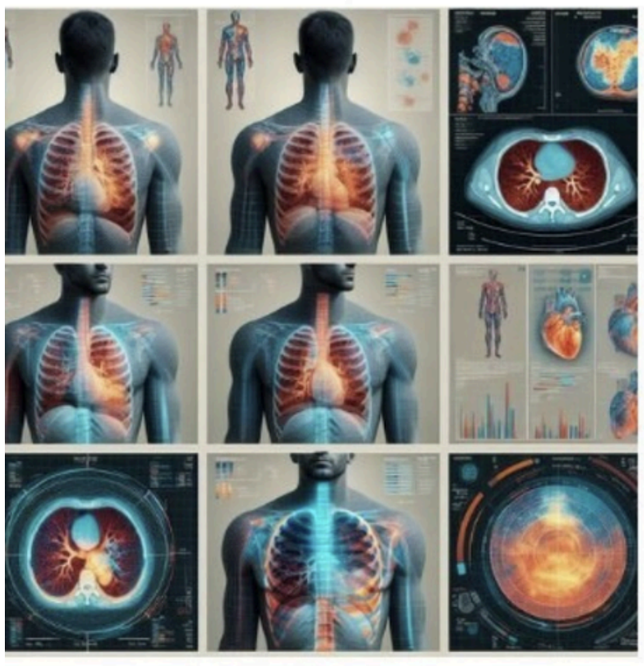
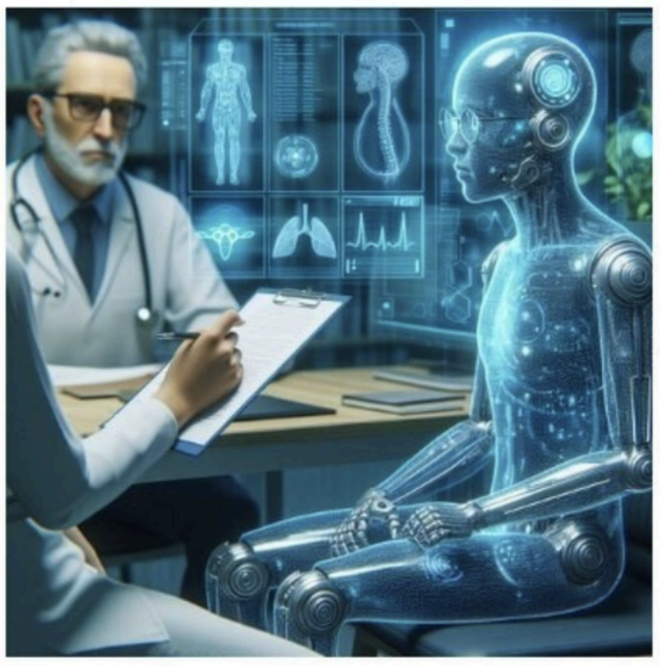
DeepInfinity AI

DeepInfinity AI

AI-Powered Clinical Documentation & Imaging Intelligence



AI Radiology Report



Doctor Patient Summary



Convert Medical Report Audio File to Text

Agentic AI for Modern Hospital Workflows

DeepInfinity.ai is an **AI-powered platform** for hospitals, automating **clinical documentation** and **workflows** across **Radiology, Emergency, ICU, OPD,** and more. Its **Voice Agentic AI** goes beyond transcription—understanding clinical context, triggering workflows, and auto-populating **EHR** fields. Radiologists generate **ready-to-sign reports** in seconds, while **clinicians create structured**, coded notes instantly—improving **efficiency, reducing burnout**, and enhancing **diagnostic accuracy.**

- **Agentic voice workflows** — action-driven, not just transcription
- **Smart imaging APIs** with **99% CXR** normal detection accuracy
- **Seamless EHR, HIMS & PACS integration**
- **Multilingual support** (Hindi, Telugu, Tamil, Kannada & more)
- Available on **Desktop, Mobile, Chrome Extension** & MS Word support.

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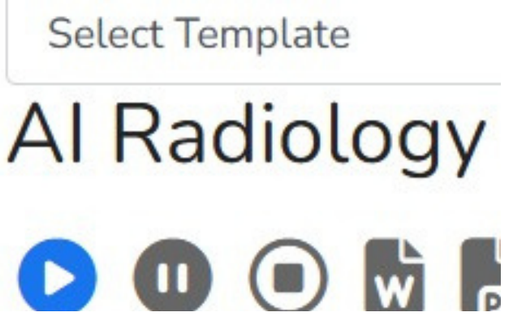
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Our Services



DeepScribe AI - AI Radiology Report Generation

Our AI accurately transcribes radiologists' spoken words into structured text, capturing every detail with high precision.

01

Benefits for Radiologists:

- Dictate, Don't Type
- Reduced Workload
- Improved Patient Care



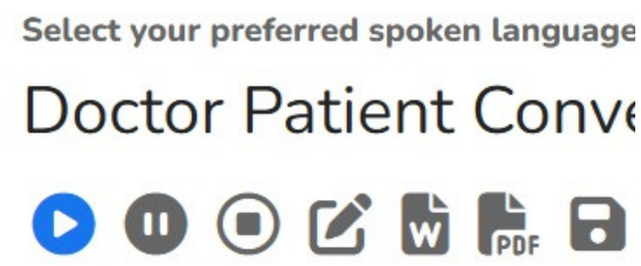
DeepConverse AI - Doctor Patient Conversation Summary AI Report

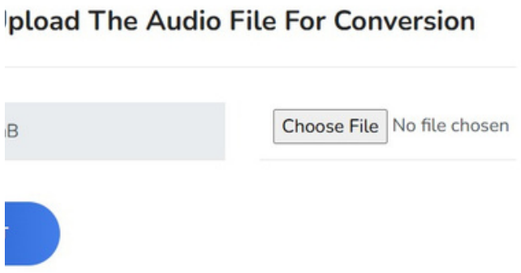
Revolutionize doctor-patient interactions with our AI-powered conversation summarization tool.

02

Our AI Solution:

- Automatically Summarize Conversations Improved Efficiency
- Enhanced Patient Engagement





Discharge Summary - Clinical Notes-Prescription

- DeepScribe AI uses advanced speech-to-text technology to automate clinical documentation in real time.
- Clinicians can dictate notes on the go.
- DeepScribe captures and formats the information instantly.

03

Save Time - Improve Accuracy Boost Efficiency

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Chest X-Ray Clinical Agent

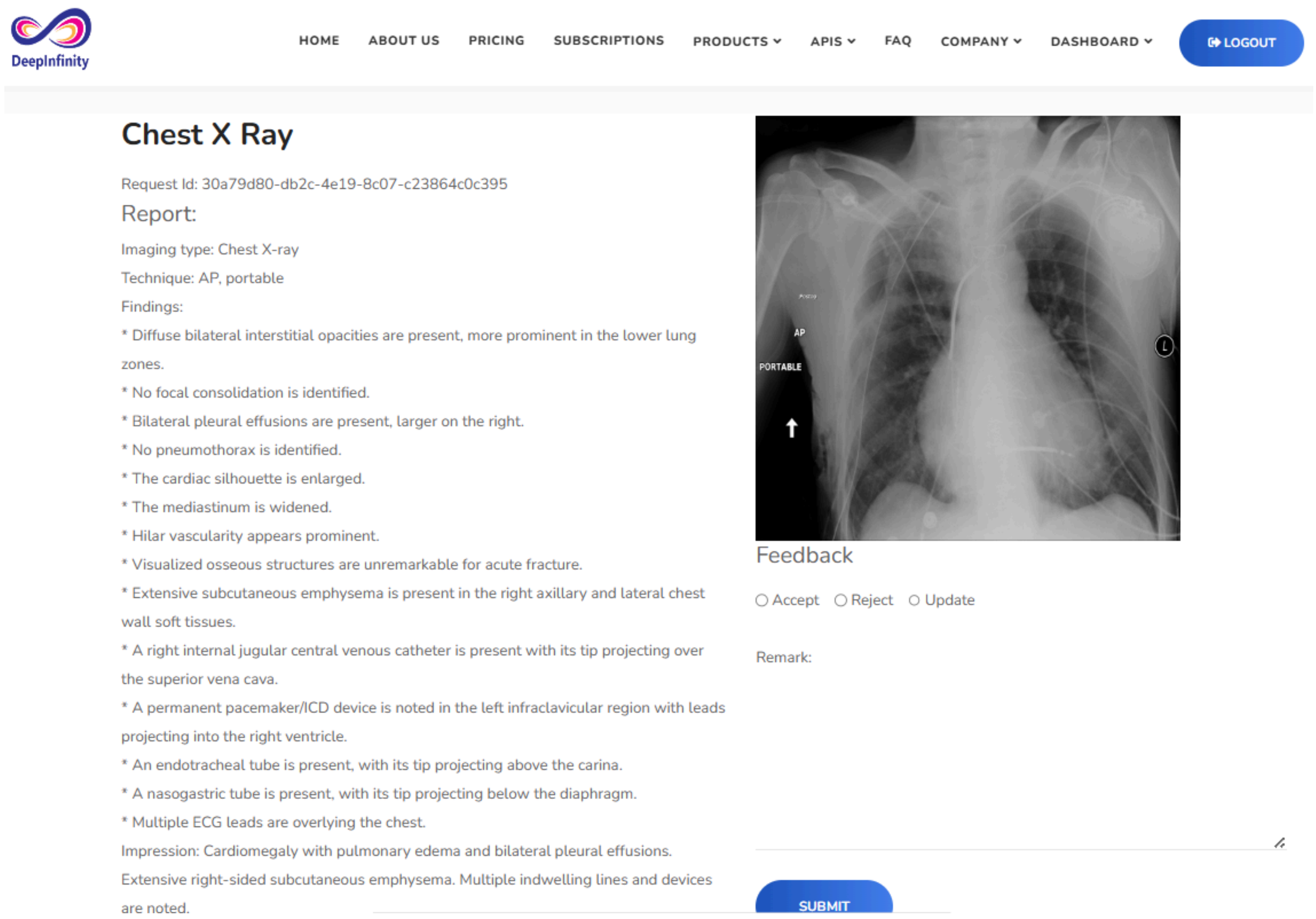
Supporting clinical workflows through structured intelligence.

Problem

Chest X-ray interpretation and documentation are often **time-consuming** and variable, **especially in high-volume clinical settings.**

Solution

We provide a clinical reporting system that converts chest X-ray images into structured, clinically familiar reports, supporting interpretation, documentation, and workflow efficiency.



