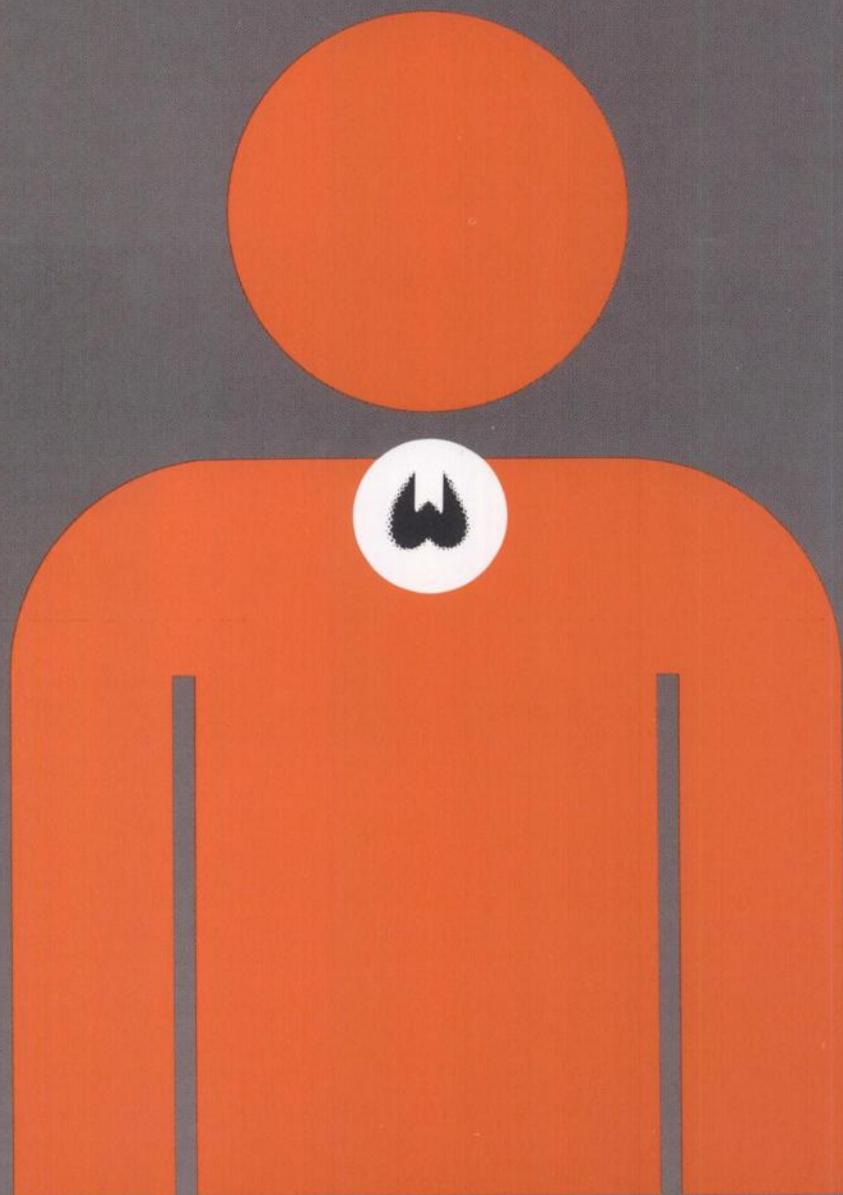


# Sodium Iodide I 123 for thyroid studies



medi+physics™

# 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.

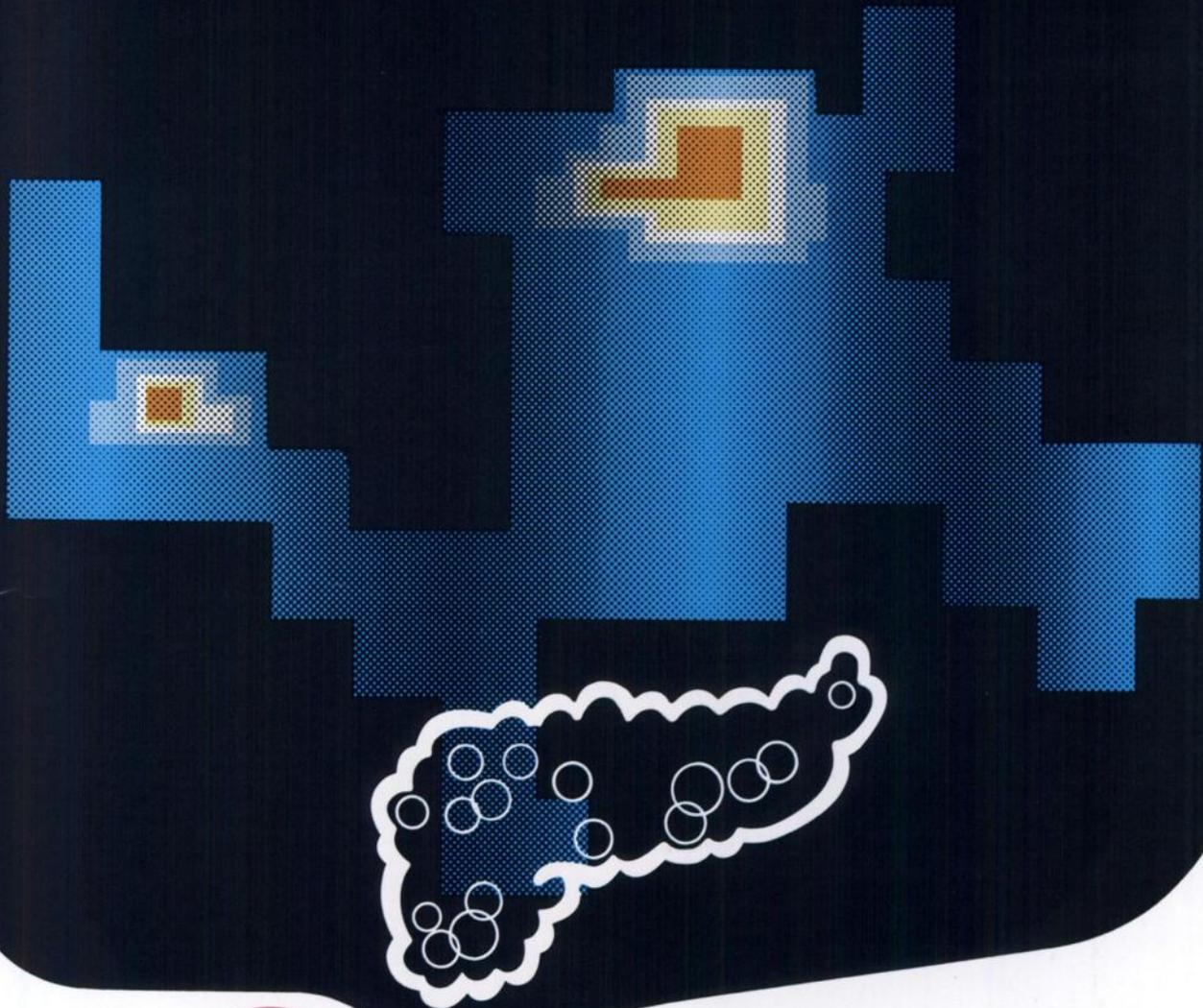
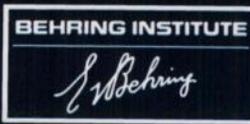
**ADVERSE REACTIONS:** There were nine adverse reactions reported in a series of 1,393 administrations. None of these were attributed to I 123. Five adverse reactions, consisting of gastric upset and vomiting, were attributed to a filler in the

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.

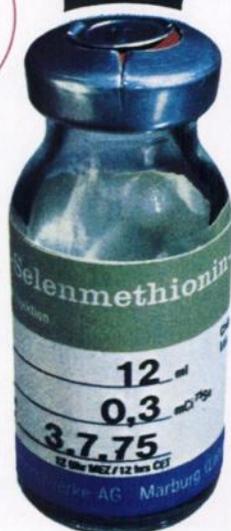
**HOW SUPPLIED:** Sodium iodide I 123 for oral administration is supplied in glass vials and in capsules.



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# L-Selenomethionine (Se-75)

For pancreas scintigraphy as a simple detection method for space occupying lesions like tumors or cysts and alterations of parenchyme.



Already after 10 min maximum count rate  
At least 75% of the initial activity after 60 min

Low radiation dose for 100µCi in liver, pancreas and kidneys  
Whole body dose: 0.8rd  
High radiochemical purity (98%) at calibration date  
Recommended dose: 300µCi

### Contraindications

Radioactive material should be handled with special care to insure minimum radiation exposure to personnel and patients.  
Unless strictly indicated, radiopharmaceuticals should not be administered to pregnant or nursing women or to juvenile patients.

### Specification

L-Selenomethionine-(Se-75)  
Less than 5% D-Selenomethionine.  
Concentration of activity:  
0.2 mCi Se-75/ml  
Specific activity:  
5-10 mCi Se-75/mg Selenomethionine

### Pack

L-Selenomethionine-(Se-75)

in physiological saline for injection (12 ml beaded rim vial)

Order No.: SE-515

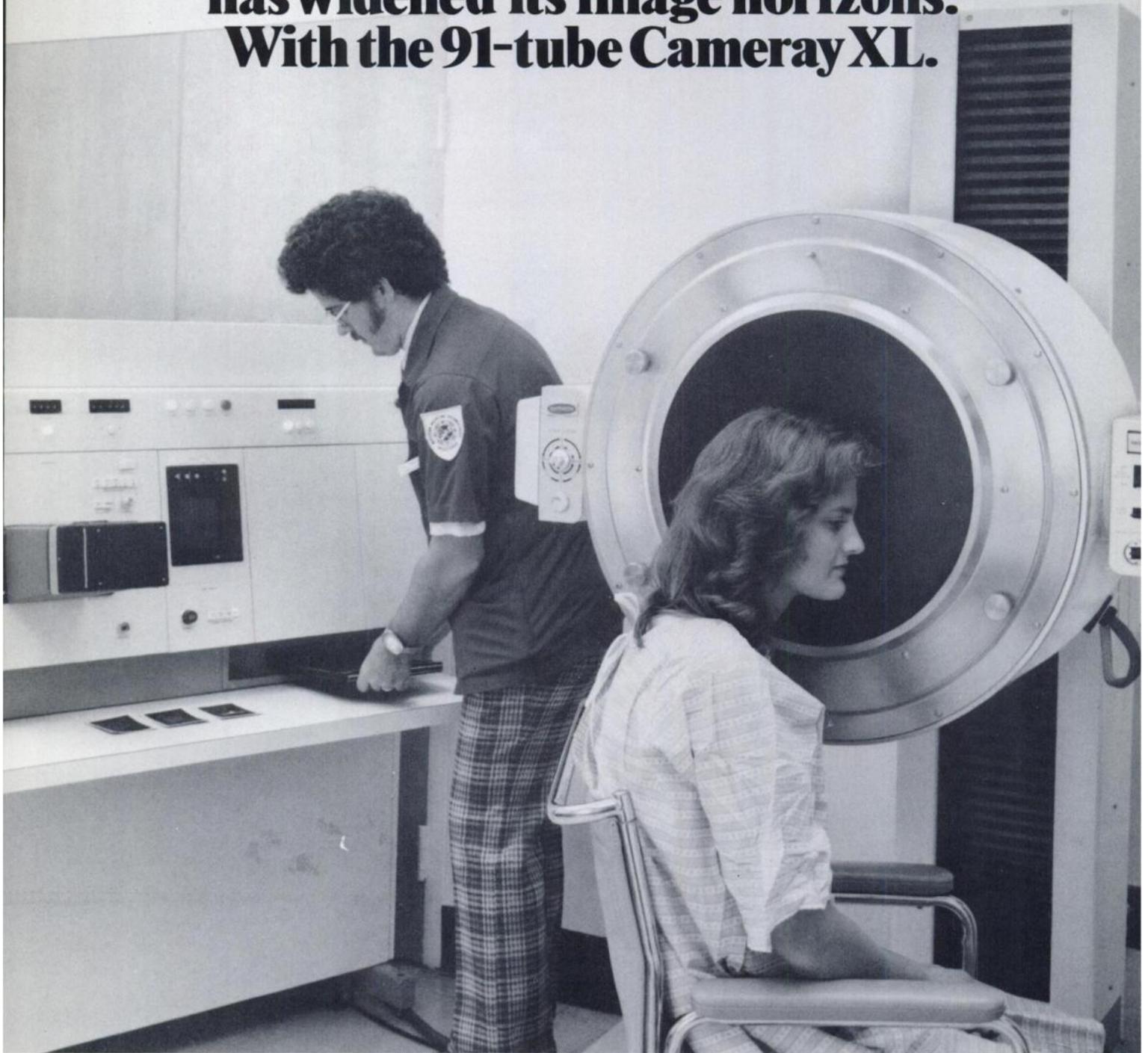
Calibration day: 1st of the month

Dispatch: daily from the 1st of the previous month on

Shelf life: 3 months from the day of first dispatch

Lh 71185

# The Baptist Memorial Hospital has widened its image horizons. With the 91-tube Cameray XL.



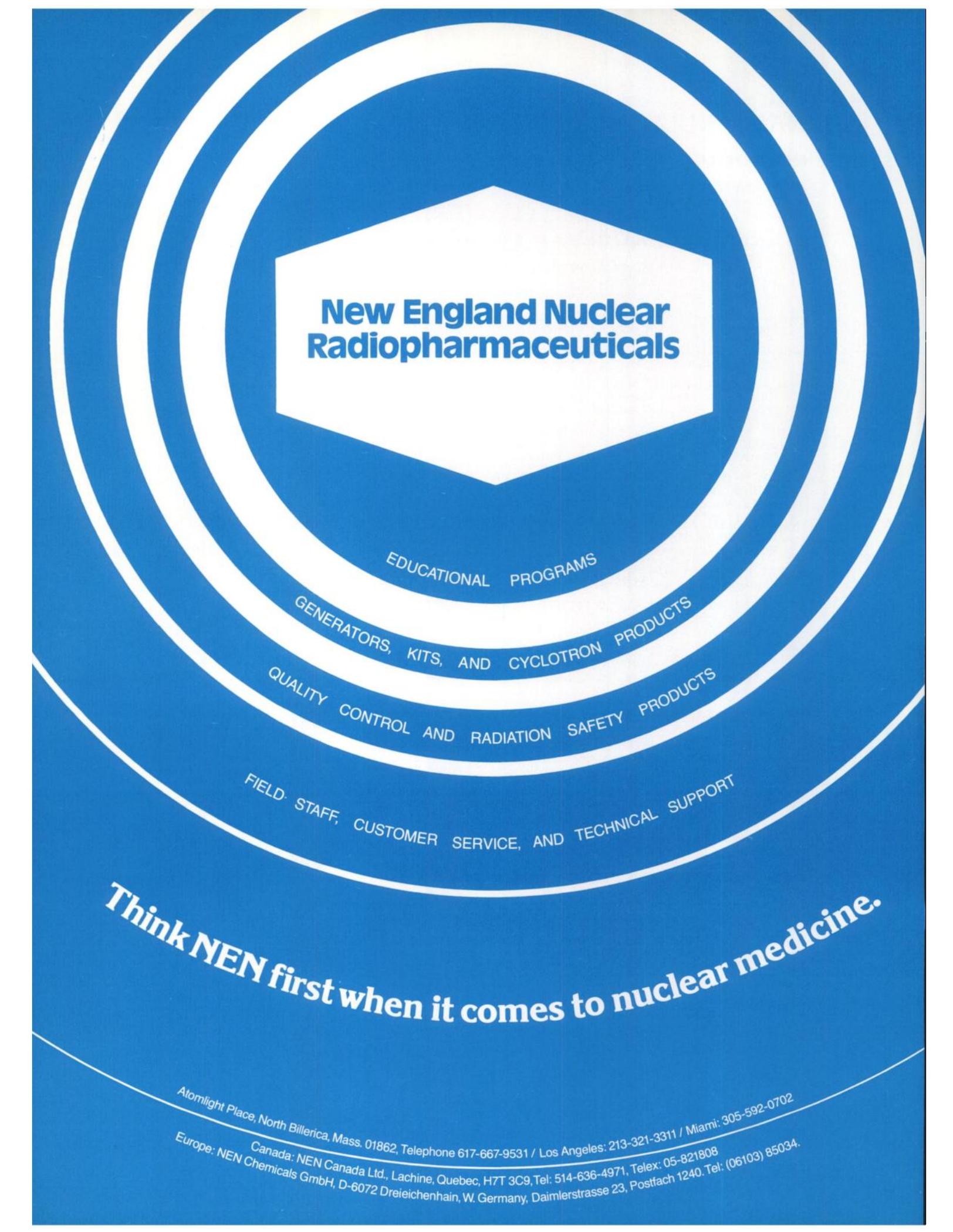
The Baptist Memorial Hospital in Memphis, one of the nation's biggest and busiest medical institutions, is getting more patient per scan these days. At the same time, the nuclear medicine section, under Doctors John Rockett and Mohammed Moinuddin, is getting high resolution images with every reading. The Cameray XL-91 is on the scene.

Cameray XL-91 just might be the ultimate gamma camera. Because it offers you the widest undistorted field of view you can get. A big 16½

inches. And it's the first wide field gamma camera to produce high resolution images equivalent in all respects to smaller field cameras.

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## TECHNETIUM-99M DTPA(TIN)

Brief summary of package insert. Before using, please consult the full package insert included in every kit.

### DESCRIPTION

The kit contains 10 vials, each vial containing 5 mg sterile, pyrogen-free Sodium salt of Diethylenetriamine-pentaacetic Acid (DTPA) and 0.25 mg Stannous Chloride.

