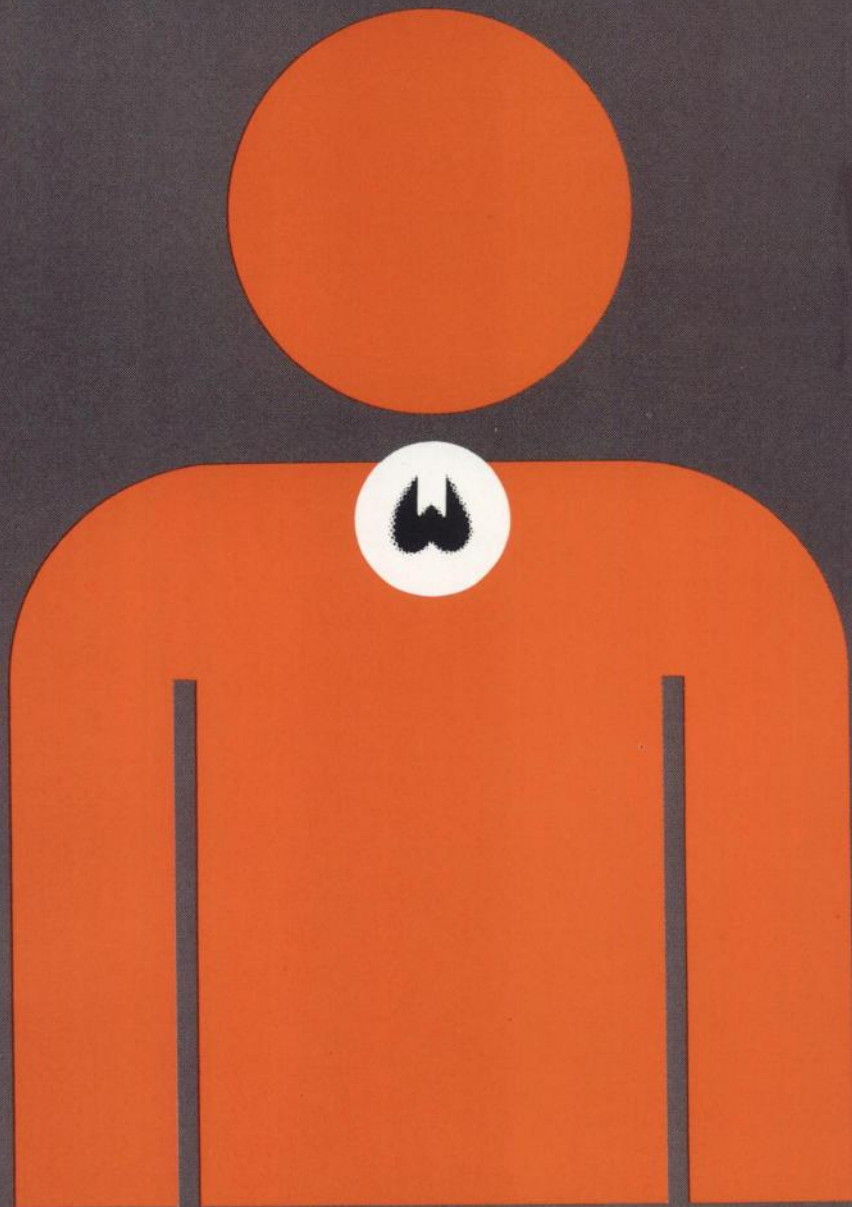


# Sodium Iodide I 123 for thyroid studies



medi+physics™



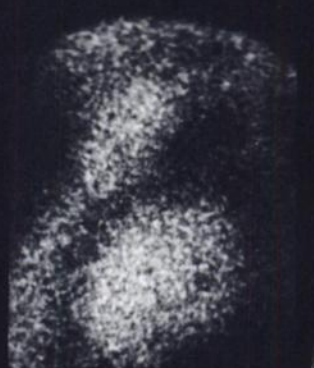
# Help your cardiologist study heart kinetics non-invasively with Brattle-gated scintiphotos.



RAO, DIASTOLE



RAO, SYSTOLE



LAO, DIASTOLE

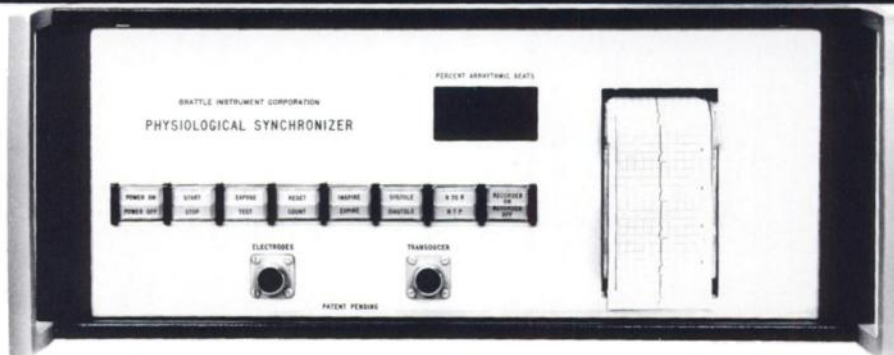


LAO, SYSTOLE

The RAO view shows akinesis of the lower antero-lateral wall and apex; and contraction of the inferior wall and high up the antero-lateral wall. The LAO view shows good contrac-

tion posteriorly and akinesis of the septal aspect of the chamber. Patient was injected IV with 20mCi of  $^{99m}\text{Tc}$ -labelled Human Serum Albumin. The agent was prepared using the New

England Nuclear Electrolysis Kit for labelling HSA. Write or call for a portfolio of Brattle-gated lung, liver and heart studies.



## No knobs, no meters, no errors

The spartan panel above tells the second-best part of our story. If you want to photograph peak systole, press the SYSTOLE button. If, say, you want systole only at full expiration, press the EXPIRATION button as well. If only breathing is relevant, don't press the heart button.

The Brattle is connected to the patient and to your gamma (or x-ray or ultrasonic) camera. Whenever the patient is in the selected phase, both the scope and the scaler on your gamma camera are gated ON, and film is exposed. Otherwise, they are OFF.

## Brattles lock onto patients — and stay locked on

It doesn't matter if the patient's heart rate and breathing depth change while he's under the collimator be-

cause we stay right with him. Brattles contain an ECG to track heart, a plethysmograph to track respiration, and a tiny computer to deduce systole and diastole times from the heart signal. And because it's all built in, your operator need not be a physiologist.

## We don't cover our tracks — we print them

The panel lights flash whenever the patient reaches the selected phases; and pushing the RECORDER-ON button gets you an ECG tracing marked with breathing and camera-on times. You can verify function before, during and after exposure.

## A single pair of axillary electrodes captures both heart and breath

It's easy. And we supply disposable, pre-filled electrodes.

## Some Brattles have been in clinical use for over three years — in community and major hospitals

More than half of our instruments are in community hospitals and the list is growing rapidly. Upon request, we'll supply names of happy users in your area.

## What's the next step? Get in touch

Ask your NEN man about Brattles and HSA Kits. He can show you a portfolio of clinical pictures and arrange to have one of our people give you a demo. Or write or call us direct. We'll send you brochures on this and other models, and will give you your own set of clinical pictures and a bibliography on gated scintigraphy. If you wish, we'll even make you a Brattle owner. (This is the best part of our story.)

# Brattle Instrument Corporation

243 Vassar Street • Cambridge, Massachusetts 02139 • 617-661-0300



You are entering a remarkable era of diagnostic advancement. Instead of being limited to a single imaging method, you will take advantage of many techniques, choosing them to meet your specific diagnostic criteria and the condition of your patient.

Searle is helping shape this era of advancement. Over the past decade, guided by your needs, we have developed sophisticated nuclear imaging instruments to a high degree of performance. Now, the knowledge gained during that time is being applied to the creation of instrumentation in the fields of ultrasound and CT scanning.

What Searle developed yesterday in nuclear imaging, the medical community relies on today. And today we are planning significant advances in ultrasonic, CT, and nuclear imaging. Tomorrow is in view.

# IMAGING:

## The Living Art



SEARLE

**Searle Radiographics Inc.**  
Subsidiary of G. D. Searle & Co.

SR-514

## One of the safest decisions you'll ever have to make...and as easy as 1,2,3.

Consider the benefits of MPI-Iodine-123 and your course of action becomes clear. Don't you and your patients deserve these important benefits?

### **Greater patient safety because of reduced radiation absorbed dose.**

Substitution of I 131 with MPI-Iodine-123 reduces the absorbed radiation dose more than 24 times to the thyroid gland.

#### **Compare:**

Maximal Thyroid Uptake %	Rads/100 $\mu$ Ci MPI-Iodine-123	Rads/100 $\mu$ Ci I 131
5	1.05	26.0
15	3.19	80.0
25	5.36	130.0

**High counting statistics.** MPI-Iodine-123 159 keV gamma rays are detected more than 3 times as efficiently on Anger-type cameras as the 364 keV gamma rays emitted by I 131. You get a higher count rate with MPI-Iodine-123 than with equivalent amounts of I 131 on gamma cameras. Therefore, scintiphotos can be obtained more rapidly.

**Images that demonstrate true thyroid function.** MPI-Iodine-123 is organified by the thyroid so images obtained will depict total thyroid function—not the trapping mechanism alone.

**You save money** when MPI-Iodine-123 is delivered with other Medi-Physics products. Your Medi-Physics representative will be glad to show you how you can receive MPI-Iodine-123 without delivery charges in certain areas. Call for full information about MPI-Iodine-123, our reliable shipping procedures and other products you can receive along with MPI-Iodine-123.

#### **Use the appropriate toll-free number:**

Outside California 800-227-0483

Inside California 800-772-2446

**medi+physics™**

**For complete prescribing information consult package insert, a summary of which follows:**

#### **SODIUM IODIDE I 123**

#### **CAPSULES AND SOLUTION FOR ORAL ADMINISTRATION DIAGNOSTIC**

**DESCRIPTION:** Sodium iodide I 123 for diagnostic use is supplied as capsules and in vials as an aqueous solution for oral administration. At calibration time each capsule has an activity of 100 microcuries and each vial contains solution with a total specific concentration of 2 millicuries per ml at calibration time.

**INDICATIONS:** Sodium iodide I 123 is indicated for use in the diagnosis of thyroid function and imaging.

**CONTRAINDICATIONS:** None known.

**WARNINGS:** This radiopharmaceutical should not be administered to children or to patients who are pregnant or to nursing mothers unless the information to be gained outweighs the potential hazards. Ideally, examinations using radiopharmaceuticals, especially those elective in nature, in women of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses. However, when studies of thyroid function are clinically

indicated for members of these special population groups, use of I 123 would be preferable to the use of I 131 in order to minimize radiation dosage.

**PRECAUTIONS:** Sodium iodide I 123 as well as other radioactive drugs must be handled with care, and appropriate safety measures should be taken to minimize radiation exposure to the patient consistent with proper patient management. The prescribed I 123 dose should be administered as soon as practicable in order to minimize the fraction of radiation exposure due to relative increase of radionuclidic contaminants with time. The uptake of I 123 may be decreased by recent administration of iodinated contrast materials, by intake of stable iodine in any form, or by thyroid, anti-thyroid and certain other drugs. Accordingly, the patient should be questioned carefully regarding diet, previous medication, and procedures involving radiographic contrast media.

**ADVERSE REACTIONS:** There were nine adverse reactions reported in a series of 1,393 administrations. None of these were attributed to I 123. Five adverse reactions, consisting of gastric upset and vomiting, were attributed to a filler in the

capsule. Two cases of headache and a case of nausea and weakness were attributed to the fasting state. One case of garlic odor in the breath was presumed to be attributable to the presence of tellurium.

**DOSAGE AND ADMINISTRATION:** The recommended oral dose range for diagnostic studies of thyroid function in the average adult patient (70 kg) is from 100 to 400 microcuries. The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration. Concentration of I 123 in the thyroid gland should be measured in accordance with standardized procedures.

**SPECIAL CONSIDERATION:** Radiopharmaceuticals should be used only by physicians who are qualified by training and experience in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

**HOW SUPPLIED:** Sodium iodide I 123 for oral administration is supplied in glass vials and in capsules.



# Hewed out of solid tradition

Searle's new Pho/Gamma V is a worthy addition to the proven Pho/Gamma scintillation camera series. Designed for the clinic or laboratory looking for cost-effective instrumentation, the Pho/Gamma V features the advanced, high-speed electronics of the Pho/Gamma LFOV in a standard field of view camera. It also offers a large assortment of parallel-hole, pin-hole, diverging-converging and spot-converging collimators.

#### **EASE OF OPERATION**

Like the Pho/Gamma LFOV, the Pho/Gamma V has eleven factory pre-set isotope windows for operator convenience. Automatic peaking assures remarkable reproducibility from study to study and from day to day.



#### **TRIPLE PEAK CAPABILITY**

Window width and energy level can also be set independently on 3 analyzers for unique isotopes and special studies. Thus, your facility can take full advantage of the diagnostic potential in multi-peak nuclides such as Gallium 67. This is especially important in soft-tissue studies where high sensitivity and superior resolution are vital.

#### **IMPROVED ELECTRONICS**

New ratio correction circuitry allows wider window widths, shortens study times and increases patient throughput. Other electronic innovations include pulse-pair pile-up rejection and event buffering circuitry. As a result, the Pho/Gamma V is capable of count rates up to 200,000 cps, which is sufficient for even highly specialized techniques such as dynamic cardiac studies.

#### **INSTRUMENTATION BACKED BY SUPERIOR SERVICE**

Searle Service is one of the largest, highly trained Service Organizations in the nation. This trained and knowledgeable group is dedicated to maintaining highest quality instrument performance in your laboratory.

**IMAGING:**  
The Living Art

The Pho/Gamma V is the most advanced standard field of view scintillation camera available today. Like other instruments in the famous Pho/Gamma line, it consistently delivers high quality images to give the physician maximum diagnostic support.

*For more information on the Pho/Gamma V system, including the unique Micro Dot™ Imager and Scintiscan™ Whole Body Table, call your Searle representative or write: Searle Radiographics, Inc., 2000 Nuclear Drive, Des Plaines, IL 60018. Telephone: (312) 298-6600.*

**SEARLE**

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# Tecnet®

Labelling kit  
Technetium 99m tin human albumin particle  
easy – safe – rapid

To produce 99m Tc-labelled albumin particles  
for the perfusion scintigraphy. Maximum concentration in the lungs

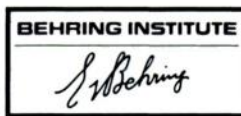
**Storage:**  
at room temperature up to 25°C

**Labelling kit:**  
12 ml vial with tin-II-human  
albumin particles,  
lyophilized

**Specifications of the injection solution:**

Volume: 1–10 ml  
Human albumin: 0.25–2.5 mg/ml  
Sn<sup>2+</sup>: 0.0045–0.045 mg/ml  
NaCl: 9.2–10.8 mg/ml

Technetium-99m: approx. 10<sup>-6</sup> mg/ml  
pH: 5–6  
Stability: approx. 8 hours  
Content of 99m TcO<sub>4</sub><sup>-</sup>: < 1% of total activity.



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Pharmaceutical Marketing Planning International  
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# Think NEN first when it comes to nuclear medicine.



**NEN** New England Nuclear  
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 Telephone 617-667-9531  
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Canada: NEN Canada Ltd., Lachine, Quebec, H7T 3C9, Tel: 514-636-4971, Telex: 05-821808  
 Europe: NEN Chemicals GmbH, D-6072 Dreieichenhain, W. Germany, Daimlerstrasse 26, Postfach 1240. Tel: (06103) 85034.



# GE Formatter

**Now...a formatter that records  
as fast as the camera can detect.**

**GE Formatter records 4 times more information per second than any other unit — it's the system of choice for dynamic studies.**

- **10 frames per second** with no data loss — the fastest formatter available.
- **Up to 42 dynamic study images** on one 8 x 10 film.
- **Uses standard 8 x 10 photographic cassettes** — economical, readily available.
- **Standard multiple formats** — 35, 70 and 105 mm.

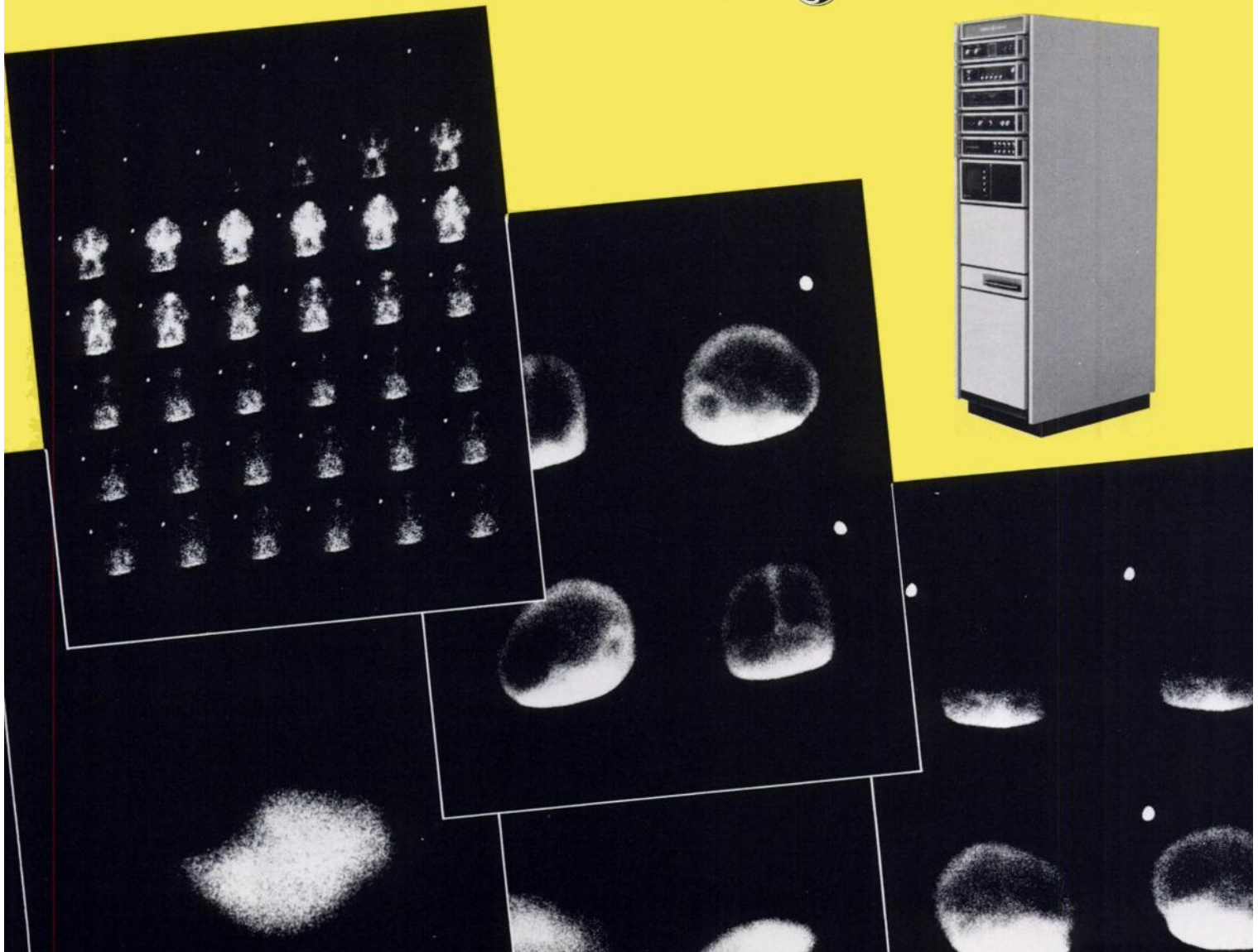
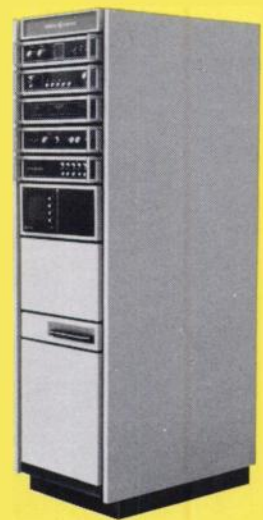
- **Minimum floor space** — about 4½ square feet. Includes camera and formatter electronics in one compact cabinet.

- **Easy serviceability** with modular design.

Those are the facts about the GE Formatter ... the system that helps you get maximum diagnostic data out of every second. Why get anything less? Contact your GE representative.

