



Neural Network Based Approach for Detection and Classification of Diabetic Retinopathy

Vinod S. Wadne¹, Ashish P. Gaigol², Shubham R. Bhandari³, Rekha S. Kotwal⁴,
Suvarna A. Wakure⁵, Rupesh G. Mahajan⁶

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Abstract: Prolonged diabetes DR can cause eye abnormalities. As the pain progresses, it can cause paralysis and blindness. Evaluation of DR using the shadow fundus is a difficult and time – consuming task because the physician must determine the visual perception of light. We propose to use CNNs to analyse DR from computer images. In our research, we use a different technique by dividing the entire image into parts and performing additional operations only on the region of interest. The planning process clearly outlines disaster recovery and helps connect clients with expert professionals. This allows customers to share their questions and get qualified members on medical topics.

Keywords — CNN, Retinal Image, Matrix, Diabetic, Retonopathy (DR)

I. Introduction

Today, the diagnosis of DR is made with a dilated eye test, in which the doctor places a lens in the patient's eye. Photographs of the eye are then taken using various medical equipment. Because this process is manual, there will always be some misdiagnoses. Diabetes – related retinal damage (DR), commonly known as diabetic eye disease, occurs when the retina is damaged. Finally, it can cause visual impairment. This is an outward symptom of diabetes, an underlying disease that affects 80 percent of people who have had diabetes for at least ten years. Despite these conflicting findings,

studies show that almost 90% of new cases can be reduced if prednisone is treated responsibly and carefully. As the duration of diabetes increases, person's risk of developing diabetes also increases. Diabetes can cause eye damage called diabetic retinopathy (DR). Damage to blood vessels in tissues can cause DR. Diabetic retinopathy is the leading cause of blindness in workers. Approximately 420 million people worldwide have diabetes. This disease has become more common in the last 20 years, especially in Asia. Almost a third of the population suffers from DR, a chronic eye disease that can lead to blindness. The importance of edge – based classification of DR for the effective treatment and prevention of blindness cannot be overemphasized. Diabetes can cause eye damage called diabetic retinopathy (DR). Damage to blood vessels in tissues can cause DR. Diabetic retinopathy is the leading cause of blindness in workers. Approximately 420 million people worldwide have diabetes. This disease has become more common in the last 20 years, especially in Asia. Almost a third of the population suffers from DR, a chronic eye disease that can lead to blindness. The importance of lead – based DR classification for optimal action towards blindness can't overemphasized.

Based on the outcomes of the Early Treatment of Diabetic Retinopathy Study [8], diabetic

Department of Computer Engineering,
JSPM's ICOER, Wagholi, Pune, India
vinods1111@gmail.com

Department of Computer Engineering,
JSPM's ICOER, Wagholi, Pune, India
ashishgaigol@gmail.com

Department of Computer Engineering,
JSPM's ICOER, Wagholi, Pune, India
bhandarishub123@gmail.com

Department of Information Technology,
JSPM's BSIOTR, Wagholi, Pune, India
rekhaaher21@gmail.com

Department of Electronics and Telecommunication
Trinity Academy of Engineering, Pune, India
suvarnav1111@gmail.com

Department of Computer Engineering,
Dr. D. Y. Patil Institute of Technology, Pune
mhjn.rpsh@gmail.com

retinopathy can be categorized into five distinct stages.

The past few years have focused on evaluating DR events. Our analysis focused on abnormalities such as transudates and red blood cells. Due to the similar color characteristics of erythema and retinal

vessels, these conditions can be difficult to visualize with imaging. DR is a type of eye disease that affects people with diabetes; The main reason for its occurrence is the long – term damage caused by diabetes to blood vessels. This disease is a common cause of visual impairment [1].

