# Answer Sheet for Assessment 1
# L349 - Mobile Health

**Tim Luka Horstmann**
Computer Laboratory
University of Cambridge
`tlh45@cam.ac.uk`
998 words (excluding bibliography, headers, and captions)

## Part 1: Audio Processing Basics [25 marks]

**Task 1.2**

**Question 1: Discuss any differences between the two files in the time domain, giving possible reasons.**
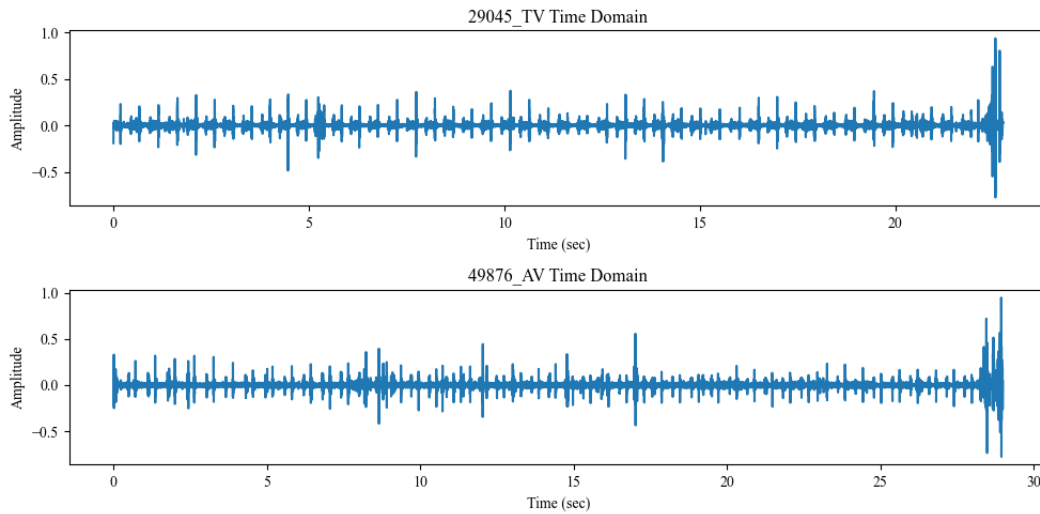


Figure 1: Time domain plot of the 29045_TV and 49876_AV audio files. Full length. Both audio signals show clear heartbeats with relatively regular patterns. The plots shown in this Figure do not allow a clear visual differentiation between murmur and non-murmur.
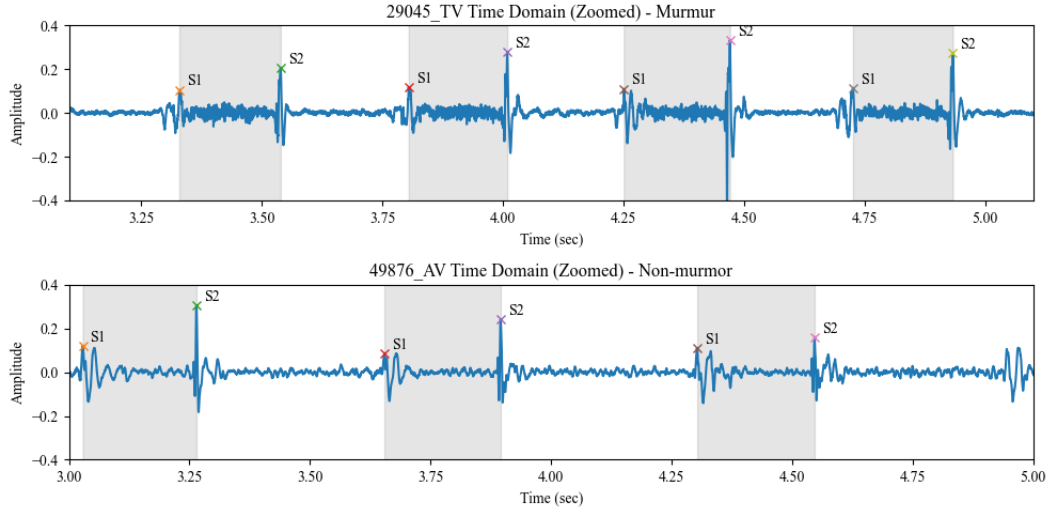
Figure 2: Time domain plot of the 29045_TV and 49876_AV audio files. Zoomed x-axis (time). Both plots show a clear, regular heartbeat with S1 and S2 mechanically annotated in the plot. As research suggests that the sound between S1 and S2 (area highlighted in grey) is particularly relevant for identifying murmurs, the significant amplitude in 29045_TV in this area indicates a murmur [37].

Table 1 provides an overview of the differences between the two files in the time domain:

Table 1: Comparison of heartbeat audio signals 29045_TV and 49876_AV in the time domain

| File | Observations | Possible Reasons |
| --- | --- | --- |
| **29045_TV** Figure 1 & Figure 2 | - clearly recognisable heartbeats, especially when zoomed in <br> - constantly noticeable amplitude between S1 and S2 (see grey area in Figure 2), otherwise relatively small amplitude <br> - heart rate: ∼120 bpm, frequency: ∼2 Hz | - clear sound recording with little noise <br> - noticeable amplitude between S1 & S2 might indicate murmur <br> - higher heart rate potentially consequence of heart conditions that might also cause murmor [49] |
| **49876_AV** Figure 1 & Figure 2 | - heartbeats (incl. S1 & S2) can also be identified, but with greater irregularity and variation in amplitude <br> - difficult to accurately identify S1 <br> - stronger fluctuations throughout <br> - heart rate: ∼90 bpm, frequency: ∼1.5 Hz | - likely normal heart <br> - less accurate recording with more noise, different environment |

**Question 2: Based on the above, can you visually differentiate between the murmur and non-murmur heart sounds? Predict which is the murmur and which is the non-murmur.**

- research shows sound development between S1 ("lub") and S2 ("dub") is particularly relevant to identify murmurs [37]

- **29045_TV** shows pronounced amplitude here (Figure 2) -> could represent "blowing, whooshing, or rasping sound heard during a heartbeat" [47], indicating murmur

- possible murmur type: pattern similar to mitral regurgitation, but strongly audible at tricuspid valve (TV) -> might indicate tricuspid regurgitation [14, 21]

- -> **29045_TV = murmur**

**Task 1.3**

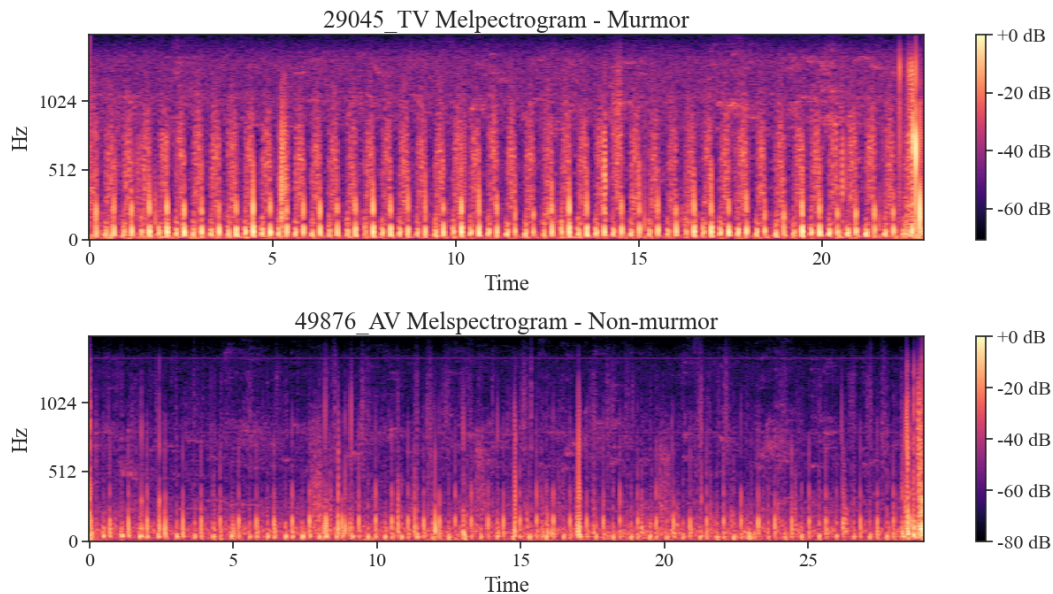**Question 1: Discuss any differences between the frequency domain representations of the murmur and non-murmur files.**



Figure 3: Melspectogram representation of 29045_TV and 49876_AV. Full length with parameters n_fft=1024, hop_length=128, and n_mels=256. Even without filtering and zooming, both melspectograms clearly show distinguishable heartbeats with a clear separation of S1 and S2.

