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Distribution-Based Masked Medical Vision-Language Model Using Structured Reports

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Motivation

- Vision-language pretraining has been successful in natural images
- Medical images pose different challenges:
 - Labels are costly, disease distribution is imbalanced, medical language is unique
- Growing interest in vision-language pretraining for medical image analysis



Comparison:

None.

Indication:

Chest pain, feels out of it.

Findings:

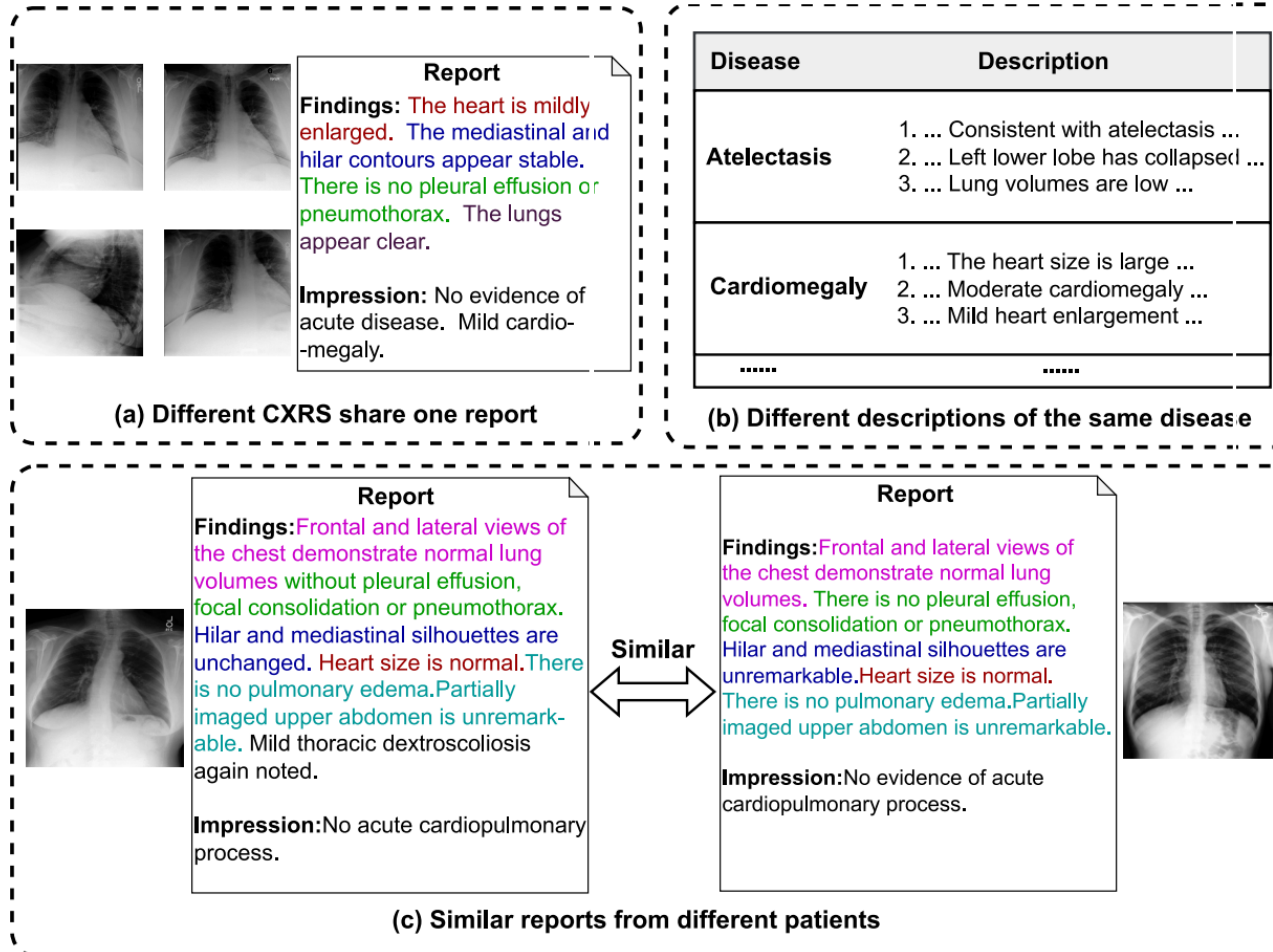
The Cardiomediastinal silhouette and pulmonary vasculature are within normal limits in size. The lungs are clear of focal airspace disease, pneumothorax, or pleural effusion. There are no acute bony findings.

