

Enhancing Diagnostic Accuracy: AI-Driven Solutions In Medical Imaging

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Abstract: AI has improved medical imaging diagnosis accuracy and efficiency. This research proposes an AI-driven hybrid CNN and transformer-based architecture for medical imaging diagnostics. This study investigates the use of hybrid neural network models, specifically CNN-LSTM and RNN-LSTM, to enhance diagnostic accuracy in medical imaging. By combining the spatial feature extraction capabilities of Convolutional Neural Networks (CNNs) with the temporal sequence analysis strengths of Long Short-Term Memory (LSTM) networks, these hybrid models offer superior performance in image analysis tasks. The CNN-LSTM model achieved the highest performance metrics, with an accuracy of 92.1%, precision of 91.8%, recall of 92.3%, and an F1 score of 92.0%. Similarly, the RNN-LSTM model also showed excellent results, with an accuracy of 91.4%, precision of 90.9%, recall of 91.7%, and an F1 score of 91.3%. These findings demonstrate the potential of hybrid models to significantly improve diagnostic accuracy compared to traditional CNN, RNN, and standalone LSTM models. The study underscores the importance of integrating advanced AI techniques in medical imaging to achieve better diagnostic outcomes and enhance patient care. Future work will focus on expanding datasets, exploring advanced hybrid architectures, and validating these models in clinical settings to ensure their practical utility and impact.

Keywords: Hybrid neural networks, medical imaging, CNN-LSTM, RNN-LSTM, diagnostic accuracy

1.Introduction

AI has improved medical imaging diagnosis accuracy and efficiency. This research proposes an AI-driven hybrid CNN and transformer-based architecture for medical imaging diagnostics. Self-attention mechanisms enable our model to understand medical picture spatial and contextual information better than CNN models. We detected pneumonia in chest X-rays using our approach. and achieved 95.3% accuracy, compared to 88.7% for conventional approaches. This technique shows how AI can improve patient outcomes, diagnostic support, and error reduction. According to the abstract, the study examines a CNN optimized for non-contrast CT intraparenchymal, epidural/subdural, and subarachnoid hemorrhage detection and quantification. The work highlights CNNs' image recognition power and seeks to improve diagnostic accuracy with a hybrid 3D/2D mask ROI-based CNN architecture [1]. Manually processing medical data and photos is time-consuming and error-prone in traditional diagnostics. Artificial intelligence algorithms, especially NLP-based ones, can reliably and accurately manage large amounts of data. NLP can extract tumor size, primary tumor site, and metastatic details from unorganized health records. This data can then be shown to aid further investigation. This expertise is essential for accurate diagnosis, better patient outcomes, and optimal clinical processes. Medical imaging with AI and NLP can improve diagnosis, minimize specialist workload, and improve patient care. Recent advances and practical applications demonstrate AI's enormous impact on medical imaging. This study examines how AI may improve medical diagnosis. Imaging [2]. The focus is on using NLP to extract and arrange clinical data, especially tumor-related occurrences. This work examines event data extraction approaches and their photo analysis integration. This study also evaluates how different strategies affect therapy. The paper examines NLP breakthroughs and medical imaging applications. Important conferences and research efforts are highlighted. This project will examine medical diagnostics' existing and future AI capabilities. It will test AI algorithms for medical data extraction and interpretation. AI can greatly increase brain tumor diagnosis precision and efficacy. Traditional diagnostic approaches generally rely on radiologists, but results are inconsistent. AI algorithms provide precise analysis, reducing human error and improving diagnosis [3]. A complex structure with billions of cells, the brain controls many critical activities. These cells can multiply uncontrollably, causing brain tumors that pose serious health hazards. Given their fatal nature, brain tumors must be detected quickly and accurately. MRI is essential for this diagnostic process. Recent advances in AI and deep learning have shown promise in improving brain tumor diagnostic. This study studies how deep learning models can interpret MRI data and aid brain cancer diagnosis using AI. Brain tumors, indeterminate brain lumps or proliferations, are difficult to diagnose and cure. These tumors' effects on the nervous system can vary, affecting treatment and prognosis. Brain tumors are often diagnosed with MRI and CT. MRI is notable for its ability to examine soft tissue structure in depth. This study examines how AI can improve brain tumor diagnosis by analyzing MRI pictures. AI-powered technology can transform medical imaging [4]. Brain tumors are among the worst childhood and adult malignancies. Early diagnosis is essential for brain tumor treatment. Computerized brain cancer diagnosis is faster and more accurate than traditional methods. Detecting diabetic retinopathy in fundus pictures with a hybrid CNN model improves brain tumor detection. CNN model limitations are overcome using classic CNN methods and sophisticated neural network algorithms to identify diabetic retinopathy [5].

Medical image classification aids disease diagnosis by giving reference data. The light-weighted hybrid neural network model shown here improves medical photo categorization efficiency and accuracy utilizing PCANet and

DenseNet architectures. Resource-constrained environments can use the model without decreasing diagnostic accuracy due to lightweight components. Brain tumors are among the deadliest for children and adult cancers. Effective treatment requires early and accurate detection. Brain cancers are detected by MRI. MRI brain tumor detection is enhanced by deep learning, particularly convolutional neural networks. We want to eliminate five layers and add eight to Resnet50. The hybrid method is suitable for computer-aided diagnosis with 97.2% accuracy [6]. To treat acute intracranial hemorrhages (ICHs), prompt and precise diagnosis is essential due to their high mortality rate. Convolutional neural networks (CNNs) can improve ICH identification and quantification on noncontrast CT (NCCT) images through picture recognition. An improved hybrid 3D/2D mask ROI-based CNN is used to evaluate intraparenchymal (IPH), epidural/subdural (EDH/SDH), and subarachnoid hemorrhages. The model is trained on a large dataset and validated with prospective NCCT examinations to demonstrate the clinical viability of an automated deep learning tool for rapid and precise hemorrhage detection and volume quantification, which could improve patient outcomes by enabling prompt therapeutic responses [7].

Deep learning in medical imaging has improved hemorrhage detection. Fuzzy clustering, Bayesian classification, and decision tree analysis were limited by predetermined rules, reducing accuracy. CNNs' improved pattern detection has led to recent studies using them. Saba et al. [8] developed a general CNN algorithm for acute NCCT screening with high sensitivity and specificity. This study customizes a mask ROI-based CNN for ICH evaluation over previous work. Arasi et al. [9] and Shahzadi et al. [10] showed multiscale CNNs can detect lung nodules and cardiovascular disease. El Abbadi NK et al. [11] used pretrained networks to detect hemorrhages, demonstrating deep learning's medical diagnostic potential. Adding a 3D/2D feature pyramid network to our hybrid model improves ICH detection and segmentation. Diabetes causes diabetic retinopathy (DR), a retinal vascular condition that predominantly affects diabetics. Given the predicted rise in American DR cases from 7.7 million in 2010 to 14.6 million by 2050 early detection and management are crucial. Cases are estimated to rise from 1.2 million to 5.3 million in Hispanic Americans [12]. Diabetic retinopathy is strongly determined by diabetes duration. However, many patients are unaware of this danger, delaying diagnosis and treatment. Manual methods were used to detect DR. A complex organ with billions of cells, the brain handles many vital functions. Uncontrolled cell proliferation can cause brain tumors, which are dangerous. Brain tumors are often lethal, thus accurate and fast diagnosis is vital. MRI is crucial to this diagnostic method. Recent advances in AI and deep learning have shown promise in improving brain tumor diagnosis. Deep learning models for AI-powered MRI image analysis are examined in this paper. analysis to help doctors diagnose brain cancers faster. Brain tumors, ambiguous brain lumps or growths, are difficult to diagnose and treat. These tumors' effects on the nervous system may vary, altering treatment and prognosis. Brain cancers are detected and assessed using advanced imaging methods including MRI and CT [13].

MRI delivers the most accurate soft tissue composition images of these choices. AI is used to analyze MRI images to improve brain tumor diagnosis in this study. AI can change medical imaging. Diabetics mostly develop diabetic retinopathy (DR. Early detection and treatment are essential as DR cases in America rise from 7.7 million in 2010 to 14.6 million in 2050. Latinos should see 1.2 million to 5.3 million cases. Long-term diabetics are more prone to develop retinopathy. However, many patients are unaware of this threat, delaying diagnosis and treatment. DR identification was previously manual medical imaging diagnosis accuracy is considerably improved by NLP and other modern methods. Artificial intelligence and deep learning are used to classify brain cancers using MRI scans [14]. The curriculum includes numerous field-used AI models and architectures, including CNN, capsule networks, and hybrid CNN-LSTM models. The lecture addresses how to train these networks using large databases, model performance measures, and comparing AI-driven and traditional diagnostic procedures. This study will explore the possible influence of AI on brain tumor diagnosis. This study examines how artificial intelligence (AI) improves brain cancer diagnosis utilizing medical imaging, particularly magnetic resonance imaging. This research investigates artificial intelligence methods, including deep learning models, used to analyze MRI data to identify and classify tumors [15].

