

# FYP - Early-1

awesome—here's a **ready-to-paste Project Design** matched to your department's template, plus the exact **Mermaid diagram codes**. I also wired it to your team roster, title, and 3 objectives.

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## 19CSE495 — PROJECT PHASE-1

### PROJECT DESIGN SUBMISSION

**Group Number:** C7 [C7\\_Proposal](#)

**Team Members:**

AM.EN.U4CSE22215 — Ch. Dinesh

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**Project Guide:** Dr. Simi Surendran [C7\\_Proposal](#)

**Project Title:** Enhancing Rural Healthcare: An AI System for Lung Nodule Screening in Health ATMs [C7\\_Proposal](#)

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### Novelty (2-3 sentences)

A **software-only, rural-ready** Lung-CT system that runs **offline by default**, queues and recovers from outages, and exports **ABDM/FHIR** bundles—capabilities often missing in hospital-centric products. We add **grounded bilingual reporting** (clinician + patient), measurable **factuality**, and **transparent trust** (precise masks + Grad-CAM++ + uncertainty + human-in-loop policy) designed for Health-ATMs. [C7\\_Plan](#)

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### Objectives

#### Phase I (S7) Objectives

1. Ship an end-to-end **edge-lean UNet→classifier** pipeline with overlays and initial latency budget ( $\leq 60\text{--}90$  s per study on RTX-4060).
2. Integrate **Grad-CAM++** and uncertainty flags; display per-nodule masks + heatmaps in UI.
3. Generate **RSNA-style clinician PDF** and **bilingual patient PDF (EN/HI)** from a **Findings JSON**; export minimal **FHIR DiagnosticReport + ImagingStudy**.
4. Establish **mini-evaluation**: FROC Sens@2 FP/scan (proto-pack), Dice on a few labeled nodules, and latency CSV.
5. Make it **offline-capable** (queue + resume) with a simple kiosk UI.  
(Aligned with Sprint-1/2 goals: detection/seg baseline, Grad-CAM++, Hindi v1, eval harness, ABDM/FHIR sandbox JSON.) [C7\\_Plan](#) [C7\\_Plan](#)

#### Phase II (S8) Objectives

1. Lift metrics to publishable targets: **Sensitivity  $\geq 95\%$  ( $\geq 6$  mm) @  $\leq 1-2$  FP/scan; Dice  $\geq 0.80$ ; Risk AUC  $\geq 0.90$** ; end-to-end  $\leq 60$  s/study.
2. **External validation** (cross-dataset); calibration; ablations (attention, radiomics, uncertainty off).
3. **Reader studies:** radiologist helpfulness for XAI; patient/technician comprehension for bilingual summaries.
4. **INT8 export** & edge profiling; finalize ABDM sandbox acceptance; documentation + artifacts for submission. C7\_Plan C7\_Plan

Your three research objectives (edge-ready UNet→classifier, trustworthy explainability, LLM reporting/Q&A) remain the north-star throughout S7–S8. Proposal\_Submission

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## Novelty–Objective Mapping (concise)

- **Rural-ready, offline by default** → S7 Obj-5; S8 edge INT8 + recovery hardening. C7\_Plan
  - **Grounded bilingual reporting** → S7 Obj-3; S8 comprehension study & factuality metrics. C7\_Plan
  - **Transparent trust (masks + XAI + uncertainty)** → S7 Obj-2; S8 radiologist study + calibration. C7\_Plan
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## Scope of the Project (S7)

**Inclusions.** CT-only pipeline (DICOM ingest → preprocess → detect/segment → risk → explain → reports), Findings JSON schema & validators, clinician/patient PDFs (EN/HI), FHIR export (DiagnosticReport/ImagingStudy), offline queue/resume, kiosk UI, mini-evaluation (FROC point, Dice subset, latency). Project Design

**Exclusions.** New hardware design; live PACS integration beyond export; prospective clinical deployment; multi-language TTS (beyond EN/HI in S7). Project Design

**Deliverable.** A working prototype (end-to-end) with metrics tables and screenshots. Project Design

**Boundaries & Limitations.** Open-data only; 2×RTX-4060 (8 GB); small proto-pack for demo; ABDM in sandbox mode; limited reader-study size in S7. Project Design