Structured Chest X-Ray Clinical Report

- **Imaging Type**
- **Technique**
- **Findings**
- **Impression**
- **Clinician Remarks &**

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AI Agents Powering the Future of Hospitals & Radiology

From booking to diagnosis to follow-up — intelligent AI agents working 24×7 across patient care, radiology, and hospital operations.

What We Do

DeepInfinity.ai deploys secure, clinically aligned AI Agents that automate hospital workflows, enhance radiology efficiency, improve chronic disease management, and elevate patient engagement.

Key AI Agent Use Cases :

AI Radiology WorkFlow Agent :

- Automatically assigns studies by modality, urgency, and radiologist availability
- Instantly flags STAT & critical cases for priority review
- Cuts reporting Turnaround Time (TAT) by 30–50%

Clinical Decision Support AI Agent

Assists clinicians with protocol suggestions, prior case comparisons, and guideline-based recommendations

- Improves clinical accuracy and consistency
- Supports decision-making without replacing physician judgment

Patient Alert & Follow-Up Agent:

Automated notifications for reports, appointments, follow-ups, and medication reminders via SMS, WhatsApp, or App

Chronic Disease Monitoring Agent :

Continuously monitors patients with diabetes, hypertension, cardiac and oncology conditions, enabling early alerts and timely clinical interventions. Clinical reports incorporate standardized alert codes (e.g., CANCER, CRITICAL, ADDITION) to clearly indicate the urgency and nature of findings.

DeepInfinity.ai
Intelligent AI Agents for **Safer, Faster, Smarter Healthcare**

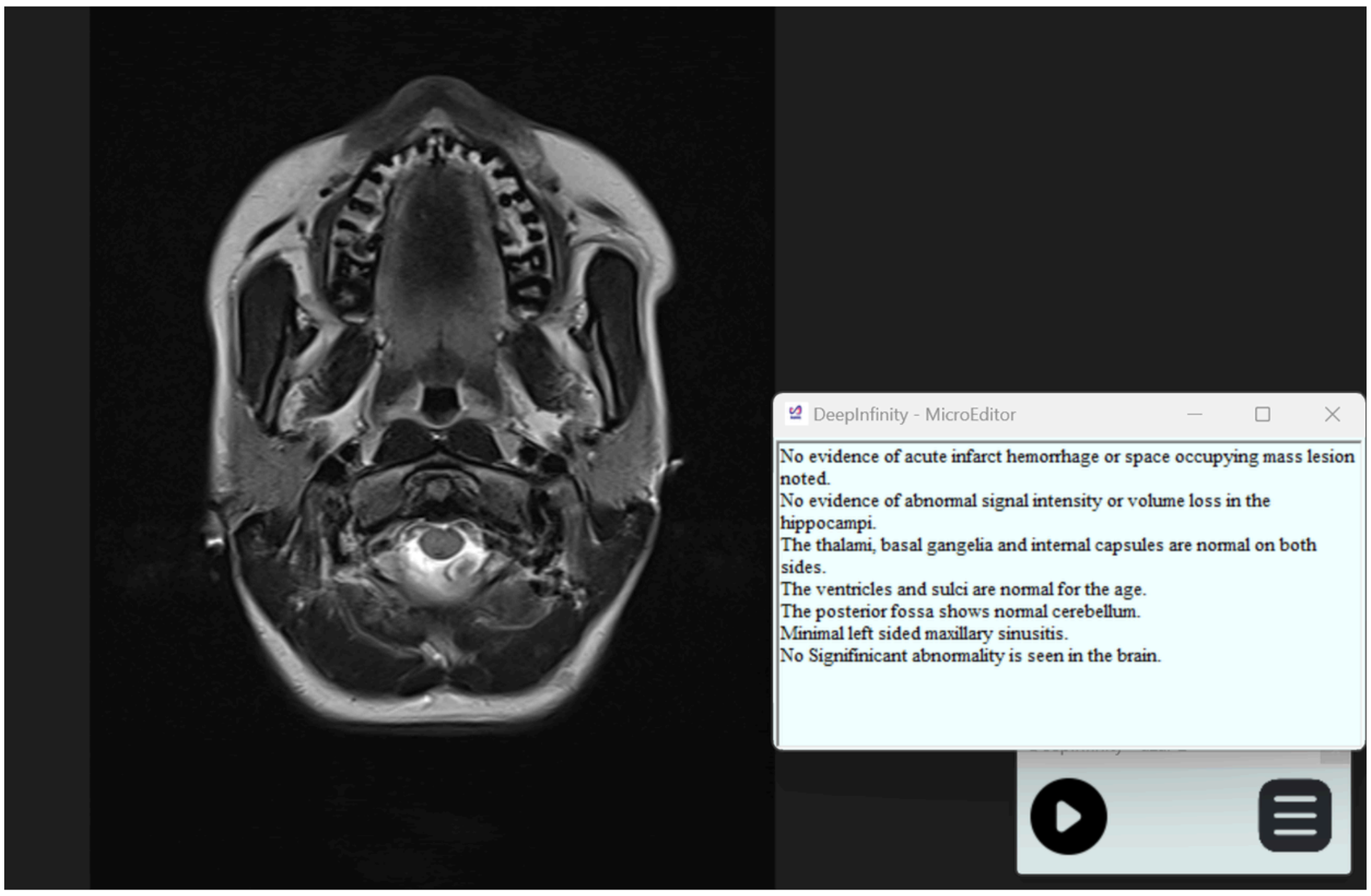
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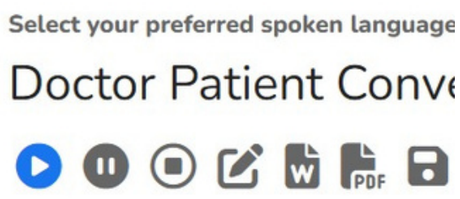
DeepConverse AI



Register and Login

Register to deepinfinity.ai and click on Doctor Patient Conversation API

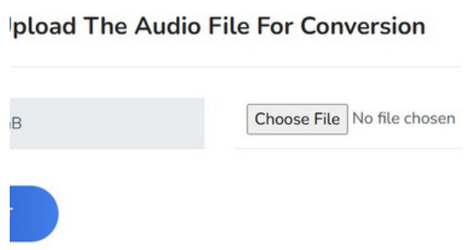
01



Select the Input Language

Select your spoken language and start speaking then it will convert your spoken language to English.

02



Download as Word and PDF

You can download the completed speech totext report as word document and also PDF document

03



Dashboard

All your saved reports will be stored in Dashboard for future reference and editing.

04

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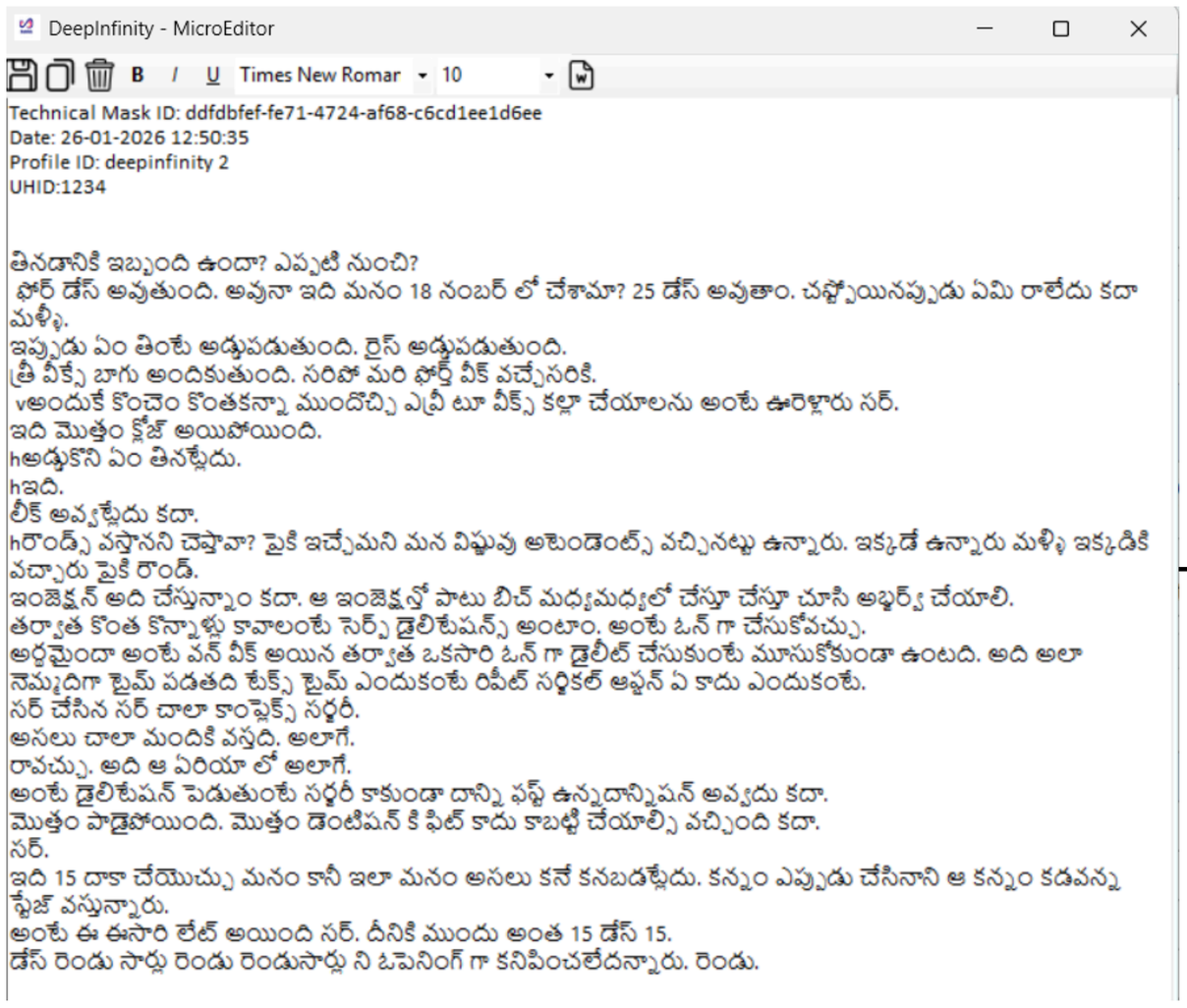
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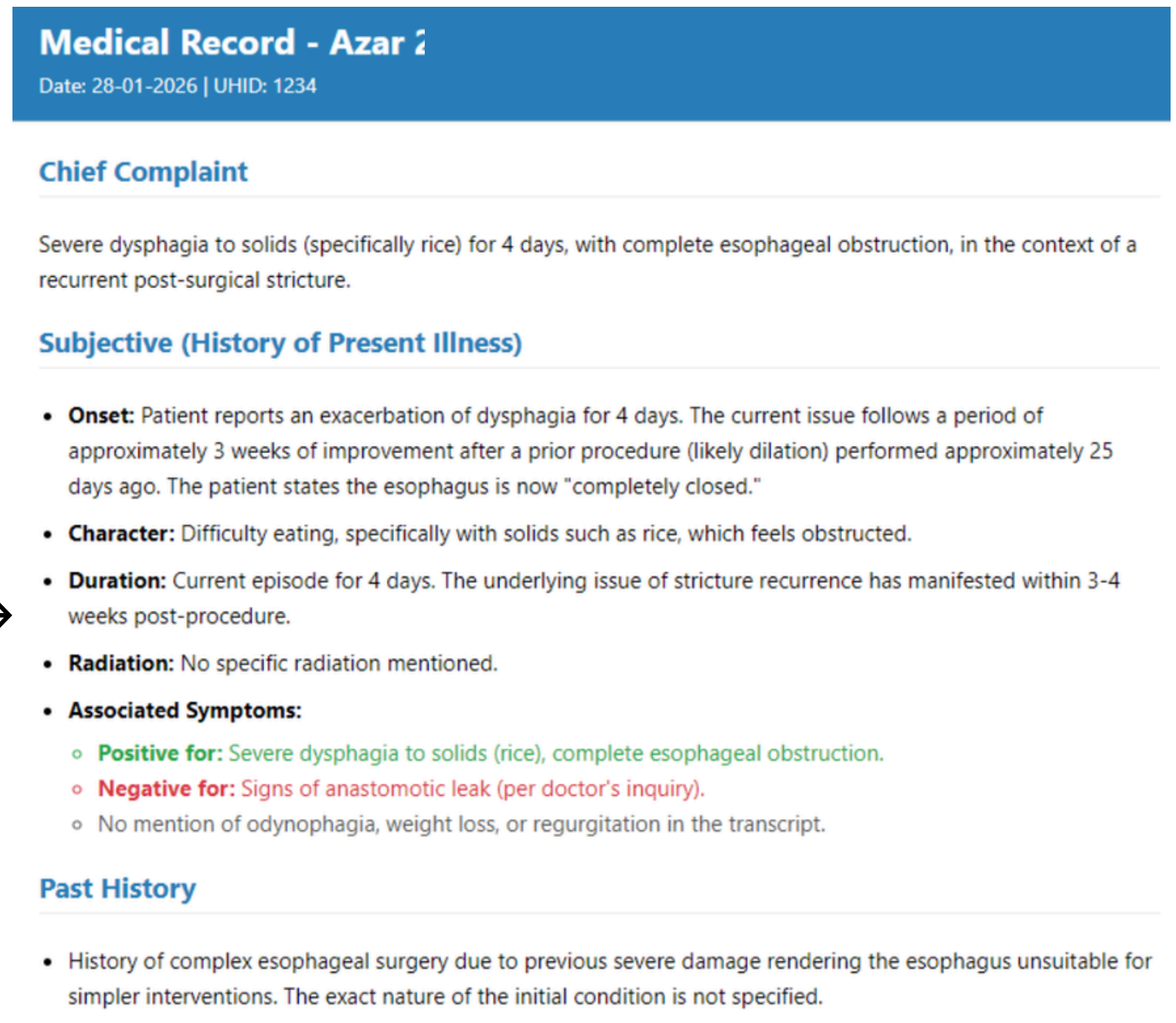
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Doctor–Patient Conversation Agent

