

# REVO Lution continues

Optopol engineering team, designers of the first commercially available Spectral Domain OCT in the world, are proud to present the World's fastest OCT.

Our supreme experience in Spectral Domain OCT allows us to provide the market with the state of the art instrument, offering advanced technologies and remarkable simplicity of operation.

The new REVO NX software meets all demands of a daily routine in a modern ophthalmic practice. The new angiography module expands the precision of your diagnosis with minimum patient fatique.



#### Need for speed

The world's fastest available scanning speed allows for more achievable and more detailed exams with reduction of the scanning time. It brings benefits for both clinicians and patients by reducing errors often caused by involuntary eye movements.

### OCT made simple as never before

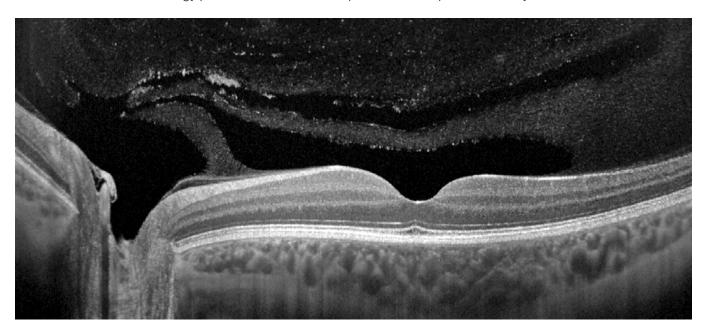
Position the patient and press the START button to acquire examinations of both eyes. The Revo NX, using vocal messages, guides the patient through the process, increasing comfort and reducing patient chair time. Short scanning time ensures less fatigue for the patient. Creating customized scanning protocols of different diagnostic scenarios speeds up the workflow.

### A perfect fit for every practice.

With a small system footprint and access for both operator and patient only necessary from one side, space saving is further enhanced. In addition, connection by a single cable allows the installation of REVO NX into the smallest of examination room spaces. Revo's variety of examination and analysis tools enables it to effortlessly function as a screening or advanced diagnostic device.

### High quality of OCT image

The noise reduction technology provides the finest details proven to be important for early disease detection.



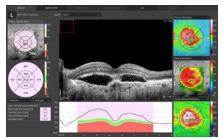


# REVO ITX offers the newest standards available in OCT technology

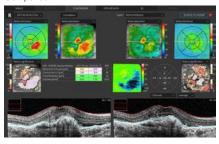
#### **RETINA**

A single 3D macula scan performs both Retina and Glaucoma analysis. The software automatically recognizes 8 retinal layers which assists with a precise diagnosis and the mapping of any changes in the patient's condition. A variety of result analysis and presentation methods allows for the best selection suitable to increase efficiency of work.

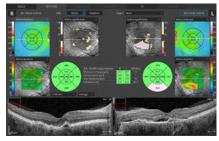




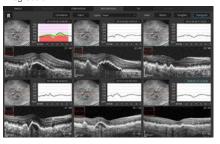
Comparison



Both



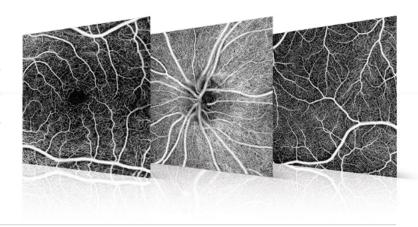
Progression



#### ANGIOGRAPHY SOCT<sup>1</sup>

This non-invasive dye free technique allows the visualization of the microvasculature of the retina. Both blood flow and structural visualization will give additional information in the diagnosis of many retinal diseases. Angiography scan allows assessment of the structural vasculature of the macula, periphery or the optic disc. Extremely short scanning time 1.6 second in standard resolution or in high resolution within ~3 seconds.

Now Angiography OCT can become a routine diagnosis in your practice.



#### ANGIOGRAPHY MOSAIC<sup>1</sup>

The Angiography mosaic delivers high-detailed images over large field of the retina. Available modes allow to see predefined region of the retina in a convenient way.

