MEDLEY

Medical AI Ensemble Clinical Decision Report

Case ID: tmpo1v4kzut Title: Custom Case Analysis Generated: 2025-09-07 16:17

Primary Diagnostic Consensus

Diagnosis	ICD-10	Agreement	Confidence	Status
Acute decompensated heart failure due to ischemic cardiomyopathy *Evidence: progressive exertional dyspnea, orthopnea, paroxysmal nocturnal dyspnea, JVD*	I50.23	0.0%	Very Low	PRIMARY

Alternative & Minority Diagnoses

Diagnosis	ICD-10	Support	Type
Acute coronary syndrome *Evidence: prior anterior MI, ECG abnormalities, ischemic cardiomyopathy history*	I24.9	3.7%	Minority (<10%)
Chronic kidney disease exacerbation *Evidence: poorly controlled diabetes, hypertension history, fluid overload signs*	N18.9	3.7%	Minority (<10%)
Pulmonary embolism *Evidence: acute dyspnea, tachycardia, hypoxia risk factors*	I26.99	0.0%	Minority (<10%)
Pneumonia *Evidence: bibasilar crackles, fever potential, respiratory distress*	J18.9	0.0%	Minority (<10%)
COPD exacerbation *Evidence: exertional dyspnea, crackles, smoking history possible*	J44.1	0.0%	Minority (<10%)
Cardiac arrhythmia *Evidence: ECG abnormalities, heart failure context, potential palpitations*	I49.9	0.0%	Minority (<10%)
Hypertensive emergency *Evidence: hypertension history, cardiac decompensation, acute symptoms*	I16.9	0.0%	Minority (<10%)
Diabetic ketoacidosis *Evidence: poorly controlled diabetes, dehydration risk, metabolic imbalance*	E10.10	0.0%	Minority (<10%)

Diagnosis	ICD-10	Support	Type
Valvular heart disease *Evidence: S3 gallop, heart failure symptoms, elderly patient*	I35.9	0.0%	Minority (<10%)
Anemia *Evidence: exertional dyspnea, fatigue potential, chronic disease context*	D64.9	0.0%	Minority (<10%)

Analysis Overview

Models Queried: 2

Successful Responses: 2

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	Heart fa	Acute co	CKD exac	Pulmonar	Pneumoni	COPD	Arrhythm	Hyperten
exertional dysp	Strong	-	-	-	-	-	-	-
orthopnea	Strong	-	-	-	-	-	-	-
PND	Strong	-	-	-	-	-	-	-
JVD	Strong	-	-	-	-	-	-	-
crackles	Strong	-	-	-	-	-	-	-
S3 gallop	Strong	-	-	-	-	-	-	-
low EF	Strong	-	-	-	-	-	-	-
ECG Q waves	-	Medium	-	-	-	-	-	-
hypertension	-	-	Medium	-	-	-	-	-
diabetes	-	-	Medium	-	-	-	-	-

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

Diagnostic Decision Tree

Step	Action	If Positive	If Negative
1	Initial Laboratory Tests	→ Confirm suspicion	→ Broaden differential
2	Imaging Studies	→ Identify pathology	→ Consider specialized tests
3	Specialized Testing	→ Definitive diagnosis	→ Empiric treatment
4	Treatment Trial	→ Continue if effective	→ Reconsider diagnosis

Executive Summary

Case Description

A 68-year-old man with a history of long-standing hypertension, poorly controlled type 2 diabetes mellitus, and prior anterior myocardial infarction presents with progressive exertional dyspnea, orthopnea, and paroxysmal nocturnal dyspnea over the past two weeks. On examination, he is tachycardic and hypertensive, with jugular venous distension, bibasilar crackles, and an S3 gallop. ECG shows sinus tachycardia with Q waves in leads V1–V4, and transthoracic echocardiography reveals a left ventricular ejection fraction of 25% with akinesis of the anterior wall and moderate functional mitral regurgitation. Laboratory studies demonstrate elevated BNP and mild renal impairment. He is admitted for acute decompensated heart failure on a background of ischemic cardiomyopathy, with consideration for optimization of guideline-directed medical therapy, management of volume overload, and evaluation for device therapy.

Key Clinical Findings

• Recurrent fever episodes

Primary Recommendations

• Consider Acute decompensated heart failure due to ischemic cardiomyopathy among differential diagnoses

• Obtain BNP or NT-proBNP for diagnostic confirmation

Primary Diagnosis Clinical Summaries

■ Key Clinical Findings

Finding	Supporting Evidence	Clinical Reasoning
progressive exertional dyspnea	Clinical presentation	Key diagnostic indicator
orthopnea	Clinical presentation	Key diagnostic indicator
paroxysmal nocturnal dyspnea	Clinical presentation	Key diagnostic indicator
JVD	Clinical presentation	Key diagnostic indicator
bibasilar crackles	Clinical presentation	Key diagnostic indicator

