

SIEMENS

CT Dual Energy Benefits – SOMATOM Definition Flash

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## Multiply Your Potential with Dual Energy CT Generation Flash

### Unique Innovations

- Tube power: 30 MHU, 7.3 MHU/min
- Focal spot size: Small: 0.7 x 0.7 mm / Large: 0.9 x 1.1 mm
- Generator power: 200 kW
- 3D voxel size: 0.24 mm / 0.33 mm
- Bore size: 78 cm
- Scan range: 200 cm
- Max. table load: Up to 307 kg / 676 lbs
- Reconstruction performance: Up to 50 ips (1 oncology staging exam with 1000 images in up to 20 sec.)
- SAFIRE\*
- Dual Energy Heart Perfused Blood Volume (PBV)
- 12 FDA-cleared DE applications plus Optimum Contrast, Monoenergetic & Metal-artifact reduction
- Adaptive Dose Shield for any spiral CT examination
- Pediatric CT protocols
- Adaptive ECG-Pulsing including MinDose
- Selective Photon Shield
- 1 kW Scan room heat dissipation
- Tube Guard
- Siemens Remote Services
- FAST Planning
- FAST Spine
- FAST Cardio Wizard
- FAST Scan Assistant
- FAST Adjust
- CARE Configurator
- CARE Contrast III
- CARE Profile
- CARE Dashboard

\*The information about this product is being provided for planning purposes. The product is pending 510(k) review, and is not yet commercially available in the U.S.

Find out how these ground breaking innovations become unique benefits in your daily clinical CT practice.

The SOMATOM Definition Flash, Siemens' latest high-end scanner, was especially designed to make CT exams much healthier for your patients.

Its core innovation – the revolutionary Flash Spiral – can be summarized in four words: Flash speed. Lowest dose.

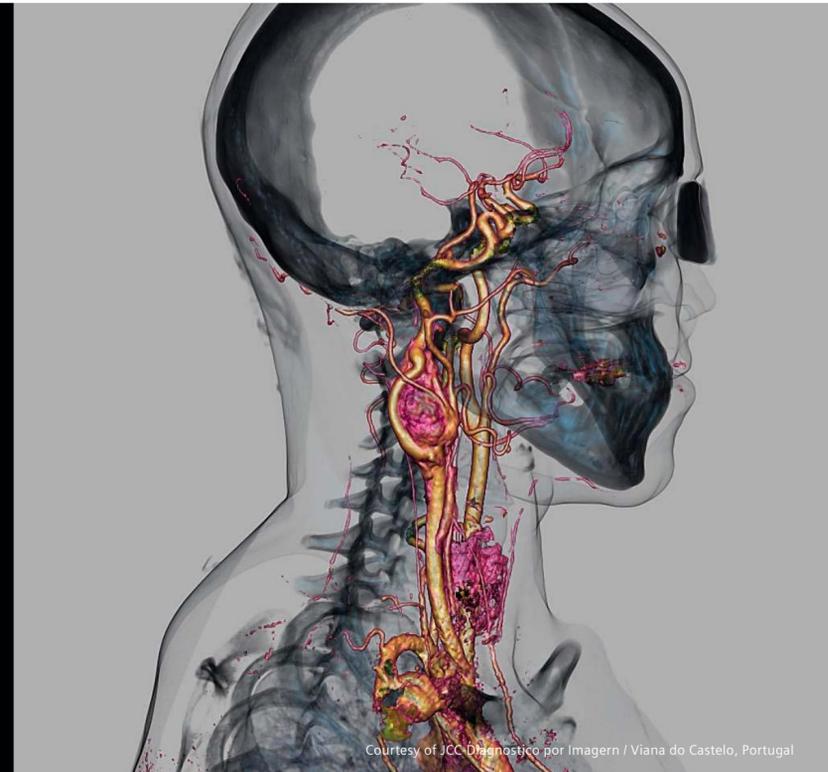
Answers for life.

# Unmatched Dose-neutral Dual Energy

# Widest Range of Applications for All Clinical Fields

# All Renowned Dose Saving Features

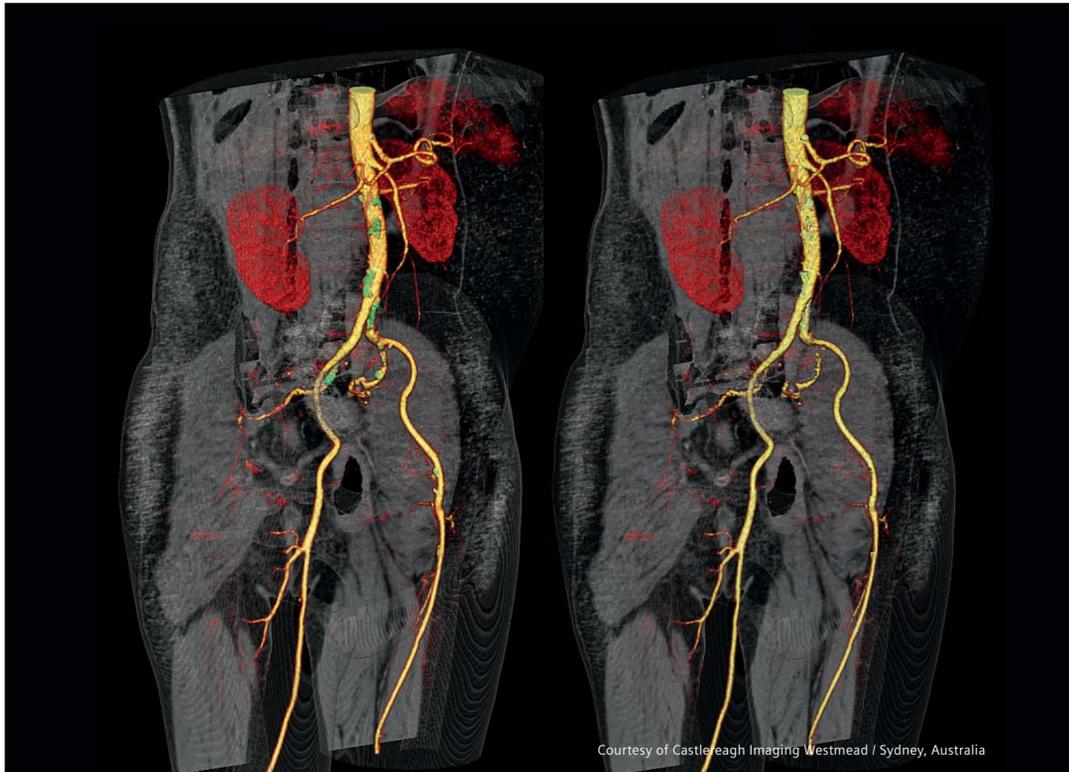
# Saving Interpretation Time and up to 50% Dose



