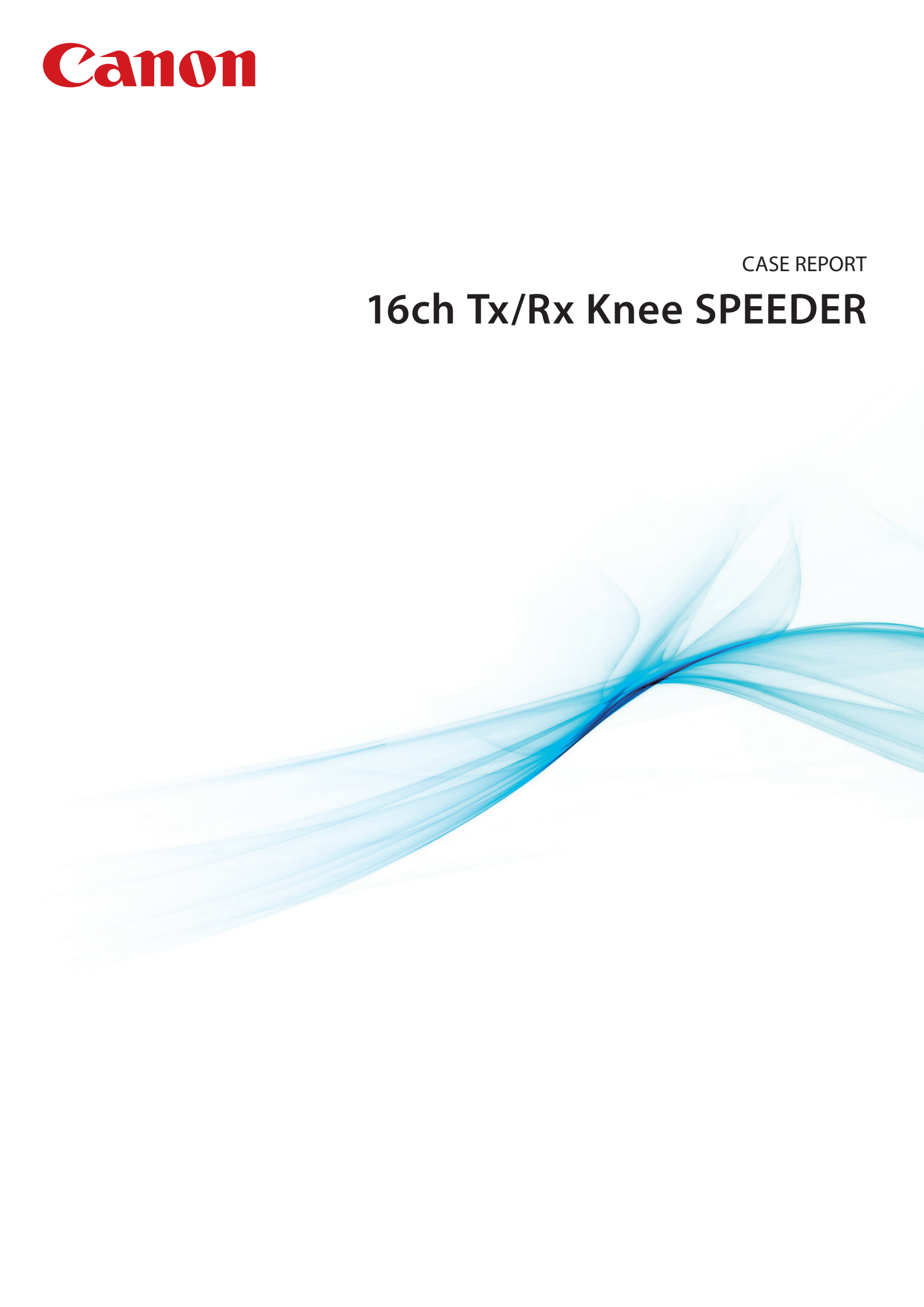
CASE REPORT

16ch Tx/Rx Knee SPEEDER



Intelligent Workflow and Patient Comfort

1. Robust dedicated transmit knee coil designed to meet your daily clinical needs

Ease of use positioning technology allows for flexibility, enabling clinicians to provide consistent and excellent image quality.

