

ALFORM: Articulatory Labeling For Optimal Real-time MRI Experiments

18-844 Final Slides

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Investment Thesis

(The Elevator Pitch)

- *FOR* MRI technologists and researchers
- *WHO* need reliable articulatory data without wasting scanner time
- *THE* ALFORM system *IS A* real-time articulatory tracking tool
- *THAT* shows which articulators are being used and how often, while you scan
- *UNLIKE* expensive trial-and-error experiments that only discover missing articulators after the fact
- *OUR PRODUCT* gives instant feedback so you can focus on the right movements and collect better data, faster

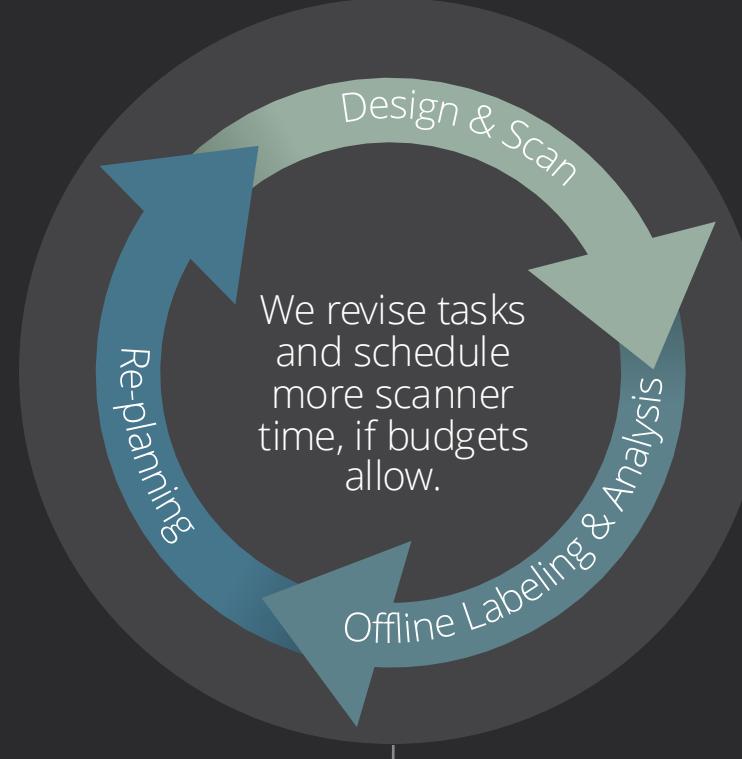
PROBLEM

(Before ALFORM)

During the scan:

We guess which tasks will engage target articulators.

We collect RT-MRI data with no real-time feedback on articulator usage.



After the scan:

We manually label articulators offline.

We discover that key articulators were under-sampled or missed.

Wasted scanner time

Expensive RT-MRI sessions that don't capture what we need

Incomplete biased datasets

Important articulators (e.g., velum, tongue root) under-represented.

Slow, non-scalable science

Manual labeling + re-scans limit sample sizes & slow down progress

Here's How We Enhance Productivity

By Improving Data Collection Quality



Initiate

Researchers set target articulators & tasks.

Launch ALFORM with the RT-MRI scan.

Annotate

ALFORM tracks each frame in real time.

Summarizes usage for every articulator.

Calibrate

Identify under-sampled articulators by speaker.

Add tasks to boost underused categories.

Validate

End with balanced articulatory data.

Fewer re-scans, better articulatory analysis.

