



Efficient Respiratory Disease Diagnosis Using Multi-Layered Audio Processing

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Problem Statement

- The continued rise of COVID-19 has exacerbated the impacts of respiratory diseases amongst older adults, developing children, and areas lacking proper healthcare infrastructure.
- Current methods of lung auscultation are primarily conducted with stethoscopes, and rely heavily upon physician arbitration, leaving the possibility for errors produced by stethoscope placement and audio clarity.
- The proposed methods utilize a novel spectrogram layering technique that is easy to process using lightweight algorithms designed for mobile use.

Brief Literature Review

- Wanasinghe et al. [1] uses a similar spectrographic layering technique, but excludes a COVID-19 class. Additionally, there is no colormapping applied to the final processed image and does not use gamma filter data.
- Patented device design by Samay Inc [2] implements a machine learning algorithm into a non-invasive wearable device, but is primarily tuned to detect COPD.

Datasets used

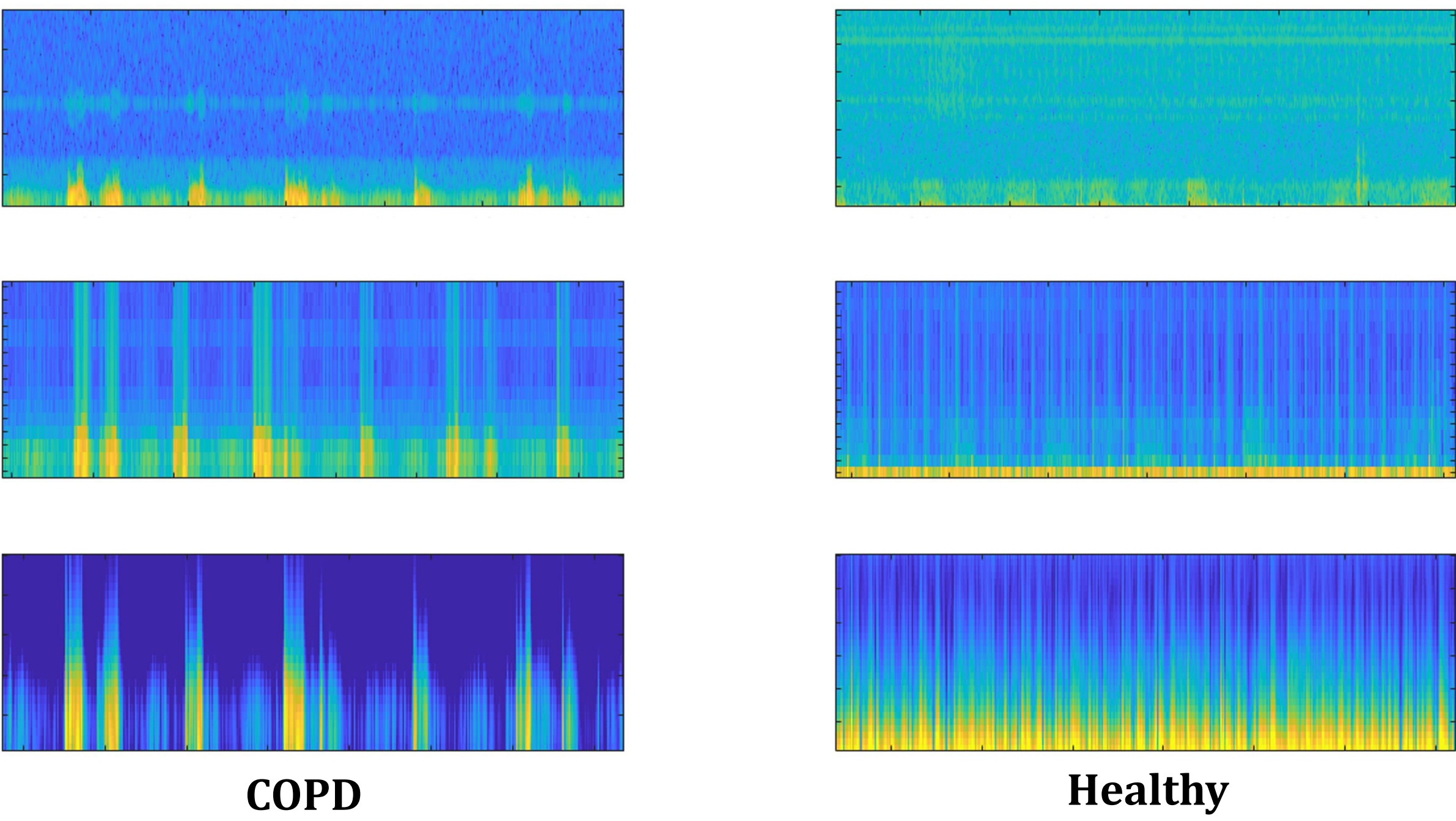
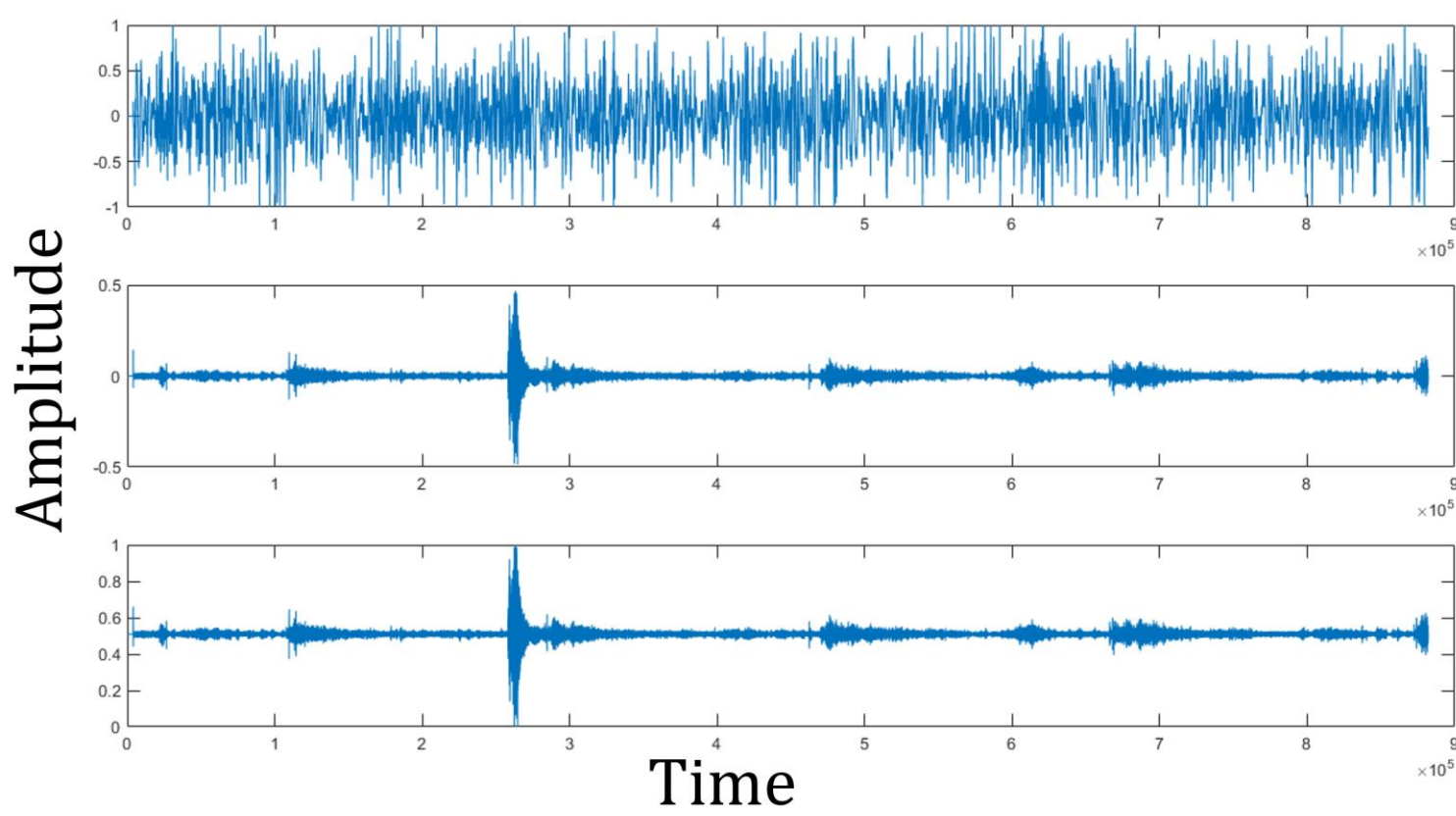
TEST/TRAINING DISTRIBUTION ACROSS ALL DISEASE CLASSES.

