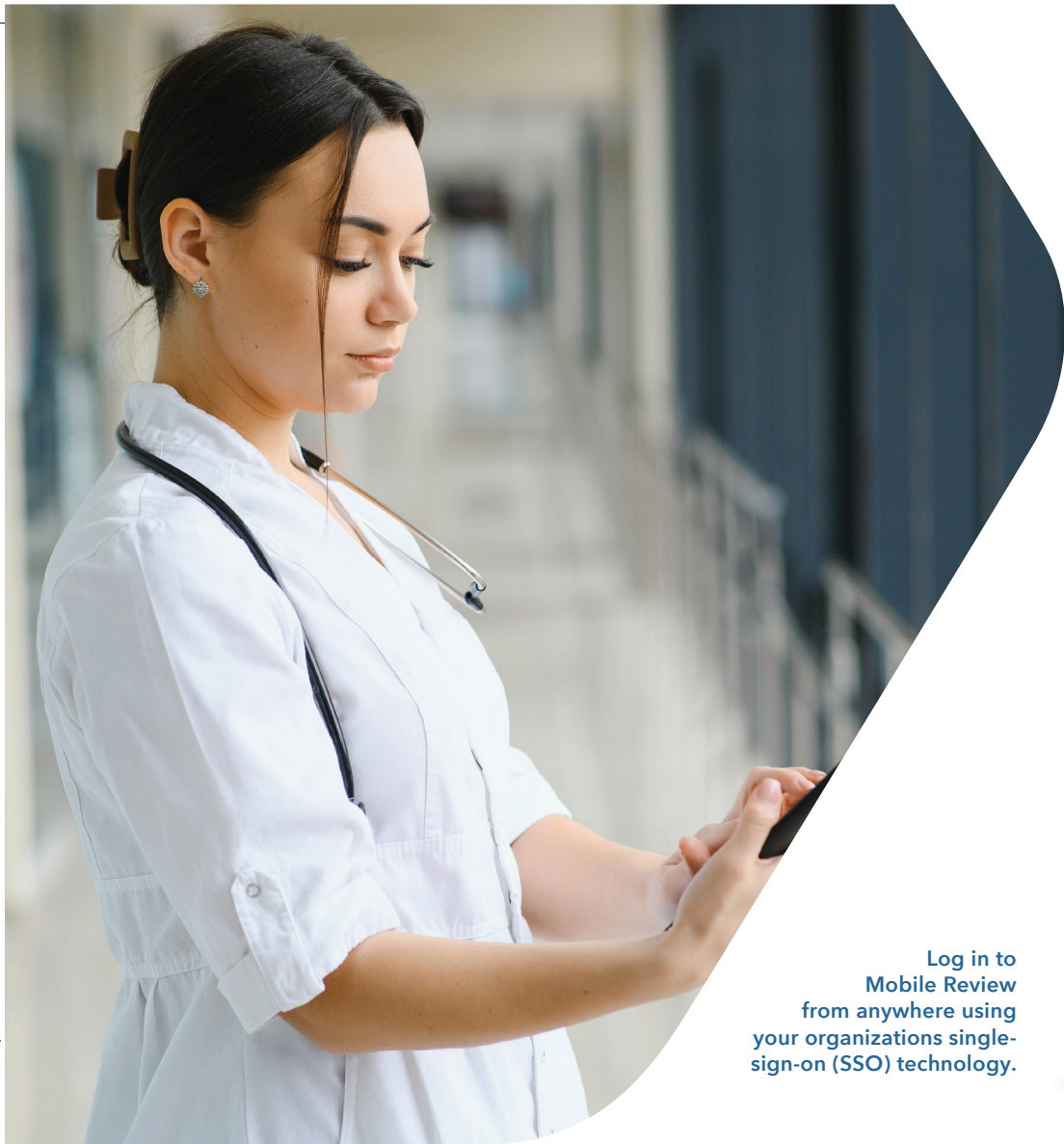




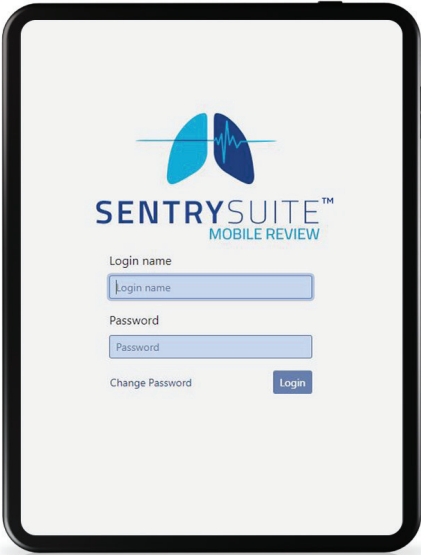
SentrySuite™

Software platform for
intelligent review
and reporting

 J A E G E R



Log in to
Mobile Review
from anywhere using
your organizations single-
sign-on (SSO) technology.



