# **Project Title**: Automated Detection of Covid-19 from CT Scans

# ME 781 Course Project: Final report Guide: Prof. Asim Tewari

#### **Team members:**

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## Problem Objective and Introduction

- We are a Mumbai based startup in the field of **AI-Healthcare** aiming to **redefine the healthcare** services in India and become a strong pillar in providing reliable healthcare diagnostic services
- ➤ We have developed a **robust** tool for early, fast, accurate and automated detection of COVID-19 infected patients using sophisticated Deep Learning algorithms
- We plan to enter the **B2B market** of the Indian healthcare industry with our healthcare solutions in medical image diagnostics like of CT scans, X-Rays, MRIs. Our startup aims to **serve people** in this time of need as **fast and cheap** as possible
- Our current aim is to **provide affordable and reliable diagnosis solutions to hospitals and doctors**, both in government as well as private institutions, for **Covid 19 detection** based on analysing CT scans of the patients. We plan to expand our products and services for other disease detection in near future.

# **Problem Definition**

Healthcare data protection laws and extent of medical data

Automated algorithm to discover a biomarker and build a test

Patents and copyright issues from other startups/companies working in the field

Model predicts the probability that the patient is infected with Covid-19

**Qure.ai** (COVID-19 Response Solutions), **Niramai** (novel breast cancer screening solution),

at early stages. High accuracy (>90%), sensitivity and specificity as compared to normal

Code encryption and secure and reliable cloud and continuous updation of data for the model

CT scans upload to our server - > Model extracts important lung features from the image ->

Patenting and copyrighting of our startup solutions, and codebase **OR** keep it as industry secret

Google's DeepMind (retinal diagnosis), Siemens Healthineers & Intel (Cardiac MRI diagnosis)

Easy-to-use "plug and play" user-friendly interface to assist doctors identify potential patients

Customer requirement	Fast, accurate, robust, and reliable diagnostic solutions to hospitals at an affordable price range. Doctors no longer have to wait long for medical image diagnosis results

radiologists and other available solutions

**Market Survey** 

USP

**Protection of USP** 

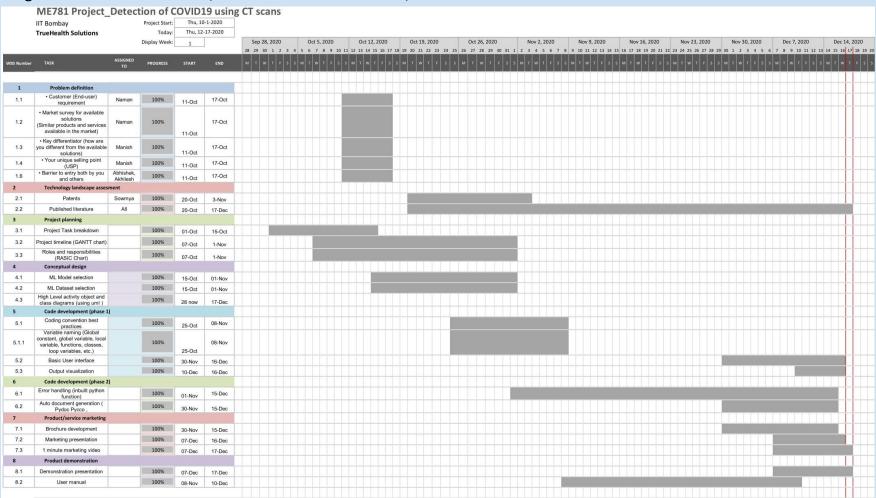
**Barrier to Entry** 

**Product & Operational** Structure

## **Technology landscape assessment**

Patents	https://patents.justia.com/assignee/qure-ai-technologies-private-limited
Published literature	https://pubs.rsna.org/doi/10.1148/radiol.2020200905 https://www.sciencedirect.com/science/article/pii/S0010482520301645? via%3Dihub https://www.sciencedirect.com/science/article/pii/S0169260720314140 https://doi.org/10.1038/s41467-020-17971-2 https://www.nature.com/articles/s41591-020-0931-3 https://www.medrxiv.org/content/10.1101/2020.03.24.20042317v1 https://pubs.rsna.org/doi/10.1148/radiol.2020201237
Open libraries	Numpy, opency, matplotlib, keras, Pandas, tensorflow, glob, nibabel
Proprietary libraries	https://github.com/wangshuocas/COVID-19 https://github.com/ChenWWWeixiang/diagnosis_covid19

