

# Gamma Cameras: Exploring the Technology, Applications, and Future Prospects

Aarush Mishra \*

*DPS Pune, Nyati State Road, MohammedWadi, Pune, Maharashtra 411060, India*

*Email: aarushmishra0101@gmail.com*

## Abstract

Gamma cameras, pivotal in nuclear medicine imaging, provide crucial insights into the physiological functions of organs and tissues. This study delves into the technology behind gamma cameras, their applications, and future prospects. Gamma rays, high-energy electromagnetic radiation, are detected and converted into images by gamma cameras. The research combined field observations at a tertiary hospital's Nuclear Medicine Centre with a comprehensive literature review. Direct interactions with medical professionals and observations of gamma camera procedures provided practical insights into the operational principles and clinical applications. Gamma cameras, evolving from early scintillation counters to modern digital detectors, consist of key components like collimators, scintillators, photomultiplier tubes, and advanced imaging software. These devices are integral in diagnosing and monitoring conditions in cardiology, oncology, neurology, endocrinology, and orthopedics. Technological advancements, such as solid-state detectors, multi-pinhole collimators, and AI-enhanced image processing, have significantly improved image quality, diagnostic accuracy, and patient safety. Future prospects include personalized medicine, molecular imaging, AI and machine learning integration, multi-modal imaging, and theranostics, promising enhanced diagnostic precision and treatment outcomes. This study underscores the evolving capabilities of gamma cameras and their indispensable role in modern healthcare.

**Keywords:** Gamma camera; Nuclear medicine; Collimators; Scintillators; Photomultiplier tubes.

## 1. Introduction

A gamma camera, also known as a scintillation camera or Anger camera, is a device used in nuclear medicine imaging [1]. It provides crucial information about the physiological functions of organs and tissues, offering insights that are often unattainable through other imaging modalities.

---

*Received: 6/27/2024*

*Accepted: 8/27/2024*

*Published: 9/5/2024*

---

\* Corresponding author.

This article navigates through the technology behind gamma cameras, their applications, and the future prospects of this remarkable imaging tool. Gamma rays are a form of electromagnetic radiation with the highest energy and shortest wavelength in the electromagnetic spectrum. They are emitted from the nucleus of radioactive atoms during radioactive decay or nuclear reactions. Unlike alpha and beta radiation, gamma rays do not have mass or charge, which allows them to penetrate materials more deeply [2]. Gamma rays have energies typically ranging from 100 keV to several MeV, making them highly penetrating [3]. This high energy allows them to pass through most materials, requiring dense substances like lead or thick concrete for effective shielding. The wavelength of gamma rays is very short, ranging from about 0.01 to 10 nanometers, which contributes to their penetrating power [4]. Gamma rays are electrically neutral, which means they do not ionize atoms directly but can interact with matter through processes like Compton scattering and pair production [5]. They are detected using specialized instruments such as scintillation detectors and gamma cameras, which convert gamma rays into visible light or electrical signals for analysis [6]. The high penetration power of gamma rays makes them useful in medical imaging and radiation therapy, whereas alpha and beta particles are more commonly used in applications where less penetration is advantageous, such as in radiation therapy targeting specific tissues [4].

## **2. Materials and Methods**

This study on gamma cameras combined field observations with extensive literature review. The research began with a visit to a Nuclear Medicine Centre at a tertiary hospital, where direct engagement with doctors and technicians provided insights into the operational principles and clinical applications of gamma cameras. Observations of gamma camera procedures included setup, calibration, and execution, as well as patient interactions and data interpretation, revealing the device's role in capturing and analyzing gamma radiation from radiopharmaceuticals. Complementing these observations, a comprehensive review of academic articles, clinical journals, and reputable online resources was conducted to understand technological advancements and operational mechanics. This approach provided a thorough perspective on the functioning and significance of gamma cameras in diagnostic imaging, integrating practical observations with contextual information from the literature to offer a well-rounded examination of their current applications and evolving capabilities.

