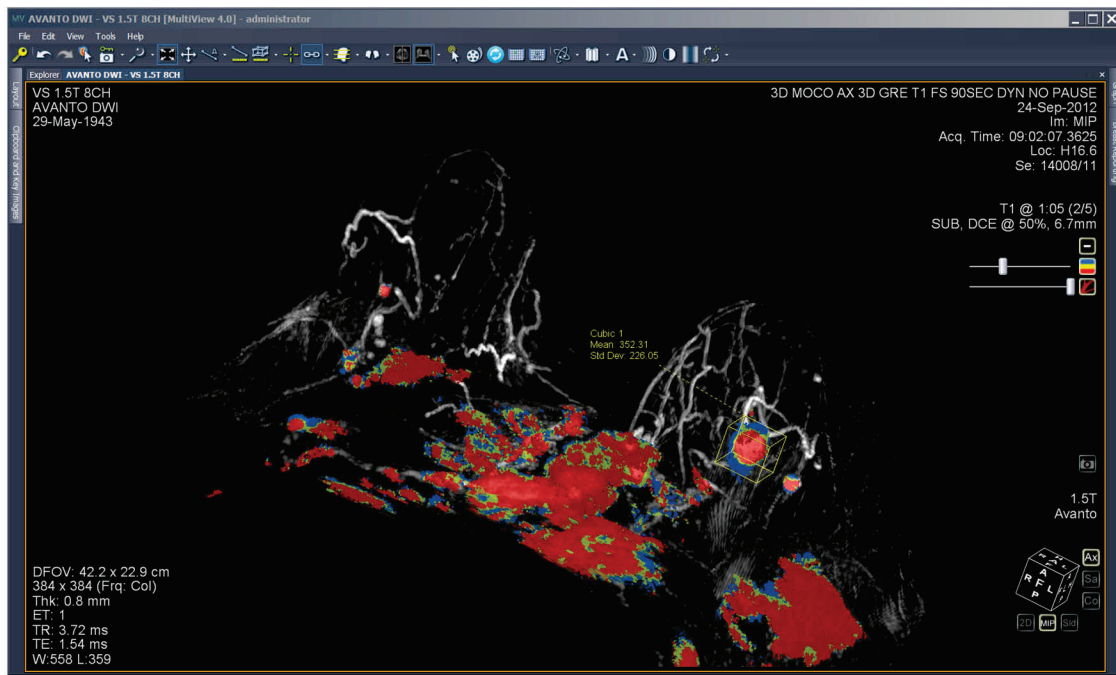


MultiView™ Software



Customer Release Notes
Software Version 4.1.3
MAN-05184 Revision 002

MultiView™

Software

Customer Release Notes

For Software Version 4.1.3

Part Number MAN-05184

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MultiView 4.1.3 Release Notes (for MultiView MM and MultiView MR Breast)

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MultiView Multimodality 4.1.3 and MultiView MR Breast 4.1.3 Release Notes

This is the release of MultiView Multimodality (also referred to as MultiView MM) 4.1.3 and MultiView MR Breast 4.1.3.

1.1 Fixed Issues

1.1.1 MultiView Crashes Upon Receiving Duplicate Images

MultiView crashes while a study is open and duplicate images are sent within a short timeframe (less than a second) to the image viewer from the same study.

1.2 Known Issues and Workarounds

1.2.1 MultiView Workspace

- For a saved workspace to load automatically, the workspace saving option must be enabled.
- The time it takes to close out of a study becomes progressively longer as the number of opened studies increases. For optimal performance, users should limit the number of studies that they open simultaneously.

1.2.2 Communication with Other DICOM Devices

An exception occurs when an image series is retrieved in the Study List tab of the Layout pane if a user selects the Series Retrieve button, and then drags the series thumbnail onto the viewport before the retrieval is complete. Users should wait until retrieval is complete before they load images into the viewport, or use the drag-and-drop method to retrieve and load images at the same time.

1.2.3 Synchronization with SecurView® Software

When multiple studies are opened simultaneously in MultiView, SecurView may not display the same study that is displayed in MultiView. To avoid this issue, users should open only one study at a time in MultiView.

1.2.4 MultiView Tools and Utilities

- Tools pertaining to specific licensed components appear in the MultiView toolbar even if the licensed components have not been installed. The tools are disabled and therefore unavailable for use.
- The Full Screen tool is available on the US System Default protocol. Users can double-click a tile in the active viewport to enlarge an image and expand the layout; however, users cannot double-click in the viewport to return to the default 2x2 layout. Users must use the Undo icon to return to a previous layout.

1.2.5 MultiView Tools and Utilities (Graph)

The legend in the graph window is updated with duplicate entries when users navigate between study tabs and then re-select the source.

