

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

In the matter of Opposition No. 91178890:

-----	:	
VVI	:	
v.	:	Opposition No. 91178890
Siemens Medical Solutions USA, Inc.	:	
-----	:	

Commissioner for Trademarks
P.O. Box 1451
Alexandria, VA 22313-1451



12-26-2007

U.S. Patent & TMO/TM Mail Room Dt. #11

REQUEST FOR SUMMARY JUDGEMENT AGAINST DEFENDANT

Plaintiff respectfully request a summary judgment against Defendant based on Chapter 300 PLEADINGS §312.02 Setting Aside Notice of Default criterion:

Good cause why default judgment should not be entered against a defendant, for failure to file a timely answer to the complaint, is usually found when the defendant shows that (1) the delay in filing an answer was not the result of willful conduct or gross neglect on the part of the defendant, (2) the plaintiff will not be substantially prejudiced by the delay, and (3) the defendant has a meritorious defense to the action. The showing of a meritorious defense does not require an evaluation of the merits of the case. All that is required is a plausible response to the allegations in the complaint.

In particular, as Plaintiff views this situation:

(1a) Defendant acknowledges that Defendant received Notice Of Opposition but grossly neglected to process it. If an attorney of Plaintiff was unable to process paperwork like Defendant describes Plaintiff would consider that gross neglect and find an attorney that could respond to simple paperwork on time. It is a simple matter for Defendant to view all files on the excellent TTABVUE facility of the USPTO, pay for an outside service to monitor the TTABVUE database, or

Defendant can screen-scrape the USPTO web site for filings and automatically be updated when there is a change. Any which way, in this age of automation, Defendant's response does not seem plausible and it appears as gross neglect to Plaintiff. That is Plaintiff's opinion and Plaintiff submits to the determination of the Trademark Trial and Appeal Board.

(1b) Defendant, in its response, titles the case as: "Ed VanVliet v. Siemens Medical Solutions" The correct title is: "VVI v. Siemens Medical Solutions". The Defendant needs to understand the full ramifications of the use of the word VVI and use it appropriately and with due consideration of facts and evidence. The USPTO correctly identified Plaintiff and Opposer as VVI and the Defendant should do the same. It should have been easy for Defendant to use the name VVI for Plaintiff and Plaintiff considers it one more example of how Defendant uses willful conduct or gross neglect(*) to manipulate the use of VVI in fact. (*as Plaintiff defines it: an Attorney that misidentifies a case and also denies the actual and obvious use of VVI, as Defendant consistently does, would require Plaintiff to seek a different Attorney because Plaintiff would consider it gross neglect for Plaintiff's purposes.)

(1c) Based on Defendant's prosecution history for applications with SN 78743123 and SN 78743112 Defendant has shown to file for delays, filed at the last possible moments and not provide evidence and samples. This constant delaying and lack of providing evidence certainly appears to be willful conduct. It is consistent with previous performance that Defendant would defer filing a response to Letter Of Opposition for as long as possible. That is Plaintiff's opinion and Plaintiff submits to the determination of the Trademark Trial and Appeal Board.

(2) Plaintiff is substantially prejudiced by the delay in filings. Defendant has been modifying their website throughout this proceedings and altering references to the word VVI. Time is the tool to do this and delays cause great harm to Plaintiff. Evidence collection from Defendant's web site is a very powerful tool and fundamental to this process. Defendant tampering with that evidence is not helpful to the process of discovery.

(3) Defendant does not provide a plausible response to the allegations in the complaint (Opposition filing of 8/12/2007).

(3.a) Defendant denies knowledge of Defendant's own documents (a select few submitted to USPTO by Plaintiff during previous correspondence). That is neither plausible nor a meritorious defense. As far as Plaintiff can determine, Defendant is deferring determination of the facts to the Trademark Trial and Appeal Board, and the discovery process to Plaintiff. That may be a safe thing to do, but in Plaintiff's opinion it hardly constitutes a meritorious defense to complaint.

(3.b) As a relevant example: In Defendant's response, section (C.1) Defendant states: "Applicant [Defendant] denies the remaining allegations in paragraph C.1 of the Notice of Opposition"; which would mean Defendant denies the use of "Velocity Vector Imaging" and VVI together and their relationship. The attachments to this response shows *one-hundred-ninty-six* citations from Defendant's web site using "Velocity Vector Imaging" and VVI together in various forms including the form "Velocity Vector Imaging (VVI)". Plaintiff fails to understand how Defendant denies their own documents. Furthermore, attachments to this response shows a transcript with Jon Tagliaferri, National Education Manager for Cardiovascular Ultrasound, Siemens Medical dated August 16, 2007 at 8pm where he uses "VVI" 18 times and the transcript shows the first form of VVI as: "Velocity Vector Imaging (VVI)" thus introducing them as one in the same. Defendant press release (see attachment) of last month shows the same. At the same time Defendant states to the Board that Defendant is "without knowledge", Defendant also releases information to interested parties so those parties are "with knowledge" that the Defendant alleges it is "without".

(3.c) Plaintiff's previous prima facie filing dated 11/27/2006 page 14 shows the form: "Velocity Vector Imaging (VVI)" in an Exhibit-B1 which is Defendant's product literature defining what VVI is. Defendant should have knowledge of this because Defendant wrote it and because it was submitted as evidence to the USPTO into Defendant's Application prosecution and resides there at this time.

(3.d) It would be disingenuous to the process for Plaintiff to suggest that Defendant forgets what it authors, does not read evidence submitted to the USPTO and is unable to form beliefs about that information. Rather, Plaintiff suggests that Defendant has ample knowledge and information to form a belief.

(3.e) It seems incredulous that Defendant is unaware of its own large amount of documents regarding this matter and can not form a belief, especially considering the lengthy time Defendant has authored the documents, the evidence on file at the USPTO, the recent press release(s), exhibits at trade conferences, educational programs, software download products, pictures, etc. and the great time Defendant has had to become aware of their own documents. Their repeated phrase: “without knowledge” and “insufficient information” seems without merit and discreditable conduct.

Plaintiff reluctantly makes the assertion that Defendant is responding in a fraudulent way, with gross neglect, willful misconduct, and in bad faith; and Plaintiff is substantially prejudiced by such behavior including the one outcome of such behavior which is delay, postponement and missed deadlines by Defendant.

Because of overwhelming evidence, Plaintiff respectfully request a summary judgment against Defendant based on the items above, attachments, and prior submissions and their attachments to:

(a) Deny Defendant's request to withdraw the Notice of Default.

(b) Deny Defendant's Application (SN 78743112) based on its bad faith filing, contrary to the requirement for filing basis 1B.

