



UNIVERSITÉ
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PARIS NORD



MathSTIC – CNRS

Computational Visual Perception and Data-Driven Framework for Medical Imaging

By

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My Generation

Major Scientific Waves / “Revolutions”

- ✓ 80's : Fractal Geometry in Signal and Image Processing (SIP)
- ✓ 1980-90's : Wavelet Representation and Analysis
- ✓ 1990-2000's : Compressive Sensing & Sparse Representation
- ✓ 2000's: Sparse Dictionary Learning for SIP
- ✓ 2010 → Deep Learning-based Computer Vision
- ✓ Next? Unifying Revolution?*

* Simple mathematical statements can elegantly unite and express a multitude of concepts and observations

My main current research areas

Applied research topics

Healthcare

- Video-guided surgery
- Intelligent Wireless Capsule Endoscopy for the Diagnosis of Gastrointestinal Diseases

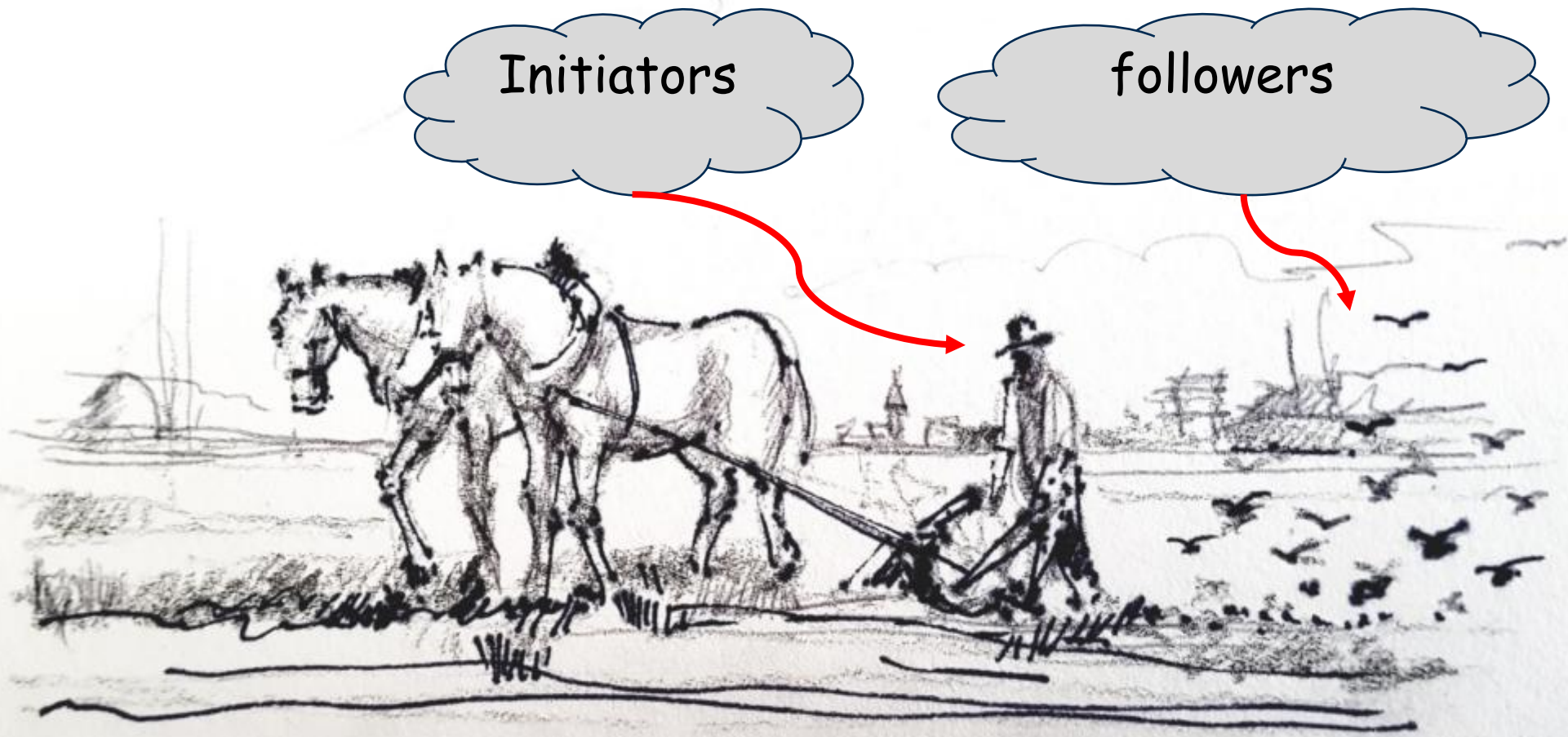
Public Security

- Intelligent Video Surveillance

Theoretical research

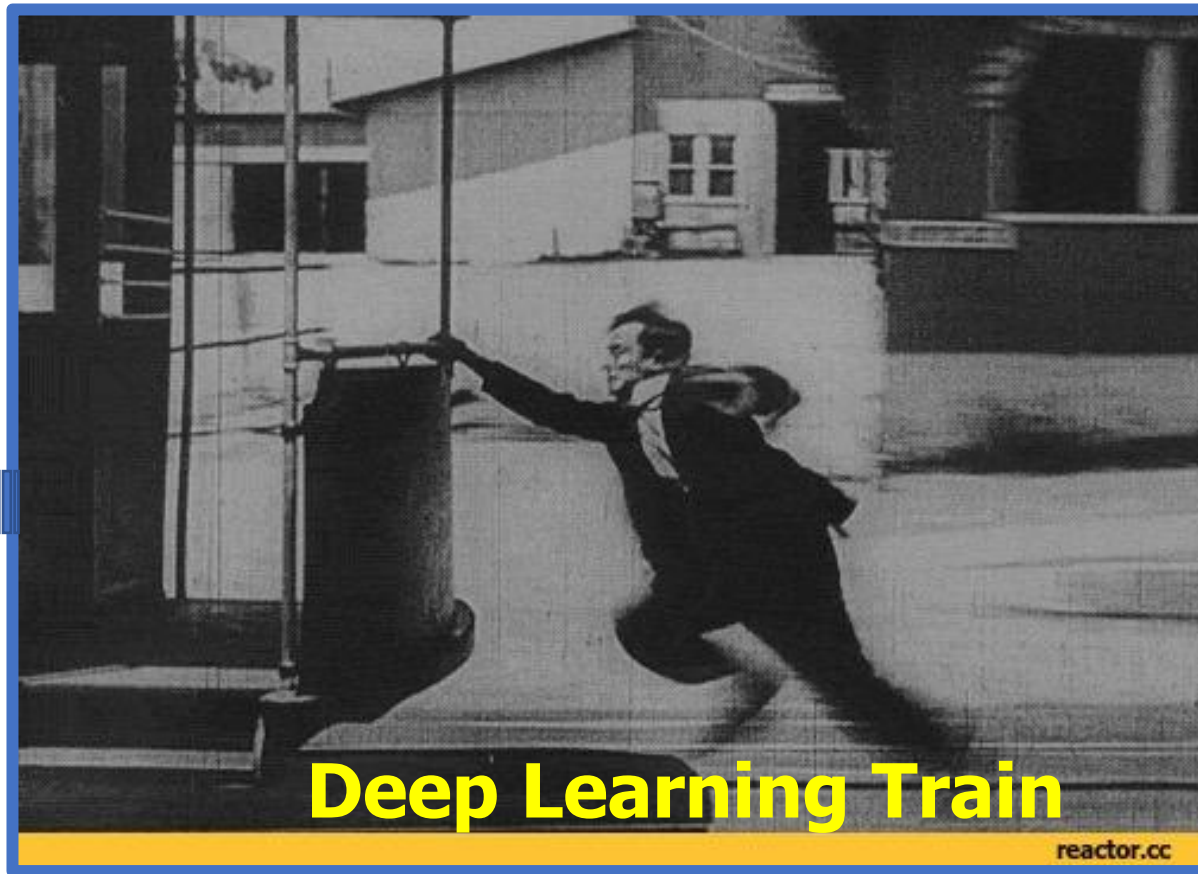
- Perceptual Vision Models for Visual Data Processing and Analysis
- Bio-inspired Machine Learning Architectures

Taking part in Deep Learning Wave



Follow or Perish - Can we ever get out of this and how?

Better inside than outside.



The focus of today's talk

Image Quality Assessment and Enhancement in
Medical Imaging

From Perceptual Modeling to Physics-Informed and
AI-Based Approaches

Some Key Challenges & Questions

- Traditional Approaches Vs ML-based Approaches
 - What's wrong/good with traditional approaches?
 - Should we abandon traditional approaches?
 - Is it relevant and easy to reconcile the two?
 - Are there any objective criteria for evaluating AI-based technologies ?
- Do we really need to enhance image quality in the era of AI?
- Image Quality Enhancement Evaluation challenges
- Medical Imaging /Diagnosis and surgical workflow context
 - Is measuring and improving quality always relevant/useful?
 - Can we expect progress in terms of systems and image sensors, or should we rely more on software solutions?

Outline

□ Part I

- ✓ Model-based Approaches vs Data-driven Approaches
- ✓ Computational Visual Perception & Deep Learning

□ Part II

- ✓ Image Quality Assessment in the context of medical imaging and diagnosis
 - Basic Notions on IQA
 - IQA in Medical Imaging Context

□ Part III

- ✓ Selected Applications
 - Video-guided surgery
 - Low dose CT imaging

□ Concluding Remarks, Challenges and Open Problems

Part I

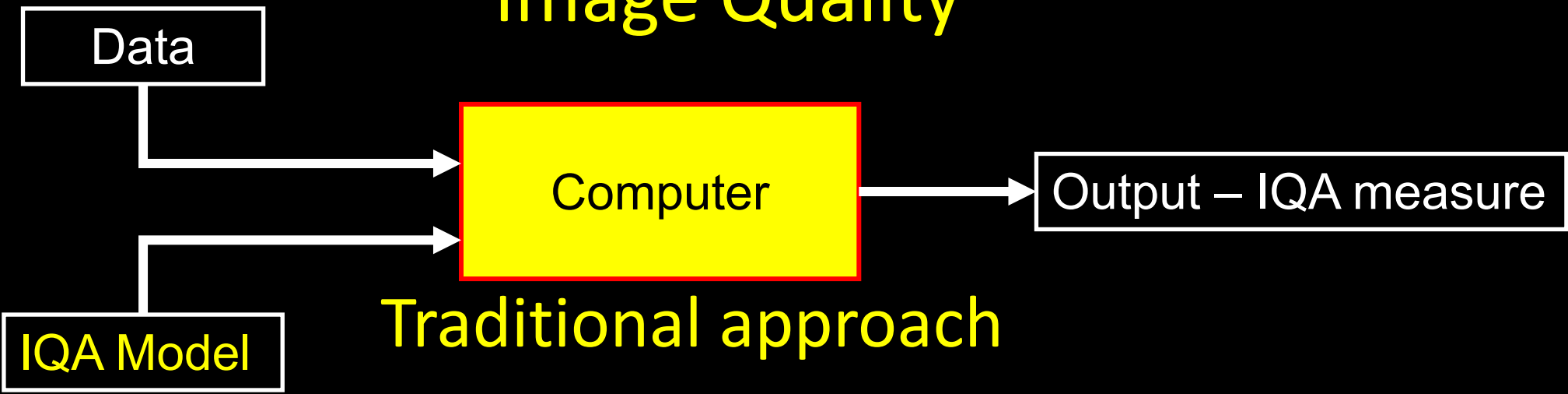
Model-based Approaches Vs Data-driven Approaches

Towards Hybrid approaches

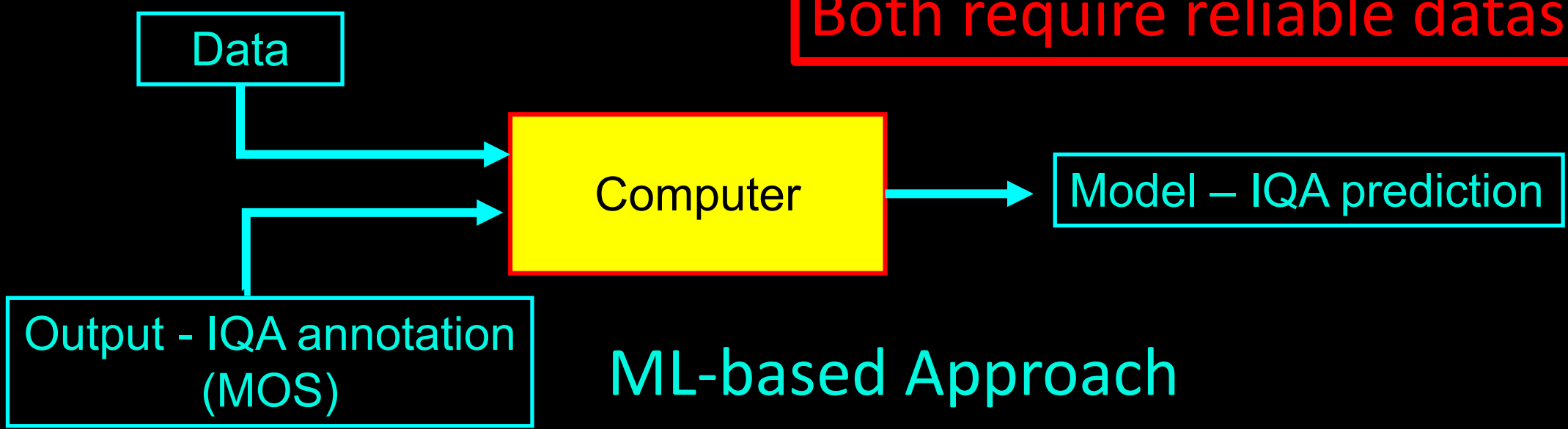
Computational Visual Perception & Deep Learning

Traditional methods Vs ML-based methods

Image Quality



Both require reliable dataset



What's wrong with traditional methods ?

Selected Topics

- ✓ Edge detection
- ✓ Image binarization
- ✓ Optical Flow
- ✓ Heisenberg's Uncertainty Principle in Visual Signals
- ✓ ...

Illustration of an image signal as captured by image sensors

Sensors' integration



Acquisition noise

Ideal signal

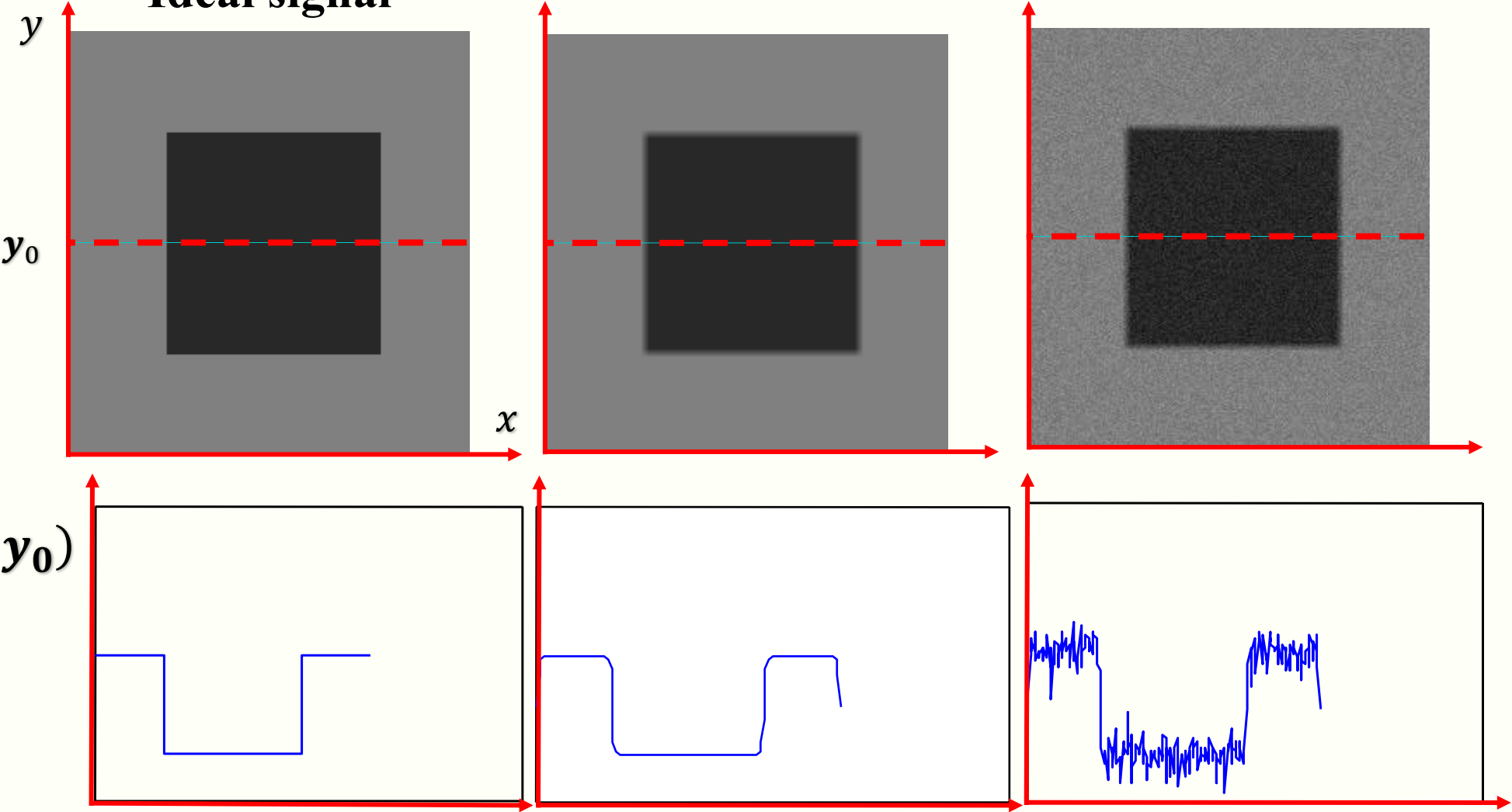


Image formation models used in image processing

Simplified optical image acquisition model : linear space-invariant system

$$g(x, y) = (f * h)(x, y) + \eta(x, y)$$

f the free distortion signal to be estimated
 g the observed scene intensity
 η the additive noise acquisition
 h impulse response of the linear system

Smoke video model used in video guided surgery

$$g(x, y) = J(x, y)T(x, y) + A(1 - T(x, y))$$

J the scene radiance
 g the observed scene intensity
 A the global ambient light
 T the transmittance of the medium

Retinex model used in endoscopy IQE

$$g(x, y) = R(x, y) \cdot L(x, y)$$

g the observed scene intensity
 $R(x, y)$ is the reflectance
 $L(x, y)$ is the luminance

