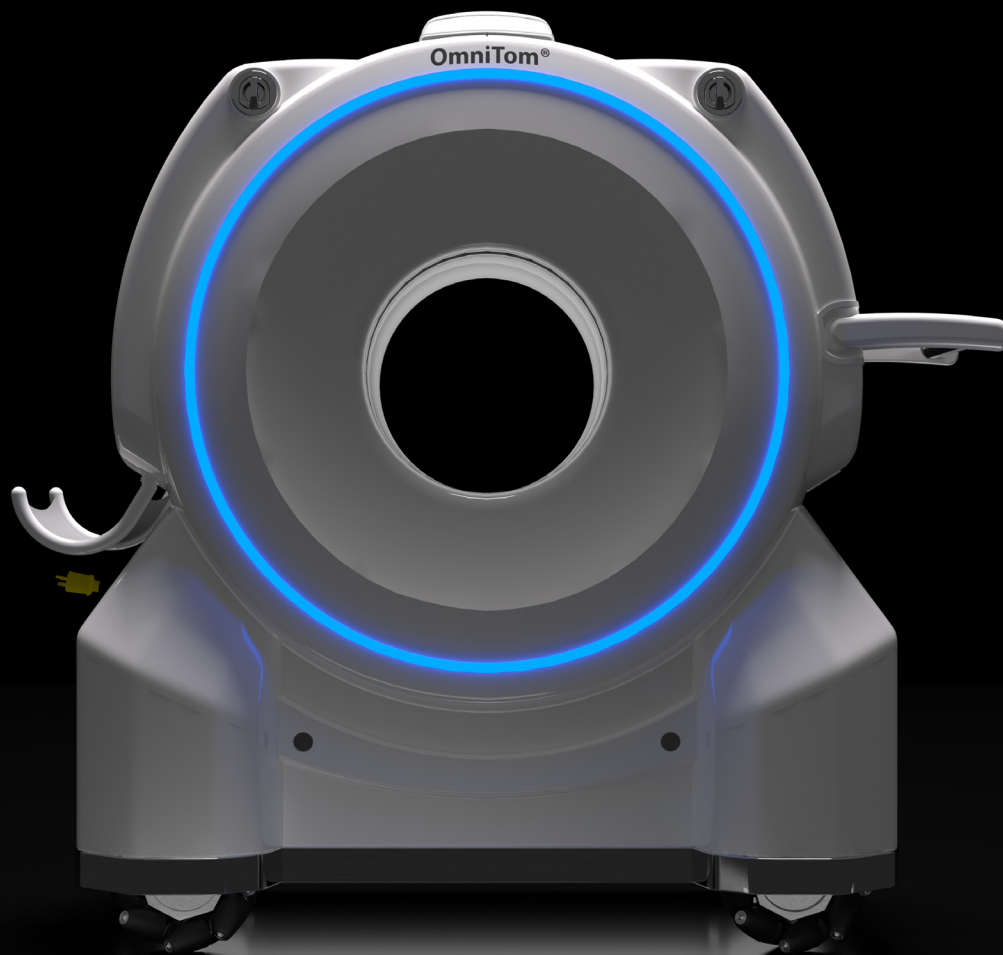


OmniTom®

Revolutionary 16-slice Mobile CT Scanner





Key Advancements

The award winning OmniTom® is a 16-slice CT scanner that delivers the highest quality non-contrast, CT angiography, and CT perfusion scans at the point-of-care. The combination of rapid scan time, ultra-small footprint, and immediate image viewing makes OmniTom an indispensable tool for collecting real time data on patients.

Improved dose efficiency

Introducing the N-DAS: Combining an ultra-low electronic noise detector and a 24-bit lossless imaging chain which reduces artificial image noise created by electronics. OmniTom is proud to support MITA smart dose and is XR-29 compliant with mA modulation, structured dose reporting, and standardized protocols.

Ergonomic design

Made from the ground up with the single user in mind. Let OmniTom shoulder the weight with strategically placed attachment points for all accessories including the tablet based workstation.

