

Venue family ultrasound quick cards

Venue family R6 – comprehensive version



GE HealthCare

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Basic System Overview

System Overview

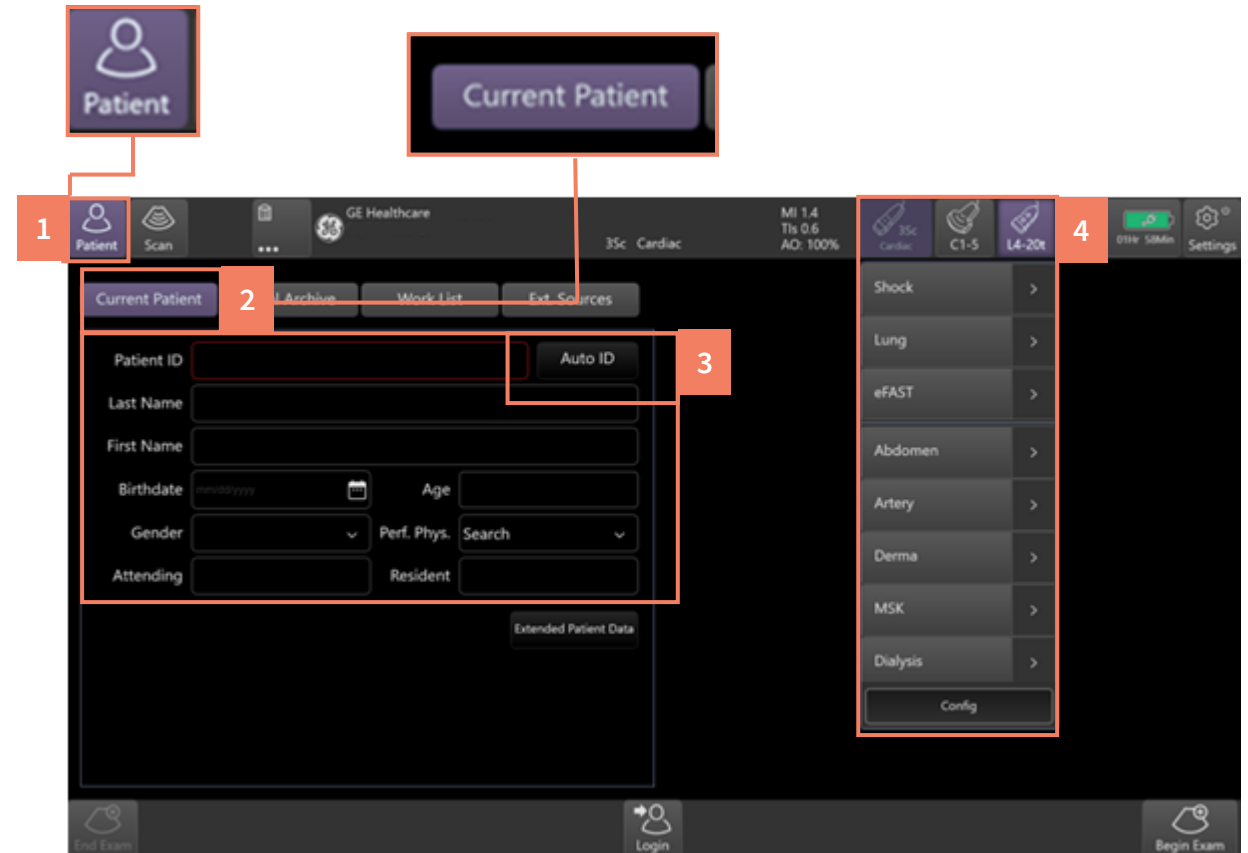
- Physical Power Button (Fig. 1).
- Battery Charge Level (Fig. 2).
- Battery Status Indicator (Fig. 3).
- Tap Settings and Off (Fig. 4).
- Turn system Off or put in Standby/Sleep Mode (Fig. 5).
- Sleep Mode icon (Fig. 6).



Starting an Exam

Enter patient information/select probe/scan

- Tap Patient (Fig. 1).
- Tap Current Patient (Fig. 2).
- Enter a Patient ID and a Last Name or tap Auto ID to apply a time and date stamp (Fig 3).
- Tap Probe and Preset (Fig. 4).



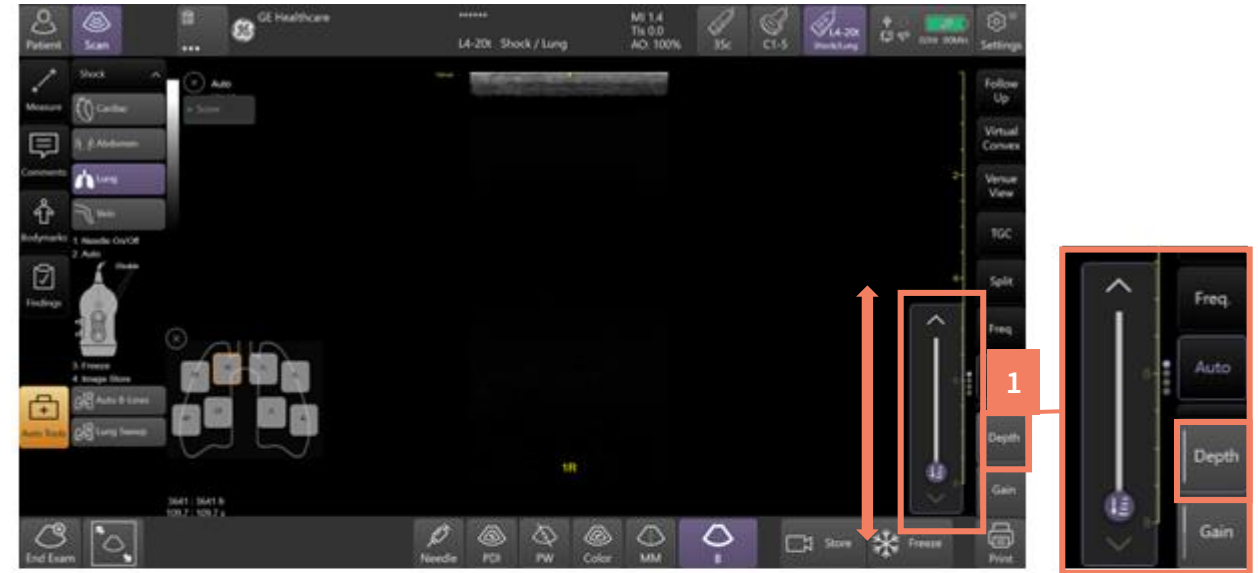
Adjusting Image Depth

Adjusting Depth Manually

- Tap Depth and slide the indicator up or down to desired depth (Fig. 1).

Adjusting Depth with finger gestures

- With one finger, Press and Hold next to the Ruler until it turns green (Fig. 2).
- Using one finger Slide Up or Down on the screen to achieve desired depth (Fig. 3).



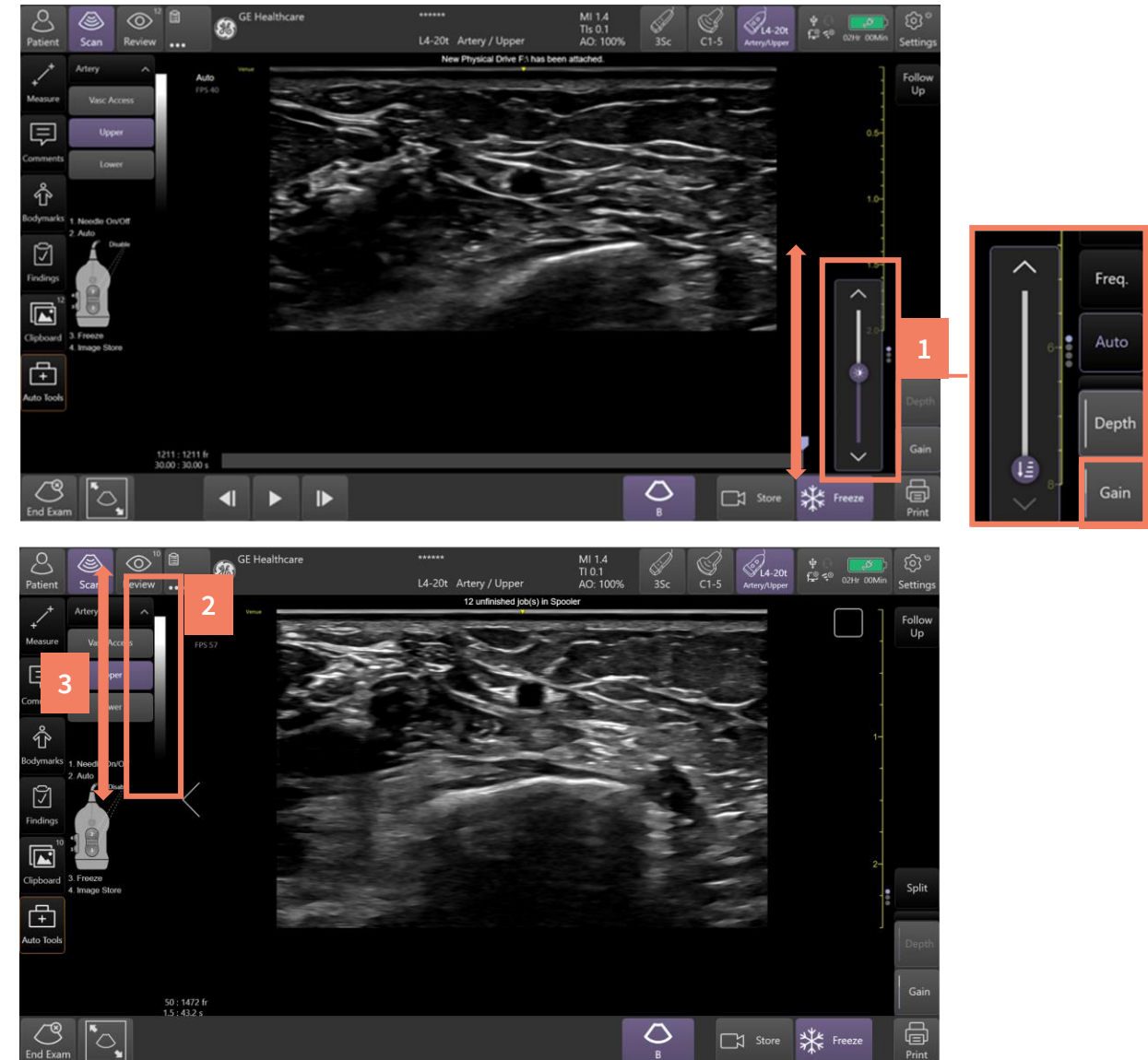
Adjusting Overall Gain

Adjusting Gain Manually

- Tap Gain and slide the indicator up or down to desired gain (Fig. 1).

Adjusting Gain with finger gestures

- With one finger Press and Hold next to the Grayscale Bar (Fig. 2).
- Using one finger Drag Up or Down on the screen to achieve desired gain (Fig. 3).



Freeze – Store - Print

Freeze

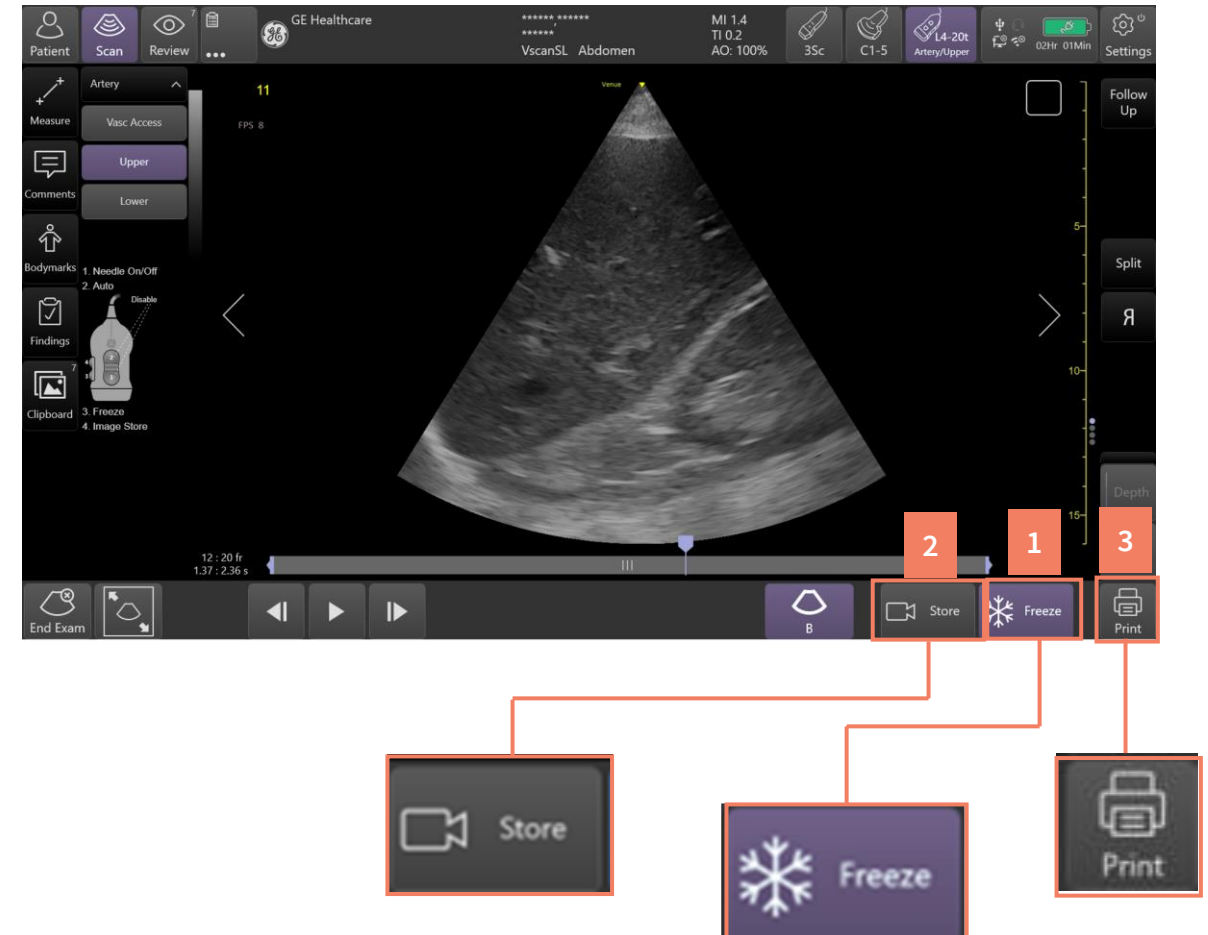
- To freeze the image while scanning, tap Freeze (Fig. 1).

Store

- To store an ultrasound image to the system, tap Freeze (Fig. 1) and then Store. To store an ultrasound cine loop, tap Store while live scanning (Fig. 2).

Print

- Tap Print to print a physical copy of the ultrasound image. **Printer is sold separately (Fig. 3).

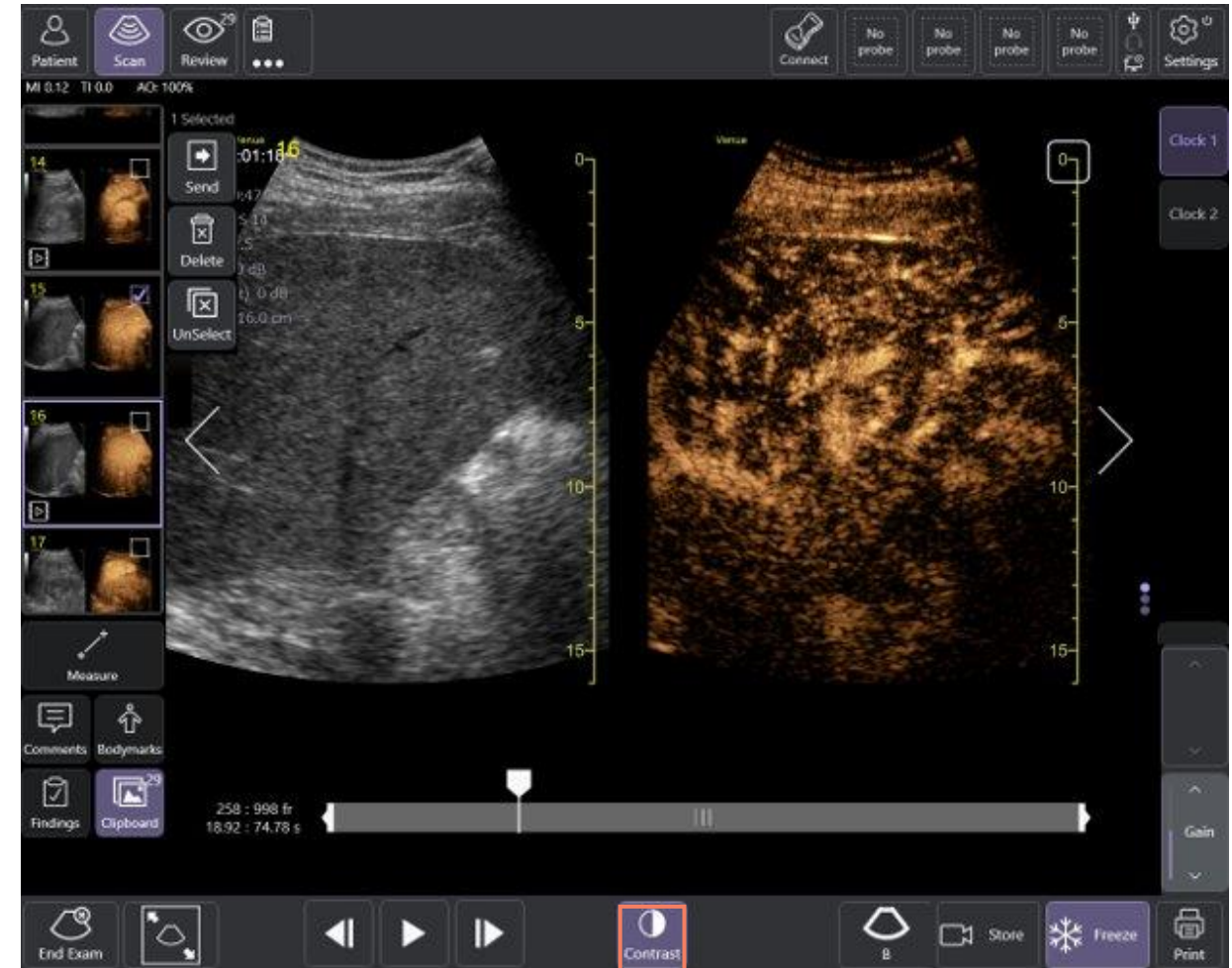


Scan Modes

Contrast (CEUS)

Used to evaluate abdominal solid organ injuries, lacerations, hematomas, lesions, tumors, & active bleeding. Injected contrast agents re-emit incident acoustic energy at a harmonic frequency much more efficiently than the surrounding tissue. Blood containing the contrast agent stands out brightly against a dark background of normal tissue.

Note: Venue/Venue Go/Venue Fit is designed for compatibility with commercially available Ultrasound contrast agents. Because the availability of these agents is subject to government regulation and approval, system features intended for use with these agents may not be commercially marketed nor made available before the contrast agent is cleared for use. Contrast-related system features are enabled only on systems for delivery to an authorized country or region of use.



Contrast Mode
button (on/off)

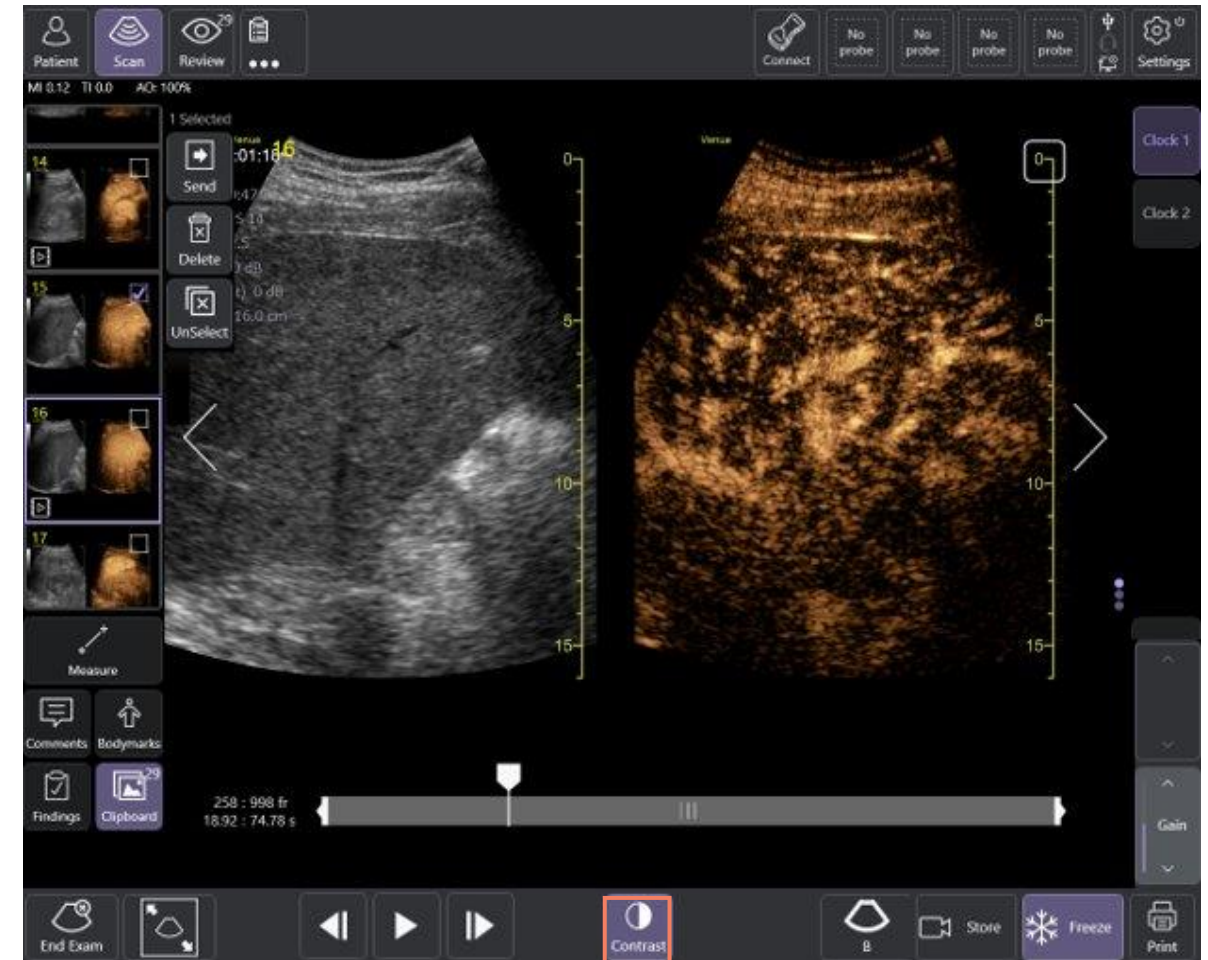
Contrast (CEUS)

Contrast agents which are supported by Contrast tool:

- 1 Sonozoid (not supported in the US)
- 2 Lumason or SonoVue
- 3 Optison
- 4 Definity

Contrast supports abdominal and cardiac imaging and is compatible with the following probes for both adult and pediatric abdominal and cardiac presets:

- C1-5-RS
 - 9L-RS
 - 12L-RS
 - L4-12t-RS
 - L12n-RS[^]
 - C2-9-RS
 - 3Sc-RS
 - M5Sc-RS
 - [^]Only available on Venue.
- *For Cardiac Contrast, the tool defaults to a single screen.*
 - *For Abdominal Contrast, the tool defaults to a dual screen and shows the 2D B-Mode image simultaneously side by side. The user can toggle between single and dual screen.*



Contrast Mode
button (on/off)

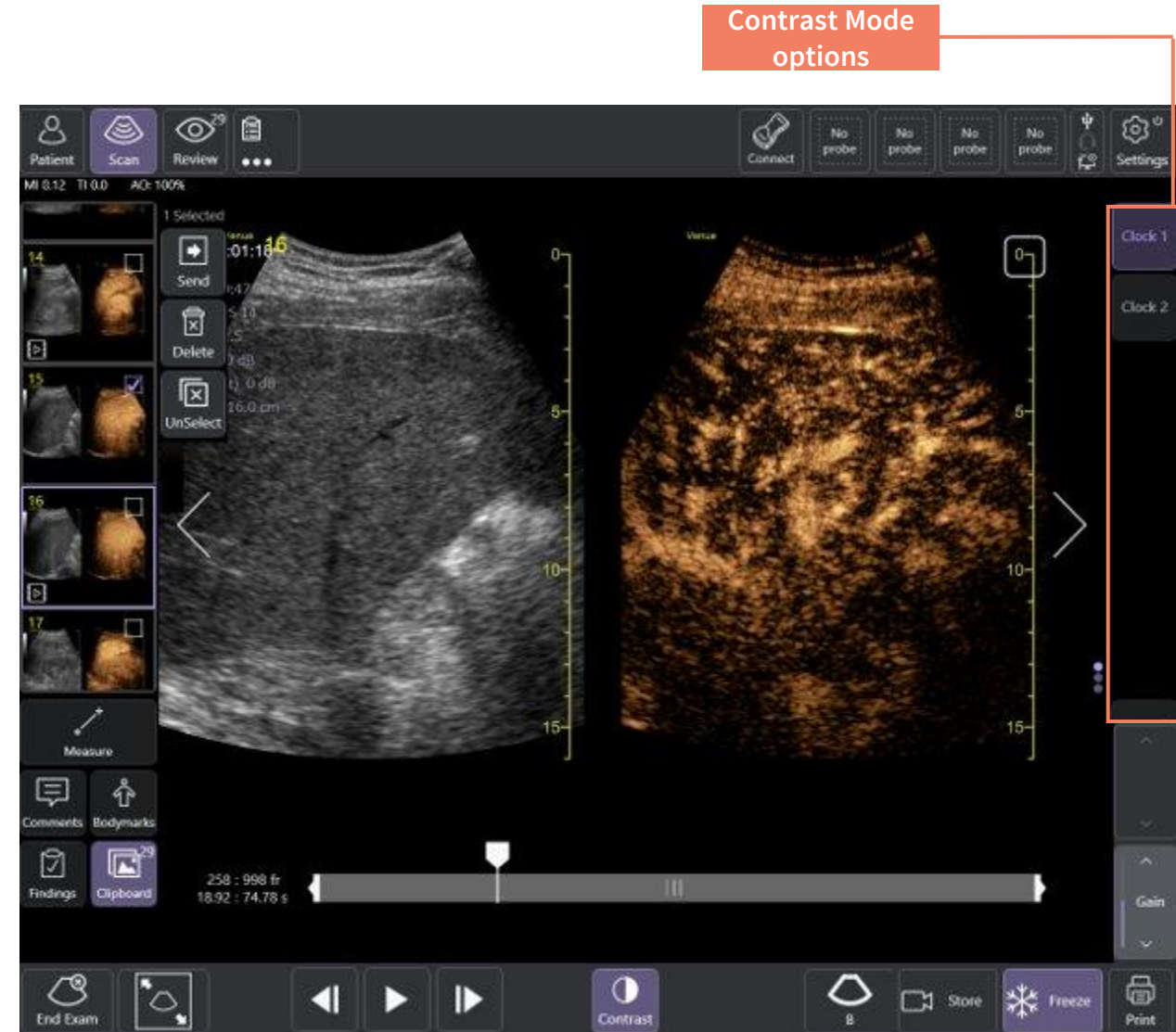
Contrast (CEUS)

Most common adjustments:

- Clock 1 – Can be used to provide information about the elapsed time since the injection of the contrast agent.
- Clock 2 - for flash imaging or second injection
- Gain – For contrast and for B mode image
- Target MI - On activating contrast mode, the Mechanical Index (MI) is lowered to visualize the contrast bubbles and can be adjusted for optimal visualization
- Depth

Advanced Buttons of the Contrast Mode are:

- Hybrid Map displays the contrast image on top of the B mode reference image enhancing visualization and characterization of the tissues
- Accumulation combines multiple frames to enhance the visualization of contrast agents or microbubbles, particularly useful for visualizing contrast in micro vessels.



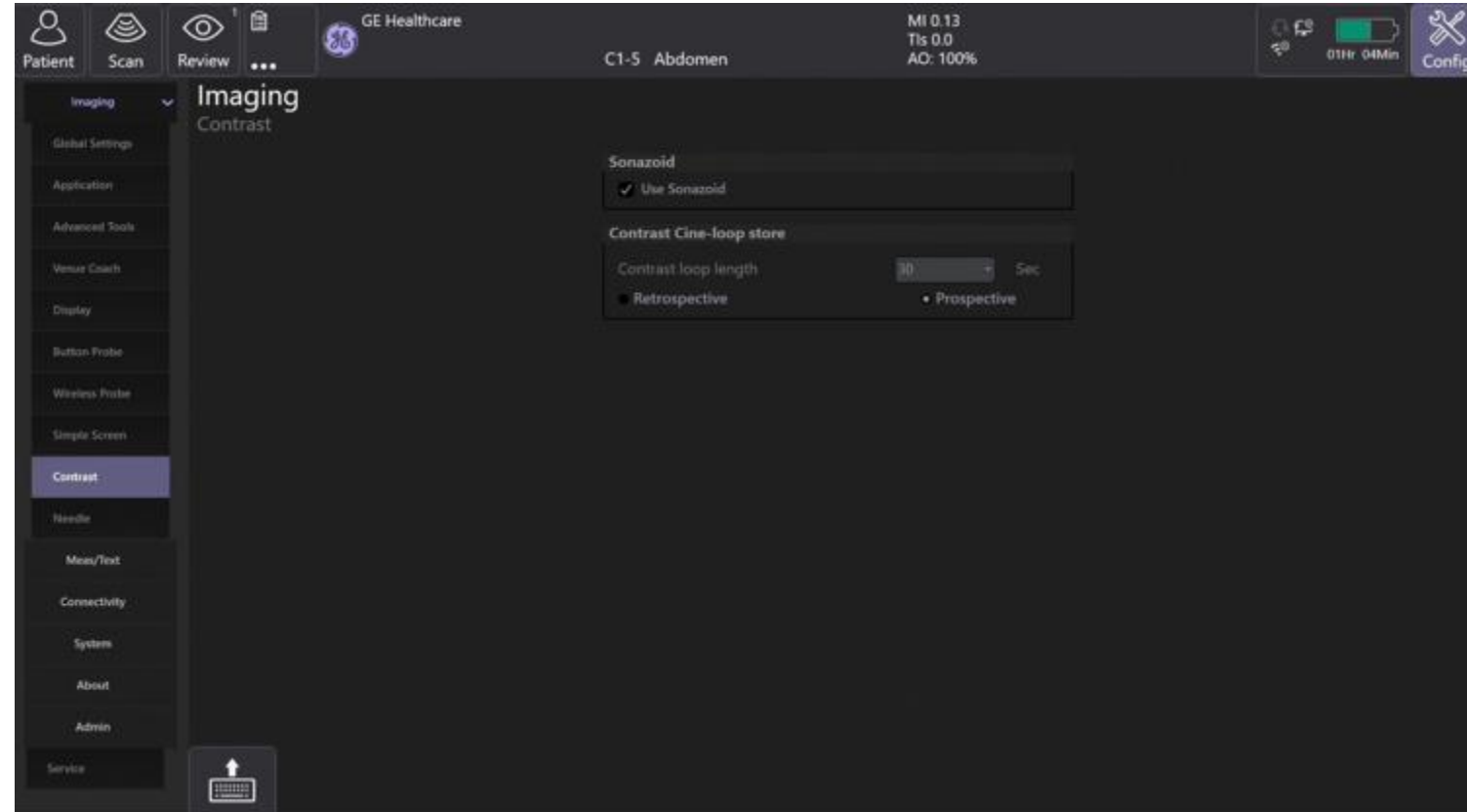
Contrast (CEUS)

The user can also configure the type of agent and loop length from the back pages.

Loop Length:

The default loop length for contrast mode is a prospective 30 second clip and can be adjusted without affecting the global loop length settings.

For Sonoazoid contrast agent, the user can select the agent in the back pages to configure the default Mechanical index which is a higher MI than other contrast agents like Lumason, Definity or Optison.



Color Flow

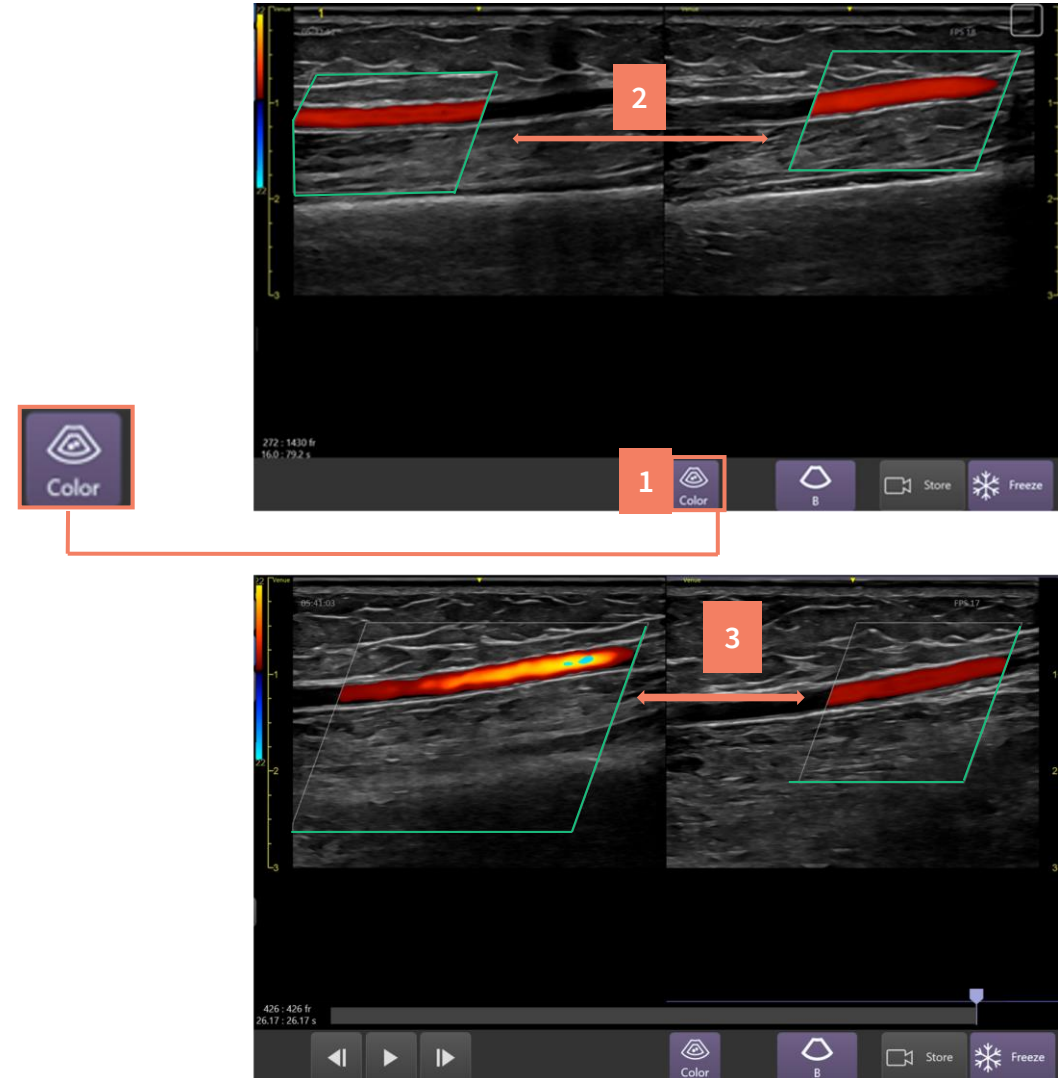
Intended to add color-coded qualitative information concerning the relative velocity and direction of fluid motion within the B-Mode image.

Adjusting Color Box Position

- Tap Color (Fig. 1).
- Press and hold one finger inside the Color box until the box turns green. Move the box to the desired location (Fig. 2).

Adjusting Color Box Size

- With color activated, press and hold one finger on the corner of the box until two sides turn green. Slide finger to create desired size of color box (Fig. 3).



Power Doppler (PDI)

Used to map the strength of the Doppler signal coming from the flow rather than the frequency shift of the signal

Adjusting PDI Box Position

- Tap PDI (Fig. 1).
- Press and hold one finger inside the Color box until the box turns green. Move the box to the desired location (Fig. 2).

Adjusting PDI Box Size

- With the PDI activated, press and hold one finger on the corner of the box until two sides turn green. Slide finger to create desired size of Color box (Fig. 3).

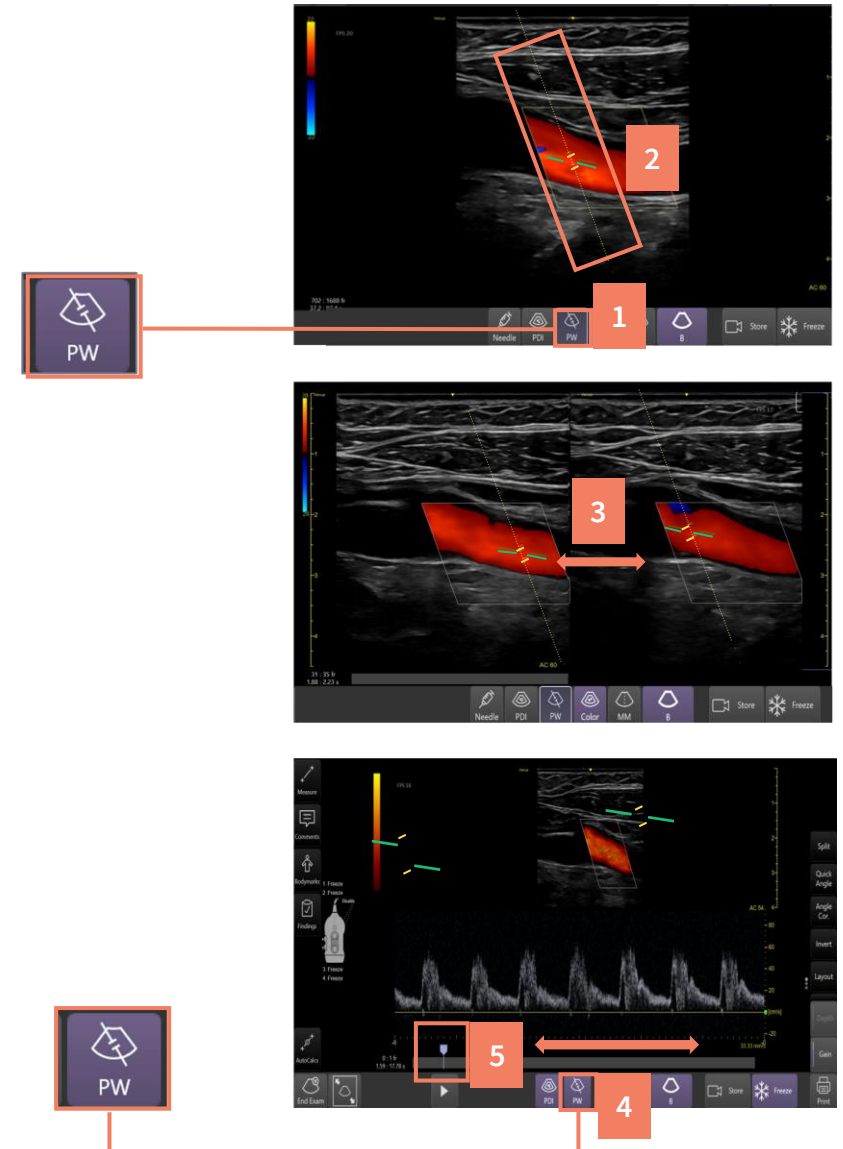


Spectral Doppler (PW Doppler)

Intended to provide measurement data concerning the velocity of moving tissues and fluids

Activating PW Doppler

- Tap PW (Fig. 1) and a Sample Volume Gate will appear on the screen (Fig. 2). PW will turn blue while the function awaits further action from the user.
- Press and hold one finger on the Sample Volume Gate and slide to the area to be evaluated (Fig. 3).
- Tap PW again to activate Doppler flow (Fig. 4).
- To adjust the Doppler waveform, select the indicator and slide to the desired location (Fig. 5).

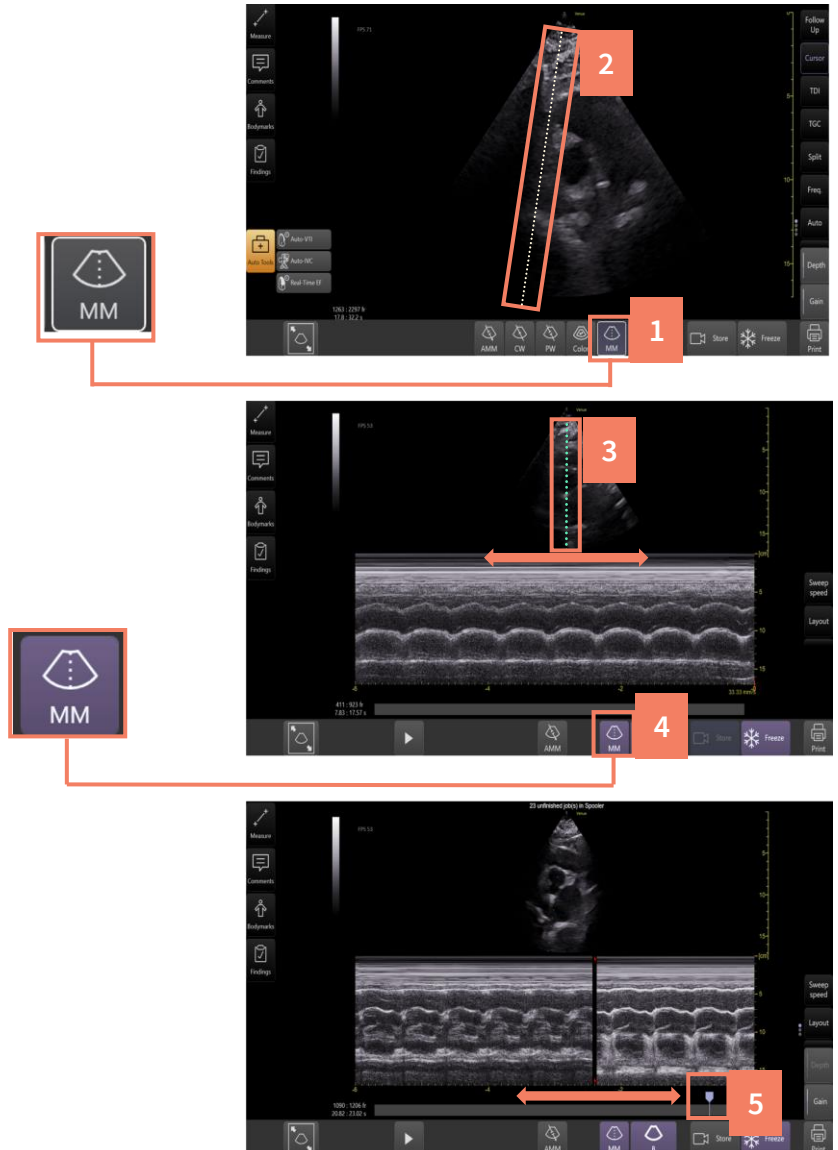


Motion Mode (M-Mode)

Intended to provide a display format and measurement capability that represents tissue displacement (motion) occurring over time along a single vector

Activating M-Mode

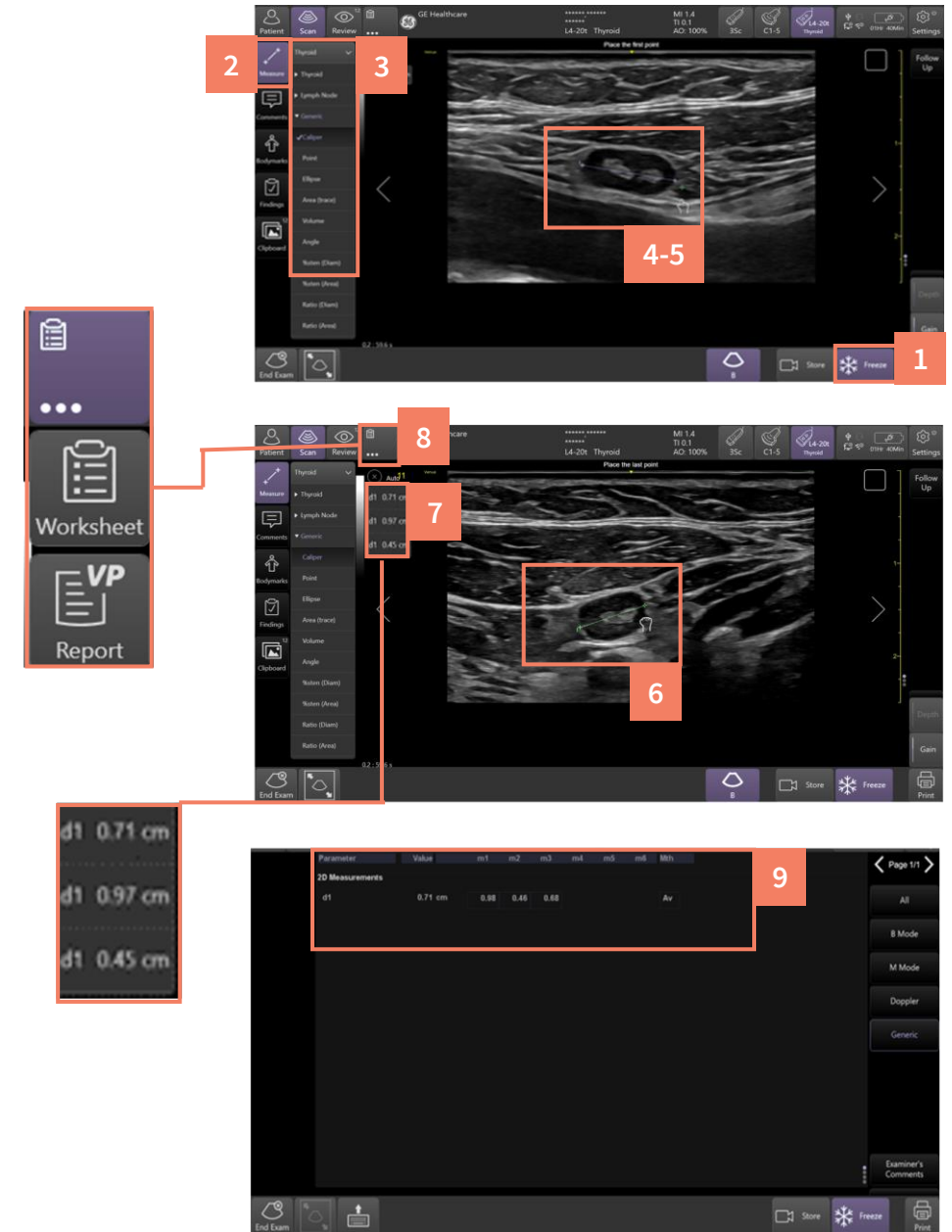
- Tap MM and it will be highlighted while the function awaits further action from the user (Fig. 1). A dotted line will appear on the screen (Fig. 2).
- Press and hold the MM line with one finger. The dotted line will turn green. Slide to area to be evaluated (Fig. 3).
- Tap MM again to activate the mode (Fig. 4).
- To adjust the Motion Mode time-line, select the indicator and slide to the desired location (Fig. 5).



