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# Using artificial intelligence (AI) to turn a mobile smartphone into a stethoscope

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# Introduction

#### **Motivation**

According to the World Health Organization (2021), cardiovascular diseases (CVDs) are the number one cause of deaths globally. There is a need to develop an accurate, low-cost and convenient early CVD screening tool. The project related to this research is to develop such a web-based application that can identify abnormal heart sounds using the embedded microphones in consumer-grade mobile phones.

### **Task Description**

Automatic heart sound segmentation is to precisely identify the start and the end of each stage of a heart cycle. It is an essential pre-processing step of the screening algorithm since it can separate the signal into periodic cycles as well as detect the presence of extra heart sounds (third and fourth heart sound) and heart murmurs, which helps the classification of abnormal heart sounds. The difficulty of the task is amplified in a mobile-phone heart sound collection setting due to possible ambient noises.



#### **Related work**

Before 2018, a logistic regression hidden semi-Markov model (LR-HSMM) developed by Springer et al. (2015), was widely regarded as the state-of-the-art (SOTA) model. Recently, Messner et al., (2018) used Recurrent Neural Networks (RNNs), which not only achieve better performance but is also capable of

### Framework

### **Denoising Pipeline (Springer et al., 2016)**

- The audio firstly passes through a bandpass filter of 50 to 600 Hz.
- A spike removal algorithm is performed to remove the rubbing noise. raw audio only with normalization (sr=1000Hz)



### Dataset

#### PhysioNet 2016 Challenge dataset (Clifford et al., 2016)

- 3153 recordings in total with handcorrected ground truth labels
- Unbalanced much more normal heart sound than abnormal one
- Recorded with stethoscopes
- Train-test-validation split:
- Ensure that the recordings from each subject only appear in only one of training set, test set or validation set

Dataset	Challenge set	# Normal	# MVP	# Benign	# AD	# MPC	# CAD	# MR	# AS	# Pathological	T otal
T est	a	116	126	114	13	23	0	0	0	0	392
	b	135	0	0	0	0	29	0	0	0	164
	e	205	0	0	0	0	3	0	0	0	208
	total	456	126	114	13	23	32	0	0	0	764
Validation	b	16	0	0	0	0	5	0	0	0	21
	с	1	0	0	0	0	0	0	2	0	3
	d	2	0	0	0	0	0	0	0	1	3
	e	105	0	0	0	0	13	0	0	0	118
	f	9	0	0	0	0	0	0	0	5	14
	total	133	0	0	0	0	18	0	2	6	159
Train	b	144	0	0	0	0	39	0	0	0	183
	с	6	0	0	0	0	0	12	6	0	24
	d	24	0	0	0	0	0	0	0	25	49
	e	1471	0	0	0	0	130	0	0	0	1601
	f	68	0	0	0	0	0	0	0	26	94
	total	1713	0	0	0	0	169	12	6	51	1951

Fig 2: Table representation of train-test-validation split

### In-house Mobile Phone Collected Heart Sound Dataset (collected by Chun Yat Yee)

- Edited audio files (removing very noisy parts at the beginning and/or at the end)
- 142 recordings in total
- Recorded by the built-in microphone of a mobile phone





#### Fig 3b: Phonocardiogram of heart sounds recorded by mobile phone

Fig 6: The effectiveness of the denoising pipeline can be seen from the above diagram. The noises are significantly removed.

#### **Feature extraction**

- We perform Short-time Fourier Transform (STFT)
- on the 10-second heart sound audio to obtain 41 log magnitude spectrogram features.
- We transform the spectrum to zero mean and unit variance.
- We also normalize all the features to the range of 0 to 1.



Fig 7: Periodic features can be spotted from the spectrogram.

#### **Segmentation model**

- Bidirectional Gated Recurrent Unit (BiGRU)
- 2 Bidirectional layers
- Softmax output layer
- Produce a label for each 20 milli-second frame • Experiment on 200, 150, 100, 50, and 25 units
- Dropout 0.1

Plain BiGRU compare with HSMM F1 (%) ER Model Se (%) 91.59 HSMM 0.1468 91.54 91.79 Туре 93.93 F BiGRU 200 10 93.76 94.18 0.1208 93.89 0.1302 93.18 93.48 Nori F BiGRU 150 10 F BiGRU 100 10 93.15 92.82 0.1439 92.60 0.1519 F BiGRU 50 10 91.98 93.09 92.45 M 0.1423 93.35 92.86 F BiGRU 25 10 92.50 93.59 0.1262 F BiGRU 200 8 93.46 93.78 Ben 94.62 94.57 0.1068 **F BiGRU 150 8** 94.56 94.29 94.26 0.1129 F BiGRU 100 8 94.26 F BiGRU 50 8 93.18 0.1361 93.65 92.80 F BiGRU 25 8 93.22 0.1350 93.66 92.88 MP F BiGRU 200 3 94.36 94.39 0.1101 94.45 F BiGRU 150 3 94.36 94.38 94.36 0.1109 F BiGRU 100 3 94.03 0.1173 Ove 94.12 93.97 F BiGRU 50 3 93.23 0.1343 93.13 93.36

