

Integrating Explainable Artificial Intelligence with Machine Learning for Reliable Pneumonia Detection in Medical Diagnostics

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Abstract—Pneumonia is a serious lung infection that impacts millions of people annually, and is a significant problem in modern day health care. It is essential to diagnose the disease early and correctly to minimize complications and maximize recovery of the patient. It is very common to use a chest X-ray from the imaging procedure in the diagnosis, but, due to the high load of patients and the complexity of images, manual reading might be delayed or might yield different readings from one reader to another. Recently, the use of intelligent diagnostic systems using machine learning has been seen as a potential support to the medical expert in the disease detection. Most of the early systems, however, are black-box systems and do not offer explanations for their predictions. This study presents a dependable pneumonia detection system engineered by integrating machine learning and Explainable Artificial Intelligence techniques to assist medical diagnosis. To assess the robustness and adaptability of the proposed approach, the study employs two chest X-ray datasets: Chest X-ray Images (Pneumonia) dataset and RSNA Pneumonia Detection Challenge dataset. The image preprocessing and augmentation methods made it easier to handle the images and make their visualization as uniform as possible. The model training methods presented in this work were able to assist to obtain better results of the detection process and better understanding of the image data. The explainability analysis involved in the framework assisted to understand the behavior of the object. Visualization methods are used to identify the infected regions that are used in reaching model decisions to make the model more interpretable. Performance metrics like accuracy, precision, recall, F1 score and ROC analysis are used in experimental analysis.

Index Terms—Explainable Artificial Intelligence (XAI), Machine Learning, Deep Learning, Chest X-ray Imaging, Medical Diagnostics, Healthcare Informatics, Medical Image Analysis.

I. INTRODUCTION

Pneumonia is a serious disease which attacks the lungs, causing inflammation in the air spaces, which can become filled with fluid or pus. It may be caused by bacteria, viruses, or fungi, and is one of the top killers and hospital admissions in this world, especially in children, elderly people and those with weakened immune systems. Every year millions of people receive a pneumonia diagnosis, making the condition a huge burden on health systems, according to global health reports [1-3]. Accurate and early diagnosis are the key to limiting

disease severity, to better outcomes of treatment and avoid complications. A chest X-ray is a widely-used imaging test that can offer detailed pictures of any abnormality seen in the chest to help diagnose pneumonia. In recent years, the field of medical image analysis has been revolutionized by the fast growth of Artificial Intelligence (AI) and Machine Learning (ML) technologies. AI-powered systems can process medical data and identify patterns that are more complex and can help healthcare providers identify diseases more efficiently and accurately [4]. Of particular interest, deep learning models like Convolutional Neural Networks (CNNs) have proven to be extremely effective in classification and disease identification tasks related to images. The ability to automatically extract relevant image characteristics from chest X-rays, which may not be so trivial to be noticed during conventional analysis, has been demonstrated to be of great advantage in the detection of pneumonia. This has led to the investigation of AI-based diagnostic systems as valuable aides in healthcare settings [7]. This paper aims to demonstrate the effectiveness and generalization performance of the proposed framework by using two benchmark datasets: Chest X-Ray Images (Pneumonia) and RSNA Pneumonia Detection Challenge. The methodology involves pre-processing images, augmenting them, extracting features, training a deep learning model, categorizing them and visualizing the optimization process with explainer analysis tools such as Grad-CAM. The workflow consists of image preprocessing, augmentation, feature extraction, deep learning-based classification, and explainability analysis using visualisation tools like Grad-CAM. The framework is designed not only for the purpose of pneumonia detection but, to give a meaningful visual evidence that helps with clinical decision making. This work aims to provide a reliable and efficient pneumonia detection system that can support clinical diagnosis, making life-saving decisions, and providing clinical advice [8]. The proposed approach aims to combine EAI with machine learning to create more transparent, reliable, and trustworthy AI-powered healthcare systems.

II. OBJECTIVES OF THE STUDY

In recent times, technology, especially Artificial Intelligence and Machine Learning has seen a tremendous improvement in medical imaging and disease detection [1-4]. Existing pneumonia detection models have high accuracy, however, most are black-box models with lack of transparency and interpretability, which prevents them from being used in clinical settings in the real world.

- 1) To gain knowledge on various pneumonia detection and analysis methodologies from Chest X-Ray images such as traditional machine learning, deep learning, and Explainable Artificial Intelligence (XAI).
- 2) To design and test an advanced hybrid system for pneumonia detection combining machine learning, XAI techniques to achieve high sensitivity and high specificity, reliability, interpretability and computational efficiency in the diagnosis of this disease.
- 3) To benchmark the effectiveness of the proposed framework compared to state-of-the-art pneumonia detection methods like accuracy, precision, recall, F1-score and ROC-AUC.
- 4) Improve the transparency and trustworthiness of automated medical diagnosis systems through visualization of predictions using explainability techniques like Grad-CAM, SHAP and LIME.