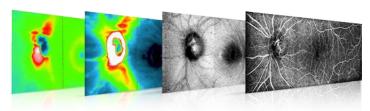






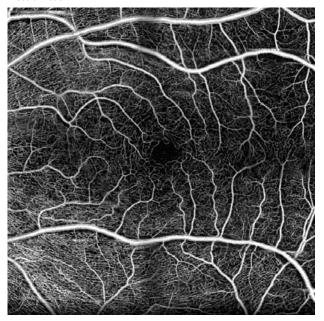


Manual mode allows to scan desired region. Analysis tools allow to see vascular layers, enface or thickness maps.



<sup>1</sup> an optional software module to purchase

Mosaic mode: 7×7 mm



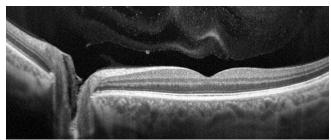
# REVO Lution continues

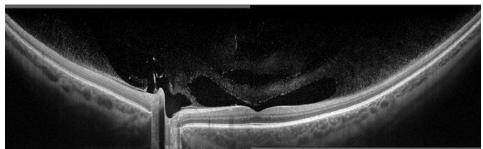
#### WIDEFIELD SCAN

12x12 mm Widefield Central scan is perfect for fast and precise screening of the patient's retina. Dense scanning in high resolution tomograms guarantee the discovery of most of the early changes.

Peripheral scanning reveals diseases in the far periphery.







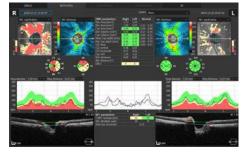
Combined view of two examinations of peripheral scan 12 mm + 12 mm. Done in external software.

#### **GLAUCOMA**

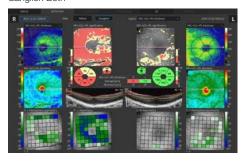
Comprehensive glaucoma analysis tools for quantification of the Nerve Fiber Layer, Ganglion layer and Optic Head with DDLS allow for precise diagnosis and the monitoring of glaucoma over time.

Asymmetry Analysis of Ganglion layers between hemispheres and between eyes allows easier identification and detection of glaucoma in early stages and in non-typical patients.

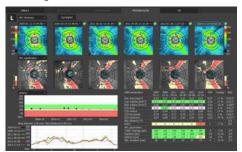
ONH Both



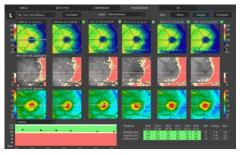
Ganglion Both



**ONH Progression** 



Ganglion Progression

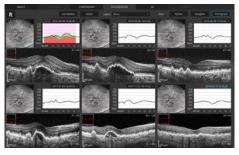


#### **FOLLOW UP**

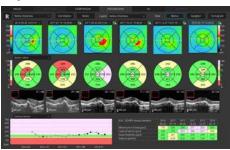
Revo's standard high density scanning capability and blood vessel structure recognition enable a precise alignment of past and current scans

The Operator can analyze changes is morphology, quantified progression maps and evaluate the progression trends.

Progression Morphology



Progression Quantification





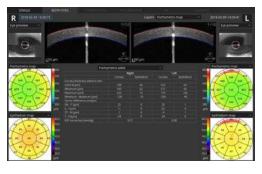
# REVOIX offers the newest standards available in OCT technology

#### **ANTERIOR**

For a standard anterior examination, additional lens is not required. This allows the examiner to quickly complete the scanning procedure.

Presentation of results for both eyes allows quick and precise evaluation of the condition of the anterior segment.



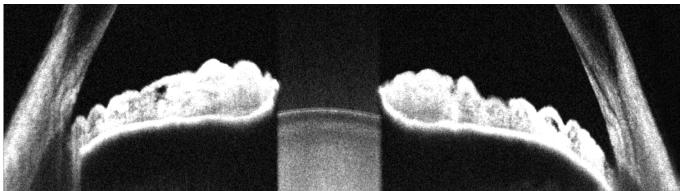


Angle Both



Additional adapter provided with the device increases range of clinical application in Anterior chamber observation.