Administration is by intravenous injection for diagnostic use. The product as supplied is sterile and pyrogen-free.

When sterile, pyrogen-free Sodium Pertechnetate Tc 99m is added to the vial, a chelate, Technetium Tc 99m DTPA is formed.

### HOW SUPPLIED

Diagnostic Isotopes' Technetium Tc 99m DTPA Kit (Chelate) is supplied as a sterile, pyrogen-free kit containing 10 vials. Each vial contains 5 mg of Sodium salt of DTPA and 0.25 mg of SnCl<sub>2</sub>. The pH is adjusted with HCl or NaOH prior to lyophilization. Following lyophilization the vials are sealed under a nitrogen atmosphere.

### CLINICAL PHARMACOLOGY

Following its intravenous administration, Technetium Tc 99m DTPA rapidly distributes itself throughout the extracellular fluid space from where it is (promptly) cleared from the body by glomerular filtration. There should be little or no binding of the chelate by the renal parenchyma. A variable percentage of the Technetium Tc 99m DTPA binds to serum proteins; this ranges from 3.7% following the single injection to approximately 10% if the material is continuously infused. Although the chelate gives useful information on the glomerular filtration rate, the variable percent which is protein bound leads to a measured glomerular filtration rate which is lower than the glomerular filtration rate as determined by inulin clearances.

Technetium Tc 99m DTPA tends to accumulate in intracranial lesions with excessive neovascularity or an altered blood-brain barrier. The chelate does not accumulate in the choroid plexus.

Since Technetium Tc 99m DTPA is excreted by glomerular filtration, the images of the kidneys obtained in the first few minutes after injection represent the vascular pool within the kidney. Subsequent images of the kidneys represent radioactivity which is in the urine of both the collecting system and the renal pelvis.

### INDICATIONS AND USAGE

Technetium Tc 99m DTPA may be used to perform kidney imaging, brain imaging, to assess renal perfusion, and to estimate glomerular filtration rate.

### CONTRAINDICATIONS

None known.

### WARNINGS

Technetium Tc 99m DTPA should not be administered to children or to patients who are pregnant, or to nursing mothers unless the benefits to be gained outweigh the potential hazards.

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

### PRECAUTIONS

Technetium Tc 99m DTPA 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.

To minimize radiation dose to the bladder, the patient should be encouraged to void when the examination is completed and as often thereafter as possible for the next 4-6 hours.

**Pregnancy Category C:** Adequate reproductive 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. Technetium Tc 99m DTPA should be used in pregnant women only when clearly needed.

**Nursing Mothers:** It is not known whether this drug is excreted in human milk. As a general rule nursing should not be undertaken while a patient is on the drug since many drugs are excreted in human milk.

**Pediatric Use:** Safety and effectiveness in children have not been established.

### ADVERSE REACTIONS

No adverse reactions specifically attributable to the use of Technetium Tc 99m DTPA have been reported.

### DOSAGE AND ADMINISTRATION

The suggested dose range for I.V. administration to be employed in the average patient (70 kg) is:

Kidney imaging and glomerular filtration rate estimation: 3 to 5 mCi.

Brain imaging or renal perfusion: 10 to 20 mCi.

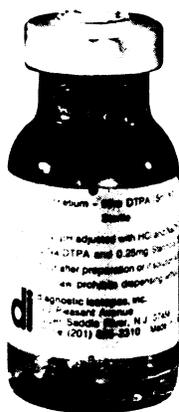
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By the  
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some  
people  
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You've got  
it mixed  
and ready  
to use!



Unless you're in the business, this tongue-twister may tie you up for some time. However, it only takes one minute of mixing time to prepare Diagnostic Isotopes' one-step Technetium-99m DTPA agent for injection.

DTPA becomes Technetium-99m DTPA (Tin) after adding sodium pertechnetate Tc-99m. Technetium-99m DTPA may be used to perform kidney imaging, brain imaging, to assess renal perfusion and to estimate glomerular filtration rate.

Each DTPA kit contains 10 vials. The product is sterile, pyrogen-free, has a labeling efficiency of over 95% and a shelf life of one year . . . all good reasons for ordering now.

*See opposite page for a brief summary of the package insert.*



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**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.

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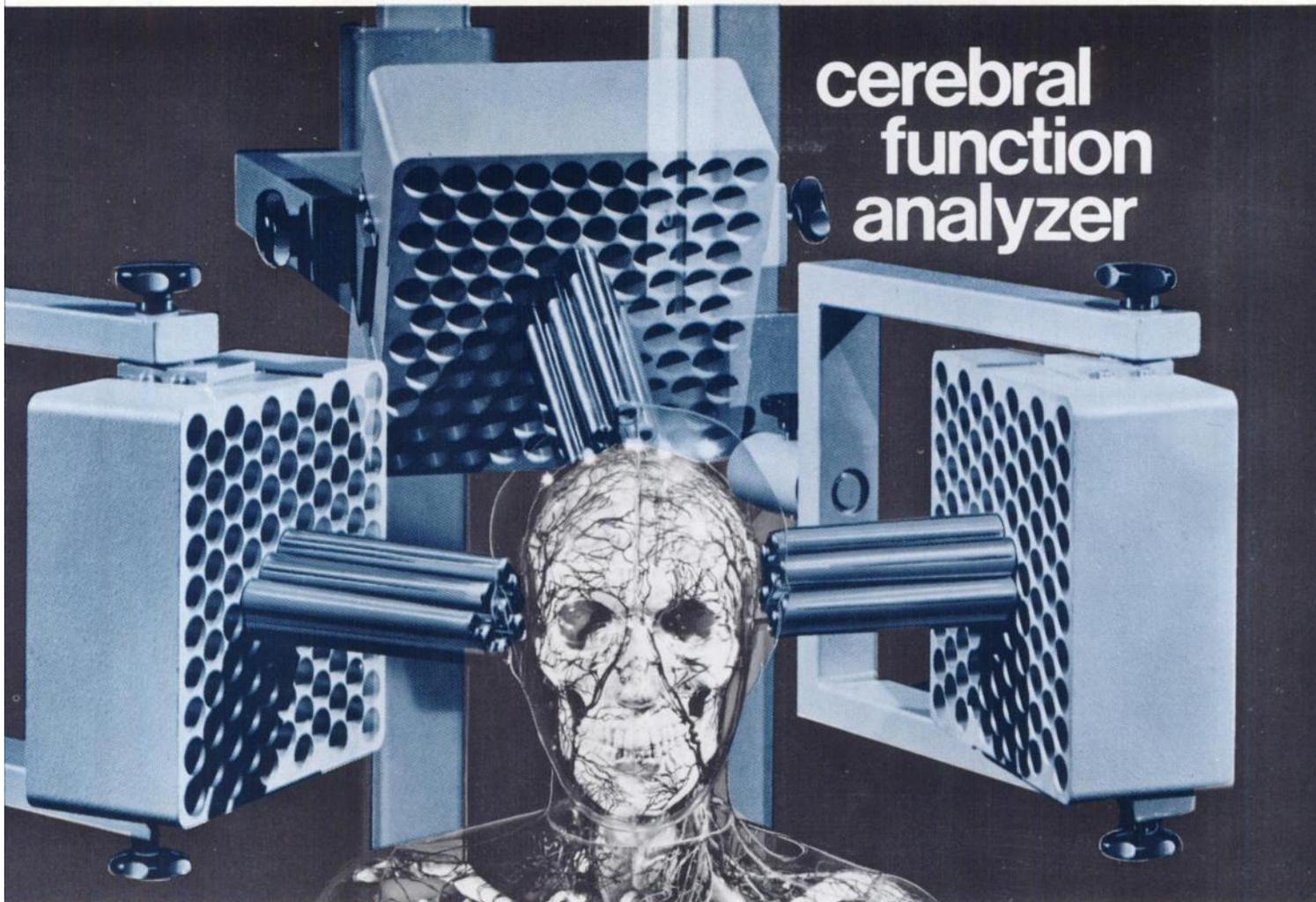
Melécord also prints the exact time and date of each assay automatically, while it alternately displays them on a digital calendar/clock on the front panel, and Melécord can be factory programmed to generate three lines for printing institution identification on each data card.

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Folate <sup>3</sup>H  
Digoxin <sup>3</sup>H  
Digitoxin <sup>3</sup>H

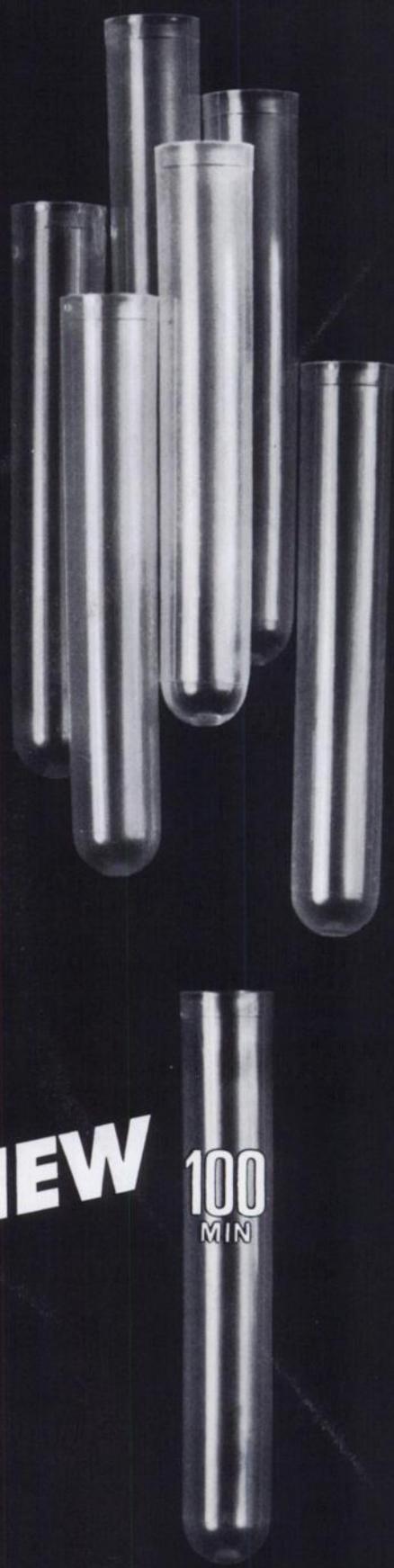
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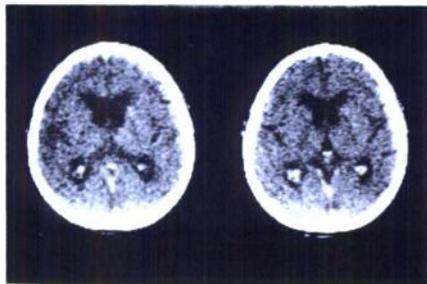
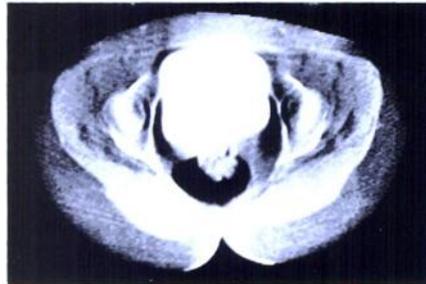


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## CT-SCANNER<sup>®</sup> 0200 & 0200-S



# Continuing Leadership

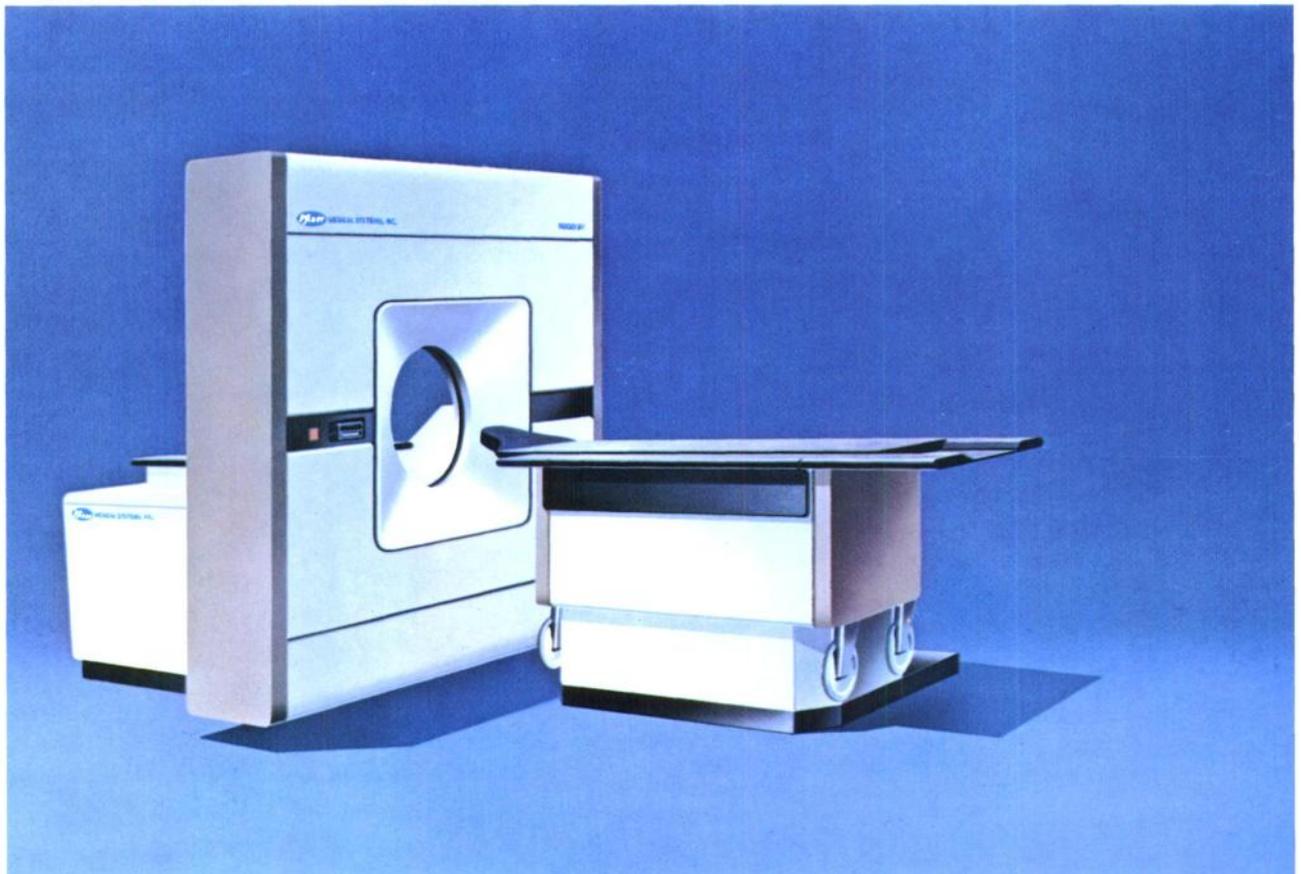
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**This modularity, of course, will make the advanced features of the 0200FS just as readily available to current as well as prospective users.**

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



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- *For data storage* – (1) magnetic tape, for low cost mass storage; (2) optional "floppy" disc for easy filing of individual patient scan data
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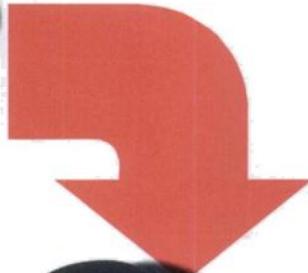
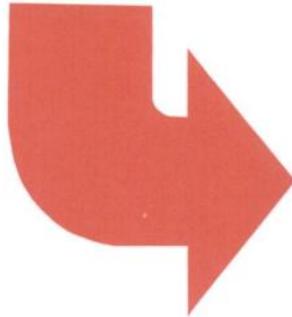


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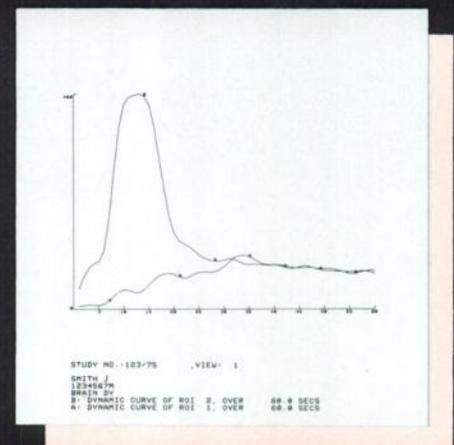
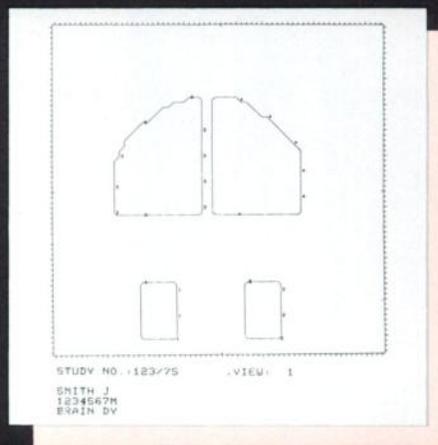
**“...with whole-body scans taking over more of the nuclear imaging load, **Cleon** is the clear choice.”**



