Project Report

TEAM ID:-PNT2022TMID34743

Deep Learning Fundus Image Analysis for Early Detection of Diabetic Retinopathy

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Team member: PAULIN SHEFIA C P

Team member: SUSHMI J

Team member: VINISHA V

Industry Mentor Name:-Shanthi

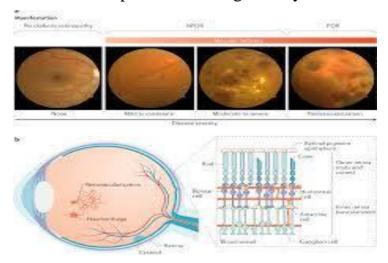
Faculty Mentor Name:-J.ARUL KING

Deep Learning Fundus Image Analysis for Early Detection of Diabetic Retinopathy

INTRODUCTION:-

Project Overview:-

Diabetic Retinopathy (DR) is a common complication of diabetes mellitus, which causes lesions on the retina that affect vision. If it is not detected early, it can lead to blindness. Unfortunately, DR is not a reversible process, and treatment only sustains vision. DR early detection and treatment can significantly reduce the risk of vision loss. The manual diagnosis process of DR retina fundus images by ophthalmologists is time effort and cost-consuming and prone to misdiagnosis unlike computer-aided diagnosis systems.



Purpose:-

An eye exam is a quick, simple, and painless way for an ophthalmologist to check a person's eye health. The test allows them to check for eye problems early on, when they are easier to treat and before they cause vision complications. Eye screening is an important part of diabetes care. Untreated diabetic retinopathy is one of the most common causes of sight loss. When the condition is caught early, treatment is effective at reducing or preventing damage to the sight.



LITERATURE SURVEY:-

AUTHOR	TECHNOLOGY	DESCRIPTION	ADVANTAGES	DISADVANTAGES
Shin ES, SorensonCM, Sheibani N. Diabetes and retinal vascular dysfunction. J Ophthalmic Vis Res. 2014; 9: 362– 373	Fractal Dimensional Analysis of Optical Coherence Tomography Angiography in Eyes With Diabetic Retinopathy	It used fractal dimensional analysis to analyze retinal vascular disease burden in eyes with diabetic retinopathy using spectral-domain optical coherence tomography angiography (OCTA).	The advent of OCTA analysis provide high resolution images that allow the visualization of microvascular abnormalities, and also are well-suited to mathematical analysis of each vascular layer.	A small sample size and persistence of imaging artifacts, which may reduce the precision of fractal analysis.
Wenbo Zhang 1 , Hua Liu, Mohamed Al- Shabrawey, Robert W Caldwell, Ruth B Caldwell.	Comparing retinopathy lesions in scanning laser ophthalmoscopy and colour fundus photography.	It evaluate the detection of different lesions of diabetic retinopathy in scanning laser ophthalmoscopy compared to color fundus with retina.	Features of DR including haemorrhages, microaneurysms, intraretinal microvascular abnormalities, and neo vascularization were analysed.	Due to high efficiency it's not applicable for advanced level.Lower response to the application model.
Lucy Q. Shen, Angie Child, Griffin M. Weber, Judah	Rosiglitazone and Delayed Onset of Proliferative Diabetic Retinopathy.	Evaluate whether rosiglitazone maleate, an oral peroxisome-proliferating activated receptor	All visual acuity measurements were bestcorrected and conducted on Early Treatment Diabetic	Rosiglitazone may delay the onset of PDR,possibly because of its antiangiogenic activity

Folkman, Lloyd Paul		agonist and oral insulin sensitizing	Retinopathy Study (ETDRS) visual	
AielloPublish		agent with potential	acuity charts	
Year: 2008		antiangiogenic		
		activity,delays onset of proliferative		
		diabetic retinopathy		
		(PDR).		
		(1211).		
Osakada F,	Early retinal	It develop a	Only major capital	Shaking microwells is that
Ikeda H,	differentiation of	microwell suspension	expenditure for	they do not include many
Sasai Y,	human pluripotent	platform for the	standard cell culture	potentially beneficial
Takahashi M	stem cells in	adaption of attached	laboratories is a	functionalities associated
(2009)	microwell suspension	stem cell	relatively cheap	with suspension
	cultures	differentiation	shaking platform.	bioreactors such as pH,O2
		protocols into mixed		control and medium
		suspension culture		feeding regimes.

References:-

E. S. Shin, C. M. Sorenson, and N. Sheibani, "Diabetes and retinal vascular dysfunction," Journal of Ophthalmic & Vision Research, vol.9, no. 3, pp. 362–373, 2014.

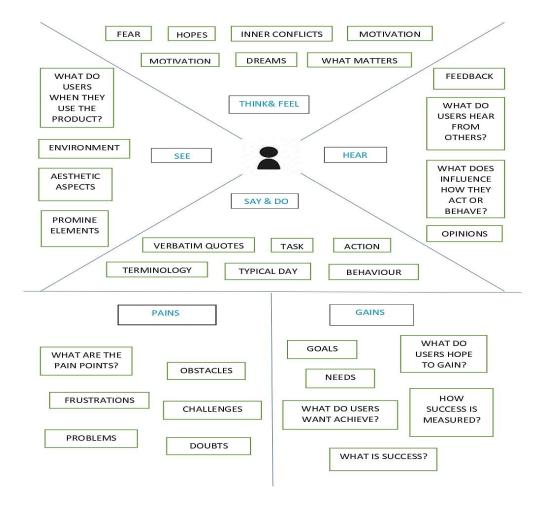
W. Zhang, H. Liu, M. Al-Shabrawey, R. W. Caldwell, and R. B.Caldwell, "Inflammation and diabetic retinal microvascular complications," Journal of Cardiovascular Disease Research, vol. 2,no. 2, pp. 96–103, 2011.

