Reversible and High-Capacity Data Hiding in High Quality Medical Images

Li-Chin Huang1, Min-Shiang Hwang1 and Lin-Yu Tseng2

1 Department of Computer Science & Information Engineering Asia University
   Taichung 41354, Taiwan
   [e-mail: mshwang@asia.edu.tw]
2 Department of Computer Science and Communication Engineering, Providence University
   Taichung 43301, Taiwan
   [e-mail: lytseng@pu.edu.tw]
3 Department of Computer Science and Engineering, National Chung Hsing University
   Taichung 402, Taiwan
   [e-mail: phd9406@cs.nchu.edu.tw]

*Corresponding author: Min-Shiang Hwang

Received October 5, 201X; revised November 10, 201X; accepted November 20, 201X;
published December 25, 201X

Abstract

Via the Internet, the information infrastructure of modern health care has already established medical information systems to share electronic health records among patients and health care providers. Data hiding plays an important role to protect medical images. Because modern medical devices have improved, high resolutions of medical images are provided to detect early diseases. The high quality medical images are used to recognize complicated anatomical structures such as soft tissues, muscles, and internal organs to support diagnosis of diseases. For instance, 16-bit depth medical images will provide 65,536 discrete levels to show more details of anatomical structures. In general, the feature of low utilization rate of intensity in 16-bit depth will be utilized to handle overflow/underflow problem. Nowadays, most of data hiding algorithms are still experimenting on 8-bit depth medical images. We proposed a novel reversible data hiding scheme testing on 16-bit depth CT and MRI medical image. And the peak point and zero point of a histogram are applied to embed secret message k bits without salt-and-pepper.

Keywords: reversible data embedding, histogram, peak point, zero point, medical image

DOI: 10.3837/tiis.0000.00.000
1. Introduction

Based on digital information management, the information infrastructure of modern health care has already established the medical information systems to share certified electronic health records of individual patients (such as personal stats, medical history, and radiology images) among patients, medical professionals, health care providers, and health care organizations via the Internet. However, the illegal attackers are more and more increasing to get information via the Internet through interception, unauthorized tampering, and illegal accessing. Data hiding is one of feasible methodologies to protect medical images in authentication, fingerprinting, copy control, security, covert communication.

According to permanent distortion of the cover images, there are two classes of data hiding schemes: fragile and robust (semi-fragile) [16][17][20]. Because the cover image is distorted permanently, the original image is unable to restore from a stego image. Therefore, these kinds of schemes cannot satisfy certain fields such as medical imaging systems, artwork preserving, military imaging systems, remote sensing systems, high precision systems in scientific research, and the field of law enforcement.

Reversible data hiding schemes, also called as lossless data embedding, can restore the original image from stego images blindly after the hidden data was retrieved. Nowadays, reversible data hiding schemes have been proposed by researchers [10][16][19][26][27]. In general, data hiding techniques are divided into four main kinds of techniques: data compression [1][7][25], pixel-value difference expansion (DE) scheme [16][13], cryptography base scheme [5][6][24] and histogram scheme [9][10][14].

Recently, some researches [2][11][25] pay attention to data compression based on reversible data because the digital images in compressed format conceal secret data, shorten transmission time on the Internet, and take up less storage space. In general, the data compression based on reversible data hiding schemes are developed for images compressed by JPEG [3], vector quantization [7][15], block truncation coding [4].

DE scheme is proposed by Tian [22] by examining the redundancy between the two neighboring pixels to realize a high capacity and low distortion data hiding. Kim et al. [12] develop the DE method to reduce the location map. After processing pixel values, Tina’s scheme will cause the double expansion of the pixel values. Thus, the gray values which are greater than 255 in 8-bit depth will be abandoned to prevent the reduction of the image quality. In order to improve this drawback and increase capacity, Lou et al. [13] developed a reduction DE method to adjust the expansion difference and embedding data into multiple layers in medical images.

Vleeschouwer et al. [23] proposed a circular interpretation of bijective transformation data hiding with histogram shifting techniques. Ni et al. [16] applies a zero point and peak point of an image histogram to hide secret bits. Fallahpour et al. [9] adopts number of pairs (peak, zero) points based on the histogram shifting to embed the data. Based on a histogram, Weng et al. [26] present a prediction-based reversible data hiding.

