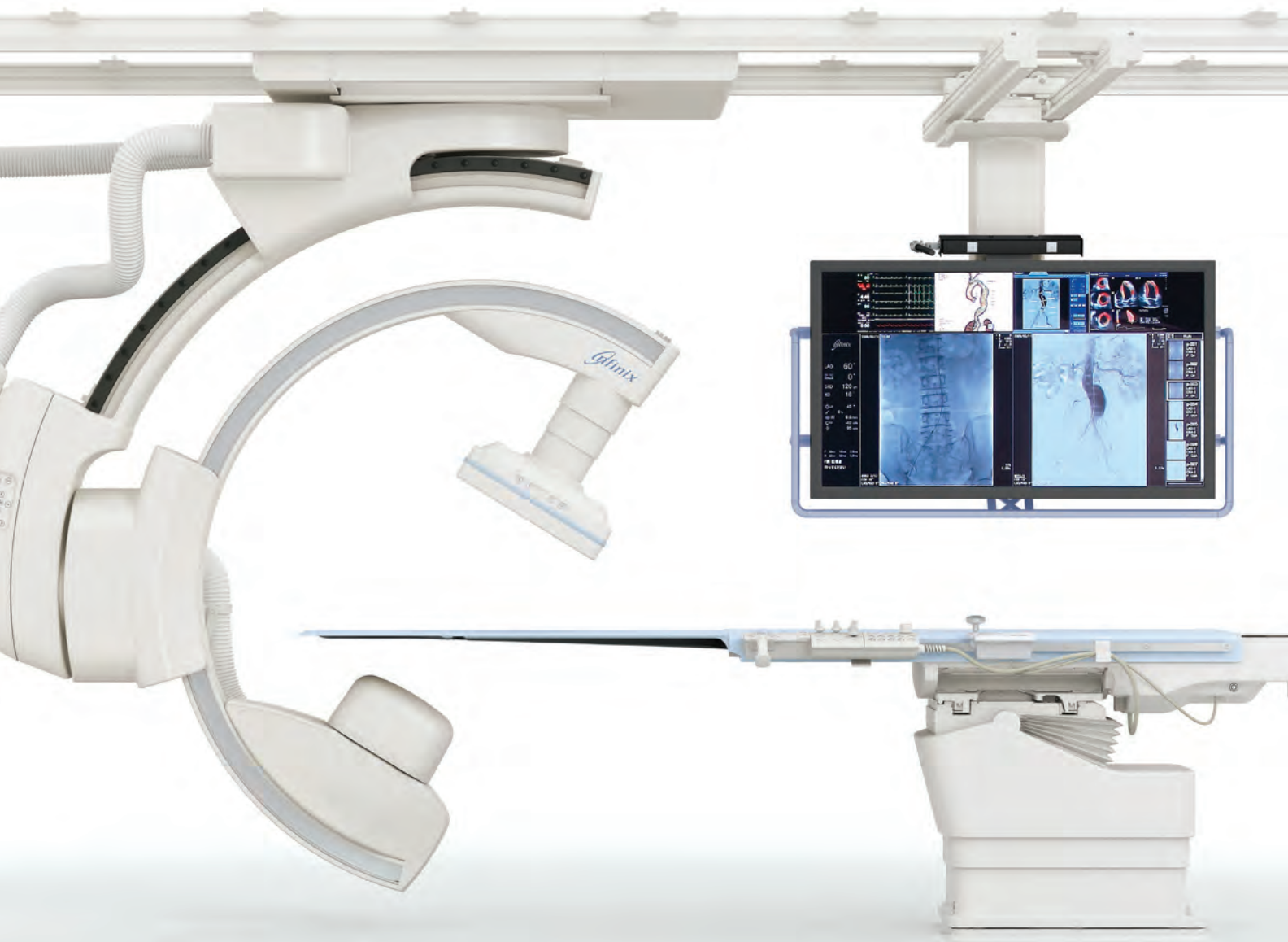


Canon

Clinical Brochure

Infinix™-i Sky+



Fast. 3D. Anywhere.

The C-arm revolution has arrived. Infinix™-i Sky+ delivers unprecedented flexibility. With Infinix-i Sky+, you'll get the same exceptional head-to-toe, fingertip-to-fingertip coverage you expect from Canon Medical Systems. But now imaging soars to even greater heights with an innovative C-arm flip, lateral flexibility, speed, and full body 3D imaging capability. Available with our 12" x 16" flat panel, Infinix-i Sky+ offers clinicians the potential to increase coverage. Packed with advanced features in one comprehensive system, the sky's the limit when it comes to complete coverage.



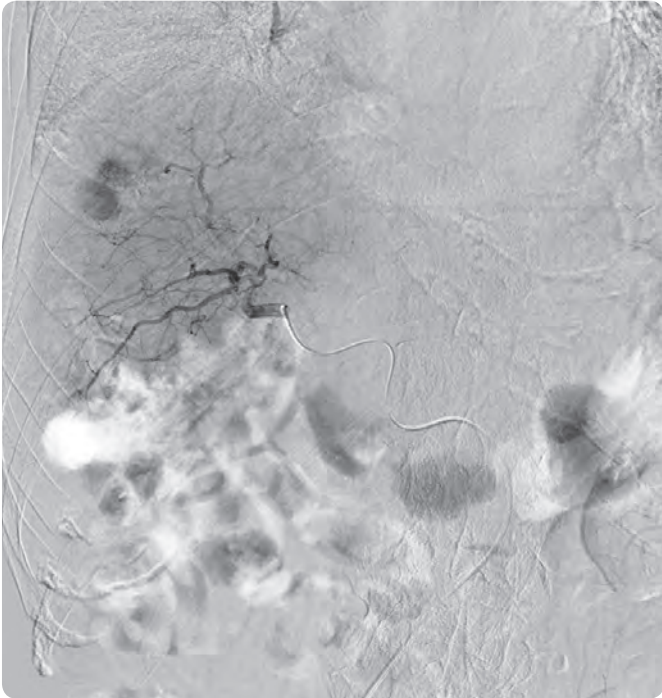
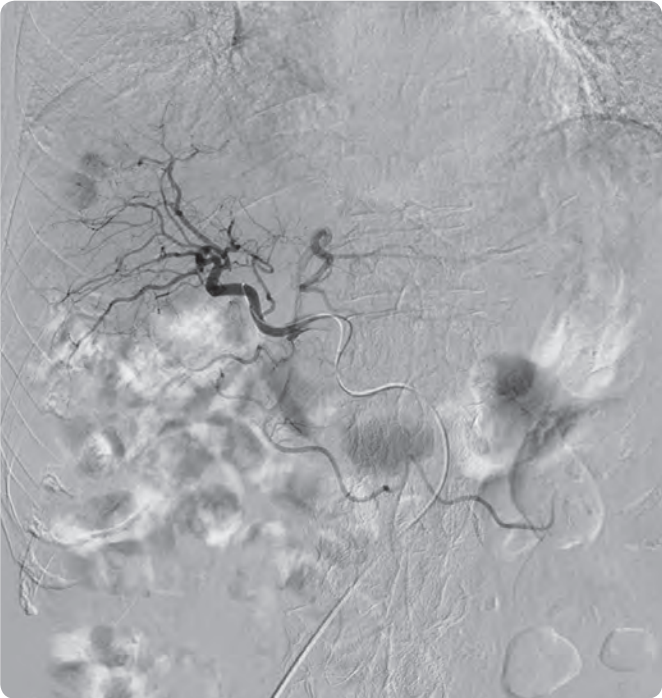