Measurements and Comments

Generic 2D Measurements

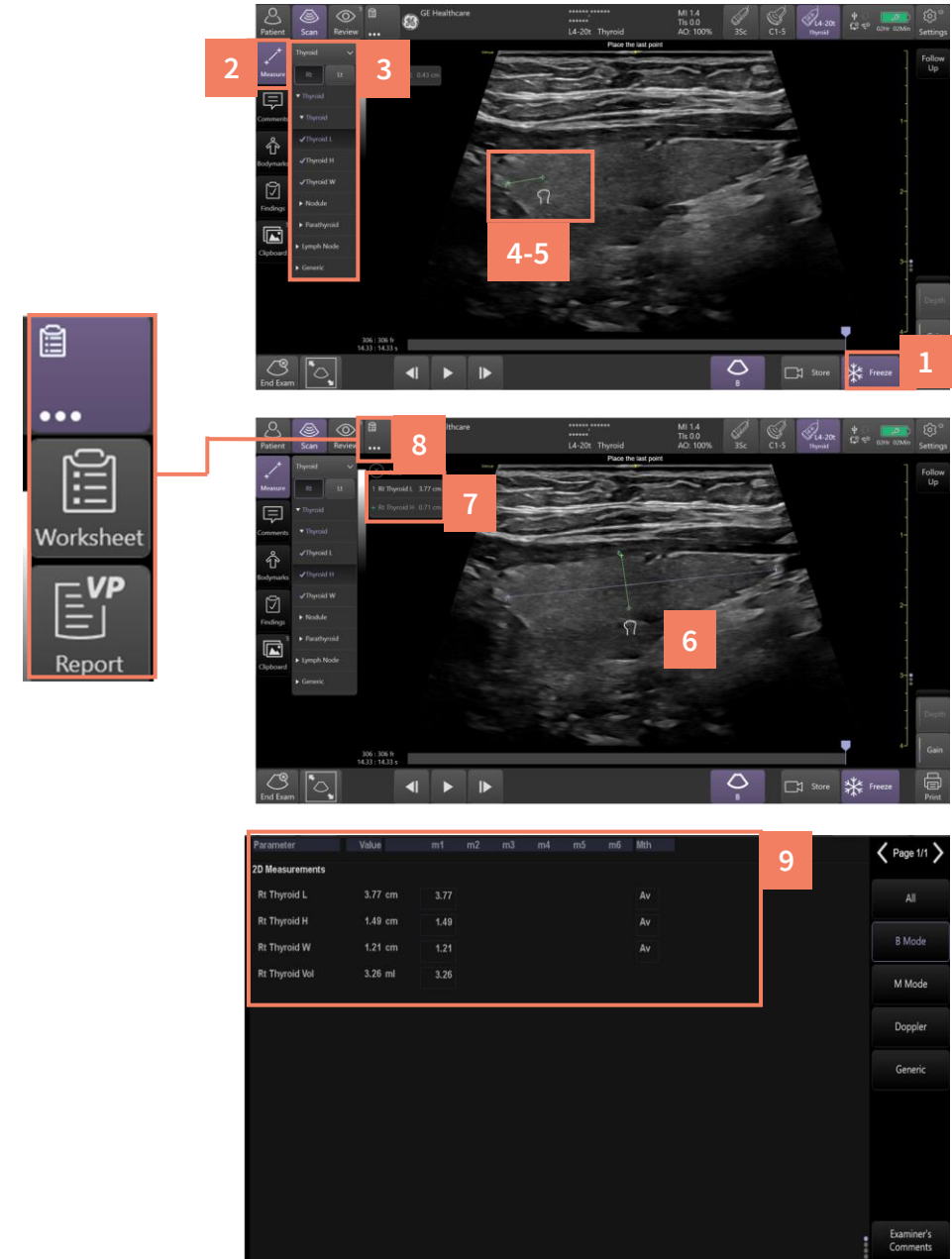
- Tap Freeze (Fig. 1).
- Tap Measure(Fig. 2).
- Select Generic and Caliper (Fig. 3).
- Touch and slide the hand symbol and active caliper to the desired location.
- Tap the hand to set the caliper (Fig 4).
- Another hand symbol and caliper appear. Touch the hand symbol and slide to the desired location.
- Tap the hand to set the caliper (Fig. 5).
- Continue with these steps until all desired measurements are acquired (Fig. 6).
- Measurements appear in the upper left corner of the image (Fig. 7).
- Tap Worksheet(Fig. 8) to view all measurements (Fig. 9).



Assigned 2D Measurements

- Tap Freeze (Fig. 1).
- Tap Measure (Fig. 2).
- Select the desired measurement, side and location (Fig. 3).
- Touch and slide the hand symbol and active caliper to the desired location.
- Tap the hand to set the caliper (Fig 4).
- Another hand symbol and caliper appear. Touch and slide the second caliper to the desired location.
- Tap the hand to set the caliper (Fig. 5).
- Continue with these steps until all desired measurements are acquired (Fig. 6).
- Measurements appear in the upper left corner of the image (Fig. 7).
- Tap Worksheet (Fig. 8) to view all Measurements (Fig. 9).

Note: Measurements will automatically advance sequentially.



Gastric Volume Measurement (manual measurement released in R5.1)

Is an easy-to-use decision support and measurement tool which assists the user in calculating the gastric cross-sectional area, volume and the volume-to-weight ratio.

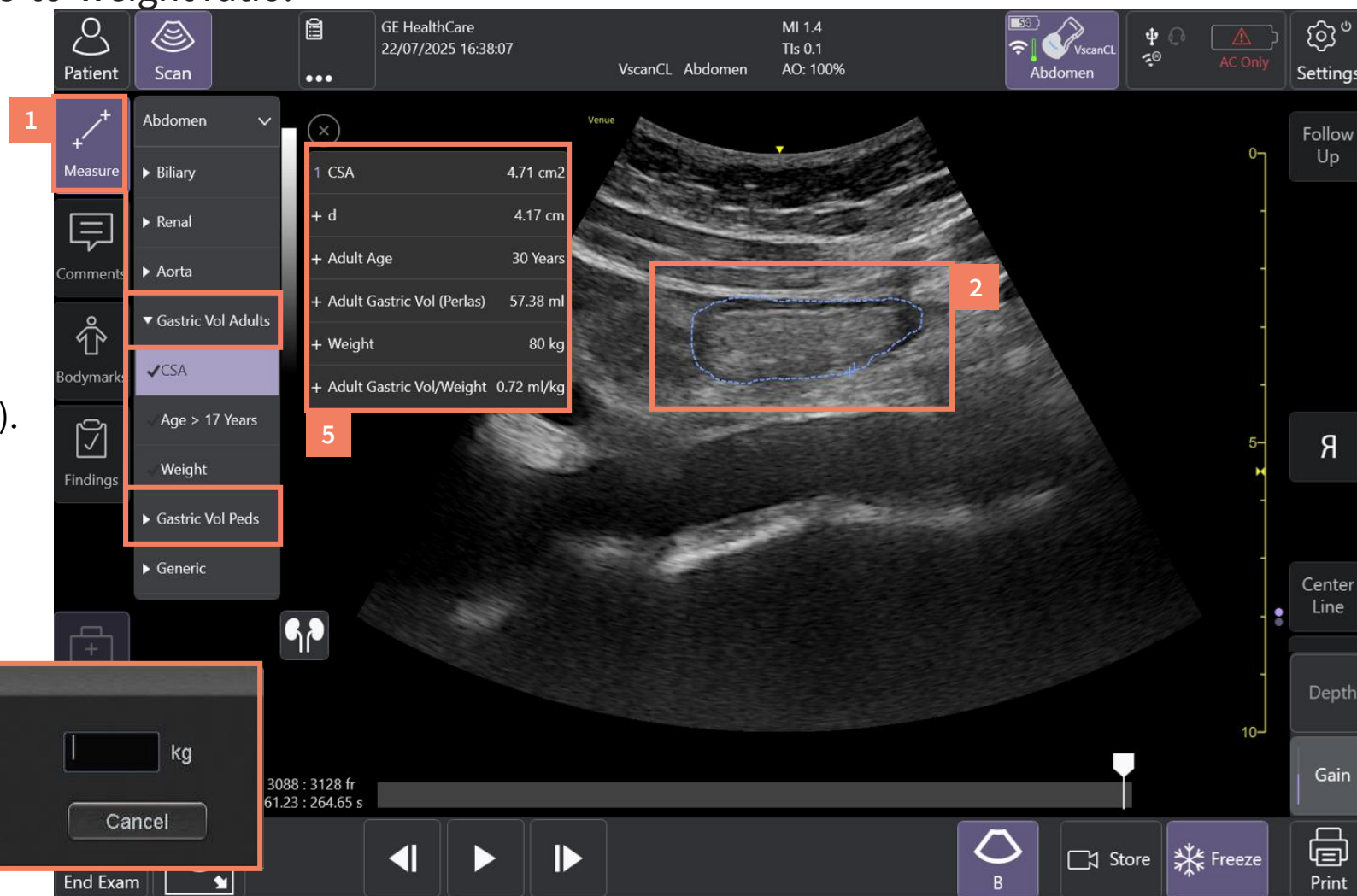
1. Tap Measure and select Gastric Volume **Adults** (Perlas formula) or **Peds** (Spencer formula) (Fig. 1).

2. Measure cross sectional area of antrum (cm²) (Fig. 2).

3. Wait for pop up box – enter pt age (Fig. 3).

4. Wait for pop up box – enter weight in kg only (Fig. 4).

5. Results are displayed (Fig. 5).



Enter value

Adult Age Years

OK Cancel

Enter value

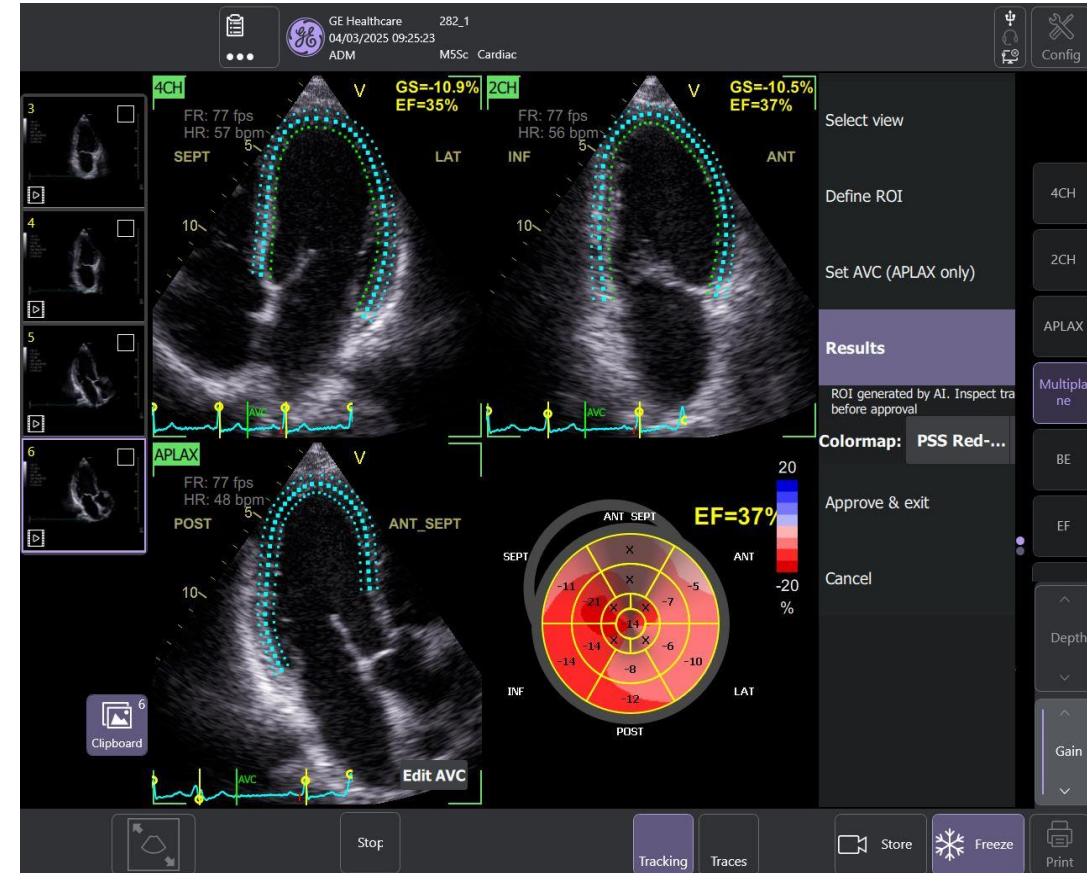
Weight kg

OK Cancel

AFI Measurement Workflow

Automated Function Imaging (AFI) is a decision support assessment tool to assess the systolic function of three anatomical areas: left ventricle (LV), right ventricle (RV), and left atrium (LA).

- Cardiac AFI measurement workflow is compatible with the following probes:
 - M5Sc-RS
 - 3Sc-RS
- AFI is approved for adults only and is not supported for pediatric use.
- AFI can be performed on the standard TTE apical views, apical long-axis (APLAX), 4-chamber (4CH) and 2 chamber (2CH). It is recommended to acquire all three apical views sequentially to obtain a similar heart rate in all views.
- AFI analyses are available with stored cine loops (raw data that contain ECG tracing) and all acquisitions must be made with an ECG. *Note: Three ECG cycles are needed to perform AFI measurements. This can be changed in the Config. Pages.*

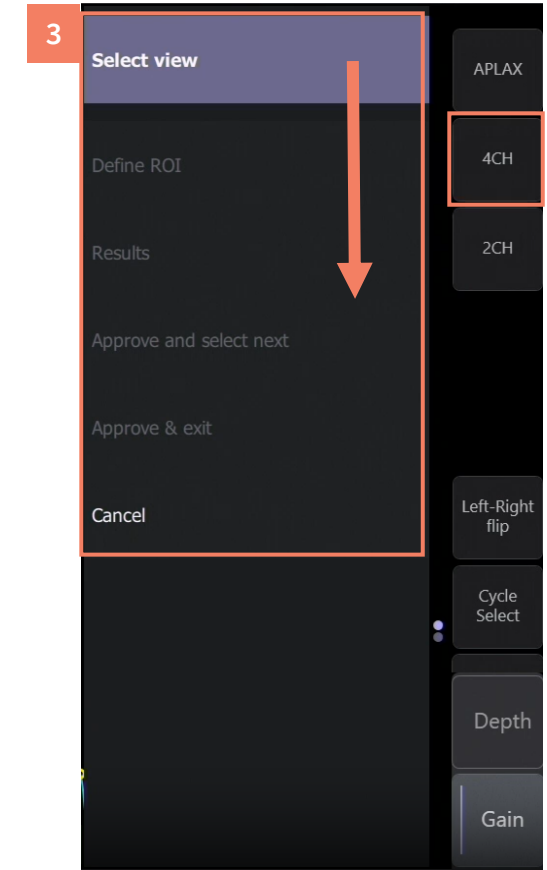
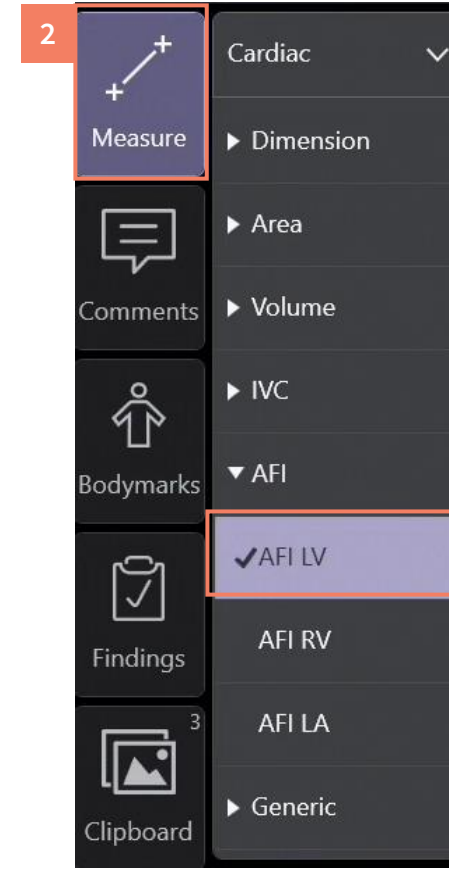
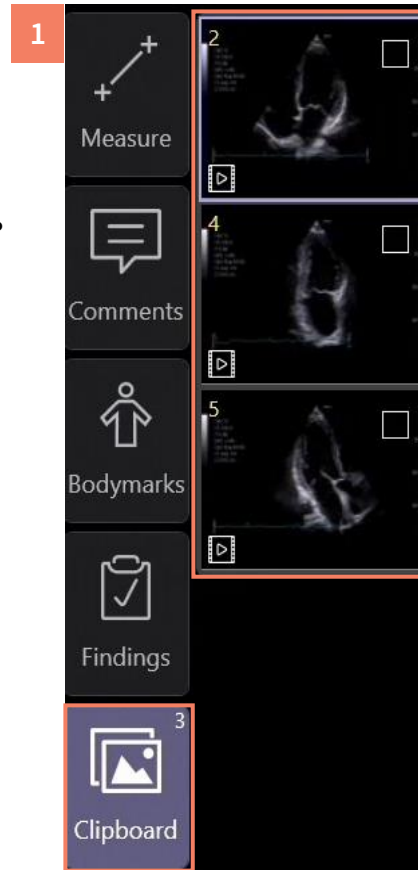


AFI Measurement Workflow

AFI LV

AFI measurement tool is located within the Cardiac Measurement package (Fig. 2).

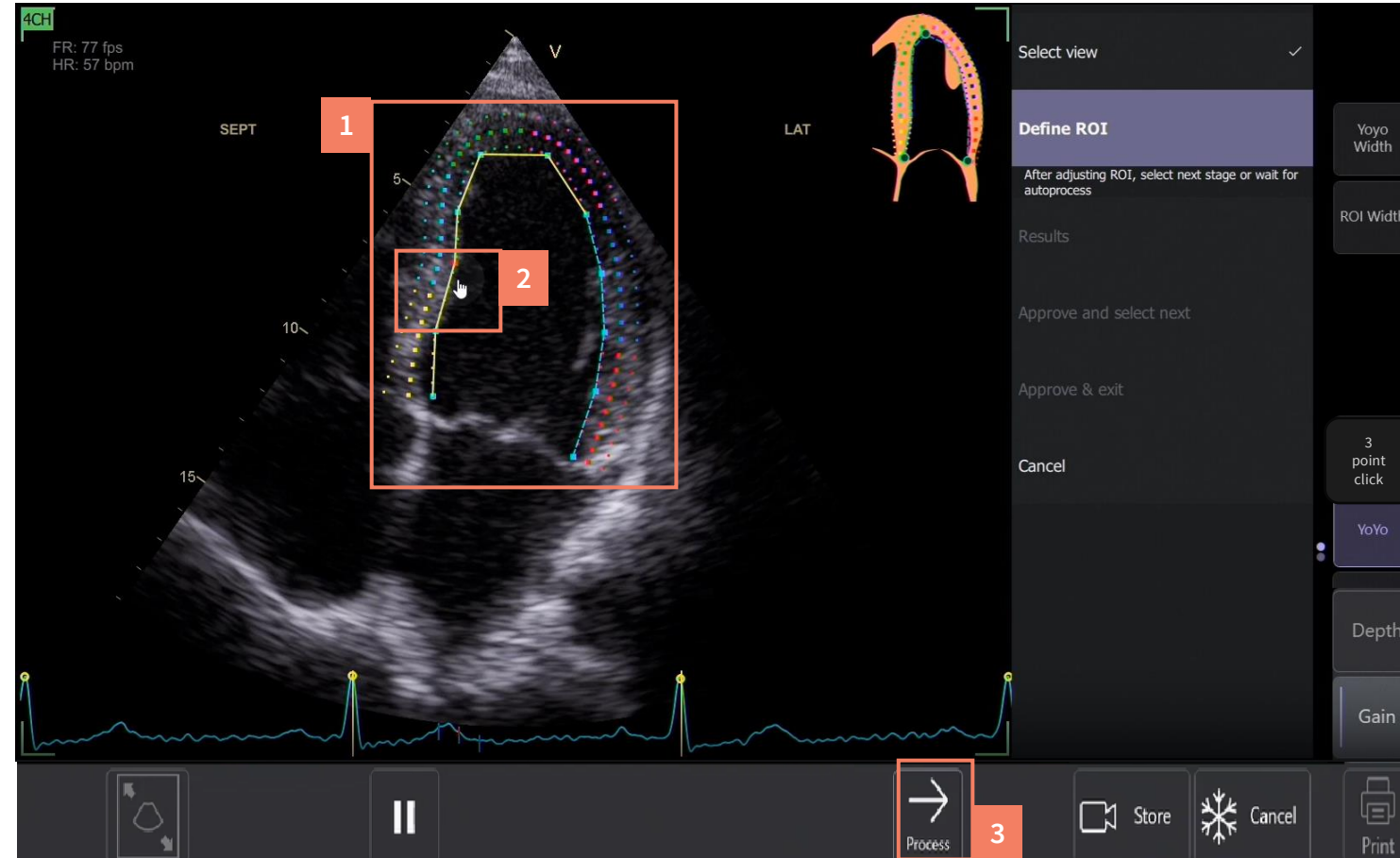
- On the left side of the screen, select the view - Recall the image from the Clipboard (Fig. 1).
- Tap Measurement > Cardiac > AFI > AFI LV (Fig. 2).
- On the right side of the screen, follow the list of steps and start by assigning a label (**4CH**) to the selected cine clip view (Fig. 3).



AFI Measurement Workflow

AFI LV

- Define ROI (Region of Interest) - (Fig. 1) The ROI is a geometric pattern and will appear onscreen over the myocardium. When performing AFI LV, the ROI is automatically placed.
- To edit the ROI, move the points within the geometric pattern (Fig 2).
 - *ROI can also be placed manually by selecting the 3 Point Click button.*
- Once ROI is correctly positioned hit "Process" on the bottom of the scan screen and the system will analyze the results (Fig. 3).

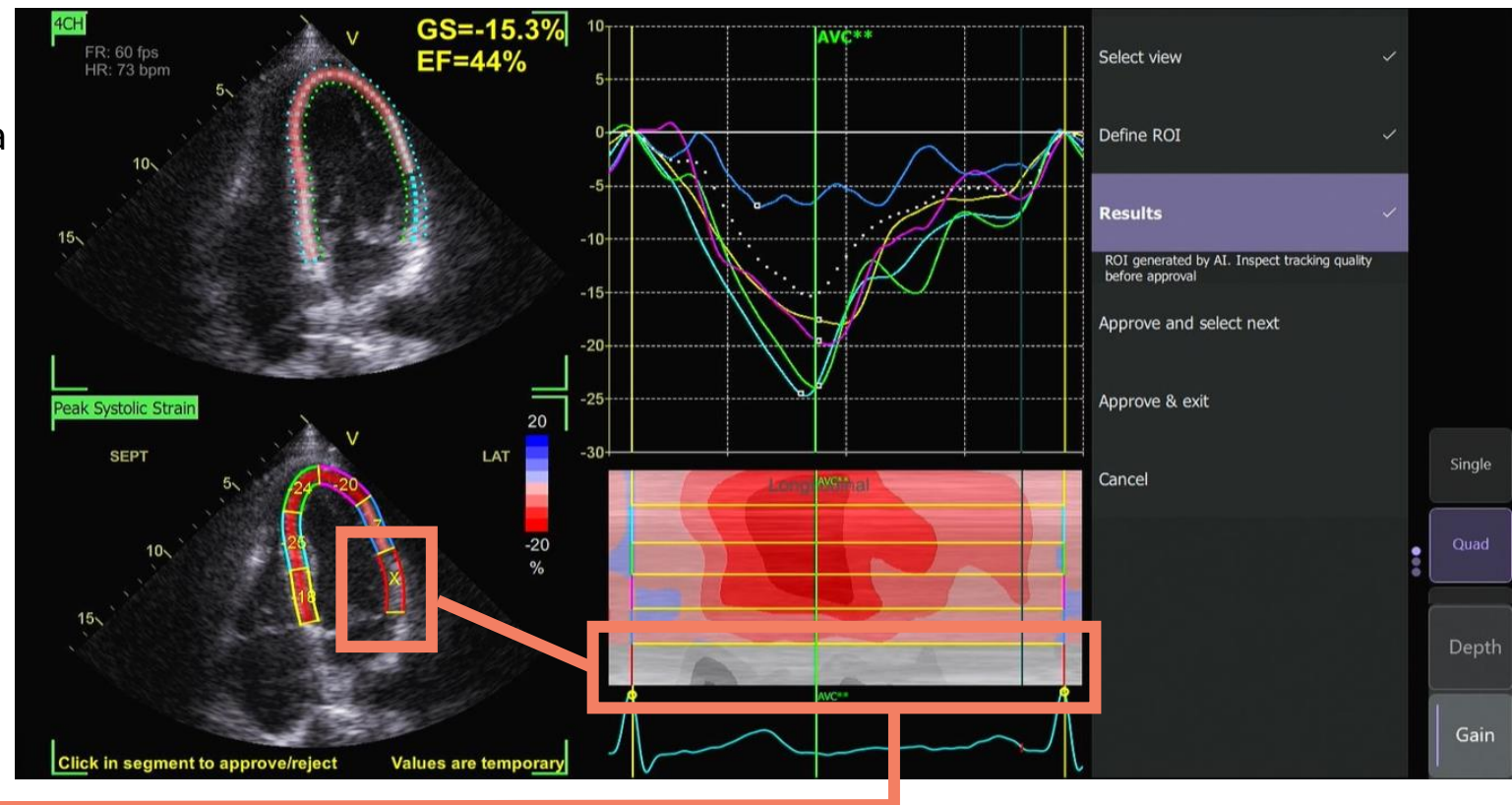


AFI Measurement Workflow

AFI LV

- When the analysis of the 4Ch view is performed, the result is presented as a Quad layout, with two screens to evaluate the tracked ROI with segments & tracking, a strain curves graph and a Color Anatomical M-Mode (Camm).
- Up to 6 regional strain values are displayed over the tracked ROI. By reviewing the dynamics of the ROI tracking in the upper left quadrant, the user can reject or accept segments in the lower left quadrant, when necessary. Rejecting segments eliminates information from other quadrants in this 4Ch view.
- Rejected colors in Camm (right lower quadrant) are displayed in gray. The colors which are approved are various shades of red and blue.

Quad Layout

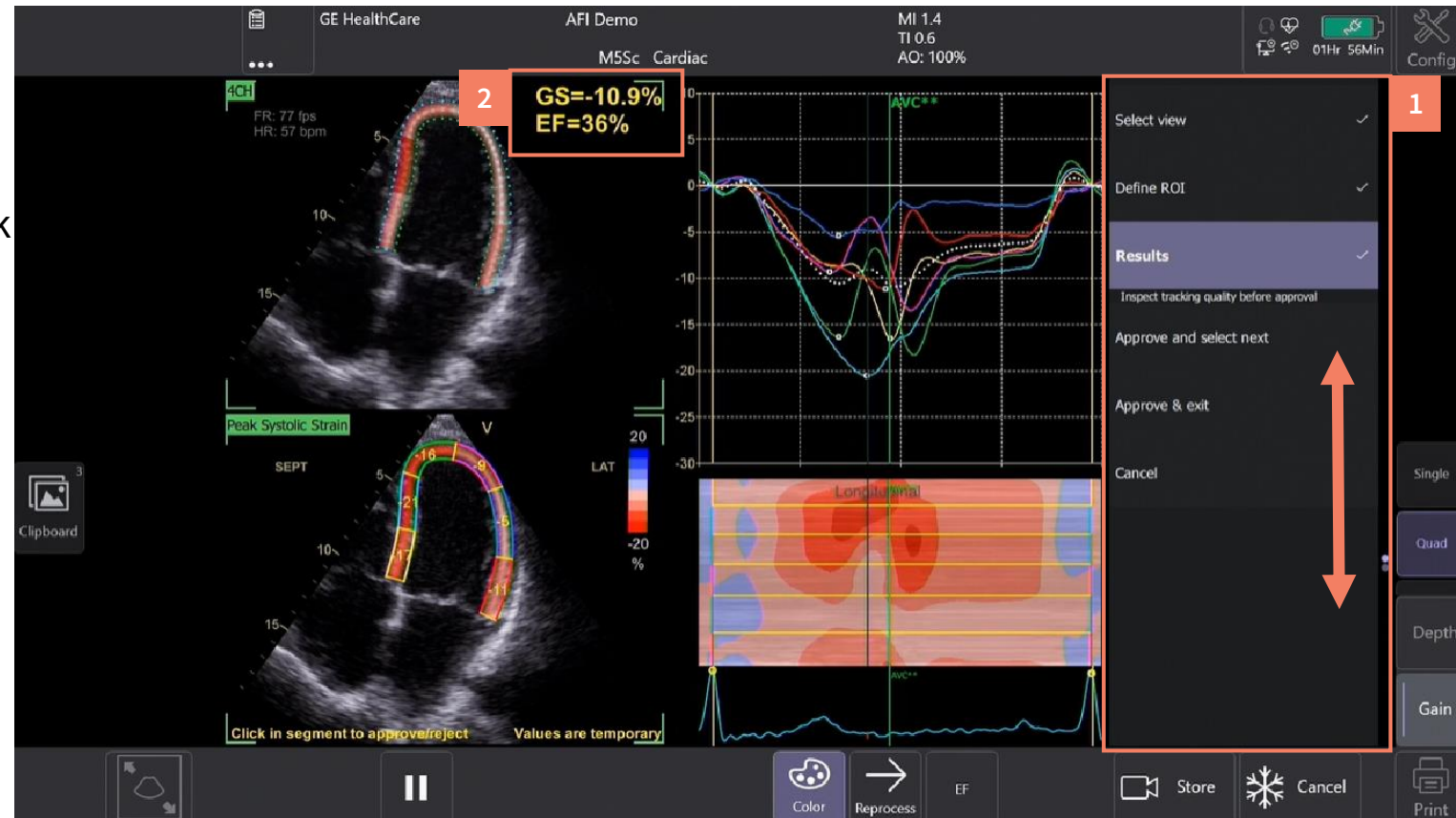


AFI Measurement Workflow

AFI LV

- The AFI measurement workflow allows the user to move forward and backward as they access these views (Fig. 1). After reviewing segments, the user may go back and readjust the ROI to recalculate the measurement. Click "Define ROI" to redefine the automatic ROI.
- After all segments are approved or rejected, two results will display onscreen in the upper left quadrant for the 4Ch view (Fig. 2):
 - GS= Global Strain
 - EF= Ejection Fraction

Quad Layout

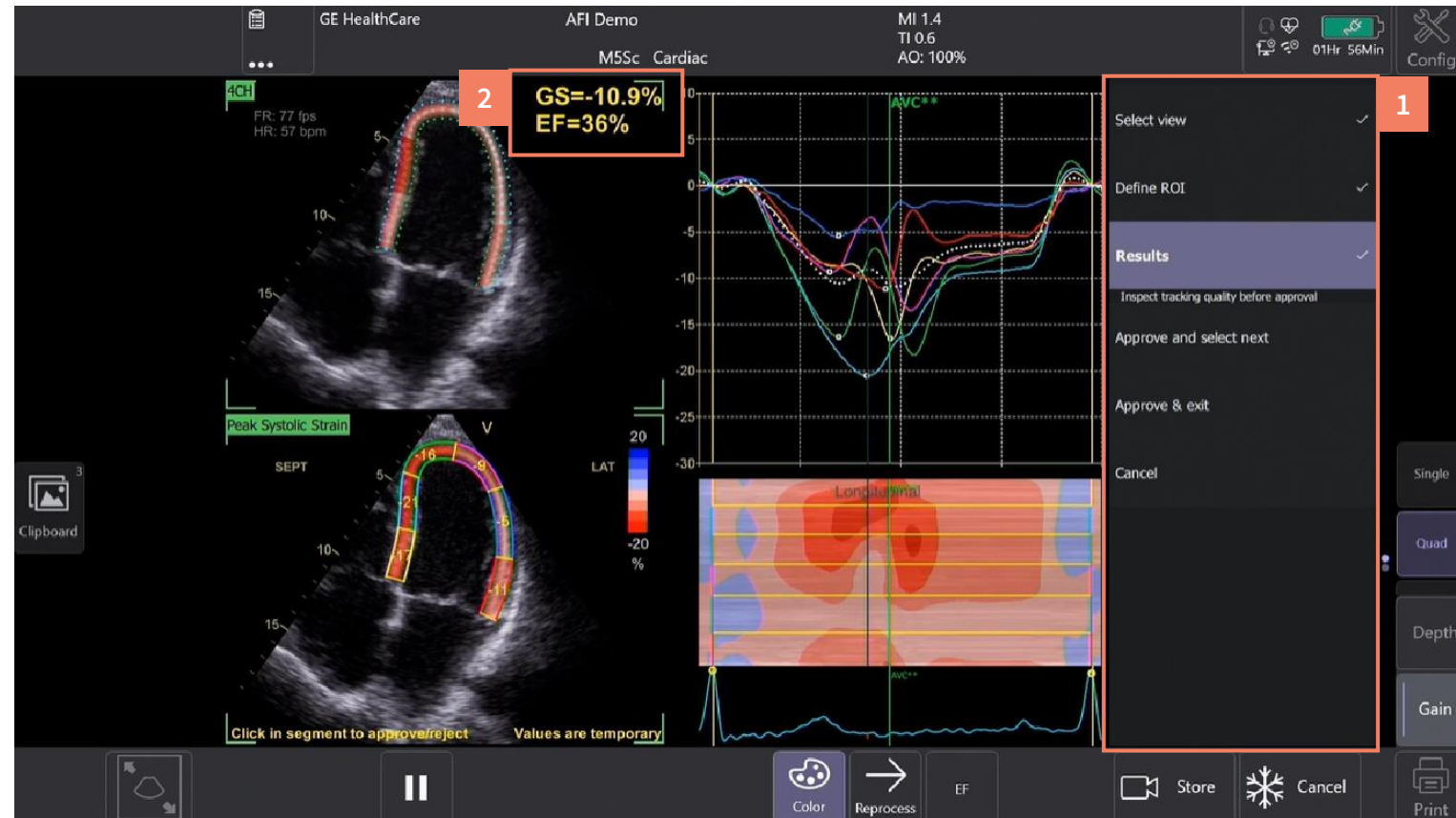


AFI Measurement Workflow

AFI LV

- Once all necessary information is gathered, tap “Approve and select next” (within Fig. 1). If needed, follow the same steps for 2CH and APLX views.
- If the analysis of only one view is performed (4CH), the result is presented as a Quad layout, with two screens to evaluate the ROI and tracking, a strain curves graph and a Color Anatomical M-Mode (Camm).

Quad Layout

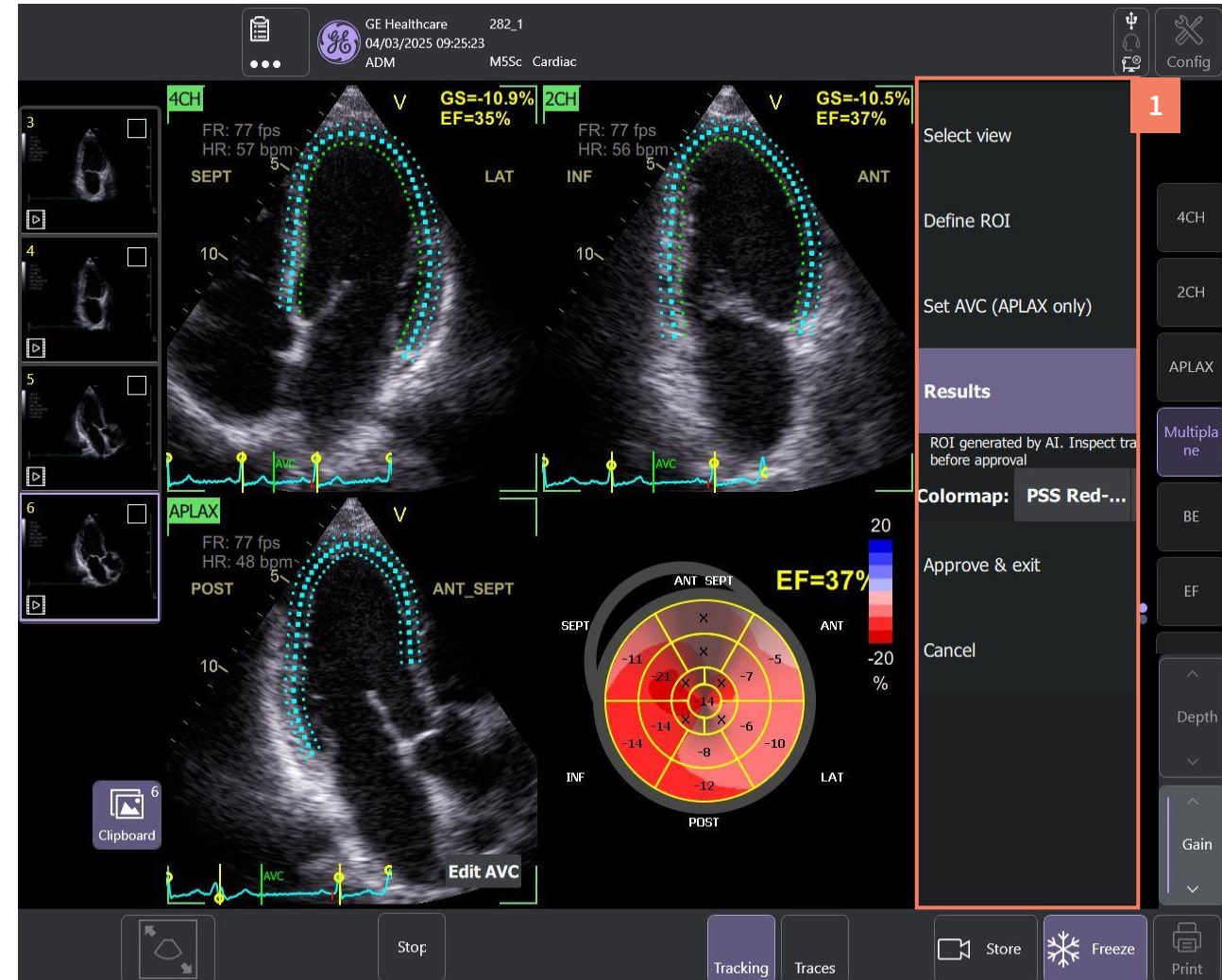


AFI Measurement Workflow

AFI LV

- If a complete analysis of all three views is performed (APLAX, 4CH and 2CH) the result is presented as a Bull's Eye layout showing color-coded and numerical values for peak systolic longitudinal strain, PSS (Peak Systolic Strain), TTP (Time To Peak global longitudinal strain) and traces.
- The screen is divided into 4 quadrants. Each of the three views obtained previously are analyzed and a final overview is displayed here, along with the Bull's Eye strain view in the bottom right quadrant. When complete, Global Strain and is displayed for each obtained view. Ejection Fraction is displayed for 2CH and 4CH. The average Global Strain and Bi-plane Ejection Fraction for all three views are display in the Strain quadrant for LV
- When finished, select "Approve & exit" (within Fig. 1).
 - *Note: If the user exits the AFI measurement workflow before selecting "Approve & exit" no results will be stored, and all data will be gone.*

Bull's Eye Layout



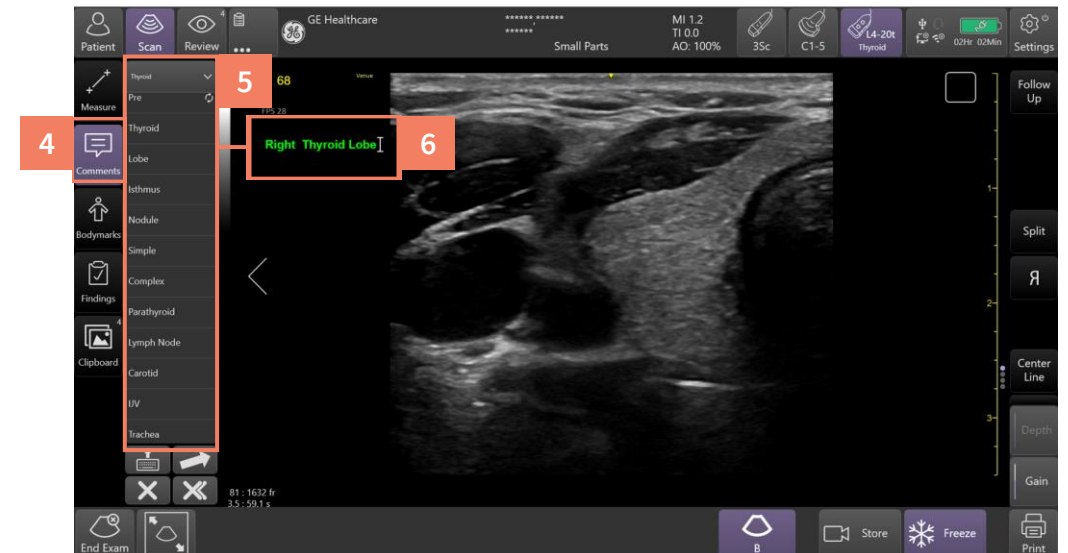
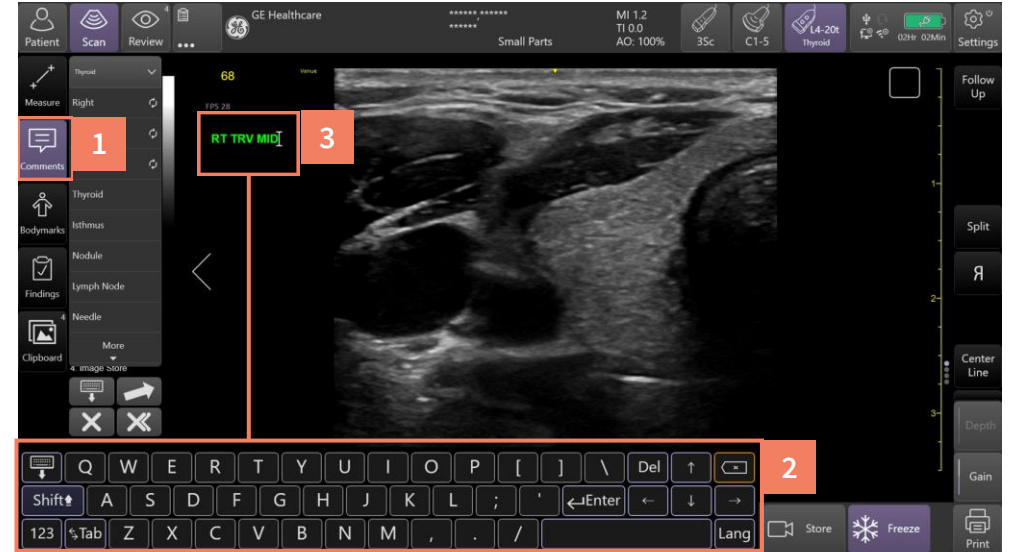
Comments

Free Typing Comments

- Tap Comments (Fig. 1)
- A digital keyboard appears at the bottom of the screen (Fig. 2).
- Type the desired comment (Fig. 3)

Comment Library

- Tap Comments (Fig. 4)
- A pre-populated comments Library will appear in a dropdown list. Comments can be customized for each individual preset (Fig. 5)
- Tap the desired comment to display it on the image (Fig. 6).



