


# AcoPilot


## IVUS CONSOLE



New Era of Precise Diagnosis  
State-of-art Broadband Frequency Platform

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# Broadband Frequency Imaging High Definition Image

Official Partner **MEDITRANS** 

Dynamic Balance Technology, More Steady Imaging

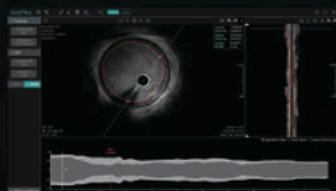
Silent Filtering Technology  
SFT

Broadband Lossless Amplification Signal Technology  
BLAST

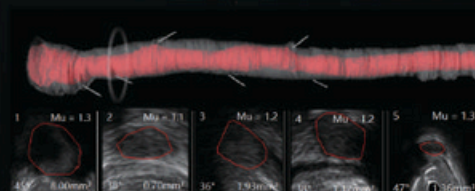
## Exclusive Intelligent Algorithm Auto Interpretation of IVUS image

3D HD Imaging Algorithm

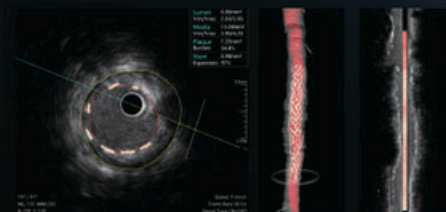
AI Empowered



Auto Segmentation of  
Lumen & Media



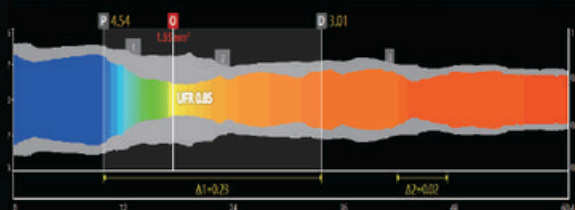
Auto Identification &  
Quantification of Ostia



Auto Identification &  
Quantification of Stent

## Multi-modality Analysis Platform\*

Vessel UFR  
**0.73**



1 Catheter, 1 Pullback  
Morphology & Physiology Simultaneously



Analysis Time < 1 min

\* Research Purpose

**Acopilot**

## Super Silent iCDU (IVUS Catheter Drive Unit)

### RFID Chip Identification

- Precise Identification of catheter
- Avoid Disconnection



### Ergonomic Design

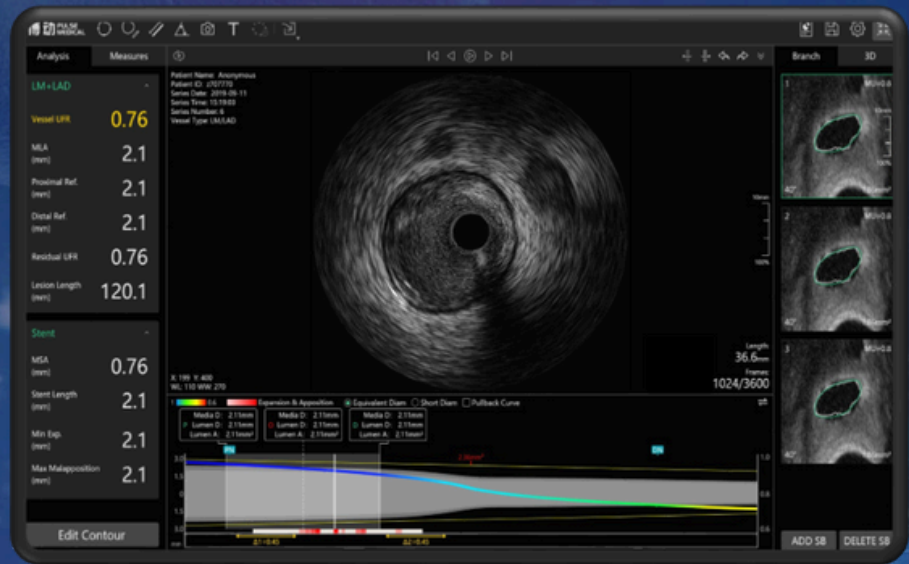
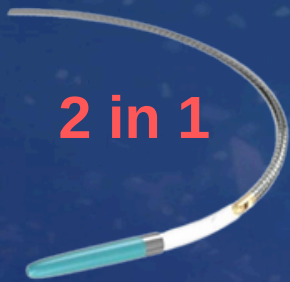
- Integrated Rail Design, Stable & Reliable
- User-friendly Manually Control

