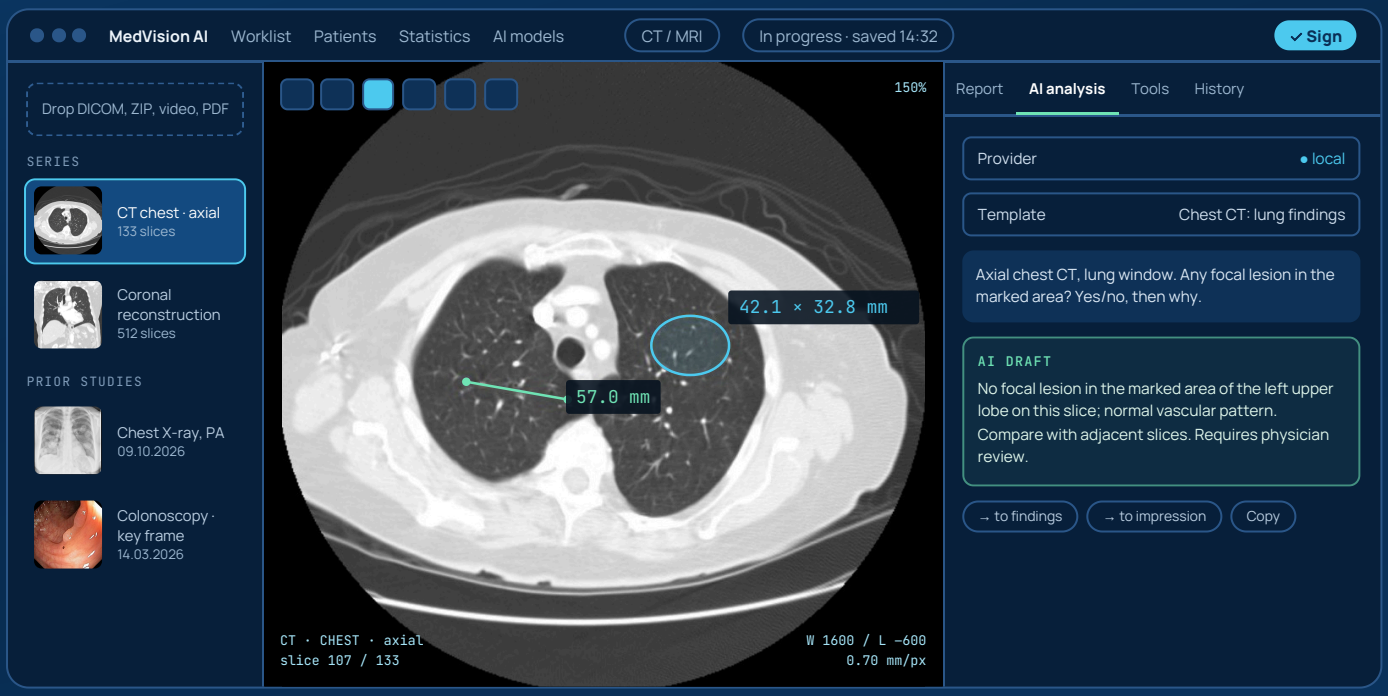
MEDICAL IMAGE ARCHIVE WITH AN AI ASSISTANT

Image, report and AI second opinion in one browser window

Tietorix MedVision AI combines study storage and viewing, structured reports for nine specialties, and medical AI models that run on your clinic's own server.

Request a demo →

30 minutes online · on anonymised studies



Interface illustration. Images: LIDC-IDRI (TCIA, CC BY 3.0), HyperKvasir (CC BY 4.0) and other public datasets. Patient data is fictional.

9
specialties with ready-made report forms

25+
scales and classifications: PI-RADS, BI-RADS, Bosniak, Paris…

117
structures in automatic CT segmentation, with volumes in ml

0
names, IDs or dates sent to AI models

From upload to signature without switching apps

The form turns itself into report text, calculators update as you type, and key images go onto the printed A4 report.

