



Canon Medical Systems Corporation  
% Orlando Tadeo, Jr.  
Sr. Manager, Regulatory Affairs  
Canon Medical Systems USA, Inc.  
2441 Michelle Drive  
TUSTIN CA 92780

September 18, 2019

Re: K191663

Trade/Device Name: Aplio a550, Aplio a450 and Aplio a, Diagnostic Ultrasound System, V4.0  
Regulation Number: 21 CFR 892.1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: Class II  
Product Code: IYN, IYO, ITX  
Dated: June 20, 2019  
Received: June 21, 2019

Dear Mr. Tadeo:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. 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) for devices

or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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 <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

For

Thalia T. Mills, Ph.D.  
Director  
Division of Radiological Health  
OHT7: Office of In Vitro Diagnostics  
and Radiological Health  
Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known)

K191663

Device Name

Aplio a550, Aplio a450 and Aplio a, Diagnostic Ultrasound System, V4.0

Indications for Use (Describe)

The Diagnostic Ultrasound Systems Aplio a550 Model CUS-AA550, Aplio a450 Model CUS-AA450, and Aplio a Model CUS-AA000 are indicated for the visualization of structures, and dynamic processes with the human body using ultrasound and to provide image information for diagnosis in the following clinical applications: fetal, abdominal, intra-operative (abdominal), pediatric, small organs, trans-vaginal, trans-rectal, neonatal cephalic, adult cephalic, cardiac (both adult and pediatric), peripheral vascular, transesophageal, musculo-skeletal (both conventional and superficial) and laparoscopic.

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)

### CONTINUE ON A SEPARATE PAGE IF NEEDED.

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System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: \_\_\_\_\_

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

| Clinical Application           | Mode of Operation |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other      | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|--------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|------------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |            |        |
| Ophthalmic                     |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Fetal                          | P                 | P | P   |     | P             | 2                  | P                 | P         |            |      | P     | N   |              | P   |            | P  | P                          | P    | P          | P        |        | P                |        | 4,6        |        |
| Abdominal                      | P                 | P | P   | P   | P             | 2,3                | P                 | P         |            |      | P     |     | P            | P   | P          | P  | P                          | P    | P          | P        | P      | P                |        | 4,5,6,7(N) |        |
| Intra-operative (Abdominal)    | P                 | P | P   |     | P             | 2                  | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      |                  |        | 4          |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Laparoscopic                   | P                 | P | P   |     | P             | 2                  | P                 | P         |            |      | P     |     | P            | P   |            |    |                            |      |            |          |        |                  |        |            |        |
| Pediatric                      | P                 | P | P   | P   | P             | 2,3                | P                 | P         |            |      | P     |     |              | P   |            | P  | P                          | P    | P          | P        | P      | P                |        | 4,6        |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                  | P                 | P         | P          | P    | P     |     | P            | P   | P          |    |                            |      |            | P        | P      | P                |        | 4          |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 2,3                | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            | P        |        |                  |        |            |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                  | N                 |           |            |      | P     |     |              | N   |            |    |                            |      |            |          | N      |                  |        | 4          |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                  | P                 | P         |            |      | P     |     | P            | P   | P          | P  | P                          |      |            |          | P      | P                |        | 4,6        |        |
| Trans-vaginal                  | P                 | P | P   |     | P             | 2                  | P                 | P         |            |      | P     |     | P            | P   | P          | P  | P                          |      |            |          | P      | P                |        | 4,6        |        |
| Trans-urethral                 |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Musculo-skeletal(Conventional) | P                 | P | P   |     | P             | 2                  | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |        | 4          |        |
| Musculo-skeletal (Superficial) | P                 | P | P   |     | P             | 2                  | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |        | 4          |        |
| Intravascular                  |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Other (Specify)                |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                  | P                 |           |            |      | P     | P   |              |     |            |    |                            |      |            |          | N      |                  | P      | 5, 6       |        |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                  | P                 |           |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      | 5,6        |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Trans-esoph. (Cardiac)         | P                 | P | P   | P   | P             | 3                  | P                 |           |            |      |       | P   |              |     |            |    |                            |      |            |          |        |                  | P      | 6          |        |
| Intra-cardiac                  |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Other (Specify)                |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |
| Peripheral vessel              | P                 | P | P   | P   | P             | 2                  | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |        | 4          |        |
| Other (Specify)                |                   |   |     |     |               |                    |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |            |        |

