



# COVID-19 I-NET: A Novel Deep Learning Based Model to Analyze COVID-19 Infection Severity using Chest X-Ray and CT Images

#### A PROJECT REPORT

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**AUGUST 2021** 

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Viva-Voice Exam	ination held on		

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**EXTERNAL EXAMINER** 

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#### **ABSTRACT**

COVID-19 pandemic is affecting numerous lives all around the world. Effective care and treatment planning for COVID-19 infected patients are mandatory. This infectious virus caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) requires primary investigation to access infection severity progression. The assessment metrics of COVID-19 infected patients involve lung involvement and opacity extent from CXR (Chest X-ray images) and CT scan. CXR (Chest x-ray images) are preferred over CT scans because of inferring a feasibly possible solution available to infected patients. We also analyzed CT scans of infected individuals to gain insights on progression. The proposed model (COVID-19 I-NET a deep convolution neural network) using U-NET and CHEST-X NET architecture resulted in image segmentation of infected areas from CXR and CT scan images respectively. A system-aided method is used for the assignment of scores to infection severity and progression on CXR. Deep learning neural architecture such as CHEST-X NET and U-NET, PSP NET are evaluated and tabulated upon CXR and CT scan images respectively. The segmentation results are promising and leading to be used as a tool for accessing image segmentation, heat map, lung area progression, and opacity of infected regions.

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# LIST OF ABBREVIATIONS

ABBREVIATION	DESCRIPTION
CXR	Chest X-ray Images
CT	Computed Tomography
PSP	Pyramid Scene Parsing Network
SMM	Semantic Segmentation Model
CNN	Convolution Neural Network
ROI	Region Of Interest
DNN	Deep Neural Network

#### 1. INTRODUCTION

#### 1.1 OVERVIEW

COVID-19 is a fast-spreading disease that is causing thousands of deaths daily, all over the world. Early diagnosis of this disease proved to be one of the most effective methods for disease control. A large number of COVID-19 patients is rendering health care systems in many countries, overwhelmed. Hence, automation of identifying and analyzing the infected lung regions would be really important. The RTPCR (Real-Time Reverse Transcription-Polymerase Chain Reaction is being followed as the standard approach for COVID-19[1-2] screening. RT-PCR can detect the viral RNA in specimens obtained by nasopharyngeal swab, oropharyngeal swab, Broncho alveolar lavage, or tracheal aspirate. However, a variety of recent studies indicate that RTPCR testing suffers from low sensitivity, approximately around 71%, whereby repeated testing is needed for accurate diagnosis. Furthermore, RT-PCR screening is time-consuming and has increasing availability limitations due to a shortage of required material. An alternative solution to RT-PCR for COVID-19 screening in medical imaging like X-ray or computed tomography (CT). Medical imaging technology has made significant progress in recent years and is now a commonly used method for diagnosis, as well as for quantification assessment of numerous diseases. The chest CT screening is a routine diagnostic tool for pneumonia around the world. Since both COVID-19 and Pneumonia are known to infect the lungs mainly, chest CT imaging [3-5] has been recommended for COVID-19 diagnosis. In addition, CT imaging is playing an important role in COVID-19 severity assessment, as well as disease monitoring. COVID-19 infected areas can be identified on CT images by ground-glass opacity (GGO) in the early infection stage and by pulmonary consolidation in the late infection stage. In comparison to the RT-PCR test, several studies showed that a CT scan is more

sensitive and effective for COVID-19 screening even without the occurrence of clinical symptoms. Even though increasing CT scan resolution and number of slices resulted in higher sensitivity and accuracy, these improvements also increased the workload. Also, annotations of medical images are often influenced by clinical experience. Automated medical image analysis could be a better solution for these challenges. The field of Image segmentation has been developing rapidly with the development of advanced deep-learning methods in Artificial Intelligence.

#### 1.2 PROBLEM DEFINITION

The aim of medical image segmentation (MIS) is the automated identification and labelling of regions of interest (ROI). The quantification of COVID-19 infection in CT images using deep learning has not been investigated. Clinically there is no automatic tool to quantify the infection volume for COVID-19 patients.

In recent studies, medical image segmentation models based on neural networks proved powerful prediction capabilities and achieved similar results as radiologists regarding performance. It would be a helpful tool to implement such an automatic segmentation for COVID-19 infected regions as clinical decision support for physicians. By automatically highlighting abnormal features and ROIs, image segmentation can aid radiologists in diagnosis, disease course monitoring, and reduction of time-consuming inspection processes, and improvement of accuracy.

#### 2. LITERATURE SURVEY

# [1] Title: COVID-19 Chest X-Ray and CT scan Image Data Collection

**Description:** COVID-19 pandemic, is it crucial to streamline diagnosis. Data is the first step to developing any diagnostic tool or treatment. While there exist large public datasets of more typical chest X-rays, there is no collection of COVID-19 chest X-rays or CT scans designed to be used for computational analysis. In this paper[1], author Joseph Paul Cohen created a public database of pneumonia cases with chest X-ray or CT images, specifically COVID19 cases as well as MERS, SARS, and ARDS. Data is collected from public sources in order not to infringe patient confidentiality. This would provide essential data to train and test a Deep Learning based system, likely using some form of transfer learning. These tools could be developed to identify COVID-19 characteristics as compared to other types of pneumonia or in order to predict survival.

# [2] Title: Chest X-Ray based Neural Network Analysis

**Description:** In this study, author Linda Wang [2] introduced COVID-Net, a deep convolutional neural network design tailored for the detection of COVID-19 cases from chest X-ray (CXR) images that is open source and available to the general public. To the best of the authors' knowledge, COVID-Net is one of the first open source network designs for COVID-19 detection from CXR images at the time of initial release. They also introduce COVIDx, an open access benchmark dataset that we generated comprising of 13,975 CXR images across 13,870 patient cases, with the largest number of publicly available COVID-19 positive cases to the best of the authors' knowledge. Furthermore, we investigate how COVID-Net makes predictions using an explain ability method in an attempt to not only gain deeper insights into critical factors associated with COVID cases, which can aid clinicians

in improved screening, but also audit COVID-Net in a responsible and transparent manner to validate that it is making decisions based on relevant information from the CXR images.

#### [3] Title: CT based Neural Network Analysis

**Description:** In this study author Hayden Gunraj [3] introduced COVIDNet-CT, a deep convolutional neural network architecture that is tailored for detection of COVID-19 cases from chest CT images via a machine-driven design exploration approach. Additionally, we introduce COVIDx-CT, a benchmark CT image dataset derived from CT imaging data collected by the China National Center for Bioinformation comprising 104,009 images across 1,489 patient cases. Furthermore, in the interest of reliability and transparency, we leverage an explainability-driven performance validation strategy to investigate the decision-making behavior of COVIDNet-CT, and in doing so ensure that COVID Net-CT makes predictions based on relevant indicators in CT images. Both COVIDNet-CT and the COVIDx-CT dataset are available to the general public in an open-source and open access manner as part of the COVID-Net initiative.

# [4] Title: Improving Performance of Neural Network Architecture and Evaluation

**Description:** In this work author, Simonyan, K [4] investigate the effect of the convolutional network depth on its accuracy in the large-scale image recognition setting. Our main contribution is a thorough evaluation of networks of increasing depth using an architecture with very small  $(3 \times 3)$  convolution filters, which shows that a significant improvement on the prior-art configurations can be achieved by pushing the depth to 16–19 weight layers. These findings were the basis of our

ImageNet Challenge 2014 submission, where our team secured the first and the second places in the localization and classification tracks respectively.

# [5] Title: Weakly Supervised Deep Learning Model for CT scan Images

Description: In this study, author Zheng, C [5] developed a deep learning-based model for automatic COVID-19 detection on chest CT is helpful to counter the outbreak of SARS-CoV-2. A weakly-supervised deep learning-based software system was developed using 3D CT volumes to detect COVID-19. For each patient, the lung region was segmented using a pre-trained U-Net; then the segmented 3D lung region was fed into a 3D deep neural network to predict the probability of COVID-19 infectious. 499 CT volumes collected from Dec. 13, 2019, to Jan. 23, 2020, were used for training and 131 CT volumes collected from Jan 24, 2020, to Feb 6, 2020, were used for testing. The deep learning algorithm obtained 0.959 ROC AUC and 0.976 PR AUC. There was an operating point with 0.907 sensitivity and 0.911 specificity in the ROC curve. When using a probability threshold of 0.5 to classify COVID-positive and COVID-negative, the algorithm obtained an accuracy of 0.901, a positive predictive value of 0.840 and a very high negative predictive value of 0.982. The algorithm took only 1.93 seconds to process a single patient's CT volume using a dedicated GPU. Our weakly-supervised deep learning model can accurately predict the COVID-19 infectious probability in chest CT volumes without the need for annotating the lesions for training. The easily-trained and high performance deep learning algorithm provides a fast way to identify COVID-19 patients, which is beneficial to control the outbreak of SARS-CoV-2.

#### 3. SYSTEM ANALYSIS

#### 3.1 EXISTING SYSTEM

Many research projects have been conducted for COVID-19 detection using deep learning techniques in image analysis of X-Ray and CT scans and they have given remarkable results. Yet, detailed segmentation of those images has been less appealing. A recent study designed a binary classifier (COVID-19, No information) and a multi classifier (COVID-19, No Information, Pneumonia) using a CNN with X-Ray images as an input, reaching an output of 0.98 for binary classes and 0.87 for a multi-class classifier for COVID19 severity detection. Another study used Xception and ResNet50V2 networks, resulting in an accuracy of 0.99 for the target class.

A detailed approach to localize abnormalities in COVID-19 Chest X-ray and CT scan using Neural Networks to aid physicians and radiologist, By automatically highlighting abnormal features and ROIs, image segmentation in diagnosis, disease course monitoring, and reduction of time-consuming inspection processes, and improvement of accuracy. Regionalizing, infected regions upon CT and CXR lung images and classification based upon severity to avail immediate response to highly prone COVID-19 affected individuals. This methodology is being researched, yet a possible solution to aid as a pre-eminent tool is a major drawback at the time of this study

#### 3.2 PROPOSED SYSTEM

The primary goal of this study is to assess the feasibility of automated severity scoring of COVID-19 using deep learning techniques. We develop and evaluate deep neural networks that can score Chest X-Rays and CT scan of patients with COVID-19.

In this work, we push towards creating an accurate and state-of-the-art MIS pipeline for COVID-19 lung infection segmentation, which is capable of being trained on small datasets consisting of CT volumes and x-ray. To avoid overfitting, we exploit extensive on-the-fly data augmentation, as well as diverse pre-processing methods. To further reduce the risk of overfitting, we implement the standard U-Net architecture, PSP and CHEST-X RAY NET. Moreover, we use 5-step cross validation for reliable performance evaluation. Implementing such a validation method would be a key component in a system that prioritizes patients by severity of infection. It would identify an infection and output its key spatial features such as location, distribution, and shape parameters.

To develop a deep learning (DL)-based system for automatic segmentation and quantification of infection regions as well as the entire lung from chest CT scans and CXR images.

