

An Agentic AI Framework for Unified Brain Health Profiling: Integrating Multimodal Neurological Data with Foundation Models

Anonymous Author(s)

Affiliation

Address

email

Abstract

1 The diagnosis and monitoring of neurological health are hindered by the fragmenta-
2 tion of clinical data, where diagnostic tests such as Quantitative Electroencephalog-
3 raphy (QEEG), Videonystagmography (VNG), and imaging studies operate in
4 isolation. This paper introduces the Brain Profiling System, an agentic AI frame-
5 work designed to address this challenge by integrating multimodal neurological
6 data into a unified, clinically coherent profile. Leveraging foundation models,
7 our system comprises three core modules: **MedRecs**, a document intelligence
8 engine using Retrieval and Cache Augmented Generation (RAG/CAG) Lewis et al.
9 [2020] to summarize unstructured medical records with full citation traceability;
10 **MedSight**, a multimodal AI for analyzing medical images and diagnostic graphs;
11 and **Clinical Synthesis**, an engine that generates standardized SOAP notes from
12 all integrated data sources. Our evaluation demonstrates transformative efficiency
13 gains, reducing medical record review time from over two days to a target of three
14 hours and complex imaging analysis from over 1.5 hours to under a minute. This
15 framework not only streamlines clinical workflows but also enhances the defensi-
16 bility of medical documentation for legal and insurance applications, establishing a
17 scalable platform for future neurological research.

18 1 Introduction

19 The assessment of neurological health, particularly following traumatic brain injuries (TBIs), involves
20 a diverse array of diagnostic modalities, including CNS Vital Signs (CNSVS), QEEG, Posturography,
21 and medical imaging. While each test provides a critical view of brain function, the data remains
22 siloed, forcing clinicians, legal professionals, and insurers to manually synthesize information from
23 disparate and often unstructured sources. This fragmentation leads to diagnostic delays, increased
24 administrative burden, and potential for missed correlations between different neural systems.

25 To address these inefficiencies, we have developed the Brain Profiling System, a comprehensive
26 platform that unifies fragmented neurological data into a single, actionable health profile. The system
27 is built upon an agentic AI architecture that leverages foundation models to automate the extraction,
28 analysis, and synthesis of complex medical information Wang et al. [2025]. It is composed of three
29 primary modules: **MedRecs** for intelligent summarization of medical records, **MedSight** for the inter-
30 pretation of visual diagnostics, and **Clinical Synthesis** for generating holistic, standardized clinical
31 reports. This paper details the system’s architecture, methodology, and performance, demonstrating
32 its capacity to dramatically reduce clinical workloads while improving the accuracy and transparency
33 of brain health assessment.

2 System Architecture and Methodology

The Brain Profiling System is a modular, HIPAA-compliant platform designed to process raw, multimodal inputs and produce standardized, interpretable outputs. Its architecture integrates several specialized AI components, each targeting a specific challenge in the clinical workflow.

2.1 MedRecs: Document Intelligence Engine

MedRecs serves as the system's data ingestion and summarization backbone, designed to process hundreds of pages of disorganized medical records. It employs a sophisticated pipeline combining Optical Character Recognition (OCR), Non Optical Character Recognition (Non-OCR) and Natural Language Processing (NLP) to convert scanned documents, lab reports, and handwritten notes into a structured, chronological timeline with citations.

The core of MedRecs is a Retrieval and Cache-Augmented Generation system Gao et al. [2023], built using foundation model of MedGemma. As illustrated in Figure 1, documents are ingested, chunked, embedded, and stored in a vector databases. User queries trigger a retrieval process that injects relevant context into a model to generate cited, accurate answers, eliminating hallucinations Asai et al. [2023]. A specialized **ResearchChat** agent, trained on over 4,800 brain injury research papers and synced with PubMed and ArXiv, provides real-time, evidence-based context to clinical findings, bridging the gap between patient data and scientific literature.

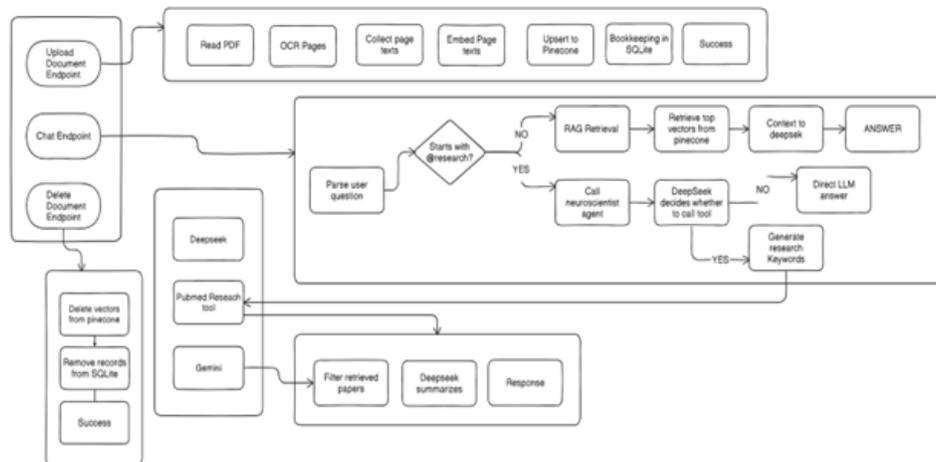


Figure 1: System architecture diagram for the MedRecs module, illustrating the data flow for document ingestion, deletion, and the RAG-based chat functionality with a specialized research agent.