In addition, because Defendant continues to be “without knowledge” in contradiction with Defendant's own documents, and denies Defendant's statements in Defendant's documents, Plaintiff is interested if Defendant should be referred to the proper authority for 18 U.S.C. §1001 proceedings. Plaintiff respectfully request a response from the Trademark Trial and Appeal Board as to this issue as well.

In addition, note that Plaintiff is not filing an answer to a counterclaim of Defendant (Chapter 300 PLEADINGS §311.03) because, as far as Plaintiff can determine, none was presented. This filing is specifically to add information for the purpose of a §312.02 determination.

Respectfully submitted,



Ed VanVliet
VVI
311 Adams Avenue
State College, PA 16803
814-441-0165

Date: December 19, 2007

Attachments:

- (1) First 100 citations for VVI Velocity Vector Imaging on Defendant's web site.
- (2) Next 91 citations for VVI Velocity Vector Imaging on Defendant's web site.
- (3) 20 citations for VVI Velocity Vector Imaging on Defendant's web site.
- (4) Recent article showing VVI on a general medical tech journal.
- (5) Defendant's recent Press Release showing "Velocity Vector Imaging (VVI)" and stating that VVI is an application (software application).
- (6) Discussion (chat) with Jon Tagliaferri from Siemens.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing REQUEST FOR SUMMARY JUDGEMENT AGAINST DEFENDANT was served by first class mail, postage prepaid, this 19th day of December, 2007 upon Defendant:

Siemens Medical Solutions USA, Inc.
c/o Lawrence E. Abelman
Abelman, Frayne & Schwab
666 Third Avenue
New York, NY 10017

Respectfully,

A handwritten signature in black ink, appearing to read 'Ed VanVliet', written in a cursive style.

Ed VanVliet
VVI
311 Adams Avenue
State College, PA 16803
814-441-0165

Date: December 19, 2007



echo-web

→ CHAT

Sponsored by:



Scheduled Chat Sessions and Guest Host Series

"Velocity Vector Imaging: Assessing Cardiac Mechanics" with Jon Tagliaferri, National Education Manager for Cardiovascular Ultrasound, Siemens Medical

August 16, 2007 8pm

Moderator: Richard K. Duncan

Rick Duncan (Aug 16, 2007 7:58:16 PM)

Hi everyone!

Rick Duncan (Aug 16, 2007 7:58:57 PM)

We will wait just a moment longer.

Rick Duncan (Aug 16, 2007 8:02:25 PM)

Tonight we have Jon Tagliaferri from Siemens with us tonight. Jon will be speaking to us about Velocity Vector Imaging and how we can use that to evaluate cardiac mechanics. Welcome, Jon. Some housekeeping before we start.

Rick Duncan (Aug 16, 2007 8:02:37 PM)

We invite everyone to join us every second and fourth Thursday for our scheduled chat sessions. Transcripts of past sessions are available from the chat page. Also, the Chat rooms are open every day. We encourage you to use them to chat with your colleagues.

Rick Duncan (Aug 16, 2007 8:02:54 PM)

A last comment - spelling goes out the door during these live events. We'll leave it to the spell-checkers to fix things before posting the transcripts of tonight's talk.

Rick Duncan (Aug 16, 2007 8:03:56 PM)

I'm happy to introduce Jon Tagliaferri. He gave a wonderful presentation of IMT last month. He attended the State University of New York at Oswego (SUNY Oswego), where he majored in English and Education. After moving to Virginia in 1991, he attended Commonwealth Technical Institute school for Cardiovascular Technology in Virginia Beach, where he was first in his class.

Rick Duncan (Aug 16, 2007 8:04:09 PM)

He was a technologist and instructor for the CVT school at Norfolk General Hospital in Norfolk, Virginia for 3 years.

Rick Duncan (Aug 16, 2007 8:04:20 PM)

He has worked in the field as an Echocardiographer and/or manager for the last 14 years, and has worked for Siemens as the National Education Manager for Cardiovascular Ultrasound for the last year.

Rick Duncan (Aug 16, 2007 8:04:34 PM)

Welcome, Jon.

Jon Tagliaferri (Aug 16, 2007 8:04:43 PM)
Thank you...

Jon Tagliaferri (Aug 16, 2007 8:05:18 PM)
Thank you for sharing this time with me tonight.

Jon Tagliaferri (Aug 16, 2007 8:05:40 PM)
I will apologize in advance if I don't get to everyone's questions at the end of the session.

Jon Tagliaferri (Aug 16, 2007 8:06:32 PM)
First, I would like to start with some of the objectives for this talk.

Jon Tagliaferri (Aug 16, 2007 8:07:20 PM)
I will discuss what the limitations are with current means of cardiovascular assessment.

Jon Tagliaferri (Aug 16, 2007 8:07:45 PM)
I would like for you to understand the processing behind Velocity Vector Imaging (VVI), and why this makes VVI so unique.

Jon Tagliaferri (Aug 16, 2007 8:08:03 PM)
You should also understand many of the applications for VVI, and what assessment methods are available.

Jon Tagliaferri (Aug 16, 2007 8:08:50 PM)
One thing of note...although I will be discussing many aspects of VVI, I will not be covering details on protocols, or all of the details on analysis of strain, strain rates, dyssynchrony etc, because that would take more time than we have.

Jon Tagliaferri (Aug 16, 2007 8:09:43 PM)
However, I will say that when discussing times to peak, and dyssynchrony analysis, current normal and abnormal values have not changed from what we currently use as the standard. It is just easier to extract the values from Velocity Vector Imaging, than DTI measurements, and is not angle dependent.

Jon Tagliaferri (Aug 16, 2007 8:10:27 PM)
syngo® Velocity Vector Imaging (VVI) is a dynamic method to visualize, measure, and display myocardial motion and mechanics.

Jon Tagliaferri (Aug 16, 2007 8:10:42 PM)
How Does VVI Technology Quantitatively Evaluate Myocardial Mechanics?

Jon Tagliaferri (Aug 16, 2007 8:11:08 PM)
VVI uses grayscale images and a sophisticated tracking algorithm to determine the velocity of the myocardium.

Jon Tagliaferri (Aug 16, 2007 8:11:28 PM)
The yellow vectors point in the direction the tissue is moving. The length of the vector indicates how fast the tissue is moving.

Jon Tagliaferri (Aug 16, 2007 8:11:43 PM)
What's a Vector?

Jon Tagliaferri (Aug 16, 2007 8:13:06 PM)
Vectors have magnitude and direction, and can be visualized. They show direction and speed

Jon Tagliaferri (Aug 16, 2007 8:13:39 PM)
For a velocity vector the speed is the length of the line and the arrow gives the direction of movement at any given time.

