COMP5425 Multimedia Retrieval Project Final Presentation

- Project Number: Graoup39
- Project Title: PNEUMONIA CLASSIFICATION USING CHEST X-RAY IMAGES
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Pneumonia X-ray Image Retrieval System





Background

- •Pneumonia is especially dangerous for children and the elderly.
- •Manual diagnosis is slow and expertise-dependent.
- •Misdiagnosis is common in under-resourced areas.



• We developed an X-ray image retrieval system to assist diagnosis.

★ Key features:

- Retrieve visually similar chest X-rays
- Al-based classification
- Web interface

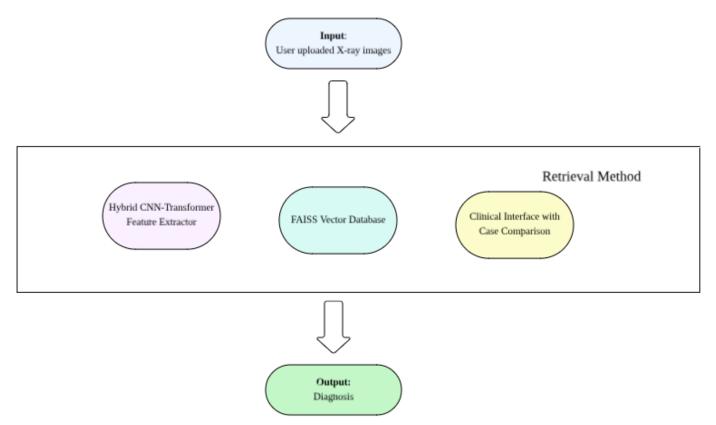


- Faster access to relevant cases
- Supports diagnosis and review
- Designed for clinical and research use

System architecture diagram



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Methodology



- **Dual-path feature extraction:** EfficientNet-B3 (local features) + ViT (global features)
- **FAISS vector index**: supports fast similarity retrieval (retrieval time: ~ 1.2 seconds)
- Interactive interface: supports uploading images, displaying Top-K similar cases and heat map interpretation.
- Reason for selection: Local + global features complement each other to improve the ability to distinguish pathological patterns (such as pneumonia exudate area vs normal vascular texture)

Technical Solution — 1.Feature extraction module



Key technologies:

- EfficientNet-B3 (extract local features such as texture and edges):
 - Implementation: load the ImageNet pre-trained model, remove the classification layer, and output a 1536-dimensional vector.
- Vision Transformer /ViT-Base (capture global structure, such as lung lobe distribution):
 - Implementation: segment the image into 16 × 16 patches, perform self-attention calculations, and output a 768-dimensional vector.

EfficientNet-B3 (local features) 1536-dim vector Final Feature Concaten 2304-dim 768-dim vector global features`

👲 Key steps:

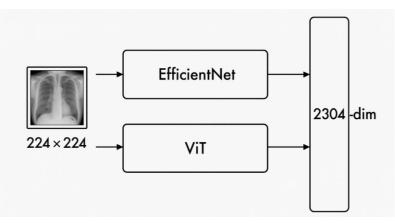
- **L2 normalization**: Normalize the output vectors of the two models separately to ensure the stability of cosine similarity calculation.
- **Multi-source feature concatenation**: Concatenate the two vectors into 2304-dimensional features to retain the difference between local and global information.

2. Feature processing and storage module



- Image preprocessing pipeline:
- **Size normalization:** scale to 256px \rightarrow center crop to 224 \times 224.
- **Pixel normalization: RGB values** are normalized by ImageNet mean ([0.485, 0.456, 0.406]) and standard deviation ([0.229, 0.224, 0.225]).

Feature Vector Structure



👲 Feature management design (structured storage):

- Store feature vectors by "comparison image group" and "test image group".
- Pair indexes with labels to support fast retrieval (e.g. {image_id: (feature_vector, label)}).

Raw Chest X-ray **Image** Resize to 224×224 Convert to RGE **Normalize** (mean/std) **Tensor**

Preprocessing Pipline

3. Image retrieval module





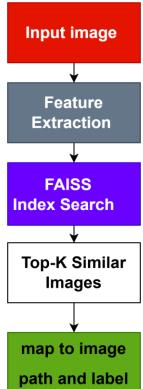
Core components:

FAISS index:

- Type: IndexFlatIP (cosine similarity search based on inner product).
- Function: pre-calculate training set feature vectors, build efficient indexes, and support Top-K retrieval (single time ~ 1.2 seconds).

💌 Result decoding:

Input query image → extract features → FAISS returns Top-K index \rightarrow map to image path and label.

