

**VII Conferencia Anual de las Plataformas Tecnológicas de  
Investigación Biomédica: Medicamentos Innovadores, Nanomedicina  
Tecnología Sanitaria y Mercados Biotecnológicos  
*El Reto en Salud***

# Patología Digital: Situación Actual y Futuro

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GE Healthcare IT  
General Manager



imagination at work

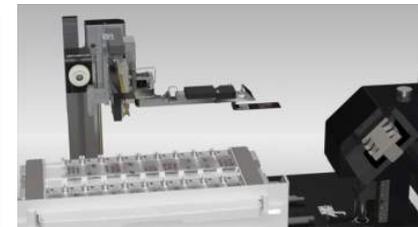
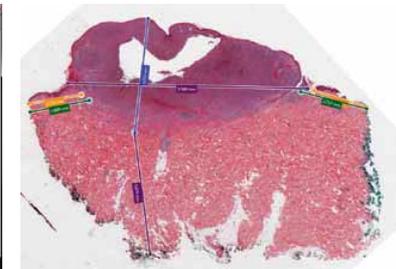


# Conceptos

## Patología Digital

Imagen digital en Anatomía Patológica:

- Imagen macroscópica y microscópica
- Imagen digital, a través de escaneo de las muestras



## Telepatología

Visualización e interpretación remota de especímenes

# Situación actual



**Sistemas de laboratorio (LIS) muy extendidos, con tendencia hacia la centralización**

**Gran variedad de escáners en el mercado**

**Imagen digital limitada a casos “interesantes” o sesiones clínicas**



**No existe una rutina digital en la labor diagnostica diaria en los Departamentos de Anatomía Patológica**



# Barreras

**Calidad de la imagen**

Con el nivel de aumento recomendable 40X, 60x

**Seguridad jurídica**

Válida para el diagnóstico

**Tamaño de la imagen**

Que permita “mover” la imagen por la red y con un almacenamiento razonable

**Interoperabilidad con otros sistemas**

En particular con los sistemas PACS

**Coste**

Áreas no destinatarias tradicionalmente de inversiones tecnológicas

# Una solución de Telepatología Digital

## Omnyx



**Joint Venture GE y  
UPMC**

- Más de 100 años de innovación en tecnología sanitaria y la experiencia del equipo de patólogos de Pittsburg

**Agile**

- Respuesta rápida al feedback del usuario

**Foco en el patólogo**

- Diseño de los patólogos para el patólogo: solución, no un equipamiento

**Compromiso con la  
integración**

- Uso de estándares como filosofía, neutralidad y apertura

**Tecnología de  
vanguardia**

- HTML5, Cloud

# Omnyx: La Solución de los Patólogos

## Diseño de los Patólogos

- + de 2 años.
- + de 30 destacados patólogos
- 13 centros médicos-académicos y laboratorios de investigación de todo el mundo
- Aportaciones de los patólogos UPMC.
- Amplia investigación con la Universidad Carnegie Mellon



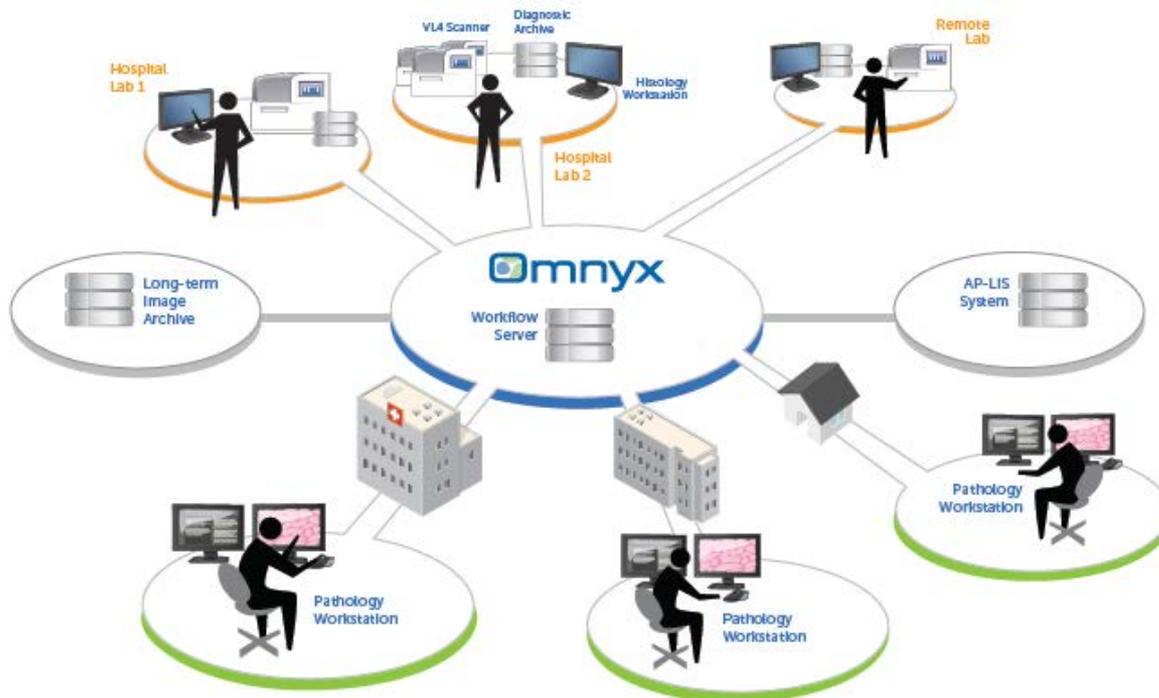
Carnegie Mellon



• Human-Computer Interaction Institute

# Omnyx: Una Solución Completa

INTEGRATED DIGITAL PATHOLOGY



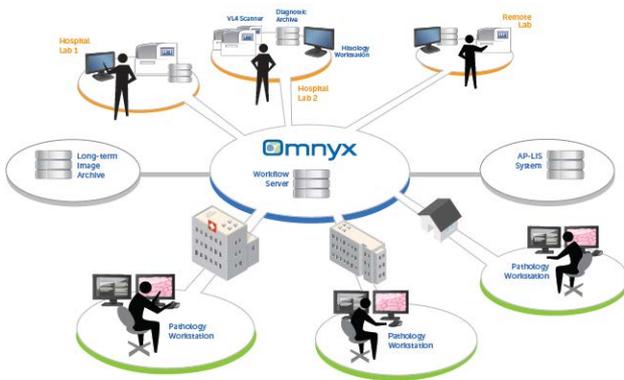
Escaneo

Estación de histología

Estación del patólogo

# Omnyx: Una Solución Completa

INTEGRATED DIGITAL PATHOLOGY



## Solución Enterprise

Uso de estándares (DICOM/ HL7)