Convert consultations into clear medical reports instantly.

Automatically summarizes doctor–patient conversations into accurate, structured reports that can be customized to match institutional formats, saving time and significantly reducing manual documentation.





Structured Medical Report Components
Automatically extracts key clinical information from doctor–patient conversations and organizes it into:

- **Chief Complaint** – Primary reason for the visit
- **Subjective** – Patient-reported symptoms and concerns
- **Past History** – Relevant medical and treatment history
- **Differential Diagnosis** – Possible conditions based on symptoms along with **ICD-Codes**
- **Assessment** – Clinical evaluation by the doctor
- **Plan** – Treatment, medications, tests, and follow-up

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DeepInfinity - MicroEditor

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Profile ID: Deepinfinity 2
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Doctor: Hello, please tell me what problem you are facing.
Patient: Doctor, I have fever since two days.
Doctor: Is the fever continuous or does it come and go?
Patient: It comes and goes, mostly high in the evening.
Doctor: Do you have chills or body pains?
Patient: Yes, I have body aches and headache.
Doctor: Any vomiting or nausea?
Patient: Yes doctor, I vomited twice since yesterday and feel nauseous.
Doctor: Are you able to eat or drink properly?
Patient: I am not able to eat much, but I am taking small sips of water.
Doctor: Any loose motions or abdominal pain?
Patient: No loose motions, mild stomach discomfort only.
Doctor: Do you have cough, cold, or sore throat?
Patient: I have mild sore throat, no cough.
Doctor: Have you taken any medicines for fever?
Patient: I took paracetamol yesterday night.
Doctor: Do you have any past medical problems like diabetes or BP?
Patient: No doctor, I do not have any medical problems.
Doctor: Any recent travel or outside food consumption?
Patient: No recent travel, but I ate outside food two days ago.
Doctor: Okay. Based on your symptoms, this looks like a viral fever with gastritis.
Doctor: I will prescribe medicines for fever, vomiting, and acidity.
Doctor: Take paracetamol 650 mg only if fever is more than 100°F.
Doctor: Take an anti-vomiting tablet twice daily before food.
Doctor: I am also giving an antacid to reduce stomach irritation.
Doctor: Drink plenty of fluids like ORS, coconut water, and plain water.
Doctor: Avoid oily and spicy food for the next few days.
Doctor: Take rest and avoid outside food.
Doctor: If fever persists beyond three days or vomiting increases, come back for review.
Patient: Okay doctor, thank you.
Doctor: Get well soon.

Medical Record Summary

Chief Complaint

Acute febrile illness and gastrointestinal discomfort for two days.

Subjective (History of Present Illness - HPI)

Onset: Symptoms commenced approximately two days prior to presentation, following consumption of outside food.

Character: Pyrexia is intermittent, characteristically spiking in the evenings.

Duration: Febrile episodes present for two days. Emesis occurred twice since yesterday.

Radiation: Not applicable to current symptomatology.

Associated Symptoms:

- Positive for: Intermittent pyrexia, myalgia, cephalalgia, emesis (2 episodes), nausea, mild epigastric discomfort, mild pharyngitis.
- Negative for: Continuous pyrexia, rigors, significant abdominal pain, diarrhea, cough, coryza.

Past History

Medical History: No known chronic medical conditions such as Diabetes Mellitus or Hypertension.

Medications: Self-administered Paracetamol (Acetaminophen) yesterday night for pyrexia.

Social History: Recent consumption of outside food two days prior to symptom onset. No recent travel history reported.

Differential Diagnosis

Condition	ICD-10 Code	Clinical Reasoning
Viral Fever	R50.9	Acute onset intermittent pyrexia, myalgia, cephalalgia, pharyngitis, and systemic symptoms suggestive of viral etiology.
Gastritis	K29.70	Nausea, emesis, mild epigastric discomfort, and history of recent consumption of outside food, indicative of gastric mucosal inflammation.

Assessment & Plan

Assessment: Acute febrile illness, likely viral etiology, with associated gastritis.

Plan (10-day Management/Lifestyle):

- **Medications:**
  - Paracetamol (Acetaminophen) 650 mg p.r.n. for pyrexia > 100°F.
  - Anti-emetic tablet b.i.d. a.c.
  - Antacid for gastric irritation.
- **Hydration:** Emphasize increased oral fluid intake (e.g., Oral Rehydration Solution (ORS), coconut water, plain water).
- **Dietary Modifications:**
  - Avoidance of oleaginous (oily) and piquant (spicy) foods.
  - Strict avoidance of outside food.
- **Rest:** Advised adequate physical rest.
- **Follow-up:** Return for re-evaluation if pyrexia persists beyond 72 hours or if emesis exacerbates.

Multi-Language Support
Accurately understands and processes doctor–patient conversations in **Telugu, Hindi, Tamil, Kannada, Marathi, English,** and other regional languages, generating **clear, detailed medical reports** in a **standard clinical format**, enabling seamless documentation without language barriers..

Structured Reporting: Generates clean, standardized medical reports for easy clinical use

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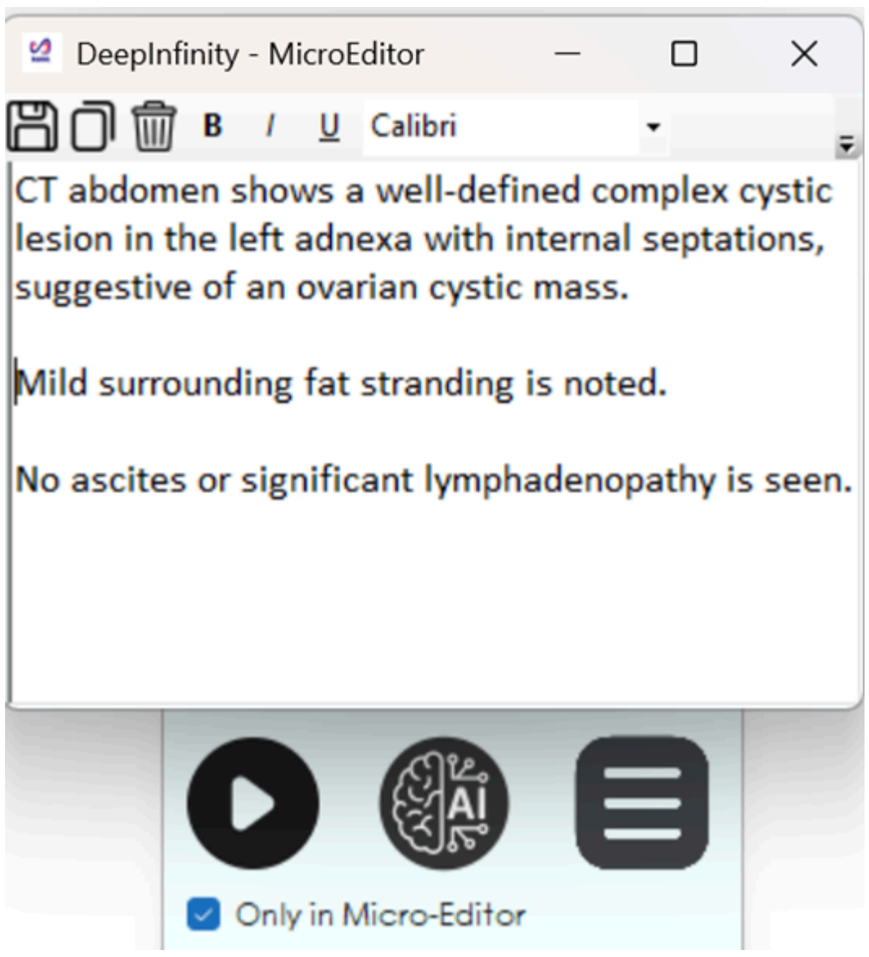
DeepSpeed Rad Agent

Smart Clinical Documentation Solutions

Reduce manual work. Improve efficiency. Go digital with AI.

