Report Assistant

User Guide

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1. About Report Assistant

***Disclaimer**: AI-generated output is a recommendation only - it is not guaranteed to be accurate or complete and may influence interpretation and downstream clinical decision-making, including follow-up recommendations. Review all AI-generated output using your independent clinical and professional judgment. An incorrect or incomplete AI-generated output that is not identified during physician review could result in inappropriate follow-up guidance or an incorrect clinical decision.*

1.1 What Report Assistant is

Report Assistant is an AI-powered radiology reporting support model integrated into the platform's reporting environment. It supports the reading physician in generating, refining, and personalizing report content across multiple modalities and body regions.

Report Assistant is composed of multiple sub-agents, each addressing a specific part of the reporting workflow. Some sub-agents are introduced in a given Report Assistant version; others are upgraded across subsequent versions.

1.2 Purpose

- Generate Impression and Recommendation sections from dictated findings.
- Correct language-level issues in the report (spelling, punctuation, medical terminology, spurious dictation content).
- Apply per-report directives that adjust output behavior.
- Provide structured reporting support aligned with established clinical frameworks (Lung-RADS, TI-RADS, BI-RADS-aligned breast assessments).
- Apply personalized configuration at the reading physician, facility, or facility-group level.

1.3 Intended users

- Practicing radiologists (reading physicians).
- Site administrators and implementation lead responsible for configuring preferences and enabling structured workflows.

1.4 Integration with Workflow and Reporting Platform

- The platform supplies the underlying exam, patient, and report data — including exam codes, modality, body region, and report text.
- The platform provides the report editor where the radiologist composes findings, invokes Report Assistant, reviews suggestions, and signs the report.
- Report Assistant is invoked from within the active report editor; no separate application is launched.

1.5 How to use this guide

This guide is organized in chronological order by Report Assistant version, from 3.0 to 3.5. Each version section describes:

- Sub-agents introduced in that version.
- Sub-agents upgraded in that version (and the prior version they were carried forward from).
- How each sub-agent is triggered (Automatic or User-triggered).
- How to use it, examples, and radiologists to review expectations.

For an upgraded sub-agent (for example, Report Impression 1.0 → 1.1 → 2.0 → 2.1), the latest behavior is described in the version where the most recent change occurred, with cross-references to prior versions.

1.6 Status badges

Each sub-agent description begins with a status badge:

Badge	Meaning
[NEW]	The sub-agent is introduced in this version of Report Assistant.
[UPGRADED]	The sub-agent existed in a prior version and has been modified or enhanced in this version. The latest behavior is described.
[CARRIED FORWARD]	The sub-agent is unchanged from the prior version and is available in this version.

Trigger markers appear inline:

Automatic Invoked automatically by Report Assistant when a system event or exam-level condition is met.

User-triggered Invoked by the radiologist, typically by pressing the [AI] button after dictation is complete.

2. Sub-Agents at a Glance

The following table summarizes every Report Assistant sub-agent covered in this guide, the version in which it was introduced, and the version(s) in which it was upgraded. Detailed behavior for each sub-agent is described in the version section indicated in the right-most column.

Sub-agent	Introduced in	Upgraded in	Latest behavior described in
Report Impression	3.0 (v1.0)	3.1 (v1.1) 3.4 (v2.0 — Knee) 3.5 (v2.1 — Head/Brain/Neck, Chest/Abdomen/Pelvis, BMD)	Section 8 (Report Assistant 3.5)
Report Recommendation	3.0 (v1.0)	3.1 (v1.1)	Section 4 (Report Assistant 3.1)
Report Corrector	3.1 (v1.0)	3.4 (v2.0)	Section 7 (Report Assistant 3.4)
Prompt Insertion	3.1 (v1.0)	(none)	Section 4 (Report Assistant 3.1)
Breast Reporting	3.2 (v1.0)	3.3 (v1.1) 3.4 (v1.1 — updated exam codes)	Section 7 (Report Assistant 3.4)
Report Preference	3.3 (v1.0)	3.5 (v1.1)	Section 8 (Report Assistant 3.5)
Thyroid Reporting	3.4 (v1.0)	(none)	Section 7 (Report Assistant 3.4)
Lung Reporting	3.5 (v1.0)	(none)	Section 8 (Report Assistant 3.5)

2.1 Trigger summary

Sub-agent	Trigger type	Trigger event
Report Impression	● User-triggered	[AI] button press after findings are complete.
Report Recommendation	● User-triggered	[AI] button press; runs alongside Report Impression.
Report Corrector	● User-triggered	[AI] button press; can be enabled/disabled via preference.

Sub-agent	Trigger type	Trigger event
Prompt Insertion	User-triggered	Radiologist inserts ^^ … ^^ in the report before [AI].
Breast Reporting	Automatic	Eligible breast US, MR, or MG exam code.
Report Preference	Automatic	Applied at [AI] press based on Reading Physician / Facility / Facility Group ID; macro override via ^^readerprefX^^.
Thyroid Reporting	Automatic	Eligible thyroid US exam code (18104) with US Thyroid form completed.
Lung Reporting	Automatic	Eligible lung screening exam code (10181) with Lung-RADS tech form completed.
Body-region or modality-specific Impression (Knee, Head/Brain/Neck, Chest/Abdomen/Pelvis, BMD)	User-triggered	Applied at [AI] press based on exam type and/or modality.

3. Report Assistant 3.0

Report Assistant 3.0 — Initial release

Report Assistant 3.0 introduces the first two sub-agents: Report Impression 1.0 and Report Recommendation 1.0. Together, they generate the summary sections of a radiology report from the dictated findings.

3.1 Sub-agents in 3.0

Sub-agent	Version	Status in 3.0
Report Impression	1.0	Introduced
Report Recommendation	1.0	Introduced

3.2 Report Impression 1.0

[NEW] Report Impression · Version 1.0
Generates a concise, clinically focused list of impression statements from the dictated findings.

User-triggered Converts the Findings section of the dictated report into a structured list of impression statements, inserted under the IMPRESSION section.

What it does

- Reads the dictated Findings.
- Produces a list of impression statements that reflect the clinically significant findings.
- Default output is a numbered list of items.

How to use it

1. Complete the Findings section of the report.
2. Press the [AI] button.
3. A list of impressions is inserted in the IMPRESSION section.

Workflow integration

- Operates on the text in the active report editor.
- Does not analyze images and is not a diagnostic tool.
- Output is editable using the standard editor controls before sign-off.

Example

Dictated findings include small joint effusion of the right knee; intact anterior cruciate ligament; high-grade tear of the body and posterior horn of the medial meniscus; mild patellofemoral chondromalacia.

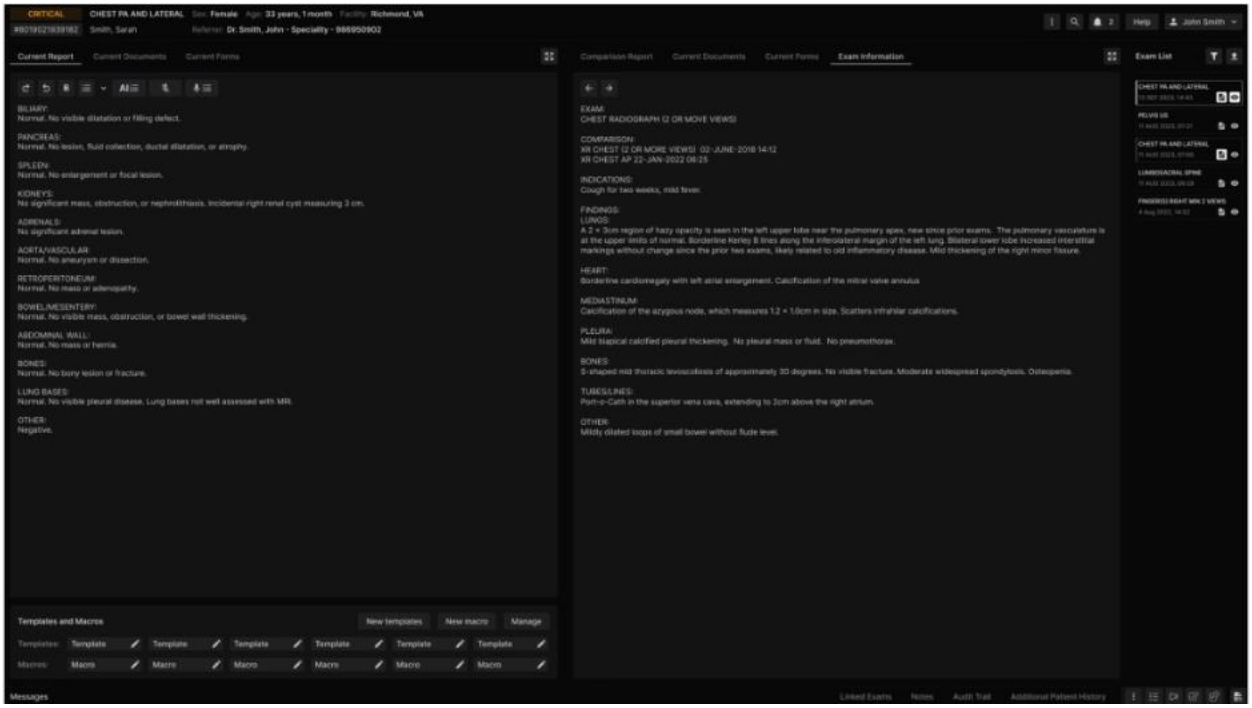
```
<<IMPRESSION>>
1. High-grade tear of the body and posterior horn of the medial meniscus.
2. Intact anterior cruciate ligament.
3. Small joint effusion of the right knee.
4. Mild patellofemoral chondromalacia.
```

Radiologist review expectations

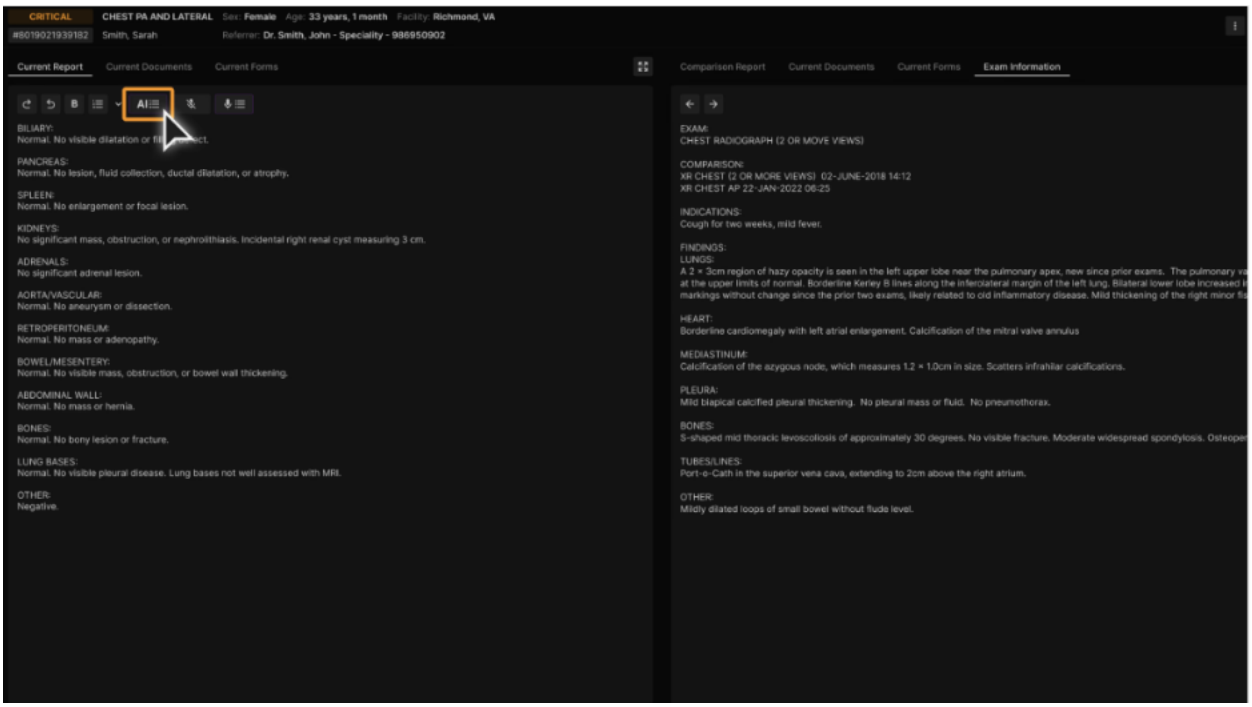
- Confirm that each impression statement is supported by the dictated findings.
- Confirm laterality, measurements, and pertinent negatives.
- Edit, reorder, or remove statements as appropriate before sign-off.