Algoritmos de compresión

Streaming

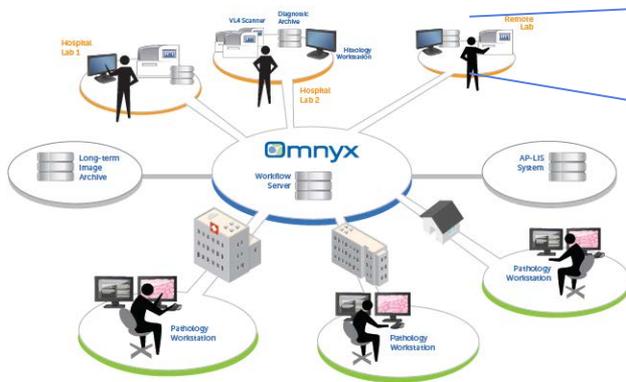
Arquitectura flexible y escalable:  
deslocalización

Integración con LIS

Optimización almacenamiento  
(PACS)

# Omnyx: Una Solución Completa

INTEGRATED DIGITAL PATHOLOGY



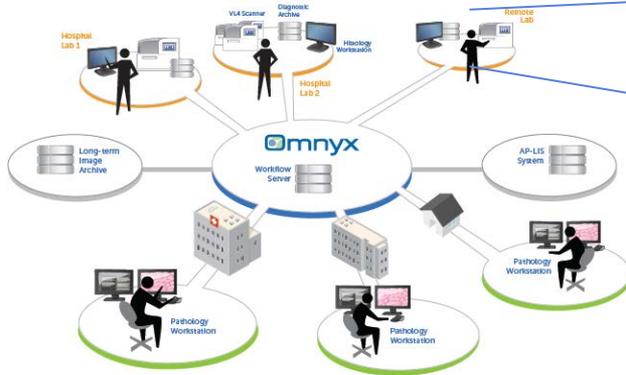
**Escaneo**



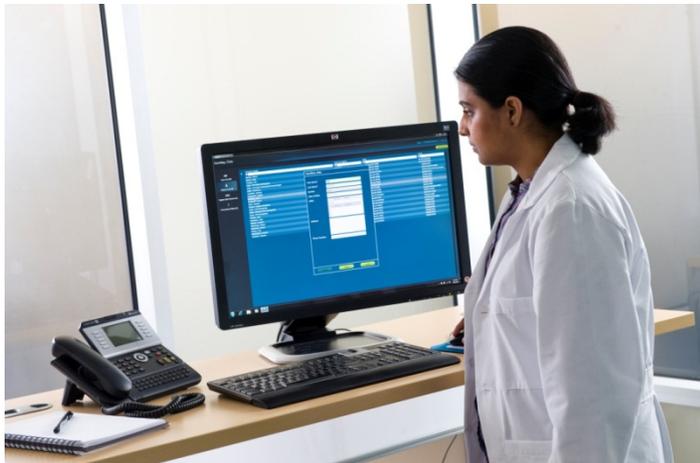
- Rápido: 90 segundos\*
- Automático y desatendido
- Imagen de calidad diagnóstica: CE IVD
- Compacto: todo en uno
- 2 versiones: 4 y 120 cristales

# Omnyx: Una Solución Completa

INTEGRATED DIGITAL PATHOLOGY



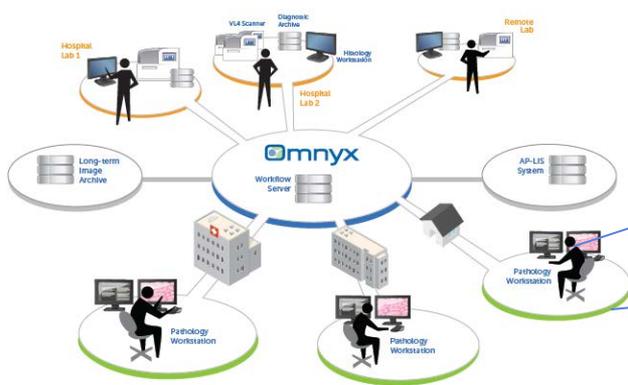
**Estación de histología**



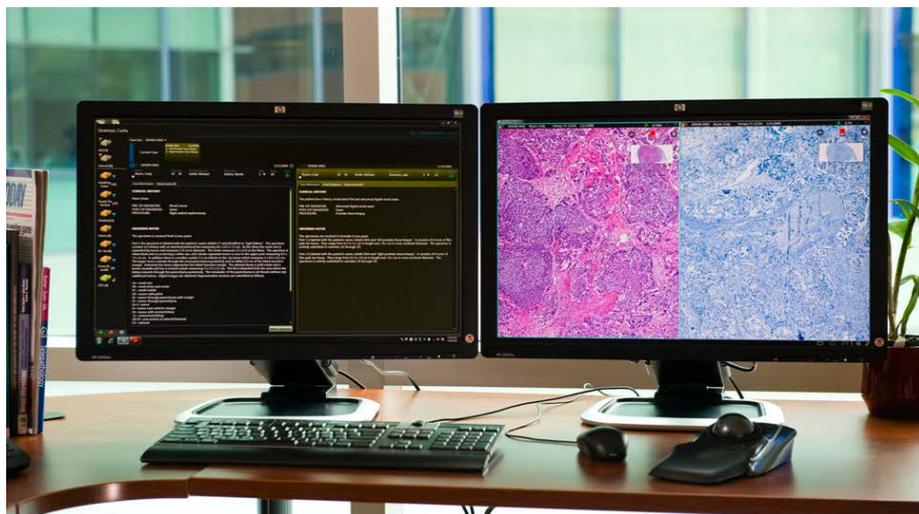
- Puesto de control digital
- Control de calidad
- Asocia portas con casos
- Información adicional
- Asignación de casos

# Omnyx: Una Solución Completa

INTEGRATED DIGITAL PATHOLOGY



Estación del patólogo



- Organización de casos
- Visualización de imágenes
- Información de caso
- Uso intuitivo
- Agrupación de casos flexible
- Herramientas digitales
- Incorporación de algoritmos

# La estación del Patólogo



Versión digital  
del proceso  
manual actual  
del patólogo



Versión digital del  
microscopio  
analógico, cristales  
y bandeja de  
portas



**Omnyx Pathologist Workstation**

# Abriendo el caso

The screenshot displays the Omnyx Pathology Cockpit interface. At the top, the title bar reads "Omnyx Pathology Cockpit". The main header area shows "Pathologist, One" on the left and navigation links "Help | Change Password | Log out" on the right. A central navigation pane on the left lists various case categories: "All (25)", "Starred (0)", "My Cases (6)", "Ready for Review (3)", "STAT (2)", "QA Conf (0)", "Teaching Set (2)", and "Awaiting Call (0)".

