

MEDLEY

Medical AI Ensemble Clinical Decision Report

Case ID: tmpd3gpql32

Title: Custom Case Analysis

Generated: 2025-09-05
06:59

Primary Diagnostic Consensus

Diagnosis	ICD-10	Agreement	Confidence	Status
Familial Mediterranean Fever <i>Evidence: Recurrent fever episodes, Periodic nature of symptoms, Genetic predisposition pattern</i>	E85.0	0.0%	Very Low	PRIMARY

Alternative & Minority Diagnoses

Diagnosis	ICD-10	Support	Type
Adult-Onset Still's Disease <i>Evidence: Fever pattern, Systemic inflammatory features</i>	M35.3	3.7%	Minority (<10%)
Systemic Juvenile Idiopathic Arthritis <i>Evidence: Systemic inflammation, Fever episodes</i>	M08.2	7.4%	Minority (<10%)
PFAPA Syndrome <i>Evidence: Periodic fever, Recurrent episodes</i>	R50.81	3.7%	Minority (<10%)

Analysis Overview

Models Queried: 3
Successful Responses: 3
Consensus Level: High
Total Estimated Cost: <\$0.01

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	FMF	Adult-On	Systemic
periodic fever	Strong	-	-
recurrent episo	-	-	Medium
systemic inflam	-	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

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

Primary Recommendations

- Consider Familial Mediterranean Fever among differential diagnoses
- Confirm diagnosis with genetic testing for MEFV gene mutations
- Assess current disease activity and attack frequency
- Evaluate for complications including amyloidosis
- Obtain MEFV gene sequencing for diagnostic confirmation

Primary Diagnosis Clinical Summaries

■ Key Clinical Findings

Finding	Supporting Evidence	Clinical Reasoning
Periodic fever episodes	Clinical presentation	Key diagnostic indicator
Recurrent nature	Clinical presentation	Key diagnostic indicator
Systemic inflammation	Clinical presentation	Key diagnostic indicator
Genetic component	Clinical presentation	Key diagnostic indicator
Mediterranean ancestry	Clinical presentation	Key diagnostic indicator

■ Recommended Tests

Test Name	Type	Priority	Rationale
MEFV gene sequencing	Laboratory	Urgent	Diagnostic confirmation
Complete blood count with differential	Laboratory	Urgent	Diagnostic confirmation
Comprehensive metabolic panel	Laboratory	Urgent	Diagnostic confirmation
Erythrocyte sedimentation rate (ESR)	Laboratory	Urgent	Diagnostic confirmation
C-reactive protein (CRP)	Laboratory	Urgent	Diagnostic confirmation

■ Immediate Management

Intervention	Category	Urgency	Clinical Reasoning
Confirm diagnosis with genetic testing for MEFV gene mutations	Medical	Immediate	Critical intervention
Assess current disease activity and attack frequency	Medical	Immediate	Critical intervention
Evaluate for complications including amyloidosis	Medical	Immediate	Critical intervention
Review family history and ethnicity	Medical	Immediate	Critical intervention

■ Medications

Medication	Dosage	Route/Frequency	Indication
Colchicine	0.6 mg	oral / twice daily	prevention of FMF attacks and amyloidosis
Anakinra	100 mg	subcutaneous daily /	colchicine-resistant cases

Diagnostic Landscape Analysis

Detailed Diagnostic Analysis

The ensemble analysis identified **Familial Mediterranean Fever** as the primary diagnosis with 0.0% consensus among 3 models.

Detailed Alternative Analysis

Diagnosis	Support	Key Evidence	Clinical Significance
Adult-Onset Still's Disease <i>Evidence: Fever pattern, Systemic inflammatory features</i>	3.7%	1 models	Unlikely
Systemic Juvenile Idiopathic Arthritis <i>Evidence: Systemic inflammation, Fever episodes</i>	7.4%	2 models	Unlikely
PFAPA Syndrome <i>Evidence: Periodic fever, Recurrent episodes</i>	3.7%	1 models	Unlikely

Minority Opinions

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

- **Adult-Onset Still's Disease** (ICD-10: Unknown) - 3.7% agreement (1 models)
Supporting Models: Model 2
- **Systemic Juvenile Idiopathic Arthritis** (ICD-10: Unknown) - 7.4% agreement (2 models)
Supporting Models: Model 1, Model 2
- **PFAPA Syndrome** (ICD-10: D89.1) - 3.7% agreement (1 models)
Supporting Models: Model 1

Additional Diagnoses Considered:

Management Strategies & Clinical Pathways

Immediate Actions Required

Priority	Action	Rationale	Consensus
1	Confirm diagnosis with genetic testing for MEFV gene mutations	Clinical indication	50%
2	Assess current disease activity and attack frequency	Clinical indication	50%
3	Evaluate for complications including amyloidosis	Clinical indication	50%
4	Review family history and ethnicity	Clinical indication	50%

Recommended Diagnostic Tests

Test	Purpose	Priority	Timing
MEFV gene sequencing	Diagnostic confirmation	Routine	As indicated
Complete blood count with differential	Diagnostic confirmation	Routine	As indicated
Comprehensive metabolic panel	Diagnostic confirmation	Routine	As indicated
Erythrocyte sedimentation rate (ESR)	Diagnostic confirmation	Routine	As indicated
C-reactive protein (CRP)	Diagnostic confirmation	Routine	As indicated
Serum amyloid A protein	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
gemma-3-12b-it	USA	Unknown	<\$0.01	Periodic Fever Syndrome (likely Familial Mediterranean Fever - FMF)	General
mistral-7b-inst	France	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: 0.9

Differential Diagnoses:

- Periodic Fever, Aphthous Stomatitis, Pharyngitis, Adenitis (PFAPA) Syndrome (ICD: R50.81) - 0.4
- Systemic Juvenile Idiopathic Arthritis (ICD: M08.2) - 0.3
- Hereditary Periodic Fever Syndrome (other than FMF) (ICD: E85.8) - 0.3

Key Clinical Findings:

- Mediterranean descent
- Recurrent self-limited fever episodes
- Severe abdominal pain
- Chest pain with pleuritis

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

Primary Diagnosis: Periodic Fever Syndrome (likely Familial Mediterranean Fever - FMF) (ICD-10: M15.4) - Confidence: 0.85

Differential Diagnoses:

- Adult-Onset Still's Disease (ICD: M35.3) - 0.6
- Systemic Juvenile Idiopathic Arthritis (sJIA) (ICD: M08.0) - 0.5
- Vasculitis (e.g., Polyarteritis Nodosa) (ICD: M34.0) - 0.4

Key Clinical Findings:

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

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