User Flow

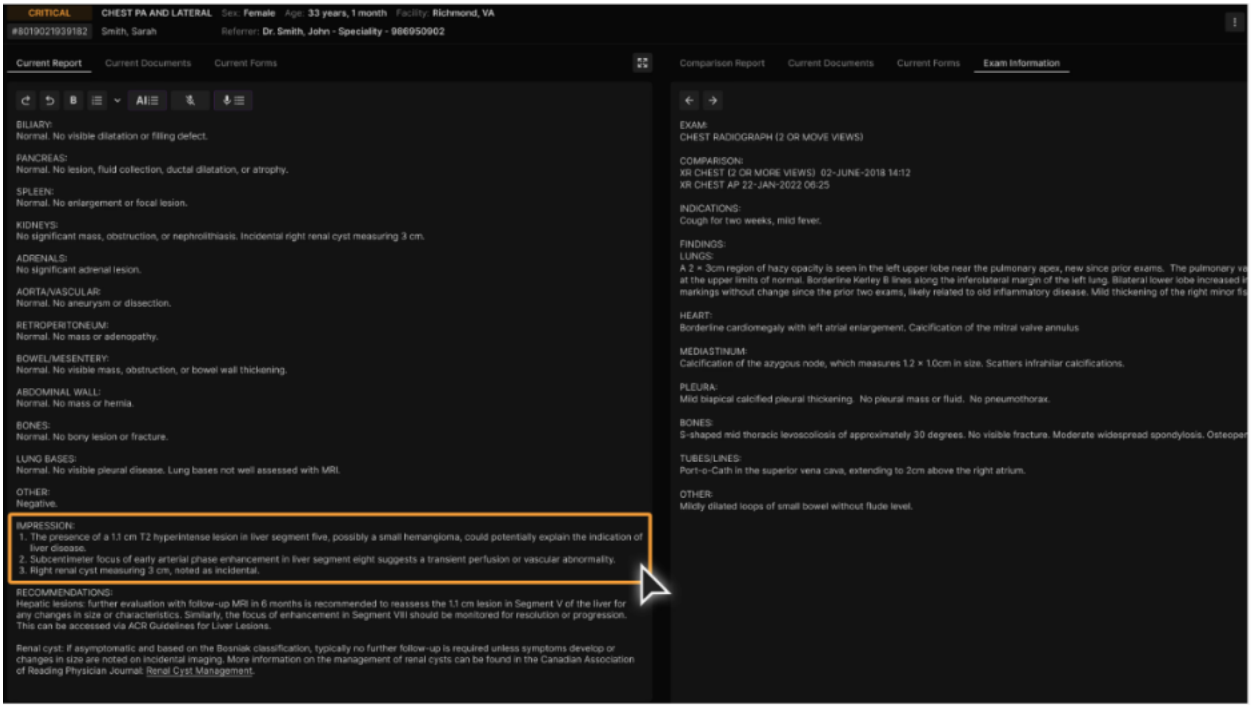
Login and access the radiology report.



Select the "Impress" button.



Consistent and clear list of impressions are generated in the IMPRESSION section.



3.3 Report Recommendation 1.0

[NEW] Report Recommendation · Version 1.0

Extracts any recommendations from the dictated report and consolidates them under a dedicated RECOMMENDATIONS section.

User-triggered Identifies recommendations within the dictated report and organizes them as a concise list under the RECOMMENDATIONS section.

What it does

- Captures any clinical next steps that the radiologist dictated (for example, follow-up imaging, correlation, biopsy).
- Consolidates them as a list under the RECOMMENDATIONS section of the report.
- Produces no output when no recommendations are present in the dictated findings.

How to use it

1. Dictate the Findings section, including any recommended follow-up, correlation, or further workup.
2. Press the [AI] button. Recommendations are generated alongside the Impression.

Example

Dictated findings include an indeterminate 9 mm right lower lobe pulmonary nodule on CT chest; no prior comparison available.

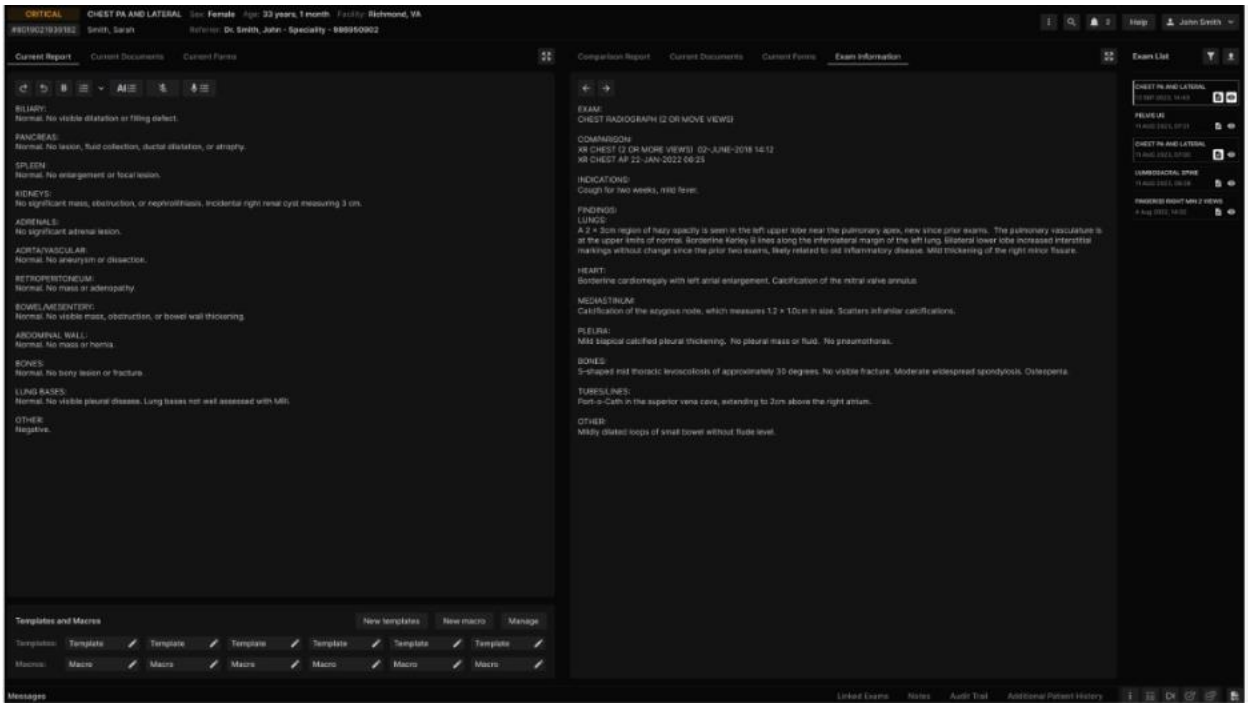
```
<<RECOMMENDATIONS>>
1. Follow-up low-dose CT chest in 6 to 12 months to assess stability of the 9 mm right lower lobe pulmonary nodule.
2. Correlation with prior imaging if available.
```

Radiologist review expectations

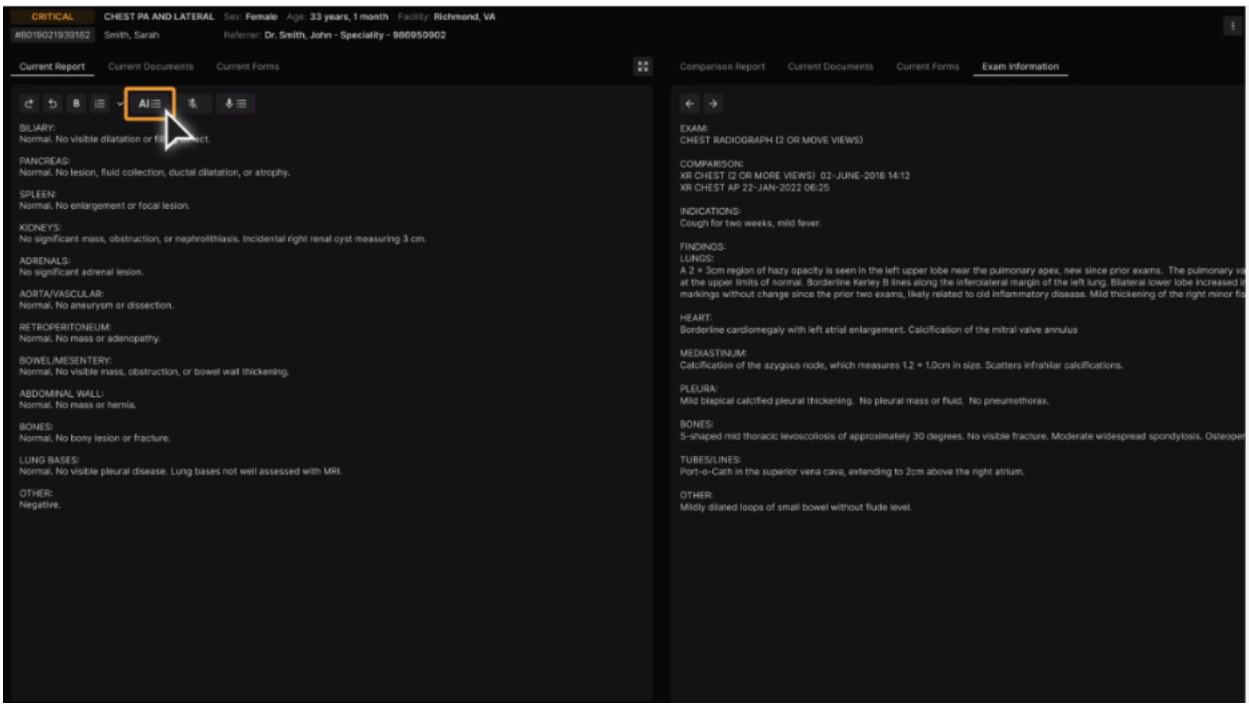
- Confirm that each recommendation is clinically appropriate.
- Confirm follow-up intervals to reflect applicable guidelines.
- Edit, add, or remove recommendations as appropriate before sign-off.