Improved workflow

The integrated drive system makes it easy to move between rooms. OmniTom is the world’s first medical device with an omni-wheel allowing for intuitive lateral, diagonal, and three-hundred and sixty-degree movement.

Intuitive user interface

Programmed from the ground up for the modern electronics aficionado with rewarding touch interactions, vocal feedback, and beautiful animations. Completed to be simple to use, but with deep customization.

Enhanced safety system

The smart sensing collision avoidance sensors visually warn the user of obstructions and stop the OmniTom before incident.



First Impressions

Bold, beautiful, and small enough to move through an ICU with ease. The beacon light ring not only visually tells the user of the system’s status, but can be customized to change color during transport. Color depth and finish help to hide scuffs from everyday use. Made from the ground up with the single user in mind. Let OmniTom® shoulder the weight with strategically placed attachment points for all accessories.

Installation Requirements	
Phase	Single
Voltage	90 - 264 VAC/1300 watts peak
Frequency	50 - 60 Hz
Battery Capacity	Fully charged - 90 mins (typical)
Typical Usage	110 - 120 V; 60 Hz
Noise	60 dBA (1 meter distance from scanner bore) 65 dBA (scanner bore)

Site Requirements	
Operating Temperature	15 °C to 35 °C
Storage Temperature	-25 °C to 70 °C
Operating Altitude	0-3010 m (0-10,000 ft)
Operating Humidity	20 - 85 % non-condensing

Geometry	
Patient Opening	40 cm
Scanned Image Field of View	30 cm

X-ray Generation	
X-ray Tube Voltage	70, 80, 100, 120 kV
X-ray Tube Current	5 - 45 mA
Focal Spot Size	1.0 mm x 1.0 mm
X-ray Tube Type	Fixed anode, Cooled

X-ray Detection	
Detection System	Solid-state detectors (GOS)
Main Detector	16 Rows

Axial	
Rotation Time	1 sec, 2 sec
Max. Scan Range	500 mm (50 cm)
Coverage	16 x 0.625 mm (1 cm)
Translate Time	1 sec
Number of Slices Per Scan	16

Helical	
Rotation Time	1 sec
Max. Scan Range	500 mm (50 cm)
Coverage	16 x 0.625 mm (1 cm)
Max. Scan Time	40 sec
Helical Scan Pitch	1

Dynamic	
Rotation Time	1 sec
Scan Range	10 mm (1 cm)
Scan Time	40 sec @ 1 sec rot
Slice Thickness	10 mm
Scan Results	MTT/CBF/CBV
kV	100 (only)

Image Reconstruction	
Image Reconstruction Time	16 image/sec

Connectivity	
Gigabit ethernet/wireless (C) DICOM 3.1 compliant Compatible with surgical navigation, HIS, RIS, PACS	

Dimensions	
Height: 59.6 in (151.3 cm) Scan Mode Height: 61.6 in (156.6 cm) Transport Mode Length: 65.4 in (165.2 cm) Width: 28.9 in (73.3 cm) Weight 1700 lbs (726 kg)	





Improved Workflow

Critical care

“Clearly, the ability to image patients at their point-of-care in the ICU will facilitate rapid clinical decision-making and reduce the risks associated with transport...by reducing staff and time requirement for transport, the portable scanner may achieve annual cost savings of \$162,512. Equally as significant, having a scanner dedicated for ICU patients allows for the conventional scanner to perform an additional 1182 outpatient studies each year. Together taken, the introduction of the portable scanner may offer a net economic benefit of \$264,658 in the first year of its operation and a total benefit over 5 years greater than \$2,619,000.”¹

Operating room

“Intraoperative portable-head CT leads to change in operative plans in 32% of selected cases. This potentially avoids return to the operating room and can diagnose or rule out remote lesions in need of additional intervention. The portable configuration allows for increased versatility and cost-effectiveness compared to fixed systems.”²

