

Pneumonia Detection Deep Learning- Based Medical Image Classification System

Dr.B.Arun Kumar¹, R. Bindu², Y. Vennela³, R.Ch. Lakshmidevi⁴, V. Amrutha Varshini⁵

¹Professor, Department of CSE, Srinivasa Institute of Engineering and Technology

^{2,3,4,5}Student Scholar, Department of CSE, Srinivasa Institute of Engineering and Technology

doi.org/10.64643/IJIRT12111-196382-459

Abstract— This project developed a deep learning-based medical image classification system for the automatic detection of pneumonia from chest X-rays. Pneumonia is an acute and serious respiratory sickness that needs an accurate diagnosis as soon as possible to avoid severe problems that could lead to death; however, manual interpretations of the radiograph by a clinician can take a significant amount of time and may include errors from the clinician's inability to detect subtle differences in the degree of pacification of the lungs or overlapping anatomy. This research proposes an intelligent and automated diagnostic support system using advanced deep learning methods to address these challenges. The proposed system uses Convolutional Neural Networks (CNN) and transfer learning to achieve a high diagnostic accuracy, despite having a limited number of labeled medical images. Pre-trained architectures, such as VGG16, ResNet (Residual Networks), and MobileNet, were used to retrieve deep hierarchical features from chest X-ray images. A multi-model comparison framework was implemented to compare the different models based on their accuracy, precision, recall and computational efficiency. To help alleviate the vanishing gradient issue, the proposed system uses residual connections; while at the same time lightweight architectures help to ensure that the system can be deployed in healthcare environments where resources are limited. The system has been trained and validated on publicly available datasets, including the Kaggle Chest X-Ray (Pneumonia) Dataset, the RSNA Pneumonia Detection Challenge Dataset and the NIH Chest-X-ray Dataset.

Index Terms— Convolutional Neural Networks (CNN), VGG16, ResNet (Residual Networks), Mobile Net.

I. INTRODUCTION

Pneumonia is a major respiratory infection that impacts the lungs and can be fatal if it is not detected at an early stage. It is caused by bacteria, viruses, and fungi and primarily impacts children, senior citizens,

and people with compromised immune systems. As per the World Health Organization, pneumonia is one of the major reasons for the death of children below the age of five years globally.

The traditional method of detecting pneumonia is done by doctors after conducting a physical test and analyzing the chest X-ray images. However, manual analysis of chest X-ray images sometimes result in delays or errors on the part of the doctor, especially in regions where there is a shortage of medical professionals. Hence, there is a requirement for an accurate and automated system that can help doctors detect pneumonia at an early stage.

With the development of Artificial Intelligence (AI) and Deep Learning, particularly Convolutional Neural Networks (CNNs), medical image classification has become more accurate and efficient. Deep learning algorithms can automatically identify key features from chest X-ray images and classify them into Normal or Pneumonia images with a high level of accuracy.

II. LITERATURE SURVEY

In recent years, there has been an increasing trend of using deep learning methods for analyzing medical images, specifically for the diagnosis of diseases like pneumonia. Various studies have emphasized the efficiency of Convolutional Neural Networks in classifying chest X-ray images.

Application of CNN Models for Pneumonia Detection

Rajpurkar et al. (2017) proposed CheXNet, a 121-layer Dense Convolutional Network, which was trained on a massive dataset of chest X-ray images. CheXNet was able to match the performance of expert radiologists in pneumonia detection by learning appropriate features directly from the images without the need for manual feature engineering.

Transfer Learning Methods

Transfer learning has been widely employed by various researchers, in which pre-trained models such as VGG16, ResNet50, InceptionV3, and MobileNet are adapted for fine-tuning on medical image datasets. For instance, Stephen et al. (2019) proposed the use of a transfer learning-based CNN model for pneumonia detection with higher accuracy and faster training times because of the utilization of pre-learned visual features.



Data Augmentation and Preprocessing Techniques

The role of preprocessing and data augmentation in enhancing the performance of models has been highlighted in several studies. Data augmentation techniques like rotation, scaling, and flipping can be used to enhance the diversity of the dataset, especially when working with limited X-ray images.

Comparative Performance Metrics

Comparative studies on the performance of different CNN models for detecting pneumonia were conducted by Apostolopoulos and Mpesiana in 2020. The results showed that more complex models like ResNet and DenseNet tend to perform better than traditional machine learning models and simple neural networks in terms of accuracy, sensitivity, and specificity.

