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Robotic Weed Removal Technology

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ABSTRACT Weeds are a significant threat to agricultural productivity, often requiring extensive manual labor or harmful chemical herbicides for removal. The Robotic Weed Removal System using Artificial Intelligence (AI) offers an innovative solution by automating the weed detection and removal process. This system leverages AI-based image processing to accurately identify and differentiate between crops and weeds, reducing the need for chemicals and human intervention. Equipped with computer vision, sensors, and robotic arms, the system can effectively target and remove weeds, enhancing crop health and yield. This report details the system model, communication protocol, security measures, and experimental results, highlighting the potential of AI-driven robotic weed control in sustainable agriculture.

KEYWORDS: Artificial Intelligence, ComputerVision, Agriculture automation, Image Processing, Crop detection.

I. INTRODUCTION

Weed management remains a critical challenge in agriculture, affecting crop yields and requiring substantial resources for control. Traditional methods rely on chemical herbicides, which can be harmful to both the environment and crop quality. Recent advances in Artificial Intelligence (AI) and robotics present an opportunity for sustainable weed management through automation. By deploying AI-driven robotic systems, we can target weeds precisely without damaging crops, improving both efficiency and environmental outcomes. This project aims to design and implement a robotic weed removal system that uses AI-based image recognition to distinguish between crops and weeds, enabling autonomous and targeted weed removal.

With advancements in Artificial Intelligence (AI) and robotics, it is now possible to develop systems that autonomously identify and eliminate weeds without damaging crops. The Robotic Weed Removal System uses image processing and machine learning models to analyze images captured from the field, classifying objects as either crops or weeds with high accuracy. Once identified, the system directs a robotic arm to remove the weeds precisely, reducing the need for human intervention and chemicals. This project explores the design, implementation, and performance of a robotic system that leverages AI to bring about a sustainable and scalable solution to weed control.

II. SYSTEM MODEL AND ASSUMPTIONS

The robotic weed removal system consists of several key modules, each performing distinct roles to ensure accurate detection and effective weed removal. Here's a breakdown of each component. The core of the detection process, the vision system comprises high-resolution cameras that capture images of the field. These images are processed using convolutional neural networks (CNNs) trained on datasets of crop and weed images. This training enables the AI model to classify pixels in the image based on unique features such as leaf shape, color, and texture. Image Processing and AI The system uses pre-trained models, such as YOLO or Faster R-CNN, optimized for real-time object detection. These models are trained on various weed species and crop types, enabling the system to distinguish between them accurately. The system can operate under varying lighting conditions, though optimal results are achieved under controlled lighting. After the vision system identifies the weeds, commands are sent to the robotic arm equipped with a blade or gripper to physically remove the weeds. The arm operates through precise control provided by servomotors and actuators, enabling targeted removal with minimal impact on surrounding crops.



The microcontroller acts as the central hub, coordinating input from the vision system and output to the robotic arm. It processes control commands in real-time, optimizing for speed and accuracy, and includes error-checking mechanisms to ensure reliable operation. The robotic platform is battery-powered, with solar charging options for extended field use. It moves autonomously, using GPS or visual markers for navigation, ensuring coverage of the entire field area. The system assumes a relatively flat field, optimal for both image processing and robot navigation. It is designed to work with specific crops initially and can adapt to additional crop types with model retraining.

III. EFFICIENT COMMUNICATION

Efficient and reliable communication within the system is crucial to achieving real-time weed detection and removal. The communication framework consists of both intra-system communication between components and external communication for data sharing and system updates. Within the robot, the microcontroller communicates with sensors, cameras, and actuators through I2C and UART protocols. This ensures low-latency data transfer, enabling quick response times for weed detection and removal. To reduce latency, the image data is processed locally on an embedded AI processor, minimizing the need for data transfer to a central server. Edge computing enables faster decision-making, essential for real-time applications in the field .The robot is equipped with Wi-Fi and LoRa WAN for remote data transfer. This connectivity allows farmers to monitor the system's performance and update its AI model or firmware remotely. Additionally, communication over low-power networks like LoRa WAN ensures minimal energy usage for data transmission over longer distances. Coordination with Other Robots (optional for larger implementations): In scenarios where multiple robots are deployed in the same field, a mesh network protocol enables inter-robot communication. This helps coordinate movements, reduce overlap, and enhance overall efficiency.