3D Digital Acquisition Angio

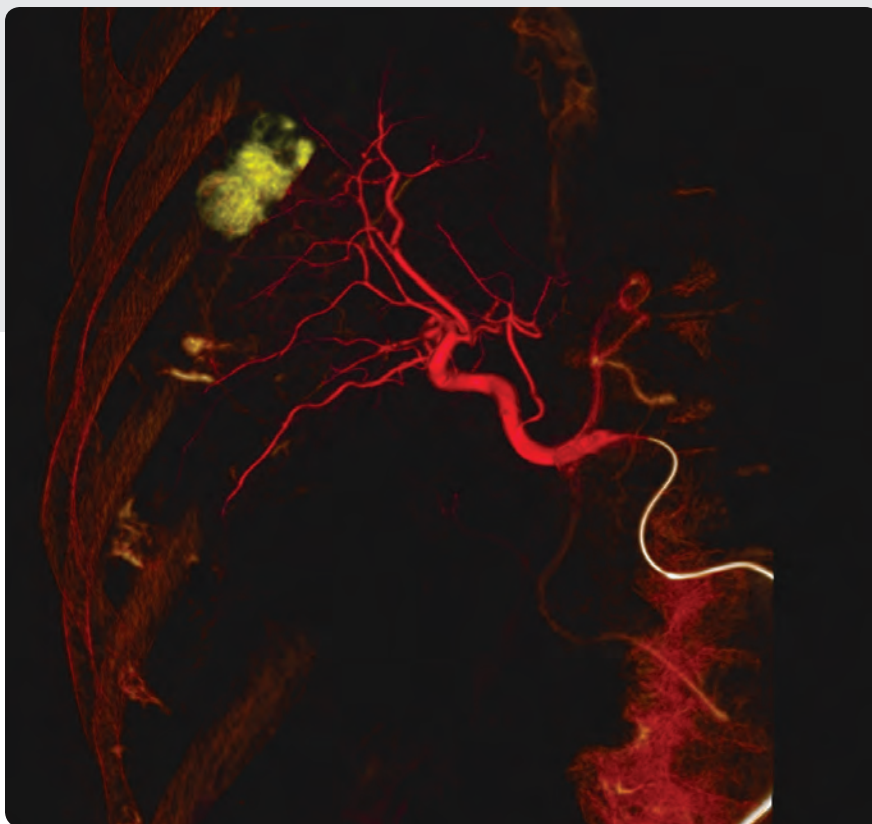
Performing 3D digital acquisition (DA) using the Infinix-i Sky+ delivers optimum image quality and innovative tools to support clinicians in their treatment planning, visualization and interventional guidance. Clinicians now have the tools to help them visualize vessels feeding liver tumors.

Case 1

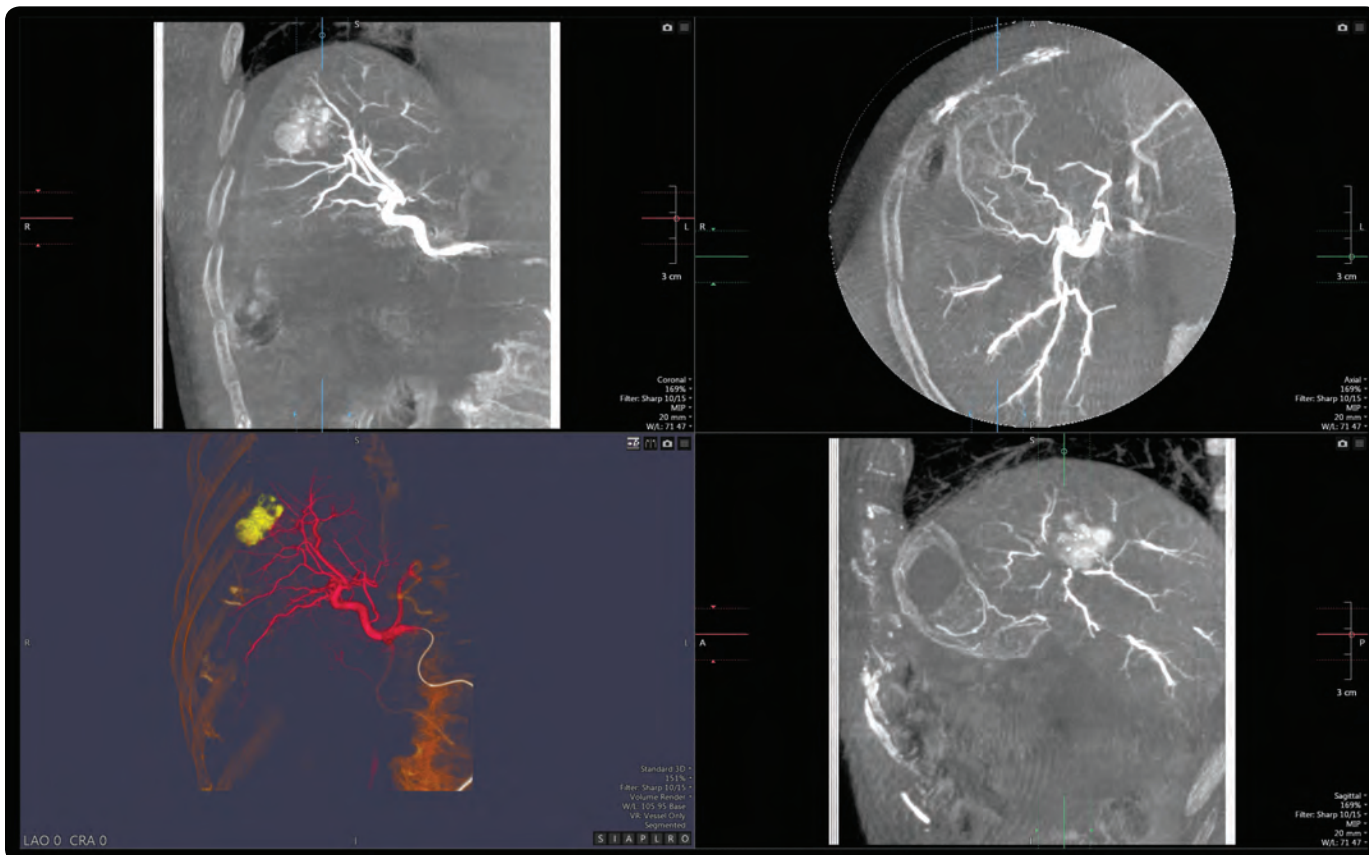
This is a digital subtraction angiography (DSA) of the proper hepatic artery that demonstrates tumor blush in the early and late arterial phases.