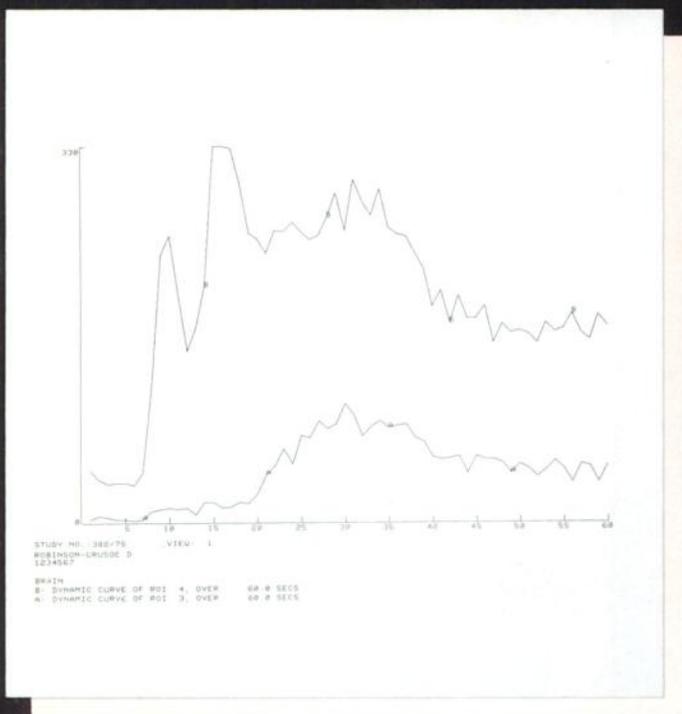
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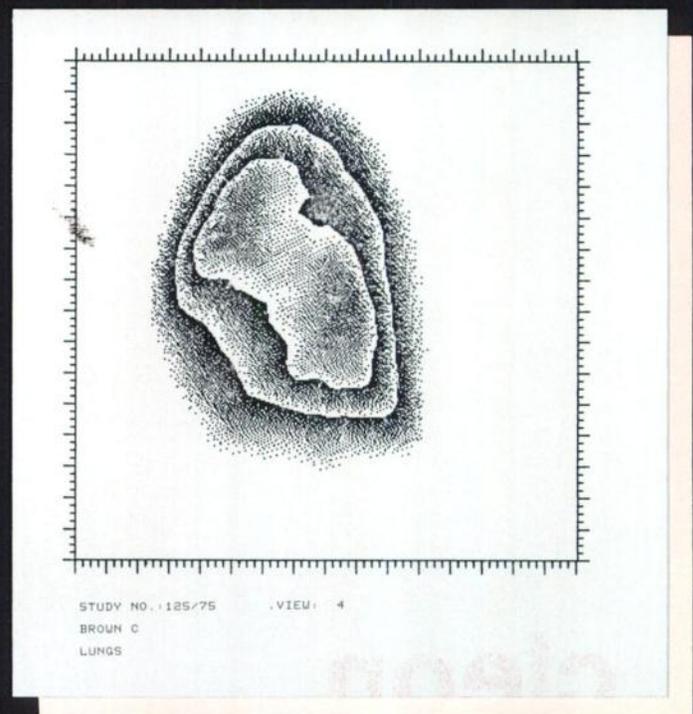
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European Enquiries: Molesey Road, Walton-on-Thames, Surrey, England.  
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# MODEL 145 LOCALIZATION MONITOR

## Detection of Deep Vein Thrombosis

and other in vivo applications



- CPS & PERCENTAGE READOUT
- COMPACT & PORTABLE
- BATTERY OPERATED (3 D cells)
- FULLY TRANSISTORISED
- LINEAR SCALE & WIDE RANGE
- RECORDER OUTPUT
- VARIABLE DEPTH COLLIMATOR
- UNLIMITED CHANNEL SELECTION
- MANUFACTURED & SERVICED IN THE U. S. A.
- CLINICALLY PROVEN FOR OVER ONE YEAR

### CONTROLS

High voltage  
Threshold  
Window  
Battery test  
Response (fast & slow)  
CPS or percent switch  
Reset

For DEEP VEIN THROMBOSIS DETECTION, the Model 145 offers the important features of **portability**, standard D cell operation yielding at least 100 hours of uncycled use, **unlimited** channel selection, and **prompt** servicing.

Using I-125 labelled fibrinogen and the Model 145, early detection of deep vein thrombosis of the legs can be accomplished. With the Model 145, the leg is scanned after intravenous injection of the labelled fibrinogen. As a thrombosis develops, the radioactive fibrinogen is detected with the Model 145 and measured directly in percentage, where 100% is determined over the precordial area.

### SPECIFICATIONS

RANGE: 30, 100, 300, 1000, 3000 cps  
and 0 - 120%

TIME CONSTANT: Fast 2 sec., slow 14 sec.

SIZE: 4½ x 5½ x 8 inches (HxWxL exclusive  
of handle).

WEIGHT: 6.5 lbs total

DETECTOR: 1mm x 1 inch NaI (TL) mounted  
on PMT and 7 mg/cm<sup>2</sup> aluminum  
window. Optional - 1 inch x 1 inch  
NaI (TL) detector with thin window  
at extra cost.

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(617) 879-3775

# If you get an odd result when using one of our thyroid testing kits, there's something wrong with the patient.

Because when you use one of our kits you can depend on the accuracy and reproducibility of the test.

You can depend, too, upon the simplicity and reliability of every kit, T3 RIA, T4 RIA and Thyopac\*-3, 4 and 5, the result of extensive research and development.

When it comes to performance you can rely on the highest standards of Production and Quality Control.

So whatever your needs in thyroid function testing, don't hesitate, rely on us.

**T4 RIA Kit**  
 Kit No. 29  
 Date: 12/175  
 Name: Williams

Horizontal Counter Background: 50  
 Counting Time: 50 sec

Standard	Counts
0-15	19042
4-10	10992
10-8	6062
19-2	6202

Unknowns	Patient Number	Counts	Result
1	275	6215	19.0
2	274	2170	10.2
3	273	9299	9.0
4	272	10594	4.2
5	271	2529	9.1
6	270	2672	11.9
7	269	7103	14.2
8	268	9534	6.5
9	267	775	9.4
10	266		6.5
11	265		3.3
12	264		8.8
13	263		7.5
14	262		1.1

**The Radiochemical Centre**  
 Amersham  
 registered England 1002610

registered office:  
 White Lion Road  
 Amersham  
 Buckinghamshire  
 HP7 9LL

Notes:  
 1. Select units to be used: either µg T4/100 ml or nmol T4/l  
 2. Plot graph using the relevant scale, µg T4/100ml at bottom of sheet, nmol T4/l at top of sheet.  
 3. Read off unknowns from graph using the relevant scale.



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## Thyroid function kits

\*Trademark

Full information is available on request.  
 The Radiochemical Centre Limited, Amersham, England. Telephone: 024-04-4444  
 In the Americas: Amersham Searle Corp. Illinois 60005. Telephone: 312-593-6300  
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nuclear camera with no sacrifice  
in performance.**

**High quality images, in ICU, CCU,  
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moving the patient.**

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provide high speed data acquisition  
with minimal loss.**

**Self-propelled mobility, fast setup,  
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$\pm$  5% Flood Field, 2.5mm Bar  
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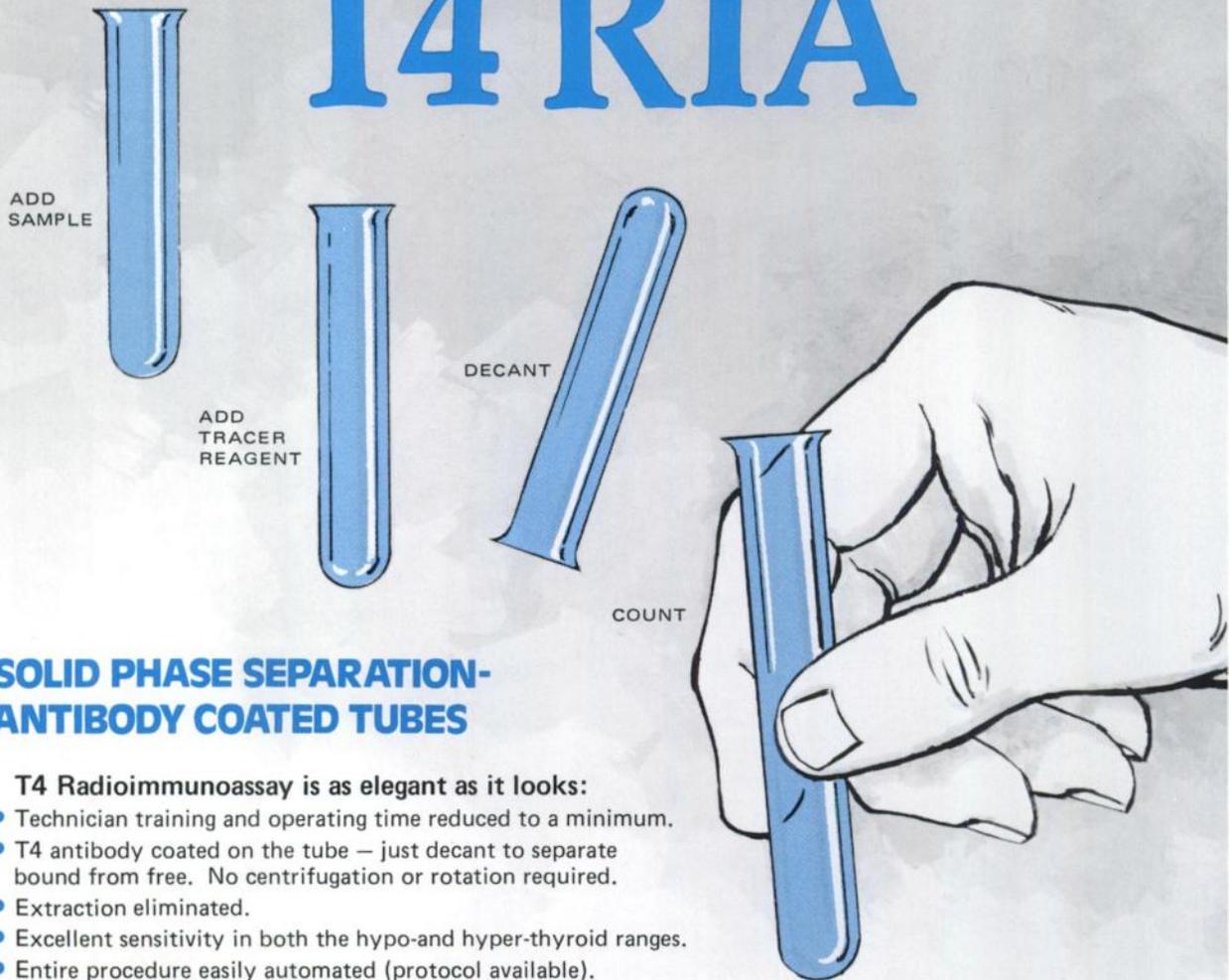
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## SOLID PHASE SEPARATION- ANTIBODY COATED TUBES

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.

For further information call toll free  
at 1-800-225-1241 (in Massachusetts  
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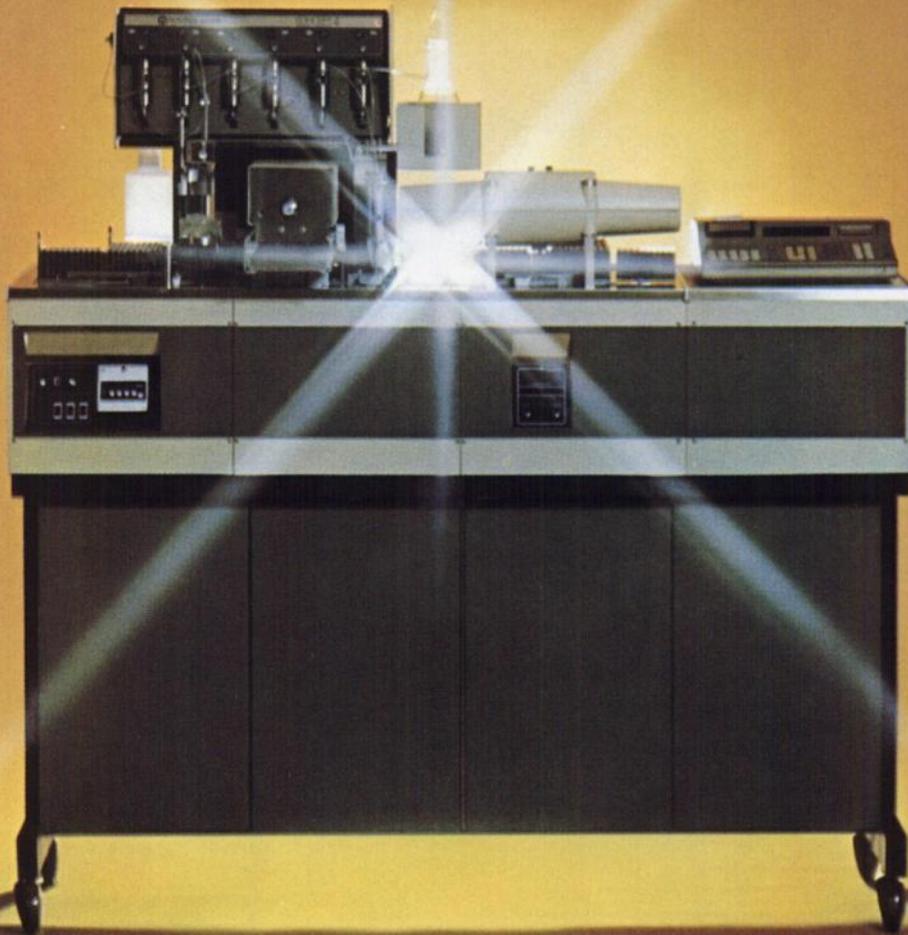
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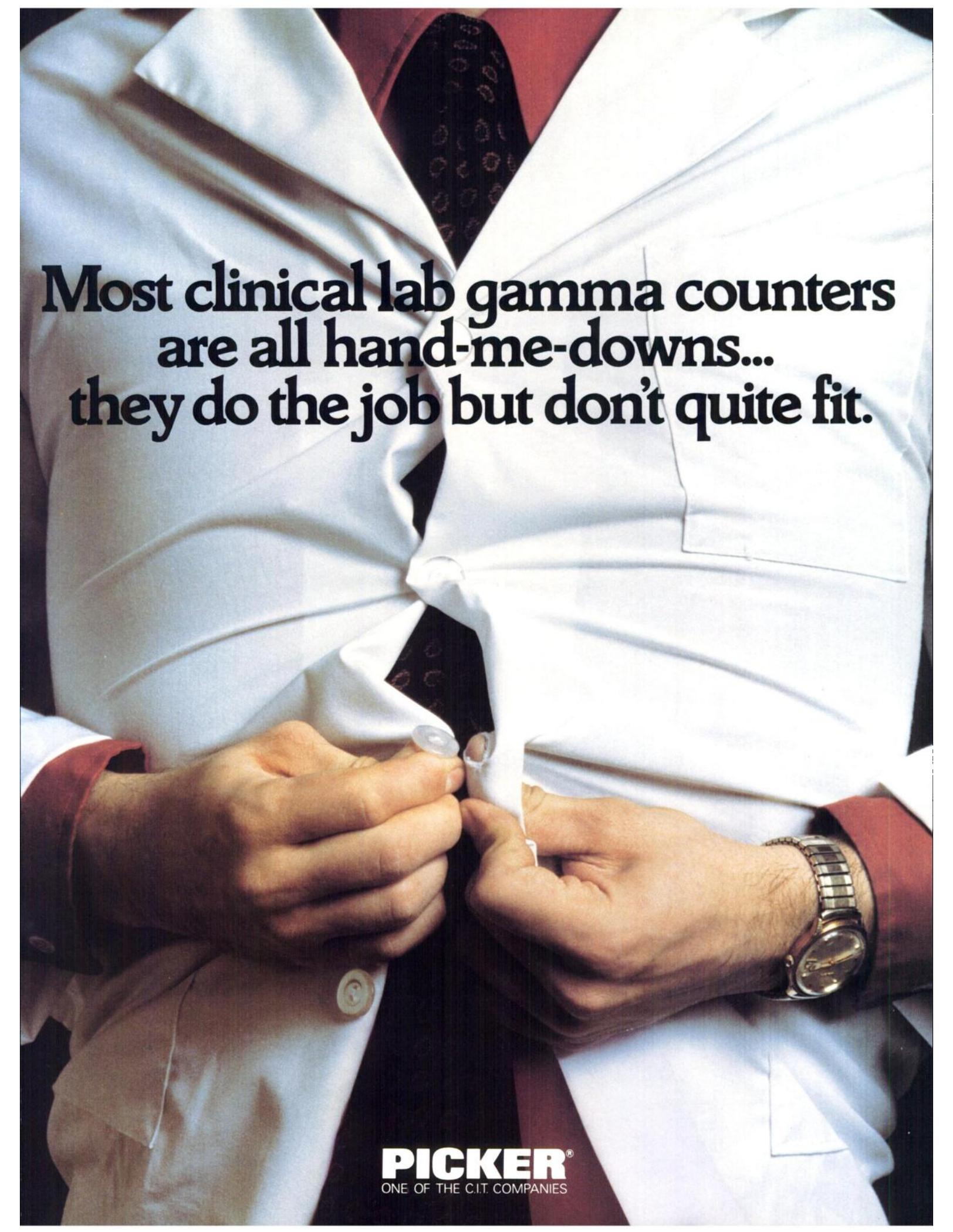
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**Most clinical lab gamma counters  
are all hand-me-downs...  
they do the job but don't quite fit.**

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Picker's PACE-1 is the automatic gamma system designed specifically for today's clinical applications.

The PACE-1 gamma radioassay system is as different from other gamma counters as the clinical lab is from the research lab. PACE-1 is accurate, fast, functional and ready for the workaday rigors of the clinical lab.

Take size for example. PACE-1 is only 20" wide at the base because floor space is precious. PACE comes with a standard 200 position sample chain which can be easily upgraded to 400 positions — which we won't try to sell you unless you need it.

