Data Audit Report

Patient data is given in 2 datasets

- 1. Health data Contains demographic details like age, sex; habits like smoking, alcohol consumption etc
- 2. Activity data Step count for each day

There is missing data and some times it may require special attention. For example, if gender is male then pregnancy column is always not applicable but for females missing value could mean not pregnant currently or status unknown. Similarly, pregnancy is more likely only in a certain age bracket.

We may have to build data quality checks before feeding the raw data into database.

There is also metadata given about tables which is helpful. It gives a more detailed description of column names plus it has encoding key given for fields.

How to handle the data-

For RAG applications, text data is embedded and stored in a vector DB. The given data is tabular in format with no significant long text in it. We can create a Data layer and abstract the underlying data stored in xlsx, csv, sqlite db etc.

Also, the given data has encodings (e.g. in the sex column, 0 means male & 1 means female). We can store the data after converting encodings back to their labels. Or we can store data as given and specify data transformations that transform this data after retrieval and before feeding to LLM.

Project Development

IDE – VS code due to availability of extensions such as connecting to github, being able to work with WSL

OS – Ubuntu running within WSL and terminal connected through VS code which allows easy access to linux commands and less surprizes when moving from development to server deployment

Repo - Code hosted on Github for online backup and version control -> https://github.com/YashKushwaha/chat_ui

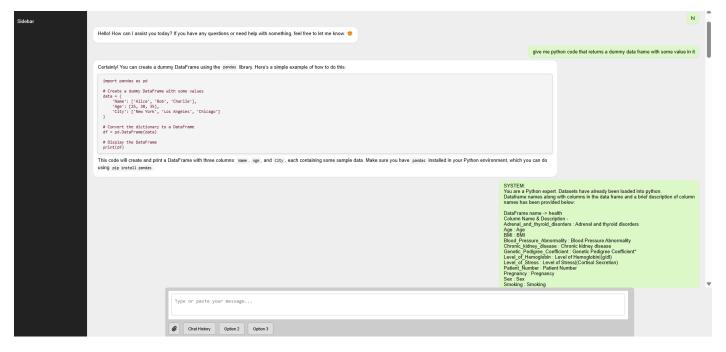
LLM Model – Currently using Phi-4 17B params 4 bit mixed quantization model being served through ollama. Advantage –

- Data remains offline and secure
- Also gives a sense of reasoning capabilities required for the tasks. If current model not capable then we can go for Phi-4 model with more parameters or lesser quantization (e.g 8 bit or 16 bit). We can try other open source models (Ilmama, mistral etc) or go for commercial LLMs (e.g. ChatGPT)
- Backend FastAPI used to develop routes. We can have endpoints for simple LLM calls, RAG, Agents and test
 routes as well
- Front end Designed using HTML, CSS & simple JS. Web frame works like Node.js not used to keep the interface simple and light weight. Key features -
 - Messaging app like design to distinguish user input and bot/LLM response
 - UI can render markdown as well leading to better formatting plus separate box for codes
 - Sidebar for keeping track of conversation (to be implemented in future)

Architecture Used

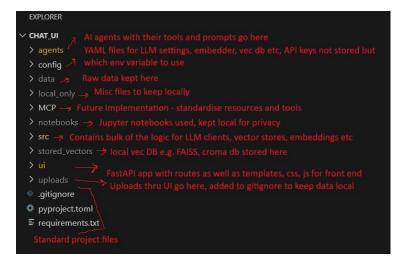
I have used router agent architecture where a master agent receives the user query & then interprets it and classifies the query. The query is then delegated to specialized sub agent best suited for the query. Currently 2 sub agents are implemented —

- 1) Agent 1 Takes as input a patient number and then retrieves patient data from the database and analyses the data and creates a report highlighting the finding
- 2) Agent 2 Converts user queries into python code which allows for joining multiple tables. This python code is then executed and then analysed by the LLM.