Data Management

Data Management/Change Information

Note: The ability to change patient information is only available in open/active exams.

- Tap Patient (Fig. 1) in the upper left corner, then Current Patient (Fig. 2) in the tab below it to review the patient details.
- Tap each text box to edit details (Fig. 3).
- Tap Auto ID (Fig. 4) to set an automatic ID for the patient in the format of “DDMMYY-HHMMSS”.
- Tap Extended Patient Data (Fig. 5) to open a detailed form with additional patient data fields. Tap each text box to enable editing.

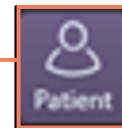
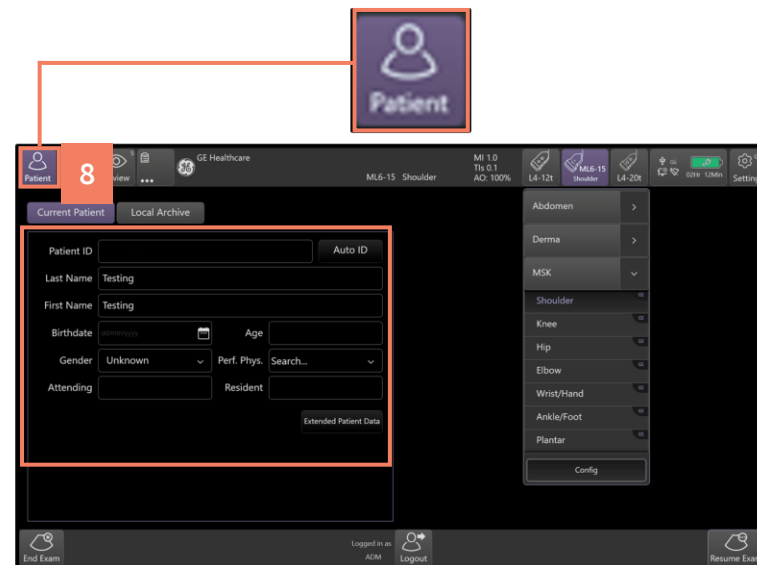
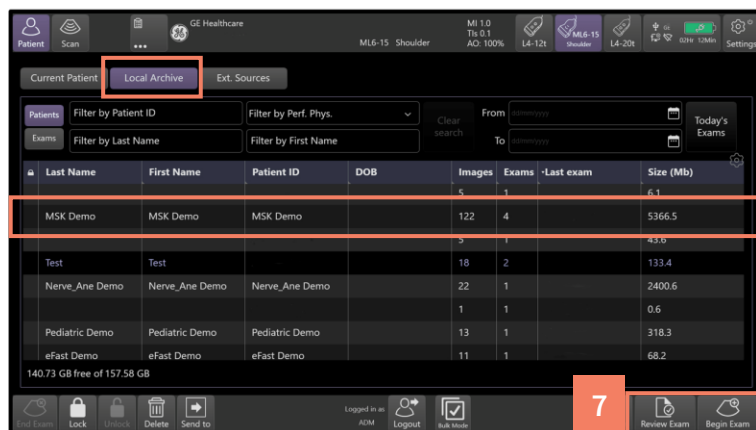
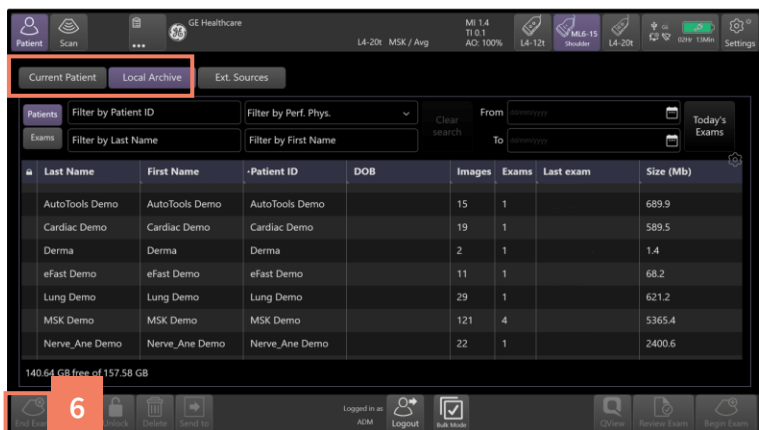
The screenshot displays the GE Healthcare ultrasound interface with several callouts indicating key features for patient data management:

- 1**: Points to the **Patient** icon in the top left corner of the main menu.
- 2**: Points to the **Current Patient** tab in the top navigation bar.
- 3**: Points to the **Current Patient** form, which includes fields for Patient ID, Last Name, First Name, Birthdate, Age, Gender, Perf. Phys., Search..., Attending, and Resident.
- 4**: Points to the **Auto ID** button in the top right corner of the main menu.
- 5**: Points to the **Extended Patient Data** button, which opens a detailed form with additional fields such as Accession No., Height, Weight, BSA, BP, GYNECOLOGY (LMP, Gravida, Ectopic, Para, AB), OBSTETRICS (EDD, GA, #Fetuses), Description, and Ref. Reason.

Data Management/Change Information

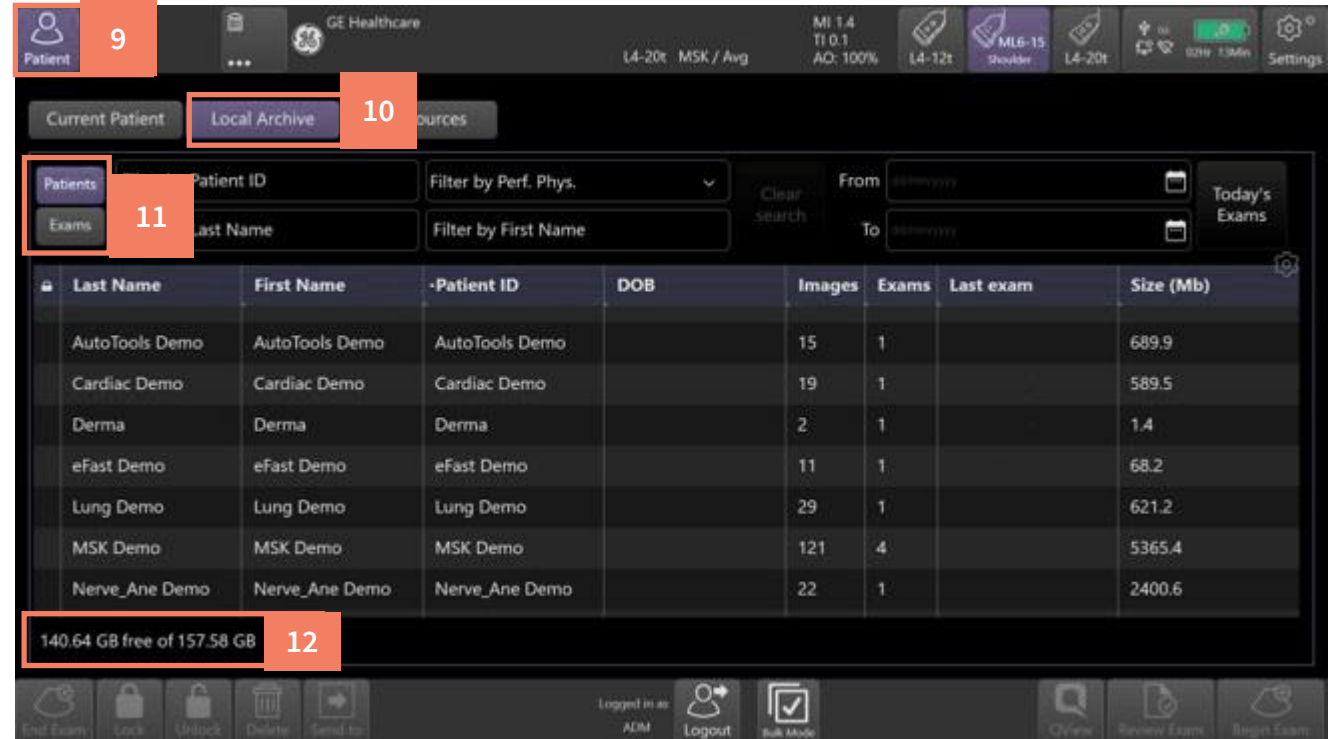
To change patient data for a patient other than the current patient:

- Tap End Exam either from the Current Patient tab or Local Archive tab, then tap Yes on the confirmation pop-up to end the exam (Fig. 6).
- In Local Archive, either double tap the relevant patient or tap the relevant patient and then tap Review Exam or Begin Exam on the bottom right corner of the screen (Fig. 7).
- Tap Patient in the upper left corner to edit the patient's details (Fig. 8).
- All changes are saved automatically.



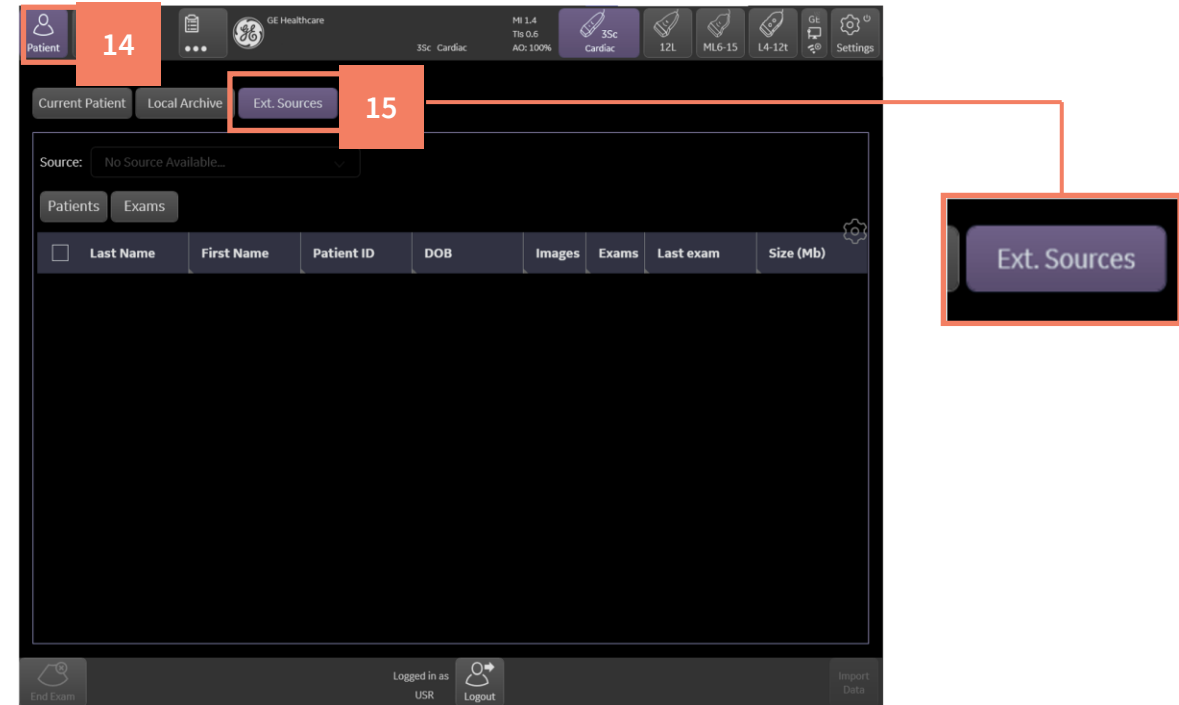
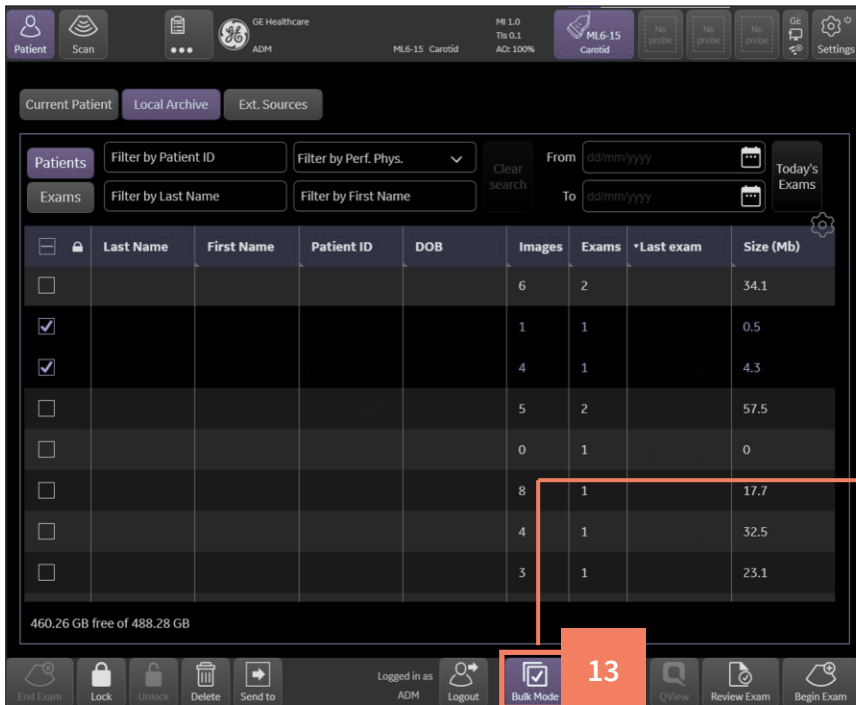
Data Management/Hard Drive

- Tap Patient (Fig. 9) in the upper left corner of the screen, then Local Archive (Fig. 10) to review the patient list.
- Tap Patients or Exams (Fig. 11) to display the list of saved data per patient ID or exam.
- The system Hard Drive Space (Fig. 12) status is in the bottom left corner of the screen.



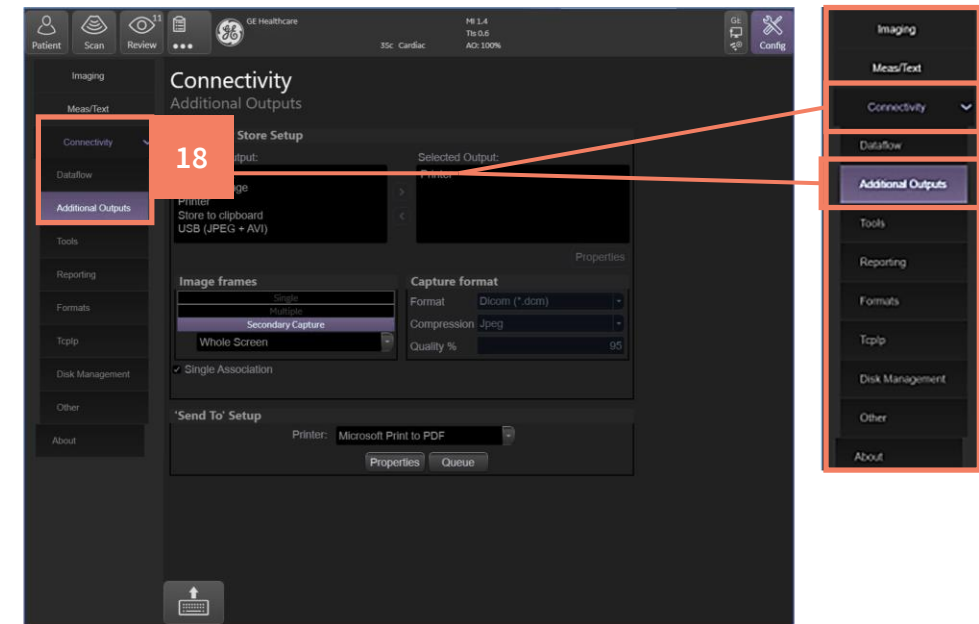
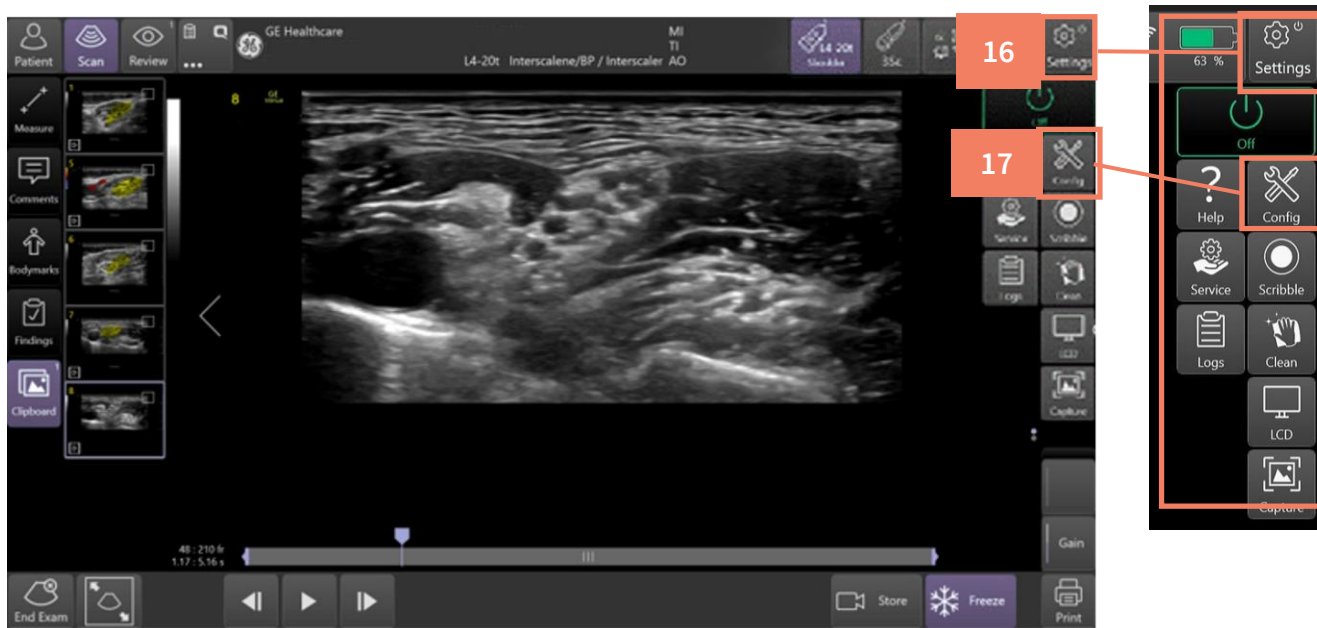
Data Management/Transferring Data

- Tap Bulk Mode on the bottom center of the screen to enable selection of several lines from the list (Fig. 13). A check box is shown to the left of each exam.
- Tap Patient (Fig. 14) in the upper left corner, then Ext. Sources to import patient data from external sources (USB, etc.) (Fig. 15).



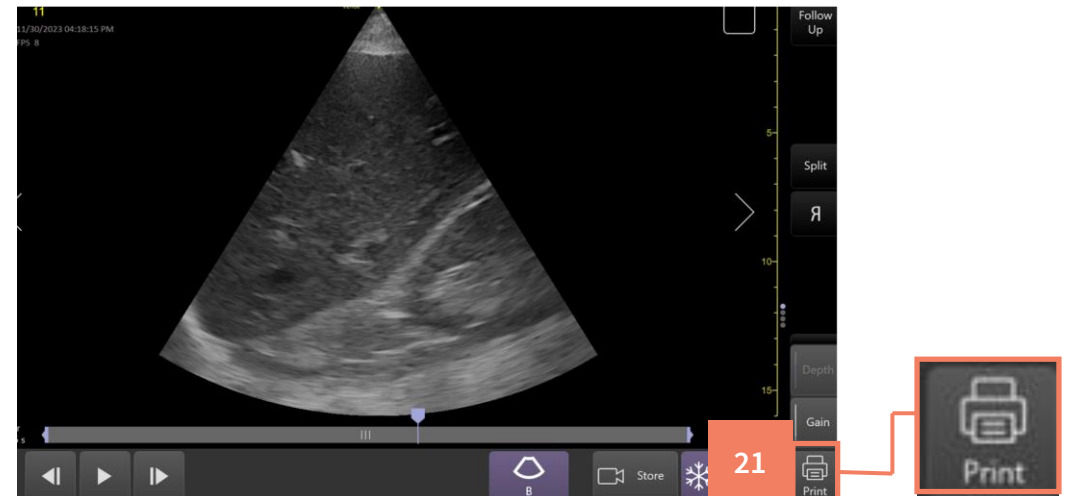
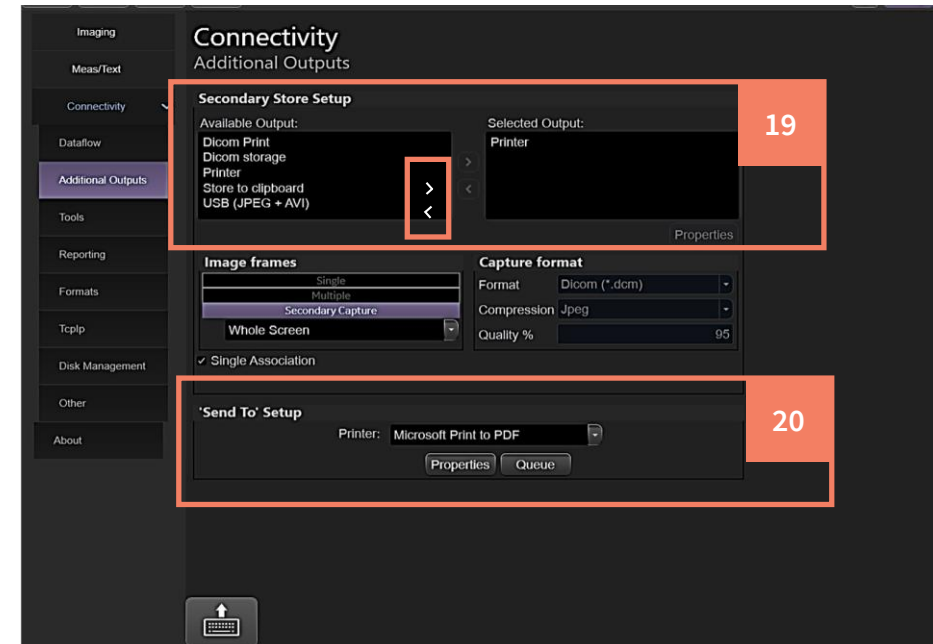
Data Management/Transferring Data

- Tap Settings (Fig. 16) then Config (Fig. 17) on the top right corner of the screen to enter configurations pages.
- Tap the Connectivity and Additional Outputs tabs on the left side of the screen (Fig. 18).



Data Management/Transferring Data

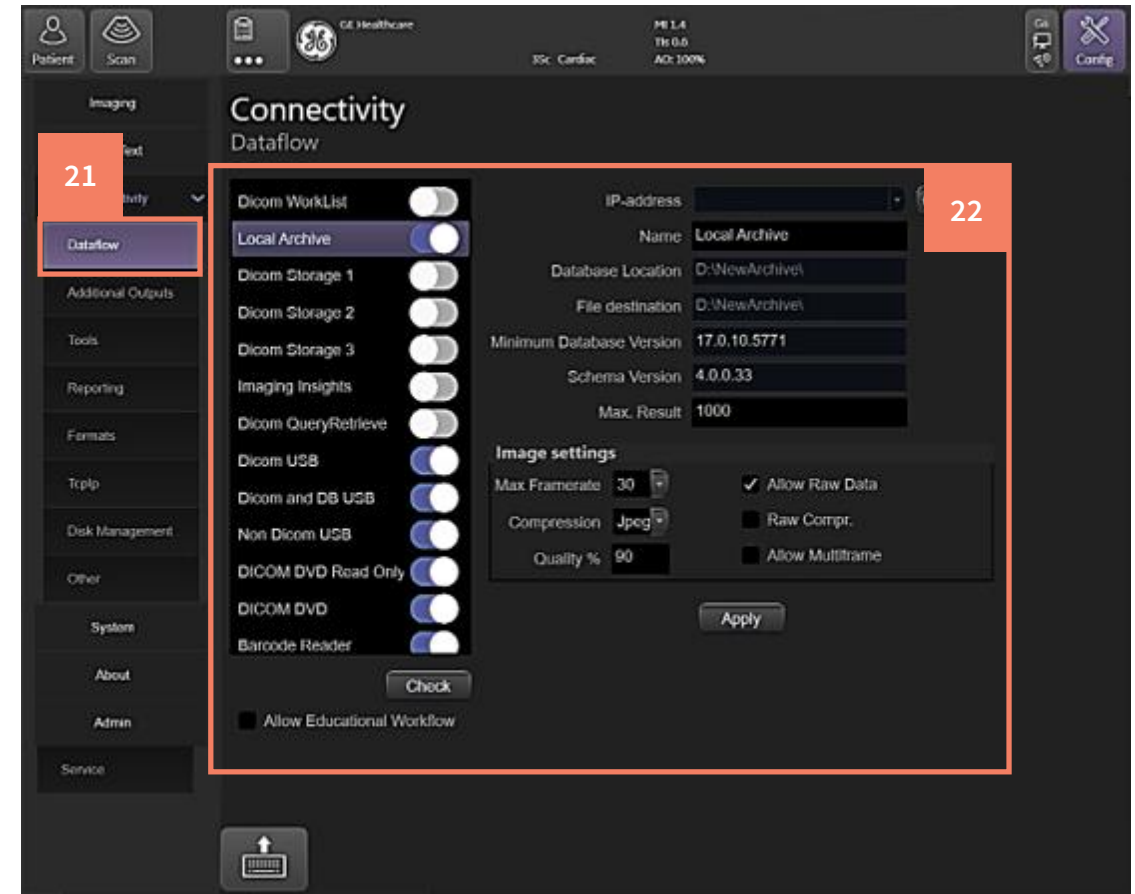
- Under Secondary Store Setup, tap the relevant option(s) from Available Output and tap the arrow to move them to Selected Output (Fig. 19).
- Under the Send To Setup box, select the relevant device to send the data to (Fig. 20).
- Tap Print on the bottom right side of the screen to send data to the selected outputs (Fig. 21).



Data Management/Transferring Data

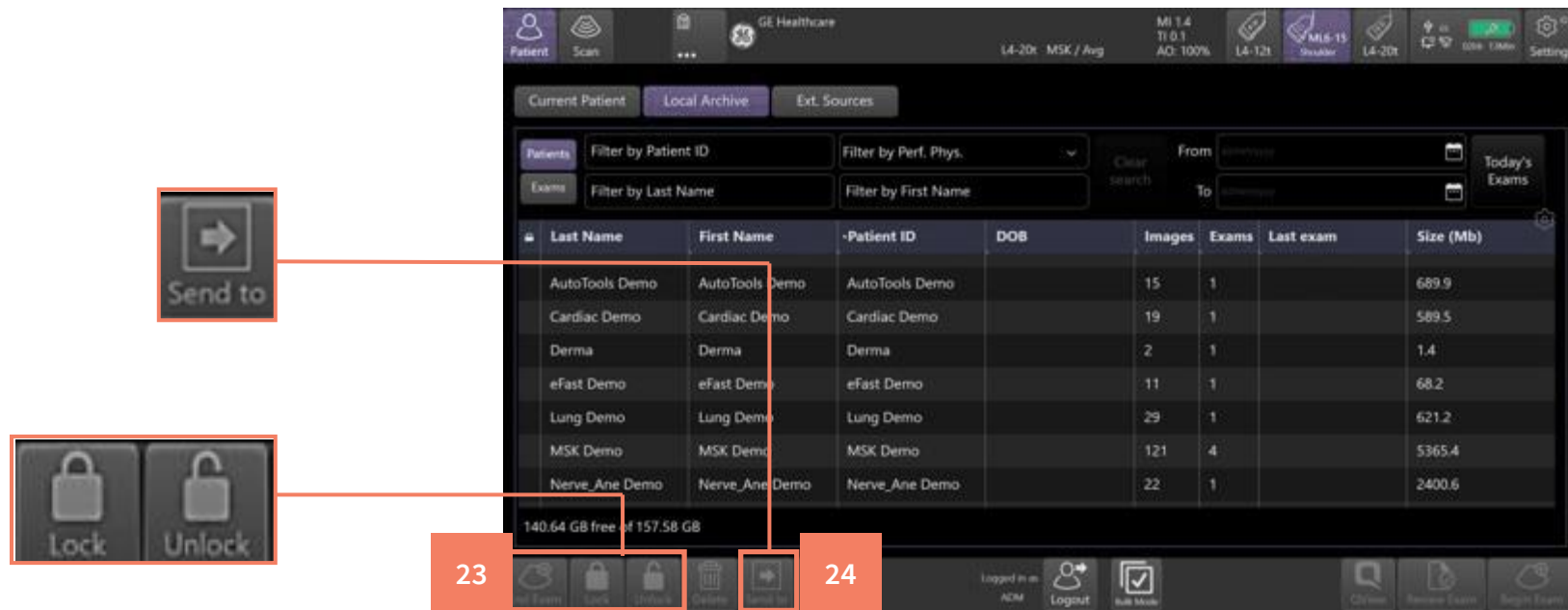
For Admin users:

- Tap Connectivity then Dataflow on the left side of the screen (Fig. 21).
- Tap the relevant option from the list on the left. Using the toggle button, set it as applicable (purple/on) or not applicable (grey/off). Tapping each option opens a set-up screen for user's configuration (Fig. 22).



Data Management/Lock/Unlock/Send To

- Tap one or more lines of patient data, then tap Lock to protect the data from erroneous deletion. A “lock” icon appears to the left of the line selected. Tap Unlock to unlock patient information (Fig. 23).
- Tap one or more lines of patient data, then tap Send To to copy the data from the ultrasound system to a relevant destination (Fig. 24). A pop-up window appears with a destination list.

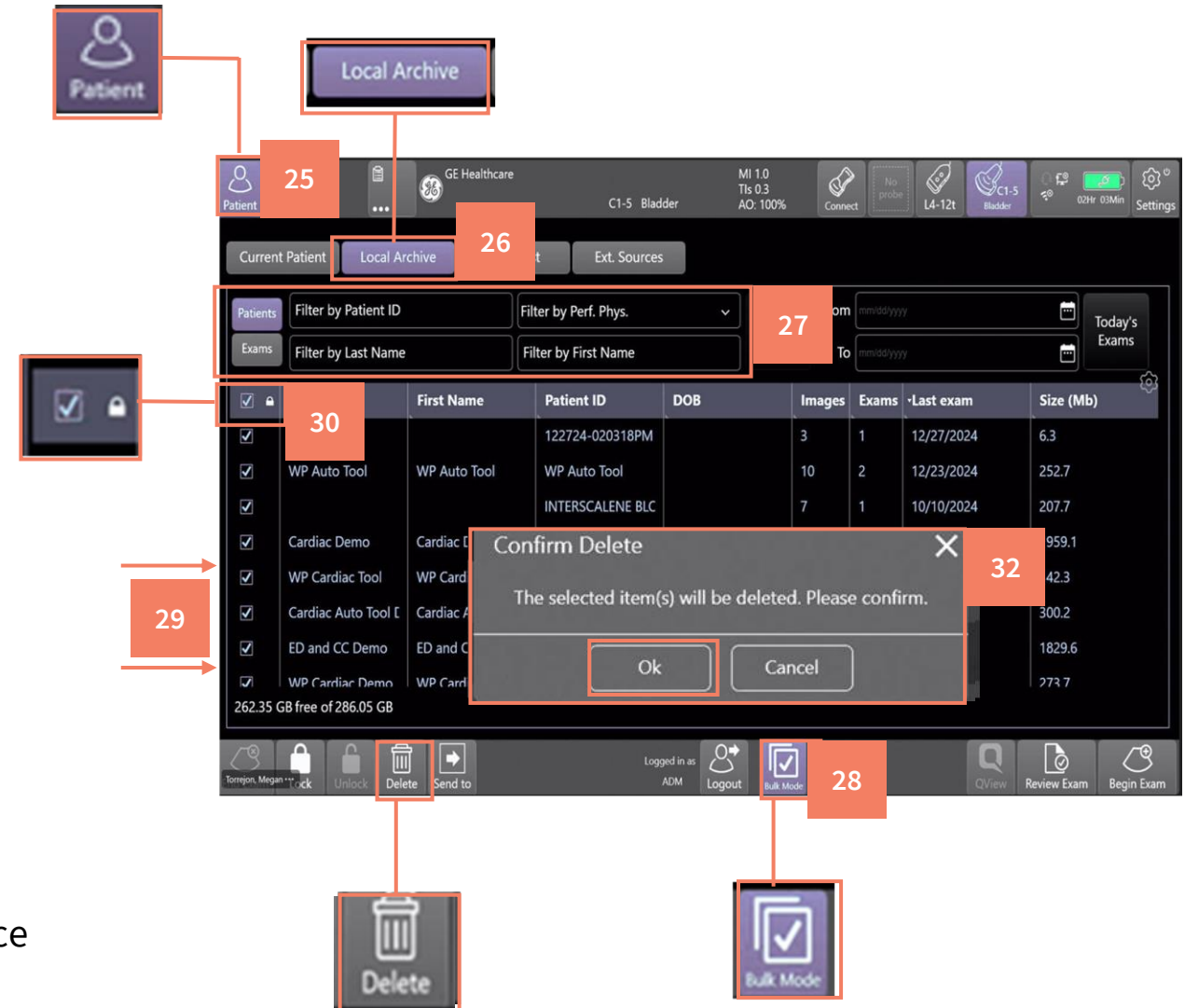


Data Management/Delete Patient Exams

For Admin users:

1. Tap Patient (Fig. 25).
2. Tap Local Archive (FIG. 26).
3. Filter exams by date, patients or exam types (Fig. 27).
4. Tap Bulk Mode to select ALL patients (Fig. 28).
5. Select Individual Exams by tapping on each one (Fig. 29) or select all exams by tapping the Check Box in the upper left corner of the exam list (Fig. 30).
6. Tap Delete (Fig. 31).
7. Tap Ok to confirm deletion (Fig. 32).

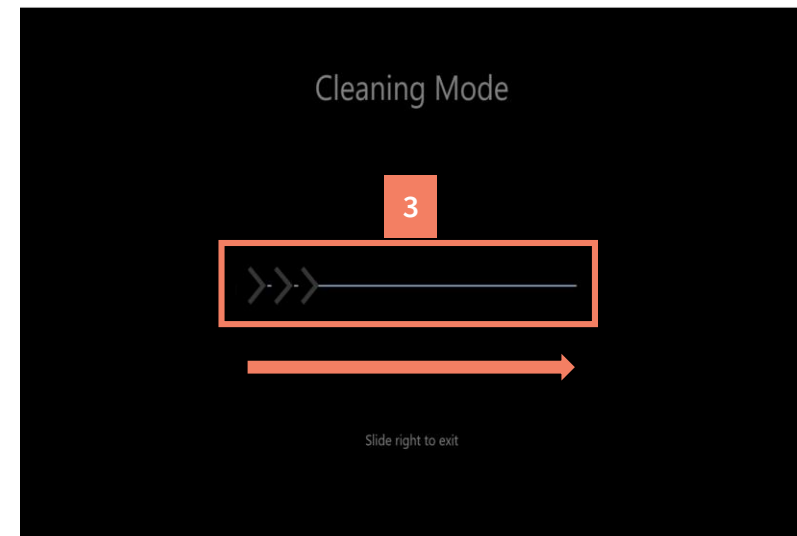
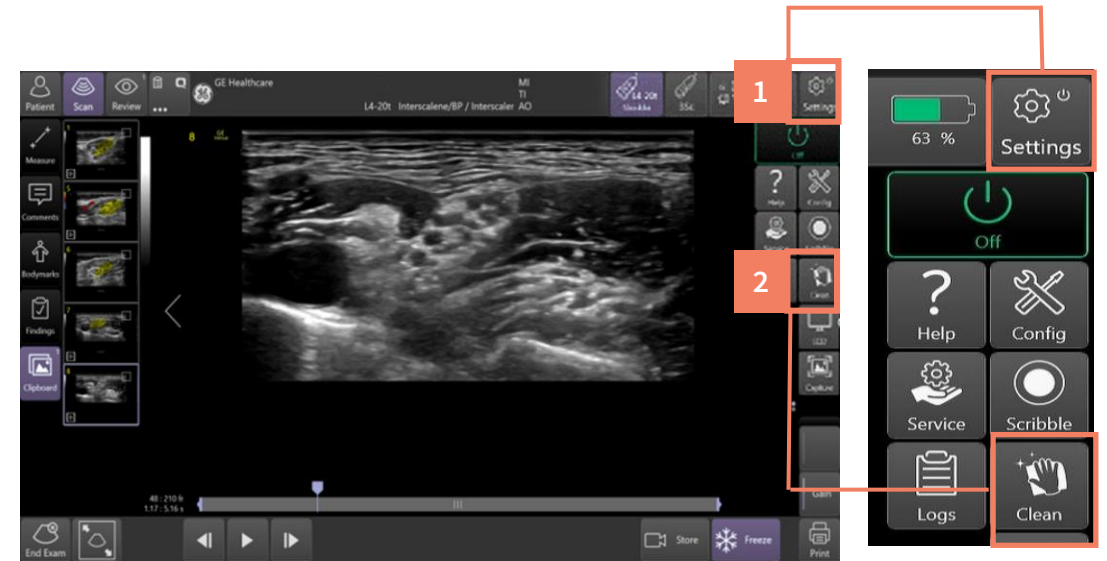
Note: The deletion of patient exams is a permanent action. Once exams are deleted, they can not be recovered.



Cleaning Mode

Cleaning Mode

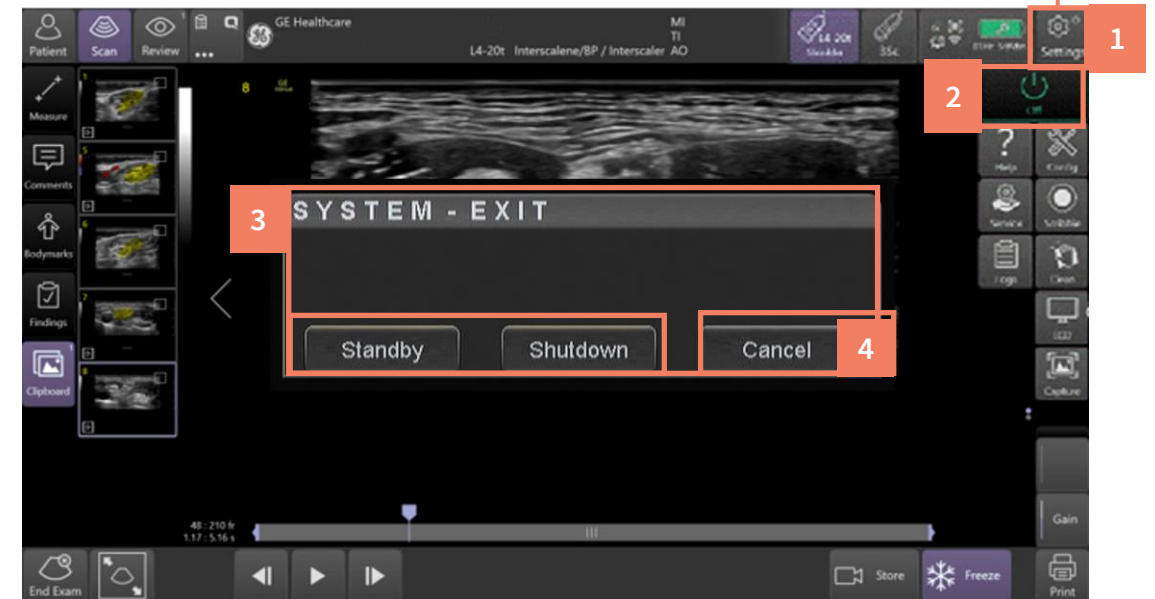
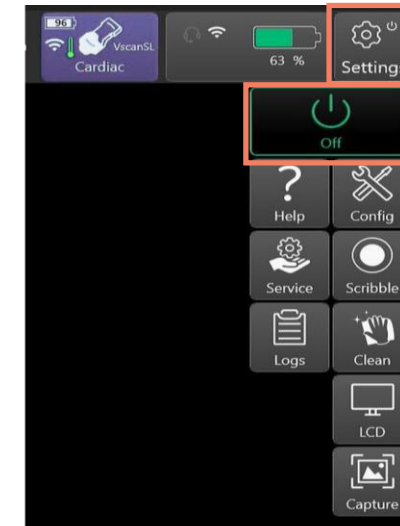
- Clean mode allows cleaning of the touch screen display without affecting system operation.
- Tap Settings (Fig. 1).
- Tap Clean (Fig. 2).
- Clean screen with approved cleaner and Slide Arrows to the right to unlock screen (Fig. 3).



Power Off

Power Off

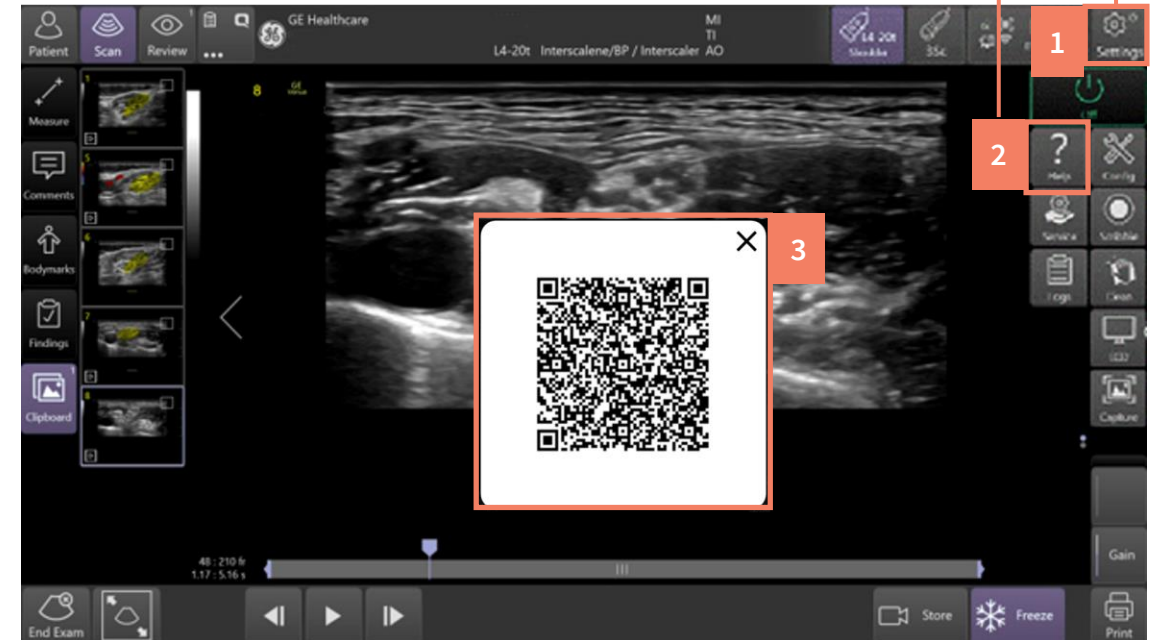
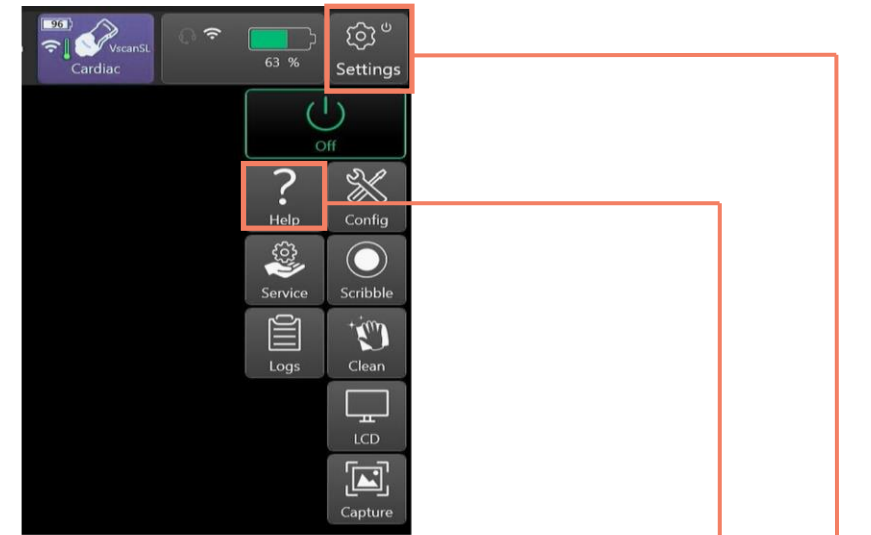
- If the power button has been deactivated, tap Settings at the upper right corner of the screen (Fig. 1).
- Tap Off (Fig. 2) to set the system to either Standby or Shutdown; a pop-up message enables the selection of either state (Fig. 3).
- Return to the scan screen by tapping Cancel (Fig. 4).



