

Multimode Vector Modalities of HMM-GMM in Augmented Categorization of Bioacoustics' Signals

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ABSTRACT:

A Merged Hidden Markov Model and Gaussian Mixed Models (HMM-GMM) can serve as a very useful tool in classification of dominant characteristics in biological data. In particular, the aim of this approach was to enhance classifications of lung sounds (LS) and heart sounds (HS). In order to achieve these objectives, the LS and HS signals were expressed in terms of Mel-frequency cepstral coefficients (MFCCs) and Quantile acoustic vectors. Once the signals were vectorized, a clusters' quantity analysis for the LS and HS signals was executed for both classes, representing normal abnormal sounds, in such a way that a criterion for the model's size was obtained. The clusters' quantity analysis was carried out applying dendrograms, silhouettes and the Bayesian Information Criterion (BIC). Starting from these computations, the HMM-GMM model architecture for the normal and abnormal classes were conceptualized. The models for the LS signals using Quantile vectors, specifically Quartile, yielded excellent results, while for HS signals, the best results for the HMM-GMM models were obtained with MFCC vectors. In both cases, i.e., LS and HS signals, a close to 100% classification efficiency was achieved for studied cases. Furthermore, the evaluations were assessed in terms of sensitivity and specificity defined as a true positive rate and a true negative rate respectively; LS signals achieved a 100% in sensitivity and specificity, while HS signals also reached a 100%, excluding the normal vs stenosis case, which obtained a 85% in specificity. The importance of this approach lies in the possibility of implementing automated assessment diagnostics for patients with respiratory and cardiac disorders, and essentially the ability to bring this diagnostic capability to remote and limited medical resource areas utilizing low cost technologies.

KEYWORDS: Cluster, Stethoscope, Quantile, MFCC, HMM, Dendrogram, Silhouette, BIC.

I. INTRODUCTION

Bioacoustic approach involving evaluation of the production and perception of biological sounds, including in this case lung sounds (LS) and heart sounds (HS) [2] can be used as a useful diagnostic indicator. The environmental conditions and including air pollution are among critical factors contributing to the increase of respiratory and cardiovascular diseases. Thus, as a part of screening and classification of diagnostic indicators during assisted auscultation one can diagnose the existence of abnormalities of cardiopulmonary origin; for example for the heart, the sounds could make evident the possible presence of Stenosis and Ventricular Septal Defect (VSD) as considered in this project, and for example for the lung's ventilation limitations. Invariably, these sounds and their detection via auscultation, using a traditional stethoscope or other devices including an electronic stethoscope has been a standard practice in medicine. However, the use of a traditional acoustic-mechanical stethoscope is hindered by the degree of the physician's or nurse's experience and their sensory abilities. A description of acoustic indicators by its qualitative nature is frequently used in a subjective way fashion, especially when being evaluated by different medical personnel.

To overcome the drawbacks previously mentioned, one can utilize quantitative methods based among others on pattern recognition. Within the existing methodologies considered were Support Vector Machines (SVM), Linear Discriminant Analysis, Gaussian Mixed Models (GMM) and Hidden Markov Models (HMM). The most important difference is in their way to process data. The HMM processes data or as time series as of state sequences associated to the signal's events, while the other techniques are focused on clusters regardless of the sequences in which they are produced. In other application areas [5], it has been observed that HMM modeling is more susceptible to information loss than to noise, while cluster modeling is more susceptible to noise than to information loss [11, 12]. In this sense, HMM models have advantage in noisy environments, even though it could be computationally costly.

Another attribute about the methodologies mentioned above is the feasibility of their implementation on a simple laptop computer, and could be available in almost all socio-economic scenarios and in remote locations. This is relevant because the world's prevailing socio-economic level is low, for example, in Latin America 70% of the population is lives below the average poverty rate [6]. Moreover, many applications are not necessarily oriented to a traditional third world but to patient's evaluation settings in general [7-9]. In this context, often patient's evaluation settings are located in areas with environmental noise, which interferes with the recordings of LS or HS signals and may negatively impact diagnostic procedures.