#### 3.3 REQUIREMENT ANALYSIS AND SPECIFICATION

#### 3.3.1 INPUT REQUIREMENTS

The proposed system is expected to receive two different types of datasets such as CXR and CT scan Images.

#### **CXR DATASET:**

The train dataset comprises 6,334 chest scans in DICOM format, which are de-identified to protect patient privacy. All images were labelled by a panel of experienced radiologists for the presence of opacities as well as overall appearance. The hidden test dataset is of roughly the same scale as the training dataset.

• train\_study\_level.csv - the train study-level metadata, with one row for each study, including correct labels.

- train\_image\_level.csv the train image-level metadata, with one row for each image, including both correct labels and any bounding boxes in a dictionary format. Some images in both test and train have multiple bounding boxes.
- a. train study level.csv:
- id unique study identifier
- Negative for Pneumonia 1 if the study is negative for pneumonia, 0 otherwise
- Typical Appearance 1 if the study has this appearance, 0 otherwise
- Indeterminate Appearance 1 if the study has this appearance, 0 otherwise
- Atypical Appearance 1 if the study has this appearance, 0 otherwise
- b. train image level.csv:
- id unique image identifier
- boxes bounding boxes in easily-readable dictionary format
- label the correct prediction label for the provided bounding boxes.

#### CT SCAN DATASET:

# • Medseg part:

This is a dataset of 100 axial CT images from >40 patients with COVID-19 that were converted from openly accessible JPG images.

- (i) *images\_medseg.npy* training images 100 slices 512x512 size
- (ii) *s\_medseg.npy* training masks 100 masks with 4 channels: (0 "ground glass", 1 "consolidations", 2 "lungs other", 3 "background")
- (iii) test images medseg.npy test images 10 slices 512x512 size

#### • Radiopedia part:

Segmented 9 axial volumetric CTs from Radiopaedia. This dataset includes whole volumes and includes, therefore, both positive and negative slices (373 out of the total of 829 slices have been evaluated by a radiologist as positive and segmented). These volumes are converted and normalized in a similar way as above.

- (i) images radiopedia.npy training images 829 slices 512x512 size
- (ii) masks\_radiopedia.npy training masks 829 masks with 4 channels: (0
- "ground glass", 1 "consolidations", 2 "lungs other", 3 "background")

# 3.3.2 OUTPUT REQUIREMENTS

The proposed system generates localized segmented images of CT scan and CXR images automatically highlighting abnormal features and ROIs.

#### **CXR IMAGES:**

• For each test image, we predict a bounding box and class for all findings. If we predict that there are no findings, we should create a prediction of "none 1 0 0 1 1" ("none" is the class ID for no finding, and this provides a one-pixel bounding box with a confidence of 1.0). Further, for each test study, you should make a determination within the following labels:

'Negative for Pneumonia' 'Typical Appearance' 'Indeterminate Appearance' 'Atypical Appearance'

To make a prediction of one of the above labels, create a prediction string similar to the "none" class above: e.g. atypical 1 0 0 1 1. The images in DICOM format, which means they contain additional data that might be useful for visualizing and classifying.

#### CT SCAN:

These corresponding dataset are mentioned in input requirements, generated mapped image is of 829 masks with 4 channels: (0 - "ground glass", 1 - "consolidations", 2 - "lungs other", 3 - "background") for CT can. The test images are evaluated using for CT scan- test images -10 slices 512x512 size.

## 3.3.3 FUNCTIONAL REQUIREMENTS

The system is expected to receive two different types of datasets as inputs namely, Chest X-ray NET and CT Scan Images. With the perception of datasets fed to an inference model, it is expected to derive an automated infected region analysis extent. For radiological scoring, CXR images are preferred over CT scan the assessment metrics is as follows,

The two assessment metrics used in the radiological scoring are geographic extent and opacity extent. i.e., for geographic extent, the extent of lung involvement by ground glass opacity or consolidation of each lung (with the right and left lung scored separately) is scored as 0 = no involvement; 1 = 75% involvement. The scores are then added together, and the total geographic extent score ranges from 0 to 8 (right + left lung). For opacity extent, the degree of opacity is: 0 = no opacity; 1 = ground-glass opacity; 2 = mix of consolidation and ground-glass opacity (less than 50% consolidation); 3 = mix of consolidation and ground-glass opacity (more than 50% consolidation); 4 = complete white-out. The scores are similarly added together, and the total opacity extent score ranges from 0 to 8 (right + left lung). The average scores are then calculated by the radiologists and it is used in the training of deep neural networks.

The inter-reader agreement assessed by intra-class correlation coefficient was 0.92 (95% CI: 0.91- 0.93) for the geographic extent scores, and 0.87 (95% CI: 0.85- 0.89) for the opacity extent scores. After radiological scoring, all CXR image data used in this study, underwent data processing to facilitate faster and efficient training. To avoid the deep neural networks from learning irrelevant visual cues while making severity scoring predictions, the top 8% of the CXR data were cropped to remove boundary artefacts and embedded metadata, that contain patients information. Moreover, all CXR image data were resized to the same dimensions to enable the training of the deep neural networks in this study. In the end, the geographic extent scores (with a dynamic range of 0 to 8) and opacity extent scores (with a dynamic range of 0 to 8) were re-mapped to a unified dynamic range from 0 to 1.

# 3.4 TECHNOLOGY STACK

The major tools that have been used in our project are:

- DOCKER DESKTOP
- JUPYTER NOTEBOOK
- PYCHARM
- KAGGLE
- NUMPY
- TENSORFLOW
- KERAS

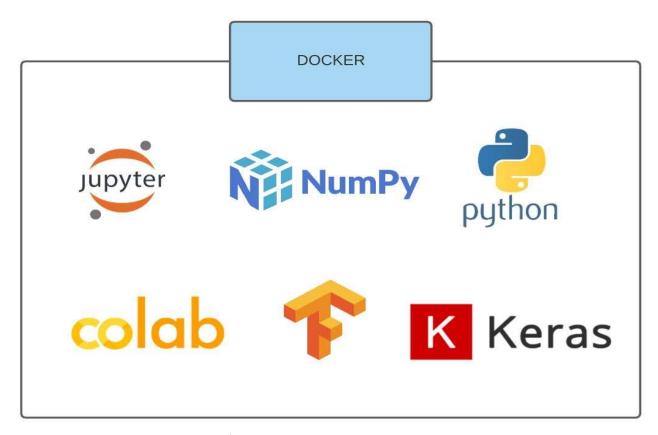


Figure 1 - TECHNOLOGY STACK

Docker Desktop is an easy to install application for your mac or windows environment that enables you to build and share containerized application and micro-services.

Jupyter is a free, open-source, interactive web tool known as a computational notebook, which researchers can use to combine software code, computational output, explanatory text and multimedia resources in a single document.

Kaggle allow user to find and publish data sets, explore and build models in a web-based data-science environment.

NumPy is the fundamental package for scientific computing 'in python. it is python library that provides a multidimensional array object, various derived objects.

TensorFlow is an open source artificial intelligence library, using data flow graphs to build models.it allows developers to create large-scale neural networks with many layers.

Keras allows users to productive deep models on smartphone (IOS and Android) on the web, or on the Java Virtual Machine.