The importance of edginess information

Original



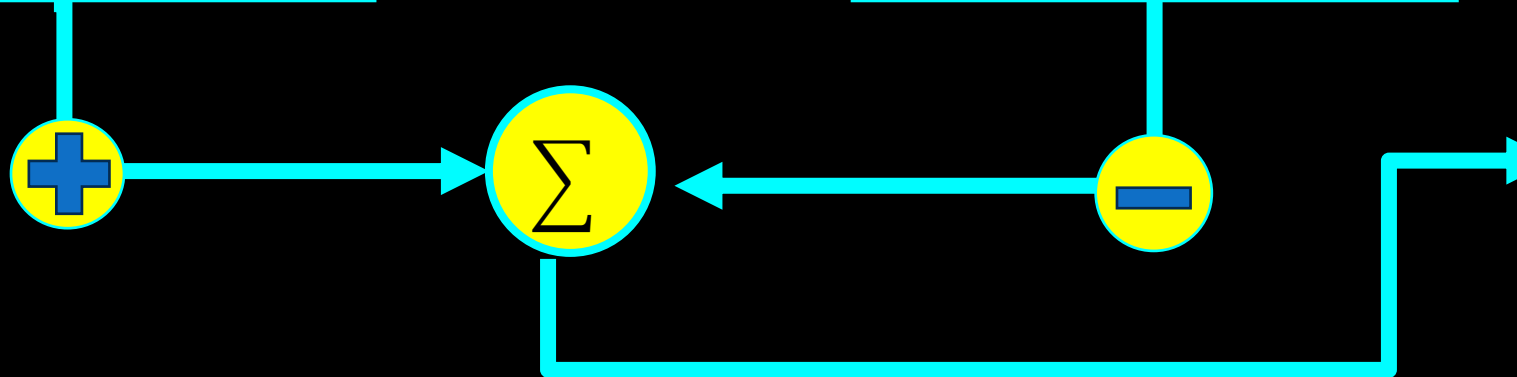
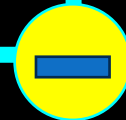
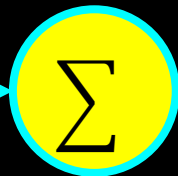
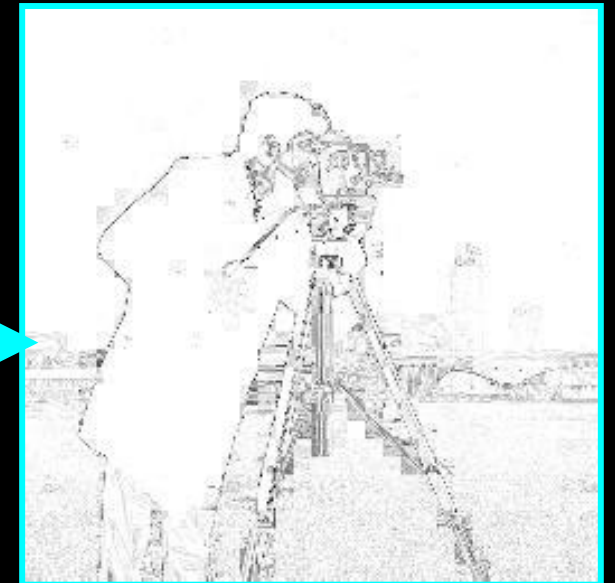
Compression artefacts



Codec



Signal Difference



Edge Detection using traditional IP



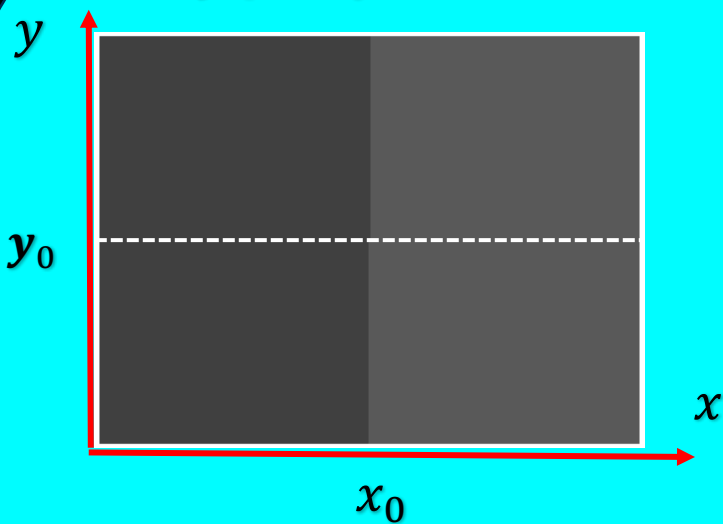
Detecting edges is a very challenging problem: Many visually salient features do not correspond to relevant edges (texture edges, illusory contours, noise, etc)

Traditional approach

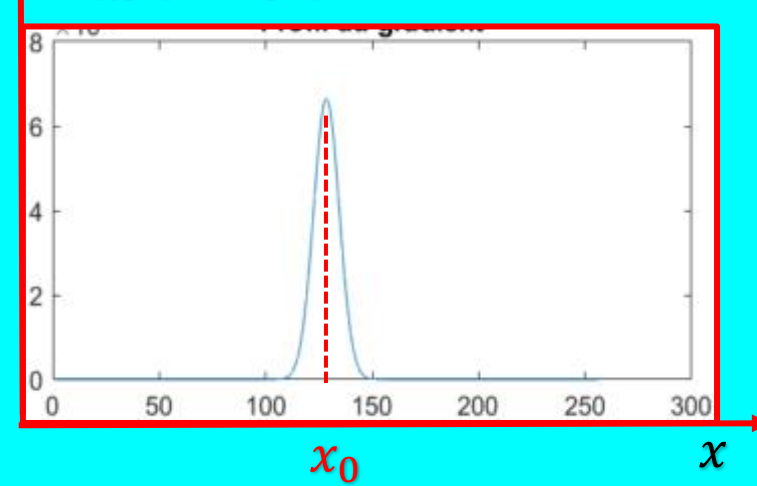
Model-based image signal analysis

1- Edge detection

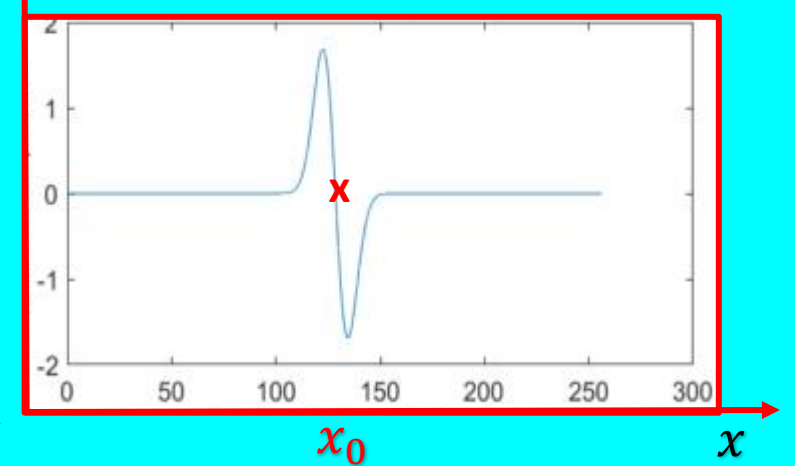
$f_0(x, y)$



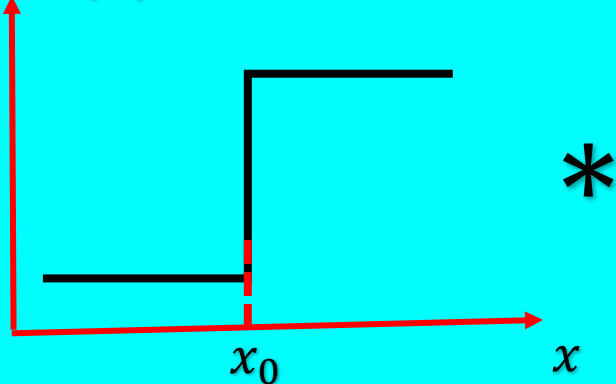
$\nabla_x f_0(x, y_0)$



$\nabla_x^2 f_0(x, y_0)$

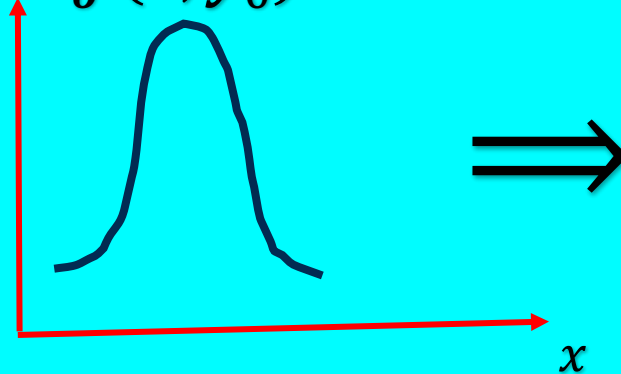


$\Theta(x)$



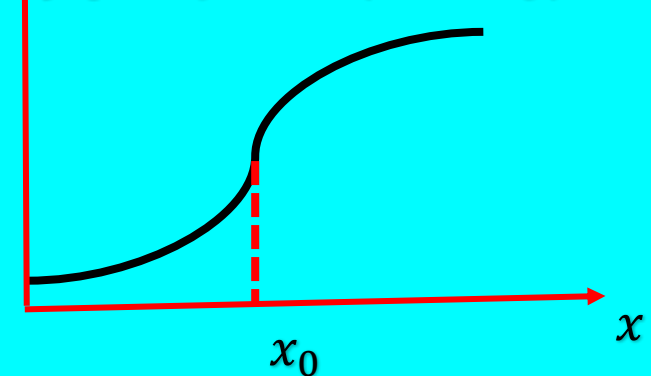
*

$h_\sigma(x, y_0)$



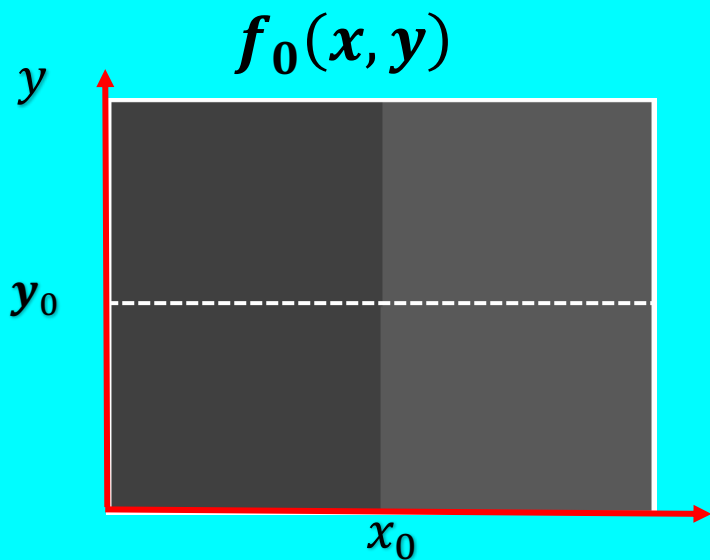
\Rightarrow

$f_0(x, y) = (\Theta * h_\sigma)(x, y)$

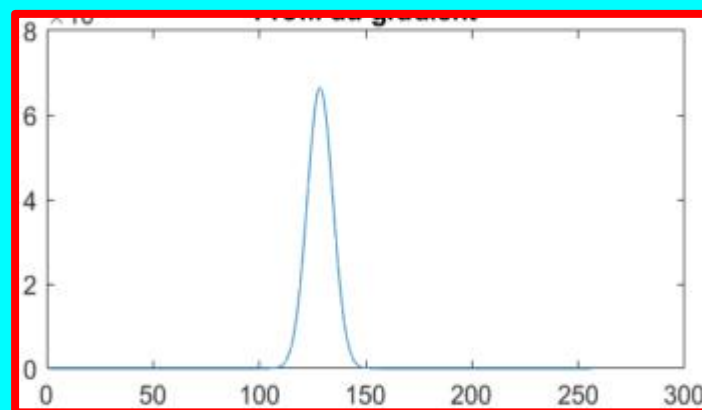


Traditional approach (cont'd)

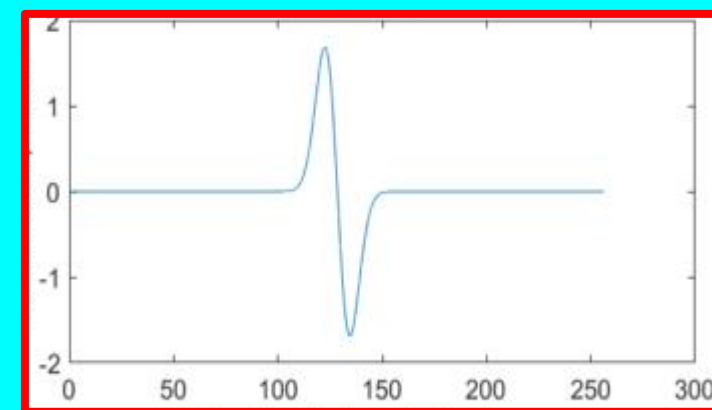
➤ Model-based image signal analysis



$$\nabla_x f_0(x, y_0)$$



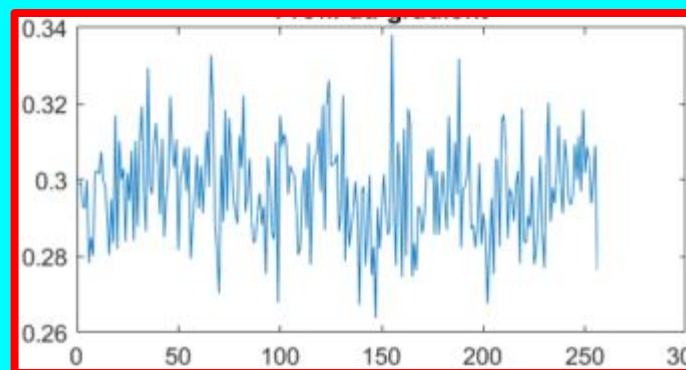
$$\nabla_x^2 f_0(x, y_0)$$



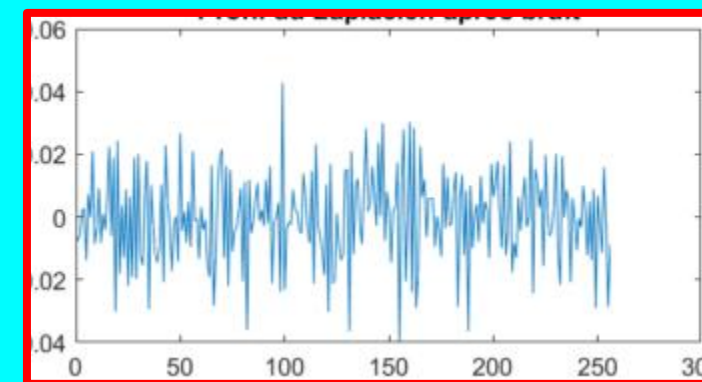
$$f(x, y) = f_0(x, y) + \eta(x, y)$$



$$\nabla_x f(x, y)$$

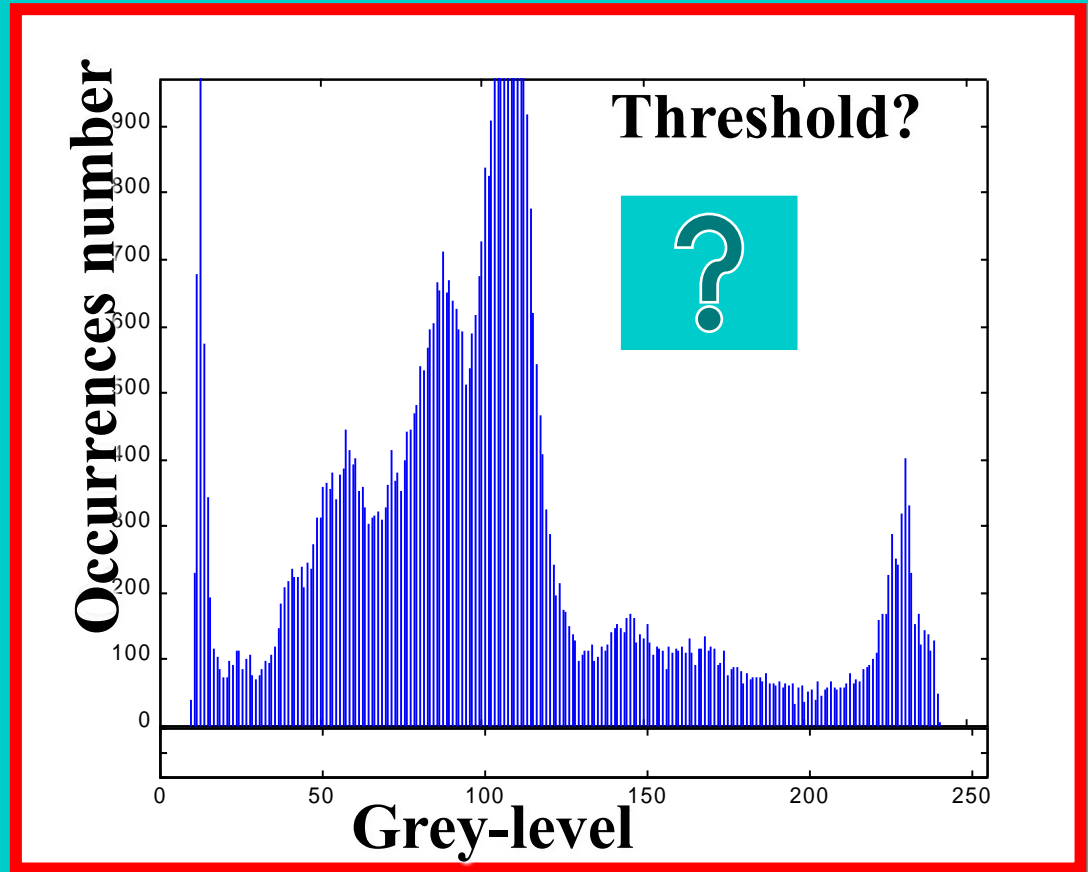
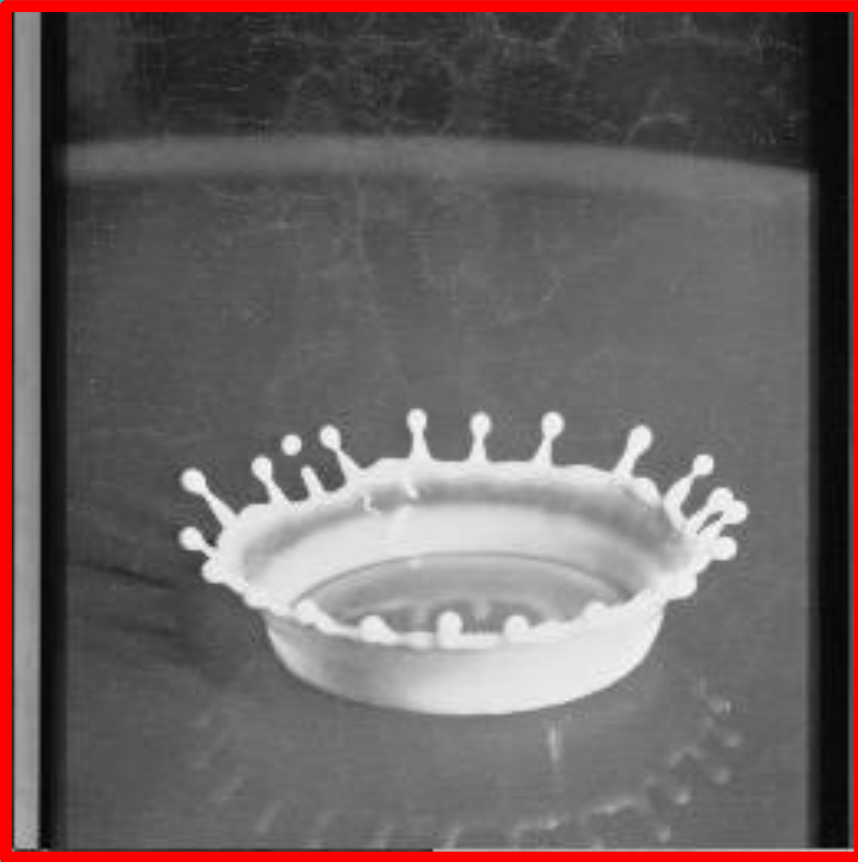


$$\nabla_x^2 f(x, y)$$

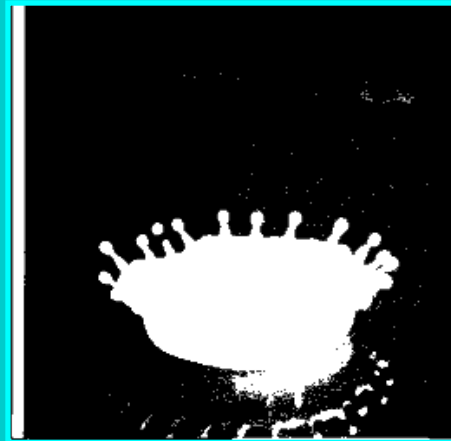
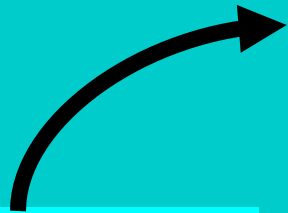
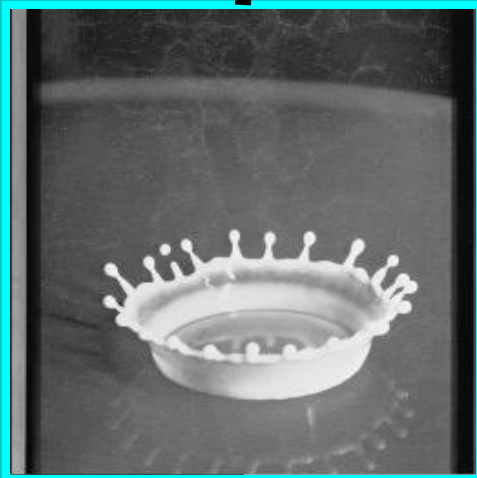