An intelligent system (either for voice, cardiopulmonary or other sound signals) simulates the recognition process that the human hearing mechanism performs on the acoustic signal, or in our case an acoustic peculiar event [10]. Most approaches used in intelligent systems for the LS or HS signal classification are based in clusters, classic filtering and other approximations susceptible to noise and to signal degradation during the filtering process. Specifically, the LS signals share a significant frequency range with the HS signals, which suggests that HMM could be a good alternative in this domain [14], since they are oriented to detect event sequences. This project deals with the application of HMM models to LS and HS signals assessment. Besides, two modalities are used as a feature extractor, MFCC already successful in voice and another feature extractor inspired on classifying pathologies based on lung function testing [13]. The HMM models need feature vectors to train the models, which are a state sequences and these states are modeled by Gaussian Mixed Models.

II. MFCC AND QUANTILE FEATURE VECTORS

The feature vectors highlight relevant characteristics of a class by means of values, in such a way that the classification is improved. In this section, the approximations used in the experiments are described and they include MFCC and quantiles.

2.1 Mel-frequency cepstral coefficients (MFCCs) vectors

The MFCC vectors reflect a successful methodology in acoustic featuring, based on cepstraldeconvolution. The cepstrum represents a method based on the Fourier transform, which allows the extraction of the acoustic signal's fundamental frequencies. The MFCC vectors are an extension of the cepstral principles, and their transformation to a nonlinear frequency space is related to human hearing [15-18].

In MFCC, the sounds are parameterized by doing a pre-emphasis with FIR filters, followed by a Hamming window applied to each analysis frame. In this paper, the experiments were carried out using 30 ms Hamming windows with a 15 ms shift for HS signals, to which the Fast Fourier Transform (FFT) was applied; subsequently, the module is obtained and then multiplied by a filter bank whose frequency range and central frequencies are distributed according to the Mel or Bark scale. This is followed by calculating a log stage of the values previously obtained from each filter and subsequently the Inverse Fourier Transform. The outcome is a feature vector called MFCC [15, 19].

2.2Quantile Vectors

Another acoustic vector is the quantile, which is based on the cumulative distribution function (CDF). A random variable's quantile q_p is defined as the smallest value q in such a way that the cumulative distribution function is greater than or equal to a probability p , where p is $0 < p < 1$. This can be calculated from a continuous density probability function $f(x)$ through the Eq.1:

$$p = \int_{-\infty}^{q_p} f(x) dx \quad (1)$$

For acoustic featuring purposes, it is needed to find the quantile coefficients q_p , and for that reason one must start with the CDF inverse function. In the case of acoustic signals such as LS and HS, it is important to

perform the calculations within the limit of stationarity; this limit is determined by the time in which the events are stably generated. Considering a rate of 15 breaths per minute (the usual range for healthy adult subjects is from 12 to 20 breaths per minute and much higher for toddlers), the stationarity is related to the duration of the inhalation, exhalation and the silences in between, which were experimentally determined, obtaining 400 ms (considering about 3 seconds including inhalation, silence and exhalation) [20,21]. A similar analysis was applied to HS signals. In this process, the first stage consists in reading the signal, starting from a *.wav archive; subsequently, the FFT is applied. Fulfilling a basic principle for a probability distribution function, the spectral distribution is normalized (Eq. 2).

$$F_N(f) = \int_{-\infty}^{\infty} \frac{f(t)e^{-j2\pi ft} dt}{\text{arsa}(F(f))} \quad (2)$$

The Eq. 2 guarantees that the sum of the distribution of the frequency values obtained from the FFT will be equal to Eq. 1, therefore N implies a normalization process. A particular quantile example is the use of quartiles, calculated by Eq 3, where each frequency value $f_{0.25}, \dots, f_{0.75}$ corresponds to its respective quartil coefficient. The calculation of the last quartil is not important because it always equals 1, hence a 3 three dimensional vector is obtained.

$$A_{0.25} = \int_{-\infty}^{f_{0.25}} F_N(f) df, \dots, A_{0.75} = \int_{-\infty}^{f_{0.75}} F_N(f) df \quad (3)$$

Algorithmically, A_p , is calculated by an iterative sum to obtain the area and detect the frequency values in which the obtained area is $A = 0.25, \dots, A = 0.75$. The same principle applies to Octile and any other quartil type. For a more extensive description, the paper [21] should be reviewed.

