

# Pneumonia Detection with Computer Vision

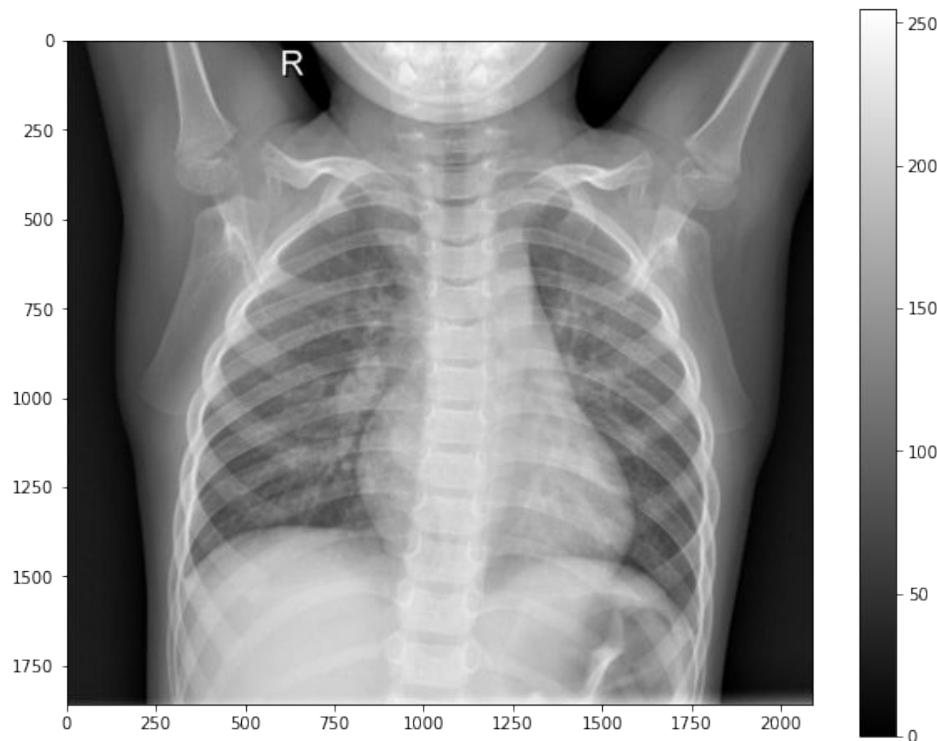
A dark blue diagonal gradient bar that starts from the bottom left and extends towards the top right, covering the lower half of the slide.

# Project Objective

Our goal was to train a model to diagnose Pneumonia in medical patients using Computer Vision methods.

This kind of model could be potentially be a tool for hospitals and practitioners.

Deep Neural Networks were used to classify X-Ray images from previous Pneumonia patients.



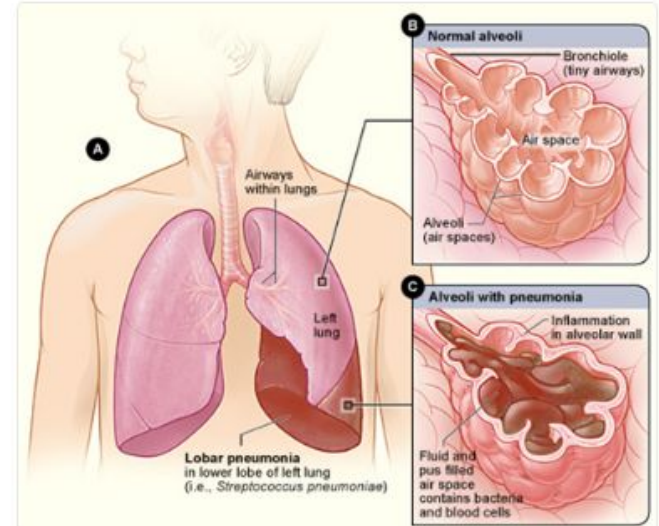
# What is Pneumonia?

Pneumonia is an infection that affects one or both lungs. Potential causes include Bacteria, Viruses, or Fungi.