## 4. SYSTEM ARCHITECTURE

## 4.1 METHODOLOGICAL OVERVIEW

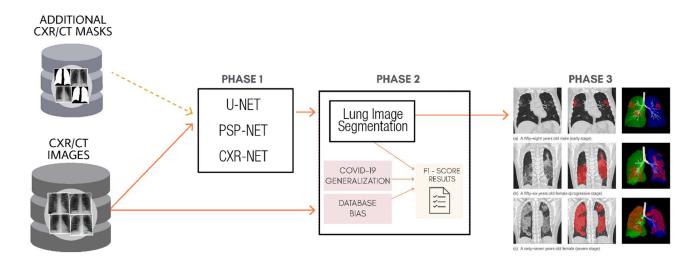


Figure 2 – METHODOLOGICAL OVERVIEW

# **4.2 ARCHITECTURAL OVERVIEW**

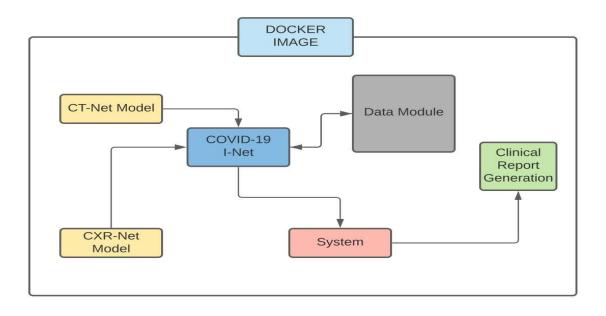


Figure 3 – ARCHITECTURE OVERVIEW

# **4.3 UML DIAGRAM**

# 4.3.1 ACTIVITY DIAGRAM

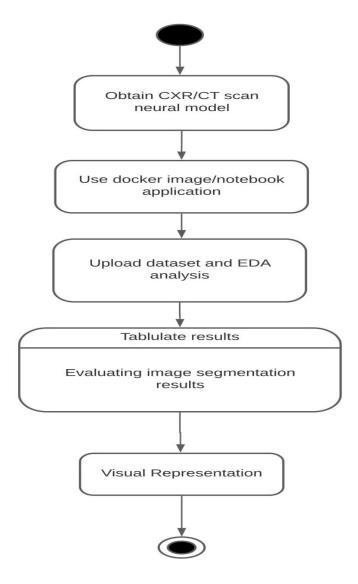


Figure 4 - ACTIVITY DIAGRAM

# **4.3.2 USE CASE DIAGRAM**

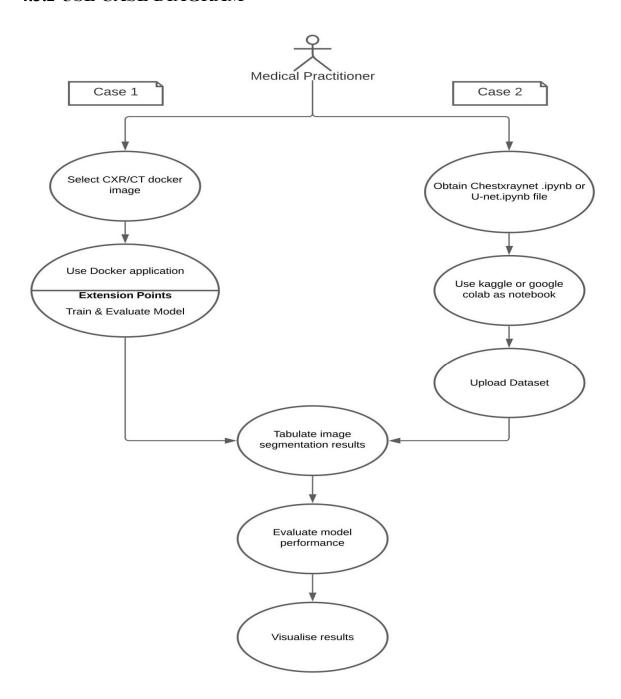


Figure 5 – USE CASE DIAGRAM

# 4.3.3 SEQUENCE DIAGRAM

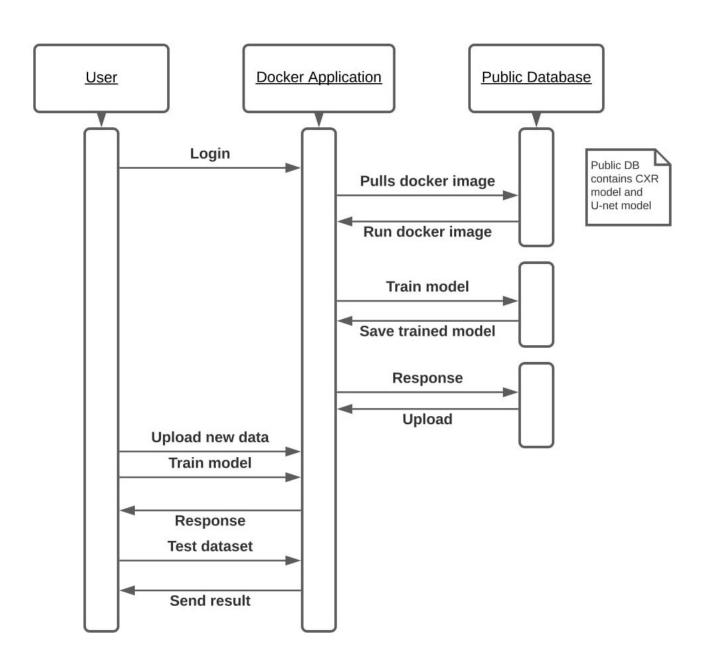


Figure 6 – SEQUENCE DIAGRAM

#### 5. SYSTEM MODULE DESIGN SPECIFICATION

#### 5.1 CHEST-XRAY NET MODEL

The Chest x-ray Net algorithm that can detect pneumonia from chest X-rays at a level exceeding practicing radiologists. Our algorithm, CheXNet, is a 121-layer convolutional neural network trained on ChestX-ray14, currently the largest publicly available chest Xray dataset, containing over 100,000 frontal view X-ray images with 14 diseases. Four practicing academic radiologists annotate a test set, on which we compare the performance of CheXNet to that of radiologists. We find that CheXNet exceeds average radiologist performance on the F1 metric. We extend CheXNet to detect all 14 diseases in ChestX-ray14 and achieve state of the art results on all 14 diseases.

#### **5.2** U-NET BASED IMAGE SEGEMENTATION MODEL

The U-Net CNN architecture is a fully convolutional network (FCN) that has two main components: a contraction path, also called an encoder, which captures the image information; and the expansion path, also called decoder, which uses the encoded information to create the segmentation output. We used the U-Net CNN architecture with some small changes: we included dropout and batch normalization layers in each contracting and expanding block. These additions aim to improve training time and reduce overfitting. Figure 4 presents our adapted U-Net architecture. The two main parts of the network's architecture are contractive and expansive. The contracting path consists of several patches of convolutions with filters of size  $3 \times 3$  and unity strides in both directions, followed by ReLU layers. The first path extracts the key features of the input and gives a feature vector of a specific length. The second path pulls information from the contractive path through copying and cropping mechanism, and from the feature vector using up

convolutions, and by successive implementation, it generates an output segmentation map. The linking of the first and the second paths together allows the network to attain highly accurate information from the contractive path, thus generating the segmentation mask as close as possible to the intended output.

U-Net outperformed with higher efficiency which results are discussed as follows. Overall U-Net segmentation performance for the test set for each source we used to compose the lung segmentation database considering the Jaccard distance and the Dice coefficient metrics. As we expected, our manually created masks underperformed when compared to the other sources' results, this may have happened because our masks were not made by professional radiologists.

#### **5.3 PYRAMID SCENE PARSING MODEL**

In a deep neural network, the size of the receptive field roughly shows how much we use information context. Although the theoretical receptive field of ResNet is already larger than the input image, the empirical receptive field of CNN is much smaller than the latter, especially on higher level layers. Due to this, many networks do not sufficiently incorporate the momentous global scenery prior. To solve this issue, we propose an effective global level prior representation. Global level average pooling is an efficient baseline model as the global contextual prior, which is generally used in image classification tasks. It was successfully applied to semantic segmentation. But regarding the complex scene images in ADE20K, this strategy will not be enough to cover the necessary information. Pixels in a scene should be annotated on many things and objects. The direct fusion of them, to form a single vector may result in losing the spatial relation and cause ambiguity. Global context along with sub-level region context helps distinguish among various categories. Thus, a more powerful representation could be fused with information from different sub-regions with these receptive fields. A similar result was drawn in the classical

work of scene/image classification.

#### **5.4 SEGNET MODEL**

SegNet is a Deep Neural Network designed for semantic segmentation. It consists of an encoder and a decoder network. The task requires the network to converge using highly imbalanced datasets since large areas of road images consist of classes such as road, sidewalk, and sky. We demonstrated numerically how the dataset used in this work exhibit disparity in class representation, from the dataset section. Due to this consequence, SegNet was our first choice.

To perform lung segmentation, we applied a CNN approach using the U-Net architecture. The U-Net input is the CXR image, and the output is a binary mask that indicates the region of interest (ROI). Thus, the training requires a previously set of binary masks. The COVID-19 dataset used does not have manually created binary masks for all images. Thus, we adopted a semiautomated approach to creating binary masks for all CXR images. First, we used three additional CXR datasets with binary masks to increase the training sample size and some binary masks provided by v7labs2. We then trained the U-Net model and used it to predict the binary masks for all images in our dataset. After that, we reviewed all predicted binary masks and manually created masks for those CXR images that the model was unable to generalize well. We repeated this process until we judged the result satisfactory and achieved a good intersection between target and obtained regions.