**Expected Outcomes.** Functional kiosk flow; measurable latency; basic accuracy (Dice/FROC); valid FHIR JSON; bilingual PDFs; uncertainty-gated UX. Project Design

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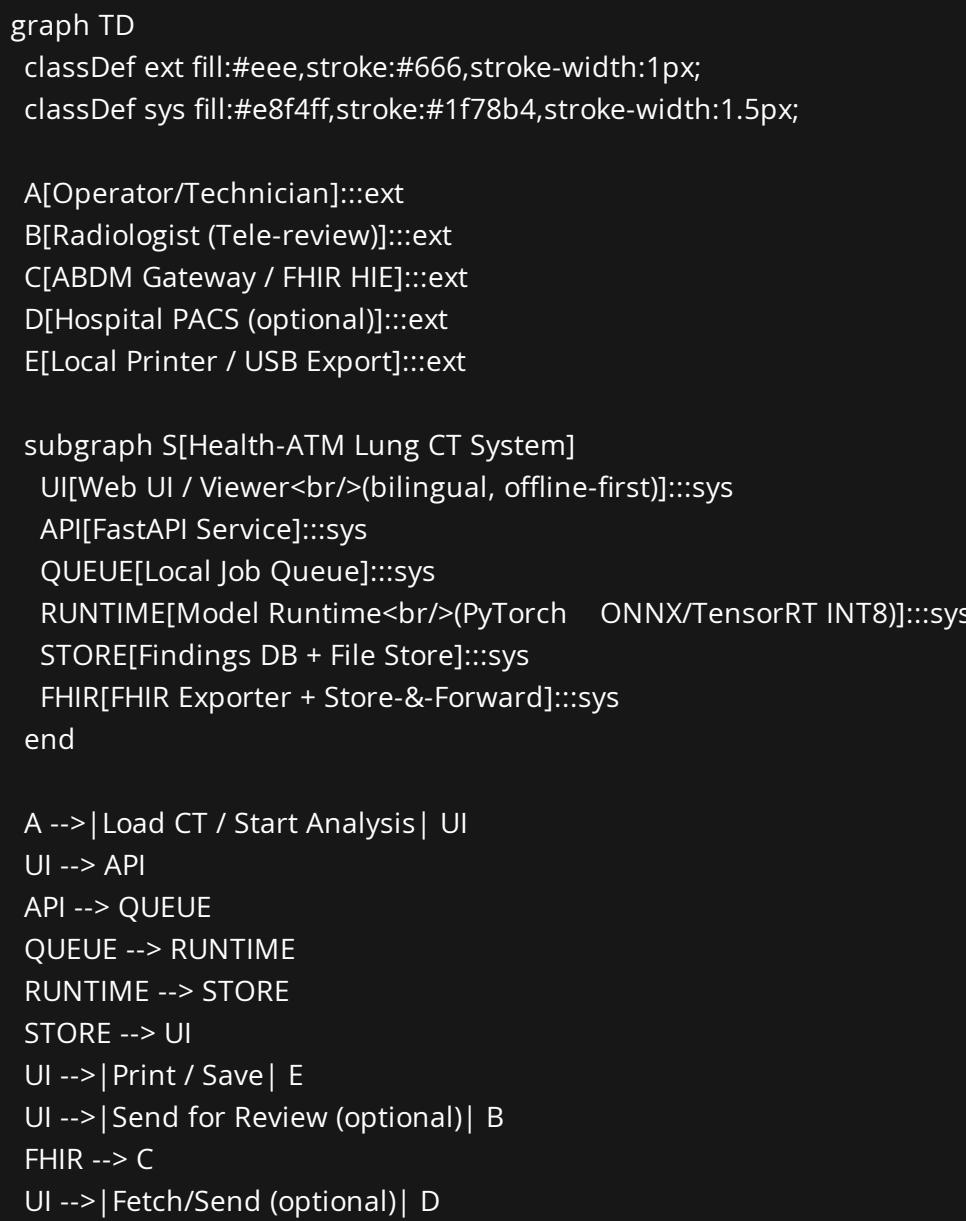
## Project Design (block/flow/architecture)

Paste the codes below into <https://mermaid.live> ↗ (or Draw.io → Insert → Advanced → Mermaid) to export **vector SVG/PDF** for your design doc.

