MEDLEY

Medical AI Ensemble Clinical Decision Report

Case ID: custom_20250909_075929 Title: Custom Case Generated: 2025-09-09 08:02

Primary Diagnostic Consensus

Diagnosis	ICD-10	Agreement	Confidence	Status
Familial Mediterranean Fever (FMF) *Evidence: Recurrent fever episodes with abdominal pain, chest pain, and joint pain, Family history of similar symptoms, Elevated CRP, ESR, and WBC during attacks*	E85.0	0.0%	Very Low	PRIMARY

Alternative & Minority Diagnoses

Diagnosis	ICD-10	Support	Type
Periodic Fever Syndrome (other types) *Evidence: Recurrent fever episodes with similar symptoms*	E85.8	11.1%	Alternative (10-29%)
Systemic Juvenile Idiopathic Arthritis (SJIA) *Evidence: Recurrent fever episodes with joint pain*	M08.2	14.8%	Alternative (10-29%)
Adult-Onset Still's Disease (AOSD) *Evidence: Recurrent fever episodes with joint pain*	M05.3	3.7%	Minority (<10%)
Autoinflammatory diseases (e.g., TNF receptor-associated periodic syndrome) *Evidence: Recurrent fever episodes with systemic symptoms*	M31.1	3.7%	Minority (<10%)
Cryopyrin-associated periodic syndromes (CAPS) *Evidence: Recurrent fever episodes with systemic symptoms*	M31.8	3.7%	Minority (<10%)
Hereditary periodic fever syndromes *Evidence: Recurrent fever episodes with systemic symptoms*	E85.8	3.7%	Minority (<10%)
Hyperimmunoglobulinemia D syndrome (HIDS) *Evidence: Recurrent fever episodes with systemic symptoms*	E85.8	3.7%	Minority (<10%)

Diagnosis	ICD-10	Support	Type
Mevalonate kinase deficiency (MKD) *Evidence: Recurrent fever episodes with systemic symptoms*	E71.4	3.7%	Minority (<10%)
Tumor necrosis factor receptor-associated periodic syndrome (TRAPS) *Evidence: Recurrent fever episodes with systemic symptoms*	M31.1	3.7%	Minority (<10%)
Familial cold autoinflammatory syndrome (FCAS) *Evidence: Recurrent fever episodes with systemic symptoms*	M31.8	3.7%	Minority (<10%)

Analysis Overview

Models Queried: 7

Successful Responses: 7

Consensus Level: High

Total Cost: <$0.01

■■ Free Model Disclaimer: This analysis was generated using free AI models

Free models may provide suboptimal results. For improved accuracy and reliability, consider using premium models with an API key.

Critical Decision Points & Evidence Synthesis

Critical Decision Points

Key areas where models showed significant divergence in diagnostic or management approach:

Evidence Synthesis & Clinical Correlation

Symptom-Diagnosis Correlation Matrix

Symptom	Familial	Periodic	Systemic	Adult-On	Autoinfl	Cryopyri	Heredita	Hyperimm
Recurrent fever	Strong	-	-	-	-	-	-	-
Abdominal pain	Strong	-	-	-	-	-	-	-
Chest pain	Strong	-	-	-	-	-	-	-
Joint pain	Strong	-	-	-	-	-	-	-
Family history	Strong	-	-	-	-	-	-	-
Elevated CRP, E	Strong	-	-	-	-	-	-	-
Asymptomatic be	Strong	-	-	-	-	-	-	-
Mediterranean d	Strong	-	-	-	-	-	-	-
Onset in childh	Strong	-	-	-	-	-	-	-
Pending genetic	Strong	-	-	-	-	-	-	-

Legend: +++ Strong association, ++ Moderate, + Weak, - Not typical

Diagnostic Decision Tree

Step	Action	If Positive	If Negative
1	MEFV Genetic Test	→ Confirm FMF, Start Colchicine	→ Proceed to Step 2
2	Extended Genetic Panel	→ Alternative periodic fever	→ Proceed to Step 3
3	Autoimmune Workup	→ Consider SLE/Still's	→ Consider IBD
4	Inflammatory Markers	→ Monitor progression	→ Reassess diagnosis

Executive Summary

Case Description

A 28-year-old male of Mediterranean descent presents with:
- Recurrent episodes of fever lasting 1-3 days
- Severe abdominal pain during episodes
- Chest pain with breathing difficulties
- Joint pain affecting knees and ankles
- Family history: Father and paternal uncle have similar symptoms
- Episodes occur every 2-3 weeks
- Labs during attack: Elevated CRP, ESR, and WBC
- Between attacks: Completely asymptomatic

Patient reports episodes started in childhood around age 7. Recent genetic testing is pending.

