

Performance measurement and tuning of remote acquisition

Lukasz Makowski

February 2, 2016

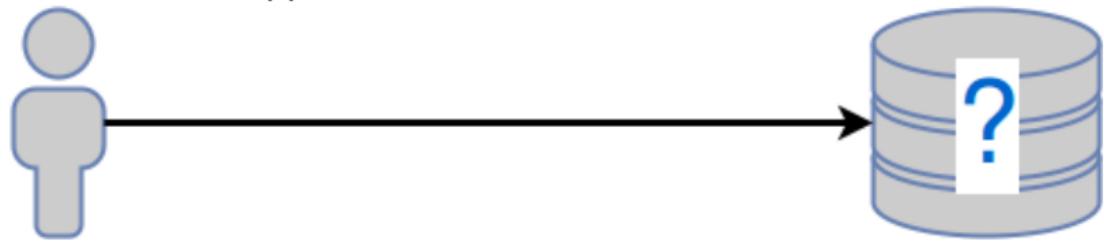
Netherlands Forensic Institute
Supervisor : Ruud Schramp



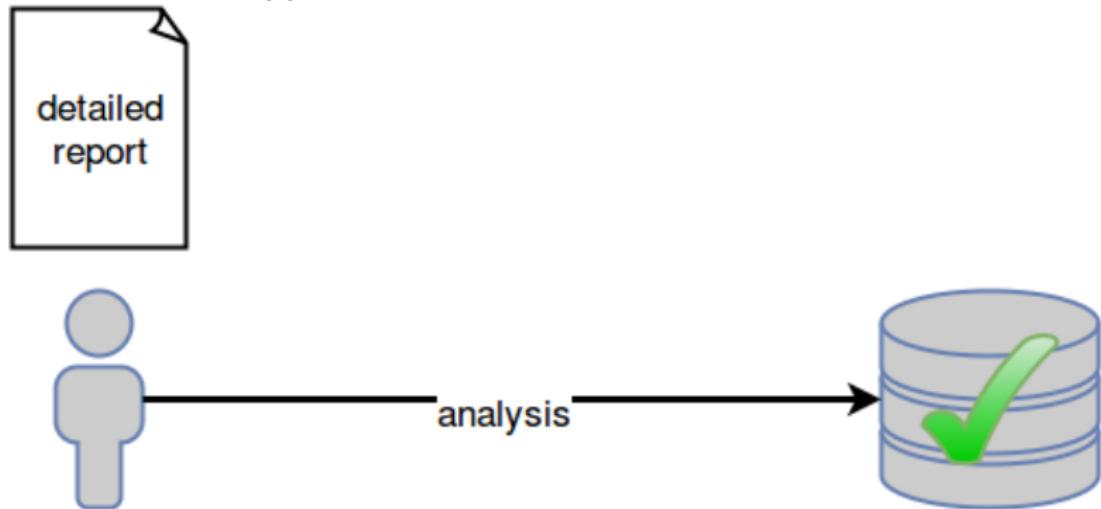
Agenda

- ① Remote acquisition - research motivation introduction
- ② Research scope and questions posed
- ③ Approach & methods taken
- ④ Results
- ⑤ Future work

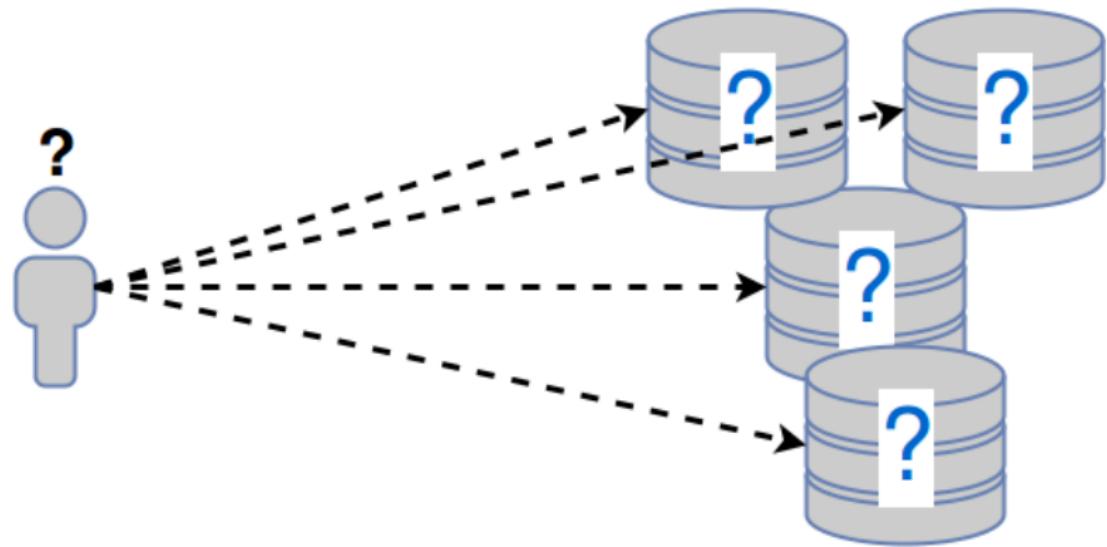
"Old-school" approach:



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Forensic acquisition

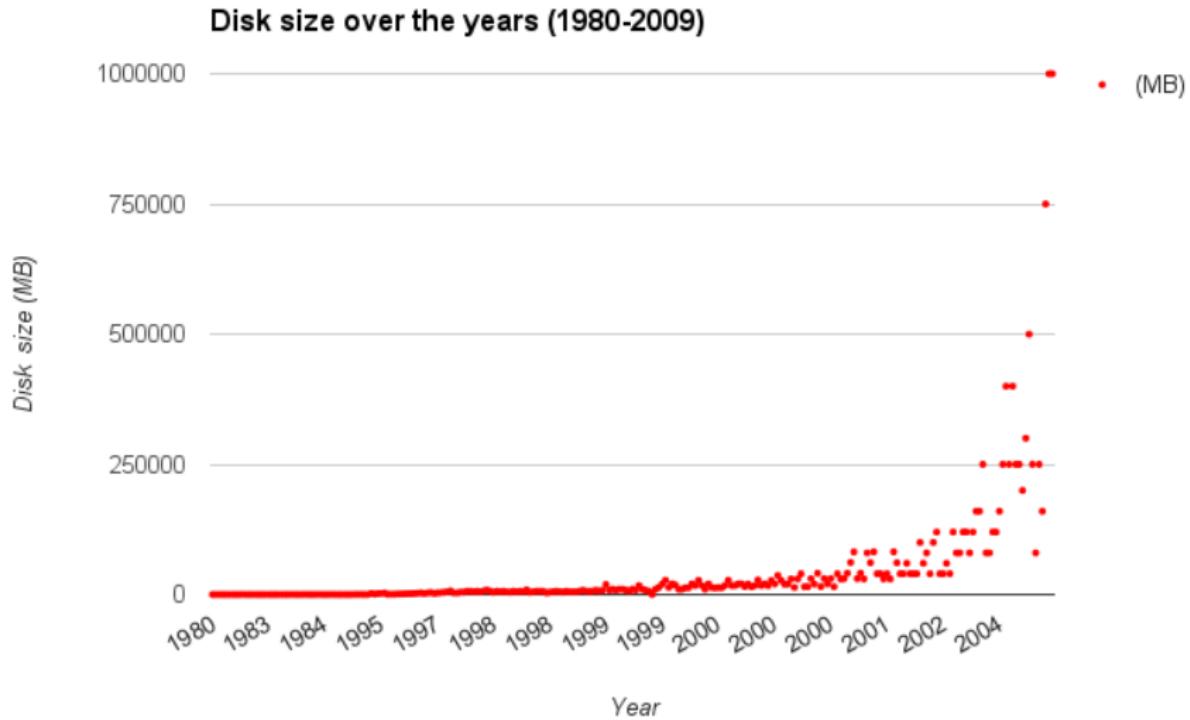


The bottlenecks in the current process:

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- quantity : regular disk size increases

Forensic acquisition



Data source : <http://www.mkomo.com/cost-per-gigabyte>

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But there is a possible solution! (at least to the first two points
...)