For on-line data reduction, Picker offers the PAC, Programmable Automatic Calculator, which uses an advanced curve fitting program (PALL). PAC can be used off-line, to analyze radioassay data or perform hundreds of other data analysis chores in the clinical lab.

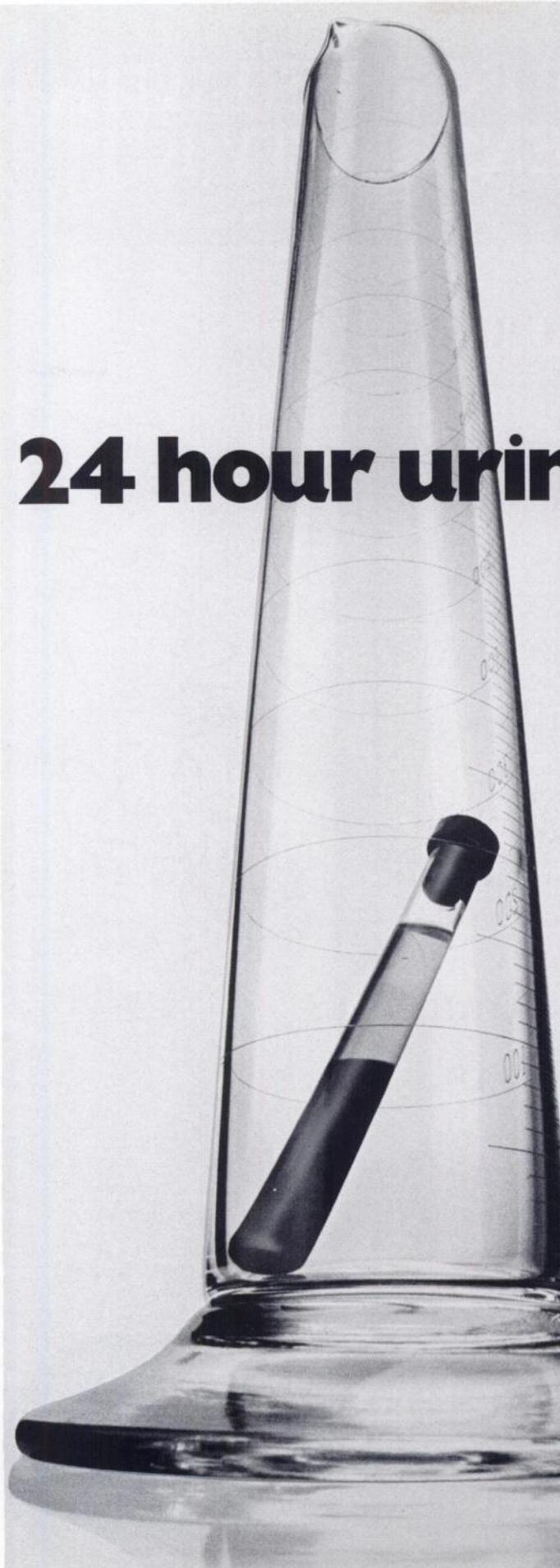
But then other counters weren't designed specifically for today's clinical applications.

PACE-1 is an example of Picker'synergy — the complete interfacing of systems and services for better diagnostic results.

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# **Estriol results without 24 hour urine collection**

## **New Amersham/Searle Estriol RIA Kit**

There is only one thing wrong with measuring estriol in urine, and that's the urine. Amersham/Searle's new Estriol RIA Kit avoids the time consuming and inconvenient 24-hour urine collection.

- Simple, highly specific RIA method—no solvent extraction or chromatography.
- Only 50 $\mu$ l serum or plasma sample.
- Rapid and reproducible results. 5-8% C.V. in an individual hospital.
- 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



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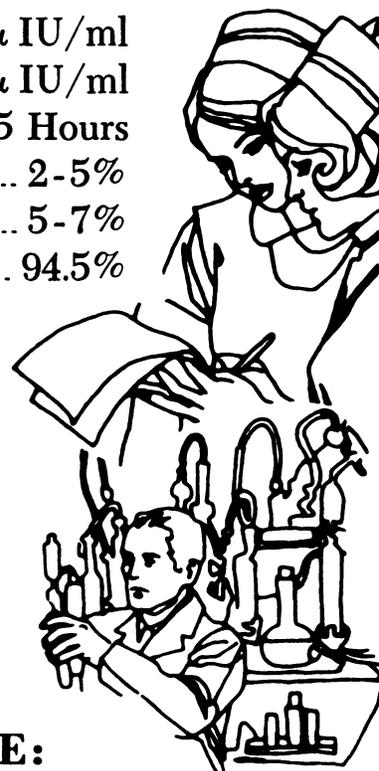
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**New Amersham/Searle Estriol RIA Kit**

# NEW RIA TEST FOR TSH WITH DPC's HIGH SENSITIVITY KIT

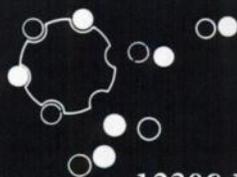
## FEATURING:

- SUPERSENSITIVITY .....  $2\mu$  IU/ml
- LINEAR RANGE ..... 2-100 $\mu$  IU/ml
- TOTAL INCUBATION TIME ..... 5 Hours
- PRECISION (within-run) ..... 2-5%
- PRECISION (run-to-run) ..... 5-7%
- RECOVERY OVER ASSAY RANGE ..... 94.5%
- SECOND ANTIBODY PEG SEPARATION
- LYOPHILIZED REAGENTS
- LOWEST CROSS-REACTIVITY WITH HCG, LH and FSH
- INDIVIDUAL CALIBRATORS
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- LINEAR PLOT (log-logit paper provided)



## KITS ALSO AVAILABLE:

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| $^{125}\text{I}$ GENTAMICIN | $^{125}\text{I}$ CORTISOL                    |
| $^{125}\text{I}$ T-3 RIA    | $^{57}\text{Co}$ VITAMIN B-12                |
| $^{125}\text{I}$ T-4 RIA    | $^3\text{H}$ Aldosterone (no chromatography) |
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X-ray fluorescence analysis in-vitro affords tracer studies in new and conventional areas *without* the use of radioactive tracers, i.e., replacing them with *stable tracers*.

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- high specificity and sensitivity, wide ( $10^5$ ) dynamic range (from ppm to %)
- no radiation exposure to patient or personnel, with increased capabilities for serial studies and studies of normals
- no storage, handling, or disposal of short half-life radioactive materials
- simple, accurate, cost effective

#### References

1. Kaufman L., Price, D. C. (Eds): *Semiconductor Detectors in Medicine*, CONF-730321, Washington, D. C., U. S. Atomic Energy Commission, 1973.
2. Kaufman L., Wilson C. J.: Determination of extracellular fluid volume by fluorescence excitation analysis of bromine., *Journal of Nuclear Medicine* 14:812, 1973.
3. Price, D. C., Swann S. J., Hung S., et al: The measurement of circulating red cell volume using nonradioactive cesium and fluorescent excitation analysis., *Journal of Laboratory and Clinical Medicine* (in press).
4. Guesry P., Kaufman L., Orloff S., et al: Measurement of glomerular filtration rate by fluorescent excitation of nonradioactive meglumine iothalamate., *Clin Nephrol* 3:134, 1975.



### II. In Vivo: The Kevex-Scan III B X-ray Fluorescence Thyroid Analyzer.

- High resolution thyroid imaging *without* radioactive tracer
- Quantitative total iodine information with calibration
- Very low local radiation dose-zero whole body dose
- Complementary and unique information of thyroid disease state via the endogenous iodine distribution
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For information write or call:  
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C&EN May 3, 1976

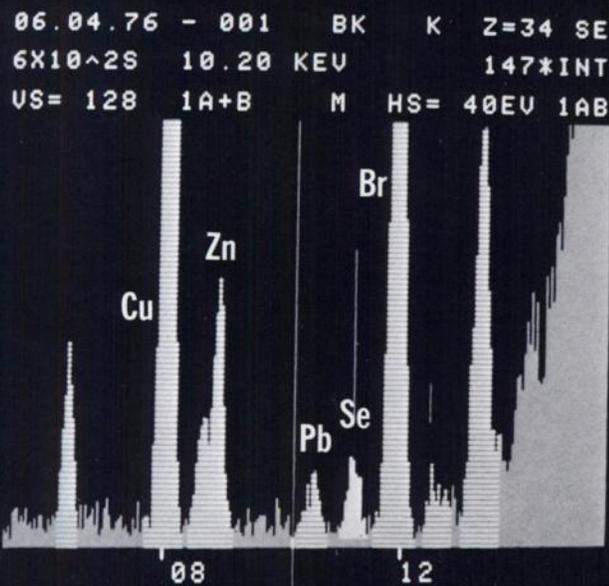
# Heart disease, cancer linked to trace metals

The possibility that variations in dietary and environmental levels of selenium, copper, zinc, and perhaps other metals

The ability to analyze many trace elements simultaneously and nondestructively is what x-ray energy spectrometry is all about. Now, new developments by Kevex provide medical researchers, the pharmaceutical industry and process control engineers with high-speed analytical capabilities that offer far more potential than traditional techniques such as AA.

In this instance, the Kevex x-ray energy spectrometer measured the zinc-to-copper ratio and selenium concentration in two microliters of human breast fluid. A recent study shows a positive correlation between coronary mortality in 47 U.S. cities and the ratio of zinc-to-copper in cow milk of those areas. The connection between low cancer rate and high selenium diet was also reported for both cancer of the colon and breast cancer. (C & E News May 3, 1976).

The new Kevex ULTRA-TRACE™ x-ray energy spectrometer can analyze a fraction of a billionth of a gram of selenium in human breast fluid—total analysis time per determination—5 minutes! ULTRA-TRACE™ is an innovation that combines many seemingly disconnected analytical parameters, each marginally effective, into an integrated system of great usefulness. Are you interested in nondestructive multi-element trace analysis? For more information contact Kevex at:



Spectrum for copper, zinc and selenium obtained from two microliters of human breast fluid.



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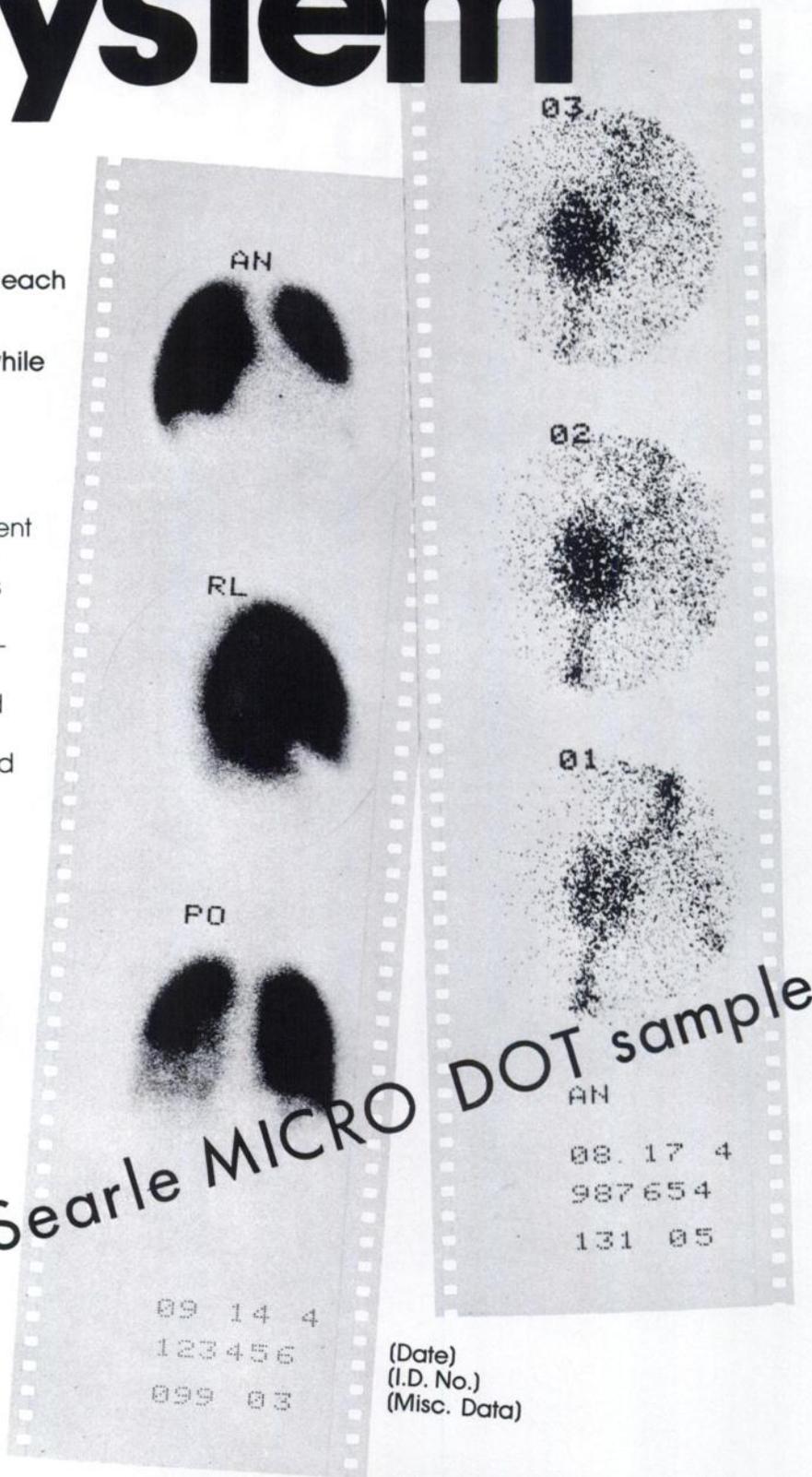
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The initial frame lists pertinent patient data and is easily viewed without magnification. Each static study is permanently labelled with the proper view; each dynamic exposure with a sequential number. Data is entered via keyboard and is displayed on the "B" scope for photography. Cables are included for direct connection to Gamma Camera CRT x,y,z input.



Model C-5200 Electronic Patient Identification System  
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Send for Searle MICRO DOT sample!

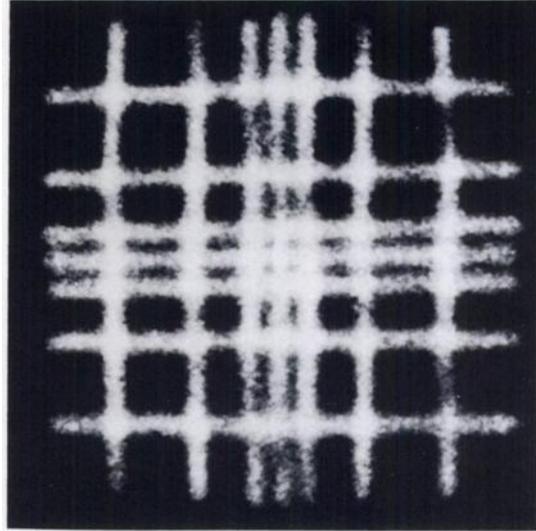
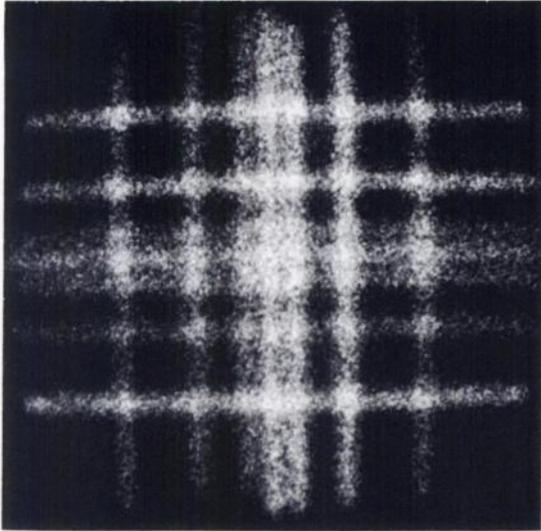


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(70mm scintiphotos with Hasselblad / Zeiss camera)



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Every time you see our symbol on a radioassay kit you know you can depend on its performance. Because we spend a lot of time discovering the needs of radioassay users and on the production and quality control of our kits, we can guarantee they are precise, reliable and simple to use.