Help

Help

- Tap Settings (Fig. 1.)
- Tap Help (Fig. 2).
- Scan the QR code to access GE HealthCare's website (Fig. 3).

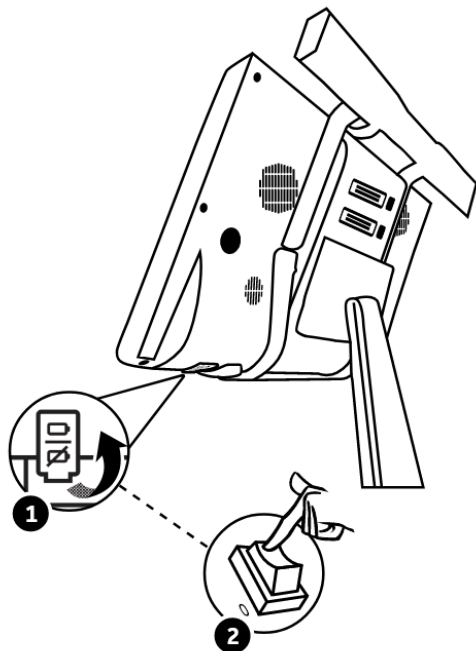


Breaker

Breaker

- Breaker on Venue Fit™ (Fig. 1)
- Breaker on Venue Go™ (Fig. 2)

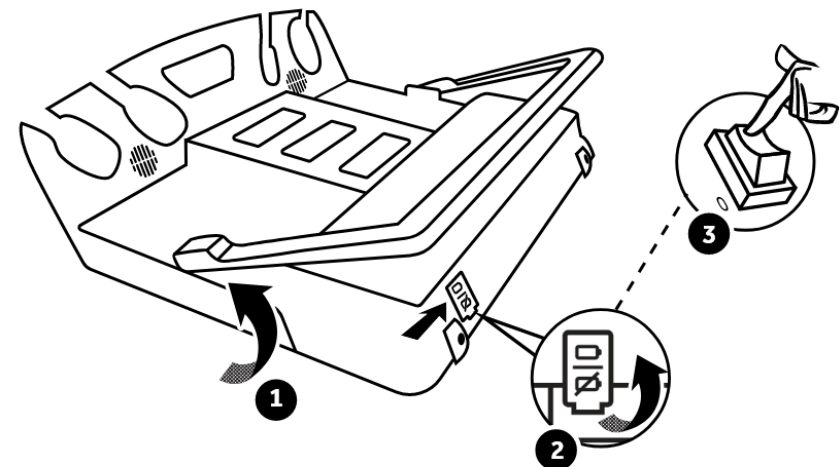
Venue Fit™



In order to activate battery, turn on battery switch in back of the system

Fig. 1

Venue Go™



In order to activate battery, turn on battery switch in back of the system

Fig. 2

Features

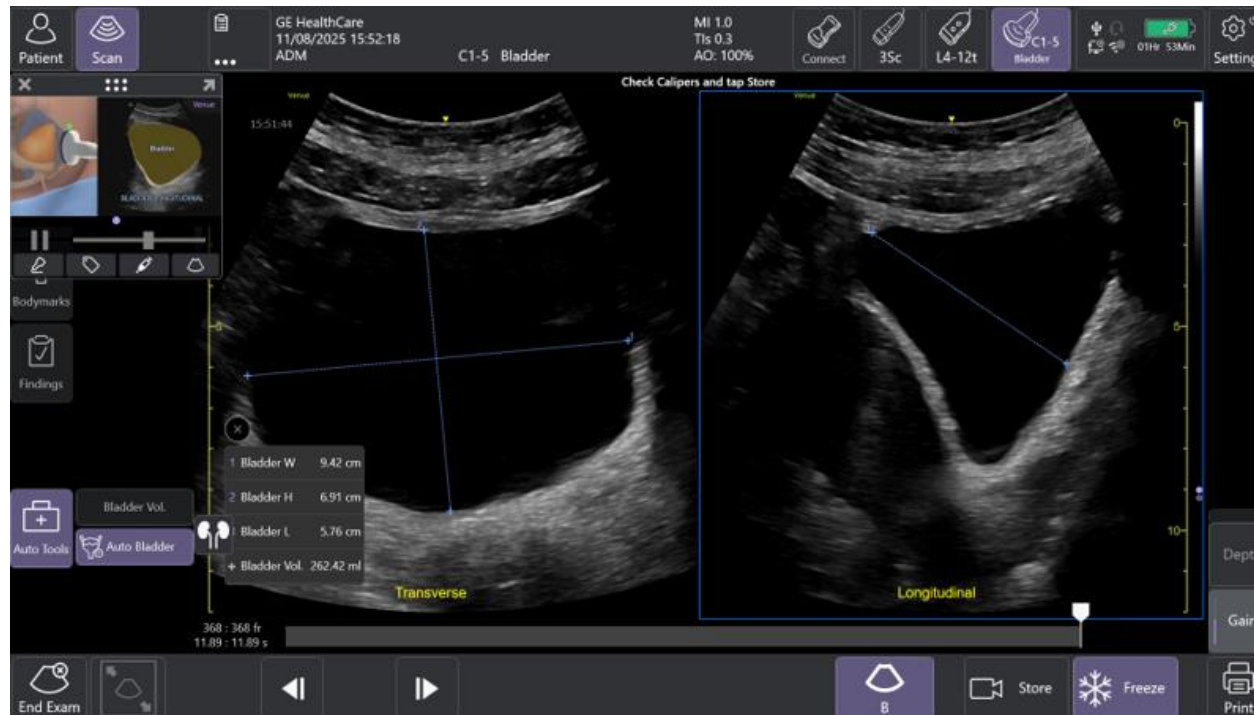
Auto Bladder Volume

Auto Bladder Volume Tool

The Auto Bladder Volume Tool assists the user in obtaining a bladder volume measurement.

Note:

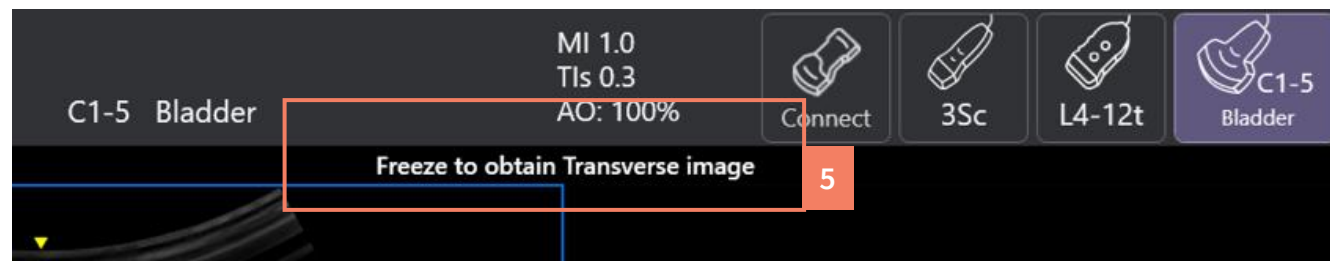
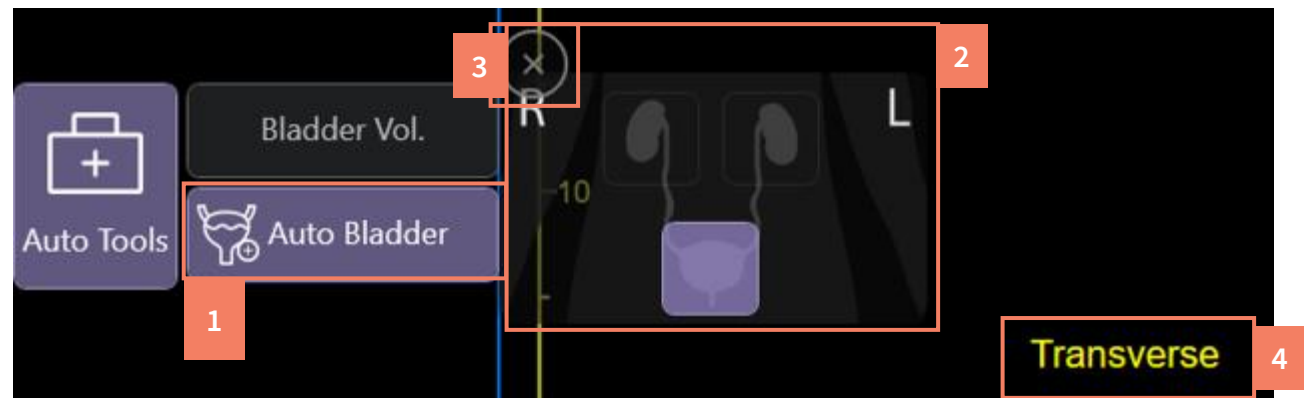
- The **Auto Bladder Volume Tool supports normal bladders** (non-pathological, both transverse and longitudinal planes) with a **volume range of 30-500 mL**.
- Auto Bladder Volume Tool **supports adults only**.



Auto Bladder Volume Tool

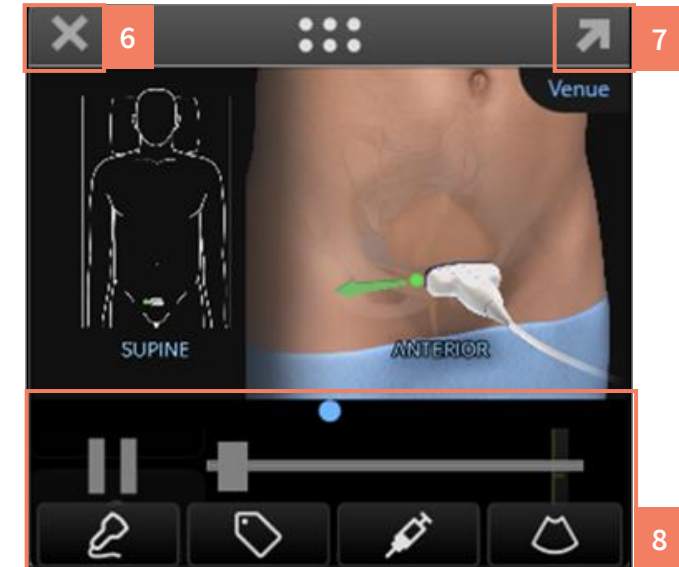
From the Patient Page, enter patient data, select the desired Probe, Exam Category (Abdomen), and Preset (Bladder).

- From within Auto Tools, tap Auto Bladder (Fig. 1).
- An anatomical diagram is visible on the bottom left corner of the screen (Fig. 2). The diagram can be hidden by tapping the X in the upper left-hand corner of diagram (Fig 3).
- Images are automatically labeled (Fig. 4).
- Throughout the exam, instructions are displayed at the top of the screen (Fig. 5). Follow all instructions.



Auto Bladder Volume Tool

- A Window appears on the top left corner of the screen with a reference video, including probe position, 2D reference image, anatomical markings, and a representative video of the anatomy being scanned (Fig. 6-8).
- Minimize the reference video by tapping the X in the upper left corner of the screen. (Fig 6).
- The Arrow in the upper right corner enlarges the image (Fig. 7).
- Use the icons to play, pause, or advance through the video (Fig 8).
Note: The reference video is not stored with the image or video clip.

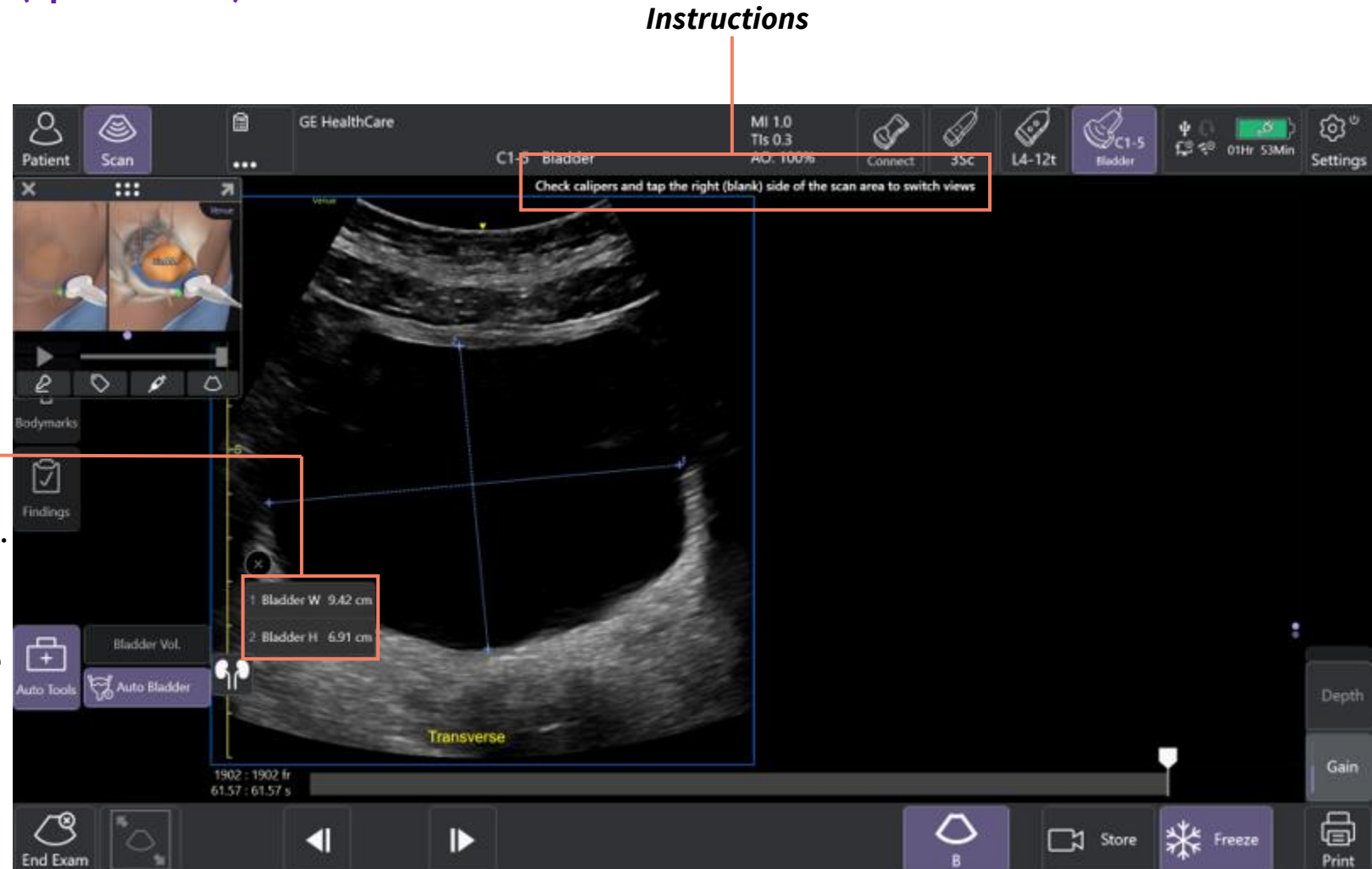


Auto Bladder Volume Tool (split screen)

- The workflow always starts with the transverse view. When in split screen mode, the left side of the screen is always initially active.
- Scan the bladder in transverse view. When an image is obtained, tap Freeze.
- Height and width measurements are automatically calculated and displayed on the image and in the measurement window.

Note: Visually check the placement of calipers. To adjust calipers, tap the desired caliper, slide the hand to reposition it, then tap again to set the new location.

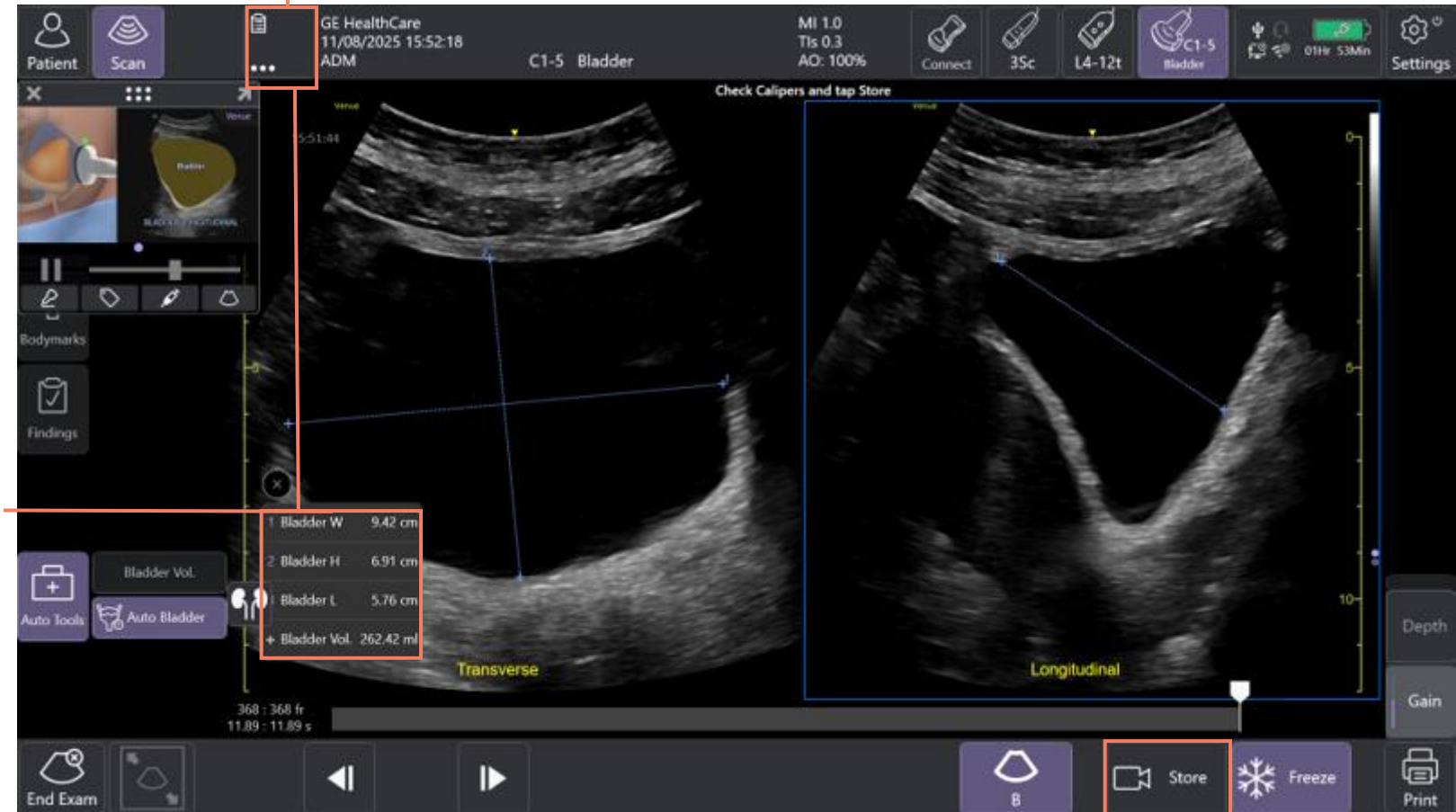
- When satisfied with the measurements, tap the right (blank) side of scan area to switch to the longitudinal view.



Auto Bladder Volume Tool

- The right side of the screen will now be live. Obtain a longitudinal image of the bladder and when ready tap Freeze.
- Measurements are automatically calculated and displayed on the scan screen.
- Visually check the placement of calipers. Reposition calipers, if needed.
- When satisfied with the measurements, tap Store. **Measurements will not be saved until hitting Store.** Once stored, measurements can be viewed either on-screen or by selecting the Worksheet button.

Worksheet

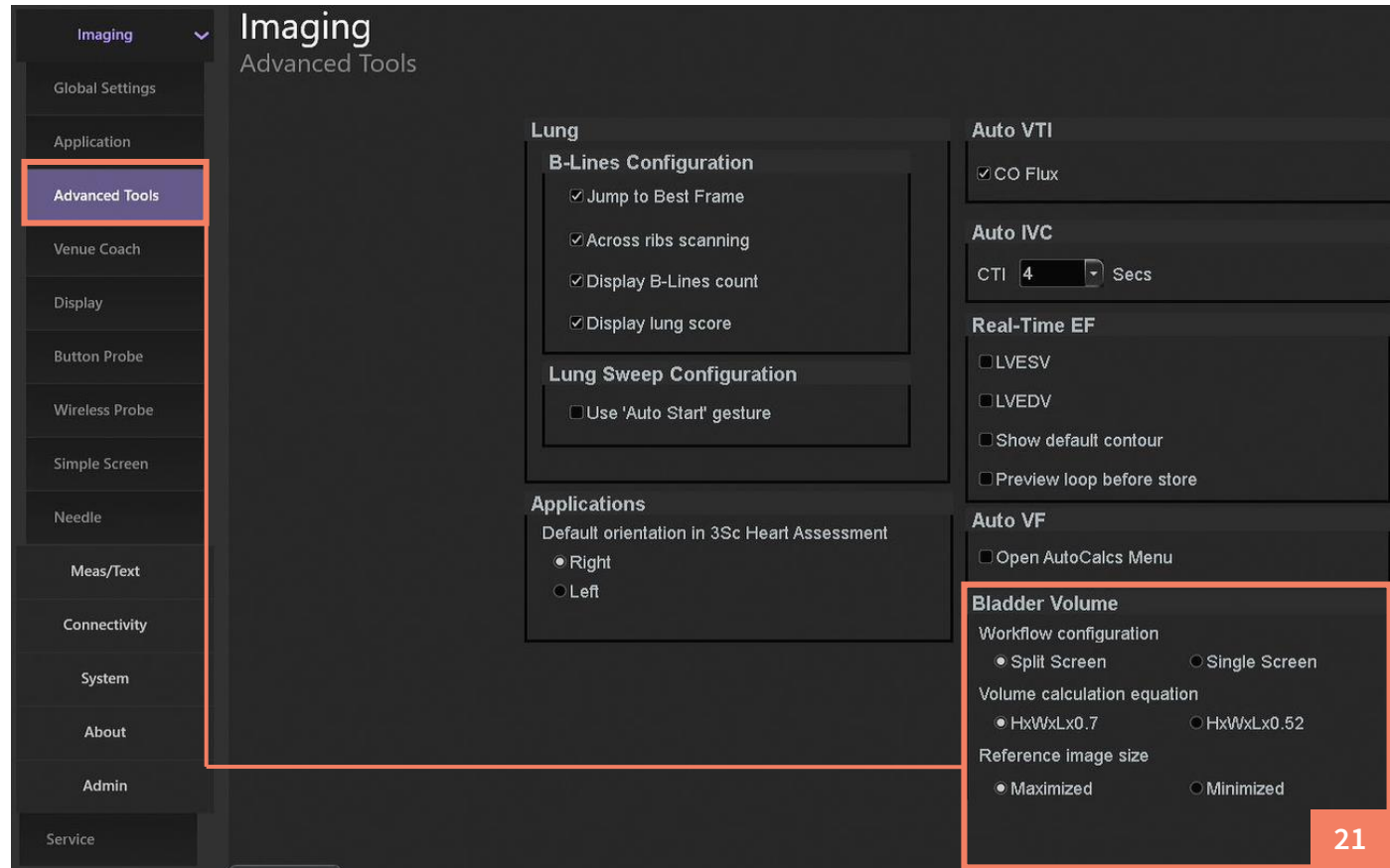


Store

Auto Bladder Volume Tool

Before using the Bladder Volume Tool, configure the system to the desired workflow and equation within the Config page).

- There are two workflow options for the bladder volume:
 - Single screen
 - Split screen
- Depending on the bladder shape, there are two equation options for calculating bladder volume:
 - A standard calculation - $L \times W \times H \times 0.7 = V$ (ml)
 - A more specialized calculation (spherical) - $L \times W \times H \times 0.52 = V$ (ml)

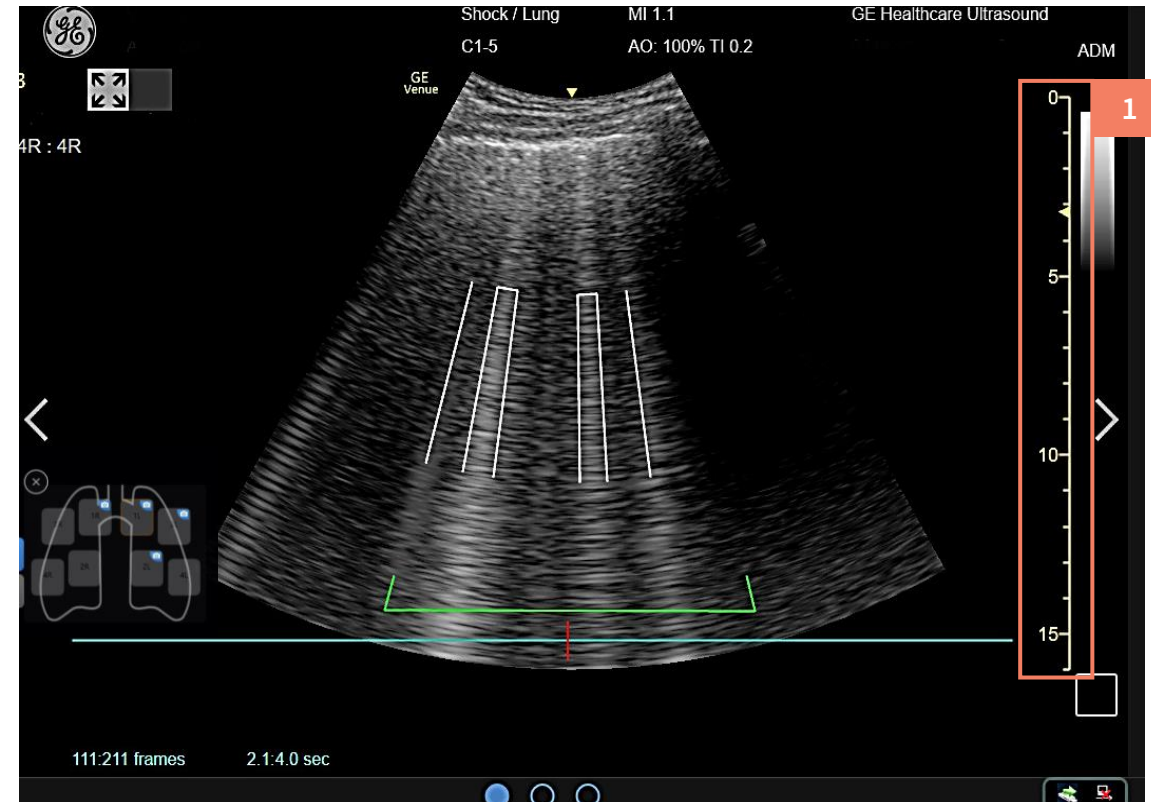


Note: The Manual Bladder Volume Tool is available on the Venue Family systems and follows a similar workflow. It provides on-screen instructions and allows users to choose between split-screen and single-screen modes. Please note this manual tool does not automatically place calipers—users are responsible for positioning the measurements. It is considered a standard feature.

Auto B-Lines

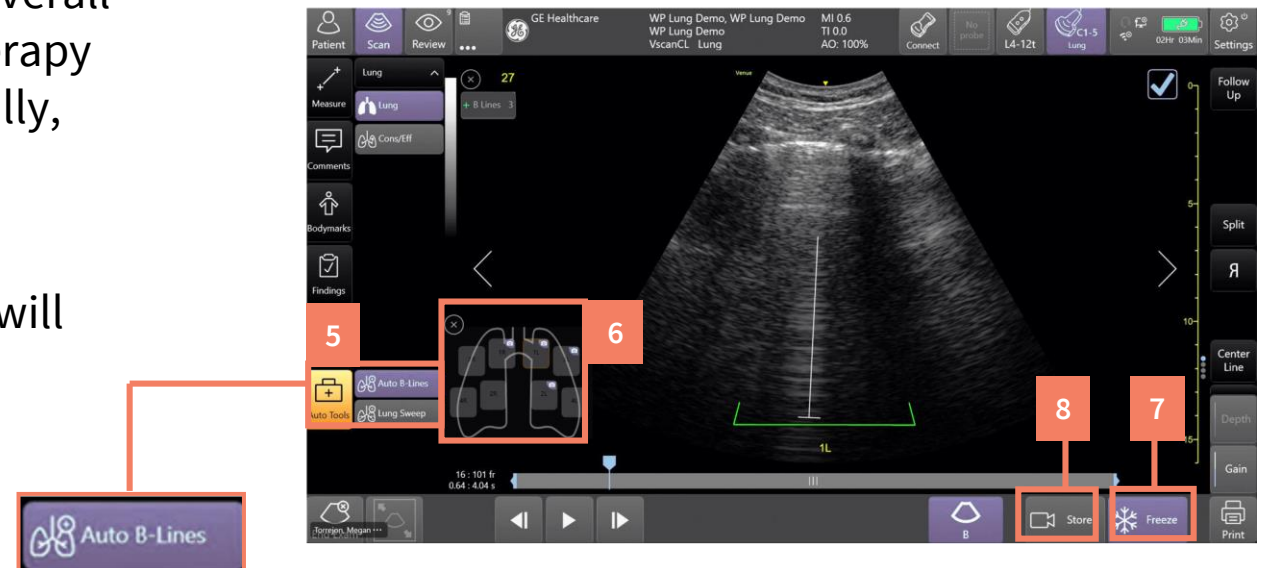
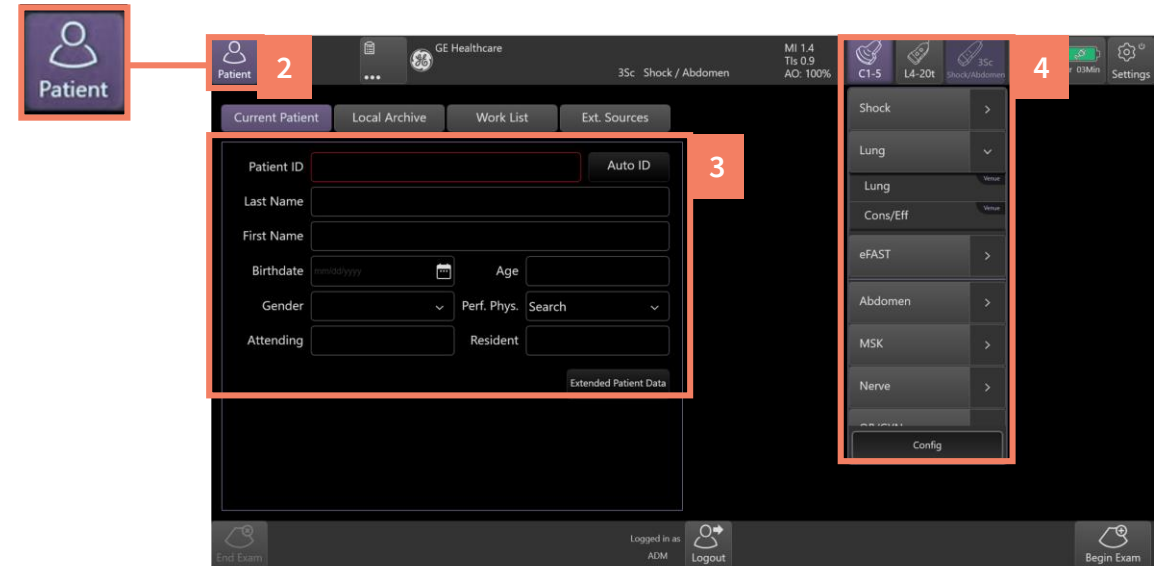
Auto B-Lines

- The B-lines tool provides automated count of the number of B-Lines in adult or pediatric lungs.
- They can also be used to highlight B-lines and display the frame with the most B-lines per rib space.
- Lung Diagram may be used in conjunction with this tool.
- Scan at a minimum depth of 8 cm with linear probes and a desired depth of 12 - 16 cm with curved and sector probes (Fig. 1).



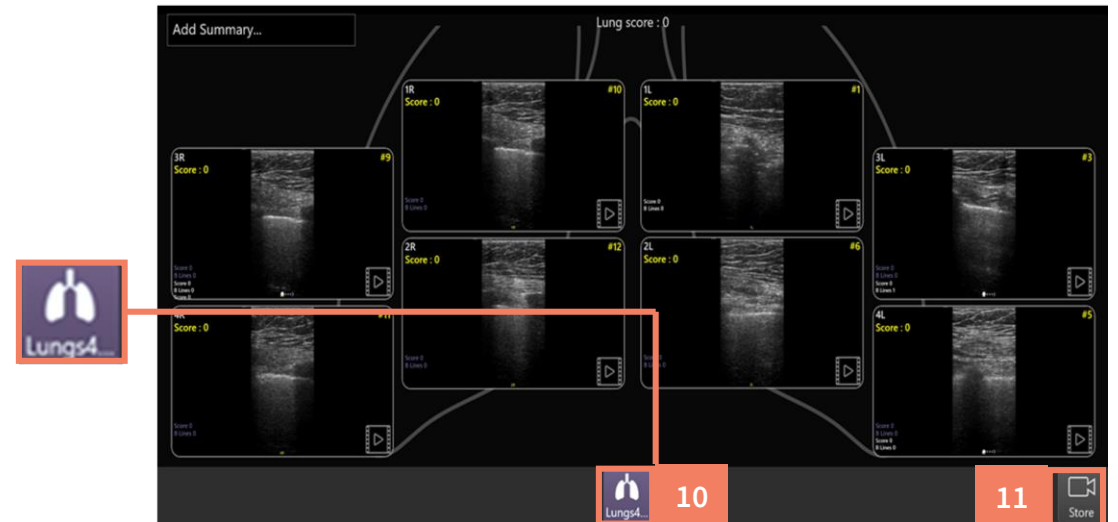
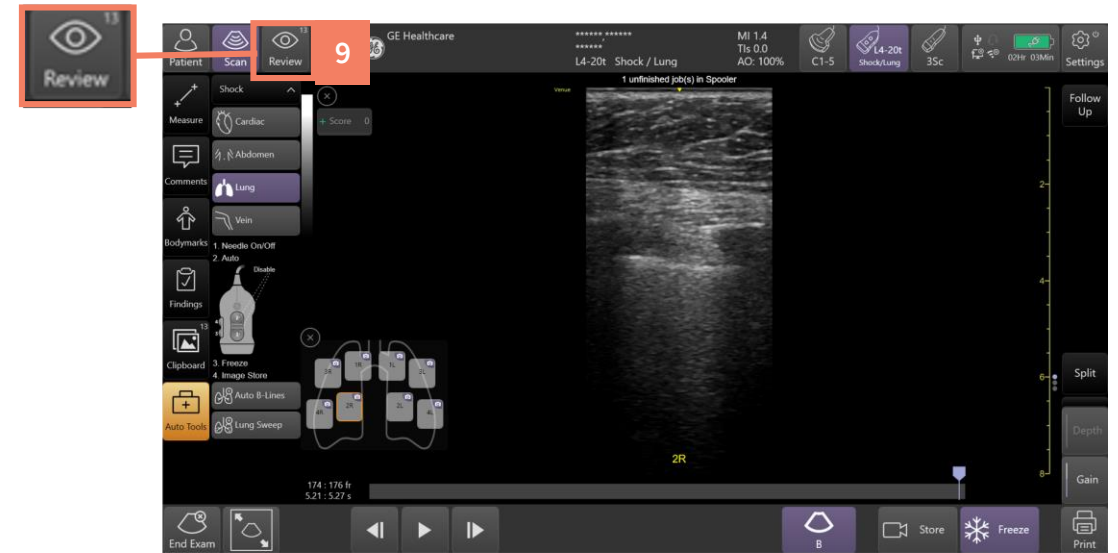
Auto B-Lines

- From the Patient Page (Fig. 2) enter patient data (Fig. 3).
- Select the desired Probe > Shock Exam Category > and Lung Preset (Fig. 4).
- Using B-Mode, obtain the desired lung segment image.
- From within Auto Tools tap Auto B-Lines (Fig. 5).
- A Diagram of anatomical lung segments appears with one-click image storing, enabling calculation of an overall lung ultrasound score to help assess response to therapy (Fig. 6). If the segments are being scanned sequentially, the system will automatically move to the next lung segment.
- Tap Freeze and the frame with highest B-line count will automatically be displayed (Fig. 7).
- Continue scanning and documenting segments until all desired lung segments have been scanned.
- Tap Store (Fig. 8).



Auto B-Lines

- Continue scanning and documenting until all desired lung segments have been obtained.
- To view all captured lung segments, tap Review (Fig 9).
- If any lung images were acquired outside the Lung preset, tap the Lung icon to see the Lung Diagram in full screen. Tap the lung icon again to view individual images (Fig. 10).
- To store the lung diagram, tap Store (Fig. 11).
- When the study is complete, tap End Exam.

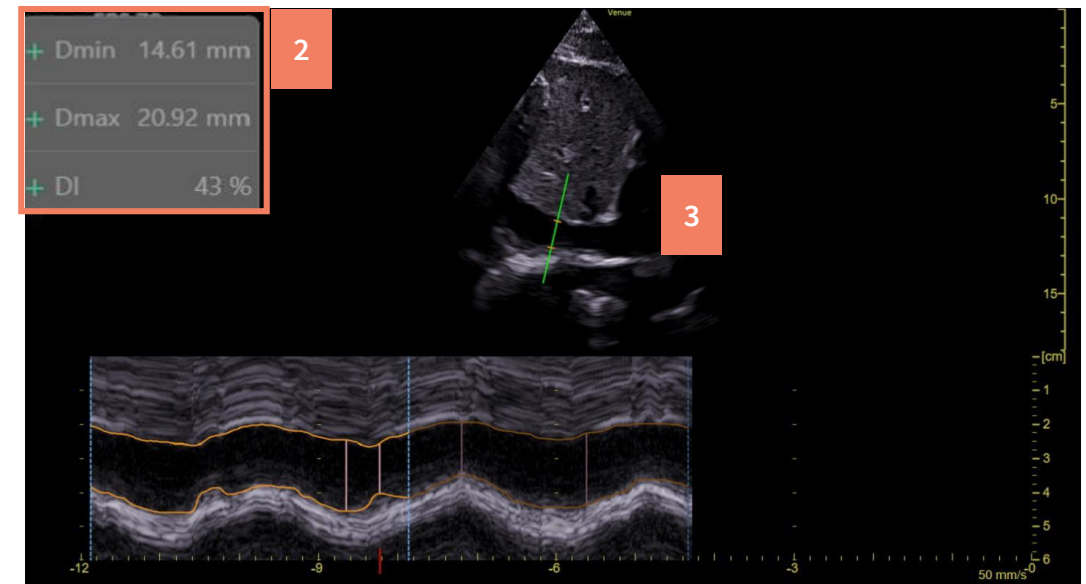
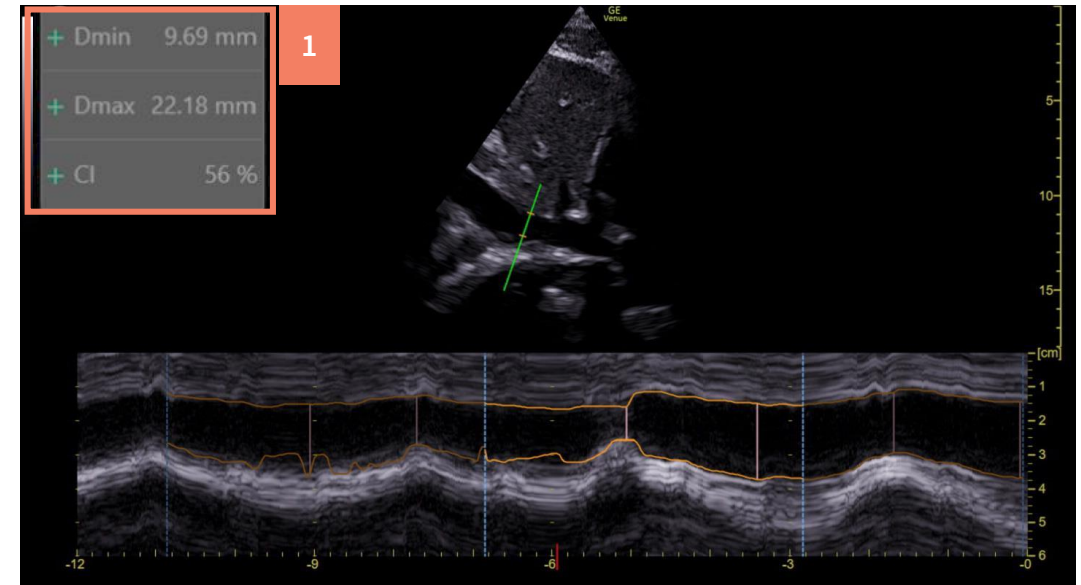


Auto IVC

Auto IVC

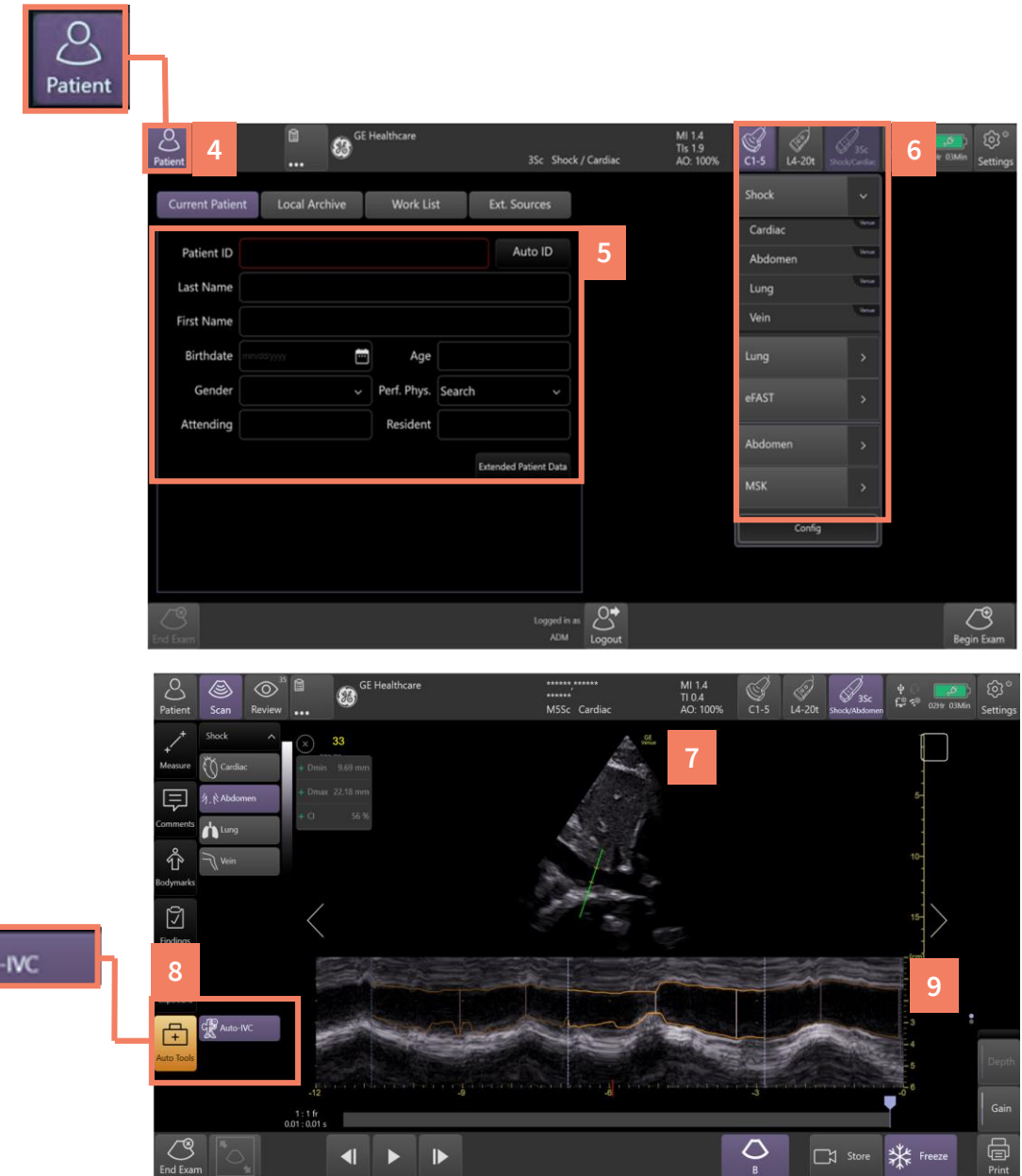
- The IVC (Inferior Vena Cava) automated measurement provides a parameter for assessing fluid responsiveness in shock patients.
- The Collapsibility Index (CI) also known as the Caval Index represents the collapsibility of the inferior vena cava and is calculated by the ratio between the maximal and minimal diameter of the IVC (Fig. 1).
- The Distensibility Index (DI) represents the distensibility of the IVC in the artificially ventilated patient (Fig. 2).
- The scientific literature recommends performing the measurement of CI or DI at a distance about 2-3 cm from the diaphragm or as it enters the right atrium (Fig. 3).