#### 6. SYSTEM DESIGN

#### **6.1 EDA ANALYSIS**

```
import numpy as np
import pandas as pd
from tqdm import tqdm
import glob
import os
import matplotlib.pyplot as plt
import matplotlib.pylab as pylab
import seaborn as sns
import pprint
import pydicom as dicom
from pydicom.pixel data handlers.util import apply voi lut
import albumentations as A
import cv2
import wandb
from PIL import Image
from colorama import Fore, Back, Style
# colored output
y_ = Fore.YELLOW
r_= Fore.RED
g_ = Fore.GREEN
b_ = Fore.BLUE
m_ = Fore.MAGENTA
sns.set(font="Serif",style ="white")
from kaggle secrets import UserSecretsClient
user_secrets = UserSecretsClient()
api_key = user_secrets.get_secret("api_key")
os.environ["WANDB SILENT"] = "true"
CONFIG = {'competition': 'siim-fisabio-rsna', '_wandb_kernel': 'ruch'}
! wandb login $api_key
train_image_level = pd.read_csv("../input/siim-covid19-detection/train_image_leve
1.csv")
train study level = pd.read csv("../input/siim-covid19-detection/train study leve
1.csv")
train_image_level.head()
train_study_level.head()
train_directory = "../input/siim-covid19-detection/train/"
test_directory = "../input/siim-covid19-detection/test/"
train_study_level['StudyInstanceUID'] = train_study_level['id'].apply(lambda x: x
.replace('_study', ''))
del train_study_level['id']
```

```
train df = train image level.merge(train study level, on='StudyInstanceUID')
train df.head()
training_paths = []
for sid in tqdm(train df['StudyInstanceUID']):
    training paths.append(glob.glob(os.path.join(train directory, sid +"/*/*"))[0
])
train_df['path'] = training_paths
train_df.head()
params = {'legend.fontsize': 'x-large',
          'figure.figsize': (20, 32),
         'axes.labelsize': 'x-large',
         'axes.titlesize':'x-large',
         'xtick.labelsize':'x-large'
         'ytick.labelsize':'x-large'}
pylab.rcParams.update(params)
fig, ax = plt.subplots(4,2)
sns.kdeplot(train df["Negative for Pneumonia"], shade=True,ax=ax[0,0],color="#ffb
ax[0,0].set_title("Negative for Pneumonia Distribution",font="Serif", fontsize=20
,weight="bold")
sns.countplot(x = train_df["Negative for Pneumonia"], ax=ax[0,1],color="#ffb4a2")
ax[0,1].set_title("Negative for Pneumonia Distribution",font="Serif", fontsize=20
,weight="bold")
sns.kdeplot(train df["Typical Appearance"], shade=True,ax=ax[1,0],color="#e5989b"
ax[1,0].set title("Typical Appearance Distribution",font="Serif", fontsize=20,wei
ght="bold")
sns.countplot(x = train_df["Typical Appearance"], ax=ax[1,1],color="#e5989b")
ax[1,1].set_title("Typical Appearance Distribution",font="Serif", fontsize=20,wei
ght="bold")
sns.kdeplot(train df["Indeterminate Appearance"], shade=True,ax=ax[2,0],color="#b
5838d")
ax[2,0].set title("Indeterminate Appearance Distribution", font="Serif", fontsize=
20,weight="bold")
sns.countplot(x = train_df["Indeterminate Appearance"], ax=ax[2,1],color="#b5838d
")
ax[2,1].set_title("Indeterminate Appearance Distribution",font="Serif", fontsize=
20,weight="bold")
sns.kdeplot(train_df["Atypical Appearance"], shade=True,ax=ax[3,0],color="#6d6875
ax[3,0].set title("Atypical Appearance Distribution", font="Serif", fontsize=20, we
ight="bold")
sns.countplot(x = train_df["Atypical Appearance"], ax=ax[3,1],color="#6d6875")
ax[3,1].set title("Atypical Appearance Distribution", font="Serif", fontsize=20, we
ight="bold")
```

```
fig.subplots adjust(wspace=0.2, hspace=0.4, top=0.93)
plt.show()
def plot_wb_bar(df,col1,col2):
    run = wandb.init(project='siim', job_type='image-visualization',name=col1,con
fig = CONFIG)
    dt = [[label, val] for (label, val) in zip(df[col1], df[col2])]
    table = wandb.Table(data=dt, columns = [col1,col2])
    wandb.log({col1 : wandb.plot.bar(table, col1,col2,title=col1)})
    run.finish()
#===== Function to create a dataframe of value counts =====
def count_values(df,col):
    df = pd.DataFrame(df[col].value_counts().reset_index().values,columns=[col, "
counts"])
    return df
plot_wb_bar(count_values(train_df,"Negative for Pneumonia"),"Negative for Pneumon
ia", 'counts')
plot_wb_bar(count_values(train_df, "Typical Appearance"), "Typical Appearance", 'co
unts')
plot_wb_bar(count_values(train_df,"Indeterminate Appearance"),"Indeterminate Appe
arance", 'counts')
plot_wb_bar(count_values(train_df,"Atypical Appearance"),"Atypical Appearance", '
counts')
voi lut=True
fix monochrome=True
def dicom_dataset_to_dict(filename,func):
    """Credit: https://github.com/pydicom/pydicom/issues/319
               https://www.kaggle.com/raddar/convert-dicom-to-np-array-the-correc
t-way
    ,
,,,,,,,
    dicom_header = dicom.dcmread(filename)
    #===== DICOM FILE DATA ======
    dicom dict = {}
    repr(dicom header)
    for dicom_value in dicom_header.values():
        if dicom_value.tag == (0x7fe0, 0x0010):
            #discard pixel data
            continue
        if type(dicom_value.value) == dicom.dataset.Dataset:
            dicom_dict[dicom_value.name] = dicom_dataset_to_dict(dicom_value.valu
e)
        else:
            v = _convert_value(dicom_value.value)
            dicom dict[dicom value.name] = v
    del dicom dict['Pixel Representation']
    if func!='metadata df':
```

```
#===== DICOM IMAGE DATA ======
        # VOI LUT (if available by DICOM device) is used to transform raw DICOM d
ata to "human-friendly" view
        if voi_lut:
            data = apply voi lut(dicom header.pixel array, dicom header)
            data = dicom header.pixel array
        # depending on this value, X-ray may look inverted - fix that:
        if fix monochrome and dicom header.PhotometricInterpretation == "MONOCHRO
ME1":
            data = np.amax(data) - data
        data = data - np.min(data)
        data = data / np.max(data)
        modified_image_data = (data * 255).astype(np.uint8)
        return dicom dict, modified image data
    else:
return dicom_dict
def _sanitise_unicode(s):
    return s.replace(u"\u0000", "").strip()
def _convert_value(v):
    t = type(v)
    if t in (list, int, float):
        cv = v
    elif t == str:
       cv = _sanitise_unicode(v)
    elif t == bytes:
        s = v.decode('ascii', 'replace')
       cv = _sanitise_unicode(s)
    elif t == dicom.valuerep.DSfloat:
       cv = float(v)
    elif t == dicom.valuerep.IS:
        cv = int(v)
    else:
        cv = repr(v)
    return cv
for filename in train_df.path[0:5]:
    df, img_array = dicom_dataset_to_dict(filename, 'fetch_both_values')
    fig, ax = plt.subplots(1, 2, figsize=[15, 8])
    ax[0].imshow(img_array, cmap=plt.cm.gray)
    ax[1].imshow(img_array, cmap=plt.cm.plasma)
    plt.show()
    pprint.pprint(df)
run = wandb.init(project='siim', config = CONFIG)
artifact = run.use artifact('ruchi798/siim/dicom metadata:v1', type='dataset')
artifact dir = artifact.download()
run.finish()
```

```
path = os.path.join(artifact_dir,"dicom_metadata.csv")
metadata = pd.read_csv(path)
metadata = metadata.drop(columns=["Unnamed: 0"])
metadata.head()
m = metadata.copy()
m = m.rename(columns={"Patient's Sex": "Patient Sex"})
cols_to_plot = ["Modality","Photometric Interpretation","Body Part Examined","Private
Creator", "De-identification Method", "Patient Sex"]
for col in cols_to_plot:
    plot_wb_bar(count_values(m,col),col, 'counts')
In [17]:
linkcode
# initializing the run
run = wandb.init(project="siim",
                 job_type="upload",
                 config = CONFIG
# creating an artifact
artifact = wandb.Artifact(name="dicom_metadata_image", type="raw_data")
# setting up a WandB Table object to hold the dataset
columns = ['image', "Body Part Examined", "Image Type", "Modality", "Name", "Patient ID"
, "Patient's Sex", "Study Instance UID"]
table = wandb.Table(
    columns=columns
)
for filename in train_df.path[0:5]:
    data di, img array = dicom dataset to dict(filename, 'fetch both values')
    body_part_examined = data_di.get("Body Part Examined")
    img_type = data_di.get('Image Type')
    modality = data di.get("Modality")
    p_name = data_di.get("Patient's Name")
    p_id = data_di.get("Patient ID")
    p_gender = data_di.get("Patient's Sex")
    study_inst_uid = data_di.get("Study Instance UID")
    img_object = Image.fromarray(img_array)
raw_img = wandb.Image(img_object)
    # adding a row to the table
    row = [raw_img,body_part_examined,img_type,modality,p_name,p_id,p_gender,stud
y_inst_uid]
    table.add_data(*row)
# adding the table to the artifact
artifact.add(table, "dicom_examples")
# logging the artifact
```

```
run.log_artifact(artifact)
run.finish()
run = wandb.init(project="siim",
                 job type="upload",
                 config = CONFIG
# creating an artifact
artifact = wandb.Artifact(name="dicom_images", type="raw_data")
# setting up a WandB Table object to hold the dataset
columns=["dicom image", "class"]
table = wandb.Table(
    columns=columns
classes = ['Negative for Pneumonia','Typical Appearance', 'Indeterminate Appearan
ce', 'Atypical Appearance']
for siim_class in classes:
    print(siim_class)
    for _, row in train_df[train_df[siim_class]==1].iloc[:2].iterrows():
        filename = row['path']
        df, img_array = dicom_dataset_to_dict(filename, 'fetch_both_values')
        fig, ax = plt.subplots(1, 2, figsize=[15, 8])
        ax[0].imshow(img_array, cmap=plt.cm.gray)
        ax[1].imshow(img_array, cmap=plt.cm.plasma)
        plt.show()
        img object = Image.fromarray(img array)
        # raw image
        raw_img = wandb.Image(img_object)
        # adding a row to the table
        row = [raw_img,siim_class]
        table.add data(*row)
# adding the table to the artifact
artifact.add(table, "raw_examples")
# logging the artifact
run.log_artifact(artifact)
run.finish()
train_jpg_directory = '../input/siim-covid19-resized-to-256px-jpg/train'
test_jpg_directory = '../input/siim-covid19-resized-to-256px-jpg/test'
def getImagePaths(path):
    image names = []
    for dirname, _, filenames in os.walk(path):
        for filename in filenames:
```

```
fullpath = os.path.join(dirname, filename)
            image_names.append(fullpath)
    return image_names
train images path = getImagePaths(train jpg directory)
test images path = getImagePaths(test jpg directory)
print(f"{y_}Number of train images: {g_} {len(train_images_path)}\n")
print(f"{y_}Number of test images: {g_} {len(test_images_path)}\n")
def getShape(data, images_paths):
    shape = cv2.imread(images_paths[0]).shape
    for image_path in images_paths:
image_shape=cv2.imread(image_path).shape
        if (image_shape!=shape):
            return data +" - Different image shape"
            return data +" - Same image shape " + str(shape)
run = wandb.init(project='siim', name='count',config = CONFIG)
wandb.log({'Training samples': len(train_images_path) ,
           'Test samples': len(test_images_path)
          })
run.finish()
getShape('train',train_images_path)
getShape('test',test images path)
def plot augmentations(images, titles, sup title):
    fig, axes = plt.subplots(figsize=(20, 16), nrows=3, ncols=4, squeeze=False)
    for indx, (img, title) in enumerate(zip(images, titles)):
        axes[indx // 4][indx % 4].imshow(img)
        axes[indx // 4][indx % 4].set_title(title, fontsize=15)
    plt.tight layout()
    fig.suptitle(sup title, fontsize = 20)
    fig.subplots adjust(wspace=0.2, hspace=0.2, top=0.93)
    plt.show()
def augment(paths, data):
    # list of albumentations
    albumentations = [A.RandomSunFlare(p=1), A.RandomFog(p=1), A.RandomBrightness
(p=1),
                              A.RandomCrop(p=1,height = 128, width = 128), A.Rota
te(p=1, limit=90),
                              A.RGBShift(p=1), A.RandomSnow(p=1),
                              A.HorizontalFlip(p=1), A.VerticalFlip(p=1), A.Rando
mContrast(limit = 0.5, p = 1),
                              A.HueSaturationValue(p=1,hue_shift_limit=20, sat_sh
ift limit=30, val shift limit=50)]
# image titles
```

```
lFlip", "VerticalFlip", "RandomContrast","HSV"]
   for i in paths:
       image path = i
       # getting image name from path
       image_name = image_path.split("/")[4].split(".")[0]
# reading image
       image = cv2.imread(image_path)
       # list of images
       images = []
       # creating image augmentations
       for augmentation type in albumentations:
          augmented_img = augmentation_type(image = image)['image']
          images.append(augmented_img)
# original image
       titles.insert(0, "Original")
       images.insert(0,image)
       sup_title = "Image Augmentation for " + data + " - " + image_name
       plot_augmentations(images, titles, sup_title)
       titles.remove("Original")
augment(train_images_path[0:2],'train')
augment(train_images_path[0:2],'test')
```

