

HEALTH INFORMATION TECHNOLOGY

Index Tab All reporting modules



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The *Index* tab is present in all reporting modules and is the second in every tab set. Although the example below uses an vascular report, the general layout of the *Index* tab is the same for all of ASCEND's reporting modules.

🕤 Undo 🜈 Redo 🤶 Help 👔	Section	D LEARN	•	
Search Brior History		Vein Veins Findings Conclusions table		Findings Report
Index				Summary New summary item
History HPI and indications > Past medical history > Labs, prior procedures > Allergies, diet, and meds > Patient status, risk factors >		Conclusions (cont'd) Comparisons ▶ Recommendations ▶ Discharge ▶ Tables Artery table ▶	Abdominal aorta (com Conclusions ► Arterial mapping History ► Study ► Findings ► Conclusions ►	Recommendations Image: Commendation New recommendation Study data Image: Commendation Study data Image: Commendation Age: Commendation Birthdate: Patient birthdate: 07/12/1965. Age: Commendation Birthdate: Patient birthdate: 07/12/1965. Age: Commendation Birthdate: Patient is 53 year(s) old. Sex: Birth gender: male. Meight: Height: 165.1 cm. Height: Height: 65 in. Weight: Weight: 86.4 kg. Weight: 190 lb.
Study		Vein table ►	Carotids	Body mass index: BMI: 31.7 kg/m². ■ Body surface area: BSA: 2.02 m². ■ Lower extremity
Study data ► Procedure narrative ► Adverse outcomes ► Technical notes [not on report] ► Referral letter notes ► Urgent and critical findings ►		Content tabs Aorta and systemic arteries Peripheral grafts Aortic stents and grafts Systemic veins Renal anatomy and function	History ► Study ► Findings ► Conclusions ► Catheter History ►	venous duplex evaluation.
Findings		Special tabs	Study ► Findings ►	right common femoral, right femoral, right great saphenous, right small saphenous, right popliteal, left
Physiologic data ► Head, neck ► Aorta ►		Prior reports ► Diagrams ► Startup macros ►	Conclusions ► Dialysis access History ►	iliac, left common femoral, left femoral, left great saphenous, left small saphenous, and left popliteal veins. Image quality was adequate. Systemic veins
Abdominal ► Arteries ► Systemic veins ►⁄		Study-specific tabs Abdominal aorta	Study ► Findings ► Conclusions ►	<u>Right common iliac vein:</u> The entire vein is patent and upper normal-sized.
Conclusions		History ► Study ►	Digital vasospasm History →	with Valsalva. The vessel is compressible. There is no reflux by Valsalva and no reflux by compression.
Impressions >		Findings ►	Study ►	Right common femoral vein: The entire vein is patent and normal-sized. I The entire vein flow is normal.
<			· · · · · · · · · · · · · · · · · · ·	continuous and enontaneous. There is augmentation



The Index contains all of the finding groups in the reporting interface. A finding group is a collection of content about a given anatomical, functional, or procedural topic. The Index tab also lists other tabs and tables that are available within the reporting module.

