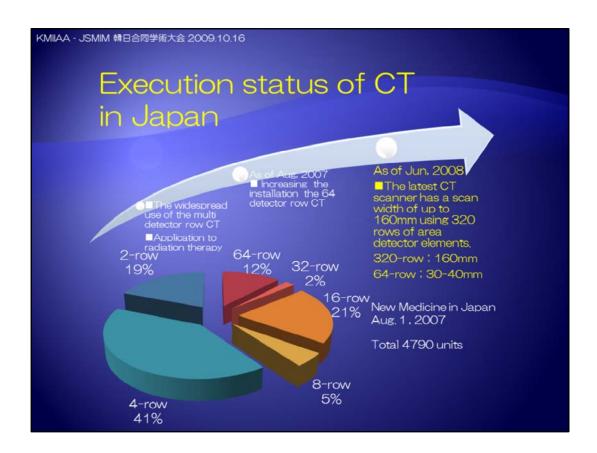


Thank you, Mr. Chairman.

I really appreciate this opportunity.

Today, I am going to give a presentation under the title of the availability of network system for medical image processing.



Let me first introduction of my presentation.

In recent years, the multi detector row CT scanner is have been installed widespread in Japan.

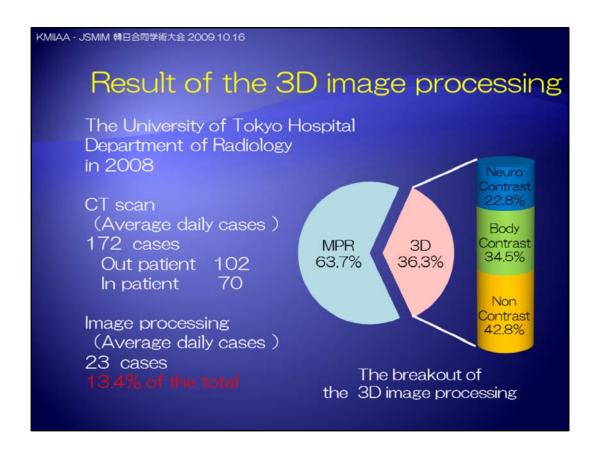
Since 2007, installation of the 64 detector row CT scanner is increasing. And in 2008, the area detector CT scanner was appeared.

KMIIAA - JSMIM 韓日合同学術大会 2009.10.16 Merits of using the volume data from the MDCT The multi detector row CT scanner is possible to wide scan range by thin slice thickness in short scan time, and we use the volume data more often than before. Therefore, almost catheterization angiography replaced CT angiography using the 3D image reconstruction. Merits — Possible one-day outpatient Low intervention level for patients Possible reduction until emergency surgery Reduction of patient cost Useful information for surgery planning

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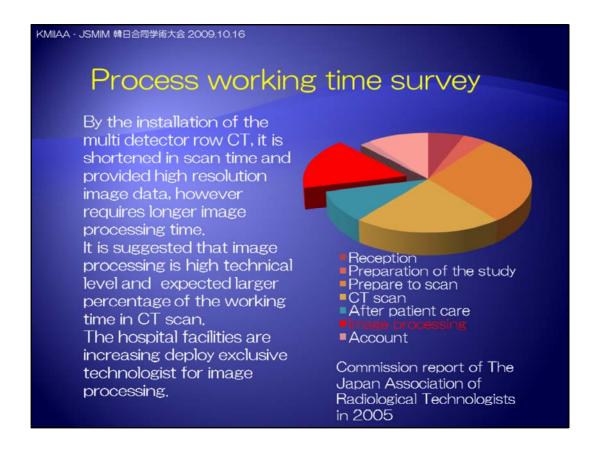
Merits

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Low intervention level for patients
Possible shortening until emergency surgery
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Useful information for surgery planning



This show that number of the 3D image processing cases in Tokyo university hospital 2008.

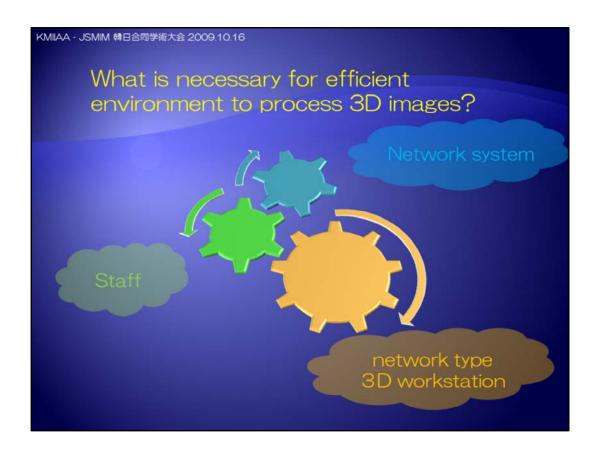
The contrast CT study account for over half of the 3D image processing cases. Many these cases are intended vascular disease, so it is required advanced techniques and accurate interpretation of the CT images.



By the installation of the multi detector row CT, it is shortened in scan time and provieded high resolution image data, however requires longer image processing time. This result is the CT scans working time by the Japan Association of Radiological Technologist in 2005.

