

SonoScape



Crystal Vision, Empowered by Intelligence

V-reader® V10

**Intravascular Ultrasound
Diagnostic System**

SonoScape

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Crystal Vision

- Single crystal composite material transducer
- Ultra-wideband imaging technology delivering high-definition resolution and deep penetration



Easy to use

- 15.6" touchscreen with friendly UI
- Automated measurement empowered by advanced intelligence
- Side-by-side comparing of pre-and-post stenting recording

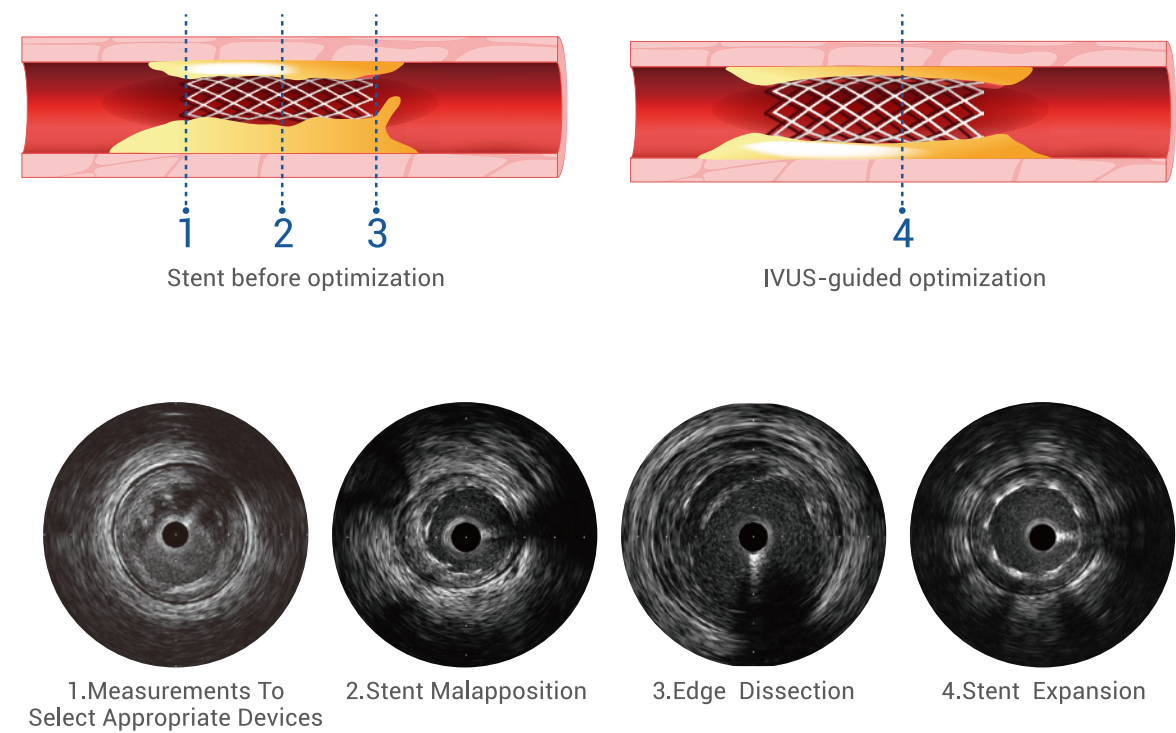


Seamless Experience

- Built-in lithium battery supporting continuous operation for 1 hour after power outage
- Integrated catheter controller with A/C conversion chip
- Easy PC/DICOM exporting via USB 3.0



IVUS provides information to guide treatment decisions throughout the procedure, significantly reduces MACE compared to angiography alone.



Peri-procedure IVUS

- Select the appropriate treatment strategy and devices
- Assess lesion morphology and identify the need for pre-treatment
- Superficial or deep calcification
 - Lesion tissue types to identify thin-cap fibroatheroma
- Perform measurements to help select appropriate device(s)
- Vessel & lumen diameter
 - Area & lesion length
 - Lesion preparation
 - Define appropriate landing zones
 - Stent selection and sizing

Post-procedure IVUS

- Optimize procedural outcomes
- Assess adequacy of stent expansion, apposition, mechanical complications and mechanisms
- Geographical miss
 - Major edge dissections
 - Apposition
 - Plaque protrusion