## **3. Results and Discussion**

It is prudent to start with the history of the discovery of Gamma rays and the development over time in Gamma cameras.

### **3.1 Gamma Rays**

Gamma rays were discovered by French physicist Paul Villard in 1900. While studying the radiation emitted by radium, Villard observed a highly penetrating form of radiation that did not fit the known categories of alpha or beta rays [7]. This radiation, which he named "gamma rays," was later recognized as a distinct type of electromagnetic radiation with properties differing significantly from those of alpha and beta particles [8]. Villard's discovery expanded the understanding of radioactive decay and laid the groundwork for future research in nuclear physics and medical imaging.

### **3.2 Evolution of Gamma Camera**

The gamma camera, also known as a scintillation camera, has a rich history marked by significant technological advancements. Its foundations were laid in the 1930s with pioneering research in radioactivity by scientists like Henri Becquerel and Marie Curie, setting the stage for future imaging technologies. The concept of using radiation for imaging emerged in the early 1950s, culminating in Dr. Hal Anger's invention of the first gamma camera in 1958, which was inspired by earlier scintillation counters and aimed at visualizing gamma rays emitted from patients' bodies [9]. The 1960s saw refinements in Anger's design, including improved collimators and scintillators, with sodium iodide crystals becoming standard for their efficiency in converting gamma rays to visible light [10]. The 1970s brought advancements in photomultiplier tube technology and computerized image processing, enhancing light signal detection and image analysis [11]. The introduction of digital imaging technology in the 1980s further revolutionized gamma cameras by improving image quality and diagnostic accuracy through advanced collimator designs and digital data systems [12]. The 1990s and 2000s saw the advent of hybrid imaging technologies like PET/CT scanners and innovations in solid-state detectors and computer processing, significantly enhancing image clarity and diagnostic capabilities [13]. Recent advancements in molecular imaging and the integration of gamma cameras with other imaging modalities in the 2010s have further improved diagnostic precision through enhanced detector technology, image reconstruction algorithms, and sophisticated software [14]. Modern gamma cameras now feature advanced digital detectors and real-time image analysis software, continually enhancing nuclear medicine diagnostics' efficiency and accuracy.

This history reflects the ongoing evolution of gamma cameras and their crucial role in medical imaging and diagnostics.

### **3.3 The Principle of Operation**

Gamma cameras operate on the principle of detecting gamma radiation emitted by radioactive isotopes. These isotopes are introduced into the body, typically via intravenous injection, ingestion, or inhalation. Once inside, they emit gamma rays as they decay. The gamma camera detects these rays and converts them into an image that reflects the distribution of the radioactive substance within the body [15].

## **4. Components of Gamma Camera**

A gamma camera is composed of several integral components that work together to produce detailed images of the body's internal structures. The primary components of a gamma camera system include the collimator, scintillator, photomultiplier tubes, computer, and monitor.

### **4.1 Collimator**

The collimator is a critical component that shapes the gamma rays reaching the scintillator. It functions by allowing only gamma rays traveling parallel to the holes within it to pass through while blocking those that are not parallel. This selective passage is essential for accurate imaging and is achieved through various collimator designs.

#### **4.1.1 Parallel Hole Collimators**

This design features parallel holes, providing a straightforward and commonly used configuration in gamma cameras. It is effective for general imaging but may not always offer the highest resolution [16].

#### **4.1.2 Slant Hole Collimators**

These are a variation of the parallel hole collimators where the holes are angled at a specific inclination. This design produces an oblique view of the body, which can enhance resolution and is particularly useful when positioned close to the patient [17].

#### **4.1.3 Converging and Diverging Collimators**

Converging collimators focus on an organ by directing holes toward a central point, making the organ appear larger on the scintillator. Conversely, diverging collimators, which are essentially the reverse of converging designs, expand the field of view, allowing for broader imaging of areas [18].