General Electric Medical Systems,  
Milwaukee, Toronto, Madrid.

**GENERAL**  **ELECTRIC**

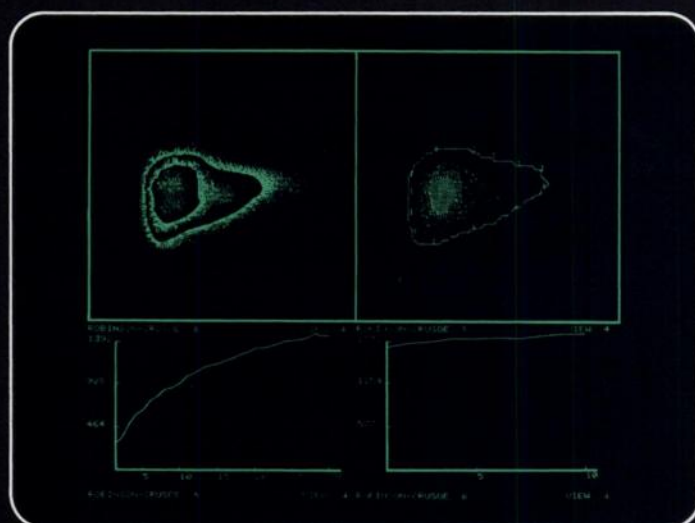




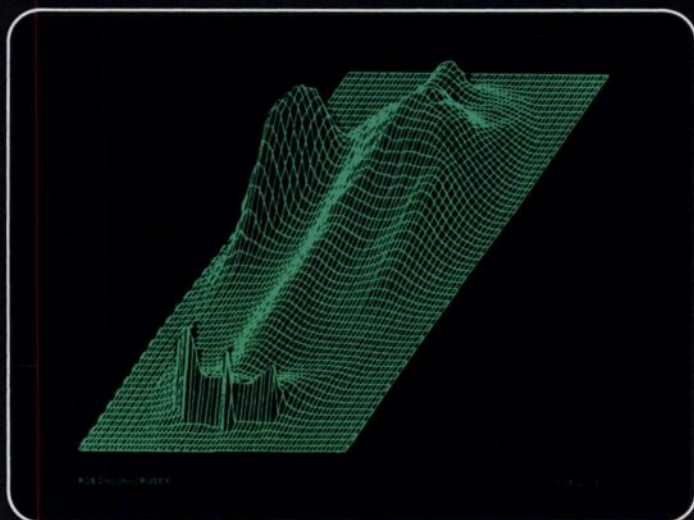
# Advances in High Resolution Storage Displays from varicam



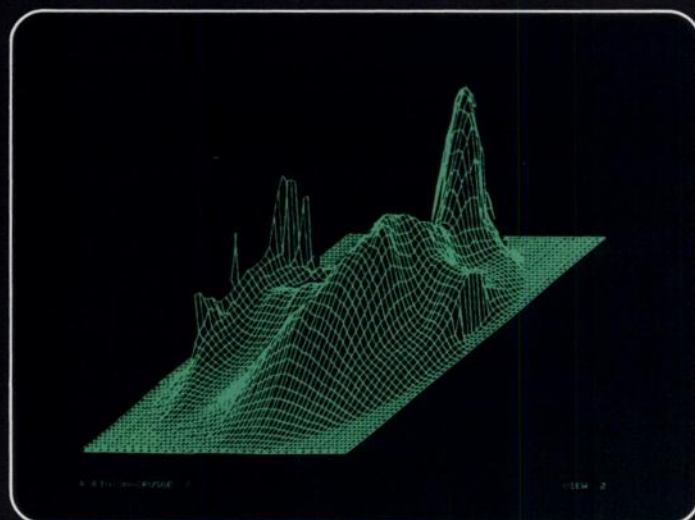
Anterior view of lungs, raw data, variably smoothed data, relative perfusion curve and contours.



Example of output from dynamic protocol including automatic R.O.I. selection.



Isometric view of cirrhotic liver. Perspective 1 (a range of perspectives is available).



Isometric view of cirrhotic liver. Perspective 2 (a range of perspectives is available).





VARICAM's storage monochrome display has been designed to optimize the use of the oscilloscope's potentialities.

The hardware vector generator produces fast lines between points enabling line drawn isometric displays and true isocontour maps.

The hardware character generator enables efficient labelling of all images.

VARICAM's special modification to the storage unit itself results in a large increase in writing speed on the screen, particularly in grey scales.

This enables the use of VARICAM's sophisticated dot density interpolation programs without undue delay.



varian radiation division  
611 Hansen Way, Palo Alto, California 94303, USA.  
Telephone: (415) 493-4000

European Enquiries: Molesey Road, Walton-on-Thames, Surrey.  
England. Telephone: (093 22) 28971 Telex: 261351



# **You Told Us You Needed**

**High quality images, consistently  
reproducible, to further increase  
diagnostic accuracy;**

**High speed data acquisition with  
minimal loss;**

**Simple setup for increased  
thruput and optimized  
performance; and**

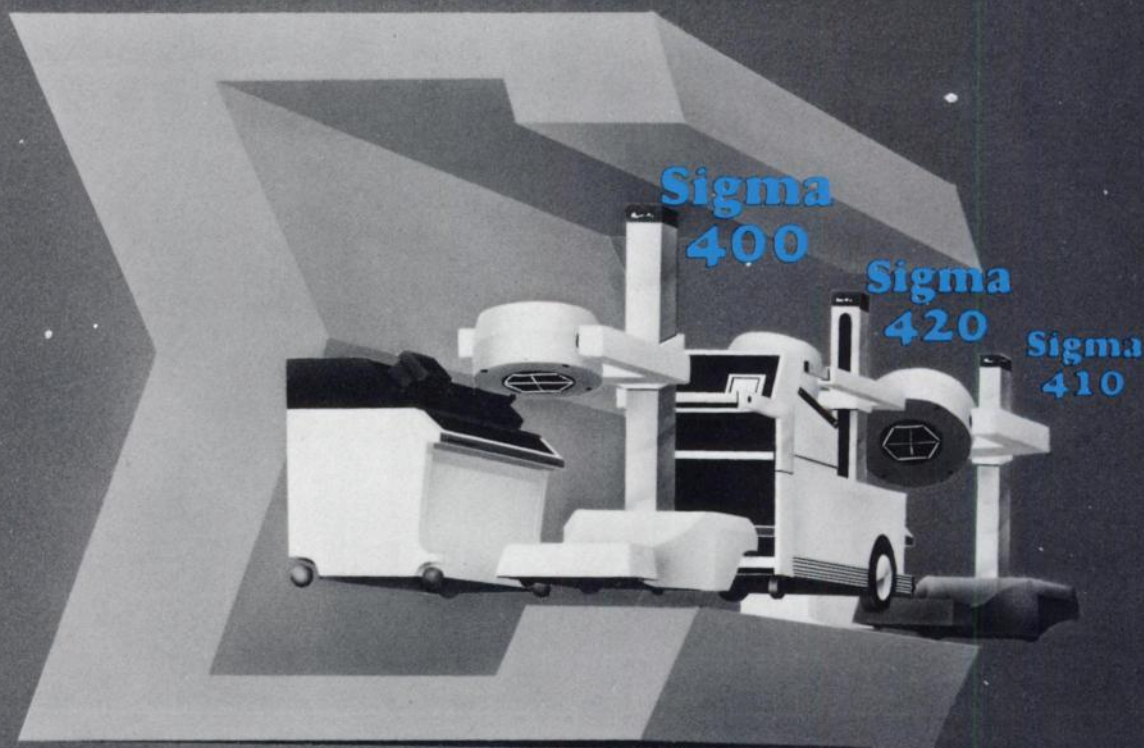
**Protection against obsolescence.**

# **We Have Responded With**

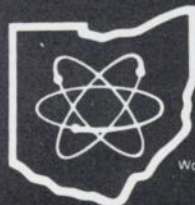


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# Designed for a new environment

## **MOBILITY AND FLEXIBILITY**

When movement of a critically ill patient is risky... but the diagnostic support of nuclear imaging is indicated, consider Searle's new Pho/Gamma L.E.M. Compact and maneuverable, the L.E.M. can easily be moved to the patient's environment in the emergency room, ICU or CCU where heart, lung, brain and renal studies can be done without compromising patient comfort and safety.

## **PROVEN ELECTRONICS**

The L.E.M. has the same high-speed electronics as Searle's proven Pho/Gamma LFOV. It has six factory pre-set isotope windows for operator convenience. Automatic peaking assures remarkable reproducibility from study to study and from day to day. Window width and energy level can be set independently on 2 analyzers for dual-peak isotopes and special studies.

## **INCREASED PATIENT THROUGHPUT**

New ratio correction circuitry allows wider window widths, shortens study times and increases patient throughput. Other electronic innovations include pulse-pair pile-up rejection and event buffering circuitry. As a result, the L.E.M. is capable of count rates up to 200,000 cps.

## **CHOICE OF COLLIMATORS**

The L.E.M. offers a wide selection of lightweight collimators for optimum resolution under any conditions. With its converging collimation capabilities, it offers significant improvement in resolution of deep-seated structures. Renal studies, for example, yield images of such clarity that it is possible to obtain even oblique views of diagnostic quality.

## **TAILORED FOR SPECIAL APPLICATIONS**

In heart imaging, the L.E.M. can be "gated" for systolic or diastolic studies, and the high count rate capability makes it suitable for advanced techniques such as dynamic cardiac imaging. The L.E.M. reveals midline brain lesions with unequalled clarity in static studies with the converging collimator. Parallel-hole and diverging collimation is used for large-area studies, such as lung imaging for pulmonary emboli.

## **INSTRUMENTATION BACKED BY SUPERIOR SERVICE**

Searle Service is one of the largest, highly trained Service Organizations in the nation. This trained and knowledgeable group is dedicated to maintaining highest quality instrument performance in your laboratory.

*For more information about the Pho/Gamma L.E.M., including sample studies, call your Searle representative or write: Searle Radiographics, Inc., 2000 Nuclear Drive, Des Plaines, IL 60018. Telephone: (312) 298-6600.*

**SEARLE**

**Searle Radiographics, Inc.**  
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**IMAGING:**  
The Living Art





Contains 0.9% benzyl alcohol as a preservative. Made isotonic with sodium chloride. Supplied at a concentration of 100  $\mu\text{Ci}/\text{ml}$  and a specific activity of 1 to 6  $\text{mCi}/\text{mg}$ . Sodium hydroxide or hydrochloric acid may be present for pH adjustment.

# Mallinckrodt's L-Selenomethionine Se 75 Injection

## The controlled process product—the No. 1 choice.

At Mallinckrodt we produce Selenomethionine Se 75 through a process of chemical synthesis. We believe this method allows us to institute better "control" over the production process. We also believe that this extra "control" minimizes final product variation from lot to lot and should aid in obtaining more consistent imaging results.

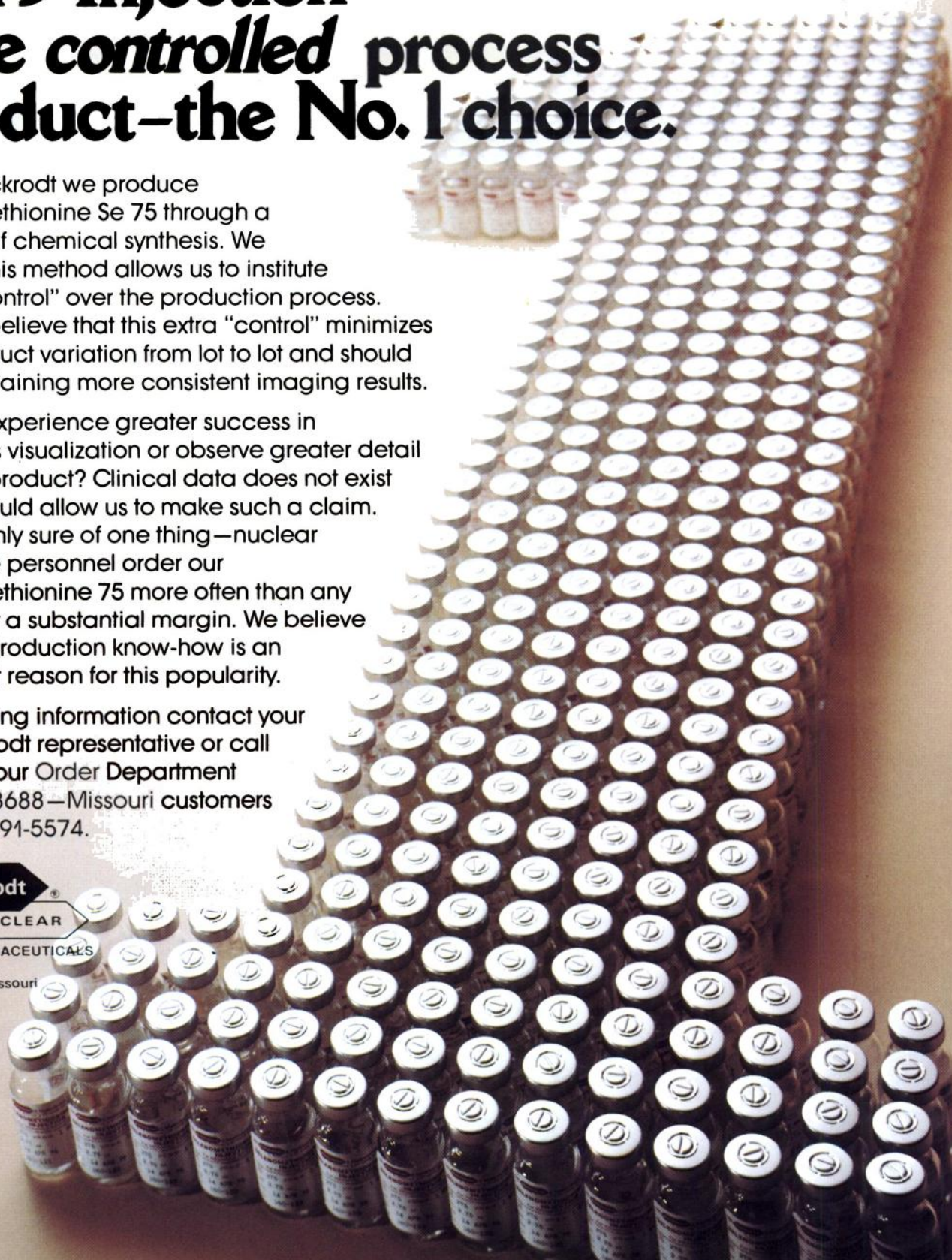
Will you experience greater success in pancreas visualization or observe greater detail with our product? Clinical data does not exist which would allow us to make such a claim. We are only sure of one thing—nuclear medicine personnel order our Selenomethionine 75 more often than any other—by a substantial margin. We believe that our production know-how is an important reason for this popularity.

For ordering information contact your Mallinckrodt representative or call direct to our Order Department 800-325-3688—Missouri customers call 314-291-5574.

**Mallinckrodt**

NUCLEAR

RADIOPHARMACEUTICALS  
675 Brown Rd.  
Hazelwood, Missouri  
63042





# L-Selenomethionine Se 75 Injection

## DESCRIPTION

Selenomethionine Se 75 Injection is supplied as a sterile non-pyrogenic aqueous solution containing 0.9% benzyl alcohol as a preservative. The solution is made isotonic with sodium chloride and may contain hydrochloric acid or sodium hydroxide for pH adjustment.

## INDICATIONS

Selenomethionine Se 75 is indicated for pancreas scanning as an aid in the diagnosis of suspected pancreatic disease.

## CONTRAINDICATIONS

None.

## WARNINGS

This radiopharmaceutical should not be administered to patients who are pregnant or during lactation unless the information to be gained outweighs the potential hazards.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses.

The transplacental transport and long biologic half-time of this agent may result in significant radiation exposure to the fetus. Since Selenomethionine Se 75 is secreted in milk during lactation, formula feeding should be substituted.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

## PRECAUTIONS

As in the use of any other radioactive material, care should be taken to insure minimum radiation exposure to the patient, consistent with proper patient management, and to insure minimum radiation exposure to occupational workers.

Fasting prior to administration of Selenomethionine Se 75 may enhance hepatic uptake of the agent which may result in degradation of pancreatic image quality.

## ADVERSE REACTIONS

Adverse reactions have not been reported following the administration of Selenomethionine Se 75 Injection.

See package labeling for information on dosage and administration, physical characteristics and radiation dosimetry.

Mallinckrodt, Inc.  
675 Brown Rd.  
Hazelwood, Missouri 63042



# The <sup>NEW</sup> Model C-5110 HASSELBLAD 70mm System

*for the best of two worlds!*

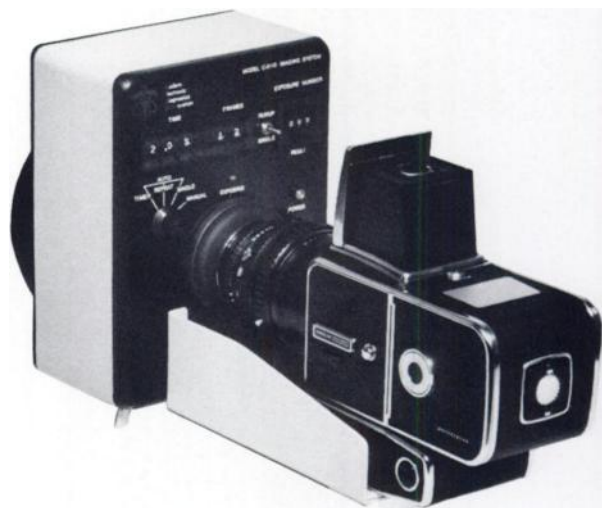
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**Dynamics**

&

Highest Resolution

**Statics**



Record the best scintiphotos that your Gamma Camera is capable of and that your patients deserve. Don't forsake static image quality for dynamics speed. Don't pay an inflated price and waste valuable floor space for images less than those routinely available from our HASSELBLAD/Zeiss Systems.

Send complete specifications and a price quote on the **HASSELBLAD 70mm System**:

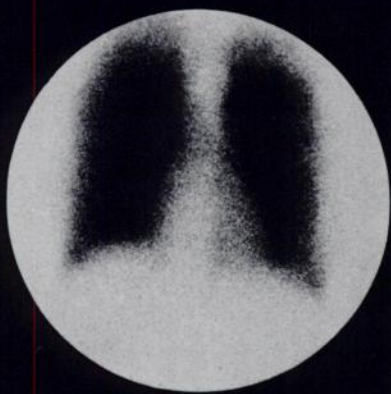
- ☐ For Gamma Camera Imaging;
- ☐ for Ultrasound "B" or CAT Scanning;
- ☐ call to further discuss our needs.

Type of equipment \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Institution \_\_\_\_\_ Department \_\_\_\_\_  
Street Address \_\_\_\_\_

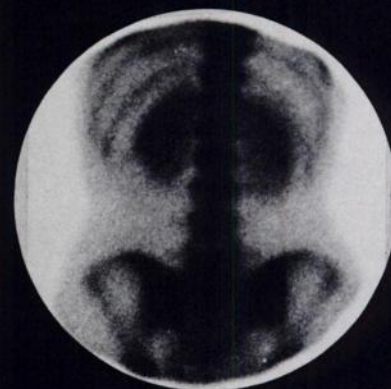
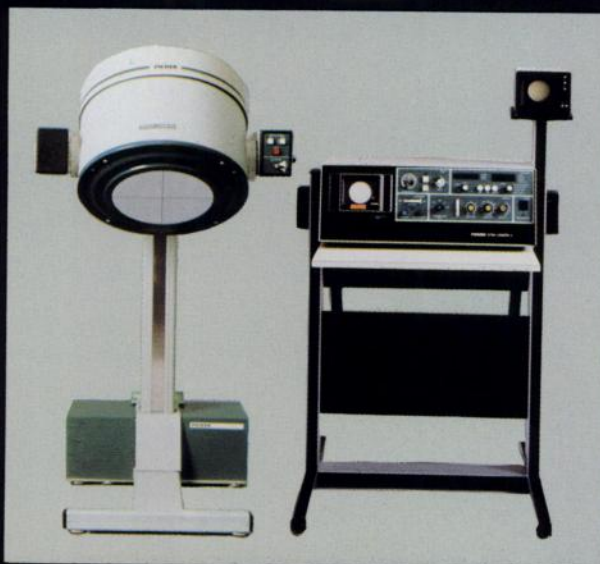
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# Think bigger.