### Fig. 1 – System Context (C4 Level-1)

*Actors around your Health-ATM system (offline-first + ABDM rails).*

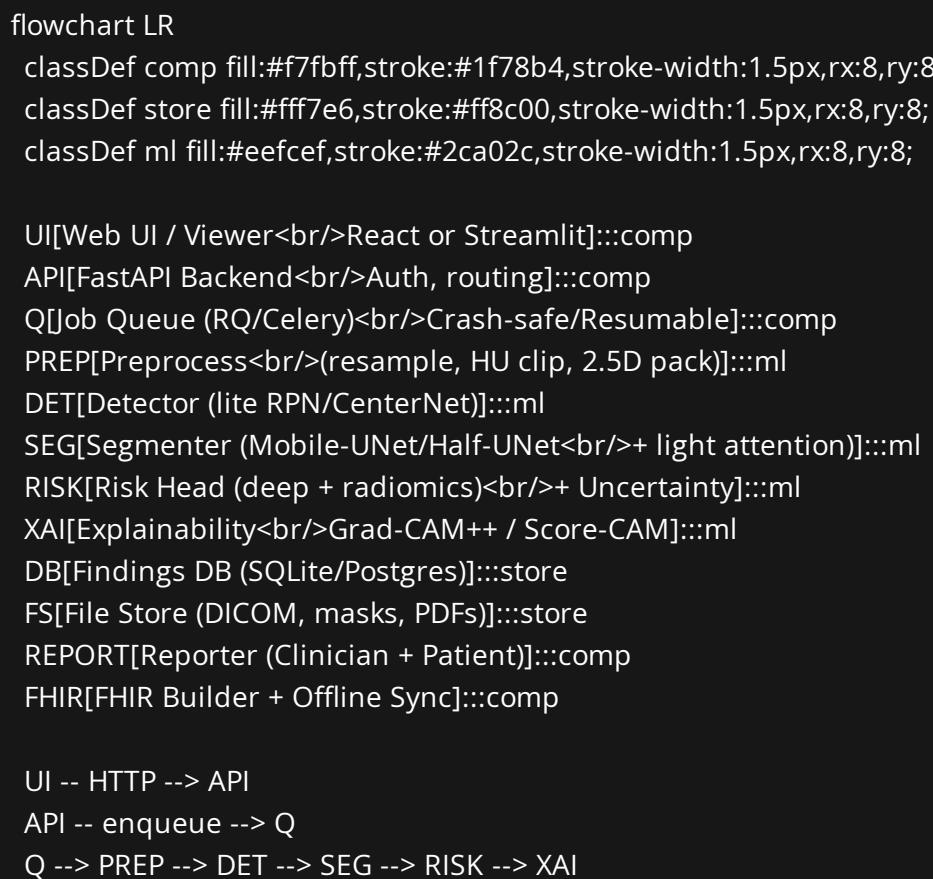
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## Fig. 2 — Container / High-Level Architecture (C4 Level-2)

*Core software boxes + protocols satisfying S7 inclusions.*

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```

XAI --> DB
SEG --> DB
RISK --> DB
DB --> REPORT
REPORT --> FS
DB --> FHIR
FHIR --> FS
UI <-- fetch results --- API
API --- store/read ---> DB
API --- artifacts ---> FS

```

### Fig. 3 – Sequence: Analyze CT Study

*End-to-end runtime and responsibilities; where latency occurs.*

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sequenceDiagram
    autonumber
    participant Op as Operator (UI)
    participant API as FastAPI
    participant Q as Job Queue
    participant MR as Model Runtime
    participant DB as Findings DB/Store
    participant REP as Reporter
    participant FHIR as FHIR Exporter

    Op->>API: POST /ingest (DICOM path/ZIP)
    API->>DB: create(study_uid, status="ingested")
    Op->>API: POST /analyze/{study_uid}
    API->>Q: enqueue(study_uid)
    Q->>MR: preprocess(resample, HU clip, 2.5D)
    MR->>MR: detect segment risk (INT8 if enabled)
    MR->>MR: explainability (Grad-CAM++ / Score-CAM)
    MR->>DB: write findings JSON + masks
    API-->>Op: progress/status (polling or SSE)
    REP->>DB: read findings JSON
    REP->>DB: store clinician PDF + patient PDF
    FHIR->>DB: read findings, build DiagnosticReport/ImagingStudy
    FHIR->>DB: store FHIR JSON bundle
    Op->>API: GET /results/{study_uid}
    API-->>Op: links (overlays, PDFs, FHIR JSON)