AI runs inside the clinic

All AI models run on your server. Images and reports never leave the hospital network; no cloud services are used.

The physician always decides

The AI answer stays a draft and a second opinion. Signing locks the report, and an audit log records every action and every AI call.

BASE PRODUCT

The complete diagnostic workstation

TIETORIX AI

01
Browser-based viewer
CT, MRI, X-ray, ultrasound, endoscopy. Three planes, CT window presets, cine loop, ruler and ellipse in mm, annotations on slices.

02
Import without manual entry
DICOM, ZIP, NIfTI, photos, video, PDF — up to 2 GB per upload. Patients and studies are created from file headers.

03
Structured reports
Specialty forms with lists of lesions, polyps and stones. Prostate volume, PSA density, IPSS and BBPS are calculated automatically.

04
AI image analysis
Medical AI models run on your server, with no cloud. Ready-made question templates; one click sends the answer to the findings.

05
Report assistant
Drafts the impression and recommendations, checks the text for contradictions, explains the result to the patient in plain language.

06
Numbers, not guesses
Chest X-ray classifier for 18 findings, and CT/MRI segmentation with volumes and density in HU.

07
Video and key frames
Colonoscopy or cystoscopy recordings play in the browser. One click adds a frame with a finding to the report.

08
Quality statistics
ADR, PDR, caecal intubation rate and withdrawal time for each physician. Workload by specialty for any period.

Specialties: Urology · Colonoscopy · Upper GI · Radiography · CT / MRI · Ultrasound · Gynaecology · Dermatology · Ophthalmology

STUDY WORKFLOW

Five steps from file to signed report

01
Upload
Drop a folder or ZIP. Hundreds of files group into series; the patient is matched by ID, name and date of birth.

02
Review
Scroll slices, change window and plane, measure with ruler and ellipse, add labelled arrows.

03
Report
Fill in the specialty form. “Findings from fields” turns it into coherent text.

04 · AI
Second opinion
Select a series and a question template. The answer streams in and is saved to history.

05
Sign and print
Signing records the physician and time. An A4 report with your letterhead and key images goes to print or PDF.

FORMATS

Accepts what your department has

FORMAT	WHAT HAPPENS
DICOM, ZIP	Grouped into series, one thumbnail per series
NIfTI	Volume in radiological orientation
JPG, PNG, TIFF	Endoscopy, dermoscopy, fundus, photos
MP4, MOV, AVI, MKV	Plays in the browser, automatic transcoding
PDF	Referrals and histology next to the images

COLONOSCOPY QUALITY

Indicators for each physician

INDICATOR	WHAT IT MEASURES	TARGET
ADR	Share of studies with an adenoma on histology	**≥ 25%**
CIR	Examination to the caecal pole	**≥ 90%**
Withdrawal	Mean time and share ≥ 6 minutes	**≥ 6 min**
Bowel prep	BBPS ≥ 6 and ≥ 2 in each segment	**≥ 90%**
PDR, SDR	Polyps and serrated lesions	—