Unique Real-Time Challenge

Very Challenging For Human Annotators



Articulatory Labels
About 70 to 140 per second



Articulators
About 7 per speech sound

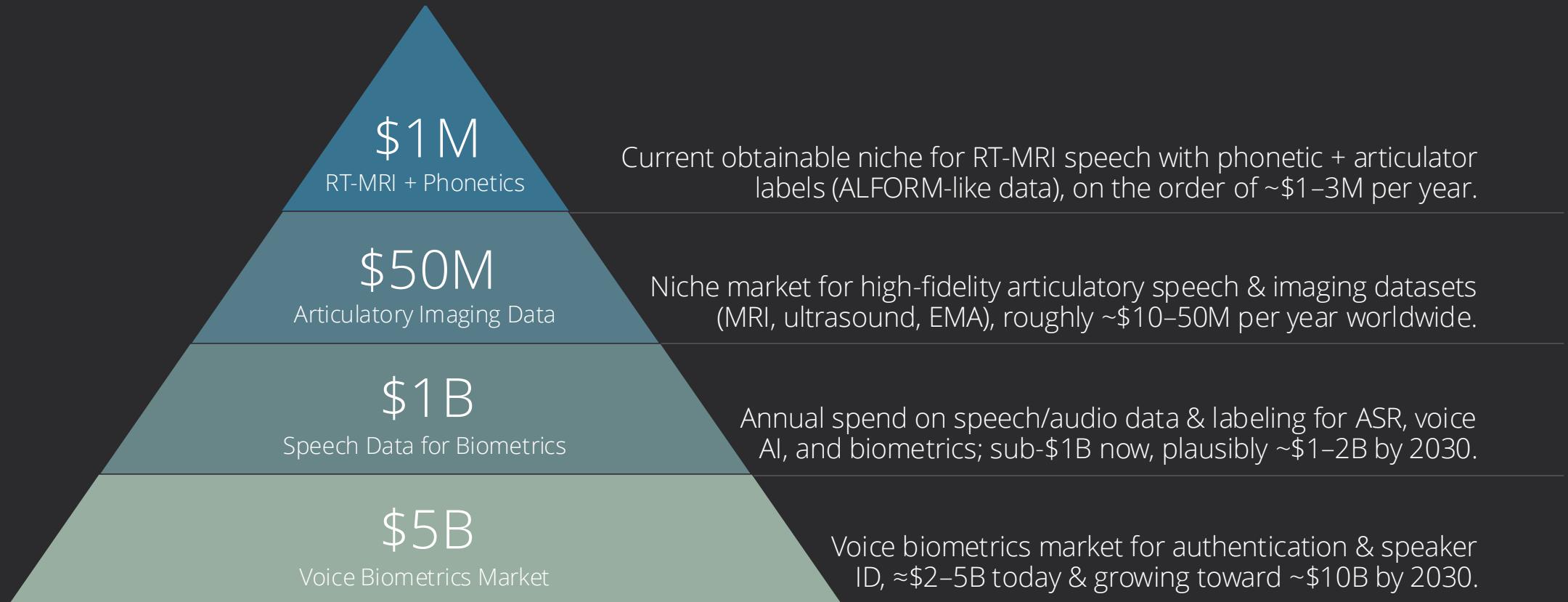


Speech Sounds
About 10–20 per second



A Blue Ocean Market

With Critical Need For Real-Time MRI Speech Data



How Customers Use Our Product

In Medical Applications



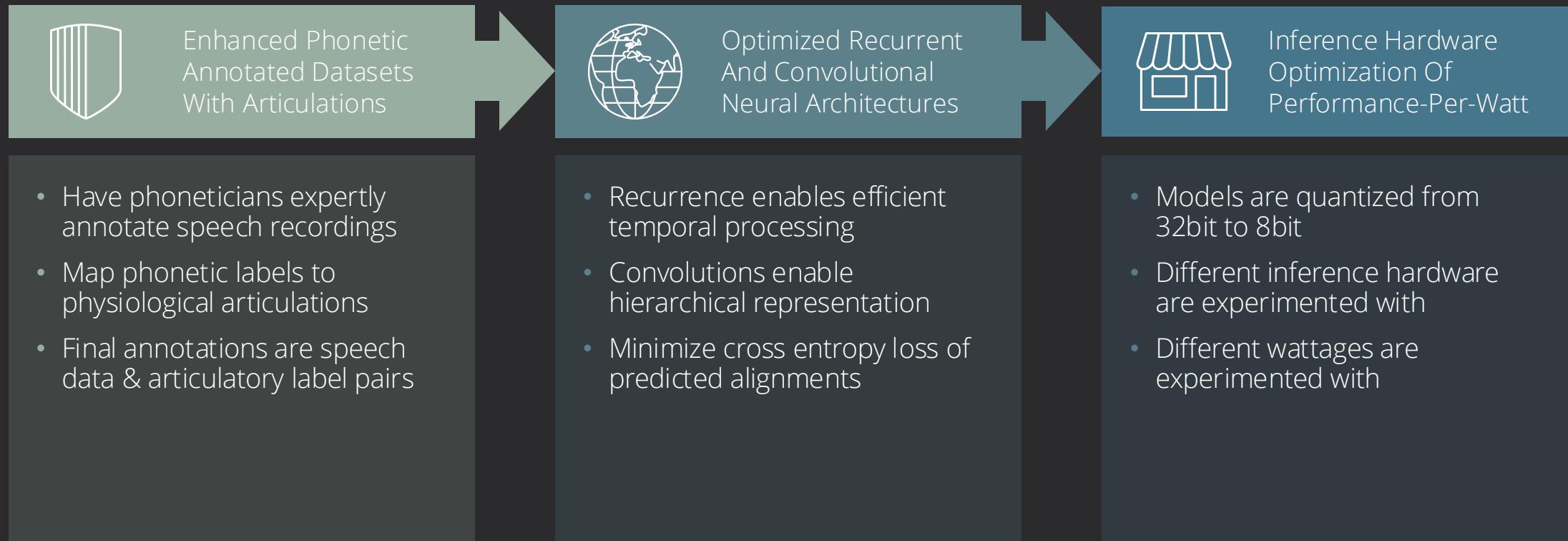
A Jetson AGX Orin is used for development, with the compute + monitor + interface under 100W.



Stricter medical certification is required later on. A medical cart like this would be the next phase.

