved

delving into past cases to extract valuable insights and information that could contribute to our understanding of these injuries, their

Central to the study was the utilization of high-resolution CT

scan data. These cutting-edge imaging techniques provide a

To harness the full potential of this rich imaging data, specialized software tailored for generating cinematic renderings was employed. This software represents a sophisticated fusion of radiological data and computer graphics technology. It transforms the static cross- sectional images into dynamic, three-dimensional representations that vividly replicate the injured anatomy. These models provide an enhanced level of insight into the complex anatomical relationships and the precise extent of the injuries. The meticulous rendering captures even the subtlest variations in tissue texture, density, and geometry, contributing to a more accurate depiction of the injuries in question.

The integration of high-resolution CT scan data with specialized software not only allowed for the creation of detailed 3D models but also facilitated the exploration of these models in a dynamic and interactive manner. This innovation extended the analytical capabilities beyond traditional static images, enabling the researchers to assess the dynamic interaction between structures, and gain a more comprehensive understanding of the injury mechanisms.

Study Design and Case Selection

A comprehensive investigation was undertaken employing a retrospective analysis of a diverse range of forensic cases, all centered on the meticulous examination of soft-tissue injuries. This approach aimed to draw valuable insights and pertinent information from historical cases, enriching our comprehension of the nuanced characteristics and potential patterns inherent in such injuries.

Imaging Technique

Central to this study was the acquisition of high-resolution CT scan data. These state-of-the- art imaging techniques were pivotal due to their capacity to unravel intricate details and provide precision essential for the intricate anatomical structures and subtle tissue alterations under scrutiny. Employing thin cross-sectional slices, CT scans afforded access to intricate internal structures, anomalies, and injuries that may remain inconspicuous via alternative imaging modalities. At our institution post-mortem exams are carried out through a standardized protocol (Table 1) using a 128-slice multidetector CT Somatom Definition AS (Siemens Healthineers AG, Erlangen, Germany).

Post-Processing Techniques for Cinematic Rendering

The task of image post processing respectively rendering was executed utilizing the syngo.via version 8.7 and the syngo.via Enterprise Browser (Siemens Healthineers, Erlangen, Germany). The original raw datasets, as detailed in the imaging technique section, were imported into the software platform to execute subsequent reconstructions, including Multi-Planar Reconstruction (MPR), Volume Rendering Technique (VRT), and Cinematic Rendering, all optimized for superior display and quality.

Creation of Detailed 3D Models

In the context of forensic imaging, the utilization of cinematic rendering software led to a remarkable outcome: the generation of exceptionally detailed three-dimensional models. These models surpassed the limitations of traditional static representations as well as Volume- Rendering-Reconstructions, offering a transformative perspective on the intricate interplay of anatomical structures and the exact extent of injuries. The meticulous process of rendering went beyond mere visual reconstruction; it encapsulated the very essence of the injuries, capturing even the most subtle variations in tissue texture, density, and geometry.

These three-dimensional models serve as dynamic windows into the realm of soft-tissue injuries. Each contour, curve, and dimension is meticulously preserved, enabling forensic experts to explore the affected anatomy from various angles and depths. This level of precision facilitates a deeper understanding of the complex anatomical relationships at play, which is often crucial in deciphering the circumstances and mechanisms leading to the injuries. They offer a level of clarity and depth that empowers experts to reconstruct injury trajectories, simulate tissue deformations, and assess the dynamic interactions between structures (Figures 1,2).



Figure 1: <u>Left Column</u>: Severe trauma to the entire body following a collision with a train in a suicidal attempt. Partial decapitation, open right humerus fracture, herniation of the left upper arm muscles through an extensive skin defect, open and dislocated right wrist fracture, exposure

Table 1: Post mortem Computed Tomography Scan Protocol.

Region	Tube Voltage (kVp)	Reference Tube current (mA)	Care Dose 4D / Care kV	Field of View (mm)	Collimation (mm)	Pitch factor	Rotation time (s)
Head and Neck	120	350	on / off	300	40x0.6	0.35	1
Body and extremities	120	500	on / on		128x0.6	0.35	1

of the spine, as well as an open left lower leg fracture. <u>Middle column</u> and right column: VRT reconstructions of the same image as in the left column, with the default setting in the middle and a dedicated soft-tissue setting on the right. Note the clearly superior detailed texture of the trauma sites in the cinematic rendering compared to the VRTs, especially in the muscles, the cranium, and the open fractures.