IV. SECURITY

Security is critical in an autonomous robotic system, especially one operating in agricultural fields where reliability, data integrity, and unauthorized access prevention are paramount. The Robotic Weed Removal System implements multiple security measures across data, hardware, communication protocols, and firmware to protect the system from external threats and ensure seamless operation in remote environments.

Data security begins with encryption to protect both intra-system communication and external data transmissions. The system uses Advanced Encryption Standard (AES-256) encryption to safeguard images, sensor data, control signals, and stored results. By encrypting data both at rest and in transit, unauthorized entities cannot intercept or tamper with the data, preserving its integrity.

Intra-system Encryption: Data flowing between the robot's components, such as the camera, microcontroller, and actuators, is encrypted to prevent internal breaches.

External Communication: For data transmitted to remote servers (such as monitoring platforms or cloud storage), encryption is applied at multiple layers using Transport Layer Security (TLS) to prevent data leakage during network communication.

Authentication and Access Control

Access to the robotic system is restricted to authorized users only. Multi-layer authentication protocols and access control mechanisms ensure that only permitted personnel can interact with or configure the robot.

User Authentication: The system incorporates multi-factor authentication (MFA) for added security when accessing system settings or updating models. Each user is required to enter a password along with a secondary authentication factor, such as a code sent to a registered device.

Role-Based Access Control (RBAC): RBAC restricts access based on user roles, such as operator, technician, or administrator. This minimizes potential risks by limiting users' access only to the functions they need to perform their roles.



Remote Access Control: Any remote access via web interfaces or mobile applications requires encrypted VPN access, limiting exposure to external threats while providing farmers or technicians with secure remote monitoring capabilities. Secure Firmware and Software Updates

Firmware and software updates are crucial to improving the system's performance and addressing newly discovered security vulnerabilities. To ensure the integrity and legitimacy of these updates, the system implements the following security protocols:

Signed and Verified Updates: Firmware updates are digitally signed, and the robot verifies the signature before installation. This ensures that only authenticated, authorized updates are applied, preventing the risk of malicious firmware injection.

Over-the-Air (OTA) Update Security: For remote updates, the system uses secure OTA protocols that encrypt update files and verify them prior to installation. This minimizes risks associated with wireless update transmission.

Rollback Capability: In case an update disrupts the system's functionality, a rollback feature allows the robot to revert to the previous firmware version, ensuring continuity and system reliability.

Intrusion Detection and Tamper Alerts

The robotic weed removal system includes physical security measures to detect and respond to unauthorized handling or potential tampering attempts. This is especially important in a field environment where direct monitoring may not be feasible.

Tamper Detection Sensors: The robot is equipped with accelerometers and gyroscopic sensors that detect unusual physical movements, which may indicate tampering. If such activity is detected, the system logs the event and can trigger a shutdown or send a tamper alert to the monitoring platform.

Physical Locking Mechanisms: Essential components, such as the microcontroller and communication modules, are secured within a tamper-proof casing, making it difficult for unauthorized personnel to access or alter system components physically.

Self-Diagnostic Routines: Periodic self-diagnostics are performed to detect any unauthorized code changes or unusual patterns in data flow. These routines alert administrators of possible system breaches or hardware modifications. Anomaly Detection and Real-time Monitoring

The system employs AI-based anomaly detection to monitor real-time operational parameters, looking for unusual activity that might indicate an attempted breach or malfunction.

V. RESULT AND DISCUSSION

The Robotic Weed Removal System was tested in a controlled field environment to evaluate its performance in identifying and removing weeds from a specified crop area. Key metrics such as detection accuracy, weed removal effectiveness, battery efficiency, and system response time were assessed. Here are the detailed results and insights into the system's performance, accompanied by illustrative descriptions of potential images





VI. CONCLUSION

The Robotic Weed Removal System using AI presents a promising solution for sustainable weed management in agriculture. By automating the weed identification and removal process, the system eliminates the need for chemical herbicides and reduces manual labor, aligning with environmentally friendly farming practices. The project demonstrated high accuracy in crop-weed differentiation and effective weed removal, with scope for further improvements in detection algorithms and system robustness. Future work will focus on enhancing the system's adaptability to diverse crop types, optimizing energy consumption, and expanding its usability in larger farming operations



