# AIML Online Capstone - Pneumonia Detection Challenge - Group 7

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## **Problem statement**

#### What is Pneumonia?

**Pneumonia** is an infection in one or both lungs. Bacteria, viruses, and fungi cause it. The infection causes inflammation in the air sacs in your lungs, which are called alveoli.

Pneumonia accounts for over 15% of all deaths of children under 5 years old internationally. In 2017, 920,000 children under the age of 5 died from the disease. It requires review of a chest radiograph (CXR)by highly trained specialists and confirmation through clinical history, vital signs and laboratory exams. Pneumonia usually manifests as an area or areas of increased opacity on CXR. However, the diagnosis of pneumonia on CXR is complicated because of a number of other conditions in the lungs such as fluid overload (pulmonary edema), bleeding, volume loss (atelectasis or collapse), lung cancer, or post-radiation or surgical changes. Outside of the lungs, fluid in the pleural space (pleural effusion) also appears as increased opacity on CXR. When available, comparison of CXRs of the patient taken at different time points and correlation with clinical symptoms and history are helpful in making the diagnosis.

CXRs are the most commonly performed diagnostic imaging study. A number of factors such as positioning of the patient and depth of inspiration can alter the appearance of the CXR, complicating interpretation further. In addition, clinicians are faced with reading high volumes of images every shift.

#### **Pneumonia Detection**

Now to detection Pneumonia we need to detect **Inflammation** of the lungs. In this project, you're challenged to build an algorithm to detect a visual signal for pneumonia in medical images. Specifically, your algorithm needs to automatically locate lung opacities on chest radiographs.

#### **Business Domain Value**

Automating Pneumonia screening in chest radiographs, providing affected area details through bounding box.

Assist physicians to make better clinical decisions or even replace human judgement in certain functional areas of healthcare (eg, radiology).

Guided by relevant clinical questions, powerful AI techniques can unlock clinically relevant information hidden in the massive amount of data, which in turn can assist clinical decision making.

## **Recent Pandemic – Coronavirus**

We have seen the recent outbreak of COVID-19 a.k.a the coronavirus, similar to the spread of spanish influenza in 1900s. Pneumonia is an infection of the lungs. Viruses, bacteria, and fungi can cause it. Pneumonia can cause the small air sacs in your lungs, known as alveoli, to fill with fluid. Pneumonia can be a complication of COVID-19, the illness caused by the new coronavirus known as SARS-CoV-2.

It was desirable to develop an automatic and accurate detection of COVID-19 using chest CT. Thus, purpose was to develop a fully automatic framework to detect COVID-19 using chest CT and evaluate its performance. The challenge here would be to aid the diagnosis process which allows for expedited treatment and better clinical outcomes

Figure 1.0: Pneumonia diagram

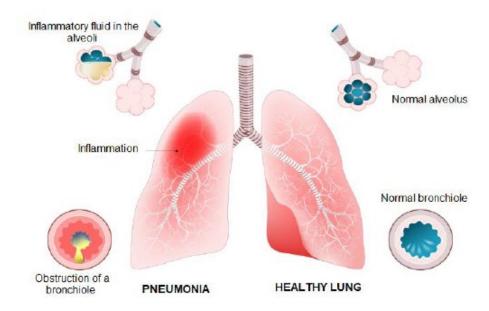
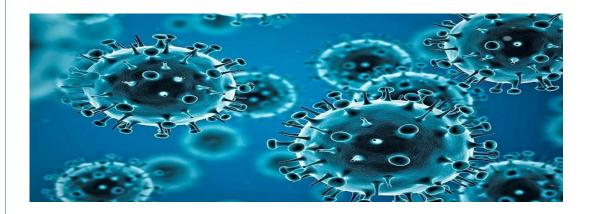


Figure 1.1: Coronavirus



 $Source: \underline{https://www.who.int/health-topics/coronavirus\#tab=tab\_1}$ 

## **Data**

The dataset that will be used for this project will be the Chest X-Ray Images (Pneumonia) from Kaggle. composed of a subset of 30,000 exams from the original 112,000 dataset (train + test) from the NIH CXR14 dataset using their original labels which were derived from radiology reports and, therefore with the understanding that they were not always accurate. The 30,000 selected exams were comprised of 15,000 exams with pneumonia-like labels ('Pneumonia', 'Infiltration', and 'Consolidation'), a random selection of 7,500 exams with a 'No Findings' label, and another random selection of 7,500 exams without the pneumonia-like labels and without the 'No Findings' label. Random unique identifiers were generated for each of the 30,000 exams.