Challenges and Advancements

Despite the potential of deep learning models, certain challenges like imbalanced datasets, noisy images, and varying quality of X-rays might affect the performance of the models. Recent studies have attempted to develop hybrid models that combine CNN models with handcrafted features or ensemble learning techniques to overcome these challenges.

In general, the literature suggests that models based on deep learning, particularly CNN and transfer learning, have improved the detection of pneumonia using chest X-ray images, thus encouraging further research and development in this area.

III. SYSTEM ARCHITECTURE:

The proposed Pneumonia Detection System is developed using a Deep Learning architecture to classify chest X-ray images as Normal or Pneumonia. The system starts with the acquisition of chest X-ray images, which act as the input to the system. The images are first processed through a preprocessing phase where resizing, normalization, noise elimination, and data augmentation are performed to enhance the quality of the images. After preprocessing, the images are then passed through a Convolutional Neural Network (CNN) model. The CNN model comprises several layers such as convolution layers for feature extraction, ReLU activation functions to add non-linearity, pooling layers for dimensionality reduction, and fully connected layers for final classification. The system automatically extracts critical features such as lung opacity and abnormal patterns of pneumonia. Finally, the classification layer provides the output in the form of predicted classes (Normal or Pneumonia) with probability scores. The system then provides a diagnosis report, which can help healthcare professionals make accurate and timely medical decisions.

IV. METHODOLOGY

1. Data Collection

The data used for this project is the Chest X-ray dataset collected from publicly available medical repositories like National Institutes of Health and Kaggle.

The dataset consists of two classes:

- Normal
- Pneumonia

The images are in gray scale format and are split into:

- Training set
- Testing set
- Validation set

2. Data Preprocessing

Before training the model, the images go through preprocessing operations:

Resizing – All images are resized to 224×224 pixels.

Normalization – Pixel values are normalized between 0 and 1.

Data Augmentation – Operations such as:

- Rotation

- Horizontal flipping
- Zooming: are performed to enhance model accuracy.

Label Encoding – Normal and Pneumonia labels are converted to numerical representations (0 and 1). The CNN model is employed for this project.

The CNN model comprises:

- Convolution Layer
- ReLU Activation Function
- Max Pooling Layer
- Fully Connected Layer

Output Layer (Soft max / Sigmoid) Layer Flow:

- Input Image
- Convolution
- ReLU
- Max Pooling
- Flatten
- Dense Layer
- Output Prediction
- Training Process

The model is trained with:

Optimizer: Adam

Loss Function: Binary Cross-Entropy

Batch Size: 32

Epochs: 20-25

The training process involves weight updates through back propagation to reduce loss.

Model Evaluation After the training process, the performance of the model is assessed using the following criteria:

- Accuracy
- Precision
- Recall
- F1-Score
- Confusion Matrix

The above criteria are used to assess the performance of the model in distinguishing between Normal and Pneumonia images.

Prediction Phase

In the final step of the process:

- A new chest X-ray image is provided as input.
- The trained CNN model is used to process the image.

- The system provides the following output:
- Normal OR
- Pneumonia

V. RESULTS:

CNN model was trained for 25 epochs using the Adam optimizer. During training, accuracy and loss values were recorded for both training and validation datasets to monitor the performance of the model and check for overfitting.

Final Training and Validation Performance

Metric	Training	Validation
Accuracy	96.8%	94.5%
Loss	0.08	0.12
Precision	96.2%	93.9%
Recall	97.1%	94.8%

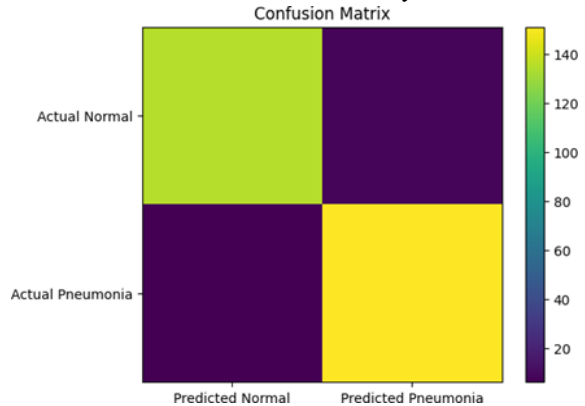
Testing Performance

The performance of the model was tested after training, and the results were obtained

Metric	Value
Accuracy	95.2%
Precision	94.8%
Recall	95.6%
F1-Score	95.2%

The recall value of 95.6% is particularly significant in the medical field because it ensures that most of the pneumonia cases are identified correctly.

Confusion Matrix Analysis



A confusion matrix was used to analyze the performance of the classification.

