

AI Driven Acoustic Insights for Enhanced Lung Health Diagnostics

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Abstract

Lung conditions such as asthma, pneumonia, and Chronic Obstructive Pulmonary Disease (COPD) tend to go undetected in early stages, resulting in late treatment and recovery. This project aims to create an AI-based digital stethoscope system for early and accurate identification of abnormal lung conditions. A high-sensitive microphone within the digital stethoscope records lung sounds, which are subsequently processed using Advanced Digital Signal Processing (ADSP) techniques to eliminate noise and enhance prominent acoustic features. Mel-Frequency Cepstral Coefficients (MFCCs) are extracted from processed audio signals to train an end-to-end machine learning model that can identify various pulmonary conditions based on unique respiratory sound patterns. The AI-advanced stethoscope offers medical expert's real-time insights into lung health, enabling faster and more accurate diagnoses. The system successfully differentiates between normal respiratory sounds and abnormal patterns such as wheezing, crackles, and stridor, supporting early detection of pulmonary diseases. Portability and ease of use allow it to be an invaluable diagnostic asset, especially in remote or resource-poor settings where access to high-end medical equipment is limited. By combining artificial intelligence with traditional stethoscope technology, this novel approach improves lung disease identification, allowing timely intervention and enhanced patient outcomes. The synergy of AI-based analysis and real-time respiratory sound classification marks a substantial breakthrough in pulmonary diagnostics, assisting medical professionals in providing efficient and accurate assessments for effective disease management and treatment planning.

Keywords: AI-Powered Stethoscope; Mel-Frequency Cepstral Coefficients (MFCCs); Convolution Neural Network; Deep Learning; Pulmonary Diagnostics.

1. Introduction

Respiratory conditions continue to constitute a major worldwide disease burden with millions of patients and high rates of morbidity and mortality in the world. According to the World Health Organization (WHO), the chronic respiratory conditions of COPD, asthma, and pneumonia account for an estimated 4 million deaths yearly. Interestingly, COPD alone as a condition is projected to be the third leading cause of death by the year 2030. Lower respiratory tract infection, including pneumonia, is ranked among the ten leading causes of death and almost exclusively affects low- and middle-income countries. Accurate diagnosis and regular surveillance of lung function continue to remain essential to mitigate mortality and promote response to therapy. Conventional

auscultation of lung sounds using a stethoscope remains an essential diagnostic tool in respiratory disease diagnosis. Nevertheless, its accuracy relies heavily on the clinician's skill and is open to subjective variation of interpretation. Secondly, trained health workers are rarely available in most resource-constrained settings, and therefore access to appropriate and timely respiratory disease diagnosis remains a significant hindrance. The intersection of artificial intelligence (AI) and the Internet of Things (IoT) in digital health technology can address this problem through automated, real-time analysis of lung sounds, reducing diagnostic subjectivity, and improving access to respiratory care. This paper introduces a deep learning-enabled lung sound

analysis system incorporated into an intelligent stethoscope for early diagnosis and classification of respiratory disease. The system employs a high-sensitivity microphone incorporated into a digital stethoscope to record lung sounds; these are then analyzed using Advanced Digital Signal Processing (ADSP) methods to remove ambient noise and facilitate clinically significant features. To enhance diagnostic precision, Mel-Frequency Cepstral Coefficients (MFCCs) are derived from the lung sound signals and used as input features for a deep learning classifier trained to identify normal and abnormal respiratory sounds. In addition, the system is equipped with Internet of Things (IoT) connectivity, enabling secure transmission of lung sound data for remote monitoring and real-time diagnosis via a web-based interface using Streamlit. The increasing world demand for AI-based healthcare solutions has been stressed by agencies like WHO and Global Initiative for Chronic Obstructive Lung Disease (COLD) in favor of early detection methods and technology intervention in respiratory medicine. AI-based diagnostic methods have been found promising in improving accuracy, lowering misdiagnosis, and enabling point-of-care diagnosis of diseases, especially in far-flung areas. Through deep learning and IoT, the system in this work is expected to provide an effective, portable, and smart respiratory disease diagnostic device, making sophisticated lung health monitoring even accessible in far-flung and resource-scarce areas [1].

