

# ANALYSIS OF COVID-19 CHEST X-RAYS: Report 2: Modeling Report

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May 2025

## Contents

<b>1</b>	<b>Introduction</b>	<b>2</b>
<b>2</b>	<b>Machine Learning</b>	<b>2</b>
2.1	Preprocessing Pipeline for Machine Learning . . . . .	2
2.1.1	Input . . . . .	2
2.1.2	Convert to Grayscale . . . . .	2
2.1.3	Apply Gaussian Blur to images . . . . .	2
2.1.4	Contrast Enhancement with CLAHE . . . . .	2
2.1.5	Normalization . . . . .	3
2.1.6	Resize the masks . . . . .	3
2.1.7	Convert masks to binary images . . . . .	3
2.1.8	Combine masks with images: . . . . .	3
2.1.9	Pixel Value Normalization . . . . .	3
2.1.10	Label encoding . . . . .	3
2.1.11	Split data into training and testing . . . . .	3
2.1.12	Address Class Imbalance by Data Augmentation . . . . .	4
2.1.13	Feature Extraction . . . . .	5
2.2	Metrics to Evaluate the Model Results . . . . .	8
2.3	Modelling and Results . . . . .	8
2.3.1	Logistic Regression . . . . .	10
2.3.2	Random Forest . . . . .	12
2.3.3	Support Vector Machines (SVM) . . . . .	14
2.3.4	XGBoost - Extreme Gradient Boosting . . . . .	17
2.3.5	DENSE NETWORKS: MLP-Classifier . . . . .	21
<b>3</b>	<b>Deep Learning</b>	<b>24</b>
3.1	Prepare Data for Deep Learning . . . . .	24
3.2	Metrics to Evaluate the Model Results . . . . .	24
3.3	CNN models and results - without transfer learning . . . . .	24
3.3.1	Self-build CNN . . . . .	24
3.3.2	Do we have another self-build CNN? . . . . .	25
3.4	Using pretrained models with transfer learning . . . . .	25
3.4.1	VGG16 . . . . .	25
3.4.2	InceptionV3 . . . . .	25
3.4.3	DenseNet . . . . .	37
3.4.4	other pretrained models we tried . . . . .	37
<b>4</b>	<b>Conclusion</b>	<b>37</b>

# 1 Introduction

We have approx. 21000 chest X-ray images as a database. These belong to 4 different classes (COVID, Lung Opacity, Normal and Viral Pneumonia). All images are labeled. Our task is to try out different models to determine which of the 4 classes the image belongs to based on these X-ray images. Therefore, the problem is a classification task and it is supervised learning.

Before we started modeling, we analyzed the data extensively. This work is described in the first report of this project: "First\_report.Covid\_xray.pdf".

To solve this classification task, we first tried out various machine learning models that can be used for classification. These were "Logistic Regression", "Random Forest", "Support Vector Machines" and "XGBoost". As a transition to deep learning, we also tried out "MLP-Classifier". For the tests with the machine learning models, we prepared the input data in different ways so that we had different data sets that we could try out.

As a second step, we tried to solve this classification task with deep learning models. On the one hand, we used self-build lightweight Convolutional Networks (CNN) and LeNet. On the other hand, we applied transfer learning. Therefore the following pre-trained models from KERAS were used: VGG16, InceptionV3 and DenseNet121. We tried to apply these models with and without fine-tuning to our data.

Since our local computers were no longer sufficient for these deep learning tasks, we performed these calculations on Google Colab. The work and tests with the deep learning models have shown that a different type of data preparation was necessary for this modeling.

## 2 Machine Learning

### 2.1 Preprocessing Pipeline for Machine Learning

The following subsections describe the different stages of preprocessing the data has run through before it was used for modelling.

#### 2.1.1 Input

Input: Raw Images (299x299 RGB) A set of raw images, each with dimensions 299x299 pixels, with 3 color channels (RGB) and some L.

#### 2.1.2 Convert to Grayscale

Input: Raw images of size 299x299 RGB (colored images).

Operation: Convert the images from RGB (3 channels) to grayscale (single channel). This reduces the complexity and focus on intensity patterns.

Output: Images of size 299x299, but now with only 1 channel (grayscale). These images are binary-like in the sense that they only have intensity values rather than color.

#### 2.1.3 Apply Gaussian Blur to images

Input: Grayscale images of size 299x299.

Operation: A Gaussian blur is applied to smooth the images and reduce noise. This blurring operation makes the image less sharp but removes high-frequency noise.

Output: Grayscale images of size 299x299, but with smoothed details and reduced noise.

#### 2.1.4 Contrast Enhancement with CLAHE

Input: Grayscale images of size 299x299 to which Gaussian Blur filter has been applied.

Operation: CLAHE (Contrast Limited Adaptive Histogram Equalization) enhances the contrast of the im-

ages by redistributing the intensity values, making small details more prominent.

Output: Grayscale images of size 299x299, but with improved contrast.

### 2.1.5 Normalization

Input: Grayscale images of size 299x299, to which Gaussian Blur and CLAHE filter have been applied, with pixel values ranging from 0 to 255.

Operation: Normalize the pixel values to the range [0, 1] by dividing each pixel value by 255.

Output: Grayscale images of size 299x299, but with pixel values now in the range [0, 1]. The values are floating-point numbers.

### 2.1.6 Resize the masks

The masks have a size of 256x256 pixels and therefore cannot be combined with the X-ray images which have a size of 299x299 pixels. That is why the masks have been resized to 299x299 pixels.

### 2.1.7 Convert masks to binary images

The masks have been converted into binary images.

### 2.1.8 Combine masks with images:

Each of the so far processed images has been combined with its corresponding mask. This has been done by using the function "bitwise\_and" of the cv2-library.

### 2.1.9 Pixel Value Normalization

**ToDo:** write text

### 2.1.10 Label encoding

Input: Class labels like "COVID", "Normal", "Lung Opacity", "Viral Pneumonia".

Operation: Convert categorical class labels into numeric labels using LabelEncoder (e.g., "COVID" = 0, "Lung Opacity" = 1, "Normal" = 2, "Viral Pneumonia" = 3 ).

Output: Encoded labels as numeric values, stored in an array (e.g., [0, 1, 0, 2, ...] for the respective classes).

### 2.1.11 Split data into training and testing

Input: Normalized images (of size 299x299) and encoded labels.

Operation: Split the data into training and testing sets, 80% for training and 20% for testing. We used the parameter "random\_state" of the function "sklearn.model\_selection.train\_test\_split" to make sure that the split is reproducible and we use the same train and test sets for working with the different models.

As we have an imbalanced number of images in the different classes, we used the parameter "stratify" of the function "sklearn.model\_selection.train\_test\_split". This ensures that the train and test datasets have the same proportion of classes as the original dataset. Table 1 shows the number of images in the test and train dataset per class.

The class imbalance will be fixed in the train dataset later, in section 2.1.12.

Output: Two datasets:

- Training set: Images (normalized) and labels (encoded).
- Testing set: Images (normalized) and labels (encoded)

	Original dataset	Test dataset	Train dataset			
			No. of images	No. of augmentations	Augmented images	No. of images (augmented + orig)
COVID	3616	723	2893	2	5786	8679
Lung Opacity	6012	1203	4809	7	4809	9618
Normal	10192	2038	8154	0	0	8154
Viral Pneumonia	1345	269	1076	1	7532	8608
Total number of images	21165	4233	16932	-	18127	35059

Table 1: Number of images per class in the original dataset, in the test dataset and in the train dataset.

### 2.1.12 Address Class Imbalance by Data Augmentation

Since the distribution between the classes is not balanced (for example Viral Pneumonia images are far less numerous than the Normal images) we have to address this problem before the training stage. Appropriate strategies can be applied, such as:

- Class weighting during model training
- Oversampling/undersampling
- Data augmentation for minority classes

This ensures the model does not become biased toward the majority classes and maintains fair performance across all categories. For our dataset (which consist of images) data augmentation is the most suited.

Input: Training dataset

Operation: Apply augmentation techniques like rotation and shifting to artificially increase number of images in the minority classes "COVID", "Lung Opacity" and "Viral Pneumonia".

Output: Augmented images, which are variations of the original images, still of size 299x299. These augmented images are then used to train the model more robustly. Table 1 shows the number of images per class before augmentation, the number of augmentations per class which were applied and the final number of images in the train dataset. The final train dataset includes the preprocessed, non-augmented images plus the augmented images.

Figure 1, figure 2 and figure 3 show for each of the classes which needed augmentation the non-augmented image and its augmentations. As the class COVID needed 2 augmentations (see 1) figure 1 shows 2 augmented images.

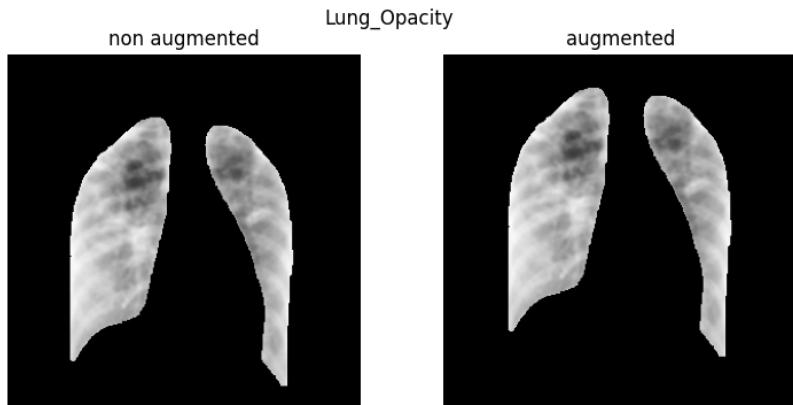


Figure 2: Example of processed X-ray image combined with mask and its augmentations for the class "Lung opacity".

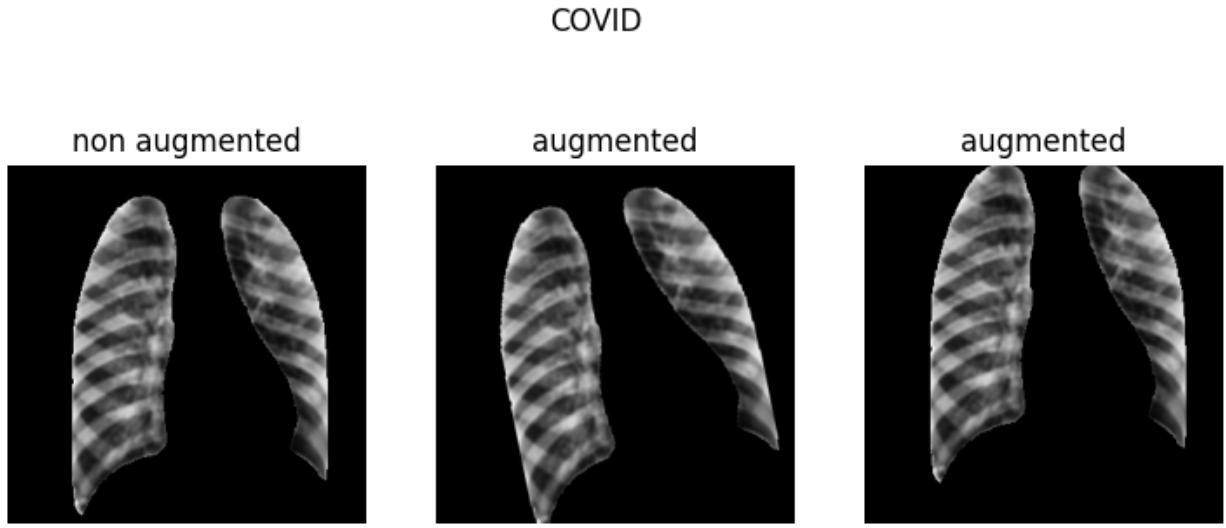


Figure 1: Example of processed X-ray image combined with mask and its augmentations for the class "COVID".

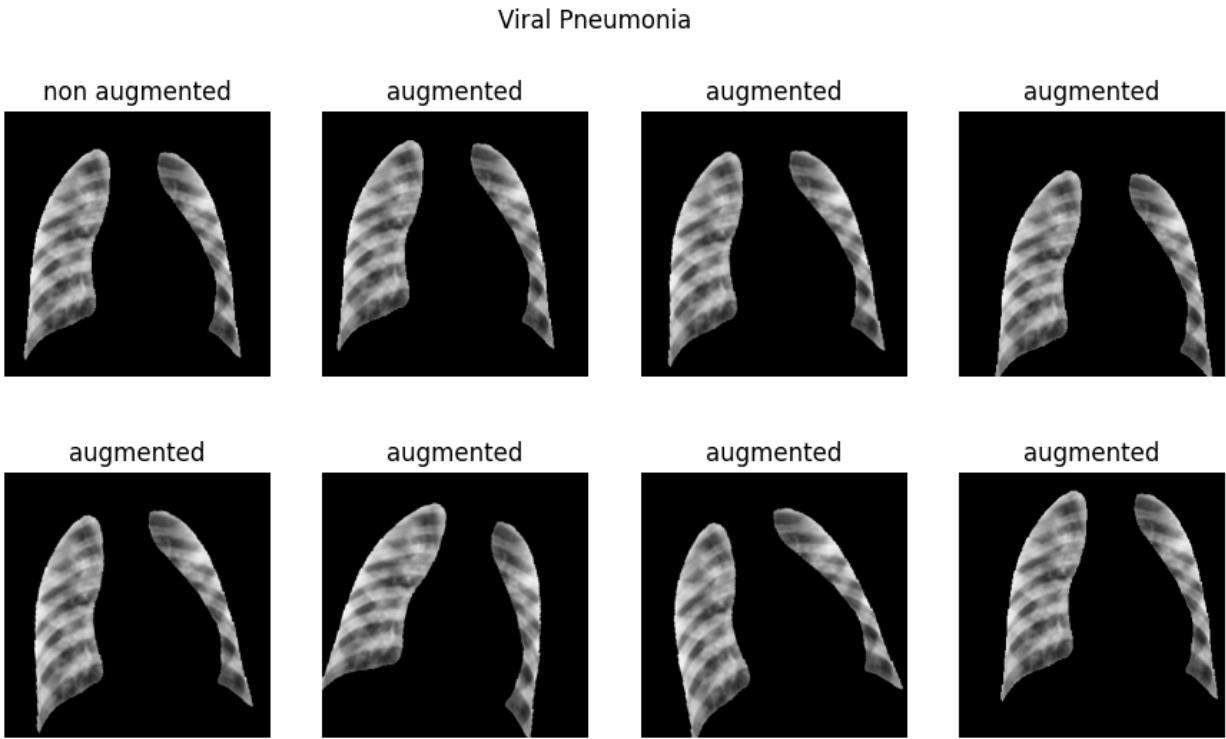


Figure 3: Example of processed X-ray image combined with mask and its augmentations for the class "Viral pneumonia".

### 2.1.13 Feature Extraction

Since we have a large dataset consisting of a total of 35059 images just in the train set it is a good idea to identify important features to reduce the computing time. Extracting features reduces the image's size

dramatically and converts it into a compact representation that's suitable for machine learning models.

Chest X-ray images reveal structural differences in the lungs based on the condition. For example:

- COVID-19 often shows bilateral ground-glass opacities.
- Viral / Bacterial Pneumonia can show localized consolidation or patchy opacities.
- Lung Opacity is a broader label that includes a range of conditions affecting lung transparency.
- Normal lungs have well-defined, clear lung fields.