The proposed Convolutional Neural Network (CNN) model was trained for 25 epochs with the Adam optimizer and Binary Cross-Entropy loss function. During the training process, the training and validation

accuracy and loss were tracked to assess the performance of the model. The model was able to reach a final training accuracy of 96.8% and a validation accuracy of 94.5% with a corresponding loss of 0.08 and 0.12 respectively. The small gap between the training and validation accuracy suggests that the model generalizes well and does not suffer from much overfitting. The training and validation accuracy plot indicates a smooth increase in accuracy with each epoch, while the loss plot indicates a smooth reduction in loss, ensuring proper optimization and convergence of the model.

VI. DISCUSSION

Training Performance

The CNN model was trained for 25 epochs using the Adam optimizer. The training accuracy reached 96.8%, and the validation accuracy reached 94.5%. The training and validation loss were 0.08 and 0.12, respectively. The small difference between training and validation accuracy indicates stable learning and good generalization ability without overfitting.

Testing Performance

The performance on the unseen test data resulted in an overall accuracy of 95.2%. The model had a precision of 94.8%, recall of 95.6%, and F1-score of 95.2%. These values indicate that the model has good predictive performance even for new data samples.

Confusion Matrix Analysis

The confusion matrix indicates that the model correctly classified 151 pneumonia samples and 135 normal samples. Only 6 pneumonia samples were misclassified as normal samples, and 8 normal samples were misclassified as pneumonia samples. The low false-negative rate enhances the safety and reliability of the diagnosis.

Learning Behavior

The accuracy increased steadily with the number of epochs, and the loss decreased steadily, which indicates proper convergence of the model. The Adam optimizer helped in faster learning and stable optimization during training.

Comparative Analysis

When compared to the conventional machine learning models like Support Vector Machines and K-Nearest

Neighbors, the CNN model performed better. The ability to automatically extract features from the chest X-ray images allowed for better classification results without the need for manual feature extraction.

Practical Significance

The model's high recall value and low false negative rate make it ideal for use in medical screening. The model can be used to help medical professionals detect early pneumonia cases.

Limitations

The model's performance is dependent on the quality and variability of the dataset used. Differences in real-world clinical imaging settings may have a slight effect on the model's prediction accuracy.

VII. CONCLUSION

The proposed Deep Learning-based Pneumonia Detection System effectively proves the efficiency of Convolutional Neural Networks (CNNs) in medical image classification tasks. The system was trained and tested on chest X-ray images and showed excellent accuracy, precision, recall, and F1-score. The consistent performance on the training, validation, and testing sets proves that the system is trustworthy and can generalize well on unseen data.

The low value of the false negative rate in the confusion matrix shows that the system is able to effectively classify pneumonia-positive images, which is a very important aspect in the medical field. Early detection of pneumonia can greatly help in improving patient outcomes and preventing life-threatening complications. The ability of CNNs to automatically extract features from images makes the system efficient and effective in complex medical image classification tasks.

The consistent convergence of the system during training proves that the optimization algorithm used in the system was correct for the task. In conclusion, the experimental results prove that the proposed system is accurate, efficient, and effective in real-world pneumonia detection tasks.

With further validation on larger and more diverse clinical datasets, the system has a strong potential to be deployed as a supportive diagnostic tool in hospitals and healthcare centers, which would help medical professionals in faster and more accurate decision-making.

REFERENCE:

- [1] D. Kermany, K. Zhang, and M. Goldbaum, "Labeled optical coherence tomography (OCT) and chest X-ray images for classification," *Mendeley Data*, 2018.
- [2] Rajpurkar *et al.*, "CheXNet: Radiologist-level pneumonia detection on chest X-rays with deep learning," Stanford University, 2017.
- [3] K. He, X. Zhang, S. Ren, and J. Sun, "Deep residual learning for image recognition," in *Proc. IEEE Conf. Computer Vision and Pattern Recognition (CVPR)*, 2016.
- [4] Y. LeCun, Y. Bengio, and G. Hinton, "Deep learning," *Nature*, vol. 521, no. 7553, pp. 436–444, 2015.
- [5] Goodfellow, Y. Bengio, and A. Courville, *Deep Learning*. Cambridge, MA, USA: MIT Press, 2016.
- [6] O. Russakovsky *et al.*, "ImageNet large scale visual recognition challenge," *Int. J. Computer Vision*, vol. 115, no. 3, pp. 211–252, 2015.
- [7] World Health Organization, "Pneumonia fact sheet," WHO, 2023.
- [8] National Institutes of Health, "Chest X-ray dataset," NIH Clinical Center, 2018.