



AI-driven integration of multi-modal medical imaging for enhanced diagnostic precision in rare diseases

NM Asif Billah*

Department of Biological Sciences, University of Northern Colorado, Greeley, Colorado, USA.

***Corresponding Author(s): NM Asif Billah**

Department of Biological Sciences, University of Northern Colorado, 501 20th Street, Greeley, CO 80639, USA.

Email: abpallab18@gmail.com

Received: June 02, 2025

Accepted: June 18, 2025

Published Online: June 25, 2025

Journal: Journal of Case Reports and Medical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

Copyright: © Asif Billah NM (2025). *This Article is distributed under the terms of Creative Commons Attribution 4.0 International License*

Keywords: Artificial intelligence; Multi-modal imaging; Rare diseases; Diagnostic precision; Medical imaging integration; Deep learning; Radiomics.

Abstract

Rare diseases affect millions globally yet remain significantly underdiagnosed due to their complex presentations and limitations of conventional single-modality imaging approaches. This comprehensive review examines the revolutionary potential of artificial intelligence-driven integration of multi-modal medical imaging technologies for enhancing diagnostic precision in rare diseases, addressing critical gaps in current diagnostic methodologies and clinical decision-making processes. A comprehensive analysis of current literature, technological developments, and clinical applications was conducted, focusing on AI algorithms that integrate Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), ultrasound, and other imaging modalities for rare disease diagnosis, synthesizing findings from peer-reviewed publications, clinical trials, and emerging technological frameworks published between 2020-2025. Multi-modal AI integration demonstrates significant improvements in diagnostic accuracy for rare diseases, with combined imaging approaches showing 15-30% higher precision rates compared to single-modality analyses, where advanced deep learning architectures, including convolutional neural networks and transformer models, successfully identify subtle pathological patterns across different imaging domains, and the integration of radiomics features from multiple modalities enables earlier detection of rare genetic disorders, metabolic diseases, and complex syndromic conditions that often remain undiagnosed for years. AI-driven multi-modal imaging represents a paradigm shift in rare disease diagnostics, offering unprecedented opportunities for early detection, accurate characterization, and personalized treatment planning; however, successful implementation requires addressing challenges related to data standardization, algorithm validation, and clinical workflow integration, as the future of rare disease diagnosis will likely depend on seamless AI-powered integration of diverse imaging technologies, fundamentally transforming patient outcomes and healthcare delivery.



Introduction

Rare diseases, defined as conditions affecting fewer than 200,000 individuals in the United States or less than 1 in 2,000 people in Europe, collectively impact approximately 400 million people worldwide. Despite their individual rarity, these conditions present extraordinary diagnostic challenges that have persisted throughout modern medical history. The complexity of rare disease diagnosis stems from their heterogeneous clinical presentations, overlapping symptomatology with common conditions, and the limited availability of specialized expertise required for accurate identification [1]. Traditional diagnostic approaches for rare diseases often involve lengthy processes characterized by multiple consultations, extensive testing, and frequent misdiagnoses [2]. Studies indicate that patients with rare diseases experience an average diagnostic delay of 7.6 years, during which they consult numerous healthcare providers and undergo countless diagnostic procedures [3]. This diagnostic odyssey not only imposes significant psychological and financial burdens on patients and families but also delays critical therapeutic interventions that could substantially improve patient outcomes [4]. Medical imaging has been a mainstay of the diagnosis of rare disease for some time and is instrumental in bringing to light structural abnormalities, functional impairment, and pathophysiologic processes. However, traditional imaging interpretation relies heavily on experience and pattern recognition within radiologists, especially in the case of rare diseases that one might encounter once in a career lifetime [5]. Furthermore, different imaging modalities often provide complementary but isolated information, creating gaps in comprehensive disease characterization [6].

The advent of artificial intelligence in medical imaging has opened unprecedented opportunities for transforming rare disease diagnostics [7]. AI algorithms, particularly those based on deep learning architectures, demonstrate remarkable capabilities in pattern recognition, feature extraction, and data integration that surpass human visual perception limitations [8]. When applied to medical imaging, these technologies can identify subtle abnormalities, quantify disease progression, and correlate findings across multiple data sources with extraordinary precision [9]. Multi-modal imaging integration represents the next evolutionary step in AI-driven medical diagnostics. By combining information from computed tomography, magnetic resonance imaging, positron emission tomography, ultrasound, and other imaging modalities, AI systems can create comprehensive disease profiles that capture both structural and functional aspects of pathological processes [10]. This holistic approach is particularly valuable for rare diseases, which often involve complex multi-system manifestations that require diverse imaging perspectives for complete characterization. The integration of AI with multi-modal imaging addresses several critical limitations of current diagnostic approaches [11]. First, it overcomes the expertise scarcity problem by democratizing access to specialized diagnostic capabilities. Second, it reduces diagnostic variability by providing objective, reproducible analyses. Third, it accelerates the diagnostic process by automating time-consuming image analysis tasks. Finally, it enables the identification of novel biomarkers and disease patterns that may not be apparent through traditional visual inspection [12].

Recent advances in AI architectures, including convolutional neural networks, recurrent neural networks, and transformer models, have demonstrated exceptional performance in medical image analysis tasks [13]. These technologies can process

vast amounts of imaging data, identify complex patterns, and make predictions with accuracy levels that often exceed human performance [14]. When applied to rare disease diagnosis, AI-driven multi-modal integration offers the potential to revolutionize patient care by enabling earlier detection, more precise characterization, and better-informed treatment decisions [15]. This comprehensive review examines the current state of AI-driven multi-modal medical imaging for rare disease diagnosis, exploring technological developments, clinical applications, implementation challenges, and future directions. We analyze how these emerging technologies can address longstanding diagnostic challenges and transform the landscape of rare disease medicine, ultimately improving outcomes for millions of patients worldwide who currently struggle with delayed or inaccurate diagnoses.

Current challenges in rare disease diagnosis

The diagnostic landscape for rare diseases presents a complex array of challenges that have remained largely unchanged despite significant advances in medical technology and scientific understanding. These challenges span multiple domains, from clinical presentation complexity to healthcare system limitations, creating substantial barriers to timely and accurate diagnosis.

Clinical presentation complexity

Rare diseases often exhibit extraordinary phenotypic heterogeneity, with identical genetic mutations producing vastly different clinical presentations across patients. This variability stems from multiple factors, including genetic background differences, environmental influences, and epigenetic modifications that modulate disease expression [16]. Consequently, clinicians may encounter patients with the same rare disease who present with entirely different symptom profiles, making pattern recognition and diagnostic reasoning extremely challenging [17]. Furthermore, many rare diseases demonstrate overlapping clinical features with more common conditions, leading to frequent misdiagnoses and diagnostic delays [18]. For example, early-stage Fabry disease may present with nonspecific symptoms such as fatigue, pain, and gastrointestinal disturbances that can be attributed to numerous common medical conditions [19]. Similarly, rare metabolic disorders often manifest with symptoms that mimic more prevalent endocrine or neurological conditions, resulting in years of inappropriate treatment before accurate diagnosis [20]. The temporal evolution of rare disease manifestations adds another layer of complexity to the diagnostic process. Many rare conditions follow unpredictable disease courses, with symptoms appearing, disappearing, and reappearing over extended periods. This dynamic nature makes it difficult for clinicians to establish clear diagnostic criteria and may lead to fragmented medical histories that obscure the underlying pathological process [21].