The main content area is titled "Case List" and shows a search filter "S10-0008 x". Below this, a "Current Case" card displays "S10-0007" and "1/7/2010" with a sub-label "1: Ureter Biopsy". A yellow callout box with the text "Información básica de caso" points to this card.

Below the case card, a patient summary bar shows: "S10-0008" (starred), "1/8/2010" (with a plus icon), "Patient: Geeter, Sofia", "Date of Birth (Age): 3/16/1942 (67)", "Gender: F", "Ordering Clinician: Harb, Hugh", "Pathologist: Pathologist, Two", "Parts: 4", "Slides: 18", and a "Status" icon.

The main content area is divided into two tabs: "Case Information" (selected) and "Attachments (2)". Under "Case Information", there are two sections:

- CLINICAL HISTORY**

The patient has a history of left ureteral cancer.  
PRE-OP DIAGNOSIS: Left hydronephrosis.  
POST-OP DIAGNOSIS: Same.  
PROCEDURE: Exploratory laparoscopic.
- GROSSING NOTES**

The specimens are received fresh in 4 parts.

Part 1 is received for frozen section labeled with the patient's name, initials -- and "left proximal ureter". It consists of an irregular segment of tan soft tissue with lumen measuring 0.8 x 0.7 x 0.6 cm. The tissue is entirely submitted for frozen section and resubmitted in cassette 1AFS.

Part 2 is received for frozen section labeled with the patient's name, initials -- and "left distal ureter". It consists of an irregular segment of tan soft tissue with lumen measuring 7.0 x 3.5 x 2.0 cm. A representative section is submitted for frozen section and resubmitted in cassette 2AFS. The remaining tissue is entirely submitted in cassette 2B.

Part 3 is labeled with the patient's name, initials -- and "left kidney". It consists of a radical nephrectomy specimen measuring 17.0 x 10.0 x 6.5 cm, which includes a 9.9 x 6.9 x 6.3 cm kidney with surrounding adipose tissue. A 6.0 x 2.3 x 1.3 cm cystic structure is identified on the periphery which is filled with a sap like material. Extending from the renal hilum is a ureter (5.5 cm in length x 0.6 cm in diameter), renal artery (1.5 cm in length x 0.8 cm in diameter) and a renal vein (1.0 cm in length x 1.5 cm in diameter). The external surface is inked. The specimen is bisected from the side opposite the hilum. The cut surface reveals a 2.3 x 1.5 cm slightly raised polypoid area in the renal pelvis. The renal pelvis is also extensively dilated. The remainder of the renal cortex is red-brown with distinct cortical medullary junction. The renal pelvis is lined by slightly irregular mucosa. The adrenal gland is not present. Digital images are acquired. Representative sections are submitted as submitted as follows:

  - 3A - ureteral and vascular margins
  - 3B - ureteropelvic junction
  - 3C - polypoid lesion entirely submitted
  - 3D - cystic structures
  - 3E - cyst with gross fascia
  - 3F - renal pelvis and renal parenchyma
  - 3G - representative section of normal parenchyma
  - 3H - cystic structure and perinephric fat.

At the bottom right of the main content area, there is a "Mark As Complete" button.

# Abriendo el caso

Omnyx Pathology Cockpit

Pathologist, One

Help | Change Password | Log out

Case List S10-0008 X

All (25)

Starred (0)

My Cases (6)

Ready for Review (3)

STAT (2)

QA Conf (0)

Teaching Set (2)

Awaiting Call (0)

Current Case

S10-0007 1/7/2010  
1: Ureter Biopsy

S10-0008 1/8/2010

Patient: Geeter, Sofia Date of Birth (Age): 3/16/1942 (67) Gender: F Ordering Clinician: Harb, Hugh Pathologist: Pathologist, Two Parts: 4 Slides: 18

Case Information Attachments (2)

Req\_S10-00081.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

PRINT OR IMPRINT PATIENT INFORMATION

NAME: Geeter, Sofia UH  
ID: 10005008 GU  
DOB: 3/16/42 F  
Address: Pittsburgh, PA  
Physician: Wassiner, Lance

**SURGICAL PATHOLOGY REQUISITION**

Request:  
 Routine  Rush  
 Frozen Section  Gross only  Specimen # \_\_\_\_\_

ICD-9 CODE: \_\_\_\_\_ Date: \_\_\_\_\_ OR #: \_\_\_\_\_ Time: \_\_\_\_\_  
Procedure physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_ Copy to: \_\_\_\_\_

**Clinical history and pertinent history checklist: Failure to complete may delay diagnosis.**

1. Chief complaint/History of present illness (including preop and postop diagnosis):  
Hx of left ureteral cancer.  
Left hydronephrosis. LMP Date: \_\_\_\_\_

