

PNEUMONIA DETECTION

Project Overview

- The project focuses on leveraging a dataset of chest X-ray images to develop machine learning models capable of accurately diagnosing pneumonia. The dataset, sourced from Kaggle, comprises images classified into two categories: pneumonia and normal. This project aims to build and optimize convolutional neural network (CNN) models to achieve high diagnostic accuracy.



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GENERAL OBJECTIVE

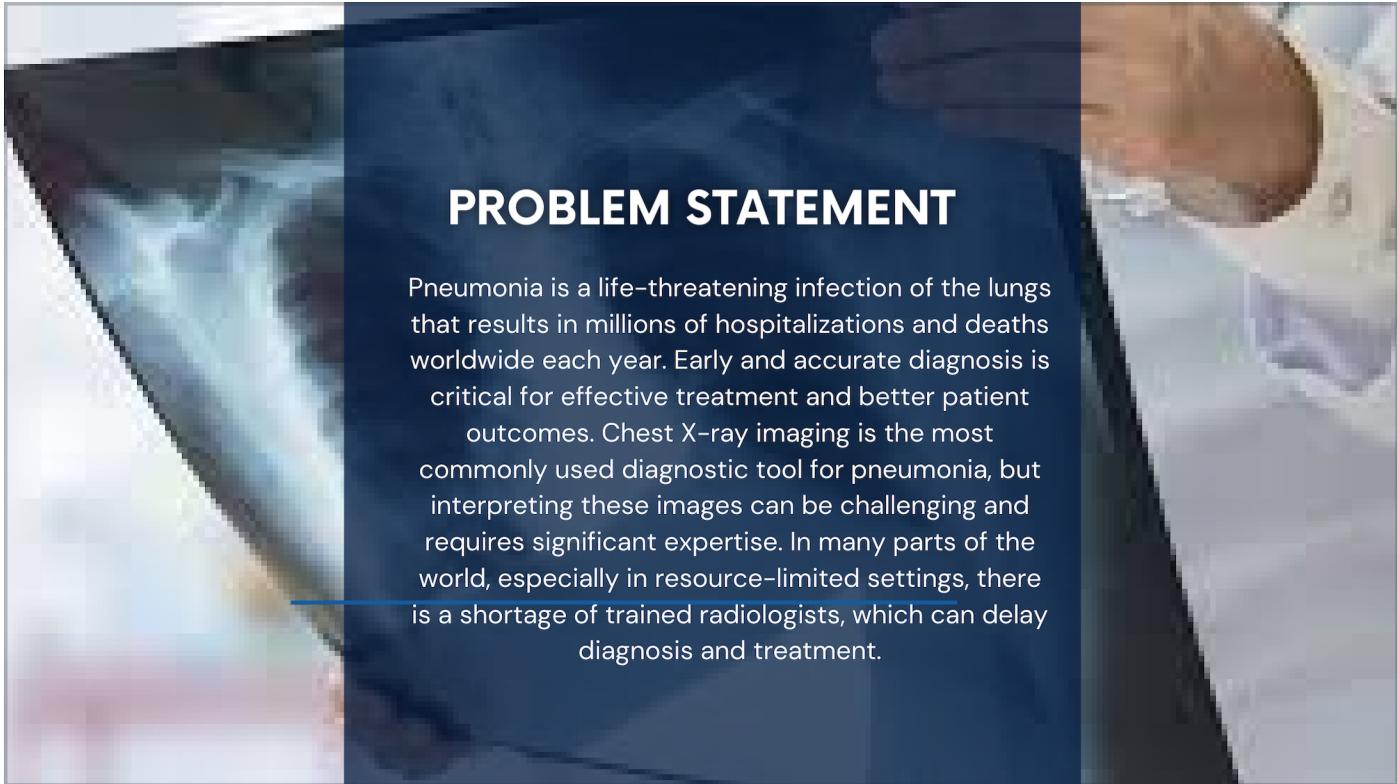


The objective of this project is to leverage deep learning techniques to develop an automated system capable of accurately diagnosing pneumonia from chest X-ray images. This system aims to:



Provide reliable diagnostic assistance to healthcare professionals. Reduce the diagnostic workload in hospitals and clinics. Improve diagnostic accuracy and speed, especially in areas with limited access to radiologists.





