

# Is cvi<sup>42</sup> the right software for you?

42

Wondering if cvi<sup>42</sup> is the right software for you? Based on the Society for Cardiovascular Magnetic Resonance (SCMR) guidelines\*, we believe cvi<sup>42</sup> is an excellent addition to your cardiovascular magnetic resonance imaging workflow. Read on for more information.

\*Standardized image interpretation and post processing in cardiovascular magnetic resonance: Society for Cardiovascular Magnetic Resonance (SCMR) board of trustees task force on standardized post processing. Schulz-Menger J, Bluemke DA, Bremerich J, Flamm SD, Fogel MA, Friedrich MG, Kim RJ, von Knobelsdorff-Brenkenhoff F, Kramer CM, Pennell DJ, Plein S, Nagel E. J Cardiovasc Magn Reson. 2013 May 1;15:35. doi: 10.1186/1532-429X-15-35

SCMR Guidelines*	cvi <sup>42</sup> Compliance
Software has regulatory approval for use in patients	✓
Ability to view all short axis cines in a single display	✓
Ability to perform endocardial and epicardial contour tracings on short axis cines	✓
Ability to correct for atrioventricular annular location from the long-axis slice onto the most basal left ventricular (LV) short axis location in contour tracings	✓
Ability to cross reference for confirmation of slice position	✓
Ability to compare cine, late gadolinium enhancement (LGE) and/or perfusion images from the same location simultaneously	✓
Ability to compare short and long axis images of the same region simultaneously	✓
Ability to compare images of the approximate same location on the current and prior study simultaneously for longitudinal studies	✓
Ability to perform semi-quantitative signal intensity (SI) analysis	✓
Ability to perform standardized segmentation of the myocardium according to the model of the American Heart Association (AHA)	✓
Ability to use baseline correction or comparison to a phantom for flow measurements	✓
Ability to manually correct heart rate, weight, and body surface area	✓
3D multiplanar and maximum intensity projection (MIP) capabilities	✓
Volume rendering and surface shaded reconstructions optional for reporting but not mandatory for quantitative analysis	✓
Quantitative diameter analysis based on non-subtracted 3D MR angiography (MRA)	✓
MIP reconstruction based on non-subtracted or subtracted 3D MRA datasets	✓
The identity and responsibility of the reader should be appropriately documented in the report	✓

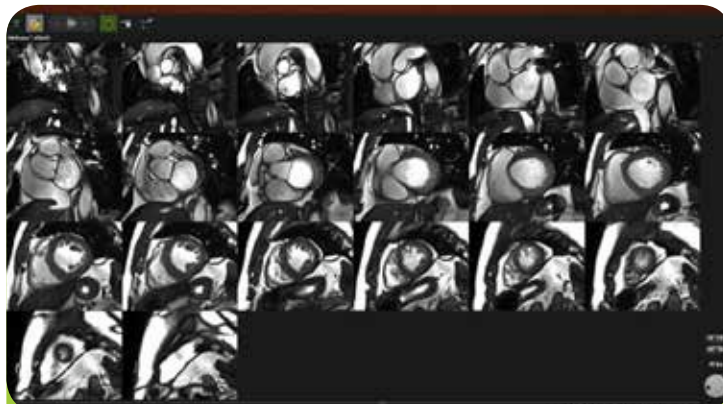
Visit [circlevi.com](http://circlevi.com) for a FREE demo

