

Dear Inobitec Developers,

Our Virtual Surgical Planning and 3D Printing Unit at Pereira Rossell Hospital Center Radiology Department has been using Inobitec DICOM Viewer PRO with the Extended Segmentation Module for over 2 years now and I am writing this letter as a short review of our great experience with it.

The first outstanding feature I would like to highlight is how an intuitive tool it is, since after only a 1-hour online demo, I was able to successfully start working on my own cases. As a radiologist, my time is very valuable, and I usually think twice before migrating to new software options because of the time it takes to learn my way around new tools. With Inobitec, however, my learning curve was very fast and I am glad I made the decision to give it a try.

Before using Inobitec, I had tried many popular commercial and open-source segmentation software. I can therefore confidently affirm that with Inobitec I can achieve better quality biomodeling results in less than half the time it would take me with other available software tools. It offers a great variety of automatic tools to segment the usual anatomical structures of interest (bone, vessels, airway), paired with excellent algorithms to make it easier to post process 3D structures. Even usually tedious tasks such as separating adjacent bones or isolating heart cavities and vessels are ready semi-automatically in a couple minutes. It also offers the usual manual segmentation tools (watershed, region growing, brushes) but they have gone one step further to improve them and make them very responsive.

Achieved biomodels look great and it offers a very useful feature of overlaying biomodels to DICOM planes and transparency mode, which greatly improve complex patient feature understanding for surgical planning. The available "cutting tools" and "cut-object tools" together with the possibility of "union", "subtraction" and "intersection", as well as "growing" and "shrinking" tools have allowed us to plan initial steps of resection surgery. In addition, the "virtual endoscopy" mode has been a magnificent addition to complete patient evaluation and make the most of their medical images to achieve better clinical and surgical outcomes.

Finally, I would like to highlight the excellent post-sales at Inobitec team, which are always very responsive of questions and suggestions for image processing and biomodeling. They have also taken into consideration many suggestions I have made as a user, which I have been glad to see included in following versions of the software.

In conclusion, Inobitec DICOM Viewer Pro rapidly became an essential tool of our Virtual Planning and 3D Printing Unit at Pereira Rossell Hospital Center due to its outstanding possibilities in biomodeling, the fast learning curve and the many time-saving intuitive tools available.

Best regards,



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