The power of SentrySuite™

review and reporting

SentrySuite™ software powers all your Vyntus™ devices and provides a user- friendly platform for patient testing. And it does not stop there. The interface also supports the comprehensive needs of the physician review and reporting process. SentrySuite™ is designed to improve how physicians engage with patient data in a more convenient and efficient manner.

I am pleased and full of gratitude that we are utilizing Mobile Review successfully throughout our 4 labs. This has made the process of MD interpretation efficient and organized as well as staff workflow less cumbersome. We were able to decrease our workflow from 15 steps to 4. The feedback from our physicians has been extremely positive. Staff satisfaction has increased. Congratulations on a wonderful product and providing a fantastic support system."

Respiratory Care Director, Pennsylvania

The SentrySuite™ Mobile Review application addresses the need for flexibility and mobility in accessing and reviewing patient data for physicians. Physicians can efficiently manage their tasks, provide timely feedback, and make informed decisions regardless of their physical location.

- 1 Users can upload a new report, delete a report, and upload an external pdf report.
- 2 Clear status indicators inform the user where the current patient visit is in the workflow
- 3 Click on any patient and you can quickly see the tests performed during that visit.

Large data sets and patient lists can be overwhelming and a challenge to manage. By expanding to the rapid filtering preferences window, SentrySuite™ helps zone in to the task at hand, creating more time-efficient workflows. Save these preferences and they will be available the next time you open Mobile Review.

Other filters include **date ranges**, **location**, **physician**, **referring physician**, and more.

Batch Mode - the ultimate time-saving workflow

Batch mode queues up the worklist and allows users to move through the review process sequentially. In one screen, users can view technician comments and add their own physician test interpretations using templates, macros, speech-to-text, or ArtiQ.PFT automated interpretation.

The screenshot displays the SENTRYSUITE MOBILE REVIEW interface. The top navigation bar includes the SENTRYSUITE logo, a search bar with ".US_2023_TLCPL", and user account information. The main content area is divided into two panels. The left panel shows Spirometry results, including a table of values for FVC, FEV1, and PEF, and a graph of Volume (L) vs Time (s). The right panel shows Lung Volumes results, including a table of values for TLC, VC MAX, and FRCpleth, and a graph of Flow (L/s) vs Time (min). Below these panels is a Diffusing Capacity section with a table of values for DLCO unadj and DLCO PB adj. On the right side of the interface, there is a section for Physician and Technician comments. The Physician comment area contains a text box with the following text: "Normal lung function. No significant bronchodilator response. Change in FEV1 of -3.2%, and FVC of -0.9%. Normal airway resistance. Normal diffusion capacity. This is a computer interpretation; review by a physician is required." Below the comment box are buttons for "Save", "Sign", and "Cancel Batch". The Technician comment area contains a text box with the following text: "Pre First attempt at spirometry. 08/18/2023 Default. Post 08/03/2023 Administrator. Comment History". Below the comment box are buttons for "Save", "Sign", and "Cancel Batch". A signing overlay is visible in the bottom right corner, titled "Signing". It contains the text "Signing as Doctor. The selected report will be saved to the database. Please select the state it should be saved in" and three buttons: "Preliminary", "Final", and "Correction". The "Final" button is selected. Below these buttons are "Cancel" and "Sign" buttons.

	Pre	LLN	Pre Z...	Pre%Pred	Post	Post Zsc	Post%Pred	%Chg	Pred Auth
FVC	L 4.94	3.38	0.51	111.6 %	4.90	0.74	110.7 %	-0.9 %	Bowerman GLI...
FEV1	L 3.82	2.73	0.48	106.4 %	3.70	0.22	103.0 %	-3.4 %	Bowerman GLI...
FEV1 % FVC	% 77.41	70.00	-0.55	95.8 %	75.58	-0.84	93.6 %	-2.3 %	Bowerman GLI...
MFEF 75/25	L/s 3.21	1.95	-0.25	92.7 %	2.96	-0.50	85.2 %	-7.4 %	Bowerman GLI...
PEF	L/s 10.38	7.40	0.97	113.6 %	10.04	0.34	104.8 %	-8.7 %	Bowerman GLI...
FET	sec 12.38				13.21				Bowerman GLI...
Quality Grade FVC...	C				E				Bowerman GLI...
Quality Grade FEV1...	B				E				Bowerman GLI...