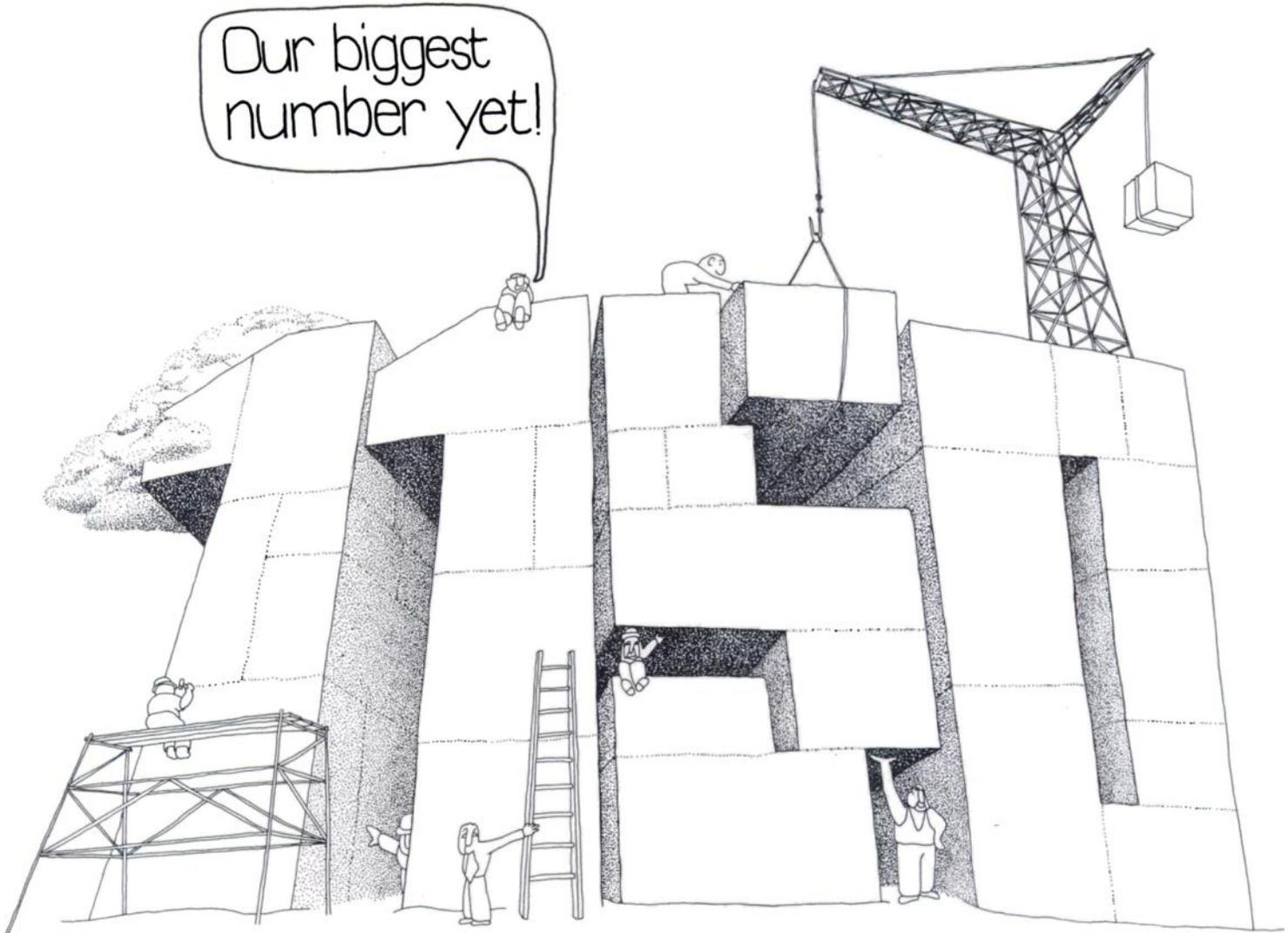
In 1976 we added five more kits to our range, making sixteen in all, and there will be more to come.



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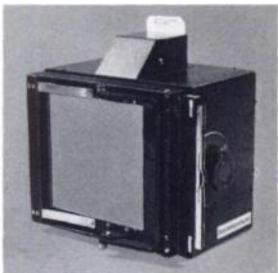
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# The new Elscint Mobile 1

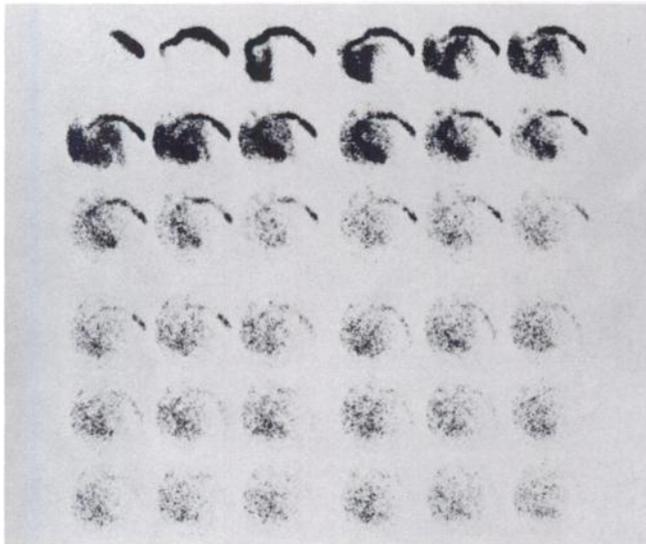
**Gentle as a pussycat.  
Yet powerful.  
For every clinical need.**



Elscint's new MOBILE 1 gamma camera offers you the quality and performance of a stationary camera with the fluid mobility of a cat. It moves rapidly yet safely wherever needed. The detector head raises smoothly into position with fully automated two speed controls. Over or under the patient. Swings to either side or in front. The new MOBILE 1 camera is quiet and efficient to give you high quality results with maximum flexibility.

### Mobile 1: Exceptional performance in a mobile camera

Results, of course, must be the ultimate measure of any diagnostic system. Here, Elscint is second to none. The MOBILE 1 provides a full 12" FOV with bar resolution better than 3.2 mm. It images at rates

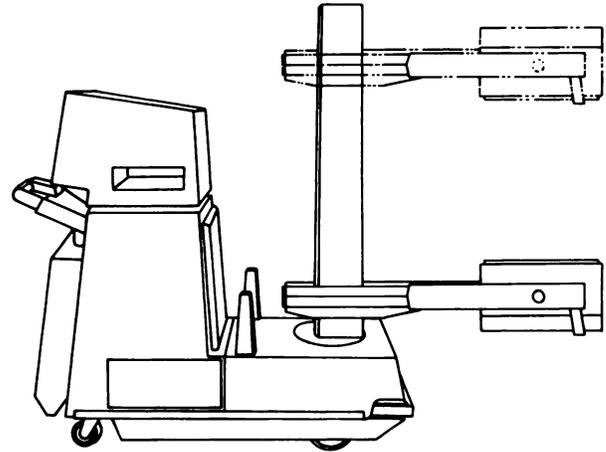


to 200,000 cps. (less than 1.5  $\mu$ s deadtime) and its usable energy range extends beyond 200 KeV for use with  $^{81m}\text{Kr}$  (190 KeV),  $^{99m}\text{TC}$  (140 KeV) or  $^{201}\text{Tl}$  (70 KeV), or other usable radionuclides within this range. It thus performs as a regular stationary camera for both static and dynamic studies as well as a mobile patient bedside unit. An optional data storage/replay system acquires and records at up to 150,000 cps for later replay or processing, adding time marks for re-framing as fast as 100 frames/sec.

### Mobile 1: Maximum maneuverability

Extreme ease and convenience of movement are major features of the MOBILE 1. Its under-30" width and

compact overall size enable passage through any doorway or narrow hall. Its low profile facilitates excellent forward visibility while in motion and its low center of gravity produces high stability even with full detector extension. Three speed forward and reverse drive and short-turning-radius power steering permit rapid long distance travel as well as precise



Designed for over and under patient imaging

positioning at bedside with safety interlocks provided to prevent accidental bumping into objects or people. The MOBILE 1 can pass over a 20 mm obstacle and climb a 10% slope rapidly yet will not run away on downslopes. Positive-locking brakes assure firm positioning and are automatically applied upon release of the control handle.

### Mobile 1: Convenient controls for easy operation



All of the operating features employed in our latest stationary cameras are provided in the Mobile 1 with the added convenience of a swivel-mounted operating console.

Pushbuttons ease input of patient information, data recording, display control, scaler operation, and isotope selection. Patient rotation selection and region of interest are conveniently controlled as well. The camera's persistence scope faces

the detector and moves with it for easy patient setup. Dual isotope operation is available as is a selection of up to 3 single-channel analyzers.

When it's safer, faster and easier to move the camera to the patient, you'll get maximum performance with the Elscint MOBILE 1 Gamma Camera.

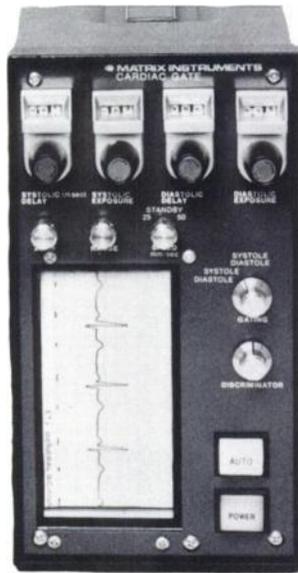
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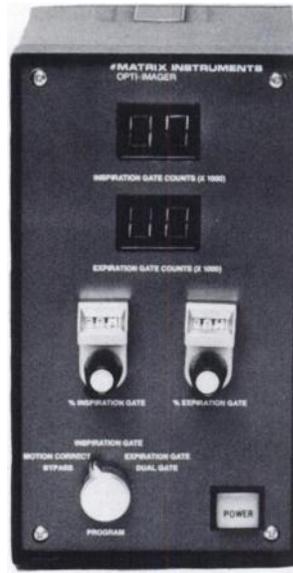
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# State of the art in cardiac and respiratory synchronization.

**Cardiac Gate**



**Opti Imager**



Cardiac Gate is designed to synchronize the cardiac image exposure with predetermined phases of the cardiac cycle.

The Cardiac Gate has two modes of operation: manual and automatic. In the manual mode, delay and exposure time parameters are set manually, using the R wave of the electrocardiogram as a reference. In the automatic mode, microprocessor circuitry automatically tracks the cardiac cycle and computes the position of end-systole and end-diastole. In the automatic mode, end-systole and end-diastole exposures are made without any calibration settings.

The dual gating operation mode allows recording of both end-systole and end-diastole simultaneously in a split screen two image format.

The cardiac cycle can even be divided into nine equal time segments and the image corresponding to each displayed simultaneously in a nine image format.

The Cardiac Gate includes a complete electrocardiograph module. The built in heated stylus strip chart recorder records both the ECG trace and the gating intervals.

The Cardiac Gate provides both ECG and gating outputs for computer interface.

Opti-Imager is designed to provide an organ image with effects due to respiratory motion minimized. Opti-Imager has two distinct modes of operation: continuous motion correction and respiratory gating. In the continuous motion correction mode, the motion of the organ is tracked and corrected electronically without the need to attach any sensors to the patient. The distribution of counts within the organ image is monitored and corrections are applied to continuously shift the image before it is displayed to compensate for organ motion. Correction is made for motion in both the X and Y direction. Thus, the gamma camera is not gated and all the counts provided by the detector are recorded. The time required to attain a statistically satisfactory image is the same for both a motion corrected and an uncorrected image. In the gating mode, inspiration plateau and expiration plateau images are recorded. The dual gating operation mode allows recording of both inspiration and expiration plateau images simultaneously in a split screen two frame format. Dual scalers record the number of counts in each image.

The Cardiac Gate and Opti-Imager can be synchronized to yield a combination of both cardiac and respiratory gating. Mail coupon to receive detailed information and sample clinical studies.

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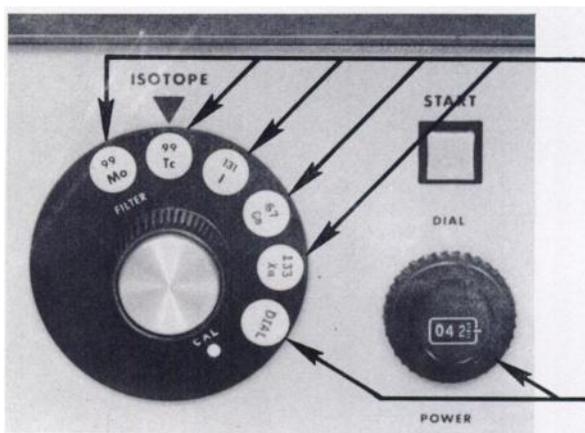
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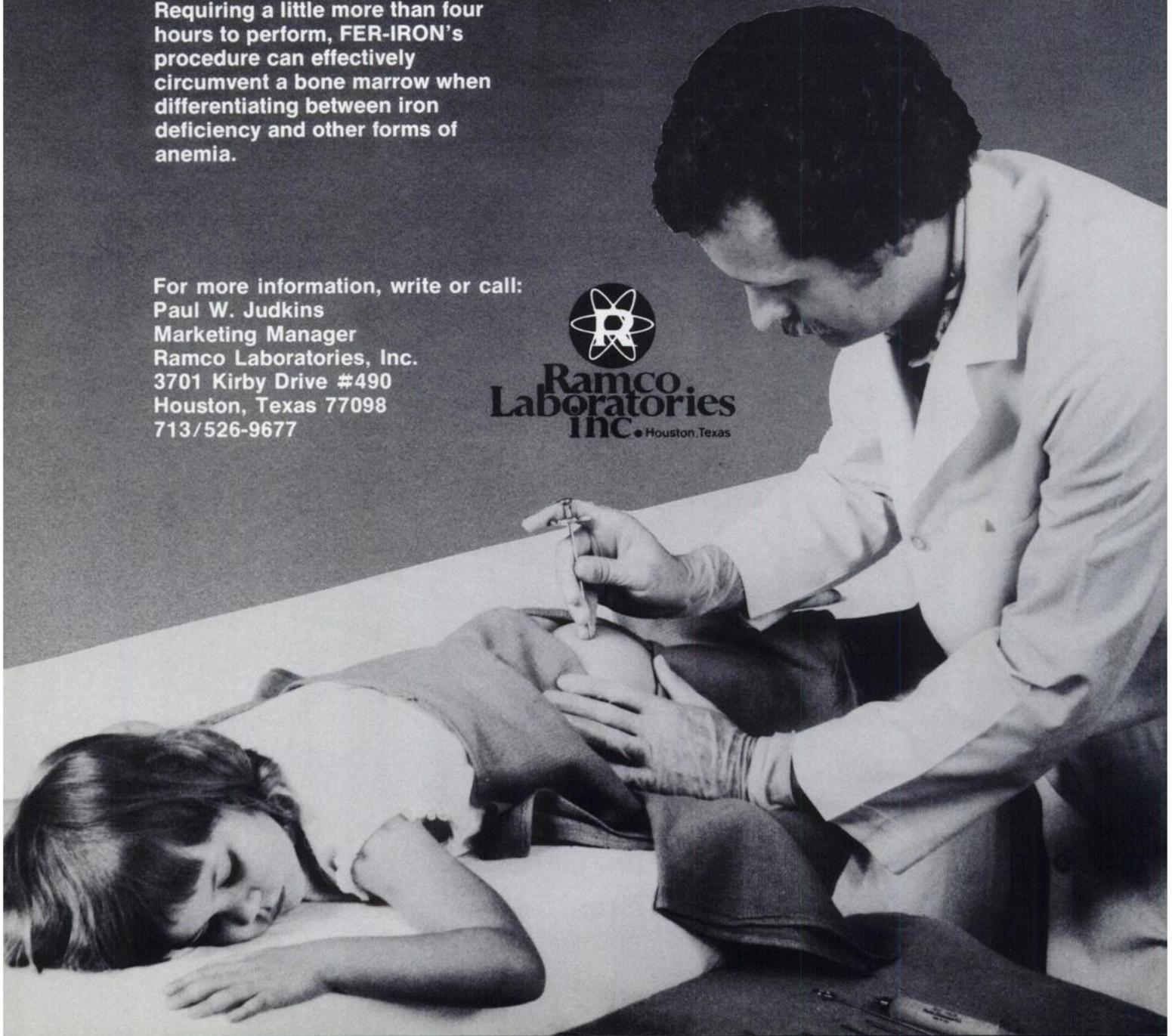
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*Exclusively from Ramco Laboratories . . .*

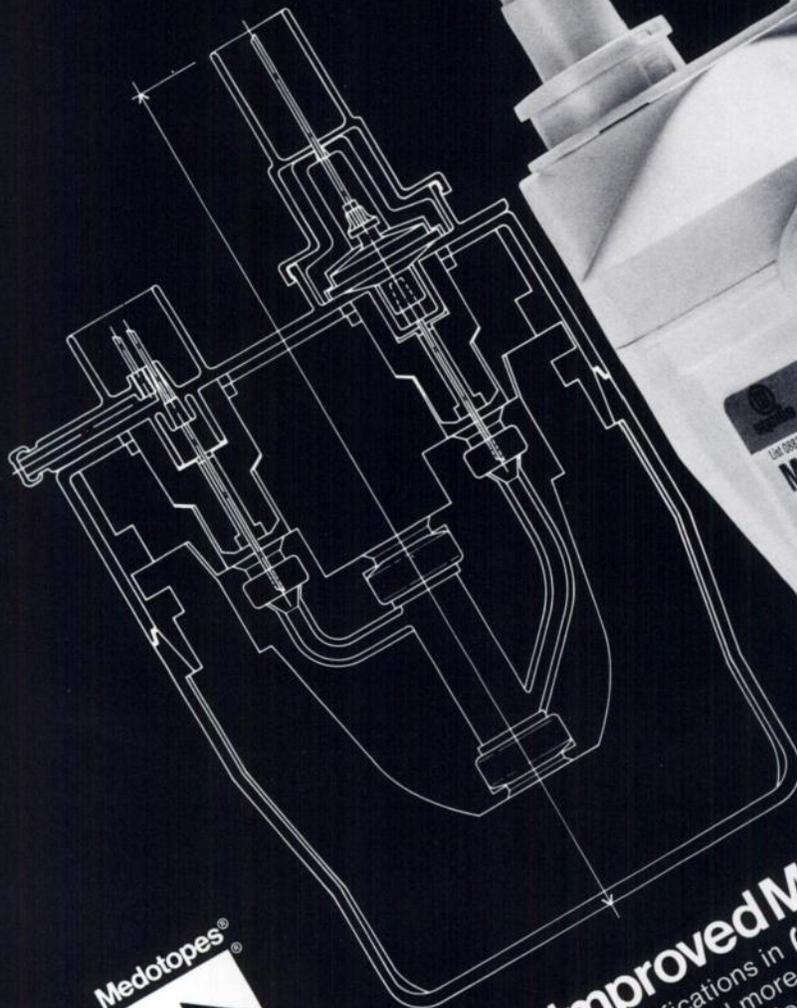
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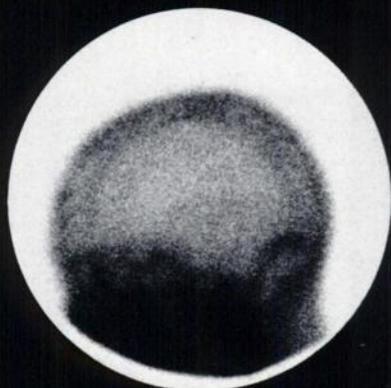
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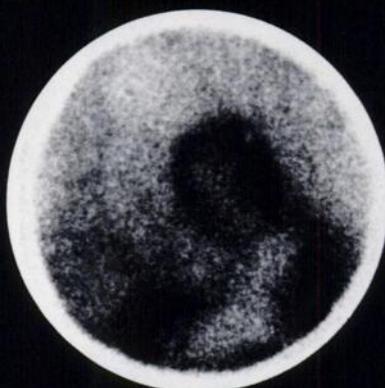
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City, State, Zip

# Think smaller.



Brain study, left lateral view  
<sup>99m</sup>Tc DTPA



Adult heart, LAO view  
<sup>201</sup>Thallium



Brain study, right lateral view  
<sup>99m</sup>Tc Pyrophosphate

For the big job of small area work, think Dyna<sup>®</sup> Camera 4 with 11" detector—the nuclear imaging system that delivers 2.1mm (1/12") intrinsic resolution.

