

DEEP LEARNING BASED CORONA DETECTION SYSTEM USING X-RAY & CT SCAN

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Abstract : Recently, the maximum spread disruption, which is the now infected Covid-19 contamination, has ceased to be effective. Because of this disorder, both humans and animals become inflamed. Every day people's lifestyles and their health as well as a farmer's financial system are affected as Covid-19 is currently a disorder that is spreading in a completely everyday place, and until now, and the vaccine against COVID-19 is no longer organized, Not even a single United States of America can prepare itself anymore. Observation of inflamed Corona Virus infected people has shown that all these kind of patients are firstly inflamed with lung contamination after exposure to the disorder. Chest x-rays and chest CT are powerful imaging techniques for identifying problems connected to lunge. However chest x-rays is cheaper than a chest Computed Tomography. Deep learning one of the accurate and successful system for gaining knowledge of the technology and has advantages. All analyzes to examine a large number of chest x-rays, which can have a good influence on the detection of corona. In these paintings we include the PA view of chest x-rays for patients affected by the corona virus as well as healthy patients. After we cleaned up the image and applied the information enhancement, we used a thorough understanding of the fully CNN-based fashion and its performance in comparison. We compare the modes of Inception V3, VGG-16 and test their accuracy. To examine version performance, a thousand chest X-rays example images were gathered from the GitHub repositories and Kaggle , 800 of which were used for schooling and 200 for validation. When analyzing the final results, the Inception version offers the best precision (i.e. 96.00%) for the detection of X-ray images in the chest compared to different modes.

Keywords : Deep Learning, Machine Learning, Chest X-ray images, Radiology images, DarkNet, Machine Learning, Deep Learning, Inception V3, VGG-16.

I. INTRODUCTION

Corona Virus is a serious disease in which huge numbers of people losing thier life each day. This Corona Virus infection impact not only one nation, but also the whole world has infected from this viral Covid-19. Over the previous year, different types of infection like MERS, SARS and influenza, etc have come to know the scene, but they have only lasted a couple of moths and days. Huge doctors and scientists are researching on this kind of virus, and some of them are resolved and diagnosed because based on the accessibility and availability of their vaccines they make. But now the complete globe is currently suffering by Corona Virus infection and most importantly, no researches & scientist of a single kingdom fully successful to prepare a Covid-19 vaccine. Every and ach day humans loosing their life due to Covid-19. In the March of 2020, they have publish some Chest x-rays images of normal people and some those were they had Covid were infected Covid-19 were available for research & analysis on internet in various repositories and sources such as Github, Kaggle. Corona Virus is now turns into a very big pandemic for the world. Analysis of Corona Virus infected people requires more attention caution and needs to be so much cured it requires a very precise course of action to lessen the chances of peoples were not affected by Corona Virus.

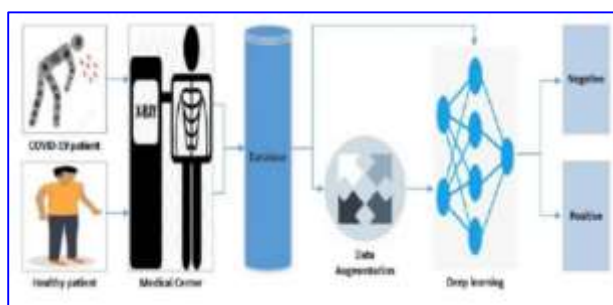


Fig: Architecture of proposed system

The Covid-19 infection firstly occur as a sore throat, and then immediately all peoples were faced some problems with shortness of breath. Corona Virus disease is a pandemic where its getting very difficult to isolate Coronavirus infected patients, perform adequate detection and provide adequate protection with prevention to protect healthy people. This infection follows a steps in the chain that is transmitted from person to person after contact with those infected with Coronavirus the staff of hospital, doctors and the nurses and clinical facilities play a very import role in term to diagnose and fight with this epidemic. Although very huge and rapid Coronavirus tests are considering to be used in the clinical and hospital setting at the point, processing times of Covid test results are currently between three and more48 hours and it is unlikely that all globes will used test kits deliver the results quickly.

Our goal is to offer an interface via which we will deploy automation to detect coronavirus via X-rays and a CT test picture the use of the deep learning goal. The proposed COVID-19 type approach relies upon at the homes of the second features orthogonal and orthogonal feature choice techniques. In actual life, we constantly choose to go at a clinical prognosis primarily based totally on multiple factors of view from clinical experts. The combined opinion of clinical experts contributes to a greater dependable conclusion. Following the identical philosophy, some CNN reference fashions had been followed in our proposed work. First have been educated for making unbiased predictions. Then fashions combined together of the use of a brand new weighted average rate approach to are expecting a class score. This new proposed approach is anticipated to make the maximum robust prediction. previously educated CNN fashions VGG and Inception.