| 3D DA HS +90° | |
|---------------|-------------|
| Field of View | 12 x 12 |
| Projections | 108 |
| Matrix | 512 x 512 |
| Frame Rate | 41 fps |
| Spin Time | 2.6 seconds |



This 3D DA high speed (HS) was performed from the left side of the patient (3D DA HS +90°) with contrast injection. Vessels supplying the tumor are seen on the 3D volume rendering and multiplanar reformat (MPR).

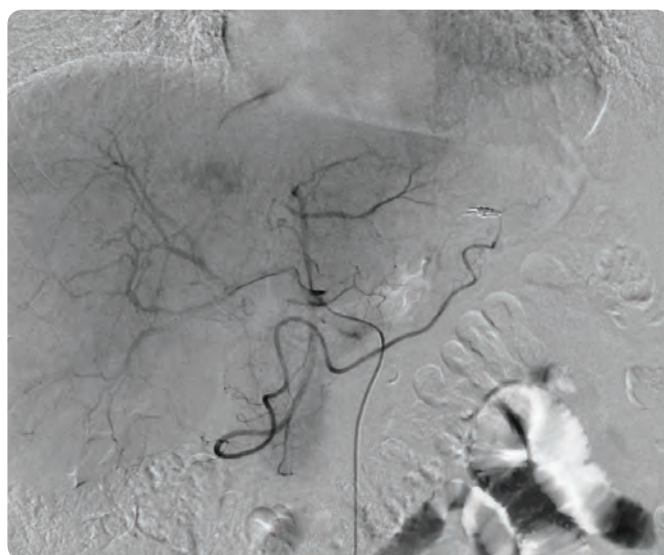


Low Contrast Imaging

Using the Infinix-i Sky+, clinicians are able to perform low contrast imaging (LCI) using cone-beam CT imaging with C-arm rotational acquisitions for the visualization and transarterial chemoembolization (TACE) treatment of tumors and feeder vessels.

Case 1

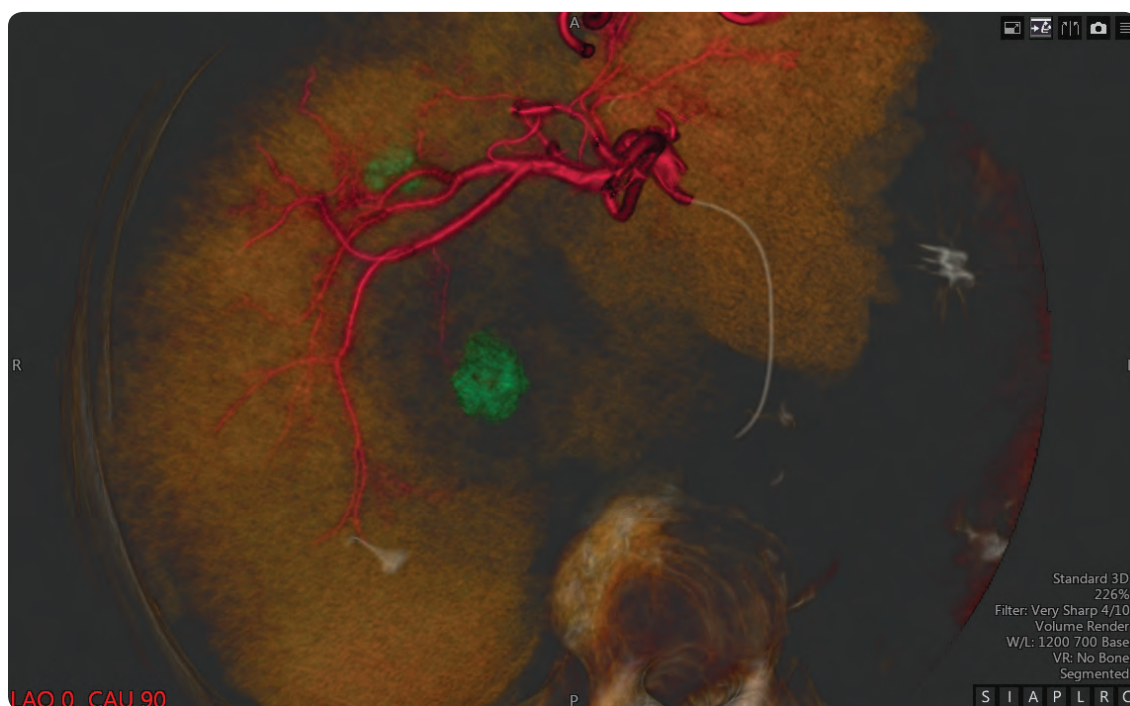
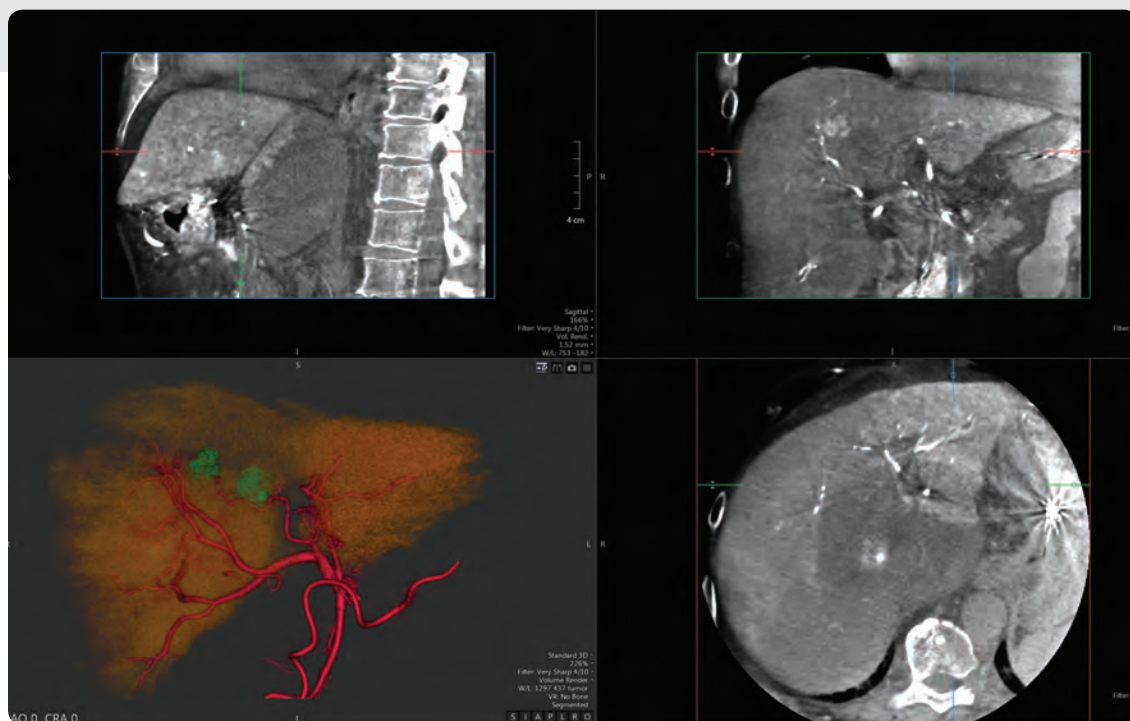
A DSA of the common hepatic was performed. The early arterial phase image does not highlight a tumor, but the late arterial phase image does.



