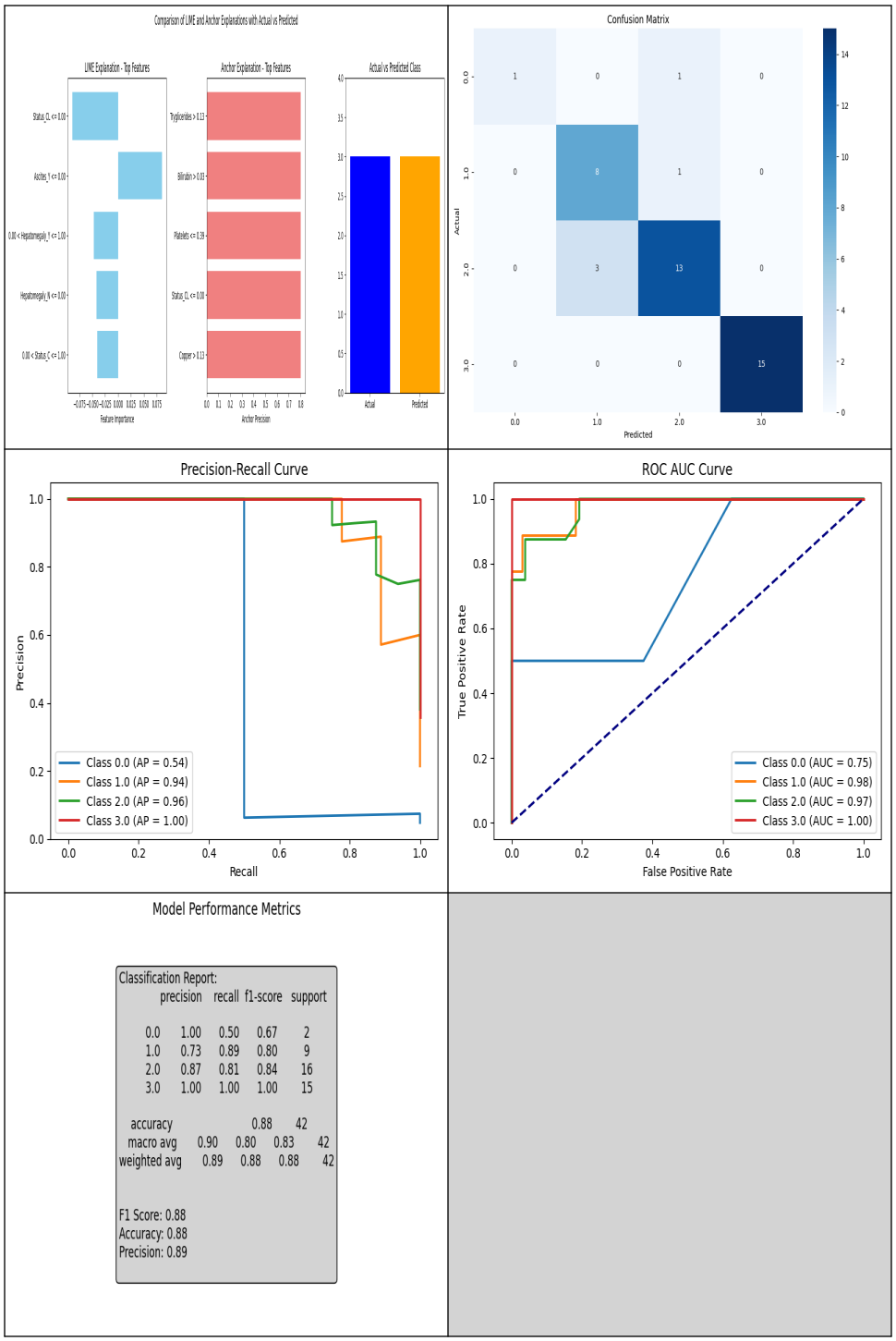
ExAI Report

Model Evaluation Plots



Original Patient Data

Key	Value	Key	Value
ID	282.0	N_Days	1455.0
Age	12397.999999999998	Bilirubin	1.3
Cholesterol	304.0	Albumin	3.52
Copper	102.0361010830325	Alk_Phos	1622.0
SGOT	71.0	Tryglicerides	169.0
Platelets	315.86626746506977	Prothrombin	9.5
Stage	Unknown	Status	C
Drug	Placebo	Sex	F
Ascites	N	Hepatomegaly	Y
Spiders	N	Edema	N

Patient Data Summary

(Note: The provided JSON data is a patient's symptoms are?

LLM Detailed Summary

1. **Actual Class**: Stage 3 2. **Predicted Class**: Stage 3

Feature Analysis: - **LIME Top Features**: - Status_CL <= 0.00: Importance -0.09 - Ascites_Y <= 0.00: Importance 0.08 - 0.00 < Hepatomegaly_Y <= 1.00: Importance -0.05 - Hepatomegaly_N <= 0.00: Importance -0.04 - 0.00 < Status_C <= 1.00: Importance -0.04

- **Anchor Features**: - Features: Tryglicerides > 0.13, Bilirubin > 0.03, Platelets <= 0.39, Status_CL <= 0.00, Copper > 0.13 - Precision: 0.8000

Model Interpretation: The model's prediction of Stage 3 liver disease is supported by the top features, which indicate a significant presence of ascites (ascites_y), hepatomegaly (hepatomegaly_y and hepatomegaly_n), and status_cl <= 0.00. These features are indicative of advanced liver disease with significant fluid accumulation and liver enlargement.

The anchor features further support this prediction by highlighting laboratory values such as elevated tryglicerides, bilirubin, and platelets, which are common in advanced liver disease. The presence of

copper > 0.13 is also noteworthy, as it may indicate cholestatic liver disease.

Clinical Relevance: Each feature plays a crucial role in predicting the stage of liver disease. Ascites and hepatomegaly are clinical manifestations that can significantly impact patient outcomes. Laboratory values such as tryglicerides, bilirubin, and platelets provide additional evidence of liver dysfunction. The presence of copper > 0.13 suggests potential cholestatic liver disease.

Conclusion: The model's prediction of Stage 3 liver disease is accurate, with a precision of 0.8000. This report highlights the importance of ascites, hepatomegaly, and laboratory values in predicting liver disease stage. Further analysis and validation are necessary to confirm this result and identify potential biomarkers for early detection and intervention.

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