Join the Revolution in Radiology Reporting

I am RadioReport®, an add-on to your existing PACS / RIS infrastructure.
The Problems with Reporting today

Reporting has lacked innovation
For the last 20+ years, advances in CT and MRI technology have led to a dramatic increase in the number of images which are generated in the course of a day. At the same time, there has not been the same investment in the reporting process.

Dictation tools are not always reliable, sometimes necessitating time-consuming corrections of omission errors and/or incorrect interpretations. The use of dictation harbours the risk of incomplete documentation.

Reporting is rarely consistent
Each Radiologist develops their own preferences and nuances they use to formulate their findings. When delivering radiology services as part of a larger organisation, these inconsistencies may lead to unnecessary misinterpretations and avoidable fluctuations in quality.

Radiology is complex
Examinations conducted with modern CT and MRI technology allow for more detailed images than ever before. Further, the DICOM tools allow for greater precision in the measurement of the anatomical structures. Reporting has not changed to meet these new challenges, and the burden has been unfairly shifted to the reporting staff.

The Revolution: Faster, Better and Easier Reporting

Faster Reporting
RadioReport® significantly reduces reporting time thanks to our lean 23 anatomy-focused modules and efficient ‘select-and-move-on’ working method. Further, the generation of the report or an error-free translation is possible with a single mouse click.

Better Reporting
RadioReport® ensures consistently high-quality, clear and concise reports containing all information relevant to the referring physician. This is due to the use of standardized referenced nomenclature and integrated plausibility checks.

Further, all report content can be leveraged later in AI applications due to the nature of the data structures employed by RadioReport®. By cultivating machine-readable data, you can lay the foundation for future learning of AI systems and future clinical analysis and research.

Easier Reporting
RadioReport® introduces the concept of guided reporting. Like a virtual interviewer, RadioReport® guides you, step-by-step, through the reporting process. Graphical tools such as the localizers, used in combination with mouse or touchpad navigation measurably expedite and simplify reporting.
Welcome to Guided Reporting

Your report in just a few steps

As per your normal reporting practice, access the patient file and the images to be reviewed. Once you are ready to start reporting, open RadioReport® and select your module. All relevant patient information can then be imported* from your RIS / PACS system with a click of the mouse. Now you are ready – Lets go!

*The amount of technical details imported to RadioReport® is dependent on the level of integration with your PACS.

Step 1: Localization

Each module has anatomy-specific localizers. Select the location of the injury / lesion using the localizer, and then review / adjust the patient data.
Step 2: Anamnesis
Define trauma, symptoms and details of relevant surgeries.

Step 3: Technique
Review/adjust technical details* of the examination (contrast enhancement, field strength, sequences, etc).

Step 4: Bones
Using the localization tool, individual findings can be selected via the interactive diagram. Localizer images and/or scans can be added to support your findings.

Steps 5–8: Soft tissues
Findings related to ligaments, tendons, soft tissues, etc ... can be documented with the support of tissue-specific localizers. Multiple findings can also be identified here.

*The amount of technical details imported to RadioReport® is dependent on the level of integration with your PACS.
Step 9: Summary

Select relevant follow-up based on your recommendation. Once finished, click on the right arrow to generate your RadioReport®.

Your Report – Faster, Better and Easier.

Final reports can be generated in multiple languages for medical professionals or in simplified terms that are suitable for patients.

MRI knee of Mr. Joseph Smith, DOB 10-Jan-1971

MRI study of the right knee.

Patient details: 50 yr old male patient

Medical history: S/p sprained knee (high-speed trauma). Patient reported medial gonalgia.

Technique: MRI study without contrast agent.

Findings:
- Subchondral bone marrow edema demonstrated. Location: tibia, lat. plateau.
- Evidence of a pathologic lesion of the medial meniscus. Location: PHMM.
- Tear reaching the outer margin (grade 3) identified. The tear reaches the surface. Evidence of a partial rupture of the medial collateral ligament (grade 2 injury).
- Delineated partial rupture of the anterior cruciate ligament with injury to the posterolateral bundle.
- Cartilage and osteochondral lamella appear unremarkable.
- The femoropatellar joint is unremarkable. Evidence of marked joint effusion. The effusion is hemorrhagic.

Impression:
1. Evidence of a pathologic lesion of the medial meniscus. Location: PHMM. Definite tear reaching the outer margin (grade 3).
2. Evidence of a partial rupture of the medial collateral ligament (grade 2 injury).

ICD-10: S18.11, S81.18, M23.3, S83.2, S83.44, M25.46, M25.06

Discussion:

Please add text here.
Report up to 50% faster
Modules rather than templates
Anatomy rather than pathology
Higher standards of quality

ICD-10
Multilingual Reports
Automatic ICD-10 coding*

Class 1 Medical Device
Produces machine-readable data

Simple RIS / PACS integration

Go to our speed video to experience faster, easier and better reporting with RadioReport®

*optional feature
As a radiologist, I have utilized my understanding of modern radiology to create guided reporting: RadioReport®. I believe this software finally brings reporting up to the standard that highly accurate MRI and CT images provide today. Finally, we have a tool that embraces and overcomes the challenges we face in a modern connected world, and creates new dimensions of value in the reports we create.

Ready to explore the future of reporting? Our team can help you get there!

Go to radioreport.com and find out more. Let’s connect.