III. CLUSTERS' QUANTITY ANALYSIS FOR THE MODEL DEVELOPMENT

The clusters' quantity used for the model calculation can be defined by means of various techniques. Specifically, the agglomerated data visualization represents an important criterion for the clusters' quantity definition. In this section, some techniques to optimize the results are assessed through an analytical approach. The techniques discussed include the analysis with dendrograms, silhouettes, and the Bayesian Information Criterion (BIC).

A dendrogram is basically a tree diagram based on the distance from each datum point against the others, which associates those closer together (considering a distance metric, e.g., Euclidean). Here, it is meant that the closer the data points are, the greater the probability of belonging to the same cluster. With this, the data points are linked one to one until all data is related to one cluster, as shown in Figure 1 [33].

The silhouettes represent the number of existing clusters in a time series. Firstly, the quantity of clusters is chosen. Subsequently, the silhouettes divide the data in the quantity of clusters specified, showing the probability of belonging to a cluster (Figure 2, right side), and the uncertainty of not belonging to such cluster (Figure 2, left side) [34, 35].

Another alternative to analyze the quantity of clusters in a time series is applying the Bayesian Information Criterion (BIC), as shown in Figure 3. The model with the highest BIC value is considered the "best" model [36]. The BIC is useful to estimate how well the model is adjusted to the data, considering the number of parameters in the GMM model, namely: weights, covariance matrices and means [36]

$$p(X|M_g) \approx BIC_g = 2 \log p(X|\hat{\theta}_g M_g) - m_g \log(n) \quad (4)$$

In our study case, it is important to determine the clusters' quantity of HS and LS signals. For BIC curves, the best model is influenced by the covariance type applied.

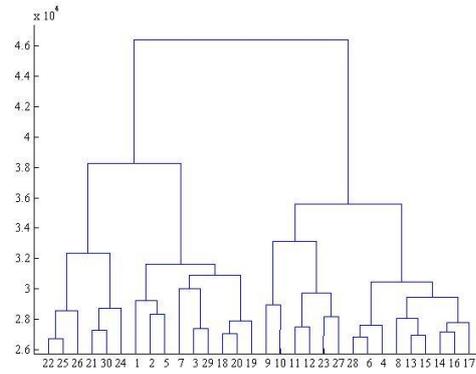


Figure 1. Dendrogram for normal LS signal

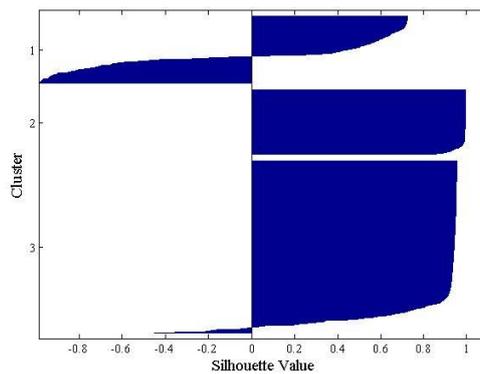


Figure 2. Silhouette for normal LS signal

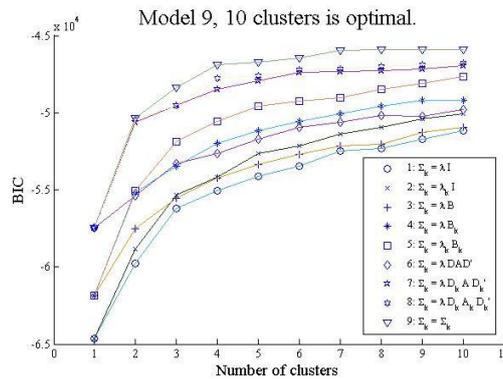


Figure 3. Best model according BIC curve for LS normal signal

IV. MODELLING

4.1 Gaussian Mixed Models (GMM) and Hidden Markov Model (HMM)

In this project, the GMM was applied as an emission function for the HMM states. Since the GMM models have been successful in other areas related to analysis of acoustic signals, they are used in this project as a representation of the states in the HMM models for the LS and HS signals.