Isabelle Parienty, MD, expresses great satisfaction with image quality achieved on 1.5T MR scanner, Vantage Titan. Dr. Parienty explains, "This coil enables us to acquire good image quality consistently while maintaining excellent fat suppression and homogeneity."

Dr. Isabelle Parienty
Radiodiagnostic and Medical Imaging Centre, Hauts-de-Seine, France

2. Productive MRI workflow

Compact, lightweight design.

This extremely lightweight and compact design makes it easy for the technologists to lift and maneuver, enabling them to enhance their workflow throughout the day. Patient maintains limited range of motion. The system to move the coil from left to right is very convenient and allows you to move to the iso-center and/or to adapt to the patient. Chief technologist reports, "Not only is the number of scans increasing, but also the positioning of the patient is easier."

Guillaume Michel,
Chief technologist

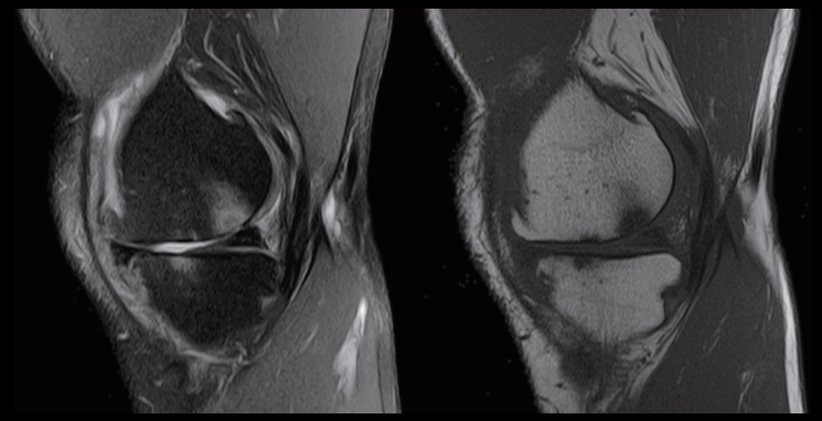
3. Improved patient comfort

Putting the patient first is Canon Medical Systems' primary focus.

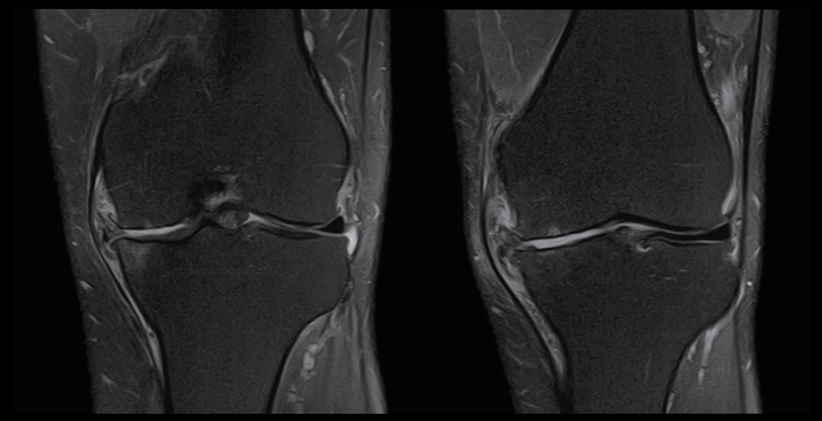
This 16ch Tx/Rx Knee SPEEDER is ergonomically designed to provide flexibility and high-quality imaging. Dr. Parienty and her team report this coil helps them provide a comfortable environment enabling them set their patients mind at ease while performing examinations.
Dr. Parienty reports that after installing this coil, no patients have declined examination due to an uncomfortable position.