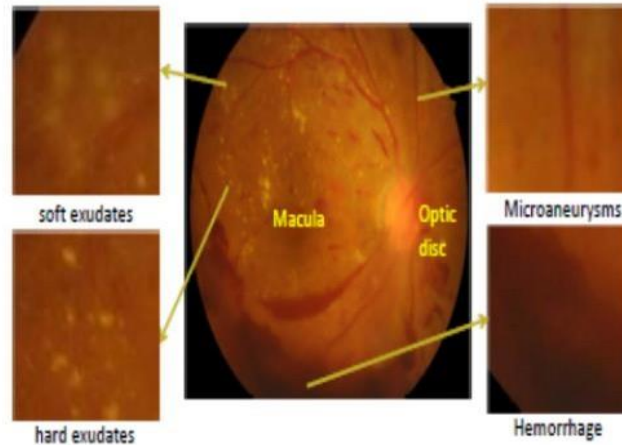


Fig 1. Early pathological signs of DR

Blood vessels may burst, causing exudate that is often described as yellow or white. The main problem with DR is that it does not usually cause blindness until it reaches advanced levels. Because there are no obvious symptoms, routine DR screening is only useful for people who engage in high – risk activities. To identify DR, we reviewed imaging for lesions and exudates. The standard procedure for diagnosing DR is time – consuming and requires specialist physicians to identify landmarks on fundus images.

Pre-programmed methods to detect DR may help diabetics identify early symptoms. It can reduce the pain of retinal doctors. This makes it easier to see the details of the pain. Due to their large populations, 45% of the world’s diabetes cases are seen in countries such as Bangladesh, India, China and Indonesia (2). As computation is expected to increase, analysis of the clinical environment will be very useful.

II. Motivation

Diabetic retinopathy affects over 75% of individuals with a diabetes history spanning two decades, underscoring its status as a global health concern. The likelihood of developing diabetic retinopathy and experiencing vision impairment escalates in conjunction with lifestyle modifications, directly tied to the duration of diabetes. World Health Organization’s Figure 1.3

offers insights into diabetes prevalence, contrasting the year 2000 with projected figures for 2030. Globally, approximately 62 million individuals in this age bracket contend with diabetes, with India alone harbouring 31.7 million diabetics in 2000, poised to soar to 79.4 million by 2030. It’s important to pay attention to the early signs of diabetic retinopathy because that’s the only way to find out. Early intervention can reduce the risk of vision loss or blindness.

III. Literature Survey

Author: Nikos Tsiknakis et al. Diabetic retinopathy caused by diabetes is the leading cause of blindness worldwide. Early diagnosis and intervention are important to eliminate visual disorders and protect eye health. To achieve this goal, the scientific community has proposed various methods to improve the detection and classification of diabetic retinopathy in retinal images. In this review, we will discuss the use of deep learning techniques in the diagnosis of diabetic retinopathy, taking into account fundus images at various levels.

(2) M. Mohsin Butt et al. Fundus Replica creates an image that shows details of the fundus. In fundus images, the inner tissue and surface of the optic disc can be seen. To diagnose DR, doctors must carefully examine and evaluate digital color images of the retina. DR may have different adverse effects.

Yi Sanli et al.[2]. They emphasized the importance of timely recognition and correct diagnosis of diabetic retinopathy (DR) to prevent vision loss. The use of deep learning tools for DR diagnosis has received great attention. However, limited data limits its effectiveness.

Gadling Summit and others.[3] defined diabetic retinopathy (DR) as an eye disease affecting the blood vessels in the eye and divided it into mild, moderate, severe, and proliferative DR (PDR). While computer-based imaging has traditionally been used as a diagnostic tool for traumatic injuries, its use is limited by equipment, especially for those new to the field. The solution is designed to accommodate all levels of disaster recovery. This paper presents two deep convolutional neural network (CNN) models that use a convolutional approach, leveraging both parallel and non-parallel equations to characterize each level of DR.

Kang Zhou believes that the diagnosis of diabetic retinopathy (DR) is in urgent need of optical technology [4]. People with diabetes can benefit from this. The high resolution of the retinal image allows detection of small textures that can only be used with high-resolution images, and the local receiver must be able to identify lines. However, the current situation is depressing. To solve this problem, they introduced a multi-unit architecture to increase neural network performance and improve image resolution through deep models.