IVUS recommendations in guidelines

ESC/EACTS 2018 guidelines ¹	Clas	Level of evidence	ACC/AHA/SCAI 2011 guidelines ² Use IVUS:	Clas	Level of evidence
IVUS should be considered to assess the severity of unprotected left main lesions	Ila	B	For the assessment of angiographically indeterminate left main CAD	Ila	B
IVUS should be considered to optimize treatment of unprotected left main lesions	Ila	B	4 to 6 weeks and 1 year after cardiac transplantation to exclude donor CAD, detect rapidly progressive cardiac allograft vasculopathy, and provide prognostic information	Ila	B
IVUS or OCT should be considered in selected patients to optimize stent implantation	Ila	B	To determine the mechanism of stent restenosis	Ila	C
IVUS and/or OCT should be considered to detect stent-related mechanical problems leading to restenosis	Ila	C	For the assessment of non-left main coronary arteries with angiographically intermediate coronary stenoses (50% to 70% diameter stenosis)	Ilb	B
IVUS or OCT to assess mechanisms of stent failure	Ila	C	For guidance of coronary stent implantation, particularly in cases of left main coronary artery stenting	Ilb	B

Class Ila: “should be considered”,
Class Ilb: “may be considered.”

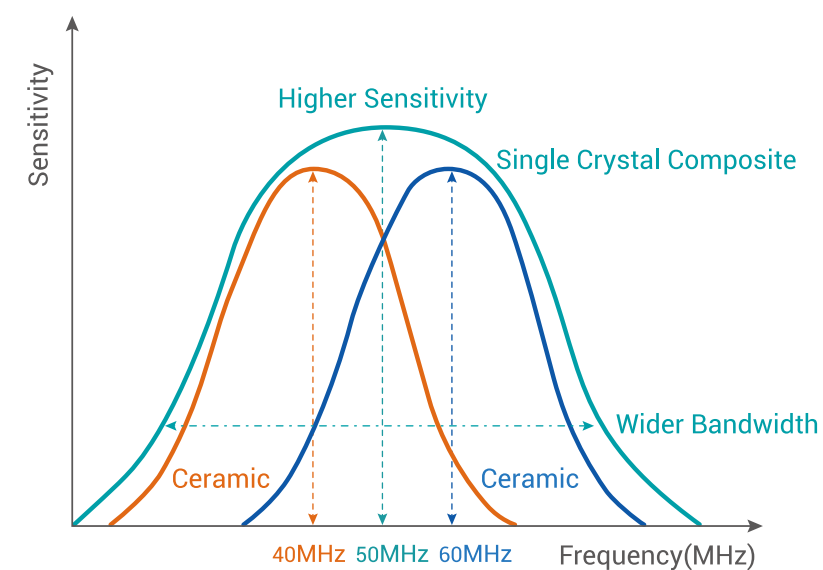
Class Ila: “is reasonable”,
Class Ilb: “may be considered.

1.Neumann et al. 2018 ESC/EACTS Guidelines on myocardial revascularization. EuroIntervention 2019;14:1435-1534.
2.Levine G et al. 2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention. Circulation 2011;124:e574–e651.

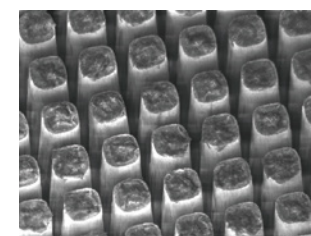


No Compromise on Resolution nor Penetration

- Single crystal composite transducer offering higher sensitivity and wider bandwidth



Ultra-Wideband IVUS VS Ceramic IVUS

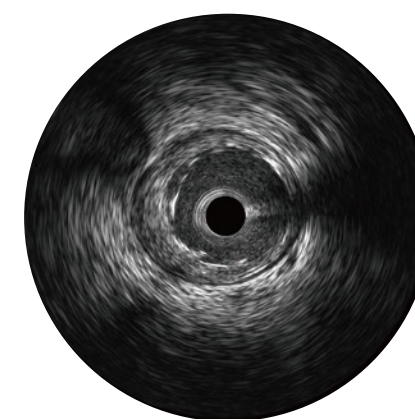


Single Crystal Composite transducer
Bandwidth > 80%

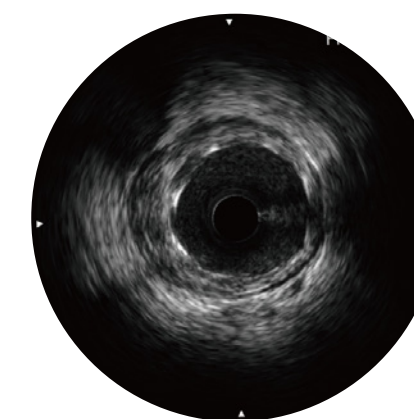


Ceramic PZT transducer
Bandwidth 40%

- Ultrawide bandwidth with frequency range from 20MHz to 80MHz
Better resolution and deeper penetration, working for diverse vessels