Healthcare system limitations

The rarity of individual conditions creates significant challenges within healthcare systems that are primarily designed to address common medical problems. Most healthcare providers have limited exposure to rare diseases during their training and practice, resulting in low clinical suspicion and delayed recognition of unusual presentations [22]. This expertise gap is particularly pronounced in primary care settings, where rare disease patients often first seek medical attention. Referral patterns and healthcare access issues further complicate rare disease diagno-

sis [23]. Patients may need to consult multiple specialists across different medical disciplines before reaching someone with relevant expertise. Geographic disparities in specialist availability can create additional barriers, particularly for patients in rural or underserved areas who may need to travel significant distances to access appropriate care [24]. The economic incentives within healthcare systems often work against comprehensive rare disease evaluation. Extended diagnostic workups required for rare conditions may not be adequately reimbursed, creating financial pressures that discourage thorough investigation. Additionally, the time-intensive nature of rare disease consultations may conflict with productivity metrics that emphasize patient volume over diagnostic complexity [25].

Diagnostic technology limitations

While medical imaging technology has advanced considerably, conventional approaches to image interpretation remain heavily dependent on human expertise and pattern recognition. This reliance on visual assessment creates several limitations when applied to rare disease diagnosis [26]. First, radiologists may lack familiarity with rare disease imaging patterns, leading to overlooked or misinterpreted findings. Second, subtle abnormalities that characterize early-stage rare diseases may fall below the threshold of human visual detection [27]. Single-modality imaging approaches often provide incomplete information about complex rare diseases that involve multiple organ systems or require assessment of both structural and functional abnormalities. For example, rare cardiomyopathies may require integration of echocardiography, cardiac MRI, and nuclear imaging to fully characterize disease extent and functional impact [28]. However, these different imaging studies are typically interpreted independently, potentially missing important correlations between findings. The lack of standardized imaging protocols for rare diseases creates additional challenges in data interpretation and comparison [29]. Without established guidelines for optimal imaging parameters, contrast protocols, and timing considerations, diagnostic accuracy may vary significantly across different healthcare institutions and practitioners [30].

Data integration and analysis challenges

Rare disease diagnosis often requires synthesis of information from multiple sources, including clinical history, physical examination findings, laboratory results, genetic testing, and imaging studies [31]. However, current healthcare information systems are poorly designed for comprehensive data integration, particularly for complex cases that span multiple specialties and extend over long time periods [32]. The heterogeneous nature of medical data presents significant challenges for effective analysis and pattern recognition. Clinical notes, imaging reports, laboratory values, and genetic results exist in different formats and are often stored in separate systems that do not communicate effectively [33]. This data fragmentation makes it difficult to identify subtle patterns or correlations that might provide diagnostic insights. Furthermore, the limited availability of rare disease datasets hampers the development and validation of diagnostic algorithms [34]. Unlike common conditions that generate large amounts of clinical data, rare diseases produce relatively small datasets that may be insufficient for robust statistical analysis or machine learning model training. This data scarcity problem is compounded by the fact that rare disease data is often distributed across multiple institutions and countries, making comprehensive analysis challenging [35].

Psychological and social factors

The diagnostic journey for rare disease patients is often characterized by frustration, anxiety, and loss of confidence in the healthcare system. Repeated consultations without definitive answers can lead to psychological distress that may actually complicate the diagnostic process by introducing additional symptoms or behaviors that obscure the underlying condition [36]. Social factors, including health literacy, cultural beliefs, and socioeconomic status, can significantly impact rare disease diagnosis. Patients with limited health literacy may have difficulty articulating their symptoms or understanding complex medical explanations, while cultural beliefs about illness and healthcare may influence help-seeking behaviors and treatment compliance [37].

The stigma associated with rare diseases can also create barriers to diagnosis and treatment. Patients may be reluctant to discuss unusual symptoms or may minimize their significance to avoid being perceived as hypochondriacs or attention-seekers [38]. This reluctance to fully disclose symptoms can lead to incomplete clinical assessments and delayed diagnosis. These multifaceted challenges underscore the urgent need for innovative approaches to rare disease diagnosis that can overcome current limitations and provide more efficient, accurate, and comprehensive diagnostic solutions [39]. AI-driven multi-modal imaging integration represents a promising avenue for addressing many of these challenges by providing objective, standardized, and comprehensive diagnostic capabilities that can supplement and enhance human clinical expertise [40].

AI applications and benefits in multi-modal imaging

The application of artificial intelligence to multi-modal medical imaging represents a transformative approach to rare disease diagnosis, offering unprecedented capabilities for data integration, pattern recognition, and diagnostic precision. By harnessing advanced computational algorithms, healthcare providers can now access diagnostic insights that were previously impossible to obtain through conventional imaging interpretation methods.

Deep learning architectures for image integration

Modern AI applications in multi-modal imaging rely primarily on sophisticated deep learning architectures that can process and integrate information from diverse imaging modalities simultaneously [41]. Convolutional neural networks have demonstrated exceptional performance in extracting meaningful features from individual imaging modalities, while more advanced architectures such as multi-stream networks and attention mechanisms enable effective integration of information across different imaging types [42]. Recent developments in transformer-based architectures have shown particular promise for multi-modal medical imaging applications. These models can learn complex relationships between different imaging modalities and identify subtle patterns that span across multiple data sources [43]. For rare diseases, this capability is particularly valuable because pathological processes often manifest differently across various imaging modalities, and the integration of these diverse signals can provide more comprehensive diagnostic information than any single modality alone [44]. Graph neural networks represent another promising approach for multi-modal imaging integration, particularly for rare diseases that involve complex anatomical relationships or systemic manifestations. These architectures can model the relationships

between different anatomical structures and imaging findings, enabling more sophisticated analysis of how rare diseases affect multiple organ systems simultaneously [45].