L. Q. Shen, A. Child, G. M. Weber, J. Folkman, and L. P. Aiello, "Rosiglitazone and delayed onset of proliferative diabetic retinopathy," Archives of Ophthalmology, vol. 126, no. 6, pp. 793–799, 2008.

F. Osakada, H. Ikeda, Y. Sasai, and M. Takahashi, "Stepwise differentiation of pluripotent stem cells into retinal cells," Nature Protocols, vol. 4, no. 6, pp. 811–824, 2009.

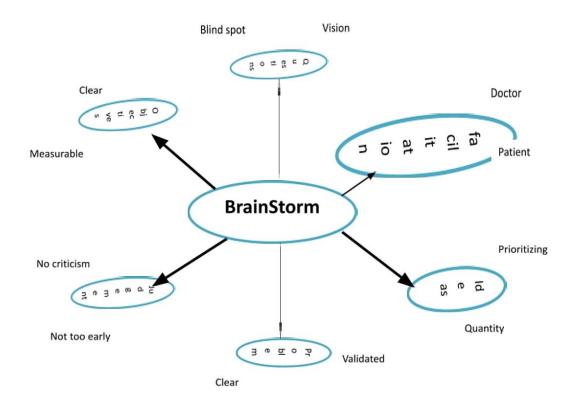
IDEATION & PROPOSED SOLUTION:-

Empathy Map Canvas:-



Brainstorming:-

Mindmapping



PROBLEM STATEMENT

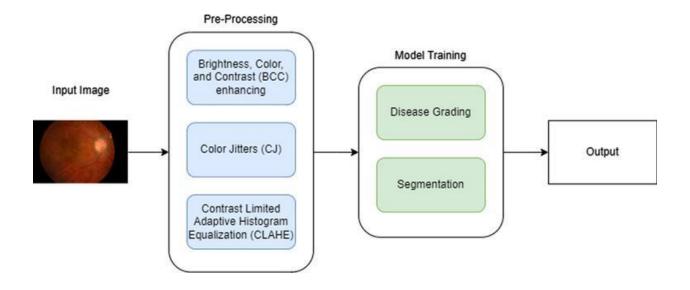
PROBLEM STATEMENT	I AM (CUSTOMER)	I AM TRYING TO	вит	BECAUSE	WHICH MAKES ME FEEL
PS-1	PATIENT	Differentiate whether the changes in the vision of the eye is caused by diabetic retinopathy or by other health issues.	Early stages of diabetic retinopathy usually don't have any symptoms.	It is caused by damage to the blood vessels of the light sensitive tissue at the back of the eye.	Scared, Anxiety
PS-2	DOCTOR (OPHTHALMOLO GIST)	Treat the growth of new blood vessels at the back of eye.	Treating new blood vessels in eye can cause pain and a dangerous increase in pressure inside the eye.	Of NPDR the walls of the blood vessels in the retina weaken.	Guilty and degrada tion of career.
PS-3	GOVERNMENT	Protect and advance the delivery of high quality health care.	Most of the citizens are not aware about the schemes provided by the governmen t.	The government 's best efforts in creating awareness are through radio,TV,pri nt or online media.Unfo rtunately,th ese communicat ion efforts often do not reach rural areas.	Scanty

Proposed Solution:-

SI.No.	Parameter	Description
1.	Problem Statement (Problem to be solved)	To develop a AI based deep learning fundus image analysis and classification by following criteria, 1.To avoid the vision loss of the patient that caused by diabetic retinopathy. 2.To create awareness among people so they can get the clear clarification of this disease.
2.	Idea / Solution description	To develop deep learning approach such as Deep Convolutional Neural Network(DCCN) gives high accuracy in classification of these diseases through spatial analysis. A DCCN is more complex architecture inferred more from Human visual perspects.
3.	Novelty / Uniqueness	Deep convolutional neural network is to find a better and optimized way to classifying the fundus image with little preprocessing techniques.
4.	Social Impact / Customer Satisfaction	It will save the lives of people and minimize the vision loss by classifying the diabetic retinopathy using AI.
5.	Business Model (Revenue Model)	Due to the increasing high demand for diabetic retinopathy for damaged eye-retina patients on which the diabetic retinopathy manufactures are anticipated to generate high revenue.
6.	Scalability of the Solution	Diabetic Retinopathy is preventable through strict glycaemic control, annual dilated eye exams by an ophthalmologist and modification in life style.

Problem Solution Fit:-

Each domain is important in improving the effectiveness of a programme; focusing on one domain exclusively will not achieve maximum improvement for a given set of resources. Investing in equipment without considering the pathwayof how people with diabetesmight be identified or referred if necessary.



REQUIREMENT ANALYSIS:-

Functional requirement:-

Following are the functional requirements of the proposed solution.

