510(k) Summary

KU93171

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Submitter's Name:	Toshiba America Medical Systems, Inc.	DEC - 4 2009
Address:	PO Box 2068, 2441 Michelle Drive Tustin, CA 92781-2	2068
Contact:	Paul Biggins, Director Regulatory Affairs	
Telephone No.:	(714) 730-5000	

Device Proprietary Name:	VIAMO MODEL SSA-640A Version 1.2
Common Name:	Diagnostic Ultrasound System

Classification:

- Regulatory Class: II
- Review Category: Tier II
- Ultrasonic Pulsed Doppler Imaging System Product Code: 90-IYN [Fed. Reg.No.: 892.1550]
- Ultrasonic Pulsed Echo Imaging System Product Code: 90-IYO [Fed. Reg.No.: 892.1560]
- Diagnostic Ultrasonic Transducer Product Code: 90-ITX [Fed. Reg. No.: 892.1570]

Identification of Predicate Devices:

Toshiba America Medical Systems believes that this device is substantially equivalent to:

 Toshiba Ultrasound Diagnostic System Aplio XG MODEL SSA-790A V4.0 - 510(k) K091295

Device Description:

The Viamo is a mobile system. It is a Track 3 device that employs a wide range of probes that include flat linear array, convex array and sector array with a frequency range of approximately 2.5 MHz to 7.5 MHz.

Intended Use:

The Viamo SSA-640 v1.2 Ultrasound System is indicated for the visualization of structures, characteristics, and dynamic processes with the human body using ultrasound and to provide image information for diagnosis in the following clinical applications: fetal, abdominal, pediatric, small organs, neonatal cephalic, adult cephalic, cardiac, peripheral vascular, and musculo-skeletal (both conventional and superficial).

Declaration of Conformity:

This device is designed and manufactured in conjunction with the Quality System Regulation, IEC 60601-1 (applicable portions), IEC 60601-1-1 (applicable portion), IEC 60601-1-2 (applicable portion), IEC 60601-1-4 (applicable portion), IEC 60601-2-37 (applicable portions), IEC 62304 (applicable portion) and the AIUM-NEMA UD2 Output Measurement Standard as applied to Track 3 Ultrasound systems and the AIUM-NEMA UD3 Output Display Standard.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

Toshiba America Medical Systems, Inc. % Mr. Mark Job Responsible Third Party Official Regulatory Technology Services LLC 1394 25th Street NW BUFFALO MN 55313

DEC - 4 2009

Re: K093171

Trade/Device Name: VIAMO SSA-640 v1.2 Ultrasound System Regulation Number: 21 CFR 892.1550 Regulation Name: Ultrasonic pulsed doppler imaging system Regulatory Class: II Product Code: IYN, IYO, and ITX Dated: November 19, 2009 Received: November 20, 2009

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the VIAMO SSA-640 v1.2 Ultrasound System, as described in your premarket notification:

Transducer Model Number

<u>PST-25ST</u>
<u>PVT-375ST</u>
PLT-704ST
PLT-805AT
PVT-382BT

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

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

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

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <u>http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</u> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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

Sincerely yours,

Janine M. Morris Acting Director, Division of Reproductive, Abdominal, and Radiological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure(s)

510(k) Premarket Notification Viam0 v1.2 SSA-640 Ultrasound System

510(k) Number (if known): K093171

Device Name: Viamo SSA-640 v1.2 Ultrasound System

Indications for Use:

The Viamo SSA-640 v1.2 Ultrasound System is indicated for the visualization of structures, characteristics, and dynamic processes within the human body using ultrasound and to provide image information for diagnosis in the following clinical applications: fetal, abdominal, pediatric, small organs, neonatal cephalic, adult cephalic, cardiac, peripheral vascular and musculo-skeletal (both conventional and superficial).

