

**EVALUATING THE PERFORMANCE OF MEDICAL IMAGES IN A
WATERMARKING APPLICATION**

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Abstract

This paper captures how different types of images perform differently as a result of their variation of sources or means of capture using a particular watermarking application. The performance of the watermarking application was measured using the standard quality metrics on different sets of images (Angiogram, CT and Ordinary Test Images). The performance evaluation metric employed in this research is Structural Similarity Index Measure (SSIM) (Ayuba, 2013), which yielded some sets of result for Angiogram, CT and Test Images. A statistical analysis of Variance was conducted to determine which set of images are the most suitable for the application. The results show that, similarity of original and watermarked image is higher using Angiogram followed by CT image while the least among them is the Test Image. Angiogram and CT images are more suitable for the watermarking application.

Keywords: Watermarking, Angiogram, CT, SSIM, Application

Introduction

The two basic medical procedures for diagnosing patients are visual perception and rendering of interpretation which constitutes the fundamental decision making aspect in medicine (Krupinski, 2000).

The introduction of automation in the Healthcare System such as Picture Archiving and Communication System (PACS), Hospital Information System (HIS), Radiology Information System (RIS), Computer Aided Detection (CAD for Radiology) and other Computer Aided Diagnostic applications, is to improve on the efficiency of services rendered to the community. Further technological advancement includes the integration of Computer Tomography (CT) and Magnetic Resonance Imaging (MRI) for diagnosing various ailments such as cancer, trauma, heart and musculoskeletal disorder of the body (Ayuba, 2013).

These applications or systems mostly run in a Distributed Processing platform using either wireless or wired, intranet or internet which poses some security threats such as manipulation, distortion, and exchange of medical data in transit. It is clear that optimizing qualitative life is the focus of all health care systems and technology and security can play a great role towards achieving this (Hunink, 2001).

According to Ayuba (2013), transfer of digital medical images within and outside a network makes authenticity and integrity verification requirement a necessity. This can be achieved using the watermarking technique. Watermarking is a means of proffering security to medical image through integrity verification that guards against unauthorized persons modifying the image while Authentication determines whether the image certainly belongs to the right patient (Ayuba, 2013).

Digital Imaging and Communication in Medicine (DICOM) is an advanced form of Picture Archiving and Communication System (PACS) which was designed to cater for network security issues. However, DICOM cannot proffer security to images outside the network because it stores security information on the header file of the data on transit (Ayuba, 2013).

It was highlighted in a medical image watermarking review that data encryption using digital signature is not sufficient to provide the required protection because digital signature stores information on the header file thereby separating it from the original image and it cannot withstand file conversion (Ayuba, 2013).

Medical image watermarking is more advantageous over Virtual Private Network (VPN) and Data Encryption through confidentiality and integrity verification. According to (Planitz & Maeder, 2005), Medical image watermarks are used to authenticate (i.e. trace the origin of an image) and investigate the integrity (i.e. detect whether changes have been made on the image) of medical images.

Variation of image source (i.e. Angiography, CT, MRI etc) plays an important role in the performance of a watermarking application due to differences in image features. The adopted quality metric for detecting the level of degradation that may exist between original and watermarked images are Mean Square Error (MSE), Peak Signal to Noise Ratio (PSNR) and Structural Similarity Index Measure (SSIM) (Pal, Ghosh, & Bhattacharya, 2012). The research evaluates the best image for medical watermarking using SSIM quality metric.

Hypothesis:

Ho: There is no significant difference among the mean performance of the images used for evaluating the performance of the watermarking application (U1=U2=U3)

HA: There is significant difference among the mean performance of the images used for evaluating the performance of the watermarking application (U1 U2 U3).

Methodology

The widely adopted watermarking techniques are basically spatial and frequency domain types. However, the frequency domain watermarking has proven to be more robust in comparison with its counterpart (i.e. the spatial domain watermarking strategy) (Ayuba, 2013).

In 2007, Navas demonstrated that spatial domain watermarking technique can be prone to image degradation and should not be employed in medical imaging. The watermarking technique suitable for medical imaging must be lossless in order to comply with the stringent requirement for quality (Navas, 2007).

This research adopts Hybrid Transformed Watermarking where two frequency transforms are employed Discrete Cosine and Discrete Wavelet Transform respectively (Ayuba, 2013).