	Pre	LLN	ULN	Pre Z-Score	Pre%Pred	Pred Auth
TLC	L 6.86	5.44	8.03	0.17	102 %	Bowerma...
VC MAX	L 4.94	4.11	6.18	-0.31	96 %	Bowerma...
IC	L 3.78	2.58	4.62	0.25	104 %	Bowerma...
FRCpleth	L 3.08	2.13	4.38	-0.06	99 %	Bowerma...
ERV	L 1.47	0.59	2.44	0.17	107 %	Bowerma...
RV	L 1.61	0.92	2.44	0.02	101 %	Bowerma...
FRCpl% TLC	% 44.96	42.16	64.34	-1.23		Bowerma...
RV % TLC	% 23.64	14.88	32.97	-0.03		Bowerma...
Error FRCpl ATS...	1					Bowerma...
Raw	kPa/(L/s) 0.24		0.30		79 %	Bowerma...
sRaw	kPa/s 0.82		1.18		70 %	Bowerma...
Gaw	(L/s)/kPa 4.24		3.33		127 %	Bowerma...

	Pre	LLN	Pre Z-Score	Pre%Pred
DLCO unadj: SBmol/(min*kPa)	10.49	7.36	0.65	110 %
DLCO PB adj: SBmol/(min*kPa)	10.39	7.36	0.58	109 %

After interpretation, the Save/Sign/Send functionality allows the user to save for further review, finalize and lock the visit, and send data to the EMR, all with minimal clicks.

Signing

Signing as Doctor.
The selected report will be saved to the database.
Please select the state it should be saved in

Preliminary

Final

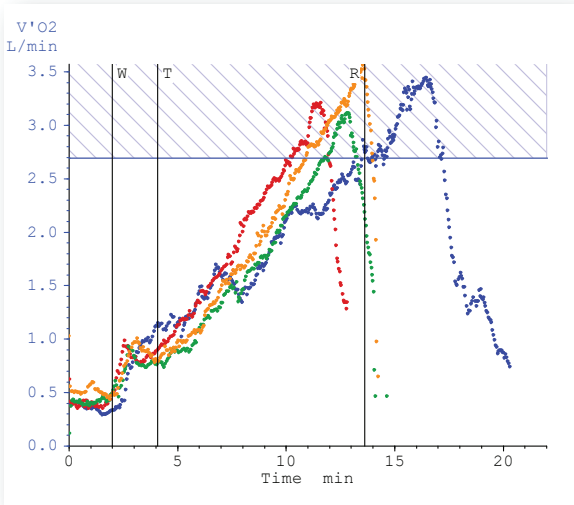
Correction

Cancel

Sign

The importance of trending

The SentrySuite™ ability to provide both PFT and CPET graphical and tabular trending is advantageous for healthcare professionals seeking comprehensive insights into patient progress. This approach enhances the visualization of clinical data and overall patient management.

