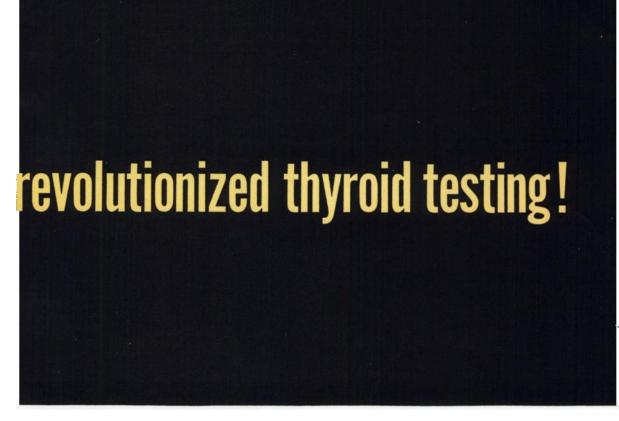


By eliminating the disadvantages of earlier methods, the Triosorb Sponge has achieved a real breakthrough in thyroid testing. It is an in vitro test unmatched in accuracy, speed and convenience.

Accuracy: Because factors such as red blood cells and exogenous iodine have been eliminated from consideration in the Triosorb Test, it is unmatched in accuracy.

Speed: With only 3 washes and no need for double pipettings, shakers, or incubators, the Triosorb Test can be



more rapidly performed than any other T-3 test.

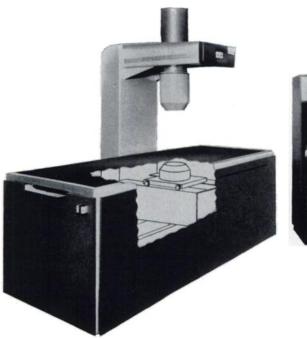
Convenience: Triosorb is in a disposable kit ready for immediate use at room temperature, making it the simplest and most convenient thyroid function test to perform.

McAdams^{*} reported that "The resin sponge (Triosorb) technique is superior to the erythrocyte method for performing the I^{131} T3 test in terms of simplicity, convenience and elimination of errors characteristic of the erythrocyte procedure." Triosorb is available to all doctors, hospitals and clinical laboratories-AEC licensing is not required. Because Triosorb will enable far more screenings to be performed, this procedure may soon become as standard as today's blood counts and urinalyses.

*McAdams, G. B. and Reinfrank, R. F., Jrnl. Nuclear Med., 5:112, Feb., 1964.



RADIOISOTOPE SCANNER MODEL 54-FD DUAL, OPPOSED, 5-INCH CRYSTALS



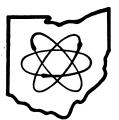


The demonstrable advantages of a dual 5-inch crystal scanner should be investigated by all those with a high clinical load who desire high resolution, rapid scans of both large and small organs or of the whole body.

The two scanning heads, exactly opposite each other, have separate, and complete electronics and print-out so that the data collected by each crystal may be used separately, in coincidence, or additively.

Mechanical and electronic specifications are the same as for our other large-crystal radioisotope scanners Models 54F and 54H: Scanning speeds continuously variable to 200 inches per minute (500 cm/min.); adequate shielding even for high energy gamma emitters (up to 3 inches lead and 1 inch steel); high resolution crystals (9 per cent or better); accurate, reproducible scanning speeds and line spacing; no scalloping at any speeds; low background crystals (2 inch thick pure NaI light pipe); Gammagraphic (patent pending) or slit mask photoscans; unequivocal one year warranty anywhere in USA or Canada.

This unparalleled radioisotope scanner is priced at \$28,750 with delivery in 90 days guaranteed.





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Insert generator into shielded upper chamber of Dispenser, where it may be stored for daily use. Each day the internal disposable processing parts are replaced with a fresh sterile set.

Operate The TechneKow Shielded Dispenser In 3 Easy Steps

Pour eluting solution into generator and When solution has passed through the solution of the solution ation. The solution automatically passes through a sterilizing filter and is injected into a sterile, pyrogen-free bottle.

ഹ Remove bottle with its shielded jacket. \bigcirc Solution is ready for calibration.

The NCC TechneKow Shielded Dispenser is of heavy welded construction with polished chrome plating. A two-inch thick lead shield surrounds the TechneKow source generator. Lead shielding on the walls and door of the lower processing chamber keeps radiation at a minimum. Disposable processing parts are available in kit form.

