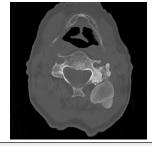
Human Annotated



Ultrasound showing a well-defined, neterogeneous, hypoechoic mass posterior to the cervical column.



Axial non-contrast enhanced bone-window CT showing a subcutaneous, well-defined mass with a calcified rim on the level of C3–C4. The mass originates from the ipsilateral facet joint which shows marked degeneration.

Without Human Annotated



Construct Medical Multimodality Retriever

Multimdoality Cases



Text Open Guidelines





Multimodality Retriever





An accessory segment VI hepatic vein was noted draining into the IVC with a membranous ostial narrowing. Angioplasty and stenting was planned...



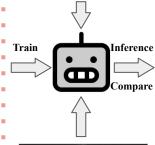
An incidental identification of an accessory right inferior hepatic vein, a common anatomical variant of the hepatic veins, is noted. This vein primarily drains the posterior portion of the right hepatic lobe, specifically segments VI and VII. directly into the inferior vena cava.

Query Text

A 60-year-old man presented with a 1-week history of progressive painless diplopia. He had a history of hypothyroidism and dyslipidemia, for which he took levothyroxine and rosuvastatin. He reported no changes in visual acuity or color vision; no ocular pain, erythema, or abnormal discharge; ...

A. Idiopathic inflammatory orbital myositis

- B. Lymphoma
- C, IgG4-related disease
- D. Thyroid orbitopathy





Query Image

Compare With Other MLLM

PMC-Cambrian

C. IgG4-related diseaseThis case illustrates the diagnostic considerations of a patient with enlarged extraocular muscles. Although this most commonly occurs in thyroid eye disease, the patient was euthyroid and did not have the typical restrictive pattern of ocular dysmotility, whereby duction in the opposite direction of the enlarged muscle is impaired. I Thyroid orbitopathy classically affects a combination of the inferior rectus, medial rectus, and/or levator palpebrae superioris.2 Isolated involvement of the lateral rectus, superior rectus,...

GPT4V

The diagnosis is likely A. Idiopathic inflammatory orbital myositis.

Reason:

Clinical Presentation: The patient has a history of painless diplopia with no other systemic symptoms (such as headache, scalp tenderness, or systemic autoimmune symptoms). The physical examination showed an isolated limitation of right eye abduction, which indicates a specific muscle involvement. Imaging Findings: The MRI shows abnormal thickening and T2 hyperintensity of the right

HuatuoGPT-Vision

The patient's symptoms and MRI findings are consistent with a diagnosis of thyroid-associated ophthalmopathy (TAO), also known as Graves' orbitopathy. The key features supporting this diagnosis include the progressive painless diplopia, isolated limitation of right eye abduction, abnormal thickening and enhancement of the right lateral rectus muscle on MRI, and negative results for infection and autoimmune disease tests...

