K132228

510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

This summary of safety and effectiveness is provided as part of this Premarket Notification in compliance with 21 CFR, Part 807, Subpart E, Section 807.92.

1. Submitter's Information: 21 CFR 807.92(a)(1)

SAMSUNGMEDISON CO., LTD.
42, Teheran-ro 108-gil, Gangnam-gu,
Seoul, Korea

Contact Person:
Kyeong-Mi, Park
Regulatory Affairs Manager

Telephone: 82.2.2194.1373
Facsimile: 82.2.554.7567

Data Prepared: May 24, 2013

AUG 2 0 2013

2. Name of the device:

Common/Usual Name:
Diagnostic Ultrasound System and Accessories
Proprietary Name:
UGEO PT60A Diagnostic Ultrasound System

Classification Names:	FR Number	Product Code
Ultrasonic Pulsed Doppler Imaging System	892.1550	IYN
Ultrasound Pulsed Echo Imaging System	892.1560	IYO
Diagnostic Ultrasound Transducer	892.1570	ITX

3. Identification of the predicate or legally marketed device:

- UGEO H60 Diagnostic Ultrasound System(K122583)
- MySono U6 Diagnostic Ultrasound System(K113381)
- SonoSite Maxx Series; M turbo (K101757)

4. Device Description:

The UGEO PT60A is a general purpose, hand-held, software controlled, diagnostic ultrasound system. Its function is to acquire ultrasound data and to display the data as B mode, M mode, Color Doppler imaging, Power Doppler imaging, PWSpectral Doppler mode, Harmonic imagingor as a combination of these modes. The UGEO PT60A also gives the operator the ability to measure anatomical structures and offers analysis packages that provide information that is used to make a diagnosis by competent health care professionals. The UGEO PT60A has real time acoustic output display with two basic indices, a mechanical index and a thermal index, which are both automatically displayed.

5. Intended Uses:

The UGEO PT60A Diagnostic Ultrasound System and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.

The clinical applications include:Fetal, Abdominal, Small Organs, Adult Cephalic, Muscular-Skeletal (Conventional, Superficial), Cardiac Adult, Cardiac Pediatric and Peripheral vessel.

6. Technological Characteristics:

The UGEO PT60Ais substantially equivalent with respect to safety, effectiveness, and functionality to the UGEO H60 Diagnostic Ultrasound System (K122583) and MySono U6 Diagnostic Ultrasound System (K113381).
It is substantially equivalent with respect to safety, effectiveness, and functionality to the Advanced Needle Visualization of SonoSite Maxx Series; M Turbo (K101757) in regards to the device with Needle Mate.
All systems transmit ultrasonic energy into patients, then perform post processing of received echoes to generate on-screen display of anatomic structures and fluid flow within the body. All system allow for specialized measurements of structures and flow, and calculations.
These are described in detail in the technological characteristics comparison table as below.

<Technological Characteristics Comparison Table>

Feature / Characteristics	The subject device	The predicate devices		
	UGEO PT60A	UGEO H60 (K122583)	MySono U6 (K113381)	Maxx Series (K101757)
Indication for Use				
- Fetal	√	√	√	√
- Abdominal	√	√	√	√
- Pediatric		√	√	√
- Small Organ	√	√	√	√
- Neonatal Cephalic		√	√	√
- Adult Cephalic	√		√	√
- Trans-rectal		√	√	√
- Trans-vaginal		√	√	√
- Musculo-skeletal (Conventional)	√	√	√	√
- Musculo-skeletal (Superficial)	√	√	√	√
- Cardiac Adult	√		√	√
- Cardiac Pediatric	√		√	√
- Peripheral vessel	√	√	√	√
Scanhead Types				
- Linear Array	√	√	√	√
- Curved Linear Array	√	√	√	√
- Endocavity		√	√	√
- Phased Array	√	√	√	√
- Static Probes			√	√
Scanhead Frequency				
1.0 ~ 20.0 MHz	√	√	√	√
Modes of Operation				
- B-mode	√	√	√	√
- M-mode	√	√	√	√
- Pulsed wave (PW) Doppler	√	√	√	√
- Continuous wave (CW) Doppler			√	√
- Color Doppler	√	√	√	√
- Power Amplitude Doppler	√	√	√	√
- Tissue Harmonic Imaging	√	√	√	√
- 3D/4D imaging mode		√	√	√
- Combined modes	√	√	√	√
Safety & EMC Compliance				
- IEC60601-1		√	√	√
- UL 60601-1	√			
- CSA C22.2 No.601.1				
- IEC 60601-2-37	√	√	√	√
- IEC 60601-1-2	√	√	√	√
Acoustic Output Display Standard				
Track 3	√	√	√	√
Patient Contact Materials				
Tested to ISO 10993-1	√	√	√	√
Functionality				
- Quick Scan (Q Scan)	√	√	√	
- Spatial Compound Imaging	√	√	√	
- SMDR (Dynamic MR Plus)	√	√	√	

Feature / Characteristics	The subject device	The predicate devices		
	UGEO PT60A	UGEO H60 (K122583)	MySono U6 (K113381)	Maxx Series (K101757)
- Auto IMT	√		√	
- Needle Mate	√			√[1]

1) Advanced Needle Visualization

7. A brief discussion of the bench and non-clinical tests conducted on the subject device

The device has been evaluated for acoustic output, biocompatibility effectiveness as well as thermal, electrical, electromagnetic and mechanical safety and has been found to conform to applicable medical device safety standards.