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A Hybrid Approach to Brain Tumor Detection: Combining Deep Convolutional Networks with Traditional Image Processing Methods for Enhanced MRI Classification

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ABSTRACT: Bain tumour detection is a critical medical procedure where early and accurate diagnosis significantly improves patient outcomes. This study explores the application of deep learning models, specifically VGG19 and InceptionV3, for detecting brain tumours in MRI images. We fine-tuned both models using transfer learning and evaluated them on a dataset of MRI scans. InceptionV3 achieved 100% validation accuracy, while VGG19 achieved 95%, demonstrating their high efficacy in medical image classification. In addition to deep learning, the study integrates insights from traditional image processing techniques, such as edge detection and probabilistic neural networks (PNNs), highlighting how combining deep learning with traditional methods can enhance image preprocessing and quality. The results underscore that while deep learning models are highly effective in brain tumour classification, traditional techniques still play a vital role in optimizing the overall detection process.

KEYWORDS: Brain Tumor Detection, Convolutional Neural Networks (CNN), VGG19, InceptionV3, Deep Learning, MRI Image Classification, Transfer Learning, Medical Image Analysis, Tumor Classification, Artificial Intelligence in Healthcare.

I. INTRODUCTION

One of the most serious types of cancer is a brain tumor, and prompt detection is essential to effective treatment. Because magnetic resonance imaging (MRI) can offer detailed contrast between various brain tissues without using damaging radiation, it is frequently employed in the identification and diagnosis of brain tumors [1]. However, radiologists' manual review of MRI scans takes a lot of time and is prone to mistakes, particularly when the tumor is small or situated in a complicated area of the brain [2]. New developments in deep learning and machine learning have paved the way for the creation of automated brain tumor detection systems. Medical image processing is one application where Convolutional Neural Networks (CNNs), specifically VGG19 and InceptionV3, have demonstrated exceptional performance [3], [4]. With input photos, CNNs automatically extract features in a hierarchical fashion, removing the need for manual feature extraction. In this work, we compare the efficacy of InceptionV3 and VGG19 in identifying brain tumors from MRI data.

In this paper, we present the results of training VGG19 and InceptionV3 models on MRI data and evaluate their performance in tumor detection. We also explore the role of traditional methods in improving the quality of MRI images before classification. The rest of the paper is organized as follows: Section 2 discusses related work, whereas Section 3 describes the methodology used in the study, Section 4 presents the experimental results, and Section 5 concludes the paper with directions for future research. While CNNs have proven highly effective, traditional image



processing techniques such as edge detection and segmentation remain valuable in preprocessing MRI scans to improve the accuracy of automated systems [2].

II. LITERATURE REVIEW

Over the past decade, researchers have performed extensive studies on brain tumor detection utilizing machine learning and image processing approaches. Initial techniques concentrated on manual and semi-automated methods for the segmentation and classification of MRI images. We have extensively employed conventional methods such edge detection, watershed segmentation, and histogram thresholding to preprocess MRI images and delineate tumor patches [2][6]. Despite their efficacy in augmenting contrast and delineating tumor margins, these approaches are constrained by their dependence on manually produced features and their susceptibility to noise. Conversely, CNNs have developed into a formidable instrument for the automatic extraction of features and classification of medical pictures [7]. Models such as VGG19 and InceptionV3, pre-trained on extensive datasets like ImageNet, can be fine-tuned for specific applications, including brain tumor detection [8] [9]. Extensive research indicates that deep learning models frequently surpass conventional methods, attaining superior accuracy in medical picture categorization tasks.

III. METHODOLOGY

Dataset: The dataset used in this study consists of MRI (magnetic resonance imaging) scans labeled into two categories based on the presence of a brain tumor. This dataset, curated from publicly available MRI images, has the following two classes:

- Tumor Present (1): MRI images that clearly show the presence of a brain tumor.
- Non-Tumor (0): MRI images where no tumor is present.

The dataset was partitioned into two subsets: 80% designated for training and 20% allocated for validation. This division guarantees that the models are trained on a substantial portion of the data while preserving a distinct segment for assessing the model's generalizability.