4.1.1 GMM Models

A GMM model represents a triplet composed by the means, covariances and weights; generally, each class is represented by a GMM Δ model (in our case the model's states). A model Δ is trained with the acoustic vectors obtained from the signals' sampled data. The GMM modeling uses the expectation-maximization (EM)

algorithm to train the models $\Lambda_i = \{m_i, \vec{\mu}_i, \Sigma_i\}$. This calculation is performed with the acoustic vectors extracted from the different recordings (LS or HS). The mean $\vec{\mu}_i$ represents the average over all the vectors, while the covariance matrix Σ_i models the characteristics variability on the acoustic class [16, 22].

$$p(\vec{x}|\Lambda) = \sum_{i=1}^M m_i b_i(\vec{x}) \tag{5}$$

Where \vec{x} is a random D-dimensional vector (MFCC, Octile or Quartile acoustic vectors), $b_i, \forall i = 1, \dots, M$ are the component densities and $m_i, \forall i = 1, \dots, M$ are the mixtures weight [5, 23-25]. Here, $\vec{\mu}$ represents a mean vector and Σ_i is the covariance matrix. Besides, the weights for the mixtures must satisfy the constraint $\sum_{i=1}^M m_i = 1$. The GMM models are parameterized by mean vectors, covariance matrices and Gaussian mixture weights constituting each state of the HMM model. Then, each Gaussian density contains the parameters represented by the following expression [5, 23-25]:

$$b_i(\vec{x}) = \frac{1}{(2\pi)^{\frac{D}{2}} |\Sigma_i|^{\frac{1}{2}}} \exp\left\{-\frac{1}{2}(\vec{x} - \vec{\mu}_i)^T \Sigma_i^{-1} (\vec{x} - \vec{\mu}_i)\right\} \tag{6}$$

4.1.2 HMM Models

The cardiac cycle is sequential and acoustically primarily consists of two main events known as the first heart sound, “S1” and the second heart sound “S2”, as shown in Figure 4. The S1 refers to the mitral and tricuspid valves closure, while “S2” is generated by the aortic and pulmonary valves operation. The lung sounds (LS) occurrence is also a cyclical process formed by two main events, inhalation and exhalation.

In both cases, HS and LS signals, there are silences in between the main events, which are different depending on the event taking place before and after. Therefore, both cases are sequences of events that may vary depending on the circumstances, health conditions, and even the person’s mood.

In HS analysis, S1 and S2 as well as the silences, could be the stages of the signal to model, while for the LS, the inhalation, exhalation and the silences could be the signal’s stages to model (Figure 4). Then, these are modeled through Hidden Markov Models (HMM), which represents a finite state automaton.

In this project, the experiments were carried out with HS and LS signals separately; however, the main purpose is to utilize a HMM-GMM architecture as a combined HS-LS diagnostic assessment tool.

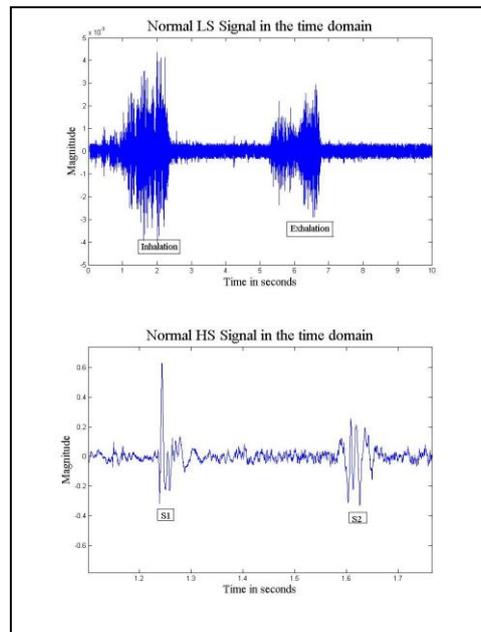


Figure 4. Normal signals in time domain, LS (upper), HS (lower)

A HMM can be considered as a state-based model, in which each state is not directly observed, in fact, each one is characterized by a GMM that models the observations (acoustic vectors) corresponding to the state. Formally, a HMM is defined by the following components [26]:

- $S = \{S_1, S_2, \dots, S_N\}$ is the finite set of possible states (hidden);
- The transition matrix $A = \{a_{i,j}, 1 \leq j \leq N\}$, corresponding to the probability to transit from a state S_i to a state S_j . $a_{i,j} = P[q_{t+1} = S_j | q_t = S_i], 1 \leq i, j \leq N$ with the constraint $a_{i,j} \geq 0, \sum_{j=1}^N a_{i,j} = 1$, where q_t denotes an occupied state at a time t .
- The emission function of a state j (in our case a GMM) $B = \{b(O|S_j)\}$, denotes the emission probability for an observation $O \in V$ when the system is at the state S_j ; V corresponds to continuous observations, for this project experiments, MFCC or Quantile acoustic vectors were applied, hence $b(O|S_j)$ is a GMM model.
- $\pi = \{\pi_i\}$, the probabilities of initially being in a state i , $\pi_i = P[q_1 = S_i], 1 \leq i \leq N$ Con $\pi_i \geq 0$ and $\sum_{i=1}^N \pi_i = 1$.

As in the case of GMM models, the HMM are conventionally expressed as triplets $\lambda = (A, B, \pi)$. An example of an acoustic signal HMM model is shown on the Figure 5.

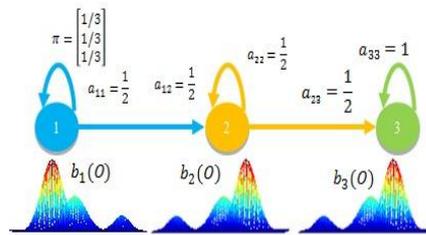


Figure 5.HMM model as triplet

The training for the HMM parameters, given a set of observation sequence $\{O_i\}$, is normally done by applying the Baum-Welch algorithm [26], which resolves the parameters by maximizing the likelihood or probability $P(O_i|\lambda)$. For the evaluation stage, it is required to calculate $P(O|\lambda)$, given the model λ and a sequence O of observations; here the forward-backward algorithm was applied [26].

4.2 Confusion Matrix (or Contingency Table)

In a classification problem it is possible to evaluate the efficiency of the system by confusion matrices, also known as contingency tables, where formally, an instance is mapped to a set labeled as positive class (Y) or negative class (N), and the system's hypothesis can yield a positive class (p) or negative class (n). Considering a binary classifier and an instance, there are four possible outcomes [32, 33, 37]:

- True positive: positive instance classified as positive.
- False negative: positive instance classified as negative.
- True negative: negative instance classified as negative.
- False positive: negative instance classified as positive.

This process is illustrated on the Table1:

Table1. ConfusionMatrix

ConfusionMatrix		Input	
		Y	N
Prediction	p	TP	FP
	n	FN	TN

The importance of the contingency tables is to express the results in terms of sensitivity, specificity and accuracy because these terms are fairly standard in the medical domain.

- Sensitivity (TPR, true positive rate)

$$TPR = \frac{TP}{P} = \frac{TP}{TP+FN} \tag{6}$$

- Specificity (TNR, true negative rate)

$$TNR = \frac{TN}{N} = \frac{TN}{FP+TN} \tag{7}$$

- Accuracy (ACC):

$$ACC = \frac{TP+TN}{P+N} \tag{8}$$

V. DATABASES

The set of HS signals used for these experiments came from databases available for academic and scientific purposes [27, 28]. Specifically, for this project this included, a set of HS recordings comprising of 21 HS signals recorded at the sampling frequency of 11025 Hz, and a 9 to 12 seconds duration, “.wav” format and mono channel. The original signals were captured with a 44 kHz and 22 kHz rate, but were sub-sampled at 11 kHz.

These signals include seven Normal, seven Stenosis and seven Ventricular Septal Defect (VSD). In order to train and evaluate the HMM models, these signals had to be partitioned. The evaluation and the modeling were performed by applying cross-validation and contingency tables.

For the LS signals experiments, two databases (RALE and BDITM) were used. The first database is RALE and consists of a set of normal and adventitious LS sounds as .wav format recordings, which was developed in Winnipeg, Canada. The signals from RALE were filtered with a 7.5 Hz band-pass to suppress any DC offset by means of a first order Butterworth filter. Besides, an eight-order Butterworth low-band filter was applied at 2.5 kHz to avoid overlapping. The signals from the database were sampled at 11025 Hz. For this project, the adventitious signals used were crackles and wheezes.