Pediatric ICU

“Two-thirds of CT scans obtained in the PICU were portable because of patients’ intensity of therapy and illness severity. Portable CT showed major new pathology in greater than 1/3 and led to a change in management in 1/4 of higher acuity patients scanned. The estimated radiation dose from portable CT is within the current national guidelines.”³

Trauma

“After our preliminary experience, we suggest performing iCT in all cases of acute brain trauma needing surgical decompression or hematoma evacuation to rule out postoperative complications such as diffuse brain edema, newly occurring hemorrhages or hematomas, acute hydrocephalus etc. Rapid radiological evaluation of any pathological condition can be done directly in the OR this way, permitting prompt action and avoiding severe consequences.”⁴

Innovative Design

Technology

The highly advanced N-DAS detectors are built within a temperature regulated housing that helps maintain calibration between scans. An all new translation system for scanning tracks the movement of the OmniTom with submillimeter accuracy.

AEC

Automatic Exposure Control (AEC) provides mA modulation during helical and axial scanning in order to regulate dose and image quality.

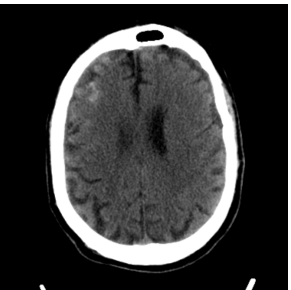
CT Angiography and CT Perfusion

Perform CT angiography and CT perfusion at the bedside. Automatic bolus tracking maximizes workflow efficiency.*

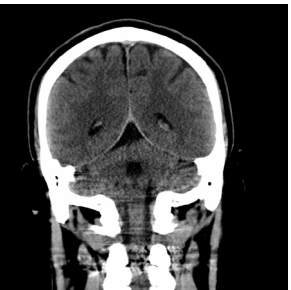
Advanced reconstruction

Fully featured advanced reconstruction for 3D and multiplanar reconstruction, mean slab, maximum/minimum intensity projection, and oblique datasets. Artifact corrections can be added to the primary reconstruction, including noise reduction, IDR, DDR, and windmill artifact reduction. Automatic performance of post reconstructions with the ability to perform metal artifact reduction.*