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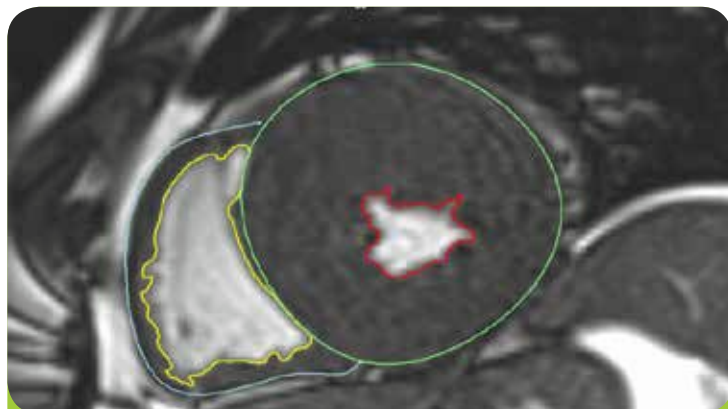
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Regulatory Information		
Agency	CMR	CT
US FDA 510K	K082628	K111373
Europe CE Certificate	CE 539277	Issued by BSI
Health Canada Device License	78347	87520
Australia TGA ARTG	177785	pending
Brazil ANVISA	094337/14-1 (cvi <sup>42</sup> )	
KFDA (Korea)	A26430.11(2)	-----

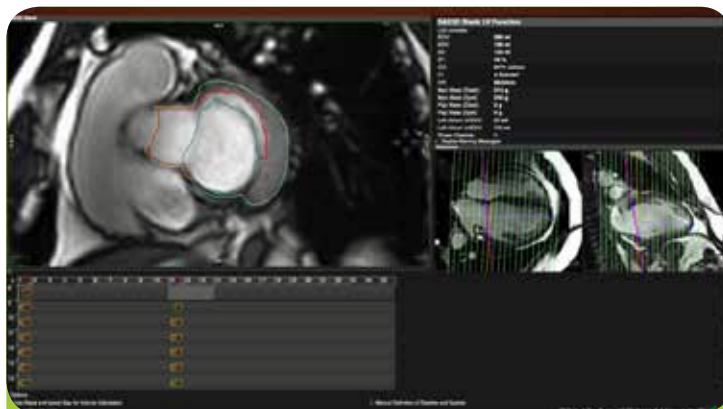
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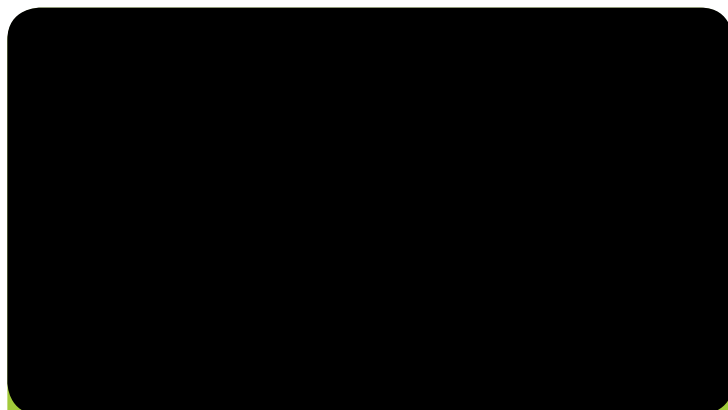
Ability to view all short axis cines in a single display



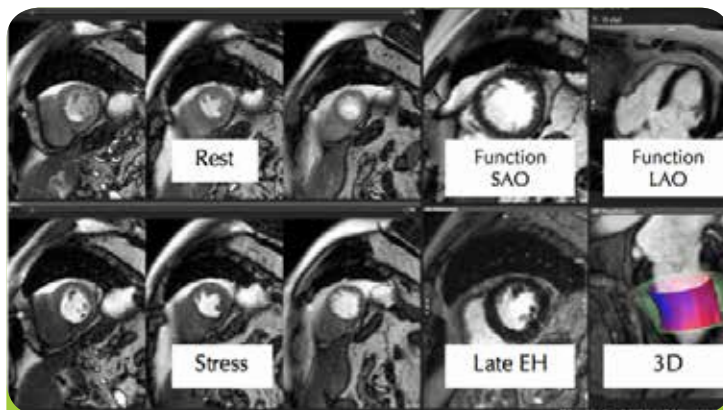
Ability to perform endocardial and epicardial contour tracings on short axis cines



