

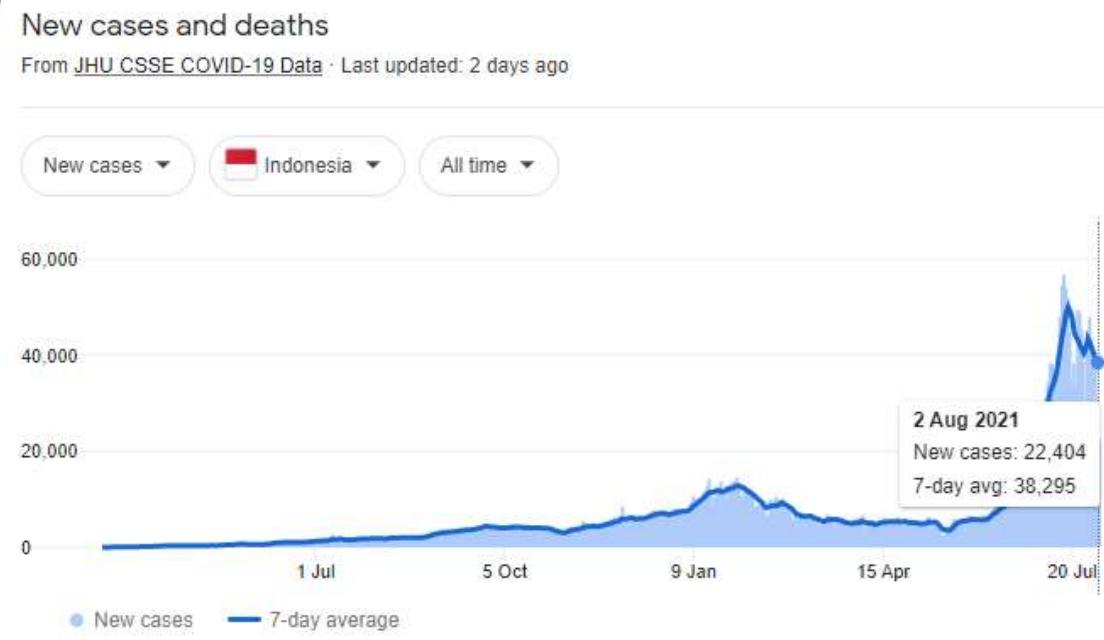
Developing an Early  
Warning Tool to detect  
COVID-19 Pneumonia

By Angeline Chandraatmadja

(C)

