



IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 Issue: III Month of publication: March 2025 DOI: https://doi.org/10.22214/ijraset.2025.67920

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# **Stroke Detection Using Brain MRI Images**

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Abstract: The increasing prevalence of brain strokes worldwide highlights the need for efficient diagnostic methods. Thisprojectaimstoclassifybrainstrokecasesintotwocategories:strokeandnormal,using machine learning models. In existing systems, techniques like Support Vector Machine (SVM), K-Nearest Neighbors(KNN),andConvolutionalNeuralNetworks(CNN) withsequentialmodelshavebeenexplored.These methods, while effective, present opportunitiesfor improvement in accuracy and generalization. In the proposed system,adeeplearning approach utilizingCNNwith VGG-19 architectureisimplemented.VGG-19,knownfor itsdeep layers and powerfulfeature extraction capabilities, isexpected tooffer enhancedaccuracy inclassifying brainstrokes.Thisapproachleveragestransferlearningtoeffectivelyutilizepre-trainedmodels,savingbothtime and computational resources.The dataset used in this project comprises MRI scans of brain images, where each image is labeled as either a stroke or normal. These images are preprocessed and augmented to improve model training. The VGG-19 model is then fine-tuned for this classification task, adapting the pre-trained model to the specific requirements of brain stroke detection.

# I. INTRODUCTION

Brain stroke, a medical emergency, occurswhenbloodflowto the brainisinterrupted, leading to potentialbrain damage or dysfunction. There are two main types of strokes: ischemic stroke (caused by a blockage in blood vessels) and hemorrhagic stroke (caused by bleeding in the brain). Early detection and prompt treatment are crucial to reducing mortality and improving recovery chances for stroke patients. However, diagnosing a stroke often involves complex medical assessments, including imaging, clinical evaluations, and patient history. In recent years, the advent of machine learning (ML) and deep learning (DL) has revolutionized the healthcare industry, providing advanced toolsfor early strokedetectionand diagnosis. These technologiesallow healthcare professionals to analyze large amounts of medical data, such as imaging scans, clinical features, and vital statistics, in a more efficient and accurate manner than traditional methods. Machine learning, which involves algorithms that learn from data to make predictions or decisions, is widely used for tasks like predicting stroke risk or classifying stroke types based on clinical data. On the other hand, deep learning, a subset of machine learning that uses complex neural networks to automatically extract features from large datasets, is particularly effective for processing. The integration of machine learning and deep learning into stroke diagnosis is an exciting that promises to enhance the accuracy and speed of stroke detection, development leading to more effectiveearlyintervention.Inthiscontext, the use of both supervised learning techniques, where labeled data is used to train models, and unsupervised learning methods, where the algorithmuncovers hidden patterns in data, offers diverse solutions for stroke classification.

#### II. OVERVIEW OF THE PROJECT

This Brain strokes, one of the most prevalent neurological disorders worldwide, are a major health concern that can result in longterm disabilities or fatalities if not diagnosed early. The traditional diagnostic process often involves manualevaluation of MRI scans by medical professionals, which can be time-consuming andpronetoinconsistencies. Withtheincreasingvolumeofmedicalimaging dataandthecriticalneedfortimely diagnosis, automated systems powered by machine learning and deep learning technologies offer promising solutions for brain stroke detection and classification. Existing approaches, such as Support Vector Machine (SVM), K-Nearest Neighbors(KNN), and Convolutional Neural Networks (CNN) with sequential models, have demonstrated effectiveness in brain stroke classification. However, these methods have limitations in terms of accuracy, scalability, and their ability to generalize across diverse datasets. These limitations necessitate the exploration of advanced architectures capable of handling the complex features present in medical images. Transferlearningandpre-trainedmodels,likeVGG-19,provideanopportunitytoovercomethese. Theproposed system utilizes the VGG-19 architecture, a deep learning model renowned for its robust performance in image classification tasks. By fine-tuning the pre-trained VGG-19 model for brain stroke classification, the system achieves higher accuracy and better generalization. The use of preprocessing and data augmentation techniques further enhances model training, ensuring reliable classification of MRI scans as stroke or normal.



Brain stroke classification using machine learning and deep learning is a predictive healthcare project aimed at early stroke detection and diagnosis. The project utilizes structured clinical data, such as patient demographics and medical history, as well as medical imaging data, including MRI and CT scans, to train models for stroke classification. Traditional machine learning algorithms like Logistic Regression, Random Forest, are used for structureddataanalysis, whiledeeplearningtechniques,particularly ConvolutionalNeuralNetworks(CNNs)and pretrained models like VGG16, are employed for medical image classification. Data preprocessing involves handling missing values, feature scaling, image augmentation, and addressing class imbalances. The models are trained and evaluatedusing performance metricssuchasaccuracy,precision,recall,Thefinalmodelisdeployed as a web-based or cloud-hosted application to provide real-time stroke predictions for medical professionals, enabling faster and more accurate diagnosis. This project bridges the gap between AI and healthcare, enhancing earlystrokedetectionandimprovingpatientoutcomes. Thisprojectbridgesthegapbetweenartificialintelligence and healthcare, demonstrating the potential of AI-driven diagnostics in reducing stroke-related fatalities and disabilities. By integrating machine learning and deep learning models with real-world medical data, the system can support early intervention strategies, ultimately improving patient outcomes.