Symptoms include

- Cough and Chest Pain
- Shortness of Breath
- Fever, Nausea, Fatigue

Pneumonia is the deadliest infectious condition in children worldwide (740,180 deaths reported in 2019).



*Pneumonia, caused by bacteria. Figure A shows pneumonia affecting part of the left lung. Figure B shows healthy alveoli (air sacs). Figure C shows alveoli filled with mucus.*

# The Importance of Diagnosis

Pneumonia is a very common condition both in the US and worldwide.

However, it is usually treatable if diagnosed!

Treatments include:

- Antibiotics
- Cough Medicine
- Fever/Pain Relievers

## Very common

More than 3 million US cases per year



Some types preventable by vaccine



Treatable by a medical professional



Requires a medical diagnosis



Lab tests or imaging always required



Spreads by airborne droplets



Short-term: resolves within days to weeks

# Current Diagnostic Methods

## Diagnosis

Your doctor will start by asking about your medical history and doing a physical exam, including listening to your lungs with a stethoscope to check for abnormal bubbling or crackling sounds that suggest pneumonia.

If pneumonia is suspected, your doctor may recommend the following tests:

- **Blood tests.** Blood tests are used to confirm an infection and to try to identify the type of organism causing the infection. However, precise identification isn't always possible.
- **Chest X-ray.** This helps your doctor diagnose pneumonia and determine the extent and location of the infection. However, it can't tell your doctor what kind of germ is causing the pneumonia.
- **Pulse oximetry.** This measures the oxygen level in your blood. Pneumonia can prevent your lungs from moving enough oxygen into your bloodstream.
- **Sputum test.** A sample of fluid from your lungs (sputum) is taken after a deep cough and analyzed to help pinpoint the cause of the infection.



Chest X-ray showing pneumonia

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## Lab Tests

- Blood Tests
- Chest X-Rays
- Pulse Oximetry
- Sputum Testing

# Current Diagnostic Methods

## Diagnosis

Your doctor will start by asking about your medical history and doing a physical exam. They will listen to your lungs with a stethoscope to check for wheezing, bubbling or crackling sounds that suggest pneumonia.

If pneumonia is suspected, your doctor may recommend the following tests:

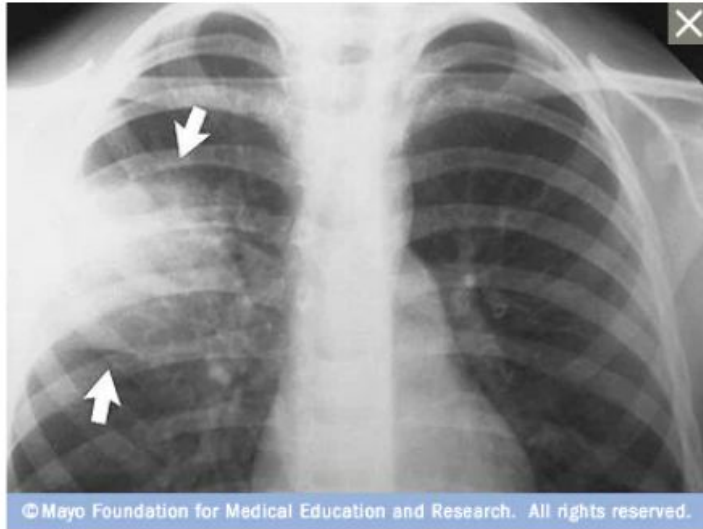
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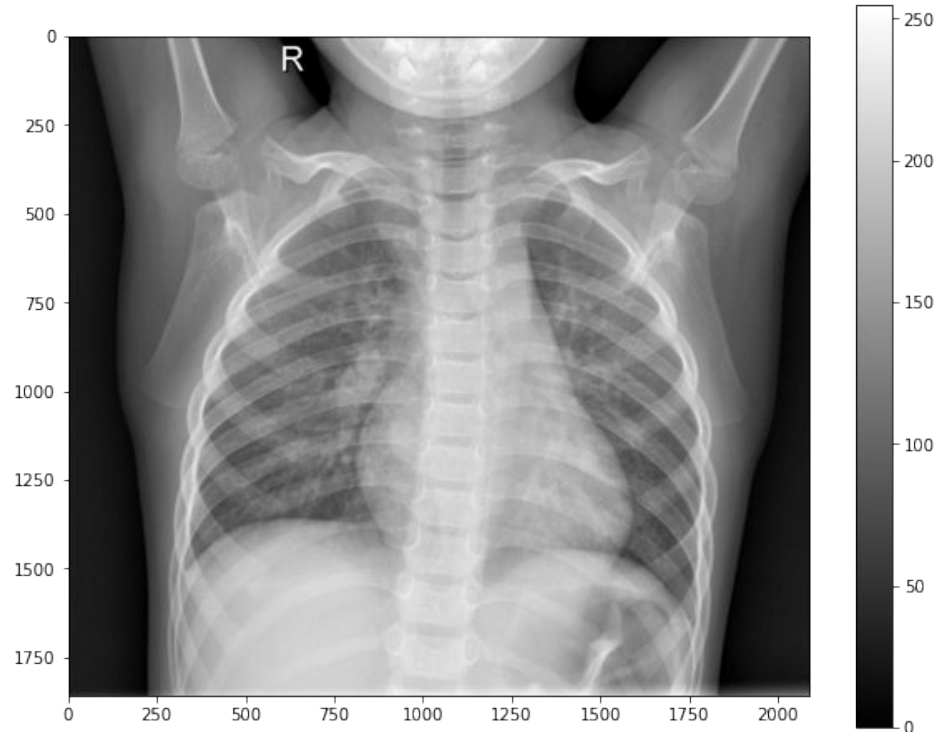
Chest X-ray showing pneumonia