#### **6.2 CHEST X-RAY NET MODEL**

```
import numpy as np
import pandas as pd
from tensorflow.keras.applications import DenseNet121
from keras.preprocessing.image import ImageDataGenerator
from tensorflow.keras.models import Model
from tensorflow.keras.layers import Dense, Flatten, Conv2D, MaxPooling2D,
Dropout, GlobalAveragePooling2D
from tensorflow.keras.optimizers import Adam
from tensorflow.keras import models
from tensorflow.keras.callbacks import ReduceLROnPlateau, ModelCheckpoint,
EarlyStopping
```

```
import cv2
import os
from skimage import exposure
import matplotlib
matplotlib.rcParams.update({'font.size': 16})
import matplotlib.pyplot as plt
import warnings
import numpy as np
import pandas as pd
from tensorflow.keras.applications import DenseNet121
from keras.preprocessing.image import ImageDataGenerator
from tensorflow.keras.models import Model
from tensorflow.keras.layers import Dense, Flatten, Conv2D, MaxPooling2D,
Dropout, GlobalAveragePooling2D
from tensorflow.keras.optimizers import Adam
from tensorflow.keras import models
from tensorflow.keras.callbacks import ReduceLROnPlateau, ModelCheckpoint,
EarlyStopping
import cv2
import os
from skimage import exposure
import matplotlib
matplotlib.rcParams.update({'font.size': 16})
import matplotlib.pyplot as plt
import warnings
warnings.filterwarnings('ignore')
import tensorflow.keras.backend as K
import tensorflow as tf
from tensorflow.math import confusion matrix
from sklearn.metrics import accuracy score
from seaborn import heatmap
from tensorflow.keras.preprocessing.image import load img, img to array
from ast import literal eval
from matplotlib.patches import Rectangle
df image = pd.read csv('../input/siim-covid19-
detection/train image level.csv')
df study = pd.read csv('../input/siim-covid19-
detection/train study level.csv')
df study['id'] = df study['id'].str.replace(' study',"")
df study.rename({'id': 'StudyInstanceUID'},axis=1, inplace=True)
df train = df image.merge(df study, on='StudyInstanceUID')
```

```
df train.loc[df train['Negative for Pneumonia']==1, 'study label'] = 'nega
tive'
df train.loc[df train['Typical Appearance']==1, 'study label'] = 'typical'
df train.loc[df train['Indeterminate Appearance'] == 1, 'study label'] = 'in
determinate'
df train.loc[df train['Atypical Appearance'] == 1, 'study label'] = 'atypica
df train.drop(['Negative for Pneumonia','Typical Appearance', 'Indetermina
te Appearance', 'Atypical Appearance'], axis=1, inplace=True)
df train['id'] = df train['id'].str.replace(' image', '.jpg')
df train['image label'] = df_train['label'].str.split().apply(lambda x : x
df size = pd.read csv('../input/covid-jpg-512/size.csv')
df train = df train.merge(df size, on='id')
df train.head(3)
train dir = '../input/covid-jpg-512/train'
def preprocess image(img):
    equ img = exposure.equalize adapthist(img/255, clip limit=0.05, kernel
size=24)
    return equ img
df opa = df train[df train['image label'] == 'opacity'].reset index()
fig, axs = plt.subplots(5, 2, figsize=(10,20))
fig.subplots adjust(hspace=.2, wspace=.2)
n=5
for i in range(n):
    img = cv2.imread(os.path.join(train dir, df opa['id'][i]))
    img proc = preprocess image(img)
    axs[i, 0].imshow(img)
   axs[i, 1].imshow(img proc)
    axs[i, 0].axis('off')
   axs[i, 1].axis('off')
   boxes = literal eval(df opa['boxes'][i])
    for box in boxes:
        axs[i, 0].add patch(Rectangle((box['x']*(512/df opa['dim1'][i]), b
ox['y']*(512/df opa['dim0'][i])), box['width']*(512/df opa['dim1'][i]), bo
x['height']*(512/df opa['dim0'][i]), fill=0, color='y', linewidth=3))
        axs[i, 0].set title(df opa['study label'][i])
        axs[i, 1].add_patch(Rectangle((box['x']*(512/df_opa['dim1'][i]), b)
ox['y']*(512/df opa['dim0'][i])), box['width']*(512/df opa['dim1'][i]), bo
x['height']*(512/df opa['dim0'][i]), fill=0, color='r', linewidth=3))
        axs[i, 1].set title('After CLAHE')
```

```
plt.show()
img size = 224
batch size = 16
image generator = ImageDataGenerator(
        validation split=0.2,
        horizontal flip = True,
        zoom range = 0.15,
        brightness range = [0.8, 1.2],
        fill mode='nearest',
        preprocessing function=preprocess image
)
image generator valid = ImageDataGenerator(validation split=0.2,preprocess
ing function=preprocess image)
train generator = image generator.flow from dataframe(
        dataframe = df train,
        directory='../input/covid-jpg-512/train',
        x col = 'id',
        y col = 'image label',
        target size=(img size, img size),
        batch size=batch size,
        subset='training', seed = 23)
valid generator=image generator valid.flow from dataframe(
    dataframe = df train,
    directory='../input/covid-jpg-512/train',
    x col = 'id',
    y col = 'image label',
    target size=(img size, img size),
    batch size=batch size,
    subset='validation', shuffle=False, seed=23)
for j in range(4):
    aug_images = [train_generator[0][0][j] for i in range(5)]
    fig, axes = plt.subplots(1, 5, figsize=(24, 24))
    axes = axes.flatten()
    for img, ax in zip(aug images, axes):
        ax.imshow(img)
        ax.axis('off')
plt.tight layout()
plt.show()
```

```
chex_weights_path = '../input/chexnet-
weights/brucechou1983_CheXNet_Keras_0.3.0_weights.h5'
pre model = DenseNet121(weights=None,
                                include top=False,
                                input shape=(img size,img size,3)
out = Dense(14, activation='sigmoid') (pre model.output)
pre model = Model(inputs=pre model.input, outputs=out)
pre model.load weights(chex weights path)
pre model.trainable = False
x = pre model.layers[-2].output
x = GlobalAveragePooling2D()(x)
x = Dropout(0.1)(x)
output = Dense(2, activation='softmax')(x)
model = Model(pre model.input, output)
model.compile(Adam(lr=1e-3),loss='binary crossentropy',metrics='accuracy')
rlr = ReduceLROnPlateau(monitor = 'val acc', factor = 0.2, patience = 2, v
erbose = 1,
                                min delta = 1e-4, min lr = 1e-
4, mode = 'max')
es = EarlyStopping (monitor = 'val acc', min delta = 1e-
4, patience = 5, mode = 'max',
                    restore best weights = True, verbose = 1)
ckp = ModelCheckpoint('model.h5', monitor = 'val acc',
                      verbose = 0, save best only = True, mode = 'max')
history = model.fit(
      train generator,
      epochs=20,
      validation data=valid generator,
      callbacks=[es,rlr, ckp],
      verbose=1)
pre model.trainable = True
model.compile(Adam(lr=1e-5),loss='binary crossentropy',metrics='accuracy')
```

```
rlr2 = ReduceLROnPlateau(monitor = 'val acc', factor = 0.1, patience = 3,
verbose = 1,
                                min delta = 1e-4, min lr = 1e-
7, mode = 'max')
es2 = EarlyStopping(monitor = 'val acc', min delta = 1e-
4, patience = 7, mode = 'max',
                    restore best weights = True, verbose = 1)
history2 = model.fit(
     train generator,
      epochs=30,
      validation data=valid generator,
      callbacks=[es2,rlr2, ckp],
      verbose=1)
K.clear session()
actual = valid generator.labels
preds = np.argmax(model.predict(valid generator), axis=1)
cfmx = confusion matrix(actual, preds)
acc = accuracy score(actual, preds)
print ('Test Accuracy:', acc )
heatmap(cfmx, annot=True, cmap='plasma',
        xticklabels=['Normal','Opacity'],fmt='.0f', yticklabels=['Normal',
 'Opacity'])
plt.show()
hist = pd.DataFrame(history.history)
fig, (ax1, ax2) = plt.subplots(figsize=(12,12),nrows=2, ncols=1)
hist['loss'].plot(ax=ax1,c='k',label='training loss')
hist['val loss'].plot(ax=ax1,c='r',linestyle='--
', label='validation loss')
ax1.legend()
hist['accuracy'].plot(ax=ax2,c='k',label='training accuracy')
```

```
hist['val accuracy'].plot(ax=ax2,c='r',linestyle='--
', label='validation accuracy')
ax2.legend()
plt.show()
hist = pd.DataFrame(history2.history)
fig, (ax1, ax2) = plt.subplots(figsize=(12,12),nrows=2, ncols=1)
hist['loss'].plot(ax=ax1,c='k',label='training loss')
hist['val loss'].plot(ax=ax1,c='r',linestyle='--
', label='validation loss')
ax1.legend()
hist['accuracy'].plot(ax=ax2,c='k',label='training accuracy')
hist['val accuracy'].plot(ax=ax2,c='r',linestyle='--
', label='validation accuracy')
ax2.legend()
plt.show()
def grad cam(input image, model, layer name):
    desired layer = model.get layer(layer name)
    grad model = Model(model.inputs, [desired layer.output, model.output])
   with tf.GradientTape() as tape:
        layer output, preds = grad model(input image)
        ix = (np.argsort(preds, axis=1)[:, -1]).item()
        output idx = preds[:, ix]
    gradient = tape.gradient(output idx, layer output)
    alpha kc = np.mean(gradient, axis=(0,1,2))
    L gradCam = tf.nn.relu(np.dot(layer output, alpha kc)[0])
   L_gradCam = (L_gradCam - np.min(L_gradCam)) / (np.max(L gradCam) - np.
min(L gradCam))
    return L gradCam.numpy()
def blend(img path, gradCam img, alpha, colormap = cv2.COLORMAP JET):
    origin_img = img_to_array(load_img(img_path))
    gradCam resized = cv2.resize(gradCam img, (origin img.shape[1], origin
img.shape[0]), interpolation = cv2.INTER LINEAR)
```

```
heatmap = cv2.applyColorMap(np.uint8(gradCam resized*255), colormap)
    superimposed image = cv2.cvtColor(origin img.astype('uint8'), cv2.COLO
R RGB2BGR) + heatmap * alpha
    return heatmap, superimposed image
def plot results(model, gen, label=0):
    n = 50
    fig, axs = plt.subplots(10, 5, figsize=(20,60))
    fig.subplots adjust(hspace=.5, wspace=.1)
    axs = axs.ravel()
    gen.next()
    classes = list(gen.class indices.keys())
    if label==0:
        idx = np.array(np.where(np.array(gen.labels) ==0)).ravel()
   else:
        idx = np.array(np.where(np.array(gen.labels) ==1)).ravel()
    layer name = 'relu'
    for i in range(n):
        sample img path = os.path.join(train dir, df train['id'][idx[i]])
        img = load process(sample img path, img size)
        pred = model.predict(img)
        grad cam img = grad cam(img, model, layer name)
        heatmap img, result img = blend(sample img path, grad cam img, 0.5
        axs[i].imshow(result img[:,:,::-1]/255)
        axs[i].set xticklabels([])
        axs[i].set yticklabels([])
        if type(df train['boxes'][idx[i]]) == str:
            boxes = literal eval(df train['boxes'][idx[i]])
            for box in boxes:
                axs[i].add patch(Rectangle((box['x']*(512/df train['dim1']
[idx[i]]), box['y']*(512/df train['dim0'][idx[i]])), box['width']*(512/df
train['dim1'][idx[i]]), box['height']*(512/df_train['dim0'][idx[i]]), fill
=0, color='y', linewidth=2))
                axs[i].set title(f"{df train['study label'][idx[i]]}, {df
train['image_label'][idx[i]]}")
        else:
            axs[i].set title(df train['study label'][idx[i]])
        axs[i].set xlabel(f"{classes[np.argmax(pred)]}, {round(pred[0][np.
argmax (pred) ] *100, 2) }%")
plot results(model, valid generator, label=0)
plot results(model, valid generator, label=1)
```

