

## Severity Detection of Diabetic Retinopathy Using Deep Learning Algorithms

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**ABSTRACT** There are several deep literacy ways that are used to perform the prophetic analytics over big data in colorful medical tasks. Prophetic analytics in medical healthcare is a grueling task yet eventually helping the interpreters handle big data- informed timely opinions about case's medical health and treatment. This paper discusses the prophetic analytics in healthcare. Case's medical record is attained for experimental exploration. The two infrastructures of deep literacy are enforced. Performance and delicacy of these applied algorithms are enforced and compared. Different deep literacy ways used in this exploration that reveals which algorithm is best suited for the vaticination of diabetes over the case. This paper aims to help croakers and interpreters in early stage to prognosticate diabetic retinopathy using deep literacy ways. Keywords Dataset, ResNet, Convolutional Neural Network.

### INTRODUCTION

The medical industry is a vast sensitive metadata that needs careful handling. One of the fast growing deadly diseases across the globe is Diabetes Mellitus. A reliable prediction system is needed by medical practitioners to diagnose this ailment. There are some useful deep learning methods for data analytics which provide rich information from different perspectives and put it into concise representations. The capability to access and process large data sets can be very insightful, but only if some particular data mining techniques are applied to them.

The whole purpose of this is to establish new patterns, explain these patterns in order for them to make sense and give out concrete vital and helpful facts throughout the course of examination. Heart disease, kidney disease, nerve damage and blindness are illnesses that may result from diabetes.

Diabetes data mining is important for major issues efficiently. The methods used by the researchers to mine the diabetes dataset are usually discovered through effective means such as using efficient algorithms or any other technique by which they can identify specific characteristics about diabetes dataset.

In this study, medical bioinformatics analyses are carried out in predicting diabetes mellitus. Diabetic diagnosis employs WEKA software as a mining tool. The Pima Indian diabetes Data base was acquired from UCI repository that used for future analysis. Research and analyze the dataset to construct a good model which will be able to predict and diagnose diabetic diseases. Diabetic retinopathy is one of the most common complications of diabetes caused by changes in blood vessels within the retina, and it's among the leading causes of blindness in developed world. However, ophthalmologists still manually screen for diabetic retinopathy; a time-consuming process therefore this paper seeks at automating diagnosis of different stages of the illness through deep learning. In our approach, we trained a Deep Convolutional Neural Network model on an outsized dataset consisting of around 35,000 images to automatically diagnose and thereby classify high-resolution fundus images of retina into five stages supported their severity. This research builds an application system that would take patient details as input parameters alongside with image fundus features of his or her eyes.

The deep learning convolutional neural network model will add features of the fundus image and then get the output with the help of operations such as Relu and softmax and optimization techniques such as Adam. The results obtained from the convolutional neural network (CNN) model will create a joint report together with the patient data. In this study, we aimed to use similar implementation methods to improve accuracy and then compare their performance using ResNet, CNN. The goal of machine learning is to predict long-term events from historical data. Machine learning

focuses on changing situations when computers are exposed to new data; hence the basics of machine learning is the use of simple machine learning algorithms using Python. It provides training data to the algorithm

so that the algorithm uses the training data to provide predictions for changing data.

Machine learning broadly falls into three categories. Study guides provide data entry and matching text to find previously typed data. There are no written notes of the neglected education

. It feeds directly into the learning algorithm. The algorithm must find a set of input data. Finally, the learning support dynamically interacts with its environment and receives suggestions to improve its work. Deep learning is a branch of artificial intelligence in which networks are adapted to learn from anonymous or unsupervised data. This technique is also called deep neural learning or deep neural networks. Deep learning consists of a technique called convolutional neural network (ConvNet/CNN) that takes input images and assigns importance (learned weights and biases) to various features/objects in the image. ConvNet requires more prioritization than other classification algorithms. In the first method of deep learning, filters are created manually and with sufficient training, convolutional networks can learn the filters/features.

Diabetic retinopathy is a medical problem that occurs as a result of damage to the blood vessels in the retina, the tissue at the back of the eye, and can lead to blindness and various eye problems, depending on the severity of diabetic retinopathy. It has been found that 40% to 45% of people with diabetes can develop DR during their lifetime, but the condition is rapidly increasing due to lack of awareness and delayed diagnosis. Once considered a disease of the rich, diabetes has now reached epidemic proportions in both developed and developing countries. At least 366 million people worldwide currently have diabetes and this number will increase due to the world's aging population

Worldwide, the number of people with DR will increase from 126.6 million in 2010

By 2030 this number will reach 191 million and We estimate that unless urgent action is taken, the number of people living with blindness due to diabetic retinopathy (VTDR) will increase from 37.3 million to 56.3 million. Diabetes is the best disease to use deep learning models. There are many experts working on predicting diabetes and the complications caused by diabetes. There are many apps that can help doctors examine diseases and problems, but most have their own advantages and disadvantages. According to the presentation, most Indians suffer from diabetes due to many factors such as lifestyle, nutrition and lack of physical activity. Diabetic retinopathy is a serious problem that affects the eyes of people with diabetes. Damage to the blood vessels in the retina tissue causes the disease. Diabetic retinopathy (DR) is a type of diabetes that causes the blood vessels in the retina to swell and turn into fluid and blood. It is the leading cause of blindness in people ages 20 to 64. Diabetic retinopathy (DR) is the leading cause of blindness in humans worldwide. According to the article, it is claimed that approximately one-third of 285 million people have diabetes Symptoms of diabetic retinopathy are seen worldwide.

## EXISTING SYSTEM

Existing methods were trained in addition to the binocular model for various diabetic retinopathy tests and further evaluations were conducted to demonstrate the effectiveness of the binocular model. The final results show that the kappa score of the binocular model in 10% of the reference set was 0.829; this is higher than the current model without integration. Finally, the confusion matrices obtained from models with and without integration were compared and it was proven that the binocular architecture actually improved the dispersion.

## PROBLEM STATEMENTS

The problem addressed in this study is the need for a cost-effective and scalable solution for the detection of diabetic retinopathy (DR), a leading cause of blindness in adults with diabetes. Current methods for DR detection are time-consuming, expensive, and require specialized equipment and trained personnel, making them inaccessible in many regions. The objective of this study is to develop and evaluate a deep learning model for automated DR detection from retinal images, which can improve the accessibility and affordability of DR screening and diagnosis.

## MOTIVATION

Efforts to develop deep learning models for the diagnosis of diabetic retinopathy are a serious burden that this disease poses on patients, healthcare systems and society. Early detection and treatment of DR is critical to preventing blindness and improving patient outcomes. However, current DR diagnostic methods are expensive and impractical in many regions, causing delays in diagnosis and treatment. Using deep learning to improve the quality and measurement of DR, this research aims to improve the accessibility and capacity of DR screening and

diagnosis, while ultimately improving patient outcomes and reducing healthcare System.