N = new indication; P = previously cleared by FDA; E = added under this appendix  
 Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PST-25BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            | Other | [Note]                     |      |            |          |        |                  |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|-------|----------------------------|------|------------|----------|--------|------------------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | ApLi Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D    | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Abdominal                      | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              | P   |            |       |                            |      |            |          |        |                  |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Pediatric                      | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              | P   |            |       |                            |      |            |          |        |                  |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                    |                   |           |            |      | P     |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Musculo-skeletal(Superficial)  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     | P   |              |     |            |       |                            |      |            |          |        |                  | P      |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     | P   |              |     |            |       |                            |      |            |          |        |                  | P      |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |       |                            |      |            |          |        |                  |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PST-28BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |     |              | P   |            |    |                            |      |            |          | P      |                  |        | 4,5,6 |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |     |              | P   |            |    |                            |      |            |          | P      |                  |        | 4     |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     | P   |              |     |            |    |                            |      |            |          | P      |                  | P      | 5,6   |        |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      | 5,6   |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182679

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PST-30BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       | Other | [Note]       |     |            |    |                            |      |            |          |        |                  |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-------|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI   | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Abdominal                      | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |       |              | P   |            |    |                            |      |            |          |        |                  | 5      |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Pediatric                      | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |       |              | P   |            |    |                            |      |            |          |        |                  |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     | P     |              |     |            |    |                            |      |            |          |        | P                | 5      |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     | P     |              |     |            |    |                            |      |            |          |        | P                | 5      |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |       |              |     |            |    |                            |      |            |          |        |                  |        |

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

Previous 510(k) of the transducer: K182427 and K182679

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PST-50BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      |       |        |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                    |                   |            |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI



System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PSI-70BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 | P                 | P | P   | P   | P             | 3                    |                   |           |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      | 5     |        |
| Cardiac Pediatric              | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      | P     | P   |              |     |            |    |                            |      |            |          |        |                  | P      | 5     |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-375BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|----------|------------|------|-------|-----|--------------|-----|------------|----|-------------------------|-------|--------|
| Specific (Tracks 3)            | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apl Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color (Volume color) |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P        |            |      | P     |     |              | P   |            |    |                         | P     |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P        |            |      | P     |     | P            | P   |            |    |                         | P     | 4, 5   |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P        |            |      | P     |     |              | P   |            |    |                         | P     | 4      |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |          |            |      |       |     |              |     |            |    |                         |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVT-375SC

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|--------------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 4            |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     | P            | P   | P          |    |                            |      |            | P        | P      | P                |        | 4,5          |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4            |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVT-382BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        | P                |        | 4     |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4,5   |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4     |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0Transducer: PVT-475BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other     | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-----------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |           |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |           |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   | P          |    |                            |      |            | P        | P      | P                |        | 4, 5,7(N) |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4         |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |           |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVT-482BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 4     |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4,5   |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4     |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

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Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-574BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     | P   |              | P   |            |    |                            |      |            | P        |        |                  | P      | 4,6   |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   | P          |    |                            |      |            | P        | P      | P                |        | 4,5,6 |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      | P                |        | 4,6   |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182679

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVT-674BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI



System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-675MVL

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-675MVS

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apili Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
|                                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            | P  | P                          | P    | P          |          |        |                  |        | 6     |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-681MVL

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   |            | P  | P                          |      |            |          |        |                  |        | 6     |        |
| Trans-vaginal                  | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   |            | P  | P                          |      |            |          |        |                  |        | 6     |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-712BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            | P        |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

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Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-745BTF

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

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Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-745BTH

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-745BTV

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Abdominal)    | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVT-770RT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
|                                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182679

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI



System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-781VT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  | 5      |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   | P          |    |                            |      |            |          | P      | P                | 4      |       |        |
| Trans-vaginal                  | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   | P          |    |                            |      |            |          | P      | P                | 4      |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PVT-781VTE

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            |          |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   | P          |    |                            |      |            |          | P      | P                |        | 4     |        |
| Trans-vaginal                  | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   | P          |    |                            |      |            |          | P      | P                |        | 4     |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PVL-715RST

