



Enhance the ability to diagnose, monitor and treat medical issues through image processing

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ABSTRACT

Several areas of clinical and laboratory research, along with medical care, have now become dependent on digitalization. Doctors and scientists create 3D representations of infections based on micrographs, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Renal Cell Carcinoma (RCC) neuroscientists detect the metabolic activity of the zone in the brain using Positron Emission Tomography (PET) and operational MRI scans. Automated quantification and visualization equipment is needed to assess these many image files. Before UNIX computers and customized programs could have been used to view images in 3 components, including performing statistical analysis. Today, modern visualization and evaluation can be done on a cheap Windows PC for the necessary graphic software and hardware. This work has proposed a program of analysis and visualization of images in broad sense, without platform and adapted to the individual of a health research area based on the Web. Medical Image Processing and Analysis (MIPA) seems to be an online tool that permits both medical and statistical assessments of health images. Researchers and practitioners at remote locations could readily exchange study information and research using the MIPA standardized customer experience. Assessment capabilities, boosting their ability to investigate, treat, manage, & cure major diseases.

Keywords: Medical Image Processing and Analysis; Computed Tomography; Diagnose; Positron Emission Tomography; Assessment of images

Received: 11.02.2022

Revised :12.03.2022

Accepted: 24.03.2022

INTRODUCTION

MIPA is an n-dimensional, platform-independent [1,2] software that could manage information mostly from medical imaging modalities. To help with image studies to the National Institutes of Health (NIH), researchers developed an overall, extendable image analysis & visualization method.[3-5]. The software could be used as an end of the method and also an Application Programming Interface (API) for those next image analysis, registering, & visualization services [6]. It offers a variety of basic & advanced image, processed & visualization features as a customer experience. Through MIPA's plug-in ability, scientists with the basic knowledge of computing & an image, processed could use MIPA as an API to make customized investigation and visualization elements [7].

RELATED WORK

MIPA would be a flexible application created in the Java language that takes full Java's object-oriented characteristics of advantage. The selection of an available as a free download file format was listed in the bottom section. Images were loaded into the appropriate information memory utilizing data from the packet header. Although the buffer of data type was n-D, images up to 4 dimensionalities were generally collected and transmitted. Moreover, the cache maintains most native and several expanded types of data. Views, Vascular Obstruction Index (VOI)s, & Algorithms [8-10] were three basic units that interact with the data frame. The "Views" component lets the customer see and modify the image and also its related structures using a graphical interface.

Interactive classification & assessment where possible with the VOI component. Over 20 image processing and analysis capabilities were included in the Methods component. These components' function was delivered through an easy-to-use user experience. As previously indicated, most of the NIH's study focused on the classification, quantization, & visualization of 2Dimension, 3Dimension, & 4Dimension image collections, such as microarray, microscopy information, X-ray, computerized Scanning, computed tomography, & magnetic resonance imaging have all been termed for the same thing. Personal choices, information required, technology constraints, & precedence have resulted in a diverse variety of computer systems, including PCs running SGI, Sun Microsystems, & Hewlett Packard offer Windows server, Macintoshes, & workstations. [11-14]

MATEIRAL AND METHODS

Moreover, certain images collections might necessitate the use of numerous devices such as a computer in accommodating the necessary analytic software products, that were only available for certain platforms or software products. Platform-independent technology should be used to combine the capabilities of these different applications into an integrated component that works on accessible hardware. Platform-independent programming, in a nutshell, abstracts the hardware resources & creates a shared digital platform. Software built for this digital environment operates on a wide range of systems dynamically, lowering hardware & system design and support expenses.