Prescription Use Only (Per 21 CRF801.109)

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

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices 510(k) Number ______ KU3171

510(k) Premarket Notification Viamo (v1.2) SSA-640A Ultrasound System

System: Viamo v1.2 SSA-640A

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

Clinical Application	Mode of Operation												
Specific (Tracks 3)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	ŢHI	Dynamic Flow	Power	CHI 2D	4D	Other [Note]	
Ophthalmic 4		†•	<u> </u>									 	
Fetal	N	N	N		N	2	N	†	N	i — - i			
Abdominal	N	N	N		N	2	N	†	N			¦	
Intra-operative (Abdominal)		<u> </u>				i		†—					
Intra-operative (Neuro)		j	<u>.</u>					;					
Laparoscopic	- <u>†</u>	<u> </u>	†			i i i i i i i i i i i i i i i i i i i		ii				•	
Pediatric .	N	N	N		N	2	N	†	N				
Smail Organ (Note 1)	N	N	N		N	2	N	<u> </u>	N			<u> </u>	
Neonatal Cephalic	N	N	N	j	N	2	N	i	N				
Adult Cephalic	N	N	N		N	2	N	<u> </u>	N				
Trans-rectal			[]					<u>├</u>		•		· · · · · · · · · · · · · · · · · · ·	
Trans-vaginal	1		<u> </u>										
Trans-urethral	1			j	·			i+				*	
Trans-esoph. (non-Card.)				İ				<u> </u>					
Musculo-skeletal (Conventional)	N	N	N		N	2	N		N				
Musculo-skeletal (Superficial)	N	N	N		N	2	N		N		*		
Intravascular				i			·						
Other (Specify)							••••••••••••••••••••••••••••••••••••••				·····		
Cardiac Adult	N	N	N	·····-	N	2	N		N				
Cardiac Pediatric	N	N	N	i	N	2	N		N	·			
Intravascular (Cardiac)			Í	Ì		i				<u>+</u>	¦	·	
Trans-esoph. (Cardiac)			Ī	1	ĺ				·		¦		
Intra-cardiac			į	i i		†							
Other (Specify)	† †		İ	·						+	¦	••	
Peripheral vessel	N	N	N		N	2	N		N				
Other (Specify)	Ť			h		<u> </u>			<u> </u>				

N = new indication; P = previously cleared by FDA; E = added under this appendix Previous 510(k) of the transducer:

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

Prescription Use Only (Per 21 CRF801.109)

(Division fign-Off) Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number,

B-1

510(k) Premarket Notification Viamo (v1.2) SSA-640A Ultrasound System

System: <u>Viamo v1.2 SSA-640A</u> Transducer: <u>PST-25ST</u>

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

Clinical Application	Mod	le of	Operati	on								·
Specific (Tracks 3)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	THI	Dynamic Flow	Power	CHI 2D	4D	Other [Note]
Ophthalmic	- <u>†</u>	†										
Fetal			1									†
Abdominal	N	N	N		N	2	N	†	N			<u> </u>
Intra-operative (Abdominal)	1	[†				
Intra-operative (Neuro)						<u> </u>						
Laparoscopic	Ť	Ì	1			i i		†			····-	¦
Pediatric	N	N	N		N	2	N	+	N			¦
Small Organ (Note 1)		Ì	· [†				
Neonatal Cephalic	N	N	N	j	N	2	N		N			<u> </u>
Adult Cephalic	N	N	N		N	2	N		N			¦
Trans-rectal	1	Ì	1			<u> </u>						ḟ────
Trans-vaginal		i	<u> </u>			Ìi		<u>†</u>				
Trans-urethral	<u> </u>						·····	j				h
Trans-esoph. (non-Card.)	Ţ,		İ			<u> </u>		i——-i	·			
Musculo-skeletal (Conventional)												
Musculo-skeletal (Superficial)						<u>`</u>		******				
Intravascular			<u> </u>					†			<u> </u>	
Other (Specify)			i					Ì∙	••			······
Cardiac Adult	N	N	N		N	2	N	į	N			· ·
Cardiac Pediatric	N	N	N	Ť	N	2	N	;	N			
Intravascular (Cardiac)	1							-				
Trans-esoph. (Cardiac)			ři									
Intra-cardiac			·	i				<u>├</u> ────────┤				
Other (Specify)	T T		· · · · · ·	i				İİ		h		
Peripheral vessel			††	·····				<u> </u>				/·•
Other (Specify)	<u>†</u>										• <u> </u>	

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

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

Prescription Use Only (Per 21 CRF801.109)