## Scope

The scope of this study is to develop and evaluate a deep learning model for automatic detection of diabetic retinopathy (DR) from retinal images. This work will train and validate a deep learning model using visual information and recording DR weights. Deep learning models use a combination of convolutional neural networks (CNN) and recurrent neural networks (RNN) for feature extraction, sequence modeling, and DR cardinality classification. The performance of the deep learning model will be compared with other state-of-the-art DR methods to evaluate its effectiveness and efficiency. Deep learning models can have significant clinical implications, including early detection and treatment of DR, reducing ophthalmologists' workload, and increasing patient benefit. However, studies may encounter limitations such as low sample size and biased data, which may affect the deep learning model. The scope of this study is limited to the development and evaluation of the deep learning model for automatic DR detection and does not include its implementation and validation in a real clinical setting.

## OBJECTIVES

**The objectives of this study are:**

1. Develop a deep learning model to detect diabetic retinopathy (DR) from retinal images.
2. Evaluate the effectiveness of deep learning models using standard methods (such as regression and regression) and performance metrics (such as accuracy, precision, and detail).
3. Compare the performance of deep learning models with other DR state detection methods to evaluate their superiority and effectiveness.
4. Describe the importance of deep learning models, including early detection and treatment of DR, reducing ophthalmologists' workload, and improving patient outcomes.
5. Identify limitations or issues encountered in the development and evaluation of deep learning models that may affect the details of the model, such as limited sample size or biased data.
6. Provide recommendations for future research in DR research using deep learning such as modeling and validation in real clinical settings.

## Proposed System

The system proposed in this study is a deep learning model for automatic detection of diabetic retinopathy (DR) from retina images. The model uses a combination of convolutional neural networks (CNN) and recurrent neural networks (RNN) for video extraction, modeling, and weighted DR classification. The deep learning model will be trained and validated using visual information and DR weights. The performance of the model will be evaluated using standard methods such as back expansion and regression, as well as performance measures such as accuracy, desirability and specificity. The proposed system is intended to provide the most effective and efficient solution for DR detection, thus providing easy and affordable access to DR screening and diagnosis. The impact of this process includes early detection and treatment of DR, reduced physician workload, and improved patient outcomes. The limitations and problems of the proposed method, such as low sample size and biased data, will also be evaluated in the study.

## Advantages

1. Accuracy: Deep learning models provide high accuracy in diagnosing diabetic retinopathy.
2. Effective: Using deep learning techniques can speed up the process of diagnosing diabetes and retinopathy.
3. Cost-effective: Using deep learning to diagnose diabetic retinopathy is a cost-effective alternative to screening.
4. Scalability: Deep learning models can be easily extended to analyze large data sets and adapt to other diseases and conditions.
5. Access: Automated diabetic retinopathy detection using deep learning can improve access to screening and diagnosis in underserved areas.
6. Sensitivity: Deep learning models are sensitive in detecting early signs of diabetic retinopathy.
7. Reduce work: Using deep learning to diagnose diabetic retinopathy can reduce the work of ophthalmologists and doctors.
8. Purpose: In-depth study provides an objective and consistent approach to the diagnosis and diagnosis of diabetic retinopathy.
9. Early intervention: Early detection of diabetic retinopathy using deep learning can lead to early intervention and treatment.
10. Improve patient outcomes: Using deep learning to diagnose diabetic retinopathy can improve patient outcomes and quality of life.

## Disadvantages

1. Lack of transparency: Deep learning models can be complex and opaque, making decisions difficult to understand.
2. Dependency on data: Deep learning models rely heavily on good data, which may not be available.
3. Overfitting: Deep learning models can overfit training data, leading to poor performance and underperformance on new data.
4. Hardware requirements: Deep learning models require a lot of computing power, making it difficult to deploy on low-end devices.
5. Disadvantages of hacking attacks: Deep learning models can be vulnerable to attacks, subtle changes in input data result in the wrong product.
6. Limitations: Deep learning models cannot provide good insight into the biological processes or mechanisms of diabetic retinopathy.
7. Ethical issues: Using deep learning to diagnose diabetic retinopathy raises ethical questions regarding privacy, private data, and bias.
8. Maintenance and updates: Deep learning models require maintenance and updates to ensure performance and accuracy.
9. Limited availability: Availability of deep learning models and capabilities may be limited in certain regions or medical systems.
10. Regulatory and Legal Decisions: Use of Diabetic Retinopathy Research may be subject to legal and regulatory considerations, particularly with respect to patient safety and liability.

## Research articles

1. Gargeya R, Leng T. Automatic identification of diabetic retinopathy using deep learning. *Ophthalmology*. 2017; 124(7): 962-969. doi:10.1016/j.ophtha.2017.02.008.
2. Gulshan V, Peng L, Coram M, et al. Development and validation of a deep learning algorithm to detect diabetic retinopathy in retinal fundus images. *Jama*. 2016; 316(22): 2402-2410. doi:10.1001/jama.2016.17216.
3. Abromoff MD, Lou Y, Erginay A, et al. Improved automatic detection of diabetic retinopathy in population data through integrated deep learning. *Investing in vision research in ophthalmology*. 2016;57(13):5200-5206. doi: 10.1167/iovs.16-19964.
4. Ding DSW, Zhang CY, Lin G, et al. Development and validation of an in-depth study of diabetic retinopathy and eye diseases using retinal images from a variety of diabetic patients. *Jama*. 2017; 318(22): 2211-2223. doi:10.1001/jama.2017.18152.
5. Rajalakshmi R, Subashini R, Anjana RM, Mohan V. Automatic detection of diabetic retinopathy using artificial intelligence in smartphone-based fundus photography. *Eyes*. 2018; 32(6): 1138-1144. doi: 10.1038/s41433-018-0078-y.
6. Li Z, Kiel S, Liu C, et al. Automated grading system to detect complications of diabetic retinopathy based on

- color image. Diabetes. 2018; 41(12): 2509-2516. doi: 10.2337/dc18-0685.
7. Bellemeo V, Lim ZW, Lim G, et al. Artificial intelligence using deep learning to screen for use and visual interventions of diabetic retinopathy in Africa: a clinical study. Lancet Digital Health. 2019;1(1):e35-e44. doi: 10.1016/S2589-7500(19)30010-9.
8. Saba L, Biswas M, Kupili V, et al. Automated detection of diabetic retinopathy using optical coherence tomography angiography: A study. Br J Ophthalmol. 2018; 102(11): 1564-1569. doi: 10.1136/bjophthalmol-2017-311617.
9. Wang Y, Ji Y, Chen S, et al. Diagnostic retinopathy based on deep convolutional neural network transfer learning. Computational Biomedicine. 2018; 102: 293-301. doi:10.1016/j.compbimed.2018.09.004.
10. van der Heijden AA, Abramoff MD, Verbruggen F, et al. Validation of automated screening for referral for diabetic retinopathy using the IDx-DR tool in the Hoorn Diabetes Care System. Diabetes Treatment. 2018; 41(12): 2535-2542. doi:10.2337/dc18-1119.

