

A Survey on Advanced Image Processing Techniques for Telemedicine and Smart Healthcare Systems

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Abstract - Telemedicine and smart healthcare systems have emerged as transformative solutions to bridge the gap between medical expertise and underserved populations, particularly in remote or rural areas. At the heart of this transformation lies medical image processing, which aids in early diagnosis, effective monitoring, and timely treatment of diseases. This survey paper investigates the latest advancements in image processing techniques, with a particular focus on segmentation, shape analysis, texture analysis, compression, and fusion of multimodal medical images. In the diagnosis of brain tumors and other critical ailments, accurate segmentation helps distinguish between benign and malignant growths, while shape and texture descriptors enhance diagnostic confidence. Image compression, especially lossless techniques, facilitates secure and efficient transmission of medical data in telemedicine environments. Furthermore, image fusion integrates complementary information from multiple imaging modalities like MRI, CT, PET, and SPECT, offering a holistic view of the patient's condition. By referencing state-of-the-art methods published in IEEE, Springer, and Elsevier journals from 2024 and 2025, this paper offers a comprehensive overview of research trends and identifies challenges in the domain. The study also explores how these techniques contribute to the development of real-time, hardware-integrated smart healthcare systems, paving the way for more accessible and effective clinical services through telemedicine.

Keywords: Image Processing, Medical Imaging, Telemedicine, IoMT, Segmentation, Compression, Image Fusion, Smart Healthcare.

I. Introduction

The exponential growth in medical imaging technologies has drastically enhanced clinical diagnostics and therapeutic planning. Modalities such as Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET), and Ultrasound now play a critical role in diagnosing, monitoring, and treating numerous diseases [1]. These modalities generate vast volumes of high-resolution

data, necessitating robust techniques in image fusion, compression, and feature extraction to manage, interpret, and transmit this data efficiently—especially within telemedicine and smart healthcare frameworks.

Telemedicine has emerged as a crucial solution for delivering healthcare to remote or resource-constrained regions, allowing the remote acquisition, transmission, and analysis of patient data. A critical aspect of telemedicine is the transmission of high-quality medical images, which is often constrained by limited bandwidth and storage. Hence, efficient image compression techniques that maintain diagnostic quality are essential [2], [3]. Furthermore, medical image fusion techniques enhance diagnostic accuracy by combining complementary information from different imaging modalities. For example, integrating structural data from MRI with metabolic data from PET results in a more holistic view of pathological conditions [4], [5].

The importance of image fusion in smart healthcare systems cannot be overstated. Multimodal fusion facilitates better visualization and understanding of complex medical conditions by synthesizing information into a single, coherent representation [1], [6]. Researchers have developed a wide range of fusion techniques, from basic pixel-based methods to more advanced transform domain approaches (e.g., wavelet, NSCT, PCA, DWT) and artificial intelligence (AI)-driven frameworks [4], [7], [8]. AI-based fusion is gaining traction due to its ability to model non-linear relationships and preserve high-level semantic features in fused images, as highlighted in recent surveys [1], [9].

In parallel, image compression techniques are essential to meet the data storage and transmission demands of telemedicine applications. Lossless and near-lossless compression methods are preferred in clinical settings to prevent the loss of diagnostically critical details. Context-based adaptive arithmetic coding (CABAC), JPEG2000, and transform-based techniques have been widely used for medical image compression [2], [10], [11]. For example, Loksha et al. [2] proposed a multi-resolution approach using wavelet

transforms to maintain fidelity while achieving significant compression ratios, thus reducing latency in tele consultations.

Beyond fusion and compression, shape and texture feature extraction plays a pivotal role in automated diagnostic systems. Shape-based features such as contours, curvature, and geometric properties assist in identifying structural anomalies, while texture features derived from statistical, structural, or model-based methods provide insights into the tissue micro architecture [12], [13]. Feature extraction facilitates tasks such as segmentation, classification, and pattern recognition, which are integral to computer-aided diagnosis (CAD) systems and AI-based decision support [14].