To classify these visually distinct conditions, we need a way to extract structural patterns from grayscale X-ray images.

### HOG:

HOG, or Histogram of Oriented Gradients, is a feature descriptor used in computer vision and image processing. HOG captures the structure and edge directions in an image, which are crucial for identifying shapes and patterns.

#### HOG Captures from X-rays

- Edges of lung boundaries, rib cage, and lesions.
- Orientation and distribution of densities — darker/lighter areas correspond to tissue and opacity differences.
- Shape and spread of abnormalities, like how diffuse or sharp an opacity is.

Although HOG is handcrafted, not learned and so it may miss subtle texture or high-level patterns, it is a fast, interpretable, and memory-efficient way to extract features from chest X-rays.

We have a HOG (Histogram of Oriented Gradients) feature dataset with a shape of (35059, 8100), which means:

- 35059 represents the number of images in your dataset.
- 8100 represents the number of features extracted from each image using the HOG method.

These 8100 features are typically a flattened representation of the gradients and orientations from the original image. Our image was originally a 299x299 pixel image, the HOG algorithm works by breaking the image into smaller cells (e.g., 8x8 pixels per cell), compute the gradient orientations, and then describe the image based on these features. The 8100 features might correspond to a smaller, downscaled version of the original image, where each image is transformed into a set of descriptive gradient-based features, rather than keeping the full raw pixel values. In simpler terms, we are working with feature vectors derived from each image, not the full size of the image. Each of the 8100 features corresponds to a particular characteristic (such as the gradient of pixel intensity) of the image after applying the HOG technique. So, (35059, 8100) indicates that we have 35059 images, and each image has been transformed into a feature vector of length 8100 after HOG processing.

Figure 4a shows the original grayscale image. We can clearly see the chest X-ray with anatomical structures like ribs and lungs.

Figure 4b effectively displays edges and gradients, especially around the rib cage, clavicle, and lung boundaries. The blocky structure is normal due to the cell/block division of the HOG algorithm (e.g., 8x8 pixels per cell). The highlighted edges capture shape and orientation information, which HOG is designed to emphasize. The features look rich and well-distributed and are therefore useful for capturing structural patterns: Figure 4c displays the distribution of HOG Features per image. Most feature values are near zero (common in HOG due to sparse gradients) in the histogram and a long tail which represents stronger edges or corners.

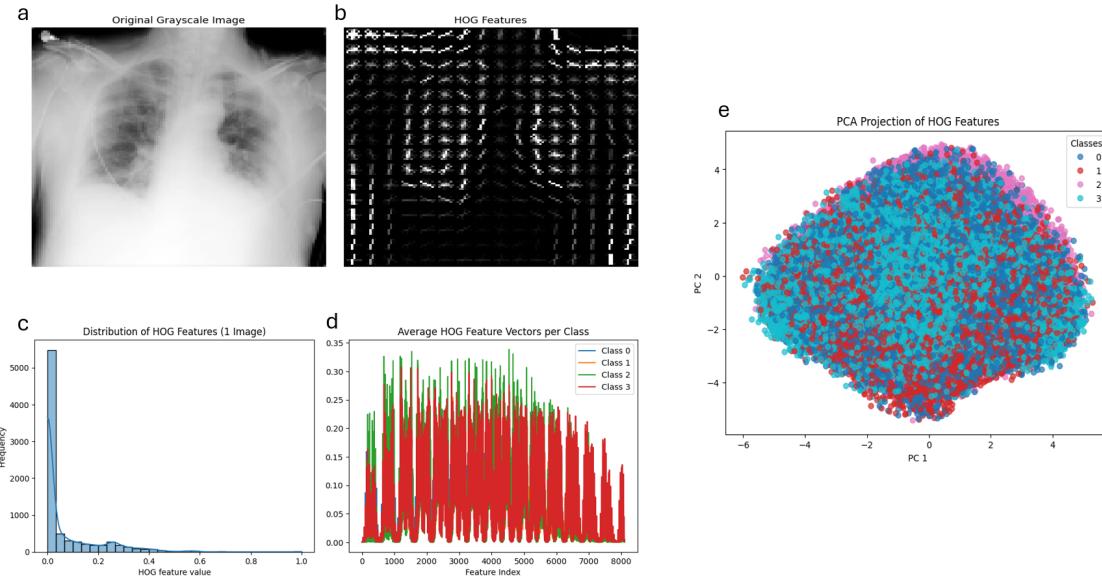


Figure 4: Visualisation of hog features

The line plot shows the average HOG values across feature indices for each class used for class separability analysis (Figure 4d). It helps identify which feature indices (spatial areas or orientations) contribute more for specific classes. Overlapping curves indicate similar structures between some classes (e.g., viral vs lung opacity).

We also plot a PCA projection of HOG characteristics (figure 4e). The 2D scatter plot of HOG characteristics after reduction of dimensionality using PCA (Principal Component Analysis) showed significant overlap suggesting that HOG alone may not strongly separate some classes (hence the need for a classifier). In summary, HOG works well visually, but it's not sufficient alone for strong class separation in our dataset. Therefore for most our ML models, we use HOG features but we also extracted deeper features using other methods like ResNet, VGG16 and GLCM.

VGG:

infos and results for VGG-method

other:

infos and results for another method we tried

combined methods: infos and results for a combination of methods

I don't understand if the following itemize another subsubsection or does it belong to the subsubsection "feature extraction"

- Flatten Features for ML Models

Input: Extracted HOG features (1D numpy array) for each image.

Operation: Flatten the 2D image representation into a single 1D array of features.

Output: A 1D numpy array for each image that can be used as input to machine learning models.  
This would typically be an array of shape (n\_samples, n\_features).

- Training Machine Learning Models:  
Input: Feature arrays (flattened HOG features) and encoded labels. Operation: Use machine learning models (e.g. Random Forest, Logistic Regression, XGBoost) to train on the feature vectors. Output: A trained model that can predict the class (label) of new, unseen images based on their feature vectors.

## 2.2 Metrics to Evaluate the Model Results

Input: Trained machine learning model and the test set (augmented images, labels).  
Operation: Evaluate the model's performance using metrics like accuracy, F1 score, and confusion matrix to understand how well it classifies the different image classes.  
Output: Evaluation metrics to show true vs predicted labels.

There are also a number of hyperparameter tuning strategies, which are summarized below:

Method	Recommended For Us?	Why
GridSearchCV	No	Too slow for SVMs (due to image data + multiple classes)
RandomizedSearchCV	Yes	A great starting point. Fast, simple, and well-suited for ML models like SVM, k-NN, RF
BayesSearchCV	Yes	<b>(Advanced)</b> Ideal for tuning deep models (CNNs) or complex ML pipelines with many parameters — faster than Grid, smarter than Random

Table 2: Comparison of hyperparameter tuning strategies

Table 2 shows ... We used the following hyperparameter optimization strategies:

We have to work on this! Write down what we really used @Alex @Saniya @Yvonne

- RandomizedSearchCV for machine learning models (SVM, RandomForest) as it balances speed and accuracy well.
- BayesSearchCV: tried it for SVM. For deep learning models, especially CNNs, we can be efficient with GPU/CPU time, and so we will use it.
- We tried to work with GridSearchCV but its too slow on our large dataset and so not.

## 2.3 Modelling and Results

The **COVID X-ray Classification Project Workflow** outlines the complete pipeline for preparing and modeling chest X-ray data to classify COVID-19 and other conditions using machine learning (ML) techniques.

The process begins with loading and preprocessing the raw X-ray images, where they are converted to grayscale, resized, and normalized using the `gray_image.ipynb` script.

Next, labels are encoded into a machine-readable format using `encode_labels.ipynb`, and the dataset is split into training and testing sets with `train_test_split.ipynb`.

At this stage, the workflow branches into three sets.

**SET 1** involves using feature extraction methods such as Histogram of Oriented Gradients (HOG) . The extracted features and labels are saved for model training and hyperparameter tuning.

**SET 2** applies masks and filters during data augmentation. These images are resized to 128\*128 and 20\*20 pixels. The augmented images and labels are saved as `.npz` files for use in ML pipelines.

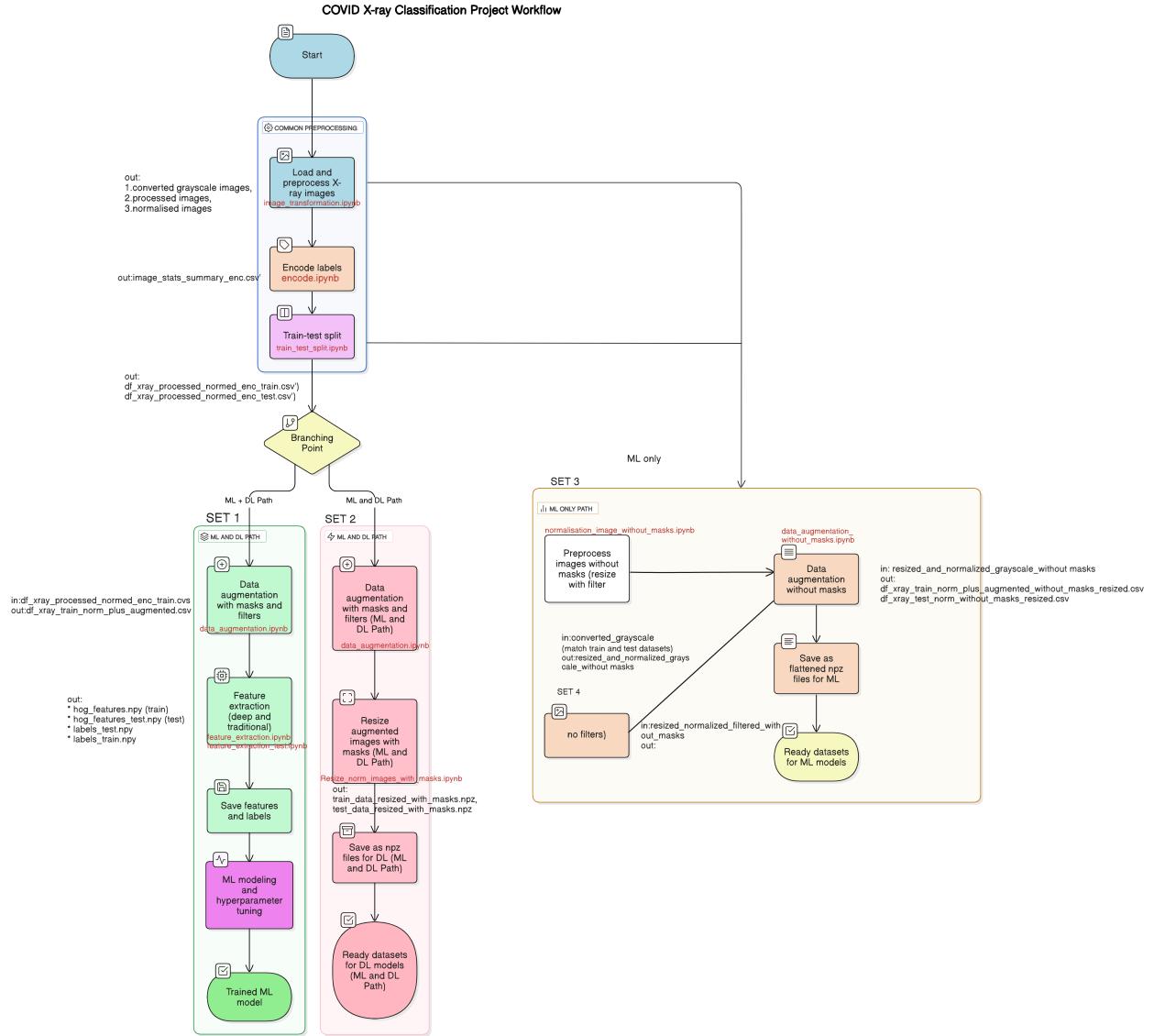


Figure 5: Sets of images used for ML models

**SET 3** preprocesses images without applying filters by resizing and normalizing them, followed by augmentation without masks. The resulting data is then flattened and stored as .npz files for traditional ML models.

**SET 4** preprocesses images after applying filters by resizing and normalizing them.

With this workflow we wanted to ensure a structured and modular approach to data handling, augmentation, feature extraction, and model training.

### 2.3.1 Logistic Regression

We started with logistic regression as it serves as a baseline for performance. Also it is computationally inexpensive and we can quickly iterate over different versions, features, and preprocessing methods. In logistic regression, C is the regularization strength while the solver defines the optimization algorithm. Regularization helps prevent overfitting (when our model memorizes training data instead of learning patterns). C is inversely related to regularization:

- A smaller C means stronger regularization (simpler model).
- A larger C means weaker regularization (more flexible model).

Also we need to test different solvers to see which performs best:

- liblinear for binary, small-to-medium-sized data.
- lbfsgs or saga for larger datasets or multi-class problems.

**1st trial:** Hog features(Figure 6A). We gave the model HOG features, a fingerprint of edges. This helped the computer guess pretty well. This model gave an Accuracy of 73.71% Overall, best performance, especially for COVID & Pneumonia.

**2nd trial:** Images with masks resized(Figure 6B)We shrunk the image small and used masks. It didn't help much. We got an Accuracy: 58.04%. The model made bad guesses, especially for Normal and COVID images however Pneumonia class had high recall (0.90) but low precision (0.42).

**3rd trial:** Images without masks resized without filters(Figure 6C)we also fed the model same small images, but now the whole image is visible. This increased the accuracy to 69.24% and displayed a nice balance across all disease types.

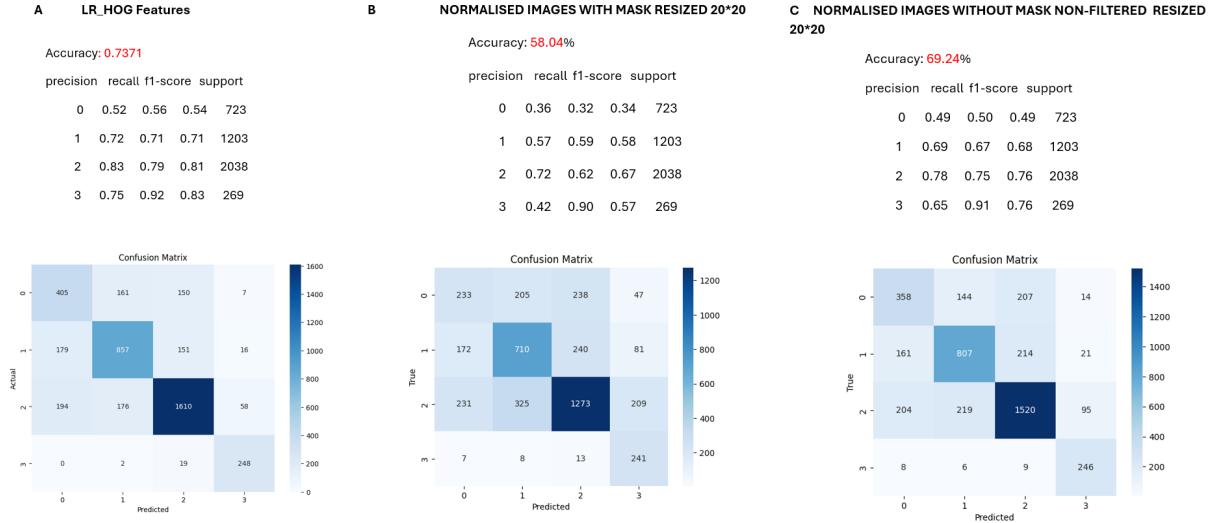


Figure 6: Logistic Regression models A, B,C

**4th trial:** Random grid search + PCA (Figure 7 A) While running a GridSearch on HOG features, my system ran out of memory and crashed. To make the training more manageable, I switched to RandomizedSearchCV combined with PCA to reduce dimensionality. Here we used SAG (Stochastic Average Gradient) which is ideal for large datasets and when we want faster convergence of SGD without noisy updates. It works by iterating through the data in mini-batches. In each iteration, it computes the gradient (slope of the cost function) for each mini-batch, and averages them to update the parameters. Over time, this leads to more stable and faster convergence compared to regular SGD (Stochastic Gradient Descent). Also, for dimensionality reduction PCA was used which reduced features to 100 components. Using a random grid with PCA we improved the accuracy to 65.37%, which is solid for logistic regression with HOG characteristics. The best parameters found were  $C = 0.075$ , penalty = L1. The PCA retained variance 62% and showed a better precision-recall balance in COVID class.