- 29045_TV (Murmur):
  - concentration of peaks primarily in low-frequency range, up to ∼150Hz
  - two further peaks/plateaus in frequency distribution around ∼250Hz and ∼650Hz
  - generally more spread-out
  - melspectogram representation, especially when zoomed (Figure 4), clearly reveals S1 and S2 with energy in high frequencies –> corresponds to typical high(er) frequencies of murmurs [2]

- 49876_AV (Non-murmur):
  - almost exclusively concentration of peaks in low-frequency range, although slightly higher, up to ∼200Hz
  - exhibits some isolated high-frequency peaks, likely noise
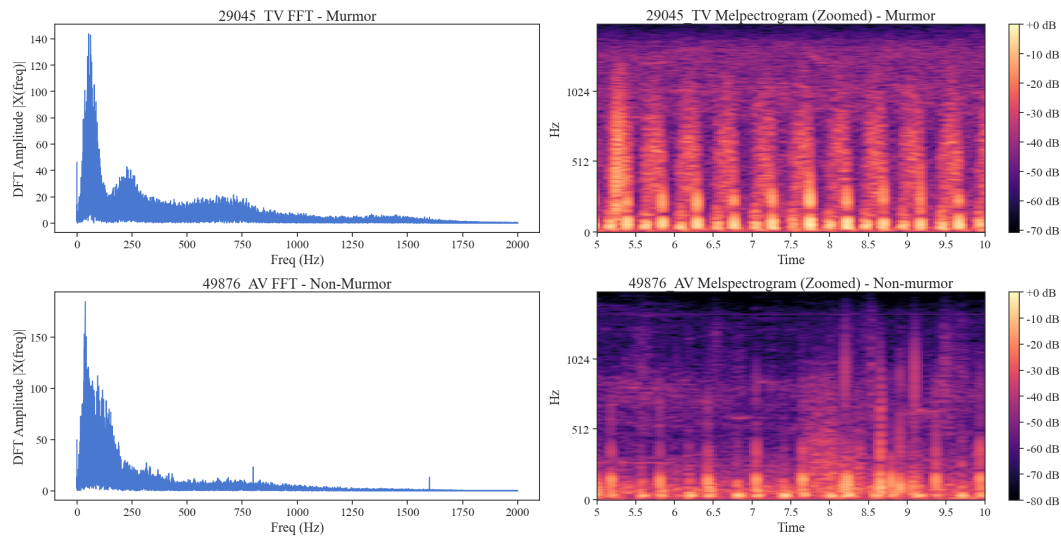  - melspectogram: short "bursts" for S1 & S2, indicating normal heartbeats

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Figure 4: FFT and zoomed melspectogram representation of 29045_TV and 49876_AV (same parameters as in Figure 3). Both frequency domain representations allow a clear identification of 29045_TV as the murmur file (see Question 1).

**Question 2: Are there any features that are evident in the frequency domain that you could not distinguish in the time domain?**

- time domain cannot show which frequencies make up the signal –> frequency domain allows conclusions regarding involved frequencies and extent of their involvement
- reveals that 29045_TV is composed of much stronger higher frequencies than 49876_AV -> confirms, in line with scholarship [e.g. 2, 16, 39], classification of 29045_TV as murmur

**Task 1.4**

**Question 1: Discuss and provide reasons for your choice of filter type and cutoffs.**

Step 1  consider findings of initial visual analysis of (unfiltered) frequency domain graphs -> Figure 5 exhibits majority of peaks to a maximum of ∼1000Hz –> cutoff latest after 1000Hz seems reasonable

Step 2  confirm detailed cutoffs & filter types through relevant scientific research about the typical frequency range for heart sounds and murmurs & settings typically used in heart sound analyses -> Table 2 informed decision to use **6th-order Butterworth bandpass filter (BBF) with cutoff frequency from 20 to 600 Hz**

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| Element of Interest | Relevant Frequencies | Filter Specified? | Source |
|---|---|---|---|
| Cardiopulmonary auscultation | 50-1200 Hz | N/A | Charbonneau and Sudraud [1] |
| Heart sound | 40-1100 Hz | BFF | El-Segaier et al. [6] Markaki et al. [18] |
| Heart sound | 25-900 Hz | 6th-order BBF | Chakir et al. [23] |
| Heart beat | 40-500 Hz | 4th-order BBF | Shekhar et al. [39] |
| S1 and S2 | 50-500 Hz | N/A | Spencer and Pennington [22] |
| S3 and S4 | 20-200 Hz | N/A | Spencer and Pennington [22] |
| Critical heartbeat | 70-120 Hz | N/A | Bankaitis [46] |
| Murmurs | 80-500 Hz | N/A | Tomas et al. [16] |
| Murmurs | 200-410 Hz | N/A | Donnerstein [2] |
| Murmurs | < 300 Hz | N/A | Spencer and Pennington [22] |
| Murmurs | 20-150 Hz, < 500 Hz | N/A | Rennert et al. [5] |
| Most murmurs | < 200 Hz | N/A | Debbal and Bereksi-Reguig [11] |

Table 2: Overview of selected frequency and filter settings for analysing heartbeat and murmur sounds in scientific literature

**Question 2: Provide a discussion of the differences between the raw and filtered data, and thus on the importance of filtering in signal processing. Are there any potential disadvantages or tradeoffs of applying signal processing?**
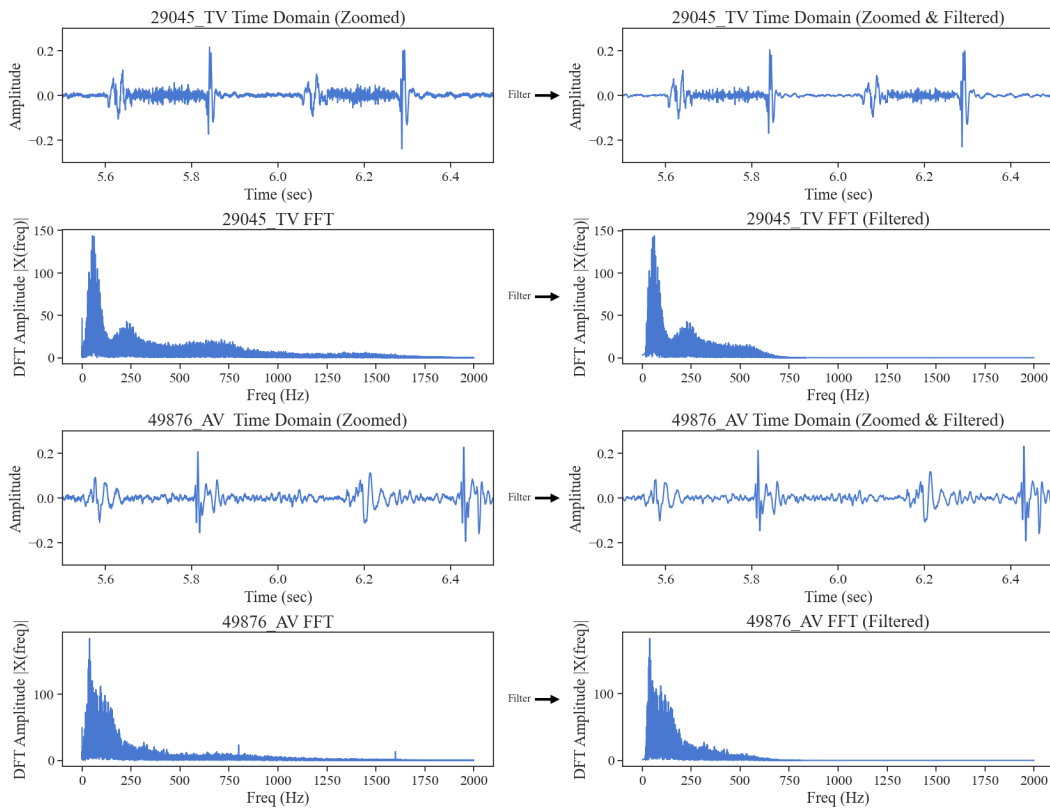


Figure 5: Comparison of the unfiltered and filtered time and frequency domain plots for 29045_TV (Murmur) and 49876_AV (Non-murmur) respectively. Filtering the audio signals facilitates the analysis of the relevant sections of the signals (i.e. the heartbeat and murmur frequencies).

