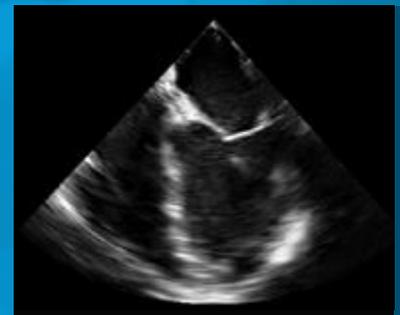


**If you need to
reduce the time,
complications, and
resources required
to manage your
patients, would it help
to see the heart
in real time?**

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 patients⁵ and improved hemodynamics in

80% of patients.⁶ Significant RV dysfunction was found

in 70% of patients.⁷ Want similar results? Let's talk.

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

Work anywhere:

Access patients at bedside with the all-in-one portable workstation.

Hemodynamic ultrasound:

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

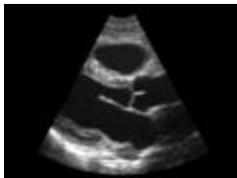
A complementary view: Transthoracic echo

You can use the optional transthoracic echo probe for assessments of non-intubated patients.

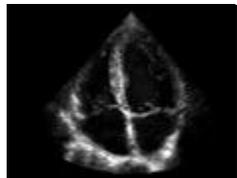
TTE PROBE



PARASTERNAL



APICAL FOUR CHAMBER



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

Dennis Ashley, MD, Navicent Health

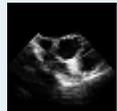
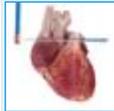
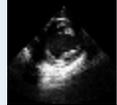
The EVO 1™ ultrasound system



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

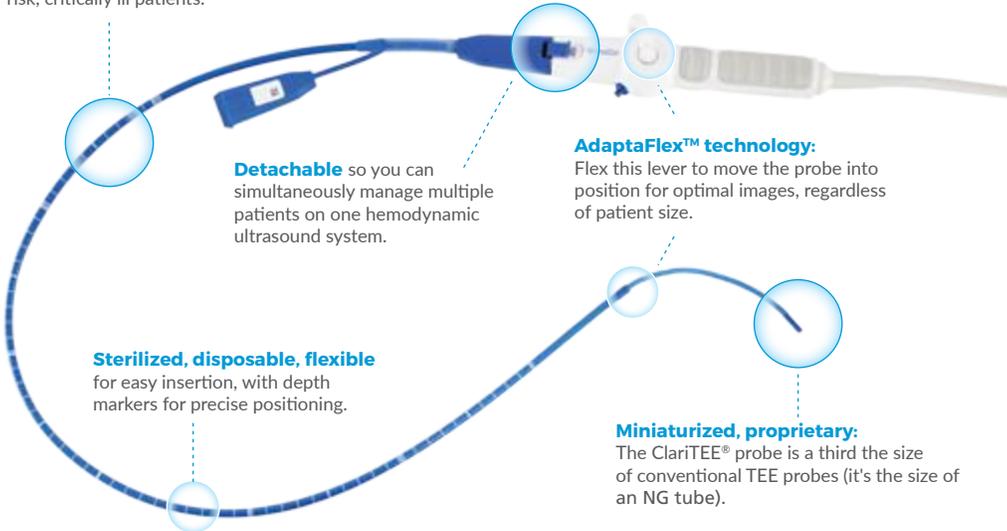
3 and adjust therapy until the patient recovers.

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



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.

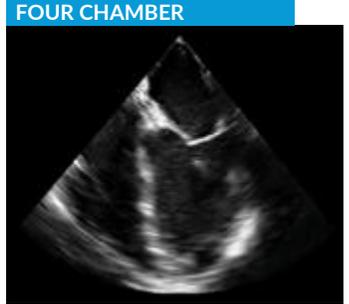
Sterilized, disposable, flexible for easy insertion, with depth markers for precise positioning.

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

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



Assess volume responsiveness



Evaluate ventricular size and function



Assess preload and contractility

Cleared for 72-hour use indwelling.

The ClariTEE transesophageal 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 5, 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 combination. Will that improve your patient care and reduce complications? We think so, too.



“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.





“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 Cioccarl 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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