Product: AI Radiology DeepSpeed Rad Agent Report Generation

Report: CT Abdomen Example:
Input Text to DeepSpeed Rad Report:



Output:

An automated process was used to generate the template, fully aligned with the prescribed standards and output requirements.

CT REPORT – ABDOMEN AND PELVIS

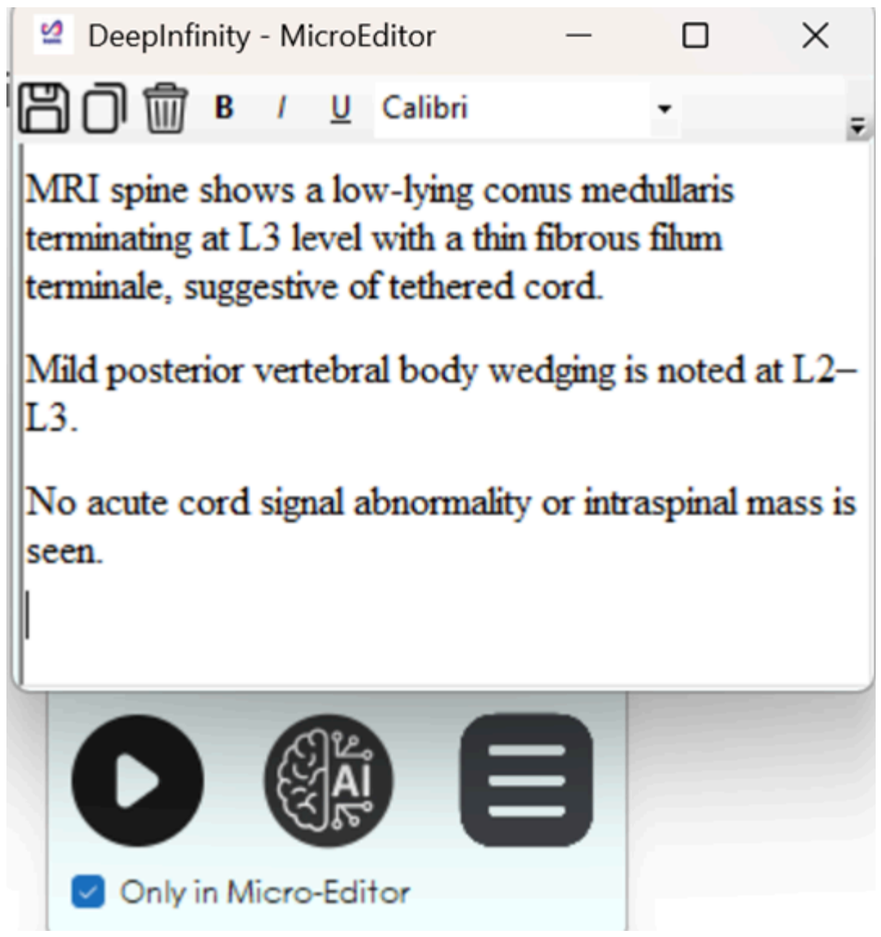
TECHNIQUE: Volume scan of the whole abdomen was made from xiphisternum to pubis without administration of IV Contrast.
OBSERVATION:

- **Liver:** Normal in size and shows uniform density. No obvious focal lesion is seen. CBD is not dilated.
- **Pancreas:** Normal in size and density. No calcification or peripancreatic fluid collection seen. The pancreatic duct is not dilated.
- **Spleen:** Normal in size and density.
- **Right Kidney:** Normal in size. Pelvicalyceal system not dilated. Ureter is not dilated; no radiodense calculus is seen. The vesico-ureteric junction appears normal.
- **Left Kidney:** Normal in size. Pelvicalyceal system not dilated. Ureter is not dilated; no radiodense calculus is seen. The vesico-ureteric junction appears normal.
- **Adrenals:** Both adrenals appear normal in size and shape.
- **Retroperitoneum:** There is no mass or significant lymphadenopathy seen in the retroperitoneum.
- **Bowel & Appendix:** No obvious bowel dilatation seen. No evidence of acute appendicitis.
- **Pelvis:** The **urinary bladder** is normal. No evidence of diverticulum or calculus.
  - **Adnexa:** A well-defined **complex cystic lesion is seen in the left adnexa** with internal septations, suggestive of an ovarian cystic mass. **Mild surrounding fat stranding** is noted. No other obvious adnexal mass lesion seen.

IMPRESSION:

- **Well-defined complex cystic lesion in the left adnexa with internal septations, suggestive of an ovarian cystic mass.**
- **Mild surrounding fat stranding in the left adnexa.**
- No significant abdominal mass or lymphadenopathy.
- No significant free fluid in the abdomen.

Report: Spine Reporting:
Input Text to DeepSpeed Rad Report:



Output:

An automated process was used to generate the template, fully aligned with the prescribed standards and output requirements.

MRI REPORT - WHOLE SPINE
TECHNIQUE: T1W Sag, T2W Sagittal & Axial, Coronal STIR, MR Myelogram.
OBSERVATION:

- **Vertebrae:** The bodies, pedicles, laminae, spinous process and transverse process of the vertebrae show normal morphology, except for **mild posterior vertebral body wedging noted at L2–L3**.
- **Joints & Foraminae:** The facet joints and neural foraminae appear normal.
- **Spinal Canal:** The bony spinal canal diameter is within normal limits.
- **Spinal Cord & Conus: A low-lying conus medullaris is seen terminating at the L3 level with a thin fibrous filum terminale, suggestive of tethered cord.** No acute cord signal abnormality is seen.
- **Subarachnoid Space:** The subarachnoid space appears normal.
- **Nerve Roots:** The nerve roots of the cauda equina appear normal.
- **Soft Tissues:** The paraspinal soft tissues appear normal.
- **Associated Findings:** No obvious intradural Lipoma or dermal sinus tract noted. No intraspinal mass is seen.

IMPRESSION:

- **Tethered cord with a low-lying conus medullaris terminating at the L3 level.**
- **Thin fibrous filum terminale.**
- **Mild posterior vertebral body wedging at L2–L3.**
- No acute cord signal abnormality or intraspinal mass noted.

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DeepScanExtract Agent

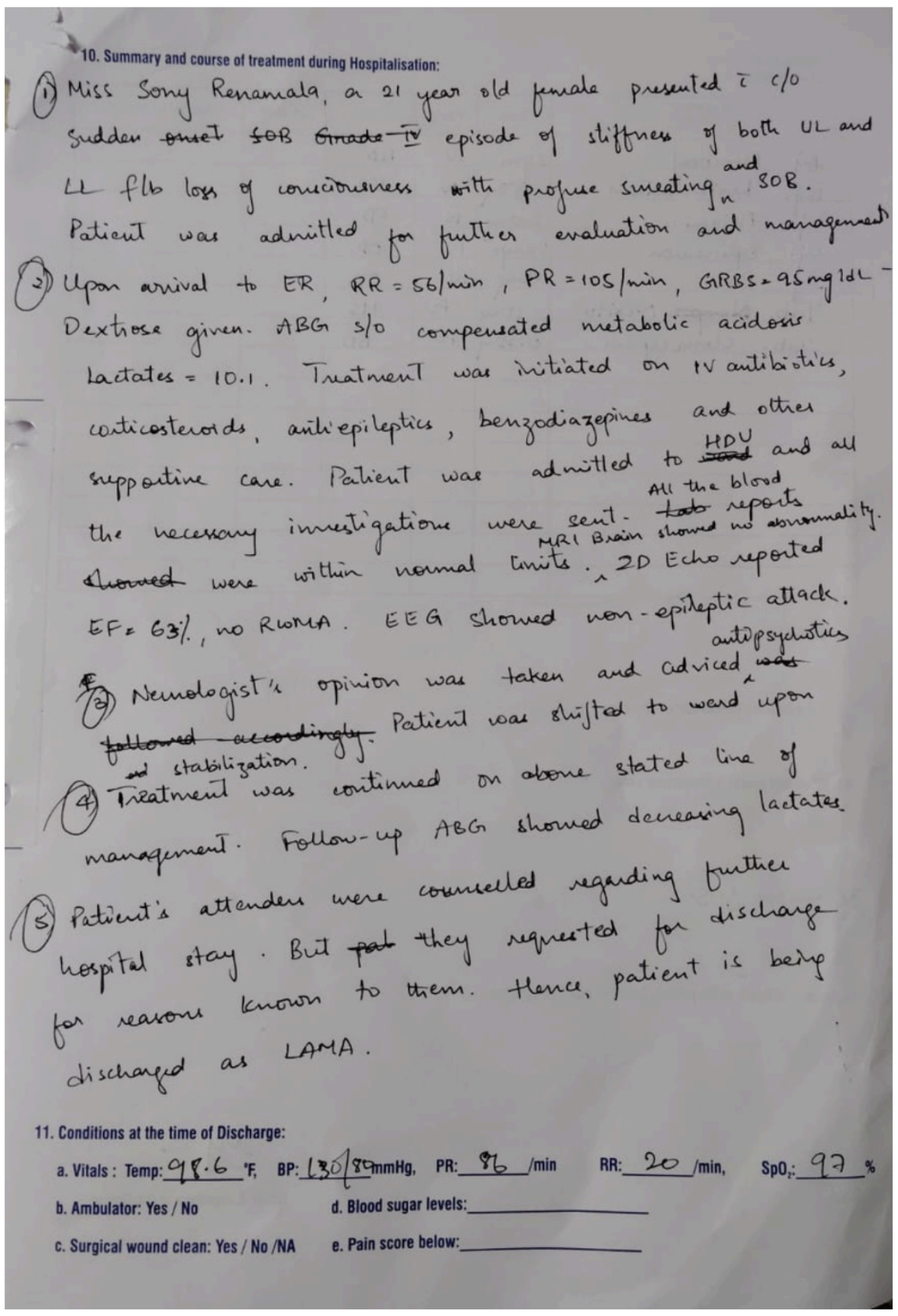
Smart Clinical Documentation Solutions

Reduce manual work. Improve efficiency. Go digital with AI.