Category	Total Samples	Test/Train Split (80/20)
COPD	905	724/181
Pneumonia	435	348/87
COVID-19	655	524/131
Healthy	970	776/194

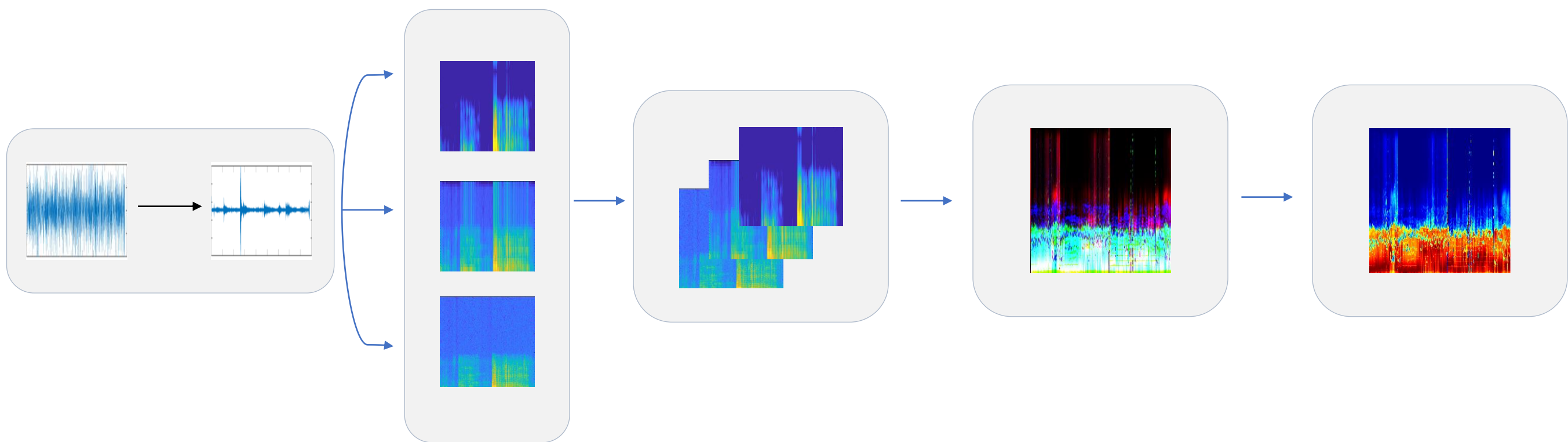
- The ICBHI database has over five hours of audio recordings from patients. Each audio file has about 20 seconds of recorded material from a range of electronic stethoscopes, with varying amounts of noise.
- The database created by Fraiwan et. al was used to augment the pneumonia class in this study. Recordings ranged from 5-30 seconds, and were recorded using a 3M™Littmann® Electronic Stethoscope 3200.
- The open Coswara dataset was integral to making a novel contribution, since data includes user-submitted recordings using devices that range from stethoscopes to cellphone microphones. This is the only database that includes COVID-19 data.
- For this project, only the breathing data pertaining to pneumonia, healthy, COPD, and COVID-19 to target diseases that have been at a risk of misdiagnosis since the introduction of COVID-19 [3][4].

Methods

- All audio was downsampled to 6000Hz
- A 6th order Butterworth bandpass filter with a low frequency cutoff of 50Hz and high cutoff of 2500Hz was applied.
- The mel-spectrogram, gammatonegram, and spectrogram were used for visualizing and extracting the audio features associated with each class.
- The novel combination of the mel-spectrogram and gammatonegram data reflects the features on a scale more relevant to human auditory perception.