2. Binarization - Bimodality vs Multimodality

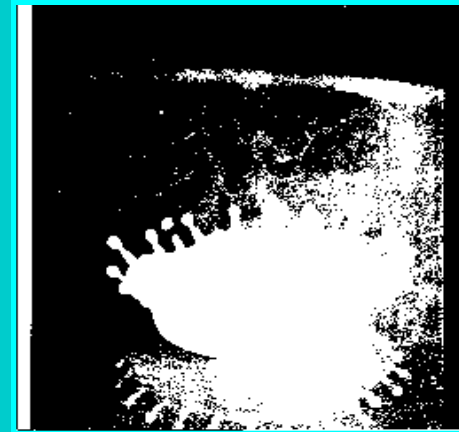
How many objects of visual interest ?



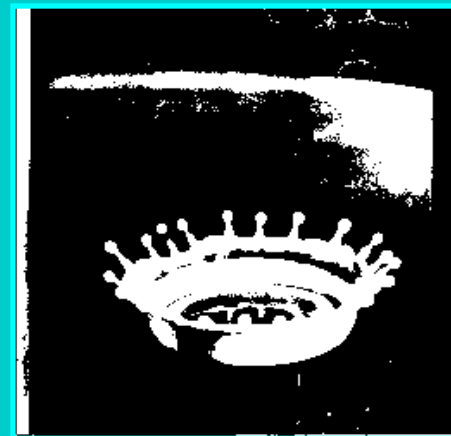
Grey-level thresholding – Visual comparison



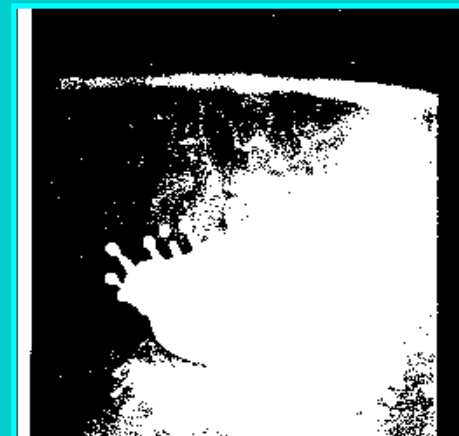
A. S. Abutaleb (1989)



T. Pun (1980)

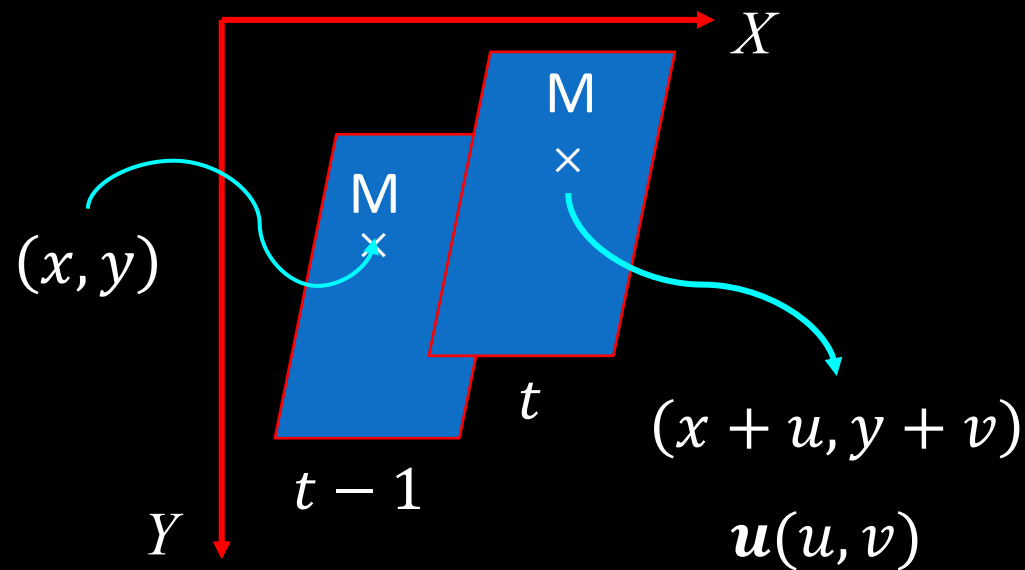


Beghdadi et al. (1995)



Kapur et al. (1985)

3- A case study: Optical flow estimation



Assumptions:

- Brightness constancy constraint
 $I(x, y, t - 1) = I(x + u, y + v, t)$
- Small inter-frame motion

$$I_t(x, y) + \nabla I^T \mathbf{u} = 0$$

Optical flow estimation is an ill-posed problem

Additional assumption:

Spatial coherence (smoothness assumption) $\nabla^2 u + \nabla^2 v \approx 0$

$$E = \int \int [(I_x u + I_y v + I_t)^2 + \alpha^2 (\|\nabla u\|^2 + \|\nabla v\|^2)] dx dy$$

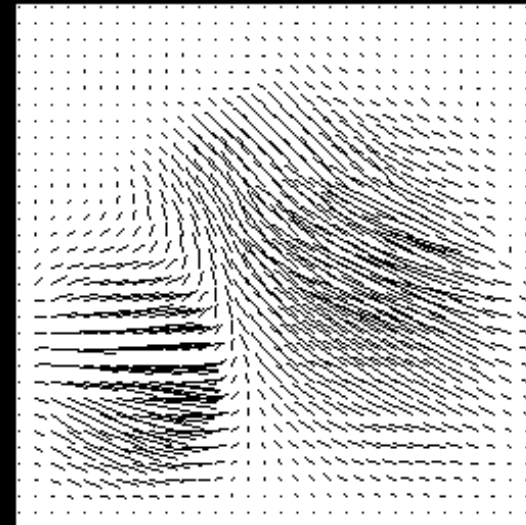
A case study: Optical flow estimation



Initial Image



Final Image



Estimated Flow Field

OF estimation is formulated as an energy minimization problem

Beghdadi, A., Mesbah, M., & Monteil, J. (2003). A fast incremental approach for accurate measurement of the displacement field. *image and vision computing*, 21(4), 383-399.

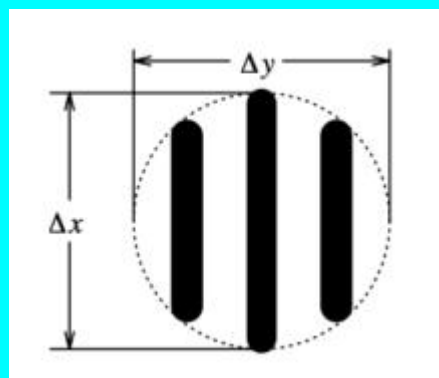
What we perceive does not always correspond to what the machine sees through mathematical models.

Traditional approach (cont'd)

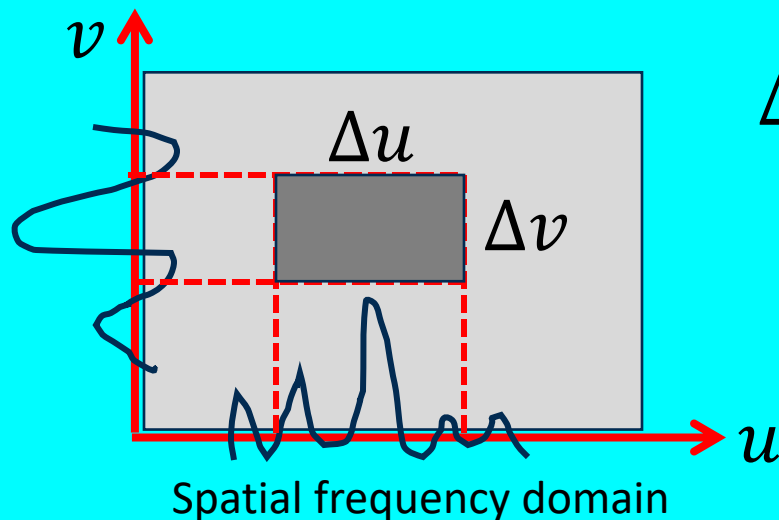
➤ Model-based Image Signal Analysis

Other theoretical limitations

- ✓ 2D linear spatial filters are constrained by Heisenberg uncertainty
 - Heisenberg uncertainty principle in image processing: Space and spatial-frequency localizations are limited by the Heisenberg uncertainty principle



Spatial domain



Spatial frequency domain

$$\Delta x \Delta u \geq 1/4\pi$$

$$(\Delta x) (\Delta y) (\Delta u) (\Delta v) \geq 1/16\pi^2$$

John G. Daugman, JOSA, 1985

What is Wrong/Good with Traditional Methods In Computer Vision?

- ✓ Observations/Experiments → Models
- ✓ Derive equations
- ✓ Define the conditions and hypotheses for solving the problem
- ✓ Adding constraints and conditions in the case of ill-posed problems

Switching to Artificial Intelligence Paradigm

ML-based approach

- ✓ Problem Identification
- ✓ Data collection
- ✓ Choosing an architecture
- ✓ Training/retraining for model estimation
- ✓ Validation & Optimization

Are we condemned to go towards fully AI-based approaches?
Benefit.vs.Risk Analysis

Traditional approaches vs Artificial Intelligence Paradigm

Some key questions

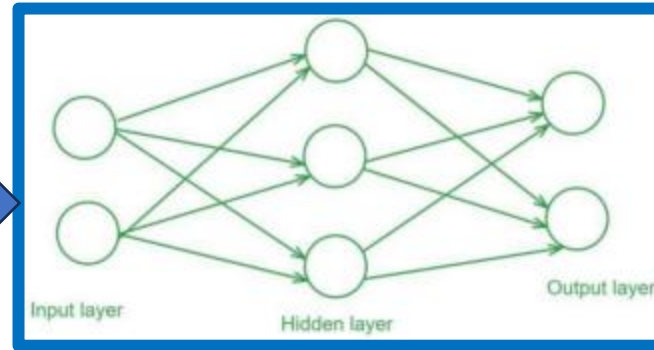
- ✓ Can we make a reasonable distinction between essential and non-essential traditional approaches to be integrated into AI-based technologies?
- ✓ Are traditional approaches all so important for developing efficient solutions for solving medical imaging problems?
- ✓ Is it appropriate to integrate computational models of visual perception and signal processing tools into CNN-based architectures to improve medical imaging technologies?

Traditional ML vs Deep Learning

Input



Feature selection/extraction



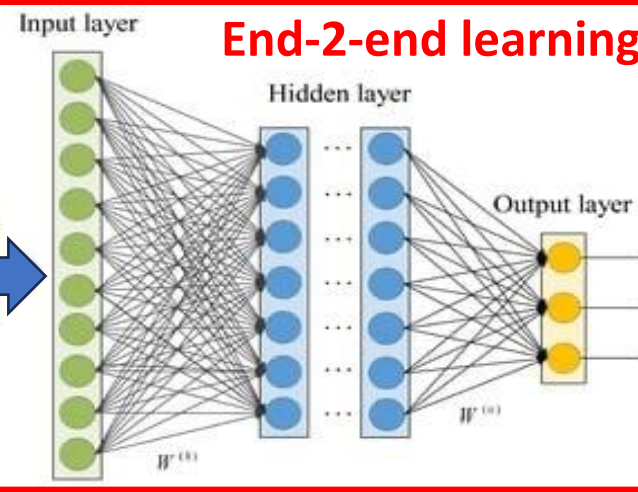
Classification

Output

Input



End-2-end learning



Feature extraction & Classification

Output

Traditional ML vs Deep Learning

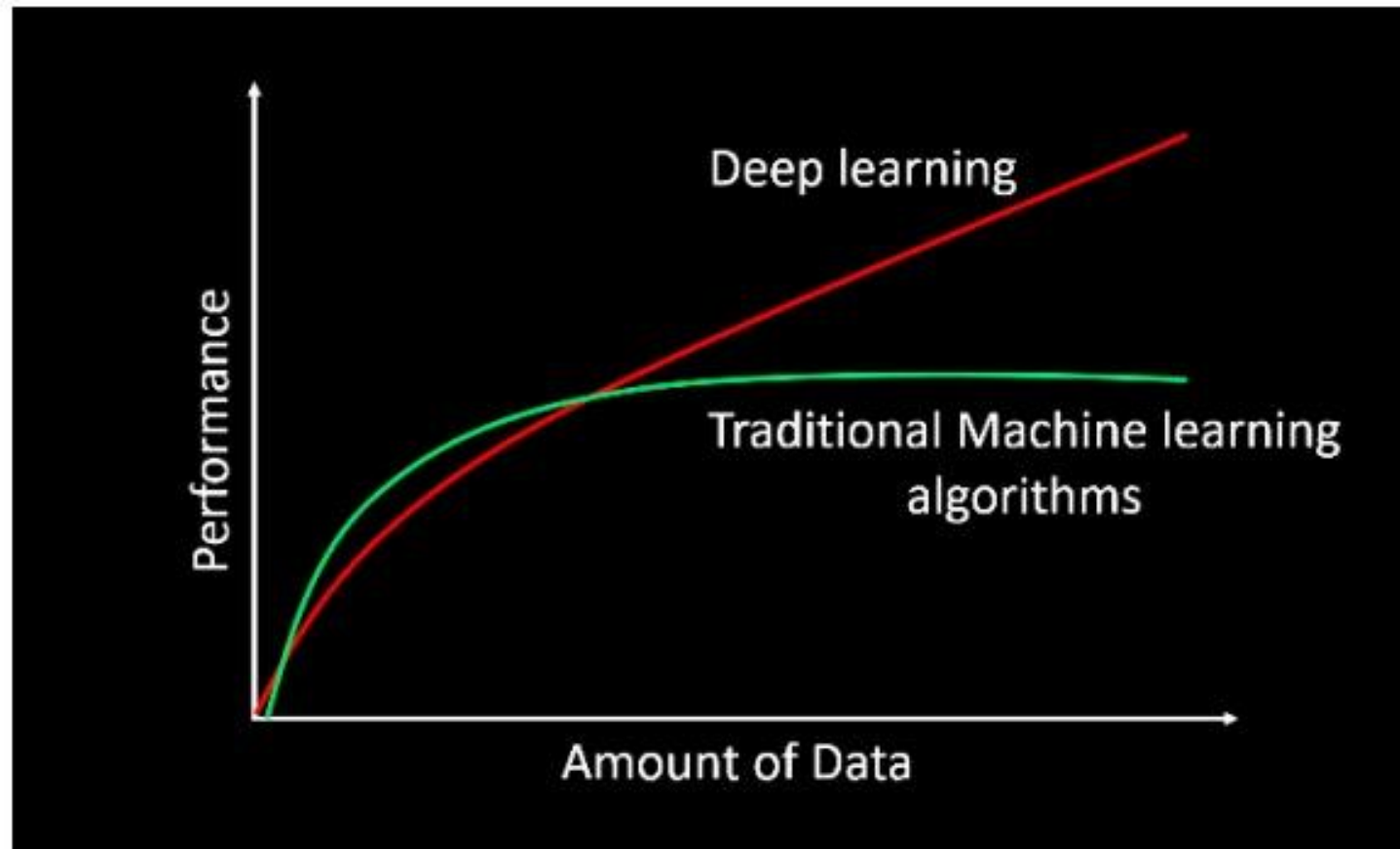
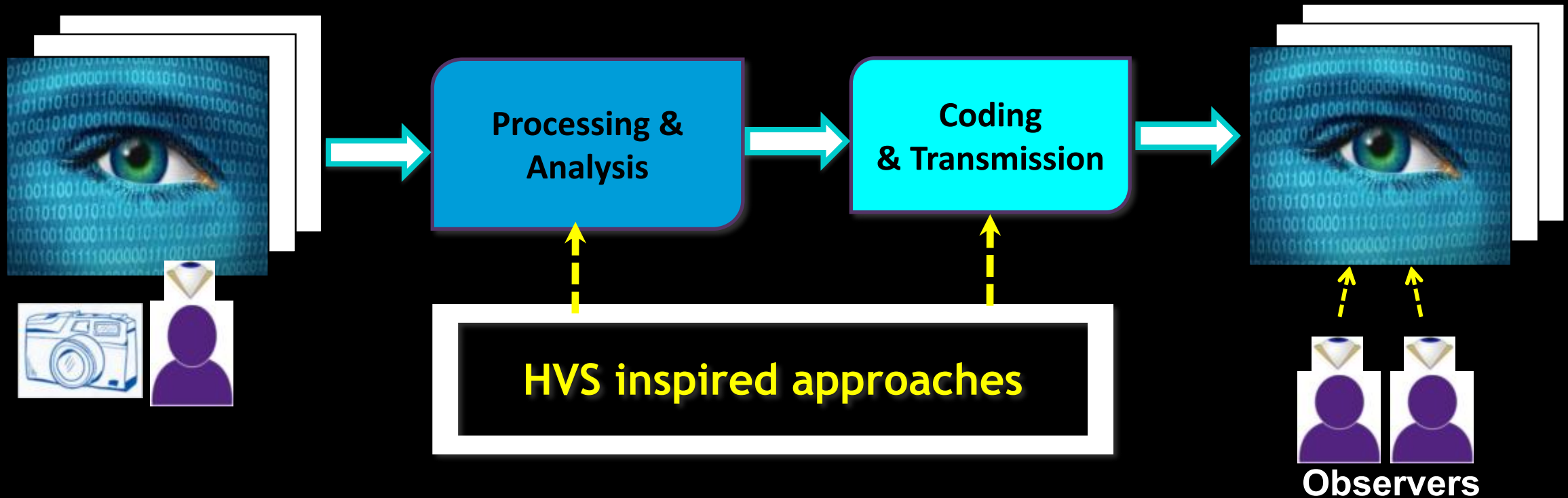


Figure 2: Data vs Performance Comparison

Towards Hybrid Approaches

Computational Visual Perception & Deep Learning

Why Computational Visual Perception ?

