

ANGIOSCAN

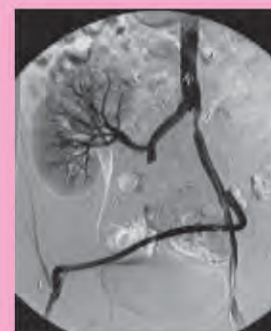
“When you need deep and clear
visualization with safety,”

Discover the depth with Ionic contrast media

**65% Meglumine Diatrizoate Injection USP
with CaNa_2 EDTA Stabilizer**

- Optimal contrast
- Rapid excretion
- Safe
- Well tolerated
- Reduced risk of ventricular fibrillation due to presence of CaNa_2 EDTA Stabilizer

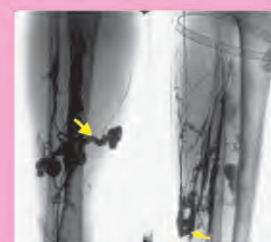
COMPOSITION	ANGIOSCAN 65 20ml	ANGIOSCAN 65 50ml
Iodine Concentration	306 mg/ml	306 mg/ml
Iodine Content	6.12 g	15.30 g
pH	6.7 - 7.0	6.7 - 7.0
Viscosity (mPa*s)		
at 37°C	5.0	5.0
at 20°C	9.3	9.3



Intra-arterial DSA. This image shows the pelvis of a patient that has had a kidney transplant & a stent placement.



Hysterosalpingography: The contrast material is injected through a Schultze-device placed into the cervix. The contrast material outlines the uterine cavity and the thin Fallopian tubes opening into the peritoneal cavity.



Lower limb phlebography.

Depth ... Clarity ... Safety ...



INDICATIONS

- Urography (IVP/IVU)
- Angiocardiography
- Phlebography
- Ventriculography
- Computerised Tomography
- Digital Subtraction Angiography
- Aortography
- Arthrography
- Arteriography
- Hysterosalpingography (HSG)
- CT enhancement
- Herniography

Contraindication

Manifest hyperthyroidism, de-compensated cardiac insufficiency. Hysterosalpingography must not be performed during pregnancy or in the presence of acute inflammatory processes in the pelvic cavity.

Presentation

Angioscan 65% : 20ml vial & 50ml vial.

Storage

Store at controlled room temperature 20°C to 30°C.
Do not freeze.
Protect from direct sunlight and secondary X-rays.
Inspect container for particulate matter before use.
Discard unused portion.

Please Note

The contrast medium solution should not be drawn into the syringe or the infusion bottle until immediately for the examination. **Vials containing contrast medium solutions are not intended for the withdrawal of multiple doses.** The rubber stopper should never be pierced more than once. The use of cannulas with a long tip and a maximum diameter of 18 G is recommended for piercing stopper and drawing up the contrast medium. **Contrast medium not used in one examination session must be discarded.**

The need for examination merits particularly careful consideration in hypersensitivity to iodinated contrast media, severe impairment of hepatic or renal function, cardiac and circulatory insufficiency, pulmonary emphysema, poor general health, cerebral spasmodic condition, latent hyperthyroidism, bland nodular goiter and multiple myeloma.

Fluid intake should not be restricted before the use of hypertonic contrast media in patients with multiple myeloma, diabetes mellitus requiring treatment, polyuria, gout and in babies, young children and patients in a very poor state of health. Pre-medication with alpha-receptor blockers is recommended in pheochromocytoma patients because of the risk of blood pressure.

Following the administration of iodinated contrast media, the capacity of the thyroid tissue to take up radioisotopes for diagnostic disorders of thyroid is reduced for up to two weeks, and even longer in individual cases.

Diabetic nephropathy may predispose to renal impairment following intravascular contrast medium administration. This may precipitate acidosis in patients who are taking biguanides.