- Each spectral representation of the normalized audio was layered into a 3-channel RGB image, then an additional colormap was applied to further develop extracted features.



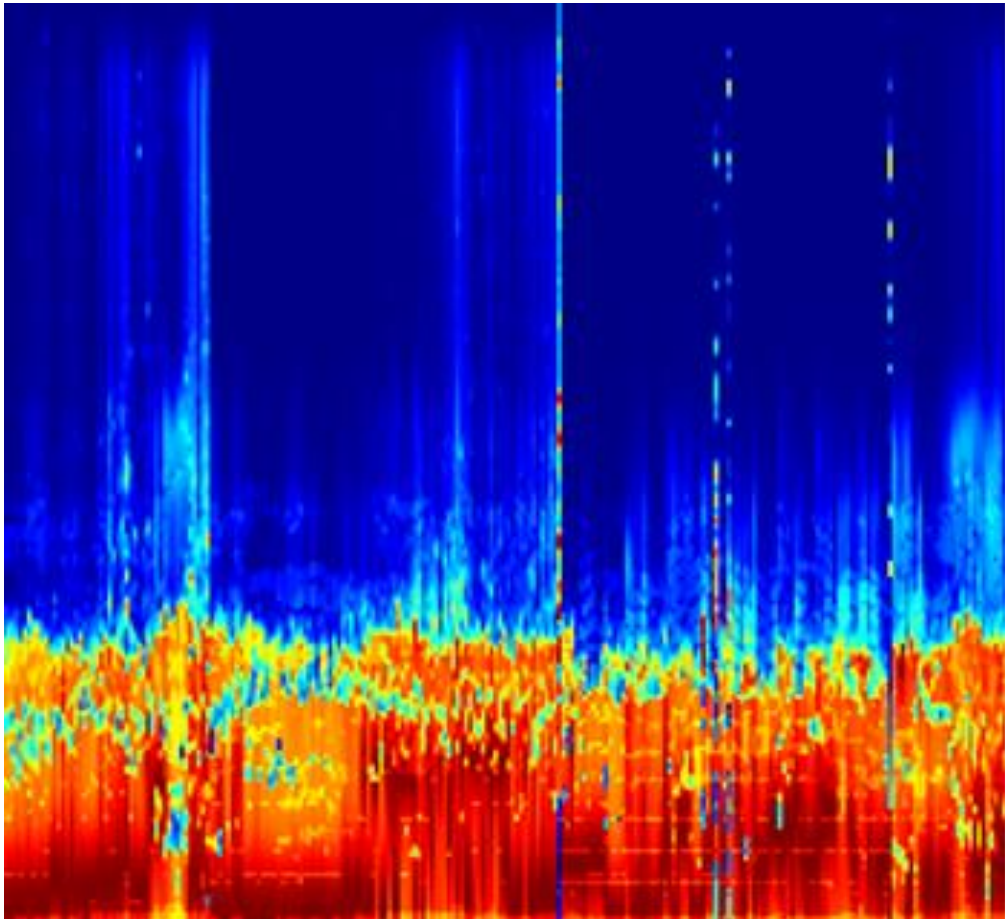
References (brief)

1. T. Wanasinghe, S. Bandara, S. Madusanka, D. Meedeniya, M. Bandara and I. D. L. T. Díez, "Lung Sound Classification With Multi-Feature Integration Utilizing Lightweight CNN Model," in IEEE Access, vol. 12, pp. 21262-21276, 2024, doi: 10.1109/ACCESS.2024.3361943.
2. Artunduaga, M. A. (2023, May 16). Artunduaga, M. (2023, May 16). Systems, devices, and methods for performing active auscultation and detecting sonic energy measurements.
3. Hadavand, F., Shoaee, S. D., \& Kharazmi, A. B. (2023). Misdiagnosed Pneumocystis Pneumonia as COVID-19: A Case Report. Tanaffos, 22(2), 272-275.
4. ELENA AVALOS PEREZ-URRIA, María Rodrigo-García, Adrián Peláez, Laura Castellanos López, Alberto Martínez De Lara, Elena García Castillo, Tamara Alonso Pérez, Celeste Marcos, Rosa María Girón Moreno, Claudia Valenzuela, Julio Ancochea, Joan B Soriano European Respiratory Journal Sep 2023, 62 (suppl 67) PA2400; DOI: 10.1183/13993003.congress-2023.PA2400

