

**TEX20/TEX20 Pro/TEX20S/TEX20T/
TEX20 Exp/TEX20 Elite/TEX10/TEX10
Pro/TEX10S/TEX10T/TEX10 Exp/TEX10
Elite/TE X/TE X Lite**

Diagnostic Ultrasound System

Operator's Manual

[Basic Volume]

Intellectual Property Statement

SHENZHEN MINDRAY BIO-MEDICAL ELECTRONICS CO., LTD. (hereinafter called Mindray) owns the intellectual property rights to this Mindray product and this manual. This manual may refer to information protected by copyright or patents and does not convey any license under the patent rights or copyright of Mindray, or of others.

Mindray intends to maintain the contents of this manual as confidential information. Disclosure of the information in this manual in any manner whatsoever without the written permission of Mindray is strictly forbidden.

Release, amendment, reproduction, distribution, rental, adaptation, translation or any other derivative work of this manual in any manner whatsoever without the written permission of Mindray is strictly forbidden.

mindray is the trademarks, registered or otherwise, of Mindray in China and other countries. All other trademarks that appear in this manual are used only for informational or editorial purposes. They are the property of their respective owners.

This posting serves as notice under 35 U.S.C. §287(a) for Mindray patents:

<http://www.mindrayna.com/patents>.

Responsibility on the Manufacturer Party

Contents of this manual are subject to change without prior notice.

All information contained in this manual is believed to be correct. Mindray shall not be liable for errors contained herein or for incidental or consequential damages in connection with the furnishing, performance, or use of this manual.

Mindray is responsible for the effects on safety, reliability and performance of this product, only if:

- all installation operations, expansions, changes, modifications and repairs of this product are conducted by Mindray authorized personnel;
- the electrical installation of the relevant room complies with the applicable national and local requirements; and
- the product is used in accordance with the instructions for use.

NOTE:

This equipment must be operated by skilled/trained clinical professionals.

WARNING

It is important for the hospital or organization that employs this equipment to carry out a reasonable service/maintenance plan. Neglect of this may result in machine breakdown or personal injury.

Warranty

THIS WARRANTY IS EXCLUSIVE AND IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

Exemptions

Mindray's obligation or liability under this warranty does not include any transportation or other charges or liability for direct, indirect or consequential damages or delay resulting from the improper use or application of the product or the use of parts or accessories not approved by Mindray or repairs by people other than Mindray authorized personnel.

This warranty shall not extend to:

- Malfunction or damage caused by improper use or man-made failure.
- Malfunction or damage caused by unstable or out-of-range power input.
- Malfunction or damage caused by force majeure such as fire and earthquake.
- Malfunction or damage caused by improper operation or repair by unqualified or unauthorized service people.
- Malfunction of the instrument or part whose serial number is not legible enough.
- Others not caused by instrument or part itself.

Customer Service Department

Manufacturer:	Shenzhen Mindray Bio-Medical Electronics Co., Ltd.
Address:	Mindray Building, Keji 12th Road South, High-tech industrial park, Nanshan, Shenzhen 518057, P.R.China
Website:	www.mindray.com
E-mail Address:	service@mindray.com
Tel:	+86 755 81888998
Fax:	+86 755 26582680

Manufacturer:	Mindray DS USA, Inc.
Address:	800 MacArthur Blvd. Mahwah, NJ 07430-0619 USA
Tel:	+1(201) 995-8000
Toll Free:	+1 (800) 288-2121
Fax:	+1 (800) 926-4275

Important Information

- It is the customer's responsibility to maintain and manage the system after delivery.
- The warranty does not cover the following items, even during the warranty period:

- Damage or loss due to misuse or abuse.
- Damage or loss caused by Acts of God such as fires, earthquakes, floods, lightning, etc.
- Damage or loss caused by failure to meet the specified conditions for this system, such as inadequate power supply, improper installation or environmental conditions.
- Damage or loss due to use of the system outside the region where the system was originally sold.
- Damage or loss involving the system purchased from a source other than Mindray or its authorized agents.
- This system shall not be used by persons other than fully qualified and certified medical personnel.
- DO NOT make changes or modifications to the software or hardware of this system.
- In no event shall Mindray be liable for problems, damage, or loss caused by relocation, modification, or repair performed by personnel other than those designated by Mindray.
- The purpose of this system is to provide physicians with data for clinical diagnosis. The physician is responsible for the results of diagnostic procedures. Mindray shall not be liable for the results of diagnostic procedures.
- Important data must be backed up on external memory media.
- Mindray shall not be liable for loss of data stored in the memory of this system caused by operator error or accidents.
- This manual contains warnings regarding foreseeable potential dangers, but you shall also be continuously alert to dangers other than those indicated. Mindray shall not be liable for damage or loss resulting from negligence or ignorance of the precautions and operating instructions described in this operator's manual.
- If a new manager takes over this system, be sure to hand over this operator's manual to the new manager.

About This Manual

This operator's manual describes the operating procedures for this diagnostic ultrasound system and the compatible probes. To ensure safe and correct operation, carefully read and understand the manual before operating the system.

Meaning of Signal Words

In this manual, the signal words  **DANGER**,  **WARNING**,  **CAUTION**, **NOTE** and **TIP** are used regarding safety and other important instructions. The signal words and their meanings are defined as follows. Please understand their meanings clearly before reading this manual.

Signal word	Meaning
 DANGER	Indicates an imminently hazardous situation that, if not avoided, will result in death or serious injury.
 WARNING	Indicates a potentially hazardous situation that, if not avoided, could result in death or serious injury.
 CAUTION	Indicates a potentially hazardous situation that, if not avoided, may result in minor or moderate injury.
NOTE	Indicates a potentially hazardous situation that, if not avoided, may result in property damage.

Signal word	Meaning
TIP	Important information that helps you to use the system more effectively.

Hardcopy Manuals

- Operator's Manual [Basic Volume]
Describes the basic functions and operations of the system, safety precautions, exam modes, imaging modes, preset, maintenance and acoustic output, etc.
- Operator's Manual [Advanced Volume]
- Operator's Manual [Acoustic Power Data and Surface Temperature Data]
Contains data tables of acoustic output for transducers.
- Quick Reference Guide
Contains a quick reference guide for basic system operations.

NOTE:

- Manuals on CD are the manuals translated into languages other than English, according to the English manuals.
 - If you find that the contents of the manuals on CD are NOT consistent with the system or the English manuals, refer ONLY to the corresponding English manuals.
 - The accompanying manuals may vary depending on the specific system you purchased. Please refer to the packing list.
-

Software Interfaces in this Manual

Depending on the software version, preset settings and optional configuration, the actual interfaces may be different from those in this manual.

Conventions

In this manual, the following conventions are used to describe the buttons on the control panel, items in the menus, buttons in the dialog boxes and some basic operations:

- [Items in menu or buttons in dialog box]: square brackets indicate items in menus, on the soft menu or buttons in dialog boxes.
- Select [Items or Buttons]: move the cursor to the item or button and press <Set> or use the soft key corresponding to the soft menu.
- Tap [Items or Buttons]: tap the corresponding item on the screen.
- [Items in menu] > [Items in submenu]: select a submenu item following the path.

Notification of Adverse Events

As a health care provider, you may report the occurrence of certain events to SHENZHEN MINDRAY BIO-MEDICAL ELECTRONICS CO., LTD., and possibly to the competent authority of the Member state in which the user and / or patient is established.

These events, include device-related death and serious injury or illness. In addition, as part of our Quality Assurance Program, SHENZHEN MINDRAY BIO-MEDICAL ELECTRONICS CO., LTD. requests to be notified of device failures or malfunctions. This information is required to ensure that SHENZHEN MINDRAY BIO-MEDICAL ELECTRONICS CO., LTD. provides only the highest quality products.

Operator's Manuals

You may receive multi-language manuals on compact disc or paper. Please refer to the English manual for the latest information and registration information.

The content of the operator manual, such as screens, menus or descriptions, may be different from what you see in your system. The content varies depending on the software version, options and configuration of the system.

This page intentionally left blank.

Contents

Intellectual Property Statement	I
Responsibility on the Manufacturer Party	I
Warranty	II
Exemptions	II
Customer Service Department	II
Important Information	II
About This Manual	III
Meaning of Signal Words	III
Hardcopy Manuals	IV
Software Interfaces in this Manual	IV
Conventions	IV
Notification of Adverse Events	IV
Operator's Manuals	V
1 Important Information	1 - 1
1.1 Safety Precautions	1 - 1
1.2 Latex Alert	1 - 7
1.3 Parts that can be used within patient environment	1 - 7
2 System Overview	2 - 1
2.1 Intended Use	2 - 1
2.2 Contraindication	2 - 1
2.3 Safety Classifications	2 - 1
2.4 Product Specifications	2 - 2
2.4.1 Power supply	2 - 2
2.4.2 Environmental Conditions	2 - 2
2.4.3 Dimensions and Weight	2 - 2
2.5 Product Differences	2 - 3
2.6 System Configuration	2 - 3
2.6.1 Standard Configuration	2 - 3
2.6.2 Probes and Needle-guided Brackets Available	2 - 4
2.6.3 Options	2 - 4
2.6.4 Peripherals Supported	2 - 6
2.7 Introduction of Each Unit	2 - 7
2.7.1 I/O Module	2 - 8
2.7.2 Indicators	2 - 9
2.8 ECG Module	2 - 11
2.9 Air Station	2 - 12
2.10 Basic Operations	2 - 13
2.10.1 Screen Display	2 - 13
2.10.2 Select Exam Mode and Probe	2 - 16
2.10.3 Select the Imaging Mode	2 - 16
2.10.4 Imaging Adjustment	2 - 16
2.10.5 Quickly Saving Image Settings	2 - 17

2.10.6 Annotations and Body Marks	2 - 18
2.10.7 iVocal Plus	2 - 19
2.10.8 Splitting Display	2 - 21
2.10.9 Image Magnification	2 - 21
2.10.10 iZoom (Full Screen View)	2 - 22
2.10.11 Freeze/Unfreeze the Image	2 - 22
2.10.12 Imaging Mode Switching When Frozen	2 - 22
2.11 Cine Review	2 - 22
2.11.1 Entering/Exiting Cine Review	2 - 22
2.11.2 Manual Cine Review	2 - 23
2.11.3 Auto Review	2 - 23
2.11.4 Linked Cine Review	2 - 24
2.12 Image Compare	2 - 24
2.12.1 Image Compare in Review Mode	2 - 24
2.12.2 Frame Compare	2 - 25
2.13 Cine Saving	2 - 25
2.13.1 Live Capture	2 - 25
2.13.2 Frozen image storage	2 - 26
2.14 Setting Cine Length	2 - 26
2.14.1 Live capture	2 - 26
2.14.2 Freeze storage setting	2 - 26
2.15 Symbols and Warning Labels	2 - 26
3 System Preparation	3 - 1
3.1 Move/Position the System	3 - 1
3.2 Connecting the Power Cord	3 - 1
3.2.1 Connecting Power	3 - 1
3.2.2 Powered by Batteries	3 - 1
3.3 Power ON/OFF	3 - 2
3.3.1 Check before Powering ON	3 - 3
3.3.2 Power the System ON	3 - 3
3.3.3 Check the system after it is powered on	3 - 4
3.3.4 Power the System Off	3 - 4
3.3.5 Standby	3 - 5
3.4 Monitor Brightness/Contrast Adjustment	3 - 5
3.5 Display Position Adjustment	3 - 6
3.6 Connecting/Disconnecting a Probe	3 - 7
3.6.1 Connecting a Probe	3 - 7
3.6.2 Disconnecting a Probe	3 - 8
3.6.3 Connecting a Wireless Probe	3 - 8
3.6.4 Disconnecting a Wireless Probe	3 - 9
3.7 Connecting USB Devices	3 - 9
3.8 Connecting the Footswitch	3 - 9
3.9 Installing a Printer	3 - 9
3.9.1 Connecting a Graph/Text Printer	3 - 10
3.9.2 Connecting a Video Printer	3 - 10
3.9.3 Connecting a Wireless Printer	3 - 11
4 Setup	4 - 1

4.1 System Preset	4 - 1
4.1.1 Region	4 - 1
4.1.2 General	4 - 2
4.1.3 Image Preset	4 - 4
4.1.4 Application Preset	4 - 5
4.1.5 OB	4 - 7
4.1.6 Footswitch Function	4 - 9
4.1.7 Key Probe Function	4 - 9
4.1.8 Option	4 - 10
4.1.9 Access Control	4 - 10
4.1.10 Scan Code Preset	4 - 14
4.1.11 Peripheral Preset	4 - 16
4.1.12 Maintenance	4 - 17
4.1.13 iVision	4 - 18
4.1.14 Security	4 - 19
4.1.15 System Information	4 - 20
4.2 Exam Mode Preset	4 - 20
4.3 Measurement Preset	4 - 21
4.3.1 General Measurement Preset	4 - 21
4.3.2 Application Measurement Preset	4 - 22
4.3.3 Report Preset	4 - 26
4.4 Comment Preset	4 - 27
4.4.1 Comment Configure	4 - 28
4.4.2 Comment Group Define	4 - 28
4.5 iWorks Preset	4 - 29
4.5.1 Protocol Management	4 - 29
4.5.2 View Management	4 - 29
4.5.3 Create a New Protocol	4 - 29
4.6 Network Related Preset	4 - 29
4.6.1 DICOM Local Preset	4 - 30
4.6.2 DICOM Service Preset	4 - 31
4.6.3 eGateway Preset	4 - 36
4.6.4 Network Preset	4 - 38
4.6.5 Wireless Network Connection	4 - 39
4.6.6 Route Settings	4 - 39
4.6.7 X-Link	4 - 39
4.6.8 Q-Path Preset	4 - 40
5 Exam Preparation	5 - 1
5.1 Patient Information	5 - 1
5.1.1 New Patient Information	5 - 1
5.1.2 Retrieve Patient Information	5 - 2
5.2 Activate& Continue an Exam	5 - 3
5.2.1 Activate an Exam	5 - 3
5.2.2 Continue an Exam	5 - 3
5.3 End an Exam	5 - 3
5.3.1 End an Exam	5 - 3
6 Image Acquisition	6 - 1

6.1 B Mode	6 - 1
6.1.1 B-mode Image Scanning	6 - 1
6.1.2 B-mode Image Parameters	6 - 1
6.2 Color Mode	6 - 5
6.2.1 Color Mode Image Scanning	6 - 5
6.2.2 Color Mode Image Parameters	6 - 6
6.3 Power Mode	6 - 8
6.3.1 Power Mode Image Scanning	6 - 8
6.3.2 Power Mode Image Parameters	6 - 8
6.4 M Mode	6 - 10
6.4.1 M Mode Image Scanning	6 - 10
6.4.2 M Mode Image Parameters	6 - 11
6.5 Color M Mode (CM)	6 - 11
6.5.1 CM Image Scanning	6 - 11
6.5.2 CM Image Parameters	6 - 12
6.6 Anatomical M Mode	6 - 12
6.6.1 Linear Anatomical M (Free Xros M)	6 - 12
6.6.2 Anatomical M Mode Parameters	6 - 12
6.7 PW/CW Mode	6 - 12
6.7.1 PW/CW Mode Image Scanning	6 - 13
6.7.2 PW/CW Mode Image Parameter	6 - 13
6.8 TDI	6 - 15
6.8.1 TDI Mode Image Scanning	6 - 15
6.8.2 TDI Mode Image Parameters	6 - 15
6.8.3 TDI Quantitative Analysis	6 - 16
6.9 iScape View (Real-time Panoramic Imaging)	6 - 19
6.9.1 Basic Procedures for iScape Imaging	6 - 19
6.9.2 Image Review	6 - 20
6.9.3 Evaluate image quality	6 - 21
6.9.4 Cine Review	6 - 21
6.10 Smart B-line	6 - 21
6.10.1 Basic Procedures for Smart B-line	6 - 22
6.10.2 Overview	6 - 23
6.11 Smart VTI	6 - 23
6.12 Smart IVC	6 - 24
6.13 RIMT (Real-time Intima-Media Thickness)	6 - 25
6.14 Contrast Imaging	6 - 26
6.14.1 Basic Procedures for Contrast Imaging	6 - 27
6.14.2 Left Ventricular Opacification	6 - 27
6.14.3 Image Parameters	6 - 28
6.14.4 Image Saving	6 - 29
6.14.5 Micro Flow Enhancement	6 - 29
6.14.6 Contrast Imaging QA	6 - 30
6.15 Auto GA	6 - 33
6.16 Auto DFR	6 - 34
6.17 Smart Echovue	6 - 34
6.18 Smart Nerve	6 - 35
6.19 Smart FHR OB1	6 - 36

6.20 Smart TTQA	6 - 37
6.20.1 Basic Procedures for Smart TTQA	6 - 37
6.20.2 Screen Display of Smart TTQA	6 - 38
6.20.3 Select Image and Cardiac Cycle	6 - 39
6.20.4 Myocardial Boundary Tracing	6 - 39
6.20.5 Basic Operations of Smart TTQA	6 - 40
6.20.6 Bulleye	6 - 41
6.20.7 Measurement/Comment	6 - 41
6.20.8 Data Export	6 - 42
6.21 Application	6 - 42
6.22 iWorks (Auto Workflow Protocol)	6 - 42
6.22.1 Overview	6 - 42
6.22.2 Normal iWorks Basic Procedure	6 - 42
6.22.3 View Operation	6 - 43
6.22.4 Manual Examination	6 - 43
6.22.5 Insert	6 - 44
7 Strain Elastography	7 - 1
7.1 Basic Procedure for Strain Elastography	7 - 1
7.2 Image Parameters	7 - 1
7.3 Mass Measurement	7 - 2
8 Smart 3D	8 - 1
8.1 Overview	8 - 1
8.1.1 Terms	8 - 1
8.1.2 ROI and VOI	8 - 2
8.1.3 Render Mode	8 - 2
8.1.4 MPR	8 - 3
8.2 Note before Use	8 - 4
8.3 Smart 3D Image Acquisition	8 - 6
8.4 Smart 3D Image Viewing	8 - 7
8.5 Image Saving	8 - 10
9 Physiological Unit Signal	9 - 1
9.1 ECG	9 - 1
9.2 ECG Review	9 - 3
9.2.1 Review Principle	9 - 3
9.2.2 Linked Review of Waveforms, M/D Images and 2D Images	9 - 3
9.3 Parameter Description	9 - 3
10 Measurement, Annotations and Body Mark	10 - 1
10.1 Measurement	10 - 1
10.2 Annotations	10 - 3
10.2.1 Adding Annotations	10 - 3
10.2.2 Moving Annotations	10 - 4
10.2.3 Modifying (Editing) Annotations	10 - 4
10.2.4 Deleting Annotations	10 - 4
10.2.5 Setting Annotations	10 - 4
10.3 Body Mark	10 - 5
10.3.1 Adding Body Marks	10 - 5

10.3.2 Moving Body Marks	10 - 5
10.3.3 Deleting Body Marks	10 - 5
10.3.4 Setting Body Mark	10 - 6
11 Patient Data Management	11 - 1
11.1 Image File Management	11 - 1
11.1.1 Storage Media	11 - 1
11.1.2 Image File Formats	11 - 1
11.1.3 Image Storage Setting	11 - 2
11.1.4 Thumbnails	11 - 2
11.1.5 Image Review and Analysis	11 - 2
11.1.6 Sending Image Files	11 - 3
11.2 Report Management	11 - 3
11.2.1 Report storage	11 - 3
11.2.2 Importing, exporting and sending a report	11 - 4
11.3 iStation - Patient Data Management	11 - 4
11.3.1 Searching a Patient	11 - 4
11.3.2 Patient Data View & Management	11 - 5
11.4 Recycle Bin	11 - 5
11.5 iStorage	11 - 6
11.6 Print	11 - 6
11.6.1 Image Printing	11 - 6
11.6.2 Report Printing	11 - 7
11.7 Patient Task Management	11 - 7
11.8 V-Access	11 - 8
11.9 Q-Path	11 - 8
11.10 X-Link	11 - 9
12 DICOM/HL7	12 - 1
12.1 DICOM Storage	12 - 1
12.1.1 Send images on iStation/Review	12 - 1
12.1.2 To send images to storage after an exam ends	12 - 2
12.2 DICOM Print	12 - 2
12.2.1 Print images on iStation/Review	12 - 2
12.2.2 To send images to DICOM Print after an exam ends	12 - 2
12.3 Worklist	12 - 2
12.4 MPPS	12 - 3
12.5 Storage Commitment	12 - 3
12.5.1 Storage commitment after sending images on the iStation screen	12 - 3
12.5.2 To send storage commitment automatically after an exam ends	12 - 3
12.6 Query/Retrieve	12 - 4
12.7 DICOM Media Storage	12 - 4
12.7.1 Media Storage	12 - 4
12.7.2 Media review	12 - 5
12.7.3 Data Restore	12 - 5
12.8 Structured Report	12 - 5
12.8.1 Send structured reports for storage	12 - 5
12.8.2 Back up structured report	12 - 6

13 Probes and Biopsy	13 - 1
13.1 Probes	13 - 1
13.1.1 Probe Functions by Part	13 - 4
13.1.2 Orientation of the Ultrasound Image and the Probe Head	13 - 4
13.1.3 Procedures for Operating	13 - 5
13.1.4 Wearing the Probe Sheath	13 - 7
13.1.5 Probes Cleaning and Disinfection/Sterilization	13 - 9
13.1.6 Probe Environmental Conditions	13 - 13
13.1.7 Storage and Transportation	13 - 15
13.2 Biopsy Guide	13 - 16
13.2.1 Needle-guided Brackets Available	13 - 18
13.2.2 Needle-Guided Bracket Inspection and Installation	13 - 19
13.2.3 Verifying the Biopsy Guide Line	13 - 49
13.2.4 Starting the biopsy procedure	13 - 50
13.2.5 Clean and Sterilize the Needle-Guided Bracket	13 - 50
13.2.6 Storage and Transportation	13 - 52
13.2.7 Disposal	13 - 53
13.3 Middle Line	13 - 53
13.4 eSpatial Navi	13 - 53
13.4.1 Interface	13 - 54
13.4.2 Preset	13 - 56
13.4.3 Preparation Before Needle Guidance	13 - 56
13.4.4 Procedure	13 - 57
13.4.5 Magnetizer Cleaning and Disinfection	13 - 57
13.4.6 Storage and Transportation	13 - 59
13.4.7 Disposal	13 - 59
14 DVR Recording	14 - 1
14.1 Start Recording	14 - 1
14.2 Sending Image	14 - 1
14.3 DVR Video Replaying	14 - 2
14.3.1 Replay on PC	14 - 2
14.3.2 Replay on the ultrasound system	14 - 2
15 System Maintenance	15 - 1
15.1 Daily Maintenance	15 - 1
15.1.1 Cleaning the System	15 - 1
15.1.2 Cleaning the peripherals	15 - 3
15.1.3 Disinfecting the Main Unit	15 - 4
15.1.4 Checking the Probe	15 - 4
15.1.5 Checking the Power Cable and Plug	15 - 4
15.1.6 Checking Appearance	15 - 4
15.1.7 System Hard Drive Backup	15 - 4
15.2 Troubleshooting	15 - 4
A Wireless LAN	A - 1
A.1 Use the Wireless feature	A - 2
A.2 Add the WLAN Allow List	A - 2
A.3 IP Configuration	A - 2
A.4 EAP Network	A - 3

A.5 Specifications	A - 3
A.6 Troubleshooting	A - 4
B Wireless Charging	B - 1
B.1 Air Station Installation	B - 1
B.1.1 Installation Preparation	B - 1
B.1.2 Installing the Pad	B - 1
B.1.3 Installing the Air Station	B - 3
B.1.4 Battery Charged by the Air Station	B - 7
B.1.5 Troubleshooting	B - 8
C iScanHelper	C - 1
C.1 Use iScanHelper for Reference	C - 1
C.2 Use iScanHelper for Learning or Training	C - 1
C.3 Basic Screen and Operation	C - 2
C.3.1 Help Information Area	C - 2
C.3.2 Single/quad-window Display	C - 2
C.4 Measurement, Comments, and Body Mark	C - 2
D iVision	D - 1
D.1 Demonstration item	D - 1
D.2 Demonstration mode	D - 1
D.3 Option of Demo	D - 1
E List of Vocal Commands	E - 1
F Electrical Safety Inspection	F - 1
F.1 Power Cord Plug	F - 1
F.1.1 The Power Plug	F - 1
F.2 Device Enclosure and Accessories	F - 2
F.2.1 Visual Inspection	F - 2
F.2.2 Contextual Inspection	F - 2
F.3 Device Labeling	F - 2
F.4 Protective Earth Resistance	F - 2
F.5 Earth Leakage Test	F - 2
F.6 Enclosure Leakage Test	F - 3
F.7 Patient Leakage Current	F - 3
F.8 Mains on Applied Part Leakage	F - 4
F.9 Patient Auxiliary Current	F - 4
G EMC Guidance and Manufacturer's Declaration	G - 1
H Acoustic Output	H - 1
H.1 Concerns with Bioeffects	H - 1
H.2 Prudent Use Statement	H - 1
H.3 ALARA Principle (As Low As Reasonably Achievable)	H - 1
H.4 MI/TI Explanation	H - 2
H.4.1 Basic Knowledge of MI and TI	H - 2
H.4.2 MI/TI Display	H - 3
H.5 Acoustic Power Setting	H - 3
H.6 Acoustic Power Control	H - 4

H.7 Acoustic Output	H - 4
H.7.1 Derated Ultrasonic Output Parameters	H - 4
H.7.2 Limits of Acoustic Output	H - 5
H.7.3 Differences between Actual and Displayed MI and TI	H - 5
H.8 Measurement Uncertainty	H - 5
H.9 References for Acoustic Power and Safety	H - 6
I Probe Dimensions	I - 1
J Indications for use	J - 1

1 Important Information

1.1 Safety Precautions

Please observe the following precautions to ensure patient and operator's safety when using this system.

CAUTION

U.S.A. Federal Law restricts this device to sale by or on the order of a physician.

DANGER

Do not operate this system and probes in an atmosphere containing flammable gases or liquids such as anesthetic gases, hydrogen, and ethanol, because there is danger of explosion.

WARNING

- Do not connect the three-wire cable of the system with a two-wire plug without protective grounding; otherwise, electric shock may result.
- Do connect the power plug of this system to wall receptacles that meet the ratings indicated on the rating nameplate. If adapters or multi-functional receptacles are used, it may cause the leakage current to exceed the safety requirement.
- In the environment that patient is 1.5 meters around, connect peripherals to the auxiliary power outlet, or power the peripherals by auxiliary output cable or isolation transformer complied with IEC60601-1 or the power input of the same safety level.
- DO NOT use power supply of different phases to power peripherals, like power supply of air-conditioning.
- When using peripherals not powered by the auxiliary output of the ultrasound system, or using peripherals other than permitted by Mindray, make sure the overall leakage current of peripherals and the ultrasound system meets the requirement of the local medical device electrical regulation (like enclosure leakage current should be no more than 500 uA of IEC60601-1), and the responsibility is held by the user.
- Connect the grounding conductor before turning ON the system. Disconnect the grounding cable after turning OFF the system. Otherwise, electric shock may result.

- For the connection of power and grounding, follow the appropriate procedures described in this operator's manual. Otherwise, there is risk of electric shock. Do not connect the grounding cable to a gas pipe or water pipe; otherwise, improper grounding may result or a gas explosion may occur.
- Before cleaning the system, disconnect the power cord from the outlet. System failure and electric shock may result.
- This system is not water-proof designed. Do Not use this system in any place where water or any liquid leakage may occur. If any water is sprayed on or into the system, electric shock may result or the system may be damaged. If water is accidentally sprayed on or into the system, contact Mindray Customer Service Department or sales representative.
- DO NOT use a probe that has a damaged, scratched surface, or exposed wiring of any kind. Immediately stop using the probe and contact Mindray Customer Service Department or sales representative. There is risk of electric shock if using a damaged or scratched transducer.
- Do not allow the patient to contact the live parts of the ultrasound system or other devices, e.g. signal I/O ports. Electric shock may occur.
- The operator SHOULD NOT touch Signal Input Ports/Signal Output Ports and the patient at the same time.
- Do not use an aftermarket probe other than those specified by Mindray. The probes may damage the system causing a profound failure, e.g. a fire in the worst case.
- Do not subject the transducers to knocks or drops. Use of a defective transducer may cause an electric shock.
- Do not open the covers and front panel of the system. Short circuit or electric shock may result when the system hardware is exposed and powered on.
- Do not use the system with the patient when the system is being serviced or maintained.
- Do not use this system when any digital device such as a high-frequency electrotome, high-frequency therapeutic device or defibrillator is applied already. Otherwise, there is a risk of electric shock to the patient.
- Only use the ECG leads provided with the physiology module; otherwise, electric shock may be resulted.
- When moving the system, disconnect the system from other devices (including probes) and disconnect the system from the power supply.
- When moving the system, you should hold the handle; otherwise, damage may be resulted by abnormal force. Do not push the system from the left/right side, otherwise, it may be toppled over.
- The auxiliary power output outlet in the system is used to supply power for the recommended peripheral devices. Do not connect other devices to the outlet, otherwise, the rated output power may be exceeded and failure may be resulted.

- Accessory equipment (analog or digital) connected to the ultrasound system must comply with the relevant IEC standards (e.g., IEC 60950 information technology equipment safety standard and IEC 60601-1 medical equipment standard). Furthermore, all configurations must comply with the standard IEC60601-1. It is the responsibility of the person, who connects additional equipment to the signal input or output ports and configures a medical system, to verify that the system complies with the requirements of IEC60601-1. If you have any questions regarding these requirements, consult your vendor.
 - When using intra-cavity transducers, do not activate the transducer outside the patient's body.
 - It is not allowed for the operator to have contact with other patients and the electronic parts (such as the input/output terminal of the signal) of other devices that are connected to the system. Otherwise, it may produce the electrical shock to the patient. DO NOT block the cooling vent of the system.
 - Do not expose the device to a magnetic resonance (MR) environment.
 - DO NOT make changes or modifications to the software or hardware of this system.
 - To avoid the risk of electric shock, this equipment must only be connected to a supply mains with protective earth.
-

CAUTION

- Precautions concerning clinical examination techniques:
 - This system must be used only by qualified medical professionals.
 - This operator's manual does not describe clinical examination techniques. The clinician should select the proper examination techniques based on specialized training and clinical experience.
- Malfunctions due to radio wave:
 - If a radio wave emitting device is used in the proximity of this system, it may interfere with operations. Do not use or take any devices transmitting RF signals (such as cellular phones, transceivers and radio controlled products) in the room placing the system.
 - If a person brings a device that generates radio waves near the system, ask him/her to immediately turn OFF the device.
 - Please install the system on a flat plane with casters locked. Otherwise, damage may be resulted by accidental moving.
 - Do not move the system laterally, which may result in damage in case of toppling.
 - Move the system slowly on the slope by two people, otherwise, damage may result in case of unexpected sliding.
 - Do not sit on the system, which may result individual falling in case of system moving.

- Object placed on the monitor may fall and injure an individual.
- Fasten and fully secure any peripheral device before moving the system. A loose peripheral device may fall and injure an individual.
- When moving the system on the steps, please take care to prevent the system from toppling.
- If the circuit protector is tripped, it indicates that the system or a peripheral device was improperly shut down and the system is unstable. You cannot repair the system under this circumstance and must call the Mindray Customer Service Department or sales representative.
- There is no risk of high-temperature burns during normal ultrasound examinations. It is possible for the surface temperature of the transducer to exceed the body temperature of a patient due to environmental temperature and exam type combinations. Do not apply the transducer to the same region on the patient for a long time. Apply the transducer only for a period of time required for the purpose of diagnosis.
- Do not use the system to examine a fetus for a long period of time.
- Except accessories that have been stated as sterile, the system and its accessories are not disinfected or sterilized prior to delivery. The operator is responsible for the cleaning and disinfection of probes and sterilization of biopsy brackets according to the manuals, prior to the use. All items must be thoroughly processed to completely remove harmful residual chemicals, which will not only harmful to the human body, but also damage the accessory.
- It is necessary to end the current scan that is in progress and clear the current Patient Information field. Otherwise, new patient data may be combined with the previous patient data.
- Do not connect or disconnect the system's power cord or its accessories (e.g., a printer or a recorder) without turning OFF the system power first. This may damage the system and its accessories or cause electric shock.
- If the system is powered off improperly during operation, it may result in data damage of the system's hard disk or system failure.
- Do not use a USB memory device (e.g., a USB flash drive, removable hard disk) which has unsafe data. Otherwise, system damage may result.
- It is recommended to only use the video devices specified in this manual.
- Do not use gel, disinfectant, probes, probe sheath or needle-guided brackets that are not compatible with the system.
- The applied contrast agency should be compliant with the relevant local regulations.
- Read the Acoustic Output Principle in the operation manual carefully before operating this system on clinical examination.
- The cover contains natural rubber that can cause allergic reactions in some individuals.
- Please use the ultrasound gel compliant with the relevant local regulations.

- DO NOT expose the system to excessive vibration through transportation. Mechanical damage may result.
 - Always keep the system dry. Avoid transporting this system quickly from a cold place to a warm place; otherwise condensation or water droplets may form allowing a short circuit and possible electric shock.
-

NOTE:

- DO NOT use the system in the vicinity of strong electromagnetic field (such as a transformer), which may affect the performance of the system.
- Do not use the system in the vicinity of high-frequency radiation source (e.g. cellular phones), which may affect the performance of the system or even lead to failure.
- When using or placing the system, keep the system horizontal to avoid imbalance.
- To avoid damaging the system, do not use it in following environment:
 - Locations exposed to direct sunlight.
 - Locations subject to sudden changes in environmental temperature.
 - Dusty locations.
 - Locations subject to vibration.
 - Locations near heat generators.
 - Locations with high humidity.
- Turn ON the system only after the power has been turned OFF for a while. If the system is turned ON immediately after being turned OFF, the system may not be rebooted properly and could malfunction.
- Select the Freeze to freeze an image or turn off the power of the system before connecting or disconnecting a probe.
- Remove the ultrasound gel from the face of the transducer when the examination is completed. Water in the gel may enter the acoustic lens and adversely affect the performance and safety of the transducer.
- You should properly back up the system to a secure external storage media, including system configuration, settings and patient data. Data stored to the system's hard drive may be lost due to system failure, improper operation or accident.
- If the system is used in a small room, the room temperature may rise. Please provide proper ventilation and free air exchange.
- To dispose of the system or any part, contact Mindray Customer Service Department or sales representative. Mindray is not responsible for any system content or accessories that have been discarded improperly.
- Electrical and mechanical performance may be degraded due to long usage (such as current leakage or distortion and abrasion); the image sensitivity and precision may become worse too. To ensure optimal system operations, it is recommended that you maintain the system under a Mindray service agreement.
- Refer replacing job to Mindray service engineers or engineers authorized by Mindray only.
- Do not turn OFF the power supply of the system during printing, file storage or invoking other system operations. An interrupted process may not be completed, and can become lost or corrupted.
- Ensure that the current exam date and time are the same as the system date and time.

- Use detachable power supply cord as mains power breaking device. DO NOT set equipment in place where difficult for disconnection of detachable power supply cord.
-

Please read the following precautions carefully to ensure the safety of the patient and the operator when using the probes.

WARNING

- The ultrasound probe is only for use with the specified ultrasound diagnostic system.
 - The ultrasound probe must be used only by qualified professionals.
 - Confirm that the transducer and probe cable are normal before and after each examination. A defective probe may cause electric shock to the patient.
 - Do not subject the probe to shock. A defective probe may cause electric shock to the patient.
 - Do not disassemble the probe to avoid the possibility of electric shock.
 - Never immerse the probe connector into liquids such as water or disinfectant because the connector is not waterproof. Immersion may cause electric shock or malfunction.
 - A transducer sheath must be installed over the transducer before performing examination.
 - When using a probe, pay attention to the status of the ultrasound image. Do not use the probe to perform image acquisition when the image is frozen.
-

CAUTION

- When using the probe, wear sterile gloves to prevent infection.
 - Please use the ultrasound gel compliant with the relevant local regulations. And manage the ultrasound gel properly to ensure that it does not become a source of infection.
 - In normal diagnostic ultrasound mode, there is no danger of a normal-temperature burn; however, do not keep the probe on the same region of the patient for more than 10 minutes to avoid risk of burn.
 - Do not use the carrying case for storing the transducer. If the carrying case is used for storage, it may become a source of infection.
 - It is required to practice ALARA when operating ultrasound system. Minimize the acoustic power without compromising the quality of images.
 - The probe and accessories supplied with it are not delivered disinfected or sterilized. Sterilization (or high-level disinfect) before use is required.
 - Disposable components should be packaged sterile and for single-use only. Do not use if integrity of packaging violated or if expiration date has passed. Please use the disposable components compliant with the relevant local regulations.
-

- Please use the disinfection or sterilization solution recommended in this operator's manual; otherwise Mindray will not be liable for damage caused by other solutions. If you have any questions, please contact Mindray Customer Service Department or sales representative.
 - Do not use pre-lubricated condoms as a sheath. Lubricant may not be compatible with the probe material and damage may result.
 - The damage of the transducer may be caused by the contact of improper gel or cleaner:
 - DO NOT dip the transducer in the strong polar solution of ethanol, chloride of lime, ammonium chloride, acetone and formaldehyde.
 - DO NOT contact the transducer with solution or ultrasound gel containing oily medium such as mineral oil or lanoline.
-

NOTE:

- Read the following precautions to prevent the probe from malfunction:
 - Before connecting or disconnecting the probe, freeze or turn off the system.
 - Clean and disinfect the probe before and after each examination.
 - After the examination, wipe off the ultrasound gel thoroughly. Otherwise, the ultrasound gel may solidify and the image quality would be degraded.
 - Repeated disinfection will eventually damage the probe, please check the probe performance periodically.
-

1.2 Latex Alert

When choosing a probe sheath, it is recommended that you directly contact CIVCO for obtaining information regarding probe sheaths, pricing, samples and local distribution.

For CIVCO information, please contact the following:

CIVCO Medical Instruments

Tel: 1-800-445-6741

www.civco.com

WARNING

Allergic reactions in patients sensitive to latex (natural rubber) may range from mild skin reactions (irritation) to fatal anaphylactic shock, and may include difficulty breathing (wheezing), dizziness, shock, swelling of the face, hives, sneezing, or itching of the eyes (FDA Medical Alert on latex products, "Allergic Reactions to Latex-containing Medical Devices", issued on March 29, 1991).

1.3 Parts that can be used within patient environment

- The ultrasound system

- Video Printers

2 System Overview

2.1 Intended Use

For FDA region

TEX20/TEX20 Pro/TEX20S/TEX20T/TEX20 Exp/TEX20 Elite/TEX10/TEX10 Pro/TEX10S/TEX10T/TEX10 Exp/TEX10 Elite/TE X/TE X Lite Diagnostic Ultrasound System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in Ophthalmic, fetal, abdominal, Intra-operative (abdominal, thoracic, and vascular), Laparoscopic, pediatric, small organ (breast, thyroid, testes), neonatal and adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal (conventional, superficial), Thoracic/Pleural (For detection of fluid and pleural motion/sliding.), adult and pediatric cardiac, trans-esoph. (Cardiac), peripheral vessel, and urology exams.

Modes of operation include: B, M, PWD, CWD, Color Doppler, Amplitude Doppler, Combined mode (B+M, PW+B, Color+B, Power+B, PW+Color+B, Power+PW+B), Tissue Harmonic Imaging, Smart3D, iScape View, TDI, Color M, Strain Elastography, Contrast imaging (Contrast agent for LVO), and Contrast imaging (Contrast agent for Liver)

NOTE:

The system is not intended for central cardiovascular or central nervous system use.

2.2 Contraindication

None.

2.3 Safety Classifications

- According to the type of protection against electric shock:
External powered class I equipment + internally powered equipment
- According to the degree of protection against electric shock:
Type-BF applied part
- According to the degree of protection against harmful ingress of water:
 - The main unit is rated IPX0.
 - The i3P and i3PA probes are rated IP68, other probes are rated IPX7.
 - The foot switch (971-SWNOM(2-pedal) /971-SWNOM(3-pedal)) is rated IP68.
- According to the disinfection and sterilization method(s) recommended by manufacturer:
Equipment with disinfection and sterilization method(s) recommended by manufacturer.
- According to the degree of safety of application in the presence of a FLAMMABLE ANESTHETIC MIXTURE WITH AIR OR WITH OXYGEN OR NITROUS OXIDE:
EQUIPMENT not suitable for use in the presence of a FLAMMABLE ANESTHETIC MIXTURE WITH AIR OR WITH OXYGEN OR NITROUS OXIDE
- According to the mode of operation:

- Continuous operation
- Does the equipment has any defibrillation-proof applied parts:
Non-defibrillation-proof applied part
- Device signal input and output part:
Have device signal input and output parts
- Permanently installed equipment or non-permanently installed equipment:
Non-permanently installed equipment

2.4 Product Specifications

NOTE:

The functions described in the operator's manual may vary depending on the specific system purchased.

2.4.1 Power supply

- Voltage: 100-240V~
- Frequency: 50/60Hz
- Power input: 6.4-3.2A

2.4.2 Environmental Conditions

- Operating conditions
 - Ambient temperature: 0 °C ~+ 40 °C
 - Relative humidity: 20% ~ 85% (no condensation)
 - Atmospheric pressure: 700 hPa ~ 1060 hPa
- Storage and transportation conditions
 - Ambient temperature: -20 °C ~ 55 °C
 - Relative humidity: 20% ~ 95% (no condensation)
 - Atmospheric pressure: 700 hPa ~ 1060 hPa



WARNING

Do not use this system in conditions other than those specified.

2.4.3 Dimensions and Weight

- Dimensions (minimum position): 518±10 (Depth)×569±10 (Width)×1303±10 (Height) mm
- Weight (without any optional hardware accessories or peripherals, without probe): ≤ 60kg±5kg

2.5 Product Differences

Model	B-Hist (Ellipse)	B-Hist (Trace)	B-Hist (Spline)	B-Hist (Rectangle)	Profile
TEX20	√	√	√	√	√
TEX20 Pro	×	√	√	√	√
TEX20S	√	×	√	√	√
TEX20T	√	√	×	√	√
TEX20 Exp	√	√	√	×	√
TEX20 Elite	×	×	√	√	√
TEX10	√	√	√	√	×
TEX10 Pro	×	√	√	√	×
TEX10S	√	×	√	√	×
TEX10T	√	√	×	√	×
TEX10 Exp	√	√	√	×	×
TEX10 Elite	×	×	√	√	×
TE X	×	×	×	√	×
TE X Lite	×	×	√	×	×

2.6 System Configuration

2.6.1 Standard Configuration

- Main unit
 - 23.8 inch monitor
 - 4-probe socket
 - 4, 6 or 8 Batteries
- System software
- SSD (built-in)
- Auxiliary power cables or winder
- Wireless network card (built-in)
- GPU
- Accessories
 - Operator's manuals
 - Manual.NEMA
 - Ultrasound gel
 - Probe holder
 - Front storage bin

2.6.2 Probes and Needle-guided Brackets Available

Please see “13 Probes and Biopsy”.

2.6.3 Options

No.	Item	Remarks
1.	Printer bracket	/
2.	Towelette holster	After the towelette holster is configured, rear storage bin, lockable storage box or air probe charging holder can't be configured.
3.	Rear storage bin	After the rear storage bin is configured, towelette holster, lockable storage box or air probe charging holder can't be configured.
4.	Lockable storage box	After the lockable storage box is configured, towelette holster, rear storage bin or air probe charging holder can't be configured.
5.	ECG module	/
6.	ECG cables	ECG module should be configured. After the ECG module is configured, ECG cables must be configured.
7.	DC-IN cable (BNC)	ECG module should be configured.
8.	DC-IN cable (MIC)	ECG module should be configured.
9.	Air Probe Charging Holder	Air probe should be configured. After the air probe charging holder is configured, storage box, lockable storage box or towelette holster can't be configured.
10.	Air Charge Module	/
11.	Air Station	Air charge module must be configured.
12.	Magnetizer Package	Configured with eSpacial Navi.
13.	Foot switch	Types: 2-pedal/3-pedal
14.	iVocal microphone	iVocal Plus should be configured.
15.	iVocal Plus Microphone Array	iVocal Plus should be configured.
16.	CW	/
17.	Free Xros M	/
18.	iScape View	/
19.	Tissue Doppler Imaging	Cardiology Package should be configured.
20.	TDI QA	Tissue Doppler Imaging should be configured.
21.	Smart TTQA	/
22.	Contrast Imaging	/
23.	Contrast Imaging QA	Contrast Imaging should be configured.
24.	LVO	Cardiology Package should be configured.
25.	Strain Elastography	/

No.	Item	Remarks
26.	iNeedle	/
27.	eSpacial Navi	/
28.	Smart 3D	/
29.	RIMT	Vascular Package should be configured.
30.	Smart IVC	Cardiology Package or Abdomen Package should be configured.
31.	Smart VTI	Cardiology Package should be configured.
32.	Smart B-line	/
33.	Smart FHR OB1	Obstetrics Package should be configured.
34.	Auto GA	Abdomen Package should be configured.
35.	Smart Nerve	Nerve Package should be configured.
36.	Auto DFR	Cardiology Package should be configured.
37.	AutoEF	Cardiology Package should be configured. After the AutoEF Plus is configured, the AutoEF can't be configured.
38.	AutoEF Plus	Cardiology Package should be configured. After the AutoEF is configured, the AutoEF Plus can't be configured.
39.	Smart Echovue	Cardiology Package should be configured.
40.	Physio-View	/
41.	Smart Caliper	/
42.	Smart Trace	/
43.	DICOM Basic	Including verify (SCU and SCP), task management, DICOM Storage, DICOM Print, DICOM Storage Commitment, DICOM Media Storage (including DICOM DIR)
44.	DICOM Worklist	DICOM Basic should be configured.
45.	DICOM MPPS	
46.	DICOM OB/GYN SR	
47.	DICOM Vascular SR	
48.	DICOM Cardiac SR	
49.	DICOM Query/Retrieve	
50.	DICOM Breast SR	
51.	DICOM Small Parts SR	
52.	DICOM Abdomen SR	
53.	Abdomen/General Package	/
54.	Obstetrics Package	/
55.	Gynecology Package	/
56.	Cardiology Package	/

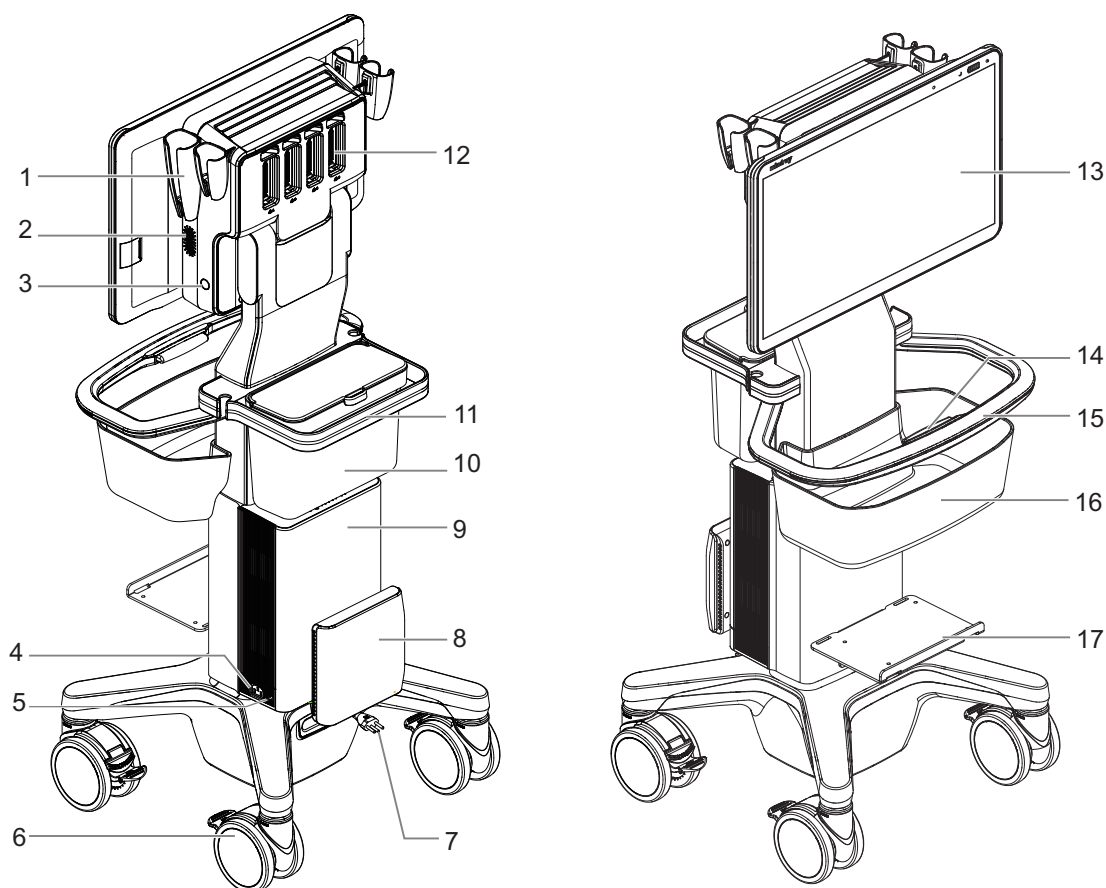
No.	Item	Remarks
57.	Small Parts Package	/
58.	Urology Package	/
59.	Vascular Package	/
60.	Pediatrics Package	/
61.	Nerve Package	/
62.	Emergency & Critical Package	/
63.	iVocal Plus	/
64.	iWorks	/
65.	DVR Module	/
66.	ClamAV	/
67.	Shock Application	/
68.	Respiration Application	/
69.	Trauma Application	/

2.6.4 Peripherals Supported

No.	Item	Model
1.	Digital graph/text printer	CANON TS708
2.	Black/white video printer (analog)	SONY UP-X898MD
3.	Black/white video printer (digital)	MITSUBISHI P95DW-N
4.	Digital color video Printer	SONY UP-D25MD
5.	Foot switch	971-SWNOM (2-pedals) 971-SWNOM (3-pedals)

2.7 Introduction of Each Unit

Figure 2-1 Overview of main unit

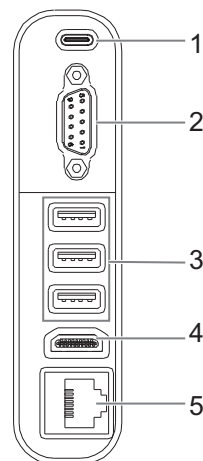


No.	Name	Function
1.	Probe holder	Used for placing the probe.
2.	Speaker	Outputs the audio.
3.	Power button/Power indicator	Used for turning on/ off the power. The indicator lights up when the system is powered on.
4.	Power output	Provided a power interface for the peripheral devices. NOTE: The auxiliary power output socket of the peripheral equipment provided by the main unit connects the power supply of the optional peripheral equipment. Do not connect any other equipment to this interface; otherwise, the system may fail because the rated output power is exceeded.
5.	Equipotential terminal	Equipotential connection is used to balance the protective earth potential between the equipment and other electrical equipment.
6.	Caster	Used to fix or move the device.

No.	Name	Function
7.	AC power cord	Retractable AC power cord.
8.	Air Charge Module	Configured with the air station to charge the main unit.
9.	Battery pack	Supply power without AC power supply.
10.	Storage bin	Used for keeping the cases, towelette, etc.
11.	Trolley back handle	Used for moving the trolley.
12.	Probe ports	Connects a probe to the main unit.
13.	Touch screen and display	Operator-system interface or control; displays the image and parameters during the scan.
14.	Height adjustment lever	Press to adjust the height of the stand.
15.	Trolley rear handle	Used for ascending/descending the trolley or moving the trolley.
16.	Front storage bin	Used for keeping the cases, towelette, etc.
17.	Printer bracket	Used for placing the printer.

2.7.1 I/O Module

Figure 2-2 I/O interface



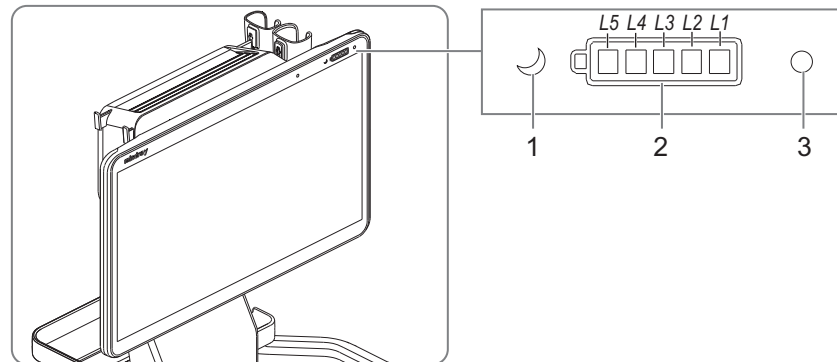
No.	Name	Description
1.	USB port (Type-C)	Used for connecting storage device such as USB disk, bar code reader, printer, footswitch, DVD recorder, etc.
2.	Serial connector	Connects to the serial port for connecting to ECG of the system.
3.	USB port (Type-A)	Used for connecting storage device such as USB disk, bar code reader, printer, footswitch, DVD recorder, etc.
4.	HDMI	High definition multimedia interface. Used for connecting TV, projector, ultrasound workstation video capture card, etc.

No.	Name	Description
5.	Network port	Used for connecting router, ultrasound workstation, server, etc.

2.7.2 Indicators

Monitor Indicators

Figure 2-3 Monitor indicators

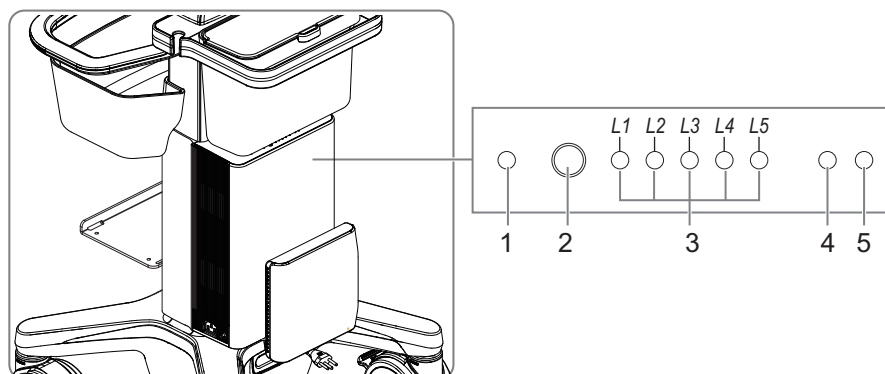


No.	Name	Description
1.	Standby indicator	Standby status: the indicator blinks in orange. Other status: the indicator is off.

No.	Name	Description
2.	Battery capacity indicator	When the battery is in charge, the battery symbol border is in green and the battery capacity indicators are as follows: • 95%~100%: the L1~L5 indicators are all in white. • 80%~95%: the L1~L4 indicators are in white and the L5 indicator blinks in white. • 60%~80%: the L1~L3 indicators are in white and the L4 indicator blinks in white. • 40%~60%: the L1~L2 indicators are in white and the L3 indicator blinks in white. • 20%~40%: the L1 indicator is in white and the L2 indicator blinks in white. • 0~20%: the L1 indicator blinks in white. When the battery is in discharge, the battery capacity indicators are as follows: • 80%~100%: the L1~L5 indicators and the battery symbol borders are all in white. • 60%~80%: the L1~L4 indicators and the battery symbol borders are all in white. • 40%~60%: the L1~L3 indicators and the battery symbol borders are all in white. • 20%~40%: the L1~L2 indicators and the battery symbol borders are all in white. • 10%~20%: the L1 indicator and the battery symbol border are all in white. • 6%~10%: the L1 indicator and the battery symbol border are all in orange. • 0%~6%: the L1 indicator blinks in orange and the battery symbol border is in orange.
3.	Distance sensor	Used to turn on the battery capacity indicators of the main screen.

Battery Pack Indicators

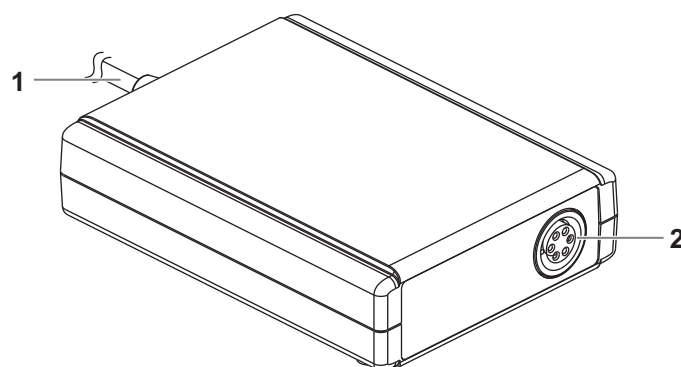
Figure 2-4 Battery pack indicators



No.	Name	Description
1.	Power reset key	Press to reset the lithium battery pack.
2.	Power capacity key	Press to check the remaining battery capacity of the lithium battery pack.
3.	Remaining battery capacity indicators	Press to check the power capacity. 95%~100%: the L1~L5 indicators are on. 80%~95%: the L1~L4 indicators are on. 60%~80%: the L1~L3 indicators are on. 40%~60%: the L1~L2 indicators are on. 20%~40%: the L1 indicator is on. 0%~20%: the L1 indicator blinks.
4.	Battery pack status indicator	Indicates the battery charge and discharge status. - In charge: - When the capacity is $< 95\%$, the indicator is in orange. - When the capacity is $\geq 95\%$, the indicator is in green. - In discharge: - When the capacity is $> 20\%$, the indicator is in green. - When the capacity is $\leq 20\%$, the indicator blinks in orange. NOTE: When the power pack is in charge or when the power capacity key is pressed, this indicator blinks in orange for 5 seconds, while other indicators are off. In this case, the battery pack may be in malfunction. Please stop using the battery pack, and contact the service engineers or agents.
5.	AC power indicator	Turns on when connecting to the power supply.

2.8 ECG Module

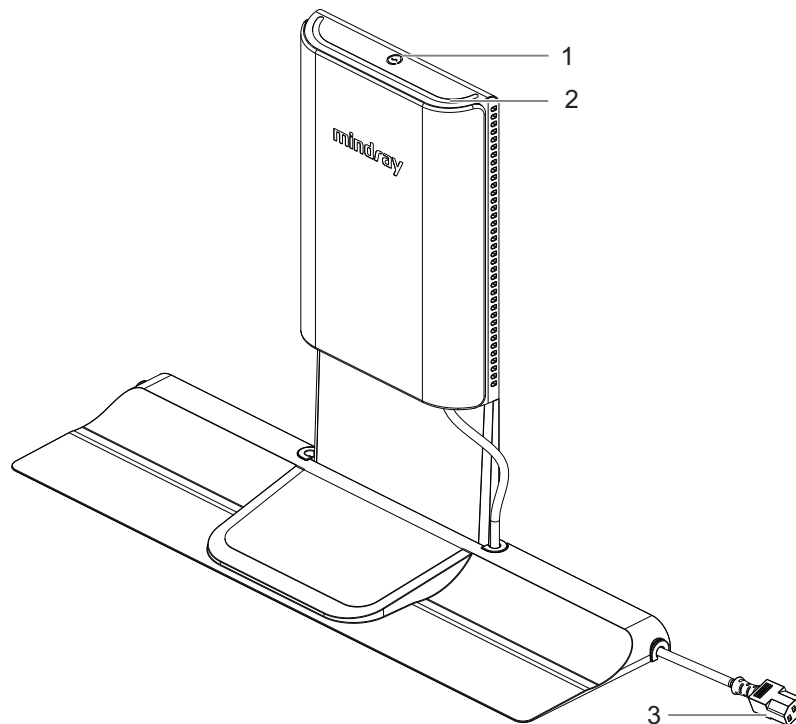
Figure 2-5 ECG module



No.	Name	Description
1.	Serial connector	Connects to the serial port for connecting to ECG of the system. NOTE: Ensure the system is powered off before connecting the ECG module.
2.	ECG lead port	Used for ECG signal input.

2.9 Air Station

Figure 2-6 Air Station



No.	Name	Description
1.	AC indicator	Turns on in white color when connecting the Air Station to the power supply.
2.	Bar indicator	Indicates the connection status of wireless charging to the Air Charge Module.
3.	Power cord	Connects to power on the Air Station.

2.10 Basic Operations

2.10.1 Screen Display

Figure 2-7 Landscape orientation of the monitor

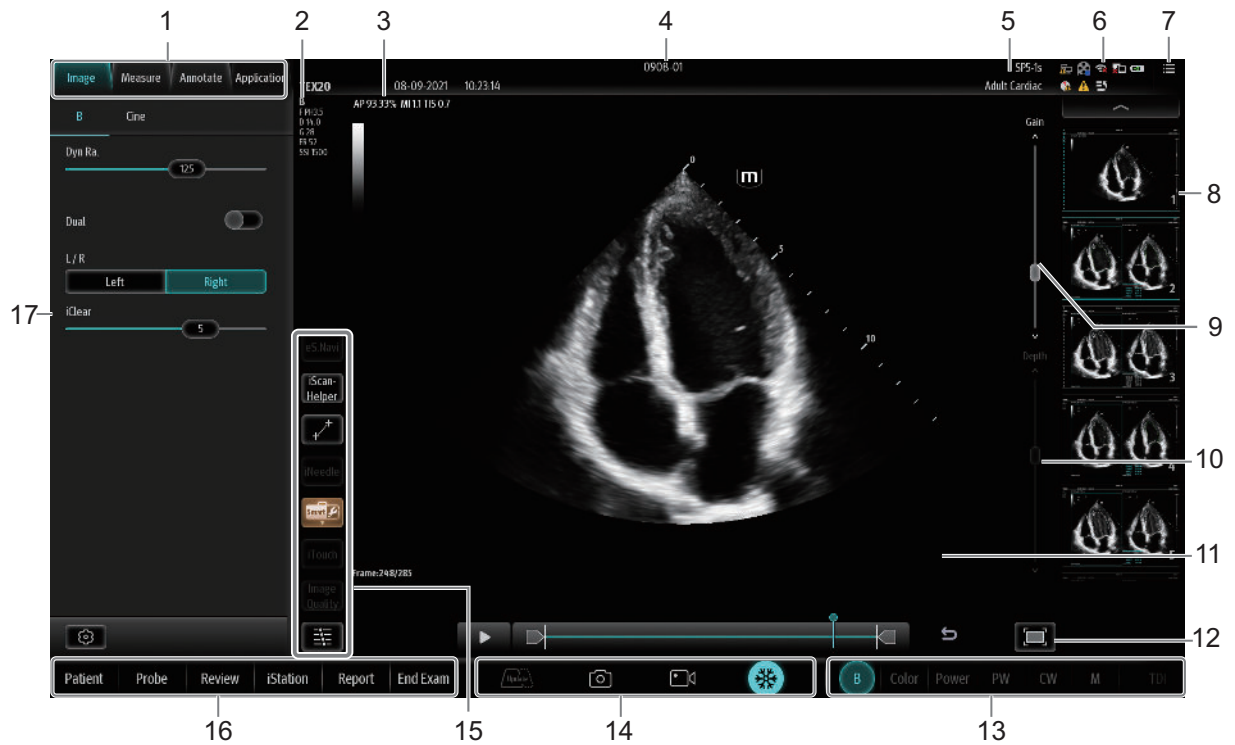
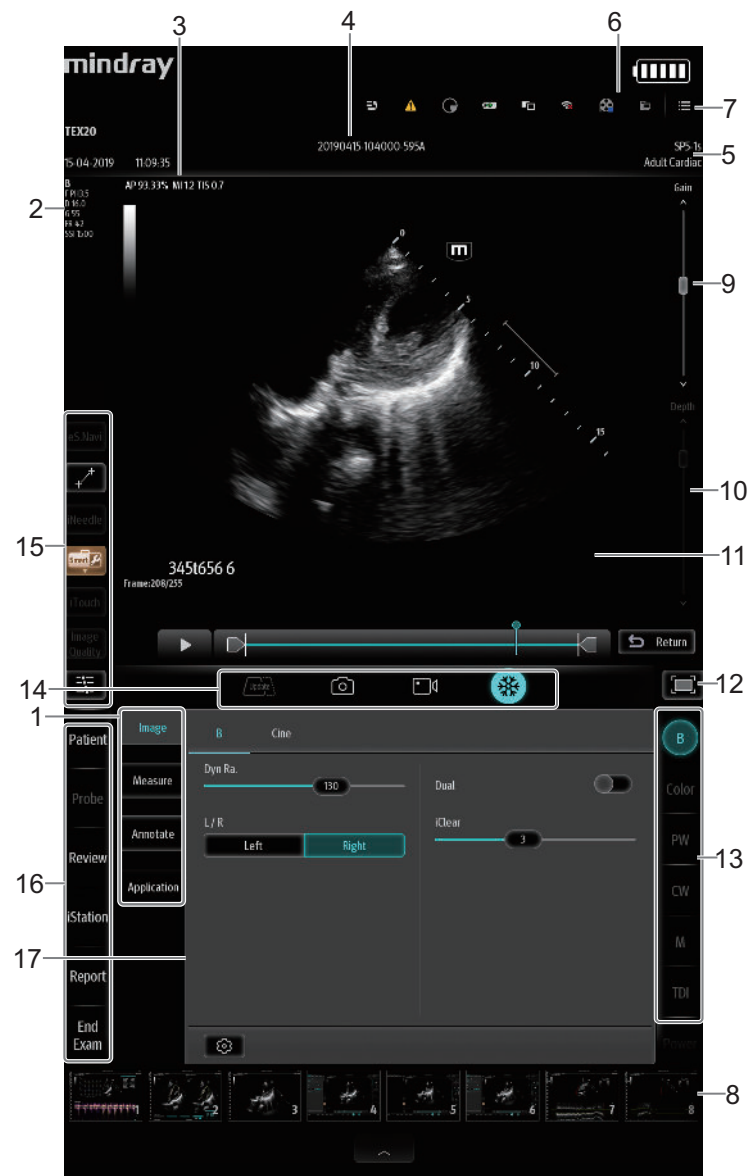


Figure 2-8 Portrait orientation of the monitor



No.	Name	Function
1.	Function menu tab	Select to enter the corresponding function menu.
2.	Parameter Area	Displays the image parameters for the active window. If there are more than one imaging modes, the parameters are displayed by each mode.
3.	Acoustic output index	Displays the acoustic power, mechanical index and thermal index.
4.	Patient information area	Displays the hospital name, the exam time, patient information, the probe model, the exam mode, etc.
5.	Probe model and exam mode	Displays the current probe model and exam mode.