Differences :

- filtered signal in time domain is visually "thinner" & exhibits less noise around regions of interest (i.e. heartbeat sound between S1 & S2) -> indicates reason for signal processing
- isolated and clear outliers (i.e. "noise") are removed
- filtered FFT plots reveal focus on strong frequencies and regions with relatively high amplitude

Importance:

- one of the most important and typical first steps in analysis of (heart) sounds [27, 45]
- goal: reveal information in measurements/signal [12, 17], remove undesired/unwanted signal components (e.g. noise), increase reliability, facilitate analysis of relevant parts [15]

Disadvantages & Trade-offs:

- filtering is a challenging task [8]
- facilitates analysis but risks removing relevant sounds, as noise often shares heart sound frequency range [45]
- -> must be conducted carefully and based on evidence

**Task 1.5**

**Question 1: Discuss whether you can differentiate between the signals or not and if not, why not.**

- both files show numerous irregularities in time domain graphs (unfiltered & filtered) -> heartbeats can be visually detected, but not as clearly analysed as in Task 1.2

- frequency domain plots below suggest murmur in AV_29045, due to stronger higher frequencies and two regions with peaks, but AV_39043 exhibits strong energy in these areas too

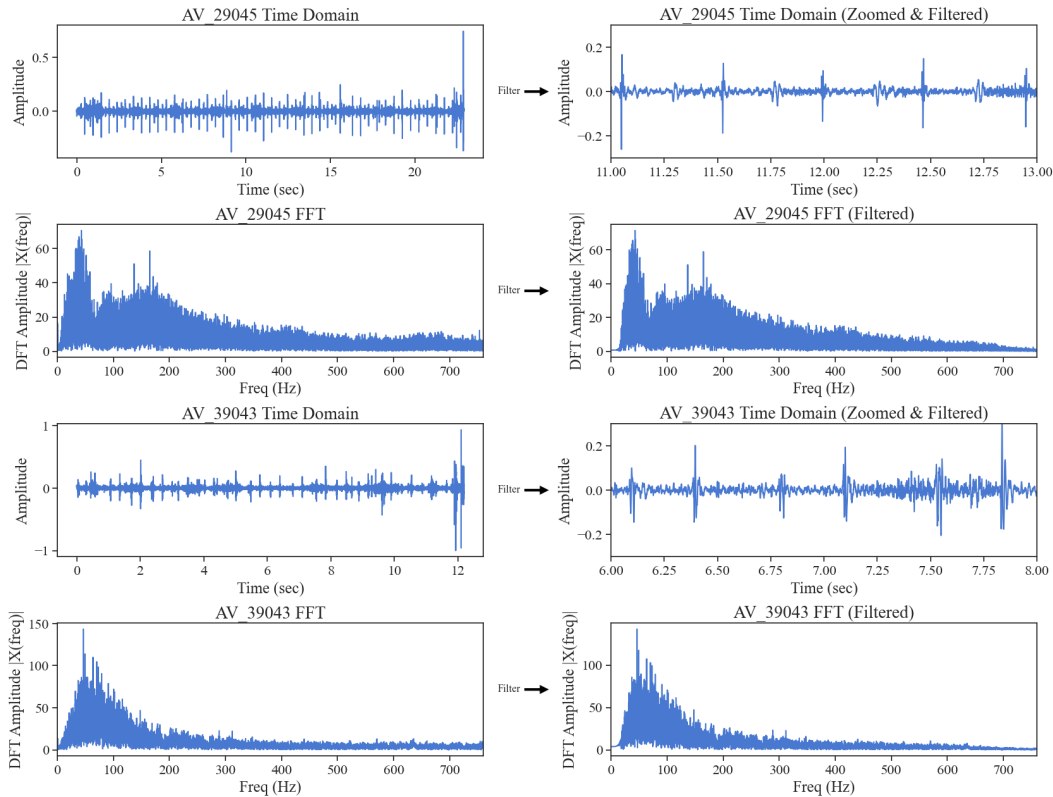- -> overall no precise visual classification possible, at most hypothesis



Figure 6: Comparison of the unfiltered and filtered time and frequency domain plots for AV_29045 (likely murmur) and AV_39043 (likely non-murmur), respectively. Although the classification of the audio signal still seems possible, it is very unreliable and, at best, an imprecise estimate, thus highlighting the need for machine learning for classification in the audio field.
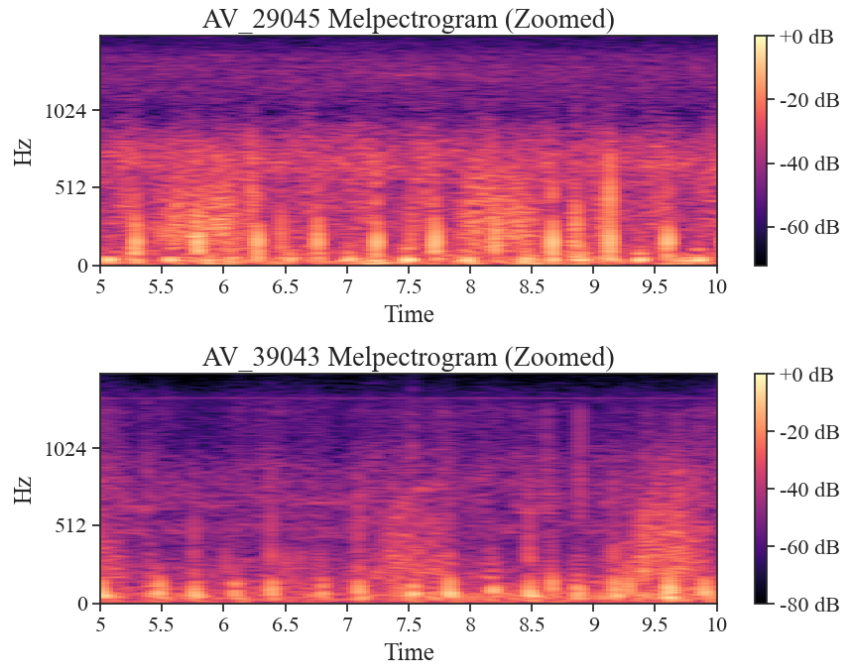
Figure 7: Melspectogram representation of AV_29045 and AV_39043 with the same parameters as in Task 1.3. The melspectograms still enable a visual classification of S1 & S2. However, a precise classification of murmur vs. non-murmur is aggravated. Since S1 & S2 in AV_29045 exhibit more power in higher frequencies, AV_29045 likely represents a murmur file. A more precise classification requires further analysis.

