The Triosorb Sponge is an *in vitro* test providing 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 unsurpassed 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:** Available in a disposable kit ready for immediate use at room temperature. There is no dilution or pipetting of radioactive materials with Triosorb. It is the simplest and most convenient thyroid function test to perform.

"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."$^{1}$

"The T-3 uptake test was vastly improved by a resin-sponge . . . (Triosorb) . . . which is offered as a replacement for the red cells as well as for the loose granular resin which varies from day to day."$^{2}$

**Triosorb is available to all doctors, hospitals and clinical laboratories—**

**AEC licensing is not required.**


TRIDBDRB®—131
TRIDBDRB—125
T-'3
DIAGNOSTIC KIT

Abbott Laboratories, S.A., 2, rue Thalberg, 1201 Geneva, Switzerland
Iron deficiency anemia testing—As easy as throwing in the sponge!

Irosorb-59 is the second in a series of in vitro radio-pharmaceutical tests developed by Abbott Laboratories. The Irosorb-59 Sponge offers a remarkable degree of accuracy and simplicity that makes routine screening a practical matter.

Accuracy: The diagnostic accuracy of the test is unsurpassed in measuring latent iron-binding capacity. What's more, unlike other methods, it can be used following the administration of a hematinic.

Speed: Irosorb-59 can be washed quickly, there being only 3 washes. No incubators or shakers are needed.

Convenience: Irosorb-59 is in a disposable kit form ready for immediate use at room temperature.

Safety: No dilution or pipetting of radioactive material is necessary. Since the patient receives no radioactive materials, the test can be used in children, pregnant women, or in adults without any hazard of radioactivity.

Flexibility: The test does not require the presence of the patient for the determination of the radioactivity. Serums can be frozen and saved until a sufficient number has been collected to run a rack full of tubes at one time, or serum samples can be mailed to personnel performing the test.

Irosorb-59 is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required.
The increasing importance of technetium-99m as a scanning agent in modern diagnosis needs no elaboration. But the degree of efficiency is inevitably linked with fast, reliable delivery - and also with availability of technetium-99m at all times, so that separate ordering is not required for each referral. With Stercow 99m ordering is simplicity itself - just a phone call to the nearest Duphar representative. All orders are despatched promptly during the weekend - pre-calibrated for the first day of use, usually Monday at 18.00 hrs M.E.T.

An elution efficiency of approximately 80% is guaranteed. Further details will gladly be given on request. Samples are available free of charge. Stercow 99m is manufactured by Duphar to the very high quality standards necessary for nuclear pharmaceuticals. A revolutionary new design of sterile generator, it is available in three types with 150, 300 or 450 mc of the parent radioisotope Mo-99. Complete elution with 15, 20 or 30 ml. When milked in the approved manner the resultant technetium-99m is sterile, non-pyrogenic and hence ready for immediate use - either orally or intravenously. The Duphar Shielded Stercow Milking System gives additional safety and efficiency in the elution operations.

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following shipment;
in nonreturnable lead
container, with complete
eluting accessories.
INDICATIONS: Brain scanning. CONTRAINDICATIONS: Should not be administered to pregnant or lactating women, or to patients under the age of 16 years, except when necessary diagnostic information cannot be obtained by other types of studies or can only be obtained at a risk greater than the radiation exposure caused by this drug. WARNINGS: As with all radiopharmaceuticals, dose should be limited to smallest reasonable amount consistent with greatest value in terms of relevant diagnostic information. PRECAUTIONS: Approved radiation safety precautions should be maintained at all times. ADVERSE REACTIONS: None reported to date; however, patients should be carefully observed. DOSAGE AND ADMINISTRATION: 2 to 10 mCi, administered by intravenous injection.

Physicians should consult product package insert before administering.

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New help in diagnosing pulmonary problems

Scintiscanning of the lungs now offers a new approach to the diagnosis of pulmonary disease.1 With use of macroaggregated radio-iodinated 125I albumin, lung scanning has been found to be simple, rapid and relatively safe,2,3 and is invaluable as an adjunct to other diagnostic procedures whenever information about pulmonary vasculature is desired.