Case 1

Knee routine



Sg FSE T2 FS and Sg FSE T1, 3 mm slice thickness, 0.4 mm resolution.



Co FSE PD FS, 3 mm slice thickness, 0.6 mm resolution.

Patient History

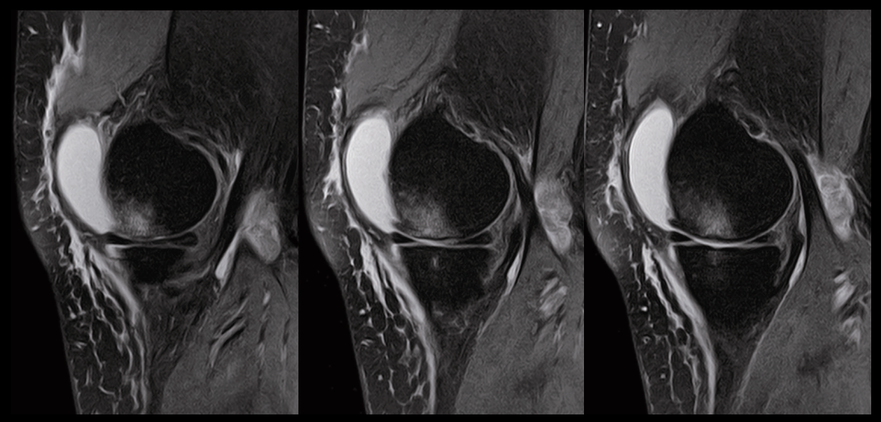
54 year-old male. Pain after sport traumatism.

Results

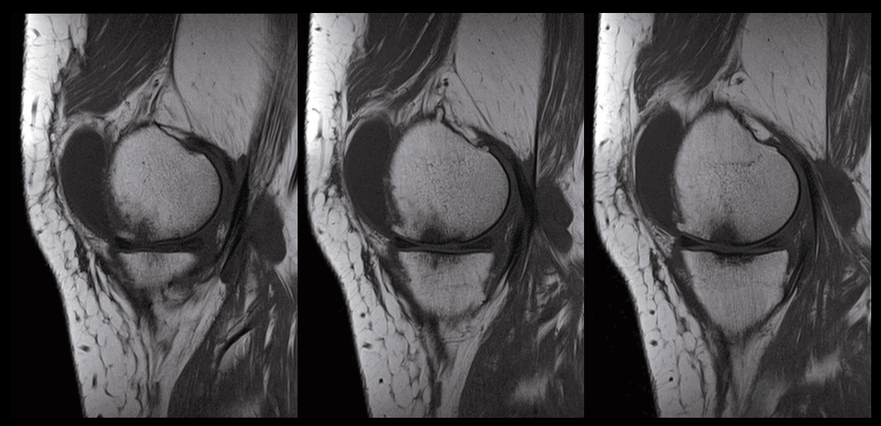
Severe chondropathy femoro-tibial medial with subchondral osseous suffering of the articular banks.
Complex lesion of the middle segment of the internal meniscus with dislocation, inflammatory perimeniscitis and degenerative tear of meniscus.

Case 2

Large knee



Sg T2 FS, 3 mm slice thickness, 0.4 mm resolution.



Sg FSE T1, 3 mm slice thickness, 0.4 mm resolution.