Jon Tagliaferri (Aug 16, 2007 8:14:00 PM)

A vector can also be described as a result of the two components at 90 degrees to each other.

Jon Tagliaferri (Aug 16, 2007 8:14:17 PM)

The vectors are representations of the tissue being tracked and provide the cardiologist an ability to magnify subtle wall motion abnormalities.

Jon Tagliaferri (Aug 16, 2007 8:14:34 PM)

What are the limitations with the current methods of Myocardial Motion Assessment?

Jon Tagliaferri (Aug 16, 2007 8:14:52 PM)

Visual assessment is not quantified, and has high intra-operator variation

Jon Tagliaferri (Aug 16, 2007 8:15:07 PM)

Border tracking results in poor reliability, and gives no tissue information.

Jon Tagliaferri (Aug 16, 2007 8:15:20 PM)

Tissue Doppler is angle dependant and requires a multi-pulse acquisition.

Jon Tagliaferri (Aug 16, 2007 8:15:34 PM)

Tissue motion tracking from B-Mode image gives no velocity component to the information.

Jon Tagliaferri (Aug 16, 2007 8:15:59 PM)

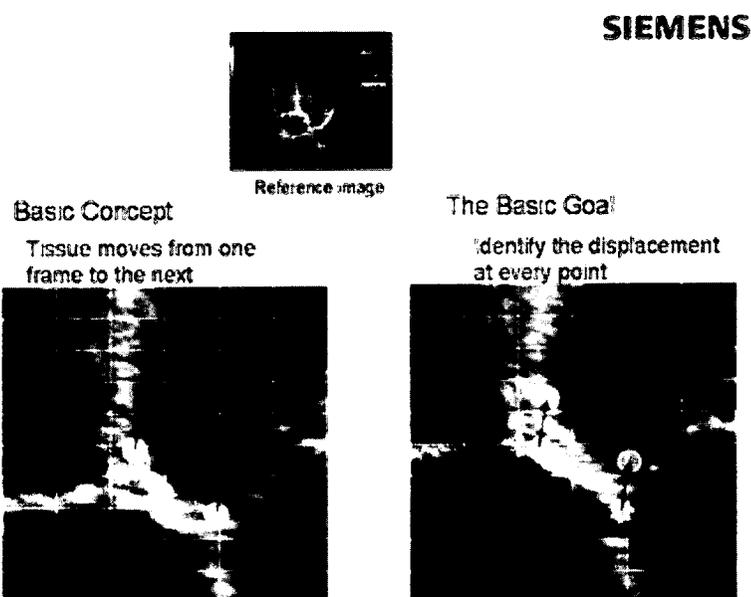
What are the components of syngo® VVI Technology?

Jon Tagliaferri (Aug 16, 2007 8:16:18 PM)

VVI tracks the myocardial motion, while extracting and computing motion parameters. It then presents the information in a clinically relevant way.

Jon Tagliaferri (Aug 16, 2007 8:16:48 PM)

As we can see in slide 1, the basic concept is that tissue moves from one frame to the next, and the basic goal is to identify the displacement at every point.



Jon Tagliaferri (Aug 16, 2007 8:17:53 PM)

In order to do this, we need an algorithm to help us. We like to refer to the

Tracking Algorithm as "Feature Tracking"

Jon Tagliaferri (Aug 16, 2007 8:18:13 PM)

"Processing" the trace looks at a variety of parameters including:

- Mitral plane motion
- Border tracking
- Speckle tracking
- Periodic motion
- Spatial coherence

Jon Tagliaferri (Aug 16, 2007 8:19:51 PM)

This is not simply "speckle tracking".

Jon Tagliaferri (Aug 16, 2007 8:20:03 PM)

VVI attempts to use all of the information available in the images, as well as reasonable assumptions about cardiac motion. Thus, the algorithm incorporates tracking of the mitral plane, tracking of the inward and outward motion of the border, and the motion of tissue along the border.

Jon Tagliaferri (Aug 16, 2007 8:20:26 PM)

The algorithm also uses the periodic motion of the heart as a constraint to further improve the tracking, as well as a spatial coherence constraint, which keeps neighboring points from moving in radically different ways.

Jon Tagliaferri (Aug 16, 2007 8:20:57 PM)

The user traces the endocardium, starting and ending at the annulus in a 2 or 4 chamber view, or starting from the anterior wall on a short axis, and then presses "Process".

Jon Tagliaferri (Aug 16, 2007 8:21:17 PM)

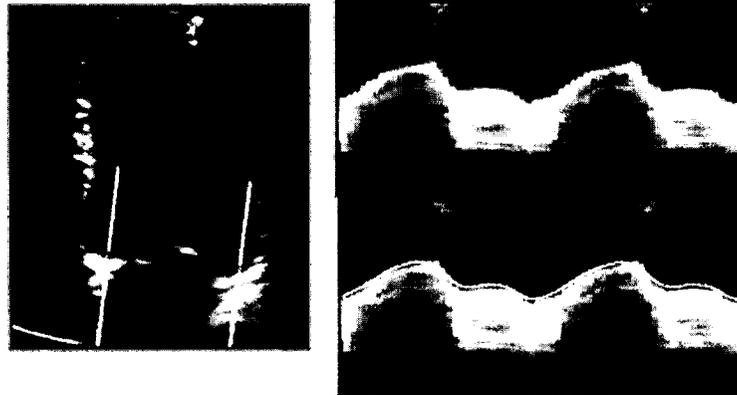
After the trace is drawn on one frame, the user-specified points along the trace need to be tracked. The goal then is to track that specific area throughout the cardiac cycle.

Jon Tagliaferri (Aug 16, 2007 8:21:45 PM)

As you look at slide 2, the tracking is done in the direction perpendicular to the mitral plane, which is defined by the direction from the first to the last point. The brightness of the pixels along the yellow lines is extracted from all of the frames to generate a 'pseudo-m-mode' image. The location of the user-specified point is then tracked from one frame to all of the other frames. Note that there is no searching for a "border." Rather, the goal is to keep the yellow trace in the same location relative to the local tissue.