Lung View, Anterior



Bone View, Posterior

Think about Picker's dynamite 15" detector. This large field size detector images all lung fields and liver/spleen studies in one view without a diverging collimator. Positioning of all organs is easy. And with Omniview<sup>®</sup> 4, 24" wide whole body studies can be completed quickly with only two passes.

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delivers the kind of results that today's clinicians demand.

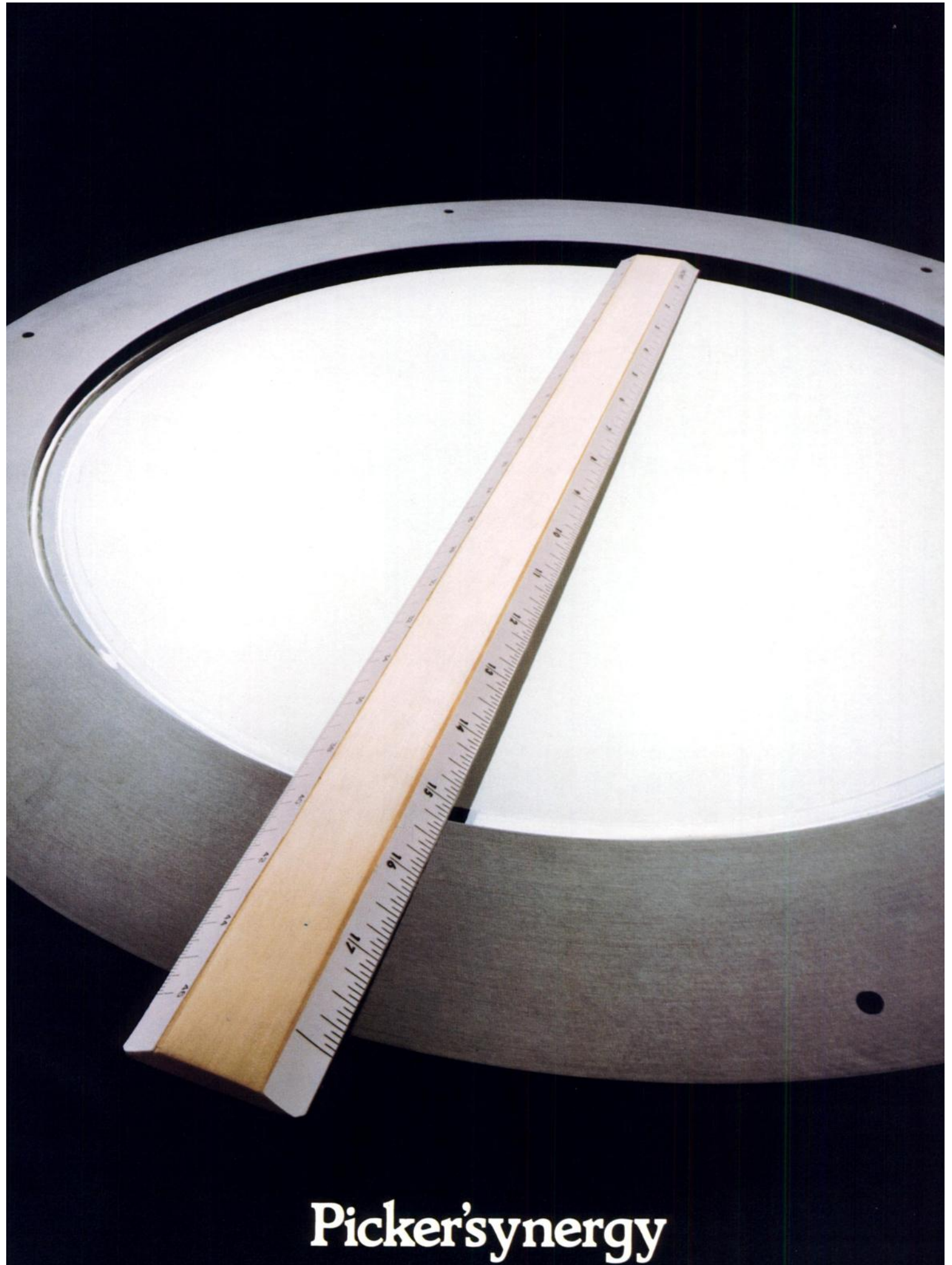
This demonstrable quality of our nuclear capabilities is a result of what we call Picker's synergy — the complete interfacing of systems and services for improved diagnostic visualization.

Talk to your Picker representative about the detector that offers you the best combination of field size, uniformity and resolution specifications — Picker's dynamite 15" detector. Or write Picker Corporation, 12 Clintonville Road, Northford, CT 06472.



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ONE OF THE C.I.T. COMPANIES





**Picker'synergy**



# What have we done for you lately?



We've developed a dual function radioisotope calibrator . . . one that provides an added measure of confidence with two modes of operation:

- ☐ Radiation Exposure Monitoring
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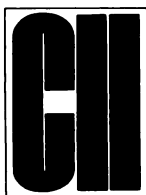
FOR THE NUCLEAR MEDICINE SPECIALIST: The assurance of knowing the measured radiation exposure-rate around the work station . . . hot lab . . . injected patient. This knowledge leads to more rapid and safer handling of radioactive material

and the consequent lowering of radiation exposure for the operator.

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FOR THE PATIENT: The assurance that the administered dose is calibrated to be *exactly* as prescribed.

- ☐ 90+ Isotope Calibrations
- ☐ Widest Range (to 20 Ci)
- ☐ Geometry Independence



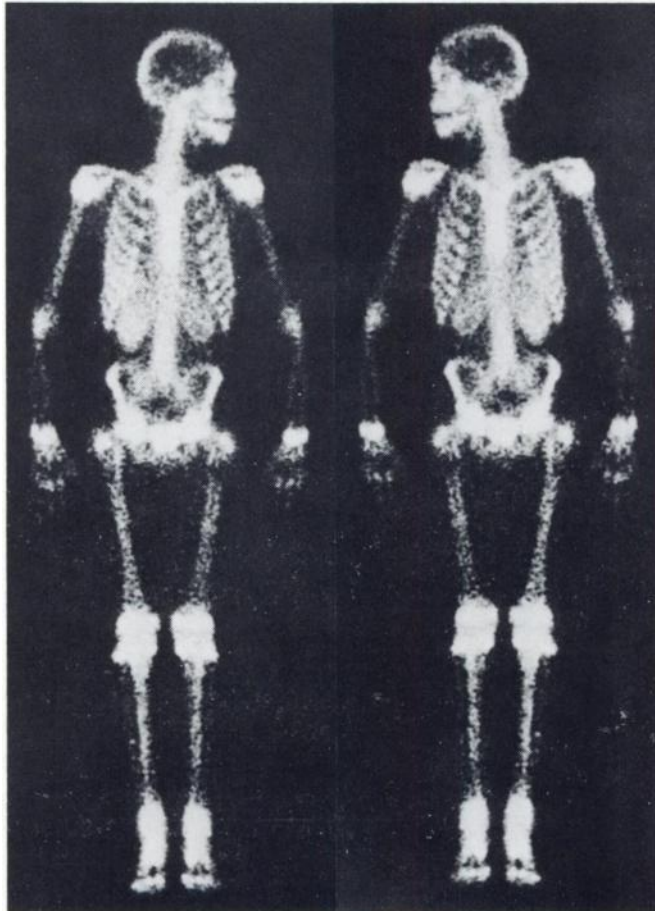
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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_





**? Lymphoma**  
**? Hodgkin's disease**  
**? Bronchogenic carcinoma**

## **Gallium Ga 67:**

Now available for routine use as  
a non-invasive adjunct in diagnosis.



**Indications and Usage:** Gallium Citrate Ga 67 may be useful to demonstrate the presence and extent of certain malignancies such as Hodgkin's disease, lymphomas, and bronchogenic carcinoma. Positive Ga 67 uptake in the absence of prior symptoms warrants follow-up as an indication of a potential disease state.

**Contraindications:** None known.

**Warnings:** Gallium Citrate Ga 67 should not be administered to children or to patients who are pregnant or to nursing mothers unless the information to be gained outweighs the potential hazards. Ideally, examinations using radiopharmaceutical drug products, especially those elective in nature of a woman of childbearing capability should be performed during the first few (approximately ten) days following the onset of menses.

**Precautions:**

**General**

A thorough knowledge of the normal distribution of intravenously administered Gallium Citrate Ga 67 is essential in order to accurately interpret pathologic studies.

The finding of an abnormal gallium concentration usually implies the existence of underlying pathology, but further diagnostic studies should be done to distinguish benign from malignant lesions. Gallium Citrate Ga 67 is intended for use as an adjunct in the diagnosis of certain neoplasms. Certain pathologic conditions may yield up to 40% false negative gallium studies. Therefore a negative study cannot be definitively interpreted as ruling out the presence of disease.

Lymphocytic lymphoma frequently does not accumulate Gallium Ga 67 sufficiently for unequivocal imaging; and the use of gallium with this histologic type of lymphoma is not recommended at this time.

Gallium Citrate Ga 67, as well as other radioactive drugs, must be handled with care and appropriate safety measures should be used to minimize external radiation exposure to clinical personnel. Also, care should be taken to minimize radiation exposure to patients consistent with proper patient management.

**Carcinogenesis**

No long term animal studies have been performed to evaluate carcinogenic potential.

**Pregnancy Category C**

Adequate reproduction studies have not been performed in animals to determine whether this drug affects fertility in males or females, has teratogenic potential, or has other adverse effects on the fetus. Gallium Citrate Ga 67 should be used in pregnant women only when clearly needed.

**Nursing Mothers**

Gallium Citrate Ga 67 has been found to accumulate in breast milk and should not be used in nursing mothers.

**Pediatric Use**

Safety and effectiveness in children have not been established.

**Adverse Reactions:** Severe itching, erythema and rash were observed in one patient of 300 studied.

**Dosage and Administration:** The recommended adult (70kg) dose of Gallium Citrate Ga 67 is 2-5mCi. Gallium Citrate Ga 67 is intended for intravenous administration only.

Approximately 10% of the administered dose is excreted in the feces during the first week after injection. Daily laxatives and/or enemas are recommended from the day of injection until the final images are obtained in order to cleanse the bowel of radioactive material and minimize the possibility of false positive studies.

Studies indicate the optimal tumor to background concentration of ratios are often obtained about 48 hours post-injection. However, considerable biological variability may occur in individuals, and acceptable images may be obtained as early as 6 hours and as late as 120 hours after injection.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

Radiopharmaceuticals should be used by persons who are qualified by specific training in the safe use and handling of radionuclides produced by nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate government agencies authorized to license the use of radionuclides.

**How Supplied:** Gallium Citrate Ga 67 is supplied sterile and non-pyrogenic for intravenous use. Each ml contains 2mCi of Gallium Ga 67 on the calibration date, as a complex formed from 9mg gallium chloride Ga 67, 2mg of sodium citrate, 6.8mg sodium chloride, and 0.9% benzyl alcohol w/v as preservative. The pH is adjusted to between 4.5-7.5 with hydrochloric acid and/or sodium hydroxide solution.

Vials are available from 3mCi to 18mCi in increments of 3mCi on calibration date.

**The contents of the vial are radioactive and adequate shielding and handling precautions must be maintained.**

**CAUTION:** Federal (U.S.A.) law prohibits dispensing without prescription.



**New England Nuclear  
Radiopharmaceutical Division**

Atomlight Place, North Billerica, Mass. 01862

Telephone 617-667-9531

Los Angeles: 213-321-3311 Miami: 305-592-0702





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For further information about Osteoscan, please contact: Arnold Austin, Technical Manager, Professional Services Division, Procter & Gamble (513) 977-8547.

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# OSTEOSCAN<sup>®</sup>

(5.9 MG DISODIUM ETIDRONATE, 0.16 MG STANNOUS CHLORIDE)

SKELETAL IMAGING AGENT

In Europe, contact: Philips-Duphar B.V.,  
Cyclotron and Isotope Laboratories, Petten, Holland.

See following page for a brief summary of package insert.



PROCTER & GAMBLE

# OSTEOSCAN<sup>®</sup>

(5.9 MG DISODIUM ETIDRONATE, 0.16 MG STANNOUS CHLORIDE)

SKELETAL IMAGING AGENT



## PRODUCT INFORMATION

Before using, please consult the full Package Insert included in each kit.

## DESCRIPTION

Each vial of OSTEOSCAN contains 5.9 mg disodium etidronate and 0.16 mg stannous chloride as active ingredients. Upon addition of ADDITIVE-FREE <sup>99m</sup>Tc-pertechnetate, these ingredients combine with <sup>99m</sup>Tc to form a stable soluble complex.

## ACTIONS (CLINICAL PHARMACOLOGY)

When injected intravenously, <sup>99m</sup>Tc-labeled OSTEOSCAN has a specific affinity for areas of altered osteogenesis. Areas of bone which are undergoing neoplastic invasion often have an unusually high turnover rate which may be imaged with <sup>99m</sup>Tc-labeled OSTEOSCAN.

Three hours after intravenous injection of 1 ml <sup>99m</sup>Tc-labeled OSTEOSCAN, an estimated 40-50% of the injected dose has been taken up by the skeleton. At this time approximately 50% has been excreted in the urine and 6% remains in the blood. A small amount is retained by the soft tissue. The level of <sup>99m</sup>Tc-labeled OSTEOSCAN excreted in the feces is below the level detectable by routine laboratory techniques.

## INDICATIONS

OSTEOSCAN is a skeletal imaging agent used to demonstrate areas of altered osteogenesis.

## CONTRAINDICATIONS

None.

## WARNINGS

This radiopharmaceutical should not be administered to patients who are pregnant or lactating unless the information to be gained outweighs the potential hazards.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

The <sup>99m</sup>Tc-generator should be tested routinely for molybdenum breakthrough and aluminum. If either is detected, the eluate should not be used.

## PRECAUTIONS

Both prior to and following <sup>99m</sup>Tc-labeled OSTEOSCAN administration, patients should be encouraged to drink fluids. Patients should void as often as possible after the <sup>99m</sup>Tc-labeled OSTEOSCAN injection to minimize background interference from accumulation in the bladder and unnecessary exposure to radiation.

As in the use of any other radioactive material, care should be taken to insure minimum radiation exposure to the patient, consistent with proper patient management, and to insure minimum radiation exposure to occupational workers.

## ADVERSE REACTIONS

None.

## DOSAGE AND ADMINISTRATION

The recommended adult dose of <sup>99m</sup>Tc-labeled OSTEOSCAN is 1 ml with a total activity range of 10-15 mCi. <sup>99m</sup>Tc-labeled OSTEOSCAN should be given intravenously by slow injection over a period of 30 seconds within eight (8) hours after its preparation. Optimum scanning time is 3-4 hours postinjection.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

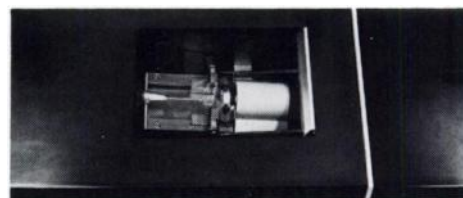
# CintiChem<sup>TM</sup>

Automated <sup>99m</sup>Tc Unit-Dose Delivery System

## Systematically safer.



Organ-specific agents for optimum imaging of brain, kidney, bone and lung, and for glomerular filtration rate studies, are provided in kits containing 10 unit-dose vials. Each kit is single step, requiring only addition of technetium to produce the scanning agent.



Preselected amount of <sup>99m</sup>Tc activity is automatically dispensed into vial, then diluted with saline to 1.3 ml. Entire dispense/dilute cycle is automatic and shielded, and is completed within 75 seconds.



Unit-dose vial is entered only once for technetium delivery, once for agent withdrawal. Shielded syringe assembly automatically centers disposable syringe with vial. A 1.0-ml patient injection is reproducibly withdrawn into syringe.



Dispenser fully automates isotope measurement, reagent transfer and dose calibration. Eliminates time-consuming manual steps, computations and potential radiation exposure.





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- ☐ Simplifies radionuclide delivery
- ☐ Improves dosage accuracy and reproducibility
- ☐ Reduces radiation burden
- ☐ Permits precise, contaminant-free administration of agents
- ☐ Reduces labor and cost per test
- ☐ Simplifies record keeping and calculations

The CINTICHEM System includes: an automated technetium dispenser, a high-yield molybdenum 99/technetium 99m generator, organ-specific kits and a unique unit-dose shielded syringe assembly. All integrated for the preparation of sterile, pyrogen-free radio-diagnostic agents—precisely, reliably and with greatly reduced radiation burden to the user.

The CINTICHEM Dispenser automatically delivers a preselected amount of  $^{99m}\text{Tc}$  activity ( $\text{TcO}_4^-$  in saline) into a single-use unit-dose vial. Vial contents

are transferred to a disposable syringe via a shielded syringe assembly that permits reproducible withdrawal of a 1.0-ml patient dose.

The CINTICHEM Generator is an optimized, advanced-technology  $^{99m}\text{Tc}$  generator. It offers exceptionally high yields and is available in 500-, 1,000-, 1,500- and 2,000-mCi sizes. (Sodium pertechnetate  $^{99m}\text{Tc}$  in isotonic saline.)

A series of organ-specific CINTICHEM Agents incorporates optimum current formulations for organ specificity. Each kit contains 10 unit-dose vials. (Kits containing five multidose vials are also available.) Each kit is single step. Requires only the addition of technetium to produce the imaging agent. And the CINTICHEM Dispenser performs this step automatically.

Kits currently available include: DTPA (diethylene triamine pentaacetic acid [calcium trisodium salt]). For brain and kidney imaging, and glomerular filtration rate (GFR) studies. Unit dose con-

tains 3.3 mg  $\text{CaNa}_3\text{DTPA}$ , 0.17 mg  $\text{SnCl}_2 \cdot 2\text{H}_2\text{O}$ , pH adjusted to 4 with HCl. HEDSPA (1-hydroxy-ethylidene-1,1 disodium phosphonate). For bone imaging. Unit dose contains 0.75 mg HEDSPA, 0.08 mg stannous ion as tartrate, pH adjusted to 4 with HCl. MAA (macroaggregated albumin). For lung perfusion studies. Unit dose contains 0.11 mg MAA ( $0.3\text{--}1.3 \times 10^6$  particles), 0.09 mg stannous tartrate, isotonic saline. HCl and NaOH may be present for pH adjustment. Additional radio-pharmaceuticals will also be offered.

