



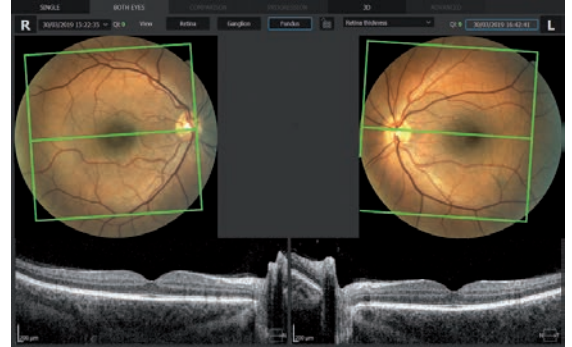
**REVO** **FC**  
OCT | Fundus Camera

Our supreme experience in Spectral Domain OCT technology allows us to provide you with a single versatile device featuring high resolution OCT and true colour fundus imaging for time and space efficiency.

## SOCT with the complete Fundus Camera functionality

The combination of an All in One OCT technology with a Full Colour Fundus Camera in one compact system gives you high quality OCT images and a detailed colour image for a multipurpose diagnosis. Simultaneous capture of color fundus images of eye diseases and OCT examinations in a single shot saves time and space. Now you can use the REVO FC in the way you need it:

- as a device providing simultaneous OCT and fundus images
- as a Full Colour Fundus Camera
- only for high quality OCT imaging including OCT-A
- as an Optical Biometry device



Combine a high quality OCT image with the comprehensive analysis of the layer thickness and maps with a colour fundus image for a greater diagnostic certainty. A combination that makes the examination complete and easy.

## OCT made simple as never before

Position the patient and press the START button to acquire examinations of both eyes. The REVO FC guides the patient through the process with vocal messages which increases comfort and reduces patient chair time.

## New OCT standard - all functionality in one device

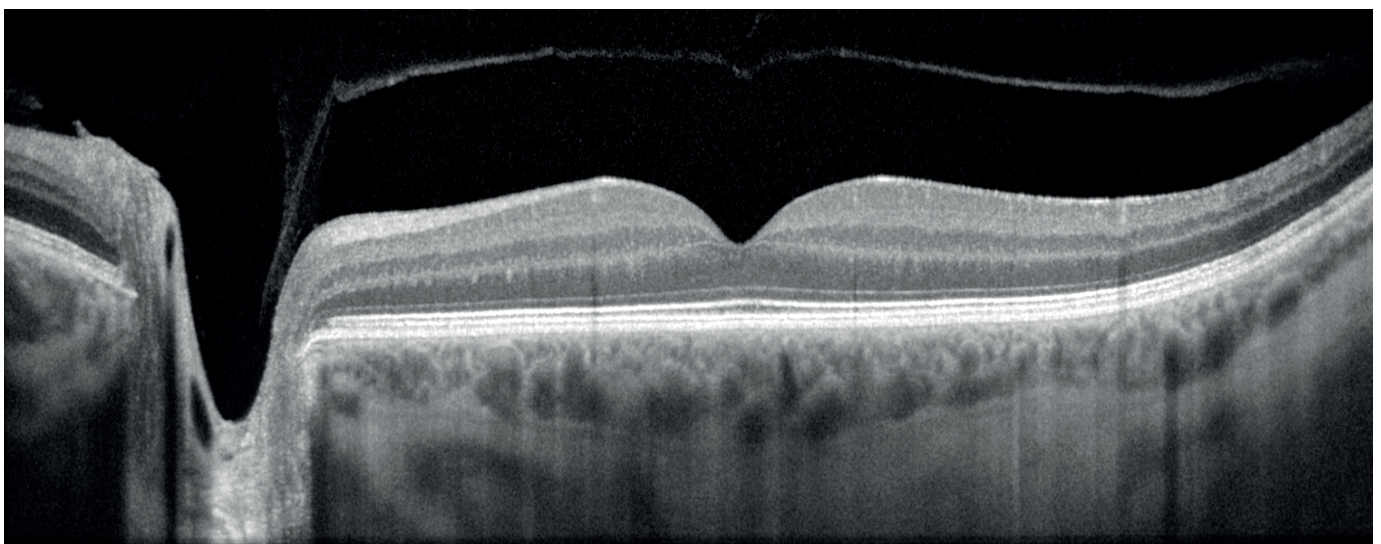
Once again REVO goes beyond the limits of standard OCT. With its new software, REVO enables a full functionality from the cornea to the retina. It brings benefits by combining the potential of several devices. With just a single REVO OCT device you can measure, quantify, calculate and track changes from the cornea to the retina including Axial measurement over time.