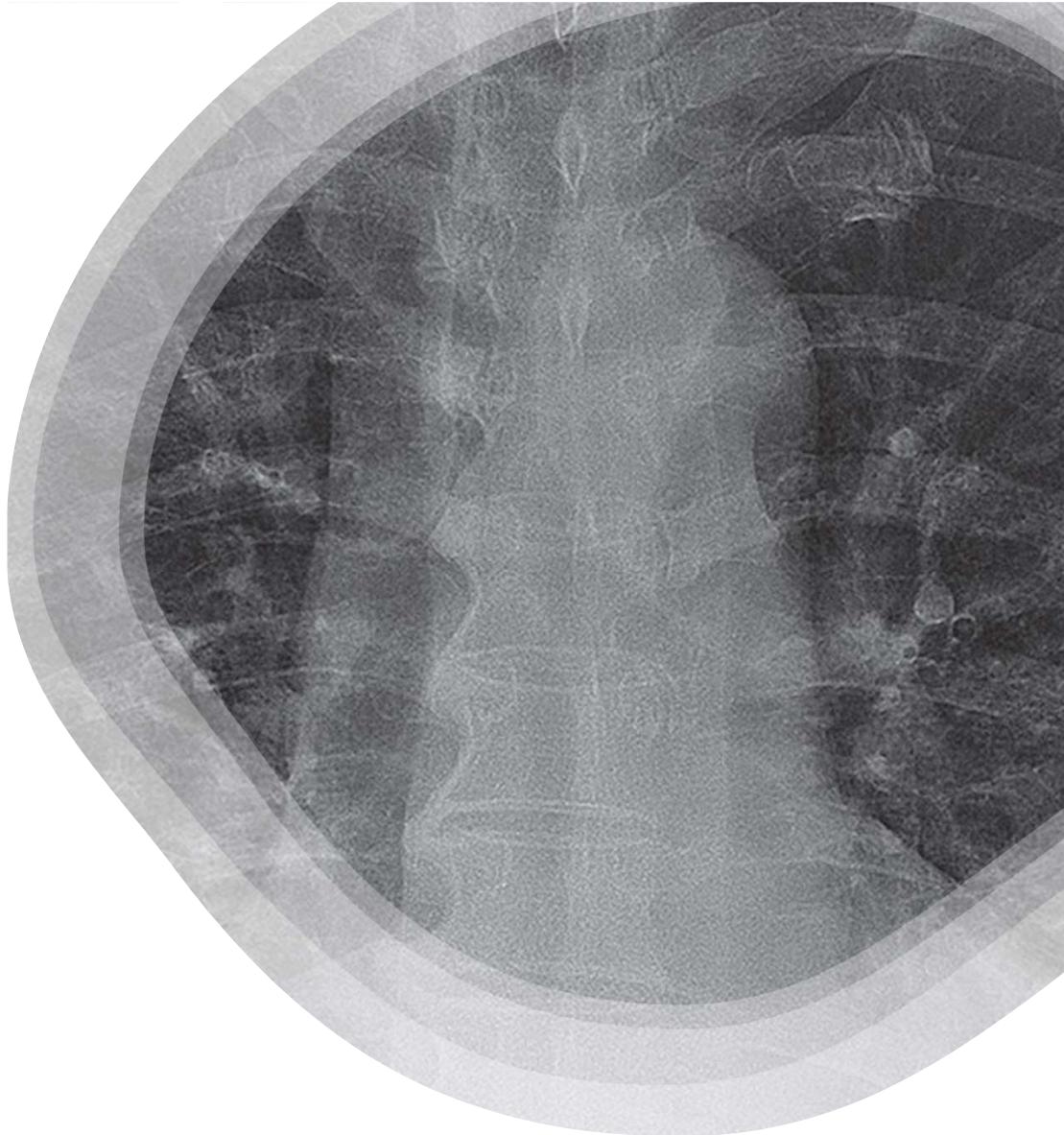
# Chest Radiographs in COVID-19 management

- Evaluating severity of illness
  - used for prioritization of patients
  - prescriptions
- Monitoring
  - post COVID-19 chronic lung abnormalities



# Machine Learning as an early warning tool for covid-19 pneumonia

- Diagnosing COVID-19 Pneumonia is difficult:  
Average sensitivity of 80.4% amongst radiologists
- Evaluation Metrics: F1 Score
- Baseline Accuracy: 53%