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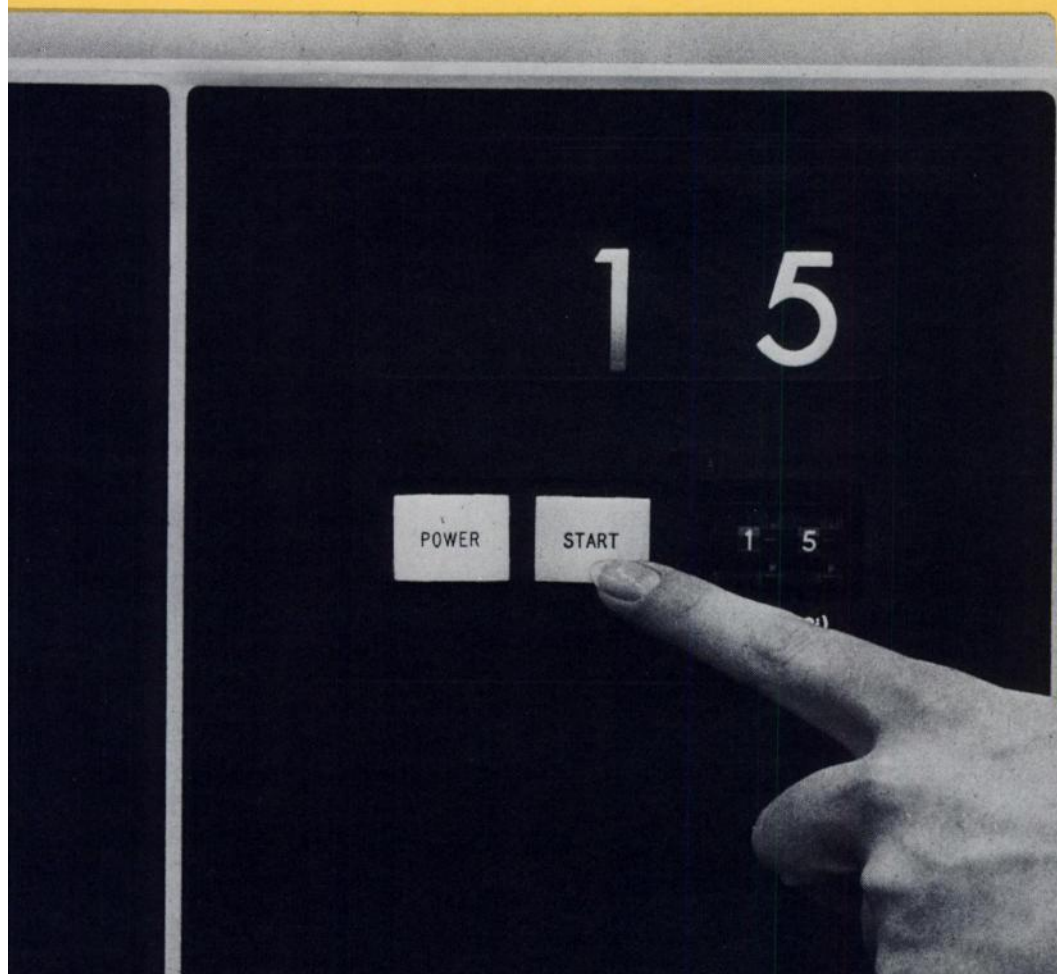
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NM5



Clinical Diagnostics

# Unit-dose.



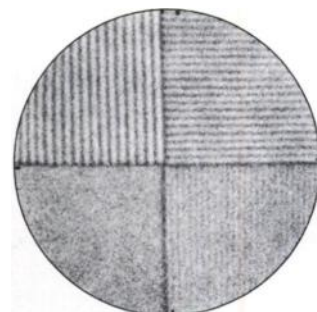
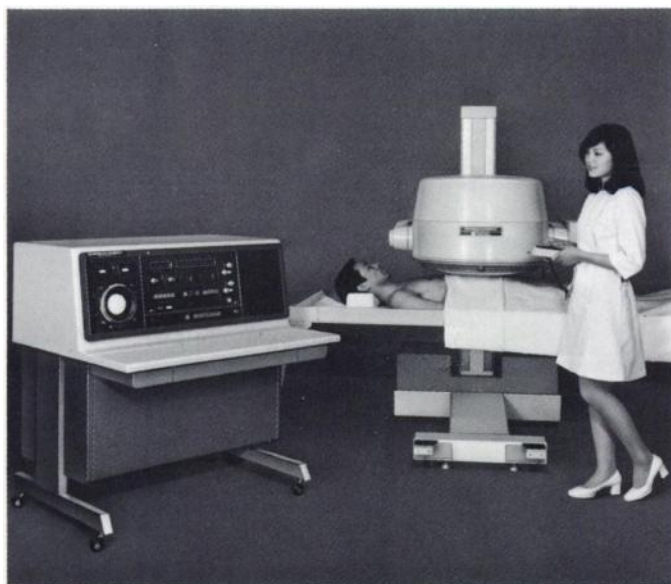
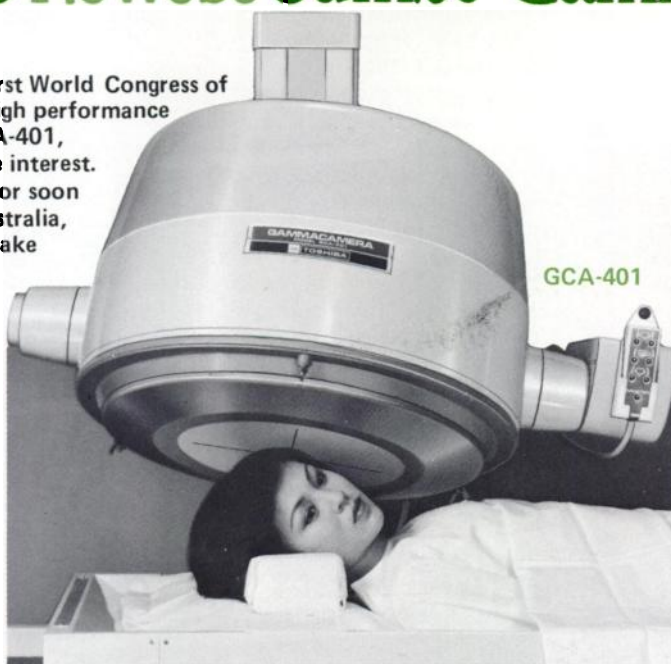


# Why All the Interest in Toshiba's Newest Jumbo Gammacamera?

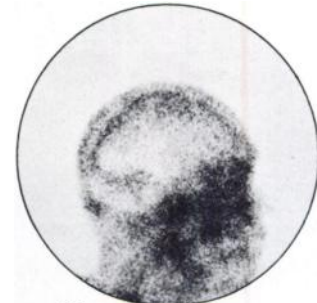
Since its introduction at the First World Congress of Nuclear Medicine, our newest high performance delay line Gammacamera, GCA-401, has been generating world-wide interest. In fact, several sets have been, or soon will be installed in Europe, Australia, and Japan. The features that make this unit so attractive include:

- High intrinsic resolving capability (3.2mm lead pattern using  $^{99m}\text{Tc}$ .)
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- Programable setting of measuring conditions
- Compact, easy-to-operate control console
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- Compatible with any data processing system
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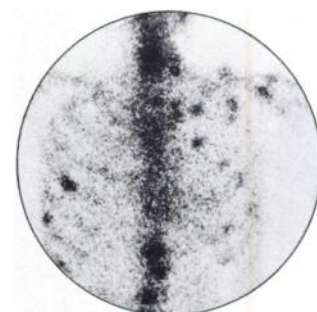
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**Intrinsic Resolution**  
 $^{57}\text{Co}$  999 K-counts,  
Window; 20%  
Pb-Bar pattern; 2.4, 3.2, 4.0,  
4.8 mm



$^{99m}\text{Tc}$ -DTPA, 24m Ci,  
300 K-counts, Window; 20%  
Collimator; High resolution.



$^{99m}\text{Tc}$ -pyrophosphate, 13m Ci,  
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Collimator; High resolution.



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# Continuing Leadership

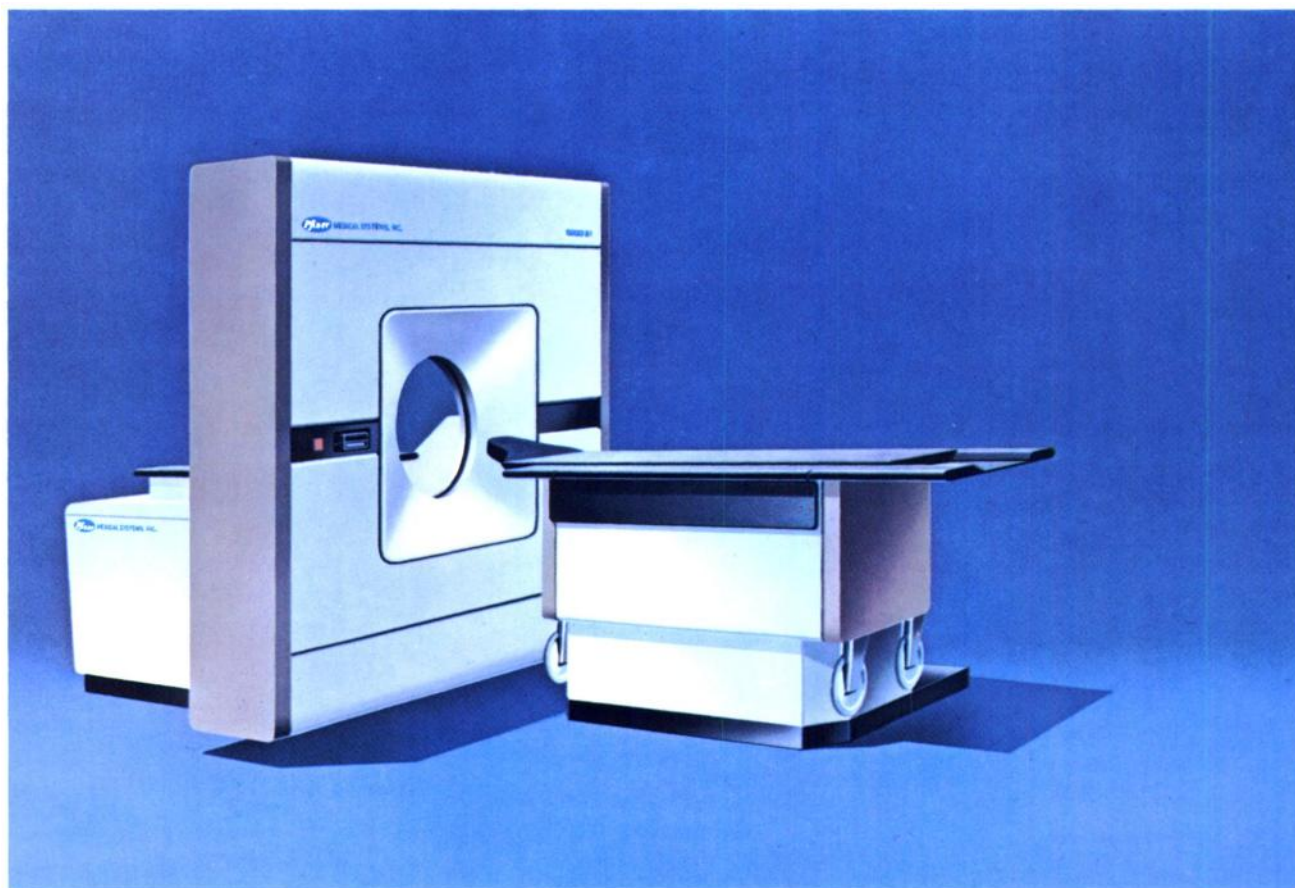
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ACTA-SCANNER



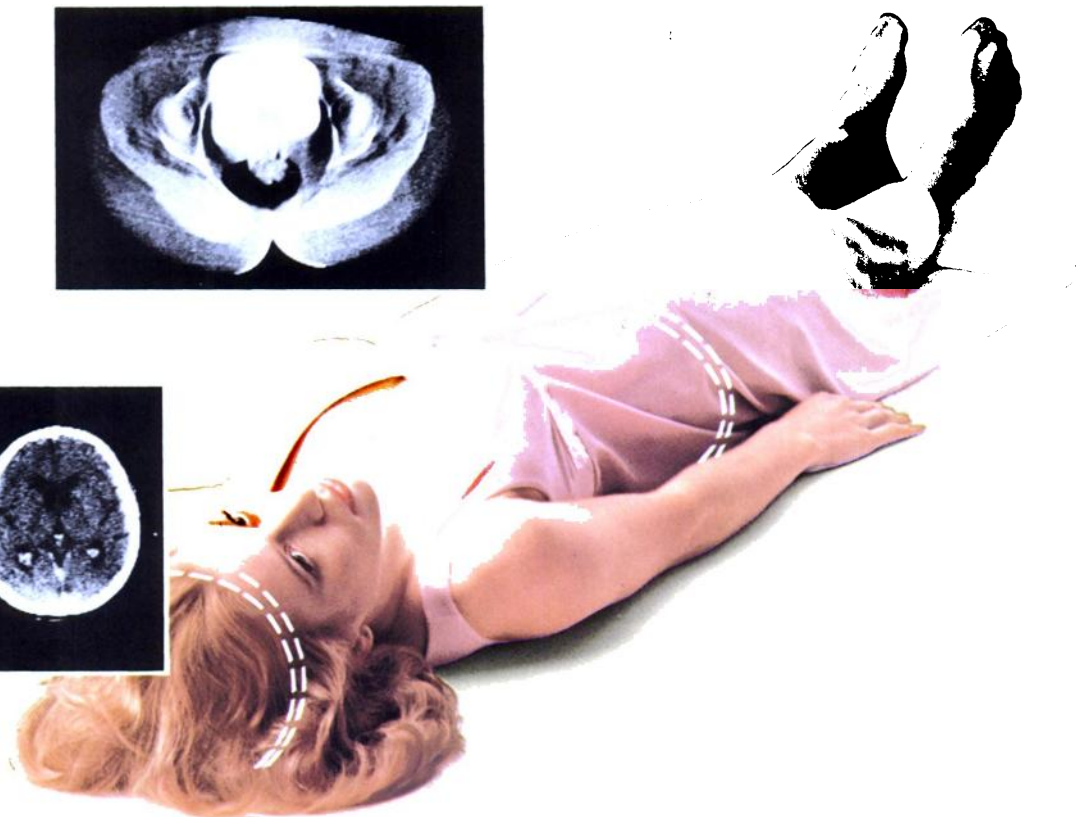
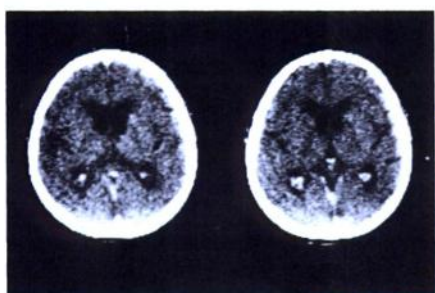
# Now...



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## ACTA-SCANNER®

### 0200 & 0200-FS





From the very beginning, Pfizer Medical Systems has been aware that growing clinical experience and continuing research would dictate certain refinements and improvements in computerized tomography. Pfizer is determined to be in the forefront of such developments and to make them available as economically as possible.

The first result of this effort is the ACTA-Scanner 0200, which incorporates a more efficient and comfortable patient handling system and an advanced computer system, firmly establishing a modular approach to changing technology. The 0200 user will be able to convert to the 0200FS

when available. The 0200FS will enable completion and display of a scan in less than 30 seconds. Other operating refinements are described on the next page.

**This modularity, of course, will make the advanced features of the 0200FS just as readily available to current as well as prospective users.**

**Pfizer** MEDICAL SYSTEMS, INC.  
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# Distinguishing Features



**MEDICAL SYSTEMS, INC.**  
A SUBSIDIARY OF PFIZER INC.

## ACTA-SCANNER® 0200 & 0200FS

### Operation and Control Advances

- Under 30-second scan time minimizes artifacts and increases patient throughput
- Three matrices standard – 160,256,320
- Industry compatible CT numbering system allows universal comparisons
- Advanced computer system
- Light beam guided patient positioning
- Variable scan slice thickness adjustment
- Tilttable gantry ( $\pm 20^\circ$ ) for increased flexibility of scan position
- 22" tunnel diameter to accommodate most patients
- Area of interest analyses

### Versatile Patient Record System

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- *For photographic recording* – (1) 105 mm roll or cut film; (2) Polaroid® copies; (3) Multiformat Scan Recorder (optional)

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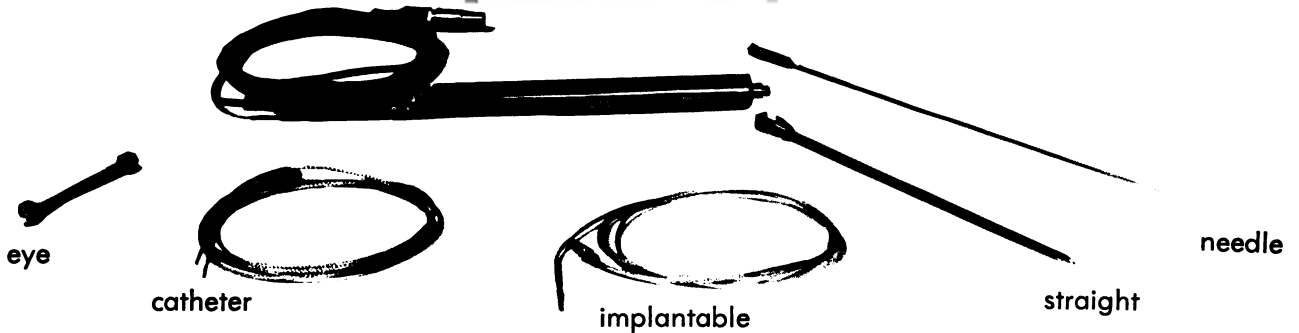
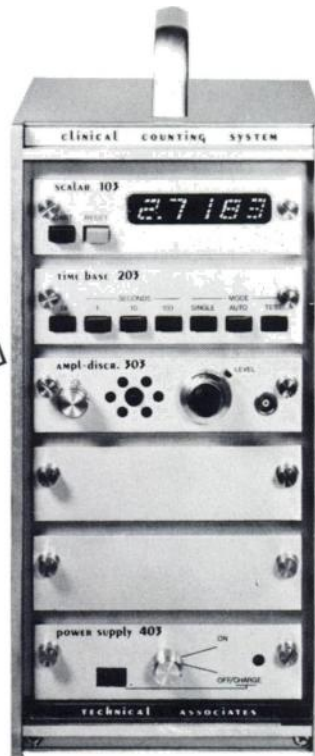
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## Diagnostic Products

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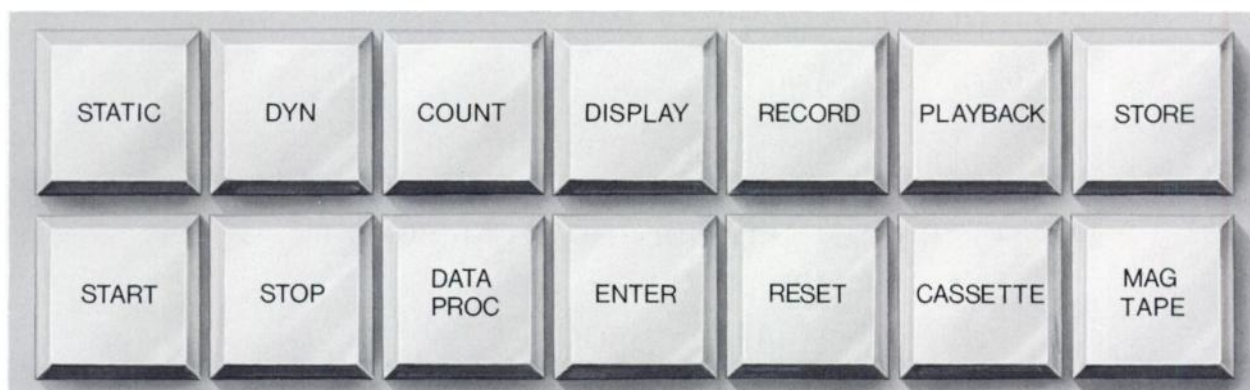
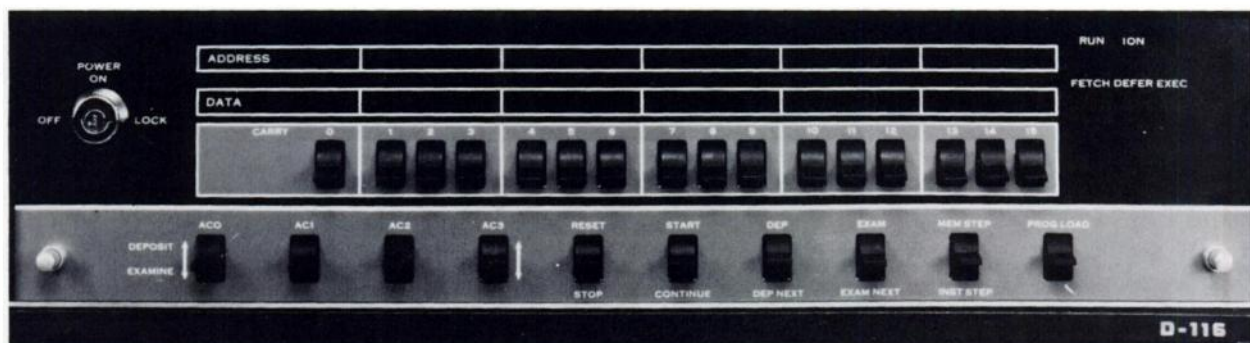
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# a $^{133}\text{Xe}$ Gas Control System from RADX



## The START Xenon-Kow II

$^{133}\text{Xe}$  is most economically obtained in curie quantity glass ampoules. The Xenon-Kow II was designed to safely and conveniently crush the ampule and dispense  $^{133}\text{Xe}$  in smaller doses. The dynamic volume storage chamber provides for constant concentrations (decay excepted), and transfer efficiencies exceed 98%. The economies realized will pay for the entire system, usually in the first year. Let us analyze and compare your current cost with our system cost.



## The HEART of the System Ventil-Con

The Ventil-Con controlled gas delivery system is used for patient administration of  $^{133}\text{Xe}$ . You may administer the  $^{133}\text{Xe}$  as a bolus or homogenous mixture with air and oxygen to perform the single breath, equilibrium and washout phases of lung ventilation studies.