In smart healthcare systems, these techniques converge to deliver intelligent services. For instance, image fusion and compression can facilitate real-time remote consultations by reducing data size while preserving diagnostic quality. At the same time, extracted features can serve as inputs to machine learning models for automated classification and decision-making [1], [6], [9]. The integration of these components enables personalized medicine, where decisions are guided by comprehensive analysis of fused data and predictive modeling.

Moreover, the recent surge in deep learning has accelerated advancements across all three domains. Convolutional neural networks (CNNs), autoencoders, and attention mechanisms are being used for fusion [4], [6], compression [10], and even direct feature learning from raw images [15]. These models can automatically learn hierarchical representations, surpassing traditional handcrafted techniques in accuracy and robustness.

Despite significant progress, several challenges remain. Fusion methods often suffer from information loss or the introduction of artifacts, while compression must strike a balance between efficiency and fidelity. Feature extraction must be robust to noise, variability in imaging parameters, and patient heterogeneity [13], [14]. Moreover, ensuring interoperability, privacy, and regulatory compliance in telemedicine platforms adds further complexity.

This survey paper focuses on the state-of-the-art techniques in medical image fusion, compression, and shape and texture feature extraction, with a specific emphasis on their integration into telemedicine and smart healthcare applications. The objectives are threefold:

1. To review and analyze advanced fusion and compression techniques that enhance telemedicine efficiency.
2. To explore shape and texture feature extraction methods and their relevance in automated diagnosis.
3. To investigate the synergy of these techniques in the broader context of AI-driven smart healthcare systems.

Remaining sections structure the paper is as follows: Section 2 reviews multimodal image fusion approaches. Section 3 presents medical image compression strategies tailored for telemedicine. Section 4 delves into shape and texture feature extraction. Section 5 discusses their integration into AI systems and smart healthcare, followed by Section 6 which highlights open challenges and future research directions.

II. Medical Image Fusion Techniques

2.1 Overview

Medical image fusion combines complementary information from different imaging modalities (such as CT, MRI, PET, and SPECT) into a single enhanced image. This fused image provides more comprehensive diagnostic information and helps reduce uncertainty in clinical decisions. CT provides clear anatomical details of bones, MRI offers high contrast resolution of soft tissues, and PET or SPECT provides functional and metabolic activity of tissues [1], [2].

2.2 Classification of Fusion Techniques

Image fusion methods are broadly classified into three levels:

- **Pixel-level fusion:** Combines raw data from source images. This level provides maximum detail but is computationally intensive.
- **Feature-level fusion:** Merges features extracted from source images using descriptors such as edges, contours, or texture measures.
- **Decision-level fusion:** Integrates decisions made after analyzing images independently, often used in AI-assisted diagnosis systems [3].

2.3 Techniques Used

Several image fusion techniques have evolved:

- **Transform-domain techniques** such as Discrete Wavelet Transform (DWT), Dual-Tree Complex Wavelet Transform (DTCWT), and Non-Subsampled Contourlet Transform (NSCT) are popular due to their multiresolution analysis capabilities [4], [5].
- **Sparse Representation**-based fusion offers improved clarity and noise robustness [6].
- **Deep learning** methods like Convolutional Neural Networks (CNNs) and GANs (Generative Adversarial Networks) are emerging as state-of-the-art approaches [7], [8].

2.4 Challenges in Medical Image Fusion

Despite improvements, key challenges include:

- Misalignment of multimodal images
- Loss of critical diagnostic information
- Evaluation and standardization of fusion performance metrics
- Real-time processing constraints for telemedicine

2.5 Future Scope

Ongoing research focuses on:

- Improving accuracy of feature alignment
- Leveraging AI for adaptive fusion strategies
- Integrating fusion with other tasks like segmentation or classification for end-to-end smart healthcare pipelines [9]

III. Medical Image Compression Techniques

3.1 Introduction

The exponential growth of digital medical imaging in healthcare—through modalities such as MRI, CT, PET, and SPECT—has led to large data volumes. Efficient storage and transmission of these images are vital, particularly in telemedicine, where medical data must be transferred securely and swiftly across long distances. Medical image compression aims to reduce redundancy in image data while preserving clinically significant details [10].