Class-wise performance:

- Class 2 (2038 samples): Highest F1 (0.74), meaning our model is best at detecting this.
- Class 3 (269 samples): Very high recall (0.93) but low precision — it's over-predicting this class.
- Class 0 and 1: More balanced, but weaker F1. The accuracy drop may be because of the pca which we set to 100.

**5th trials:** Gridsearch cv (Figure 7B) We applied Grid Search on normalized, unmasked, non-filtered  $20 \times 20$  images to obtain the best Params:  $C=0.1$ , penalty=L2 and an accuracy of 69.10%. Logistic regression after hyperparameter tuning showed slight improvement in accuracy and confusion matrix and displayed a similar class-wise performance to the base version. The raw HOG features might have contained valuable info that PCA compressed away in the previous model.

**6th trial:** Manual Parameter Tuning using CuML on HOG features (Figure 7C). We then revisited Grid-Search with cuML on hog features, which is faster because it uses the GPU. Here we set solver='qn' in cuML's Logistic Regression (i.e., GPU-accelerated version), and it refers to the Quasi-Newton method. Quasi-Newton is a family of optimization algorithms used to minimize a function (like the logistic loss). It is similar in spirit to lbfgs in scikit-learn (also a Quasi-Newton method). It does not support L1 regularization — only L2. In this experiment, we trained a CuML Logistic Regression model using a subset of the training data (5000 samples) with GPU acceleration to enhance performance. The model utilized `class_weight='balanced'` to address class imbalances. This model was fast and efficient and gave the same result as best one (HOG) with an accuracy: 73.47% on the test set.

The classification report reveals that the model's recall is highest for the Normal (2) class (85%) and Viral Pneumonia (3) (82%), while the lowest recall is for COVID (0) (39%). The precision and F1-scores also reflect this imbalance, with the model performing better on the more frequent classes.

Summary:

- HOG features yielded the best accuracy ( 73.7%) with strong recall on Pneumonia and COVID.
- Raw pixel features (even when resized) underperformed compared to HOG or PCA-based features.
- PCA compressed HOG features to retain 62% variance, resulting in slightly reduced performance but possibly lower model complexity.
- Logistic regression benefited modestly from hyperparameter tuning (Grid and Random Search), but improvements were incremental.
- Pneumonia class consistently showed high recall but variable precision.

In conclusion , the Logistic Regression Model on hog features with Best C: 0.01 obtained by performing manual tuning using Cuml gave us the best accuracy (73%) Room for Improvement: Logistic regression might not be the best choice for such a high-dimensional feature set. Therefore we next chose to experiment with other models like Support Vector Machines (SVM) and Random Forests, which could perform better without requiring dimensionality reduction.

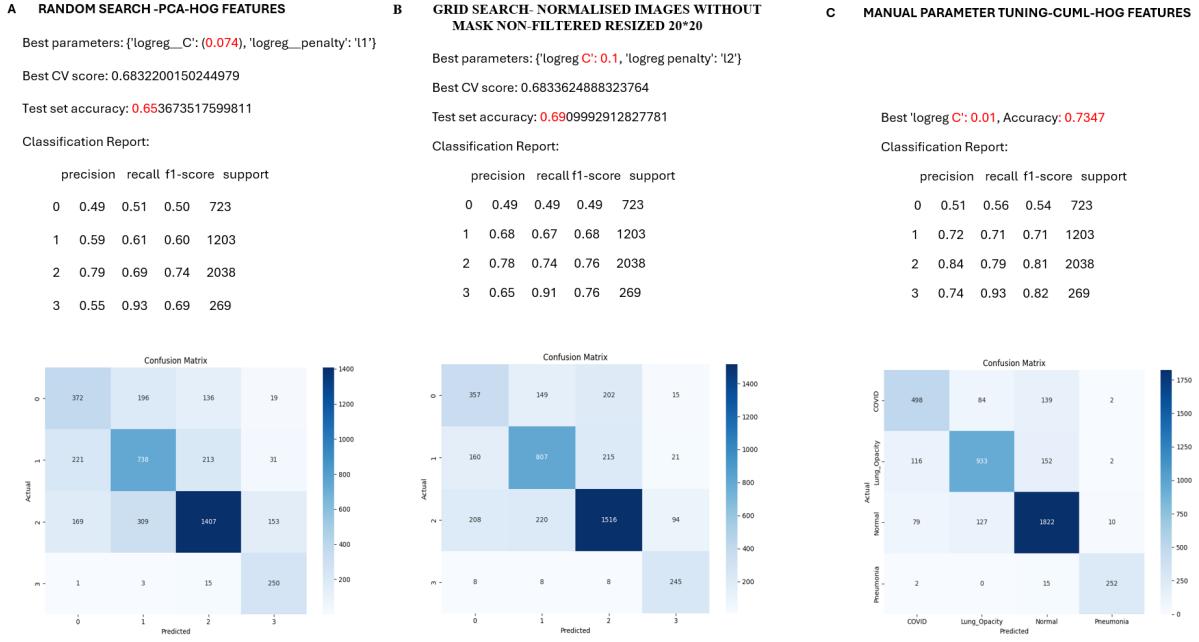


Figure 7: More Logistic Regression models A, B,C

### 2.3.2 Random Forest

The Random Forest model is an ensemble learning method that combines multiple decision trees to improve classification accuracy and robustness. It works by creating a multitude of decision trees during training and outputting the mode of their predictions (for classification tasks). The main advantages of Random Forest include:

- It handles high datasets with high-dimensional data well, making it suitable for image classification tasks.
- Robustness to noise and overfitting, as it averages the predictions of multiple trees.
- Parallelization, which allows for efficient use of computational resources.
- Improved accuracy and reduced variance compared to individual decision trees.

The disadvantages of the model include:

- It can be slower to train than simpler models like logistic regression, especially with large datasets.
- It may not perform as well on very small datasets or when the number of features is much larger than the number of samples.
- Training and prediction can be computationally expensive, especially with many trees or large datasets.
- Imbalanced datasets may pose a challenge, as the model may favor the majority class.

**1st trial:** Random Forest with default hyperparameters:

The first attempt at using the Random Forest model for our classification problem does not specify any hyperparameters. It uses the HOG features as inputs. The score obtained by this model is 0.7602173399480274

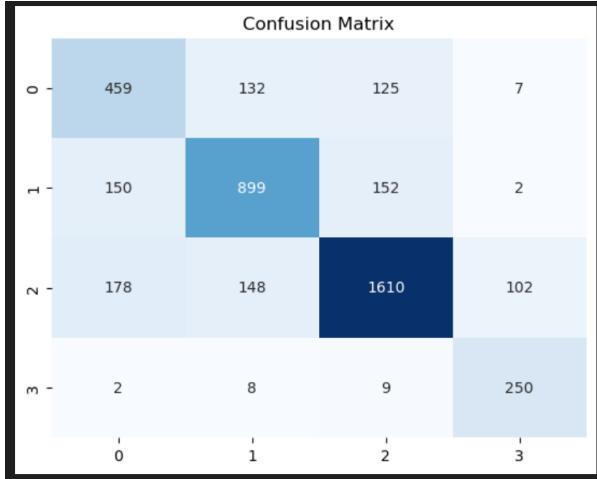


Figure 8: Confusion Matrix

	precision	recall	f1-score	support
0	0.58	0.63	0.61	723
1	0.76	0.75	0.75	1203
2	0.85	0.79	0.82	2038
3	0.69	0.93	0.79	269
accuracy			0.76	4233
macro avg	0.72	0.78	0.74	4233
weighted avg	0.77	0.76	0.76	4233

Figure 9: Classification Report

In the pictures above, the encoded labels are:

- COVID: 0
- Lung Opacity: 1
- Normal: 2
- Viral Pneumonia: 3

The result is better than the Logistic Regression Model. However, the f1 score for the COVID category is the lowest. We tried to improve this score by finding a proper set of hyperparameters.

**2nd trial:** Parameter optimization for Random Forest with GridsearchCV:

We tried to optimize parameters using the HOG features as inputs, but the memory requirements and computing time were prohibitive. We chose to use to use the normalized, unmasked, non-filtered  $20 \times 20$  images. Best parameters found are:

- class weight: balanced
- max depth: 50
- max features: log2
- min samples leaf: 1
- number of estimators: 300

Best cross-validation score was 0.8406127980473902.

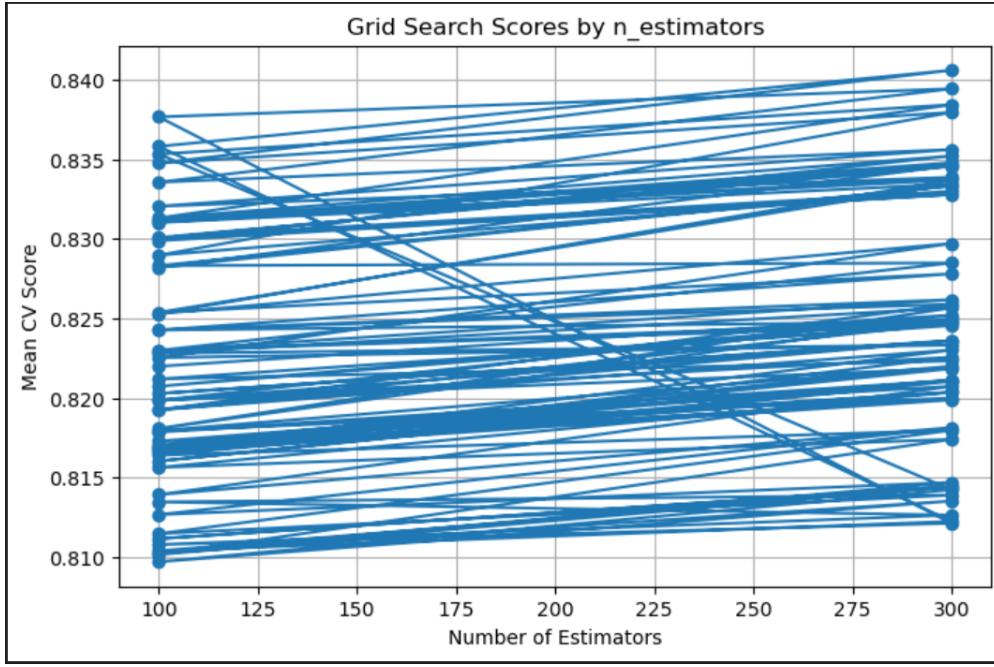


Figure 10: Grid Search Score

**3rd trial:** Random Forest with optimal hyperparameters previously determined:  
Using the balanced class weight, the max depth 50, log2, 300 estimators and 1 min samples leaf, we generated a Random Forest Classifier and trained it with the HOG features. The results are shown below:

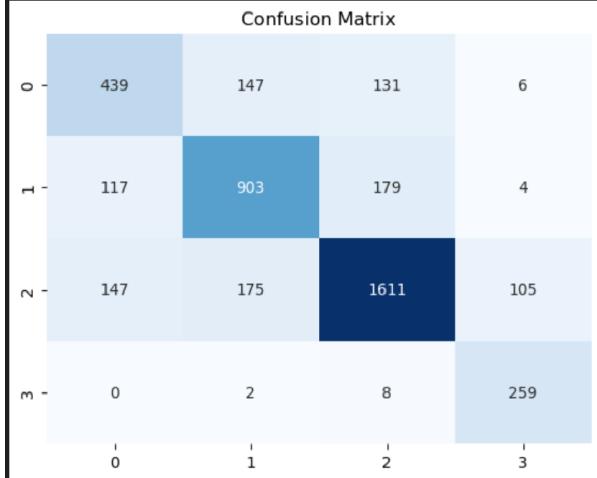


Figure 11: Confusion Matrix

	precision	recall	f1-score	support
0	0.62	0.61	0.62	723
1	0.74	0.75	0.74	1203
2	0.84	0.79	0.81	2038
3	0.69	0.96	0.81	269
accuracy			0.76	4233
macro avg	0.72	0.78	0.74	4233

Figure 12: Classification Report

The overall score is not better than the one obtained with default parameters. However, there is a small improvement in the f1 score for the COVID category. In conclusion, the Random Forest is not the optimal model to analyse COVID X-rays.

### 2.3.3 Support Vector Machines (SVM)

There are two types of SVM models: linear and nonlinear SVM. Here's a brief summary of both:  
Linear SVM:

- Separates data using a straight line (in 2D) or a hyperplane (in higher dimensions).
- Assumes that the data is linearly separable (i.e., classes can be separated by a straight boundary).
- Uses a linear kernel.
- Fast and efficient for high-dimensional, sparse data like text or HOG features.
- Good for: When the data has clear linear boundaries.

#### Nonlinear SVM:

- Can separate data with curved or complex boundaries.
- Uses kernel tricks (e.g., RBF, polynomial) to map the data into higher dimensions where it may become linearly separable.
- More flexible but computationally expensive, especially on large datasets.
- Good for: Data where classes are intertwined and not separable by a straight line.

In the following tests we used nonlinear and linear SVMs. As our task is a classification problem we used SVC models.

#### **1th trial**

The first trial to run a SVC model was with a dataset with preprocessed images and added masks. The image size was reduced to 128x128 pixels and we tried to use the entire training dataset (approx. 35'000 images). For this first attempt no hyperparameter optimization technique was used. Instead we tried some random hyperparameters:

- gamma=0.01
- kernel='poly'
- other hyperparameter were left to default

After over 6 hours the training of the model was not finished. We stopped it, because this approach had proven as impractical. As it took that much time even without using a hyperparameter optimization technique like GridSearchCV, we needed to change the dataset (number or/ and size of images) for further tests.

#### **2nd trial**

For the second trial we tried to work with a considerably smaller dataset to reduce the training speed. The aim was to get a SVC model running. And maybe in future tests reenlarge the dataset again. Therefore we reduced the size of the images and aswell the number (20x20 pixels and only 2000 images randomly chosen from the train dataset). In this run we tried to use GridSearchCV to find the best parameters out of these options:

- C: 0.1, 1, 10, 100
- loss: 'hinge', 'squared\_hinge'
- max\_iter: 100, 1000

The best hyperparameter set was: C = 10, gamma = 0.001 and kernel = rbf. The runtime was approx. 12 minutes. The classification report in figure 13a shows that the model has an overal accuracy of 65%, but the prediction of class 0 (COVID) is very poor with an f1-score of only 0.29. The "normal" class could be best predicted which can also be seen on the confusion matrix in figure 13b.