Major features are:

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- Automatic  $\text{O}_2$  replenishment
- Manual  $\text{O}_2$  replenishment
- Emergency  $\text{O}_2$  assist
- Swivel adapter for multiple views available
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- Wide variety of face mask and mouthpieces available
- 10 liter dry spirometer
- Volume meter
- Dual channel strip chart recorder (optional)
- Breathing resistance less than 0.05-0.1 inches of water
- Arm adjustable for 0-60 inches
- Large  $\text{CO}_2$  adsorber

We also make special Ventil-Cons for  $^{127}\text{Xe}$  and cerebral perfusion studies by the Obrist technique<sup>1</sup>.



## The FINISH Xenon Trap

The Radx Xenon Trap is the only activated charcoal trap with a built-in  $^{133}\text{Xe}$  saturation detector/alarm. When the charcoal reaches its saturation point, (because there is no such thing as a "life-time" trap) an audio/visual alarm is activated indicating it's time to replace the 6-cylinder cartridge pack. Other features are a large desiccant jar for moisture removal, a "flame isolated" pumping system and an optional expandable interface (pictured).

Actually, the Xenon Trap is not the finish because with every piece of Radx equipment goes our one-year warranty, and our commitment to the future needs of nuclear medicine.

1. Obrist, W. D. et al, "Determination of Regional Cerebral Blood Flow by Inhalation of Xenon-133", Circulation Research, XX,124-134, January 1967.

# RADX

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# NEW RAD/CAL™ II DIGITAL ISOTOPE CALIBRATOR

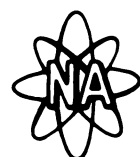
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Also performs as a computing dose calibrator (when used with an optional Hewlett Packard HP-25 Pre-Programmed Calculator).

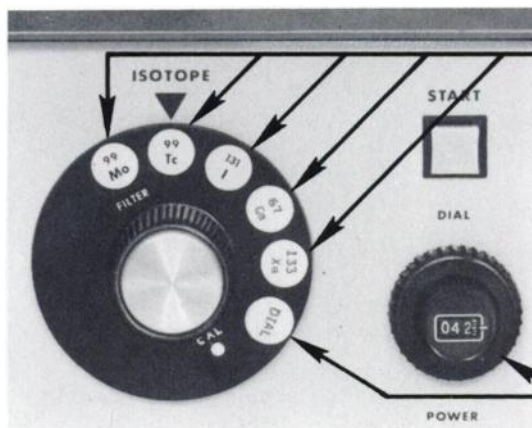
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Has 5 pre-calibrated switch positions for selecting the most commonly used radionuclides.

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It asks for your instructions, repeats them and gives you a chance to change them. Then, it even talks back if an instruction is wrong.

That's smart. But that's not all.

The SKI Gamma System has a microprocessor with a magnetic disc memory that calculates, controls the counter, spots errors, makes sound evaluations about data quality.

And the microprocessor is an integral part of the system—not just added on. In

the unlikely event something goes wrong, you have only one number to call. Ours.

The SKI Gamma System is *fully* automatic—so there's no raw data to pat, prod, calculate or manipulate. You can put up to 200 tubes in the changer, key in your instructions and walk away. While you are doing something else, it counts your samples, alters assay routines if you're doing more than one type of test, plots standard curves,

reduces data to medically useful answers and prints them on tape in easy-to-read form.

That's smart.

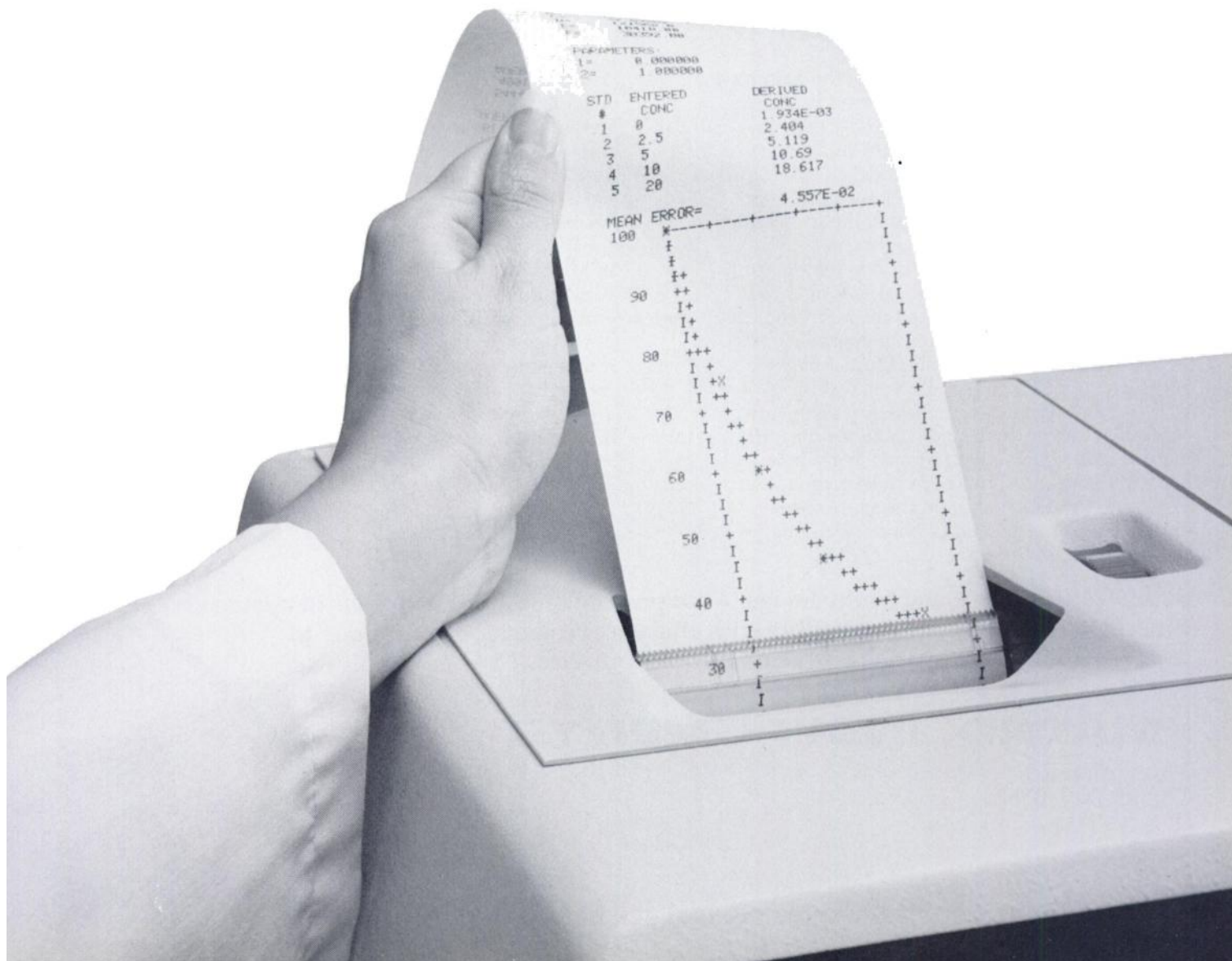
Because of all this, more and more laboratories are enjoying the speed, dependability and flexibility of The SKI Gamma System.

Call us for details—or a free demonstration—and learn how much simpler RIA and other radioassays can be.



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## The SKI Gamma System. A little smarter than the rest.



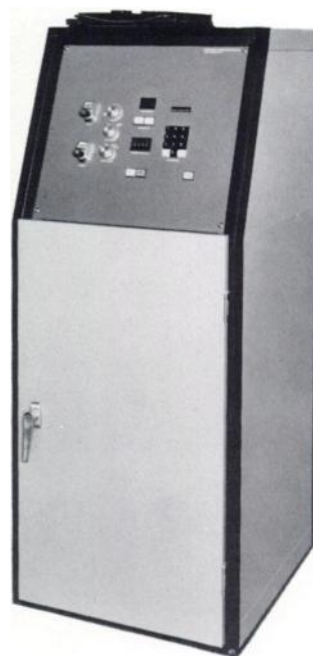


# State of the art in gamma camera hard copy recording.



## Multi-Imager 1

Multi-Imager 1 employs the CRT of the gamma camera to record static, dynamic, and whole body imaging procedures on transparency format. The highly versatile Multi-Imager 1 offers film size formats of 5x7 and 8x10, yielding superior quality transparency scintiphotos recorded on a wide range of x-ray film processor compatible films. Up to 30 images can be recorded on a single sheet of film in ten different formats. In addition to the usual 1, 4, and 16 image formats, Multi-Imager 1 offers seven further choices to yield the exact diagnostic format required. For example, Multi-Imager 1 offers a 6 image format to allow recording of static studies that require a fifth and sixth view, and a 30 image format for dynamic studies that require more than sixteen frames. For whole body imaging, the 2 image format records side by side AP and PA views on the same sheet of film. Static, dynamic, and different size images can be mixed on the same sheet of film.



## Multi-Imager 4

Multi-Imager 4 yields unmatched performance in gamma camera hard copy recording. A built in high resolution CRT, state of the art microprocessor technology, and electronically synchronized multiple lens optics provide a very small dot size on 8x10 format without increasing the pulse pair resolution dead time of the gamma camera system. The fast lens system of Multi-Imager 4 is compatible with both conventional x-ray film and the slower single emulsion radiographic films that provide the best image quality. Up to 64 images can be recorded in ten different formats. The dual intensity recording mode allows simultaneous acquisition of whole body or static views at two different intensity levels. Positive patient identification is achieved through a nine digit keyboard LED system.

**Both Multi-Imager 1 and Multi-Imager 4 can provide thousands of dollars in annual film cost savings and are compatible with all gamma cameras. Mail coupon to receive detailed information and sample clinical studies.**

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## Introducing the 91-tube Cameray XL.

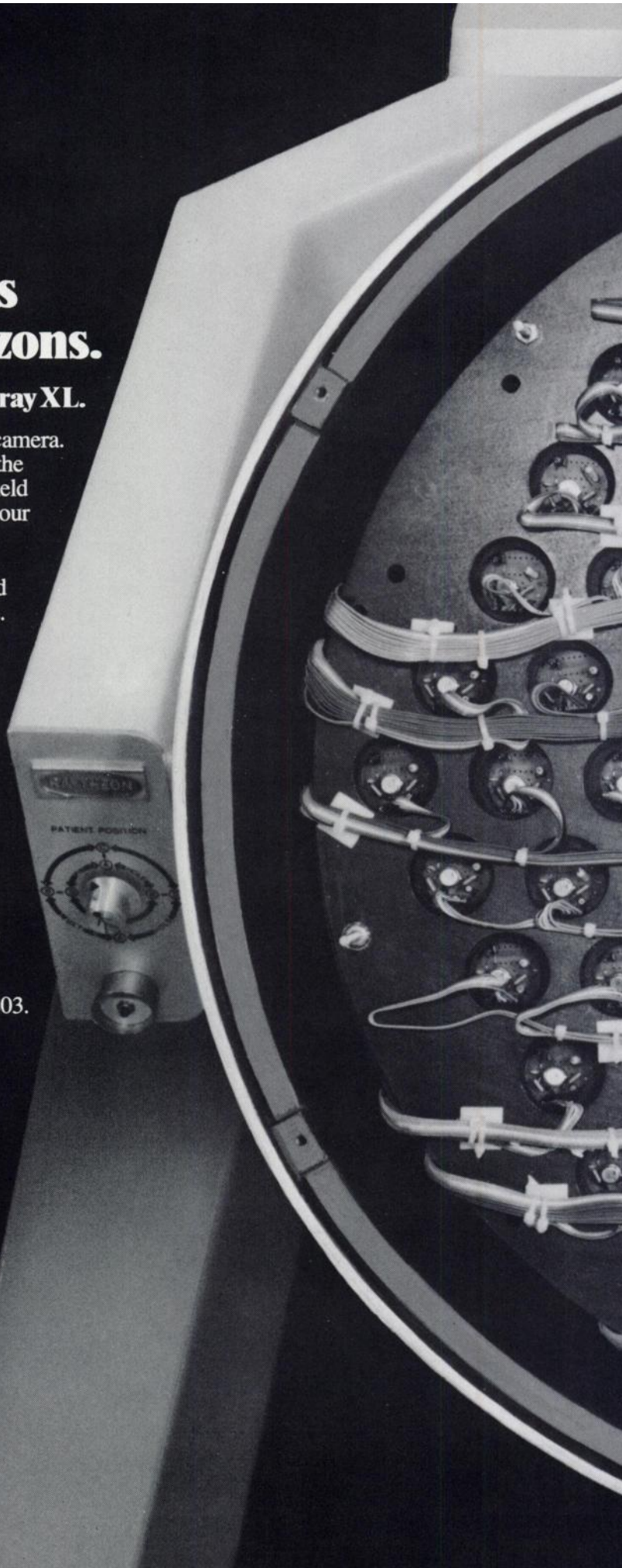
A new generation of wide field gamma camera. With wider-than-ever field of view. And the same sharp image resolution as smaller field cameras. That's how Raytheon widens your image horizons with the new 91-tube Cameray XL.

You get a big 16½ inch effective field of view. A total camera field of 18 inches. And because the Cameray XL uses straight bore, rather than diverging collimators, you get no less than the highest image resolution.

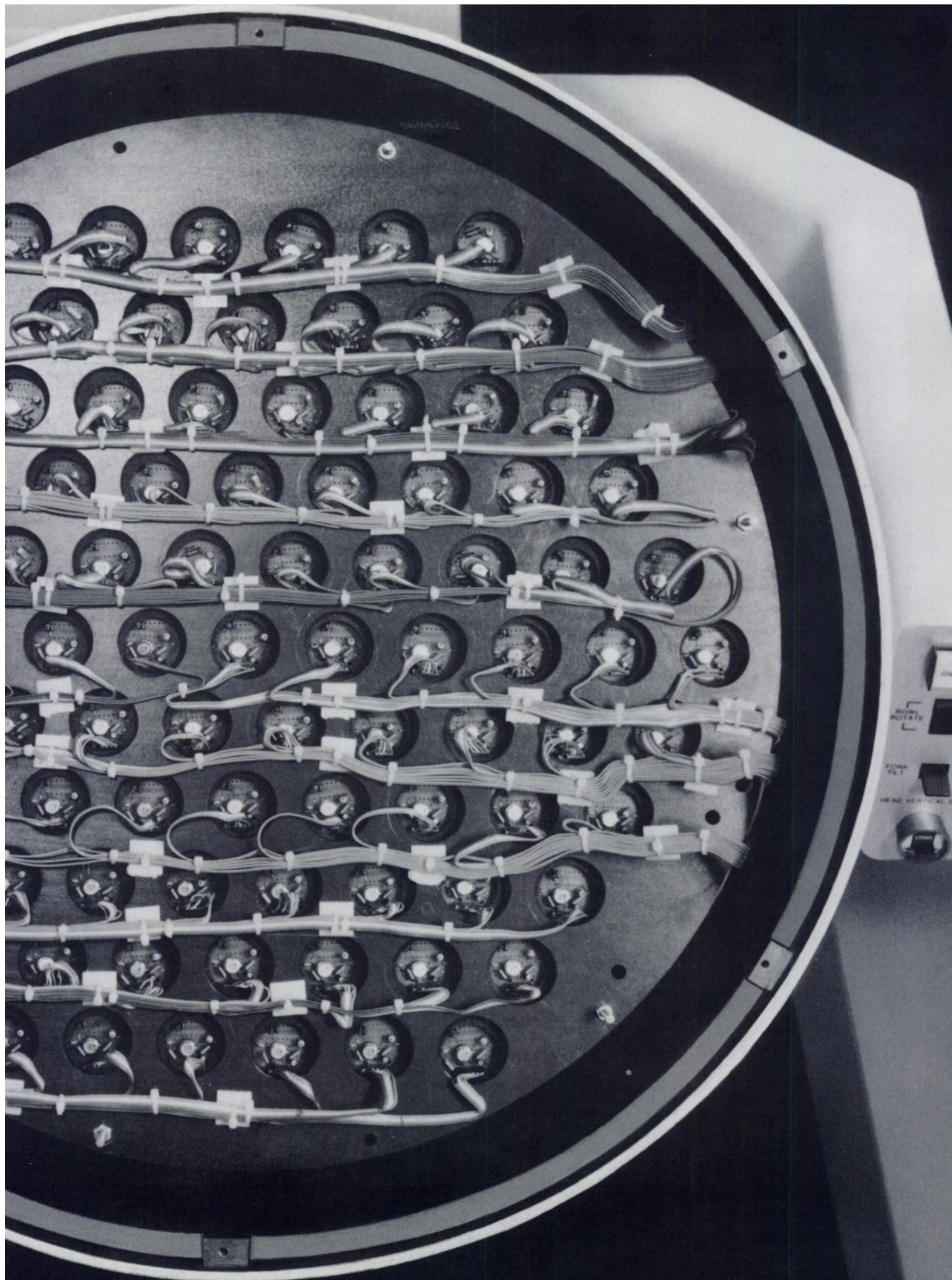
Of course, you also get the same Total System Performance (TSP) that you get from our 37-tube Cameray II. That includes uniformity, linearity and resolution. Plus a full range of accessories.

So get more patient per scan. And resolution that's rare in a wide field camera. Broaden your horizons with the Cameray XL-91. Contact Raytheon's Medical Electronics Operation, Fourth Avenue, Burlington, Massachusetts 01803. (617) 272-7270.

**RAYTHEON**

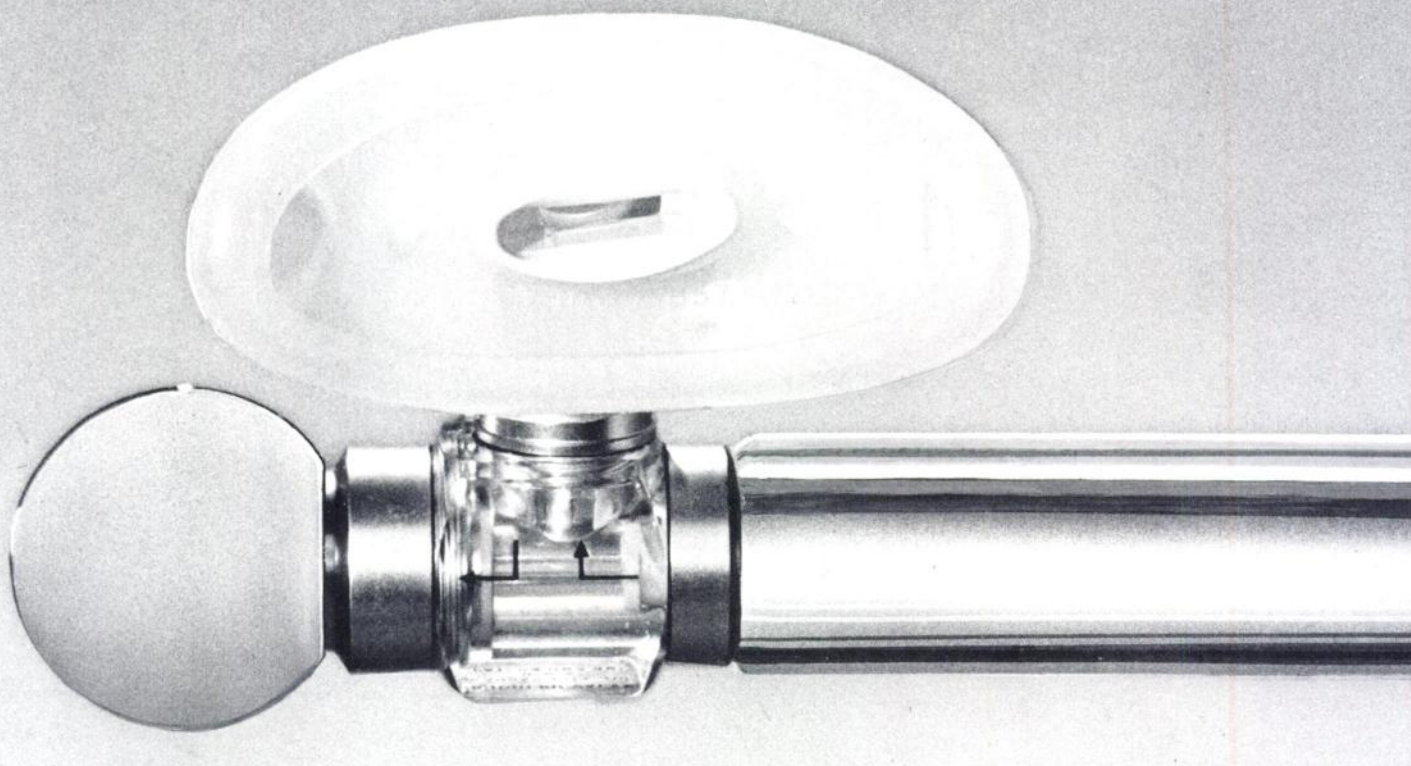








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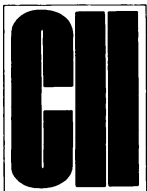
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\*\*Every Capintec reference standard set consists of 3 precisely calibrated radioactive sources of certified purity and activity, as follows:

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**NUCLEAR MEDICINE TECHNOLOGIST.** 500-bed medical center is presently seeking a registered or registry eligible nuclear medicine technologist to work in a rapidly expanding nuclear medicine laboratory. Competitive salary and excellent hospital benefits. Reply may be directed to: Joe Wells, Employment Manager, Mt. Carmel Medical Center, 125 South Souder, Columbus, Ohio 43222 (614) 225-5288. An Equal Opportunity Employer—Male/Female.