FR.No	Functional Requirement (Epic)	Sub Requirement (Story /
		Sub-Task)
FR-1	Identify and selecting dataset	It is necessary to select the
		appropriate dataset to enhance
		the model's performance.
FR-2	Diagnosis	The training should ensure
		proper diagnosis and make sure
		to identity the true and false of
		the medical condition [Diabetic
		retinopathy].
FR-3	Analysis	Based on the training the model
		should analyse the medical
		condition [DR] in order to
		protect/detect the disease
		accurately.
FR-4	Testing	The trained model is tested with
		different data to ensure it has
		trained well to predict/detect the
		medical condition[DR]

FR-5	Treatment	The testing of the model gives us
		the level of the medical
		condition so that we can go for
		the required treatment.

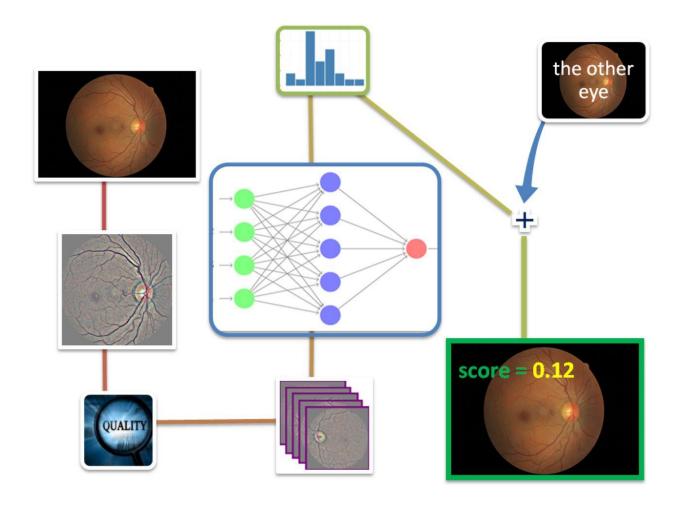
Non-Functional requirements:-

Following are the non-functional requirements of the proposed solutions.

NFR	Non-Functional Requirement	Description
No.		
NFR-1	Usability	User with basic understanding of the
		medical condition and computer
		knowledge can operate the system.
NFR-2	Reliability	There is a chance of hardware failure or
		false positives when the testing data is
		more of different than the training dataset.
NFR-3	Performance	The performance of the model is meant to
		give speedy results for the patients.
NFR-4	Availability	The model is made to be available a
		anytime and anywhere.
NFR-5	Scalability	The scalability of the model can be
	•	enhanced with future technologies so that
		the performance of the model
		can be improved.

PROJECT DESIGN:-

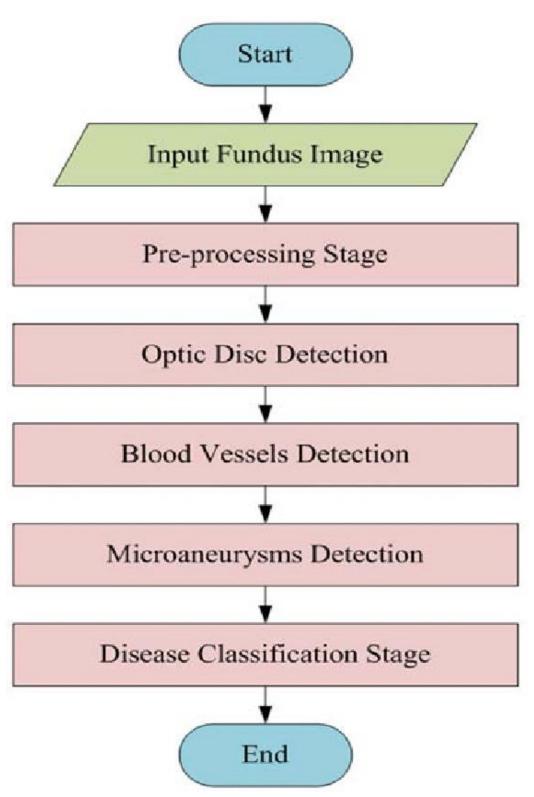
Data Flow Diagrams:-



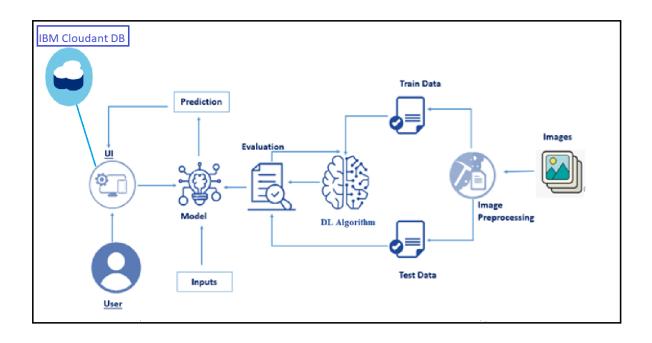
User type	Functional Requiremen t(Epic)	User story number	User story /task	Acceptance Criteria	Priority	Release
Common user	Dashboard	USN-1	As a user, I can able to	I can upload or take image	High	Sprint-1

	upload image of my eyes			
USN-2	As a user, I will receive the diagnosis as to whether I have retinopathy or not	I can receive the diagnosis	High	Sprint-1
USN-3	As a user, I receive the severity of the retinopathy	I can receive the severity ofthe retinopathy	Medium	Sprint-2
USN-4	As a user, I can receive the suggested remedy	I can receive the suggestedremedy	Medium	Sprint-2

Solution Architecture:-



Technical Architecture:-



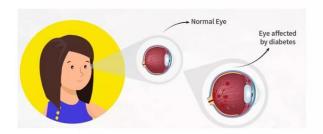
User Stories:-

As a user, I can able to upload image of my eyes.