Patient History

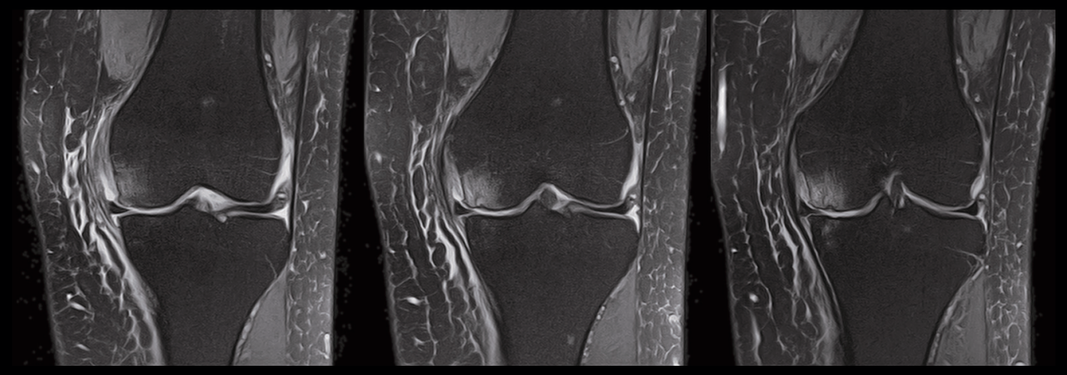
67 year-old female. Persistent medial knee pain.

Results

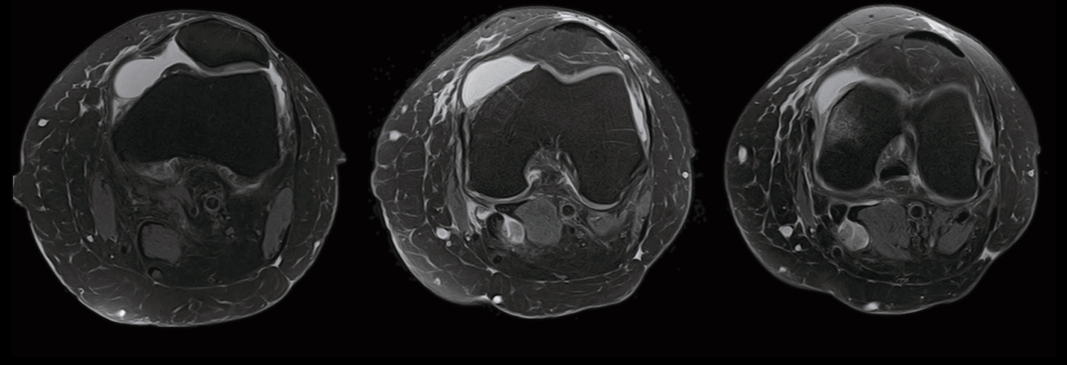
Relatively abundant intra-articular effusion.

Osteoarthritis lesions of the femoro-tibial joint in the medial portion with changes in the subchondral bone that may correspond to a stress fracture.

Degenerative aspect of the posterior horn of the medial meniscus.



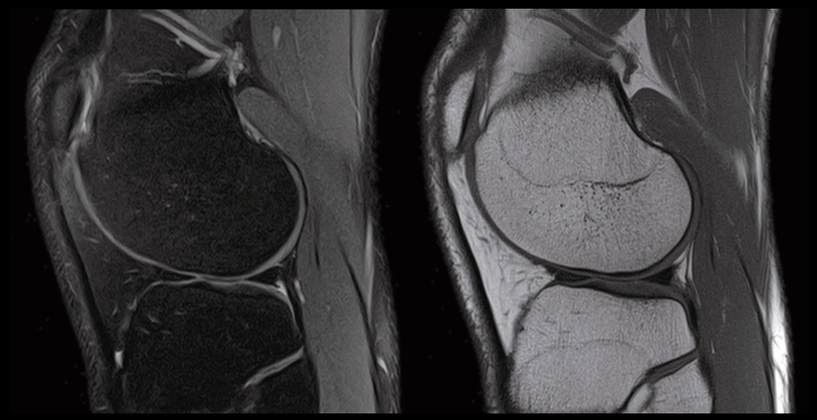
Co FSE PD FS, 3 mm slice thickness, 0.6 mm resolution.