LCI Middle HS +90° (left side)

| | |
|---------------|-------------|
| Field of View | 16 x 12 |
| Projections | 385 |
| Matrix | 512 x 512 |
| Frame Rate | 60 fps |
| Spin Time | 6.7 seconds |

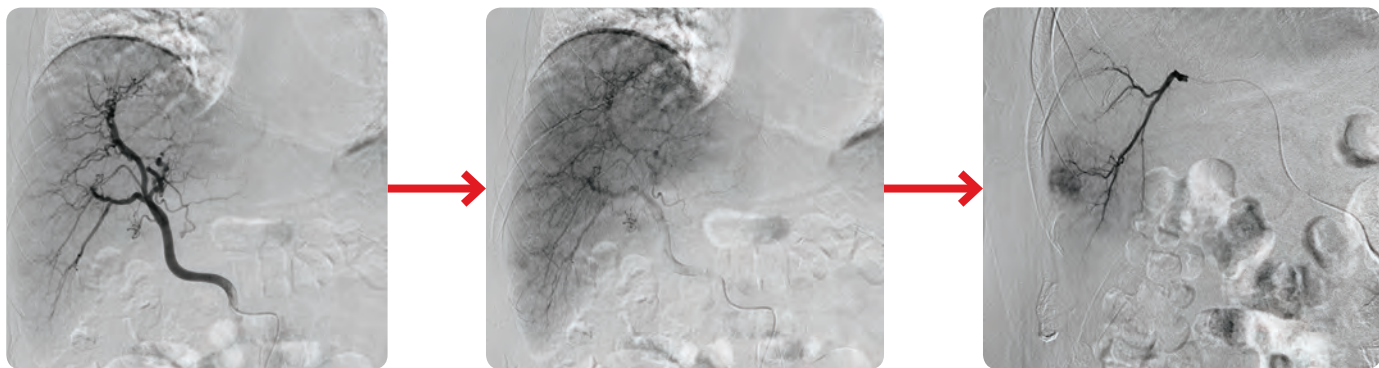
LCI with contrast injection was performed from the left side of the patient. MPRs highlight two tumors. The treatment plan was based on both tumors.