Enhanced pattern recognition and feature extraction

AI-driven multi-modal imaging excels at identifying subtle patterns and extracting quantitative features that may not be apparent to human observers. This capability is particularly valuable for rare diseases, which often present with imaging abnormalities that are subtle, atypical, or masked by normal anatomical variation [46]. Advanced feature extraction algorithms can quantify shape, texture, intensity, and functional parameters across multiple imaging modalities, creating comprehensive disease signatures that enhance diagnostic accuracy [47]. Radiomics approaches, which extract large numbers of quantitative features from medical images, benefit significantly from multi-modal integration. By combining radiomics features from CT, MRI, PET, and other imaging modalities, AI systems can create high-dimensional feature spaces that capture the full spectrum of disease manifestations [48]. These comprehensive feature sets enable more accurate classification of rare diseases and can identify novel biomarkers that may not be apparent through single-modality analysis. The integration of temporal information across multiple imaging studies represents another significant advantage of AI-driven approaches [49]. Many rare diseases exhibit characteristic patterns of progression or response to treatment that can only be appreciated through longitudinal analysis. AI algorithms can track changes across multiple imaging modalities over time, identifying subtle progression patterns that might indicate specific rare diseases or predict treatment responses [50].

Automated diagnostic decision support

One of the most significant benefits of AI-driven multi-modal imaging is the potential for automated diagnostic decision support that can assist clinicians in recognizing rare diseases. These systems can analyze complex imaging data in real-time, providing clinicians with diagnostic suggestions, confidence scores, and supporting evidence for their decision-making process [51]. Advanced AI systems can incorporate clinical context, patient history, and demographic information alongside imaging data to provide more accurate diagnostic predictions. This holistic approach is particularly important for rare diseases, where clinical presentation and imaging findings must be considered together to arrive at accurate diagnoses [52]. By integrating multiple data sources, AI systems can identify patterns that might not be apparent when considering imaging findings in isolation. The implementation of explainable AI techniques in diagnostic decision support systems helps build clinician trust and understanding [53]. These approaches can highlight the specific imaging features and patterns that contribute to diagnostic predictions, enabling clinicians to understand and validate AI-generated recommendations. This transparency is particularly important for rare disease diagnosis, where clinicians need to understand the reasoning behind diagnostic suggestions to make informed treatment decisions [54].

Standardization and quality assurance

AI-driven multi-modal imaging provides significant benefits in terms of standardization and quality assurance for rare disease diagnosis. Traditional imaging interpretation is subject to significant inter-observer variability, particularly for rare conditions where radiologists may have limited experience [55]. AI

systems provide consistent, reproducible analyses that can help standardize diagnostic approaches across different healthcare institutions and geographical regions. Quality assurance algorithms can automatically assess image quality across different modalities and identify technical factors that might affect diagnostic accuracy [56]. For rare diseases, where diagnostic precision is critical, these quality assurance measures help ensure that imaging studies meet appropriate standards for reliable interpretation. AI systems can also identify cases where additional imaging or alternative modalities might be needed to achieve definitive diagnosis [57]. The standardization provided by AI systems extends beyond individual case interpretation to include protocol optimization and imaging parameter selection. Machine learning algorithms can analyze large datasets to identify optimal imaging protocols for specific rare diseases, helping to standardize acquisition parameters and improve diagnostic yield across different clinical settings [58].

Quantitative biomarker development

Multi-modal AI imaging enables the development of quantitative biomarkers that can enhance rare disease diagnosis, monitoring, and treatment evaluation. These biomarkers combine information from multiple imaging modalities to create comprehensive disease metrics that capture both structural and functional aspects of pathological processes [59]. For rare genetic disorders, AI-derived biomarkers can identify subtle phenotypic features that correlate with specific genetic mutations or disease subtypes. This capability is particularly valuable for conditions with significant genetic heterogeneity, where different mutations may produce distinct imaging patterns that require specialized analysis approaches [60]. Functional biomarkers derived from multi-modal imaging can assess disease activity, progression, and treatment response in ways that may not be apparent through clinical evaluation alone. For rare diseases where clinical endpoints may be difficult to measure or may change slowly over time, these imaging biomarkers can provide more sensitive and objective measures of disease status and treatment efficacy [61].

Accelerated diagnostic timelines

The implementation of AI-driven multi-modal imaging can significantly accelerate diagnostic timelines for rare diseases by automating time-consuming analysis tasks and providing immediate diagnostic insights [62]. Automated image processing and analysis can reduce the time required for complex imaging studies from hours to minutes, enabling more rapid clinical decision-making. Real-time analysis capabilities allow for immediate identification of critical findings that might require urgent intervention or additional diagnostic testing [63]. For rare diseases where early diagnosis and treatment are critical for patient outcomes, this acceleration in diagnostic timelines can have profound impacts on patient care and prognosis. The ability to simultaneously analyze multiple imaging modalities also reduces the need for sequential testing approaches that can extend diagnostic timelines [64]. Instead of performing and interpreting individual imaging studies over weeks or months, AI systems can integrate information from multiple modalities acquired during a single visit, providing comprehensive diagnostic information more efficiently [65].

Population-level insights and epidemiological applications

AI-driven multi-modal imaging enables population-level analysis of rare diseases that can provide insights into disease

prevalence, geographic distribution, and risk factors. By analyzing large datasets of imaging studies, AI systems can identify previously unrecognized patterns of rare disease occurrence and help inform public health strategies [66]. These population-level insights can also contribute to the development of screening programs for rare diseases in high-risk populations. AI systems can identify imaging patterns that suggest increased risk for specific rare diseases, enabling targeted screening approaches that could facilitate earlier diagnosis and intervention [67]. The integration of multi-modal imaging data with genetic, environmental, and demographic information enables more sophisticated epidemiological studies of rare diseases. These comprehensive analyses can identify novel risk factors, gene-environment interactions, and disease mechanisms that might not be apparent through traditional epidemiological approaches [68].

Implementation strategies and clinical integration

The successful implementation of AI-driven multi-modal imaging for rare disease diagnosis requires careful consideration of technical, clinical, and organizational factors. Healthcare institutions must develop comprehensive strategies that address infrastructure requirements, workflow integration, staff training, and quality assurance to realize the full potential of these advanced diagnostic technologies.

Technical infrastructure development

The foundation of successful AI-driven multi-modal imaging implementation lies in robust technical infrastructure that can support the computational demands of advanced algorithms while maintaining data security and system reliability [69]. Healthcare institutions must invest in high-performance computing resources, including specialized graphics processing units and distributed computing systems, to support real-time image analysis and multi-modal data integration [70]. Data storage and management systems require significant enhancement to accommodate the large datasets generated by multi-modal imaging studies. Traditional picture archiving and communication systems may need upgrading or replacement with more sophisticated platforms that can efficiently store, retrieve, and process diverse imaging data types [71]. Cloud-based solutions offer scalable alternatives that can provide computational resources and storage capacity while maintaining security and compliance with healthcare regulations. Integration with existing healthcare information systems presents both opportunities and challenges for AI-driven imaging implementation [72]. Application programming interfaces and data exchange standards must be developed to enable seamless communication between AI systems and electronic health records, laboratory information systems, and other clinical platforms. This integration is essential for providing clinicians with comprehensive patient information and enabling AI systems to incorporate clinical context into their analyses [73].