#### A. Existing System

The existing system for brain stroke classification relies on traditional machine learning models such as Support Vector Machine (SVM), K-Nearest Neighbors (KNN), Logistic Regression and basic Convolutional Neural Networks (CNN) with sequential architectures. SVM and KNN models work by analyzing the features extractedfrom MRIimagesandapplyingmathematical techniquestoclassifythedataintotwocategories:stroke ornormal. CNNsequentialmodels,ontheotherhand,use convolutionallayers to automatically learnandextract features from the images, but they are relatively shallow in their architecture compared to more advanced deep learning techniques. While these models have been applied in various healthcare settings, they face several limitations in terms of accuracy and scalability. For instance, SVM and KNN models rely heavily on feature engineering, and while CNN sequential models offer some automation, they may not capture complex, intricate patterns in medical images, leading to suboptimal performance. These existing systems often requirefine-tuning and manual adjustments to improve results, which may not be efficient for large datasets. Moreover, they can struggle with real-time applications where speed and precision are critical. The deployment of such a system in hospitals and telemedicine platforms can revolutionize stroke detection, making healthcare more efficient and proactive

#### B. Module Desciption

- 1) Dataset Collection: The first module focuses on collecting a diverse dataset of brain MRI images, labelled as stroke or normal. The dataset is essential for training and evaluating the models. It may involve preprocessing steps like resizing, normalizing, and augmenting the images to improve the model's generalization capabilities. The dataset is taken from <a href="https://www.kaggle.com/datasets/afridirahman/brain-stroke-ct-image-dataset">https://www.kaggle.com/datasets/afridirahman/brain-stroke-ct-image-dataset</a>.
- 2) ExistingSystem-SVM/KNN: This module implements traditional machine learning techniques, specifically Support Vector Machine (SVM)andK-NearestNeighbors(KNN),forstrokeclassification.Themodelsaretrainedusingextracted featuresfromtheMR Iimages, andtheirperformanceisevaluatedtoestablishabaselineforcomparison with more advanced systems.
- 3) ExistingSystem-CNN: ThismoduleexplorestheperformanceofabasicConvolutionalNeuralNetwork(CNN)forbrainstroke classification. A sequential CNN model is used, where different convolutional layers areapplied to the MRI images to extract hierarchical features for classification. The results from this system provide insights into the effectiveness of deep learning models in comparison to traditional machine learning techniques. Convolutional Neural Network (CNN) is implemented for the classification of brain stroke usingMRIimages.TheCNNconsistsofmultipleconvolutionalandpoolinglayers, whichautomatically learn features from the input images. The network uses backpropagation to minimize the error during training. Though this model has the advantage of automating feature extraction, it is relatively shallow compared to advanced models, which may limit its ability to capture complex patterns in the images.
- 4) ProposedSystem-CNNwithVGG-19: The proposed system utilizes a CNN model based on the VGG-19 architecture. The VGG-19 model is pre-trained and fine-tuned for stroke classification, leveraging its deep architecture to extract advanced features from brain MRI images. This system aims to improve classification accuracy and offer better performancethantheexistingmodels. The proposed systemen hances the CNN model by using the VGG-19 architecture, which consists of 19 layers of convolution and fully connected layers. This deeper architectureispre-trainedonlargeimagedatasets, allowingittolearnricherfeaturesfromthebrainMRI images.Byfine-tuningthepre-trainedmodel, thesystemadaptstothe specifictask of strokedetection..



5) EvaluationMetrics-ConfusionMatrix/AccuracyScore: The final module involves evaluating the performance of all models using evaluation metrics like the confusion matrix, accuracy score, precision, recall, and F1-score. The confusion matrix helps visualize the model's performance by showing true positives, false positives, true negatives, and false negatives. Accuracy and other metrics are calculated to compare the effectiveness of the proposed system against existing systems.

### C. Proposed System

The proposed system utilizes a Convolutional Neural Network (CNN) with the VGG-19 architecture, a deep learning model known for its exceptional ability to classify and extract features from complex images. VGG-19, withits 19 layers, isdesignedtocapturedetailedhierarchicalpatternsinthedata, makingitwell-suitedformedical image classification tasks like brain stroke detection. This system fine-tunes a pre-trained VGG-19 model, adaptingittoclassifybrain MRIimagesintotwo categories:strokeandnormal,offeringsignificantimprovements over traditional methods. One of the major advantages of using CNN with VGG-19 is its ability to learn high- level features automatically without the need for extensive manual feature engineering. This results in better accuracy and reduced human error in the classification process. Furthermore, VGG-19's deep architecture providesamorenuancedunderstandingofcomplexmedicalimages, improving the model's ability to detect subtle variations. Additionally, the use of transfer learning speeds up training by leveraging pre-trained weights, significantly cutting down computational resources and time. The system is also more robust and adaptable to different datasets, offering better generalization than traditional models.