Courtesy of JCC Diagnostico por Imagern / Viana do Castelo, Portugal



Courtesy of Brainard Lakes Health / Brainard MN, USA



Courtesy of Castleleigh Imaging Westmead / Sydney, Australia



Courtesy of Radiologie LMU Grosshadern / Munich, Germany

With Siemens' unique Dual Energy (DE), additional information beyond morphology can be obtained without any dose penalty. The Selective Photon Shield assures dose neutrality for single-dose DE by avoiding unnecessary exposure. This makes DE as dose efficient as conventional 120 kV scans, providing all the diagnostic advantages of DE imaging with the same dose as a single energy scan.

collimation: 64 x 0.6 mm  
 spatial resolution: 0.33 mm  
 scan time: 5 s  
 scan length: 371 mm  
 rotation time: 0.28 s  
 100/5n140 kV,  
 139/139 effective mAs  
 eff. dose: 0.84 mSv

*"Thus, CT can be performed routinely in Dual Energy mode without additional dose or compromises in image quality."*

Schenzle JC et al. Dual energy CT of the chest: how about the dose? Invest Radiol. 2010 Jun;45(6):347-53.

Siemens is the only manufacturer to provide dose neutral Dual Energy (DE) imaging and who applies DE imaging even to the heart, for instance with DE Heart PBV. It offers applications for all possible fields with its 12 FDA cleared applications plus the Monoenergetic imaging, Optimum Contrast and Metal-artifact reduction – all seamlessly included in the *syngo* DE application. More than 130 peer-reviewed articles in leading scientific publications detailing the success and usefulness of dual energy in daily clinical practice have been published.

collimation: 32 x 0.6 mm  
 spatial resolution: 0.33 mm  
 scan time: 45 s  
 scan length: 1114 mm  
 rotation time: 0.5 s  
 100/5n140 kV, 87/110 effective mAs  
 DLP: 1001 mGycm  
 CTDIvol. 8.85 mGy  
 eff. dose: 5.4 mSv

*Dual Energy CT "[...] is able to identify pulmonary perfusion defects with good accuracy. This technique may potentially enhance the diagnostic accuracy in the assessment of PE [pulmonary embolism]."*

Thieme SF et al. Dual Energy CT lung perfusion imaging-Correlation with SPECT/CT. Eur J Radiol. 2010 Dec 22. [Epub ahead of print]

When developing our industry's leading Dual Source Dual Energy solution, we made sure that it is compatible with other dose reducing features such as Iterative Reconstruction, IRIS\* and SAFIRE\*, CARE Dose4D™, and X-CARE. An amazing variety of additional information at the same dose levels as with a conventional 120 kV scan is possible with Dual Source Dual Energy.

collimation: 64 x 0.6 mm  
 spatial resolution: 0.33 mm  
 scan time: 30 s  
 scan length: 1220 mm  
 rotation time: 0.28 s  
 80/5n140 kV, 251/122 effective mAs  
 eff. dose: 5.56 mSv

*"On both tubes, online dose modulation [...] was used."*

Graser A et al. Single-phase dual-energy CT allows for characterization of renal masses as benign or malignant. Invest Radiol. 2010 Jul;45(7):399-405.

\*In clinical practice, the use of IRIS or SAFIRE may reduce CT patient dose depending on the clinical task, patient size, anatomical location, and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task. The information about SAFIRE is being provided for planning purposes. The product is pending 510(k) review, and is not yet commercially available in the U.S.

All of our 12 DE applications, Monoenergetic imaging and Optimum Contrast not only help save radiation dose but also precious time. For example, *syngo* DE Virtual Unenhanced generates virtual unenhanced images by mathematically removing the iodine content of any object in the image. That eliminates the need for the extra unenhanced scanning while providing excellent non-contrast image quality. Offering this information in one single scan instead of two saves radiation dose, scan time and costs.

collimation: 32 x 0.6 mm  
 spatial resolution: 0.33 mm  
 scan time: 9 s  
 scan length: 221 mm  
 rotation time: 0.5 s  
 100/140 kV, 200/155 ref.mAs  
 DLP: 79 mGycm  
 CTDIvol: 3.33 mGy  
 eff. dose: 0.06 mSv

*"Interpretation of color coded images significantly reduces interpretation time. Omission of a nonenhanced acquisition can reduce radiation exposure by almost 50%."*

Graser A et al. Single-phase dual-energy CT allows for characterization of renal masses as benign or malignant. Invest Radiol. 2010 Jul;45(7):399-405.