PROBLEM STATEMENT

Pneumonia is a life-threatening infection of the lungs that results in millions of hospitalizations and deaths worldwide each year. Early and accurate diagnosis is critical for effective treatment and better patient outcomes. Chest X-ray imaging is the most commonly used diagnostic tool for pneumonia, but interpreting these images can be challenging and requires significant expertise. In many parts of the world, especially in resource-limited settings, there is a shortage of trained radiologists, which can delay diagnosis and treatment.

WORK DISTRIBUTION

The work was distributed into

Business Understanding

Data Exploration, Preview

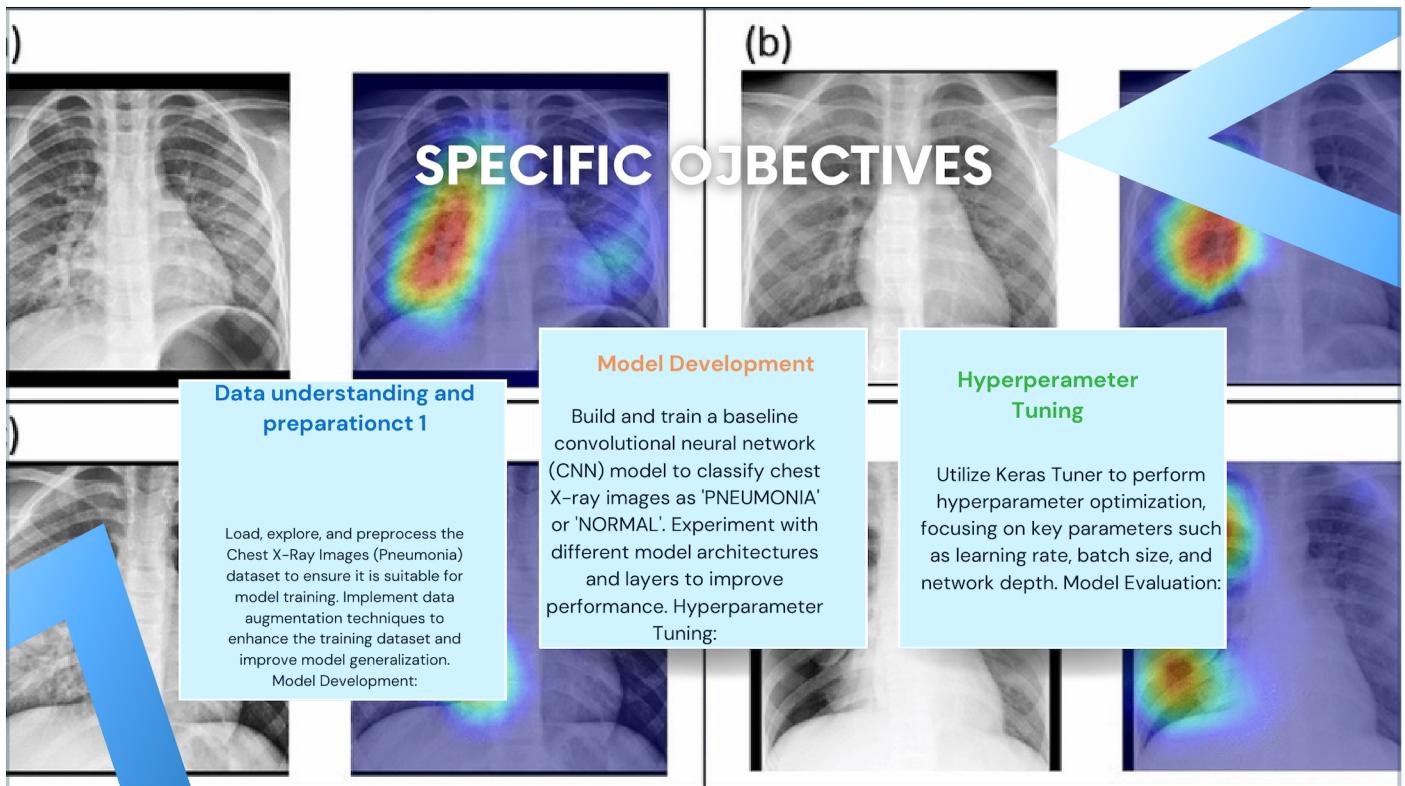
Preprocessing

Model Architecture

Model compiling and evaluation

General results evaluation





Specific Objectives

Model Evaluation

Evaluate the model's performance using accuracy, precision, recall, and F1-score on validation and test datasets. Ensure the model's robustness and ability to generalize to new, unseen data. Result Analysis and Visualization:

Result Analysis and Evaluation

Analyze and visualize the training history, including loss and accuracy curves, to understand the model's learning dynamics. Compare training, validation, and test performance to detect and address potential overfitting or underfitting. Clinical Integration:



Clinical Integration

Propose a strategy for integrating the developed model into clinical workflows to assist in the diagnosis of pneumonia.