No.	Name	Function
6.	System icons area	Displays the relevant system icons, such as USB memory device, network, task manager, used space of the hard disk, etc.
7.	System tool button	Access the system tools.
8.	Thumbnail area	Displays the thumbnail of the saved image in the current exam.
9.	Gain control	Adjust the gain of the image in various modes.
10.	Depth control	Select to adjust the depth in real-time imaging.
11.	Image Area	Displays the ultrasound images, ECG waveforms, probe mark (or active window mark), time line (in M or PW mode), coordinate axis (including depth, time, velocity/frequency), besides, the comments, body mark, measurement calipers, color bar/grayscale bar are also displayed here.
12.	iZoom button	Select to enter/exit full-screen zoom status.
13.	Image mode area	Displays the current modes, Select and slide left or right to enter the corresponding mode.
14.		Switching key: Select to change the currently active window. Start/stop image acquisition in iScape or 3D mode.
		Save image button. Select to save a single-frame image.
		Save clip button. Select to save a cine.
		Freeze button. Select to freeze or unfreeze the image.
15.	Shortcut functional buttons	Displays eS.Navi, Physio-View, iNeedle, Smart functions, iTouch, TGC, iScanHelper, and Image Quality button. Long press to activate Customized Toolbar to drag frequently used items to the left toolbar.
16.	Exam operating area	Select each button to enter the screen. • Patient information • Exam mode and probe switching • iStation • Image review • Report review
17.	Menu area	• Image parameter menu: swipe the menu downwards/upwards to see parameter controls. • Cine review menu (under frozen or cine review status). • Measurement menu. • Annotation and body mark menu.

2.10.2 Select Exam Mode and Probe

CAUTION

If the exam mode is changed during a measurement, all measurement calipers on the image will be cleared. The data of general measurements will be lost, but the data of application measurements will be stored in the reports.

NOTE:

- It may lead to ophthalmic injury if the probe is applied to non-ophthalmic exam, please use the ophthalmic probe for ophthalmic exam.
 - If the wireless probe (i3P/I3PA) is used with the system for the first time, see “4.6.5 Wireless Network Connection” to connect it to the system, and the connection range is within 3 meters.
-

Perform the following procedure:

1. Connect suitable probes to the system and Select [Probe] button. The screen displays the Probe and Exam dialog box.
2. Select the probe type and exam mode.

The system exits the dialog box and enters the selected exam mode and probe.

Select [Exit] or [Probe] again to cancel the selection and exit the screen.

2.10.3 Select the Imaging Mode

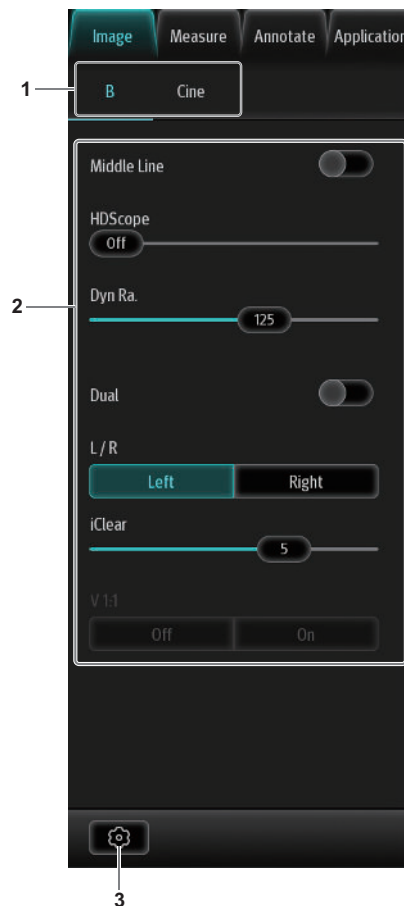
Switch between imaging modes according to the actual situation using the corresponding imaging button located in the Image mode area.

2.10.4 Imaging Adjustment

Perform the following procedure:

Click the corresponding image mode tab in the main screen function operation area to switch the image mode parameter menu.

When an image mode is selected, the image mode tab is highlighted in blue.



No.	Name		Function
1.	Imaging mode area		Select imaging buttons to switch tab.
2.	Imaging parameter menu		Swipe the menu downwards/upwards to see parameter controls.
3.	Setup	Edit button	Select to view/edit the image parameter menu under the current exam mode and probe.
		QSave	Select [QSave], and input the name of the exam mode in the pop-up dialog box. The parameter settings of the current exam mode will be saved to the new exam mode.

2.10.5 Quickly Saving Image Settings

TIP:

The [QSave] control is available under all image modes.

Save image parameters

Perform the following procedure:

1. Select [QSave] in the Menu area to bring out the Quick Save dialogue box.
2. Select [Save] to save the current image values for the current exam mode of the certain probe.

Create a new exam mode using current image settings (user-defined exam mode)

Perform the following procedure:

1. Select [QSave] in the Menu area to bring out the Quick Save dialogue box.
2. Select [Create] to save the current image parameters, measurements, comments, body mark settings to the exam mode. The system will ask for a new name of the exam.

Restore the factory default settings

Perform the following procedure:

1. Select [QSave] in the Menu area to bring out the Quick Save dialogue box.
2. Select [Restore] to restore the probe and exam mode to factory settings.

View image parameter

Perform the following procedure:

1. Select [QSave] in the Menu area to bring out the Quick Save dialogue box.
2. Select [Show Parameter] to view the image parameter of the current exam mode and the probe.
3. Select [OK] to save image parameters, or select [Cancel] to exit.

2.10.6 Annotations and Body Marks



No.	Name	Function
1.	Edit Comments button (on Comment menu)	Select to enter comment preset page, you can add custom comments and change comment layout.
	Edit Markers button (on Body Markers menu)	Select to enter body mark preset page, you can change body mark layout.
2.	Arrow button	Select to add arrow a comment to the image.
3.	Keyboard button	Select to activate the soft keyboard to type the alphanumeric characters.
4.	Clear Comments button (on Comment menu)	Select to delete all the annotations.
	Clear Markers button (on Body Markers menu)	Select to delete the added body mark.
5.	Annotation text library	System preset comments. If there is more than one page of comment texts for the current exam mode, you can slide to view more.
6.	Body Markers tab	Select to enter bodymark status.
7.	Comment tab	Select to enter text/arrow comment status.

2.10.7 iVocal Plus

TIP:

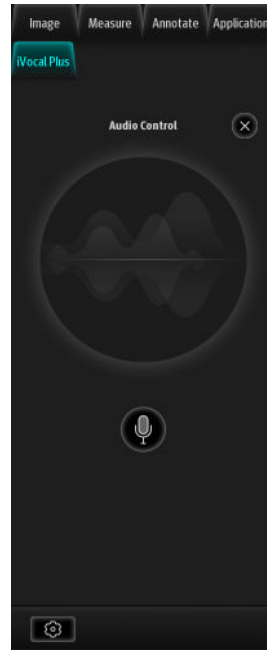
- If the microphone is not to be used for the moment, you can put the microphone into the vacant probe holder temporarily.
- When the iVocal Plus function is enabled, the system can perform operations both through inputting vocal commands and through selecting icons on the touch screen.
- The ultrasound system can automatically recognize some vocal commands. For details about the vocal commands, see “E List of Vocal Commands”.
- Currently, only wireless microphone devices can be inserted to the system for inputting vocal commands.

Before enabling the iVocal Plus function, insert the iVocal microphone device or iVocal Plus Microphone Array to the USB port of the ultrasound system through the USB extension wire. Tap  and select [iVocal Plus] to activate the function.

Inputting vocal command

Perform the following procedure:

1. Select the  icon in the Audio Control menu to start the vocal command recognition.



2. Input a vocal command using the microphone, and after the command is recognized, the system automatically performs the corresponding operation.
3. Select the  icon in the Audio Control menu to pause the vocal command recognition.

Setup

Select the  icon in the Audio Command menu to check the system recognizable commands and enter the iVocal Setup menu.

- Add: Select [Add] to enter the Adding New Command menu, Select [Function Description] to select the desired function, enter the user-defined command in the [Command] text box, and then select OK.

User-defined command naming rules: only Chinese characters, English letters, and digits are supported; the English letters are case-insensitive, consecutive blank spaces are not supported, and a maximum of 128 letters are allowed when entering the English letters; Blank spaces are not supported and a maximum of 30 characters are allowed when entering the Chinese characters; the user-defined commands cannot be empty; User defined commands that are already existed in the system but represent different functions are not supported to be added.

- Test: Select [Test] and input a vocal command to the microphone device. After the vocal command is recognized, the Success Rate is displayed in fraction. Select [Test] again to close the vocal command test.

If the vocal command is successfully recognized by the system, both the denominator and numerator of the Success Rate are added by 1 for each time; if the vocal command fails to be recognized by the system, the denominator of the Success Rate is added by 1 for each time through selecting the  icon, while the numerator remains the same. For example: 2/3 represents 2 times of success and 1 time of failure.

- Clear: Select [Clear] to clear all the Success Rate test records.
- Recover: Select [Recover] to enter the Confirm menu. You can select Yes to restore to the default settings.

- Wakeup mode: Select to enable wakeup mode. If the wakeup mode is enabled, the iVocal Plus will automatically shut down after each command is executed. If the wakeup function is not enabled, the iVocal Plus will only shut down after the waiting time.
- Enable voice response: Select to enable this function. When the function is enabled, the iVocal Plus will respond to your voice command.
- Automatically shut down waiting time (Sec): Tap to enter number of the waiting time.

Icon	Function
	Audition the vocal command
	Delete the vocal command
	Rename the vocal command
	Add the failure time by 1
	Clear the Success Rate test record of the selected vocal command

2.10.8 Splitting Display

The system supports dual-split display format. However, only one window is active.

Dual split:

1. Select [Dual] to be “on” from B image menu to enter dual-split mode.
2. Select each window to switch the active window (marked with “m” icon.)
3. Select [B] or select [Dual] to be “Off” to exit to single window.

2.10.9 Image Magnification

NOTE:

Zooming an image changes the frame rate which tends to change thermal indices. The position of the focal zones may also change which may cause the peak intensity to occur at a different location in the acoustic field. As a result, the MI may change.

Do one of the following to zoom in/out the image:

- Use two fingers to pinch on the image area to zoom in/out the image.
- Use [Zoom Value] in the image parameter control menu to change the magnification factor.
For the following mode, you need to Select [Image] > [B] to highlight B menu first.
 - B+Color
 - B+M
 - B+PW/CW
 - B+Color+PW/CW
 - B+Power+PW/CW

The image magnification factor value will display in real time in the image parameter area.

2.10.10iZoom (Full Screen View)

This feature magnifies the image area in full screen for a better observation.

2.10.11Freeze/Unfreeze the Image

Select [Freeze] to freeze a scanning image. In freeze mode, the probe stops transmitting acoustic power, and all images and parameters are frozen.

TIP:

After freezing an image, the system may enter cine review, measure, comment adding, body mark mode or current mode, depending on what has been preset.

Select [UnFreeze] in freeze mode to unfreeze the image, and the system continues image scanning.

2.10.12Imaging Mode Switching When Frozen

Imaging mode switching in freeze mode follows these principles:

- In splitting display B mode, Select each image window to switch between the windows.
- In freeze mode, the system supports imaging mode switching between the sub-modes (only for the activated window). For example, if the frozen image is in B+Color+PW mode, the system supports imaging mode switching between B+Color+PW, B+Color, B+PW and B by selecting [Color] or [PW].

2.11 Cine Review

After selecting [Freeze], the system allows you to review and edit the images prior to the image being frozen. This function is called cine review. You can perform zoom, measurements, add comments and body marks on the images being reviewed.

The system supports manual review as well as automatic review.

In addition, the system supports the images reviewed along with physiological waveforms, if the detection of physiological waveforms is performed.

** CAUTION**

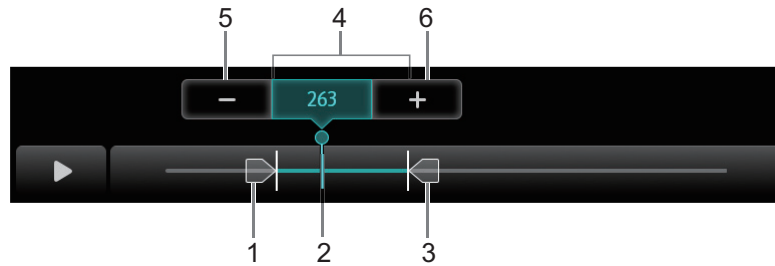
- Cine Review images can be inadvertently combined in-between separate patient scans. The Cine Review memory must be cleared at the end of the current patient exam and before starting the next new patient exam by selecting [End Exam] on the touch screen.
 - Cine files stored in the system's hard drive should contain patient information, to avoid the selection of an incorrect image file and potential misdiagnosis.
-

2.11.1 Entering/Exiting Cine Review

To Enter Cine Review

- Enter Tap  > [Setup] > [System]> [Image] > “Freeze Config” screen to set “Status after Freeze” to “Cine.” The system enters manual cine review status once [Freeze] is selected.
- Open cine files in Review screen. The system enters automatic cine review status.

Under cine review status, cine review control bar will be displayed on the cine menu.



1	Start mark
2	Playback mark
3	End mark
4	Auto Review Region
5	Minus button
6	Plus button

For B/B+Color/B+Power mode, bottom-left corner will indicate current frame and total frames.

Frame:400/943

For B/B+M/B+PW/B+CW mode, bottom-left corner will indicate time played and total time.

Sec:3.1/3.1

To Exit Cine Review

Select [Freeze] or [B] and the system will return to image scanning and exit cine review.

2.11.2 Manual Cine Review

After entering cine review in 2D mode, drag playback mark to review the cine images on the screen one by one.

Drag the playback mark to the left to display the earlier stored images; drag the playback mark to the right to display the recently stored images. Select Minus/Plus button to fine tune the playback mark.

Or, swipe the image area to the right to display the earlier stored images; swipe the image area to the left to display the recently stored images.

2.11.3 Auto Review

Reviewing all

Perform the following procedure:

1. In manual cine review status, Select  to activate auto cine review.
2. Review speed: in auto cine review status, drag the mark to select different speeds: 1/10x, 1/5x, 1/4x, 1/3x, 1/2x, 1x, 2x, 3x.
3. In auto play status, Select  to stop auto play.

Setting the Auto Review Region

You can set a segment of cine loop which can be reviewed automatically. After the auto review region is set, the auto cine review can only be performed within this region; but the manual cine review can be performed beyond this region.

Perform the following procedure:

1. Set first frame: drag the start mark to the frame as start point.
2. Set end frame: drag the end mark to the frame as end point.
3. Select  to start play and select the speed.
4. Select  to end auto play.

TIP:

When the cine file is saved, only images within the auto review region are saved.

2.11.4 Linked Cine Review

Linked cine review reviews images captured at the same moment.

- B/Color/Power/TVI/TEI dual live
- B/B dual live
- B+M synchronization mode
- B+PW/TVD duplex mode
- TVM, CM triplex mode

The frame synchronization mark  on the time mark of M/PW image indicates the corresponding 2D image and M/PW image. In statuses other than dual live status, you can only review images in the currently active window.

2.12 Image Compare

2.12.1 Image Compare in Review Mode

TIP:

For B/B+COLOR/B+TVI/B+POWER/B+TEI mode image, you can select at most 4 images; for PW/M/CW/TVD mode image, you can select at most 2 images

Perform the following procedure:

1. Select [Compare Items] on iStation screen or Review screen.
2. Select the images for comparison.

Select the image, and the icon  appears on the image, which indicates the image is to be compared.

If select the wrong image, click the image again to cancel the selection.

- Select image size display on “Thumbnail Size” bar to display more images at a time.
 - Image compare of different exams for the same patient: select “all” in the drop-down list of “Exam History” to see all exam files, then you can select different images of different exams to compare.
3. Repeat the step 2 above to add the image to be compared.

There is “Display” column you can filter the images by selecting “All Items”, “Selected”, “Unselected”.

Select [Clear Selected] to clear all selected images.

4. Select [OK] to enter image comparison.
5. Switch the multi-frame cine among the windows to review (single-frame image cannot be reviewed).
 - Select [Dual] to toggle between the two images.

The window with the highlighted “M” mark is the current activated window.

You can select the image to be reviewed at synchronous time when the multi-frame image is reviewed by using [Sync Play].

6. Save the image if necessary.
7. Select [Return] or [Freeze] to exit image compare.

2.12.2 Frame Compare

TIP:

Cine compare can only be performed for B/C mode image only. The image on dual/quad window cannot be compared.

Perform the following procedure:

1. Freeze the image in B/C mode, select [Frame Compare] in “Cine” pageto enter frame comparison mode.
2. Review the images of different image windows (cine replaying can’t be performed for single-frame image file), select [Update] or [Dual] to switch the active image window.
3. Save the image if it is necessary.

Measurements, adding comments and body marks are allowed.

4. Select [Frame Compare] again to return to image frozen status; select [Freeze] to enter real-time imaging.

2.13 Cine Saving

2.13.1 Live Capture

Live capture refers to saving the images or cines in image scanning status; after the storage, the system continues image scanning.

Live capture can be divided into 2 kinds: retrospective and prospective.

- Retrospective saving is to save the specified images before the current moment; to save the images stored in the cine memory to the system hard disk.
- Prospective saving is to save the specified images later than the current moment; to save the images to both the cine memory and the system hard disk.

The live capture time can be set in “Cine” page in the Menu area.

In imaging mode, Select [Pro Capture] / [Retro Capture] in Cine page.

TIP:

- Select [Save]/[Freeze] to stop saving.

- When a saving is completed, a thumbnail is showed in the Thumbnail area.
-

2.13.2 Frozen image storage

In frozen mode, Select [Pro Capture] / [Retro Capture] on the touch screen.

After the cine is successfully saved, there is a thumbnail displayed on the screen.

2.14 Setting Cine Length

NOTE:

The system ends up saving if the cine length goes beyond the maximum value.

2.14.1 Live capture

Prospective Cine Length

Prospective cine duration: set the time that the user Selects [Prospective] as the start time. The system proceeds saving the cine.

- With the ECG disabled: Select [Cine] tab, and use [Time (Pro)] to adjust it.
- With the ECG enabled: Select [Cine] tab. Select [Saving type (Post)] to choose the type of the saving time and the cardiac cycles. Use [Time (Post)] or [Cycle (Post)] to adjust it.

Retrospective Cine Length

Retrospective cine duration: set the time that user Selects [Retro] when playing the first frame of the image. It also refers to saving the cine or cycles retrospectively.

- With the ECG disabled: Select [Cine] tab, and use [Time (Retro)] to adjust it.
- With the ECG enabled: Select [Cine] tab. Select [Saving type (Retro)] to choose the type of the saving time and the cardiac cycles. Use [Time (Retro)] or [Cycle (Retro)] to adjust it.

2.14.2 Freeze storage setting

The first frame of the image starts when the user Selects [Freeze] at the first time. The system saves the cine in the auto review scope retrospectively.

Select [Freeze] to freeze the image. Use [Time (Retro)] to set the cine time of retrospective saving in frozen status under Cine page, or mark the start frame in the auto review scope to set the cine time of retrospective saving in frozen status.

TIP:

It is only available to save the cine retrospectively in the frozen status.

2.15 Symbols and Warning Labels

This system uses the symbols and warning labels listed in the following table to describe the important information and potential hazards.

The warning labels use the same signal words as those used in the operator's manual. Read operator's manual carefully before using the system.

The name, pattern and meaning of each symbol and warning label are described as follows:

Symbol	Description
	Type-BF applied part The ultrasound probes connected to this system are type-BF applied parts. The ECG leads within this system is type-BF applied part.
	Caution!
	Standby
	Transducer sockets
	AC (Alternating current)
	Foot switch
	USB port
	Extending port
HDMI	High definition multimedia interface
	Unlock position
	Lock position
	Network port
	USB interface (Type C)
	Probe direction indicator
 100-240V~ 50/60Hz 6.4-3.2A	Power input
 3kg/6.5lbs	Maximum load for front storage bin.
 4kg/8.8lbs	Maximum load for printer bracket
 100-240V~ 50/60Hz 240VA	Battery power input

Symbol	Description
19V === 10A	Power consumption
 19V == 3A	DC output for air probe charging holder
	General warning sign
	Mind your head.
	Warning; Crushing of hands
	Equipotentiality
	Product serial number
	Manufacture date
	Manufacturer
	Temperature limit
	Humidity limitation
	Atmospheric pressure limitation
Rx Only	Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner (USA).
	Unique Device Identifier

Symbol	Description
ETL CLASSIFIED 	CONFORMS TO AAMI Std. ES 60601-1, IEC Std. 60601-2-37, IEC Std. 60601-2-18; CERTIFIED TO CSA Std. C22.2 NO. 60601-1, 60601-2-37, 60601-2-18
	Read this information carefully before using the system.
	1. Do not place the system on a sloped surface. Otherwise the system may slide, resulting in personal injury or the system malfunction. Two persons are required to move the system over a sloped surface. 2. DO NOT sit on the system. 3. When the casters are locked, DO NOT push the system.
	Non-ionizing radiation
	MR Unsafe – the system is not intended to be used within magnetic resonance (MR) environment.

The general meaning assigned to geometric shapes, safety colors and contrast colors for safety signs are as follows:

Geometric shape	Meaning	Safety color	Contrast color	Graphical symbol color
	Prohibition	Red	White	Black
	Mandatory action	Blue	White	White
	Warning	Yellow	Black	Black

This page intentionally left blank.

3 System Preparation

3.1 Move/Position the System

Read and understand the safety precautions before positioning the system to ensure the safety of both the operator and the devices.

1. Switch off the power, and pull out the power plug.
2. Disconnect all cables from off-board peripheral devices.
3. Place the system in a desired location.

Leave at least 20 cm at the back and both sides of the system.

CAUTION

Maintain a generous, free air flowing space around the back and both sides of the system. Not doing so may result in failure due to the increased rise in the system's operating temperature.

3.2 Connecting the Power Cord

This system can work normally only when it is connected to the external power supply or the battery capacity is sufficient.

3.2.1 Connecting Power

1. Connect the connector of the power adapter to the adapter port in the system.
2. Use a three-wire cable to connect the adapter with the external power supply.

If you have any question about the power adapter, please contact your sales representative.

NOTE:

- You must use the specified power adapter.
 - Do not use this power adapter in the conditions other than those specified.
-

3.2.2 Powered by Batteries

When connected to the external power supply, the system is powered by the external power. The lithium ion batteries inside it are in the charging status, the indicator turns off when the capacity is full.

When disconnected from the external power supply, the system is powered by the lithium ion batteries.

** WARNING**

- The battery is inside the machine. Only Mindray technical professionals or engineers authorized by Mindray following training can perform battery installation and uninstallation.
 - If you need to change the battery or buy a new one, contact your sales representative.
 - The replacement of lithium batteries by inadequately trained personnel could result in a HAZARD (such as excessive temperatures, fire or explosion).
-

Battery Performance

When the system is working, the battery charges when its capacity is not full. The indicator turns off when the capacity is full.

- The battery can be charged by AC wired power supply or Air Station.
 - Under shutdown status, the wired charging time from capacity 0 to 100%:
less than 6 hours for 8/6 batteries;
less than 4 hours for 4 batteries.
 - Under shutdown status, the air charging time from capacity 0 to 100%:
less than 8 hours for 8/6 batteries;
less than 5 hours for 4 batteries.
- Valid working area: When the center lines on both sides of the Air Charging Module and the Air Station are aligned, the distance between the Air Charging Module and the Air Station is within 10 mm, and the center lines of the Air Charging Module deviate from the center lines of the Air Station by 20 mm each, the battery can be normally charged by Air Station.
- The system lasts more than 5.5 hours in standby mode with full 8-batteries, more than 4 hours in standby mode with full 6-batteries, and more than 2.5 hours in standby mode with full 4-batteries.

NOTE:

Power off the system if it will not be used for a long period of time (including storage/transportation condition). Do not leave the system in standby status, otherwise the batteries will be discharged and permanently damaged.

Battery specification

- Voltage: 14.4 V
- Capacity: 6600 mAh (1 battery)

3.3 Power ON/OFF

** CAUTION**

To ensure safe and effective system operation, you must perform daily maintenance and checks. If the system begins to function improperly,

immediately stop scanning. If the system continues to function improperly, fully shut down the system and contact the Mindray Customer Service Department or a sales representative. If you use the system in a persistent improperly functioning state, you may harm the patient or damage the equipment.

3.3.1 Check before Powering ON

Check before the system is powered on:

- The temperature, relative humidity and atmospheric pressure meet the requirements of the operating conditions. For details about the operating conditions, see the System Overview chapter.
- There is no condensation.
- There is no distortion, damage or dirt on the system and peripheral devices.
If any dirt is found, cleaning shall be performed, see the Probe and Biopsy chapter.
- There are no loose screws on the display or the trolley.
- There is no cable damage (e.g., power cord). Maintain secure connections to the system at all times.
- The probes and probe cables are free from damage or stains.
For details of probe cleaning and disinfection, see the Probe and Biopsy chapter.
- No miscellaneous odds and ends are attached or affixed to the display.
- Ensure that all connections are free from damage and remain clear of foreign object blockages.
There are no obstacles around the system and its air vent.
- Probe cleaning and disinfection.
- The entire scanning environment and field must be clean.
- The locking mechanism of the casters (if there is a trolley) works normally.

3.3.2 Power the System ON

Press the power button to power the system on.

If access control has been set by the system administrator, you can access data in the system only after logging onto the system. For details, see “4.1.9 Access Control”.

You must log in again after system restart or dormancy.

To login onto the system

Perform the following procedure:

1. Select  in the top-right corner of the screen and select [Session Manage].
2. Select the login type (Local, LDAP or MLDAP), and user name in the drop-down list.
3. Enter the password and tap [Login].

To change users

Perform the following procedure:

1. Select  in the top-right corner of the screen and select [Session Manage].
2. Select [Change User] to bring up the Login dialog box.
3. Select the login type, and user name from the drop-down list.
4. Enter the password and tap [Login].

To modify password

General operators and administrators can modify the password.

Perform the following procedure:

1. Select  in the top-right corner of the screen and select [Session Manage] to bring up the dialog box.
2. If you want to modify the current password, select [Change Password] to bring up the Change Password dialog box.
3. Enter both the previous and new passwords, and confirm the new password in the dialog box.
4. Select [Confirm] to exit.

To lock the system

Select  in the top-right corner of the screen and select [Screen Lock] to lock the system for 10 seconds.

3.3.3 Check the system after it is powered on

Check after the system is powered on:

- There are no unusual sounds or smells indicating possible overheating.
- There are no persistently displayed system error messages.
- There is no evident excessive noise, or discontinuous, absent or black items in the B mode image.
- Check whether there is abnormal heat on the surface of the probe during an ultrasound procedure. If you use a probe which is giving off excessive heat, it may burn the patient.
- The display (main screen) can respond functionally.
- The date and time are displayed correctly.

WARNING

- If you use a probe giving off excessive heat, it may burn the patient.
 - If you find anything not functioning properly, this may indicate that the system is defective. In this case, shut down the system immediately and contact Mindray Customer Service Department or sales representative.
-

NOTE:

When you start the system or switch between transducers, you will hear clicking sounds – this is expected behavior.

3.3.4 Power the System Off

You must follow the correct procedures to power the system off. Also, after you upgrade the software or when the system is down, you need to power off and restart it.

If you will not use the system for a long period of time, you shall:

- Disconnect the power adapter.
- Disconnect the mains power.
- Turn off powers of all peripherals connected to the system.

To power the system off

Perform the following procedure:

1. Press the power button to see the option:
 - Shut Down: to power the system off normally.
 - Standby: to enter standby status.
 - Cancel: to cancel the operation.
2. Select [Shut Down] to power the system off.

NOTE:

- Press and hold the power button for a long time and the system will power off without displaying the “Shutdown Confirm” screen. However, shutting down the system this way may destroy the data.
 - DO NOT rush direct shutdown of the system. It may damage the data.
 - After the system is upgraded, use [Shut Down] to power the system off to make the upgraded data effective.
-

3.3.5 Standby

NOTE:

- Power off the system if you will not use the system for a long period of time (including storage/ transportation condition), and you should not allow the system in standby status, otherwise the batteries will be out of power and permanently damaged.
 - If the system will not be used for a long period of time, you should disconnect the power adapter, disconnect the mains power, and turn off the power to all peripherals connected to the system.
-

To enter standby

- Set the time for ScreenSaver and Standby, see “4.1.2 General”. If the system is not carrying out an operation, the screensaver appears after the screensaver delay period. If there is still no operation, the system enters standby after the standby delay period.
- Press the power button and select “Standby”.

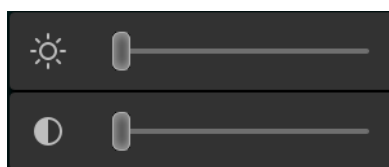
To exit standby

- Touch the screen lightly.
- Press the power button.

3.4 Monitor Brightness/Contrast Adjustment

Perform the following procedure:

1. Tap  in the top-right corner of the screen to open the system tool bar.



2. Drag the slider to change the brightness/contrast on the brightness control  or contrast control .

NOTE:

Avoid operating in direct sunlight or the touch screen could be obscured.

3.5 Display Position Adjustment

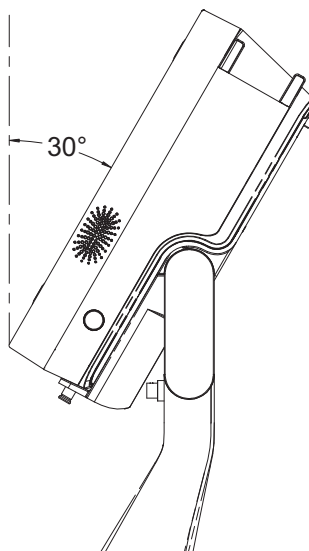
Gently hold the bottom edge of the display when adjusting its position.

The display can be rotated 90 degrees clockwise and display landscape or portrait screen adaptively, for screen displays details, see “2.10.1 Screen Display”.

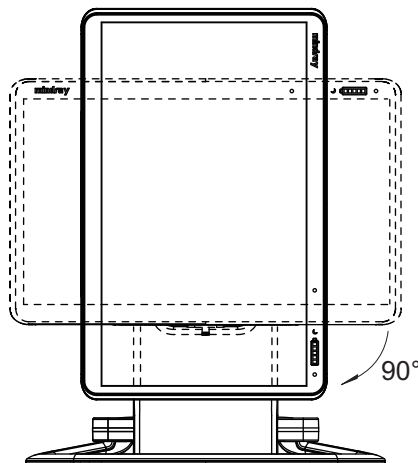
TIP:

The screen rotation is not applicable to all the modes. When it is not available, a prompt is displayed in the upper right corner of the screen.

The display can be tilted backward as shown below.



The display can be rotated as shown below.



3.6 Connecting/Disconnecting a Probe

CAUTION

- Use [Freeze] to freeze an image or turn off the power of the system before connecting/disconnecting the probe. Otherwise, system or probe failure may occur.
 - When connecting or disconnecting a probe, place it in the proper position to prevent the probe from falling off or becoming damaged.
 - Only use probes provided by Mindray. Aftermarket probes may result in damage or cause a fire.
-

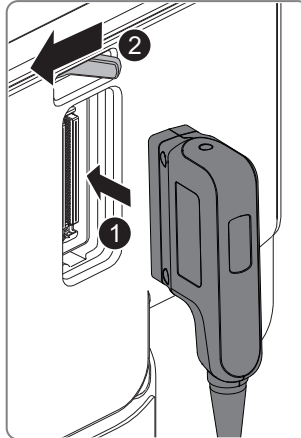
3.6.1 Connecting a Probe

WARNING

The probes, cables and connectors should be in proper operating order and free from surface defects, cracks and peeling. Otherwise, this may lead to electrical shock.

NOTE:

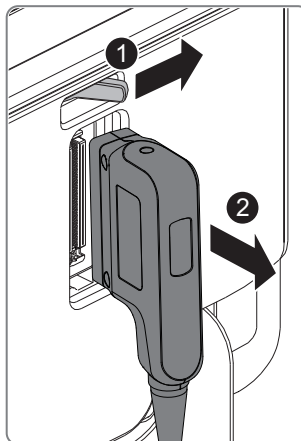
Before inserting the connector into the probe port, inspect the connector pin. If the pin is bent, do not use the probe until it has been inspected/repaired/replaced.



Perform the following procedure:

1. Keep the cable end of the transducer to the bottom side of the system; insert the connector into the system port, then press in fully.
2. Toggle the locking lever to the left position.
3. Position the probe properly to avoid it being treaded on or becoming wrapped around other devices. DO NOT allow the probe head to hang free.

3.6.2 Disconnecting a Probe



Perform the following procedure:

1. Turn the locking lever to the right position to unlock the connector.
2. Pull the probe connector straight out as shown in the figure.

3.6.3 Connecting a Wireless Probe

Make sure that the WPS in the wireless network preset is turned on. For details, see “4.6.4 Network Preset”.

Make sure that the wireless probe is always on during the operation.

Perform the following procedure:

1. Activate wireless probes by TE Air.
 - a. Turn on the wireless probe.
 - b. Download and log in to the TE Air application on the mobile phone.

- c. Connect the wireless probe and scan the QR code on the operation guide to enable the optional function.

For details, refer to the TE Air help manual.

2. Tap [Probe] on the main screen to enter the "Probe and Pre-Sets" screen.
3. Tap [Refresh] in the "Wireless Probes" column to refresh the list of available probes.
4. Tap the corresponding probe in the list to select.

If the probe is not displayed in the list of available probes that can be connected, tap [Connect New Probe], enter the SN of the probe, and tap [Connect].

5. After successful connection, the screen displays the probe model and exam mode.

3.6.4 Disconnecting a Wireless Probe

Perform the following procedure:

1. Tap [Probe] on the main screen to enter the "Probe and Pre-Sets" screen.
2. Tap [Disconnect] in the "Wireless Probes" column.

3.7 Connecting USB Devices

WARNING

DO NOT directly remove a USB memory device, as the USB device and/or the system may become damaged.

- When connecting a USB memory device to the ultrasound system via a USB port, a sound is heard if it is connected successfully and the USB icon appears in the system icons area.
- To remove the USB device: tap the USB icon in the System icons area to open the [Remove USB Device] screen. Select the device to be removed and tap [OK]. A sound is heard when removing the USB memory device.

NOTE:

If the USB disk cannot be recognized by the system, please try disconnecting and then connecting again several times, or try another USB disk. If the problem still exists, please contact Mindray service engineer.

3.8 Connecting the Footswitch

The system supports USB port-type foot switches.

The function of the foot switch can be preset. For details, see "4.1.6 Footswitch Function".

3.9 Installing a Printer

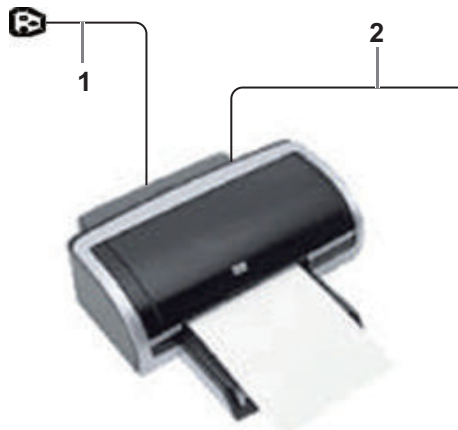
TIP:

- Unless otherwise specified, printers listed in the System Overview chapter have drivers installed already.

- If the printer driver is required, please contact Mindray Customer Service Department or sales representative.
- Please refer to the accompanying manuals of the printers for more details.

3.9.1 Connecting a Graph/Text Printer

As shown in the figure below, a graph/text printer has a power cord and data cable. The power cord shall be directly connected to a wall receptacle as required.



1	Power supply cable	Connect to power supply.
2	Data cable	Connect to the USB port of this system.

Perform the following procedure:

1. Connect the data cable to USB port of the ultrasound device.
2. Power on the system and the printer.
3. Preset the default report printer and its attribute:
 - a. Select  in the top-right corner of the screen and enter “[Setup] > [System] > [Peripheral] > [Print Service]” screen.
 - b. Select the “Report Print” column in the Service Type list.
 - c. In the “Property” frame, select printer from the “Printer” driver list and set the items.
 - d. Select [Save] to complete.

3.9.2 Connecting a Video Printer

The digital video printers that system supports consist of the B/W printers and color printers.

Perform the following procedure:

1. Place the printer appropriately.
2. Connect the power cord of the printer to a receptacle. Connect the USB port of the system to the USB port of the printer with USB cable.
3. Load a paper roll and turn on the system and printer.
4. Add a print service:
 - a. Select  in the top-right corner of the screen and enter “[Setup] > [System] > [Peripheral] > [Print Service]” screen.
 - b. Tap [Add Service] to enter the page.
 - c. Select the service type and enter the service name manually.

- d. Tap [OK] to return to the page.
- e. Select the target printer from the list and set other printing properties in the “Property” frame.
- f. Select [Save] to complete.

3.9.3 Connecting a Wireless Printer

The system supports the wireless graph/text printer for the report print.

Perform the following procedure:

1. Plug the printer power cord to an appropriate outlet.
2. Power on the system and the printer.
3. Make sure the ultrasound machine and the printer are connected to a same LAN, and turned on the W-LAN function of the printer.
4. Select  in the top-right corner of the screen and select [Setup] > [System] > [Peripheral] > [Print Service] to choose the report to be printed. Select the printer from the wireless printer list, and set the printer.
5. Select [Save] to exit the preset and make the settings effective.

This page intentionally left blank.

4 Setup

The Setup function is designed to set the configuration parameters of operating the system and maintaining user workflow setup data. The setup data of the user and system are stored to the hard drive, and should be backed up to CD/DVD or USB memory device.

CAUTION

When the preset data is changed, be sure to save the preset data according to the methods described in this chapter. Mindray is not responsible for the loss of preset data.

- To enter Setup: Tap  in the top-right corner of the screen and select [Setup] to enter the setup menu.
- To exit Setup:
Select [Save] in the Setup menu. The parameter settings are saved.
Select [Cancel] in the Setup menu to close the Setup menu.
If you change the system language and tap [Save] in the Setup menu, the system automatically shuts down to make the modification effective.

TIP:

Configuration parameters may not be all fit on one screen view, swipe downwards to see more options.

4.1 System Preset

4.1.1 Region

Set the hospital name, language, time zone, time format and system date/time.

Item	Description
Hospital Information	To set the hospital-relevant information such as name, address, telephone, and so on.
Language	To select a language for the system.
Load Logo	Import image for logo loading. NOTE: For a better display effect, please try to use an image with 400*400 pixels.
Time Zone	To select the time zone.
Time Format	To select the time format.
Date Format	To set the date format.

Item	Description
System Date	To set the date for the system.
System Time	Move the cursor over the corresponding field and enter the time manually using the keyboard, or, move the cursor over the time segment, then increase or decrease the required value by clicking the icons on the right side.
Time Synch	To assign a time server and make the time of the ultrasound machine consistent with the server.

4.1.2 General

Set patient information, exam setup, patient management, storage, system dormancy, auxiliary output setting and so on.

Type	Item	Description
Patient Info	Patient Banner Display Content	To select whether to display the available patient information items on the top of the screen.
	H&W Unit	To set the unit for calculating patient height and weight.
	Surface Formula	To set the surface formula.
	Font Size (For Storage)	To set the font size in the Patient Banner Display Content for storage.

Type	Item	Description
Exam Setup	Status after exam ends	To set the system status when an exam ends.
	Auto Screenshot of Report Page by Page	After selected, perform measure application and save single frame image, then end the patient exam, the system will save the report image in iStation.
	Sending/printing after End Exam	Select whether to automatically archive the exam data to the DICOM server for storage/print.
	Send SR after End Exam	Select whether to automatically send structure report to the DICOM server.
	Speed up the export of exams	Select whether to speed up the export of exams after prospective saving the cine.
	Disable Recycle	Select whether to disable recycle bin. The deleted patient data, exam data and images will not be stored in the recycle bin.
	Maximum number of exams to be kept	To set the maximum number of exams to be kept. If the actual number is larger than the preset number, the latest exam will replace the earliest exam. NOTE: The patient exams which exceed the preset maximum will be deleted and unrecoverable, it is recommended to perform patient data backup before enabling this function to avoid data loss.
	Remind exams backup after	To set number of days to remind the operator of exam backup.
	Automatically end exam	Select whether to end exam automatically. To set the maximum time of ending exam automatically. The patient data which exceed the maximum will be deleted and unrecoverable.
Live Capture (except for real-time contrast imaging mode)	Prospective Cine Length	To set the cine length for prospective live capture.
	Retrospective Cine Length	To set the cine length for retrospective live capture.
	Beat (heart cycle)	To set the heart cycle.
	Save Clip	To set the mode for [Save Clip] button: Prospective or Retrospective.
	Save Image Beep	Select whether to open the beep when saving image.
Keyboard Sound	Keyboard sound enable	Select whether to enable keyboard sound.
Image/clip Storage	While Storing Image to Hard Disk	To set if an image is sent to local default printer/ DICOM Storage/DICOM Printer/iStorage/USB flash drive when the image is saved.
	While Storing Image to Hard Disk	To set if cine is sent to DICOM Storage/iStorage/USB flash drive when the cine is saved.

Type	Item	Description
Screen Saver	Enable Screen Saver	- To select a system dormancy type. After the screen saver function is enabled, tap [Browse] to select the figure used for the screen saver and tap [Preview] to see the effect. Only BMP format images with no more than 768*1024 pixels and 1-bit/8-bit/24-bit/32-bit depth are supported. - To set the delay before the system enters dormancy/standby/iZoom status in the drop-down list beside "Wait."
	Enable Standby	The system enters standby status automatically if the system waiting time exceeds the screen saver already set and standby time.
	Select Picture	To set the picture used for the screen saver.
	Interval	To set the time of picture position changing interval.
iZoom (For 21.5-inch screen)	iZoom when powering on the system	To set enter the iZoom mode automatically when startup.
	Enable iZoom	Select whether to enable iZoom
Send to Preset Parameter	Setting	Click to send the selected image to other location, DICOM server, printer, MedTouch, DVD, etc.
Display	Brightness auto adjustment	To set the brightness/contrast of the main screen and the touch screen according to the conditions.
Wireless Charging	Enable Standby When Starting Wireless Charging	Selected by default. After selected, the system automatically enters the standby status when it is charged by the Air Station and no operation is performed within the preset waiting time.

4.1.3 Image Preset

Controls are as follows:

Type	Item	Description
Reset Config.	Probe	To set the default probe model for the system.
	Use the default set-ting when start a new exam	After it is ticked, when the exam of a new patient is started, image parameters will be preset parameters.
Image Size	Image/Standard	Set the standard for saving the image or using the digital/graph printer.
Freeze Config	Status after Freeze	To set the system status after the image is frozen.

Type	Item	Description
Parameter	Steer	To set the steer mode in B + Color + PW imaging mode. - C&PW: select to adjust the sample volume in color mode and sample line in PW mode together. - C/PW: select to adjust the sample volume in color mode and sample line in PW mode separately.
	Auto Invert	The spectrum can automatically invert when the color flow is steered to a certain angle, thus accommodating the operator's wish to distinguish the flow direction.
	B+Color Refresh with PW/CW Sampling Line Movement	To set whether to turn on the function that when moving PW/CW sampling line, B image is activated under B+Color+PW/CW mode.
	Full Image (Linear)	After it is ticked, if a linear probe is used and the depth value is low, the image will be displayed completely.
	iScape Ruler Display	To set if the caliper is displayed on the iScape view image.
	Display Probe SN	To set if the probe SN is displayed next to the probe model.
Touch Screen	Touchpad Layout Design	To set the layout style of the touch screen.
ART Flow	Max transmit time	Set the maximum duration time. Enter Color mode and enable ART Flow; the penetrability of color image is enhanced in this time period.
	Max interval time	Set the maximum interval time. Enter Color mode and enable ART Flow; the ART Flow is enabled again until the interval is finished.
Tissue Tracking QA	Segment Model	Set the cardiac segment model: 16 or 17.

4.1.4 Application Preset

Set the measurement ruler, measurement setting, follicle method, left ventricular setting, comment setting and so on.

Measure Parameter

Controls are as follows:

Item	Description
Cursor Type	Type of cursor displayed on the measurement caliper and results window. Value options: - Number: the cursor always displays as “+” while different measurements are marked with numbers. - Symbol: the cursor displays sequentially in 8 symbols to identify different measurements.
Cursor Size	The size of the cursor.
Heart Beat	The number of cardiac cycles in the heart rate calculation. (In heart rate measurement, the number of cardiac cycles should match the preset number.)
Cursor Line Display	If unselected, the connecting line between the measuring ends will be hidden after measurement.
Ellipse Cross Line Display	If unselected, the measuring axis within the ellipse area will be hidden after measurement.
Clear results while deleting caliper	Uncheck. The image is unfrozen or the image mode is changed after the measurement is completed. The measurement results are saved if the caliper is cleared.
Enable fine turning	Select to open the fine turning while measuring.
Unit Setting	To set the measurement unit.

LV Cube/Teichholz/Gibson

Set the tools used in the Cube/Teichholz/Gibson study.

Follicle

Set the method for calculating the follicle.

PW Measure

PW measure velocity displays absolute value.

All measurement results in PW mode are absolute values based on the unit of velocity after checking this item.

Comment and Body Markers

Set whether to clear comments and bodymark:

Item	Description
Clear comments while unfreezing image or changing probe/exam	To set whether to clear comments while unfreezing image or changing probe/exam.
Clear Bodymark upon unfreeze	To set whether to clear bodymark whiling unfreezing image.

Intelligent Input

Set to enable the Input Method Association.

ICA/CCA && RAR

Set the measurement properties of ICA, CCA, Renal A and Aorta.

Cardiac Value Range Display

Set whether to display the EMINCA study.

Physiology Parameter

Set the unit of Temp, CVP, ICP, and Pressure.

4.1.5 OB

Set the relevant information regarding the fetal gestational age, fetal growth formula and fetal weight.

To set the default formula

Perform the following procedure:

1. On the [Fetal Gestational Age], [Fetal Growth] or [Fetal Calc] page, select an OB Item in the left column.
2. Select a formula in the right column.
3. Click [Default].

The default formula is marked with a $\surd$.

To set the fetal weight display

Perform the following procedure:

1. Enter the [Fetal Calc] page.
2. Select the [Fetal Weight Unit].
Select Metric, English or English & Metric from the drop-down list.
3. Select the formula for calculating the weight percentile.
Select the formula from the drop-down list of [EFW-GP].

To import/export an OB Table or Formula

TIP:

Only imported user-defined tables can be exported.

Perform the following procedure:

1. Select [Import] or [Export] on the Fetal Gestational Age or Fetal Growth page.
2. Select the drive and file path where the data is located.
3. Select the data file to load or export, click [OK] to confirm.

The imported user-defined table for FG and GA must be a *.csv file. The format of the *.csv file is described as follows:

- FG table

Table Type	Author Name	SD Type	Meas Value Unit	SD Unit

FG	The author name	Value of standard deviation	Unit of the measurement value	Unit of the standard deviation
Row Num	Row number (N) of the table			
No.	GA	Min	Meas Value	Max
1	GA value	Minimum value	Measurement value	Maximum value
2	...	...	...	...
...	...	...	...	...
N	...	...	...	...

NOTE:

- Fill in the table according to the actual clinical values, except for those cells with bold text.
- Value of standard deviation. Select from one of the following: None, $\pm 1SD$, $\pm 2SD$, 3%~97%, 5%~95%, 10%~90%.
- Unit of the measurement value: according to the table to import, select from mm, cm, g, kg, cm² or mm².
- Row number (N) of the table: the maximum row number N in the column “No.”
- The third row is empty.
- GA value, Minimum value, Measurement value, Maximum value: enter the number of days without the unit.

– GA table

Table Type	Author Name	SD Type	Meas Value Unit	
GA	The author name	Value of standard deviation	Unit of the standard deviation	
Row Num	Row number (N) of the table			
No.	Meas Value	SD(-)	GA	SD(+)
1	Measurement value	Standard deviation (-)	GA value	Standard deviation (+)
2	...	...	...	...
...	...	...	...	...
N	...	...	...	...

NOTE:

- Fill in the table according to the actual clinical values, except for those cells with bold text.

- Value of standard deviation. Select from one of the following: None, $\pm 1SD$, $\pm 2SD$, 3%~97%, 5%~95%, 10%~90%.
- Unit of the measurement value: according to the table to import, select from mm, cm, g, kg, cm^2 or mm^2 .
- Row number (N) of the table: the maximum row number N in the column “No.”
- The third row is empty.
- Measurement value, Standard deviation (-), GA value, Standard deviation (+): enter the number of days without the unit.

User-defined OB Items

NOTE:

The calculation results of the user-defined OB formulae are used for reference rather than clinical diagnosis.

You can add user-defined formulae for items (obstetric tools) that are not included in the GA and FG table.

1. Select [Add] on the Fetal Gestational Age or Fetal Growth page.
2. Select an item and click [OK].
3. The new item appears in the left column and the system asks if to add a formula.
4. Click [OK] to select the *.csv file (formula file) for the item. Or add a formula for the new item by clicking [Import].

Measure Result

EDD display: the EDD is displayed in the result window after checking.

GA Cycle For EDD

- Normal Cycle: GA is calculated according to 40 weeks after checking ($EDD = LMP + 287(40 \text{ weeks})$).
- French Cycle: GA is calculated according to 41 weeks after checking ($EDD = LMP + 287(41 \text{ weeks})$).

Display EFW GA in report

Estimate GA according to EFW data after checking.

4.1.6 Footswitch Function

You can assign a function to the left/medium/right key of the foot switch.

4.1.7 Key Probe Function

Probe Key Function

You can assign a function to the user-defined keys of the selected probe.

Perform the following procedure:

1. Select the probe model to be set from the drop-down list of [Probe].
2. Set the key function from the drop-down list.

WPS Device

When wireless probe is configured, the device information will be shown below.

Perform the following procedure:

- Select [Write] to modify probe password.
- Select [Upgrade] to upgrade the hardware of wireless probe.

4.1.8 Option

The system enters the Option page after entering the Maintenance screen. In the Option list, the system lists all the system-supported options and their installation status (not installed or installed).

To install and uninstall:

- Tap [Install] to begin installing a disabled option.
- Tap [Uninstall] to begin uninstalling a previously-installed option.

Please contact the Mindray Customer Service Department or a sales representative for details.

4.1.9 Access Control

The system supports two types of users: administrator and operator.

- Administrator
The system administrator can access all function modules, and view all patient data, such as patient information, images and reports, etc. Only one administrator is configured by default. The administrator can add or delete operators.
- Operator
The operator can only access the function modules with assigned privileges. The operator can only view exam information saved in the system and operated by him or herself, such as patient information, images and reports, etc.

Enabling Access Control

The system administrator can preset the access controls, that is, whether an operator has the right to access data in the system.

Access control only can be set by the system administrator.

Open the “Access Control” page:

- If “Enable User Account Control” is selected, you must be authorized before accessing the data, and you can configure password policy, LDAP and MLDAP, and change password. If unselected, you can access all the data without authorization, and you cannot configure password policy, LDAP and MLDAP, and change password.
- If “Enable Emergency User” is selected, the administrator can edit privileges for emergency users. If unselected, the administrator cannot edit privileges for emergency users.

Adding a User/Assigning privilege

Turn on the access control function and log in to the system as Administrator before you add the user.

1. Tap [Add] to bring up the “Adding New User” dialog box.
2. Enter the user name and password, confirm password, and select or deselect the check box from the privilege list. Users can only access the function module with assigned privilege.
3. Tap [OK] to confirm the settings and exit the dialog box. The new user and the privilege will appear in the User List.

Deleting a User

Turn on the access control function and log in to the system as Administrator before you delete the user.

Select the user to be deleted in the User List. Tap [Delete] to delete the selected user.

Editing Privilege

Turn on the access control function and log in to the system as Administrator before you edit privileges.

1. Select a user, tap [Edit Privilege] to enter the “Edit user privilege” dialog box, and select or deselect the check box from the privilege list.
2. Tap [OK] to confirm the editing and exit the dialog box. The edited privileges will appear in the User List.

Modify Passwords

The system administrator can modify all user passwords. The administrator password is empty by factory default. You can set this password.

An operator can only modify his/her own password.

1. Select the user name to be modified in User List. Tap [Change Password] to open the dialog box.
2. Enter the new password and confirm the password, and then tap [OK].

Configure Password Policy

Turn on the access control function and log in to the system as Administrator before you configure the password policy.

Tap [Password Policy Config]:

Item	Description	Remark
Lockout Threshold	Set the maximum time that a user can input the wrong password. If you exceed the maximum times, your account will be locked.	For example, assume that the “Lockout Threshold” is set to 5, the “Reset Account Lockout Threshold after” is set to 60, and the “Lockout Duration” is set to 60. That is, a user inputs the wrong password for 5 times within 60 minutes, the account is locked, and the user can log in to the system only after 60 minutes. Other users with unlocked accounts can still log in to the system normally.
Reset Account Lockout Threshold after	Set the duration allowed for a user to continuously input the wrong password.	
Lockout Duration	Set the duration after an account is locked.	
Reset all lockout	Reset all locked accounts.	/

Item	Description	Remark
Enable strong password	Enable strong password to improve security. - If the strong password is enabled and you log in to the system with the account that is added before the strong password is enabled, the system prompts a warning message to inform you whether your password conforms to the password policy. The administrator can change password for administrator or operator. - If the strong password is enabled and you add a new user account, the system prompt an error message to inform you that the password is too weak, please modify the password according to the error message.	/

LDAP Privilege Management

urn on the access control function and log in to the system as Administrator before you edit privileges for the LDAP (Lightweight Directory Access Protocol) users.

Click [LDAP Config]:

Item	Description
Service Address	Enter the server address in the field box after accessing the network
Test LDAP Server	To test whether the LDAP server is accessible. If the LDAP is accessible, the system prompts the following message “Server test succeeded.”
Root DN	It is automatically displayed after the server is successfully tested.
Default Domain	The default domain is the DC name in the Root DN. For example, if DC=security1, then input “security1” in the field box of the “Default Domain”
Port	Enter the port of the server.
SSL	The user can verify through SSL encryption method. Select “SSL”, import SSL certificate and follow the prompt to enter password.
Days to keep cached password	Set days to keep the cached passwords in the local system. Users can log in to the server even without accessing the network within the setting days. - Empty: the passwords are kept in the local system permanently. 0: no passwords are kept in the local system. ≥1: for example, if it is set to 5, the passwords are kept in the local system for 5 days.

Item	Description
Member of filter/Privilege	- Enter the member name, and select or deselect privileges from the drop-down list of “Privilege”. - Click [Add], and the new members and privileges will appear in the Member of filter list. - Select a member to be deleted, and click [Delete]. - Select a member to be modified, modify the member name, and select or deselect privileges from the drop-down list of “Privilege”. Click [Modify], and the modified member name and privileges will appear in the Member of filter list.
Logon Test	- Enter the User name and password in the field boxes of the Authentication test area. - Click [Logon Test] to test whether the user is authenticated.
User field name	Select [Use user field name] to customize the user field name. After that, the members and privileges cannot be edited. Enter the user field name in the field box of the “User field name” (the user field names are configured in the LDAP server. For details, please refer to the LDAP server manual). The user field name corresponding to privileges are as follows: - iStation Access: 1 - Save Exam: 2 - Export Exam: 4 - Network Settings: 8 - Maintenance Menus: 16 - System Settings: 32 - Workflow Settings: 64 - Worklist Access: 128 NOTE: The privilege items can be combined randomly. For example, if user A is assigned with all the above 8 privileges, the user field name for user A is $1+2+4+8+16+32+64+128=255$.

MLDAP Privilege Management

Turn on the access control function and log in to the system as Administrator before you edit privileges for the MLDAP (Mindray Lightweight Directory Access Protocol) users.

Click [MLDAP Config]:

Item	Description
Service Address	Enter the server address in the field box after accessing the network.
Port	Enter the port of the server.
Default Domain	Configuration is not required when logs on the MLDAP server. Configuration is required for other servers when logs on another server.

Item	Description
Member of filter/Privilege	- Enter the member name, and select or deselect privileges from the drop-down list of “Privilege”. - Tap [Add], and the new members and privileges will appear in the Member of filter list. - Select a member to be deleted, and tap [Delete]. - Select a member to be modified, modify the member name, and select or deselect privileges from the drop-down list of “Privilege”. Tap [Modify], and the modified member name and privileges will appear in the Member of filter list.

4.1.10 Scan Code Preset

Set the code parameters for barcode reader.

1-dimension barcode reader (1D)

Item	Description
Scan Item	After scanning 1D bar code, the regular expression is matched in the priority order: “Patient ID > Other ID > First name > Last name > Middle name > Accession# > Operator > Diagnostician”. If the regular expression is matched successfully, the data of 1D bar code will be displayed in this item in Patient page automatically. Example: The data of the bar code is 123 after scanning 1D bar code. The regular expression is matched in the priority order: “Patient ID > Other ID > First name > Last name > Middle name > Accession# > Operator > Diagnostician”. If the regular expression of “Other ID” is matched successfully, “123” will be displayed in “Other ID” item in Patient page automatically.
Regular Expression	Set the regular expression according to the bar code format.
Move Up/Down	Move up or Move down a selected item.
Add/Delete	Add or delete a selected item. (Only the default item can be added or deleted.)
Load default	Restore the parameter value to the default value.
Append Options	The information of operator or diagnostician can be appended after selecting the check box. For example, after scanning a 1D barcode of an operator or diagnostician, the obtained data is A, and A will be displayed in “Operator” or “Diagnostician” item in Patient page automatically. After scanning a 1D barcode of an operator or diagnostician for a second time, the obtained data is B, and A will be appended by B in “Operator” or “Diagnostician” item in Patient page automatically.

Item	Description
Default Item	If the default item is set to “No”, and both the 2D and 1D barcodes fail to be matched, the obtained data of the barcode is input as a string of characters. After selecting a default item from the drop down list of “Default Item”, the obtained data of the scanned barcode will be displayed in the corresponding selected default item. For example, if the default item is set to “Patient ID”, and both the 2D and 1D barcodes fail to be matched, the obtained data is displayed in the “Patient ID” item in Patient page automatically.
Service Query	- Select a service query. For example, select “Worklist server” from the drop-down list, and the system searches the Worklist server according to the scanned data. - Select “No” from the drop-down list, and the system creates a new exam in the Patient page according to the scanned data.
Default Query Item	- Select a default item for searching the service query. For example, users select “Patient ID” from the drop down list of “Worklist Default”, and the system searches Patient ID in the Worklist server. - Select “No”, and the system searches the Worklist server in the priority order: “Patient ID” > “Last name” > “Accession #”. NOTE: The matching priority order is 2D item, 1D item, and Default Item, after the 1D/2D and default items are configured.
Import/Export	Import and export configuration files to preset the barcode. For details, please contact the service engineer.

2-dimension barcode reader (2D)

- General Analysis Mode
Select “General” from “Analysis Mode” drop-down list: The scan codes consist of Patient ID, Other ID, Patient Name, Birth, etc.

Item	Description
Scan Barcode Example	Input a barcode example, barcode example is separated by separators (the separator is used to set the start and end position of each item), and the barcode data is displayed in the following items in turn.

Item	Description
Parameters	- Input a barcode example, and you can change the information of Patient ID, Other ID, First Name, Last Name, Middle Name, Birth (Day), Birth (Month), Birth (Year), Age, Gender and etc. in the “Content” list. Note: Ignore item is used to add one line below the selected item to hide unimportant patient information. - Set the start and end position of each item via separators. After inputting a barcode example, you can select item separators from the drop-down list of the Separator. (Only separators that are input in the field box of the Scan Barcode Example can be displayed in the drop-down list of the Separator.) NOTE: You can customize the age unit of Birth (Day), Birth (Month), Birth (Year) in the Content column. If the DOB provided by the patient contains only digit, the system displayed an auto-generated age.
Age Unit	Select an age unit from the drop-down list of the “Age Unit”: Year, Month, or Day.
Male/Female	Input the customized gender symbol besides the Male and Female field box, such as Male (M) or Female (F).

- Advanced Analysis Mode
Select “Advanced” from “Analysis Mode” drop-down list: user enters scan barcode example and regular expression and click [Match], the system will match scan barcode example with regular expression automatically, and if which is matched successfully, the scan item will display the barcode by separators.

4.1.11 Peripheral Preset

This screen is used to set up the printer and image printing.

Print Setting

The printer settings are as follows:

Item	Description
Add Service	Tap to begin adding print services.
Remove Service	Tap to delete the selected print service.
Rename Service	Tap to rename the selected print service.
Property	Preset print service properties.

Printer Driver

The printer driver settings are as follows:

Item	Description
Add Local Printer	Tap to add a local printer.
Add Net Printer	Tap to delete the selected print service.
Rename Service	Tap to rename the selected print service.

