K101337

SEP 30 2010

Tab 20 PREMARKET NOTIFICATION 510(K) SUMMARY

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR §807.92.

The assigned 510(k) number is:

Date of submission: 03 SEPT 2010

Submitter:

SonoScape Company Limited

Address: 4/F., Yizhe Building, Yuquan Road,Nanshan, Shenzhen 518051, P.R.China

Tel: (86) 755-26722890

Fax: (86) 755-26722850

Contact Person: Zhiqiang Chen

Name of the device:

* **Trade/Proprietary Name:**
A6 Portable Ultrasonic Diagnostic System

* **Common Name:** Diagnostic Ultrasound System and Transducers
* **Classification:**

Regulatory Class: II

21 CFR 892.1560 Ultrasonic Pulsed Echo Imaging System (90-IYO)

21 CFR 892.1570 Diagnostic Ultrasound Transducer (90-ITX)

Legally Marketed Predicate Device:

K070526, DP-9900 Digital Ultrasonic Diagnostic Imaging System
K041455, SSI-600 Portable Diagnostic Ultrasound System
K052042, SSI-1000 Portable Color Doppler Ultrasound System

Description:

The A6 Portable Ultrasonic Diagnostic System with added transducer is a general purpose, portable, software controlled, ultrasound diagnostic system. This ultrasonic device is designed to project ultrasound waves into body tissue and to present the returned echo information on the monitor. The resulting information is displayed in B-Mode, M-Mode,THI- Mode or in the combined mode (i.e. B/M-Mode). This system is a Track I device that employs an array of probes that include linear array and convex linear array with a frequency range of approximately 2.0 MHz to 12 MHz.

Statement of intended Use:

The A6 Portable Ultrasonic Diagnostic System with added transducer is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Abdomen, Cardiac, Small Organ (Thyroid, parathyroid, parotid, submaxillary gland, testes and breast.), Peripheral Vascular, Transvaginal, Transrectal, Musculo-skeletal (Conventional and Superficial), Pediatric, Fetal, OB/Gyn and Urology. This device is intended to adult, pregnant woman, pediatric, and neonate.

Technological Characteristics:

The A6 Portable Ultrasonic Diagnostic System with added transducer incorporates the same fundamental technology as the predicate device. The device has been tested as Track 1 Device per the FDA Guidance document "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers" issued September 9,2008. The acoustic output is measured and calculated per NEMA UD 2 Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment: 2004. All transducers used with the A6 Portable Ultrasonic Diagnostic System are track 1. All patient contact materials are biocompatible. The technology characteristics of the A6 Portable Ultrasonic Diagnostic System with these modifications do not affect the safety or efficacy of the device.

Testing:

Laboratory testing was conducted to verify that the A6 Portable Ultrasonic Diagnostic System with added transducer met all design specification and was substantially equivalent to the currently marketed Predicate Device as above. The device has been found to conform to applicable medical device safety standards in regards to thermal, mechanical and electrical safety as well as biocompatibility. Acoustic output is measured and calculated according to "Acoustic Output Measuring Standard for Diagnostic Ultrasound Equipment".

Tab 20.1 Applicable Safety Standards

Standards No.	Standards Title	Version	Date
IEC 60601-1	IEC 60601-1, Medical Electrical Equipment - Part 1: General Requirements for Safety, 1988; Amendment 1, 1991-11, Amendment 2, 1995.	1988	10/31/2005
IEC 60601-1-2	IEC 60601-1-2, (Second Edition, 2001), Medical Electrical Equipment - Part 1-2: General Requirements for Safety - Collateral Standard: Electromagnetic Compatibility -- Requirements and Tests.	2001	07/31/2008
IEC 60601-2-37	IEC 60601-2-37 (2004) (2005) Amendment 2, Medical electrical equipment - Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment.	2004	09/08/2009
NEMA UD 2	NEMA UD 2-2004, Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment Version 3.	2004	09/08/2009
ISO 10993-5	ISO 10993-5:1999, Biological evaluation of medical devices -- Part 5: Tests for In Vitro cytotoxicity.	1999	09/12/2007
10993-10	ISO 10993-10:2002, Biological evaluation of medical devices - Part 10: Tests for irritation and delayed-type hypersensitivity.	2002	09/12/2007

Clinical Test:

No clinical testing was required

Conclusion:

The conclusions drawn from testing of the A6 Portable Ultrasonic Diagnostic System with added transducer demonstrates that the devices as safe, as effective as well as the legally marketed predicate devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

SonoScape Company Limited
% Mr. Ned Devine
Senior Staff Engineer
Underwriters Laboratories, Inc.
333 Pfingsten Road
NORTHBROOK IL 60062

SEP 30 2010

Re: K101337
Trade/Device Name: A6 Portable Ultrasonic Diagnostic System
Regulation Number: 21 CFR 892.1560
Regulation Name: Ultrasonic pulsed echo imaging system
Regulatory Class: II
Product Code: IYO and ITX
Dated: September 16, 2010
Received: September 21, 2010

Dear Mr. Devine:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we 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). 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.

This determination of substantial equivalence applies to the following transducers intended for use with the A6 Portable Ultrasonic Diagnostic System, as described in your premarket notification:

Transducer Model Number

6V4 Micro-curved Array
6V5 Micro-curved Array
EC2 Micro-curved Array
BCC9-4 Micro-curved Array
C612 Micro-curved Array
C312 Mirco-curved Array
C351 Curved Array
C352 Curved Array
C543 Curved Array
L745 Linear Array
L746 Linear Array

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

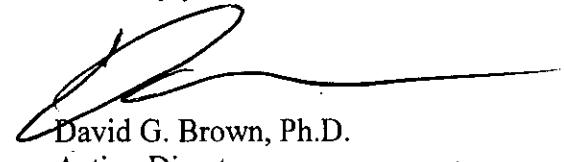
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); 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.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. 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.

