

NEW
FEATURES
including the Seated ABI

VistaAVS™

Fast - Efficient System

For the Diagnosis of
Peripheral Arterial Disease



SummitDoppler
Listening to Life™

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New Features

Seated ABI – For the first time ever, the ankle brachial index (ABI) exam can be performed while the patient is sitting! This clinically proven method* makes it possible to easily assess patients with mobility impairments. *U.S. Patent Pending*

Segmental Software – Now, it is faster and easier to perform segmental studies. Clinicians can customize the exam by selecting the number and location of arterial sites.

PPG Pressures – Obtaining pressures for the supine ABI, toe brachial index (TBI) and segmental exams can be performed using the arterial photoplethysmography (PPG) probe in addition to the bi-directional Doppler probe.



Diagnosis of Peripheral Arterial Disease (P.A.D.)

The most common test to diagnose P.A.D. is the ABI exam, a simple, non-invasive test that compares the systolic blood pressures at the ankles with systolic pressures at the arms. With the Vista AVS, the ABI exam can be performed in the seated or supine position. Segmental studies are performed on patients with P.A.D. to localize the occlusion in the lower limbs.



Reimbursement

Peripheral arterial waveforms, obtained while performing the ABI exam, are required for reimbursement. The diagnosis of P.A.D. is reimbursable under CPT code 93922 an average of \$126 per exam. This average is based on published Medicare Fee Schedules, CMS Part B Contractors, 2008. (Reimbursement criteria & amounts vary by state.)



Personal Computer (PC) Report Software

The AVS Report software allows examination results to be downloaded from the Vista AVS to a PC. It enables clinicians to annotate the patient data, add interpretation and comments, store data and print a patient exam report. The PDF export function of the software allows for integration with electronic medical record systems.



Who Would Benefit Most From the Vista AVS?

Many medical practices have already implemented the ABI exam to diagnose P.A.D. in patients experiencing symptoms, such as intermittent claudication and ischemic rest pain. The advanced diagnostic features and options of the Vista AVS are beneficial for practices that perform a moderate to high number of ABI exams and want to increase efficiency. The Vista AVS is most effective in practices that provide care to patients suffering from heart problems, diabetes, obesity and smoking who would be at higher risk for P.A.D.

* Gornik HL, Garcia B, Wolski K, Jones DC, Macdonald KA, Fronck A. Validation of a Method for Determination of the Ankle-Brachial Index in the Seated Position. Abstracts submitted for the 2008 SVM Annual Meeting: 19th Scientific Sessions. Vascular Medicine 2008; 13; 184-185.

Advanced Solution for the ABI Meets Reimbursement Criteria

Fast and Efficient

The advanced diagnostic features of the Vista AVS enable the user to perform fast, efficient peripheral arterial exams. A graphic waveform display provides step-by-step exam instructions and a hand-held controller is used to navigate the system. Automatic cuff inflation and deflation, along with automatic index calculation, expedite the exams.

Multiple Diagnostic Modalities

The Vista AVS has three modality options that allow for variation in obtaining systolic pressures and waveforms. Either a bi-directional Doppler probe or pulse volume recording (PVR) can be used to obtain ankle waveforms for reimbursement. Pressures are obtained using either the bi-directional Doppler probe or the arterial PPG probe.

Doppler — The bi-directional Doppler probe can be used to obtain both systolic pressures and waveforms. Blood flow toward the probe is indicated above the baseline and flow away is indicated below. Pressures obtained using the Doppler are considered the gold-standard for the ABI exam.



PVR — PVR is another method to obtain a waveform by applying pressure cuffs to the limb to detect the miniscule fluctuations in limb volume that occur with each heartbeat. Since Doppler sensitivity may be diminished due to arterial calcification, PVR is usually the option of choice for obtaining peripheral arterial waveforms from patients with noncompressible arteries, such as patients with diabetes and renal disease.



PPG — The arterial PPG probe is another modality used for detecting small changes of blood volume. When used with a digit cuff, the PPG is quite useful for measuring toe pressures of patients with noncompressible arteries. The TBI exam compares toe pressures to brachial pressures. With the Vista AVS, the PPG probe can also be used for obtaining limb pressures for the supine ABI and segmental exams.



Leading the Development of ABI Solutions

VistaAVS™

MODELS & ACCESSORIES

L500VA – Vista AVS

- Perform the Seated ABI on mobility impaired patients
- Automated segmental studies to customize the exam
- Automatic cuff inflation/deflation system
- Graphic waveform display with step-by-step exam instructions
- Automatic ABI, TBI and segmental calculation
- Bi-directional Doppler (8 MHz probe) with 5 blood pressure cuffs
- Pulse Volume Recording (PVR) waveform modality
- PPG probe for obtaining toe and limb pressures
- Software for full-page reporting, exam storage and PC download capability

SD5B – Bi-Directional Probe (5 MHz)

Optional probe for the L500VA and L450VA provides deeper vessel penetration for detecting arterial blood flow.

L450VA – Vista ABI

- Perform the Seated ABI on mobility impaired patients
- Automatic cuff inflation/deflation system
- Graphic waveform display with step-by-step exam instructions
- Automatic ABI calculation
- Bi-directional Doppler (8 MHz probe) with 4 blood pressure cuffs
- Pulse Volume Recording (PVR) waveform modality

L450PG – PPG Package

Optional PPG package for the L450VA provides arterial PPG modality and accompanying digit cuff for obtaining toe pressures and automated TBI exams. The PPG probe can also be used to obtain limb pressures.

L450SF – Software Package

Optional package for the L450VA for full-page reporting, exam storage and PC download capability.



CPT Codes:

93922: Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral.

93923: Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study.

93924: Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study.

Please contact Summit Doppler for a complete list of ICD-9 codes.

SUMMIT DOPPLER: OUR COMMITMENT TO YOU

At Summit Doppler Systems, we are committed to using our extensive knowledge and decades of experience in Doppler ultrasound technology to provide our customers with superior diagnostic products and comprehensive service. Customer satisfaction is our highest priority and we stand behind all of our products with a one-year full warranty and guaranteed service. With continuous research and development, we are dedicated to providing new technologies to better serve the needs of health care providers and their patients.



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