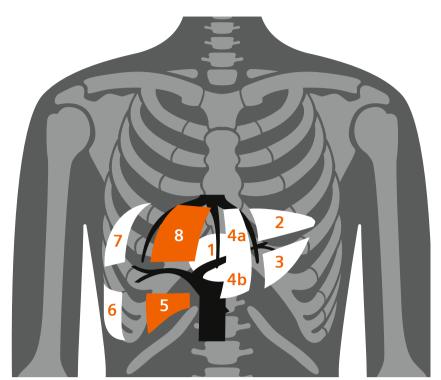
## Improve Diagnostic Confidence in Liver Health

## siemens-healthineers.com/ultrasound

Liver assessment using gray scale ultrasound findings alone can be difficult. Remove subjectivity to improve diagnostic confidence by displaying quantitative tissue stiffness properties using Virtual Touch technology.

The degree of tissue stiffness has been shown to correlate with the progression of liver fibrosis.



	Absent or mild fibrosis	Significant fibrosis	Severe fibrosis	Cirrhosis
Metavir Score	F0-F1	F2	F3	F4
Siemens Healthineers values†	1.2 m/s 4 kPa	1.3 m/s 5 kPa	1.5 m/s 7 kPa	1.7 m/s 9 kPa
Society of Radiologists in Ultrasound (SRU)††	1.3 m/s	Not applicable	1.7 m/s	2.1 m/s
	< 5 kPa Likely Normal		< 9 kPa rules out cACLD in the absence of other clinical signs 9–13 kPa suggestive of cACLD needs further testing	> 13 kPa rules in cACLD

10 sample median; IQR/Median < 15% m/s, < 30% kPa. cACLD = compensated Advanced Chronic Liver Disease. This guide is based on meta-analysis and clinical studies using Siemens Healthineers Ultrasound. This guide is not intended to be used as a conversion table for liver stiffness readings to fibrosis stage or replace the performing physician's judgment for the final diagnosis.

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t. tt Data on file.



## Technique:

- Fasted patient lies in a slight left lateral decubitus position
- Place ROI optimally within segment 5 or 8 of the liver. Avoid increased subcapsular reverberation by placing the ROI perpendicular to and at least 1.5–2 cm below the liver capsule. This can be achieved by placing the 2 cm cursor depth marker on the liver capsule.
- Instruct patient to maintain shallow, brief breath hold
- Obtain 10 measurements at the same site
  - a. At least 6/10 of measurements should be "valid" as indicated on the bottom of the screen, as seen here

    Site 1: 0 Valid/0 Total
  - b. IQR/Median ratio of  $\leq$  0.15 (m/s) and 0.3 (kPa) is the recommended quality control measure for adequate technical quality (as calculated on the report page IQR/Median )

