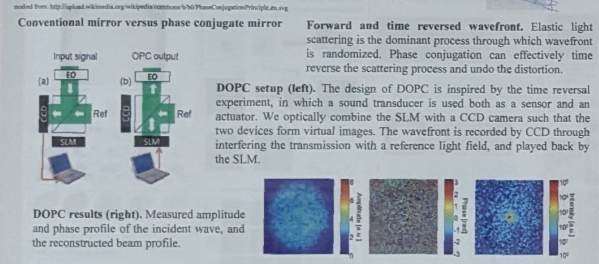
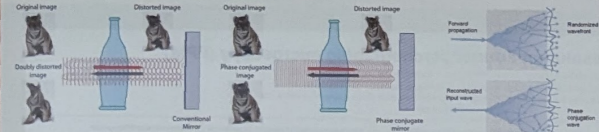




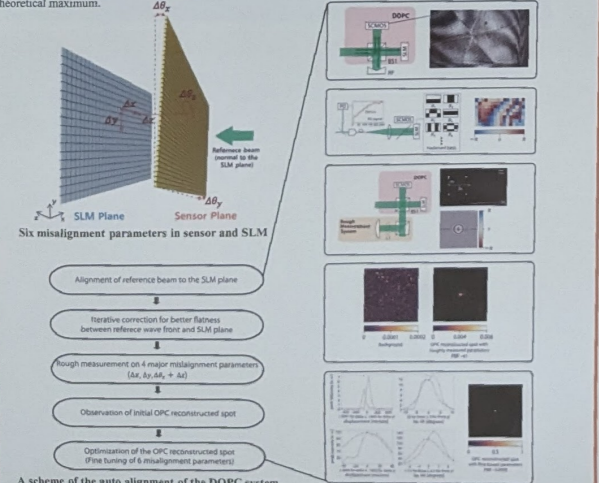
Abstract
 Optical turbidity of biological tissues poses a big challenge in light focusing and imaging deep inside the tissue. Optical phase conjugation (OPC) technique is the technique that can be exploited to time-reverse the light through the turbid media. The time-reversed light cancel out the wavefront distortion from multiple scattering and traces back the original light due to the time-reversal symmetry of scattering event. This effectively enables us to see through the scattering media. A variety of OPC-based techniques were demonstrated to image and focus light through or inside the scattering media.

Turbidity suppression by digital optical phase conjugation (DOPC)
 A challenge for biomedical applications of analog OPC is that the conventional nonlinear optics based methods provide fairly limited OPC reflectivity. Inspired by acoustic time reversal techniques, we have developed a digital OPC method (DOPC) that can in principle provide unlimited OPC reflectivity.



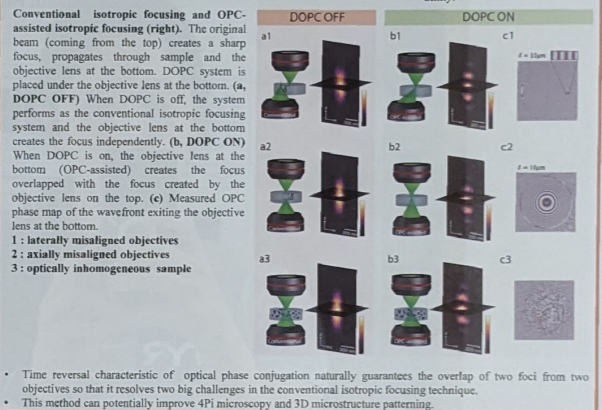
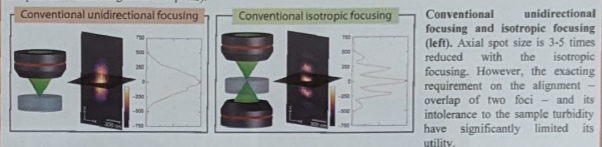
- Conventional focusing methods treat scattered light as noise and select for ballistic light, which exponentially decreases with depth.
- Scattering is a deterministic process and is reversible through optical phase conjugation (OPC).
- We can effectively time reverse the scattering process and undo the distortion caused by scattering.

Auto-alignment of DOPC systems based on digital propagation
 Here, we present a method for auto-alignment of a DOPC system by which the misalignment between the sensor and the SLM is auto-corrected through digital light propagation. With this method, we were able to accomplish OPC playback with a DOPC system with gross sensor-SLM misalignment by an axial displacement of up to 1.5 cm, rotation and tip/tilt of 5°, and in-plane displacement of 5 mm (dependent on the physical size of the sensor and the SLM). Our auto-alignment method robustly achieved a DOPC playback peak-to-background ratio (PBR) corresponding to more than ~30% of the theoretical maximum.