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     | P            | P   |            |    |                            |      |            |          | P      | P                |        | 4     |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PLT-704SBT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P         |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) | P                 | P | P   |     | P             | 2                    | P                 | P         |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Musculo-skeletal (Superficial) | P                 | P | P   |     | P             | 2                    | P                 | P         |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              | P                 | P | P   |     | P             | 2                    | P                 | P         |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

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Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PLT-705BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apili Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        | 5     |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P          |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) | P                 | P | P   |     | P             | 2                    | P                 | P          |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Musculo-skeletal (Superficial) | P                 | P | P   |     | P             | 2                    | P                 | P          |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              | P                 | P | P   |     | P             | 2                    | P                 | P          |            | P    | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

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Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PLT-705BTF

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Abdominal)    | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PLT-705BTH

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

| Clinical Application                    | Mode of Operation |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|-----------------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)                  | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apl <sup>1</sup> Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                              |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                                   |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                               | P                 | P | P   |     | P             | 2                    | P                 | P                     |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Abdominal)             | P                 | P | P   |     | P             | 2                    | P                 | P                     |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  |        |       |        |
| Intra-operative (Neuro)                 |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                            |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                               |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)                    |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic                       |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                          |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                            |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                           |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                          |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)                |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal( <b>Conventional</b> ) |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal ( <b>Superficial</b> ) |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                           |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                           |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric                       |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)                 |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)                  |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                           |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel                       |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |                       |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PLT-1005BT

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  | Other | [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation |       |        |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Abdominal                      | P                 | P | P   |     | P             | 2                    | P                 | P         |            |      | P     |     |              |     |            |    |                            |      |            |          |        |                  |       | 5      |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Small Organ (Note 1)           | P                 | P | P   |     | P             | 2                    | P                 | P         | P          | P    | P     |     | P            | P   | P          |    |                            |      |            | P        | P      | P                |       | 4      |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Musculo-skeletal(Conventional) | P                 | P | P   |     | P             | 2                    | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |       | 4      |
| Musculo-skeletal (Superficial) | P                 | P | P   |     | P             | 2                    | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |       | 4      |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |
| Peripheral vessel              | P                 | P | P   |     | P             | 2                    | P                 | P         | P          | P    | P     |     | P            | P   |            |    |                            |      |            | P        | P      | P                |       | 4      |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI



System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PLT-1202BT

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

| Clinical Application                    | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        | Other | [Note] |
|-----------------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)                  | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |       |        |
| Ophthalmic                              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                               |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)             | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      |                  |        | 4     |        |
| Intra-operative (Neuro)                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                            |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                               |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)                    | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      |                  |        | 4     |        |
| Neonatal Cephalic                       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                            |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal( <b>Conventional</b> ) | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      |                  |        | 4     |        |
| Musculo-skeletal ( <b>Superficial</b> ) | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        | P      |                  |        | 4     |        |
| Intravascular                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric                       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel                       | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     | P   |              | P   | P          |    |                            |      |            | P        | P      |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PLT-1204BT

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

| Clinical Application                    | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  | Other  | [Note] |
|-----------------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|--------|
| Specific<br>(Tracks 3)                  | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT |        |
| Ophthalmic                              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Fetal                                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Abdominal                               | P                 | P | P   |     | P             | 2                    | P                 | P          |            |      | P     |     |              | P   |            |    |                            |      |            | P        |        |                  | 5      |        |
| Intra-operative (Abdominal)             |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Intra-operative (Neuro)                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Laparoscopic                            |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Pediatric                               |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Small Organ (Note 1)                    | P                 | P | P   |     | P             | 2                    | P                 | P          | P          |      | P     |     | P            | P   |            |    |                            |      |            | P        |        |                  |        |        |
| Neonatal Cephalic                       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Adult Cephalic                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Trans-rectal                            |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Trans-vaginal                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Trans-urethral                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Trans-esoph. (non-Card.)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Musculo-skeletal( <b>Conventional</b> ) | P                 | P | P   |     | P             | 2                    | P                 | P          | P          |      | P     |     | P            | P   |            |    |                            |      |            | P        |        |                  |        |        |
| Musculo-skeletal ( <b>Superficial</b> ) | P                 | P | P   |     | P             | 2                    | P                 | P          | P          |      | P     |     | P            | P   |            |    |                            |      |            | P        |        |                  |        |        |
| Intravascular                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Cardiac Adult                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Cardiac Pediatric                       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Intravascular (Cardiac)                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Trans-esoph. (Cardiac)                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Intra-cardiac                           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |
| Peripheral vessel                       | P                 | P | P   |     | P             | 2                    | P                 | P          | P          |      | P     |     | P            | P   |            |    |                            |      |            | P        |        |                  |        |        |
| Other (Specify)                         |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |        |