# X-Ray Imaging



## Chest X-ray showing pneumonia

This chest X-ray shows an area of lung inflammation indicating the presence of pneumonia.

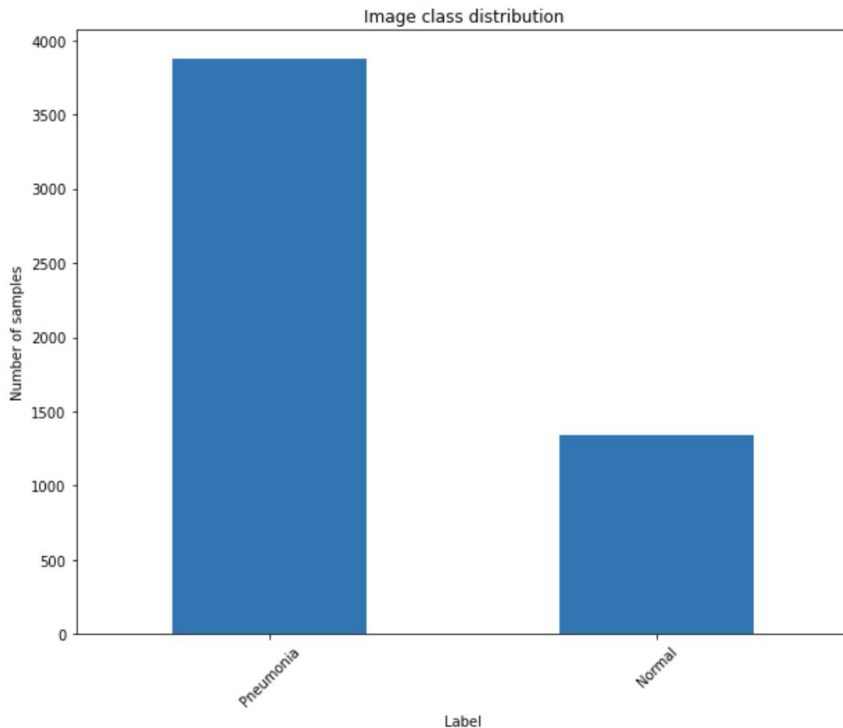


# Data Overview

Our training data consisted of 5216 Images:

- 3875 - Pneumonia
- 1341 - Normal

Much of our data work explored ways to address this class imbalance.