Angle to Angle scan

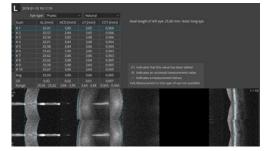


#### BIOMETRY OCT1

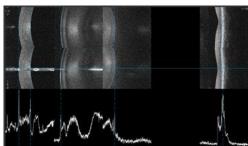
B-OCT® Innovative method of using the posterior OCT device to measure ocular structure along eye axis.

OCT Biometry provides complete set of Biometry parameters: Axial Length AL, Central Cornea

Single view



Result review



Thickness CCT, Anterior Chamber Depth ACD, Lens Thickness LT.

#### VISUALLY VERIFY YOUR MEASUREMENT

All measurement calipers are shown on all boundaries of OCT image provided by REVO. Now, you can visually verify, identify and if needed correct which structure of the eye has been measured.

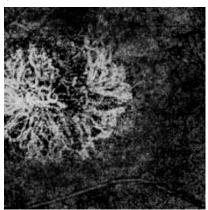
#### DICOM, EMR, NETWORK INTEGRATION

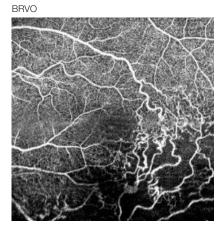
A proficient networking solution increases productivity and enhances the patient experience. It allows you to view and manage multiple examinations from review stations in your practice. Effortlessly helping to facilitate patient education by allowing you to interactively show examination results to patients. Every practice will have different requirements which we can provide by tailoring a bespoke service. DICOM connectivity allows the connection of the REVO into large hospital medical systems. Receive the Worklist (MWL) and send report (C-storage) or whole exam into view stations. CMDL interface allows for the integration of the REVO in to practice management systems. There is no additional charge for the networking and DICOM functionality.

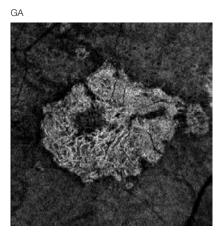
<sup>&</sup>lt;sup>1</sup> an optional software module to purchase

### **CLINICAL IMAGES**

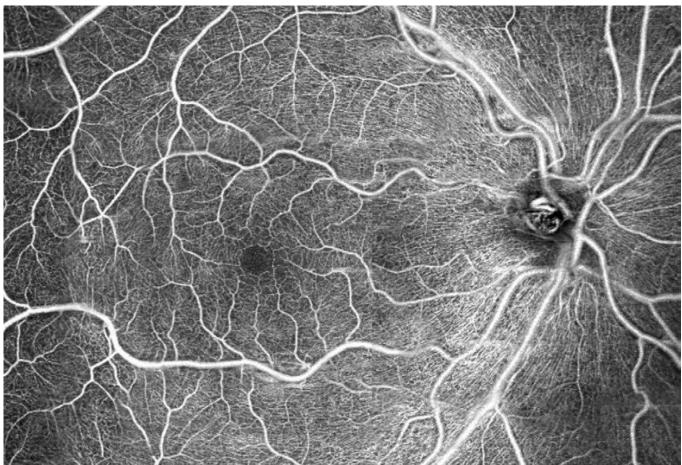
CNV



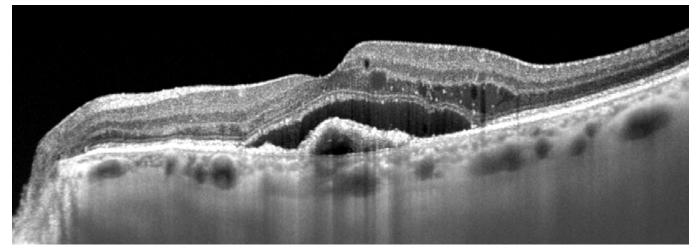




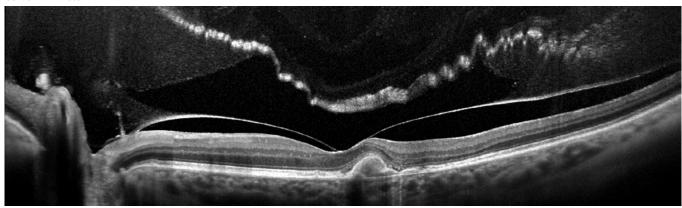
Sample of angio Manual mode. Composition from 6 scans.