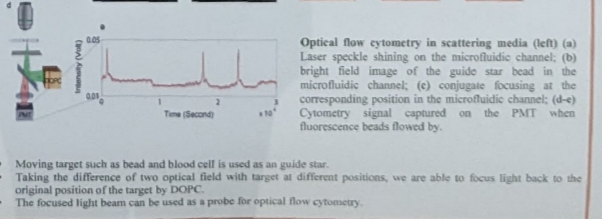
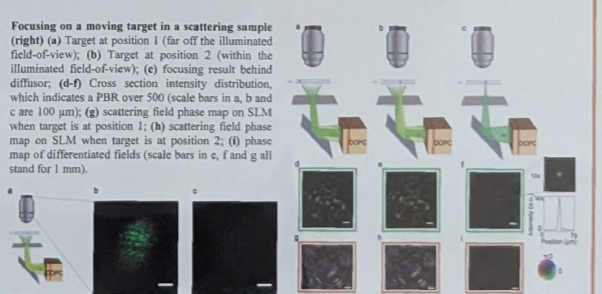


- DOPC system, which conventionally requires one-to-one pixel match of sensor and SLM pixel, can now be virtually aligned in an automated manner using digital light propagation technique.
- DOPC system can be easily recovered from the day-to-day misalignment (mechanical shock, thermal drift, etc.).

Optical phase conjugation (OPC)-assisted isotropic focusing
 Here, we present an optical phase conjugation (OPC)-assisted isotropic focusing method. We exploit the time-reversal nature of OPC playback to naturally guarantee the overlap of the two focused beams even when the objective lenses are significantly misaligned (up to 140 microns transversely and 80 microns axially demonstrated). The scattering correction capability of OPC also enabled us to accomplish isotropic focusing through thick scattering samples (demonstrated with samples of ~7 scattering mean free paths).

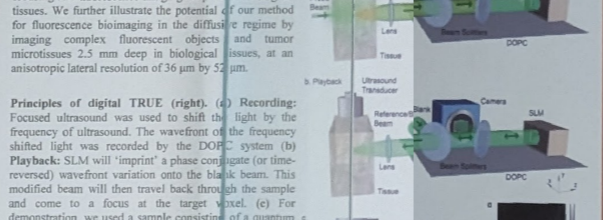


Light focusing on the moving target
 Optical time reversal focusing can be achieved by using a moving object as a novel guide star. By differentiating time-varying scattering fields caused by a moving object and applying optical time-reversal, light can be focused back to the location previously occupied by the object. We further demonstrate that the generated focus can be used to noninvasively count particles in a flow-cytometry configuration – even when the particles are hidden behind a strong diffuser. By achieving optical time-reversal and focusing noninvasively without any external guide-stars (using just intrinsic characteristics of the sample), this work paves the way to a range of scattering media imaging applications including underwater and atmospheric focusing as well as noninvasive *in vivo* flow-cytometry.

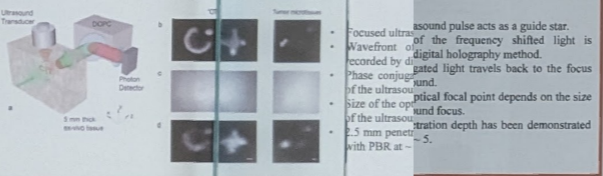


- Moving target such as bead and blood cell is used as a guide star.
- Taking the difference of two optical field with target at different positions, we are able to focus light back to the original position of the target by DOPC.
- The focused light beam can be used as a probe for optical flow cytometry.

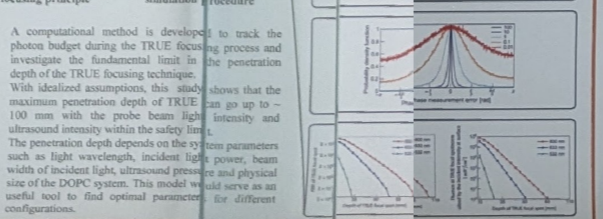
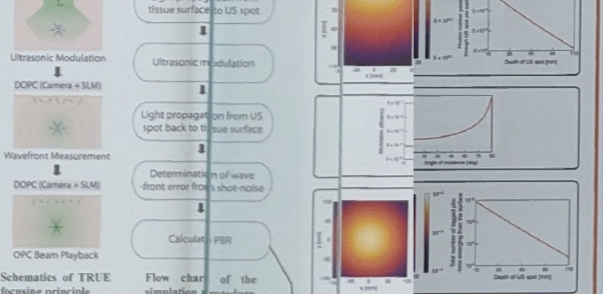
Time reversed ultrasonically encoded (TRUE) light focusing
 In order to create a 'free moving' guide star inside scattering media, focused ultrasound pulses were used as a virtual guide star. Using digital time reversal of ultrasound-encoded light, we directly demonstrate focusing and fluorescence imaging deep inside biological tissues. We further illustrate the potential of our method for fluorescence bioimaging in the diffuse regime by imaging complex fluorescent objects and tumor microtissues 2.5 mm deep in biological tissues, at an anisotropic lateral resolution of 36 μm by 52 μm.