Item	Description
Property	Preset print service properties.

Image Settings

Tap [Image Setting] to enter the page, you can set the brightness, contrast and saturation of image printing, or you can use the default values.

Display

Tap [Display] to enter the page, you can set output resolution and range for the connected external display.

4.1.12 Maintenance

The [Maintenance] function is designed for you to import or export user data, restore factory setting and export log. You may also execute self-test and option installation/trial through the maintenance menu. If you require other maintenance functions, please contact Mindray Customer Service Department or sales representative.

Exporting Setup Data

This function is used to write all setup data of the system into a disk for backup. The format of the data file is .PDP.

You can select the following types of preset data to export from the system:

- General module preset data.
- Exam mode related preset data.

Perform the following procedure:

1. Select the target module.
2. Tap [Export] to open the [Export Module Data]/[Export Exam Mode Data] screen.
3. Select the path to save the data.
4. Select the exported file and type as PDP and tap [OK].

Importing Setup Data

This function is used to import the existing setup data to the setup data memory of the system. The system will reset and operate according to the setup preferences that were imported.

Perform the following procedure:

1. Tap [Import] to open the Load Data screen.
2. Select the imported file.
3. Tap [OK], a progress bar will appear and the setup data is imported to the specified path.
4. To restore the factory setup data, tap [Load Factory] on the right side of the screen.

Probe Check

This function is used to check the condition of transducer elements to evaluate the probe performance.

Before performing the probe check, ensure the probe head must be clean and the probe is in non-scanning state.

Tap [Probe Check] to enter the Probe Check screen:

- If a transducer element is in malfunction, it is displayed as a red spot.

- If a transducer element functions well, it is displayed as a green spot.

You can export the result image to the external device.

Other Settings

Other preset settings are described as follows:

Item		Description
Load Factory		Local factory default settings.
Setup	Export Log	Export the log.
	Self Test	Perform system self-test and restart the machine.
	Recover	To recover the system.
	Needles List Replace	Update the list of needles that support eSpacial Navi function. NOTE: The list of needles must be release version provided by Mindray.
	Needles List Recover	Restore the list of needles that support eSpacial Navi function to the last version.
	Needles List Factory	Restore the list of needles that support eSpacial Navi function to the factory version.
	Transducer Tracking	Enable the transducer and patient tracking function: • Find transducers used with a patient by patient ID. • Find patients who used a transducer by transducer SN. After enabling the tracking function, you can set the maximum number of days the data can be retained.

If you have any questions, please contact the service engineer or your sales representative.

4.1.13 iVision

The iVision function is used to demonstrate the stored images. Image files are played one by one according to file names (including system-relevant and PC-compatible format images).

Add the contents to be played and select demo mode.

Select an item in the list and tap [Start] (in the bottom-left corner of the screen) to begin the demonstration.

Demonstration item

Demonstration items are image files in formats supported by the system. You can add exam data from the patient database or system-supported image files and folders to the demonstration list. For files and folders in the demonstration list, the images in the directory and subdirectory are played one by one, and the system will automatically skip files that cannot be opened.

- [Add File]: to add files to the file list.
- [Delete File]: to delete selected files or catalogs from the file list.
- [Export File]: to export selected directories/files to external storage devices.

Interval

The system automatically plays all the image files in the list one by one.

The time interval between images played is the same and can be changed.

Repetition

You can choose whether to repeat the demonstration or exit after a demonstration is complete.

Exhibition

If the function is enabled, the system will play AVI/MP4 format files automatically.

4.1.14 Security

Drive Encryption/Secure Data Wipe

Encrypt the patient data stored in the hard disk. The system provides two encryption methods: Factory Default and User Define.

- Factory Default: the system is in factory state by default.
- User Define: add a user-defined password.

Perform the following procedure:

1. Select [User Define].
2. If no patient data are stored in the hard disk, tap [Confirm], input the password and tap [Confirm] to finish the password setting

If the patient data are already stored in the hard disk, the system will pop-up prompts, follow the steps below:

- a. Tap [OK].
- b. Tap [Wipe] or [Security Wipe] and operate according to the screen prompts to clear patient data.
- c. Select [User Define] again, and tap [Confirm].
- d. Input the password and tap [Confirm] to finish the password setting.

NOTE:

- If you want to switch to Factory Default, perform steps above again. The password is the same as that of the User Define.
 - When you set password, multi-language and Chinese characters are not supported.
 - [Security Wipe] has a higher security level but takes longer time than [Wipe].
-

Anti-Virus

The system provides the anti-virus software: ClamAV. It can effectively prevent the ultrasound system from being attacked by virus, spyware, or other malware.

The ClamAV software is an option. If you want to buy ClamAV, contact the service engineer.

After the ClamAV is installed, tap [System Scanning] or [Global Scanning] on the [Security] Setup screen to scan the virus. When the system is connected to the Internet, tap [Update] to update the antivirus library to the latest version.

NOTE:

- ClamAV cannot be uninstalled after successful installation.
 - If ClamAV is improperly installed due to power-off, shut-down, closing of cmd.exe, or any other abnormal operation during the installation, please contact the service engineer.
-

Transmission Encryption

After accessing the network, tap [VPN Config] to enter the “VPN Config” interface.

Item	Description
Status	No driver: tap [Setup Driver] to enter the "TAP-Windows 9.21.2 Setup" interface, and do as instructed. • Ready: the VPN is ready for use. • Advance: VPN Advance Configuration • Connected: VPN is successfully connected. • Disconnected: VPN is disconnected. • Error: error connection.
Server IP	/
Group	
User Name	
Password	
Hide characters	The password is displayed as *.
Connect/ Disconnect	Connect or disconnect VPN.
Advance	Enters the “VPN Advance Config” interface. Reset: if the system does not respond after you tap [Config], tap [Reset]. Config: enters the “Open Connect-GUI VPN client” interface. For details about the settings, please refer to the TAP manual. Note: after exiting the “VPN Advance Config” interface, you need to reboot the system; otherwise, you cannot connect VPN normally.
Close	Close the “VPN Config” interface.

4.1.15 System Information

Select [About]. This screen displays the system software version and other versions of devices. You cannot edit the information, only view them. The information varies depending on the system configurations and version.

Log onto the system as Administrator, and click [Statistics] to enter the statistics screen, which shows the total exam numbers of each probe, application and operator.

4.2 Exam Mode Preset

You can assign exam modes for each probe or set measurement, body mark and annotation settings for current exam mode.

You can assign available exam modes for probes.

Perform the following procedure:

1. Select the probe model in the Probe drop-down list.
2. Check current configured exam modes:

On the left side, you can view all the available exam modes in the exam library for the probe.

On the right side, you can view the current exam modes assigned to the probe. (Tapping [Probe] in the Exam operating area to see the list.)

3. Tap and hold any exam mode until it floats, then you can:
 - Drag the exam mode from “Library” column to “Selected” column to make the exam mode available for the probe.
 - Drag the exam mode from “Selected” column to “Library” column to make the exam mode unavailable for the probe.
4. Change default exam mode or delete user-defined exam mode if necessary:
 - Tap [Delete] to delete a user-defined exam in the Exam Mode Library area.
 - Tap [Default] to set a selected exam mode as the default exam mode. The default exam mode is marked by a “√”.
5. Tap [Save] to save the settings or tap [Cancel] to cancel changes you made.

4.3 Measurement Preset

4.3.1 General Measurement Preset

You can preset the General Measurement packages for 2D (B/Color/Power Mode), M Mode, or Doppler (PW/CW) Mode respectively.

The preset operation of measure tools is the same as caliper tools preset. Here take caliper tools preset as an example.

Perform the following procedure:

1. Select the [Caliper] on the [Measure] page.
2. Select the [2D], [M] or [Doppler] tab to go to the corresponding preset menu.
 - [Available Items]: basic measurement tools configured by the system in the current exam mode which are available but not assigned yet.
 - [Selected Items]: displays the tools to be added to the menu.
3. Add/Remove the item.
 - [>]: To add the selected tool from the [Available Items] to the [Selected Items].
 - [>>]: To add all tools in the [Available Items] to the [Selected Items].
 - [<]: To remove the selected tool from the [Selected Items] to the [Available Items].
 - [<<]: To remove all tools from the [Selected Items] to the [Available Items]. You do not need to select any items before removing.
4. Set the default item.

Select an item from the [Selected Items], then tap [Default]. The item is marked with a √.

The default item is activated automatically when entering this general measurement menu.
5. Adjust the item position.

Select an item from the right column, hold and drag it to adjust the sequence in the menu.
6. Modify the property of a measurement item.

The following takes D trace as an example to show how to set the property of a measurement tool.

 - a. Select [D Trace] from the [Selected Items] and tap [Property].

Descriptions of the attributes are shown in the following table.

Attributes	Descriptions
Item Name & Result	Results obtained from D trace are listed. The selected items will be displayed in the results window after measurement. • If PV is selected, other results become deselected. • Some results, such as PS and ED, can be derived via a simple method, but others, such as TAMAX, can only be derived via complicated methods such as Manual, Spline, Auto, etc. Methods for obtaining PS and TAMAX simultaneously (trace, spline and auto) should be chosen if both PS and TAMAX are selected (TAMEAN should use auto method).
Unit	Select the measurement unit shown in result window and report. Tap “Unit” column of each item to select.
CalcMethod	Select the calculation method for the tool. The selected calculation tool influences only the final result on the report. Tap “CalcMethod” column of each item to select.

- b. Tap [OK] to confirm the setting.
7. Select the measurement sequence.
 - [Repeat]: after the current measurement is completed, the system automatically activates the current tool again.
 - [Next]: after the current measurement is completed, the system automatically activates the next tool in the menu.
 - [None]: after the current measurement is completed, the cursor returns to the end point of the caliper.
8. Tap [Save] to confirm.

4.3.2 Application Measurement Preset

Measurement Package Preset

During measurement, the preset package displays on the touch screen. Items in the package can be preset and may belong to different application regions.

You may configure more than one measurement package for current exam mode. Under actual measurement status, switch the measurement library if necessary (by select the drop-down list in the Advanced 2D page).

Select [Advanced] to enter the Add New Package.

- Creating Packages: Select [New] and enter a name for the new package in the dialog box pop-up. Select [OK] to confirm. The new package displays in the [Selected Items] list.
- Deleting Packages: Select a package from the [Available Items] list and select [Delete].
- Setting Default Packages: Select a package from the [Selected Items] list, then click [Default]. The default package is marked with a √.
- Adjusting Package Positions: Select a package from the [Selected Items] and select [Move Up]/[Move Down] to adjust the sequence that the packages in the menu are arranged in.

Measurement Menu Preset

The following operations are available.

- **Adding/Removing Items:** Add/Remove the general measurement item using the [>], [>>], [<] and [<<].
- **Setting Default Items:** Select an item from the [Selected Items] list, select [Default]. The defaulted item is marked with a √.
To deselect the default tool, select it and click [Default] or set another item as the default.
If a particular item is set as the default item, it automatically displays the submenu of the study when entering this measurement menu.
- **Adjusting Item Positions:** Select an item from the [Selected Items], select [Move Up]/[Move Down].
The order in the list is also the item position in the menu.

User-defined Measurement

Perform the following procedure:

1. In Measure page, select [New], the “Measurement Custom Wizard” dialog box appears.
2. Enter the Name in the “Measurement Custom Wizard” dialog box, and select Add Meas.
3. Select [Next] to Step 2. Select the [Tool Type], [App Region] and the Measurement Result.

Descriptions of the attributes in the dialog box are shown in the following table.

Attributes	Descriptions
App Region	Select the application region for the user-defined item.
Tool Type	General measurement tool type of the user-defined item. E.g. Select Dist. if you want to add a new item to measure the distance.
Has Left-Right	If selected, you can choose left or right side in the measurement menu.
Has Prox-Mid-Dist	If selected, you can choose proximal, middle or distal in the measurement menu.
Measurement Result	Choose the results to be displayed in the results window. The result name can be changed. Move the cursor over an item, then enter the name in the text box.
Unit	Select the measurement unit. Select “Unit” column of each item to select.

4. Select [Complete] to finish setting. The user-defined measurement item is listed in the “Selected Items” menu and in the “User-defined” category of “Available Items.” An asterisk appears after the user-defined item for identification.

In the meantime, the user-defined item will be added automatically to the “Selected Items” in the Report template. If the item is completed in an exam, the results will be displayed in the report.

User-defined Calculations

User-defined calculations are derived from arithmetic operations in which the parameters are measurement, calculation or study results obtained in measurement items which exist in the system or are user-defined.

Perform the following procedure:

1. In Measure page, select [New], the “Measurement Custom Wizard” dialog box appears.
2. Enter the Name in the “Measurement Custom Wizard” dialog box, and select Add Calc.

3. Select [Next] to Step 2. Select the [App Region] and edit the formula.

Descriptions of the attributes in the dialog box are shown in the following table.

Attributes	Descriptions
Formula	Displays the user-defined formula.
Verify	Used to verify if the formula is valid.
Application Region	Select the application region for the user-defined item.
Measurement Item	All available measurement items of the application region selected in the previous step.
Calculator/Function	You can select from measurement/calculation/study items in 2D/M/Doppler mode.
Unit	Used to enter numbers and functions in the formula.

For example, to create a user-defined measurement item (HC/AC):

- Enter name for the item, such as “calculation 1.”
- In Region select “Obstetric,” then select the measurement tool sources “2D” and “Measurement.”
- Find HC in the “Item Name” list, click to select it, then double-click HC in the Result Name box on the right side. The index is added to the formula.
- In the Calculator, click “/” and it is added to the formula.
- Find AC in the “Item Name” list, click to select it, then double-click AC in Result Name box on the right side. The index is added to the formula.

The function description is as follows:

Function	Method	Parameter Number	Function Description
sin	sin(a)	1	Sine (the ratio of the opposite to the hypotenuse)
cos	cos(a)	1	Cosine (the ratio of the adjacent to the hypotenuse)
tan	tan(a)	1	Tangent (the ratio of the opposite to the adjacent)
atan	atan(a)	1	Arctangent (the result is expressed in radian.)
min	min(a,b,...)	≥ 2	Minimum
max	max(a,b,...)	≥ 2	Maximum
sqrt	sqrt(a)	1	Square root
pow	pow(a,b)	2	Calculate b power of a
exp	exp(a)	1	Exponential function with natural constant e as the base
ln	ln(a)	1	Logarithm with natural constant e as the base

Function	Method	Parameter Number	Function Description
log	log(a)	1	Logarithm with 10 as the base
avg	avg(a,...)	≥ 1	Average value
abs	abs(a)	1	Absolute value
PI	PI	/	Constant π , 3.1415926

NOTE:

The letter “a” and “b” in the “Method” Column are parameters.

The following physiological indicators can be added to the formula.

Name	Definition	Unit
Age	Age	day
BSA	Body surface area	m ²
PSA	Prostate specific antigen	ng/ml
PPSA Coefficient	PPSA Coefficient	ng/ml ²
RAP	Right atrial pressure	mmHg
GA	Gestational age	day
Height	Height	cm
Weight	Weight	kg
Heart Rate	Heart rate	bpm
High BP(CAR)	High blood pressure (Cardiac)	mmHg
Low BP(CAR)	Low blood pressure (Cardiac)	mmHg
High BP(VAS Left)	High blood pressure (Left Vessel)	mmHg
Low BP(VAS Left)	Low blood pressure (Left Vessel)	mmHg
High BP(VAS Right?)	High blood pressure (Right Vessel)	mmHg
Low BP(VAS Right)	Low blood pressure (Right Vessel)	mmHg

- Verify the formula, select the unit of the result, then select [Complete]. The user-defined calculation item is listed in the “User-defined” category of “Available Items.”

In the meantime, the user-defined item will be added automatically to the “Selected Items” in the Report template. If the item is completed in an exam, the results will be displayed in the report.

User-defined Study Items

Perform the following procedure:

- In Measure page, select [Add Study].
- Enter the study name in the dialog box that appears.
- Select [OK] and the item will be added to the “Selected Items.”
- Select a measurement/calculation item from the “Available Items” and select [>] to add the item to the user-defined study.

Edit User-defined Items

Perform the following procedure:

1. Select defined items in the “Available Items”.
2. Select the target item and select [Edit] on the right

Remove User-defined Items

- Remove Measurement/Calculation
 - a. Select “User-defined” in the “Available Items”, and select the desired item.
 - b. Select [Delete] on the right.
- Remove Studies

Select a user-defined study, click [<].

4.3.3 Report Preset

NOTE:

- Deleting is not supported in IVF, IMT and EM reports.
 - Watch the layout when setting the patient information layout of the report template. Do not set too many characters in one line; otherwise it may affect the display of the report.
-

Creating Report Templates

Perform the following procedure:

1. Select the [Report] on the [Measure] page.
2. Select [New] to bring up the following dialog box.
3. Select template: select the drop-down list under “Application Region” to select the template and select [OK] to confirm the template layout and exit the dialog box.
4. Enter the name for the user-defined report template in the box after “Report Template Name”.
5. Select [Measurement] to select measurement results to be displayed in the report:
 - a. Select an application category from the drop-down list beside “Available Items”.
 - b. Select Measurement, Calculate, Study or All from the drop-down list beside “Available Items”. The corresponding items appear in the list.
 - c. Use the [>] or [>>] buttons to add items to the “Selected” list.

Only tools which appear in the right column and are completed in the ultrasound exam can be displayed in the report.

In cardiac mode, if result items of only one formula are selected, only results of that one formula will be displayed after measurement. (For e.g., if only items suffixed with Teicholz are selected, not with Gibson or Cube, then only results suffixed with Teicholz after measurement are displayed.)

- d. Add the study.

Select [Add Study] and enter the study name in the dialog box which appears, then select [OK].

The new added study appears in the “Selected” list.
- e. Adjust the item position.

Select an item from the “Selected” list, click [Up]/[Down] to adjust the position of the item in the list, as well as in the report template.
- f. Select [OK] to save the settings and exit the dialog box.

6. Set the module display in the report: select [Setting] to make a selection;
 - Tick the check box in front of the module name to display the module in the report;
 - Select [OK] to save the setting and exit.
7. Change the patient information layout in the report template:
 - Change the template used in the report layout: select [New Layout] to select another template.
 - Double select the information lines to be edited in “Report body”. The dialog box of font setting appears. Set the font size, font weight or hidden key words.
 - Double select the blank of a module in “Report Body”. The dialog box of editing the content appears. Select the content to be displayed at current position.
 - Tap on the blank of a module in “Report Body”. Choose to add or delete the line, or add the table, etc.
8. Select [Save] to save the setting.
9. Select [Close] to quit the template.

Deleting Report Templates

Perform the following procedure:

1. Select the [Report] on the [Measure] page.
2. Select the template to be deleted from the list.
3. Select [Delete] > [Yes] to delete the selected template.
4. Select [OK] to confirm the settings.

Editing Report Templates

Perform the following procedure:

1. Select the [Report] on the [Measure] page.
2. Select the template to be modified from the list.
3. Select [Edit] to enter the [Measurement Report Preset] dialog box.
4. Select [OK] to confirm the settings.

Setting Default Templates

Perform the following procedure:

1. Select the [Report] on the [Measure] page.
2. Select a report template from the list.
3. Select [Default].
4. Select [OK] to confirm.

4.4 Comment Preset

You can preset the custom comments library for current exam mode. The comments in the library are provided by the system or user-defined ones.

4.4.1 Comment Configure

Add a user-defined item

Select  button or tap a empty comment box to bring up the soft keyboard, then type the alphanumeric characters. Select  button again to confirm it.

Select available items

Perform the following procedure:

1. Select available items:
 - a. Select a comment library in the drop-down list below “Application”.
 - b. Select a comment type in the drop-down list below “Type”.All items will be displayed in the right part of the page.
2. Select a comment in the right part of the page, drag and place in a empty comment box.

Change position of the selected items

Select a comment in the left part of the dialog box, drag and place to the desired place, all positions are automatically rearranged.

4.4.2 Comment Group Define

Add user-defined group

Enter user-defined group name in the name text box below [Lists Name] through the soft keyboard, click [Add Group]. The entered group name will be added to the Group Lists.

Add comment items to the user-defined group

Perform the following procedure:

1. Select a user-defined comment group from the “Group Lists”.
2. Do one of following to add comment items:
 - Select a comment library in the drop-down list below “Application”: Select a comment item, click [>] to add it into Selected Items on the right; click [>>] to add all items into Selected Items on the right directly
 - Add user-defined comment item: Enter user-defined comment in the name text box above [Add Comment] through the soft keyboard, click [Add Comment]. The entered comment item will be added to the Selected Items.

Change position of the selected items

Select an item and click [Up], [Down] button to change the position of the item.

Delete a comment item from user-defined group

Select an item in the Selected Items, select [Delete Group].

TIP:

You can only delete the user-defined items rather than the items in the system library. After a user-defined item is deleted, it will not be available.

4.5 iWorks Preset

You can customize the protocols and views in the iWorks preset screen.

4.5.1 Protocol Management

- Select [Multi Select] and you can select multiple views to be copied in the list on the left.
- Tap to select the protocol in the list. The protocol type can be checked on the lower part. Check to select applied exam modes in the “Exam Mode(s) applied to” column.
- Tap [Add Protocol] to create a new protocol. It can be customized.
- Tap to select a protocol in the iWorks list and tap [Copy]. A protocol named “XXX_Copy1” is created with the copied views, which can be customized.
- Select a view with “Left”, “Lt”, “Right” or “Rt” in its name in the list on the left, and select [Copy L⇌R]. The selected view is copied onto a new view in which bodymarks, annotations and measurement items are reversed to the opposite side.
- Tap [Delete] to delete a user-defined protocol.
- Tap [Up] or [Down] to move the selected protocol.
- Tap [Move to Top]/[Move to Bottom] to move the selected protocol to the top or bottom of the list.

4.5.2 View Management

- Tap to select the views in the list. The image, annotation, body mark and measurement settings can be checked on the right.
- Tap to select a user-defined protocol in the list. Tap [Add View] to add a view template to the protocol.

4.5.3 Create a New Protocol

You can create user-defined protocols and customize the automated procedure.

Perform the following procedure:

1. In the iWorks preset screen, tap [Add Protocol] to create a new protocol.
Or, select an existing protocol and tap [Copy] to customize the protocol based on the previous template.
2. Tap [Add View] to enter the view name and perform image settings.
3. Add comments, body marks and perform measurement settings.
In the measurement setting, if “Measurement on next section” is selected, the system will save two section images after finishing the section operation. One of the two sections will include the measurement result.
4. Select the checkbox for body mark display settings.
5. Tap [Save] to complete the setting and exit.

4.6 Network Related Preset

You can configure network related settings here, including DICOM setting, network setting, Q-Path setting and HIS setting.

4.6.1 DICOM Local Preset

TIP:

- AE Title should be the same with the SCU AE Title preset in the server (PACS/RIS/HIS), for example, if the AE Title of the server preset in the storage server is Storage, and the AE Title of the accepted SCU is preset as Machine, then in the figure above, the AE Title of Local should be Machine, and the AE Title of storage server should be Storage.
- The device name is random. If the server name is same with that in the DICOM server list, the information “the server added already exists”, tap [OK] to retype the name.
- IP address should be the address of the remote server.

DICOM local preset items are described as follows:

Name	Description	
DICOM Local	AE Title	Application Entity title.
	Port	DICOM communication port.
	PDU	Maximum PDU data package size, ranging from 16384 to 65536. If the value is less than 16384 or greater than 65536, the system automatically sets it to the value 32768.
	TLS/SSL Version	Select an appropriate TLS/SSL version. SSLv23 is set by default.
	Verify Certificate	After importing TLS certificates, and selecting this check box, the system verifies the effectiveness of the TLS function in the DICOM storage, print, and worklist services.
	Import TLS Certificates	Import trusted certificates.
	Clear TLS Certificates	Clear all certificates
Server Setting	Device	Name of the device supporting DICOM services.
	IP Address	IP address of the server.
	Ping	You can ping other machines after entering the correct IP address. You can also select a server in the device list below to ping it.
	Log Level	For engineer use only.
	Capture	

Add a Server

Perform the following procedure:

1. Enter the server device name and IP address.
2. Tap [Ping] to check the connection.
3. Tap [Add] to add the server to the device list, and its name and address are displayed in the list.

Delete a Server

Select a server in the device list, and then tap [Delete].

Set DICOM Strategy

TIP:

- The DICOM strategy must be configured by qualified personnel with good knowledge of DICOM standards.
 - The qualified personnel must ensure the validity of the DICOM strategy.
-

Perform the following procedure:

1. Tap [Set DICOM Strategy].
2. Edit the DICOM strategy:
 - Add: Enter strategy name and description, and tap [Add] to add a new strategy. Then the added strategy will be added to the Strategy List.
 - Delete: Select a strategy from the Strategy List, and tap [Delete].
 - Update: Select a strategy from the Strategy List, re-enter strategy name or description, and tap [Update].
3. Configure the item:

Select a strategy name from the Strategy List, and assign strategy items to the selected strategy.

 - Add: Set the function from the drop-list box, enter the parameter 1 and parameter 2, and tap [Add]. Then the added strategy item will be added to the Strategy Items List.
 - Delete: Select a strategy item from the Strategy Items List, and tap [Delete].
 - Update: Select a strategy from the Strategy Items List, reselect the function or re-enter the parameter 1/2, and tap [Update].
4. Import/Export strategy:
 - Import: tap [Import], browse the desired strategy file and operate according to the screen prompts to import.
The imported file for DICOM strategy must be a *.xml file.
 - Export: Select a strategy from the Strategy List, tap [Export] and then select the export path and type the file name.
E drive is default, and the file type is .xml.

4.6.2 DICOM Service Preset

The DICOM Service screen is used to set attributes of Storage, Print, WorkList, MPPS, Storage Commitment, and Query/Retrieve.

When the system is configured with DICOM basic function module, and installed with DICOM WorkList, MPPS, DICOM structured report, and DICOM query/retrieve modules, the corresponding preset can be found in DICOM Service screen.

TIP:

Not all SCPs can support verification. See the SCP properties to confirm whether the SCP can support this service. If not, the verification will not be successful.

Perform the following procedure:

1. Select the DICOM service tab to enter the corresponding settings screen.
2. Enter the correct AE Title, port, etc.
 - Tap [Add] to add the service to the Service List.

- Select an item in the service list, change the parameters in the above area, and tap [Update] to update the item in the service list.
 - Click to delete the selected service in the service list.
 - Select an item in the service list, click [Default] and you can see “Y” in the Default column.
4. Tap [Verify] to verify that the two DICOM application entities are properly connected.
- If the verification is successful, the system displays “xxx Verify Succeed.” Otherwise, it displays “xxx Verify Failed.”
- If verification failed, possible causes may be: wrong IP address; not able to access IP address; remote DICOM server is not running; wrong port; incorrect application name.

Storage Service Preset

DICOM storage preset items are described as follows:

Item	Description
Device	After you set the server (s) in DICOM Preset screen, the name (s) will appear in the drop-down list, select the name of the storage server.
Service Name	Default is xxx-Storage, user-changeable.
AE Title	Application Entity title, here, it should be consistent with that of the storage server.
Port	DICOM communication port, 104 is default. Here, the port should be consistent with that of the storage server port.
Maximum Retries	Set the maximum retries (0-9). The default value is 3. If the DICOM task sending to the server fails, the retry times should be 3.
Interval Time(s)	Interval time.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.
TLS	Transport Layer Security. Select whether to encrypt the data during network transportation.
Compression Mode	Select the compression mode: original data (uncompressed), RLE (the image not compressed), JPEG, and JPEG2000.
Compression Ratio	Select the JPEG compression ratio: lossless, low, medium, and high. The compression ratio is inversely proportional to the image quality (reserved function).
Color Mode	Select the color mode. If you choose the mix or the grey, RLE/JPEG is unavailable. The image uses 24 bit when sending the image from the ultrasound device to the server; it depends on the image when choosing the mix. The image uses 8 bit if the image is captured in color mode or the image has the tint. All images use 8 bit when choosing the grey.
Allow Multiframe	If SCP supports this function, then select it.
Max Frame Rate	Set the frame range of transferring cin file into DCM multi-frame file. It is editable to the user.
SR Storage Option	To enable or disable structured reporting sending.

Item	Description
Encapsulated PDF	Select if to encapsulate PDF format report in DICOM standard. It becomes available if SCP supports the function.
Storage mode	Set the storage mode for image and cine file: - Parallel file: save the current file, and is ready for the storage of the next file. - Parallel frame: send the current frame, and is ready for sending the next frame.
Transducer Tracking	Files of images that are saved in DCM format through DICOM or DICOMDIR contain transducer serial number information.
Strategy Name	Select the preset DICOM strategy.

TIP:

- If the server software supports the compression algorithm, select JPEG, RLE, JPEG2000. Otherwise, original data should be used (RLE is the default method).
- RLE, JPEG and JPEG2000 are not supported by all SCPs. Refer to the SCP's DICOM CONFORMANCE STATEMENT electronic file to check whether SCP supports it or not. Do not select these compression modes if the storage server does not support them.
- Images of PW/M mode (B image is not frozen) and images other than PW/M mode: if "Max Frame rate" is not "Full" and the actual frame rate is larger than the set value, the system will save the image files in a frame rate of the set value, and transfer in a frame rate of B mode.
- Images of PW/M mode (B image is frozen), the system will save/transfer the images files in frame rate of 6.

Print Service Preset

DICOM print preset items are described as follows:

Item	Description
Device	After you set the server (s) in DICOM Preset screen, the name (s) will appear in the drop-down list, select the name of the print server.
Service Name	Default is xxx-Print, user-changeable.
AE Title	Application Entity title, here, it should be consistent with that of the print server.
Port	DICOM communication port, 104 is default. Here, the port should be consistent with that of the print server port.
Maximum Retries	It starts retrying if it fails to send DICOM task to the server. The retry entry times should be this value.
Interval Time (s)	Reserved time.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.
TLS	Transport Layer Security. Select whether to encrypt the data during network transportation.
Copies	Refer to copies of printed files. You can select among 1 through 5, or directly enter the numeral.

Item	Description
Settings	The system supports RGB (color printing) and MONOCHROME2 (black and white printing). Please select the type the printer supports.
Film Orientation	Select between LANDSCAPE and PORTRAIT.
Priority	Specify printing task priority among HIGH, MED and LOW.
Film Size	Select film size among the selections listed in the drop-down list.
Display Format	Specify quantity of printed files, e.g. STANDARD\2, 3 indicates 6 images are printed for each page.
Medium Type	Specify print medium: Paper, Clear Film, Blue Film; select Blue Film or Clear Film for black and white printing; select Paper for color printing.
Trim	Specify whether you want a trim box to be printed around each image on the film: Yes or No.
Configuration Info	Enter configuration information in the field.
Min Density	Enter the minimum density of the film.
Max Density	Enter the maximum density of the film.
Destination	Specify where the file is exposed: MAGAZINE (stored in the magazine), or, PROCESSOR (exposed in the processor).
Strategy Name	Select the preset DICOM strategy.
Magnification Type	Select how the printer magnifies an image to fit the film. - Replicate: interpolated pixels belong to duplicate of adjacent pixels); - Bilinear: interpolated pixels are generated from bilinear interpolations between adjacent pixels; - Cubic: interpolated pixels are generated from cubic interpolations between adjacent pixels; - None: without interpolation.

Worklist Setting

DICOM service setting for Worklist is described as follows:

Item	Description
Device Name	After you set the server (s) in DICOM Server Setting screen, the name (s) will appear in the drop-down list, select the name of the Worklist server.
Service Name	Default is server-Worklist, and it can be modified.
AE Title	Application Entity title. It is consistent with that of the Worklist server.
Port	DICOM communication port, 104 by default. The port should be consistent with that of the Worklist server port.
Maximum Retries	Reserved feature.
Interval Time(s)	Reserved feature.
Timeout	Refers to time after which the system will stop trying to establish a connection to the service.

Item	Description
TLS	Transport Layer Security. Select whether to encrypt the data during network transportation.
Strategy Name	Select the preset DICOM strategy.
Remove Attributes (0)	Preset what DICOM elements that will not be used in worklist query.

MPPS Preset

MPPS setting items are described as follows:

Item	Description
Device Name	After you set the server (s) in DICOM Server Setting, the name (s) will appear in the drop-down list, select the name of the MPPS server.
Service Name	Default is server-MPPS, and it can be modified.
AE Title	Application Entity title. It should be consistent with that of the MPPS server.
Port	DICOM communication port, 104 by default. The port should be consistent with that of the MPPS server.
Maximum Retries	It starts retrying if it fails to send DICOM task to the server. The retry entry times should be this value.
Interval Time(s)	Reserved feature.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.

TIP:

Set the MPPS service as the default when using the MPPS.

Storage Commitment Setting

DICOM storage commitment setting items are described as follows:

Name	NOTE
Device Name	After you set the server (s) in DICOM Server Setting, the name (s) will appear in the drop-down list, select the name of the storage commitment server.
DICOM Service Name	Default is server-SC, and it can be modified.
AE Title	Application Entity title. Here, it should be consistent with that of the storage commitment server.
Port	DICOM communication port, 104 by default. Here, the port should be consistent with that of the storage commitment server port.
Maximum Retries	Reserved feature.
Interval Time(s)	Reserved feature.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.
Associated Storage Service	The associated storage server is preset before storage commitment, only after the exam is sent out, can storage commitment be created.

Query/Retrieve

DICOM query/retrieve setting items are described as follows:

Item	Description
Device Name	Select the name of a device that can be added (including the local).
Service Name	Default is server-queryRetrieve, and it can be modified.
AE Title	Application Entity title. Here, it should be consistent with that of the storage commitment server.
Port	DICOM communication port, 104 by default. Here, the port should be consistent with that of the storage commitment server port.
Maximum Retries	Reserved feature.
Interval Time(s)	Reserved feature.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.

HL7 Query Service Preset

The protocol version that the ultrasound system supports: V2.3, V2.4, V2.5, V2.6.

HL7 service setting for Worklist is described as follows:

Item	Description
Device Name	After you set the server (s) in DICOM Server Setting screen, the name (s) will appear in the drop-down list, select the name of the Worklist server.
Service Name	Default is server-HL7Query, and it can be modified.
AE Title	Application Entity title. here, it should be consistent with that of the HL7 server.
Port	DICOM communication port, 104 by default. Here, the port should be consistent with that of the HL7 server port.
Maximum Retries	Reserved feature.
Interval Time(s)	Reserved feature.
Timeout	Refers to the amount of time after which the system will stop trying to establish a connection to the service.
Listen mode	This function enables the ultrasound system to use the listen port for data receiving.
Listen port	Port for ultrasound system to receive data after the listen mode function is activated. Here, the port should be consistent with that of the HL7 server port. For details of listen port setting, refer to settings in the server.

4.6.3 eGateway Preset

Before using eGateway, the system should be in the same network segment with the eGateway server, and ensure that the eGateway software version is 7.1 or later versions.

For details of eGateway installation and configuration, see eGateway manual.

eGateway Query

Item	Description
Service Name	The name of the eGateway service.
IP Address	Input the ADT Source IP address in the eGateway Server configuration interface.
Port	Input the MAQ Server Port in the eGateway Server configuration interface.
Clear	Click to cancel the parameter setting.
Add	Click to add the Network service to the service list.
Update	Select an item in the service list, change the parameters in the above area, and click [Update] to update the item in the service list.
Delete	Click to delete the selected service in the service list
Default	Set the eGateway server as the default. Select an item in the service list, click [Default] and you can see “Y” in the Default column.
Connect	Click to verify whether the connection is normal.

To add an eGateway service

1. Set the eGateway server properties as described above.
2. Tap [Add] to add the service to the service list.

To modify a network service

1. Select the service to be updated in the service list.
2. Modify the parameters in the upper part of the screen and tap [Update] to update the setting.

eGateway Store

Before using the eGateway storage, ensure the Send Mode is set to “MDM with Reference” in the eGateway Server configuration interface.

Type	Item	Description
Configure Service	Service Name	The name of the eGateway service.
MultiBackend	IP Address	Input the ADT Source IP address in the eGateway Server configuration interface.
	Port	/
DocServer	IP Address	Input the ADT Source IP address in the eGateway Server configuration interface.
	Port	Input the Document Sharing SSL Port in the eGateway Server configuration interface.
	Image/Cine/PDF Report	Set the shared document content.

Type	Item	Description
/	Clear	Tap to cancel the parameter setting.
	Add	Tap to add the Network service to the service list.
	Update	Select an item in the service list, change the parameters in the above area, and click [Update] to update the item in the service list.
	Delete	Tap to delete the selected service in the service list
	Default	Tap the eGateway server as the default. Select an item in the service list, click [Default] and you can see “Y” in the Default column.
	Connect	Tap to verify whether the connection is normal.

To add an iStorage service

1. Set the iStorage server properties as described above.
2. Tap [Add] to add the service to the service list.

To modify a network service

1. Select the service to be updated in the service list.
2. Modify the parameters in the upper part of the screen and tap [Update] to update the setting.

4.6.4 Network Preset

iStorage Preset

You can send exam data or images to the iStorage server and perform analysis using UltraAssist. For details about this feature, see the UltraAssist manual.

Item	Description
Service Name	The name of the iStorage service.
IP Address	IP address of the iStorage service device.
Port	Port for transmitting.

To add an iStorage service, perform the following procedure:

1. Set the iStorage server properties as described above.
2. Tap [Connect] to verify connection.
3. Tap [Add] to add the service to the Service list.

To edit a network service, perform the following procedure:

1. Select the service to be updated in the service list.
2. You can see properties in the Configure Service area.
3. Do one of the following to edit the network service:
 - Modify the properties and tap [Update] to update the setting.
 - Tap [Default] to set as the default service.
 - Tap [Delete] to delete it from the service list.

MedTouch Preset

You can set environment for MedTouch here and then use the MedTouch function by mobile phone or tablet computers. See MedTouch manual for details.

4.6.5 Wireless Network Connection

Wireless App Select

Select to enable WPS, X-Link, WLAN, Hotspot.

Hotspot

When enable Hotspot in Wireless App Select, hotspot can be set.

Item	Description
SSID	The SSID of hotspot.
Password	The password to connect hotspot equipment.

MIOT Preset

After the MIOT (Mindray Internet of Things) service is enabled and configured, the Ultrasound device information such as Usage, Operating duration, can be transmitted to MIOT.

Item	Description
IP Address	IP address of the MIOT service device.
Port	Port for transmitting.
MIOT Service Switch On	Tap to enable MIOT service.

Device Manager

Item	Description
Permission	Tap to enable Device Management permission and agree to the clause. Then the device information will be uploaded to UltraSync device management platform.
Department	Enter the department information of the device.

4.6.6 Route Settings

The system can be set to connect to the local network and internet network through route settings at the same time. For details, please contact the service engineers.

4.6.7 X-Link

Before presetting X-Link, you should enable X-Link in Wireless App Select page.

Type	Item	Description
X-Link	/	Select to enable X-Link function.

Type	Item	Description
Network type	WLAN	Connect X-Link by WLAN. Tap [Select Network] to set X-Link SSID or select [Other Network] to input Network SSID.
	Bedside Hotspot	Tap to input password to connect X-Link by bedside hotspot.
	LAN	Connect X-Link by LAN.
Department Filter	/	Tap to input filter of department.
Multicast Address	/	Tap to set multicast address of the network.
U-VIEW Server Setup	Device	Tap to input the ID of device.
	IP Address	Tap to input IP address of U-VIEW server.
	Port	Tap to input port of U-VIEW server.
	Connect	Select to connect the server.

4.6.8 Q-Path Preset

Q-path is a network server provided by Telexy Healthcare Inc. for digital image storage. Q-View is a client viewing tool for the server. Telexy Healthcare developed technology and a command structure that allows any Q-view enabled ultrasound system to access Q-path directly from the ultrasound system using a single control. The primary purpose for Q-view is to provide remote access to Q-path from the ultrasound system to complete the exam report on the ultrasound system and submit for QA,

For details, please contact Q-Path service provider.

Item	Description
Advanced	Sets the sub URLs of “QView full” and “QView lite”. The sub URL is set by default. Users can modify the sub URL and click [Apply] to exit the “QView sub URL setting” window.
Worksheet Only	Sets whether to directly enter the Worksheet interface after opening the Q-Path server.
Password On Worksheet	Sets whether to display the Signature field box in a worksheet. Tap [Report] > [WorkSheet] or tap [Review] > [Report] > [WorkSheet], enter the worksheet password in the field box, and click [OK]. Users can query the corresponding worksheet by searching the worksheet password in the Q-Path server.
Password On End Exam	Sets whether to input the worksheet password after ending an exam.
Password Visible	Sets whether the password is visible.
Import	Imports a user-defined worksheet template from the USB storage (downloaded from the Q-Path server).
Backup	Backs up worksheets to the USB storage.
Restore	Restores the backup worksheet template from the USB storage to the ultrasound system.
Delete	Deletes a worksheet template.
Restore Factory	Restores the worksheet template to the default state.

Perform the following procedure:

1. Select “Enable Q-Path”.
2. Enter the website, account and password of the target service.
3. Select user type: Personal User or Default User.
 - Personal User: the personal user needs to enter the user name and password in every-time login.
 - Default User: after the default user enters the user name and password in the field box of the “User Name” and “Password”, and tap [Save], no login is required to access the Q-Path server later.
4. Select an appropriate item from the drop-down list of “Available Items”.
5. Select an exam mode in the left “Exam Mode” column.
6. Select a worksheet in the right “Worksheets” column.
7. Tap [Save] to exit, and the system will shut down.

This page intentionally left blank.

5

Exam Preparation

You can start a patient exam in the following situations:

- New patient information: to start a new patient exam, patient information must first be entered.
- New exam: to start a new exam for patient who is already registered, the recorded information can be obtained through either iStation or Worklist.
- Activate exam: to select an exam that has been completed within 24 hours, continue the exam with imported patient information and exam data.
- Continue an exam: to select an exam that has been paused within 24 hours, continue the exam with imported patient information and exam data.

5.1 Patient Information

5.1.1 New Patient Information

CAUTION

Before examining a new patient, tap the [End] to end the exam of the previous patient, update the patient ID and information, to avoid mixing data of the next new patient.

To start a new patient exam, it is better to type the detailed patient information. The system will set up a unique information database for each patient based on the patient information entered, so that the information of one patient will not be confused with that of another patient.

1. Tap [Patient] to enter the patient information page.

Place the cursor onto the targeted box. The field box is highlighted and a flashing cursor appears. Information can be entered or selected from the options

NOTE:

- Patient ID is generated automatically by the system after starting a new patient, and can be modified manually. The characters “\”, “\”, “*”, “?” are not permitted.
- You can either enter the patient’s date of birth manually, or select the date from the calendar.
- The age unit can be “Years”, “Months” or “Days.” If the age is less than one year, the system will automatically calculate the age in months or days.

2. Exam Type

- Exam application type

Select the exam type tab to enter exam-specific information.

- General information:

Input general information/operating information.

3. Functional keys

- [Patient List]/ [Worklist]: to import patient data from history exam list or Worklist.
- [Done]: to save the patient data entered and exits the screen.
- [Cancel]: to cancel the patient data entered and exits the screen.

Obtaining patient information through barcode scanning

The system supports logging data as patient ID by using the barcode reader.

CAUTION

Ensure the information acquired by barcode reader is consistent with the actual information.

Contact Mindray Customer Service Department to obtain the model information of the barcode scanner supported by this product.

5.1.2 Retrieve Patient Information

You can import patient information from iStation or DICOM Worklist for anonymous patients.

Retrieve from iStation

Using iStation, the patient data can be obtained in iStation from the system hardware or USB memory device. You can enter search conditions for the patient.

1. In patient information screen, select [iStation] in the bottom-left corner to enter the screen.
2. Select the data source.
Select the data source in the drop-down list of “Data Source”.
3. Input the searching condition.
 - a. Select searching conditions from the “Search Options” and tap [Confirm].
 - b. Enter a keyword and the system will search the keyword based on the existed searched results.
4. Select an exam: you can either swipe the screen downwards to search or using the keyword filter.
5. Select the desired patient information in the list, and select [More].

Backup	Select to back up the selected patient record to media sup-ported.
Patient Info	Select to enter the Patient Info screen.
Review Report	Enter diagnostic report screen.
Restore	Select to import the patient data from an external media.
Activate	Select to continue an exam that has been finished within 24 hours.
Resume Exam	Select to continue an exam that has been paused within 24 hours.
Review Image	Select to enter the Review screen.
Annotation Exam	Select to add annotations to the selected exam, or view the history annotations of the selected exam.

Retrieve from Worklist

Tap [Worklist] in the patient information screen to query or import the patient data. For details, see “12.3 Worklist”.

5.2 Activate& Continue an Exam

5.2.1 Activate an Exam

In iStation screen, select the exam record finished within 24 hours, and click [Activate Exam] from the menu popped up; or, click [Active Exam] in iStation or Review screen to activate the exam.

NOTE:

- The system can automatically load the patient information and exam data to continue the exam.
 - If you want to continue an exam which data lies in an external memory database, you have to first allow the system to load the patient data to the system's patient database.
 - For an only one re-activated exam, you can modify patient ID.
-

5.2.2 Continue an Exam

In iStation screen, select an exam record paused within 24 hours, click [Resume Exam] from the menu popped up to continue the exam.

If you want to select a patient data in an external memory database, you have to first allow the system to load the patient data to the system's patient database.

The patient ID can be modified for the exam only with one exam record and being activated again.

5.3 End an Exam

5.3.1 End an Exam

Be sure to avoid mixing data between patients.

Before examining a new patient, tap [End Exam] to end the exam of the previous patient.

This page intentionally left blank.

6 Image Acquisition

WARNING

- The images displayed in this system are only reference for diagnosis. Mindray is not responsible for the correctness of diagnostic results.
 - Tissue Harmonic Imaging does not use contrast agents.
-

TIP:

Operations for switching between different image modes and optimizing images, see “2 System Overview”.

6.1 B Mode

B mode is the basic imaging mode that displays real-time views of anatomical tissues and organs.

6.1.1 B-mode Image Scanning

Tap [B] in the Image mode area to enter B mode.

Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.1.2 B-mode Image Parameters

Image Quality

To switch between the fundamental frequency and harmonic frequency as well as select the corresponding frequency type. The real-time frequency value is displayed in the image parameter area in the top-left corner of the screen, and if harmonic frequency is used “F H” is displayed as the harmonic frequency value.

The system provides an imaging mode using harmonics of echoes to optimize the image. Harmonic imaging enhances near-field resolution and reduces low-frequency and large amplitude noise, so as to improve small parts imaging.

Select the frequency according to the detection depth and current tissue features.

Gain

To adjust the gain of the whole receiving information in B mode. The real-time gain value is displayed in the image parameter area in the top-left corner of the screen.

Increasing the gain will brighten the image and you will see more received signals. However, noise may also be increased.

ZoneVue

Image within the zone range is clearer.

Tap [Zone Vue] to adjust the zone range. The real-time zone range is displayed on the screen.

The adjustment function is disabled for wireless probe.

Steer

To steer the beam the probe transmits.

FOV Size

You can get a much larger field of view when selecting a larger FOV, but the frame rate will decrease.

ExFOV

Tap [ExFov] to turn on/off the function.

For linear probes, the ExFOV function displays as trapezoid imaging.

For convex and phase probes, the ExFOV function displays as extending the scan angle.

Depth

This function is used to adjust the sampling depth, the real-time value of which is displayed in the image parameter area in the top-left corner of the screen.

Increase the depth to see tissue in deeper locations, or decrease the depth to see tissue in shallower locations.

TGC

The system compensates the signals from deeper tissue by segments to optimize the image.

Acoustic power

Refers to the power of ultrasonic waves transmitted by the probe, the real-time value of which is displayed in the top-left part of the screen.

TIP:

You should perform exams according to actual situation and follow the ALARA Principle.

Focus

Refers to adjusting the focus of the ultrasonic beams, using the focus arrow symbols which are displayed to the right of the image.

Image Adjustment

More information can be obtained without moving the probe or changing the sampling position.

- FOV (Field of View): You can get a much larger field of view when selecting a larger FOV. The frame rate decreases when using a larger FOV.
- Steering: Use to adjust the steer angle.
- ExFOV (Extended FOV): Off represents no ExFOV effect.
 - For linear probes, the ExFOV function displays as trapezoid imaging.
 - For convex probes, the ExFOV function displays as extending the scanning angle.

TIP:

- The FOV position/range is available only for the convex and phased probes.
 - When the scan range is adjusted to the widest, the FOV position cannot be changed.
 - The steering function is available only for linear probes.
 - The FOV Size is disabled for linear probe.
-

Dynamic Range

Adjusts contrast resolution of an image, compresses or expands gray display range.

The real-time dynamic range value is displayed on the image parameter area.

The more the dynamic range, the more specified the information, and the lower the contrast with more noise.

Gray Map

Adjusting grayscale contrast to optimize the image.

Tint Map

This function provides an imaging process based on color difference rather than gray distinction.

Line Density

The function determines the quality and information of the image.

The higher the line density is, the higher the resolution becomes.

iClear

The function is used to enhance the image profile so as to distinguish the image boundary for optimization.

Persistence

Used to superimpose and average adjacent B images, so as to optimize the image and remove noises.

Rotation/Invert (U/D Flip and L/R Flip)

This function provides a better observation for image display.

The “M” mark indicates the orientation of the image; the M mark is located on the top of the imaging area by default.

iBeam

This function is used to superimpose and average images of different steer angles to obtain image optimization.

TIP:

The phased probe does not support iBeam. iBeam is unavailable when ExFov is enabled.

TSI

The TSI function is used to optimize the image by selecting acoustic speed according to tissue characteristics.

iTouch

To optimize image parameters as per the current tissue characteristics for a better image effect. It is available for all real-time imaging in B mode.

H Scale

Display or hide the width scale (horizontal scale).

The scale of the horizontal scale is the same as that of vertical scale (depth), they change together in zoom mode, or when the number of the image window changes. The H Scale will be inverted when image is turned upwards/downwards.

Dual Live

Display different image effects of one probe for a better observation.

Two pages of adjustable parameters are displayed on the touch screen as well; where, shared parameters and left window parameters are displayed in the B (L) page, while right window parameters are displayed in the B(R) page.

In the image parameter area, parameters of the both windows are displayed.

It supports the magnification of the image.

Dual

Enter Dual mode in Non-Dual mode.

For linear probes, you can switch screen splitting between horizontal and vertical layout you can switch between the 2 modes by using “V1:1” parameter.

Zoom

Adjust to zoom in/out the image. The parameter “Z” refers to the magnification value.

Echo Boost

This function can improve contrast and decrease noise, so that a much clearer boundary can be seen.

HD Scope

The image inside the ROI is clearer than these outside when the function is enabled.

Tap [HDScope] on the touch screen, the ROI appears. The image inside the ROI is clearer than the outside.

When the ROI box is solid line, tap to change its position.

When the ROI box is dotted line, tap and drag to change the size.

Tap to switch between the solid line and the dotted line status.

Tap [HDScope]. The image effect increases as the value changes.

Off represents the disable. The larger the value is, the clearer the image becomes.

The function is disabled for wireless probe.

Image Merge

In the Dual-split mode, when the images of the two windows have the same probe type, depth, invert status, rotation status and magnification factor, the system will merge the two images so as to extend the field of vision.

Tap [Auto Merge]] on the touch screen to enable/disable the function.

Only linear probes support this function.

Optimize Speed

It refers to adjusting the acoustic speed according to tissue characteristics.

Tap [SSC] on the touch screen to optimize the speed. SSC status and SSI value is displayed in real time.

The function is disabled for wireless probe.

V 1:1

This function is to display images in vertical format in the dual-split mode. After the feature is enabled, one image appears above, and the other image appears below.

In the dual-split mode, tap [V 1:1] to enable this function.

Only linear probes support this function.

Dehaze

This function can restrain noise, so as to enhance the contrast resolution of the image.

Tap the [Dehaze] item on the touch screen to adjust the value.

LGC

Adjust the gain along the scan line to improve the lateral resolution of the image.

Tap [LGC] to enter the adjusting dialogue box.

The 8 rods displayed on the touch screen indicate the corresponding image areas on the main screen.

Tap the slider to adjust the gain, move downwards to decrease the gain, while move upwards to increase the gain.

In addition, the system provides several preset parameters for imaging.

Patient Temperature

If the current active probe is TEE probe, the parameter will display under the B mode menu. You can enter the patient temperature by this function.

WARNING

If the patient temperature is above 37°C (98.6 °F) and the [Patient Temperature] setting is below the actual reading, the system could overestimate the temperature of TEE transducer's distal tip. This could trigger the Auto-Cool feature. If the patient temperature reaches or is near 37 °C (98.6 °F) and the [Patient Temperature] setting is above the actual reading, the system could underestimate the temperature of the TEE transducer's distal tip. The patient is exposed to excessive temperatures.

6.2 Color Mode

The Color mode is used to detect color flow information, and the color is designed to judge the direction and speed of blood flow.

Generally, the color above the color bar indicates the flow towards the probe, while the color below the color bar indicates the flow away from the probe. The brighter the color, the faster the flow speed, while the darker the color, the slower the flow speed.

TIP:

In Color Mode, acoustic power is synchronous with that of B Mode. Adjustment of the depth or zoom to the B Mode image will lead to corresponding changes in Color Mode image.

6.2.1 Color Mode Image Scanning

Perform the following procedure:

1. Select a high-quality image during B mode scanning, and adjust to position the area of interest in the center of the B mode image.
2. Tap [Color] to enter Color mode.
3. Change the position and size of the Region of Interest (ROI).

- Tap the corner of the ROI and drag to change the size.
 - Tap inside the ROI box and drag to change the position.
4. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.2.2 Color Mode Image Parameters

Color Gain

Refers to the overall sensitivity to flow signals. The real-time gain value is displayed in the image parameter area.

Increasing the gain will increase the flow signal presented as well as noise, while the signals may be missing when the gain is adjusted too low.

Acoustic power

Refers to the power of ultrasonic waves transmitted by the probe, the real-time value of which is displayed in the top-left part of the screen.

TIP:

You should perform exams according to actual situation and follow the ALARA Principle.

ROI Adjustment

To adjust the width and position of ROI in Color mode.

Tap the corner of the ROI and drag to change the size.

Tap inside the ROI box and drag to change the position.

The larger the ROI box is, the lower the frame rate becomes, and the lower the resolution and color sensitivity will be.

Image Quality

Refers to the transmitting frequency in Doppler mode of the probe, the real-time value of which is displayed in the image parameter area.

Frequency values vary according to probe types. Select the frequency according to the needs of the detection depth and the current tissue characteristics.

B/C Align

To set and constrain the maximum width of the B mode image to that of the Color ROI.

Steer

The feature is used to adjust the ROI of the color flow of different angles with immobility of the linear probe.

Dual Live

This function is used to display B image and Color image synchronously.

Line Density

The function determines the quality and information of the image.

The higher the line density is, the higher the resolution becomes.

Packet Size

This function is an indication of the ability to detect flow, which is used to adjust the accuracy of color flow.

The higher the sensitivity is, the more sensitive indication for low-velocity flow becomes.

Flow State

Refers to optimizing the various flow states.

Persistence

This function is to adjust the temporal smooth to optimize the image.

Smooth

This feature is used to reject the noise and smooth the image.

Scale

This function is used to adjust the speed range of color flow, which is adjusted through PRF in the system. The real-time PRF value is displayed in the image parameter area.

Aliasing may occur if low velocity scale is used and high velocities are encountered.

Low velocities may not be identified when a high velocity scale is used.

Baseline

Refers to the area where the velocity is zero in the scale. Adjust according to the actual situation so as to get an optimum flow display.

Invert

To set the display mode of the color flow. The color scale will be inverted when the function is turned on.

Auto Invert

To set the display mode of the color flow. The color bar can automatically invert when the color flow is steered to a certain angle to accommodate operators' habit of distinguishing flow direction.

Color Map

This function is a combination of several image parameters, which indicates the display effect of color image.

WF (Wall Filter)

It filters out low-velocity signals to provide effective information, and this function is used to adjust the filtered frequency. The real-time value (WF) is displayed in the image parameter area.

Priority

This function is used to set levels of the flow display, to display the grayscale signal or color signal. The color image is preferred with higher value; while grayscale signals are displayed with the lower value.

iTouch

To optimize image parameters as per the current tissue characteristics for a better image effect.

Smart Track

To optimize image parameters as per the current tissue characteristics for a better image effect. When Smart Track is turned on, the system optimizes ROI angle and position automatically to achieve an active tracking by reducing the impact of patient respiratory movement.

V 1:1

This function is to display images in vertical format in the dual-split mode. After the feature is enabled, one image appears above, and the other image appears below.

In the dual-split mode, tap [V 1:1] to enable this function.

B Display

To turn on or off the B image display as Color imaging remains active.

Dual

To enter the Dual-split display mode, and to switch between the windows.

6.3 Power Mode

Power mode provides a non-directional display of the blood flow in terms of intensity as opposed to flow velocity.

DirPower (Directional Power mode) provides additional information of the flow direction toward or away from the probe.

TIP:

In Power mode, the acoustic power is synchronous with that of B mode. Adjustment of the depth to the B mode image will lead to corresponding changes in Power mode image.

6.3.1 Power Mode Image Scanning

Perform the following procedure:

1. Select a high-quality image during B mode or B + Color scanning, and adjust to position the area of interest in the center of the image.
2. Tap [Power] to enter Power mode.
3. Change the size and position of the ROI.
 - Tap the corner of the ROI and drag to change the size.
 - Tap inside the ROI box and drag to change the position.
4. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.3.2 Power Mode Image Parameters

Because both are based on Doppler color imaging, the adjustments of Power mode are same with these of Color mode's. Hence, only the adjustments of Power mode are introduced.

Power Gain

Refers to the overall sensitivity to flow signals, and this function is used to adjust the gain in Power mode. The real-time gain value is displayed in the image parameter area.

Steer

The feature is used to adjust the ROI of the color flow of different angles with immobility of the linear probe.

Scale

This function is used to adjust the speed range of color flow, which is adjusted through PRF in the system. The real-time PRF value is displayed in the image parameter area.

To provide a much clearer color flow image.

Use low PRF to observe low-velocity flows, and use high PRF to observe high-velocity flows.

ROI Adjustment

To adjust the width and position of ROI in Color mode.

When the ROI box is solid line, tap to change its position.

When the ROI box is dotted line, tap and drag to change the size.

Tap to switch between the solid line and the dotted line status.

The larger the ROI box is, the lower the frame rate becomes, and the lower the resolution and color sensitivity will be.

Image Quality

Refers to the transmitting frequency in Doppler mode of the probe, the real-time value of which is displayed in the image parameter area.

Flow State

Refers to optimizing the various flow states.

Persistence

This function is to adjust the temporal smooth to optimize the image.

Smooth

This feature is used to reject the noise and smooth the image.

Color Map

This feature indicates the display effect of power image. The maps in Power mode image are grouped into two categories: Power maps and Directional Power maps.

- The Power maps provide information of blood flow, which are highly sensitive to the low-velocity flows.
- The Directional Power maps provide information of flow direction.

WF (Wall Filter)

It filters out low-velocity signals to provide effective information, and this function is used to adjust the filtered frequency. The real-time value (WF) is displayed in the image parameter area.

Priority

This function is used to set levels of the flow display, to display the grayscale signal or color signal. The color image is preferred with higher value; while grayscale signals are displayed with the lower value.

Line Density

The function determines the quality and information of the image.

The higher the line density is, the higher the resolution becomes.

Invert

To set the display mode of the color flow. The color scale will be inverted when the function is turned on.

B/C Align

To set and constrain the maximum width of the B mode image to that of the Color ROI.

Packet Size

This function is an indication of the ability to detect flow, which is used to adjust the accuracy of color flow.

The higher the sensitivity is, the more sensitive indication for low-velocity flow becomes.

Dynamic Range

This function is to adjust the transformation of echo intensity into color signal.

Increasing dynamic range will lead to higher sensitivity to low-power signals, thus enhances the range of signals to display.

iTouch

To optimize image parameters as per the current tissue characteristics for a better image effect.

Smart Track

To optimize image parameters as per the current tissue characteristics for a better image effect. When Smart Track is turned on, the system optimizes ROI angle and position automatically to achieve an active tracking by reducing the impact of patient respiratory movement.

Dual Live

This function is used to display Power image synchronously.

Dual

To enter the Dual-split display mode, and to switch between the windows.

V 1:1

This function is to display images in vertical format in the dual-split mode. After the feature is enabled, one image appears above, and the other image appears below.

In the dual-split mode, tap [V 1:1] to enable this function.

HR Flow

Enhance tiny vessel display to analyze the blood supply of the vessel in pathological organ.

Tap [HR Flow] to complete the adjustment ([HR Flow] is highlighted after it being enabled).

6.4 M Mode

6.4.1 M Mode Image Scanning

Perform the following procedure:

1. Select a high-quality image during B mode scanning, and adjust to position the area of interest in the center of the B mode image.
2. Tap [M] to enter M sampling line status, and drag the sampling line to the desired position.
3. Tap [M]/ [Update] or double-tap the sampling line to enter M mode. You can then observe the tissue motion along with the anatomical images of B mode. During the scanning process, you can also adjust the sampling line accordingly when necessary.
4. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.4.2 M Mode Image Parameters

Gain

To adjust the gain of M mode image, the real-time gain value is displayed in the image parameter area.

Increasing the gain will brighten the image and you can see more received signals. However, noise may also be increased.

Display Format

To set the display format of B mode image and M mode image.

Adjust according to the actual situation and obtain a desired analysis through comparison.

Speed

This function is used to set the scan speed of M mode imaging, and the real-time speed value is displayed in the image parameter area.

Tint Map

This function provides an imaging process based on color difference rather than gray distinction.

Gray Map

Adjusting grayscale contrast to optimize the image.

Edge Enhance

This function is used to increase image profile, so as to distinguish the image boundary.

Larger edge enhance may lead to noise increase.

Dynamic Range

Adjusts contrast resolution of an image, compresses or expands gray display range. The real-time dynamic range value will be displayed on the image parameter area on the top of the screen.

M Soften

This feature is used to process the scan lines of M images to reject noise, making the image details to be clearer.

Dual

To enter the Dual-split display mode, and to switch between the windows.

6.5 Color M Mode (CM)

To know the cardiac motion state, CM is overlaid with flow based on M mode, which is more sensitive to the instantaneous signal changes. Then, it shows the diagnosis information in detail.

6.5.1 CM Image Scanning

Perform the following procedure:

1. To enter CM mode:
 - In B+M Mode, tap [Color].
 - In B+Color, B+ Color+ PW mode, tap [M].
2. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.5.2 CM Image Parameters

In CM mode, parameters that can be adjusted are in accordance with those in B, M and Color modes; please refer to relevant sections of B, Color and M mode for details.

The ROI size and position determine the size and position of the color flow displayed in the color M mode image.

6.6 Anatomical M Mode

For an image in the traditional M mode, the M-mark line goes along the beams transmitted from the probe. Thus it is difficult to obtain a good plane for difficult-to-image patients who cannot be moved easily. However, in the Anatomical M mode, you can manipulate the M-mark line and move it to any position at desired angles. The system supports anatomical M scanning in 2D imaging modes.

CAUTION

Anatomical M Mode images are provided for reference only, not for confirming diagnoses. Compare the image with those of other machines, or make diagnoses using non-ultrasound methods.

6.6.1 Linear Anatomical M (Free Xros M)

Free Xros M imaging is supported on frozen B image, B+M image and B+Power/Color image.