*Note: Collapsibility Index $CI = 100 \times (1 - D_{min}/D_{max})$ [%]
Distensibility Index $DI = 100 \times (D_{max}/D_{min} - 1)$ [%]*



Auto IVC

- From the Patient Page (Fig. 4) enter Patient Data (Fig. 5).
- Select the desired Probe > Shock Exam Category > Abdomen Preset (Fig. 6).
- Using B-Mode, demonstrate the IVC in long axis (Fig. 7).
- From within Auto Tools tap Auto IVC (Fig. 8).
- Allow the IVC waveform to run across the image (Fig. 9).



Auto IVC

- The quality indicator assists with image acquisition. If not green, try to reimage (Fig. 10).
- Auto IVC will automatically calculate the optimal Maximum and Minimum respiratory cycle (Fig. 11).
- Tap Freeze (Fig. 12).
- To choose another cycle, select the Indicator and slide to the desired respiratory cycle (Fig. 13).
- Tap Store (Fig. 14).

Note: Quality Indicators can help select the best view, achieve consistency in results and reduce the time it takes to reach a result.

Green Quality Indicator – acceptable image quality.

Yellow Quality Indicator – average image quality

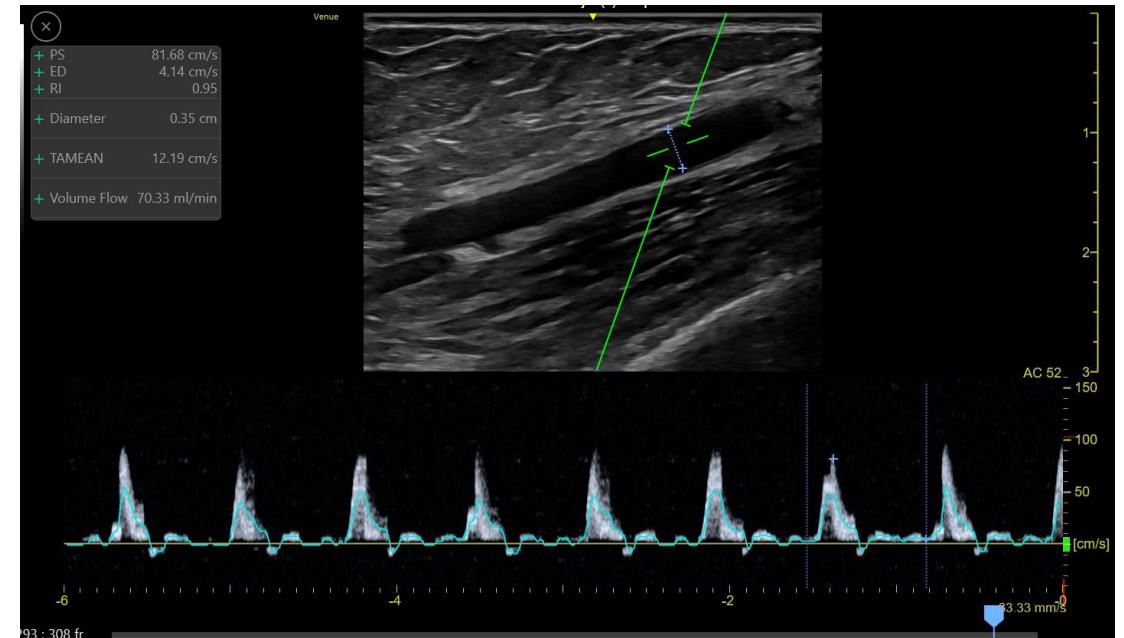
Red Quality Indicator – unacceptable image quality



Auto Volume Flow

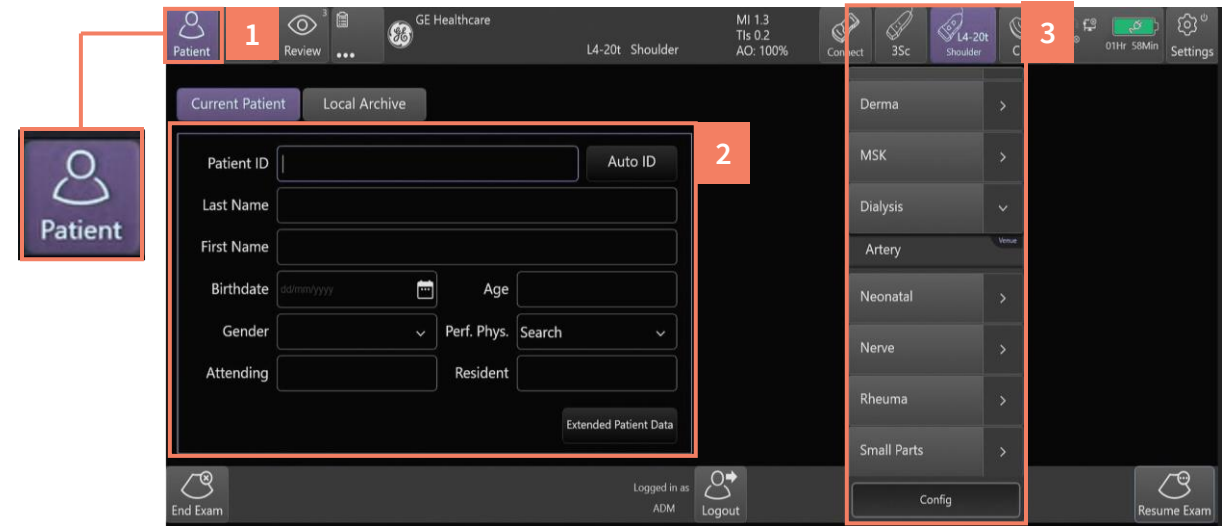
Auto Volume Flow

- Auto Volume flow is a semi-automatic tool intended to assess inflow in the artery of the fistula of a dialysis patient.
- The AVF tool measures the rate of volume flow through an artery, based on the Pulsed Wave Doppler measurement.
- An additional vessel-caliper is placed at the location of the SV gate, perpendicular to the vessel walls to measure the distance between the walls, assuming the scan is performed longitudinally and is slicing the center of the vessel.
- Auto Volume Flow is available on the L4-12t-RS, L4-20t-RS, 12L-RS, 9L-RS and L8-18-RS transducers.



Auto Volume Flow

- From the Patient Page (Fig. 1), enter Patient Data (Fig. 2).
- Select the desired Probe > Dialysis Exam Category and Artery Preset (Fig. 3).

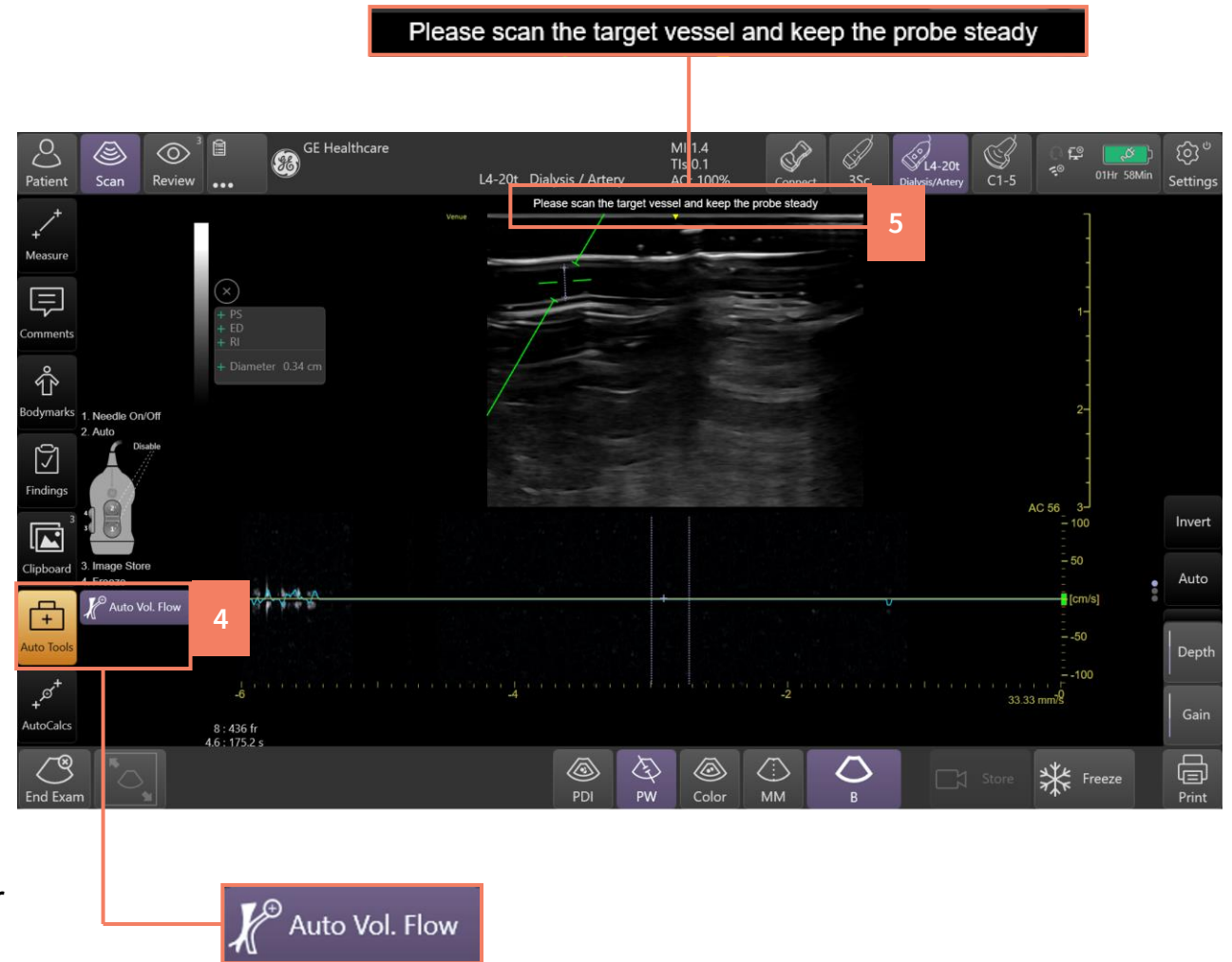


Note: This tool is not recommended for novice users in the dialysis setting.

Auto Volume Flow

- Scan the anatomy of interest and within Auto Tools tap Auto Volume Flow (Fig. 4).
- Follow the Prompts that appear at the top of the screen throughout the exam (Fig. 5).

Note: Ensure that the vessel is clearly visible so the system software can recognize the vessel of interest. The system will automatically align the relevant markers, cursors and doppler angle.

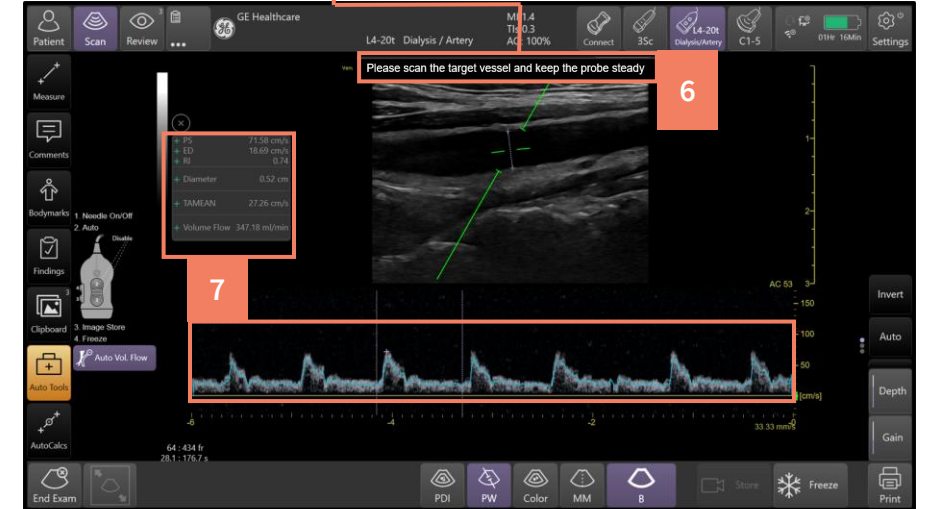


Auto Volume Flow

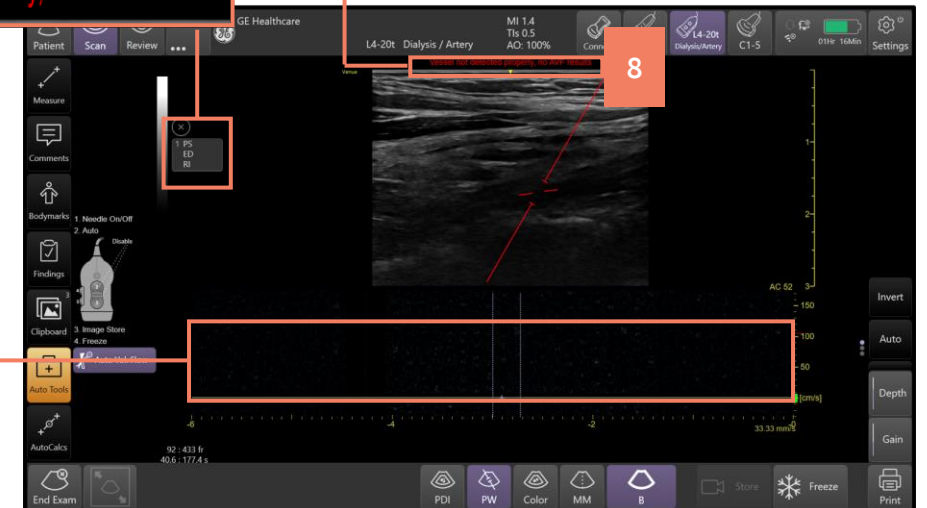
- Ensure that the vessel is clearly visible on the screen. A prompt appears at the top of the screen; “Please scan the target vessel and keep the probe steady” (Fig. 6).
- Through recognition of the vessel of interest, the system aligns the relevant markers and cursors, optimizes Doppler angle automatically to provide a calculation of volume flow in real time (Fig. 7).
- If a vessel is not clearly visualized a prompt appears at the top of the screen; “Vessel not detected properly, no AVF results” (Fig. 8).

Note: During live scanning, steering angle, angle correction and sample volume gate cannot be modified.

Please scan the target vessel and keep the probe steady



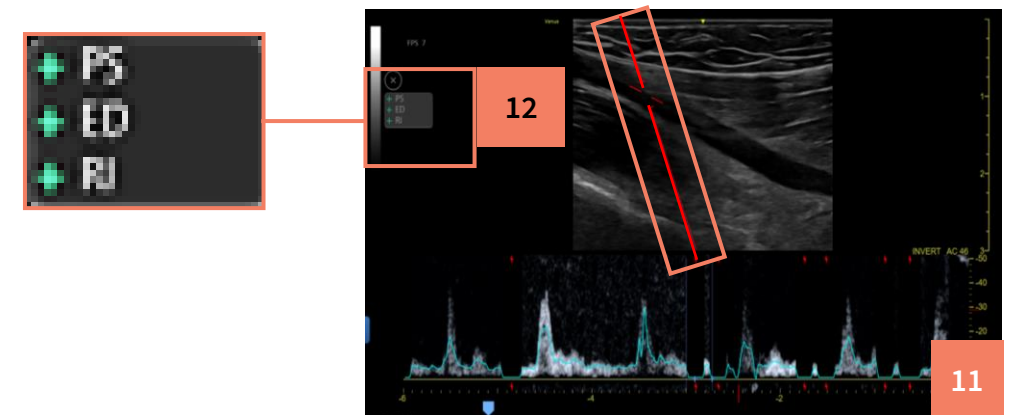
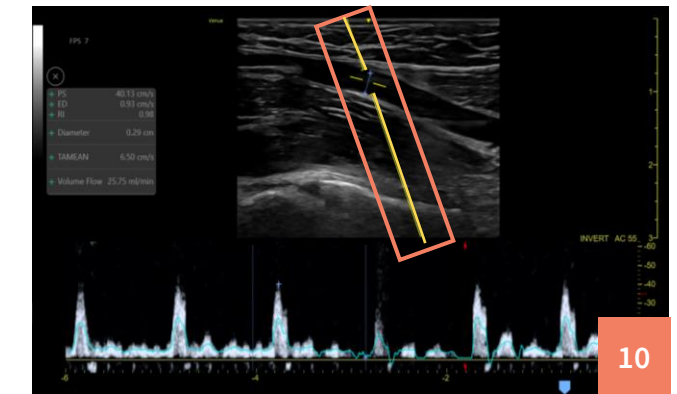
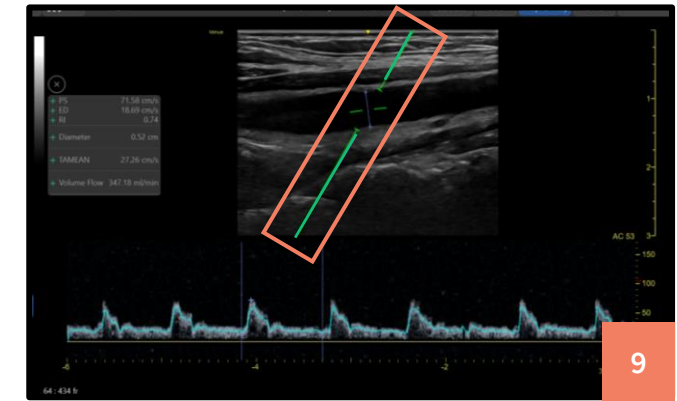
Vessel not detected properly, no AVF results



Auto Volume Flow

The color of the Doppler cursor indicates image quality:

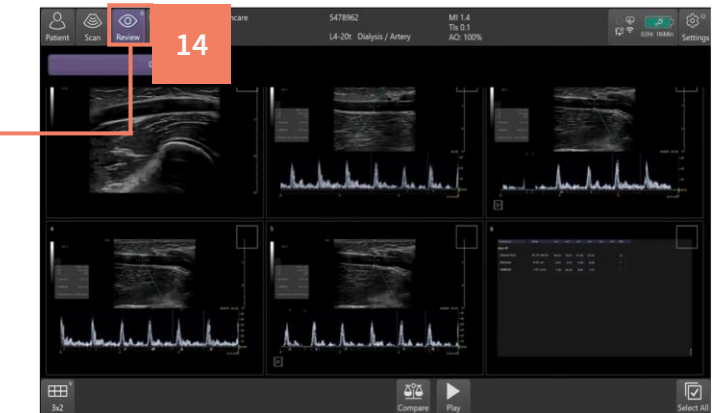
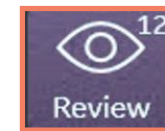
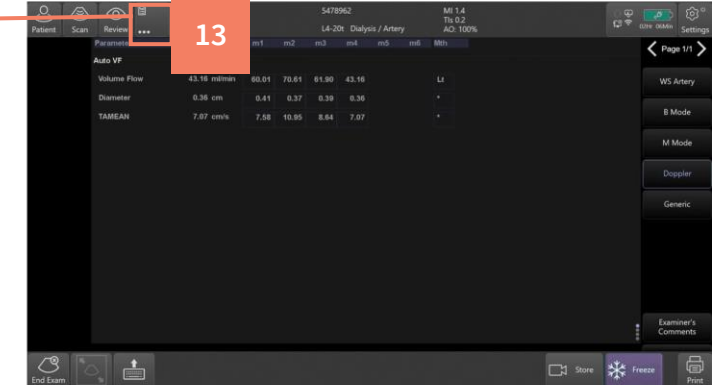
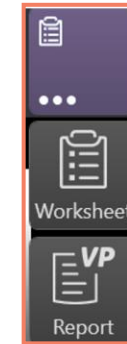
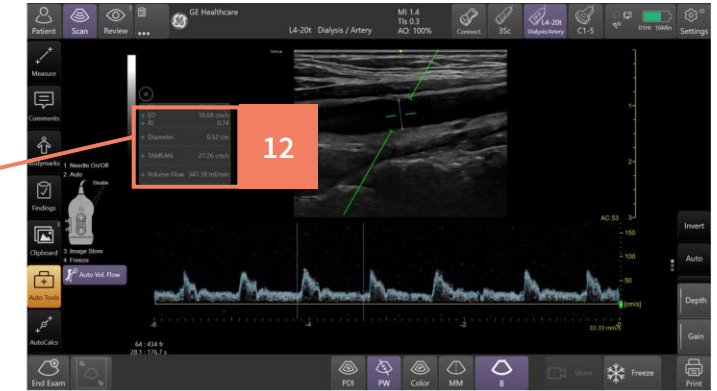
- **Green** – Ideal image quality.
System can detect vessel walls (Fig.9).
- **Yellow** – Average image quality.
Vessel walls are not clear (Fig. 10).
- **Red** – Unacceptable image quality.
Vessel was not detected OR system can not position the gate automatically (Fig. 11). The Doppler signal may not be displayed or be of poor quality and no calculation is provided (Fig. 12).



Auto Volume Flow

- Measurements will be visible on the scan screen as they are acquired (Fig. 12).
- All measurements will be available on the worksheet. To review, tap the worksheet icon (Fig. 13).
- To view stored images, tap Review (Fig. 14).

+ PS	71.58 cm/s
+ ED	18.69 cm/s
+ RI	0.74
+ Diameter	0.52 cm
+ TAMEAN	27.26 cm/s
+ Volume Flow	347.18 ml/min



Auto VTI

Auto VTI (Velocity Time Integral)

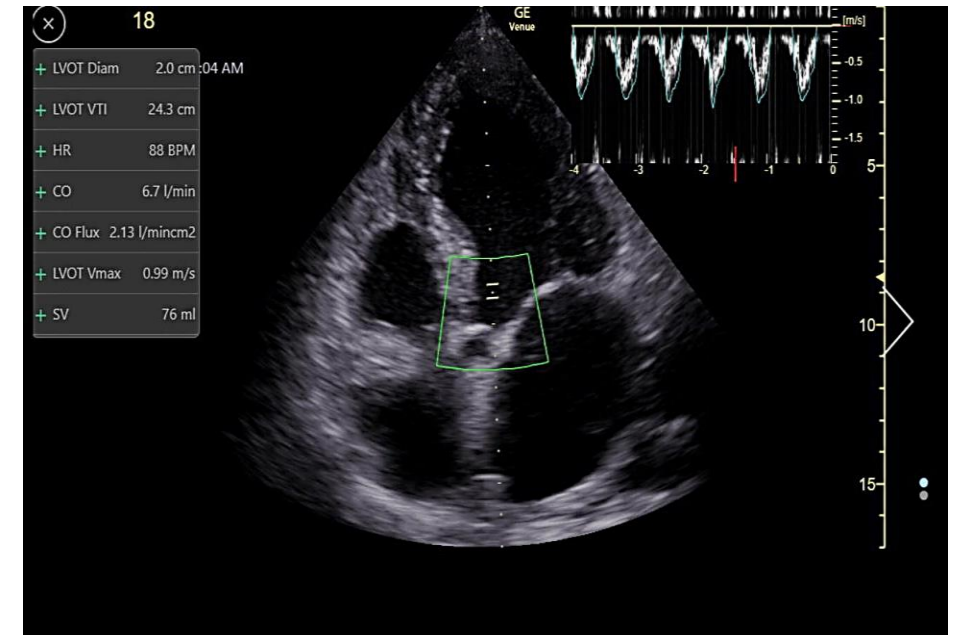
- Calculates cardiac VTI measurements in one step while scanning the Apical 3 or 5 chamber view.
- ROI automatically places itself within the area of the LVOT.
- The quality indicator assists with image acquisition. If not green, try to reimage.
- The tool allows the user to input LVOT diameter value manually to obtain Cardiac Output.

Note: Quality Indicators can help select the best view, achieve consistency in results and reduce the time it takes to reach a result.

Green Quality Indicator – acceptable image quality.

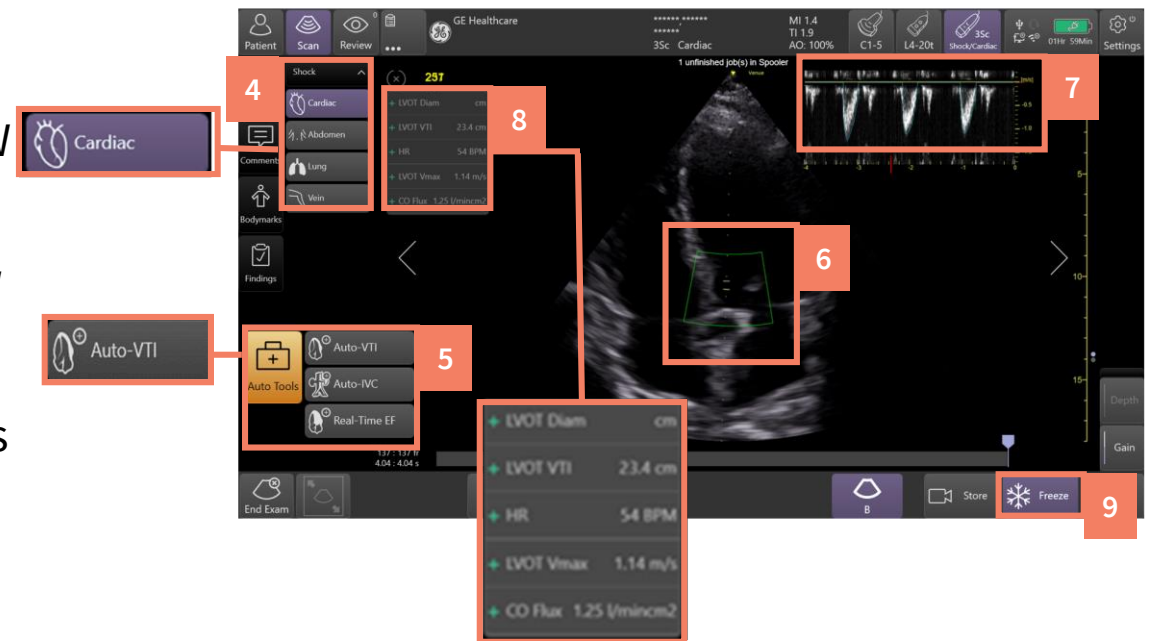
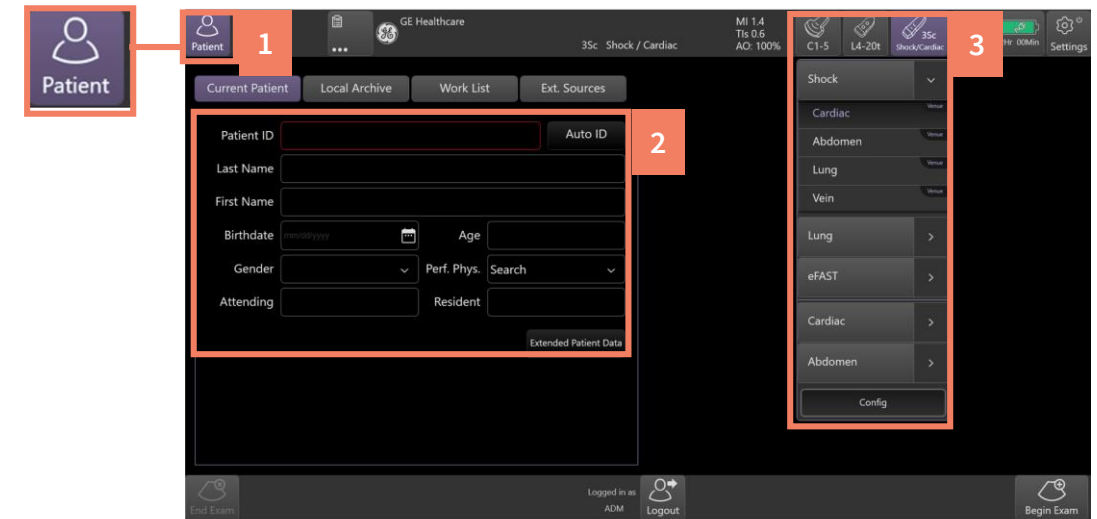
Yellow Quality Indicator – average image quality.

Red Quality Indicator – unacceptable image quality.



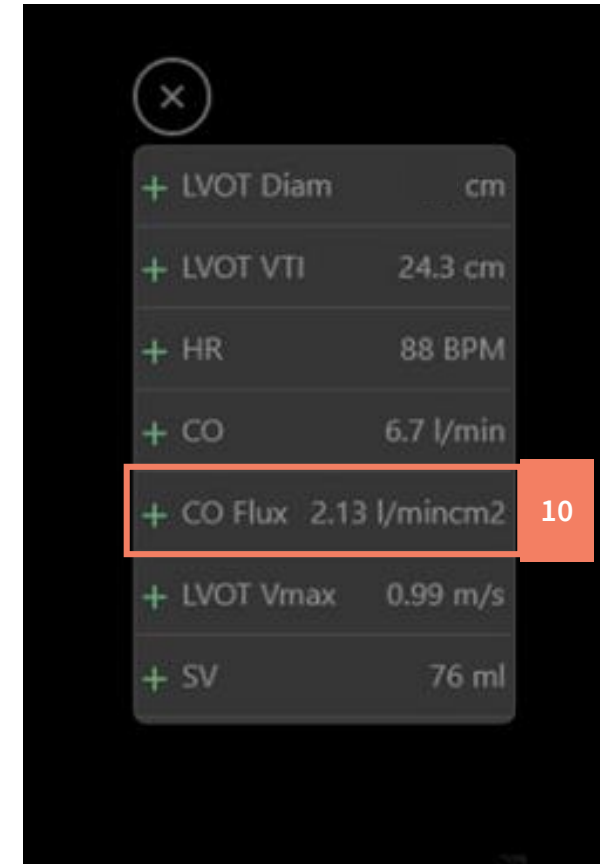
Auto VTI (Velocity Time Integral)

- From the Patient Page (Fig. 1) enter patient data (Fig. 2).
- Select the desired Probe > Shock or eFAST Exam Category > and Cardiac Preset (Fig. 3).
- Using B-mode demonstrate the LVOT by performing either an apical 3 or 5 chamber view.
- Under shock select Cardiac (Fig. 4) and from within Auto Tools tap Auto VTI (Fig. 5).
- The PW gate appears and stabilizes automatically over the LVOT. If necessary, position the Quality Indicator/PW Gate within the LVOT (Fig. 6).
- The blood-flow through the LVOT is traced along the PW tracing (Fig. 7).
- VTI and HR are automatically calculated every 2 seconds when the signal quality is acceptable (Fig. 8).
- Press Freeze. (Fig. 9).



Auto VTI (Velocity Time Integral)

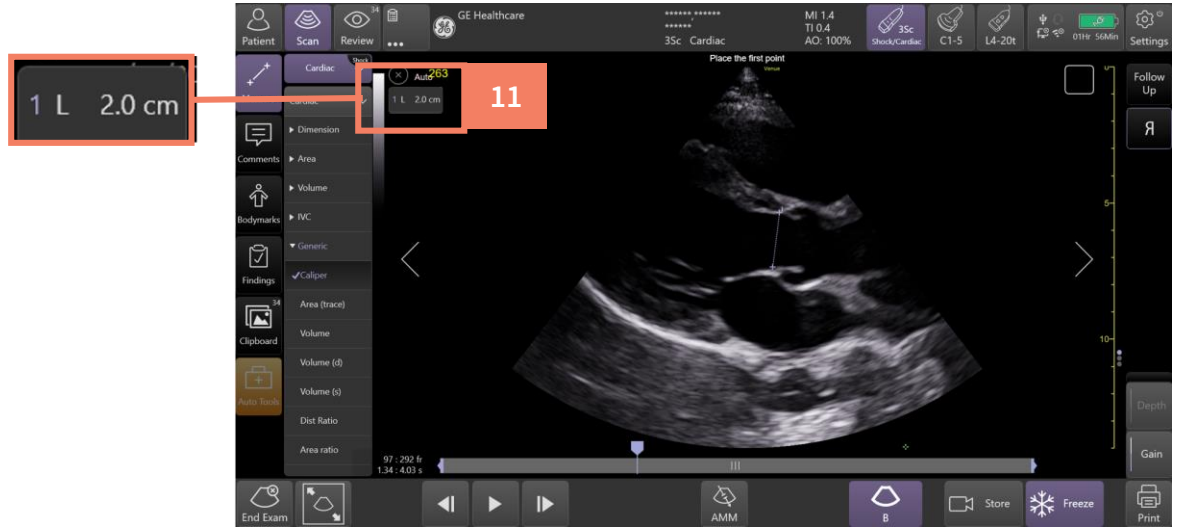
- Cardiac Flux is a calculation defined as the Cardiac Output across a unit area.
- In fluid dynamics terms it means the rate of volume -flow across a unit area.
- CO Flux is a measure characterizing cardiac output flow normalized to the patient size (Fig. 10).
- CO Flux can be quantified without the need of the LVOT diameter measurement.



+ LVOT Diam	cm
+ LVOT VTI	24.3 cm
+ HR	88 BPM
+ CO	6.7 l/min
+ CO Flux	2.13 l/mincm2
+ LVOT Vmax	0.99 m/s
+ SV	76 ml

Auto VTI (Velocity Time Integral)

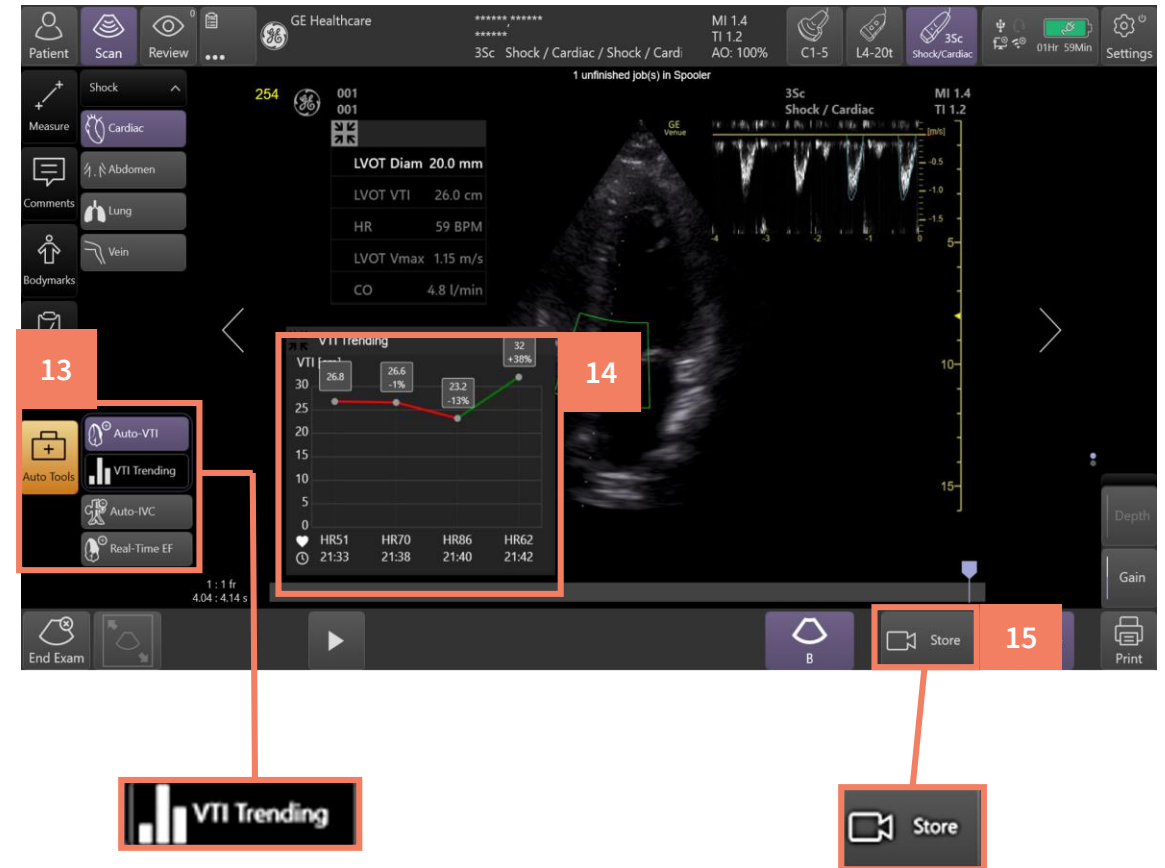
- To calculate Cardiac Output, perform a Parasternal Long Axis view of the heart in B-Mode.
- Measure the LVOT in an AP diameter. This value may be added to the Auto VTI calculation (Fig. 11).
- If the diameter is known, simply add the LVOT diameter measurement. (Fig 12).



+ LVOT Diam	2.0 cm	12
+ LVOT VTI	24.3 cm	
+ HR	88 BPM	
+ CO	6.7 l/min	
+ CO Flux	2.13 l/mincm2	
+ LVOT Vmax	0.99 m/s	
+ SV	76 ml	

Auto VTI (Velocity Time Integral)

- Trending will quickly display the trend and determine the next course of action.
- Complete the baseline VTI scan. Additional VTI measurements may now be added.
- If the exam has been ended, re-select Patient exam from Local Archive and perform the follow up VTI scan.
- From within Auto Tools, tap VTI Trending (Fig. 13) to display the graph (Fig. 14).
- Press Store (Fig. 15).

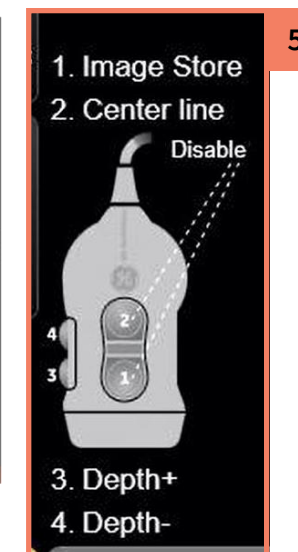
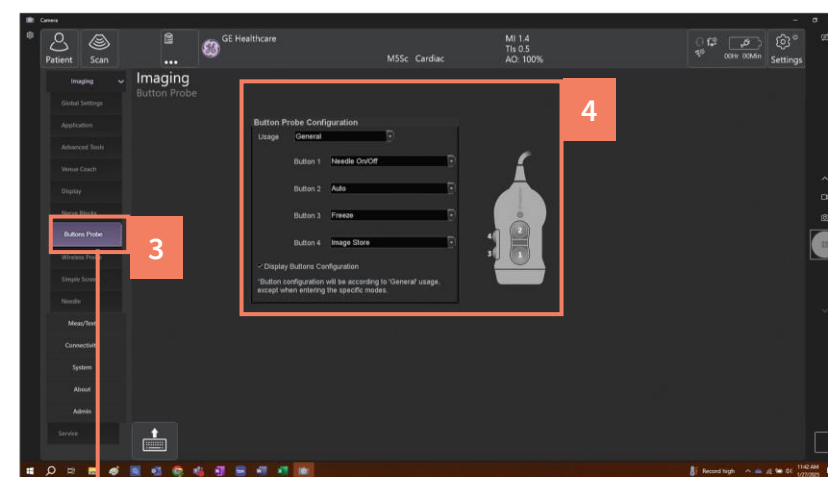
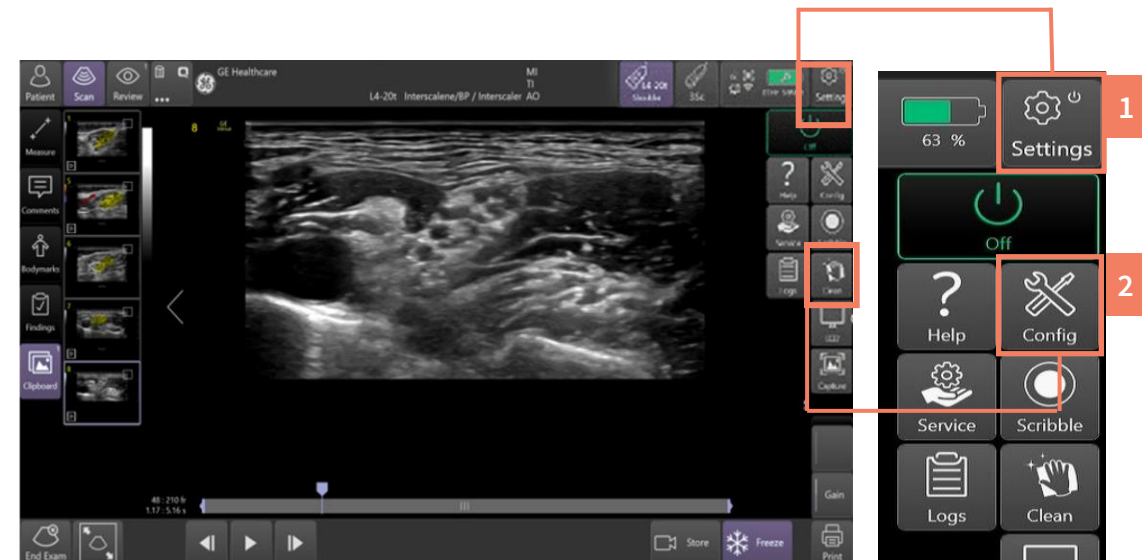


Button Probe

Button Probe

- To configure the button probe, tap Settings and Config (Fig. 1).
- Tap Imaging (Fig. 2).
- Tap Buttons Probe (Fig. 3)
- Select the Functionality from the drop-down list for each of the buttons. The number on the menu matches the numbers on the probe (Fig. 4).
- Display Buttons Configuration settings allows the user to view a small picture of the probe and the button functions while scanning (Fig. 5).

Note: Press 2 buttons SIMULTANEOUSLY to disable all 4 probe buttons. Repeat to enable the 4 buttons.