As a user, I will receive the diagnosis as to whether I have retinopathy or not.

As a user, I receive the severity of the retinopaahy. As a user, I can receive the suggested remedy.

DIABETIC RETINOPATHY



PROJECT PLANNING & SCHEDULING:-

Sprint Planning & Estimation:-

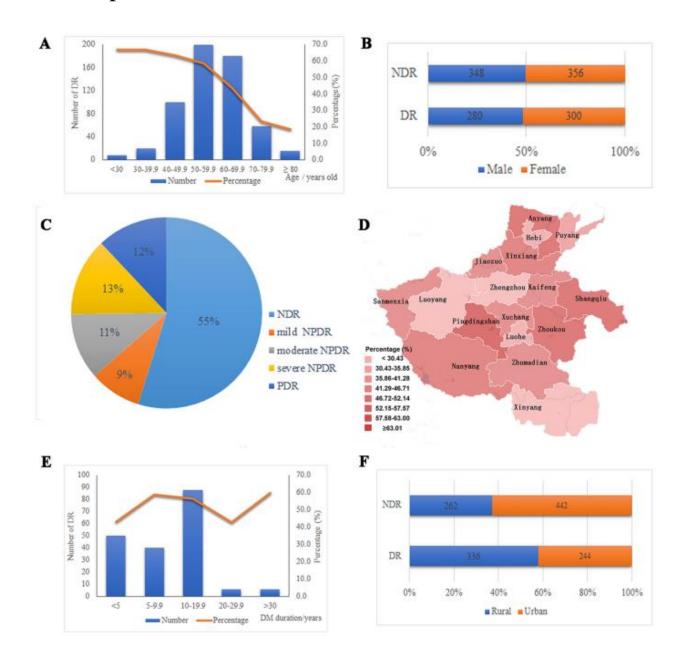
Sprint	Functional Requirement (Epic)	User Story Number	User Story / Task	Story Points	Priority
Sprint-1	Screening method	USN-1	As a user,I can find the method more efficient and accurate.	7	High
Sprint-2		USN-2	As a user,I can use it with minimal physical interaction with the device.	6	Medium
Sprint-4	Physical features	USN-3	As a user, I can find it portable and light weight.	10	Low
Sprint-3	Safety	USN-4	As a user, I can be safe as the detection methodis free from radiations.	8	High
Sprint-1	Testing	USN-5	As a user,I can undergo testing withoutany fear of pain as this method is pain-free.	7	Low
Sprint-3		USN-6	As a user ,I will be comfortable as it requiresminimum / no human involvement.	3	Medium
Sprint-1	Results	USN-7	As a user, I can rely on the results without any suspicion.	6	High
Sprint-3		USN-8	As a user, Ican benefit from the resultas it will help me know whether treatment is necessaryor not.	8	Medium
Sprint-2		USN-9	As a user,Ican get the results on the spot	7	Low

	immediately after	
	the screening	
	process.	

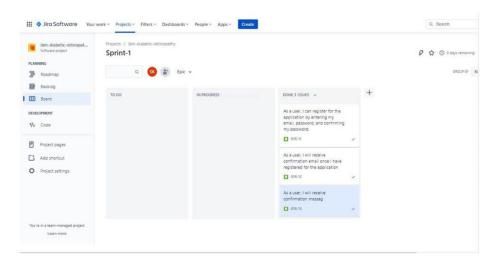
Sprint Delivery Schedule:-

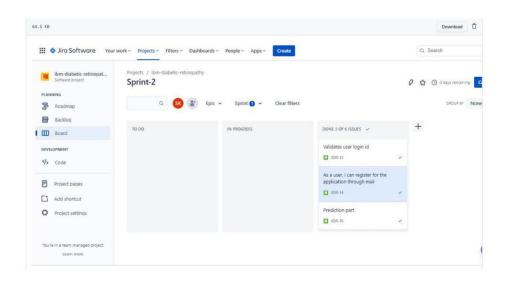
Sprint	Total Story Points	Duration	Sprint Start Date	Sprint End Date(Planned)	Story Points Completed (as on PlannedEnd Date)	Sprint Release Date (Actual)
Sprint-1	20	6 Days	24 Oct 2022	29 Oct 2022	20	29 Oct 2022
Sprint-2	20	6 Days	31 Oct 2022	05 Nov 2022	20	05 Nov 2022
Sprint-3	20	6 Days	01 Nov 2022	12 Nov 2022	20	12 Nov 2022
Sprint-4	20	6 Days	14 Nov 2022	19 Nov 2022	20	19 Nov 2022

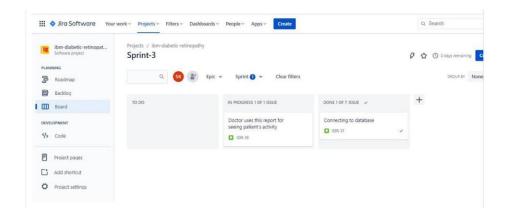
Reports from JIRA:-

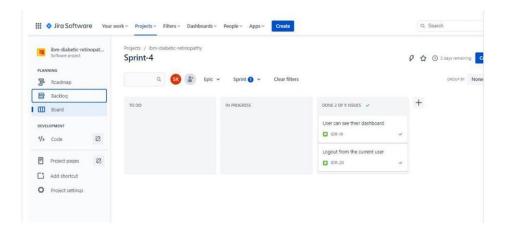


JIRA FILES









CODING & SOLUTIONING:-

Feature 1:-

Admin Page Code:-

from django.contrib import admin # Register your models here.