User Flow

Login and access the radiology report that contains recommendations.



Select the "Impress" button.



Consistent and clear list recommendations is generated in the RECOMMENDATIONS section.

4. Report Assistant 3.1

Report Assistant 3.1 — Report Corrector, Prompt Insertion, and Report Impression & Report Recommendation upgrades

Report Assistant 3.1 introduces two new sub-agents — Report Corrector 1.0 and Prompt Insertion 1.0 — and upgrades both Report Impression and Report Recommendation to v1.1.

4.1 Sub-agents in 3.1

Sub-agent	Version	Status in 3.1
Report Impression	1.1	Upgraded — improved consistency, supports Prompt Insertion
Report Recommendation	1.1	Upgraded — improved consistency, supports Prompt Insertion
Report Corrector	1.0	Introduced
Prompt Insertion	1.0	Introduced

4.2 Report Impression 1.1

[UPGRADED] Report Impression · Version 1.1

Generative model upgraded for improved consistency. Supports per-report customization via Prompt Insertion.

User-triggered Operates as Report Impression 1.0 (see Section 3.2), with an upgraded generative model and support for Prompt Insertion directives.

What changed in 1.1

- Improved consistency of generated impressions.
- Behavior is now customizable on a per-report basis using Prompt Insertion (see Section 4.5).

Examples of supported Prompt Insertion directives

- ^^ Make impressions shorter ^^
- ^^ Make impressions 50% shorter ^^
- ^^ Make impressions more verbose ^^
- ^^ Include all normal findings in impression ^^

Radiologist review expectations

- All review expectations from Report Impression 1.0 continue to apply.
- When a Prompt Insertion directive is used, confirm the resulting Impression aligns with the intent of the directive.

4.3 Report Recommendation 1.1

[UPGRADED] Report Recommendation · Version 1.1
Generative-model upgrade for improved consistency. Supports per-report customization via Prompt Insertion.

User-triggered Operates as Report Recommendation 1.0 (see Section 3.3), with an upgraded generative model and support for Prompt Insertion directives.

What changed in 1.1

- Improved consistency of generated recommendations.
- Behavior is now customizable on a per-report basis using Prompt Insertion (see Section 4.5).

Examples of supported Prompt Insertion directives

- ^^ Make recommendations more concise ^^
- ^^ Make recommendations 50% shorter ^^
- ^^ Make recommendations more verbose ^^
- ^^ Include guidelines in the recommendations ^^

4.4 Report Corrector 1.0

[NEW] Report Corrector · Version 1.0
Identifies and corrects language-level issues in the report without altering clinical intent.

Note: Report Corrector is significantly enhanced in Report Assistant 3.4 (see Section 7.2 — Report Corrector 2.0). The behavior described in this section reflects the initial 1.0 capability.

User-triggered Reviews the dictated report for objective language-level errors that result from speech or dictation variation, and applies corrections without altering clinical intent.

Correction types in 1.0

Correction type	Description and example
Spelling	Fixes typographical errors and misspelled words. Example: prostrate → prostate.

Correction type	Description and example
Punctuation and formatting	Corrects punctuation, removes unnecessary line breaks, normalizes case. Example: withouthydrocephalus → without hydrocephalus.
Irrelevant content	Removes content that is clearly unrelated to the medical exam, often resulting from an open microphone or dictation error. Example: removes “Can I get a burger with fries?” from the dictated text.
Medical terminology	Corrects incorrect or inappropriate medical terms. Example: extrusion → excretion.
Repeated section labels	Removes redundant section headers that were repeated in the body of the report during dictation.

How to use it

1. Complete dictation.
2. Press the [AI] button.
3. Corrections are automatically applied and highlighted in purple.
4. Review the corrections in the report editor.
5. Edit or undo corrections using the standard editor controls before sign-off.

Configuration

- Report Corrector can be turned off or guided per report by Prompt Insertion (for example, ^^ Turn off corrections ^^ or ^^ Don’t correct French terms to English ^^).

4.5 Prompt Insertion 1.0

[NEW] Prompt Insertion · Version 1.0

Allows the radiologist to insert targeted, per-report directives that modify Report Assistant behavior.

User-triggered Insert a directive anywhere in the report by enclosing the instruction in double upper carets (^^ … ^^). Report Assistant applies to the directive when [AI] is pressed. After results are generated, it automatically removes the directive/instruction from the report.

Supported directive categories

Category	Examples
Impression behavior	^^ Make impressions shorter ^^ ^^ Include all normal findings in impression ^^

Category	Examples
	^^ Make the impression more concise, with maximum of 12 words per item ^^
Recommendation behavior	^^ Make recommendations more concise ^^ ^^ Include guidelines in the recommendations ^^
Formatting	^^ Use bullet points for the list items ^^ ^^ Use new lines for the list items ^^
Corrector control	^^ Turn off corrections ^^ ^^ Don't correct grammar or punctuations ^^ ^^ Don't correct French terms to English ^^
Report-related questions	^^ Summarize the report ^^ ^^ Translate the report into French ^^ ^^ List the key concerns of this report ^^
General radiology questions	^^ Is follow up imaging needed for a 5 mm renal cyst? ^^ ^^ Explain the Fleischner Society guidelines briefly ^^

Responses to general questions are placed in an <<ADDITIONAL INFORMATION>> section appended to the report. If a question is not relevant to radiology, Report Assistant returns: “I can only process questions or instructions relevant to radiology. Please try again.”

How to use it

1. Insert the directive anywhere in the report, enclosed in double upper carets, before pressing [AI]. Example: ^^ Make impressions shorter ^^.
2. Press the [AI] button.
3. Review the resulting output.

Macro tip

Save commonly used directives as report macros. Keep each directive to a single paragraph; adding line breaks in the directives can disrupt formatting during speech-based dictation.

5. Report Assistant 3.2

Report Assistant 3.2 — Clinical guidance for breast reporting

Report Assistant 3.2 introduces Breast Reporting 1.0, the first structured-reporting sub-agent. It automatically generates standardized assessment categories and clinical recommendations for eligible breast imaging exams (US, MR, MG).

5.1 Sub-agents in 3.2

Sub-agent	Version	Status in 3.2
Report Impression	1.1	Carried forward (with bug fixes / enhancements)
Report Recommendation	1.1	Carried forward (with bug fixes / enhancements)
Report Corrector	1.0	Carried forward (with bug fixes / enhancements)
Prompt Insertion	1.0	Carried forward
Breast Reporting	1.0	Introduced

5.2 Breast Reporting 1.0

[NEW] Breast Reporting · Version 1.0

Generates standardized assessment categories and clinical recommendations for eligible breast imaging exams across US, MR, and MG.

Note: Breast Reporting is updated in Report Assistant 3.3 (see Section 6.2 — Breast Reporting 1.1) and again in Report Assistant 3.4 (additional exam codes). The latest behavior is described in Section 7.4.

Automatic Activated automatically after pressing AI button when the exam code matches an eligible breast imaging code. Generates the ASSESSMENT and RECOMMENDATIONS sections of the report.

What it does

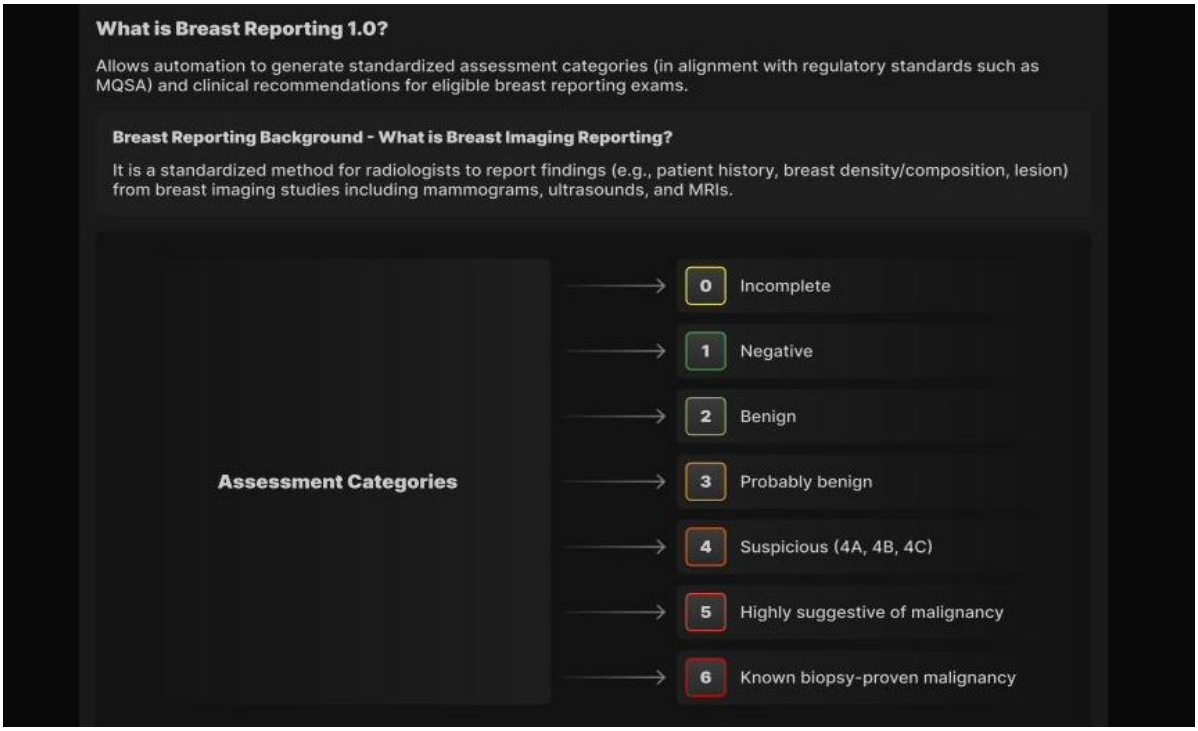
- Recognizes findings from breast reporting forms attached at the exam level (patient history, breast density, lesions).

- Supports multi-lesion cases — recognizes and parses multiple lesions across modalities and applies appropriate follow-up logic to each.
- Generates a standardized assessment category in alignment with regulatory standards such as MQSA, plus matching clinical recommendations.
- Supports macros and templates for efficient reporting.

Assessment Categories used by Breast Reporting

Category	Meaning
0	Incomplete
1	Negative
2	Benign
3	Probably benign
4	Suspicious (4A, 4B, 4C)
5	Highly suggestive of malignancy
6	Known biopsy-proven malignancy

Recommendations describe the clinical next steps for each category — for example, routine screening, short-term follow-up, biopsy, treatment planning, or additional imaging.



Breast Reporting 1.0 — assessment categories.

How to use it

1. Access a breast region US, MR, or MG exam.
2. Use an appropriately formatted exam template (default, normal, or benign).
3. Use the breast reporting form, and the appropriate left/right breast ultrasound form when applicable.
4. Complete the relevant findings in the report.
5. Press the [AI] button.
6. Wait a few seconds for the result.