It is suggested that image processing is high technical level and expected larger percentage of the working time in the CT scans.

The hospital facilities are increasing deploy exclusive technologsit for image processing.



It is necessary for efficient environment 3D image processing to staff appropriately and establish a network system which is able to make the best use of them.

Purpose

In recent years, more hospitals have begun to use network type medical image processors (3D workstation) which is composed of a server and clients because of performance advances at computers.

For this reason, several people are able to process the 3D images at the same time.

In this study, we report availability of using the network type 3D workstation at medical image process operation.

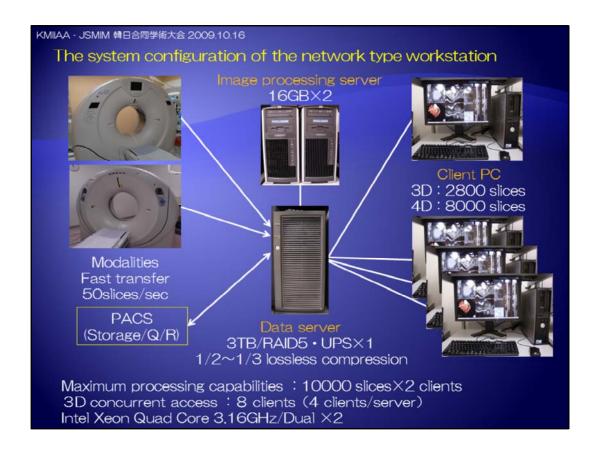
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We measured time to make image processing such as coronary analysis and the 3D image construction by the volume rendering, and evaluated efficiency by estimating time to need for processing per a client.

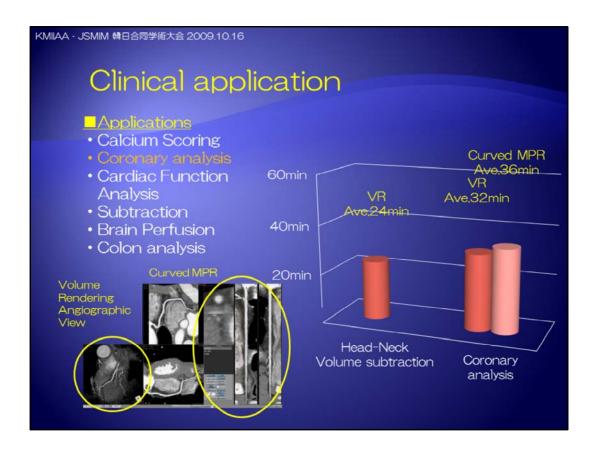
CT: Auilion ONE (Toshiba)
3D workstation: ZIO system 1000

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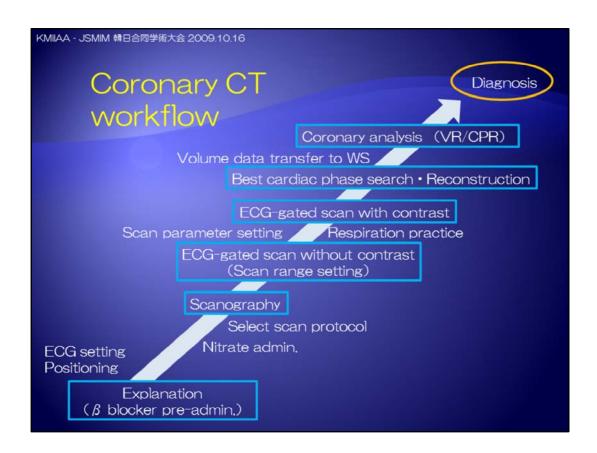
The system configuration of the network type workstation.

This system consists of the data server, image processing server and multi clients. Cases can be resumed from saved workspaces in the data server, streamlining workflow.



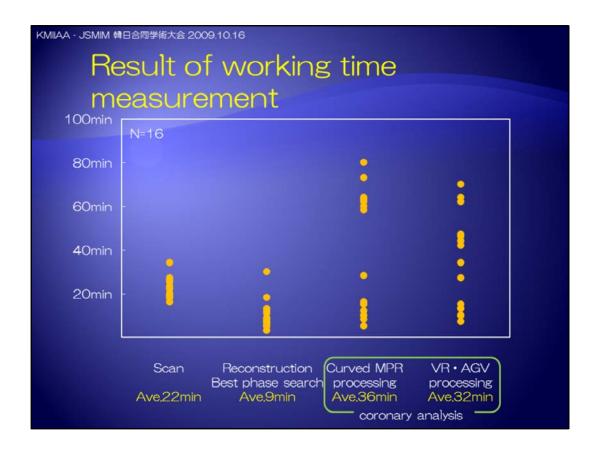
The 3D workstation includes various analysis tools.

The applications of the coronary analysis are curved MPR and volume rendering. The coronary analysis time is longer than other the 3D image processing time. The processing time vary according to the applications, among them, efficient the operation of the coronary analysis is important for improvement of the 3D image processing throughput.

