ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

## Deep Convolutional Neural Network Multimodal and Transfer Learning Model For Pneumonia Detection in Medical Images

Dr.Salim A. Chavan<sup>1</sup>, Prof.Sameer B. Ashtekar<sup>2</sup>, Prof. Dipak B. Bhongade<sup>3</sup>, Prof.Hemant S. Kadamdhad<sup>4</sup>, Prof.Ashwini V. Waghale<sup>5</sup>

<sup>1</sup>Principal, Assistant Professor<sup>2345</sup>, Electronics and Telecommunication Engineering<sup>2345</sup> Govindaraowanjari College of Engineering and Technology<sup>12345</sup> <u>salimsahil97@rediffmail.com<sup>1</sup></u> <u>sameer.ashtekar2007@gmail.com<sup>2</sup></u> <u>dipak16may@gmail.com<sup>3</sup></u> <u>hkadamdhad@gmail.com<sup>4</sup></u> ashwinigadekar22@gmail.com<sup>5</sup>

Abstract: Millions of people throughout the globe suffer from pneumonia, a potentially fatal respiratory illness. Effective treatment and patient outcomes depend on a prompt and correct diagnosis of pneumonia. Diagnosing pneumonia is mostly dependent on medical imaging tests like X-rays and CT scans. To improve the diagnostic precision and productivity, this research introduces a unique multimodal and transfer learning model for deep convolutional neural network (CNN)-based pneumonia identification in medical pictures. Our proposed approach takes full use of multimodal data by integrating findings from many imaging modalities into a single framework for enhanced diagnostic accuracy. The detection accuracy is improved by combining X-ray and (Computed tomography) CT scan pictures, which provide complimentary information. In addition, we use transfer learning to take advantage of pre-trained models, enabling the network to pick up pertinent characteristics and patterns from massive datasets, which aids in the diagnosis of pneumonia in medical images.

# Keywords: Pneumonia, X-ray, convolutional neural network, Medical imaging, Computed tomography

## Introduction

Pneumonia, a widespread and life-threatening respiratory infection, continues to be a significant public health concern worldwide. Timely and accurate diagnosis of pneumonia is essential for initiating effective treatment and improving patient outcomes. Medical imaging, particularly X-rays and CT scans, plays a pivotal role in facilitating the diagnosis of this condition, providing critical visual information that aids healthcare professionals in making informed decisions. However, the interpretation of these medical images can be challenging, as it often relies on the expertise of radiologists and clinicians, and the process can be time-consuming[1-4].

Machine learning, especially deep learning techniques, has shown remarkable promise in automating the interpretation of medical images, thus expediting the diagnosis and enhancing its accuracy. Deep Convolutional Neural Networks (CNNs) have proven particularly



#### ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

effective in various image classification tasks, including pneumonia detection. This paper introduces a novel and advanced machine learning application for the automated detection of pneumonia in medical images, combining the strengths of deep CNNs, multimodal data integration, and transfer learning [5].

The primary motivation for this research is to develop a highly accurate and efficient model for pneumonia detection, which can potentially reduce the workload on healthcare professionals, speed up the diagnostic process, and improve the overall quality of patient care[6]. In this study, we propose a comprehensive approach that leverages multiple modalities of medical images and transfer learning techniques to tackle the challenges associated with pneumonia diagnosis [7].

Our approach goes beyond traditional single-modality image analysis by integrating information from both X-ray and CT scan images. These two modalities offer complementary insights into the disease, where X-rays provide a quick initial assessment, and CT scans offer a more detailed and nuanced view. By combining these modalities, we aim to enhance the accuracy of pneumonia detection, making it more robust and reliable [8].

Furthermore, transfer learning is incorporated to harness the knowledge learned from largescale datasets in domains other than pneumonia detection. This technique enables our model to inherit valuable features and patterns from pre-trained models, enhancing its ability to extract relevant information from medical images. By leveraging transfer learning, we aim to improve the model's performance, particularly in cases where labeled data is limited or imbalanced[9].

In this paper, we present the architecture, methodology, and experimental results of our deep CNN multimodal and transfer learning model for pneumonia detection. We demonstrate its effectiveness in accurately identifying pneumonia cases, while also providing insights into the interpretability of the model, which can be invaluable to radiologists and healthcare professionals[10].

Ultimately, our research aims to contribute to the field of medical image analysis by introducing an advanced machine learning application for pneumonia detection. The potential benefits of this model include quicker and more accurate diagnosis, which can lead to improved patient outcomes, reduced healthcare costs, and better resource allocation within healthcare systems. Additionally, the principles and techniques introduced in this study can be extended to other medical imaging tasks, opening up new avenues for enhanced diagnostic capabilities in the field of healthcare[11].