Product: DeepScanExtract AI

What it does

Converts doctor's hand written prescription **images** into **clean, editable Word documents**



10. Summary and course of treatment during Hospitalisation:

(1) Miss Sony Renamala, a 21 year old female presented c/o sudden ~~onset~~ ~~SOB~~ ~~Grade~~ IV episode of stiffness of both UL and LL f/b loss of consciousness with profuse sweating and SOB.
Patient was admitted for further evaluation and management.

(2) Upon arrival to ER, RR = 56/min, PR = 105/min, GRBS = 95mg/dL - Dextrose given. ABG s/o compensated metabolic acidosis Lactates = 10.1. Treatment was initiated on IV antibiotics, corticosteroids, anti epileptics, benzodiazepines and other supportive care. Patient was admitted to ~~HDU~~ HDU and all the necessary investigations were sent. ~~All~~ ~~the~~ ~~blood~~ ~~reports~~ showed were within normal limits. MRI Brain showed no abnormality. 2D Echo reported EF= 63%, no RWMA. EEG showed non-epileptic attack.

(3) Neurologist's opinion was taken and advised ~~was~~ antipsychotics ~~followed accordingly~~. Patient was shifted to ward upon stabilization.

(4) Treatment was continued on above stated line of management. Follow-up ABG showed decreasing lactates.

(5) Patient's attenders were counselled regarding further hospital stay. But ~~pat~~ they requested for discharge for reasons known to them. Hence, patient is being discharged as LAMA.

11. Conditions at the time of Discharge:

a. Vitals : Temp: 98.6 °F, BP: 130/80 mmHg, PR: 86 /min RR: 20 /min, SpO2: 97 %

b. Ambulator: Yes / No d. Blood sugar levels: _____

c. Surgical wound clean: Yes / No /NA e. Pain score below: _____

Doctor prescription

PATIENT DETAILS

Name	Sony Renamala
Age	21
Gender	Female
Patient ID	245678

DOCTOR DETAILS

Doctor Name	Rajasekhar
Clinic	Raju clinics
Date	03/01/2026

DIAGNOSIS

- Sudden onset SOB Grade-IV
- stiffness of both UL and LL
- profuse sweating
- compensated metabolic acidosis
- non-epileptic attack

INVESTIGATIONS / TESTS

- ABG
- MRI Brain
- 2D Echo
- EEG

CLINICAL NOTES

- Miss Sony Renamala, a 21 year old female presented c/o
- Sudden onset SOB Grade-IV episode of stiffness of both UL and
- LL f/b loss of consciousness with profuse sweating and SOB.
- Patient was admitted for further evaluation and management.
- Upon arrival to ER, RR = 56/min , PR = 105/min , GRBS = 95mg/dL -
- Dextrose given. ABG s/o compensated metabolic acidosis
- Lactates = 10.1. Treatment was initiated on IV antibiotics,
- Corticosteroids, Anti epileptics, benzodiazepines and other
- supportive care. Patient was admitted to HDU and all
- The necessary investigations were sent. Lab reports
- showed were within normal limits. MRI Brain showed no abnormality.
- EF= 63%, no RWMA. EEG showed non-epileptic attack,
- Neurologist's opinion was taken and advised was

AI generated document

How it works

- Open DeepInfinity app
- Select DeepScanExtract AI
- Upload prescription image
- AI generates a Word document

Key Benefits

- Saves typing time
- Improves accuracy
- Easy mobile usage

Easy Sharing

- WhatsApp
- Email

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DeepPatient Registration

AI-Powered Rapid Patient Registration

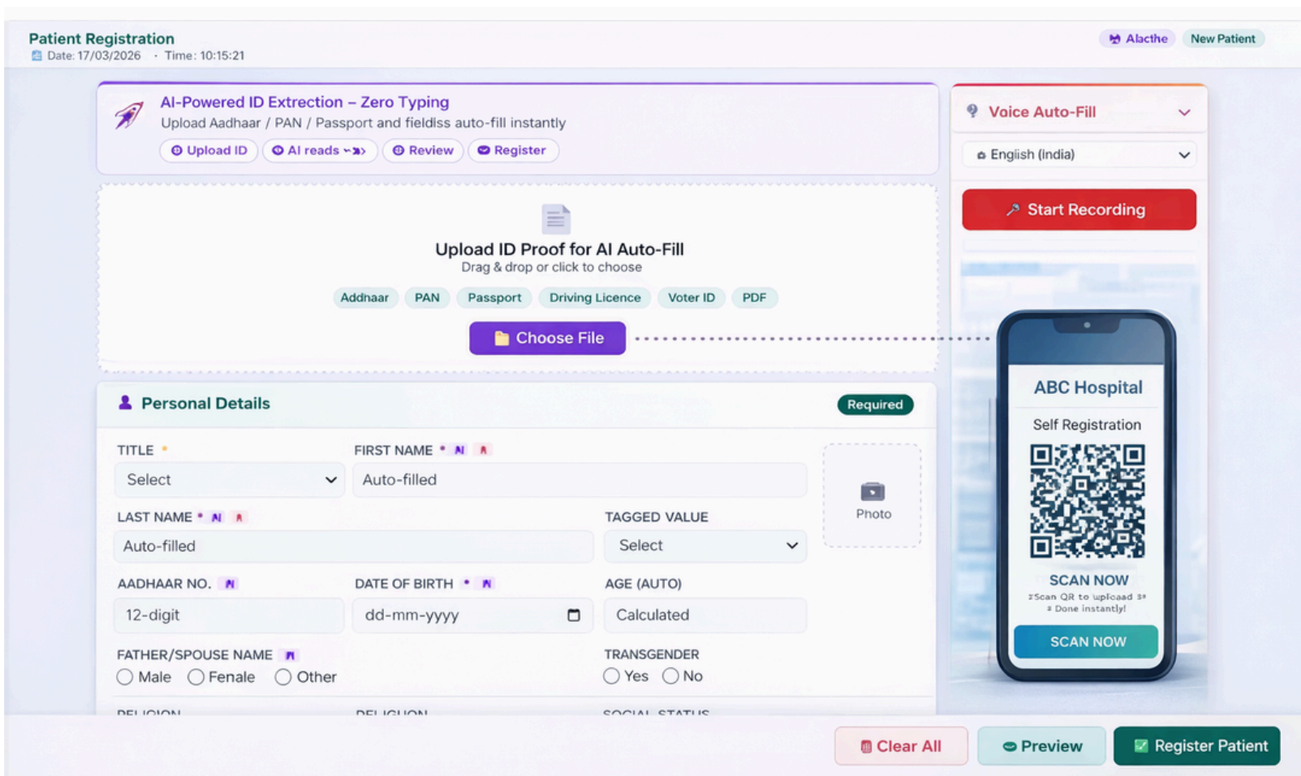
Transform the way patients check in. Eliminate manual data entry. Deliver faster, smarter, and error-free registration experiences.

What It Does

1. From ID Proof:
Upload any ID → AI instantly extracts and auto-fills patient details within seconds

2. From Conversation
AI listens to receptionist-patient conversations and automatically fills registration fields.

3. QR Code Self-Registration
Patients scan a QR → upload ID → AI fills details → receptionist verifies & confirms.



How It Works

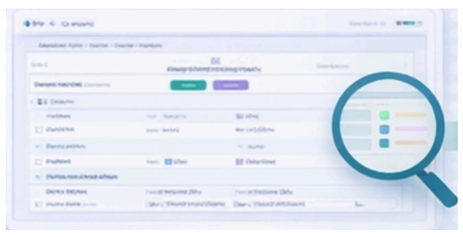


Upload ID

Capture conversation / Scan QR



AI Extracts Data



Preview & Verify



Register Patient & Generate Token

Why It Matters

Rapid Registration
Reduce patient wait time drastically with instant auto-fill workflows.

AI-Powered Extraction
Advanced OCR reads and captures patient data accurately from ID proofs and documents.

Error Reduction
Eliminates manual entry mistakes and ensures consistent, reliable data.

Best For

- Hospitals & Clinics
- Diagnostic Centers
- High Patient Volume Environments
- Smart Healthcare Systems

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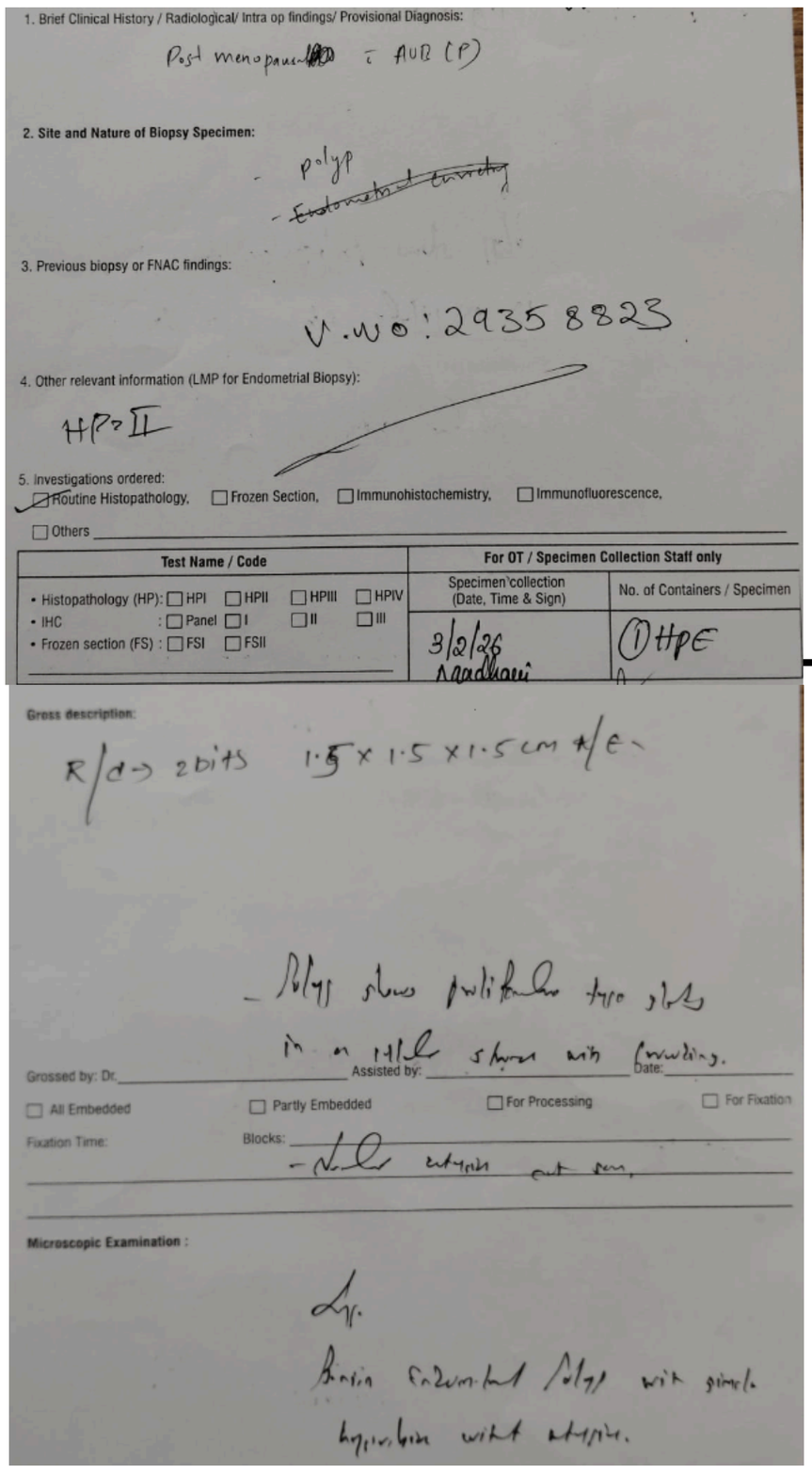
DeepPathology Reporting Agent