SIEMENS**Processing**

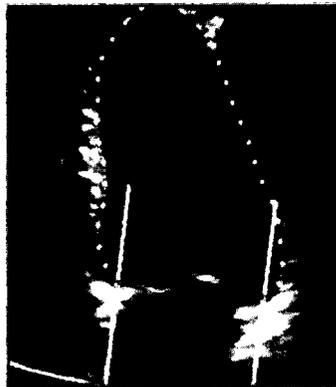
Step 1. Track the up and down motion of the annulus

**Jon Tagliaferri** (Aug 16, 2007 8:22:45 PM)

Slide 3 shows the next step as propagation of the motion of the mitral valve plane to the other points along the trace before it even looks at the heart motion. It applies half of the motion of the mitral valve plane to points half way up to the apex. It does not stick to this assumption but this is where it starts.

SIEMENS**Processing**

Step 2. Rescale the motion and apply to the other points

**Jon Tagliaferri** (Aug 16, 2007 8:23:42 PM)

One of the most important points of the mitral valve annulus is its contribution cardiac function. When the ventricle ejects blood out to the aorta it does so by primarily descending the base of the heart, similar to a piston. This descending base is the most fundamentally contributory component of ejection. So if you don't take this motion into account, none of the rest matters.

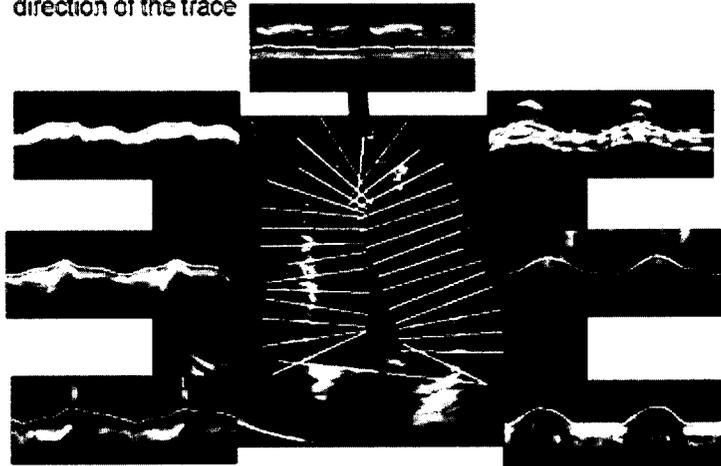
Jon Tagliaferri (Aug 16, 2007 8:24:44 PM)

The next step is to look at the points along the trace and track the motion in and out. Each point generates this sort of curved m-mode to aid in tracking as seen in slide 4. This m-mode information on either side of the trace is what guides the trace in line with cardiac motion as seen in slide 4.

SIEMENS

Processing

Step 3: Track the in/out motion of the border, normal to the direction of the trace



Slide 4

on Tagliaferri (Aug 16, 2007 8:25:55 PM)

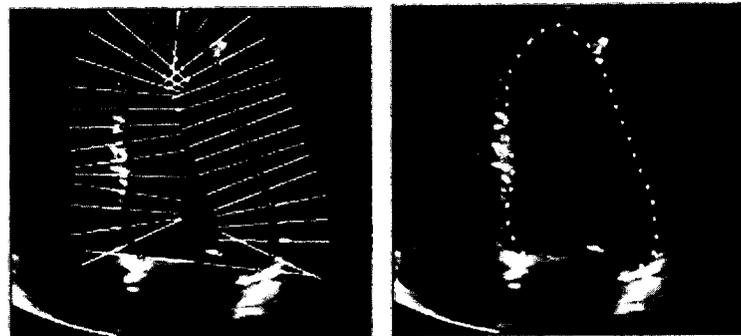
The algorithm tracks the user defined points. If you want more specific tracking, use additional points. The number of vectors is a multiple of four times the number of user defined points.

Jon Tagliaferri (Aug 16, 2007 8:26:16 PM)

Although the border is now tracked in slide 5, there may be some sliding motion of the tissue along the border that has not yet been accounted for. There is another tracking stage to account for this motion.

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The Myocardial Trace is Now Tracked



Jon Tagliaferri (Aug 16, 2007 8:26:55 PM)

In this final tracking step, the motion of the tissue is tracked along the direction of the trace, which evaluates the tissue velocity along the wall (tissue velocity "relative" to the moving border).

SIEMENS

Processing

Step 4: Evaluate the tissue velocity along the wall (tissue velocity "relative" to the moving border)



Jon Tagliaferri (Aug 16, 2007 8:27:22 PM)

Slide 7 shows that we now have a complete two-dimensional tracking of the motion, from which we know the two-dimensional velocities. By breaking the tracking algorithm down into a series of 1-dimensional problems instead of attacking the full 2-dimensional problem, the tracking can be done in seconds instead of minutes. Now the border is tracked and the tissue velocity is known.

SIEMENS

Outcome

The border is tracked and the tissue velocity is known



By solving multiple 1-D problems instead of a 2-D problem,
the computation takes seconds instead of minutes

Jon Tagliaferri (Aug 16, 2007 8:28:56 PM)

Once The Velocity Vectors Are Known At All Frames, Other Parameters Can Be Extracted such as:

Jon Tagliaferri (Aug 16, 2007 8:29:19 PM)
Volumes, component velocities, displacement...

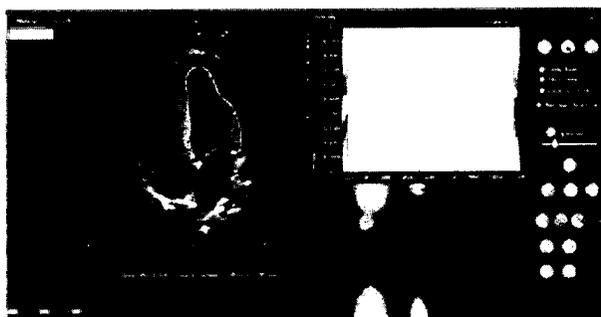
Jon Tagliaferri (Aug 16, 2007 8:30:03 PM)
strain and strain rate, timing and cycle phase.

Jon Tagliaferri (Aug 16, 2007 8:30:28 PM)
Clinical applications and uses of timing information include diastolic motion, CRT and stress. Again, one of the best things about VVI is that, unlike tissue Doppler, it is not angle dependant.

Jon Tagliaferri (Aug 16, 2007 8:31:03 PM)
The home page on slide 8, provides the user with a quick visual reference of the myocardial vectors as well as velocity profiles (graphic and parametric displays). From this home page, you can access the windows of Strain/Velocity, Global Measurements, and Synchrony Analysis.