Impression:

No acute cardiopulmonary findings.



Motivation



Motivation

-  **Goal:** Train models that generalize across: Low-label regimes, Unseen diseases and Multi-task settings
-  **Key idea:** Explicitly model **uncertainty** in both the **image** and the **report i.e.** Represent features as probabilistic distributions
-  **Structured, LLM-generated reports**
-  Enables robust, uncertainty-aware vision-language modeling



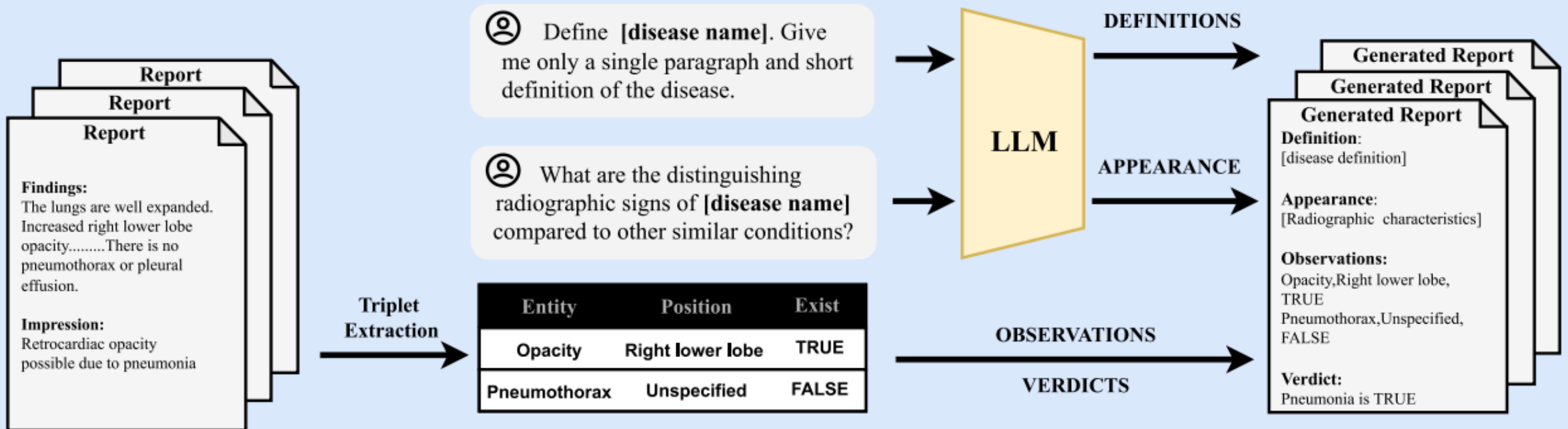
Research Questions

1. How can uncertainty in medical vision-language data be explicitly modeled to improve generalization across downstream clinical tasks?
2. Can structured language model-generated reports reduce semantic inconsistencies in medical datasets and improve image-text alignment?
3. How does distribution-based masking influence the learning of clinically relevant features in vision-language pretraining?