How Our Product Works

With Deep Learning Technology



What Makes Our Product Different

Efficiency, Efficacy, and Economics

Is it fast?

Over 100X faster than human labelers



Efficiency

Is it accurate?

90% F1 across articulators



Efficacy



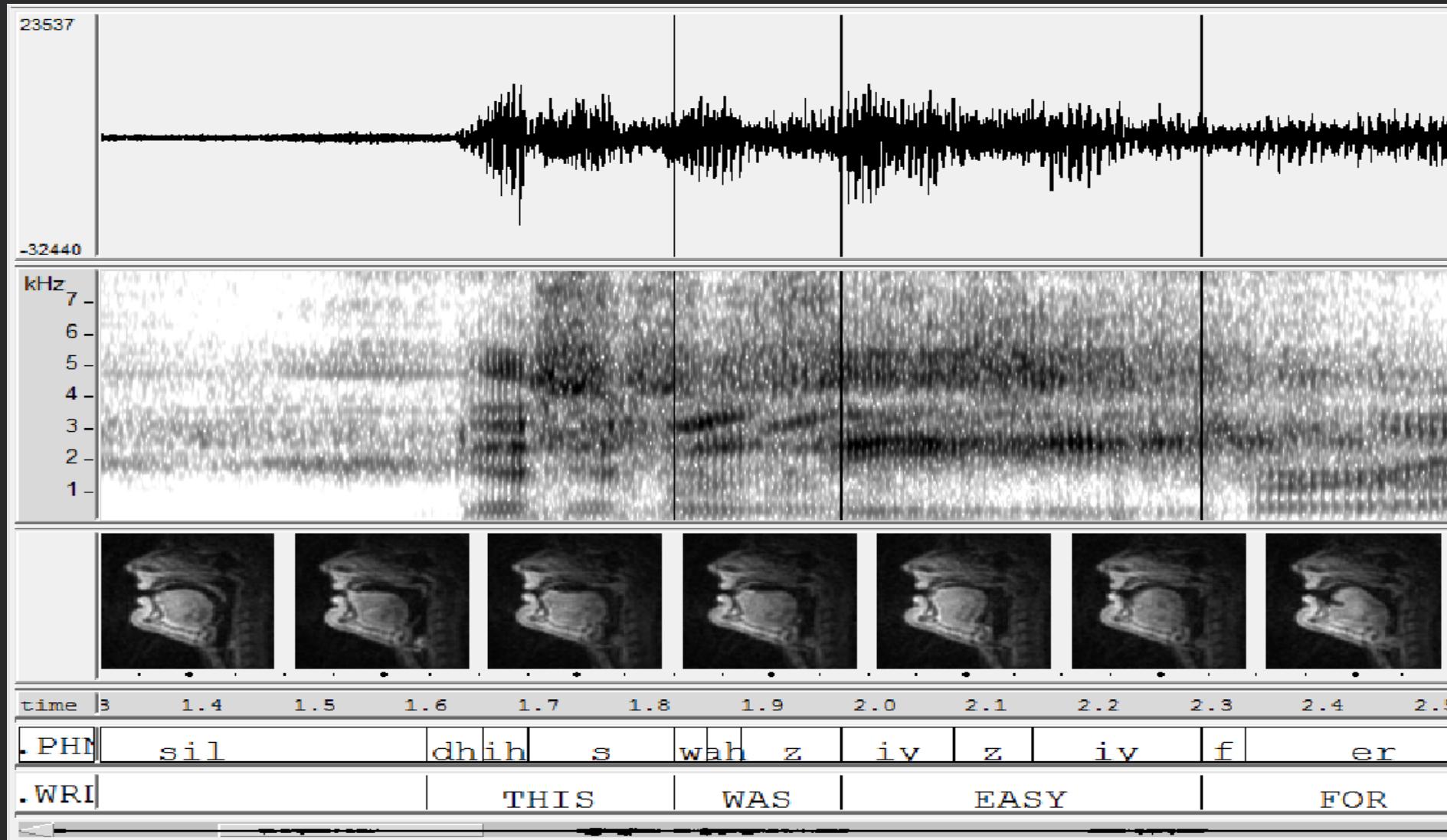
Economics

Is time saved?