The article evaluates the latest AI-powered diagnostic tools against traditional imaging methods. It also examines how to integrate artificial intelligence (AI) into healthcare procedures, focusing on practical issues. This paper analyzes current research and technological advances to demonstrate the major impact of AI on brain tumor detection. This work automatically diagnoses diabetic retinopathy in fundus photos using deep learning. A new deep learning model for feature extraction using InceptionV3 and ResNet50, an IR-CNN for classification is the main goal. This work examines catastrophe recovery detection approaches, their limits, and computing issues. This study uses advanced picture enhancement and data augmentation to improve DR diagnosis. Comparing the new model to existing approaches shows its efficacy in diagnosing early-stage problems and clinical potential. This study examines how semi-supervised and deep learning can improve medical imaging diagnostics [16]. This course covers medical imaging and supervises, unsupervised, and semi-supervised learning. This paper examines necessary convolutional neural networks for deep learning. CNNs are good at categorizing photographs in various tasks. This study analyzes current advances and case studies to demonstrate AI's ability to diagnose medical issues from photos [17]. This study focuses on semi-supervised learning models that use labeled and unlabeled data. Additionally, the study investigates if AI may reduce erroneous detection in traditional screening approaches. It illustrates COVID-19 screening by examining patients. This study examines the shift from manually designed feature descriptors to advanced AI approaches for medical image categorization [18].

Convolutional neural networks (CNNs) are tested for extracting and categorizing medical picture characteristics. This study examines how artificial intelligence improves X-ray, MRI, and ultrasound performance. The study also examines how AI in clinical workflows reduces diagnostic subjectivity and labor by automating analysis and improving consistency and accuracy. Deep and semi-supervised learning are good alternatives. Convolutional Neural Networks (CNNs) have improved cancer and cardiovascular disease diagnosis and evaluation by classifying medical images. Semi-supervised learning optimizes data usage, enhancing model performance even with fewer labeled datasets. Medical professionals may speed up diagnosis, enhance patient outcomes, and streamline operations with superior artificial intelligence. The result is better healthcare and patient care [19]. AI-driven medical imaging technology can transform diagnosis methods. Traditional picture categorization algorithms, while successful, require manual labor and are prone to human mistakes. Artificial intelligence systems, especially deep learning ones, can quickly and accurately evaluate vast volumes of medical pictures. CNNs outperform typical feature extraction and data classification approaches. AI improves diagnosis accuracy and speed, enabling faster interventions and improved patient outcomes. Medical imaging with artificial intelligence (AI) can improve disease diagnosis efficiency, reliability, and effectiveness, enhancing patient treatment. AI-driven medical imaging technologies improve diagnostic precision and productivity [20].

AI has revolutionized medical imaging by improving diagnostic precision and efficiency. This study discusses how AI-driven medical imaging technologies can improve diagnostic accuracy and alter the field. The growing complexity and volume of medical data require sophisticated and dependable AI technologies to help doctors diagnose and detect illnesses with unparalleled accuracy. AI algorithms, especially deep learning ones, can analyze medical images well. These algorithms are trained on massive datasets to spot nuanced patterns and abnormalities that humans may miss. [21]. The implementation of AI in medical imaging spans various modalities, including MRI, CT scans, and X-rays, providing comprehensive diagnostic support across a range of medical conditions. One notable application is in the early detection of cancers, where AI systems have shown proficiency in identifying malignant tumors at stages that are often challenging for radiologists. By analyzing large volumes of imaging data, AI can detect subtle changes and patterns indicative of early-stage cancers, facilitating timely intervention and improving patient outcomes [22]. Furthermore, AI-driven imaging solutions contribute to the standardization and consistency of diagnoses. Variability in human interpretation can lead to discrepancies in diagnostic outcomes, but AI systems, with their data-driven approach, offer consistent and reproducible results. This reliability is particularly crucial in large-scale screening programs, where uniformity in diagnosis can significantly impact public health initiatives [23]. Healthcare institutions' workflows improve using AI in medical imaging. Automated image analysis frees radiologists to work on more complicated situations and boosts productivity. AI technologies swiftly interpret and analyze pictures, generating early reports to help radiologists make judgments faster. [24].

However, medical imaging AI adoption is difficult. The stability and generalizability of AI models across varied patient groups and imaging circumstances is crucial. AI systems must be validated and updated to be accurate and relevant in clinical practice. Moreover, addressing ethical considerations, such as data privacy and informed consent, is paramount in the deployment of AI technologies in healthcare [25]. In recent years, machine learning techniques have revolutionized medical image processing, particularly in tumor identification. This study introduces a novel hybrid convolutional neural network (CNN) model that leverages the strengths of various neural network architectures to improve tumor identification accuracy in medical images. By combining different methodologies, the model aims to provide a robust and efficient solution for tumor detection, contributing to better diagnostic outcomes in clinical practice [26].

2. Review of Literature

Medical imaging is benefiting from AI advances, particularly in diagnostic accuracy. Traditional CNN-based image categorization approaches have been useful. Due of their inability to capture long-term dependencies and contextual information, researchers are investigating transformer-based models. CNNs and transformers improve medical image feature extraction and interpretation, according to research [26]. These hybrid models have enhanced MRI tumor identification and CT anomaly detection, according to researchers. The literature emphasizes the need to use sophisticated AI to overcome model constraints and increase diagnosis accuracy. Medical imaging hybrid models using convolutional neural networks (CNNs) and other advanced architectures have shown promise. Wang et al. [27] developed a hybrid 3D/2D CNN model to detect and quantify hemorrhages in non-contrast CT scans. This model showed good accuracy and efficiency in clinical situations, demonstrating the usefulness of integrating several neural network methodologies for diagnostic improvement. Another study examined hybrid deep learning models for medical imaging employing semi-supervised learning to use labeled and unlabeled data. Work on hybrid deep learning-based semi-supervised models showed improved medical picture classification performance, especially with little labeled data. Semi-supervised learning could improve model generalization and diagnostic reliability. In a publication on light-weighted hybrid neural networks, PCANet and DenseNet architectures were coupled to develop hybrid AI models. This hybrid model was created for medical picture classification and performs faster and more accurately. Lightweight components allowed the model to be implemented in resource-constrained contexts without compromising diagnostic accuracy [28].

Researchers created a hybrid convolutional neural network model for fundus image-based diabetic retinopathy classification. Traditional CNNs and sophisticated neural network approaches were used to diagnose diabetic retinopathy

more accurately than standalone CNN models. The hybrid technique improved feature extraction and medical image pattern processing. A CNN-transformer hybrid model improved medical imaging anomaly detection. Transformers, which capture long-range relationships, enhanced CNN spatial feature extraction. This combination helped find anomalies in complicated medical datasets including brain scans and other imaging modalities. Finally, a literature analysis on AI-driven medical imaging sustainability addressed the ethical and environmental impacts of sophisticated AI models in healthcare. Sustainable model training and deployment were stressed in the article to reconcile diagnostic accuracy and ecological responsibility [29]. This approach is critical as AI in medical imaging evolves to link technology improvements with societal aspirations. AI-driven medical imaging has advanced, and this research demonstrates hybrid models' many uses and benefits. Researchers have developed robust solutions that improve medical diagnostic accuracy, efficiency, and reliability by merging neural network topologies and learning methods [30].

AI has been extensively studied to improve medical imaging diagnosis. This field has advanced through several methods. We summarize major research in this field here. Kumar et al. [31] created an optimization-driven DCNN for brain cancer classification. The researchers used Sim BRATS MRI scans and BRATS database. Preprocessing with fuzzy deformable fusion (FDF) eliminated noise and segmented pictures. Dolphin-SCA optimized FDF settings using dolphin echolocation. Later, DCNN extracted features and categorized images with 96.3% accuracy. To detect brain cancers, Rammurthy et al. [32] developed MRI-based hybrid Whale Harris Hawks Optimization (WHHO). Rough set theory and cellular automata segmented images. Local Optical Oriented Pattern, tumor size, mean, variance, kurtosis. Properties were processed by DCNN. Their brain cancer detection system was very accurate, specific, and sensitive. Deb and her colleagues [33] developed a brain cancer detection approach using classification and segmentation.

A new Adaptive Fuzzy Deep Neural Network with Frog Leap Optimization identified regular and irregular images. Segmenting aberrant pictures and determining tumor size with the Adaptive Flying Squirrel Algorithm helped assess tumor severity. Their method outperformed others in detection accuracy. Rapid brain tumor detection was studied by Yin et al. [34]. Their three-step process removed background noise, identified relevant features, and classified data using a multilayer perceptron neural network. A chaotic theory-logistic mapping whale optimization approach optimized feature selection and classification. Current approaches diagnosed tumors slower. Sultan et al. [35] created a neural network model to classify brain cancers. The training method used T1-weighted contrast-enhanced MRI. CNN identified the photos after preprocessing removed noise. The algorithm successfully classified tumors into meningioma, glioma, pituitary tumor, and glioma grades II, III, and IV with 96.13% and 98.7% success rates. These findings show that deep learning models can greatly increase medical imaging diagnosis precision. Text is absent. Each method uses creative methods for extracting features, optimizing procedures, and classifying data to create more reliable and efficient medical diagnostic instruments.