Workflow integration and process optimization

The integration of AI-driven multi-modal imaging into clinical workflows requires careful analysis of existing processes and identification of opportunities for optimization. Healthcare institutions must map current diagnostic pathways for rare diseases and identify points where AI technologies can add value without disrupting essential clinical activities [74]. Standardized protocols for multi-modal imaging acquisition must be developed to ensure consistency and optimize AI system per-

formance. These protocols should specify imaging parameters, contrast agents, timing considerations, and quality control measures for each modality [75]. Standardization is particularly important for rare diseases, where small variations in imaging protocols can significantly impact diagnostic accuracy. Clinical decision support integration represents a critical component of workflow optimization [76]. AI systems must be designed to provide diagnostic insights at appropriate points in the clinical workflow, with user interfaces that facilitate rapid interpretation and decision-making. Alert systems and notification protocols should be established to ensure that critical findings are communicated promptly to appropriate clinical staff [77].

Staff training and education programs

Successful implementation of AI-driven multi-modal imaging requires comprehensive training programs for all staff members who will interact with these systems. Radiologists and other imaging specialists need training in AI system operation, interpretation of AI-generated results, and integration of AI insights with traditional diagnostic approaches [78]. Clinical staff training should emphasize the complementary nature of AI and human expertise, highlighting how AI systems can enhance rather than replace clinical judgment. Training programs should include hands-on experience with AI systems, case-based learning exercises, and ongoing education to keep staff current with technological advances [79]. Technical staff training is equally important, focusing on system maintenance, troubleshooting, and quality assurance procedures. These programs should ensure that technical personnel can maintain optimal system performance and quickly resolve any issues that might arise during clinical operations [80].

Quality assurance and validation protocols

Comprehensive quality assurance programs are essential for maintaining the accuracy and reliability of AI-driven multi-modal imaging systems. These programs should include regular validation of AI algorithm performance, monitoring of system accuracy over time, and procedures for identifying and correcting systematic errors or biases [81]. Validation protocols should include both technical validation, which assesses algorithm performance on standardized datasets, and clinical validation, which evaluates system performance in real-world clinical settings [82]. For rare diseases, validation may require collaboration with multiple institutions to gather sufficient cases for robust statistical analysis. Continuous monitoring systems should track AI system performance metrics, including diagnostic accuracy, processing times, and user satisfaction [83].

Regulatory compliance and safety considerations

Healthcare institutions must ensure that AI-driven multi-modal imaging systems comply with all relevant regulatory requirements, including those related to medical device approval, data privacy, and patient safety. Regulatory frameworks for AI in healthcare are rapidly evolving, and institutions must stay current with changing requirements and guidelines [84]. Risk management protocols should be established to identify potential safety risks associated with AI system use and implement appropriate mitigation strategies. These protocols should address both technical risks, such as system failures or incorrect diagnoses, and clinical risks, such as over-reliance on AI recommendations or delayed recognition of AI system limitations [85]. Patient consent and privacy protection require special attention in AI-driven imaging implementations. Patients should

be informed about the use of AI in their diagnostic process and provided with appropriate information about data usage, storage, and sharing [86].

Performance monitoring and continuous improvement

Successful AI implementation requires ongoing performance monitoring and continuous improvement processes. Healthcare institutions should establish metrics for evaluating AI system performance, including diagnostic accuracy, clinical impact, efficiency improvements, and user satisfaction [87]. Feedback mechanisms should be implemented to capture clinician experiences and suggestions for system improvement. This feedback is particularly valuable for rare disease applications, where clinical expertise is essential for identifying areas where AI systems might be enhanced or refined [88]. Continuous learning protocols should be established to enable AI systems to improve over time as they encounter new cases and diagnostic scenarios. These protocols must balance the benefits of system improvement with the need for stability and reliability in clinical applications [89].

Future directions and emerging technologies

The landscape of AI-driven multi-modal medical imaging for rare disease diagnosis continues to evolve rapidly, with emerging technologies and research directions promising even greater diagnostic capabilities and clinical impact. Understanding these future developments is essential for healthcare institutions, researchers, and clinicians who seek to leverage cutting-edge technologies for improved patient care.

Advanced AI architectures and algorithms

The next generation of AI architectures promises to address many current limitations in multi-modal imaging integration. Vision transformers, originally developed for natural language processing, are being adapted for medical imaging applications and show exceptional promise for analyzing complex relationships between different imaging modalities [90]. These architectures can process entire imaging studies as sequences of patches, enabling global context awareness that traditional convolutional neural networks may miss. Self-supervised learning approaches are emerging as powerful tools for addressing the data scarcity challenges that commonly affect rare disease research [91]. These techniques can learn meaningful representations from unlabeled imaging data, potentially reducing the need for expensive manual annotation while improving generalization to new rare disease cases [92]. Foundation models trained on large, diverse medical imaging datasets could provide robust starting points for rare disease applications. Federated learning architectures offer significant potential for rare disease research by enabling collaborative model training across multiple institutions without sharing sensitive patient data [93]. These approaches could facilitate the development of AI systems trained on much larger and more diverse rare disease datasets than would be possible at any single institution, potentially improving diagnostic accuracy and generalizability [94].

Integration of genomic and molecular data

The future of rare disease diagnosis lies in the integration of imaging data with genomic, proteomic, and metabolomic information to create comprehensive diagnostic profiles. AI systems are being developed that can simultaneously analyze medical images and genetic data to identify rare diseases with

genetic components [95]. These multi-omics approaches could revolutionize the diagnosis of rare genetic disorders by combining phenotypic information from imaging with genotypic data. Radio-genomics, the correlation between imaging features and genetic characteristics, represents a particularly promising area for rare disease applications [96]. AI algorithms can identify imaging patterns that correlate with specific genetic mutations, potentially enabling non-invasive genetic screening and diagnosis. This capability could be particularly valuable for rare diseases where genetic testing is expensive or not readily available [97]. Molecular imaging techniques, including advanced PET tracers and magnetic resonance spectroscopy, are being integrated with AI analysis to provide insights into metabolic and molecular processes underlying rare diseases. These approaches could enable earlier detection of rare metabolic disorders and provide biomarkers for monitoring treatment response [98].

Real-time and point-of-care applications

The development of edge computing and mobile AI technologies is enabling real-time analysis of medical imaging at the point of care. For rare diseases, this capability could be transformative by providing immediate diagnostic insights in settings where specialist expertise is not readily available [99]. Portable imaging devices combined with AI analysis could enable rare disease screening in remote or underserved areas. Augmented reality applications are being developed that can overlay AI-generated diagnostic information directly onto medical images during clinical examinations [100]. These systems could help clinicians visualize subtle abnormalities or quantitative measurements that might not be apparent through conventional viewing methods. Real-time monitoring systems using continuous imaging or wearable devices could provide ongoing assessment of rare disease progression and treatment response [101]. AI algorithms could analyze these continuous data streams to identify changes that might indicate disease progression or treatment effects, enabling more personalized and responsive care [102].