Although it is important to accurately predict disease based on retinal fundus images, it is worth noting that collecting good data can be difficult. Deep learning models have shown promising results in many clinical situations; However, they need a lot of documentation for effective training.

Nikhil M.Ni et al [7]. Evaluation and treatment of DR, including a stage classification system. When blood vessels are damaged, microstructures such as microaneurysms, hard exudates, hard exudates, and new blood vessels will form in the retina. CNN (Convolutional Neural Network) based method can be used to classify the DR level. This study uses CNN divides DR into five levels depending on the shape of the retinal image. DR images are divided into five groups according to the optician's opinion. In their study, Y.Sravani Devi and colleagues emphasize that the diagnosis of diabetic retinopathy (DR) is based on the eyes, even if there are no obvious symptoms. Therefore, early detection of DR is important to reduce the risk of blindness.

Thanks to early diagnosis and treatment, future blindness in diabetic patients can be prevented. However, due to the shortage of opticians, routine examinations are not always possible, leading to long waiting times, especially in developing countries. In addition, the mobility of the patient, especially the elderly, is limited.

Hassan Tarik et al [8] Diabetic patients have been exposed to DR, that is, eye disease. It damages their eyes and blinds them. Although it is treatable, recognition takes time and requires repeated eye examinations. With early detection of DR, vision loss can be prevented or delayed. Therefore, there is a need for reliable, automated, computer-based damage recovery diagnostics. Many medical fields now use deep neural networks to identify various diseases.

Ajay S. Ladkat [9] Hyperinsulinemia causes eye damage in patients with DR, a disease that affects the eye. Blindness can result from these symptoms, which affect or impair the patient's vision. To detect bleeding, we first need to distinguish between pixels that are bleeding and pixels that are not.

Ajay S.Ladkat et al. [10], a pixel render is required for image processing. If this operation is performed, it may take a very long time. To reduce this time consumption, all pixels must be processed simultaneously. Therefore, this method focuses on processing all pixels simultaneously rather than processing each pixel separately. Compared to sequential processing, parallel processing improves video performance. This simulation is done using NVIDIA graphics and parallel processing on the CUDAC platform.

IV. Problem Statement

Diabetic retinopathy is unfortunately not a cause of blindness for many years. Almost all people with diabetes have retinal damage, which is a very serious condition. However, studies show that when applied effectively to address the problem, 90% of patients can see significant improvement. These include rapid diagnosis, rapid treatment and eye care.

When you have diabetes, you are more likely to develop diabetic retinopathy over time. Some symptoms include blurred vision, blurred vision in one eye, seeing black dots, or seeing bright lights or circle around the light. Other symptoms of DR include neurological deterioration, microaneurysms, retinal swelling, vascular leakage,

atypical vessels, and vascular leakage. In recent years, convolutional neural networks (CNN) have demonstrated their control over traditional processes in tasks related to classification and object recognition. In this study, we will use historical data to evaluate various changes made to the CNN model to make the best decision for diagnosing diabetic retinopathy (DR). However, the main problem that exists with many CNN methods for DR classification is that they are determined in a way that limits accuracy in the data entry process. Although most retinal images do not show signs of DR, it can affect certain areas in the input image. The impact of DR on retinal images is

profound, and we hope that optimizing it will lead to better final results.

V. Proposed System

Our services provide flexibility while ensuring patients receive accurate diagnoses. It categorizes or groups data based on their weight. CNNs are known for their performance in tasks such as image processing, image recognition, and video recognition.

CNN processes image data by dividing it into image sequences and using multiple latent features to extract important details and key information from the image using convolution.

