



pathagility™

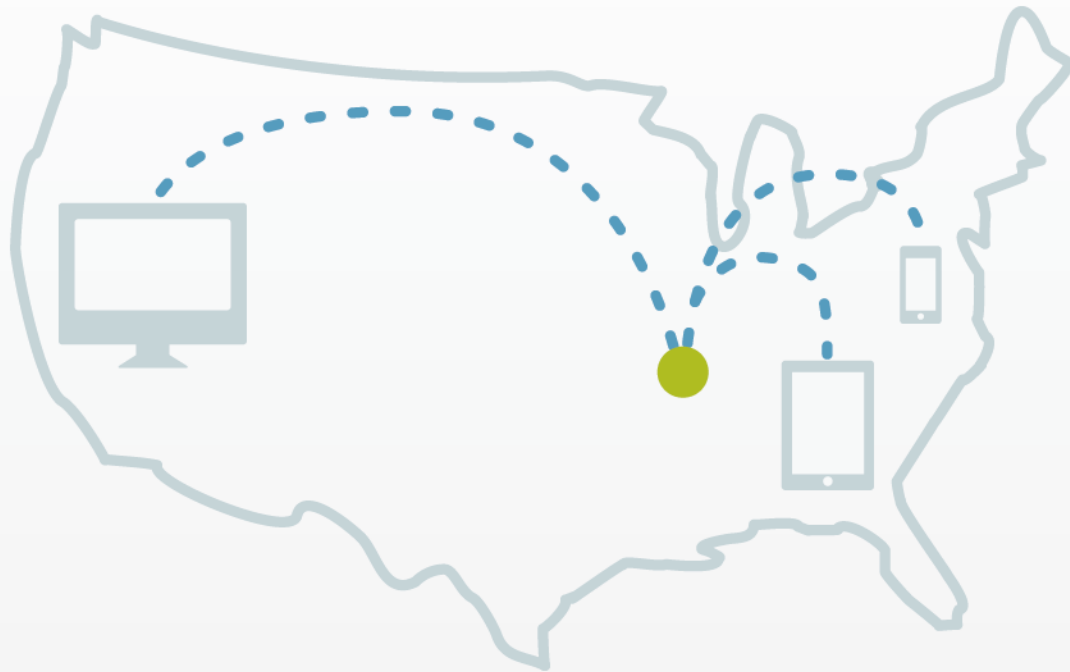
Laboratory workflow, reporting, and
communication made simple—online.

Laboratory data made simple.

In an industry overrun with complicated and expensive data systems, we're helping new laboratories manage their clinical data more efficiently than ever.



Create, manage & share data with ease.



SaaS (Software as a Service): It's the essence of Pathagility's technology. Generate, manage, and share clinical data with partners, providers, and healthcare institutions, all from one easy-to-use, web-based platform.



A platform tailored to you.