## Part 2: Dataset processing [15 marks]

**Task 2.2**

**Question 1: What is the ratio of normal to murmur patients? And what is the ratio of normal to murmur samples? Can you think of any implications of this?**

- #Normal Patients: 135, #Murmur Patients: 56, **Ratio: 2.41**

- #Normal Samples: 584, #Murmur Samples: 180, **Ratio: 3.24**, higher/worse than patient ratio

- Implications: dataset (of samples!) is imbalanced -> likely strong negative impact on model performance:

  Bias: models might be biased towards predicting majority class (i.e. normal diagnoses), due to higher frequency –> poor generalisation capabilities

  Metrics: generally, but especially given class imbalance, accuracy can be inflated due to increased specificity (see Table 10)

  Mitigation: data resampling needed

  Domain: common problem in medical datasets [13, 35]

**Question 2: Prepare some graphs representing basic demographic split across classes, such as sex, age, etc. Make sure you use the correct type of graph for your data to display the information intuitively.**
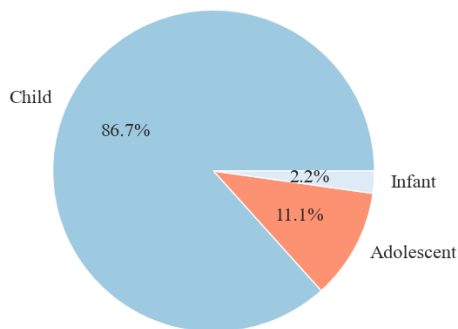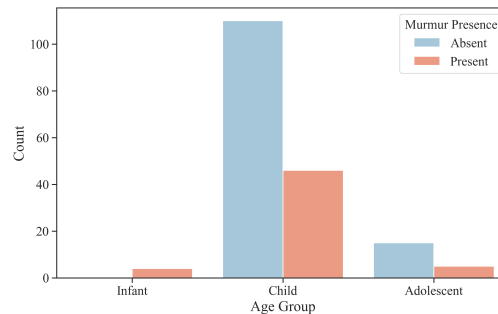


Figure 8: Age distribution of patients



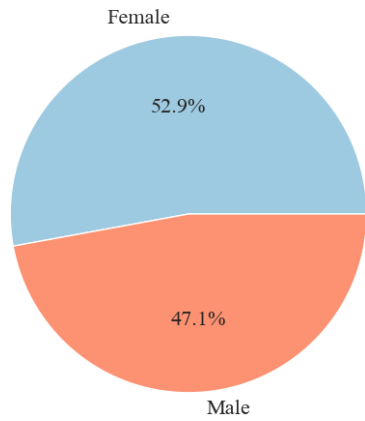Figure 9: Age distribution of patients with and without murmur

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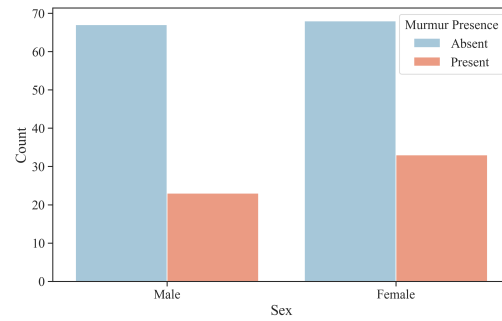Figure 10: Sex distribution of patients



Figure 11: Sex distribution, patients with and without murmur
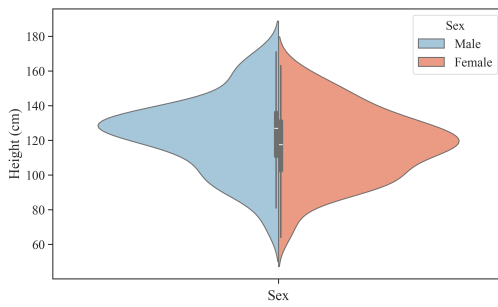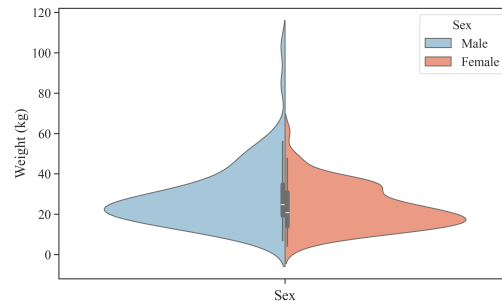


Figure 12: Height distribution by sex



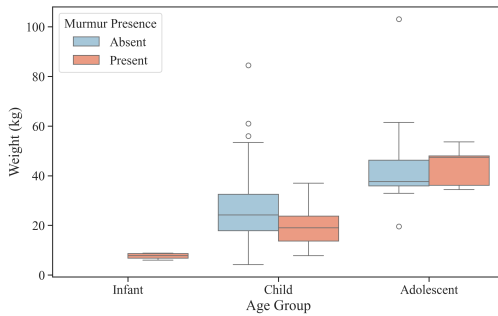Figure 13: Weight distribution by sex



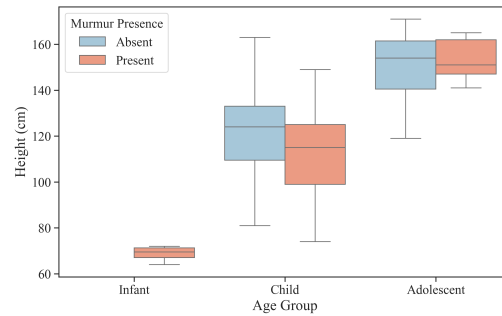Figure 14: Weight across age groups



Figure 15: Height across age groups
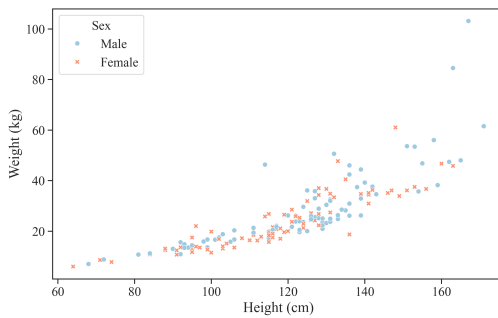


Figure 16: Height and weight development
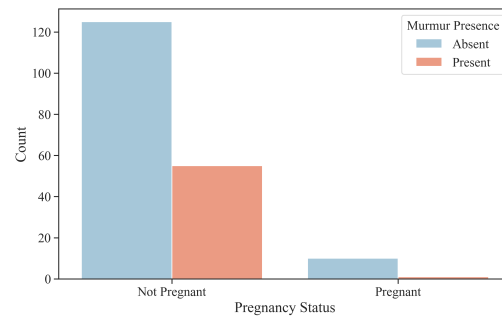


Figure 17: Pregnancy status distribution

**Question 3: What significance does the demographic split carry in datasets used for ML?**

- relevant for identifying potential biases in models and datasets -> if imbalanced, model might only perform well on majority class [24]
- diverse dataset is necessary for model to generalise well across gender, age, different populations etc., otherwise: bad performance for underrepresented groups [29] –> regulation and ethics: healthcare is sensitive domain and models should not discriminate against selected groups [38]
- can inform personalised treatment plans, drug development etc.

**Task 2.4**

**Question 1: What is the effect of tackling the imbalance on the resulting classification performance? Give results to compare different methods of tackling imbalance.**

- Challenges and risks to consider [24]:
    - upsampling: risk of overfitting as minority class samples are replicated
    - downsampling: potential loss of useful information as majority class is reduced
- comparison of the classification results using upsampling (Table 5) vs. downsampling (Table 6) reveals both methods allow for a balanced dataset leading to improved results
- upsampling: generally better Acc and Specificity
- downsampling: generallybetter MAcc and Sensitivity -> preferred in medical applications [30]

# Part 3: Feature extraction [30 marks]

**Task 3.1**

**Question 1: Which features did you choose and why? Use literature and/or performance assessments to inform your decisions.**

Approach:

1. extensive literature review to identify relevant librosa features [51]: MFCC, Zero Crossing Rate, Chroma STFT, Spectral Centroid, Spectral Bandwith, Spectral Contrast, RMS Energy [7, 10, 25, 26, 31, 32]

2. model-based evaluation: extract feature importance using default settings (Figure 18 to Figure 20)

3. choose most promising features (Figure 21)

4. optimise feature parameters (Question 2) & re-calculate feature importance & SHAP [43] (Figure 23)

5. iteratively add features top-down, evaluate model, and pick best combination (note: risk of overfitting to test data!)