Less need to re-do runs

Our Primary Modality Is Speech

Each frame has 1 phoneme label and 7 articulatory labels



Here Are Our Demographics

Focused On 8 Dialect Regions For American English

Figure 3.1: Map of TIMIT Dialect Regions

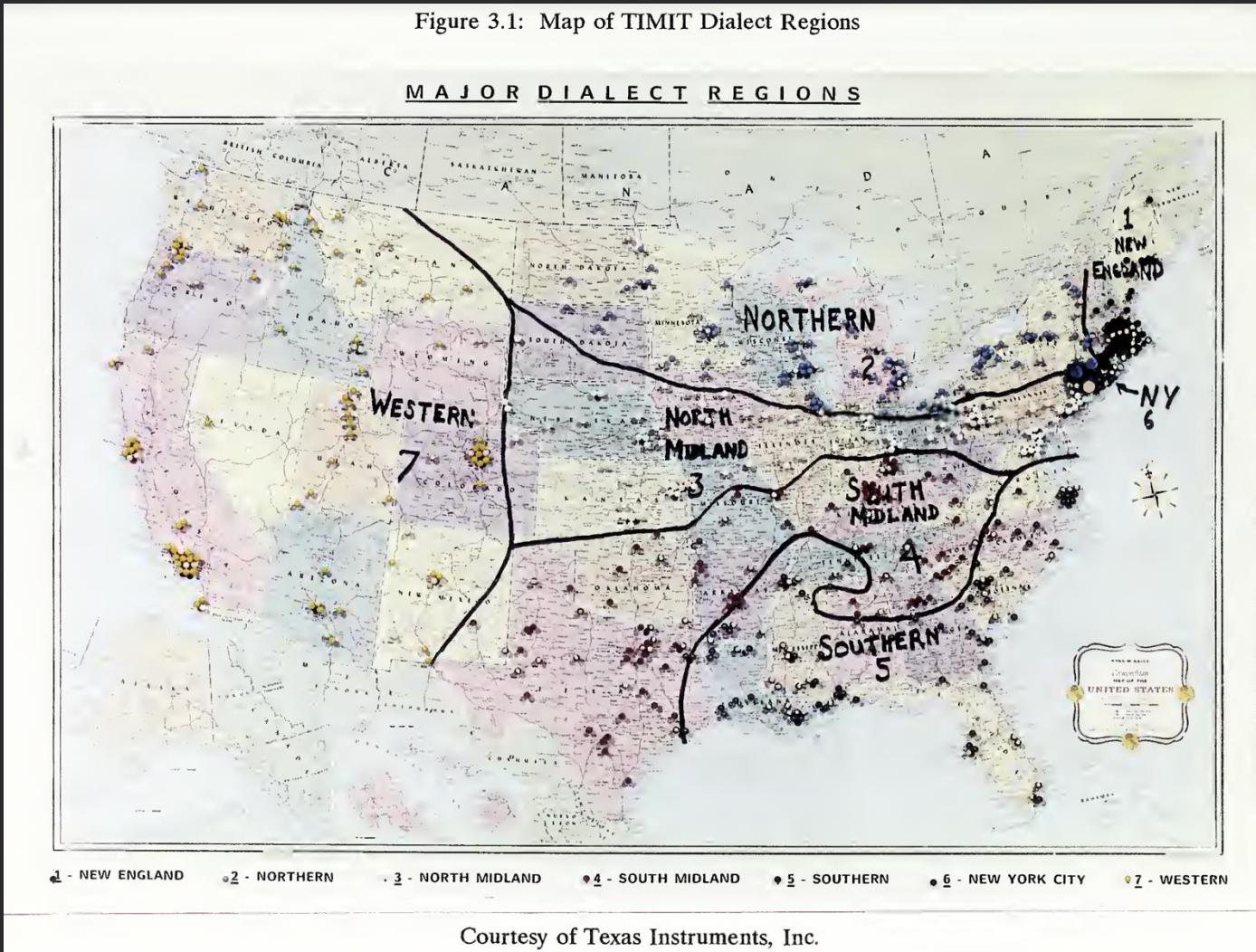
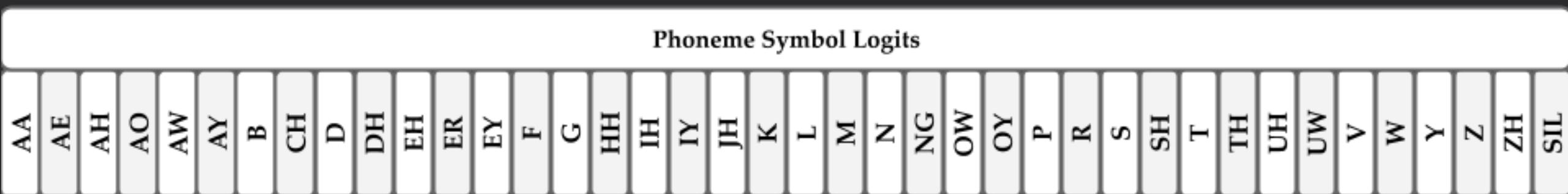