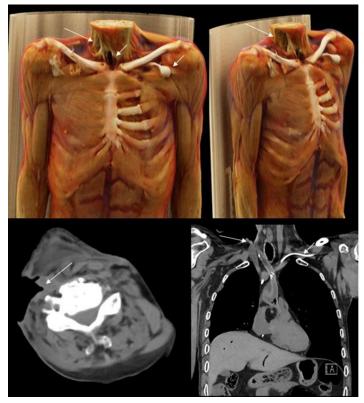


Figure 2: Upper row: 3-D Cinematic Rendering, Lower row: CT virtopsy with axial and coronal reconstruction. Long arrow: Broad, extensive, deep soft tissue defect after opening the cervical soft tissues on the right side with a knife in an oncological patient with the intention to remove "tumor tissue." This resulted in accidental opening of the carotid artery and jugular vein with subsequent bleeding. Signs of hypovolemia with collapsed heart chambers and collapsed thoracic aorta. Short arrows: Tracheostoma defect of the jugulum and left pectoral Port-a-Cath system. Note that the cinematic rendering gives a more detailed impression of the trauma sites, making them easier to interpret and comprehend.

Accident Investigations

In the realm of forensic imaging, the application of 3D cinematic renderings holds significant promise for accident investigations involving soft-tissue injuries. This technology emerges as a potent tool particularly in cases where accidents, such as vehicular collisions or workplace incidents, result in complex soft-tissue trauma. The ability to visualize and dissect these injuries in a dynamic three-dimensional space offers unparalleled insights into the mechanics of injury occurrence and serves as a crucial asset in establishing liability and understanding causative factors.

In the aftermath of an accident, the conventional methods of evidence collection often include photographs, diagrams, and reports, which may struggle to encapsulate the intricate details of soft-tissue injuries. This is where 3D cinematic renderings step in, transforming the way accidents are analyzed. By virtually reconstructing and visualizing the injuries sustained by individuals involved, these renderings recreate the events leading to the injuries in a manner that mere textual or two-dimensional visual aids cannot achieve.

In vehicular collisions, for instance, these renderings can meticulously replicate the sequence of impact, the resulting deformation of tissues, and the interplay between vehicles and human anatomy. This level of detail is invaluable in determining the precise mechanics of how injuries occurred, which can then be cross-referenced with vehicle dynamics, speeds, impact angles, and other contributing factors. As a result, investigators and experts gain a comprehensive understanding of the injuries and can link them back to the dynamics of the accident itself (Figure 3).

In a workplace context, where industrial accidents can result in diverse and intricate soft- tissue injuries, the application of 3D cinematic renderings can be equally transformative. These renderings can simulate workplace scenarios, analyze machinery interactions, and depict the mechanisms behind injuries. Such insights are invaluable for safety assessments, aiding regulatory bodies and employers in making informed decisions to prevent future accidents (Figure 4).



Figure 3: Left column: Long arrows: Approximately 180-degree twisted right lower extremity at the level of the right knee joint following a rollover trauma by a mini excavator. Thick arrow: Tourniquet in place for initial suspected vascular injury. <u>Middle column and right column</u>: VRT reconstructions of the same image as in the left column, with the default setting in the middle and a dedicated soft-tissue setting on the right. Note the clearly superior detailed texture of the trauma sites in the cinematic rendering compared to the VRTs, especially in the muscles, the twisted extremity and the open fracture.



Figure 4: <u>Upper Row</u>: 3D cinematic rendering with image reconstructions after the removal of specific body parts. History of a workplace accident in which a 3-ton steel door trapped the patient. Left image: Significant dislocation in the right sternoclavicular joint and a large abdominal wall defect on the right lower abdomen with herniation of intestine. Middle image: Series of left rib fractures with chest deformity and displacement of the intercostal muscles. Right image: Distinctly delineated, pronounced chest deformity with partially displaced ribs into the left hemithorax. Thick arrows: Accompanied transection of the thoracic spine which is displaced to the right. <u>Lower Row</u>: Standard default VRT of the same images depicted in the upper row. Note the far more clearly detailed depiction of the trauma sites, especially the herniated intestines.

Forensic Pathology and Autopsy

Forensic pathologists, tasked with the intricate responsibility of determining the cause and manner of death, often encounter complex scenarios involving soft-tissue injuries. The conventional autopsy, though invaluable, can struggle to fully capture and convey the intricate three-dimensional details of injuries. Enter 3D cinematic renderings, which offer a dynamic and immersive platform for pathologists to navigate through the injuries in a lifelike manner.