Output

- An assessment category is generated in the <<ASSESSMENT>> section.
- A list of clear, consistent recommendations is generated in the <<RECOMMENDATIONS>> section.

Prerequisites

- Breast reporting forms must be filled out and attached at the exam level.
- Default, benign, and normal templates must be configured on the site to support parsing.

Radiologist review expectations

- Confirm the assessment category matches the dictated findings and any history/density data.
- Confirm the recommendations match the assessment and applicable guidelines.
- Edit the output as appropriate before sign-off.

6. Report Assistant 3.3

Report Assistant 3.3 — Personalized reporting

Report Assistant 3.3 introduces Report Preference 1.0 — personalized configuration of Report Assistant behavior at the reading physician, facility, or facility-group level. It also upgrades Breast Reporting to 1.1, allowing customized breast recommendations and adding an “Assessment,” “Recommendations,” and “Warning” section structure for supported breast exams.

6.1 Sub-agents in 3.3

Sub-agent	Version	Status in 3.3
Report Impression	1.1	Carried forward
Report Recommendation	1.1	Carried forward
Report Corrector	1.0	Carried forward
Prompt Insertion	1.0	Carried forward
Breast Reporting	1.1	Upgraded — customized recommendations, new Assessment / Recommendations / Warning sections, improved handling of highly suspicious lesions
Report Preference	1.0	Introduced

6.2 Report Preference 1.0

[NEW] Report Preference · Version 1.0

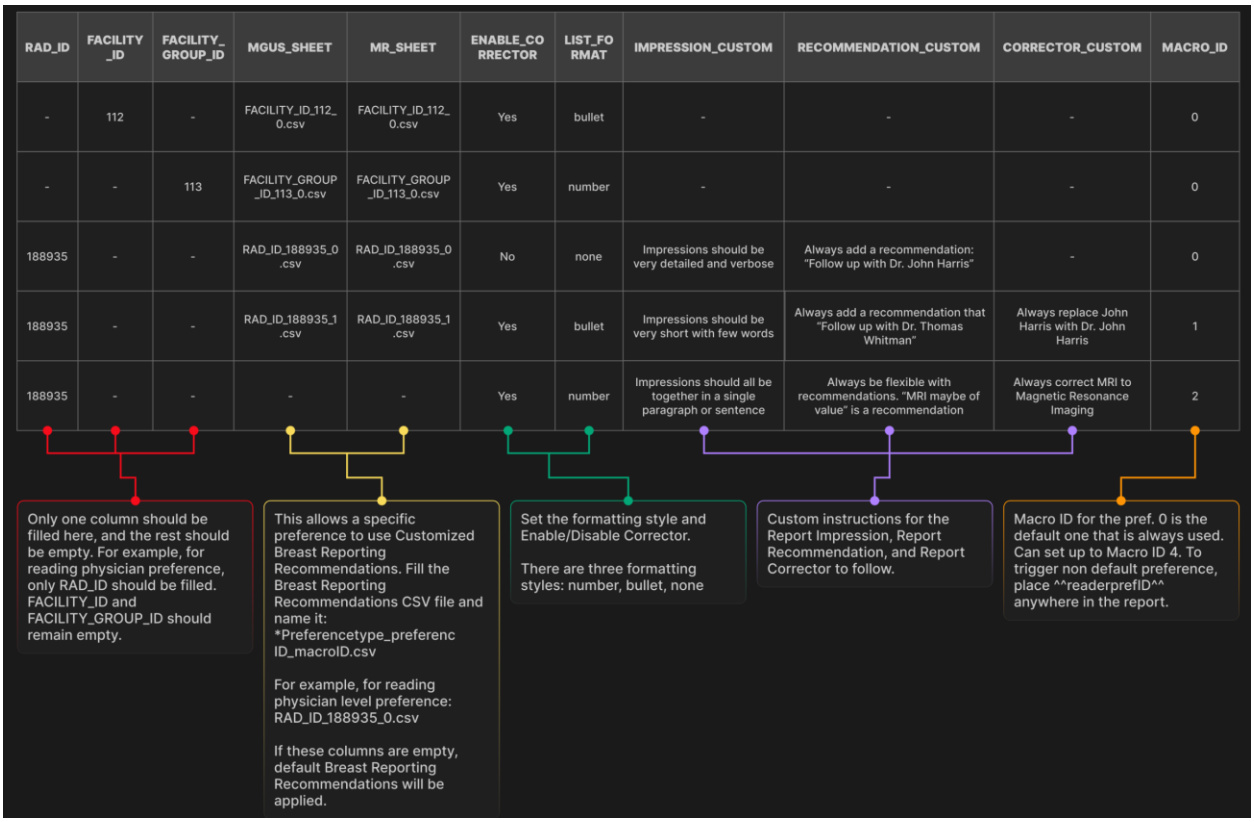
Personalizes how Report Assistant generates and formats radiology reports. Configurable at the reading physician, facility, or facility-group level.

Note: Report Preference is upgraded in Report Assistant 3.5 with additional customization options (see Section 8.5 — Report Preference 1.1).

Automatic When [AI] is pressed, Report Preference determines the active context (reading physician ID, facility ID, facility-group ID) and applies the highest-priority preference set.

Configurable options in 1.0

Option	Description
Report Corrector toggle	Enable or disable Report Corrector. When enabled, supports custom guidance such as “Always correct plural effusion to pleural effusion.”
List formatting	Choose numbered list, bulleted list, or new-line separated entries for Impressions and Recommendations.
Custom Impression instruction	Per-physician guidance for the Impression — for example, “Impressions should be detailed and verbose” or “Include normal findings in Impressions.”
Custom Recommendation instruction	Per-physician guidance for the Recommendation — for example, “Don’t include suggestions as Recommendations” or “Always append: Follow up with Dr. John Harris.”
Custom Corrector instruction	Per-physician guidance for Report Corrector — for example, “Always change MRI to Magnetic Resonance Imaging.”
Breast Reporting customization	Provide a CSV file of custom recommendations for use by Breast Reporting when generating output for eligible breast exams.



RAD_ID	FACILITY_ID	FACILITY_GROUP_ID	MGUS_SHEET	MR_SHEET	ENABLE_CORRECTOR	LIST_FORMAT	IMPRESSION_CUSTOM	RECOMMENDATION_CUSTOM	CORRECTOR_CUSTOM	MACRO_ID
-	112	-	FACILITY_ID_112_0.csv	FACILITY_ID_112_0.csv	Yes	bullet	-	-	-	0
-	-	113	FACILITY_GROUP_ID_113_0.csv	FACILITY_GROUP_ID_113_0.csv	Yes	number	-	-	-	0
188935	-	-	RAD_ID_188935_0.csv	RAD_ID_188935_0.csv	No	none	Impressions should be very detailed and verbose	Always add a recommendation: “Follow up with Dr. John Harris”	-	0
188935	-	-	RAD_ID_188935_1.csv	RAD_ID_188935_1.csv	Yes	bullet	Impressions should be very short with few words	Always add a recommendation that “Follow up with Dr. Thomas Whitman”	Always replace John Harris with Dr. John Harris	1
188935	-	-	-	-	Yes	number	Impressions should all be together in a single paragraph or sentence	Always be flexible with recommendations. “MRI maybe of value” is a recommendation	Always correct MRI to Magnetic Resonance Imaging	2

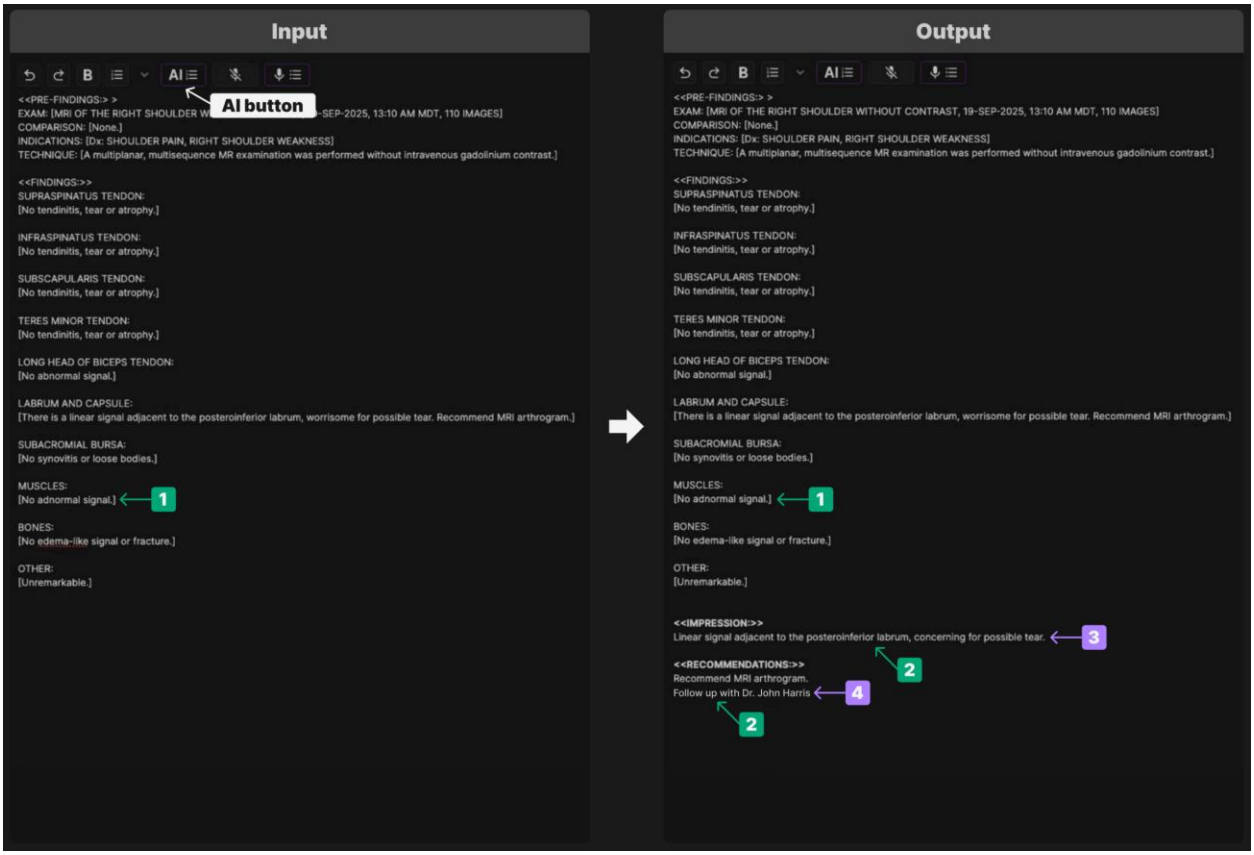
Report Preference 1.0 — example configuration table showing reader-level, facility-level, and facility-group-level entries with macro-IDs.

Scenario 1: Reading physician with ID = 188935 presses AI Button.

The default preference for that reading physician is automatically applied.