### System Requirements Specification Functional Requirements:

The functional requirements of the deep learning system for diagnosis of diabetic retinopathy include:

1. Image capture: The system must be able to capture good quality images for analysis.
2. Image pre-processing: The system must be able to pre-process images to remove noise, adjust contrast and improve focus.
3. Diabetic retinopathy diagnosis: The system should be able to detect diabetic retinopathy in retinal images using deep learning.
4. Classification: The system should be able to classify diabetic retinopathy into different stages according to the severity of the disease.
5. User Interface: The system should be intuitive and easy to use for doctors to interact with the system.
6. Patient database: The system must be able to manage the patient database and store patient information and physical images.
7. Reporting: The system should produce information about the results of each diabetic retinopathy diagnosis and classification.
8. Integration with Electronic Health Records (EHR): Systems must be able to integrate with EHRs to facilitate patient care and management.
9. Security: The system must have good security to protect the patient's information and comply with relevant regulations.
10. Maintenance and Updates: The system should be easy to maintain and update to ensure efficiency and accuracy.

### NON-FUNCTIONAL REQUIREMENTS:

1. Performance: The system must be fast and effective to ensure timely diagnosis and treatment.
2. Accuracy: The system should have a high accuracy in diagnosing diabetic retinopathy, reducing false positives and negative results.
3. Robustness: The system must be able to handle changes in the retinal image based on age, race, and image quality.
4. Scalability: The system must be able to manage multiple patient records and adapt to other diseases and conditions.
5. Usability: The system should be easy to use and require minimal training on the operating system.
6. Reliability: To ensure uninterrupted patient care, the system must be reliable and accessible 24/7.
7. Interoperability: Systems must be able to integrate with other healthcare systems and technologies to support patient care and management.
8. Data privacy and security: The system must have data privacy and security measures to protect patient information and comply with relevant regulations.
9. Maintenance and support: The system should be easy to maintain and provide adequate support to users.
10. Accessibility: The system should be accessible to all patients regardless of location, language or disability.



## Hardware Requirements

™ System: Pentium IV 2.4 GHz/intel i3/i4.

> Hard drive: 40 GB. Monitor: 15 VGA Color. Memory: At least 512 Mb

3.2 Required software

Operating system: Windows XP/ Windows10

™ Software package: Tensorflow, OpenCv

™ Coding language: Python.

## Software Requirements

Operating system: Windows XP/ Windows10 Software Packages : Tensorflow , OpenCv Coding Language : Python.

## SYSTEM DESIGN

### Design Overview

Design overview explains the architecture that would be used for developing a software product. It is an overview of an entire system, identifying the main components that would be developed for the product and their interfaces.

### System Architecture

CNN is a type of DNN that includes many hidden operations such as convolutional operations, RELU layers, pooling layers and all normalization operations. CNN reported.

Weighing in layers reduces memory usage and improves network performance. The main features of CNNs are 3D volume, local connectivity, and mutual integration of neurons. The convolutional process creates feature maps by convolving different subregions of the input image with the learning kernel. A non-linear activation method is then used by the Re Lu layer to improve integration while the error is low. In the pooling layer, select an area of the image/feature map and select the pixel with the maximum or average value as a representative.

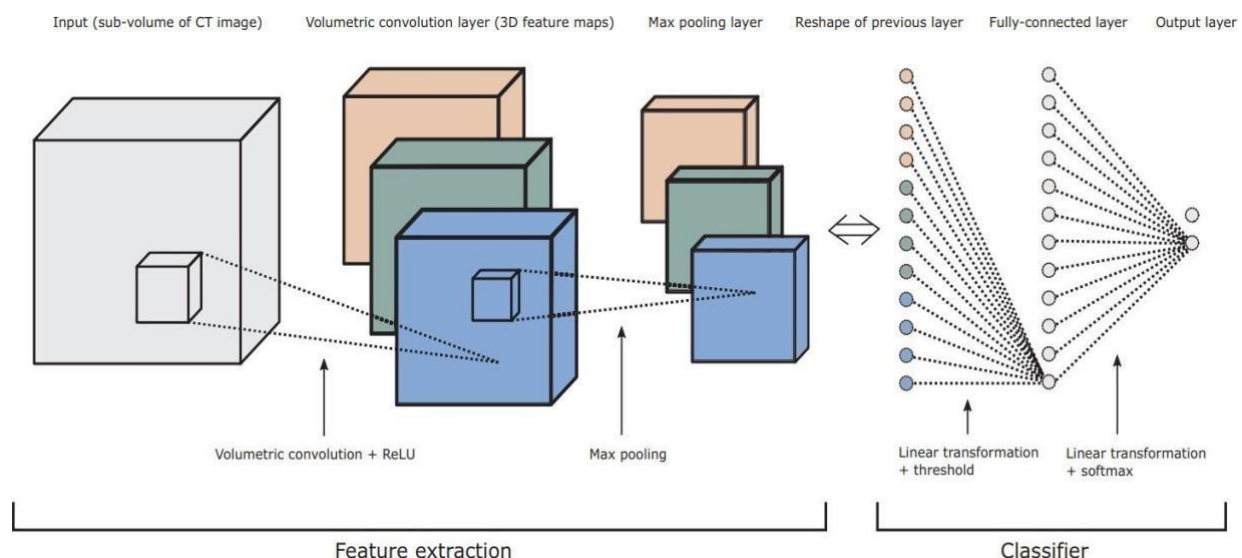


Fig:Deep-Convolutional Neural Network Architecture.

This causes the sample size to decrease. In some cases, fully connected layers (FC) are used with layers in the output stage. Convolution and pooling layers are often used together in CNN architecture. Pooling layers generally do two types of jobs. Maximum pooling means pooling. In point pooling, the average is

calculated at the community feature scores, while in maximum pooling, it is calculated at the largest feature point. Average pooling reduces the error caused by limiting the size of the ensemble and retaining background information. Maximum pooling reduces the prediction error of the convolution process caused by the mean difference, thus keeping the data more beautiful.

System architecture for diagnosing diabetic retinopathy using deep learning can include many aspects, including:

1. Image acquisition: Retinal cameras or devices are actually used to acquire good objects of the patient's retina image.
2. Preprocessing: Use noise reduction, contrast, image enhancement, and other preprocessing techniques for retina images to improve image quality.
3. Feature extraction: Use deep learning algorithms to extract relevant features from images before processing.
4. Training and validation: Introducing deep learning models on large datasets of retinal images containing diabetic retinopathy markers. The model is validated on a separate dataset to evaluate its performance.
5. Evaluation and evaluation: Evaluate the training model of the new retinal image to evaluate its accuracy and performance.
6. User Interface: A user-friendly interface has been designed so that doctors can interact with the system and access patient information.
7. Patient Database: Stores patient information to store patient information and retinal images for future reference.
8. Description: A guideline was developed to provide information on diabetic retinopathy screening and classification results for each patient.
9. Integration with EHR: The system integrates with electronic health records (EHR) to streamline care and patient management.
10. Maintenance and Updates: Designed to be easy to maintain and update to ensure the system operates efficiently and on time.

