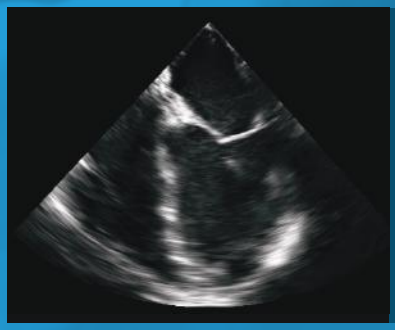
ImaCor®
The hemodynamic ultrasound company.™

If you need to reduce the time, complications, and resources required to manage your patients, would it help to see the heart in real time?

Of course it would. Your ICU patients' hemodynamic status can change in a matter of minutes.



Why guess, waste time, or overload patients? With hemodynamic ultrasound, you can see cardiac filling and function right away and react sooner with life-saving therapies.

Hemodynamic ultrasound for critical care: 3 easy steps

Postoperative ICU care is more important than pre- and inter-operative factors in determining survival after major surgery.[1]

Speed counts. For co-morbid patients even brief periods of hemodynamic instability can lead to complications, lengthy stays, negative outcomes, and high costs.[2]

So let's equip you with today's best tools. The ImaCor 3-Step Method™ for hemodynamic stability in the ICU uses many of the same gold-standard TEE practices performed in surgery.

Both produce high-quality images of a patient's heart, but only the ImaCor method is a practical ICU solution.

One monitor serves multiple beds, the system is easy to learn, and you don't need to be TEE-credentialed to use it.

Great. But how much will all this cost?
Perhaps a better question is how much will this save? Without hemodynamic transesophageal echo (hTEE), you're probably spending millions more in ICU costs than you should be.

And of course, your benefits transcend economics:

- ✔ Fewer ICU bed days
- ✔ Fewer ventilation days
- ✔ Fewer complications
- ✔ Fewer reoperations
- ✔ Fewer RV-related issues
- ✔ Lower pressor, inotrope, and blood product usage

See if your interventions are working. In real time.

Hemodynamic ultrasound is so intuitive we're just glad we invented it first. With hTEE and just 6 hours of training, you can obtain and interpret images with confidence and accuracy.[3]

And how's this for a claim! Direct visualization of the heart shows changes in cardiac function faster than any surrogate markers of end organ perfusion.[4]

Now, there's no more guessing or fluid overload. You'll see preload and contractility, RV and LV size and function, and volume responsiveness before you intervene. Then, keep the probe indwelling for up to 72 hours. Repeat as needed.

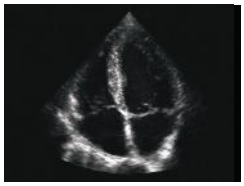
In hospitals already using it, hTEE made a direct impact in 66% of patients[5] and improved hemodynamics in 80% of patients.[6] Significant RV dysfunction was found in 70% of patients.[7] Want similar results? Let's talk.

A complementary view: Transthoracic echo
You can use the optional trans-thoracic echo probe for assessments of non-intubated patients.

