NM 830





INNOVATION WITH SCALABILITY FOR GROWTH

SPECT's ability to reveal physiologic and metabolic change gives you a unique tool for diagnosing and treating patients. It's this ability to make visible what could normally be invisible that enables true discovery in nuclear medicine.

Whether you're looking for your first nuclear medicine camera or you need one to handle overflow from your rising patient volume, our SPECT-only NM 830 system enables you to grow with your practice with a lower initial investment.

NM 830 includes features you would expect on a premium SPECT system. Automatic "home" positioning enables easy setup of the gantry and table under a variety of pre-programmed detector geometries. Real-time Automatic Body Contouring enhances efficiency in wholebody scanning procedures and a table-side touch ruler provides streamlined patient positioning, every time.



Designed for the most demanding imaging challenges, NM 830's flexible geometry is optimized for a variety of scanning orientations.



OPTIMIZED FOR SPECT IMAGING

NM 830's Elite NXT NM detectors were designed to address some of nuclear medicine's most significant challenges. Shorter photomultiplier tubes combined with lean front-end electronics reduce analog noise and improve performance. And the wide variety of collimators are optimized to enable high sensitivity, low septal penetration and high resolution even when the detectors are farther from the patient. The result is exceptional NEMA resolution for SPECT in a 13 cm slimmer detector box.

All our new 800 Series systems build on the success of the 600 Series with SPECT technology enhancements that add value to your nuclear medicine practice. Enhancements like SwiftScan Planar and SwiftScan SPECT. These enhancements include a new LEHRS (Low Energy High Resolution and Sensitivity) collimator that can be combined with either SPECT Step & Shoot Continuous scanning mode or our Planar Clarity 2D processing to increase sensitivity and enable reduction of scan times or injected dose¹.

NM 830 brings you the diagnostic capability of a dual-head SPECT system with a focus on patient comfort. With low total cost of ownership and straightforward upgrade paths to more advanced capabilities, this system is the foundation of our general-purpose nuclear medicine portfolio.

SITING REQUIREMENTS

I Minimum exam room size: 16'9" x 12'3" (5.12 m x 3.74 m)



¹ Compared to LEHR collimator, with Step & Shoot scan mode (for SPECT)/without Clarity 2D (for Planar). As demonstrated in phantom testing using a bone scan protocol, Evolution processing (for SPECT), and a model observer. Because model observer results may not always match those from a human reader, the actual time/dose reduction depends on the clinical task, patient size, anatomical location and clinical practice. A radiologist should determine the appropriate scan time/dose for the particular clinical task.

² In clinical practice, Evolution options^{2a} (Evolution for Bone, Evolution for Cardiac, Evolution for Bone Planar) and Evolution Toolkit^{2b} are recommended for use following consultation of a Nuclear Medicine physician, physicist and/or application specialist to determine the appropriate dose or scan time reduction to obtain diagnostic image quality for a particular clinical task, depending on the protocol adopted by the clinical site.





Enable reduction of dose or scan times by up to 25 percent with the increased sensitivity of SwiftScan Planar and SwiftScan SPECT¹



Cost-effective access to future innovation



Provide shorter, more tolerable exams for greater patient comfort using Evolution², SwiftScan Planar and SwiftScan SPECT¹



Diagnose disease earlier with SwiftScan Planar and SwiftScan SPECT's improved small lesion detectability³

^{2a} Evolution Options - Evolution claims are supported by simulation of count statistics using default factory protocols and imaging of 99mTc based radiotracers with LEHR collimator on anthropomorphic phantom or realistic NCAT – SIMSET phantom followed by quantitative and

^{2b} Evolution Toolkit - Evolution Toolkit claims are supported by simulation of full count statistics using lesion simulation phantom images based on various radiotracers and collimators and by showing that SPECT image quality reconstructed with Evolution Toolkit provide equivalent clinical information but have better signal-to-noise, contrast, and lesion resolution compared to the images reconstructed with FBP/OSEM.

³ As demonstrated in phantom testing using a model observer. For SPECT, compared to using the LEHR Collimator and a SPECT Step & Shoot acquisition. For Planar, compared to using LEHR without Clarity 2D.

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qualitative images comparison