91.87

91.38 0.1716

#### Evaluation metrics adopted from Messner et al., (2018) • True positives (*TP*)

- False positives (*FP*)
- False negatives (*FN*)
- Substitutions (S)
- Insertions (*I*) • Deletions (*D*)
- Reference states (*N*)



Best Model (	BiGRN 150	8) & HSMM	comparison

	# 10-sec SW	Model	<b>P+ (%)</b>	Se (%)	F1 (%)	ER
mal 5257	BiGRN 150 8	96.58	96.47	96.51	0.0685	
	5257	HSMM	94.50	94.13	94.24	0.0959
VP 2908	2008	BiGRN_150_8	89.72	90.04	89.85	0.1998
	2908	HSMM	85.72	85.74	85.62	0.2593
ion	2570	BiGRN_150_8	96.59	96.51	96.54	0.0684
lign 2379	2379	HSMM	93.90	93.66	93.71	0.1129
D	269	BiGRN_150_8	97.45	97.39	97.41	0.0516
D	208	HSMM	94.89	94.97	94.92	0.0937
	548	BiGRN 150 8	89.90	90.97	90.36	0.1893
	540	HSMM	86.55	85.97	86.15	0.2238
ro11	11560	BiGRN 150 8	94.56	94.62	94.57	0.1068
lall	11300	HSMM	91.79	91.54	91.59	0.1468

Fig 8a: The best model from empirical experiment is the one with 150 units per layer and is trained with 8 second window-size. It outperforms the baseline HSMM model by 3% in F1 score.

90.98

Fig 8b: The best model not only obtain higher overall F1 score, but also outperform the baseline in every category of heart sound. Normal – Normal heart sound. MVP - Mitral valve prolapse. Benign - Benign heart sound. AD - Aortic disease. MPC - Miscellaneous pathological conditions.

### Overview



Fig 4: Overview of the CVD screening framework

### Demonstration

#### Post-processing

F BiGRU 25 3

- We found that sometimes the segmentation model will yield unrealistic labels
- We follow Renna et al., (2019) by forcing unrealistic labels to be the next stage, i.e. maintaining the S1systole-S2-diastole sequence

Fig 9(right): We can observe a slight improvement in F1 score of

Model	PP	P+(%)	Se (%)	F1 (%)	ER
F_BiGRU_200_8	Yes	93.95	93.45	93.68	0.1214
F BiGRU 200 8	No	93.46	93.78	93.59	0.1262
F_BiGRU_150_8	Yes	95.00	94.31	94.64	0.1035
F BiGRU 150 8	No	94.56	94.62	94.57	0.1068
F_BiGRU_100_8	Yes	94.64	94.00	94.30	0.1101
F_BiGRU_100_8	No	94.26	94.29	94.26	0.1129
F BiGRU 50 8	Yes	93.36	93.32	93.32	0.1306
F_BiGRU_50_8	No	92.80	93.65	93.18	0.1361
F BiGRU 25 8	Yes	93.47	93.21	93.32	0.1299
F BiGRU 25 8	No	92.88	93.66	93.22	0.1350

#### **Post-assessment safeguard**

all the models. PP – post-processing.

- Calculate the standard deviation of each heart cycle period of the segmentation and use it as a Post-assessment safeguard to reject bad segmentation results caused by noise contamination.
- Mean of standard deviation index of the ground truth of 11560 10-second window is approximately 0.0247.

A

• With experiments on in-house mobile phone audios, we find that a reasonable threshold should be set between 0.02 and 0.025.



Fig 10: (left) A clean and well-segmented audio with its standard deviation index; (right) A contaminated audio with its standard deviation index. Standard deviation index is empirically useful in identifying low quality heart sound segmentation.

# **Conclusion and future work**

#### Contribution

• We experiment on utilizing Recurrent Neural Networks to perform heart sound segmentation on a 10-second sound window and the best model outperforms the HSMM baseline by 3% in F1 score on a separate test set. • We propose a novel workflow to facilitate the heart sound segmentation model in the real-life scenario, including denoising, post-processing and post-assessment.



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• We further test the best RNN model on an in-house mobile-phone collected heart sound dataset with the aforementioned workflow and find it achieves satisfactory performance.

#### In the future

- We hope to collect more labeled mobile-phone collected heart sound data.
- We need to consider the unbalance in the training data.
- We want to experiment with more models and different architectures.
- We can further tune the standard deviation thresholds.
- We will proceed to heart sound classification.

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