We have total 26684 unique patient IDs from the two merged files, we used the below code to merge the csv files.

```
{\tt def\_merge\_data\_frames(left\_df,right\_df,merge\_on):}
   df = pd.merge(left = left_df, right = right_df, how = 'left', on = merge_on)
   df = df.drop_duplicates()
  df.info()
 merge_data_frames(class_info,label_data,'patientId')
<class 'pandas.core.frame.DataFrame'>
Int64Index: 30227 entries, 0 to 37626
Data columns (total 7 columns):
# Column
               Non-Null Count Dtype
    patientId 30227 non-null object
     class
               30227 non-null object
                9555 non-null
                                float64
                9555 non-null
4
     width
               9555 non-null float64
               9555 non-null
     height
                                float64
                30227 non-null int64
dtypes: float64(4), int64(1), object(2) memory usage: 1.8+ MB
```

## Approach to EDA & Data Pre-processing:

Our first approach was to identify the various types of patient labels from the dataset, as that was the key factor to determine the details of our problem which is Pneumonia detection.

Here the labels are classified into;

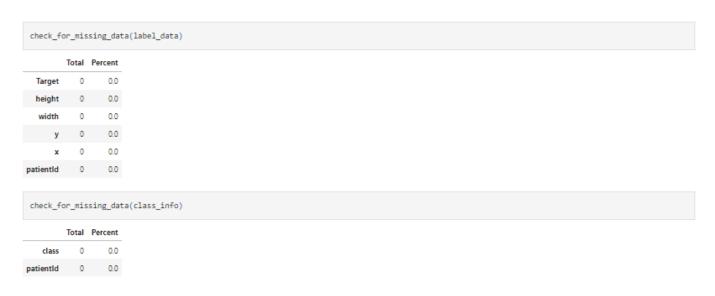
- (i) No Lung Opacity (with target as 0)
- (ii) Normal ( with target as 0 )
- (iii) Lung Opacity (with target as 1)

We have also performed the data pre-processing to ensure that there are no missing values in the class info and any cells containing NaN are replaced with 0. Our observation is that such label data are indicator of that the patient did not have pneumonia

#### **Database table Preprocessing**

```
def check_for_missing_data(df):
    total = df.isnull().sum().sort_values(ascending=False)  # finding total number of null values
    percent = (df.isnull().sum()/df.isnull().count()).sort_values(ascending=False)  #percentage of values that are null
    missing_data = pd.concat([total, percent], axis=1, keys=['Total', 'Percent'])  # putting the above two together
    return missing_data
```

Following are the checks performed for identifying the missing values (if any)



We have also observed that the Classes are well distributed (refer figure 2 below)

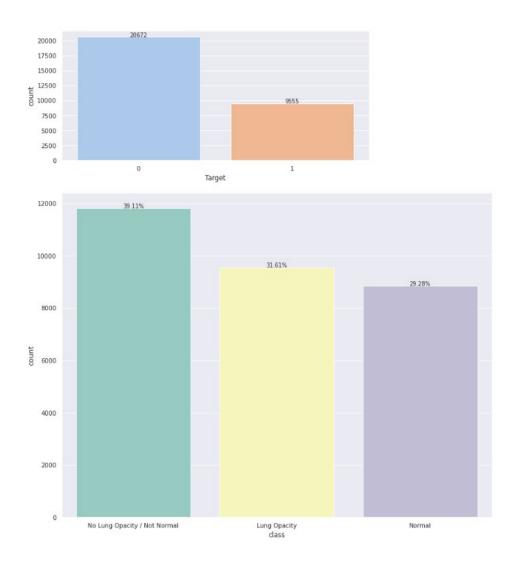


Figure 2: Classes distribution of the training dataset

## **EDA: Dicom Image visualisations**

Below Dicom images are of Target =1 with bounding boxes for unhealthy patients showing the infection

Figure 3: X-ray images infected patients where opacity is found

ID: 31ad19e6-fe6d-40da-b2cc-a0dc5554d79e Modality: CR Age: 12 Sex: M Target:



ID: c1f94928-371a-42d0-91ae-f959928694fe Modality: CR Age: 64 Sex: M Target:



ID: 1b9d9477-b479-46bc-890a-663fad2e3358 Modality: CR Age: 21 Sex: F Target:



ID: 72a33431-fe30-4297-98df-892c88f0f11a Modality: CR Age: 39 Sex: M Target:



ID: f5dc76a7-237a-419c-a28a-c3fc7ff43b65 Modality: CR Age: 55 Sex: F Target:



ID: bed364d9-7bad-4de8-b618-9de875b73d67 Modality: CR Age: 61 Sex: M Target:



ID: 1c187dbf-3fa4-4a39-914a-39994b76d4c5



ID: 20199da8-1cc3-429a-90d5-95242e065fe4

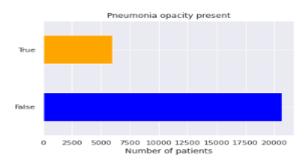


ID: 5e36040b-0804-4c66-a879-32afdacf18ce Modality: CR Age: 24 Sex: M Target:



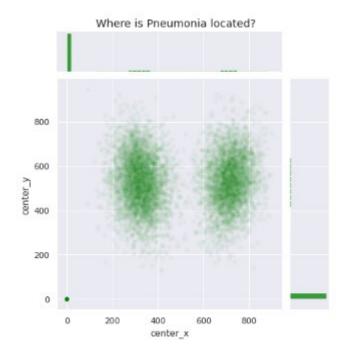
Number of Patients where Opacity is found is between 5000 to 7500 Patients,

Figure 4: Opacity graph



In order to identify the location of Pneumonia, we have used a jointplot which plots the label data using x (width) and y (height).

Figure 5: Identify the exact location of Pneumonia



To focus on Target 0 and Target 1 we have plotted the Age Distribution by gender and target in the figure below

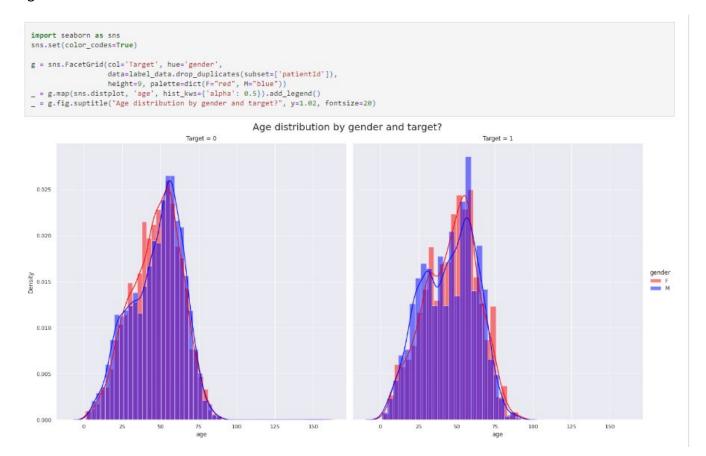


Figure 6: Patient's age distribution by gender and target

## **Model Building**

Type of Model Used: Transfer Learning Techniques, VGG16

We have used here the architecture of the conventional pre-trained model in our model. These models consist of two parts: a convolutional base and a fully connected neural network base. The convolutional base is used to identify and extract features from our images, and then the fully connected neural network base is used to classify those features.

We can add three layers to classify this dataset.

We used the convolutional base of the VGG 16 model and then we added one fully connected hidden layer and one output layer to classify features extracted from VGG 16 convolutional base.

We used a pretrained weight of 'Imagenet'. We only want to use the convolutional part from the Imagenet model. Since convolutional bases are reusable, they are mainly used to extract features and categorize images.