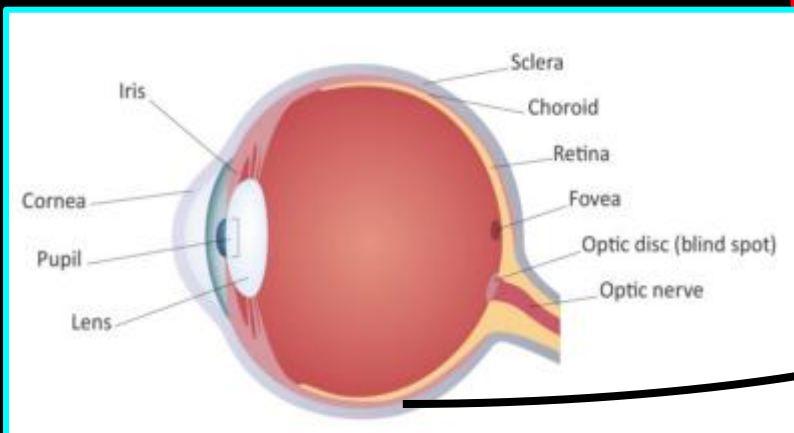


❖ It is estimated that 75% of the information received by a human is visual (Ernest L. Hall 1979)

A. Beghdadi et al., « Biologically inspired approaches for visual information processing and analysis », Signal Processing: Image Communication , 28(8):809 -810, 2013

Basic Notions on Human Visual System

Acquisition



Processing/analysis/understanding

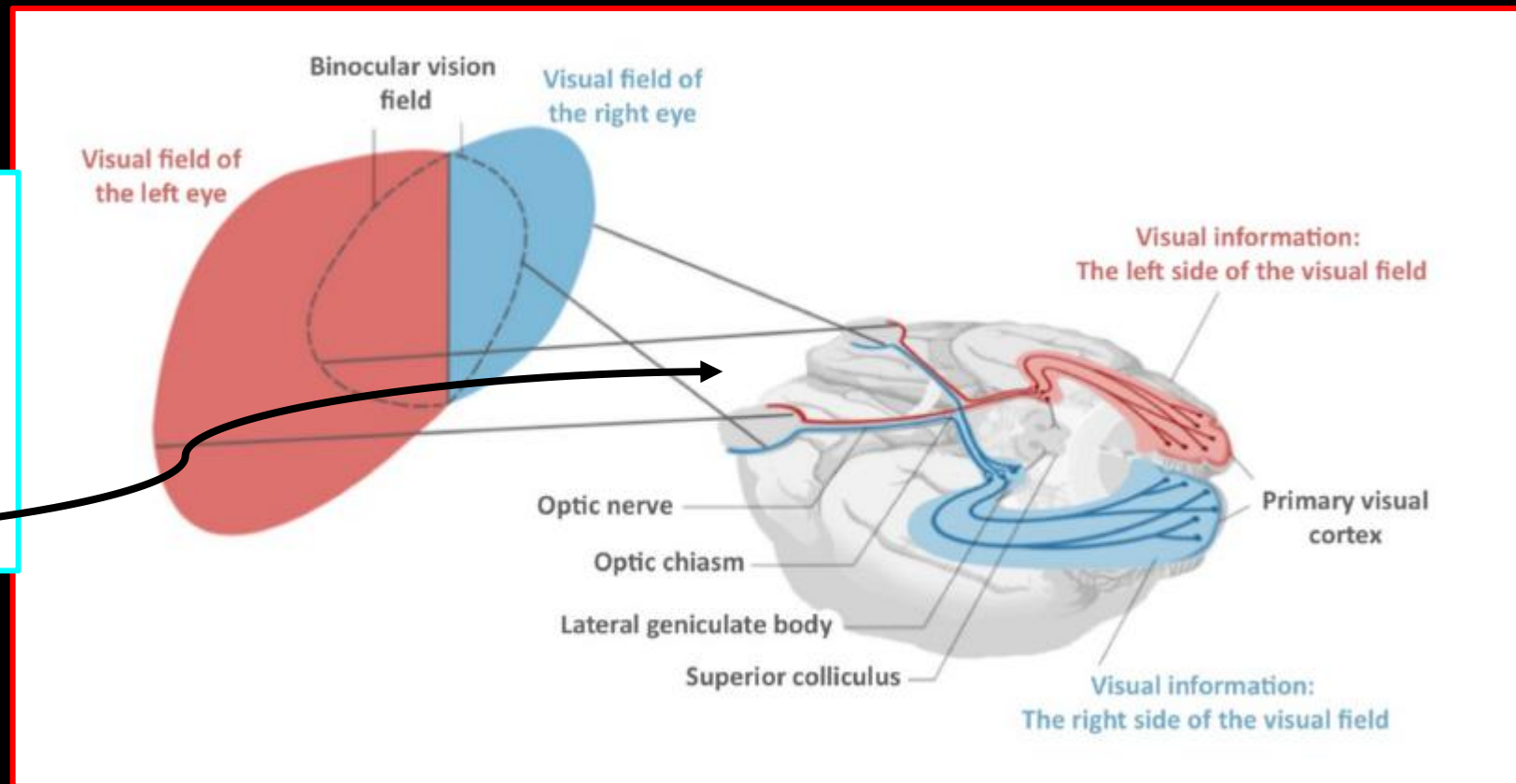
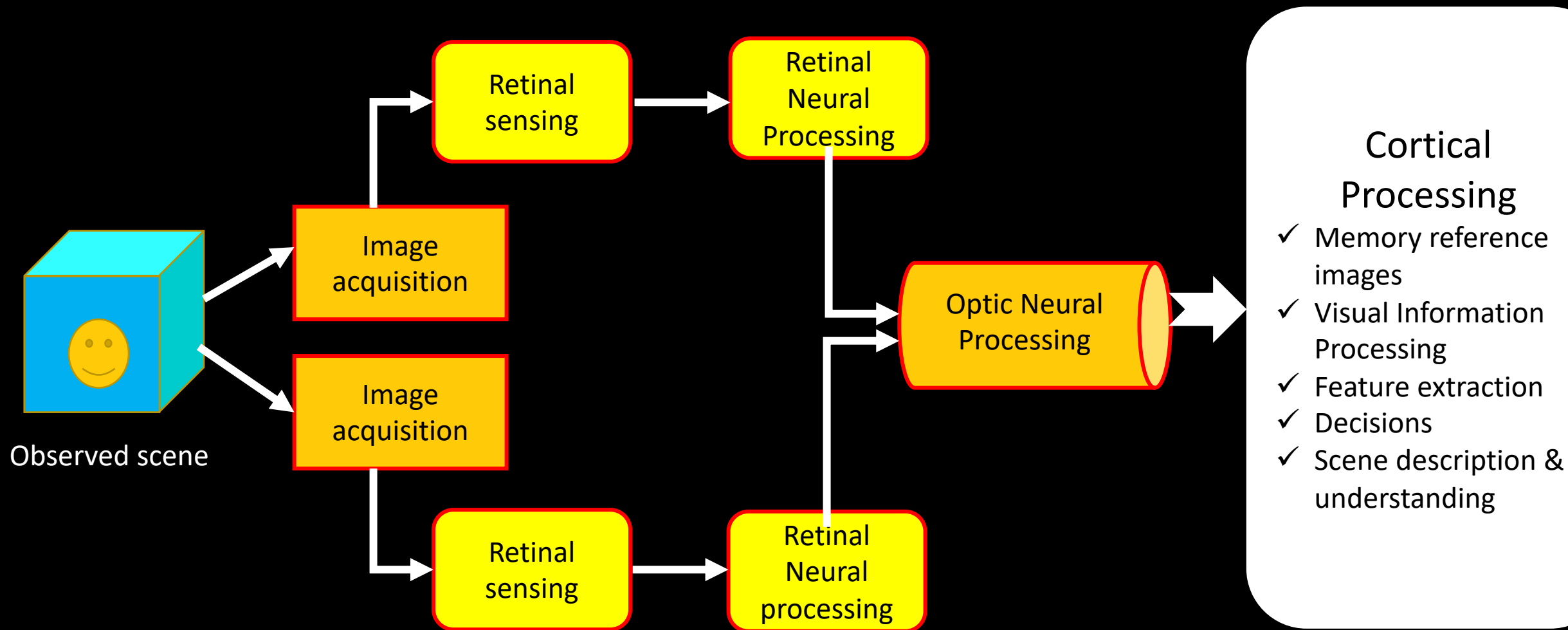


Figure designed by B. Sdiri, PhD thesis Sorbonne Paris Nord 2018

Simplified Model of the Visual Information Processing and Analysis Workflow in the HVS



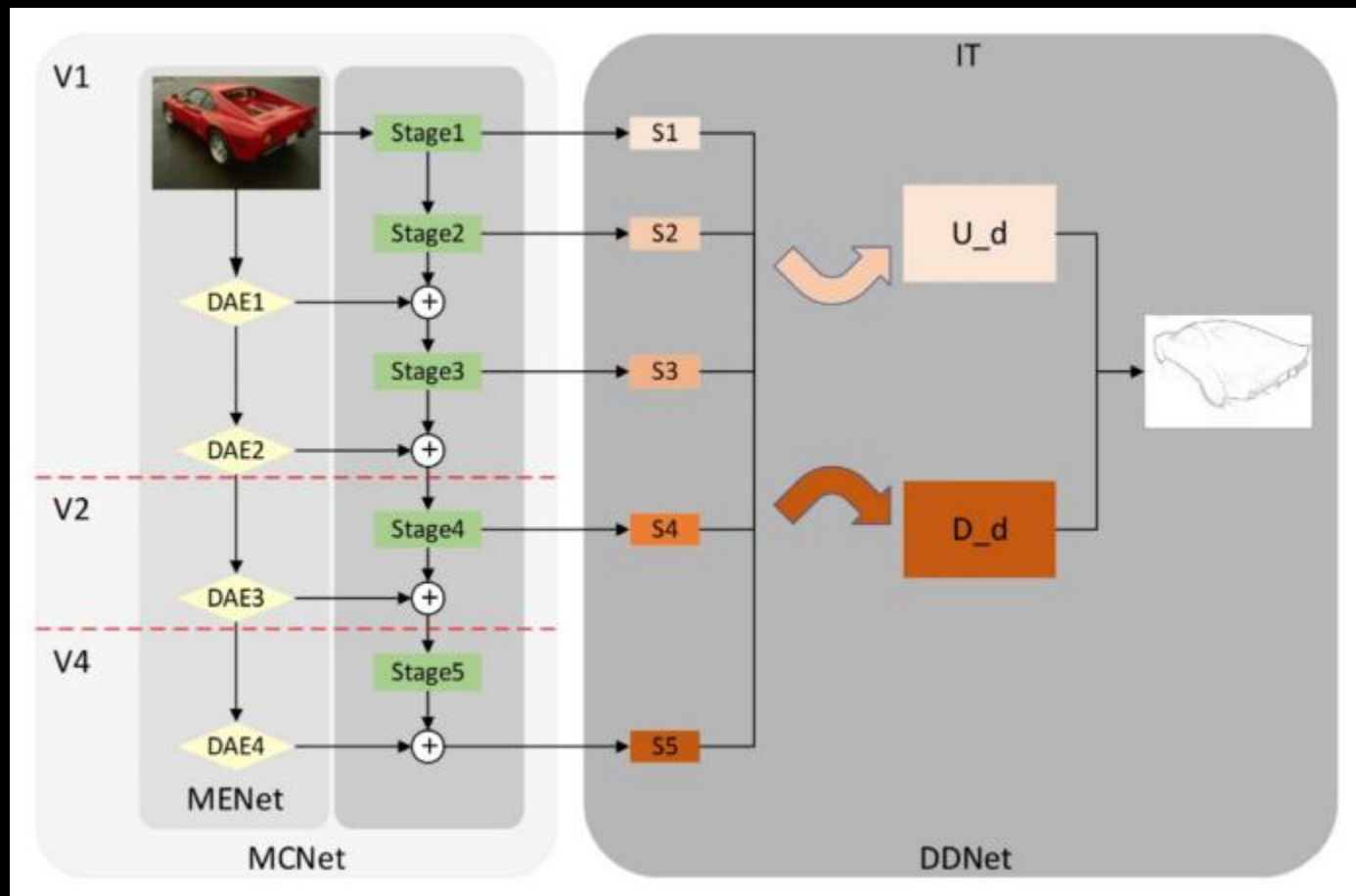
Biological Vision Inspired Deep Learning Approach

Ingredients

- ✓ Traditional signal processing tools
- ✓ Neurophysiological findings : Selective mechanisms in biological visual pathways in the visual cortex
- ✓ Plausible Neural Network Architectures
- ✓ Plausible Perceptual Loss Function
- ✓ Large-scale Performance Evaluation

Biological Vision Inspired Deep Learning Approach

Edge detection problem : a case study



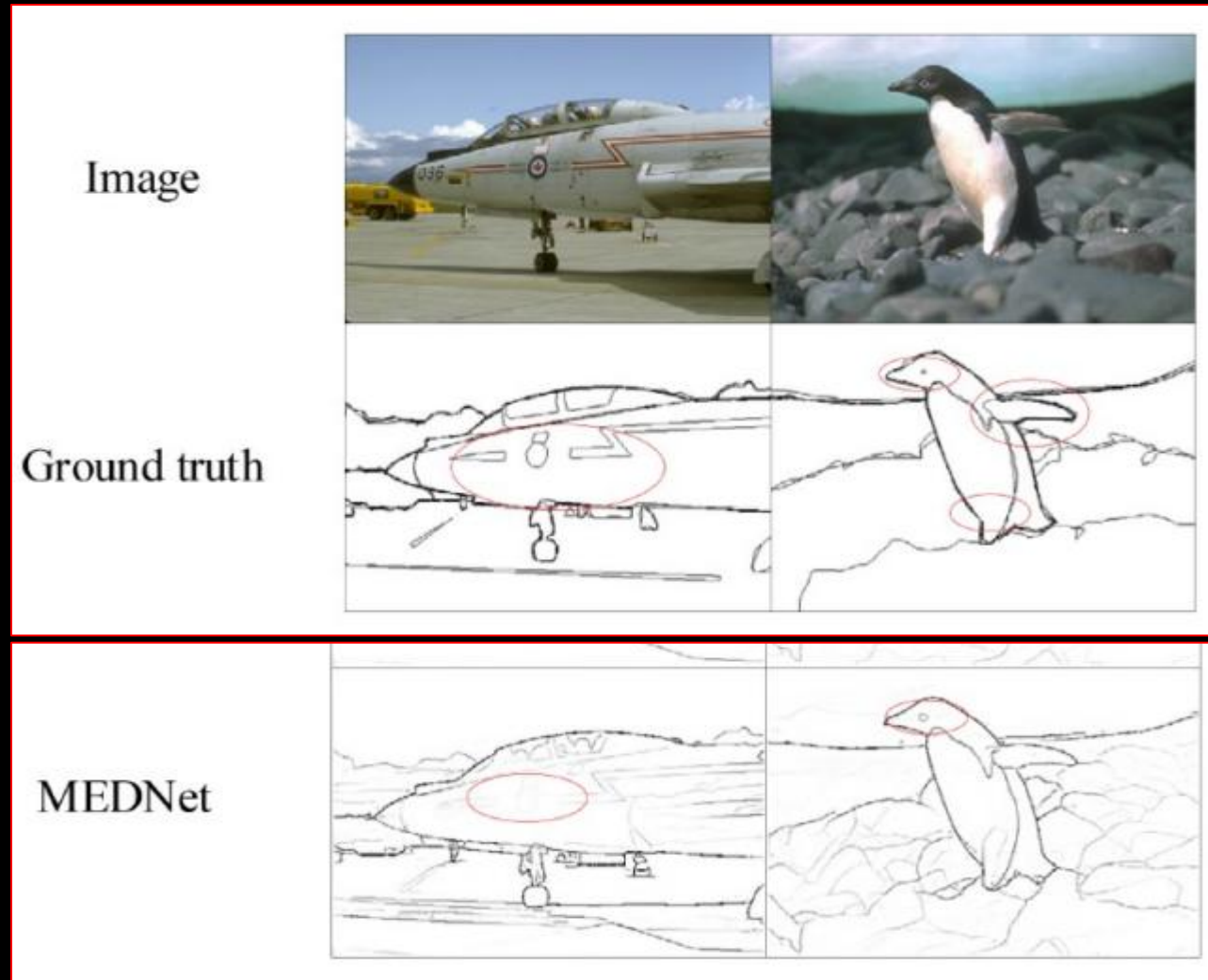
Z. Zhang, C. Lin, Y. Qiao and Y. Pan, "Edge detection networks inspired by neural mechanisms of selective attention in biological visual cortex", *Frontiers in Neurosciences*. 16:1073484, 2022

Biological Vision Inspired Deep Learning Approach



Z. Zhang, C. Lin, Y. Qiao and Y. Pan, "Edge detection networks inspired by neural mechanisms of selective attention in biological visual cortex", *Frontiers in Neurosciences*. 16:1073484, 2022

Biological Vision Inspired Deep Learning Approach



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Part II

Image Quality in Medical Imaging and Diagnosis Context

Goal Oriented IQA (GO-IQA)

Outline

- The importance of IQA in the medical context
- Challenges in Medical Imaging Quality
- Medical Image Distortions Analysis
- Image quality enhancement for video guided surgery
- **Concluding Remarks and Learned Lessons**