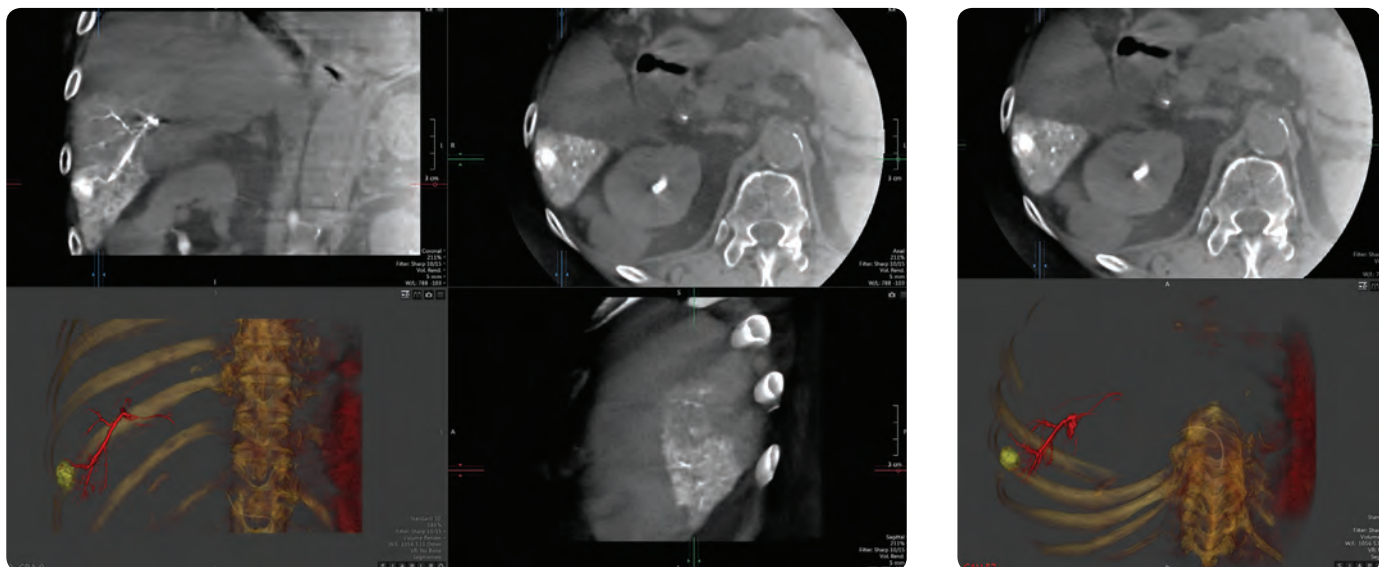
Low Contrast Imaging

Case 2

Early arterial phase DSA of the common hepatic did not highlight a tumor. Late arterial phase DSA shows a small shadow indicating the presence of a tumor. A selective hepatic DSA was performed and the early arterial phase confirmed the presence of a tumor.



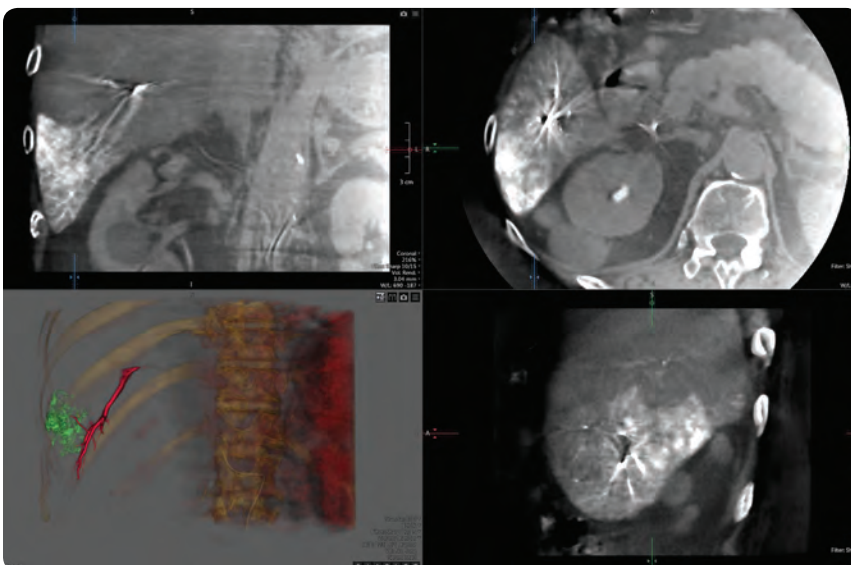
LCI with contrast injection was performed from the left side of the patient. The MPR views show arterial feeders to be used for embolization.



A post embolization DSA was performed and the early arterial phase demonstrates an occluded feeding vessel. Post embolization, early arterial phase selective DSA of the common hepatic artery depicts occlusion of the feeder vessel. Late venous phase shows no tumor blush.



Another LCI with contrast injection was performed with the same acquisition protocol and the MPR views show the embolized region and no arterial supply.



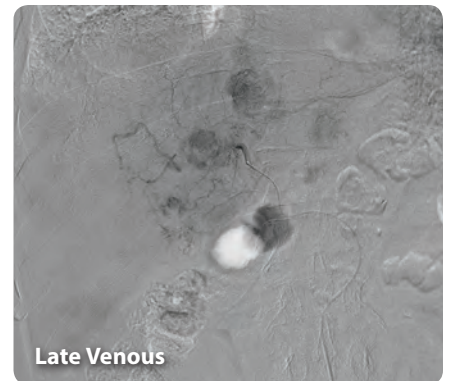
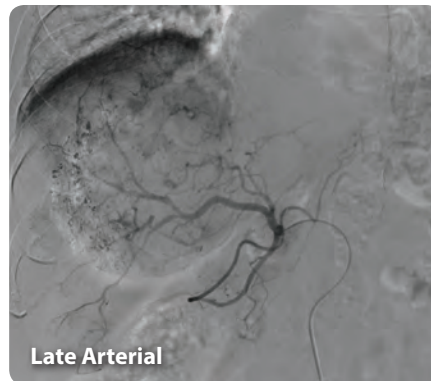
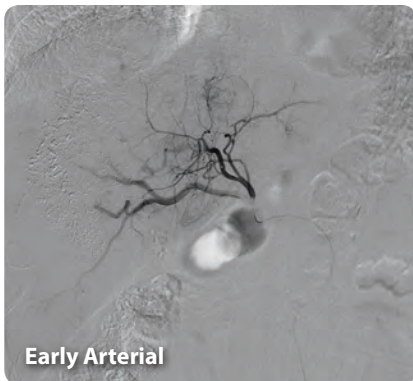
LCI Middle HS +90° (left side)

| | |
|---------------|-------------|
| Field of View | 16 x 12 |
| Projections | 385 |
| Matrix | 512 x 512 |
| Frame Rate | 60 fps |
| Spin Time | 6.7 seconds |

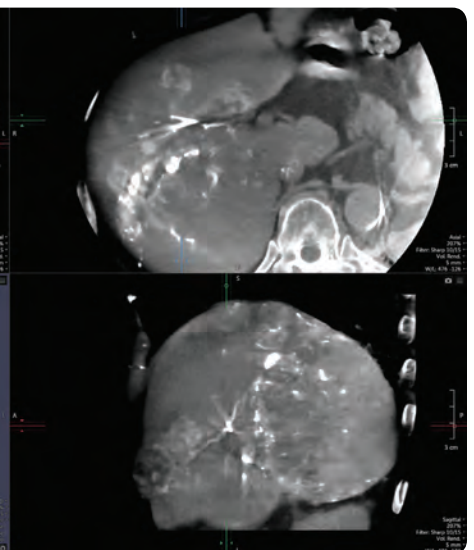
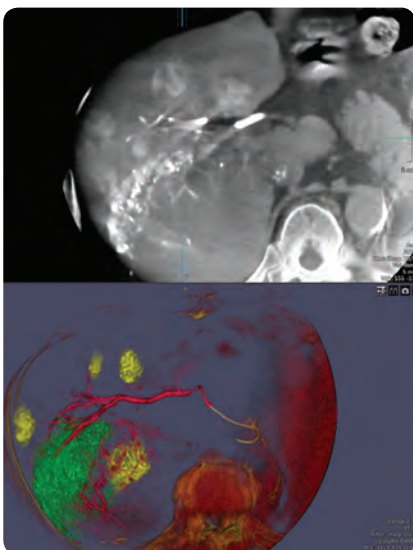
Low Contrast Imaging

Case 3

A patient with previous embolization was assessed for additional tumors. A common hepatic DSA was performed. The early arterial phase demonstrates previous occlusions. The late arterial phase shows tumor blush. The late venous phase highlights more tumors.



