

A Study on Medical Image Compression Techniques Transform

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Abstract – Medical image compression plays a pivotal role in reducing storage requirements, facilitating efficient transmission, and enabling swift retrieval of diagnostic information. This study delves into the comparative analysis of two prominent compression techniques: Huffman Coding and Discrete Wavelet Transform (DWT), focusing on their application in medical image data.

The first part of the study explores Huffman Coding, a widely used lossless compression technique known for its simplicity and effectiveness in encoding data with variable-length codes. Huffman Coding operates by assigning shorter codes to more frequently occurring symbols, thus achieving compression by replacing longer bit sequences with shorter ones. In the context of medical imaging, Huffman Coding has demonstrated efficacy in preserving diagnostic accuracy while reducing storage overhead.

The second part of the study investigates the application of Discrete Wavelet Transform, a powerful tool for both lossy and lossless compression of signals and images. DWT decomposes an image into its constituent frequency components, enabling efficient representation of both spatial and frequency information. By discarding high-frequency coefficients or quantizing them with minimal perceptual loss, DWT achieves compression ratios suitable for medical imaging applications while maintaining diagnostic fidelity.

The comparative analysis involves evaluating the performance of Huffman Coding and DWT across various metrics such as compression ratio, peak signal-to-noise ratio (PSNR), structural similarity index (SSIM), and computational complexity. Furthermore, the study examines the impact of compression on medical image quality and diagnostic accuracy through qualitative and quantitative assessments.

The findings of this study contribute to the body of knowledge regarding medical image compression techniques, aiding researchers and practitioners in selecting appropriate method based on specific requirements such as compression ratio, computational complexity, and diagnostic fidelity. Additionally, the insights gained from this comparative analysis can inform the development of optimized compression algorithms tailored to the unique characteristics of medical image data.

Keywords – Medical Image Compression, Huffman Coding, Discrete Wavelet Transform, Compression Ratio, Peak Signal-to-Noise Ratio, Structural Similarity Index.

I. INTRODUCTION

Medical imaging plays a crucial role in modern healthcare, enabling the visualization of anatomical structures and pathological conditions for diagnostic and therapeutic purposes. However, the ever-increasing volume of medical image data poses significant challenges in terms of storage, transmission, and retrieval. To address these challenges, effective compression techniques are essential to reduce data size without compromising diagnostic accuracy. This study focuses on comparing two prominent compression techniques, Huffman Coding and Discrete Wavelet Transform (DWT), in the context of medical image data.

Huffman Coding, a classic entropy coding method, has been widely utilized in various applications for its simplicity and effectiveness in achieving lossless compression. By assigning variable-length codes to symbols based on their frequency of

occurrence, Huffman Coding minimizes redundancy in data representation. In medical imaging, where preserving diagnostic information is paramount, Huffman Coding has shown promise in efficiently compressing images while maintaining fidelity.

On the other hand, Discrete Wavelet Transform has emerged as a powerful tool for both lossless and lossy compression of signals and images. DWT decomposes an image into different frequency subbands, allowing for efficient representation of spatial and frequency information. By selectively discarding high-frequency coefficients or quantizing them with minimal perceptual loss, DWT achieves high compression ratios while preserving diagnostic relevance.

While both Huffman Coding and DWT offer distinct advantages in medical image compression, they also present trade-offs in terms of compression ratio, computational complexity, and preservation of diagnostic fidelity. Thus, a comprehensive comparative analysis is warranted to evaluate their performance across various metrics and identify their suitability for different medical imaging modalities and applications.

This study aims to fill this gap by conducting a systematic comparison of Huffman Coding and DWT in the context of medical image compression. Through quantitative assessments of compression ratio, peak signal-to-noise ratio (PSNR), structural similarity index (SSIM), and qualitative evaluations of image quality and diagnostic accuracy, this research seeks to provide

insights into the strengths and limitations of each technique. Ultimately, the findings of this study will contribute to the optimization of medical image compression techniques, enhancing the efficiency and effectiveness of healthcare delivery in the era of digital imaging.

II. LITERATURE SURVEY

Medical image compression has garnered significant attention in the field of healthcare informatics due to the increasing volume of digital medical imaging data and the need for efficient storage, transmission, and retrieval mechanisms. Numerous studies have investigated various compression techniques to address these challenges, with Huffman Coding and Discrete Wavelet Transform (DWT) emerging as prominent methods.

