'Input text': ('Case Report': "The proband was a 37-year-old man who had visual and gait disturbances that had first appeared at 10 years of age. He showed horizontal gaze palsy, gaze-evoked nystagmus, dysarthria, and cerebellar ataxia. Brain and orbit MRI disclosed atrophy of the optic nerve and cerebellum, and degen erative changes in the bilateral inferior olivary nucleus. Mutational analyses of mitochondrial DNA identifie d the coexistence of heteroplasmic G11778A and homoplasmic T3394C mutations. The proband (III-1) (Fi g. 1) was a 37-year-old man with severe dizziness and double vision. He had first experienced visual and g ait disturbances at 10 years of age. The neurological examination performed on admission revealed mild di sturbance of cognitive function (Revised Wechsler Adult Intelligence Scale: total IQ=73, performance IQ=5 8, verbal IQ=91). Neurological disturbances were observed including bilateral exotropia, double vision, inc omplete horizontal movement of the eyes to the bilateral side, horizontal, and vertical gaze-evoked nystag mus, and dysarthria. The light reflex was prompt. No disturbances in cranial nerves I, VII, VIII, and XII were detected. Tremor appeared in his neck, but other involuntary movements including palatal myoclonus wer e not observed. While his upper and lower limbs showed no paralysis, they exhibited severe cerebellar atax ia and hypotonia. No abnormal findings were detected in his deep tendon reflex and sensory system. Ophth almological examination revealed atrophy of the optic nerve, but there were no pigmentation changes of th e retina. Blood and cerebrospinal fluid analyses were normal. Ergometer exercise did not up-regulate his s erum lactate and pyruvate. Orbital MRI revealed atrophy of the optic nerve (Fig. 2A), and brain MRI disclo sed severe atrophy of the cerebellum and mild atrophy of the brain stem (Fig. 2B). The bilateral inferior ol ivary nucleus exhibited low signal intensities on T1-weighted imaging, and high signal intensities on T2-we ighted imaging, suggesting degeneration (Fig. 2C and D). The patient was diagnosed as having LHON plus olivocerebellar degeneration. Although the thyrotropin-releasing drug taltirelin did not relieve his sympto ms, adenosine triphosphate disodium reduced his dizziness. The patient's mother (II-2) and uncle (II-3) als o had optic neuropathy, but other neurological abnormalities such as ataxia and dystonia were not observe d. The patient's mother has a history of subarachnoid hemorrhage. MRI of his mother disclosed mild atrop hy of the optic nerve (Fig. 2E), pons, and cerebellum (Fig. 2F-H). No signal changes were observed in the i nferior olivary nucleus (Fig. 2F-H). We were unable to confirm the detailed clinical information of the pro band's grandmother (I-2)."

'Mutation analyses of mtDNA': "Blood samples were obtained from the patient and his mother with their i nformed consent, and the methods used were approved by the institutional review board of Tottori Univer sity Hospital. Both mtDNA and genomic DNA were extracted by standard procedures. The polymerase chai n reaction (PCR) was carried out using the primers 5'-CCTCCCTACTATGCCTAGAAGGA-3' and 5'-TTTGGGT TGTGGCTCAGTGT-3' for ND4, including 11778G analysis, and 5'-AGTTCAGACCGGAGTAATCCAG-3' and 5'-A GGGTTGTAGTAGCCCGTAG-3' for ND1 . The primer set for ND4 was designed to identify G11778A mutation s, which is the main mutation for LHON. The primer set for ND1 was designed to detect not only the T3394 C mutation as a minor mutation for LHON but also an A3243G mutation that is frequently detected in patie nts with mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes. PCR products that inc luded the previously reported candidate abnormal points were analyzed by capillary electrophoresis using an automated DNA sequencer. The G11778A and T3394C mutations were identified, while the A3243G mu tation was not detected. The mutations in the mtDNA were confirmed by performing PCR-restriction fragm ent length polymorphism (RFLP), in which the PCR products were digested using either HaeIII (for T3394 C) or Tsp45I (for G11778A). In order to quantify the heteroplasmic mutation of G117 78A, we prepared ve ctor constructs including 11778G or 11 778A, and semiquantitative analyses of G11778A were performed using a mixture of each with several rate standards (described in Fig. 4). Sequence analysis revealed the h omoplasmic T3394C mutation of the mtDNA (Fig. 3A). This mutation causes a Tyr-to-His amino acid subst itution in ND1. PCR-RFLP data revealed that the T3394C mutation present in both the proband (III-1) and his mother (II-2) was homoplasmic; differences between the patient and his mother were not observed for this mutation (Fig. 3B). The G11778A mutation, which causes an Arg-to-His amino acid substitution in ND 4, was also observed (Fig. 4A). PCR-RFLP data showed that this mutation in the patient and his mother wa s heteroplasmic (Fig. 4B). The semiquantitative analysis performed to determine the effect of this mutatio n on disease severity revealed that III-1 had a 92% heteroplasmic G11778A mutation, and II-2 had a 70% h eteroplasmic G11778A mutation (Fig. 4C). Established genetic abnormalities associated with cerebellar at axia including polyglutamine diseases were not found."

