



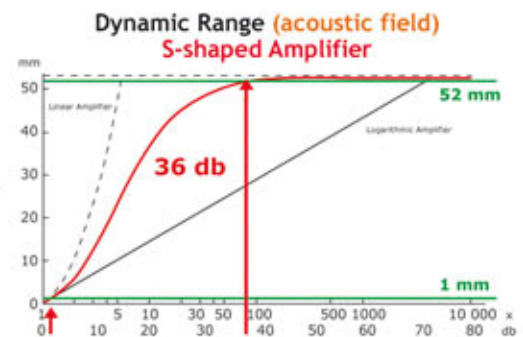
# Training in Standardized Echography

## -> What is Standardized Echography? <

Both the INSTRUMENTATION and TECHNIQUES of the combined B-scan and diagnostic as well as biometric A-scan method are optimally designed for advanced diagnostic capability

- Specific Receiver characteristics (8 MHz Narrow Band)
- Specific Amplifier (S-curve characteristics; specific acoustic acuity and field)
- Specific Probe (8 MHz, Parallel Beam)
- Specific Tissue Model to calibrate the dB scale (Tissue Sensitivity)

**All these instrument parameters are standardized!**



## -> Why Standardized Echography? <

1. It is the optimal echographic language
2. It provides unique, accurate, and safe differential diagnosis
3. Its results are comparable and repeatable

**It is a breakthrough:**

- to be much more efficient in diagnosis
- to **differentiate** and **measure** a great variety of normal and abnormal ocular tissues (in the anterior and posterior eye segments as well as in the orbit and the periorbital region)

CinescanS A-B Instrument  
today's Gold Standard for Echography



**Advanced Software** in the CinescanS greatly facilitates the performance of **Standardized Echography**, making it now faster, simpler, easier and even more reliable

## -> How to learn Standardized Echography? <

1. **Training Courses and Workshops** in Standardized Echography for ophthalmologists are directed by Karl C. Ossoinig, MD, Prof. Emeritus at the University of Iowa (USA) together with an international team of experts in Ophthalmic Standardized Echography.

Dr. Ossoinig has developed the Standardized Ultrasonographic Method at the Universities of Vienna (Austria) and Iowa (USA) in the 1960s and 1970s. He since streamlined, simplified, and enriched the method by improved hardware and software developed in cooperation with Quantel Medical.

**The purpose of these courses and workshops is to inform and train participants (at basic and advanced levels) in the method of Standardized Echography; these courses are:**

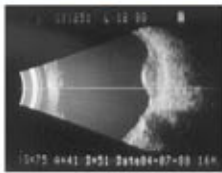
- unique in the World
- intensive (in English and German)
- followed by subsequent workshops with patients
- the website [www.echography.com](http://www.echography.com) (see under « Courses and Workshops » ) informs about the details, contents and expert faculty of the various courses and workshops

2. **Logistical Support** given by Teaching CD's available from [www.echography.com](http://www.echography.com) (see under « STORE »). More topics will become available throughout the year to cover the entire course contents.

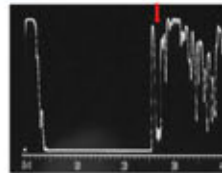
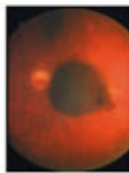
**Quantel Medical supports these courses and workshops and provides the Standardized Ultrasound Instrumentation**

A few examples of the combined use of B-scan and A-scan for specific diagnosis in Standardized Echography. All A-scans obtained at Tissue Sensitivity («T») except for those marked as «M» (Measuring Sensitivity). For more examples see [www.echography.com](http://www.echography.com) (see under «Courses and Workshops»)

## -> 1. Malignant Choroidal Melanoma:



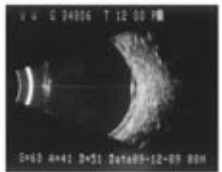
B-Scan: "tumor"