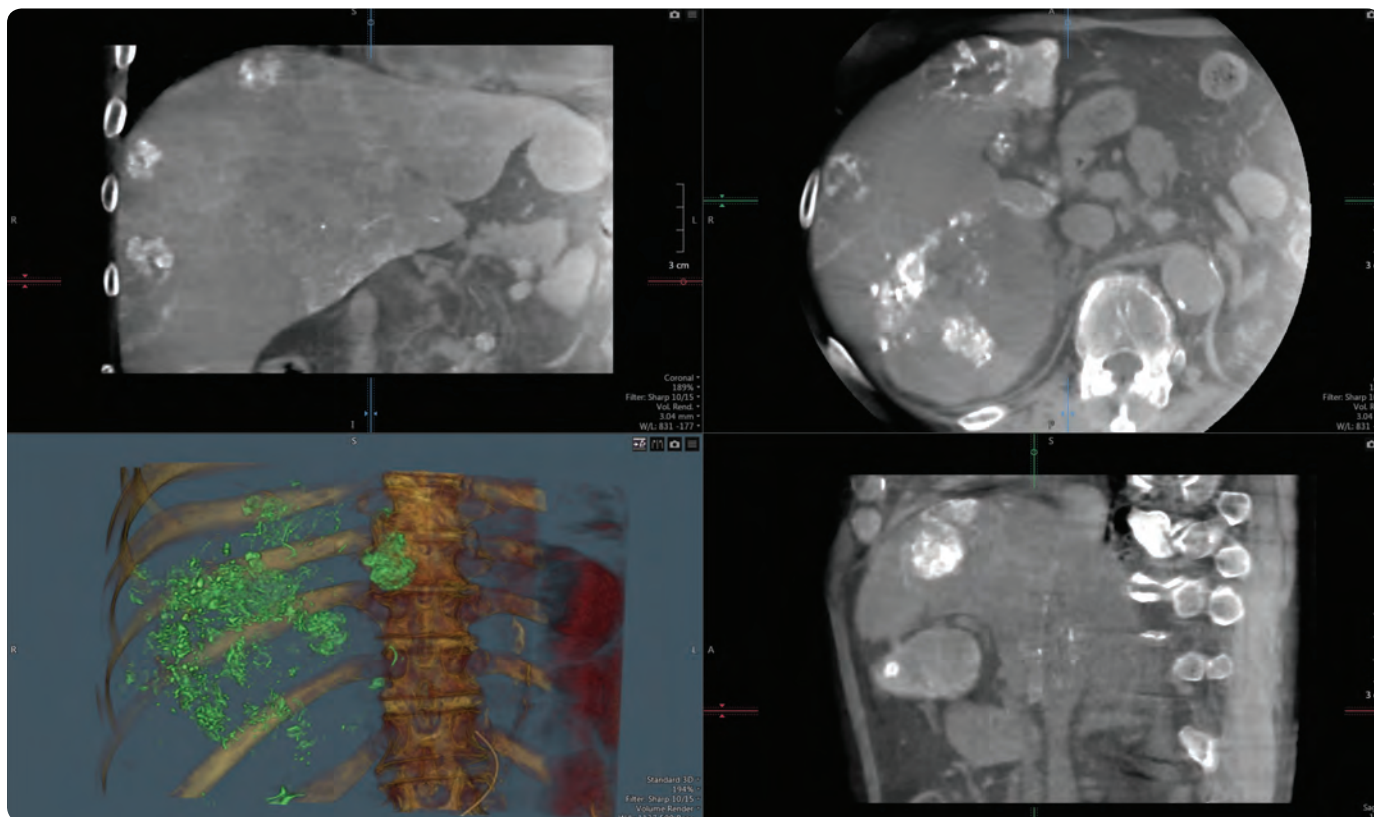
LCI with contrast injection was performed from the left side of the patient. Additional tumor feeding vessels can be seen in MPRs. As a result, an additional embolization was performed.



Embolization was performed with fluoroscopy. An additional LCI was performed with the same acquisition protocol as the first LCI for confirmation.

LCI Middle HS +90° (left side)

| | |
|---------------|-------------|
| Field of View | 16 x 12 |
| Projections | 385 |
| Matrix | 512 x 512 |
| Frame Rate | 60 fps |
| Spin Time | 6.7 seconds |