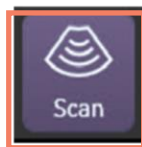
Caption Guidance

Caption Guidance

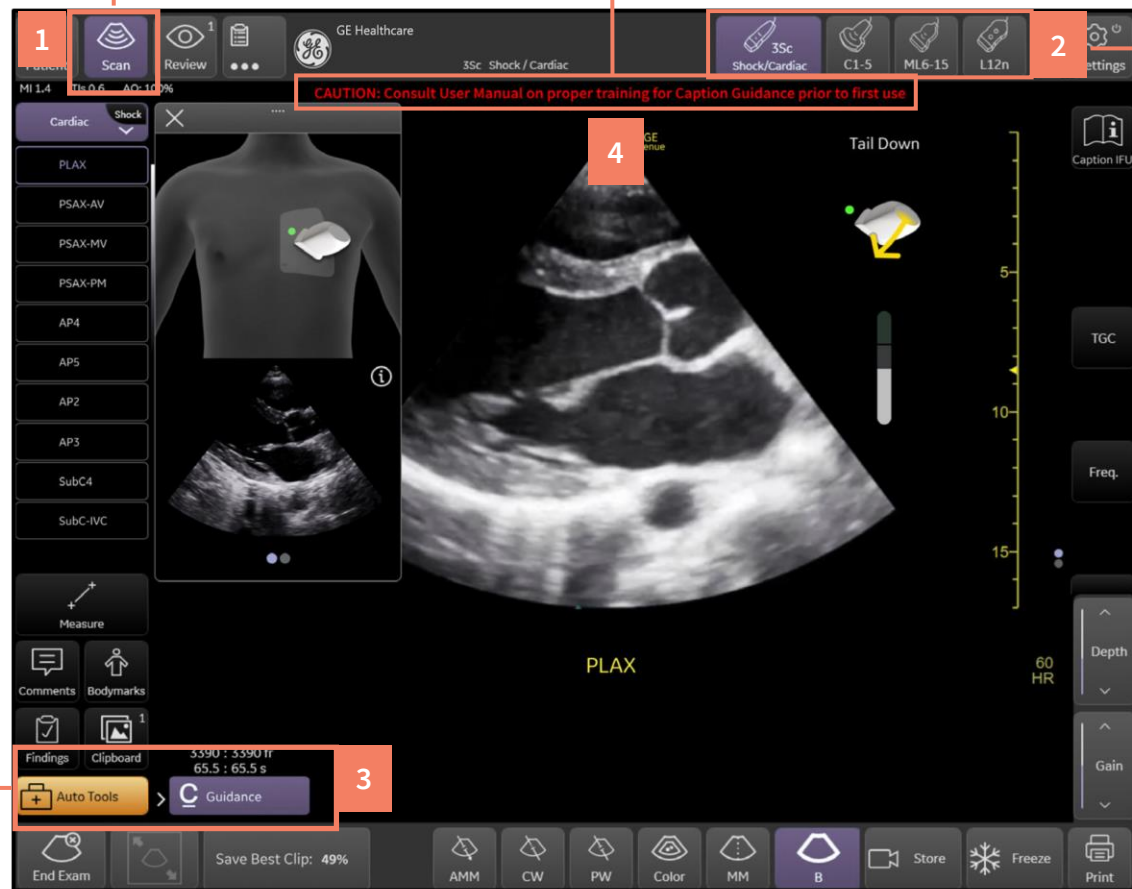
Launching Caption Guidance Software

Depending on which Venue family system you are using, features of Caption Guidance may appear on the right-hand or left-hand side of the screen.

- Start up your Venue family ultrasound machine and navigate to the scan screen (Fig. 1).
- Select the Probe icon. A list of presets will appear. Select “Cardiac” from the list (Fig. 2).
- From within “Auto Tools” select “Guidance”(Fig. 3).
- Caption Guidance training is required before first use of the software. Once trained, you can begin scanning with Caption Guidance on the Venue family (Fig. 4).

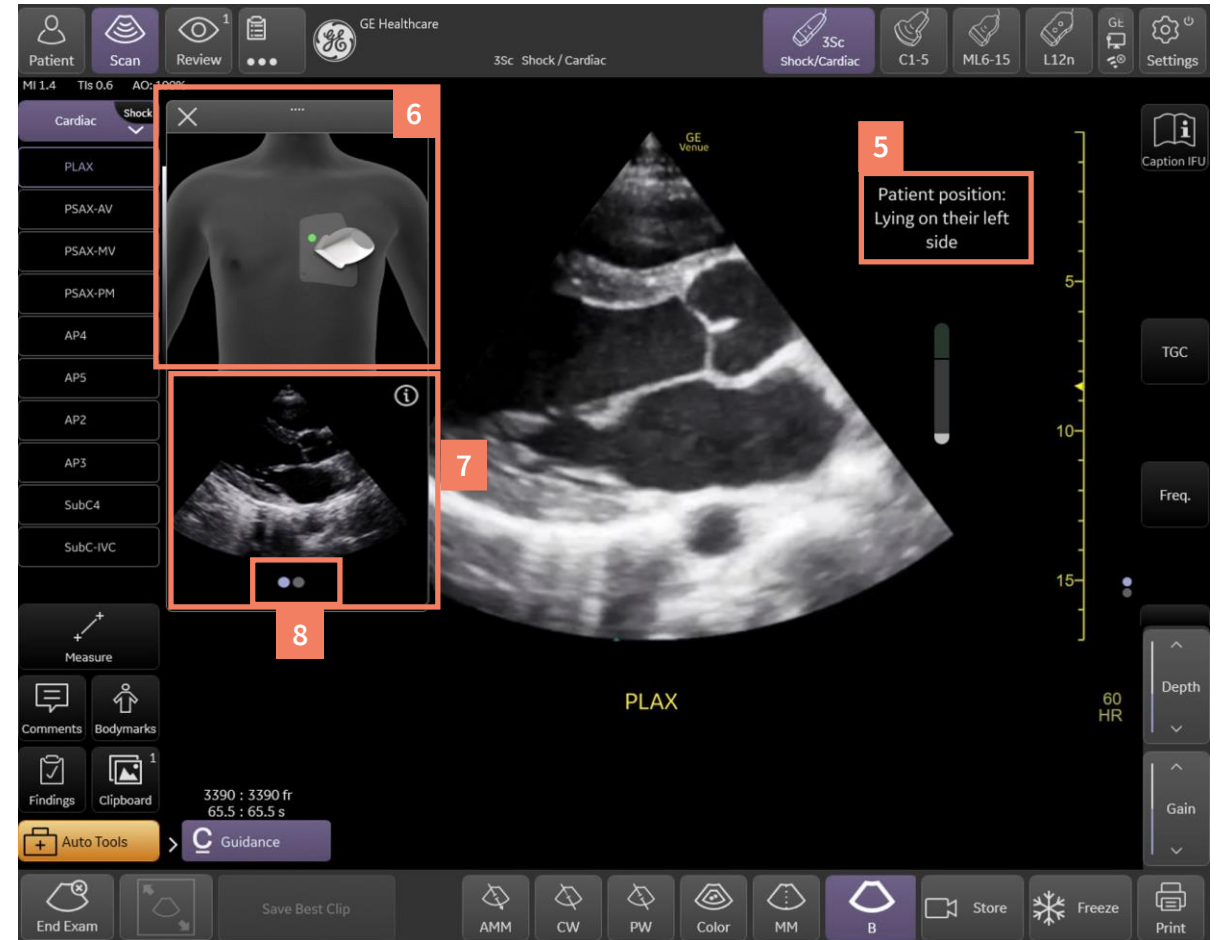


CAUTION: Consult User Manual on proper training for Caption Guidance prior to first use



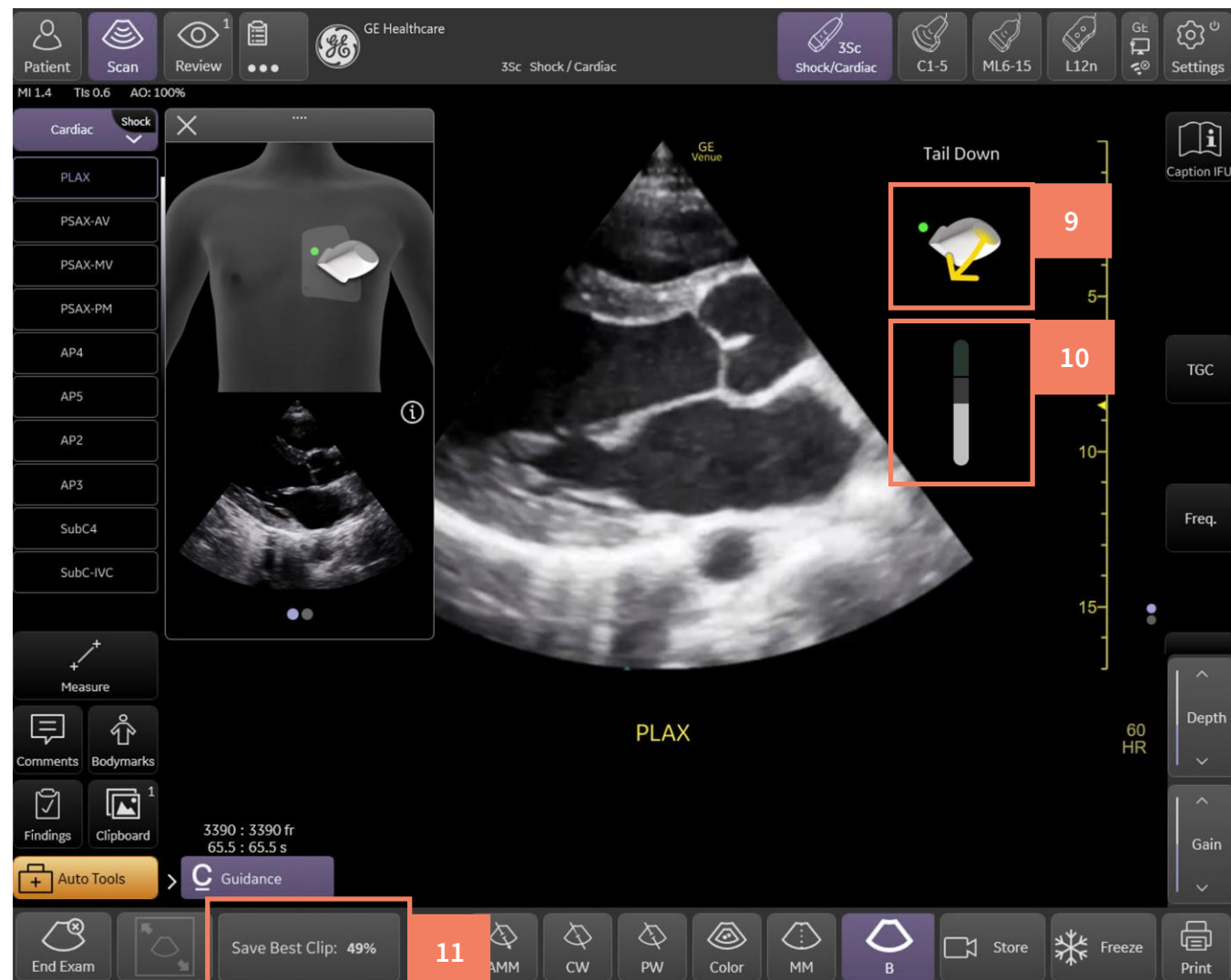
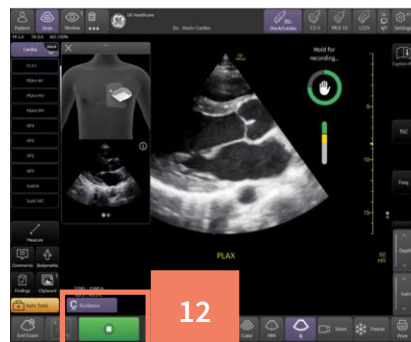
Caption Guidance

- Patient Positioning directions assists in acquiring a diagnostic quality view. (Fig. 5).
- Probe Positioning Diagram: Initial probe placement and indicator orientation to begin scanning each view. The green dot depicts the orientation of the probe's indicator. In this example, the indicator is towards the patient's left shoulder. (Fig. 6).
- Reference Image: The ideal image (without pathology) you are trying to acquire. (Fig. 7).
- For additional guidance to begin your exam, Swipe left on the reference image to watch a short video with more preliminary probe placement information (only available if scanning in the cardiology convention) (Fig. 8).



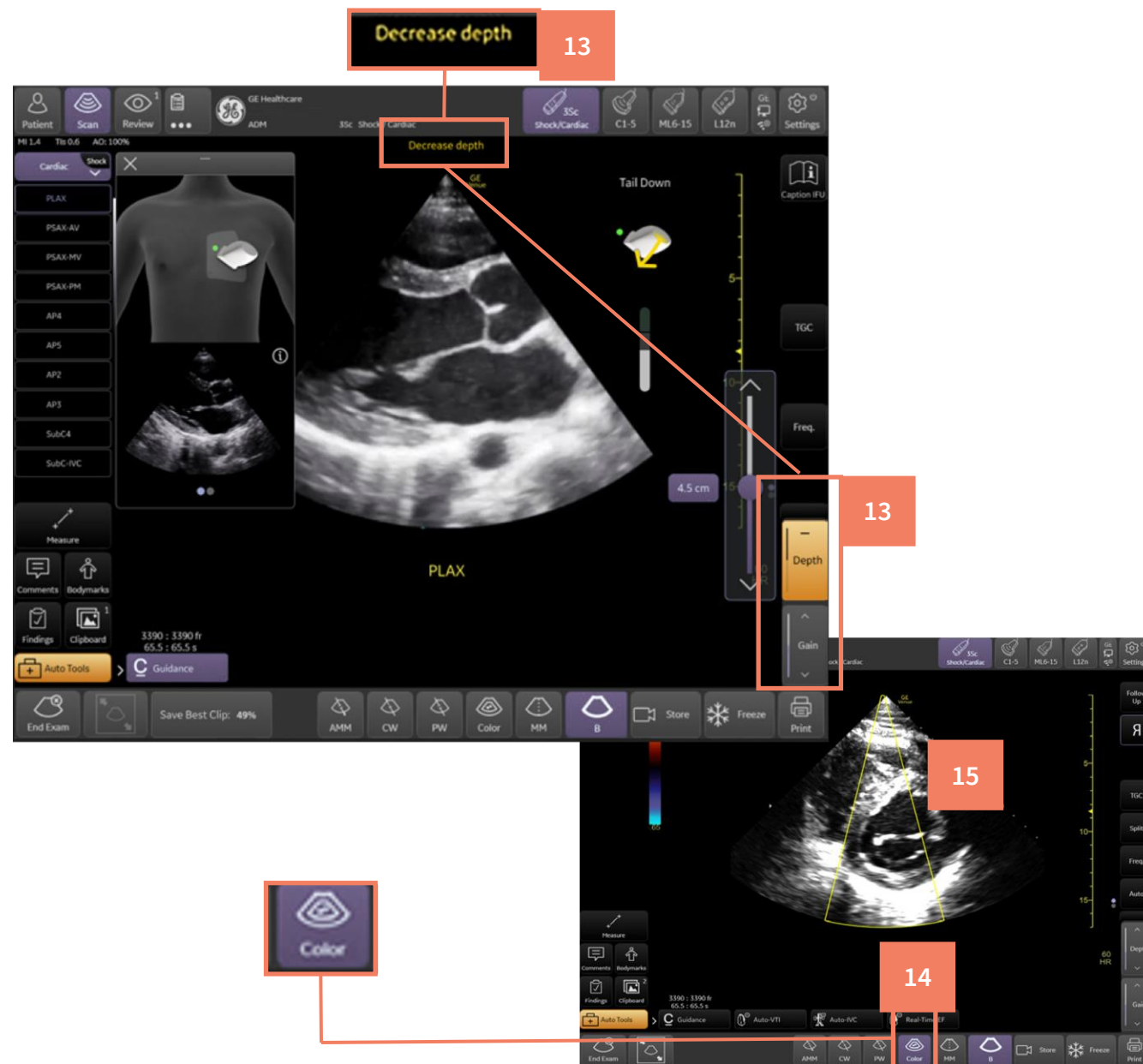
Caption Guidance

- Prescriptive Guidance: Real-time, turn-by-turn navigation that prompts probe movements to capture the ideal image. (Fig. 9)
- Quality Meter: Continual rapid feedback on whether you are getting closer to or further away from a diagnostic quality image. (Fig. 10).
- Save Best Clip: Dynamically updating quality score and feature that can be used to capture your best two second image if AutoCapture cannot be reached. (Fig.11)
- AutoCapture: Records diagnostic-quality images that are held above threshold level for at least 2 seconds. (Fig. 12).



Caption Guidance

- If depth needs to be adjusted during scanning, you will be prompted by yellow text at the top of the screen to either increase or decrease depth using the depth button and. (Fig.13).
- If you would like to add Color Doppler to the exam, tap Color (Fig. 14) and place the color box over the appropriate anatomy. (Fig. 15).

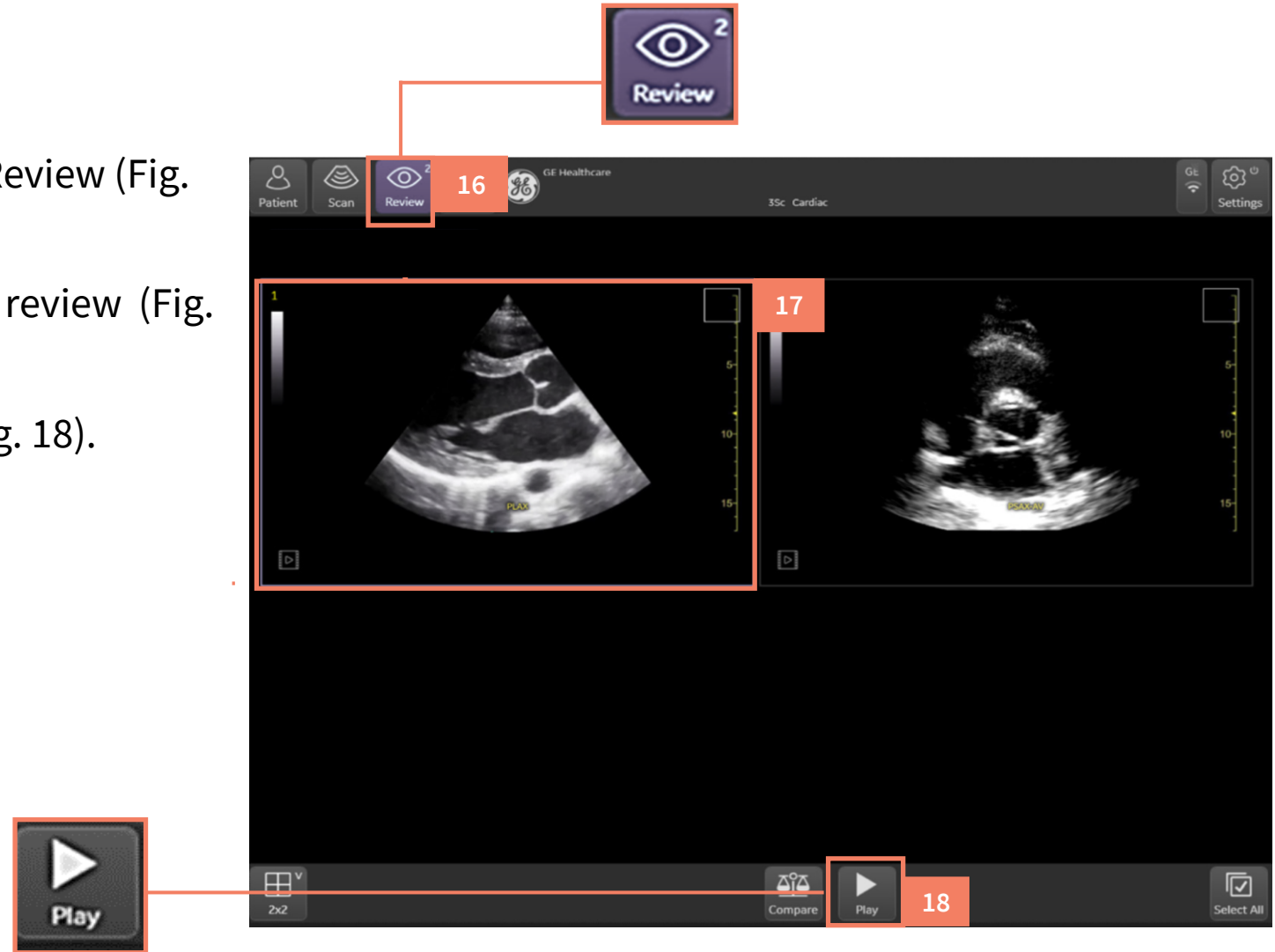


Note: Guidance is not available for color views.
This should only be used by those trained in cardiac sonography.

Caption Guidance

Completing the scan

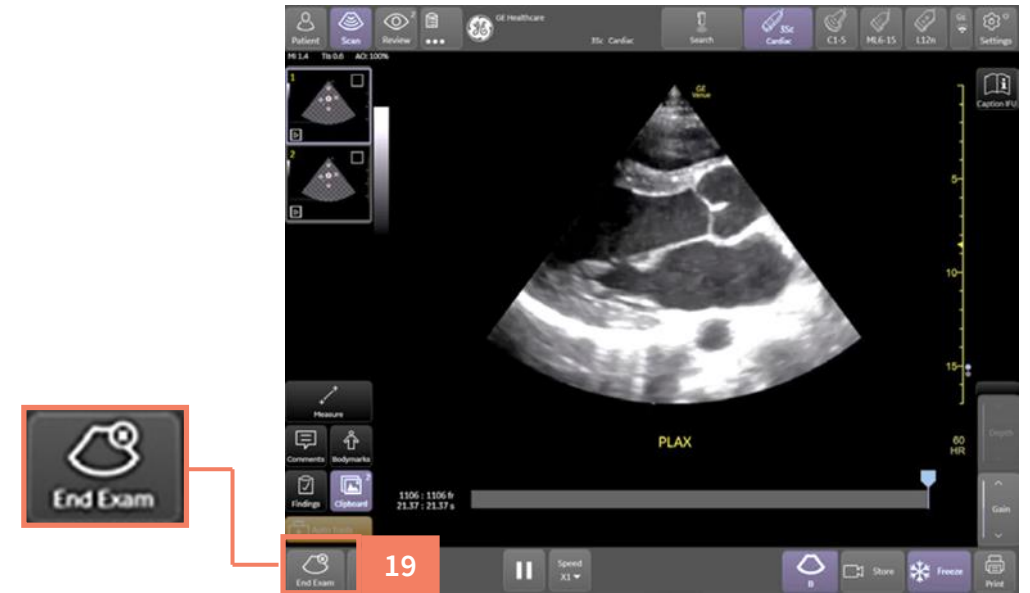
- To review the captured images, tap Review (Fig. 16).
- Tap the Thumbnail you would like to review (Fig. 17).
- Tap Play to watch the image loop (Fig. 18).



Caption Guidance

Completing the scan, cont.

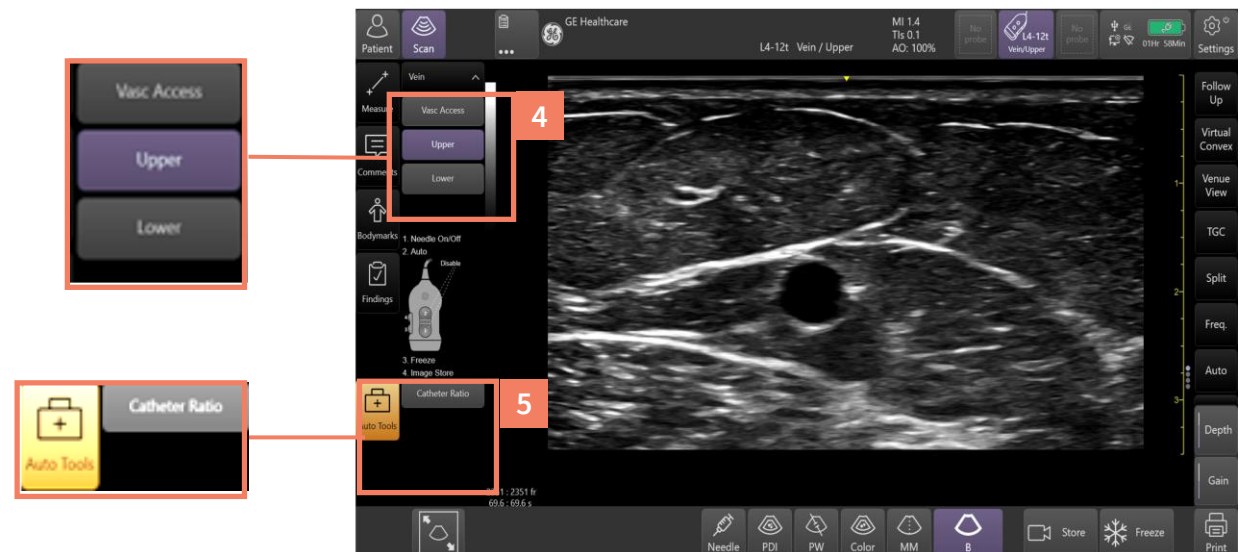
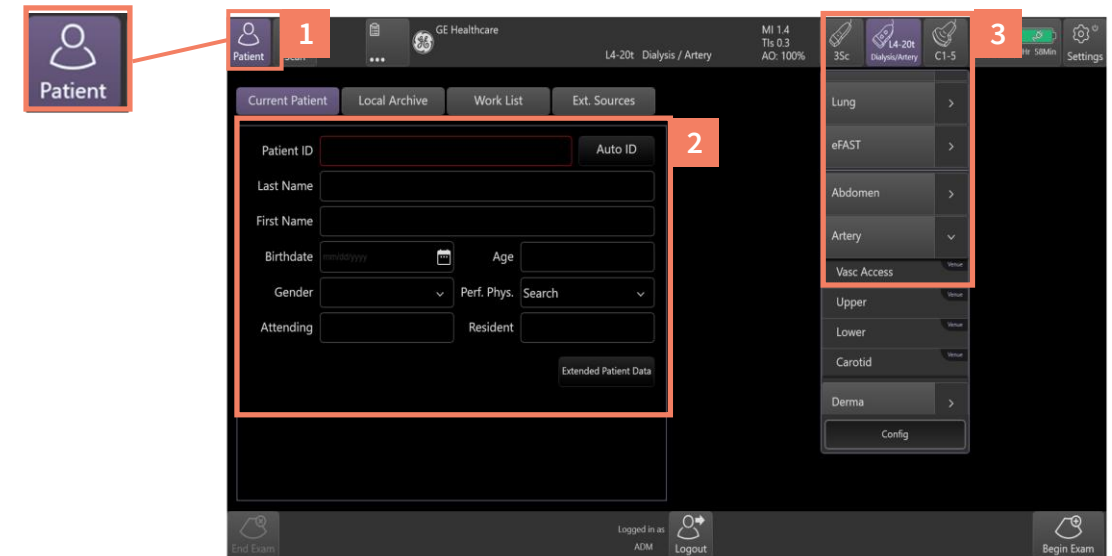
- After reviewing the images, tap End Exam if satisfied with the captured images (Fig. 19).
- *A pop-up menu will appear asking if you would like to end the exam, tap “Yes, end exam”. If not, tap “No” to go back to the review page.*



Catheter-to-vessel ratio

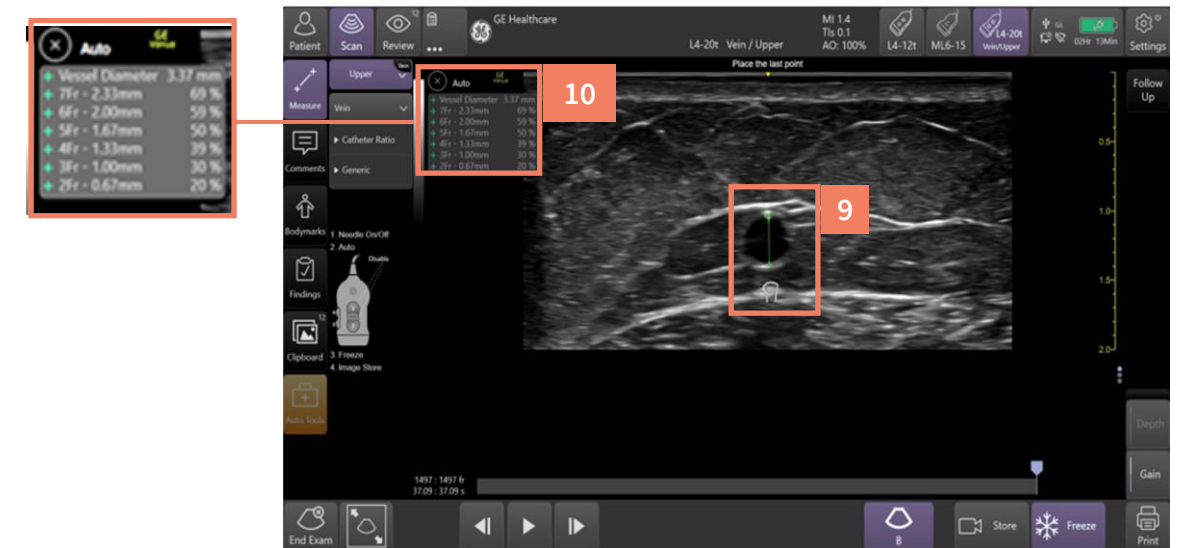
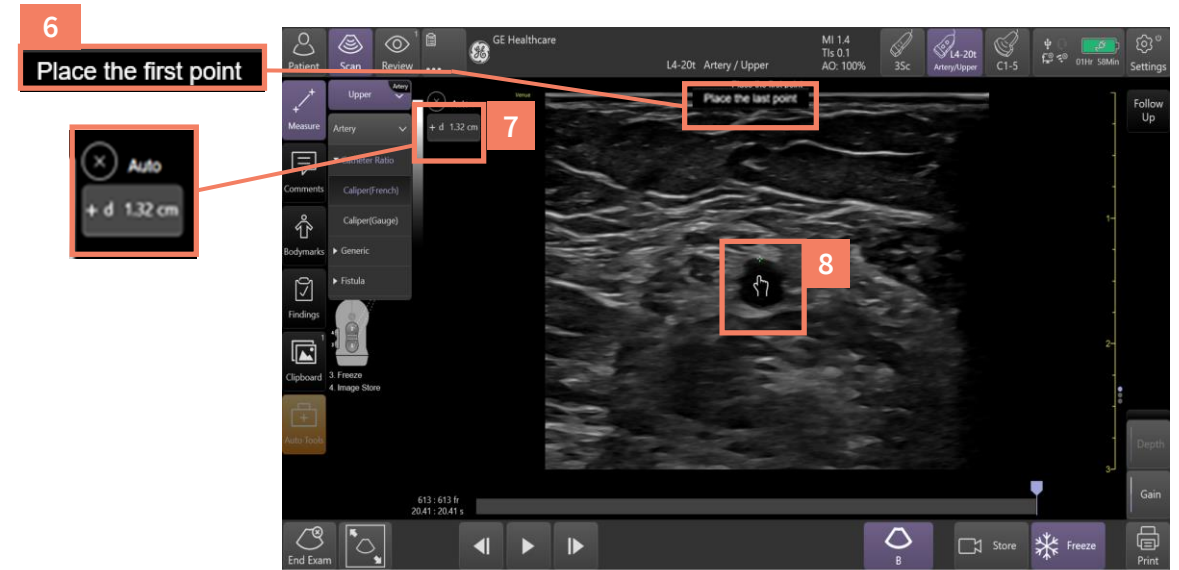
Catheter-to-Vessel Ratio

- From the Patient Page (Fig. 1). Enter Patient Data (Fig. 2).
- Select the desired Probe > Artery or Vein Exam Category and Vascular Access (Fig. 3).
- From the left side of the screen select Upper or Lower (Fig. 4).
- From within Auto Tools tap Catheter Ratio (Fig. 5).



Catheter-to-Vessel Ratio

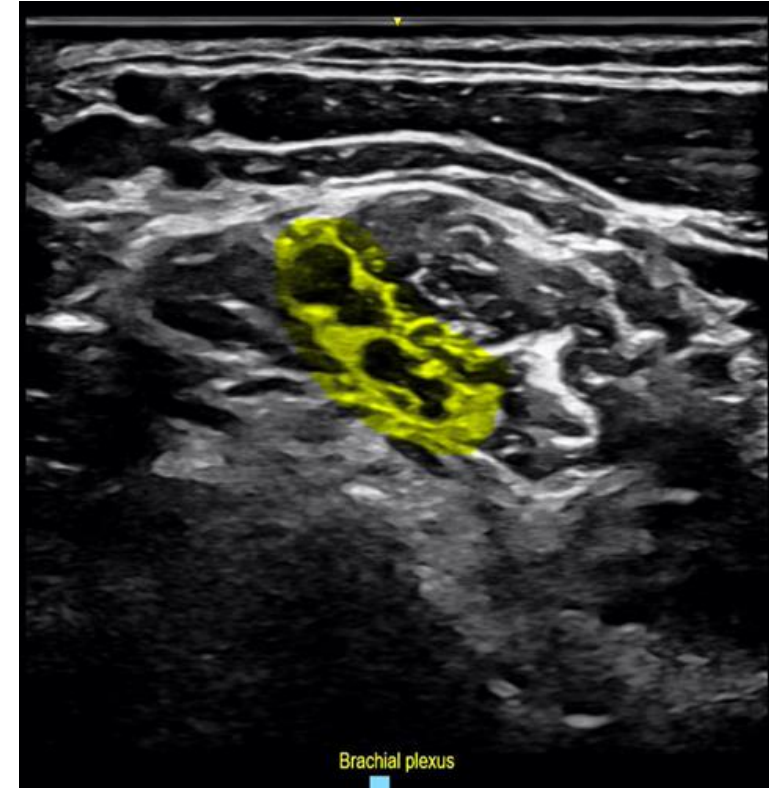
- “Place the first point” message will appear on the screen (Fig. 6).
- Moving the measurement caliper on the scan screen shows the depth of the pointer at each point in the Measurement Box (Fig. 7).
- When the caliper is placed appropriately, tap the screen to set it in place. (Fig. 8).
- Slide the open hand icon to move the second caliper, then tap the screen to set it (Fig. 9).
- The measurement box will show the calculated diameter and corresponding ratio per catheter size (Fig. 10).



cNerve

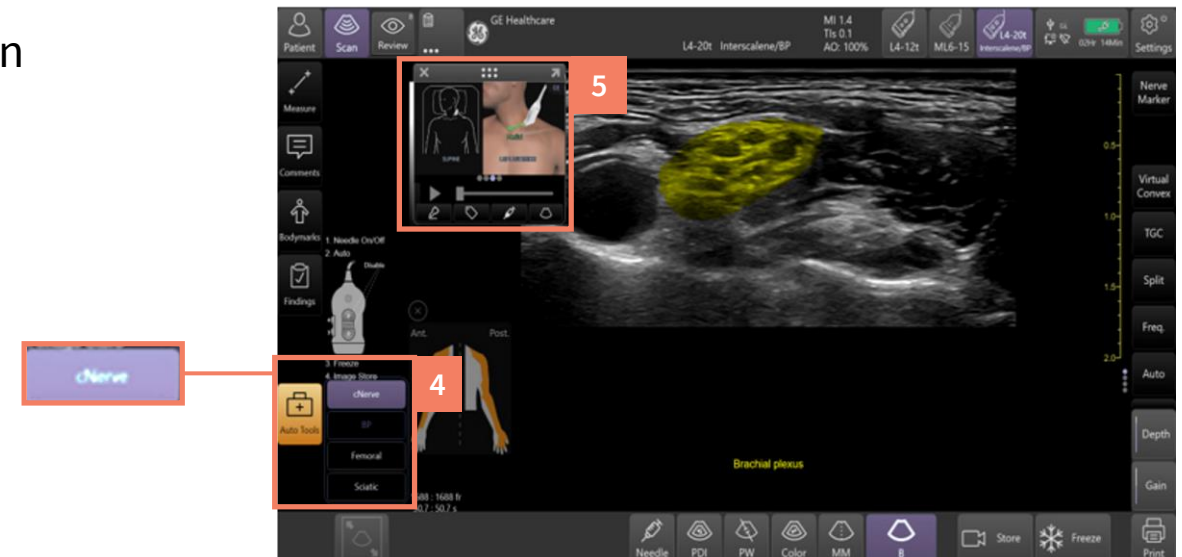
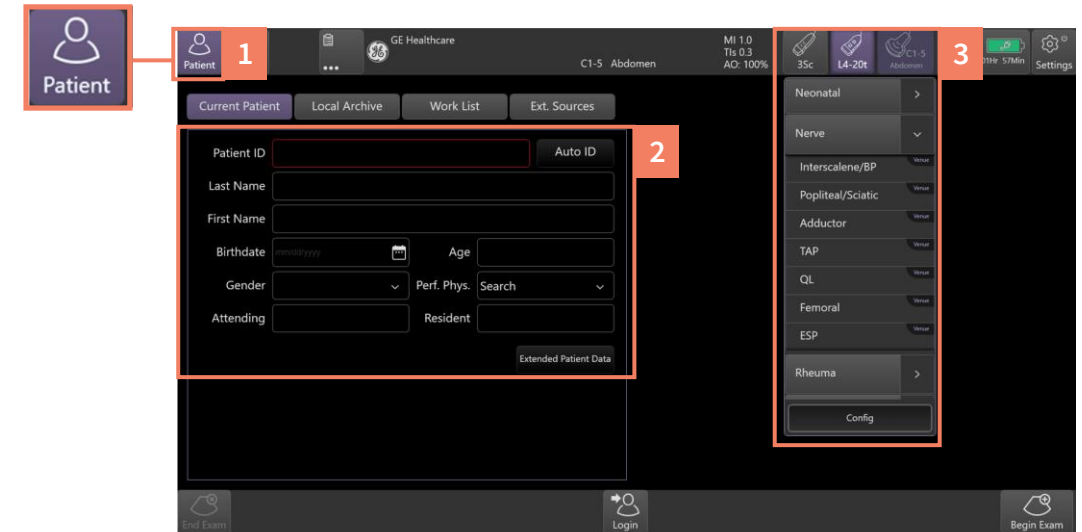
cNerve

- The cNerve tool is a machine learning enabled tool intended to facilitate the detection and tracking of nerves during the scouting stage of a nerve block procedure.
- The scouting stage of a nerve block procedure, is the process of scanning the anatomy to orient and find the desired approach, prior to inserting the needle to inject the anesthetic material.
- cNerve highlights the nerve block site with a yellow-colored overlay on and around the nerve in the supported nerve block locations, differentiating it from the surrounding anatomy.



cNerve

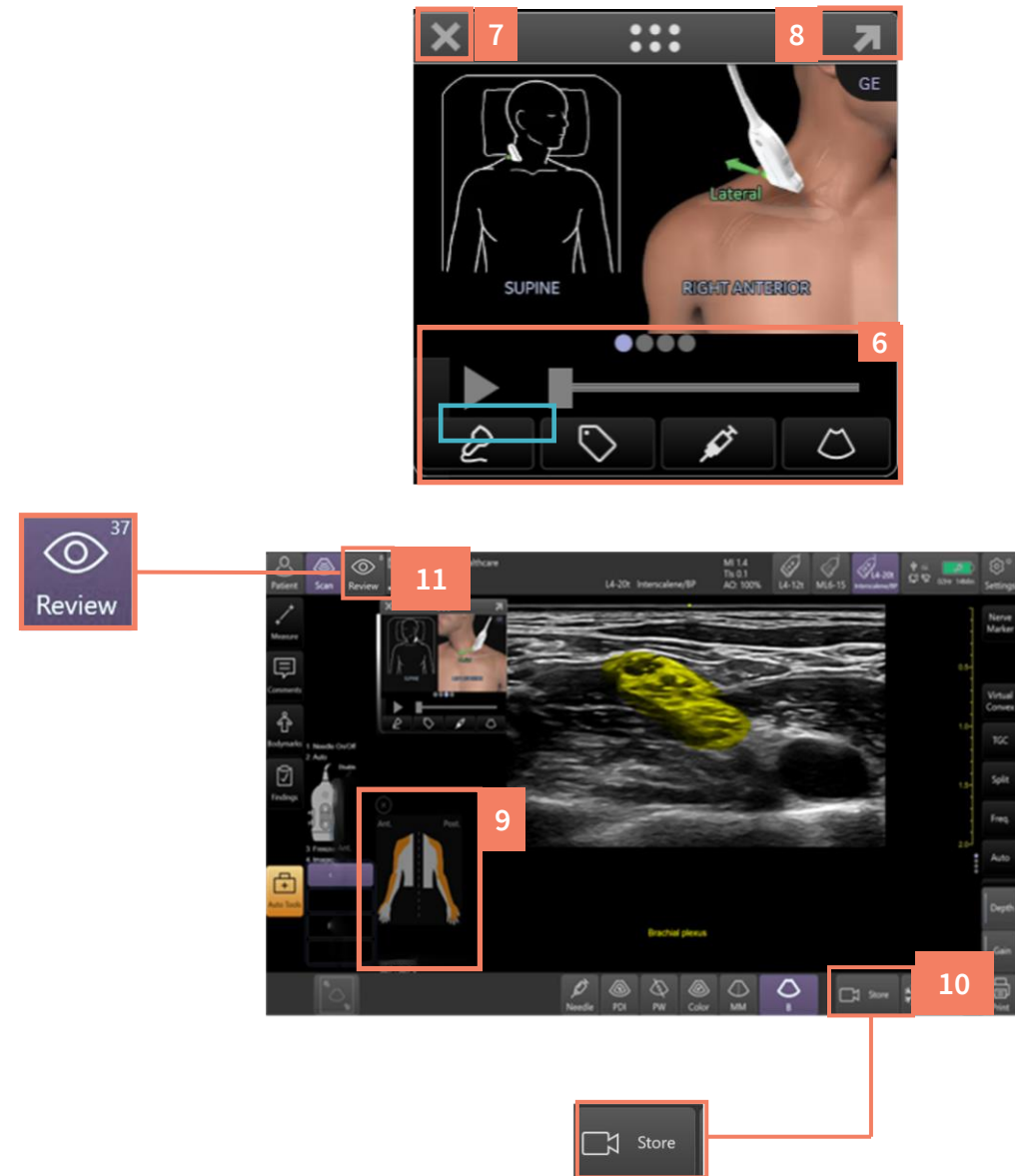
- From the Patient page (Fig. 1), Enter Patient Data (Fig. 2).
- Select the desired Probe > Nerve Category and Preset (Fig. 3).
- From within Auto Tools tap cNerve on the bottom left corner of the screen. The cNerve zone will be chosen automatically after selecting a probe and preset (Fig. 4).
- A window appears on the top left of the screen with an anatomical reference image of the nerve, including probe positioning, 2D reference image, anatomical markings, and a representative video of the nerve being scanned (Fig. 5).



cNerve

- Use the icons to Play, Pause, or Skip through the video (Fig. 6).
- Minimize the reference image by tapping the X at the upper left corner (Fig. 7).
- The Arrow in the upper right corner enlarges the reference image (Fig 8).
- A distribution map depicting the area of anesthesia per each nerve block is shown on the bottom left of the screen. This diagram can be minimized by tapping the X or maximized by tapping the Distribution button (Fig. 9).
- Tap store to store clips (Fig. 10).
- To view stored clips or images, tap Review (Fig. 11).

Note: The reference image window is not stored with the image or video clip.



eFAST

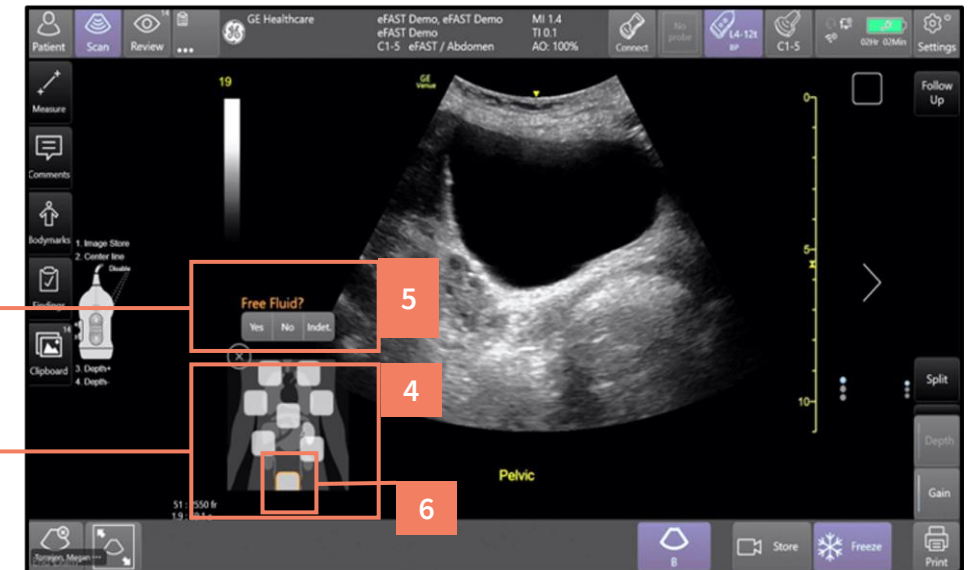
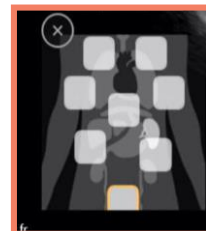
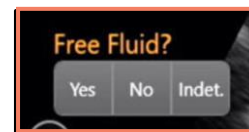
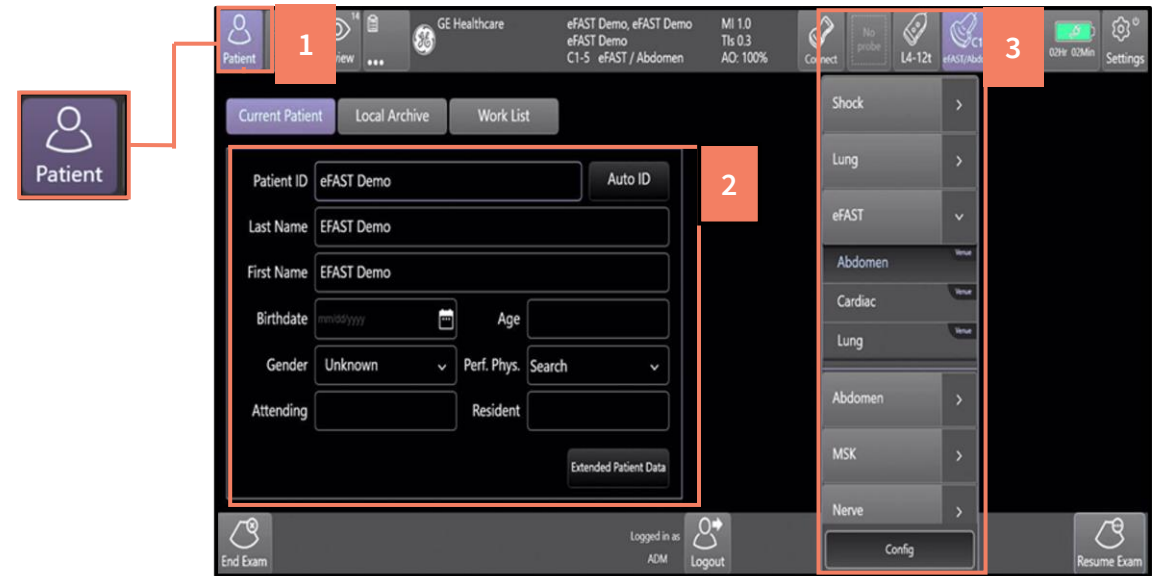
eFAST

- The eFAST exam is performed to identify the presence of free fluid.
- When using the eFAST navigation tool, it is possible to:
 - scan anatomical zones either sequentially or at any desired order
 - store images to a specific body zone, by tapping the relevant organ
 - label each zone with the relevant finding, given while scanning
 - view a summary on the review screen at any time showing the stored images in the zone location where they were acquired.



