



# High Risk Clinical Report

Patient: **Unknown**

Date: **Feb 21, 2026**

Report ID **HR-20260221**

## Risk Snapshot

## Model output



### Summary

Based on your clinical profile, our system has identified a significant risk score. While this is not a final diagnosis, your symptoms align with the early-onset patterns of Rheumatoid Arthritis (RA).

## Patient Data

## Structured inputs

### Demographics

|                |         |
|----------------|---------|
| Age            | 68      |
| Gender         | Female  |
| Smoking Status | Current |

### Biometrics

|             |      |
|-------------|------|
| Waist (cm)  | 89   |
| Height (cm) | 150  |
| Neutrophils | 78   |
| Lymphocytes | 6.96 |

### Lifestyle & Health

|                   |               |
|-------------------|---------------|
| Fiber (g/day)     | 0             |
| Physical Activity | Moderate      |
| Drinking Status   | Heavy drinker |

Joint Scores

Pain & Swelling (0–100)

LEFT SIDE

RIGHT SIDE

Left Shoulder

Pain

Swelling

Right Shoulder

Pain

Swelling

Left Elbow

Pain

Swelling

Right Elbow

Pain

Swelling

Left Wrist

Pain

Swelling

Right Wrist

Pain

Swelling

Left Hand

Pain

Swelling

Right Hand

Pain

Swelling

Left Hip

Pain

Swelling

Right Hip

Pain

Swelling

Left Knee

Pain

Swelling

Right Knee

Pain

Swelling

Left Ankle

Pain

Swelling

Right Ankle

Pain

Swelling

Left Toes

Pain

Swelling

Right Toes

Pain

Swelling

Suggested Tests

Next steps

Clinical Recommendation    Care pathway

1) ACPA (Anti-Cyclic Citrullinated Peptide Antibody)

ACPA is the most specific biomarker for RA. A positive result often appears years before irreversible joint damage occurs. Testing for ACPA helps us determine if your immune system has begun targeting joint tissues specifically.

2) RF (Rheumatoid Factor) & ESR/CRP

RF assesses the intensity of systemic inflammation. We also recommend checking ESR (Erythrocyte Sedimentation Rate) and CRP (C-reactive Protein) to quantify the current fire of inflammation in your body.

Consultation

We recommend a consultation with a Board-Certified Rheumatologist within the next 14 days. If a diagnosis is confirmed, a monthly Treat-to-Target (T2T) follow-up is standard until your inflammation markers normalize.

Follow-Up

Once you receive your lab results, please upload your ACPA/RF titers here. This allows our system to adjust your risk trajectory and provide personalized management tips for your specific RA subtype.

Lifestyle Recommendations

Supportive measures

The Anti-Inflammatory Kitchen

Shift to a strictly anti-inflammatory diet. Prioritize Omega-3 fatty acids (found in fatty fish or flaxseeds) and antioxidants (berries, leafy greens). These act as natural modulators to dampen cytokine storms.

Joint Protection & Pacing

Avoid high-impact stress. If you are experiencing morning stiffness, perform range of motion exercises in warm water. Do not push through sharp pain; instead, practice pacing, balancing activity with rest to prevent flare-ups.