#### **3rd trial**

Before trying to take more images with higher resolution, we tried to find options to make the training of the model faster.

One idea was to use another method for the hyperparameter optimization. We tested "Bayesian Optimization" instead of GridSearchCV as it does not test every combination of parameters, we hope that Bayes Optimization could be a faster option.

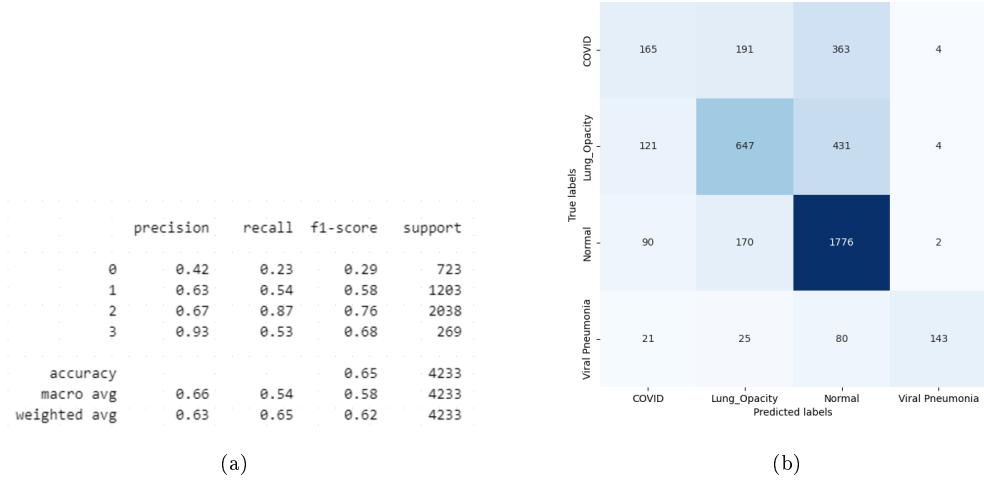


Figure 13: SVC model with 2000 images of size 20x20 pixels, best model with GridSearchCV ( $C = 10$ ,  $\gamma = 0.001$  and kernel = rbf)

The input data for this test was the same as in the previous test. The "Bayesian Optimization" found the same hyperparameters as in the previous test but finished within only approx. 4 minutes. As this hyperparameter optimization method is about 3 times faster than GridSearchCV we will use this method for the next test with SVC when we'll try to use more images with more pixels.

Before doing further tests with the SVC model we did some research and found out, that SVC is not the best option for modelling with a lot of data. If using more images and images with more pixels, we increase the number of rows AND the number of columns in our data frame. This means we have a lot more input data for our SVC model. The result of the search in the internet was, that using a linear SVC model could be a better option in our case.

#### 4th trial

As a conclusion of the previous tests we tried out a linear SVC model and used "Bayesian Optimization" for the hyperparameter search.

The number of pixel was increased to 128x128 pixels and the number of images was increased as well. We used 4000 non-augmented images (1000 of each class) to which all preprocessing steps from 2.1 apart from data augmentation and feature extraction have been applied.

The best hyperparameter set was:  $C = 0.1$ , loss = hinge, max\_iter=277. The runtime was approx. 1 hour. The classification report in figure 14a shows that the model has an overall accuracy of only 57%, but the prediction of class 0 (COVID) is with an f1-score of only 0.44. With an f1-score of 0.83 the "Viral pneumonia" class (3) is predicted better, which can also be seen on the confusion matrix in figure 14b.

The time needed to fit the model was about 1 hour, which is a lot for such poor prediction results. Maybe the model would perform better if more images or more pixels per image would be used. But due to the long training times we considered a training with more images not as an option.

Therefore we decided to do further tests with a SVC linear model not with the images but with extracted features.

**5th trial** SGDClassifier(Linear SVM) + HOG (With hyperparameter search) Figure 15A. SGD still supports hinge loss, so it behaves like a linear SVM and also supports L1, L2, ElasticNet regularization. In this model we used RandomizedSearchCV best estimator pipeline(StandardScaler, PCA, SGD classifier).

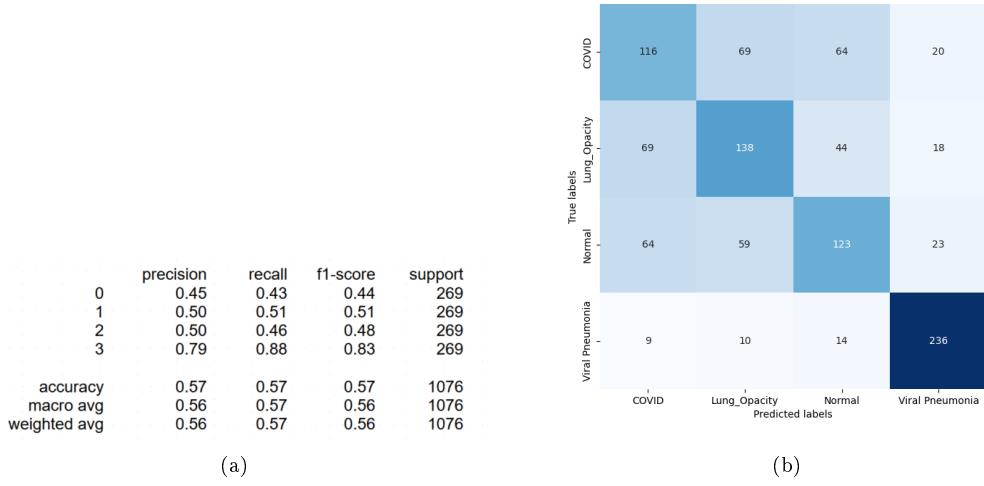


Figure 14: SVC model with 4000 images of size 128x128 pixels, best model with Bayes ( $C = 0.1$ , loss = hinge, max\_iter=277)

**Best Hyperparameters found were:**

```
{'clf__penalty': 'l1', 'clf__learning_rate': 'optimal', 'clf__alpha': 0.001}
```

We observed low overall accuracy (56.89%), however the recall for the COVID class (class 0) was better at 63.07%, and even stronger for Viral Pneumonia (class 3) at 86.62%.

Perhaps Linear models like SGDClassifier may not fully capture complex patterns. Therefore, the next steps would be to :

- try a Tree-based Model eg. XGBoost or LightGBM which handle non-linear relationships well and work directly on HOG features (no need to resize images)
- experiment with non-linear SVM on a subset of our data (e.g., 2–5k images) to test potential gains

**6th trial** So the next model we tested was grid search on nonlinear SVM using kernel rbf using a smaller dataset (5000) of hog features.(Figure 15B)We performed grid search with reduced parameter space.The Accuracy improved to 72%, and we found the Best parameters: `svc_ C= 1,svc_ gamma = scale`.

**7th trial** Since SVC RBF kernel gave us better results we decided to run it on hog features after dimensionality reduction using PCA. We observed an accuracy of 77%.The Cumulative explained variance for PCA by 200 components was 62.06%. However the precision and recall for class 0 did not show much improvement and therefore, we proceeded with other ML models.

In conclusion, the SVC model with RBF kernel on Hog features with PCA dimensionality reduction gave us the best accuracy of 77%.

### 2.3.4 XGBoost - Extreme Gradient Boosting

XGBoost (Extreme Gradient Boosting) can be used for classification and regression problems. It is a popular tool often used in machine learning competitions and known for handling large datasets efficiently. After the not very successful tests with e.g. SVM, the use of XGBoost looked promising.

Here is a summary of hyperparameters we used:

- booster = gbtree
- objective = multi:softprob

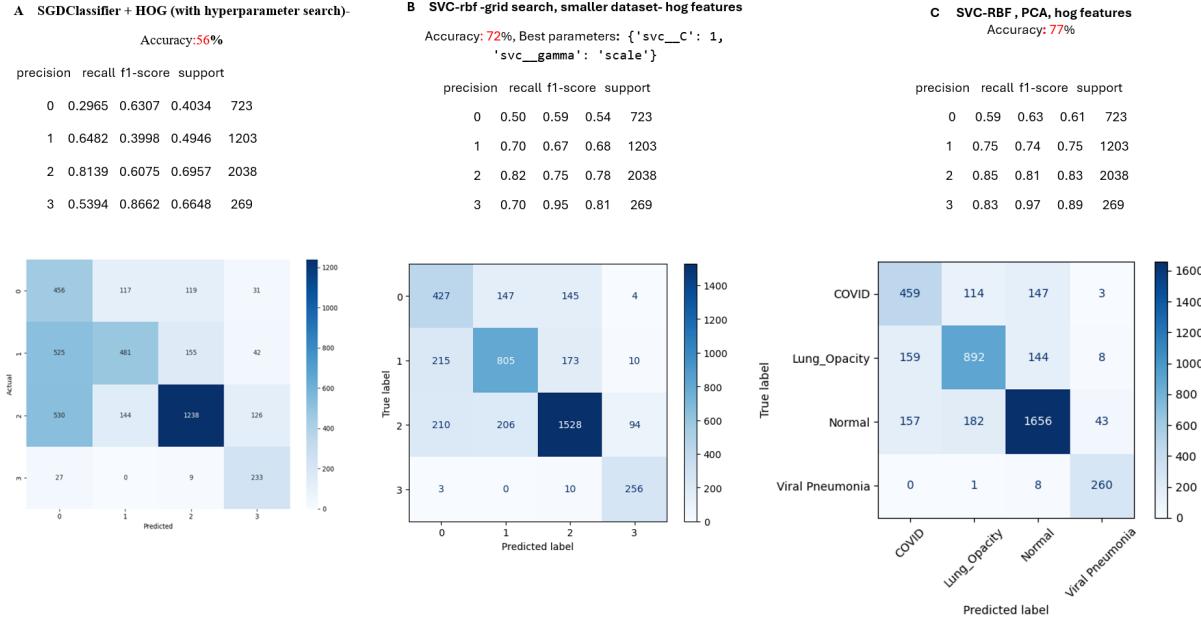


Figure 15: SVM MODELS

- learning\_rate = 0.3
- tree\_method = hist
- num\_class = 4
- other hyperparameter were left to default

#### 1st trial - XGBoost (128 x 128, non-augmented 4000 images, non augmented, with masks)

For the first test with the XGBoost model we used the same input data as in the 4th trial with the SVM model. The number of pixel was 128x128 pixels and the number of images was 4000 non-augmented images (1000 of each class). To these images all preprocessing steps from 2.1 apart from data augmentation and feature extraction have been applied.

The training on this dataset took only 5 minutes which was much faster than using an SVClinear model (which took approx. 1 hour).

For this first trial we chose the hyperparameter "number of boost rounds" very high (5000) but additionally used the "Early stopping technique" of XGBoost. Early stopping in XGBoost is a technique used to halt the training process if the model's performance on a validation set does not improve after a specified number of consecutive iterations, thereby preventing overfitting. For our tests we used early\_stopping\_rounds=50.

Figure 16a shows that the overall accuracy was 74%. This accuracy is much higher than 57% which the SVClinear model reached on the same dataset (cf. figure 14). The classification report and aswell the confusion matrix in figure 16b show that the XGBoost model, like the SVClinear model, best predicts the class "Viral Pneumonia" (3), but with a f1-score of 94% instead of only 83%. XGBoost does a better prediction for the class "COVID" (0) with a f1-score of 62% compared to the SVClinear model with only a f1-score of 44%. But a f1-score of 62% is still not very satisfactory. Further tests e.g. with the entire dataset are needed.

#### 2nd trial - XGBoost (128 x 128, all images incl. augmentation, with masks)

As a next test we tried to increase the number of images used for modelling. As input data we used all the images still with a reduced size of 128x128 pixels. To these images all preprocessing steps from 2.1 apart from feature extraction have been applied.

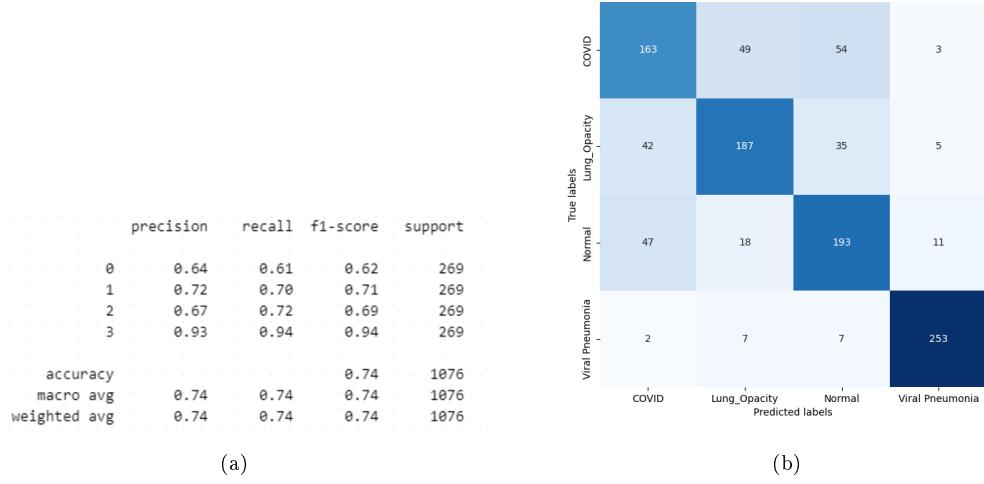


Figure 16: XGBoost with 4000 images of size 128x128 pixels

As the first trial with XGBoost already showed, that we did not need 5000 "number of boost rounds" we reduced it in this test to 500 and additionally kept on using the early stopping technique.

Figure 17 shows that the overall accuracy is nearly the same as in the previous test where we used only 4000 non-augmented images. The f1-score for the "COVID class" (0) is with 57% even a bit lower. But for the other classes the f1-score increased compared to the first test with XGBoost.

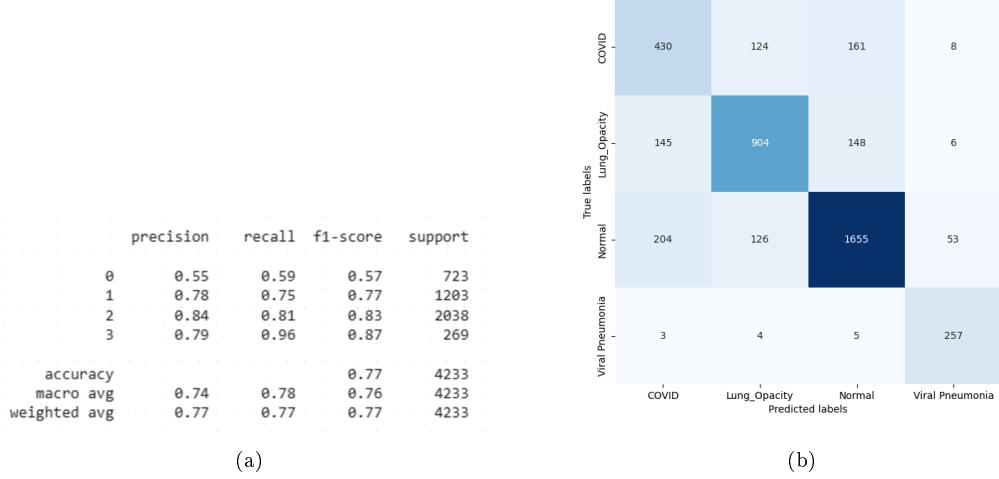


Figure 17: XGBoost with all images of size 128x128 pixels, with masks

### 3rd trial - XGBoost (128 x 128,HOG-features)

For this test we tried to use the HOG-extracted features as input data. The classification report in figure 18a and the confusion matrix in figure 18b show that this did not improve the accuracy of 77% and still the "COVID class" (0) is not predicted very well with an f1-score of only 57%.