Forensic triage - the cure for pain?

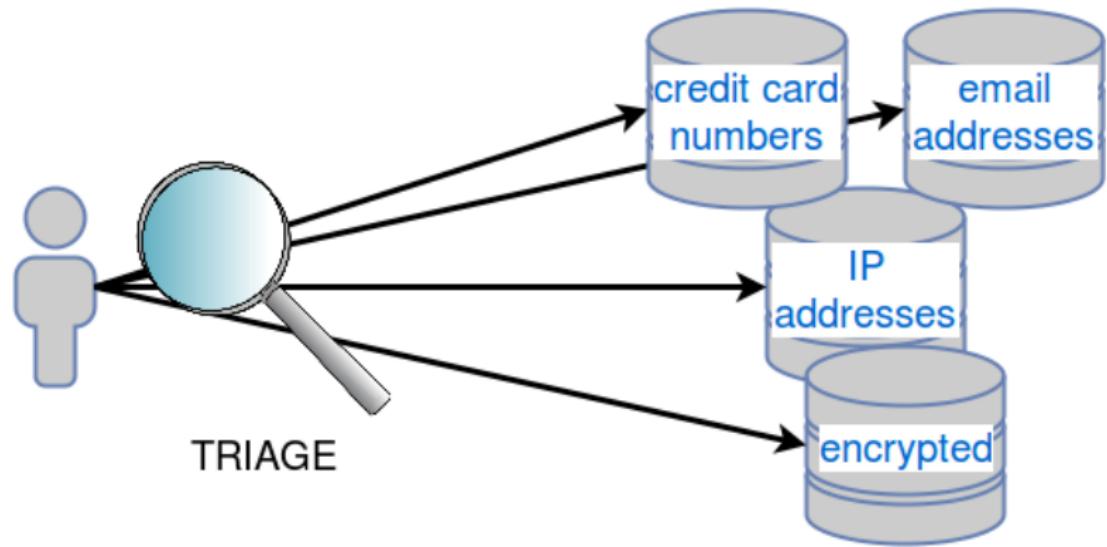
Triage is the process of determining the priority of patients' treatments based on the severity of their condition. This rationes patient treatment efficiently when resources are insufficient for all to be treated immediately.

FIVE LEVEL TRIAGE		
LEVEL 1	IS THE PATIENT DYING?	Cardiac Arrest, Respiratory Arrest Trauma, Anaphylaxis, Unresponsiveness-ETOH Hypoglycemia, Imminent Childbirth, Limb Amputations
LEVEL 2	HIGH RISK SITUATION? IS THIS A PATIENT WHO SHOULDN'T WAIT	Confused, Lethargic, Disoriented, Severe Pain, Distress, Active Chest Pain, Suspicious for Coronary Syndrome, Signs of Stroke, Immunocompromised with fever, Suicidal, Homicidal, Amputations
LEVEL 3	HOW MANY RESOURCES-(2 or more) CONSIDER VITAL SIGNS AS PART OF CRITERIA. TEMPERATURE- BIRTH-36 MOS (Consider upgrading to 2)	DaRgt, Cerv. Vital? Age: Pulse: RR: -<2m >100 > 30 -2-9y >100 > 40 ->10y >100 >20
LEVEL 4	HOW MANY RESOURCES?-(ONE) STABLE VITAL SIGNS	Acute Episodic, Stept Throat, UTI Migraines with CT head, Simple Lesions, IV/IM Meds
LEVEL 5	HOW MANY RESOURCES?- NONE	Medication Warr, MSE, Illness requiring a Prescription

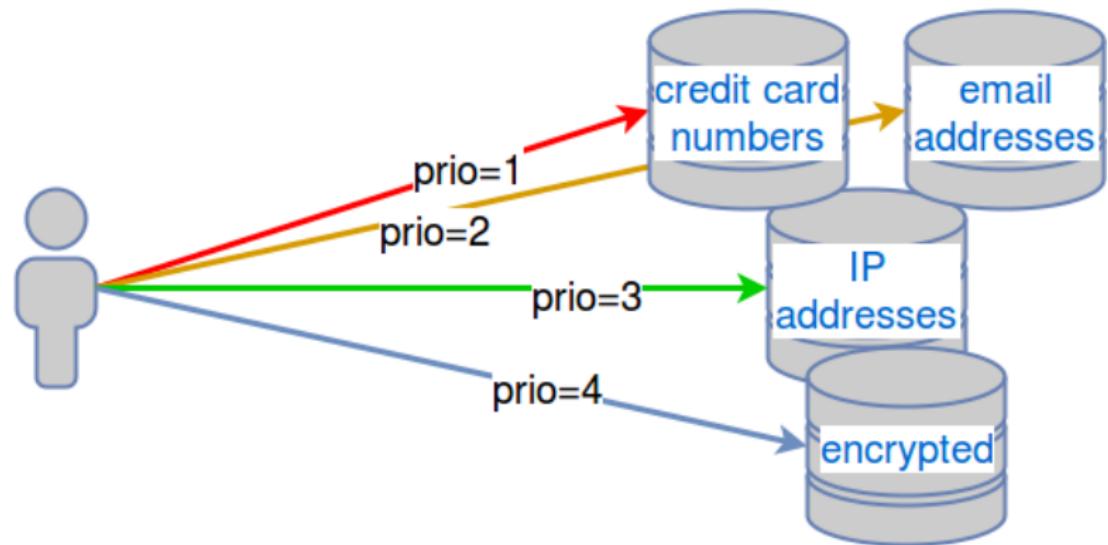
Source : <https://en.wikipedia.org/wiki/Triage>

Source : https://cartadvocate.files.wordpress.com/2015/03/img_3788.jpg

Forensic triage - the cure for pain?