2. Literature Survey

Incredible new tech including artificial intelligence, digital signal processing, and IoT has really changed life for doctors and people dealing with breathing problems. For instance, diagnosis is much faster, and monitoring has become much better. It's amazing how far we've come. People have done lots of research to study tools that use artificial intelligence to function like doctors, digital stethoscopes that use computer tech to make listening to lungs super-fast and easy, and deep learning systems that use computers to be smart and analyze lung sounds automatically. This section looks at all the research currently out there in this area and points out how important it is to combine AI and IoT technology for

improving lung sound analysis. A big ongoing problem that affects millions across the world is respiratory diseases [2-7]. These include a lot of kinds of colds, flus, and breathing sicknesses like pneumonia. These diseases cause lots of sickness and even death too. We're talking big human health problems here. The WHO really stresses that a lot of global deaths can be attributed to COPD, asthma, and infections for the lungs, and that this happens especially where people don't have a lot of financial resources to fight them. Studies show that in 2019 COPD directly claimed 3.23 million lives—certainly the third leading cause of death globally. The Global Initiative for Chronic Obstructive Lung Disease (COLD) also reports that COPD prevalence is increasing, with smoking, pollution, and occupational exposures being major risk factors. Early diagnosis and intervention are crucial for reducing the burden of these conditions, yet traditional stethoscope-based auscultation remains subjective and dependent on clinician expertise. Recent advancements in deep learning have enabled the development of automated lung sound classification systems. We've seen that convolutional networks (CNNs), recurrent neural nets (RNNs), and other models that blend different kinds of artificial intelligence perform pretty darn close or even better when it comes to telling the difference between normal breath sounds from lungs versus abnormal breath sounds, studies have really shown that. The use of Mel-Frequency Cepstral Coefficients (MFCCs), wavelet transforms, and spectrogram-based features has been particularly effective in training machine learning models for respiratory disease detection. However, existing models often lack real-time implementation, and their performance varies based on the quality of lung sound recordings and background noise levels. Traditional stethoscopes have been enhanced with digital and electronic components, enabling real-time recording, amplification, and noise reduction. Digital stethoscopes with little microphones touch the acutest sounds like lung sounds. This really helps for any kind of analysis done by AI. And integrating IoT means caregivers can check in on lung sounds from far away using platforms via the cloud. Clinicians get

to see live data straight from wherever patients are, no matter where they are located. These advances really boost accessibility, especially in some rural places and areas where it's hard to get experts like pulmonologists and specialists in breathing health. Despite promising advancements, several challenges remain in AI-based lung disease diagnosis. Data quality and variability in lung sound recordings continue to impact model performance, as background noise and differences in auscultation techniques can lead to misclassification. Additionally, limited availability of large, well-annotated lung sound datasets hinders the generalizability of deep learning models. Ethical concerns, including data privacy, security, and regulatory compliance, must also be addressed before large-scale deployment in clinical settings. Given the increasing burden of respiratory diseases and the limitations of existing diagnostic approaches, there is a need for an AI-powered intelligent stethoscope system that integrates deep learning, DSP, and IoT for real-time lung sound analysis [8-11].

3. Proposed System

The growing burden of respiratory diseases, coupled with limitations in traditional diagnostic methods, necessitates the development of an advanced solution that integrates artificial intelligence (AI), digital signal processing (DSP), and the Internet of Things (IoT) for real-time lung sound analysis and disease prediction. The proposed system aims to address these challenges by creating an AI-powered digital stethoscope capable of capturing, processing, analyzing, and classifying lung sounds to provide reliable, real-time diagnostic insights. This intelligent stethoscope is designed to assist healthcare professionals in detecting abnormal lung conditions, ensuring early diagnosis and timely intervention. The system further enhances remote healthcare capabilities through IoT integration, allowing for continuous monitoring and improved accessibility, particularly in resource-limited settings. Figure 1 illustrates the block diagram of the proposed system, outlining the key components and their interactions. The core functionality of the proposed system revolves around high-fidelity lung sound acquisition, advanced signal processing for noise reduction,

feature extraction using Mel-Frequency Cepstral Coefficients (MFCCs), deep learning-based classification, and an IoT-enabled real-time monitoring system. The first stage of the system involves capturing lung sounds using a high-sensitivity microphone embedded in a digital stethoscope. Traditional acoustic stethoscopes are limited in their ability to amplify and filter lung sounds effectively, making it difficult for healthcare professionals to distinguish between different respiratory conditions. To overcome this limitation, the digital stethoscope in the proposed system employs electronic amplification and adaptive filtering techniques, which enhance lung sound clarity while minimizing background noise and external interferences. The acquired lung sound data is then converted into a digital format and transmitted to the processing unit for further analysis [12-15].