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Velocity and Parametric Analysis Home Page

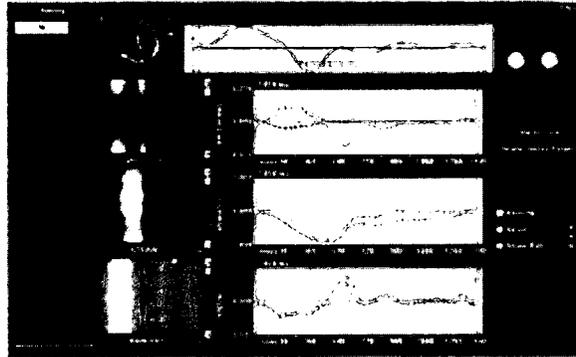


Quick visual assessment of wall tracking
Quick visual assessment of vector motion
Display of all vector curves
Parametric M-mode

Jon Tagliaferri (Aug 16, 2007 8:31:32 PM)
For the first time we can take into account measurements at the apex. We can also visualize the rotational motion as seen in slide 9.

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Strain/Strain Rate Analysis Window



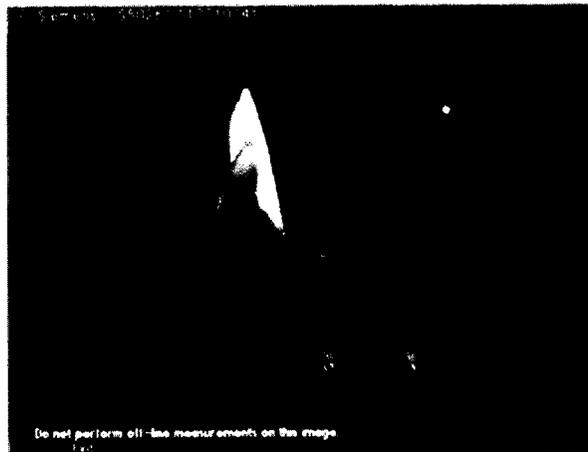
3D Display of Parametric M-mode Graphs

Jon Tagliaferri (Aug 16, 2007 8:32:39 PM)

Slide 10 shows the strain analysis window. Up to 20 different points can be selected on the image for graphic displays of Velocity, Strain and Strain Rate. Each Graph can be magnified and each parametric m-mode can be visualized in a 3 dimensional display.

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Strain/Strain Rate Analysis Window



Jon Tagliaferri (Aug 16, 2007 8:33:00 PM)

The strain and strain rate is calculated along the trace. Currently there are tangential, radial and circumferential strain and strain rate.

Jon Tagliaferri (Aug 16, 2007 8:33:45 PM)

Strain Made Easy...

Jon Tagliaferri (Aug 16, 2007 8:33:57 PM)

Everyone that has ever done an echo has performed an M-mode of the left

ventricle to obtain an ejection fraction. This ejection fraction measurement is based on the change of the diameter between systole and diastole. It is a ratio to determine a percent of change.

Jon Tagliaferri (Aug 16, 2007 8:35:28 PM)
(EDS-ESV) $EDV \times 100 = EF\%$

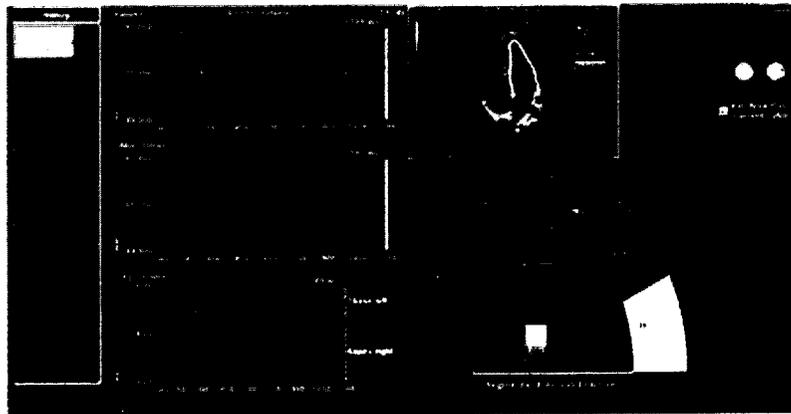
Jon Tagliaferri (Aug 16, 2007 8:35:41 PM)
Strain calculation uses a very similar formula to get the ratio of change of distance of a specific segment. Remember, strain is deformation.

Jon Tagliaferri (Aug 16, 2007 8:35:54 PM)
If the points are closer together, then it is negative strain. If it is further apart, it is a positive strain.

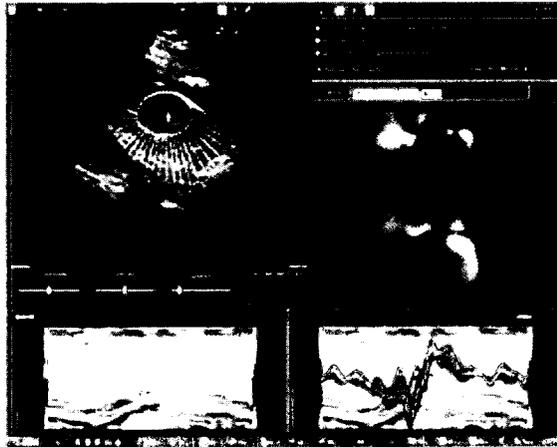
Jon Tagliaferri (Aug 16, 2007 8:36:05 PM)
Strain rate is how quickly those bits of tissue are moving towards each other or away from each other.

Jon Tagliaferri (Aug 16, 2007 8:36:17 PM)
Slide 11 shows the 3D Velocity graph. Starting with the standard presentation of X axis for time and Y axis for velocity you can then rotate the slide down to view the Z axis to plot the position on the myocardium.

Global Measurement Analysis Window **SIEMENS**



Jon Tagliaferri (Aug 16, 2007 8:37:03 PM)
The global measurements window in the next slide, provides multiple quantifications of the traced region such as: Volume displacement over time curves; either segmental or global DMin/Dmax- change in transverse and longitudinal diameters.

SIEMENS**Ventricular Mechanics***Apical Twist*

Jon Tagliaferri (Aug 16, 2007 8:37:31 PM)

The clinical benefit is that it gives a specific look at segmental contributions to overall function.

Jon Tagliaferri (Aug 16, 2007 8:38:05 PM)

For example, this could be utilized in the O.R. for both pre and post bypass assessment for left ventricular function.