According to the preferences defined in the table, the reading physician prefers:

1. No Correction: so adnormal is not corrected to abnormal.
2. List format is none: So, Impressions and Recommendations are listed in new lines.
3. Custom Impression instructions to have all the details.
4. Custom Recommendation instruction was to put “Follow-up with Dr. John Harris



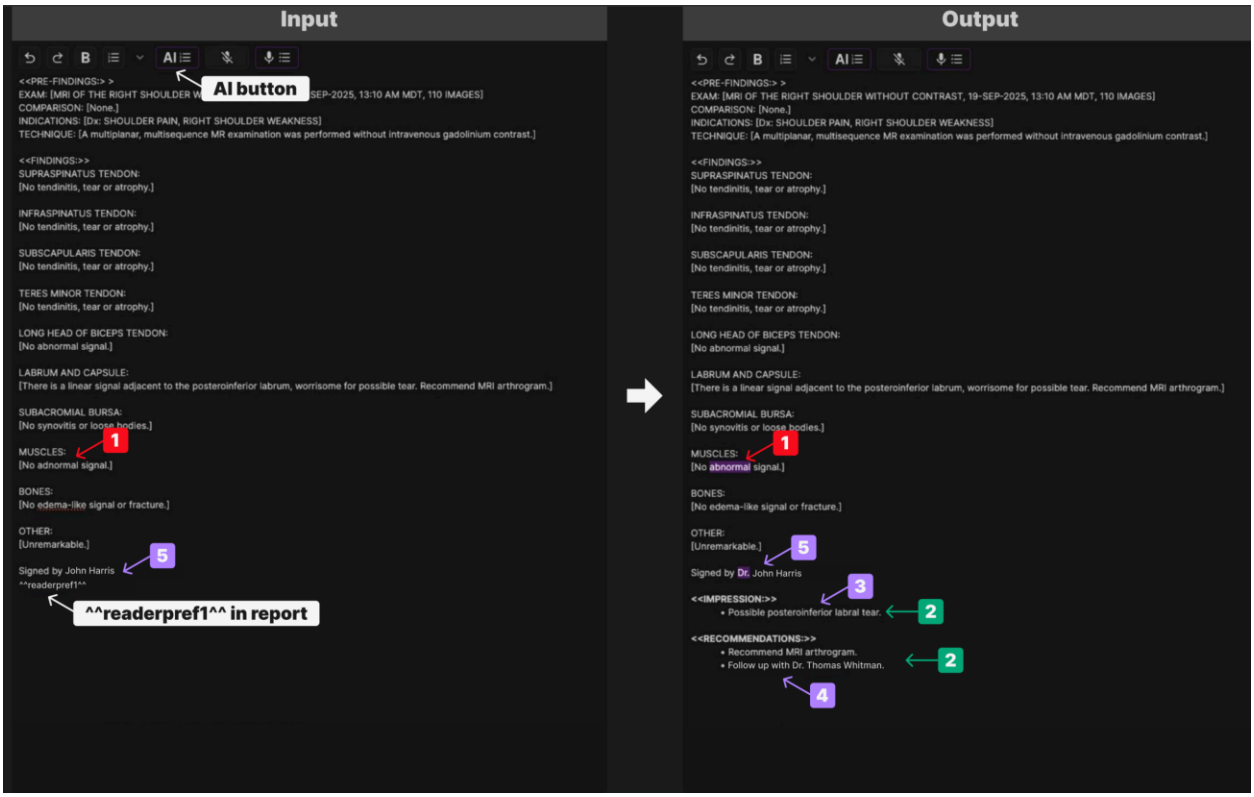
Report Preference 1.0 — Scenario 1: a reading physician’s default preference (Macro ID 0) is automatically applied when [AI] is pressed.

Scenario 2: Reading physician with ID = 188935 and puts ^^readerpref1^^ in report and then presses AI Button.

The preference associated with Macro ID 1 for that reading physician has been applied.

According to the preferences defined in the table, the reading physician prefers:

1. Correction is on, so adnormal is corrected to abnormal.
2. The list format is bullet: So, Impressions and Recommendations are listed in bullet points.
3. Custom Impression instructions were to have short impressions.
4. Custom Recommendation instruction was to put “Follow-up with Dr. Thomas Whitman
5. Custom Corrector instructions were to always add “Dr. before the name ”John Harris”.



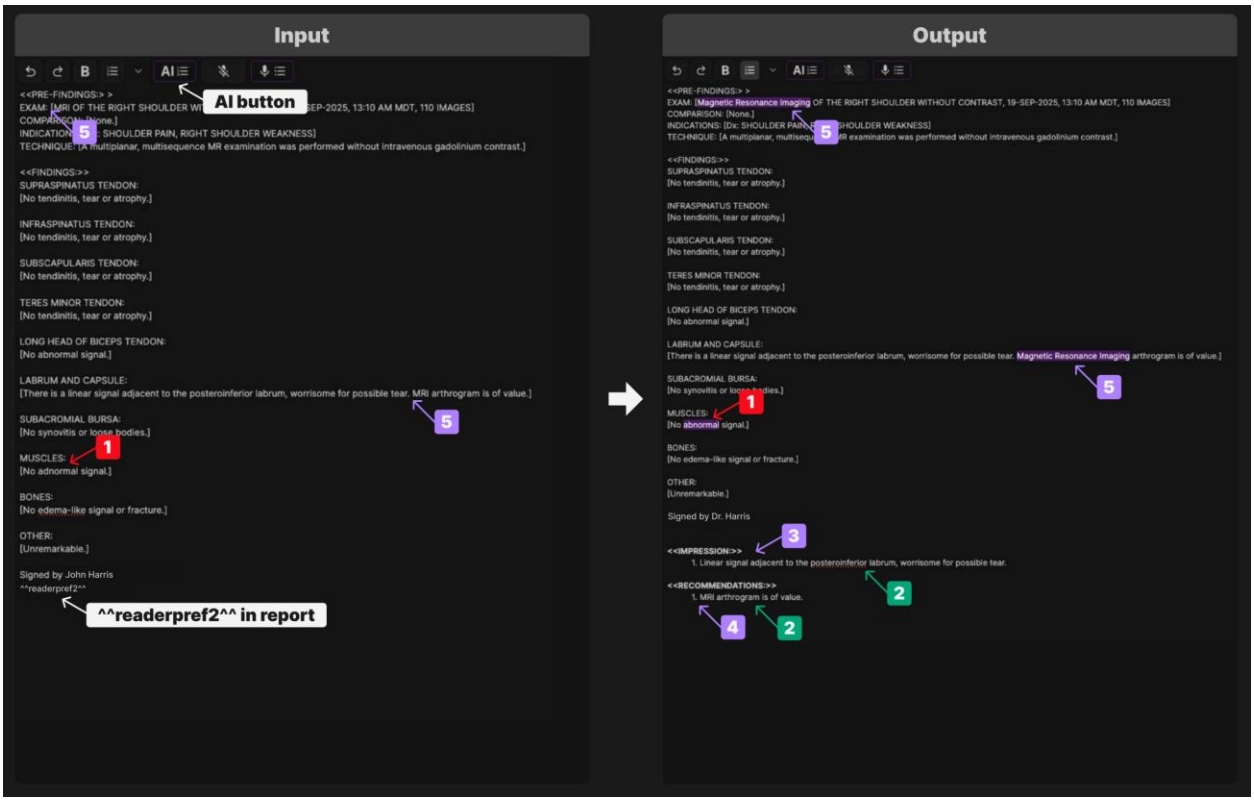
Report Preference 1.0 — Scenario 2: a reading physician's preference (Macro ID 1)

Scenario 3: Reading physician with ID = 188935 and puts ^^readerpref2^^ in report and then presses AI Button.

The preference associated with Macro ID 2 for that reading physician has been applied.

According to the preferences defined in the table, the reading physician prefers:

1. Correction is on so adnormal is corrected to abnormal.
2. List format is numbered, so Impressions and Recommendations are listed in number points.
3. Custom Impression instruction was put all together in a single impression.
4. Custom Recommendation instruction was to include Something of value as recommendations.
5. Custom Corrector instructions are always changing MRI to Magnetic Resonance Imaging.



Report Preference 1.0 — Scenario 3: a reading physician's preference (Macro ID 2)

Preference priority

Preferences are applied in the following priority order:

1. Reading physician (highest priority — applied for that individual radiologist).
2. Facility (applied for all radiologists at that facility unless a reading physician preference applies).
3. Facility group (applied across managed sites, unless a facility or reading physician preference applies).

If no preference is configured for any of the three levels, the Report Assistant default behavior is applied.

Macro IDs

- Each level supports up to five preference sets, identified by Macro IDs 0 through 4.
- Macro ID 0 is the default and is applied automatically when [AI] is pressed.
- Macro IDs 1–4 is applied per report when the radiologist inserts ^^readerprefX^^ (where X is 1, 2, 3, or 4) anywhere in the report.

How to use it

- Submit a completed preference template to the support team, indicating the level (reading physician, facility, or facility group) and any custom instructions or CSV files for Breast Reporting.
- Once configured, the default preference (Macro ID 0) applies automatically when [AI] is pressed.
- Insert ^^readerprefX^^ in the report to apply a non-default preference.

Disabling Report Assistant via preference

- A site administrator can disable Report Assistant at the reading physician, facility, or facility-group level by setting Report Assistant Version to 0.0 in the preference configuration.
- When disabled, pressing [AI] performs no action and does not modify the report.

Limits and tracking

- Up to five custom preferences per reading physician.
- Preference changes are applied promptly without downtime.
- Only authorized users can view or change preferences. All changes are tracked for accountability.

Radiologist review expectations

- Confirm the applied formatting and appended text to match the intended preference set.
- If output does not match the expected preference, refer to Section 11 (Troubleshooting).

6.3 Breast Reporting 1.1

[UPGRADED] Breast Reporting · Version 1.1
Adds customized recommendations (configured via Report Preference 1.0), introduces ASSESSMENT, RECOMMENDATIONS, and WARNING sections for supported breast exams, and improves handling of complex or unusual cases (especially highly suspicious lesions).

Automatic Operates as Breast Reporting 1.0 (see Section 5.2), with the additional capability to apply customized recommendations specified through Report Preference.

What changed in 1.1

- Customized recommendations: clients can submit Breast Reporting Recommendations as Excel files and apply them at the reading physician, facility, or facility-group level.
- New section structure: reports now include “Assessment,” “Recommendations,” and “Warning” sections for supported breast exams.
- Improved recognition of complex or unusual cases — especially highly suspicious lesions — for more accurate and reliable report generation.

How to configure customized recommendations

1. Contact us, and we will send two Excel template files, one for MG/US and one for MR.
2. Modify the Excel files with the recommendations to be used by Breast Reporting.
3. Submit these files to the support team, indicating the level (reading physician, facility, or facility group) and the macro-ID at which it should apply.
4. Once configured, customized recommendations are applied automatically when the relevant preference is active.

Radiologist review expectations

- Confirm that customized recommendations match the active preference.

7. Report Assistant 3.4

Report Assistant 3.4 — Thyroid reporting, Knee impressions, enhanced corrections

Report Assistant 3.4 introduces Thyroid Reporting 1.0 — structured TI-RADS-based thyroid reporting — and upgrades Report Corrector to 2.0 and Report Impression to 2.0 with body-region-specific Knee behavior. Breast Reporting is also extended with additional exam codes.