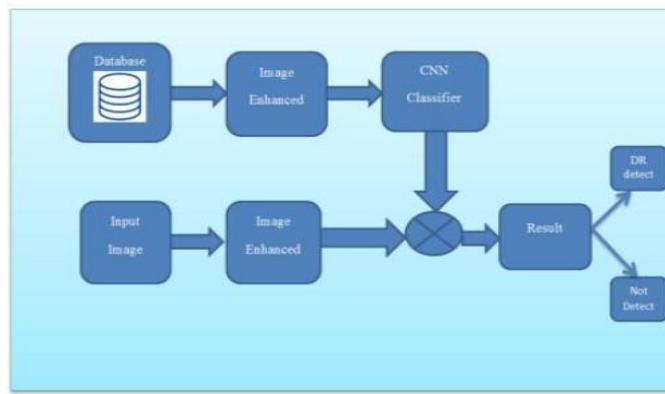


Fig 2. Architecture of Proposed System

Bringing groups together produces results. R-CNN divides the image into sections, forcing the CNN to focus on these sections. This leads to increased accuracy in sentence search compared to CNN, mainly due to the removal of irrelevant regions. Initially, the fundus image was reduced to 336 x 448 pixels. Since the image data collected by the fundus camera is large and diverse, pre-processing

plays an important role. Ignoring pre-processing may cause vignetting and image distortion. Considering the differences in images captured by different fundus cameras, the brightness normalization procedure should be important because these images also differ in lighting conditions.

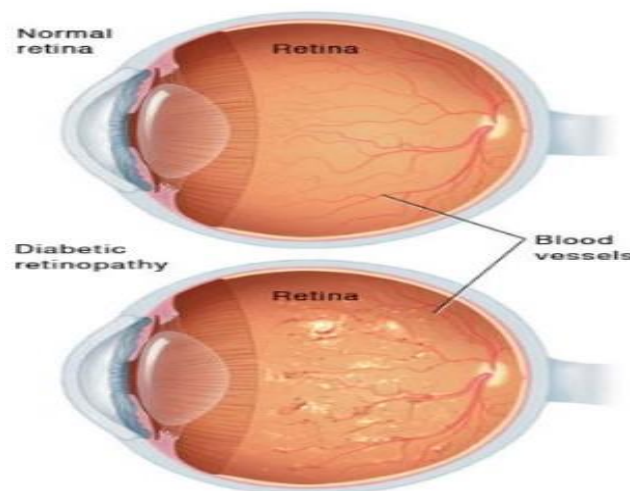


Fig 3. Normal Retina vs. DR

CNN Algorithm

Thinking and reflection are incredibly effective in closing the gap between human and machine capabilities. The field of computer technology is one of them.

The brand uses this data in various applications and functions such as media entertainment, recommendations, natural language processing, image and video recognition, while also ensuring that machines understand the world like humans. At the same time, it has become clear that advances in computer vision often use deep learning rather than relying on single – processor architectures such as convolutional neural networks.

CNN aims to prioritize its significance over other distributions. Unlike basic algorithms that require filter creation, ConvNet has the capacity to acquire filters and features through adequate training. The architecture of these communication networks is patterned after the organization of the facial cortex, much like the interconnected neurons in the human brain. A single neuron’s responsiveness is confined to input within its visual field, which is referred to as the receptive field. A combination of these views can collectively encompass the entire field of vision.

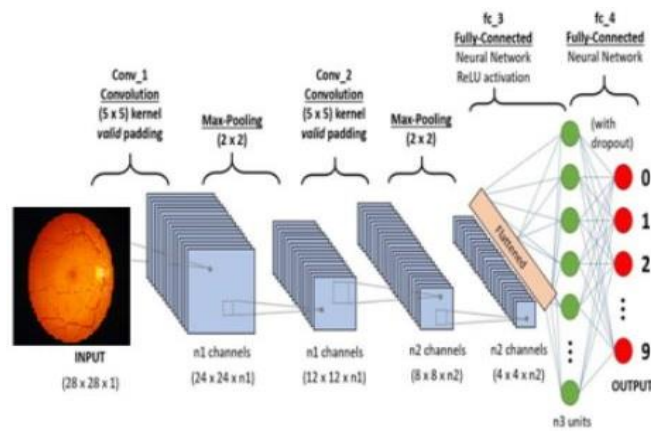


Fig 4.CNN sequence to classify handwritten digits

The diagram shows the various levels of CNN. The main element is the convolution layer, which is responsible for identifying certain features in the input image. This feature is considered a filter. Therefore, the convolution process creates the image filter, which also performs the convolution

along with the filters. Layer pooling is the next step for the image. Essentially layer pooling reduces the size of the image by smoothing out the highlights. The output of the pooling layer is also sent to the ReLU layer for processing and is then processed by the neural network as a whole.