Perceptual Quality of Images of Natural Scenes

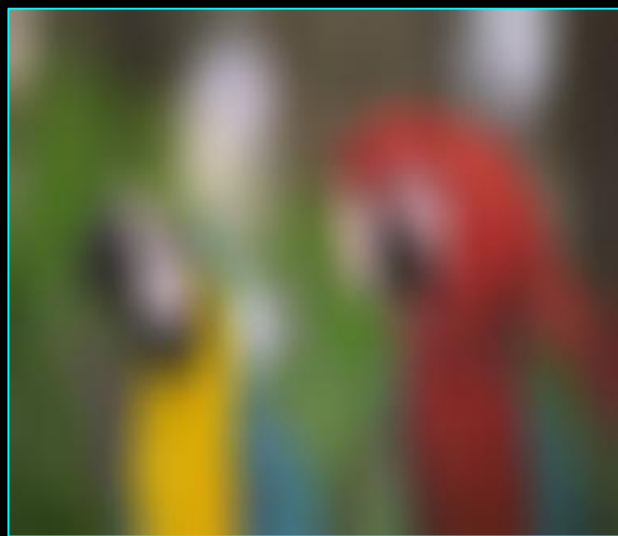
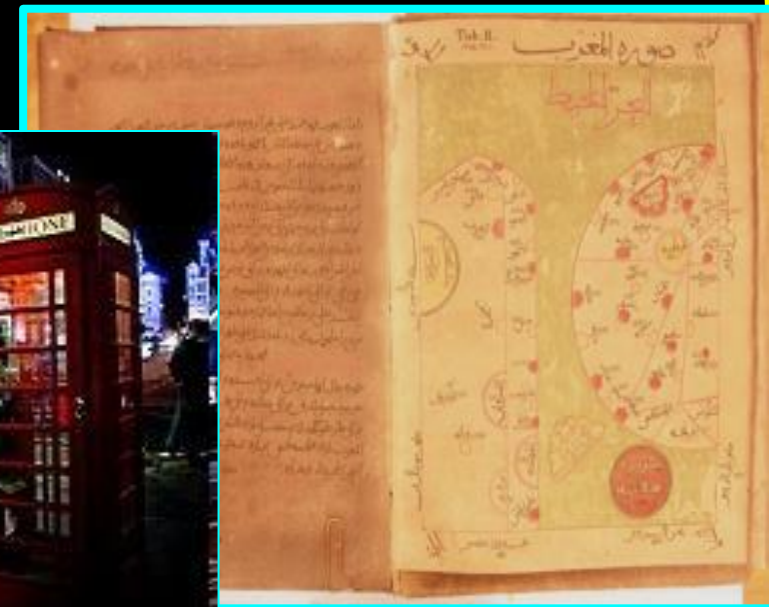
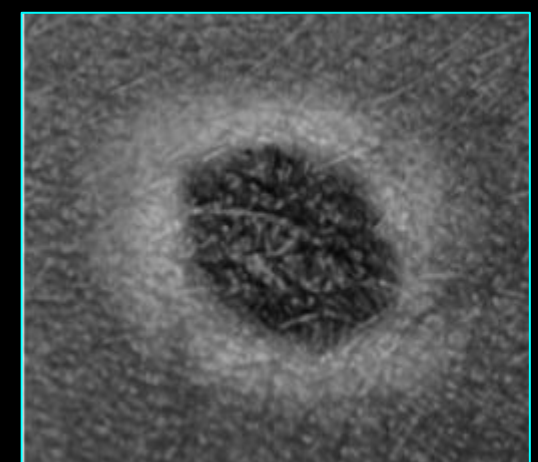
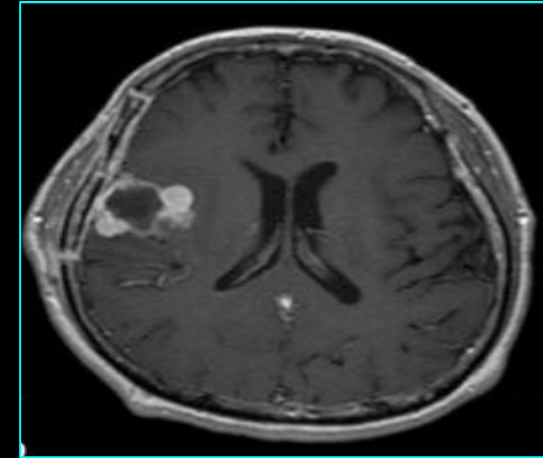
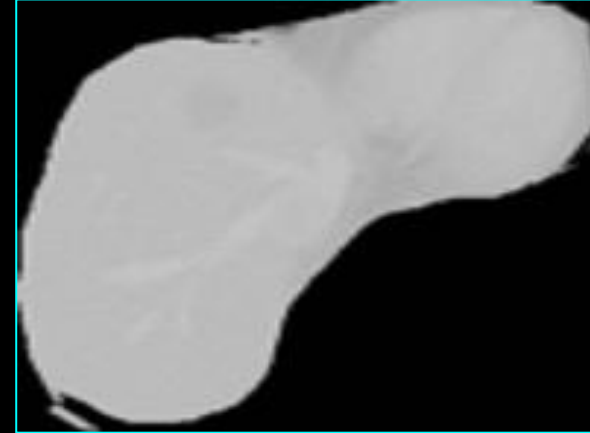
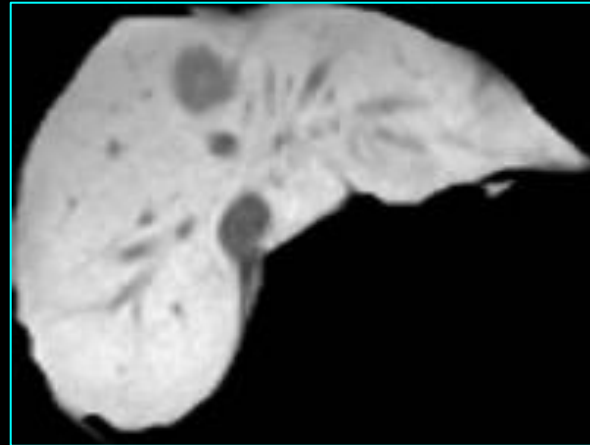
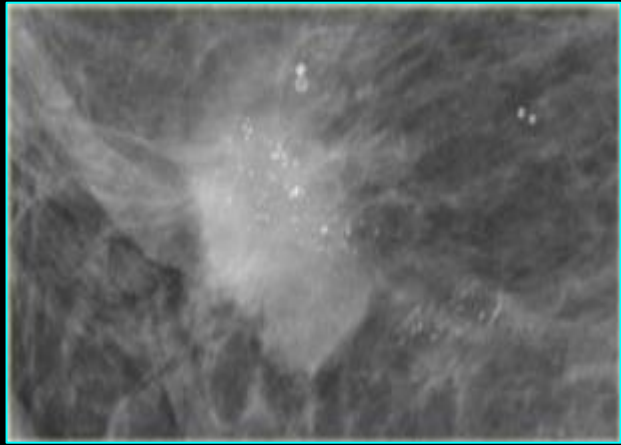


Image Quality in the Context of Medical Imaging and Diagnosis



Objective Image Quality

Can objective metrics replace the HVS

?

Yes/No

How AI Paradigm is Reshaping IQA ?

What does the deep learning paradigm bring ?

Why is IQA so Important in Medical Context ?

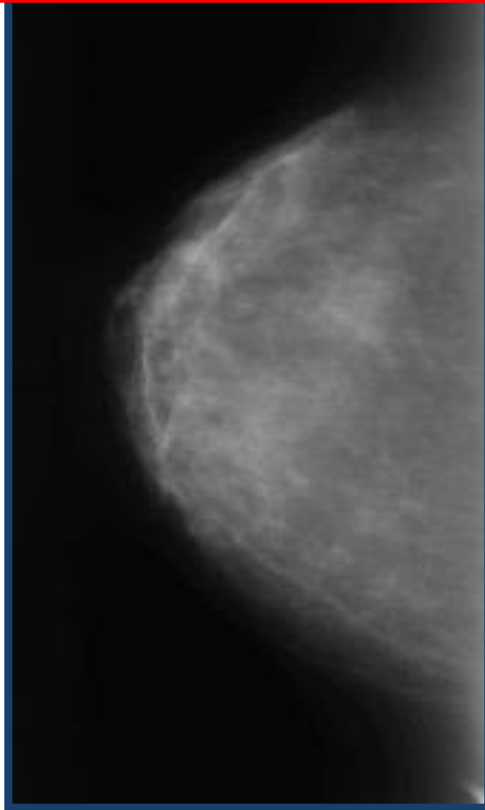
- ✓ Medical Imaging
 - Medical Image acquisition quality assessment
 - Image quality reconstruction optimization
- ✓ Image/Video Guided Medical Diagnosis
- ✓ Video Guided Surgery Monitoring
- ✓ Image Guided Radiotherapy
- ✓ Image Enhancement Evaluation

.....

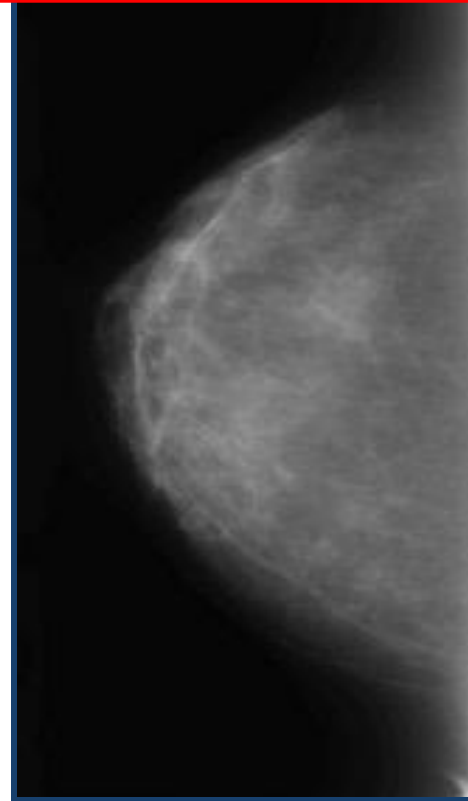
Digital Mammography Quality

Image quality vs medical diagnosis

Do radiologists tolerate lossy compression?



Original



Compressed images

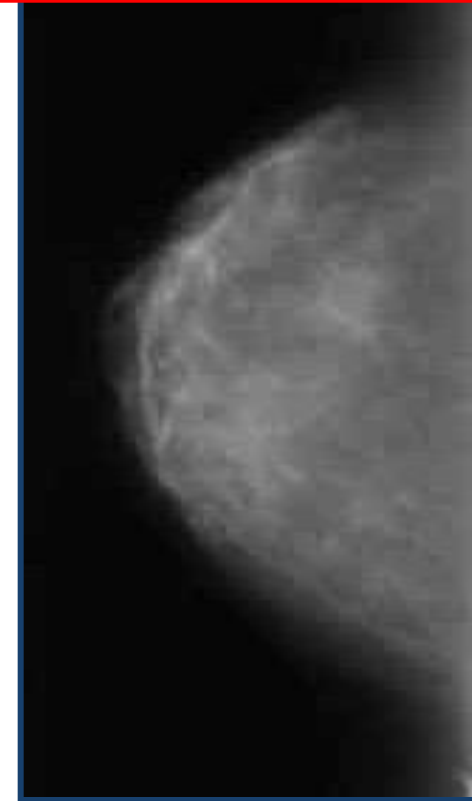
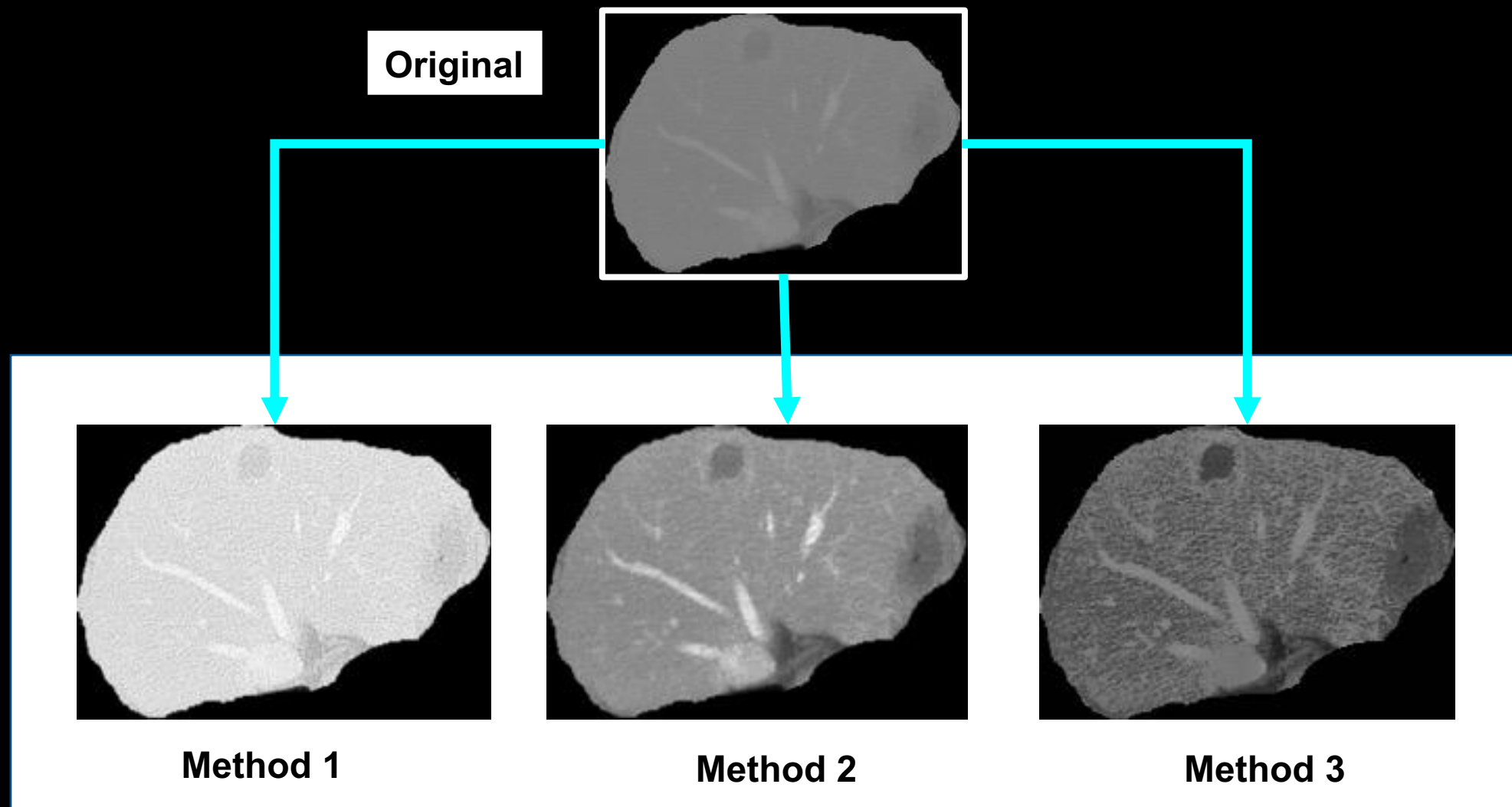
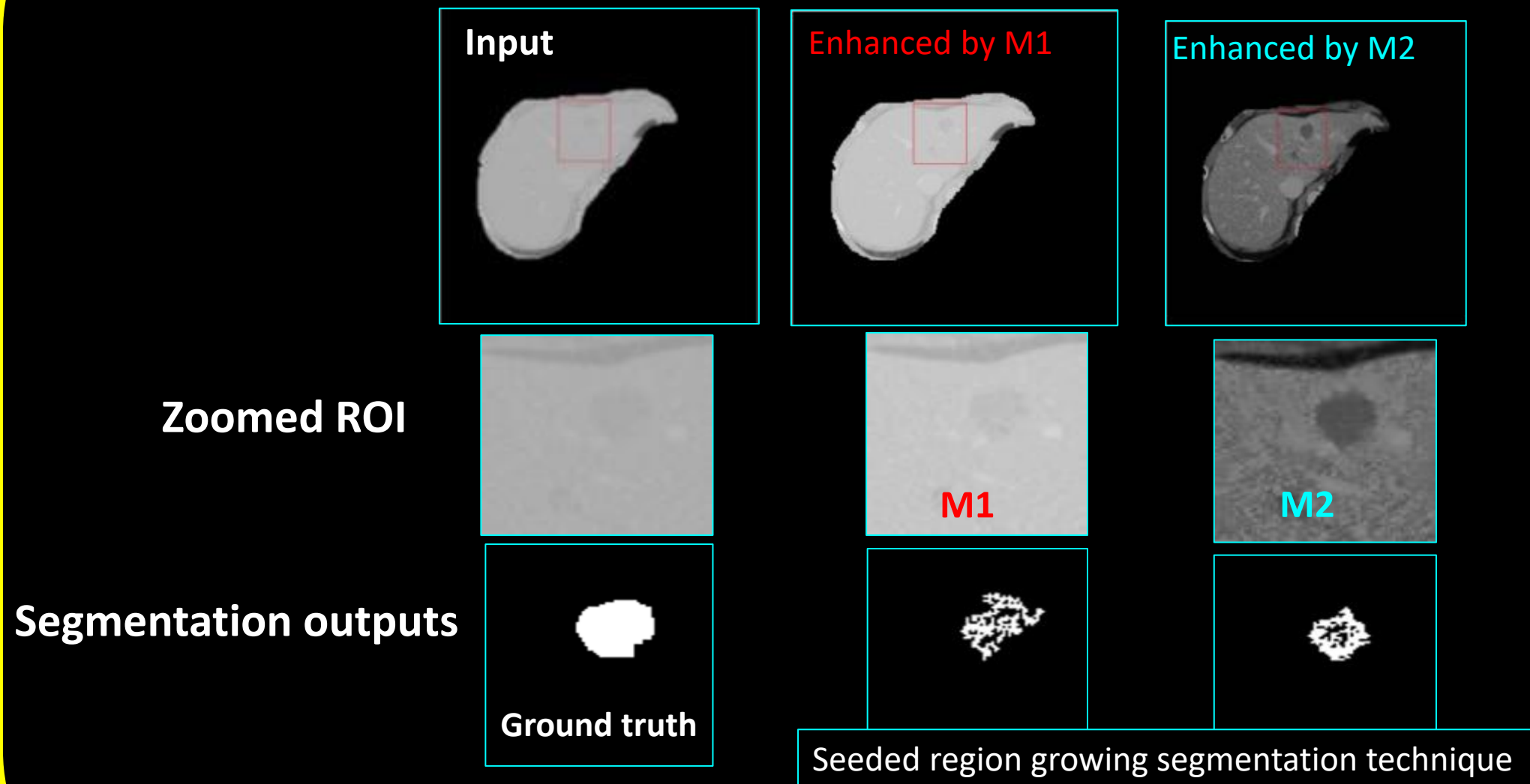


Image Enhancement Evaluation



IQA through Segmentation Performance Analysis



Naseem R, Khan ZA, Satpute N, Beghdadi A, Cheikh FA, Olivares J. , « Cross-modality guided contrast enhancement for improved liver tumor image segmentation; IEEE Access. 2021 Aug 24