2. Procedure: Exploratory laparoscopic. Biohazard?  Yes  No Type: \_\_\_\_\_

3. Specific clinical question to answer? \_\_\_\_\_

4. Outside tissue diagnosis on this specimen?  Yes  No Diagnosis? \_\_\_\_\_ When and where made? \_\_\_\_\_

5. Prior cancer/malignancy/tumor?  Yes  No If yes, type: \_\_\_\_\_

6. Chemoradiation therapy?  Yes  No Date of last dose: \_\_\_\_\_

7. History of organ transplant?  Yes  No If yes, what organ(s): \_\_\_\_\_

8. History of immunosuppression?  Yes  No If yes, type: \_\_\_\_\_

9. Any other underlying diseases?  Yes  No If yes, type: \_\_\_\_\_

10. Cytogenetics tests? (Magen Only)  Yes  No Indicate reason: \_\_\_\_\_

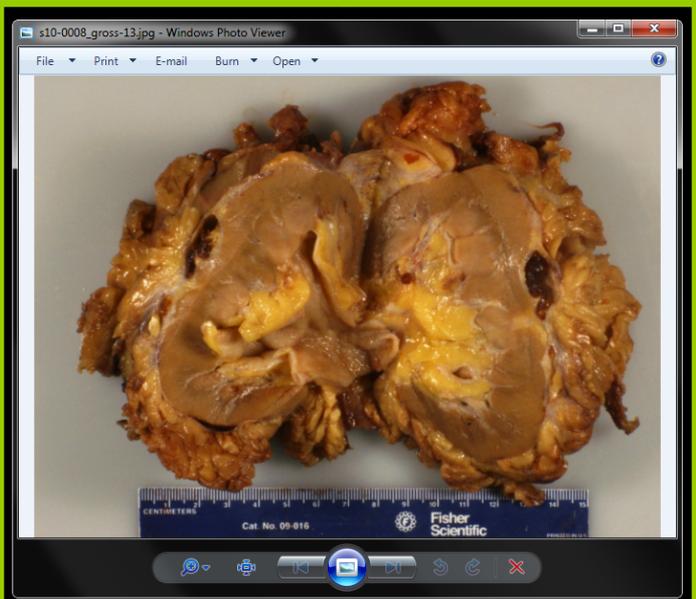
**Specimens:**

① left proximal ureter      ③ left kidney  
② left distal ureter      ④ left ureter and bladder cuff

Mark As Complete

Peticiones e imágenes macro

s10-0008\_gross-13.jpg - Windows Photo Viewer



# Abriendo el caso

The screenshot displays the Omnyx Pathology Cockpit interface. On the left, a sidebar contains navigation icons for 'All (25)', 'Starred (0)', 'My Cases (6)', 'Ready for Review (3)', 'STAT (2)', 'QA Conf (0)', 'Teaching Set (2)', and 'Awaiting Call (0)'. The main area shows a 'Case List' for 'S10-0008' with a 'Current Case' card for 'S10-0007' dated '1/7/2010'. Below this is a table of cases with columns for Patient, Date of Birth (Age), Gender, Ordering Clinician, Pathologist, Parts, Slides, and Status. The selected case, S10-0008, is detailed below the table. The 'CLINICAL HISTORY' section includes patient history, pre-op diagnosis (Left hydronephrosis), post-op diagnosis (Same), and procedure (Exploratory laparoscopic). The 'GROSSING NOTES' section describes three parts of the specimen: Part 1 (frozen section of proximal ureter), Part 2 (frozen section of distal ureter), and Part 3 (radical nephrectomy specimen). A 'Mark As Complete' button is visible at the bottom right of the case details.

Pathologist, One Help | Change Password | Log out

Case List S10-0008 X

All (25)

Starred (0)

My Cases (6)

Ready for Review (3)

STAT (2)

QA Conf (0)

Teaching Set (2)

Awaiting Call (0)

Current Case

S10-0007 1/7/2010  
1: Ureter Biopsy

S10-0008 1/8/2010

Patient	Date of Birth (Age)	Gender	Ordering Clinician	Pathologist	Parts	Slides	Status
Geeter, Sofia	3/16/1942 (67)	F	Harb, Hugh	Pathologist, Two	4	18	

Case Information Attachments (2)

### CLINICAL HISTORY

The patient has a history of left ureteral cancer.  
PRE-OP DIAGNOSIS: Left hydronephrosis.  
POST-OP DIAGNOSIS: Same.  
PROCEDURE: Exploratory laparoscopic.

### GROSSING NOTES

The specimens are received fresh in 4 parts.

Part 1 is received for frozen section labeled with the patient's name, initials -- and "left proximal ureter". It consists of an irregular segment of tan soft tissue with lumen measuring 0.8 x 0.7 x 0.6 cm. The tissue is entirely submitted for frozen section and resubmitted in cassette 1AFS.

Part 2 is received for frozen section labeled with the patient's name, initials -- and "left distal ureter". It consists of an irregular segment of tan soft tissue with lumen measuring 7.0 x 3.5 x 2.0 cm. A representative section is submitted for frozen section and resubmitted in cassette 2AFS. The remaining tissue is entirely submitted in cassette 2B.

Part 3 is labeled with the patient's name, initials -- and "left kidney". It consists of a radical nephrectomy specimen measuring 17.0 x 10.0 x 6.5 cm, which includes a 9.9 x 6.9 x 6.3 cm kidney with surrounding adipose tissue. A 6.0 x 2.3 x 1.3 cm cystic structure is identified on the periphery which is filled with a sap like material. Extending from the renal hilum is a ureter (5.5 cm in length x 0.6 cm in diameter), renal artery (1.5 cm in length x 0.8 cm in diameter) and a renal vein (1.0 cm in length x 1.5 cm in diameter). The external surface is inked. The specimen is bisected from the side opposite the hilum. The cut surface reveals a 2.3 x 1.5 cm slightly raised polypoid area in the renal pelvis. The renal pelvis is also extensively dilated. The remainder of the renal cortex is red-brown with distinct cortical medullary junction. The renal pelvis is lined by slightly irregular mucosa. The adrenal gland is not present. Digital images are acquired. Representative sections are submitted as submitted as follows:  
3A - ureteral and vascular margins  
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3D - cystic structures  
3E - cyst with gross fascia  
3F - renal pelvis and renal parenchyma  
3G - representative section of normal parenchyma  
3H - cystic structure and perinephric fat.

Mark As Complete

## Detalles de casos anteriores

S10-0008 1/8/2010

Patient	Date of Birth (Age)	Gender	Ordering Clinician	Pathologist	Parts	Slides	Status
Geeter, Sofia	3/16/1942 (67)	F	Warriner, Lance	Pathologist, Two	1	3	

Case Information Attachments (3)

### CLINICAL HISTORY

CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Lesion left ureter.  
PROCEDURE: Cystoscopy, retro-ureteroscopy/biopsy lesion left ureter.  
SPECIFIC CLINICAL QUESTION: Not answered.  
OUTSIDE TISSUE DIAGNOSIS: No.  
PRIOR MALIGNANCY: Left renal cell carcinoma.  
CHEMORADIATION THERAPY: No.  
ORGAN TRANSPLANT: No.  
IMMUNOSUPPRESSION: No.  
OTHER DISEASES: No.

