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Background

- Adequate image enhancement of organs and blood vessels of interest is an important aspect of image quality in contrast-enhanced computed tomography (CT).
- Current methods of image evaluation entail subjective review.
- There is a need for an objective method for evaluation of vessel contrast that can be automatically applied to large sets of CT exams.
- In this work, we present a method of automatically segmenting the portal vein so that its mean pixel value can be reported which serves as a proxy for image quality.

Methods

- 82 contrast enhanced abdominal CT scans[1] were obtained from The Cancer Imaging Archive, which were originally compiled for testing automatic pancreas segmentation. However, the CT scans cover the entire abdomen and are suitable for analysis of portal vein enhancement. A previous review identified a large variation in image noise in this data set[2]; therefore, this was selected as a training data set with potentially diverse portal vein enhancement.
- In the first stage of the method, images were smoothed, filtered (for vessel / tube-ness)[3], and finally pixel thresholded[4]. We then extracted shape and intensity features from candidate portal vein segmentations using ImageJ.
- Final dataset included 126,216 rows (candidate segmentations) and 21 columns (features).
- The second stage uses machine learning algorithms to classify the segmentations based on their features, and outputs the aggregated pixel value in the positively classified segmentations.
- A random 80/20 train:test split was used. Importantly, we split the data across patients, rather than segmentations, to avoid introducing bias due to potential within-subject correlations.
- Various ML models were tested, including Naive Bayes, Linear Discriminant Analysis, Quadratic Discriminant Analysis, Logistic Regression, K Nearest Neighbors, Support Vector Machine, Random Forest, gradient boosting, and Neural Networks.
- A modification of the RF base model was introduced (RF Model 2) such that this model returns at least the top three most likely PV segmentations, even if p < 0.5.
- All computations carried out using python and standard sklearn / xgboost implementations.



Figure 1. Flowchart diagram illustrating the automated vessel enhancement measurement method.

Automatic Vessel Intensity Measurement for Quality Control of Contrast-enhanced CT Dominique Tan³ Sujay Marisetty⁴ Kevin McCoy^{1,2}

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Results



Figure 2. Feature Correlation Heatmap.

	NB	LDA	QDA	LR	KNN		
Precisior	0.072	0.288	0.103	0.099	0.519		
Recall	0.854	0.020	0.919	0.899	0.397		
AUC	0.835	0.510	0.893	0.880	0.695		
SVM Random Forest Boosting Neural Network							
Precisior	0.202	0.745	0.733	0.698			
Recall	0.921	0.254	0.394	0.531			
AUC	0.930	0.626	0.696	0.764			

Table 1. Precision, Recall, and AUC of different machine learning classifiers.

	RF Model 2	F Base Mode	R
220 -			Train set (5 fold CV)
200 -	0.845	0.892	Precision
Value 180 -	0.227	0.196	Recall
- 180 - Nixel Value 160 -	0.613	0.598	AUC
ueau 140 -			Test set
- 140 -	0.902	0.986	Precision
120 -	0.446	0.425	Recall
100	0.723	0.712	AUC

Table 2. Random Forest classifier performance after hyperparameter tuning.



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Figure 3. Principle Component Analysis (PCA) of raw data.



Figure 4. Test Set PV measurement accuracy.

Figure 5. Feature Importances.

	RF Base Model RI
Ext. Val Data	
Precision	0.676
Recall	0.157
AUC	0.578

Table 3. Performance on external validation data.

- blood vessels.
- vicinity are especially important.
- used to improve the classification accuracy.

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Results





Figure 6. Validation Set PV measurement accuracy

Discussion

The proposed ML pipeline may detect scan timing or contrast administration problems. If tabulated over a review period, these could be tracked longitudinally as a quality control measure. The method may also be generalized to other major

First, we found that good overall automatic measurement accuracy is achieved, despite imperfect precision of the classifier in distinguishing PV segmentations. Second, we have identified Random Forest as a suitable ML method for the present problem, and boosting and neural networks are other potential candidates. Third, we have explained the relative importance of different segmentation features. We found the features related to the immediate vessel

Classification performance was substantially lower in the Validation set compared to the Test set, and further method refinement and increased classification accuracy is desired. In particular, intra-slice and intra-scan correlations could be

Our ML method treats candidate segmentation as observations individually. However, there are two levels of grouping that we ignore: multiple

segmentations within a slice and within a volumetric image set. Additionally, the presence of a portal vein in a particular slice may influence the prediction

confidence of a segmentation in an adjacent slice at a similar (x,y) location.

Furthermore, there is typically one portal vein segmentation per slice.

References

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