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Search Index Prior History	Study Vein Veins Findings Conclusions table	Findings Report	
Index History	Conclusions (cont'd)	Abdominal aorta (com Recommendations	^
HPI and indications → Past medical history → Labs, prior procedures → Allergies, diet, and meds →	 Comparisons → □ Recommendations → □ Discharge → □ Tables Artery table → 	Conclusions ► Arterial mapping History ► Study ► Findings ► Conclusions ► New recommendation New recommendation Study ► Findings ► Conclusions ► Mew recommendation Study ► Birthdate: Patient birthdate: 07/12/1965. Image: Patient is 53 year(s) old. Image: Patient is 53 year(s) old. Image: Birthdate: Patient is 53 year(s) old. Image: Birthdate: Patient is 53 year(s) old. Image: Birthdate: Birthdate: Patient is 53 year(s) old. Image: Birthdate: Birthdate: 100 Image: 100 Image: 100 Image: 101 Image: 102 Image: 103 Image: 104 Image: 105 Image: 105 Image: 104 Image: 105 Image:	
Procedure narrative → Adverse outcomes → Technical notes [not on report] → Referral letter notes → Urgent and critical findings →	Image: Second system Vein table ► Image: Second system Content tabs Image: Second system Aorta and system Image: Second system Peripheral grafts ► Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system System Image: Second system Peripheral grafts ► Image: Second system Second system Image: Second system Peripheral grafts ► Image: Second system Second system <t< th=""><th>Carotids History ▶ Study ▶ Findings ▶ Conclusions ▶ Catheter History ▶ Study ▶ Study ▶ Findings ▶ Conclusions ▶ Catheter History ▶ Study ▶ Study ▶</th><th>;,</th></t<>	Carotids History ▶ Study ▶ Findings ▶ Conclusions ▶ Catheter History ▶ Study ▶ Study ▶ Findings ▶ Conclusions ▶ Catheter History ▶ Study ▶ Study ▶	;,
Aorta ▶	Special tabs □ Prior reports ► □ Diagrams ► □ Startup macros ►	Findings ► saphenous, right small saphenous, right popliteal, left Conclusions ► Dialysis access History ► Systemic veins	
Arteries ► Systemic veins ► Conclusions	Study-specific tabs Abdominal aorta History > Study > Findings >	Study ▶ Findings ▶ Conclusions ▶ Digital vasospasm History ▶ Study ▶ Scroll for additional content →	D
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As an example, additional procedural information can be added to the report by clicking on the heading *Procedure narrative* in the *Index* tab.

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Search Index Prior History		Vein Veins Findings Conclusions table		Findings Report
Index				Summary New summary item
History HPI and indications → Past medical history → Labs, prior procedures → Allergies, diet, and meds → Patient status, risk factors → Study Study data → Procedure narrative → Adverse outcomes → Technical notes [not on report] →		Conclusions (cont'd) Comparisons ▶ Recommendations ▶ Discharge ▶ Discharge ▶ Tables Artery table ▶ Vein table ▶ Content tabs Aorta and systemic arteries ▶ Peripheral grafts ▶	Abdominal aorta (cont Conclusions ► Arterial mapping History ► Study ► Findings ► Conclusions ► Carotids History ► Study ► Findings ► Conclusions ►	Recommendations Image: Commendation Study data Image: Commendation Study data Image: Commendation Birthdate: Patient birthdate: 07/12/1965. Age: Commendation Birthdate: Patient birthdate: 07/12/1965. Age: Commendation Patient is 53 year(s) old. Sex: Birth gender: male. Meight: Meight: 165.1 cm. Height: White. Height: Height: 165.1 cm. Height: 190 lb. Body mass index: BMI: 31.7 kg/m². Body surface area: BSA: 2.02 m². Lower extremity venous duplex evaluation. Objective: Diagnostic evaluation. Objective: Diagnostic Bilateral evaluation for evaluation of vein competency. Bilateral evaluation for evaluation of vein competency. Study date: Study date: 08/06/2018. E
Referral letter notes ► Urgent and critical findings ►		Aortic stents and grafts ► Systemic veins ►< Renal anatomy and function ►	Catheter History ► Study ►	Procedure narrative A vascular evaluation was performed with the patient in the supine position. Imaged vessel(s): the right iliac, right common femoral, right femoral, right great
Findings Physiologic data ► Head, neck ►		Special tabs Prior reports ► Diagrams ►	Findings ► Conclusions ► Dialysis access	saphenous, right small saphenous, right popliteal, left iliac, left common femoral, left femoral, left great saphenous, left small saphenous, and left popliteal veins. Image quality was adequate.
Aorta ► Abdominal ► Arteries ►		Startup macros Study-specific tabs	History ► Study ► Findings ►	Systemic veins <u>Right common iliac vein:</u> The entire vein is patent and upper normal-sized. The entire vein flow is normal,
Systemic veins ►✓ Conclusions		Abdominal aorta History ► Study ►	Conclusions ► Digital vasospasm History ►	continuous, and spontaneous. There is augmentation with Valsalva. The vessel is compressible. There is no reflux by Valsalva and no reflux by compression. No evidence of thrombus. ■
Impressions >		Findings ►	Study ► Scroll for additional content →	Right common femoral vein: The entire vein is patent and normal-sized. The entire vein flow is normal, continuous, and spontaneous. There is augmentation



Artery and vein flow tables can be accessed from the Index tab. Detailed content for artery, vein, and graft findings can be accessed via the links in the *Content tabs* section.

