



Telemedicine Customer Support 24/7/365

Support@AntechImagingServices.com


Office: 1-877-727-6800 Fax: 1-877-870-4890

HOW TO SUBMIT A CONSULT FOR RAPIDREAD RADIOLOGY

(Use when sending DICOM files that are already stored in AIS PACS)

- 1) Log in to www.antechimagingervices.com by entering your Username and Password and click “Sign In”.

- 2) Study Date range is defaulted to the last 7 days. You can change the “From Study Date” and “To Study Date” to your desired search dates. You may also search by Patient Name, Owner Name, or any other boxes in the search area. Click “Go” to show your studies.

- 3) Find the patient for which you want to send a consult request. Click the  icon or choose “Submit a Consult” from the Select Action drop-down list.

4) Ensure the patient information on the next page is correct and edit if needed.

Required fields are the following:

- **Referring General Practitioner** (click on drop-down box to select the veterinarian that is submitting the case.)
- **Patient Name**
- **Owner First & Last Name**
- **Species, Breed & Sex**
- **Patient ID** (this is the patient ID your hospital uses and will ensure previous/future studies are linked to that patient in our system.)

Create/Select Patient And Specialty

Selected Practitioner: Dr. Joe Demonstration of AIS Demonstration Center

Patient Name: Dobby Brossard Owner Last Name: Brossard Owner First Name: Dobby

Species: Canine Breed: Chihuahua Other Breed (if not in breed list):

* Date of Birth: 2016 December 02 Color: Sex: Male(Neutered)

Chip No.: Patient ID: 159400

Priority & Response Time: STANDARD

RapidRead Services	Radiology Services	Cardiology Services	Additional Services
<input checked="" type="radio"/> RapidRead Radiographs	<input type="radio"/> Computed Tomography	<input type="radio"/> Echocardiography(may include Radiographs)	<input type="radio"/> Dentistry
	<input type="radio"/> Magnetic Resonance Imaging	<input type="radio"/> ECG - Holter Monitor	<input type="radio"/> Exotic/Avian
	<input type="radio"/> Nuclear Medicine	<input type="radio"/> ECG - Preop	<input type="radio"/> Medicine
	<input type="radio"/> Radiographs	<input type="radio"/> ECG - Routine	<input type="radio"/> Neurology
	<input type="radio"/> Ultrasound(may include Radiographs)	<input type="radio"/> ECG - Stat	<input type="radio"/> PennHIP
			<input type="radio"/> Surgery

Submit

5) After selecting “**RapidRead Radiographs**,” a pop-up will appear. You must click “**I Understand**” and then click “**Submit**” to advance to the next page.

RapidRead Disclaimer

This report is generated as a computer assessment leveraging Machine learning. The scope of the findings it is currently able to identify is listed in [here](#). This assessment should not be used in isolation and should only form an input into the diagnostic evaluation. It is NOT a report from a board certified radiologist. If the clinical presentation of your patient is not consistent with the listed findings the recommendation is to obtain a board certified radiology consult.

☒ I Understand ☐ Select Another Specialty

Antech Imaging Services

Submit

6) **IMPORTANT: AFTER 20 MINUTES OF INACTIVITY, THE SYSTEM WILL DISPLAY A 60 SECOND WARNING FOR YOU TO CLICK “SUBMIT” BEFORE LOGGING YOU OUT.** When you log back in, the Consultation Information Screen will display where you left off. Be ready to submit when you fill out the request.

- 7) The final page of your consult submission is the Clinical Observations screen. THIS IS AN EXTREMELY IMPORTANT STEP; be as complete as possible.

Please check all that apply to your patient. RapidRead uses the signalment and the Clinical Observations to create a meaningful assessment. If you have additional information, please describe in the “Additional Pertinent Details” text box.

At the bottom of the screen, click “Submit.”

Clinical Observations are combined with RapidRead findings to create Assessments - Choose all that apply (Required)*

Cardiovascular <ul style="list-style-type: none"><input type="checkbox"/> Heart murmur<input type="checkbox"/> Known cardiovascular tumor<input type="checkbox"/> Known heart disease<input type="checkbox"/> Pale mucous membranes / Increased capillary refill time (CRT)	GI <ul style="list-style-type: none"><input type="checkbox"/> Anorexia / Inappetence<input type="checkbox"/> Constipation / Tenesmus<input type="checkbox"/> Check for abdominal metastatic disease<input type="checkbox"/> Diarrhea<input type="checkbox"/> Known Foreign body ingestion / Dietary indiscretion<input type="checkbox"/> GDV<input type="checkbox"/> Known GI Tumor<input type="checkbox"/> Palpable GI Mass<input type="checkbox"/> Vomiting / Regurgitation / Retching	<input type="checkbox"/> Healthy patient / No clinical signs / Normal physical exam
Lab values <ul style="list-style-type: none"><input type="checkbox"/> Abnormal ACTH results<input type="checkbox"/> Elevated BUN<input type="checkbox"/> Elevated liver enzymes<input type="checkbox"/> Elevated WBC<input type="checkbox"/> Increased clotting time	Musculoskeletal <ul style="list-style-type: none"><input type="checkbox"/> Known musculoskeletal tumor<input type="checkbox"/> Soft tissue swelling<input type="checkbox"/> Lameness<input type="checkbox"/> Suspected Limb Fracture<input type="checkbox"/> Suspected Cruciate Injury	Neurologic <ul style="list-style-type: none"><input type="checkbox"/> Known neurologic tumor<input type="checkbox"/> Back pain<input type="checkbox"/> Neurologic signs<input type="checkbox"/> Seizure
Pulmonary <ul style="list-style-type: none"><input type="checkbox"/> Abnormal breathing / Dyspnea<input type="checkbox"/> Abnormal lung sounds<input type="checkbox"/> Check for pulmonary metastatic disease<input type="checkbox"/> Coughing<input type="checkbox"/> Known pulmonary tumor	Urogenital <ul style="list-style-type: none"><input type="checkbox"/> Abnormal urination<input type="checkbox"/> Enlarged prostate or testicle<input type="checkbox"/> Known urogenital tumor<input type="checkbox"/> Pregnant<input type="checkbox"/> PU/PD	Other / Case Information <ul style="list-style-type: none"><input type="checkbox"/> Abdominal distention<input type="checkbox"/> Known trauma<input type="checkbox"/> Organomegaly on abdominal palpation<input type="checkbox"/> Pain on abdominal palpation<input type="checkbox"/> Palpable mass<input type="checkbox"/> Sudden collapse<input type="checkbox"/> Known diabetic

* Please check all that apply to your patient. If you have additional information, please describe in the "Additional Pertinent Details" text box below.





Additional Pertinent Details (Optional)

Please enter additional details. This information will be used if a Radiologists review of RapidRead is requested.

Maximum 1000 characters are allowed. 1000 characters left to go

- 8) A Consultation Confirmation will appear. You are now done and may click on “Back to PACS” at the bottom to go back to your PACS Workbench.

NOTE: Check report status anytime by logging on to the AIS website.

-  Means the images are stored, but have NOT been sent for a consult, or the case is in a Returned state.
-  Means the consult has been submitted, but no (or not all) images have been received.
-  Means the case has been submitted, and is “In Progress” of being read.
-  Means there is a final Report, clicking this icon will display your report in a separate window.

For assistance please contact us:
1-877-727-6800
support@antechimaging services.com