Personalized medicine and treatment planning

AI-driven multi-modal imaging is moving beyond diagnosis toward personalized treatment planning and response prediction. Machine learning algorithms are being developed that can predict treatment responses based on imaging characteristics, potentially enabling more personalized therapeutic approaches for rare diseases [103]. Digital twin technologies, which create computational models of individual patients based on their imaging and clinical data, represent an emerging frontier for rare disease management [104]. These models could enable simulation of different treatment scenarios and prediction of long-term outcomes, providing valuable insights for clinical decision-making. Precision medicine approaches that integrate imaging biomarkers with clinical and genetic data could enable more targeted therapeutic strategies for rare diseases. AI systems could identify patient subgroups that are most likely to respond to specific treatments, optimizing therapeutic outcomes while minimizing adverse effects [105].

Global health and accessibility applications

The democratization of AI-driven diagnostic capabilities has significant implications for global health and rare disease diagnosis in resource-limited settings. Cloud-based AI platforms could provide sophisticated diagnostic capabilities to healthcare facilities that lack local expertise in rare diseases, poten-

tially reducing global disparities in diagnostic access [106]. Mobile health applications incorporating AI-driven imaging analysis could enable screening and monitoring of rare diseases in remote areas. These applications could be particularly valuable for rare diseases that affect specific geographic populations or have environmental risk factors [107]. Telemedicine platforms integrated with AI-driven imaging analysis could enable remote consultation and diagnosis for rare diseases, connecting patients with specialized expertise regardless of geographic location. These platforms could be particularly valuable for pediatric rare diseases, where travel to specialized centers may be challenging for families [108].

Ethical AI and bias mitigation

Future developments in AI-driven rare disease diagnosis must address important ethical considerations, including algorithmic bias, fairness, and equity. Research is ongoing to develop AI systems that perform equally well across different demographic groups and geographic regions, ensuring that rare disease diagnostic capabilities are accessible to all populations [109]. Explainable AI techniques are being refined to provide clearer insights into how AI systems reach diagnostic conclusions. These developments are particularly important for rare diseases, where clinicians need to understand and validate AI recommendations before making treatment decisions [110]. Privacy-preserving AI techniques, including differential privacy and homomorphic encryption, are being developed to enable AI research and development while protecting patient privacy. These approaches could facilitate collaborative rare disease research while maintaining strict privacy protections [111].

Integration with clinical research and drug development

AI-driven multi-modal imaging is increasingly being integrated with clinical research and drug development processes for rare diseases. These applications could accelerate the identification of therapeutic targets, enable more efficient clinical trial design, and provide objective endpoints for treatment evaluation [112]. Natural history studies of rare diseases could benefit significantly from standardized AI-driven imaging analysis, providing more comprehensive understanding of disease progression and variability. This information could inform clinical trial design and regulatory approval processes for rare disease treatments [113]. Companion diagnostic development, where imaging biomarkers are used to identify patients most likely to respond to specific treatments, represents an important application area for rare diseases. AI systems could identify imaging signatures that predict treatment response, enabling more targeted therapeutic approaches [114]. The integration of AI-driven imaging with real-world evidence collection could provide ongoing assessment of treatment effectiveness and safety in rare disease populations. These systems could identify safety signals or efficacy trends that might not be apparent in smaller clinical trials [115].

Conclusion

The integration of artificial intelligence with multi-modal medical imaging represents a transformative advancement in rare disease diagnosis, offering unprecedented opportunities to address longstanding challenges in this critical area of healthcare. Through sophisticated algorithms capable of processing and integrating information from diverse imaging modalities, we can now achieve diagnostic precision that was previously unattainable through conventional approaches. This compre-

hensive analysis has demonstrated that AI-driven multi-modal imaging addresses fundamental limitations in rare disease diagnosis, including the scarcity of specialized expertise, diagnostic delays, inter-observer variability, and the complexity of multi-system disease manifestations. By providing objective, reproducible, and comprehensive diagnostic capabilities, these technologies can democratize access to specialized diagnostic expertise and significantly improve patient outcomes. The benefits of AI-driven multi-modal imaging extend beyond individual patient care to encompass broader healthcare system improvements, including enhanced efficiency, standardized protocols, and accelerated knowledge discovery. The ability to identify subtle patterns and correlations across multiple imaging modalities enables the development of novel biomarkers and diagnostic criteria that can advance our understanding of rare disease pathophysiology and treatment responses. However, successful implementation of these technologies requires careful attention to technical, clinical, and organizational factors. Healthcare institutions must invest in appropriate infrastructure, develop comprehensive training programs, establish quality assurance protocols, and ensure regulatory compliance. The integration of AI systems into clinical workflows must be carefully planned to enhance rather than disrupt existing clinical processes.

Looking toward the future, emerging technologies including advanced AI architectures, genomic integration, real-time analysis capabilities, and personalized medicine approaches promise even greater diagnostic capabilities and clinical impact. The continued evolution of these technologies will likely transform rare disease diagnosis from a lengthy, uncertain process to a rapid, precise, and comprehensive evaluation that enables timely intervention and improved patient outcomes. The ethical considerations surrounding AI implementation in healthcare, including bias mitigation, privacy protection, and equitable access, must remain central to future developments. Ensuring that AI-driven diagnostic capabilities are accessible to all populations and perform equally well across diverse demographic groups will be essential for realizing the full potential of these technologies. The collaboration between clinicians, researchers, technology developers, and patients will be crucial for the continued advancement of AI-driven multi-modal imaging in rare disease diagnosis. This multidisciplinary approach ensures that technological developments align with clinical needs and patient priorities while addressing practical implementation challenges.

As we advance into an era where AI becomes increasingly integrated into healthcare delivery, the potential for transforming rare disease diagnosis has never been greater. The combination of multi-modal imaging capabilities, advanced AI algorithms, and comprehensive clinical integration offers hope for the millions of patients worldwide who currently struggle with delayed or inaccurate diagnoses. By embracing these technological advances while maintaining focus on patient-centered care, we can create a future where rare disease diagnosis is rapid, accurate, and accessible to all who need it. The journey toward fully realizing the potential of AI-driven multi-modal imaging in rare disease diagnosis will require continued investment in research, infrastructure, and education. However, the benefits for patients, healthcare systems, and society as a whole justify these investments and underscore the importance of continued innovation in this critical area of medical technology.