Table 3: Selection of Librosa [51] Features for Heart Sound Classification

| Feature | Name | Function | Reason |
|---|---|---|---|
| RMS | Root Mean Square Energy | Measures signal energy | Reflects energy of heart sounds, helpful in detecting presence and intensity of heartbeats [7] |
| Chroma | Chromagram | Captures harmonic content [9] | Often used in music analysis [9]. Useful for identifying harmonic patterns within heart sounds -> might indicate pathologies [32] |
| ZCR | Zero Crossing Rate | Measures frequency of sign changes | Indicative of turbulence or irregularities in heart sounds, widely used [23] |
| Spectral Centroid | Spectral Centroid | Indicates "center of mass" of the spectrum [3] | Proven to be very successful in distinguishing between normal and murmur heart sounds [26] |
| Spectral Contrast | Spectral Contrast | Measures contrast in spectral peaks and valleys [4] | Distinguish between different phonological aspects of heart sounds, supporting identification of abnormal sounds [32] |
| Spectral Bandwidth | Spectral Bandwidth | Measures width of the spectrum (i.e. difference between upper and lower frequencies in a continuous band of frequencies) | Indication of spread of energy across frequencies, useful for detecting anomalies in heart sounds [26, 36]. |
| MFCC | Mel Frequency Cepstrum Coefficients | Efficient representation of signal information, similar to human sound understanding on small scale | Widely used in heart sounds analysis [31, 33] |
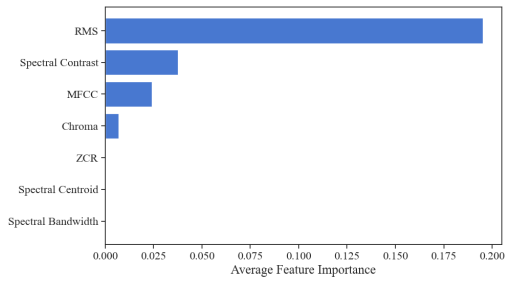
Figure 18: Decision Tree mean feature importances
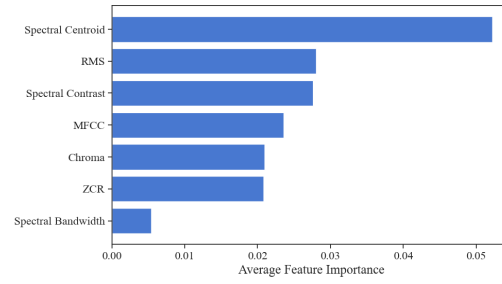


Figure 19: Random Forests mean feature importances
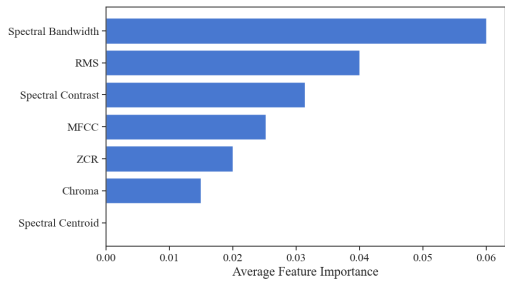


Figure 20: AdaBoost mean feature importances
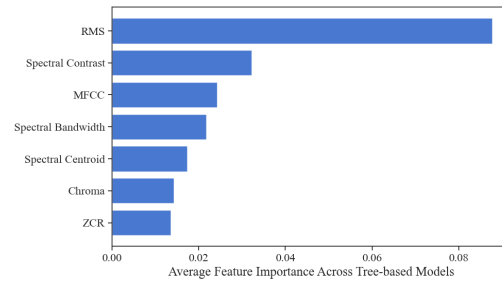


Figure 21: Mean aggregated feature importances
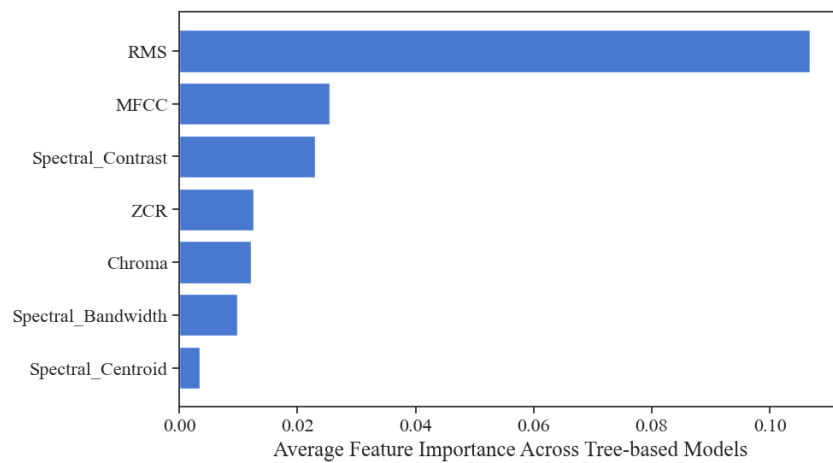


Figure 22: Mean aggregated feature importance of optimised features. In this setting, RMS is the most important feature for identifying murmurs, followed by MFCC, Spectral Contrast, Zero Crossing Rate (ZCR), Chromagram, Spectral Bandwith, and Spectral Centroid.
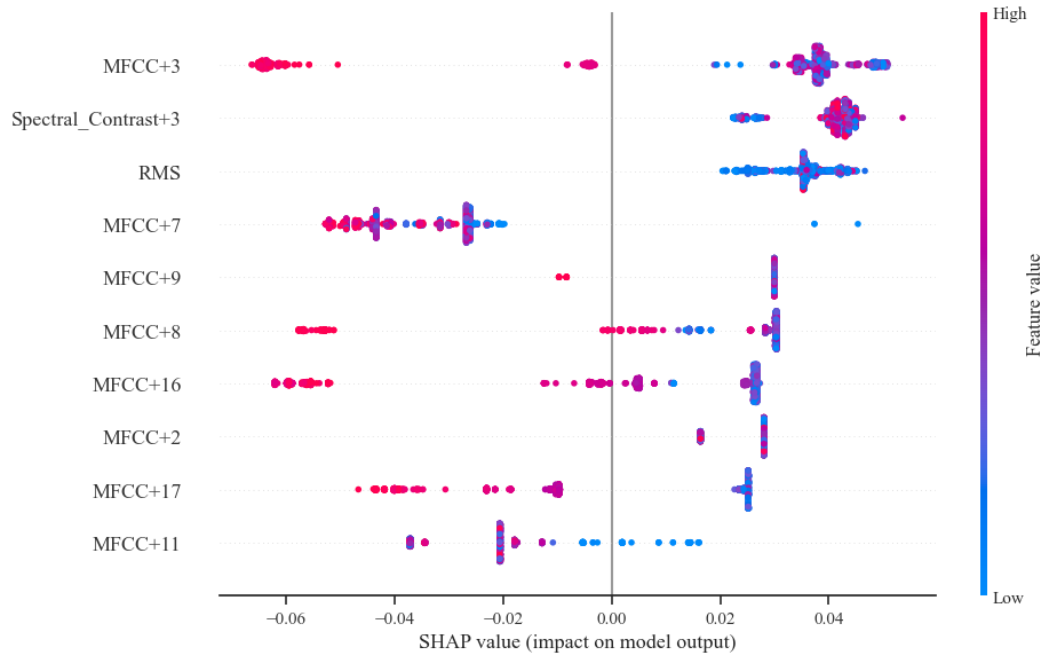
Figure 23: Top 10 features with highest SHAP (**SH**apley **A**dditive ex**P**lanations) scores. In line with Figure 22, RMS and MFCC should be considered the most relevant features for murmur classification.