Compression methods can be classified into:

- **Lossless compression:** Preserves original image data exactly. Essential for diagnostic images where no loss of clinical detail is acceptable.
- **Lossy compression:** Achieves higher compression ratios by discarding less relevant data. Used where some loss of detail is tolerable, e.g., in preliminary assessments.

3.2 Lossless Compression Techniques

Lossless methods ensure that the reconstructed image is identical to the original. Common algorithms include:

- **Huffman Coding and Run-Length Encoding (RLE):** Simple statistical methods for reducing image size based on pixel value frequency [11].
- **Predictive Coding:** Uses pixel neighborhood information to predict pixel values [12].
- **JPEG-LS and JPEG 2000 (Lossless mode):** Standards specifically designed for medical image compression with support for DICOM formats [13].

3.3 Lossy Compression Techniques

Though lossy methods offer higher compression ratios, caution is necessary in medical imaging. Techniques include:

- **Transform Coding:**
 - Discrete Cosine Transform (DCT): Basis of JPEG standard; effective for natural images but may introduce blocky artifacts.
 - Wavelet Transform (WT): Offers better localization in space-frequency domain. JPEG 2000 supports this.
 - Discrete Wavelet Transform (DWT) and Contourlet Transform have shown excellent performance in compressing medical images [14].
- **Fractal Compression:** Exploits self-similarity in images. High compression but computationally expensive [15].
- **Deep Learning-Based Compression:** CNNs, autoencoders, and generative models are now being applied for adaptive and high-performance compression [16], [17].

3.4 Performance Metrics

Compression techniques are evaluated using metrics such as:

- **Compression Ratio (CR):** Indicates data reduction.
- **Peak Signal-to-Noise Ratio (PSNR) and Structural Similarity Index (SSIM):** Evaluate image quality post-compression.
- **Bitrate:** Bits required per pixel.
- **Diagnostic Acceptability:** Expert validation to confirm no loss of critical clinical details [18].

3.5 Challenges

Despite technical progress, challenges persist:

- Balancing high compression with diagnostic fidelity
- Ensuring compatibility with DICOM standards
- Maintaining real-time performance for telemedicine applications
- Integrating AI-based methods with clinical systems

3.6 Future Scope

Current research is moving towards:

- **Hybrid techniques** combining transform and deep learning methods.
- **Region of Interest (ROI)**-based compression where diagnostically important areas are preserved with higher fidelity.

- **Secure compression:** Embedding encryption with compression for privacy-preserving transmission [19]

IV. Comparison and Analysis of Shape and Texture Feature Extraction Techniques

4.1 Overview

In medical image analysis, the effectiveness of shape and texture feature extraction techniques is critical to the success of diagnostic models. The goal is to identify the method that provides the most relevant and discriminative features for various imaging tasks, such as tumor detection, organ segmentation, and disease classification. This section compares and analyzes the strengths, limitations, and applications of different shape and texture feature extraction techniques, including traditional methods and deep learning-based approaches. We will consider performance metrics such as accuracy, robustness, computational complexity, and interpretability.

4.2 Comparison of Shape Feature Extraction Techniques

Shape feature extraction methods can broadly be categorized into boundary-based and region-based techniques. Both types of methods have their advantages and limitations, as summarized below.

4.2.1 Boundary-Based Features

- **Fourier Descriptors:** Fourier descriptors offer an efficient and compact representation of boundary shapes. They are rotation, scaling, and translation-invariant, making them suitable for analyzing object shapes in medical images. However, they can be sensitive to noise and may not capture local variations effectively [22]. They are often used in detecting simple objects like tumors and lesions in histopathological images.
- **Curvature Scale Space (CSS):** CSS captures the shape's curvature across different scales and is highly effective for detecting complex boundaries, particularly for organs with intricate geometries. However, the computational cost can be high, especially when dealing with large image datasets [23].
- **Chain Code:** Chain code offers a compact and efficient way to represent boundaries, particularly useful in applications with limited computational resources. However, it may lose important shape details during the encoding process, which could impact accuracy in more complex tasks like organ segmentation [24].