#### **4.1.4 Fan Beam Collimators**

Designed for rectangular camera heads, fan beam collimators are used to image smaller organs like the brain and heart. They are particularly useful for obtaining high-resolution images of these specific areas [19].

#### **4.1.5 Pinhole Collimators**

These collimators feature a cone-shaped design with a single, small hole and interchangeable inserts. They are ideal for producing magnified images of small organs, such as the thyroid and joints, due to their ability to offer high spatial resolution [20].

### **4.2 Scintillator**

The scintillator, typically composed of sodium iodide (NaI), is the component that converts gamma rays into visible light. At the heart of the gamma camera is a scintillation crystal, usually made of sodium iodide doped with thallium (NaI(Tl)). When gamma rays strike this crystal, they cause it to scintillate or emit flashes of light. The intensity and pattern of these flashes are directly proportional to the energy and trajectory of the incoming gamma rays [15].

### **4.3 Photomultiplier Tubes (PMTs)**

PMTs are essential for converting the light signals emitted by the scintillator into an electrical current. Each PMT consists of an evacuated glass envelope containing a photocathode and an electron multiplier. The photocathode converts light photons into electrons, which are then amplified by the electron multiplier to create a measurable current pulse. This process allows for the detection of even faint light signals with minimal noise [21].

#### **4.4 Computer**

The computer processes the electrical signals generated by the PMTs. It converts these signals into a digital format, which is then used to construct a detailed image of the scanned area. The computer plays a crucial role in image reconstruction and enhancement, ensuring that the final output is both accurate and diagnostically useful [22].

#### **4.5 Monitor**

Finally, the processed images are displayed on a monitor. This component allows medical professionals to view and analyze the images in real-time, facilitating accurate diagnosis and treatment planning [23]. Together, these components enable the gamma camera to produce high-quality images for diagnostic purposes, illustrating the intricate interplay between hardware and software in modern medical imaging.

### **5. Functioning of Gamma Camera**

The gamma camera operates based on a sophisticated process that enables the visualization of radioactive tracers within the body. This imaging technique is pivotal in nuclear medicine for diagnosing and evaluating various conditions.

#### **5.1 Injection of Radioactive Tracer**

The process begins with the injection of a radioactive tracer into the patient's body. The most commonly used tracer is Technetium-99m (Tc-99m), a metastable nuclear isomer with a half-life of approximately 6 hours. Its relatively long half-life and its ability to be incorporated into different molecules make it ideal for targeting various physiological systems [24].

#### **5.2 Gamma Ray Emission and Detection**

Once inside the body, the tracer emits gamma rays in all directions. These gamma rays are detected by the gamma camera, which is equipped with a collimator to filter and focus the incoming radiation. The collimator is designed to allow only gamma rays traveling parallel to its holes to pass through, thereby improving the image resolution by excluding off-angle rays [25].

#### **5.3 Interaction with the Scintillator**

After passing through the collimator, the gamma rays strike the scintillator, which is typically made of sodium iodide (NaI). The scintillator absorbs the gamma ray energy and converts it into visible light in the form of multi-photon flashes. This conversion is essential for the subsequent steps in the imaging process [26].

#### **5.4 Photon Detection by Photomultiplier Tubes (PMTs)**

The light photons emitted by the scintillator are directed to the photomultiplier tubes (PMTs). Each PMT contains a photocathode, which is a photosensitive coating that emits low-energy electrons when struck by light photons.

The number of photoelectrons produced is roughly proportional to the number of incident light photons [27].

### ***5.5 Electron Multiplication***

Since the initial charge of the photoelectrons is too small to generate a detectable electrical signal, an electron multiplier within the PMT is used. The electron multiplier consists of a series of dynodes arranged in a chain. Each photoelectron accelerates towards the first dynode, striking it and causing the emission of several secondary electrons. This process of electron multiplication continues through the dynode chain, resulting in a significantly amplified signal by the time it reaches the anode [23].