VI. Result

Step I: The system takes retinal images as its input and subsequently gathers and processes these

images.

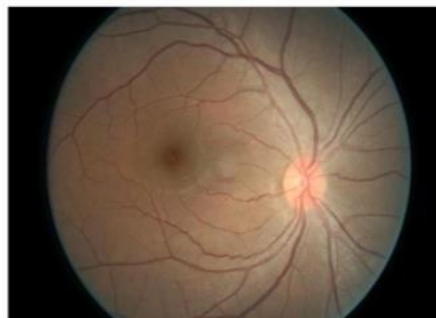


Fig 5. Retinal image

Step II: The system collects retinal images and extracts red, green and blue matrices from them. The median filter is then used to eliminate noise.

Different filters are then applied to each matrix. The spatial filtering process is shown in the figure below.

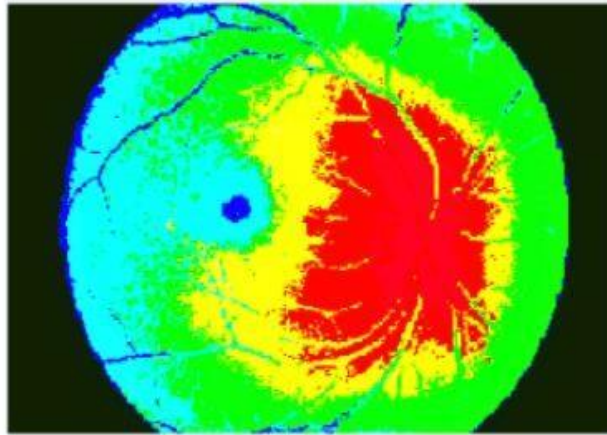


Fig 6. Spatial filter

Step III: Good results are sent to the new CNN product, thus improving image quality to evaluate

whether the patient has DR.

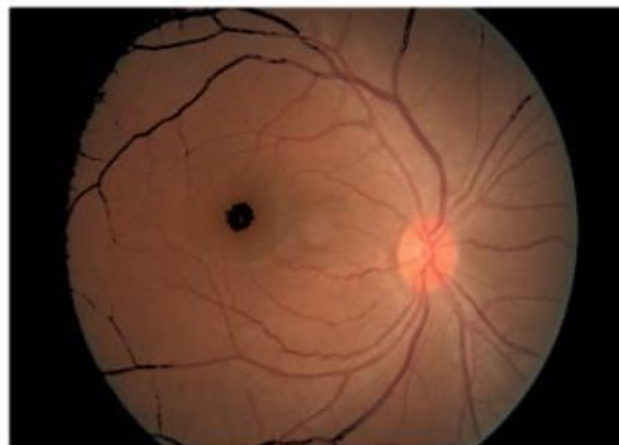


Fig 7. Enhancement of the output image through spatial filter

VII. Conclusion

This study used deep learning to identify patients with diabetic retinopathy (DR) using neural networks (CNN). This study establishes a robust model for qualitative analysis of retinal leak patterns. This must be extracted from optical rings using morphological features and circular Hough transforms. Separation of overflowing and non – overflowing pixels is then done through maximum entropy technique and channel matching. This approach achieves an impressive accuracy of 93.75% at the image level and an outstanding accuracy of 99.6182% at the pixel level. The importance of weighting, or CNNs in this context, cannot be overstated. The results of this study could be very useful to doctors and researches and allow them to improve treatment decisions.

Future Research: Some issues in our study need to be considered in future research. Additional patient information is important for a more comprehensive evaluation. Therefore, future research should be prioritized to improve the accuracy of distinguishing between negative symptoms.

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