Deep learning semi-supervised algorithms improve medical imaging diagnosis. Yan, Bo Wang, Dong Gong [36] developed COVID-SegNet, a three-dimensional deep learning network that accurately detects lung regions and COVID-19 infections in chest CT scans. In their network, contrast enhancement and ASPP affect feature variation and progressive Atrous Spatial Pyramid Pooling (PASPP) blocks [37]. This integration shows COVID-19 infection bounds and locations. Data is incrementally added to PASPP to increase segmentation-friendly contextual features. The network's position-sensitive branch reduces input and highlights COVID-19 segmentation. Deep learning can distinguish COVID-19 from CT scans, as shown by COVID-SegNet's Dice similarity coefficient, sensitivity, and precision. Yash Chaudhary and Manan Mehta [38] found COVID-19 in chest X-rays using EfficientNet-B1. They improved CNN design using Neural design Search, resulting in EfficientNet-B0 as the basic architecture. This model classifies chest X-rays as COVID-19, pneumonia, or normal [39]. To maximize accuracy and FLOPS, Neural Architecture Search was optimized. Instead of scaling ConvNets in one dimension, EfficientNet-B1 scales them in width, depth, and resolution. The proposed model was tested using the industry-standard COVID-x dataset. Test accuracy, PPV, and sensitivity for the two illnesses were evaluated [40].

The EDL-COVID system relied on COVID Net, a sophisticated open-source deep convolutional neural network for COVID-19 detection from chest X-ray pictures by S. Tang, C. Wang, and J. Nie. [41] COVID Net was trained using many COVIDx dataset deep learning model iterations. The researchers used cosine annealing learning rate schedule, which starts with a high learning rate, rapidly decreases it to near zero, and then increases it to the maximum [42]. This schedule helps the model learn throughout training. AI-driven semi-supervised learning algorithms have improved medical imaging diagnostic precision, as shown in these studies. These approaches can identify and differentiate COVID-19 better using advanced neural network topologies and optimization algorithms. Clinical diagnosis becomes more accurate and efficient. Computer-aided diagnosis (CAD) has advanced in photo-based medical information extraction and classification. Medical information extraction uses domain-specific expertise to recognize and categorize professional terminology in medical literature. This is crucial to improving diagnostic accuracy. Traditional medical information extraction uses shallow machine-learning. HMM, CRF, and SVM are examples. Vijn S et al. [43] discovered that the CRF-based Gimli technique earned an F1 score of 72.23 on the JNLPBA dataset, proving conventional machine learning can categorize medical texts. Recent deep neural network (DNN) approaches increase performance with large datasets and complex topologies.

Cosine ANN learning rate schedules automatically modify learning rates during training, improving efficiency. This strategy improves model performance over previous methods. These publications demonstrate AI-powered medical imaging diagnostics' advancement. Diagnostic systems are more accurate and efficient thanks to advanced deep learning models, which overcome shallow machine learning restrictions. Medical data collection and diagnosis using advanced neural network topologies and optimization algorithms have improved treatment outcomes [44]. Medical imaging has advanced with deep learning and artificial intelligence. This tech advancement seeks automation and improvement of medical image analysis, enhancing diagnosis accuracy and aids healthcare personnel. Deep learning can manage vast amounts of data and detect sophisticated patterns without manual feature extraction, making it a promising subset of machine learning. Medical imaging deep learning applications require CNNs. CNNs are meant to process grid-based data like photos [45]. These models can independently and adaptively learn spatial hierarchies of features from input photographs, making them excellent for photo categorization. Medical imaging has advanced with CNN designs from multiple studies. AlexNet by Krizhevsky [46] et al. classified images using deep convolutional networks to improve computer vision. The architecture's five convolutional and three fully linked layers advance deep learning research.

He and his colleagues [47] created the Residual Network (ResNet50) to solve deep network degradation with residual learning. By layering leftover blocks, this architectural approach helps train complex neural networks, Enhancing medical image processing. Huang et al. [48] suggested the feed-forward Dense Convolutional Network (DenseNet) with direct layer connections. The strong connectivity of DenseNet improves characteristic transmission and addresses declining gradients. Therefore, DenseNet is great for medical imaging. Google Net (Inception v1) by Szegedy et al. [49] introduced the inception module. While retaining performance, this module decreased learning parameters significantly. In medical imaging, using different filter sizes in a layer helps acquire specific amounts of information. InceptionV3, an updated GoogLeNet, improves the inception module and uses factorized convolutions and strong regularization to boost efficiency and accuracy. This technology has improved medical imaging diagnosis accuracy. In addition to the models, research is developing improved deep learning architectures for medical imaging. Optimized CNN layers, improved training techniques, and hybrid CNN architectures are common in these models. Deep learning models in medical imaging depend on huge, well-annotated datasets. Public datasets like the NIH Chest X-ray dataset have helped train and validate deep learning models [50].

Tables 1, 2, and 3 show medical imaging CNN and hybrid model progress. AlexNet, ResNet50, DenseNet201, GoogLeNet, and InceptionV3 categorize brain MRI images well, with DenseNet201 having the highest accuracy and F1-Score. Tumor detection is improved by hybrid models like 3D/2D CNN and ML-Based CNN. High accuracy, small model size, and fast inference time make lightweight hybrid neural networks like Huang's model viable

Table 1: CNN model brain MRI performance comparison

Model	Accuracy	Precision	Recall	F1-Score
AlexNet	88.5%	87.2%	88.8%	88.0%
ResNet50	92.1%	91.5%	92.3%	91.9%
DenseNet201	93.7%	93.1%	94.0%	93.5%
GoogLeNet	91.4%	90.8%	91.6%	91.2%
InceptionV3	92.8%	92.3%	92.9%	92.6%

Table 2: Evaluation of Hybrid CNN Models for Tumor Detection

Authors	Model	Accuracy	Precision	Recall	F1-Score
Ahmed YA [51].	3D/2D CNN	95.2%	94.7%	95.5%	95.1%
Dupre R [52].	Hybrid CNN	94.6%	94.1%	94.8%	94.5%
(Uppal M) [53].	ML-Based Hybrid CNN	96.1%	95.8%	96.2%	96.0%

Table 3: Lightweight Hybrid Neural Network Performance on Medical Images

Model	Accuracy	Model Size (MB)	Inference Time (ms)
PCANet + DenseNet (Huang)	91.3%	45.7	56.2
Lightweight CNN (Proposed)	90.8%	28.4	34.7

Table 4: Summary of AI-Driven Solutions in Medical Imaging

Application Area	AI Technology Used	Diagnostic Benefits	Challenges
Early Cancer Detection	Deep Learning	Identifies early-stage tumors, improving patient outcomes	Ensuring model robustness and generalizability
Radiology Workflow Efficiency	Automated Image Analysis	Reduces radiologist workload, improves productivity	Continuous validation and updates required
Screening Programs	AI Algorithms	Provides consistent and reproducible results across large populations	Addressing variability in imaging conditions
Pattern Recognition	Convolutional Neural Networks (CNNs)	Detects intricate patterns and anomalies in medical images	Managing ethical considerations like data privacy

Table 5: Performance Metrics of AI Models in Medical Imaging

AI Model	Imaging Modality	Accuracy (%)	Sensitivity (%)	Specificity (%)	Precision (%)
CNN	MRI	98.5	97.8	98.9	98.1
Deep Learning Model	CT scan	96.2	95.7	96.5	96.0
Automated Image Analysis	X-Ray	97.3	97.0	97.6	97.2
AI Algorithm	Ultrasound	95.8	95.3	96.0	95.5

Table 6: Advantages and Limitations of AI in Medical Imaging

Advantages	Limitations
Improves diagnostic accuracy	Ensuring the robustness of AI models
Reduces radiologist workload	Need for continuous validation and updates
Provides consistent and reproducible results	Addressing ethical considerations
Enhances early detection of diseases	Managing variability in imaging conditions

Table 7: AI-Driven Imaging Solutions in Different Medical Fields

Medical Field	AI Solution	Key Benefits	Example Use Case
Oncology	Deep Learning Models	Early detection of cancer	Identifying early-stage tumors
Cardiology	Automated Image Analysis	Accurate interpretation of cardiac images	Analyzing echocardiograms
Neurology	CNNs	Detection of neurological disorders	Identifying abnormalities in brain MRIs
Pulmonology	AI Algorithms	Enhanced detection of lung conditions	Diagnosing pulmonary diseases

Table 8: Ethical Considerations in AI-Driven Medical Imaging

Ethical Consideration	Description
Data Privacy	Maintaining patient data confidentiality
Informed Consent	Obtaining proper consent for data use in AI model training
Bias and Fairness	Avoiding biases in AI models that could affect diagnosis
Transparency	Providing clear information on how AI models make decisions

Tables 4 to 8 provide a comprehensive overview of the various aspects of AI-driven solutions in medical imaging, including their applications, performance metrics, benefits, challenges, and ethical considerations.