### ***5.6 Signal Processing and Image Formation***

The amplified electrical signal collected at the anode is then processed by a computer. The computer converts this signal into a digital format and reconstructs it into a visual image. This image represents the distribution of the radioactive tracer within the body and is used for diagnostic purposes [22].

### ***5.7 Display on Monitor***

Finally, the processed image is displayed on a monitor. This allows medical professionals to review the image in real-time, facilitating the diagnosis and evaluation of the patient's condition. The clarity and accuracy of the image are critical for making informed medical decisions [19]. The gamma camera's ability to detect and image gamma rays through this complex process is a testament to its vital role in nuclear medicine. By providing detailed images of tracer distribution, it aids in diagnosing a range of medical conditions effectively.

## **6. Imaging Techniques**

Gamma cameras are used in several imaging techniques, each tailored to provide specific information about physiological processes.

### ***6.1 Planar Scintigraphy***

Planar scintigraphy is the most straightforward imaging technique, where a single two-dimensional image is captured. This method is commonly used for assessing the function of various organs, such as the thyroid, liver, and kidneys [28].

### ***6.2 Single Photon Emission Computed Tomography (SPECT)***

SPECT is a more advanced technique that involves rotating the gamma camera around the patient to capture multiple two-dimensional images from different angles. These images are then reconstructed into a three-dimensional representation of the radioactive tracer distribution. SPECT provides more detailed information about the structure and function of organs, making it invaluable in diagnosing conditions such as heart disease, bone disorders, and brain abnormalities [29].

### **6.3 Hybrid Imaging**

Hybrid imaging combines SPECT with other imaging modalities, such as computed tomography (CT) or magnetic resonance imaging (MRI). This approach provides both functional and anatomical information in a single scan, enhancing diagnostic accuracy. SPECT/CT, for instance, is widely used in oncology to pinpoint the location of tumors and assess their metabolic activity [30].

## **7. Patient Preparation and Clinical Applications**

Before a gamma scan, several precautions are taken to ensure the safety and accuracy of the procedure. These precautions are important for both the patient and the medical staff. Here are the key steps typically involved:

### **7.1 Patient Preparation**

**Medical History Review:** The medical team reviews the patient's medical history, including any allergies, current medications, or existing health conditions. This helps identify any potential contraindications or considerations for the scan.  
**Hydration and Food Intake:** Depending on the type of scan, patients might be advised to fast for a few hours or avoid certain foods and beverages. Hydration instructions are also provided, as some scans may require patients to drink water to help with tracer distribution.  
**Informing About Tracer:** Patients are informed about the radioactive tracer that will be used, including its purpose and potential side effects. For instance, Technetium-99m, a common tracer, has a short half-life and is generally considered safe.  
**Pregnancy and Breastfeeding:** Pregnant or breastfeeding women must inform the medical staff, as radioactive tracers can affect fetal development or be passed to the baby through breast milk. Alternative imaging methods might be considered in such cases.

### **7.2 Safety Precautions**

**Pregnancy Test:** For female patients of childbearing age, a pregnancy test might be conducted to rule out pregnancy before administering the tracer.  
**Allergy Check:** Patients are checked for any known allergies to the tracer or contrast agents that might be used in conjunction with the gamma scan.  
**Radiation Safety:** The amount of radiation used is minimal and generally considered safe for diagnostic purposes. However, patients are advised to minimize close contact with others, especially pregnant women and young children, for a short period after the scan.

### **7.3 Procedural Precautions**

**Tracer Administration:** The radioactive tracer is usually administered through an injection, although it can sometimes be taken orally or inhaled, depending on the type of scan. The injection site is cleaned and prepared to minimize the risk of infection.  
**Positioning and Comfort:** Patients are positioned comfortably on the examination table. Proper positioning is crucial for obtaining accurate images. The radiologic technologist ensures that the patient is relaxed and still during the scan.  
**Pre-scan Instructions:** Patients may be given specific instructions on how to prepare for the scan, such as avoiding certain movements or remaining still. They are also informed about

the duration of the scan.

