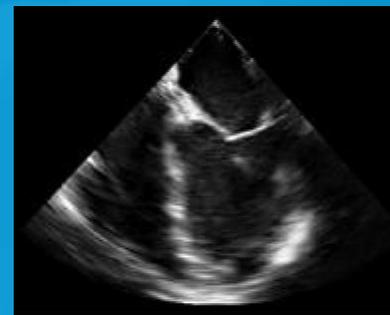


**Clinical decisions  
determine patient  
outcomes.**

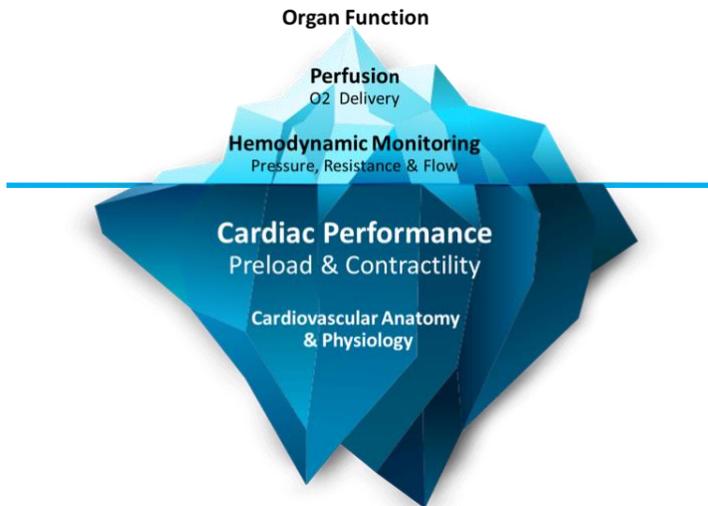
**Guiding decisions  
with precision has  
the greatest  
impact.**

**The best decision is  
guided by precise  
information,** specific  
to the patient and  
clinical situation.



Lack of precision can  
lead to trial and error,  
resulting in over- or  
under-resuscitation.  
With hemodynamic  
ultrasound, you see  
cardiac filling and  
function and can  
react quickly with  
life-saving therapies.

# The foundation of critical care starts with the unseen.



## Hemodynamics is the foundation of critical care.

Yet the determinants of hemodynamics – Preload and Contractility – go unseen.

Direct visualization of the heart shows changes in cardiac function faster than any surrogate markers of end organ perfusion.<sup>1</sup> Avoid the guesswork by seeing

the cause of hemodynamic compromise in real time.

Precise hemodynamic management enables:

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

## Precision hemodynamics for high performance care teams.

Precision hemodynamic ultrasound (hTEE) provides individualized, direct and real-time information for each patient. You'll see Preload and Contractility, RV and LV size, and even RV and LV function before you intervene. Then, keep the probe indwelling for up to 72 hours and gather insights every time you need them: to guide your therapy, assess the effectiveness of

interventions, and coordinate care across multiple shifts and providers. You can even quickly identify the specific form of Shock.

In hospitals already using it, hTEE made a direct impact in 66% of patients<sup>2</sup> and improved hemodynamics in 80% of patients.<sup>3</sup> Significant RV dysfunction was found in 70% of patients.<sup>4</sup>

## Introducing the Zura Handheld™ Gold standard direct visualization enabling

### Accessible – anytime, anywhere

The world's only handheld TEE, a revolutionary hemodynamic management 'stethoscope' in your pocket (<1lb!)

### See the heart in real time – on your mobile device.

App-based with AI-driven optimized image quality and seamless DICOM and probe connectivity.

## Even better.

**Image Quality:** AI-driven, high-definition imaging harnessing revolutionary ultrasound innovation

**User Experience:** Portability, simplified probe pairing, and software interface updates for fast start-up and imaging.

**Connectivity:** DICOM, livestreaming tools for team review, and Cloud capabilities to match ICU workflow

**Compatibility:** Wi-Fi-enabled, accessible, and portable, it's purpose-built for today's ICU care teams



### ClariTEE® probe

Miniaturized, disposable & detachable probe with improved connectivity for precision hemodynamic management.

### Battery operated

Fully charged in under 1.5 hours, powered for optimal ICU workflow.

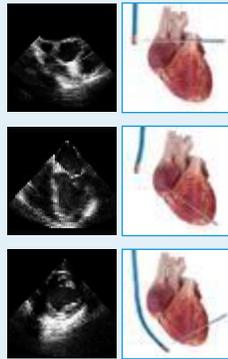
**“Hemodynamic Ultrasound has played a vital role in saving lives in our most critically ill patient population. Portability means team members can have Zura Handhelds with them, ready to use and available to identify the root cause of hemodynamic compromise and successfully guide patient management, right at the bedside.”** *Dennis Ashley, MD, Atrium Health-Navicent*



**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.

**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.

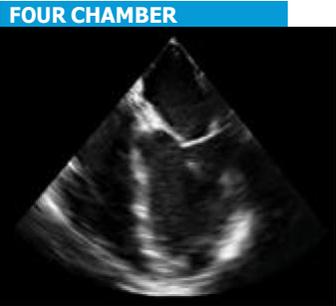
**Sterilized, disposable, flexible** for easy insertion, with depth markers for precise positioning.

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

*The ClariTEE® transesophageal echo probe*



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 5.2 or 6 MHz with a penetration depth up

to 25 cm, and harmonics imaging, too! Ingeniously, the probe detaches from the handle, so you can manage multiple patients with a few Zura Handhelds in your 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

*Precision hemodynamics is purpose-built for today’s ICU workflow. Your patients could benefit. Right now.*

Start at [info@imacorinc.com](mailto:info@imacorinc.com).



<b>The Zura Handheld:</b>	ZHH-011
<b>Zura Software License:</b>	ASL-010
<b>ClariTEE Probe (Qty 3):</b>	CLT-010
<b>12-MO Service Plan:</b>	ZUS-012
<b>Lightweight Cart:</b>	STD-011
<b>Extra Charging Dock:</b>	CHG-011

We also have customizable mobile device bedside holders and handheld system configurations to match your specific unit requirements and care team workflow.

To learn more, visit us at [imacorinc.com](http://imacorinc.com) and reach out anytime to [info@imacorinc.com](mailto:info@imacorinc.com).

<sup>1</sup> Ainsworth C, et al. CHEST, 2013;144(4):307A.

<sup>2</sup> Vieillard-Baron A, et al. Intensive Care Med, 2013;39(4):629-35.

<sup>3,4</sup> Fletcher N, et al. J Cardiothorac Vasc Anesth, 2015;29(3):582-7.