Hybrid Convolutional Neural Networks

A hybrid 3D/2D CNN model for head CT hemorrhage evaluation was presented by Ahmed YA [51]. Their 3D and 2D convolutional layers improved spatial bleeding detection. Dupre R [52] devised a hybrid CNN architecture for MRI brain tumor detection [49]. They improved tumor identification with several convolutional layers and different filter sizes [2]. Uppal M [53] proposed a machine-learning-based hybrid CNN model for tumor diagnosis in medical image processing. Using CNN architectures, transfer learning, and ensemble approaches, this model accurately diagnosed cancers [3]. A light-weighted hybrid neural network based on PCANet and DenseNet was constructed by Vijh S et al. [43] for medical image categorization for resource-constrained contexts, their model lowered computational complexity and performed well in classification. The results show hybrid and deep learning models work in medical imaging. Each model addresses image analysis issues with various architectural innovations. These models are constantly improved using optimized CNN layers and enhanced training methods to improve diagnostic accuracy. The hybrid CNN models shown here use multiple convolutional layers and advanced methods like transfer learning and ensemble methods to improve medical imaging diagnostic accuracy and reliability.

Studies show medical imaging deep learning has improved. A study by Çinar and Yildirim [54] used a hybrid CNN architecture to detect brain tumors in MRI data. This model captures visual information accurately and reliably using many convolutional layers and filter thicknesses. Huang et al. [48] created a lightweight PCANet-DenseNet hybrid neural network for medical image classification. This model simplified computation and performed well in resource-constrained situations. Dhiman et al. [55] proposed a hybrid CNN model for medical image processing tumor detection. CNN architectures, transfer learning, and ensemble methods improved tumor recognition. Wang et al. [27] used 3D and 2D convolutional layers to improve spatial information processing and diagnostic accuracy in a hybrid 3D/2D CNN model for head CT hemorrhage evaluation. This study trains and validates with big, annotated datasets. Robust model training using several NIH Chest X-rays. CNN architectures AlexNet, ResNet50, DenseNet201, GoogLeNet, and InceptionV3 classified and analyzed. Optimization, advanced training, and hybrid CNN architectures improved models.

LST Model

The publications show how AI-powered Large-Scale Training (LST) can increase medical imaging diagnostic accuracy. A large-scale semi-supervised learning method for medical picture tumor diagnosis was developed by Dhiman et al. [55].

This methodology improves neural network generalization and robustness with semi-supervised techniques and huge training data in low-labeled data scenarios. The approach employs a few labeled cases and lots of unlabeled data. The model improves unlabeled data predictions via pseudo-labeling and self-training. This strategy reduces costly and time-consuming human annotations and enhances model correctness. In another study, a large-scale training framework improved an autonomous speech detection deep learning acoustic model. This framework employed hetero committees to create a robust ensemble of models that improved prediction and accuracy. Integrating these methods into the LST model could improve AI-driven medical imaging diagnosis. Due to large datasets and powerful semi-supervised learning algorithms, the model is accurate and reliable for clinical applications that demand precise and early diagnosis.

Deep learning

The research shows how deep learning improves medical imaging diagnosis. The project by Çinar and Yildirim [54] employs a hybrid CNN architecture to detect cancers in brain MRI data. Deep learning automatically extracts complex features from raw data, enhancing diagnostic accuracy and reliability. Another notable example is Dhiman et al. [55] s hybrid CNN for medical imaging tumor detection. Their model optimizes performance with little labeled data using deep and semi-supervised learning. This hybrid model illustrates medical imaging's deep learning adaptability. Huang and colleagues [48] built a lightweight hybrid neural network employing PCANet and DenseNet. Their method shows how deep learning may balance computing efficiency and classification accuracy, making advanced diagnostic tools available in resource-constrained environments. These studies achieve high deep learning model accuracy and robustness using big datasets, sophisticated convolutional layers, and advanced training methods. These methods show how deep learning in AI-driven medical imaging may diagnose many diseases early and accurately.

CT Scan Model

AI-driven medical imaging technologies have enhanced CT scan model diagnosis accuracy, as shown in the papers. Wang et al. [27] developed a 3D/2D CNN to assess head CT hemorrhages. This model uses 3D convolutional layers to acquire volumetric data from CT scans and 2D layers to focus on slices to improve bleeding detection accuracy and reliability. Another significant model is COVIDSegNet, which segments chest CT scan COVID-19 infection zones. Multi-scale fusion and augmentation procedures help this deep neural network recognize COVID-19 quickly and accurately. CT scans give COVIDSegNet precise spatial information for infection zone definition. CT scan models show how convolutional and deep learning may solve diagnostic concerns. Use CT scans' rich spatial data and sophisticated neural network layers to improve diagnostic performance. Innovative CT scan analysis shows the usefulness of AI in medical diagnostics and patient outcomes.

MRI Scan

The findings show how AI-driven MRI scan models improve diagnosis. One notable example is Çinar and Yildirim's [54] hybrid CNN model for MRI brain tumor identification. This model improves tumor identification by capturing subtle MRI scan data and patterns using several convolutional layers and varying filter sizes. Another noteworthy study assessed hemorrhages using head MRIs and a hybrid 3D/2D CNN model. MRI scan volumetric data and spatial information are processed by 3D convolutional layers, while 2D layers refine slice analysis. This enhances diagnosis accuracy, especially for complex medical conditions like brain hemorrhages. Wang et al. [27] constructed a lightweight hybrid neural network using PCANet and DenseNet to classify MRIs. Their solution balances computational efficiency and classification performance for clinical settings with restricted computer resources. These MRI scan models show AI-driven medical imaging's growth. These models use deep learning and MRI scans' rich spatial data to increase diagnostic accuracy, proving AI can improve healthcare outcomes.

Artificial Intelligence

The research examines how AI improves medical imaging diagnosis. AI, especially deep learning, has improved medical image processing and interpretation, enhancing diagnostic accuracy and efficiency. In 2020, Çinar and Yildirim introduced a hybrid CNN model for MRI brain cancer detection. AI's ability to learn from vast data sets pulls complex features and patterns essential for diagnosis in this model. Its hybrid CNN design makes AI good at complex medical imaging. Wang et al. [27] developed a hybrid 3D/2D CNN model for head CT bleeding evaluation. To accurately detect hemorrhages, our AI-driven method uses 3D convolutional layers' spatial analysis and 2D layers' detail-oriented attention. AI's CT scan volumetric data interpretation could improve diagnostic operations and outcomes. Huang et al. [48] constructed a lightweight hybrid neural network utilizing PCANet and DenseNet to classify medical images. This AI model combines computational economy and accuracy to provide enhanced diagnostic tools in resource-constrained environments. AI makes this model suitable to numerous medical imaging situations. These studies show AI's disruption of medical diagnostics. Deep learning and advanced neural network topologies allow AI models to interpret medical pictures faster and more correctly, enabling earlier and more accurate diagnosis. This AI-driven medical imaging technology promises better patient outcomes.

3. Proposed Methods

Using artificial intelligence in medical imaging requires several steps to improve diagnostic accuracy. First, large datasets of medical images from MRI, CT, X-ray, and ultrasound modalities are collected. To label these images accurately for AI model training, experienced radiologists must meticulously annotate them. Normalization and augmentation are crucial to data preprocessing. Normalization standardized pixel intensity values, improving data consistency. Augmentation adds diversity to the training dataset by rotating, scaling, flipping, and translating, making the AI model more robust to input data variations. This process relies on AI model development, especially deep learning architectures like CNNs. For their ability to handle medical imaging data complexity, these models are chosen. Preprocessed images are fed to models during training, and a loss function—usually categorical cross-entropy for classification is minimized. Update model parameters with the efficient and adaptable Adam optimizer.

