



# Using Artificial Intelligence to Interpret Pneumonia CXR (chest X ray) Findings in Children with a Phone Application Platform

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## BACKGROUND

Globally, pneumonia is the leading cause of death in children <5. In hospital settings CXRAY is the most widely available tool.

There is a need to simplify and expedite its interpretation due to constraints about internet access and on-site health care workers with training to interpret the images.

Convolutional networks with built in training techniques for classifying X-ray images as normal or abnormal based on open-source datasets can be used for this purpose.

The model can be mounted on a simulated mobile app to make CXR image interpretation possible. But the processing power of cellphones is rate limiting.

## MATERIALS AND METHODS

We used 6543 CX-ray images from the PERCH (Pneumonia Etiology Research for Child Health) project including children 0-59months with pneumonia to train the model.

*ResNet-50 convolutional neural network* was used to sort, process it and categorize each as normal (no pneumonia) or abnormal (pneumonia).

To minimize processing requirements, the model was optimized for mobile deployment using the *Tensor Flow Lite (TF Lite) Task Library*. The model interfaces are designed for each task to reach the best performance and usability when deployed on a simulated mobile application.

This allows the model to classify X-rays in real time through the App using the phones' native camera.

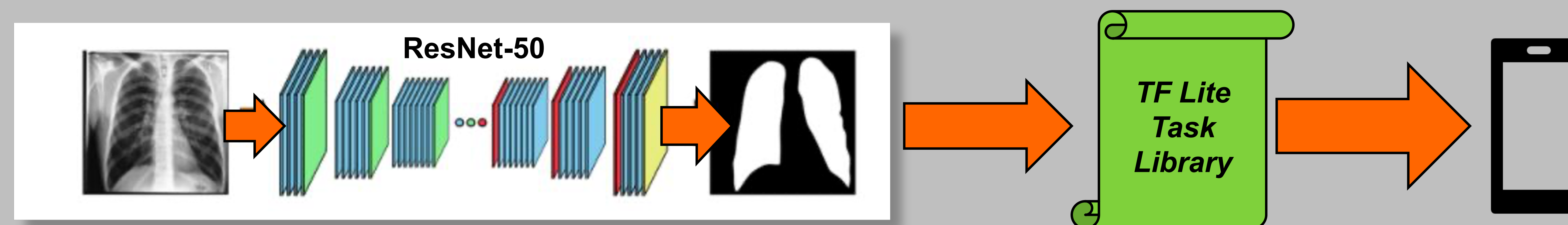


Fig 1. Model architecture, from loading images for classification, to optimization and final interpretation on App