4.2.2 Region-Based Features

- **Zernike Moments:** Zernike moments are robust against noise and image transformations, making them ideal for shape analysis in medical imaging. They are often applied in cancer detection and organ boundary extraction. However, their computational complexity can limit their applicability in real-time systems [26].
- **Hu's Invariant Moments:** Hu's moments provide a set of invariant descriptors that are commonly used in shape classification. These moments are computationally inexpensive and effective for applications like tumor detection. However, they may not handle shape deformations or noise as effectively as more advanced methods [27].

4.2.3 Deep Learning-Based Shape Extraction

- **Convolutional Neural Networks (CNNs):** CNNs have revolutionized shape feature extraction in medical imaging. They can automatically learn hierarchical feature representations from raw data, outperforming traditional methods in terms of accuracy and robustness. CNNs are particularly effective for complex tasks like tumor detection and organ segmentation in 3D volumes. However, CNN-based approaches require large annotated datasets for training and are computationally expensive [35].
- **Autoencoders:** Autoencoders are a type of unsupervised deep learning method that can learn compact feature representations. While they have been applied to medical imaging tasks, they may not always capture the detailed shape information needed for precise segmentation or classification tasks [37].

4.3 Comparison of Texture Feature Extraction Techniques

Texture feature extraction plays a significant role in distinguishing between different tissues and abnormal structures in medical images. Here, we compare statistical, model-based, and transform-based texture extraction methods.

4.3.1 Statistical Methods

- **Gray-Level Co-occurrence Matrix (GLCM):** GLCM is widely used due to its simplicity and effectiveness in capturing second-order statistical information. It has been successfully applied in breast cancer detection, lung nodule classification, and liver tumor identification. However, it can be computationally expensive for large images, and the choice of parameters like window size and offset can influence the results [28].
- **Gray-Level Run Length Matrix (GLRLM):** GLRLM is useful for capturing long-range dependencies between

pixels. It has been applied in detecting subtle texture differences in brain MRIs and histopathological images. The method is sensitive to noise and may require preprocessing steps like noise reduction [29].

- **Local Binary Patterns (LBP):** LBP is a highly efficient texture descriptor, particularly useful for texture classification tasks. It is invariant to monotonic intensity changes and has been successfully applied in applications such as retinal image analysis. The main limitation of LBP is its sensitivity to small image rotations [30].

4.3.2 Model-Based Methods

- **Fractal Dimension Analysis:** Fractal dimension analysis quantifies the complexity and roughness of structures. It has been widely used in analyzing tissue heterogeneity, such as in tumor tissues, where irregular texture patterns are often present. However, it may not be effective for images with low contrast or highly smooth textures [31].
- **Markov Random Fields (MRF):** MRF models the spatial dependencies of pixel intensities in images and has been applied in various medical imaging tasks. It is effective in modeling textures in medical images with high noise levels. However, MRF is computationally intensive and requires significant time for parameter optimization [32].

4.3.3 Transform-Based Methods

- **Wavelet Transform:** The wavelet transform provides multi-resolution decomposition, making it suitable for texture analysis at different scales. It has been used in applications like brain tumor detection and lesion classification. The main drawback is the high computational load when dealing with 3D medical images [33].
- **Gabor Filters:** Gabor filters capture both frequency and orientation information, making them suitable for texture analysis in various medical imaging modalities, such as MRI and ultrasound. The limitation of this method is its sensitivity to noise, which can reduce the robustness of the features [34].

4.3.4 Deep Learning-Based Texture Extraction

- **CNN-based Feature Extraction:** As with shape feature extraction, CNNs have proven to be highly effective in learning hierarchical texture features. They can automatically adapt to different types of texture in medical images, significantly outperforming traditional methods. However, CNN-based models require large amounts of training data and high computational power,

making them less practical for small datasets or real-time systems [35].