Jon Tagliaferri (Aug 16, 2007 8:38:25 PM)

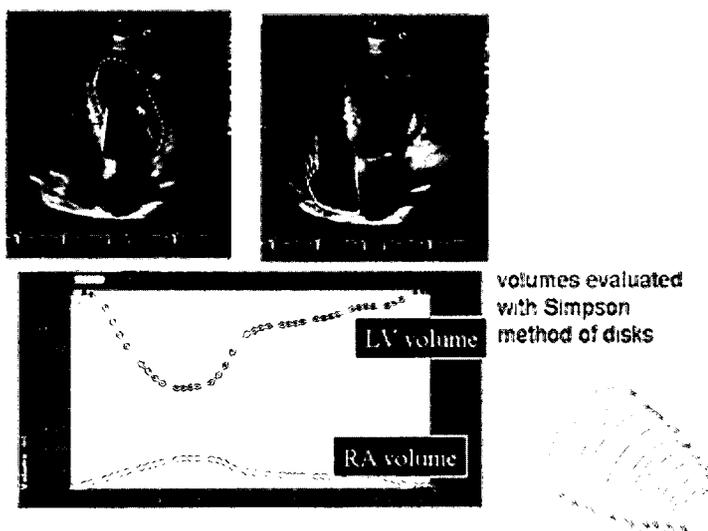
It also provides the ability to simultaneously display multiple volume curves of different traces for comparing RV and LV volume changes.

Jon Tagliaferri (Aug 16, 2007 8:39:01 PM)

You can now go from borders to cavity volumes as shown in 13. The volumes are generated from the trace using the modified method of disks applied to each frame.

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From Borders To Cavity Volumes



volumes evaluated with Simpson method of disks

Jon Tagliaferri (Aug 16, 2007 8:39:27 PM)

Segmental Ejection Fraction is also calculated. Disks are all parallel to the mitral plane, going from the instantaneous mitral plane to the instantaneous apex (point furthest from mitral plane). Centerline is from an average across all frames. Each side is divided into thirds of equal lengths as seen in slide 14.

SIEMENS

Segmental Ejection Fraction

Disks are all parallel to the mitral plane, going from the instantaneous mitral plane to the instantaneous apex (point furthest from mitral plane)

Centerline is from an average across all frames

Each side is divided into thirds of equal lengths

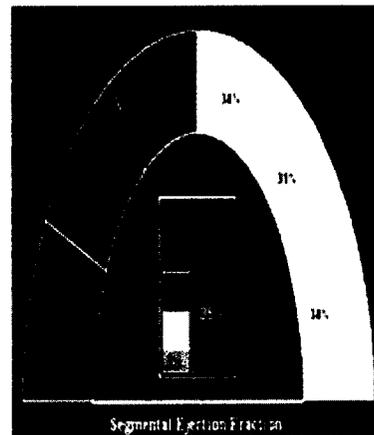


Jon Tagliaferri (Aug 16, 2007 8:39:52 PM)

Slide 15 shows "segmental" volumes/EF's, which are given by the volumes of the disks, bounded by the 1/3 length sides and the centerline (center plane).

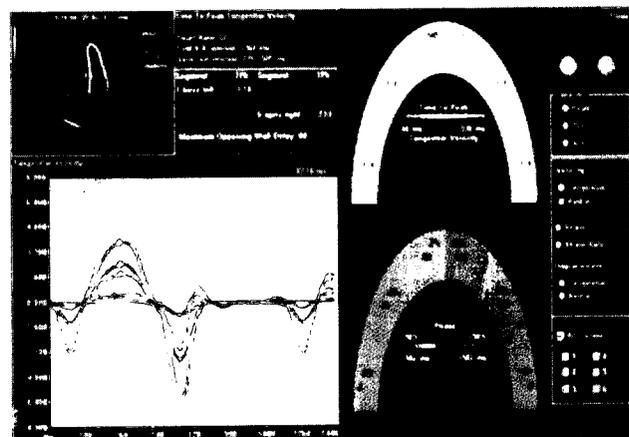
SIEMENS**Segmental Ejection Fraction**

Segmental Volumes/EF's are given by the volumes of the disks, bounded by the 1/3 length sides and the centerline (center plane)



Jon Tagliaferri (Aug 16, 2007 8:40:19 PM)

The next slide shows you the Synchrony Analysis Window, which will give you a quick assessment of time to peak velocities of opposing segments.

SIEMENS**Synchrony Analysis Window**

Jon Tagliaferri (Aug 16, 2007 8:40:50 PM)

For dyssynchrony assessment, the program automatically extracts the times to the peak systolic velocity, and displays a parametric image with the appropriate time associated with each ASE segment, along with the timing difference between the walls.

Jon Tagliaferri (Aug 16, 2007 8:41:42 PM)

In addition to the velocity along the direction of the trace (the tangential velocity), the user can select any of these other parameters including:

Jon Tagliaferri (Aug 16, 2007 8:42:12 PM)

Time to Peak display for 6 segments.

Jon Tagliaferri (Aug 16, 2007 8:42:28 PM)
Velocity (Tangential or Radial), Strain, Strain Rate and Displacement.

Jon Tagliaferri (Aug 16, 2007 8:42:38 PM)
Phase information.

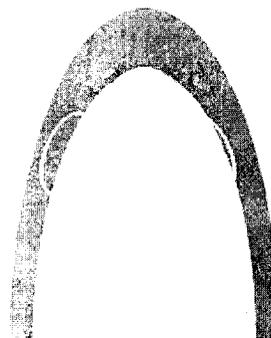
Jon Tagliaferri (Aug 16, 2007 8:42:51 PM)
What Is Tangential Velocity?

SIEMENS

What Is Tangential Velocity?

Tangential Velocity

The component of the velocity along the direction of the trace (myocardial wall)



Jon Tagliaferri (Aug 16, 2007 8:43:07 PM)
It is the component of the velocity along the direction of the trace (myocardial wall) as shown in slide 17.

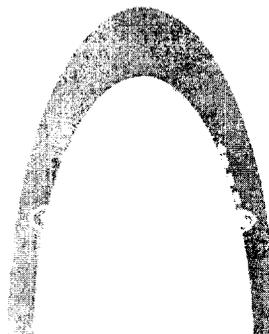
Jon Tagliaferri (Aug 16, 2007 8:43:25 PM)
What Is Radial Velocity?

SIEMENS

What Is Radial Velocity?

Radial Velocity

The velocity component perpendicular to the line (myocardial wall)



Jon Tagliaferri (Aug 16, 2007 8:43:42 PM)

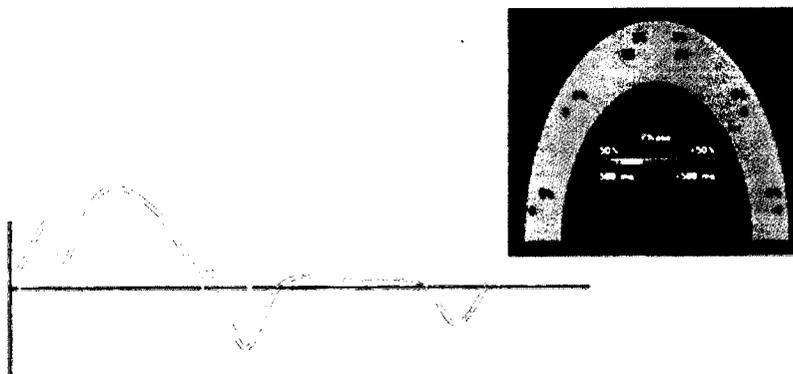
It is the velocity component perpendicular to the line (myocardial wall).