This comprehensive portrayal enables radiologists and forensic experts to visualize the injuries from multiple angles, observing their relationships to surrounding structures and understanding the depth of penetration or deformation. As a result, a more accurate assessment of the injury's nature, extent, and impact can be achieved (Figures 5-8).



Figure 5: 3-D cinematic rendering with reconstructions at the skin level (left column), muscle level (middle column), and bone level (right column). History of trauma with a blunt object. <u>Upper row</u>: Multiple scalp lacerations, some extending to the cranial vault, as a result of blunt trauma. Extensive fractures of the cranial vault and midface noted. <u>Middle row</u>: Long, deep scalp laceration extending to the cranial vault. In the depth, an extensive osseous midface and cranial trauma. <u>Lower row</u>: Deep scalp laceration, with the orientation of the impacts corresponding to the alignment of the impression fractures of the cranial vault.

Middle and bottom row

Default setting VRT in the middle row and dedicated soft-tissue VRT in the bottom row. Note that the stab wound is clearly visualized in the cinematic rendering images, while the default setting VRT shows only partly acceptable quality. However, the visualization in the soft-tissue VRT is almost non-diagnostic and inferior to the cinematic rendering.



Figure 6: Default setting-VRT with soft-tissue and bony reconstruction of the images depicted in Figure 5. Compared to the cinematic rendering, the trauma sites and fractures are more detailed in the CR-images, providing a more vivid impression.

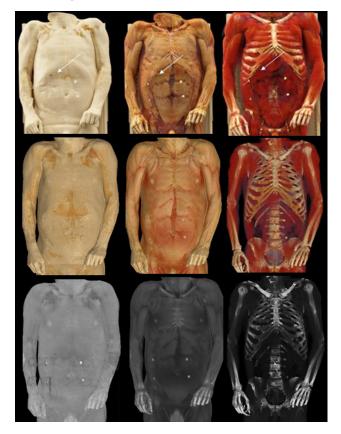


Figure 7: <u>Top row</u>: Left to right: 3D cinematic rendering at the skin level, muscle level and deep muscle/organ level. History of a stab wound in the right upper abdomen subcostally. Subtle, singular skin defect following a stab wound that extends into the superficial and deep layers of the rectus abdominis muscle and further intraabdominally (see Figure 7).



Figure 8: Same patient as in (Figure 6).

Discussion

The application of 3D cinematic rendering unveiled a new dimension in the visualization of soft-tissue injuries. By allowing dynamic exploration of injuries from various angles and depths, this technique provided an unprecedented level of insight into the extent and mechanism of trauma. In cases of blunt force trauma, the ability to simulate tissue deformation helped elucidate the impact dynamics, aiding in the differentiation between accidental and intentional injuries. Furthermore, the interactive nature of the renderings facilitated clearer communication of findings to non-medical professionals involved in legal proceedings. The comparisons between cinematic rendering and volume rendering techniques, as shown in the figures, highlight the differences in visualization quality and spatial perception, clearly demonstrating the advantages of cinematic rendering.

Results

The integration of 3D cinematic rendering into forensic imaging represents a significant advancement in the analysis of soft-tissue injuries. This technology offers unique advantages, including improved spatial understanding, enhanced visualization of complex injuries, and increased engagement of legal professionals in the interpretation process. The dynamic nature of cinematic renderings allows for the identification of subtle injury patterns that might be missed with static images alone. This approach represents a significant step forward in the field of forensic radiology. By synergizing cutting-edge imaging technologies, powerful software tools, and a meticulous retrospective analysis of real cases, the study managed to shed light on the intricate world of soft-tissue injuries. The detailed 3D models and cinematic renderings generated through this methodology not only enhance the accuracy of injury analysis but also lay the foundation for future advancements in forensic investigations, ultimately contributing to a more robust understanding of trauma within the human body. However, challenges such as the need for specialized training in rendering software and potential concerns regarding the authenticity of manipulated visualizations should be acknowledged and addressed.

Conclusion

3D cinematic rendering has the potential to transform the landscape of forensic radiology by providing a dynamic and interactive platform for the analysis of soft-tissue injuries. This technique enhances the accuracy of injury interpretation, facilitates communication with legal professionals, and contributes to more informed decision-making in legal proceedings. As technology continues to evolve, further research and validation are needed to establish the reliability and admissibility of 3D cinematic renderings in forensic investigations. Therefore, additional research will be imperative to gain further insights into this topic. Nonetheless, the promising results of this study highlight the significant strides that have been made in advancing forensic imaging techniques.

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