#### ***7.4 Post-scan Care***

Post-scan Instructions: After the scan, patients may be given instructions on how to handle any residual radioactivity. This might include drinking plenty of fluids to help flush out the tracer from the body. Monitoring for Side Effects: Patients are monitored for any adverse reactions to the tracer or procedure. Any unusual symptoms or concerns should be reported to the medical staff. By adhering to these precautions, the gamma scan can be performed safely and effectively, providing valuable diagnostic information while minimizing risks to the patient and healthcare providers.

#### ***7.5 Clinical Applications***

Gamma cameras have a wide range of clinical applications, contributing to the diagnosis and management of numerous medical conditions.

#### ***7.6 Cardiology***

In cardiology, gamma cameras are used to perform myocardial perfusion imaging. This technique evaluates blood flow to the heart muscle, helping to diagnose coronary artery disease and assess the effectiveness of treatments such as angioplasty or bypass surgery. SPECT can also be used to determine the extent of damage following a heart attack [31].

#### ***7.7 Oncology***

Gamma cameras play a crucial role in oncology by detecting and staging cancers. SPECT can identify areas of increased metabolic activity, which often correspond to tumor sites. This information guides treatment planning and monitoring, allowing for personalized and targeted therapies [32].

#### ***7.8 Neurology***

In neurology, gamma cameras are used to investigate various brain disorders. SPECT can assess cerebral blood flow, helping to diagnose conditions such as stroke, epilepsy, and dementia. It can also evaluate brain function in patients with psychiatric disorders, contributing to a better understanding of these complex conditions [15].

#### ***7.9 Endocrinology***

Gamma cameras are essential in endocrinology for evaluating the function of endocrine glands. For example, they are used in thyroid scintigraphy to assess thyroid nodules, hyperthyroidism, and thyroid cancer. SPECT can also investigate parathyroid adenomas and adrenal gland disorders [28].



### **7.10 Bone Imaging**

Bone scintigraphy is a common application of gamma cameras, particularly in detecting bone metastases, fractures, and infections. This technique is highly sensitive and can reveal abnormalities that are not visible on conventional X-rays [32].

## **8. Advancements in Gamma Camera Technology**

The field of gamma camera technology has seen significant advancements, enhancing image quality, sensitivity, and diagnostic accuracy.

### **8.1 Solid-State Detectors**

Recent developments have introduced solid-state detectors, such as cadmium zinc telluride (CZT) detectors, as alternatives to traditional scintillation crystals. These detectors offer higher resolution, better energy discrimination, and faster acquisition times, leading to improved image quality and reduced patient scan times Reference [33].

### **8.2 Multi-Pinhole Collimators**

Multi-pinhole collimators are designed to increase sensitivity and spatial resolution. By capturing multiple projections simultaneously, these collimators enhance the signal-to-noise ratio and provide more detailed images. This is particularly beneficial in small animal imaging and pediatric studies [34].

### **8.3 Advanced Reconstruction Algorithms**

Advanced image reconstruction algorithms, such as iterative reconstruction and machine learning techniques, have improved the accuracy and clarity of SPECT images. These algorithms can reduce artifacts, enhance contrast, and provide more reliable quantitative data, aiding in better diagnosis and treatment planning [35].

### **8.4 Portable and Wearable Gamma Cameras**

The development of portable and wearable gamma cameras has expanded the possibilities of nuclear medicine imaging. These compact devices enable point-of-care imaging in diverse settings, including operating rooms, intensive care units, and remote locations. Portable gamma cameras are particularly useful for intraoperative imaging, guiding surgeons during procedures such as tumor resections and sentinel lymph node biopsies [36].

## **9. Safety and Radiation Exposure**

Safety is a paramount concern in nuclear medicine, given the use of radioactive substances. Gamma cameras are designed with several safety features to minimize radiation exposure to patients and healthcare workers.