## A perfect fit for every practice

Small system footprint, various operator and patient positions and connection by a single cable allow the installation of REVO FC into the smallest of examination room spaces. With its variety of examination and analysis tools, the REVO can easily function as a screening or an advanced diagnostic device.

## High quality of OCT image

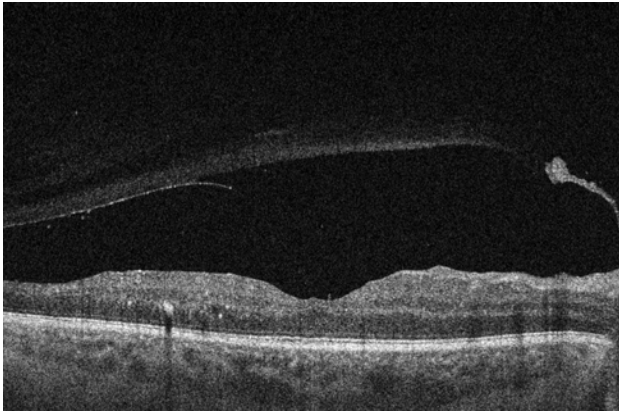
The noise reduction technology provides the finest details proven to be important for early disease detection.



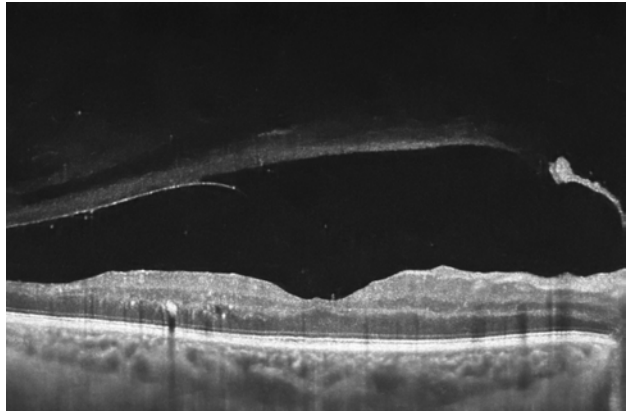
## AI Denoise

Improved tomogram quality powered by Artificial Intelligence. Advanced AI algorithms enhance the quality of a single tomogram to the level of an averaged tomogram obtained through multiple scanning.

RAW Tomogram



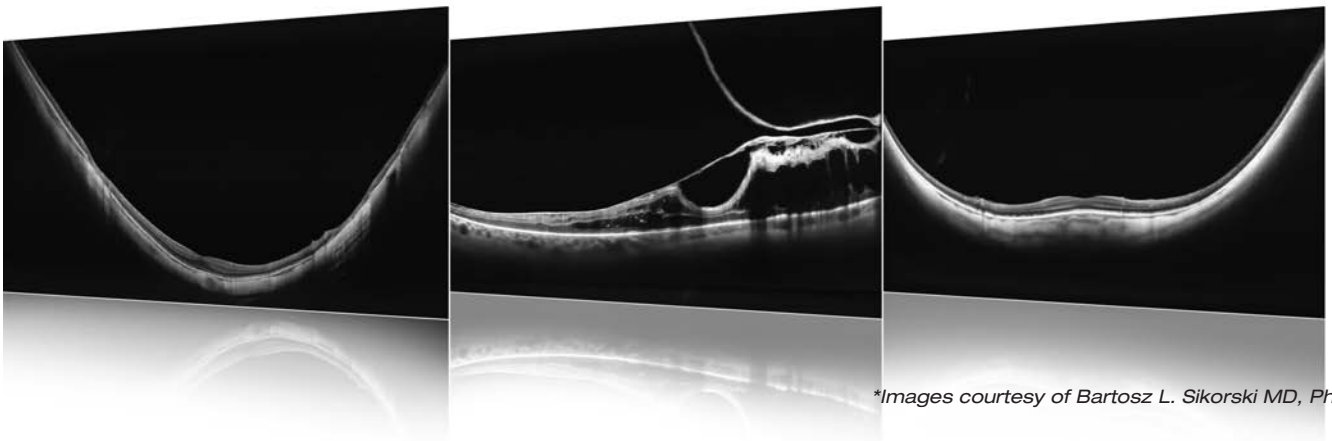
AiDenoise Tomogram



*\*Images courtesy of Bartosz L. Sikorski MD, PhD*

## FULL RANGE

New Extended Depth™ Retina imaging, based on our Full Range technology, provides scans of increased depth for reliable and convenient observation of challenging cases. With scans presenting plenty of depth, this new imaging mode is perfect for diagnosing even highly myopic patients.