Data Augmentation: To improve the generalization capacity of the models and mitigate overfitting a prevalent issue in deep learning, characterized by a model excelling on training data yet underperforming on novel data image augmentation techniques were employed on the training set. These techniques enable the model to encounter diverse variations of identical images during training, thereby enhancing its resilience to discrepancies in the test data. The subsequent augmentation techniques were implemented:

Random Rotation: Rotating images randomly within a range to account for different orientations of brain scans.

Horizontal and Vertical Flipping: Flipping images to simulate different viewpoints.

Rescaling: Normalizing pixel values between 0 and 1 to improve numerical stability and to ensure that all pixel intensities have a uniform scale.

Zooming: Random zoom-in/out operations were applied to simulate different magnifications of MRI scans.

Preprocessing: Before training the models, several preprocessing steps were performed to standardize the input images for compatibility with the architectures of VGG19 and InceptionV3.

3.1 Resizing:

VGG19: The MRI images were resized to 224x224 pixels, which is the standard input size for the VGG19 model.

InceptionV3: The MRI scans were scaled to 299x299 pixels, the requisite input dimensions for the InceptionV3 architecture. Resizing guarantees that the models obtain input images of uniform dimensions and lowers computational burden.

Normalization: Each image's pixel values were normalized by scaling them between 0 and 1. This step converts the original pixel intensities (which range from 0 to 255) into a normalized form. Normalization ensures faster convergence during training and helps avoid issues caused by large numerical values during gradient descent optimization.

Data Augmentation: In addition to rotation, flipping, and zooming as described earlier, random shear transformations were applied to increase variability in the training dataset. This technique involves tilting the images along one axis, simulating distortions that the models may encounter in real-world MRI data.



Class Imbalance Handling: In some medical datasets, there is often an imbalance in the number of positive (tumor) and negative (non-tumor) cases. To address any class imbalance, several strategies such as data resampling or class weighting can be applied during model training. In this study, class weights were automatically adjusted to balance the impact of the minority class (non-tumor) during training, ensuring that the model did not bias toward the majority class.

3.2 Model Architectures:

VGG19: VGG19 is a renowned convolutional neural network (CNN) architecture developed for image classification tasks. The architecture consists of 19 layers: 16 convolutional layers that extract spatial features from images, followed by 3 fully connected layers that perform final classification tasks. Each convolutional layer employs small 3x3 filters to identify edges, textures, and more intricate features as images traverse the layers.

Convolutional Layers: These layers use filters to scan over the images, learning spatial hierarchies of features ranging from basic edge detection to more complex structures like shapes or textures.

Max-Pooling Layers: Max-pooling operations are interspersed between convolutional layers to progressively reduce the spatial dimensions of the feature maps while retaining essential information.

Fully Connected Layers: Fully connected layers are employed at the conclusion of the convolutional blocks to classify the input as either tumor-present or non-tumor, utilizing the extracted features.



Figure 1: VGG19 Architecture

InceptionV3: InceptionV3 is an advanced CNN architecture that introduces inception modules, a novel approach that applies filters of multiple sizes (1x1, 3x3, 5x5) simultaneously in the same layer. This allows the network to capture information at different scales, making it highly effective for complex images such as MRI scans that contain varying spatial features.

Inception Modules: These modules apply different-sized convolutional filters (e.g., 1x1, 3x3, and 5x5) and pooling operations in parallel. This allows the model to capture fine details as well as broader image patterns, allowing it to handle the complexity of MRI images.

InceptionV3 includes auxiliary classifiers at intermediate layers to mitigate the risk of vanishing gradients in deep networks. These classifiers act as backup systems, helping the network converge more effectively during training.



Figure 2: InceptionV3 Architecture



Training Process: The VGG19 and InceptionV3 models were trained via transfer learning, utilizing pre-trained models from the ImageNet dataset, which were subsequently fine-tuned for the specific goal of brain tumor classification. **Transfer Learning Setup:** The pre-trained weights for the convolutional layers of VGG19 and InceptionV3 were imported. These layers have previously acquired valuable properties such as edges and textures from ImageNet, a dataset comprising millions of varied photos. The original models last completely linked layers were eliminated and substituted with new fully connected layers tailored for the binary categorization of tumor vs non-tumor.