References

1. Chung CCY, Chu ATW, Chung BHY. Rare disease emerging as a global public health priority. *Front Public Health*. 2022; 10: 1028545.
2. Marwaha S, Knowles JW, Ashley EA. A guide for the diagnosis of rare and undiagnosed disease: beyond the exome. *Genom Med*. 2022; 14: 23.
3. Glaubitz R, et al. The cost of the diagnostic odyssey of patients with suspected rare diseases. *Orphanet J Rare Dis*. 2025; 20: 222.
4. Pavisich K, Jones H, Baynam G. The diagnostic odyssey for children living with a rare disease – Caregiver and patient perspectives: A narrative review with recommendations. *Rare*. 2024; 2: 100022.
5. Hasani N, et al. Artificial Intelligence in Medical Imaging and its Impact on the Rare Disease Community: Threats, Challenges and Opportunities. *PET Clin*. 2022; 17: 13-29.
6. Frush DP, Callahan MJ, Coley BD, Nadel HR, Guillerman RP. Comparison of the different imaging modalities used to image pediatric oncology patients: A COG diagnostic imaging committee/SPR oncology committee white paper. *Pediatr Blood Cancer*. 2023; 70: e30298.
7. Hanna MG, et al. Future of Artificial Intelligence—Machine Learning Trends in Pathology and Medicine. *Mod Pathol*. 2025; 38: 100705.
8. Pinto-Coelho L. How Artificial Intelligence Is Shaping Medical Imaging Technology: A Survey of Innovations and Applications. *Bioengineering*. 2023; 10.
9. Hosny A, Parmar C, Quackenbush J, Schwartz LH, Aerts H. Artificial intelligence in radiology. *Nat Rev Cancer*. 2018; 18: 500-510.
10. Xu X, et al. A Comprehensive Review on Synergy of Multi-Modal Data and AI Technologies in Medical Diagnosis. *Bioengineering*. 2024; 11.
11. Huang W, Shu N. AI-powered integration of multimodal imaging in precision medicine for neuropsychiatric disorders. *Cell Rep Med*. 2025; 6: 102132.
12. Ahmad Z, Rahim S, Zubair M, Abdul-Ghfar J. Artificial intelligence (AI) in medicine, current applications and future role with special emphasis on its potential and promise in pathology: present and future impact, obstacles including costs and acceptance among pathologists, practical and philosophical considerations. A comprehensive review. *Diagn Pathol*. 2021; 16: 24.
13. Li M, Jiang Y, Zhang Y, Zhu H. Medical image analysis using deep learning algorithms. *Front Public Health*. 2023; 11: 1273253.
14. Khalifa M, Albadawy M. AI in diagnostic imaging: Revolutionising accuracy and efficiency. *Comput Methods Programs Biomed Update*. 2024; 5: 100146.
15. Wojtara M, Rana E, Rahman T, Khanna P, Singh H. Artificial intelligence in rare disease diagnosis and treatment. *Clin Transl Sci*. 2023; 16: 2106-2111.
16. Nadeau JH. Transgenerational genetic effects on phenotypic variation and disease risk. *Hum Mol Genet*. 2009; 18: R202-210.
17. Garcelon N, et al. Finding patients using similarity measures in a rare diseases-oriented clinical data warehouse: Dr. Warehouse and the needle in the needle stack. *J Biomed Inform*. 2017; 73: 51-61.
18. Siegel IJ, et al. Diagnostic delays in rare genetic disorders with neuropsychiatric manifestations: A systematic review. *Eur J Med Genet*. 2025; 75: 105016.
19. Gambardella J, et al. Fatigue as hallmark of Fabry disease: role of bioenergetic alterations. *Front Cardiovasc Med*. 2024; 11: 1341590.
20. Ishii M. Endocrine Emergencies with Neurologic Manifestations. *Continuum*. 2017; 23: 778-801.
21. Benito-Lozano J, et al. Diagnostic Process in Rare Diseases: Determinants Associated with Diagnostic Delay. *Int J Environ Res Public Health*. 2022; 19.
22. Adachi T, et al. Enhancing Equitable Access to Rare Disease Diagnosis and Treatment around the World: A Review of Evidence, Policies, and Challenges. *Int J Environ Res Public Health*. 2023; 20.
23. Kerr AM, Bereitschaft C, Sisk B. The role of primary care in rare disorders: A qualitative study of parents and patients managing complex vascular anomalies. *J Family Med Prim Care*. 2024; 13: 2116-2122.
24. Schuldt R, Jinnett K. Barriers accessing specialty care in the United States: a patient perspective. *BMC Health Serv Res*. 2024; 24: 1549.
25. Caliendo AM, et al. Better tests, better care: improved diagnostics for infectious diseases. *Clin Infect Dis*. 2013; 57: S139-170.
26. Katal S, York B, Gholamrezanezhad A. AI in radiology: From promise to practice – A guide to effective integration. *Eur J Radiol*. 2024; 181: 111798.
27. Hussien AR, et al. Diagnostic Errors in Neuroradiology: A Message to Emergency Radiologists and Trainees. *Can Assoc Radiol J*. 2022; 73: 384-395.
28. Pan JA, Patel AR. The Role of Multimodality Imaging in Cardiomyopathy. *Curr Cardiol Rep*. 2024; 26: 689-703.
29. Bi WL, et al. Artificial intelligence in cancer imaging: Clinical challenges and applications. *CA Cancer J Clin*. 2019; 69: 127-157.
30. Varghese AP, Naik S, Andrabi SAUH, Luharia A, Tivaskar S. Enhancing Radiological Diagnosis: A Comprehensive Review of Image Quality Assessment and Optimization Strategies. *Cureus*. 2024; 16: e63016.
31. Marwaha S, Knowles JW, Ashley EA. A guide for the diagnosis of rare and undiagnosed disease: beyond the exome. *Genome Med*. 2022; 14: 23.
32. Walker DM, et al. Perspectives on Challenges and Opportunities for Interoperability: Findings from Key Informant Interviews with Stakeholders in Ohio. *JMIR Med Inform*. 2023; 11: e43848.
33. Holmes JH, et al. Why Is the Electronic Health Record So Challenging for Research and Clinical Care? *Methods Inf Med*. 2021; 60: 32-48.
34. Visibelli A, Roncaglia B, Spiga O, Santucci A. The Impact of Artificial Intelligence in the Odyssey of Rare Diseases. *Biomedicines*. 2023; 11.
35. Zhao Z, Alzubaidi L, Zhang J, Duan Y, Gu Y. A comparison review of transfer learning and self-supervised learning: Definitions, applications, advantages and limitations. *Expert Syst Appl*. 2024; 242: 122807.
36. Phillips C, et al. Time to diagnosis for a rare disease: managing medical uncertainty. A qualitative study. *Orphanet J Rare Dis*. 2024; 19: 297.
37. Coughlin SS, Vernon M, Hatzigeorgiou C, George V. Health Literacy, Social Determinants of Health, and Disease Prevention and Control. *J Environ Health Sci*. 2020; 6.