**Question 2: What parameters have you chosen for the features that you extracted (e.g. hop length, window size, etc.) and why?**

Approach (Figure 24 to Figure 27):

1. grid search on parameters for above features
2. for each combination, calculate mean difference between distributions of feature calculated for both classes
3. pick parameter(s) generating the biggest difference
4. set best parameter for other features

Chosen parameters:

- hop_length=128 (Figure 24) & findings in Task 1.3
- n_fft=256 (Figure 25)
- fmin=50, n_bands=3 (Figure 26)
- n_chroma=24 (Figure 27)
- n_mfcc=19, informed by Yaseen et al. [25]
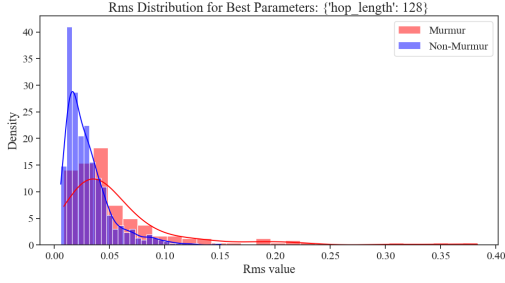
Figure 24: RMS distribution for **hop_length=128** (tested parameter values: 128, 256, 1024, 2048)
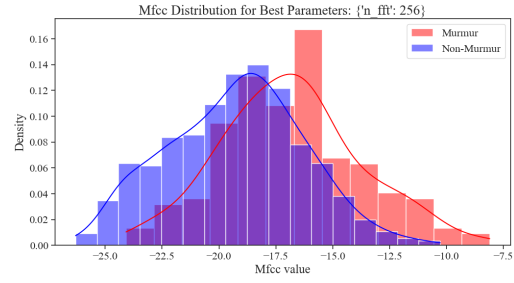


Figure 25: MFCC distribution for **n_fft=256** (tested parameter values: 128, 256, 512, 1024, 2048)
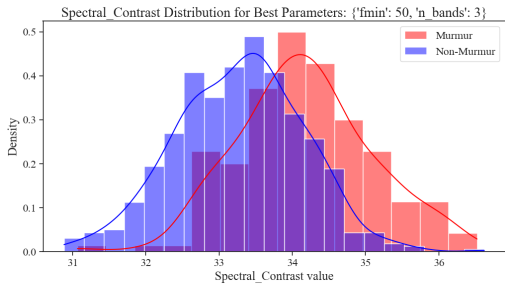


Figure 26: Spectral contrast distribution for **fmin=50, n_bands=3** (tested parameter values: fmin: [10, 20, 50], n_bands: [3, 4, 5, 6])
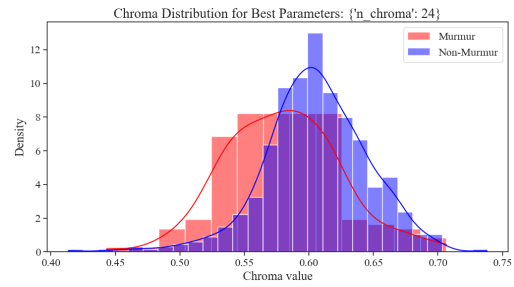


Figure 27: Chroma STFT distribution for **n_chroma=24** (tested parameter values: [12, 16, 20, 24])

**Task 3.4**

**Question 1: Describe the full preprocessing pipeline that you used.**
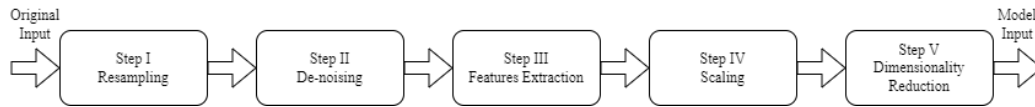


Figure 28: Full Preprocessing Pipeline, based on [33, 40]

1. Address class imbalance by upsampling or downsampling (Task 2.4)
2. De-noise data using the same BBF as in Task 1.4
3. Extract relevant features (see above)
4. Standardise features using scikit-learn's *StandardScaler* [50]
5. Reduce data dimension through 95%-Principal Component Analysis (PCA), proven to improve performance in cardiac analysis [40, 41]

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**Question 2: Which features or combination of features yield the best performance and why?**

- Table 4 shows disadvantages and risks of using accuracy as (sole) performance metric, i.e. iterations 3 & 4 show high accuracy, but sensitivity of 0.0
- for clinical applications, such as murmur identification, sensitivity is of significant relevance -> goal: ensure patients with potential heart issues are identified (i.e. missing a true case (false negative) is more dangerous than vice-versa!) [20, 30]

Table 4: Performance metrics of best classifiers per iteration (based on Acc), **upsampled**

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|---|---|---|---|---|---|---|
| 1 | rms | Naive Bayes | 0.740 | 0.576 | 0.261 | 0.890 |
| 2 | rms, mfcc | AdaBoost | 0.781 | 0.692 | **0.522** | 0.863 |
| 3 | rms, mfcc, spectral_contrast | RBF SVM | 0.760 | 0.500 | 0.000 | **1.000** |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | RBF SVM | 0.760 | 0.500 | 0.000 | **1.000** |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Neural Net | 0.776 | 0.682 | 0.500 | 0.863 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Gaussian Process | 0.776 | 0.674 | 0.478 | 0.870 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Gaussian Process | **0.786** | **0.696** | **0.522** | 0.870 |

- –> evaluate model using MAcc (Mean Accuracy, arithmetic mean of sensitivity and specificity) instead [30]:

Table 5: Performance metrics of best classifiers per iteration (based on MAcc), **upsampled**

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|---|---|---|---|---|---|---|
| 1 | rms | RBF SVM | 0.651 | 0.607 | 0.522 | 0.692 |
| 2 | rms, mfcc | Naive Bayes | 0.714 | 0.693 | 0.652 | 0.733 |
| 3 | rms, mfcc, spectral_contrast | Linear SVM | 0.703 | 0.693 | **0.674** | 0.712 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | Linear SVM | 0.698 | 0.682 | 0.652 | 0.712 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Nearest Neighbors | 0.708 | 0.682 | 0.630 | 0.733 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Decision Tree | 0.698 | 0.690 | **0.674** | 0.705 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Gaussian Process | **0.786** | **0.696** | 0.522 | **0.870** |

Table 6: Performance metrics of best classifiers per iteration (based on **MAcc**), **downsampled**

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|---|---|---|---|---|---|---|
| 1 | rms | RBF SVM | 0.656 | 0.610 | 0.522 | 0.699 |
| 2 | rms, mfcc | Neural Net | 0.719 | 0.689 | 0.630 | 0.747 |
| 3 | rms, mfcc, spectral_contrast | Naive Bayes | 0.724 | 0.692 | 0.630 | 0.753 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | Naive Bayes | 0.714 | 0.685 | 0.630 | 0.740 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Nearest Neighbors | 0.651 | 0.689 | **0.761** | 0.616 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Neural Net | **0.740** | **0.702** | 0.630 | 0.774 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Neural Net | **0.740** | 0.695 | 0.609 | **0.781** |

Table 7: Features yielding the best performance in murmur classification and possible reasons for this. Based on the results summarised in Table 8, rms, mfcc, and spectral_contrast demonstrated strong performance, successfully extracting the relevant signal information to identify heartbeats and murmurs. Other features are likely to be strongly correlated with the presented ones. This possible correlation could be examined as a further task, given the limitations of this assignment. Broader explanations for all examined features are given in Table 3.

| Feature | Explanation for good performance |
|---|---|
| rms | • proven to be strongly correlated with heart sound [19]<br>• captures energy variations in heart sounds, which are indicative of abnormal heart functions [7]<br>• sensitive to intensity differences between normal and murmur heartbeats, allowing to distinguish them as seen in Figure 3 and Figure 4 [28] |
| mfcc | • extensively used in sound signal analysis [26]<br>• efficient in capturing nuances in heart sounds that differentiate murmurs from normal heartbeats [25]<br>• simulates human hearing capabilities and has performed well in a variety of tasks in sound event detection [34] |
| spectral_contrast | • highlights spectral peak valleys that likely separate murmurs from normal heart sounds in the frequency domain [44]<br>• used for detecting the presence of murmurs, emphasizing the contrast between the dominant and less dominant frequencies [32, 42] |

**Question 3: Which classifier is yielding the best overall performance?**

Table 8: Performance metrics of best classifier candidates, based on **MAcc**, **downsampled**. *AdaBoost* exhibits the best results for the models trained without PCA, while *Neural Net* performs best in the group of models trained with PCA. *Nearest Neighbors* with PCA shows the highest sensitivity (most important metric in clinical settings). Choosing *the* best model is downstream task-dependent and requires careful consideration of this tradeoff. Further models could/should be explored and optimised in more depth.