Process of Performance

Data Analytics Process





Modeling Architecture

We focused on below modeling for accuracy

Baseline CNN

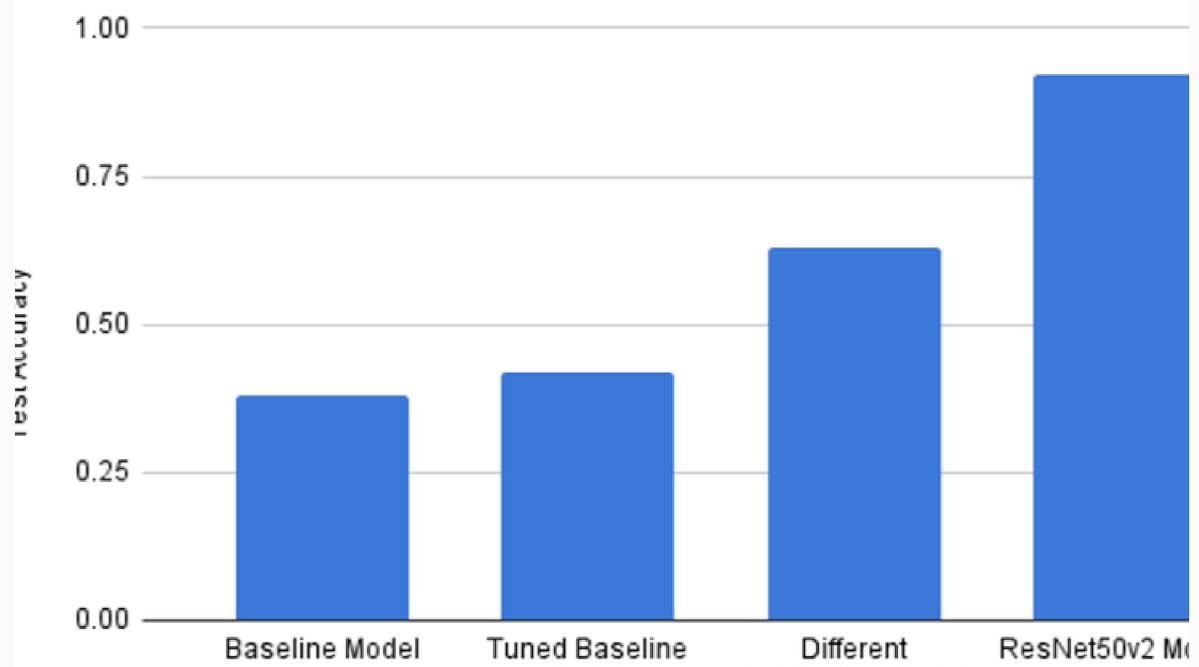
Tuned baseline CNN

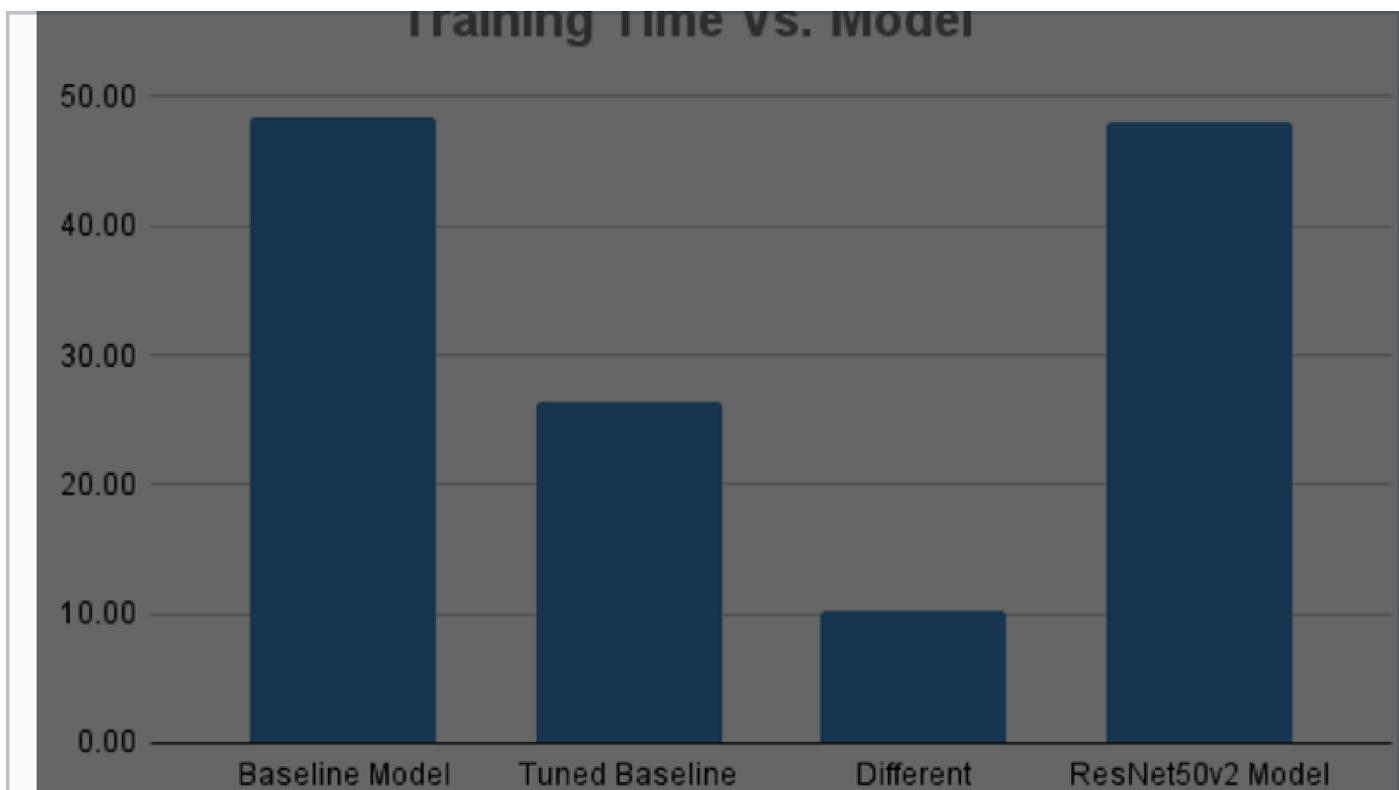
Complex Model

ResNET50V Model



Test Accuracy vs. Model





Results Evaluation

Accuray

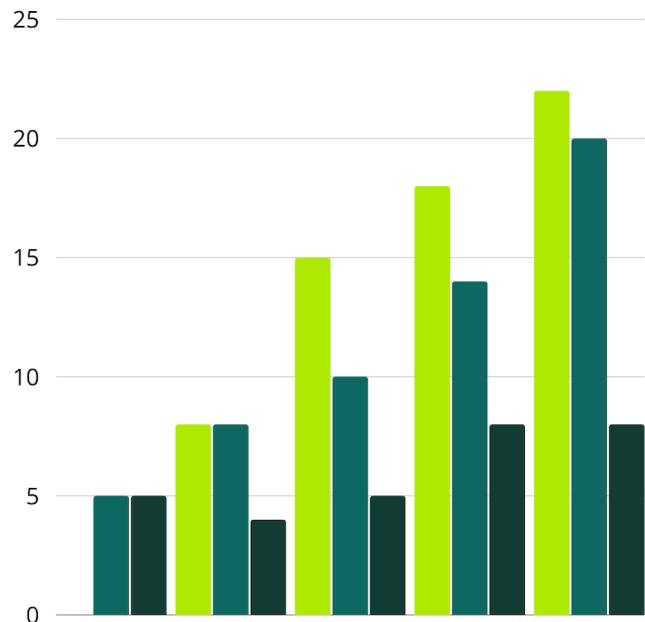
Baseline model accuracy was 0.875

The tunned baseline model gave 0.875

Complex architecture model produced 1.833 approximate

The ResNET50V2 prduced

Tuned ResNET50V2