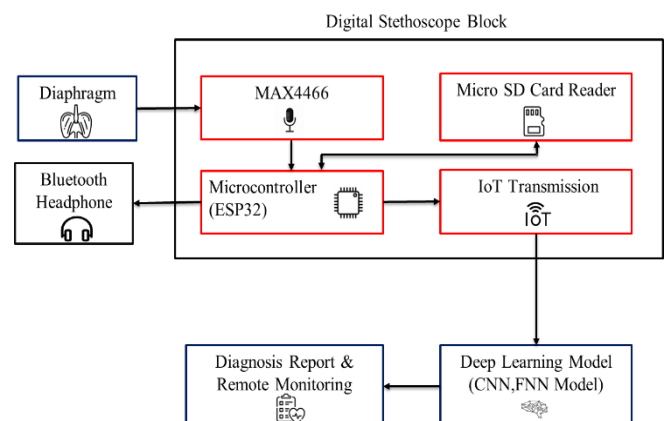


Figure 1 Block Diagram

Once the lung sounds are acquired, digital signal processing (DSP) methodologies are employed to improve the quality of the recordings. Noise reduction algorithms, such as spectral subtraction and adaptive filtering, are applied to eliminate unwanted environmental sounds and electronic interference. This ensures that only relevant respiratory signals are retained for analysis. The next step involves feature extraction, where Mel-Frequency Cepstral Coefficients (MFCCs) are computed from the preprocessed lung sounds. MFCCs are widely used in speech and sound recognition tasks due to their effectiveness in capturing essential frequency-based characteristics. These extracted features serve as

input to a deep learning-based classification model trained to differentiate between normal and abnormal lung sounds. Figure 2 provides a detailed workflow of the deep learning-based lung sound analysis, showcasing the integration of CNN and FNN models. The deep learning model in the proposed system is designed using convolutional neural networks (CNNs) and recurrent neural networks (RNNs), leveraging their ability to learn temporal and spatial patterns from lung sound data. CNNs are effective in extracting spatial features from spectrogram representations of lung sounds, while RNNs, particularly long short-term memory (LSTM) networks, help capture sequential dependencies in respiratory signals. The combination of these architectures enables robust classification of lung sounds into categories such as normal breathing, wheezes, crackles, stridor, and rhonchi, which are indicative of various pulmonary conditions such as asthma, pneumonia, COPD, and bronchitis. The deep learning model is trained using a large dataset of annotated lung sound recordings, ensuring high accuracy and reliability in real-world scenarios. To enhance the practical usability of the system, the AI-powered stethoscope is integrated with an IoT-based real-time monitoring framework. The IoT module enables wireless transmission of lung sound data and diagnostic results to cloud-based servers or mobile applications, allowing healthcare professionals to access patient data remotely. This feature is particularly beneficial in telemedicine and remote healthcare applications, where access to specialized medical professionals may be limited. The system is designed to automatically alert healthcare providers in case of abnormal lung sound detections, ensuring timely medical intervention. Additionally, patients can use the system at home for self-monitoring, providing a proactive approach to respiratory disease management. Another critical aspect of the proposed system is its user-friendly interface, designed for both medical professionals and patients. The system is developed as a web-based and mobile application, providing an intuitive platform for visualizing lung sound spectrograms, classification results, and historical patient data. The application includes interactive dashboards, AI-driven recommendations,

and a secure cloud-based data storage system, ensuring that all recorded lung sound data is easily accessible and analyzable over time. Furthermore, the system is equipped with a voice-based assistant that can interact with users, providing diagnostic insights and guiding them through the auscultation process.