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'symptoms: No abnormal findings in deep tendon reflex and sensory system',

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'Lab_Image: PCR-restriction fragment length polymorphism (RFLP) was perform ed for T3394C and G11778A mutations',

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'Lab_Image: MRI of mother: Pons and cerebellum atrophy',

'Lab_Image: MRI of mother: No signal changes in the inferior olivary nucleus',

'Lab Image: Polymerase chain reaction (PCR) analysis of mtDNA: G11778A muta tion'. 'Lab_Image: Polymerase chain reaction (PCR) analysis of mtDNA: T3394C mutati 'Lab_Image: Capillary electrophoresis using an automated DNA sequencer: Ident ification of G11778A and T3394C mutations', 'Lab_Image: PCR-restriction fragment length polymorphism (RFLP): HaeIII diges tion for T3394C mutation, Tsp45I digestion for G11778A mutation', 'Lab Image: Semiquantitative analysis of G11778A mutation: 92% heteroplasmi c in III-1 and 70% heteroplasmic in II-2', 'Lab Image: MRI: Atrophy of the optic nerve', 'Lab Image: MRI: Severe atrophy of the cerebellum', 'Lab_Image: MRI: Mild atrophy of the brain stem', 'Lab_Image: MRI: Low signal intensities on T1-weighted imaging in bilateral infe rior olivary nucleus (suggesting degeneration)', 'Lab_Image: MRI: High signal intensities on T2-weighted imaging in bilateral infe rior olivary nucleus (suggesting degeneration)', 'Lab_Image: MRI: Atrophy of optic nerve and cerebellum, degenerative changes i n bilateral inferior olivary nucleus', 'Lab Image: MRI: Atrophy of the optic nerve', 'Lab_Image: MRI: Severe atrophy of the cerebellum', 'Lab_Image: MRI: Mild atrophy of the brain stem', 'Lab_Image: MRI: Low signal intensities on T1-weighted imaging in bilateral infe rior olivary nucleus (suggesting degeneration)'. 'Lab_Image: MRI: High signal intensities on T2-weighted imaging in bilateral infe rior olivary nucleus (suggesting degeneration)', 'Lab_Image: PCR analysis: G11778A mutation identified', 'Lab_Image: PCR analysis: T3394C mutation identified', 'Lab_Image: Capillary electrophoresis using an automated DNA sequencer: G117 78A and T3394C mutations detected', 'Lab Image: Quantitative analysis of heteroplasmic mutation G11778A: III-1 - 9 2% heteroplasmic, II-2 - 70% heteroplasmic']} {'IEM': ['IEM: is_IEM'], QWEN2:7B-Instruct 'pregnancy': ['pregnancy: neonatal health', 'pregnancy: maternal_health', **Few-Shot Prompt** 'pregnancy: pregnancy_tests_imaging_exam'], 'vitals_hematology': ['vitals_hematology: temperature', 'vitals_hematology: pulse', System-Wide Unified 'vitals_hematology: respiratory_rate', Extraction 'vitals_hematology: blood_pressure', 'vitals_hematology: oxygen_saturation', 'vitals hematology: hematological conditions', 'vitals_hematology: hematology_tests_measurements'], 'immune': ['immune: immunity conditions', 'immune: immune cell counts', 'immune: immunophenotyping', 'immune: autoimmune_markers', 'immune: inflammatory_markers', 'immune: serology', 'immune: infectious disease status', 'immune: malignancy_biomarkers', 'immune: malignancy_condition', 'immune: immunology_exam_image'],