SonoScape Ultra-Wideband IVUS Image



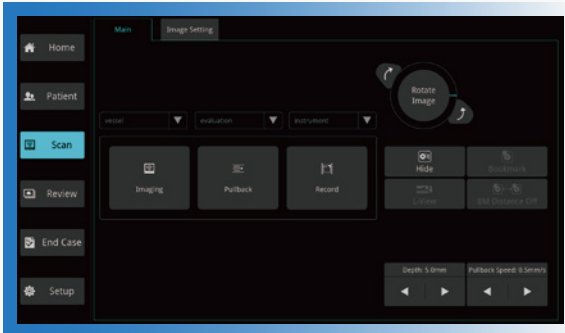
Ceramic IVUS Image

Sonoscape IVUS	
Central Frequency	50MHz
Maximum Imaging Diameter	20mm
Axial Resolution	≈20μm

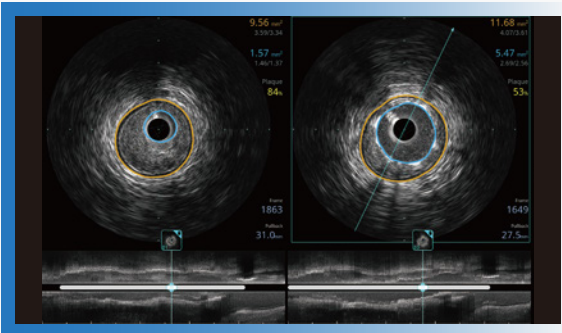
- More stent struts details on SonoScape IVUS.
- Side branch vessels are clearly recognizable through deeper penetration, while no compromise on good resolution.



Easy to Use, Empowered by Advanced Intelligence



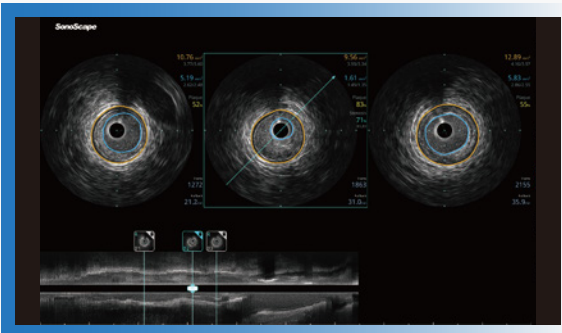
15.6-inch large capacitive touchscreen.



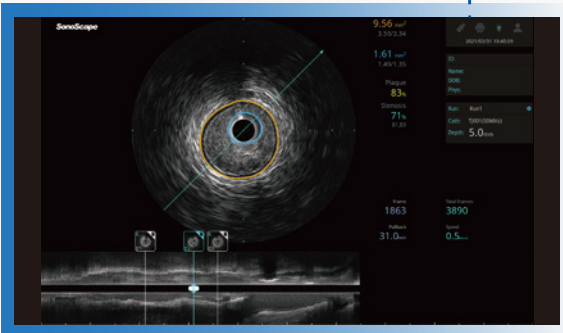
Simple PCI optimization through side-by-side comparing of pre-and-post stenting recording.



Streamlined workflow and friendly UI.



Multiple bookmarks on one screen, simplifying treatment planning.



One-click auto trace and measurement with plaque burden, stenosis ratio, etc. Tracing accuracy is over 90% empowered by artificial intelligence.

1. Test data from SonoScape laboratory.

Seamless Workflow with Creative Design



- Easy and quick data exporting via USB 3.0
- Built-in lithium battery with 1 hour working time
- Supports hot-swappable and facilitate rapid transfer between cathlab rooms

Integrated A/C conversion chip
minimize signal interference
on the IVUS image

Excellent controller grip
experience with ergonomic design



Single board pullback
device with robust design