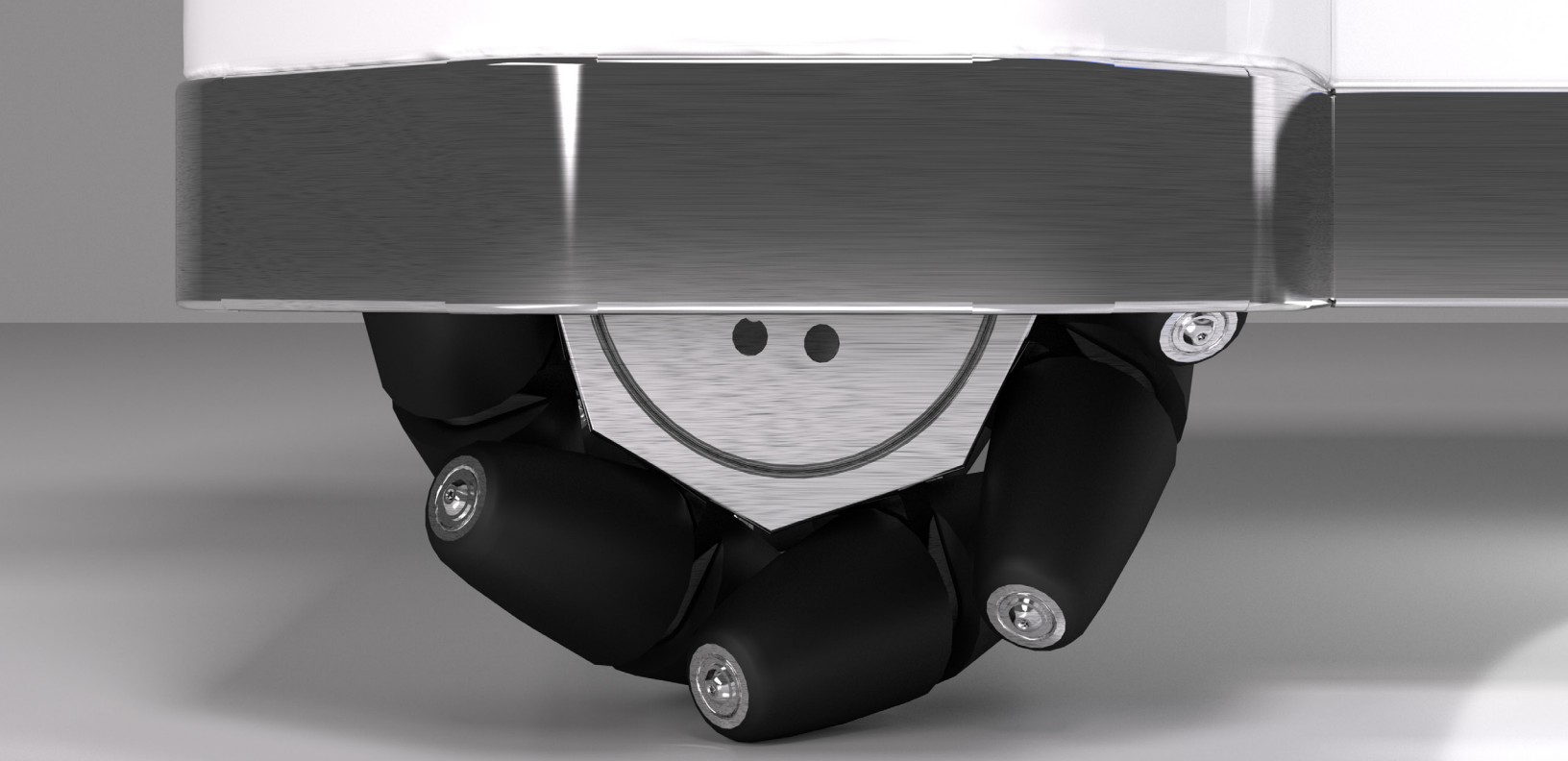
* Above features may not be available in some countries.



120 kV; 45 mA; 1Sec; 38 mGy



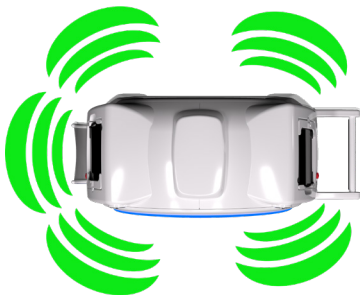
1) Masaryk, Thomas J, Renee Kolonick, Tracy Painter, and David B Weinreb. “The Economic and Clinical Benefits of Portable Head / Neck CT Imaging in the Intensive Care Unit.” *Radiology Management* 30, no. 2 (2008).
2) Carlson, Andrew P, Jeremy Phelps, and Howard Yonas. “Alterations in Surgical Plan Based on Intraoperative Portable Head Computed Tomography Imaging.” *Journal of Neuroimaging : Official Journal of the American Society of Neuroimaging* 22, no. 4 (October 2012): 324–28. doi:10.1111/j.1552-6569.2011.00580.x.
3) LaRovere, Kerri L, Molly S Brett, Robert C Tasker, Keith J Strauss, and Jeffrey P Burns. “Head Computed Tomography Scanning during Pediatric Neurocritical Care: Diagnostic Yield and the Utility of Portable Studies.” *Neurocritical Care* 16, no. 2 (April 2012): 251–57. doi:10.1007/s12028-011-9627-3.
4) Taddei, Graziano, Alessandro Ricci, Francesco D I Cola, Giuliano Maselli, Sara Marzi, and Renato J Galzio. “The Usefulness of Intraoperative Mobile Computed Tomography in Severe Head Trauma.” *Neurosurgery* 23, no. 3 (January 2013): 401–3. doi:10.5137/1019-5149.JTN.5474-11.0.