# 2 Image Classes: Pneumonia & Normal

Pneumonia



Pneumonia



Pneumonia



Pneumonia



Pneumonia



Normal



Normal



Normal



Normal



Normal



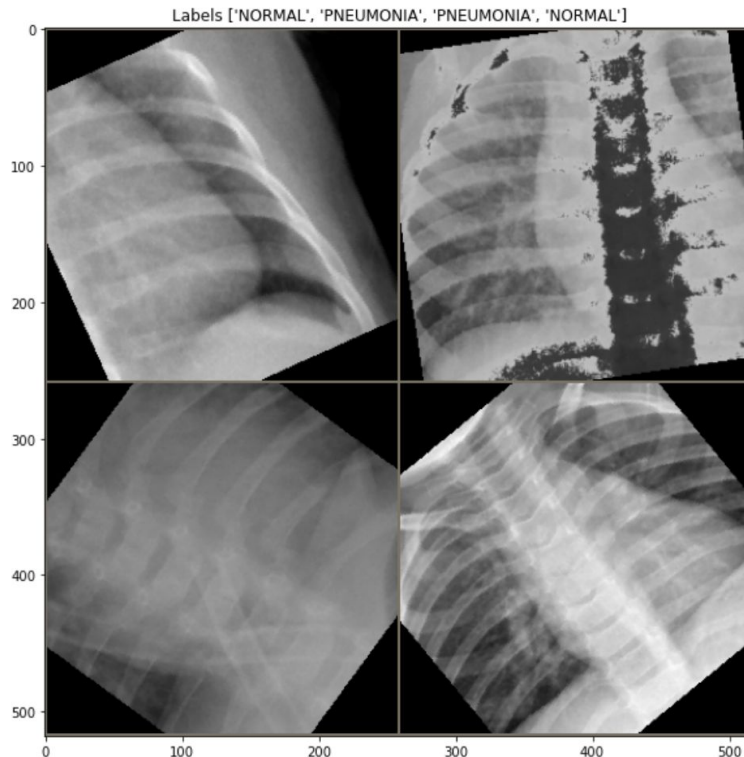
# Augmenting Image Data

Because we are in the medical domain, it was a goal to keep the transformations as plausible and “realistic” as possible.

Here is an example of 4 images which used a composition including

- Random Inversions
- Random Resized Cropping
- Rotations of up to 60°

They don't look very similar to the original data

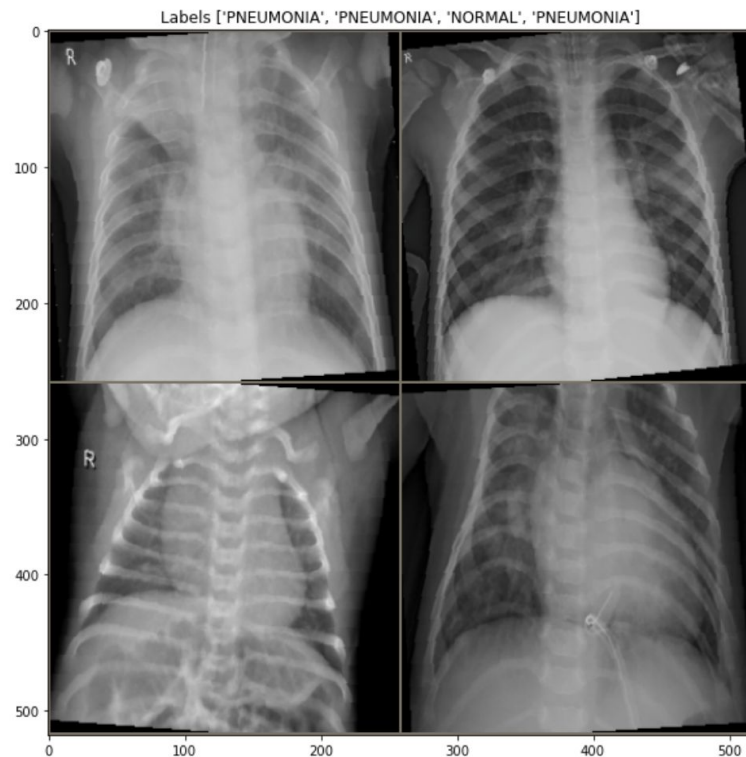


# Augmenting Image Data

Instead, we used compositions of transforms which adjusted or added things like

- Brightness, Contrast, Saturation
- Blur
- Minor Rotations

These much more closely resemble the original data, and could even represent scenarios (patient moving, technician error, etc.).