### **Convolutional Neural Network:**

CNN is a type of DNN with many hidden layers such as layers, RELU layers, pooling layers and fully connected normalization layers. CNNs reduce memory usage and improve network performance by weighting layers. The main features of CNNs are 3D volume, local connectivity, and mutual integration of neurons. Feature maps are generated by convolutional layers by convolving different subregions of the input image with the learning kernel. A non-

linear activation method is then used by the ReLU layer to improve integration while the error is low. In the pooling layer, select an area of the image/feature map and select the pixel with the maximum or average value as the representative pixel, thus reducing the 2x2 or 3x3 grid to a scalar value. This causes the sample size to decrease. In some cases, fully connected layers (FC) are used with other layers in the output stage.

CNN has several layers:

Convolution layer: Applies a filter that evaluates the entire image (two to three pixels at a time), creating a custom map that estimates the class probability of each feature.

Pooling layer (subsampling):

a convolutional layer that reduces the data value and checks the most important data for each feature (the process of convolution layer and pooling layer respectively repeats many times).

The combination is fully understood: Flattening the output of the previous layer transforms them into a vector that can be used as the input of the next layer. Fully anchored method: Applying weight to ideas resulting from a particular analysis to estimate facts.

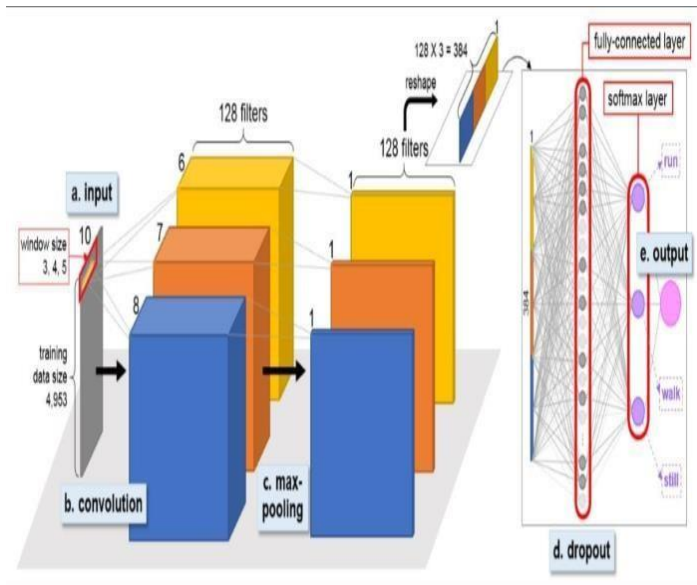
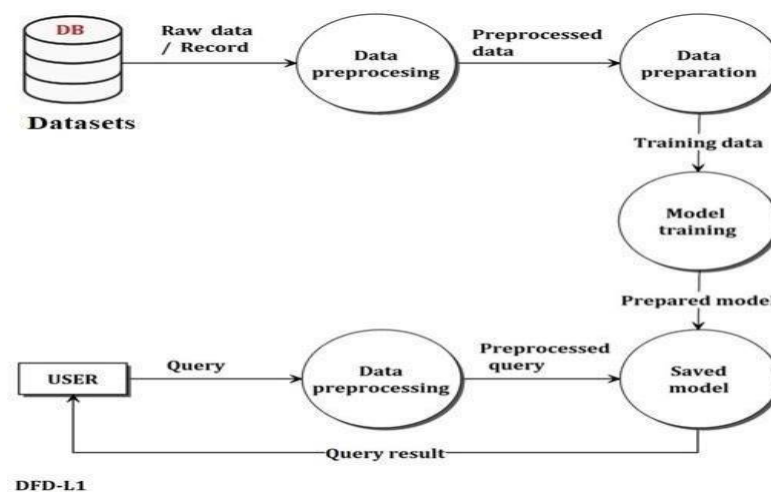


Fig: Convolutional Neural Network General Architecture

## Data flow diagrams

A dataflow outline is a tool for referring to knowledge progression from one module to the next module as shown in Fig 4.3 This graph gives the data of each module's info and yield. The map has no power flow and there are no circles at the same time.

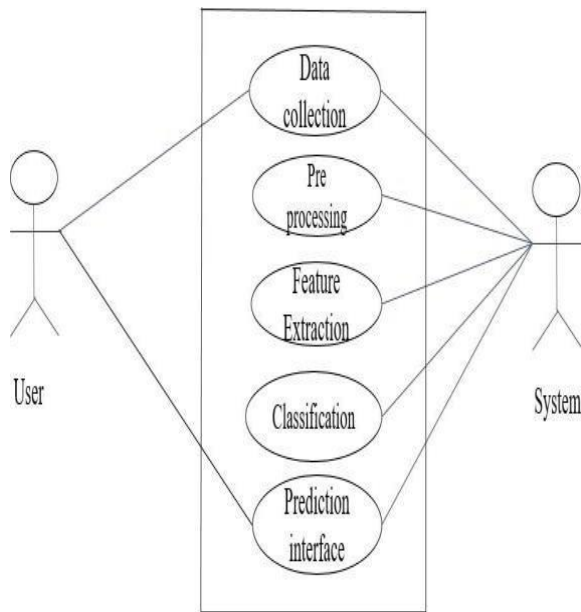


Data Flow Diagram

## Use CaseDiagrams

Use case diagram is the boundary, which defines the system of interest in relation to the world around it. The actors, usually individuals involved with the system defined according to their roles. The use cases, which are the specific roles played by the actors within and around the system.



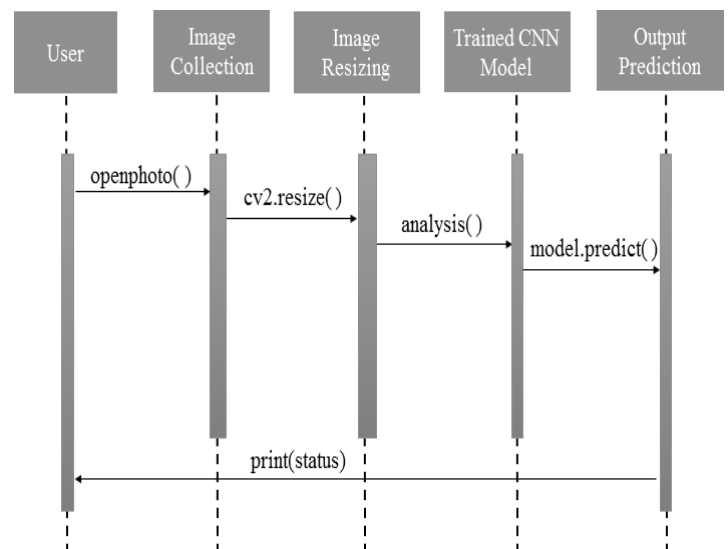
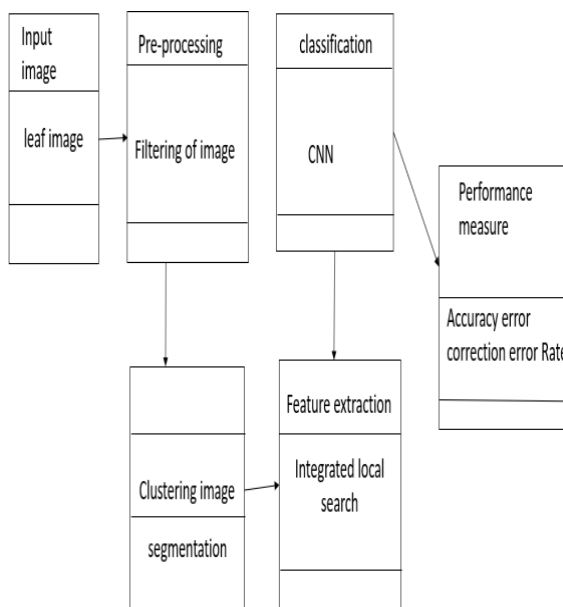