#### 6.3 U-NET MODEL

```
import numpy as np
import pandas as pd
DIR PATH = "/kaggle/input/covid-segmentation/"
TRAIN X FILE = "images medseg.npy"
TRAIN Y FILE = "masks medseg.npy"
imgs medseg = np.load(DIR PATH+TRAIN X FILE).astype(np.float32)
msks medseg = np.load(DIR PATH+TRAIN Y FILE).astype(np.float32)
import matplotlib.pyplot as plt
import numpy as np
plt.style.use("dark background")
def visualize(image batch, mask batch=None, pred batch=None, num samples=8
):
    num classes = mask batch.shape[-1] if mask batch is not None else 0
    fix, ax = plt.subplots(num_classes + 1, num_samples, figsize=(num_samp
les * 2, (num classes + 1) * 2))
    for i in range(num samples):
        ax image = ax[0, i] if num classes > 0 else ax[i]
        ax_image.imshow(image_batch[i,:,:,0], cmap="Greys")
        ax image.set xticks([])
        ax image.set yticks([])
        if mask batch is not None:
            for j in range(num classes):
                if pred batch is None:
                    mask to show = mask batch[i,:,:,j]
                else:
                    mask to show = np.zeros(shape=(*mask batch.shape[1:-
1], 3))
                    mask to show[..., 0] = pred batch[i,:,:,j] > 0.5
                    mask to show[..., 1] = mask batch[i,:,:,j]
                ax[j + 1, i].imshow(mask to show, vmin=0, vmax=1)
                ax[j + 1, i].set xticks([])
                ax[j + 1, i].set yticks([])
   plt.tight layout()
```

```
plt.show()
visualize(imgs medseg, msks medseg)
def plot hists(images):
    plt.hist(images.ravel(), bins=100, density=True, color='b', alpha=1)
plot hists(imgs medseg)
def normalize img(img):
    img = img.astype("float32")
    img[img > 500] = 500
    img[img < -1500] = -1500
    min perc, max perc = np.percentile(img, 5), np.percentile(img, 95)
    img valid = img[(img > min perc) & (img < max perc)]</pre>
    mean, std = img valid.mean(), img valid.std()
    img = (img-mean)/std
    return img
imgs medseg = normalize img(imgs medseg)
plot hists(imgs medseg)
from sklearn.model selection import train test split
train x, val x, train y, val y = train test split(imgs medseg, msks medseg
, test size=0.1, random state=42)
import tensorflow as tf
from tensorflow.keras.layers import Conv2D, BatchNormalization, Activation
, MaxPool2D, Conv2DTranspose, Concatenate, Input
from tensorflow.keras.models import Model
def convolution(input, num filters):
  x = Conv2D(num filters, 3, padding="same")(input)
  x = BatchNormalization()(x)
  x = Activation("relu")(x)
  x = Conv2D(num filters, 3, padding="same")(x)
  x = BatchNormalization()(x)
  x = Activation("relu")(x)
  return x
def downsample(input, num filters):
  x = convolution(input, num filters)
  p = MaxPool2D((2,2))(x)
  return x, p
def upsample(input, skip connections, num filters):
```

```
x = Conv2DTranspose(num filters, (2, 2), strides=2, padding="same")(inpu
t.)
  x = Concatenate()([x, skip connections])
  x = convolution(x, num filters)
  return x
def build unet(input shape):
  inputs = Input(input shape)
  sc1, p1 = downsample(inputs, 64)
  sc2, p2 = downsample(p1, 128)
  sc3, p3 = downsample(p2, 256)
  sc4, p4 = downsample(p3, 512)
  b1 = convolution(p4, 1024)
  d1 = upsample(b1, sc4, 512)
  d2 = upsample(d1, sc3, 256)
  d3 = upsample(d2, sc2, 128)
  d4 = upsample(d3, sc1, 64)
  outputs = Conv2D(4,(1,1),padding="same",activation="softmax")(d4)
  model = Model(inputs, outputs, name="U-Net")
  return model
def iou(true_y, pred_y):
    def f(true y, pred_y):
        intersection = (true_y * pred_y).sum()
        union = true y.sum() + pred y.sum() - intersection
        x = (intersection) / (union)
        x = x.astype(np.float32)
        return x
    return tf.numpy function(f, [true y, pred y], tf.float32)
unet = build unet(imgs medseg.shape[1:])
unet.compile(loss="binary crossentropy", optimizer="adam", metrics=["acc",
iou])
results = unet.fit(train_x, train_y, validation_data=(val_x, val_y), epoch
s=100, batch size=1, verbose=1)
plt.figure(0)
plt.plot(results.history["acc"])
plt.plot(results.history["val acc"])
plt.title("Training vs Validation Accuracy", color="white")
```

```
plt.xlabel("epoch", color="white")
plt.ylabel("accuracy", color="white")
plt.legend(["train", "val"])
plt.show()
plt.figure(1)
plt.plot(results.history["iou"])
plt.plot(results.history["val iou"])
plt.title("Training vs Validation IoU", color="white")
plt.xlabel("epoch", color="white")
plt.ylabel("IoU", color="white")
plt.legend(["train", "val"])
plt.show()
pred y = unet.predict(val x)
plot hists(pred y)
def filter pixels(img):
    for i in range(img.shape[0]):
        for j in range(img.shape[3]):
            for k in range(img.shape[1]):
                for 1 in range(img.shape[2]):
                    img[i,k,l,j] = 1 if (img[i,k,l,j] > 0.5) else 0;
    return img
pred y = filter pixels(pred y)
plot hists(pred y)
print(pred y.shape)
for i in range (0, 10):
    plt.figure(i)
    fig, ax = plt.subplots(1, 2, figsize=(10, 10))
    ax[0].imshow(pred y[i,:,:,0])
    ax[0].title.set text("Predicted Ground Class")
    ax[1].imshow(val y[i,:,:,0])
    ax[1].title.set_text("Actual Ground Class")
```

#### 6.4 PSP NET MODEL

```
!pip uninstall keras -y
!pip install git+https://github.com/qubvel/segmentation_models
!git clone https://github.com/SlinkoIgor/ImageDataAugmentor.git
```

```
#add your input file path here
images radiopedia = np.load('/content/rdrive/MyDrive/covid-
segmentation/images radiopedia.npy').astype(np.float32)
masks radiopedia = np.load('/content/rdrive/MyDrive/covid-
segmentation/masks radiopedia.npy').astype(np.int8)
images medseg = np.load('/content/rdrive/MyDrive/covid-
segmentation/images medseg.npy').astype(np.float32)
masks medseg = np.load('/content/rdrive/MyDrive/covid-
segmentation/masks medseg.npy').astype(np.int8)
test images medseg = np.load('/content/rdrive/MyDrive/covid-
segmentation/test images medseg.npy').astype(np.float32)
import numpy as np # linear algebra
import pandas as pd # data processing, CSV file I/O (e.g. pd.read csv)
import matplotlib.pyplot as plt
import numpy as np
def visualize(image batch, mask batch=None, pred batch=None, num samples=8
):
    num classes = mask batch.shape[-1] if mask batch is not None else 0
    fix, ax = plt.subplots(num classes + 1, num samples, figsize=(num samp
les * 2, (num classes + 1) * 2))
    for i in range(num_samples):
        ax image = ax[0, i] if num classes > 0 else ax[i]
        ax image.imshow(image batch[i,:,:,0], cmap='Greys')
        ax image.set xticks([])
        ax image.set yticks([])
    if mask batch is not None:
            for j in range(num classes):
                if pred batch is None:
                    mask to show = mask batch[i,:,:,j]
                else:
                    mask_to_show = np.zeros(shape=(*mask batch.shape[1:-
1], 3))
                    mask to show[..., 0] = pred batch[i,:,:,j] > 0.5
                    mask to show[..., 1] = mask batch[i,:,:,j]
                ax[j + 1, i].imshow(mask to show, vmin=0, vmax=1)
                ax[j + 1, i].set xticks([])
                ax[j + 1, i].set yticks([])
```

```
plt.tight layout()
plt.show()
visualize(images medseg, masks medseg)
visualize(test images medseg)
def plot hists(images1, images2=None):
   plt.hist(images1.ravel(), bins=100, density=True, color='b', alpha=1 i
f images2 is None else 0.5)
    if images2 is not None:
        plt.hist(images2.ravel(), bins=100, density=True, alpha=0.5, color
='orange')
   plt.show();
plot hists(images radiopedia, images medseg)
plot hists(test images medseg, images medseg)
def preprocess images(images arr, mean std=None):
    images arr[images arr > 500] = 500
    images arr[images arr < -1500] = -1500
   min perc, max perc = np.percentile(images arr, 5), np.percentile(image
s arr, 95)
    images arr valid = images arr[(images arr > min perc) & (images arr <</pre>
max perc)]
   mean, std = (images arr valid.mean(), images arr valid.std()) if mean
std is None else mean std
    images arr = (images arr - mean) / std
   print(f'mean {mean}, std {std}')
    return images arr, (mean, std)
images_radiopedia, mean_std = preprocess_images(images_radiopedia)
images medseg, = preprocess images(images medseg, mean std)
test images medseg, = preprocess images (test images medseg, mean std)
plot_hists(images_radiopedia, images_medseg)
plot hists(test images medseg, images medseg)
```

```
val indexes, train indexes = list(range(24)), list(range(24, 100))
train images = np.concatenate((images medseg[train indexes], images radiop
edia))
train masks = np.concatenate((masks medseg[train indexes], masks radiopedi
val images = images medseg[val indexes]
val masks = masks medseg[val indexes]
batch size = len(val masks)
del images radiopedia
del masks radiopedia
del images medseg
del masks_medseg
import tensorflow
import albumentations
import cv2
#for PSPNet
SOURCE SIZE = 510
TARGET SIZE = 384
train augs = albumentations.Compose([
    albumentations.Rotate(limit=360, p=0.9, border_mode=cv2.BORDER_REPLICA
TE),
   albumentations.RandomSizedCrop((int(SOURCE SIZE * 0.75), SOURCE SIZE),
                                   TARGET SIZE,
                                   TARGET SIZE,
                                   interpolation=cv2.INTER NEAREST),
    albumentations.HorizontalFlip(p=0.5),
])
val augs = albumentations.Compose([
    albumentations.Resize(TARGET SIZE, TARGET SIZE, interpolation=cv2.INTE
R NEAREST)
1)
class Dataset:
   def __init__(
```

```
self,
            images,
            masks,
            augmentations=None
    ):
        self.images = images
        self.masks = masks
        self.augmentations = augmentations
    def getitem (self, i):
        image = self.images[i]
        mask = self.masks[i]
        if self.augmentations:
            sample = self.augmentations(image=image, mask=mask)
            image, mask = sample['image'], sample['mask']
        return image, mask
    def len (self):
        return len(self.images)
class Dataloder(tensorflow.keras.utils.Sequence):
    """Load data from dataset and form batches
   Args:
        dataset: instance of Dataset class for image loading and preproces
sing.
       batch size: Integet number of images in batch.
        shuffle: Boolean, if `True` shuffle image indexes each epoch.
    .....
   def init (self, dataset, batch size=1, shuffle=False):
        self.dataset = dataset
        self.batch size = batch size
        self.shuffle = shuffle
        self.indexes = np.arange(len(dataset))
        self.on_epoch_end()
    def getitem (self, i):
        # collect batch data
        start = i * self.batch size
        stop = (i + 1) * self.batch_size
        images = []
```

```
masks = []
        for j in range(start, stop):
            image, mask = self.dataset[self.indexes[j]]
            images.append(image)
            masks.append(mask)
        images = np.stack(images, axis=0)
        masks = np.stack(masks, axis=0).astype(np.float32)
        return (images, masks)
def len (self):
        """Denotes the number of batches per epoch"""
        return len(self.indexes) // self.batch size
def on epoch end(self):
        """Callback function to shuffle indexes each epoch"""
        if self.shuffle:
            self.indexes = np.random.permutation(self.indexes)
train dataset = Dataset(train images, train masks, train augs)
val dataset = Dataset(val images, val masks, val augs)
train dataloader = Dataloder(train dataset, batch size=batch size, shuffle
=True)
val dataloader = Dataloder(val dataset, batch size=batch size, shuffle=Fal
se)
assert train dataloader[0][0].shape == (batch size, TARGET SIZE, TARGET SI
ZE, 1)
assert train dataloader[0][1].shape == (batch size, TARGET SIZE, TARGET SI
ZE, 4)
visualize(*next(iter(train dataloader)))
visualize(*next(iter(val_dataloader)))
def fscore glass(y true, y pred):
   return sm.metrics.fl_score(y_true[..., 0:1],
                               y pred[..., 0:1])
def fscore consolidation(y true, y pred):
```

```
return sm.metrics.fl score(y true[..., 1:2],
                               y_pred[..., 1:2])
def fscore lungs other(y true, y pred):
   return sm.metrics.fl score(y true[..., 2:3],
                               y pred[..., 2:3])
def fscore glass and consolidation(y true, y pred):
    return sm.metrics.fl score(y true[..., :2],
                               y pred[..., :2])
from segmentation models import PSPNet
import segmentation models as sm
from tensorflow.keras.layers import Input, Conv2D
from tensorflow.keras.models import Sequential
from tensorflow.keras.optimizers import Adam
from tensorflow.keras.callbacks import ModelCheckpoint
np.random.seed(0)
base model = PSPNet(backbone name='efficientnetb0',
                  encoder weights='imagenet',
                  classes=4,
                  activation='softmax')
model = Sequential([Input(shape=(TARGET SIZE, TARGET SIZE, 1)),
                    Conv2D(3, (1, 1)), # map N channels data to 3 channel
                    base model])
model.compile(Adam(learning rate=0.001, amsgrad=True),
              loss=sm.losses.categorical crossentropy,
              metrics=[fscore glass, fscore consolidation, fscore lungs ot
her, fscore glass and consolidation])
del train images
del train masks
model = tensorflow.keras.models.load model('best model/',
                                           compile=False,
                                           custom objects={
```

```
'categorical crossentropy'
: sm.losses.categorical crossentropy,
                                                 'fscore consolidation': fs
core consolidation,
                                                 'fscore glass': fscore gla
SS.
                                                 'fscore lungs other': fsco
re lungs other,
                                                 'fscore glass and consolid
ation': fscore glass and consolidation})
model.compile(Adam(learning rate=0.001, amsgrad=True),
              loss=sm.losses.jaccard loss)
input = val dataloader[0]
image batch, mask batch = input
preds = model.predict on batch(image batch)
visualize(image batch, mask batch, pred batch=preds)
# yellow is TP, red is FP, green is FN.
axis=0
test preds = model.predict on batch(image batch)
test masks prediction = test preds > 0.5
visualize(image_batch, test_masks_prediction, num_samples=len(test_images_
medsea)
import scipy
test masks prediction original size = scipy.ndimage.zoom(test masks predic
tion[..., :-2], (1, 2, 2, 1), order=0)
test masks prediction original size.shape
```