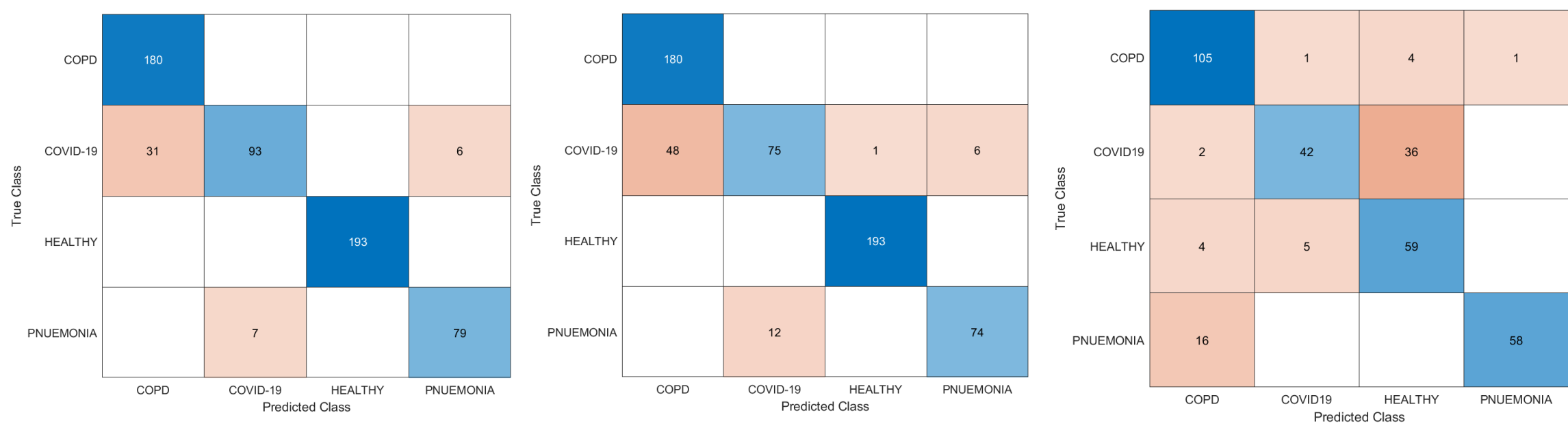
Acknowledgements

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Results, Analysis and Discussion



- The resulting images were input through ResNet50, MobileNetV3, and Squeezenet, prioritizing lightweight CNN architectures designed for mobile implementation.
- Training lasted for ten epochs to reduce overfitting and training time.



- MobileNet had the strongest performance, followed by ResNet and Squeezenet; training time was under ten minutes total for all.

TABLE II
ACCURACY, F1-SCORE, AND PRECISION METRICS ACROSS CLASSES.

	Accuracy	F1-score	Precision
MobileNetv3	0.925	0.891	0.853
ResNet50	0.886	0.843	0.789
Squeezenet	0.792	0.753	0.827

- Generally, the processed audio dataset performed well with lightweight CNN models, achieving high accuracy with minimal training epochs.
- Desirable traits of this training pipeline also include low storage space (each trained CNN model is under 150MB, full image dataset is under 50MB).

Conclusions

- Efficiency points towards potential integration into low-cost, resource-efficient point-of-care diagnostic devices not yet seen on the market.
- The training of the CNN does not require the presence of the original audio file for training, cutting down the size of the training set from multiple gigabytes to potentially a few hundred kilobytes.
- Novel inclusion of the mel-spectrogram and gammatonegram provides a better frequency representation that reflects human auditory perception.
- Additional colormapping added to layered spectrogram representation coupled with the mel-gammatone combination increased accuracy of pre-loaded MobileNetV3 module near levels of current studies [1].