II. RESEARCH METHODOLOGY

2.1 Design Methodology and Framework

In real world, each time we choose to have a medical diagnosis based on multiple views from medical experts. The multiple opinion of medical field experts contributes to a more good result. With the same philosophy, our proposal has adopted several CNN reference models that individually trained to make separate own predictions, The work consists of three previously trained CNN models: VGG-16 and Inception [3]. The main advantage of the pre-trained CNN model requires comparatively fewer parameters than similar conventional CNN types. Layer inherits the feature maps from all previous layers as tickets. This helps to harden the spread of features and promotes the reuse of features. It is a contemporary convolution network that is easier to train than any other deep convolution network, produces greater precision, and converges faster. Also, gradient problems that disappear or explosions are fixed by using "residuals" blocks "in the architecture.

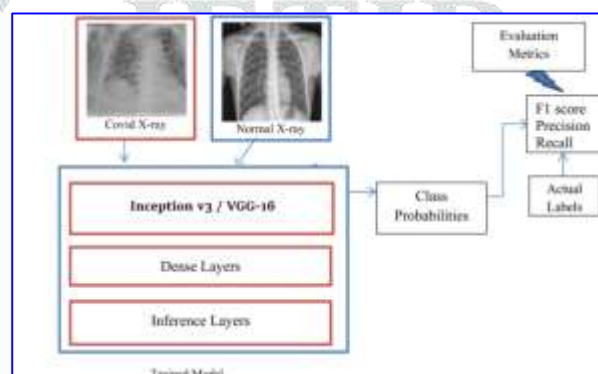


Fig : Purposed model

2.2. Feature Selection & Extraction.

Patients infected with Non Corona Virus have multiple X-rays texture patterns "For example: B-pointed frosted glass opacities (Figure 2a), lung consolidations (Figure 2c), reticulonodular opacities (Figure 2b) etc. on CXR images (Hosseiny et al. 2020) These subtle visual features can be efficiently represented with the help of radiomic texture descriptors become. The study used eight first-order statistical features (FOSF)" [3]. Coexistence of grayscale (GLCM) and 8100-oriented gradient histogram (HOG). "The FOSF describes entire image at a glance using mean, variance, roughness, smoothness, kurtosis, energy and entropy, etc. The GLCM feature describes the spatial correlation between pixel intensities in radiographic texture patterns along four different directions ($i.0^\circ$, 45° , 90° , 135°), while the HOG function encodes the information of the local shape / texture" [3].

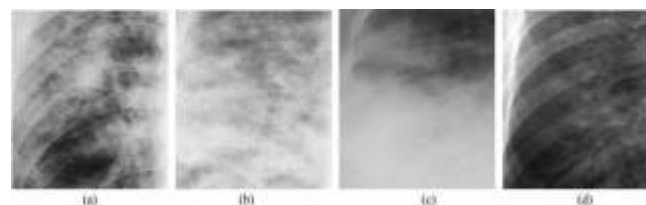


Fig : Corona Virus Chest X-ray images : (a) Frosted glass opacities, (b) grid opacities, (c) lung consolidation, (d) slight opacities.

The method mimics management, encirclement and hunting strategies of gray wolves. The method is not trapped in local minima, which motivated us to use it in our study. "Mathematically, the gray wolves are divided into four categories called Alpha (α), Beta (β), Delta (δ), and Omega (The Wolf ω)" [3]. You make the decisions & manage the finding steps with the help of Beta The β -wolves are the most suitable item to change the alpha when the alpha is very far away next in the hierarchy, they follow the directions of the α and β wolves, but dominate the omega wolves. "The wolves are the lowest in the hierarchy and report to these leading wolves. The wolves' rounding strategy is described in equation (1) "[3].

$$X(t+1)=Xp(t)-A.D (1)$$

$$\text{Where } D = |C.Xp(t) - X(t)| \quad (2)$$

2.3 Experimental Dataset

So the overall dataset for this system was compiled from the Github repository, which contains chest x-rays of affected, normal, and pneumonia covid-19, as well as CT images of the lungs. Any Diagnostic method deep learning model but exploring different ways to efficiently detect Covid infections using the technique of computer vision methods. The gathered data is a total of 1000 x-rays photos of the chest and 750 computed tomography images. This dataset partitioned into training 80% and validation 20% of normal, Covid and infected Covid. The scans were scaled down by 224×224 to allow for a quick training of our model. in line with our covid dataset