Applying AI and image processing to the identification of pneumonia is motivated by a number of factors:

a. Rising Pneumonia Cases: Millions of people around the world contract pneumonia each year, a common respiratory ailment. Rapid and precise pneumonia case detection can greatly enhance patient outcomes while lessening the strain on healthcare systems.



#### ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

b. Radiologist Workload: Radiologists interpret medical images, such as chest X-rays used to diagnose pneumonia. However, there are difficulties in timely and appropriate interpretation due to the rise in imaging tests and the shortage of radiologists. Radiologists may receive assistance from automated pneumonia detection technologies, which may also lighten their workload and boost productivity.

c. Objective and Standardized Diagnosis: Pneumonia identification can be standardized by using image processing and AI algorithms, reducing interobserver variability and arbitrary interpretations. This reliability of the diagnosis can improve the standard and dependability of patient care.

d. Early Recognition and Action: Early identification of pneumonia allows for early intervention, which results in prompt treatment and better patient results. Chest X-rays can be promptly analyzed by AI-based systems, helping medical personnel find pneumonia cases that may have gone unnoticed or need immediate attention.

e. Accessibility and Resource-Limited Environments: Pneumonia affects resource-limited environments disproportionately, because access to specialized medical personnel may be constrained. In these situations, Alpowered pneumonia detection devices can be used to help doctors make accurate diagnoses, potentially saving lives and enhancing patient access to care

## **Problem Statement:**

Pneumonia is a widespread respiratory infection that poses a significant public health challenge, causing morbidity and mortality on a global scale. The timely and accurate diagnosis of pneumonia is crucial for effective treatment and improving patient outcomes. However, the interpretation of medical imaging, such as X-rays and CT scans, for pneumonia diagnosis is a complex and labor-intensive task that often relies on the expertise of radiologists and clinicians. This manual interpretation process can lead to delays in diagnosis, potential human errors, and significant variability in assessments[11].

The current challenges in pneumonia diagnosis in medical imaging include:

Subjectivity and Variability: The interpretation of medical images can vary between different healthcare professionals, leading to subjective judgments and potential diagnostic discrepancies[12].

Workload: Radiologists and clinicians face heavy workloads and time constraints, which may impede their ability to provide timely diagnoses, especially in the case of large patient populations.

Limited Access to Experts: In many regions, there is a shortage of specialized medical experts, making it difficult for patients in remote areas to access timely and accurate diagnostic services.



#### ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

Data Volume and Complexity: The volume of medical images generated daily is substantial, and the interpretation of these images requires a deep understanding of anatomical and pathological structures. The complexity of the data further complicates the diagnostic process[13].

To address these challenges, this study proposes the development of a deep Convolutional Neural Network (CNN) multimodal and transfer learning model for pneumonia detection in medical images. This model aims to:

Enhance Diagnostic Accuracy: By leveraging the power of deep CNNs, the model intends to provide more accurate and consistent diagnoses, reducing variability and subjectivity in interpretations.

Improve Efficiency: Automation of the diagnosis process using machine learning can significantly reduce the time needed for image analysis, leading to quicker diagnoses.

Address Resource Shortages: This model can assist healthcare facilities in regions with limited access to specialized medical experts by providing a reliable and automated diagnostic tool.

Facilitate Multimodal Integration: By integrating information from both X-ray and CT scan images, this model can offer a more comprehensive and robust assessment of pneumonia cases.

Leverage Transfer Learning: Transfer learning allows the model to inherit knowledge from large-scale datasets, making it more effective, even in situations where labeled data for pneumonia detection is limited.

The proposed deep CNN multimodal and transfer learning model for pneumonia detection represents an innovative solution to address the challenges in pneumonia diagnosis, with the potential to revolutionize the way medical imaging is used for this purpose. This study aims to demonstrate the effectiveness of this approach and its potential to improve patient outcomes, reduce healthcare costs, and enhance the efficiency of healthcare services in the context of pneumonia diagnosis.

## **Radiological Imaging for Pneumonia Diagnosis**

Diagnosing pneumonia is greatly aided by radiological imaging. Chest X-rays and CT scans are only two examples of the many imaging techniques used to diagnose pneumonia, and they are discussed below. Consolidation, infiltrates, and pleural effusion are only some of the radiographic abnormalities that may be seen in patients with pneumonia, and they are all discussed. Furthermore, the difficulties and restrictions of depending entirely on imaging are discussed in this section. Pneumonia is an inflammation of the lungs caused by an infection caused by viruses, bacteria, fungi, or other germs[14]. A chest x-ray, chest computed tomography scan, chest ultrasound, or needle biopsy of the lungs may be used in addition to the doctor doing a physical examination to make a diagnosis. Thoracentesis, chest tube insertion, and image-guided abscess drainage are all procedures that may help doctors learn



ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

more about a patient's overall health and lung function. Inflammation of either lung is a possible outcome of pneumonia. It's possible that a virus, bacterium, fungus, or any other microorganism is to fault. In most cases, exposure to infected air is what causes someone to get ill[15].

