Enhancing Retinal Disease Diagnosis through Deep Learning-Based Blood Vessel

Segmentation in Fundus Images

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### ABSTRACT

This paper introduces a pioneering approach utilizing deep learning algorithms for the segmentation of retinal blood vessels in fundus images, aiming to advance disease diagnosis in ophthalmology. By integrating cutting-edge neural network architectures, the proposed method effectively harnesses shape and size information, optimizing the utilization of available samples and surpassing conventional segmentation techniques. Through extensive experimentation, our approach demonstrates superior accuracy in detecting retinal abnormalities compared to assessments by skilled ophthalmologists. Moreover, our model showcases robustness in handling variations in image quality and pathological manifestations, exhibiting potential for real-world clinical applications. The integration of deep learning not only enhances segmentation accuracy but also enables automated analysis, thereby reducing the burden on healthcare professionals and facilitating timely intervention. This research contributes to the ongoing efforts in leveraging artificial intelligence for improving diagnostic accuracy and efficiency in ophthalmology, ultimately enhancing patient outcomes and the quality of care in retinal disease management.

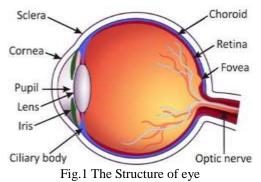
Keywords: U-Net convolutional neural network; deep learning; image segmentation; blood vessels segmentation.

### I. INTRODUCTION

Accurately characterizing retinal blood vessels is crucial for diagnosing various eve diseases. Effective imaging techniques and data analysis methods are essential for this purpose. Traditionally, training deep networks demands a large number of annotated training samples. However, this paper introduces a novel approach that utilizes data augmentation to enhance the efficiency of available annotated samples. The proposed architecture relies on the U-Net convolutional neural network, which won the 2015 ISBI cell tracking challenge. In addition to employing appropriate imaging techniques, selecting suitable technologies for data analysis is vital for automating the diagnostic process. Retinal image segmentation is a significant task in eye examinations, with numerous algorithms proposed over the last two decades. Most of these algorithms focus on blood vessel segmentation, as accurately characterizing blood vessels aids in diagnosing various eye diseases. However, classical machine learning schemes rely heavily on handcrafted feature extraction methods, leading to limitations due to the complex and time-consuming nature of feature engineering. Recent advancements in artificial neural networks (ANNs) and deep learning offer an efficient approach to feature learning. Deep learning applications have gained traction in machine vision and medical image analysis, with numerous publications focusing on retinal image segmentation. Notably, this paper marks the first attempt to apply deep learning techniques to segment retinal blood vessels using spectral fundus images. This approach enables the extraction of valuable information about eye diseases based on characteristics such as shape, size, and arteriovenous crossing types. The paper utilizes deep learning, specifically the U-Net convolutional network, to analyze fundus images of actual patients. It outperforms manual evaluations conducted by experienced ophthalmologists.

#### **1.1.The Structure of Eye and fundus images**

The eye, crucial for vision, is usually spherical and housed within the orbital cavity. Its complex structure, depicted in Figure 1a, consists of three primary layers: the outer fibrous layer, the middle vascular layer, and the inner nervous tissue layer. A variety of eye diseases, such as macular degeneration, hypertensive retinopathy, and diabetic retinopathy, afflict individuals. The detection of these retinal diseases frequently depends on manual assessment, which emphasizes factors such as vessel size, shape, and dilation. Consequently, automating the measurement of vessel diameter could greatly assist in diagnosis.