Table 3.1: Dialect distribution of speakers

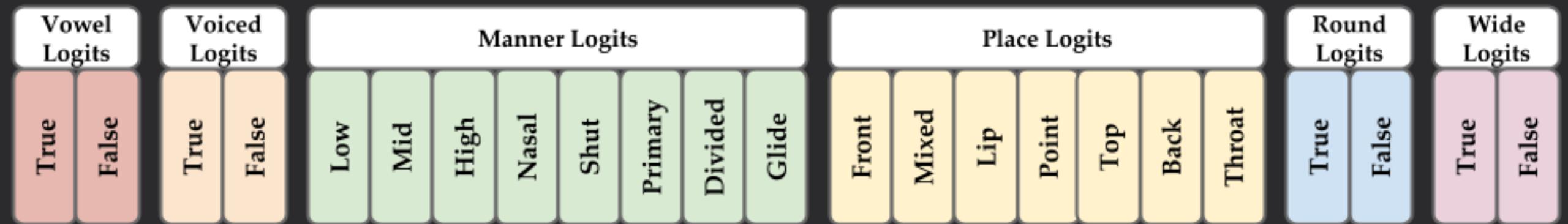
| Dialect Region | | # Male Speakers | # Female Speakers | Total # Speakers |
|-----------------------------|-----------|-----------------|-------------------|------------------|
| Name | Code (dr) | | | |
| New England | 1 | 31 (63%) | 18 (27%) | 49 (8%) |
| Northern | 2 | 71 (70%) | 31 (30%) | 102 (16%) |
| North Midland | 3 | 79 (67%) | 23 (23%) | 102 (16%) |
| South Midland | 4 | 69 (69%) | 31 (31%) | 100 (16%) |
| Southern | 5 | 62 (63%) | 36 (37%) | 98 (16%) |
| New York City | 6 | 30 (65%) | 16 (35%) | 46 (7%) |
| Western | 7 | 74 (74%) | 26 (26%) | 100 (16%) |
| Army Brat (moved around) | 8 | 22 (67%) | 11 (33%) | 33 (5%) |
| Total # Speakers: | | 438 (70%) | 192 (30%) | 630 (100%) |

Courtesy of Texas Instruments, Inc.