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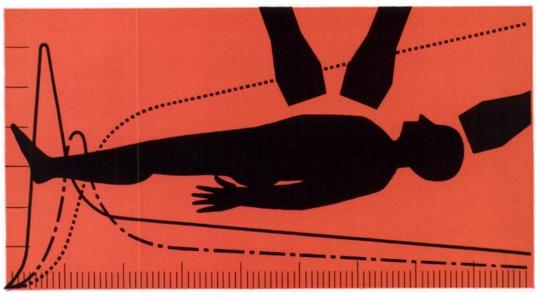
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But these methods are valuable, providing either confirmatory clinical data or, in some instances, information which just cannot be obtained by any other means. Long-established applications of these techniques include, for example, renal function studies, cardiac output determinations and hepatic function assessment. Or perhaps the newer techniques such as cerebral blood flow or pulmonary function would be of interest.

Whatever your interest, we can minimize the technical difficulties of getting into this field.

Our offer: to work with you in any and every way to make your entry into this area as painless as possible. Specifically, we would be happy to talk with you about these methods, to provide the necessary information on existing procedures, to help you plan your radiotracer studies, to assist in interpreting results, and to aid in the training of your staff in all phases of radioisotope dynamic function methodology. Or, to work with you in any other way that you may wish. With no obligation.

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Picker Nuclear: 1275 Mamaroneck Avenue, White Plains, New York 10605





NEW TRESITOPE DIAGNOSTIC KIT SQUIBB RESIN UPTAKE KIT WITH LIOTHYRONINE 1¹²⁵ BUFFER SOLUTION

fast...accurate...reproducible in vitro thyroid function test

S QUIBB's new and practical Tresitope Diagnostic Kit is completely self-contained. The reverse side of the package insert becomes the record sheet for test results. And the kit contains 10 capped vials with 0.5 cc. Liothyronine 1¹²⁵ Buffer solution (activity does not exceed 0.1 microcurie per vial), 10 plastic tubes of resin powder and 10 separate droppers, to avoid cross contamination.

New Tresitope offers a reliable and accurate method of in vitro evaluation of thyroid function. The 1^{125} labeled material does not emit beta rays to affect the stability of liothyronine and it has a longer half life than 1^{131} .

When Tresitope is employed for in vitro procedures, the resin uptake values are un-

changed by prior use of exogenous iodine and by the presence of certain non-thyroid factors that can affect the results with any other technique. Tresitope may be used with infants, children and during pregnancy without risk because the patient is not exposed to any ionizing radiation.

For greater convenience and more rapid diagnostic discrimination, without the risk of contamination to your patient or to laboratory equipment, and with less radiation exposure to the technician, specify Tresitope for testing thyroid function.

Your own isotope clinician is prepared to carry out this study for you. Ask him. For additional information on Tresitope, write to Professional Service Dept., Squibb, 745 Fifth Ave., New York, New York 10022.





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Gyroid Uptake*



Urinary Rose Bengal Excretion



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Plasma Disappearance

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Yes. Except that it now leaves us with this not-so-funny problem: to explain, credibly and compellingly, that this instrument's capabilities extend far beyond the measurement of blood volume. Read on if you'd like to hear about this truly versatile instrument useful for essentially all static nuclear medicine techniques.

Basically, the Hemolitre is a complete, selfcontained instrument for precise measurement of gamma radioactivity. As such, *any* of the clinical procedures using gamma-emitting radioisotopes can be performed easily with the Hemolitre. More specifically, the Hemolitre's usefulness extends to the measurement of small samples with low radioactivity (T-3 and PBI tests, red cell survival, plasma disappearance, fat absorption, iron binding, body-water measurement, etc.). Or tests involving bulk samples (Schilling test, urinary rose bengal excretion, counting of feces, etc.). Or tests using an external scintillation probe (thyroid uptake, placenta localization, regional perfu-



RED CELL SURVIVAL



Placenta Localization*



PBI



Fat Absorption



F-3



Iron Binding

sion, etc.). Or *even* blood volume measurement. Versatile instrument.

Also worthy of emphasis: the Hemolitre is fully transistorized, gives direct reading in per cent, and has automatic background correction. And Picker service everywhere.

So, if you are interested in a seasoned, dependable instrument for blood volume measurement and/or other static nuclear medicine procedures, think Hemolitre. The name may be limiting, the instrument certainly isn't. (Finally, *why* did we name it Hemolitre if its versatility extends so far beyond the measurement of blood volume? Simple. It was born, baptized, and known to so many people as the Hemolitre *before* the full development of its capabilities. It just seemed much too complicated—and, hopefully, unnecessary—to start changing its name at this late date. And the same reasoning applies to the price: it, too, remains the same.)

Write for the Hemolitre brochure HNM3.