Explanation:-

Admin is the role with the highest level of access to the website. Admins can add content on all pages and access all items in the Admin Toolbar. This means that Admins can control site-wide settings like the design of the website and the homepage layout. They can add and delete other admin users, and can approve or deny edits made by authors.

Home Page Code:-

```
<!DOCTYPE html>
            {% load static %}
            <meta name="viewport" content="width=device-width, initial-scale=1">
            <html>
            <head>
            <style>
     html {
         background: "{% static 'assets/images/.jpg' %}";
              background-size: cover;
              background-attachment: fixed;
              background-position: center bottom;
     h2 {
              color: "red";
     body {
              font-family: Arial;
              background-repeat: no-repeat;
              background-position: center bottom;
              background-size: 80% 100%;
              color: rgb(255, 255, 255);
              background-color: #002447;
button{
              height: 75px;
```

```
width: 270px;
                 background-color: transparent;
                 font-size: large;
                 color: rgb(255, 255, 255);
                 border: 2px solid rgb(255, 255, 255);
  <script>
function openCity(evt, cityName) {
                 var i, tabcontent, tablinks;
                 tabcontent = document.getElementsByClassName("tabcontent");
                 for (i = 0; i < tabcontent.length; i++) {
                  tabcontent[i].style.display = "none";
                 tablinks = document.getElementsByClassName("tablinks");
                 for (i = 0; i < tablinks.length; i++) {
        </script>
        </body>
        </html>
```

Explanation:-

A home page is the default or front page of a site. It is the first page that visitors see when they load a URL. Web managers can control the home page as a way of directing the user experience. Home pages are located in the root directory of the website. The home page often serves to orient visitors by providing titles, headlines and images and visuals that show what the website is about, and in some cases, who owns it and maintains it.

Feature 2:-

Explanation:-

The login page allows a user to gain access to an application by entering their username and password .A user navigates to an application and is presented with a login page as a way to gain access to the application. There are two possible results:

Authentication is successful and the user is directed to the application landing page.

Authentication fails and the user remains on the login page. If authentication fails, the screen should show an informational or error message about the failure.

Feature 2:-

```
Upload page:-

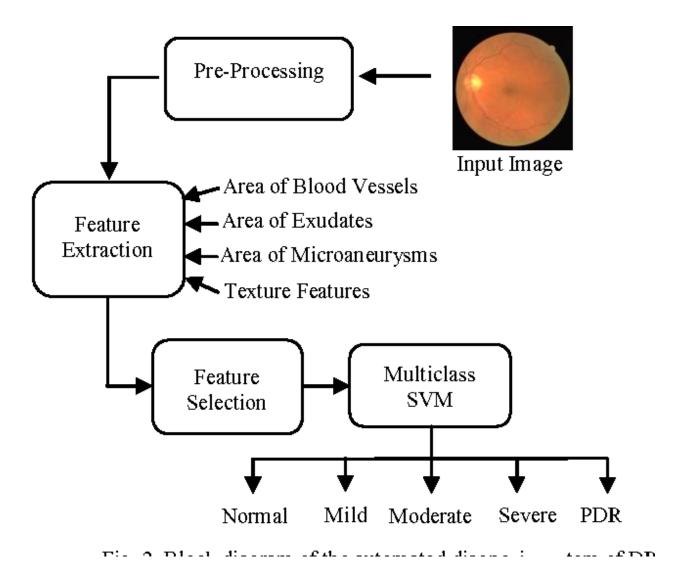
<!DOCTYPE html>
<html lang="en">
<head>

<meta charset="UTF-8">
<title>Diabetic Retinopathy</title>
link rel="stylesheet"

href="https://use.fontawesome.com/releases/v5.8.2/css/all.css">
```

```
<style>
                            body {
                                      background:
                            url("http://html.xpeedstudio.com/agmycoo/assets/images/welcome/wel
                            come-icon-bg-3.png");
         </head>
         <body>
                   <script type="text/javascript"</pre>
src="https://cdnjs.cloudflare.com/ajax/libs/jquery/3.5.1/jquery.min.js"></script>
                   <script type="text/javascript"</pre>
src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.14.4/umd/popper.min.js"></script>
                   <script type="text/javascript"</pre>
         <script type="text/javascript"</pre>
src="https://cdnjs.cloudflare.com/ajax/libs/mdbootstrap/4.19.0/js/mdb.min.js"></script>
<script>
         $(document).ready(() => {
                   $("input[id='image']").on('change', function (event) {
                            let input = this;
                            var reader = new FileReader();
                            reader.onload = function (e) {
                                      $('#banner').css('width', '350px')
                                      $('#banner').addClass('img-thumbnail')
                                      $('#banner').attr('src', e.target.result);
                            reader.readAsDataURL(input.files[0]);
                   })
                   $.ajax({
                            url: "http://127.0.0.1:8000/api/",
                            type: "POST",
                            dataType: 'json',
                   success: function (xhr) {
                            alert("Error while processing")
                   },
                   error: function (xhr) {
                            $('#title').html("Result")
                            let result = (xhr.responseText).split("-");
                            let disease = result[0];
                            let accuracy = result[1];
                            $('.loader').hide()
                            $('#disease').html("Result: " + disease)
                             $('#accuracy').html("Accuracy: " + parseInt(accuracy).toFixed(2) + "%")
                            $('#graph').attr('src', '{% static "graph.png" %}')
                            $('.result').show()
                  })
                   })
                   })
                   </script>
                   </body>
                   </html>
```