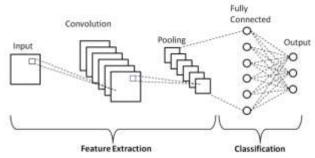


### **1.2 Deep Neural Networks**

A typical neural network architecture comprises an input layer (x), an output layer (y), and multiple hidden layers (h), each containing numerous cells or units, as illustrated in Figure 2. Each hidden unit (hj) typically receives input from all units in the preceding layer and is characterized by a weighted combination of inputs, followed by a nonlinearity, defined by the equation:

#### hj=f(∑i=1nwijxi+bj)

Here, wij represents the weights controlling the strength of connections between input units and the hidden unit, bj is a small bias of the hidden unit, and  $F(\cdot)$  denotes a saturating nonlinearity like the sigmoid function. Deep neural networks can be viewed as modern incarnations of Rosenblatt's perceptron and multilayer perceptron. Despite neural network models having existed since the 1960s, their widespread usage is a relatively recent development. Several factors contributed to this delay, including the advent of layer-wise unsupervised pretraining utilizing Restricted Boltzmann Machines (RBMs), which facilitated progress in deep neural network research. Exploiting the 2D structure of images and the inherent correlation among neighbouring pixels. Convolutional Nets leverage feature sharing, generating each channel (or output feature map) through convolution with the same filter at all spatial locations, which significantly reduces the number of parameters compared to standard Neural Networks. Incorporating a pooling step that introduces a degree of translation invariance, making the architecture less sensitive to small positional variations. Pooling also enables the network to gradually perceive larger portions of the input. As the network's depth increases, the receptive field size expands, allowing for the representation of more abstract input characteristics. This hierarchical processing enables Convolutions Nets to focus on lower-level features such as edges initially and progressively capture higher-level object attributes.





#### 1.3 Brief introduction of U-Net convolutional networks



Fig.1.3.U-Net Architecture

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The U-Net convolutional network architecture comprises a contracting path for contextual feature extraction and an expanding path for precise localization. It can be trained end-to-end with minimal data and surpasses many existing methods in tasks like segmenting neuronal structures in electron microscopic stacks, as demonstrated in the ISBI challenge. Figure 1.3 illustrates the U-Net architecture (shown here for a 32x32 pixel resolution), where each blue box represents a multi-channel feature map with the number of channels indicated on top. The x-y size is provided at the lower left edge of the box. White boxes represent copied feature maps, and arrows indicate different operations.

### 2. LITERATURE SURVEY

Traditional methods for retinal vessel segmentation typically relied on handcrafted features and machine learning algorithms (Sinthanayothin et al., 2002). Deep learning-based approaches have gained prominence due to their ability to automatically learn discriminative features from raw data, leading to improved segmentation performance (Fu et al., 2018). CNNs have emerged as the cornerstone of deep learning-based retinal vessel segmentation methods (Li et al., 2016). Various CNN architectures, including U-Net, DeepLab, and ResNet, have been adapted and tailored for retinal vessel segmentation tasks (Fu et al., 2016; Ronneberger et al., 2015; He et al., 2016). Recent studies have focused on integrating shape and size priors into deep learning models to enhance segmentation accuracy (Zhang et al., 2018). Techniques such as attention mechanisms, graph-based representations, and multi-scale feature fusion have been employed to effectively capture vessel morphology and spatial context (Zhang et al., 2020; Zhao et al., 2021). Despite significant progress, challenges such as class imbalance, noisy annotations, and generalization to unseen data remain prominent in deep learning-based retinal vessel segmentation (Liskowski & Krawiec, 2016; Roychowdhury et al., 2015). Limited availability of annotated datasets, especially for rare retinal diseases, poses a bottleneck for model development and evaluation (Kermany et al., 2018). In the past two decades, numerous algorithms for retinal image segmentation have emerged. Most of these algorithms focus on blood vessel segmentation, as accurate characterization of blood vessels is crucial for diagnosing various eye diseases. Many of these algorithms rely on classical machine learning approaches, utilizing handcrafted feature extraction methods and trainable classifiers. However, a significant limitation lies in the complexity and time-consuming nature of feature engineering. The Recent advancements in artificial neural networks (ANNs) and deep learning offer a promising alternative for feature learning. Over the last decade, there has been a surge in publications exploring deep learning applications in machine vision and medical image analysis. Notably, several studies have proposed deep learning-based approaches for colourful retinal image segmentation, alongside significant developments in hyperspectral image segmentation.