Perform the following procedure:

1. Adjust the probe and image to obtain the desired plane in real-time B mode or M mode.
Or select the B mode cine file to be observed.
2. Tap [Free Xros M] to enter Free Xros M mode.
3. Adjust the sampling line to obtain optimized images and necessary information.
 - Position Adjustment: When the M-mark line is activated, tap the dotted circle and drag the sampling line to change the position. The direction is recognized by the arrow at the end of the line.
 - Angle Adjustment: When the M-mark line is activated, tap the dotted circle and drag along the sampling line to adjust the fulcrum of the line, and adjust the angle by rotating the sampling line.
4. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.6.2 Anatomical M Mode Parameters

In anatomical M mode, adjustable parameters are similar with these in M mode.

6.7 PW/CW Mode

PW (Pulsed Wave Doppler) mode or CW (Continuous Wave Doppler) mode is used to provide blood flow velocity and direction utilizing a real-time spectrum display. The horizontal axis represents time, while the vertical axis represents Doppler frequency shift.

PW mode provides a function for examining flow at one specific site for its velocity, direction and features. CW mode proves to be much more sensitive to high-velocity flow display. Thus, a combination of both modes will contribute to a much more accurate analysis.

6.7.1 PW/CW Mode Image Scanning

Perform the following procedure:

1. Select a high-quality image during B mode or B + Color (Power) mode scanning, and adjust to position the area of interest in the center of the image.
2. Tap [PW]/[CW] to enter PW sampling line adjustment status.

The sampling status will be displayed in the image parameter area in the top-left corner of the screen.

- Set the position of the sample line by dragging the sampling line; drag the SV gate to place the SV on the target.
- Adjust the angle and SV size according to the actual situation: drag the PW angle line to change the angle, pinch on the image area to adjust SV size.

3. Tap [PW]/[CW]/[Update] or double-tap the sampling line to enter PW mode and perform the examination.

You can also adjust the SV size, angle and depth in real-time scanning.

4. Tap [Image] to open the image menu. Adjust the parameters to optimize the image.

6.7.2 PW/CW Mode Image Parameter

Gain

This function is intended to adjust the gain of spectrum map. The real-time gain value is displayed in the image parameter area.

SV

To adjust the SV position and size of sampling in PW mode, the real-time value of SV and SVD are displayed in the image parameter area in the top-left corner of the screen.

CW Focus Position

To adjust the CW mode SVD. The real-time focus position value is displayed in the image parameter area in the top-left corner of the screen.

Image Quality

Refers to the transmitting frequency in Doppler mode of the probe, the real-time value of which is displayed in the image parameter area.

Scale

This function is used to adjust the speed range of color flow, which is adjusted through PRF in the system. The real-time PRF value is displayed in the image parameter area.

To provide a much clearer color flow image.

Use low PRF to observe low-velocity flows, and use high PRF to observe high-velocity flows.

iTouch

To optimize image parameters as per the current tissue characteristics for a better image effect.

Auto Calculation

This function is used to trace the spectrum and calculate the PW mode image parameters. The results are displayed in the results window.

In real-time scanning, the results displayed are derived from the calculation of the latest cardiac cycle.

In the freeze and cine status, the results displayed are calculated from the current selected area.

- Auto Calculation Parameter: To set the calculation results to display.
- Auto Calculation Cycle: To set the heart cycle number for auto-calculation.
- Trace Area: To set the trace area of the Doppler wave in the spectrum map, applicable for auto calculation, V Max and V Mean display.
- Trace Smooth: To set the smooth level when tracing.
- Trace Sensitivity: This function is used to set the sensitivity of tracing in the spectrum.

Speed

This function is used to set the scan speed of PW mode imaging.

T/F Res

Adjusts for a balance between time resolution and spatial resolution.

WF (Wall Filter)

To display the image accurately, it adjusts the cut-off used in the wall filter, and filters out the flow noise which is produced by vessel wall vibration. The real-time value is displayed in the image parameter area.

Tint Map

This function provides an imaging process based on color difference rather than gray distinction.

Gray Map

Selects among post processing map curves to optimize grayscale images.

Display Format

Sets the display proportion of PW mode image and B mode image.

Duplex/Triplex

This function is used to set if B image or B+Color image (Power) is scanned synchronously.

HPRF

HPRF mode is used when detected velocities exceed the processing capabilities of the currently selected PW Doppler scale or when the selected anatomical site is too deep for the selective PW Doppler scale.

Baseline

Refers to the area where the velocity is zero in the spectrum. The map changes after being edited.

Angle

This function is used to adjust the angle between Doppler vector and flow to make the velocity more accurate.

The real-time adjusting angle value is displayed in the image parameter area.

Quick Angle

Adjusts the angle faster in increments of 60°, and the real-time value of which is displayed in the image parameter area.

Dynamic Range

The dynamic range conveys the information that being transformed from echo intensity to gray scale.

Audio

Adjusts the output audio in spectrum Doppler.

PW Steering

This function is used to adjust the angles for the sampling line. The PW Steer function is available only for linear probes.

Invert

To set the display mode of the color flow. The color scale will be inverted when the function is turned on.

Auto Invert

To set the display mode of the color flow. The color bar can automatically invert when the color flow is steered to a certain angle to accommodate operators' habit of distinguishing flow direction.

6.8 TDI

TDI mode is intended to provide information of low-velocity and high-amplitude tissue motion, specifically for cardiac movement.

There are the following types of TDI mode available:

- Tissue Velocity Imaging (TVI): This imaging mode is used to detect tissue movement with direction and speed information. Generally the warm color indicates the movement towards the transducer, while the cool color indicates the movement away from the transducer.
- Tissue Energy Imaging (TEI): This imaging mode reflects the status of cardiac movement by providing the energy information, the larger the energy is, the brighter the color becomes.
- Tissue Velocity Doppler Mode (TVD): This imaging mode provides direction and speed information of the tissue.
- Tissue Velocity M Mode (TVM): This function assists to observe the cardiac motion through a direct angle.

6.8.1 TDI Mode Image Scanning

Perform the following procedure:

1. Select [TDI] button to enter the TDI mode.
 - In B or B+Color mode: to enter TVI Mode, parameters of TVI mode will be displayed.
 - In Power mode: to enter TEI Mode, parameters of TEI mode will be displayed.
 - PW mode: select [TDI] button and then select the PW mode button or [Update] button to enter TVD. The parameters of TVD are displayed.
 - M mode: select [TDI] button and then select the M mode button or [Update] button to enter TVM. The parameters of TVM are displayed.
2. Adjust the image parameters to obtain optimized images.
3. Select [TDI] button to exit from TDI mode and enter general imaging modes.
Or, select the B mode button to return to B mode.

6.8.2 TDI Mode Image Parameters

In each TDI mode, the parameters that can be adjusted are similar to those in the color flow modes (Color, PW, and Power). See the relevant sections for details. The following introduces the specific items in TDI mode.

Tissue State

This function is used for fast image optimization.

6.8.3 TDI Quantitative Analysis

CAUTION

TDI is provided for reference, not for confirming a diagnosis.

NOTE:

To perform the strain and strain curve, the ECG curve is in need in case of the deviation in curve.

TIP:

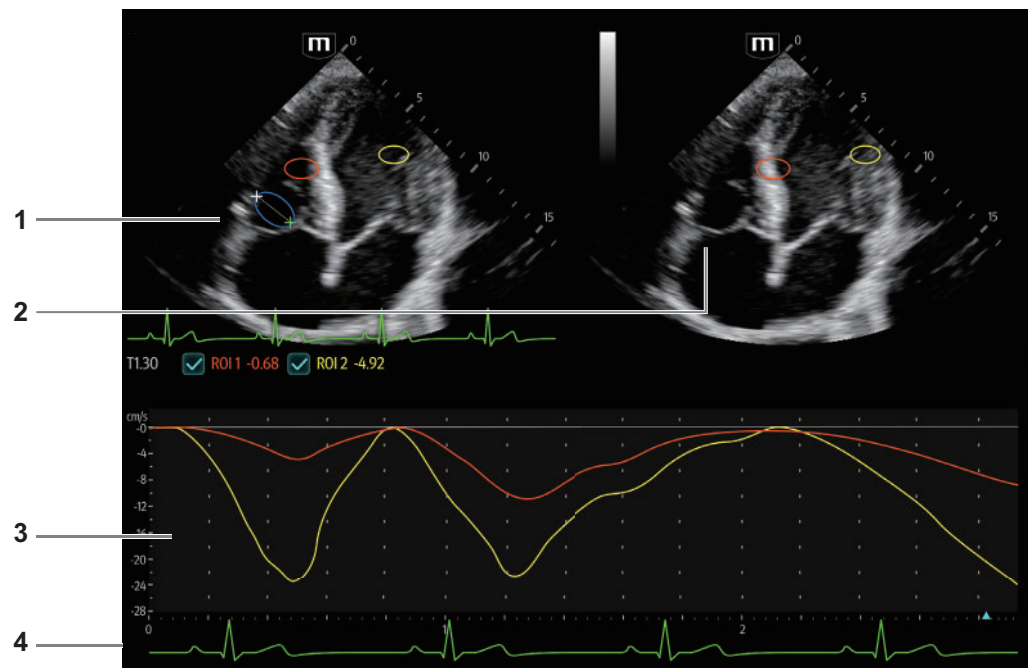
- The current image (in frozen state) and the saved image can be used in the quantitative analysis.
 - Only after the user chooses the image review, the quantitative analysis is available. If the user chooses the static image (only one frame), the quantitative analysis is not available.
-

It is about analyzing the data of TVI imaging and measuring the velocity of the myocardium with the cardiac cycle.

Here are three types of curves to perform the quantitative analysis:

- Velocity-time curve
- Strain-time curve
- Strain rate-time curve
 - Strain: Deformation and displacement of the tissue within the specified time.
 - Strain rate: speed of the deformation, as myocardial variability will result in velocity gradient, strain rate is used commonly to evaluate how fast the tissue is deforming.

Figure 6-1 Quantitative analysis display (taking velocity-time curve as the example)



1	TDI review	Sampling area: indicates the sampling position of the curve. The sampling lines are marked with color numbers. It can mark 8 ROIs at most.
2	2D grey image review	- Tap the screen; the images in TDI review window and 2D review window are reviewed synchronously, since the two images are frozen at the same time. - ROI movement is linked between the TDI (Tissue Doppler Imaging) review window and the 2D imaging reviewing window.
3	Display analysis curve	- Y-axis represents the velocity (unit: cm/s) [in strain-time curve, Y-axis represents the strain (%); in strain rate-time curve, Y-axis represents the strain (unit: 1/s)]. - X-axis represents time (s); - Frame mark: a white straight line perpendicular to the X-axis, and can be moved left and right by tapping to the desired place. - Click the check box in front of the ROI to display or hide the analysis curve. - You can get the current X/Y axis value by tapping one point on the curve; and the frame marker will move to the spot.
4	ECG display area	/

Perform the following procedure:

1. Scan the image with the moves of myocardium on, freeze the image and select the scan scope, or open the image which includes the myocardium moves already.

NOTE:

- The current image (in frozen state) and the saved image can be used in the quantitative analysis.

- Only after the user chooses the image review, the quantitative analysis is available. If the user chooses the static image (only one frame), the quantitative analysis is not available.
2. Tap [TDI QA] to enable the function.
 3. Mark the interested myocardium area.

One image can save 8 ROIs at most, and draw the corresponding curve in image area. Each ROI has different color; the corresponding curve is painted with each color.

ROI settings:

- a. Tap [Standard ROI]/[Ellipse ROI] to select a ROI method.
The cursor moves into the review area (TDI review window or 2D grey review window).
 - b. Review to the desired frame.
 - c. Move the cursor to one cine review window.
 - d. Add a ROI.
When selecting “Standard ROI”: Add ROI automatically after capturing the area. ROI size is decided by “Standard Height/Width/Angle”.
When selecting “Ellipse ROI”: Tap the screen to confirm the start point, and tap again to confirm the next point; then tap to adjust the size and complete the drawing.
You can tap screen to remove the last ROI.
4. Select the curve: Tap [Speed], [Strain] or [Strain Rate].

For [Strain] or [Strain Rate], tap [Strain Dist.] to select the corresponding value for Strain – Time curve or Strain Rate – Time curve.

If needed, tap [ROI Tracking] to enable the function. This function provides a motion compensated ROI as precise time-intensity information can be acquired using active tracking. It can enhance the calculation accuracy as reducing the impact of probe or patient respiratory movement.

NOTE:

Elliptical ROIs can be positioned in any manner that keeps their center within the image boundaries. In the case that part of the ROI is outside the image boundary, only data from within the image boundary is used for calculating the mean intensity value.

5. Adjust the curve display:
 - X Scale: Choose different value, so that the X scale display manner will be changed. This function can be used to track detailed tissue information.
 - Smooth: Adjust the smooth feature of the curves.
6. Save the curves, and export the curve data, parameter data.
 - a. Tap [Export] in the TDI QA page.
The dialog box appears.
 - b. Select the storage path and type the file name.
E drive is default; and the file type is .CSV.
 - c. Select [OK] to complete the export.

After being exported successfully, a BMP. file shows on the thumbnail area.

The exported data include:

- Current image;
- Analysis curve data;
- Analysis parameter.

7. Select [Exit] to exit the quantitative analysis.

6.9 iScape View (Real-time Panoramic Imaging)

The iScape panoramic imaging feature extends your field of view by piecing together multiple B images into a single, extended B image. Use this feature, for example, to view a complete hand or thyroid.

When scanning, move the probe linearly and acquire a series of B images. The system pieces these images together into a single, extended B image in real time. The system also supports out-and-back image piecing.

After obtaining the extended image, you can rotate it, move it linearly, magnify it, add comments or body marks, or perform measurements on the extended image.

The system provides a color iScape function, so you can get more information from extended images.

CAUTION

- It is provided for reference, not for confirming a diagnosis.
 - iScape panoramic imaging constructs an extended image from individual image frames. The quality of the resulting image is user-dependent and requires operator skill and additional practice to become fully proficient. Therefore, the measurement results can be inaccurate. Exercise caution when you perform measurements in iScape mode. A smooth and even speed will help produce optimal image results.
-

NOTE:

- Guidance and precautions for even movement:
 - Make sure there is enough coupling gel along the scan path.
 - Always move the probe slowly and steadily.
 - Continuous contact is required throughout the length of the extended image. Do not lift the probe from the skin's surface.
 - Always keep the probe perpendicular to the skin's surface. Do not rock, rotate or tilt the probe during the scan.
 - The system accommodates a reasonable range of motion velocity. Do not make abrupt changes in motion speed.
 - Deeper scans generally require reduced acquisition speed.
-

NOTE:

Needle mark cannot be displayed in iScape imaging mode.

6.9.1 Basic Procedures for iScape Imaging

Perform the following procedure:

1. Connect an appropriate iScape compatible probe. Make sure there is enough coupling gel along the scan path.
2. Select [iScape] to enter iScape View.

3. Optimize the B mode image:

In the capture preparation status, select the B mode page tab to select B mode image optimization. Do measurement or add comment/bodymark to the image if needed.

4. Switch to [iScape] page to enter the iScape acquisition preparation status.

5. Select [Start Capture] or [Update] button to begin the capture.

The system enters into image review status when the acquisition is completed. You can perform operations such as parameter adjusting.

6. Scan slowly to obtain a single extended field of view image. You can also erase and retrace if the image is not satisfactory.

- During image acquisition, none of the parameters are adjustable, and functions such as measurement, comments and body marks are not available.
- A green box on the image indicating the boundary between the merged images and the unfinished images.
- During image slicing, the system gives feedback on the probe's moving speed in the form of colors and words. The meanings are as follows:

Status	ROI Color	Tip
Speed too low	Blue	Moving speed of the probe is too low.
Appropriate	Green	/
Speed too high	Red	Moving speed of the probe is too high.

7. Do one of following to end image capture:

- Select [Stop Capture].
- Select [Update].
- Wait until the acquisition completes automatically.

After the acquisition is completed, the panoramic image will be displayed and the system enters iScape viewing mode.

6.9.2 Image Review

After the acquisition is completed, the panoramic image will be displayed and the system enters iScape viewing mode.

In iScape viewing mode, you can perform image parameters setting, zooming, rotation and adding measurements, comments and body marks.

Image size

Tap [Actual Size] to display the image in its actual size.

Tap [Fit Size] to display the image in a size that fits the current window.

Tint map

Tap [-] or [+] to change the value slightly or drag the control directly.

Ruler

Tap[Ruler] to hide or show the ruler around the image.

Rotation

Tap [-] or [+] to rotate the image clockwise or anticlockwise, or drag the control directly.

6.9.3 Evaluate image quality

Many variables may affect the overall image quality. It is important to evaluate the image content and quality before an image is used for diagnosis or measurements.

NOTE:

- iScape panoramic imaging is intended for use by well-trained ultrasound operators or physicians. The operator must recognize image items that will produce a sub-optimal or unreliable image.
 - If the image quality cannot satisfy the following criteria, you shall remove the image and capture it again.
 - The Image must be continuous (no part of an image moves suddenly or disappears.)
 - No shadow or absent signal along the scan plane.
 - Clear profile of anatomy through the entire scan plane without distortion.
 - Skin line is continuous.
 - The images are captured from the same plane.
 - There are no large black areas in the image.
-

6.9.4 Cine Review

Select [Review Cine] in panoramic image viewing status to enter cine reviewing mode. In cine reviewing mode, a frame marker indicates the sequence of the currently reviewed images in the panoramic image on the left-hand side of screen.

In cine review status:

- Drag the playback mark to the left to display the earlier stored images; drag the playback mark to the right to display the recently stored images. Or, swipe the image area to the right to display the earlier stored images; swipe the image area to the left to display the recently stored images.
- In manual cine review status, tap  to activate auto cine review.
- Review speed: in auto cine review status, tap to select different speeds
- Set first frame: drag the start mark to the frame as start point. Set end frame: drag the end mark to the frame as end point. Tap  to start auto play, and the review region is confined to the set start point and end point.
- Tap [Overview] to exit cine review mode. The panoramic image is displayed.
- In cine review mode, tap [UnFreeze] to return to the acquisition preparation status.

6.10 Smart B-line

The lung acoustic impedance difference increases with the increase of lung liquids. The ultrasound waves produce strong reverberations in the lung at different depth. After multiple reflections, the comet tail sign is formed, which is perpendicular to the pleura plane. Starting from the pleura line, the comet tail sign moves along with the lung and extends to the far field. The reverberation line perpendicular to the pleura plane is called Smart B-line.

Smart B-line is used to detect the B line of the lung in B mode. It supports B-line detecting in both real-time and freeze modes.

TIP:

- Smart B-line is only available in Single B imaging mode.

- It supports single-frame and multi-frame image file detection in B mode.

6.10.1 Basic Procedures for Smart B-line

Perform the following procedure:

1. Select an appropriate probe and exam mode. The system enters the B mode by default.
2. Adjust the image parameters to obtain optimized images.
3. Select [Smart] > [Smart B-line] to enter Smart B-line mode.

Select the different zone combinations for examination.

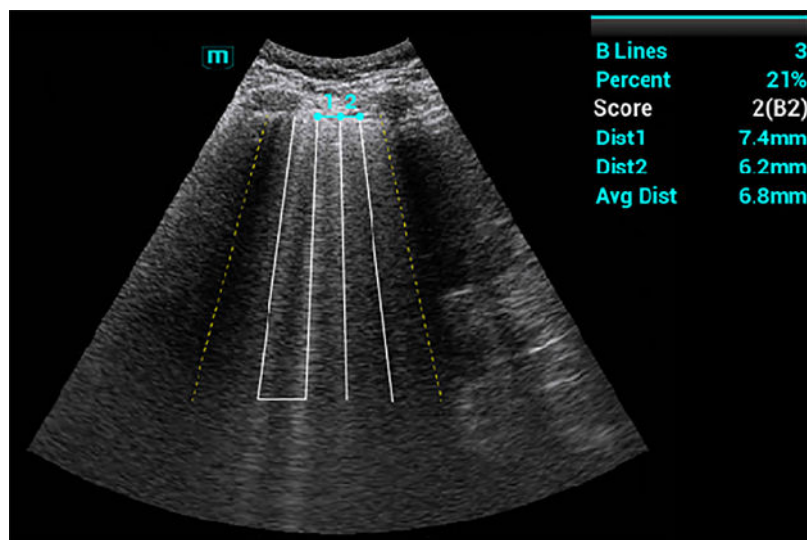
4. Select a desired zone, and select the [Auto Calc] button.

The system automatically starts tracing the B line sampling area, and automatically recognizes and traces the B line in frame.

If necessary, you can adjust the B line sampling area: Tap the dotted circle and drag the sampling line to change the position.

5. Tap [Freeze] button to freeze the image.

The system automatically calculates the quantitative index, and the calculation results are displayed on the screen.



- B Lines: indicates the number of B lines of the current frame. The number can be 1, 2, 3, 4, or ≥ 5 . When the number is equal to or greater than 5, the system does not display a specific number.
- Percent: indicates the percent of the B lines area against the total sampling area.
- Score: the score is among 0 to 3.

Normal: when there are a lung sliding sign and A line, or isolated B lines (<3), it is marked as N in the brackets and the score is 0.

Moderate: when there are multiple clearly-distributed B lines, it is marked as B1 in the brackets and the score is 1.

Severe: when there are intensively fused B lines, it is marked as B2 in the brackets and the score is 2.

Lung consolidation: when the lung has a symptom that is similar to the liver lesion structure and air bronchogram, it is marked as C in the brackets and the score is 3. When

the lung consolidation and pleural effusion occur at the same time, it is marked as C/P in the brackets and the score is 3.

- Dist n (B Line distance): indicates the distance between the 2 neighboring lines and is measured in the pleura line area, among which, n corresponds to the number between the 2 B lines.
- Avg Dist (B Line average distance): indicates the average distance of all B lines.

According to the quantitative index calculated by the system, you can add image and diagnosis information by clicking the check box beside the items.

6. Tap [Save image] button to save the single-frame image and B line calculation results.

If necessary, tap [Freeze] button again to unfreeze the image. Repeat steps 4-6 to finish calculating other points.

6.10.2 Overview

After capturing images, tap [Overview] to display the color map of the lung and ultrasound image of a zone. The color map uses different colors to mark the ultrasound image analysis result of every lung zone. This analysis result is calculated from the ultrasound image with the highest percent of B line area.

6.11 Smart VTI

Smart VTI (Velocity-Time Integral) is used to calculate the CO (cardiac output) of the LVOT (left ventricular output tract), so as to quickly evaluate the cardiac function.

TIP:

Smart VTI supports calculation in real time.

Perform the following procedure:

1. Select a phased probe and Adult Cardiac exam mode.
2. Move the probe to capture an appropriate image of the long axis view of the left ventricular near the sternum.
3. Tap [Measure] to enter the application measurement. Select the “LVOT Diam” item and the measurement cursor is displayed.
 - a. Tap and hold the cursor to move it to the desired position.
 - b. Tap the cursor to fix the start point.
4. Tap [Freeze] button to unfreeze the image. Move the probe to capture an appropriate image of the apical five chamber view.
5. Tap [Smart] > [Smart VTI] to enter the Smart VTI mode.

The system will:

- Automatically trace the PW sampling line and sampling volume.
 - Automatically recognize the cardiac cycle: when there are ECG inputs, the ECG signals are preferred; when there are no ECG signals, the system automatically starts calculation.
 - Trace the LVOT spectrum in a cardiac cycle in real time to gain the VTI, HR, and CO results of the LVOT.
6. If necessary, adjust the PW sampling line and sampling volume:
Adjust the PW sampling line position and the PW sampling volume.

After adjustment, the LVOT spectrum tracing and calculation results display in real time.

7. Tap [Freeze] button to freeze the image, and check the Smart VTI calculation results.

If necessary, you can edit the LOVT spectrum manually:

- a. Select [Edit VTI] to activate the cursor.
- b. Move the cursor to the spectrum tracing line.
- c. Move the cursor to trace a line.

After tracing, the calculation results display in real time.

8. Select [Save VTI] to save the Smart VTI calculation results of the current cardiac cycle to the report.
9. Select [Graph] to check the quantitative index trend curve.

VTI, SV, and CO have different trend curves and are differentiated by colors. A maximum of 6 sets of Smart VTI results can be saved and displayed.

6.12 Smart IVC

Smart IVC is used to automatically measure the IVC inner diameter and calculate the change rate in the B mode image. Measure the IVC (Inferior Vena Cava) in real time, and the system automatically tracks and measures the changes of IVC inner diameter. It can be used to assist in treatments, such as volume estimation and fluid infusion.

TIP:

Smart IVC supports calculation in both real time and freeze modes:

- Enable Smart IVC in real time. The calculation starts from the current frame and ends after the image is frozen.
 - Enable Smart IVC in freeze mode or from the cine file. The calculation starts from the current frame and ends at the last frame. If the cine length is no longer than 10 seconds, it is allowed to calculate in retrospective from the current frame after the cine length reaches 10 seconds.
-

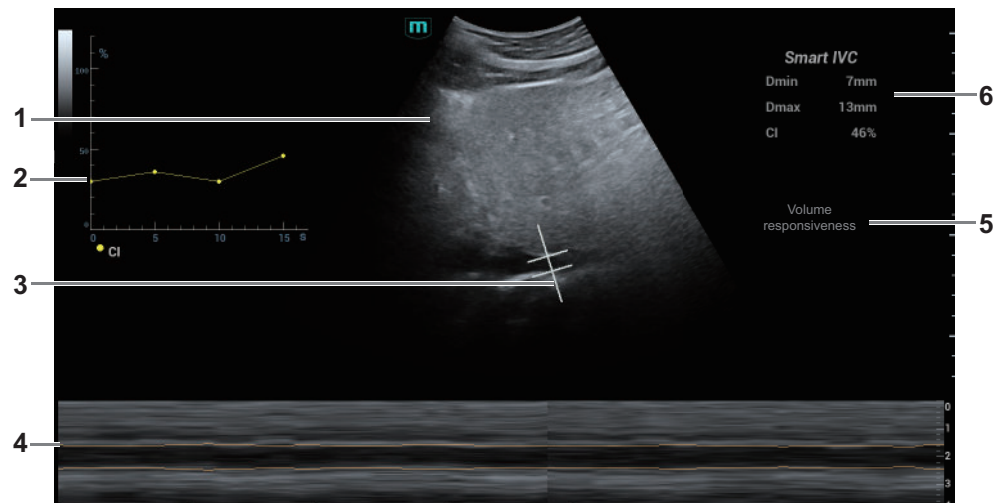
Perform the following procedure:

1. Select an appropriate probe and exam mode.
2. Move the probe to gain an appropriate IVC long axis image.
3. Tap [Smart] > [Smart IVC] to enter Smart IVC mode and start calculation.
 - a. Select a breath type: Spontaneous Breath or Mechanical Ventilation.
 - b. Select [Chg Resp time] > [Resp Rate] to set a respiratory time.

The system measures the IVC inner diameter of the image in every frame, calculates the maximum and minimum IVC diameters, and draws a quantitative index change curve in real time.

4. If necessary, you can adjust the IVC sampling line manually:
 - Position Adjustment: tap and hold the middle point of the IVC sampling to drag the sampling line.
 - Angle Adjustment: tap and hold any end point of the IVC sampling and drag to adjust the angle of the sampling line.
5. Tap [Freeze] button to freeze the image and finish calculating IVC.

The calculation results and quantitative trend curve are displayed on the screen. Select the diagnostic Information item to add diagnostic information to the image.



1	B Mode Image	/
2	IVC CI (Collapsibility Index), DI (Distensibility Index), IVCV trend curve	Corresponds to the selected breath type: - Spontaneous Breath: displays the CI curve. - Mechanical Ventilation: displays the DI and IVCV curve.
3	IVC Sampling Line	/
4	IVC Trending Line	The horizontal axis represents the time, which is displayed in the below Free Xros M image, and is traced along the IVC vessel wall.
5	Diagnostic Information	Displays the added diagnostic information.
6	Calculation Results Window	Displays the calculation results within the current calculation range. - Dmax: indicates the maximum IVC inner diameter within a respiratory cycle. - Dmin: indicates the minimum IVC inner diameter within a respiratory cycle. - IVC CI = $(D_{max} - D_{min}) / D_{max}$ - IVC DI = $(D_{max} - D_{min}) / D_{min}$ - IVCV = $(D_{max} - D_{min}) / [(D_{max} + D_{min}) / 2]$

6.13 RIMT (Real-time Intima-Media Thickness)

RIMT early detects and prevents coronary heart disease, artery vessel from being pathological, and estimates the therapeutic effects. RIMT detects the changes of the vascular intima in real time, and monitors and calculates the thickness of the carotid intima automatically.

TIP:

- It is merely available to enter RIMT imaging mode in B single window and dual window when adopting linear probe for carotid exam.
- Do not press the probe after entering RIMT imaging mode when scanning the image in real time.

- RIMT inside ROI is highlighted in red, yellow and green. There is no gap between the filling area and the vascular wall. The green color indicates the normal acceptable value. The red color or yellow color indicates the abnormal unacceptable value.

NOTE:

RIMT should not be used on diseased vessels.

Perform the following procedure:

1. Select the probe first. Perform B mode in carotid exam mode. Detect the patient's carotid in B mode. Keep the acoustic beam vertical with the anterior and the posterior of the vascular and make the anterior and the posterior of the intima visible at the carotid stenosis to obtain a premium image.
2. Select [RIMT] to activate the function. Select [Right] or [Left] in Vessel area to select left or right carotid.
3. Drag the ROI box to locate it in the target area. The dotted line in the ROI box is in the middle of the vessel.
 - Tap and drag the ROI to adjust the ROI position.
 - Tap the corner of the ROI and drag the ROI to adjust the ROI size.
4. Select [Start Calc] to measure the RIMT values of the left and right common carotid arteries. The screen displays six RIMT values (each RIMT value represents the maximum IMT value in a cardiac cycle), RIMT mean (arithmetic mean of six RIMT values), standard deviation (SD), and ROI length of the ROI box.

To recalculate the RIMT value, select [ReCalc].

5. Select [Accept Result] to freeze the image, save the single-frame image and save the result window data.

To modify ROI and recalculate the RIMT value, select [Cancel Result] and repeat step 3~5.

6. Select [Report] to view the report. Only the data of the last acceptance result is retained in the data table, which is the RIMT result on the left and right sides of the common carotid artery respectively. Perform the following operations on the report screen:
 - Delete data: Select the RIMT data in the data table, and click [Delete Rows] to delete the RIMT data on both sides of the common carotid artery in the report.
 - Viewing graphic trends: Select [Trend] to view RIMT graphic trends.
The data of the marking points on the graphic trends is consistent with that in the data table. The RIMT average value, standard variance (SD), and ROI length of all previous exams (including current exam) of the patient are displayed below the graphic trends.
 - Preview report: Select [Preview] to preview the report. The RIMT mean value, standard variance and ROI length of the patient's previous exams (including the current exam) are displayed.

For details about the report, refer to the Operator's Manual *Advanced Volume*.

7. Select [RIMT] again to exit.

6.14 Contrast Imaging

The contrast imaging is used in conjunction with ultrasound contrast agents to enhance imaging of blood flow and microcirculation. Injected contrast agents re-emit incident acoustic energy at a

harmonic frequency much more efficient than the surrounding tissue. Blood containing the contrast agent stands out brightly against a dark background of normal tissue.

CAUTION

- Set MI index by instructions in the contrast agent accompanied manual.
 - Read contrast agent accompanied manual carefully before using contrast function.
-

NOTE:

- Make sure to finish parameter setting before injecting the agent into the patient to avoid affecting image consistency. This is because the acting time of the agent is limited.
 - The applied contrast agency should be compliant with the relevant local regulations.
-

6.14.1 Basic Procedures for Contrast Imaging

Perform the following procedure:

1. Select an appropriate probe, and perform 2D imaging to obtain the target image, and then fix the probe.
2. Select [Contrast] to enter the contrast imaging mode.
3. Adjust the acoustic power experientially to obtain a good image.
Set [Dual Live] to be “On” to activate the dual live function. Observe the tissue image to find the target view.
4. Inject the contrast agent, and set [Timer 1] at “ON” to start the contrast timing. When the timer begins to work, the time will be displayed on the screen.
5. Observe the image, use [Pro Capture] and [Retro Capture] button to save the images.
Select the Freeze button to end the live capture.
Perform several live captures if there are more than one interested sections.
For setting cine length in contrast imaging mode, see the Setup chapter.
6. At the end of a contrast imaging, set [Timer 1] at “OFF” to exit the timing function.
Perform steps 3-6 if necessary.
For every single contrast imaging procedure, use [Timer 2] for timing.
If necessary, activate destruction function by setting [Destruct] at “ON” to destruct the micro-bubbles left by the last contrast imaging; or to observe the reinfusion effect in a continuous agent injecting process.
7. Exit contrast imaging.
Select the B mode button to return to B mode.

6.14.2 Left Ventricular Opacification

Perform the following procedure:

1. Acquire ECG signal.
2. Select an appropriate probe and LVO exam mode.
3. Adjust the acoustic power experientially to obtain a good image.

Set [Dual Live] to be “On” to activate the dual live function. Observe the tissue image to find the target view.

4. Inject the contrast agent, and set [Timer 1] at “ON” to start the contrast timing. When the timer begins to work, the time will be displayed on the screen.
5. Observe the image, use [Pro Capture] and [Retro Capture] button to save the images.

Press the Freeze button to end the live capture.

Perform several live captures if there are more than one interested sections.

6. At the end of a contrast imaging, set [Timer 1] at “OFF” to exit the timing function.

Perform steps 3-6 if necessary.

For every single contrast imaging procedure, use [Timer 2] for timing.

If necessary, activate destruction function by setting [Destruct] at “ON” to destruct the micro-bubbles left by the last contrast imaging; or to observe the reinfusion effect in a continuous agent injecting process.

7. Exit contrast imaging.

Press the B mode button to return to B mode.

6.14.3 Image Parameters

When entering contrast imaging mode, the screen displays the contrast image, and if [Dual Live] item is “ON”, both the contrast image (marked with “C”) and tissue image (marked with “T”) are displayed (the two window position can be changed).

The parameters in Contrast mode are similar to those in B mode. See B mode imaging parameters for details. Special imaging parameters are introduced below.

Timer

NOTE:

The starting time displayed may be inconsistent with the actual one due to system error or some other man-made mistakes; please check the agent-injecting time.

The two timers are used to record total time of contrast imaging and single time of one contrast exam.

After the image is frozen, Timer 1 is still timing, and after unfreezing the image, the corresponding time can be seen.

Timer 2 stops timing when one contrast exam is frozen, and after unfreezing the image, the Timer 2 is off.

Set [Timer 1] as “ON” to start the timing at the moment you inject the contrast agent. Here, the screen displays the times at the lower corner.

Micro-bubble Destruction

 CAUTION

Use the contrast imaging according to the residual level of the micro-bubbles, using contrast imaging continuously may result in human harm.

Destruct the micro-bubbles left by the last contrast imaging; or to observe the reinfusion effect in a continuous agent injecting process.

Select [Destruct] to enable the micro-bubble destruction function.

- DestructAP: Adjust the destruct acoustic power.
- Destruct Time: Adjust the destruct time.

Dual Live

In live mode or freeze mode, set [Dual Live] as “ON” to enable dual live function. Both the contrast mode and tissue mode are displayed. The THI and B image are displayed on the screen if the [Dual Live] is enabled.

Use [CEUS Pos: XX] to adjust the position of the contrast image.

When it is selected as “Left”, the image displays at the left part of the image area on the screen.

TIP:

- In dual live mode, the screen displays the contrast image and tissue image.
 - In freeze mode, there displays only one cine review progress bar as the contrast image and tissue image are reviewed synchronously.
-

Mix Map

This function is to mix the contrast image with the tissue image, so that interested contrast regions can be located.

Use [Mix] to select different mixing mode.

- When dual live function is on, you can see the mixed effect on the contrast image.
- When dual live function is off, you can see the mixed effect on the full screen image.

Select the map through the [Mix Map] item.

Mark Line

Tap [MarkLine] to enable this feature. Mark lines appear on the tissue image and contrast image. Tap to adjust the mark lines and mark the target with the larger circle.

iTouch

On contrast status, you can also get a better image effect by using iTouch function.

1. Select the iTouch button to turn on the function.

The symbol of iTouch will be displayed in the image parameter area once.

2. Select different levels of iTouch effect through [iTouch] parameter.
3. Select and hold the iTouch button to exit the function.

6.14.4 Image Saving

- Live capture

In live mode, you can save the interested images by selecting [Pro Capture] and [Retro Capture].

- Cine saving

In live mode, select the Freeze button to enter cine review status.

Tap [Save Clip] button.

6.14.5 Micro Flow Enhancement

MFE superimposes and processes multiple frames of contrast image during the cycle; it indicates tiny vessel structures in detail by recording and imaging microbubbles.

TIP:

- MFE imaging is available only for real-time imaging or cine file of auto review mode. If a MFE cine is reviewed manually, MFE effect cannot be displayed.
 - In MFE status, patient should lie down and hold breath, and transducer should be kept still.
-

Perform the following procedure:

1. During real-time scanning, select [MFE] to start MFE imaging.
2. Use [MFE Period] to select different imaging period suitable for current flow. Where, MAX is the maximum superimposing effect.

6.14.6 Contrast Imaging QA

** CAUTION**

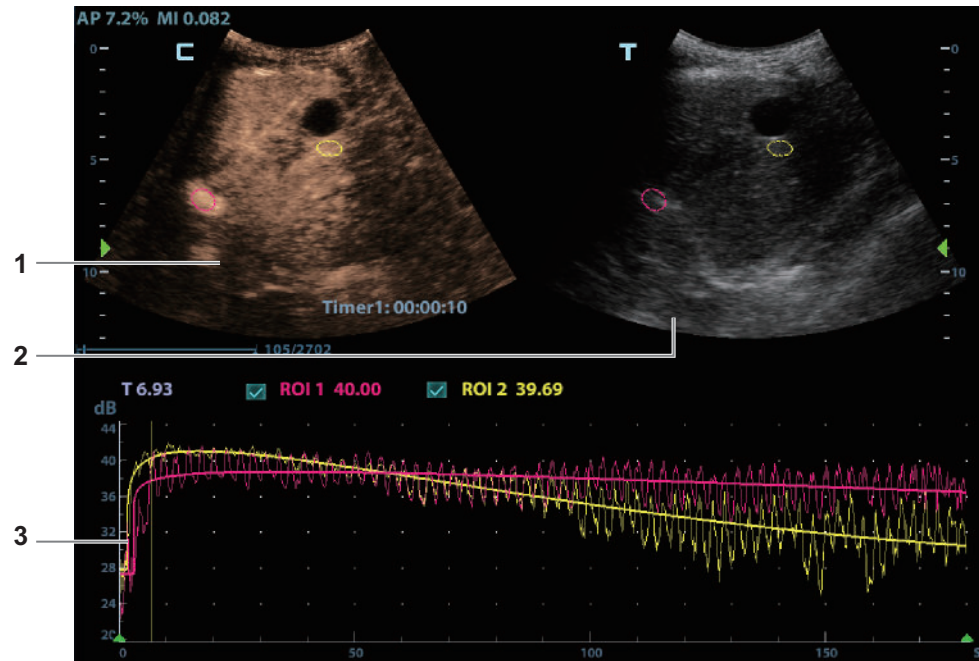
Contrast Imaging QA images are provided for reference only, not for confirming a diagnosis.

TIP:

- In case of inaccuracy of the data, do not adjust the depth and the pan-zoom when saving the cine.
 - If the contrast signal inside the selected ROI does not meet the requirements of gamma fitting condition, that is the bulleting injection, curve fitting may not be available.
-

Contrast Imaging QA adopts time-intensity analysis to obtain perfusion quantification information of velocity flow. This is usually performed on both suspected tissue and normal tissue to get specific information of the suspected tissue.

Figure 6-2 Contrast QA Screen



1	Contrast cine loop window	Sample area: indicates sampling position of the analysis curve. The sample area is color-coded, 8 (maximum) sample areas can be indicated.
2	B cine loop window	Sample areas are linked in the contrast cine loop window and B cine loop window.
3	Time-intensity curve	- Y axis represents the intensity (unit: dB), while X axis represents the time (unit: s). - Frame marker: a white line that is perpendicular to the X axis, can be moved horizontally left to right (right to left) by tapping to the desired place. - Click the check box beside the ROI to set if to hide or to display the QA curve. - You can get the current X/Y axis value by moving the cursor onto one point on the curve; and if you tap at this time, the frame marker will move to the spot.

Perform the following procedure:

1. Perform image scanning, freeze the image and select a range of images for analysis; or select a desired cine loop from the stored images.

The system set the starting time and ending time of the cine to be first frame and last frame of QA analysis range.

2. Review the image to a desired frame.
3. Select [Contrast Imaging QA] to activate the function.
4. Mark out the interested part (ROI).

Up to 8 ROIs can be saved on the reference image, with the corresponding eight traces plotted simultaneously on the graph. Each ROI display has a different color, and its corresponding trace data is plotted using that same color.

- a. Use [ROI Type] to select the method for determining the shapes of the sample area: Trace ROI and Ellipse ROI.
The cursor is evolved in the image review area.
- b. Move the cursor to position the caliper on the reference image at the start point.
Tap the arrows around the hand icon to fine-tune the cursor position if needed.
- c. Tap the hand icon to fix the start point.

Trace ROI	Follow the steps below: 1. Tap and hold the hand icon to move the cursor to the desired position, you can also tap the arrows around the hand icon to fine-tune the cursor position. 2. Tap the hand icon to fix the second point. 3. Repeat steps 1~2 above to fix more points. 4. When a suitable ROI has been drawn, confirm the ROI by double tapping the hand icon. The system automatically links the start point to the end point by drawing a line between them.
Ellipse ROI	Follow the steps below: 1. Tap and hold the hand icon to move the cursor to the desired position, you can also tap the arrows around the hand icon to fine-tune the cursor position. 2. Tap the hand icon to fix the end point. 3. Tap and hold the hand icon to depict the ROI. Tap the arrows around the hand icon to fine-tune the cursor position if needed. 4. When a suitable ROI has been drawn, confirm the ROI by double tapping the hand icon. The system automatically links the start point to the end point by drawing a line between them.

- Select [Delete All] to clear out all ROIs.
The corresponding traces for the deleted ROIs are erased from the plot.
 - Select [Copy ROI] to create a new ROI similar to the current or latest added ROI
5. Select [Motion Tracking] to enable the Motion Tracking function.
This function provides a motion compensated ROI as precise time-intensity information can be acquired using active tracking. It can enhance the calculation accuracy as reducing the impact of probe or patient respiratory movement.
 6. If necessary, select [Fit Curve] to perform curve fitting on the time-intensity curve, where color of the fitted curve is consistent with color of the current ROI curve.
The system can calculate characteristic parameters according to curve fitting formula and data, display fit curve for time-intensity curve, and perform data analysis on time-intensity curve for data table.
 - Select [Raw Curve] to hide/display raw curve.

- Select [Table Display] to check parameters:

Item	Description
GOF (Goodness of Fit)	Calculate the fit degree of the curve; range: 0-1, where 1 means the fit curve fits the raw curve perfectly.
BI (Base Intensity)	Basic intensity of no contrast agent perfusion status.
AT (Arrival Time)	Time point where contrast intensity appears, generally, the actual time value is 110% higher than the base intensity.
TTP (Time To Peak)	Time when the contrast intensity reaches peak value.
PI (Peak Intensity)	Contrast peak intensity.
AS (Ascending Slope)	Ascending slope of contrast, the slope between the start point of lesion perfusion to the peak.
DT/2	Time when the intensity is half the value of the peak intensity.
DS (Descending Slope)	Descending slope of the curve.
AUC (Area Under Curve)	To calculate the area under the time-intensity curves during contrast.

You can set range for the fit curve. After the range is set, the system displays fit curve within the range only. Tap to the time-intensity curve to move the frame marker position.

- Set starting point of the fit curve: Tap to select the starting time and select [Set Fit Start].
 - Set end of the fit curve: Tap to select the end time and select [Set Fit End].
- Use [X Scale] on the touch screen to choose different value, so that the X scale display manner will be changed.

This function can be used to track detailed tissue information.

- Save the curved image, export the data and do parameter analysis.
 - Select [Export].
 - Select the drive and enter the file name in the displayed window.
 - Select [OK] to save the data and return to the QA Analysis screen.

All displayed ROI traces are saved in the exported file.

The parameters are included in the trace file if the user has fixed a ROI.

Only data from the user selected image range is included in the exported trace file.

- Select [Exit] to exit Contrast QA.

6.15 Auto GA

NOTE:

Auto GA must be used with convex probe.

After acquired image(s) of gastric antrum, by freezing image and tapping the Auto GA button, the feature shows boundary of gastric antrum and calculates the area of gastric antrum.

Perform the following procedure:

- Scan and obtain the gastric antrum image and freeze the image.

2. Select [Smart] > [Auto GA], the system will automatically recognize and trace the target boundary to calculate.

The calculation result is displayed on the screen.

3. If the calculation result is not satisfactory, adjust the trace to recalculate.
 - a. Tap the traced contour to activate the cursor.
 - b. Tap to anchor the desired point on the traced contour.
 - c. Tap and hold the hand icon to move the cursor to the desired position, you can also tap the arrows around the hand icon to fine-tune the cursor position.
 - d. Repeat steps *b* to *c* above to adjust more points if needed.

The calculation results display in real time.

4. Tap [Accept Results] to accept the result.

After accepting the result, if the accepted result is not satisfactory, tap [Remeasure] and repeat step 3 above to update the result.

5. Select [Trend Curve] to check the trend curve of all the accepted results.

6.16 Auto DFR

This function is used to evaluate the diastole function of the left ventricular. E/A and E/ E' are the indexes of diastolic function and can be automatically measured.

Perform the following procedure:

1. Select a phased probe (except TEE probes) and cardiac exam mode.
2. Scan the apical 4 chamber views.

During scanning, adjust the imaging parameters to optimize the image.

3. Tap [Smart] > [Auto DFR] to enter this function.

If necessary, adjust the position of the sampling volume.

4. Select the desired measurement item (MV E/A, MV E/E' Septal, MV E/E' Lateral), and the calculation results are automatically displayed in the upper right corner of the screen.
5. Tap [Accept Result] to confirm and save the calculation results.

If necessary, adjust the position of E or A peak point to fine tune the calculation result, and then select [Accept Result].

Measurement results include Peak E-wave velocity, Peak A-wave velocity, MV E/A ratio, Pulsed-wave TDI E' velocity and Mitral E/E' ratio.

6. Tap [Exit] to end the calculation and exit Auto DFR.

6.17 Smart Echovue

This function is to support training in recognizing the standard view type, as well as detect and display the feature structure of the standard view for the cardiac ultrasound image.

Phased probe in cardiac exam mode (except for neonatal cardiac), single B mode, or real time/freeze/cine mode support this function.

WARNING

This function is not applicable for the patient whose cardiac structure can hardly be recognized under ultrasound scanning (such as obesity), or the entire cardiac structure has severely been changed (such as congenital heart disease).

NOTE:

If the user adjusts parameters in cardiac exam mode, such as Gain, Dynamic Range, or perform irregular scanning, such as quickly moving the probe, applying insufficient ultrasound gel, the results may not be correct.

Perform the following procedure:

1. Select an appropriate probe and cardiac exam mode.
2. Adjust the imaging parameters to optimize the image.
3. Tap [Smart] > [Smart Echovue] to enter this function.

If the current image is the standard view, the view type will be displayed in the screen in real time, and labels of the recognizable feature structure of the image will be provided.

NOTE:

Standard view: A4C, PLAX, PSAX, S4C, IVC

4. Tap [Smart Echovue] again to exit the function.

6.18 Smart Nerve

This function is used to recognize the interscalene and supraclavicular brachial plexus.

Linear probe, single/dual window, single B mode, or real time/freeze/cine mode support this function.

WARNING

- The image enhancement is used for visualization purposes only.
 - This function is not applicable for the patient whose brachial plexus can hardly be recognized under ultrasound scanning (such as caused by obesity, cutaneous dropsy), nerve structure has been changed (such as nerve degeneration, severe damage), or the nerve lesion (neuritis, neural tumor) occurs. This function should not be activated when any abnormality of the brachial plexus is observed.
-

NOTE:

If the user adjusts parameters in nerve exam mode, such as Gain, Dynamic Range, or perform irregular scanning, such as quickly moving the probe or applying insufficient ultrasound gel, the results may not be correct.

Perform the following procedure:

1. Select the linear probe and nerve exam mode, and enter B mode.
-

2. Perform scanning for the myenteric area until the clear brachial plexus image is found.
3. Visually check the structure of the brachial plexus, if no abnormality occurs, tap [Smart Nerve] to enter this function.

The users are allowed to select Image Enhancement or Highlight Transparency.

- You can select Image Enhancement levels.
 - You can adjust the Highlight Transparency.
4. Tap [Smart Nerve] again to exit the function.

6.19 Smart FHR OB1

This feature is to manually select ROI (region of interest) of fetal heart in B mode, and then automatically calculate period of fetal heart motion and FHR (fetal heart rate).

NOTE:

- Different imaging presets or setups may affect the frame rate. Improve the frame rate by adjusting the image parameters to ensure the frame rate is at least 20 frame per second.
 - Place the ROI on the target area after the fetal heart position remains stable, and keep the fetal heart located in the ROI box. When fetal heart remains inside the ROI placed by the operator, its position is considered to be stable.
-

Perform the following procedure:

1. Perform B-mode scanning under OB1, EM OB, ABD or EM ABD exam mode.
2. Adjust the image parameters to obtain a good image.
3. In real-time or frozen mode, select [Smart] > [Smart FHR OB1].
4. Tap the fetal heart area to position the ROI. The fetal heart rate measurement result will be displayed on the screen automatically.

The ROI position and size can be adjusted, and the maximum ROI size can reach 50 mm × 50mm. Movements (including heart motion) can cause estimation error for Auto FHR measurements. However, when the default ROI size 12 mm × 12 mm is used and the fetal heart is kept located in the ROI box, the estimation error can be controlled within ±10%.

If necessary, perform the following operation to update the measurement result.

Adjust the Region of Interest (ROI) if necessary:

- Tap the corner (green dot) of the ROI and drag to change the size.
- Tap inside the ROI box and drag to change the position.

In frozen mode, you can also use the start/end mark on the cine menu to reselect the time period.

The measurement result is updated simultaneously.

5. Tap [Accept Results] to save the calculation result to the report.

6.20 Smart TTQA

CAUTION

Smart Tissue Tracking Quantitative Analysis images are provided for reference only, not for confirming diagnoses.

Apart from TDI imaging function, the system also provides smart tissue tracking QA function for myocardial movement evaluation.

By smart tissue tracking QA function, the ultrasound system will scan each pixel position by frame within the cardiac cycle, and then use region matching method and auto-correlation searching method to trace each spot and calculate the movement, so as to determine myocardial motion in a more quantitative way.

NOTE:

Only use the probes that support stress echo function under the cardiac mode (except for neonatal cardiac, fetal cardiac) to start Smart TTQA function.

6.20.1 Basic Procedures for Smart TTQA

Perform the following procedure:

1. Freeze in real-time or open a saved B mode cardiac cine file. The cin. format file should contain more than 1 cardiac cycle (with 2 R waves).
 - With ECG: should be more than 1.2 cardiac cycles.
 - Without ECG: should be more than 50 frames.
2. Tap [Smart] > [Smart TTQA] to activate the function. The system automatically identifies the section and traces it. Then, the system displays the boundary of the endocardium and epicardium.

NOTE:

If any section of the long axis (ALAX, A4C, and A2C) is not automatically recognized, select a section manually.

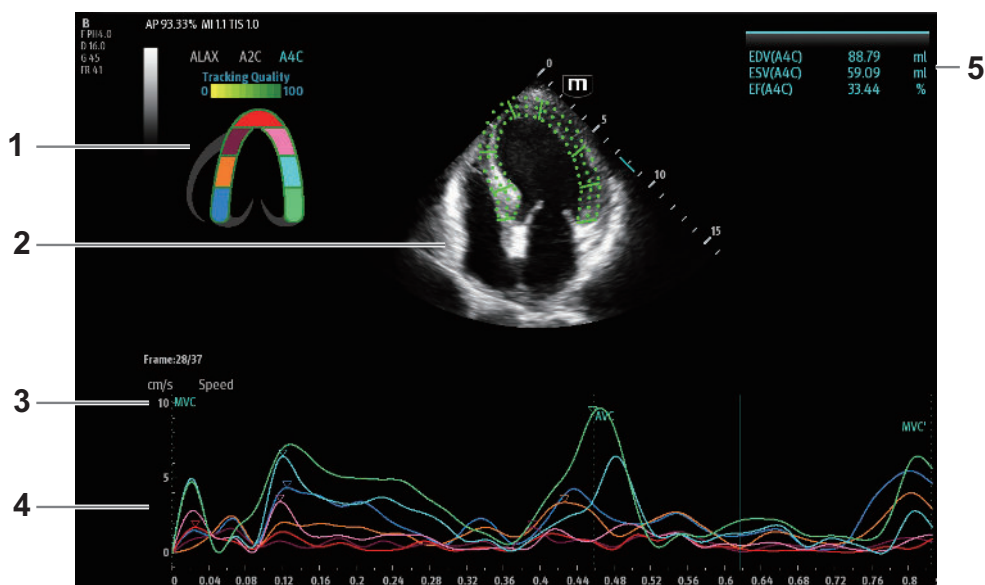
3. Set the reference points on the screen. You can manually adjust the reference points to coincide with the border of myocardial tissue. You can also adjust the [Thickness] and [Track Point] of the myocardium.

NOTE:

- If automatic tracing is failed, select [3 Point] or [Manual] to set the reference points. For the specific operation of the reference point, see “6.20.4 Myocardial Boundary Tracing”.
 - If the traced result is not satisfactory, tap [Reload] to re-trace the reference points, or make fine adjustments to the points.
 - If the selected cycle information is not adequate, reselect the cardiac cycle and repeat the above steps for tracking.
4. Tap [Start Tracking] to start the tracking function. Adjust the parameters if necessary.
Tap [Edit] to display the cross cursor. Move the cursor to the point to be adjusted, tap and drag the cursor to the correct boundary position and tap the cursor to set the point to the correct position. And then the system displays the point in the new position. Tap [Start Tracking] to start tracking again.

5. Tap [Accept & Compute] to calculate and display the curve.
Adjust the parameters if necessary.
6. Tap [Bull's Eye] to see the result.
7. Tap [Data Export] to export analyzed data.
8. Tap [Exit] to exit.

6.20.2 Screen Display of Smart TTQA



1.	Displays cardiac segmentation model, and each segment name is illustrated beneath the model.	- In the figure, ∇ marks the peak position of the curve. - Tap certain segment in the cardiac segmentation model, the segment will turn grey and its corresponding curve no longer displays. - You can get the current X/Y axis value by moving the cursor onto one point on the curve; and if you tap at this time, the frame marker will move to the spot.
2.	Displays image used to generate trace curve	/
3.	Displays corresponding time of AVO (aortic valve open)/AVC (aortic valve close)/MVO (mitral valve open)/MVC (mitral valve close).	/

4.	Display curve: Velocity/ Displacement/Strain/Strain Rate.	Each curve on the image is matched with a certain segment in the cardiac segmentation model (6), identified by different colors. • Velocity curve: X-axis represents time (s); Y-axis represents velocity (cm/s). • Displacement curve: X-axis represents time (s); Y-axis represents displacement (mm). • Strain curve: X-axis represents time (s); Y-axis represents deformation of the tissue (%). • Strain-rate curve: X-axis represents time (s); Y-axis represents strain by time (s^{-1}).
5.	Displays measurement and calculation results	• EDV: Maximum value of the end diastolic volume during the trace. • EDA: Maximum value of the end diastolic area (Left Ventricular) during the trace. • ESV: Maximum value of the end systolic volume (Left Ventricular) during the trace. • ESA: Maximum value of the end systolic area (Left Ventricular) during the trace. • EF (for long axis section): Ejection fraction • HR: Heart rate Also on Bull's Eye figure, the system displays TPSD value: Time to Peak Standard Deviation (TPSD): Where, standardized value of time to peak data: $\{TP_i i \in [1, N]\}$. (N is the number of time to peak data) Average value of standardized value of time to peak data: $\overline{TP}$, and the standard deviation is $TPSD = \sqrt{\frac{\sum_{i=1}^N (TP_i - \overline{TP})^2}{N}}$

6.20.3 Select Image and Cardiac Cycle

You can select images with a better image quality so as to guarantee the analysis result.

Switch the cine file

1. Tap [Review] to enter the review state.
2. Double-click the target file.
3. The system closes current displayed file and switch to the newly selected file.

Switch cardiac cycle within the cine file

Drag MVC and MVC' to select when opening a cine which includes multiple cardiac cycles.

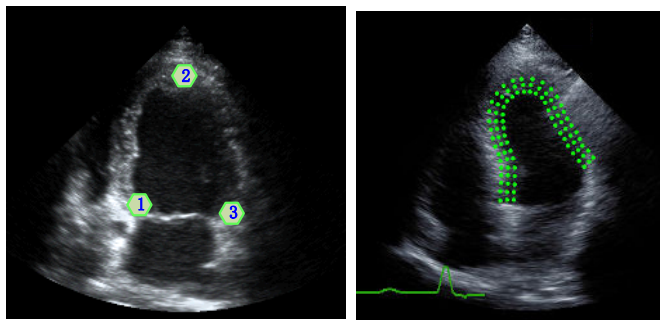
6.20.4 Myocardial Boundary Tracing

Tracing

The system provides 3 kinds of tracing method: Auto method, 3-point method and manual tracing method.

- 3-point method

As shown in the following figure, after operation by tapping to place 3 points on the image, the system generates the trace automatically.



- Manual trace method

Move the cursor along the boundary to add the trace points gradually, after trace is finished, tap the cursor twice to finish tracing.

NOTE:

For the manual trace method, at least 6 points should be placed on the image. Tap the cursor to make the traces on the image clockwise or anticlockwise, and the system generates the trace automatically.

Retracing

If current trace is not satisfactory, tap [Reload] to clear the trace and to start another tracing.

Make fine adjustment to the trace

You can make fine adjustments to the trace after it is completed.

Perform the following procedure:

1. The system displays the cross cursor.
2. Move the cursor to the point to be adjusted, tap and drag the cursor to the correct boundary position and tap the cursor to set the point to the correct position. And then the system displays the point in the new position.
3. Repeat step 1~2 above to finish all points that need adjustment.

TIP:

Under tracking status, tap [Edit] to enter the status.

6.20.5 Basic Operations of Smart TTQA

Switch among the operation controls

- [Start Tracking]: tap to start tracking.
- [Accept & Compute]: tap to start calculation and display the curve.
- [Exit]: tap to exit tissue tracking.
- [Parameter]: tap to select the curve type.
- [Bull's Eye]: touch to turn on/off bull's eye and peak data table.
- [Auto Play]: change the speed of the play.

View Selection

Before tracing, tap the corresponding button to select for the view.

- [A4C]: apical four chamber.
- [A2C]: apical two chamber.
- [ALAX]: apical long-axis view, also called 3-chamber view.

Parameter Adjustment

- [Thickness]: adjusts the tracing thickness, i.e., the distance between the endocardium wall and the tracking points on the epicardium.
- [Tracking Points]: adjusts the number of points within the segment.
- [Display Effect]: turns on/off the arrow vector graphical display of the myocardial movement.
- [Display Style]: display the endocardium, the epicardium, the myocardial or all.
- [LGC]: adjust the gain along the scan line to improve the lateral resolution of the image.

Time Mark

According to the status of the current section, tap the corresponding button to check the matching time.

- [AVO]: displays aortic valve open time.
- [AVC]: displays aortic valve closure time.
- [MVO]: displays mitral valve open time.
- [MVC]: displays mitral valve closure time.

Curve Display

Select [Parameter], the system provides different curves of different segments for observation.

- General
 - Speed curve: The X-axis represents time (s); the Y-axis represents velocity (cm/s).
 - Displacement curve: The X-axis represents time (s); the Y-axis represents displacement (cm).
- Long axis section
 - Volume: The X-axis represents time(s); the Y-axis represents volume (ml).
 - Strain curve (Longitudinal, Transversal): the X-axis represents time (s); the Y-axis represents strain deformation of the tissue (%).
 - Strain-rate curve (Longitudinal, Transversal): the X-axis represents time (s); the Y-axis represents strain by time (s^{-1}).

6.20.6 Bulleye

After tracking, the system can display Bull's Eye graph, so as to judge reverse movement or scope of myocardium.

1. Tap [Bull's Eye] to turn on the function:

You can acquire:

- Time to peak value and peak value of the 17 segments;
 - Display measurement result EDV/ESV/EF.
2. Use [Param.] to see different parameter bull's eye graph.

6.20.7 Measurement/Comment

Under Smart tissue tracking QA mode, only Time measurement is available. For details, please refer to Operator's Manual *Advanced Volume*.

Comments and Body Mark operations are the same as those of other modes.

6.20.8 Data Export

The system provides data exporting function, so that you can export calculation result for analysis (for instance, SPSS analysis).

Tap [Data Export] to export analyzed data of each segment in .csv format.

6.21 Application

This function is used to evaluate respiratory failure, shock and trauma in emergency treatment, quickly determine the cause of respiratory failure, identify the type of shock, and determine whether there is fluid in the trauma.

Perform the following procedure:

1. Select a probe and click [Application] in Function menu to enter an application.
2. Select the site or section for scanning.
 - Select [Help] to view help information about the scanning of the section.
 - Select [Setup] to set the section type.
3. Adjust the image parameters, select the annotation information, and save the image.
4. Repeat step 2~3 to scan all parts and sections.
5. Click [Summary] to view all comments and images.
6. Click [End Application] to end the exam.

6.22 iWorks (Auto Workflow Protocol)

6.22.1 Overview

The main objective of ultrasound workflow automation (iWorks) is to speed up exam times and reduce the excessive number of user interface manual key strokes that can lead to repetitive strain injuries over time. It automates a clinical workflow in common exam protocols in a logical “step by step” manner. It also prevents missing important parts of examinations as well as decreasing exam times.

A Protocol Event contains series workflow events (annotation comments, body marks and measurements) and image modal commands to assist the user in routine ultrasound examinations.

The system provides different protocol events based on the different application regions.

6.22.2 Normal iWorks Basic Procedure

Perform the following procedure:

1. Enter the patient information.
2. Select [iWorks] to enter the protocol selection screen, and select the corresponding protocol to enter the status.
3. After the system enters the iWorks screen, the available protocol is displayed. Perform the scanning and saving according to the screen prompt.

Perform measurements or add comments/body marks to the image according to the screen prompt.
4. After a view scanning is complete, tap [Save Image] to switch to the next view according to the screen prompt.

5. Repeat step 3 and step 4 to acquire all the necessary images.
 - If a pathology is discovered, select [Insert] to select a protocol outside of the normal routine to start scanning.
 - [Repeat]: add a copy of the selected view to work on if necessary.
 - [Replace]: to delete images and operations for the selected view and restart operations on that view.
 - [Delete]: delete the currently activated view.
 - [Suspend]: start a manual scan when an unusual or atypical workflow is required, and select [Resume iWorks] to restart the iWorks procedure.
6. After all views are finished, the system will prompt you to exit iWorks. Select [Yes] to exit.

6.22.3 View Operation

In iWorks status, you can perform view selection, repeat, replacement and delete operations using the touch screen.

For some views, the system switches to the relevant imaging modes if necessary.

The comment for the current view has been automatically added to the image, ready for you to scan the specified anatomy.

View Selection

Tap view name to select the view to be scanned. The name of the current view is in blue.

View Operation

In the current active view, you can perform image scanning, measurements, and adding comments and body marks, etc. Operations are the same as those for manual operation. See the relevant chapters for details.

If the selected view is configured with measurement items, you can tap [Freeze] and then tap [Update] to start measurement.

Repeat View

If necessary, tap [Repeat] to insert another template of the current view. You can then perform an extra examination.