Safe and Sound

User safety

The S-Alert smart sensor system warns the user visually and audibly of upcoming obstacles, allowing the user to avoid incident. Visual cues alert the user and surrounding staff of when a scan is starting and when X-rays are being produced.



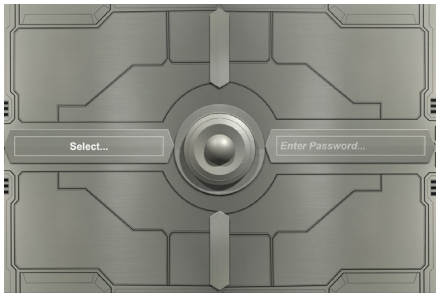
Patient safety

Specialized radiolucent scan platforms have been designed for point-of-care usage. The ICU platform is securely attached to the head of the patient ICU bed and allow for artifact free imaging of the head and neck. Neonatal patients can be safely scanned on the standalone pediatric cradle.



Patient information

Hardware that is equipped to deal with the most demanding FDA and hospital guidelines for data and communication encryption. Patient data is protected at all times with secure erase features, limited stored information on the control tablet, and location tracking for lost or stolen equipment.



Radiation Safety

OmniTom scatter data was acquired using the CTDI 16cm head phantom with the back curtain closed and the front curtains partially closed. The data was measured using a scan protocol with 120 kV, 25 mA and 2seconds scans. The iso-dose curve are presented in uR per scan. The data can be converted to uRem by using the multiplication factor 0.87. (Radcal Corp., 20X6- 1800 1800 cc probe, 2026C meter)

Safe for staff

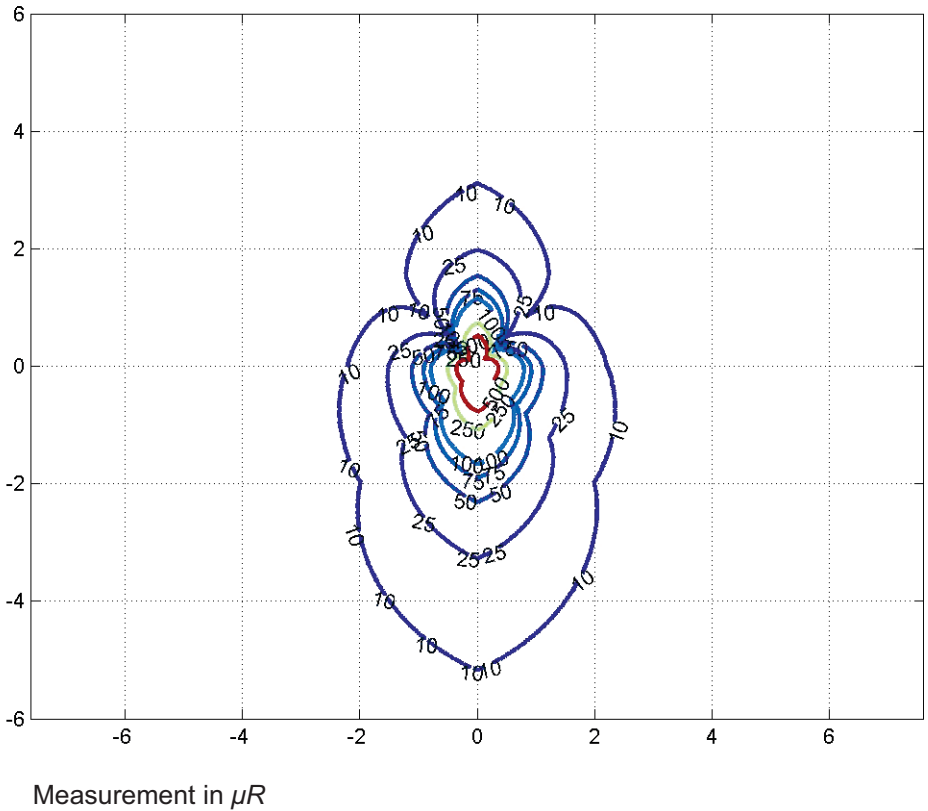
According to the ALARA standard 500mRem/year per operator, and using a typical brain scan protocol at a distance of 2 meters (6 feet) from the OmniTom's isocenter, your operator can perform over 26 scans per day, for 250 days per year without any additional lead protection. The OmniTom covers are internally coated with 0.5mm laminated lead providing maximum scatter reduction. In addition, three externally mounted 0.5mm Starlite® curtains (two front, one back) provide added shielding to the gantry.

