# Data-Centric Approach For Blood Vessel Segmentation

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#### Introduction

- Vasculature Common Coordinate Framework (VCCF)
- Manual label annotation is difficult!
- Current ML approaches do not generalize well (scan quality, variability in human anatomy)
- We propose a data processing pipeline that demonstrates strong generalization to unseen test data
- All visuals are original unless indicated otherwise

#### Data

- Hierarchical Phase-Contrast Tomography (HiP-CT)
- Kidney 1 50 um/voxel, densely segmented, 2278 slices
- Kidney 3 50.16 um/voxel, densely segmented, 501 slices

**Train** 

• Kidney 2 - 50 um/voxel, sparsely segmented, 2217 slices

Validation

- Kidney 5 25.14 -> 50.28 um/voxel, approx. 1000 slices
- Kidney 6 15.77 -> 63.08 um/voxel, approx. 500 slices

**Test** 

## Visualization

Kidney 3 - (1008, 9520)

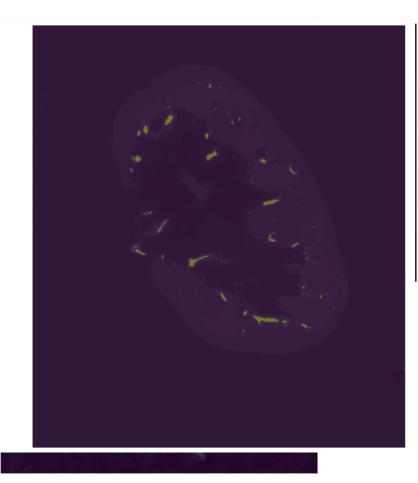
[1] Image

Label

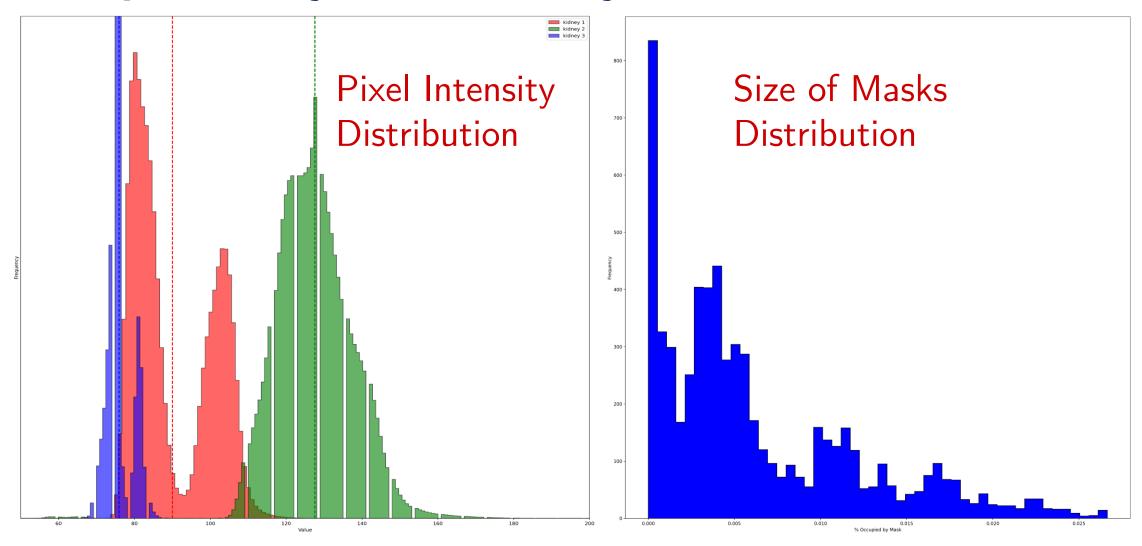
Stacked







## **Exploratory Data Analysis**



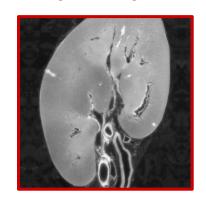
# Key Takeaways

- Many fluctuations within each kidney (background noise, intensity)
- Kidneys are of different distribution (different resolution, scanning method)
- Very imbalanced dataset, hard to detect small vessels

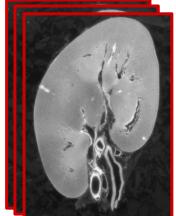
## Preprocessing



 $1024 \times 1024$ 



[1]