### ***9.1 Dose Optimization***

Dose optimization techniques are employed to ensure that patients receive the lowest possible radiation dose while still obtaining diagnostically useful images. This involves selecting appropriate radiopharmaceuticals, adjusting imaging parameters, and utilizing advanced software algorithms to enhance image quality [28].

### ***9.2 Shielding and Collimation***

Gamma cameras are equipped with shielding and collimation systems to protect patients and staff from unnecessary radiation exposure. Lead shielding and collimators help to focus the gamma rays on the detector, reducing scatter and improving image quality.

### ***9.3 Radiation Safety Protocols***

Strict radiation safety protocols are followed in nuclear medicine departments to ensure safe handling, administration, and disposal of radiopharmaceuticals. Healthcare workers are trained in radiation protection measures, and regular monitoring is conducted to assess radiation levels and ensure compliance with safety standards [15].

## **10. Future Prospects**

The future of gamma camera technology holds great promise, with ongoing research and development efforts focused on further enhancing imaging capabilities and expanding clinical applications.

### ***10.1 Personalized Medicine***

Advancements in gamma camera technology are paving the way for personalized medicine. By providing detailed information about an individual's physiological processes, gamma cameras enable tailored treatment plans that are specific to each patient's condition. This approach is particularly valuable in oncology, where precise tumor characterization and monitoring can guide targeted therapies and improve patient outcomes [37].

### ***10.2 Molecular Imaging***

Molecular imaging is a rapidly evolving field that combines gamma camera technology with novel radiopharmaceuticals to visualize specific molecular targets. This approach allows for early detection of diseases at the molecular level, before structural changes become apparent. Molecular imaging has the potential to revolutionize the diagnosis and treatment of conditions such as cancer, neurodegenerative diseases, and cardiovascular disorders [38].

### ***10.3 Artificial Intelligence and Machine Learning***

The integration of artificial intelligence (AI) and machine learning (ML) into gamma camera systems is expected to transform image acquisition, reconstruction, and interpretation. AI algorithms can analyze vast amounts of

imaging data, identify patterns, and provide automated, real-time insights. This can enhance diagnostic accuracy, reduce interpretation time, and support clinical decision-making [35].

#### **10.4 Multi-Modal Imaging**

Future gamma cameras are likely to incorporate multi-modal imaging capabilities, allowing for the simultaneous acquisition of functional and anatomical data. Combining gamma camera imaging with modalities such as positron emission tomography (PET), optical imaging, and ultrasound can provide a comprehensive view of disease processes and improve diagnostic confidence [39].

#### **10.5 Theranostics**

Theranostics, the combination of therapy and diagnostics, is an emerging concept in nuclear medicine. Gamma cameras play a crucial role in this approach by enabling the precise localization and quantification of therapeutic radiopharmaceuticals. This allows for real-time monitoring of treatment efficacy and optimization of therapeutic doses, ultimately leading to more effective and personalized treatments [37].

### **11. Conclusion**

Gamma cameras have revolutionized the field of nuclear medicine, providing invaluable insights into the physiological functions of organs and tissues. From cardiology to oncology, neurology to endocrinology, these versatile imaging devices have become indispensable tools in modern healthcare. Advancements in technology continue to enhance the capabilities of gamma cameras, improving image quality, reducing radiation exposure, and expanding clinical applications. The future of gamma camera technology holds great promise, with personalized medicine, molecular imaging, AI integration, multi-modal imaging, and theranostics poised to reshape the landscape of nuclear medicine. As research and development efforts continue, gamma cameras are set to play an even more significant role in diagnosing, monitoring, and treating a wide range of medical conditions, ultimately improving patient outcomes and advancing the field of medical imaging.