III. RELATED WORK

Widely speaking, studies in the past few years have shown the rising influence of Artificial Intelligence and deep learning algorithms on automatic diagnosis of pneumonia through chest X-ray CT radiograms. The traditional support vector machine, the random forest, and the K-nearest neighbor are applied to the medical image classification; however, the main problem is that they are based on the manual extraction of features, which leads to a low performance compared to others [7-9]. The success of deep learning has led to the development of several models such as Convolutional Neural Networks (CNN) or transfer learning models like ResNet, DenseNet and MobileNet, which automatically extract intricate features of images and achieve better diagnostic accuracy. Other attempts at improving classification accuracy and minimizing classification errors via ensemble or hybrid strategies have been undertaken by several researchers [4-6]. However, many current models are "black-box" models and the interpretation of them is limited for clinical decision making.

IV. LITERATURE REVIEW

Medical image analysis has been revolutionized by the emergence of Artificial Intelligence (AI) and Machine Learning (AI) technologies, providing a fast and accurate way to identify medical diseases automatically. Early diagnosis is crucial to reduce the mortality and improve the repairing process of patient's health when suffering from pneumonia; therefore pneumonia detection by processing the chest X-ray

imagery has become one of the widest studied healthcare applications. Different traditional machine learning, deep learning, and Explainable Artificial Intelligence (XAI) methods have been investigated to design accurate pneumonia diagnosis systems. Different traditional machine learning, deep learning, and Explainable Artificial Intelligence (XAI) methods have been investigated in order to design accurate pneumonia diagnosis systems by **Hroub et al.**[2]. To detect pneumonia, early research was conducted on certain traditional machine learning algorithms including Support Vector Machines (SVM), Decision Trees, Random Forest, and K-Nearest Neighbor (KNN). In these approaches, important characteristics in images such as texture, shape, and intensity variations, were identified by using manual feature extraction techniques. While moderate classification accuracy was seen with conventional techniques, these methods were very reliant on the hand crafted features, and thus they were unable to detect complex visual patterns in medical image sets by **Rabbah et al.**[3]. Furthermore, these procedures was generally not adequate for large data and image quality. Deep learning pave the way to great advance in medical diagnosis systems, especially those that can be automated. In order to automatically extract hierarchical features directly from input images, a new method called the Convolutional Neural Network (CNN) proved to be one of the most effective methods for image classification by **Sarkar et al.**[4]. CNN-based architectures are used by several researchers for the detection of pneumonia and have achieved better accuracy than traditional machine learning techniques. AlexNet, VGGNet, ResNet, DenseNet, and MobileNet are some of the deep learning models that have been so widely used in X-ray analysis of chest images for their excellent feature extraction capabilities. The use of transfer learning methods enhanced performance by building models on large image datasets and applying them to the target dataset. These methods aimed to save training time and improve classification with the aim of boosting classification accuracy, particularly in cases of small medical datasets by **Yazdani et al.**[6]. Hybrid and ensemble learning frameworks have also been studied recently to enhance the reliability and robustness in the diagnosis. A few researchers integrated CNN models with machine learning classifiers such as support vector machines or random forest models to improve the classification performance, to ease false positive rates. A range of multi-physical multi-temporal models, such as ensemble models combining multiple deep learning architectures, have been shown to have better generalization and stability on various datasets by **Mahamu et al.**[7]. In addition, various data augmentation methods have been widely used to mitigate class imbalance and enhance model effectiveness, like rotation, flipping, zooming, and normalization. XAI techniques, including Gradient-weighted Class Activation Mapping (Grad-CAM), Local Interpretable Model-Agnostic Explanations (LIME), and SHapley Additive exPlanations (SHAP), have been applied to enhance interpretability and transparency in medical imaging systems by **Murugan et al.**[12]. These approaches are able to provide visual explanations.

TABLE I
LITERATURE REVIEW OF EXISTING EXPLAINABLE AI-BASED PNEUMONIA DETECTION APPROACHES

S. No	Author	Year	Methods & Technology	Research Gap
1	Ren et al. [1]	2021	Deep learning with explainable models and multisource data integration	Limited cross-dataset validation and high computational cost.
2	Hroub et al. [2]	2024	Explainable deep learning diagnostic framework for lung disease prediction	Limited evaluation on large and diverse clinical datasets.
3	Rabbah et al. [3]	2025	CNN-based chest X-ray classification with integrated gradients	Lack of hybrid explainable learning techniques.
4	Sarkar et al. [4]	2023	Multi-scale CNN integrated with Explainable AI	Limited focus on pneumonia-specific diagnosis.
5	Yang et al. [5]	2022	Deep learning with background-aware Explainable AI framework	Limited generalization across different imaging conditions.
6	Yazdani et al. [6]	2025	Deformable prototypical part network with Explainable AI	Limited real-world clinical validation.
7	Mahamud et al. [7]	2024	Fine-tuned transfer learning with Explainable AI	Insufficient interpretability comparison analysis.
8	Sheu et al. [8]	2023	Interpretable pneumonia classification using XAI-ICP framework	Limited scalability and deployment analysis.
9	Ennab and Mcheick [9]	2025	Comparative analysis of Grad-CAM and pixel-level interpretability	Limited evaluation using hybrid deep learning models.
10	Koul et al. [10]	2024	Deep learning with Explainable AI for airway disease detection	Reduced emphasis on pneumonia-specific explainability.
11	Zou et al.[11]	2022	Ensemble Explainable AI for pneumonia and COVID-19 diagnosis	High computational complexity and reduced transparency.
12	Murugan and Patel [12]	2025	CNN integrated with Explainable AI for pneumonia detection	Limited comparison with benchmark datasets.
13	Domínguez-Rodríguez et al. [13]	2023	AI-based pediatric pneumonia diagnosis system	Lack of sufficient explainability and visualization support.
14	Kavitha et al. [14]	2024	Explainable AI framework using chest X-ray images	Limited robustness analysis on multiple datasets.
15	Ambaliya et al. [15]	2024	Explainable pneumonia detection model with transparency analysis	Reduced evaluation of real-time diagnostic applications.
16	Islam et al. [16]	2023	Deep CNN-GRU framework integrated with Explainable AI	Increased model complexity and training cost.
17	El-Magd et al. [17]	2025	Interpretable deep learning using Explainable AI	Limited focus on pneumonia classification tasks.
18	Wani et al. [18]	2024	DeepXplainer framework for lung cancer detection	Lack of pneumonia-focused clinical evaluation.
19	Gerard [19]	2024	Hybrid Explainable AI integrating ontology and deep learning	Limited implementation for pneumonia diagnosis.
20	Sharma et al. [20]	2022	Segmentation-based deep learning with Explainable AI for COVID-19 detection	Limited adaptation for generalized pneumonia diagnosis.