Fig : Normal X-Ray

COVID X-Ray

In this portion we have described COVID-CT data set is structured. “We first collected 760 images on COVID-19 from medRxiv2 and bioRxiv3. Many of these preprints report COVID-19 patient cases, and some CT images in the reports. The images are linked with subtitles that describe the clinical findings on the CT” [4]. The quality of images with a resolution, size, etc. of the images was very well preserved. From this structural information, identify the labels associated with the figures. “Given these extracted numbers and subtitles, we initially selected all of the CT images manually” [4]. “Then for each CT image. We read the associated label to help determine if you are positive for COVID-19” [4]. If we can't judge by the subtitle we localize the text by analyzing this number in prepress to make a decision. “For each CT image, we also collect meta information extracted from the article, such as: E.g. age, gender, location, medical history, scan time and severity of COVID -19. and radiology report. We contain several CT images as sub-figures and manually divide them into individual CTs as shown in figure “ [4].



Fig : Covid Dataset

“In the end, we received 349 CT images that were marked positive for COVID-19. These CT images have different sizes. The minimum, maximum, and average heights are 153, 491, and 1853. The minimum, mean, and maximum widths are 124, 383, and 1485. These images show 216 patient cases. The figure shows some examples of COVID-19 CT images. In the case of positively marked patients, 169 have age information and 137 of them have gender information. COVID-19 patients. The figure shows the gender ratio of COVID-19 patients. Male patients are more numerous than female patients with 86 and 51 respectively” [4].

III. RESULTS AND DISCUSSION

In our purposed system it has six different modules and each separate module has their our use discussed as below.

1. Login Module

- In this module the doctor will login into system and then they will use the model for patient.
- The login module contains email and password for accessing the system.
- This module will allow doctor to enter in the system to use the system for checking that the patient is corona positive or not.



Fig : Login Page

2. Algorithm Training Module (for Chest X-Rays)

- a) In this module we train the cnn algorithm with the covid - 19 X ray dataset
- b) In this module we had train cnn algorithm with two different model layer such as
 - i. InceptionV3 with 96 % accuracy
 - ii. VGG layer with 93 % accuracy
- C) we have used 500 ephocs for training we have used google colab for execution.
- D) This module will basically about training algorithm on X-ray images

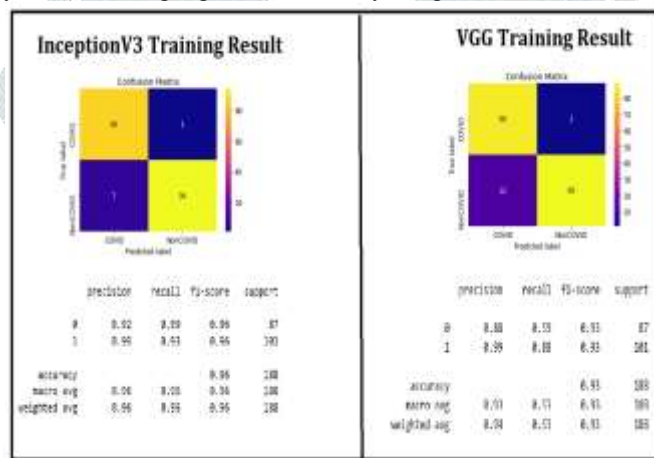


Fig : Algorithm Training Module (for Chest X-Rays)

3) Image Selection Module

- a) In this module we have to select the input x ray image.
- b) From this module selected image will directly pass to our trained and saved model
- c) It allows image to select in jpeg and png format both.



Fig Image Selection Module

4) Covid X ray Prediction

- a) In this module we can able to predict whether the patient is suffering from covid or not
- b) In this module we have to choose the X-Ray image of patient.
- c) In this module we have used our trained cnn algorithm with two different model layer such as 1. InceptionV3 with 96 % accuracy 2. VGG layer with 93 % accuracy
- d) In this module we just have to pass the x-ray image and system will apply the algorithm and make prediction whether patient has covid infection or not