Key Clinical Findings

• Positive family history of similar episodes
• Recurrent fever episodes
• Severe abdominal pain with peritoneal signs
• Migratory arthritis affecting large joints
• Elevated inflammatory markers (CRP, ESR)

Primary Recommendations

• Consider Familial Mediterranean Fever (FMF) among differential diagnoses
• Obtain Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP) for diagnostic confirmation

Primary Diagnosis Clinical Summaries

■ Key Clinical Findings

Finding	Supporting Evidence	Clinical Reasoning
Recurrent fever episodes lasting 1-3 days	Clinical presentation	Key diagnostic indicator
Abdominal pain	Clinical presentation	Key diagnostic indicator
Chest pain with breathing difficulties	Clinical presentation	Key diagnostic indicator
Joint pain in knees and ankles	Clinical presentation	Key diagnostic indicator
Family history of similar symptoms	Clinical presentation	Key diagnostic indicator

■ Recommended Tests

Test Name	Type	Priority	Rationale
Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP)	Laboratory	Urgent	Diagnostic confirmation
Genetic testing for MEFV gene mutations	Laboratory	Urgent	Diagnostic confirmation

■ Immediate Management

Intervention	Category	Urgency	Clinical Reasoning
Obtain a detailed family history	Medical	Immediate	Critical intervention
Review pending genetic testing results	Medical	Immediate	Critical intervention

■ Medications

Medication	Dosage	Route/Frequency	Indication
Colchicine	1.2 mg	oral / once daily	Prophylaxis of FMF attacks

Diagnostic Landscape Analysis

Detailed Diagnostic Analysis

The ensemble analysis identified **Familial Mediterranean Fever (FMF)** as the primary diagnosis with limited consensus among 4 models.

Detailed Alternative Analysis

Diagnosis	Support	Key Evidence	Clinical Significance
Periodic Fever Syndrome (other types) *Evidence: Recurrent fever episodes with similar symptoms*	11.1%	3 models	Less likely
Systemic Juvenile Idiopathic Arthritis (SJIA) *Evidence: Recurrent fever episodes with joint pain*	14.8%	4 models	Less likely
Adult-Onset Still's Disease (AOSD) *Evidence: Recurrent fever episodes with joint pain*	3.7%	1 models	Unlikely
Autoinflammatory diseases (e.g., TNF receptor-associated periodic syndrome) *Evidence: Recurrent fever episodes with systemic symptoms*	3.7%	1 models	Unlikely
Cryopyrin-associated periodic syndromes (CAPS) *Evidence: Recurrent fever episodes with systemic symptoms*	3.7%	1 models	Unlikely
Hereditary periodic fever syndromes *Evidence: Recurrent fever episodes with systemic symptoms*	3.7%	1 models	Unlikely
Hyperimmunoglobulinemia D syndrome (HIDS) *Evidence: Recurrent fever episodes with systemic symptoms*	3.7%	1 models	Unlikely
Mevalonate kinase deficiency (MKD) *Evidence: Recurrent fever episodes with systemic symptoms*	3.7%	1 models	Unlikely

Minority Opinions

All alternative diagnoses suggested by any models with their clinical rationale:

• **Adult-Onset Still's Disease (AOSD)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Autoinflammatory diseases (e.g., TNF receptor-associated periodic syndrome)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Cryopyrin-associated periodic syndromes (CAPS)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Hereditary periodic fever syndromes** (ICD-10: R50.9) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Hyperimmunoglobulinemia D syndrome (HIDS)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Mevalonate kinase deficiency (MKD)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Tumor necrosis factor receptor-associated periodic syndrome (TRAPS)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

• **Familial cold autoinflammatory syndrome (FCAS)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

Additional Diagnoses Considered:

• **Periodic Fever Syndrome (other types)** (ICD-10: E85.8) - 42.9% (3 models)

Evidence: Recurrent fever episodes with similar symptoms

• **Systemic Juvenile Idiopathic Arthritis (SJIA)** (ICD-10: M08.2) - 57.1% (4 models)

Evidence: Recurrent fever episodes with joint pain

Management Strategies & Clinical Pathways

Immediate Actions Required

Priority	Action	Rationale	Consensus
1	Obtain a detailed family history	Clinical indication	50%
2	Review pending genetic testing results	Clinical indication	50%

Recommended Diagnostic Tests

Test	Purpose	Priority	Timing
Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP)	Diagnostic confirmation	Routine	As indicated
Genetic testing for MEFV gene mutations	Diagnostic confirmation	Routine	As indicated

Treatment Recommendations

Treatment recommendations pending diagnostic confirmation.