- **Deep Feature Embedding:** Deep learning approaches, particularly deep feature embedding techniques, are increasingly used to learn texture features for classification tasks. These methods have shown promise in various medical applications but face challenges related to the interpretability of learned features and the need for extensive training data [36].

4.4 Summary of Key Comparisons

Technique	Pros	Cons	Common Applications
Fourier Descriptors	Translation, rotation, and scaling invariance	Sensitive to noise	Tumor and lesion detection
Curvature Scale Space	Captures complex boundaries	High computational cost	Organ boundary detection
Zernike Moments	Rotation and noise invariant	Computationally intensive	Cancer detection
GLCM	Simple, widely used	Sensitive to window size and offset	Tumor and texture analysis
Local Binary Patterns	Efficient, invariant to monotonic intensity changes	Sensitive to small rotations	Retinal image analysis
CNNs	High accuracy, automated feature learning	Requires large datasets and computational resources	Tumor detection, organ segmentation

4.5 Future Directions

The future of shape and texture feature extraction in medical imaging lies in integrating multiple feature types from different modalities to improve diagnostic accuracy. Hybrid approaches combining traditional methods with deep learning models show great promise in addressing the limitations of each individual method. Furthermore, advancements in 3D feature extraction and multimodal fusion are expected to lead to more robust and reliable systems for disease detection and prognosis.

V. Integration into AI Systems and Smart Healthcare

The integration of medical image processing techniques into AI systems and smart healthcare is one of the most

exciting frontiers in modern healthcare technology. The techniques discussed in this paper—**medical image fusion**, **compression**, and **shape and texture feature extraction**—hold significant potential when incorporated into artificial intelligence frameworks, revolutionizing the way medical diagnoses are made and healthcare services are delivered.

AI and Machine Learning Integration: The fusion, compression, and feature extraction methods play a crucial role in enabling AI-driven healthcare systems to make more accurate and faster diagnoses. Machine learning and deep learning algorithms can automate the process of analyzing medical images by learning from vast datasets. For instance, **image fusion** can be integrated with AI algorithms to automatically combine complementary features from multiple imaging modalities, resulting in a single fused image that provides a more comprehensive view of the patient's condition. **Shape and texture feature extraction** methods can be integrated into deep learning models to help AI systems classify and detect abnormalities such as tumours or lesions. AI-based systems can train on these extracted features to perform diagnosis with a level of precision comparable to, or even surpassing, human experts.

Telemedicine and Remote Diagnostics: The integration of these techniques into AI systems significantly enhances the capabilities of **telemedicine**, especially in remote or underserved areas where access to specialized medical expertise may be limited. AI-powered medical image processing can help radiologists and doctors remotely analyse images, detect potential health issues, and make faster decisions. This enables telemedicine platforms to function more efficiently, allowing for accurate diagnoses to be made with minimal delays, regardless of geographic location.

Smart Healthcare Systems: The incorporation of medical image processing into **smart healthcare systems** facilitates the development of intelligent systems that can monitor and track patients continuously. By combining **image fusion** and **compression** with **feature extraction**, these systems can offer real-time monitoring of patients' health status. For example, AI-powered systems can continuously process and analyse medical images to detect any changes in a patient's condition, such as tumour growth, in real time. These systems could alert healthcare providers to potential issues before they become critical, enabling proactive interventions and improving patient outcomes.

Additionally, **compression** techniques ensure that even with large image datasets, the transmission and storage of medical images remain efficient and cost-effective, which is particularly important in the development of cloud-based healthcare systems. Efficient image compression methods can

reduce storage costs while maintaining diagnostic accuracy, an important factor for scalable telemedicine and healthcare platforms.

The Future of AI in Healthcare: Looking forward, the convergence of AI with medical image processing techniques will further enhance the quality and accessibility of healthcare. As AI models become more sophisticated, integrating multimodal medical images (from CT, MRI, PET, etc.) with advanced processing algorithms will provide healthcare providers with richer, more actionable insights into a patient's condition. AI systems will be able to recommend treatment options based on real-time image analysis, improving the decision-making process.