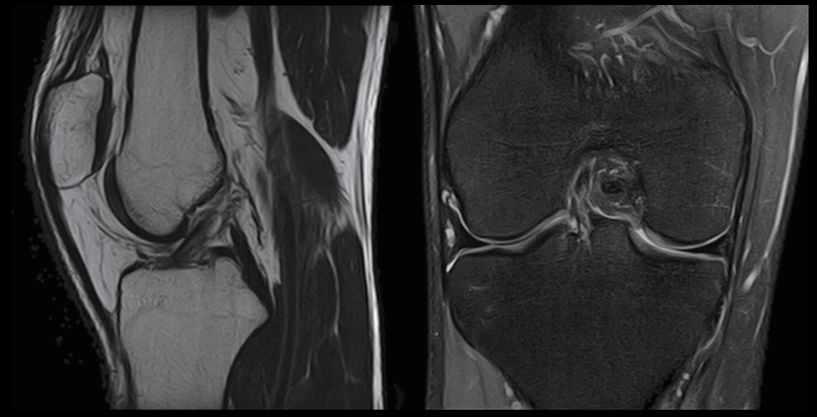
Ax FSE PD FS, 3 mm slice thickness, 0.6 mm resolution.

Case 3

High resolution knee



Sg FSE T2 FS and Sg FSE T1, 3 mm slice thickness, 0.2 mm resolution.



Sg oblique FSE T2, 2 mm slice thickness, 0.2 mm resolution.

Co FSE PD FS, 3 mm slice thickness, 0.2 mm resolution.

Patient History

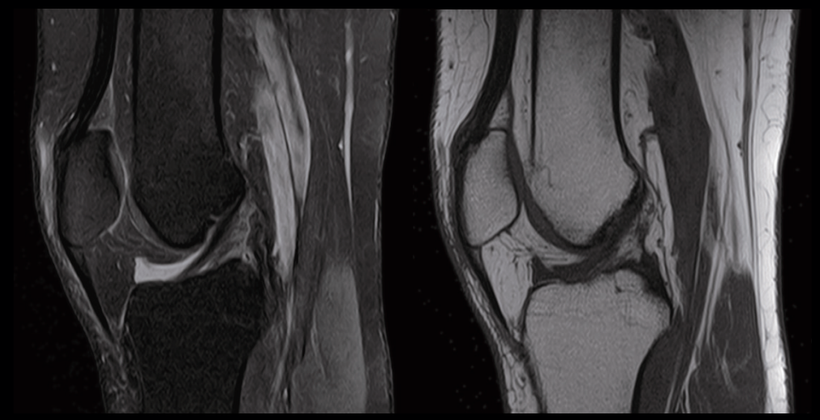
26 year-old male. Post-traumatic assessment, pain.

Results

Absence of traumatic lesion.

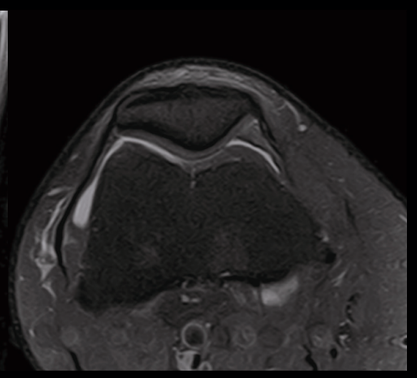
Case 4

5 minutes knee scan



Sg FSE T2 FS and Sg FSE T1, 3.5 mm slice thickness, 0.6 mm resolution.

Co FSE PD FS, 3.5 mm slice thickness, 0.6 mm resolution.



Ax FSE PD FS, 3.5 mm slice thickness, 0.6 mm resolution.

Patient History

52 year-old male. Pain and functional impairment without initial trauma.

Results

Internal femoro-tibial chondropathy with small intra-articular blade effusion without any other significant anomaly.

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The results in this document are the findings of the author.
Clinical outcomes may vary dependent upon clinical use and environment.

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