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Few-shot prompts

Uniform Application of Category Prompts

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'Lab_Image: mtDNA and genomic DNA were extracted by standard procedures.', 'Lab_Image: The polymerase chain reaction (PCR) was carried out using specific primers for ND4 and ND1 to detect mutations.',

'Lab_Image: PCR products that included the previously reported candidate abnor mal points were analyzed by capillary electrophoresis using an automated DNA s equencer.',

'Lab_Image: The G11778A and T3394C mutations were identified, while the A32 43G mutation was not detected.',

'Lab_Image: The mutations in the mtDNA were confirmed by performing PCR-re striction fragment length polymorphism (RFLP), in which the PCR products were digested using either HaeIII (for T3394C) or Tsp45I (for G11778A).',

'Lab_Image: Semiquantitative analyses of G11778A were performed using a mixt ure of each with several rate standards.',

'Lab_Image: Sequence analysis revealed the homoplasmic T3394C mutation of the mtDNA.'.

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'Lab_Image: The G11778A mutation, which causes an Arg-to-His amino acid substitution in ND4, was also observed.',

'Lab_Image: PCR-RFLP data showed that this mutation in the patient and his mot her was heteroplasmic.',

'Lab_Image: The semiquantitative analysis performed to determine the effect of t his mutation on disease severity revealed that III-1 had a 92% heteroplasmic G11 778A mutation, and II-2 had a 70% heteroplasmic G11778A mutation.',

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'Lab_Image: Orbital MRI revealed atrophy of the optic nerve (Fig. 2A)',

'Lab_Image: Brain MRI disclosed severe atrophy of the cerebellum and mild atrophy of the brain stem (Fig. 2B)',

'Lab_Image: The bilateral inferior olivary nucleus exhibited low signal intensities on T1-weighted imaging, and high signal intensities on T2-weighted imaging, sug gesting degeneration (Fig. 2C and D)',

'Lab_Image: Orbital MRI revealed atrophy of the optic nerve (Fig. 2A).',

'Lab_Image: Brain MRI disclosed severe atrophy of the cerebellum and mild atrophy of the brain stem (Fig. 2B).',

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'Lab_Image: MRI of his mother disclosed mild atrophy of the optic nerve (Fig. 2 E), pons, and cerebellum (Fig. 2F-H).',

'Lab_Image: PCR was carried out using primers for ND4 and ND1 to detect mutat ions in mtDNA.',

'Lab_Image: Capillary electrophoresis using an automated DNA sequencer was p erformed on PCR products that included the previously reported candidate abnor mal points.',