(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number

System: <u>Viamo v1.2 SSA-640A</u> Transducer: <u>PVT-375ST</u>

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

Clinical Application	Mode of Operation												
Specific (Tracks 3)	B	м	PWD	CWD	Color Doppler	Combined (Specify)	тні	Dynamic Flow	Power	CHI 2D	3D	Other [Note]	
Ophthalmic	•	¦	·			[+					
Fetal	N	N	N	[N	2	N	†	'N	┟──┤		<u> </u>	
Abdominal	N	N	N	j	N	2	N	·	N				
Intra-operative (Abdominal)			· · · · ·					·				ļ	
Intra-operative (Neuro)	1	j	Í										
Laparoscopic	1		<u> </u>			· · · · · · · · · · · · · · · · · · ·						 	
Pediatric	N	N	N		N	2	N		N			-··	
Small Organ (Specify) (1)			i					 				[
Neonatal Cephalic	: ۱												
Adult Cephalic			†										
Trans-rectal	<u> </u>		ii					/					
Trans-vaginal	<u> </u>							[]					
Trans-urethral			i — 1									 	
Trans-esoph. (non-Card.)	† †						·····						
Musculo-skeletal (Conventional)					• •								
Musculo-skeletal (Superficial)	Ť Ť		i					···			· · · ·		
Intravascular	††			••									
Other (Specify)	†i		••										
Cardiac Adult		i				h		ł		╾┼	·· ···· · · · · · · · · · · · · · · ·		
Cardiac Pediatric	1		†	······									
Intravascular (Cardiac)	1-1			·¦		·	·			-	·····		
Trans-esoph. (Cardiac)	i	Ī	†								·		
Intra-cardiac	†		+										
Other (Specify)	††		 i	¦							ł		
Peripheral vessel			 i	·					··				
			ĺ								¦ !		
Other (Specify)		·¦		-		<u> </u> 							

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

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

Prescription Use Only (Per 21 CRF801.109)

(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices 510(k) Number_____KU93/7/

System: <u>Viamo v4.0 SSA-640A</u> Transducer: <u>PLT-704ST</u>

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

Clinical Application	Mode of Operation												
Specific (Tracks 3)	B	M	PWD	CWD	Color Doppler	Combined (Specify)	THI	Dynamic Flow	Power	CHI 2D	3D	Other [Note]	
Ophthalmic		<u>†</u>	+					<u> </u>				 	
Fetal				j		j —		<u> </u>					
Abdominal			,	j		·····						¦	
Intra-operative (Abdominal)		İ	<u>† </u>	j				<u> </u>					
Intra-operative (Neuro)	••• †	i	<u>, </u>			·				i			
Laparoscopic			i	j i		ii	· <u> </u>	t t					
Pediatric		j	j			· · · · · · · · · · · · · · · · · · ·		<u> </u>					
Small Organ (Specify) (1)	N	N	N		N	2	N		N				
Neonatal Cephalic	1					i* j							
Adult Cephalic							·	i ł					
Trans-rectal		,	,										
Trans-vaginal													
Trans-urethral										····			
Trans-esoph. (non-Card.))	i					······································				
Musculo-skeletal (Conventional)	N	N	N		N	2	N		N				
Musculo-skeletal (Superficial)	N	N	N		N	2	N		• N				
Intravascular						·····		†					
Other (Specify)													
Cardiac Adult	1			·····				····					
Cardiac Pediatric			[†	j		i		i		<u> </u>			
Intravascular (Cardiac)	·		Í			·							
Trans-esoph. (Cardiac)				Ì							 		
Intra-cardiac					i								
Other (Specify)													
Peripheral vessel	N	Ν	N	Ť	N	2	N		N	+			
Other (Specify)			i	†	-					+			

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

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

Prescription Use Only (Per 21 CRF801.109)