TTE PROBE

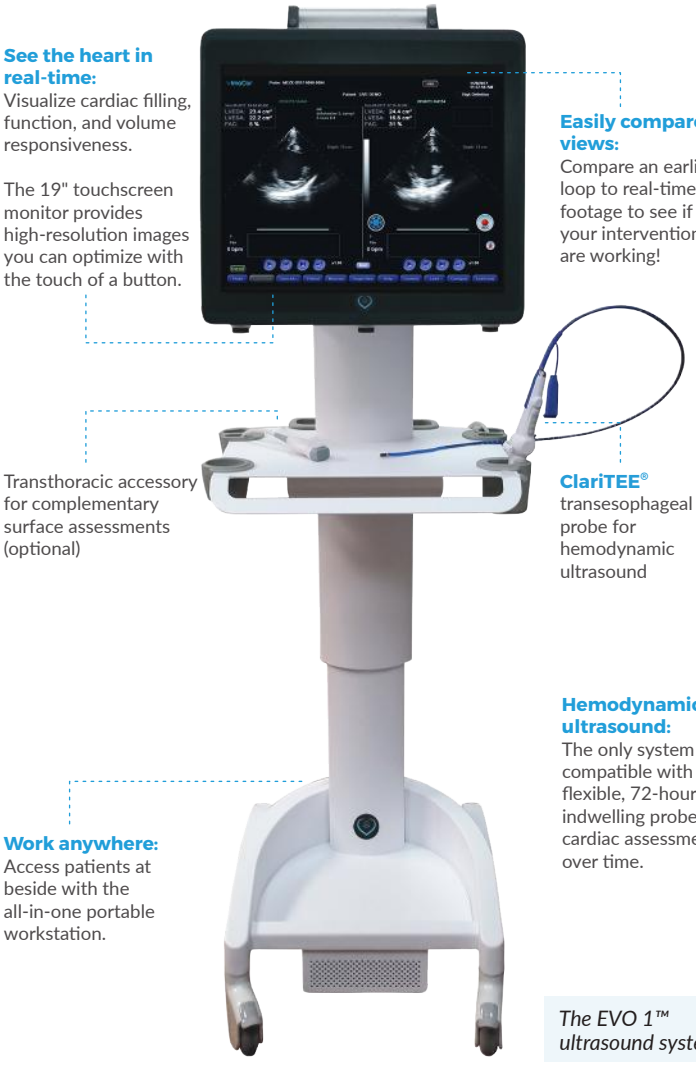
PARASTERNAL

APICAL FOUR CHAMBER



"Now, we can tell in real time if the fluid, blood, or medication works."

Dennis Ashley, MD, Navicent Health



See the heart in real-time:
Visualize cardiac filling, function, and volume responsiveness.

The 19" touchscreen monitor provides high-resolution images you can optimize with the touch of a button.

Easily compare views:
Compare an earlier loop to real-time footage to see if your interventions are working!

Transthoracic accessory for complementary surface assessments (optional)

ClariTEE®
transesophageal probe for hemodynamic ultrasound

Hemodynamic ultrasound:
The only system compatible with the flexible, 72-hour indwelling probe for cardiac assessments over time.

Work anywhere:
Access patients at beside with the all-in-one portable workstation.

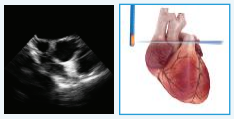
The EVO 1™ ultrasound system

REPEAT

1 When your patient presents with...

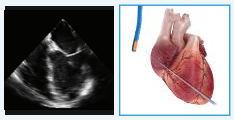
- Trauma Resuscitation
- Sepsis
- Vasopressor Dependence
- Lactic Acidosis
- Post-Op AKI
- Suspected RV Dysfunction

2 use the ImaCor 3-Step Method™ to manage the patient...



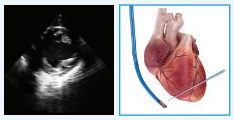
View:
Superior Vena Cava

Assess:
Volume Responsiveness



View:
Four Chamber

Assess:
RV, LV Size and Function



View:
Transgastric Short Axis

Assess:
Preload and Contractility

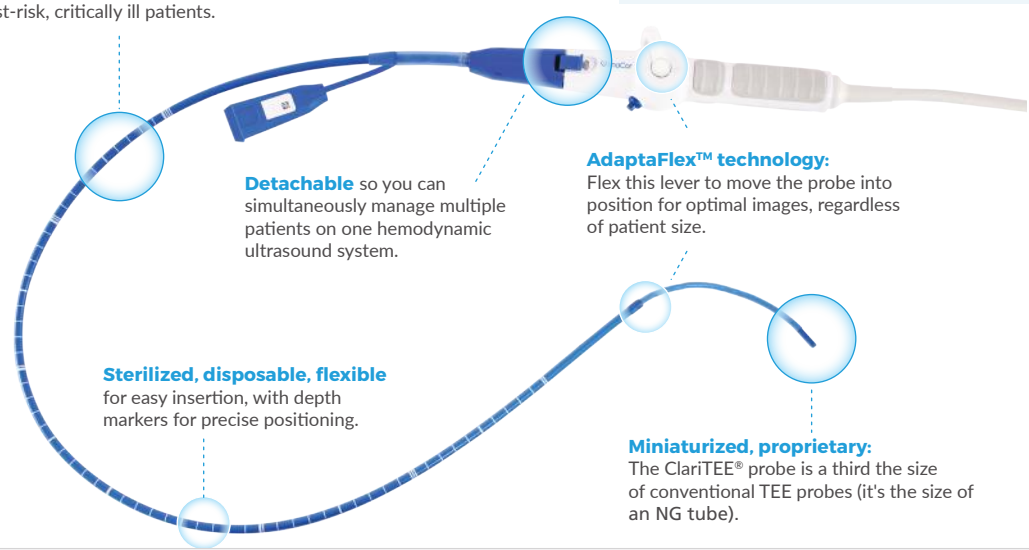
3 and adjust therapy until the patient recovers.