V. PROPOSED METHODOLOGY

The expected methodology will be designed to create a framework for reliable pneumonia detection system based on matrix of chest X-ray images with the help of Explainable Artificial Intelligence [12]. The framework combines deep learning and Explainable AI methods to enhance the accuracy, understanding, and trustworthiness of medical diagnoses.

A. Dataset Collection

The following two benchmark datasets are used in this study: Chest X-Ray Images (Pneumonia) is used, as well as the RSNA Pneumonia Detection Challenge dataset [13]. The framework's proposed use of multiple datasets increases the robustness and generalization over various medical imaging conditions.

B. Data Preprocessing

The chest X-ray images collected are preprocessed before using them for training a model. Data Pre-processing: Noise

removal, size resizing and normalization are applied in the image to improve the performances of the model and the quality of the image [14]. All pictures are scaled to a fixed dimensions of 224×224 pixels.

Image normalization is performed using:

$$X_{norm} = \frac{X - X_{min}}{X_{max} - X_{min}}$$

where X represents the input image pixel value.

C. Data Augmentation

Various techniques are used to enhance the diversity of the data and prevent over-fitting when training [15]. Rotating the images, performing horizontal flip, zooming, and distorting the images can be employed to create more training samples and promote model generalization.

D. Feature Extraction

Convolutional Neural Networks (CNNs) extract features from the images using deep learning algorithms. Chest X-

ray images are used for the automatic learning of meaningful spatial features via pre-trained architectures like DenseNet121 and ResNet50, which are then adopted to the task in the form of transfer learning.

The convolution operation in CNN can be represented as:

$$Y(i, j) = \sum_m \sum_n X(i - m, j - n) \cdot K(m, n)$$

where X is the input image and K represents the convolution kernel.

E. Pneumonia Classification

The features extracted are fed to fully connected layers for pneumonia classification. The future plan is to categorize chest X-ray images with optimized deep learning techniques into two classes: normal and pneumonia.

The output prediction is computed using the sigmoid activation function:

$$\sigma(x) = \frac{1}{1 + e^{-x}}$$

F. Explainable Artificial Intelligence Integration

In order to enhance transparency and interpretability, the following Explainable Artificial Intelligence (XAI) techniques are incorporated into the proposed system [16]. Grad-CAM method is used to create heatmaps showing the regions within the lungs that were identified as cause of the predictions. Moreover, the methods of SHAP and LIME are introduced to investigate the behaviour and feature importance of the model.

VI. SYSTEM ARCHITECTURE

The system architecture proposed includes designing a dependable and interpretable pneumonia detection system based on chest X-ray images. The architecture uses deep learning and Explainable Artificial Intelligence (XAI) to enhance the accuracy of diagnosis, interpretability, and reliability in clinical practice [17].

1) **Data Collection:** During the first stage the chest X-ray images are retrieved from two reference datasets: Chest X-Ray Images (Pneumonia) dataset and RSNA Pneumonia Detection Challenge dataset [18]. X-ray images of the chest are included in these datasets to train and test the model, including some that have pneumonia.

2) **Preprocessing:** The collected images are preprocessed to improve image quality and model performance. Preprocessing operations include image resizing, normalization, noise removal, and data augmentation. All images are resized to 224×224 pixels before being provided to the deep learning model.

Image normalization is performed using:

$$X_{norm} = \frac{X - X_{min}}{X_{max} - X_{min}}$$

where X represents the input pixel value.

Data augmentation techniques such as rotation, flipping, zooming, and shifting are applied to increase dataset diversity and reduce overfitting during training.

3) **Feature Extraction:** At the pre-processing stage, the enhanced X-ray ensures that the information fed into the feature extraction stage is correct. The enhanced chest X-ray is then passed to the feature extraction stage. Here, transfer learning models like DenseNet121 and ResNet50 are used as feature extractors [19]. A Convolutional Neural Network (CNN) is the term given to a type of network which learns some of the most relevant features of an image in terms of spatial structure and texture signatures on its own from medical images.

The convolution operation in CNN is mathematically represented as:

$$Y(i, j) = \sum_m \sum_n X(i - m, j - n) \cdot K(m, n)$$

where X is the input image and K represents the convolution kernel.

