



Ascent[™] Software Options



MGC Diagnostics' Ascent software is a comprehensive, user-friendly platform designed to streamline and enhance pulmonary function testing (PFT), cardiopulmonary exercise testing (CPET and analysis). With a wide range of software options and capabilities, Ascent empowers healthcare professionals to deliver accurate and efficient patient care.

Software **OPTIONS**





First Things First...

Ascent[™] software: Your Path to Elevated Cardiorespiratory Diagnostics

MGC Diagnostics' Ascent[™] software is the cornerstone of streamlined workflow solutions. This versatile platform seamlessly integrates pulmonary function testing (PFT) and cardiopulmonary exercise testing (CPET) into a single, intuitive interface. Ascent software offers a suite of customizable testing options to streamline your laboratory workflow.

Take Your Diagnostics to New Heights. | Explore Our Software Options.



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Streamline your exercise testing workflow

When a diagnosis is unclear, CPET with ECG can help identify cardiac or pulmonary limitations not evident with basic PFT, resting ECG, or stress ECG.



Testing

Customizable Testing Options

Ascent software offers a suite of customizable testing options to streamline your laboratory workflow. Integrating seamlessly with Ascent, these additional testing capabilities empower you to expand your services, enhance patient care, and drive clinical decision-making.

BRONCHIAL PROVOCATION

PN: 147902-301 | SW ASCENT BRONCH PROV OPTION - SINGLE PN: 147902-305 | SW ASCENT BRONCH PROV OPTION - CPFS/D PN: 147902-307 | SW ASCENT BRONCH PROV OPTION - NETWORKED PN: 147902-332 | SW ASCENT BRONCH PROV OPTION - ENTERPRISE +6

Bronchial Provocation tests airway sensitivity by exposing patients to a challenge agent like Methacholine. The test measures lung function before and after each dose, looking for a decrease in FEV1 or an increase in Raw or sGaw. A positive response indicates airway hyper-reactivity.

O Protocol Guidance: The Protocol guides the technician through increasing challenge stages.

- Positive Indicators: The Protocol can have up to 2 positive indicators to trigger the next stage.
- O Timer Functionality: A timer can be used for consistent drug administration between stages.
- O Protocol Log: The Protocol Log allows for manual adjustments to the protocol and stage definitions.
- O BRP Trend: The BRP Trend summarizes the patient's response to the protocol.



ECG & VO2 TESTING WITH MORTARA

PN 147902-318 | SW ASCENT CARDIO2 ECG OPTION



SIX-MINUTE WALK TEST (6MWT)

00:11 Test Male 41417083, 33 Year

00:11

PN: 147902-315 | SW ASCENT SIX MINUTE WALK TEST OPTION

Ascent software's 6MWT option, paired with the Nonin WristOx₂ 3150 Bluetooth[®] Pulse Oximeter, streamlines patient testing. This integrated solution offers wireless convenience, mobile flexibility, comprehensive data capture, O_2 Titration capabilities, and customizable testing options.



ExFVL



Monitor Exercise Flow Volume loops during an exercise test to evaluate the presence and severity of expiratory flow limitation and dynamic hyperinflation.



EXERCISE

PN: 147902-322 | SW ASCENT EXERCISE GX OPTION

This feature allows the user to perform true breath by breath metabolic analysis during cardiopulmonary exercise testing (CPET) for complete assessment of functional capacity and cardiorespiratory diagnostics. Easily interfaces with ergometers (cycles and treadmills).



NUTRITION



PN: 147902-323 | SW ASCENT NUTRITION GX OPTION

This feature allows the user to perform nutritional assessments of resting energy expenditure (REE) and substrate utilization on spontaneously breathing subjects using one of the system's comfortable patient interfaces, including the preVent face mask or face tent.