View Replacement

The previous image will be deleted and replaced by the new image.

Delete View

Tap the view name to select the view to be deleted. Tap [Delete] to delete the selected view.

6.22.4 Manual Examination

Suspend - Exit the protocol so the user can run the system manually. This is used when an unusual or atypical workflow is required.

You can run the system manually if necessary.

- Start manual examination: select [Suspend] to pause the current iWorks protocol. The system enters manual examination status.
- Return to iWorks: select [iWorks] to return to automated status. You can continue the previous iWorks scan.

6.22.5 Insert

Insert is a specialized protocol event within iWorks and iWorks OB. It assists with the workflow for documenting and measuring common pathological (disease) states (i.e. Mass, Cyst, Stenosis, Thrombus) that occurs outside a routine, normal examination.

1. Select [Insert] to enter the status.
2. Select the necessary protocol and the system adds the protocol events to the current protocol.
3. Perform measurements or add comments/body marks to the image if necessary.

7 Strain Elastography

CAUTION

It is provided for reference, not for confirming a diagnosis.

It is produced based on the slight manual-pressure or human respiration in 2D real-time mode. The tissue hardness of the mass can be determined by the image color and brightness. Besides, the relative tissue hardness is displayed in quantitative manners.

7.1 Basic Procedure for Strain Elastography

Perform the following procedure:

1. Perform 2D scan to locate the region.
2. Tap [Elasto] to enter the elastography mode.

The system displays two dual B+E windows in real time. The left one is 2D image, and the right one is elasto image.

3. Adjust ROI according to the lesion size.
4. Press the probe according to the experiences and actual situation.

The screen displays the pressure curve in real-time:



Where, the X-axis represents time and Y-axis represents pressure.

5. Adjust the image parameters to obtain optimized image and necessary information.
6. Tap [B] or tap [Elasto] to exit, and then return to B mode.

7.2 Image Parameters

Smooth

Adjust the smooth feature of the Elasto image.

Opacity

Adjust the opacity feature of the Elasto image.

Invert

Invert the E color bar and therefore invert the colors of benign and malignant tissue.

Display Format

Adjust the display format of ultrasound image and the Elasto image.

Tap [H 1:1], [V 1:1], [Full] on the touch screen to adjust.

The system provides 3 types of display format:

- H 1:1: Right and left display (the real-time ultrasound image appears on the left, and the elasto image appears on the right);
- V 1:1: Up down display (the elasto image appears above, and the real-time ultrasound image appears below).
- Full: The elasto image only displayed.

Map

Select different maps for observation.

Strain mode

Affect the display effect of adjusting dynamic range.

Dynamic Range

Adjust contrast resolution of an image.

The real-time dynamic range value is displayed on the image parameter area in the upper left corner of the screen.

E Sensitivity

Increase the image palpability.

Strain Scale

Adjust the bar height of the pressure hint curve to keep the average height of the hint bar on proper position.

Map Position

Adjust the up/down position of the map.

7.3 Mass Measurement

Tap [Measure] to enter measurement status.

You can measure shell thick, strain ratio, strain-hist, etc.

For details, see *Advanced Volume*.

8 Smart 3D

The operator moves the probe to change its position/angle when performing the scanning. After the scanning, the system carries out image reconstruction, and then displays a single frame of 3D image.

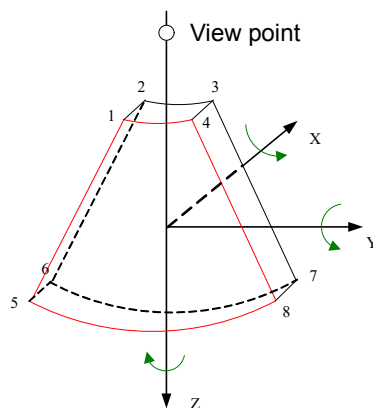
NOTE:

Smart 3D imaging is largely environment-dependent, so the images obtained are provided for reference only, not for confirming a diagnosis.

8.1 Overview

The ordinary 2D imaging has the limitations on viewing the overall structure and different planes of the target. However, 3D imaging can obtain the reference information by overall observation.

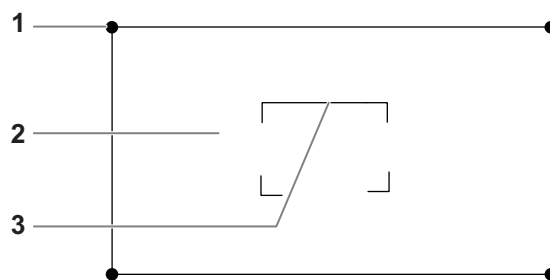
8.1.1 Terms



- Volume data: to obtain the data collection of three-dimensional object via the sequence reconstruction to two-dimensional object.
- 3D image Volume Rendering (VR): the 3D image on the screen.
- View point: the position for viewing volume data/3D image.
- MultiPlaner Rendering (MPR): a tangent plane of the 3D image that obtained by algorithm. Of which, XY-paralleled plane is C-plane, XZ-paralleled plane is B-plane, and YZ-paralleled plane is A-plane. YZ-paralleled plane is B-section. The probe is moved along the X-axis.
- ROI (Region of Interest): a volume box used to determine the height and width of scanning volume.
- VOI (Volume of Interest): a volume box used to display 3D image (VR) by adjusting interesting region in MPR.

8.1.2 ROI and VOI

After the system enters 3D imaging, a B image with ROI displays on the screen. A line (shown in the following figure) that shows the upper edge position of VOI is inside ROI.



1	ROI size adjustment
2	ROI position adjustment
3	Cut plane

NOTE:

- To define a ROI, please remove the useless data as to reduce the volume data and shorten the time for image storing, processing and reconstruction.
- Set ROI on the 2D image with the largest section area of the fetal face.
- Set ROI a little larger than the fetal head.

ROI size and position

Perform the following procedure:

1. Tap the corner (green dot) of the ROI and drag to change the size.
2. Tap inside the ROI box and drag to change the position.

Curved VOI adjustment

Depending on the view direction, the orientation and the shape (line or dot) of curved VOI vary:

View	Curved VOI
U/D	At the upper part of curved VOI
D/U	At the lower part of curved VOI
L/R	At the left part of curved VOI
R/L	At the right part of curved VOI
F/B	Displays as a dot
B/F	Displays as a dot

8.1.3 Render Mode

Surface

Set 3D image rendering mode as Surface.

This is helpful for surface imaging, such as fetus face/hand or foot.

TIP:

You may have to adjust the threshold to obtain a clear body boundary.

Max

Set Max as 3D image rendering mode, displays the maximum echo intensity in the observation direction.

This is helpful for viewing bony structures.

Min

Set Min as 3D image rendering mode. Display the minimum echo intensity in the observation direction.

This is helpful for viewing vessels and hollow structures.

X Ray

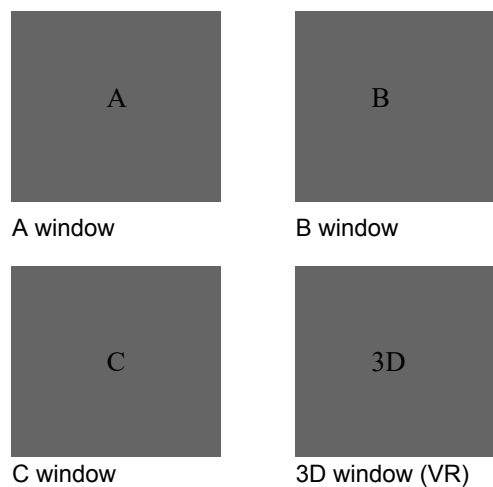
Set X-ray as 3D image rendering mode. Display the average value of all gray values in the ROI.

This is used for imaging tissues with different structure inside or tissues with tumor.

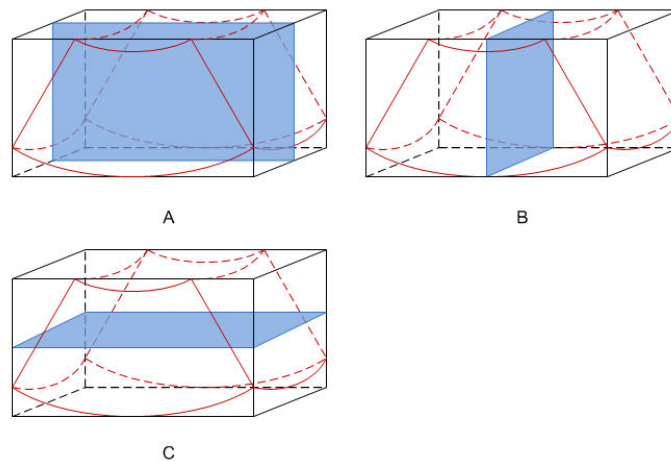
8.1.4 MPR

MPR represents three different views of 3D image.

In the quad display format view, the screen displays 3 MPRs (A, B and C) and the 3D image.



A, B, C sectional images are corresponding to the following sections of 3D image.



- Section A: corresponds to the 2D image in B mode. Section A is the sagittal section in fetal face up posture, as shown in the figure A above.
- Section B: it is the horizontal section in fetal face up posture, as shown in the figure B above.
- Section C: it is the coronal section in fetal face up posture, as shown in the figure C above.

CAUTION

The ultrasound images are provided for reference only, not for confirming a diagnosis. Please use caution to avoid misdiagnosis.

8.2 Note before Use

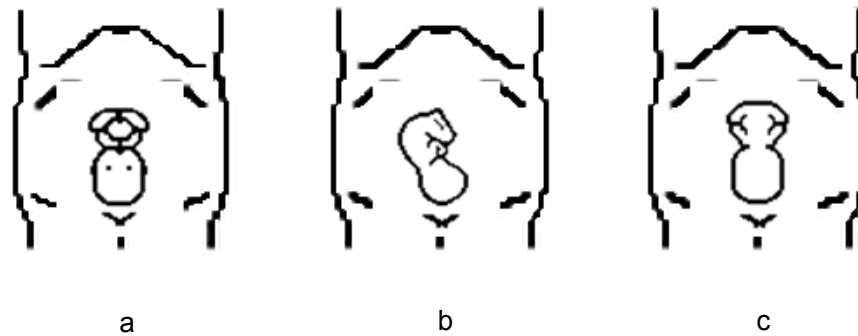
The quality of images reconstructed in the freehand 3D mode is closely related to the fetal condition, angle of a B tangent plane and scanning technique. The following Smart 3D description uses the fetal face imaging as an example, the other parts imaging are same as 3D imaging.

NOTE:

- In accordance with the ALARA (As Low As Reasonably Achievable) principle, please try to shorten the sweeping time after a good 3D imaging is obtained.
- A region with qualified image in B mode may not be optimal for 3D imaging. E.g. adequate AF isolation for one section plane of 2D image doesn't mean the whole desired region is isolated by AF for 3D imaging.
- More practices are needed for a high success of qualified 3D imaging.
- Even with good imaging condition, to acquire an approving 3D image may need more than one scanning.

Fetal Condition

- Gestational age
Fetuses of 24~30 weeks old are the most appropriate to 3D imaging.
- Fetal body posture
Recommended: Cephalic face up (figure a) or face aside (figure b); NOT recommended: Cephalic face down (figure c).



- Amniotic fluid (AF) isolation
 - The region desired is isolated by amniotic fluid adequately.
 - The region for imaging is not covered by limbs or umbilical cord.
- The fetus keeps still. If there is a fetal movement, you need a rescan when the fetus is still.

Angle of a B tangent plane

The optimum tangent plane to the fetal face 3D imaging is the sagittal section of the face. To ensure high image quality, you'd better scan maximum face area and keep edge continuity.

Image quality in B mode (2D image quality)

Before entering 3D capture, optimize the B mode image to ensure:

- High contrast between the desired region and the amniotic fluid surrounded.
- Clear boundary of the desired region.
- Low noise of the amniotic fluid area.

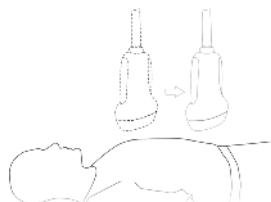
Scanning technique (only for Smart 3D)

- Stability: body, arm and wrist must move smoothly, otherwise, the restructured 3D image distorts.
- Slowness: Move or rotate the transducer slowly. The speed of linear scan is about 2 cm/s and the rotation rate of the fan scan is about 10°/s ~ 15°/s.
- Evenness: move or rotate the transducer at a steady speed or rate.
- Method

Capture images using Linear scan or Rocked scan.

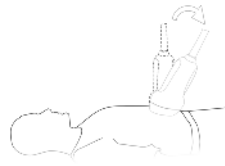
- Linear scanning

Move the probe across the surface. See the following figure.



- Rocked scanning

Rotate the probe once from the left to the right side (or from the right to the left) to include the entire desired region. See the following figure.

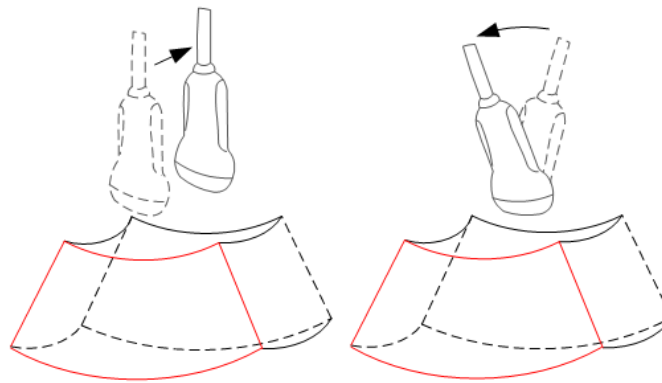


Scanning plane and probe movement

Move the probe across the body surface.

The arrow in the figure below indicates the movement of the probe.

You can move the probe in the opposite direction to the arrow.



8.3 Smart 3D Image Acquisition

NOTE:

In Smart 3D image scanning, if the probe orientation mark is oriented to the operator's finger, perform the scan from right to left in linear scan, or rotate the probe from left to right in rocked scanning. Otherwise, the VR direction will be wrong.

Perform the following procedure:

1. Select the proper probe and exam mode; make sure there is sufficient gel on the probe for scanning.
2. Obtain a 2D image, and optimize the image if necessary.
3. Tap [Smart 3D] to enter Smart 3D imaging mode.
 - Adjust ROI size and position and the position of VOI.
 - Select the render mode.
 - Set the scan method and the movement of the probe.

4. Tap [Update] to start the 3D image acquisition.

The system enters into 3D image review status when the acquisition is completed; or, you can finish the acquisition ahead by tapping [Freeze] or [Update].

5. Exit Smart 3D
 - Tap [Update] or [Freeze] to return to Smart 3D acquisition preparation status.
 - Or tap [B] to exit the mode.

8.4 Smart 3D Image Viewing

Activate MPR

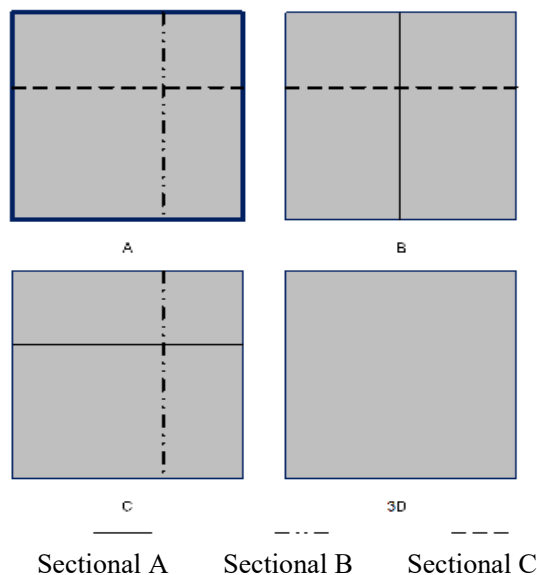
Tap [A], [B], [C] or [VR] to activate MPR or 3D image (VR).

MPR Viewing

In actual display, different colors of the window box and the section line are used to identify the section A, B and C.

- The color of window A is blue, and the color of the lines (representing section A) displayed in the other two windows is blue as well.
- The color of window B is yellow, and the color of the lines (representing section B) displayed in the other two windows is yellow as well.
- The color of window C is orange, and the color of the lines (representing section C) displayed in the other two windows is orange as well.

Positions of the other two sectional planes are indicated in the selected plane. You can roll the track ball to change the position.



Display Format

Tap to select the display format of VR and MPR images: [Single], [Quad] and [A4:1].

MPR Only

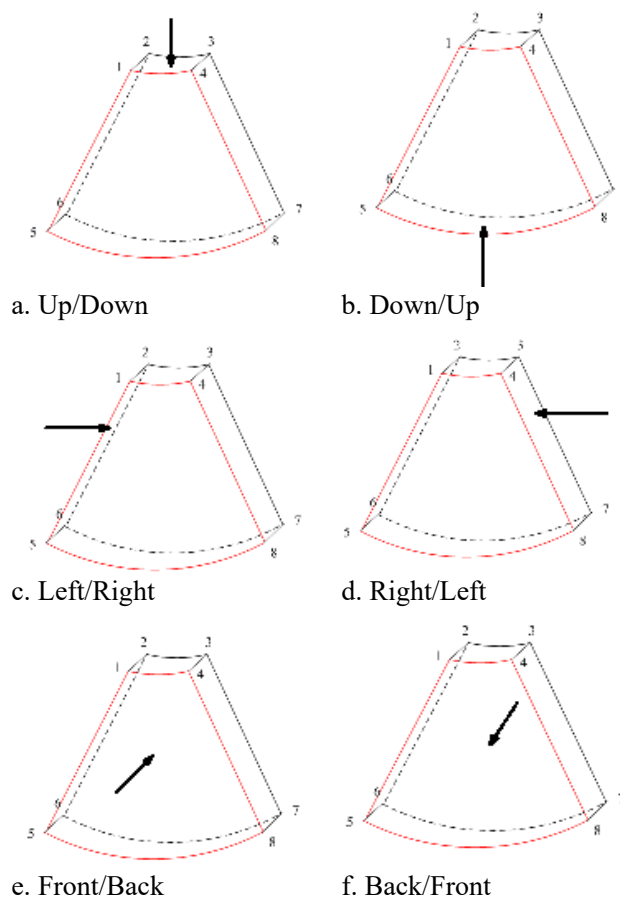
Tap [MPR Only] to display MPR only. The adjustable image parameters are changed to MPR parameters automatically.

Only A, B and C MPR are displayed, and VR is not displayed.

View Direction

The Region of Interest (ROI) contains the section of the volume you want to render. You can adjust the view direction of the ROI.

The system supports the observation of 3D image from 6 directions.



Tap [Up/Down], [Left/Right] or [Front/Back] to select the direction of the figure a, c and e.

Tap [Flip] on the first page to observe by the converse direction of the current direction, which is equivalent of the 180° rotation of current VOI, as shown in the figure b, d, e and f.

Adjust VOI

Adjusting the VOI box size and position is to select the volume data needed to restructure the 3D image and improve the reconstruction effect.

- VOI On

3D image (VR) image displays VOI information.

 - a. In image viewing status, tap [VOI] to be “On”.
 - b. Select a desired section plane by tapping [A], [B] or [C] or [VR].
 - c. Change the VOI position, size and curved VOI if necessary.
- VOI Off

3D image (VR) image displays ROI information.

Tap [VOI] to be Off, then the ROI image is displayed on the screen. Swipe the image in different directions to observe the MPR..

Accept VOI

This function is usually used for section image observation and to determine the relative position of the section image to the VR.

1. Tap [Accept VOI].
2. Select a desired MPR image by tapping [A], [B], [C] or [VR].

3. Swipe on the current active MPR to view the image. The other two MPRs change correspondingly.

The adjustment of Rendering Parameters

In image viewing status, you can render the image by adjusting the relevant parameters.

Tap [VR] or [MPR] to select the VR parameters or MPR parameters.

- When [VR] button is highlighted, adjust parameters of 3D image (VR).
- When [MPR] button is highlighted, adjust parameters of sectional image.

You can adjust:

Item	Description
Threshold	Set the threshold for 3D image rendering. 3D image is rendered on the signal above thresholds by eliminating noise via the Threshold parameter. Lower threshold can eliminate lower range noises and echo, which will contribute to a clearer and smoother image. Available only in Surface rendering mode.
Opacity	Adjust the transparency value for 3D image rendering. It implies the transparency of the light. The higher the value is, the tougher the surface becomes. The lower the number is, the more transparent the gray scale information will be. Available only in Surface rendering mode.
Smooth	Set the smoothness of 3D image. NOTE: Insufficient smoothness can result in a fuzzy image; however, too much smoothness will lead to image distortion.
Brightness	Set the brightness of image. NOTE: The adjustment is for 3D (VR) and MPR.
Contrast	Set the contrast scale of the image. As long as the contrast becomes larger, the bright spot and dark spot on the image change as well. NOTE: The adjustment is for 3D (VR) and MPR.
Tint	Enable/disable tint map. The color of image change according the tint value.
VR Orientation	Rotate the 3D image quickly.
iClear	Enhances the B mode image profile for better boundary details.

Reset Curve

Do one of the following to reset the curve:

Item	Description
Ori	To reset the volume rotation, shifting and zooming of 3D image to original status.

Item	Description
All	To reset the parameters, rendering rotation, VOI and image effect.
Reset Curve	To reset the curve to be the original beeline.

Render Mode

Set 3D image rendering mode.

The rendering manners can be applied to inversion mode.

Inversion

This function is to inverse the echo of the 3D image, so as to enhance observation for low-echo region, applicable for vessel, cyst and etc.

When the Inversion is turned on, the rendering mode parameters change into the corresponding inversion parameters.

Vessel shape is correct with the capture target. The vessel wall is smooth and clear.

Rotate the Image

Positions of the other two MPRs are indicated in the selected plane by arrows in different colors.

Using axial rotation function, you can rotate the currently activated image around the X-, Y- or Z-axis.

- Be sure to rotate the image by tapping the image window and move slowly.
- Swipe along the X/Y/Z-axis to rotate the image against the X/Y/Z-axis. Take rotation on window A for example:
 - To rotate along the X-axis: swipe from top to bottom and the image rotates right along the X-axis. Swipe from bottom to top and the image rotates to the left.
 - To rotate along the Y-axis: swipe from left to right and the image rotates right along the Y-axis. Swipe right to left and the image rotates to the left.

Image Zooming

Zoom in/out MPR and VR images by pinching the two fingers on the image.

Sync

This function switches the view direction perpendicular to the current active plane, so as to get a better view of VR.

Comments and Body Marks

Add comments and body marks to the MPR and VR.

The operation is the same as adding comments and body marks in B image mode.

Section image (MPR) measurement.

2D related measurements can be performed on MPR. For details, see [Advanced Volume].

Measurement is not available in acquisition preparation status.

8.5 Image Saving

Image saving

In the 3D Review mode, tap [Save image] button to save the current image and volume data to the patient information management system in the set format.

Image review

Open an image file to enter the image review mode. In this mode, you can perform the same operations as what you can in review mode.

This page intentionally left blank.

9

Physiological Unit Signal

The physiological unit signal waveform is used for checking ultrasound image in ultrasound exam (cardiac exam mainly).

WARNING

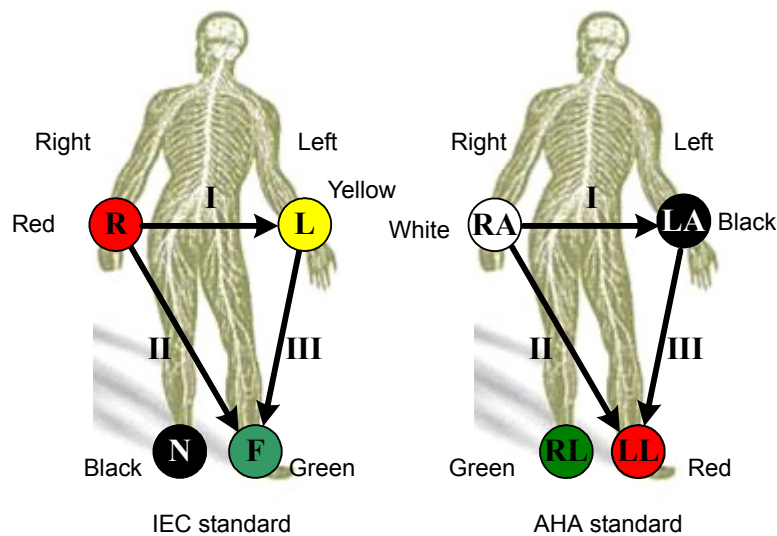
- Do not use the physiological traces for diagnosis and monitoring.
 - To avoid electric shock, the following checks shall be performed prior to an operation:
 - The ECG electrode cable must not be cracked, frayed or show any signs of damage or strain.
 - The ECG electrode cable must be correctly connected.
 - You must use the ECG leads provided with the physiological unit module. Failure to do so may result in electric shock.
 - The ECG electrode cable must be connected to the system first. Only after the cable is connected to the system, can the patient be connected to the ECG electrodes. Failure to follow these instructions may subject the patient to electric shock.
 - Do not place the ECG electrodes directly in contact the patient's heart; otherwise it may lead to stop of the patient's heartbeat.
 - Do not use this system when any digital device such as a high-frequency electrotome, high-frequency therapeutic device or defibrillator is applied already.
 - Conductive parts of electrodes and associated connectors for ECG should not contact other conductive parts including earth/grounding.
 - Frequent trampling or squeezing on the cables may result in cable breakdown or fracture.
 - Display effect of respiratory curve depends on the patient breathing status. While a very slow or smooth breathing may lead to an inapparent respiratory curve, breathing in a large amplitude may cause an incomplete display of the respiratory curve. Display effect is linked to the connected parts of the body. Generally, signals by connecting to limbs are stronger than by connecting to the chest.
-

9.1 ECG

Perform the following procedure:

1. Connect the device and place ECG electrodes.
 - a. Connect the ECG module to the serial port of the system.

- b. Place the ECG electrodes on the patient's body (as shown in the following figure).



2. Tap [Physio] to enter physio operation interface.
3. Switch the imaging modes and display formats, adjusting the parameters to get an optimized image.
4. Parameter adjusting:
In image menu, tap [ECG] to enable or disable ECG waveform curve. Adjust the [Speed], [ECG Gain], [Position] and [Invert].
5. Trigger:
Tap [Trig Mode] to open the triggering function and set the trigger time.
6. Freeze the triggering image and the curve, and then review them.
7. Exit ECG mode, and remove ECG electrodes from the patient.

ECG Triggering

ECG triggering means that image scanning is activated at some time points of ECG signals, thus obtaining B images at these time points. The triggering image should be in 2D-mode.

When ECG triggering occurs, some marks (frame triggering mark) appear on the ECG waveform (relative R wave, the time for delay set), indicating the time points when the 2D images are captured.

TIP:

- The triggering mark is displayed in both freeze mode and live mode
- The marks in Dual trigger are in different colors.
- Triggering function is unavailable if the ECG trace is disappeared. Only the live 2D image can be triggered.
- No delay time or time interval shall be less than the time required to scan a single image.
- If the delay time is longer than a heart cycle, then the heart cycle in the delay time is omitted, that is to say no trigger is occurred when R waveform is detected in the duration.

Triggering Mode

This system supports single trigger.

Single Trigger: When an R waveform is detected, an image will be triggered after delay time T1. The time of T1 can be edited in single mode.

The image triggering operation is described as follows (Take single trigger as an example):

1. Select exam mode.
2. Select [Trig Mode] on the touch screen to enable the trigger.
3. Set the delay time.

Real & Trigger

Tap [Real & Trigger] to enable or disable the real trigger function.

After the [Real & Trigger] is enabled, two images are displayed respectively in two windows. One is triggered by ECG, and the other is non-triggered real time image.

9.2 ECG Review

9.2.1 Review Principle

When an image is frozen, the ECG waveform where the image is triggered will be frozen at the same time. In the Dual triggering mode, the two window images are frozen at the same time. When images are reviewed with the ECG electrodes connected, the ECG trace is the reference for time.

After the images are frozen, all real time images are in the status of linked review.

9.2.2 Linked Review of Waveforms, M/D Images and 2D Images

If the physio unit signal, time curve and 2D image are frozen at the same time, the replay of them is displayed at the same time.

9.3 Parameter Description

The physio parameters are described as follows:

Parameter	Description
ECG Source	Select ECG source.
Gain	Set the amplitude of the trace.
Position	Set the vertical position of the both traces on the image display.
Speed	Change the speed of the physio trace.
Trig Mode	Turn on/off the triggering function.
T1	Set the delay time T1 in Single trigger or Dual trigger.
Invert	Invert the display.

This page intentionally left blank.

10 Measurement, Annotations and Body Mark

10.1 Measurement

There are general measurements and application measurement. You can perform measurements on a zoomed image, cine reviewing image, real-time image, or frozen image. For measurement details, please refer to the *Advanced Volume*.

WARNING

- Be sure to measure areas of interest from the most optimal image plane to avoid misdiagnosis from inaccurate measurement values.
 - To obtain accurate Doppler flow measurement values, make sure the transmitting beam is not perpendicular to the flow, otherwise false readings and potential misdiagnosis may result.
-

CAUTION

- If an image is unfrozen or the mode is changed during a measurement, the calipers and measurement data will be cleared from the screen, but the measurement data will be stored in the report.
 - If the system is turned off or the End Exam button is selected during a measurement, the data not saved will be lost.
 - In Dual-B imaging mode, the measurement results of the merged image may be inaccurate. Therefore, the results are provided for reference only, not for confirming a diagnosis.
-

Measurement Accuracy

Table 10-1 Error of 2D Images

Parameter	Range	Error
Distance	Full Screen	Within $\pm 4\%$
Distance (iScape)	Full Screen	Within $\pm 5\%$ (for linear, wide-convex, and phased probes)
	Full Screen	Within $\pm 10\%$ (for micro-convex probes)

Table 10-1 Error of 2D Images

Parameter	Range	Error
Area	Full Screen	Within $\pm 10\%$
Circ	Full Screen	Within $\pm 10\%$
Angle	Full Screen	Within $\pm 3\%$
Volume	Full Screen	Within $\pm 12\%$

Table 10-2 Time/Motion Measurements

Parameter	Range	Error
Distance	Full Screen	Within $\pm 4\%$
Time	Timeline Display	Within $\leq 2\%$
Heart Rate	Timeline Display	Within $\pm 5\%$
Velocity (PW mode)	10-200 cm/s (for non-transcranial application) 10-300cm/s (for transcranial application)	Within $\pm 20\%$ (for transcranial application) When angle $\leq 60^\circ$, within $\pm 5\%$ (for non-transcranial application)
Velocity (CW mode)	10-200 cm/s (for non-transcranial application) 10-300 cm/s (for transcranial application)	Within $\pm 20\%$ (for transcranial application, not including pencil probe) When angle $\leq 60^\circ$, within $\pm 5\%$ (for non-transcranial application, not including pencil probe)

Table 10-3 Auto Measurements

Measurement Item	Error
Smart IVC	Within $\pm 20\%$
Smart VTI	Within $\pm 20\%$
Smart B-line	Within $\pm 20\%$
AutoEF Plus	Within $\pm 10\%$ in at least 95% of the cases in real-time; Within $\pm 10\%$ in non-real-time
AutoEF	Within $\pm 10\%$
Smart FHR OB1	Within $\pm 10\%$
Smart Caliper	Within $\pm 5\%$
Smart Trace	Within $\pm 20\%$
Auto DFR	Within $\pm 20\%$
RIMT	Within $\pm 10\%$

Table 10-3 Auto Measurements

Measurement Item	Error
IMT	Within $\pm 10\%$
Auto GA	Within $\pm 10\%$
Smart TTQA	Within $\pm 20\%$

NOTE:

Within the selected field range, the measurement accuracy is ensured within the range mentioned above. The accuracy specifications are performance in the worst conditions, or based on the real test for the system, regardless of acoustic speed error.

10.2 Annotations

WARNING

Ensure that the entered annotations are correct. Incorrect annotations may lead to misdiagnosis!

Annotations can be added to an ultrasound image to bring attention, notate or communicate information observed during the examination. You can add annotations to: zoomed images, cine review images, real-time images, frozen images. You can type annotations as characters, insert pre-defined annotations from the annotations library or insert arrow markers.

10.2.1 Adding Annotations

Adding an Annotation Text

Perform the following procedure:

1. Select [Annotate] > [Comment] tab to enter the annotation status.
2. Tap to position the cursor on the desired location within the image area.
3. Do one of the following to add a comment:
 - Tap to select the desired annotation text on the annotation menu.
 - Tap the [Keyboard] button to bring up the soft keyboard, then type the alphanumeric characters.

In edit status (the characters are green in color), tap [Enter] on the soft keyboard to move the cursor to the new line. The cursor is aligned with the first line.

4. In edit status, tap regions other than the annotation on the image area to confirm the added character.

Adding an Arrow

You can add an arrow to a location where you want to pay attention.

Perform the following procedure:

1. Select [Annotate] > [Comment] tab to enter the annotation status.
2. Select [Arrow] button.

To position the arrow on the area of interest and change the orientation: tap and rotate the arrow icon to change the arrow position; tap and rotate the dotted line under arrow icon to change the arrow orientation.

3. Tap regions other than the added arrow on the image area to confirm the arrow position. Repeat the above steps to add more arrows.

10.2.2 Moving Annotations

Perform the following procedure:

1. Under annotation status (annotation menu is highlighted in blue), tap to select the annotation to be moved.
2. Tap the desired position to move the annotation to current position.
3. Tap regions other than the moved annotation on the image area to confirm the position.

10.2.3 Modifying (Editing) Annotations

Modifying (Editing) characters

Perform the following procedure:

1. In annotation status, tap to select the annotations to be modified, the annotation turns into blue in editing status.
 - Tap [Keyboard] button to show the soft keyboard and use the direction keys to move the cursor to the desired location to insert/delete characters. Either type characters by tapping the corresponding keys or select the new annotation text from the menu directly.
 - Tap  to delete the annotation character or text on the left side of the cursor.
2. tap regions other than the annotation on the image area to confirm the change.

Modifying (Editing) Arrows

Perform the following procedure:

1. Tap to select the arrow that needs to be modified, the arrow then turns green.

To position the arrow on the area of interest and change the orientation: tap and rotate the arrow icon to change the arrow position; tap and rotate the dotted line under arrow icon to change the arrow orientation.
2. Tap regions other than the modified arrow on the image area to confirm the change.

10.2.4 Deleting Annotations

Deleting annotation characters, texts or arrows

Perform the following procedure:

1. Tap to select the annotation to be deleted.
2. Tap [Clear] to delete the annotation.

Deleting all annotations

Select [Clear Comments] button in the Menu area or [Clear All] in the Image area to delete all the annotations.

10.2.5 Setting Annotations

Perform the following procedure:

1. Select [Edit Comments] button in the Menu area and open Edit Comments dialog box.

- Select  button or tap a empty comment box to bring up the soft keyboard, then type the alphanumeric characters. Select  button again to confirm it.
 - Select  to delete a comment. Select [Clear All] to delete all comments.
 - Select a comment in the right part of the dialog box, drag and place in a empty comment box. Select [OK], it can be display in the Menu area.
2. Select [OK] to save the setting.

10.3 Body Mark

WARNING

Ensure that the entered body mark is correct. Incorrect body mark may lead to misdiagnosis!

NOTE:

After powering off, the system will clear all comments on the image.

The Body Mark feature is used for indicating the exam position of the patient and transducer position and orientation.

10.3.1 Adding Body Marks

Perform the following procedure:

1. Select [Annotate] > [Body Mark] in the Menu area to open the body marker menu.
2. Tap to select the desired body mark to bring out the Position Probe Marker dialog box.
3. To adjust the probe position and orientation marker:
 - Tap and rotate the bold solid green line to position the probe marker.
 - Tap and rotate the dotted line to adjust the probe marker orientation.

10.3.2 Moving Body Marks

You can move the body mark graphics to any desired position within the image area.

NOTE:

In Dual B Mode, a Body Mark cannot be moved between the separate image windows.

Perform the following procedure:

1. Tap to select the body mark. The body mark is covered by a frame, indicating you can move it to a new position.
2. Drag and place the body mark to the desire position.

10.3.3 Deleting Body Marks

Deleting body marks

Select [Clear] to delete the added body mark.

Deleting all body marks

Select [Clear Markers] button in the Menu area or [Clear All] in Image area to delete all the body marks.

10.3.4 Setting Body Mark

Perform the following procedure:

1. Select [Edit Markers] button in the Menu area and open Edit Body Markers dialog box.
 - Select  button to import user defined body marks.
 - Select  to delete a body mark. Select [Clear All] to delete all body marks.
 - Select a comment in the right part of the dialog box, drag and place in the left part of the dialog box. Select [OK], it can be display in the Menu area.
2. Select [OK] to save the setting.

11 Patient Data Management

An exam record consists of all information and data of one exam.

An exam record consists of the following information:

- Patient basic information and exam data
- Image files
- Report

NOTE:

- DO NOT use the internal hard drive for long-term image storage. Daily backup is recommended. External storage media is recommended for archiving images.
 - The system patient database space is limited, please back up or clear patient data in time.
 - Mindray is not responsible for lost data if you DO NOT follow suggested backup procedures.
-

11.1 Image File Management

You can store the image files either in the patient database in the system, or to external memory devices. For a save image, you can perform operations like image reviewing, analyzing and demonstration.

11.1.1 Storage Media

System supported memory media including:

- System hard disk
- USB memory devices: USB flash drive, removable USB hard disk
- Optical disk.

11.1.2 Image File Formats

The system supports file formats which belong to the system and file formats which are PC-compatible.

System-relevant formats

- Single-frame image file (FRM)
Refers to single-frame static image files not to be compressed; you can perform measurements and comments adding on this type of files.
- Cine file (CIN)
System-defined multi-frame file format; you can perform manual or auto cine review, and perform measurements or add comments for the reviewed images. After you open a stored CIN file, the system automatically enters cine review status.

PC-compatible formats

- Screen file (BMP)

Single-frame file format, used to save the current screen, non-compressed format;

- JPG: Single frame export format.
- TIFF: Single frame export format
- Multi-medium files (AVI)

Multi-frame export format.

- DICOM files (DCM)

DICOM standard files format, single-frame or multi-frame format, used to record patient information and images; you can only open DCM files to view rather than to edit.

11.1.3 Image Storage Setting

Before using the image storage, see the Setup chapter for image storage settings.

Saving a single-frame Image to the System

Press the user-defined key for “Save Image” to save the image.

- The image format is FRM in the imaging interface.
- When a dialog box is displayed on the current screen, press the user-defined key to save the screen in the BMP format.

Saving Cineloop Image to the System

Press the user-defined key for “Save Cine (Retrospective/Prospective)” to save the cine file in the default file directory in the CIN format.

The thumbnail of this image will appear in the thumbnail area on the screen. When you move the cursor onto the thumbnail, its file name with suffix will be displayed.

Saving Full Screen Images to the System

Tap  in the top-right corner of the screen and select Screenshot to save single frame image (full screen).

The image is saved in BMP format, you can check the image in Review screen.

11.1.4 Thumbnails

The stored images or cineloops are displayed in the form of thumbnails on the screen:

- During image scanning, thumbnails of the current exam display in the Clip board/Thumbnails Area of the screen.
- In the iStation screen, the thumbnails of the current selected patient display at the bottom of the screen. When you move the cursor onto a thumbnail, its name and format will display.
- On the [Review] page, the thumbnails refer to the images stored in the same exam. When you move the cursor onto a thumbnail, its name and format will display.
- On the Review page, open images to enter the image analyzing status, all the thumbnails belong to the exam are displayed.

11.1.5 Image Review and Analysis

You can review and analyze stored images (only refer to images stored in the system default path).

To review images

You can review all images stored in an exam, and send, delete or analyze the stored images.

- During image scan, saved image thumbnails will display on the right of the screen. Move the cursor onto a thumbnail, and tap twice to open the image; if the stored image is a cine file, double-click the thumbnail to enter the auto cine review.
- To enter image review:
 - Tap [Review] to enter review page. Images of the current exam and the current patient are displayed.
 - Select an exam of a patient in the iStation screen, and click [Review] or double-click the exam to enter the Review screen to review the images of the patient.

Image Analysis

In image analysis status, you can view, zoom, perform image parameter adjustment and measurements, add comments and perform cine review for a stored image (FRM or CIN format).. The operation steps are the same as those for real-time scanning. See the relevant sections for details.

1. To enter image analysis:
 - In the image scanning or freeze status, double-click a thumbnail stored in this exam to enter the image analysis status; or
 - In the image review status, double-click the selected thumbnail to open the image.

You can perform cine review operations in image analysis status.
2. To exit the image analysis:
 - Tap [Freeze] to exit and enter the real-time scan status.
 - Tap [Return] to exit from the image analysis to the Review status. In image analysis status, the selected image is displayed on the screen, and the thumbnails of the same exam are displayed on the thumbnail area, you can turn pages using the buttons on the right side of the thumbnail.

11.1.6 Sending Image Files

NOTE:

Data saved this way can only be reviewed on the PC and cannot be restored to the ultrasound system.

Perform the following procedure:

1. Do one of the following to bring up the “Send To” screen:
 - In the iStation screen, select a stored image thumbnail and tap [Send To].
 - In the Review screen, select a image and tap [Send To].
2. Select the desired destination.

NOTE:

If MedTouch is set as the desination, the file sent to MedTouch is transferred into PNG format, and the cine file is transferred into AVI format.

11.2 Report Management

11.2.1 Report storage

The exam reports are stored under the directory of the exam of the patient.

11.2.2 Importing, exporting and sending a report

Import/export report via Backup

In iStation screen, select patient data, tap [Options] > [Back up]/[Restore] in the popped up menu to import or export patient information, images and reports from or to an external memory device.

Perform the following procedure:

1. Select the destination.
2. Select whether to remove from local HD after Backup.
 - If “Remove Exams” is selected, the patient information and images are removed.
 - If “Remove Images” is selected, only the patient images are removed.
3. Select whether to hide the patient information.
4. Select whether to encrypt backup exams for USB only: input the password and confirm password in the field box, and then tap [Backup]. A “Patient.7z” compressed package is backed up to the USB device, and you need to input the password to open the package.

NOTE:

- If the password is forgotten, you cannot open the backup package.
- The password cannot be multi-language or Chinese characters.

Export report via Send To

In the iStation or Review screen, use [Send To] to send patient data to an external memory device or network storage, you can choose if reports are exported.

Perform the following procedure:

1. Check “Export Report” on the screen.
2. Select report type to be exported.
3. Select whether to hide the patient information.
4. Tap [Send] to confirm.

The size of the report can be set, see “4.1.11 Peripheral Preset”.

11.3 iStation - Patient Data Management

The patient data include basic patient information, exam information, image files and reports. You can search, view, backup, send, restore, delete or export patient data in iStation.

- Tap [iStation] on the exam main screen.
- Click [iStation] in the Patient Info screen.
- Click [iStation] in the Review screen.

11.3.1 Searching a Patient

Perform the following procedure:

1. Select the data source.

Tap [Data Source] to select the data source of patient data, the system patient database is default.
2. Set search conditions in the “Item” drop-down list.
3. Enter the key word. The matching patient information is displayed in the patient list.

- When you select a patient in the patient list, the images of this patient will be displayed at the bottom of the screen.

11.3.2 Patient Data View & Management

Tap to select the desired patient exam in the list, you can:

Item	Description
Delete Exam	Select an exam record, tap [Delete] to delete the record. You cannot delete patient data which is being printed, exported or sent, or delete the current exam.
Backup/ Restore	You can back up the selected patient data to the system-supported media in order to view it on PC, or restore the patient data to the system from an external media. [Options] > [Back Up]: back up the selected patient data to the system-supported media. [Options] > [Restore]: import patient data from an external media.
Restore Exam	Click to import the patient data from an external media.
Send Exam	The system supports sending data to external memory devices, print or iStorage. You can use this function to export the exam data to external devices (in PC data or DICOMDIR data format) and then import to PC or restore to the ultrasound system to review the data (DICOMDIR). - Select the patient record, tap [Send To] to send exam data and images of the selected record. - Select the desired destination, and set related settings.
Activate an Exam	After you select an exam, which has been performed within 24 hours, tap [Options] > [Activate] to activate the exam and load the basic patient information and measurement data to continue the exam. If you want to select a patient data in an external memory database to start a new exam or recover the exam, you have to first allow the system to load the patient data to the system's patient database.
Continue an Exam	Select an exam that is paused within 24 hours, click [Continue Exam] to activate the exam and load the basic patient information and measurement data to continue the exam. If you want to select a patient data in an external memory database, you have to first allow the system to load the patient data to the system's patient database.

11.4 Recycle Bin

The recycle bin is used to store deleted patient data, exam data and images.

To recover deleted patient data, tap  in the top-right corner of the screen and select [Trash Bin] to enter the Patient Recycle Bin screen.

To recover deleted patient data

NOTE:

if the capacity of the recycle bin exceeds 200. The system reminds the user to clean. Follow the procedures to clean the recycle bin.

Perform the following procedure:

- Select items to be recovered in the list.

2. Select operations:
 - Click [Restore Items] to restore the item back to iStation.
 - Click [Delete] to delete the item permanently, and the item can never be restored again;
 - Click [Restore All Items] to restore all the items back to iStation;
 - Click [Empty Recycle Bin] to empty the recycle bin and all items can never be restored again.
 - Click [Exit] to exit the recycle bin.

To set maximum number of days for deleted data to be kept in the recycle bin

NOTE:

The patient exams which exceed the preset maximum will be deleted and unrecoverable, it is recommended to perform patient data backup before enabling this function to avoid data loss.

Perform the following procedure:

1. Input the desired number besides “Maximum number of days to be kept”.

If the input box is left blank, the feature will not be enabled.

Only the whole number ranging from 1 to 365 can be input.
2. Tap [Modify].

11.5 iStorage

TIP:

To use iStorage function, you need UltraAssist software in 2.0 version (with V1.0 network protocol); consult Mindray service engineer for details.

Network storage is used to save image files and measurement reports to the remote PC server.

For network storage setting, see the Setup chapter.

Perform the following procedure:

1. Enter iStation, select one (or more than one) patient data or image in the local data source.
2. Tap [Send To].
3. Select [iStorage] in the Send To dialog box, and select the PC server of the right side.
4. Select PC transfer format and check whether to send report.
5. Tap [Send] to start sending.

11.6 Print

For printer connection, see the System Preparation chapter.

For details about printer selection and print service setting, see the Setup chapter.

11.6.1 Image Printing

For DICOM image printing, refer to relevant chapters. Video printer is applied in image print service.

Print current screen image

In the main screen, use [Freeze] to freeze the image and tap [Print] to print the current screen image.

Image print via send to function

Perform the following procedure:

1. Select the desired image in the iStation or Review screen.
2. Tap [Send To] and select the printer in the dialog box which appears.
3. Tap [Send] to start printing.
4. See the accompanying printer manuals for more details.

11.6.2 Report Printing

Both reports and images can be printed on a graph/text printer.

1. Tap [Report] to enter the report dialog box.
2. Tap [Preview] to enter report preview screen.
3. Select [Print] to print the report.

See the accompanying printer manuals for more details.

11.7 Patient Task Management

Select  in the System icons area to bring up the Task Management dialog box

In the Task Management dialog box, the patient name, destination, progress, type and task created time are displayed.

You can perform the following operations:

- Tap [Delete] to delete the task.
- Tap [Retry] to retry the failed task.

Storage Task

Displays the DICOM storage task.

DICOM Print Task

Displays the DICOM print task.

Media Storage Task

- DICOM media storage task (including disc and USB devices): In iStation screen, select the target exam and click [Send Exam], then click DICOMDIR in the menu which appears.
- Back up task (system-relevant format): Select the exam to be backed up in iStation and click [Back Up Exam].
- Send to external devices (including disc and USB devices): Select exam data or images in the iStation or Review screen. Click [Send Exam] for the image.
- iStorage task: In iStation screen, select the target exam and click [Send Exam], then click iStorage in the menu which appears.
- MedTouch storage task:
 - In iStation screen, send exam to MedTouch devices.
 - In Review screen, iStation screen, thumbnail area, send the image(s) to MedTouch devices.

Print Task

Displays image or report printing tasks.

In the Task Management dialog box, the patient ID, name, destination, progress, type, contents and task created time are displayed.

You can perform the following operations:

- Click [Delete] to delete the task.
- Click [Retry] to retry the failed task.
 - Click [Select All] to select all the tasks.

Task Status

- When there are tasks underway, the task management icon displays as .
- When tasks have failed, the task management icon displays as . Tap the icon to check the reason for the failure.
- When the task management icon displays as , it means no task is underway.

DICOM Service Setting

- On the Storage Task and DICOM Print Task page, click [Service Setting] to enter the DICOM service setting screen. For details, see “12 DICOM/HL7”.

Troubleshooting

If a serious error occurs, such as network disconnection or operation timeout, the system can try to reconnect the network. The interval time and maximum retries can be set as desired. For details, see the Setup chapter.

11.8 V-Access

The ultrasound system can be used to log on to a remote server to check or modify patient data on the server.

Perform the following procedure:

1. Tap “V-Access” from the system tool bar in the top-right corner of the screen to enter the function.
2. The system brings up a dialog box for entering the IP address of the remote server.
3. Enter the IP address and tap [OK].
4. Log on with the server account and password.
5. Check the data transferred and carry out operations as necessary.

11.9 Q-Path

You can use the ultrasound system to check data on browser directly. After you have ordered storage service of a network website service, you can check data using the website, authorized account and password (provided by the service vendor).

Q-path is a network server provided by Telexy Healthcare Inc. for digital image storage. For details, please contact Q-Path service provider.

NOTE:

- For Q-path settings, see the Setup chapter.

- If you use Q-Path function to connect to websites other than Q-Path applications (website setting is described above), the system will prompt the following information: Only Q-Path application is allowed to be loaded!

Perform the following procedure:

1. Set the DICOM storage server.
2. Send stored images or worksheet reports from iStation/Review to the Q-Path server.
3. Tap  in the top-right corner of the screen and select “Q-Path”.
4. Log in to the Q-Path server through the Q-View browser to check the stored images and worksheet reports.

If network connection is not normal, the system will prompt “Loading Q-path application, please wait....”.

5. Tap  to exit the function.

11.10 X-Link

The Ultrasound System supports interconnecting information with the bedside device through X-Link.

The interconnection function of X-Link mainly includes:

Obtaining data: The data of the same patient are matched through network connection;

Using data: Real-time data are obtained and displayed in combination with ultrasound image data;

Storing and reviewing data: The data are stored in combination with the ultrasound image data and can be reviewed on the ultrasound device.

NOTE:

- Before using this function, ensure that the Ultrasound System and the bedside device are connected to the same network. For X-Link settings, see “4.6.7 X-Link”.
 - This function must be used with the monitor or ventilator of the specified model and version. Consult Mindray service engineer for details.
-

Perform the following procedure:

1. Tap [X-Link] and select a Bed No. in Bed Selection window.
2. Select [Physio-View] to activate the function.
3. Select desire physiological signal in Physio-View page. The waveforms of the signals display on the screen.
4. Adjust the image parameters to obtain optimized images. Select [Save image] or [Save Cine] to save a image or cine within physiological signals.
5. Select [End Exam] to exit the function.

This page intentionally left blank.

12 DICOM/HL7

NOTE:

Before using DICOM, please read the electronic file DICOM CONFORMANCE STATEMENT along with the device.

TIP:

The DICOM package is optional, so the description here is only applicable for the system configured with the DICOM package.

This system supports the following DICOM functions:

- Verify Connectivity
- DICOM Storage
- DICOM Print
- DICOM Worklist
- MPPS (Modality Performed Procedure Step)
- Storage Commitment
- Query/Retrieve
- Structured Report
- DICOM Medium Storage (DICOMDIR Review)
- DICOM Task Management

If all the DICOM presets on the DICOM Service Preset screen are completed, you are ready for the Storage, Print, Worklist (HL7 Query), MPPS, Storage Commitment and Query/Retrieve applications. For detailed information about DICOM presets, see “4.6 Network Related Preset”.

12.1 DICOM Storage

DICOM Storage is used to send images (single-frame or multi-frame) or structured report to the DICOM storage server for storage.

12.1.1 Send images on iStation/Review

Perform the following procedure:

1. Do one of the following to select images:
 - Tap [iStation] to open the iStation screen. Tap to select an exam record in the list. Or
 - Tap [Review] to enter the Review screen. Tap to select a thumbnail or several thumbnails.
2. Tap [Send To] to bring up the Send To dialog box.
3. Tap to select “DICOM” in the Target box on the left side, then select the DICOM storage server in the Choose Storage Server box on the right side.
4. Tap [Send] to start sending.

12.1.2 To send images to storage after an exam ends

TIP:

To preset Sending/printing after End Exam and set a default storage server, for details see the Setup chapter.

Start the ultrasound exam scan. Tap [End] to send the image or the cine to DICOM storage automatically.

If images are successfully sent to the storage server, in the iStation screen, “Send to PACS, OK” is displayed in the list below “Storage Commitment”.

12.2 DICOM Print

DICOM Print is used to send images to the DICOM print server for printing.

12.2.1 Print images on iStation/Review

Perform the following procedure:

1. Do one of the following to select images:
 - Tap [iStation] to open the iStation screen. Tap to select an exam record in the list. Or
 - Tap [Review] to enter the Review screen. Tap to select a thumbnail or several thumbnails.
2. Tap [Send To] to bring up the Send To dialog box.
3. In the Send To dialog box, select a DICOM print server.
4. Tap [Send] to begin printing.

12.2.2 To send images to DICOM Print after an exam ends

TIP:

To preset Sending/printing after End Exam, for details, see the Setup chapter.

Start the scan and obtain the image. Each time [End] is tapped, the system will send the image to the default DICOM print server for printing.

12.3 Worklist

When the DICOM basic package is configured and the Worklist server has been set, tap [Worklist] in the “Patient Info” screen to query or import the patient data.

Perform the following procedure:

1. In Patient screen, select [Worklist] to enter the import screen.
2. Select the data source: select the server type, choose a Worklist server in the “Server Type” drop-down list.

All the patient exam records are listed.
3. Enter the search condition:
 - Select [Advanced Search] to enter Advanced Worklist Search Option. Select Worklist/HL7/Egateway to set search condition.
 - Set query criteria, or select the search key, enter the keywords, then tap [Query] to search.

4. Select the desired patient record in the displayed patient list.
 - a. Select the desired patient and click [Start Exam]. The patient information is imported into the system and then an exam is started.
 - b. Select [Transfer] and the patient information is imported into the [Patient Info] screen. After editing the patient information in the Patient Info screen, select [OK] to start a new exam.
 - c. Select [Show Detail] to see details of patient data.
5. Select the desired patient and tap [Done]. The patient information is imported into the system and then an exam is started.

12.4 MPPS

MPPS is used to send exam state information to the configured server. This facilitates the other systems in obtaining the exam progress in time.

After you preset the Worklist server and MPPS server, if the system obtains the patient information from Worklist server to begin the exam, it will send exam status information to MPPS server of when the exam is undergoing or ended. If the sending fails, the system resends automatically.

12.5 Storage Commitment

Storage commitment is used to confirm whether the images or structured reports are successfully stored on the DICOM storage server.

Before using storage commitment, set the associated storage service.

If images are successfully sent to the storage server, in the iStation screen, “PACS received, OK” is displayed in the list below “Storage Commitment”.

NOTE:

Multi-frame storage is not allowed if “Allow Multiframe” is not selected (For details, see *DICOM Service Preset* in the Setup chapter). For example, even if there is a multi-frame file in the exam to be sent, only single-frame image storage will be performed. After the storage is complete, there is no “√” marked in the list of the iStation screen.

12.5.1 Storage commitment after sending images on the iStation screen

Select the image, the cine or the data, and send it, see “12.1 DICOM Storage”.

The system will send all the images stored in the exam record to the storage server. Meanwhile, it will send storage commitment to the storage commitment server.

12.5.2 To send storage commitment automatically after an exam ends

TIP:

- Preset Sending/printing after End Exam, for details see “4.1.2 General”.
 - Set the default storage server, and click “Storage Commitment” to connect to the storage server, see “4.7.2 DICOM Service Preset”.
-

Start the scan and obtain the image. Tap [End] each time; the system will send the image to the default DICOM storage server for storage and send storage commitment to the storage commitment server.

Storage commitment is confined to the whole exam. Not each image sending can be indicated.

12.6 Query/Retrieve

The query/retrieve function is used to query and retrieve patient exam records in a designated server.

After setting the DICOM query/retrieve server, you can perform the query/retrieve function in the iStation screen.

1. Tap [iStation] to enter iStation screen.
2. Tap [Query/Retrieve] to open Query/Retrieve screen.
3. Select the server (both the source and the destination).
4. Enter the query information, such as Patient ID, Patient Name, Accession #, Exam Date or key words.

Tap [Clear] to empty the entered query information.

5. Tap [Query]. The system performs the query and lists the results in the patient (source) list.

You can perform further queries based on the results by entering new query information.

6. Select patient records according to the actual situation.
7. Tap [Retrieve] to retrieve the patient records in the DICOM query/retrieve server to the local machine.
8. Tap [Done]. The retrieved patient records are listed in the iStation screen.

12.7 DICOM Media Storage

Patient data in the ultrasound system can be saved on external media in DCM format, while DCM files can be accessed in the ultrasound system.

DICOM media storage and DICOMDUR review should meet the following conditions:

- Normally read/write data from the USB ports on the ultrasound system.
- File system format of removable device (USB flash drive) is FAT32 and the media should not be damaged.

12.7.1 Media Storage

Perform the following procedure:

1. Select patient records in the iStation screen.
2. Tap [Send To] in the menu which appears to open the dialog box.
3. Select the destination to “DICOMDIR” and DICOM Format as well as compression mode. You can select to delete the exam or the image after the backup, and select to hide patient information.
4. Tap [OK]. The image from the current exam is sent to the external storage media in DICOM format.

If the backup is successful, a tick will appear in the Backup list in the iStation screen. If not, there will be no tick.

TIP:

There must be no DICOMDIR/DCMIMG/IHE_PDI files on the external storage media of the same name as the one being backed up. Otherwise, the backup cannot proceed. Ensure there is enough storage space, or the backup may fail due to shortage of space.

12.7.2 Media review

Perform the following procedure:

1. Connect the external media with DCM files to the system.
2. Select the data source in iStation screen, and the visible data will be shown.
3. If there are several types of data on the media, the system will ask you to select the format. Then, tap [DICOMDIR].

12.7.3 Data Restore

NOTE:

Only system-accessible media can be selected.

After the DICOM format data are saved to external media, restore the data to the ultrasound system.

Connect the external media containing DCM files to the system.

1. In iStation, review the data stored on the external media.
2. Select the data to be restored in iStation.
3. Tap [Option] > [Restore] on the iStation screen.

12.8 Structured Report

The Structured Report (SR) can be sent with meeting the following procedures:

- DICOM structured report installed with the corresponding exam mode;
- The state of the SR should be “Cancel” or “Stop”.
- Set the storage option to “Attach SR When Store Images” or “Only Store SR”, see the Setup chapter.

NOTE:

Only the PACS system from the Medstreaming company (<http://www.medstreaming.com/default.aspx>) supports sending self-defined measurements by DICOM SR.

12.8.1 Send structured reports for storage

Perform the following procedure:

1. Create new patient information or load scheduled patient information.
2. Perform measurements.
3. Save the images.
4. End the exam.
5. Open the iStation screen, select the patient exam, and tap [Send To] to open the Send To dialog box.

6. Select “DICOM” in the Target box on the left side, then select the DICOM storage server in the Storage Server box on the right side.
7. Tap [Send]. Check for the result in the DICOM Task Management dialog box.

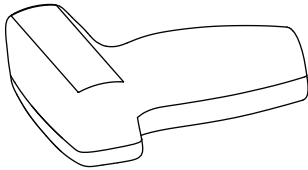
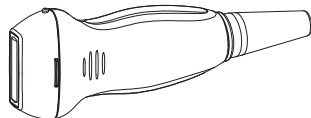
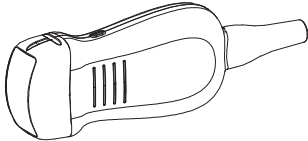
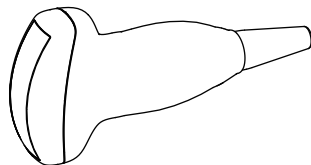
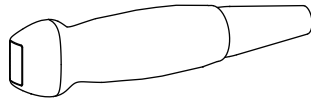
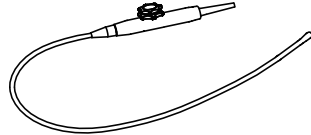
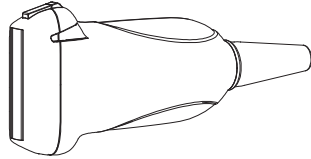
The structured report can be sent automatically.

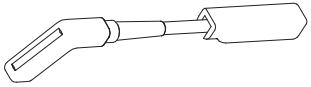
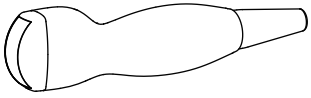
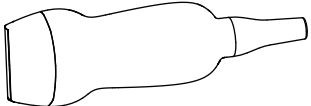
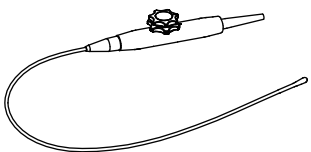
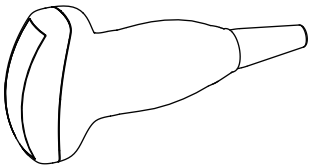
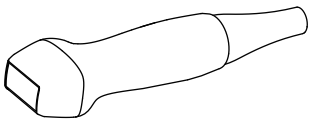
12.8.2 Back up structured report

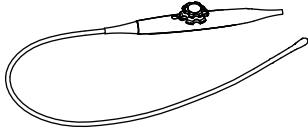
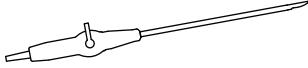
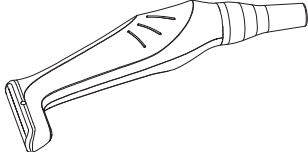
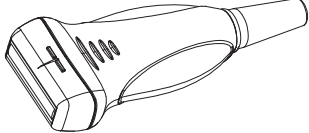
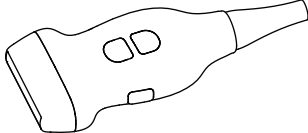
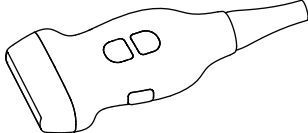
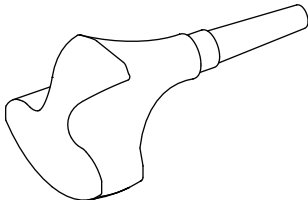
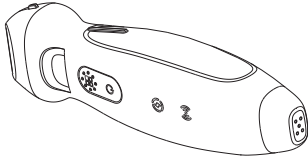
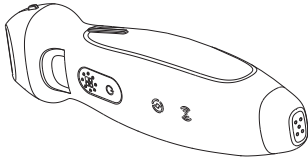
When recording or storing exams that have structured reports to external media (DICOMDIR), the structured reports can be backed up together.

