Hybrid blueprint (CNN14 ⊕ PaSST)

Shared front-end (both datasets)

- Resample: use the native SR (CirCor ≈ 4 kHz from .hea; Yaseen can stay 22.05 kHz or be downsampled—see per-dataset notes).
- Window: fixed clip length (CirCor 12–12.5 s; Yaseen 3 s). Pad or crop as needed.
- **(Optional) DWT denoise: db4, level-5**; soft-threshold detail coeffs (BayesShrink/VisuShrink). Apply on waveform, then re-pad.
- Time-frequency: 128-mel, 25 ms win / 10 ms hop → log-mel → per-sample z-score. Resize/crop to 224×224 for PaSST/Vision backbones.
- Aug (train-only):
 - o Waveform: small Gaussian noise, ±10% time-stretch, random time-shift.
 - SpecAugment: 1–2 time masks & 1–2 freq masks (≤10% each).

Tensor to encoders (per site/clip): $X \in (B, 1, 224, 224)$ (treat log-mel as 1-channel image).

Dual encoders (shared across sites)

- CNN branch: PANNs CNN14 (AudioSet-pretrained), first conv adapted to 1-ch.
 Output pooled embedding e_cnn ∈ ℝ¹⁰²⁴.
- Transformer branch: PaSST-S (Patchout Spectrogram Transformer) on 224×224. Output pooled embedding $e_tr \in \mathbb{R}^{768}$ _1024 (model-dependent).

Site embedding: $[e_cnn \oplus e_tr] \rightarrow LN \rightarrow Dropout \rightarrow Linear(... \rightarrow 512) \rightarrow z_site \in \mathbb{R}^{512}$.

CirCor-2022 pipeline (multi-location, multi-task)

A) Data packaging

- Group by patient; collect sites (AV, MV, PV, TV, (Phc)) available for that patient.
- **Split**: **StratifiedGroupKFold (5-fold)** by patient. Stratify primarily on **murmur** (Present/Absent/Unknown) or **outcome** (Normal/Abnormal); secondarily maintain **campaign (CC2014/2015)** and **age-group** balance.

B) Per-site processing

For each site recording:

resample → window (12–12.5 s) → DWT (optional) → log-mel(224×224) → z-score → augment (train-only) → to encoders → z_site.

C) Multi-location fusion (patient level)

- Add a **learned location embedding** to each z_site (one vector per site code).
- Attention pooling (MIL) across sites → z_patient ∈ R⁵¹².
 (If a site is missing, skip it; optionally include a learned NULL vector for padding.)

D) Heads & losses

- **Head-A (Murmur)**: 3-class softmax {present, absent, unknown}. Loss: **class-weighted CE** (e.g., Present and Unknown up-weighted).
- Head-B (Outcome): sigmoid {abnormal vs normal}.
 Loss: BCE.
- Total: L = α ·CE murmur + β ·BCE outcome (start α =0.6, β =0.4).
- **Sampling**: patient-level batches; ensure label/campaign/age mix per batch.

E) Training schedule

- Optimizer: AdamW, lr 2e-4, cosine decay, warmup 5 epochs, AMP on.
- Freeze/unfreeze: first 5–10 epochs freeze CNN14 lower blocks and PaSST patch embed → then unfreeze all.
- Early stop on murmur weighted-accuracy; also track outcome
 AUROC/AUPRC.
- Metrics (match Challenge): weighted-accuracy (murmur), cost-based (outcome) + AUROC/AUPRC/confusion matrices.

F) Inference

Per patient: encode all available sites → attention pool → output both heads.
 Optionally average over multiple windows per site and then pool across sites.

Yaseen pipeline (single-recording, 5-class)

A) Data packaging

- Per file (usually single-site): keep dataset native SR (22.05 kHz) or downsample to 4 kHz to reuse CirCor front-end; choose one and stick with it for consistency.
- Split: StratifiedKFold (5-fold) on the 5 classes (Normal, AS, MS, MR, MVP).

B) Per-record processing

window 3 s → DWT (optional, db4 level-5) → log-mel(224×224) → z-score → augment (train-only) → encoders → z_site (there's just one).

C) Classification head

Head-Y (Disease-5): softmax over {Normal, AS, MS, MR, MVP}.
 Loss: CE (+ class weights if imbalanced).

D) Training schedule

 Same optimizer/schedule as CirCor; early stop on macro-F1 or balanced accuracy.

E) Inference

Single clip → dual encoders → project to z_site → Head-Y.

What DWT buys you (and where to add it)

- Where: immediately after resampling and before TF features.
- Why: removes high-frequency noise while preserving heart-sound transients (S1/S2 and murmur bands).
- Recipe: x_denoised = wavedec(x, 'db4', level=5) → soft-threshold detail coeffs (BayesShrink) → waverec → pad/trim → TF.
- **Ablate**: keep a toggle; on noisier recordings (field recordings, infants), DWT usually gives a small but reliable lift.

Shapes & modules (quick wiring)

- Input (per site): (B, 1, 224, 224) log-mel
- **CNN14** → GAP → (B,1024)
- **PaSST** → class token / mean pool → (B,768–1024)
- Concat → (B, ~1800–2000) → LN → Dropout → Linear → (B,512) = z_site
- MIL attention over sites → z_patient (B,512)
- **Heads**: Murmur (B,3), Outcome (B,1); Yaseen (B,5)

Training knobs that matter

- SpecAugment intensity: keep masks small (≤10%) to avoid deleting murmurs.
- Class weights (murmur): tune on fold-0 using val weighted-accuracy.

- Patchout (PaSST): enable light patch dropping to regularize.
- **Demographics (CirCor)**: optional—concat a small MLP on age group & campaign and add to z_patient.

What to log

 Losses per head; murmur WA; outcome AUROC/AUPRC; confusion matrices; site attention weights (to verify MV/AV often dominate when murmurs are present); DWT on/off ablation; CNN-only vs PaSST-only vs hybrid.

If you'd like, I can turn this into a minimal PyTorch skeleton (Dataset + PaSST & CNN14 encoders + MIL attention + two heads, with a DWT toggle and ready scoring stubs). It will follow the exact steps above and your hybrid doc's flow.