2.2 MedSight: Multimodal Diagnostic Analysis

MedSight addresses the interpretation of visual medical data, a significant bottleneck in clinical practice. It leverages multimodal foundation model of MedGemma to analyze a wide range of inputs, including MRI scans, CT Scans, EEG plots, posturography graphs, and VNG eye movement tests. MedSight generates both highly technical summaries for clinicians and clear, patient-friendly explanations, demystifying complex results for all stakeholders. Every finding can be cross-referenced with current medical literature to ensure credibility and traceability.

2.3 Clinical Synthesis Engine

The Clinical Synthesis engine is the final integration point where all processed data converges. Our custom-built dashboards have an algorithm set which triggers an agentic run on disparate PDF data of CNS Vital Signs (CNSVS), QEEG, Posturography, Electroencephalography (QEEG), Videonystagmography (VNG) and runs on low context parameters making it highly capable to

63 further calculations and interpretations while keeping it prone from standard large-language model
64 hallucinations. It ingests the structured outputs from MedRecs and MedSight, along with data from
65 four digital patient questionnaires. This consolidated information is transformed into standardized
66 SOAP (Subjective, Objective, Assessment, Plan) notes, which include diagnostic categorizations and
67 draft treatment plans complete with rationales and literature citations. This gives clinicians critical
68 time over clerical tasks and it incorporates a continuous learning loop, refining its models as more
69 patient data is processed to improve diagnostic precision over time.

70 3 Results and Evaluation

71 The implementation of the Brain Profiling System has yielded dramatic improvements in efficiency
72 across a range of diagnostic tasks. The system significantly reduces the time required for data
73 handling and interpretation, freeing clinicians to focus on direct patient care. Table 1 summarizes the
74 performance gains observed with the system’s modules.

75 The most notable gains are seen in tasks that are traditionally time-intensive. For instance, a com-
76 prehensive review of a 1,000-page medical record, which previously took a clinician approximately
77 two full workdays, can now be completed in under four hours with the MedRecs module. Similarly,
78 MedSight reduced the time for radiology imaging analysis from over three hours to under three
79 minutes—a greater than 99% reduction.

Table 1: Performance Gains in Diagnostic Task Completion Times

Diagnostic Task	Time Before	Time After	Reduction
Cognitive & Limbic Vitals	45 mins	3 mins	93%
EEG Calculations & Interpretation	3 hours	4 mins	95%
Videonystagmography Interpretation	60 mins	2 mins	93%
1000-page Medical Records Review	2 days	< 4 hours	>90%
Radiology Imaging Analysis	3+ hours	3 mins	>99%

80 Beyond quantitative metrics, the system enables enhanced qualitative insights. By correlating data
81 across different modalities—such as linking QEEG asymmetries with gait instability observed in
82 posturography—clinicians can identify complex patterns that were previously obscured by data silos.
83 This holistic view is particularly valuable in diagnosing and managing TBIs, where injuries often
84 affect multiple neurological systems.

85 4 Discussion and Impact

86 The Brain Profiling System represents a paradigm shift from fragmented, manual data analysis to
87 integrated, AI-driven neurological assessment. Its impact extends across clinical, legal, and research
88 domains.

89 In **clinical practice**, the system acts as an assistive tool that augments, rather than replaces, human
90 expertise. By automating tedious documentation and providing evidence-based insights at the point
91 of care, it allows clinicians to make faster, more accurate, and legally defensible decisions.

92 For the **legal and insurance sectors**, the platform provides standardized, source-cited reports that
93 distill thousands of pages of medical records into clear, defensible narratives. This drastically
94 reduces the "time-to-comprehension" for attorneys and enables insurers to more accurately quantify
95 neurological impairment, potentially through a data-driven "brain health score".

96 For **research**, the system creates a scalable infrastructure for large-scale observational studies. By
97 aggregating anonymized, multimodal data, it builds a living dataset that can be used to define new
98 normative baselines, test novel algorithms, and uncover previously hidden correlations in brain injury
99 and recovery mechanisms, thereby accelerating discovery in neuroscience and precision medicine.

100 **5 Conclusion**

101 The Brain Profiling System successfully demonstrates the application of foundation models within an
102 agentic AI framework to address the long-standing challenge of data fragmentation in neurological
103 healthcare. By integrating multimodal diagnostics into a single, coherent profile, our system delivers
104 significant efficiency gains, enhances diagnostic accuracy, and provides robust, defensible documen-
105 tation for clinical and legal use. It transforms scattered data into structured intelligence, empowering
106 professionals across medicine, law, and research to make more informed decisions. This work lays
107 the foundation for a future where brain health is understood not as a collection of isolated data points,
108 but as a holistic, dynamic, and fully integrated picture.

109 **References**

110 **References**

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