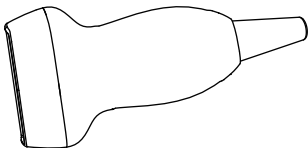
13 Probes and Biopsy

13.1 Probes

Probe model	Probe Type	Probe Figure
7LT4s	Linear	
L14-6s	Linear	
C4-1s	Convex	
C5-1s	Convex	
P10-4s	Phased	
P7-3Ts	Phased	
L14-6Ns	Linear	

Probe model	Probe Type	Probe Figure
C11-3s	Convex	
SP5-1s	Phased	
L16-4Hs	Linear	
C6-2Gs	Convex	
L20-5s	Linear	
P8-3Ts	Phased	
P4-2s	Phased	
SC6-1s	Convex	
V11-3Hs	Convex	
P8-2s	Phased	

Probe model	Probe Type	Probe Figure
P8-2Ts	Phased	
LAP13-4Cs	Convex	
L14-5sp	Linear	
L11-3VNs	Linear	
L12-3RCs	Linear	
L12-3VNs	Linear	
C9-3Ts	Convex	
i3P	Phased	
i3PA	Phased	

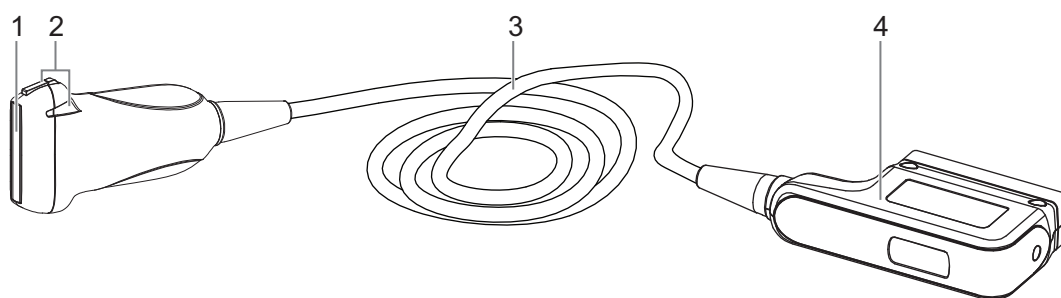
Probe model	Probe Type	Probe Figure
L14-3Ws	Linear	

TIP:

For details of TEE probe, see the relevant Operator's Manual.

13.1.1 Probe Functions by Part

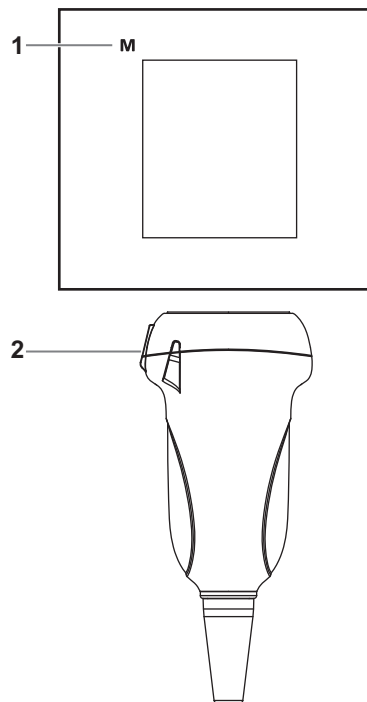
The basic structures and corresponding functions of probes are basically the same; take the following probe as an example.



No.	Item	Description
1.	Probe head	Converts the electrical signal into an ultrasonic signal, focusing the sound beams in a given direction; meanwhile, it receives the reflected ultrasonic signal and converts it into an electrical signal for transmission over the cable. The lens on the surface is the acoustic lens. Apply ultrasound gel on the acoustic lens for correct operation.
2.	Needle-guided bracket fix tabs and grooves	Provides mounting support of the needle-guided bracket. NOTE: This structure of probes in the figure above may vary with the matched needle-guided brackets.
3.	Probe cable	Transmits electrical signals between the probe body and connector.
4.	Probe connector	Connects the probe and cable to the ultrasonic diagnostic system.

13.1.2 Orientation of the Ultrasound Image and the Probe Head

The orientation of the ultrasound image and the probe are shown as below. The “M” side of the ultrasound image on the monitor corresponds to the mark side of the probe, for the laparoscopic probe, the probe orientation starting side is located on the end of the distal tip away from the handle. Check the orientation before the examination (Using a linear probe as an example).



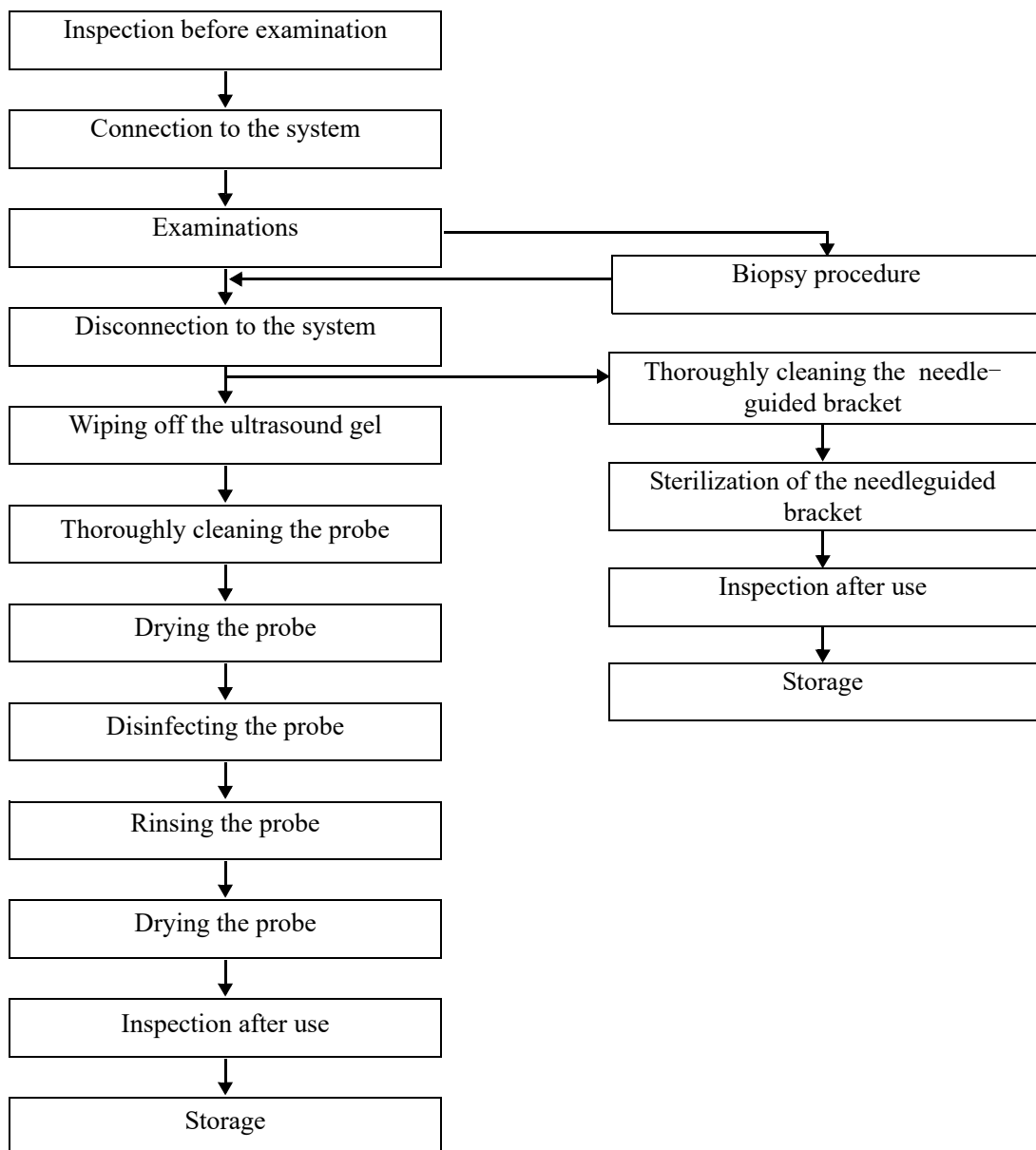
1	Orientation mark
2	Mark

13.1.3 Procedures for Operating

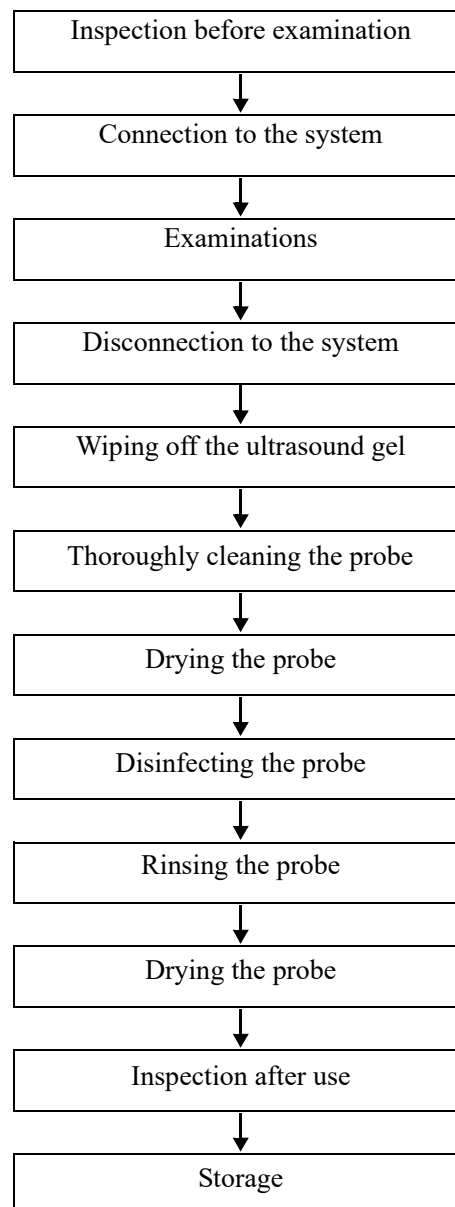
WARNING

Disinfect the probe and sterilize the needle-guided bracket before and after an ultrasound-guided biopsy procedure is performed. Failure to do so may cause the probe and the needle-guided bracket becomes a source of infection.

This section describes general procedures for operating the probe. The proper clinical technique to be used for operating the probe should be selected on the basis of specialized training and clinical experience.

Procedures for operating (with biopsy function)

Procedures for operating (with no biopsy function)



13.1.4 Wearing the Probe Sheath

CAUTION

- Be sure to cover the probe with a new (unused) probe sheath to prevent infection during examination. If the package of a probe sheath is open or broken, the sterilization of the probe sheath may not be sufficient. DO NOT use such a probe sheath.
- The cover contains natural rubber latex and talc that can cause allergic reactions in some individuals.
- DO NOT use an expired probe sheath. Before using a probe sheath, verify whether the term of validity has expired.

A legally marketed probe sheath must be installed over the probe before performing intra-cavitary and intra-operative examination. Protective barriers may be required to minimize disease transmission. Probe sheaths are available for use with all clinical situations where infection is a concern.

To order probe sheath, contact:

CIVCO Medical Instruments Co.

102 First Street South, Kalona, IA 52247-9589 USA

Tel: 1-319-656-4447

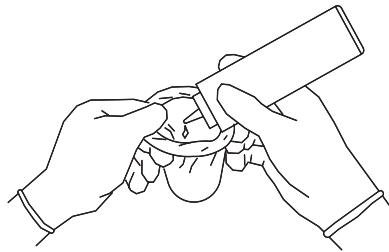
E-mail: info@civco.com

<http://www.civco.com>

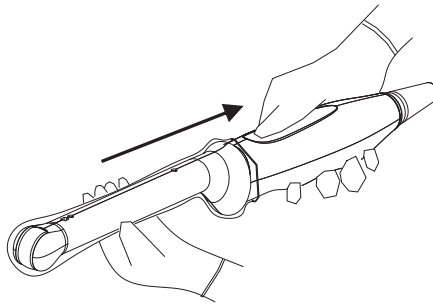
Refer to the probe dimensions listed the Probe Dimensions chapter to choose the necessary probe sheath type.

Perform the following procedure to install the probe sheath:

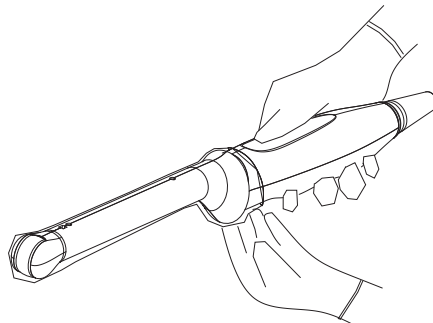
1. Place an appropriate amount of gel inside the sheath or on the probe acoustic lens. Poor imaging may result if no gel is used.



2. Insert the probe into the sheath; make sure to use proper sterile technique. Pull cover tightly over probe acoustic lens to remove wrinkles and air bubbles, and taking care to avoid puncturing the sheath.



3. Secure the sheath with the enclosed elastic bands.



4. Inspect the sheath to ensure there is no hole or tear.

13.1.5 Probes Cleaning and Disinfection/Sterilization

Before and after completing each examination, clean and disinfect (or sterilize) the probes as required. When biopsy procedures have been performed, be sure to sterilize the needle-guided bracket. Fail to do so may result in the probe and the needle-guided bracket to becoming sources of infection. Please follow the instructions in the manual for cleaning.

WARNING

Never immerse the probe connector into liquid such as water or disinfectant. Immersion may cause electrical shock or malfunction.

CAUTION

- No cleaning and disinfecting may result in the probe becoming a source of infection.
 - Please follow the disinfectant manufacturer's manual for performing cleaning and disinfection, including preparing sterile water and cleaning and disinfection time.
-

NOTE:

- After the examination, wipe off the ultrasound gel thoroughly. Otherwise, the ultrasound gel may solidify and degrade the image quality of the probe.
 - DO NOT make the probe to become overheated (more than 55 °C) during cleaning and disinfections. High temperature may cause the probe to become deformed or damaged.
 - Observe the graph here carefully to immerse the probe. Only soak parts of the probe below the strain relief.
 - Repeated disinfection will eventually damage the probe, please check the probe performance periodically.
-

Cleaning and Disinfection/Sterilization Overview

Cleaning and disinfection refer to two distinct processes. According to the Centers for Disease Control and Prevention (CDC) "Guideline for Disinfection and Sterilization in Healthcare Facilities" (2008):

- Cleaning is the removal of visible soil (e.g. organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products. Thorough cleaning is essential before high-level disinfection and sterilization because inorganic and organic material that remains on the surfaces of instruments interfere with the effectiveness of these processes.
- Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores.
 - Low-Level Disinfection—Destruction of most bacteria, some viruses, and some fungi. Low-level disinfection will not necessarily inactivate *Mycobacterium tuberculosis* or bacterial spores.
 - High-Level Disinfection (HLD)—Destruction/removal of all microorganisms except bacterial spores.

- Sterilization describes a process that destroys or eliminates all forms of microbial life and is carried out in healthcare facilities by physical or chemical methods.

Selecting a Microbicidal Method

Probes can be divided into three categories based on their intended use. Some probes may fall into more than one category (e.g. probes use for biopsy procedures). When selecting a disinfectant, determine the required level of disinfection based on intended use and possibility of cross-contamination.

- **Contacts intact skin:** Probes that only come into contact with clean, intact skin are considered noncritical devices and require cleaning after every use. Cleaning may be followed by a low-level disinfectant spray or wipe.
- **Contacts mucous membranes and non-intact skin:** This category includes all endocavity probes - intravaginal, transrectal, and transesophageal (TEE) and probes use for biopsy procedures. These semi-critical probes must be cleaned with an appropriate cleaner after use followed by high-level disinfection.
- **Contacts otherwise sterile tissue or body-space:** These probes are considered critical and include all intraoperative probes. These probes must be cleaned with an appropriate cleaner after each use, followed by a sterilization process.

Cleaning

Please refer to the instructions in the manual and follow your hospital policy and procedures for cleaning.

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Disconnect the probe from the system. If the sheath is used, take off the sheath and discard it.
3. Wipe off the ultrasound gel or other visible dirt on the surface of the probe by using a damp piece of disposable lint-free soft cloth or tissue.
4. Choose an appropriate cleaning agent including mild detergents, enzymatic cleaners and specially designed enzymatic sponges.
5. Immerse the probe fully in the cleaning fluid for at least 1 minute or according to manufacturer's instructions. Lightly mechanical clean the probe with a piece of lint-free soft cloth or soft sponge until no dirt is visible. When necessary, clean the seams or biopsy guide features by using disposable cotton swabs. Avoid using a brush to wash the lens because it may damage the probe.
6. Rinse the probe thoroughly by using a large amount of clean water (about 7.5 L/2 gallons) at room temperature for about 30 s to remove the residual dirt and cleaning solvent. Repeat the rinsing operation twice.
7. Dry the probe by wiping with a piece of disposable lint-free soft cloth or tissue.
Do not dry the probe by heating.
8. Inspect the probe. If visible dirt still exists, repeat the preceding steps to wash the probe until it is all clean.
9. Check whether the probe has defects such as peeling, rifts, bumps, cracks, or liquid spill. If such defects exist, the probe has reached the end of its service life. In this case, stop using it and contact the Mindray service department.

Low-level disinfection of a non-critical probe

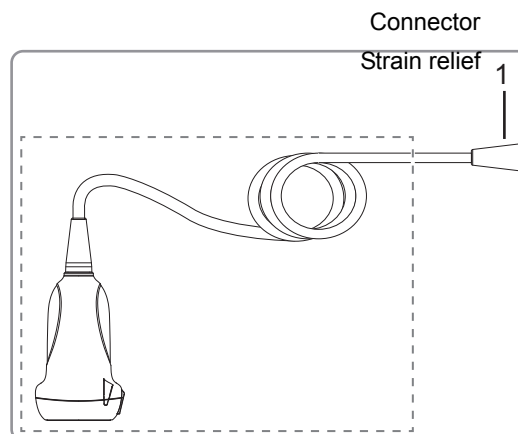
CAUTION

Use protective eyewear when disinfecting using sprays.

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Clean the probe thoroughly in accordance with the cleaning procedure before disinfection.
3. Disinfect the probe by using an appropriate low-level disinfectant. Follow the disinfection agent manufacturer's instructions for preparation and use of the disinfectant.
 - Wipes: Wipe all the surface of the probe according to the wiping duration specified in the operator's manual provided by the manufacturer.
 - Spray: Spray the disinfectant directly on the surface of the probe or spray the disinfectant on a piece of disposable lint-free soft cloth and wipe the probe according to the wiping duration in the operator's manual provided by the manufacturer.

Observe the graph here carefully to perform disinfection. Do not spray the strain relief on the connector end or the connector.



4. Wipe away the residual disinfectant on the probe by using a piece of lint-free soft cloth soaked with clean water. Wipe three times. Or rinse the probe thoroughly by using a large amount of clean water (about 7.5 L/2 gallons) at room temperature.
5. Dry the probe by wiping with a piece of disposable lint-free soft cloth. Do not dry the probe by heating.
6. Check whether the probe has defects such as peeling, rifts, bumps, cracks, or liquid spill. If such defects exist, the probe has reached the end of its service life. In this case, stop using it and contact the Mindray service department.
7. Store the probe in a cool, clean and dry environment. And repeat the cleaning and disinfection process before the next use.

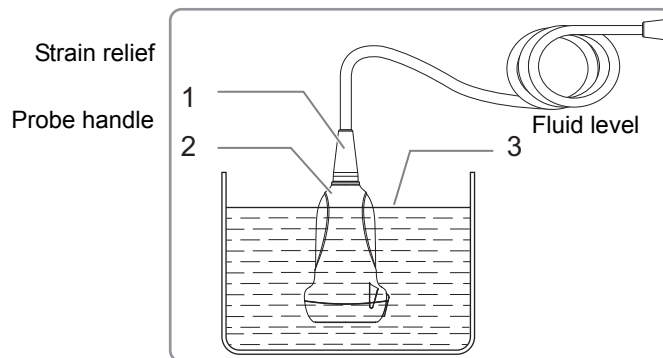
High-level disinfection of a semi-critical probe

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Clean the probe thoroughly in accordance with the cleaning procedure before disinfection.

3. Disinfect the probe by using an appropriate high-level disinfectant or system. For how to use a high-level disinfectant or system, see the operator's manual provided by the manufacturer. Prepare a disinfectant by using sterile distilled or softened water when necessary.
 - Soaking: Immerse the probe head in the disinfectant and shake the probe appropriately to remove any bubbles on the probe surface. For details about the probe immersion duration, see the operator's manual provided by the manufacturer.

Observe the graph here carefully to immerse the probe. Only soak parts of the probe below the strain relief.



- Wiping: Use a market disinfection wipe product or sterile disposable lint-free soft cloth wetted with disinfection spray and wipe all surfaces of the probe for a duration according to the manufacturer instructions.
4. Rinse the probe thoroughly by using a large amount of clean water (about 7.5 L/2 gallons) at room temperature for about 30 s to remove the residual disinfectant. Repeat the operation twice. Or follow the disinfectant manufacturer's instructions regarding rinsing.
 5. Dry the probe by wiping with a piece of clean disposable lint-free soft cloth. Do not dry the probe by heating.
 6. Check whether the probe has defects such as peeling, rifts, bumps, cracks, or liquid spill. If such defects exist, the probe has reached the end of its service life. In this case, stop using it and contact the Mindray service department.
 7. Store the probe in a cool, clean and dry environment. And repeat the cleaning and disinfection process before the next use.

Sterilization of a critical probe

⚠ CAUTION

Repeated sterilization will eventually damage the probe, please check the probe's performance periodically.

For intra-operative probes, they have to be thoroughly cleaned and sterilized after completing each examination.

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Clean the probe thoroughly in accordance with the cleaning procedure before sterilization.
3. Sterilize the probe by using an appropriate sterilant or system.

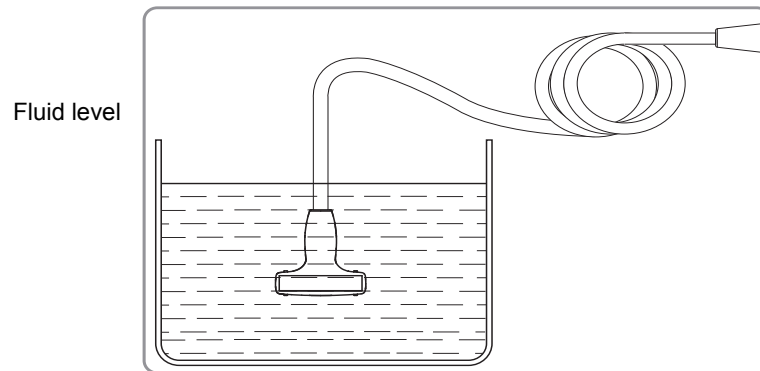
For how to use a system, see the operator's manual provided by the manufacturer.

When using a sterilant, follow the following steps:

- a. Prepare a sterilant by using sterile distilled or softened water when necessary.
- b. Immerse the probe head in the sterilant and shake the probe appropriately to remove any bubbles on the probe surface.

For details about the probe immersion duration, see the operator's manual provided by the manufacturer.

Figure 13-1 Immerse the intra-operative probe in the solution (for reference)



- c. Rinse the probe thoroughly by using a large amount of sterile distilled or softened water (about 2 gallons) at room temperature for about 30 s to remove the residual sterilant. Repeat the operation twice. Or follow the sterilant manufacturer's instructions regarding rinsing.
 - d. Dry the probe by wiping with a piece of sterile disposable lint-free soft cloth. Do not dry the probe by heating.
4. Check whether the probe has defects such as peeling, rifts, bumps, cracks, or liquid spill. If such defects exist, the probe has reached the end of its service life. In this case, stop using it and contact the Mindray service department.
 5. Store the probe in a cool, clean and dry environment. And repeat the cleaning and sterilization process before the next use.

Compatible Cleaner, Disinfectants/Sterilants

For the cleaner, disinfectants and sterilants information, please refer to Mindray Transducer Disinfectant Recommendation.

13.1.6 Probe Environmental Conditions

Table 13-2 Probe Environmental Conditions

Probe Model	Conditions	Ambient temperature	Relative humidity (no condensation)	Atmospheric pressure
C4-1s	Operating	0°C ~ 35°C	15% ~ 90%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 60°C	15% ~ 90%	700 hPa ~ 1060 hPa
C5-1s	Operating	0°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	30% ~ 95%	700 hPa ~ 1060 hPa

Table 13-2 Probe Environmental Conditions

Probe Model	Conditions	Ambient temperature	Relative humidity (no condensation)	Atmospheric pressure
C6-2Gs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
C11-3s	Operating	0°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	30% ~ 95%	700 hPa ~ 1060 hPa
V11-3Hs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L9-3s	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L11-3VNs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L12-3VNs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L12-3RCs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L14-6Ns	Operating	0°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	30% ~ 95%	700 hPa ~ 1060 hPa
L16-4Hs	Operating	10°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	0°C ~ 60°C	30% ~ 95%	700 hPa ~ 1060 hPa
L20-5s	Operating	0°C ~ 35°C	15% ~ 80%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 60°C	15% ~ 90%	500 hPa ~ 1060 hPa
7LT4s	Operating	0°C ~ 40°C	25% ~ 90%	550 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 60°C	10% ~ 95%	500 hPa ~ 1060 hPa
P4-2s	Operating	0°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	30% ~ 95%	700 hPa ~ 1060 hPa
P8-2s	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa

Table 13-2 Probe Environmental Conditions

Probe Model	Conditions	Ambient temperature	Relative humidity (no condensation)	Atmospheric pressure
P10-4s	Operating	0°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	30% ~ 95%	700 hPa ~ 1060 hPa
SP5-1s	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
SC6-1s	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
LAP13-4Cs	Operating	0°C ~ 40°C	20% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C ~ 55°C	20% ~ 95%	700 hPa ~ 1060 hPa
L14-5sp	Operating	10°C ~ 40°C	30% ~ 85%	700 hPa ~ 1060 hPa
	Storage and transportation	0°C ~ 60°C	30% ~ 95%	700 hPa ~ 1060 hPa
L7-3s	Operating	0°C~40°C	30%~85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C~55°C	30%~95%	700 hPa ~ 1060 hPa
L14-6s	Operating	0°C~40°C	30%~85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C~55°C	30%~95%	700 hPa ~ 1060 hPa
C9-3Ts	Operating	0°C~40°C	20%~85%	700 hPa ~ 1060 hPa
	Storage and transportation	-20°C~55°C	20%~95%	700 hPa ~ 1060 hPa
i3PA	Operating	0°C~35°C	20%~85%RH	700hPa~1060hPa
	Storage and transportation	-20°C~45°C	20%~85%RH	700hPa ~1060hPa
i3P	Operating	0°C~35°C	20%~85%RH	700hPa~1060hPa
	Storage and transportation	-20°C~45°C	20%~85%RH	700hPa ~1060hPa
L14-3Ws	Operating	0°C~40°C	20%~85%RH	700hPa~1060hPa
	Storage and transportation	-20°C~55°C	20%~95%RH	700hPa~1060hPa

13.1.7 Storage and Transportation

When all examinations for the day have been completed, confirm that the probe is in good condition. After disinfecting the probe, confirm that the probe is in good condition and stored in a suitable place

- To prevent the probe from being damaged, DO NOT store it in locations where it may be exposed to:

- Direct sunlight or X-rays
 - Sudden changes in temperature
 - Dust
 - Excessive vibration
 - Heat generators
- When the probe is sent to MINDRAY Customer Service Department or sales representative for repair, be sure to disinfect it and keep it in the carrying case to prevent infection.

13.2 Biopsy Guide

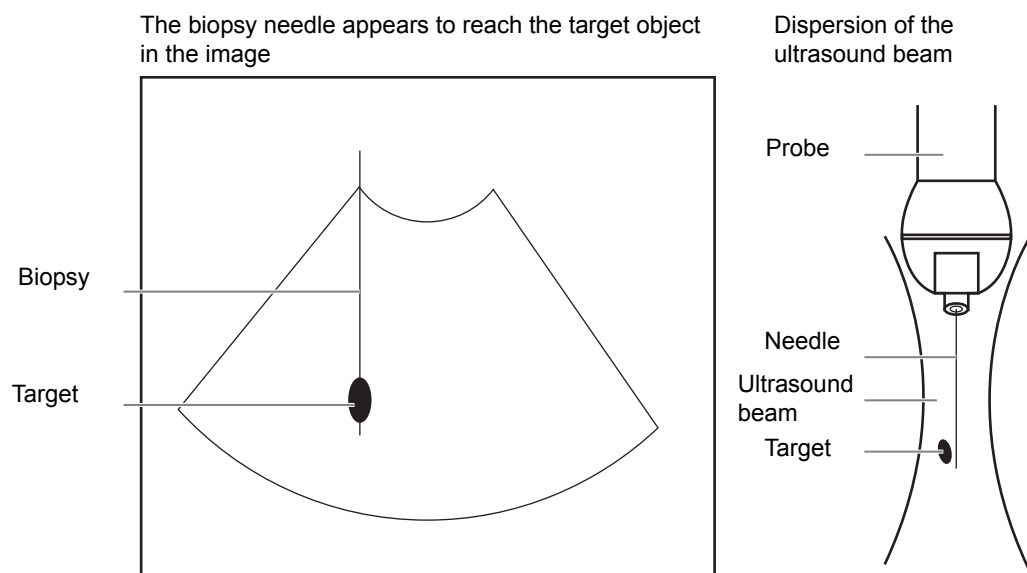
WARNING

- The person performing biopsy procedures must understand diagnostic ultrasound thoroughly and have been trained adequately, otherwise, side effects may be caused to the patient.
- In situations listed below, the biopsy needle may fail to penetrate the target. The incorrect biopsy may cause various side effects in the patient.
 - Use a needle-guided bracket other than that provided.
 - Mount the needle-guided bracket incorrectly.
 - Use a biopsy needle that is unsuitable for the type of biopsy being performed.
 - Use a biopsy needle that is unsuitable for the needle guide.
- Before and after a biopsy procedure is performed, confirm that the needle-guided bracket is normal. Manually confirm that the parts of the needle-guided bracket do not slip off or move from their proper positions. If the needle-guided bracket is used when parts are not securely and correctly installed, the patient may be injured. If an abnormality is found on the needle-guided bracket, immediately stop using it and contact MINDRAY Customer Service Department or sales representative.
- Needle guided brackets are required to be verified before each biopsy. If the verification fails, it indicates that the needle-guided brackets are out of service life.
- Disposable brackets are packaged sterile and are single-use only, and the method of sterilization is irradiation. Do not use if the sterile packaging is open or broken, and do not reuse or resterilize the disposable brackets.
- DO NOT use a needle-guided bracket when scanning is performed. The needle may advance in an incorrect direction and possibly injure the patient.

Never perform a biopsy during image scanning.
- DO NOT freeze an image while performing biopsy procedure.
- During biopsy procedures, the needle may deviate from the desired course due to the tissue characteristics or the type of needle. In particular, needles of small diameters may deviate to a greater degree.

- Disinfect the probe and sterilize needle-guided bracket before and after each ultrasound-guided biopsy procedure is performed. Fail to do so may cause the probe and the needle-guided bracket become sources of infection.
- The needle mark displayed on the ultrasound image does not indicate the actual position of the biopsy needle. Therefore, it should only be used as a reference. Always monitor the relative positions of the biopsy needle during the procedures.
- Adjust the needle mark before the biopsy procedure is performed.
- When performing biopsy procedures, use only sterile ultrasound gel that is certified to be safe. And manage the ultrasound gel properly to ensure that it does not become a source of infection.
- When performing the operation concerning biopsy, wear sterile gloves.
- Image of the biopsy target and the actual position of the biopsy needle:
Diagnostic ultrasound systems produce tomographic plane images with information of a certain thickness in the thickness direction of the probe. (That is to say, the information shown in the images consist all the information scanned in the thickness direction of the probe.) So, even though the biopsy needle appears to have penetrated the target object in the image, it may not actually have done so. When the target for biopsy is small, dispersion of the ultrasound beam may lead to image deviate from the actual position. Pay attention to this.

If the target object and the biopsy needle appear in the image as shown in the figures below (For reference only):



The biopsy needle may not have actually entered the target object even though it appears to have done so in the image. To avoid this, note the points below:

- Do not rely only on the needle tip in the image. Pay careful attention to the fact that when the biopsy needle enters the target object or comes into contact with it, the object should shift slightly.
- Before performing the biopsy, evaluate the size of the object and confirm whether the biopsy can be carried out.

13.2.1 Needle-guided Brackets Available

Some of the probes have corresponding needle-guided brackets for biopsy. The available probes and the corresponding needle-guided brackets are listed as follows:

Table 13-3 Needle-guided Brackets Available

Needle-guided Bracket Model	Probe model	Biopsy angle/ depth ($\pm 1^\circ$)	Applicable Biopsy Needle
NGB-007 plastic/needle detachable metal/needle detachable	L14-6Ns	40°, 50°, 60°	Metal: 14G, 16G, 18G, 20G, 22G Plastic: 13G, 15G, 16G, 18G, 20G
NGB-010 metal-needle detachable	7LT4s	30°, 40°, 50°	13G, 15G, 16G, 18G, 20G
NGB-011 metal/needle undetachable	P4-2s/SP5-1s	11°, 23°	13G, 15G, 16G, 18G, 20G
NGB-016 metal/needle detachable	L14-6s	30°, 40°, 50°	14G, 16G, 18G, 20G, 22G
NGB-018 metal/needle detachable	C11-3s	15°, 25°, 35°	14G, 16G, 18G, 20G, 22G
NGB-022 metal/needle detachable	SC6-1s/C5-1s	25°, 35°, 45°	14G, 16G, 18G, 20G, 22G
NGB-024 metal/needle detachable	C6-2Gs	7°, 25°, 35°	14G, 16G, 18G, 20G, 22G
NGB-025 metal/needle undetachable	V11-3Hs	1.6°	16G, 17G, 18G
NGB-034 metal/needle detachable	L9-3s	40°, 50°, 60	14G, 16G, 18G, 20G, 22G
NGB-036 metal-needle detachable	C4-1s	7°, 25°, 35°	14G, 16G, 18G, 20G, 22G
NGB-043 metal-needle detachable	L12-3RCs	Angle range: 35° ~ 80°	20G, 21G, 22G, 23G
NGB-044 metal-needle detachable	L12-3RCs	Biopsy depth: 5mm, 10mm, 15mm, 25mm, 35mm	18G, 20G, 21G
NGB-054 metal/needle detachable	L14-3Ws	15mm (65°), 23.7mm (55°), 35mm(45°)	11G~23G

Table 13-4 Disposable Brackets

Probe model	Needle-guided Bracket Model
L14-6Ns	CIVCO 658-001
L14-5sp	CIVCO 698-006
C4-1s	CIVCO 698-019
	CIVCO 698-013
V11-3Hs	CIVCO 610-543
	CIVCO 610-1274
C6-2Gs	LPUBKG81
SC6-1s/C5-1s	LPUBKG60

13.2.2 Needle-Guided Bracket Inspection and Installation

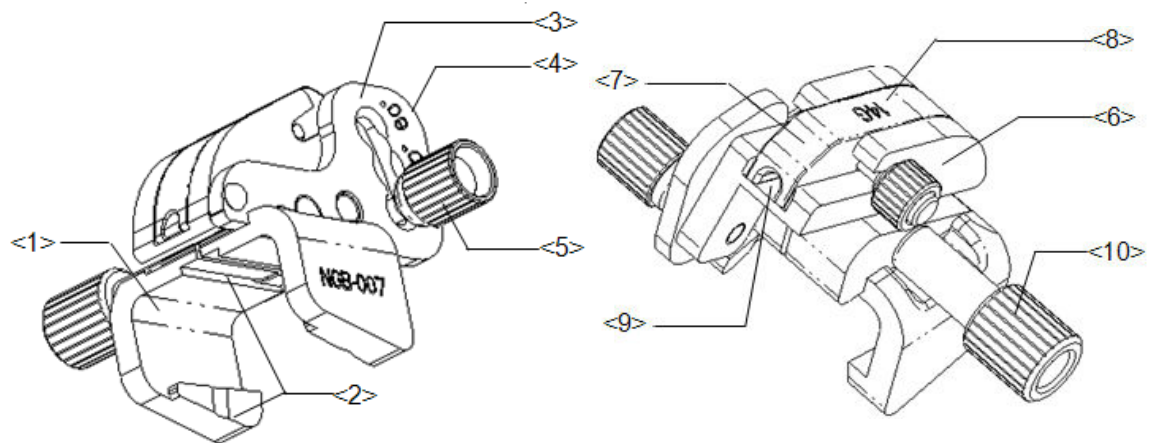
A needle-guided bracket is available for purchase as an optional accessory; it is used in combination with the probe. Some of the probes have matched needle-guided bracket and needles. To order needle-guided brackets, contact MINDRAY Customer Service Department or sales representative.

For biopsy or treatment, ultrasound-guided biopsy procedures can be performed using the probe in combination with a needle-guided bracket (optional accessory) and a biopsy needle (provided by the user).

Be sure to perform inspections before and after use of the needle-guided bracket. If an abnormality is found on the needle-guided bracket, immediately stop using it and contact MINDRAY Customer Service Department or sales representative.

- Sterilize the needle-guided bracket before and after use.
- Put on the sterile probe sheath before installing to the probe.
- Confirm that the needle-guided bracket is free of damage, deformation, stripping, malfunction, loose, or missing parts.
- Confirm that the needle-guided bracket is securely mounted in the correct position.
- Select the proper needle according to the specification above, and adjust the needle shift to the same specification of the selected needle.

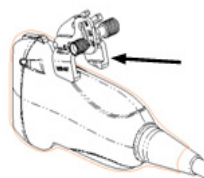
NGB-007 Metal/needle detachable needle-guided bracket



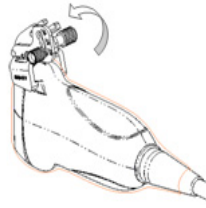
1	Support for needle-guided bracket
2	Tab and groove for the needle-guided bracket
3	Angle-adjusting base
4	Angle shift sign
5	Angle pinch nut
6	Angle block
7	Guiding block
8	Guiding block specification
9	Needle guide hole
10	Needle-guided bracket pinch nut

Perform the following procedure:

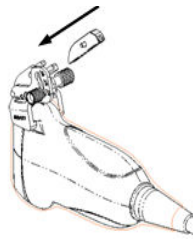
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Hold the probe in one hand, select the correct needle-guided bracket and hold it with the other hand. Match the groove and tab with the tab and groove of the probe respectively. Mount the bracket onto the probe.



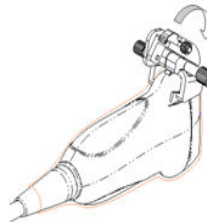
- c. Screw the pinch nut of the needle-guided bracket to ensure that the needle-guided bracket is properly installed on the probe.



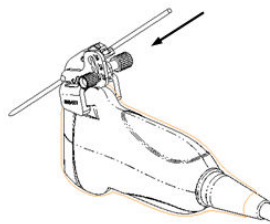
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Install the guiding block
 - a. Select a suitable guiding block and push it into the groove above the angle block, then clamp it tightly



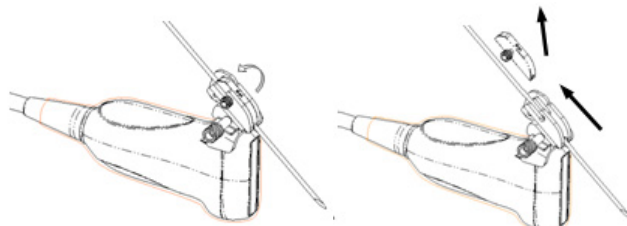
- b. Screw the block's nut to secure the block.



- c. Insert a biopsy needle with the same specification as that of the guiding block into the guiding block hole.

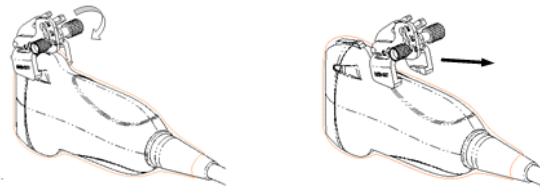


4. Release the needle from the bracket:

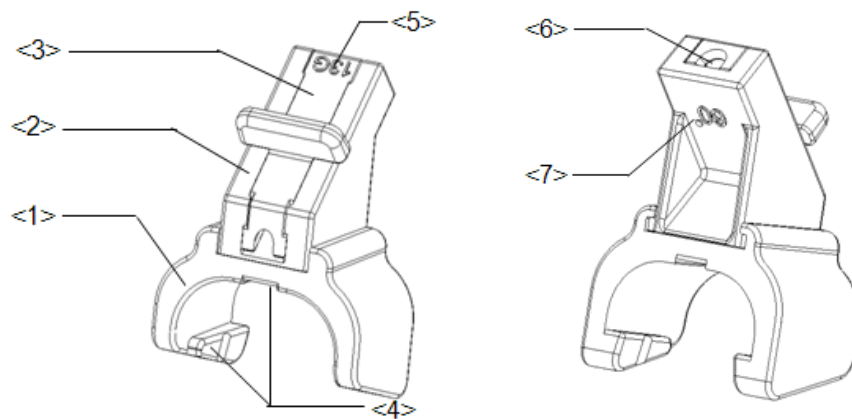


- a. Screw the nut of the guiding block and remove the guiding block slightly along the direction of the needle's tail.
 - b. Separate the residual part of the needle-guide bracket and the probe from the needle.

5. Remove the needle-guided bracket:



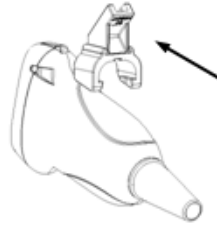
- a. Unscrew the Needle-guided bracket pinch nut, and remove the needle-guided bracket from the probe.
- b. Separate the probe and the needle-guided bracket.

NGB-007 Plastic/needle detachable needle-guided bracket

1	Support of needle-guided bracket
2	Angle block
3	Guiding block
4	Groove and tab of the needle-guided bracket
5	Specification of guiding block
6	Guiding hole of the biopsy needle
7	Specification of angle block

Perform the following procedure:

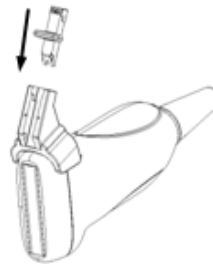
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Hold the probe by one hand, select the proper needle-guided bracket, and hold it with the other hand. Align the narrow end tab of the needle-guided bracket with the groove of the probe, then push the needle-guided bracket forward, making the tabs and the grooves of the needle-guided bracket to match with the grooves and tabs of the probe.



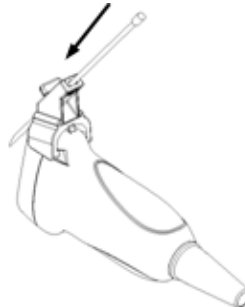
- c. Check manually to confirm that the needle-guided bracket is securely installed on the probe.

2. Install the guiding block:

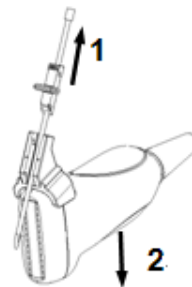
- a. Select a proper guiding block and push it into the groove above the angle block, and clamp it tightly.



- b. Insert a biopsy needle with the same specification as that of the guiding block into the hole of the guiding block.



3. Release the needle from the bracket:



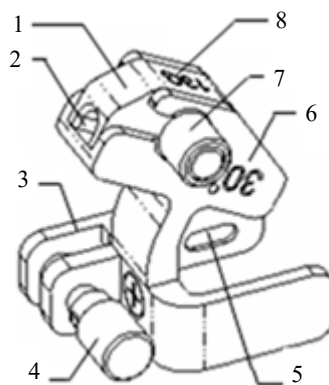
- a. Remove the guiding block slightly along the direction of the needle's tail.

- b. Separate the residual part of the needle-guide bracket and the probe from the needle.
4. Remove the needle-guided bracket:



Remove the support of needle-guided bracket from the probe.

NGB-010 Metal-needle detachable needle-guided bracket



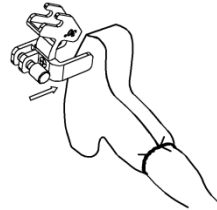
1	Guiding block
2	Guiding hole of the biopsy needle
3	Support of needle-guided bracket
4	Knob of fixing needle-guided bracket
5	Grooves of the needle-guided bracket
6	Needle guide angle
7	Knob of fixing the guiding block
8	Specification of guiding block

Perform the following procedure:

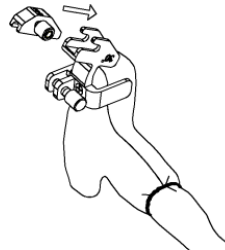
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.



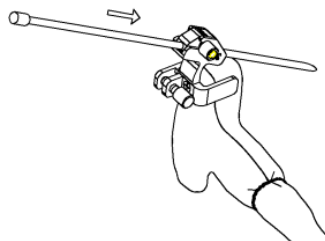
- b. Hold the probe by one hand, select the proper needle-guided bracket, and hold it with the other hand. Match the groove of the bracket with the tab of the probe. Amount the bracket onto the probe.
- c. Hold the probe by one hand, select proper needle-guided bracket, and hold it with the other hand, and align the grooves of the needle-guided bracket with the tabs of the probe, then push the needle-guided bracket forward, making the grooves of the needle-guided bracket to match with the tabs of the probe. Set the needle-guided bracket at the desired position, turn tightly the knob of fixing needle-guided bracket to fix the needle-guided bracket.



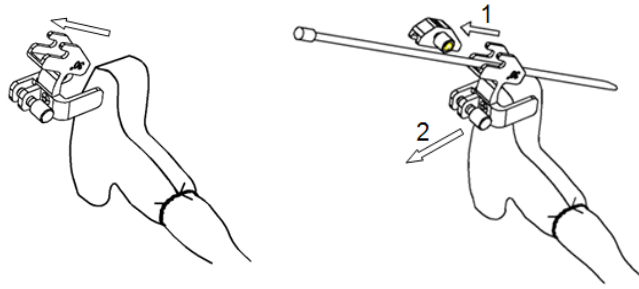
- d. Check manually to confirm the needle-guided bracket is securely installed on the probe.
2. Install the guiding block:
 - a. Select a proper guiding block and push it into the groove above the support of needle-guided bracket, then turn tightly the knob of fixing the guiding block to fix the guiding block on the support of needle-guided bracket.



- b. Insert a biopsy needle with the same specification as that of the guiding block into the hole of the guiding block

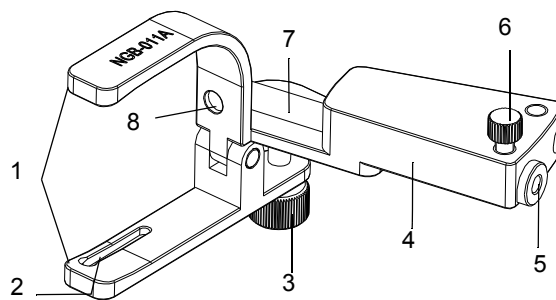


3. Remove the needle-guided bracket:



- a. Remove the guiding block slightly along the direction of the needle's tail, and separate the residual part of the needle-guide bracket and the probe from the needle.
- b. Remove the support of needle-guided bracket from the probe.

NGB-011 Metal-needle undetachable needle-guided bracket



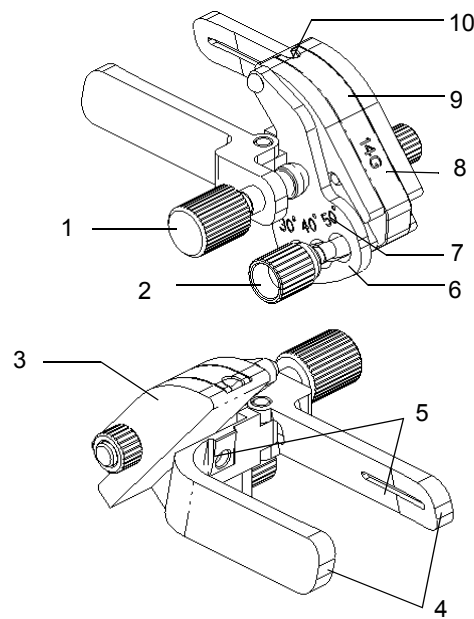
1	Clamp
2	Locating groove
3	Grip knob
4	Needle guide rack
5	Needle guide hole
6	Needle guide clamping knob
7	Needle guide
8	Locating pit

Perform the following procedure:

1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Connect the locating groove on the clamp with the two raised edges on the probe head and align the locating pit of the clamp with the convex point on the probe head.
 - c. Turn the grip knob at the tail of the needle-guided bracket tightly.
2. Remove the needle-guided bracket:

Hold the probe and the needle-guided bracket, then open the grip knob of the needle-guided bracket.

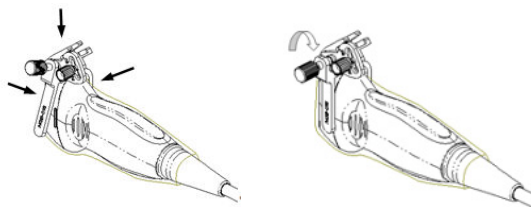
NGB-016 Metal-needle detachable needle-guided bracket



1	Pinch nut of bracket
2	Angle pinch nut
3	Angle block
4	Clamp
5	Groove
6	Angle-adjusting base
7	Angle shift sign
8	Guiding block specification
9	Guiding block
10	Needle guide hole

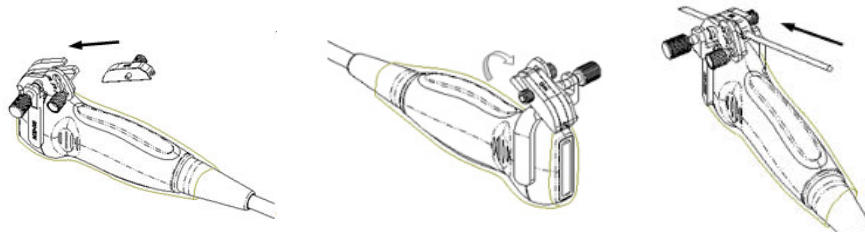
Perform the following procedure:

1. Install the needle-guided bracket:

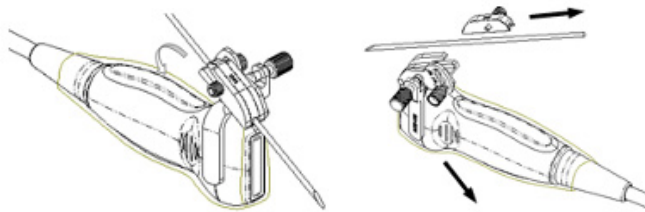


- a. Put on the sterile probe sheath.
 - b. Select a suitable needle-guided bracket and match the groove to the tab of the probe. Mount the bracket onto the probe.
 - c. Screw the pinch nut of the needle-guided bracket to ensure that the needle-guided bracket is properly installed on the probe.
2. Adjust the needle angle to the proper shift as required:

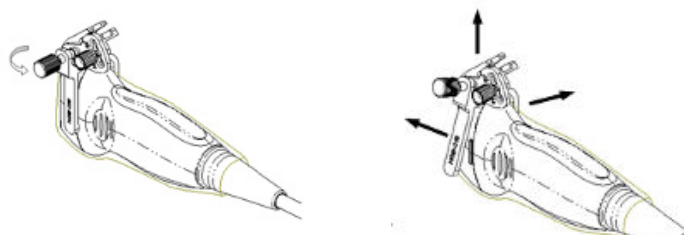
- a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Install the guiding block:



- a. Select a suitable guiding block and push it into the groove above the angle block
 - b. Screw the block's nut to secure the block.
 - c. Insert a biopsy needle with the same specification as that of the guiding block into the guiding block hole.
4. Release the needle from the bracket:

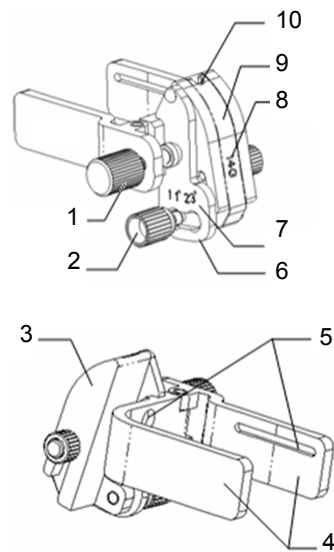


- a. Loosen the guiding block's nut and slightly move the guiding block in the direction of the needle's tail.
 - b. Separate the residual part of the needle-guide bracket and the probe from the needle.
5. Remove the needle-guided bracket:



- a. Screw the pinch nut to release the needle-guided bracket
- b. Separate the bracket and the probe.

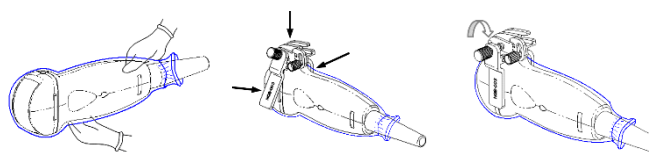
NGB-018 Metal-needle detachable needle-guided bracket



1	Pinch nut of bracket
2	Angle pinch nut
3	Angle block
4	Clamp
5	Groove
6	Angle-adjusting base
7	Angle shift sign
8	Guiding block specification
9	Guiding block
10	Needle guide hole

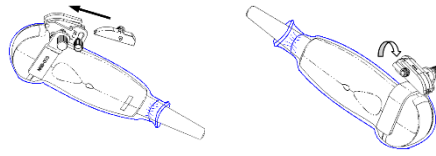
Perform the following procedure:

1. Install the needle-guided bracket:



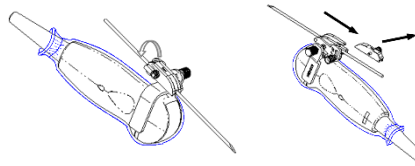
- a. Put on the sterile probe sheath.
 - b. Select a suitable needle-guided bracket and match the groove to the tab of the probe. Mount the bracket onto the probe.
 - c. Screw the pinch nut of the needle-guided bracket to ensure that the needle-guided bracket is properly installed on the probe.
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.

3. Install the guiding block:



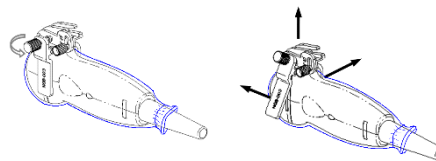
- Select a suitable guiding block and push it into the groove above the angle block
- Screw the block's nut to secure the block.
- Insert a biopsy needle with the same specification as that of the guiding block into the guiding block hole.

4. Release the needle from the bracket:



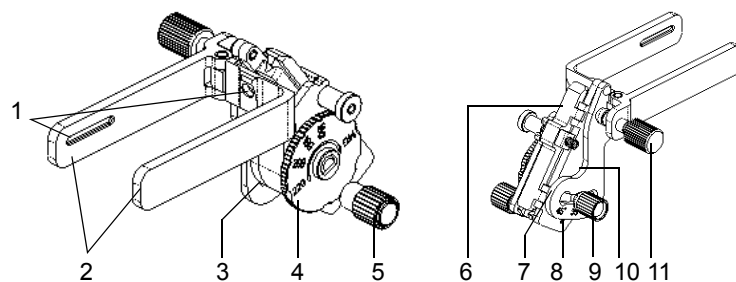
- Loosen the guiding block's nut and slightly move the guiding block in the direction of the needle's tail.
- Separate the residual part of the needle-guide bracket and the probe from the needle.

5. Remove the needle-guided bracket:



- Screw the pinch nut to release the needle-guided bracket
- Separate the bracket and the probe.

NGB-022 Metal-needle detachable needle-guided bracket

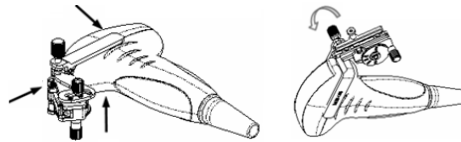


1	Groove
2	Clamp
3	Needle type adjusting base
4	Needle type dial scale
5	Needle fixing nut

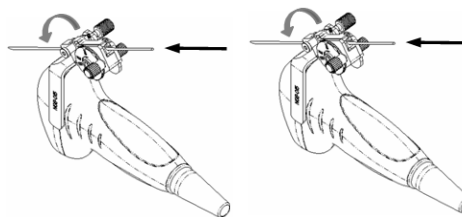
6	V-shaped cover
7	Angle adjusting base
8	Angle shift sign
9	Angle pinch nut
10	Angle block
11	Pinch nut

Perform the following procedure:

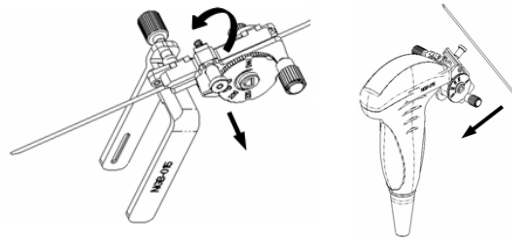
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Hold the probe by one hand, select the proper needle-guided bracket, and hold it with the other hand. Match the groove of the bracket with the tab of the probe. Amount the bracket onto the probe.



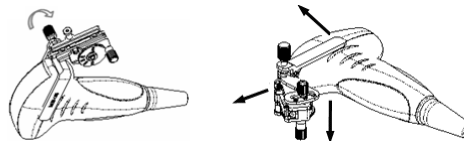
- c. Screw the pinch nut of the needle-guided bracket to confirm that the needle-guided bracket is properly installed on the probe.
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Insert the biopsy needle:



- a. Adjust the dial scale to the required needle type shift, and then screw the needle fixing nut to lock the dial scale. (To adjust the dial scale you have to loosen the needle fixing nut first.)
 - b. Pull the lock pin and close the V-shaped cover to fix the lock pin in the groove of the needle type adjusting base, so as to install the needle into the guiding hole.
4. Release the needle from the bracket:

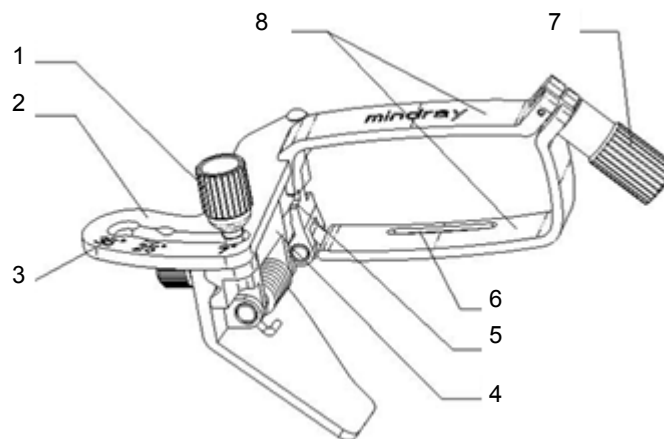


- a. Pull the lock pin and open up the V-shaped cover to expose the needle.
 - b. Separate the bracket and the probe from the needle.
5. Remove the needle-guided bracket:



- a. Screw the pinch nut to release the needle-guided bracket.
- b. Separate the bracket and the probe.

NGB-024 Metal-needle detachable needle-guided bracket

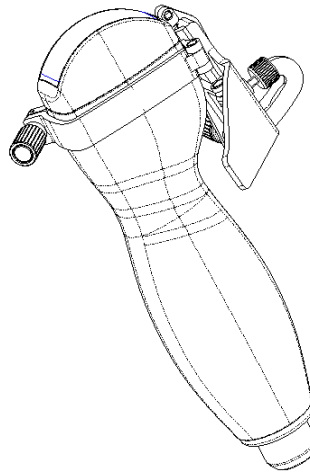


1	Angle locking nut
2	Angle adjusting block
3	Angle marker
4	Angle adjusting base
5	Groove
6	Slot
7	Right, left retaining nut
8	Right, left clamp

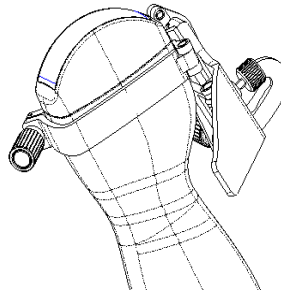
Perform the following procedure:

1. Install the needle-guided bracket:

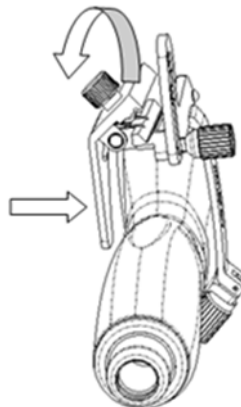
- a. Put on the sterile probe sheath.
- b. Select the needle-guided bracket, and match the groove with the tab of the probe. Mount the bracket onto the probe.



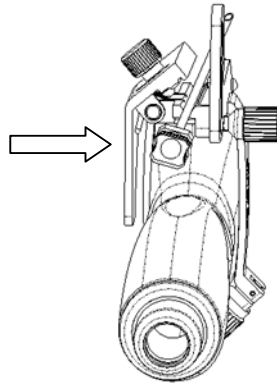
- c. Rotate the retaining nut to fix the bracket and the probe.



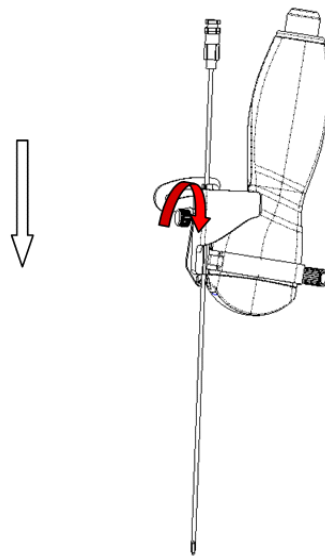
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Insert the biopsy needle:
 - a. Hold the probe. Press the biopsy needle to separate needle guided V-shaped block from pressure position of the needle



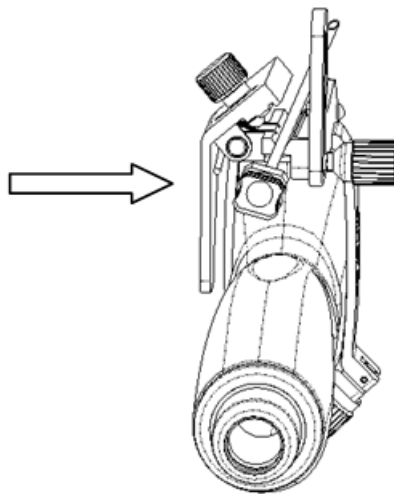
- b. Put the needle into the needle guided-bracket, and the needle leans to V-shaped block.



- c. Hold the probe, and release the pressure position of the needle. Adjust the needle-type adjusting nut manually (following the direction of the arrow). The needle moves smoothly at the vertical direction due to its gravity.

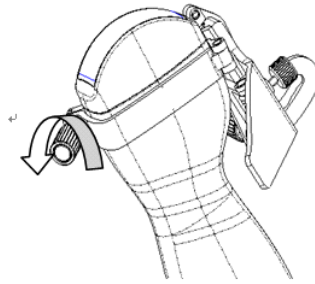


4. Release the needle from the bracket:



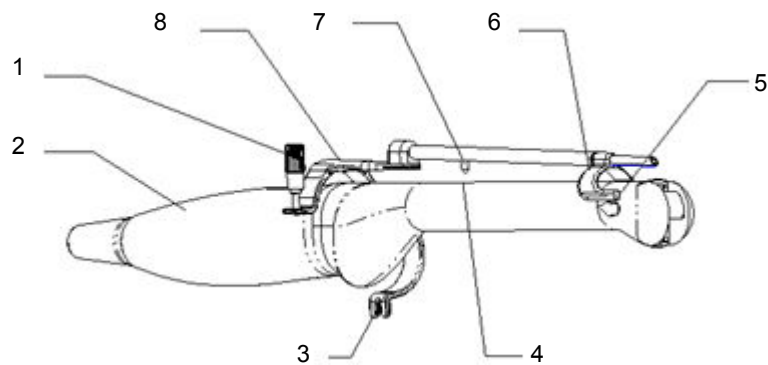
- a. Hold the probe. Press the biopsy needle to separate the needle from pressure position of the needle.
b. Separate the bracket and the probe from the needle.

5. Remove the needle-guided bracket:



- a. Rotate the clamping nuts of the needle guided-bracket on right and left side (following the direction of the arrow). The needle guided-bracket is separate from the probe.
- b. Hold the probe and take out the bracket.