Small patient or big patient, the excellent resolution of the Picker 4/11 allows you to visualize small lesions previously impossible to locate, as well as to clearly define the larger lesions.

The new DynaCamera 4/11's unparalleled spatial and energy

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Consider 13% energy resolution and  $\pm 10\%$  uniformity. Include differential quantification, information density, auto expose and anatomical landmarking.

Compare the image divergence/distortion of competitive 10" detectors to Picker's 11" detector. You'll think Picker when you think smaller.

DynaCamera 4/11 is another example of Picker's synergy—the complete interfacing of systems and services for greatly improved diagnostic visualization.

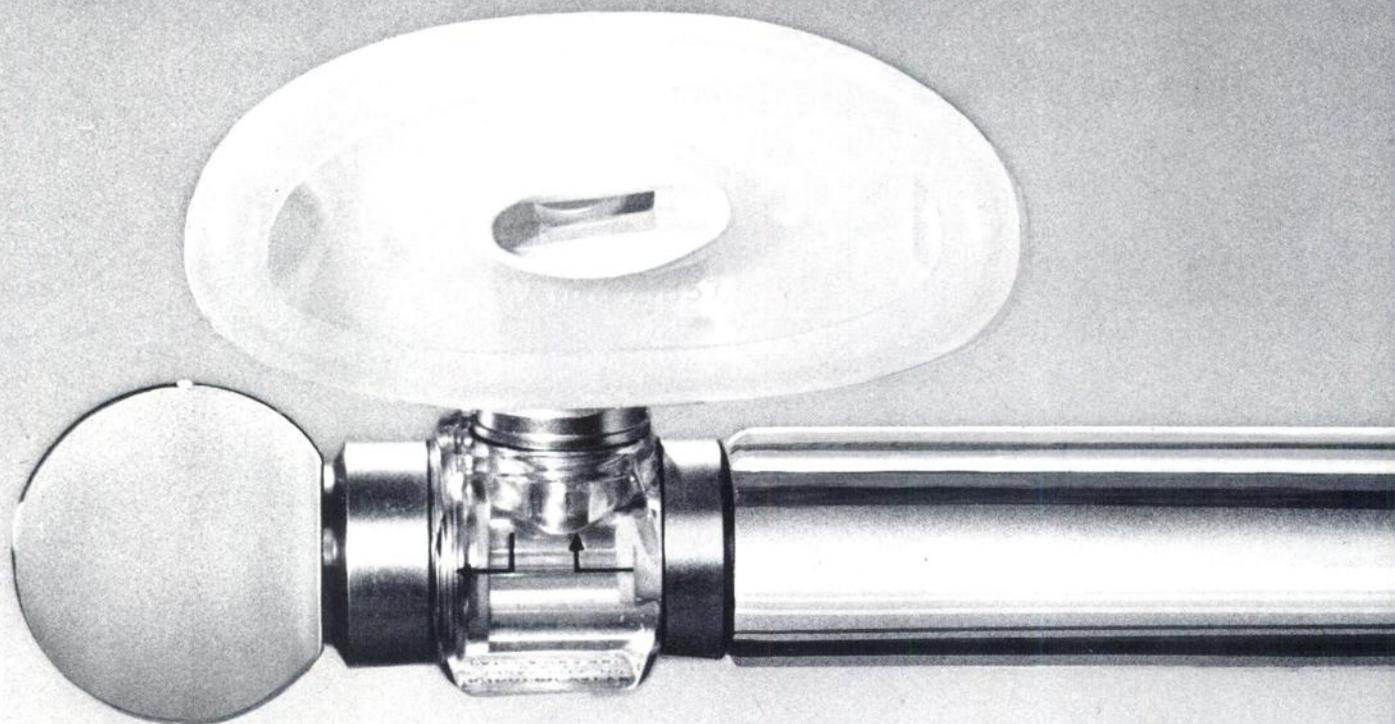
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# What calibrates,

Over 92 radionuclides?

# remembers,

The decay scheme for 16 radiopharmaceutical formulations of 9 different radionuclides:  
 $^{99m}\text{Tc}$ ,  $^{131}\text{I}$ ,  $^{123}\text{I}$ ,  $^{133}\text{Xe}$ ,  $^{67}\text{Ga}$ ,  $^{201}\text{Tl}$ ,  $^{111}\text{In}$ ,  $^{133m}\text{In}$  and  $^{75}\text{Se}$ ?

# computes,

Dose volume for administration?

# then puts it in writing?

DISPENSING RECORD  
Patient Name JOHN DOE  
Physician I.D. No. 276-30-4225  
Physician DR. J. MOORE  
Study BRAIN SCAN  
Radionuclide TECHNETIUM 99M  
Dose 15 mCi

RADIONUCLIDE RECALL HISTORY  
Sample No. 2  
Radionuclide TECHNETIUM 99M  
Radiopharmaceutical PERTECHNETATE  
Isotope Lot No. N/A  
Kit No. N/A

Date 76/11/12 Time 1525  
Expiration Date N/A  
Current Conc. 30.3 mCi/mL  
Desired Dose 15.0 mCi  
Volume Req. 0.49 mL  
Signature Jean Tech

PATIENT DOSE MEASUREMENT RECORD  
Date 76/11/12 Time 1525  
Volume Drawn 0.49 mL  
Measured Act. 15.1 mCi  
Administered Activity 15.1 mCi  
Signature Jean Tech

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Ph.D. required, post-doctoral experience desirable. Teaching in an undergraduate course on application of radiotracer technology to pharmaceuticals and diagnostic agents and a laboratory course in radiotracer techniques. Contribution to graduate teaching in the Department expected. Interaction with an ongoing centralized nuclear pharmacy service in the University of Washington Health Sciences Center is expected. Salary commensurate with experience and training. Position is supported by Health Manpower funds.

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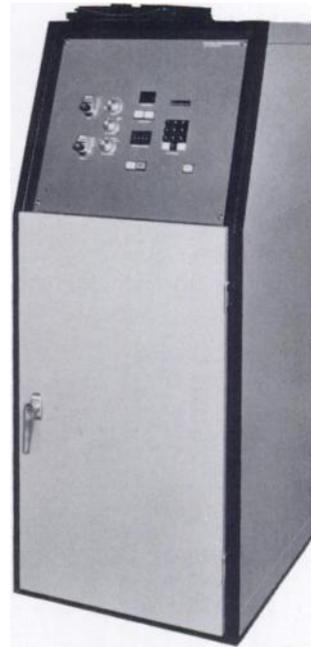
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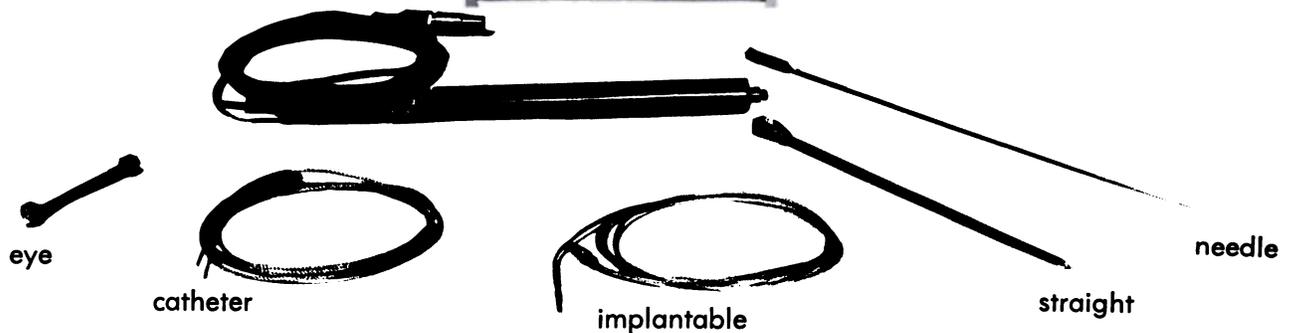
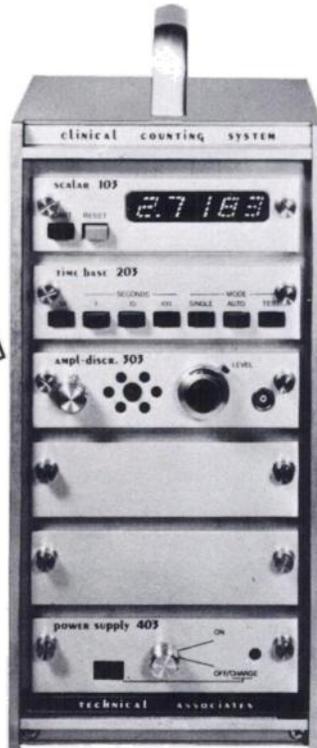
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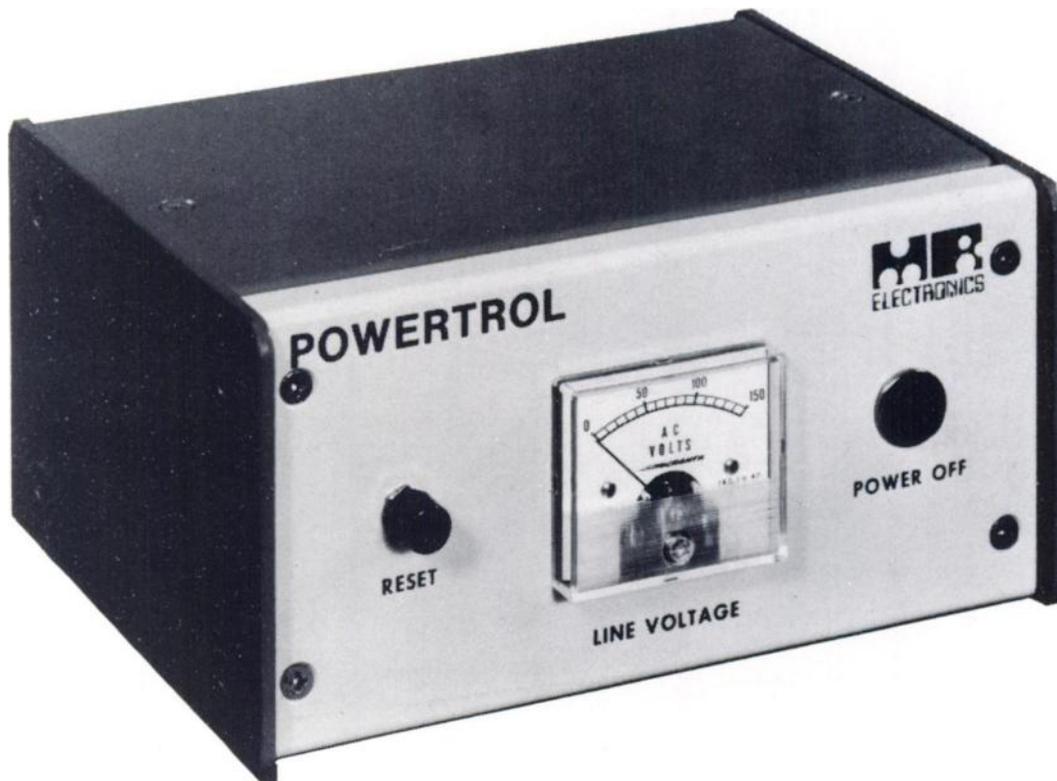
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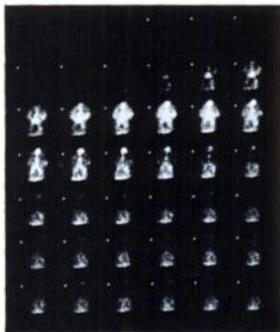
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MaxiCamera™ system's 400 mm field of view—the largest of any scintillation unit—offers nuclear departments important new advantages. The big field allows imaging of both lungs at the same time—reducing lung study time by more than 30%. Large livers 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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## Aggregated Albumin (Human) Kit

**DESCRIPTION** - The kit contains 6 sterile vials containing 9-11 mg. of pyrogen-free aggregated albumin (human), 0.67 - 0.83 mg. stannous chloride, and 18 mg. sodium chloride. When sterile, pyrogen-free sodium pertechnetate Tc99m is added to the vial, technetium-labelled macroaggregated human serum albumin (Technetium MAA Tc 99m Technetium Macroaggregates) is formed. The particles of aggregated albumin in the kit are formed by the denaturation of Normal Serum Albumin (Human) USP through heat and pH adjustment. Sodium hydroxide or hydrochloric acid may be present in variable amounts. At least 95% of the macroaggregated particles are between 10 and 100 microns in size, the great bulk, (as seen on a microscope slide) being an average of 10 to 70 microns. None are larger than 150 microns. Vial counts indicate that each vial contains  $6.8 \pm 0.8$  million particles per mg. The labelling efficiency is essentially quantitative and the bound Tc-MAA remains stable *in vitro* throughout the useful period after preparation.

Application has been filed with the U. S. Nuclear Regulatory Commission for distribution of this reagent kit to persons licensed pursuant to §35.14 and §35.100, Group III of CFR Part 35, or under equivalent licenses of agreement states; and is still pending.

**ACTIONS** - Following intravenous injection, Technetium MAA Tc 99m is rapidly transported by the blood stream to the lungs. The aggregates do not enter the tissues of the lungs, but remain in the pulmonary vasculature. When pulmonary blood flow is normal, the material is carried throughout the entire lung field; when pulmonary blood flow is diminished or obstructed by a disease process, the particles are correspondingly prevented in part or in whole from passage through the affected portion of the pulmonary vasculature.

Technetium Macroaggregates remain in the lungs for variable amounts of time depending on particle size. The particles disappear from the lungs in exponential fashion with the larger-sized aggregates having the longer half-life; particles ranging from 10 to 90 microns in diameter usually have a half-life of 2 to 8 hours. Apparently, the aggregates are temporarily trapped by the narrow pulmonary capillaries where the particles are broken down until they are small enough to pass. In rats 4.3% of the Tc 99m remains in the lungs after 24 hours.

Although the particles of macroaggregates remain for a time in the pulmonary capillaries, they do not appear to interfere even temporarily with pulmonary blood flow or ventilation in the dosage required for lung scanning. This is evidenced by the fact that these doses do not produce any respiratory distress nor any tachycardia, even in patients severely ill with pulmonary and/or cardiac disorders.

Once the albumin particles leave the lungs, they are carried to the liver, where they are removed from the blood stream primarily by the Kupffer cells. There, the particles are phagocytized and rapidly metabolized.

**INDICATIONS** - Scintillation scanning of the lungs with Technetium Macroaggregates is indicated as an adjunct to other diagnostic procedures whenever information about pulmonary vasculature is desired. The most useful clinical applications of lung scanning have been outlined by one investigator: 1) The diagnosis of pulmonary embolism; 2) differentiation of focal conditions such as bullae or cysts from diffuse pulmonary disorders; 3) determination of the degree of pulmonary vascular obliteration in parenchymal disease; and 4) evaluation of the patient's ability to withstand pulmonary surgery.

Perhaps the most frequently useful indication for the lung scan has been the early detection of pulmonary emboli. The lung scan is uniquely able to demonstrate the existence of an embolism before radiological signs become apparent. Although an area of increased radiolucency on the chest film may suggest an embolism, X-ray findings do not usually become apparent until the embolism has produced signs of ischemia or infarction. Once an embolism has been diagnosed, information obtained from the scan is of value in determining the desirability of surgical embolectomy, while subsequent scans provide information on the effectiveness of surgical or anticoagulant therapy.

Lung scanning is similarly helpful in the diagnosis of various types of malignancies affecting the lungs. Again, scanning is of value in locating the affected areas, in determining the need for and probable effectiveness of surgery or of radiation therapy, and in following up the benefits of treatment.

Useful information is also provided by the scan in the diagnosis or evaluation of other pulmonary problems, such as pneumonia, atelectasis pleural effusion, pulmonary tuberculosis, parenchymal disease, emphysema and chronic asthmatic bronchitis.

**CONTRAINDICATIONS** - The presence of right to left shunts which would allow Technetium MAA Tc 99m injected in a systemic vein to reach a systemic artery is contraindication to the use of this material. Particulate material such as Technetium MAA Tc99m should not be administered to patients with evidence of severe restriction to pulmonary blood flow such as may be present in pulmonary hypertension.