Moreover, integrating these techniques into **smart healthcare devices**, such as wearable health monitors and mobile health applications, will provide patients with continuous health monitoring. These devices, combined with AI-driven image processing, will enable early detection of medical conditions, potentially even before symptoms arise. This will empower patients to take charge of their health and enable healthcare professionals to deliver more personalized and timely care.

Challenges and Opportunities: While the integration of AI systems into healthcare shows immense promise, there are still challenges to overcome. One major issue is the need for large, high-quality medical image datasets to train AI algorithms. Additionally, the explainability of AI-based decisions remains a critical challenge, especially in healthcare where understanding the reasoning behind a diagnosis is essential. Furthermore, regulatory and ethical concerns around the use of AI in healthcare need to be addressed to ensure patient privacy and the proper use of medical data.

In conclusion, the fusion of **medical image processing techniques** with **AI systems** and **smart healthcare** is transforming the healthcare landscape. This integration promises improved diagnostic accuracy, cost-effective healthcare delivery, and better patient outcomes. As the field continues to evolve, it will likely lead to even more groundbreaking innovations in healthcare technologies, making healthcare more accessible, efficient, and personalized.

VI. Conclusion

In this survey paper, we have explored significant advancements in medical image processing techniques, particularly focusing on medical image fusion, compression, and shape and texture feature extraction. These techniques are essential for improving diagnostic accuracy, particularly in the

context of telemedicine and smart healthcare systems, where efficient image analysis and transmission play a crucial role in providing timely medical interventions.

Medical Image Fusion has shown to be a powerful tool for combining complementary information from multiple imaging modalities. By creating a composite image that incorporates critical data from modalities such as CT, MRI, and PET, fusion enhances the visibility of subtle abnormalities, which improves the diagnostic capabilities of healthcare professionals. The paper has highlighted various fusion methods, including wavelet transform, spatial domain fusion, and deep learning-based approaches, each with its strengths and challenges. It is clear that with the rise of machine learning techniques, the future of image fusion holds great promise for enhancing clinical practice.

Medical Image Compression is equally important in reducing the storage requirements and transmission costs of large medical datasets, especially in telemedicine scenarios. The compression techniques discussed, including lossless and lossy methods, ensure that medical images retain their diagnostic quality while minimizing the bandwidth required for transmission. The integration of compression algorithms with medical image fusion further enhances efficiency, ensuring that high-quality images are both compact and easily transferable.

Shape and Texture Feature Extraction techniques have proven to be indispensable in analyzing and characterizing medical images, particularly in tumour detection and other pathologies. Shape descriptors help to identify the nature of the tumour—benign or malignant—based on the geometry of the segmented area, while texture analysis provides additional insight into the tissue composition. These techniques have been successfully applied in various medical imaging modalities, providing crucial data that supports clinical decision-making.

The synergy between these three image processing techniques forms the backbone of intelligent medical image analysis, which is vital for the development of efficient telemedicine systems. As healthcare continues to evolve, particularly in underserved and remote areas, these innovations will help bridge the gap in access to expert medical care.

However, there remain challenges that need to be addressed, such as improving the accuracy of segmentation algorithms, refining fusion techniques to handle more complex datasets, and developing more robust compression algorithms that do not compromise image quality. Future research should focus on integrating these techniques with real-time healthcare

monitoring systems, exploring the potential of deep learning for automated feature extraction, and advancing cross-modality fusion approaches.

In conclusion, the progress in medical image processing techniques, particularly in the domains of fusion, compression, and feature extraction, holds immense promise for enhancing telemedicine applications. With continued advancements, these technologies will not only improve diagnostic accuracy but also contribute to more efficient, cost-effective, and accessible healthcare solutions.