| No. | Input Features | Best Classifier | Acc | **MAcc** | Se | Sp |
|---|---|---|---|---|---|---|
| 3 | rms, mfcc, spectral_contrast | **AdaBoost** without PCA | **0.755** | **0.727** | 0.674 | **0.781** |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | **Nearest Neighbors** with PCA | 0.651 | 0.689 | **0.761** | 0.616 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | **Neural Net** with PCA | **0.740** | **0.702** | 0.630 | 0.774 |

**Question 4: What effect do individual preprocessing steps have on the final result?**

Figure 29 provides an overview of the effect of individual preprocessing steps. Detailed results can be found in Appendix B.
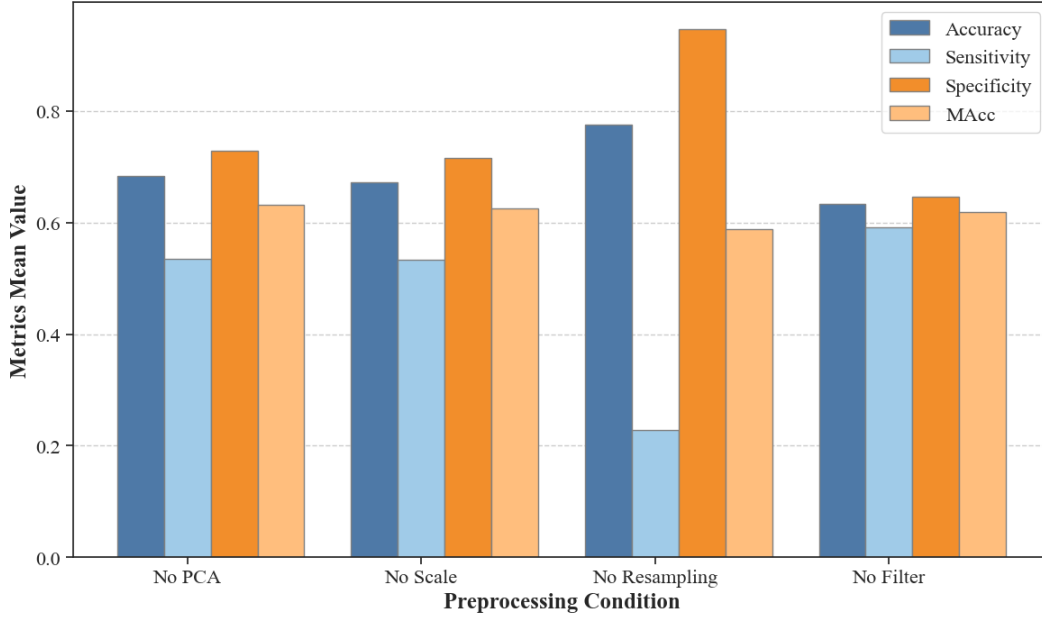


Figure 29: Comparison of model performance metrics across different preprocessing conditions. The results demonstrate the significance of tackling class imbalance. Without resampling, the models show low sensitivity. High accuracy in such cases stems from high specificity and the models' bias towards predicting the majority class (i.e. "normal heart"). Not using PCA or scaling reduces the model performance only marginally, if at all. A detailed examination is therefore required for these preprocessing methods. Although not visible in this diagram, due to the value aggregation, not filtering the data generally has a negative effect on sensitivity. By omitting the filtering process, the metrics are additionally smoothed. Please note that this Figure does not illustrate the best-performing models and configurations but rather average performance metrics.

# Part 4: Your Own Data [10 marks]

**Task 4.1 (Note: two recordings were analysed to mitigate potential recording differences/errors)**
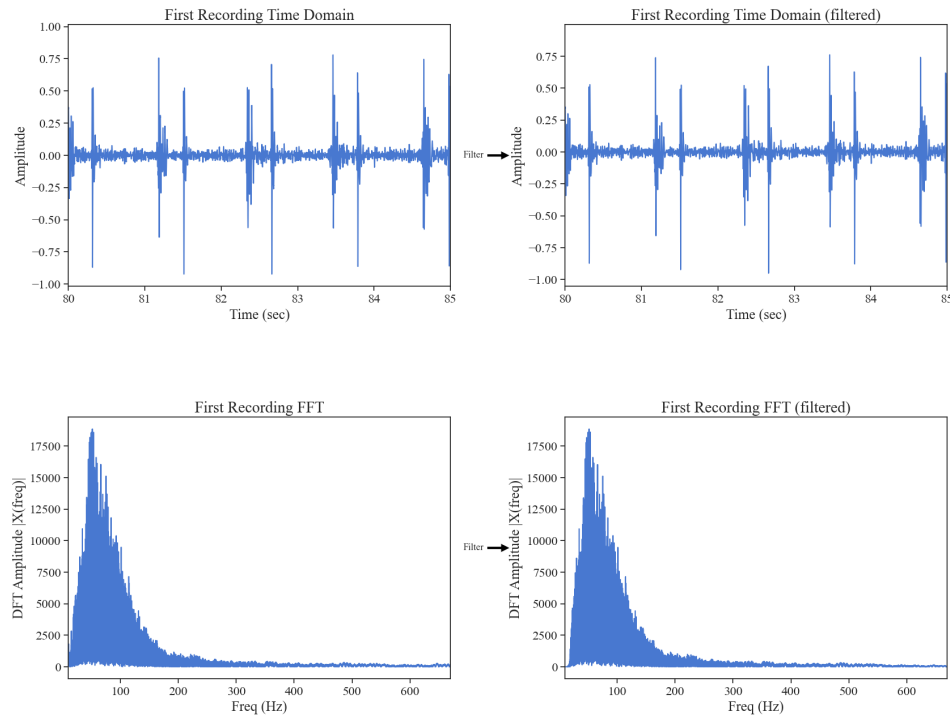


Figure 30: First Recording of Own Heart Sound Data (time domain and frequency domain). Zoomed x-axis.

**Question 1: What differences are there between the frequency spectrums of your recording and the files we provided? Discuss why there might be differences.**

Differences:

- own recordings: seem less noisy, exhibit relatively stronger concentration of lower frequencies -> majority of signal consists of frequencies < 200 Hz, contrasting provided files, especially with murmur
- visible differences in overall amplitude (own recordings generally stronger)
- own recordings: sampling rate=48,000, cover wider frequency range

Reasons: different...

- ...physiology of recorded individual
- ...recording setup (i.e. different locations)
- ...recording device (i.e. iPhone vs. digital stethoscope [48])
- ...environment -> noise