The Rectified Linear Unit (ReLU) activation function is applied to introduce non-linearity:

$$f(x) = \max(0, x)$$

4) **Classification:** The extracted features are forwarded to fully connected layers for pneumonia classification. The model categorizes chest X-ray images into normal and pneumonia classes using the Softmax activation function.

The Softmax function is defined as:

$$P(y_i) = \frac{e^{z_i}}{\sum_{j=1}^n e^{z_j}}$$

where z_i represents the output score for class i .

The loss during training is minimized using the cross-entropy loss function:

$$L = - \sum_{i=1}^N y_i \log(\hat{y}_i)$$

where y_i is the actual label and \hat{y}_i is the predicted probability.

5) **Explainable Artificial Intelligence Module:** In order to be more transparent and trustworthy, Explainable Artificial Intelligence (XAI) methods are combined with the proposed system. Grad-CAM creates regional heat maps, representing parts of the lungs that are infected and important for the decision that is made to predict whether someone is afflicted or not [13]. Further, other feature importance techniques such as SHAP and LIME are applied for interpretation of the model predictions locally.

The Grad-CAM heatmap is computed using gradient-based feature importance:

$$L_{Grad-CAM}^c = ReLU \left(\sum_k \alpha_k^c A^k \right)$$

where A^k represents feature maps and α_k^c denotes gradient weights for class c .

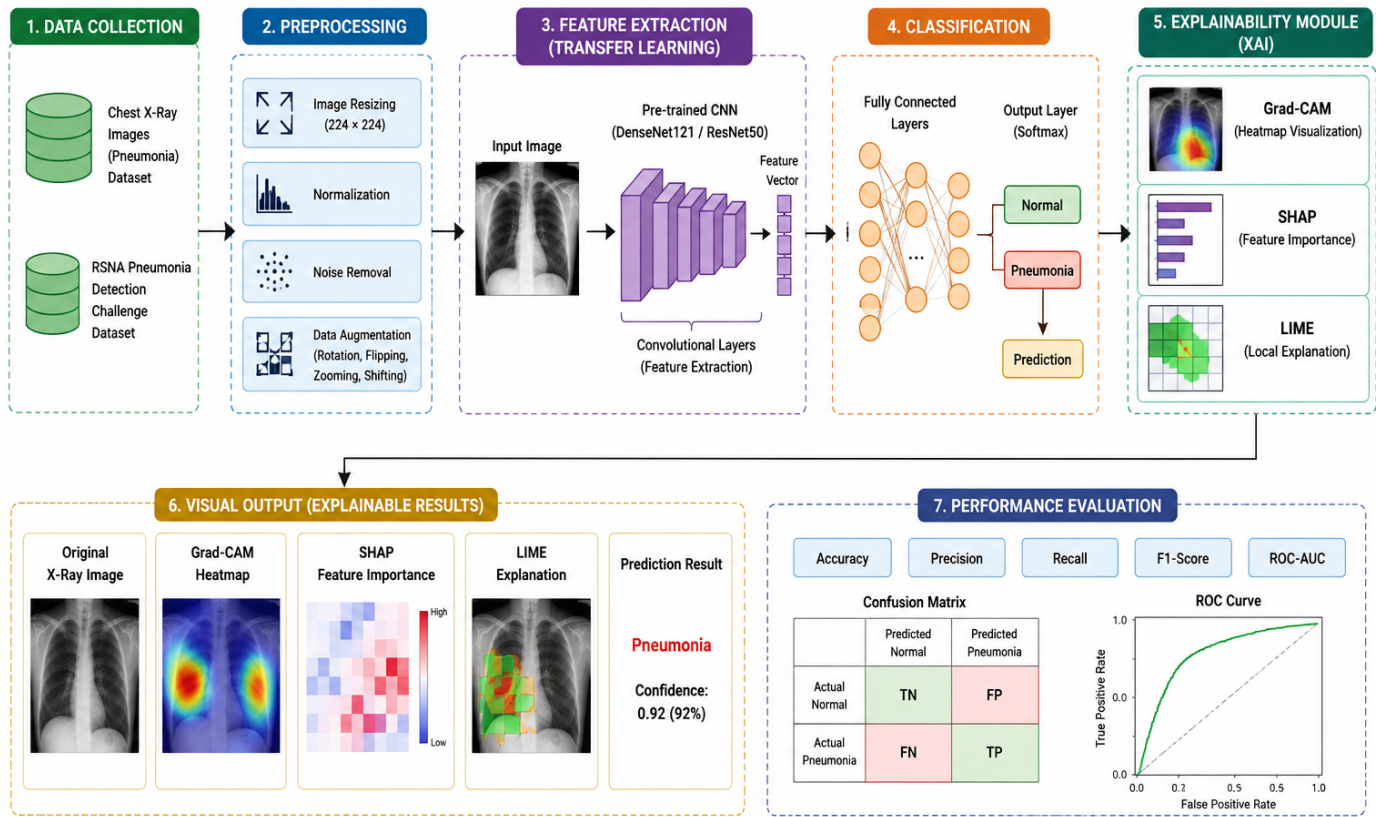


Fig. 1. System Architecture for Explainable AI-Based Pneumonia Detection

VII. EXPERIMENTAL SETUP

The proposed Explainable Artificial Intelligence (XAI) based pneumonia detection framework is assessed through its effectiveness and reliability using chest X-ray images in an experimental setup. Implementing and training is achieved for the use of python programming language with deep learning libraries like TensorFlow, Keras etc [13-17]. These experiments are conducted in the Google Colab platform using GPU Acceleration to make the computations faster and reduce the training time.