Project Structure

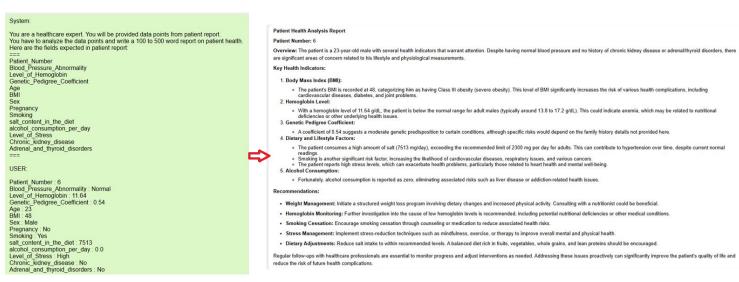
Designed to keep code modular and easy to extend



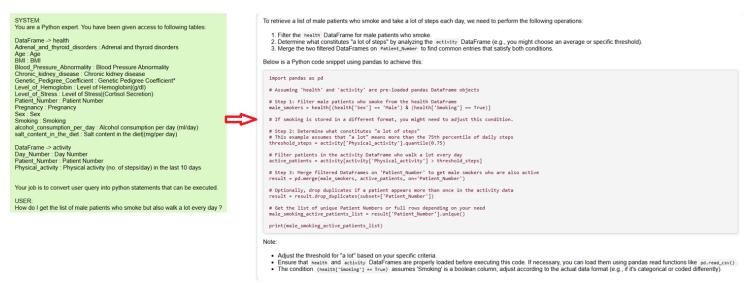
Evaluation

Manual evaluation to check quality of responses

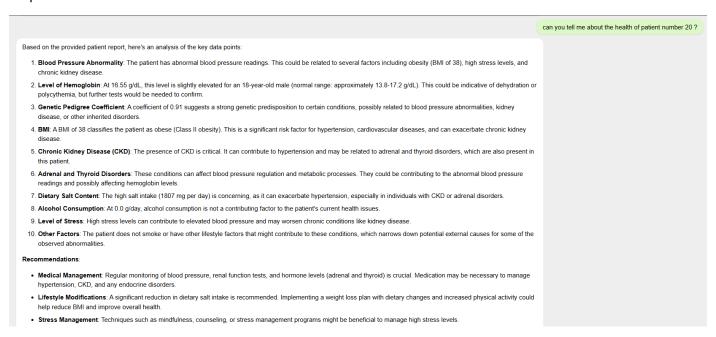
Check 1 – Can the model understand the data provided? LLM response is good



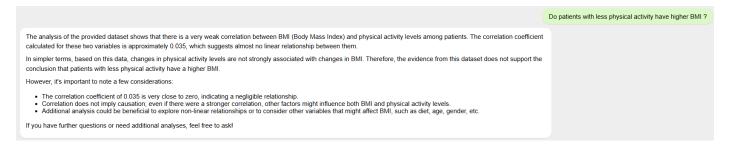
Check 2 - Can the LLM generate python code to join tables and perform data analysis based on user query? Yes



Check 3 – Test the entire pipeline where Agent takes the input, retrieves data internally and then returns the final output.



Check 4 – Check the pipeline for converting user query to Python code and executing it



Code generated by the LLM and run in the backend

```
def run():
    # Step 1: Aggregate physical activity by patient number
    avg_activity_per_patient = activity.groupby('Patient_Number')['Physical_activity'].mean().reset_index()

# Rename column for clarity after aggregation
    avg_activity_per_patient.rename(columns={'Physical_activity': 'Average_Physical_Activity'}, inplace=True)

# Step 2: Merge with health data
    merged_data = pd.merge(health, avg_activity_per_patient, on='Patient_Number', how='inner')

# Step 3: Analyze the relationship between BMI and physical activity
    correlation = merged_data[['BMI', 'Average_Physical_Activity']].corr()
    return correlation
```