Image Quality Enhancement in the Context of Medical Imaging and Diagnosis

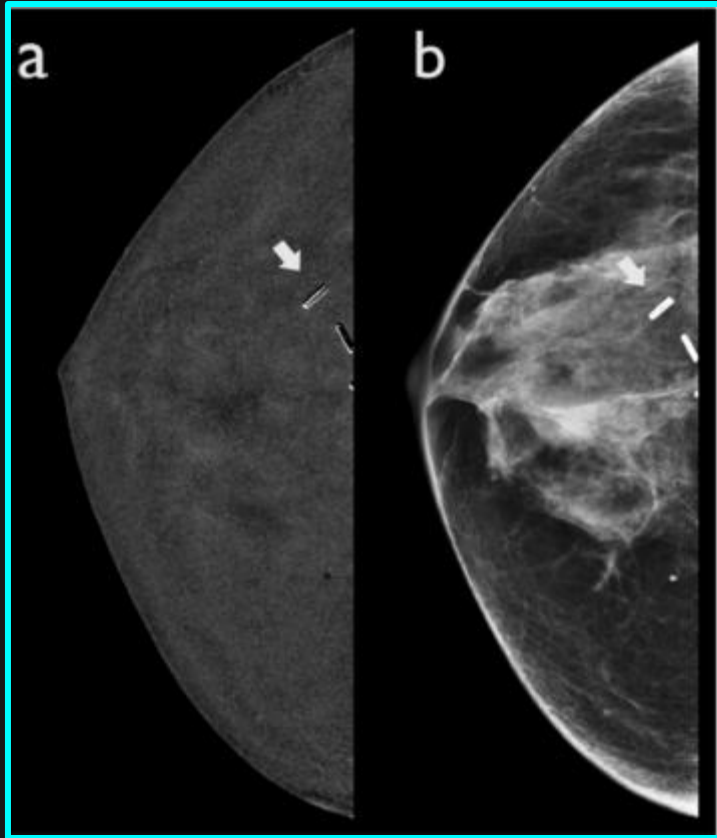


Image contrast enhancement may amplify various artefacts

- ✓ Halo artefact
- ✓ Motion artefact
- ✓ Breast implant artefact.
- ✓ Hair artefact.
- ✓ Contrast splatter artefact
- ✓ Antiperspirant artefacts

It is necessary to be familiar with these artefacts to avoid image-based diagnostic errors

Visual Illusion in Radiology

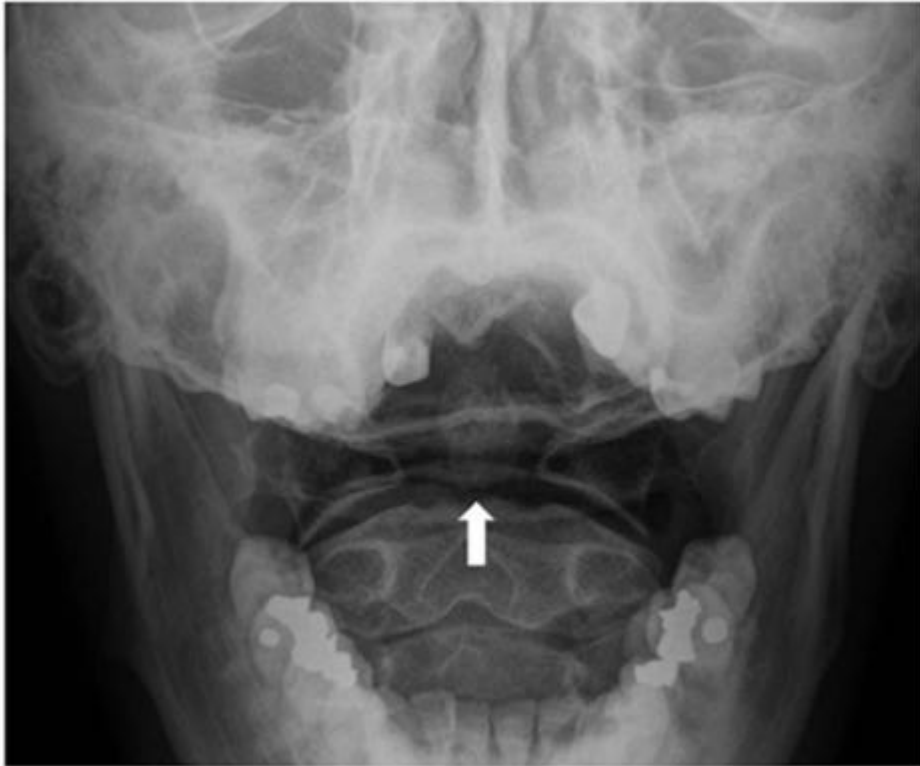


FIGURE 2. Mach bands across the base of the dens (a bone that projects from the spinal vertebra, also known as the "odontoid process"), can be mistaken for fractures (white arrow).

Visual illusion due to Mach bands

Alexander, Robert G., et al. "Visual illusions in radiology: untrue perceptions in medical images and their implications for diagnostic accuracy." *Frontiers in Neuroscience* 15 (2021)

Visual Illusion in Medical Imaging

How to avoid visual illusions?

Strategies

- to help distinguish reality from illusion is to rely on multiple sources of information for diagnosis
- Use of Adaptive Image quality Enhancement
- Use of Cross-modal Image Quality Enhancement.
- Use CNN-based methods

Medical Image Dataset Issues

Collecting/sharing datasets is an important task contributing the development of efficient AI-based solutions for:

- ✓ Image guided diagnosis, Image/video guided surgery
- ✓ Image guided radiotherapy, ...

➤ Medical image dataset issues:

- scarcity, lack of diversity, poor quality, and high annotation costs.
- Small sample sizes, inconsistent labelling, leading to subjective, noisy, and expensive data
- Data limitations due to physical constraints and side effects on patients exposed to signals such as X-rays
- Ethical constraints limit model generalization, often causing overfitting and biases that hinder clinical deployment

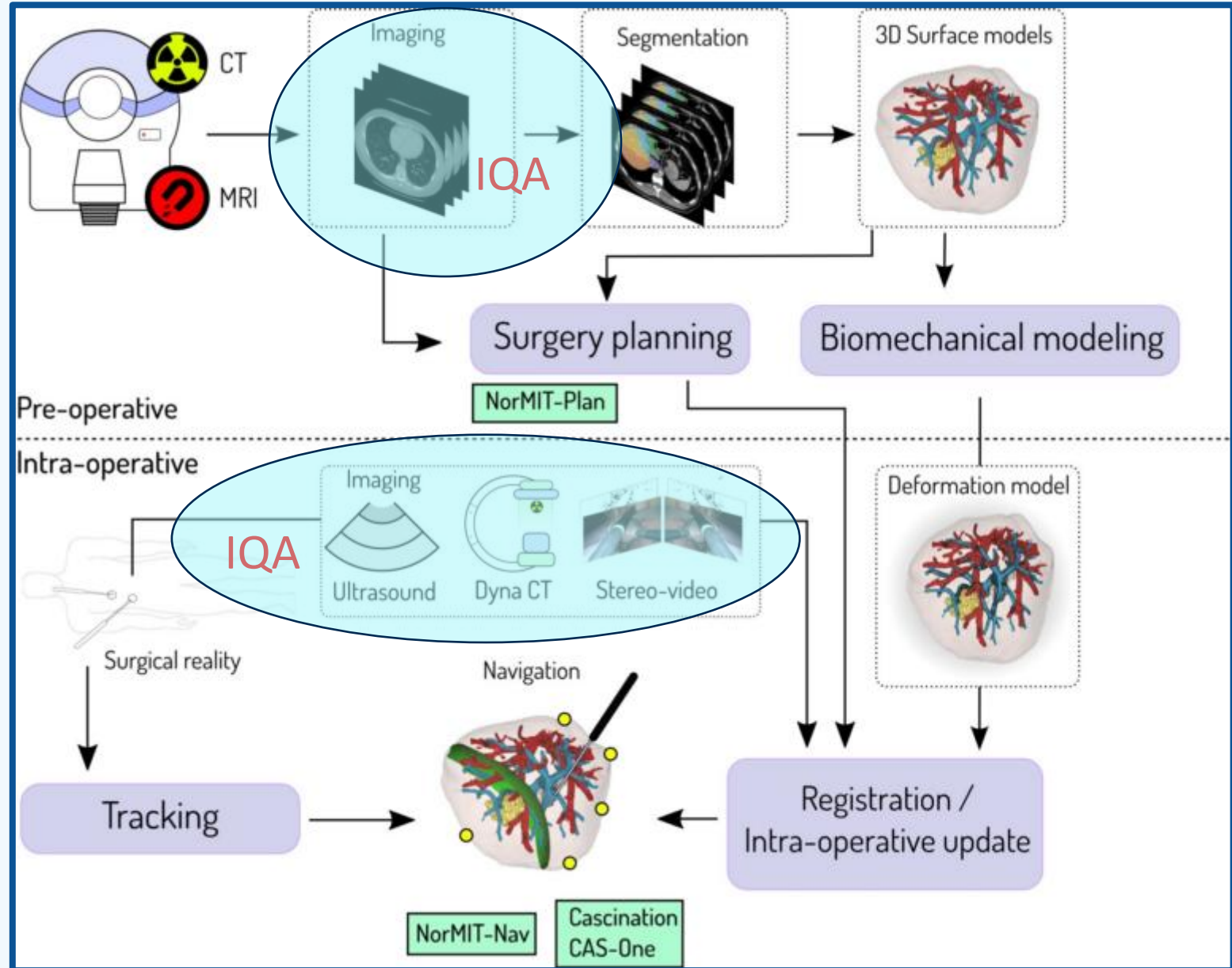
Part III

Selected Real Applications In Medical
Imaging Context

The importance of IQA in the context of

- Video guided surgery
- Low Dose CT
- Wireless Capsule Endoscopy

Video Guided Surgery Navigation Workflow



Cascination

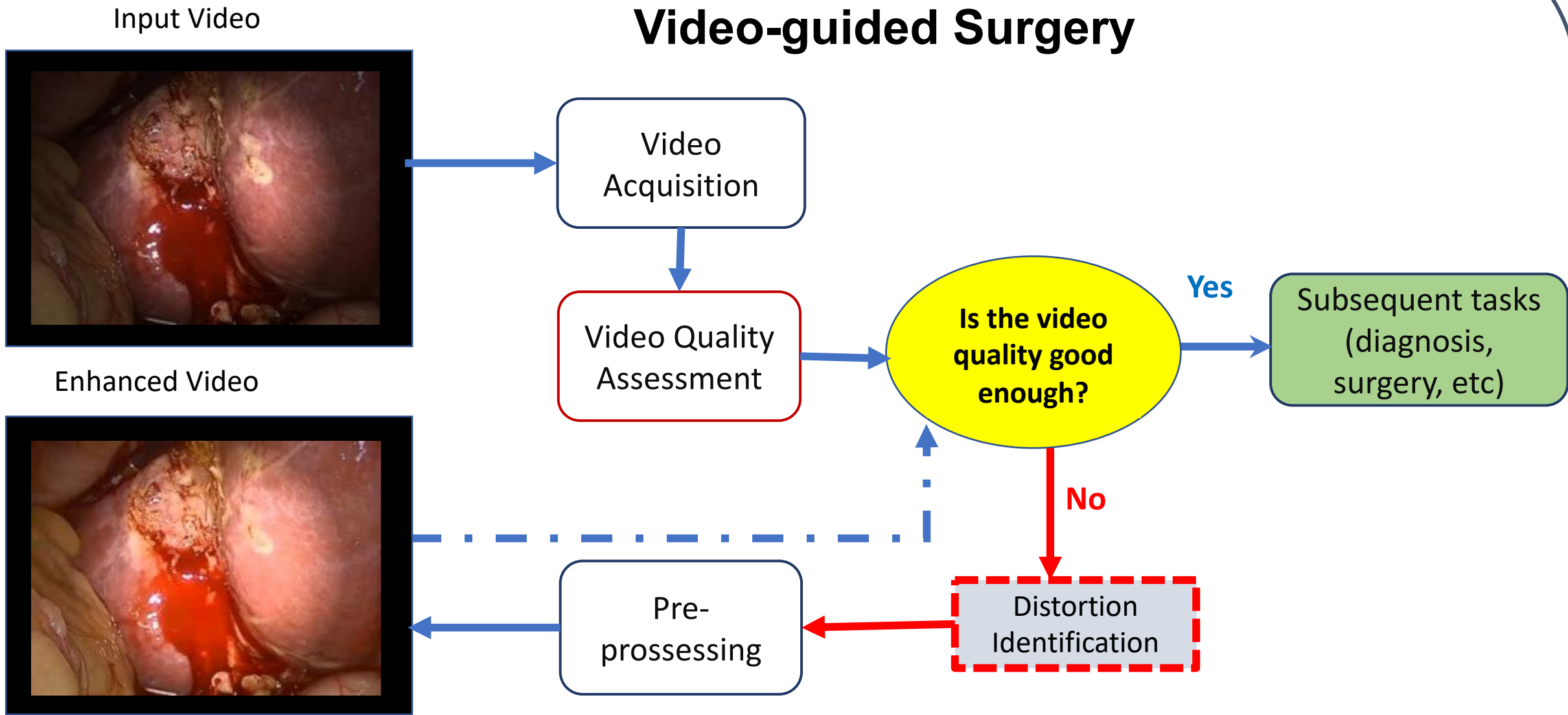


Warning

The following videos are surgical video sequences that may offend the sensibilities of some of you.

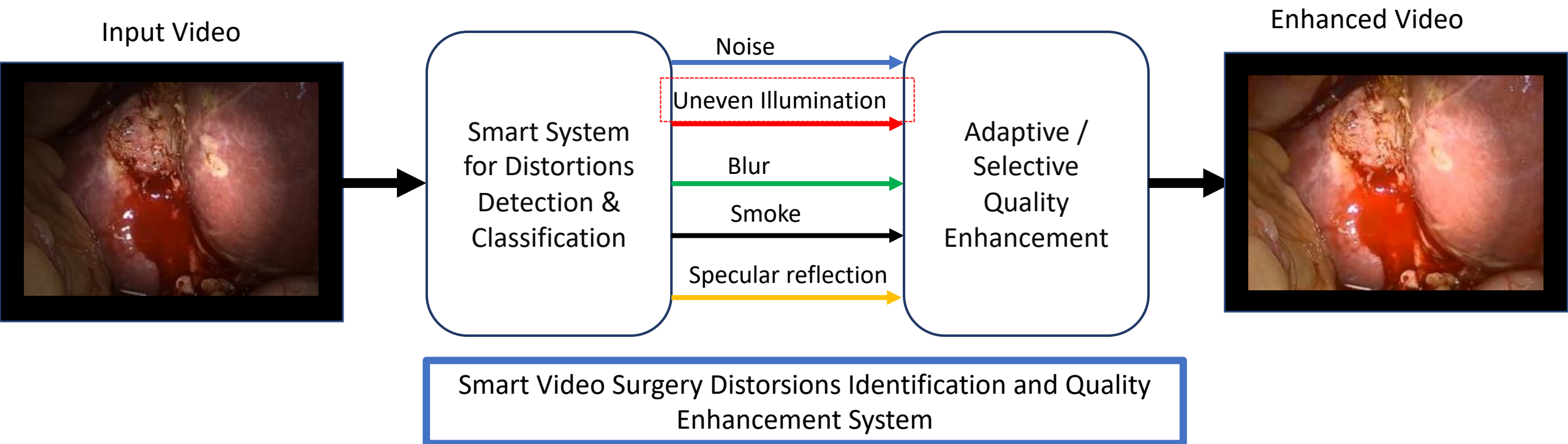
Do not look at or close your eyes if this is the case for you.

Quality-driven Framework for Video-guided Surgery



Context and Motivation

Video Guided Laparoscopic Surgery



- Original Videos are extracted from Cholec80 dataset available at <http://camma.u-strasbg.fr/datasets>

Real-time Distortion Classification in Laparoscopic Videos

Motivation Challenges

- Several distortions encountered during laparoscopic surgery may cause visual discomfort
- Automated video quality enhancement to remove annoying distortions
- Knowledge of the type of distortion is important for applying the appropriate enhancement solution

Two main problems to be solved in this challenge

- Real-time detection of distortions
- Distortion identification and classification

Some Samples of LVQ Dataset

AWG Noise



Blur



Uneven
Illumination



Smoke



Z. A. Khan et al., "Towards a video quality assessment based framework for enhancement of laparoscopic videos", Medical Imaging: Image Perception, Observer Performance, and Technology Assessment 2020.

Uneven Illumination at different levels



Level 1 – Hard to notice



Level 2 – Just Noticeable



Level 3 – Slightly Annoying



Level 4 – Moderately Annoying



Level 5 – Very Annoying

Real-time Distortions Detection and Classification



D. Hammou et al.

Winner of the 2nd place in the ICIP2020 Challenge Session

Recent Progress in Low Dose CT Image Quality Assessment and Enhancement

Computational Visual Perception and Learning Framework for Quality-Driven Medical Imaging

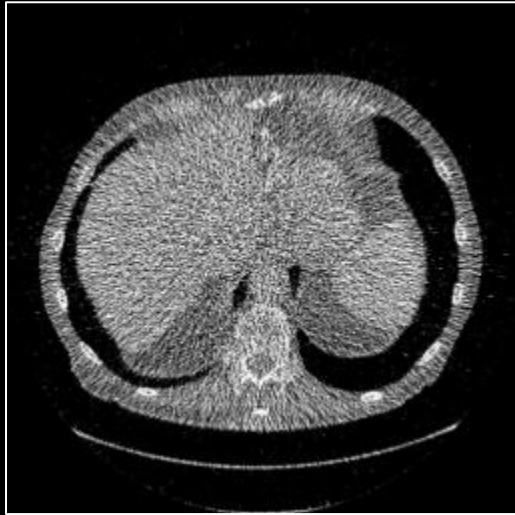
Originality of this
approach



- **Overcoming Physical Limits of Low-Dose Medical Image Acquisition Systems**
 - **Explainable Deep Learning Solutions (Human in the Loop)**
 - Modelling of **Retino-Cortical Mechanisms**
- **Medical Image Assessment at Acquisition and Processing Levels**
 - **Diagnostic-Oriented Image Quality Metrics (IQMs)**

Low-Dose Computed Tomography Imaging

5% Dose



10% Dose



25% Dose



100% Dose



Patient Safety
"ALARA"



Image Quality

ALARA ("As Low As Reasonably Achievable") is the core radiation safety principle in radiology, ensuring patient and staff exposure to ionizing radiation is minimized while maintaining necessary diagnostic image quality.