# Dataset

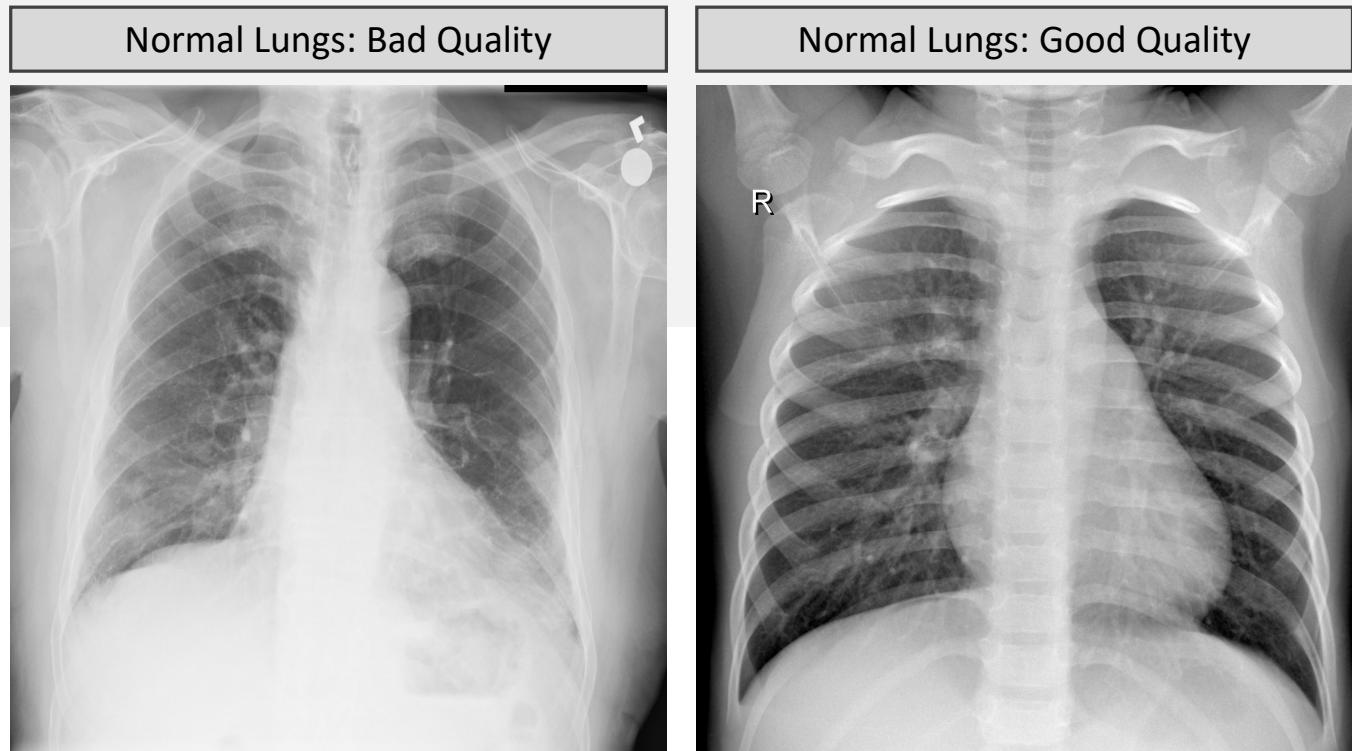
- Format: JPEG, PNG, JPG
- Size: 5 GB
- Dimensions: Varying sizes (1148 x 908 , 2144x 2129, 1845 x 1761, etc)
- Classes:
  - COVID: 363 Images, 6.5%
  - NOFINDING: 1,408 Images, 25.6%
  - THORAXDISEASE: 3,763 Images, 67.9%





## BENCHMARK: X-RAYS (RIPE)

- Rotation
- Inspiration
- Projection
- Exposure



Spine is relatively centred in the picture, inspiration effort is poor resulting in an enlarged cardiac shadow, poor visibility of the vertebrae

Spine is relatively centred in the picture, inspiration is deep showing a clear view of the mediastinum, exposure is clear

normal



normal



normal



normal



normal



normal



## Image transformation

**50% of the trained image is flipped horizontally**

- Increase variability

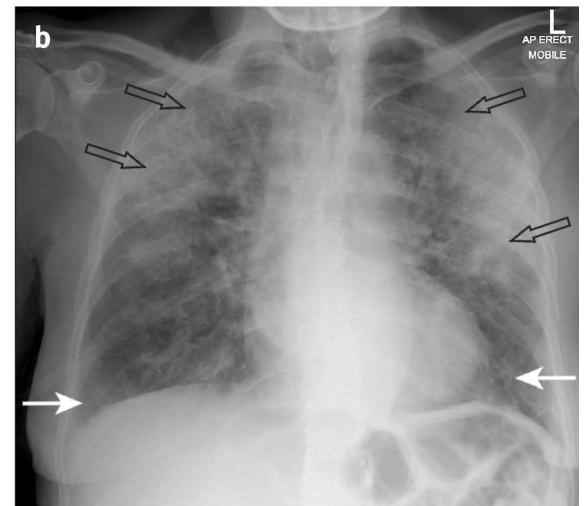
## CLASS CHARACTERISTICS

### NO FINDING

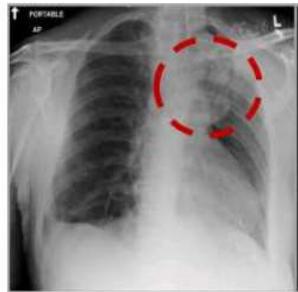


- Central mediastinum and heart appear normal
- Lungs predominantly contain air
- Lung markings are present representing blood vessels