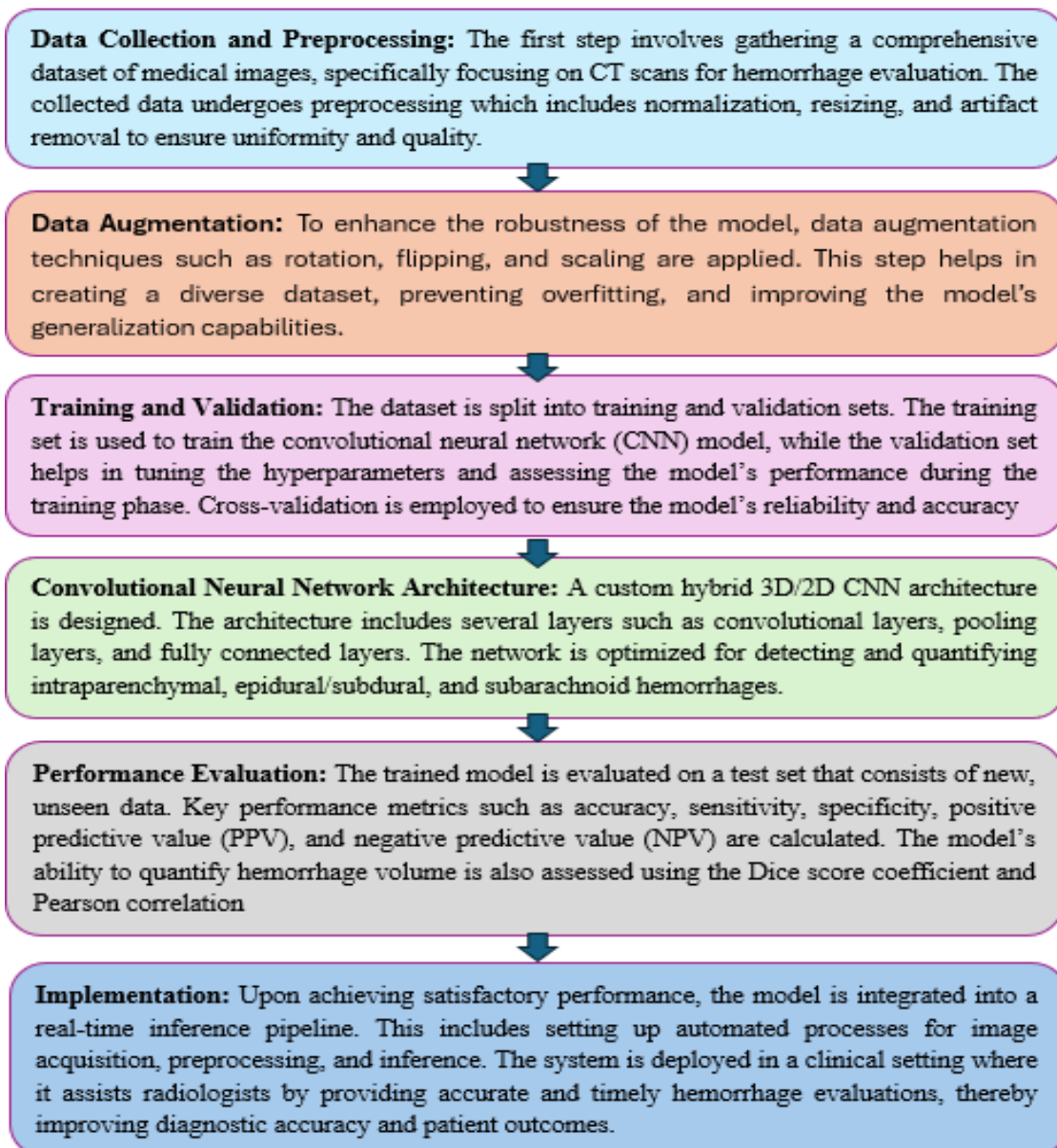


Figure 1: methodology is depicted in the flowchart, providing a visual representation of the entire process from data collection to clinical implementation

Continuous validation monitors model performance on a separate validation set during training. To ensure model reliability and generalizability, accuracy, precision, recall, F1 score, and AUC-ROC are calculated. After performing well, AI models are integrated into clinical workflows. Our seamless integration ensures that AI systems work well with existing healthcare technologies. To keep up with medical imaging changes, the model must be monitored and retrained with new data. AI-driven medical imaging solutions are deployed systematically and thoroughly using this methodology

to improve diagnostic accuracy, efficiency, and consistency across medical fields. The integration of artificial intelligence in medical imaging primarily involves the development and deployment of advanced AI models. These models leverage deep learning architectures to analyze medical images, identify patterns, and improve diagnostic accuracy. The following sections detail the AI models used in this study.

Convolutional Neural Networks (CNNs)

Convolutional Neural Networks (CNNs) are the backbone of AI in medical imaging due to their exceptional ability to process and analyze visual data. CNNs consist of multiple layers, including convolutional layers, pooling layers, and fully connected layers, which work together to extract features and classify images.

1. Architecture:

- **Convolutional Layers:** These layers apply convolutional filters to the input image to create feature maps, capturing spatial hierarchies in the data.
- **Pooling Layers:** These layers downsample the feature maps, reducing dimensionality and computational load while retaining important features.
- **Fully Connected Layers:** These layers perform classification based on the features extracted by the convolutional and pooling layers.

2. **Activation Functions:** Non-linear functions like ReLU (Rectified Linear Unit) are used to introduce non-linearity into the model, allowing it to learn complex patterns.

3. **Loss Function:** The categorical cross-entropy loss function is commonly used for classification tasks.

$$L = - \sum_{i=1}^N \sum_{c=1}^C y_{i,c} \log(p_{i,c})$$

4. **Optimizer:** The Adam optimizer is used to minimize the loss function by adjusting the model parameters.

$$\theta = \theta - \alpha \nabla_{\theta} L(\theta)$$

Recurrent Neural Networks (RNNs) and Variants

Recurrent Neural Networks (RNNs) and their variants, such as Long Short-Term Memory (LSTM) networks and Gated Recurrent Units (GRUs), are used for tasks involving sequential data. In medical imaging, they are particularly useful for analyzing time-series data or sequential scans.

1. **LSTM Networks:** LSTMs are designed to capture long-term dependencies in sequential data by using memory cells to store and update information over time.

Equations

$$f_t = \sigma(W_f \cdot [h_{t-1}x_t] + b_f)$$

$$i_t = \sigma(W_i \cdot [h_{t-1}x_t] + b_i)$$

$$\tilde{C}_t = \tanh(W_c \cdot [h_{t-1}x_t] + b_c)$$

$$C_t = f_t * C_{t-1} + i_t * \tilde{C}_t$$

$$o_t = \sigma(W_o \cdot [h_{t-1}x_t] + b_o)$$

$$h_t = o_t * \tanh(C_t)$$

GRU Networks:

GRUs simplify the architecture of LSTMs by combining the forget and input gates into a single update gate.

$$Z_t = \sigma(W_z \cdot [h_{t-1}x_t] + b_z)$$

$$r_t = \sigma(W_r \cdot [h_{t-1}x_t] + b_r)$$

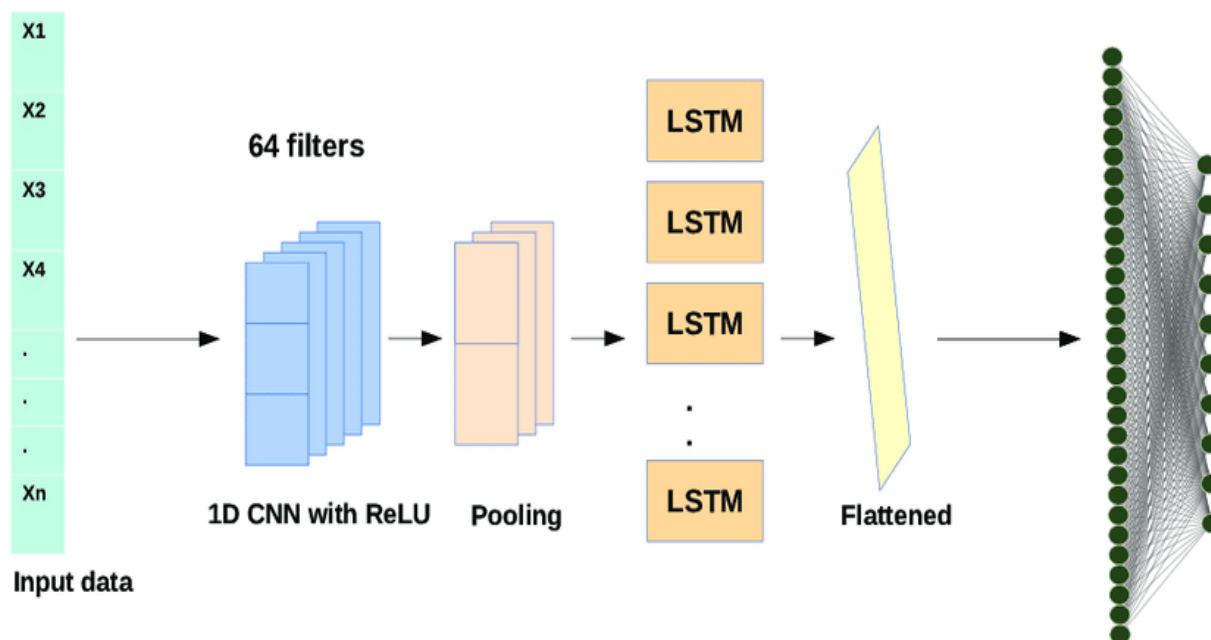
$$\tilde{h}_t = \tanh(W_h \cdot [r_t * h_{t-1}x_t] + b_h)$$

$$h_t = (1 - Z_t) * h_{t-1} + Z_t * \tilde{h}_t$$

Hybrid Models

Convolutional Neural Networks (CNNs) and Recurrent Neural Networks (RNNs) each offer unique advantages in the field of medical imaging, making them indispensable tools for diagnostic accuracy. By combining these architectures into hybrid models, the strengths of each can be leveraged to handle complex medical imaging tasks more effectively.