Prior Works: LDCT Enhancement Models & Loss Functions

❖ Advances

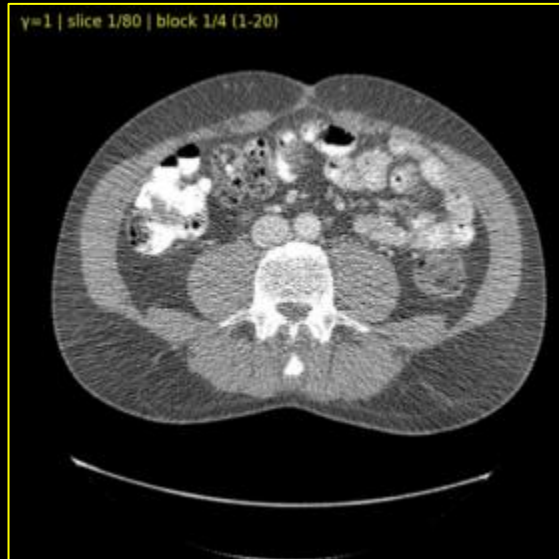
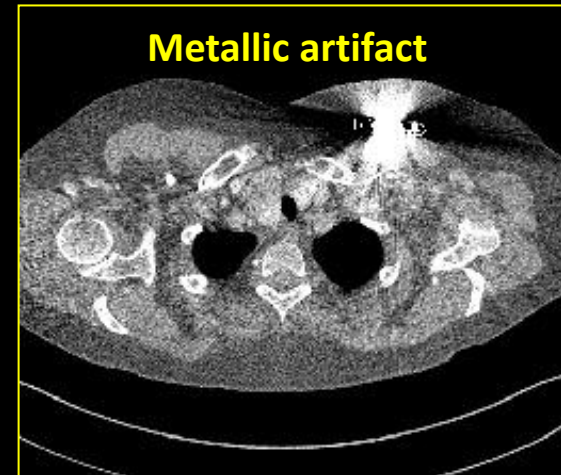
- Advanced Architectures
- Competitive and very High IQA metrics

❖ Limitations

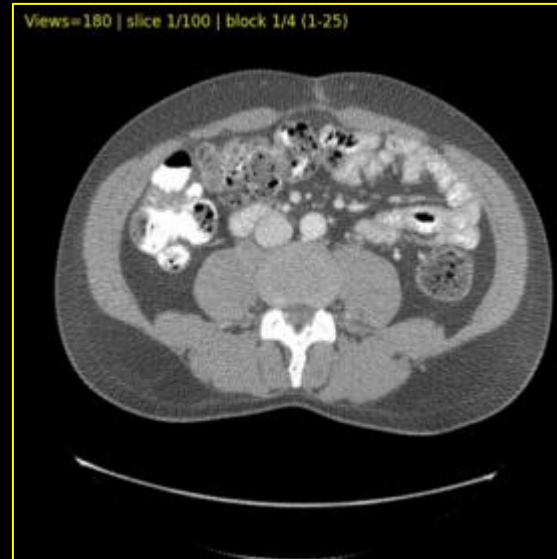
- Over-smoothing
- Lack of transparency and interpretability
- Non accurate CT images Quality Assessment

Physics Understanding for Medical Image Quality Enhancement

- Why it Matters
 - Targeted artifact correction
 - Physics-guided deep learning models
 - Improved reconstruction algorithms
 - Better generalization across scanners



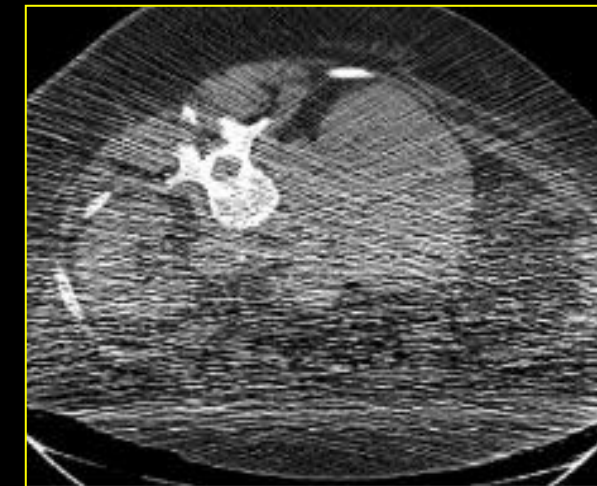
**Noise
due to Photon starvation (LDCT)**



Sparse View CT

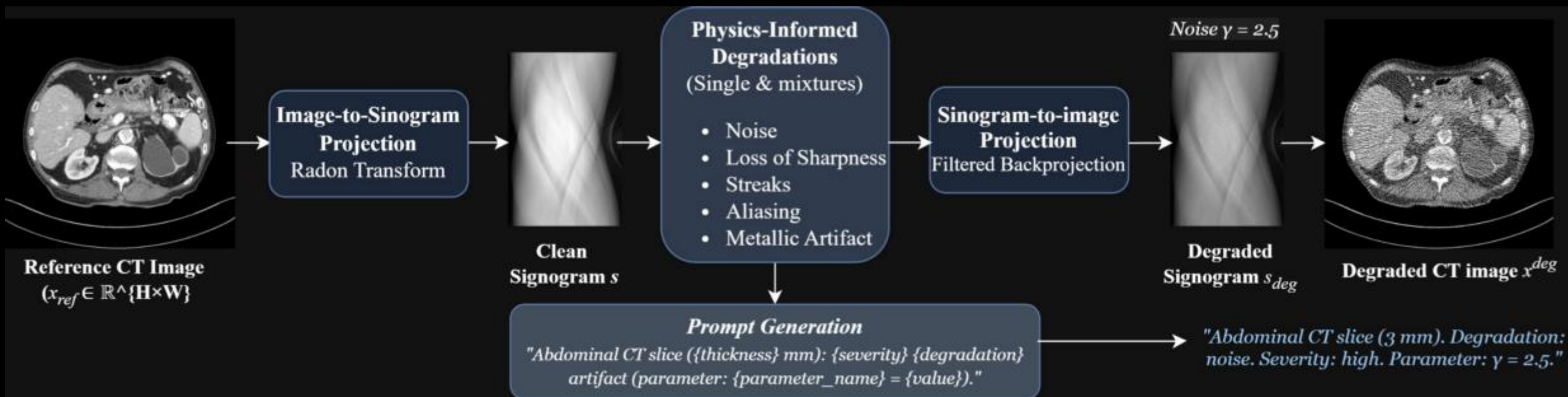


**Loss of sharpness
(Aquisition Parameters)**

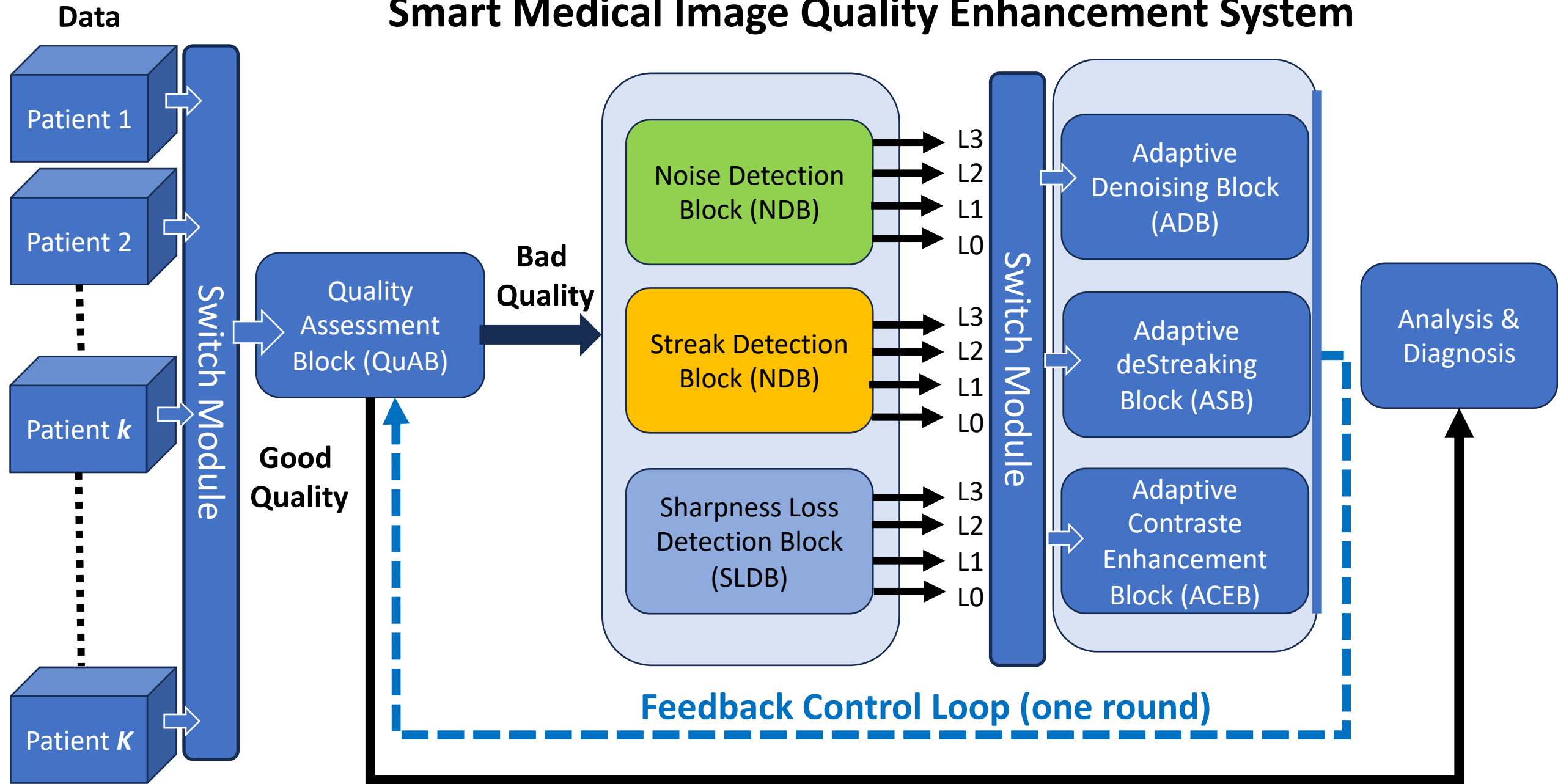


**Streaks artifact due to Photon
starvation**

DOSE-CONTROLLABLE PHYSICS-BASED LOW-DOSE CT SYNTHESIS Workflow

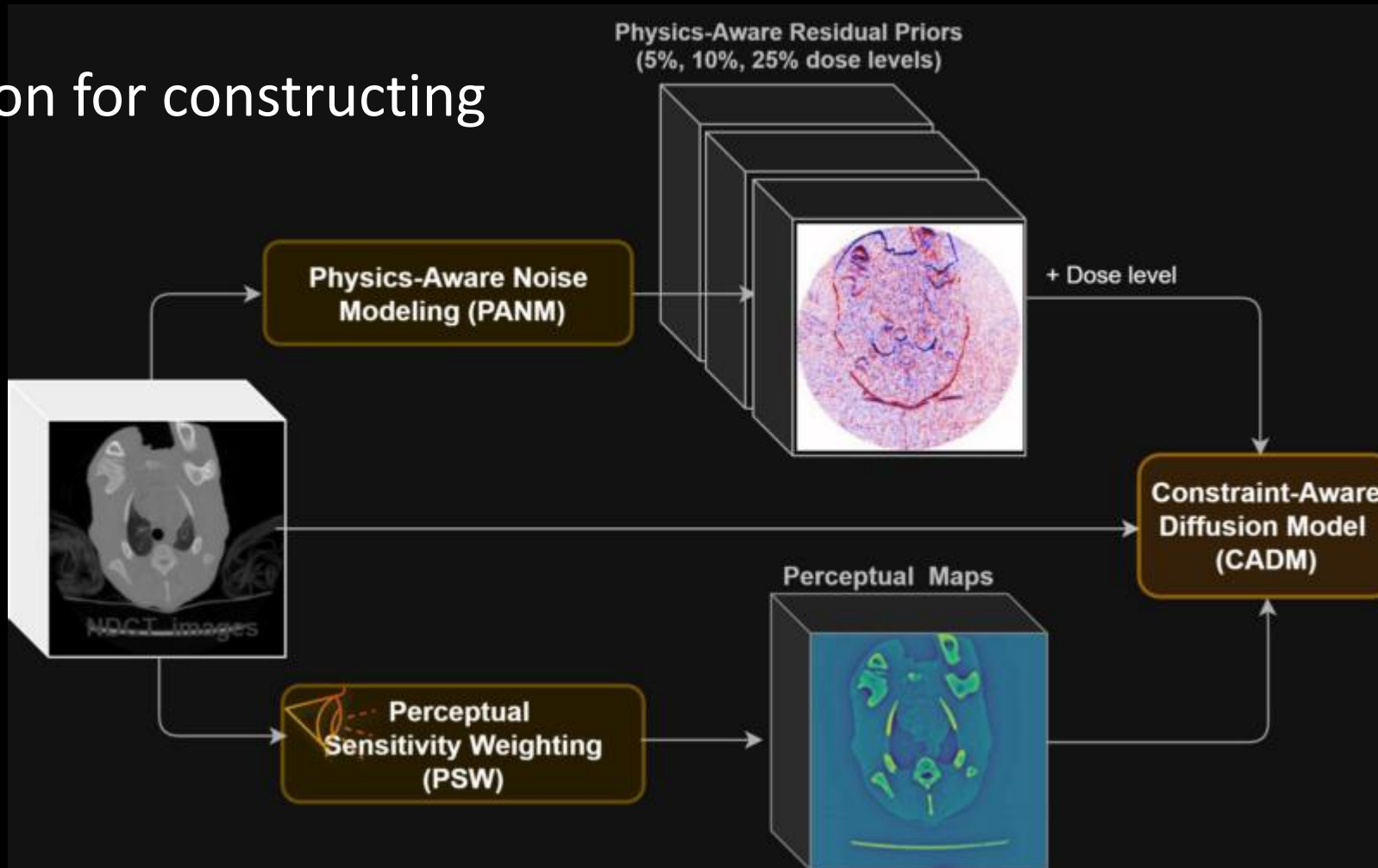


Smart Medical Image Quality Enhancement System



DOSE-CONTROLLABLE PHYSICS-BASED LOW-DOSE CT SYNTHESIS

Our solution for constructing dataset



Y. Taifour, M. Tliba, A. Beghdadi, A. Chetouani, H. Zaidi, F. Alaya Cheikh, "PHYSHVS-LDCT: Dose-controllable physics-based LDCT synthesis for benchmarking and data augmentation", accepted in IEEE-ISBI 2026

Physics-Aware Noise Adaptation Modeling Block

1. Choose the dose level (50% , 25%, 10%, 5%)

2. Convert NDCT (HU) → linear attenuation coefficients:

$$\mu(x, y) = \mu_{\text{water}} \left(1 + \frac{I_{\text{NDCT}}(x, y)}{1000} \right)$$

3. Apply Radon transform :

$$p(s, \theta) = \int_{L(s, \theta)} \mu(x, y) dl.$$

$$I_{\text{exp}}(s, \theta) = I_0 e^{-p(s, \theta)}$$

4. Reduce the Intensity using dose ratio (r) :

$$I_0^{(r)} = r I_0$$

5. Inject Additive Mixed Poisson-Gaussian noise to the sinogram

$$I_{\text{noisy}}(s, \theta) \sim \text{Poisson} \left(I_0^{(r)} e^{-p(s, \theta)} \right)$$

6. Reconstruct using Filtered Backprojection

7. Compute residual:

$$PARP = I_{\text{NDCT}} - I_{\text{LDCT}, \text{sim}}$$

LDCT Image Quality Enhancement

Recent results

Towards Dose-Agnostic Low-Dose CT Enhancement Using Physics-Disentangled Tri-Teacher Distillation

What's New?

- We investigated **different loss functions**, including:
 - **Pixel-level similarity** using the **L1 loss**
 - **Latent feature-level similarity**
 - **A joint pixel- and latent-level similarity loss**
- We conduct **simulations and analysis** at **very low and ultra-low dose levels**:
 - **10% dose**
 - **5% dose**

Perceptual Loss Functions

The performance of the DL-based approaches is affected by a multitude of factors. **The loss function is a critical one.**

Perceptual loss functions (PLF): PLFs are designed to capture perceptual differences between images.

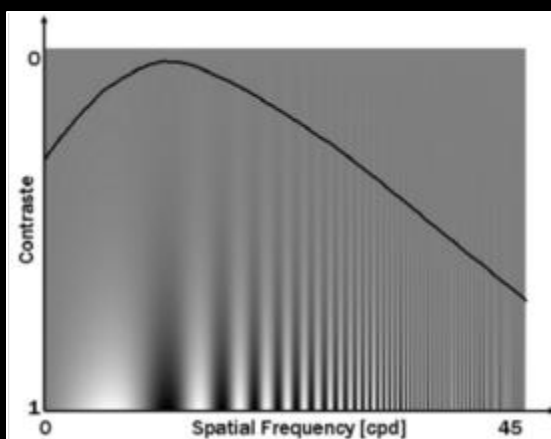
- PLF is a powerful tool in the design of Deep Learning based architectures.
- PLFs differ from traditional pixel-wise loss functions:
 - ✓ PLFs compare high-level features extracted from pre-trained convolutional neural networks (CNNs)
 - ✓ Traditional loss functions compare raw pixel values directly.

New approach

□ **D-PerceptCT** : a novel perceptual LDCT enhancement model

□ **Deep-Perceptual Relevancy Loss Function (DPRLF)**

- A recent study* on Deep Perceptual Loss Functions showed that combining features from multiple VGG layers improves performance



Contrast Sensitivity Function

$$\mathcal{L}_{\text{DPRLF}} = \lambda_{\text{low}} \cdot \mathcal{L}_{\text{low}} + \lambda_{\text{mid}} \cdot \mathcal{L}_{\text{mid}} + \lambda_{\text{high}} \cdot \mathcal{L}_{\text{high}},$$

with $* \in \{\text{low, mid, high}\}$ corresponding respectively to:

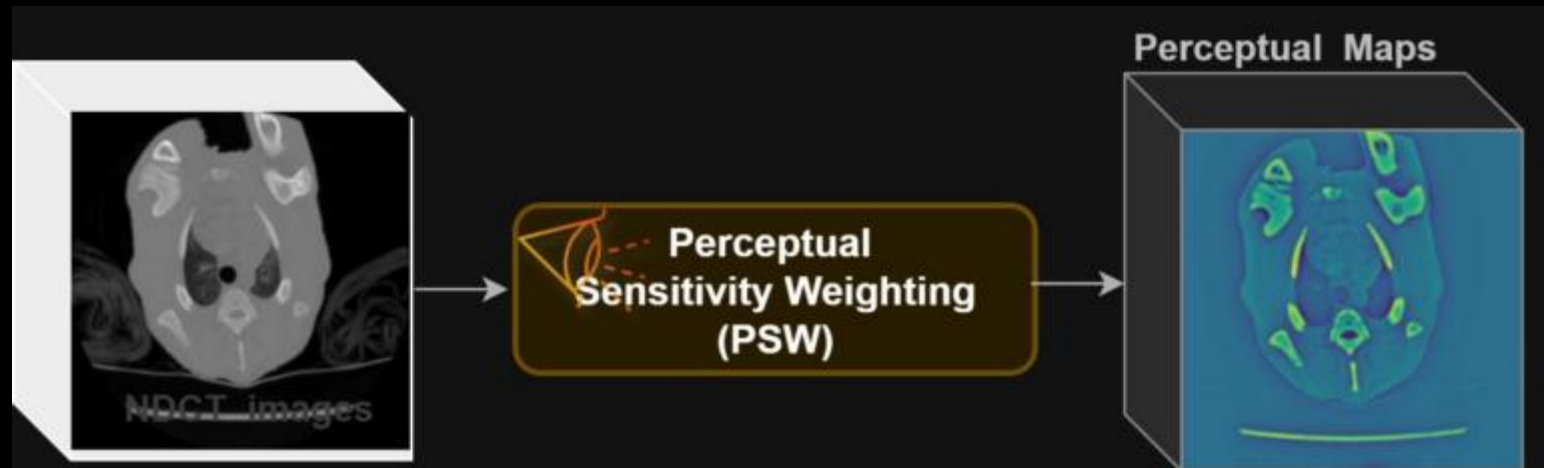
- Low-level features: $\lambda_{\text{low}} = 0.35$,
- Mid-level features: $\lambda_{\text{mid}} = 0.5$,
- High-level features: $\lambda_{\text{high}} = 0.15$.