HAST

PN: 147902-321 | SW ASCENT HAST OPTION – SINGLE PN: 147902-328 | SW ASCENT HAST OPTION - NETWORKED

High Altitude Simulation Test (HAST) which tests a patient's ability to deal with the physiologic demands of high altitude. A HAST test can aid in the assessment of specifically compromised patients planning on air travel or vacations at higher altitudes in order to ultimately determine risk of oxygen desaturation. The test does not require the collection of traditional GX data. Ascent will allow users to enter results or events manually or perform a test with SpO₂ and Heart Rate data collected.



FORCED OSCILLATION TECHNIQUE (FOT)



PN: 147902-320 | SW ASCENT FOT OPTION

The forced oscillation technique (FOT) is a noninvasive method with which to measure respiratory mechanics

MGCD utilizes the Resmon Pro FULL (V3) device to perform the FOT testing. The test is performed using the Resmon Pro Full, and the data is then imported into the Ascent database via the Ascent Data Services. The test result data can then be reviewed and reported on from within the Ascent software.

PATIENT QUERY

PN: 147902-330 | SW ASCENT DATA QUERY – SINGLE PN: 147902-325 | SW ASCENT DATA QUERY – NETWORKED

The Data Query option can be used to compile a list of patients thato meet predefined criteria for use in studies or other research. The user or researcher can query a standard SQL database for one to numerous criteria such as patient demographic information, PF variables and visit information. Several queries can be created, depending on the values required for the study.

Data Query has options to easily print or preview reports and export data from the patient database in Comma Separated Values (CSV) or Microsoft[®] Excel formats. Users and researchers can then view and manipulate the data to suit their particular needs.

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Analysis

Powerful analysis and expert interpretation

Accurate Pulmonary Function and Exercise data interpretation is essential. Ascent offers both automated interpretation algorithms and manual review by healthcare professionals to identify respiratory limitations and assess overall cardiopulmonary health.

	Statements Auto Interpretation
Pulmonary Function Gas Exchange	
A Cardiopulmonary Stress Test was performed on a 34 year	ar old White Female. The patient performed testing on a Bike using a
20 Watt Ramp protocol and exercised for a total of 10:10 r	nin.
The exercise was maximal as shown by a RER of 1.20 at p	eak exercise. The peak VO2 was 28.7 mL/kg/min which is 99% of
predicted. The VO2 at anaerobic threshold was 26.1 mL/k	g/min which was 91% of the predicted VO2 max (normal >40%). Heart
ate at peak exercise was 152 bpm or 81% of predicted with or 50% of predicted with a breathing reserve of 49.3%. The	th a heart rate reserve of 34 BMM. VE at peak exercise was 64.8 L/min e Vd/Vt - est was 0.35 at rest (normal >0.25) and at maximum exercise
vas 0.15 (normal <0.20). VE/VCO2 was 29 at AT (normal <	<34 mmHg) and PETCO2 at AT was 38 mmHg(normal >35 mmHg).
SUMMARY:	
Maximal exercise test. The peak V02 is classified as norm	nal.
arived from Wasserman K et al Principles of Evercise T	estion and interpretation 5th Ed. Wolters Kluwer 2012

EXERCISE CONSULT

PN 147902-313 | SW ASCENT EXERCISE CONSULT OPTION – SINGLE PN 147902-314 | SW ASCENT EXERCISE CONSULT OPTION - NETWORKED PN: 147902-335 | SW ASCENT EXERCISE CONSULT OPTION - ENTERPRISE +6

Exercise Consult is the ability for a user with appropriate permissions to run an automatic exercise consultation for a patient visit using a set of rules created and edited by the user along with their interpretation statements to populate the consulting interpretation of the visit.

EXERSCRIPT

PN: 147902-317 | SW ASCENT EXERSCRIPT OPTION – SINGLE PN: 147902-327 | SW ASCENT EXERSCRIPT OPTION - NETWORKED

Exerscript analyzes patient data to provide a prescriptive exercise program for the patient.