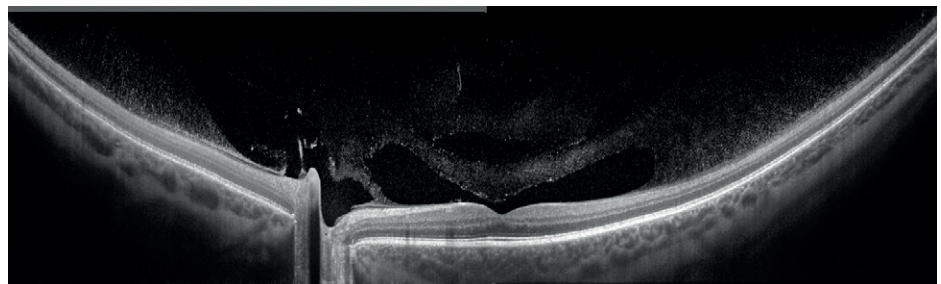
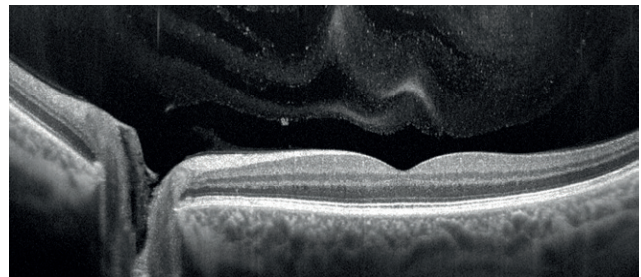
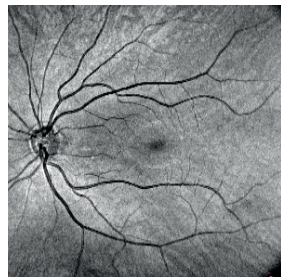
*\*Images courtesy of Bartosz L. Sikorski MD, PhD*



## WIDEFIELD SCAN

12x12 mm Widefield Central scan is perfect for fast and precise screening of the patient's retina.

Peripheral scanning reveals diseases in far periphery.



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





What makes the REVO FC truly unique is its non-mydriatic 12.3 Mpix Fundus Camera integrated into all in one OCT device capable of capturing detailed colour images of ultra-high quality. The REVO FC is fully automated, safe and easy to use.

The advanced optical system ensures high quality imaging with a 45° viewing angle.

Color Fundus image capture is possible with a pupil as small as 3.3 mm, with the minimum for OCT put at 2.4 mm.

Easy to use Fundus image processing tools deliver a stunning retinal image.

Available modes deliver detailed photos of a single or both eyes as well as a time comparison of the fundus photos.

Linking single Fundus Photo to a few OCT scans is available.



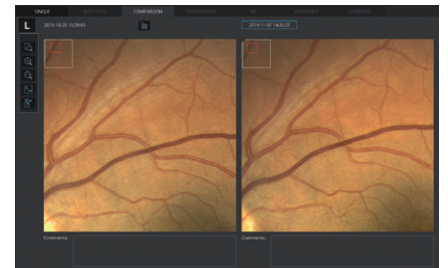
Full screen fundus photo



Both eyes fundus photo view



Fundus photo comparison view



This non-invasive dye free technique provides the visualization of the microvasculature of the retina. Blood flow and structural visualization and quantification will give additional information in the diagnosis of many retinal diseases. OCT Angiography scan allows assessment of the structural vasculature of the macula, periphery or the optic disc.

**QUANTIFICATION**

The quantification tool provides quantification of the vasculature in the whole analyzed area together with values in specific zones and sectors. Thanks to the heat map of the analyzed vasculature the evaluation of vascular structure conditions is much faster. The choice of the quantification method increases the sensitivity of analyses for specific diseases.