$$\mathcal{L}_* = \|\phi_*(I_{\text{pred}}) - \phi_*(I_{\text{gt}})\|_2^2$$

* Y. Taifour, A. Beghdadi, M. Luong, Z. Ming, H. Zaidi; MCO 2025, Springer,

PHYSHVS-LDCT

Perceptual Sensitivity Weighting Map (PSW)

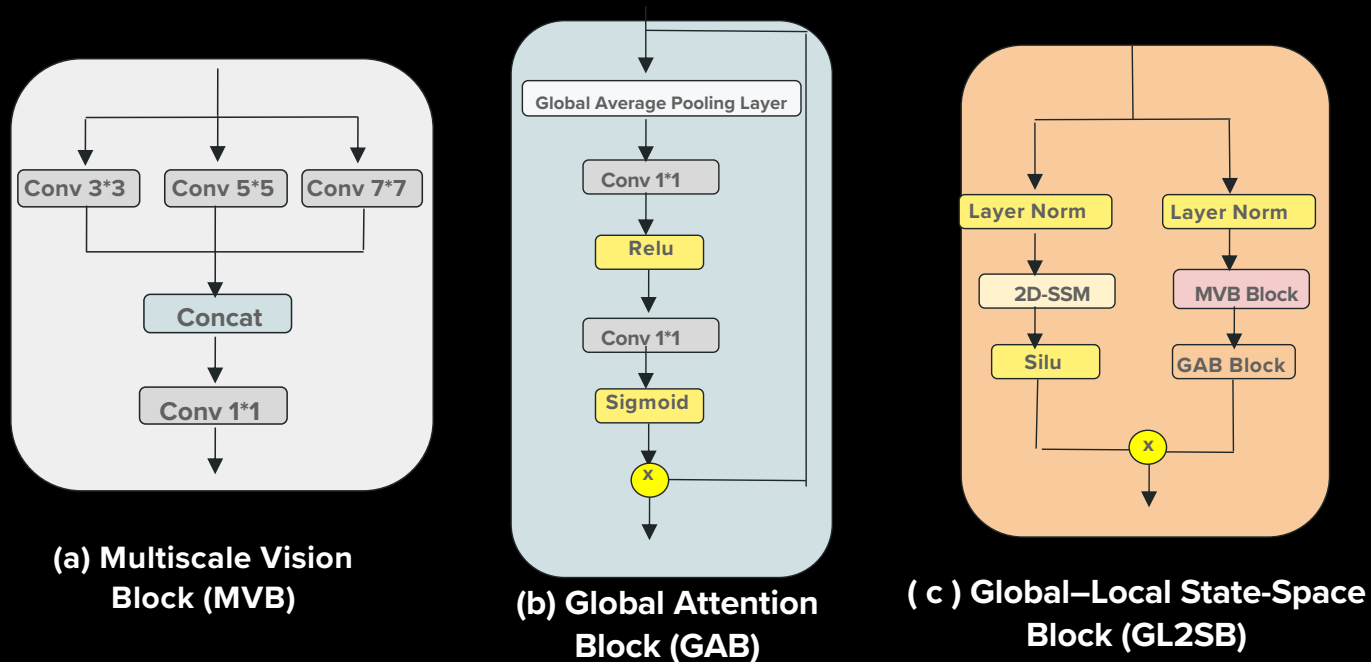


- Uses **Contrast Sensitivity Function (CSF)** (Barten model)
- Weight frequency components of NDCT
- Transform back to spatial domain:

$$PM(x, y) = \mathcal{F}^{-1}(\mathcal{F}(I_{NDCT}) \cdot CSF)$$

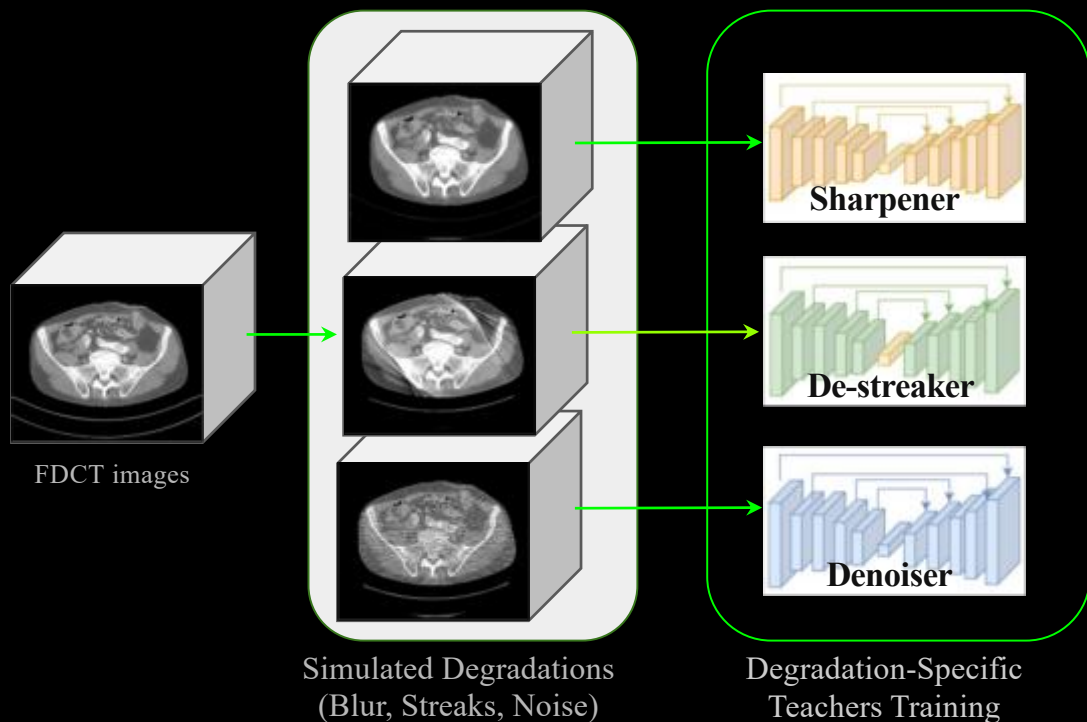
New approach

- **D-PerceptCT : Perceptual LDCT Enhancement Model**
 - **Deep-Perceptual Relevancy Loss (DPRLF)**
 - **Vision State space module -> Global-Local State-Space Block (GL2SB)**

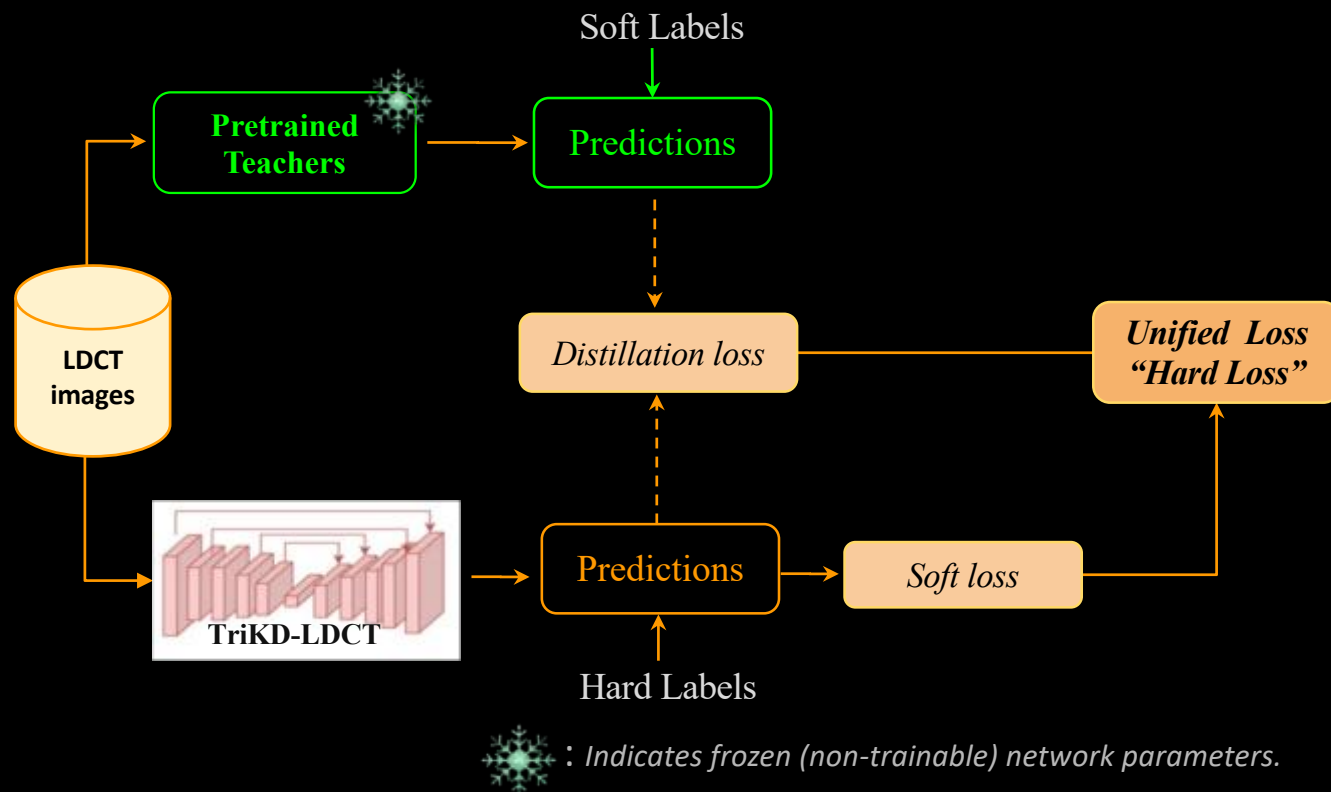


TriKD-LDCT: MULTI-EXPERT DISTILLATION FOR DEGRADATION-AWARE LOW-DOSE CT ENHANCEMENT

(1) Teachers training (Denoiser, De-streaker, Sharpener)



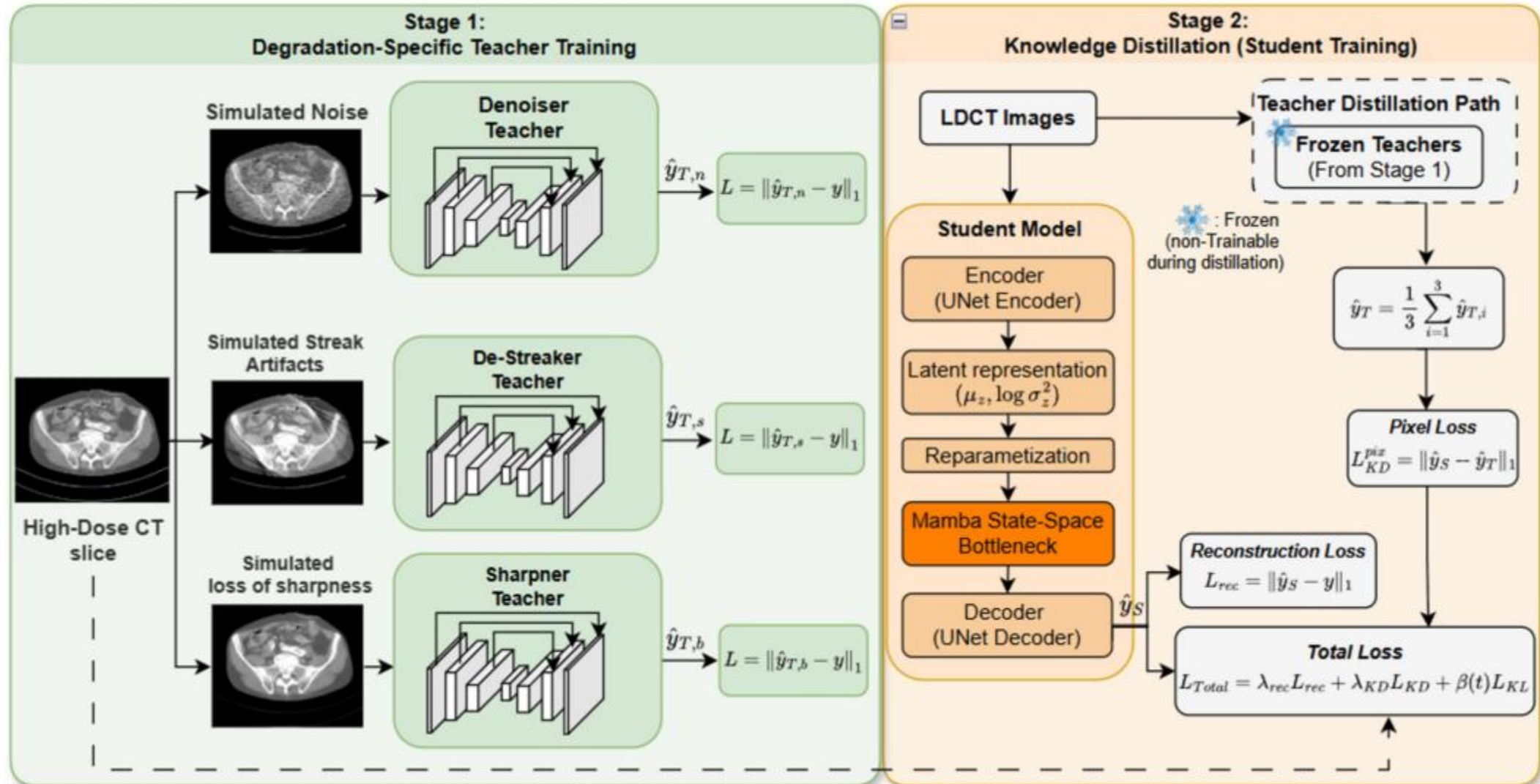
(2) Knowledge distillation (TriKD-LDCT student model)



Physics Understanding for Degradations disentanglement

Y. Taifour, M. Tliba, A. Beghdadi, A. Chetouani, Z. Ming, M. Luong, H. Zaidi, F. Alaya Cheikh; "TriKD-LDCT: Multi-expert distillation for degradation-aware LDCT enhancement", presented in ICASSP2026

Our Proposed Method: TriKD-LDCT



TriKD-LDCT - Variant 3: 1- Qualitative Results:

25% Dose CT scan



Enhanced LDCT scan



Full-Dose CT scan



TriKD-LDCT

1- Objective Image Quality Assessment Results

Method	PSNR (dB) ↑		SSIM ↑		RMSE ↓		VIF ↑		LPIPS ↓		DISTS ↓		NQM (db) ↑	
	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm
REDCNN [11]	39.9641	44.0176	0.9197	0.9620	0.0102	0.0064	0.7938	0.8695	0.2562	0.2107	0.1764	0.1431	33.0446	36.6239
WGAN [23]	30.6753	32.6393	0.8577	0.9041	0.0294	0.0234	0.3173	0.3793	0.4166	0.3002	0.2889	0.2763	17.8247	18.1859
CTFormer [17]	37.0949	43.0713	0.8632	0.9501	0.0144	0.0072	0.5794	0.8281	0.2189	0.1893	0.1213	0.1009	29.5325	34.5413
CoreDiff [15]	40.2163	44.5005	0.9779	0.9919	0.0099	0.0061	0.6432	0.7762	0.0724	0.0380	0.1424	0.1056	32.8479	38.0574
D-PerceptCT [24]	38.1989	42.6463	0.9429	0.9795	0.0125	0.0075	0.4986	0.6587	0.0222	0.0101	0.0512	0.0354	28.4600	32.5678
TriKD-LDCT - Variant 1 (Ours)	58.4277	52.8385	0.9968	0.9931	0.0024	0.0046	0.9868	0.9771	0.0028	0.0346	0.0025	0.0178	33.5591	35.1996
TriKD-LDCT - Variant 2 (Ours)	51.0317	56.9000	0.9915	0.9958	0.0057	0.0029	0.9745	0.9818	0.0229	0.0063	0.0193	0.0039	31.7492	36.2108
TriKD-LDCT - Variant 3 (Ours)	60.3131	57.6030	0.9975	0.9961	0.0019	0.0027	0.9903	0.9822	0.0012	0.0050	0.0010	0.0033	39.1000	37.3056

TABLE : Quantitative comparison of TriKD-LDCT (Ours) and SOTA methods using full-reference IQA metrics for 1 mm and 3 mm slice thicknesses on **25% dose**. ↑: higher is better; ↓: lower is better.

Method	PSNR (dB) ↑		SSIM ↑		RMSE ↓		VIF ↑		LPIPS ↓		DISTS ↓		NQM (db) ↑	
	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm	1 mm	3 mm
REDCNN [11]	34.5065	33.7893	0.8467	0.8706	0.0210	0.0238	0.6161	0.5013	0.3333	0.3214	0.2120	0.2053	22.7350	23.9359
WGAN [23]	26.8625	27.1052	0.8127	0.8263	0.0478	0.0465	0.2854	0.3001	0.3876	0.3708	0.2761	0.2664	16.1369	16.3524
CTFormer [17]	29.2638	30.4050	0.7396	0.8057	0.0380	0.0340	0.3959	0.4512	0.2933	0.3409	0.1857	0.2075	24.3737	22.8396
CoreDiff [15]	34.3731	33.1956	0.9430	0.9233	0.0218	0.0255	0.6121	0.5315	0.1214	0.1435	0.1634	0.1723	21.1778	21.3880
D-PerceptCT [24]	32.8551	33.6381	0.9267	0.9297	0.0262	0.0243	0.5369	0.5332	0.1317	0.1321	0.1357	0.1458	24.5767	24.7401
TriKD-LDCT - Variant 1 (Ours)	55.6152	47.3642	0.9957	0.9832	0.0036	0.0101	0.9789	0.9126	0.0053	0.0661	0.0058	0.0381	34.3799	33.2453
TriKD-LDCT - Variant 2 (Ours)	48.9461	49.9079	0.9889	0.9891	0.0074	0.0078	0.9470	0.9273	0.0294	0.0285	0.0244	0.0217	32.1048	33.2483
TriKD-LDCT - Variant 3 (Ours)	56.4966	50.2950	0.9967	0.9891	0.0034	0.0076	0.9769	0.9276	0.0041	0.0280	0.0041	0.0240	38.2091	35.3488

TABLE : Quantitative comparison of TriKD-LDCT (Ours) and SOTA methods using full-reference IQA metrics for 1 mm and 3 mm slice thicknesses on **5% dose**. ↑: higher is better; ↓: lower is better.

Concluding remarks, Challenges and
open problems

Traditional approaches Vs ML-based Approaches

Is it relevant and easy to reconcile the two?

- Signal processing/analysis based approaches
 - Still in use in many scientific problems but declining
- ML-based approaches in computer vision
 - Cutting-edge methods to solve many problems but still suffer from a lack of plausible, solid and attractive theoretical foundations
- Combining Perceptual Approaches, Traditional Signal Processing and DL Architectures is the best way to address the challenging problems in computer vision

Traditional approaches Vs ML-based Approaches

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- Combining Perceptual Approaches, Traditional Signal Processing and DL Architectures is the best way to address the challenging problems in computer vision and medical imaging

Traditional Approaches Vs ML-based Approaches

Are you worried about the rise of artificial intelligence?



NO ...I am worried about the decrease of use of real/human intelligence

Acknowledgements

I would like to thank my PhD students and colleagues who have been involved in one way or another in some parts of this work.