Handwritten Lab Report Digitisation

Automate documentation. Accelerate reporting. Standardize lab outputs.

Product: DeepPathology Reporting Agent

Transforming Manual Lab Reporting into Intelligent Automation.
It converts handwritten lab reports into structured, template-mapped digital reports, instantly and accurately.


1. Brief Clinical History / Radiological/ Intra op findings/ Provisional Diagnosis:
Post menopausal ~~bleeding~~ c AUB (P)
2. Site and Nature of Biopsy Specimen:
- polyp
- ~~Endometrial curettage~~
3. Previous biopsy or FNAC findings:
V.No: 29358823
4. Other relevant information (LMP for Endometrial Biopsy):
HPV II
5. Investigations ordered:
☑ Routine Histopathology, ☐ Frozen Section, ☐ Immunohistochemistry, ☐ Immunofluorescence,
☐ Others
Test Name / Code | For OT / Specimen Collection Staff only
• Histopathology (HP): ☐ HPI ☐ HPII ☐ HPIII ☐ HPIV
• IHC : ☐ Panel ☐ I ☐ II ☐ III
• Frozen section (FS) : ☐ FSI ☐ FSII
Specimen collection (Date, Time & Sign): 3/2/26 Nandhini
No. of Containers / Specimen: (1) HPE
Gross description:
R/d → 2bits 1.5 x 1.5 x 1.5 cm ~~x~~/e
- Polyp shows proliferative type glands in a fibrous stroma with ~~crowding~~.
Grossed by: Dr. Assisted by: Date:
☐ All Embedded ☐ Partly Embedded ☐ For Processing ☐ For Fixation
Fixation Time: Blocks:
- Number entirely cut ~~one~~.
Microscopic Examination :
Dr.
Benign endometrial polyp with simple hyperplasia without atypia.

Doctor prescription

→

HISTOPATHOLOGY REPORT

Brief Clinical History:

Post-menopausal bleeding with AUB (P).

Nature of Specimen:

Endometrial polyp (biopsy specimen).

Gross Description:

Received two tissue bits measuring approximately 1.5 x 1.5 x 1.5 cm each. All bits appear polypoidal. Cut surface shows grey-white appearance.

Microscopic Examination:

Sections show features of endometrial polyp. Glands exhibit simple hyperplasia without atypia.

Impression:

Endometrial polyp with simple hyperplasia without atypia.

Comments and Suggestions:

Clinicopathological correlation is advised. Follow-up as per gynecological evaluation.

Lab Report

How it works

- Image Upload
- Handwritten Text Recognition
- Automatic Report Classification
- Smart Template Selection
- Template Mapping Engine
- Structured Report Generation
- Review & Final **Approval**

Designed for

- Diagnostic Centers
- Pathology Labs
- Multi-specialty Hospitals
- Histopathology & Cytopathology Departments

Key Benefits

- Reduces manual typing work
- Speeds up report turnaround time
- Standardized lab report formats
- Minimizes human errors
- Improves patient waiting time
- Enhances lab efficiency

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DeepICU Reporting Agent

Intelligent ICU Decision Support System

DeepICU is an AI-powered clinical assistant designed to **analyze patient data** and **generate structured ICU reports**, **severity scores**, and **actionable insights to support critical care decisions.**

Sample Report :

APACHE II Clinical Assessment — ICU Severity Scoring

Severity: CRITICAL | APACHE II Score: 26 | Predicted Mortality: ~55%

Quick Clinical Summary

This 72-year-old female presents with acute pneumonia on a background of severe COPD, exhibiting significant physiological derangement including fever, hypotension, tachycardia, tachypnea, acidemia, elevated creatinine, leukocytosis, and altered mental status. Her calculated APACHE II score is 26, placing her in the CRITICAL severity category with an estimated ICU mortality of ~55%. The combination of acute infection, multi-system dysfunction, and severe chronic respiratory disease underscores a very high-risk clinical picture requiring immediate intensive care intervention.

Row Color Guide: ● Normal / No Risk ● Mild / Moderate Deviation ● Abnormal / High Risk ● Not Documented

Patient Summary

Field	Value
Age Sex Admission Type	72
Chief Complaint / Diagnosis	Female
Relevant History Acute	Medical
Renal Failure (ARF)	Acute pneumonia
Operative Status	Chronic Obstructive Pulmonary Disease (COPD)
	Not documented
	Nonoperative

Section A — Acute Physiology Score (APS) Parameters

Parameter	Value Used	Source	Score	Clinical Note
1. Rectal Temperature (°C)	39.2°C	Physiology	3	Fever, consistent with infection.
2. Mean Arterial Pressure (mmHg)	65	Physiology	2	Hypotension, potentially indicating shock.
3. Heart Rate (bpm)	115	Physiology	2	Tachycardia, compensatory response to hypotension/infection.
4. Respiratory Rate (breaths/min)	32	Physiology	1	Tachypnea, indicative of respiratory distress.
5. Oxygenation ($A\text{-}aDO_2$ or PaO_2)	Not documented (FiO2 0.5, PaO2 70)	Physiology	N/A	PaCO2 is required to calculate A-aDO2 for FiO2 ≥ 0.5 and was not provided.
6. Arterial pH	7.25	Physiology	2	Significant acidemia, potentially respiratory and/or metabolic.
7. Serum Sodium (mEq/L)	132	Labs	0	Within normal range for scoring, though mildly hyponatremic.
8. Serum Potassium (mEq/L)	5.2	Labs	0	Within normal range.
9. Serum Creatinine (mg/dL)	1.8	Labs	2	Elevated, suggesting renal impairment; no explicit ARF documented for doubling.
10. Hematocrit (%)	30%	Labs	0	Within normal range for scoring, though at lower end.
11. WBC (×1000/mm³)	22.0	Labs	2	Significant leukocytosis, consistent with infection (pneumonia).
12. GCS (15 − actual GCS)	2 (GCS = 13)	Neurological	2	Altered mental status (confusion).

Section B — Age Points & Section C — Chronic Health Points

Category	Detail	Source	Points	Note
Age (years)	72	Clinical Input	5	Age between 65-74 years.
Chronic Health Condition(s)	Severe Respiratory Disease (COPD)	Clinical Input	5	COPD is a chronic obstructive pulmonary disease causing severe limitation, in a nonoperative patient.

APACHE II Score Summary

Field	Value
Section A — APS Total	**16**
Section B — Age Points	**5**
Section C — Chronic Health Points	**5**
APACHE II Total Score	**26**
Documented Parameters	
Missing Parameters	11 / 12 APS parameters
Predicted ICU Mortality	Oxygenation (PaCO2 for A-aDO2 calculation)
Confidence Level	**~55%**
	Moderate
Confidence Reason	One APS parameter (oxygenation) could not be fully calculated due to missing PaCO2 for A-aDO2, impacting complete physiological assessment. Other parameters are directly available.

ICU Triage Decision

Field	Value
Severity Category	**CRITICAL**
Severity Code	APACHE-CRIT
ICU Admission Indicated	**Yes**
Monitoring Frequency	Continuous vital signs and close clinical monitoring
Escalation Required	**Yes**
Recommended Action	Immediate ICU admission for aggressive management of acute pneumonia, respiratory support (potentially mechanical ventilation), hemodynamic stabilization, and close monitoring for organ dysfunction.
Red Flags	**Acute respiratory distress; Suspected septic shock (hypotension, tachycardia, fever, leukocytosis); Altered mental status; Pre-existing severe COPD.**

ICU Organ System Review

System	Findings / Status	Concern Level
Cardiovascular	Hypotension (MAP 65), Tachycardia (HR 115). Consistent with shock state.	Severe
Respiratory	Tachypnea (RR 32), Hypoxemia (PaO2 70 on FiO2 0.5), Acidemia (pH 7.25). Severe compromise exacerbated by pneumonia and underlying COPD.	Critical
Renal	Elevated Creatinine (1.8 mg/dL) suggestive of acute kidney injury or worsening chronic kidney function.	Mild
Neurological	Altered mental status (GCS 13, confused). Potential for encephalopathy due to sepsis/hypoxia/acidosis.	Moderate
Metabolic / Electrolytes	Significant acidemia (pH 7.25); Mild hyponatremia (Na 132).	Moderate
Haematological	Leukocytosis (WBC 22.0) consistent with severe infection; Mild anemia (Hct 30%).	Moderate
Hepatic / GI	No specific findings documented.	Not assessed
Infectious / Immunological	Acute pneumonia with Systemic Inflammatory Response Syndrome (SIRS) criteria met: fever (39.2°C), tachycardia (115 bpm), tachypnea (32 breaths/min), leukocytosis (WBC 22.0).	Critical

Disclaimer: This APACHE II score is computed from the clinical information provided and is intended as a decision-support tool only. It does not replace clinical judgment. Predicted mortality values are population-based estimates. Always validate with direct patient assessment and full laboratory data.