If you have any questions regarding the content of this letter, please contact Shahram Vaezy at (301) 796-6242.

Sincerely yours,



David G. Brown, Ph.D.
Acting Director
Division of Radiological Devices
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and Radiological Health

Enclosure(s)

Tab 3 Indications For Use

510(k) Number: K101337
Device Name: A6 Portable Ultrasonic Diagnostic System SEP 3 0 2010

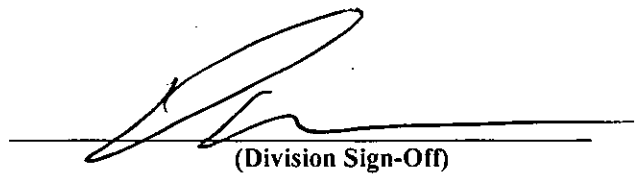
Indications for Use:

The A6 Portable Ultrasonic Diagnostic System with added transducer is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Abdomen, Cardiac, Small Organ (Thyroid, parathyroid, parotid, submaxillary gland, testes and breast), Peripheral Vascular, Transvaginal, Transrectal, Musculo-skeletal (Conventional and Superficial), Pediatric, Fetal, OB/Gyn and Urology. This device is intended to adult, pregnant woman, pediatric, and neonate.

Prescription Use ___X___ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

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

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



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Office of *In Vitro* Diagnostic Device Evaluation and Safety

510(k) Number K101337

Diagnostic Ultrasound Indications for Use Form

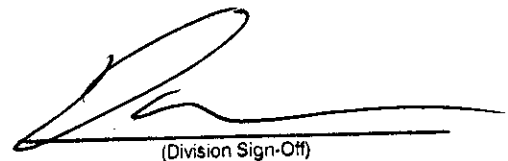
System: **Sonoscape A6**
Diagnostic Ultrasound Pulsed Echo System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N					Note 1	Note 2
	Abdominal	N	N					Note 1	Note 2
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N					Note 1	Note 2
	Small Organ (specify)	N	N					Note 1	Note 2,3
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	N	N					Note 1	Note 2
	Trans-vaginal	N	N					Note 1	Note 2
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**	N	N					Note 1	Note 2, 3
	Musculo-skeletal **(Superficial)**	N	N					Note 1	Note 2, 3
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult	N	N					Note 1	Note 2
	Cardiac Pediatric	N	N					Note 1	Note 2
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	N	N					Note 1	Note 2
	Other (specify)								

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

Note 1: B/M
Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.
Note 3: Small Organ (Thyroid, parathyroid, parotid, submaxillary gland, testes and breast.)



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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **6V4 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal	N	N					Note 1	Note 2
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K106337

Diagnostic Ultrasound Indications for Use Form

Transducer: **6V5 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	N	N					Note 1	Note 2
	Trans-vaginal	N	N					Note 1	Note 2
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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Diagnostic Ultrasound Indications for Use Form

Transducer: **EC2 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	N	N					Note 1	Note 2
	Trans-vaginal	N	N					Note 1	Note 2
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **BCC9-4 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	N	N					Note 1	Note 2
	Trans-vaginal	N	N					Note 1	Note 2
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (**Conventional**)								
	Musculo-skeletal (**Superficial**)								
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **C612 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	N	N					Note 1	Note 2
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N					Note 1	Note 2
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N					Note 1	Note 2
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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Diagnostic Ultrasound Indications for Use Form

Transducer: **C312 Micro-curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	**Specific (TRACKS 1 & 3)**	**B**	**M**	**PWD**	**CWD**	**Color Doppler**	**Power (Amplitude) Doppler**	**Other* Combined**	**Other* Specify**
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult	N	N					Note 1	Note 2
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **C351 Curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N					Note 1	Note 2
	Abdominal	N	N					Note 1	Note 2
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **C352 Curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	N	N					Note 1	Note 2
	Abdominal	N	N					Note 1	Note 2
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)	N	N					Note 1	Note 2
	Other (Ob/GYN)	N	N					Note 1	Note 2
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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Office of In Vitro Diagnostic Device Evaluation and Safety

510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **C543 Curved Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	N	N					Note 1	Note 2
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N					Note 1	Note 2
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**								
	Musculo-skeletal **(Superficial)**								
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

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510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **L745 Linear Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	N	N					Note 1	Note 2,3
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**	N	N					Note 1	Note 2,3
	Musculo-skeletal **(Superficial)**	N	N					Note 1	Note 2,3
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	N	N					Note 1	Note 2
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

Note 3: Small Organ (Thyroid, parathyroid, parotid, submaxillary gland, testes and breast.)

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Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K101337

Diagnostic Ultrasound Indications for Use Form

Transducer: **L746 Linear Array**
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	N	N					Note 1	Note 2,3
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal **(Conventional)**	N	N					Note 1	Note 2,3
	Musculo-skeletal **(Superficial)**	N	N					Note 1	Note 2,3
	Intravascular								
	Other (Urology)								
	Other (Ob/GYN)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	N	N					Note 1	Note 2
	Other (specify)								

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

Note 1: B/M

Note 2: THI (Tissue Harmonic Imaging). The feature does not use contrast agents.

Note 3: Small Organ (Thyroid, parathyroid, parotid, submaxillary gland, testes and breast.)

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