#### 7. SOFTWARE TESTING

### 7.1 TESTING STRATEGIES

In order to make sure that the system does not have errors, the different levels of testing strategies that are applied at differing phases of software development are:

### 7.1.1 Unit Testing:

Unit Testing is done on individual modules as they are completed and become executable. It is confined only to the designer's requirements. Each module can be tested using the following two Strategies:

# • Black Box Testing:

In this strategy some test cases are generated as input conditions that fully execute all functional requirements for the program. This testing has been uses to find errors in the following categories:

- Incorrect or missing functions
- Interface errors
- Errors in data structure or external database access
- Performance errors
- Initialization and termination errors.

In this testing only the output is checked for correctness. The logical flow of the data is not checked.

## • White Box testing:

In this the test cases are generated on the logic of each module by drawing flow graphs of that module and logical decisions are tested on all the cases. It has been uses to generate the test cases in the following cases:

- Guarantee that all independent paths have been executed.
- Execute all logical decisions on their true and false Sides.
- Execute all loops at their boundaries and within their operational bounds
- Execute internal data structures to ensure their validity

# 7.1.2 Integration Testing:

Integration testing ensures that software and subsystems work together a whole. It tests the interface of all the modules to make sure that the modules behave properly when integrated together.

# 7.1.3 System Testing:

Involves in-house testing of the entire system before delivery to the user. Its aim is to satisfy the user the system meets all requirements of the client's specifications.

# 7.1.4 Acceptance Testing:

It is a pre-delivery testing in which entire system is tested at client's site on real world data to find errors.

#### 7.2 Validation and Verification:

The system has been tested and implemented successfully and thus ensured that all the requirements as listed in the software requirements specification are completely fulfilled. In case of erroneous input corresponding error messages are displayed. In software project management, software testing, and software engineering, verification and validation (V&V) is the process of checking that a software system meets specifications and that it fulfil its intended purpose. It may

also be referred to as software quality control. It is normally the responsibility of software testers as part of the software development lifecycle.

Validation checks that the product design satisfies or fits the intended use (high-level checking), i.e., the software meets the user requirements. This is done through dynamic testing and other forms of review. Verification and validation are not the same thing, although they are often confused. Boehm succinctly expressed the difference between Verification: Are we building the product right?

- *Validation*: Are we building the right product? According to the Capability Maturity Model (CMMI-SW v1.1)
- *Software Verification*: The process of evaluating software to determine whether the products of a given development phase satisfy the conditions imposed at the start of that phase [IEEE-STD-610].
- *Software Validation*: The process of evaluating software during or at the end of the development process to determine whether it satisfies specified requirements [IEEE-STD-610].

In other words, software verification is ensuring that the product has been built according to the requirements and design specifications, while software validation ensures that the product actually meets the user's needs, and that the specifications were correct in the first place. Software verification ensures that "you built it right" Software validation ensures that "you built the right thing". Software validation confirms that the product, as provided, will fulfil its intended use. From testing perspective:

- *Fault* wrong or missing function in the code.
- Failure the manifestation of a fault during execution.
- *Malfunction* according to its specification the system does not meet its specified functionality.

### 8. CONCLUSION

#### **8.1 Conclusion and Future Enhancements**

In this study, we hypothesized that computer-aided deep learning algorithms can accurately predict infection severity on CXRs and CT scan associated with COVID-19 against expert chest radiologist ground level check-up, and the results of the study support this hypothesis. Results from the stratified Monte Carlo cross-validation experiments showed that the learned Covid I-Net deep neural networks could achieve mean R2 between predicted scores and radiologist scores for

geographic extent and opacity extent greater than 0.5 when evaluated for 100 different subsets of CXR and CT data. Severity scoring for COVID-19 has gained recent attention due to the rise and continued spread of the COVID19 across the globe, and the need to find the severity of an infected patient is crucial for determining the best course of action regarding treatment and care. The researchers introduced a scoring scheme for severity analysis of COVID19 by adapting and simplifying the Radiographic Assessment of lungs, where each lung was divided into three zones (a total of six zones for a human) and each zone was assigned a binary score based on opacity, with the final severity score being the collection of the scores from the different zones.

In this paper, the performance of various deep learning networks (U-NET, and PSP Net) was compared in their ability to detect diseased areas in medical images of the lungs of COVID-19 patients. The results demonstrated the ability of the CXR-Net network to distinguish between infected and healthy tissues in these images. A comparison of these two networks was also performed in multiple infected areas in lung images. The results showed the U-net network's ability to distinguish between these areas outperforms PSP Net. The results obtained in this paper represent promising prospects for the possibility of using deep learning to assist in an objective diagnosis of COVID-19 disease through CT and CXR images of the lung.