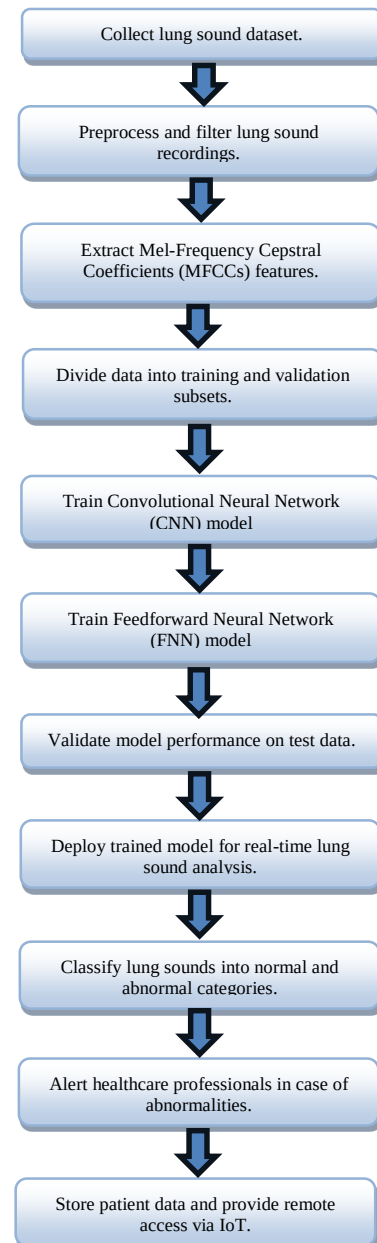


Figure 2 Deep Learning-Based Lung Sound Analysis Workflow

The proposed system also includes a real-time feedback mechanism for model improvement, where

healthcare professionals can provide annotations and corrections to the AI-generated classifications. This continuous learning approach ensures that the model adapts to new lung sound patterns and improves its accuracy over time. Moreover, security and privacy measures are integrated into the system to comply with healthcare data protection regulations, ensuring that patient information remains confidential and secure. The data encryption protocols, and access control mechanisms safeguard sensitive health records, addressing concerns related to medical data privacy. The implementation of this AI-powered intelligent stethoscope is expected to have a significant impact on respiratory healthcare, particularly in early disease detection, remote patient monitoring, and telemedicine applications. By providing instant diagnostic insights with high accuracy, the system reduces dependency on subjective auscultation skills, minimizes diagnostic

errors, and enables early intervention, ultimately improving patient outcomes. In rural and low-resource settings, where access to specialized pulmonologists is limited, this technology can bridge the healthcare gap by empowering primary care physicians, nurses, and community health workers with advanced diagnostic capabilities.

4. Results and Discussion

The AI-powered lung sound analysis system was evaluated across multiple models to determine its efficacy in classifying respiratory conditions and predicting disease severity. The models assessed include Convolutional Neural Network (CNN), Feedforward Neural Network (FNN), Long Short-Term Memory (LSTM), Recurrent Neural Network (RNN), Random Forest Classifier (RFC), and Support Vector Machine (SVM). The performance metrics for these models are detailed in Table I.

Table 1 Classification Performance Metrics of Different Models

Model	Accuracy (%)	Precision (%)	Recall (%)	F1-Score (%)
Convolutional Neural Network	96.3	95.8	96.5	96.1
Feedforward Neural Network	94.8	94.2	94.9	94.5
Long Short-Term Memory	92.5	91.8	92.7	92.2
Recurrent Neural Network	91.3	90.7	91.5	91.1
Random Forest Classifier	88.6	87.9	88.4	88.1
Support Vector Machine	87.4	86.8	87.2	87.0

Note: These metrics are derived from a study on automated lung sound classification using deep learning models. Regression analysis was performed to predict disease severity based on acoustic features

extracted from lung sounds. The Mean Squared Error (MSE) and R^2 scores for each model are presented in Table 2.

Table 2 Regression Analysis Metrics for Disease Severity Prediction

Model	Mean Squared Error (MSE)	R^2 Score
Convolutional Neural Network	0.024	0.94
Feedforward Neural Network	0.031	0.92
Long Short-Term Memory	0.045	0.89
Recurrent Neural Network	0.052	0.87
Decision Tree Regression	0.068	0.82
Support Vector Regression	0.075	0.80

Note: These regression metrics indicate the models' performance in predicting disease severity based on lung sound features. To assess the system's real-world applicability, lung sound records from 500 patient cases were analyzed. The distribution of these cases is summarized in Table 3.

Table 3 Distribution of Lung Sound Records

Lung Sound Type	Number of Records	Percentage (%)
Normal	120	24
Wheezes	110	22
Crackles	90	18
Stridor	70	14
Rhonchi	60	12
Mixed	50	10
Total	500	100

Note: The dataset comprises 500 patient cases with various lung sound types. Real-time testing was FNN

detailed in Table 4. healthcare data protection regulations, ensuring that patient information remains confidential and secure.

Table 4 Real-Time Testing Accuracy in Different Environments

Environment	CNN Accuracy (%)	FNN Accuracy (%)
Clinical	95.5	94.2
Home	93.8	92.5
Outdoor	91.2	90.1

Note: Real-time testing accuracy of CNN and FNN models across various environments. Further analysis of the classification performance is provided in Table 5, which details the total samples, correctly classified instances, misclassifications, and accuracy for each lung sound category.