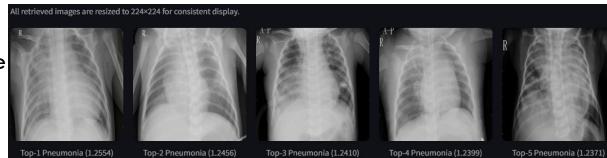


4. Feature processing and storage module

- 👲 Interactive display:
- Top-K visualization: grid display of query images and similar cases (including labels and feature distances).
- Grad-CAM heat map: heat map generated by gradient back propagation, highlighting the model's focus area (such as the middle and lower lung fields).





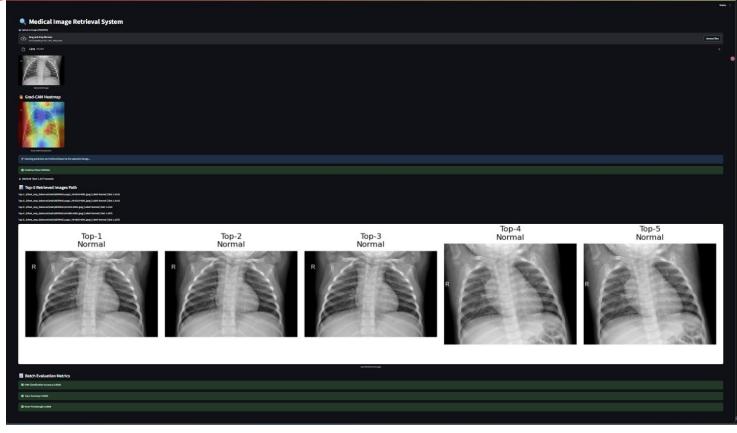


💌 Evaluation indicators:

- Precision@5 (86.09%): the proportion of the same category in the top 5 results.
- Top-1 accuracy (82.69%): the matching rate of the most similar image category.
- KNN Precision (88.3%): the model's overall classification capacity.

Result





Result





- Red/yellow area: high response value (lesions in the middle and lower lung fields, consistent with the pathological characteristics of pneumonia).
- Blue area: irrelevant anatomical structure (such as ribs, chest wall soft tissue).

Olinical consistency:

 The model's focus area is consistent with traditional medical diagnostic rules, which enhances the credibility of the results.

Result



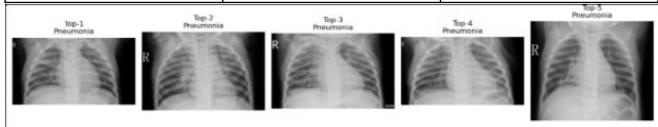
Retrieval time: 1.1988 seconds

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Predicted class: Pneumonia

top-5 similar image

Retrieved Images	Label	Distance
Top-1	Pneumonia	1.3143
Top-2	Pneumonia	1.3004
Тор-3	Pneumonia	1.3001
Top-4	Pneumonia	1.3000
Top-5	Pneumonia	1.2991



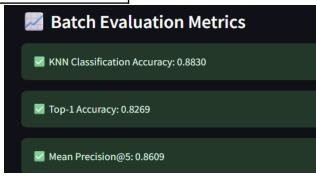




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Quantitative Performance Evaluation

Evaluation Metrics	ResNet-50 + Faiss	Explanation
KNN classification accuracy	88.30%	Overall classification capability of the model
Top-1 retrieval accuracy	82.69%	Single image retrieval accuracy
Mean Precision@5	86.09%	The overall ranking quality of relevant images in the top 5 results



Discussion



👲 System Advantages

- Multi-granularity feature fusion (combined with EfficientNet-B3 + ViT)
 - Effect: KNN classification accuracy increased to 88.30% (3.2% higher than single model).
 - Reason: Local and global features complement each other (such as alveolar exudation vs. lung lobe distribution).
- FAISS efficient search (based on IndexFlatIP and L2 normalization)
 - Effect: A single search takes only 1.2 seconds, and Precision@5 reaches 86.09%.
 - Reason: Optimize vector alignment, taking into account both speed and accuracy.

Heatmap interpretability

- Method: Grad-CAM visualization model focuses on the area (middle and lower lung fields).
- Effect: It complies with clinical diagnosis rules and improves doctors' trust.

Discussion



b System Disadvantages

- Aesthetic Customisation of the User Interface: The Streamlit-based interface has a default colour scheme and layout that may look unduly basic to certain clinical users who are used to specialised medical software.
- Limited Multilingual Interface Support: the web interface currently operates exclusively in English. While this does not hinder core functionality, offering additional language options (e.g., Spanish or Mandarin) could improve accessibility for non-English-speaking medical staff in global healthcare settings.

Thank You!