Database Schema:-



TESTING:-

Test Cases:-

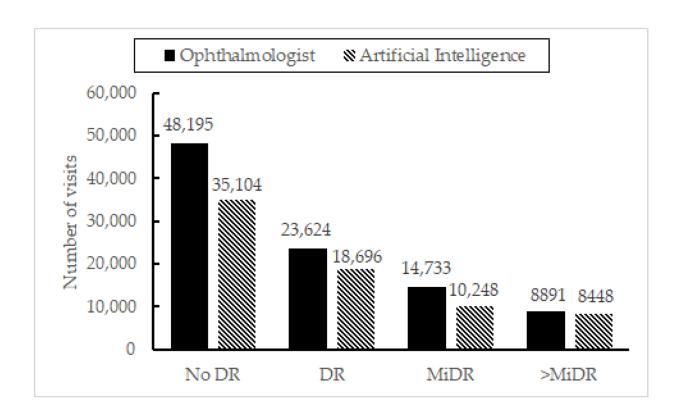
from django.test import TestCase # Create your tests here.

User Acceptance Testing:-

```
import tensorflow.keras
                           from PIL import Image, ImageOps
                           import numpy as np
                           import os
                           def process_img(img):
                                    np.set_printoptions(suppress=True)
                                    model = tensorflow.keras.models.load_model(os.path.dirname(__file__) +
'/keras_model.h5')
                                    data = np.ndarray(shape=(1, 224, 224, 3), dtype=np.float32)
                                    image = Image.open(os.path.dirname(_file_) + '/test/' + img)
                                    image_array = np.asarray(image)
                                    data[0] = normalized_image_array
                                    prediction = model.predict(data)
                                    pred_new = prediction[0]
                                    pred = max(pred_new)
                                    print(pred_new)
                                    index = pred_new.tolist().index(pred)
                                     plt.xlabel('x - axis')
                                    plt.ylabel('y - axis')
                                    plt.savefig(os.path.dirname(_file_) + '/output/graph.png')
                                    plt.show()
                                    result = []
                                    if index == 0:
                                             result.append("No DR")
                                    elif index == 1:
                                             result.append("Mild")
                                    elif index == 2:
                                             result.append("Moderate")
                               elif index == 3:
                                             result.append("Severe")
                                    elif index == 4:
                                             result.append("Proliferative DR")
                                    accuracy = round(pred, 2)
                                    result.append("-")
                                    result.append(accuracy * 100)
                                    return result
```

RESULTS:-

Performance Metrics:-



Acceptance Testing UAT Execution & Report Submission

1. Purpose of Document:-

This document serves as a quick reference for the Deep Learning Fundus Image Analysis for Early Detection of Diabetic Retinopathy project's test coverage and open issues as of the project's release for user acceptance testing.

2. Defect Analysis:-

This shows how many bugs were fixed or closed at each severity level and how theywere fixed.

Resolution	Severity 1	Severity 2	Severity 3	Severity 4	Subtotal
By Design	1	0	0	0	1
Duplicate	4	1	3	0	8
External	1	3	0	0	4
Fixed	2	4	4	2	12
Not Reproduced	0	0	0	1	1
Skipped	0	0	0	0	0
Won't Fix	0	0	0	0	0
Totals	8	8	4	2	22

3. Test-Case Analysis

This report shows the number of test cases that have passed, failed, and untested.

Section	Total Cases	Not Tested	Fail	Pass
Print Engine	5	0	0	5
Client Application	10	0	0	10
Security	2	0	0	2
Out-source Shipping	0	0	0	0
Exception Reporting	2	0	0	2
Final Report Output	4	0	0	4
Version Control	2	0	0	2

ADVANTAGES:-

Relatively inexpensive.

Does not require any special facilities to use.

Can be linked to computers and images can be stored for the long term.

DISADVANTAGES:-

Requires pupil dilation.

In people with opacities in the lens, such as cataracts, it might not be possible to take an image; this is the main source of failure in diabetic retinopathy screening, and people will need to be rescreened using other methods.

CONCLUSION:-

Diabetic retinopathy is a serious complication of diabetes mellitus, leading to progressive damage and even blindness of the retina. Its early detection and treatment is important in order to prevent retina's damage. The interest in applying deep learning in detecting diabetic retinopathy has increased during the past years and as several DL systems evolve and become integrated into the clinical practice, they will enable the clinicians to treat the patients in need more effectively and efficiently. This report presents the application of deep learning in diagnosing diabetic retinopathy. Although deep learning has paved the way for more accurate diagnosis and treatment, further improvements are still necessary regarding performance, interpretability and trustworthiness from ophthalmologists.

FUTURE SCOPE:-

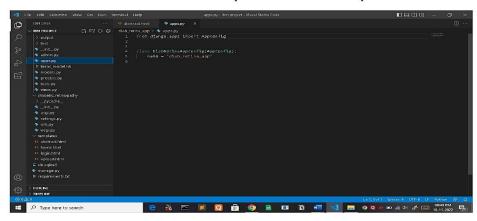
As ophthalmic imaging technologies continue to expand their capabilities, eye care practitioners have an increasing abundance of data points necessary for managing diabetic eye disease over time. To improve prediction the future management and treatment of DR will have to rely increasingly on longitudinal clinical data via

various imaging technologies and also artificial intelligence (AI) platforms that allow integrating this increasing amount of data. The implementation of AI and machine learning in the eye care world will provide auxiliary data points that factor into the classification/risk assessment of a patient's current level of DR.