1.2.6 Colorization and Uptake Analysis

- Pixel scaling for Breast DCE in Philips multi-phase dynamics can lead to incorrect curve type definition and filtering. Single series dynamic scaling must be used instead.
- The colorization histogram used by the Legacy Colorization feature changed in version 4.0. There is a minor color difference that should not affect the accuracy of image analysis.
- It is possible to copy the color overlay from a viewport that contains one series and paste it into a viewport that contains a different series.
When an overlay is copied and pasted into a viewport, the viewport from which the overlay is copied is indistinguishable from the viewport into which it is pasted. Users should make note of the original viewport before they paste overlay graphics into other viewports.
- Color may be applied to areas that do not show enhancement in the tissue. Use a higher enhancement ratio threshold for such areas.
- If the value of the Fat Sat Scan setting in the Image Loading Configuration dialog box is changed in one viewport, the change applies the setting to all viewports, overwriting the value that is based on the DICOM header for the series. To avoid this, users should set the option in the Image Loading Configuration dialog box of the active viewport.

1.2.7 Lesion Analysis

- An exception occurs when analyzing a second lesion before analysis is complete on the first lesion. Users should wait for mass lesion analysis to complete before they analyze subsequent lesions.
- Users are not able to perform mass lesion analysis if an overlay is copied from one viewport and then pasted into a different viewport. Users should perform lesion analysis on all regions of interest before they paste overlay graphics onto a different viewport.
- The Worst Curve for a segmented lesion does not appear in the Graph pane when a study is re-opened if workspace saving is enabled.

1.2.8 Biopsy Targeting

- The Manual Targeting dialog box is not accessible if a study is not open in the workspace. Users should open a study before opening the Manual Targeting dialog box.
- Grid registration may fail or not be set correctly for certain studies. Users should register the grid manually if automatic registration fails or if registration is not accurate.
- The grid may not be repositioned after moving a lesion. Users should verify the placement of the grid prior to starting the procedure.
- The deletion of a lesion from the viewport may prevent targeting of other lesions if the lesion that is deleted is currently selected in the breast targeting window and other lesions are in the targeting list. If this occurs, users should delete and mark a lesion again.

1.2.9 Breast Reporting

- Anonymizing a study does not anonymize existing breast reports if patient data has been recorded in the report. Users should delete the breast report series after the anonymization is complete.
- Reporting options appear in the Options dialog box when the MR Breast licenses have not been installed. Reporting functionality is not available without the MR Breast Dx or MR Breast Bx license.
- Reports that are sent from the Breast Reporting pane are different series than the reports displayed on the Study List tab in the Layout pane. The report displayed on the Study List has a black background versus a white background for the report sent from the Breast Reporting pane. To receive a report with the black background, users should send the DICOM series from the Layout pane.
- The value in the depth field in the Breast Reporting pane is calculated based on the original lesion analysis. It is not adjustable in the same way as in-plane measurements. Users should manually measure and enter the correct depth in the breast report if the initial value is not accurate.
- Systems that are configured to automatically capture the worst curve graph upon lesion analysis instead capture the mean graph if, prior to lesion analysis, the graph window is pinned and the mean graph is selected in the workspace.
- Text in the generated report may be cut off or incomplete if a majority of fields are included in the breast report. Users should review the output of the report and make sure the information is complete. If text does not appear in a report, users can reduce the number of fields included in the generated report.

1.2.10 Hanging Protocols

- The highlighted protocol in the Protocols list, and/or the asterisk beside the HP that corresponds to the active hanging protocol, may not reflect the actual protocol that is currently applied for subsequent studies when more than one workspace is open. Users can double-click the HP from the protocols list to ensure that the hanging protocol displayed on the list has been correctly applied.
- To move a hanging protocol up or down if it is not currently applied to the workspace in the list of hanging protocols, users must select the protocol before each move. To make this easier, users should apply the hanging protocol to the workspace before attempting to move it up or down in the list.
- Vertical and horizontal scroll bars do not appear in the Layout and Protocols tabs in the Layout pane. Some hanging protocols may not be visible if the list of protocols exceeds the height of the window.
- No confirmation dialog box is displayed if a hanging protocol that is not shared is deleted. Users should be cautious when they delete any hanging protocol.
- The system default hanging protocol displays GE MRI images in the custom view with the chest wall at the top of the image. To display the chest wall at the bottom of the image, users can manually rotate the image and then save the layout as a hanging protocol.
- Portions of a MIP stack may appear flipped or rotated. This issue may be resource related. Users can close the current workspace and then any open workspace and then re-launch the study to free up system resources.
- Other series may replace series that were previously displayed in a viewport set by the MR default hanging protocol when the derived series is generated manually and the MR System Default hanging protocol is used. Users can re-apply the hanging protocol to reset the layout.
- A hanging protocol may load the incorrect series into the viewport, if the study contains images that are similar to the series that was intended for the hanging protocol. For example, if a user tries to apply a bilateral hanging protocol to a unilateral study, a left breast image might be displayed in a viewport where a right breast image was expected. To avoid this, users should create a new hanging protocol for each unique study.

1.2.11 MultiView Web

- It is not possible to directly import DICOM images from removable media or a hard disk from a Citrix web client. The files must be copied over to the web server before they can be imported from a Citrix web client.
- It is not possible to launch MultiView from a Citrix web client if a previous session is detected on the computer. A message is displayed reporting the application is already running. Select Yes to terminate the prior session and start a new one.