Several research works have explored the efficacy of Huffman Coding in medical image compression. For instance, Wu et al. (2017) conducted a study comparing Huffman Coding with other compression methods and highlighted its effectiveness in preserving diagnostic accuracy while achieving considerable compression ratios. Similarly, Jiang et al. (2019) proposed an adaptive Huffman Coding scheme specifically tailored for medical images, demonstrating improved compression performance compared to traditional approaches.

Discrete Wavelet Transform has also been extensively studied for medical image compression. Researchers such as Zhang et al. (2018) investigated the application of DWT in conjunction with other techniques like JPEG2000 for compressing medical images, showcasing its ability to achieve high compression ratios with minimal loss in diagnostic quality. Additionally, studies like those by Li et al. (2020) have explored the optimization of DWT parameters to enhance compression efficiency for specific medical imaging modalities.

Furthermore, several comparative analyses have been conducted to evaluate the performance of different compression techniques, including Huffman Coding and DWT, in the context of medical imaging. For example, Sharma et al. (2018) compared the compression efficiency and diagnostic accuracy of various methods, including Huffman Coding and DWT, across different medical imaging modalities. Their findings provided valuable insights into the trade-offs between compression ratio and image quality for each technique.

While existing literature offers valuable insights into the individual performance of Huffman Coding and DWT in medical image compression, there is a lack of comprehensive studies directly comparing these techniques. Therefore, this study aims to bridge this gap by conducting a systematic comparative analysis of Huffman Coding and DWT, shedding light on their relative strengths and weaknesses in preserving diagnostic accuracy while achieving efficient compression of medical images.

III. METHODOLOGY

This study employs a systematic methodology to compare the performance of Huffman Coding and Discrete Wavelet Transform (DWT) in medical image compression. The methodology encompasses several key steps outlined below:

Data Collection: A diverse dataset of medical images representing different imaging modalities such as X-ray, MRI, CT scans, and ultrasound is collected from publicly available repositories or healthcare institutions. These images cover a range of anatomical structures and pathological conditions to ensure the robustness of the analysis.

Preprocessing: The collected medical images undergo preprocessing steps to standardize their format, resolution, and intensity levels. Preprocessing also involves removing any artifacts or noise that may affect the compression performance and diagnostic accuracy.

Implementation of Compression Algorithms: Huffman Coding and DWT compression algorithms are implemented using appropriate programming languages or software tools. For Huffman Coding, the algorithm is tailored to generate Huffman codes based on the frequency distribution of symbols in the image data. In the case of DWT, the image is decomposed into different frequency subbands using wavelet transform techniques.

Compression Parameter Optimization: Parameters such as compression ratio, quantization step size, and thresholding levels are optimized for both Huffman Coding and DWT to achieve the desired balance between compression efficiency and preservation of diagnostic information. This step may involve iterative testing and adjustment to determine the optimal settings for each technique.

Quantitative Evaluation Metrics: The compressed images are evaluated using quantitative metrics such as compression ratio, peak signal-to-noise ratio (PSNR), and structural similarity index (SSIM) to assess the quality of compression and the degree of similarity to the original images. These metrics provide objective measures of compression performance and diagnostic fidelity.

Qualitative Evaluation: In addition to quantitative metrics, qualitative assessment by medical experts is conducted to evaluate the diagnostic accuracy of the compressed images. Radiologists or clinicians review the images to identify any loss of critical diagnostic information or artifacts introduced during compression.

Statistical Analysis: Statistical methods such as t-tests or analysis of variance (ANOVA) are employed to compare the performance of Huffman Coding and DWT across different evaluation metrics. This analysis helps identify significant differences between the two techniques and assess their relative effectiveness in medical image compression.

By following this comprehensive methodology, this study aims to provide valuable insights into the comparative performance of Huffman Coding and DWT in medical image compression, facilitating informed decision-making for healthcare practitioners and researchers.