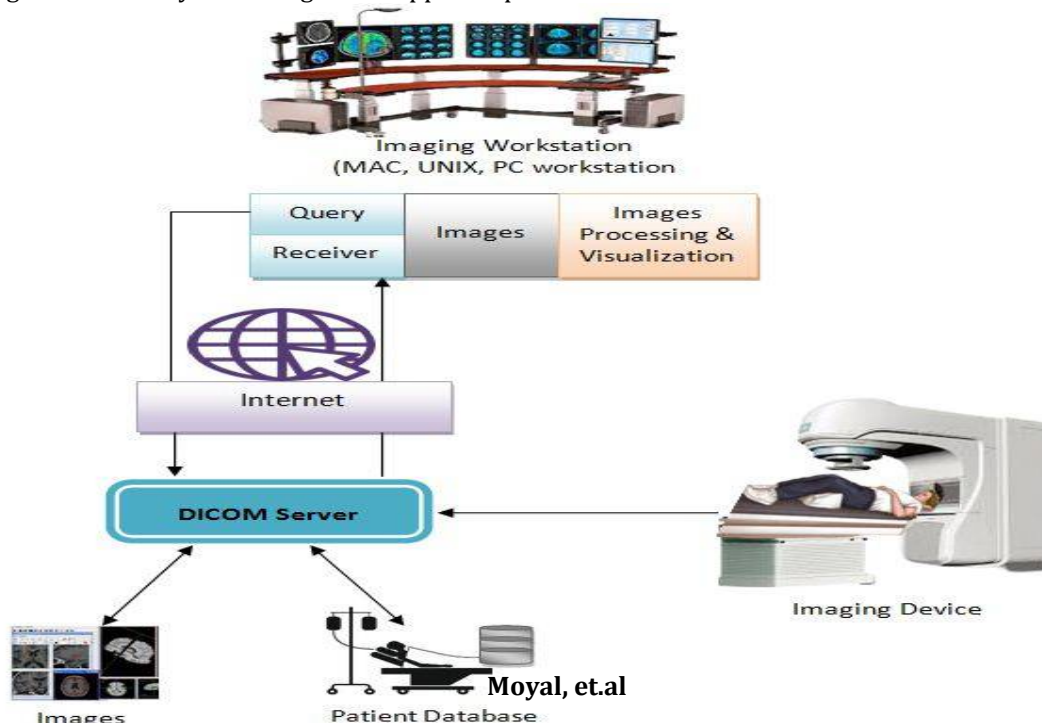


Figure1: Digital Imaging and Communications in Medicine(DICOM)block diagram

RESULT AND DISCUSSION

The application should be acquired, stored, and imagesets of data in company standards before performing image processing & quantifying. Interoperability with current and future applications & medical devices was ensured by adhering to recognized norms [15]. As a result, the researcher's equipment expenditure was protected, and they have more freedom in achieving their objectives. MIPA's capacity to obtain clinical images using the DICOM query & return modules has been one of the strongest features.

MIPA was DICOM compatible and can acquire images from the Picture Archiving And Communication System(PACS) system at the NIH Medical Centre, a DICOM client on the image sensor, or any other DICOM compatible service (Figure 1). Very notably, MIPA uses the DICOM protocol to give remote access to medical images. From a desktop at a workplace or any other place with a connection to the internet, the investigator could obtain, show, & analyze photos.

The technique of recognizing related sections of images as membership of a similar group that may have been delimited by VOI patterns was known as image segmentation. Doctors in the healthcare profession frequently detect objects in diagnostic imaging to aid inpatient care. Many brain researchers were interested in MRI, gray matter, white matter, & cerebrospinal fluid were segmented

forexample. Investigators can understand better, identify, track, & cure neurocognitive diseases by quantifying those different tissue kinds. VOI production could be automated, semi-automatic, or consumer, manually, or a mixture of these sorts using the MIPA program.

The image type of data & classification objective guides the choice of image segmentation technique from MIPA's various options. Based segmentation techniques were advantageous since they do not necessitate human contact, which could also lead to driver error & poor reliability. Based segmentation findings, on the other hand, might necessitate human VOI adjustment. Customized segmentation methods and also the generation of VOI characteristics like area, volume, direction, number of pixels, centroid, & mean concentration also was possible with MIPA.

