

Acoustic Impedance Characteristics and Physical Principles in Ultrasound

Shafiqullah Rawan^{1*}

^{1*} Assistant-Professor, Ahmad Shah Abdali Private Institute of Higher Education, Faculty of Medicine, Paraclinic Department.

* **Correspondence:** Shafiqullah Rawan

The authors declare that no funding was received for this work.



Received: 01-October-2025

Accepted: 10-October-2025

Published: 18-October-2025

Copyright © 2025, Authors retain copyright. Licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. <https://creativecommons.org/licenses/by/4.0/> (CC BY 4.0 deed)

This article is published in the **MSI Journal of Medicine and Medical Research (MSIJMMR)**
ISSN 3049-1401 (Online)

The journal is managed and published by MSI Publishers.

Volume: 2, Issue: 10 (October-2025)

ABSTRACT: Ultrasound acoustic impedance is one of the most fundamental physical parameters in medical ultrasound imaging, directly associated with the transmission and reflection of sound waves within biological tissues. This concept is mathematically derived from the density (ρ) and propagation speed (c) of sound through a medium, expressed as $Z=\rho c$. Acoustic impedance plays a crucial role in determining the contrast between different materials and tissues, which allows for the generation of diagnostic images.

The objective of this paper is to elucidate the clinical significance of acoustic impedance and demonstrate how this physical property is utilized in ultrasound examinations to differentiate between various soft and hard tissues. The methodology of this study is based on extensive review and synthesis of both national and international textbooks, scientific research papers, and reliable electronic sources.

The findings reveal that acoustic impedance governs the processes of reflection, transmission, and absorption of ultrasound waves, which in turn determine image quality and diagnostic accuracy. A proper understanding of acoustic impedance principles enhances the safe and effective use of ultrasound as a non-invasive diagnostic modality. Hence, ultrasound imaging, owing to these acoustic principles, has

proven to be a vital and indispensable technology for the visualization of internal anatomical structures and the diagnosis of pathological conditions in modern medicine.

Keywords: *Ultrasound, Reflection, Absorption, Acoustic Impedance, Medical Imaging, Physical Principles, Clinical Diagnosis, Tissues.*

Introduction

In modern clinical medicine, ultrasound is considered one of the safest and most widely used imaging modalities for non-invasive internal examination and precise disease diagnosis. This technology operates through the transmission of mechanical sound waves, enabling the exploration of tissue characteristics and internal organ structures. As a result, it provides physicians with the ability to assess both physiological and pathological changes within the human body (1). The most fundamental physical concept underlying ultrasound technology is **acoustic impedance (Z)**, defined as the product of tissue density (ρ) and the speed of sound (c) within that tissue:

$$Z=\rho c$$

Acoustic impedance represents the degree to which a medium resists the propagation of sound waves. Every biological tissue exhibits a unique response to incident sound waves; thus, when ultrasound waves pass from one tissue to another, the proportion of transmitted and reflected energy is governed by the difference in their acoustic impedances. The variations in acoustic impedance among different tissues form the basis of image brightness and contrast in ultrasound imaging. For instance, **bone**, which has a high acoustic impedance, reflects a large proportion of sound waves, resulting in bright echoes, while **soft tissues and fluids** with lower impedance produce clearer and more defined images. Therefore, acoustic impedance is not merely a theoretical or physical parameter but also a decisive factor in **diagnostic precision, image clarity, and clinical reliability**. Understanding this concept is essential for radiologists, sonographers, and medical physicists who aim to fully comprehend the performance and diagnostic potential of ultrasound technology (2).

Acoustic impedance represents the degree to which a medium resists the propagation of sound waves. Every biological tissue exhibits a unique response to incident sound waves; thus, when ultrasound waves pass from one tissue to another, the proportion of transmitted and reflected energy is governed by the difference in their acoustic impedances (3).