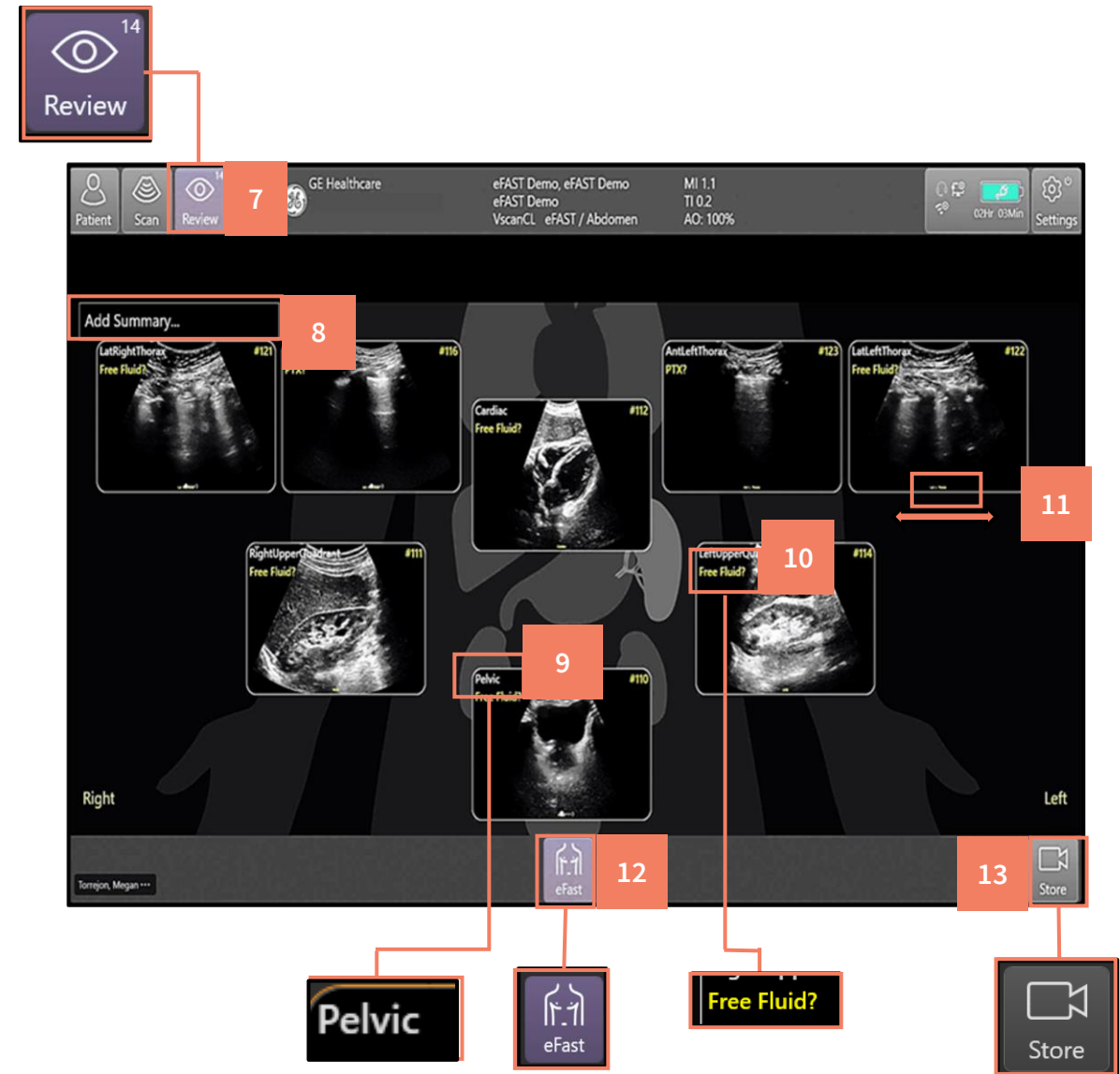
eFAST

- From the Patient Page (Fig. 1) enter patient data (Fig. 2).
- Select the desired Probe > eFAST/Abdomen Exam Category and Preset (Abdomen) (Fig. 3).
- Scan the appropriate zones by using the visual Anatomical Diagram in the lower left-hand area of the screen (Fig. 4).
- LABEL each zone with Relevant Findings (Fig. 5) discovered while scanning.
- Tap to move between zones. The current body zone that is being scanned is highlighted in orange (Fig. 6).



eFAST

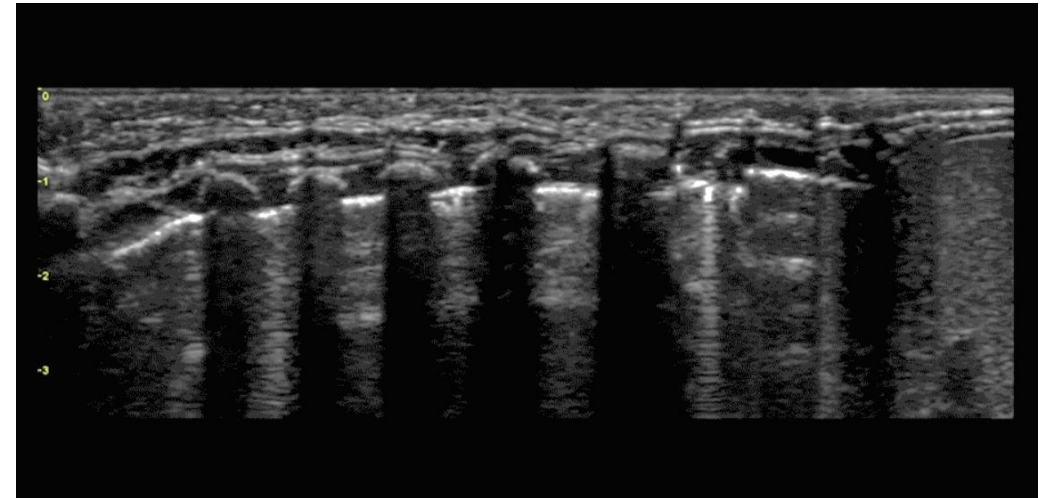
- To review all images acquired tap Review (Fig. 7).
- Tap Summary to add comments (Fig. 8).
- The name of each Body Zone appears as a fixed label (Fig. 9).
- Tap the Finding to add/edit findings (Fig. 10).
- If more than one image is stored in each body zone, swipe to the left/right to view other images (Fig. 11).
- Tap the eFast icon (Fig. 12) to view individual images. Double tap any image to view the image in large format on the scanning screen. Tap Review to view the diagram again (Fig. 7).
- Tap Store at the bottom of the screen to capture the entire display (Fig. 13).



Lung Sweep

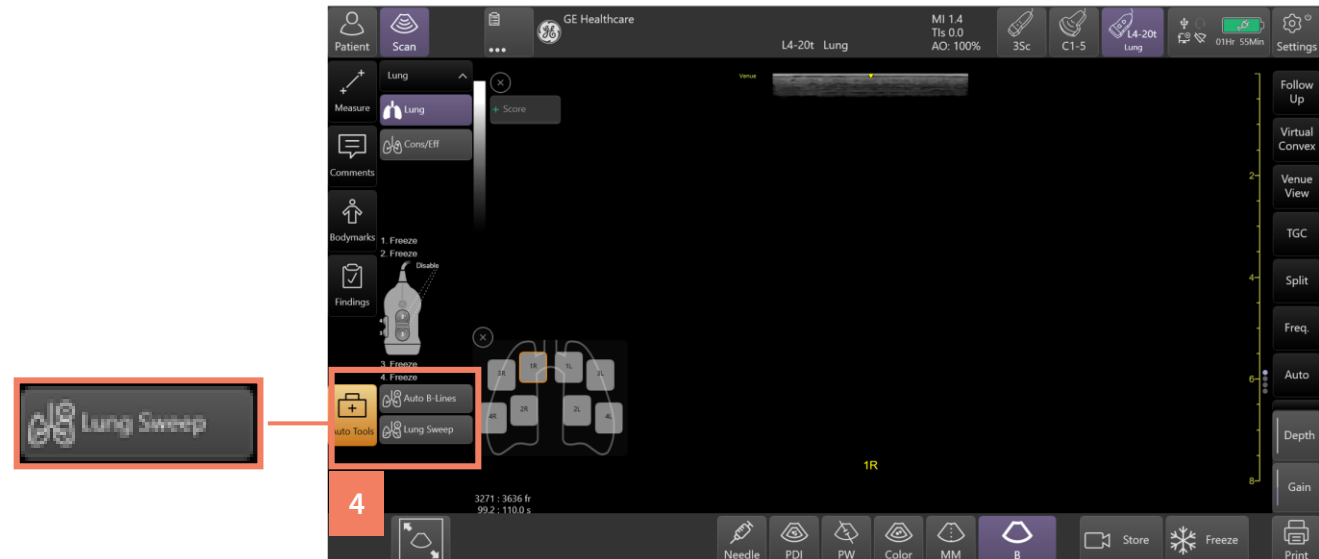
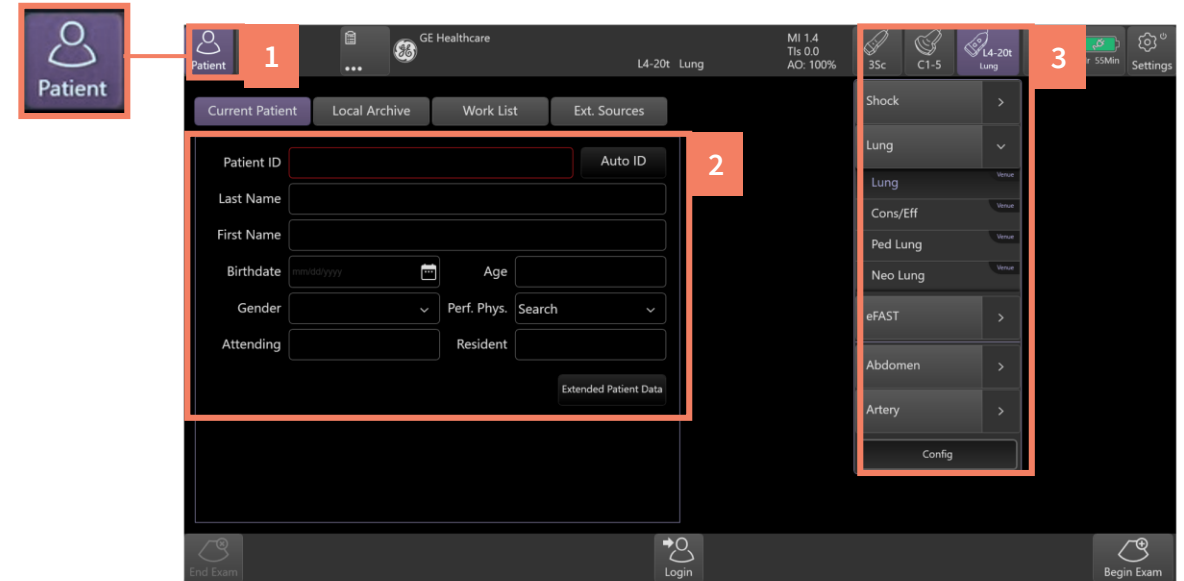
Lung Sweep

- The Lung-Sweep tool allows the user to generate dynamic panoramic views of the entire lung and generates an extended snapshot of the lung images through the rib spaces.
- The panoramic view is done in real-time, and each lung segment (Anterior, Axillary, Posterior) may be displayed separately on the screen.
- The user can select which side of the lung to scan and view and switch between the sides by tapping a Lung control symbol.
- Using this tool, the user obtains comprehensive insight into the lung parenchymal changes through multiple planes.
- In addition, the Lung-Sweep tool may be combined with the Auto B-Lines tool allowing the user to obtain insight into the quantity of B-Lines appearing at each rib-space separately, along the panoramic view of the lung segment.



Lung Sweep

- From the Patient Page (Fig. 1) enter patient data (Fig. 2).
- Select the desired Probe > Exam Category > and Preset (Fig. 3).
- From within auto tools tap Lung Sweep (Fig. 4).



Lung Sweep

- Place the probe in the desired position on the patient. Tap Start (Fig. 1) and follow the prompts that appear on the screen (Fig. 2).
- Perform a sagittal sweep and scan in a linear motion with the probe sweeping where the lung is visualized.
- The Skin Contact Quality Indicator Bar assists with probe to skin contact. If not green, a message appears: Improve Probe Contact (Fig. 2). Reposition the probe and adjust probe contact.
- When the sweep is completed tap Stop (Fig 3). the tool provides a panoramic view and documentation of the lung segments and pathologies such as B-lines, consolidation, or pleural effusions.

Note:

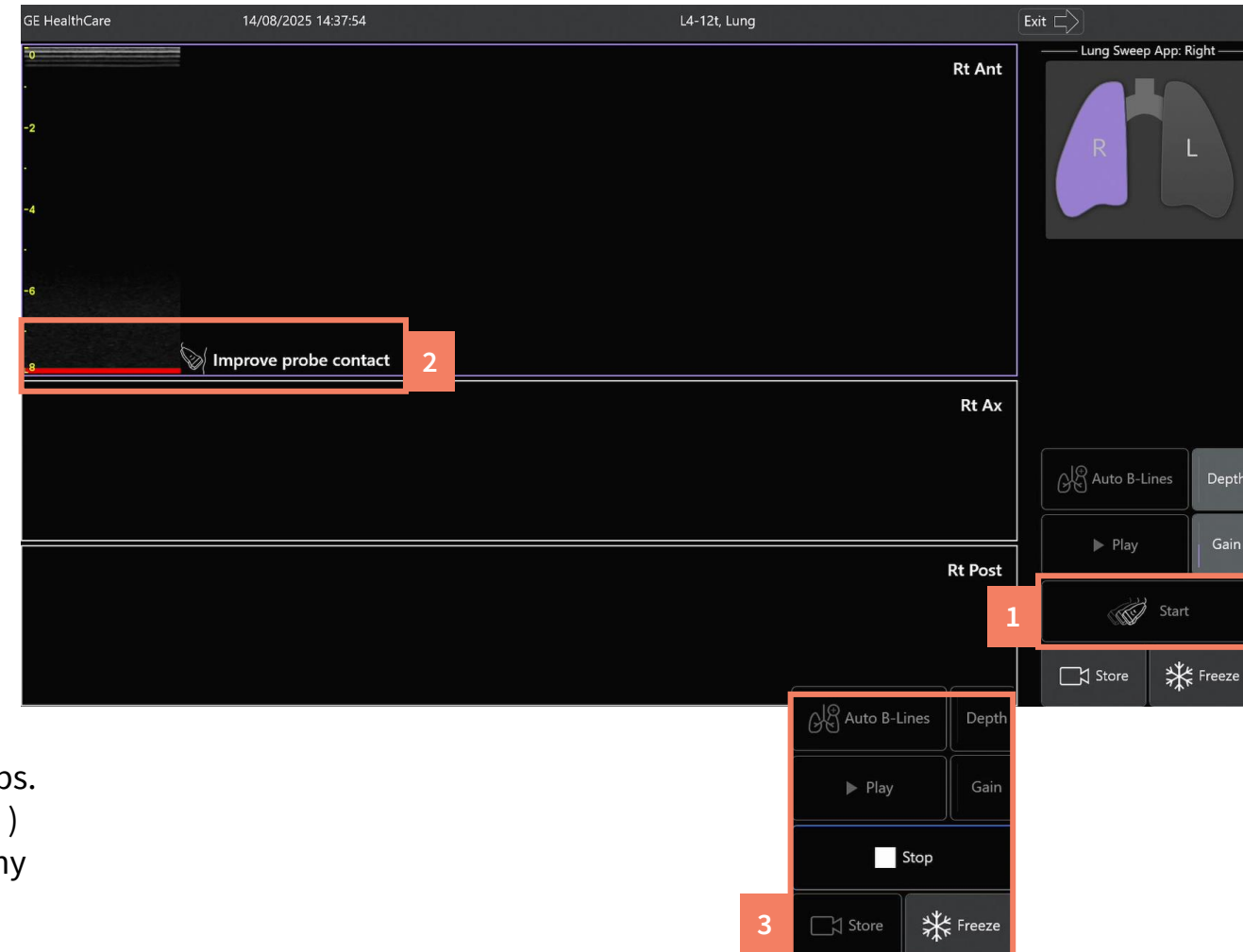
- The lung sweep should be slow enough to achieve high quality sweeps. In case the user scans too fast, a message appears: Slow down (Fig. 2)
- If the user performs a transverse sweep, the tool does not perform any special reconstruction.

Note: Quality Indicators can help select the best view, achieve consistency in results and reduce the time it takes to reach a result.

Green Quality Indicator Bar – indicates proper contact

Yellow Quality Indicator Bar – indicates sub optimal contact

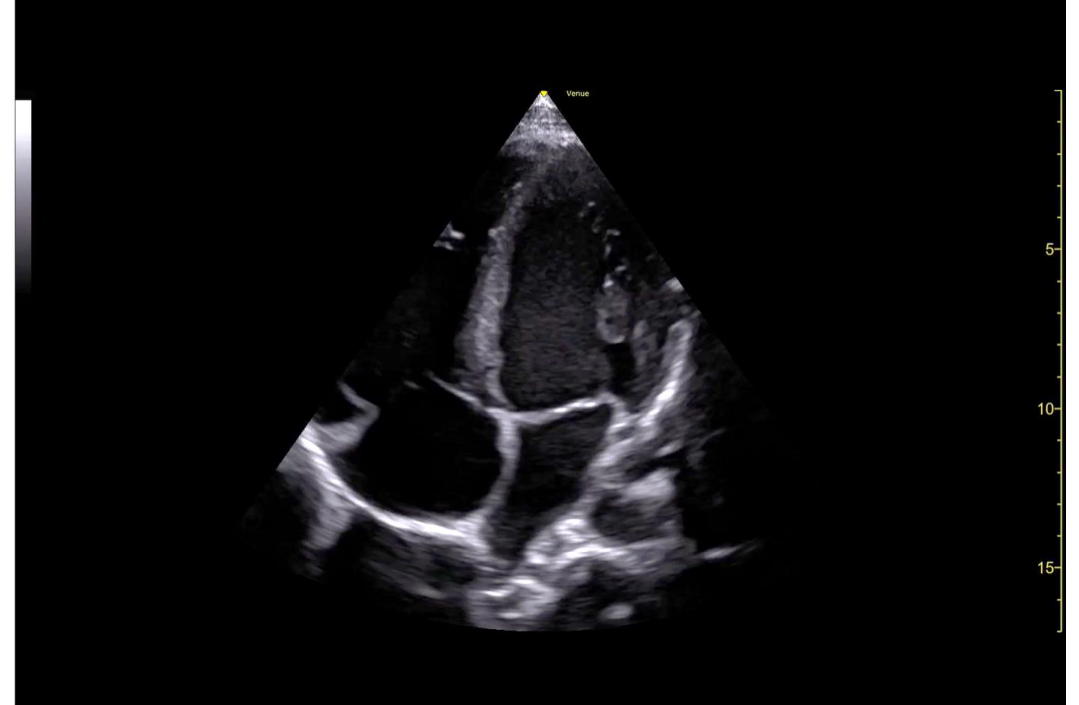
Red Quality Indicator Bar – poor contact



Real Time EF

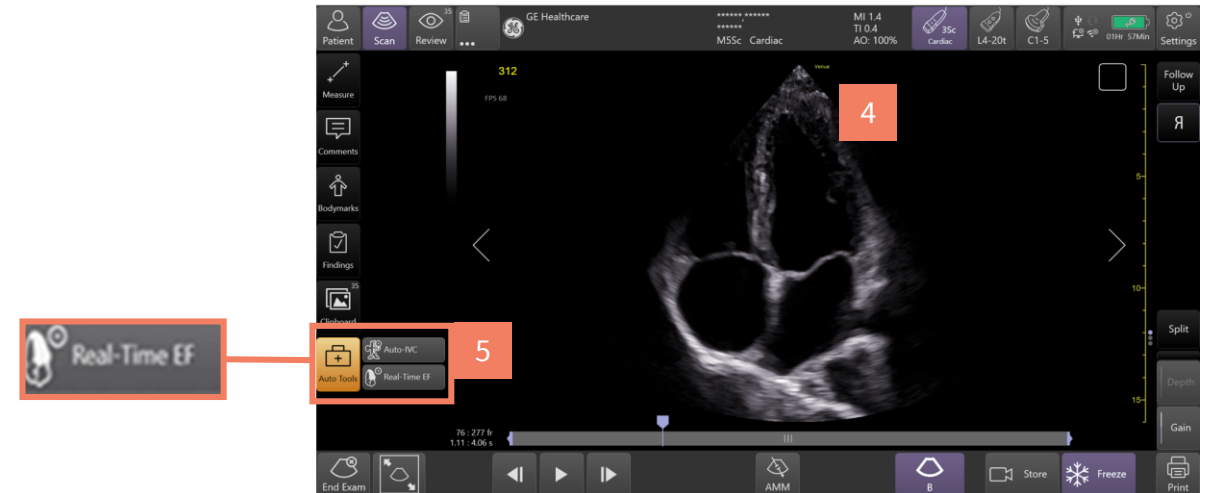
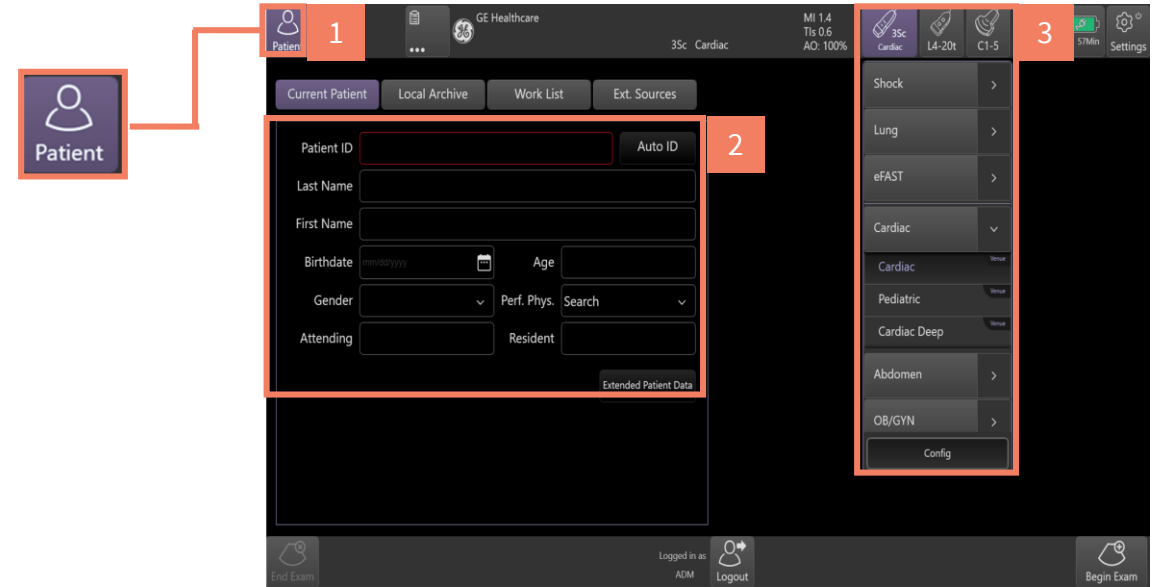
Real Time EF

- Ejection Fraction is a calculation that determines the percentage of blood being pumped out of the heart.
- Real Time EF is an AI powered tool that continuously calculates Ejection Fraction.
- The Real-Time EF tool can be operated while in live scanning or while reviewing a stored loop of an adult or pediatric heart (excluding Neonates) in apical 4-chamber view. The tool can work with or without ECGs.
- It is a fast way for physicians to evaluate cardiovascular status.



Real Time EF

- From the Patient Page (Fig. 1) enter patient data (Fig. 2).
- Select the desired Probe > Exam Category > and Cardiac Preset (Fig. 3).
- Using B-Mode, obtain an apical 2 or 4 chamber view of the heart. (Fig. 4).
- From within Auto Tools tap Real Time EF (Fig. 5).



Real Time EF

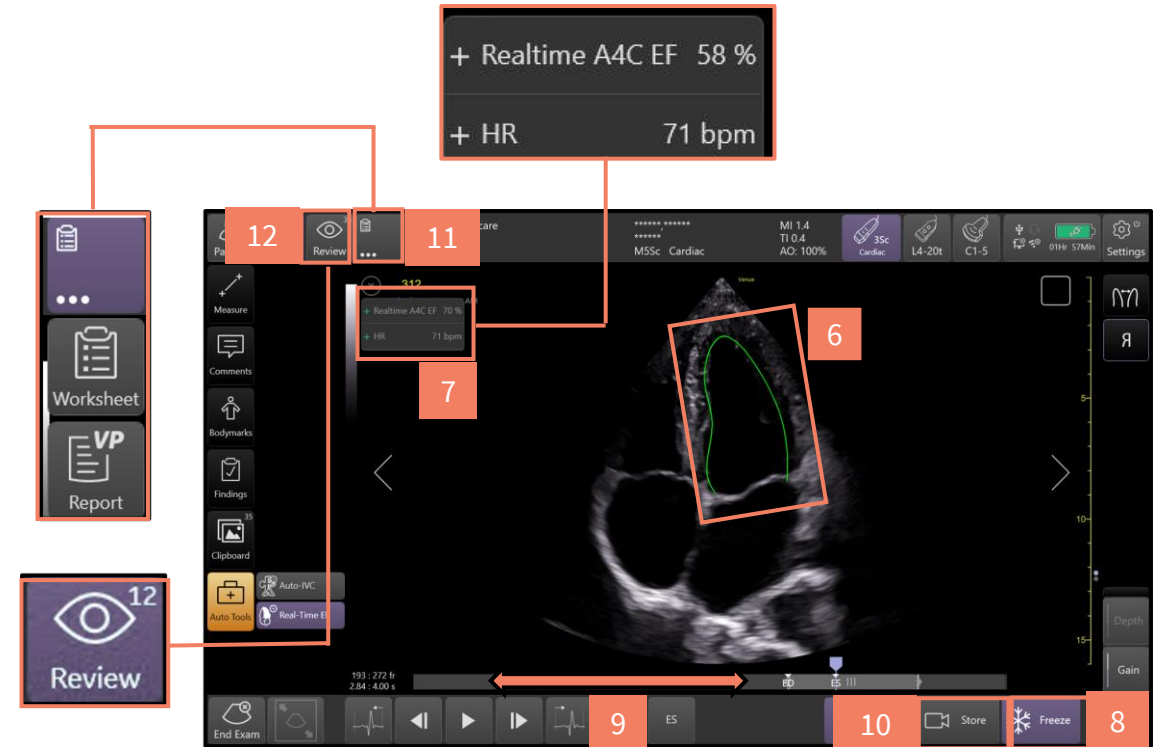
- A Quality Indicator will appear in the left ventricle. If quality indicator is not green, try to reimage(Fig. 6).
- EF and HR calculations will automatically be displayed in the measurement window (Fig. 7).
- Tap Freeze (Fig. 8).
- To choose another cycle, select the Indicator and slide to the desired cardiac cycle (Fig. 9).
- Press Store (Fig. 10).
- All measurements will be available on the worksheet. To review, tap the Worksheet Icon (Fig. 11).
- To view stored images, tap Review (Fig. 12).

Note: The quality indicator helps the user know when they have an adequate view to generate results

Green Quality Indicator – acceptable image quality.

Yellow Quality Indicator – average image quality

Red Quality Indicator – unacceptable image quality



Nerveblox™

Nerveblox

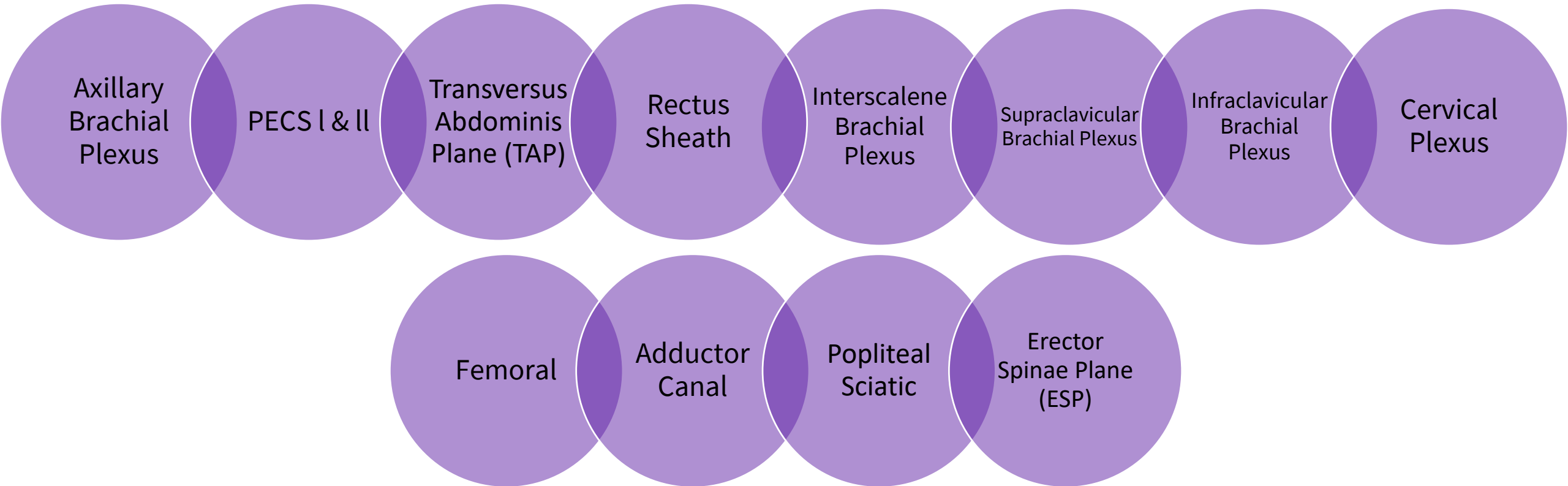
Nerveblox is a clinical tool designed to support nerve detection and guidance during the scouting phase of a nerve block procedure. It assists qualified healthcare professionals in identifying and highlighting anatomical structures within ultrasound images, thereby enhancing the accuracy of ultrasound-guided regional anesthesia.

- ✓ For use prior to needle insertion for anesthetic administration and is not intended for use in combination with needles or during needle insertion
- ✓ Exclusively for adult patients, 18 years of age or older. Not supported for Pediatrics.

Compatible with the following probes:

- L4-12t-RS
- L4-20t-RS
- 12L-RS
- 9L-RS
- ML6-15-RS
- Vscan Air SL
- Vscan Air CL

Nerveblox is available for the following nerve scouting procedures:

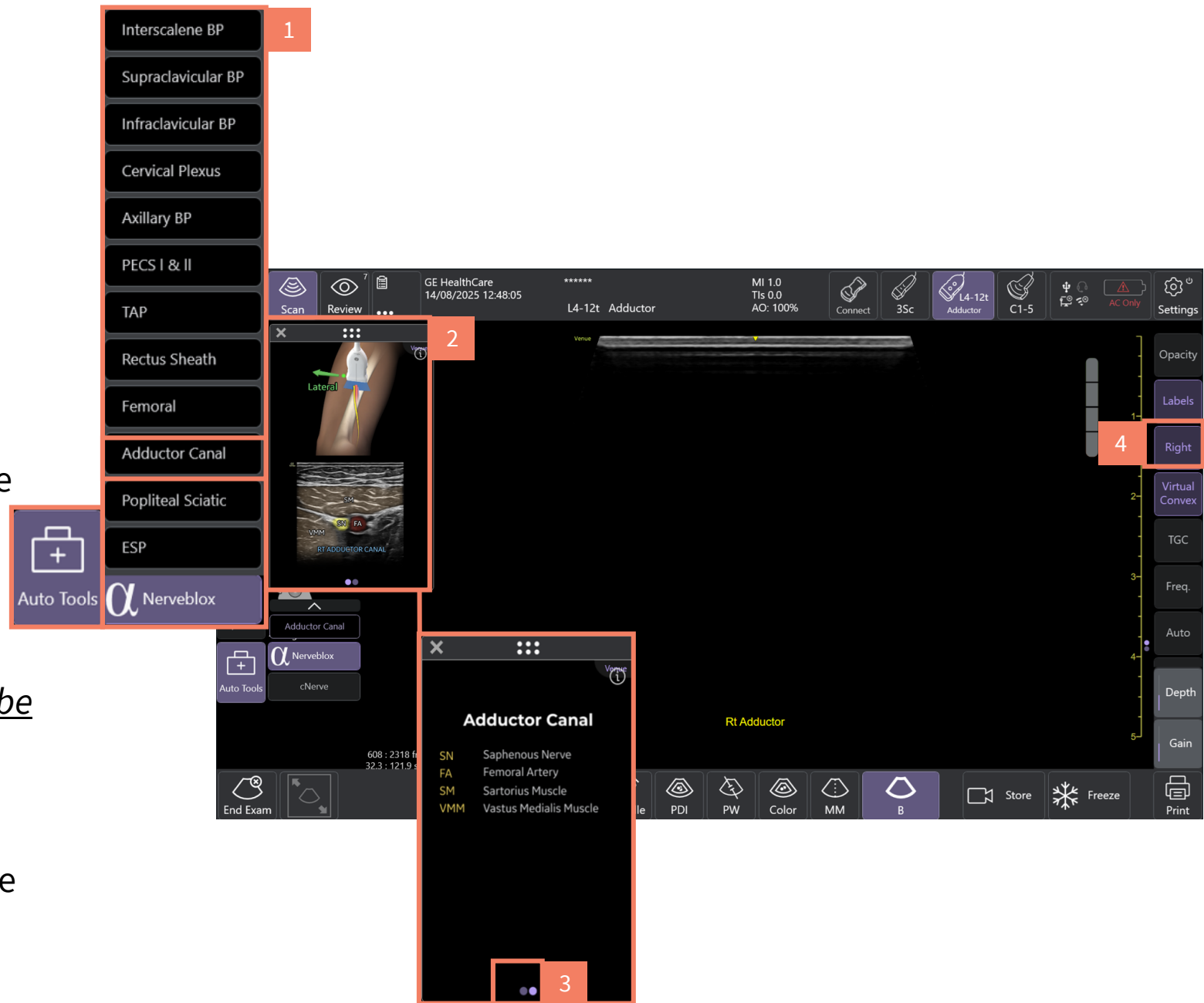


Nerveblox

From within Auto Tools tap Nerveblox and select the nerve being scanned (Fig. 1).

A window appears on the top left corner of the screen with a reference image. It provides reference probe orientation and anatomical view images as additional schematic guidance (Fig. 2). Swipe right on the reference image to view a list of labels and abbreviations (Fig. 3).

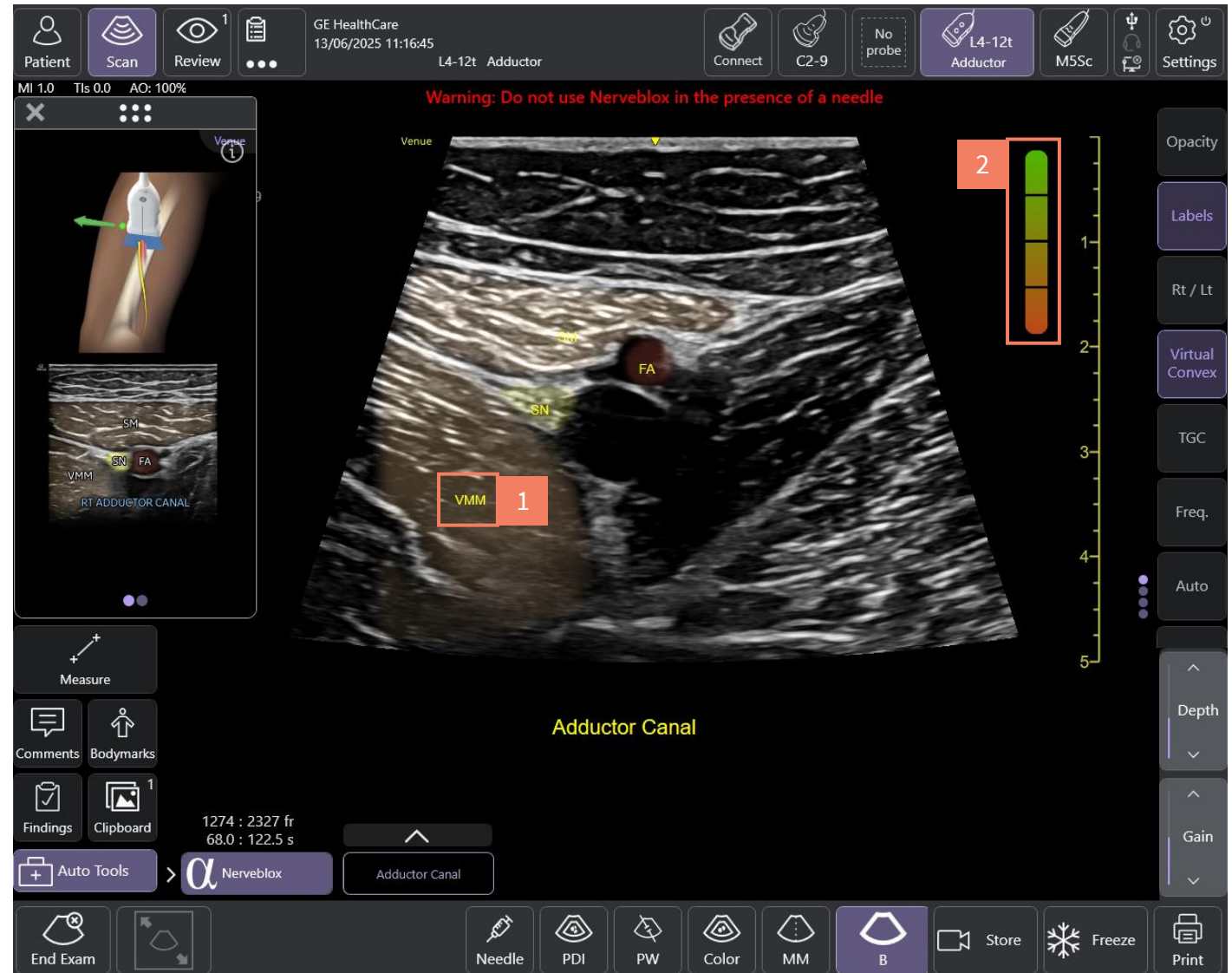
CAUTION: To ensure correct outputs from Nerveblox, you must align the ultrasound probe orientation exactly as shown in the schematic guide (Fig. 2). Any deviation can result in incorrect outputs. You can adjust the probe orientation by tapping the 'Rt/Lt' button in the scan controls area (Fig. 4).



Nerveblox

Scan the anatomy of interest. Nerveblox highlights the nerve and surrounding anatomy.

- Colors overlay the anatomy, and labels appear for anatomical structures (Fig. 1).
- A Quality Meter is displayed providing real-time feedback (Fig. 2). It highlights clinically relevant anatomical structures in real time with color and name labels.
 - The quality meter will read green when in the correct nerve block plane. As the user moves away from the correct plane the quality meter will change from green to yellow to red or turn completely GRAY.



Nerveblox

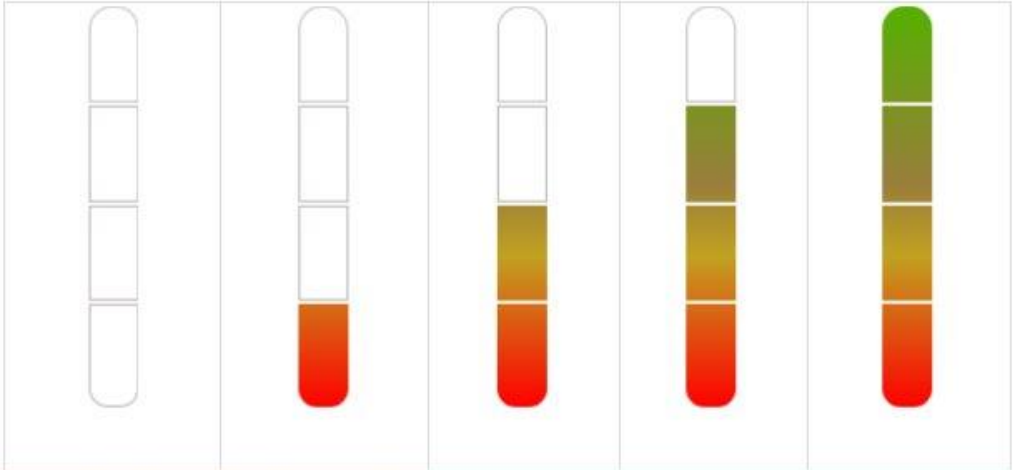
QUALITY METER

The quality meter provides visual feedback by assigning a quality score to the ultrasound image based on anatomical structure visibility by coloring a bar at varying levels.

The below criteria collectively influence the overall quality score, ensuring a standardized assessment of image quality:

- The relevance of the acquired image to the selected block region.
- The extent to which all supported anatomical structures are visible in the image.
- The relevance of the acquired image to the selected probe orientation.

