Improve Diagnostic Confidence in Liver Health

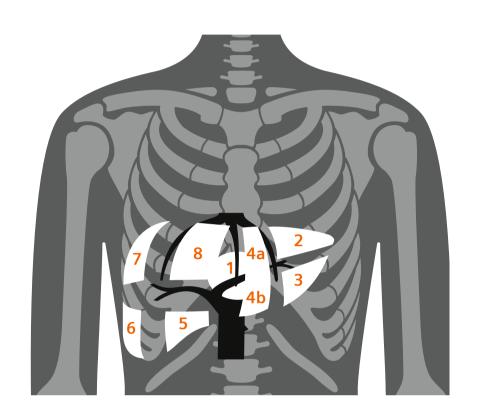
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Liver assessment using ultrasound gray scale findings alone can be difficult when determining relative tissue stiffness or fat content. Remove subjectivity to improve diagnostic confidence by using Virtual Touch elastography technologies to determine liver tissue stiffness and the Ultrasound Derived Fat Fraction (UDFF) to quantify fat content in the liver.

The degree of tissue stiffness has been shown to correlate with the progression of liver fibrosis. Livers that are high in fat content also show an increased level of tissue stiffness and associated fibrosis.

IQR/Median Ratio Recommendations

pSWE/2DSWE: <15% (m/s), <30% (kPa) Auto pSWE: <30% (m/s), <60% (kPa)



	Absent or mild fibrosis	Significant fibrosis	Severe fibrosis	Cirrhosis
Metavir Score	F0-F1	F2	F3	F4
Siemens Healthineers values*	1.2 m/s	1.3 m/s	1.5 m/s	1.7 m/s
	4 kPa	5 kPa	7 kPa	9 kPa
Society of Radiologists in Ultrasound (SRU)*	1.3 m/s	1.5 m/s	1.7 m/s	2.1 m/s
	<5 kPa Likely Normal	<7 kPa Unlikely cACLD	7–9 kPa Potential cACLD >9 kPa Suggestive of cACLD	>13 kPa Highly suggestive of cACLD

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.



Ultrasound Derived Fat Fraction (UDFF)

0%-5%	UDFF 5%	> 5%	
No Hepatic Steatosis		Hepatic Steatosis	
(SO)		(≥S1)	

UDFF delivers a similar clinical utility to Magnetic Resonance Imaging Proton Density Fat Fraction (MRI-PDFF) for determining hepatic steatosis. Both methods classify hepatic steatosis as an index value of greater than 5%.*

For more information, please visit siemens-healthineers.com/ultrasound or contact your local Siemens Healthineers sales representative.