Safe for patients

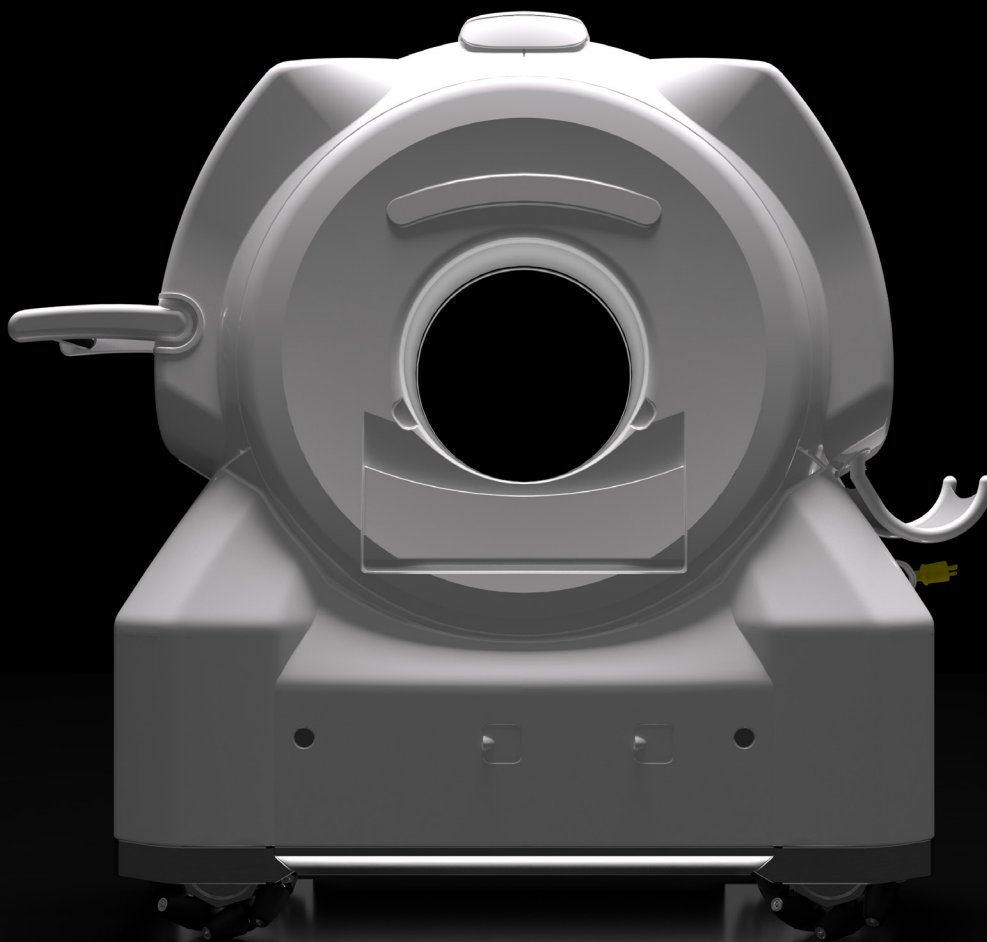
OmniTom exceeds the American College of Radiology's recommended guidelines for Computed Tomography Dose Index (CTDI). It is compliant with NEMA XR-29 and MITA Smart Dose, offering radiation dose structured reporting, pediatric & adult reference protocols, CT dose check, and automatic exposure control.



Exposure isolines for 120 kVp, 70 mAs, Front and Back Curtains closed, No Patient Absorption



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