GE Healthcare

The Power of One

Centricity™ Universal Viewer

Now with Native Breast Imaging

Experience the Power of One viewer for all modalities, removing barriers to efficiency, while helping radiologists achieve their goal of high quality patient care.

Native capability with the Centricity Universal Viewer now supports mammography screening and diagnostic workflows, which can support the reduction of costs associated with procuring and operating dedicated mammography workstations.[1]

With the ability to utilize other patient priors, including CT, MRI, and Digital Breast Tomosynthesis (DBT) in the diagnosis as well as other patient reports such as clinical notes, pathology reports, Centricity Universal Viewer helps to support a more confident diagnosis while speeding up your reading time.[2]

Imagination at work

Supports a rapid mammography reading workflow throughout your enterprise with mammography-specific toolsets

Increase workflow efficiency and support a more confident diagnosis by utilizing patient priors including Ultrasound, MRI, and DBT as well as clinical and pathology reports[2]

Reduce IT resources and associated costs needed to configure and maintain as no separate mammography dedicated ecosystem required

Breast Imaging Capabilities

Centricity Universal Viewer provides native access to breast imaging workflows and tools to support screening and diagnostic workflows and the display of multi-vendor images. The breast imaging capabilities provide the radiologist with access to and the ability to read all image types available for the patient on the same workstation. This helps reduce the need to maintain separate, stand-alone workstations and specialized systems.

One significant benefit of the Universal Viewer native breast imaging capability is that the solution can be deployed on just two monitors, saving space and cost: A normal resolution monitor to support the workflow or RIS application, EMR and dictation or voice reporting systems, and one or more high resolution monitors to display mammogram-specific modality images and relevant comparison images such as breast Ultrasound or breast MR images. Centricity Universal Viewer also takes full advantage of color displays to provide color enabled overlays, CAD marks, labels and other clinical information for increased readability/detectability.

Image types supported include mammography, tomosynthesis, breast MR, breast ultrasound, and Contrast Enhanced Spectral Mammography (CESM) following IHE profiles (integration profiles) for mammography and tomosynthesis images. Non-breast images available in the system can be displayed to help provide clinical context. Universal Viewer allows Radiologists and Cardiologists to view all image types to help enhance diagnosis and treatment recommendations.

User Experience Designed to help maximize your workflow:

- Stable scaling algorithms to scale images the same size, even across vendors
- Enhances the speed of your read with prior and current image layouts for quick comparisons, intuitive tomo scrolling, quadrant zoom and zoom+pan combined mouse action
- Mammography Imaging specific toolbar
- Can program shortcuts for user, group or system level preferences
- Customizable annotation overlays
- Supports color monitors
- Reports can be shown on screen

Cine and DBT tools

User customizable key and mouse shortcuts

Quadrant zoom

Chest wall to chest wall alignment

Customizable step protocols

Mammography specific layouts including priors

Multi-Modality reads on the same single viewer workstation

Advanced Image Diagnostic tools to support Computer Aided Detection (DICOM 6000)

Custom layouts based on user profiles

Same Sizing — Scale to fit images to viewport w/ same scale across priors and other vendor's images

Save Annotations and Key images

[1] Through simplification of IT infrastructure

[2] Rafferty EA, Park JM, Philpotts LE, et al. Assessing Radiologist Performance Using Combined Digital Mammography and Breast Tomosynthesis Compared with Digital Mammography Alone: Results of a Multicenter, Multireader Trial. Radiology. 2013;266(1):104-113. doi:10.1148/radiol.12120674.

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