Principles of digital TRUE (right). (a) Schematic of setup. (b) Epifluorescence images before embedding. (c) Conventional fluorescence images of samples. (d) Images with TRUE. Scale bar on d: 50 μm. (e) Measured OPC phase map of the wavefront exiting the objective lens at the bottom.



Estimation on the penetration depth limit of the TRUE
 This theoretical study aims to explore the depth limits of the TRUE technique for biological tissues in the context of two primary constraints – the safety limit of the incident light fluence and limited TRUE scattering symmetry. Our numerical simulation indicates that TRUE has the potential to render an optical focus with a peak-to-background ratio of ~2 at a depth of ~103 mm at wavelength of 800 nm in a phantom with tissue scattering characteristics.



- A computational method is developed to track the photon budget during the TRUE focusing process and investigate the fundamental limit in the penetration depth of the TRUE focusing technique.
- With idealized assumptions, this study shows that the maximum penetration depth of TRUE can go up to ~100 mm with the probe beam light intensity and ultrasound intensity within the safety limit.
- The penetration depth depends on the system parameters such as light wavelength, incident light power, beam width of incident light, ultrasound pressure and physical size of the DOPC system. This model would serve as an useful tool to find optimal parameters for different configurations.

Iterative TRUE (ITRUE)
 To improve the light intensity and resolution at the TRUE focus, we developed an iterative TRUE light focusing technique which employs the TRUE focus spot itself as a signal source (rather than the diffused light) for subsequent TRUE procedures. Importantly, this ITRUE technique allows light focusing in backscattering mode. We demonstrate that the intensity of the light focus is progressively enhanced by a factor of ~22 and the focusing resolution in the ultrasound axial and lateral directions is improved ~2-fold and ~3-fold respectively.

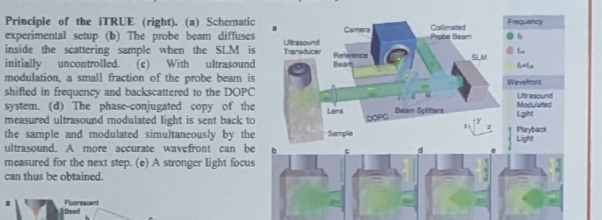
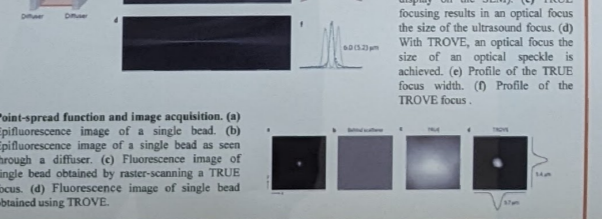
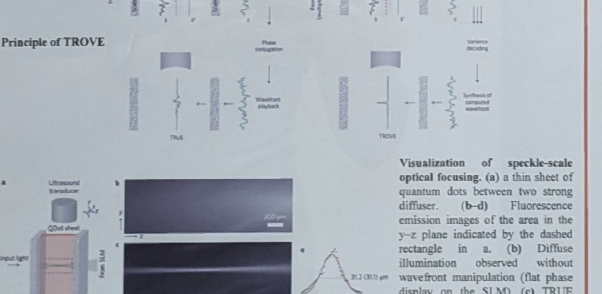


Image scanning of a fluorescent bead (left). (a) Experiment arrangement. The ultrasound focus scanned the sample on the x-y plane. The fluorescence intensity was measured at each iteration using the photodetector. (b-e) Microscopic images of the fluorescent bead without and with the scattering film. (d-f) Intensity map of the fluorescent signals (11x11 scanning points with cubic interpolation). (j, k) The resolution (FWHM of the Gaussian profile) in the y direction and the x direction of the fluorescent bead image over 6 iterations. Error bar indicates 95% confidence bound. All scale bars are 20 μm.