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**NUCLEAR PHARMACISTS: CENTRALIZED** Nuclear Pharmacy experience preferred. Positions include Managers and Assistant Managers of Nuclear Pharmacies throughout the United States. Please send resumes to Pharmatopes, Inc., 1944 West Central, Toledo, Ohio 43606. Attention: Personnel, or call 419-473-1215.

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**NUCLEAR MEDICINE PHYSICIAN** with extensive experience in all aspects of nuclear medicine; research and teaching, wishes to relocate. Board certified in Nuclear Medicine and Internal Medicine. Willing and able to develop a comprehensive, computerized nuclear medicine program for interested party whether in academic medicine, community hospital, or in private practice. Response should include job description and salary range. Send

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**CHIEF NUCLEAR MEDICINE TECH-**nologist. Registered (ARRT). 5 years experience, 2 years chief technologist, 2 years N.M. teaching, A.M.A. approved institution. Well versed in all areas of procedure, planning, and management. Prefer south eastern coast. Contact H. L. Hise, 5605 Dowgate Court, Rockville, Maryland 20851, (202) 295-0178.

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**COBALT THERAPY MACHINE.** Atomic Energy Canada, Ltd., Theratron 80, with a beam stopper counterweight (G-1001). Accessories include, but are not limited to: transit dosimeter, sectional stretcher top, two (2) wedge filters, breast cone and dose distribution atlas. Source: A.E.C.L. Cobalt 60; 4,498 curies calibrated October, 1972. Superficial therapy machine, General Electric Maximar 100, including table top drawers and seat, side rail tube stand, full assortment of treatment cones. Contact Mrs. Madra Potter, Mercy Hospital, 1500 E. Sherman, Muskegon, Mi. 49443. Phone 616-789-8341.

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**USED COLLIMATORS FOR A PICKER** Magnascanner part number 2114B and/or 2127A low energy collimator(s). Also looking for a used pin hole collimator with an all purpose aperture for a Dynna Camera 2C. Please contact Mr. Craig R. Treadwell, R. T. at Magic Valley Memorial Hospital, 650 Addison Ave. West, Twin Falls, Idaho 83301. Telephone (208) 738-1511 Ext. 282.

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For further information, contact **Dr. Robert Kany, Director of Special Programs, Colby College, Waterville, Maine 04901.**

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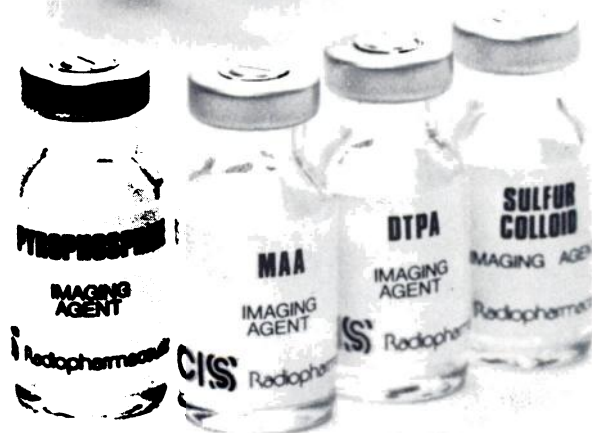
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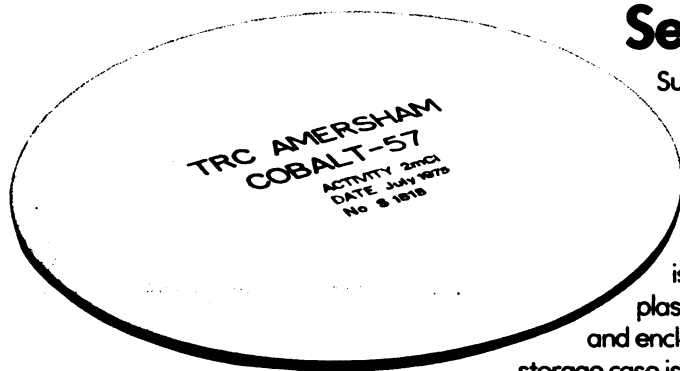
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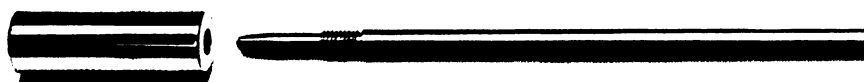
Supplied as  $^{57}\text{Co}$  (2 and 3mCi) and  $^{133}\text{Ba}$  (0.5 and 1.0mCi) in two sizes, to check the uniformity and resolution of conventional and wide field-of-view gamma cameras, and for transmission imaging. The maximum acceptable variation in activity over the entire active area, is  $\pm 1\%$  of the mean value. Each uniformly active plastic component is surrounded by inactive plastic and enclosed in an anodized aluminium casing. A shielded storage case is supplied with each source.

## Anatomical marker sources

**Spot sources** are available as a 1 mm bead of  $^{57}\text{Co}$  or  $^{133}\text{Ba}$  (10 and 100 $\mu\text{Ci}$ ). Features include a welded plastic capsule, point source geometry with a visible active bead, and colour coding for quick identification of nuclide and activity. They are packed in sets of three in shielded boxes; replacements are available separately.



**Pen point tracers** have a 1 mm diameter bead of  $^{57}\text{Co}$  (100 $\mu\text{Ci}$ ) sealed in the tip of a ball-point pen shaped holder with a brass shield for the active end.



**Flexible sources** are 50cm x 4mm diameter;  $^{57}\text{Co}$  (100 $\mu\text{Ci}$ ) is dispersed in an inner core of active plastic, sealed in an inactive PVC tube, and closed by aluminium caps.



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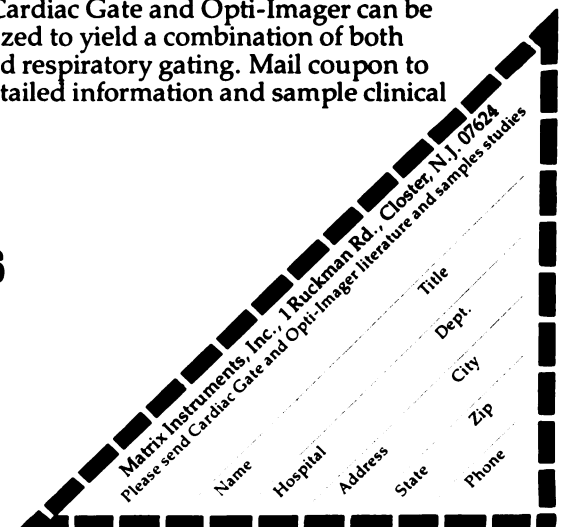
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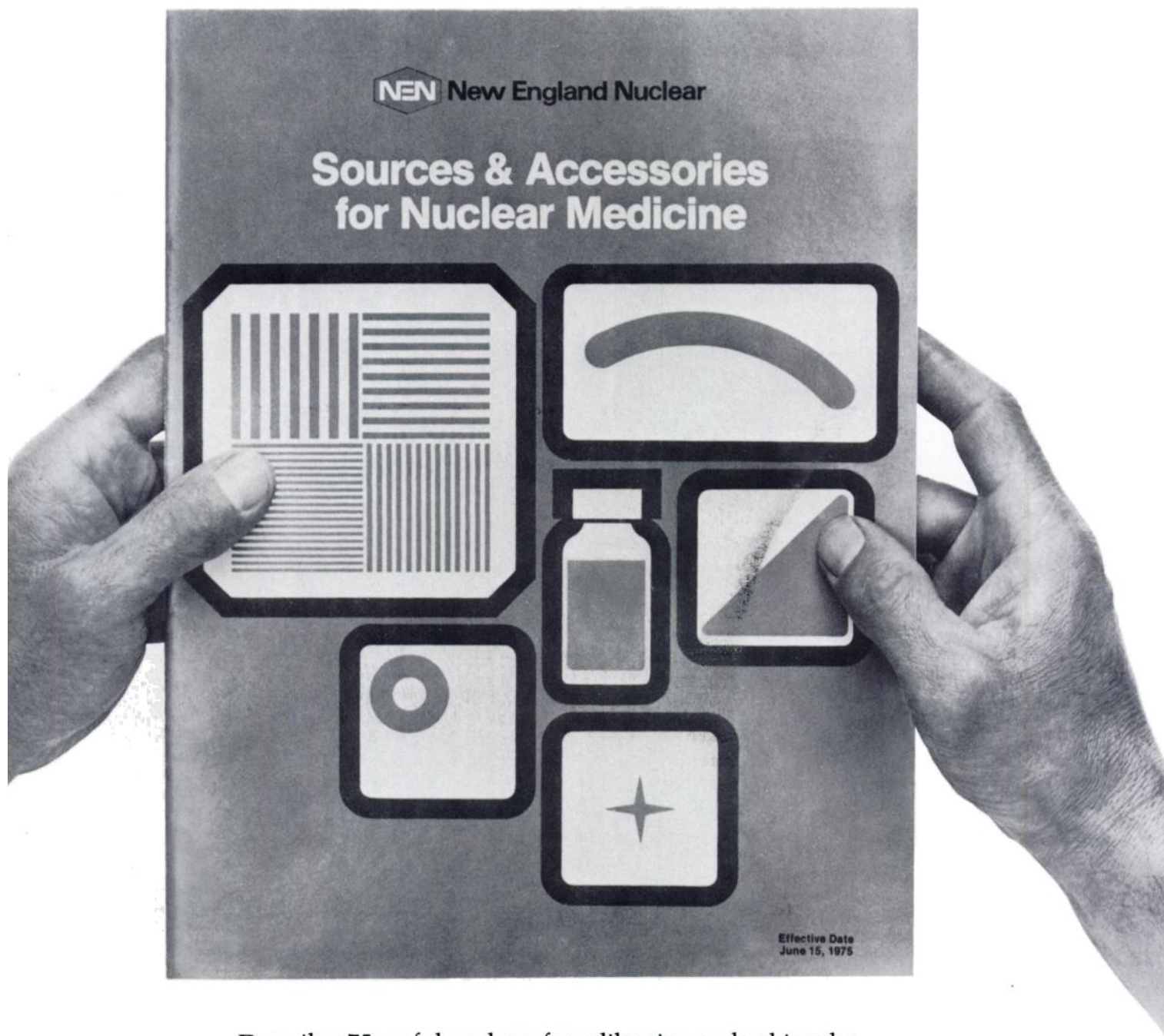
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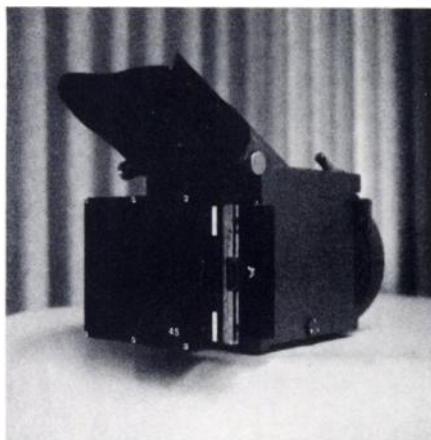


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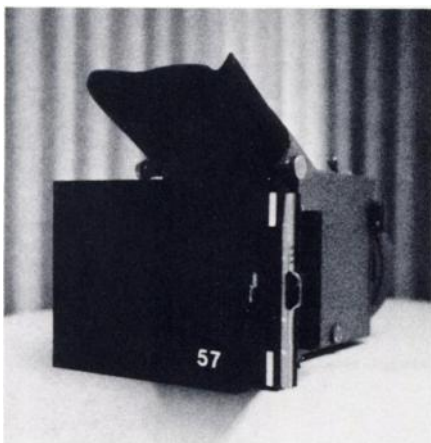
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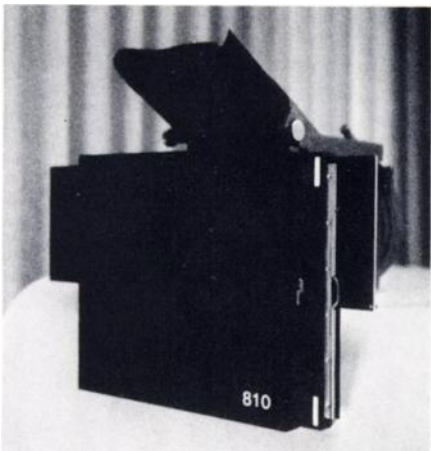
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**MODEL "810" (8 x 10)**

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- Double-sided Cassette can be inserted from either side (left or right)
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- Will never need any service
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- Economical, reduces film cost up to 60%

\*Patent Applied For

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\*As shown at the 22nd Annual Meeting of the S.N.M. in Philadelphia, PA.



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*The GE commitment to nuclear medicine:  
complete equipment, software and service.*

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## GE: new ideas solve nuclear needs.

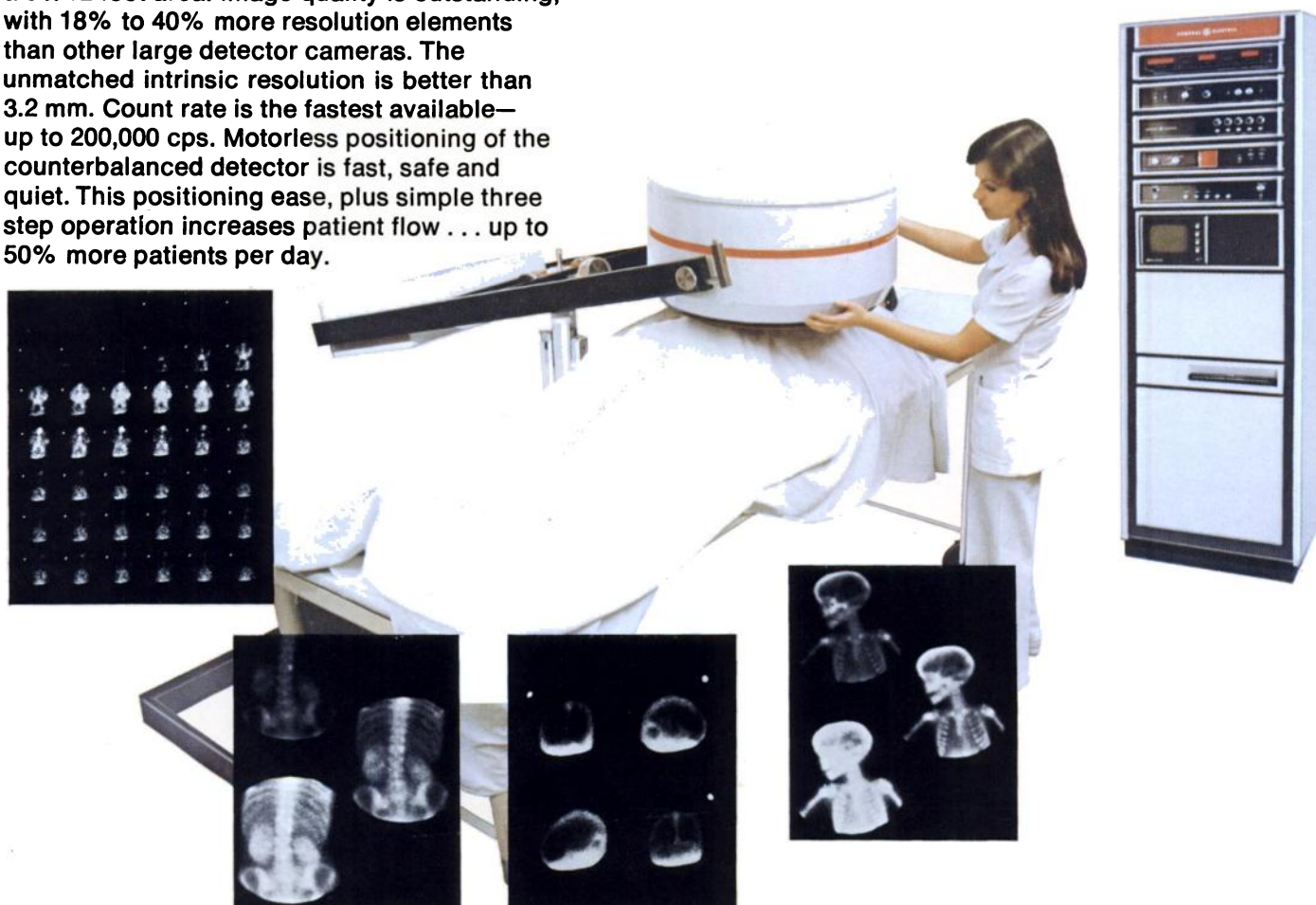
Innovative systems are needed to meet the many needs of today's nuclear departments. That's why GE has combined new product ideas with proven concepts to provide the latest in nuclear capability.

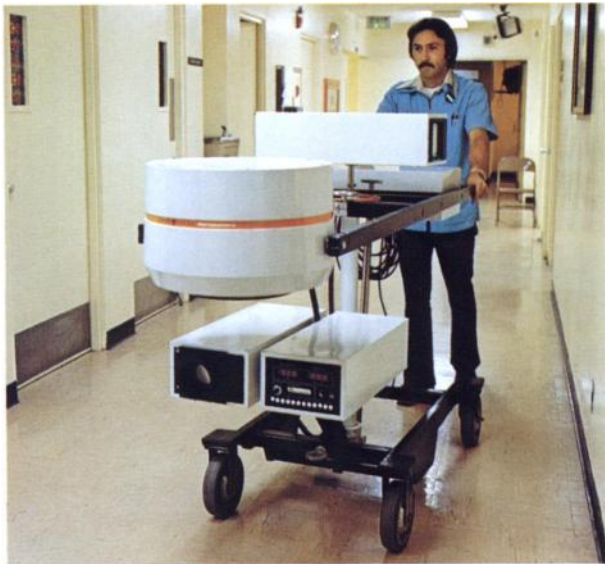
### **MaxiCamera system: largest field of view delivers unprecedented image quality.**

MaxiCamera™ system's 400 mm field of view—the largest of any scintillation unit—offers nuclear departments important new advantages. The big field allows imaging of both lungs at the same time—reducing lung study time by more than 30%. Large livers can also be imaged rapidly and easily. MaxiCamera system handles whole body scanning, yet the unit requires only a 6 x 12 foot area. Image quality is outstanding, with 18% to 40% more resolution elements than other large detector cameras. The unmatched intrinsic resolution is better than 3.2 mm. Count rate is the fastest available—up to 200,000 cps. Motorless positioning of the counterbalanced detector is fast, safe and quiet. This positioning ease, plus simple three step operation increases patient flow . . . up to 50% more patients per day.

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During dynamic studies, valuable diagnostic information may be lost if the formatter cannot keep pace with the camera. Now General Electric offers a formatter that records data as fast as the camera detects it, with no data loss. GE Formatter system records up to 10 frames per second . . . many times faster than any other unit. This makes the GE Formatter the system of choice for dynamic studies. You can record up to 42 dynamic images on one 8 x 10 film, using economical, standard photographic cassettes. Standard multiple formats are available: 35, 70 and 105 mm. Valuable floor space is conserved because all formatter and camera controls are combined in one compact cabinet, occupying just 4½ square feet.





### **PortaCamera system: nuclear department on wheels.**

This compact, mobile scintillation unit is easily wheeled throughout the hospital to facilitate studies on immobile patients. The PortaCamera™ system weighs less than 1,000 lbs., about half the weight of most other portable cameras. The counterbalanced detector allows fast, precise positioning at a touch. A conveniently located, integral console includes all controls and oscilloscope. Easy two-step operation increases patient throughput potential. PortaCamera system also serves as an excellent, low-cost backup unit for ICU, CCU, surgery and emergency rooms.