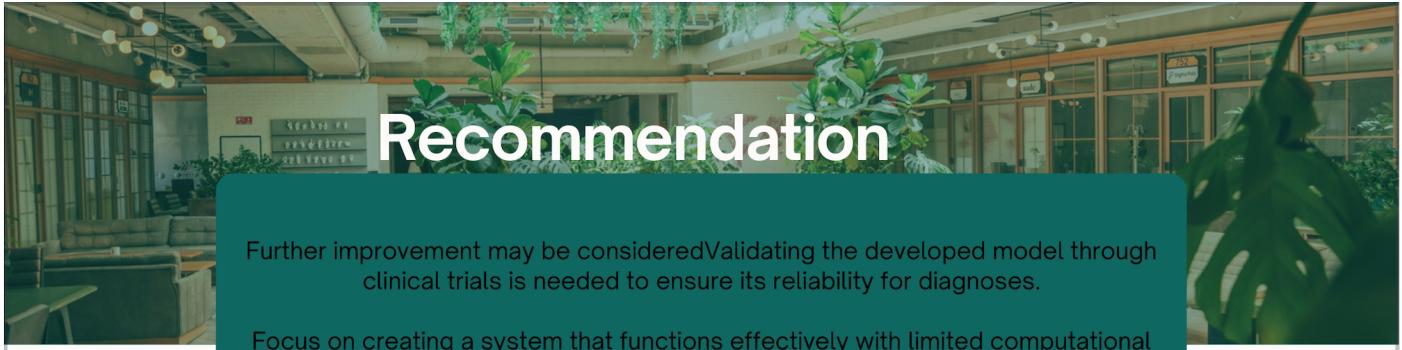


DURATION

- 01** Baseline model took 2hrs 42min 18secs
- 02** Tunned baseline: 8hrs 44min 19secs for the best trial
- 03** Complex architecture: 2HRS 20min 15 sec
- 04** ResNET50V2 model: 1hr 30min

Model Comparison

SN:	Model Name	Model Architecture	Training Time	Validation Accuracy	Test Accuracy	Test Loss
1	Baseline Model	CNN with original architecture	5hr 11min	0.875	0.74	3.89
2	Tuned Baseline Model	CNN with original architecture	2hrs 42min	0.875	0.85	3.00
3	Complex Architecture	CNN with modified architecture	10.25min	0.45	0.63	19.45
4	ResNET50V2	Pretrained ResNet50v2	10.25 mins	0.88	0.92	0.23



Recommendation

Further improvement may be consideredValidating the developed model through clinical trials is needed to ensure its reliability for diagnoses.

Focus on creating a system that functions effectively with limited computational resources.

Further optimization of hyperparameters such as dropout rate and batch size to enhance model performance.



THANK YOU

MEMBERS

Jane Martha
Najma Abdi
Frida Oyucho
Eunice Ngunjiri
Brian Ochieng
Jubilant Mutuku