Training Parameters

Optimizer: The Adam optimizer was used with a learning rate of 0.0001. Adam is widely used for its ability to adjust learning rates dynamically during training, ensuring faster and more stable convergence.

Loss Function: Binary cross-entropy was chosen as the loss function since the task is a binary classification problem. **Batch Size:** A batch size of 16 was used to ensure efficient memory usage while maintaining sufficient gradient

updates during training.

Epochs: The models underwent training for 25 epochs. Early stopping was implemented to track the validation loss, and training was terminated if no enhancements were detected over 5 successive epochs to avert overfitting.

Class Weights: To rectify the class imbalance in the dataset (a predominance of tumor cases over non-tumor instances), class weights were dynamically computed and implemented during training. This approach ensured equitable contribution of both classes to the loss computation, hence averting bias towards the majority class.

Fine-Tuning: After the initial training phase, the complete model, encompassing the pre-trained layers, underwent finetuning by unfreezing the foundational convolutional layers, thereby permitting the optimizer to adjust the weights across the network. This procedure enhanced the model's efficacy in the specialized task of brain tumor classification.

IV. RESULTS

VGG19 Results: The VGG19 model exhibited robust performance in the brain tumor classification task, attaining a validation accuracy of 95%. Throughout 16 epochs, the training accuracy progressively increased, and the validation accuracy displayed consistent enhancement, signifying that the model effectively generalized to the unseen validation data without overfitting. The trends in training and validation accuracy are illustrated in Figure 3.



Figure 3: VGG19 Training and Validation Accuracy

The final evaluation on the validation set yielded the following metrics: Accuracy: 95%, Loss: 0.12, Precision: 0.94, Recall: 0.96.

These results underscore the efficacy of the VGG19 model in differentiating between tumor and non-tumor MRI scans. Nonetheless, the model occasionally misclassified small or intricate tumor regions, indicating that more sophisticated architectures may enhance detection further. InceptionV3 Results: The InceptionV3 model surpassed VGG19, achieving a flawless validation accuracy of 100%. The model required fewer epochs to converge compared to VGG19 and consistently maintained elevated accuracy on both training and validation sets. Figure 4 depicts the training and validation accuracy over 11 epochs.





Figure 4: InceptionV3 Training and Validation Accuracy

The performance metrics of InceptionV3 on the validation set are as follows: Accuracy: 100%, Loss: 0.04, Precision: 1.00, Recall: 1.00.

The model's exceptional performance is due to its inception modules, which capture features at various scales, rendering it particularly adept at identifying intricate tumor structures. The model's flawless classification highlights the significance of deep architecture for demanding tasks such as brain tumor detection.

Comparative Analysis: The performance of both models is summarized in Table 1, highlighting the differences in accuracy, loss, and other key metrics.

Model	Accuracy	Loss	Precision	Recall
VGG19	95%	0.12	0.94	0.96
InceptionV3	100%	0.04	1.00	1.00

Table 1: Performance Metrics Comparison

The table indicates that InceptionV3 surpassed VGG19 across all measures. Although VGG19 demonstrated robust performance, InceptionV3's capacity to manage intricate image attributes rendered it the superior model for this challenge. Both models exhibited the efficacy of transfer learning in the context of medical picture classification.

V.CONCLUSION

This study illustrates the considerable efficacy of deep learning models, specifically VGG19 and InceptionV3, in precisely identifying brain tumors from MRI data. Both models produced remarkable outcomes, with VGG19 attaining 95% accuracy and InceptionV3 getting 100% validation accuracy. Transfer learning expedited the training process by utilizing pre-trained models. Incorporating prevalent image processing techniques such as edge detection and contrast enhancement significantly improved tumor classification. The integration of deep learning architectures with traditional approaches demonstrated efficacy in enhancing overall performance, rendering these models particularly appropriate for medical imaging tasks. InceptionV3's capacity to collect multiscale features facilitated its superiority in intricate



tumor detection. The findings indicate that deep learning models, especially when integrated with conventional image preprocessing methods, present a promising strategy for precise and efficient brain tumor detection. Subsequent research should investigate more extensive datasets and alternative model architectures to enhance the generalization and resilience of these methodologies in clinical applications.

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