### **GE computer capability improves diagnostic data.**

Med II™ is a complete image processing and data analysis system. It allows the physician to use the latest GE computer capability to maximize diagnostic information. The Med II system is a second-generation, push-button

operated unit with a comprehensive library of nuclear medicine programs: left ventricular ejection fraction, left to right shunt, cardiac output, renal function, gated blood pool studies, ventricular volume, and many more. Combined, the Med II, MaxiCamera and GE Formatter units provide the most powerful nuclear diagnostic system available today.

MedStor™ is a moderately priced image storage and processing system which can be used with any scintillation camera, including the PortaCamera. The MedStor system provides computer-controlled playback of static and dynamic data, allows selection of up to four regions of interest, and simultaneously generates up to 4 time/ activity histograms. The system is pre-programmed, with easy-to-operate push-button control. Image information can be accessed as rapidly as 6 images per second.

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When your nuclear equipment needs service, GE will provide parts and professionals . . . fast. Our highly trained nuclear service specialists are strategically located throughout the country. One is located near you, for fast response. And General Electric has developed a new computerized parts inventory system. This new service links over 30 GE parts depots nationwide, and keeps them fully stocked at all times. You receive parts from the nearest depot, usually within 8 hours. Transportation costs are minimized, and your nuclear equipment is back serving patients sooner.

Unmatched equipment; the latest diagnostic software; and prompt, reliable service: that's the GE commitment to nuclear medicine. Find out how that commitment can benefit your department. Talk to your GE representative about the systems shown here and our full line of nuclear equipment.

General Electric Medical Systems,  
Milwaukee, Toronto, Madrid.

# **GE: for the newest in nuclear.**

**GENERAL  ELECTRIC**



# The first automatic dosecalibrator with a hard-copy data printer system for NRC (AEC) record keeping

*The Melécord data card —  
permanent documentation  
of all pertinent information*



## melétron & melécord

### Your key to accurate dosecalibration and error-free records

**Now you can assay, compute dose, and get an instrument-verified printout—in just 30 seconds.**

**Melétron**—Programmed sequenced instruction eliminates operator errors. All you do to assay a radionuclide is insert the proper key—from the 33 isotope keys now available, with others to come as they are needed—your insurance against instrument obsolescence.

The melétron calculates the volume to administer (in 0.1 ml increments from 0.1 to 99.9) for all patient doses (in 10 uCi increments from 10 uCi to 99.99 mCi.) Accuracy is  $\pm 5\%$ , traceable to a reference dosecalibrator calibrated against 16 known standards at the National Bureau of Standards June 20, 1975.

Range capability is up to 10 curies. Lets you handle high-activity Mo 99/Tc 99m generators. Melétron's automatic ranging eliminates manual selection—and another chance for operator

error. Background subtraction is also automatic, and design of the ionization chamber will allow a 3/16" lead shield. The large chamber accommodates all standard size vials and syringes, and even an entire generator eluate for checking Mo 99 breakthrough.

**Melécord prints permanent copies of all functions—the vital part of your record keeping system.** You get hard copy in triplicate. Saves time. Prevents errors. Makes NRC (AEC) accountability far easier.

Melécord also prints the exact time and date of each assay automatically, while it alternately displays them on a digital calendar/clock on the front panel, and Melécord can be factory programmed to generate three lines for printing institution identification on each data card.

To find out how easy it is to solve your dosecalibration and record-keeping problems, call RADX—the innovators in nuclear medicine.

**RADX**

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“Make  
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better!”



“Work on the ultimate, but in the meantime, make the best available better.”


Our people have always accepted the challenge and it's what makes us the leader.

We agree that all things considered the Landauer Gardray 8 film badge system is the best available personnel dosimeter. And, although we are always looking for the ultimate, we have continued to work hard and invest money and time to make it better.

Greatly simplified ordering procedures – permanently encoded unique numbering of film, which is independent of film darkening – new improved techniques for analyzing the film for anomalies that may affect the “meaning” of the exposure and new N.R.C. annual statistical summary reports available now, are just some of the ways our people are working hard to make it better for you.

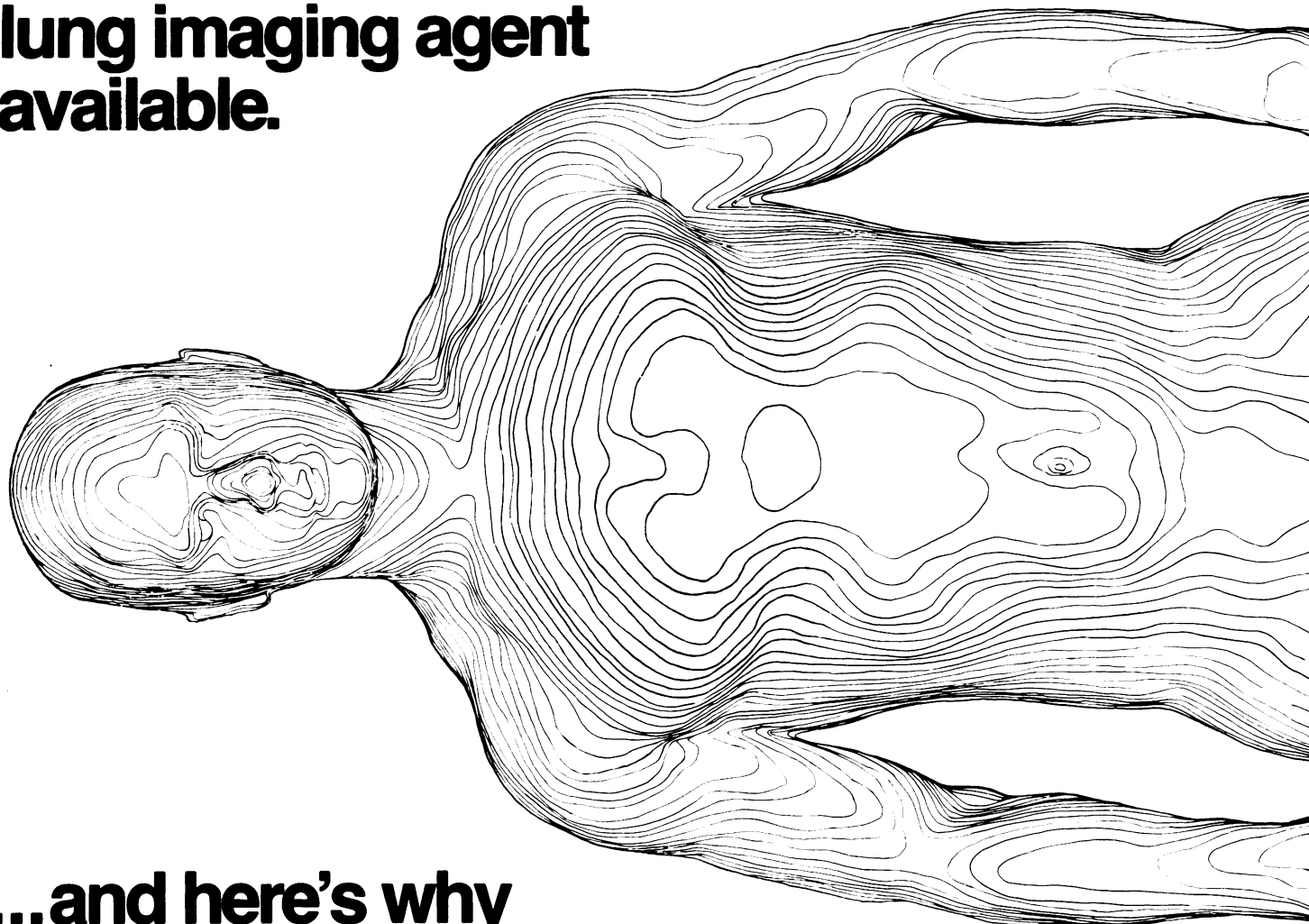
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**STILL! the simplest,  
quickest to prepare  
lung imaging agent  
available.**



**...and here's why**

**Simple, two-step procedure.** Not an ampul, not a frozen material. No waiting, no complicated procedures or specialized equipment required. Just two easy steps and you're ready to assay and inject.

**Uniform particle size, excellent labeling efficiency.** Particle size meets or exceeds Bureau of Biologics standards; 90% in 5-60 micron range. Excellent labeling efficiency when reconstituted with a compatible technetium 99m.

**Won't agglomerate in the vial,** loses virtually no labeling for 8 hours (if stored between 2°C. and 8°C.).

**Ideal for the busy lab.** Recommended amount of 99mTc for reconstitution high enough to allow numerous scans from a single vial.

<b>Squibb Macrotec®</b> Aggregated Albumin (Human)	<b>1. Add 1-3 ml. of 99mTc:** Maintain shielding at all times.</b>	<b>2. Shake vigorously for 10-15 seconds.</b>
<b>Mallinckrodt TechneScan™ MAA</b> Aggregated Albumin (Human)	<b>1. Remove reaction vial from freezer and wait approxi- mately 5 minutes for con- tents to come to room temperature.</b>	<b>2. Add 99mTc:** Maintain shielding at all times.</b>
<b>3M Albumin Microspheres (Human)</b>	<b>1. Add 4-10 ml. of 99mTc:**</b>	<b>2. Shield completely and vigorously shake for 5-15 seconds.</b>
<b>Medi+Physics Lungaggregate™ Reagent</b> Aggregated Albumin (Human)	<b>1. Shake ampul vigorously to suspend particles.</b>	<b>2. Open ampul.</b>

*Emphasis added by Squibb to point out certain differences in procedures.*

## MACROTEC® (Aggregated Albumin [Human])

Macrotec (Aggregated Albumin [Human]) is a sterile, non-pyrogenic, lyophilized preparation of aggregated albumin. Each vial of the preparation contains 0.08 mg. tin as chloride, 1.5 mg. denatured human serum albumin, and 10 mg. Normal Serum Albumin (Human).

**INDICATIONS:** For use in perfusion lung imaging as an adjunct to other diagnostic procedures.

**CONTRAINDICATIONS:** At present there are no known contraindications to the use of this product.

**WARNINGS:** Radiopharmaceuticals should not be administered to patients who are pregnant, or during lactation, unless the benefits to be gained outweigh the potential hazards.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability, should be performed during the first few (approximately 10) days following the onset of menses.

Since  $^{99m}\text{Tc}$  is excreted in milk during lactation, formula-feedings should be substituted for breast-feedings.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides pro-

duced by nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides.

**Note:** Macrotec (Aggregated Albumin [Human]) is not radioactive. However, after  $^{99m}\text{Tc}$  is added, adequate shielding of the resultant preparation should be maintained.

**PRECAUTIONS:** In the use of any radioactive material, care should be taken to insure minimum radiation exposure to the patient consistent with proper patient management, and to insure minimum radiation exposure to occupational workers.

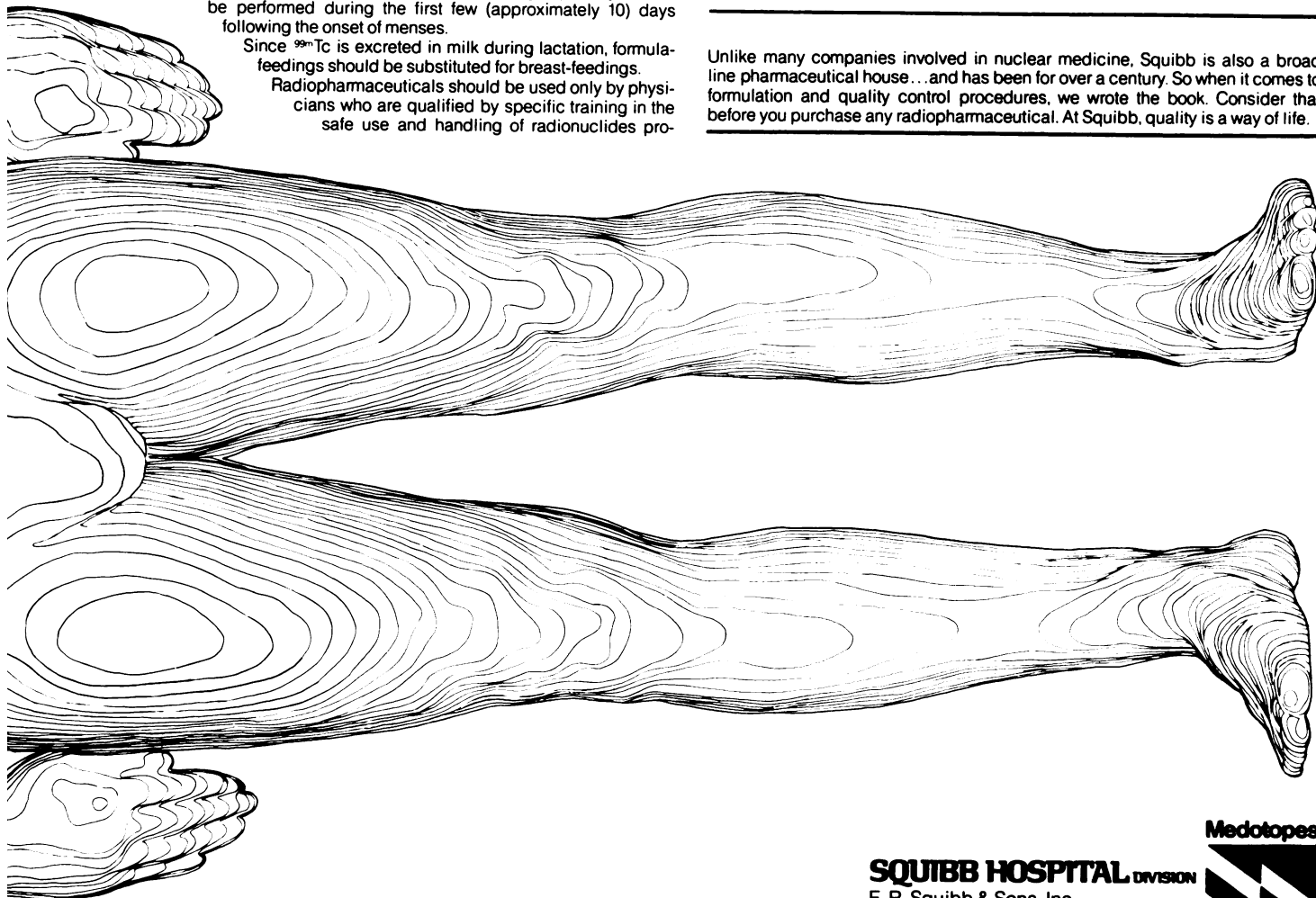
Aseptic technique is essential in the preparation of Technetated ( $\text{Tc-99m}$ ) Aggregated Albumin (Human).

**ADVERSE REACTIONS:** At present, adverse reactions have not been reported following the administration of this product.

For full prescribing information, consult package insert.

**HOW SUPPLIED:** In boxes of 5 vials.

Unlike many companies involved in nuclear medicine, Squibb is also a broad line pharmaceutical house...and has been for over a century. So when it comes to formulation and quality control procedures, we wrote the book. Consider that before you purchase any radiopharmaceutical. At Squibb, quality is a way of life.



**SQUIBB HOSPITAL** DIVISION

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Princeton, N.J. 08540

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H606-504



\*\*Recommended maximum activity: 50 mCi.

3. Gently agitate vial for few seconds.

4. Allow to stand for 15 minutes at room temperature.

5. Visually inspect vial for presence of large aggregates. If present, do not use.

6. Agitate to effect homogenous suspension of the aggregated albumin.

\*\*Recommended maximum activity: 60 mCi.

3. Remove vial from shield (with forceps) and place in center of operating ultrasonic bath containing 3/4" of water. Bath should be protected by lead glass or bricks. Ultrasound for 5 minutes.

\*\*Recommended maximum activity: 30 mCi.

3. Withdraw (very slowly) 1.5-2.0 ml. of aggregate from ampul with syringe.

4. Inject (very slowly) syringe contents into mixing vial.

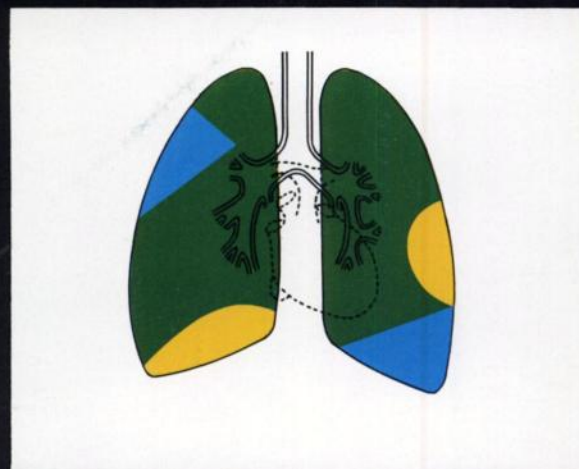
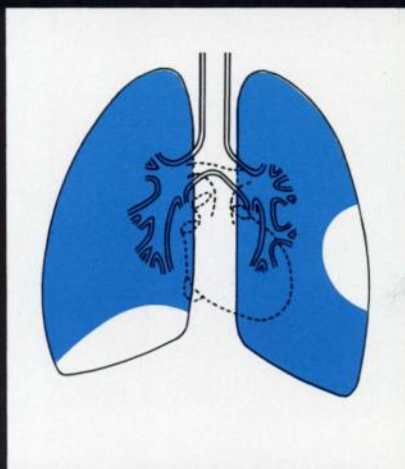
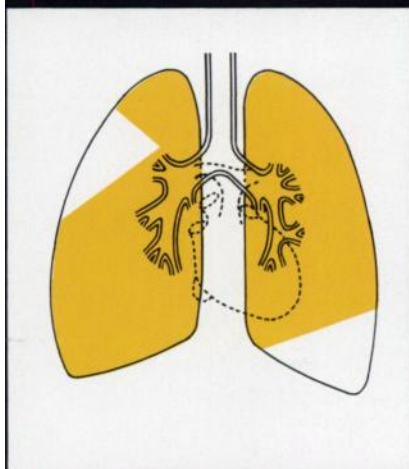
5. Wrap mixing vial in absorbent paper disc and place in lead shield.

6. Add 0.5-2.0 ml. of  $^{99m}\text{Tc}$ \*\* in saline into shielded mixing vial. Shake vigorously for at least 30 seconds. Incubate at room temperature for 2-5 minutes.

7. Shake contents vigorously just before removing aliquot intended for patient use.

\*\*Recommended maximum activity: 25 mCi/ml.





# Perfusion + Ventilation: The two together are diagnostically better.

The ventilation-perfusion ratio ( $\frac{V}{Q}$ ) is the crucial factor determining the regional oxygen partial pressure. This can be evaluated by assessing the gas exchange occurring in any part of the lung. The single most *sensitive* non-invasive test for diagnosing Pulmonary Embolus is the perfusion lung image.<sup>1</sup> However, pulmonary diseases, such as chronic obstructive lung disease, infectious diseases, and neoplasms are all characterized by altered arterial blood flow. Therefore the most reliable way to increase the *specificity* of perfusion lung imaging is to add a Xenon 133 ventilation study.<sup>2</sup>

<sup>1</sup>Urokinase Pulmonary Embolism Trial. A National Cooperative Study. Circulation (Suppl 11) 47:11-61. 1973 (April)

<sup>2</sup>Wagner, Henry N. Jr., Strauss, H. William. Radioactive Tracers In The Differential Diagnosis of Pulmonary Embolism. Progress in Cardiovascular Diseases, Vol. XVII, No. 4 (January/February), 1975.

## Pulmolite™—Stannous Macroaggregated Human Serum Albumin Agent.

**Indications:** Technetium Tc 99m MAA is indicated as a lung imaging agent to be used as an adjunct in the evaluation of pulmonary perfusion.

Specifically, the distribution of the agent reflects regional pulmonary perfusion and may be helpful in the evaluation of such clinical conditions as pulmonary embolus, chronic obstructive lung disease, congenital anatomic abnormalities, and pulmonary abscess. It can also be used in conjunction with a suitable liver imaging agent for the performance of lung-liver scans to detect subphrenic abscesses.

**Contraindications:** The safety of aggregated albumin in patients with right-to-left cardiac shunts has not been demonstrated, and its use in such patients is contraindicated. The use of Tc 99m macroaggregated albumin is contraindicated in persons with a history of hypersensitivity reactions to products containing human serum albumin.