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

Previous 510(k) of the transducer: K182427 and K182679

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, SoftwareV4.0

Transducer: PLT-1204BX

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

| Clinical Application                    | Mode of Operation |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|-----------------------------------------|-------------------|---|-----|-----|---------------|-------------------------------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)                  | B                 | M | PWD | CWD | Color Doppler | Precision Imaging<br>Combined (Specify) * | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                              |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                                   |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                               | N                 | N | N   |     | N             | 2                                         | N          | N          |      | N     |     |              | N   |            |    |                            |      |            | N        |        |                  |        | 5(N)  |        |
| Intra-operative (Abdominal)             |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)                 |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                            |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                               |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)                    | P                 | P | P   |     | P             | 2                                         | P          | P          | N    | P     | P   |              | N   | P          |    |                            |      |            | P        |        |                  |        |       |        |
| Neonatal Cephalic                       |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                          |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                            |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                           |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                          |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)                |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal( <b>Conventional</b> ) | P                 | P | P   |     | P             | 2                                         | P          | P          | N    | P     | P   |              | N   | P          |    |                            |      |            | P        |        |                  |        |       |        |
| Musculo-skeletal ( <b>Superficial</b> ) | P                 | P | P   |     | P             | 2                                         | P          | P          | N    | P     | P   |              | N   | P          |    |                            |      |            | P        |        |                  |        |       |        |
| Intravascular                           |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                           |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric                       |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)                 |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)                  |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-cardiac                           |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel                       | P                 | P | P   |     | P             | 2                                         | P          | P          | N    | P     | P   |              | N   | P          |    |                            |      |            | P        |        |                  |        |       |        |
| Other (Specify)                         |                   |   |     |     |               |                                           |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K151451

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PET-508MA

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|------------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Appli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         | P                 | P | P   | P   | P             | 3                    | P                 |            |            |      |       | P   |              |     |            |    |                            |      |            |          |        |                  | P      |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |            |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0Transducer: PET-512MC

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|--------------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Abdominal                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Trans-esoph. (Cardiac)         | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      |       | P   |              |     |            |    |                            |      |            |          |        |                  | P      |              |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |              |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0Transducer: PET-512MD

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|------|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STIC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Abdominal                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         | P                 | P | P   | P   | P             | 3                    | P                 |           |            |      |       | P   |              |     |            |    |                            |      |            |          |        |                  | P      |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |      |            |          |        |                  |        |       |        |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0Transducer: PET-805LALA

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

| Clinical Application            | Mode of Operation |   |     |     |               |                                        |            |            |      |       |     |              |     |            | Other [Note] |
|---------------------------------|-------------------|---|-----|-----|---------------|----------------------------------------|------------|------------|------|-------|-----|--------------|-----|------------|--------------|
| Specific (Tracks 3)             | B                 | M | PWD | CWD | Color Doppler | Precision Imaging Combined (Specify) * | Aplio Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave |              |
| Ophthalmic                      |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Fetal                           |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Abdominal                       | P                 | P | P   |     | P             | 2                                      | P          | P          |      | P     |     |              |     |            | 5            |
| Intra-operative (Abdominal)     |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intra-operative (Neuro)         |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Laparoscopic                    | P                 | P | P   |     | P             | 2                                      | P          | P          |      | P     |     | P            | P   |            |              |
| Pediatric                       |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Small Organ (Note 1)            |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Neonatal Cephalic               |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Adult Cephalic                  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-rectal                    |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-vaginal                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-urethral                  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-esoph. (non-Card.)        |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Musculo-skeletal (Conventional) |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Musculo-skeletal (Superficial)  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intravascular                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                 |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Cardiac Adult                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Cardiac Pediatric               |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intravascular (Cardiac)         |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-esoph. (Cardiac)          |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intra-cardiac                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                 |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Peripheral vessel               |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                 |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |

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

Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

Note 1 Small organ includes thyroid, breast and testicle

Note 2 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD

Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

System: Aplio a550, Aplio a450 and Aplio a, Software V4.0

Transducer: PC-20M

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

| Clinical Application           | Mode of Operation |   |     |     |               |                                        |            |            |      |       |     |              |     |            | Other [Note] |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------------------------|------------|------------|------|-------|-----|--------------|-----|------------|--------------|
| Specific (Tracks 3)            | B                 | M | PWD | CWD | Color Doppler | Precision Imaging Combined (Specify) * | Aplio Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave |              |
| Ophthalmic                     |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Fetal                          |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Abdominal                      |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intra-operative (Neuro)        |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Laparoscopic                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Pediatric                      |                   |   |     | P   |               |                                        |            |            |      |       |     |              |     |            |              |
| Small Organ (Note 1)           |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Neonatal Cephalic              |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Adult Cephalic                 |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-rectal                   |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-vaginal                  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-urethral                 |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intravascular                  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Cardiac Adult                  |                   |   |     | P   |               |                                        |            |            |      |       |     |              |     |            |              |
| Cardiac Pediatric              |                   |   |     | P   |               |                                        |            |            |      |       |     |              |     |            |              |
| Intravascular (Cardiac)        |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Intra-cardiac                  |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |
| Peripheral vessel              |                   |   |     | P   |               |                                        |            |            |      |       |     |              |     |            |              |
| Other (Specify)                |                   |   |     |     |               |                                        |            |            |      |       |     |              |     |            |              |

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Previous 510(k) of the transducer: K182427

Prescription Use Only (Per 21 CFR 801.109)

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Note 3 Combined mode includes B/M; B/PWD; BDF/PWD; BDF/MDF; BDF/MDF/PWD; 2D/CWD; BDF/CWD

Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI



System: Aplio a550 and a450, Software V2.8

Transducer: PC-50M

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

| Clinical Application           | Mode of Operation |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
|--------------------------------|-------------------|---|-----|-----|---------------|----------------------|-------------------|-----------|------------|------|-------|-----|--------------|-----|------------|----|----------------------------|-----|------------|----------|--------|------------------|--------|-------|--------|
| Specific<br>(Tracks 3)         | B                 | M | PWD | CWD | Color Doppler | Combined (Specify) * | Precision Imaging | Apli Pure | Micro Pure | BEAM | Power | TDI | Elastography | SMI | Shear wave | 4D | 3D Color<br>(Volume color) | STC | STIC Color | Smart 3D | Fusion | Smart Navigation | 2D WMT | Other | [Note] |
| Ophthalmic                     |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Fetal                          |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Abdominal                      |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Intra-operative (Abdominal)    |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Intra-operative (Neuro)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Laparoscopic                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Pediatric                      |                   |   |     | P   |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Small Organ (Note 1)           |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Neonatal Cephalic              |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Adult Cephalic                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Trans-rectal                   |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Trans-vaginal                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Trans-urethral                 |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Trans-esoph. (non-Card.)       |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Musculo-skeletal(Conventional) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Musculo-skeletal (Superficial) |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Intravascular                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Cardiac Adult                  |                   |   |     | P   |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Cardiac Pediatric              |                   |   |     | P   |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Intravascular (Cardiac)        |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Trans-esoph. (Cardiac)         |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Intra-cardiac                  |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Peripheral vessel              |                   |   |     | P   |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |
| Other (Specify)                |                   |   |     |     |               |                      |                   |           |            |      |       |     |              |     |            |    |                            |     |            |          |        |                  |        |       |        |

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Note 4 Smart Sensor 3D

Note 5 CHI (Per FDA approved contrast agent prescribing information)

Note 6 Shadow Glass

Note 7 ATI

**510(k) SUMMARY****1. SUBMITTER'S NAME:**

Canon Medical Systems Corporation  
1385 Shimoishigami  
Otawara-shi, Tochigi-ken, Japan 324-8550

**2. OFFICIAL CORRESPONDENT**

Naofumi Watanabe

**3. ESTABLISHMENT REGISTRATION:**

9614698

**4. CONTACT PERSON:**

Orlando Tadeo, Jr.  
Sr. Manager, Regulatory Affairs  
Canon Medical Systems USA, Inc  
2441 Michelle Drive  
Tustin, CA 92780  
(714) 669-7459