### **Project timeline (GANTT chart)**



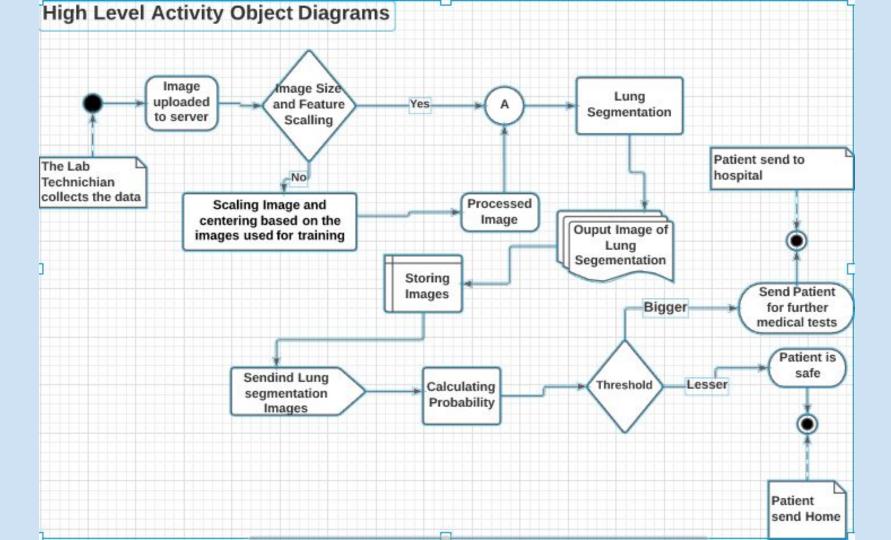
### **Roles and responsibilities (RASIC Chart)**

#### **RASIC Chart**

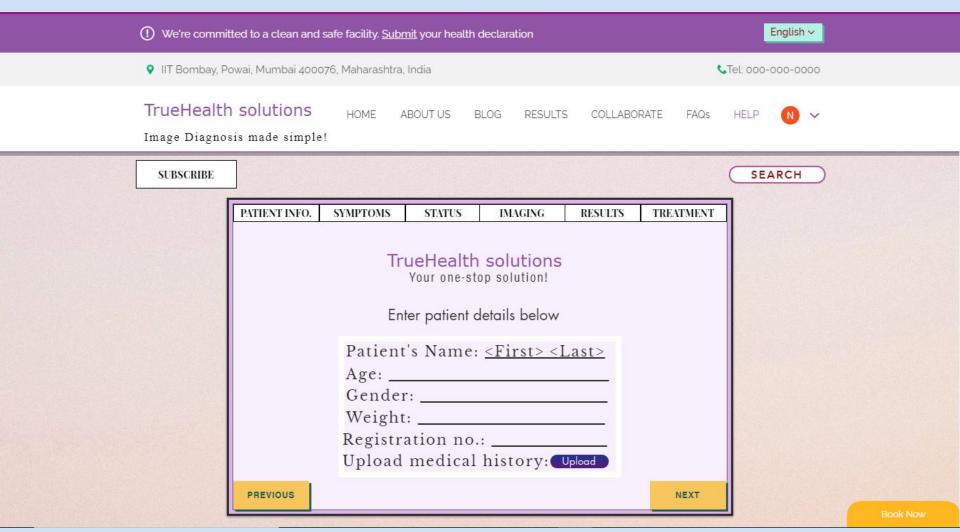
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		18	dist.	ile/ N	srish Ma	mar 50
Tasks	WBS	N Pr	V VI	4	1 40	/ 50
Customer (End-user) requirement	1.1	ı	1	- 1	R	1
Market survey for available solutions	1.0					
(Similar products and services available in the market)	1.2	1	1	1	R	1
Key differentiator (how are you different from		<u> </u>			- 1	
the available solutions)	1.3	С	1	R	Α	1
Your unique selling point (USP)	1.4	1	I	R	Α	1
How can you protect your USP	1.5	- 1	I	R	Α	1
Barrier to entry both by you and others	1.6	R	S	1	1	1
Patents	2.1	- 1	_	_	1	R
Published literature	2.2	S	S	S	R	S
Project Task breakdown	3.1	- 1	1	_	R	
Project timeline (GANTT chart)	3.2	I	R	1	С	1
Roles and responsibilities (RASIC Chart)	3.3	L	R		С	_
ML Model selection	4.1	- 1	_	_	R	1
ML Dataset selection	4.2	S	S	R	S	S
High Level activity object and class diagrams (using uml )	4.3	1	R	1	1	1
Choice of language, operating system, data set, algorithms and dependencies on external libraries	4.4	R	1	1	1	_
Coding convention best practices	5.1					
Variable naming (Global constant, global variable, local variable, functions, classes,	5.1.1					
loop variables, etc.)		ı	ı	1	ı	R
Coding style	5.1.2	- 1	- 1	- 1	- 1	R
Indentation style	5.1.3	- 1	1	1	- 1	R
Error handling (inbuilt python function)	6.1	R	1	1	ı	1
Auto document generation ( Pydoc Pycco ,	6.2	L	_	R	1	1
Version control using GitHub	6.3	1	1	Ι	Ι	R
Brochure development	7.1	Α	R	S	С	1
Marketing presentation	7.2	S	R	С	S	1
Demonstration presentation	8.1	S	S	R	Ι	1
User manual	8.2	I	R	Ι	Α	1