This method (i.e. Hybrid Transformed Watermarking) transforms signal into an elementary independent manner while containing the algorithm that can de-correlate the input signal. Its formula converts sequence of real number into complex number (Ezhilarasan, Thambidurai, Harish, Muthuraman, Arulsezhian, Arun, Anand, Kumar, Krishnan, 2008).

$$f_j = \sum_{k=0}^{n-1} x_k \cos \left[\frac{\pi}{n} j \left(k + \frac{1}{2} \right) \right]$$

The fundamental idea of the wavelet transform is to denote any arbitrary function as a superposition of a set of such wavelets or basis functions. The wavelets are acquired from a single mother wavelet through multiplicative scaling and shifting (Mohanty, 1999).

$$h_0 = \frac{1+\sqrt{3}}{4\sqrt{2}}, h_1 = \frac{3+\sqrt{3}}{4\sqrt{2}}, h_2 = \frac{3-\sqrt{3}}{4\sqrt{2}}, h_3 = \frac{1-\sqrt{3}}{4\sqrt{2}}$$

A comparative analysis of DCT and DWT transform watermarking techniques as discussed by DWT shows a better result. The concept of combining the two transform is meant to remedy the side effect of one transform over the other (Ezhilarasan, Thambidurai, Harish, Muthuraman, Arulsezhian, Arun, Anand, Kumar, Krishnan, 2008).

High Performance & Effective Watermarking Application for Medical Images

This watermarking application was employed on medical images for the purpose of authenticity and integrity verification. The application inserts watermark into a given medical image and extracts the same watermark so as to ascertain the originality of the image. The application can also be used to extract the result of the Structural Similarity Index Measure (SSIM) on the three (03) categories of images (Angiogram, CT Scan and Ordinary images).

Embedding Technique

The application uses a hybrid transformation where the original image undergoes a Discrete Cosine Transform (DCT) which will be further transformed into Discrete Wavelet Transform (DWT) and the watermark image or text will be inserted into the combined transformed image to obtain a watermarked image. The Figure below indicates the embedding process.

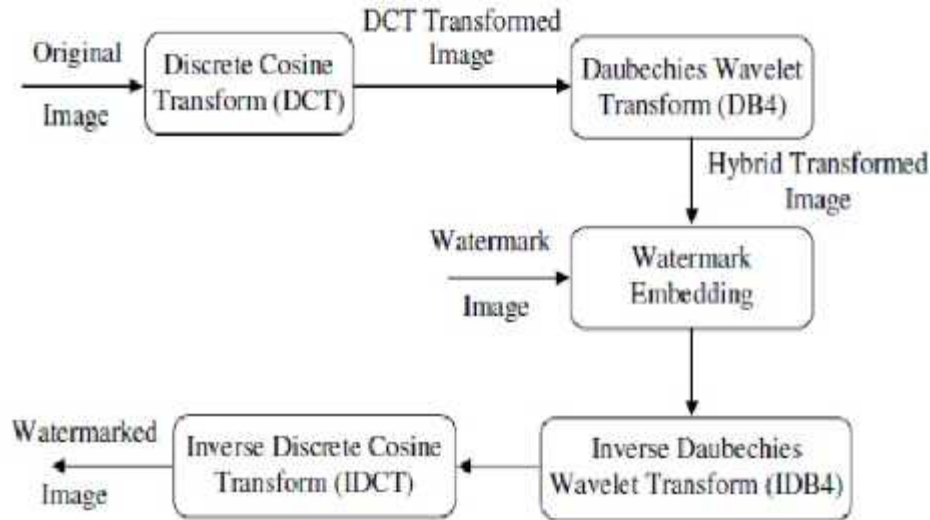


Figure 1: Embedding Process (Umaamaheshvari, 2012)

Embedding Algorithm

Input: Original Image (*I*), Watermark Image (*W*), Patient ID (*ID*)

- a. Conversion: Original Image (*I*) to gray scale (*GI*), Watermark (*W*) to Binary (*BW*) or Patient ID (*ID*) to Binary (*BinID*).