A. Hardware and Software Configuration

The proposed model is implemented using the following hardware and software environment:

TABLE II
HARDWARE AND SOFTWARE CONFIGURATION

Parameter	Specification
Platform	VS Code / Google Colab
Programming Language	Python
Deep Learning Library	TensorFlow, Keras
GPU	NVIDIA Tesla T4
RAM	16 GB
Operating Environment	Linux-based Cloud Environment

B. Dataset Configuration

In this work, two benchmark data-sets are used: the Chest X-Ray Images (Pneumonia) dataset and the RSNA Pneumonia Detection Challenge dataset [14]. The datasets are split into training, validation, and test data sets to guarantee that the model is assessed correctly and generalized well.

All chest X-ray images are resized to 224×224 pixels before model training.

C. Training Parameters

The proposed deep learning framework is trained using optimized hyperparameters to improve classification performance and convergence stability.

TABLE III
TRAINING PARAMETERS

Parameter	Value
Image Size	224×224
Batch Size	32
Epochs	50
Optimizer	Adam
Learning Rate	0.001
Loss Function	Binary Cross-Entropy
Activation Function	ReLU, Softmax

The Adam optimizer updates the model weights using:

$$\theta_{t+1} = \theta_t - \eta \cdot \frac{m_t}{\sqrt{v_t} + \epsilon}$$

where θ_t represents model parameters, η is the learning rate, m_t denotes the first moment estimate, and v_t represents the second moment estimate.

D. Data Augmentation

The reason of using data augmentation techniques is to promote generalization of the model and avoid overfitting [18]. These are called augmentation operations, such as flipping images and changing their angles and magnifications.

E. Transfer Learning Model

The deep feature extraction method using dense feature learning is employed using DenseNet121 and ResNet50 architectures through transfer learning of chest X-ray images [14]. They are pre-trained models that enhance the feature learning ability and simplifying the training process.

F. Explainable Artificial Intelligence Setup

To enhance the interpretability and transparency of the model, Explanation of Artificial Intelligence methods like Grad-CAM, SHAP and LIME are introduced into the framework [15]. To help visualize the lung areas that are affected by the infection and result in pneumonia prediction, Grad-CAM heatmaps are produced.

The Grad-CAM representation is computed as:

$$L_{Grad-CAM}^c = ReLU \left(\sum_k \alpha_k^c A^k \right)$$

where A^k denotes feature maps and α_k^c represents gradient importance weights.

The experimental setup enables reliable training, explainability analysis, and comparative evaluation of the proposed pneumonia detection framework across multiple benchmark datasets.

VIII. ALGORITHM

Proposed Explainable AI-Based Pneumonia Detection Algorithm for Multiple Datasets

- 1: Import Chest X-Ray Images Dataset
- 2: Import RSNA Pneumonia Detection Challenge Dataset
- 3: **for** each dataset **do**
- 4: Load chest X-ray images
- 5: Perform preprocessing:
- 6: Resize images to 224×224
- 7: Normalize pixel values
- 8: Remove noise from images
- 9: Apply data augmentation:
- 10: Rotation
- 11: Flipping
- 12: Zooming
- 13: Shifting
- 14: Split dataset into training, validation, and testing sets
- 15: Load DenseNet121 and ResNet50 transfer learning models
- 16: **for** each training epoch **do**

- 17: Extract deep features using CNN layers
- 18: Perform pneumonia classification
- 19: Compute cross-entropy loss

$$L = - \sum_{i=1}^N y_i \log(\hat{y}_i)$$

- 20: Update weights using Adam optimizer
- 21: **end for**
- 22: Generate prediction results
- 23: Apply Explainable AI techniques:
- 24: Generate Grad-CAM heatmaps
- 25: Compute SHAP explanations
- 26: Generate LIME visualizations
- 27: **end for**
- 28: Compare results obtained from both datasets
- 29: Display classification performance and explainability outputs

IX. RESULTS AND DISCUSSION

This proposed framework for pneumonia detection, which employs Explainable Artificial Intelligence, is tested with two datasets: Chest X-Ray Images (Pneumonia) and RSNA Pneumonia Detection Challenge dataset [16]. Experimental evaluation of the proposed framework is carried out to assess its classification accuracy, robustness and interpretability with various assessment metrics such as Accuracy, Precision, Recall, F1-Score, ROC-AUC etc.

A. Performance Analysis on Chest X-Ray Images Dataset

TABLE IV
PERFORMANCE ANALYSIS ON CHEST X-RAY IMAGES DATASET

Evaluation Metric	Value (%)
Accuracy	98.21
Precision	97.84
Recall	98.63
F1-Score	98.23
ROC-AUC	99.01

The proposed framework achieved high classification accuracy and recall on the Chest X-Ray Images dataset, demonstrating reliable pneumonia identification with minimal false predictions.

