

# MULTI-AGENT MEDICAL DIAGNOSIS REPORT

Report Generated:	June 27, 2025 at 01:13 PM
Session ID:	demo_20250627_131321
Diagnostic Status:	COMPLETED
Total Duration:	0m 24s

## PATIENT INFORMATION

Patient ID:	CASE_006
Age:	58
Sex:	Male
Chief Complaint:	Crushing chest pain radiating to left arm

Symptoms:	crushing chest pain, left arm pain, diaphoresis, nausea, anxiety
Duration:	45 minutes
Severity:	severe
Vital Signs:	BP 160/95, HR 105, RR 22, Temp 98.4F, O2 Sat 96%

Past Medical History:	Hyperlipidemia, family history of CAD
Current Medications:	Atorvastatin
Allergies:	NKDA
Family History:	Father MI at 55, Mother HTN
Social History:	Smoker 1 PPD x 30 years, sedentary lifestyle

## DIAGNOSTIC SUMMARY

Agent	Diagnosis	Confidence	ICD-10
Primary Care	Acute Coronary Syndrome	75.0%	I24.9
Specialist Internal Medicine Assessment: Acute Coronary Syndrome	Refined Internal Medicine Assessment: Acute Coronary Syndrome	85.0%	I24.9
Final Consensus	Final Consensus: Acute Coronary Syndrome	90.0%	I24.9

**FINAL DIAGNOSIS DETAILS**

**Primary Diagnosis:** Final Consensus: Acute Coronary Syndrome  
**Confidence Level:** 90.0%  
**ICD-10 Code:** I24.9

**Clinical Reasoning:**  
After thorough review by our multidisciplinary team, we have reached consensus on this case. Both Dr. Primary and Dr. Internal have provided excellent assessments. The clinical picture is consistent with our final diagnosis, and the management plan is appropriate and comprehensive.

**Recommended Tests:**  
Proceed with recommended workup, Serial monitoring, Multidisciplinary follow-up

**Differential Diagnoses:**  
Consensus reached on primary diagnosis

**Red Flags/Critical Considerations:**  
Continue vigilant monitoring, Escalate if clinical change

**CLINICAL CONVERSATION LOG**

**System (System) - 13:13:42**  
■■ Initiating 2 rounds of case discussion...

**Moderator (Clinical Moderator) - 13:13:42**  
\*\*Discussion Round 1\*\*

Let's review the case and discuss any concerns or alternative perspectives...

**Dr. Primary (Primary Care Physician) - 13:13:42**  
Dr. InternalMedicine, I'm concerned about the differential diagnosis. Given the patient's Crushing chest pain radiating to left arm, should we consider Myocardial Infarction, Unstable Angina?

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Good point, Dr. Primary. In my Internal Medicine practice, the constellation of symptoms - particularly crushing chest pain, left arm pain - is most consistent with Refined Internal Medicine Assessment: Acute Coronary Syndrome. The Time-sensitive condition supports this diagnosis. However, I agree we should monitor for Myocardial Infarction.

**Dr. Senior (Senior Attending Physician) - 13:13:42**

Excellent discussion, colleagues. This case illustrates the importance of collaborative decision-making. Dr. Primary's concern about differential diagnosis is well-founded - we must always consider 'cannot miss' diagnoses. Dr. InternalMedicine's expertise in Refined Internal Medicine Assessment: Acute Coronary Syndrome is valuable. I recommend we proceed with 12-lead ECG while monitoring for Time-sensitive condition.

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Absolutely. The family history and social factors are important. In this case, the Hyperlipidemia, family history of CAD increases the likelihood of Refined Internal Medicine Assessment: Acute Coronary Syndrome. We should also consider patient education about Time-sensitive condition and ensure appropriate follow-up.

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The patient's crushing chest pain, left arm pain could also suggest other conditions. What's your take on the urgency of further testing?

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This case demonstrates good clinical reasoning from both perspectives. The patient's presentation of Crushing chest pain radiating to left arm requires us to balance common diagnoses with serious conditions. Given the severe nature and 45 minutes, I support the internal medicine assessment while keeping primary care concerns in mind.

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## **CLINICAL RECOMMENDATIONS**

#### ***Recommended Diagnostic Tests:***

- Proceed with recommended workup
- Serial monitoring
- Multidisciplinary follow-up

#### ***Follow-up Care:***

- Regular monitoring as clinically indicated
- Patient education regarding diagnosis and treatment
- Return if symptoms worsen or new symptoms develop

***Critical Safety Considerations:***

- Monitor for Continue vigilant monitoring
- Monitor for Escalate if clinical change

***General Recommendations:***

- Ensure appropriate specialist follow-up if indicated
- Review and optimize current medications
- Lifestyle modifications as appropriate for condition
- Emergency precautions and when to seek immediate care

**IMPORTANT DISCLAIMER:**

This report was generated by an AI-powered multi-agent diagnostic system for educational and research purposes only. This system is NOT intended for actual patient care decisions and should NOT replace professional medical judgment.

**Key Points:**

- All diagnostic recommendations must be validated by qualified healthcare professionals
- This system is designed for educational demonstration of multi-agent AI reasoning
- Clinical decisions should always be based on complete patient evaluation by licensed physicians
- No patient care decisions should be made solely based on this report

**For Research and Educational Use Only**

Multi-Agent Disease Diagnosis System v1.0  
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