**998 words (excluding bibliography, headers, and captions)**

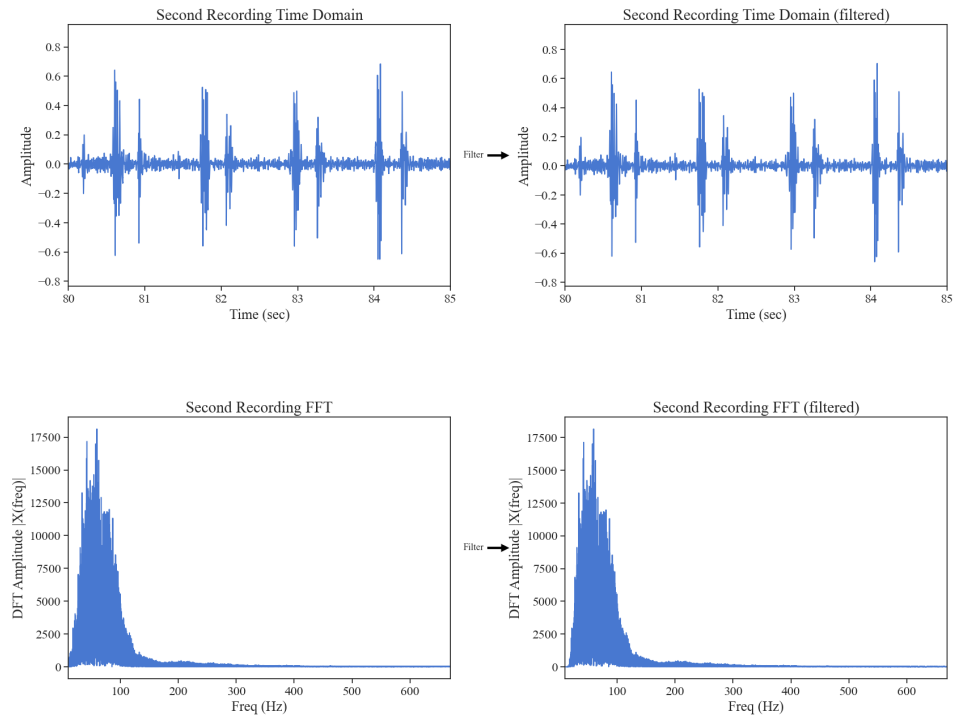Figure 31: Second recording of own heart sound data (time domain and frequency domain). Zoomed x-axis.
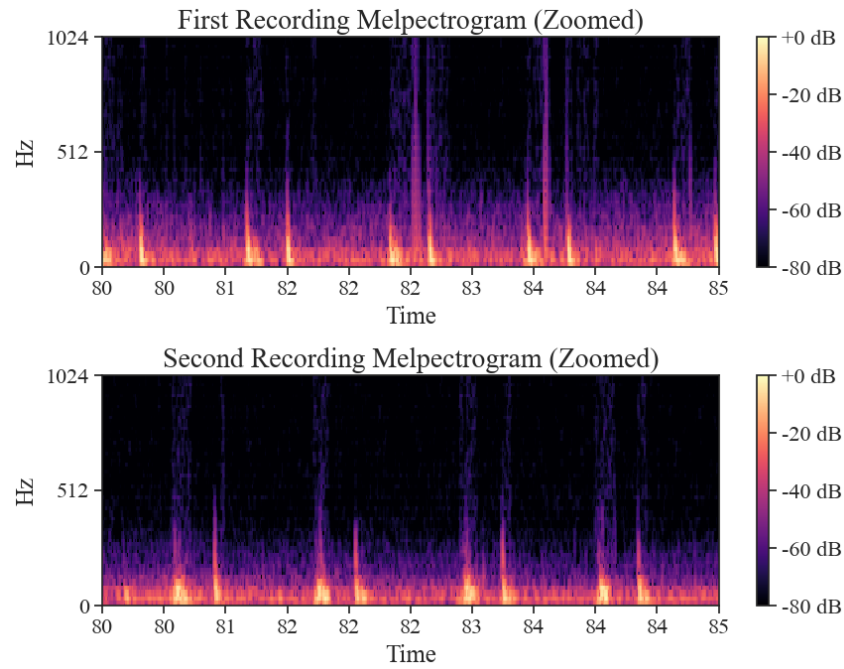


Figure 32: Melspectograms of heart sound recordings

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# Appendices

## A Best performing models based on an evaluation of Sensitivity measures

Table 9: Performance metrics of best classifiers per iteration (based on Sensitivity), **downsampled**. Although the sensitivity values are notably high, values for Accuracy, MAcc, and Specificity are not. This underscores the importance of a balanced performance assessment of classifiers against the requirements of the downstream task in the context of the application.

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|---|---|---|---|---|---|---|
| 1 | rms | Nearest Neighbors | 0.552 | 0.549 | 0.543 | 0.555 |
| 2 | rms, mfcc | RBF SVM | 0.385 | 0.536 | 0.826 | 0.247 |
| 3 | rms, mfcc, spectral_contrast | RBF SVM | 0.271 | 0.498 | 0.935 | 0.062 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | RBF SVM | 0.281 | 0.505 | 0.935 | 0.075 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Nearest Neighbors | 0.651 | 0.689 | 0.761 | 0.616 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Nearest Neighbors | 0.641 | 0.667 | 0.717 | 0.616 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Nearest Neighbors | 0.641 | 0.667 | 0.717 | 0.616 |

## B Detailed results for the performance of models under different preprocessing conditions

Table 10: Performance metrics of best classifiers per iteration, based on MAcc, **without resampling**. The results clearly indicate the effect of the imbalanced dataset. Without resampling, the highest sensitivity stands at 50%, while a Specificity of up to 96% is reached. In this case, the models are heavily biased towards predicting the majority class (i.e. non-murmur). This underscores the significance of tackling class imbalance in medical datasets.

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|---|---|---|---|---|---|---|
| 1 | rms | QDA | 0.771 | 0.574 | 0.196 | 0.952 |
| 2 | rms, mfcc | Nearest Neighbors | 0.797 | 0.688 | 0.478 | 0.897 |
| 3 | rms, mfcc, spectral_contrast | Decision Tree | 0.807 | 0.642 | 0.326 | 0.959 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | AdaBoost | 0.781 | 0.648 | 0.391 | 0.904 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Nearest Neighbors | 0.807 | 0.702 | 0.500 | 0.904 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Nearest Neighbors | 0.786 | 0.681 | 0.478 | 0.884 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Nearest Neighbors | 0.792 | 0.684 | 0.478 | 0.890 |

Table 11: Performance metrics of best classifiers per iteration, based on MAcc, **downsampled, without filtering**. Not filtering the audio signal has a substantial negative effect on Sensitivity.

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|-----|----------------|-----------------|-----|------|-----|-----|
| 1 | rms | RBF SVM | 0.688 | 0.616 | 0.478 | 0.753 |
| 2 | rms, mfcc | Linear SVM | 0.745 | 0.683 | 0.565 | 0.801 |
| 3 | rms, mfcc, spectral_contrast | Linear SVM | 0.771 | 0.715 | 0.609 | 0.822 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | Linear SVM | 0.745 | 0.691 | 0.587 | 0.795 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Gaussian Process | 0.750 | 0.709 | 0.630 | 0.788 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Gaussian Process | 0.740 | 0.695 | 0.609 | 0.781 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | Gaussian Process | 0.750 | 0.709 | 0.630 | 0.788 |

Table 12: Performance metrics of best classifiers per iteration, based on MAcc, **downsampled, without Scaling, with PCA**. Without scaling the features, the performance slightly decreases when compared to the best-performing models. Still, the effect is relatively small, and the results are still comparably competitive.

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|-----|----------------|-----------------|-----|------|-----|-----|
| 1 | rms | Neural Net | 0.693 | 0.597 | 0.413 | 0.781 |
| 2 | rms, mfcc | Naive Bayes | 0.708 | 0.704 | 0.696 | 0.712 |
| 3 | rms, mfcc, spectral_contrast | QDA | 0.719 | 0.711 | 0.696 | 0.726 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | QDA | 0.719 | 0.711 | 0.696 | 0.726 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | QDA | 0.719 | 0.711 | 0.696 | 0.726 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | Naive Bayes | 0.693 | 0.694 | 0.696 | 0.692 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | AdaBoost | 0.698 | 0.697 | 0.696 | 0.699 |

Table 13: Performance metrics of best classifiers per iteration, based on MAcc, **downsampled, without PCA**. While not applying PCA seems to generally hurt accuracy, there seems to be no major decline in MAcc, Sensitivity and Specificity. In fact, the *AdaBoost* model in iteration 3 performs comparably well.

| No. | Input Features | Best Classifier | Acc | MAcc | Se | Sp |
|-----|----------------|-----------------|-----|------|-----|-----|
| 1 | rms | RBF SVM | 0.661 | 0.614 | 0.522 | 0.705 |
| 2 | rms, mfcc | Gaussian Process | 0.745 | 0.698 | 0.609 | 0.788 |
| 3 | rms, mfcc, spectral_contrast | AdaBoost | 0.755 | 0.727 | 0.674 | 0.781 |
| 4 | rms, mfcc, spectral_contrast, zero_crossing_rate | AdaBoost | 0.755 | 0.727 | 0.674 | 0.781 |
| 5 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma | Naive Bayes | 0.740 | 0.695 | 0.609 | 0.781 |
| 6 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth | AdaBoost | 0.724 | 0.722 | 0.717 | 0.726 |
| 7 | rms, mfcc, spectral_contrast, zero_crossing_rate, chroma, spectral_bandwidth, spectral_centroid | AdaBoost | 0.724 | 0.722 | 0.717 | 0.726 |