```

### Fig. 4 – Model Architecture (Edge-ready UNet→Classifier)

*Pixels → candidates → masks → risk + XAI + uncertainty → Findings JSON.*

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flowchart TD
    classDef step fill:#eefcef,stroke:#2ca02c,stroke-width:1.5px,rx:8,ry:8;
    classDef io fill:#f0f8ff,stroke:#1f78b4,stroke-width:1.5px,rx:8,ry:8;

    DICOM[([CT DICOM]):::io] --> P[Preprocess<br/>• resample (1–1.25 mm)<br/>• HU clip [-1000,400]<br/>• norm]
    P --> DET[Lite Detector<br/>(CenterNet-lite / RPN-lite)]:::step
    DET --> CAND[Candidate Cubes]:::io
    CAND --> SEG[Mobile-UNet/Half-UNet<br/>+ light channel/spatial attention]:::step
    SEG --> MASKS[(Per-nodule masks + volume)]:::io

```

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CAND --> FEAT[Deep Features]:::step
MASKS --> RADIO[Light Radiomics<br/>(sphericity, texture)]:::step
FEAT --> FUSE[Risk Head (MLP)<br/>Features + Radiomics]:::step
RADIO --> FUSE
FUSE --> UNC[Uncertainty<br/>(MC-dropout/TTA)]:::step
FUSE --> RISK[(Benign/Malignant prob)]:::io
MASKS --> XAI[Grad-CAM++ / Score-CAM]:::step
RISK --> FINDINGS[(Findings JSON)]:::io
MASKS --> FINDINGS
UNC --> FINDINGS

```

These diagrams satisfy the "Project Design: block/flow/architecture" ask in your template.

[Project Design](#)

## Design–Objective Mapping (S7)

- **Objective 1 — Edge-ready UNet→classifier:** Fig. 2 (component split), Fig. 3 (latency stages), Fig. 4 (model stack) → enables INT8 export and per-study timing. [Proposal\\_Submission](#)
- **Objective 2 — Trustworthy explainability:** Fig. 3 and Fig. 4 show mask + Grad-CAM++ + uncertainty propagated into the Findings JSON and UI overlays. [Proposal\\_Submission](#)
- **Objective 3 — LLM-powered reporting & Q&A:** Fig. 2/3 include the **Reporter** and **FHIR Builder**, grounded by the **Findings JSON**, producing clinician/patient PDFs + FHIR bundles. [Proposal\\_Submission](#)

## (Optional Appendix for S7 PDF)

- **ER Diagram (DB), Job State Machine, Evaluation/Benchmark Overview** (Mermaid codes available—use if you want an extended design).
- **Traceability Table:** map each figure/module to S7 objectives + acceptance metrics from your plan. [C7\\_Plan](#)

## Notes to paste under each figure (1-liners)

- *Fig. 1 — Context.* Rural Health-ATM perimeter; offline default; ABDM/FHIR exit path.
- *Fig. 2 — Architecture.* UI→API→Queue→Models→DB/Files→Reports/FHIR; matches S7 inclusions.
- *Fig. 3 — Sequence.* Proves end-to-end viability and where we measure latency.
- *Fig. 4 — Model.* Light detector + Mobile-UNet seg + risk head + Grad-CAM++ + uncertainty feed a single structured **Findings JSON**.

If you want, I can export these as **SVG/PDF** and hand you a zipped **/design** folder so you can drop them straight into your submission.