# Modeling

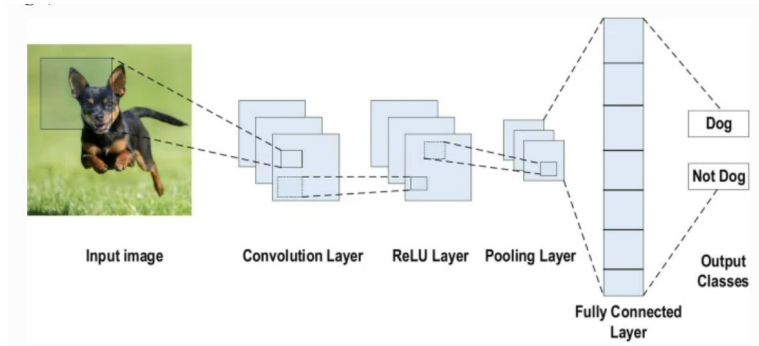
We experimented with 2 fundamental approaches.

1: Building a smaller model from scratch.

2: Altering a larger, existing model to fit our data (Transfer Learning)

Like many Computer Vision models, we employed Convolutional Neural Networks.

These are used in many common technologies, such as facial recognition.



# Baseline Model

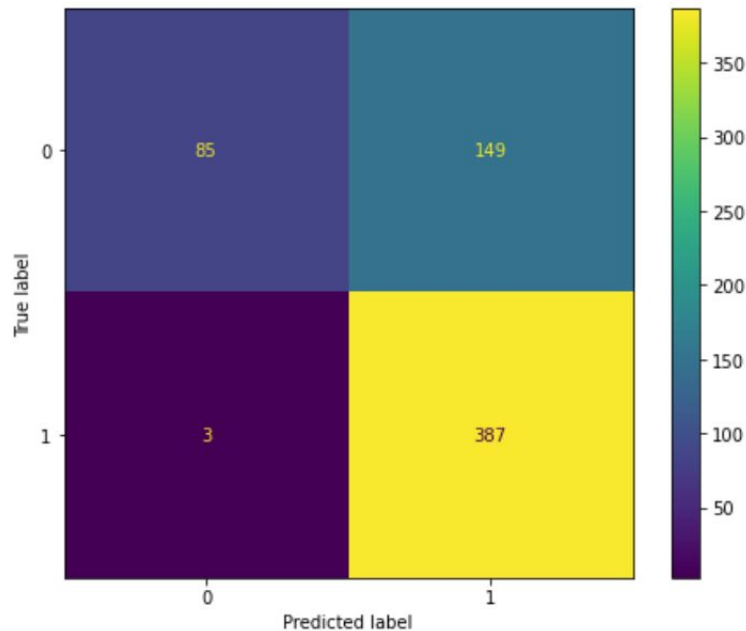
CNN with 6 layers (2 blocks)

Accuracy: 75.6%

	precision	recall	f1-score	support
0	0.97	0.36	0.53	234
1	0.72	0.99	0.84	390
accuracy			0.76	624
macro avg	0.84	0.68	0.68	624
weighted avg	0.81	0.76	0.72	624