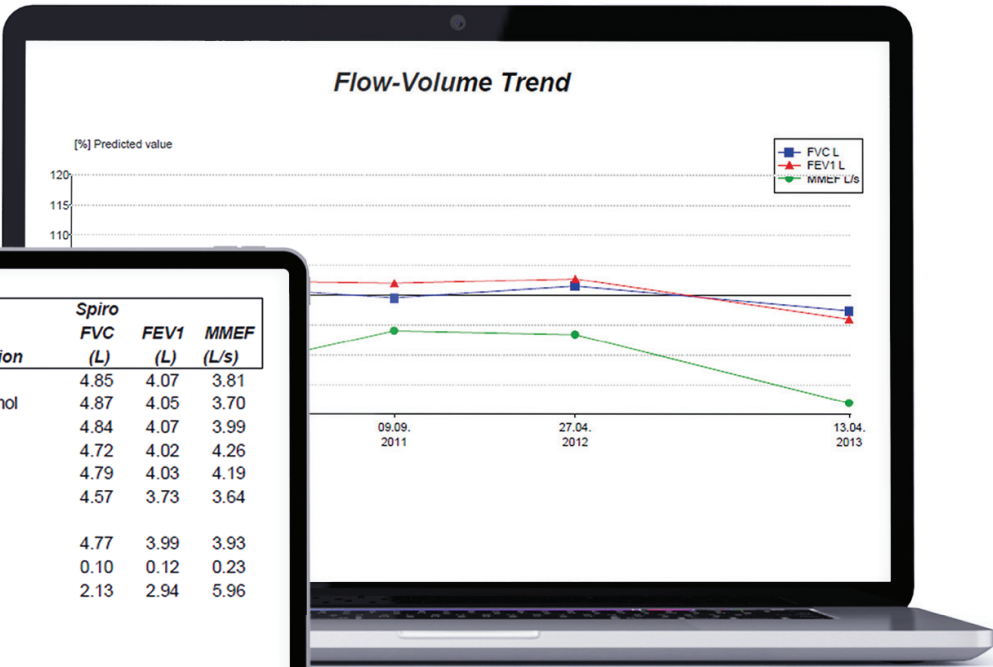


This CPET example shows the percent change between the last two visits

	NOW	PREV	% DIFF	PREV -1	PREV -2	PREV -3	PREV -4	PREV -5
Measurement date	10/25/18	10/25/18		03/29/16	12/16/15			
Age	41 Years	38 Years		38 Years	38 Years			
SLOPES								
VECO2s	23.08	31.16	-25.9	31.65	27.48			
VO2Ws (mL/min)/W	5.63	10.71	-47.4	10.02	10.40			
SPIROMETRY								
FVC	L 4.81	4.81	0.0	5.52	5.46			
FEV1	L 3.85	3.85	0.0	4.24	4.23			
MVV	L/min			203	189			
PEAK CARDIOVASCULAR RESPONSES								
V'O2	L/min 3.4	3.2	6.3	3.1	3.5			
V'O2/kg (mL/min)/kg	41.8	34.5	21.1	33.0	37.7			
V'CO2	L/min 3.9	4.0	-2.3	3.9	4.0			
Load	W 415	284	46.1	292	312			
HR	BPM 171	162	5.6	171	181			
O2pulse	mL 20.0	19.8	0.7	17.9	19.3			
Psys	mmHg 150	187	-19.8	195	140			
Pdia	mmHg 80	92	-13.1	87	86			
PEAK VENTILATORY RESPONSES								
V'E	L/min 94	123	-23.6	124	132			
VTex	L 3.286	3.924	-16.3	3.677	3.709			
RR	1/min 28.7	31.5	-8.8	33.7	35.5			
BR FEV%	% 39	8	359.4	16	11			
PEAK GAS EXCHANGE RESPONSES								
RER	1.14	1.24	-8.0	1.26	1.14			
SpO2	% 93	98	-5.1	100	100			
EqCO2	23.2	30.1	-22.8	31.0	31.8			
EqO2	26.4	37.3	-29.0	39.1	36.3			
PETCO2	mmHg 47.13	36.17	30.3	35.89	35.17			
PETO2	mmHg 103.31	117.10	-11.8	117.50	117.59			

Each test maneuver allows users to choose the graphical and tabular data to trend

Measurement Parameter			Spiro		
Date	Time	Medication	FVC (L)	FEV1 (L)	MMEF (L/s)
21.07.2010	16:26:28	Salbutamol	4.85	4.07	3.81
21.07.2010	16:32:53		4.87	4.05	3.70
25.01.2011	13:22:44		4.84	4.07	3.99
09.09.2011	12:57:24		4.72	4.02	4.26
27.04.2012	11:12:17		4.79	4.03	4.19
13.04.2013	10:55:39		4.57	3.73	3.64
Mean value			4.77	3.99	3.93
Standard dev.			0.10	0.12	0.23
Var. coeff. [%]			2.13	2.94	5.96

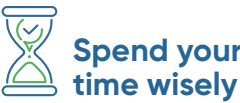


Standards-driven interpretation support with ArtiQ.PFT

ArtiQ.PFT is a secure, cloud-based, application designed for automated interpretation of lung function tests that seamlessly integrates with SentrySuite™ Review. The standout feature of ArtiQ.PFT is its use of ATS/ERS standards to help analyze the measured parameters, generating text statements and classification.



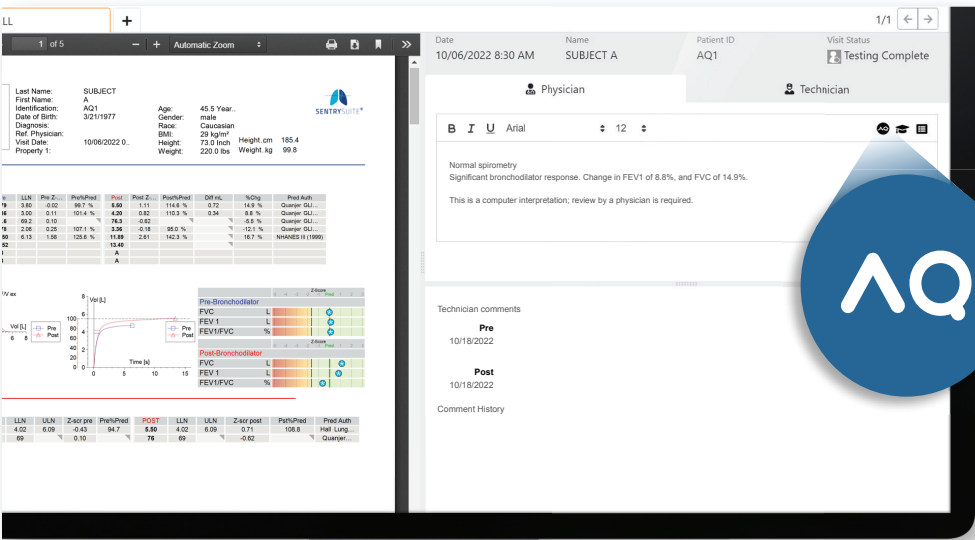
Leverage the power of AI to characterize spirometry, DLCO, LV, methacholine, and FeNO.