Jon Tagliaferri (Aug 16, 2007 8:43:59 PM)

What Is Phase?

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What Is Phase?



Velocity curves of each segment (2 displayed)

Jon Tagliaferri (Aug 16, 2007 8:44:40 PM)

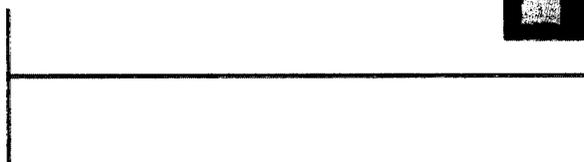
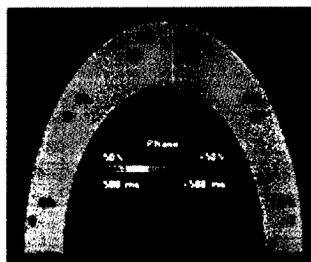
Slide 18 shows that phase fits a sinusoid for a velocity/strain/strain rate/displacement waveform (across the ENTIRE cardiac cycle).

Jon Tagliaferri (Aug 16, 2007 8:45:13 PM)

Overall delayed motion (best-fit sinusoid is shifted to the right of average), is shown as a positive value. Overall early motion (best-fit sinusoid is shifted to the left of average), is shown as a negative value. These are shown on 19.

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What Is Phase?



Sinusoid curves of each segment

Jon Tagliaferri (Aug 16, 2007 8:46:21 PM)
 ... and on 20, Average phase is defined as zero value.

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What Is Phase?



Average phase of all 6 segments
 Average phase is defined as zero value

Jon Tagliaferri (Aug 16, 2007 8:46:32 PM)
 Values are shown in milliseconds and as a percentage of the cardiac cycle.

Jon Tagliaferri (Aug 16, 2007 8:47:07 PM)
 Clinical Benefits of Phase Information are as follows:

Jon Tagliaferri (Aug 16, 2007 8:47:30 PM)
 Phase is a more numerically stable way of comparing the delay of one waveform relative to another. Phase incorporates information from the entire cardiac cycle (systole and diastole), not just systole.

Jon Tagliaferri (Aug 16, 2007 8:47:47 PM)

Phase is not the current standard for assessment of dyssynchrony, but is included because of its potential.

Jon Tagliaferri (Aug 16, 2007 8:48:25 PM)

Where else can VVI be useful?

Jon Tagliaferri (Aug 16, 2007 8:48:41 PM)

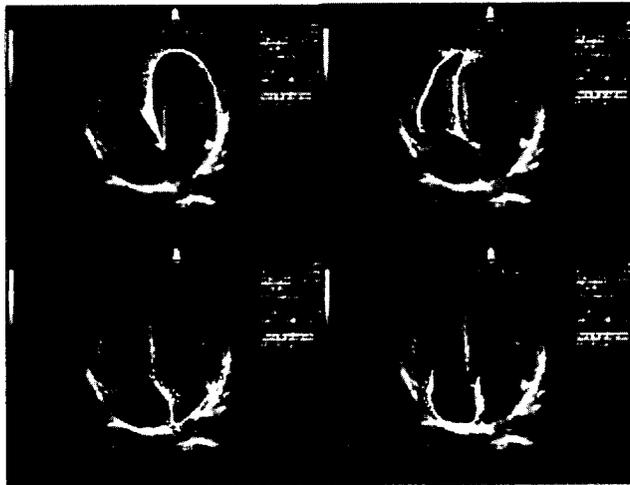
We can assess both normal fetal hearts as well as those with congenital defects.

Jon Tagliaferri (Aug 16, 2007 8:49:03 PM)

We can look at the other chambers of the heart as well. VVI is not limited to the left ventricle as shown in slide 22.

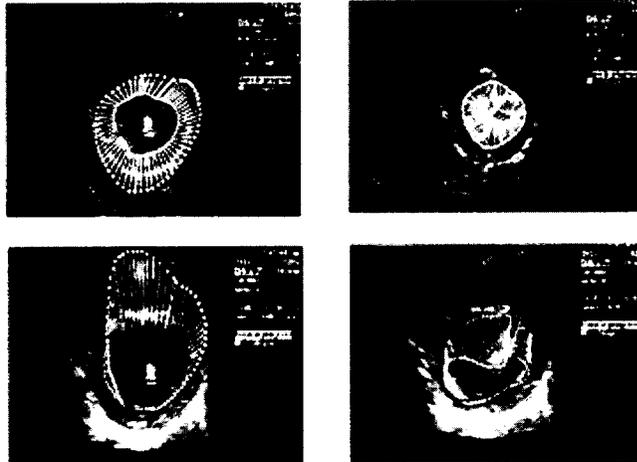
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True Velocity Vectors



Jon Tagliaferri (Aug 16, 2007 8:49:51 PM)

We can use VVI for a quick check for differential diagnosis, because of the easy visualization of the vectors. Slide 23 shows how quickly and easily we can assess the heart.

SIEMENS**Differential Diagnosis**

Jon Tagliaferri (Aug 16, 2007 8:50:23 PM)

Not only can we look at fetal hearts, but it can also be used for mouse heart imaging. We are also looking at its potential in vascular imaging as well.

Jon Tagliaferri (Aug 16, 2007 8:50:56 PM)

One of the best things about VVI is that we can use it in a number of applications and with all sorts of transducers. We can extract the data from many different views. VVI can be applied not only to trans-thoracic images, but also to TEE and Acunav images as well. It can also be done online or off.

Jon Tagliaferri (Aug 16, 2007 8:52:06 PM)

In summary, VVI has many uses including CRT, CHF evaluation, dyssynchrony studies, stress echo, fetal hearts, strain, strain rates, volumes, twist, torsion (new release), times to peak, etc. It seems to be limited at this time, only by our imaginations. Velocity Vector Imaging Technology is a breakthrough in performance of dynamic ventricular assessment using any window, any view and any angle.

Jon Tagliaferri (Aug 16, 2007 8:52:30 PM)

For more information on VVI, or to see a demonstration, please contact your local Siemens Sales or Applications professional. Also for more information, please visit our website to view Dr. Mani Vannan's webcast titled "Dynamic Ventricular Assessment – New Insights".

