



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

Samsung Medison Co., Ltd.
% Mr. Mark Job
Responsible Third Party Official
Regulatory Technology Services, LLC
1394 25th Street, NW
BUFFALO MN 55313

March 28, 2017

Re: K170493
Trade/Device Name: HS50 / HS60 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: March 14, 2017
Received: March 15, 2017

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.

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 Industry and Consumer Education 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” (21 CFR 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 Industry and Consumer Education 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

Robert Ochs, Ph.D.
Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known)

K170493

Device Name

HS50 / HS60 Diagnostic Ultrasound System

Indications for Use (Describe)

The HS50 / HS60 Diagnostic Ultrasound System and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.

The clinical applications include: Fetal/Obstetrics, Abdominal, Gynecology, Pediatric, Small Organ, Neonatal Cephalic, Adult Cephalic, Trans-rectal, Trans-vaginal, Muscular-Skeletal (Conventional, Superficial), Urology, Cardiac Adult, Cardiac Pediatric and Peripheral vessel.

Type of Use (Select one or both, as applicable)

☒ Prescription Use (Part 21 CFR 801 Subpart D)

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

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)

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DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: HS50 / HS60 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/Obstetrics (<i>See Note 3</i>)	N	N	N		Note 15	Note 1	Note 2, 7, 8, 9, 11
	Abdominal (<i>See Note 10</i>)	N	N	N	N	Note 15	Note 1	Note 2, 7, 8, 9, 11, 12, 16
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	N	N	N		Note 15	Note 1	Note 2, 6, 7, 9, 11
	Small Organ (<i>See Note 5</i>)	N	N	N		Note 15	Note 1	Note 2, 7, 9, 11, 12, 17
	Neonatal Cephalic	N	N	N		Note 15	Note 1	Note 2, 7, 8, 9, 11
	Adult Cephalic	N	N	N	N	Note 15	Note 1	Note 2, 7, 8, 9, 11
	Trans-rectal	N	N	N		Note 15	Note 1	Notes 2, 7, 8, 9, 11, 12
	Trans-vaginal	N	N	N		Note 15	Note 1	Notes 2, 7, 8, 9, 11, 12
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		Note 15	Note 1	Note 2, 7, 9, 11, 12, 17
	Musculo-skel. (Superfic.)	N	N	N		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)	N	N	N		Note 15	Note 1	Notes 2, 7, 8, 9, 12, 17
Cardiac	Cardiac Adult	N	N	N	N	Note 15	Note 1	Note 4, 7, 14, 17
	Cardiac Pediatric	N	N	N	N	Note 15	Note 1	Note 4, 7, 14, 17
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N	N	Note 15	Note 1	Note 2, 6, 7, 9, 11
	Other (spec.)							

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

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: LA3-14AD for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Note 2, 6, 7, 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: LA2-9A for use with HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Note 2, 6, 7, 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: LA3-16AI for use with HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Note 7, 9, 11
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Note 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Note 6, 7, 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: LA4-18BD for use with HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12, 17
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Note 2, 6, 7, 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: LA3-16A for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12, 17
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11, 12, 17
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Note 2, 6, 7, 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CA1-7AD for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11, 16
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11
	Musculo-skel. (Superfic.)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K153408; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CA2-9AD for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 11
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K153529; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CF4-9 for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Notes 9, 11
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Notes 9, 11
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		Note 15	Note 1	Notes 6, 9, 11
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic	P	P	P		Note 15	Note 1	Notes 9, 11
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.) (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		Note 15	Note 1	Notes 9, 11
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: ER4-9 for use with HS50

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 12
	Trans-vaginal	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 12
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.) (<i>See Note 13</i>)	P	P	P		Note 15	Note 1	Notes 2, 7, 9, 12
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: EA2-11B for use with HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 12
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		Note 15	Note 1	Note 2, 7, 9, 12
	Trans-vaginal	P	P	P		Note 15	Note 1	Note 2, 7, 9, 12
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 9, 12, 17
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K153529; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD) Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: PA1-5A for use with HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)	P	P	P	P	Note 15	Note 1	Note 7
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	Note 15	Note 1	Note 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult	P	P	P	P	Note 15	Note 1	Note 4, 7, 14, 17
	Cardiac Pediatric	P	P	P	P	Note 15	Note 1	Note 4, 7, 14, 17
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K163691; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: PA3-8B for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)	P	P	P	P	Note 15	Note 1	Note 7
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P	P	Note 15	Note 1	Note 6, 7
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	Note 15	Note 1	Note 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult	P	P	P	P	Note 15	Note 1	Note 4, 7, 14, 17
	Cardiac Pediatric	P	P	P	P	Note 15	Note 1	Note 4, 7, 14, 17
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: PE2-4 for use with HS50

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)	P	P	P	P	Note 15	Note 1	Note 7
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	Note 15	Note 1	Note 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.) (<i>See Note 13</i>)							
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7, 14, 17
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7, 14, 17
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CV1-8AD for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 11
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 11
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.) (<i>See Note 13</i>)							
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: V5-9 for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9
	Abdominal (<i>See Note 10</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 12
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 12
	Trans-vaginal	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 12
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)	P	P	P		Note 15	Note 1	Note 2, 7, 8, 9, 12, 17
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: CW6.0 for use with HS50 / HS60

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/Obstetrics (<i>See Note 3</i>)							
	Abdominal (<i>See Note 10</i>)							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (<i>See Note 13</i>)							
Cardiac	Cardiac Adult				P			
	Cardiac Pediatric				P			
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel				P			
	Other (spec.)							