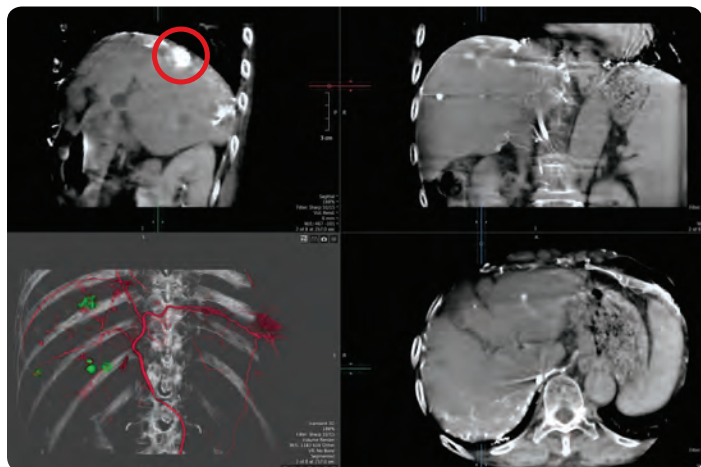
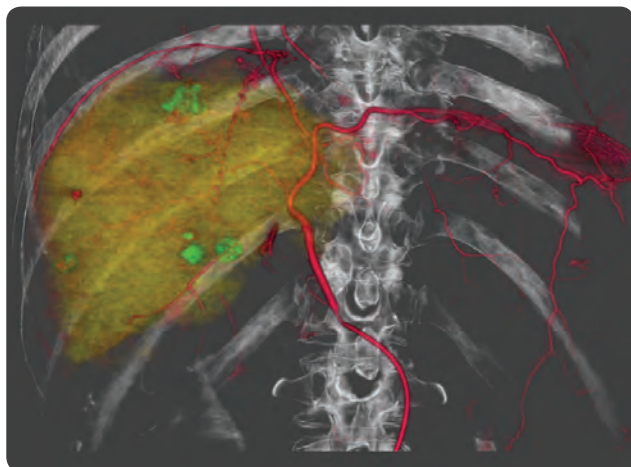
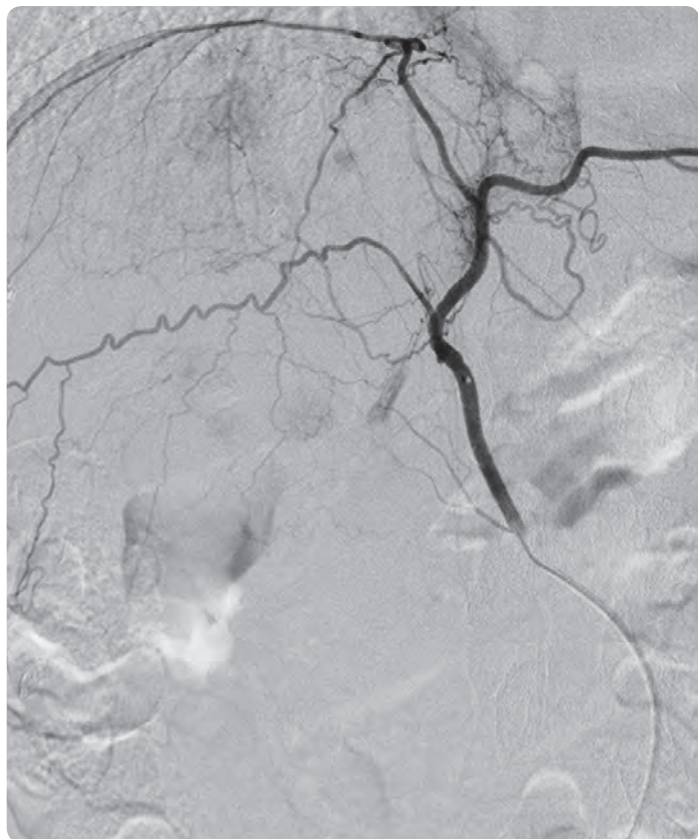
Low Contrast Imaging

Case 4

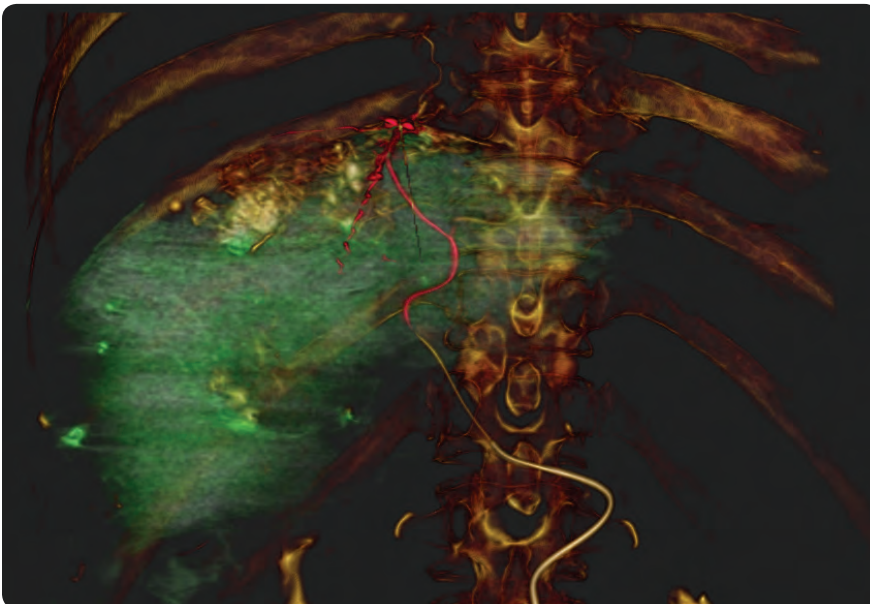
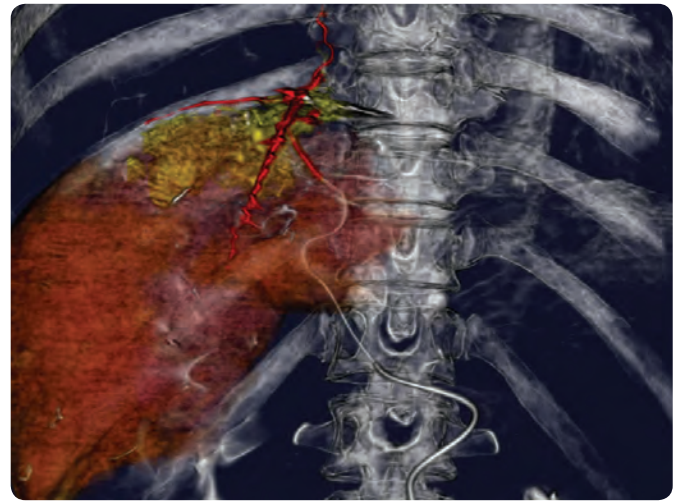
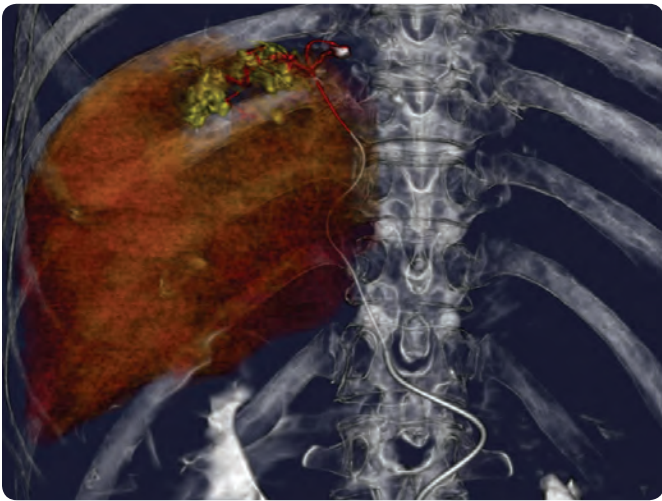
A proper hepatic DSA was performed and the late arterial phase image shows tumors.

| LCI Middle HS +90° (left side) | |
|--------------------------------|-------------|
| Field of View | 16 x 12 |
| Projections | 385 |
| Matrix | 512 x 512 |
| Frame Rate | 60 fps |
| Spin Time | 6.7 seconds |

LCI with contrast injection was performed from the left side of the patient. 3D renderings and MPRs show hyper-enhanced regions of the liver and indicate a large tumor under the diaphragm.