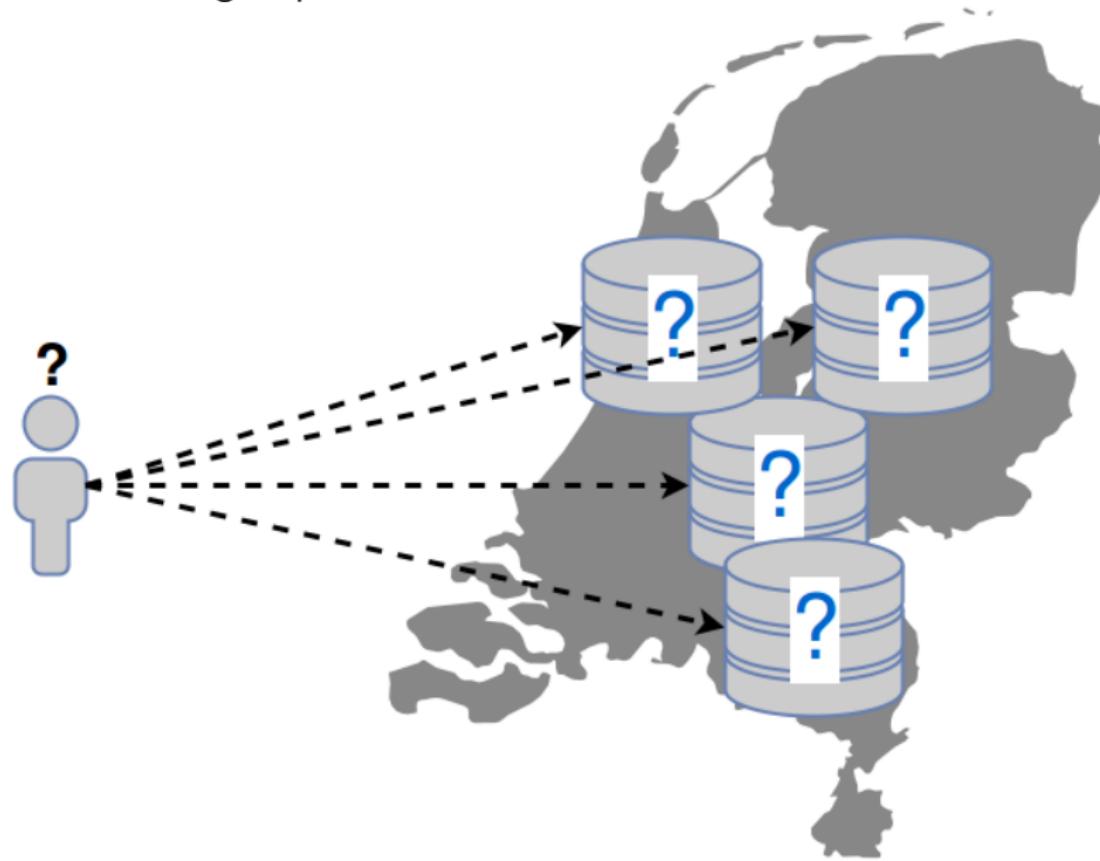


Forensic triage - the cure for pain?



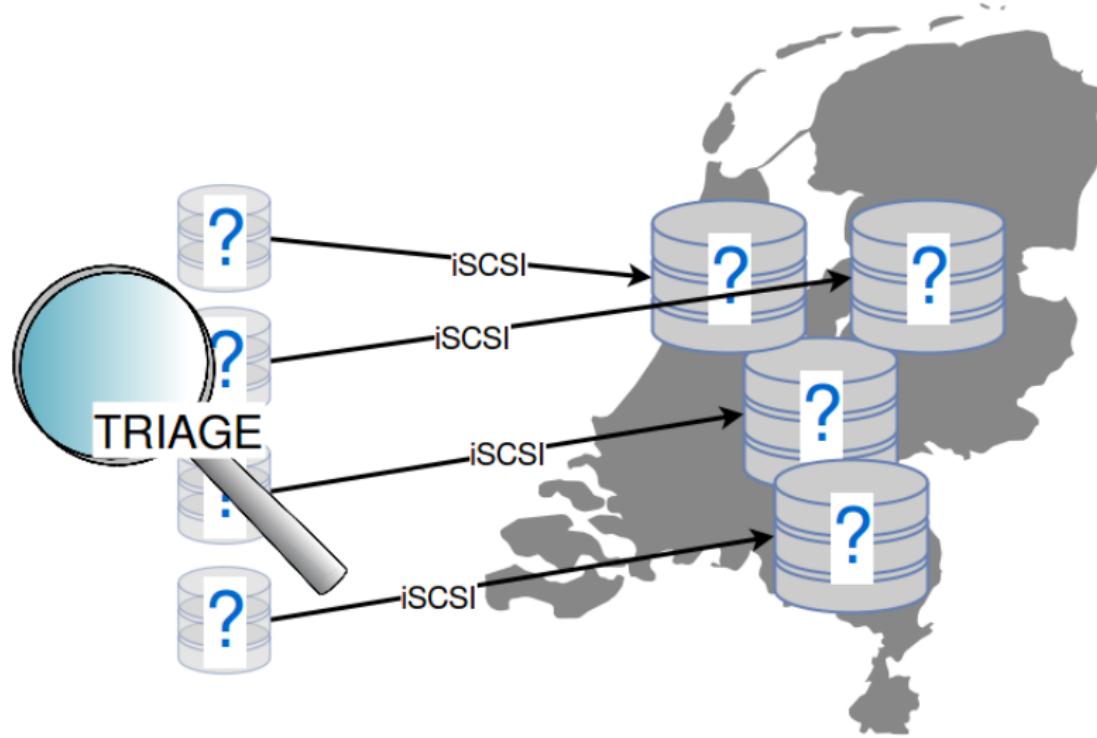
Remote triage

Remote triage - problem:



Remote triage

Remote triage - approach:



Remote triage

'Remote triage' issues:

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- iSCSI uses TCP in transport layer (TCP limitations inherited)
- iSCSI is not well suited to WAN links

Remote triage - issues

Essentially the problem can be synthesized to simple question :

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How to make the remote triage as efficient as possible?

Remote triage - issues

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- **Acquisition I/O optimisation**

Yes... TCP and iSCSI options left in the defaults

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- Is it feasible to enhance a transfer rate for acquisition performed on the iSCSI block device?
- Which techniques an application can use to improve on the transmission rate?
- How a link delay influences the experiment?

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- prefetching (implies the usage of cache)