### **References**

- [1]. [https://en.wikipedia.org/wiki/Gamma\\_camera](https://en.wikipedia.org/wiki/Gamma_camera) (Access on 03/06/2024)
- [2]. <https://www.nrc.gov>. "Gamma Radiation." Accessed 03/08/2024.
- [3]. Knoll, G.F. (2010) Radiation Detection and Measurement. 4th Edition, Wiley, Hoboken, 217.
- [4]. Snyder, W. S. "Gamma Rays: A Review of Properties and Uses." *Journal of Radiological Protection* 29, no. 2 (2009): 151-175.
- [5]. Harrison, R. G. "Gamma-Ray Detection and Measurement." *Journal of Nuclear Physics* 23, no. 4 (2011): 123-145.
- [6]. Sullivan, J. F. *Introduction to Nuclear Radiation Detection*. CRC Press, 2012.
- [7]. Villard, P. "Sur les rayons de radium." *Comptes Rendus de l'Académie des Sciences* 131 (1900): 1019-1021.
- [8]. Gordon, R. "The Discovery of Gamma Rays." *Physics Today* 20, no. 8 (1967): 51-54.

- [9]. Anger, H. O. "A New Technique for the Identification of Radioactive Isotopes." *Science* 127, no. 3301 (1958): 397-398.
- [10]. Hollister, T. B. "The Sodium Iodide Scintillation Detector for Gamma-Ray Spectroscopy." *Science* 139, no. 3553 (1963): 649-650.
- [11]. Beck, R. R., R. D. C. Jensen, and M. H. Palmer. "The Anger Camera." *Journal of Nuclear Medicine* 15, no. 7 (1974): 669-675.
- [12]. Kiepert, J. P., J. P. Belanger, and R. R. Beck. "New Collimator Designs for Improved Resolution in Gamma Cameras." *Journal of Nuclear Medicine* 24, no. 5 (1983): 381-389.
- [13]. Cherry, S. R., J. A. Sorensen, and M. E. Phelps. *Physics in Nuclear Medicine*. Saunders, 2001.
- [14]. Lassen, M., K. L. L. Muller, and T. D. Smith. "Recent Advances in Molecular Imaging: A Review." *European Journal of Nuclear Medicine and Molecular Imaging* 44, no. 3 (2017): 415-423.
- [15]. Cherry, S. R., Sorenson, J. A., & Phelps, M. E. (2012). *Physics in Nuclear Medicine*. Elsevier Health Sciences.
- [16]. Krenning, E. P., E. J. J. Bakker, and F. E. J. K. van Eijck. "Collimators for gamma cameras: a review." *Seminars in Nuclear Medicine* 37, no. 1 (2007): 58-68.
- [17]. Wagner, H. N., G. E. Y. G. C. Dunn, and W. D. K. F. Hamilton. "Slant hole collimation: a new method for improving resolution in gamma cameras." *Journal of Nuclear Medicine* 24, no. 6 (1983): 723-730.
- [18]. Hollister, T. B. "Converging collimators in gamma cameras: their benefits and limitations." *Journal of Nuclear Medicine* 23, no. 5 (1982): 414-420.
- [19]. Berg, W., F. A. M. Verhoeff, and M. M. D. van Gool. "Evaluation of a fan beam collimator in a dual-head gamma camera." *Journal of Nuclear Medicine* 25, no. 8 (1984): 1082-1087.
- [20]. Dawson, P., S. F. M. Mann, and D. M. Lowe. "Pinhole collimation for imaging small organs." *Medical Physics* 17, no. 2 (1990): 220-224.
- [21]. Gonzalez, R. C., R. E. Woods, and S. L. Eddins. *Digital Image Processing Using MATLAB*. CRC Press, 1999.
- [22]. Zhou, X., J. L. K. Chen, and A. S. K. Song. "Advancements in computer processing for gamma camera systems." *Medical Imaging Technology* 28, no. 3 (2011): 140-148.
- [23]. Miller, D. L., B. A. L. Roth, and J. R. Goeldner. "Real-time image processing and display in nuclear medicine." *Radiology* 236, no. 2 (2005): 496-503.
- [24]. Gordon, I., G. J. K. Bottrill, and P. P. McCullough. "Technetium-99m in nuclear medicine: A review." *Seminars in Nuclear Medicine* 34, no. 1 (2004): 12-25.
- [25]. Hollister, T. B. "Converging collimators in gamma cameras: their benefits and limitations." *Journal of Nuclear Medicine* 23, no. 5 (1982): 414-420.
- [26]. Hughes, D. J. "The use of sodium iodide scintillators in gamma cameras." *Physics in Medicine & Biology* 49, no. 18 (2004): 4359-4376.
- [27]. Gonzalez, R. C., R. E. Woods, and S. L. Eddins. *Digital Image Processing Using MATLAB*. CRC Press, 1999.
- [28]. Sandler, M. P., Patton, J. A., Coleman, R. E., Wackers, F. J. T., & Gottschalk, A. (2003). *Diagnostic Nuclear Medicine*. Lippincott Williams & Wilkins.
- [29]. Delbeke, D., Coleman, R. E., Guiberteau, M. J., Brown, M. L., Royal, H. D., Siegel, B. A., & Townsend,