## Class Diagrams

Class diagrams are the main building block in object-oriented modeling. They are used to show the different objects in a system, their attributes, their operations and the relationships among them as shown in the Fig

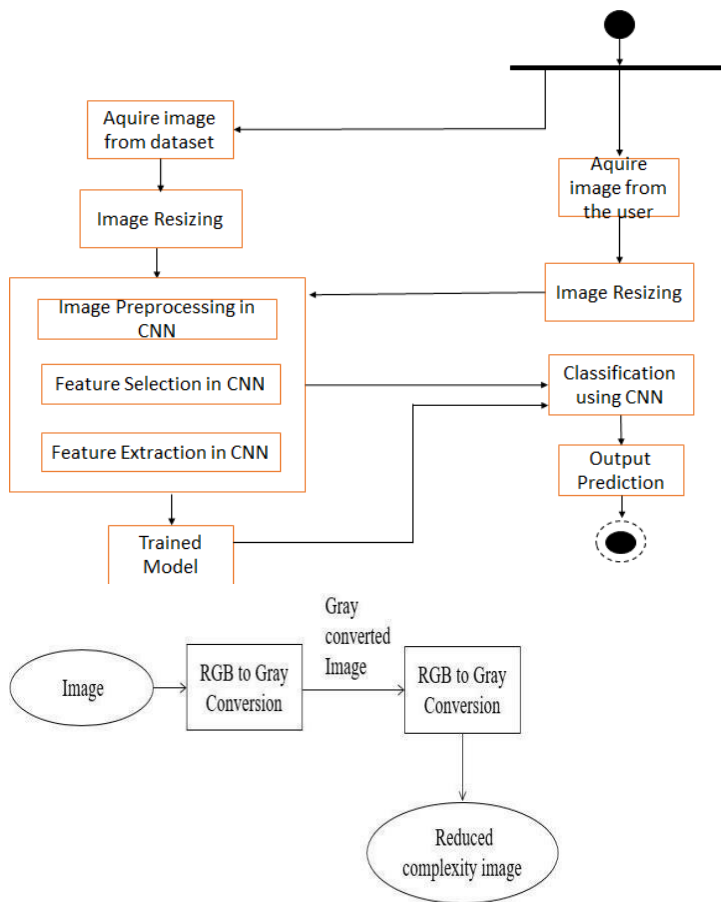
## Sequence Diagrams

A sequence diagram simply depicts interaction between objects in a sequential order i.e. the order in which these interactions take place as shown in Fig



## Activity Diagram

Activity diagrams are graphical representations of workflows of stepwise activities and actions with support for choice, iteration and concurrency. In the Unified Modeling Language, activity diagrams can be used to describe the business and operational step-by- step workflows of components in a system. An activity diagram shows the overall flow of control.



Here is an example of a data flow diagram for pre-processing of retinal images for diabetic retinopathy detection using deep learning:

[Input]: Raw retinal images

[Process 1]: Image cropping - The retinal images are cropped to remove any areas of the image that are not relevant to diabetic retinopathy detection.

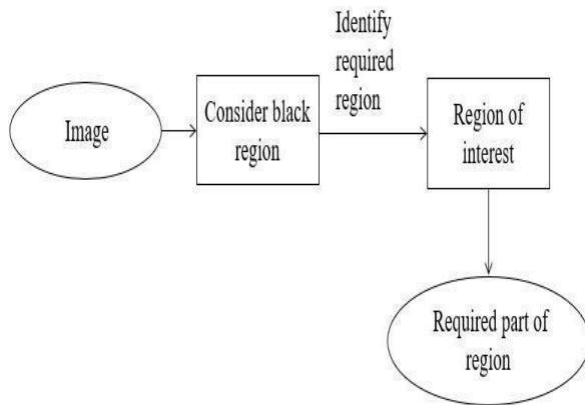
[Process 2]: Image resizing - The cropped images are resized to a standard size to ensure consistency in feature extraction.

[Process 3]: Image normalization - The resized images are normalized to adjust the contrast and brightness, remove any noise, and enhance relevant features.

[Output]: Preprocessed retinal images ready for feature extraction and deep learning algorithms.

[Feedback loop]: The output of the pre- processing stage is fed back into the deep learning model for feature extraction and diabetic retinopathy detection. If the detection results are not satisfactory, the pre-processing stage may need to be adjusted and repeated to improve image quality and accuracy of detection.

### Data Flow Diagram for Identification



Here is an example of a data flow diagram for identification of diabetic retinopathy using deep learning:

[Input]: Preprocessed retinal images

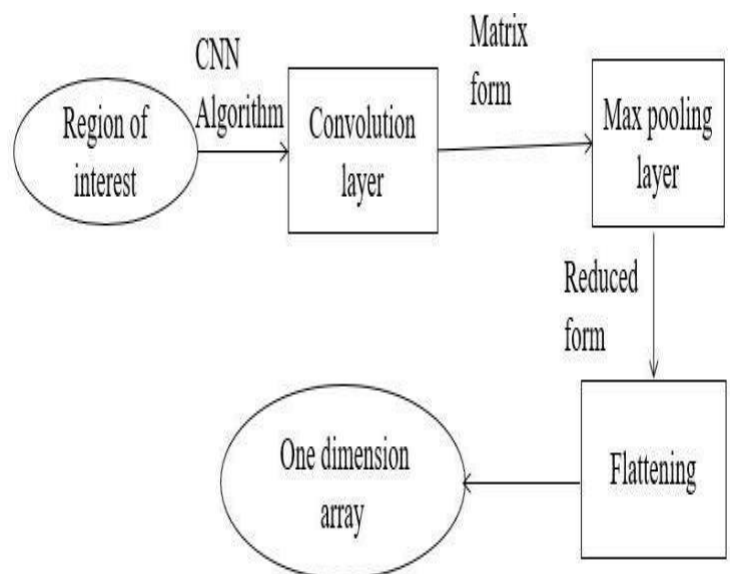
[Process 1]: Feature extraction - Deep learning algorithms are used to extract relevant features from the preprocessed retinal images.