We have first defined the parameters of VGG16 image transformation

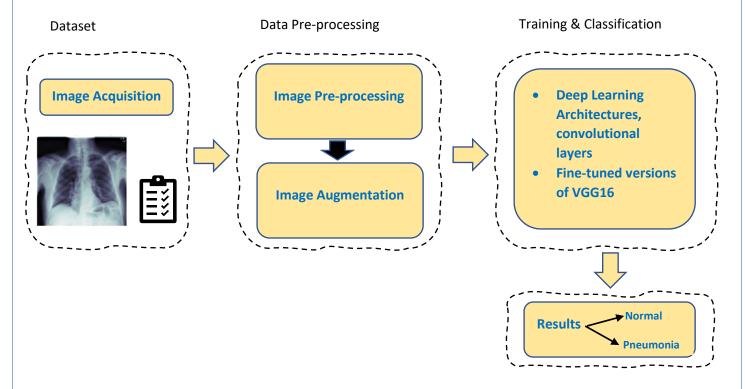
Figure 7: VGG16 model fine tuning & using weight of the pre-trained model i.e. imagenet

```
# Fine tuning VGG16
image_input = Input(shape=(224,224,1))
image_input = Concatenate()([image_input,image_input,image_input])
vgg_model = VGG16(wights='imagenet', include_top=False,input_tensor= image_input)
vgg_model.trainable = False

basemodel_output = vgg_model.output
flatten = Flatten()(basemodel_output)

# New FC Layers for Regression
bboxHead = Dense(128, activation="relu")(bboxHead)
bboxHead = Dense(128, activation="relu")(bboxHead)
bboxHead = Dense(32, activation="relu")(bboxHead)
bboxHead = Dense(32, activation="relu")(bboxHead)
bboxHead = Dense(32, activation="relu")(bboxHead)
bboxHead = Dense(128, activation="relu")(flatten)
classHead = Dense(512, activation="relu")(flatten)
classHead = Dense(512, activation="relu")(classHead)
classHead = Dense(128, activation="relu")(classHead)
classHead = Dense(128, activation="relu")(classHead)
classHead = Dense(128, activation="relu")(classHead)
classHead = Dense(512, ac
```

## Block Diagram to represent the steps to work on the challenge of Pneumonia detection



## To get the model details, we have printed the model summary

Figure 8.1: Model summary

Model: "model"

Layer (type)	Output Shape	Param #	Connected to
input_1 (InputLayer)	[(None, 224, 224, 1 )]		[]
concatenate (Concatenate)	(None, 224, 224, 3)	Ø	['input_1[0][0]', 'input_1[0][0]', 'input_1[0][0]']
block1_conv1 (Conv2D)	(None, 224, 224, 64 )	1792	['concatenate[0][0]']
block1_conv2 (Conv2D)	(None, 224, 224, 64 )	36928	['block1_conv1[0][0]']
block1_pool (MaxPooling2D)	(None, 112, 112, 64 )	Ø	['block1_conv2[0][0]']
block2_conv1 (Conv2D)	(None, 112, 112, 12 8)	73856	['block1_pool[0][0]']
block2_conv2 (Conv2D)	(None, 112, 112, 12 8)	147584	['block2_conv1[0][0]']
block2_pool (MaxPooling2D)	(None, 56, 56, 128)	0	['block2_conv2[0][0]']
block3_conv1 (Conv2D)	(None, 56, 56, 256)	295168	['block2_pool[0][0]']
block3_conv2 (Conv2D)	(None, 56, 56, 256)	590080	['block3_conv1[0][0]']
block3_conv3 (Conv2D)	(None, 56, 56, 256)	590080	['block3_conv2[0][0]']
block3_pool (MaxPooling2D)	(None, 28, 28, 256)	0	['block3_conv3[0][0]']
block4_conv1 (Conv2D)	(None, 28, 28, 512)	1180160	['block3_pool[0][0]']
block4_conv2 (Conv2D)	(None, 28, 28, 512)	2359808	['block4_conv1[0][0]']
block4_conv3 (Conv2D)	(None, 28, 28, 512)	2359888	['block4_conv2[0][0]']
block4_pool (MaxPooling2D)	(None, 14, 14, 512)	0	['block4_conv3[0][0]']
block5_conv1 (Conv2D)	(None, 14, 14, 512)	2359888	['block4_pool[0][0]']
block5_conv2 (Conv2D)	(None, 14, 14, 512)	2359888	['block5_conv1[0][0]']
block5_conv3 (Conv2D)	(None, 14, 14, 512)	2359808	['block5_conv2[0][0]']
block5_pool (MaxPooling2D)	(None, 7, 7, 512)	0	['block5_conv3[0][0]']
flatten (Flatten)	(None, 25088)	0	['block5_pool[0][0]']
dense_3 (Dense)	(None, 512)	12845568	['flatten[0][0]']
dense (Dense)	(None, 128)	3211392	['flatten[0][0]']
dense_4 (Dense)	(None, 512)	262656	['dense_3[0][0]']
dense_1 (Dense)	(None, 64)	8256	['dense[0][0]']
dense_5 (Dense)	(None, 128)	65664	['dense_4[0][0]']
dense_2 (Dense)	(None, 32)	2080	['dense_1[0][0]']
Classification_Head (Dense)	(None, 1)	129	['dense_5[0][0]']
BBOX_Head (Dense)	(None, 4)	132	['dense_2[0][0]']