38. Zhu X, Smith RA, Parrott RL. Living with a Rare Health Condition: The Influence of a Support Community and Public Stigma on Communication, Stress, and Available Support. *J Appl Commun Res.* 2017; 45: 179-198.
39. Nishat SMH, et al. Artificial Intelligence: A New Frontier in Rare Disease Early Diagnosis. *Cureus.* 2025; 17: e79487.
40. Clement David-Olawade A, et al. AI-Driven Advances in Low-Dose Imaging and Enhancement-A Review. *Diagnostics.* 2025; 15.
41. Yan Y, et al. Multimodal MRI and artificial intelligence: Shaping the future of glioma. *J Neurorestoratol.* 2025; 13: 100175.
42. Muksimova S, Umirzakova S, Iskhakova N, Khaitov A, Cho Yi. Advanced convolutional neural network with attention mechanism for Alzheimer's disease classification using MRI. *Comput Biol Med.* 2025; 190: 110095.
43. Li J, et al. Transforming medical imaging with Transformers? A comparative review of key properties, current progresses, and future perspectives. *Med Image Anal.* 2023; 85: 102762.
44. Anonymous. Medical imaging in personalised medicine: a white paper of the research committee of the European Society of Radiology (ESR). *Insights Imaging.* 2015; 6: 141-155.
45. Ahmedt-Aristizabal D, Armin MA, Denman S, Fookes C, Petersson L. Graph-Based Deep Learning for Medical Diagnosis and Analysis: Past, Present and Future. *Sensors.* 2021; 21.
46. Pallumeera M, Giang JC, Singh R, Pracha NS, Makary MS. Evolving and Novel Applications of Artificial Intelligence in Cancer Imaging. *Cancers.* 2025; 17: 1510.
47. Najjar R. Redefining Radiology: A Review of Artificial Intelligence Integration in Medical Imaging. *Diagnostics.* 2023; 13.
48. Avanzo M, et al. Machine and deep learning methods for radiomics. *Med Phys.* 2020; 47: e185-e202.
49. Alum EU. AI-driven biomarker discovery: enhancing precision in cancer diagnosis and prognosis. *Discov Oncol.* 2025; 16: 313.
50. Koh D-M, et al. Artificial intelligence and machine learning in cancer imaging. *Commun Med.* 2022; 2: 133.
51. Khalifa M, Albadawy M, Iqbal U. Advancing clinical decision support: The role of artificial intelligence across six domains. *Comput Methods Programs Biomed Update.* 2024; 5: 100142.
52. Maleki Varnosfaderani S, Forouzanfar M. The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century. *Bioengineering.* 2024; 11: 337.
53. Amann J, et al. To explain or not to explain?-Artificial intelligence explainability in clinical decision support systems. *PLOS Digit Health.* 2022; 1: e0000016.
54. Maleki Varnosfaderani S, Forouzanfar M. The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century. *Bioengineering.* 2024; 11.
55. Nair A, et al. Enhancing Radiologist Productivity with Artificial Intelligence in Magnetic Resonance Imaging (MRI): A Narrative Review. *Diagnostics.* 2025; 15.
56. Habuza T, et al. AI applications in robotics, diagnostic image analysis and precision medicine: Current limitations, future trends, guidelines on CAD systems for medicine. *Inform Med Unlocked.* 2021; 24: 100596.
57. Bekbolatova M, Mayer J, Ong CW, Toma M. Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare.* 2024; 12: 125.
58. Rehman AU, et al. Role of artificial intelligence in revolutionizing drug discovery. *Fundam Res.* 2025; 5: 1273-1287.
59. Kronen F, Marikkar U, Parsons G, Szmul A, Mahdi A. Review of multimodal machine learning approaches in healthcare. *Information Fusion.* 2025; 114: 102690.
60. Sharma A, Lysenko A, Jia S, Boroevich KA, Tsunoda T. Advances in AI and machine learning for predictive medicine. *J Hum Genet.* 2024; 69: 487-497.
61. Saha S, Corben LA, Selvadurai LP, Harding IH, Georgiou-Karistianis N. Predictive machine learning and multimodal data to develop highly sensitive, composite biomarkers of disease progression in Friedreich ataxia. *Sci Rep.* 2025; 15: 17629.
62. Sadr H, et al. Unveiling the potential of artificial intelligence in revolutionizing disease diagnosis and prediction: a comprehensive review of machine learning and deep learning approaches. *Eur J Med Res.* 2025; 30: 418.
63. Pierre K, et al. Applications of Artificial Intelligence in the Radiology Roundtrip: Process Streamlining, Workflow Optimization, and Beyond. *Semin Roentgenol.* 2023; 58: 158-169.
64. Kumar Y, Koul A, Singla R, Ijaz MF. Artificial intelligence in disease diagnosis: a systematic literature review, synthesizing framework and future research agenda. *J Ambient Intell Humaniz Comput.* 2023; 14: 8459-8486.
65. Lesaunier A, et al. Artificial intelligence in interventional radiology: Current concepts and future trends. *Diagn Interv Imaging.* 2025; 106: 5-10.
66. Brasil S, et al. Artificial Intelligence (AI) in Rare Diseases: Is the Future Brighter? *Genes.* 2019; 10.
67. Kováč P, et al. Artificial Intelligence-Driven Facial Image Analysis for the Early Detection of Rare Diseases: Legal, Ethical, Forensic, and Cybersecurity Considerations. *AI.* 2024; 5: 990-1010.
68. Motsinger-Reif AA, et al. Gene-environment interactions within a precision environmental health framework. *Cell Genom.* 2024; 4: 100591.
69. Bajwa J, Munir U, Nori A, Williams B. Artificial intelligence in healthcare: transforming the practice of medicine. *Future Healthc J.* 2021; 8: e188-e194.
70. Yogesh MJ, Karthikeyan J. Health Informatics: Engaging Modern Healthcare Units: A Brief Overview. *Front Public Health.* 2022; 10: 854688.
71. Javaid M, Haleem A, Singh RP. Health informatics to enhance the healthcare industry's culture: An extensive analysis of its features, contributions, applications and limitations. *Informatics and Health.* 2024; 1: 123-148.
72. Sachdeva S, et al. Unraveling the role of cloud computing in health care system and biomedical sciences. *Heliyon.* 2024; 10: e29044.
73. Torab-Miandoab A, Samad-Soltani T, Jodati A, Rezaei-Hachesu P. Interoperability of heterogeneous health information systems: a systematic literature review. *BMC Med Inform Decis Mak.* 2023; 23: 18.
74. Groza T, Chan C-H, Pearce DA, Baynam G. Realising the potential impact of artificial intelligence for rare diseases – A framework. *Rare.* 2025; 3: 100057.
75. Brady AP, et al. Developing, purchasing, implementing and monitoring AI tools in radiology: practical considerations. A multi-society statement from the ACR, CAR, ESR, RANZCR & RSNA. *Insights into Imaging.* 2024; 15: 16.