Let $GI = \{x(i,j) | 0 \leq i \leq n, 0 \leq j \leq n\}$ such that $x(i,j)$ is element between 0 to 255

- b. Apply DCT to *GI* to get resultant Transformed Gray scale Image (*TGI*)

$$TGI = \{x'(i,j) | 0 \leq i \leq n, 0 \leq j \leq n\},$$

$$TGI = \begin{bmatrix} P_{1,1} & P_{1,2} & P_{1,3} \\ P_{2,1} & P_{2,2} & P_{2,3} \\ P_{3,1} & P_{3,2} & P_{3,3} \end{bmatrix}$$

- c. Apply DWT Daubechies 4 on *TGI* to obtain a Hybrid Transformed Gray scale Image (*HTGI*), $HTGI = \{x''(i,j) | 0 \leq i \leq n, 0 \leq j \leq n\}$
- d. Subtract the whole number from the Mantissa of the Matrix
- e. Insert the Binary bits of the watermark into the whole number part of every pixel until the whole Binary Array contents are placed into the Matrix
- f. Apply inverseDWT transform to the **HTGI** to obtain Inverse HTGI
- g. Apply inverseDCT transform to the InverseHTGI to obtain InverseDCT(InverseHTGI InverseHTGI) which is the resultant Watermarked Image

Output:

Watermarked Image (WI)

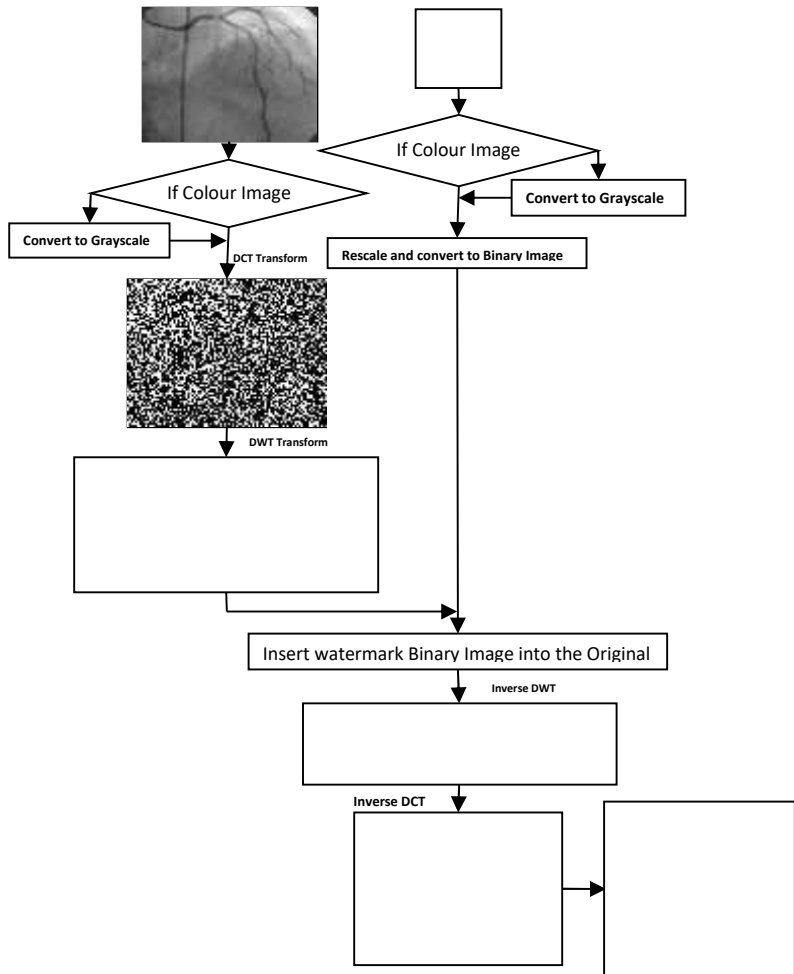


Figure 2: Representation of Embedding Algorithm (Ayuba, Quality Metrics

The research uses a mathematical model for comparing the original and the watermarked images and presents their structural analysis. The model is given below as:

$$SSIM(x, y) = \frac{(2\mu_x \mu_y + c_1)(2\sigma_{xy} + c_2)}{(\mu_x^2 + \mu_y^2 + c_1)(\sigma_x^2 + \sigma_y^2 + c_2)}$$

Equation 1: SSIM Equation (Rouse & Hemami, 2008)

The use of the Structural Similarity Index Measure (SSIM) indicates correlation between the watermarked image and the original image. Correlation will always fall between -1.0 and +1.0. If the correlation is positive, we have a positive relationship which means the Watermarking Application is highly effective (Pal et al., 2012). However, if correlation is negative, the relationship is negative, that is there is no relationship between the original Image and the Watermarked Image which thus, signify that the Watermarking Application is not effective (Rouse & Hemami, 2008).

