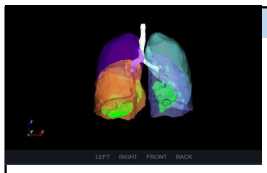
Directions for the Application of the AI Interface for New Crown Pneumonia

1

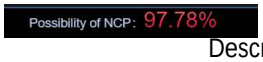


3 D Display

Each image can be generated automatically

Place the lung in five areas, according to the five colors shown in the figure. The bright green part is the location of the suspected lesion detected by AI.
Can rotate 360 degrees to observe.

2



Description of suspected new coronary pneumonia

Serial interval				Other recommendations
1	0-30%	No isolation, no nucleic acid detection		
2	30%-75%	Isolation Need Nucleic Acid Detection Isolation Need Nucleic Acid Detection		
3	More than 75%			Treatment of new coronary pneumonia

* 30% and 75% are recommended thresholds for actual hospital use in China.

In order to adapt to the different use needs of overseas customers, the threshold can be adjusted according to the actual situation.

3

Total volume of imaging feature lesions in Lung and volume percentage of the whole lung GGO glass

Patchy GGO Spot Grind Glass Shadow

Consc Real change

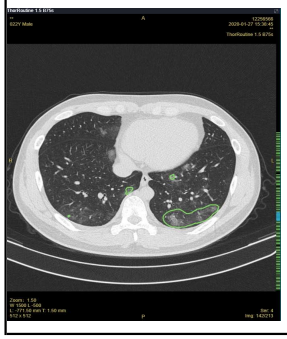
After selecting the features of the lesion, the volume and proportion of the corresponding lesions were shown
The right lung is medically divided into three parts, the upper lobe of the right lung, the middle lobe of the right lung, and the lower part of the right lung. The left lung is divided into two parts: the upper left lobe and the lower left lobe.

Image feature volume and percentage of right lung selected by Right Lung

The location of the lesion, the size of the volume and so on is a reference index for doctors to make a diagnosis.

4

The tools commonly used in DICOM video reading can enlarge the image and adjust the light and shade. Generally hospital PACS have similar operation tools, radiology doctors are more familiar.



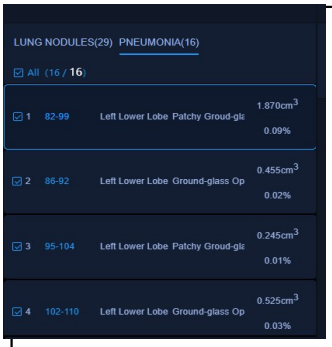
The image is CT Chestnut, usually 200-300. Including the whole lungs.

The information on the four corners of the image is DICOM letter. Doctors read the film from head to toe from the axial position to observe the texture of the lung image.

The green sketch circles out the suspected pneumonia diagnosed by AI. (Attention: pneumonia, not only new coronary pneumonia)

The green section on the right pull-down strip marks the location of the suspected lesion for easy doctor-pull observation.

5



First this version is a two-in-one version, Lung Nodules and Pneumoni. Clicking on the text will jump to different AI check results columns. Each column shows specific information about a suspected pneumonia lesion.

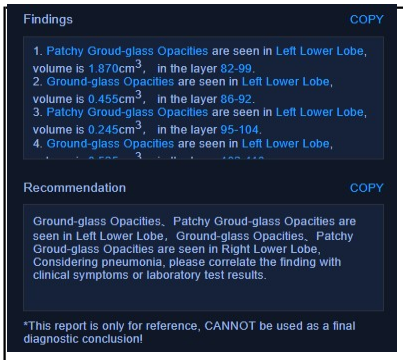
1
82-99
Left Lower Lobe
Patchy GGO
1.87cm3
0.09%

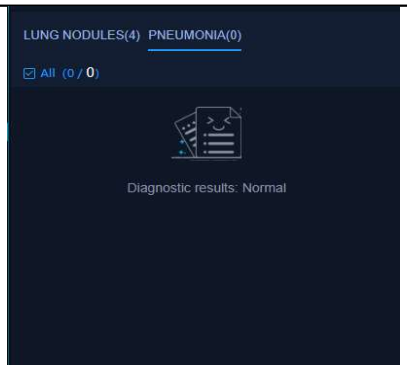
Suspected lesion serial number
Number of suspected lesions

Lung location of suspected lesion

Type of imaging features of suspected lesions

Volume of suspected lesions
Volume ratio of suspected lesions to single lung





Video reports generally consist of these two passages.

Findings describes the characteristics of the lesion, and Recommentation, also called Impression, describes the imaging findings.

When the doctor clicks on the suspected lesion, findings automatically lists the images of each lesion. The first half of Recommentation is also generated in certain locations and what type of disease is found. For suspected pneumonia written in the second half of Recommendation, please make a further diagnosis in conjunction with other examinations.
:: Further explanation, since imaging reports usually do not make definitive diagnostic findings, there is no sign of a new coronary pneumonia knot. * Our logic is suspected pneumonia as long as we screen for the disease.

* If a suspected lesion is not detected, as shown in the right, then the direct display is normal and no report template text will be generated.

COPY in the upper right corner can be copied and pasted, and doctors can copy the two passages into their own reports.