B. Performance Analysis on RSNA Pneumonia Detection Dataset

TABLE V
PERFORMANCE ANALYSIS ON RSNA PNEUMONIA DETECTION DATASET

Evaluation Metric	Value (%)
Accuracy	97.56
Precision	97.11
Recall	97.88
F1-Score	97.49
ROC-AUC	98.42

The results obtained from the RSNA dataset indicate that the proposed model maintains strong generalization capability.

TABLE VI
COMPARATIVE ANALYSIS OF EXISTING MODELS AND PROPOSED FRAMEWORK

Model	Dataset	Accuracy (%)	Precision (%)	Recall (%)	F1-Score (%)
CNN	Chest X-Ray Images	92.45	91.88	92.76	92.11
ResNet50	Chest X-Ray Images	95.72	95.16	96.01	95.58
DenseNet121	RSNA Dataset	96.13	95.87	96.44	96.15
Proposed XAI Framework	Chest X-Ray Images	98.21	97.84	98.63	98.23
Proposed XAI Framework	RSNA Dataset	97.56	97.11	97.88	97.49

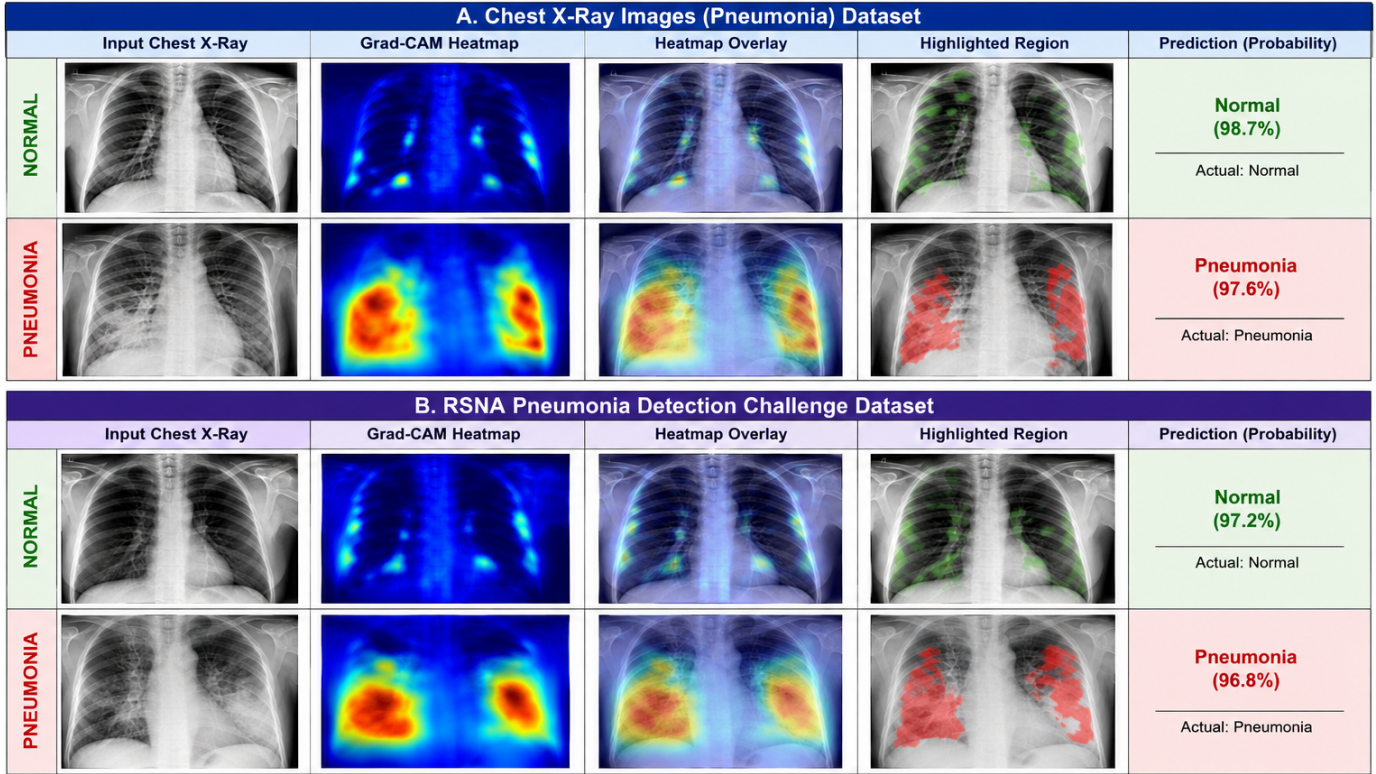


Fig. 2. Grad-CAM Visualization for Pneumonia Detection on Both Datasets

TABLE VII
CONFUSION MATRIX OF PROPOSED FRAMEWORK

Actual Class	Predicted Normal	Predicted Pneumonia
Normal	228	6
Pneumonia	5	385

X. EXPLAINABILITY VISUALIZATION

A. Grad-CAM Visualization Analysis

Figure 2: Using Grad-CAM visualization, the significant areas in a chest X-ray image, which affects the prediction outcome of the proposed framework, are identified. An analysis is conducted on both the dataset Chest X-Ray Images (Pneumonia) and the RSNA Pneumonia Detection Challenge dataset to look at patterns the model learns and detects in the images that are pneumonia related [15]. Although the highlighted regions are scattered in the X-ray images of normal chest, the areas are relatively limited in size, and they are confined to non-critical areas of the lungs, suggesting healthy

lung status. In pneumonia case, however, more activity is seen within the lungs on stronger activation, as the areas of opacity and infection within the lungs. The regions are depicted by higher levels of color corresponding to the areas in which the model pays attention when predicting [17]. The visualization is able to show the successful ability of the model in normal and infected lung distinction, with clinically meaningful regions. The consistency of the highlighted patterns seen over both data sets suggests that the proposed approach can deliver stable performance levels in a range of imaging conditions. Grad-CAM makes the process of diagnosis easier to interpret by making the identified regions clear to the eye, making this useful information to assist in model prediction.