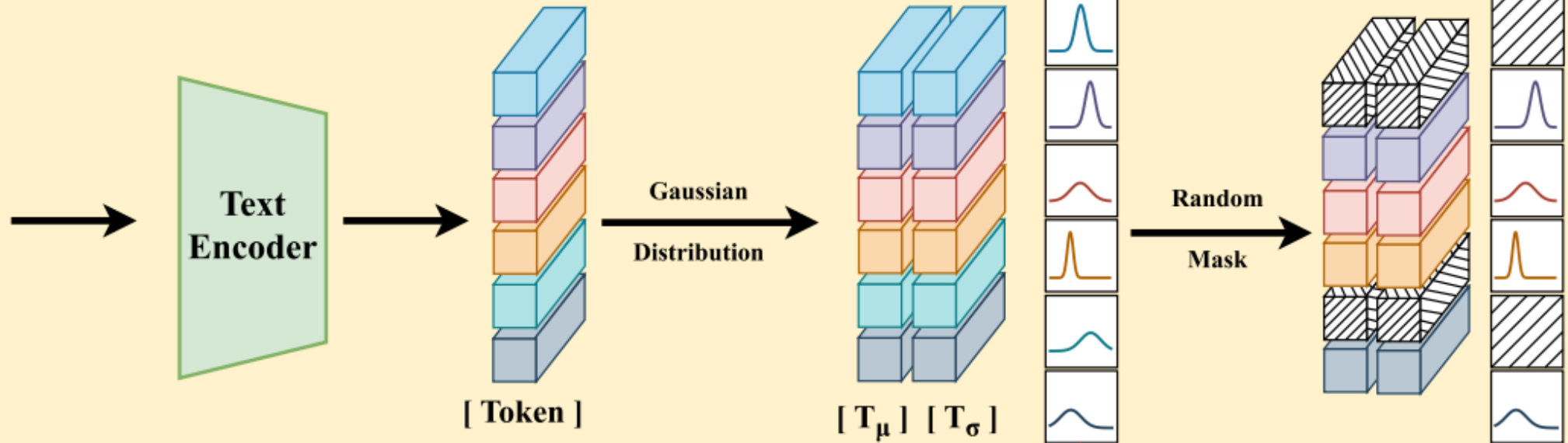
D-MLM Overview Step 1

(a) Step1: Structured Report Generation



D-MLM Overview Step 2

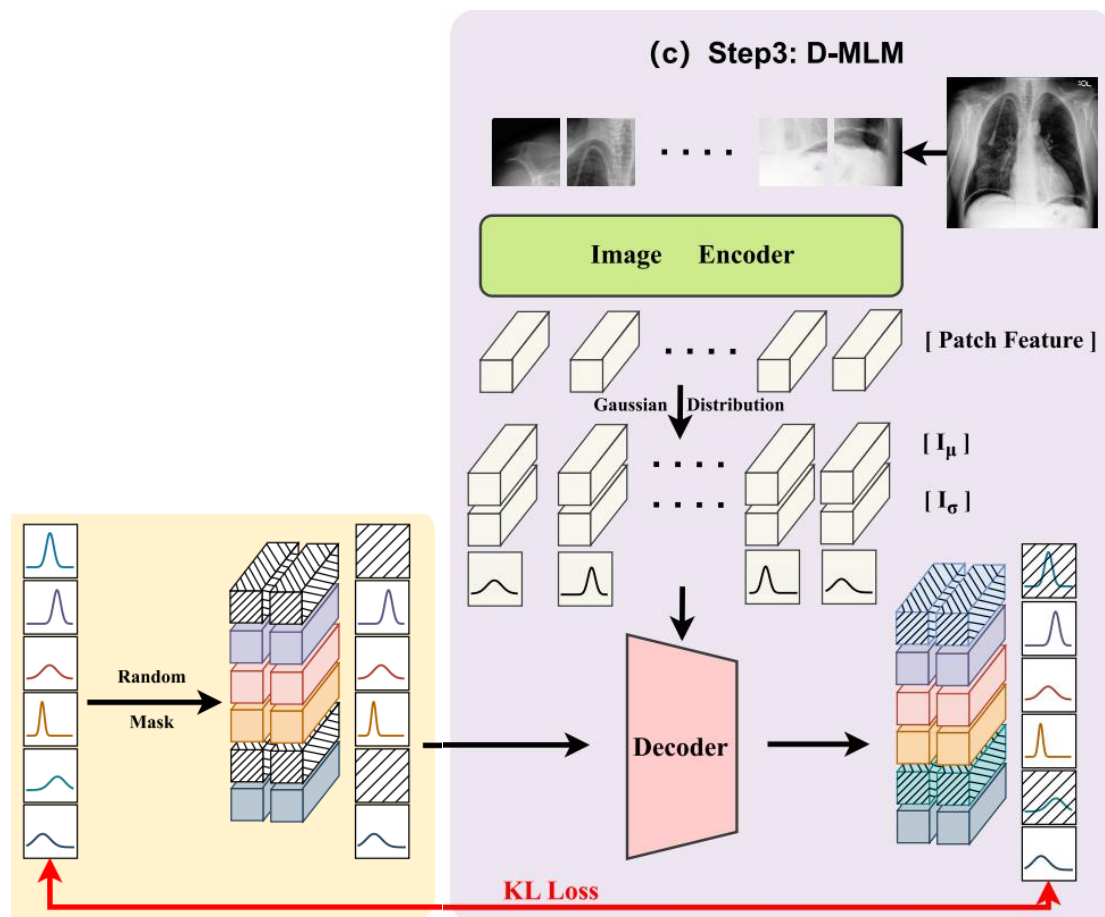
Generated Report	
Definition:	[disease definition]
Appearance:	[Radiographic characteristics]
Observations:	Opacity,Right lower lobe, TRUE Pneumothorax,Unspecified, FALSE
Verdict:	Pneumonia is TRUE