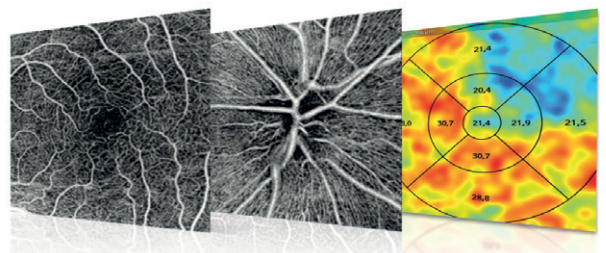
**ANGIO-ANALYTICAL TOOLS**

FAZ – Foveal Avascular Zone measurements enable the quantification and monitoring of changes in Superficial and Deep vascular layers. The FAZ tool is also available for narrow and wide scans.

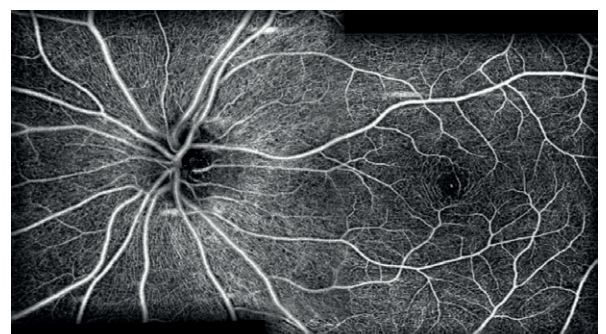
VFA – Vascular Flow Area allows the user to examine the pathologically affected area and to precisely measure the area covered by vascularization.

The simple and easy area measurement can be performed on a predefined or user-selected vascular layer.

NFA – Non Flow Area measurement tool makes it possible to quantify the Non Flow Area on the OCT Angio examination. It provides the sum of all marked areas.

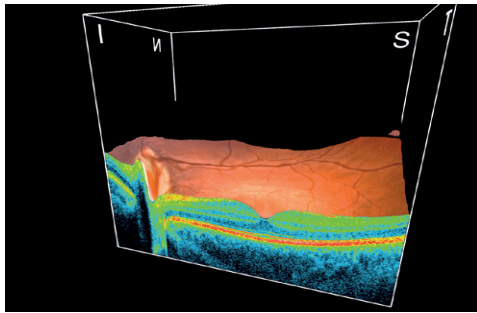


Mosaic mode: 10x6 mm

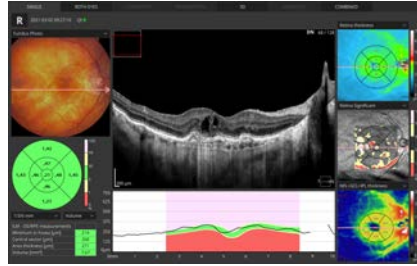


<sup>1</sup> an optional software module

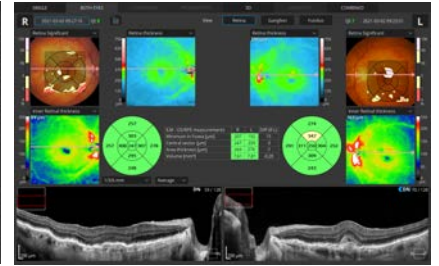
**RETINA**



Single



Both



A single 3D macula scan performs both Retina and Ganglion cells analysis. The software automatically recognises 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 the most suitable selection to increase efficiency.

**FOLLOW-UP**

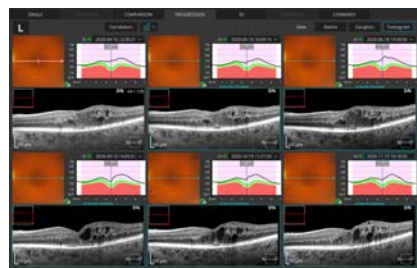
REVO's standard high density scanning capability and blood vessel structure recognition enable a precise alignment of past and current scans.

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

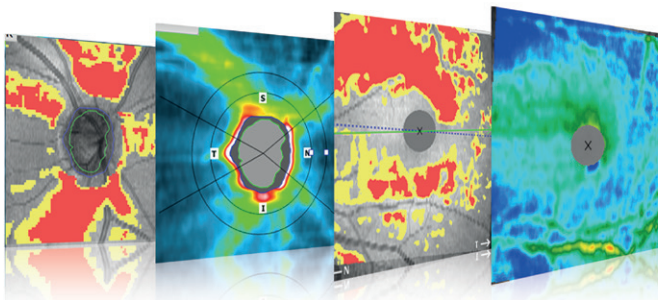
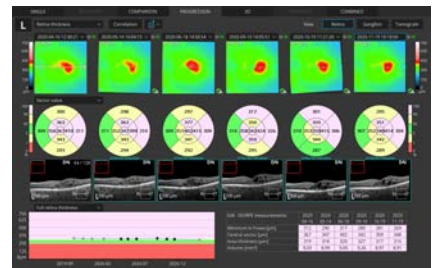
**EXTRACTED TOMOGRAMS**

Increased follow-up precision. Advanced correlation now enables the creation of Extracted tomograms which compensate for image misalignment occurring between sessions to make cross-sectional images of the same area available during consecutive sessions.