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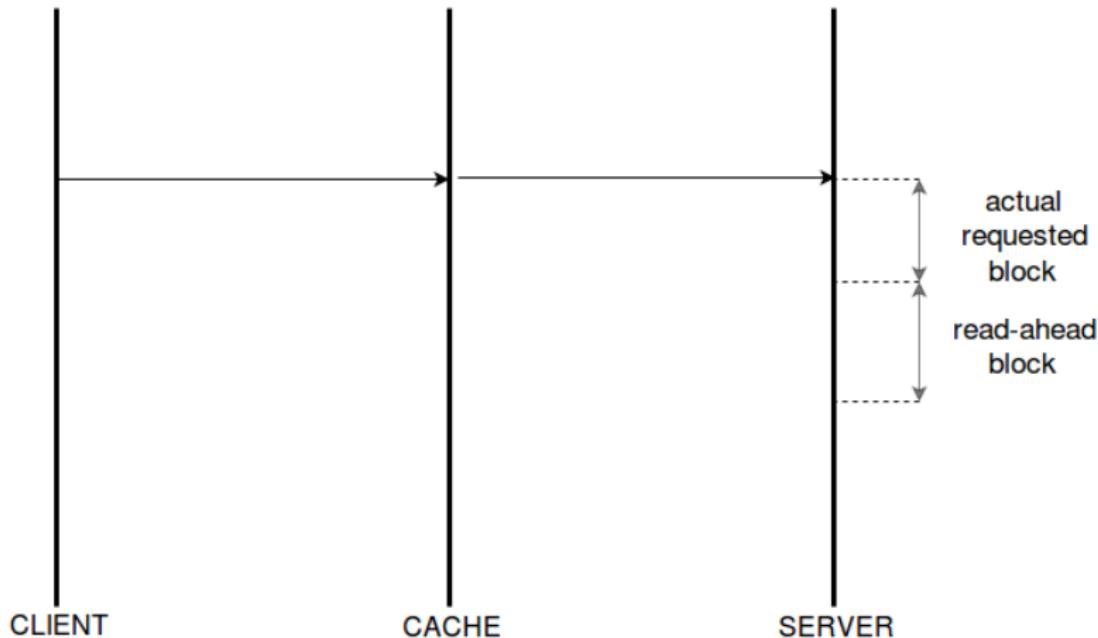
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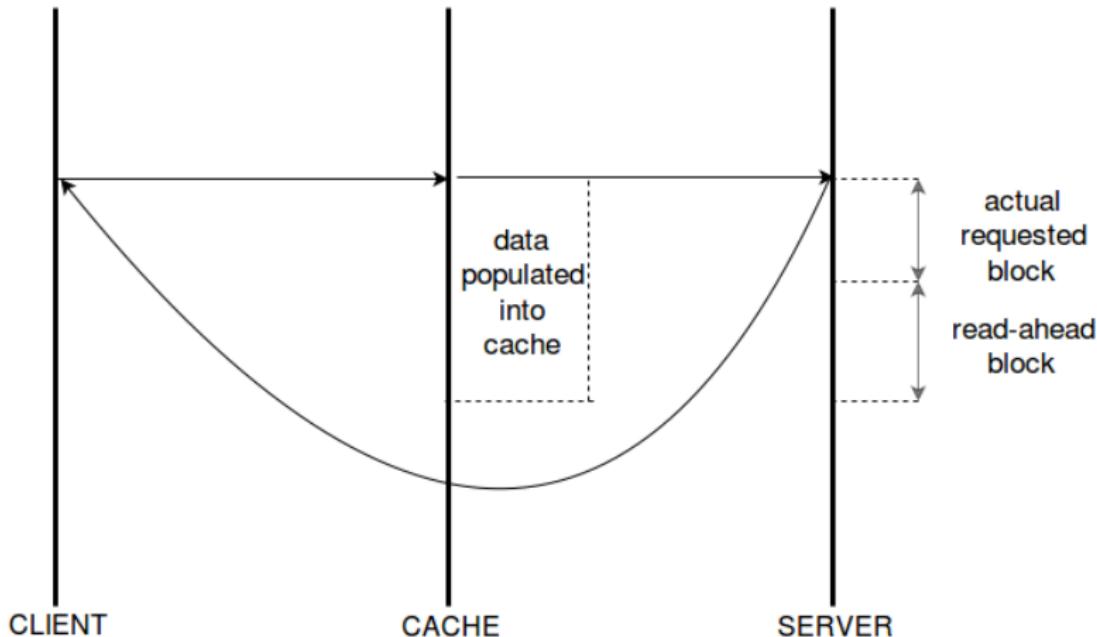
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Research scope - prefetching

Read-ahead : read block-size → cache MISS → read
block-size+read-ahead

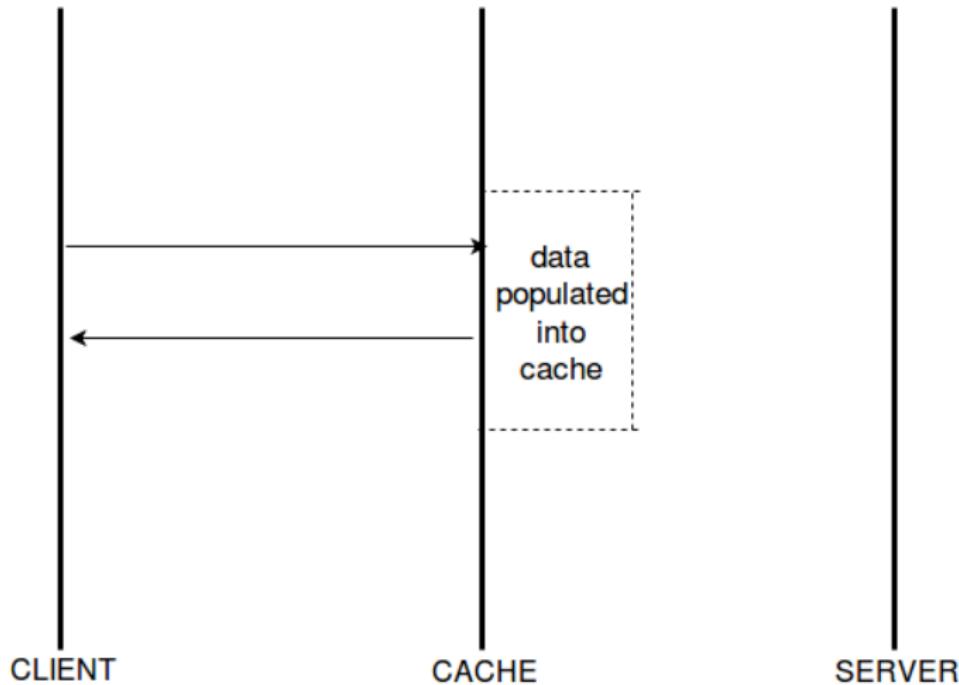


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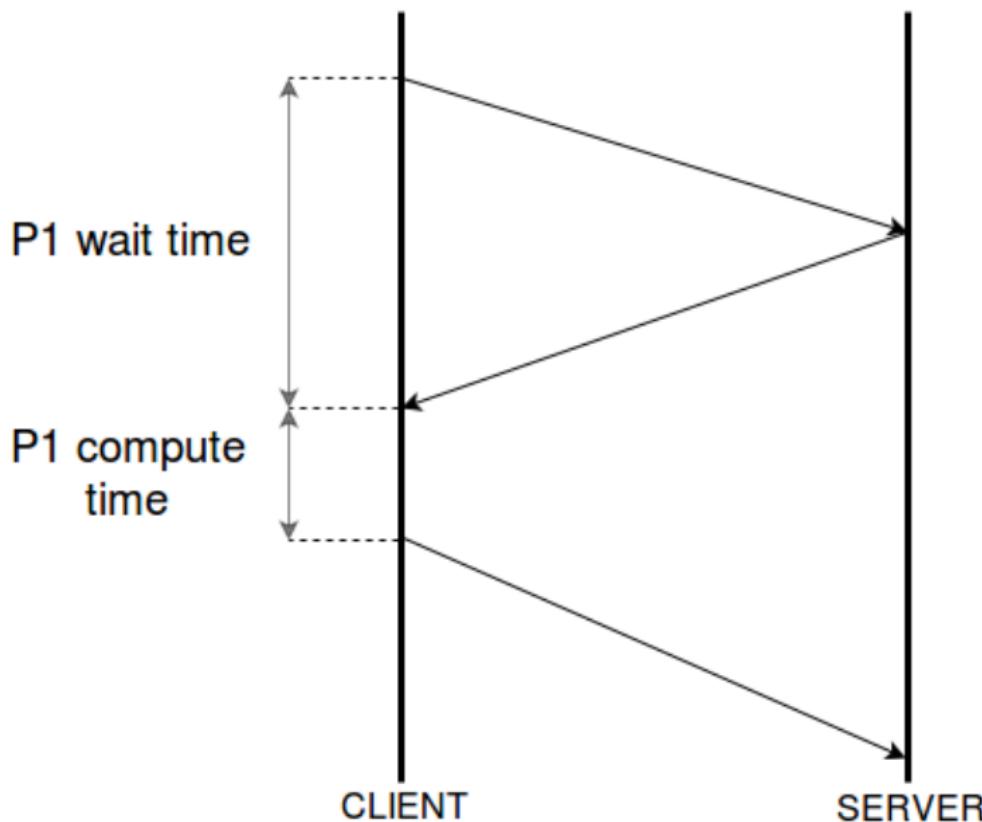
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Researching on potential I/O optimisation methods:

- prefetching (implies the usage of cache)
 - read-ahead
 - read-behind
- parallelism

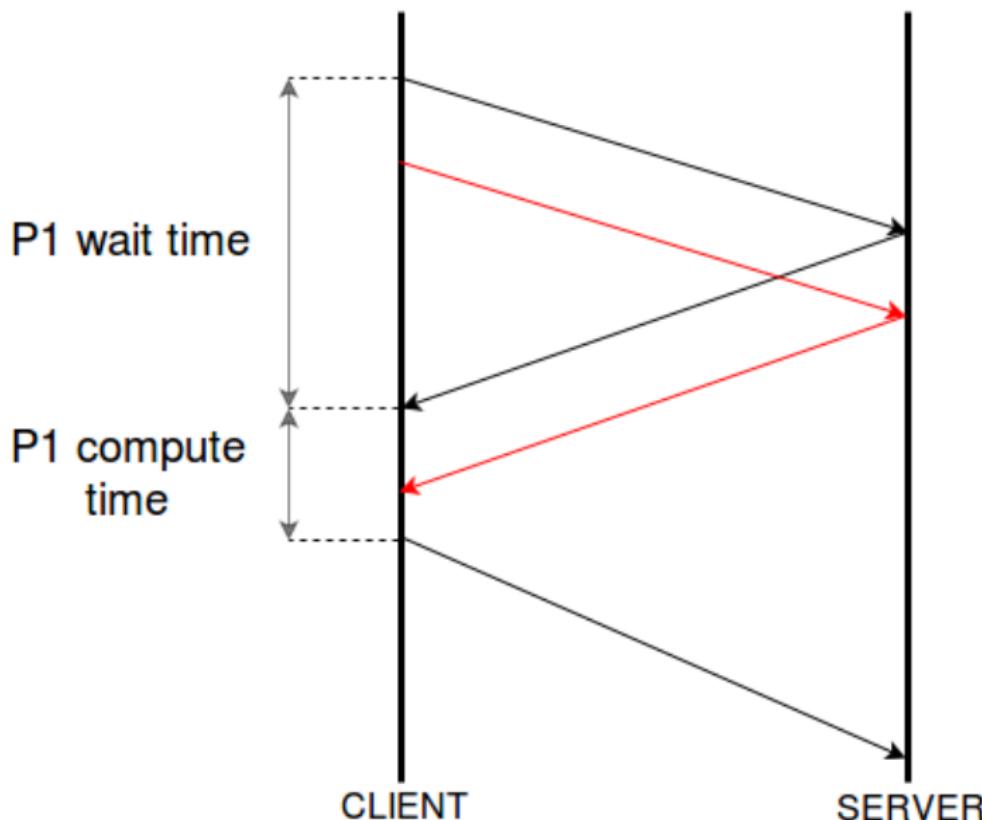
Research scope - parallelism

Single process, waiting for the reply

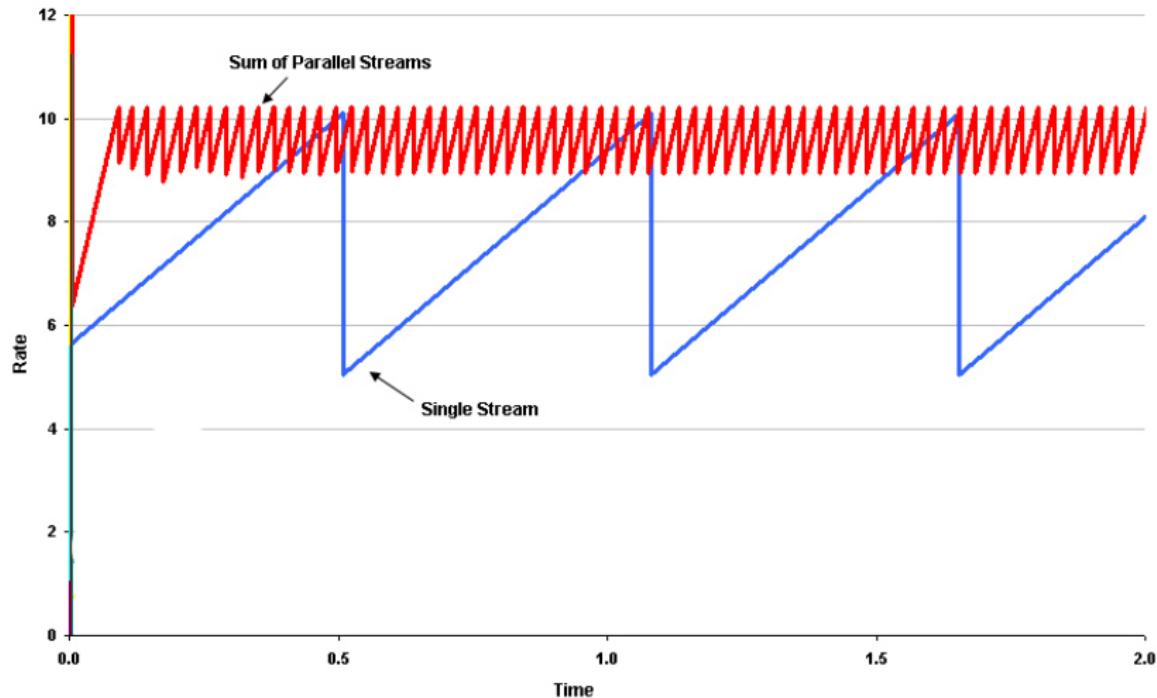


Research scope - parallelism

More processes, an attempt to utilise the wait time



Research scope - parallelism



Source : <http://www.potaroo.net/ispcol/2005-06/fig4.jpg>

Methods - creating triage.py

Goals:

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- Two modes : sequential & parallel
- Adjustable parallel workers number

Methods - creating triage.py

Solution:

