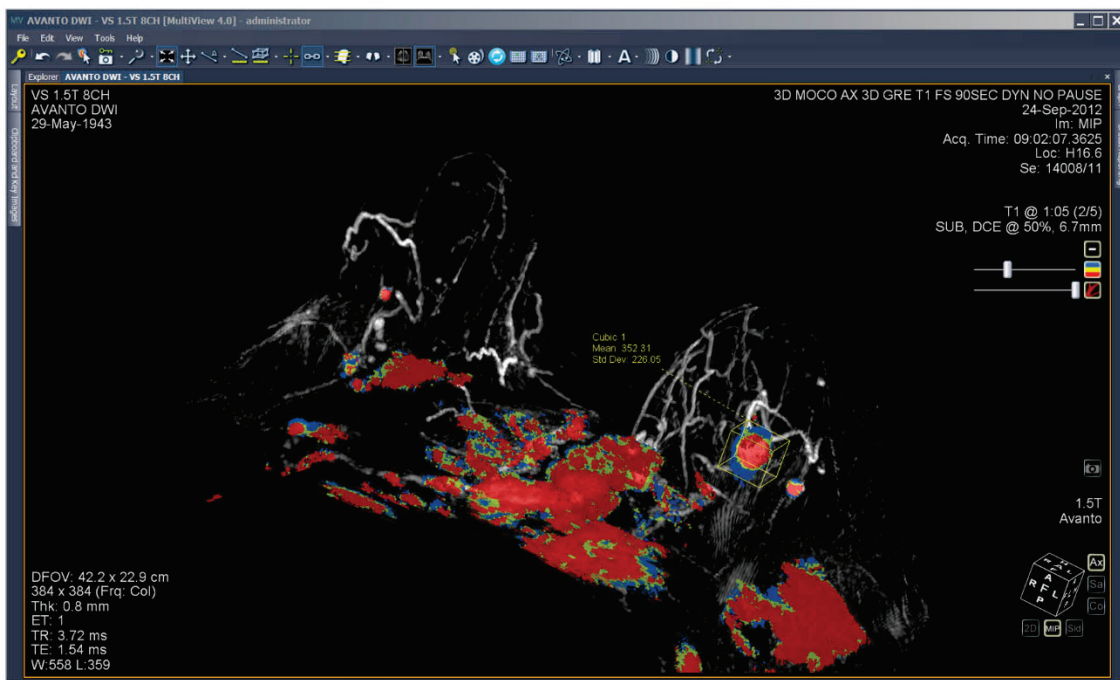


# MultiView™ Software



## Customer Release Notes MAN-10434 Revision 002



# MultiView™ MM and MultiView™ MR Breast Software

## Customer Release Notes For Software Version 4.1.4

Part Number MAN-10434

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### Product Support

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# MultiView Multimodality 4.1.4 and MultiView MR Breast 4.1.4 Release Notes

This document details the changes in software covered in the release of MultiView™ Multimodality (also referred to as MultiView MM) 4.1.4 and MultiView MR Breast 4.1.4.

## 1.1 Fixed Issues

### 1.1.1 MultiView MM on SecurView – MR subtraction fails on MXRT-7600

MR subtraction fails on MultiView MM when the display is connected to a Barco MXRT-7600 video card on a SecurView® DX workstation.

## 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 open studies increases. For optimal performance, limit the number of studies that are 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 drags the series thumbnail onto the viewport before the retrieval is complete. Wait until retrieval is complete before loading 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 the MultiView software, SecurView may not display the same study that is displayed in MultiView. To avoid this issue, open only one study at a time in MultiView.

### 1.2.4 MultiView Tools and Utilities

- Tools for specific licensed components appear in the MultiView toolbar even if the licensed components have not been installed. The tools are disabled and unavailable for use.
- The **Full Screen** tool is available on the US System Default protocol. 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 reselect 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. Make note of the original viewport before pasting 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, 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. Wait for mass lesion analysis to complete before analyzing subsequent lesions.
- Users cannot perform mass lesion analysis if an overlay is copied from one viewport, then pasted into a different viewport. Perform lesion analysis on all regions of interest before pasting overlay graphics onto a different viewport.
- The worst curve for a segmented lesion does not appear in the *Graph* pane when a study is reopened 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. Open a study before opening the *Manual Targeting* dialog box.
- Grid registration may fail or not be set correctly for certain studies. Register the grid manually if automatic registration fails or if registration is not accurate.
- The grid may not be repositioned after moving a lesion. Verify the placement of the grid before starting the procedure.
- The deletion of a lesion from the viewport may prevent targeting of other lesions if the lesion that is deleted is selected in the breast targeting window and other lesions are in the targeting list. If this occurs, 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. 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 a different series from the reports displayed on the **Study List** tab in the *Layout* pane. The report displayed on the **Study List** tab has a black background, and the report sent from the *Breast Reporting* pane has a white background. To receive a report with the black background, 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. 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, before 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 most of the fields are included in the breast report. Review the output of the report and make sure that the information is complete. If text does not appear in a report, 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. 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, select the protocol before each move. To make this easier, 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. Be cautious when deleting 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, manually rotate the image and save the layout as a hanging protocol.
- Portions of an MIP stack may appear flipped or rotated. This issue may be resource related. Close the current workspace, then any other open workspace, then relaunch 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. Reapply 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, 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 to the web server, then imported from there.
- 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 that the application is already running. Select **Yes** to terminate the prior session and start a new one.



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