Cryptography base scheme [6] regards steganography as cryptography. Therefore, a variety of secret communications messages can be embedded in a stego-image and even appear invisible. Many cryptography methods are applied to data hiding such as Elliptic Curve Cryptography (ECC) and secret sharing schemes. In 2012, Vigila et al. [24] developed an ECC based data hiding method. It would advantage ECC cryptography to develop systems in smart cards, a mobile phone and other tiny devices because of a smaller key size, faster computation,
Reduced power consumption, and less storage requirements. Most of secret sharing data hiding schemes are based on Shamir’s secret sharing theory. In general, secret sharing schemes split a secret data into several pieces assigned to a group of people and keep a secret share independently. Recently, Wu et al. [5] proposed a sharing scheme based on data hiding method by applying an optimal pixel adjustment process to enhance the image quality.

Data hiding is an important technique to apply medical images. In 2011, Chang et al. [8] utilizes repetitive pixels to hide secret messages in medical image without the location map compression. Without the restoration of the original medical images, the stego images are still able to provide some preliminary diagnosis for health care providers. Therefore, some data hiding schemes [8][9] embedded secret bits into the Region of Non-Interest (RONI) and less secret bits were embedded into the Region of None Interest (ROI). In mobile healthcare applications, Rochan et al. [18] combines an arithmetic coding with cryptography to embed data in medical images. During diagnosis and treatment, Fallahpour et al. [9] proposed the requirement of gradual medical data insertion by doctor observations.

A 8-bit depth medical image will demonstrate the image intensity from 0 to 255. However, the high resolution medical images (ex: 16-bit depth) are required to improve the detection rate of diseases so treat at the early stage. And the medical devices (i.e., CT scanner) are more and more precise to present complicated anatomical structures in images. The high quality medical images with 16-bit depth utilize intensity 65,536 discrete levels demonstrate more details of the smooth surface of anatomical structures. More intensity discrete levels may reduce duplicate intensity. In other words, duplicated intensity is more common in 8-bit depth medical images than in 16-bit depth medical images. For instance, a white area of lung medical image is expressed by 255 in 8-bit depth image and expressed by different intensity values in 16-bit depth image shown in Fig. 1.

In general, 16-bit depth images have low intensity utilization rate of intensity is (max intensity value – min intensity value) / \(2^{\text{bit depth}}\).
utilization rate of intensity. On the contrary, 8-bit depth images have high utilization rate of intensity. Because of 16-bit depth images have low utilization rate, more intensities will be required to handle the overflow or underflow problems. However, 8-bit depth images have less intensity to handle the overflow/underflow problems. The comparison of 16-bit and 8-bit depth medical images is shown in Table 1.

Nowadays, most of data hiding schemes [8][9][10][13][17][21] were tested on 8-bit depth medical images. Overflow/underflow problems in 8-bit depth images are more serious than in 16-bit depth images. Most of schemes adopted the location map with compression techniques or modulo-256 addition to handle overflow/underflow problems. Nevertheless, the method of a location map will consume capacities for embedding to an image [1][14]. And the method of modulo-256 addition often suffers from the annoying salt-and-pepper noise [17].

Ni. et al. [16] developed one zero point and one peak point shifting histogram by embedding secret messages. Furthermore, they also proposed multiple pairs of Maximum and Minimum points to hide secret bits. In 2011, Fallahpour et al. [9] utilized number pairs of histograms (zeros, peaks) to relocate and embed secret data. We propose multi-levels schemes by number pairs of histograms (zeros, peaks) to embed k bits secret data, and compute the histogram central rate to handle overflow/underflow problems testing on 16-bit depth dicom format medical images.

This paper is organized as follows: Section 2 describes our method. Section 3 presents the experimental results. And conclusions are drawn in section 4.