(b) Step2: Distribution-Based Masking



D-MLM Overview Step 3



$$h_i = N(\mu_i, \sigma_i^2)$$

$$p(h_i | \mathbf{I}, \mathbf{T}_{\setminus i}) = N(\hat{\mu}_i, \hat{\sigma}_i^2)$$

$$\mathcal{L}_{\text{D-MLM}} = \mathbf{E}_{(\mathbf{I}, \mathbf{T}) \sim D} \left[\sum_{t \in \mathcal{M}_{\text{text}}} \text{KL} (N(\hat{\mu}_t, \hat{\sigma}_t^2) \parallel N(\mu_t, \sigma_t^2)) + \sum_{p \in \mathcal{M}_{\text{image}}} \text{KL} (N(\hat{\mu}_p, \hat{\sigma}_p^2) \parallel N(\mu_p, \sigma_p^2)) \right]$$

$$\mathcal{L}_{\text{align}} = \sum_{(h_i^{\{\text{text}\}}, h_j^{\{\text{image}\}}) \in \mathcal{A}} W \left(N(\mu_i^{\{\text{text}\}}, \sigma_i^{\{\text{text}\}^2}), N(\mu_j^{\{\text{image}\}}, \sigma_j^{\{\text{image}\}^2}) \right)$$

Need for structured reports

Methods	AUC↑	F1↑	ACC↑
Original Report	69.95	20.04	77.71
Triplet	73.48	24.42	82.89
KE-Triplet	76.84	26.11	86.55
M&M [16]	77.92	27.55	88.52
Structured Reports (Ours)	79.54	28.81	90.15