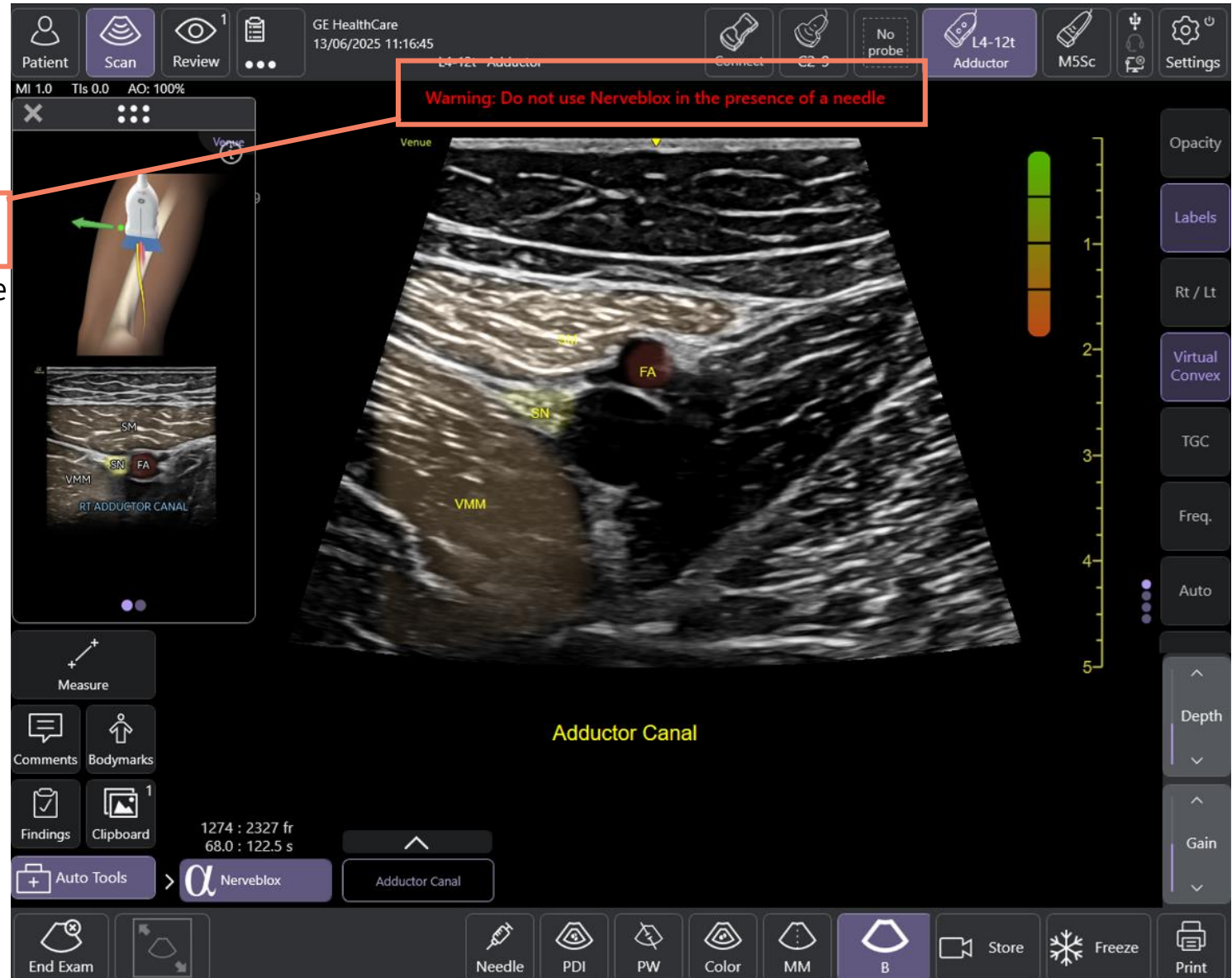
Quality Score Descriptions

				
Color overlays are not provided		Color overlays are provided		
Quality Score 0: Image does not correspond to the selected block region	Quality Score 1: Image corresponds to the selected block region but has insufficient diagnostic visibility	Quality Score 2: Minimal anatomical structures are visible	Quality Score 3: Majority of the anatomical structures are visible	Quality Score 4: All anatomical structures are visible

Nerveblox

CAUTION:

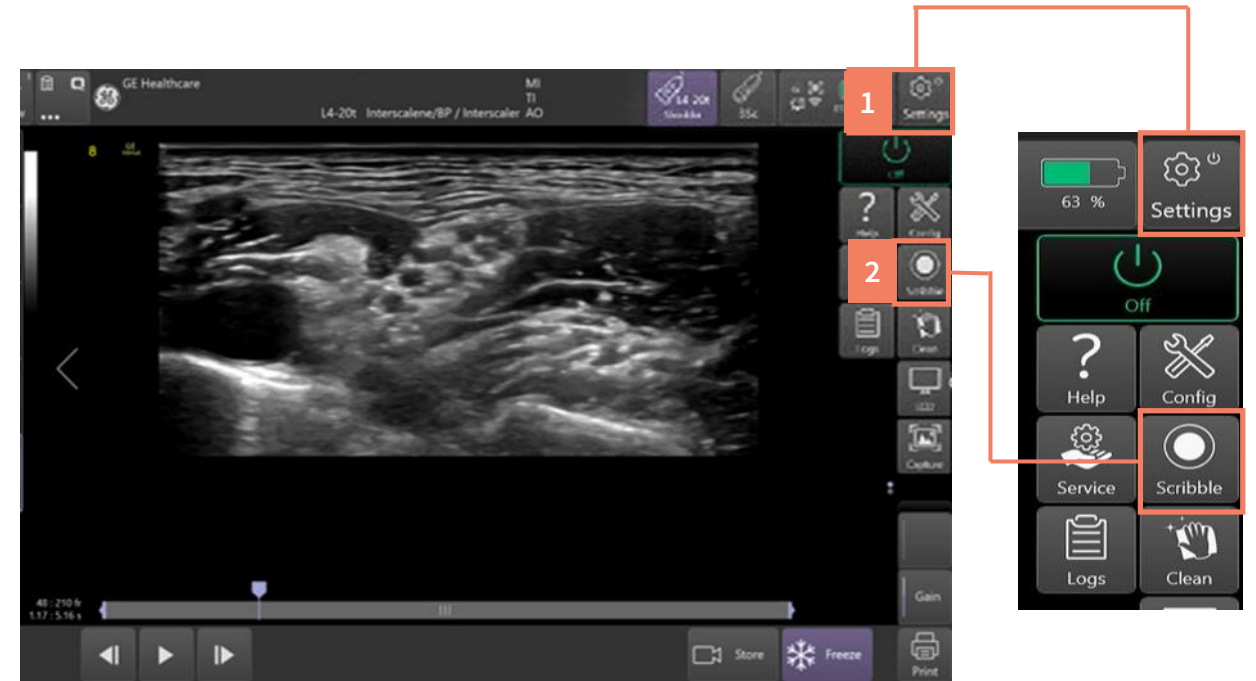
- DO NOT use Nerveblox in the presence of a needle.
The software is intended for pre-injection guidance only and has not been validated for use in combination with needles.
- DO NOT use Nerveblox for arterial or venous line insertions.
- Nerveblox cannot be used with Needle Mode.
- Warning: Nerveblox does not make any recommendation about where the needle should be placed nor where the anesthetic should be injected.



Scribble

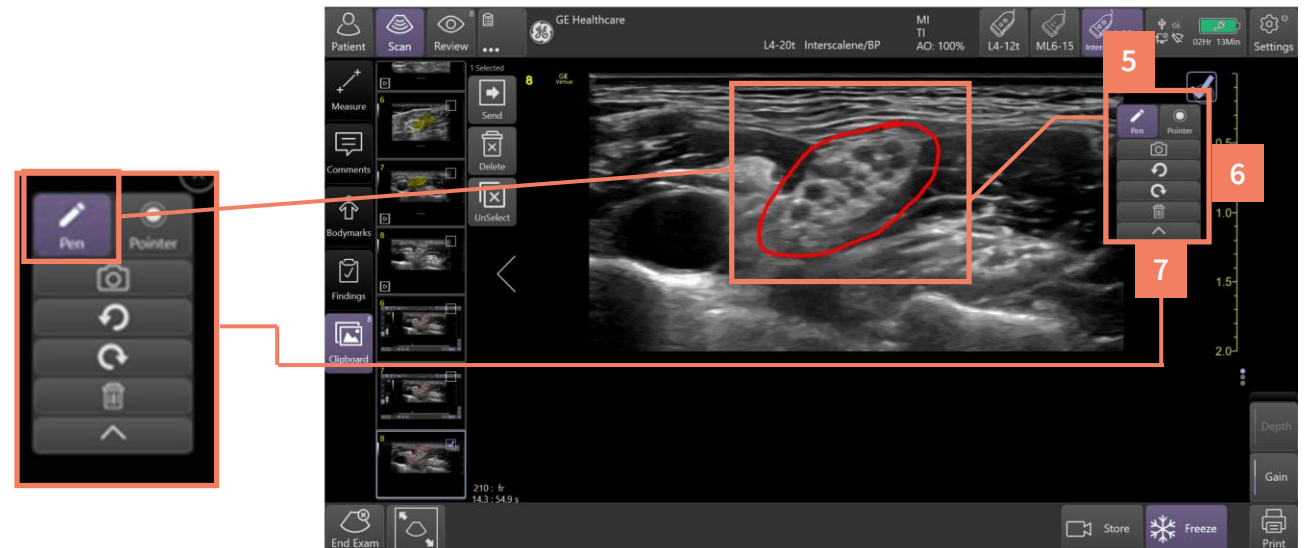
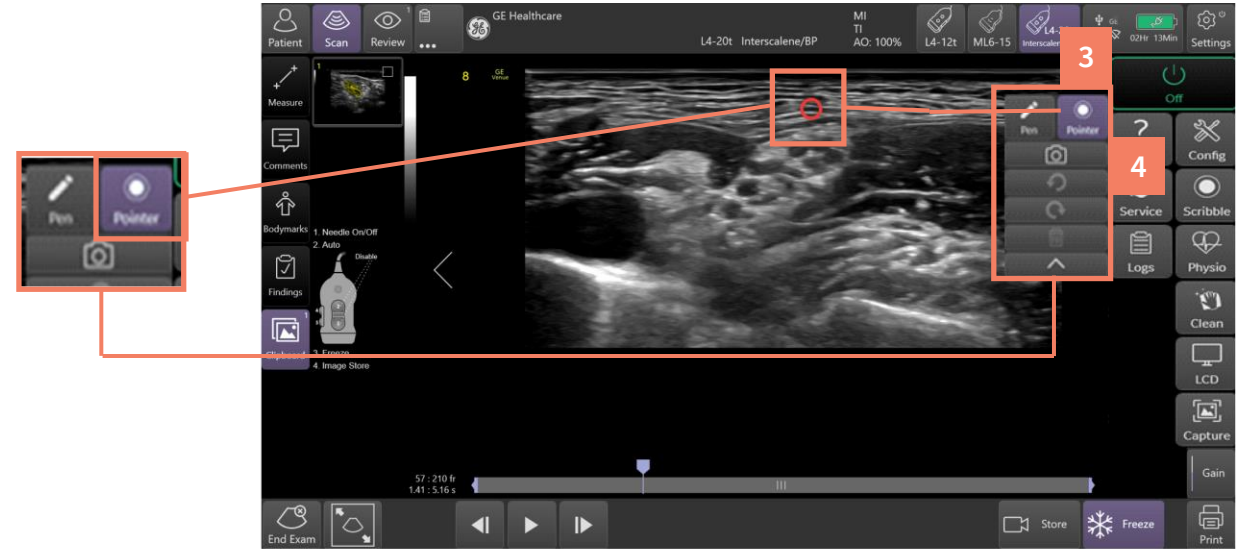
Scribble

- Scribble is a tool meant to assist the user during system training by providing a touch-operated pointer or free drawing also visible on an external monitor and/or shared screen.
- Scribble is available on the Scan, Patient, Config, Review, Worksheet, and Lung Sweep screens and can be used on an active, frozen, or recalled image.
- Tap Settings (Fig. 1) in the upper right corner of the screen, then tap Scribble (Fig. 2).



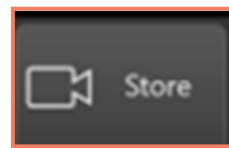
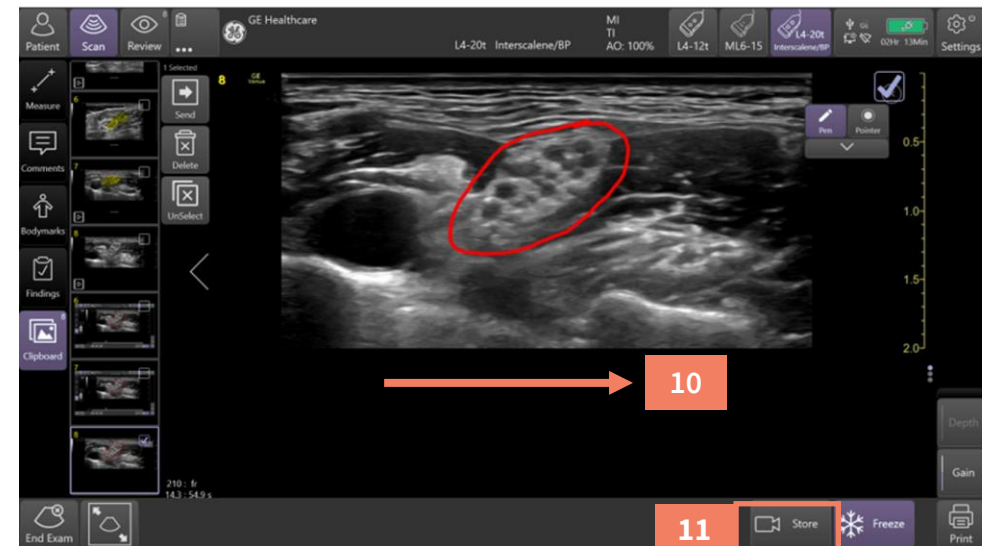
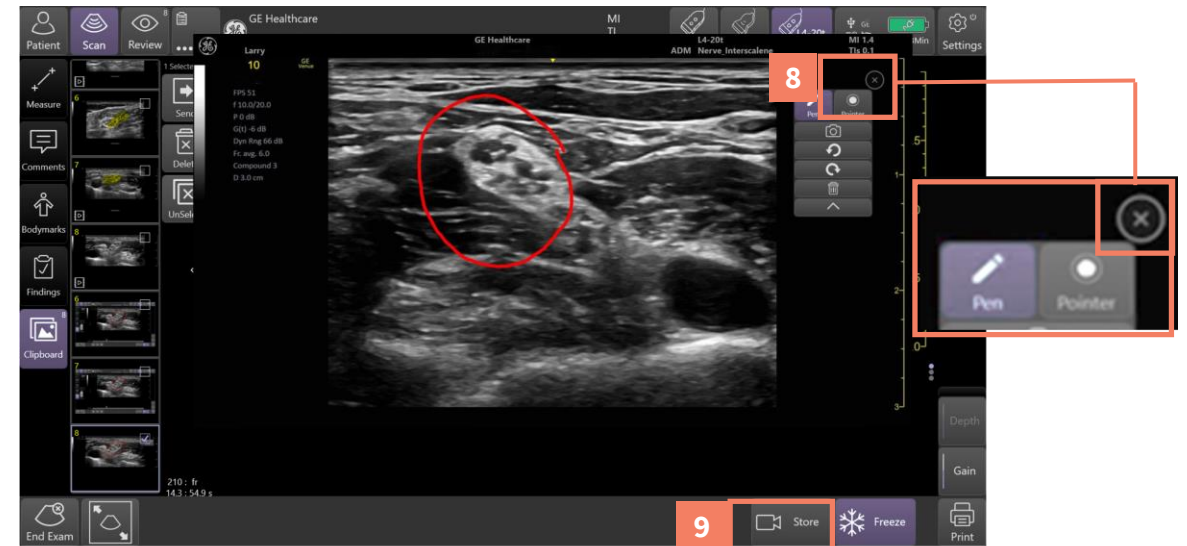
Scribble

- Pointer will be active by default. This allows you to circle anatomy (Fig. 3).
- Capture a screenshot using the Camera Icon (Fig 4). No changes can be made to the captured image or pointer.
- Pen allows you to draw circles, arrows, or add free-hand text (Fig. 5).
- Capture a screenshot using the Camera Icon (Fig. 6). No changes can be made to the captured image or pen markings.
- Tap Undo to delete the last added text or drawing. Tap Redo to add the last cleared text or drawing back onto the image (Fig. 6).
- Tap the Trash icon to remove all scribbles from the image (Fig. 7).



Scribble

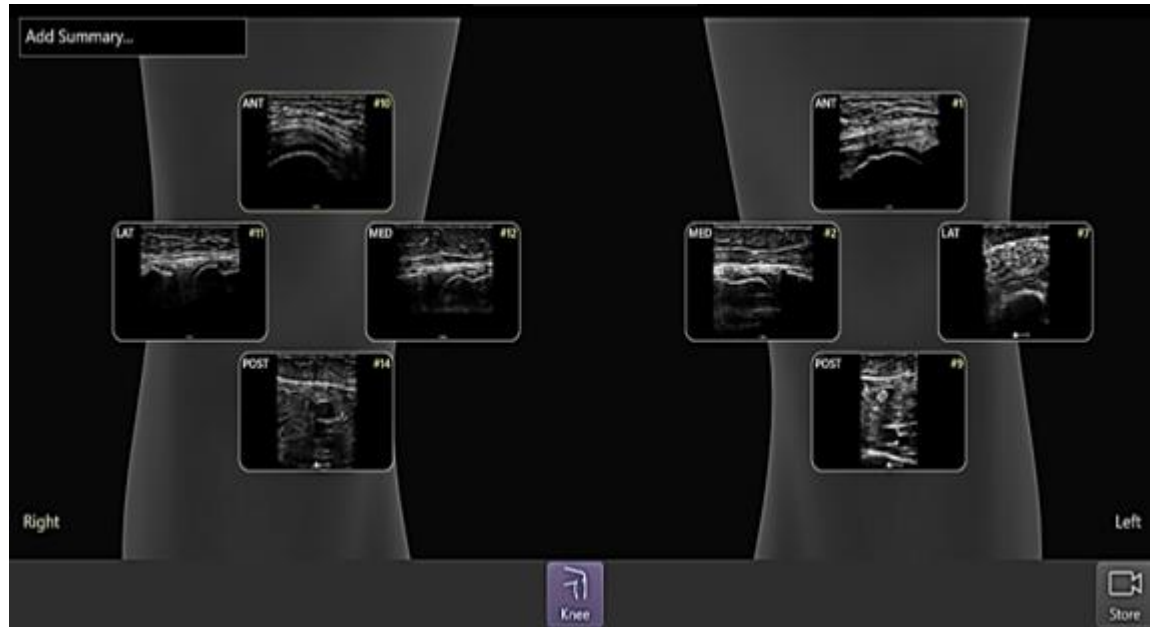
- Close Scribble by tapping X at the upper right corner of the Scribble menu (Fig. 8).
- Tap Store on the bottom corner of the screen to store the image and all Scribbles. If stored using Raw DICOM, changes to the image and/or Scribbles are possible (Fig 9).
- Scribbles can easily be removed from a stored image. Recall an image with text or drawings from the clipboard or review screen by double tapping the desired image. Swipe the image to the right to remove all Scribbles (Fig. 10).
- Tap Store to save the image without Scribbles or add new Scribbles as needed (Fig. 11).



Venue Coach MSK

Venue Coach MSK/MSK Diagrams

- MSK Diagrams is a tool that is meant to aid the user during an MSK assessment by allowing the user to document findings and assign them to specific anatomical zones on the left or right.
- Each side displays an anatomical diagram containing relevant zones.
- MSK diagrams include:
 - Shoulder
 - Elbow
 - Wrist/Hand
 - Hip
 - Knee
 - Foot/Ankle
- Users can scan the zones on the right and/or left sides sequentially or in any order desired.
- Store images and/or cine loops to a specific zone, on the diagram.
- Label each zone with the relevant finding, from the pop-up findings menu. Both are stored on the image.
- This may be done both while scanning or later during the review.



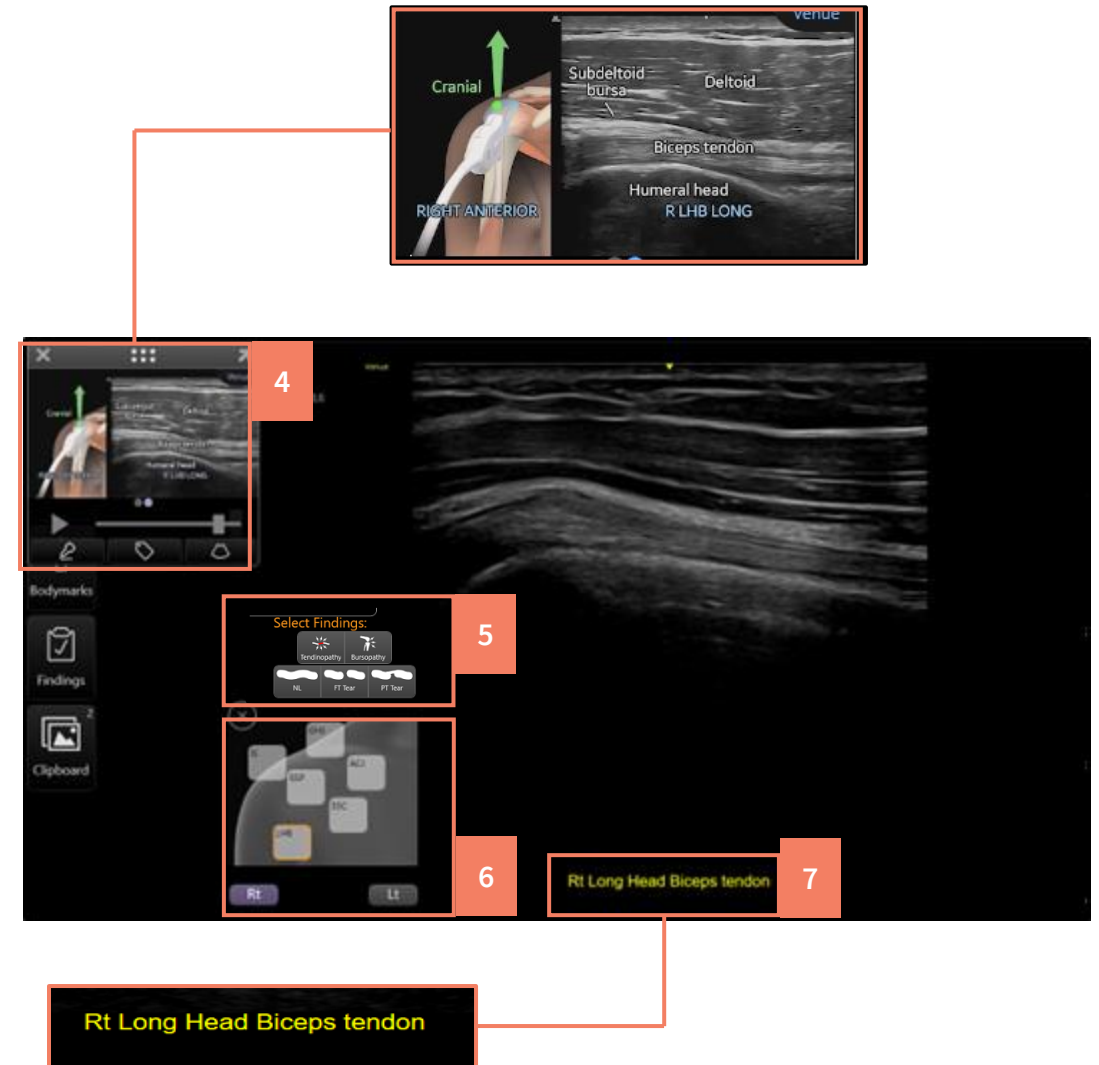
Venue Coach MSK/MSK Diagrams

- From the Patient Page (Fig. 1) enter Patient Data (Fig. 2).
- Select the desired Probe > MSK Exam Category and Preset (Fig 3).

The screenshot displays the Venue Coach MSK/MSK interface. A red box labeled '1' highlights the 'Patient' icon in the top left corner. A red box labeled '2' highlights the patient data entry form, which includes fields for Patient ID (12457899), Last Name (Testing), First Name (Testing), Birthdate (dd/mm/yyyy), Age, Gender (Unknown), Perf. Phys. (Search...), and Attending/Resident fields. A red box labeled '3' highlights the right-hand menu, which lists various exam categories: Abdomen, Derma, MSK (selected), Shoulder, Knee, Hip, Elbow, Wrist/Hand, Ankle/Foot, and Plantar. The interface also shows a top bar with 'GE Healthcare' logo, 'ML6-15 Shoulder' probe information, and a bottom bar with 'End Exam', 'Logged in as ADM', 'Logout', and 'Resume Exam' buttons.

Venue Coach MSK/MSK Diagrams

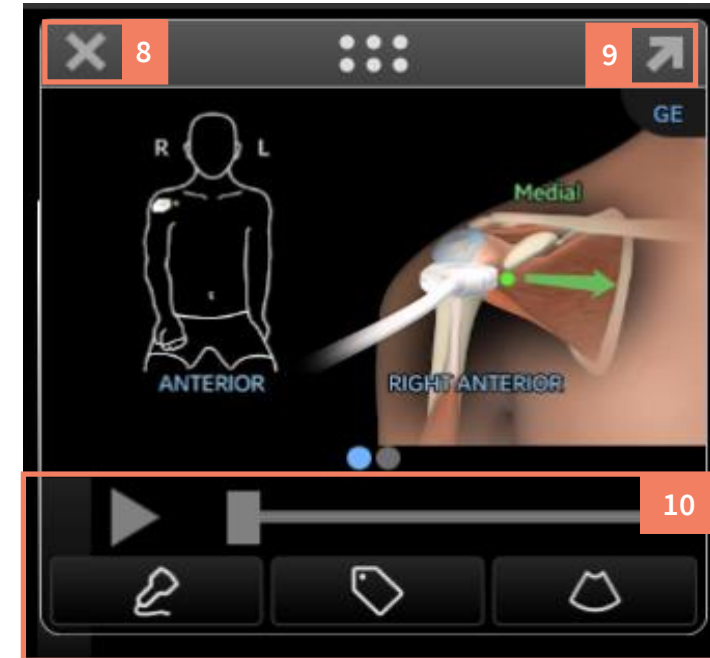
- A window appears on the top left side of the screen with an anatomical reference image, including probe positioning, 2D reference image, anatomical markings and a representative video of the zone being scanned (Fig. 4).
- Add Predefined Findings for each zone by tapping the relevant pathology above the diagram (Fig. 5).
- Tap the Zone that corresponds to the shoulder zone being scanned. The active zone will be highlighted in orange (Fig. 6).
- The image is automatically labeled according to the zone selected (Fig. 7).
- Additional findings, comments, and measurements can be added before storing the image or the loop.



Venue Coach MSK /MSK Diagrams

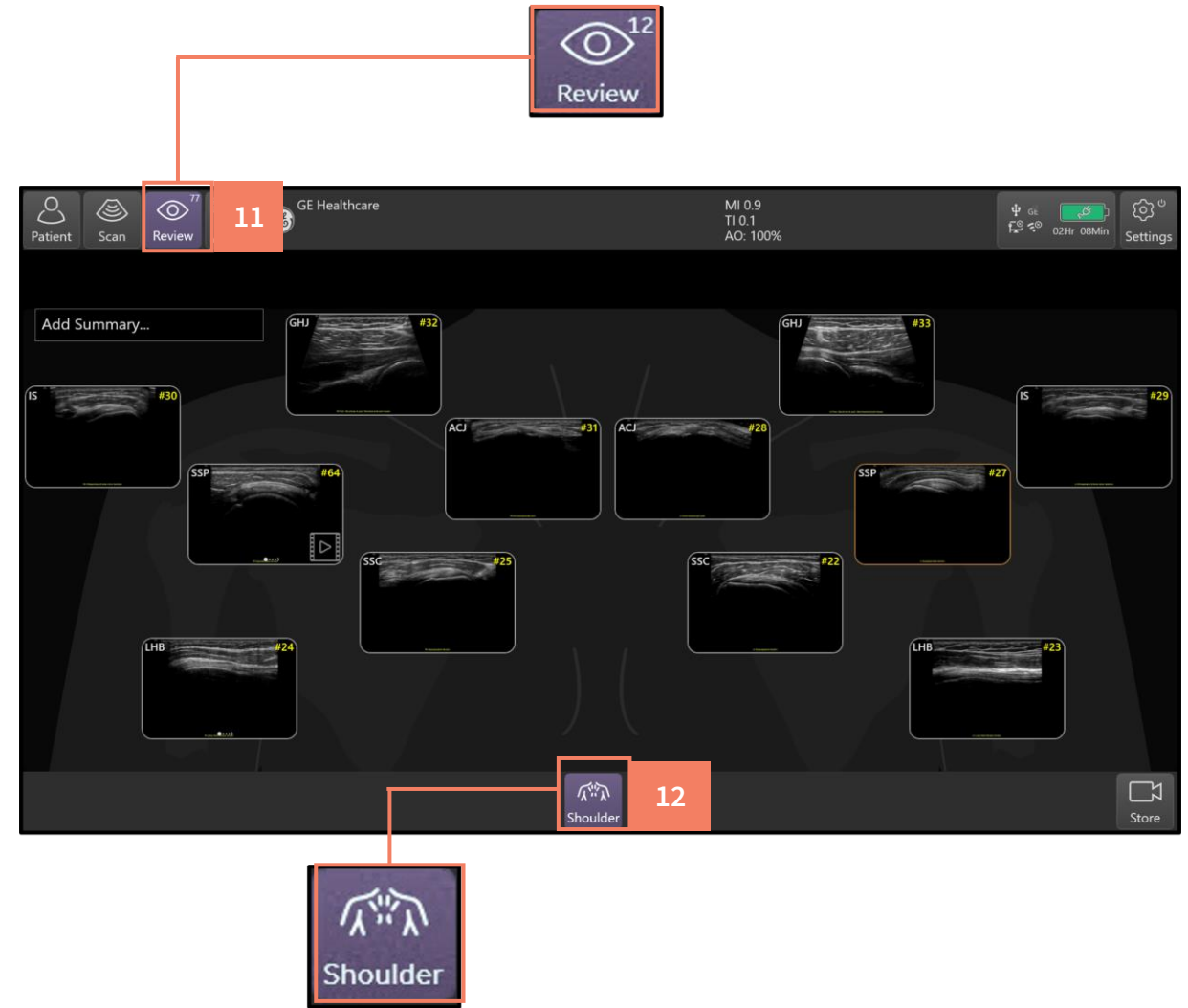
- Swipe across the image/video to view different scanning positions of the zone being scanned.
- Close the reference image by tapping the X in the upper left corner of the screen (Fig. 8). Tap the picture icon to “reopen”.
- The arrow in the upper right corner enlarges the image (Fig. 9).
- Use the icons to play, pause, or advance through the video (Fig. 10).

Note: The reference image window is not stored with the image or video clip.



Venue Coach MSK/MSK Diagrams

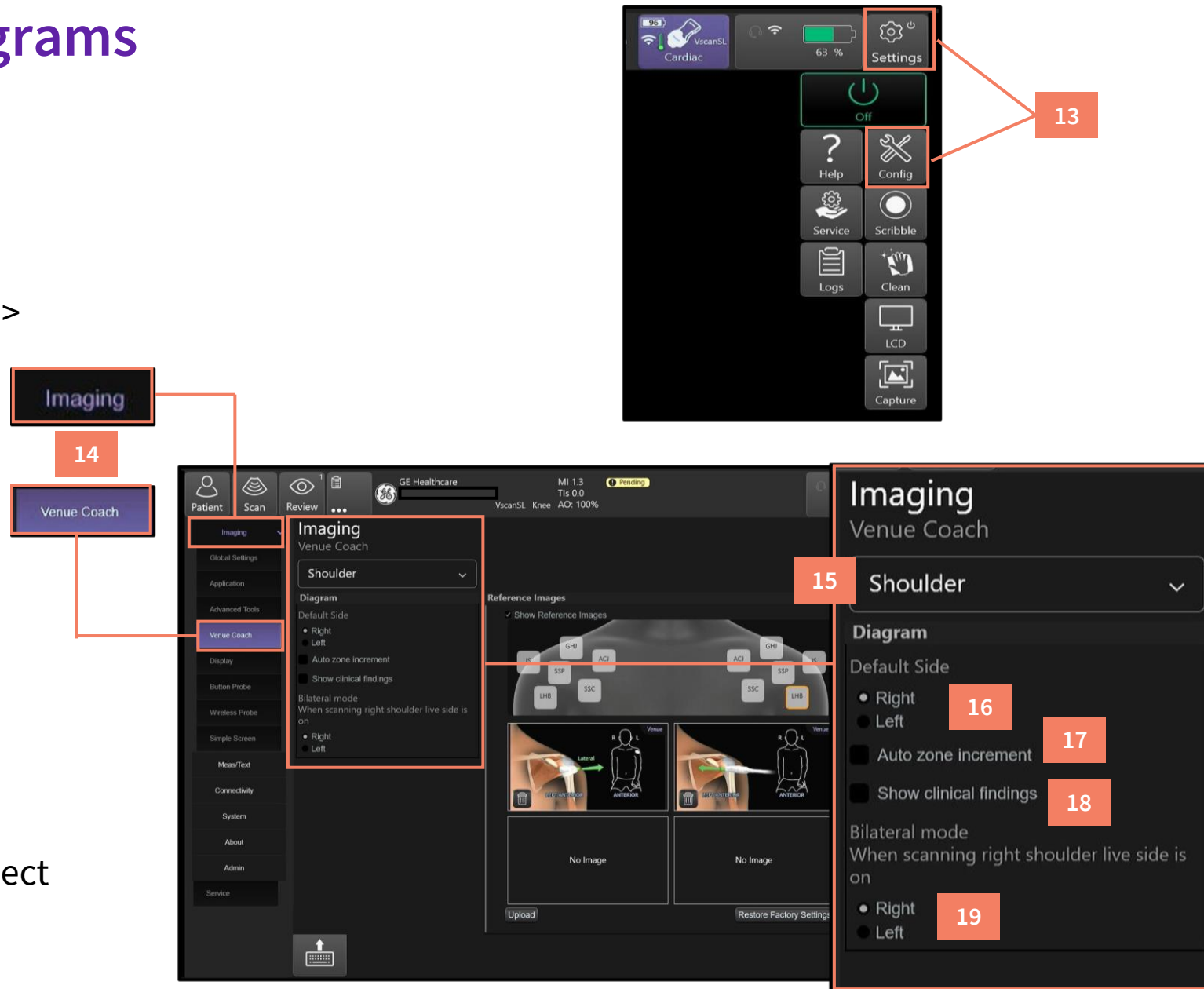
- To display all views of the shoulder, tap Review (Fig. 11).
- To view individual shoulder images in full screen, tap the shoulder icon at the bottom of the screen (Fig. 12). Tap again to review all images.



Venue Coach MSK/MSK Diagrams

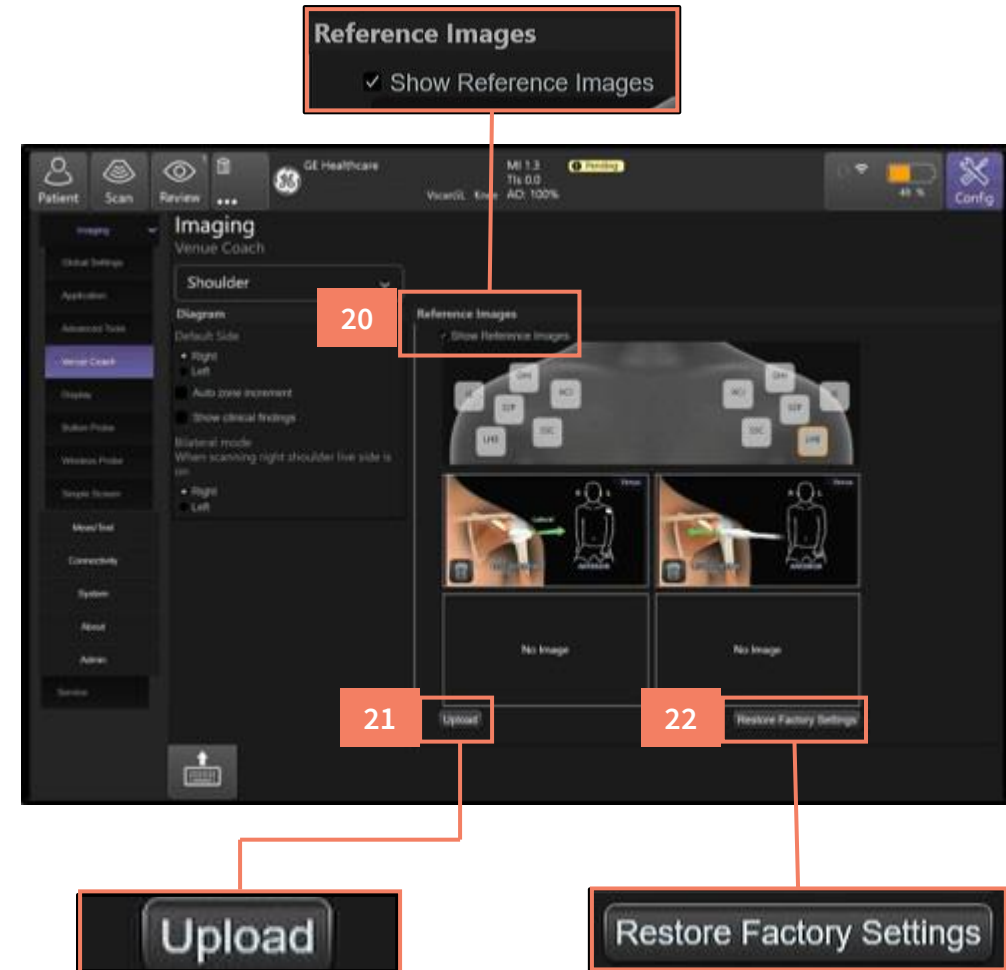
To customize Venue Coach MSK

- Log in as admin or with user initials and admin rights.
- Tap Settings > Config (Fig. 13) > Imaging > Venue Coach (Fig. 14).
- Select the Preset (Fig. 15).
- To change Default Side under diagram, Select Right or Left (Fig. 16).
- To automatically move from zone to zone while scanning select Auto Zone Increment (Fig. 17).
- To display the clinical findings, list while scanning, select show Clinical Findings (Fig. 18).
- To select Live Side for Bilateral mode, select Right or Left (Fig. 19).



Venue Coach MSK/MSK Diagrams

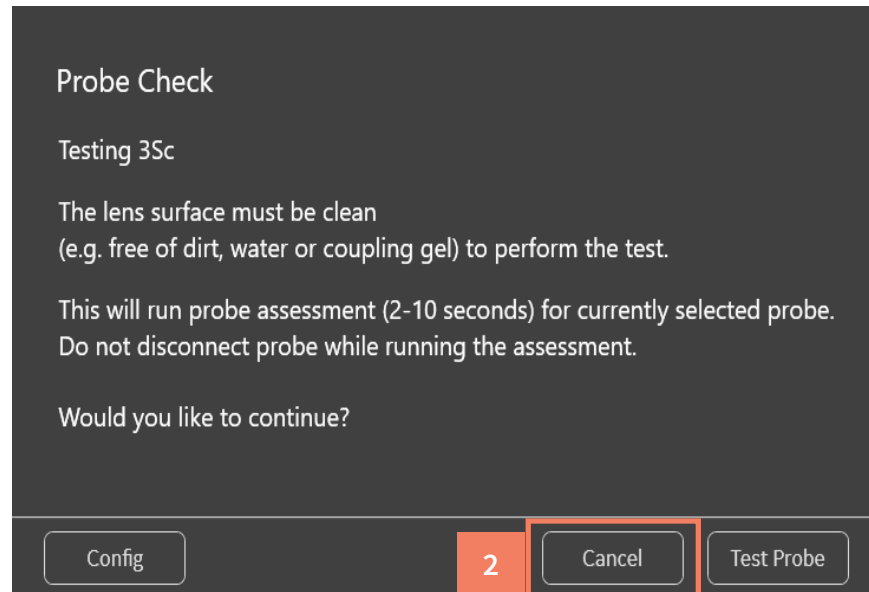
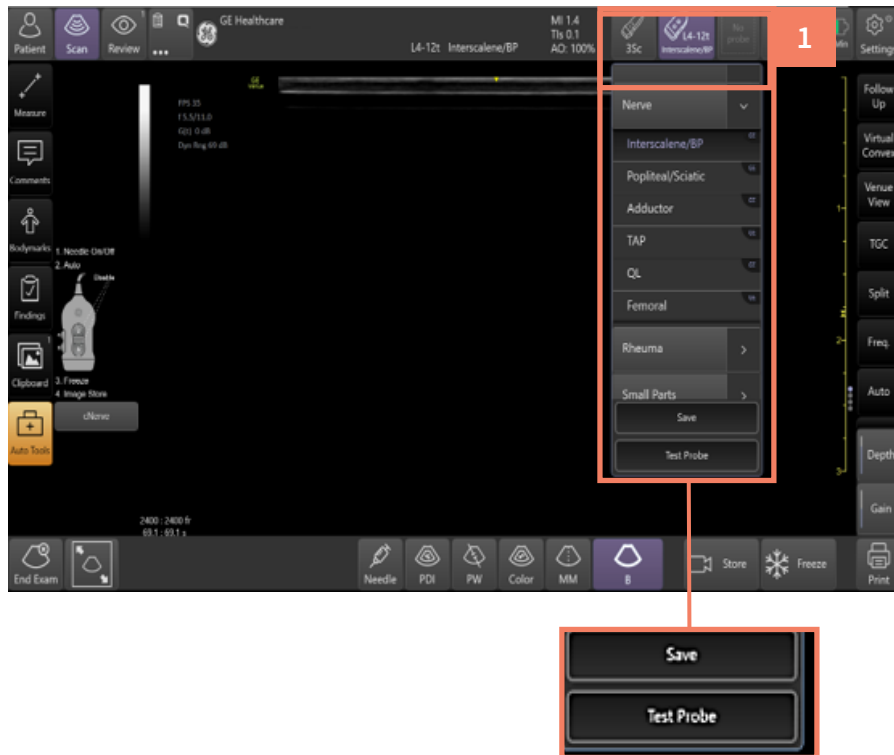
- To view the Reference Video while scanning, check select Reference Images. To HIDE the reference videos by default, uncheck Show Reference Images (Fig. 20).
- To upload your own reference images or videos in JPEG, MP4, or WMV file formats select Upload (Fig. 21).
- To remove all custom reference images or videos from a specific preset and zone such as knee, select Restore Factory Settings (Fig. 22).



VITA probe check

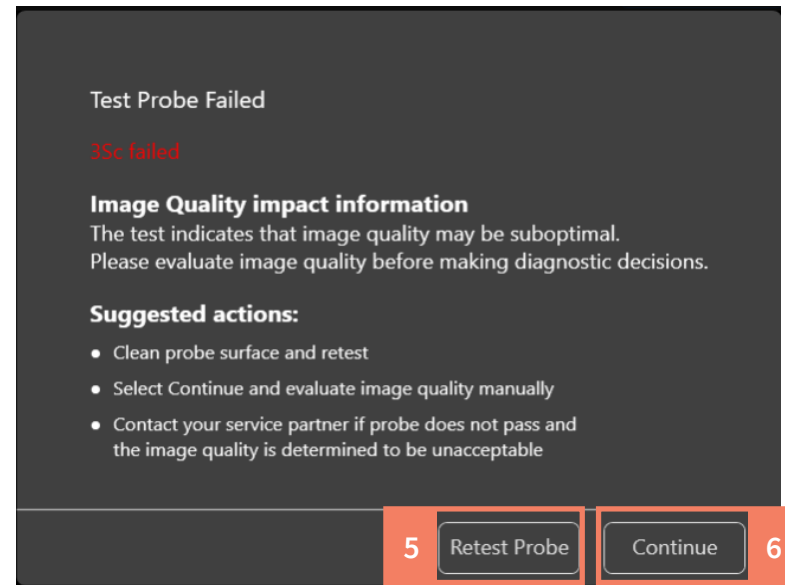
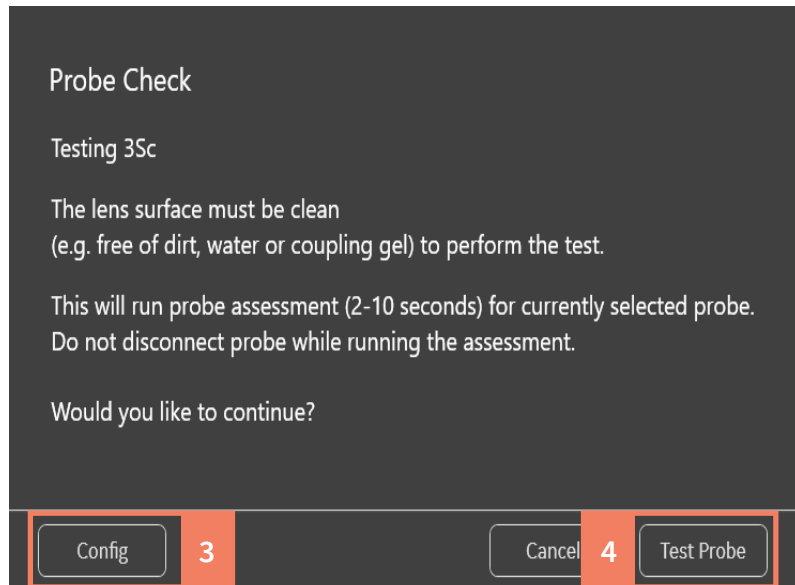
Probe check

- Tap the desired Probe then Probe Check from the drop-down list (Fig. 1).
- A pop-up message with instructions appears. Tap Cancel to cancel the process and return to the scan screen (Fig. 2).



Probe check

- If you are logged in as Admin, tap Config > Admin > General to view or select probe check preferences (this option is not available for non-admin users) (Fig. 3).
- After the probe preparation instructions have been followed, tap Test Probe. A status bar message indicating the test has passed or a pop-up message indicating the test has failed appears (Fig. 4).
- If the test has failed, perform the suggested actions, then select Retest Probe (Fig. 5) to test again OR tap Continue to scan with a failed probe (Fig. 6).





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