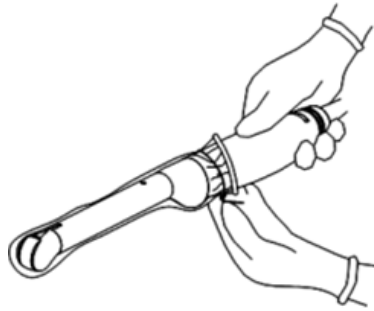
NGB-025 Metal-needle undetachable needle-guided bracket



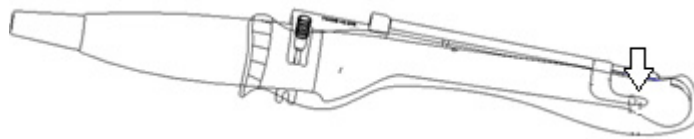
1	Pinch nut
2	Intra-cavity probe
3	Lower clamp
4	Location hole
5	Front slot
6	Front clamp
7	Location clamp
8	Upper clamp

Perform the following procedure:

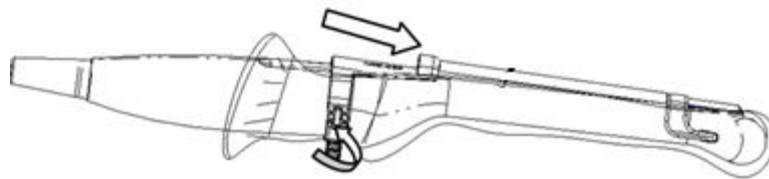
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.



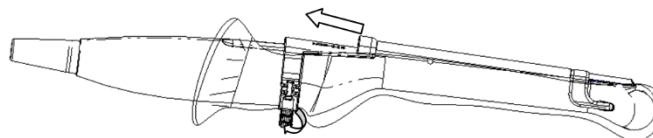
- b. Open the clamp. Insert the front clamp to the front groove, and align front clamp with front groove.



- c. Push the biopsy forward (arrow's direction) until the locating pole inserting into the location hole. Turn the lower clamp against the intra-cavity probe. Tighten the nut to lock the biopsy (arrow's direction)

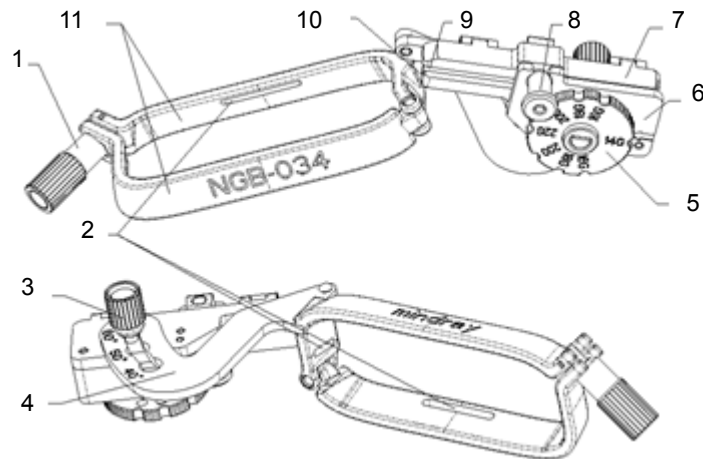


2. Remove the needle-guided bracket:



- a. Hold the prober in the left hand; unscrew the locking nut with the right hand to loose the clamp (arrow's direction).
- b. Lift the biopsy up (towards arrow's direction). The locating pole, front clamp, the locating hole and the front clamp become loose.

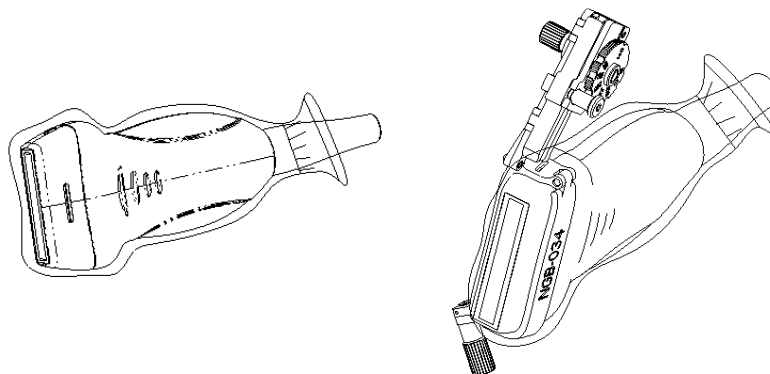
NGB-034 Metal-needle detachable needle-guided bracket



1	Needle fixing nut
2	Guiding groove
3	Angle fixing nut
4	Angle adjusting base
5	Needle type dial scale
6	Needle adjusting base
7	V-shape cover
8	Lock pin
9	Needle guide hole
10	V-shaped guiding block
11	Clamp

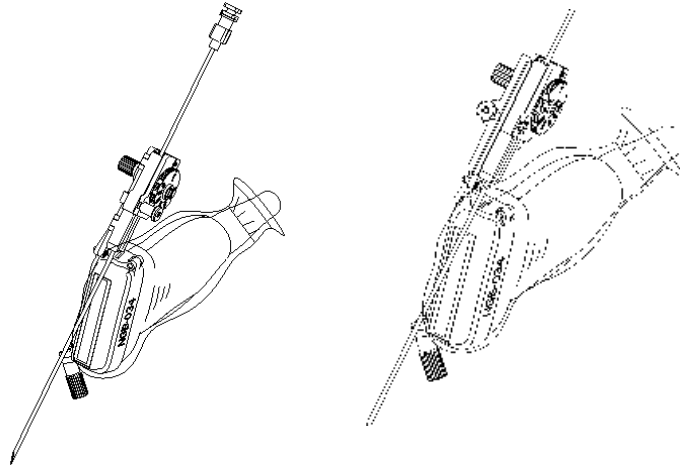
Perform the following procedure:

1. Install the needle-guided bracket:

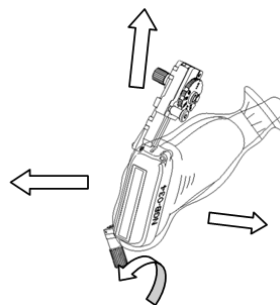


- a. Put on the sterile probe sheath.
- b. Select a proper needle-guided bracket, and match the locating groove with the tab of the probe. Mount the bracket onto the probe.
- c. Tighten the pinch nut of the needle-guided bracket to confirm that the needle-guided bracket is properly installed on the probe.

2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Insert the biopsy needle:
 - a. Adjust the dial scale to the required needle type shift.
 - b. Pull the lock pin and close the V-shaped cover to fix the lock pin in the groove of the needle type adjusting base, so as to install the needle into the guiding hole.
4. Release the needle from the bracket:

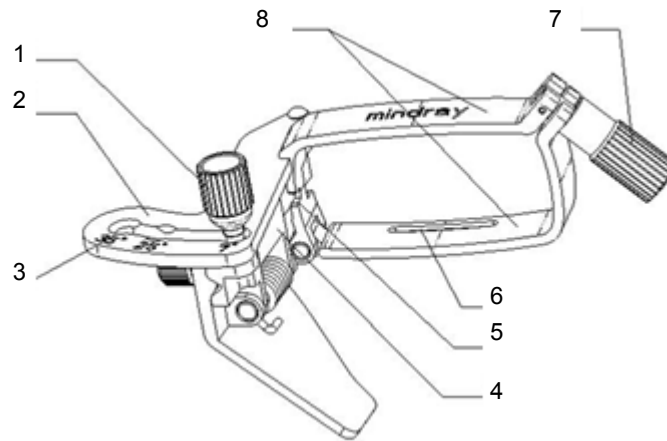


- a. Pull the lock pin out until the V-shaped cover can be turned and opened up.
 - b. Turn over the V-shaped cover to expose the needle. Remove the probe and bracket.
5. Remove the needle-guided bracket:



- a. Unscrew the pinch nut to release the needle-guided bracket.
 - b. Hold the probe and take out the bracket.

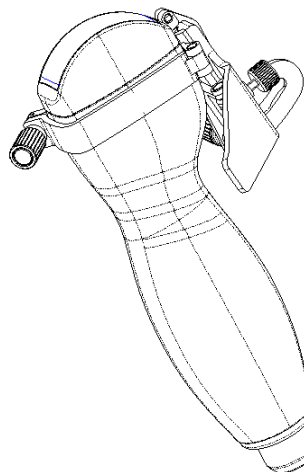
NGB-036 Metal-needle detachable needle-guided bracket



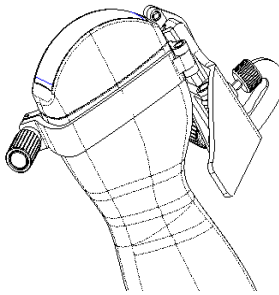
1	Angle locking nut
2	Angle adjusting block
3	Angle marker
4	Angle adjusting base
5	Groove
6	Slot
7	Right, left retaining nut
8	Right, left clamp

Perform the following procedure:

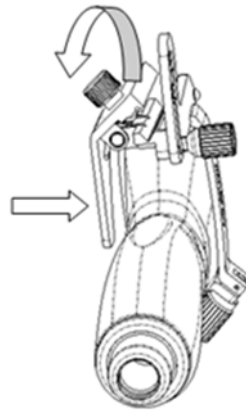
1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Select the needle-guided bracket, and match the groove with the tab of the probe. Mount the bracket onto the probe.



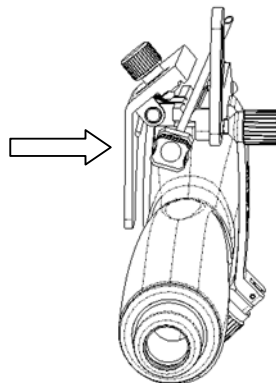
- c. Rotate the retaining nut to fix the bracket and the probe.



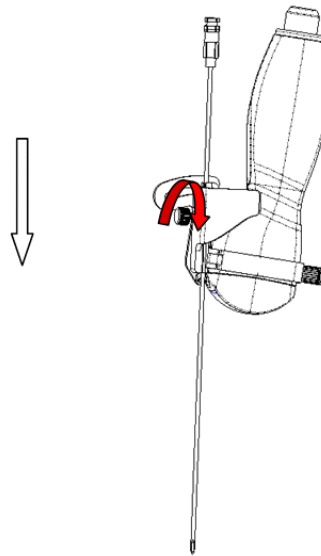
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
3. Insert the biopsy needle:
 - a. Hold the probe. Press the biopsy needle to separate needle guided V-shaped block from pressure position of the needle



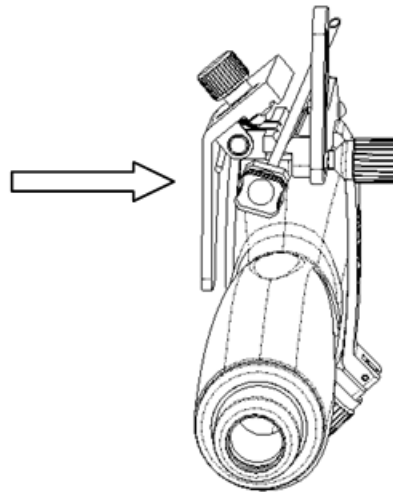
- b. Put the needle into the needle guided-bracket, and the needle leans to V-shaped block.



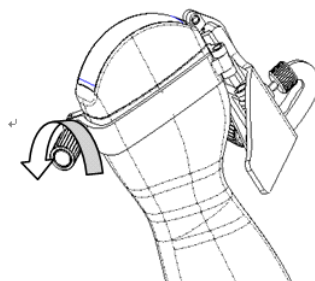
- c. Hold the probe, and release the pressure position of the needle. Adjust the needle-type adjusting nut manually (following the direction of the arrow). The needle moves smoothly at the vertical direction due to its gravity.



4. Release the needle from the bracket:



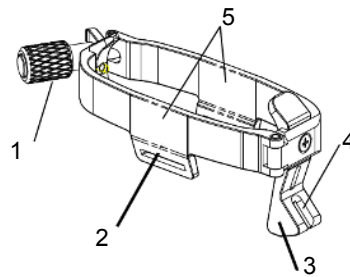
- a. Hold the probe. Press the biopsy needle to separate the needle from pressure position of the needle.
 - b. Separate the bracket and the probe from the needle.
5. Remove the needle-guided bracket:



- a. Rotate the clamping nuts of the needle guided-bracket on right and left side (following the direction of the arrow). The needle guided-bracket is separate from the probe.

- b. Hold the probe and take out the bracket.

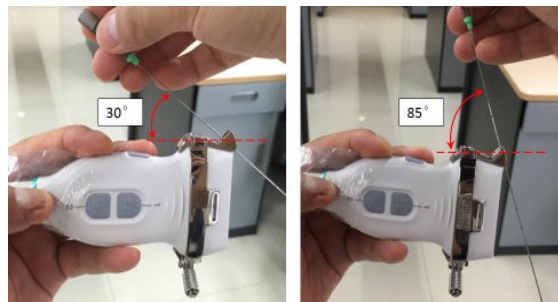
NGB-043 Metal-needle detachable needle-guided bracket



1	Locking nut of left and right clamps
2	Groove
3	Guide frame
4	Guide block hole
5	Clamps

Perform the following procedure:

1. Install the needle-guided bracket:
 - a. Put on the sterile probe sheath.
 - b. Hold the probe in one hand, select the correct needle-guided bracket and hold it with the other hand. Match the grooves of the needle-guided bracket to the tabs of the probe.
 - c. Mount the bracket onto the probe, and rotate the locking nut to fix the bracket.
2. Insert the biopsy needle:



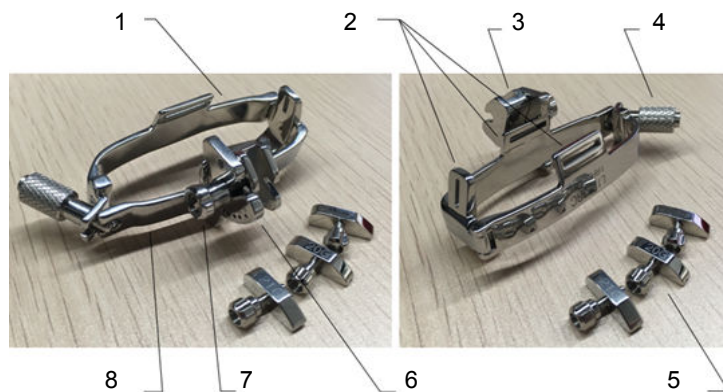
- a. Insert a biopsy needle into the guiding block hole.
- b. Adjust the biopsy angle of the needle, and ensure that the needle can be adjusted continuously within the range of 30° to 85°.
3. Release the needle from the bracket:

Hold the probe, and remove the biopsy needle from the guiding hole of the guiding block.
4. Remove the needle-guided bracket:



- a. Rotate the locking nut in the direction of the arrow shown on the figure to separate the bracket from the probe.
- b. Hold the probe and take out the bracket.

NGB-044 Metal-needle detachable needle-guided bracket



1	Right clamp
2	Groove
3	Guiding block fixing frame
4	Locking nut of left and right clamps
5	Guiding blocks
6	Depth shift sign
7	Depth pinch nut
8	Left clamp

Perform the following procedure:

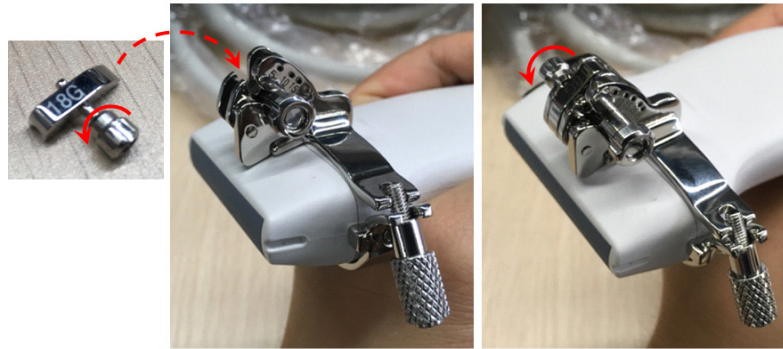
1. Install the needle-guided bracket:



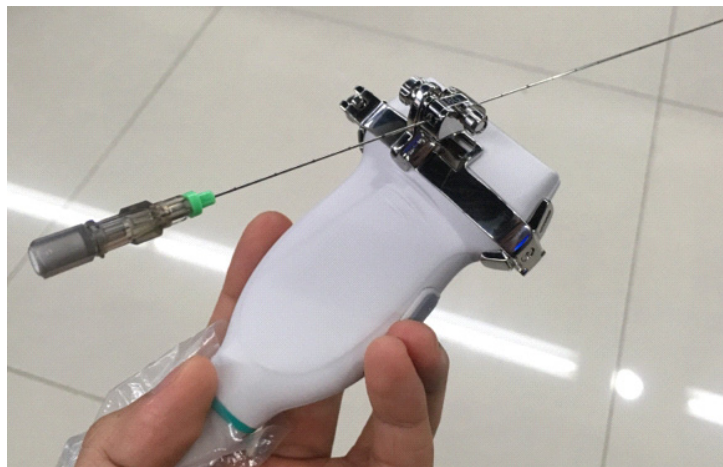
- a. Put on the sterile probe sheath.
 - b. Hold the probe in one hand, select the correct needle-guided bracket and hold it with the other hand. Match the grooves of the needle-guided bracket to the tabs of the probe.
 - c. Mount the bracket onto the probe, and rotate the locking nut to fix the bracket.
2. Adjust the needle angle to the proper shift as required:



- a. Loosen the depth pinch nut.
 - b. Adjust the depth shift to the desired level.
 - c. Tighten the depth pinch nut.
3. Insert the biopsy needle:
- a. Select a suitable guiding block and loosen its nut, install the guiding block to the guiding block fixing frame, then tighten the block nut tightly.



- b. Insert a biopsy needle with the same specification as that of the guiding block into the guiding block hole



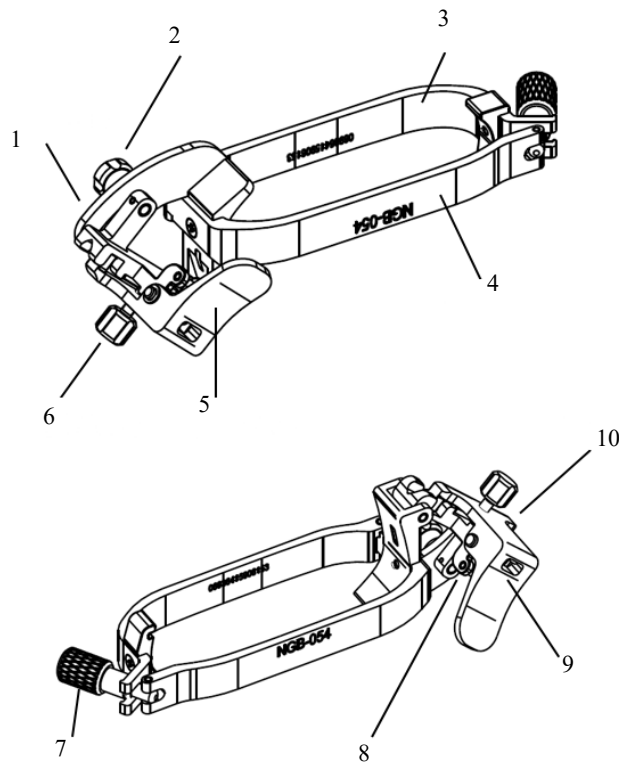
4. Remove the needle-guided bracket:
 - a. Hold the probe and remove the needle.
 - b. Loosen the guiding block nut, and remove it from the guiding block fixing frame.



- c. Rotate the clamping nuts of the needle guided-bracket. The needle guided-bracket is separate from the probe. Hold the probe and take out the bracket.



NGB-054 metal-needle detachable needle-guided bracket

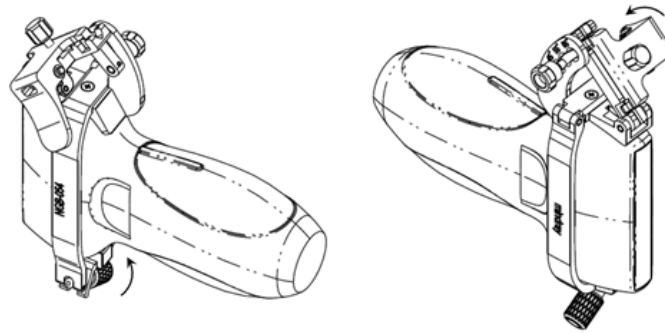


1	Angle adjusting block
2	Angle locking nut
3	Right clamp of the bracket
4	Left clamp of the bracket
5	Needle clamping cover
6	Needle-shaped adjusting nut
7	Locking nuts of the guided bracket at the right and left sides

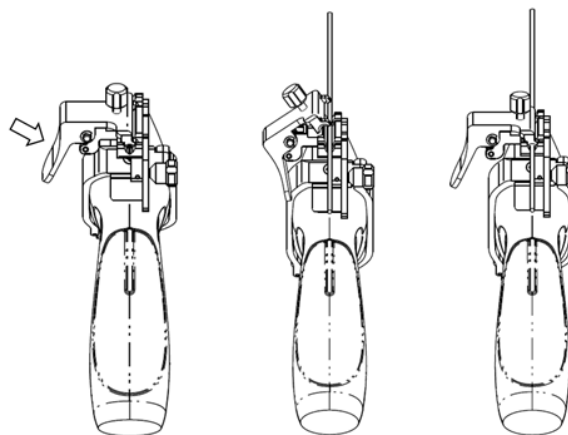
8	Torsion spring of the needle pressure cover
9	Biopsy needle pressure position
10	Angle adjusting base

Perform the following procedure:

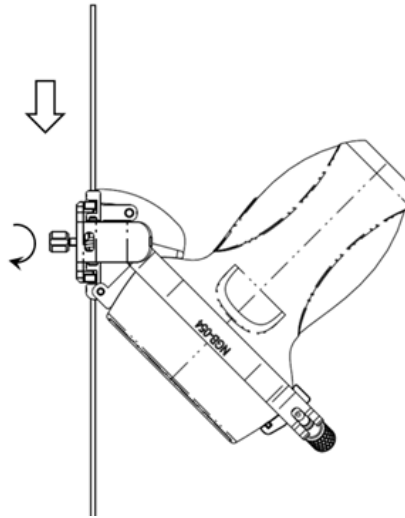
1. Install the needle-guided bracket:



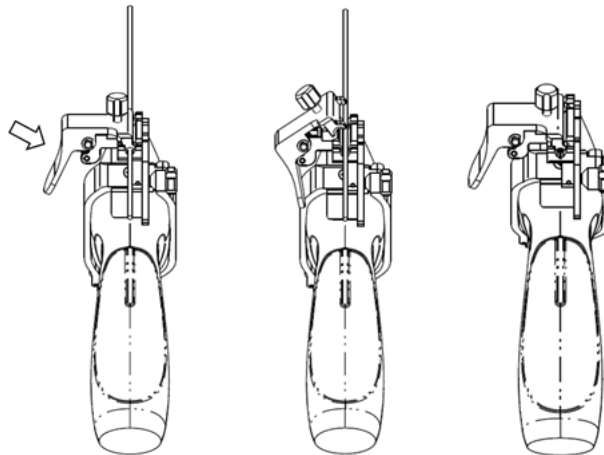
- a. Put on the sterile transducer sheath.
 - b. Hold the transducer in one hand, select the correct needle-guided bracket and hold it with the other hand. Match the inside of the bracket with the outside of the transducer respectively. Mount the bracket onto the transducer.
 - c. Rotate the locking nuts of the guided bracket at the right and left sides to fix the bracket and the transducer. Rotate the needle-shaped adjusting nut to the ultimate position as shown in the figure.
2. Adjust the needle angle to the proper shift as required:
 - a. Loosen the angle pinch nut.
 - b. Adjust the angle block to the desired level.
 - c. Tighten the angle pinch nut.
 3. Insert the biopsy needle:
 - a. Hold the transducer. Press the biopsy needle pressure position to separate it from the V-shaped guiding block. Put the needle into the V-shaped guiding block of the needle guided-bracket.



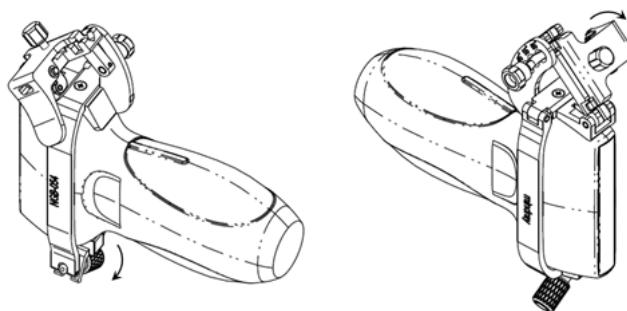
- b. Hold the transducer, and release the pressure position of the needle. Adjust the needle-shaped adjusting nut manually (following the direction of the arrow). The needle moves smoothly at the vertical direction due to its gravity.



4. Release the needle from the bracket:



- a. Hold the probe. Press the biopsy needle to separate the needle from pressure position of the needle.
 - b. Separate the bracket and the probe from the needle.
5. Remove the needle-guided bracket:



- a. Hold the transducer. Press the biopsy needle pressure position to separate the biopsy needle from the pressure position. Separate the bracket and the transducer from the needle.

Rotate the locking nuts of the needle guided-bracket at the right and left sides (following the direction of the arrow). The needle guided-bracket is separate from the transducer. Hold the transducer and take out the bracket.

13.2.3 Verifying the Biopsy Guide Line

WARNING

- Prior to each biopsy procedure, be sure to verify the guide line.
 - If the needle is not consistent with the guide line, **DO NOT** perform the biopsy procedure.
-

NOTE:

You can perform guide line verification on a single live B/C image, and all biopsy-irrelevant operations are forbidden.

Adjusting the needle mark is necessary before each biopsy procedure.

Perform the following procedure:

1. Confirm that the needle-guided bracket has been installed securely in the correct position.
2. Prepare a container filled with sterile water.
3. Place the head of the probe in the sterile water and place a biopsy needle in the needle guide.
4. When the biopsy needle appears on the image, confirm that the biopsy needle is displayed at almost the same position as the selected needle mark.
5. Enter Biopsy.
 - Select the biopsy bracket angle/guide line: If the needle-guided bracket supports more than one biopsy angle, select the angle/guideline by using [Biopsy Kit].
 - Select the guide line dot size by using [Dot Size].

NOTE:

- The distance between two dots is depth-dependent. Move the cursor over the big dot and a numeral, representing the biopsy depth, is displayed.
 - The biopsy guidezone adjusts along with image adjustments, such as image inversion/rotations, zoom and depth changes.
6. Tap [Verify] in the Biopsy tab to open the Biopsy Verify menu.
 - Adjust the guide line position: Use [Position] to change the position of the guide line.
 - Adjust the angle: Use [Angle] to change the guide line angle.
 - Save the verified settings: After the position and angle of the guide line are adjusted, tap [Save] and the system saves the current guide line settings. If biopsy is entered again, the displayed Position and Angle are the verified value.
 - Restore the factory default settings: Tap [Load Factory] and the position and angle of the guide line are restored to the factory default settings.
 - Exit biopsy verify status: Tap [Exit] and the system exits the guide line verification status.

13.2.4 Starting the biopsy procedure

DANGER

- Ensure that all guide parts are properly fixed prior to performing a biopsy.
 - If you changed the probe or needle-guided bracket during the biopsy, verify the guide line again.
 - Failure to match the guide zone displayed to the guide may cause the needle to track a path outside the zone.
 - It is extremely important that when using the adjustable angle biopsy guides, the angle displayed on the screen matches the angle set on the guide, otherwise the needle will not follow the displayed guide zone and this could result in repeated biopsies or patient injury.
-

Perform the following procedure:

1. Select the correct needle-guided bracket and needle and install them properly.
2. Enter the biopsy.

If the current probe has no corresponding bracket, or the image is frozen and the guide line was hidden before the image was frozen, then you cannot enter the Biopsy menu.

3. Select the bracket and guide line according to the actual situation.

Select [Verify] to enter Biopsy Verify menu to fine tune the guide line if needed.

4. If available, use iNeedle function to help enhance the needle visualization when the needle display is not clear.

iNeedle is an option.

- a. Select [iNeedle].

The parameters that can be adjusted appear on the menu:

[B/iNeedle]: select to display B image and iNeedle image synchronously.

[Needle Dir.]: select to adjust the needle direction display according to actual direction of needle insertion. The iNeedle affecting region changes correspondingly.

- b. Select [iNeedle] again to exit.

5. Scan to locate the target. Center the target in the electronic guidezone path.
6. Direct the needle into the area of interest for specimen.
7. After extracting the biopsy sample is complete, gently remove the probe from the body.
8. Exit the Biopsy menu.
9. Disassemble the items and properly dispose of these items as required.

13.2.5 Clean and Sterilize the Needle-Guided Bracket

CAUTION

- Needle-guided brackets whose name starts with NGB are reusable, and need thorough cleaning and sterilization before and after each biopsy.
- Follow local regulations when selecting and using the disinfectant.

- Repeated sterilization may degrade the safety and performance of the needle-guided bracket. Before use, please check whether the needle-guided bracket has defects such as deformation and rusting. If such defects exist, the bracket has reached the end of its service life. In this case, stop using it and contact the Mindray service department.
- It is recommended to use immersion sterilization for plastic needle-guided brackets and high-pressure steam sterilization for metal needle-guided brackets.
- For detailed operations about the cleaning solvent, sterilant and high-temperature steam sterilizer, see the respective operator's manuals provided by the manufacturer.

NOTE:

Disposable components are packaged sterile and are single-use only. Do not use if integrity of packaging is violated or if expiration date has passed. Please use the disposable components compliant with the relevant local regulations.

Cleaning

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. After use, immerse the needle-guided bracket in distilled water immediately to prevent dirt from drying. Wipe the entire surface of the needle-guided bracket by using a piece of disposable lint-free soft cloth to remove coarse dirt.
3. Prepare a cleaning solvent (enzymatic or neutral pH detergent, e.g., liquinox, MetriZyme) by using distilled or softened water in accordance with the operator's manual provided by the manufacturer.
4. Detach all the detachable parts of the needle-guided bracket and immerse the needle-guided bracket and all its parts fully in the cleaning solvent for at least 1 minute or a period specified by the manufacturer.
5. Immerse the needle-guided bracket and all its parts fully in the cleaning solvent. Wipe and wash the surface and connecting parts of the needle-guided bracket gently by using a soft brush until no dirt is visible. Place the needle-guided bracket inside an ultrasonic cleaner and perform ultrasonic cleaning for 3–5 minutes.
6. Rinse the needle-guided bracket thoroughly by using a large amount of distilled or softened water (about 2 gallons) at room temperature for about 30 s to remove the residual dirt and cleaning solvent. Repeat the operation twice.
7. Wipe away the water on the needle-guided bracket by using a piece of disposable lint-free soft cloth.
8. Inspect the needle-guided bracket. If visible dirt still exists, repeat the preceding steps to wash the bracket until it is all clean.

Sterilization with a sterilant

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Clean thoroughly in accordance with the cleaning procedure before sterilization.

3. Prepare a sterilant by using sterile distilled water when necessary.

Table 13-5 Recommended sterilization solution

Chemical name	Trade name	Procedures
Glutaraldehyde (2.4%)	Cidex Activated Dialdehyde Solution (applicable for FDA region only)	Refer to the instructions provided by the solution manufacturer for details.
22% Hydrogen Peroxide 4.5% Peroxyacetic Acid	Minnicare liquid disinfectant (applicable for Canada only)	Refer to the instructions provided by the solution manufacturer for details.
Glutaraldehyde (2.6%)	Metricide	Refer to the instructions provided by the solution manufacturer for details.

4. Immerse the needle-guided bracket fully in the sterilant and shake the bracket appropriately to remove any bubbles on the surface. Use a syringe to draw an appropriate amount of sterilant and inject the sterilant into the hole to remove the bubbles inside the hole if necessary.

For details about the immersion duration, see the operator's manual provided by the manufacturer.
5. After sterilization, wash the needle-guided bracket thoroughly by using a large amount of sterile distilled water (about 2 gallons) at room temperature for about 30s to remove the residual sterilant. Repeat the operation twice.
6. Dry the needle-guided bracket by using a piece of sterile disposable lint-free soft cloth.
7. Store the needle-guided bracket in a cool, clean and dry environment.

High-pressure steam sterilization

High-pressure steam sterilization is preferred for the metal guided brackets. And the sterilizer and accessories should be cleared by FDA for the intended sterilization cycle.

Perform the following procedure:

1. Wear a pair of gloves to prevent infection.
2. Clean thoroughly in accordance with the cleaning procedure before sterilization.
3. Package the needle-guided bracket in accordance with the sterilization requirements of surgical instruments using the sterilization wrap or pouch cleared by FDA.
4. Place the packaged needle-guided bracket inside a high-temperature steam sterilizer and perform sterilization. The sterilization parameters are 121 °C and 30 minutes for a gravity displacement steam sterilizer and are 132 °C and 4 minutes for a dynamic-air-removal steam sterilizer.
5. Take out the sterilization package after sterilization and dry it in an oven at 60 °C for 20 minutes to 30 minutes.

Keep the sterilization package together with other sterilized surgical instruments in a sterile item storage area.

13.2.6 Storage and Transportation

- Do not use the carrying case for storing the needle-guided bracket. If the carrying case is used for storage, it may become a source of infection.
- Between examinations, keep the needle-guided bracket in a sterile environment.

- If the needle-guided bracket is sent to your MINDRAY representative for repair, be sure to disinfect or sterilize it and keep it in the carrying case to prevent infection.
- Sterilize the carrying case as necessary.
- Store or transport the needle-guided bracket under the following ambient conditions:
 - Ambient temperature: -20 °C to 55 °C
 - Relative humidity: 20% to 85% (no condensation)

13.2.7 Disposal

Be sure to sterilize the needle-guided bracket before disposing of it.

Disposal of the needle-guided brackets is in accordance with SanPiN 2.1.7.2790-10.

Contact your MINDRAY representative when disposing of this device.

13.3 Middle Line

Middle Line helps to locate and observe the focus point of lithotripsy wave during lithotripsy treatment. By means of providing information for the lithotripsy machine as well as a tool for watching the procedure of lithotripsy in real-time, you can adjust the intension and frequency of the lithotripsy wave through lithotripsy machine.

NOTE:

This function in the ultrasound system is for lesion (stone) location and observation only. For details, please refer to lithotripsy machine accompanying manuals.

Turn on Middle Line function.

- The middle line is a vertical dotted line located in the middle of the screen, the position and direction of which cannot be changed.
- There is a mark icon of “×” located on the middle line which can be moved up and down along the line.
- To use the Middle Line function of the ultrasound system:
 - a. Change the mark position and by adjusting lithotripsy machine tools or patient posture to locate the stone center at the mark.
 - b. Read the depth of the mark by observing the depth caliper on the screen.
 - c. After the stone is located, refer to lithotripsy machine manuals to perform the lithotripsy.
 - d. The depth of the mark is displayed in the image parameter area of the screen.

13.4 eSpacial Navi

The eSpacial Navi function builds up the connection between the ultrasound system and the processed needles. The needle position appears on the image in real time. Meanwhile, the virtual needle mark guides the needle path on the ultrasound image. Based on the magnetic induction technology, the eSpacial Navi function aids in and enhance the ultrasound needle guidance.

WARNING

- Ultrasound images should be referenced during the whole process of needle guidance.

- The magnetizer should be used with the needle cap. Disinfect the magnetizer after use.
- The needle cap is a single use device. Dispose of the needle cap properly after use.
- The needle cap is a sterile, single use device. To maintain procedural sterility, it is important that the needle cap is isolated from non-sterile objects.

CAUTION

- Keep the magnetizer away from any device that is sensitive to magnetic fields. Never place or hold the magnetizer within 1 m of the probe.
- The eSpacial Navi system supports only the needle types listed on the needle list. For details, see “13.4.1 Interface”.
- Keep the eSpacial Navi probe away from the source of disturbance, such as metal objects and magnetized objects. Do not use or store the eSpacial Navi probe in the vicinity of strong electric or magnetic fields.

NOTE:

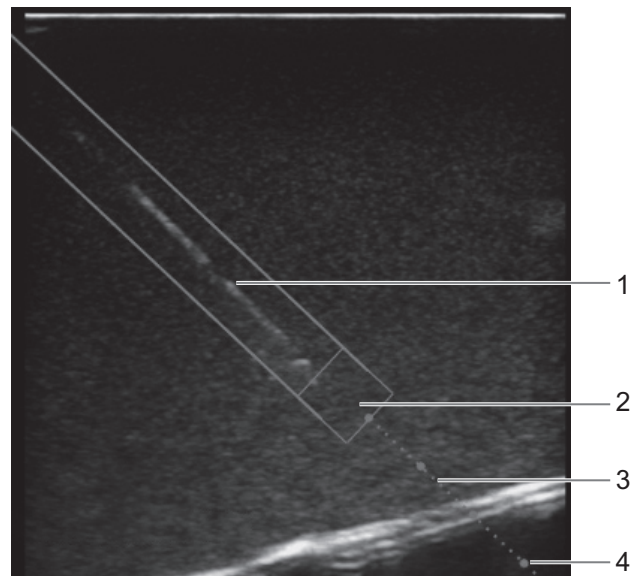
- When used under optimal operating conditions by an experienced medical professional, the eSpacial Navi system can achieve precision as high as ± 2.4 mm.
- Place the magnetizer in the proper position to prevent the magnetizer from falling off or becoming damaged.
- DO NOT make the magnetizer overheated (more than 50 °C) during cleaning and disinfections. High temperature may cause the magnetizer to become deformed or damaged.

13.4.1 Interface

During biopsy, the selected needle type and prompt icons are displayed on the screen. The meaning of prompt icons are as follows:

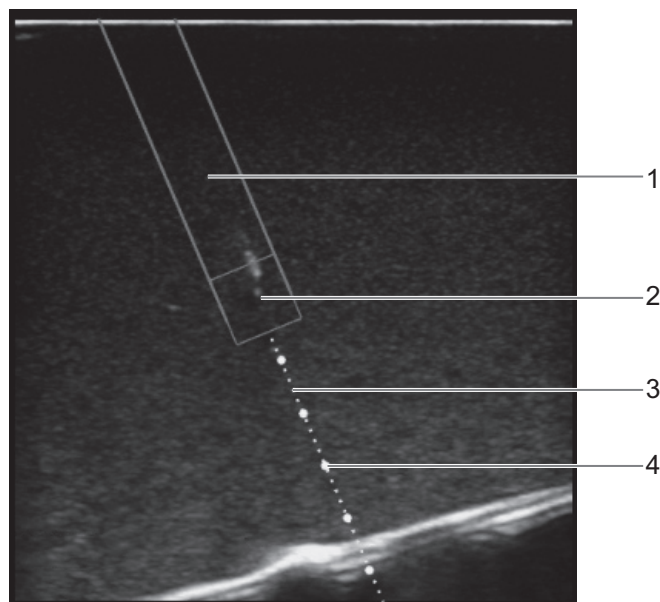
	Alignment indicator (plan view)
	Alignment indicator (plan view)
	Filed strength
[35	Maximum depth at which the needle can be detected
	Appears when the insertion angle of a needle relative to the skin surface exceeds 60° to notify users to adjust the angle.

In Plane Needle Guidance GUI



1	Needle position in the ultrasound plane
2	Needle tip position in the ultrasound plane
3	Needle guidance trajectory
4	Scale of guideline (5 mm/scale)

Out of Plane Needle Guidance GUI



1	Needle projection position in the ultrasound plane
2	Position at which the needle cross the ultrasound plane
3	Projection position of the needle guidance trajectory in the ultrasound plane
4	Scale of guideline (5mm/scale)

13.4.2 Preset

eSpacial Navi Needle Menu

Enter the Needle menu, and controls are as shown in Table 13-6.

Table 13-6 eSpacial Navi Needle settings

Item	Description
Needle	Select the desired needle from the drop-down list. You can set the most frequently used needle to a favorite one.
Display Favourite Only	After it is ticked, only the favorite needles are displayed on the needles list.
Auto Optimize	After it is ticked, the system adjusts focus position automatically according to the position of the needle tip, and enable or disable ExFOV function.

eSpacial Navi Settings Menu

Enter the eSpacial Navi Settings menu, and select the items to be displayed on the screen.

13.4.3 Preparation Before Needle Guidance

NOTE:

Before and during calibration, keep the probe away from the magnetic sources, such as metal objects, electrical motors, switching power supplies, nerve stimulators and similar medical devices.

Perform the following procedure:

1. Scan the target tissue and adjust the image parameters.
2. Check the field strength to ensure that the field strength indicator is . If the field strength is low, hold the probe and select [Calibrate] on the eSpacial Navi Needle menu. Do not move the probe during the calibration.

Indicator Colors	Description
Green	Low magnetic interference: appropriate for needle guidance.
Yellow	Medium magnetic interference: be cautious for needle guidance.
Red	High magnetic interference: do not perform needle guidance.

3. Magnetize a needle cap.
 - a. Place an appropriate sterile needle cap (length: 3.5cm to 4.5cm, diameter < 7 mm, with bottom closed) into the magnetizer.



- b. Introduce a needle into the cap, and ensure that the needle tip contacts the bottom of the needle cap.

If the needle cap associated with the needle does not meet the requirements, you are recommended to use BBraunSterican <35 mm needles cap or B&D Microlance <35 mm needles cap.



- c. Hold the needle for 1 or 2 seconds and then withdraw it quickly from the magnetizer.

13.4.4 Procedure

NOTE:

- The Pan Zoom function is not supported on eSpacial Navi mode.
- Do not freeze the ultrasound image during the procedure. Otherwise, biopsy guidance information will disappear.
- When the insertion angle of a needle relative to the skin surface exceeds 60°,  is displayed on screen to notify users to adjust the angle. After the angle is smaller than 60°,  disappears.

Perform the following procedure:

1. Hold the probe stably and put the needle close to the probe for connection. After the needle and probe are successfully connected, the system automatically calculate the maximum depth at which the needle can be detected in real time, and display the depth value in the touch screen.

When the actual depth is greater than the maximum value, the needle guidance information disappears temporally.

2. Adjust the needle position and angle to define the position for inserting the needle.

Pay attention to the field strength during the needle guidance process.

13.4.5 Magnetizer Cleaning and Disinfection

After use, clean and disinfect the magnetizer as required. Failure to do so may result in the magnetizer becoming sources of infection.

CAUTION

- When performing cleaning and disinfection of the magnetizer to prevent infection, wear sterile gloves.
- After disinfection, rinse the magnetizer thoroughly with sterile water to remove all chemical residues.

- No cleaning and disinfecting may result in the magnetizer becoming a source of infection.
- Please follow the disinfectant manufacturer's manual for performing cleaning and disinfection, including preparing sterile water and cleaning and disinfection time.

NOTE:

- Please refer to the instructions provided by the manufacturer of the disinfectant for details.
- The magnetizer can be disinfected using the compatible disinfectants at least 500 times.

Compatible disinfectants for the magnetizer are shown in Table 13-7.

Table 13-7 Compatible disinfectants

Trade Name	Manufacturer	Chemical Name	Procedures
Surfa'safe	Anios Laboratoires	didecyldimethylammonium chloride 1.4mg/g; polyhexamethylene biguanide hydrochloride 0.96mg/g	Sprays, fungicidal in 20 min T.B in 15 min
Sani-Cloth® Plus	PDI	n-Alkyl dimethyl benzyl ammonium chloride; n-Alkyl ethylbenzyl ammonium chloride	Wipes, 3 min
Oxivir™/MC Tb	Diversey	0.5% hydrogen peroxide	Sprays, 10 min
CLEANISEPT® WIPES	DR.SCHUMACHER GMBH	0.25g didecyldimethylammoniumchloride; 0.5g quaternary ammonium compounds; benzyl-C12-16-alkyldimethyl-; chlorides	Wipes, 2 min
mikrocid® AF Wipes Jumbo	SCHÜLKE	25% ethanol; 35% propan-1-ol	Wipes, 15 min
IODOCLEAN	Anios Laboratoires	sodium thiosulfate and excipients	Sprays, 5 ~ 15 min
tristel duo	TRISTEL SOLUTIONS	chlorine dioxide	Sprays, 1 min
75% alcohol	/	alcohol	Solution, 3 min
iodophor	/	/	Solution, 3 min

Cleaning

Perform the following procedure:

1. Wear sterile gloves to prevent infection.
2. Wash the magnetizer with clean water or soapy water to remove all the foreign matters, or, wipe the magnetizer with a soft ethyl carbamate sponge.
Avoid using a brush, because it may damage the magnetizer.
3. Dry the magnetizer using a sterile cloth or gauze after rinsing. Do not dry the magnetizer by heating it.

Disinfecting with Sprays or Wipes

CAUTION

Use protective eyewear when disinfecting using sprays.

Perform the following procedure:

1. Wear sterile gloves to prevent infection.
2. After you have finished cleaning, wipe or spray the magnetizer with a disinfectant.
Follow the disinfectant manufacturer's recommended contact time and mode.
3. Remove any residue with a water-moistened soft cloth on the magnetizer.
4. Wipe off water on the magnetizer using sterile cloth or gauze after washing.

Disinfecting by Immersion

Perform the following procedure:

1. Wear sterile gloves to prevent infection.
2. Clean the magnetizer before disinfecting it. MINDRAY recommends the compatible solutions to disinfect the magnetizer.
 - Refer to the instructions provided by the chemical manufacturer concerning concentration of the disinfectant solution, method of disinfection and dilution and cautions during use.
 - Soak the magnetizer into the disinfectant solution for the shortest time the manufacturer recommends.
 - Follow local regulations when selecting and using the disinfectant.
3. Rinse the magnetizer with plenty of water (about 2 gallons) for at least 1 minute to remove all chemical residues on it. Or, follow the rinsing method recommended by the disinfectant manufacturer to rinse the magnetizer.
4. Wipe off the water on the magnetizer with sterile cloth or gauze after rinsing it. Do not dry the magnetizer by heating.

13.4.6 Storage and Transportation

When all examinations for the day have been completed, confirm that the magnetizer is in good condition. After disinfecting the magnetizer, confirm that the magnetizer is in good condition and stored in a suitable place.

- To prevent the magnetizer from being damaged, DO NOT store it where it may be exposed to:
 - Direct sunlight
 - Sudden changes in temperature
 - Dust
 - Excessive vibration
 - Heat generators
- Store and transport the magnetizer in the ambient temperature range of -40 °C to 50 °C.
- Sterilize the carrying case as necessary.

13.4.7 Disposal

Be sure to disinfect the magnetizer before disposing of it.

Contact your MINDRAY representative when disposing of this device.

This page intentionally left blank.

14 DVR Recording

NOTE:

Strictly observe the procedures described here to perform the recording and replaying operations; otherwise it may result in data loss or system malfunction.

The system provides built-in DVR recording function. You can use the DVR to record and replay videos and audios that can be stored in DVD disc or hard disc.

The recorded video is AVI format; you can save it in the hard disk drive, burn to the DVD or export to the USB disk.

When the built-in DVR is in normal status, the icon  is displayed in the system tool bar menu.

14.1 Start Recording

After recording, the system will save the recording file automatically, you can select to save in local disk, U disk or optical disk.

Perform the following procedure:

1. Perform ultrasound exams, select appropriate views and adjust parameters to prepare for recording.
2. Tap  to open the dialog box and select desired recording type.
3. Tap [Close] to enter recording status.
4. Press the user-defined key for “DVR” and tap [OK] to start recording, and the DVR icon displays as  in recording status.

During the recording process, you can perform imaging mode switching, comments adding, body mark adding and measurements.

5. Press the user-defined key for “DVR” again to stop recording, the DVR icon in the lower right corner turns into data transfer status .
 - If USB/CDROM is selected, the system sends the recorded file to the target storage media (USB disk or DVD optical disk drive) in the meantime.
 - If Hard disk is selected, the system saves the file to the path: D:\TEX\DVR.

In the patient task management screen, tap [Media Storage Task] tab to check transferring status.

14.2 Sending Image

The system also supports exporting recorded images that are saved in the local disk.

Perform the following procedure:

1. Tap  to open the dialog box, and tap [Local Video Management] to enter the managing dialog box.

Tap [Rename] to rename the video file.

2. Select the destination and the target file, tap [Send] to send the file to the selected path. During sending progress, the icon displays as .

14.3 DVR Video Replaying

You can replay the video and audio record.

14.3.1 Replay on PC

Connect the USB disk or optical disk with the file to the PC, and open the file directly.

14.3.2 Replay on the ultrasound system

Perform the following procedure:

1. Tap  to open the dialog box and select desired playing type.
2. Tap [Play] to open the dialog box.
3. Select the path and name for the file and then tap [OK] to replay the file, or double-click the file name directly.

15 System Maintenance

Routine system maintenance shall be carried out by the user. System maintenance after the warranty has expired is the full responsibility of the owner/operator.

The responsibility for maintenance and management of the product after delivery resides with the customer who has purchased the product.

If you have any questions, please contact Mindray Customer Service Department or sales representative.

WARNING

- Only an authorized Mindray service engineer can perform maintenance not specified in this operator's manual.
 - For the sake of the system performance and safety, you should perform periodical checks for the system.
-

15.1 Daily Maintenance

You are responsible for daily maintenance.

15.1.1 Cleaning the System

WARNING

- The display can be cleaned on power-on status while the power is "On" by selecting  > [Screen Lock] to lock the system for 10 seconds. Before cleaning other parts of the system, ensure to turn off the power and disconnect the power cord from the outlet; or, it may result in electric shock while the power is "On".
-

CAUTION

Do not spill water or other liquid into the system while you perform the cleaning. Otherwise it may result in malfunction or electric shock.

NOTE:

- DO NOT use hydrocarbon glass cleaner or cleaner for OA (Office Automation) equipment to clean the monitor. These substances may cause deterioration of the monitor.
 - Please clean the control panel periodically, otherwise the button may be blocked by dirt and the system will be buzzing while the button makes no response.
-

Cleaning probes

Tools: mild soapy water, dry soft cloth, soft brush

Method:

1. Wipe out the dust attached to surface of probe head, connector and cable.
2. Use soft brush to brush the dust inside probe connector gently.
3. Remained stain or dust attached to surface of cable or surface of connector should be washed out by cloth with a little soapy water, and then air-dry.

NOTE:

Don't use cloth with water to clean the probe connector.

Cleaning holders

Tools: soft dry cloth, soapy water, soft brush.

Remaining stains should be wiped away using a cloth with clean or soapy water and the surface left to air dry.

Perform the following procedure:

1. Use a soft dry cloth to wipe away dust attached to the inside, outside and gaps in the probe holder. Use a soft brush to brush away dust or stains from the small intra-cavity probe holder or its gap.
2. Remaining stains on the inside and outside of the holder should be wiped away using a cloth with a little soapy water and then air dried.

Cleaning the display

NOTE:

Do not use chemical solvents, acid or alkaline solution to clean the display.

The ultrasound system has passed puncture test and leakage current test, and thus can be cleaned on power-on status.

Tools: soft dry cloth, clean water or neutral detergent.

Clean the system in power off status; or in power on status, tap  and select [Screen Lock] to lock the system for 10 seconds.

Clean the display surface with a soft dry cloth. Remaining stains should be wiped away using a cloth with a little neutral detergent or clean water and then leave to air dry.

Cleaning the cover

Tools: soft dry cloth, soapy water

Use a soft dry cloth to clean the system's cover. If the system is dirty, moisten the soft cloth with neutral soapy water, wipe away any stains, and dry the system in the air.

NOTE:

Use a soft brush to brush away dust attached to all visible sockets or interfaces (such as probe sockets, sockets or interfaces in the IO panel and power supply panel). Do not use a cloth and water.

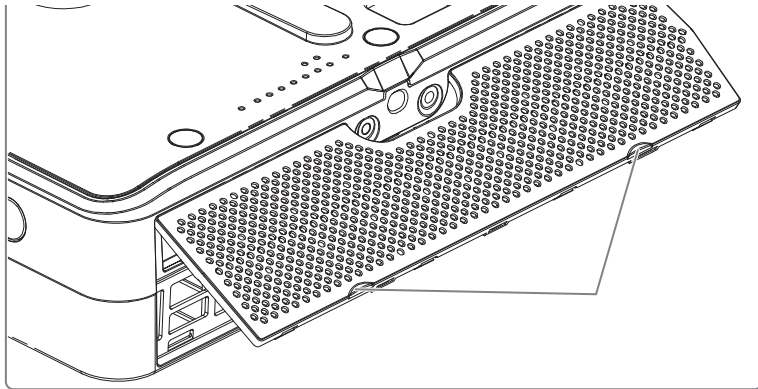
Cleaning the dust-proof cover

CAUTION

Please clean all the system's dustproof covers periodically (once per month). Failure to do so may result in system damage. Cleaning times can be increased when the system is used in the open air or somewhere more dusty.

Perform the following procedure:

1. Press the clip of the dust-proof cover and unfold it outwards (shown in the figure below).



2. Clean the dust-proof mesh with water or soft brush.

Cleaning the ECG cable

Perform the following procedure:

1. Wipe the cable with a cotton ball or soft cloth moistened with water.
2. Use another soft dry cloth to remove any moisture and allow the cable to completely air dry.

15.1.2 Cleaning the peripherals

Do the cleaning maintenance according to your actual peripheral configuration; items which are not configured can be skipped.

Content	Description
Color and B/W video printer	First wipe off dust or stain attached to the cover of printer with soft dry cloth, then clean the inside of printer. Be sure to do the cleaning maintenance according to the operation manual if necessary.
Graph / text printer	First wipe off dust or stain attached to the cover of printer with soft dry cloth, then clean the inside of printer. Be sure to do the cleaning maintenance according to the operation manual if necessary.
Footswitch	Use soft dry cloth with a little mild soap water to wipe off the dust or stain attached to the pedals or cable of foot switch.
Barcode reader	First use soft dry cloth to wipe off dust attached to glass panel of the reader, then the dust or strain attached to cable and bracket.

15.1.3 Disinfecting the Main Unit

For details about disinfecting the main unit, please refer to the Cleaning, Disinfection & Sterilization Guide.

15.1.4 Checking the Probe

- Visually check to confirm that there are no cracks or expansion of the probe head.
- Visually check to confirm that there is no deterioration or erosion of the probe cable.
- Visually check to confirm that none of the connector pins are bent, destroyed or falling off.

15.1.5 Checking the Power Cable and Plug

Visually check to confirm that there are no wrinkles, cracks or deterioration, and no cracks or expansion on the surface of the adapter.

Manually check to confirm that there is no looseness or rupture. The connection of the plug is reliable.

15.1.6 Checking Appearance

Check if there are any cracks in the covers:

- Ultrasound system covers.
- Probe appearance.
- External appearance of the ECG lead.

15.1.7 System Hard Drive Backup

To prevent deterioration or loss of data stored in the system hard drive (including patient info data, preset data, etc.), create a backup copy of the hard drive at regular intervals.

15.2 Troubleshooting

If any persistent system malfunction is experienced, e.g., an onscreen error message, blank imaging screen, absent menus, see the table below. If the failure cannot be resolved, contact the Mindray Customer Service Department or a sales representative.

No.	Failure	Cause	Measure
2	The display has no output.	The interval between turning off and restarting the system is too short - wait at least 20 seconds.	Turn off the system and wait at least 1 minute, then restart the system.
		The display brightness or contrast may be improperly set.	Adjust the display brightness and contrast.
3	The touch screen displays the characters and menus but no images.	The acoustic power, gain or TGC controls are improperly set.	Adjust the acoustic power output, gain or TGC control.
		Check that a probe is connected and/or fully connected.	Check probe connection.
		The system is in frozen status.	Unfreeze the image.

No.	Failure	Cause	Measure
4	The image quality is degraded	The exam mode is incorrect.	Select an appropriate exam mode.
		The image parameter settings are incorrect.	Adjust the image parameters.
		The image presets are inappropriate.	Reset the factory default presets.

This page intentionally left blank.

A Wireless LAN

The system provides wireless net adapter configuration, so as to assist information query and unlimited network service. The ultrasound system can be connected to router, mobile phone, tablet, ultrasound workstation, server network device and so on via wireless network.

WARNING

- Use the wireless LAN function prudently in OR/ICU/CCU as it may interfere with other devices.
 - When the wireless LAN function is turned on, the ultrasound system may suffer interference from other equipment, even if that other equipment complies with CISPR EMISSION requirements.
 - Keep at least 20 cm away from the ultrasound system when the wireless LAN function is in use.
-

NOTE:

- For a better wireless LAN transmission effect, please take the following settings:
 - SSID>80% with stable WLAN network;
 - Wireless router and the server are in the same network segment;
 - Router setting:
 - Wireless standard 802.11n
 - Maximum transmission speed $\geq 300\text{M}$
 - Use AP (access point) setting;
 - Number of the devices connected to the same router ≤ 5 .
 - Target server setting:
 - Network is stable and not under overloading state (e.g. high CPU/memory usage, fast HDD speed, limited HDD space);
 - Level other than the highest level of firewall is adopted;
 - Operating system is Linux and supports a Gigabit Ethernet.
 - Disconnection may be caused if the devices connected exceed the router capacity (please refer to settings of the router, generally it should be ≤ 5 .)
 - DO NOT connect devices other than specified into the LAN.
 - Medical devices within the same LAN may interfere with each other, the operator should be cautious. (Do not connect devices that may cause strong interference. For example, life-supporting devices should not be connected in the same LAN.)
 - Other non-medical devices in the same frequency band may cause interference, please be cautious.
-

Wi-Fi function is not affected when the system is imposed with radiation interference complied with IEC60601-1-2:2014 standard.

A.1 Use the Wireless feature

Perform the following procedure:

1. Tap the  icon in the System icons area, and open the wireless network manager.
2. Tap to select the target network, tap [Connect] to connect to the network.
When connecting an encrypted network, enter the password in the box first. You can select to hide password characters or not.
3. The system tries to connect to the selected network. The icon turns into  after successful connection.
4. Tap [Refresh] to refresh the “Wireless Network Connection” list.

A.2 Add the WLAN Allow List

After the WLAN allow list is added, only the wireless network in the allow list is displayed on the wireless network connection manager screen.

Perform the following procedure:

1. Tap the  icon in the System icons area, and open the wireless network manager.
2. Select [Advanced] → [Allow List] to enter the “WLAN Allow List Settings” screen.
3. Select [New] and input the wireless network name.
4. Tap [OK] to return to the “WLAN Allow List Settings” screen, and tap [Save].

The configuration takes effect after the system is restarted.

A.3 IP Configuration

NOTE:

- When the system background is processing network task (DICOM sending for example), please do not enter network setting to change the IP, otherwise the background task may fail. You can check if there are tasks undergoing in the task manager.
 - If the IP address displays as 0.0.0.0, this means that the network is abnormal. The reason for the failure may be disconnection or the system cannot obtain the IP address.
-

IP config is used for setting local network parameters, which is also applied to DICOM connection.

Perform the following procedure:

1. In Wireless network manager screen, tap [IP Config] to open the configuration page.
 - If “DHCP” is selected, the IP address will be automatically obtained from the DNS server.
 - If “Static” is selected (using a static IP address), enter the IP address.
IP address of the system should be in the same network segment with the server.
Subnet Mask: set different network segment.
Gateway: set the gateway IP.
Host Name: displays the machine name of the system, if changed, the system should be restarted.
2. Tap [OK] to save current setting or tap [Cancel] to exit.

A.4 EAP Network

For setting EAP network, contact Mindray Customer Service Department or the sales representatives.

A.5 Specifications

Table A-1 Wireless specification and technology

Item	Specifications
Standards	IEEE 802.11 b/g/n
Modulation mode	802.11b: DSSS 802.11g/n: OFDM
Operating frequency	2.412-2.472 GHz, 2.484 GHz
Channel spacing	5 MHz
Output power	≤17dbm
Wireless network mode	Infrastructure, ad-hoc

Table A-2 Wireless Quality of Service

Item	Specifications
Data rate	802.11b: up to 11 Mbps @ 2.4 GHz 802.11g: up to 54 Mbps @ 2.4 GHz 802.11n: up to 300 Mbps @ 2.4 GHz and 5 GHz
Data security	WPA2-PSK encryption
Application-layer reliability	Application failure will be notified to the user immediately.
System capacity	No more than one device can be allowed to link to the ultrasound system.
System anti-interference	Can be coexistent with other Wi-Fi devices.
Network interruption alarm	Network interruption is notified by disconnection icon and failure in transmission is notified by the dialog box.
EMC test process	Wi-Fi function is not affected when the system is imposed with radiation interference complied with IEC60601-1-2:2014 standard.

A.6 Troubleshooting

Failure	Measure
Unable to connect the network.	• Verify that network is available. • The SSID and password of the device should be consistent with those of the wireless AP. • Check for IP address conflict. If yes, set the IP address correctly. • Check if Mindray recommended wireless AP is used. If not, verify the AP effective transmission rate meets the throughput requirements of the connected devices.
The ultrasonic device is frequently off line or disconnects from the network. The transmission delay is too long.	• Check if Mindray recommended wireless AP is used. If not, verify the AP effective transmission rate meets the throughput requirements of the connected devices. • Verify that no unauthorized devices are connected to the wireless AP.

B Wireless Charging

B.1 Air Station Installation

The Air Station is installed in three ways:

- Method A: Ground installation by quick-disassembly;
- Method B: Ground installation with guide plate;
- Method C: Wall mounting installation.

B.1.1 Installation Preparation

Installation tools: Phillips screwdriver, percussion drill, tape measure, hammer, marking pen, pad (required in special installation environment), and steel nails (required in special installation environment)

Item list: Check if the items are complete according to the installation method. If not, please contact Mindray Customer Service Department or sales representative.

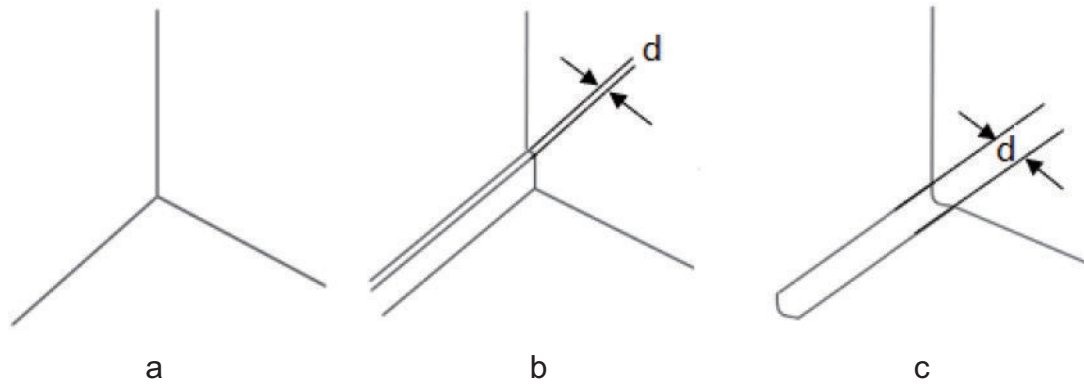
No.	Name	Quantity	Remarks
1.	Transmitting Module	1	For A/B/C installation methods
2.	Base	1	For A/B installation methods
3.	M3X6 Cross recessed countersunk head screws	2	For A/B installation methods
4.	Foot pad	2	For A/B installation methods
5.	Thin cushion pad	2	For A/B/C installation methods
6.	Thick cushion pad	2	For A/B/C installation methods
7.	Guide plate	1	For B installation method
8.	Wall mounting bracket	1	For C installation method
9.	Expansion rubber stopper	6	For C installation method
10.	Tapping screws	6	For C installation method
11.	Power cable	1	For A/B/C installation methods
12.	Velcro	1	For A/B/C installation methods

B.1.2 Installing the Pad

Observe the wall and measure the distance (d) of the skirting line. If the thickness is larger than 12 mm, install a pad. see “Figure B-1 Wall Type” to confirm the wall type.