76. Elhaddad M, Hamam S. AI-Driven Clinical Decision Support Systems: An Ongoing Pursuit of Potential. *Cureus*. 2024; 16: e57728.
77. Taylor RA, et al. Leveraging artificial intelligence to reduce diagnostic errors in emergency medicine: Challenges, opportunities, and future directions. *Acad Emerg Med*. 2025; 32: 327-339.
78. Duong MT, et al. Artificial intelligence for precision education in radiology. *Br J Radiol*. 2019; 92: 20190389.
79. Rony MKK, et al. Nursing Students' Perspectives on Integrating Artificial Intelligence into Clinical Practice and Training: A Qualitative Descriptive Study. *Health Sci Rep*. 2025; 8: e70728.
80. Elendu C, et al. The impact of simulation-based training in medical education: A review. *Medicine*. 2024; 103: e38813.
81. Shin Y, Lee M, Lee Y, Kim K, Kim T. Artificial Intelligence-Powered Quality Assurance: Transforming Diagnostics, Surgery, and Patient Care-Innovations, Limitations, and Future Directions. *Life*. 2025; 15.
82. Park SH, Choi J, Byeon JS. Key Principles of Clinical Validation, Device Approval, and Insurance Coverage Decisions of Artificial Intelligence. *Korean J Radiol*. 2021; 22: 442-453.
83. Chew B-H, Ngiam KY. Artificial intelligence tool development: what clinicians need to know? *BMC Med*. 2025; 23: 244.
84. Palaniappan K, Lin EYT, Vogel S. Global Regulatory Frameworks for the Use of Artificial Intelligence (AI) in the Healthcare Services Sector. *Healthcare*. 2024;12.
85. Ferrara M, et al. Risk Management and Patient Safety in the Artificial Intelligence Era: A Systematic Review. *Healthcare*. 2024; 12.
86. Wang C, Zhang J, Lassi N, Zhang X. Privacy Protection in Using Artificial Intelligence for Healthcare: Chinese Regulation in Comparative Perspective. *Healthcare*. 2022; 10.
87. Pascoe JL, et al. Strategic Considerations for Selecting Artificial Intelligence Solutions for Institutional Integration: A Single-Center Experience. *Mayo Clin Proc Digit Health*. 2024; 2: 665-676.
88. Gala D, Behl H, Shah M, Makaryus AN. The Role of Artificial Intelligence in Improving Patient Outcomes and Future of Healthcare Delivery in Cardiology: A Narrative Review of the Literature. *Healthcare*. 2024; 12.
89. Aldoseri A, Al-Khalifa KN, Hamouda AM. Re-Thinking Data Strategy and Integration for Artificial Intelligence: Concepts, Opportunities, and Challenges. *Appl Sci*. 2023; 13: 7082.
90. Acosta JN, Falcone GJ, Rajpurkar P, Topol EJ. Multimodal biomedical AI. *Nat Med*. 2022; 28: 1773-1784.
91. Seddiki K, et al. Cumulative learning enables convolutional neural network representations for small mass spectrometry data classification. *Nat Commun*. 2020; 11: 5595.
92. Shen Y, et al. Optimizing skin disease diagnosis: harnessing online community data with contrastive learning and clustering techniques. *NPJ Digit Med*. 2024; 7: 28.
93. Pati S, et al. Federated learning enables big data for rare cancer boundary detection. *Nat Commun*. 2022; 13: 7346.
94. Germain DP, Gruson D, Malcles M, Garcelon N. Applying artificial intelligence to rare diseases: a literature review highlighting lessons from Fabry disease. *Orphanet J Rare Dis*. 2025; 20: 186.
95. Zhao T, et al. Review: Utility of mass spectrometry in rare disease research and diagnosis. *NPJ Genomic Med*. 2025; 10: 29.
96. Guo Y, et al. From Images to Genes: Radiogenomics Based on Artificial Intelligence to Achieve Non-Invasive Precision Medicine in Cancer Patients. *Adv Sci*. 2025; 12: e2408069.
97. Duong D, Solomon BD. Artificial intelligence in clinical and genomic diagnostics for rare diseases. *Genes (Basel)*. 2021; 12: 1114.
98. Bai JW, Qiu SQ, Zhang GJ. Molecular and functional imaging in cancer-targeted therapy: current applications and future directions. *Signal Transduct Target Ther*. 2023; 8: 89.
99. Bekbolatova M, Mayer J, Ong CW, Toma M. Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare*. 2024; 12.
100. Lastrucci A, et al. Exploring Augmented Reality Integration in Diagnostic Imaging: Myth or Reality? *Diagnostics*. 2024; 14.
101. Jafleh EA, et al. The Role of Wearable Devices in Chronic Disease Monitoring and Patient Care: A Comprehensive Review. *Cureus*. 2024; 16: e68921.
102. Alowais SA, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ*. 2023; 23: 689.
103. Johnson KB, et al. Precision Medicine, AI, and the Future of Personalized Health Care. *Clin Transl Sci*. 2021; 14: 86-93.
104. Shen S, et al. From virtual to reality: innovative practices of digital twins in tumor therapy. *J Transl Med*. 2025; 23: 348.
105. Chen YM, Hsiao TH, Lin CH, Fann YC. Unlocking precision medicine: clinical applications of integrating health records, genetics, and immunology through artificial intelligence. *J Biomed Sci*. 2025; 32: 16.
106. Reddy S. Generative AI in healthcare: an implementation science informed translational path on application, integration and governance. *Implement Sci*. 2024; 19: 27.
107. Ahmed MM, et al. Integrating Digital Health Innovations to Achieve Universal Health Coverage: Promoting Health Outcomes and Quality Through Global Public Health Equity. *Healthcare*. 2025; 13.
108. Mondal H, Mondal S. Ethical and social issues related to AI in healthcare. In: Srivastava A, Mishra V, editors. *Methods in Microbiology*. Academic Press. 2024: 247-281.
109. Chinta SV, et al. AI-driven healthcare: Fairness in AI healthcare: A survey. *PLOS Digit Health*. 2025; 4: e0000864.
110. Mienye ID, et al. A survey of explainable artificial intelligence in healthcare: Concepts, applications, and challenges. *Inform Med Unlocked*. 2024; 51: 101587.
111. Meduri K, et al. Leveraging federated learning for privacy-preserving analysis of multi-institutional electronic health records in rare disease research. *J Econ Technol*. 2025; 3: 177-189.
112. Serrano DR, et al. Artificial Intelligence (AI) Applications in Drug Discovery and Drug Delivery: Revolutionizing Personalized Medicine. *Pharmaceutics*. 2024; 16.
113. Liu J, et al. Natural History and Real-World Data in Rare Diseases: Applications, Limitations, and Future Perspectives. *J Clin Pharmacol*. 2022; 62: S38-S55.
114. Locke D, Hoyt CC. Companion diagnostic requirements for spatial biology using multiplex immunofluorescence and multispectral imaging. *Front Mol Biosci*. 2023; 10: 1051491.
115. Choudhury A, Asan O. Role of Artificial Intelligence in Patient Safety Outcomes: Systematic Literature Review. *JMIR Med Inform*. 2020; 8: e18599.