Spend your time on clinical decision making and patient consultation, not on administrative tasks.



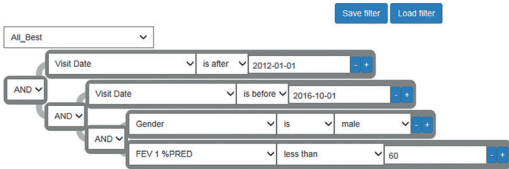
Standardize every PFT report at your center in line with international guidelines.



Data availability beyond SentrySuite™

Utilize the optional Sentry CIS Data Cube to access lung function data for clinical research and statistics.

The Query Builder interface lets you specify the criteria for the lung function data you need. This could include patient demographics, visit data, predicted information, and lung function measurement data.



SentrySuite™ Query Builder lets you customize, save and load your queries

From SentrySuite™ QueryBuilder to Excel outcome

	A	B	C	D	E	F	G	H	I	GT	HC	HI	JK	JN	LA	LD	LJ	LY
1	Visit Date	Patient ID	Gender	Race	Test Date	Age	Height	Weight	LevelType	FEV 0.5	FEV 1	FEV 1 % FVC	FVC	FVC in	MEF 25	MEF 50	MEF 75	MEF 75/25
4	27.11.2014	GAB10031963	male	Caucasian	27.11.2014	51	1,74	90	1	3,492	4,255	83,613	5,089	5,484	1,137	4,788	11,253	4,643
5	13.04.2013	CFNSPIO750209	male	Caucasian	13.04.2013	38	1,74	80	1	3,129	3,986	84,485	4,718	4,691	1,974	4,819	8,318	4,179
6	27.04.2012	CFNSPIO750209	male	Caucasian	27.04.2012	37	1,74	80	1	3,24	4,139	84,014	4,965	5,002	1,868	4,898	9,183	4,188
7	09.09.2011	CFNSPIO750209	male	Caucasian	12.09.2011	36	1,74	80	1	3,145	4,024	85,226	4,721	4,766	2,015	4,785	8,101	4,339
8	25.01.2011	CFNSPIO750209	male	Caucasian	25.01.2011	36	1,74	80	5	2,984	3,779	91,57	4,127	3,408	2,506	5,183	7,748	4,733
9	25.01.2011	CFNSPIO750209	male	Caucasian	25.01.2011	36	1,74	80	5	3,023	3,873	91,855	4,216	3,632	2,643	5,196	7,761	4,748

ATS/ERS guideline implementation – Your base for high quality results



✓ **ATS/ERS 2019
spirometry standards¹**



✓ **ATS/ERS 2017
diffusion standards²**



✓ **ATS standardized
PFT reports³**

REFERENCES

1. Graham B, Steenbruggen I, Miller M, et al. Standardization of spirometry 2019 update. An official american thoracic society and european respiratory society technical statement. Am J Respir Crit Care Med. 2019; 200:e70-e88.
2. Graham BL, Brusasco V, Burgos F, et al. 2017 ERS/ATS standards for single-breath carbon monoxide uptake in the lung. Eur Respir J 2017; 49: 1600016.
3. Culver BH, Graham BL, Coates AL, Wanger J, Berry CE, Clarke PK, et al.; ATS Committee on Proficiency Standards for Pulmonary Function Laboratories. Recommendations for a standardized pulmonary function report: an Official American Thoracic Society technical statement. Am J Respir Crit Care Med 2017;196: 1463–1472.Culver et al., 2017. SentrySuite version 3.20 or higher.



Jaeger Medical America, Inc.
14050 Rebecca St, Bldg 4
Moreno Valley, CA 92553
USA

Vyair Medical GmbH
Leibnizstrasse 7
97204 Hoechberg
Germany

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