**5. DATE PREPARED:**

June 20, 2019

**6. DEVICE NAME:**

Aplio a550/a450/a Diagnostic Ultrasound System, V4.0

**7. TRADE NAME(S):**

Diagnostic Ultrasound System Aplio a550, Model CUS-AA550  
Diagnostic Ultrasound System Aplio a450, Model CUS-AA450  
Diagnostic Ultrasound System Aplio a, Model CUS-AA000

**8. COMMON NAME:**

System, Diagnostic Ultrasound

**9. DEVICE CLASSIFICATION:**

Class II  
Ultrasonic Pulsed Doppler Imaging System – Product Code: 90-IYN [per 21 CFR 892.1550]  
Ultrasonic Pulsed Echo Imaging System – Product Code: 90-IYO [per 21 CFR 892.1560]  
Diagnostic Ultrasonic Transducer – Product Code: 90-ITX [per 21 CFR 892.1570]

**10. PREDICATE DEVICE:**

| Product                                                         | Marketed by                    | 510(k) Number | Clearance Date   |
|-----------------------------------------------------------------|--------------------------------|---------------|------------------|
| Aplio a550 and a450, Software V2.8 Diagnostic Ultrasound System | Canon Medical Systems USA, Inc | K182427       | November 2, 2018 |

**11. REASON FOR SUBMISSION:**

Modification of a cleared device

**12. DEVICE DESCRIPTION:**

The Aplio a550 Model CUS-AA550, Aplio a450 Model CUS-AA450 and Aplio a Model CUS-AA000 are mobile diagnostic ultrasound systems. These systems are Track 3 devices that employ a wide array of probes including flat linear array, convex linear array, and sector array with frequency ranges between approximately 2 MHz to 20 MHz.

**13. INDICATIONS FOR USE:**

The Diagnostic Ultrasound Systems Aplio a550 Model CUS-AA550, Aplio a450 Model CUS-AA450 and Aplio a Model CUS-AA000 are indicated for the visualization of structures, and dynamic processes with the human body using ultrasound and to provide image information for diagnosis in the following clinical applications: fetal, abdominal, intra-operative (abdominal), pediatric, small organs, trans-vaginal, trans-rectal, neonatal cephalic, adult cephalic, cardiac (both adult and pediatric), peripheral vascular, transesophageal, musculo-skeletal (both conventional and superficial) and laparoscopic.

**14. SUBSTANTIAL EQUIVALENCE:**

This device is substantially equivalent to the Aplio a550 and Aplio a450 V2.8 Diagnostic Ultrasound System, 510(k) cleared under K182427, marketed by Canon Medical Systems USA, Inc. The Aplio a550 Model CUS-AA550 Version 4.0, Aplio a450 Model CUS-AA450 Version 4.0 and Aplio a Model CUS-AA000 Version 4.0 function in a manner similar to and is intended for the same use as the predicate device referenced within this submission. The subject device includes modifications to the cleared device which improves upon existing features. This submission also includes details regarding new features determined to be substantially equivalent to features cleared under the predicate devices referenced within this submission.

Transducers and hardware options added in this submission:

|                                  | <b>Aplio a550/a450<br/>Model CUS-AA550/AA450<br/>Software V2.8</b> | <b>Aplio a550/a450/a<br/>Models CUS-AA550, CUS-<br/>AA450, CUS-AA000<br/>Software V4.0</b> | <b>Comments</b>                  |
|----------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|
| <b>510(k) Control<br/>Number</b> | <b>K182427<br/>(Predicate)</b>                                     | <b>This Submission<br/>(Subject)</b>                                                       |                                  |
| PST-28BT                         | Not Available                                                      | Available                                                                                  | Previously cleared under K182679 |
| PVT-574BT                        | Not Available                                                      | Available                                                                                  | Previously cleared under K182679 |
| PVT-770RT                        | Not Available                                                      | Available                                                                                  | Previously cleared under K182679 |
| PLT-1204BX                       | Not Available                                                      | Available                                                                                  | Previously cleared under K151451 |
| Dynamic Micro<br>Slice unit      | Not Available                                                      | Available                                                                                  | Previously cleared under K182679 |
| OLED Monitor                     | Not Available                                                      | Available                                                                                  | New option                       |
| Video Unit                       | Not Available                                                      | Available                                                                                  | New option                       |