Morphology Progression



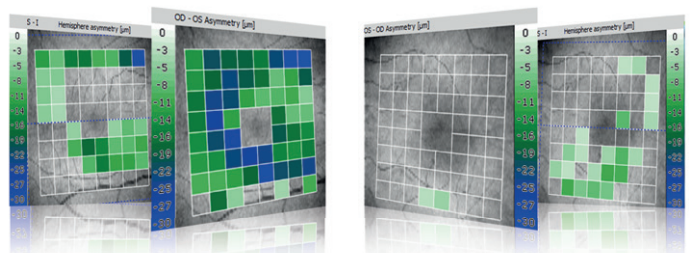
Quantification Progression



Asymmetry Analysis of Ganglion layers between hemispheres and between eyes help detect and identify glaucoma in its early stages and in non-typical patients.

**GLAUCOMA**

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

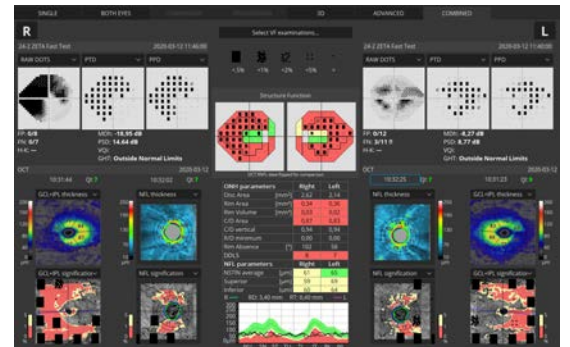


**STRUCTURE & FUNCTION<sup>2</sup>**

Invaluable combination of information about the functional quality of sight with comprehensive data on retinal Ganglion Cells, RNFL and Optic Nerve Head for both eyes on a single report page. The S&F report contains the following:

- VF sensitivity results (24-2/30-2 or 10-2)
- Total and Pattern Deviation probability graphs for VF results
- Reliability and Global indices for VF results
- Combined map of Structure & Function
- Ganglion cells analysis (GCL+IPL or NFL+GCL+IPL)
- ONH and NFL analysis including charts and comparison tables
- NFL Asymmetry plot
- Nasal and Temporal sectors have been split to present structural changes better
- Compare exact numerical sensitivity values

Structure & Function



The S&F report compares in a natural way the anatomical relationship between VF and RNFL/Ganglion maps.