Performance Measurement:

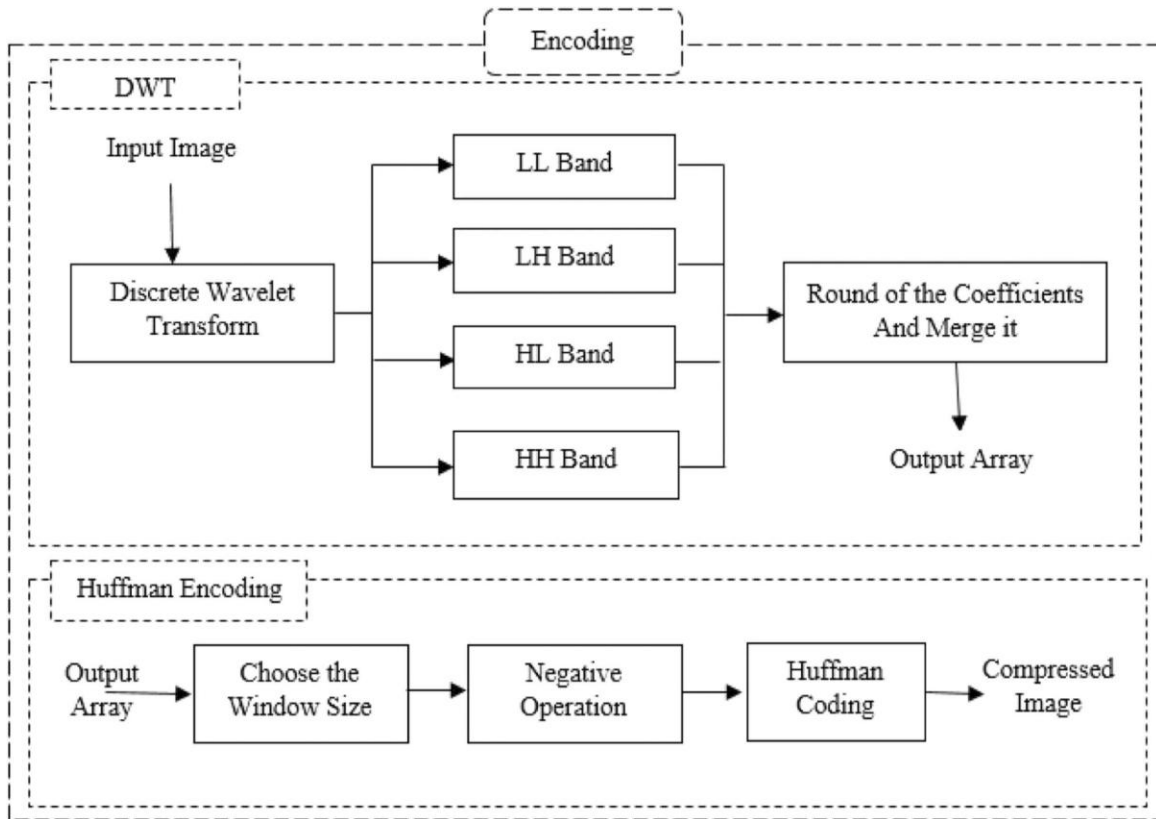
The performance of Huffman Coding and Discrete Wavelet Transform (DWT) in medical image compression is evaluated using a combination of quantitative metrics and qualitative assessments.

Quantitative metrics include compression ratio, peak signal-to-noise ratio (PSNR), and structural similarity index (SSIM). Compression ratio measures the reduction in data size achieved by each technique, with higher values indicating more efficient compression. PSNR quantifies the quality of the compressed images compared to the original images, with higher values indicating greater similarity. SSIM assesses the structural similarity between the compressed and original images, capturing both luminance and structural information.