[Process 2]: Diabetic retinopathy detection - The extracted features are used to classify the retinal images into categories of diabetic retinopathy severity.

[Output]: Detection results - The system generates detection results indicating the severity of diabetic retinopathy in the retinal images.

[Feedback loop]: The detection results are fed back into the system to evaluate the performance of the deep learning algorithms. If the accuracy of detection is not satisfactory, the system may need to be adjusted and retrained to improve its performance.

### Data Flow Diagram for Feature Extraction



Here is an example of a data flow diagram for feature extraction in diabetic retinopathy detection using deep learning:

[Input]: Preprocessed retinal images

[Process 1]: Convolutional neural network (CNN) - A CNN is used to analyze the preprocessed images and extract

relevant features.

[Process 2]: Feature selection - The CNN outputs a set of features, and a feature selection algorithm is used to identify the most important features for diabetic retinopathy detection.

[Process 3]: Feature normalization - The selected features are normalized to ensure consistency in classification.

[Output]: Extracted features - The system generates a set of extracted features that are used in the diabetic retinopathy detection process.

[Feedback loop]: The extracted features are fed back into the system to evaluate the performance of the deep learning algorithms. If the accuracy of detection is not satisfactory, the system may need to be adjusted and retrained to improve its performance.

### Data Flow Diagram for Classification and Detection

Here is an example of a data flow diagram for diabetic retinopathy classification and detection using deep learning:

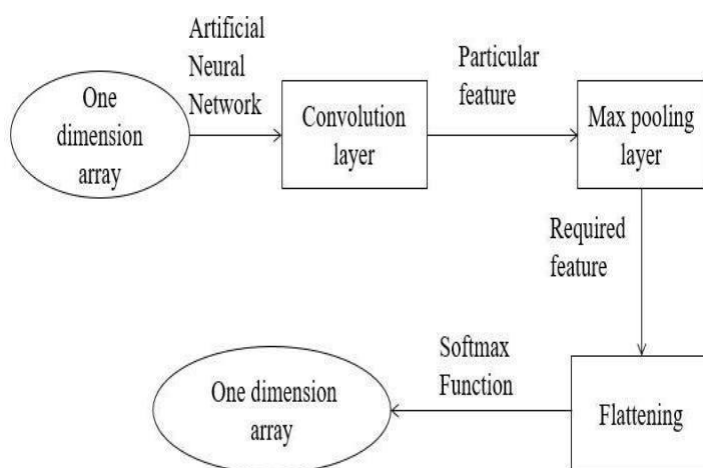
[Input]: Extracted features

[Process 1]: Classification - The extracted features are used to classify the retinal images into categories of diabetic retinopathy severity using a deep learning model such as a support vector machine (SVM) or a random forest classifier.

[Process 2]: Detection - The classified images are analyzed to detect signs of diabetic retinopathy, including microaneurysms, hemorrhages, and exudates.

[Output]: Detection results - The system generates detection results indicating the severity of diabetic retinopathy in the retinal images and the location of any abnormalities.

[Feedback loop]: The detection results are fed back into the system to evaluate the performance of the deep learning algorithms. If the accuracy of detection is not satisfactory, the system may need to be adjusted and retrained to improve its performance.



## IMPLEMENTATION

Implementation is the process of turning a new design into action. This is an important step in the implementation of the new method. Therefore, it needs to be carefully planned and managed. System application after successful development

Working steps

Front-end development using Python Flask: Modern computer applications are users It is a good product. User

interaction is not limited to console-based I/O. They have more ergonomic graphical user interfaces (GUIs) thanks to high-speed processors and powerful graphics hardware. These applications receive input through mouse clicks and allow users to choose from alternatives using radio buttons, drop-down lists, and other GUI elements.

### **Flask Programming:**

Flask is a standard GUI library for Python. Python provides a fast and easy way to create GUI applications when used with Flask. Flask provides strong object orientation for Tk GUI tools. The bottle has many advantages. Since it is cross-platform, the same code can run on Windows, macOS and Linux. Content visualization is done using native workflows, so applications built with Flask look just like the platform they run on.

### **Implementation issues**

The software development process is about translating the design into source code. The main purpose of the application is to write the source code and internal documentation so that the code can be easily identified in terms of its compliance with the instructions, thus making it easier to debug, test and modify. This goal can be achieved by making the source code as clear and simple as possible. Simplicity, clarity and elegance are the hallmarks of good work, and these characteristics are achieved in every programming module.

The targets to be achieved are as follows. Minimize memory requirements.

Maximize the readability of your output. Increase the readability of your text.

Minimize the number of instructions. Shorter development time

### **Module specification:**

Module specification improves the design by breaking the system into modules and solving them as an independent method. Doing this will reduce complexity and allow the module to test itself. The number of models in our model is three: preprocessing, recognition, feature extraction and detection. Therefore, each stage represents the work provided by the planning process. In the first case, median filtering is used to eliminate the noise level.

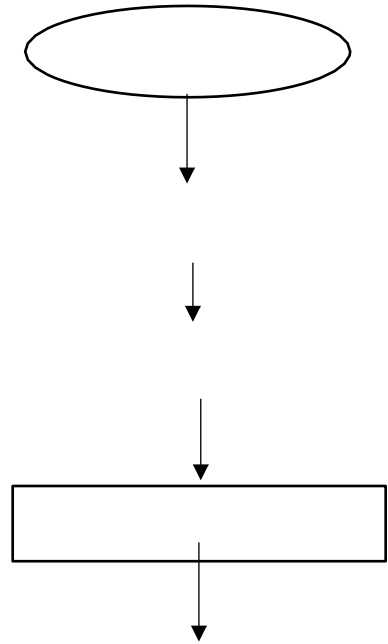
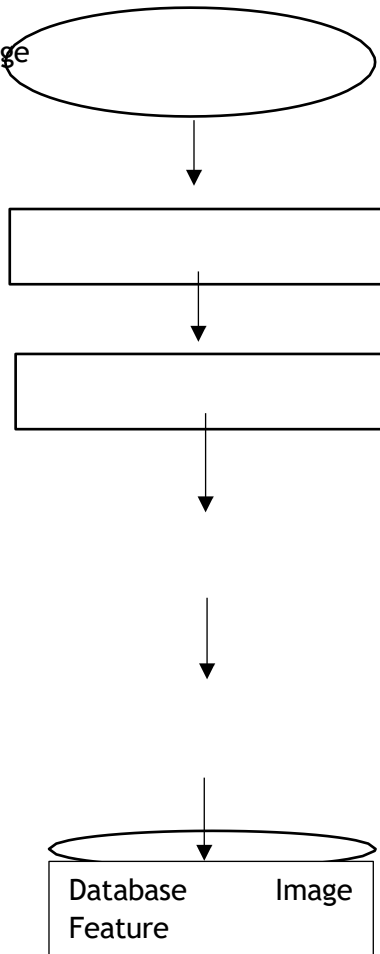
Data flow Diagram of Training and Testing Phase

### **The System design mainly consists of**

1. Image Collection
2. Image Preprocessing
3. Image Segmentation
4. Feature Extraction
5. Training 6. Classification



Database Image



Input Image

Image collection

Image Collection

Image Pre-Processing

Image Pre-Processing

Image Segmentation

Image Segmentation

Feature Extraction

Classification using CNN

Disease or

### 1. Image collection

The information we used in this project is publicly available online

### 2. Image Preprocessing

The purpose of preprocessing is to improve image data, reduce unnecessary distortion, and improve some image features that are important for further image processing. There are three main features of image preprocessing: a)

Grayscale conversion b) noise removal c) Image enhancement

a) Grayscale conversion: Grayscale images have only brightness information. Each pixel value in a grayscale image corresponds to a value or a amount of light. Brightness levels can be distinguished from grayscale images.