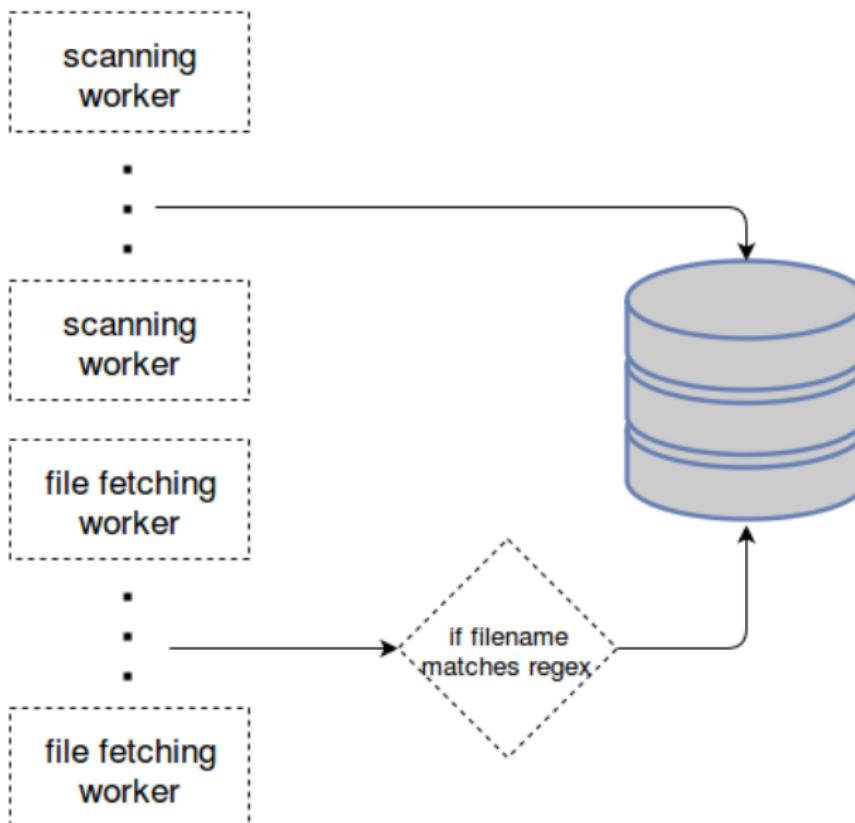


`^(passwd|shadow|bash_history|known_hosts|id_*.pub|id_[a-z]+)$`



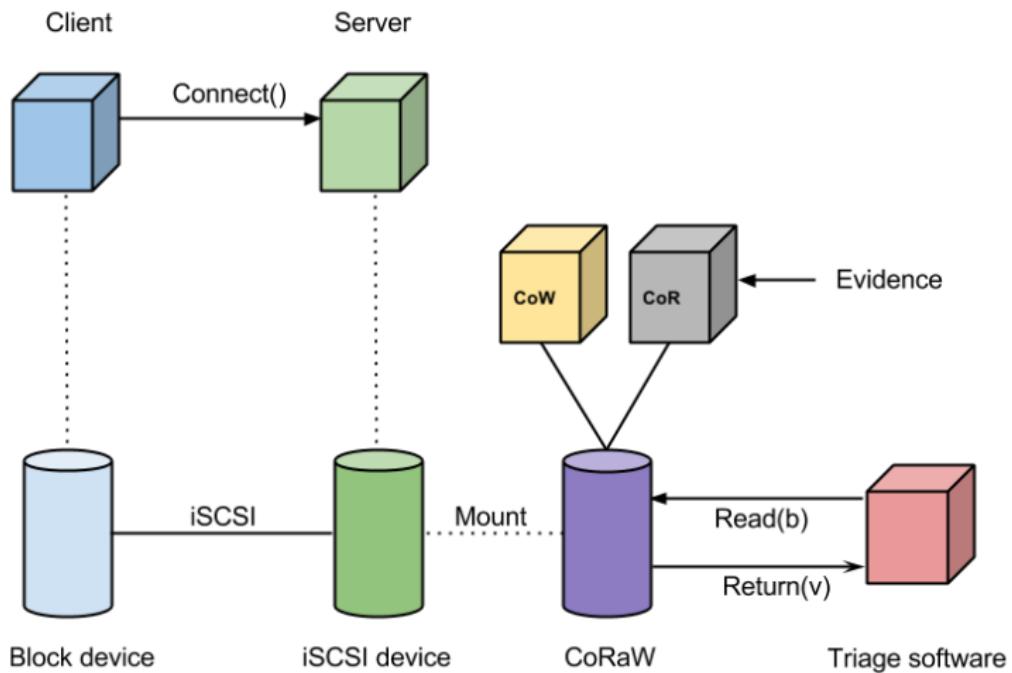
Methods - parallelism

Multiprocessing. Making The SleuthKit (TSK) parallel.