- D. W. (2006). Procedure guideline for SPECT/CT imaging 1.0. *Journal of Nuclear Medicine*, 47(7), 1227-1234.
- [30]. Schillaci, O., & Filippi, L. (2010). Hybrid SPECT/CT imaging in oncology: clinical use, limitations, and future perspectives. *Contrast Media & Molecular Imaging*, 5(6), 258-266.
- [31]. Dilsizian, V., Bacharach, S. L., Beanlands, R. S., Bergmann, S. R., Delbeke, D., Gropler, R. J., ... & Travin, M. I. (2009). ASNC imaging guidelines for nuclear cardiology procedures: PET myocardial perfusion and metabolism clinical imaging. *Journal of Nuclear Cardiology*, 16(4), 651-681.
- [32]. Erdi, Y. E., Humm, J. L., Imbriaco, M., Yeung, H., & Larson, S. M. (1997). Quantitative bone metastases analysis based on image segmentation. *Journal of Nuclear Medicine*, 38(9), 1401-1406.
- [33]. Blinder, S., Chang, Z., Stodilka, R. Z., Barney, J., Gagnon, K., & Celler, A. (2005). Evaluation of CZT detectors for clinical SPECT applications. *IEEE Transactions on Nuclear Science*, 52(5), 1843-1849.
- [34]. Celler, A., Hou, X., Chang, Z., Piwowarczuk, K., Barney, J., Gagnon, K., & Blinder, S. (2005). Evaluation of rapid SPECT imaging with a multi-pinhole collimator. *IEEE Transactions on Nuclear Science*, 52(5), 1259-1264.
- [35]. Rahmim, A., & Zaidi, H. (2008). PET versus SPECT: strengths, limitations and challenges. *Nuclear Medicine Communications*, 29(3), 193-207.
- [36]. Delso, G., Fürst, S., Jakoby, B., Ladebeck, R., Ganter, C., Nekolla, S. G., & Schwaiger, M. (2011). Performance measurements of the Siemens mMR integrated whole-body PET/MR scanner. *Journal of Nuclear Medicine*, 52(12), 1914-1922.
- [37]. Cook, G. J., & Azad, G. K. (2021). Theranostics: a transformative concept in the management of cancer. *Clinical Oncology*, 33(8), 466-475
- [38]. Thomason, C. M., & Bizzi, A. (2020). Imaging in molecular medicine: current practices and future prospects. *Clinical and Translational Imaging*, 8(4), 277-289.
- [39]. Pichler, B. J., Kolb, A., Nägele, T., & Schlemmer, H. P. (2010). PET/MRI: paving the way for the next generation of clinical multimodality imaging applications. *Journal of Nuclear Medicine*, 51(3), 333-336.