**Warnings:** Although not reported to date, the possibility of allergic reactions should be considered in patients who receive multiple doses. This radiopharmaceutical preparation should not be administered to pregnant or lactating women, or persons under 18 years of age unless the benefits to be gained outweigh the potential hazards.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses.

Theoretically, the intravenous administration of any colloid material such as aggregated albumin imposes a temporary small mechanical impediment to blood flow. While this effect is probably physiologically insignificant in most patients, the administration of aggregated albumin is possibly hazardous in acute cor pulmonale and other states of severely impaired pulmonary blood flow. Although not reported with NEN's Tc 99m Aggregated Albumin, the literature contains four reports of deaths occurring after the administration of aggregated albumin to patients with pre-existing severe pulmonary hypertension.

**The contents of the vial before preparation are not radioactive. However, after the Pertechnetate Sodium Tc 99m is added, adequate shielding of the final preparation must be maintained.**

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by a nuclear reactor or particle accelerator and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

The labeling reactions involved in preparing the agent depend on maintaining the tin in the reduced state. Any oxidant present in the Pertechnetate Sodium Tc 99m supply may thus adversely affect the quality of the prepared agent. Hence, Pertechnetate Sodium Tc 99m containing oxidants, or other additives, should not be employed without first demonstrating that it is without adverse effect on the properties of the resulting agent.

**Precautions:** The contents of the vial are sterile and non-pyrogenic. It is essential that the user follows the directions carefully and adheres to strict aseptic procedures during preparation of the product.

PULMOLITE Agent should be used within 8 hours after reconstitution with Pertechnetate Sodium Tc 99m. Refrigerate after reconstitution.

If blood is withdrawn into the syringe, unnecessary delay prior to injection may result in clot formation in situ.

As in the use of any other radioactive material, care should be taken to minimize radiation exposure to the patient, consistent with proper management, and to insure minimum radiation exposure to the occupational workers.

**Adverse Reactions:** Although no adverse reactions have been reported using NEN Technetium Tc 99m Aggregated Albumin, rare instances of hemodynamic or idiosyncratic reactions to other preparations of Tc 99m labeled macroaggregated albumin have been recorded.

**Dosage and Administration:** The recommended intravenous dose range for the average patient (70kg) is 2 to 4 millicuries. For ease and accuracy in dispensing the prepared agent, it is

recommended that prior to reconstitution, concentrated Pertechnetate Sodium Tc 99m be further diluted to a minimum volume of 5ml with fresh, preservative-free, sterile Sodium Chloride Injection (U.S.P.)

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to patient administration. Resuspend particles in syringe immediately prior to injection by repeated inversion of the syringe. (If blood is drawn into syringe, any unnecessary delay prior to injection may lead to clot formation in situ). Do not backflush the syringe. Slow injection is recommended, and for optimum results, imaging should begin as soon as possible after injection.

**How Supplied:** PULMOLITE Stannous Macroaggregated Human Serum Albumin Agent is supplied as a package of five (5) vials, sterile and non-pyrogenic, each vial containing in lyophilized form:

Denatured Human Serum Albumin	- 1.5mg
Normal Human Serum Albumin	- 10mg
Sodium Chloride	- 10mg
Stannous Chloride	- 0.012-0.07mg

PULMOLITE Agent contains no preservative; after reconstitution the shielded vial should be stored at 2° to 8°C.

Included in each package is one (1) package insert and a strip of six (6) radiation labels.

## Xenon Xe 133 Gas (CALIDOSE™) Dispensing System.

**Indications:** Inhalation of Xenon Xe 133 gas has proved valuable for the evaluation of pulmonary function and for imaging the lungs. It may also be applied to assessment of cerebral flow.

**Contraindications:** To date, no known contraindications to the use of Xenon Xe 133 gas have been reported.

**Warnings:** This radiopharmaceutical should not be administered to pregnant or lactating women unless the benefits to be gained outweigh the potential hazards.

Ideally, examinations using radiopharmaceuticals, especially those elective in nature, of a woman of childbearing capability should be performed during the first few (approximately 10) days following the onset of the menses.

Radiopharmaceuticals should be used only by physicians who are qualified by specific training in the safe use and handling of radionuclides produced by nuclear reactor or particle accelerator, and whose experience and training have been approved by the appropriate governmental agency authorized to license the use of radionuclides.

**Precautions:** As in the use of any other radioactive material care should be taken to insure minimum radiation exposure to the patient, consistent with proper patient management, and to insure minimum radiation exposure to occupational workers. Expired Xenon Xe 133 gas should be controlled in a manner that is in compliance with the appropriate governmental agency regulations. Xenon Xe 133 adheres to some plastics and rubber and should not be allowed to stand in tubing or respirator containers. Such unrecognized loss of radioactivity from the dose for administration may render the study non-diagnostic. Xenon Xe 133 gas delivery systems, i.e., respirators or spirometers, and associated tubing assemblies must be leakproof to avoid loss of radioactivity into the laboratory environs not specifically protected by exhaust systems.

**Adverse Reactions:** To date, no adverse reactions based on the use of Xenon Xe 133 gas have been reported.

**Dosage and Administration:** Xenon Xe 133 gas is administered by inhalation from closed respirator systems or spirometers. The suggested activity range employed for inhalation by the average adult patient (70 kg) is:

Pulmonary function including imaging: 2-30 mCi in 3 liters of air.

Cerebral blood flow: 10-30 mCi in 3 liters of air.

The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

**How Supplied:** The Xenon Xe 133 gas is supplied as part of the Calidose™ system, consisting of 2 ml unit dose vials and the Calidose dispenser\* for shielded dispensing.

Normally vials containing either 10 or 20 mCi/vial, packed up to 5 vials per shield tube, are supplied. Vial sets containing up to 100 mCi/vial are available.

\*Patent Pending



## New England Nuclear Radiopharmaceutical Division

Atomlight Place, North Billerica, Mass. 01862

Telephone 617-667-9531

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# Three peaks make a beautiful view

Searle's large field of view scintillation camera, in its standard configuration, is the only instrument of its type which allows you to set window width and energy level on 3 independent analyzers for unique isotopes and special studies...*the only one* which lets you take full advantage of the diagnostic potential in multi-peak nuclides such as Gallium 67. This is a great advantage in soft tissue studies where high sensitivity and superior resolution are vital.

## LARGE SELECTION OF COLLIMATORS

To sharpen your images even more, the Pho/Gamma LFOV offers a large assortment of converging and parallel hole collimators designed and developed by Searle Radiographics. There is a significant improvement in the resolution of deep-seated structures with converging collimation. In renal studies, for example, the images

possess such clarity that it is possible to obtain even *oblique* views of diagnostic quality. Converging collimation also brings enhanced sensitivity to the imaging of small organs.

The large field of view with parallel hole collimation can simultaneously image both kidneys or both lungs. Thus, where a standard field of view camera requires 2 studies, the Pho/Gamma LFOV routinely does the job with only one.

## EASE OF OPERATION

The Pho/Gamma LFOV has eleven factory pre-set isotope windows for operator convenience. Automatic peaking assures remarkable reproducibility from study to study and from day to day.

## IMPROVED ELECTRONIC DESIGN

New ratio correction circuitry allows wider window widths, shortens study times, reduces motion artifact and increases patient throughput. Other electronic innovations include pulse-pair pile-up rejection and event buffering circuitry. As a result, the Pho/Gamma LFOV is capable of count rates up to 200,000 cps, which is sufficient for even highly specialized techniques such as dynamic cardiac studies.

The introduction of the Pho/Gamma LFOV in 1975 was a milestone in nuclear imaging. Since then, this advanced instrument has earned a repu-

tation as the finest, most versatile scintillation camera you can buy. Today, clinicians rely on the Pho/Gamma LFOV for improved diagnostic clarity, shortened study times and greater patient comfort in lung, brain, whole body bone, renal and abdominal (liver) blood flow studies.

## INSTRUMENTATION BACKED BY SUPERIOR SERVICE

Searle Service is one of the largest, highly trained Service Organizations in the nation. This trained and knowledgeable group is dedicated to maintaining highest quality instrument performance in your laboratory.

*For more information about the Pho/Gamma LFOV system, including the unique Micro Dot™ Imager and Scintiscan™ Whole Body Table, call your Searle representative or write: Searle Radiographics, Inc., 2000 Nuclear Drive, Des Plaines, IL 60018. Telephone: (312) 298-6600.*

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IMAGING:  
The Living Art





# Advances in Low~Cost



Originally color displays were regarded by a large section of the medical physics profession as merely a pretty gimmick.

However it became apparent that the color display was of significant use in viewing successive frames in dynamic examinations.

Varian continued work on color displays and have produced such a display that provides good quality images in the following modes.

- Color scales with identification.
- Color curves with annotation.
- Color regions of interest outlines with identification
- Color contours with identification
- Color isometrics with identification
- Multiple screens at remote locations

Varian physicists feel that, if the black and white STATOS® hardcopy is to be used as a definitive clinical record, the color display is more than adequate as a volatile display.

Accordingly, any system where the modified Tektronix monochrome display is standard, it may be replaced by a color display for a price reduction.

- ① Color Scale of Embolized Lung in Left Lateral View
- ② Contour Map of Embolized Lung in Left Lateral View
- ③ Dynamic Liver Examination showing Frame no 30 and Interactive Formation of Regions of Interest
- ④ Isometric View of Sum Matrix of Liver Dynamic Examination
- ⑤ Display of Completed Regions of Interest as shown in frame 3 (above)
- ⑥ Curves formed from Regions of Interest as shown in frame 5 (left)

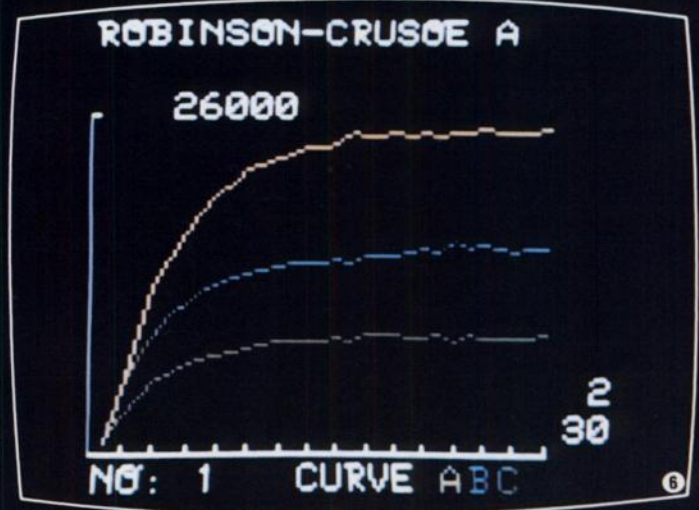
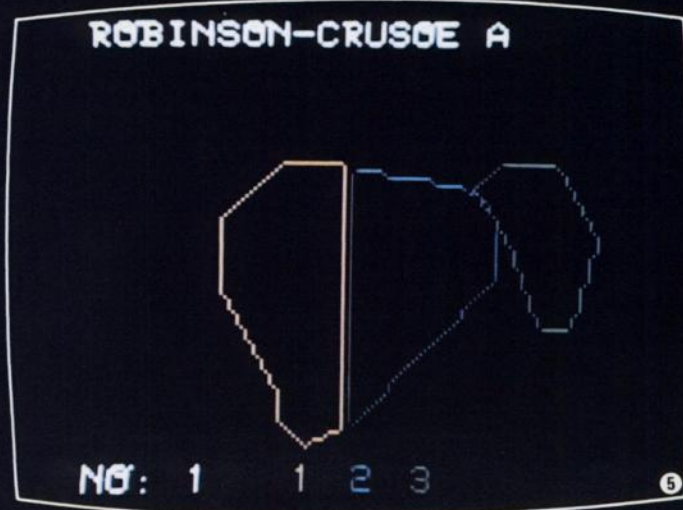
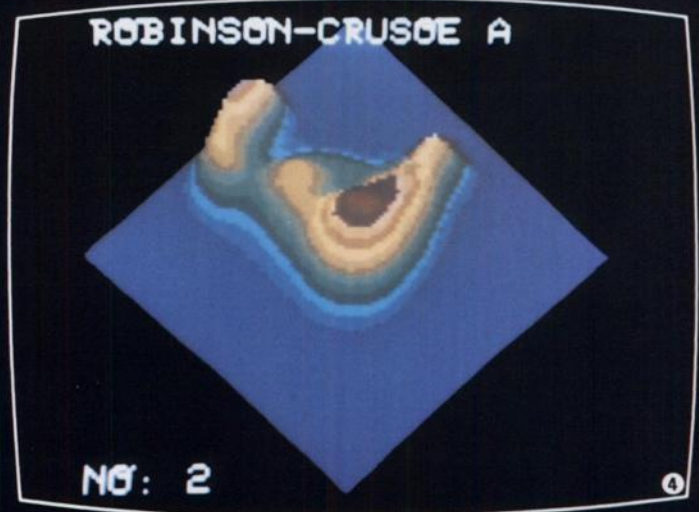
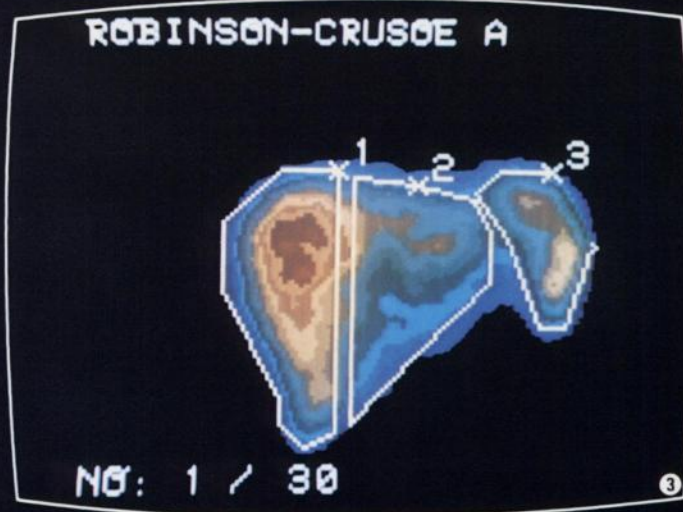
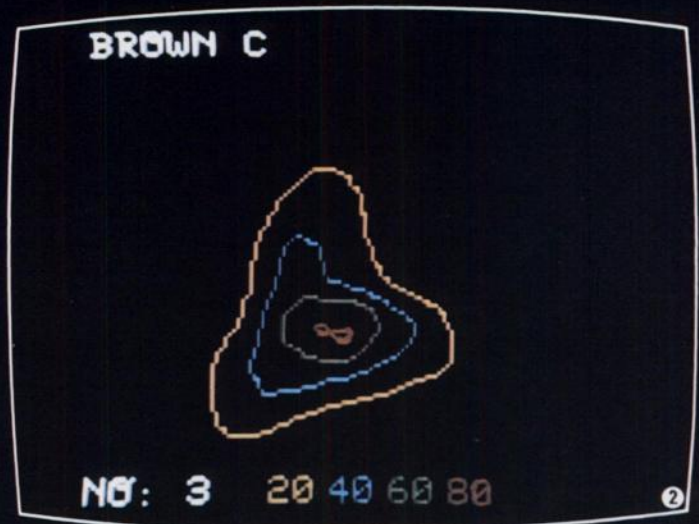
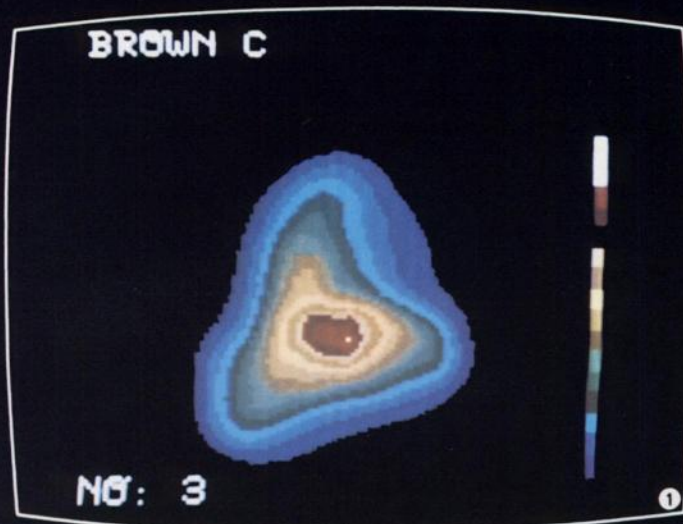


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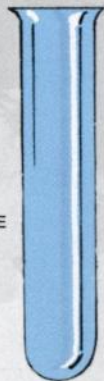
# Multiple~Screen Color Displays from **varicam**





# Clinical Assays GammaCoat™ T4 RIA

ADD  
SAMPLE



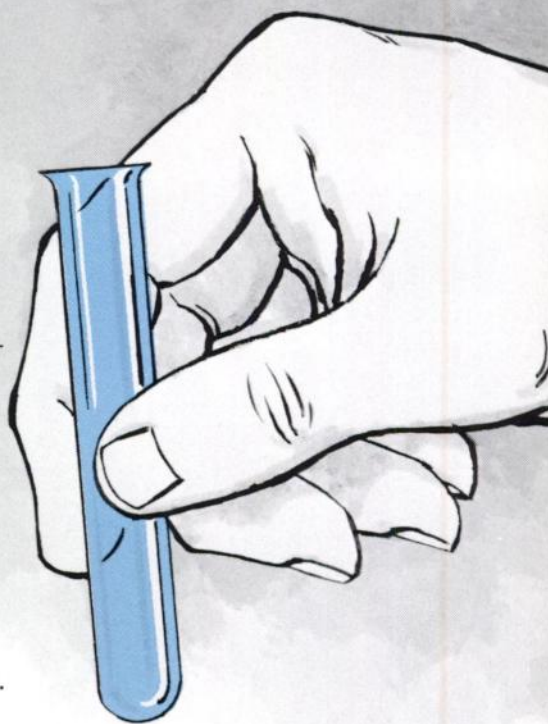
ADD  
TRACER  
REAGENT



DECANT



COUNT



## SOLID PHASE SEPARATION- ANTIBODY COATED TUBES

**T4 Radioimmunoassay is as elegant as it looks:**

- Technician training and operating time reduced to a minimum.
- T4 antibody coated on the tube — just decant to separate bound from free. No centrifugation or rotation required.
- Extraction eliminated.
- Excellent sensitivity in both the hypo- and hyper-thyroid ranges.
- Entire procedure easily automated (protocol available).

### Protocol:

- Add sample directly into GammaCoat tube.
- Add Tracer-Buffer Reagent.
- Incubate — for 45 minutes at room temperature.
- Decant or Aspirate.
- Count — the tube is counted for as little as 30 seconds.

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- Simple, highly specific RIA method—no solvent extraction or chromatography.
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- Easy gamma counting with I-125 labeled Estriol.

**Benefit to the obstetrician:**

no 24-hour wait, high reliability

**Benefit to the laboratory:**

no urine handling or purifying, easy gamma counting with I-125 labeled Estriol, single or serial estimations easily performed

**Benefit to the patient:**

no inconvenient urine collection, storage, handling and delivery

**Complements the clinically-proven HPL RIA Kit from Amersham/Searle**



**Amersham/Searle**

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We are not a subsidiary or sub-division of some giant corporation that also sells drug store items or machinery. Our only reason-for-being is to produce quality diagnostic kits and prepared radiopharmaceuticals.

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## Books that are needed...from L&F

### INTRODUCTORY PHYSICS OF NUCLEAR MEDICINE

By RAMESH CHANDRA, Ph.D., *New York University Medical School, New York, New York.* Fundamentals of physics essential for the complete understanding and proper performance of various nuclear medicine procedures are presented here in an easy-to-understand manner. Written at a basic level with a minimum use of mathematics, the book contains many examples and problems from routine practice. Basic anatomic and nuclear physics, the phenomenon of radioactivity, production of radionuclides and radiopharmaceuticals, interaction and detection of radiation, and instrumentation for in vitro and in vivo detection of radioactivity are described in a logical and systematic sequence. A unique feature is a particularly lucid discussion of the various factors which govern the resolution, sensitivity and detectability in imaging. In addition, pertinent information on radiation dosimetry, radiation biology and radiation protection is reviewed. Special techniques that are not commonly used but are important in the development of nuclear medicine are discussed in a separate chapter. 185 pp., 68 illus., 1976, \$12.00.

### MEDICAL RADIATION BIOLOGY

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