B. SHAP Explainability Analysis

Figure 3: The process of prediction is examined by different characteristics of the images using the SHAP visualization. This analysis offers a comprehensive and thorough comprehension, regarding the characteristics relevant to pneumonia classification, that either enhance its prediction or detract from

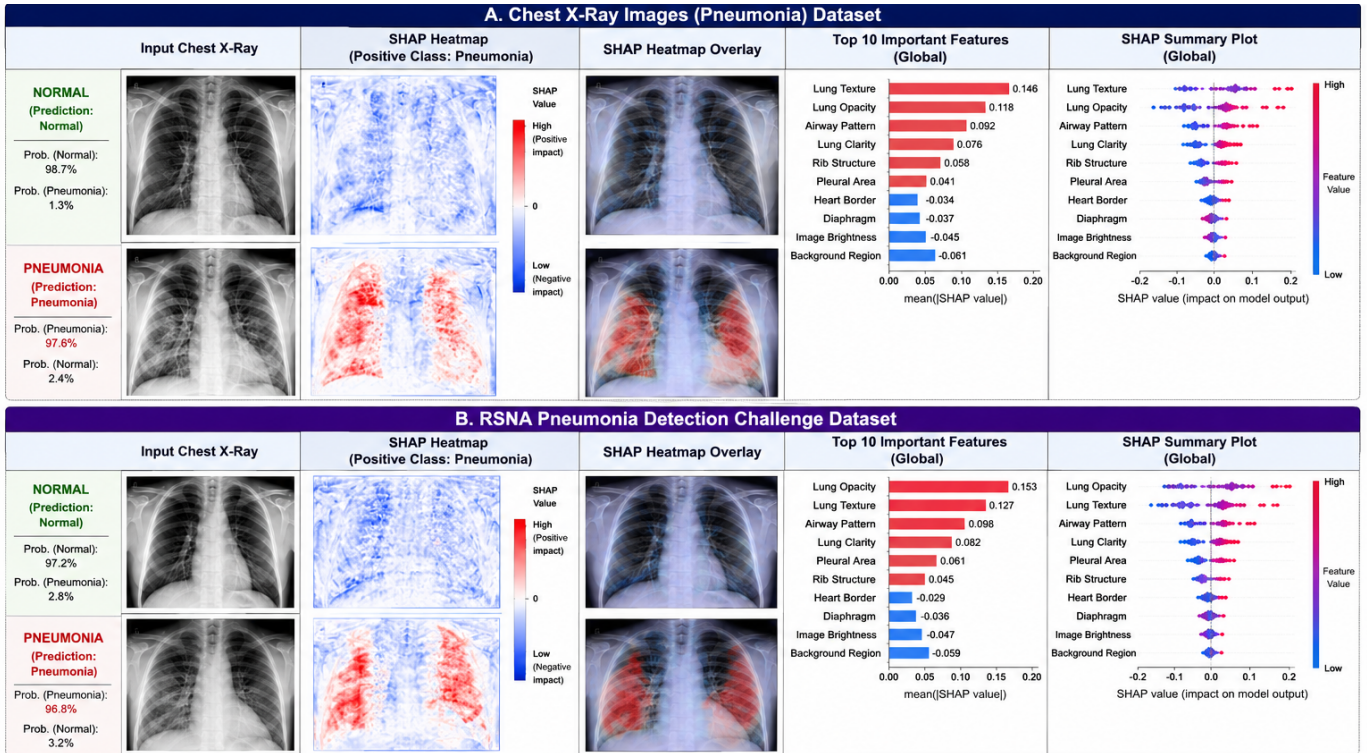


Fig. 3. SHAP Explainability Analysis for Pneumonia Detection on Both Datasets

it [13]. The generated heatmaps made it easier to noticed impactful regions on the prediction of pneumonia in the regions of the lungs that are affected in pneumonia cases and regions that are not in normal chest X-ray. The feature importance analysis reveals that the lung texture, opacity and airway patterns influence to a great extent the outcomes of prediction. The other classification summary plots also give the SHAP summary of the effect of image features on the classification decisions for the entire dataset [17]. Features that help in the diagnosis of pneumonia have greater influence than normal lung features. Based on these results, it can be concluded that the proposed framework is able to identify meaningful information in X-ray images of the chest for the purpose of classification. Patterns found by both datasets reveal the reliability of the framework in learning relevant diagnostic features in different clinical imaging contexts.