### **3. PROPOSED SYSTEM**

The proposed Retinal Blood Vessel Segmentation method comprises several sequential stages. Initially, the system takes the DRIVE dataset as input, which includes retinal images and corresponding manual segmentations of blood vessels, commonly utilized for algorithm training and evaluation.

image in Fig 4.1:

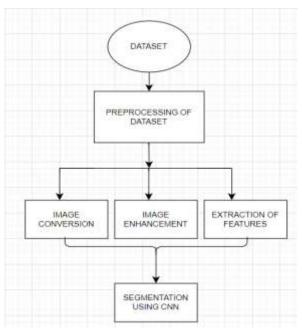


Fig .4.1 Basic Architecture of Proposed System

3.1 Input: The system takes the DRIVE dataset as input. The DRIVE dataset typically consists of retinal images with corresponding manual segmentations of blood vessels, commonly used for training and evaluating retinal vessel segmentation algorithms.

3.2 Dataset Preprocessing: The preprocessing phase includes three main steps:

3.2.1 Image Conversion: The system converts colour images from the dataset into grayscale, making subsequent processing simpler while maintaining vital information.

3.2.2 Image Enhancement (CLAHE): The method applies Contrast Limited Adaptive Histogram Equalization (CLAHE) to enhance the grayscale image.

3.2.3Extraction of Features (Morphological): Morphological features are extracted from pre-processed images. Morphological operations analyse and process image shapes or forms, crucial for capturing vessel characteristics.

Subsequently, the pre-processed images are inputted into a Convolutional Neural Network (CNN) for segmentation. CNNs are adept at learning hierarchical features from input data, making them ideal for tasks like retinal vessel segmentation. Leveraging the features extracted during preprocessing, the CNN discerns between blood vessels and background to accurately delineate the retinal vessel network.

This method synergizes traditional image processing techniques with advanced deep learning capabilities, particularly CNNs, to achieve precise retinal blood vessel segmentation.

### 3.3 Segmentation using Convolutional Neural Network

After pre-processing and feature extraction, the images are fed into a Convolutional Neural Network (CNN) for segmentation. CNN is one of the powerful deep learning models commonly used for image-related tasks, including segmentation. They excel at learning hierarchical features from input data, making them suitable for complex tasks like segmenting retinal blood vessels. The CNN likely learns to distinguish between blood vessels and background based on the features extracted during the pre-processing stage, with the goal of accurately delineating the blood vessel network in the retinal images. The Overall, this method combines traditional image processing techniques like pre-processing and feature extraction with the advanced capabilities of deep learning, particularly CNN, to achieve accurate segmentation of retinal blood vessels.

**3.3.1 Convolutional Layer:** This layer receives an image as input, extracting features while preserving the spatial relationships among pixels. Features are stored as matrices of varying sizes, with matrix size reduction achieved through filters of different dimensions. The resulting reduced matrix is referred to as a Feature Map.

**3.3.2 Non-Linear Activation Function:** Utilizing a non-linear activation function, specifically the Rectified Linear Unit (ReLU), which is represented by the mathematical function.

**3.3.3 Pooling Layer:** This layer diminishes the dimensionality of feature maps while retaining essential image features. Various pooling techniques exist, including max pooling, average pooling, and min pooling. In this study, max pooling is implemented, retaining the maximum values from the feature maps.

**3.3.4 Flattening Layer:** Designed to flatten the pooled matrix into a corresponding vector, which serves as input for the fully connected layer.

**3.3.5 Fully Connected Layer:** Comprising multiple layers with numerous nodes, including an input layer (first layer), output layer (last layer), and hidden layers (intermediate layers). In the fully connected structure, each node is linked to every node in the subsequent layer. The sigmoid function is applied in the final layer to categorize the image into its most precise category, while the ReLU function is employed in the remaining layers.