Accuracy Score: 0.7564102564102564

F1 Score: 0.83585313174946

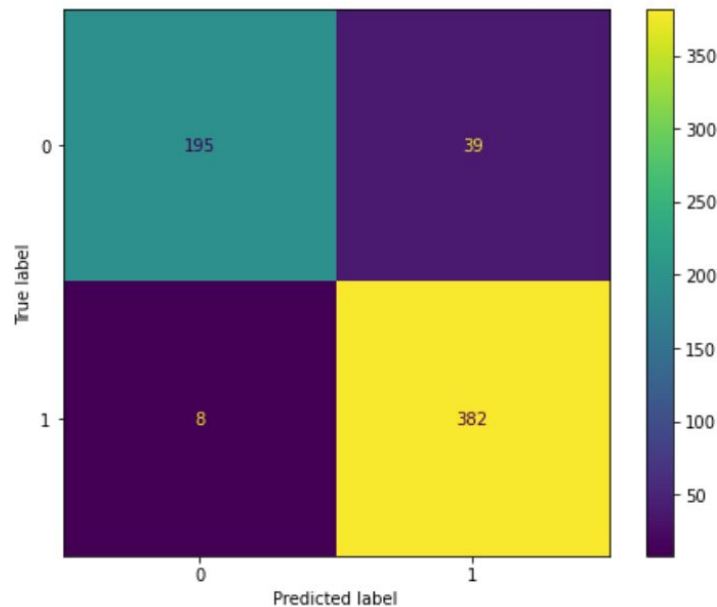


# Best Model:

Transfer Learning with Resnet18

Accuracy: 92.4%

	precision	recall	f1-score	support
0	0.96	0.83	0.89	234
1	0.91	0.98	0.94	390
accuracy			0.92	624
macro avg	0.93	0.91	0.92	624
weighted avg	0.93	0.92	0.92	624



# Model Architecture Comparison

Baseline Model (left)  
Best Model (right)

```
summary(model, images.shape[1], images.shape[2], images.shape[3])
```

Layer (type)	Output Shape	Param #
Conv2d-1	[-1, 6, 252, 252]	456
MaxPool2d-2	[-1, 6, 126, 126]	0
Conv2d-3	[-1, 16, 122, 122]	2,416
MaxPool2d-4	[-1, 16, 61, 61]	0
Linear-5	[-1, 10]	595,370
Linear-6	[-1, 2]	22

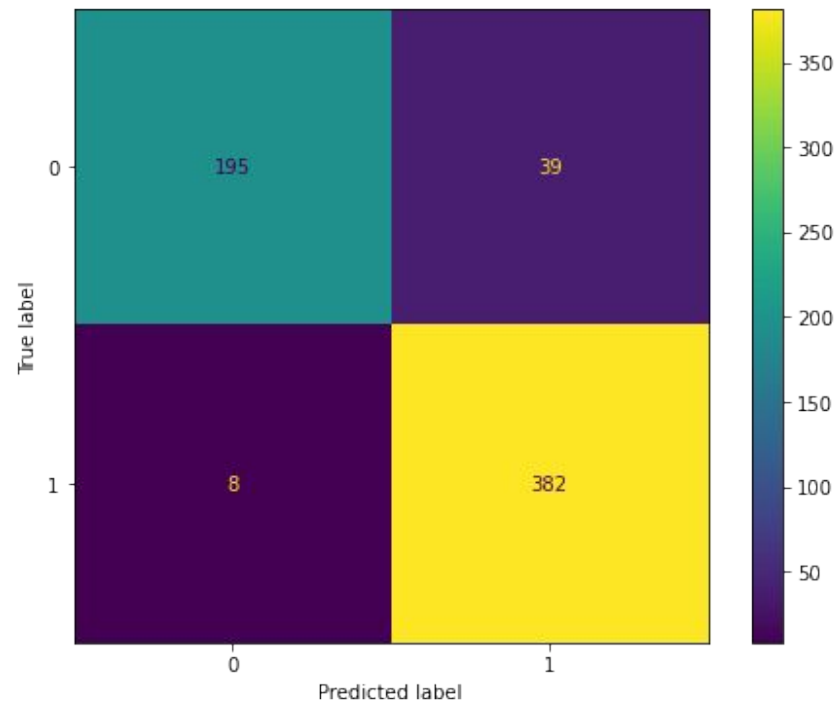
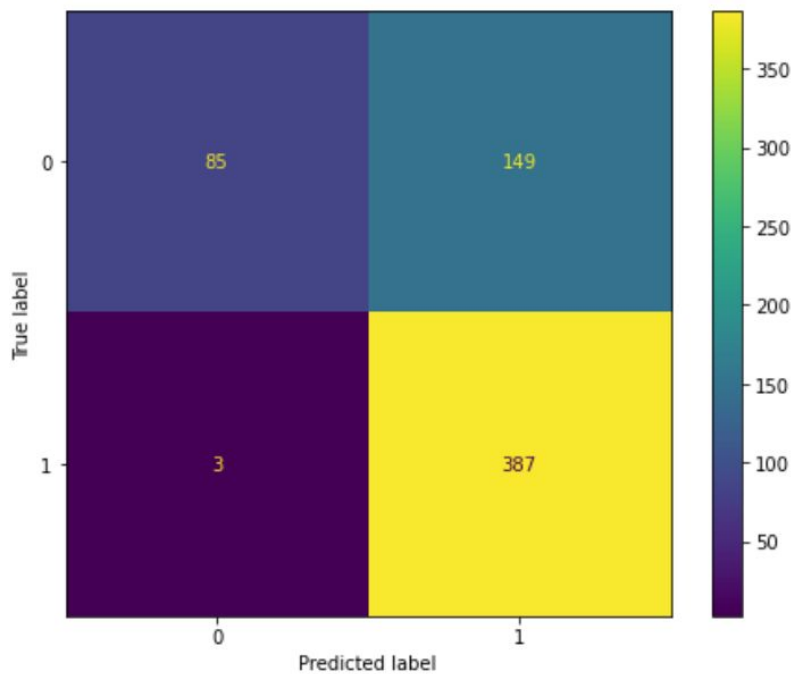
-----  
Total params: 598,264  
Trainable params: 598,264  
Non-trainable params: 0  
-----  
Input size (MB): 0.75  
Forward/backward pass size (MB): 5.90  
Params size (MB): 2.28  
Estimated Total Size (MB): 8.94  
-----

```
summary(model_ft,(3, 256, 256))
```