Perhaps the most useful application of the lung scan has been for the early detection of pulmonary embolism where it appears that the lung scan can point to the site of embolic lesions before signs of lung infarction are recognizable on plain chest films.4 This is important, for with the development of new means of treating pulmonary embolism, the need for improved diagnostic ability has increased. For example, the availability of anticoagulant drugs to prevent further thrombosis and of proteolytic agents to dissolve thrombi already formed, the use of surgical therapy (such as ligation or plication of the inferior vena cava and even pulmonary embolecotomy) — all require more accurate diagnostic procedures.4,5

Of course, pulmonary arteriography can give an immediate positive demonstration of an obstruction in the pulmonary circulation as soon as it occurs, but this procedure is time consuming and technically difficult to perform. It necessitates injection of large quantities of high density contrast medium directly into the pulmonary artery, and it also requires cardiac catheterization (with some risk of dislodgement of venous thrombi). Moreover, experience has shown that patients with pulmonary hypertension may tolerate injections of contrast material poorly. Other examinations, such as x-ray study of the chest and electrocardiography, are rarely definitive.6

In contrast, lung scanning with Albumotope-LS is a simple and direct adjunctive measure; reliable and virtually without risk of morbidity to the patient. And unlike pulmonary arteriography it does not require cardiac catheterization and involves only minimal inconvenience to the patient. All that is required is the i.v. administration of a relatively small amount of the isotope. And the test may be supplemented with other procedures when necessary.

Although the lung scan has been used most frequently for the detection of pulmonary emboli, it can provide useful information in the diagnosis and evaluation of other pulmonary problems. For example, a recent report7 in the September, 1966 issue of Circulation discusses the potential applicability of the technique in the detection and assessment of mitral valve disease. According to the authors, the technique has been found useful in screening patients with clinical findings of mitral valve disease who were not considered symptomatic enough to warrant cardiac catheterization... in the preparative study of patients so ill that left heart catheterization was unusually hazardous... and in determining whether the pulmonary venous pressure is elevated in patients with known severe pulmonary arterial hypertension. In these latter patients it is often difficult to measure pulmonary arterial wedge pressure reliably and the more extensive manipulations necessary for left heart catheterization may be poorly tolerated. Thus, assessment of the distribution of pulmonary arterial blood flow by lung scanning affords a means for determining the existence of pulmonary venous hypertension, which suggests the presence of potentially correctable lesions, such as mitral stenosis or cor triatriatum.8

New radiisotope scanning procedure can help detect the vascular changes of pulmonary disease before they show on chest films

Albumotope-LS
Squibb Aggregated Radio-iodinated (125I) Albumin (Human)

References:

Dosage and Scanning Procedures: Recommended scan doses of 150 to 300 microcuries of aggregated radioiodinated (125I) albumin depending on the instrumentation available and the techniques employed. Scanning immediately follows administration of slow intravenous injection. Patient may be placed in a prone or supine position.

Side Effects and Precautions: Radiisotopes should not be used in pregnant women, nursing mothers, or in patients under 18 years of age unless indications are very exceptional. There have been no reported cardiovascular or other untoward effects attributable to Albumotope-LS. Extensive clinical use of Albumotope-LS has not borne out the hypothetical possibility that particles of large size might induce deleterious cardiovascular or cerebrovascular effects. The product appears to possess no antigenic properties. One patient with a known history of angioneurotic edema, who had been given Lugol’s solution in conjunction with aggregated radioalbumin similar to Albumotope-LS, developed urticaria. Available: As a sterile, non-pyrogenic, aqueous suspension. Each cc. contains approximately 1 mg. aggregated human serum albumin labeled with 1100-1500 microcuries of iodine-131 at time of manufacture. Also contains 0.5% benoy alcohol as a preservative.

* Illustration furnished through the courtesy of George V. Taplin, M.D., Harbor General Hospital, Torrance, California.

Squibb 'The Priceless ingredient' of every product is the honor and integrity of its maker.
Name the kind of *T3 test you plan to use:

*\( T_3_{\text{RBC}} \) U (Iodine-131)
*\( T_3_{\text{RESIN}} \) U (Iodine-131)
*\( T_3_{\text{TBI}} \) U (Iodine-131)
*\( T_3_{\text{RESIN}} \) U (Iodine-125)

Use any or all of them with Nuclear-Chicago’s Mediac* T3 Counter.

The new Dynapix was designed for the busy Radioisotope Department.

(Too demanding of information to sacrifice imaging quality for the sake of speed. And vice versa.)

To date the Radioisotope Department with a large patient load and the need for maximum information per picture has really had only two kinds of choices: either (1) good images, slowly achieved, or more recently (2) higher speeds at the expense of picture quality. But since neither choice is quite appropriate to the need, there now comes a third option, the Dynapix. Design goals: maximum information/minimum time. Is this actually possible? Isn't compromise inevitable?

A totally new approach obviated the need for compromise. The Dynapix is a completely unique radioisotope imaging device which has, among other things, ten (10!) scintillation detectors working in concert, each detector with its own focusing collimators, each detector with its own electronics.

The practical import of this?

High speed
Since each of the ten scintillation detectors has its own electronics, the whole assembly can count many times faster than a single detector of any size. There is no faster detection system now
available; clinical scans take from a fraction of a minute to a few minutes. Ideal for recording dynamic processes or for multiple views. Minimizes discomfort to patient by reducing time of immobilization.

