

MEDLEY

Medical AI Ensemble Clinical Decision Report

Case ID: tmpj4lfsne9

Title: Custom Case Analysis

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Primary Diagnostic Consensus

Diagnosis	ICD-10	Agreement	Confidence	Status
Acute decompensated heart failure due to ischemic cardiomyopathy <i>Evidence: Both models agree on acute decompensated heart failure, Both reference ischemic cardiomyopathy as underlying cause</i>	I50.23	0.0%	Very Low	PRIMARY

Alternative & Minority Diagnoses

Diagnosis	ICD-10	Support	Type
Acute coronary syndrome <i>Evidence: Model 1 includes ACS with 0.4 confidence</i>	I24.9	3.7%	Minority (<10%)
Pulmonary embolism <i>Evidence: Both models include pulmonary embolism in differentials</i>	I26.99	7.4%	Minority (<10%)
Chronic obstructive pulmonary disease (COPD) <i>Evidence: Model 2 includes COPD with 0.4 confidence</i>	J44.x	3.7%	Minority (<10%)
Pneumonia <i>Evidence: Model 2 includes pneumonia in differentials</i>	J18.9	3.7%	Minority (<10%)
Cardiac arrhythmia <i>Evidence: Not explicitly mentioned but commonly associated</i>	I49.9	0.0%	Minority (<10%)
Renal failure <i>Evidence: Common comorbidity in heart failure patients</i>	N19	0.0%	Minority (<10%)
Valvular heart disease <i>Evidence: Can present with similar symptoms</i>	I38	0.0%	Minority (<10%)
Myocarditis <i>Evidence: Can cause acute decompensation</i>	I40.9	0.0%	Minority (<10%)

Diagnosis	ICD-10	Support	Type
Pericardial disease <i>Evidence: May mimic heart failure symptoms</i>	I31.9	0.0%	Minority (<10%)
Anemia <i>Evidence: Can exacerbate cardiac symptoms</i>	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	ACS	Pulmonar	COPD	Pneumoni
Dyspnea	Strong	-	Medium	Medium	-
Chest pain	Medium	Strong	-	-	-
Fatigue	Strong	-	-	-	-
Edema	Strong	-	-	-	-
Cough	Medium	-	-	-	Strong

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

Primary Recommendations

- Consider Acute decompensated heart failure due to ischemic cardiomyopathy among differential diagnoses
- Obtain Electrocardiogram (ECG) for diagnostic confirmation

Primary Diagnosis Clinical Summaries

■ Key Clinical Findings

Finding	Supporting Evidence	Clinical Reasoning
Acute decompensation	Clinical presentation	Key diagnostic indicator
Ischemic cardiomyopathy background	Clinical presentation	Key diagnostic indicator
Heart failure symptoms	Clinical presentation	Key diagnostic indicator
Cardiac etiology	Clinical presentation	Key diagnostic indicator
Respiratory differentials considered	Clinical presentation	Key diagnostic indicator

■ Recommended Tests

Test Name	Type	Priority	Rationale
Electrocardiogram (ECG)	Laboratory	Urgent	Diagnostic confirmation
Chest X-ray	Laboratory	Urgent	Diagnostic confirmation
Complete blood count (CBC)	Laboratory	Urgent	Diagnostic confirmation
Basic metabolic panel (electrolytes, renal function)	Laboratory	Urgent	Diagnostic confirmation
B-type natriuretic peptide (BNP) or NT-proBNP	Laboratory	Urgent	Diagnostic confirmation

■ Immediate Management

Intervention	Category	Urgency	Clinical Reasoning
Assess ABCs (Airway, Breathing, Circulation)	Medical	Immediate	Critical intervention
Administer supplemental oxygen to maintain SpO2 >90%	Medical	Immediate	Critical intervention
Obtain IV access	Medical	Immediate	Critical intervention
Initiate cardiac monitoring	Medical	Immediate	Critical intervention
Administer diuretics for fluid overload	Medical	Immediate	Critical intervention

■ Medications

Medication	Dosage	Route/Frequency	Indication
Furosemide	20-40 mg IV	IV / Every 6-12 hours as needed	Diuresis for fluid overload
Nitroglycerin	10-20 mcg/min IV infusion	IV / Continuous infusion	Afterload reduction in normotensive/hypertensive patients

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 2 models.

Detailed Alternative Analysis

Diagnosis	Support	Key Evidence	Clinical Significance
Acute coronary syndrome <i>Evidence: Model 1 includes ACS with 0.4 confidence</i>	3.7%	1 models	Unlikely
Pulmonary embolism <i>Evidence: Both models include pulmonary embolism in differentials</i>	7.4%	2 models	Unlikely
Chronic obstructive pulmonary disease (COPD) <i>Evidence: Model 2 includes COPD with 0.4 confidence</i>	3.7%	1 models	Unlikely
Pneumonia <i>Evidence: Model 2 includes pneumonia in differentials</i>	3.7%	1 models	Unlikely
Cardiac arrhythmia <i>Evidence: Not explicitly mentioned but commonly associated</i>	0.0%	0 models	Unlikely
Renal failure <i>Evidence: Common comorbidity in heart failure patients</i>	0.0%	0 models	Unlikely
Valvular heart disease <i>Evidence: Can present with similar symptoms</i>	0.0%	0 models	Unlikely
Myocarditis <i>Evidence: Can cause acute decompensation</i>	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: Unknown

- **Pulmonary embolism** (ICD-10: Unknown) - 7.4% agreement (2 models)

Supporting Models: Unknown, Unknown

- **Chronic obstructive pulmonary disease (COPD)** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

- **Pneumonia** (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Unknown

- **Cardiac arrhythmia** (ICD-10: Unknown) - 0.0% agreement (0 models)

Supporting Models:

- **Renal failure** (ICD-10: Unknown) - 0.0% agreement (0 models)

Supporting Models:

- **Valvular heart disease** (ICD-10: Unknown) - 0.0% agreement (0 models)

Supporting Models:

- **Myocarditis** (ICD-10: Unknown) - 0.0% agreement (0 models)

Supporting Models:

- **Pericardial 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 ABCs (Airway, Breathing, Circulation)	Clinical indication	50%
2	Administer supplemental oxygen to maintain SpO2 >90%	Clinical indication	50%
3	Obtain IV access	Clinical indication	50%
4	Initiate cardiac monitoring	Clinical indication	50%
5	Administer diuretics for fluid overload	Clinical indication	50%

Recommended Diagnostic Tests

Test	Purpose	Priority	Timing
Electrocardiogram (ECG)	Diagnostic confirmation	Routine	As indicated
Chest X-ray	Diagnostic confirmation	Routine	As indicated
Complete blood count (CBC)	Diagnostic confirmation	Routine	As indicated
Basic metabolic panel (electrolytes, renal function)	Diagnostic confirmation	Routine	As indicated
B-type natriuretic peptide (BNP) or NT-proBNP	Diagnostic confirmation	Routine	As indicated
Troponin level	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
mistral-7b-inst	France	Free	Free	Acute decompensated heart failure on a background of 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
- Pulmonary embolism (ICD: I26.99) - 0.2
- Exacerbation of chronic obstructive pulmonary disease (ICD: J44.1) - 0.15

Key Clinical Findings:

- 68-year-old male with hypertension, diabetes, prior MI
- Progressive exertional dyspnea, orthopnea, PND
- Tachycardia, hypertension, JVD, bibasilar crackles, S3 gallop
- ECG: sinus tachycardia with Q waves V1-V4

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