- A pad is required in two ways: using expansion rubber stopper or steel screw.
- Dimensions of the pad: Length >300 mm, width >300 mm, and height greater than d (skirting line distance)
- Material: Plastic or wood is recommended

Figure B-1 Wall Type

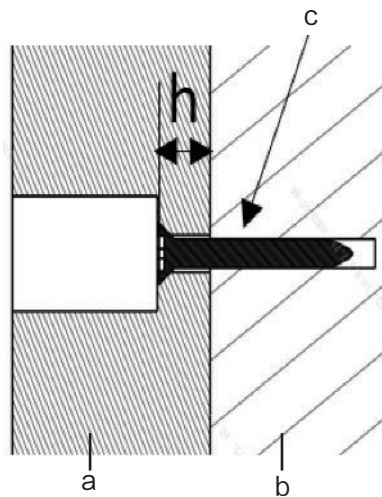


a	No skirting wall
b	Step skirting wall
c	Arc skirting wall

Installation Using the Expansion Rubber Stopper

Perform the following procedure:

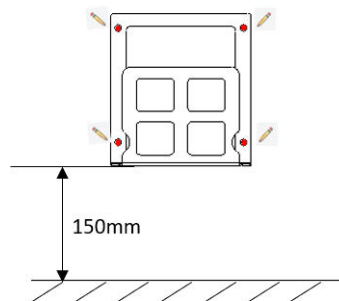
1. Process via holes and sinking platforms at the four corners of the pad. (The via-hole diameter is 5 mm, and the diameter of the sinking platform is greater than 15 mm. As shown in the following figure: $h > 5$ mm).



a	Pad
---	-----

b	Wall
c	Tapping screw

2. Install the pad 120 ~150 mm above the ground and make marks on the wall at positions corresponding to the four via-holes of the pad.



3. Use a percussion drill to drill holes in 6 mm diameter and 30 mm depth at the marked positions on the wall.
4. Use a hammer to hit the expansion rubber stopper into the hole on the wall.
5. Install the pad to the wall through four tapping screws.

Installation Using the Steel Screw

Perform the following procedure:

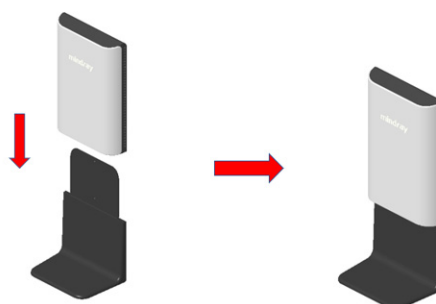
1. Use 4 self-prepared steel screws (the length of the steel screws must be at least 10 mm larger than the height of the pad), and punch holes in the four corners of the pad. (The diameter of the hole is larger than that of the steel screw.)
2. Use steel screws to fix the pad to the wall.

B.1.3 Installing the Air Station

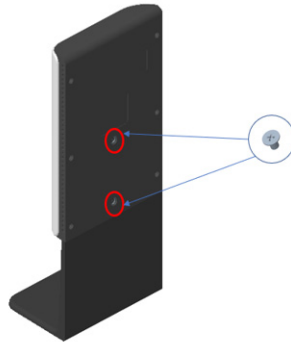
Ground Installation Method

Ground installation includes ground installation by quick-disassembly and ground installation with guide plate. Perform the following procedure:

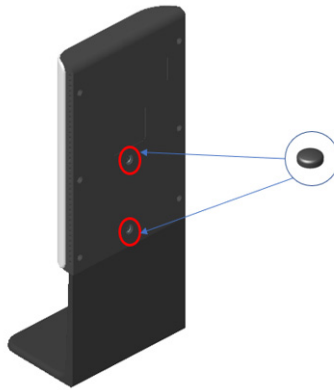
1. Assemble the Air Station.
 - a. Place the base face down.
 - b. Insert the transmitting module into the base.



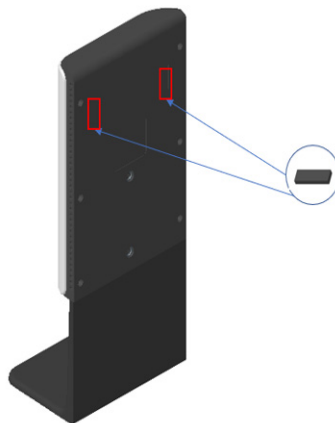
- c. Fix the two M3X6 cross recessed countersunk head screws in the position shown in the figure.



- d. Remove the release paper from the foot pad and attach the foot pad to the position as shown in the figure.

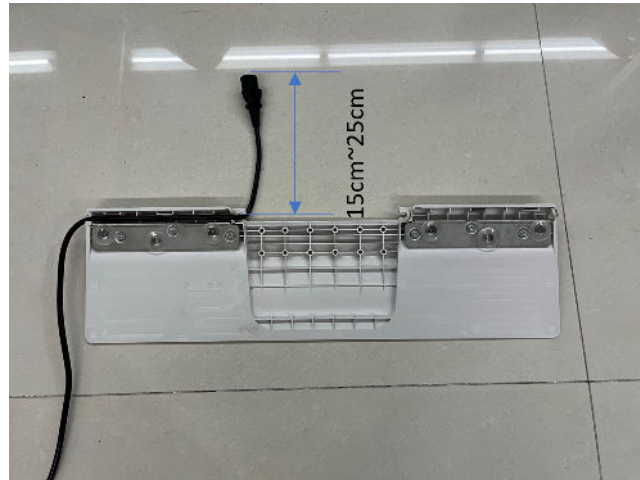


2. Clean the floor and ensure it is clean, flat and smooth.
3. Observe the wall. If the pad is required, please see “B.1.2 Installing the Pad”.
4. Select an appropriate cushion pad according to the gap between the Air Station and the wall (or the pad), and attach it to the back of the Air Station, as shown in the following figure.



5. Install the Air Station against the wall (or the pad) to the ground.

If there is a guide plate, place the suction cup side of the guide plate upward, organize and put the power cord into the groove, and reserve about 15~25cm length of the power cord, as shown in the following figure.

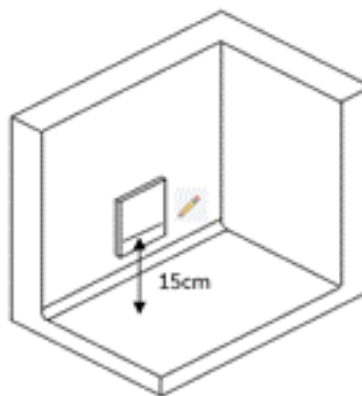


6. Connect the power cord to the external power supply and use a Velcro to organize the power cord.

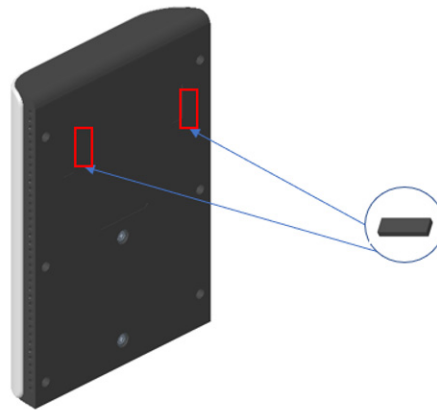
Wall Mounting Method

If wall mounting installation is selected and the pad is installed, the operation steps are as follows:

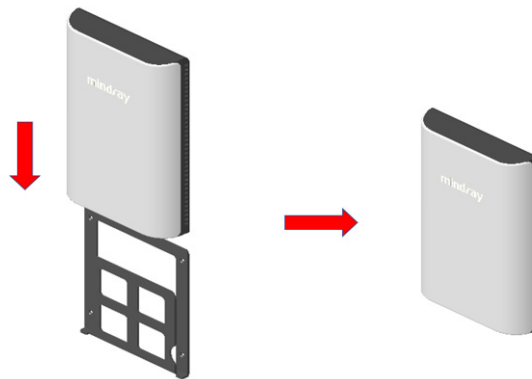
1. Mark a straight line at the pad 15 cm above the ground with a marking pen.



2. Keep the bottom of the wall mounting bracket against the straight line, and fix the wall mounting bracket to the wall using a hammer and steel screws.
3. Select an appropriate cushion pad according to the gap between the transmitting module and the pad, and attach it to the back of the transmitting module, as shown in the following figure.



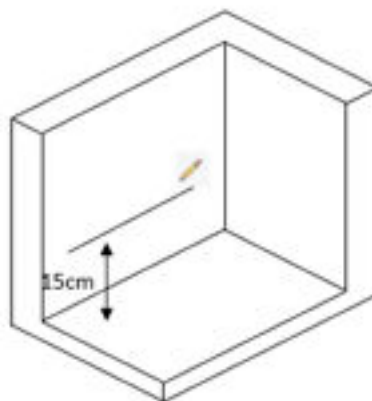
4. Install the transmitting module onto the wall mounting bracket, as shown in the following figure.



5. Connect the power cord to the external power supply and use a Velcro to organize the power cord.

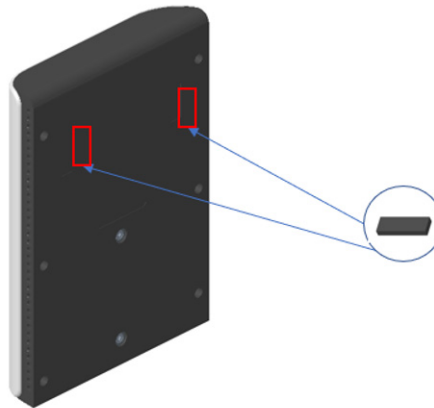
If wall mounting installation is selected and the pad does not need to be installed, the operation steps are as follows:

1. Mark a straight line at the wall 15 cm above the ground with a marking pen.

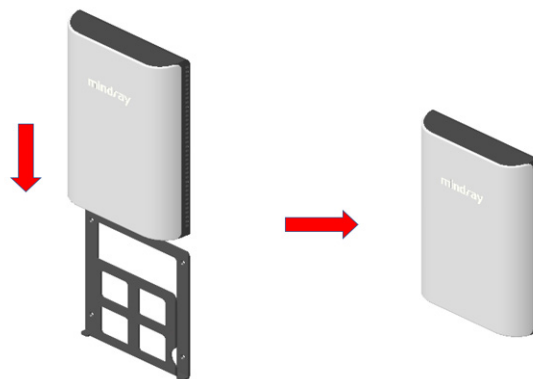


2. Use a marking pen to mark the position of the mounting hole on the wall mounting bracket.

3. Use a percussion drill to drill holes in the four marked positions on the wall, with a diameter of 6 mm and a depth of 30 mm.
4. Hit the expansion rubber stopper into the drilled hole with a hammer.
5. Use four tapping screws to fix the wall mounting bracket to the expansion rubber stoppers.
6. Select an appropriate cushion pad according to the gap between the transmitting module and the wall, and attach it to the back of the transmitting module, as shown in the following figure.



7. Connect the power cord with the external power supply and use a Velcro to organize the power cord.



8. Connect the power cord to the external power supply and use a Velcro to organize the power cord.

B.1.4 Battery Charged by the Air Station

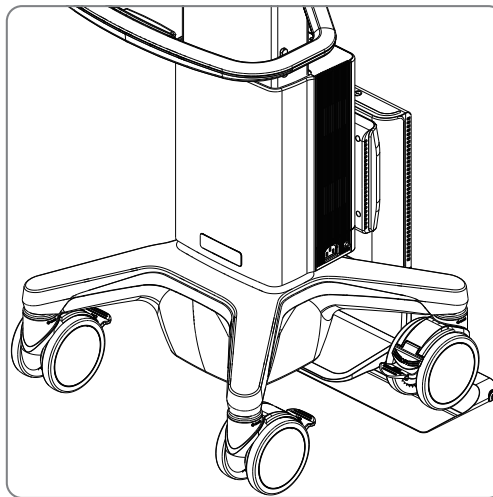
NOTE:

- Before using the Air Station, check the surface of the Air Station and the surface of the Air Charging Module of the device. If foreign objects are detected during charging, the ultrasound device may not be charged.
- Ensure that the power cord or probe cable of the device does not interfere with or block the operation of the Air Charging Module when the device closes to the Air Station.
- After the device enters the charging status, lock the casters to prevent the device from sliding or bumping, which may cause charging failure.
- During charging, there will be a faint sound of fan, which is normal. Please do not worry.

- When you use the Air Charging Module, please enable the automatic sleep function of the device. Otherwise, the charging time will be too long. For setting details, see “4.1.2 General” Screen Saver.

Perform the following procedure:

1. Connect the Air Station to the power cord.
 - The bar indicator on the top of the Air Station turns on and then turns off;
 - Confirm that the green AC indicator at the bottom of the Air Station turns on, and the AC indicator  at the top of the Air Station turns on in white color.
2. Push the device close to the Air Station. The Air Charging Module of the device and the Air Station should be aligned in the central place as much as possible.
 - When the device is close to the Air Station, a beep sound occurs to guide the device to continue to be close to the Air Station;
 - When the device is close to the Air Station, the indicators at the both sides of the top of the Air Station will turn on and alarm sound will occur if there is deviation in the central place of the device and the Air Station, prompting you to adjust the position of the device. Different sounds will remind you whether the device deviates to the left or right side during this process.
3. When the device is close to the Air Station and the charging alignment meets the requirement, as the figure showing below, the device will give a prompt sound, indicating that the position is successfully aligned and the device enters the charging state.
 - During device charging, the bar indicator on the top of the Air Station displays blue color.
 - Please confirm the battery status according to the battery capacity of the device.



B.1.5 Troubleshooting

Abnormalities may occur during the use of the Air Station. In this case, the bar indicator on the top of the Air Station will turn on or there is sound for prompt. Follow the methods below to check the device:

- Flashing dark blue indicator: When the Air Station stays in the alignment state for a long time, it will make intermittent sounds like "zizi". Push the device to the correct position for charging.
- Dark blue indicator on: Hardware error occurred in the Air Station. Please charge the ultrasound device again. If the air station malfunction still exists, please contact Mindray Customer Service Department or sales representative.

- Flashing purple indicator: Foreign objects are detected. Please remove them.
- Purple indicator on: Hardware error occurred in the Air Charging Module. Please charge the ultrasound device again. If the malfunction still exists, please contact Mindray Customer Service Department or sales representative.
- Flashing white indicator: Communication between the Air Charging Module and the Air Station fails. Please charge the ultrasound device again. If the malfunction still exists, please contact Mindray Customer Service Department or sales representative.

This page intentionally left blank.

C iScanHelper

By providing the referential information, such as, the ultrasonic image, the anatomic graphic, scanning pictures/other scanning tips or diagnosis comments, the system helps the doctors to operate the scanning by iScanHelper. Furthermore, it is a good platform for the self-learning and training of ultrasound scanning technique for doctors. The system also plays a role in the assistant software system in fulfilling training and education.

NOTE:

THIS “iScanHelper” IS FOR REFERENCE OR TUTORIAL PURPOSES ONLY, AND THE MANUFACTURER WILL NOT BE LIABLE FOR DAMAGES AND/OR OTHER UNDESIRABLE CONSEQUENCE IN ANY KIND THAT MAY OCCUR TO THE PATIENT OR THE USERS BY USING THE SOFTWARE.

TIP:

iScanHelper feature is available under Emergency, severe, anesthesia, and musculo-skeletal.

C.1 Use iScanHelper for Reference

Perform the following procedure:

1. Perform ordinary scanning procedure.
2. Enter iScanHelper status:
tap  in the top-right corner of the screen and tap [iScanHelper].
3. Select the target view name in the menu and tap to see the details.
4. Swipe the menu to select the view.
5. Perform scanning according to information displayed on the help information area.
You can zoom in a single window in the help information area to see the window more clearly.
For details, see “C.3.2 Single/quad-window Display”Single/quad-window Display.
6. Tap [iScanHelper] again to exit.

C.2 Use iScanHelper for Learning or Training

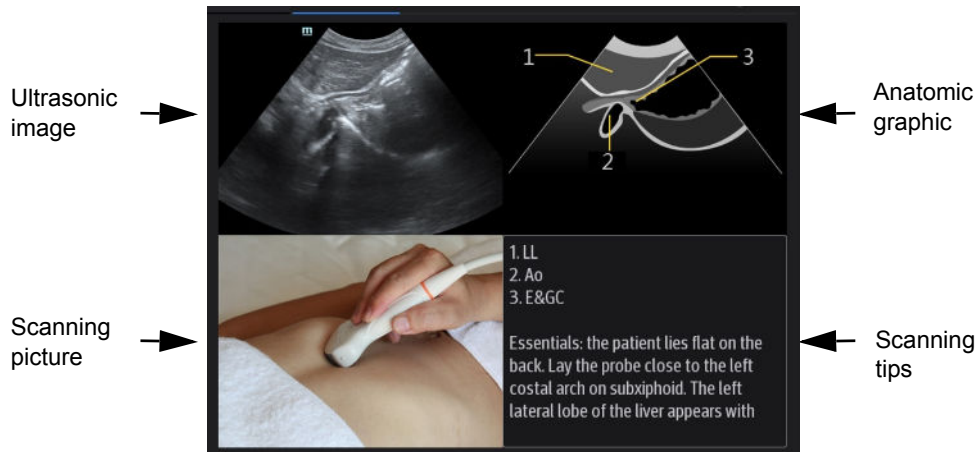
Perform the following procedure:

1. Switch to the exam modes that support iScanHelper.
2. Enter iScanHelper status.
3. Learn and practice views by system defaulted sequence according to the information displayed on help information area; or select unfamiliar views to practice.
You can zoom in a single window in the help information area to see the information. For details, see “C.3.2 Single/quad-window Display”Single/quad-window Display.
4. Tap [iScanHelper] again to exit.

C.3 Basic Screen and Operation

C.3.1 Help Information Area

Ultrasonic image, anatomic graphic, scanning picture and scanning tips are provided in the “iScanHelper” menu.



- Ultrasonic image
It is used to compare with images scanned by the operator.
- Anatomic graphic
Related anatomical tissue information are provided here.
- Scanning picture
Ordinary scanning tips can be observed here, including posture, probe mark, probe swing/ sweep techniques.
- Scanning tips
You can read tissue related anatomical information and adjacent tissue information here.

C.3.2 Single/quad-window Display

You can zoom in the anatomic graphic, ultrasonic image as well as scanning picture to view those information more conveniently.

Tap on the anatomic graphic, the ultrasonic image or scanning tips to go to the single window of each of them. Tap again to return to quad-window display.

C.4 Measurement, Comments, and Body Mark

Switching probe or exam, measurement, comments and the body mark are available under iScanHelper status.

D iVision

The iVision function is used to demonstrate the stored images. Image files are played one by one according to file names (including system-relevant and PC-compatible format images).

Perform the following procedure:

1. Tap  and select [Setup] > [System] > [iVision] to enter the iVision setting screen.
2. Add the contents to be played and select demo mode.
3. Select an item in the list and tap [Start] (in the bottom-left corner of the screen) to begin the demonstration.
4. Tap [Exit] to exit iVision status.

D.1 Demonstration item

Demonstration items are image files in formats supported by the system. You can add exam data from the patient database or system-supported image files and folders to the demonstration list. For files and folders in the demonstration list, the images in the directory and subdirectory are played one by one, and the system will automatically skip files that cannot be opened.

- [Add File]: to add files to the file list.
- [Delete File]: to delete selected files or catalogs from the file list.
- [Export File]: to export selected directories/files to external storage devices. Select [Export] to bring up the Browse dialog box, select the path and click [OK].

D.2 Demonstration mode

The system automatically plays all the image files in the list one by one.

The time interval between images played is same and can be changed.

D.3 Option of Demo

You can choose whether to repeat the demonstration or exit after a demonstration is completed.

This page intentionally left blank.

E

List of Vocal Commands

The ultrasound system can automatically recognize some vocal commands. You can use a microphone device to input the vocal commands as shown in the following table. After the input command is recognized, the system automatically performs the corresponding operations.

Vocal command	Operation
Hello Mindray	Turn On Audio Control
Bye Mindray	Turn Off Audio Control
B Mode	Back to B Mode
CDI Mode	Turn on/off CDI Mode
Power Mode	Turn on/off Power Mode
M Mode	Turn on/off M Mode
PW Mode	Turn on/off PW Mode
Freeze	Freeze Image
UnFreeze	UnFreeze Image
Clear	Clear
Dual	Enter Dual Windows Format
QSave	QSave
Update	Update
Full Image	Turn on/off Full Image Mode
Middle Line	Display/Hide Middle Line
iNeedle	Turn on/off iNeedle Mode
iTouch	Turn on iTouch Mode
Depth Increase	Depth Increase One
Depth Decrease	Depth Decrease One
Focus Position Up	Increase the Focus Position
Focus Position Down	Decrease the Focus Position
Gain Increase	Gain Increase One
Gain Decrease	Gain Decrease One
Gain Auto Increase	Gain Auto Increase
Gain Auto Decrease	Gain Auto Decrease
Gain Stop	Gain Stop Auto Increase/Decrease
Zoom In	Zoom In Image

Vocal command	Operation
Zoom Out	Zoom Out Image
Smart Track	Turn on/Turn off Smart Track Mode
Sound Volume Up	Turn Sound Volume Up
Sound Volume Down	Turn Sound Volume Down
Angle More	Angle More One
Angle Less	Angle Less One
Left Steer	Left Steer the Color ROI or Linear Image
Right Steer	Right Steer the Color ROI or Linear Image
BaseLine Down	Decrease the Baseline Position
BaseLine Up	Increase the Baseline Position
Auto Calculate	Turn on/off Auto Calc Function
Save Image	Save Image
Save Clip	Save Clip
Save Screen	Save Screen
Next Probe	Switch probe to the next in the list
Nerve Block	Switch Exam Mode to Nerve Block
Start Measure	Start Measurement Function
Smart TTQA	Start Smart TTQA
Smart IVC	Start Smart IVC
Smart VTI	Start Smart VTI
Smart B-lines	Start Smart B-lines
Auto GA	Start Auto GA
Smart Nerve	Start Smart Nerve
Auto DFR	Start Auto DFR
Smart FHR OB1	Start Smart FHR OB1
AutoEF Plus	Start AutoEF Plus
Emergency Abdomen	Switch Exam Mode to Emergency Abdomen
Emergency FAST	Switch Exam Mode to Emergency Focused Assessment with Sonography for Trauma
Emergency Obstetrics	Switch Exam Mode to Emergency Obstetrics
Emergency Vascular	Switch Exam Mode to Emergency Vascular
Emergency Superficial	Switch Exam Mode to Emergency Superficial
Emergency AAA	Switch Exam Mode to Emergency Abdomen Aorta Aneurysm
Emergency Cardiac	Switch Exam Mode to Emergency Cardiac
Lung	Switch Exam Mode to Lung
Nerve Block	Switch Exam Mode to Nerve Block

Vocal command	Operation
Needle Visualized Optimization	Switch Exam Mode to Needle Visualized Optimization
Open Patient Info Dialog	Open Patient Info Dialog
Close Patient Info Dialog	Close Patient Info Dialog
Open Probe Dialog	Open Probe Dialog
Close Probe Dialog	Close Probe Dialog
Open Review Dialog	Open Review Dialog
Close Review Dialog	Close Review Dialog
Open Report Dialog	Open Report Dialog
Close Report Dialog	Close Report Dialog
Open Preset Dialog	Open Preset Dialog
Close Preset Dialog	Close Preset Dialog

This page intentionally left blank.

F Electrical Safety Inspection

The following electrical safety tests are recommended as part of a comprehensive preventive maintenance program. They are a proven means of detecting abnormalities that, if undetected, could prove dangerous to either the patient or the operator. Additional tests may be required according to local regulations.

All tests can be performed using commercially-available safety analyzer test equipment. These procedures assume the use of a 601PROXL International Safety Analyzer or equivalent safety analyzer. Other popular testers which comply with IEC 60601-1 and are used in Europe, such as Fluke, Metron or Gerb, may require modifications to the procedure. Follow the analyzer manufacturer's instructions.

An electrical safety inspection should be periodically performed every two years. The safety analyzer is also an excellent troubleshooting tool for detecting abnormalities in line voltage and grounding, as well as total current loads.

NOTE:

Make sure the safety analyzer is authorized and complies with the requirements of IEC 61010-1. Follow the analyzer manufacturer's instructions.

F.1 Power Cord Plug

F.1.1 The Power Plug

Test Item		Acceptance Criteria
The power plug	The power plug pins	No broken or bent pins. No discolored pins.
	The plug body	No physical damage to the plug body.
	The strain relief	No physical damage to the strain relief. No plug warmth when device is in use.
	The power plug	No loose connections.
The power cord		No physical damage to the cord. No deterioration to the cord.
		For devices with detachable power cords, inspect the connection with the device.
		For devices with non-detachable power cords, inspect the strain relief at the device.

F.2 Device Enclosure and Accessories

F.2.1 Visual Inspection

Test Item	Acceptance Criteria
The enclosure and accessories	No physical damage to the enclosure and accessories.
	No physical damage to meters, switches, connectors, etc.
	No residue of fluid spillage (e.g., water, coffee, chemicals, etc.).
	No loose or missing parts (e.g., knobs, dials, terminals, etc.).

F.2.2 Contextual Inspection

Test Item	Acceptance Criteria
The enclosure and accessories	No unusual noises (e.g., rattles inside the case).
	No unusual smells (e.g., burning or smoky smells, particularly from ventilation holes).
	No taped notes that may suggest device deficiencies or operator concerns.

F.3 Device Labeling

Check that the labels provided by the manufacturer or the healthcare facility are present and legible.

- Main unit label
- Integrated warning labels

F.4 Protective Earth Resistance

1. Plug the analyzer probes into the device's protective earth terminal and the protective earth terminal of the AC power cord.
2. Test the earth resistance with a current of 25 A.
3. Verify the resistance is less than the limits.

LIMITS

ALL COUNTRIES $R = 0.2 \Omega$ Maximum

F.5 Earth Leakage Test

Run an Earth Leakage test on the device being tested before performing any other leakage tests.

The following outlet conditions apply when performing the Earth Leakage test.

- normal polarity (Normal Condition);
- reverse polarity (Normal Condition);

- normal polarity with open neutral (Single Fault Condition);
- reverse polarity with open neutral (Single Fault Condition).

LIMITS

- For ES 60601-1:
 - 300 μ A in Normal Condition.
 - 1000 μ A in Single Fault Condition.
- For IEC 60601-1:
 - 500 μ A in Normal Condition.
 - 1000 μ A in Single Fault Condition.

F.6 Enclosure Leakage Test

The following outlet conditions apply when performing the Enclosure Leakage test.

- normal polarity (Normal Condition);
- reverse polarity (Normal Condition);
- normal polarity with open neutral (Single Fault Condition);
- reverse polarity with open neutral (Single Fault Condition);
- normal polarity with open earth (Single Fault Condition);
- reverse polarity with open earth (Single Fault Condition).

LIMITS

- For ES 60601-1
 - 100 μ A in Normal Condition.
 - 300 μ A in Single Fault Condition.
- For IEC 60601-1:
 - 100 μ A in Normal Condition.
 - 500 μ A in Single Fault Condition.

F.7 Patient Leakage Current

Patient leakage currents are measured between a selected applied part and mains earth. All measurements have a true RMS only.

The following outlet conditions apply when performing the Patient Leakage Current test.

- normal polarity (Normal Condition);
- reverse polarity (Normal Condition);
- normal polarity with open neutral (Single Fault Condition);
- reverse polarity with open neutral (Single Fault Condition).
- normal polarity with open earth (Single Fault Condition);
- reverse polarity with open earth (Single Fault Condition).

LIMITS

For BF  applied parts:

- 100 μ A in Normal Condition.
- 500 μ A in Single Fault Condition.

F.8 Mains on Applied Part Leakage

The Mains on Applied Part test applies a test voltage, which is 110% of the mains voltage using a limiting resistance, to selected applied part terminals. Current measurements are then taken between the selected applied part and earth. Measurements are taken with the test voltage (110% of mains) on applied parts in the normal and reverse polarity conditions.

The following outlet conditions apply when performing the Mains on Applied Part test.

- Normal Polarity;
- Reversed Polarity.

LIMITS

For BF  applied parts: 5000 μA .

F.9 Patient Auxiliary Current

Patient Auxiliary currents are measured between any selected Applied Part connector and the remaining Applied Part connectors. All measurements may have a true RMS response.

The following outlet conditions apply when performing the Patient Auxiliary Current test.

- normal polarity (Normal Condition);
- reverse polarity (Normal Condition);
- normal polarity with open neutral (Single Fault Condition);
- reverse polarity with open neutral (Single Fault Condition);
- normal polarity with open earth (Single Fault Condition);
- reverse polarity with open earth (Single Fault Condition).

LIMITS

For BF  applied parts,

- 100 μA in Normal Condition.
- 500 μA in Single Fault Condition.

G EMC Guidance and Manufacturer's Declaration

The system complies with the EMC standard IEC 60601-1-2: 2014.

Intended Environments: HOME HEALTHCARE ENVIRONMENT (except for air charge module and the probe P7-3Ts/P8-3Ts/P8-2Ts/LAP13-4Cs).

Intended Environments: Professional healthcare facility environment (including air charge module and the probe P7-3Ts/P8-3Ts/P8-2Ts/LAP13-4Cs)

WARNING

- The use of unapproved accessories may diminish system performance.
- Use of components, accessories, probes, and cables other than those specified may result in increased emission or decreased immunity of system.
- Operation of system, in the case that the patient physiological signal is lower than the minimum amplitude or value specified in the product specifications, results may not be obtained (results can be obtained when the HR is in the range of 30-250 bpm or when the QRS wave amplitude is between 0.5-5 mV.)
- Use of this equipment adjacent to or stacked with other equipment should be avoided because it could result in improper operation. If such use is necessary, this equipment and the other equipment should be observed to verify that they are operating normally.
- Use of accessories, transducers and cables other than those specified or provided by the manufacturer of this equipment could result in increased electromagnetic emissions or decreased electromagnetic immunity of this equipment and result in improper operation.
- Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the TEX20, including cables specified by the manufacturer. Otherwise, degradation of the performance of this equipment could result.

NOTE:

This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful

interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

Any Changes or modifications not expressly approved by the party responsible for compliance could void the user's authority to operate the equipment.

The device has been evaluated to meet general RF exposure requirement. The device can be used in portable exposure condition without restriction.

NOTE:

- The system needs special precautions regarding EMC and needs to be installed and put into service according to the EMC information provided below.
 - Other devices may interfere with this system even though they meet the requirements of CISPR.
 - Preventing conducted RF immunity. Due to technological limitations, the conducted RF immunity level are limited to 3Vrms level, conducted RF interference above 3Vrms may cause wrong diagnosis and measurements. We suggest that you position system further from sources of conducted RF noise.
 - Portable and mobile RF communications equipment can affect system, see Table G-1, see Table G-2, see Table G-3, see Table G-4, and see Table G-5.
-

If the system is operated within the electromagnetic environment listed in see Table G-3 and see Table G-4, the system will remain safe and will provide the following basic performances:

- Imaging;
- Doppler acoustic spectral displaying;
- Taking measurements;
- Patient information;
- Date/time information.

Table G-1

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC EMISSIONS		
The system configured with air charge module is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.		
EMISSIONS TEST	COMPLIANCE	ELECTROMAGNETIC ENVIRONMENT - GUIDANCE
RF emissions CISPR 11	Group 2	The system must emit RF energy in order to achieve its intended function. Therefore, it's likely to cause interference in nearby electronic equipment.

Table G-1

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC EMISSIONS		
The system configured with air charge module is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.		
EMISSIONS TEST	COMPLIANCE	ELECTROMAGNETIC ENVIRONMENT - GUIDANCE
RF emissions CISPR 11	Class A	The system is suitable for use in all establishments other than domestic and those not directly connected to the public low-voltage power supply network of domestic residence. ⚠ WARNING This device is not intended for residential use and does not provide adequate protection for radio reception. RF interference caused by Class A equipment in a specific environment. When connecting Class A equipment to a low-voltage power supply network, note that such equipment is powered by a dedicated power transformer or generator instead of a low-voltage overhead power line; During installation, take measures to reduce the emission of Class A equipment, use special power transformers or generators to supply power instead of LV overhead power lines, and use devices more than 30 m away from the residential environment or a structure as a radiation barrier. NOTE: The EMISSIONS characteristics of this equipment make it suitable for use in industrial areas and hospitals (CISPR 11 class A). If it is used in a residential environment (for which CISPR 11 class B is normally required) this equipment might not offer adequate protection to radio-frequency communication services. The user might need to take mitigation measures, such as relocating or re-orienting the equipment.
Harmonic Emissions IEC 61000-3-2	--	
Voltage Fluctuations/ Flicker Emissions IEC 61000-3-3	--	

Table G-2

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC EMISSIONS		
The Probe P7-3Ts/P8-3Ts/P8-2Ts/LAP13-4Cs which integrated in the system (not including air charge module) is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.		
EMISSIONS TEST	COMPLIANCE	ELECTROMAGNETIC ENVIROMENT - GUIDANCE
RF emissions CISPR 11	Group 1	The Probes uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class A	The system is suitable for use in all establishments other than domestic and those not directly connected to the public low-voltage power supply network of domestic residence. ⚠ WARNING This device is not intended for residential use and does not provide adequate protection for radio reception. RF interference caused by Class A equipment in a specific environment. When connecting Class A equipment to a low-voltage power supply network, note that such equipment is powered by a dedicated power transformer or generator instead of a low-voltage overhead power line; During installation, take measures to reduce the emission of Class A equipment, use special power transformers or generators to supply power instead of LV overhead power lines, and use devices more than 30 m away from the residential environment or a structure as a radiation barrier. NOTE: The EMISSIONS characteristics of this equipment make it suitable for use in industrial areas and hospitals (CISPR 11 class A). If it is used in a residential environment (for which CISPR 11 class B is normally required) this equipment might not offer adequate protection to radio-frequency communication services. The user might need to take mitigation measures, such as relocating or re-orienting the equipment.
Harmonic Emissions IEC 61000-3-2	--	
Voltage Fluctuations/ Flicker Emissions IEC 61000-3-3	--	

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC EMISSIONS		
The system not configured with air charge module or the probe P7-3Ts/P8-3Ts/P8-2Ts/LAP13-4Cs is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.		
EMISSIONS TEST	COMPLIANCE	ELECTROMAGNETIC ENVIRONMENT - GUIDANCE
RF emissions CISPR 11	Group 1	The Probes uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class B	The system is suitable for use in all establishments including domestic establishments and those directly connected to the public lowvoltage power supply network that supplies buildings used for domestic purposes.
Harmonic Emissions IEC 61000-3-2	Class A	
Voltage Fluctuations/ Flicker Emissions IEC 61000-3-3	Compliance	

Table G-3

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC IMMUNITY			
The system is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.			
IMMUNITY TEST	IEC 60601 TEST LEVEL	COMPLIANCE LEVEL	ELECTROMAGNETIC ENVIRONMENT- GUIDANCE
Electrostatic Discharge (ESD) IEC 61000-4-2	±8 kV contact; ±15 kV air	±8 kV contact; ±15kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast Transient / burst IEC 61000-4-4	±2 kV for power supply lines; ±1 kV for input/output lines	±2 kV for power supply lines; ±1 kV for input/output lines	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	±1 kV line(s) to line(s); ±2 kV line(s) to earth	±1 kV line(s) to line(s); ±2 kV line(s) to earth	Mains power quality should be that of a typical commercial or hospital environment.

Table G-3

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC IMMUNITY			
The system is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.			
IMMUNITY TEST	IEC 60601 TEST LEVEL	COMPLIANCE LEVEL	ELECTROMAGNETIC ENVIRONMENT-GUIDANCE
Voltage dips, Short interruptions and voltage variation on power supply input voltage IEC 61000-4-11	0 % U_T ; 0,5 cycle At 0°, 45°, 90°, 135°, 180°, 225°, 270° and 315° 0 % U_T ; 1 cycle 70% U_T for 25/30 cycle at 0° 0 % U_T ; 250/300 cycle	0 % U_T ; 0,5 cycle At 0°, 45°, 90°, 135°, 180°, 225°, 270° and 315° 0 % U_T ; 1 cycle 70% U_T for 25/30 cycle at 0° 0 % U_T ; 250/300 cycle	Mains power quality should be that of a typical commercial or hospital environment. If you require continued operation during power mains interruptions, it is recommended that our product be powered from an uninterruptible power supply or a battery.
Power frequency (50/60 HZ) magnetic field IEC 61000-4-8	30 A/m	30 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.
NOTE: U_T is the A.C. mains voltage prior to application of the test level.			

Table G-4

GUIDANCE AND MINDRAY DECLARATION-ELECTROMAGNETIC IMMUNITY			
The system is intended for use in the electromagnetic environment specified below. The customer or the user of system should assure that it is used in such an environment.			
IMMUNITY TEST	IEC 60601 TEST LEVEL	COMPLIANCE LEVEL	ELECTROMAGNETIC ENVIRONMENT-GUIDANCE
Conducted RF IEC 61000-4-6	3 Vrms 0,15 MHz – 80 MHz 6 Vrms in ISM and amateur radio bands between 0,15 MHz and 80 MHz	3 Vrms 0,15 MHz – 80 MHz 6 Vrms in ISM and amateur radio bands between 0,15 MHz and 80 MHz	Portable and mobile RF communications equipment should be used no closer to any part of system, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. Recommended separation distance $d = (6/E) \times \sqrt{P}$ Where, P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m). E is the
Radiated RF IEC 61000-4-3	10 V/m 80MHz - 2.7GHz	10 V/m 80MHz - 2.7GHz	IMMUNITY TEST LEVEL in V/m.
Proximity fields from RF wireless communications equipment IEC 61000-4-3	27 V/m 380–390 MHz	27 V/m	Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range.
	28 V/m 430–470 MHz, 800–960 MHz, 1700–1990 MHz, 2400–2570 MHz	28 V/m	Interference may occur in the vicinity of equipment marked with the following symbol:
	9 V/m 704–787 MHz, 5100–5800 MHz	9 V/m	

Note 1 At 80 MHz and 800 MHz, the higher frequency range applies.

Note 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

Field strengths from fixed transmitters, such as base stations for radio (cellular /cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy.

To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which system is used exceeds the applicable RF compliance level above, system should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the system.

Table G-5

RECOMMENDED SEPARATION DISTANCES BETWEEN PORTABLE AND MOBILE RF COMMUNICATION DEVICE AND THE SYSTEM			
The system is intended for use in an electromagnetic environment in which radiated RF disturbance are controlled. The customer or the user of system can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communication equipment (transmitters) and system as recommended below, according to the maximum output power of the communication equipment.			
Rated Maximum Output power of Transmitter (W)	Separation Distance According to Frequency of Transmitter (m)		
	150kHz -80MHz $d=2 \sqrt{P}$	80MHz-2.7GHz $d=0.5 \sqrt{P}$	2.7GHz-6GHz $d=0.5 \sqrt{P}$
0.01	0.2	0.05	0.05
0.1	0.63	0.16	0.16
1	2.0	1.0	1.0
10	6.32	1.58	1.58
100	20	5	5
For transmitters at a maximum output power not listed above, the recommended separation distanced in meters (m) can be determined using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.			
If system image distortion occurs, it may be necessary to position system further from sources of conducted RF noise or to install external power source filter to minimize RF noise to an acceptable level.			
Note 1 At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.			
Note 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.			

Table G-6

No.	Name	Cable length (m)	Shield or not	Remarks
1	Power input	2.5 m	Not shielded	/
2	SIP/SOP	< 3.0 m	Shielded	/
3	ECG cable	4.0 m	Shielded	/
4	Probe Cable	< 3.0 m	Shielded	/
5	Footswitch Cable	2.9 m	Shielded	/

H Acoustic Output

This section of the operator's manual applies to the overall system including the main unit, probes, accessories and peripherals. This section contains important safety information for operators of the device, pertaining to acoustic output and how to control patient exposure through use of the ALARA (as low as reasonably achievable) principle. Also this section contains information regarding the acoustic output testing and the real-time output display.

Read this information carefully before using the system.

H.1 Concerns with Bioeffects

Diagnostic ultrasound is recognized as being safe. In fact, there have been no reports of injuries to patients caused by diagnostic ultrasound.

It cannot be stated categorically that ultrasound is 100% safe. Studies have revealed that ultrasound with extremely high intensity is harmful to body tissues.

Diagnostic ultrasound technology has made a great leap forward during the last several years. This rapid advance has generated concerns about the potential risk of bioeffects when new applications or diagnostic technologies become available.

H.2 Prudent Use Statement

Although there are no confirmed biological effects on patients caused by exposures from present diagnostic ultrasound instruments, the possibility exists that such biological effects may be identified in the future. Thus ultrasound should be used in a prudent manner to provide medical benefit to the patient. High exposure levels and long exposure times should be avoided while acquiring necessary clinical information.

H.3 ALARA Principle (As Low As Reasonably Achievable)

It is required to practice ALARA when using ultrasound energy. Practicing ALARA ensures that the total energy level is controlled below a low enough level at which bioeffects are not generated while diagnostic information is being accumulated. The total energy is controlled by output intensity and total radiation time. The output intensity necessary for examinations differs depending on the patient and the clinical case.

Not all examinations can be performed with an extremely low level of acoustic energy. Controlling the acoustic level at an extremely low level leads to low-quality images or insufficient Doppler signals, adversely affecting the reliability of the diagnosis. However, increasing the acoustic power more than necessary does not always contribute to an increase in quality of information required for diagnosis, rather increasing the risk of generating bioeffects.

Users must take responsibility for the safety of patients and utilize ultrasound deliberately. Deliberate use of ultrasound means that output power of ultrasound must be selected based on ALARA.

Additional information regarding the concept of ALARA and the possible bioeffects of Ultrasound is available in a document from the AIUM (American Institute of Ultrasound Medicine) title “Medical Ultrasound Safety”.

H.4 MI/TI Explanation

H.4.1 Basic Knowledge of MI and TI

Mechanical Bioeffect and Thermal Bioeffect

The relationship of various ultrasound output parameters (frequency, acoustic pressure and intensity, etc.) to bioeffects is not fully understood presently. It is recognized that two fundamental mechanisms may induce bioeffects. One is a thermal bioeffect with tissue absorption of ultrasound, and another one is a mechanical bioeffect based on cavitations. Thermal Index (TI) gives the relative index of temperature increase by thermal bioeffect, and Mechanical Index (MI) gives the relative index of mechanical bioeffect. TI and MI indices reflect instantaneous output conditions, so they DO NOT consider the cumulative effects of the total examination time. TI and MI models contain practical simplifications to complex bioeffects interaction. Then the operator should be aware that the actual worst case temperature rise may be up to several times higher than the displayed TI value.

MI (Mechanical Index)

The mechanical bioeffects are the result of compression and decompression of insonated tissues with the formation of micro bubbles that may be referred to as cavitations.

MI is an index that shows the possibility of the cavitations generation based on acoustic pressure, and the value in which the peak-rarefactional acoustic pressure is divided by the square root of the frequency. Therefore MI value becomes smaller when the frequency is higher or the peak-rarefactional acoustic pressure is lower, it becomes difficult to generate the cavitations.

$$MI = \frac{P_{r, \alpha}}{\sqrt{f_{awf}} \times C_{MI}}$$

$$C_{MI} = 1 \text{ (MPa} / \sqrt{\text{MHz}} \text{)}$$

For the frequency 1 MHz and the peak rarefactional acoustic pressure 1 MPa, MI becomes 1. It is possible to think MI to be one threshold of the cavitations generation. Especially, it is important to keep MI value to be low when both gases and the soft tissues exist together, for such as lung exposure in cardiac scanning and bowel gas in abdominal scanning.

TI (Thermal Index)

TI is determined by the ratio of the total acoustic power to the acoustic power required to raise the tissue temperature by 1 degree C. In addition, because the temperature rises is greatly different according to tissue structures, TI is divided three kinds: TIS (Soft-tissue Thermal Index), TIB (Bone Thermal Index) and TIC (Cranial-bone Thermal Index).

- TIS: Thermal index related to soft tissues, such as abdominal and cardiac applications.
- TIB: Thermal index for applications, such as fetal (second and third trimester) or neonatal cephalic (through the fontanel), in which the ultrasound beam passes through soft tissue and a focal region is in the immediate vicinity of bone.
- TIC: Thermal index for applications, such as pediatric and adult cranial applications, in which the ultrasound beam passes through bone near the beam entrance into the body.

Although the output power is automatically controlled for the selected applications, high TI values should be kept to a minimum or avoided in obstetric applications. WFUMB (World Federation for Ultrasound in Medicine and Biology) guidelines: state that temperature increase of 4 degree C for 5 min or more should be considered as potentially hazardous to embryonic and fetal tissue.

The smaller the MI/TI values, the lower the bioeffects.

H.4.2 MI/TI Display

TI and MI values are displayed in the upper part of the screen in real-time. The operator should monitor these index values during examinations and ensure that exposure time and output values are maintained at the minimum amounts needed for effective diagnosis.

NOTE:

If there is a value of MI or TI exceeds 1.0, you must be careful to practice the ALARA principle.

The display precision is 0.1.

Real-time Display accuracy: MI within $\pm 28.5\%$, TI within $\pm 38.7\%$

H.5 Acoustic Power Setting

Acoustic power adjustment

Use the [A.power] to adjust the acoustic power percentage, and its value is displayed on the corresponding item, as well as at the top of the screen. The greater the acoustic power percentage, the greater the current acoustic output. When the image is frozen, the system stops transmitting acoustic power.

Default setting of acoustic power

Selection of diagnostic applications is the most important factor for controlling ultrasound output. The permissible level of intensity of ultrasound differs depending on the region of interest. For fetal examinations, in particular, much care must be exercised.

In this system, imaging setups can be created using the ultrasound output set by you.

Once you perform preset settings, default setting values of the system may be changed and invalid. It is the user's responsibility for any change to the default settings.

Adjusting range

Initial power: 3.2% to 100%*

Definition of 100%: The maximum acoustic power of a probe determined by the increase in probe surface temperature in the selected mode and the acoustic power restrictions specified by the FDA.

Default settings of acoustic power value refer to the best image quality of the probe. The larger the acoustic power value, the better the image quality.

In the product, to obtain optimum images for applications under the requirements of safety and ALARA principle, we set acoustic power default values in factory to be maximum 93.3% in all exam modes for a better image quality. The user can make adjustments according to the imaging effect in practical use.

NOTE:

This system automatically returns to the settings whenever changes are made to the values (when you turn on the power, switch between probes, end the exam, or select OK or Cancel in

the Setup menu). In the factory default settings, the Acoustic Output is limited below 100%. Following the ALARA restriction, you are allowed to increase the acoustic power under FDA 510 (k) Guidance-Track 3 limits and to set it in the image preset screen.

The acoustic output of the system has been measured and calculated in accordance with IEC60601-2-37: 2015, FDA 510(K) GUIDANCE, IEC 62359: 2017, Ultrasonics-Field characterization-Test methods for the determination of thermal and mechanical indices related to medical diagnostic ultrasonic fields.

H.6 Acoustic Power Control

The qualified operator may use the system controls to limit the ultrasound output and to adjust the quality of the images. There are three categories of system controls relative to output. They are,

- Controls that have direct effect on the output
- Controls that indirectly control output
- Controls that are receiver controls

Direct controls

It is possible to control, if necessary, the acoustic output with the “A.power” item. In this case, the maximum value of the acoustic output never exceeds an MI of 1.9 and an $I_{SPTA,3}$ of 720 mW/cm² in any mode of operation.

Indirect controls

The controls that indirectly affect output are the many imaging parameters. These are operating modes, frequency, focal point positions, overall depth, and PRF.

The operating mode determines whether the ultrasound beam is scanning or non-scanning. Thermal bioeffect is closely connected to M mode, Doppler and Color mode. Acoustic attenuation of tissue is directly related to probe frequency. The focal point is related to active aperture of probe and beam width. For the higher PRF (pulse repetition frequency), the more output pulses occur over a period of time.

Receiver controls

The receiver controls (for example, gain, dynamic range, and image post-processing, etc.) won't affect output. These controls should be used, when possible, to improve the image quality before using controls that directly or indirectly affect output.

H.7 Acoustic Output

H.7.1 Derated Ultrasonic Output Parameters

In order to determine the relevant Ultrasonic Output Parameters, a method is used which allows for the comparison of ultrasound systems which operate at different frequencies and are focused at different depths. This approach, called “derating” or “attenuating”, adjusts the acoustic output as measured in a water tank to account for the effect of ultrasound propagation through tissue. By convention, a specific average intensity attenuation value is used, which corresponds to a loss of 0.3 dB/cm/MHz. That is, the intensity of ultrasound will be reduced by 0.3 dB/MHz for every centimeter of travel from the probe. This can be expressed by the following equation:

$$I_{atten} = I_{water} \times 10^{((-0.3)/10 \times f_c \times z)}$$

Where I_{atten} is the attenuated intensity, I_{water} is the intensity measured in a water tank (at distance z), f_c is the center frequency of the ultrasound wave (as measured in water), and z is the distance from the probe. The equation for attenuating pressure values is similar except that the attenuation coefficient is 0.15 dB/cm/MHz, or one-half the intensity coefficient. The intensity coefficient is double the pressure coefficient because intensity is proportional to the square of pressure.

Although the attenuation coefficient chosen, 0.3 dB/cm/MHz, is significantly lower than any specific solid tissue in the body, this value was chosen to account for fetal examinations. In early trimester ultrasound fetal examinations, there may be a significant fluid path between the probe and the fetus, and the attenuation of fluid is very small. Therefore the attenuation coefficient was lowered to account for this case.

H.7.2 Limits of Acoustic Output

In accordance with the FDA Track 3 requirements, the derating (or attenuated) approach was incorporated into the FDA Acoustic Output Limits, as listed below. The maximum acoustic output level from any probe in any operating mode is expected to fall below these limits.

FDA Maximum Acoustic Output Limits for Track 3 (Attenuated Values)

Application: Regions (except eyes)	$I_{\text{spta.3}} \text{ (mW/cm}^2\text{)} \leq 720$	$I_{\text{sppa.3}} \text{ (W/cm}^2\text{)} \leq 190$ or $MI \leq 1.9$
Application: Ophthalmic	$I_{\text{spta.3}} \text{ (mW/cm}^2\text{)} \leq 50$	$MI \leq 0.23$

H.7.3 Differences between Actual and Displayed MI and TI

In operation, the system will display to the operator the Acoustic Output Parameters Thermal Index, TI, or Mechanical Index, MI (or sometimes both parameters simultaneously). These parameters were developed as general indicators of risk from either thermal or mechanical action of the ultrasound wave. They serve to indicate to the operator whether a particular setting of the system increases or decreases the possibility of Thermal or Mechanical effect. More specifically, they were designed to assist in the implementation of the ALARA principle. As an operator changes a given system control, the potential effect of the change in output will be indicated. However, the Thermal Index is not the same as temperature rise in the body, for several reasons. First of all, in order to provide a single display index to you, a number of simplifying assumptions had to be made. The biggest assumption was the use of the attenuating formula described above, which is much lower than the actual value for most tissues within the body. Scanning through muscle or organ tissue, for example, will produce much higher attenuation than 0.3 dB/cm/MHz. There were also significant simplifications made for the thermal properties of tissue. Therefore, scanning through highly perfused tissue, such as the heart or vasculature, will produce significantly less thermal effect than that suggested by the Thermal Index.

Similarly, the Mechanical Index was derived to indicate the relative possibility of mechanical (cavitation) effects. The MI is based on the derated peak-rarefactional pressure and the center frequency of the ultrasound wave. The actual peak-rarefactional pressure is affected by the actual attenuation caused by tissue in the path between the probe and the focal point. Again, all solid tissues within the body have higher attenuation than the prescribed 0.3 dB/cm/MHz value, and therefore, the actual peak-rarefactional pressure will be lower. Further, the actual peak-rarefactional pressure will change depending upon the region of the body being scanned.

For these reasons, the TI and MI displays should only be used to assist the operator in implementing ALARA at the time of the patient examination.

H.8 Measurement Uncertainty

The total estimated measurement uncertainty (where the total uncertainty includes the uncertainties in hydrophone response, measurement, calculation, and positioning) are:

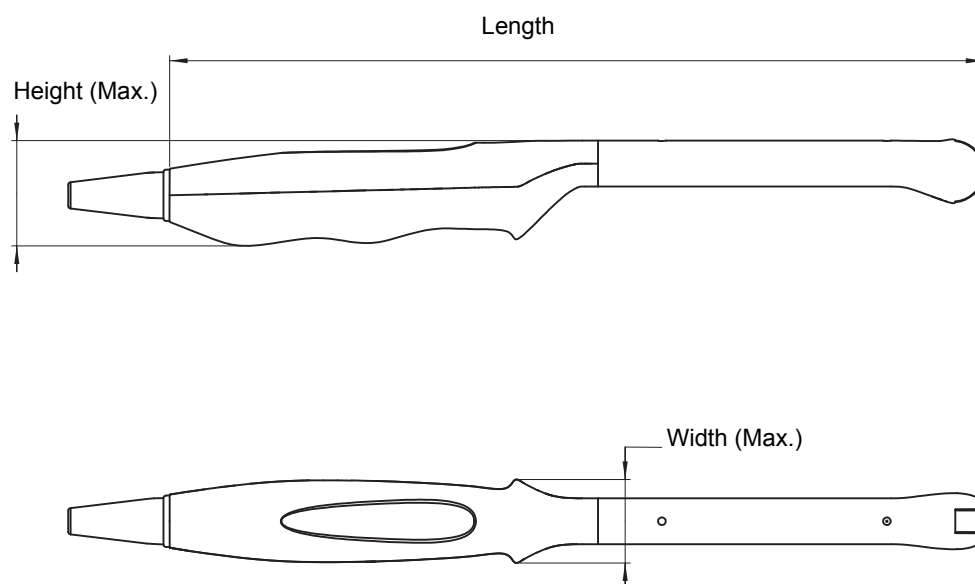
Acoustic Quantities	Total Uncertainties (Standard)
Power	26.48% for non-scan modes; 6.03% for scan modes.
Frequency	0.22%
Pressure	13.01%
Ita	26.48% for non-scan modes; 26.95% for scan modes.
Ipa	26.5%
Mechanical Index	13.01%
Total Uncertainty for TIS	26.48% for non-scan modes; 6.03% for scan modes.
Total Uncertainty for TIB	26.48% or 18.72% for non-scan modes; 6.03% for scan modes.
Total Uncertainty for TIC	26.48% for non-scan modes; 6.03% for scan modes.

H.9 References for Acoustic Power and Safety

- “Bioeffects and Safety of Diagnostic Ultrasound” issued by AIUM in 1993
- “Medical Ultrasound Safety” issued by AIUM in 1994
- Marketing Clearance of Diagnostic Ultrasound Systems and Transducers, June 27, 2019. Center for Devices and Radiological Health.
- Medical electrical equipment-Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment issued by IEC in 2015
- IEC 62359, Ultrasonics-Field characterization-Test methods for the determination of thermal and mechanical indices related to medical diagnostic ultrasonic fields, 2017.

Probe Dimensions

Model	Length (mm)	Width (mm)	Height (mm)	Cable Length (mm)
C5-1s	111.9	76.7	28	2050±50
P10-4s	82.5	28.5	21.2	2050±50
P7-3Ts	1500	59.6	59.1	1530±50
L14-6Ns	101.6	61	25.7	2050±50
C11-3s	96.4	32.8	25	2050±50
SP5-1s	102.6	38.2	30.4	2050±50
C6-2Gs	117.4	39.4	21	2790±50
L16-4Hs	41.8	34.6	11.5	2050±50
P8-3Ts	720	63	67.8	1770±50
L20-5s	98	43	24.1	2050±50
SC6-1s	111.9	76.7	28	2050±50
L14-5sp	95.1	70.8	25.4	2350±50
L9-3s	103.5	58.6	23.3	2050±50
P8-2Ts	1417.5	61.8	60.7	1800±50
LAP13-4Cs	560	66.5	51	2050±50
C9-3Ts	44.5	46	37.3	2525±50
L12-3VNs	101.8	56.8	25.3	2050±50
L12-3RCs	101.9	55.6	22	2050±50
C4-1s	98.1	45.8	25.4	2050±50
L11-3VNs	103.4	56.9	24	2050±50
L14-6s	93.8	47.1	22.8	2050±50
P4-2s	102.6	38.1	30.4	2050±50
7LT4s	50	49.1	20.4	2050±50
i3P	167	51	32.4	/
i3PA	167	51	32.4	/
L14-3Ws	102.1	66.8	25.5	2050±50
L14-5sp	95.1	70.8	25.4	2350±50



J

Indications for use

Intended Use:		Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:							
Clinical Application		Mode of Operation							
General(Track1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging& Other	Fetal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3,5,8
	Intra-operative (Specify*)	N	N	N		N	N	N	Note 1, 2,3,5
	Intra-operative (Neuro)								
	Laparoscopic	N	N	N		N	N	N	Note 1
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)	N	N	N	N	N	N	N	Note 1, 2,3,5,6
	Neonatal Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Adult Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Trans-rectal	N	N	N		N	N	N	Note 1, 2,3,5,6
	Trans-vaginal	N	N	N		N	N	N	Note 1, 2,3,5,6
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N	N	N	N	N	Note 1, 2,3,5,6
	Musculo-skeletal (Superficial)	N	N	N	N	N	N	N	Note 1, 2,3,5,6
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
Cardiac	Cardiac Adult	N	N	N	N	N	N	N	Note 1, 2,3,4,5,7
	Cardiac Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)	N	N	N	N	N	N	N	Note 1,4,5
	Intra-cardiac								
Peripheralvessel	Peripheral vessel	N	N	N	N	N	N	N	Note 1, 2,3,5
	Other (Specify***)	N	N	N		N	N	N	Note 1, 2,3,5,6
N=new indication, P=previously cleared by FDA									
Additional comments, Combined modes--B+M, PW+B, Color + B, Power + B, PW +Color+ B, Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	C5-1s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5,8
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,5
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3,5
	Other (Specify***)	N	N	N		N	N	N	Note 1, 2,3,5
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	C4-1s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application	Mode of Operation								
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,5
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,5
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
Cardiac	Cardiac Adult	N	N	N		N	N	N	Note 1, 2,3,5
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	SC6-1s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5,8
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,5
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,5
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3,5
	Other (Specify***)	N	N	N		N	N	N	Note 1, 2,3,5
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	C11-3s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application			Mode of Operation						
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5,8
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N		N	N	N	Note 1, 2,3,5
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
Cardiac	Cardiac Adult	N	N	N		N	N	N	Note 1, 2,3,5
	Cardiac Pediatric	N	N	N		N	N	N	Note 1, 2,3,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3,5
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、 PW+B、 Color + B、 Power + B、 PW +Color+ B、 Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	C9-3Ts								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)	N	N	N		N	N	N	Note 1, 2,3,5
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,5
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,5
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,5
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3,5
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	C6-2Gs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,5,8
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)	N	N	N		N	N	N	Note 1, 2,3,5
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L14-6s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3
	Neonatal Cephalic	N	N	N		N	N	N	Note 1, 2,3
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3
	Intravascular								
Cardiac	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L14-5sp								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic	N	N	N		N	N	N	Note 1, 2,3
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,6
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L14-6Ns								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L9-3s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N	N	N	N	N	Note 1, 2,3
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N	N	N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N	N	N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N	N	N	N	N	Note 1, 2,3,6
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N	N	N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L20-5s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,6
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L16-4Hs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic	N	N	N		N	N	N	Note 1, 2,3
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,6
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	7LT4s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3,8
	Intra-operative (Specify*)	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic	N	N	N		N	N	N	Note 1, 2,3
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,6
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L12-3RCs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L11-3VNs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3
	Intravascular								
Cardiac	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L12-3VNs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic	N		N		N	N	N	Note 1
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	L14-3Ws								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1, 2,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1, 2,3
	Small Organ (Specify**)	N	N	N		N	N	N	Note 1, 2,3,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N		N	N	N	Note 1, 2,3,6
	Musculo-skeletal (Superficial)	N	N	N		N	N	N	Note 1, 2,3,6
	Intravascular								
Cardiac	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3
	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel	N	N	N		N	N	N	Note 1, 2,3
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	V11-3Hs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N		N	N	N	Note 1, 2,3,5
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	N	N	N		N	N	N	Note 1, 2,3,5,6
	Trans-vaginal	N	N	N		N	N	N	Note 1, 2,3,5,6
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)	N	N	N		N	N	N	Note 1, 2,3,5,6
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P4-2s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Adult Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
Cardiac	Cardiac Adult	N	N	N	N	N	N	N	Note 1, 2,3,4,5,7
	Cardiac Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA :									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	SP5-1s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Adult Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
Cardiac	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1, 2,3,5
	Cardiac Adult	N	N	N	N	N	N	N	Note 1, 2,3,4,5,7
	Cardiac Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P10-4s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
Peripheral vessel	Intra-cardiac								
	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P8-2s								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N	N	N	N	N	Note 1, 2,3,5
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,5
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Adult Cephalic	N	N	N	N	N	N	N	Note 1, 2,3,5
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)	N	N	N	N	N	N	N	Note 1, 2,3,5
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Cardiac Pediatric	N	N	N	N	N	N	N	Note 1, 2,3,4,5
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	i3P								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1,3
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N		N	N	N	Note 1,3
	Adult Cephalic	N	N	N		N	N	N	Note 1,3
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1,3
Cardiac	Cardiac Adult	N	N	N		N	N	N	Note 1,3,4
	Cardiac Pediatric	N	N	N		N	N	N	Note 1,3,4
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--Color + B、 Power + B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	i3PA								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal	N	N	N		N	N	N	Note 1,3
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric	N	N	N		N	N	N	Note 1,3
	Small Organ (Specify**)								
	Neonatal Cephalic	N	N	N		N	N	N	Note 1,3
	Adult Cephalic	N	N	N		N	N	N	Note 1,3
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)	N	N	N		N	N	N	Note 1,3
Cardiac	Cardiac Adult	N	N	N		N	N	N	Note 1,3,4
	Cardiac Pediatric	N	N	N		N	N	N	Note 1,3,4
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--Color + B、 Power + B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P7-3Ts								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)	N	N	N	N	N	N	N	Note 1,4,5
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P8-3Ts								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application			Mode of Operation						
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)	N	N	N	N	N	N	N	Note 1,4,5
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	P8-2Ts								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic								
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)	N	N	N	N	N	N	N	Note 1,4,5
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

Transducer:	LAP13-4Cs								
Intended Use:	Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:								
Clinical Application		Mode of Operation							
General(Track 1 Only)	Specific (Track 1 & 3)	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Combined (specify)	Other (Specify)
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal								
	Abdominal								
	Intra-operative (Specify*)								
	Intra-operative (Neuro)								
	Laparoscopic	N	N	N		N	N	N	Note 1
	Pediatric								
	Small Organ (Specify**)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph. (non-Card.)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Thoracic/Pleural (Specify****)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular (Cardiac)								
	Trans-esoph. (Cardiac)								
	Intra-cardiac								
Peripheral vessel	Peripheral vessel								
	Other (Specify***)								
N=new indication ; P=previously cleared by FDA ;									
Additional comments: Combined modes--B+M、PW+B、Color + B、Power + B、PW +Color+ B、Power + PW +B.									
*Intraoperative includes abdominal, thoracic, and vascular.									
**Small organ-breast, thyroid, testes.									
***Other use includes Urology.									
****For detection of fluid and pleural motion/sliding.									
Note 1: Tissue Harmonic Imaging.									
Note 2: Smart3D									
Note 3: iScape View									
Note 4: TDI									
Note 5: Color M									
Note 6: Strain Elastography									
Note 7: Contrast imaging (Contrast agent for LVO)									
Note 8: Contrast imaging (Contrast agent for Liver)									

This page intentionally left blank.