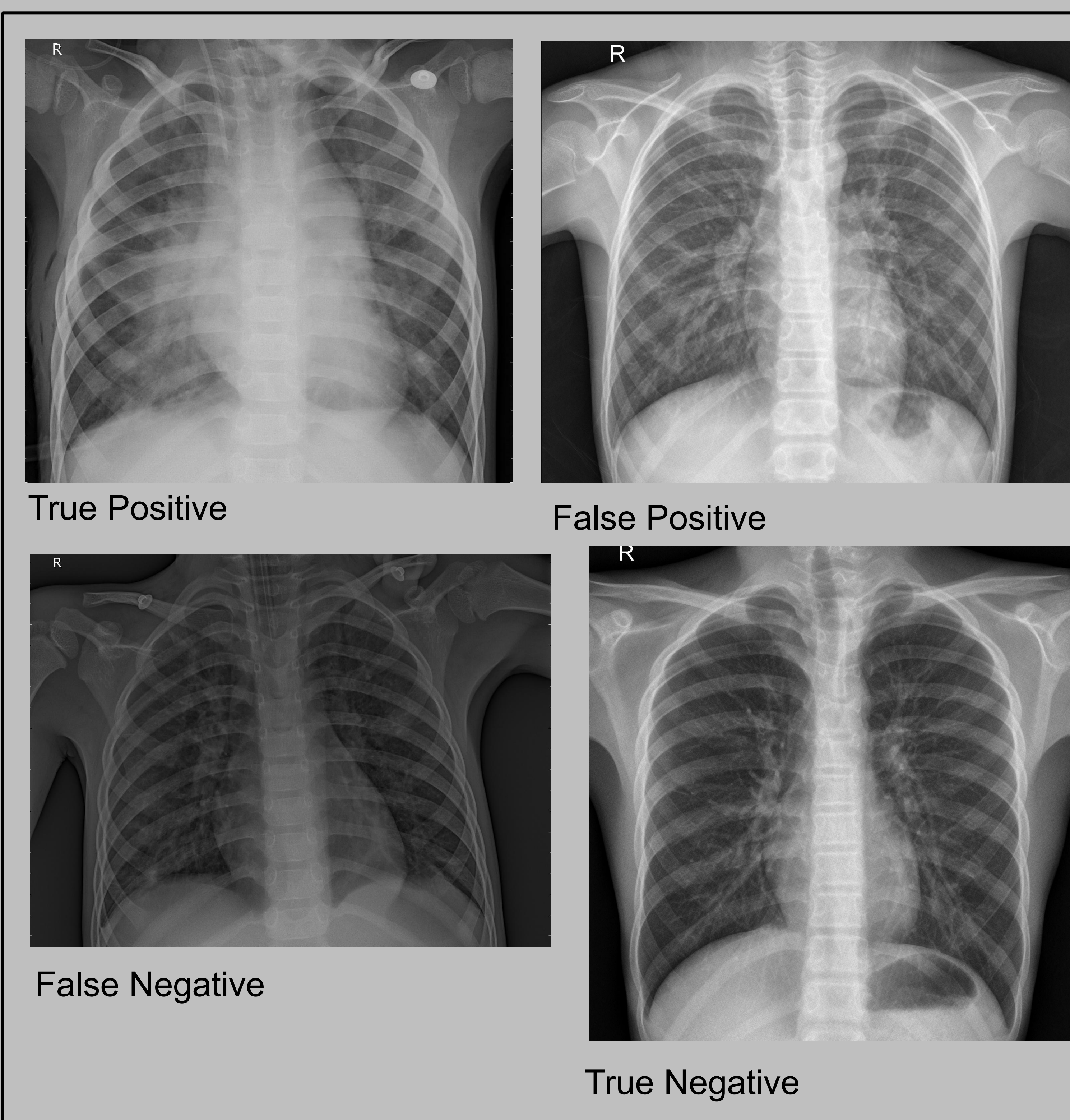


Fig 2. Confusion matrix examples of True Positive, True Negative, and False Negative.