Layer (type)	Output Shape	Param #
Conv2d-1	[-1, 64, 128, 128]	9,408
BatchNorm2d-2	[-1, 64, 128, 128]	128
ReLU-3	[-1, 64, 128, 128]	0
MaxPool2d-4	[-1, 64, 64, 64]	0
Conv2d-5	[-1, 64, 64, 64]	36,864
BatchNorm2d-6	[-1, 64, 64, 64]	128
ReLU-7	[-1, 64, 64, 64]	0
Conv2d-8	[-1, 64, 64, 64]	36,864
BatchNorm2d-9	[-1, 64, 64, 64]	128
ReLU-10	[-1, 64, 64, 64]	0
BasicBlock-11	[-1, 64, 64, 64]	0
Conv2d-12	[-1, 64, 64, 64]	36,864
BatchNorm2d-13	[-1, 64, 64, 64]	128
ReLU-14	[-1, 64, 64, 64]	0
Conv2d-15	[-1, 64, 64, 64]	36,864
BatchNorm2d-16	[-1, 64, 64, 64]	128
ReLU-17	[-1, 64, 64, 64]	0
BasicBlock-18	[-1, 64, 64, 64]	0
Conv2d-19	[-1, 128, 32, 32]	73,728
BatchNorm2d-20	[-1, 128, 32, 32]	256
ReLU-21	[-1, 128, 32, 32]	0
Conv2d-22	[-1, 128, 32, 32]	147,456
BatchNorm2d-23	[-1, 128, 32, 32]	256
Conv2d-24	[-1, 128, 32, 32]	8,192
BatchNorm2d-25	[-1, 128, 32, 32]	256
ReLU-26	[-1, 128, 32, 32]	0
BasicBlock-27	[-1, 128, 32, 32]	0
Conv2d-28	[-1, 128, 32, 32]	147,456
BatchNorm2d-29	[-1, 128, 32, 32]	256
ReLU-30	[-1, 128, 32, 32]	0
Conv2d-31	[-1, 128, 32, 32]	147,456
BatchNorm2d-32	[-1, 128, 32, 32]	256
ReLU-33	[-1, 128, 32, 32]	0
BasicBlock-34	[-1, 128, 32, 32]	0
Conv2d-35	[-1, 256, 16, 16]	294,912
BatchNorm2d-36	[-1, 256, 16, 16]	512
ReLU-37	[-1, 256, 16, 16]	0
Conv2d-38	[-1, 256, 16, 16]	589,824
BatchNorm2d-39	[-1, 256, 16, 16]	512
Conv2d-40	[-1, 256, 16, 16]	32,768
BatchNorm2d-41	[-1, 256, 16, 16]	512
ReLU-42	[-1, 256, 16, 16]	0
BasicBlock-43	[-1, 256, 16, 16]	0
Conv2d-44	[-1, 256, 16, 16]	589,824
BatchNorm2d-45	[-1, 256, 16, 16]	512
ReLU-46	[-1, 256, 16, 16]	0
Conv2d-47	[-1, 256, 16, 16]	589,824
BatchNorm2d-48	[-1, 256, 16, 16]	512
ReLU-49	[-1, 256, 16, 16]	0
BasicBlock-50	[-1, 256, 16, 16]	0
Conv2d-51	[-1, 512, 8, 8]	1,179,448
BatchNorm2d-52	[-1, 512, 8, 8]	1,024
ReLU-53	[-1, 512, 8, 8]	0
Conv2d-54	[-1, 512, 8, 8]	2,359,296
BatchNorm2d-55	[-1, 512, 8, 8]	1,024
Conv2d-56	[-1, 512, 8, 8]	131,072
BatchNorm2d-57	[-1, 512, 8, 8]	1,024
ReLU-58	[-1, 512, 8, 8]	0
BasicBlock-59	[-1, 512, 8, 8]	0
Conv2d-60	[-1, 512, 8, 8]	2,359,296
BatchNorm2d-61	[-1, 512, 8, 8]	1,024
ReLU-62	[-1, 512, 8, 8]	0
BatchNorm2d-64	[-1, 512, 8, 8]	1,024
ReLU-65	[-1, 512, 8, 8]	0
BasicBlock-66	[-1, 512, 8, 8]	0
AdaptiveAvgPool2d-67	[-1, 512, 1, 1]	0
Linear-68	[-1, 2]	1,026