### GROSSING NOTES

The specimen is received for frozen section labeled with the patient's name, initials -- and "left ureteral biopsy." It consists of two irregular pieces of tan soft tissue with lumen measuring 7.0 x 3.5 x 2.0 cm. A representative section is submitted for frozen section and resubmitted in cassette 2AFS. The remaining tissue is entirely submitted in cassette 2B.

### FINAL DIAGNOSIS:

LEFT URETER, URETEROSCOPIC BIOPSY –  
A. SMALL FRAGMENT OF UROTHELIAL COVERED URETHRAL TISSUE WITH ATYPIA (see comment).  
B. THE LAMINA PROPRIA SHOWS MILD INFLAMMATION.  
C. NO DEFINITIVE EVIDENCE OF UROTHELIAL CARCINOMA IN-SITU (CIS) NOR INVASIVE UROTHELIAL CARCINOMA SEEN.  
D. CLINICAL AND URETEROSCOPIC CORRELATION SUGGESTED.

## Información Histórica

# Lista de trabajo del patólogo

Omnyx Pathology Cockpit

Pathologist, One Help | Change Password | Log out

Case List

Refresh Priority Filter... Update Expand All Collapse All

Case ID	Patient	Date of Birth (Age)	Gender	Acc. Date	Bench	Ordering Clinician	Priors	Status	Parts
S10-0003	Bequette, Cody	12/9/1942 (67)	M	1/3/2010	GU	Harb, Hugh	0	🕒	2 1 Urinary Bladder, Transurethral Resection of Bladder Tumor (TURBT)
S10-0008	Geeter, Sofia	3/16/1942 (67)	F	1/8/2010	GU	Harb, Hugh			Teaching Set × Awaiting Call ×
DEM09-0004	Reddeker, Josh	4/25/1939 (69)	M	1/24/2009	TX	Orem, Carlene			
S10-0001	Bickley, Javier	9/25/1956 (53)	M	1/1/2010	TX	Salo, Allie			
DEM09-0008	Hamilton, Max	9/17/1958 (50)	M	2/7/2009	DERM	Solari, Kelly	3	📶	2 1 Skin And Subcutis, Right Ear Lobe, Mohs Excision
S10-0005				1/5/2010	GI	Clinger, Ashlee	1	📶	3 1 Colon, Hepatic Flexure, Mass, Biopsy
S10-0009	Pedone, Emily	2/29/1976 (39)	F	1/9/2010	NEU	Nett, Dallas	0	🕒	2 1 Brain, Left Temporal Tumor, Stereotactic Guided Core Biopsy
S10-0007	Geeter, Sofia	3/16/1942 (67)	F	1/7/2010			1	📶	1 1 Left Ureter, Ureteroscopic Biopsy
DEM09-0001	Hamilton, Max	9/17/1958 (50)	M	1/5/2009	DERM	Solari, Kelly	3	📶	1 1 Skin And Subcutis, Mid Chest, Excision With Margins
DEM09-0003	Bryon, Cody	4/7/1941 (67)	M	1/14/2009	GU	Enfinger, Ted	0	📶	2 1 Left Prostate Tissue Biopsy

Left sidebar categories: All (25), Starred (1), My Cases (6), Ready for Review (3), STAT (2), QA Conf (0), Teaching Set (2), Awaiting Call (2)

Annotations:

- Datos del estudio y del paciente**: Points to the patient and study details in the first row.
- Organización y filtrado**: Points to the sidebar and filter controls.
- Información de la muestra**: Points to the sample information in the third row.

# Lista de trabajo del patólogo

Omnyx Pathology Cockpit

Pathologist, One [Help](#) | [Change Password](#) | [Log out](#)

Case List Refresh Priority Filter... Update Expand All Collapse All

Case ID	Patient	Date of Birth (Age)	Gender	Acc. Date	Bench	Ordering Clinician	Prior	Status	Pts	Description
S10-0003	Bequette, Cody	12/9/1942 (67)	M	1/3/2010	GU	Harb, Hugh	0	🕒	1	1 Urinary Bladder, Transurethral Resection of Bladder Tumor (TURBT)
S10-0008	Geeter, Sofia	3/16/1942 (67)	F	1/8/2010	GU	Harb, Hugh	1	📶	1	1 Left Ureter, Left Proximal Ureter, Biopsy
DEM09-0004	Reddeker, Josh	4/25/1939 (69)	M	1/24/2009	TX	Orem, Carlene	0	📶	1	1 Kidney Biopsy
S10-0001	Bickley, Javier	9/25/1956 (53)	M	1/1/2010	TX	Salo, Allie	0	🕒	1	1 Kidney Allograft, Needle Biopsy
DEM09-0008	Hamilton, Max					Kelly	3	📶	1	1 Skin And Subcutis, Right Ear Lobe, Mohs Excision
S10-0005	Jarboe, Tyrone	11/28/1955 (54)	M	1/5/2010	GI	Clinger, Ashlee	1	📶	1	1 Colon, Hepatic Flexure, Mass, Biopsy
S10-0009	Petrone, Hillary	2/25/1976 (33)	F	1/9/2010	NEU	Nott, Dollie	0	🕒	1	1 Brain, Left Temporal Tumor, Stereotactic Guided Core Biopsy
S10-0007	Geeter, Sofia	3/16/1942 (67)	F	1/7/2010	GEN	Warriner, Lance	1	📶	1	1 Left Ureter, Ureteroscopic Biopsy
DEM09-0001	Hamilton, Max	9/17/1958 (50)	M	1/5/2009	DERM	Solari, Kelly	3	📶	1	1 Skin And Subcutis, Mid Chest, Excision With Margins
DEM09-0003	Bryon, Cody	4/7/1941 (67)	M	1/14/2009	GU	Enginger, Ted	0	📶	1	1 Left Prostate Tissue Biopsy

Ready for Review (3)

STAT (2)

QA Conf (0)

Teaching Set (2)

Awaiting Call (2)