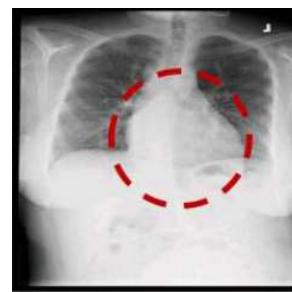
### COVID-19 Pneumonia



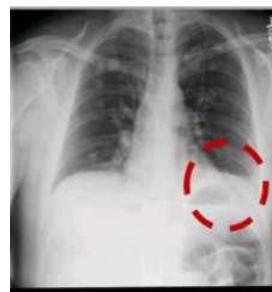
- Ground glass opacity
- Consolidation
- Findings are predominantly in the middle lower zone



**Atelectasis**  
Partial lung collapse



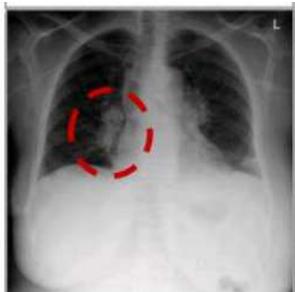
**Cardiomegaly**  
Heart enlargement



**Effusion**  
Water between the lung  
and the sac



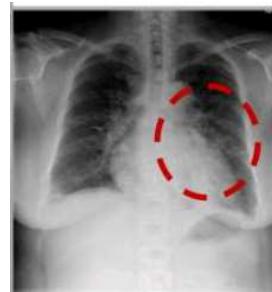
**Infiltration**  
Water inside the lungs



**Mass**  
Cancer/Tumour  
Bigger than nodule



**Nodule**  
Cancer/Tumour



**Pneumonia**  
Water in lungs due  
to pathogen



**Pneumothorax**  
total lung collapse

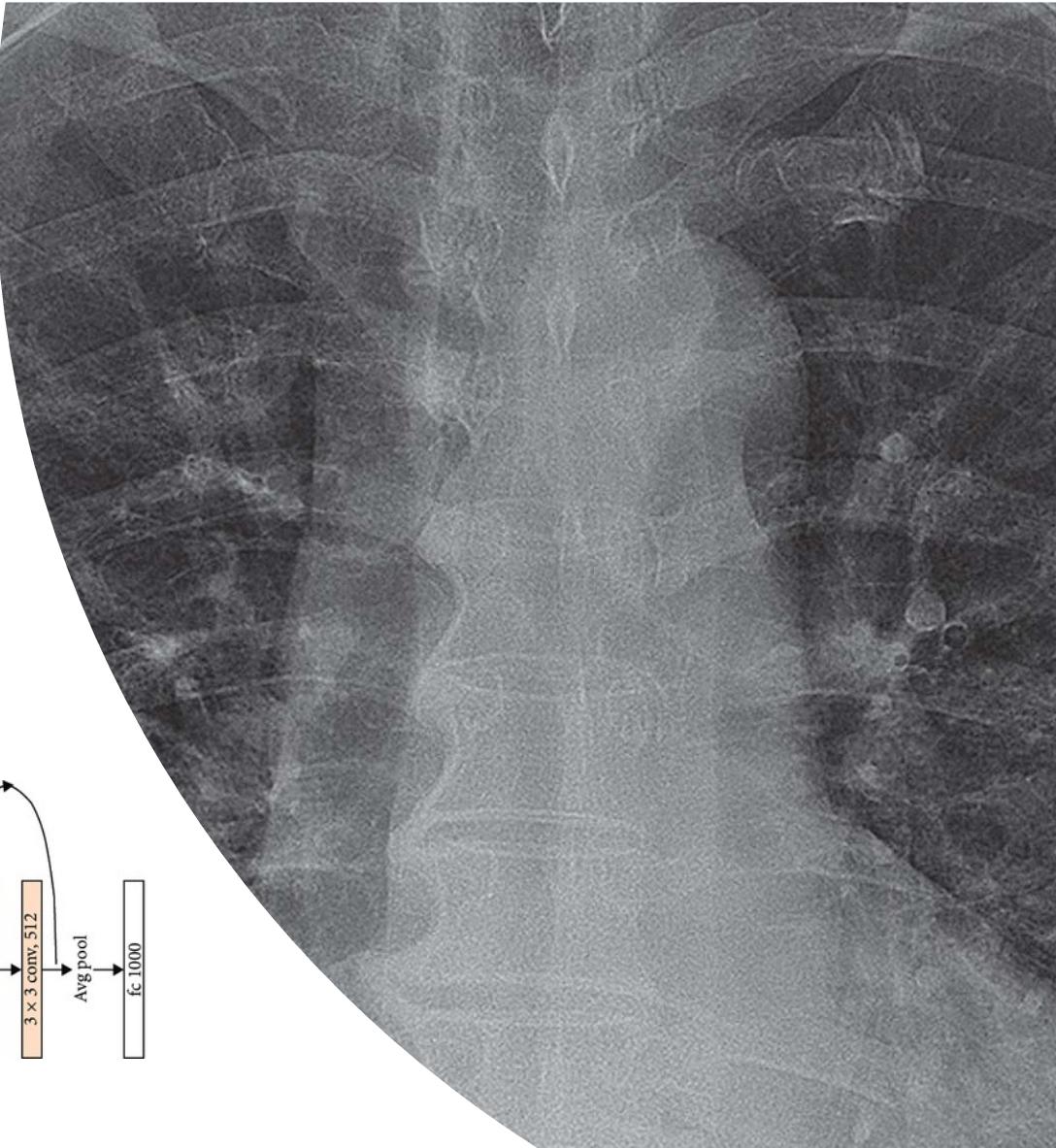
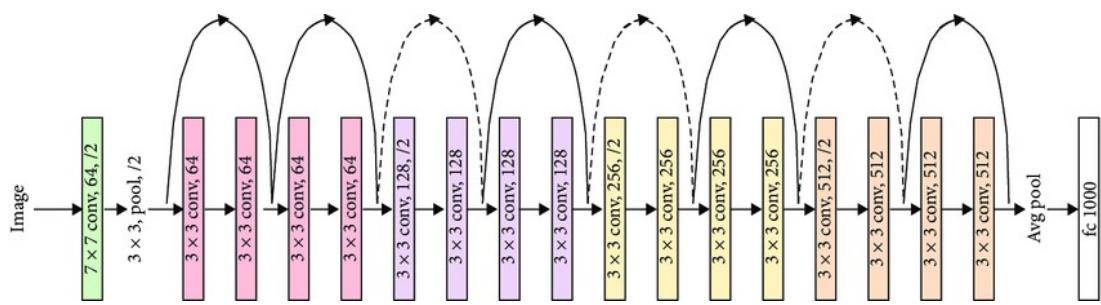