<sup>2</sup> via connection with PTS software version 3.4 or higher



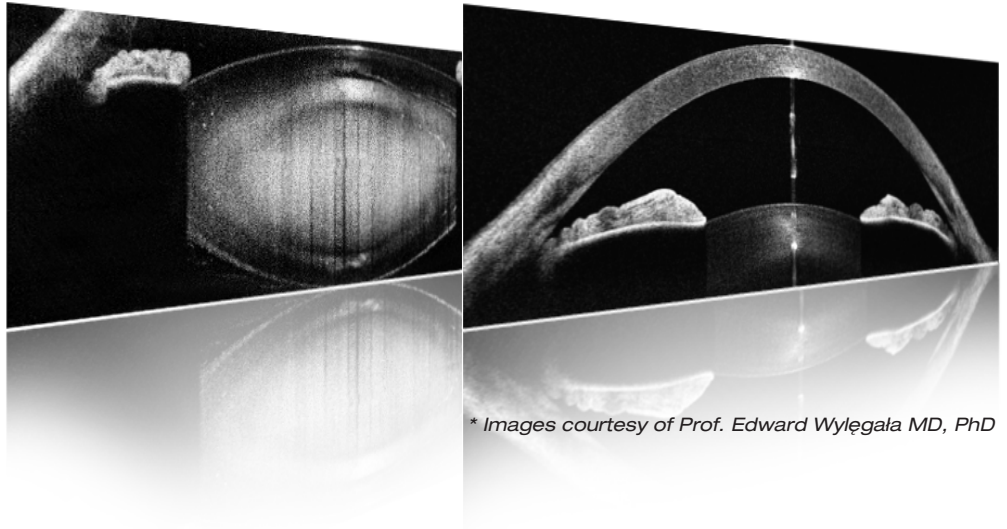


## ANTERIOR CHAMBER

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

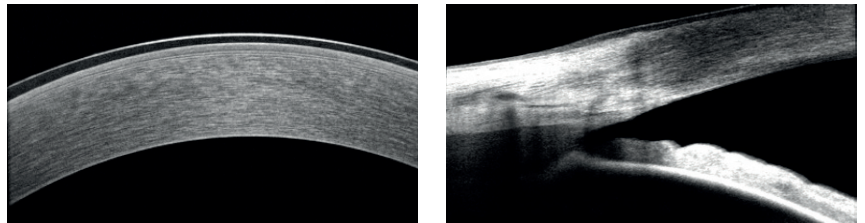
### ANTERIOR CHAMBER

New Anterior Chamber protocols with a fast view of the whole Anterior Chamber. Now you can evaluate gonioscopy situation and verify cataract lens easier and faster.

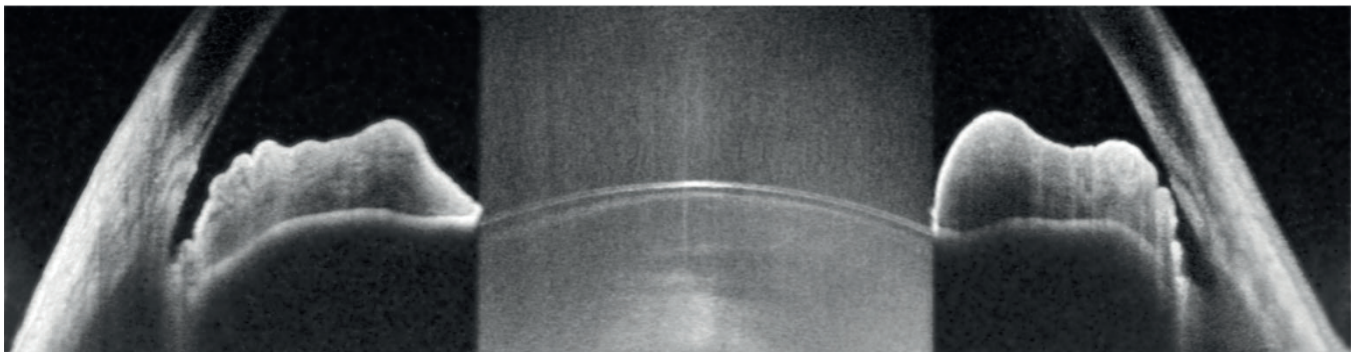


For all anterior examinations, no additional lens is required. This allows the examiner to quickly complete the scanning procedure.

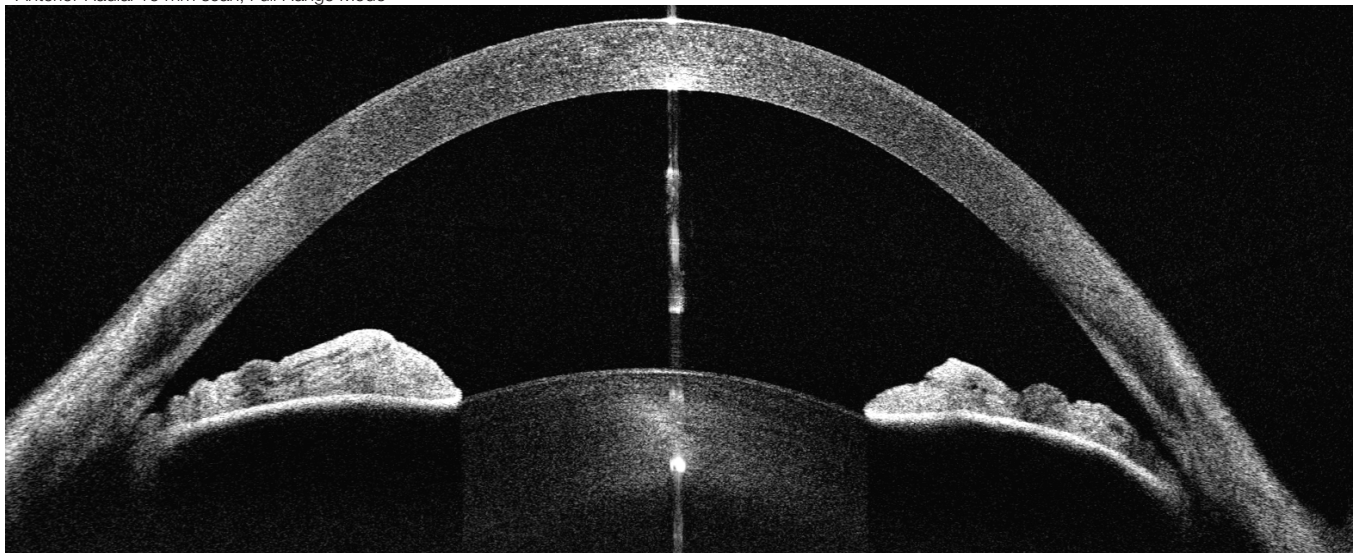
OCT gonioscopy provides the visualization of both iridocorneal angles together with information on iris con guration on a single, high-resolution scan for glaucoma evaluation.