4th trial - XGBoost (128 x 128, all images, without masks, no filter (Clahe, Gaussian Blur)

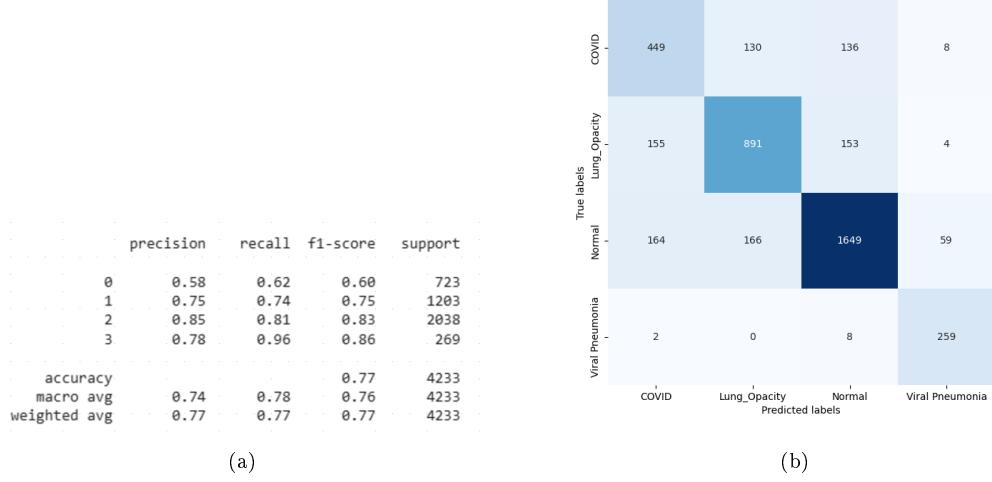


Figure 18: XGBoost using hog features

As a next step we tried to stick to use a big number of images and used all images including the augmented images as input data. The images have been normalized but no filters and masks were applied. The classification report in figure 19a and the confusion matrix in figure 19b show that this model has an overall accuracy of 86% which is the best accuracy of all XGBoost models we tried so far. This model can even predict the "COVID class" quite good with an f1-score of 89%. The worst f1-score has the "Lung\_Opacity class" (1), with still 81. There are two options which change in the input data could have made this improvement compared to the previous tests: using no masks or using no filters.

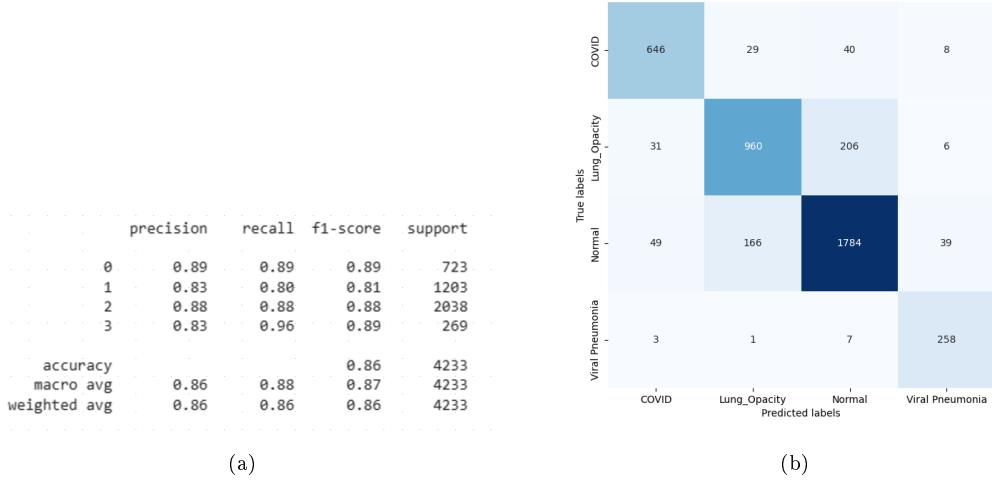


Figure 19: XGBoost with all images of size 128x128 pixels, without masks, no filters

**5th trial - XGBoost (128 x 128, all images, without masks, WITH filters (Clahe, Gaussian Blur))**  
 As a conclusion of the previous test (4th trial) we tried to use the same input data but this time using filters. The classification report in figure 20a and the confusion matrix in figure 20b show that using the filters reduced the overall accuracy a bit to 85% and also the f1-score for the "COVID class" (0) is only 84% instead of 89% as in the test without filters.

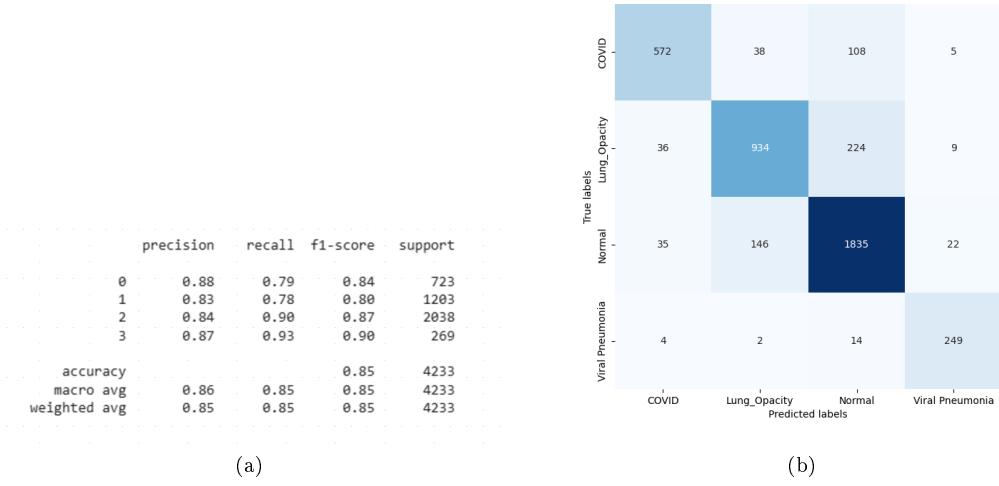


Figure 20: XGBoost with all images of size 128x128 pixels, without masks, with filters

As a next test we could try using masks and no filters. But as time in this project is reduced we moved on to using deep learning models which looks more promising when working with images.

### 2.3.5 DENSE NETWORKS: MLP-Classifier

Does this belong to the machine learning? Or is it Deep learning?

But from what we have done with the input data, it suits more to the machine learning part. don't know.

It is somehow inbetween??!

Multi-Layer Perceptron, which is a classic feedforward neural network consists of: An input layer, One or more hidden layers (each with fully connected / dense neurons) and an output layer. Each neuron in a layer is connected to every neuron in the next layer which makes it a dense network.

#### 1st trial

We trained an MLPClassifier (Multi-layer Perceptron) using HOG features. the first MLP classifier had the following architecture: sequential 3 dense layers: 512, 256, 128 neurons, ReLU activation + dropout, model compiled using adam optimizer and categorical crossentropy loss. This gave us solid result for a first MLP on HOG features — 78% accuracy with especially strong recall on Viral Pneumonia (97%). In the next trial we improved this further by making improvements to the model architecture.

#### 2nd trial

We increased the number of layers/neurons to make deeper network (Sequential layers: 1024, 512 , 256 and performed BatchNormalization before activations for more stable training, implemented EarlyStopping + ReduceLROnPlateau for smarter training. The overall accuracy of this model was 76.99 %, which is a notable boost from previous models. However, COVID (0) is still the weakest class (59% precision and recall), indicating the model struggles with it — possibly due to class imbalance or feature overlap. Lung Opacity (1) shows consistent, decent performance (75% recall). Normal (2) displayed the strongest precision (85%) and recall (82%), showing good separability. Viral Pneumonia (3) displayed excellent recall (96%) as it had very few false negatives.

#### 3rd trial

The next trial we tried an updated MLP classifier with an edition of Class weights to Boost minority class

(COVID) explicitly, and activation function Leaky Relu to avoid dead neurons, in addition to previous additions. The key changes made were:

- LeakyReLU with alpha=0.1 helps mitigate dead neurons by allowing a small gradient when the input is negative.
- Dropout with rates of 50% after the first layer and 30% after the second layer helps prevent overfitting by randomly dropping out neurons during training.
- Adam optimizer with a smaller learning rate (0.0005) to help avoid overshooting the minima during training.
- Class weights are computed to handle class imbalance (especially important for class 0 - COVID).
- Batch Normalization is included after each layer to stabilize the learning process

The accuracy is now 0.7817, which is a noticeable improvement from the previous attempts. Looking at the confusion matrix, we can observe: Class 0 (COVID) has lower precision and recall than the other classes. This could mean our model is having difficulty distinguishing between COVID and other classes (maybe due to class imbalance). Classes 1 (Lung Opacity), 2 (Normal), and 3 (Viral Pneumonia) are being classified well, with high F1-scores and balanced precision and recall.

#### 4th trial

In this model we applied SMOTE to help balance the class distribution by generating synthetic samples for the minority classes (Class 0 - COVID), which can help the model learn better representations for those classes. We later scaled the resampled features using 50 epochs, Smaller batch size (32), early stopping, to prevent overfitting, and trained the model on the new balanced data (without class weights). Although the model gave consistent 77.7–78% accuracy, we observed good precision and recall for class 2 and 3 however class 0 is still underperforming.

#### 5th trial

In this model we tried focal loss which is particularly useful when we're dealing with class imbalance, as it puts more focus on hard-to-classify examples. We used a gamma of 2.0 and alpha of 0.25 — good defaults based on the original focal loss paper. Class 0 is still underperforming slightly (precision = 0.60, recall = 0.58), meaning it's being confused with other classes. This is likely due to it having fewer or noisier samples or its features overlapping with class 1. Class 2 and 3 are performing very well, especially class 3 (recall = 0.93) — so the model is confidently identifying these.

#### 6th trial

We next tried MLP on ResNet features. ResNet (Residual Networks) is a deep convolutional neural network pretrained on ImageNet. It learns hierarchical, high-level features (like textures, shapes, patterns) that are often more effective than handcrafted ones. Extracting features from a pretrained ResNet and feeding them into a simple MLP can boost performance, especially for medical images. The model performed very well with an overall Accuracy of 82.8%, COVID Recall: 69%, Lung Opacity Recall: 78%, Normal Recall: 89%, Pneumonia Recall: 94%. This matrix shows that: Normal and Pneumonia classes are classified with high confidence. COVID and Lung Opacity occasionally get confused with each other and with Normal. Our current results are strong enough that it makes perfect sense to move to deep learning or CNN-based models next. We wanted to see how the MLP classifier model was learning our data and so we decided to plot the accuracy and loss per epochs for the first trial and the last (figure 22). On analysis of figure 22a (20 epochs) we found training Loss decreases steadily suggesting the model is learning from the training data. The Validation Loss Plateaus and then increases after epoch 6–7 which suggests overfitting. The model training Accuracy rises to 0.95 which is excellent however the validation Accuracy flatlines around 0.83–0.84 which showed that the model is not improving on unseen data. Figure 22b (8 epochs) showed a similar trend, just shorter duration. We observed still a gap between training and validation performance (train 0.93 vs val 0.83). The validation loss increases even earlier suggesting overfitting happens faster.



Figure 21: MLP CLASSIFIER A, B, C

These results show that Resnet features work well and MLP learns effectively on the training data. However we observe overfitting which needs to be fixed.

### 7th trial

To address this we next try to add L2 regularization to Dense layers that helps reduce overfitting by penalizing large weights, increase dropout slightly (0.4) that increases regularization by randomly dropping neurons during training and use early stopping that avoids overfitting by halting training when the model stops improving on validation data. We also try reducing the number of neurons (e.g., 256 → 128 → 64) to avoid overfitting and consider adding BatchNormalization after dense layers. Loss and Accuracy Plot Interpretation of figure 22c shows that both training and validation loss drop significantly in the first few epochs and stabilize around epoch 10. The gap between training and validation loss is small, which means low overfitting. Accuracy rises quickly and stabilizes around 78–80% for both training and validation, showing consistent learning and generalization. The validation accuracy occasionally surpasses training accuracy, likely due to dropout and regularization.

The Classification Report showed an overall accuracy of 75% over 4,233 samples which is solid for a multi-class task. Class 2 (largest class): Strong performance ( $F1 = 0.83$ ), suggesting the model is very confident in this class. Class 1: Also good ( $F1 = 0.72$ ). Class 0: Weaker ( $F1 = 0.56$ ), possibly due to overlapping features. Class 3: Interesting — high recall (0.98) but lower precision, suggesting the model predicts this class a lot, possibly overgeneralizing to it.

In conclusion, MLP Classifier on ResNet Features gave us the best accuracy(82%). Since class 0 still remains a problem moving to a Convolutional Neural Network (CNN) is the logical next step, since we're working with image data (X-rays), and traditional ML models like SVMs or MLPs (even with augmentation and tuning) may struggle to capture spatial hierarchies and localized patterns critical for medical imaging.

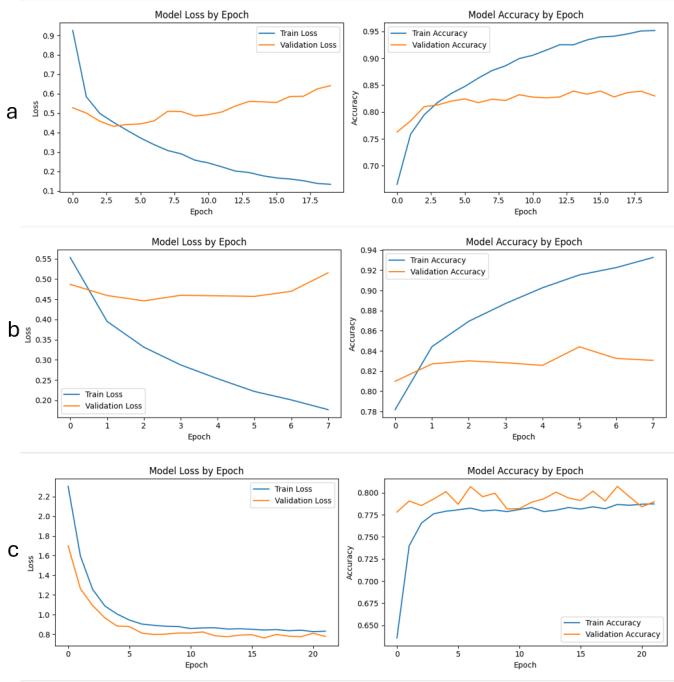


Figure 22: MLP CLASSIFIER A, B, C

### 3 Deep Learning

#### 3.1 Prepare Data for Deep Learning

When trying to train different deep learning models, we figured out that we had to play around with the data. We tried different pre-processing steps for the different models. Therefore, the different pre-processing steps are described in the respective chapters of the deep learning models.

#### 3.2 Metrics to Evaluate the Model Results

For the evaluation of the results of the deep learning models, we used the same methods (classification report, confusion matrix) as for the evaluation of the machine learning models, c.f. section 2.2. Additionally, we analysed how the accuracy and the loss evolved over the different epochs.