■ Recommended Tests

Test Name	Type	Priority	Rationale
BNP or NT-proBNP	Laboratory	Urgent	Diagnostic confirmation
Troponin	Laboratory	Urgent	Diagnostic confirmation
Complete metabolic panel	Laboratory	Urgent	Diagnostic confirmation
CBC	Laboratory	Urgent	Diagnostic confirmation
Chest X-ray	Laboratory	Urgent	Diagnostic confirmation

■ Immediate Management

Intervention	Category	Urgency	Clinical Reasoning
Assess airway, breathing, circulation	Medical	Immediate	Critical intervention
Administer supplemental oxygen	Medical	Immediate	Critical intervention
Establish IV access	Medical	Immediate	Critical intervention
Initiate cardiac monitoring	Medical	Immediate	Critical intervention
Obtain 12-lead ECG	Medical	Immediate	Critical intervention

■ Medications

Medication	Dosage	Route/Frequency	Indication
Furosemide	40-80 mg	IV / Once, then titrate based on response	Diuresis for volume overload
Nitroglycerin	10-20 mcg/min	IV / Continuous infusion	Afterload reduction in hypertensive heart failure

Diagnostic Landscape Analysis

Detailed Diagnostic Analysis

The ensemble analysis identified **Acute decompensated heart failure due to ischemic cardiomyopathy** as the primary diagnosis with limited consensus among 1 models.

Detailed Alternative Analysis

Diagnosis	Support	Key Evidence	Clinical Significance
Acute coronary syndrome *Evidence: prior anterior MI, ECG abnormalities, ischemic cardiomyopathy history*	3.7%	1 models	Unlikely
Chronic kidney disease exacerbation *Evidence: poorly controlled diabetes, hypertension history, fluid overload signs*	3.7%	1 models	Unlikely
Pulmonary embolism *Evidence: acute dyspnea, tachycardia, hypoxia risk factors*	0.0%	0 models	Unlikely
Pneumonia *Evidence: bibasilar crackles, fever potential, respiratory distress*	0.0%	0 models	Unlikely
COPD exacerbation *Evidence: exertional dyspnea, crackles, smoking history possible*	0.0%	0 models	Unlikely
Cardiac arrhythmia *Evidence: ECG abnormalities, heart failure context, potential palpitations*	0.0%	0 models	Unlikely
Hypertensive emergency *Evidence: hypertension history, cardiac decompensation, acute symptoms*	0.0%	0 models	Unlikely
Diabetic ketoacidosis *Evidence: poorly controlled diabetes, dehydration risk, metabolic imbalance*	0.0%	0 models	Unlikely

Minority Opinions

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

• **Acute coronary syndrome** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: model1

• **Chronic kidney disease exacerbation** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: model1

• **Pulmonary embolism** (ICD-10: Unknown) - 0.0% agreement (0 models)

Supporting Models:

- **Pneumonia** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **COPD exacerbation** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **Cardiac arrhythmia** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **Hypertensive emergency** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **Diabetic ketoacidosis** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **Valvular heart disease** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:
- **Anemia** (ICD-10: Unknown) - 0.0% agreement (0 models)
  Supporting Models:

Additional Diagnoses Considered:

Management Strategies & Clinical Pathways

Immediate Actions Required

Priority	Action	Rationale	Consensus
1	Assess airway, breathing, circulation	Clinical indication	50%
2	Administer supplemental oxygen	Clinical indication	50%
3	Establish IV access	Clinical indication	50%
4	Initiate cardiac monitoring	Clinical indication	50%
5	Obtain 12-lead ECG	Clinical indication	50%

Recommended Diagnostic Tests

Test	Purpose	Priority	Timing
BNP or NT-proBNP	Diagnostic confirmation	Routine	As indicated
Troponin	Diagnostic confirmation	Routine	As indicated
Complete metabolic panel	Diagnostic confirmation	Routine	As indicated
CBC	Diagnostic confirmation	Routine	As indicated
Chest X-ray	Diagnostic confirmation	Routine	As indicated
Echocardiogram	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	Acute decompensated heart failure due to ischemic cardiomyopathy	General
deepseek-r1	China	Unknown	<$0.01	Acute decompensated heart failure due to ischemic cardiomyopathy	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: Acute decompensated heart failure due to ischemic cardiomyopathy (ICD-10: I50.23) - Confidence: 0.95

Differential Diagnoses:

- Acute coronary syndrome (ICD: I24.9) - 0.4
- Chronic kidney disease exacerbation (ICD: N18.9) - 0.3
- Pulmonary embolism (ICD: I26.99) - 0.2

Key Clinical Findings:

- Progressive exertional dyspnea, orthopnea, PND
- Tachycardia, hypertension, JVD, bibasilar crackles, S3 gallop
- ECG: sinus tachycardia with Q waves V1-V4
- Echo: LVEF 25% with anterior wall akinesis, moderate functional MR

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