

Prenuvo Rad PACS and FCT Onboarding

Purpose:

This document provides a step-by-step reference of workflow for new radiologists using Prenuvo's NovaPACS (PACS) and Findings Capture Template (FCT). It is designed to standardize study retrieval, image review, structured reporting, key image handling, and report finalization for new incoming radiologists.

1. Study Retrieval (Dashboard → PACS)

A. Requesting a Study

- Log into the Prenuvo dashboard
- Click “Request Study”
- You may hold ~5 studies at a time
- Lead technologists may also assign studies directly

B. Retrieving Images into PACS

1. Copy the Patient ID / Accession number
2. Paste into the NovaPACS accession field
3. Right-click → Retrieve Images
4. Wait for green indicator (images are local)

Tip: Batch-retrieve several studies, allow ~5 minutes to load, then read consecutively.

2. Opening Studies & Hanging Protocols

- Right-click the study → Open in Current Workspace

Typical Hanging Protocol Layout:

- Page 1: Neuro/soft tissue neck + whole-body diffusion
- Page 2: Body (axial T2, in/out phase, T1 fat, DWI, MRCP, PDFF)
- Page 3: GU (female pelvis or prostate)
- Page 4: Spine & MSK
- Page 5: Coronal and DWI sequences (final sweep)

Note: Some sequences require manual drag-down depending on HP setup (e.g., 3-plane brain T1s, PDFF).

3. Reading Strategy

- First pass: Scroll whole-body diffusion for obvious abnormalities
- Proceed head-to-toe in a consistent pattern
- Helpful to complete a final WB pass on coronals and DWI

4. Core PACS Tools

- Arrow: A
- Measure: M
- Circle ROI: O
- ROI intensity: Alt + R or right-click
- Volumetric box (MRA): V
- Window/level: Esc → drag
- Zoom: Mouse wheel
- Pan: Click + drag

5. AI-Labeled Sequences

Spine AI:

- Auto-labels vertebral levels
- Always verify for QA esp in cases of hardware or severe scoliosis

Female Pelvis AI:

- Auto endometrial thickness
- Flags version/flexion
- Apply only if accurate

6. Findings Capture Template (FCT) – Core Rules

Golden Rule:

ALWAYS work LEFT → RIGHT

- Left side = inputs
- Right side = output
- Changing inputs resets output
- Add nuance in the gray input box, not the output text

7. Condition Boxes

- Use prebuilt conditions whenever available
 - Modify language as needed
 - Avoid “Other” for common findings
 - Complete all red mandatory fields
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8. Creating Custom Conditions (“Other”)

Best to use when no condition template exists:

1. Create a clear title
 2. Add concise clinical description
 3. Assign appropriate ONCO RADS and CSD
 4. Attach key image
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9. ONCO RADS & CSD Scoring

ONCO RADS (Cancer Concern):

- 1= Informational finding/observation
- 2 = Likely benign
- 3 = Indeterminate / nonspecific
- 4 = Cancer is a major diagnostic consideration
- 5 = High confidence malignancy

CSD (Clinical Significance):

- ≥ 3 requires referral, workup, or imaging
 - High CSD does not necessarily mean cancer
 - Cancer concern should not have low CSD
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10. Key Images

- Save key images directly from PACS using the key icon
- Annotate before saving. Close study using space bar and be sure to click “yes, save changes to study” before closing the study completely.

- Retrieve KI's in the FCT form and match up appropriately.
 - You can modify KI labels manually if they do not align automatically by creating new labels and selecting from the drop down under each picture. Aim for 5–15 key images per scan
- Include normal anatomy when appropriate

Workflow:

1. Save key image in PACS
2. Close study (Spacebar → Save)
3. In FCT → Retrieve Key Images
4. Auto-map if one image per finding
5. Manually adjust if needed

11. Impression & Report Review

- Use standard impression template
- Modify based on findings
- Preview patient-facing report before signing
- Orange flags require acknowledgment

Mandatory fields include:

- Breast density
 - Gallbladder presence
 - Ovary visibility and Ankle visibility
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12. Sensitive & Urgent Findings

Sensitive:

- May confuse or worry patients
- Recommending specific consultation or imaging follow up and triggers clinical team follow-up

Urgent:

- Requires workup within days to weeks. Triggers clinical team follow up

Emergent:

- Immediate phone call + documentation

All sensitive/urgent findings should be posted in the Clinical Ops Slack channel.

13. Priors (When Ready)

- Avoid priors until comfortable with workflow
- Review prior report and key images first
- Compare to prior images and report

14. Slack Channels- Provide any relevant case info like ID or error messages when appropriate

- Urgent IT issues: “/support” and enter issue description and priority
- Rad General Channel: post cases for second opinion

- Rad Clinical Ops Team Issues: Sensitive/urgent issues or missing case series or information
- Rad AI team issues: Technical, application, or AI related issues including FCT issues, outages

15. Final Notes

- Always work left-to-right in FCT
- Use condition templates whenever possible
- Key images are patient-facing—be intentional
- Efficiency improves rapidly after 5–10 cases