OCT Gonioscopy



Anterior Radial 16 mm scan, Full Range Mode



\* Image courtesy of Prof. Edward Wylęgała MD, PhD





## BIOMETRY OCT<sup>1</sup>

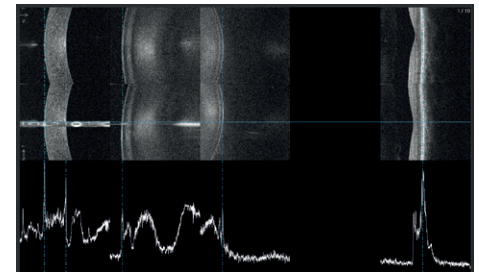
B-OCT<sup>®</sup> is an innovative method of using a posterior OCT device to measure ocular structure along eye axis.

OCT Biometry provides a complete set of Biometry parameters: Axial Length AL, Central Cornea Thickness CCT, Anterior Chamber Depth ACD, Lens Thickness LT, Pupil size P and White to White WTW.

Single view



Result review



## IOL Calculator<sup>1</sup>

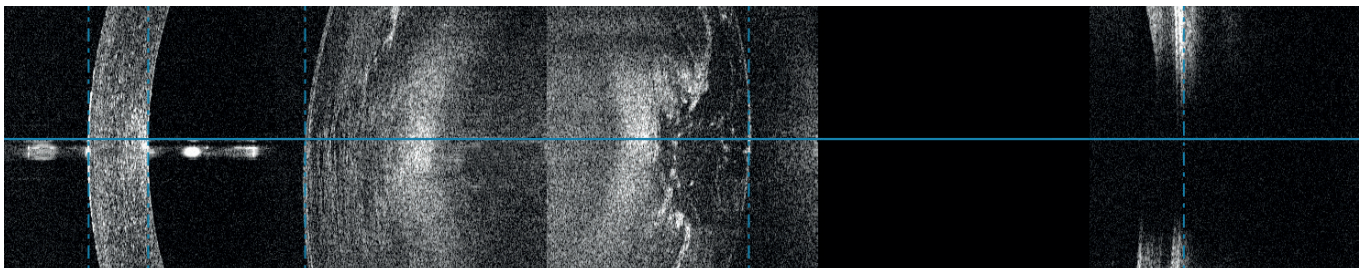
IOL formulas allow the user to calculate IOL implant parameters. Our systems now support the latest IOL database standard IOLCon.org so that you can always keep your library up-to-date.