Jon Tagliaferri (Aug 16, 2007 8:52:54 PM)

Thank You.

Rick Duncan (Aug 16, 2007 8:54:04 PM)

Thank you, Jon! That was very detailed. I'm sorry that we are out of time but invite everyone to write in their questions and we will post them online when the session gets put on the site.

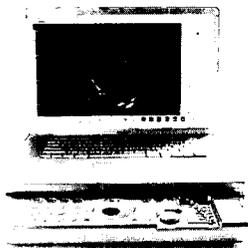


For the trade press

Power package for hospital and office Improved workflow with the ultrasound laptop P50 from Siemens

Duesseldorf, 2007-Nov-14

At the Medica 39th World Forum for Medicine in Düsseldorf, Germany, Siemens Medical Solutions presents a new laptop-based ultrasound system, the Acuson P50, with integrated echocardiography software. The system is especially designed for mobile applications in cardiology as well as vascular applications and use in the operating room and anesthesiology departments. In addition to these functions, the P50 can be used as a standard Internet-enabled PC that also runs common office applications. With an array of transducers, the system lets physicians bring ultrasound anywhere it is needed.



The system provides superb image resolution in B mode and in color Doppler mode. It also includes an integrated stress echo function. It can run several cardiology application packages including syngo Velocity Vector Imaging (VVI) and syngo Arterial Health Package (AHP) which can be used to determine a patient's vascular age. Together with syngo Auto Left Heart, these applications turn the P50 into an ideal solution which considerably simplifies and accelerates the workflow in echocardiography and vascular diagnosis.

The Acuson P50 is a Microsoft Windows-based PC equipped with such additional functions as Microsoft Office Word, Microsoft Office PowerPoint and many other special image viewing programs. The system's flexible architecture provides for excellent ultrasound images and gives users a number of tools for image post-processing, for generating protocols or for accessing the Internet for additional research. During the examination, the physician is able to view other images, look at technical papers or clarify abnormalities before he making a diagnosis. This gives physicians more flexibility during the diagnostic process.

The Acuson P50 weighs slightly more than 5 kilograms and is easily transported in a laptop bag. When not connected to the Internet, it has up to two hours of battery life, making it fully equipped for emergency situations. The P50 is built off of an Apple MacBook laptop with 2 GB RAM, a 160 GB hard disk and a 2.0GHz Intel Dual-Core Pentium M processor.

System delivery will begin in December 2007.

Images are located under: <http://www.siemens.com/med-picture/AcusonP50>

Siemens Medical Solutions is one of the world's largest suppliers to the healthcare industry. The company is a renowned medical solutions provider with core competence and innovative strength in diagnostic and therapeutic technologies as well as in knowledge engineering, including information technology and system integration. With its laboratory diagnostics acquisitions, Siemens Medical Solutions will be the first fully integrated diagnostics company, bringing together imaging and lab diagnostics, therapy, and healthcare information technology solutions, supplemented by consulting and support services. The company is a single-source provider of solutions across the entire continuum of care – from prevention and early detection, to diagnosis, therapy and care. Siemens Medical Solutions employs more than 48,000 people worldwide and operates in 130 countries. According to U.S. GAAP, in the fiscal year 2007 (until Sept. 30th) Siemens Medical Solutions reported sales of 9,85 billion €, orders of 10,27 billion €, and group profit of 1,32 billion € (preliminary figures, unaudited).

Further information can be found by visiting <http://www.siemens.com/medical>.

Reference Number: Med US 200711.017 e

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Acuson P50 Portable Ultrasound System from Siemens

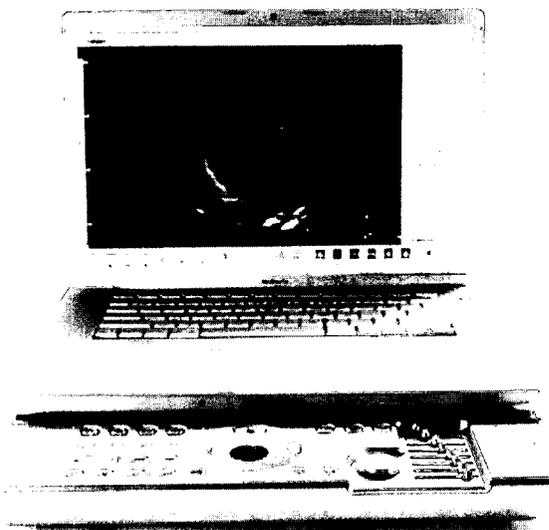
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At the Medica conference in Düsseldorf, Siemens unveiled its Acuson P50 portable ultrasound laptop system. Based on the [Apple MacBook](#), the laptop can be used for anything from echocardiography to browsing through YouTube.

The system provides superb image resolution in B mode and in color Doppler mode. It also includes an integrated stress echo function. It can run several cardiology application packages including syngo Velocity Vector Imaging (VVI) and syngo Arterial Health Package (AHP) which can be used to determine a patient's vascular age. Together with syngo Auto Left Heart, these applications turn the P50 into an ideal solution which considerably simplifies and accelerates the workflow in echocardiography and vascular diagnosis.

The Acuson P50 is a Microsoft Windows-based PC equipped with such additional functions as Microsoft Office Word, Microsoft Office PowerPoint and many other special image viewing programs. The system's flexible architecture provides for excellent ultrasound images and gives users a

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number of tools for image post-processing, for generating protocols or for accessing the Internet for additional research. During the examination, the physician is able to view other images, look at technical papers or clarify abnormalities before he making a diagnosis. This gives physicians more flexibility during the diagnostic process.

The Acuson P50 weighs slightly more than 5 kilograms and is easily transported in a laptop bag. When not connected to the Internet, it has up to two hours of battery life, making it fully equipped for emergency situations. The P50 is built off of an Apple MacBook laptop with 2 GB RAM, a 160 GB hard disk and a 2.0GHz Intel Dual-Core Pentium M processor.

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(hat tip: [The Raw Feed](#))



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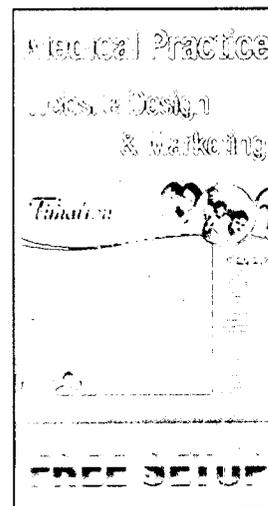
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