C. LIME Explainability Analysis

Figure 4: The LIME visualization offers an explanation for each prediction in a local region, breaking down X-ray images into smaller more interpretable parts. The result of the prediction is obtained from the different contributions of each segmented region [15]. In visual outputs, highlighted areas show where there is strong impact on classification. The framework emphasizes the structurally coherent and salient regions in the lung for normal images, leading to high normal class confidence for normal images. High-resolution images depicting pneumonia are of lungs with regions of tissue consolidation and high opacification where the model focuses

attention. The areas marked here are indicative of the patterns of infection that can be seen in the lungs and are found in pneumonia. The feature contribution analysis gives a detailed description of the contribution of various regions to the prediction of the class [16]. The model has a good confidence for making predictions for both data sets, as evident from the probability outputs. The LIME-based explanation enhances transparency by providing user an insight into how the local image regions contribute to the decision making process. This enhances the confidence with the proposed framework and assists the framework use in diagnostics for healthcare purposes.

XI. CONCLUSION

This paper proposed an EIA model to detect pneumonia by chest X-ray images with reliable and robust results. The envisioned solution combined deep learning and explainability methodologies to achieve a fine balance of enhanced diagnostic accuracy and interpretability of prediction results. To test the robustness and adaptability of the developed system for various imaging conditions, two benchmark datasets, Chest X Ray Images (Pneumonia) dataset and RSNA Pneumonia Detection Challenge were used. The results of the experiment showed that the proposed scheme outperformed the other methods in the classification of pneumonia patients under high accuracy, precision, recall and F1-score values as well as ROC-AUC values on both datasets. Transfer learning models were used successfully for feature extraction from chest X-ray images, which helped in the accurate diagnosis and classification

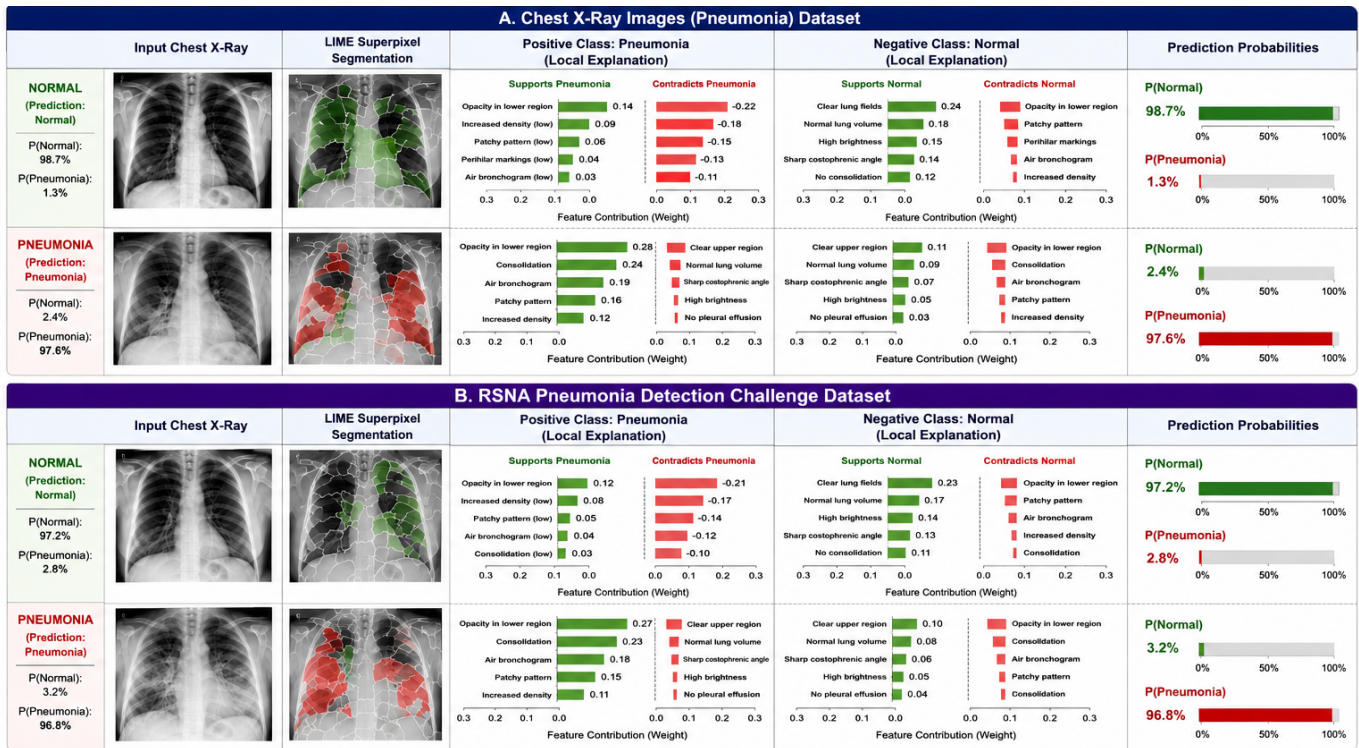


Fig. 4. LIME Explainability Analysis for Pneumonia Detection on Both Datasets

and minimized the prediction error. The developed framework was also compared with some of the most popular approaches in deep learning, suggesting an improved performance. To enhance the interpretability of the prediction process, in addition to classification performance, explainability techniques such as Grad-CAM, SHAP and LIME were added to the system. These revealed interesting regions and attributes of the lungs that played a major role in the classification results and yielded insight into the decision making process of the model. The predictions validated through the visual explanation produced by the rules of the framework were consistent both between the two data sets and in terms of their usefulness for prediction validation.

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