2. Proposed Method

In this paper, we apply number of pairs (peak, zero) points in image intensity histograms to embed n bits secret messages for each block. We also adopt centralized utilization rate to handle overflow/underflow problems. The histogram for different kinds of medical images, Lung CT (512×512 pixels) and Brain MRI (256×256) with 16-bit depth dcm format is shown in Fig. 2. The peak point corresponds to the maximum number of pixels in the histogram of the given medical images. For instance, in Fig. 2 (a), h(0) = 1943 is the peak point to be applied in embedding the secret message in the Lung CT image. In other words, the peak point of image’s histogram will be a key factor of the hiding capacity. The higher peak point in the image, the larger the embedded capacity. In our scheme, we apply this characteristic to embed n bits in the medical image. The detail of data hiding scheme is described as follows.

Table 1. The comparison of 16-bit and 8-bit depth medical images

<table>
<thead>
<tr>
<th>Medical Image Type</th>
<th>16-bit depth</th>
<th>8-bit depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Range of Intensity</td>
<td>65,536</td>
<td>256</td>
</tr>
<tr>
<td>Image Precision</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Duplicate Intensity</td>
<td>Less</td>
<td>More</td>
</tr>
<tr>
<td>Utilization Rate of Intensity</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Overflow Handling</td>
<td>Easy</td>
<td>Difficult</td>
</tr>
<tr>
<td>Underflow Handling</td>
<td>Easy</td>
<td>Difficult</td>
</tr>
</tbody>
</table>
2.1 Data embedding

We apply pairs of (peak, zero) points in the image histogram and shift pixels histogram technique to embed secret bits. While the pixels of the intensity are shifted between the peak and zero points, an empty space will be created in the vicinity of the peak point. If the embedding bit is ‘1’, its gray level will be increased by 1, otherwise it keeps intact. The peak and zero points need to be recorded because the image histogram will be changed. The detailed description for embedding secret bits will be demonstrated as shown in Fig. 3.

Step 1: Partition non-overlapping image blocks

Let I be an 16-bit depth gray scale medical image of size M × N. Image I will be partitioned into a set of $u \times v$ blocks. Therefore, the total number of blocks $n_b$ can be computed as

$$n_b = \left\lfloor \frac{W}{u} \right\rfloor \times \left\lfloor \frac{H}{v} \right\rfloor \quad (1)$$

Where W is the image width, and H is the image height. The following steps 2-6 are repeated for each image block.

Step 2: Select n as the parameter of Embedding Level (EL) in image block

EL is the number of (Peak, Zero) pairs preparing for embedding secret bits in an image block. After a pair $(Peak_i, Zero_i)$ is selected, the embedding process will be performed. The embedding process includes empty peak histogram bins and embedding secret bits. Therefore, the embedding process will be performed EL times as shown in Fig. 3 (d). EL will increase capacity largely, but the image quality is going to decrease.
Step 3: Construct block histogram

An image block \( B(i, j) \) with \( u \times v \) pixels are used to construct a histogram demonstrated in Fig. 3 (c). The maximum frequency is the peak point. And Zero points are the frequency 0. The following steps 4-6 are repeated EL times.

**Step 4: Select pair of \((\text{Peak}_i, \text{Zero}_i)\)**

The peak point is maximum frequency in the image block. The strategy of zero point selection is searching \(2^k-1\) empty bins to embed \(k\) bits secret message nearest the peak point shown in Fig. 4. The zero point may be left side of Peak point or right side of Peak point. Because the distance between the peak and zero point will affect the image quality, the selection step is important step on the data hiding strategy. For instance, the PSNR of the pairs (0, 10) is better than PSNR of the pairs (0, 253). The pair of (0, 10) will change the gray values between 1 and 10. However, the pair of (0, 253) will change the gray values between 1 and
The pair of \((i_{\text{Peak}}, i_{\text{Zero}})\) will be stored for being restored at extraction stage.

**Step 5: Empty histogram bins**

The bins in range of \([b_{\text{Peak+1}}, b_{\text{Zero-1}}]\) or \([b_{\text{Peak-1}}, b_{\text{Zero+1}}]\) will be emptied with distance \(2^k-1\) to embed \(k\) bits. The formula is shown as follows.

\[
H(i, j) = \begin{cases} 
H(i, j) + 2^i - 1 & \text{if } H(\text{Zero}) > H(\text{Peak}) \text{ and } H(\text{Peak}) + 1 < H(i, j) < H(\text{Zero}) - 1 \\
H(i, j) - 2^i + 1 & \text{if } H(\text{Zero}) < H(\text{Peak}) \text{ and } H(\text{Zero}) + 1 < H(i, j) < H(\text{Peak}) - 1
\end{cases}
\]  

Where \(k \geq 0\).