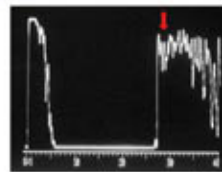
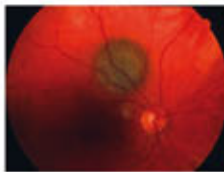
A-scan: "malignant melanoma" (low reflectivity)



## -> 2. Elevated Choroidal Nevus:

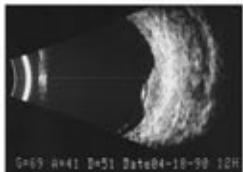


B-Scan: "tumor"

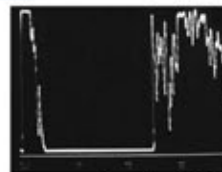
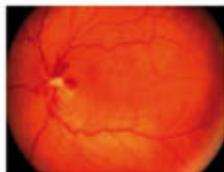


A-scan: "elevated choroidal nevus" (high reflectivity)

## -> 3. Metastatic choroidal Carcinoma:

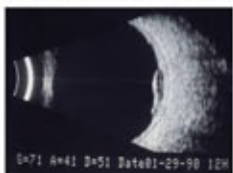


B-Scan: "tumor"

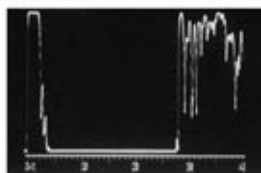


A-scan: "metastatic choroidal carcinoma"

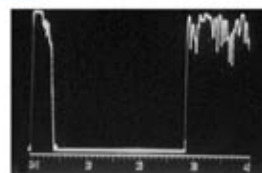
## -> 4. Disciform Macula Degeneration:



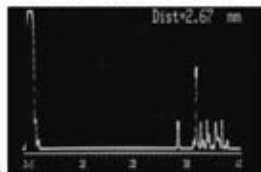
B-scan: "suspicious of Kuhnt-Junius"



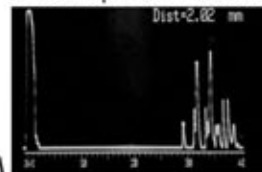
A-scan: "Kuhnt-Junius"



Follow-up 1 month later confirms Dx

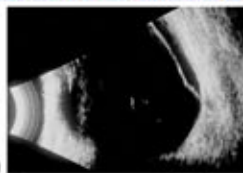


M

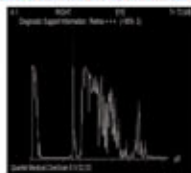


M

## -> 5. Ddx of Dense Vitreous Membrane vs. Detached Retina:



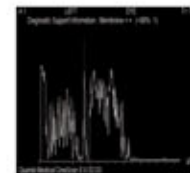
A) B-scan suspects RD



A-scan proves RD (automatic A1 software)

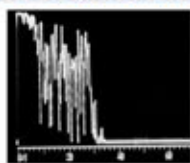


B) B-scan suggests RD

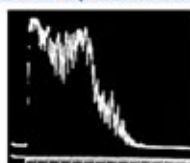


A-scan proves Membrane (automatic A1 software)

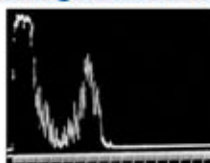
## -> 6. Ddx Orbital Tumors (Paraocular Echograms at Tissue Sensitivity):



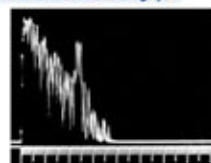
Lymphangioma



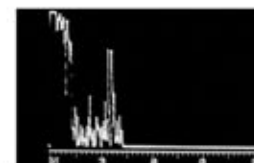
Metastatic carcinoma



Lymphoma



Hemangioma (adult type)



Lymphoid hyperplasia

For more information, please contact Karl C. Ossoinig, MD at [www.echography.com](http://www.echography.com) or [karl.ossoinig@echography.com](mailto:karl.ossoinig@echography.com), or Quantel Medical at [www.quantel-medical.com](http://www.quantel-medical.com)