



## **King's Research Portal**

DOI: 10.1136/heartjnl-2018-BCVI.14

Document Version Peer reviewed version

Link to publication record in King's Research Portal

*Citation for published version (APA):* Oksuz, I., Ruijsink, B., Puyol-Anton, E., Rueckert, D., Schnabel, J. A., & King, A. P. (2018). 15 Automatic mistriggering artefact detection for image quality assessment of cardiac MRI. *Heart, 104*, A5-A5. https://doi.org/10.1136/heartjnl-2018-BCVI.14

### Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

#### General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

•Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research. •You may not further distribute the material or use it for any profit-making activity or commercial gain •You may freely distribute the URL identifying the publication in the Research Portal

#### Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

# Automatic mis-triggering artefact detection for image quality assessment of cardiac MRI

Ilkay Oksuz<sup>1</sup>, Bram Ruijsink<sup>1,2</sup>, Esther Puyol-Anton<sup>1</sup>, Daniel Rueckert<sup>3</sup>, Julia A Schnabel<sup>1</sup>, Andrew P King<sup>1</sup>

1: School of Biomedical Engineering and Imaging Sciences, King's College London, UK

2: Guy's and St Thomas' Hospital NHS Foundation Trust, London, UK

3: Biomedical Image Analysis Group, Department of Computing, Imperial College London, UK

### Abstract

**Introduction**: High quality cardiac magnetic resonance (CMR) images are a prerequisite for high diagnostic accuracy. Analysis of bad quality image data can result in erroneous conclusions, especially in the case of automated analysis algorithms, that are currently being proposed. CMR images can contain a range of image artefacts and assessing the quality of images produced by MR scanners has long been a challenging issue. Traditionally, images are visually inspected experts, and those showing an insufficient level of quality are excluded. In this work, we propose to use a Convolutional Neural Network (CNN) model to automatically detect mis-triggering artefacts.

**Methods**: We use a deep neural network architecture to detect the mis-triggering artefacts in a large cardiac MR dataset. The input is to the network an intensity normalised 50 temporal frames of  $80 \times 80$  CMR image, which is cropped using a Fourier transform-based region of interest extraction relying on motion patterns. The proposed network consists of five layers. The architecture of our network follows a 3D Convolutional model and consists of 6 convolutional layers and two dense layers for classification.

**Results**: We tested our algorithm on a subset of 100 cardiac MR images from UK Biobank in a 10-fold cross-validation setup. Our method achieves 0.85 accuracy and 0.81 precision for detection of the mis-triggering artefacts compared 0.67 accuracy and 0.66 precision of variance of Laplacians, which is a state of the art blurring detection method.

**Conclusion**: We have proposed a method to automatically detect low quality images with high accuracy in less than 1 ms. Our work brings fully automated evaluation of left ventricular function from CMR imaging a step closer to clinically acceptable standards, addresses a key issue for the analysis of large imaging datasets.