Traditional Phoneme Recognition Has One Classification Task



Articulation Involves Seven Separate Classifications

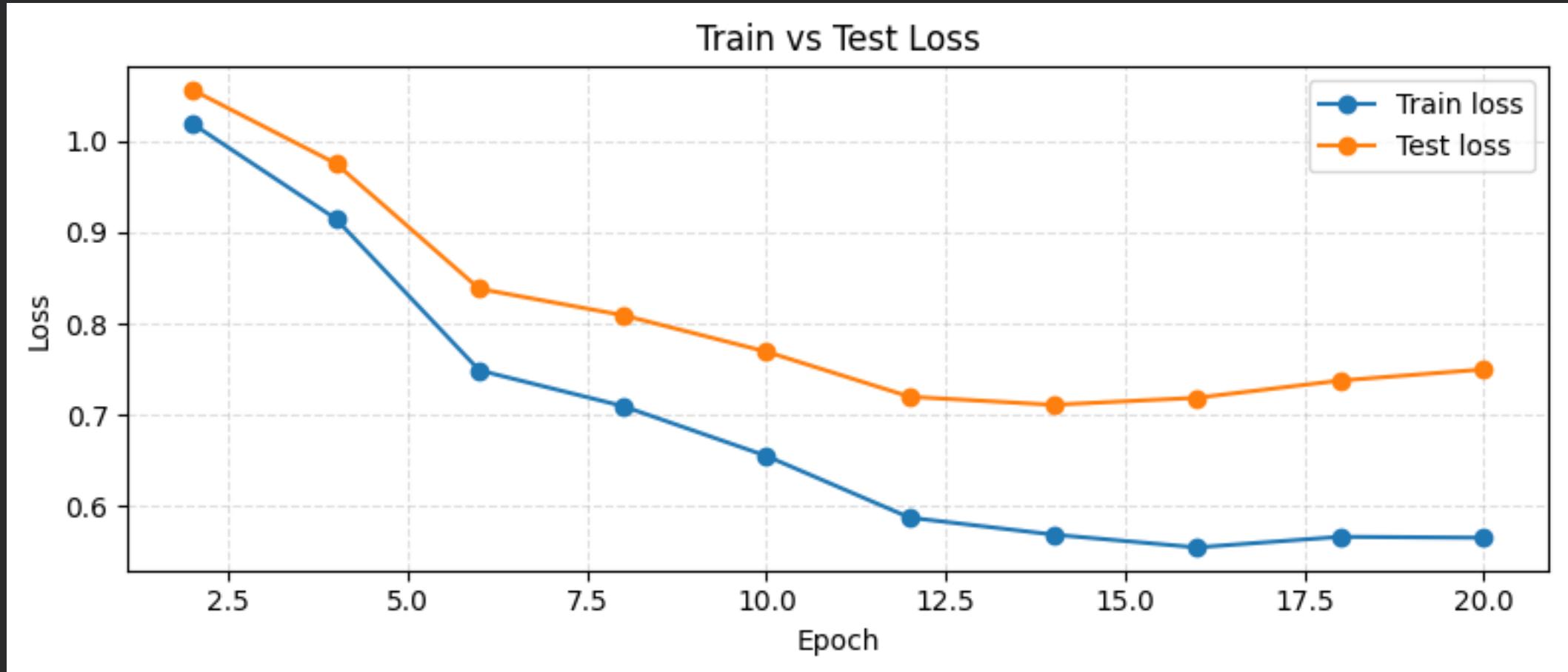


Here Are Our Metrics

On Articulator Recognition By Gender & Dialect

| | Vowel | Voiced | Manner | Place | Modified | Round | Wide |
|--------|-------|--------|--------|-------|----------|-------|------|
| FEMALE | 93% | 97% | 87% | 85% | 96% | 93% | 87% |
| MALE | 92% | 97% | 86% | 85% | 96% | 94% | 89% |
| DR1 | 92% | 97% | 85% | 85% | 95% | 92% | 87% |
| DR2 | 93% | 97% | 87% | 86% | 97% | 95% | 89% |
| DR3 | 92% | 97% | 87% | 85% | 97% | 95% | 89% |
| DR4 | 92% | 96% | 86% | 84% | 96% | 94% | 88% |
| DR5 | 92% | 97% | 85% | 84% | 96% | 93% | 87% |
| DR6 | 92% | 97% | 87% | 85% | 96% | 94% | 87% |
| DR7 | 92% | 97% | 86% | 85% | 97% | 93% | 89% |
| DR8 | 92% | 96% | 86% | 85% | 97% | 94% | 88% |
| ALL | 92% | 97% | 86% | 85% | 96% | 94% | 88% |

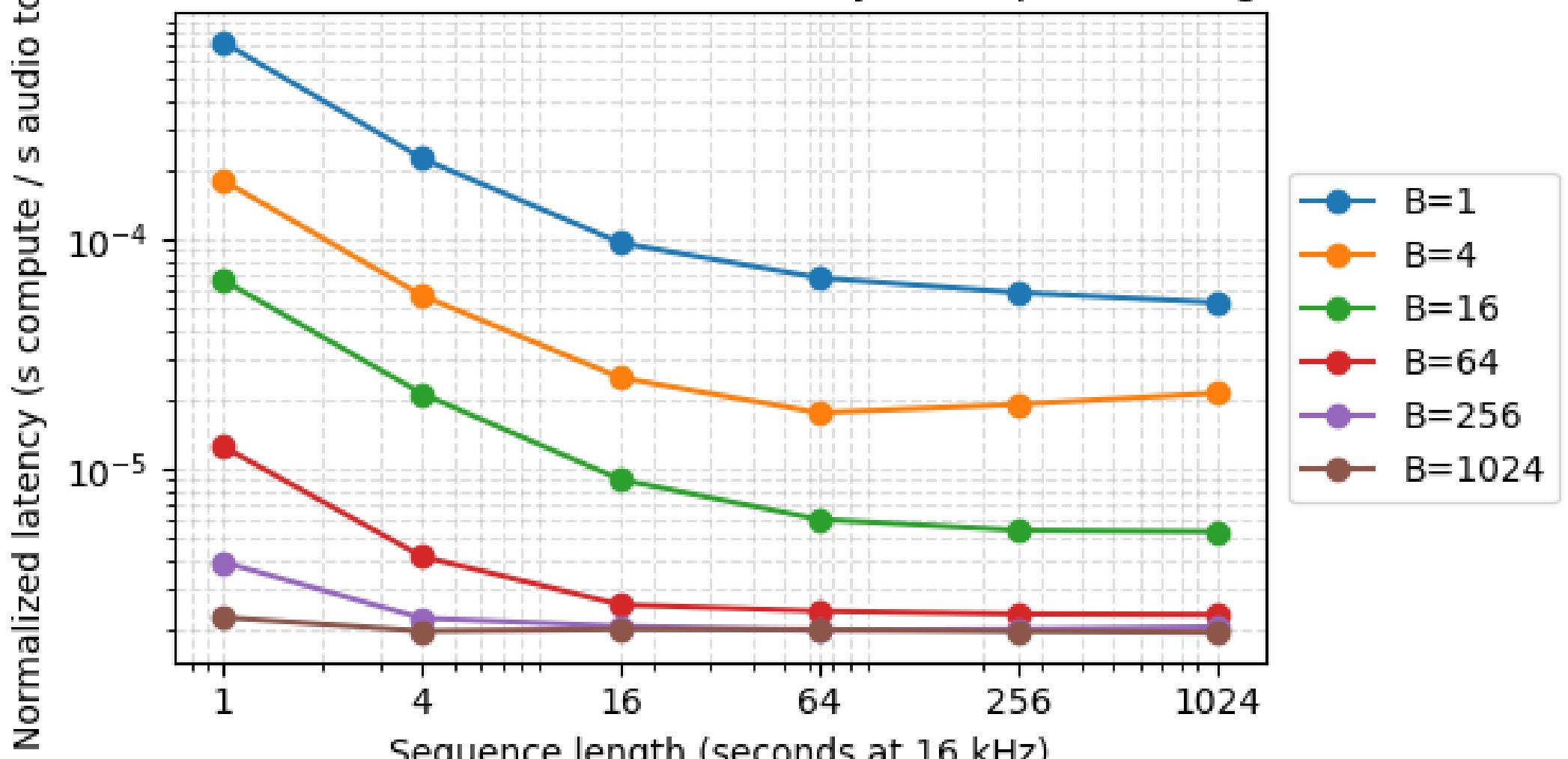
Here Are Our Metrics On Model Training Optimization



Model overfits, but shows capability of learning more-complex representations.
Future work will look into closing the gap using different loss functions as regularizers.