III. BLOCKDIAGRAM



# IV. RESULTS ANDE VALUATION

A. KNN CLASSIFICATION



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C. BRAINSTROKENO-IMAGES



D. BRAINSTROKEYES-IMAGES





#### V. CONCLUSION

The proposed system leveraging the VGG-19 deep learning architecture provides a significant improvementinbrainstroke detection through MRI scans. By utilizing powerful feature extraction capabilities of VGG-19 and the transfer learning approach, the system achieves enhanced accuracy and robustness compared to traditional methods such as SVM, KNN, and CNN sequential models. The application of preprocessing and data augmentation techniques further ensures reliable performance, making this model a dependable tool for classifying brain stroke cases into stroke or normal categories. This system demonstrates the potential of deep learning inmedical image analysis, offering ascalable and efficient solution for assisting health care professionals in diagnosing brain strokes early. With its capacity for accurate classification and minimal computational resources, the system addresses the growing need for automated diagnostic tools in the medical field, paving the way for advanced health care technologies that improve patient outcomes and reduce diagnostic delays.

#### REFERENCES

#### BOOK REFERENCES

- [1] CyberPunkArchitects, "PYTHON: THE BLUEPRINTTO PYTHON PROGRAMMING: ABeginners Guide: Everything You Need to Know to Get Started (CyberPunk Blueprint Series)" Kindle Edition.

#### WEBREFERENCES

- [3] http://www.python.org
- [4] http://www.w3schools.com
- [5] http://www.tutorialspoint.com

#### JOURNALREFERENCES

- [6] World Health Organization—Cancer. Available online: https://www.who.int/news-room/fact-sheets/detail/ cancer. (accessed on 5 November 2019).
- [7] Priya, V. V. An Efficient Segmentation Approach for BrainTumor Detection in MRI. Indian J. Sci. Technol. 2016, 9, 1–6.
- [8] Afshar,P.;Plataniotis,K.N.;Mohammadi,A.CapsuleNetworksforBrainTumorClassificationBasedonMRI ImagesandCoarseTumorBoundaries.InProceedingsoftheICASSP2019–2019IEEEInternationalConference onAcoustics, Speech and Signal Processing (ICASSP), Brighton, UK, 12–17 May 2019; pp. 1368–1372.
- [9] AmericanAssociationofNeurologicalSurgeons—ClassificationofBrainTumours.Availableonline: https://www.aans.org/en/Media/Classifications-of-Brain-Tumors (accessed on 30 November 2019).
- [10] DeAngelis, L.M. Brain Tumors. New Engl. J. Med. 2001, 344, 114-123. [CrossRef]
- [11] Louis, D.N.; Perry,A.; Reifenberger, G.;Von Deimling,A.; Figarella-Branger, M.; Cavenee,W.K.; Ohgaki, H.;Wiestler,O.D.;Kleihues,P.;Ellison,D.W.The2016WorldHealthOrganizationClassificationofTumorsof the Central Nervous System:Asummary.Acta Neuropathol. 2016, 131, 803–820. [CrossRe
- [12] Cancer Treatments Centers of America—Brain Cancer Types. Available online: https://www.cancercenter.com/cancer-types/brain-cancer/types(accessed on 30 November 2019).
- [13] Byrne, J.;Dwivedi,R.;Minks,D.Tumours of thebrain.InNicholsonT(ed)
   RecommendationsCrossSectional Imaging Cancer Management, 2nd ed.; Royal College of Radiologists: London, UK, 2014; pp. 1–20.Available online:

   management- second-edition
   (accessed on factoria)

   5
   November 2019).
- [14] Center for Biomedical Image Computing & Analytics (CBICA). Available online: http://braintumorsegmentation.org/ (accessed on 5 November 2019).
- [15] Mlynarski, P.; Delingette, H.; Criminisi, A.; Ayache, N. Deep learning with mixed supervision for brain tumor segmentation. J. Med Imaging 2019, 6, 034002. [CrossRe
- [16] FerlayJ,ErvikM,LamF,ColombetM,MeryL,PiñerosM,etal.GlobalCancerObservatory:CancerToday. Lyon: InternationalAgency for Research on Cancer; 2020 (https://gco.iarc.fr/today, accessed February 2021).
- [17] deMartelC,GeorgesD,BrayF,FerlayJ,CliffordGM.Globalburdenofcancerattributabletoinfectionsin 2018: a worldwide incidence analysis. Lancet Glob Health. 2020;8(2):e180-e190.
- [18] Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2019 global survey. Geneva: World Health Organization; 2020.











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