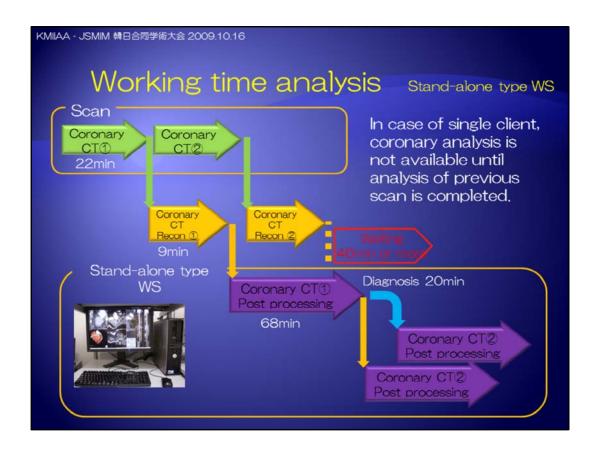


The coronary CT workflows has many processes.

Therefore it is more higher technical level than any other CT examination workflows.

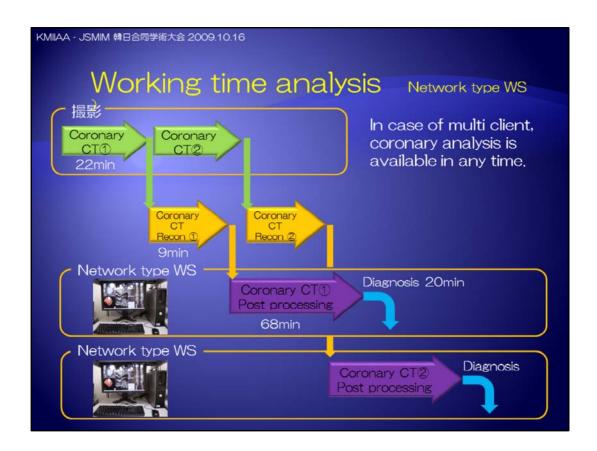


The coronary analysis time is about 100 minutes, as the result of working time measurement.



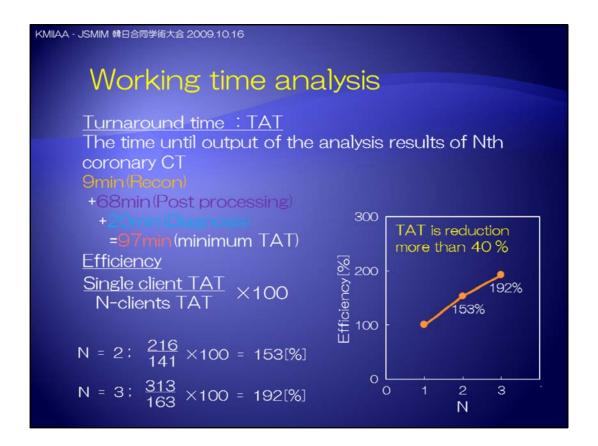
This slid shows that working time analysis using the stand-alone type workstation. In this case, coronary analysis is not available until analysis of previous scan is completed.

And it is impossible to diagnose on a workstation at the same time processing coronary analysis.



However, using the network type workstation, waiting time is eliminated by distributing coronary analysis to each clients.

Diagnosis and analysis of coronary is able to hold at the same time.

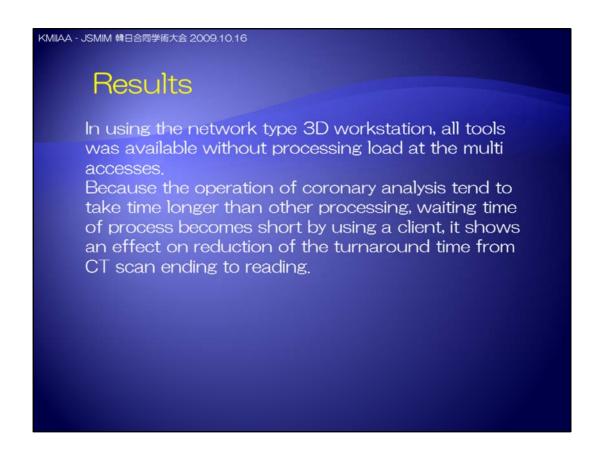


We define the time until output of the analysis results as turnaround time.

Using a network type workstation, turnaround time is minimized because of without waiting time to image processing and diagnosis.

The efficiency is the turnaround time ratio to single client and N-clients in N-cases coronary CT scans.

The turnaround time by multi clients is less increasing rate than single client, the efficiency improve depending on clients.



In using the network type 3D workstation, all tools was available without processing load at the multi accesses.

Because the operation of coronary analysis tend to take time longer than other processing, waiting time of process becomes short by using a client, it shows an effect on reduction of the turnaround time from CT scan ending to reading.

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Conclusions

The network type 3D workstation of multi-client system is useful in improvement of the 3D image processing throughput.

The network type is better than the stand-alone type in cost performance, and it has advantage of consolidating images.

However, an thorough security measure is necessary to each client computers such as protection against viruses and restriction on the access to the network through the use of passwords for prevent illegal use. In the years ahead, it is thought that standardization of operation and management procedures is necessary for the network type 3D workstation

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