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DeepEmergency Reporting Agent

AI-Powered Emergency Triage System

DeepEmergency is an **AI-based triage system** that uses **NEWS2 scoring** to **detect high-risk patients.** It delivers **real-time severity insights** for **faster emergency decisions.**

Sample Report :

NEWS2 Clinical Assessment

Severity: HIGH (Score: 5)

Patient Summary

Field	Value
Age Sex Chief	70 years
Complaint	Male
Relevant History	Acute shortness of breath
	Chronic left ventricular failure; bilateral limb swelling

NEWS2 Parameters

Parameter	Value	Source	Score	Clinical Note
Respiration Rate	Not documented	not_documented	N/A	Not mentioned in transcript
Oxygen Saturation	92% (Scale 1)	transcript	2	Patient is on room air, no indication of COPD or hypercapnic drive, therefore Scale 1 applied.
Supplemental Oxygen	Room air	transcript	0	Explicitly stated on room air.
Systolic Blood Pressure	80 mmHg	transcript	3	Value of 80 mmHg falls into the ≤90 mmHg category.
Heart Rate	Not documented	not_documented	N/A	Not mentioned in transcript
Temperature	Not documented	not_documented	N/A	Not mentioned in transcript
Consciousness	Alert (A)	inferred	0	Patient is observed as 'breathless', implying they are alert and responsive enough for this observation. No other ACVPU level mentioned.

NEWS2 Score Summary

Field	Value
Documented Parameters Total	5
Missing Parameters	Respiration Rate, Heart Rate, Temperature
Single Parameter Score 3 Triggered	Yes
Single Parameter Score 3 Parameters	Systolic Blood Pressure
Total Score	**5**
Confidence	Medium
Confidence Reason	Three parameters (Respiration Rate, Heart Rate, Temperature) are missing, reducing the completeness of the NEWS2 calculation. The ACVPU level was inferred.

Triage Decision

Field	Value
Severity	HIGH
Severity Code	Not documented
Monitoring Frequency	Continuous monitoring or at least 30-60 minute observations
Escalation Required	Yes
Recommended Action	Urgent clinical review by a competent clinician; consider escalation to a critical care outreach team or medical registrar, especially given the hypotensive blood pressure. Address underlying cause of shortness of breath and hypotension.
Red Flags	Systolic Blood Pressure ≤90 mmHg; Acute shortness of breath; Bilateral limb swelling (suggestive of fluid overload exacerbating heart failure)

Clinical Reasoning

The patient is a 70-year-old male with a history of chronic left ventricular failure presenting with acute shortness of breath and bilateral limb swelling, suggestive of acute decompensated heart failure. His oxygen saturation is 92% on room air (score 2) and he is hypotensive with a systolic blood pressure of 80 mmHg (score 3). Although the total NEWS2 score based on documented parameters is 5, the single parameter score of 3 for systolic blood pressure automatically elevates the severity to HIGH according to NEWS2 rules. This hypotension is a significant concern requiring urgent medical attention. Respiration rate, heart rate, and temperature are not documented, which limits the completeness of the NEWS2 assessment and introduces uncertainty. The patient is inferred to be alert given the context. Urgent clinical review and escalation are indicated to address the hypotension and acute respiratory distress.

Disclaimer: This NEWS2 score is computed from the clinical information provided and is intended as a decision-support tool only. It does not replace clinical judgment. Scores are based on standardized parameters and may be affected by missing data. Always validate with direct patient assessment and full clinical context.

fig . Page one

fig . Page two

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From Chaos to Clarity: Precision Summaries for Better Care.

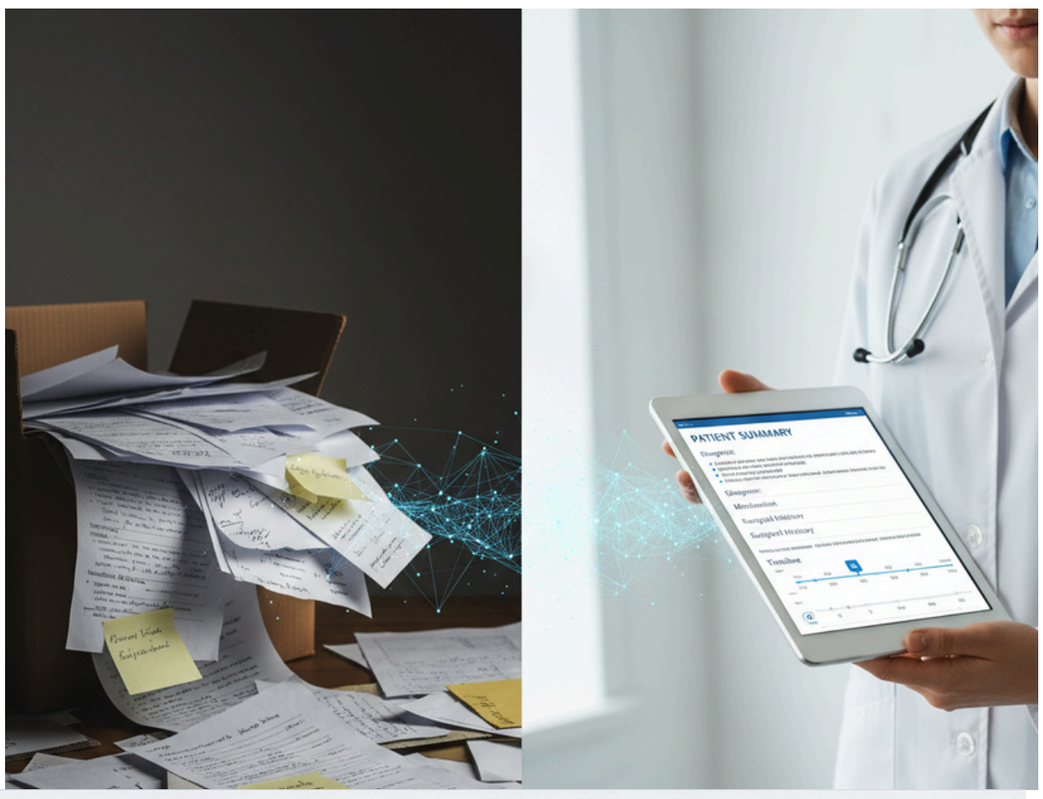
Deepinfinity transforms complex patient case sheets into actionable insights, instantly

The Problem :

The Burden: **Clinicians spend** up to **35%** of their day on **documentation.** Sifting through years of **patient history** shouldn't be **one of them**.

The Solution :

The Deepinfinity Way: Our AI-driven engine ingests unstructured clinical notes, lab results, and discharge summaries to generate a "**Prescribed Format**" summary that speaks your language.



Turn paper chaos into digital clarity



The Deepinfinity Engine: Intelligent data extraction

Key Features :

- **Intelligent Extraction**: Automatically identifies diagnoses, medications, and surgical history.
- **Prescribed Formatting:** Tailored to your hospital's specific EHR or reporting standards.
- **Timeline Visualization:** See the patient's journey chronologically, not just as a pile of papers.

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DeepInfinity Integration

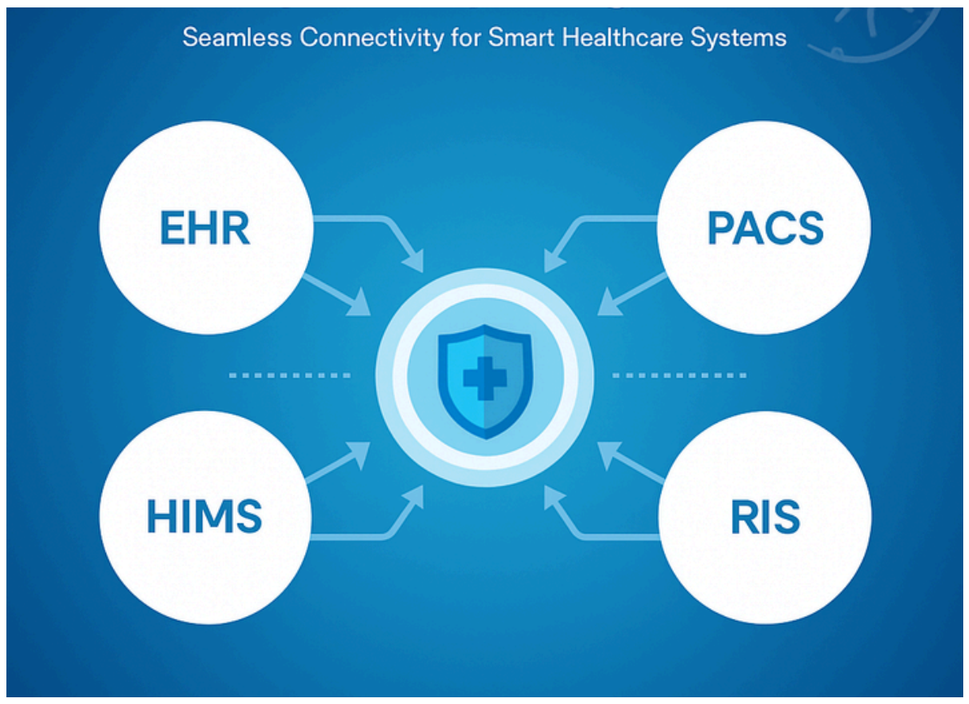
Seamless Connectivity for Smart Healthcare Systems

DeepInfinity integrates EHR, PACS, RIS, HIMS and hospital systems into one intelligent ecosystem.

DeepInfinity is designed to integrate effortlessly with core healthcare and documentation systems, enabling a unified and intelligent workflow across platforms.

Core Healthcare Integrations :

- **EHR Systems** – Centralized patient records and clinical data
- **PACS** – Direct access to medical imaging and radiology data
- **RIS Systems** – Streamlined radiology workflows and reporting
- **HIMS** – End-to-end hospital information and workflow management



Document & Editor Integrations

- **MS Word & OpenOffice** – Generate and edit structured reports
- **CKEditor** – Web-based clinical documentation support
- **Notepad & Notepad++** – Lightweight text editing for quick input**s**



What This Means for You

- 🔗 Unified access to patient data and reports
- ⚡ Faster report generation and workflow automation
- 📊 Smooth data exchange across multiple systems
- 🧠 Enhanced productivity with AI-powered integration

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100% Safe. 100% Trusted. 100% Private

We do NOT access, store, or encrypt any patient data; your data remains under your control.