# **APPENDICES**

# A.1 SAMPLE SCREENS

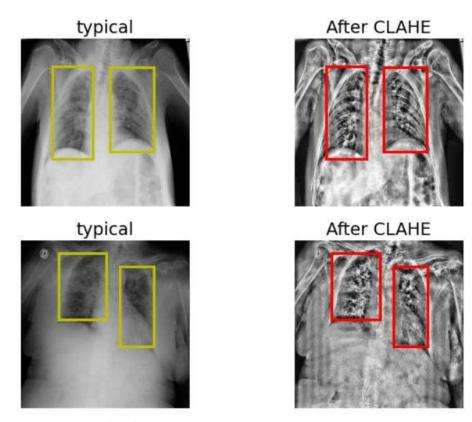


Figure 7 – CXR NET IMAGE PREPROCESSING

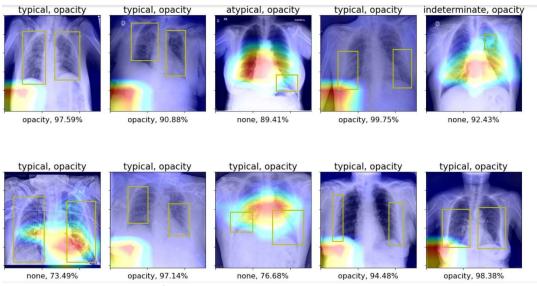


Figure 8 – CHEST X-RAY NET RESULTS

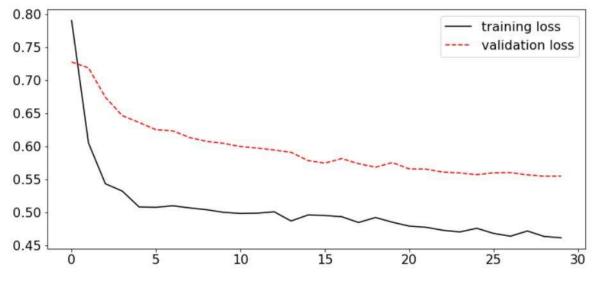


Figure 9 –CXR TRAINING ANALYTICS

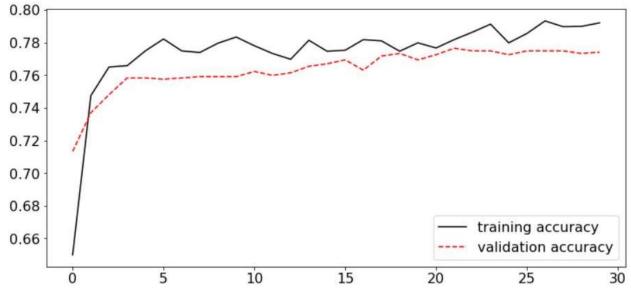


Figure 10 – CXR ACCURACY ANALYTICS

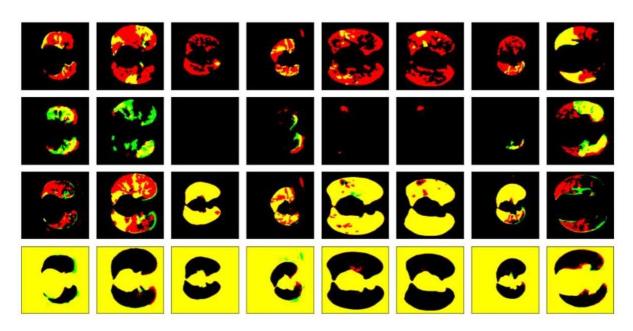


Figure 11 – U NET SEGMENTATION RESULTS

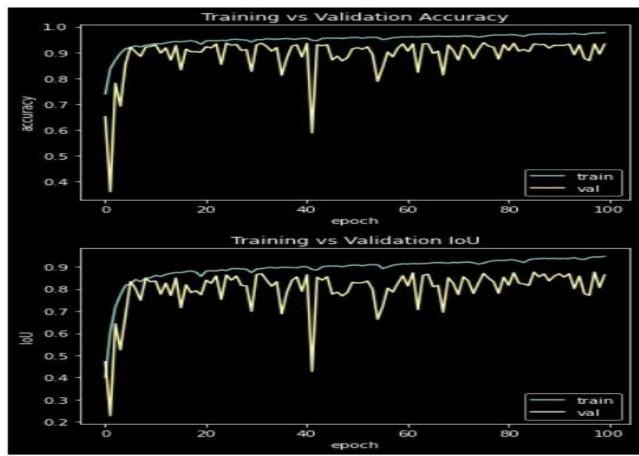


Figure 12 - PERFORMANCE ANALYSIS

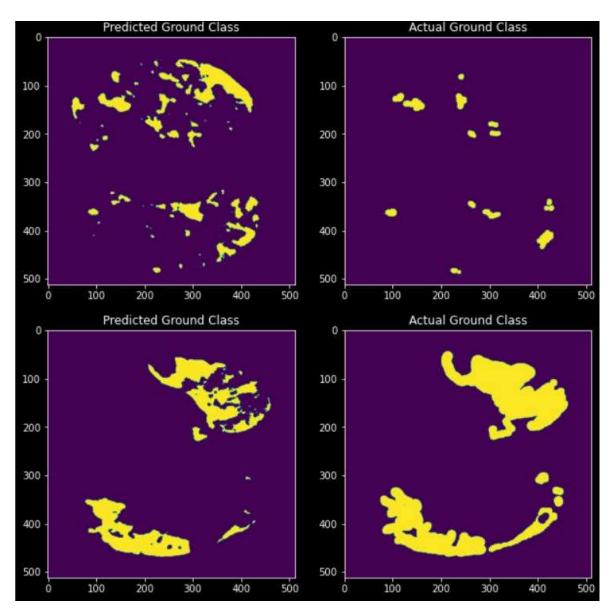


Figure 13 – UNET CT EVALUATION ANALYSIS



Figure 14 -PSP NET IMAGE SEGMENTATION RESULTS

```
Epoch 19/30
317/317 [===
                             ========] - 253s 795ms/step - loss: 0.4985 - accuracy: 0.7659 - val_loss: 0.5680 - val_accuracy: 0.7733
Epoch 20/30
317/317 [===
Epoch 21/30
                         317/317 [==:
Epoch 22/30
                                             253s 797ms/step - loss: 0.4775 - accuracy: 0.7719 - val_loss: 0.5654 - val_accuracy: 0.7725
317/317 [===
Epoch 23/30
                                             252s 794ms/step - loss: 0.4701 - accuracy: 0.7831 - val_loss: 0.5650 - val_accuracy: 0.7765
317/317 [====
                                           - 253s 799ms/step - loss: 0.4757 - accuracy: 0.7892 - val_loss: 0.5605 - val_accuracy: 0.7749
Epoch 24/30
317/317 [===
Epoch 25/30
317/317 [===
Epoch 26/30
                                             253s 797ms/step - loss: 0.4577 - accuracy: 0.7987 - val loss: 0.5593 - val accuracy: 0.7749
                                             254s 799ms/step - loss: 0.4627 - accuracy: 0.7874 - val_loss: 0.5566 - val_accuracy: 0.7725
317/317 [==:
Epoch 27/30
                                             255s 804ms/step - loss: 0.4827 - accuracy: 0.7842 - val_loss: 0.5594 - val_accuracy: 0.7749
317/317 [==:
                                             255s 804ms/step - loss: 0.4560 - accuracy: 0.7928 - val_loss: 0.5598 - val_accuracy: 0.7749
Epoch 28/30
317/317 [===
                                            255s 802ms/step - loss: 0.4603 - accuracy: 0.7932 - val_loss: 0.5563 - val_accuracy: 0.7749
Epoch 29/30
317/317 [===
Epoch 30/30
317/317 [===
                                             255s 803ms/step - loss: 0.4448 - accuracy: 0.7999 - val_loss: 0.5543 - val_accuracy: 0.7733
                                           - 252s 794ms/step - loss: 0.4648 - accuracy: 0.7970 - val_loss: 0.5545 - val_accuracy: 0.7741
```

Figure 15 – CXR NET MODEL TRAINING

Test Accuracy: 0.7740916271721959

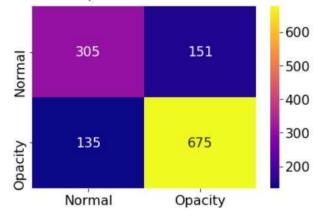


Figure 16 – CXR CONFUSION MATRIX ANALYSIS

```
Epoch 87/100
90/90 [=====
Epoch 88/100
90/90 [=====
Epoch 89/100
          =========] - 14s 158ms/step - loss: 0.0340 - acc: 0.9716 - iou: 0.9372 - val_loss: 0.0840 - val_acc: 0.9301 - val_iou: 0.8546
         90/90 [=
Epoch 90/100
90/90 [=====
           ========] - 14s 159ms/step - loss: 0.0335 - acc: 0.9726 - iou: 0.9391 - val_loss: 0.0876 - val_acc: 0.9279 - val_iou: 0.8576
90/90 [=====
Epoch 91/100
90/90 [=====
Epoch 92/100
             Epoch 92/100

90/90 [=====

Epoch 93/100

90/90 [=====

Epoch 94/100

90/90 [=====

Epoch 95/100

90/90 [=====
         :========] - 14s 158ms/step - loss: 0.0370 - acc: 0.9696 - iou: 0.9320 - val_loss: 0.0881 - val_acc: 0.9325 - val_iou: 0.8690
         =========] - 14s 159ms/step - loss: 0.0292 - acc: 0.9763 - iou: 0.9475 - val_loss: 0.1152 - val_acc: 0.8913 - val_iou: 0.8018
          90/90 [=====
Epoch 96/100
90/90 [=====
Epoch 97/100
         Epoch 97/100

90/90 [======

Epoch 98/100

90/90 [======

Epoch 100/100

90/90 [======
            90/90 [:
```

Figure 17 – UNET SEGMENTATION MODEL PERFORMANCE

### A.2 PUBLICATIONS

### REFERENCES

- [1] Cohen, J. P., Morrison, P. & Dao, L. COVID-19 image data collection. arXiv 2003.11597 (2020). 7/8.
- [2]Chung, A.Figure1 COVID-19 chest x-ray data initiative. https://github.com/agchung/Figure1-COVID-chestxraydataset (2020).
- [3] Gunraj, H., Wang, L. & Wong, A. COVIDNet-CT: A tailored deep convolutional neural network design for detection of COVID-19 cases from chest CT images. Front. Medicine DOI: 10.3389/fmed.2020.608525 (2020).
- [4] Simonyan, K., Zisserman, A.: Very deep convolutional networks for large-scale image recognition. arXiv preprint arXiv:1409.1556 (2014)Google Scholar.

- [5] Song, Y., Zheng, S., Li, L., Zhang, X., Zhang, X., Huang, Z., Chen, J., Zhao, H., Jie, Y., Wang, R., et al: Deep learning enables accurate diagnosis of novel coronavirus (covid-19) with ct images. medRxiv (2020)Google Scholar.
- [6] Szegedy, C., Liu, W., Jia, Y., Sermanet, P., Reed, S., Anguelov, D., Erhan, D., Vanhoucke, V., Rabinovich, A.:Going deeper with convolutions. In: Proceedings of the IEEE conference on computer vision and pattern recognition. pp. 1–9 (2015) Google Scholar.
- [7] Wang, L., Wong, A.: Covid-net: A tailored deep convolutional neural network design for detection of covid-19 cases from chest x-ray images. arXiv preprint arXiv:2003.09871 (2020)Google Scholar.
- [8] Wang, S., Kang, B., Ma, J., Zeng, X., Xiao, M., Guo, J., Cai, M., Yang, J., Li, Y., Meng, X., et al: A deep learning algorithm using ct images to screen for corona virus disease (covid-19). MedRxiv (2020) Google Scholar.
- [9] Narin, A., Kaya, C., Pamuk, Z.: Automatic detection of coronavirus disease (covid-19) using x-ray images and deep convolutional neural networks. arXiv preprint arXiv:2003.10849 (2020)Google Scholar
- [10] Zhang, B., Zhang, L., Zhang, L., Karray, F.: Retinal vessel extraction by matched filter with first-order derivative of gaussian. Computers in biology and medicine 40(4), 438–445 (2010) PubMed Google Scholar.
- [11] Zhao, J., Zhang, Y., He, X., Xie, P.: Covid-ct-dataset: a ct scan dataset about covid-19. arXiv preprint arXiv:2003.13865 (2020)Google Scholar.
- [12] Zheng, C., Deng, X., Fu, Q., Zhou, Q., Feng, J., Ma, H.,Liu, W., Wang, X.: Deep learning-based detection for covid-19 from chest ct using weak label.

medRxiv (2020)Google Scholar.

- [13]. Ng M-Y, Lee EY, Yang J, et al. Imaging profile of the COVID-19 infection: radiologic findings and literature review. Radiology: Cardiothoracic Imaging 2020; 2(1): e200034.
- [14].Milletari F, Navab N, Ahmadi S-A. V-net: Fully convolutional neural networks for volumetric medical image segmentation. 2016 Fourth International Conference on 3D Vision (3DV); 2016: IEEE; 2016. p. 565-71.
- [15] He K, Zhang X, Ren S, Sun J. Deep residual learning for image recognition. Proceedings of the IEEE conference on computer vision and pattern recognition; 2016; 2016. p. 770-8.
- [16] Han M, Zhang Y, Zhou Q, et al. Large-scale evaluation of V-Net for organ segmentation in image guided radiation therapy. Medical Imaging 2019: Image-Guided Procedures, Robotic Interventions, and Modeling; 2019: International Society for Optics and Photonics; 2019. p. 109510O.
- [17] Pang T, Guo S, Zhang X, Zhao L. Automatic Lung Segmentation Based on Texture and Deep Features of HRCT Images with Interstitial Lung Disease. BioMed Research International 2019; 2019.
- [18] Bernheim A, Mei X, Huang M, et al. Chest CT Findings in Coronavirus Disease-19 (COVID19): Relationship to Duration of Infection. Radiology 2020: 200463.
- [19] He, K., Fan, H., Wu, Y., Xie, S. & Girshick, R. Momentum contrast for unsupervised visual representation learning. *Proceedings of the IEEE/CVF Conference on Computer Vision and Pattern Recognition*, 9729–9738 (2020)

[20] Sharma, S. Drawing insights from COVID-19-infected patients using CT scan images and machine learning techniques: A study on 200 patients. *Environ. Sci. Pollut. Res.* **27**, 37155–37163 (2020).