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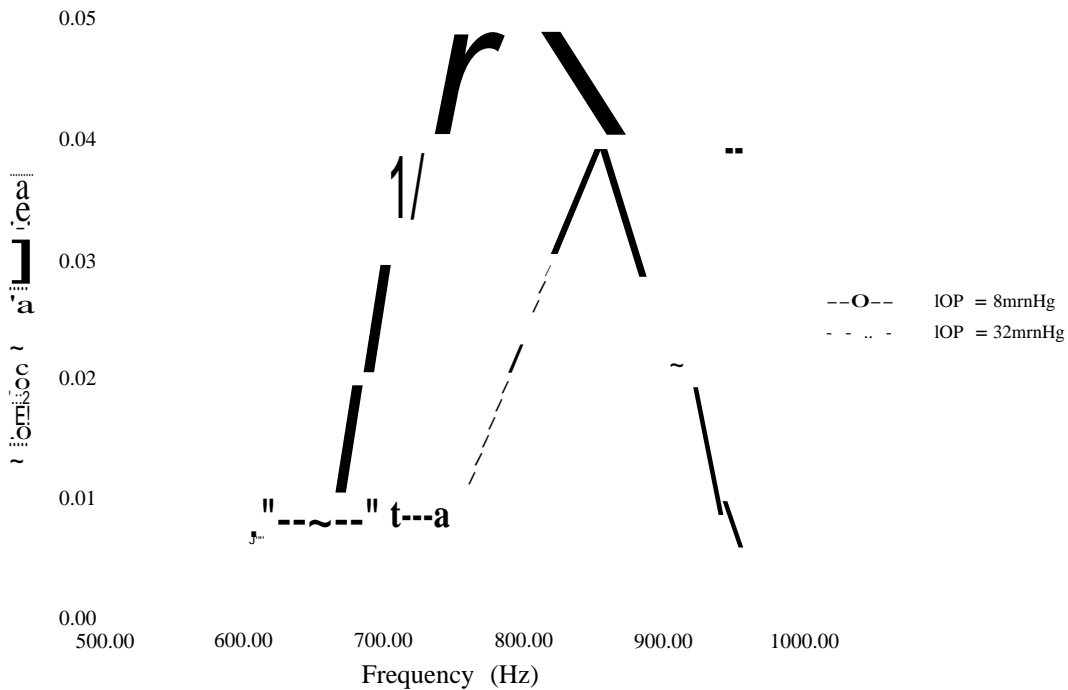


Fig. 3. *In vitro* response of a human eye-bankeye with shift in intraocular pressure (IOP). Vertical scale: estimated radial vibration amplitude. Horizontal scale: vibration frequency.

approximately one third of the Young's modulus, and thus, for the sclera, we took μ , ~ 1000 kPa. To see how the resonance shifts with changing rigidity, we evaluated the resonance frequencies for $f_j = 100, 300, 1000, 3000$ and $10,000$ kPa. The resonance is seen to shift significantly for these changes, as shown in Fig. 1, which gives the larger real positive frequency solutions to the first three resonance modes ($n = 1, 2, 3$). We see that all resonances increase with the increase in rigidity. Thus, we expect the resonance frequencies to shift upward as IOP increases. This hypothesis is supported in the detailed analysis in Coquart et al. (1992) for both the *in vitro* (eye being out of the socket) and *in vivo* (eye being inside the socket) cases.

where A is the amplitude of $srCt$, f_0 is the center frequency, ω is the vibration frequency, ep is the vibration phase and

$$b.f._m = \frac{2v_m f_0 \cos(\omega t)}{C_0} \quad (4)$$

where $v_m = 27rf_d$; m is the vibration amplitude of the velocity field, r_m is the vibration amplitude, f_0 is the propagation speed of the wave of human propagation

Estimating the vibration amplitude

When a scattering object vibrates in a manner to produce a wavelength much larger than the geometric dimensions of the scatterer itself, the Doppler spectrum of the signals returning from sinusoidally oscillating structures is similar to that of a pure tone frequency modulation process (Holen et al. 1986).

The received or scattered wave can be written as (Carlson 1986; Huang 1990):

$$srCt) = A \cos\{27rf_0t + \frac{27rb_fm}{27rfL} \sin(27rf_d + ep)\}, \quad (3)$$

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