The variations in acoustic impedance among different tissues form the basis of image brightness and contrast in ultrasound imaging. For instance, **bone**, which has a high acoustic impedance, reflects a large proportion of sound waves, resulting in bright echoes, while **soft tissues and fluids** with lower impedance produce clearer and more defined images (4).

Therefore, acoustic impedance is not merely a theoretical or physical parameter but also a decisive factor in **diagnostic precision, image clarity, and clinical reliability**. Understanding this concept is essential for radiologists, sonographers, and medical physicists who aim to fully comprehend the performance and diagnostic potential of ultrasound technology (5).

Physical Properties and Mathematical Principles of Acoustic Impedance in Ultrasound

The concept of **acoustic impedance** represents a fundamental physical property that arises from the interaction between sound waves and different materials. When sound waves propagate through the surface of a material, three major phenomena occur **absorption, reflection, and transmission** all of which depend on the acoustic impedance of the medium.

Definition and Characteristics of Sound Waves

Sound waves are **mechanical longitudinal waves** that propagate through a material medium. Their velocity depends primarily on the medium's **density** and **elastic properties**. The speed of sound varies across different states of matter (solid, liquid, and gas) and directly influences the value of acoustic impedance.

Mathematically, the relationship between the **speed (v)**, **frequency (f)**, and **wavelength (λ)** of a sound wave is expressed as:

$$v=f\lambda$$

Where; v is speed of sound, f is frequency, and λ is wavelength (6).

Formula of Acoustic Impedance and Material Dependence

Acoustic impedance (Z) is defined as the product of the **density** (ρ) of a medium and the **speed of sound** (c) within that medium:

$$Z = \rho c$$

Where; Z is acoustic impedance (measured in Rayls), ρ is density of the medium (kg/m^3) and c is speed of sound (m/s).

From this equation, it is clear that materials with higher density and greater sound velocity possess higher acoustic impedance, whereas those with lower density and slower propagation velocity have lower impedance.

In the human body, tissues such as **bone**, **muscle**, and **fluid** exhibit distinct impedance values, determining the quality and accuracy of ultrasound image formation (7).

Principles of Reflection and Transmission

When sound waves encounter a boundary between two tissues of differing acoustic impedances, a portion of the wave is **reflected**, while the remaining portion is **transmitted** through the interface (8).

The **degree of reflection and transmission** depends on the difference in acoustic impedance between the two tissues:

- A **large impedance difference** causes stronger reflection and weaker transmission.
- A **small impedance difference** allows more transmission and less reflection.

This fundamental principle enables ultrasound to distinguish between soft tissues, fluids, and dense structures (9).

Illustration

If the right side of a tissue boundary has a higher impedance contrast than the left, the incident sound wave will reflect more strongly from the right side due to greater impedance discontinuity. Conversely, tissues with similar impedance values produce weaker reflections and more continuous wave transmission. This is why ultrasound imaging demonstrates bright (hyperechoic) and dark (hypoechoic) regions corresponding to tissue boundaries (9).

Acoustic Impedance of Human Tissues

In the human body, various tissues such as **muscle, fat, liver, bone,** and **air** have different acoustic impedances that affect the brightness and clarity of ultrasound images. The following table illustrates the relative acoustic properties of common tissues compared to water:

Tissue Type	Density (g/cm ³)	Speed of Sound (m/s)	Acoustic Impedance (×10 ⁶ Rayls)	Reflection Coefficient (Relative to Water)
Water	0.997	1490	1.52	0.0
Air	0.0012	330	0.0004	0.999
Fat	0.928	1400	1.30	0.042
Muscle	1.058	1568	1.66	0.054
Liver	1.055	1560	1.65	0.054
Bone	1.85	3360	6.22	0.614

From this table, it is evident that air has the lowest sound speed (≈ 330 m/s), while **bone** has the highest (≈ 3360 m/s). Similarly, reflection is almost zero in water but maximal in air. The significant impedance mismatch between bone and soft tissues causes most of the ultrasound energy to be reflected, leaving very little transmitted energy. Therefore, structures located behind bones are not visualized in ultrasound images, appearing as dark (acoustic shadow) regions (9, 10).