-----  
Total params: 11,177,538  
Trainable params: 11,177,538  
Non-trainable params: 0  
-----  
Input size (MB): 0.75  
Forward/backward pass size (MB): 82.00  
Params size (MB): 42.64  
Estimated Total Size (MB): 125.39  
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# Error Tradeoff





# Misclassification Examples

Actual: NORMAL      predicted: PNEUMONIA



Actual: NORMAL      predicted: PNEUMONIA



Actual: PNEUMONIA      predicted: NORMAL



# Upside Potential

- Small practical changes on the client side could potentially improve the performance even more.
  - Our model had to account for data with a wide range of image sizing. This resulted in some images being downscaled.
  - We also dealt with inconsistent sizes for testing classifications.
- If new images had consistent size and quality, more predictive information could be preserved, likely resulting in higher case by case accuracy.

# Key Takeaways

- Using neural networks as a diagnostic tool shows remarkable promise
  - We were able to create a model with over 92% accuracy, having relatively little training data.
    - According to the WHO, there are ~1.4 billion chest x-rays taken each year. We only had access to ~6 thousand.
- As the recent pandemic has shown, medical personnel shortages can occur, leaving hospitals overwhelmed.
- Technology such as the model created in this project could have tremendous value.

# Thank you!

## References:

Mayo Clinic:

<https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes>

National Institute of Health (NIH):

<https://www.nhlbi.nih.gov/health/pneumonia>

World Health Organization (WHO):

<https://www.who.int/news-room/fact-sheets/detail/pneumonia>

[https://www.wipo.int/edocs/pubdocs/en/wipo\\_pub\\_gii\\_2019-chapter8.pdf](https://www.wipo.int/edocs/pubdocs/en/wipo_pub_gii_2019-chapter8.pdf)