Total params: 31 110 565

Total params: 31,110,565 Trainable params: 16,395,877 Non-trainable params: 14,714,688

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## Architecture of our model is plotted as below,

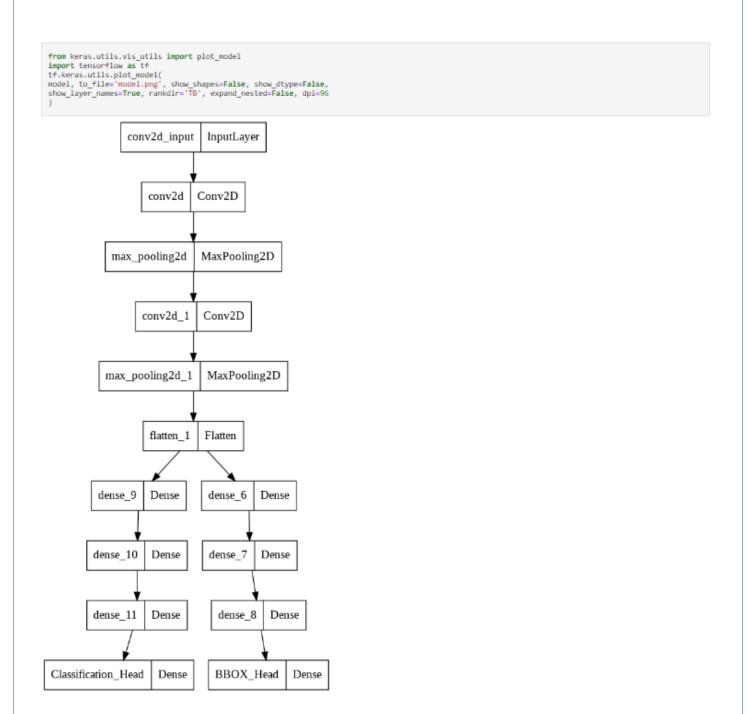


Figure 8.2: Architecture of the model

Next, we have applied the fitting of training and validation dataset

## Figure 9: Training and validation of the dataset

```
print("[INFO] training model...")
 History = model.fit(
    trainImages, [trainLabels, trainBBoxes],
validation_data=(testImages, [testLabels,testBBoxes]),
batch_size=32,
        epochs=20.
        verbose=1)
[INFO] training model...
                             :=====] - 121s 397ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0306 - Classification_Head_ac
curacy: 0.6691 - BBOX_Head_accuracy: 0.5087 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0278 - val_Classification_Head_a
ccuracy: 0.
Epoch 2/20
        0.6807 - val_BBOX_Head_accuracy: 0.4027
219/219 [==
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.5677
Epoch 3/20
                                     · 77s 354ms/step - loss: nan - Classification Head loss: nan - BBOX Head loss: 0.0267 - Classification Head acc
219/219 [==:
uracy: 0.6706 - BBOX_Head_accuracy: 0.5134 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0260 - val_Classification_Head_accuracy: 0.6807 - val_BBOX_Head_accuracy: 0.5253
Epoch 4/20
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.6327
Epoch 5/20
219/219 [==
                                    - 77s 354ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0255 - Classification_Head_acc
uracy: 0.6706 - BBOX_Head_accuracy: 0.5089 - va
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.6067
                                        val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0249 - val_Classification_Head_ac
     6/20
                         :=======] - 78s 355ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0251 - Classification_Head_acc
219/219 [==
uracy: 0.6706 - BBOX_Head_accuracy: 0.4873 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0248 - val_Classification_Head_accuracy:
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.5473
Epoch 7/20
219/219 [==
                                    - 78s 355ms/step - loss: nan - Classification_Mead_loss: nan - BBOX_Mead_loss: 0.0247 - Classification_Mead_acc
uracy: 0.6706 - BBOX_Mead_accuracy: 0.4766 - val_loss: nan - val_Classification_Mead_loss: nan - val_BBOX_Mead_loss: 0.0242 - val_Classification_Mead_ac
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.3287
Epoch 8/20
                                    - 78s 355ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0245 - Classification_Head_acc
44 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0239 - val_Classification_Head_ac
219/219 [==
uracy: 0.6706 - BBOX_Head_accuracy: 0.4644 -
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.5767
     9/20
219/219 [=
                                    - 77s 354ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0242 - Classification_Head_acc
uracy: 0.6706 - BBOX_Head_accuracy: 0.4491 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0238 - val_Classification_Head_accuracy: 0.6807 - val_BBOX_Head_accuracy: 0.6297
Epoch 10/20
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.5037
Epoch 11/20
                 ========] - 77s 354ms/step - loss: nan - Classification_Head_loss: nan - BBOX_Head_loss: 0.0237 - Classification_Head_acc
219/219 [======
uracy: 0.6706 - BBOX_Head_accuracy: 0.4430 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0234 - val_Classification_Head_ac
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.4913
Epoch 12/20
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.5757
Epoch 13/20
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.3360
                                    - 78s 354ms/step - loss: nan - Classification Head loss: nan - BBOX Head loss: 0.0233 - Classification Head acc
219/219 [==
uracy: 0.6706 - BBOX_Head_accuracy: 0.4300 - val_loss: nan - val_Classification_Head_loss: nan - val_BBOX_Head_loss: 0.0230 - val_Classification_Head_accuracy: 0.6807 - val_BBOX_Head_accuracy: 0.4930
Epoch 15/20
curacy: 0.6807 - val_BBOX_Head_accuracy: 0.4110
Epoch 16/20
```