## Class Characteristics: Thorax Disease

Eight common thoracic  
diseases observed in our  
dataset

# RESNET18 Model

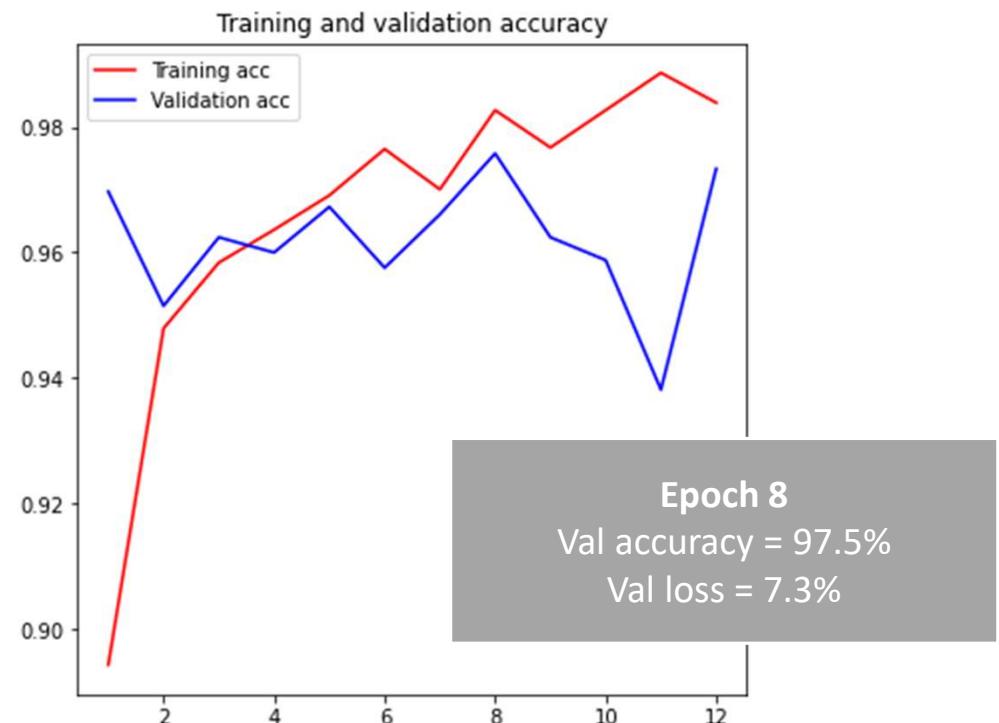
- Dataset: Image net (1million images) → Custom Data
- Input Size: 224 x 224 ← various sizes
- Normalization: normalized ← none
- Classes: 1000 Classes → 3 Classes
- Layers: 18