Concatenate images/255 to form volume

.permute(1,2,0) Select a slice



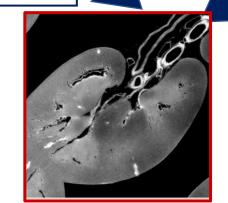


**Permute Dimensions** 



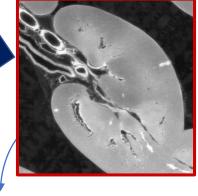
Mean: 0.3530

Std: 0.0419



Normalize with Clipping

with reflection



 $\forall x > t, x := (x - t) * c + t$ 

Augmentations

(shift, rotate,

flip, scale, add

noise, brightness)

### Architecture

Model: Unet with SE-ResNeXt 32x4d encoder

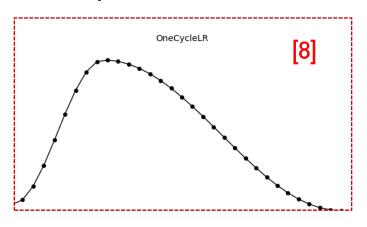
Loss: Dice Loss

Dice Loss =  $1 - \frac{2 \cdot y_{true} \cap y_{pred}}{y_{true} \cup y_{pred}} = \frac{2TP}{2TP + FN + FP}$ 

Optimizer: AdamW

• LR Scheduler: OneCycleLR with max LR = 8e-5

• Epochs: 40



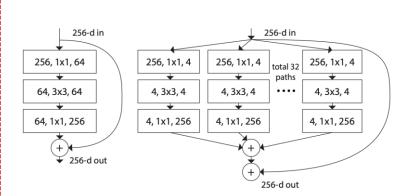
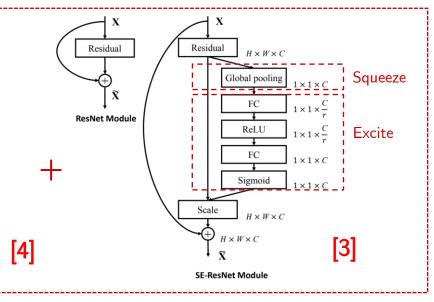


Figure 1. Left: A block of ResNet [14]. Right: A block of ResNeXt with cardinality = 32, with roughly the same complexity. A layer is shown as (# in channels, filter size, # out channels).



Architecture

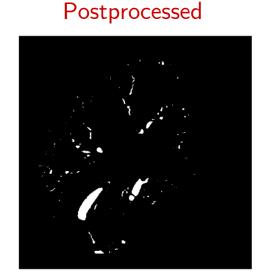
# Inference/Postprocessing

- Test Time Augmentation (4 Rot, 2 Flip)
- Algorithmically determined 3D connected components to remove disconnected vessel predictions
- Then apply 3D flood fill to fix sparse predictions

Image

Truth





#### Results

- Due to limited resources, we were not able to complete a full ablation study
- Strong augmentation and normalization were critical components in our pipeline, postprocessing provided small improvements
- After incorporating our pipeline, we got a final surface dice metric of 0.6017 on the test set

#### **Citations**

- 1. Yashvardhan Jain, et al. (2023). SenNet + HOA Hacking the Human Vasculature in 3D.
- 2. Ronneberger, O., Fischer, P., & Brox, T. (2015). U-Net: Convolutional Networks for Biomedical Image Segmentation.
- 3. Hu, J., Shen, L., Albanie, S., Sun, G., & Wu, E. (2019). Squeeze-and-Excitation Networks.
- 4. Xie, S., Girshick, R., Dollár, P., Tu, Z., & He, K. (2017). Aggregated Residual Transformations for Deep Neural Networks.
- 5. Sudre, C. H., Li, W., Vercauteren, T., Ourselin, S., & Jorge Cardoso, M. (2017). Generalised Dice Overlap as a Deep Learning Loss Function for Highly Unbalanced Segmentations
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- 7. Seung Lab, (2024). Connected Components 3D.
- 8. Monigatti, L. (2023, December 4). A visual guide to learning rate schedulers in PyTorch. Medium. https://towardsdatascience.com/a-visual-guide-to-learning-rate-schedulers-in-pytorch-24bbb262c863