Advantages of Acoustic Impedance in Ultrasound

In diagnostic ultrasound, **acoustic impedance** is one of the most significant physical parameters influencing image formation and interpretation. It directly affects how ultrasound waves are transmitted and reflected at tissue boundaries. The advantages of acoustic impedance in ultrasound imaging include (10).

➤ **Enhanced Tissue Differentiation:**

Due to the difference in acoustic impedance between adjacent tissues, ultrasound waves reflect differently from each interface. This variation produces contrast in the image, enabling clear visualization of organs, muscles, fluids, and bones (11).

➤ **Accurate Image Brightness and Contrast:**

The difference in impedance between tissues governs the brightness of echoes. For example, the high impedance of bone causes strong reflections, appearing bright, while the lower impedance of soft tissues results in darker regions (12).

➤ **Non-Invasive Diagnosis:**

The ability of ultrasound to visualize internal structures without ionizing radiation makes it a safe diagnostic tool. Understanding acoustic impedance principles allows clinicians to interpret these images accurately and without risk to the patient (13).

➤ **Improved Image Quality:**

Correct impedance matching between the transducer and skin (through coupling gel) reduces reflection losses and enhances the penetration of sound waves, producing sharp and detailed images (14).

Reflection and Transmission at Boundaries

When sound waves travel from one medium to another, the difference in acoustic impedance (ΔZ) determines the proportion of reflected and transmitted waves:

If ΔZ is large, most of the energy is reflected, and very little penetrates deeper structures.

If ΔZ is small, the waves transmit easily, producing clearer images.

This principle is fundamental to medical ultrasound because it allows visualization of internal structures based on reflected echoes. The transducer detects these reflected signals and converts them into electrical signals, which are displayed as grayscale images on the screen (14).

Proper Contact between Probe and Skin

A good acoustic coupling between the **ultrasound probe and the patient's skin** is essential for optimal image quality. Air has an extremely low impedance compared to tissue, causing nearly total reflection of sound waves. Therefore, a **coupling gel** is applied between the probe and skin to eliminate air gaps and equalize acoustic impedance. This ensures efficient transmission of sound into the body and minimizes reflection at the interface (15).

Limitations and Disadvantages of Acoustic Impedance

Despite its importance, acoustic impedance also introduces certain limitations in ultrasound imaging:

1. Excessive Reflection:

When the impedance difference between two materials is very high (e.g., between bone and soft tissue or between air and tissue), most of the sound energy is reflected. Consequently, little or no signal penetrates deeper tissues, leading to information loss in the resulting image.

2. Dark or Non-Visible Areas:

In regions where the impedance contrast is extreme, such as behind bones or air-filled cavities, the reflected energy is so high that no returning echoes are detected. These areas appear as **acoustic shadows** or dark regions in the ultrasound image.

3. Metallic Artifacts:

The presence of metallic implants or surgical instruments within the body can cause complete reflection of ultrasound waves due to their extremely high impedance

difference. This results in bright artifacts and distortion, making it impossible to visualize underlying structures.

4. **Reduction of Image Quality:**

Large impedance differences can degrade image uniformity. Although reflection improves tissue contrast, it may also introduce **signal noise** and **spatial inaccuracies**, particularly in regions with mixed tissue composition (e.g., bone–muscle interfaces) (16).

Clinical Significance of Acoustic Impedance

In clinical applications, understanding and managing acoustic impedance differences are vital for accurate diagnosis and image interpretation. Key clinical implications include (17).

- **Identification of Pathological Changes:**

Variations in tissue impedance can indicate disease processes, such as fibrosis, tumors, or calcifications, which alter tissue density and elasticity.

- **Optimization of Scanning Parameters:**

Adjusting ultrasound frequency and gain based on impedance properties enhances image resolution for specific organs.

- **Tissue Characterization:**

Acoustic impedance assists in differentiating solid from cystic structures, evaluating organ boundaries, and detecting fluid accumulation.