REPORTS AND AI

Clinical scales built into the forms

TIETORIX AI

SPECIALTY	SECTIONS AND CLASSIFICATIONS	CALCULATED AUTOMATICALLY
Urology	Kidneys (SFU, Bosniak), stones with size and HU, bladder, prostate (PI-RADS v2.1, lesions by zone), scrotum (Dubin), cystoscopy, uroflowmetry	Prostate and bladder volume, PSA density, testicular volume, IPSS total with interpretation
Colonoscopy	Bowel prep (BBPS), polyps: Paris, NICE, JNET, Kudo, resection method, histology; IBD: Mayo, UCEIS, SES-CD, Rutgeerts	BBPS total with adequacy, UCEIS total
Upper GI	Oesophagitis (LA), Barrett's (Prague C/M), varices, atrophy (Kimura-Takemoto), H. pylori, ulcers (Forrest)	—
CT / MRI	Technique, lesions with follow-up, Lung-RADS, LI-RADS, PI-RADS, Bosniak, O-RADS MRI	Structure volumes via segmentation
Radiography	Projections, quality, chest, mammography (ACR, BI-RADS)	Scores for 18 findings from the classifier
Ultrasound	Abdomen, thyroid (TI-RADS), breast (BI-RADS)	Thyroid lobe volume
Gynaecology	Uterus, endometrium, fibroids (FIGO), ovaries (O-RADS), colposcopy (IFCPC 2011)	—
Dermatology	Lesion, ABCD rule (Stolz), 7-point checklist	TDS and checklist total with interpretation
Ophthalmology	Diabetic retinopathy OD/OS, macular oedema, retinal thickness on OCT	—

LOCAL AI

Three independent sources of a second opinion

LOCAL · PRIMARY

Primary medical model

X-ray, CT and MRI slice sets, endoscopy, ultrasound, dermoscopy.

Fast, concise answers to the physician's targeted questions.

LOCAL · CROSS-CHECK

Second independent model

An independent second opinion and structured reports.

Agreement between the two models increases confidence in the result.

NUMBERS

Specialised models for verification

Chest X-ray classifier: independent scores for 18 findings in 10–30 seconds.

Segmentation: 117 structures on CT, 50 on MRI, colour masks, volume in ml and density in HU.

PRIVACY

What the local AI model on your server receives

ALWAYS
Pixels of selected slices and the physician's question

IF TICKED
Age, sex, indication, study type

IF TICKED
Technical tags: modality, series, slice thickness

ASSISTANT ONLY
Report text, without images

NEVER
Name, ID, date of birth, study dates, insurance numbers

CUSTOMISATION AND DEPLOYMENT

Adapts to your clinic

TIETORIX AI

ON REQUEST

Unlimited customisation

The base product is ready to use. On top of it we add features for each institution's needs, without limits.

- **PACS integration** — DICOMweb, studies received directly from modalities
- **HIS and LIS connection** — HL7 and FHIR: orders, results, histology
- **Single sign-on** — AD, LDAP, SSO, HTTPS and air-gapped networks
- **New specialties** — Your institution's forms, scales and print templates
- **Voice input** — Dictation of findings and impression
- **Model selection and fine-tuning** — Quality validated on your data
- **Follow-up comparison** — Automatic report on current and prior studies
- **Branches and consults** — Shared archive and remote second opinion

WHO IT IS FOR

One tool for many departments

RADIOLOGY

CT, MRI, X-ray, ultrasound

Series archive, measurements, segmentation with volumes and a structured report in one window.

ENDOSCOPY AND UROLOGY

Video, key frames, scales

Key frames from recordings, forms with Paris, PI-RADS and IPSS, quality indicators per physician.

PRIVATE CLINICS

Fast start without a PACS

One server, browser access, reports with your letterhead and clear explanations for patients.

GETTING STARTED

01 **Demo, 30 minutes**
We show the full path from study upload to signed report.

02 **Pilot on your server**
We deploy the system in your network; physicians work with their own studies.

03 **Rollout and customisation**
We put the base product into service, add the features you need and train your staff.

No installation on workstations

The server sits in the hospital network; physicians work in a standard browser.

The database and files live in one folder, so a backup is a simple copy.

Local AI models run on the institution's server. We help define the hardware requirements.

Three roles: administrator, physician, viewer. The log records sign-ins, views, edits, signatures and AI calls.

See MedVision AI on your cases

Contact us for a demo: we will agree a time and discuss what your department needs.

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The AI models in the system are not medical devices: their output is a draft and a second opinion, and the physician writes and signs the conclusion. "On request" features are developed to customer requirements. All AI models run on the institution's local infrastructure; no data is sent to external services.