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Search Index Prior History S	tudy Vein Veins Findings Conclusions table		Findings Report
dex			Summary E New summary item
Past medical history → Labs, prior procedures → Allergies, diet, and meds →	Conclusions (cont'd) Comparisons ►	Abdominal aorta (con Conclusions ► Arterial mapping History ► Study ► Findings ► Conclusions ►	Recommendations Image: Commendation New recommendation Study data Image: Commendation Study data Image: Commendation Commendation Birthdate: Patient is 53 year(s) old. Image: Sex: Birth gender: male. Image: White: Image: Height: Height: 165.1 cm. Image: Height: 190 lb. G5 in. Image: Weight: Weight: 86.4 kg. Image: Weight: 190 lb.
Study	Vein table ►	Carotids	■ Body mass index: BMI: 31.7 kg/m ² . ■ Body surface area: BSA: 2.02 m ² . ■ Lower extremity
Procedure narrative ► (Adverse outcomes ► (Technical notes [not on report] ► (Referral letter notes ► (■ Content tabs ■ Aorta and systemic arteries ▶ ■ Peripheral grafts ▶ ■ Aortic stents and grafts ▶ ■ Systemic veins ▶ ■ Renal anatomy and function ▶	History ► Study ► Findings ► Conclusions ► Catheter History ►	venous duplex evaluation. <u>Objective</u> : Diagnostic evaluation. <u>Location</u> : Vascular laboratory. Bilateral evaluation for evaluation of vein competency <u>Study date</u> : Study date: 08/06/2018. Procedure narrative A vascular evaluation was performed with the patient in the supine position. Imaged vessel(s): the right iliac
Findings	Special tabs	Study ► Findings ►	right common femoral, right femoral, right great saphenous, right small saphenous, right popliteal, left
Head, neck → () Aorta → () Abdominal → () Arteries → () Systemic veins → () Conclusions	 Prior reports ▶ Diagrams ▶ Startup macros ▶ Study-specific tabs Abdominal aorta History ▶ Study ▶ Findings ▶ 	Conclusions ► Dialysis access History ► Study ► Findings ► Conclusions ► Digital vasospasm History ► Study ► roll for additional content →	iliac, left common femoral, left femoral, left great saphenous, left small saphenous, and left popliteal veins. Image quality was adequate. ■ Systemic veins ■ <u>Right common iliac vein:</u> The entire vein is patent a upper normal-sized. ■ The entire vein flow is norm continuous, and spontaneous. There is augmentativ with Valsalva. The vessel is compressible. There is reflux by Valsalva and no reflux by compression. ■ No evidence of thrombus. ■ <u>Right common femoral vein:</u> The entire vein is pate and normal-sized. ■ The entire vein flow is normal
ASCEND		>	continuous and spontaneous. There is augmentation 8.0 v

The *Special tabs* section includes links to prior reports (if available), interactive diagrams, and startup macros that are available for that reporting module.