(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number

B-4

510(k) Premarket Notification Viamo (v1.2) SSA-640A Ultrasound System

System: <u>Viamo v1.2</u> SSA-640A Transducer: <u>PLT-805AT</u>

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

Clinical Application	Mo	de of	Operati	on				···· • • • • • • • • • • • • • • • • •				······
Specific (Tracks 3)	В	M	PWD	CWD	Color Doppler	Combined (Specify)	THI	Dynamic Flow	Power	CHI 2D	3D	Other [Note]
Ophthalmic	· 									{ 		
Fetal	Ť.	1				· · · · · · · · · · · · · · · · · · ·		<u></u>				
Abdominal	_ <u></u>	<u> </u>	1									
Intra-operative (Abdominal)	1	†	i					{				
Intra-operative (Neuro)	1		1		·		·					
Laparoscopic	-j	† – –	†;			└ <u></u>		<u> </u>				
Pediatric		†			·							
Small Organ (Specify) (1)	P	P	P		Р	2	Р	[P			
Neonatal Cephalic		†—	İ				·····			<u> </u>		
Adult Cephalic	<u>†</u>	¦	;	i					i			
Trans-rectal	- 	†	i	·				 		·		
Trans-vaginal		†										
Trans-urethral	·†	<u> </u>	├	<u> </u>				·		·		
Trans-esoph. (non-Card.)	+	;			'l					ł		
Musculo-skeletal (Conventional)	P	Р	Р		Р	2	Р		Р			
Musculo-skeletal (Superficial)	P	Р	Р	+	P		 P		P			
Intravascular	<u>†</u>			 -†					•		 	
Other (Specify)	<u>†</u>			····-				····	·	<u> </u>		
Cardiac Adult	1			†-				·	·	·		
Cardiac Pediatric	† T		i		†							·····
Intravascular (Cardiac)	'İ İ		+	†								
Trans-esoph. (Cardiac)	† i				†					<u> </u> -		
Intra-cardiac	†					<u> </u>	·		<u> </u>			
Other (Specify)	<u> </u>		•••••	·+		†						
Peripheral vessel	P	P	Р		P	2	P				 	····
Other (Specify)	†	†			_ <u>_</u>		<u> </u>				·	

N = new indication; P = previously cleared by FDA; E = added under this appendix Previous 510(k) of the transducer: K091295

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

Prescription Use Only (Per 21 CRF801.109)

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(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices 510(k) Number $\sqrt{2}/2$

510(k) Premarket Notification Viamo (v1.2) SSA-640A Ultrasound System

System: <u>Viamo v1.2 SSA-640A</u> Transducer: <u>PVT-382BT</u>

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

Clinical Application	Mode of Operation												
Specific (Tracks 3)	В	M	PWD	CWD	Color Doppler	Combined (Specify)	тні	Dynamic Flow	Power	CHI 2D	3D	Other [Note]	
Ophthalmic			┼					1		1		 	
Fetal	P	P	Р		Р	2	P		 P			[
Abdominal	P	P	P	i	P	2	 P		 P	[
Intra-operative (Abdominal)	- <u> </u>		i						<u>г</u>				
Intra-operative (Neuro)		*******	jj							··			
Laparoscopic			ii										
Pediatric	P	P	Р		Р	2	<u>Р</u>	 	Р	``			
Small Organ (Specify) (1)	<u> </u>			·í			- <u>-</u>	[
Neonatal Cephalic	Ť		i										
Adult Cephalic	1			i		······							
Trans-rectal	1												
Trans-vaginal	†		<u> </u>									·	
Trans-urethral	1-1					ł			·	<u> </u>			
Trans-esoph. (non-Card.)	j – į			•··•·†									
Musculo-skeletal (Conventional)									<u>``</u>			•••••••••••••••••••••••••••••••••••••••	
Musculo-skeletal (Superficial)	† †					~				••••••			
Intravascular	† †		~†	t			—{						
Other (Specify)	, 	;			ł								
Cardiac Adult	<u>ii</u>	İ	;·	ii			···		·				
Cardiac Pediatric	1-1								·· ··	+			
Intravascular (Cardiac)							——	<u></u>			·····		
Frans-esoph. (Cardiac)		j	·										
Intra-cardiac	-	·											
Other (Specify)	İ — İ		••••••	+.								••••••••••••••••••••••••••••••••••••••	
Peripheral vessel		i.				•							
Other (Specify)									·				

N = new indication; P = previously cleared by FDA; E = added under this appendix Previous 510(k) of the transducer: K091295

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

Prescription Use Only (Per 21 CRF801.109)

(Division Sign-Off) Division of Reproductive, Abdominal, and Radiological Devices 093171 510(k) Number

B-6