AI-Zero Data Processing

AI locally, no sensitive data transmitted

Zero Data Access.

no patient or hospital data is collected

100% Safe & Trusted

ensures full data integrity and trust

DeepInfinity is built with a **privacy-first approach**, ensuring that **sensitive healthcare data** remains **secure, local,** and **fully under your control at all times.**

Built for Security :

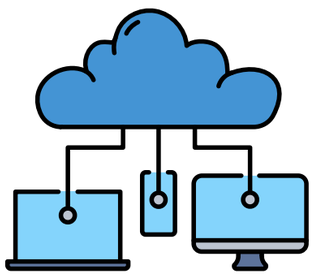




Fully controlled within hospital systems



Designed for healthcare compliance



No external data storage



Secure, encrypted workflows

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Awards and Recognitions

Fusion AI Summit Award for Outstanding Innovation and Excellence

The AI Fusion Awards recognize visionary leaders and organizations pioneering ethical, impactful, and innovative AI solutions that transform industries worldwide.









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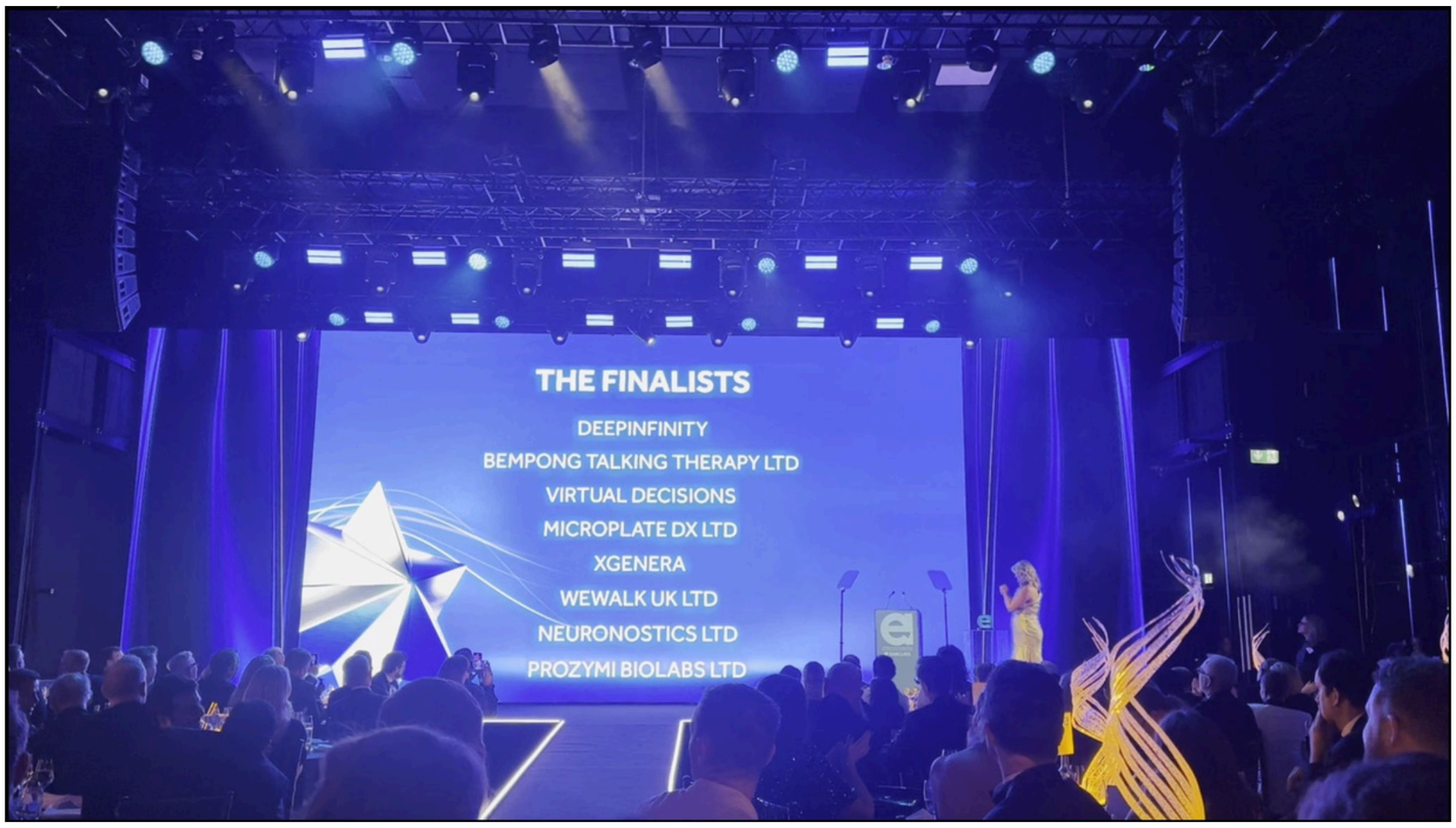
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UK’s Barclays Entrepreneur Awards Celebrate Innovation and Growth

The Barclays Entrepreneur Awards celebrate innovation and growth, honoring visionary founders and businesses driving change, creating impact, and shaping the future of entrepreneurship.



HDFC Bank Parivartan SmartUp Grants

The HDFC Bank Parivartan SmartUp Grants empower startups with funding and support, driving innovation, social impact, and sustainable growth across diverse sectors in India.





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Testimonials

What Our Clients Say

Dr B Suresh, MD, Prof & HOD
Dept of Radiology, GGH Ananthapuramu

As part of their voluntary initiative Mr. Ramakrishna approached the Dept of Radio diagnosis GGH, Ananthapuramu and described about DeepInfinity AI scribe to us. In our department we need to type reports for 300 X rays, 200 Ultrasound scans, 150 CT scans and 70 MRI scans per day on average. It is very difficult to do the job even for Data entry operators. After introduction of DeepInfinity AI scribe we are doing all the reporting using this software which is very user friendly and time saving.

We feel this software is very useful for radiologists where there is more workload as in GGH, Ananthapuramu. It saves lot of time for us so that we can spare more time for patients. We feel this software is enabling us to do entries in the e hospital records also with ease. We strongly recommend this to be introduced in a bigger way in healthcare system.

Dr Y Madhu Madhava Reddy, Maha Diagnostics

I've been using DeepInfinity for several months in my radiology practice, and overall, it's been a valuable tool in streamlining my workflow. The speech recognition accuracy is impressive, especially when it comes to picking up complex medical terminology and jargon specific to radiology.

This product has significantly reduced the time I spend manually typing reports or dictating it to a typist, allowing me to focus more on image analysis and patient care. The integration with our existing reporting systems is seamless, which is a huge plus—no clunky workarounds needed. I also appreciate the customizable templates and voice commands that let me quickly insert standard phrases or measurements, saving me from repetitive typing tasks.

Overall, DeepInfinity has boosted my efficiency and reduced fatigue from documentation. I'd recommend it to colleagues looking to optimize their daily practice. I congratulate Mr. Ramakrishna and his team for creating such a practical solution and making the radiology reporting easier.

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Dr Sapna Marda, **MD, DNB, FRCR (UK), M.MED (Singapore)**
Consultant Radiologist, Yashoda Hospitals

DeepInfinity is an innovative solution that converts real time speech to text with good precision. Many medical complex words accurately get captured in clinical reports.
It would empower Radiologists to deliver timely, accurate, and consistent reports — redefining the future of medical imaging workflows. I wish this software to be available for many more to help them improve their work efficiency, not only in healthcare, but in all other fields.

Dr Srinivas Dandamudi, **MD**
Consultant Radiologist, Aayush Hospitals

I have been using the Deep Infinity application for voice-to-text transcription over the past two months. I was introduced to this product by Mr. Ramakrishna garu and was requested to provide feedback.

I am pleased to share that my experience with this application has been excellent. It is highly accurate and stands out from other products in the market due to its ability to recognize and transcribe even Telugu names correctly—a feature that is often lacking in similar tools. This capability significantly enhances the quality of radiology reporting by reducing name-related transcription errors. Additionally, the application functions with minimal lag and ensures near real-time conversion of speech to text, which helps streamline the reporting workflow. Overall, Deep Infinity is a reliable and efficient tool that adds great value to professional documentation.

Dr Satish Babu M, **MD**
Consultant Radiologist, Manipal Hospital

I have tested your speech dictation application - deepinfinity.ai for the last few days. I am impressed with the accuracy of the application which is almost 99 percent and comparable to other leading speech dictation software.

Dr Akarsh Yella, **Vesta Diagnostics**

DeepInfinity has truly transformed radiology with its advanced AI-powered tools, seamless speech-to-text accuracy, and intuitive interface that boost efficiency and reporting precision. What sets it apart is not only the technology but also the team's exceptional support and commitment to client success. Congratulations to Mr. Ramakrishna and his team for their vision and dedication in delivering a groundbreaking solution that is shaping the future of radiology.

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DeepSpeed CT MRI Ultrasound etc Feedback

I’ve been using the DeepSpeed Radiology Reporting platform, and it has really made my workflow much easier. I can just dictate, and it converts everything into a properly structured report almost instantly. It saves a lot of typing time, and the measurements are captured automatically with good accuracy, so I don’t have to double-check everything. The interface is also very simple, so it’s easy to use even during busy hours.
What I like most is how it highlights abnormalities while still keeping patient details completely secure. It can also generate impressions and even suggest differential diagnoses when needed, which is quite helpful. Overall, it speeds up reporting, reduces workload, and lets me focus more on patient care. Once you start using it, it quickly becomes a part of your routine.

youtube

DeepSpeed Rad Agent CT MRI Feedback

I have been using the Deep Infinity application for voice-to-text transcription over the past two months. I was introduced to this product by Mr. Ramakrishna garu and was requested to provide feedback.

I am pleased to share that my experience with this application has been excellent. It is highly accurate and stands out from other products in the market due to its ability to recognize and transcribe even Telugu names correctly—a feature that is often lacking in similar tools. This capability significantly enhances the quality of radiology reporting by reducing name-related transcription errors. Additionally, the application functions with minimal lag and ensures near real-time conversion of speech to text, which helps streamline the reporting workflow. Overall, Deep Infinity is a reliable and efficient tool that adds great value to professional documentation.

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Diagnostic Center Radiologist Review

I’ve been using Deep Infinity and compared it with my usual reporting tool, and I found it performs much better. In one case, it even detected a fracture that the other software missed, which was impressive. I just mention the key findings, and it automatically generates a complete report, including normal details, saving a lot of time. Earlier, I had to use multiple tools, but this works as an all-in-one solution. The reports are clean, well-formatted, and accurate, with good impressions and differential diagnoses. Overall, it has reduced my workload significantly, and I’m very satisfied with the output.

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Demo Video

Clinical_Review MRI/Ultrasound

DeepSpeed Rad Agent CT MRI feedback

Govt hospital CT/MRI Review

DeepSpeed Rad Report Feedback

Diagnostic_center _Review