LCI with contrast injection of the feeder vessel was performed using the same acquisition protocol as the first LCI. The 3D renderings highlight the tumor under the diaphragm to be embolized.

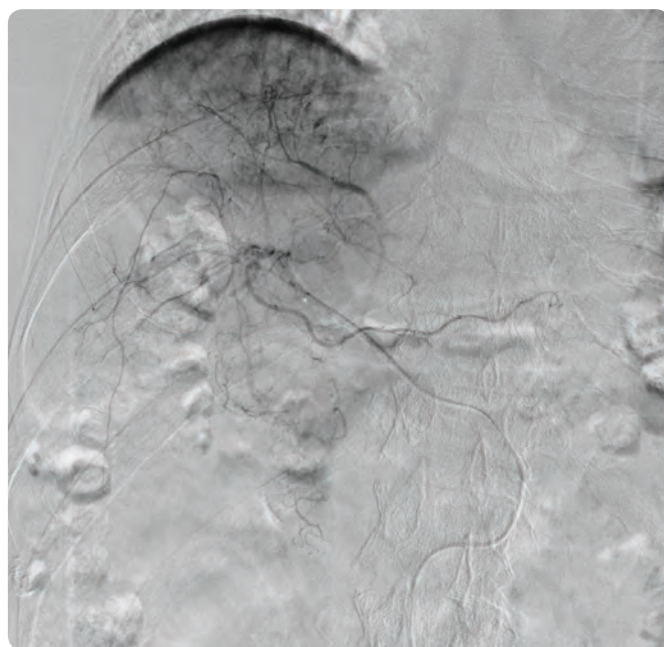
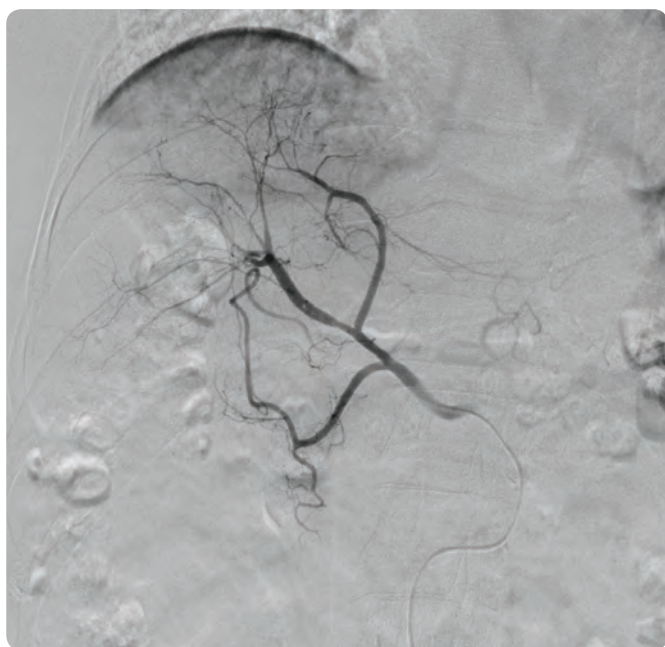


A post embolization LCI with contrast injection was performed using the same acquisition protocol as the previously performed LCI scans. The 3D rendering highlights the embolized tumor under the diaphragm.

Low Contrast Imaging

Case 5

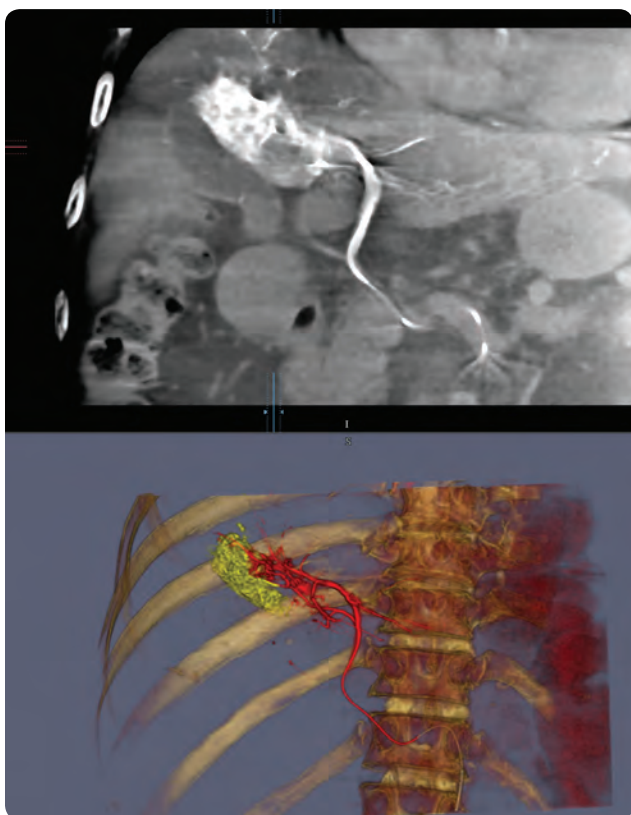
Common hepatic initial DSA did not demonstrate tumor blush.



LCI with contrast injection was performed from the left side of the patient. This procedure was performed at high speed and was completed in four seconds. MPR views guided vessel selection for embolization.



| LCI Fast HS +90° (left side) | |
|------------------------------|-----------|
| Field of View | 16 x 12 |
| Projections | 217 |
| Matrix | 512 x 512 |
| Frame Rate | 60 fps |
| Spin Time | 4 seconds |



The selected vessel was confirmed under fluoroscopy and an additional LCI with contrast injection was performed with the same fast acquisition protocol. The tumor and vessel can be seen on the MPR and 3D rendering, which provided information for treatment planning.

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