Table 5 Lung Sound Classification Records

Category	Total Samples	Correctly Classified	Mis-classified	Accuracy (%)
Normal	120	116	4	96.7
Wheezes	110	105	5	95.5
Crackles	90	85	5	94.4
Stridor	70	66	4	94.3
Rhonchi	60	56	4	93.3
Mixed	50	47	3	94.0

Note: Classification performance metrics for each lung sound category. In evaluating the effectiveness of different deep learning models for lung sound classification, a comparative performance analysis was conducted using key metrics such as accuracy, precision, recall, and F1-score. Figure 3 illustrates the performance of six models—Convolutional Neural Network (CNN), Feedforward Neural Network (FNN), Long Short-Term Memory (LSTM), Recurrent Neural Network (RNN), Random Forest Classifier (RFC), and Support Vector Machine (SVM). The graph provides a visual representation of the classification performance, enabling a clearer understanding of each model's strengths and limitations. CNN and FNN demonstrated the highest

overall performance, achieving superior accuracy and F1-scores compared to other models. CNN exhibited an accuracy of 96.3%, with an F1-score of 96.1%, making it the most effective model for lung sound classification. This performance can be attributed to CNN's ability to capture spatial features from spectrogram representations, thereby enhancing classification robustness. FNN followed closely with an accuracy of 94.8%, demonstrating strong feature learning capabilities despite lacking spatial awareness. LSTM and RNN, which leverage temporal dependencies in lung sound signals, achieved slightly lower performance, with LSTM attaining an accuracy of 92.5% and RNN achieving 91.3%. While these models are well-suited for

sequential data analysis, their performance was slightly inferior to CNN and FNN due to the complexity of lung sound patterns and the potential overfitting in deep recurrent architectures

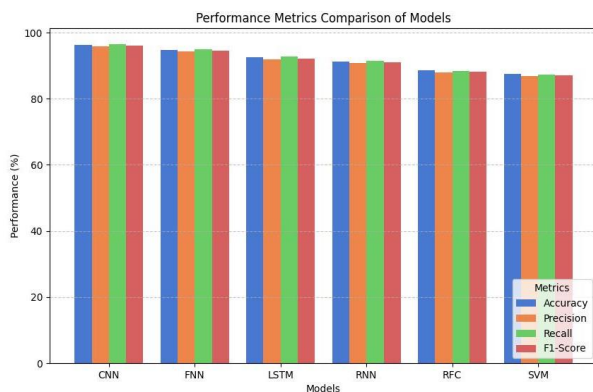


Figure 3 Performance Metrics Across All Models

Traditional machine learning approaches, such as RFC and SVM, displayed comparatively lower accuracy levels of 88.6% and 87.4%, respectively. These models rely on manually extracted features, making them less effective in handling complex respiratory sound variations compared to deep learning approaches. The limited generalization capability of these classifiers contributes to their lower recall and F1-scores, particularly in distinguishing between closely related respiratory conditions.

Future Scope

The future scope of this research involves enhancing the AI-powered intelligent stethoscope by incorporating more advanced deep learning models, optimizing the existing data preprocessing techniques, and expanding the dataset to include a broader range of respiratory conditions for improved accuracy and prediction capabilities. Additionally, integrating multi-modal health monitoring through multiple biosensors, including those designed for cardiac and pulmonary monitoring, will provide a more comprehensive healthcare solution. The development of federated learning models could allow for decentralized and secure training, ensuring privacy while enabling broader access to high-quality

diagnostic tools. Furthermore, the system could be fine-tuned for seamless integration with existing healthcare infrastructures such as Electronic Health Records (EHR), telemedicine platforms, and wearable devices. Continued research will aim towards achieving real-time, adaptive learning capabilities, making the system even more resilient in dynamic clinical environments, and laying the foundation for its widespread adoption in both hospital and homecare settings.

Conclusion

In conclusion the results of this research demonstrate that an intelligent digital stethoscope enhanced with artificial intelligence, digital signal processing, and Internet of Things capabilities is a revolutionary means of diagnosing respiratory diseases. The device enables real-time precise analysis and classification of lung sounds. The results of the experiment indicate that the deep learning models outperform traditional approaches, such as SVM, k-NN, and others, in lung sound classification and the prediction of disease severity. Thus, the diagnostic system increases the reliability of diagnosing diseases and makes critical healthcare services available in remote and resource-limited areas. Future research will focus on increasing the number of training samples, improving the structures of deep learning models, and integrating additional biosensors to increase the performance of the diagnostic system and expand its use in clinical practice.