Methods - prefetching

Cache implementation : Fusecoraw¹

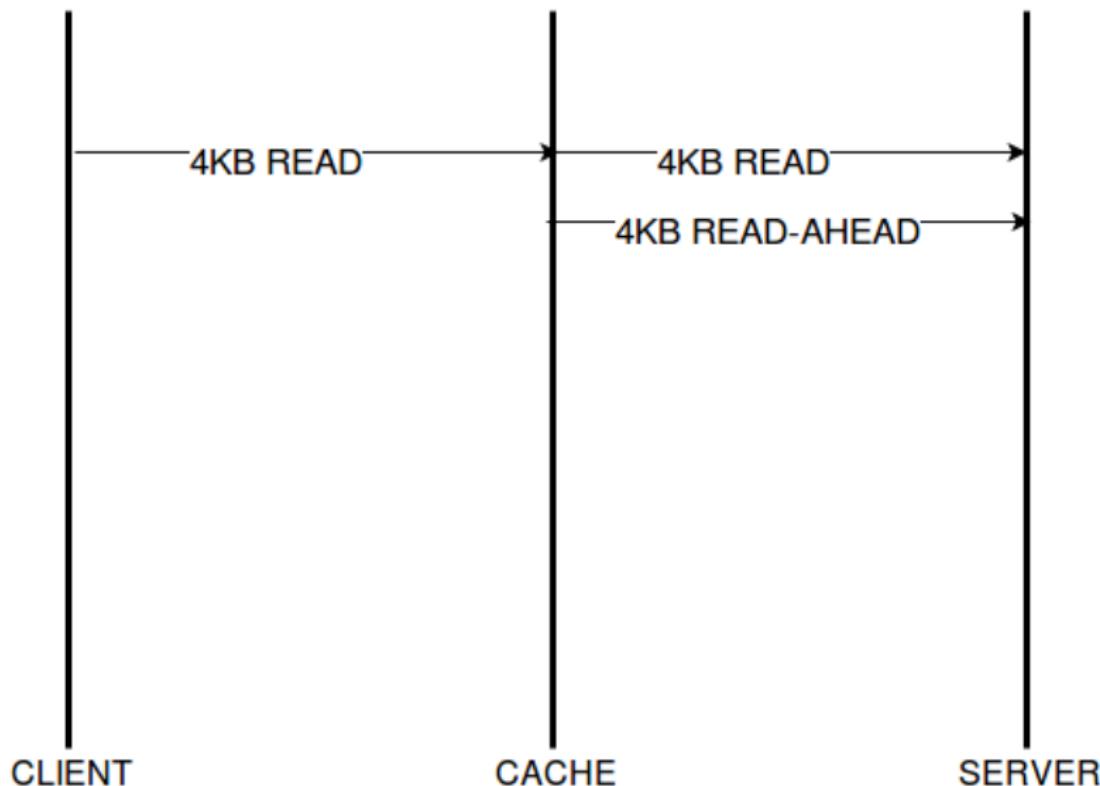


¹<https://homepages.staff.os3.nl/~delaat/rp/2013-2014/p71/report.pdf>

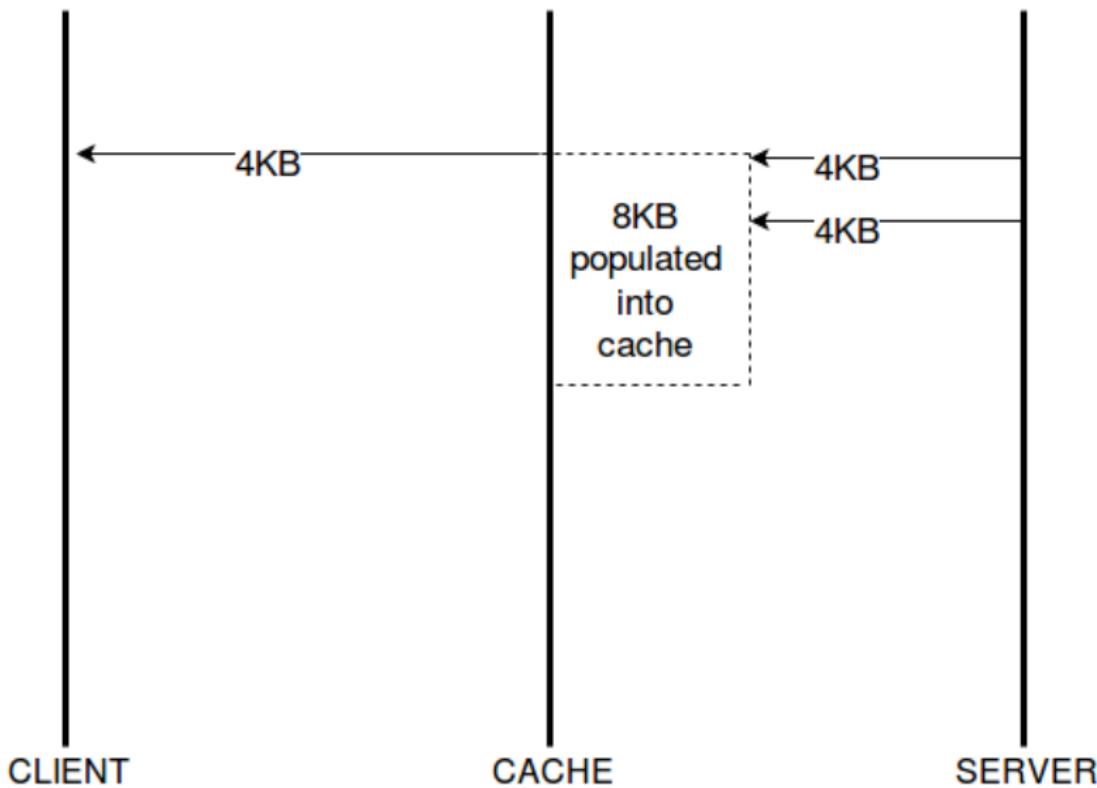
Expanding fusecoraw with read-ahead, read-behind functionality.
Simplified approach.

Methods - prefetching

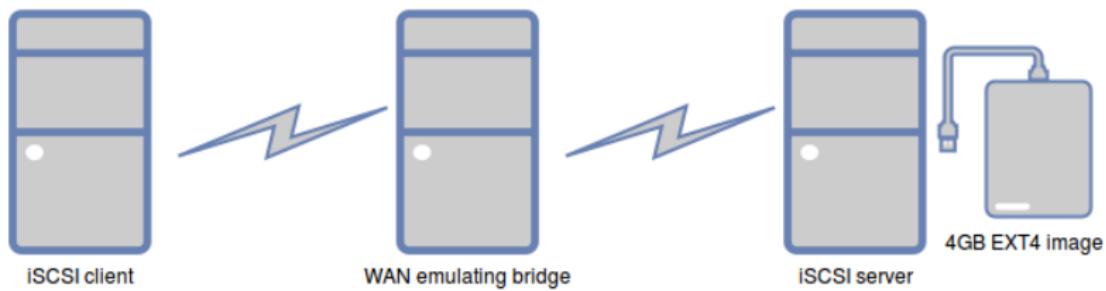
Reads issued to the FUSE filesystem are being extended by the additional `read()`.



Methods - prefetching

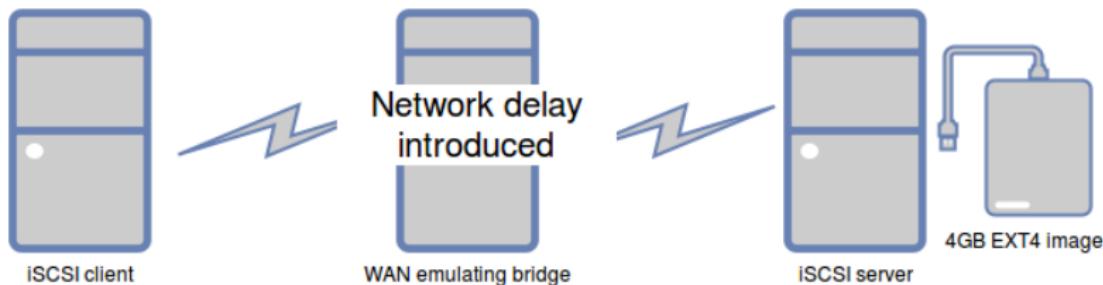


Methods - Lab setup



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Constant delay applied : 0, 10, 20 [ms]



Experiments performed

relative delay (ms)	test performed	prefetching	parallelism	repetitions
0	X	X	X	3
10	X	X	X	3
20	X	X	X	3

Table : Test sets summary

Experiments performed

Chosen metrics:

- Average throughput (tcpdump + tcptrace)
- Elapsed time (GNU time)

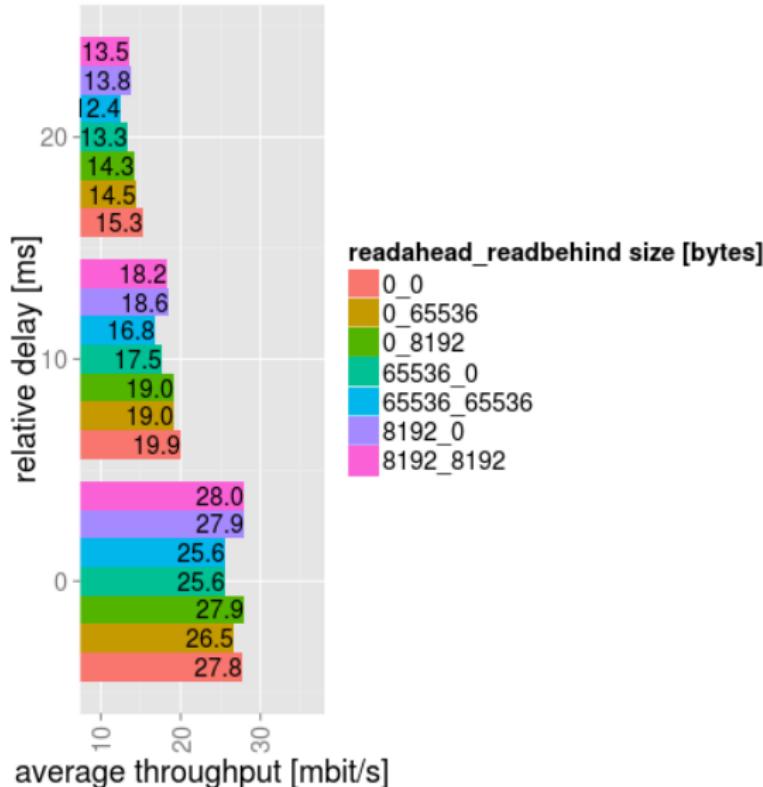
Experiments performed

Prefetching	read ahead	read behind	0	8192	65536
0	X	X	X		
8192	X	X		-	
65536	X	-		X	