**High imaging quality**
Dynapix pictures yield maximum information to the clinician. Since each crystal has its own focusing collimators (choice of three), spatial resolution equivalent to that of conventional scanners can be obtained without the "out of focus" problem of large single crystals. The Dynapix features contrast enhancement which produces 64 grey shades proportional to the counting rate above background.

**Large scanning field**
The scanning field is a full 10" x 20" which effectively permits imaging of most organs in a single scan or high-speed whole body scanning with several adjacent scans. This field size is at least 2½ times larger than that of other high-speed instruments and has no distortion at the edges.

**Other important features, briefly**
1. Three types of data readout provide maximum flexibility: TV screen, Polaroid camera (positive or negative film), and scaler.
2. Magnetic tape storage of total data for rapid playback at variable data enhancement settings.
3. Easy to use: experienced workers in this field can be getting usable Dynapix scans on the day of installation.
4. The Dynapix produces pictures which are familiar and can be easily related to one's prior experience.

**Finally**
The Dynapix has been proven in major clinical installations. This enables us to provide proof of the many claims above. Accordingly, the object of this entire presentation is to solicit such challenges, and to leave you with the simple message: Dynapix provides maximum information / minimum time: Now demand proof by requesting data file 114R.

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For further information and a copy of our new brochure on the Mediac Dose Calibrator, write to us or call your local Nuclear-Chicago sales engineer.

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Donker Curtiusstraat 7, Amsterdam W, The Netherlands
4 of every 5 new Departments of Nuclear Medicine get started with a Magnascanner

(What does this suggest to you?)

This fact hopefully suggests — to those contemplating the start (or expansion) of such a service — something about this instrument and the organization behind it. Other compelling points: the Magnascanner is far and away the instrument most widely used for diagnostic purposes by new or established Nuclear Medicine Departments; nearly 2000 hospitals are now serviced by Picker Nuclear. (Most Radioisotope Departments start with us and seem to stay with us.)

More. In less than 10 years the Magnascanner has become the keystone instrument in most Departments of Nuclear Medicine. This was the instrument that helped Nuclear Medicine specialists develop radioisotope diagnosis from a limited research technique to a practical, valuable, everyday, reliable, routine methodology. And in this rapidly-changing decade, the instrument changed too: multiple improvements and options were (and are always being) incorporated, making this the most up-to-date scanner available. Simultaneously, our line of other instruments for Nuclear Medicine expanded to the point of being the widest around. Nevertheless, nothing anyone has been able to do in this area (ourselves or others) has served to dislodge the Magnascanner from its keystone position in most Radioisotope Departments.

Now more about the new Magnascanner’s versatility. Every new Magnascanner has both automatic and manual modes of operation—the new automatic mode speeds and simplifies set-up and self-checks the entire photo-recording system prior to the scan. And this is the only scanner that supplements the usual black and white data presentation with “colorscanning” (both photo and dot) which provides semi-quantitative radioisotope distribution pictures. The Magnascanner also offers: the widest choice of collimators, an ability to upgrade (easily) from a 3” detector system well suited to the needs of the beginning program to a faster 5” system, exclusive subtraction and two-color scanning, and dual-detector scanning.

A few final words about our obligations to you. We accept the premise that our obligations don’t end at time of delivery. We not only install the instrument and show you how to use it, but we feel it our obligation to help train personnel when an institution new to this field doesn’t have experienced personnel on staff. We have other obligations to you which our people are happy to detail. But meanwhile, consider further the choice of the Magnascanner (and the Picker commitment to you) as the keystone of your service too by requesting our new brochure number 130B.
Are you ordering radioisotopes piecemeal?

Are you ordering separately after each referral and then rescheduling the patient? Most drugs are on hand when the patient needs them. Why not radiopharmaceuticals?

If a hospitalized patient needs blood, he can have it within minutes. If an ill patient needs penicillin, it can be prescribed immediately. But if he should need a radio-diagnostic test, he may have to wait several days for the material to arrive.

There was a time when such waiting was necessary, but no longer. Many of the available radiopharmaceuticals have now reached the stage when they can be integrated into the mainstream of medical and hospital practice and can be "at hand" when needed. In particular, the unique 5-day precalibration of Squibb radioisotopes makes the need for ordering separately after each referral a thing of the past. Most laboratories can pretty well estimate what their approximate weekly need will be, so that everything can be ordered in one shipment to arrive on any given day. Thus, when a patient is referred, the diagnostic agent is already on hand and the test can be run immediately. Moreover, there is only one shipping charge. And if the material arrives for use during the latter part of the working week, Squibb will bear the cost of radioactive decay over weekends.

If you want to know more about this unique service feature, please contact your Squibb professional representative. He can arrange for a weekly "blanket order" that is shipped to you automatically for arrival on any day you specify.