N= new indication; P= previously cleared by FDA K162094; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: DP2B for use with HS50 / HS60

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 (<i>See Note 3</i>)							
	Abdominal							
	Intra-operative (<i>See Note 6</i>)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (<i>See Note 5</i>)							
	Neonatal Cephalic							
	Adult Cephalic				P			
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
	Other (spec.)							
Cardiac	Cardiac Adult				P			
	Cardiac Pediatric				P			
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel				P			
	Other (spec.)							

N= new indication; P= previously cleared by FDA K143264; E= added under Appendix E

Additional Comments:

Note 1: B+M, B+PW, B+CW, B+C, B+PD, B+DPD, B+Elastoscan, B+C+PW, B+PD+PW, B+DPD+PW, B+TD+PW, B+C+M, B+C+CW, Dual/Quad (B, B+C, B+PD, B+TD, B+DPD)

Note 2: Includes imaging for guidance of biopsy

Note 3: 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: 3D imaging

Note 9: MultiVision (Spatial Compound Imaging)

Note 10: Includes Renal, Gynecology/Pelvis

Note 11: Panoramic imaging

Note 12: ElastoScan

Note 13: Includes Urology/Prostate

Note 14: Tissue Doppler Imaging (TDI)

Note 15: Color Doppler includes Power (Amplitude) Doppler

Note 16: Contrast

Note 17: Strain+

Concurrence of Center for Devices and Radiological Health (CDRH)
Prescription Use (Per 21 CFR 801.109)

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)

SAMSUNG MEDISON CO., LTD.
42, Teheran-ro 108-gil, Gangnam-gu,
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Data Prepared: Nov 14, 2016

2. Name of the device:

Common/Usual Name:

Diagnostic Ultrasound System and Accessories

Proprietary Name:

HS50 / HS60 Diagnostic Ultrasound System

<u>Classification Names:</u>	<u>FR Number</u>	<u>Product Code</u>
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:

- H60 Diagnostic Ultrasound System (K143264)
- RS80A Diagnostic Ultrasound System (K162094)
- WS80A Diagnostic Ultrasound System (K153529)
- HM70A Diagnostic Ultrasound System (K153408)
- HS70A Diagnostic Ultrasound System (K163691)

4. Device Description:

The HS50 / HS60 is a general purpose, mobile, software controlled, diagnostic ultrasound system. Its function is to acquire ultrasound data and to display the data as B mode, M mode, Color M mode, Anatomical mode, Color Doppler mode, Pulsed Wave (PW) Spectral Doppler mode, Continuous Wave (CW) Doppler mode, Tissue Doppler Imaging (TDI) mode, Tissue Doppler Wave (TDW) mode, Power Doppler (PD) mode, ElastoScan Mode, 3D/4D/XI STIC imaging mode, Dual mode, Quad mode, Combined mode, Simultaneous mode and Zoom mode. The HS50 and HS60 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 HS50 / HS60 have 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 HS50 / HS60 Diagnostic Ultrasound System and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.

The clinical applications include: Fetal/Obstetrics, Abdominal, Gynecology, Pediatric, Small Organ, Neonatal Cephalic, Adult Cephalic, Trans-rectal, Trans-vaginal, Muscular-Skeletal (Conventional, Superficial), Urology, Cardiac Adult, Cardiac Pediatric and Peripheral vessel.

6. Technological Characteristics:

The HS50 / HS60 are substantially equivalent with respect to safety, effectiveness, and functionality to the H60 (K143264), RS80A (K162094), WS80A (K153529), HM70A (K153408) and HS70A(163691).

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.

<Technological Characteristics Comparison Table>

Feature / Characteristics	The subject device		The predicate devices				
	HS50	HS60	H60 (K143264)	RS80A (K162094)	WS80A (K153529)	HM70A (K153408)	HS70A (K163691)
Indications for Use							
Fetal/Obstetrics	✓	✓	✓	✓	✓	✓	✓
Abdominal	✓	✓	✓	✓	✓	✓	✓
Gynecology	✓	✓	✓	✓	✓	✓	✓
Pediatric	✓	✓	✓	✓	✓	✓	✓
Small Organ	✓	✓	✓	✓	✓	✓	✓
Neonatal Cephalic	✓	✓	✓	✓	✓	✓	✓
Adult Cephalic	✓	✓	✓	✓	✓	✓	✓
Trans-rectal	✓	✓	✓	✓	✓	✓	✓
Trans-vaginal	✓	✓	✓	✓	✓	✓	✓
Musculo-skeletal (Conventional)	✓	✓	✓	✓	✓	✓	✓
Musculo-skeletal (Superficial)	✓	✓	✓	✓	✓	✓	✓
Urology	✓	✓	✓	✓	✓	✓	✓
Cardiac Adult	✓	✓	✓	✓	✓	✓	✓
Cardiac Pediatric	✓	✓	✓	✓	✓	✓	✓
Peripheral vessel	✓	✓	✓	✓	✓	✓	✓
Scanhead Types							
Linear Array	✓	✓	✓	✓	✓	✓	✓
Curved Linear Array	✓	✓	✓	✓	✓	✓	✓
Endocavity	✓	✓	✓	✓	✓	✓	✓
Phased Array	✓	✓	✓	✓	✓	✓	✓
Static Probes	✓	✓	✓	✓	✓	✓	✓
Scanhead Frequency							