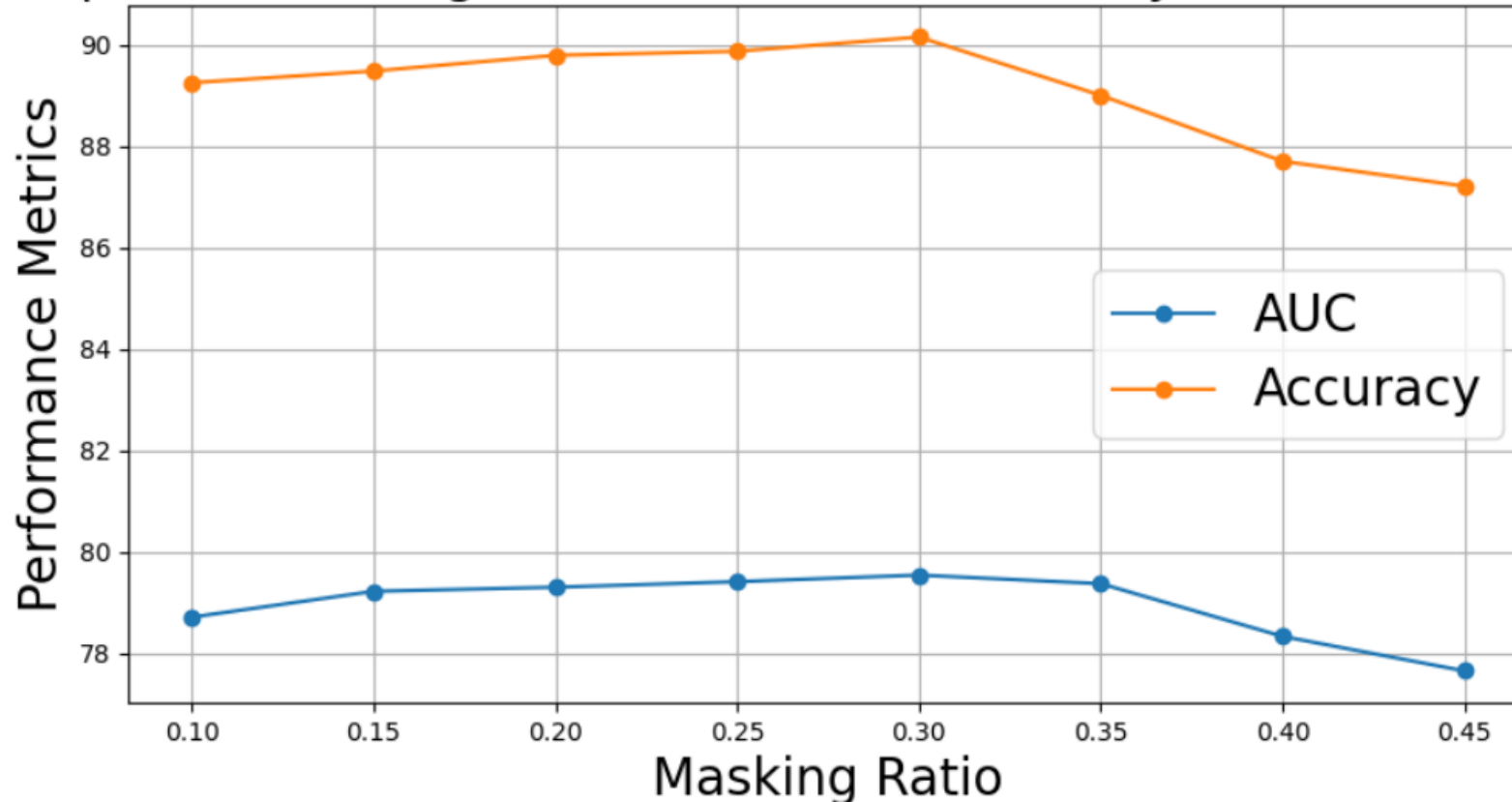
Need for D-MLM

Methods	AUC↑	F1↑	ACC↑
No Masking	61.48	16.33	70.54
MAE [18]	68.84	18.85	75.59
MaskVLM [26]	58.87	14.96	66.69
M&M [16]	77.92	27.55	88.52
D-MLM (Ours)	79.54	28.81	90.15