Ability to correct for atrioventricular annular location from the long axis slice onto the most basal left ventricular (LV) short axis location in contour tracings



Ability to cross references for confirmation of slice position



Ability to compare cine, late gadolinium enhancement (LGE) and/or perfusion images from the same location simultaneously

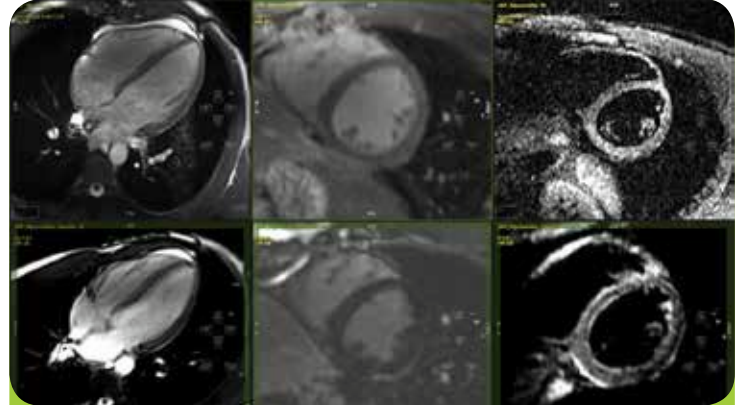
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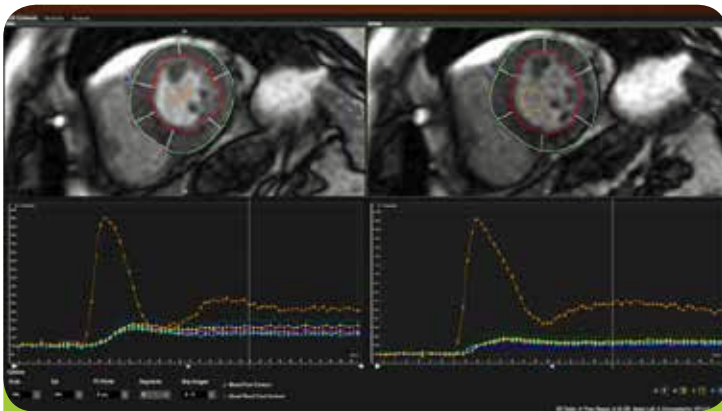
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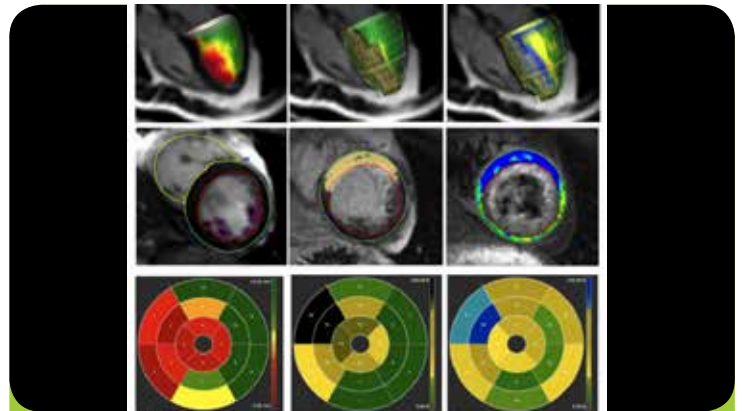
Ability to compare short and long axis images of the same region simultaneously