Feature / Characteristics	The subject device		The predicate devices				
	HS50	HS60	H60 (K143264)	RS80A (K162094)	WS80A (K153529)	HM70A (K153408)	HS70A (K163691)
1.0 ~ 20.0 MHz	√	√	√	√	√	√	√
Modes of Operation							
B-mode	√	√	√	√	√	√	√
M-mode	√	√	√	√	√	√	√
Pulsed wave (PW) Spectral Doppler	√	√	√	√	√	√	√
Continuous wave (CW) Doppler	√	√	√	√	√	√	√
Color Doppler	√	√	√	√	√	√	√
Power Amplitude Doppler	√	√	√	√	√	√	√
Tissue Harmonic Imaging	√	√	√	√	√	√	√
3D/4D imaging mode	√	√	√	√	√	√	√
Combined modes	√	√	√	√	√	√	√
Safety & EMC							
Compliance							
IEC 60601-1 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)	√	√	√	√	√	√	√
ClearVision	√	√	√	√	√	√	√
MultiVision	√	√	√	√	√	√	√
Needle Mate+	√	√	√	√	√	√	√
Auto IMT+	√	√	√	√	√	√	√
Strain+		√		√			√
Elastoscan	√	√	√	√	√	√	√
Panoramic	√	√	√	√	√	√	√
3D Imaging (Volume Data Acquisition)	√	√	√	√	√	√	√
3D Imaging presentation 3D Cine/4D Cine	√	√	√	√	√	√	√
3D Rendering MPR	√	√	√	√	√	√	√
3D XI	√	√	√	√	√	√	√
3D MSV/Oblique View	√	√	√	√	√		√
3D MXI Volume Slice/Mirror View	√	√	√	√	√		√
Volume CT	√	√	√	√	√	√	√
3D MagiCut	√	√	√	√	√	√	√
Volume Calculation (VOCAL, XI VOCAL)	√	√	√	√	√	√	√
XI STIC	√	√	√	√	√	√	√
HDVI		√	√	√	√	√	√

Feature / Characteristics	The subject device		The predicate devices				
	HS50	HS60	H60 (K143264)	RS80A (K162094)	WS80A (K153529)	HM70A (K153408)	HS70A (K163691)
Realistic Vue	✓	✓	✓	✓			✓
Ez Exam+	✓	✓	✓	✓	✓		
CEUS+		✓		✓			✓
5D NT	✓	✓			✓		✓
5D Follicle	✓	✓			✓		✓

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 HS50 / HS60 and their applications comply with voluntary standards as below:

Reference No.	Title
IEC 60601-1	AAMI ANSI ES60601-1:2005/(R)2012 and A1:2012, C1:2009/(R)2012 and A2:2010/(R)2012 (Consolidated Text) Medical electrical equipment - Part 1: General requirements for basic safety and essential performance (IEC 60601-1:2005, MOD)
IEC 60601-1-2	AAMI / ANSI / IEC 60601-1-2:2007(R)2012, Medical electrical equipment – Part 1-2: General requirements for basic safety and essential performance – Collateral standard: Electromagnetic compatibility - Requirements and tests (Edition 3)
IEC 60601-2-37	IEC 60601-2-37:2007 Edition 2.0 2007-08, Medical electrical equipment – Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment
ISO10993-1	ISO 10993-1:2009/(R)2013, Biological evaluation of medical devices – Part 1: Evaluation and testing within a risk management process
ISO10993-5	ISO 10993-5:2009, Biological evaluation of medical devices – Part 5: Tests for in vitro cytotoxicity
ISO10993-10	ISO 10993-10:2010, Biological evaluation of medical devices – Part 10: Tests for irritation and skin sensitization
ISO14971	ISO 14971:2007, Medical devices - Application of risk management to medical devices
NEMA UD 2-2004	NEMA UD 2-2004 (R2009) Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment Revision 3
NEMA UD 3-2004	NEMA UD 3-2004 (R2009) Standard for Real-Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment, Revision 2

Summary of Clinical Tests:

Not applicable. The subject of this submission, HS50 / HS60, 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 HS50 / HS60 to be as safe, as effective, and performance is substantially equivalent to the predicate devices.

END of 510(K) Summary