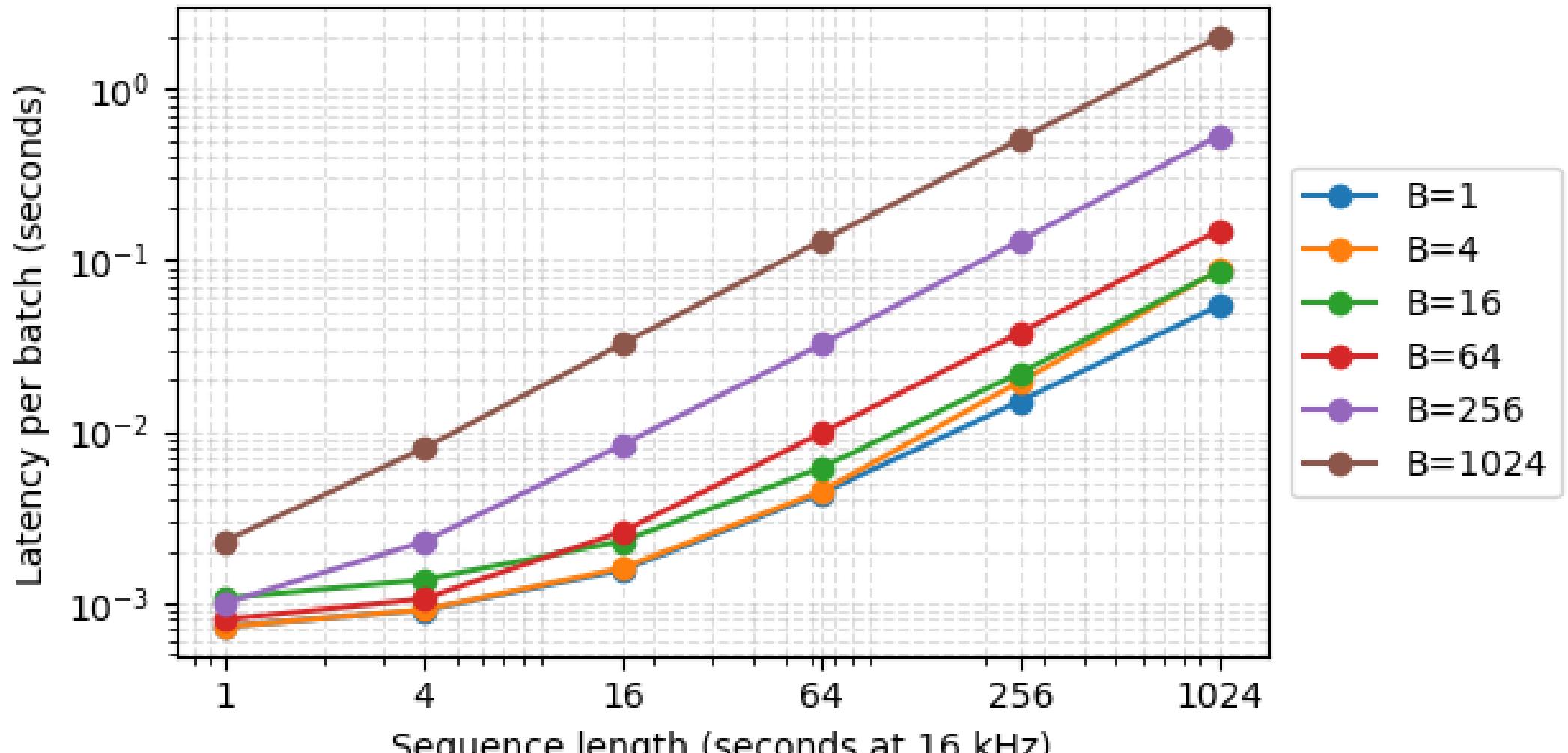
Here Are Our Metrics

GRU inference: normalized latency vs sequence length



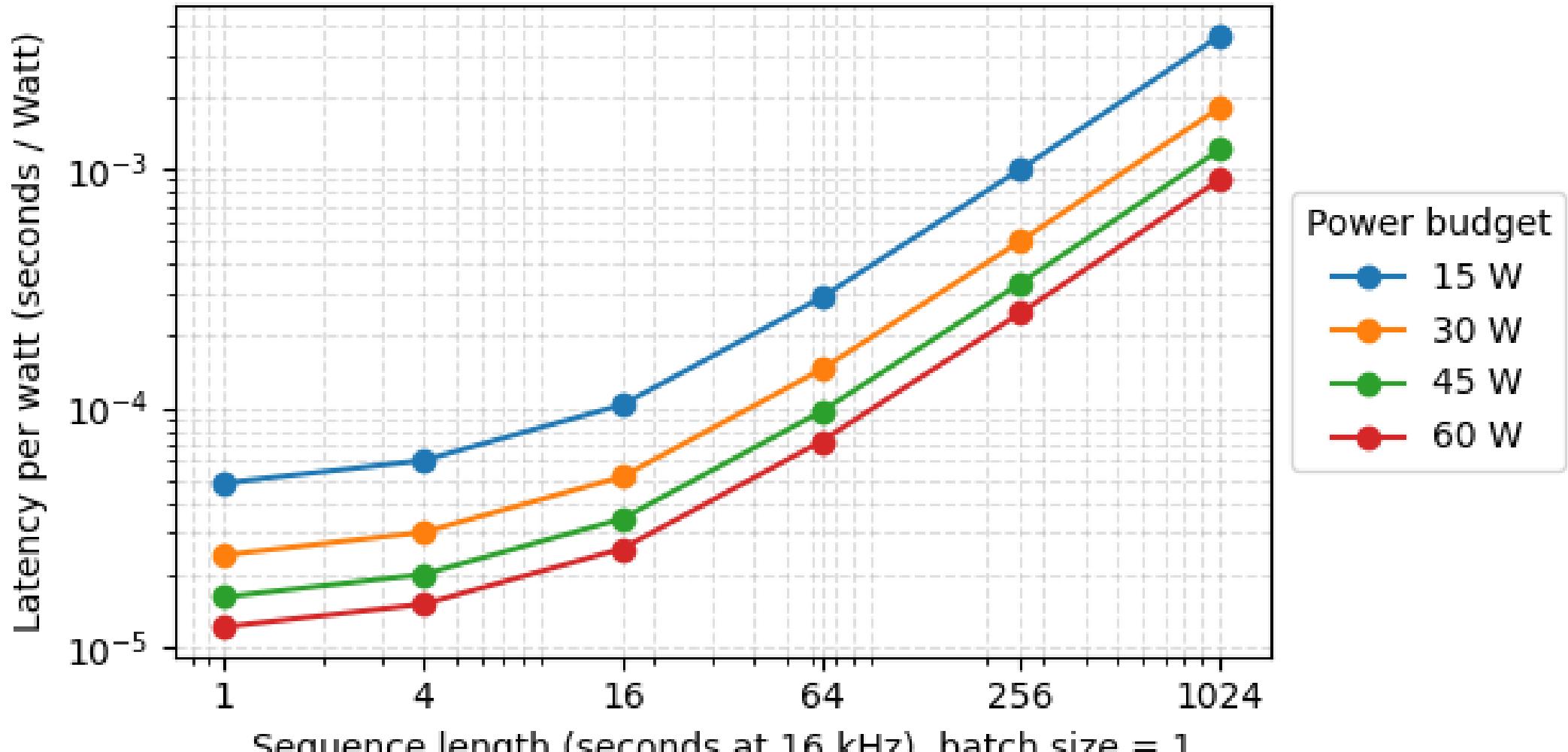
Here Are Our Metrics

GRU inference: total latency vs sequence length



Here Are Our Metrics

Latency per Watt vs sequence length (B=1)



The Next Phase Needs \$10K

To Prototype On Medical-Grade Hardware (IEC 60601-certified)

01

Computer

Rugged AI computer with shielded medical I/O and ESD-safe chassis so plugging in cameras and sensors is safe for staff and patients.

\$5,800

02

Monitor

High-brightness, disinfectant-safe screen that stays readable under hospital lighting and survives constant cleaning without damage.

\$1,200

03

Chassis

Stable, low-tip medical cart with smooth hospital grade casters and cable routing so the whole system moves safely between patients.

\$1,500

04

Battery

Fault-tolerant medical battery pack with thermal and overload protection, built to power the cart for hours without risky DIY wiring.

\$1,500

Considerations TODO

Many practical challenges need to be considered.



RNNs on Edge Impulse?

RNNs aren't supported, so it needs to be hacked or CNN is needed instead.



Propose HW Configs

Give some options for low, medium, and high end recommended configs.



Testing On Jetson AGX Orin

Hardware optimization needs to be re-run on the different AGX constraints.



Real-Time Demonstration

Optimal hardware usage is likely not real-time, but RT would improve demo.



Applied Example

An example articulatory report needs to be made for the medical technician.



Training Improvement

Close the overfitting gap and consider a contrastive loss for robustness.

Investment Thesis Recap

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Thank You!



Acknowledgements

- MRI images are from USC 75-Speaker Speech MRI Database
- Gender and Dialect region data are from TIMIT
- Source link to the articulation video is embedded
- Financial estimates are approximate
- A language model was used to facilitate drafting