n both the proband (III-1) and his mother (II-2).', 'Lab_Image: The G11778A mutation, which causes an Arg-to-His amino acid subs titution in ND4, was also observed.', 'Lab_Image: PCR-RFLP data showed that this mutation in the patient and his mot her was heteroplasmic.', 'Lab_Image: Semiquantitative analysis performed to determine the effect of the G11778A mutation on disease severity revealed that III-1 had a 92% heteroplasm ic G11778A mutation, and II-2 had a 70% heteroplasmic G11778A mutation.', 'Lab_Image: Ophthalmological examination revealed atrophy of the optic nerve, but there were no pigmentation changes of the retina.', 'Lab_Image: Orbital MRI revealed atrophy of the optic nerve (Fig. 2A).', 'Lab_Image: Brain MRI disclosed severe atrophy of the cerebellum and mild atro phy of the brain stem (Fig. 2B).', 'Lab_Image: The bilateral inferior olivary nucleus exhibited low signal intensities on T1-weighted imaging, and high signal intensities on T2-weighted imaging, sug gesting degeneration (Fig. 2C and D).'. 'Lab_Image: MRI of his mother disclosed mild atrophy of the optic nerve (Fig. 2 E), pons, and cerebellum (Fig. 2F-H).', 'Lab Image: Orbital MRI revealed atrophy of the optic nerve.', 'Lab_Image: Brain MRI disclosed severe atrophy of the cerebellum and mild atro phy of the brain stem.', 'Lab_Image: The bilateral inferior olivary nucleus exhibited low signal intensities on T1-weighted imaging, and high signal intensities on T2-weighted imaging, sug gesting degeneration.']} {'iem': ['iem: is_IEM'], Qwen2.5:7B-Instruct 'Vitals_Hema': ['Vitals_Hema: temperature', 'Vitals_Hema: pulse', Zero-shot prompts 'Vitals Hema: respiratory rate', 'Vitals_Hema: blood_pressure', System-Wide Unified 'Vitals_Hema: oxygen_saturation', Extraction 'Vitals_Hema: hematological_conditions', 'Vitals_Hema: hematology_lab_tests_measurements'], 'Pregnancy': ['Pregnancy: neonatal health', 'Pregnancy: maternal_health', 'Pregnancy: pregnancy_lab_tests_imaging_exam'], 'Neuro': ['Neuro: neurological', 'Neuro: cognitive', 'Neuro: neuro_lab_tests_imaging_exam'], 'EENT': ['EENT: eyes', 'EENT: ears'. 'EENT: nose', 'EENT: throat', 'EENT: EENT_lab_tests_imaging_exam'], 'CVS': ['CVS: cardiac', 'CVS: vascular', 'CVS: CVS lab tests imaging exam'], 'RESP': ['RESP: respiratory', 'RESP: respiratory_system_lab_tests_imaging_exam'], 'GI': ['GI: gastrointestinal', 'GI: gastrointestinal_lab_tests_imaging_exam'], 'GU': ['GU: genital', 'GU: urinary', 'GU: GU_lab_tests_imaging_exam'], 'DERM': ['DERM: skin_conditions', 'DERM: facial_features', 'DERM: breast_conditions', 'DERM: derm_breast_facial_lab_tests_image_exam'], 'MSK': ['MSK: muscle', 'MSK: skeletal', 'MSK: MSK_lab_tests_image_exam'],

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'Lab_Image: brain MRI disclosed severe atrophy of the cerebellum and mild atro phy of the brain stem',

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'Lab_Image: The G11778A and T3394C mutations were identified, while the A32 43G mutation was not detected.',

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System-Wide Unified Extraction

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'Lab_Image: Brain and orbit MRI disclosed atrophy of the optic nerve and cerebel lum'.

'Lab_Image: Orbital MRI revealed atrophy of the optic nerve',

'Lab_Image: brain MRI disclosed severe atrophy of the cerebellum and mild atrophy of the brain stem',

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'gene: ND1',
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'cerebellar_ataxia_associated_abnormalities: Not found'],
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'symptoms: cerebellar ataxia',
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'symptoms: double vision',
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'retina: no pigmentation changes',
'orbital_MRI: atrophy of the optic nerve',
'cerebellum: severe atrophy',
'brain stem: mild atrophy',
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'T2_weighted: high signal intensities',
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'mitochondrial_DNA: homoplasmic T3394C mutation',
'conditions: optic neuropathy',
'conditions: subarachnoid hemorrhage',
'optic nerve: mild atrophy',
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'cerebellum: mild atrophy',
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'conditions: optic neuropathy',
'clinical_information: unable to confirm',
'gene: ND4',
'mutation type: heteroplasmic'.
'amino_acid_change: Arg-to-His',
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'mother_heteroplasmy_percentage: 70',
'gene: ND1',
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'amino_acid_change: Tyr-to-His',
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'mother_status: present',
'gene: ND1',
'mutation_type: not detected',
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'polyglutamine_diseases: not found'],
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'age_of_onset: 10',
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'symptoms at onset: gait disturbances'.
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'current_symptoms: gaze-evoked nystagmus',
'current_symptoms: dysarthria',
'current_symptoms: cerebellar ataxia',
'current_symptoms: severe dizziness',
'current_symptoms: double vision',
'cognitive function: mild disturbance',
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'other findings: tremor in neck',
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System-Wide Unified
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Extraction
                          'Patient: Blood and Cerebrospinal Fluid Analyses',
                          'Patient: Exercise Test',
                          'Patient: Diagnosis',
                          'Patient: Genetic Findings'],
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