For some models we wanted to visualize which areas of an image contribute most to a model's decision. Therefore, we used Grad-CAM whether the model is paying attention to relevant anatomical features in the X-ray images.

#### 3.3 CNN models and results - without transfer learning

##### 3.3.1 Self-build CNN

This could be a CNN without transfer learning which Samiya build.

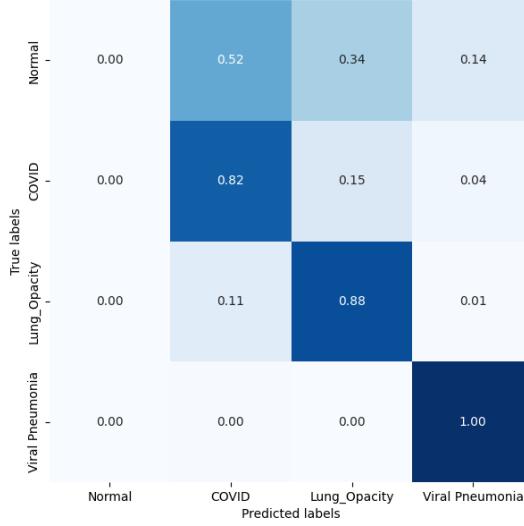


Figure 23: Example of representative confusion matrix of the input data pre-processing tests.

### 3.3.2 Do we have another self-build CNN?

## 3.4 Using pretrained models with transfer learning

### 3.4.1 VGG16

### 3.4.2 InceptionV3

#### Data pre-processing for InceptionV3 model

In order to make it easier to make changes in the input data, we decided that the processing of the input data should not be done offline before the modelling, but instead doing on the fly before starting to train the model. The data has been split into train data (85%) and test data (15%). Then the train data has been re-split into the final train data (80%) and validation data (20%) which is used for validation during training the model. The next step was to get rid of the imbalance between the 4 classes. We needed a lot of training runs to figure out which pre-processing should be done in order to use the data for an InceptionV3 model. During these tests all layers of the pretrained model had been frozen. These tests showed that we needed to use a dataset for training where the class imbalanced had been fixed by data augmentation. To augment only the minority classes (COVID, Lung Opacity and Viral Pneumonia) and use only the original images for the Normal-class did not work. This has led to the Normal-class was not predicted at all. The confusion matrices of these test all looked something like this, c. f. figure 23. The confusion matrices showed that the Normal-class could not be predicted at all and the Viral Pneumonia-class was predicted quite well. This lead to the conclusion, that there must be a difference in the pre-processing of these two classes. For the Normal-class, which is the majority class, only the original, non-augmented images had been used. Whereas for the Viral Pneumonia-class, which is the class containing the least original images, a big number of augmented images had been used for training. As a conclusion of these tests we also augmented the Normal-class, by using the original images plus one time augmented images which resulted in 13860 images for the Normal-class in the training dataset. For the training dataset the following number of images had been used:

- 'Normal': 13860
- 'COVID': 14748
- 'Lung Opacity': 12264

- 'Viral Pneumonia': 13725

As augmentation technique rotation (of maximum  $15^\circ$ ) and translation (of maximum 10%) had been used. No augmentation has been done to the test and validation dataset. Before starting the training a random data augmentation was applied to the training data.

- HorizontalFlip( $p=0.5$ )
- Rotate( $limit=15$ ,  $p=0.5$ )
- ShiftScaleRotate( $shift\_limit=0.05$ ,  $scale\_limit=0.05$ ,  $rotate\_limit=0$ ,  $p=0.5$ )

As a last step the pre-processing function of the pretrained InceptionV3-model (`inception_v3.preprocess_input`) has been applied to train, test and validation set. This returns a preprocessed array with type `float32`. The input pixel values are scaled between -1 and 1, sample-wise.

During the different training runs different batch sizes have been tried out (16 and 64).

### The InceptionV3 model

In some papers which handle similar tasks the InceptionV3 model was used. (e.g. "Can AI Help in Screening Viral and COVID-19 Pneumonia?" from Muhammad E. H. Chowdhury et al.). In several sources on the internet it is mentioned that the InceptionV3 model "ensures a balance between performance and computational cost." This is why we thought it could be worth to try using this model on our data.

The Keras InceptionV3 is a pre-trained convolutional neural network that has 311 layers. It has been already trained on more than a million images from the ImageNet database. This pretrained network can classify images into 1000 object categories, such as keyboard, mouse, pencil, and many animals. As a result, the network has learned rich feature representations for a wide range of images. The network has an image input size of 299-by-299.

### 1st trial with InceptionV3

For this 1st trial the following settings were used:

- input data as described above
- batch size = 16
- 10 epochs
- Adam optimizer (with default learning rate of 0.001)
- no callbacks used
- no fine-tuning has been done

The design of the used model is shown in figure 24.

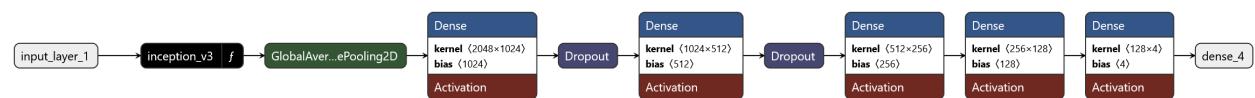


Figure 24: Model design of 1st trial with InceptionV3

The loss and accuracy per epoch in figure 25 show that this model has no good convergence. The classification report and the confusion matrix in figure 26 show that the overall accuracy is only 83% and that the COVID-class is not very well predicted. The confusion matrix additionally shows that the data augmentation of the Normal-class helped that the Normal-class was predicted better, than as in previous tests (c.f. figure 23).

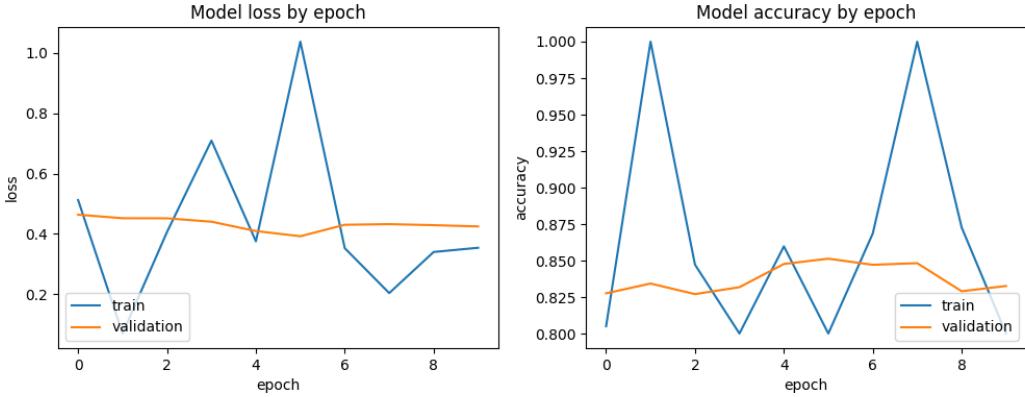


Figure 25: Loss and accuracy per epoch of 1st trial with InceptionV3

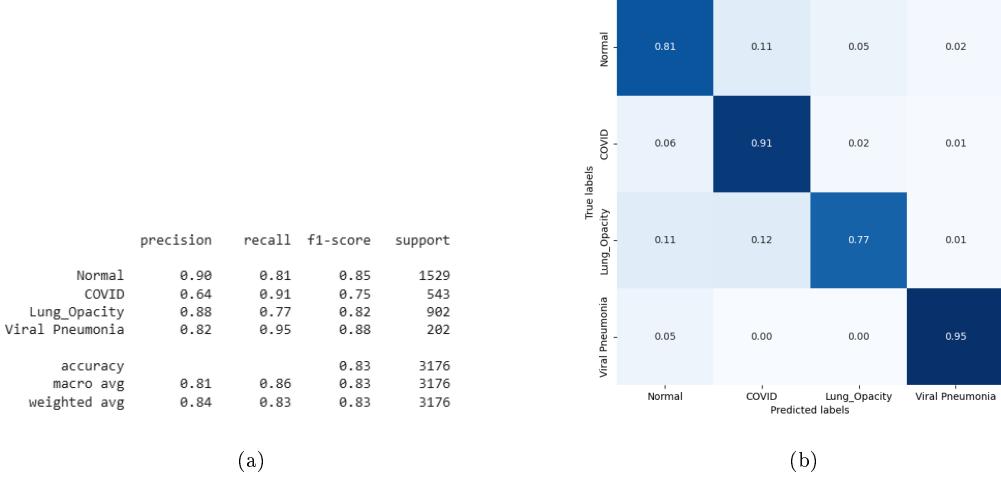


Figure 26: classification report and normalized confusion matrix of 1st trial with InceptionV3

## 2nd trial with InceptionV3

For this 2nd trial the same settings were used than in the 1st trial, but this time callbacks have been used. As the model did not converge within 10 epochs we tried to double the number of epochs for this trial. In summary the following settings were used:

- input data as described above
- batch size = 16
- 20 epochs
- Adam optimizer (with default learning rate of 0.001)
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- no fine-tuning has been done

The design of the used model is shown in figure 27.

With using the callbacks the learning rate was automatically reduced during training to 1e-05, but the train-

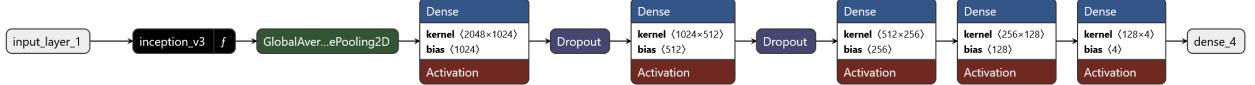


Figure 27: Model design of 2nd trial with InceptionV3

loss and train-accuracy per epoch in figure 28 still show a lot of oscillation and therefore no good convergence. The early stopping callback stopped the model after epoch 16 and the best model was the model after epoch 11.

The classification report and the confusion matrix in figure 29 show that the overall accuracy is still only 85% and that the COVID-class is not very well predicted. But compared to the 1st trial the f1-score for the COVID-class increased from 0.75 to 0.81.

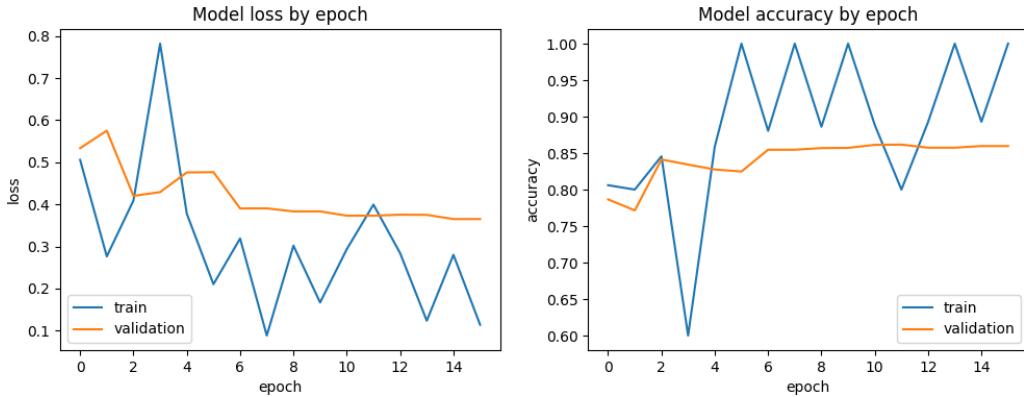


Figure 28: Loss and accuracy per epoch of 2nd trial with InceptionV3

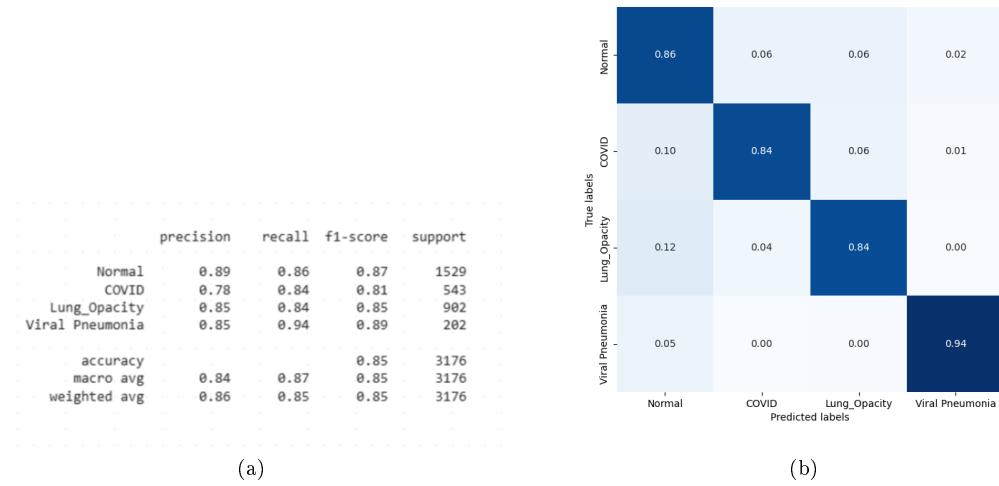


Figure 29: classification report and normalized confusion matrix of 2nd trial with InceptionV3

### 3rd trial with InceptionV3

For this 3rd trial the same settings were used than in the 2nd trial, but this time the batch size was increased from 16 to 64. In summary the following settings were used:

- input data as described above
- batch size = 64
- 20 epochs
- Adam optimizer (with default learning rate of 0.001)
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- no fine-tuning has been done

The design of the used model is shown in figure 30.

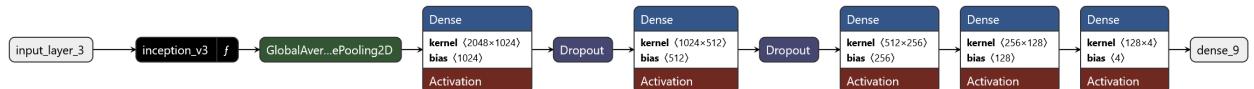


Figure 30: Model design of 3rd trial with InceptionV3

The learning rate was automatically reduced to 1e-05 due to the callback as in the previous test. The best model was saved after 15 epochs.

Figure 31 shows that increasing the batch size from 16 to 64 did not fix the oscillation of the train-loss and train-accuracy. And the validation-loss and validation-accuracy stagnates.

The classification report and the confusion matrix in figure 32 show that the overall accuracy is 86% (which is 1% more than in the 2nd trial). The COVID-class is still the worst predicted class. But at least the f1-score increased by 1% in this trial compared to the previous trial.