Grayscale images measure light intensity only. The brightness of an 8-

bit image ranges from 0 to 255; where "0" represents black and "255" represents white. In grayscale conversion,

color images are converted to grayscale images for display. Creating grayscale images is easier and faster than

color images. For grayscale images, all image processing methods are used.

b) Noise cancellation: The purpose of noise cancellation is to capture and eliminate unwanted noise in digital images. The challenge is to determine which features of the image are real and which are due to noise. Noise is a random change in pixel value.

We use median filter to eliminate unwanted noise. The median filter is a nonlinear filter that leaves the edges

unchanged. The median filter is implemented with a sliding window of variable length. Each instance value is

sorted by size; The most important value is the average value of the sample in the window that is the filter.

c) Image enhancement: The purpose of image enhancement is to ensure that the image displays the features of interest. A good comparison has been used here to get better results.

3. Image Segmentation There are many types of image segmentation such as stitching, thresholding, neural network-based, and edge-

based. In this application, we use a clustering algorithm called mean-

shift clustering for image segmentation. This algorithm uses the sliding window method to find the location of the

largest density. This algorithm uses multiple sliding windows to collect maximum space. Mean change group

algorithm This algorithm is used only to determine the high point.

Feature extraction:

The image has many features, especially color, texture and shape. Here we consider three things: color histogram, color-

like texture, shape, and texture.

5. Training Training data is generated from images of known cancer cells. The classifier is trained from the generated training data. The test file is placed in a temporary folder. Predict the results of the test data, draw separate images, and a

add custom parameters to the test data to make the

image processing model more accurate

6. Divide into two sets of binary classifiers using hyperplanes (also called hyperplanes). Decision boundary

The structure of the group is called convolutional neural networks. Some of these problems are familiar models, such

as texture classification using CNNs. Nonlinear mapping of input data to output data can achieve good clas-

sification in the high-

speed domain of CNNs. CNN is widening the gap between different groups. Use different kernels to split the

clusters. CNN is a binary classifier that determines the hyperplane that divides two classes. The hyperplane and

boundary between two classes are maximized. When determining the hyperplane, the structures closest to the

edges, called support vectors, are selected.

Explanation of CNN Algorithm Convolutional Neural Network:

Convolutional neural network is a special type of feedforward artificial neural network in which the connections

between layers are created by the visual cortex. A convolutional neural network (CNN) is a type of deep neural

network used to analyze visual images. Image and video recognition, image classification, natural language

processing, etc. It has applications in different fields. Convolution is the first layer that extracts features from the

input image. Convolution preserves the relationship between pixels by learning image features using least squares

of the input data. It is a mathematical operation that requires two ideas such as matrix image and filter or kernel. Each input image will be passed through a convolutional process with filters (kernels) to create an output map. This is the way CNN works.

Essentially, the convolutional neural network has 4 layers; layer by layer, ReLU layer, layer by layer and fully connected layer.

#### Convolutional Layer

After the computer reads the image in the form of pixels in the convolution, we use the convolutional layer and then we obtain a small-

sized part of the image with the help of the convolutional layer. These images or patches are called features or filters. By sending these rough matches to the same area in two images, the convolution technique can show the similarity better than whole image comparison. These filters are compared with the new input image and if it matches, the image is classified correctly. Here features and images are tracked, then each image pixel is divided into corresponding pixels, the pixels are counted and divided by all pixels in the feature. We create a chart and place the filter values

in the relevant area. Likewise, we will move the

feature anywhere in the image and see how the feature matches the area. Finally, we will get a matrix as output.

#### ReLU Layer

ReLU layer is nothing but changing the lines, in this layer we remove all negative values

from the filter image and replace it with zero. This is to prevent the sum of the values

from falling to zero. This is a variable that initializes the node only when the input value is greater than a number and the input value is less than zero, the output will be zero, and then deletes all values of the matrix.

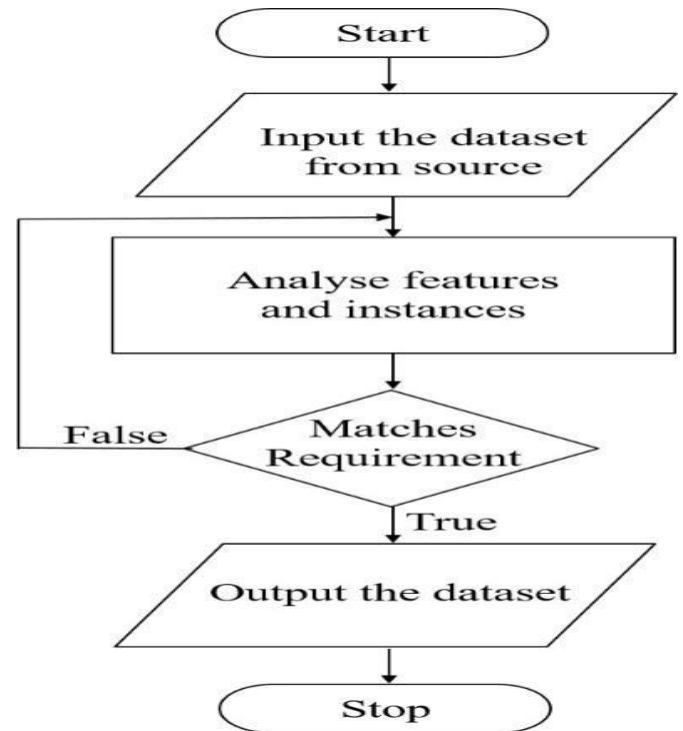
#### Pooling Layer

In this layer we reduce or reduce the size of the image. First we select the size of the viewport, then the desired step, and then we move our viewport above the view filter. Then take the highest value from each viewpoint. This will merge the layers and reduce the size of the image and matrix. Use the reduced size matrix as input for the full link operation.

#### Full connection method

After passing layer by layer, ReLU layer and layer by layer, we need to pack all the layers. The full link layer is used to classify the input image. Layers should be repeated if necessary, unless you end up with a 2x2 matrix. And finally use the link process where the actual deployment happens.

### The flowchart for Data Acquisition



### Flowchart for data acquisition.

The flowchart for collecting data is as depicted in the figure 4.3. The data set is collected from a source and a complete analysis is carried out. The image is selected to be used for training/testing purposes only if it matches our requirements and is not repeated.