DISCUSSIONS

MIPA is a data analysis & visualization program designed to meet the needs of a wide spectrum of researchers. There seem to be times, though, when research programs necessitate particular capabilities. MIPA satisfies these criteria, including the plug-in design it allows scientists to contribute in their uniqueness and the image was based on java analysis elements. The more user-friendly MIPA macro language seems to be in the works. Confocal micrographs, CT, MRI, & Functional Magnetic Resonance Imaging (fMRI) scanning data were finest communicated via a versatile & accurate 3D display platform that mixed nearby slices into a 3D image capacity. Surfaces modeling, composites presentations of data sets, images enlargement, rotations for an axis, color admire charts, more than one planar perspective & films were included in MIPA's visualization system. A tool for displaying large amounts of data has been built and has been evaluated.

The National Institute of Mental Health's Geriatric Psychiatry Branch studies older patients for Alzheimer's illness, 1st relations for Alzheimer's clients, including senior citizens who had lost their wives & many are exhibiting symptoms of depression. There have already been reports of brain changes happening before the start of Alzheimer's disease clinical signs. MIPA's multiple layer ability was utilized to create & update VOIs, which have been measured over a 10 period to determine small changes in overall brain size & chosen brain structures. To calculate total brain volumes, unnecessary muscular tissues and also the skull were eliminated firstly, then VOIs were drawn at complicated cerebral borders and an optimal watersheds recognition technique has been used (see Figure 2). Second, utilizing the VOI manipulation capabilities & painting operations, any remaining superfluous cells were removed. The DICOM header's menstrual data can then be used to generate massive brain volume measurements.

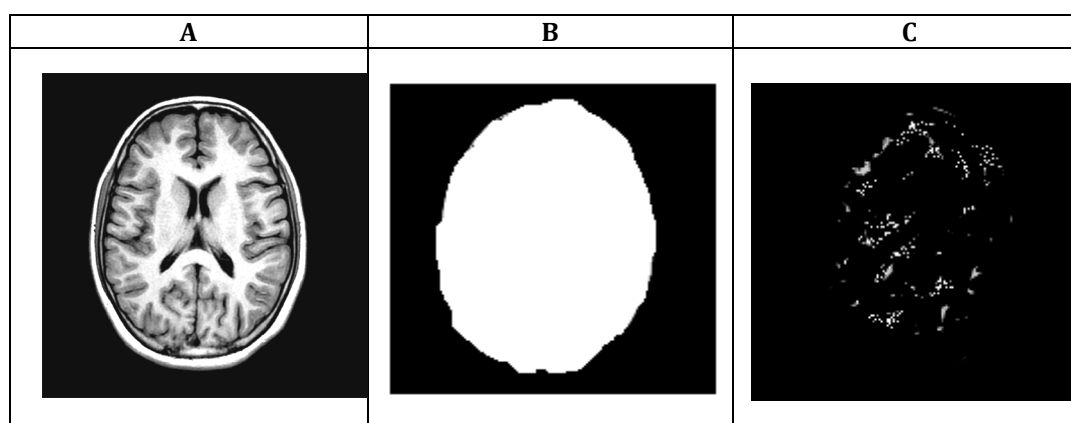


Figure 2. Human brain image

The NE1 was currently in Phase I of a study to see if a new laser approach would halt or stop the progression of choroidal neovascularization in time of life macular degeneration. AMD seems to be a serious medical condition that would be the leading cause of disability among those over the age of 60. Fluorescein & indocyanine angiography could be used to detect Choroidal Neovascularization (CNV) development in individuals. Fluorescein angiography (FA) & Indocyanine Green Angiography (ICG) angiogram images are most often collected at varying angles & magnifications due to the eye's optical. FA images also were recorded with the 520 nm filter cutoff, ICG images were taken in a 650 nm break in separate, white & black images were recorded in the red-free viewable wavelength filtration system. Testing the use of a focused lasers photocoagulation approach. Detecting CNV in images produced from FA & ICG with therapy, and also fixing a region to match white & black digitized snapshots to an eye, was required for this procedure. As a result, images captured using various imaging modalities and also at various angles & magnifications must be layered & evaluated. Figure 3 depicts images taken at various