Thus, acoustic impedance plays a pivotal role in improving the precision, clarity, and diagnostic value of medical ultrasound examinations (18).

Measurement Techniques, Mathematical Formulas, Conclusion, and Recommendations

Techniques for Measuring Acoustic Impedance

Accurate measurement of **acoustic impedance** is essential for obtaining precise ultrasound images. The process involves evaluating both **the speed of sound (c)** and **the density (ρ)** of the medium. Several measurement techniques are employed in medical and physical laboratories:

1. **Measurement of Sound Speed and Density** First, the density (ρ) of a material or biological tissue is measured by dividing its mass by volume in a controlled laboratory environment. Next, the speed of sound (c) through the medium is determined by using the time-of-flight (TOF) technique, which measures the time taken for a sound pulse to travel from one point to another (14).

The relationship between speed, time, and distance can be expressed as:

$$d = \frac{ct}{2}$$

Where; d is thickness or distance within the tissue, c is speed of sound in the medium (m/s), t is total time for the wave to travel to the tissue boundary and return to the transducer.

For example, in the human liver, the average sound velocity is approximately 1540 m/s. If the time-of-flight of an ultrasound pulse and its returning echo is known, the thickness or depth of the liver tissue can be calculated using the above formula (19).

2. **Time-of-Flight (TOF) Method in Ultrasound**

In ultrasound imaging, the time-of-flight method measures the total time required for a sound pulse to propagate from the transducer, pass through a tissue, and return after reflection. This technique allows the estimation of tissue thickness, distance to reflective surfaces, and the internal structure of organs. It is widely used in B-mode imaging systems to construct cross-sectional anatomical images.

3. Reflection Coefficient Method

The **reflection coefficient (R)** quantifies how much of an incident sound wave is reflected at the interface between two media with different acoustic impedances. It is calculated using the following equation:

$$R = \left(\frac{Z_1 - Z_2}{Z_1 + Z_2} \right)^2$$

Where; Z_1 is acoustic impedance of the first medium and Z_2 is acoustic impedance of the second medium.

The value of R ranges between 0 and 1:

- $R=0$: No reflection (complete transmission).
- $R=1$: Total reflection

If R lies between 0.1 and 0.2, most sound energy is transmitted with minimal reflection.

However, if R ranges from 0.8 to 0.9, most of the energy is reflected, resulting in limited transmission a common issue at bone soft tissue or air tissue interfaces (20).

Conclusion

The **quality of ultrasound imaging** is directly determined by the **physical principles of acoustic impedance**. When sound waves pass through tissues of varying density and elasticity, the difference in acoustic impedance dictates how waves are transmitted, reflected, and absorbed.

This phenomenon not only influences **image clarity** but also significantly enhances the **accuracy of clinical diagnosis**. The study of sound wave transmission, reflection, and absorption demonstrates that ultrasound is a scientifically grounded, **non-invasive**, and **safe diagnostic modality**.

Therefore, a deep understanding of acoustic impedance principles is vital for ultrasound practitioners and medical physicists to achieve **accurate and effective diagnostic results**.

Recommendations

1. **Professional Training:**

Ultrasound operators and clinicians should acquire a strong understanding of the physical principles of sound wave transmission and acoustic impedance.

2. **Recognition of Tissue Properties:**

The acoustic impedance of various body tissues must be well known, as impedance differences affect image brightness, reflection, and diagnostic interpretation.

3. **Optimization of Ultrasound Settings:**

Machine parameters such as frequency, gain, and focus should be adjusted according to the tissue type and anatomical region to ensure optimal image quality.

4. **Avoiding Diagnostic Errors:**

Operators should be aware of impedance-related artifacts such as acoustic shadows and metal reflections, which can obscure underlying structures.

Encouraging Further Research:

Continued scientific research is recommended to enhance ultrasound diagnostic capabilities through better understanding of acoustic impedance and related technologies.