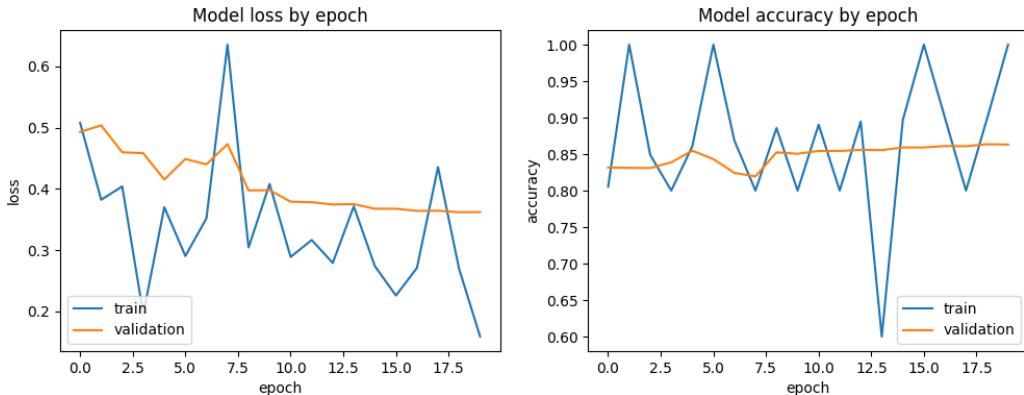


Figure 31: Loss and accuracy per epoch of 3rd trial with InceptionV3

#### 4th trial with InceptionV3

For this 4th trial the same settings were used than in the 3rd trial, but this time the last 4 layers of the pretrained InceptionV3 model were unfrozen. Additionally, the learning rate was reduced to 1e-05. Some of the parameters of the used callbacks were changed. In summary the following settings were used:

- input data as described above
- batch size = 64
- 20 epochs

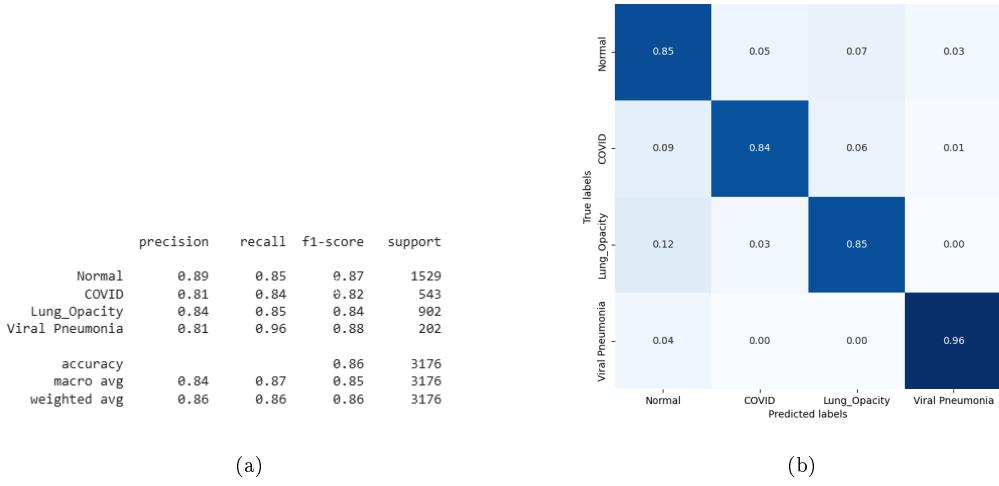


Figure 32: classification report and normalized confusion matrix of 3rd trial with InceptionV3

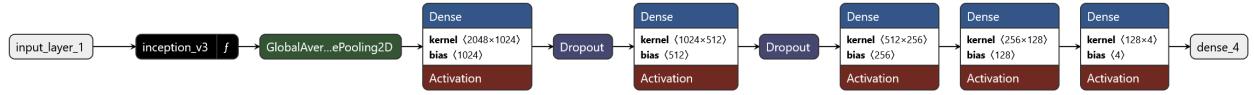


Figure 33: Model design of 4th trial with InceptionV3

- Adam optimizer (with learning rate of 1e-05)
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- first try of fine-tuning by unfreeze the last 4 layers of the InceptionV3 model

The design of the used model is shown in figure 33.

The learning rate was automatically reduced to 1e-06 due to the callback. The EarlyStopping callback did not stop the model before 20 epochs.

Figure 34 shows that in this test the train-loss and train-accuracy is still oscillating. But a slight improvement over the previous tests can be seen: As the epochs increase, the oscillation of the train-accuracy appears to weaken and the amplitude decreases. Furthermore, the curve of the validation-loss and validation-accuracy behaves a little bit more as expected, compared to previous test. The validation-loss slightly decreases with epoch and the validation-accuracy slightly increases with epoch.

Although the stability of the model looks slightly better, the classification report and the confusion matrix in figure 35 show that the overall accuracy reduced by 3% compared to the previous test. The COVID-class is still the worst predicted class.

## 5th trial with InceptionV3

For this 5th trial the same settings were used than in the 4rd trial, but this time another optimizer has been used: RMSprop instead of Adam. The learning rate 1e-05 was not changed. In summary the following settings were used:

- input data as described above

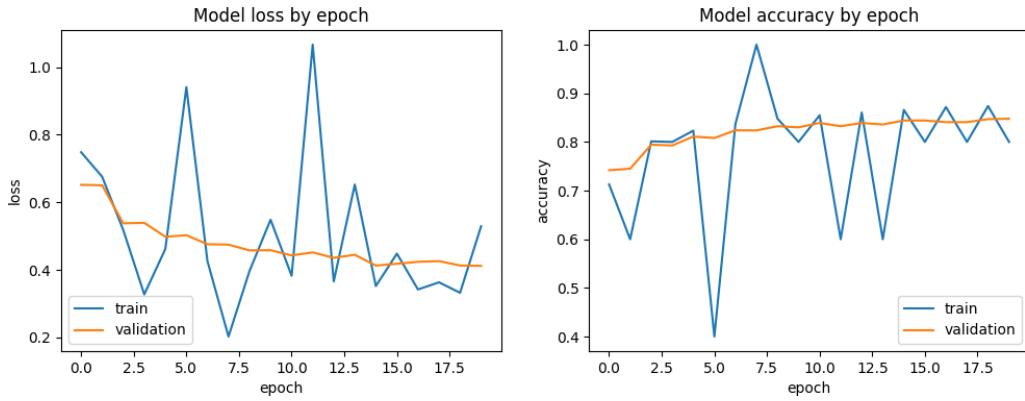


Figure 34: Loss and accuracy per epoch of 4th trial with InceptionV3

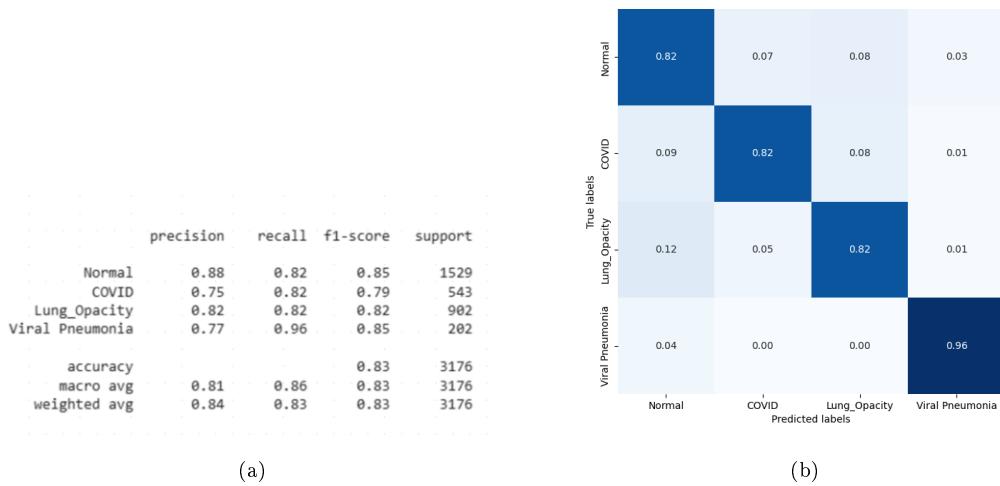


Figure 35: classification report and normalized confusion matrix of 4th trial with InceptionV3

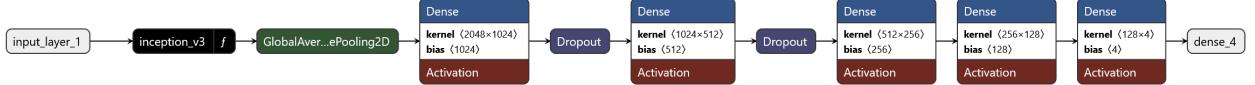


Figure 36: Model design of 5th trial with InceptionV3

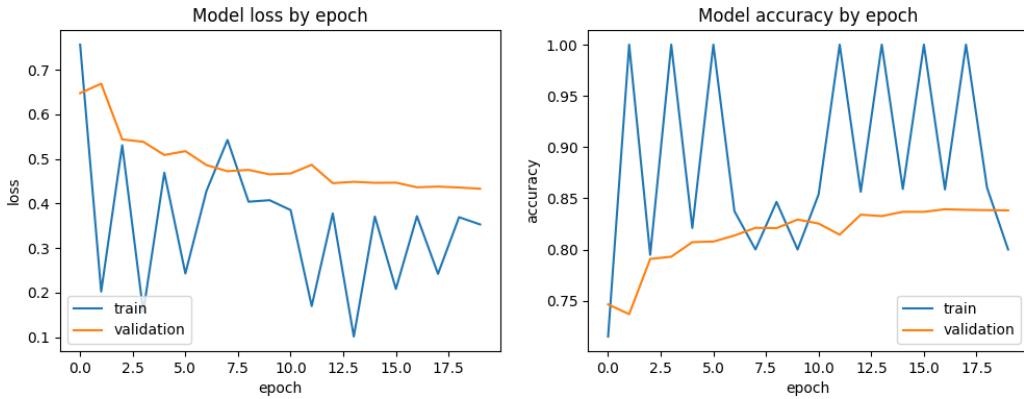


Figure 37: Loss and accuracy per epoch of 5th trial with InceptionV3

- batch size = 64
- 20 epochs
- RMSprop (with learning rate of 1e-05)
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- first try of fine-tuning by unfreeze the last 4 layers of the InceptionV3 model

The design of the used model is shown in figure 36.

The learning rate was automatically reduced to 1e-06 due to the callback. The EarlyStopping callback did not stop the model before 20 epochs.

Figure 37 shows that in this test using another optimizer caused stronger oscillation in the train-loss and train-accuracy. The classification report and the confusion matrix in figure 38 show that the switch to the RMSprop optimizer was not a good choice. Although the overall accuracy with 83% is the same as in the previous test (4th trial), the f1-score of the COVID-class decreased.

## 6th trial with InceptionV3

For this 6th trial we used again the Adam optimizer and we kept all layers of the InceptionV3 model frozen. For this test we tried to leave out the randomly applied augmentation to all classes. (The augmentation to handle the class imbalance in the training data was still used. In summary the following settings were used:

- input data as described above
- batch size = 64
- 20 epochs
- Adam (with learning rate of 1e-05)

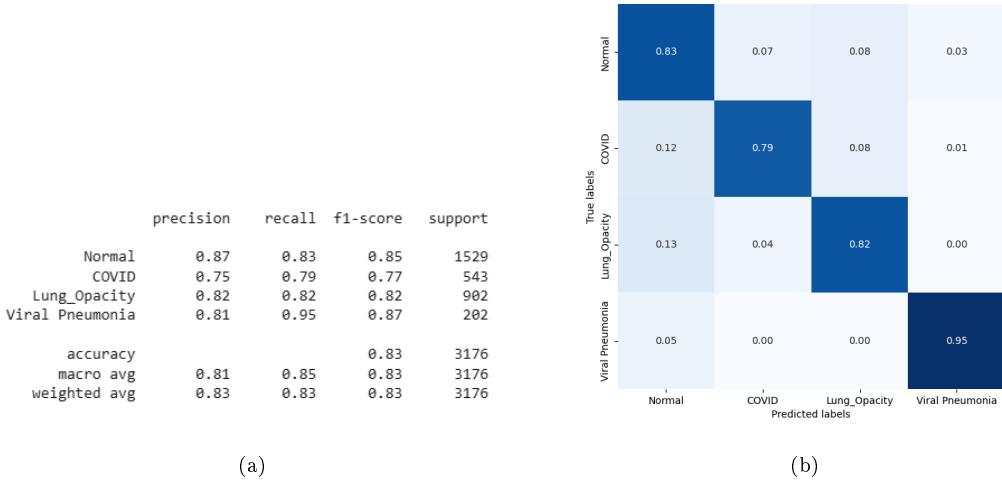


Figure 38: classification report and normalized confusion matrix of 5th trial with InceptionV3

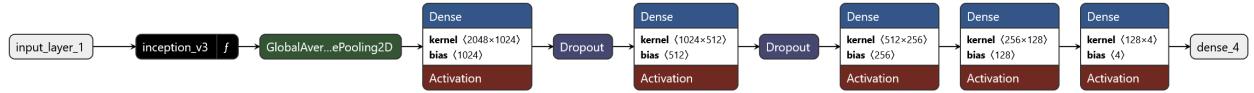


Figure 39: Model design of 6th trial with InceptionV3

- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- no fine-tuning has been done
- no random augmentation to all classes

The design of the used model is shown in figure 39.

During the 20 epochs the callback did not automatically reduce the learning rate. The EarlyStopping callback did not stop the model before 20 epochs.

Figure 40 shows less oscillation in the train-loss and train-accuracy than in the previous test (5th trial). But the train-accuracy and train-loss of the 4th trial (with unfreezing the last 4 layers and applying random augmentation to all classes) looks better. The validation-loss and validation accuracy look similar as in previous test.

The classification report and the confusion matrix in figure 41 show that the overall accuracy increased a bit compared to 4th and 5th trial (in which we tried to unfreeze the last 4 layers of the base model).