angles & frequencies that require a permit & juxtaposition to accurately measure CNV. Fig.3 shows homologous markers that were deliberately put on the FA image, & Fig. 3b shows the black & white matching image. a landmark in Figures 3A& 3B was aligned utilizing the lowest recognition technique, as illustrated in Figures 3C and 4D, which have been superimposed before and after recognition

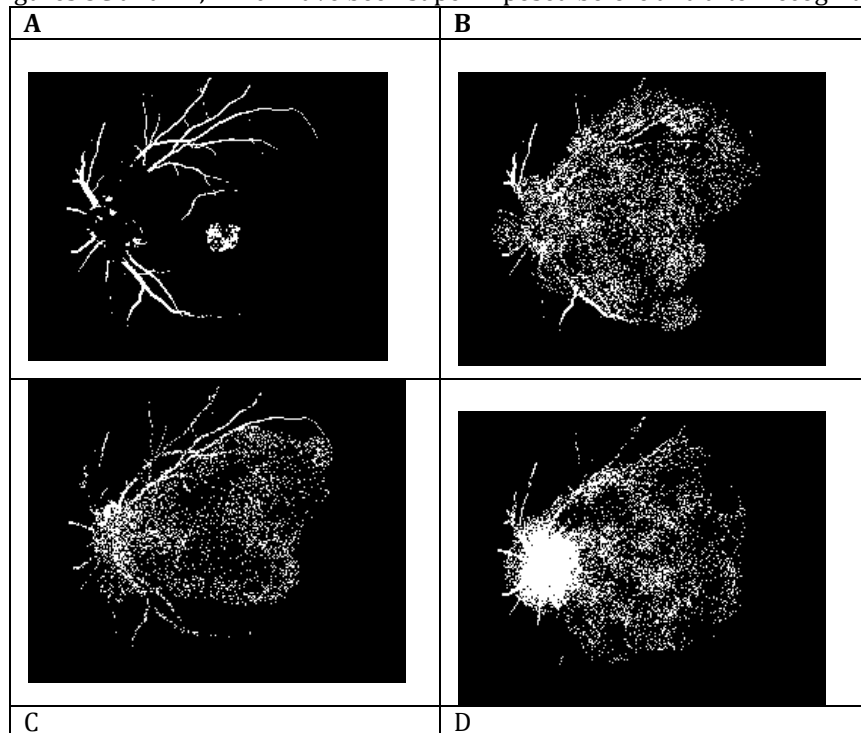


Figure 3. Images of the retina

CONCLUSIONS

The development of platform-independent, n-dimensional, general-purpose, extendable image enhancement techniques had made good advances. Moreover, more effort remained to address the NIH customer society's wider demands. We were currently working on integrating several registration algorithms and also interface representation. Volume modeling, more complex segmentation methods, and also the continual customization of specialized devices to suit particular criteria indicated by our partners would all be part of future improvements. Finally, users would be able to streamline and automate processes using the MIPA programming languages. MIPA was applicable for different sorts of information such as microarray analysis, microscope images, & nanostructure, albeit it was designed for radiographic imaging techniques. As necessary, future enhancements would include capabilities for these systems. Using Java's shared consequences that may result to increase algorithm efficiency was among the most ambitious ambitions.