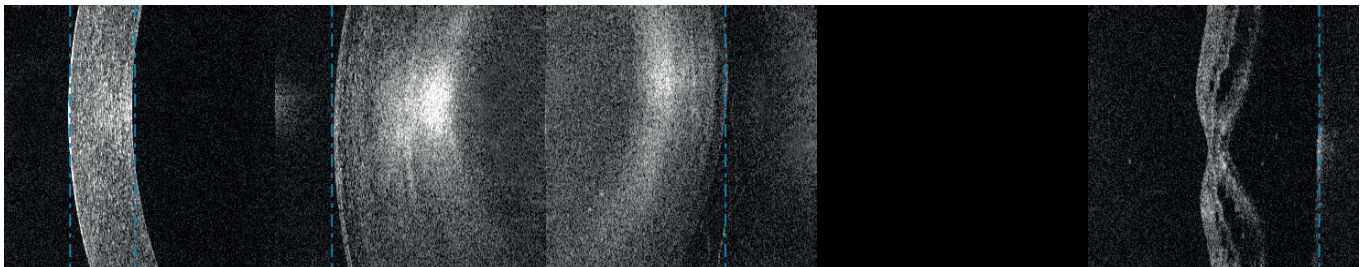
## VERIFY YOUR MEASUREMENT VISUALLY

All measurement callipers are shown on all boundaries of OCT image provided by REVO. Now, you can visually verify, identify and if needed, make corrections to any of eye structures that have been measured. With a simple cursor shift it is possible to precisely set boundaries for every difficult patient with 5 μm axial resolution. From now on you can eliminate the common uncertainty as to how the optical biometer classifies the boundaries in non-typical patients.

*Dense cataract and high myopia*



Retinal detachment



\*Images courtesy of Bartosz L. Sikorski MD, PhD

## 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. It effortlessly facilitates patient education by allowing you to interactively show examination results to patients. Every practice will have different requirements which we can cater for by tailoring a bespoke service. DICOM connectivity allows the connection of the REVO into large hospital medical systems. It is possible to send worklists (MWL) and reports (C-storage) or the whole examination to viewing stations. CMDL interface enables the integration of the REVO into practice management systems. There is no additional charge for the networking and DICOM functionality.

**FUNDUS CAMERA**

Type	Non-mydratic fundus camera
Photograph type	Color
Angle of view	45° ± 5% or less
Min. pupil size for fundus	3.3 mm
Camera	12.3 Megapixel CCD camera

**OPTICAL COHERENCE TOMOGRAPHY**

Technology	Spectral Domain OCT
Light source	SLED
Bandwidth	50 nm half bandwidth
Scanning speed	80 000 measurements per second
Min. pupil size for OCT	2.4 mm
Axial resolution	2.6 µm digital, 5 µm in tissue
Transverse resolution	12 µm, typical 18 µm
Overall scan depth	2.4 mm / ~5 mm in Full Range mode
Focus adjustment range	-25 D to +25 D
Scan range	Posterior 5 mm to 15 mm, Angio 3 mm to 9 mm, Anterior 3 mm to 16 mm
Scan types	3D, Angio <sup>1</sup> , Full Range Radial, Full Range B-scan, Radial (HD), B-scan (HD), Raster (HD), Cross (HD), AL, ACD,
Fundus alignment	IR, Live Fundus Reconstruction
Alignment method	Fully automatic, Automatic, Manual
Retina analysis	Retina thickness, Inner Retinal thickness, Outer Retinal thickness, RNFL+GCL+IPL thickness, GCL+IPL thickness, RNFL thickness, RPE deformation, MZ/EZ-RPE thickness
Angiography OCT <sup>1</sup>	Vitreous, Retina, Choroid, Super cial Plexus, RPCP, Deep Plexus, Outer Retina, Choriocapillaries, Depth Coded, SVC, DVC, ICP, DCP, Custom, Enface, FAZ, VFA, NFA, Quanti cation: Vessel Area Density, Skeleton Area Density, Thickness map
Glaucoma analysis	RNFL, ONH morphology, DDLS, OU and Hemisphere asymmetry, Ganglion analysis as RNFL+GCL+IP and GCL+IPL, Structure + Function <sup>2</sup>
Angiography mosaic	Acquisition method: Auto, Manual Mosaic modes: 10 mm × 6 mm, Manual up to 12 images
Biometry OCT <sup>1</sup>	AL, CCT, ACD, LT, P, WTW IOL Formulas: Hoffer Q, Holladay I, Haigis, Theoretical T, Regression II
Anterior No lens/adapter required	Anterior Chamber Radial, Anterior Chamber B-scan, Pachymetry, Epithelium map, Stroma map, Angle Assessment, AIOP, AOD 500/750, TISA 500/750, Angle to Angle view
Connectivity	DICOM Storage SCU, DICOM MWL SCU, CMDL, Networking
Fixation target	OLED display (the target shape and position can be changed), External xation arm
Dimensions (L×W×H) / Weight	479 mm × 367 mm × 493 mm / 30 kg
Power supply / consumption	100 V to 240 V, 50/60 Hz / 90 VA to 110 VA

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

<sup>2</sup> via connection with PTS software version 3.4 or higher