REFERENCES

- [1] T. Shaik, X. Tao, L. Li, H. Xie, and J. D. Velásquez, "A survey of multimodal information fusion for smart healthcare: Mapping the journey from data to wisdom," *Information Fusion*, vol. 101, 2024. [Online]. Available: <https://doi.org/10.1016/j.inffus.2023.102040>.
- [2] V. Loksha and M. Veera, "An efficient medical image compression technique for telemedicine systems," *International Journal of Applied Engineering Research*, vol. 10, no. 55, pp. 383–386, 2015.
- [3] J. Kaur and S. Kaur, "Medical image compression: A review," *International Journal of Engineering Research and Applications*, vol. 3, no. 4, pp. 937–941, 2013.
- [4] G. Bhatnagar and Q. M. J. Wu, "A new contrast based multimodal medical image fusion framework," *Neurocomputing*, vol. 157, pp. 143–152, 2015.
- [5] M. K. Kalaiselvi and R. Arulmozhi, "Multimodal medical image fusion using NSCT and modified SFLA," *International Journal of Biomedical Engineering and Technology*, vol. 24, no. 3, pp. 257–274, 2017.
- [6] X. Chen, H. Xie, and B. Lei, "Artificial intelligence and multimodal data fusion for smart healthcare: Topic modeling and bibliometrics," *Artificial Intelligence Review*, vol. 57, 2024.
- [7] K. Ma, Z. Zhang, Y. Gao, and Y. Zhang, "Multi-modal medical image fusion based on convolutional neural network," *IEEE Access*, vol. 7, pp. 8833–8845, 2019.
- [8] H. Liu, Z. Yang, and X. Guo, "Multimodal medical image fusion based on joint sparse representation and dictionary learning," *Biomedical Signal Processing and Control*, vol. 65, 2021.
- [9] C. Wang, Z. Dong, and J. Yang, "Deep learning-based fusion method for multimodal medical images," *IEEE Transactions on Instrumentation and Measurement*, vol. 70, pp. 1–12, 2021.
- [10] K. M. Rao and S. B. Aruna, "Medical image compression using improved arithmetic coding with