7.1 Sub-agents in 3.4

Sub-agent	Version	Status in 3.4
Report Impression	2.0	Upgraded — body-region-specific (Knee)
Report Recommendation	1.1	Carried forward
Report Corrector	2.0	Upgraded — improved accuracy, word-level precision, multi-edit detection, purple highlighting, clean sign-off
Prompt Insertion	1.0	Carried forward
Breast Reporting	1.1	Carried forward, with additional eligible exam codes (Global Breast Codes: US 18336, 18337, 18338, 18255, 18027, 18023)
Report Preference	1.0	Carried forward
Thyroid Reporting	1.0	Introduced

7.2 Report Corrector 2.0

[UPGRADED] Report Corrector · Version 2.0

Improved correction accuracy, word-level highlighting, better multi-edit detection, standardized purple highlighting during review, and clean output after sign-off.

User-triggered Identifies and corrects language-level issues without altering clinical intent. Corrections are highlighted in purple during review and are removed automatically upon sign-off.

What changed in 2.0 (vs. 1.0)

- **Higher correction accuracy.** More reliable identification of language-level issues.
- **Word-level precision.** Corrections highlight only the modified words rather than the entire sentences.

- **Better multi-edit detection.** Improved handling of multiple corrections within the same sentence.

Correction types

All correction types from Report Corrector 1.0 (see Section 4.4) continue to apply: spelling, punctuation, irrelevant content, medical terminology, and repeated section labels.

How to use it

1. Complete dictation.
2. Press the [AI] button. Corrections run alongside Impression and Recommendation generation.
3. Review purple-highlighted edits in the report editor.
   Modify or undo corrections using the standard editor controls.
4. Sign the report. Purple highlights and other visual review indicators are removed automatically.

Configuration

- Report Corrector can be enabled or disabled through Report Preference (see Section 6.2).
- Per-report override is available via Prompt Insertion (for example, ^^ Turn off corrections ^^).

Radiologist review expectations

- Inspect every purple-highlighted change to confirm clinical intent is preserved.
- Reject any correction that alters clinical meaning.
- All generated content requires radiologist review before sign-off.

7.3 Report Impression 2.0 — Knee

[UPGRADED] Report Impression · Version 2.0 (Knee)
Introduces body-region-specific Impression generation. For eligible Knee exams, Report Assistant automatically applies to a Knee-specific Impression agent. All other exams continue to use the default Impression agent.

Automatic Selected automatically for eligible Knee exam codes across MR, XR, and CT. All other exams continue to use the existing default Impression agent (no change in behavior).

Note: Report Impression is further expanded in Report Assistant 3.5 to include Head/Brain/Neck, Chest/Abdomen/Pelvis, and Bone Mineral Density (BMD) variants (see Section 8.3 — Report Impression 2.1).

What it does

- Applies Knee-focused reporting logic to keep the Impression relevant to knee anatomy and the clinical context of the exam.
- Improves clarity, consistency, and professionalism of Impression content, including common and complex knee cases.
- Reduces manual drafting time.

Eligibility — exam codes that trigger Report Impression 2.0 (Knee)

Modality	Eligible exam codes
MR	14098, 14099, 14100, 14101, 14102, 14103, 14104, 14105, 14213
XR	20072, 20073, 20074, 20075, 20076, 20077, 20078, 20079, 20166, 20200, 20229, 20230, 20231
CT	10036, 10037, 10100, 10101, 10102, 10103, 10104, 10105, 10241

If the exam code is not on the eligible list, the default Impression agent is used.

How to use it

1. Complete a Knee report (eligible exam codes).
2. Press the [AI] button.
3. Report Assistant detects the exam as a Knee exam and applies to the Knee-specific Impression agent automatically.

Example — MR Knee impression

Dictated findings: high-grade tear of the body and posterior horn of the medial meniscus; intact ACL; small joint effusion; mild patellofemoral chondromalacia.

```
<<IMPRESSION>>
1. High-grade tear of the body and posterior horn of the medial meniscus.
2. Intact anterior cruciate ligament.
3. Small joint effusion.
4. Mild patellofemoral chondromalacia.
```

Radiologist review expectations

- Confirm laterality, measurements, and anatomic detail in the generated Impression.
- All generated content requires radiologist review before sign-off.

7.4 Thyroid Reporting 1.0

[NEW] Thyroid Reporting · Version 1.0

Structured thyroid ultrasound reporting with automated TI-RADS score calculation and management follow-up, all from within the Report Assistant.

Automatic Activated automatically for eligible thyroid ultrasound exam codes when pressing AI button. Uses data entered through the US Thyroid form to generate the Assessment and Recommendations, Impression, and Reference sections.

What it does

- Reads structured nodule data captured through the US Thyroid form (composition, echogenicity, shape, margin, echogenic foci).
- Applies TI-RADS logic to compute the score, risk level, and standardized nodule description.
- Generates the Assessment and Recommendations section as per TI-RADS for each nodule.
- Generates the Impression section based on the report's findings.
- Appends a Reference section with the TI-RADS citation.

Eligibility — exam code that triggers Thyroid Reporting

- Exam Code 18104 (thyroid ultrasound).

TI-RADS scoring reference

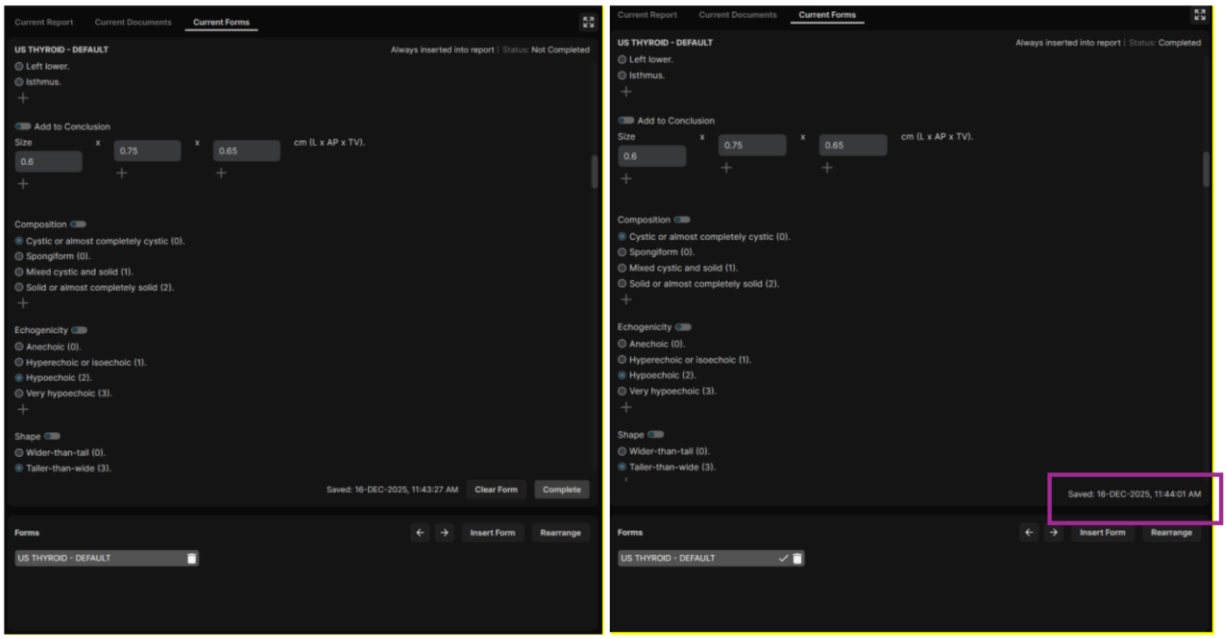
Total points	Suspicion category	Assessment
≥ 7 points	Highly suspicious	Fine-needle aspirations per TI-RADS thresholds.
4–6 points	Moderately suspicious	Follow up or aspiration per TI-RADS threshold.
2 points	Not suspicious	Follow-up per TI-RADS thresholds.
0 points	Benign	No follow-up imaging or aspiration recommended on the basis of TI-RADS.

How to use it

Step 1 — Technologist: complete the US THYROID (Global level) form and press [Complete].

Fill the Form:

Click [Complete] button:



US Thyroid form before and after completion. The technologist enters nodule attributes; the form is then marked Complete, and the data is inserted into the report..

Step 2 — Reading physician:

1. Open the report and review the dictated findings.
2. Press the [AI] button. Thyroid Reporting automatically activates exam code 18104.
3. If any mandatory attributes are missing a nodule, those attributes are highlighted in orange in the report. Complete the missing information and press [AI] again.
4. Review the generated Assessment and Recommendations, Impression, and Reference sections.

Example — TI-RADS 4 thyroid nodule recommendation

Nodule attributes for a 1.5 cm left lower-pole nodule: solid (2 points), hypoechoic (2 points), wider-than-tall (0 points), lobulated margin (2 points), no echogenic foci (0 points) → total 6 points → TR4.

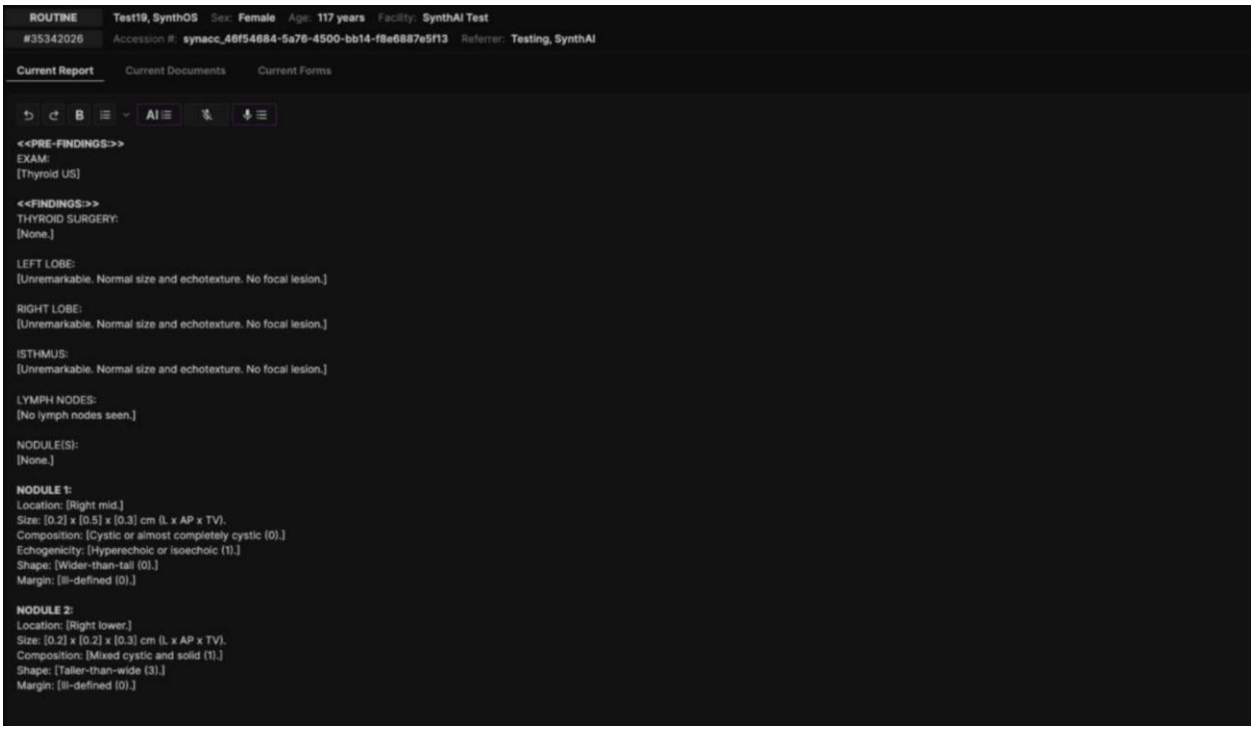
Generated content for this nodule:

```
<<ASSESSMENT AND RECOMMENDATIONS>>
Nodule 2 (left lower): TI-RADS 4. Fine-needle aspiration recommended if ≥ 1.5 cm; follow-up ultrasound
if 1.0–1.5 cm.

<<IMPRESSION>>
1.5 cm left lower-pole solid hypoechoic nodule, wider-than-tall, lobulated margin (TR4).

<<REFERENCE>>
```

Tessler FN, Middleton WD, Grant ED et al. Thyroid imaging reporting and data system (TI-RADS): a user's guide. Radiology. 2018 Apr;287(1):29-36.