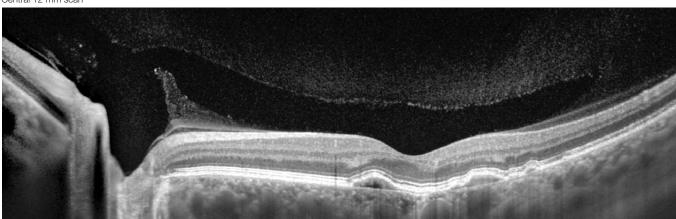
Choroidal observation



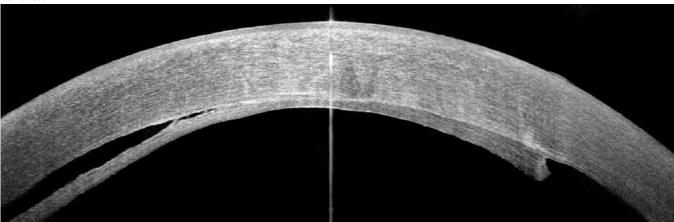
Central 12 mm scan



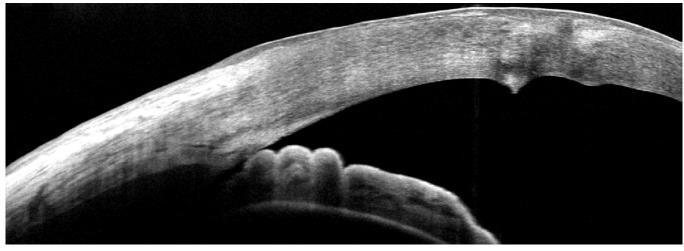
Central 12 mm scan



Cornea scan



Anterior scan





Technology	Spectral Domain OCT
Light source	SLED, wavelength 830 nm
Bandwidth	50 nm half bandwidth
Scanning speed	110 000 measurements per second
Axial resolution	5 μm in tissue
	2.6 µm digital
Transverse resolution	12 μm, typical 18 μm
Overall scan depth	2.4 mm
Minimum pupil size	3 mm
Focus adjustment range	-25 D to +25 D
Scan range	Posterior 5–12 mm, Angio 3–9 mm, Anterior 3–16 mm
Scan types	3D, Angio¹, Radial (HD), B-scan (HD), Raster (HD), Cross (HD)
Fundus image	Live Fundus Reconstruction
Alignment method	Fully automatic, Automatic
Retina analysis	Retina thickness, Inner Retinal thickness, Outer Retinal thickness RNFL+GCL+IPL thickness, GCL+IPL thickness, RNFL thickness, RPE deformation, IS/OS thickness
Angiography OCT <sup>1</sup>	Superficial Plexus, Deep Plexus, Outer Retina, Choriocapilaries, Depth Coded, Custom, Enface, Thickness map
Angiography mosaic	Acquistion method: Auto, Manual Predefined modes: 7×7mm, 10×6 mm, 10×10 mm, 12×5 mm, Manual (up to 12 images)
Glaucoma analysis	RNFL, ONH morphology, DDLS, OU and Hemisphere asymmetry, Ganglion analysis as RNFL+GCL+IP and GCL+IPL
Biometry OCT <sup>1</sup>	AL, CCT, ACD, LT
Anterior	Pachymetry, LASIK Flap assesment, AIOP, Angle Assessment, AOD 500/750, TISA 500/750
Anterior Wide Scan	Angle to Angle view (Adapter required)
Connectivity	DICOM Storage SCU, DICOM MWL SCU, CMDL, Networking
Dimensions (W×D×H)	382×556×469 mm
Weight	23 kg
Fixation target	OLED display (the target shape and position can be changed), external fixation arm
Power supply	100–240 V, 50/60 Hz

<sup>&</sup>lt;sup>1</sup> optional software module

## www.optopol.com

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