- transform domain,” *Procedia Computer Science*, vol. 167, pp. 2162–2171, 2020.
- [11] R. M. Rao and S. L. Venkatesh, “Efficient telemedicine framework for low-bandwidth environments using hybrid image compression,” *Telemedicine and e-Health*, vol. 26, no. 5, pp. 592–599, 2020.
- [12] Y. Zhou et al., “Patch-based texture feature extraction towards improved clinical applications,” *Computers in Biology and Medicine*, vol. 166, 2024.
- [13] N. Desai and P. V. Shah, “Shape and texture feature extraction techniques for classification of medical images: A survey,” *Procedia Computer Science*, vol. 132, pp. 122–129, 2018.
- [14] M. M. Rahman, A. A. S. Alhassan, and M. S. Hossain, “Shape and texture-based classification of medical images using support vector machine,” *Healthcare Technology Letters*, vol. 6, no. 2, pp. 42–47, 2019.
- [15] J. Long, E. Shelhamer, and T. Darrell, “Fully convolutional networks for semantic segmentation,” in *Proc. IEEE Conf. Comput. Vis. Pattern Recognit. (CVPR)*, 2015, pp. 3431–3440.
- [16] C. N. Lakhota et al., “Survey of Medical Image Compression Techniques,” *Elsevier Computers in Biology and Medicine*, vol. 132, pp. 104315, 2021.
- [17] S. Saha, “Lossless and Lossy Compression Techniques for Medical Images,” *Journal of Digital Imaging*, vol. 27, no. 2, pp. 233–244, 2022.
- [18] G. K. Wallace, “The JPEG Still Picture Compression Standard,” *IEEE Transactions on Consumer Electronics*, vol. 38, no. 1, pp. xviii–xxxiv, 1992.
- [19] D. Taubman and M. Marcellin, “JPEG2000: Image Compression Fundamentals, Standards and Practice,” Springer, 2012.
- [20] A.R. Meena and K. Raja, “Medical Image Compression using Hybrid DWT and SPIHT Techniques,” *Springer Health and Technology*, vol. 10, no. 4, pp. 925–936, 2023.
- [21] B. E. Usefi and J. Ghasemi, “Fractal Image Compression in Medical Imaging,” *IEEE Transactions on Image Processing*, vol. 31, pp. 1743–1752, 2022.
- [22] X. Liu et al., “Medical Image Compression Using Deep Convolutional Autoencoders,” *IEEE Access*, vol. 11, pp. 75563–75574, 2023.
- [23] L. Wang and Z. Zhang, “End-to-End Neural Image Compression for Medical Applications,” *Neurocomputing*, vol. 502, pp. 245–257, 2023.
- [24] S. K. Mitra and M. K. Mandal, “Evaluation Criteria for Diagnostic-Grade Image Compression,” *SPIE Medical Imaging*, vol. 117, pp. 321–327, 2021.
- [25] M. A. Khan et al., “Secure Medical Image Compression Using Deep Encryption and Wavelet Fusion,” *Elsevier Computer Methods and Programs in Biomedicine*, vol. 231, pp. 107284, 2023.
- [26] S. T. Acton, “Texture and Shape Analysis for Biomedical Image Classification,” *IEEE Reviews in Biomedical Engineering*, vol. 15, pp. 202–218, 2022.
- [27] B. Van Ginneken et al., “Feature Extraction in Medical Imaging: A Review,” *Medical Image Analysis*, vol. 73, pp. 102157, 2021.
- [28] C. Zhang and J. Liu, “Shape-Based Feature Extraction Using Fourier Descriptors,” *Elsevier Pattern Recognition Letters*, vol. 142, pp. 35–42, 2021.
- [29] P. Mokhtarian and A. Mackworth, “A Theory of Multiscale Curvature Descriptors,” *CVGIP: Image Understanding*, vol. 51, no. 3, pp. 283–303, 1990.
- [30] R. Gonzalez and R. Woods, *Digital Image Processing*, Pearson, 4th ed., 2018.
- [31] A.C. Bovik, “Handbook of Image and Video Processing,” Academic Press, 2nd ed., 2005.
- [32] T. R. Chandran et al., “Zernike Moments Based Shape Features for Histopathology Image Classification,” *Springer Health and Technology*, vol. 11, no. 2, pp. 241–251, 2023.
- [33] M. K. Hu, “Visual Pattern Recognition by Moment Invariants,” *IRE Transactions on Information Theory*, vol. 8, no. 2, pp. 179–187, 1962.
- [34] R. M. Haralick et al., “Textural Features for Image Classification,” *IEEE Transactions on Systems, Man, and Cybernetics*, vol. SMC-3, no. 6, pp. 610–621, 1973.
- [35] G. Thibault et al., “Texture Indexes and Gray Level Size Zone Matrix: Application to Cell Classification,” *Elsevier Pattern Recognition*, vol. 46, no. 3, pp. 824–837, 2013.
- [36] T. Ojala et al., “Multiresolution Gray-Scale and Rotation Invariant Texture Classification with Local Binary Patterns,” *IEEE Transactions on Pattern Analysis and Machine Intelligence*, vol. 24, no. 7, pp. 971–987, 2002.
- [37] A.M. Pons et al., “Fractal Texture Analysis of Medical Images: A Review,” *Elsevier Computers in Biology and Medicine*, vol. 139, pp. 105005, 2021.
- [38] S. Z. Li, *Markov Random Field Modeling in Image Analysis*, Springer, 3rd ed., 2009.
- [39] M. Unser, “Texture Classification and Segmentation Using Wavelet Frames,” *IEEE Transactions on Image Processing*, vol. 4, no. 11, pp. 1549–1560, 1995.
- [40] D. Dunn et al., “Texture Segmentation Using 2-D Gabor Elementary Functions,” *IEEE Transactions on Pattern Analysis and Machine Intelligence*, vol. 16, no. 2, pp. 130–149, 1994.

- [41] S. A. Hussein et al., “Risk Stratification of Lung Nodules Using 3D CNN-Based Multi-task Learning,” Springer MICCAI, pp. 249–258, 2017.
- [42] Z. Li et al., “Deep Learning-Based Feature Extraction for Histopathological Image Analysis,” IEEE Reviews in Biomedical Engineering, vol. 14, pp. 1–13, 2021.

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