PULMONARY CONSULT

wiew Status: Not Reviewed 🐦	Quick Code 🛉 Statements Auto Interpretation
Pulmonary Function Gas Exchange	
The BLCO is norma's however, the diffusing capacity benchoditators, there is no significant response. Conclusion: Norma's lignority, Norma' Lung volumes pulmonary blood volume, alveolar hemorrhage or erytt	as not corrected for the patient's hemoglobin. Following administration of by nitrogen washout. DLCO values are consistent with increased trocytosis.

PN: 147902-304 | SW ASCENT PULM CONSULT OPTION – SINGLE PN: 147902-309 | SW ASCENT PULM CONSULT OPTION - CPFS/D – SINGLE PN: 147902-310 | SW ASCENT PULM CONSULT OPTION – NETWORKED PN:147902-334 SW ASCENT PULM CONSULT OPTION - ENTERPRISE +6

Pulmonary Consult is an automated tool that uses predefined rules to analyze patient visit data and generate a pulmonary consultation report. This report includes an interpretation based on the 2022 ATS/ ERS Pulmonary Interpretation guidelines, including a statement for potential Zephyr Valve candidates. The tool also incorporates the 2022 Interpretive Strategies, which analyze changes in FEV1Q over time.

ELECTRONIC SIGNATURE

PN: 147902-303 SW ASCENT ELECTRONIC SIGNATURE OPTION - SINGLE PN147902-308 SW ASCENT ELECTRONIC SIGNATURE OPTION - NETWORKED PN: 147902-333 SW ASCENT ELECTRONIC SIGNATURE OPTION - ENTERPRISE +6

Electronic Signature is a way for the interpreting physician to complete the pulmonary or exercise interpretation and to electronically sign his/her name to that interpretation. Once a patient visit has been signed, the visit and all of its associated data is locked and may not be changed except by someone who has the rights to do so. If the interpretation is changed, the original electronic signature is removed.

By clicking the box, I agree to sign this docu understand that signing documents using th binding effect as signing my signature using	ment with an electronic signature. I further his electronic signature will have the same legally g pen and paper.
O I Agree	I Disagree
Confirm Password:	
Please confirm your password in order to el	ectronically sign this visit.
Password	

NETWORKING

PN 147902-302 | SW ASCENT NETWORKING OPTION - PF/GX PN 147902-306 | SW ASCENT NETWORKING OPTION - CPFS/D

- O Links diagnostic and review workstations to share and store data in a central Microsoft SQL Server® database.
- This allows all workstations to use one database, either through a local area network (LAN) or a wide area network (WAN).
- O Reports, reference values, and statements can be standardized across sites.

OFFLINE MODE

PN 147902-311 | SW ASCENT OFFLINE MODE OPTION/WORKSTATION

Offline testing refers to the ability of a user to utilize Ascent while no longer connected to a shared/network database. Ascent requires a connection to our SQL database at all times. Two offline modes have been implemented: "network outage" and "remote testing." Remote testing can be used if there is a need to use Ascent while not having the ability to be connected to the network databases; the application can be taken "offline," and the user can continue to perform patient tests. Network Outage is used when the disconnection to the network unexpectedly occurs; the system will automatically go to network outage, and testing can still be performed. Either way, when the network becomes available again, the offline mode database can be synced back to the network database.

AUTOMATIC EXPORT

PN 147902-312 | SW ASCENT AUTOMATIC EXPORT OPTION - SINGLE PN 147902-329 | SW ASCENT AUTOMATIC EXPORT OPTION - NETWORKED

Allows users to export a PDF or Text Report to a specific location. The export option determines if the selected PDF or Text Reports are exported upon the posting of the patient visit and if the option to update the report is available in Physician Review.

DATA FILE EXPORT

PN 147902-324 | SW ASCENT DATA FILE EXPORT - SINGLE PN 147902-330 | SW ASCENT DATA FILE EXPORT - NETWORKED

Allows users to export an XML file to a specific location. The export option determines if XML data is exported upon the posting of the patient visit.



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Export Options
Export Option 🧭
Locked PDF/Text Export (Review only)
Report
(None)
Text Report
(None) 🗸
Export Location
C:\Users\Jessica-H\Desktop\MGC Jess
🕢 Export Data File

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