**WARNINGS** - Technetium MAA Tc99m 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.

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 staff and occupational workers.

To insure the integrity of this product use needles in gauge sizes 18 to 21.

**ADVERSE REACTIONS** - No adverse reactions have been observed with this product. However Vincent et al (3) have recorded the only immediate and fatal reaction following infusion of Tc 99m macroaggregates (technetium labelled macroaggregates). This was in a seven-year-old child who had severe pulmonary vascular disease. The exact size of the particles used was not disclosed, and in the summary of the publication "it is suggested that this type of reaction will continue to be rare and that it will probably be somewhat predictable on the basis of clinical and laboratory evidence of severe pulmonary hypertension. Such a patient might be scanned safely by strict control of macroaggregates dose, size range and mean particle size".

The literature has recorded two adverse reactions to lung scanning with I-131 labelled macroaggregates. Wagner et al (4) observed that urticaria developed in a young girl several hours after lung-scanning procedure with Iodine-131 macroaggregates where Lugol's solution was administered to block the thyroid gland. The subject had a history of angio-edema. The reaction may have been caused by either material. Dworkin et al (5, 6) reported "I-131-labelled macroaggregated albumin highly suspect as the causative agent" in the death of a woman who was scanned for the possibility of demonstrating pulmonary embolism. With a 2 1/2-year history of adenocarcinoma of the breast she had severe and rapidly progressive edema. Prior to scanning, the nasal administration of oxygen was interrupted. "Within 1 or 2 minutes after injection of 300 uCi of I-131 labelled macroaggregates albumin (11 mg. of albumin or 0.219 mg. per kilogram of body weight) she complained of faintness and became cyanotic, diaphoretic, and agitated with distended neck veins. The initial pulse rate of 50 rose to 140 with a fall in blood pressure to 100/30. Oxygen therapy relieved the profound dyspnea and cyanosis. An electrocardiogram 40 minutes later was compatible with acute cor pulmonale. Within several hours she had returned to her pre-scan status, but on the next day the temperature rose, dyspnea increased and she died 26 hours after the lung scan. We have continued lung scanning but limit the albumin to 0.020 mg. per kilogram, reject lots with more than 15 percent of particles over 40 microns and require two minutes for injection".

More recently, Williams (7) has reported a severe reaction immediately after injection of macroaggregated albumin (MAA) particles followed by death six hours later (while the patient was undergoing right-heart catheterization). Like those previously reported, it occurred in a patient with severe chronic pulmonary hypertension due to disease of the pulmonary vascular bed. The patient died in right heart failure. Post-mortem examination revealed "severe atheroma and thickening of all the pulmonary arteries but no macroscopic evidence of emboli. The right heart was hypertrophied and dilated".

Transient neurological complications following intra-arterial injection of I-131 labelled macroaggregates have been reported (3).

### REFERENCES

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7. Williams, J. O., *Brit. J. Radiol.* 47, 61-63 (1974).

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- Use as much as 5ml Tc99m Pertechnetate solution
- May be used for 8 hours after preparation
- 99% plus labelling efficiency
- Same-day service for increased orders
- Toll-free number 800-225-1145 for orders and service



**CIS Radiopharmaceuticals, Inc.**

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 Telephone: (617) 275-7120; outside Massachusetts (800) 225-1145  
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Send complete information on:

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Aggregated Albumin (Human) MAA Kit

Please ship me \_\_\_\_\_ Kits. My order number is \_\_\_\_\_.

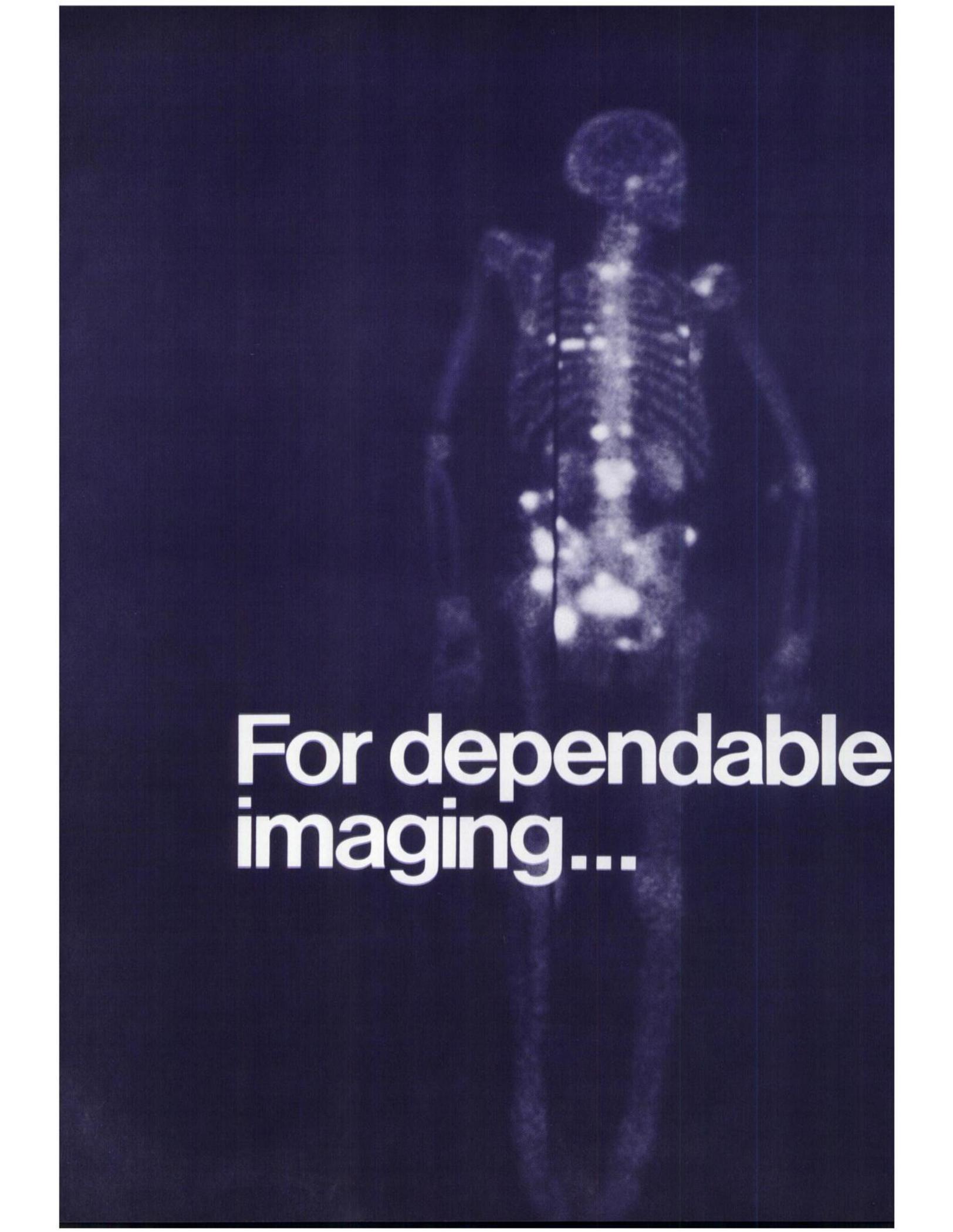
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Dependable imaging of skeletal lesions —that's what bone scanning is all about. And that's what the unique, dry-mix formulation and stable PCP bond of Osteoscan assure. Osteoscan's diphosphonate formulation, when labeled with  $^{99m}\text{Tc}$ , provides:

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

# the dependable diphosphonate



PROCTER & GAMBLE

# 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>

(5.9MG DISODIUM ETIDRONATE, 0.16MG STANNOUS CHLORIDE)  
SKELETAL IMAGING AGENT



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

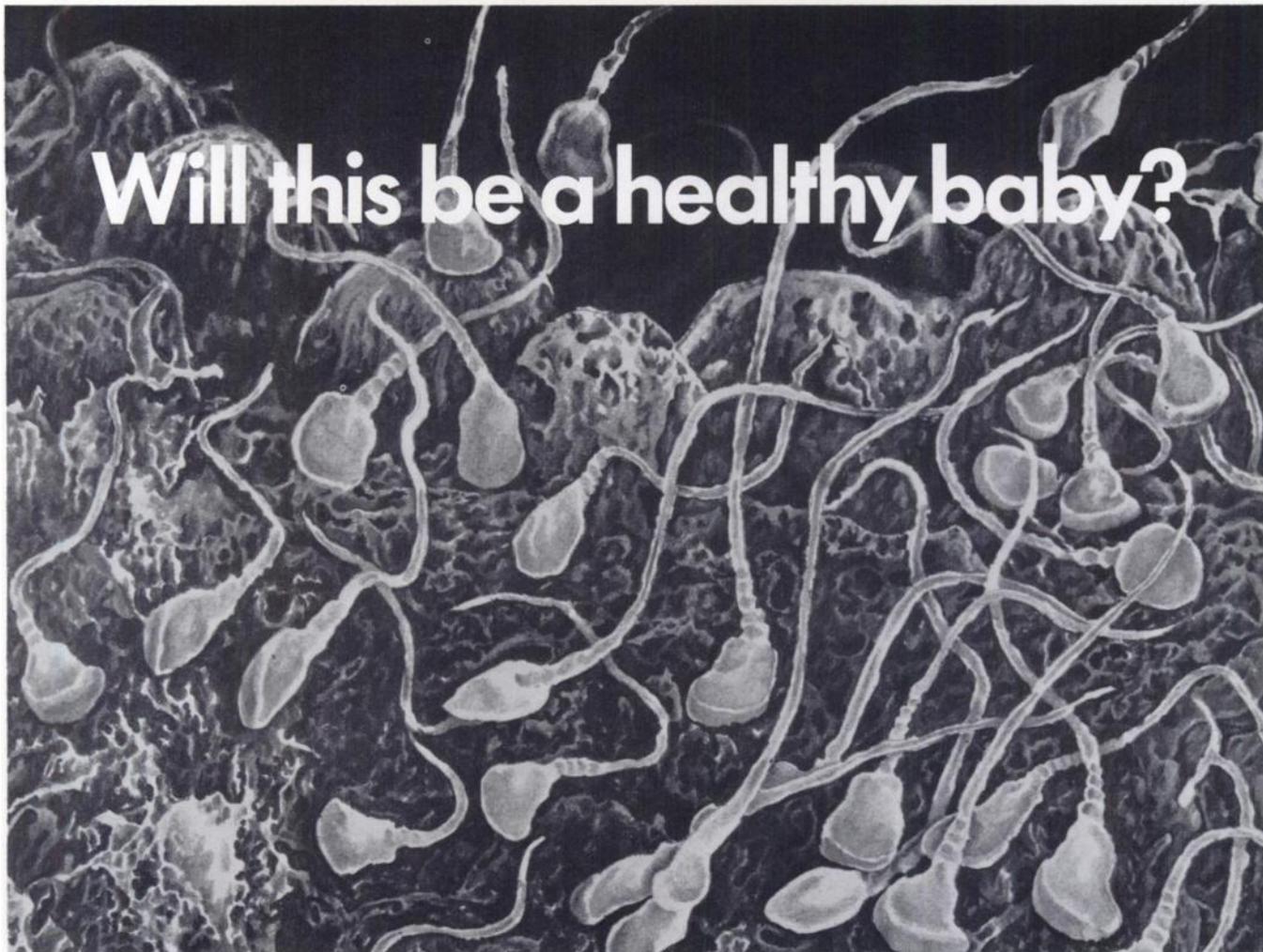
**DESCRIPTION**

Each vial of OSTEOSCAN contains 5.9 mg disodium etidronate and 0.16

**What  
kind  
of fool  
would get  
involved in  
something  
that:  
Is without**



**One simple step  
to a bone  
imaging agent**



# Will this be a healthy baby?

Representation of Spermatozoa at the surface of an ovum magnified approximately 2000 times.

Yes, if everything goes well. Even so, it needs all the skills of the gynaecologist and obstetrician to monitor progress and take action when complications arise. To support clinical judgment we offer three simple quantitative tests.

Each test, requiring only a small serum sample, is a highly specific radioimmunoassay giving excellent reproducibility with simple gamma counting. All are backed by extensive clinical trials.

## New FSH Kit

Our latest kit measures this valuable parameter for the study of infertility in both sexes.

Not only is it a highly reproducible test with a coefficient of variation of less than 6%, it also provides the gynaecologist with results within 24 hours.

## HPL Kit

Used in the assessment of threatened abortion during the first trimester or for identifying foetal distress during the third trimester.

Only 2-3 hours are required to complete the test giving the obstetrician rapid results in emergencies.

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For measuring circulating oestriol levels in the third trimester.

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0881



# One simple step to a bone imaging agent

It's quick — it's convenient. Add the sodium pertechnetate Tc 99m into a vial of NEN Stannous Polyphosphate and swirl. Now you have a bone imaging agent that provides a high target/non-target ratio, excellent lesion detection and consistent results.

Our unique formulation — Pyrophosphate and Trimetaphosphate — has long shelf life — 1½ years. Low Stannous Chloride content — 1 mg/vial. No refrigeration required... a truly effective bone imaging agent.

**Indications:** Technetium Tc 99m Stannous Polyphosphate is primarily used as a skeletal imaging agent to evaluate areas of altered osteogenesis.

**Contraindications:** None.

**Warnings:** This radiopharmaceutical preparation should not be administered to pregnant or lactating women or to children 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 the menses.

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.

The contents of the Stannous Polyphosphate vial are intended only for use in the preparation of Tc 99m Stannous Polyphosphate and are not to be directly administered to the patient.

Medical judgment appropriate for any agent should be maintained. As polyphosphates are known to complex cations such as calcium, particular caution should be used with patients potentially suffering from hypocalcemia.

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 Tc 99m labeling reactions involved in preparing the Tc 99m Stannous Polyphosphate 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 should not be employed without first demonstrating that it is without adverse effect on the properties of the resulting agent.

**Precautions:** Use within 8 hours after aseptic reconstitution with Pertechnetate Sodium Tc 99m. Contains no bacteriostat.

In the use of any radiopharmaceutical, care should be taken to insure minimal radiation exposure to the patient as well as to personnel involved in the procedure, by using the smallest dose of radioactivity consistent with safety and the relative value of the diagnostic information. The bladder dose may be minimized by encouraging the patient to drink fluids immediately before and after the administration of the radiopharmaceutical, and to void approximately 0.5 hours after the administration and then as frequently as it is convenient. If the pelvic region is to be imaged, it is recommended that the patient be encouraged to void immediately prior to the imaging procedure in order to visualize the bony detail of the pelvis and to minimize the bladder contribution to the image.

**Adverse Reactions:** One investigator noted that out of 340 cases he studied within one year, 4 patients reported a mild faintness and numbness of one of the limbs within one hour of dose administration. In all cases the symptoms disappeared after several hours.

**Dosage and Administration:** Technetium Tc 99m Stannous Polyphosphate may only be administered by intravenous injection. In making dosage calculations, corrections must be made for radioactive decay. The patient dose should be measured by a suitable radioactivity calibration system immediately prior to administration.

The recommended intravenous dose in the average patient (70kg) is 10mCi with a range of 5-15mCi. Optimal imaging results are obtained within 1-6 hours after administration.

**How Supplied:** The NEN Stannous Polyphosphate Kit is supplied as a set of five vials, sterile and non-pyrogenic. Each nitrogen-flushed vial contains in lyophilized form:

Sodium Pyrophosphate - 10mg  
Sodium Trimetaphosphate - 30mg  
Stannous Chloride - 1mg

The kit may be stored at room temperature.



## New England Nuclear Radiopharmaceutical Division

Atomlight Place, North Billerica, Mass. 01862

Telephone 617-667-9531

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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.