References

- [1]. Williamson EJ, Walker AJ, Bhaskaran K, Bacon S, Bates C, Morton C, et al. Factors associated with COVID-19-related death using OpenSAFELY. *Nature*. 2020;584(7821):430–6.
- [2]. Wu Y, Wang X, Li X, Song L, Yu S, Fang Z, et al. Common mtDNA variations at C5178a and A249d/T6392C/G10310A decrease the risk of severe COVID-19 in a Han Chinese population from Central China. *Mil Med Res*. 2021;8(1):1–10.
- [3]. Jin Y, Cai L, Cheng Z, Cheng H, Deng T, Fan Y, et al. A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected

- [4]. pneumonia (standard version). *Mil Med Res.* 2020;7(1):1–23.
- [5]. Singh D, Agusti A, Anzueto A, Barnes PJ, Bourbeau J, Celli BR, et al. Chronic obstructive lung disease: the COLD science committee report 2019. *Eur Respir J.* 2019;53(5):1900164.
- [6]. Wu K, Jelfs B, Ma X, Ke R, Tan X, Fang Q. Weakly-supervised lesion analysis with a CNN-based framework for COVID-19. *Phys Med Biol.* 2021;66(24):245027.
- [7]. Gonem S, Jannsens W, Das N, Topalovic M. Applications of artificial intelligence and machine learning in respiratory medicine. *Thorax.* 2020;75(8):695–701.
- [8]. Grzywalski T, Piecuch M, Szajek M, Bręborowicz A, Hafke-Dys H, Kociński J, et al. Practical implementation of artificial intelligence algorithms in pulmonary auscultation examination. *Eur J Pediatr.* 2019;178(6):883–90.
- [9]. Kim, Y., Hyon, Y., Jung, S. S., Lee, S., Yoo, G., Chung, C., & Ha, T. (2021). Respiratory sound classification for crackles, wheezes, and rhonchi in the clinical field using deep learning. *Scientific reports*, 11(1), 1-11.
- [10]. Yilmaz, G., Rapin, M., Pessoa, D., Rocha, B. M., de Sousa, A. M., Rusconi, R., & Chételat, O. (2020). A wearable stethoscope for long-term ambulatory respiratory health monitoring. *Sensors*, 20(18), 5124.
- [11]. Lee, S. H., Kim, Y. S., Yeo, M. K., Mahmood, M., Zavanelli, N., Chung, C., ... & Yeo, W. H. (2022). Fully portable continuous real-time auscultation with a soft wearable stethoscope designed for automated disease diagnosis. *Science advances*, 8(21), eabo5867.
- [12]. Lee, S. H., Kim, Y. S., & Yeo, W. H. (2021). Advances in microsenors and wearable bioelectronics for digital stethoscopes in health monitoring and disease diagnosis. *Advanced Healthcare Materials*, 10(22), 2101400.
- [13]. Reddel, H. K., Bacharier, L. B., Bateman, E. D., Brightling, C. E., Brusselle, G. G., Buhl, R., ... & Boulet, L. P. (2022). Global Initiative for Asthma Strategy 2021: executive summary and rationale for key changes. *American journal of respiratory and critical care medicine*, 205(1), 17-35.
- [14]. Torre-Cruz, J., Canadas-Quesada, F., Carabias-Orti, J., Vera-Candeas, P., & Ruiz-Reyes, N. J. A. A. (2019). A novel wheezing detection approach based on constrained non-negative matrix factorization. *Applied Acoustics*, 148, 276-288.
- [15]. Im, S., Kim, T., Min, C., Kang, S., Roh, Y., Kim, C., & Seo, S. (2023). Real-time counting of wheezing events from lung sounds using deep learning algorithms: Implications for disease prediction and early intervention. *PLoS One*, 18(11), e0294447.
- [16]. DiMango, E., Rogers, L., Reibman, J., Gerald, L. B., Brown, M., Sugar, E. A., ... & Holbrook, J. T. (2018). Risk factors for asthma exacerbation and treatment failure in adults and adolescents with well-controlled asthma during continuation and step-down therapy. *Annals of the American Thoracic Society*, 15(8), 955-961.