Model Diversity & Bias Analysis

Model Response Overview & Cost Analysis

Model	Origin	Tier	Cost	Diagnosis	Training Profile
deepseek-chat-v	China	Unknown	<$0.01	Familial Mediterranean Fever	General
deepseek-r1	China	Unknown	<$0.01	Familial Mediterranean Fever	General
gemma-3-12b-it	USA	Unknown	<$0.01	Periodic Fever Syndrome (likely Familial Mediterranean Fever - FMF)	General
llama-3.2-3b-in	USA	Free	Free	Reactive Arthritis	General
mistral-7b-inst	France	Free	Free	Familial Mediterranean Fever	General
gpt-oss-20b	USA	Unknown	<$0.01	Familial Mediterranean Fever	General
shisa-v2-llama3	Japan/USA	Free	Free	Familial Mediterranean Fever	General

Total Estimated Cost: <$0.01

Understanding Training Profiles

Training profiles indicate the type and depth of medical knowledge in each model:

Comprehensive: Extensive medical literature training with broad clinical knowledge

Standard: Standard medical knowledge base with general clinical training

Regional: Region-specific medical training reflecting local practices and conditions

General: Broad general knowledge, not specifically trained on medical literature

Alternative: Alternative medical perspectives and non-conventional approaches

AI Model Bias Analysis

AI model bias analysis is generated during orchestration (Step 2). This comprehensive analysis examines cultural, geographic, and training data biases across the AI models used.

Detailed Model Responses

Complete diagnostic assessments from each model:

1. deepseek-chat-v (China, Released: 2024-12-26)

Primary Diagnosis: Familial Mediterranean Fever (ICD-10: E85.0) - Confidence: 0.95

Differential Diagnoses:

- Periodic Fever Syndrome (other types) (ICD: E85.8) - 0.7
- Systemic Juvenile Idiopathic Arthritis (ICD: M08.2) - 0.4
- Acute Intermittent Porphyria (ICD: E80.21) - 0.3

Key Clinical Findings:

- Mediterranean descent
- Recurrent self-limited febrile episodes
- Abdominal pain
- Chest pain

2. deepseek-r1 (China, Released: 2025-01-20)

3. gemma-3-12b-it (USA, Released: 2024-12-11)

Primary Diagnosis: Periodic Fever Syndrome (likely Familial Mediterranean Fever - FMF) (ICD-10: M69.8) - Confidence: 0.85

Differential Diagnoses:

- Systemic Juvenile Idiopathic Arthritis (SJIA) (ICD: M08.0) - 0.6
- Adult-Onset Still's Disease (AOSD) (ICD: M05.8) - 0.5
- Inflammatory Bowel Disease (IBD) - Crohn's Disease or Ulcerative Colitis (ICD: K50.-) - 0.4

Key Clinical Findings:

- Recurrent fevers (1-3 days)
- Severe abdominal pain during episodes
- Chest pain with breathing difficulties
- Joint pain (knees and ankles)

4. llama-3.2-3b-in (USA, Released: 2024-09-25)

Primary Diagnosis: Reactive Arthritis (ICD-10: M35.51) - Confidence: 0.8

Differential Diagnoses:

- Spondyloarthritis (ICD: M45.9) - 0.7
- Synovitis (ICD: M14.9) - 0.6
- Reiter syndrome (ICD: M45.52) - 0.5

Key Clinical Findings:

- Recurrent episodes of fever, severe abdominal pain, chest pain with breathing difficulties, joint pain
- Family history of similar symptoms

5. mistral-7b-inst (France, Released: 2023-09-27)

6. gpt-oss-20b (USA, Released: 2024-05-13)

7. shisa-v2-llama3 (Japan/USA, Released: 2024-12-20)

Primary Diagnosis: Familial Mediterranean Fever (FMF) (ICD-10: E85.0) - Confidence: 0.9

Differential Diagnoses:

- Autoinflammatory diseases (e.g., TNF receptor-associated periodic syndrome) (ICD: M31.1) - 0.3
- Systemic Juvenile Idiopathic Arthritis (sJIA) (ICD: M08.2) - 0.2
- Cryopyrin-associated periodic syndrome (CAPS) (ICD: D89.3) - 0.1

Key Clinical Findings:

- Recurrent febrile episodes with abdominal, chest, and joint pain
- Family history of similar symptoms in first-degree relatives
- Elevated inflammatory markers during attacks
- Asymptomatic periods between attacks