The other database used was BDITM, which comprises of only normal lung sounds recordings from students in the age range of 18 to 25 years. In the LS case, the evaluation was performed by means of cross-validation, leaving a signal to evaluate, and using the remaining signals to calculate the model and changing the settings until all possibilities were exhausted. The signals used were seven normal from BDITM, seven Crackles and seven Wheeze sounds sequences from RALE.

VI. RESULTS

The Table 2 and Table 3 show the best value for Bayesian Information Criterion (BIC), where quartile vectors with a 400 ms frame, 300 ms shift and a full covariance were used. The BIC calculus gives us the idea about the possible size of the models, since it gives the best model in order to adapt it to the data. Furthermore, an acceptable quantity of clusters spans from 3 to 4 for LS signals, and 3 to 8 for HS signals.

Table 2. Best models for LS signals using BIC and Quartiles

Signal	Covariance type	Number of Gaussians
Normal	full	10 (tentative)
Crackles	full	3
Wheeze	full	4

Table 3. Best models for HS signals using BIC and Quartiles

Signal	Covariance type	Number of Gaussians
Normal	full	6
Stenosis	full	8
VSD	full	3

To evaluate the efficiency of the HMM models for the LS and HS signals (shown in Table 4 and Table 5), the octile and quartile vectors were calculated with 400 ms frames and 300 ms shifts (i.e. 100 ms overlap). As far as it regards MFCC vectors, these were calculated with 30 ms frames, 15ms shifts and 12 cepstral coefficients. For these experiments, dimensionality reduction was not applied because in previous trials it did not provide a significant improvement [10, 38].

The values obtained from the Table 4, are values considering three classes: Normal, Crackles, and Wheeze. The signals were partitioned in three sets for the HMM calculation of each class; a signal was extracted

to test the models, i.e., of all three classes, one class contained only six signals to train the model while the rest contained seven. For this process, the test signal was alternated until all the possibilities were exhausted and 21 evaluations were performed.

Table 4. Best results of LS signals with HMM models using 3 Gaussians, 3 states and 3 iterations

Covariance type	Vector type	Efficiency
Complete	Quartile	95.2381
Diagonal	Quartile	100
Spherical	Octile	95.2381

Table 5. Best results of HS signals with HMM models using 3 Gaussians, 3 states and 3 iterations

Covariance type	Vector type	Efficiency
Complete	Octile	47.6190
Diagonal	MFCC	76.1905
Spherical	MFCC	100

The HMM models for the LS were calculated using three states ($N_s = 3$), three Gaussians ($k = 3$) and three iterations ($it = 3$). The HMM architecture used was left-to-right (Bakis), and the states were represented with GMM models, as shown by Figure 5. The proposed architecture concept came from the experiments with BIC, Silhouettes, Dendrograms and previous works (as mentioned before).

Here, the vector π denotes the initial probabilities (a priori) of being in some state q , and the values a_{ij} are the transition probabilities between states, while $b_i(\mathbf{O})$ are the emission functions of an observation in some state (in this case a GMM). It is important to note that the transition probabilities and their initial state were initialized randomly.

Moreover, Table 5 shows the best results for the experiments using HS signals. For this case, three classes were also used: Normal, Stenosis and VSD, each class having seven signals, so, a database with 21 signals was obtained. The procedure for the partition and evaluation of the model was the same used for the LS signals previously mentioned. Namely, 21 evaluations were performed, wherein the HMM model (left-to-right type) were calculated using three states ($N_s = 3$), three Gaussians ($k = 3$) and three iterations ($it = 3$). It can be observed in Table 4 that a 100% efficiency was obtained using quartiles for LS signals. On the other hand, as shown in Table 5 a 100% efficiency was obtained using MFCC vectors for HS signals.

The covariance is important when one wants to model the clusters' shape, volume and orientation for each class; the full covariance involves more calculations, more iterations, more data and convergence is not always achieved for the models, hence, it is necessary to analyze the models before proposing a final HMM-GMM architecture. However, to validate the previous remark, it is useful to have a larger number of signals per class since the full covariance is more versatile.