It is also important that you know of the unique Squibb "prefill" program that anticipates and programs radiopharmaceutical parenteral production so that sterility and pyrogen test data are "in house" before the material is released. Thus, Squibb good manufacturing practices assure—even with radiopharmaceuticals—the same high standards you would expect in any regular parenteral preparation.

These are only a few of the many important features and services available to you when you use Squibb radioisotopes. Your Squibb representative will be happy to give you more details.

Medotopes®
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unique 5-day precalibration lets you have your entire week's needs at one time

"The Priceless Ingredient" of every product Squibb is the honor and integrity of its maker.
FLEXIBILITY: Oral or intravenous administration in two sizes: 10 millicuries in 4 ml. and 15 millicuries in 6 ml.

SHIPMENTS: Monday through Friday—and Sunday... allows scheduling of brain scans 6 days a week—Monday through Saturday.

INDICATIONS: Adjunctive diagnostic aid in detecting and localizing intracranial neoplastic (primary or metastatic) and non-neoplastic lesions.

CONTRAINDICATION: Radio-pharmaceutical agents should not be administered to pregnant women or to persons less than 18 years old unless the indications are very exceptional.

PRECAUTIONS: Care should be taken to ensure minimum radiation exposure to the patient as well as all personnel; to prevent extracranial contamination because this can lead to erroneous interpretation; and to differentiate areas of abnormal activity from areas of normal vascular activity.

Abbott announces Pertscan-99m SODIUM PERTECHNETATE Tc 99m

For brain scanning, Pertscan-99m provides more information with less radiation to the patient than any other related cerebral test—whether other radioisotopes or x-rays.

SPEED: Gives each projection fast—15 minutes or less with rectilinear scanners, 2 to 4 minutes with a camera.

CONVENIENCE: Supplied in a ready-to-use single dose vial.

SAFETY: Carrier-free, non-pyrogenic, sterile, and isotonic.
Abbott announces
Macroscan™-131
AGGREGATED RADIO-IODINATED (131I) ALBUMIN (HUMAN)

If it's a pulmonary problem, Macroscan-131 pictures it!

Pulmonary embolism, suspected: To confirm (or rule out) its occurrence.

Chronic pulmonary tuberculosis: To estimate unilateral and regional function and perfusion of the lungs.

Emphysema: To evaluate the degree of focal lack of perfusion.

Pneumonitis: To evaluate the decreased regional blood flow that occurs without obstruction of vessels.

Lung tumors: To evaluate the regional ischemia resulting from compression or obstruction of pulmonary arteries.

Surgery and/or other therapy for lung disorders: To evaluate the effectiveness of therapeutic measures.

Macroscan-131 is sterile and non-pyrogenic. It is ready to use and should not be heated prior to use.

INDICATIONS: For scintillation scanning of the lungs to evaluate total, unilateral, and regional arterial perfusion to the lungs.

CONTRAINDICATION: Radio-pharmaceutical agents should not be administered to pregnant women, nursing mothers, or to persons less than 18 years old unless the indications are very exceptional.

PRECAUTIONS, SIDE EFFECTS: Care should be taken to administer the minimum dose consistent with safety and validity of data. The possibility of an immunological response to albumin should be kept in mind when serial scans are performed. There is a theoretical hazard in acute cor pulmonale, because of the temporary small additional mechanical impediment to pulmonary blood flow. A possible case of urticaria has been related to a similar preparation. The thyroid gland should be protected by prophylactic administration of concentrated iodide solution.
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- Low background crystals (2 inch thick pure NaI light pipe);
- Gamma-graphics (patent pending) or slit mask photoscans;
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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.

Write for these booklets.

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Dear Sirs:
Please send me complete information on the new TBI Diagnostic Systems.

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Can you see things better if they're bigger? Such as pictures of radioisotope distribution? Perhaps.

Or perhaps you'll simply find it more convenient to have a "super scintiphoto"—big as life, in a 1-to-1 correspondence between the gamma-emitting organ you want to visualize and its recorded image. More convenient, say, in comparing the scintiphoto to a radiograph.

That's why we've designed the Photo/Scope III. It snaps on one of the twin scopes on the Pho/Gamma III console. Has its own X-ray film cassette. Uses standard 11" x 14" film. Makes it easy to get sharp, life-size images of the organ or area you're investigating.

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Which means you should call your local Nuclear-Chicago sales engineer soon. Or write to us and we'll send you the facts.

(We're assuming you already know about Pho/Gamma III and its proved clinical advantages. If not, introductions are in order. Just ask us for the full Pho/Gamma III story.)

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1-to-1 scintiphotos: Now you can make them with our new Photo/Scope III attachment for the Pho/Gamma® III Scintillation Camera.