- Volume
- Inotropes
- Vent Settings
- Vasopressors
- Pulmonary Vasodilators
- Circulatory Support

REPEAT

72-hours indwelling to stabilize your highest-risk, critically ill patients.

The ClariTEE® transesophageal echo probe



Detachable so you can simultaneously manage multiple patients on one hemodynamic ultrasound system.

AdaptaFlex™ technology:
Flex this lever to move the probe into position for optimal images, regardless of patient size.

Sterilized, disposable, flexible
for easy insertion, with depth markers for precise positioning.

Miniaturized, proprietary:
The ClariTEE® probe is a third the size of conventional TEE probes (it's the size of an NG tube).

Cleared for 72-hour use indwelling.

The ClariTEE transeso-phageal echo probe is a miniaturized, disposable probe the size of an NG tube, cleared for maximal use of 72 hours indwelling. The patented piezoelectric design provides high-quality imaging at 6 or 7 MHz with a penetration depth up to 18 cm. Ingeniously, the probe detaches from the handle, so you can manage multiple patients using one EVO 1 ultrasound system for your entire unit.

The best part? You'll be more confident in your therapy when you see what the heart is doing. Now, if your patient is hypotensive, you'll be able tell if he has hypovolemia, myocardia dysfunction, vasodilation, or a combi-nation. Will that improve your patient care and reduce complications? We think so, too.

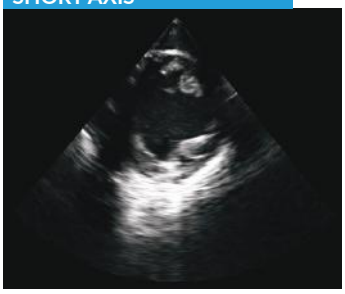
SUPERIOR VENA CAVA

Assess volume responsiveness

FOUR CHAMBER

Evaluate ventricular size and function

SHORT AXIS



Assess preload and contractility

"We've been waiting 20 years for this."

Margarita Camacho, MD, Newark Beth Israel Hospital

As long as you can afford an ImaCor system (you can; it'll even save you money), you should get it. Right now.

Start at info@imacorinc.com.

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"The ImaCor method allowed me to eliminate the trial and error usually involved in the process of adjusting fluids and pressors."

Jiri Horak, MD, Hospital of the University of Pennsylvania

"Within 80 seconds I had the diagnosis and treatment plan."

Chad Wagner, MD, CHI St. Luke's Health

"Our institution has experienced significant savings from use of this device."

Nicholas Cavarocchi, MD, Thomas Jefferson Univ. Hospital

[1] Khuri SF, et al. Ann Surg, 2005;242:326-343. | [2] Zenati MS, et al. J Trauma, 2002;53:232-6.
[3] Cioccari L., et al. Crit Care, 2013;17(3):R121. | [4] Ainsworth C, et al. CHEST, 2013;144(4):307A.
[5] Vieillard-Baron A, et al. Intensive Care Med, 2013;39(4):629-35.
[6,7] Fletcher N, et al. J Cardiothorac Vasc Anesth, 2015;29(3):582-7.

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