In order to carry out evaluations in terms of sensitivity and specificity, two classes were considered experimentally, one including the normal class, and another corresponding to an adventitious class (Crackles or Wheeze for LS; Stenosis or VSD for HS signals). Here, 14 signals were used for each experiment, seven in each class. To calculate the HMM model the configuration used was $it = 3, N_s = 3, K = 3$, while the evaluation was implemented by means of cross-validation and contingency tables.

The best results obtained for LS signals are shown on Table 6 and Table 7, where a 100% efficiency was achieved applying quartile vectors and a full or spherical covariance. However, for HS signals, the results were not 100% considering Stenosis as an adventitious signal, as for the VSD case, as shown by Table 8 and Table 9, both using a spherical covariance. The fact that the MFCC vectors allowed a better classification must be highlighted.

Table 6. Results of HMM model evaluation using 3 Gaussians, 3 states and 3 iterations for LS signals and Quartiles.

Normal vs. Crackles	Input		Sensitivity	Specificity
	p	n		
Output	P	7	0	1
	N	0	7	

Table 7. Results of HMM model evaluation using 3 Gaussians, 3 states and 3 iterations for LS signals and Quartiles.

Normal vs. Wheeze	Input		Sensitivity	Specificity
	p	n		
Output	P	7	0	1
	N	0	7	

Table 8. Results of HMM model evaluation using 3 Gaussians, 3 states and 3 iterations for HS signals and MFCC

Normal vs. VSD	Input		Sensitivity	Specificity
	p	n		
Output	P	7	0	1
	N	0	7	

Table 9. Results of HMM model evaluation using 3 Gaussians, 3 states and 3 iterations for HS signals and MFCC

Normal vs. Stenosis	Input		Sensitivity	Specificity
	p	n		
Output	P	7	1	0.8571
	N	0	6	

For the contingency tables, the input signals are denoted by p and n, and the hypothetical recognition given by the system’s output is P and N. From the tables, one can observe an excellent efficiency of the system to detect true positives (normal sounds) and true negatives (pathologies). Based on the results, it may be concluded that the quartile vectors are more suitable for LS while the MFCC vectors are better for HS signals. Considering the MFCC background for voice processing, the HS sounds are closer to phonetic acoustic signals so the MFCC are capable to reveal fine details for these signals. On the other hand, the LS signals seem more like noise and have a broader spectrum, with less defined formants compared to the phonetic acoustic signals. Hence, the quartile vectors are efficient for the LS signals, but the MFCC are better for the HS case. Another aspect to highlight is the HMM model robustness to noise, which suggests that in events’ sequences during noise presence, a HMM combined with a GMM is superior to a GMM modeling alone. The results obtained here are similar but superior to the ones obtained previously by applying linear discriminants [10].

VII. CONCLUSIONS

The experimental data shows remarkable capacity of the HMM-GMM twofold technique to classify LS and HS signals with different vector modalities: Octiles, Quartiles and MFCC. In both cases of LS and HS signals, a 100% classification efficiency was achieved. In an evaluation of LS and HS, the HMM-GMM concept made it possible to differentiate normal signals from pathologies. The size model analysis with the Bayesian Information Criterion (BIC) was not decisive since convergence was not always achieved; the best cases included three clusters. Besides, these sets of three clusters were consistent with the HMM models and their efficiency results, which reached up to 100% in terms of sensitivity and specificity.

Another important consideration to note, as demonstrated in the Table 4 and Table 5, is that the covariance type combined with a certain kind of vector influences the results. In this case, the diagonal and spherical covariances were the most consistent. As previously discussed in other papers [30, 31], the event sequence modeling for LS and HS with HMM, seems to be superior to the GMM modeling alone. Besides, HMM turned out to be less sensitive to noise, in spite of the HS interference with the LS signal’s sequence of events.

This is advantageous for the quantitative screening and use in medical facilities with inadequate resources, as well as medical personnel with limited training levels, so the classification can be performed automatically. In the future, it would be useful to extend this classification to other pathologies and to specific

sectors of the population to assess the effects of localized pollution. In addition, the implementation of inclusive architecture to classify LS and HS signals with indexed events will represent beneficial diagnostic tool.

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