In case \(k = 2\), the bins \([b_{\text{Peak+1}}, b_{\text{Zero-1}}]\) are shifted rightward with distance 3 when Zero bin is located at right side of Peak point shown in Fig. 4(e)(f). On the contrary, \([b_{\text{Peak-1}}, b_{\text{Zero+1}}]\) are shifted leftward with distance 3 when Zero bin is located at left side of Peak point shown in Fig. 4(g)(h). Therefore, this step will create \(2^k-1\) gaps at right (or left) side of the peak point.

**Step 6: Embed \(k\) bits secret message**

The strategy of embedding message depends on two types: (1) Peak < Zero (2) Peak > Zero. The detail is described as follows.

![Fig. 4](image-url)
After performing empty histogram bins procedure, there are $2^k - 1$ empty bins located at right side of the peak point. We apply these bins to embed $k$ bits secret message. The histogram will be modified in the following.

$$ H'(Peak) = H(Peak) + w $$

Where $w$ is the secret bits and $0 \leq w < 2^k$. If $k = 2$, there are four values (00, 01, 10, 11) can be embeded. If embedding bit is 00, the histogram of peak keeps intact. Otherwise, ‘01’ ‘10’ ‘11’ will shift the histogram of Peak point rightward with distance 1, 2, and 3 respectively shown in Fig. 5 (a).

**Type II. Peak > Zero**

If there are 2k-1 empty bins will be created at left side of the peak point in subsequent the procedure of an empty peak histogram. The secret bits are embedded to 2k-1 empty bins. The histogram will be altered as follows:

$$ H'(Peak) = H(Peak) - w $$

Where $w$ is the secret bits and $0 \leq w < 2^k$. The corresponding secret bits; ‘01’ ‘10’ ‘11’ will shift the histogram of Peak point leftward with distance 1, 2, and 3 respectively. If the embedded data is ‘00’, the histogram of Peak point will not be altered as shown in Fig. 5 (b).

**Step 7: Overflow/Underflow Processes**

In high quality medical images, 16-bit depth is able to handle 65,536 discrete levels of intensity. Let utilization rate of intensity be as follows.

$$ \text{Utilization Rate of Intensity} = \frac{\text{Max Intensity} - \text{Min Intensity}}{2^{\text{bit-depth}}} $$

Most of medical images have the low utilization rate. In other words, there are many empty discrete levels of intensity in the high quality medical images. In order to handle overflow/underflow problems, we utilize these empty discrete levels of intensity to solve...
overflow/underflow. At first, we measure the histogram concentrate and find empty bins to shift a histogram as shown in Fig. 7.

**Step 8: Stego-Image Construction**

At this stage, the blockimages will be composed of a stego-image as shown in Fig. 3 (h).

### 2.2 Data Extraction

The data extraction will extract secret message correctly and restore the stego-image back to the original without any distortions with the details described below as shown in Fig. 6.

**Step 1: Image partition**

The stego-image will be partitioned into a set of $u \times v$ blocks.

**Step 2: Overflow/Underflow process**

According to the information of the shifting histogram from the embedding stage, we adjust the image histogram in order to restore the cover image correctly. The following steps 3-5 are repeatedly executed for each stego-image blocks.

---

**Fig. 6** The flowcharts of the data extraction with $k = 2$. 

overflow/underflow. At first, we measure the histogram concentrate and find empty bins $el = EL \times (2^k - 1)$ to shift a histogram as shown in Fig. 7.

**Step 8: Stego-Image Construction**

At this stage, the blockimages will be composed of a stego-image as shown in Fig. 3 (h).
Step 3: Construct histogram of a stego-image block

In this step, we apply each stego-image block to construct a histogram. The following steps 4-5 will be repeated EL times where EL is a parameter from an embedding process. In other words, EL is number of (Peak, Zero) points selected to be embedded secret bits.