References

1. Agarwal, K., Ojha, S., Dalmo, R. A., Seternes, T., Shelke, A., Melandsø, F., et al. (2024). Uncertainty analysis of Atlantic salmon fish scale's acoustic impedance using 30 MHz C-Scan measurements. *Ultrasonics*, 142, 107360.

2. Anderson, B. E., & Sommerfeldt, S. D. (Eds.). (2019). Selecting a new textbook for a graduate level course on vibration and fluid acoustics. In *Proceedings of Meetings on Acoustics*. Acoustical Society of America.
3. B, T. B., Kapoor, S., & Chen, J. M. (2022). Estimating vocal tract geometry from acoustic impedance using deep neural network. *JASA Express Letters*, 2(3), 034801.
4. Christensen, D. A. (1988). *Ultrasonic bioinstrumentation*.
5. Cobbold, R. S. (2006). *Foundations of biomedical ultrasound*. Oxford University Press.
6. Cook, J., Umar, M., Khalili, F., & Taebi, A. (2022). Body acoustics for the non-invasive diagnosis of medical conditions. *Bioengineering*, 9(4), 149.
7. Feldman, A. S. (1964). Acoustic impedance measurement as a clinical procedure. *International Audiology*, 3(2), 156–166.
8. Gupta, S., Haiat, G., Laporte, C., & Belanger, P. (2021). Effect of the acoustic impedance mismatch at the bone-soft tissue interface as a function of frequency in transcranial ultrasound: A simulation and in vitro experimental study. *IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control*, 68(5), 1653–1663.
9. Hiremath, N., Kumar, V., Motahari, N., & Shukla, D. (2021). An overview of acoustic impedance measurement techniques and future prospects. *Metrology*, 1(1), 17–38.
10. Hofer, M., Schiebel, B., Hartwig, H. G., & Mödder, U. (2002). Didaktiktraining für Ausbilder in Ultraschallkursen [Didactic training for instructors in ultrasound courses]. *Ultraschall in der Medizin*, 23(04), 267–273.
11. Huang, W., Kim, J., Kim, K., Bakshi, S., Williams, J., Matthieu, P., et al. (2015). A novel ultrasound technique for non-invasive assessment of cell differentiation. *IEEE Sensors Journal*, 16(1), 61–68.

12. Ito, K., Yoshida, K., Maruyama, H., Mamou, J., & Yamaguchi, T. (2017). Acoustic impedance analysis with high-frequency ultrasound for identification of fatty acid species in the liver. *Ultrasound in Medicine & Biology*, 43(3), 700–711.
13. Jensen, J. A. (1996). *Estimation of blood velocities using ultrasound: A signal processing approach*. Cambridge University Press.
14. Keefe, D. H., Ling, R., & Bulen, J. C. (1992). Method to measure acoustic impedance and reflection coefficient. *The Journal of the Acoustical Society of America*, 91(1), 470–485.
15. Mawardi, O. K. (1949). Measurement of acoustic impedance. *The Journal of the Acoustical Society of America*, 21(2), 84–91.
16. Park, K., Yuk, H., Yang, M., Cho, J., Lee, H., & Kim, J. (2022). A biomimetic elastomeric robot skin using electrical impedance and acoustic tomography for tactile sensing. *Science Robotics*, 7(67), eabm7187.
17. Szabo, T. L. (2013). *Diagnostic ultrasound imaging: Inside out*. Academic Press.
18. Terkildsen, K. (1964). Clinical application of impedance measurements with a fixed frequency technique. *International Audiology*, 3(2), 147–155.
19. Wachinger, C., Shams, R., & Navab, N. (2008). Estimation of acoustic impedance from multiple ultrasound images with application to spatial compounding. In *2008 IEEE Computer Society Conference on Computer Vision and Pattern Recognition Workshops* (pp. 1-8). IEEE.
20. Wells, P. N., & Liang, H. D. (2011). Medical ultrasound: Imaging of soft tissue strain and elasticity. *Journal of the Royal Society Interface*, 8(64), 1521–1549.