

# **Medical Al Ensemble Clinical Decision Report**

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# **Primary Diagnostic Consensus**

| Diagnosis   | ICD-10 | Agreement | Confidence | Status  |
|---|--------|-----------|------------|---------|
| Familial Mediterranean Fever Evidence: Periodic fever episodes, Mediterranean ancestry pattern, Recurrent inflammatory symptoms | E85.0  | 0.0%      | Very Low   | PRIMARY |

# **Alternative & Minority Diagnoses**

| Diagnosis  | ICD-10 | Support | Туре            |
|--|--------|---------|-----------------|
| Periodic Fever Syndrome (other types)  Evidence: Episodic fever pattern          | E85.8  | 3.7%    | Minority (<10%) |
| Systemic Juvenile Idiopathic Arthritis  Evidence: Systemic inflammatory features | M08.2  | 3.7%    | Minority (<10%) |
| Adult-Onset Still's Disease  Evidence: Adult onset inflammatory syndrome         | M35.3  | 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 | -        | -        |
| inflammatory ep | -      | Strong   | -        |
| systemic sympto | -      | -        | 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 | $\rightarrow$ 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
- Elevated inflammatory markers (CRP, ESR)
- · Positive family history of similar episodes

### **Primary Recommendations**

- Consider Familial Mediterranean Fever among differential diagnoses
- Assess current fever pattern and episode frequency
- Evaluate for signs of acute attack (fever, abdominal pain, chest pain, arthritis)
- Review family history and ethnicity for FMF risk factors
- Obtain MEFV gene mutation analysis for diagnostic confirmation

# **Primary Diagnosis Clinical Summaries**

# **■** Key Clinical Findings

| Finding                 | Supporting Evidence   | Clinical Reasoning       |
|-------------------------|-----------------------|--------------------------|
| Periodic fever episodes | Clinical presentation | Key diagnostic indicator |
| Inflammatory markers    | Clinical presentation | Key diagnostic indicator |
| Mediterranean ancestry  | Clinical presentation | Key diagnostic indicator |
| Recurrent symptoms      | Clinical presentation | Key diagnostic indicator |
| Systemic involvement    | Clinical presentation | Key diagnostic indicator |

### **■** Recommended Tests

| Test Name                              | Туре       | Priority | Rationale               |
|--|------------|----------|-------------------------|
| MEFV gene mutation analysis            | Laboratory | Urgent   | Diagnostic confirmation |
| Complete blood count with differential | Laboratory | Urgent   | Diagnostic confirmation |
| Comprehensive metabolic panel          | Laboratory | Urgent   | Diagnostic confirmation |
| Inflammatory markers (ESR, CRP)        | Laboratory | Urgent   | Diagnostic confirmation |
| Urinalysis with microscopy             | Laboratory | Urgent   | Diagnostic confirmation |

# **■** Immediate Management

| Intervention  | Category | Urgency   | Clinical Reasoning    |
|---|----------|-----------|-----------------------|
| Assess current fever pattern and episode frequency                                | Medical  | Immediate | Critical intervention |
| Evaluate for signs of acute attack (fever, abdominal pain, chest pain, arthritis) | Medical  | Immediate | Critical intervention |
| Review family history and ethnicity for FMF risk factors                          | Medical  | Immediate | Critical intervention |
| Assess for complications including amyloidosis                                    | Medical  | Immediate | Critical intervention |

### **■** Medications

| Medication | Dosage | Route/Frequency    | Indication                                |
|------------|--------|--------------------|---|
| Colchicine | 0.6 mg | oral / twice daily | prevention of FMF attacks and amyloidosis |

# **Diagnostic Landscape Analysis**

### **Detailed Diagnostic Analysis**

The ensemble analysis identified **Familial Mediterranean Fever** as the primary diagnosis with 0.0% consensus among 2 models.

### **Detailed Alternative Analysis**

| Diagnosis   | Support | Key Evidence | Clinical Significance |
|---|---------|--------------|-----------------------|
| Periodic Fever Syndrome (other types)  Evidence: Episodic fever pattern         | 3.7%    | 1 models     | Unlikely              |
| Systemic Juvenile Idiopathic Arthritis Evidence: Systemic inflammatory features | 3.7%    | 1 models     | Unlikely              |
| Adult-Onset Still's Disease Evidence: Adult onset inflammatory syndrome         | 3.7%    | 1 models     | Unlikely              |

### **Minority Opinions**

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

• Periodic Fever Syndrome (other types) (ICD-10: R50.9) - 3.7% agreement (1 models)

Supporting Models: Model1

• Systemic Juvenile Idiopathic Arthritis (ICD-10: Unknown) - 3.7% agreement (1 models)

Supporting Models: Model1

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

Supporting Models: Model2

### **Additional Diagnoses Considered:**

# **Management Strategies & Clinical Pathways**

# **Immediate Actions Required**

| Priority | Action  | Rationale           | Consensus |
|----------|---|---------------------|-----------|
| 1        | Assess current fever pattern and episode frequency                                | Clinical indication | 50%       |
| 2        | Evaluate for signs of acute attack (fever, abdominal pain, chest pain, arthritis) | Clinical indication | 50%       |
| 3        | Review family history and ethnicity for FMF risk factors                          | Clinical indication | 50%       |
| 4        | Assess for complications including amyloidosis                                    | Clinical indication | 50%       |

# **Recommended Diagnostic Tests**

| Test   | Purpose                 | Priority | Timing       |
|--|-------------------------|----------|--------------|
| MEFV gene mutation analysis                                  | Diagnostic confirmation | Routine  | As indicated |
| Complete blood count with differential                       | Diagnostic confirmation | Routine  | As indicated |
| Comprehensive metabolic panel                                | Diagnostic confirmation | Routine  | As indicated |
| Inflammatory markers (ESR, CRP)                              | Diagnostic confirmation | Routine  | As indicated |
| Urinalysis with microscopy                                   | Diagnostic confirmation | Routine  | As indicated |
| 24-hour urine protein or spot urine protein/creatinine ratio | 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          |

<sup>\*\*</sup>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

### **Al Model Bias Analysis**

Al model bias analysis is generated during orchestration (Step 2). This comprehensive analysis examines cultural, geographic, and training data biases across the Al 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 Syndrome (other types) (ICD: E85.8) 0.6
- 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
- · Serositis (abdominal pain, chest pain)
- Family history of similar symptoms

### 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)

**Primary Diagnosis:** Familial Mediterranean Fever (FMF) (ICD-10: M39.0) - Confidence: 0.7 **Differential Diagnoses:** 

- Hyperuricemia/Gout (ICD: M15.0) 0.3
- Reactive Arthritis (ICD: M45.8) 0.2
- Ankylosing Spondylitis (ICD: M45.0) 0.2

# **Key Clinical Findings:** • Recurrent fever, abdominal pain, chest pain, joint pain, family history of similar symptoms