Estado del caso

# Lista de trabajo del patólogo

Omnyx Pathology Cockpit

Pathologist, One Help | Change Password | Log out

Case List

Refresh Priority Filter... Update Expand All Collapse All

Case ID	Patient	Date of Birth (Age)	Gender	Acc. Date	Bench	Ordering Clinician	Priors	Status	Parts
S10-0003	Bequette, Cody	12/9/1942 (67)	M	1/3/2010	GU	Harb, Hugh	0	🕒	2 1 Urinary Bladder, Transurethral Resection of Bladder Tumor (TURBT)
S10-0008	Geeter, Sofia	3/16/1942 (67)	F	1/8/2010	GU	Harb, Hugh	1	📶	4 1 Left Ureter, Left Proximal Ureter, Biopsy
DEM09-0004	Reddeker, Josh	4/25/1939 (69)	M	1/24/2009	TX	Orem, Carlene	0	📶	1 1 Kidney Biopsy
S10-0001	Bickley, Javier					Salvo, Allie	0	🕒	1 1 Kidney Allograft, Needle Biopsy
DEM09-0008	Hamilton, Max	9/17/1958 (50)	M	2/7/2009	DERM	Solari, Kelly	3	📶	2 1 Skin And Subcutis, Right Ear Lobe, Mohs Excision
S10-0005	Jarboe, Lee						1	📶	3 1 Colon, Hepatic Flexure, Mass, Biopsy
S10-0009	Petr...						0	🕒	2 1 Brain, Left Temporal Tumor, Stereotactic Guided Core Biopsy
S10-0007	Geeter, Sofia	3/16/1942 (67)	F	1/7/2010	GEN	Warriner, Lance	1	📶	1 1 Left Ureter, Ureteroscopic Biopsy
DEM09-0001	Har...						3	📶	1 1 Skin And Subcutis, Mid Chest, Excision With Margins
DEM09-0003	Bryon, Cody	4/7/1941 (67)	M	1/14/2009	GU	Enginger, Ted	0	📶	2 1 Left Prostate Tissue Biopsy

Left sidebar categories: All (25), Starred (1), My Cases (6), Ready for Review (3), STAT (2), QA Conf (0), Teaching Set (2), Awaiting Call (2)

Annotations:

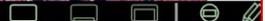
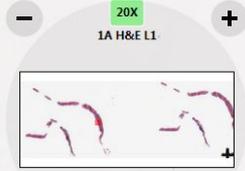
- Etiquetas**: Points to the 'STAT' and 'RUSH' labels in the case list.
- Organización de casos etiquetados**: Points to the 'Teaching Set' and 'Awaiting Call' categories in the sidebar.
- Compartir estudios**: Points to the 'Teaching Set' and 'Awaiting Call' buttons in the case details.

# Visor

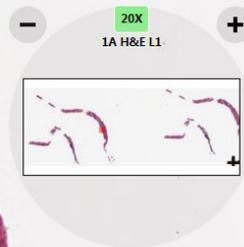
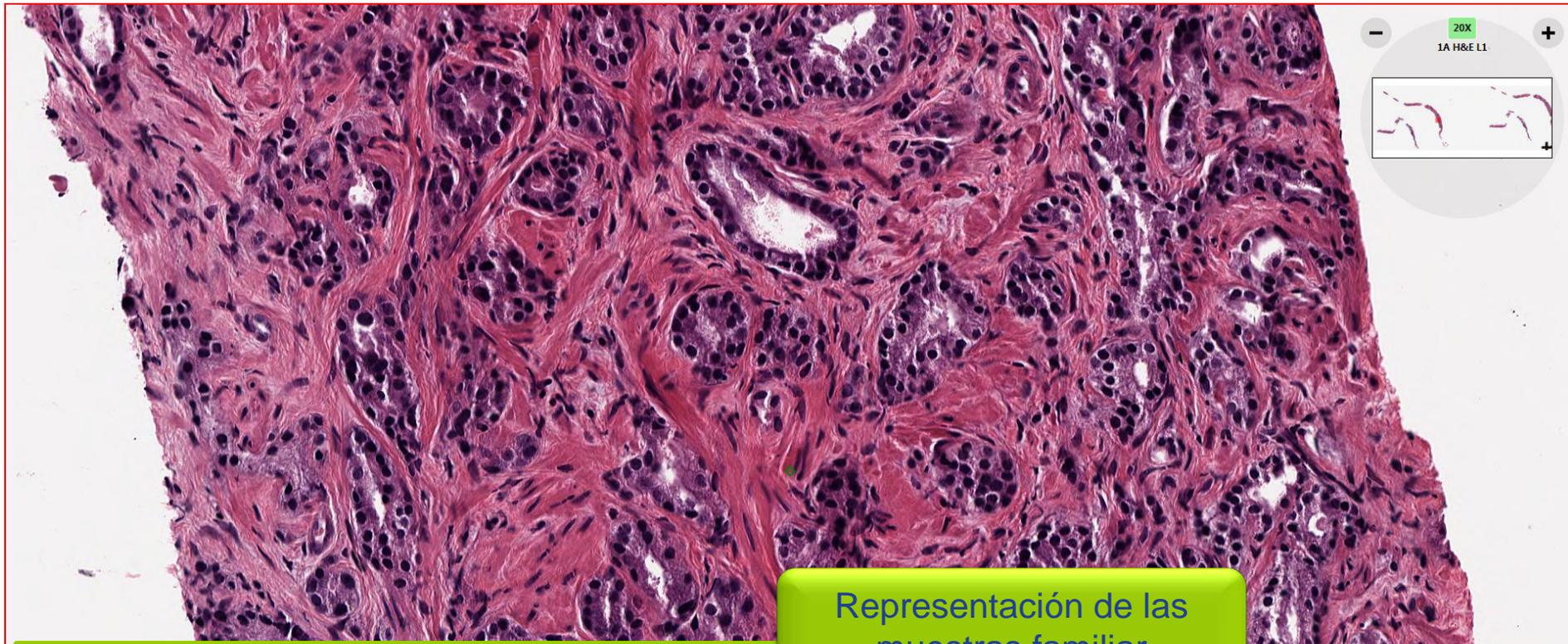
Visualización  
avanzada

Navegador de la  
muestra

Información del paciente  
siempre visible



# Visor



Representación de las muestras familiar

Slide Tray Annotations (0)