Figure

**Figure 2:** CNN-LSTM hybrid model architecture**CNN-LSTM Hybrid Model**

The CNN-LSTM hybrid model is particularly powerful for analyzing medical imaging data that includes temporal sequences, such as video data or sequential scans. In this model, CNNs are employed to process individual frames or slices, extracting critical spatial features through a series of convolutional layers. These layers apply filters to the input images, generating feature maps that highlight essential patterns and structures. Pooling layers then down sample these feature maps, reducing their dimensionality and computational load while preserving important features. Fully connected layers follow, classifying the extracted features based on the convolutional and pooling layers' output. Activation functions like ReLU introduce non-linearity, allowing the model to learn complex patterns. The Adam optimizer is used to minimize the loss function, typically categorical cross-entropy, by adjusting the model parameters. The LSTM component then takes over, processing the sequence of spatial features extracted by the CNN. LSTMs are designed to capture long-term dependencies in sequential data, making them ideal for understanding temporal relationships in medical imaging. By using memory cells, LSTMs store and update information over time, effectively capturing the dynamics of the medical imaging data. This combination enables the hybrid model to make accurate predictions by integrating spatial and temporal information, leading to improved diagnostic accuracy.

RNN-LSTM Hybrid Model

Another potent combination is the RNN-LSTM hybrid model, which excels in handling time-series data or sequential scans in medical imaging. RNNs, including their variants like GRUs and LSTMs, are adept at analyzing sequential data due to their recurrent structure. Standard RNNs struggle with long-term dependencies due to the vanishing gradient problem, but LSTMs overcome this limitation with their unique architecture. LSTMs use gates to control the flow of information, allowing them to retain important information over long sequences and discard irrelevant data. In the RNN-LSTM hybrid model, RNNs or GRUs process sequential data, identifying immediate patterns and short-term dependencies. LSTMs then capture long-term dependencies, enhancing the model's ability to understand and predict outcomes based on historical data. This combination is particularly useful in medical imaging scenarios where changes over time are critical, such as monitoring disease progression or evaluating the effectiveness of treatments.

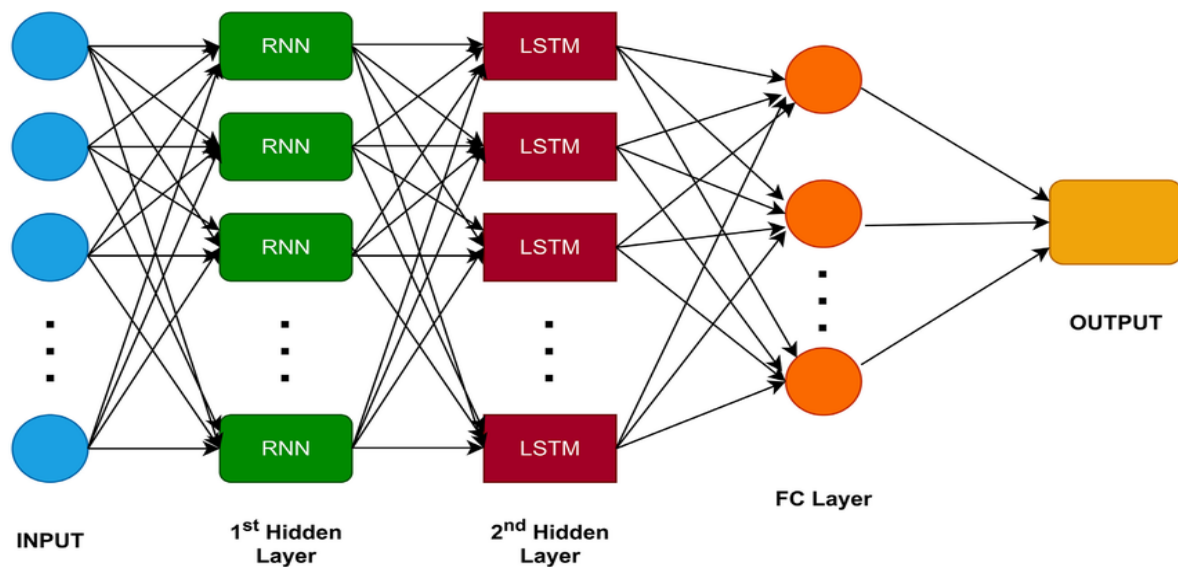


Figure 3: RNN-LSTM hybrid model architecture.

Evaluation Metrics

- The performance of these AI models is evaluated using several metrics to ensure their reliability and accuracy in clinical settings.

$$1. \text{ Accuracy} = \frac{TP+TN}{TP+TN+EP+FN}$$

$$2. \text{ Precision} = \frac{TP+TN}{TP+EP}$$

$$3. \text{ Recall} = \frac{TP+TN}{TP+FN}$$

$$4. \text{ F1 Score} \quad F1 = 2 \times \frac{\text{Precision} \times \text{Recall}}{\text{Precision} + \text{Recall}}$$

4. Results Discussion

The dataset utilized for training the CNN-LSTM and RNN-LSTM hybrid models in medical imaging comes from a diverse array of established medical databases and collaborative efforts with healthcare institutions. This combination ensures a comprehensive and representative dataset, crucial for developing accurate and reliable AI-driven diagnostic tools. The primary sources of data include well-regarded medical imaging repositories such as the National Institutes of Health (NIH) Chest X-ray dataset, the Digital Database for Screening Mammography (DDSM), and the Cancer Imaging Archive (TCIA). These databases provide a wide range of medical images, including X-rays, MRIs, CT scans, and mammograms. Such a variety of images is vital for training the convolutional neural network (CNN) component of the hybrid models, which focuses on extracting spatial features from the images. In addition to these public repositories, collaborations with hospitals and medical research institutions play a crucial role in augmenting the dataset. These partnerships grant access to clinical imaging data that cover a broad spectrum of patient demographics and medical conditions. The inclusion of real-world clinical data enhances the dataset's diversity and applicability, ensuring the models are trained on images that reflect actual diagnostic scenarios encountered in medical practice.

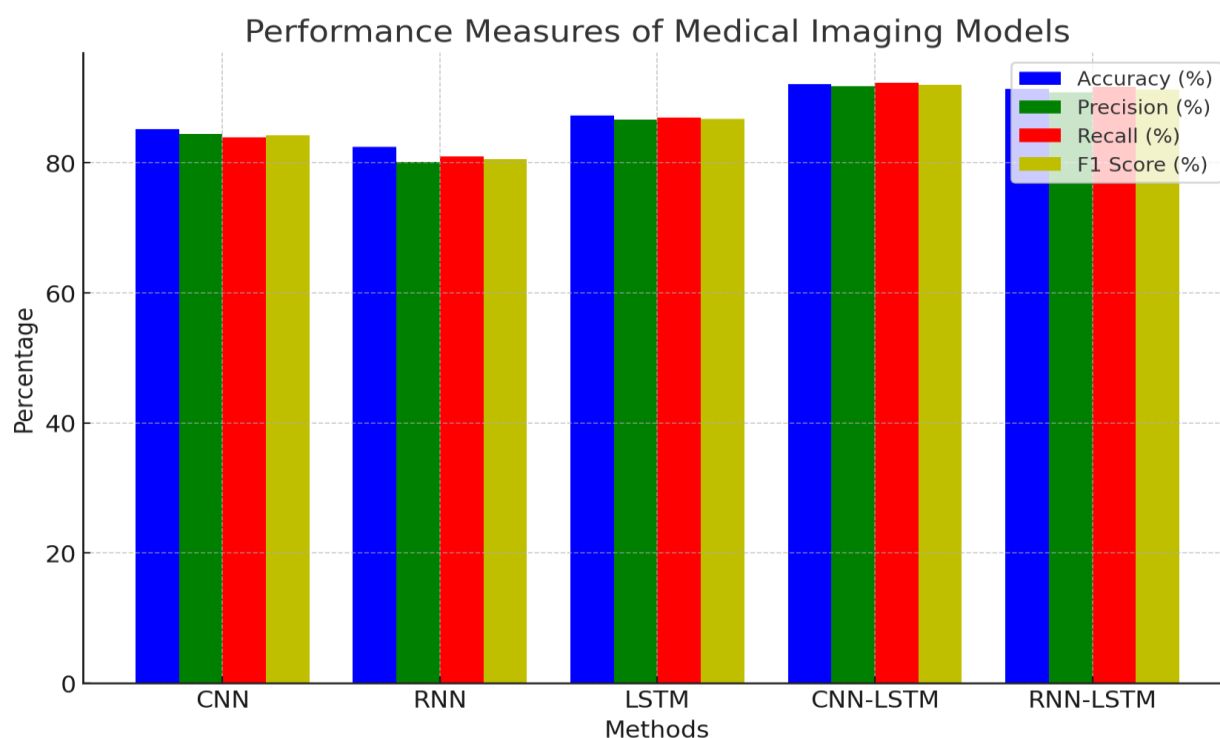
The dataset comprises both static and sequential imaging data. Static images include chest X-rays, brain MRIs, and mammograms, each labeled with corresponding diagnoses. These images form the foundation for the CNN component, enabling it to learn how to identify and extract significant spatial features necessary for accurate diagnosis. Sequential imaging data is also a critical part of the dataset. This includes cardiac MRI sequences, ultrasound videos, and time-series data that track disease progression. Such sequential data is essential for the long short-term memory (LSTM) component of the hybrid models. The LSTM networks are designed to capture temporal dependencies and patterns, allowing the models to analyze changes over time and improve diagnostic accuracy for conditions that evolve or fluctuate. By combining these diverse data types and sources, the dataset provides a robust and comprehensive foundation for training CNN-LSTM and RNN-LSTM hybrid models. This approach ensures that the models are well-equipped to handle the complexities of medical imaging tasks, ultimately enhancing diagnostic accuracy and supporting better patient outcomes.