The UGEO PT60A and its application comply with voluntary standards as below:

- UL 60601-1, Safety requirements for Medical Equipment
- CSA C22.2 No. 601.1, Safety requirements for Medical Equipment
- IEC60601-2-37, Diagnostic Ultrasound Safety Standards
- EN/IEC60601-1,Safety requirements for Medical Equipment
- EN/IEC60601-1-2,EMC requirements for Medical Equipment
- NEMA UD-2, Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment
- NEMA UD-3, Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- ISO10993-1, Biocompatibility
- ISO14971, Application of risk management to medical devices

Summary of Clinical Tests:

Not applicable. The subject of this submission, UGEO PT60A, did not require clinical studies to support substantial equivalence.

8. Conclusion

Intended uses and other key features are consistent with traditional clinical practices and FDA guidelines. The design, development and quality process of the manufacturer confirms with 21 CFR 820 and ISO 13485. The device is designed to conform to applicable medical device safety standards and compliance. Therefore, SAMSUNG MEDISON CO., LTD. considers the UGEO PT60Ato be as safe, as effective, and performanceis substantially equivalent to thepredicate devices.

END of 510(K) Summary

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

August 20, 2013

SAMSUNG MEDISON CO., LTD
C/O MARK JOB
RESPONSIBLE THIRD PARTY OFFICIAL
REGULATORY TECHNOLOGY SERVICES LLC
1394 25TH STREET NW
BUFFALO MN 55313

Re: K132228
Trade/Device Name: UGEO PT60A Diagnostic Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Class: II
Product Code: IYN, IYO, ITX
Dated: August 12, 2013
Received: August 13, 2013

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

This determination of substantial equivalence applies to the following transducers intended for use with the UGEO PT60A Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

C2-8	LN5-12	PN2-4
C2-5	LS6-15	

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

for

Janine M. Morris
Director, Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

SECTION 1.3
INDICATIONS FOR USE

510(k) Number (if known): K132228

Device Name: UGEO PT60A Diagnostic Ultrasound System

Indications for Use:

The UGEO PT60A Diagnostic Ultrasound System and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.
The clinical applications include: Fetal, Abdominal, Small Organ, Adult Cephalic, Muscular-Skeletal (Conventional, Superficial), Cardiac Adult, Cardiac Pediatric and Peripheral vessel.

Prescription Use √
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: UGEO PT60A Diagnostic Ultrasound System
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal *(See Note 3)*	N	N	N		N	Note 1	Notes 2, 7
	Abdominal *(See Note 8)*	N	N	N		N	Note 1	Notes 2, 7
	Intra-operative *(See Note 6)*							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ *(See Note 5)*	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic	N	N	N		N	Note 1	Note 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult	N	N	N		N	Note 1	Note 7
	Cardiac Pediatric	N	N	N		N	Note 1	Note 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N		N	Note 1	Note 2, 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: C2-5 for use with UGEO PT60A
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal *(See Note 3)*	P	P	P		P	Note 1	Notes 2, 7
	Abdominal *(See Note 8)*	P	P	P		P	Note 1	Notes 2, 7
	Intra-operative *(See Note 6)*							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ *(See Note 5)*							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K113381; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: C2-8 for use with UGEO PT60A
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal *(See Note 3)*	P	P	P		P	Note 1	Notes 2, 7
	Abdominal	P	P	P		P	Note 1	Notes 2, 7
	Intra-operative *(See Note 6)*							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ *(See Note 5)*							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K113381; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: LN5-12 for use with UGEO PT60A
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal *(See Note 3)*							
	Abdominal							
	Intra-operative *(See Note 6)*							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ *(See Note 5)*	P	P	P		P	Note 1	Notes 2,5,6,9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Notes 2,5,6,9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Notes 2,5,6,9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Notes 2,5,6,9
	Other (spec.)							

N= new indication; P= previously cleared by FDA K113381; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: LS6-15 for use with UGEO PT60A
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal *(See Note 3)*							
	Abdominal							
	Intra-operative *(See Note 6)*							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ *(See Note 5)*							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 9
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N		N	Note 1	Note 9
	Other (spec.)							

N= new indication: P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:
Device Name: PN2-4 for use with UGEO PT60A
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	N	N	N		N	Note 1	Note 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	N	N	N		N	Note 1	Note 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult	N	N	N		N	Note 1	Note 7
	Cardiac Pediatric	N	N	N		N	Note 1	Note 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

Color Doppler includes Power (Amplitude) Doppler
Note 1: B+M, B+PW, B+C, B+PD, B+C+PW, B+PD+PW
Note 2: Includes imaging for guidance of biopsy
Note 3: Obstetrics and Includes infertility monitoring of follicle development
Note 4: Color M-mode
Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
Note 6: Abdominal organs and peripheral vessel
Note 7: Tissue Harmonic Imaging (THI)
Note 8: Includes Gynecology
Note 9: Spatial Compound Imaging

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)
Prescription Use (Per 21 CFR 801.109)