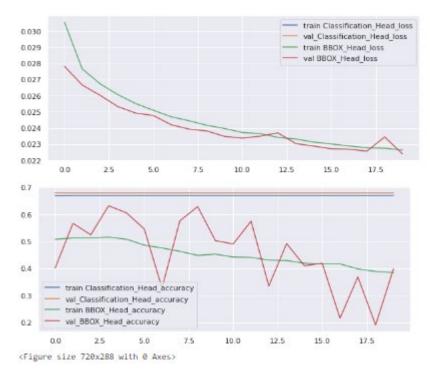
## We have saved our model at this point.

```
# Save model
print("[INFO] saving object detector model...")
model.save("/content/drive/MyDrive/VGGMCO", save_format="h5")#Use your drive path
[INFO] saving object detector model...
```

# Now, inorder to run visualisation of the accuracy and the loss of training & validation of our dataset

### **Pre-Trained Model**

Figure 10.1: Accuracy and loss of training graph

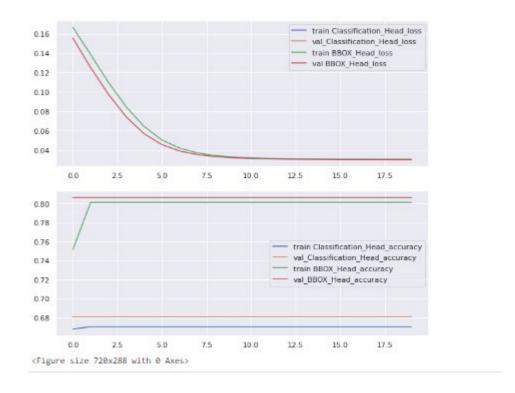


## Without a Pre-Trained Model

We have used the same steps to build and compile a model which is not pre-trained. Hence, we are showing the final graph which depicts that the BBOX accuracy has improved.

Following graph has been taken from the output of our 2<sup>nd</sup> approach i.e. Without a Pre-Trained Model

Figure 10.2: Accuracy and loss of training graph



## Finally, we have predicted the test image as below,

```
y_pred= model.predict(testImages[testLabels])

y_pred[1]

array([[0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    ...,
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655],
    [0.1285418 , 0.12050199, 0.08590765, 0.10769655]], dtype=float32)
```

## Conclusion

It is observed from the above steps, that both training and validation reach the point of the Classification accuracy of approximate 67% & 68%, and with BBOX accuracy as 38.54% & 39.90% respectively at epoch=20. Whereas, when we tried the other method of without a Pre-trained model, we get the results with same Classification accuracy but the BBOX accuracy improving to 80.14% and 80.67%.

We would thus recommend the without Pre-trained model for Pneumonia detection.

ttps://depositphotos.com/25553	38672/stock-illustration	on-pneumonia-diffe	rence-and-compariso				
of.html							
https://www.who.int/health-topics/coronavirus#tab=tab_1							