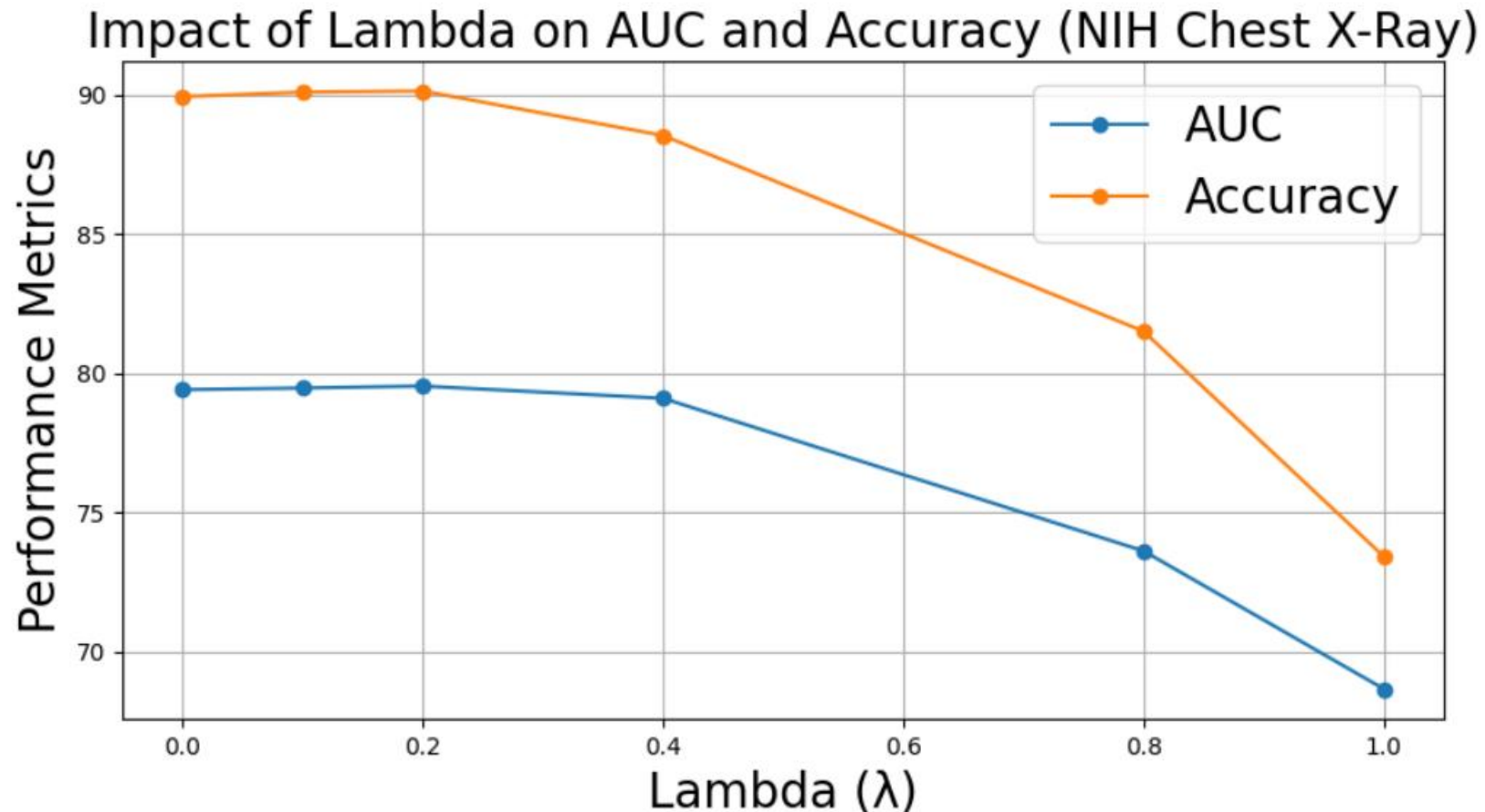


Impact of masking ratio

Impact of Masking Ratio on AUC and Accuracy (NIH Chest X-Ray)



Impact of loss functions



Results – SSL and SL

Methods	RSNA Pneumonia			SIIM-ACR			CheXpert		
	1%	10%	100%	1%	10%	100%	1%	10%	100%
MoCo [16]	82.33	85.22	87.90	75.49	81.01	88.43	78.00	86.27	87.24
SimCLR [6]	80.18	84.60	88.07	74.97	83.21	88.72	67.41	86.74	87.97
ConVIRT [35]	83.98	85.62	87.61	84.17	85.66	91.50	85.02	87.58	88.21
GLoRIA [19]	84.12	86.83	89.13	85.05	88.51	92.11	83.61	87.40	88.34
BioViL [4]	81.95	85.37	88.62	79.89	81.62	90.48	80.77	87.56	88.41
LoVT [26]	85.51	86.53	89.27	85.47	88.50	92.16	85.13	88.05	88.27
PRIOR [7]	85.74	87.08	89.22	87.27	89.13	92.39	86.16	88.31	88.61
MedKLIP [33]	87.31	87.99	89.31	85.27	90.71	91.88	86.24	88.14	88.68
M&M [13]	88.11	89.44	91.91	88.81	91.15	93.88	88.45	90.02	90.88
MLIP [23]	89.30	90.04	90.81	-	-	-	89.03	89.44	90.04
UniMedI [18]	90.02	90.41	91.47	-	-	-	89.44	89.72	90.51
IMITATE [24]	91.73	92.85	93.46	-	-	-	89.13	89.49	89.66
D-MLM (Ours)	91.94	92.91	93.84	91.11	92.44	95.18	89.80	90.41	91.45



Results – ZSL

Methods	RSNA Pneumonia			SIIM-ACR			NIH Chest X-Ray		
	AUC↑	F1↑	ACC↑	AUC↑	F1↑	ACC↑	AUC↑	F1↑	ACC↑
ConVIRT [35]	80.42	58.42	76.11	64.31	43.29	57.00	61.01	16.28	71.02
GLoRIA [19]	71.45	49.01	71.29	53.42	38.23	40.47	66.10	17.32	77.00
BioViL [4]	82.80	58.33	76.69	70.79	48.55	69.09	69.12	19.31	79.16
PRIOR [7]	85.58	62.91	77.85	86.62	70.11	84.44	74.51	23.29	84.41
MedKLIP [33]	86.94	63.42	80.02	89.24	68.33	84.28	76.76	25.25	86.19
M&M [13]	88.91	66.58	83.14	91.15	71.58	86.15	77.92	27.55	88.52
D-MLM (Ours)	90.15	68.42	85.11	91.45	72.18	86.88	79.54	28.81	90.15



Conclusion

1. We introduced a new pretraining framework (D-MLM) that models medical images and text as **probabilistic distributions**, capturing both inter- and intra-modal uncertainty.
2. To improve clinical grounding, we used **LLM-generated structured reports** with consistent sections such as definitions, appearances, observations, and verdicts. This helps align visual features with medical semantics.
3. Our **adaptive masking strategy**, guided by the structured text, focuses learning on the most diagnostically relevant parts of the image and report.
4. The model delivers **strong performance across tasks** — including classification, grading, and segmentation — and is especially effective in **low-label** and **zero-shot** settings.



**THANK
YOU**