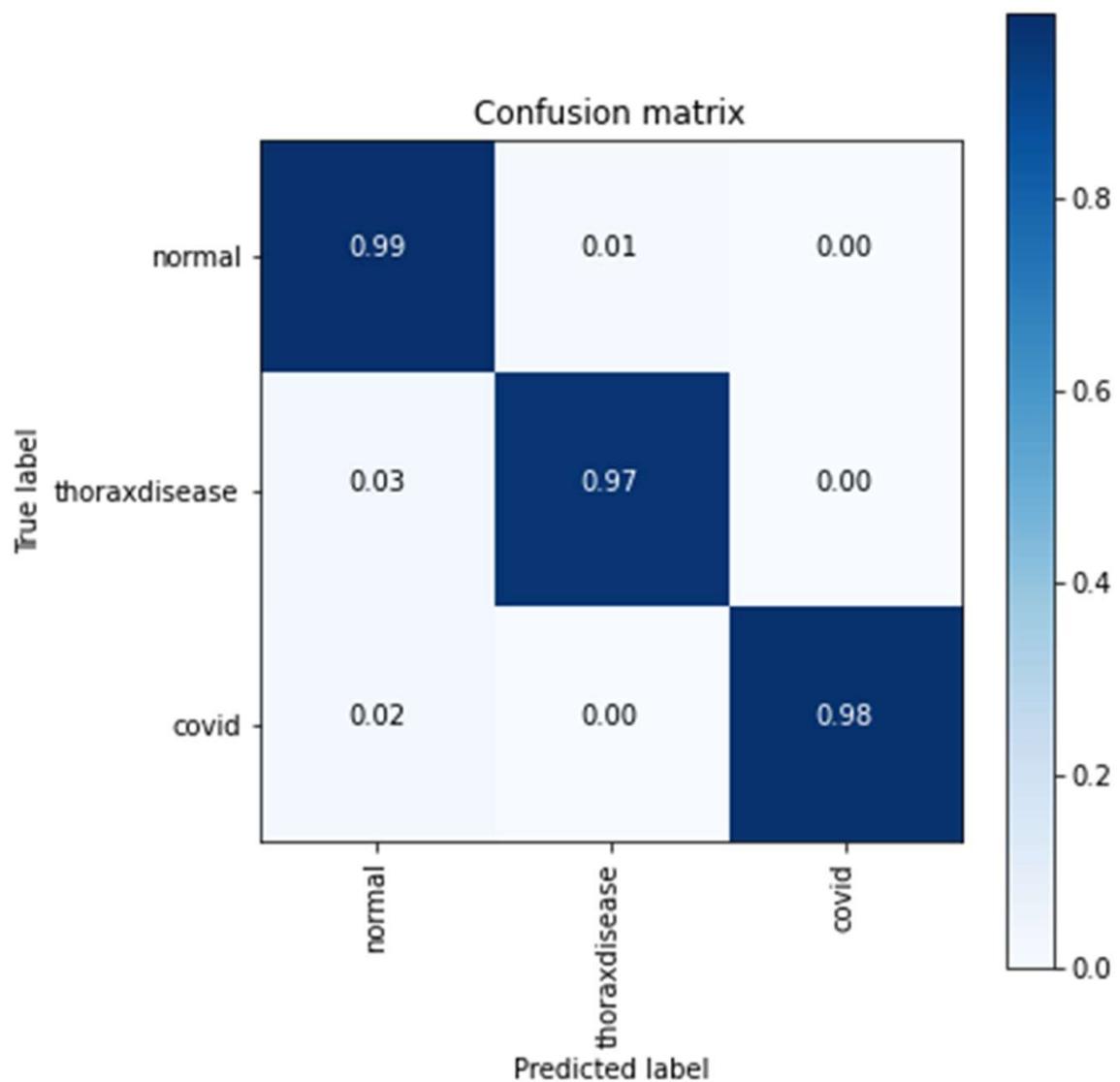
## Final Model

- Frozen layers
- Initial LR =  $3e-4$
- Reduce LR on Plateau by a factor of 0.1 with patience 3
- Training time: 201.908 minutes  
(Paid Google Collab)