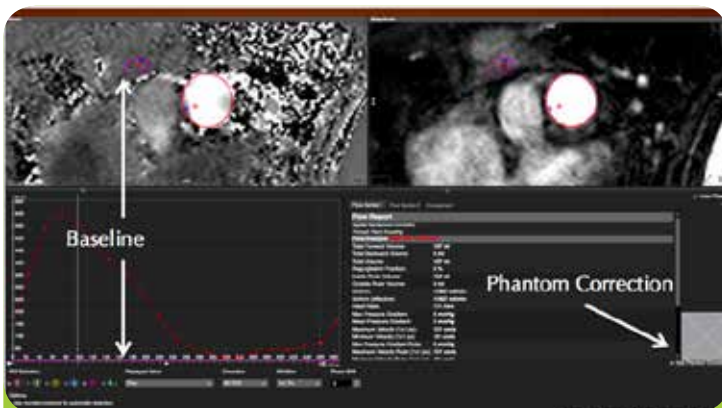
Ability to compare images of the approximate same location on the current and prior study simultaneously for longitudinal studies



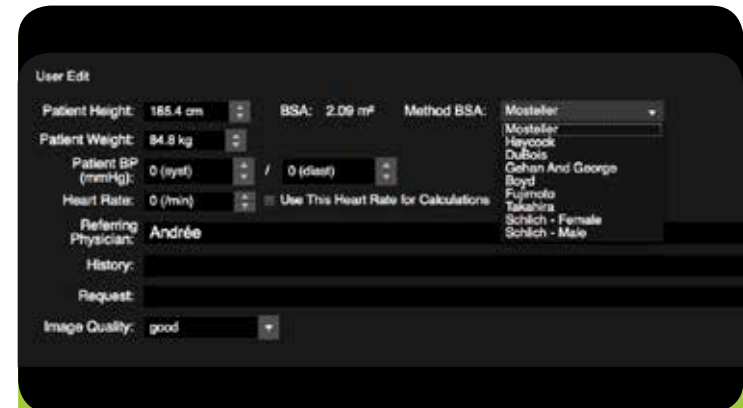
Ability to perform semi-quantitative signal intensity (SI) analysis



Ability to perform standardized segmentation of the myocardium according to the model of the American Heart Association (AHA)



Ability to use baseline correction or comparison to a phantom for flow measurements

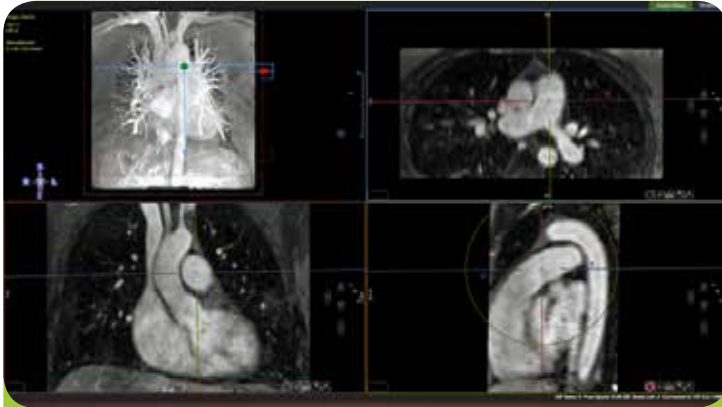


User Edit		
Patient Height:	185.4 cm	BSA: 2.09 m <sup>2</sup> Method BSA: Mosteller
Patient Weight:	84.8 kg	Mosteller Haycock DeBois Cahen And George Boyd Fujimoto Takahira Schlich - Female Schlich - Male
Patient BP (mmHg):	0 (syst) / 0 (diast)	
Heart Rate:	0 (b/min)	Use This Heart Rate for Calculations
Referring Physician:	Andrée	
History:		
Request:		
Image Quality:	good	

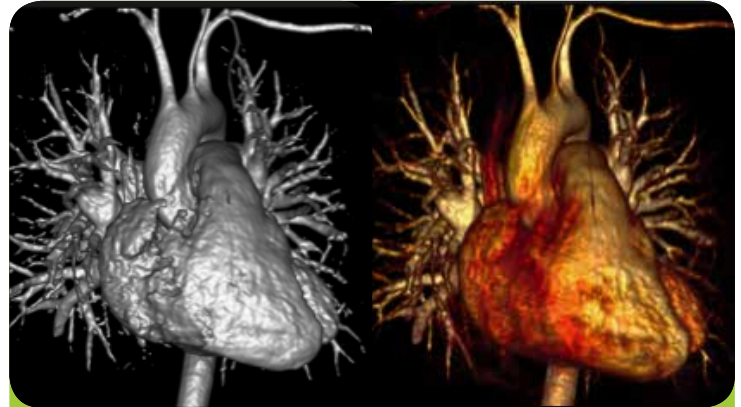
Ability to manually correct heart rate, weight, and body surface area.