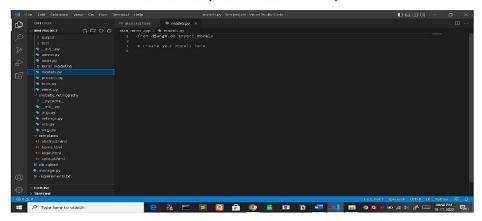
APPENDIX:-

Source Code:-

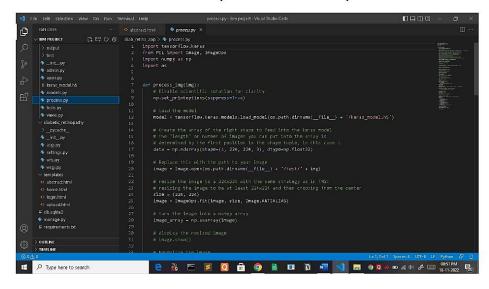
APPLICATION (PYTHON CODE)

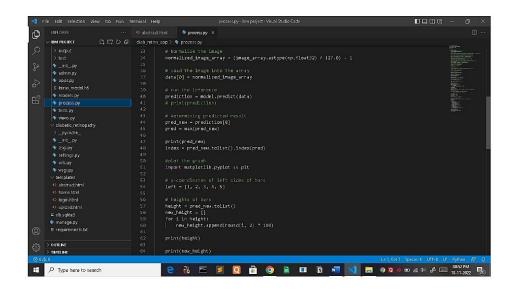


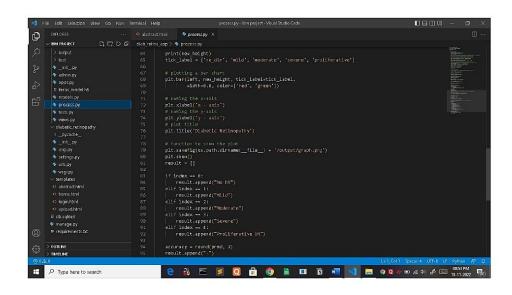
MODEL(PYTHON CODE)



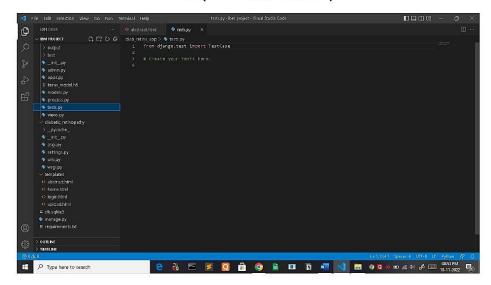
PROCESS(PYTHON CODE)



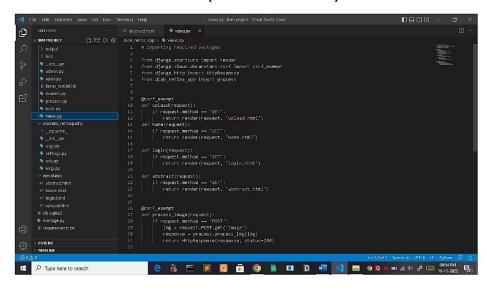




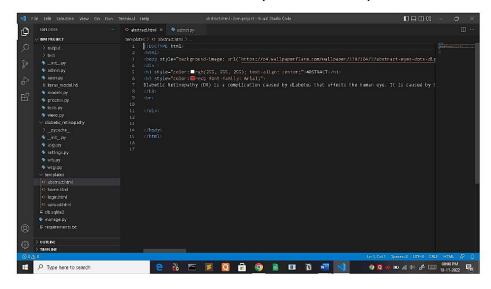
TEST(PYTHON CODE)



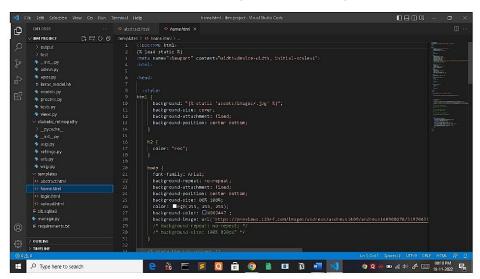
VIEWS(PYTHON CODE)

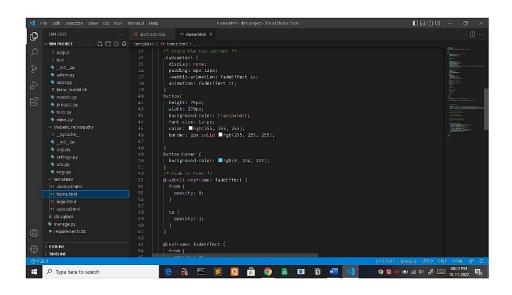


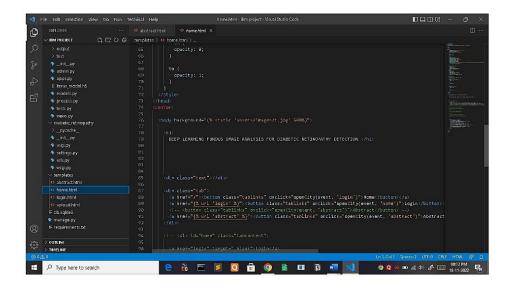
ABSTRACT PAGE(HTML CODE)