Data Presentation, Analysis & Interpretation of Result

Data:

The data was obtained from the Watermarking application using SSIM quality metric which gives the correlation between the original and watermarked image. Table 1 indicates the values obtained using the three (3) sets of images:

Table 1: Representing data for evaluating the performance of images in Watermarking Application

| S/ N | Angiogram Images | | CT Scan Images | | Ordinary Test Images | |
|---------|------------------|--------|--------------------------|--------|----------------------|--------|
| | DESCRIPTION | SSIM | DESCRIPTION | SSIM | DESCRIPTION | SSIM |
| 1 | IM5.bmp | 0.9764 | CT Coronary Sinus Colour | 0.8276 | Baboon Color.jpg | 0.5483 |
| 2 | IM6.bmp | 0.9587 | CT Chest | 0.7672 | BaboonGray.jpg | 0.7553 |
| 3 | IM9.bmp | 0.9760 | CT Heart Angio.bmp | 0.8793 | BurgaerGirl.jpg | 0.8358 |
| 4 | IM10.bmp | 0.9586 | CT Heart Image2.bmp | 0.8127 | Cameraman.jpg | 0.9287 |
| 5 | IM11.bmp | 0.9775 | CT Lungs.bmp | 0.7517 | CrossProcess.jpg | 0.7551 |
| 6 | IM12.bmp | 0.9626 | CT Lungs2.bmp | 0.8864 | Girl.jpg | 0.8550 |
| 7 | IM13.bmp | 0.9987 | CT Lungs2.bmp | 0.8902 | LightHouse.jpg | 0.4900 |
| 8 | IM14.bmp | 0.9995 | CT Pulmonary.bmp | 0.6924 | BarbaraGray.bmp | 0.8069 |
| 9 | IM17.bmp | 0.9880 | CT Thoracic.bmp | 0.7357 | PepperColor.jpg | 0.9516 |
| 10 | IM18.bmp | 0.9278 | CT Heart VR.bmp | 0.6374 | PepperGray.jpg | 0.7789 |

SPSS Result:

ANOVA

SSIM

| | Sum of Squares | Df | Mean Square | F | Sig. |
|----------------|----------------|----|-------------|--------|------|
| Between Groups | .250 | 2 | .125 | 12.489 | .000 |
| Within Groups | .270 | 27 | .010 | | |
| Total | .520 | 29 | | | |

Level of Significant = 0.05

Decision:

| (I) IMAGE | (J) IMAGE | Mean Difference (I-J) | Std. Error | Sig. |
|-----------------|-----------------|-----------------------|------------|------|
| ANGIOGRAM IMAGE | CT IMAGE | .1843200* | .0447445 | .000 |
| | TEST IMAGE | .2018200* | .0447445 | .000 |
| CT IMAGE | ANGIOGRAM IMAGE | -.1843200* | .0447445 | .000 |
| | TEST IMAGE | .0175000 | .0447445 | .699 |
| TEST IMAGE | ANGIOGRAM IMAGE | -.2018200* | .0447445 | .000 |
| | CT IMAGE | -.0175000 | .0447445 | .699 |

We now reject Ho since F calculated is greater than F tabulated i.e. $12.489 > 3.35$ at 2, 27 degrees of freedom.

It was further confirmed using pair wise comparison test or multiple comparison tests which shows that Angiogram images are much more significant when compared with Test Images followed by CT Images. Test Image is the least significant among the set of image.

Conclusion

Since, Ho is rejected and HA is accepted, it is necessary to conclude that there is a significant difference in the mean performance of the images used for evaluating the performance of the watermarking application. Moreover, multiple comparison shows the same result thereby proving that Angiogram images were the best followed by CT and Test Images.

In general, the Angiogram images are more similar followed by the CT Scan Images than the Test Images when used in the watermarking application. This therefore indicates that the Angiogram images are more suitable for use with the application when compared with CT and Test Images.

Recommendation:

Considering of the stringent requirements associated with medical imaging, it is therefore recommended that angiography should be used in acquiring medical images for watermarking application.

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