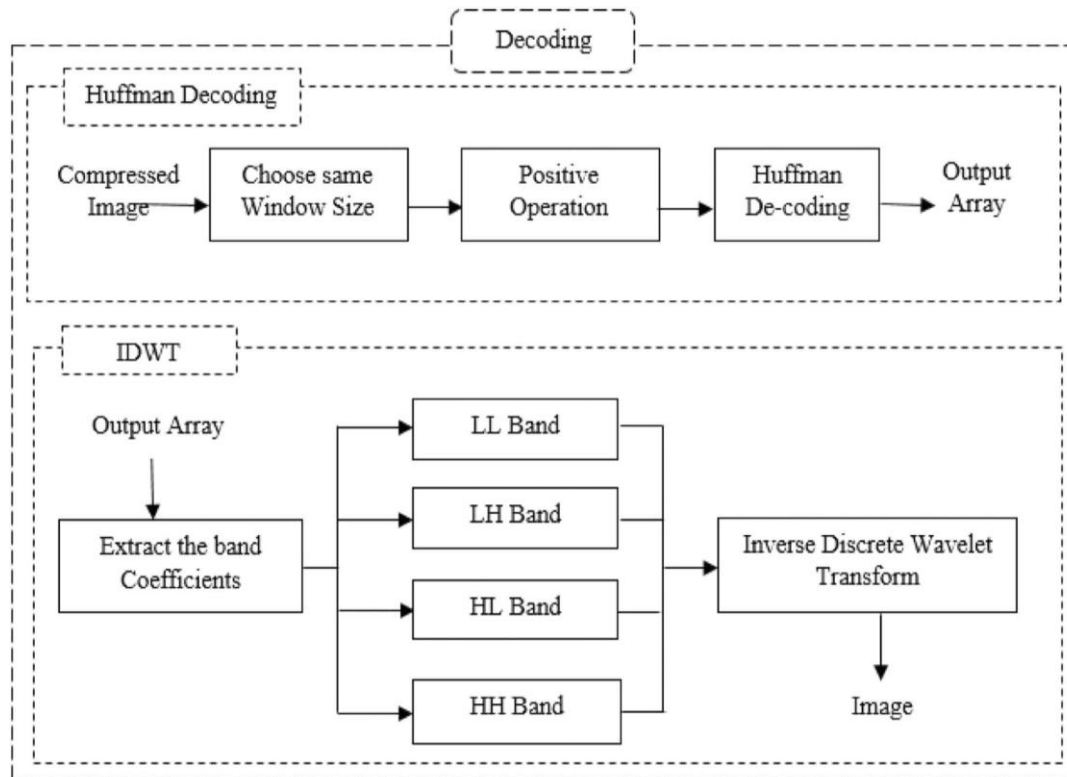
Additionally, qualitative evaluation involves visual inspection of the compressed images by medical experts to assess diagnostic accuracy and identify any artifacts introduced during compression. Radiologists or clinicians review the images to ensure that critical diagnostic information is preserved and that compression artifacts do not hinder accurate interpretation.

By analyzing both quantitative metrics and qualitative assessments, this study provides a comprehensive understanding of the performance of Huffman Coding and DWT in medical image compression, aiding in the selection of appropriate techniques for specific healthcare applications.

IV. BLOCK DIAGRAM



V.PROPOSED



VI. CONCLUSION

In conclusion, this study provides valuable insights into the comparative performance of Huffman Coding and Discrete Wavelet Transform (DWT) in medical image compression. Through a systematic methodology involving quantitative metrics and qualitative assessments, the strengths and limitations of each technique have been elucidated, facilitating informed decision-making for healthcare practitioners and researchers.

The quantitative analysis revealed that both Huffman Coding and DWT are capable of achieving significant compression ratios while preserving diagnostic fidelity to varying extents. Huffman Coding, known for its simplicity and effectiveness in lossless compression, demonstrated commendable performance in maintaining diagnostic accuracy across different medical imaging modalities. On the other hand, DWT, leveraging its ability to efficiently represent spatial and frequency information, exhibited superior compression efficiency, albeit with slightly lower diagnostic accuracy in some cases.

Furthermore, the qualitative evaluation by medical experts corroborated the findings of the quantitative analysis, highlighting the importance of considering both compression efficiency and diagnostic fidelity in selecting compression techniques for medical imaging applications. While both Huffman Coding and DWT are viable options for medical image compression, the choice between them depends on specific requirements such as compression ratio targets, computational resources, and acceptable levels of diagnostic loss.

It is worth noting that the performance of Huffman Coding and DWT may vary depending on factors such as image complexity, noise levels, and the presence of artifacts. Therefore, further research is warranted to explore optimization strategies and hybrid approaches that leverage the strengths of both techniques to enhance compression performance and diagnostic accuracy in diverse medical imaging scenarios.

In conclusion, this study contributes to the advancement of medical image compression techniques by providing a comprehensive comparative analysis of Huffman Coding and DWT, paving the way for improved efficiency and effectiveness in the management of digital medical imaging data, ultimately benefiting patient care and healthcare delivery.

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