PICKER NUCLEAR: 1275 Mamaroneck Avenue, White Plains, New York 10605



*With external detector.

duphar nuclear pharmaceuticals

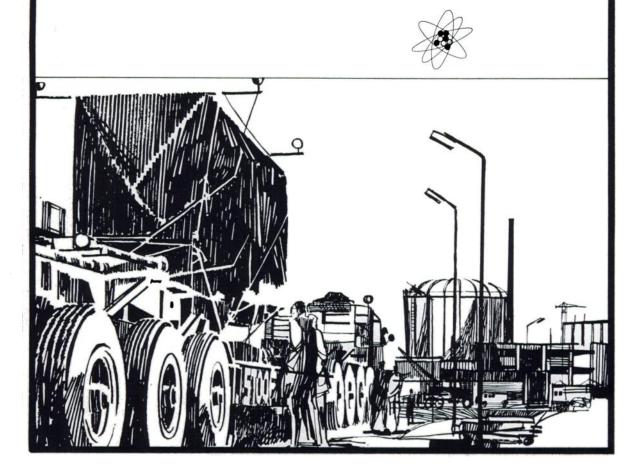
Own cyclotron

There are many cyclotrons on our planet. Only one of them is completely owned and operated by a private firm; the one recently installed in the new Duphar Isotopes Laboratory at the Petten Reactor Centre, Holland. This isochronous cyclotron is intended exclusively for the production of carrierfree cyclotron isotopes, such as Bi206, As74, Na22 and V48. Now you can rely on quick delivery. Besides the cyclotron isotopes, Duphar delivers reactor isotopes, C14/H3 compounds, industrial sources and Nuclear Pharmaceuticals. Complete catalogues and pricelists are available on request. N.V. PHILIPS-DUPHAR AMSTERDAM HOLLAND Apollolaan 151 Telegrams: Vitamine-Amsterdam Telex: 14232

carrierfree cyclotron isotopes:

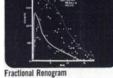
Be7 - Na22 - Ti44/Sc44 - V48 -Fe55 - Co57 - Ge68/Ga68 -Se72/As72 - As74 - Sr82/Rb82 Sr85 - Y87/Sr87m - Nb95/Zr95 Cd109 - Sn113/In113 - Te118/ Sb118 - I124 - W178/Ta178 -Bi206











Shown at right is a Model 5000 fractional renogram in a patient with normal kidney function showing the characteristic sequential passage of Hippuran through the cortex, medulia and pelvis.





3.2 min.

4 min.

Conventional Scan Time: 35 min. Autofluorogram Time: At left is a conventional anterior scan compared with a Model 5000 autofluorogram of an abnormal liver showing a hepatomegaly and an ab-normal zone of decreased uptake in the lateral margin of the right lobe, which represents a liver metastasis.

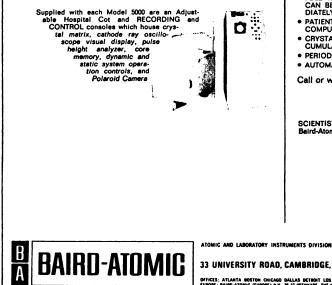




Autofluorogram Time:

20 min. Conventional Scan Time:

At left is a conventional posterior renal scan compared with a Model 5000 autofluorogram showing a reduced uptake in the inferior 2/3rds of the right kidney due to the presence of a large hypernephroma in this area.



MODEL 5000 IG AUTOFLUOROSCOPE FOR RAPID DIAGNOSTIC LOCALIZATION AND

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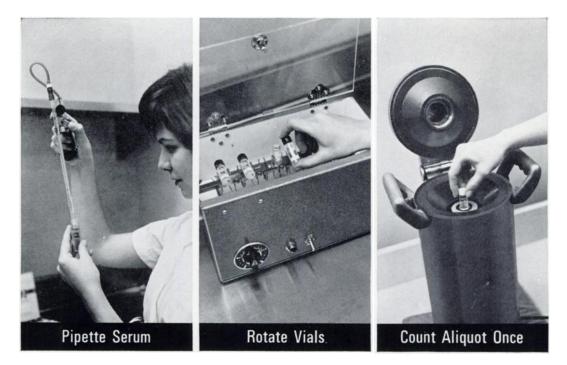
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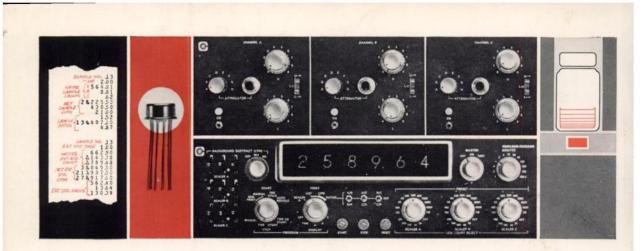
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- *In tests performed on over 2200 patients, the TBI test was reported in agreement with final clinical diagnosis in over 90% of the cases. Ref: Scholer, J.F., J. of Nuclear Med., May '63, p. 192.



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