Improvements to previously cleared functionality:

|                                       |                                                                    |                                                                                            |                                                                               |
|---------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                       | <b>Aplio a550/a450<br/>Model CUS-AA550/AA450<br/>Software V2.8</b> | <b>Aplio a550/a450/a<br/>Models CUS-AA550, CUS-<br/>AA450, CUS-AA000<br/>Software V4.0</b> | <b>Comments</b>                                                               |
| <b>510(k) Control<br/>Number</b>      | <b>K182427<br/>(Predicate)</b>                                     | <b>This Submission<br/>(Subject)</b>                                                       |                                                                               |
| Doppler<br>Luminance                  | Not Available                                                      | Available                                                                                  | Improved visibility of blood<br>flow, Color Doppler imaging<br>-Improvement   |
| Auto E/A                              | Not Available                                                      | Available                                                                                  | Automation of previously<br>manual measurements<br>-Improvement               |
| Volume<br>rendering view<br>(Mecha4D) | Not Available                                                      | Available                                                                                  | Previously only available in<br>MPR view<br>-Improvement                      |
| Auto EF (3ch)                         | Not Available                                                      | Available                                                                                  | Addition of 3 chamber view of<br>Left Ventricle<br>-Improvement               |
| Stress Echo<br>Color/Doppler          | Not Available                                                      | Available                                                                                  | Applicability expanded to Color<br>Doppler, PWD, M mode<br>-Improvement       |
| Vascularity<br>Index                  | Not Available                                                      | Available                                                                                  | Expanded to include support of<br>convex transducers and zoom<br>-Improvement |

Previously cleared software options being implemented to the subject device:

| <b>Application</b>  | <b>510(k) Clearance</b>          | <b>Comments</b>                   |
|---------------------|----------------------------------|-----------------------------------|
| Attenuation Image   | Previously cleared under K182679 | No change from previous clearance |
| Breast Scan guide   | Previously cleared under K182679 | No change from previous clearance |
| Dynamic Micro Slice | Previously cleared under K182679 | No change from previous clearance |

#### 15. SAFETY:

The device is designed and manufactured under the Quality System Regulations as outlined in 21 CFR § 820 and ISO 13485 Standards. This device is in conformance with the applicable parts of the ANSI AAMI ES60601-1:2005/(R)2012 and A1:2012, C1:2009/(R)2012 and A2:2010/(R)2012, IEC 60601-1-2 (Ed. 4.0, 2014-02), IEC 60601-2-37 (Ed. 2.1, 2015), IEC 62304 (Ed 1.1, 2015-06), NEMA UD 2-2004 (R2009), NEMA UD3 -2004 (R2009), and ISO 10993 (Ed. 4.0, 2009-10-15) standards.

#### 16. TESTING

Risk Analysis, Verification/Validation testing conducted, which are included, demonstrates that the requirements for the features have been met.

##### 16.1 Performance Testing – Bench Assessment of Doppler Luminance

This study confirmed that the subject function produces the intended 3D effect which realizes an improvement to blood flow visualization.

##### 16.2 Performance Testing – Bench Assessment of Auto E/A

This study confirmed that the subject feature improves workflow through automation of previously

manual functionality which thereby reduces operation time.

**16.3 Performance Testing – Bench Assessment of Measurement in volume rendering view established with Mechanical 4D Transducers**

This study confirmed that the subject function realizes an improvement to existing functionality by expanding its applicability to volume rendering view.

Software Documentation for a Moderate Level of Concern, per the FDA guidance document, “Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices Document” issued on May 11, 2005, is also included as part of this submission.

Additionally, testing of this device was conducted in accordance with the applicable standards published by the International Electrotechnical Commission (IEC) for Medical Devices.

No clinical studies were required to demonstrate safety and efficacy of the Aplio a550, Aplio a450 and Aplio a systems.

**17. CONCLUSION**

The Aplio a550 Model CUS-AA550, Aplio a450 Model CUS-AA450 and Aplio a Model CUS-AA000 are substantially equivalent to the predicate device. The subject devices function in a manner similar to and is intended for the same use as the predicate device, as described in the labeling. Based upon the successful completion of software validation, application of risk management and design controls, it is concluded that this device is safe and effective for its intended use.