Thyroid Reporting 1.0 — input report showing nodule-level data inserted from the US Thyroid form.

Thyroid Reporting 1.0 — output report after pressing [AI]. (1) Assessment and Recommendations, (2) Impression, (3) Reference. Source:

Limit

- The US Thyroid form must be used to format the nodule details properly, otherwise output will not be correct.
- The US Thyroid form supports up to four nodules. If any mandatory attributes are missing for a nodule, the TI-RADS score for that nodule will not be generated.

Radiologist review expectations

- Confirm nodule composition, echogenicity, shape, margin, and echogenic foci as entered.
- Confirm the computed TI-RADS category and the recommended management.
- Edit the generated text as appropriate before sign-off.

7.5 Breast Reporting 1.1 — Updated exam codes

[CARRIED FORWARD] Breast Reporting · Version 1.1

Behavior unchanged from Report Assistant 3.3. Additional Global Breast Codes added to the Breast Reporting tool.

New eligible US exam codes added in Report Assistant 3.4:

- US: 18336, 18337, 18338, 18255, 18027, 18023

All other behavior remains as described in Section 6.3 (Breast Reporting 1.1).

8. Report Assistant 3.5

Report Assistant 3.5 — Lung reporting, additional body-region impressions, expanded personalization

Report Assistant 3.5 introduces Lung Reporting 1.0 — structured lung screening reporting with automated Lung-RADS scoring. It also upgrades Report Impression to 2.1 with new variants for Head/Brain/Neck, Chest/Abdomen/Pelvis, and Bone Mineral Density (BMD), and upgrades Report Preference to 1.1 with new customization options.

8.1 Sub-agents in 3.5

Sub-agent	Version	Status in 3.5
Report Impression	2.1	Upgraded — Head/Brain/Neck, Chest/Abdomen/Pelvis, and BMD variants added
Report Recommendation	1.1	Carried forward
Report Corrector	2.0	Carried forward
Prompt Insertion	1.0	Carried forward
Breast Reporting	1.1	Carried forward
Report Preference	1.1	Upgraded — custom abbreviations, Breast Imaging section customization
Thyroid Reporting	1.0	Carried forward
Lung Reporting	1.0	Introduced

8.2 Report Impression 2.1

[UPGRADED] Report Impression · Version 2.1

Expands body-region-specific Impression behavior with three new variants: Head/Brain/Neck (CT and MR), Chest/Abdomen/Pelvis, and Bone Mineral Density (BMD).

Automatic Report Assistant detects exam metadata (body region, modality) and applies the appropriate Impression variant automatically. The Knee variant from Report Assistant 3.4 (see Section 7.3) continues to apply.

Variants in 2.1

Variant	Trigger	Behavior
Default Impression	● Automatic	Used for all exams that do not meet the criteria of a more specific variant.
Knee Impression (from 3.4)	● Automatic	Applied for eligible Knee exam codes (MR, XR, CT). See Section 7.3.
Head/Brain/Neck Impression	● Automatic	Applied when the body region is [Head/Brain] or [Head/Brain, Neck] AND modality is CT or MR.
Chest/Abdomen/Pelvis Impression	● Automatic	Applied when body region is Abdomen, Pelvis, Abdomen/Pelvis, or Chest/Abdomen/Pelvis. No modality restrictions.
Bone Mineral Density (BMD) Impression	● Automatic	Applied to all exams with the BMD modality for all body regions.

How to use it

1. Complete the report (Findings).
2. Press the [AI] button. Report Assistant selects the appropriate Impression variant automatically.
3. Review and edit the generated Impression as appropriate.

Example — CT Head/Brain/Neck impression

Findings: no acute intracranial abnormality; mild chronic small-vessel ischemic change; no mass effect, midline shift, or hydrocephalus.

```
<<IMPRESSION>>
1. No acute intracranial abnormality.
2. Mild chronic small-vessel ischemic change.
3. No mass effect, midline shift, or hydrocephalus.
```

Example — CT Chest/Abdomen/Pelvis impression

Findings: stable 8 mm right lower lobe pulmonary nodule; hepatic steatosis; small simple right renal cyst; no acute intra-abdominal process.

```
<<IMPRESSION>>
1. Stable 8 mm right lower lobe pulmonary nodule.
2. Hepatic steatosis.
3. Small simple right renal cyst.
4. No acute intra-abdominal process.
```

Example — Bone Mineral Density (BMD) impression

Findings: lumbar spine T-score −2.6; left femoral neck T-score −2.3; consistent with osteoporosis at the lumbar spine and osteopenia at the left femoral neck.

```
<<IMPRESSION>>
1. Osteoporosis at the lumbar spine (T-score −2.6).
2. Osteopenia at the left femoral neck (T-score −2.3).
```

Radiologist review expectations

- Confirm body-region-specific terminology and structure are appropriate.
- Confirm laterality, measurements, and pertinent negatives.
- All generated content requires radiologist review before sign-off.

8.3 Lung Reporting 1.0

[NEW] Lung Reporting · Version 1.0

Structured lung screening reporting with automated Lung-RADS scoring and management recommendations.

Automatic Activated automatically for eligible lung screening exam codes when pressing AI button. Uses nodule-level data captured through the Lung-RADS tech form to generate Impression, Assessment and Recommendations, and Reference sections.

What it does

- Reads structured nodule data captured through the Lung-RADS tech form.
- Applies Lung-RADS logic to compute the score and risk level.
- Generates the Impression section.
- Generates the Assessment and Recommendations section with the Lung-RADS category and follow-up management.
- Appends a Reference section.

Eligibility — exam code that triggers Lung Reporting

- Exam code 10181 (lung screening).

How to use it

1. Confirm that the Lung-RADS tech form is complete, and that nodule-level data has been inserted into the report.
2. Complete any narrative findings.
3. Press the [AI] button.

4. If any mandatory attributes are missing for a nodule, those attributes are highlighted in orange. Complete the missing information and press [AI] again.
5. Review the generated sections.

Example — Lung-RADS 3 report

Exam: low-dose CT lung screening. Two nodules entered through the Lung-RADS tech form; all mandatory attributes complete.

<<ASSESSMENT AND RECOMMENDATIONS>>
Lung-RADS Category 3. 6-month LDCT follow-up recommended.

<<IMPRESSION>>
1. Solid right upper lobe pulmonary nodule, 7 mm, new since prior.
2. Persistent partially solid left lower lobe nodule, 5 mm, stable.
3. Overall assessment: Lung-RADS 3.

<<REFERENCE>>
American College of Radiology Lung-RADS® v2022.

Limit
The Lung-RADS tech form supports up to four nodules. If any mandatory attributes are missing for a nodule, the Lung-RADS score for that exam will not be generated.

Radiologist review expectations

- Confirm nodule measurements, locations, and characterization.
- Confirm the computed Lung-RADS category and the recommended follow-up interval.
- All generated content requires radiologist review before sign-off.

8.4 Report Preference 1.1

[UPGRADED] Report Preference · Version 1.1
Adds two new customization options: custom abbreviations (expanded by Report Corrector) and Breast Imaging section customization.

Automatic Operates as Report Preference 1.0 (see Section 6.2), with two additional customization options.

New customization options in 1.1

Option	Description
Custom abbreviations	Define abbreviations and their full forms. Report Corrector automatically expands them. Example: setting hx → history causes Report Corrector to replace every instance of hx with history in the report.
Breast Imaging section customization	Customize the text and title of the Information About Breast Imaging section (Warning Section) produced by Breast Reporting.

All previously supported customization options from Report Preference 1.0 continue to apply (see Section 6.2).

How to configure

1. Provide the level (reading physician, facility, or facility group) and macro ID (0 for default, 1–4 for macro-keyed preference sets).
2. Provide each abbreviation and its full form for the custom abbreviations option in a CSV file.
3. Provide the desired text and title for the Breast Imaging section customization option.
4. Submit the configuration to the support team.

Radiologist review expectations

- Confirm that abbreviation expansions and Breast Imaging customizations match the intended preference set for this report.
- All generated content requires radiologist review before sign-off.

9. Workflow Overview

9.1 When Report Assistant becomes available

- Report Assistant becomes available the moment a report with <<Finding>> section is opened in the platform editor.
- Most sub-agents are invoked by pressing the [AI] button after dictation is complete.
- Some sub-agents activate automatically when exam-level criteria are met (for example, eligible for exam code or body region/modality combination).

9.2 Recommended workflow order

1. Dictate and finalize the Findings section.
2. Review the dictated content for completeness — pertinent negatives, measurements, lesion-level detail.
3. If a structured form is used (US Thyroid or Lung-RADS), confirm it is complete and that nodule-level data has been inserted into the report.
4. Press the [AI] button.
5. Review each generated section — Impression, Recommendation, Assessment, Reference, Corrector edits — before signing-off.
6. Edit any output as needed using the standard editor controls.
7. Sign the report. Purple Corrector highlights and other visual review markers are removed automatically.

10. Best Practices

Report Assistant is an assistive tool that supports — does not replace — radiologist judgment. The following practices are recommended to obtain consistent, high-quality output.

10.1 Review before sign-off

- Review every generated section before signing the report. All generated content requires radiologist review before sign-off.
- Confirm laterality, measurements, and pertinent negatives in the Impression.
- Confirm recommended follow-up intervals against current institutional and guideline standards.
- Inspect every Report Corrector to edit — reject any change that alters clinical meaning.

10.2 Use finalized findings before triggering Report Assistant

- Report Assistant produces the most consistent output when the Findings section is complete and finalized prior to pressing [AI].
- Partial, fragmentary, or contradictory findings may produce summary sections that require additional editing.
- If Findings are updated after [AI] has run, press [AI] again to regenerate.

10.3 Avoid editing template structures after generation

- Do not delete or rename the section headers (for example, <<IMPRESSION>>, <<RECOMMENDATIONS>>, <<ASSESSMENT AND RECOMMENDATIONS>>, <<REFERENCE>>, <<ADDITIONAL INFORMATION>>) after Report Assistant has populated them. These headers anchor the generated content.
- Edit within the sections rather than restructuring them.