Part1: Left Prostate Tissue Biopsy

BlockA

- 1A H&E L1
- 1A H&E L3
- 1A H&E L5

BlockB

- 1B H&E L1
- 1B H&E L3
- 1B H&E L5

BlockC

- 1C H&E L1
- 1C H&E L3
- 1C H&E L5

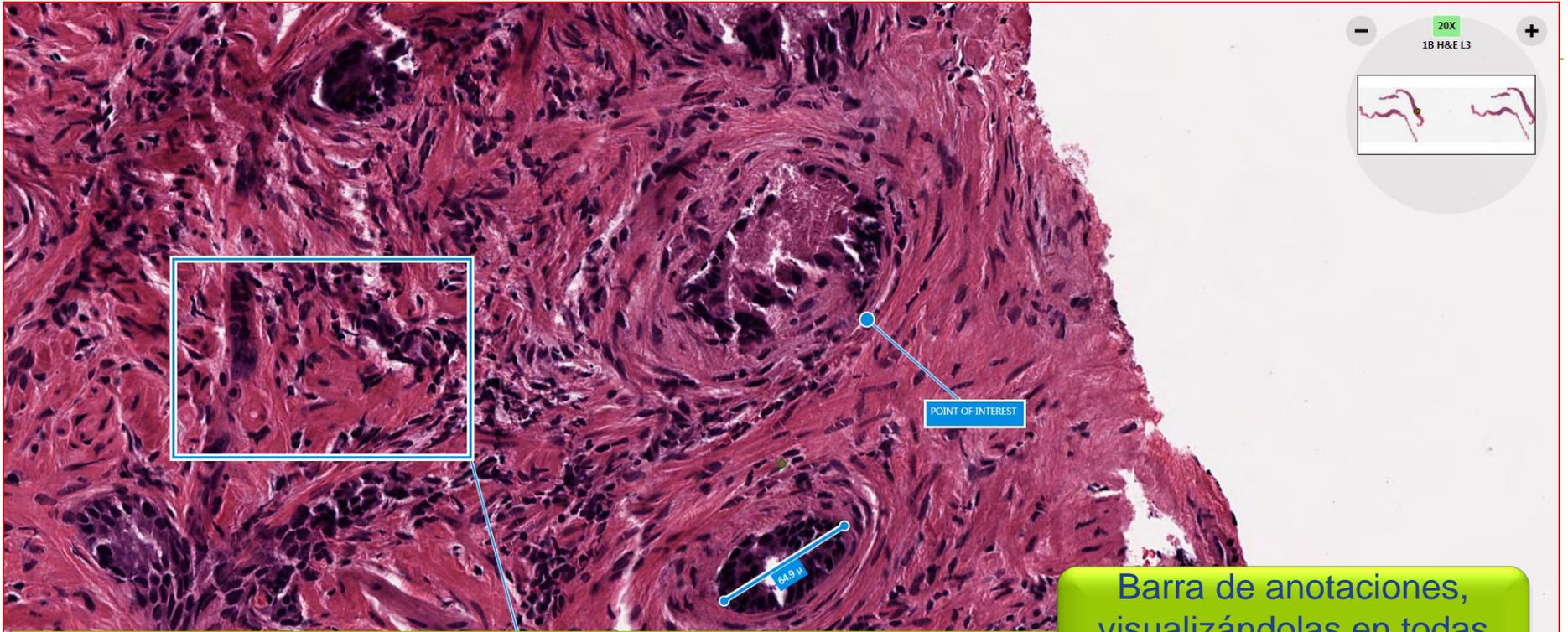
BlockD

- 1D H&E L1
- 1D H&E L3
- 1D H&E L5

DEM09-0003 Bryon, Cody 71-11234

1A H&E L1

# Anotar y compartir



Barra de anotaciones,  
visualizándolas en todas  
las muestras

Slide Tray Annotations (5)