Table : Chosen read-ahead and read-behind values

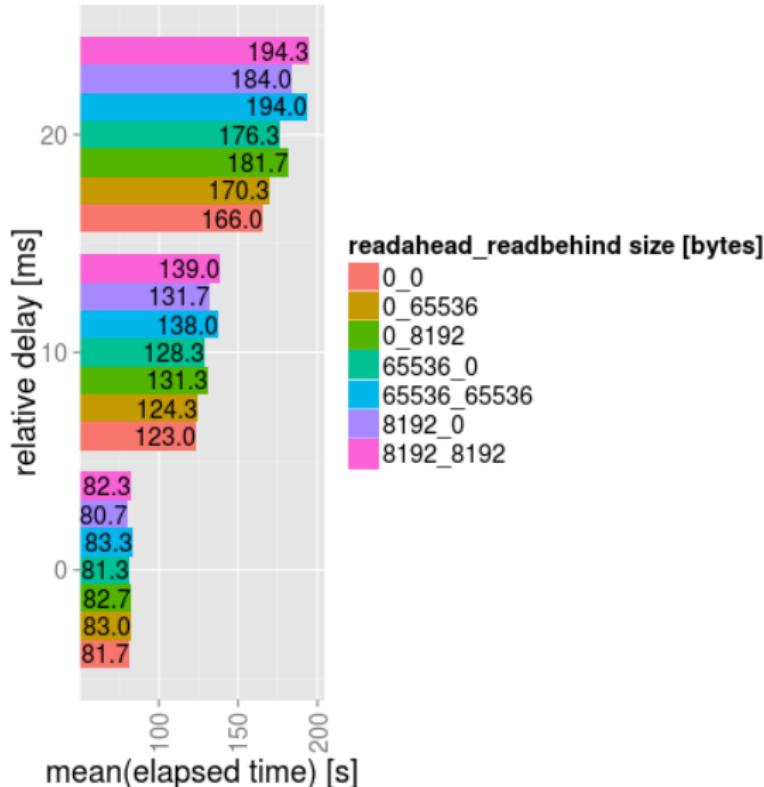
Results

Prefetching (Read-ahead & read-behind)



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- Average throughput *may* indicate the triage process speed-up, but ...
- It's better to look at the execution time
- When no delay was introduced; read-ahead of 8KiB, had the smallest mean execution time
- With the delay; I/O without prefetching had the smallest time metric

Experiments performed

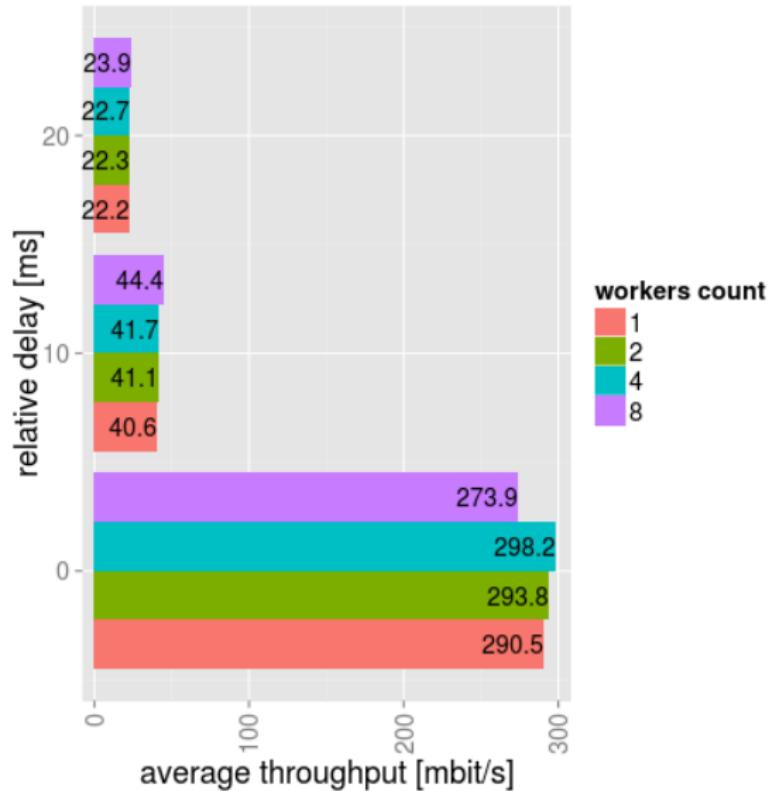
Parallelism

		file fetcher	1	2	4
		directory scanner	1	2	4
1	X	-	-		
2	-	X	-		
4	-	-	X		

Table : triage.py workers setup

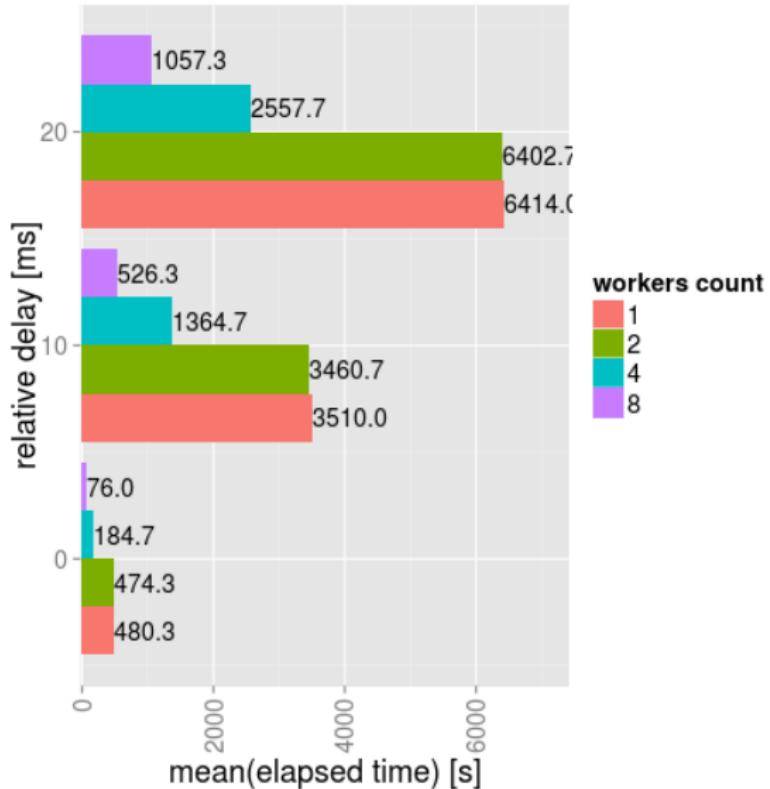
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- Elapsed time barchart suggests that 8 workers perform surprisingly well for the delayed link
- However, the throughput chart does not record expected speed-up (the differences are small)
- Probably the external factor which influenced the test occurred (caching?)

Lessons learnt

- OS tries to be your best friend. It optimises/caches whenever it can. Not necessarily bad, but it has to be understood while designing the tests.

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- Trying to abstract the research from the components it will eventually need to rely on, is close to agreeing that its results may become "abstract".

Future work

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- Is getting the work done without TCP possible? Exploring ATA over Ethernet (AoE) feasibility for the remote acquisition

Questions?