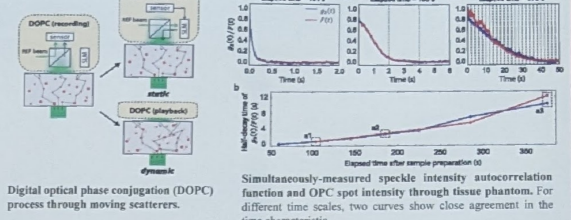
- Playback of the phase conjugated light and recording of the ultrasound modulated light wavefront occurs simultaneously.
- Light intensity enhancement by ~20 times at the ultrasound focus has been demonstrated.
- Image resolution can also be improved as ultrasound pressure profile can be approximated to be a Gaussian function.
- System works in both transmission and back scattering geometry.

Speckle-scale focusing with time reversal of variance-encoded light (TROVE)
 In TRUE imaging, the resolution is limited to the ultrasound focus. To break the barrier and reaching the theoretical resolution limit, we developed a new approach termed time-reversal of variance-encoded light.



- OPC process generates the time-reversed beam and, in turn, enables us to see through the turbid biological tissue.
- Digital version of OPC system provides in principle an infinite phase conjugation reflectivity, which is suitable for biomedical applications.
- Time-reversal characteristic of OPC beam naturally guarantees the generation of light standing-wave, which can be exploited for isotropic focusing.
- Moving targets can be exploited as a guide-star for OPC process, which is suitable for blood cell counting.
- Ultrasound-encoded light can be time-reversed to create focus light and image through or inside biological tissue.
- Iterative focusing and variance light encoding can be combined with TRUE technique to enhance the brightness and spatial resolution.
- Turbidity suppression fidelity through *in vivo* tissue is confirmed with rabbit ear and mouse skin. Development in spatial light modulator and sensor technology will assure better fidelity.
- Our results set the stage for broad use of OPC in practical biomedical applications requiring optical interrogation in deep tissue such as imaging, photodynamic therapy, spectroscopy and neuron stimulation.

Turbidity suppression through *in vivo* sample
 In living tissue, scatterers are highly mobile and the movement can break the time-reversal symmetry when there is a latency in the OPC playback. We investigated this decorrelation characteristic time through the 1.5 mm thick dorsal skin flap of a living mouse at different levels of immobilization.



Simultaneously-measured speckle intensity autocorrelation function and OPC spot intensity through tissue phantom. For different time scales, two curves show close agreement in the time characteristic.

Mouse dorsal skin flap model. Mouse dorsal skin is pinched with two acrylic plates secured by four bolts and nuts.

Speckle intensity autocorrelation function and turbidity suppression fidelity measured through mouse dorsal skin flap. Decorrelation characteristic significantly varied depending on the degree of immobilization. (Left) When the skin was directly pinched, both profiles dropped to 0.5 in ~2 seconds. Considerable correlation between speckle (>0.1) patterns were observed till ~30 seconds. (Middle) When the surrounding region was pinched, the characteristic time reduced to ~50 ms as the scatterers are less immobilized. (Right) This further reduced down to ~50 ms for the intact skin. Intensity autocorrelation function and turbidity suppression fidelity oscillated in the frequency of breath. The speckle intensity autocorrelation function and OPC spot intensity observed good match in decorrelation characteristic.

- This study implies that the OPC spot can survive for an even lower speckle autocorrelation as long as the initial spot contrast is high enough, which can be simply achieved by increasing the number of controllable optical modes (pixel number) in the DOPC system.
- This opens up the new possibility of using the OPC process for turbidity suppression of biological tissue because the feasibility of the OPC system can even be extended into the regime where the scatterer dynamics are much faster than the OPC system speed.

References

- [1] Z. Yaqoob, D. Psaltis, M. S. Feld, and C. Yang, *Nature Photonics* 2, 110-115 (2008).
- [2] I. M. Velleko, University of Twente Thesis, 1-142 (2008).
- [3] E. J. McDowell, M. Cui, I. M. Velleko, V. Senekeerimyan, Z. Yaqoob, and C. Yang, *Journal of Biomedical Optics* 15, 025004 (2010).
- [4] M. Cui and C. Yang, *Optics Express* 18, 3444-3455 (2010).
- [5] X. Xu, H. Liu, and L. V. Wang, *Nature Photonics* 5, 154-157 (2011).
- [6] Y. M. Wang*, B. Judkewitz*, C. A. DiMarzio, and C. Yang, *Nature Communication* 3, 928 (2012).
- [7] B. Judkewitz*, Y. M. Wang*, R. Horstmyer, A. Mathy, and C. Yang, *Nature Photonics* 17, 300-305 (2013).
- [8] M. Jang, H. Ruan, B. Judkewitz, and C. Yang, *Optics Express* 22, 5787-5807 (2014).
- [9] M. Jang*, H. Ruan*, H. Zhou, B. Judkewitz, and C. Yang, *Optics Express* 22, 14054-71 (2014).

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