PATHAGILITY IS FULLY CUSTOMIZABLE



CREATE CUSTOM WORKFLOWS WITH WORKPATH

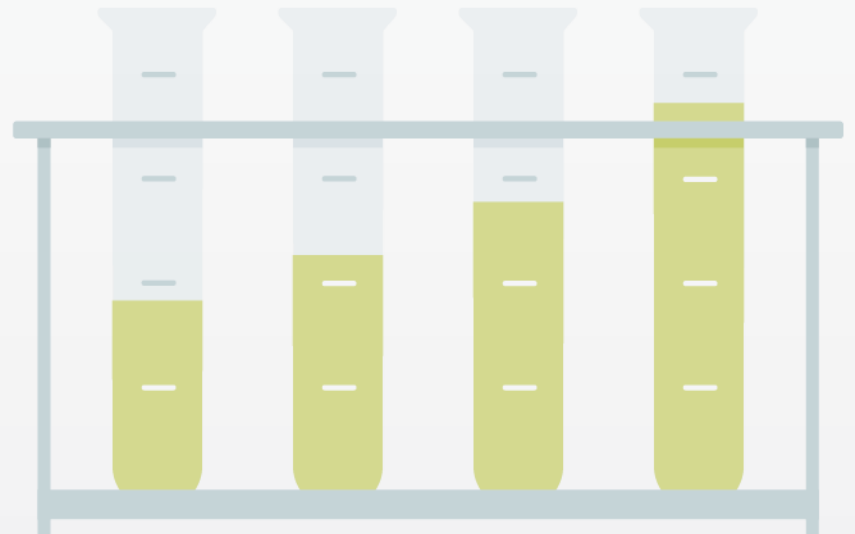


INTEGRATES WITH YOUR EXISTING LIS



Pathagility grows with you.

- Scalable technology evolves with your business.
- SaaS-powered platform allows for fast functionality enhancements.



All your data. One convenient location.

- One, streamlined view of all relevant data.
- Integrates data from all existing systems.
- Provides clarity and ease of use for your clients.



Create stunning, presentable reports.

- Generate clean, professionally-formatted reports with **ReportPath** technology
- Customize templates to accommodate client preferences

Theirs

Patterson, Beverly, Age 43, Female
DOB: 8/21/1966
FNA left thyroid

GROSS:

Received for examination are 41 ml of slightly bloody fluid fixative with matter labeled with the patient's name and six alcohol-fixed smears. The smears are stained by the Papanicolaou method. Two pop-stained smears are prepared from the fluid fixative. The specimen is derived from a fine aspiration from the left lobe of the thyroid gland.

MICROSCOPIC:

Microscopic examination reveals background blood and numerous smudges as relatively abundant colloid. There are a moderate number of follicular groups, most of which are arranged in sheets with focal nuclear overlap. Overwhelming majority of the follicular epithelial cell nuclei are monotonous. One group does exhibit evidence of nuclear grooving; however, pseudoinclusions are not appreciated. Given the large number of monotonous background colloid, a hyperplastic nodular goiter is favored. The overall less likely possibility of a follicular neoplasm. Please correlate with clinical history.

DIAGNOSIS:

THYROID GLAND, LEFT LOBE, FINE NEEDLE ASPIRATION
ABUNDANT MACROPHAGES, BACKGROUND COLLOID
MODERATE NUMBER OF FOLLICULAR EPITHELIAL GROUPS.
SEE MICROSCOPIC DESCRIPTION.

Described by: Richard S. Sumner, M.D., FRCPath
D: 02-40-10 E: 02-04-10

Ours

ProtoPath Clinical Laboratory
123 Main Street
Anytown, TX 55555
Phone: 555-555-5555
Fax: 555-555-5555

Accession #: XK-1234
Patient Name: Jane Doe
DOB: 2/6/79
Gender: Female
MRN: 12345

Collected: 6/20/12
Received: 6/20/12
Reported: 6/20/12

Ordering Physician: Joe Smith M.D.
123 Main Street
Somewhere, USA 55555

Clinical History: Screening, colon polyp.

Final Diagnosis
A. Colon, sigmoid, polypectomy:
- TUBULOVILLOUS ADENOMA WITH HIGH-GRADE DYSPLASIA
- Hyperplastic polyp
B. Colon, rectum, polypectomy:
- Hyperplastic polyp

GROSS DESCRIPTION:
The specimen is received in formalin in two parts. Specimen A is labeled proximal gastric polyp. It consists of 3.5 x 1.5 x 1.0 cm dark brown polypoid structure. The specimen is bisected entirely submitted in blocks A-1 and A-2.
Specimen B is labeled distal gastric polyp. It consists of single 1.0 cm in greatest dimension tan polypoid structure. The specimen is bisected and entirely submitted.