Part1: Left Prostate Tissue Biopsy

BlockA  
1A H&E L1

Demo User

1A H&E L3 1A H&E L5

BlockB  
1B H&E L1 1B H&E L3

1B H&E L5

64.9 μ

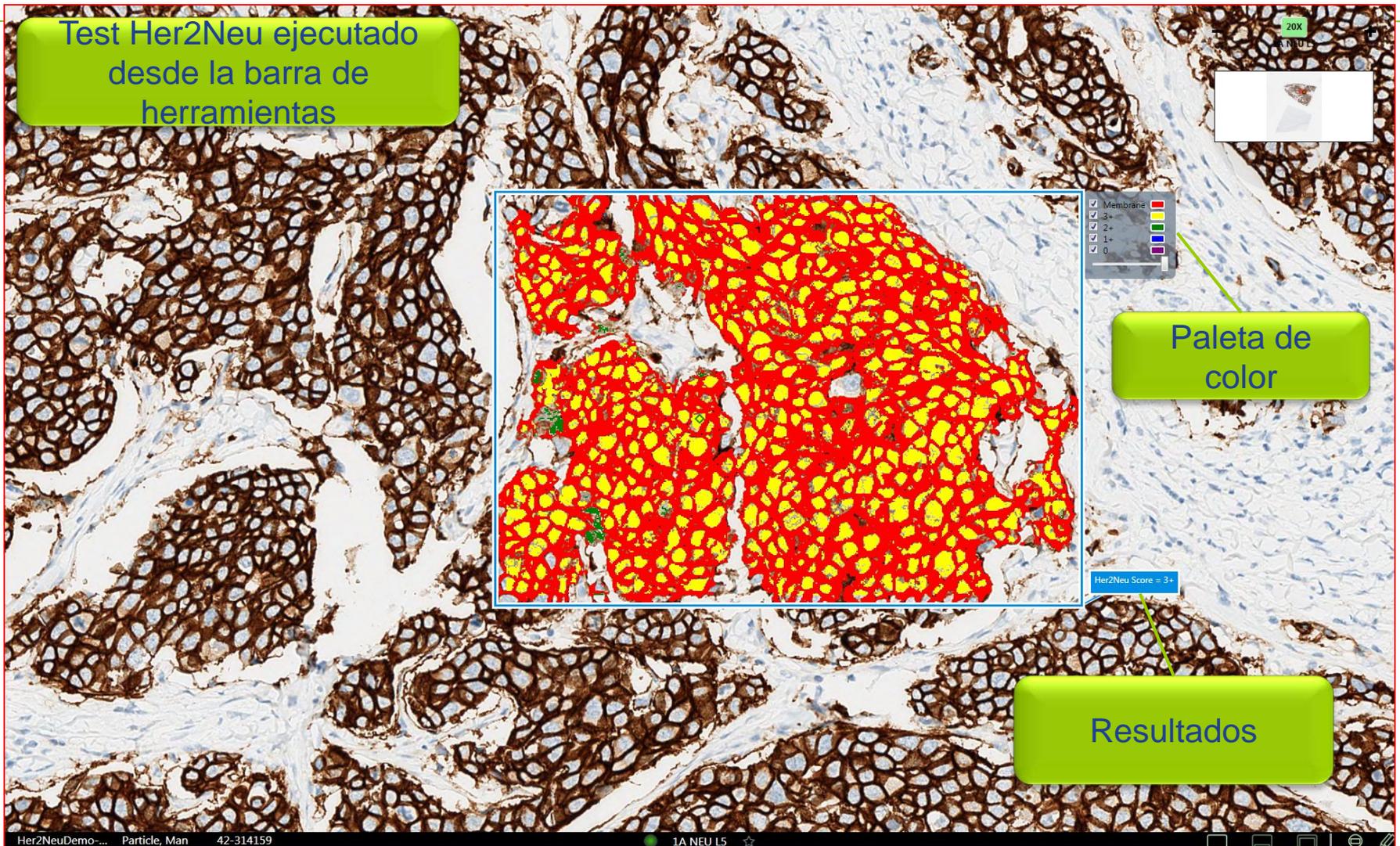
POINT OF INTEREST

64.9 μ

POINT OF INTEREST

POINT OF INTEREST

# Ayuda al diagnóstico (Algoritmos)



# Omnyx: Superando las barreras

**Calidad de la imagen**

Calidad diagnóstica de imagen con 40X, 60x

**Seguridad jurídica**

Mercado CE IVD, válida para el diagnóstico. Subespecialización

**Tamaño de la imagen**

Tamaños similares a los de las imágenes radiológicas, compresión. Uso de streaming para su envío por la red.

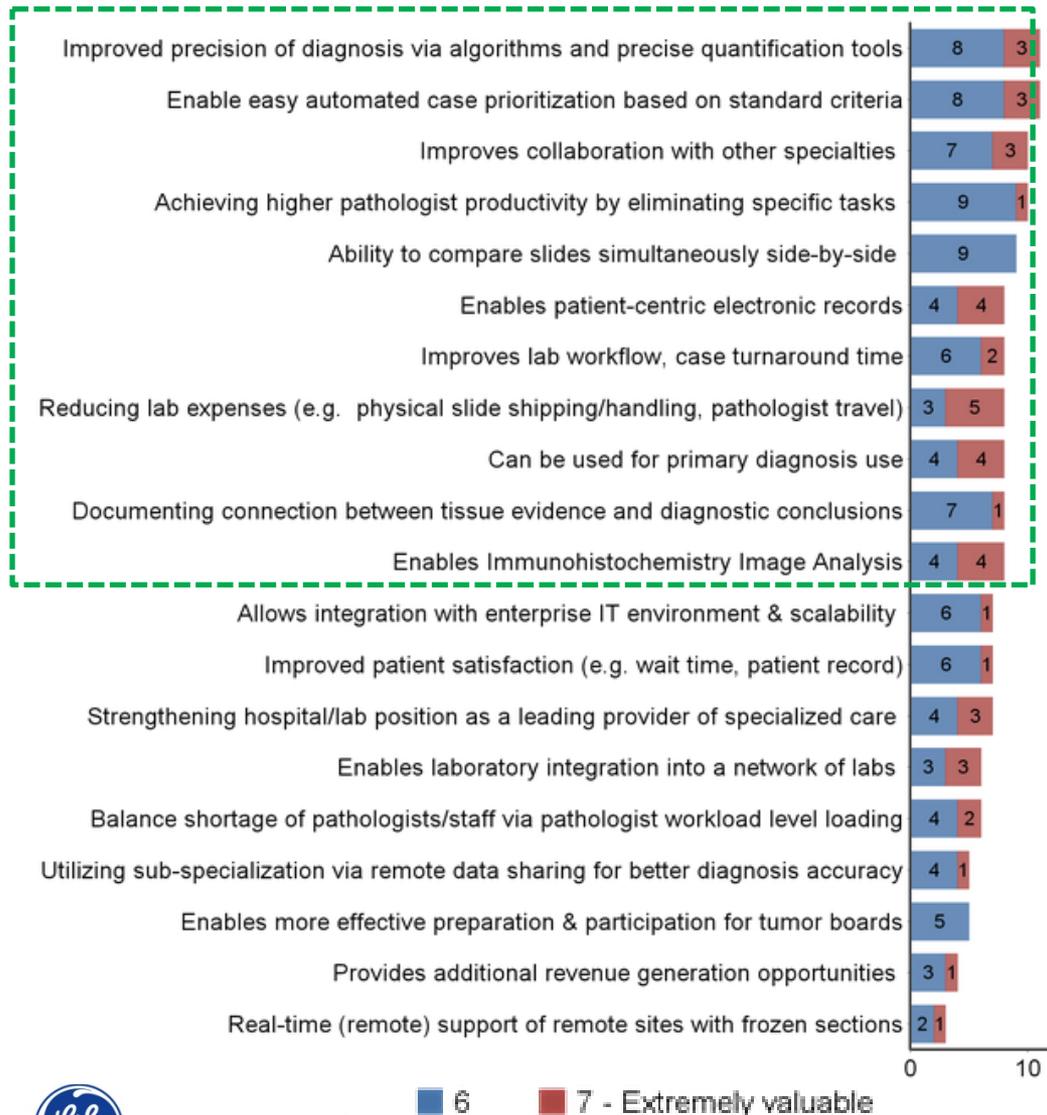
**Interoperabilidad con otros sistemas**

Apuesta por estándares (DICOM, HL7, HTML 5), otros scanners, LIS, Algoritmos.....

**Coste**

Optimización de flujos de trabajo y reparto de carga, reducción de plazos. Nuevos casos de uso: intraoperatoria

# El valor percibido por el cliente



**Mejora de los procesos y la productividad, así como la seguridad del paciente y la posibilidad de colaboración, junto con el análisis avanzado a través de algoritmos**

# Gracias

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