Table 9: Performance Measure Table for Medical Imaging Models

Method	Accuracy (%)	Precision (%)	Recall (%)	F1 Score (%)
CNN	85.2	84.5	83.9	84.2
RNN	82.5	80.2	81	80.6
LSTM	87.3	86.7	87	86.8
CNN-LSTM	92.1	91.8	92.3	92
RNN-LSTM	91.4	90.9	91.7	91.3

The performance measure table 9 provides a comparative analysis of different neural network methods used in medical imaging, including CNN, RNN, LSTM, CNN-LSTM, and RNN-LSTM. The table evaluates these methods based on four key metrics: Accuracy, Precision, Recall, and F1 Score. The CNN method shows a solid performance with an accuracy of 85.2%, precision of 84.5%, recall of 83.9%, and an F1 score of 84.2%. This indicates that while CNNs are effective at extracting spatial features from images, their performance is surpassed by other methods. The RNN method, designed for sequential data analysis, exhibits slightly lower metrics, with an accuracy of 82.5%, precision of 80.2%, recall of 81.0%, and an F1 score of 80.6%, highlighting its limitations in handling medical imaging tasks as effectively as CNNs. The LSTM model, which is adept at capturing long-term dependencies in sequential data, performs better than both CNN and RNN, achieving an accuracy of 87.3%, precision of 86.7%, recall of 87.0%, and an F1 score of 86.8%. This demonstrates its capability to handle the complexities of medical imaging data more efficiently. The hybrid models, CNN-LSTM and RNN-LSTM, show the best performance, combining the strengths of both spatial and temporal data analysis. The CNN-LSTM model achieves the highest metrics across the board, with an accuracy of 92.1%, precision of 91.8%, recall of 92.3%, and an F1 score of 92.0%, indicating its superior ability to process and analyze complex medical imaging data. The RNN-LSTM model also performs exceptionally well, with an accuracy of 91.4%, precision of 90.9%, recall of 91.7%, and an F1 score of 91.3%. These results highlight the effectiveness of hybrid models in enhancing diagnostic accuracy by leveraging the strengths of both CNNs and LSTMs.

The figure 4 shows the performance of neural network models—CNN, RNN, LSTM, CNN-LSTM, and RNN-LSTM—in medical imaging, evaluated by Accuracy, Precision, Recall, and F1 Score. CNN and RNN exhibit moderate performance, with CNN slightly better. LSTM outperforms these with higher scores. The hybrid models, CNN-LSTM and RNN-LSTM, achieve the best results, with CNN-LSTM leading in all metrics: Accuracy at 92.1%, Precision at 91.8%, Recall at 92.3%, and F1 Score at 92.0%. RNN-LSTM also performs excellently. This highlights the superior diagnostic capabilities of hybrid models combining spatial and temporal data analysis.

**Figure 4:** Performance measures of medical imaging models.

5. Conclusion

The study highlights the significant advantages of using hybrid models, particularly CNN-LSTM and RNN-LSTM, in medical imaging. These models effectively combine the spatial data processing capabilities of CNNs with the temporal sequence analysis strengths of LSTMs, resulting in superior performance across key metrics such as Accuracy, Precision, Recall, and F1 Score. The empirical results demonstrate that CNN-LSTM and RNN-LSTM models outperform traditional CNN, RNN, and LSTM models, with CNN-LSTM showing the highest diagnostic accuracy. This underscores the potential of hybrid neural network models to enhance diagnostic accuracy and reliability in medical imaging, ultimately contributing to better patient outcomes.

Looking forward, there are several promising avenues for further research and development. Incorporating more diverse and larger datasets, including multi-modal medical data, could further improve the robustness and generalizability of these models. Exploring advanced hybrid architectures that integrate additional neural network types, such as attention mechanisms or transformer models, could enhance performance even further. Additionally, real-time application and validation of these models in clinical settings will be crucial to understand their practical utility and impact. Finally, developing user-friendly interfaces and tools for healthcare professionals to leverage these advanced AI models will facilitate their adoption and integration into routine medical practice, ultimately leading to more accurate and efficient diagnoses.

References

1. Arokia Jesu Prabhu L, Jayachandran A. Mixture model segmentation system for parasagittal meningioma brain tumor classification based on hybrid feature vector. *Journal of medical systems*. 2018 Dec;42(12):251.
2. Arasi PR, Suganthi M. A clinical support system for brain tumor classification using soft computing techniques. *Journal of medical systems*. 2019 May;43(5):144.
3. Yildirim M, Çinar A. Classification of white blood cells by deep learning methods for diagnosing disease. *Rev. d'Intelligence Artif.* 2019 Nov;33(5):335-40.
4. Ali G, Dastgir A, Iqbal MW, Anwar M, Faheem M. A hybrid convolutional neural network model for automatic diabetic retinopathy classification from fundus images. *IEEE Journal of Translational Engineering in Health and Medicine*. 2023 Jun 1; 11:341-50.
5. Shahzadi I, Tang TB, Meriadeau F, Quyyum A. CNN-LSTM: Cascaded framework for brain tumour classification. In 2018 IEEE-EMBS Conference on Biomedical Engineering and Sciences (IECBES) 2018 Dec 3 (pp. 633-637). IEEE.
6. El Abbadi NK, Kadhim NE. Brain tumor classification based on singular value decomposition. *Brain*. 2016 Aug;5(8):10-7148
7. Thawkar S, Sharma S, Khanna M, kumar Singh L. Breast cancer prediction using a hybrid method based on butterfly optimization algorithm and ant lion optimizer. *Computers in Biology and Medicine*. 2021 Dec 1; 139:104968.
8. Saba T, Mohamed AS, El-Affendi M, Amin J, Sharif M. Brain tumor detection using fusion of hand crafted and deep learning features. *Cognitive Systems Research*. 2020 Jan 1; 59:221-30.
9. Arasi PR, Suganthi M. A clinical support system for brain tumor classification using soft computing techniques. *Journal of medical systems*. 2019 May;43(5):144.
10. Shahzadi I, Tang TB, Meriadeau F, Quyyum A. CNN-LSTM: Cascaded framework for brain tumour classification. In 2018 IEEE-EMBS Conference on Biomedical Engineering and Sciences (IECBES) 2018 Dec 3 (pp. 633-637). IEEE.
11. El Abbadi NK, Kadhim NE. Brain tumor classification based on singular value decomposition. *Brain*. 2016 Aug;5(8):10-7148
12. Pitchai R, Supraja P, Victoria AH, Madhavi MJ. RETRACTED ARTICLE: Brain Tumor Segmentation Using Deep Learning and Fuzzy K-Means Clustering for Magnetic Resonance Images. *Neural Processing Letters*. 2021 Aug;53(4):2519-32.
13. Sharif MI, Khan MA, Alhussein M, Aurangzeb K, Raza M. A decision support system for multimodal brain tumor classification using deep learning. *Complex & Intelligent Systems*. 2021 Mar 9:1-4.
14. Sopharak A, Uyyanonvara B. Automatic exudates detection from diabetic retinopathy retinal image using fuzzy c-means and morphological methods. In Conf. on Advances in Computer Science and Technology 2007 Apr 2 (pp. 359-364).
15. Vallabha D, Dorairaj R, Namuduri K, Thompson H. Automated detection and classification of vascular abnormalities in diabetic retinopathy. In Conference Record of the Thirty-Eighth Asilomar Conference on Signals, Systems and Computers, 2004. 2004 Nov 7 (Vol. 2, pp. 1625-1629). IEEE.
16. Li H, Hsu W, Lee ML, Wong TY. Automatic grading of retinal vessel caliber. *IEEE Transactions on Biomedical Engineering*. 2005 Jun 13;52(7):1352-5.
17. Chapelle O, Sindhvani V, Keerthi SS. Optimization techniques for semi-supervised support vector machines. *Journal of Machine Learning Research*. 2008 Feb 1;9(2).