MICROSCOPIC EXAMINATION:
Microscopic examination of specimen A reveals a polypoid structure composed of benign gastric epithelial elements. The surface of the specimen shows areas of erosion and replacement of the surface epithelium by neutrophils. The underlying stroma is composed of granulation tissue and edematous fibrous tissue. Acute and chronic inflammatory cells are scattered throughout the stroma. There are areas of intestinal metaplasia. Some of the glandular structures present within the edematous stroma are dilated. Giemsa stain reveals no definite Helicobacter-like organisms. The Giemsa stain control reacts appropriately.

Specimen A

Specimen B

John Smith M.D.
(Electronic Signature) 6/20/12 12:00 PM
CPT Codes: 12345

Patient Name: Jane Doe
Physician: Joe Smith M.D.
Case Number: XK-1234

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A smart solution that's sensibly priced.



ONE ANNUAL
SUBSCRIPTION



ONGOING UPGRADES
INCLUDED



NO HARDWARE OR
SOFTWARE EXPENSES



IT SUPPORT
INCLUDED

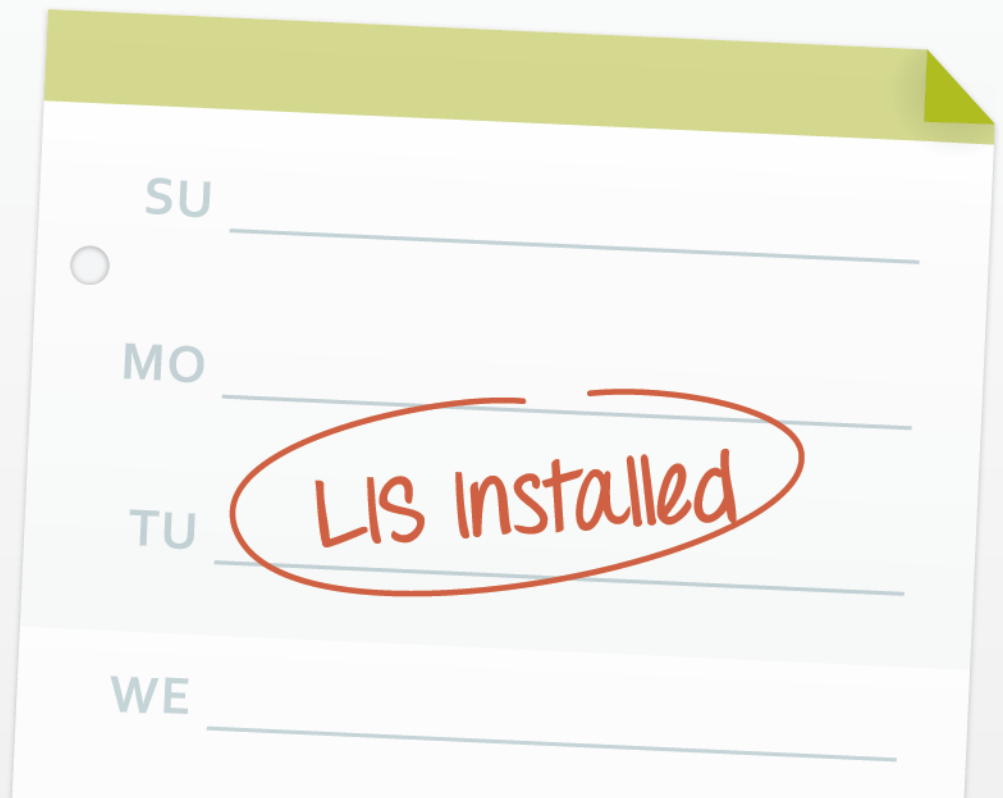


BACKUP PROTECTION
INCLUDED



Implement your LIS – ASAP.

Get your LIS up and running
in as soon as a week.



The Pathagility partnership

Your LIS is the lifeblood of your clinic.
It's why we're not just a platform;
we're a partner.

Contact us to learn more about what
a Pathagility partnership can do for you.

(888) 222-2792
kyle@pathagility.com