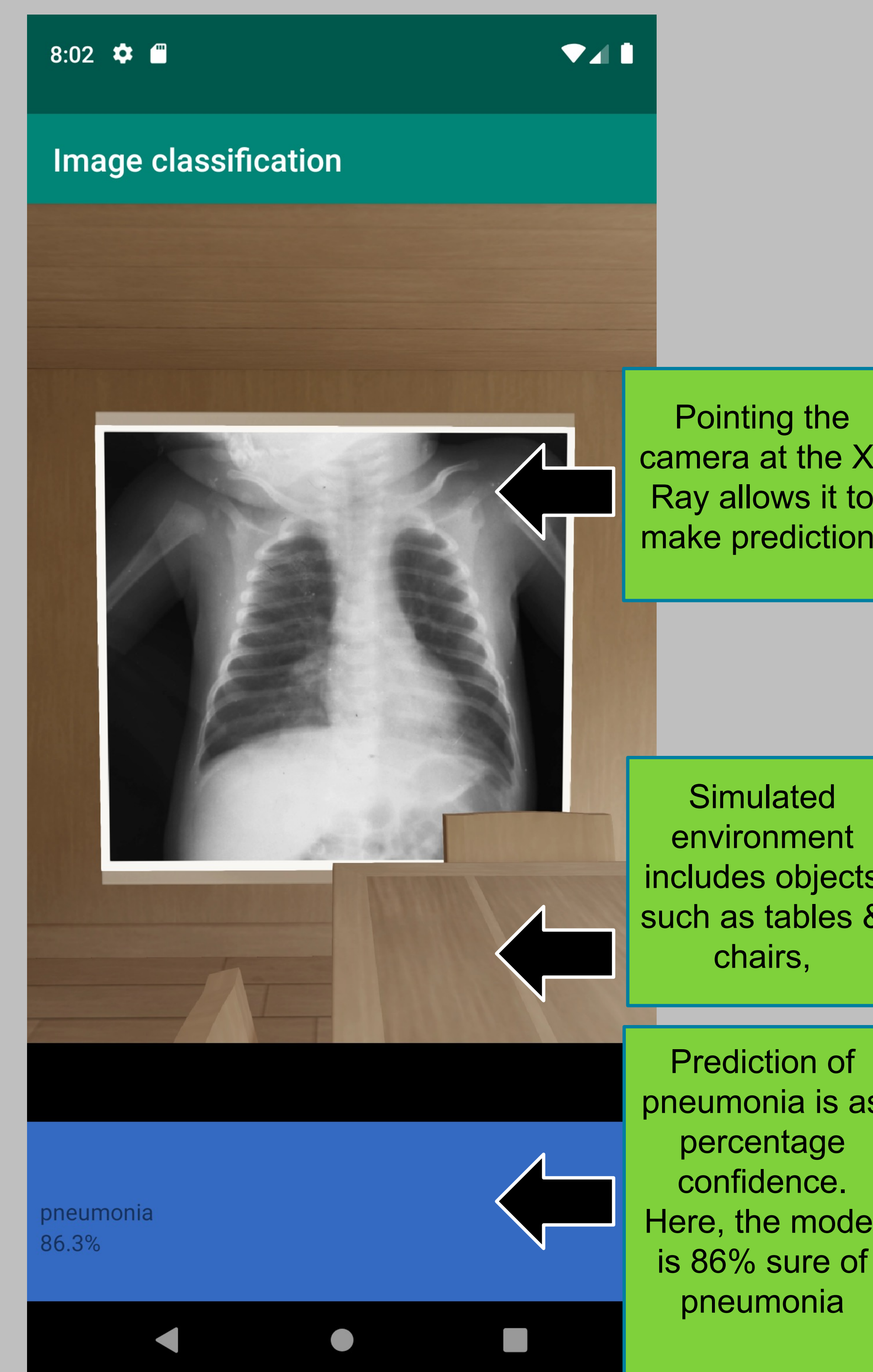


Fig 3. Example of App in use within the standard android simulated environment.

## RESULTS

Using 5-fold cross validation upon the 6543 CXR images, the pre-transformed ResNet-50 model performed achieved 94% accuracy, with a specificity of 92.1% and a sensitivity of 97%.

After undergoing the TF Lite conversion, the model achieved 91.12% accuracy, 90.7% specificity and 96.0% sensitivity to detect pneumonia findings present in the CXRs in the same 5-fold cross-validation tests.

This performance was further tested by placing CXRs in the android device simulated environment to test probable real world camera usage behaviors. Upon a random sample of 20 images split evenly between pneumonia and non pneumonia, the model properly classified 18 of the images within the simulated environment, including 10 of the non pneumonia and 8 of the pneumonia positive ones.

## CONCLUSION

A model can be created and trained to recognize abnormal findings by using convolutional networks. Such classification can be done with high sensitivity ~ 96.0% by incorporating a previously loaded artificial intelligence recognition patterns into a mobile phone App.

The application's performance in the simulated environment supports that the TF Lite model is still able to accurately classify images when using a device's camera.

## REFERENCES

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