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Search Index Prior History S	udy Vein Veins Findings Conclusions table		Findings Report	
Index			Summary New summary item	^
History HPI and indications > Past medical history > Labs, prior procedures > Allergies, diet, and meds > Patient status, risk factors >	Recommendations → ■ Discharge → ■ Tables ■ Artery table → ■	Abdominal aorta (cont Conclusions ► Arterial mapping History ► Study ► Findings ► Conclusions ►	Recommendations Image: Commendation Study data Image: Commendation Study data Image: Commendation Birthdate: Patient birthdate: 07/12/1965. Image: Age: Commendation White. Image: Height: Height: 165.1 Commendation White. Image: Height: Weight: 86.4 Kg. Image: Weight: 190 Ib. Image: Body mass index: BMI: 31.7 Kg/m². Image: Body	
Study Study data ► Procedure narrative ► Adverse outcomes ► Technical notes [not on report] ► Referral letter notes ► Urgent and critical findings ►	Aorta and systemic arteries ▶ Peripheral grafts ▶ Aortic stents and grafts ▶ Systemic veins ▶	Carotids History ► Study ► Findings ► Conclusions ► Catheter History ►	surface area: BSA: 2.02 m². ■ Lower extremity venous duplex evaluation. Objective: Diagnostic evaluation. Location: Vascular laboratory. Bilateral evaluation for evaluation of vein competency. ■ Study date: Study date: 08/06/2018. Procedure narrative ■ A vascular evaluation was performed with the patient in the supine position. Imaged vessel(s): the right iliac,	
Findings Physiologic data ▶ Head, neck ▶ Aorta ▶	Diagrams	Study ► Findings ► Conclusions ► Dialysis access	right common femoral, right femoral, right great saphenous, right small saphenous, right popliteal, left iliac, left common femoral, left femoral, left great saphenous, left small saphenous, and left popliteal veins. Image quality was adequate.	
Abdominal ► E Arteries ► E Systemic veins ► E	Study-specific tabs	History ► Study ► Findings ► Conclusions ►	Systemic veins <u>Right common iliac vein</u> : The entire vein is patent and upper normal-sized. The entire vein flow is normal, continuous, and spontaneous. There is augmentation with Valsalva. The vessel is compressible. There is no	
Conclusions Impressions ► E	Study ► Findings ►	Digital vasospasm History → Study → roll for additional content →	reflux by Valsalva and no reflux by compression. No evidence of thrombus. <u>Right common femoral vein:</u> The entire vein is patent and normal-sized. The entire vein flow is normal, continuous, and spontaneous. There is augmentation	~

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The *Study-specific tabs* section provides users with a list of every tab associated with the study types supported by that reporting module.

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Search Index Prior History	Study	Vein Veins Findings Conclusions table		Findings Report
Index				Summary New summary item
History HPI and indications → Past medical history → Labs, prior procedures → Allergies, diet, and meds → Patient status, risk factors → Study Study data → Procedure narrative → Adverse outcomes → Technical notes [not on report] → Referral letter notes → Urgent and critical findings →		Conclusions (cont'd) □ Comparisons ▶ □ Recommendations ▶ □ Discharge ▶ □ Discharge ▶ □ Tables □ Artery table ▶ ∨ Vein table ▶ ∨ Content tabs □ Aorta and systemic arteries ▶ Peripheral grafts ▶ Aortic stents and grafts ▶ Systemic veins ▶< Renal anatomy and function ▶ >	Abdominal aorta (con Conclusions + Arterial mapping History + Study + Findings + Conclusions + Carotids History + Study + Findings + Study + Findings + Conclusions + Prindings + Conclusions + Prindings + Conclusions +	Recommendations □ New recommendation Study data □ Study data □ □ Birthdate: Patient birthdate: 07/12/1965. □ Age: Patient is 53 year(s) old. □ Sex: Birth gender: male. □ White. □ Height: Height: 165.1 cm. □ Height: 65 in. □ Weight: Weight: 86.4 kg. □ Weight: 190 lb. □ Body mass index: BMI: 31.7 kg/m². □ Body surface area: BSA: 2.02 m². □ Lower extremity venous duplex evaluation. □ Objective: Diagnostic evaluation. □ Location: Vascular laboratory. □ Bilateral evaluation for evaluation of vein competency. □ Study date: Study date: 08/06/2018. □ Procedure narrative □ □ A vascular evaluation was performed with the patient in the supine position. Imaged vessel(s): the right iliac,
Findings		Special tabs	Study ► Findings ►	right common femoral, right femoral, right great saphenous, right small saphenous, right popliteal, left
Physiologic data ▶ Head, neck ▶		Prior reports ► Diagrams ►	Findings ► Conclusions ► Dialysis access	iliac, left common femoral, left femoral, left great saphenous, left small saphenous, and left popliteal veins. Image quality was adequate.
Aorta ► Abdominal ► Arteries ► Systemic veins ►⁄		Startup macros > Study-specific tabs Abdominal aorta	History ► Study ► Findings ► Conclusions ►	Systemic veins <u>Right common iliac vein:</u> The entire vein is patent and upper normal-sized. The entire vein flow is normal, continuous, and spontaneous. There is augmentation
Conclusions	_	History ► Study ►	Digital vasospasm History ►	with Valsalva. The vessel is compressible. There is no reflux by Valsalva and no reflux by compression. No evidence of thrombus. ■
Impressions >		Findings Scr	Study ► roll for additional content →	Right common femoral vein: The entire vein is patent and normal-sized. The entire vein flow is normal, continuous, and spontaneous. There is augmentation