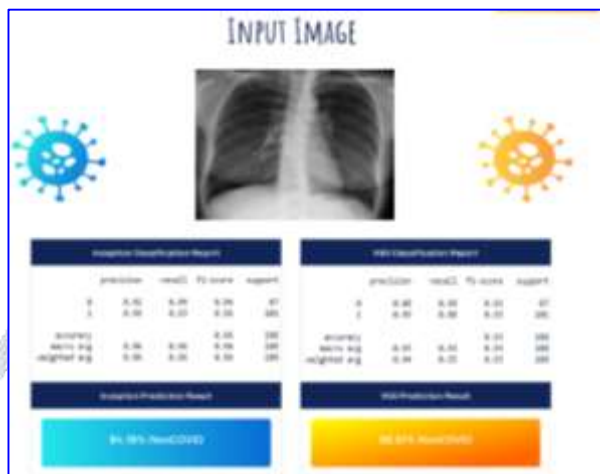


Fig : Covid X ray Prediction

5) Algorithm Training Module (for Chest CT - Scan)

- a) In this module we can able to predict whether the patient is suffering from covid or not
- b) In this module we have to choose the CT-Scan image of patient.
- c) In this module we have used our trained cnn algorithm with two different model layer such as 1. InceptionV3 with 93 % accuracy 2. VGG layer with 93 % accuracy
- d) In this module we just have to pass the CT-Scan image and system will apply the algorithm and make prediction whether patient has Covid infection or not

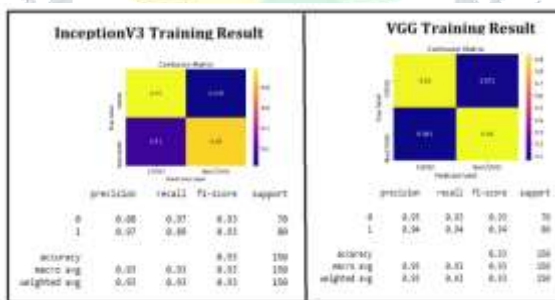


Fig : Algorithm Training Module (for Chest CT - Scan)

6) Covid Prediction from CT Scan Image

- a) In this module we can able to predict whether the patient is suffering from covid or not
- b) In this module we have to choose the CT image of patient.
- c) In this module we have used our trained cnn algorithm with two different model layer such as 1. InceptionV3 with 93 % accuracy 2. VGG layer with 93 % accuracy
- d) In this module we just have to pass the CT_image and system will apply the algorithm and make prediction whether patient has covid infection or not

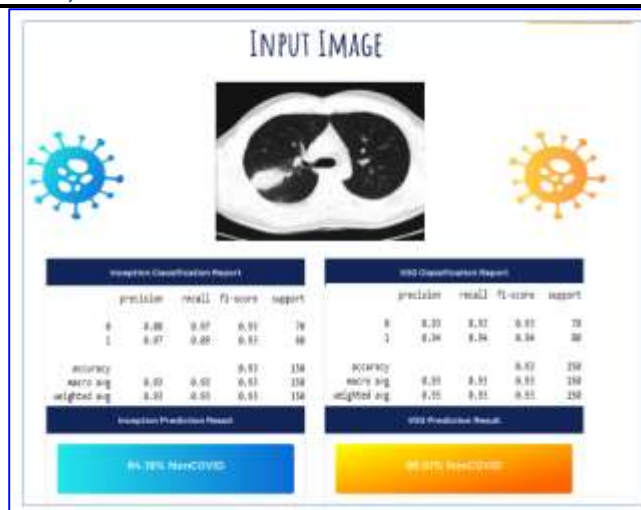


Fig : Covid Prediction from CT Scan Image

IV. CONCLUSION

In this look, we present a machine for the preliminary prognosis of patients infected with nCOVID-19 so that appropriate precautions like RT-PCR test used to prevent the disease from returning, are summarized below: The proposed machine showed promising potential for separating patients with normal, pneumonia and inflamed nCOVID-19, which was confirmed by the considerable performance of (VGG-16 = 93% and Inception V3 = 96%), using the validation set. Due to different imaging situations in individual hospitals, there are significant differences within the entered CXR snapshots. The proposed machine uses advanced snapshots that to train the version and improve its robustness. • Radiation texture description such as HOG are exceptionally green to quantify the correlation attributes of radiological visual features integrated with non Corona infection.

In contrast to the DL app, which requires data. Roaches, the proposed machine used traditional training algorithms version with limited annotated snapshots and less computational power and resources. This type of machine may have higher clinical acceptance & also can be implemented in a resource constrained environment Future work should aim to improve the accuracy and medical acceptance of machine. Integrating patient symptoms and feedback from radiologists into the CAD machine can help in creating a robust screening machine. In addition, an analytical intensity assessment of the performance between traditional algorithms and in-depth study techniques can help determine their clinical acceptability.

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