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Browser recommendations

To ensure uninterrupted functioning of your Exa platform product, we strongly recommend the following:

- Manage and deploy updates to Chromium in a test environment prior to full deployment.
- On all clients, turn off automatic updates in Google Chrome by following these steps:
- 1. In Windows, press Windows + R.
- 2. In the Run dialog, type msconfig and press Enter.
- 3. In System Configuration, on the Services tab, select the Hide all Microsoft services checkbox.
- 4. Clear the following checkboxes as shown in the figure below:
 - Google Updater Internal Service
 - Google Updater Service

🧟 System Configuration		
General Boot Services Startup Tools		
Service	Manufacturer ^	
ExpressConnect AP Selector Service	Rivet Networks, LLC.	
FortiClient Service Scheduler	Fortinet Inc.	
Forticlient Endpoint Protected Process Service	Fortinet Inc.	
Google Chrome Elevation Service (GoogleChromeElevationService)	Google LLC	
Google Updater Internal Service (GoogleUpdaterInternalService131.0.	Google LLC	
✓ Google Updater Service (GoogleUpdaterService 131.0.6776.0)	Google LLC	
Credential valit Host Control Service	Broadcom Corporation	
Credential Vault Host Storage	Broadcom Corporation	
✓ Intel(R) Optane(TM) Memory Service	Intel Corporation	
✓ Intel(R) Graphics Command Center Service	Intel Corporation	
Intel(R) HD Graphics Control Panel Service	Intel Corporation	
<	>	
Note that some secure Microsoft services may not be disabled.	Enable all Disable all	
✓ Hide all Microsoft services		
OK Cancel	Apply Help	

5. Select Apply, OK.

6. If prompted, restart your computer.

Specifications in this release

This version of your Exa platform product was validated using the product versions listed below.

Application	Version
Windows Client	Windows 10 Pro (19045.5011) Windows 11 Pro 23H2, 22631.4317/4391
Google Chrome (client browser)	Version 130.0.6723.70 (Official Build) (64-bit)
Windows Server	Windows Server 2022 Standard

For system requirements, see the user's manual.

New Features

Summary

• No new features in this release.

Customer Requested Improvements

Summary

No customer improvements in this release.

Other Improvements

Summary

• Various improvements to performance and the UI.

Bug Fixes

Summary

- When transcriptions are configured to auto-open and the user opens an unread study, the Study Already Opened message no longer erroneously appears.
- When outbound ORU HL7 messages are configured to trigger on pre-approval of reports, if a radiologist preapproves a linked study, ORU messages are now sent for all studies linked to that study.
- When DICOM-sending under transfer syntax JPEG Lossless, Nonhierarchical (Processes 14), the correct transfer syntax is now recorded in the move_order log.
- When Auto Reorder Images for XA or OT series is set to Image Number Inverse, and then opening an XA or OT study, the first image is no longer blank.
- When adding a critical finding from the worklist, a corresponding entry now consistently appears in the audit log.
- Restored the ability to generate patient statement CSV or XLS (Excel) files.
- In Web Trans, users can now right-click words marked as misspelled and select to add them to the server's dictionary.
- In the Alberta configuration, users are now prevented from creating claims without entering a referring provider.
- In Exa Trans, when selecting templates to load, selecting the All checkbox now causes all available templates to appear in the dropdown list.
- In Exa Trans, pressing F5 two times to refresh the browser no longer deletes any unsaved dictation.
- If a patient statement is generated twice with Show in Claim Inquiry selected, the system now only retains one instance in the transaction details.

Summary

- Fixed a problem in which OpalForwarder did not receive or parse all files sent to it.
- After DICOM-sending a study, subsequently sending its approved report through Opal now succeeds (the study status changes and the report remains attached).
- After burning studies that were previously merged or split, Client Viewer no longer considers them to be a single study.