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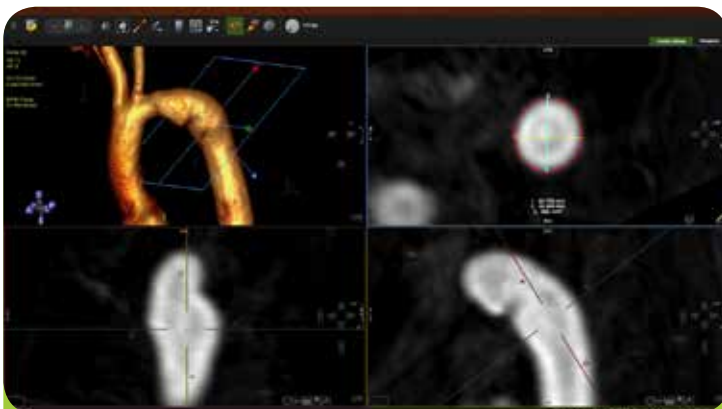
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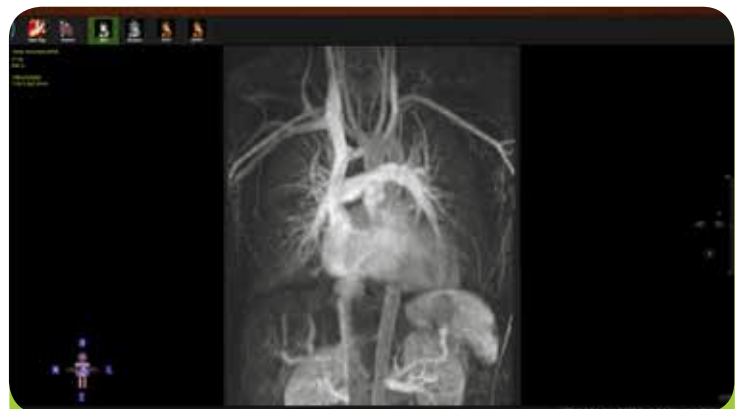
3D multiplanar and maximum intensity projection (MIP)



Volume rendering and surface shaded reconstructions optional for reporting but not mandatory for quantitative analysis



Quantitative diameter analysis based on non-subtracted 3D MR angiography (MRA)



MIP reconstruction based on non-subtracted or subtracted 3D MRA datasets

<b>Field Strength</b>	1.5T	
<b>Patient History</b>	Atypical chest pain	
<b>Staff</b>	Pre Peter PL Langdon Suff, department head (Credentials: senior re Margret MT Tremblent, fellow (Credentials: Level II)	
<b>Modality</b>	MR	
<b>Sequences</b>	Constriction; Real-time; Short Axis Cine	
<b>Protocol Name</b>	Tissue Characterization	
<b>Global LV Assessment</b>	<b>Value</b>	<b>Value / Height</b>
LVEDV	111 ml (reduced) <sup>1</sup>	= 70 ml/m (normal) <sup>2</sup>
LVESV	51 ml (normal) <sup>1</sup>	= 32 ml/m (normal) <sup>2</sup>
LVSV	61 ml (reduced) <sup>1</sup>	= 38 ml/m
LVEF	55 % (reduced) <sup>1</sup>	
LVCO	4.1 l/min	

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ISO 13485:2003  
FM 539204



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