Step 4: Extract embedded bits

A pair \((\text{Peak}_i, \text{Zero}_i)\) is obtained by reversing the sequence of creating the information of pair \((\text{Peak}_i, \text{Zero}_i)\) from an embedding process. There are two types of extracting secret messages: (1) Peak < Zero (2) Peak > Zero. The detailed is demonstrated as follows.
Type I. Peak < Zero

The gray values of the pixels in \((\text{Peak} + 2^k - 1)\) will be extracted as embedding bits \(2^k \times k\). For instance, we embed 2 bits to each image block i.e. \(k = 2\). Thus, there are four values \((00, 01, 10, 11)\) extracted at bin of \((\text{Peak}, \text{Peak}+1, \text{Peak}+2, \text{Peak}+3)\), respectively. The formula is demonstrated as follows.

\[
w = \begin{cases} 
00 & \text{if } H' = \text{Peak} \\
01 & \text{if } H' = \text{Peak} + 1 \\
10 & \text{if } H' = \text{Peak} + 2 \\
11 & \text{if } H' = \text{Peak} + 3 
\end{cases}
\] (6)

In other words, the pixel with gray value \(\text{Peak}\) indicates that the embedded data bit was 0. If the gray value of current pixel is equal to \((\text{Peak}+1, \text{Peak}+2, \text{Peak}+3)\), it indicates the embedded data bit was \((01, 10, 11)\), respectively. There a number of \(2^2\) bins of 2 bits (i.e. 8 bits) will be extracted.

Type II. Peak > Zero

The gray values of the pixels in \((\text{Peak} - 2^k + 1)\) will be extracted as embedding bits \(2^k \times k\). Assume we embed \(2^2\) (i.e. \(00, 01, 10, 11\)) values of 2 bits to each image block, the embedding 8 bits can be extracted by the formula as follows.

\[
w = \begin{cases} 
00 & \text{if } H' = \text{Peak} \\
01 & \text{if } H' = \text{Peak} - 1 \\
10 & \text{if } H' = \text{Peak} - 2 \\
11 & \text{if } H' = \text{Peak} - 3 
\end{cases}
\] (7)

Therefore, the embedded data bit was extracted \((00, 01, 10, 11)\) when the gray value of current pixel is equal to \((\text{Peak}, \text{Peak} - 1, \text{Peak} - 2, \text{Peak} - 3)\) respectively.

Step 5: Histogram inverse shifting

After extracting secret bits, a histogram should be inversed by the transformation formula as shown in Fig. 6(d)(e).

\[
H(i, j) = \begin{cases} 
H(i, j) - 2^k + 1 & \text{if } H(\text{Zero}) > H(\text{Peak}) \text{ and } H(\text{Peak}) + 1 < H(i, j) < H(\text{Zero}) - 1 \\
H(i, j) + 2^k - 1 & \text{if } H(\text{Zero}) < H(\text{Peak}) \text{ and } H(\text{Zero}) + 1 < H(i, j) < H(\text{Peak}) - 1 
\end{cases}
\] (8)

Where \(H(\text{Peak})\) and \(H(\text{Zero})\) are from the information of the embedding stage.

Step 6: Original image construction

All extracted image blocks will be composed as original image demonstrated in Fig. 6(f).
3. Experimental Results

The proposed scheme was tested on many different kinds of high quality medical images (ex: CT, MRI, X-rays, SPECT) with DICOM (Digital Imaging and Communications in Medicine) from the National Cancer Imaging Archive [28]. Our method was implemented by MATLAB testing on Notebook with 2.67 GHz processor and 4.0 GB RAM. On average, the data hiding procedure required 46.12 seconds on a 512 × 512 CT slice and 256 × 256 MRI slice where block size < 2. Generally, the quality of stego-images was measured by PSNR (Peak Signal to Noise Ratio) and MSE (Mean Square Error). Therefore, the MSE is defined as follows.

\[
MSE = \frac{1}{m \times n} \sum_{i=1}^{m} \sum_{j=1}^{n} (c_{ij} - \hat{c}_{ij})^2
\]  

(9)

\[
PSNR = 10 \times \log_{10} \left( \frac{\text{Image bit depth}^2}{MSE} \right)
\]  

(10)

Table 2. The results for 16-bit Grayscale CT Medical Image with different block sizes