ACKNOWLEDGEMENT

The authors acknowledge the subjects who were involved in the study.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest for this study

REFERENCES

1. Lee, D., & Yoon, S. N. (2021). Application of artificial intelligence-based technologies in the healthcare industry: Opportunities and challenges. *International Journal of Environmental Research and Public Health*, 18(1), 271.
2. Papafilippou, L., Claxton, A., Dark, P., Kostarelos, K., & Hadjidemetriou, M. (2021). Nanotools for sepsis diagnosis and treatment. *Advanced Healthcare Materials*, 10(1), 2001378.
3. Ezhilarasi, T. P., Sudheer Kumar, N., Latchoumi, T. P., & Balayesu, N. (2021). A secure data sharing using IDSS CP-ABE in cloud storage. In *Advances in Industrial Automation and Smart Manufacturing* (pp. 1073-1085). Springer, Singapore.
4. Latchoumi, T. P., & Parthiban, L. (2021). Quasi oppositional dragonfly algorithm for load balancing in cloud computing environment. *Wireless Personal Communications*, 1-18.

5. 5.Garikapati, P., Balamurugan, K., Latchoumi, T. P., & Malkapuram, R. (2021). A Cluster-Profile Comparative Study on Machining AlSi7/63% of SiC Hybrid Composite Using Agglomerative Hierarchical Clustering and K-Means. *Silicon*, 13(4), 961-972.
6. Pavan, V. M., Balamurugan, K., & Latchoumi, T. P. (2021). PLA-Cu reinforced composite filament: Preparation and flexural property printed at different machining conditions. *Advanced composite materials*.
7. Balamurugan, K., Uthayakumar, M., Sankar, S., Hareesh, U. S., & Warriar, K. G. K. (2017). Mathematical modeling on multiple variables in machining LaPO₄/Y₂O₃ composite by abrasive waterjet. *International Journal of Machining and Machinability of Materials*, 19(5), 426-439.
8. Bhasha, A. C., & Balamurugan, K. (2021). Studies on mechanical properties of Al6061/RHC/TiC hybrid composite. *International Journal of Lightweight Materials and Manufacture*, 4(4), 405-415.
9. Ali, Z., Irtaza, A., & Maqsood, M. (2022). An efficient U-Net framework for lung nodule detection using densely connected dilated convolutions. *The Journal of Supercomputing*, 78(2), 1602-1623.
10. Sun, J. K., Aiello, L. P., Abràmoff, M. D., Antonetti, D. A., Dutta, S., Pragnell, M., ... & Gardner, T. W. (2021). Updating the staging system for diabetic retinal disease. *Ophthalmology*, 128(4), 490-493.
11. Yu, K., Tan, L., Lin, L., Cheng, X., Yi, Z., & Sato, T. (2021). Deep-learning-empowered breast cancer auxiliary diagnosis for 5GB remote E-health. *IEEE Wireless Communications*, 28(3), 54-61.
12. Arshad, R., Barani, M., Rahdar, A., Sargazi, S., Cucchiari, M., Pandey, S., & Kang, M. (2021). Multi-functionalized nanomaterials and nanoparticles for diagnosis and treatment of retinoblastoma. *Biosensors*, 11(4), 97.
13. Manne, R., & Kantheti, S. C. (2021). Application of artificial intelligence in healthcare: chances and challenges. *Current Journal of Applied Science and Technology*, 40(6), 78-89.
14. Haick, H., & Tang, N. (2021). Artificial intelligence in medical sensors for clinical decisions. *ACS nano*, 15(3), 3557-3567.
15. Bhattacharya, S., Maddikunta, P. K. R., Pham, Q. V., Gadekallu, T. R., Chowdhary, C. L., Alazab, M., & Piran, M. J. (2021). Deep learning and medical image processing for coronavirus (COVID-19) pandemic: A survey. *Sustainable cities and society*, 65, 102589.

CITATION OF THIS ARTICLE

Vishal Moyal, Anil Kumar, P. Sriramya, Aleem Ali, Enhance the ability to diagnose, monitor and treat medical issues through image processing. *Bull. Env. Pharmacol. Life Sci.*, Vol 11 [6] May 2022: 33-37