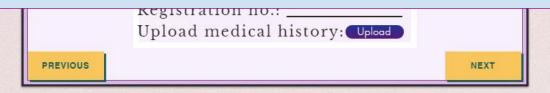
- R: Responsible: the person responsible for this task
- A: Approve: the person giving the approval
- S: Supporting: the people giving support for the completion of the task
- I: Informed: the people to inform about the task
- C: Consulted: people who can act as expert in regard to the task

Rule: Only one A and possible one R per Row



## **USER INTERFACE**







TrueHealth Solutions: Product demonstration

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Reach out to customercare@ths.com if you are facing any issue in software. You can also refer to the product demonstration video and FAQ section for more details.

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RESULTS

FAQs

### Reports and Diagrams

<u>Class Diagrams</u>: We have imported functions and classes and other subroutines from different well known python libraries (like keras, scikit-learn, etc.) to make our code time efficient and optimized. Those Subroutines are explicitly described in the documentation of those well known python libraries. We also didn't require to build some class structure, hence, class diagrams are not required.

<u>Unit Test report</u>: Our model expects 2-D CT Scan of Lung Section as input as also mentioned in the User Manual details. After uploading image to the server:

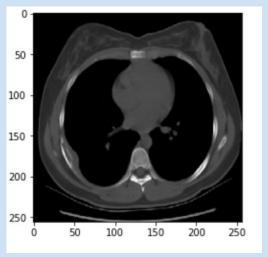
- 1. Image is pre-processed and centralized as per our model
- 2. Image is Feature Normalized as per our model parameters requirements

After performing the above two steps, image is sent to further processing for Lung Segmentation and Image Analysis. We perform data pre-processing with a good enough time on our end so that no discrepancies can come in the time of prediction which then successfully passes all testing parameters required in the code testing part. Hence, there isn't requirement for unit testing in our model as we ONLY input 2-D images in model which can be handled smoothly by the model.

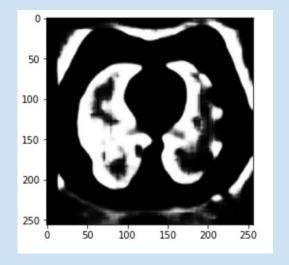
## Model Output Visualization

Our model accepts 2-D image of Lung Section and outputs a probability. Below we show a output of our Lung Segmentation Model based on which predictions are done.

Original Lung CT Scan



#### Processed Lung Segmentation Image



Dataset details	Training data	Validation data
No. of covid images	337	12
No. of non-covid images	385	12

#### **Chest CT scan dataset with 2 classes**

#### **Model details:**

DenseNet121 model pretrained on ImageNet dataset was used. Fully connected layers were modified to classify CT images as 'COVID'/ 'NON-COVID'. SGD is used as optimizer and learning rate is reduced over time using ReduceLROnPlateau keras callback method.

Results	Cross-entropy Loss	Accuracy	MSE loss
Training data	0.0094	0.9958	0.0020
Validation data	0.1921	0.9167	0.0644

Results obtained after training the model for 100 epochs. A training log file is provided separately.

# Thank you!