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S Undo 🔆 Options 🔘 LEARN Redo Help Veins Findings 0 Findings Conclusions Prior History Study Vein Report table Index reports Search Right common iliac vein Summary New summary item RLE . Description 1 New Recommendations ^ R common iliac V New recommendation Vessel location Whole vessel $\mathbf{x} \mathbf{x}$ R internal iliac **X** Overall Patent Study data 🔳 R external iliac Visualization \mathbf{T} Poorly visualized Birthdate: Patient birthdate: 07/12/1965. Age: Patient is 53 year(s) old. Sex: Birth gender: male. White. Height: Height: R common femoral Size Upper normal size **T** X 165.1 cm. E Height: 65 in. Weight: Weight: 86.4 kg. Weight: Diameter (cm) w. R superficial femoral + 190 lb. E Body mass index: BMI: 31.7 kg/m². E Body surface area: Course Normal \mathbf{T} BSA: 2.02 m². E Lower extremity venous duplex evaluation. R s-f junction > Objective: Diagnostic evaluation. E Location: Vascular laboratory. Tortuosity Tortuous \mathbf{T} Bilateral evaluation for evaluation of vein competency. E Study date: R great saphenous > Displaced Ŧ Study date: 08/06/2018. R small saphenous > Displacement level \mathbf{T} Procedure narrative Drainage and connections \mathbf{v} R s-p junction + A vascular evaluation was performed with the patient in the supine Calcification $\mathbf{v} \in \mathbf{I}$ R popliteal > position. Imaged vessel(s): the right iliac, right common femoral, right Observations Ŧ femoral, right great saphenous, right small saphenous, right popliteal, R peroneal > left iliac, left common femoral, left femoral, left great saphenous, left Flow properties small saphenous, and left popliteal veins. Image quality was 1 New R post tibial > adequate. 🗏 Vessel location Whole vessel ***** X R ant tibial > Systemic veins ▼ × Flow pattern Normal R gastrocnemius > Right common iliac vein: The entire vein is patent and upper normal-Phasicity, flow Continuous ▼ × sized. E The entire vein flow is normal, continuous, and spontaneous. R soleal Spontaneity Yes ▼ × There is augmentation with Valsalva. The vessel is compressible. LLE . Valsalva ▼ × Augmentation There is no reflux by Valsalva and no reflux by compression. evidence of thrombus. Compressibility Compressible ***** × L common iliac > Right common femoral vein: The entire vein is patent and normal-Reflux by Valsalva ***** X Absent L internal iliac > sized. E The entire vein flow is normal, continuous, and spontaneous. Reflux by compression Absent ***** X There is augmentation with Valsalva. The vessel is compressible. L external iliac > There is no reflux by Valsalva and no reflux by compression. No evidence of... Thrombus ***** X v evidence of thrombus. L common femoral > ThroScroll for additional content -> Cannot exclude Right superficial femoral vein: The vein is well visualized, normalsized and normal 🗏 Distal vessel lesion: There is a thromhosis in ASCEND

To view a tab that is not currently shown, simply click on the tab name within the Index.

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