### Button Function Covering Entire Workflow

### Super Silent Rotational Motor

- More comfortable

One Pullback  
Two Assessment  
< 1 Minute

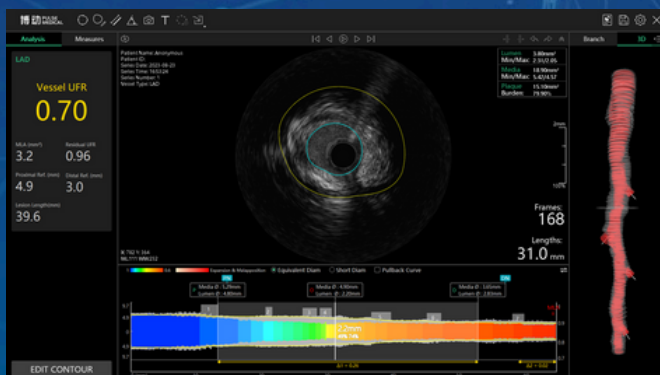


## Morphological & Physiological Assessment Simultaneously

- Morphology & physiology assessment within 1 min
- High diagnostic accuracy, ~92% [1]
- Automatic lumen/media segmentation
- UFR drop in stented segment for PCI optimization
- Automatic stent detection and reconstruction
- Exclusive bifurcation detection & reconstruction

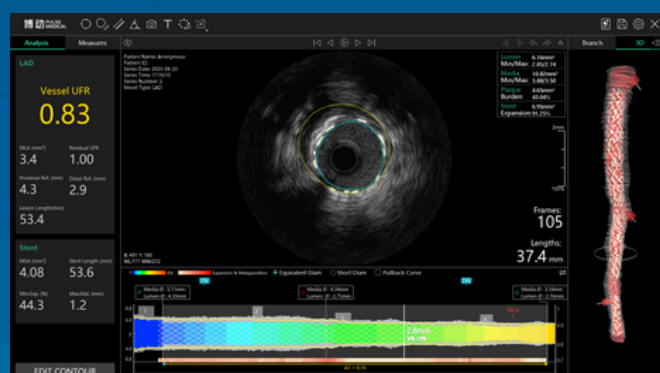
### 2018 ESC/EACTS Guidelines on myocardial revascularization

Regarding the assessment of intermediate-grade stenosis, a number of studies have evaluated the optimal cut-off of minimal lumen area for the identification of haemodynamically relevant lesions. One prospective registry showed overall moderate correlation of minimal lumen area with FFR values, with cut-off values for detecting haemodynamically relevant stenosis (<2.4, <2.7, and <3.6 mm<sup>2</sup>) dependent on vessel size (reference vessel diameters <3.0, 3.0–3.5, and >3.5 mm, respectively).<sup>54a</sup> Generally, haemodynamic assessment with FFR should be preferred for this indication.



### Preoperative assessment

- UFR diagnoses the degree of ischemia caused by stenosis
- ΔUFR diagnoses culprit lesions
- Recommended proximal and distal footholds of the stent
- Recommended stent length and diameter
- Recommended number of stents
- Virtual stent technology predicts coronary function after stent implantation



### Postoperative assessment

- Postoperative UFR to determine the effect of revascularization
- Quantitative assessment of postoperative stent expansion
- Identification and early warning of poor stent adhesion
- Postoperative three-dimensional reconstruction visually demonstrates the surgical effect