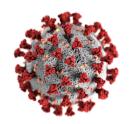


Detect COVID-19 using Chest X-rays

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Introduction



Covid-19 also known as a novel coronavirus is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Currently we are testing covid-19 using nasal swab test. Doctors also examine Chest X-rays of a severed patients.

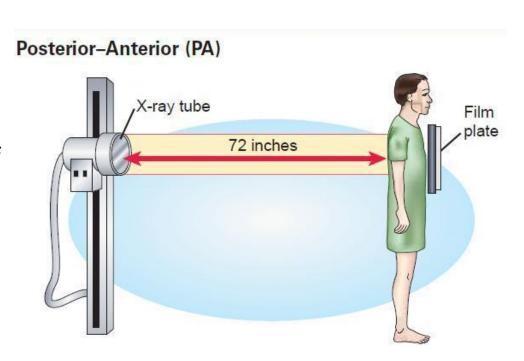


Dataset

Currently there is very less data. We gathered data from five different sources and combined them.

We have posteroanterior (**PA**) view of Chest X-rays.

We were able to collect: 470 Covid-19 Chest X-rays, 8851 Normal Chest X-rays, 6050 Pneumonia Chest X-rays, Total: 15,371 Chest X-rays



Data Augmentation and Train/Test split

Since there is little data, we augmented existing COVID-19 images to create more "fake" data

- Applied rotation (45 degrees),
- shift (by 25x25 pixels),
- horizontal and vertical flip,
- added Gaussian noise and blur

Train test split:

 Data was split into 80:20 train test split before data augmentation.





Related Work:

COVID-Net: A Tailored Deep Convolutional Neural Network Design for Detection of COVID-19 Cases from Chest X-Ray Images

Linda Wang^{1,2,3*}, Zhong Qiu Lin^{1,2,3}, and Alexander Wong^{1,2,3}

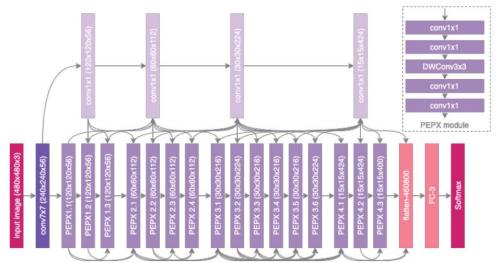


Figure 5. COVID-Net Architecture. High architectural diversity and selective long-range connectivity can be observed as it is tailored for COVID-19 case detection from CXR images. The heavy use of a projection-expansion-projection design pattern in the COVID-Net architecture can also be observed, which provides enhanced representational capacity while maintaining computational efficiency.



Our CovNet

Xavier Initialization +
Adam Optimizer +
Cross Entropy Loss Function

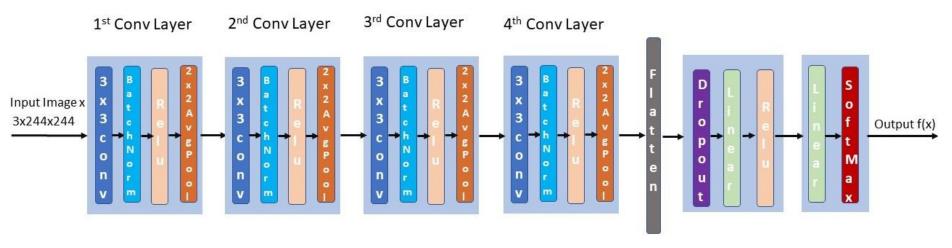
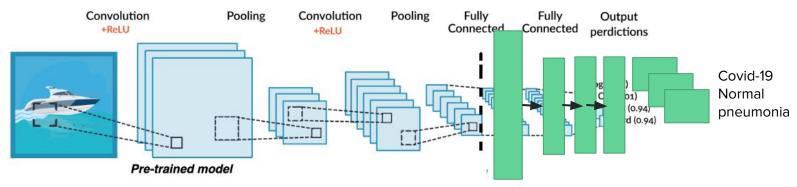


Fig: Our ConvNet

Transfer Learning: Overview

- Use pre trained model to increases performance and speed up the learning process.
- We are using off-the-shelf pre-trained models as Feature Extractor.



- We are using AlexNet, VGG-19bn models which were pre-trained on ImageNet dataset with millions of images and thousands of classes.

Result:

	COVID-19	Normal	Pneumonia	Overall
Our ConvNet	74.16%	90.78%	<mark>84.46%</mark>	87.00%
AlexNet	<mark>76.04%</mark>	92.00%	83.82%	88.00%
VGG-19-bn	43.52%	<mark>92.83%</mark>	80.73%	84.00%
ResNet-50	20.15%	86.45%	78.28%	74.00%

Fig: accuracy of all networks per class and overall.

Future Work - Where do we go from here



- Collect more data
- Custom Loss function for imbalance data i.e. Focal Loss
- Incorporate Advance DL techniques such as Meta Learning

References

Dataset:

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- https://github.com/agchung/Figure1-COVID-chestxray-dataset
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- https://pytorch.org/docs/stable/torchvision/models.html
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