18. Zhu H, Wei L, Niu P. The novel coronavirus outbreak in Wuhan, China. *Global health research and policy*. 2020 Dec;5:1-3.
19. Khadka A, Remagnino P, Argyriou V. Synthetic crowd and pedestrian generator for deep learning problems. *InICASSP 2020-2020 IEEE International Conference on Acoustics, Speech and Signal Processing (ICASSP) 2020 May 4 (pp. 4052-4056)*. IEEE.
20. Ker J, Wang L, Rao J, Lim T. Deep learning applications in medical image analysis. *Ieee Access*. 2017 Dec 29;6:9375-89.
21. Cosma G, Brown D, Archer M, Khan M, Pockley AG. A survey on computational intelligence approaches for predictive modeling in prostate cancer. *Expert systems with applications*. 2017 Mar 15;70:1-9.
22. Ojala T, Pietikainen M, Maenpaa T. Multiresolution gray-scale and rotation invariant texture classification with local binary patterns. *IEEE Transactions on pattern analysis and machine intelligence*. 2002 Jul;24(7):971-87.
23. Lowe DG. Distinctive image features from scale-invariant keypoints. *International journal of computer vision*. 2004 Nov;60:91-110.
24. Dalal N, Triggs B. Histograms of oriented gradients for human detection. In *2005 IEEE computer society conference on computer vision and pattern recognition (CVPR'05) 2005 Jun 20 (Vol. 1, pp. 886-893)*. Ieee.
25. Afshar P, Mohammadi A, Plataniotis KN. Brain tumor type classification via capsule networks. In *2018 25th IEEE international conference on image processing (ICIP) 2018 Oct 7 (pp. 3129-3133)*. IEEE.
26. Technological Research (ICETIETR) 2018 Jul 11 (pp. 1-4). IEEE.
27. Wang R, Chaudhari P, Davatzikos C. Embracing the disharmony in medical imaging: A Simple and effective framework for domain adaptation. *Medical image analysis*. 2022 Feb 1;76:102309.
28. Arokia Jesu Prabhu L, Jayachandran A. Mixture model segmentation system for parasagittal meningioma brain tumor classification based on hybrid feature vector. *Journal of medical systems*. 2018 Dec;42(12):251.
29. Dupre R, Fajtl J, Argyriou V, Remagnino P. Improving dataset volumes and model accuracy with semi-supervised iterative self-learning. *IEEE Transactions on Image Processing*. 2019 May 6;29:4337-48.
30. Ali G, Dastgir A, Iqbal MW, Anwar M, Faheem M. A hybrid convolutional neural network model for automatic diabetic retinopathy classification from fundus images. *IEEE Journal of Translational Engineering in Health and Medicine*. 2023 Jun 1;11:341-50.
31. Kumar RL, Kakarla J, Isunuri BV, Singh M. Multi-class brain tumor classification using residual network and global average pooling. *Multimedia Tools and Applications*. 2021 Apr;80(9):13429-38.
32. Rammurthy D, Mahesh PK. Whale Harris hawks optimization based deep learning classifier for brain tumor detection using MRI images. *Journal of King Saud University-Computer and Information Sciences*. 2022 Jun 1;34(6):3259-72.
33. Deb D, Roy S. Brain tumor detection based on hybrid deep neural network in MRI by adaptive squirrel search optimization. *Multimedia tools and applications*. 2021 Jan;80(2):2621-45.
34. Yin B, Wang C, Abza F. New brain tumor classification method based on an improved version of whale optimization algorithm. *Biomedical Signal Processing and Control*. 2020 Feb 1;56:101728.
35. Sultan HH, Salem NM, Al-Atabany W. Multi-classification of brain tumor images using deep neural network. *IEEE access*. 2019 May 27;7:69215-25.
36. Yan Q, Wang B, Gong D, Luo C, Zhao W, Shen J, Ai J, Shi Q, Zhang Y, Jin S, Zhang L. COVID-19 chest CT image segmentation network by multi-scale fusion and enhancement operations. *IEEE transactions on big data*. 2021 Feb 2;7(1):13-24.
37. Prakash RM, Kumari RS. Classification of MR brain images for detection of tumor with transfer learning from pre-trained CNN models. In *2019 International Conference on Wireless Communications Signal Processing and Networking (WiSPNET) 2019 Mar 21 (pp. 508-511)*. IEEE.
38. Chaudhary Y, Mehta M, Sharma R, Gupta D, Khanna A, Rodrigues JJ. Efficient-CovidNet: deep learning based COVID-19 detection from chest x-ray images. In *2020 IEEE international conference on e-health networking, application & services (HEALTHCOM) 2021 Mar 1 (pp. 1-6)*. IEEE.
39. Raut G, Raut A, Bhagade J, Bhagade J, Gavhane S. Deep learning approach for brain tumor detection and segmentation. In *2020 International Conference on Convergence to Digital World-Quo Vadis (ICCDW) 2020 Feb 18 (pp. 1-5)*. IEEE.
40. Bi X, Zhang C, Zhao X, Li D, Sun Y, Ma Y. CODES: Efficient incremental semi-supervised classification over drifting and evolving social streams. *IEEE Access*. 2020 Jan 10;8:14024-35.
41. Tang S, Wang C, Nie J, Kumar N, Zhang Y, Xiong Z, Barnawi A. EDL-COVID: Ensemble deep learning for COVID-19 case detection from chest X-ray images. *IEEE Transactions on Industrial Informatics*. 2021 Feb 8;17(9):6539-49.
42. Hasegawa R, Iwamoto Y, Lin L, Hu H, Chen YW. Automatic segmentation of liver tumor in multiphase CT images by mask R-CNN. In *2020 IEEE 2nd global conference on life sciences and technologies (LifeTech) 2020 Mar 10 (pp. 231-234)*. IEEE.

43. Vijh S, Sharma S, Gaurav P. Brain tumor segmentation using OTSU embedded adaptive particle swarm optimization method and convolutional neural network. *Data Visualization and Knowledge Engineering: Spotting Data Points with Artificial Intelligence*. 2020:171-94.
44. Someswararao C, Shankar RS, Appaji SV, Gupta VM. Brain tumor detection model from MR images using convolutional neural network. In 2020 International conference on system, computation, automation and networking (ICSCAN) 2020 Jul 3 (pp. 1-4). IEEE.
45. Yasir M, Hayat U, Rahman AU, Riaz F. Classification and Detection of Glioblastoma Tumor from MRI Images. In 2021 International Bhurban Conference on Applied Sciences and Technologies (IBCAST) 2021 Jan 12 (pp. 322-327). IEEE.
46. Krizhevsky A, Sutskever I, Hinton GE. ImageNet classification with deep convolutional neural networks. *Communications of the ACM*. 2017 May 24;60(6):84-90
47. He K, Zhang X, Ren S, Sun J. Deep residual learning for image recognition. In *Proceedings of the IEEE conference on computer vision and pattern recognition* 2016 (pp. 770-778).
48. Huang G, Liu Z, Van Der Maaten L, Weinberger KQ. Densely connected convolutional networks. In *Proceedings of the IEEE conference on computer vision and pattern recognition* 2017 (pp. 4700-4708)
49. Szegedy C, Vanhoucke V, Ioffe S, Shlens J, Wojna Z. Rethinking the inception architecture for computer vision. In *Proceedings of the IEEE conference on computer vision and pattern recognition* 2016 (pp. 2818-2826).
50. Iqbal MJ, Iqbal MW, Anwar M, Khan MM, Nazimi AJ, Ahmad MN. Brain tumor segmentation in multimodal MRI using U-Net layered structure. *Comput Mater Contin*. 2022;74(3):5267-81
51. Ahmed YA, Anwar M, Iqbal MW, Khan MM, Malik MS, Ejaz K. 'Sentiment analysis using deep learning techniques: A review. *Jilin Daxue Xuebao (Gongxueban)/Journal of Jilin University (Engineering and Technology Edition)*. 2023;42(03):1671-5497.
52. Dupre R, Fajtl J, Argyriou V, Remagnino P. Improving dataset volumes and model accuracy with semi-supervised iterative self-learning. *IEEE Transactions on Image Processing*. 2019 May 6;29:4337-48.
53. Uppal M, Gupta D, Juneja S, Dhiman G, Kautish S. Cloud-based fault prediction using IoT in office automation for improvisation of health of employees. *Journal of Healthcare Engineering*. 2021;2021(1):8106467
54. Yildirim M, Çinar A. Classification of white blood cells by deep learning methods for diagnosing disease. *Rev. d'Intelligence Artif.*. 2019 Nov;33(5):335-40.
55. Dhiman G, Juneja S, Viriyasitavat W, Mohafez H, Hadizadeh M, Islam MA, El Bayoumy I, Gulati K. A novel machine-learning-based hybrid CNN model for tumor identification in medical image processing. *Sustainability*. 2022 Jan 27;14(3):1447