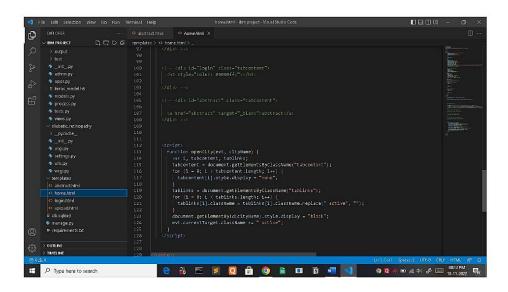


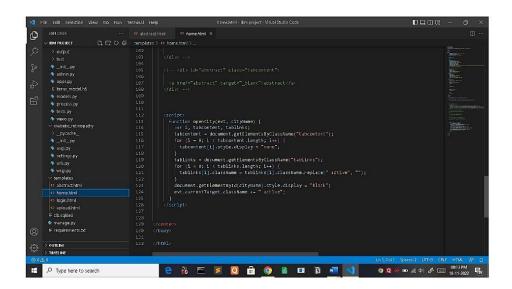
HOME PAGE(HTML CODE)



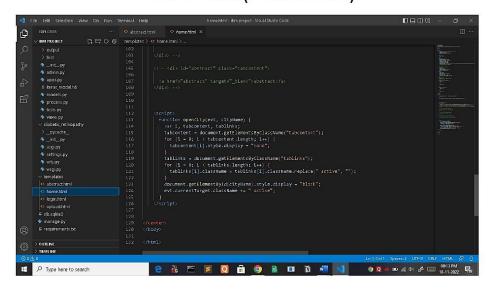


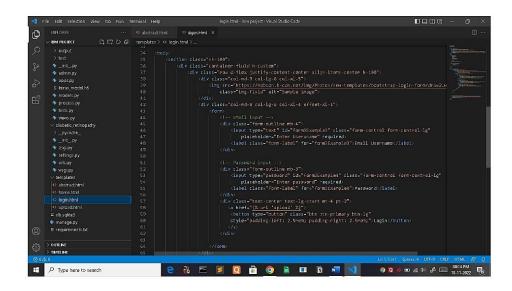


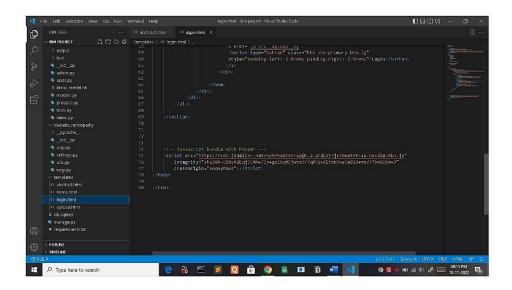




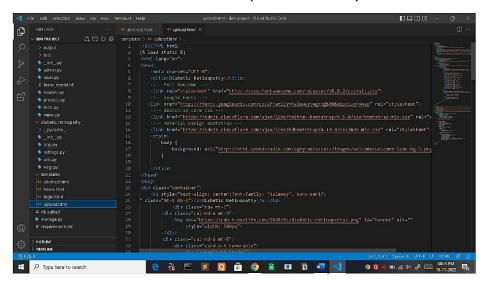
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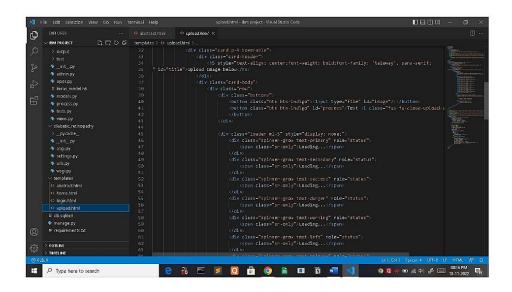


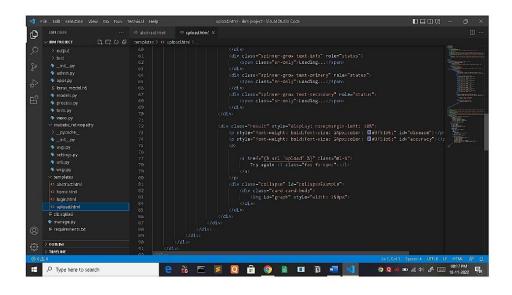


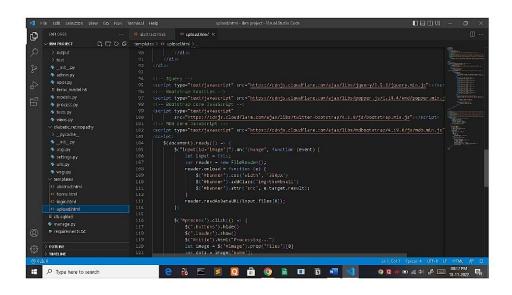


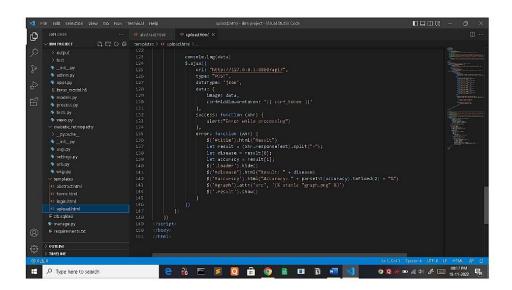
UPLOAD PAGE(HTML CODE)











ADMIN PAGE