<table>
<thead>
<tr>
<th>Slice Number</th>
<th>Image size</th>
<th>Block Size</th>
<th>Capacity</th>
<th>bpp</th>
<th>PSNR</th>
<th>Time/sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6756.dcm</td>
<td>512 × 512</td>
<td>512 × 512</td>
<td>6,076</td>
<td>0.02</td>
<td>82.25</td>
<td>16.27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>256 × 256</td>
<td>7,296</td>
<td>0.03</td>
<td>81.70</td>
<td>10.69</td>
</tr>
<tr>
<td></td>
<td></td>
<td>128 × 128</td>
<td>10,058</td>
<td>0.04</td>
<td>85.50</td>
<td>4.87</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 × 16</td>
<td>28,902</td>
<td>0.11</td>
<td>87.41</td>
<td>20.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 × 8</td>
<td>50,792</td>
<td>0.19</td>
<td>91.44</td>
<td>60.10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 × 4</td>
<td>71,542</td>
<td>0.27</td>
<td>94.42</td>
<td>113.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 × 8</td>
<td>72,042</td>
<td>0.28</td>
<td>94.28</td>
<td>119.06</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 × 4</td>
<td>102,190</td>
<td>0.39</td>
<td>95.59</td>
<td>215.78</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 × 2</td>
<td>274,352</td>
<td>1.05</td>
<td>92.21</td>
<td>935.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 × 1</td>
<td>529,118</td>
<td>2.02</td>
<td>89.22</td>
<td>2,286.86</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 × 2</td>
<td>528,970</td>
<td>2.02</td>
<td>89.24</td>
<td>2,274.30</td>
</tr>
</tbody>
</table>

Table 3. The results for 16-bit MRI Medical Image on 000017.dcm

<table>
<thead>
<tr>
<th>Slice Number</th>
<th>Image size</th>
<th>Block Size</th>
<th>Capacity</th>
<th>bpp</th>
<th>PSNR</th>
<th>Time / sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.6.1.4.1.9328.50.50.25778464203939495911496252475634087143/0000010000017.dcm</td>
<td>256 × 256</td>
<td>256 × 256</td>
<td>12,904</td>
<td>0.20</td>
<td>81.20</td>
<td>7.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>128 × 128</td>
<td>12,936</td>
<td>0.20</td>
<td>81.26</td>
<td>4.79</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 × 16</td>
<td>19,444</td>
<td>0.30</td>
<td>84.36</td>
<td>8.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 × 8</td>
<td>25,722</td>
<td>0.39</td>
<td>85.43</td>
<td>18.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 × 4</td>
<td>31,536</td>
<td>0.48</td>
<td>86.16</td>
<td>31.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 × 8</td>
<td>31,258</td>
<td>0.48</td>
<td>86.18</td>
<td>30.81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 × 4</td>
<td>40,014</td>
<td>0.61</td>
<td>87.47</td>
<td>53.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 × 2</td>
<td>76,720</td>
<td>1.17</td>
<td>90.01</td>
<td>177.14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 × 1</td>
<td>136,150</td>
<td>2.08</td>
<td>89.01</td>
<td>366.38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 × 2</td>
<td>135,960</td>
<td>2.09</td>
<td>89.01</td>
<td>385.32</td>
</tr>
</tbody>
</table>
where an image bit depth adopted is 16. m and n are the width and height of the cover image and stego-image. $c_{ij}$ and $\tilde{c}_{ij}$ are intensities of the pixels located in cover and stego images respectively. The 16-bit depth CT and MRI medical images were tested with different block sizes shown in Table 2 ~ Table 3. The smaller the block size, the more increase the capacity, as demonstrated as Table 4, Table 5 and Fig. 8 (a). And the running time of the scheme will increase when the image size becomes small. PSNR will be affected by the distance of Zero Point and Peak Point because the shift histograms are performed in the embedding stage. In Fig. 8 (d), bpp is not an important factor to affect PSNR because the high capacity (bpp = 1.0) has still high PSNR in the case of CT (PSNR = 92) and MRI (PSNR = 90) image. The series of CT images are applied in our scheme as shown in Table 5.