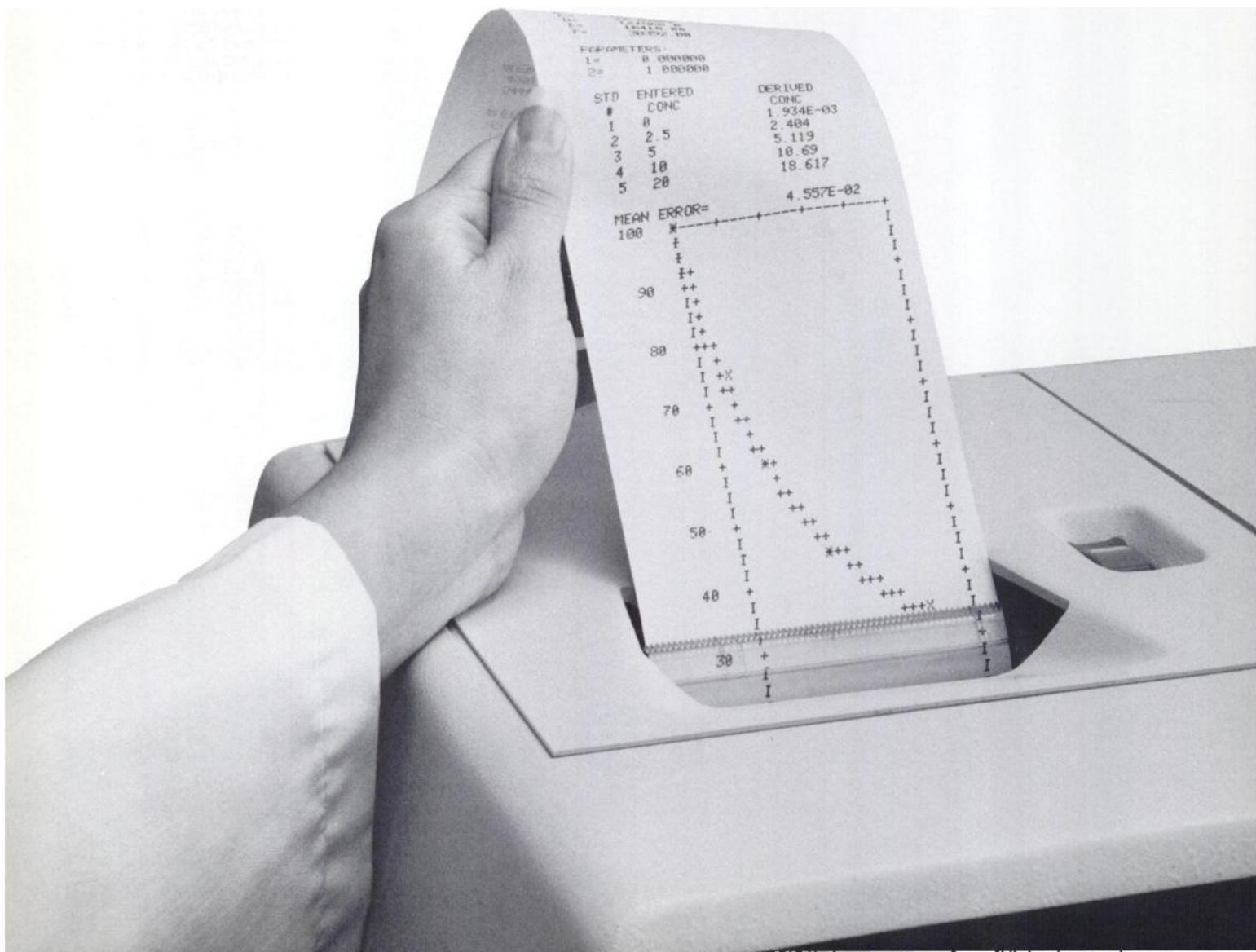
Because of all this, more and more laboratories are enjoying the speed, dependability and flexibility of The SKI Gamma System.

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

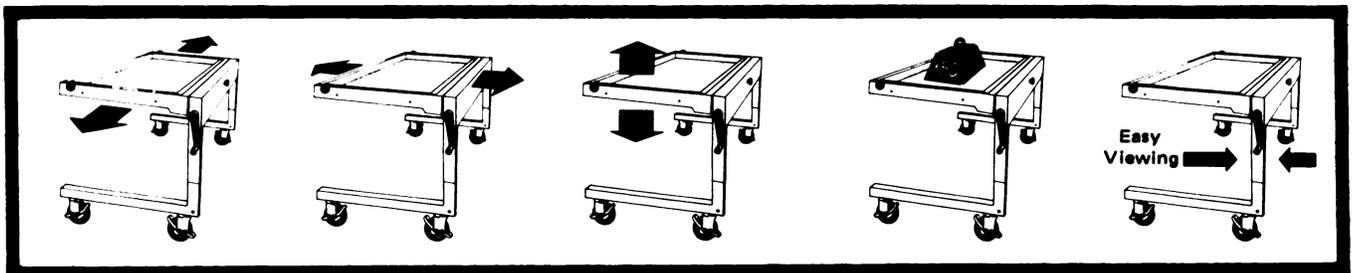


# THE PANORAMIC XYZ IMAGING TABLE

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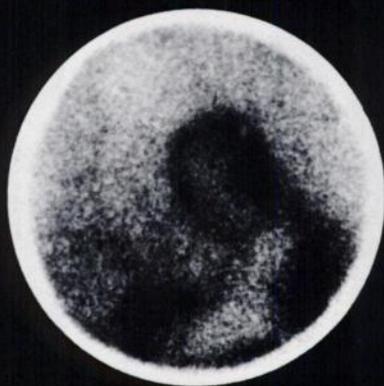
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- Smooth transport on large swivel casters
- Designed to accommodate all imaging devices including jumbo cameras

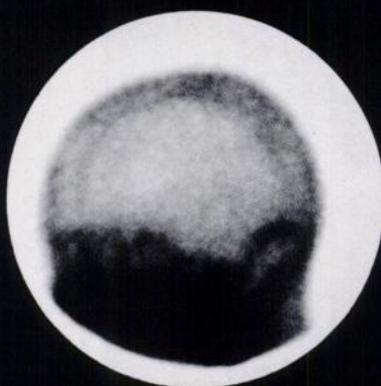
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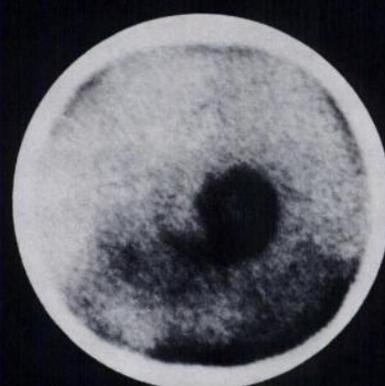
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Adult heart LAO view  $^{201}\text{Tl}$



Adult brain left lateral view  $^{99\text{m}}\text{Tc DTPA}$



Adult heart LAO view  $^{201}\text{Tl}$

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# WHY BUY TWO WHEN ONE WILL DO?

Need an area monitor *and* a survey meter? Consider the versatile Log Series Meter from Searle. Rugged and easy to use, these meters do double duty, saving you the cost of an additional instrument. Fitted with rechargeable Nickel-Cadmium batteries for long life, the meter stands in a charging base and functions as a highly accurate area monitor. When you need a survey meter, simply remove it from the base and take it to the site. Fully-charged NiCad batteries will provide at least 25 hours of continuous operation. (The meter will also accept standard "D" size flashlight batteries.)

Available in 3 sensitivity ranges (0.02 to 200, 0.2 to 2,000 and 2 to 20,000 mR/hr), these instruments are designed for ease of operation and reliability. The 4-decade meter is always on-scale, so you never need search for the right range. The only controls are an on-off switch

and battery check button. Rugged, all solid-state electronics assure drift-free performance. Waterproof construction means the Searle Log Series Meter can be used in severe environmental conditions and is totally immersible for cleaning.

Searle Log Series Meters are available with your choice of 2 bases. The standard charging-monitoring base produces an audible click with each radiation detection event. The deluxe base has an adjustable audible/visual alarm that can be set for any dose rate in the top 3 decades of the meter range.

If your laboratory needs an area monitor *and* a survey meter, why pay for two when one will do? Get all the facts about the Searle dual-duty radiation monitors. Just write or call us for complete technical information.

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# From **START** to **FINISH**...



## **The Complete System for Lung Ventilation Studies**

Now you can dispense, administer and dispose of  $^{133}\text{Xe}$  safely and economically under controlled conditions with a complete system from Radx. The system is designed to protect the user as well as the environment. Patient comfort, safety and ease of breathing are primary concerns.



**Monitor and Survey with the Searle Dual-duty Log Series Meter**

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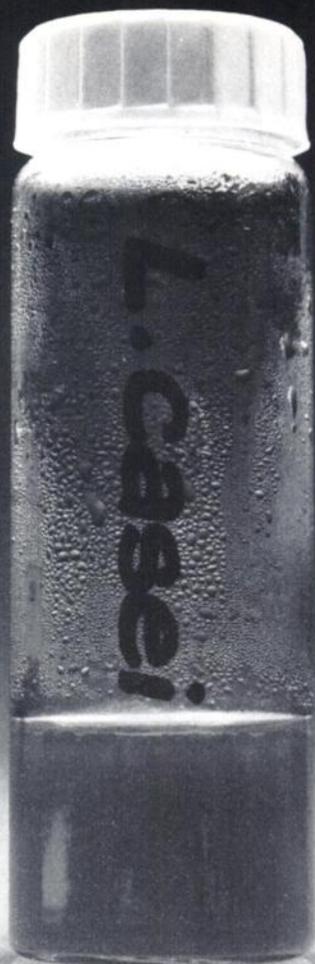
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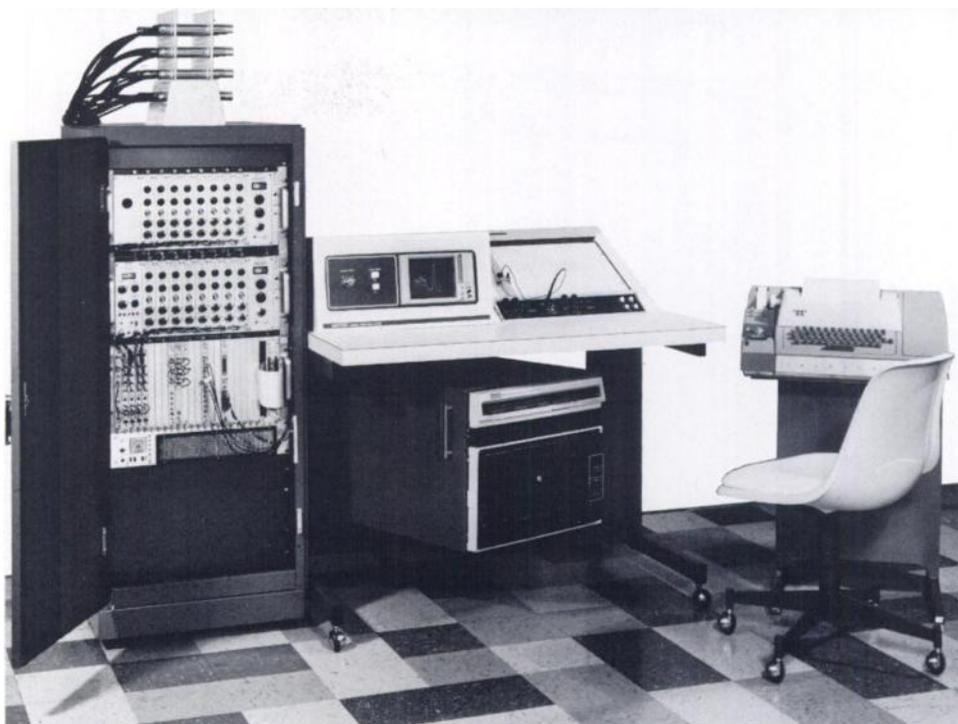
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# From **START** to **FINISH**...



## **The Complete System for Lung Ventilation Studies**

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Patient comfort, safety and ease of breathing are primary concerns.

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



## The START Xenon-Kow II

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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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- Manual  $\text{O}_2$  replenishment
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- Volume meter
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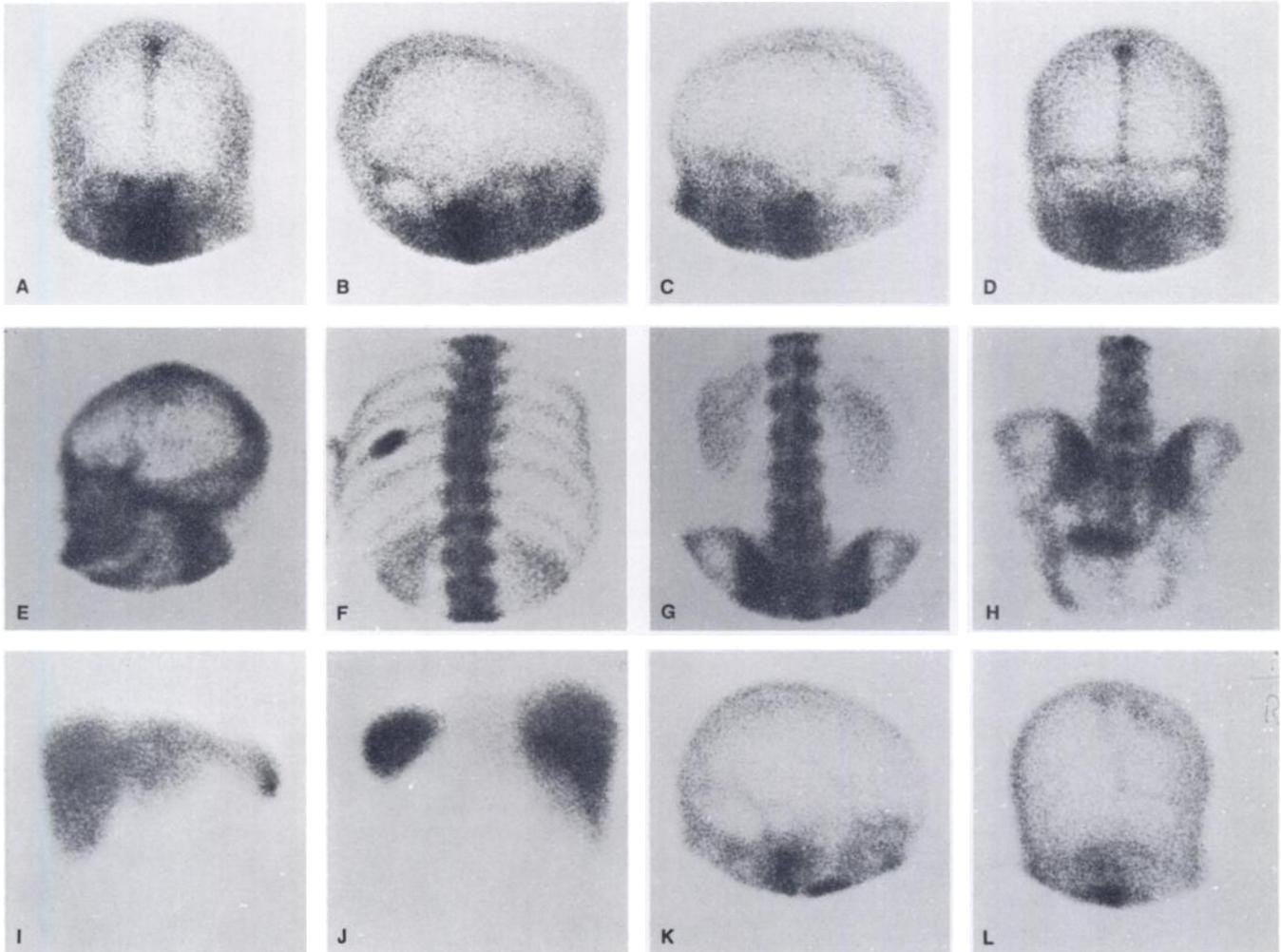
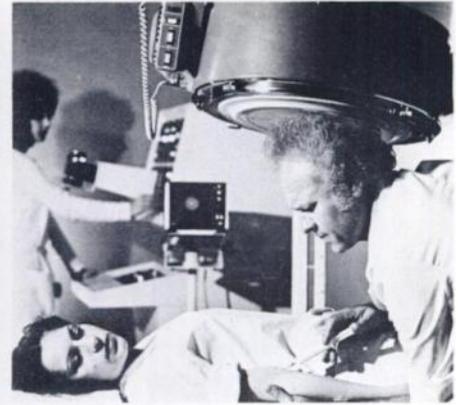
Actually, the Xenon Trap is not the finish because with every piece of Radx equipment goes our one-year warranty, and our commitment to the future needs of nuclear medicine.

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

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 images like these...



**A, B, C, D.** Normal brain scan multi-image display with CE-1-7 (37 p.m.t.) camera.

**E, F, G, H.** Positive bone scan patient: CCL-4 Ultrafine — resolution collimator; 400,000 counts accumulated in 90-220 seconds per view; 15 mCi <sup>99m</sup>Tc pyp; 5 hours post injection.

**I, J.** Anterior and posterior liver scans: CCL-4 Ultrafine — resolution collimator; 400,000 counts; 3 mCi <sup>99m</sup>Tc sulfur

colloid; ½ hour post injection. 56 sec. for anterior; 66 sec. for posterior.

**K, L.** Right lateral and posterior brain scans with Elscint CE-1-7 (37 p.m.t.) camera: CCL-4 Ultrafine — resolution collimator; 400,000 counts; 15 mCi <sup>99m</sup>Tc; 2 hours post injection. 172 sec. for posterior; 169 sec. for right lateral. History: head trauma 2 months prior to brain scan.

**elscint inc.** *Where quality counts . . . count on Elscint*

P.O. Box 832; 138-160 Johnson Avenue; Hackensack, N.J. 07602 Tel. (201) 487-5885.

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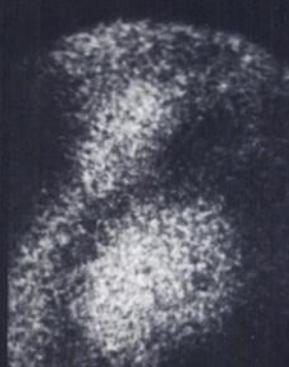
# Help your cardiologist study heart kinetics non-invasively with Brattle-gated scintiphotos.



RAO, DIASTOLE



RAO, SYSTOLE



LAO, DIASTOLE

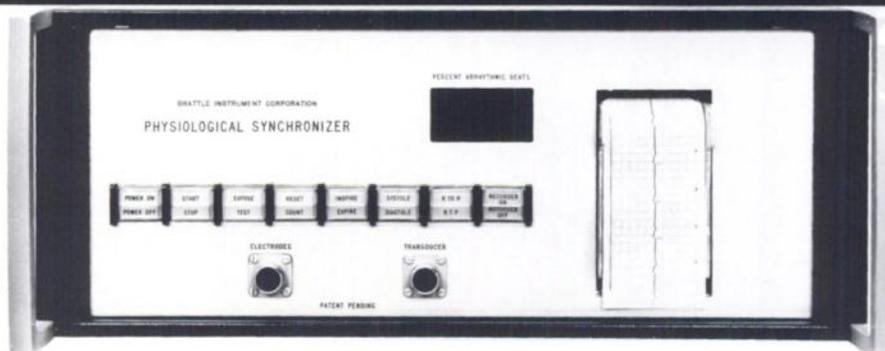


LAO, SYSTOLE

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

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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.

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