10.4 Use preferences and macros consistently

- Configure a default preference set (Macro ID 0) that reflects the most common workflow.
- Reserve additional macro-keyed preference sets (Macro IDs 1–4) for specific scenarios — for example, concise impressions for high-volume reads, or detailed impressions for complex cases.
- Use Prompt Insertion (^^ … ^^) for one-time, per-report adjustments rather than for repeated behavior.

10.5 Structured reporting hygiene

- Confirm that mandatory nodule attributes are entered in structured forms (US Thyroid, Lung-RADS) before pressing [AI].
- Address orange-highlighted missing attributes and press [AI] again to obtain a complete score.
- Verify each computed score and recommended management against the source data and applicable guidelines.

11. Known Limitations

- Report Assistant does not interpret images. It operates on the dictated report text and exam metadata only.
- Report Assistant generates content from the findings present in the report. Findings that are not dictated will not appear in generated summary sections.
- Structured reporting workflows are activated only for the eligible exam codes specified for each workflow. Other exam codes use the default Impression and Recommendation behavior.
- The Lung-RADS tech form supports up to four nodules. The US Thyroid form supports up to four nodules. If any mandatory attributes are missing for a given nodule, a score will not be generated for that nodule.
- Body-region-specific and modality-specific Impression variants require that exam metadata include the expected body region and modality combination. Exams that do not match the eligibility criteria use the default Impression behavior.
- Breast Reporting requires that breast reporting forms be filled out and attached at the exam level, and that default, benign, and normal templates are configured on the site.
- All generated content requires radiologist review before sign-off.

12. Troubleshooting

Issue	Probable cause	Resolution
[AI] button has no effect	Report Assistant has been disabled at the reading physician, facility, or facility-group level (Report Assistant Version set to 0.0 in the active preference).	Contact your site administrator to confirm the active configuration and re-enable Report Assistant for the relevant level.
Generated output does not match preferred formatting	A different preference set is being applied — for example, a facility-level default is overriding the expected reading physician preference.	Confirm the active reading physician ID and the configured priority. Apply a macro override (^^readerprefX^^) for the current report if needed.
Macro override does not take effect	Macro syntax is incorrect, or the referenced Macro ID is not configured.	Confirm the syntax is exactly ^^readerprefX^^ where X is 1, 2, 3, or 4. Confirm that the Macro ID is configured for the active level.

Issue	Probable cause	Resolution
Body-region-specific Impression behavior not applied	Exam body region or modality does not match the eligibility criteria, or the exam code is not on the eligible list.	Verify exam metadata (body region, modality, exam code). The default Impression behavior is used when criteria are not met.
Structured reporting sections (Assessment, Reference) not generated	Exam code is not eligible for a structured reporting workflow, or the structured form was not completed.	Confirm the exam code matches the eligible code for Lung Reporting (10181) or Thyroid Reporting (18104). Confirm that the relevant form is complete. Confirm there is no missing information
Orange-highlighted fields appear after pressing [AI]	Mandatory attributes are missing from the structured form.	Complete the missing attributes in the form. Press [AI] again to regenerate.
No Recommendations section generated	No recommendations were presented in the dictated findings.	Confirm that any required follow-up or correlation was dictated. Press [AI] again after updating the findings.
Report Corrector edits not appearing	Report Corrector is disabled in the active preference, or a Prompt Insertion directive (^^ Turn off corrections ^^) is present in the report. Or the agent detected no errors.	Confirm the active preference and remove any Prompt Insertion directive that disables Report Corrector.
Purple highlights remain in signed report	Sign-off has not been completed correctly; the report is still in the review state.	Complete the standard sign-off procedure. Purple highlights are removed automatically on sign-off.
Custom abbreviation expansion not applied (3.5)	The abbreviation is not configured in the active preference set, or Report Corrector is disabled.	Confirm that the abbreviation is in the active preference. Confirm that Report Corrector is enabled.
Breast Reporting not activated	Exam code is not in the eligible breast imaging code list, or the breast reporting forms were not filled out.	Confirm the exam code is eligible and that the breast reporting form (and left/right breast ultrasound form when applicable) is complete.

Issue	Probable cause	Resolution
Output not in expected language or terminology	An active preference includes a custom Corrector instruction, or a Prompt Insertion directive is altering output (for example, translation).	Review the active preference and remove or modify the relevant Prompt Insertion.

13. Frequently Asked Questions

Q. Does Report Assistant interpret images?

A. No. Report Assistant operates only on the dictated report text and exam metadata. It does not analyze imaging studies and is not a diagnostic tool.

Q. Which Report Assistant version am I using?

A. Your site is configured to a specific Report Assistant version. The available sub-agents and behaviors depend on that version. Refer to Section 2 (Sub-Agents at a Glance) to determine which sub-agents are available, and to the corresponding version section for behavior details.

Q. Do I need to do anything special to invoke body-region-specific or modality-specific impressions?

A. No. Report Assistant detects body region and modality from exam metadata and applies the appropriate Impression variant automatically when [AI] is pressed. The Knee variant is available from Report Assistant 3.4; Head/Brain/Neck, Chest/Abdomen/Pelvis, and BMD variants are available from Report Assistant 3.5.

Q. How do I switch between concise and detailed impressions for a single report?

A. Use Prompt Insertion. Place ^^ Make impressions shorter ^^ or ^^ Make impressions more verbose ^^ in the report before pressing [AI]. For persistent preference, configure a macro-keyed preference set and trigger it with ^^readerprefX^^.

Q. What happens to the purple highlights and orange highlights when I sign the report?

A. Purple highlights (Report Corrector suggestions, from version 3.4 onward) and orange highlights (missing mandatory structured-form attributes) are visual review indicators only. They are removed automatically when the report is signed.

Q. Can I disable Report Corrector for a specific report?

A. Yes. Insert ^^ Turn off corrections ^^ anywhere in the report before pressing [AI]. To disable Report Corrector persistently for a reading physician, facility, or facility group, configure the preference accordingly (from Report Assistant 3.3 onward).

Q. What happens if a nodule is missing a required attribute?

A. The missing attribute is highlighted in orange in the report. The Lung-RADS or TI-RADS score will not be generated for that nodule until the attribute is provided. Complete the information and press [AI] again.

Q. How do I add a standard clinical guideline statement to my recommendations?

A. Use Prompt Insertion — for example, ^^ Include guidelines in the recommendations ^^ — for a one-time directive. For persistent behavior, configure a custom Recommendation instruction in your preference set (from Report Assistant 3.3 onward).

Q. Can I change my impression list formatting from numbered to bullets for one report?

A. Yes. Insert ^^ Use bullet points for the list items ^^ in the report before pressing [AI]. For persistent formatting, set the preferred list format in your default preference.

Q. What does Report Assistant do when there are no recommendations in my dictation?

A. It produces no Recommendations section. Report Assistant does not generate recommendations that are not present in the dictated findings.

Q. Is Report Assistant a substitute for the radiologist's judgment?

A. No. Report Assistant is an assistive tool that supports — does not replace — radiologist judgment. The reading physician is solely responsible for the final report and must carefully review all generated content before sign-off.

Q. How does Report Assistant know whether to use the facility preference or my personal preference?

A. Preferences are applied by priority: reading physician (highest), then facility, then facility group. The highest-priority preference set is applied automatically when [AI] is pressed.

Q. Can I have Report Assistant automatically expand my dictation abbreviations (e.g., hx to history)?

A. Yes, starting in Report Assistant 3.5. Configure the abbreviations in your Report Preference set; Report Corrector will then expand them automatically.

14. Glossary

Assessment
A summary classification of a finding, often based on a structured reporting framework (TI-RADS suspicion category, Lung-RADS category, or BI-RADS-aligned assessment). Drives the associated management recommendation.

Body region
The anatomical region addressed by an imaging exam (Head/Brain, Neck, Chest, Abdomen, Pelvis, Knee, etc.). Used to determine eligibility for body-region-specific Impression variants.

Breast Reporting
A structured Report Assistant sub-agent (introduced in 3.2) that generates standardized assessment categories and clinical recommendations for eligible US, MR, and MG breast exams.

Facility / Facility group
Administrative units at which Report Assistant preferences can be configured. A facility is a single site; a facility group is a set of sites managed together.

Findings
The section of the radiology report describes the observations from the imaging exam. Used as the primary input to Report Assistant.

Impression
The section of the radiology report summarizes the clinically significant findings. Generated by the Report Impression sub-agent.

Lung-RADS
The American College of Radiology Lung Reporting and Data System. A structured framework for assigning categories and management recommendations for lung screening CT findings.

Lung Reporting
A Report Assistant sub-agent (introduced in 3.5) that applies Lung-RADS logic to generate Impression, Assessment and Recommendations, and Reference sections for eligible lung screening exams.

Macro ID
An identifier (0–4) for a Report Assistant preference set. Macro ID 0 is the default. Macro IDs 1–4 is triggered by inserting ^^readerprefX^^ in the report.

MQSA
Mammography Quality Standards Act. A regulatory standard for mammography reporting that Breast Reporting aligns with.

Modality

The imaging technique used for the exam (CT, MR, US, XR, DXA, MG). Used to determine eligibility for modality-specific Impression variants.

Pertinent negatives
Findings explicitly noted to be absent that are clinically relevant.

Prompt Insertion
A Report Assistant sub-agent (introduced in 3.1) that allows a radiologist to insert a per-report directive by enclosing the instruction in double upper carets (^^ … ^^).

Recommendation
The section of the radiology report identifying clinical next steps. Generated by the Report Recommendation sub-agent.

Reference
A section appended to structured reports (TI-RADS, Lung-RADS) that cites the underlying clinical framework.

Report Assistant
The radiology reporting support model described in this guide. Composed of multiple sub-agents.

Report Corrector
A Report Assistant sub-agent (introduced in 3.1, upgraded in 3.4 to 2.0) that identifies and corrects language-level issues in the report.

Report Impression
A Report Assistant sub-agent (introduced in 3.0, upgraded through 1.1, 2.0 Knee, and 2.1 Head/Brain/Neck, Chest/Abdomen/Pelvis, BMD) that generates the Impression section.

Report Preference
A Report Assistant sub-agent (introduced in 3.3, upgraded in 3.5 to 1.1) that personalizes Report Assistant behavior at the reading physician, facility, or facility-group level.

Report Recommendation
A Report Assistant sub-agent (introduced in 3.0, upgraded in 3.1 to 1.1) that generates the Recommendations section.

Structured reporting
A report format in which findings are recorded against a defined schema, often aligned with a clinical framework (Lung-RADS, TI-RADS, BI-RADS).

Sub-agent
An individual component of Report Assistant. Each sub-agent addresses a specific part of the reporting workflow. Some are introduced or upgraded across versions.

Workflow and Reporting Platform

The underlying reporting environment that supplies exam, patient, and report data to Report Assistant.

Report Editor

The report editor in which the radiologist composes findings, invokes Report Assistant, reviews corrections, and signs the report.

Thyroid Reporting

A Report Assistant sub-agent (introduced in 3.4) that applies TI-RADS logic to generate Assessment and Recommendations, Impression, and Reference sections for eligible thyroid ultrasound exams.

TI-RADS

Thyroid Imaging Reporting and Data System. A structured framework for scoring thyroid nodules on ultrasound and determining management recommendations.