## Flowchart for Pre-Processing the Data Set

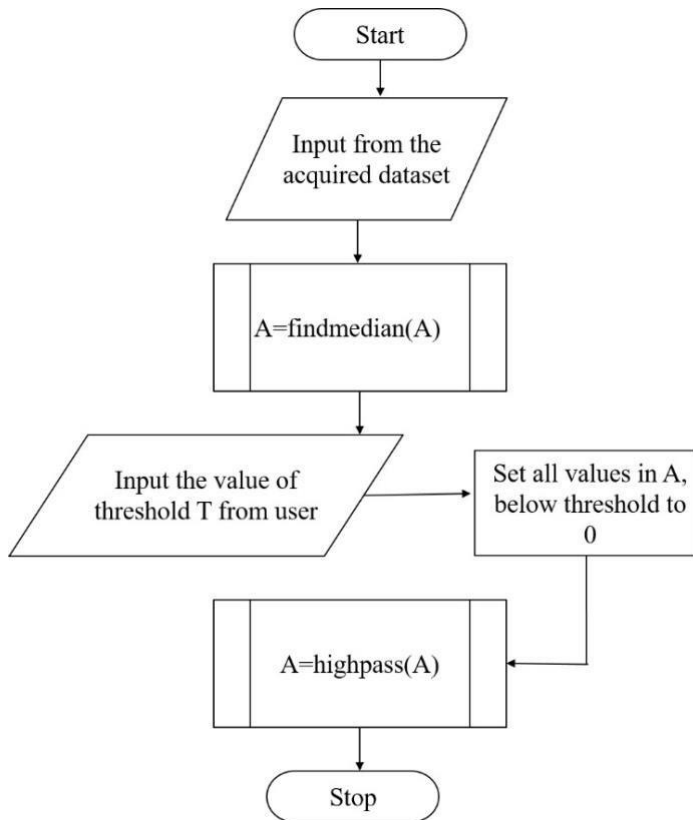


Figure:Flowchart for the preprocessing module

The figure 4.4 shows the flowchart for the pre- processing of the images received from the output of the previous step. This involves converting the image from the RGB format to greyscale to ease processing, the use of an averaging filter to filter out the noise, global basic thresholding to remove the background and consider only the image and a high- pass filter to sharpen the image by amplifying the finer details.

## Conversion from RGB to Greyscale

The first step in pre-processing is converting the image from RGB to Greyscale. It can be obtained by applying the below formula to the RGB image. The figure 4.5 depicts the Conversion from RGB to grayscale.

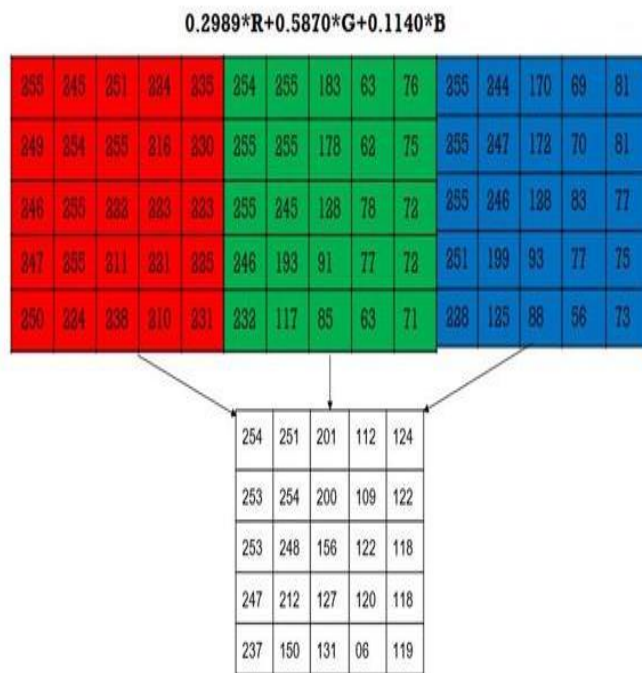


Figure Converting from RGB to grayscale

#### Advantages of converting RGB color space to grayscale

To store the monochrome image of RGB color image we need  $8 \times 3 = 24$  elements (8 elements per color component).

Only 8 objects are required to store one pixel of an image. Therefore, we need 33% less memory to store grayscale images compared to storing RGB images.

Grayscale images are easier for many tasks, such as many morphological tasks and image segmentation problems, it is better to create single layer images (gray images) than to make three layer images (RGB color image).

When we process images in a layer, it is easier to distinguish images from each other

Denosing

Noise removal algorithms remove or reduce noise in the standard image of layers. Noise reduction algorithms reduce or eliminate the appearance of noise by moving the entire image out of the immediate area of contrast. Noise removal is the second step of image processing. The grayscale image obtained in the previous step is provided as input here.

Here we use median filter, which is a noise removal technique.

→ Median filter

A median filter is a nonlinear digital filter often used to remove noise in images or symbols.

0 is added here to the edges and corners of the matrix, representing the grayscale image

. Then for each  $3 \times 3$  matrix, arrange the points in ascending order and then find the mean/median of the 9 points and record the average for a particular pixel position. Figure 4.6 shows noise filtering using the median filter.

Figure Noise filtering using median filter Basic general threshold

Threshold is a type of segmentation of images. We change the pixels of the image to make it easier to analyze the image.  $A(i,j)$  greater than or equal to the threshold  $T$  is preserved. Otherwise, replace the value with 0.

Here the T value can be adjusted in the front end to accommodate different image sizes. We use trial and error here to find the threshold that works best for us.

The Original matrix:

244	250	246	249	237
251	253	248	211	149
202	202	153	127	132
112	110	123	120	105
124	121	117	116	119

Append 0s at edges and corners:

0	0	0	0	0	0	0
0	244	250	246	249	237	0
0	251	253	248	211	149	0
0	202	202	153	127	132	0
0	112	110	123	120	105	0
0	124	121	117	116	119	0
0	0	0	0	0	0	0

The enhanced matrix:

0	246	246	237	0
202	246	246	211	132
202	202	153	132	120
112	123	121	120	116
0	112	116	116	0

0	246	246	237	0
202	246	246	211	132
202	202	153	132	120
112	123	121	120	116
0	112	116	116	0



0	246	246	237	0
202	246	246	211	0
202	202	153	0	0
0	0	0	0	0
0	0	0	0	0

Suppose,  $T=150$

The leaf, minus the background

Figure 4.7 Thresholding using Basic global Thresholding

## Image Sharpening



Image sharpening refers to any enhancement technique that highlights edges and fine details in an image, Increasing yields a more sharpened image.

## High-Pass Filtering

A high-pass filter can be used to make an image appear sharper. These filters emphasize fine details in the image. Here the output from the thresholding is given as input. Here, we are making use of a filter, first we append the nearest values to pixels at the boundary pixels. The figure 4.8 depicts Image Sharpening using High-Pass Filter.