Severe problems, such as respiratory system failure, infection spread, fluid around the lungs, abscesses, or uncontrolled inflammation throughout the body (sepsis), may result from pneumonia. Seeing a doctor quickly is essential if the patient is exhibiting these symptoms since the disease might be lethal. The primary care physician will first inquire about the patient's current symptoms and past medical history. During the physical examination, the doctor would also listen to the patient's lungs[16]. Listening for abnormalities like crackling, rumbling, or wheezing is part of the diagnostic process for pneumonia. A medical imaging exam may be ordered if the treating physician suspects pneumonia. A physician may recommend one or more of the following examinations to rule out pneumonia:

X-ray of the chest: If your doctor suspects you have pneumonia, an x-ray may show him or her your heart, blood vessels, and lungs. When analysing the x-ray, the radiologist will look for infiltrates, which appear as white spots in the lungs and indicate an infection. Abcesses or pleural effusions (fluid around the lungs) are complications of pneumonia that may be detected by this examination.



(a) Normal

(b) Pneumonia

(c) COVD-19

Figure1: X-Ray of Normal, Pneumonia, COVID-19 Patient

CT of the lungs: A CT scan of the chest may reveal finer details inside the lungs, allowing for easier detection of pneumonia than with a standard x-ray. By giving a thorough view of the airway (trachea and bronchi), a CT scan may help determine whether pneumonia is related to an airway problem. Pleural effusions, swollen lymph nodes, and other pneumonia complications may all be seen on a CT scan.



ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

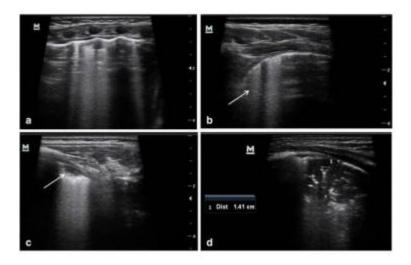


Figure2: Chest CT Findings of Patients Infected With Novel Coronavirus Pneumonia

Ultrasound of the chest: If fluid around the lungs is suspected, an ultrasound of the chest may be used. The amount of fluid present can be assessed using an ultrasound, which can also help identify the source of the fluid.

• MRI of the chest: Although MRI is occasionally used to examine the heart, chest arteries, and components of the chest wall, it is not typically utilised to assess for pneumonia. An MRI may reveal more details regarding the origin or severity of lungs abnormalities caused by an infection, tumour, or excess fluid.

• Needle biopsy of the lung: To identify the cause of pneumonia, your doctor might ask for a lung biopsy. This process entails taking a number of little samples from your lung or lung(s) and analysing them. Lung biopsies can be performed with the use of an MRI, CT, ultrasound, or x-ray





ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

Figure 3: Lung ultrasound for the diagnosis of pneumonia in children

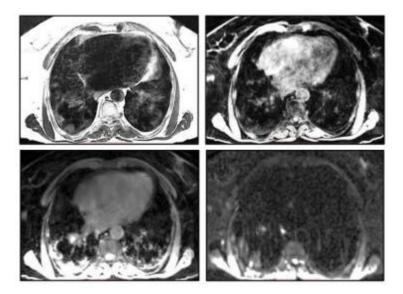


Figure 4: Chest MRI of patients with COVID-19

## **Convolutional Neural Networks (CNNs)**

Convolutional neural networks (CNNs) are a kind of deep learning models optimised for processing and analysing grid-like structured input. Various image-related applications have been revolutionised, and state-of-the-art performance has been attained. Some fundamental features of CNNs include:

layers of convolutional neural networks Convolutional layers are the foundation of CNNs, and they are responsible for local receptive field activities. To generate a feature map, convolutional filters are applied locally to the input picture, performing element-wise multiplications and summing the results. These filters allow hierarchical feature extraction by capturing local spatial patterns including edges, corners, and textures.

Downsampling the feature maps and decreasing the number of spatial dimensions is the job of the pooling layers, which are normally placed after the convolutional layers. In order to reduce the spatial resolution without losing the most important details, many data scientists use a pooling procedure called max pooling, which keeps the largest value inside each pooling zone. The computational complexity is decreased and translation invariance is attained by pooling. Activation functions add non-linearity into CNNs, allowing them to simulate intricate connections between data points.

Because it converts negative values to zero while leaving positive values alone, the Rectified Linear Units (ReLU) activation function is often employed in convolutional neural networks. The vanishing gradient issue is avoided as training converges more quickly thanks to ReLU. After a number of convolutional and pooling layers, CNNs typically use one or more fully linked layers. These layers provide feature integration and categorization at a high level by connecting all neurons from the previous layer to the current layer. Densely connected neural network designs are often used to construct fully linked layers.



ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

Backpropagation is used to train CNNs, which involves updating the model's weights based on the gradients of the loss function relative to the predictions made by the model. In order for the model to learn and optimise the filters' parameters to reduce the prediction errors, the gradients are transmitted backward through the layers.

## Conclusion

In this work, we provide a unique multimodal and transfer learning model based on a deep Convolutional Neural Network (CNN) for the automatic diagnosis of pneumonia in medical pictures. In order to effectively treat and improve patient outcomes from pneumonia, a common and sometimes fatal respiratory illness, prompt and precise diagnosis is generally necessary. To improve diagnostic precision, efficiency, and access, our study focused on problems inherent in the analysis of medical images.

## References

[1] Gilani, Z.; Kwong, Y.D.; Levine, O.S.; Deloria-Knoll, M.; Scott, J.A.G.; O'Brien, K.L.; Feikin, D.R. A literature review and survey of childhood pneumonia etiology studies: 2000–2010. Clin. Infect. Dis. 2012, 54, S102 S108. [Google Scholar]

[2]. Khoiriyah, S.A.; Basofi, A.; Fariza, A. Convolutional Neural Network for Automatic Pneumonia Detection in Chest Radiography. In Proceedings of the 2020 International Electronics Symposium (IES), Surabaya, Indonesia, 29–30 September 2020; pp. 476–480. [Google Scholar]

[3] Esayag, Y.; Nikitin, I.; Bar-Ziv, J.; Cytter, R.; Hadas-Halpern, I.; Zalut, T.; Yinnon, A.M. Diagnostic value of chest radiographs in bedridden patients suspected of having pneumonia. Am. J. Med. 2010, 123, 88.e1–88.e5.

[4] Chen, Y., Li, W., &Sakar, M. (2020). A survey on deep learning for medical image superresolution.Neurocomputing, 392, 307-322

[5] Elemraid, M.A.; Muller, M.; Spencer, D.A.; Rushton, S.P.; Gorton, R.; Thomas, M.F.; Eastham, K.M.; Hampton, F.; Gennery, A.R.; Clark, J.E.; et al. Accuracy of the interpretation of chest radiographs for the diagnosis of paediatric pneumonia. PLoS ONE 2014, 9, e106051. [Google Scholar]

[6] Kallianos, K.; Mongan, J.; Antani, S.; Henry, T.; Taylor, A.; Abuya, J.; Kohli, M. How far have we come? Artificial intelligence for chest radiograph interpretation.Clin.Radiol. 2019, 74, 338–345.

[7] Ledig, C., Theis, L., &Huszár, F. (2017). Photo-realistic single image superresolution using a generative adversarial network.In Proceedings of the IEEE conference on computer vision and pattern recognition (pp. 4681-4690).

[8] Krizhevsky, A.; Sutskever, I.; Hinton, G.E. Imagenet Classification with Deep Convolutional Neural Networks. Commun. ACM 2017, 60, 84–90



#### ISSN PRINT 2319 1775 Online 2320 7876 *Research paper* © 2012 IJFANS. All Rights Reserved, Volume 12, Iss 1, 2023

[9] Simonyan, K.; Zisserman, A. Very deep convolutional networks for large-scale image recognition. arXiv 2014, arXiv:1409.1556

[10] Zhang, K., Zuo, W., & Zhang, L. (2018). Learning deep CNN denoiser prior for image restoration. In Proceedings of the IEEE conference on compute vision and pattern recognition (pp. 2808-2817)

[11] Liu, J., Gu, S., &Kautz, J. (2017). Pixel-level image fusion: a survey of the state of the art. Information Fusion, 33, 100-112

[12] Mao, X., Shen, C., & Yang, Y. B. (2016). Image restoration using very deep convolutional encoder-decoder networks with symmetric skip connections. In Advances in neural information processing systems (pp. 2802-2810).

13] Liang, G.; Zheng, L. A transfer learning method with deep residual network for pediatric pneumonia diagnosis.Comput.Methods Programs Biomed.2020, 187, 104964.

[14] Dong, C., Loy, C. C., & Tang, X. (2016). Accelerating the super-resolution convolutional neural network. In European conference on computer vision (pp. 391-407)

[15] Russakovsky, O.; Deng, J.; Su, H.; Krause, J.; Satheesh, S.; Ma, S.; Huang, Z.; Karpathy, A.; Khosla, A.; Bernstein, M.; et al. Imagenet large scale visual recognition challenge. Int. J. Comput. Vis. 2015, 115, 211–252

[16] Bengio, Y. Deep learning of representations for unsupervised and transfer learning. In Proceedings of the ICML Workshop on Unsupervised and Transfer Learning, Washington, DC, USA, 2 July 2012; pp. 17–36