Fig. 8 The relation of bpp, PSBR, Running time and Block size

(a) The smaller image block size, the more bpp increases.
(b) In the image block size 4×4 has the highest PSNR.
(c) The smaller image block size, the faster running time.
(d) The relation of PSNR and bpp on the CT and MRI image.
4. Conclusion

Among patients and health care providers, reversible data hiding schemes are widely applied in the medical images systems. High quality images from modern medical devices are utilized to detect diseases or surgical treatment. Although most of reversible data hiding schemes experiments on 8-bit medical images, 16-bit depth CT and MRI medical images are still adopted as testing data. The 16-bit medical images have many advantages such as 65,536 discrete levels intensity, high image precision, and easy handling overflow/underflow problems. Due to low utilization rate of intensity in 16-bit depth, we apply empty histogram bins to solve overflow/underflow problems without salt-and-pepper. In our schemes, number

Table 4. The results for 16-bit MRI medical Image on 000001.dcm

<table>
<thead>
<tr>
<th>Slice Number</th>
<th>Image size</th>
<th>Block Size</th>
<th>Capacity</th>
<th>bpp</th>
<th>PSNR</th>
<th>Time /sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>256 × 256</td>
<td>256 × 256</td>
<td>19,872</td>
<td>0.30</td>
<td>81.84</td>
<td>10.83</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>128 ×128</td>
<td>128 ×128</td>
<td>19,880</td>
<td>0.30</td>
<td>81.93</td>
<td>7.24</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>16 ×16</td>
<td>16 ×16</td>
<td>25,524</td>
<td>0.39</td>
<td>84.64</td>
<td>10.43</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>8 × 8</td>
<td>8 × 8</td>
<td>32,108</td>
<td>0.49</td>
<td>85.39</td>
<td>20.86</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>8 × 4</td>
<td>8 × 4</td>
<td>37,856</td>
<td>0.58</td>
<td>85.74</td>
<td>33.12</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>4× 8</td>
<td>4× 8</td>
<td>37,812</td>
<td>0.58</td>
<td>85.68</td>
<td>33.34</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>4 × 4</td>
<td>4 × 4</td>
<td>46,608</td>
<td>0.71</td>
<td>86.07</td>
<td>57.05</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>2× 2</td>
<td>2× 2</td>
<td>80,282</td>
<td>1.23</td>
<td>89.31</td>
<td>183.56</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>2 × 1</td>
<td>2 × 1</td>
<td>135,908</td>
<td>2.07</td>
<td>89.74</td>
<td>382.75</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.50.165429404613436780047444739484180811987000000000000001.dcm</td>
<td>1×2</td>
<td>1×2</td>
<td>137,646</td>
<td>2.10</td>
<td>89.64</td>
<td>370.51</td>
</tr>
</tbody>
</table>

Table 5. The results for series of CT images

<table>
<thead>
<tr>
<th>Slice Number</th>
<th>Image size</th>
<th>Block Size</th>
<th>Capacity</th>
<th>bpp</th>
<th>PSNR</th>
<th>Time /sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6322.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,970</td>
<td>1.05</td>
<td>92.13</td>
<td>922.94</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6328.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,568</td>
<td>1.05</td>
<td>92.23</td>
<td>924.34</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6332.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,786</td>
<td>1.05</td>
<td>92.30</td>
<td>893.25</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6336.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,638</td>
<td>1.05</td>
<td>92.28</td>
<td>907.87</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6496.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,402</td>
<td>1.05</td>
<td>92.26</td>
<td>924.58</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6500.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,674</td>
<td>1.05</td>
<td>92.16</td>
<td>952.37</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6504.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,662</td>
<td>1.05</td>
<td>92.09</td>
<td>972.10</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6508.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,946</td>
<td>1.05</td>
<td>92.02</td>
<td>925.17</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6512.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,656</td>
<td>1.05</td>
<td>92.04</td>
<td>952.37</td>
</tr>
<tr>
<td>1.3.6.1.4.1.9328.50.3.6516.dcm</td>
<td>512 × 512</td>
<td>2 × 2</td>
<td>275,444</td>
<td>1.05</td>
<td>92.05</td>
<td>904.11</td>
</tr>
</tbody>
</table>
of pairs (peak, zero) points are combined with the technique of shifting histogram to embed secret data. And the proposed method is suitable for 16-bit depth medical images as shown in the experimental results.

Acknowledgements

We would like to thank National Cancer Institute for providing the CT image data used in this study.

References