# Evaluation

- **Accuracy**  
Normal: 99%  
Thorax Disease: 97%  
Covid: 98%
- **COVID-19 Sensitivity: 0.98%**
- **Industry Sensitivity: 84%**
- **Best Kaggle Score:**
- Test F1 : 97%
- Kaggle F1: 90.4%

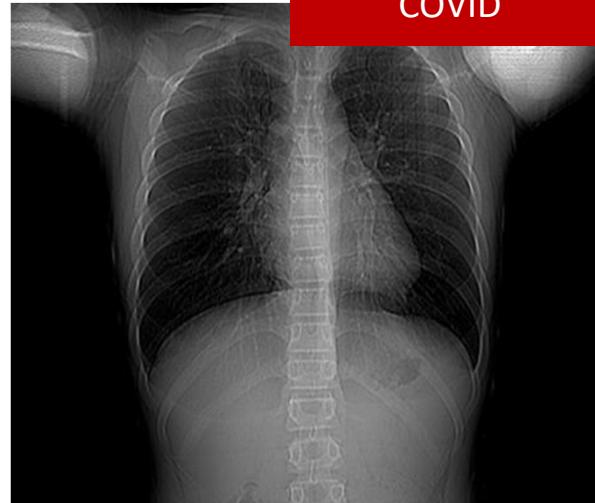


# Misclassification Analysis

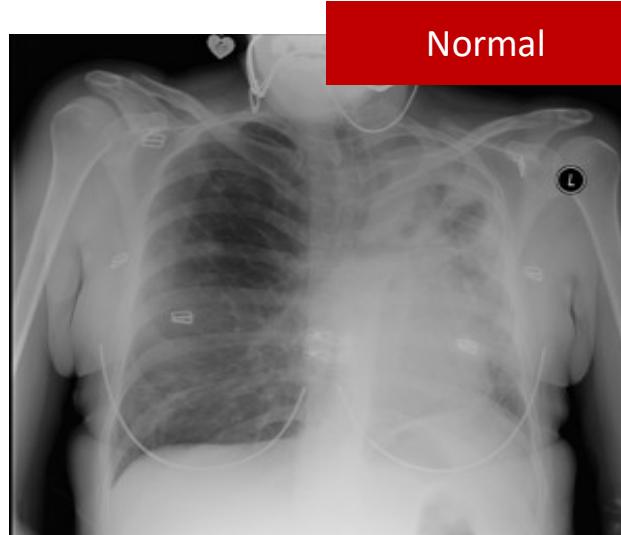
1. Generalize high contrast images → Normal
2. Poorly taken X-Rays  
bad inspiration, bad exposure → Thorax/Covid
3. Actual misclassifications of image
4. Very subtle findings



# Examples of misclassifications



COVID



Normal



Thorax Disease

<b>normal</b>	<b>51.8%</b>
<b>thorax</b>	<b>42.7%</b>
<b>covid</b>	<b>5.5%</b>

Doctor review: Normal  
**Actual misclassification?**

<b>normal</b>	<b>0.4%</b>
<b>thorax</b>	<b>97.7%</b>
<b>covid</b>	<b>0.02%</b>

Doctor review: Abnormal  
**Actual misclassification?**

<b>normal</b>	<b>16.3%</b>
<b>thorax</b>	<b>31.5%</b>
<b>covid</b>	<b>52.2%</b>

Doctor review: Poor quality, not RIPE

# Conclusion

- The model can better detect COVID-19 than the average radiologist
- It cannot tell bad X-Ray from abnormalities like a radiologist can

# & Future Works

- Expose model to more classes of lung abnormalities
- Create a model to determine good quality vs bad quality CXR

Thank you