### 7th trial with InceptionV3

The InceptionV3 has 311 layers. For this 7th trial we tried to unfreeze a lot more layers of the pretrained base model. As an example from <https://keras.io/api/applications/> we chose to retrain the top 2 inception blocks, i.e. we will freeze the first 249 layers and unfreeze the rest. As recommended in that example we used the SGD(learning\_rate=0.0001, momentum=0.9) optimizer to compile the model. In summary the following settings were used:

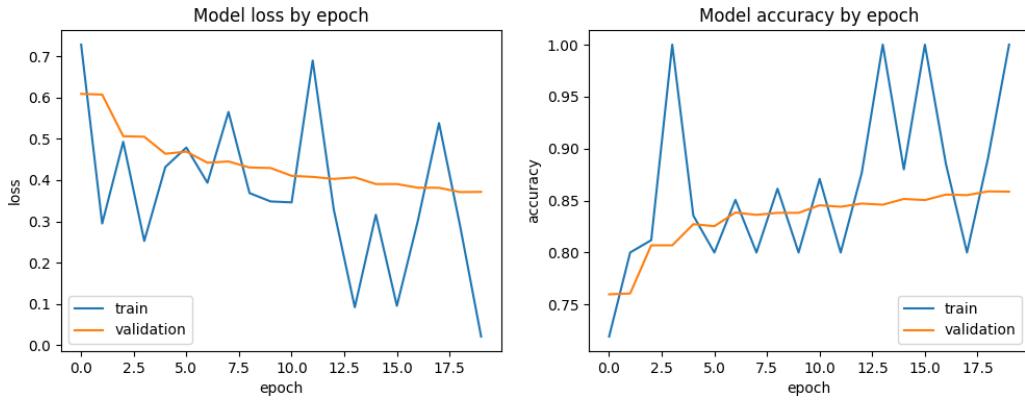


Figure 40: Loss and accuracy per epoch of 6th trial with InceptionV3

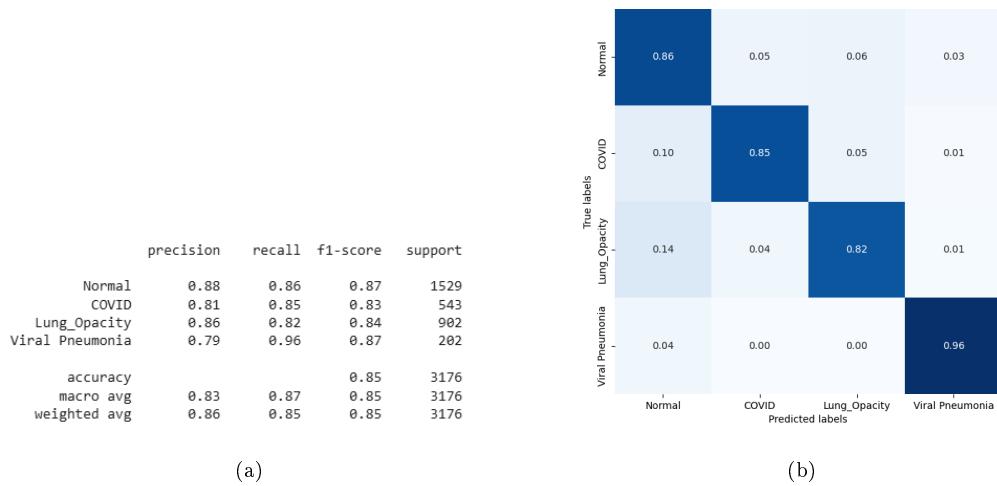


Figure 41: classification report and normalized confusion matrix of 6th trial with InceptionV3

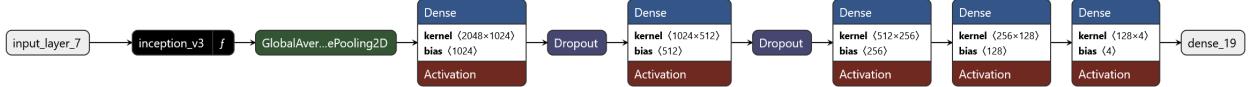


Figure 42: Model design of 7th trial with InceptionV3

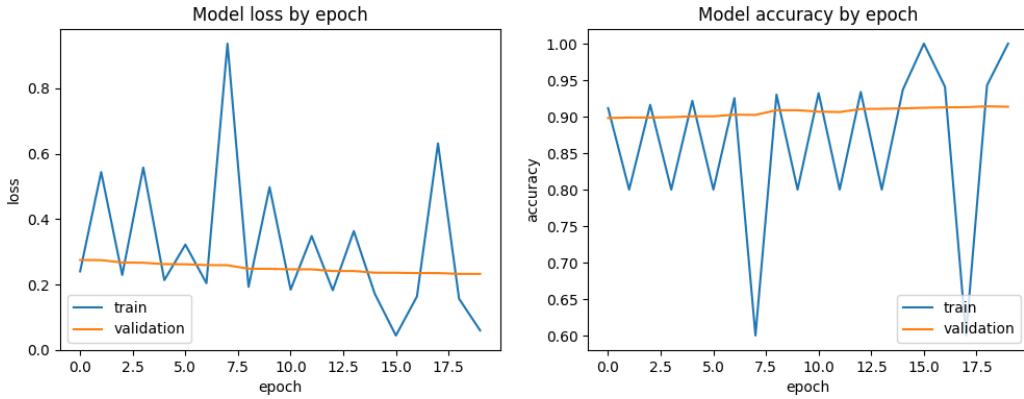


Figure 43: Loss and accuracy per epoch of 7th trial with InceptionV3

- input data as described above
- batch size = 64
- 20 epochs
- SGD(learning\_rate=0.0001, momentum=0.9) optimizer
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- fine-tuning has been done: freeze only the first 249 layers and unfreeze the rest
- random augmentation to all classes

The design of the used model is shown in figure 42.

During the 20 epochs the callback did not automatically reduce the learning rate. The EarlyStopping callback did not stop the model before 20 epochs.

Figure 43 still shows a lot of oscillation in the train-loss and train-accuracy. But the train-accuracy and train-loss is nearly the same over all epochs, only a slight increase (accuracy)/ descrease (loss) can be seen over the epochs.

However the classification report and the confusion matrix in figure 44 show the best result we reached with the InceptionV3 model so far. An overall accuracy of 91% and even the COVID-class is well predicted (precision 92%, recall 91% and f1-score 91%).

### 8th trial with InceptionV3

As the accuracy of the previous test (7th trial) was quite promising, with the same setup another test has been done. The only change was, that this time the corresponding masks had been applied to the X-ray images. Three tests were carried out. These differed in that the masks were applied to different data sets. Masks were applied to:

1. the train dataset

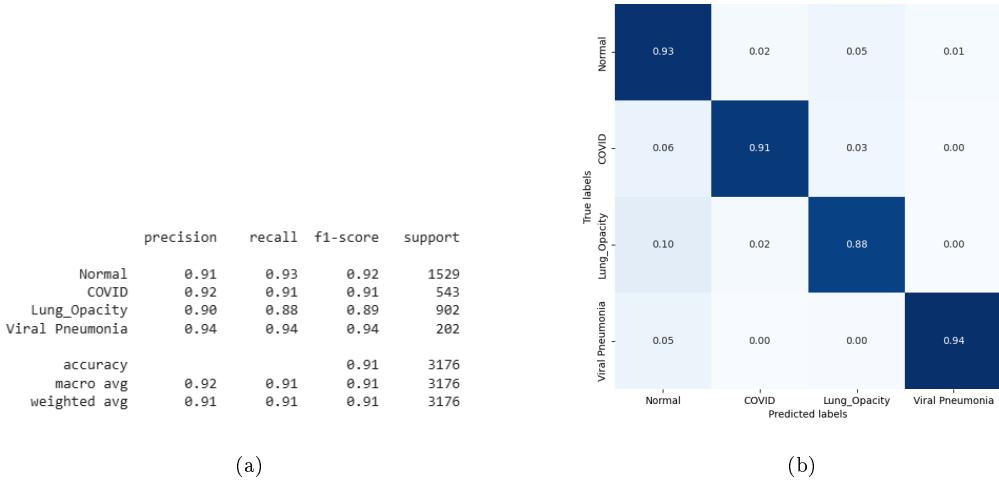


Figure 44: classification report and normalized confusion matrix of 7th trial with InceptionV3

2. the train and validation dataset

3. the train, validation and test dataset

In summary the following settings were used:

- input data as described above
- batch size = 64
- 20 epochs
- SGD(learning\_rate=0.0001, momentum=0.9) optimizer
- callbacks were used (EarlyStopping, Reduce the learning rate and ModelCheckpoint to save the best model)
- fine-tuning has been done: freeze only the first 249 layers and unfreeze the rest
- random augmentation to all classes
- corresponding mask is applied to the X-ray image in the train dataset

The design of the used model is the same as in the previous test (7th trial, c.f. figure 42.)

When training the model with only masks attached to the training dataset the accuracy and loss does not converge at all, as figure 45 shows. Therefore, the training has been redone with applied masks to the training and validation dataset. If you look at figure 46, this test looks very promising: The validation loss decreases and the validation accuracy increases. The oscillation of the training loss and accuracy is less than in other tests with the InceptionV3 model, especially in the later epochs there is less oscillation.

The classification report and the confusion matrix of the training and prediction with only masks applied to the training dataset (figure 47) show that this model is useless. The classification report and the confusion matrix of the second test (figure 48) show that the test where the masks have only been applied to the train and validation dataset is useless too. The prediction using X-ray images with applied masks are the best option when using masks, figure 49. But the overall accuracy is only 84% and also the COVID class is not very well predicted. This test is comparable to the 7th trial. The only difference is that masks have been added here. If we compare the results of the two predictions of these tests, we can conclude, that the model

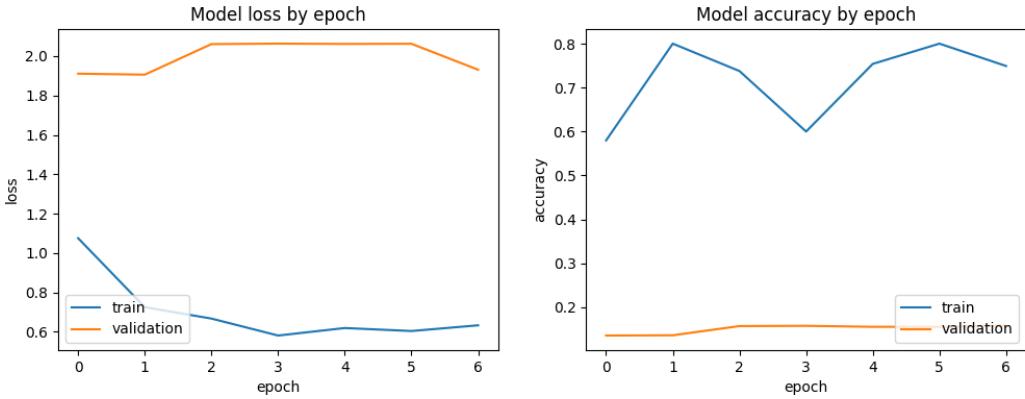


Figure 45: Loss and accuracy per epoch of 8th trial with InceptionV3. Masks applied to the training dataset.

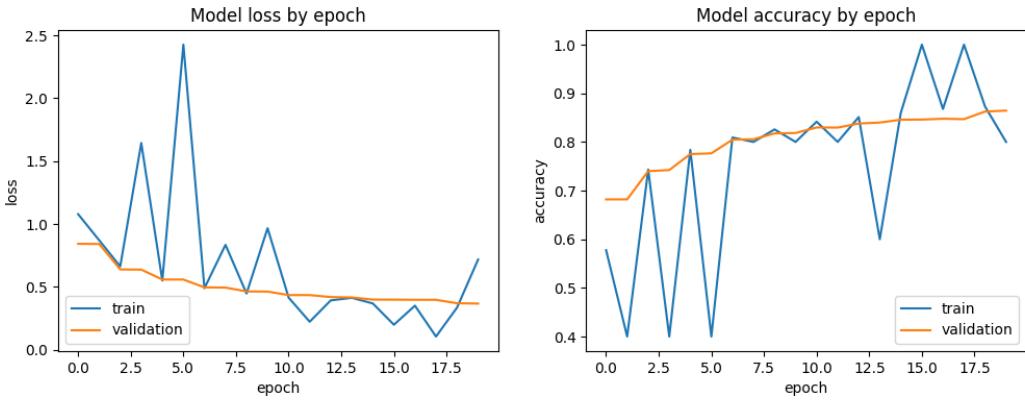


Figure 46: Loss and accuracy per epoch of 8th trial with InceptionV3. Masks applied to the training and validation dataset.

does better predictions without including the masks. In the 7th trial the overall accuracy was 91% and even the COVID-class had a f1-score of 91%, c.f figure 44.

### 3.4.3 DenseNet

### 3.4.4 other pretrained models we tried

## 4 Conclusion

Todo: "Scientific and business conclusions based on the success or failure of the modeling."

Which model performed best? Which model do we chose as a conclusion of all our tests?  
Can that model be used? Is it reliable enough? Do we have optimization proposals?

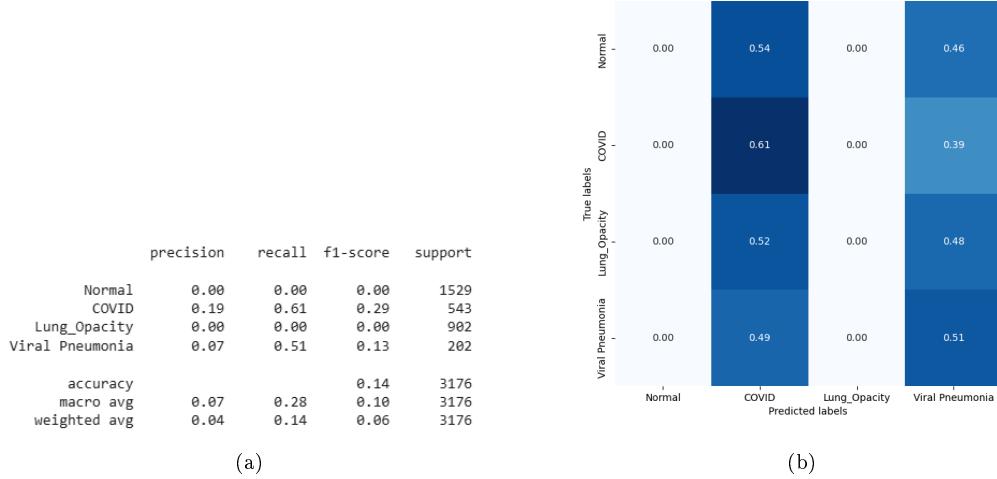


Figure 47: Classification report and normalized confusion matrix of 8th trial with InceptionV3. Masks applied to the training dataset.

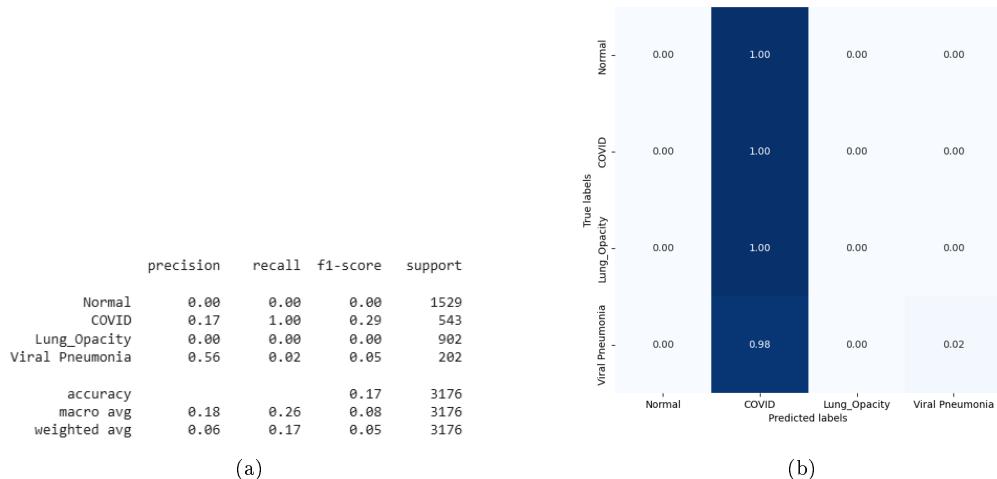
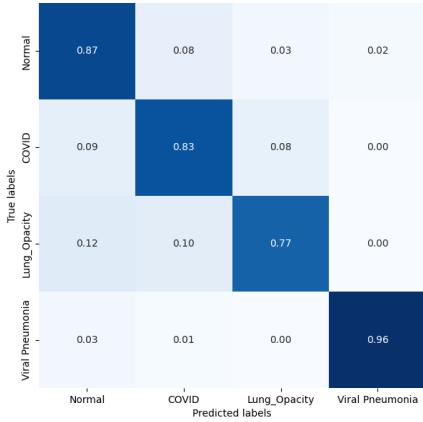


Figure 48: Classification report and normalized confusion matrix of 8th trial with InceptionV3. Masks applied to the training and validation dataset.

	precision	recall	f1-score	support
Normal	0.89	0.87	0.88	1529
COVID	0.67	0.83	0.74	543
Lung_Opacity	0.89	0.77	0.83	902
Viral Pneumonia	0.87	0.96	0.91	202
accuracy			0.84	3176
macro avg	0.83	0.86	0.84	3176
weighted avg	0.85	0.84	0.85	3176

(a)



(b)

Figure 49: Classification report and normalized confusion matrix of 8th trial with InceptionV3. Masks applied to the training, validation and train dataset.