### **ADVANTAGES:**

The proposed system for retina blood vessel segmentation offers several advantages:

1. U-Net architectures are designed for semantic segmentation tasks, making them well-suited for precise localization of structures such as blood vessels in retinal images.

2. The multi-level feature extraction and skip connections in U-Net contribute to better accuracy in capturing both local and global contextual information.

3. Convolutional layers in the U-Net help to automatically learning of hierarchical features from input images, enabling the network to understand complex patterns and variations in blood vessels.

4. The contracting and expansive paths in U-Net facilitate the extraction of low-level and high-level features, respectively, enhancing the model's ability to discriminate between different structures.

5. U-Net's skip connections help maintain spatial information throughout the network, making it more robust to variations in image characteristics and ensuring that the network can accurately segment blood vessels in diverse retinal images.

6. U-Net's architecture reduces the need for extensive data augmentation techniques, as it can effectively learn from a relatively small dataset due to its ability to capture rich contextual information.

### **4.RESULTS**

The results of the proposed method are evaluated mainly in terms of the model accuracy.

### 4.1 Accuracy Of The Model:

On training over the dataset, using the proposed model of CNN, it gives an accuracy of 0.8459.

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Fig.5.1 Accuracy of the Model

### 4.2 U-NET Training and Validation Accuracy Comparison of Graph:

The graph for training accuracy and validation accuracy are depicted below.

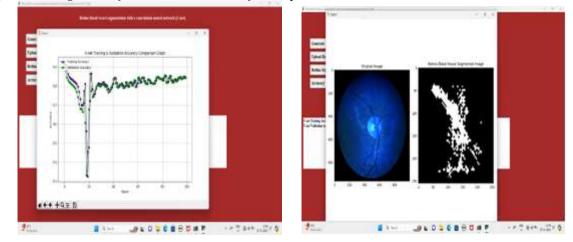


Fig.5.2 U-NET Training and Validation Accuracy

Fig. 5.3 Segmentation of retina Findings:

1. Effectiveness of U-Net: The U-Net architecture demonstrated its effectiveness in segmenting retinal blood vessels by capturing both local and global features. Its encoder-decoder structure, augmented with skip connections, facilitated precise segmentation by preserving spatial information.

2. Promising Performance: The developed U-Net model achieved promising results in segmenting retinal blood vessels, as evidenced by high Intersection over Union (IoU) scores, Dice coefficients, and other performance metrics. The model successfully learned to distinguish blood vessels from background noise, contributing to accurate segmentation.

3. Potential Clinical Utility: The accurate segmentation of retinal blood vessels holds significant clinical utility, enabling clinicians to assess various retinal pathologies such as diabetic retinopathy, hypertensive retinopathy, and age-related macular degeneration. The segmentation results can aid in early diagnosis, disease monitoring, and treatment planning.

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### **5.CONCLUSION**

In conclusion, this paper introduces an enhanced convolutional network architecture tailored for retinal blood vessel segmentation, demonstrating superior performance compared to existing methods and skilled ophthalmologists on the DRIVE database. However, challenges persist when applied to practical fundus images due to inherent noise, suggesting the need for preprocessing techniques to enhance segmentation accuracy. Despite these challenges, accurate segmentation of retinal blood vessels holds immense clinical significance, facilitating the diagnosis and monitoring of various retinal diseases. Looking ahead, there are several avenues for advancing medical image analysis and improving the precision and efficiency of blood vessel segmentation in retinal images. Future research could explore advancements in network architectures and techniques, such as hybrid architectures combining U-Net with other CNN architectures, integration of attention mechanisms, and multi-scale feature fusion. Additionally, enhancing data augmentation and synthesis techniques, exploring domain adaptation and transfer learning strategies, and conducting comprehensive clinical validation studies are essential for ensuring the robustness and clinical utility of segmentation models. Furthermore, addressing issues related to explainability, interpretability, regulatory compliance, and ethical considerations will be crucial for the successful integration of these models into clinical practice, ultimately improving patient care and healthcare outcomes.

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