

The logo features a blue square with a white grid pattern, containing a lowercase 'i'. To its right, the word 'Tracking' is written in a black, sans-serif font, with a trademark symbol (TM) at the top right.

REVO 

AS SIMPLE AS PRESSING *the start button*

The logo consists of a blue square with a white cross-like shape inside. To its right, the word 'OPTOPOL' is written in a bold, black, sans-serif font, with the word 'technology' in a smaller, lowercase, sans-serif font below it.

Optopol engineering team, the designers of the first commercially available Spectral Domain OCT in the world, are proud to present the latest innovation, the world's first B-OCT and T-OCT for standard posterior OCT. Our supreme experience in Spectral Domain OCT allows us to provide the market with a state of the art instrument which comes with new advanced technologies and remarkable simplicity of operation.

The latest software release sets up new demands for daily OCT routine in a modern ophthalmic practice. The new modules expand the diagnostic range of OCT by the addition of Posterior and Anterior segment, Corneal topography and Optical biometry with minimum patient fatigue and chair time.

New OCT standard - All functionality In One device.

Once again Revo NX goes beyond the limits of standard OCT. With its new software, our Revo NX provides a full functionality scanning from the retina to the cornea. It brings benefits by combining the potential of several devices. With REVO you can measure, quantify, calculate and track changes from the cornea to the retina over time with just one OCT device.

OCT made simple as never before

Position the patient and press the START button to acquire examinations of both eyes. The Revo NX, guides the patient through the process with vocal messages to increase comfort and reduce patient chair time. Short scanning time means less fatigue for the patient. The ability to create customized scanning protocols of different diagnostic scenarios speeds up the workflow.

A perfect fit for every practice.

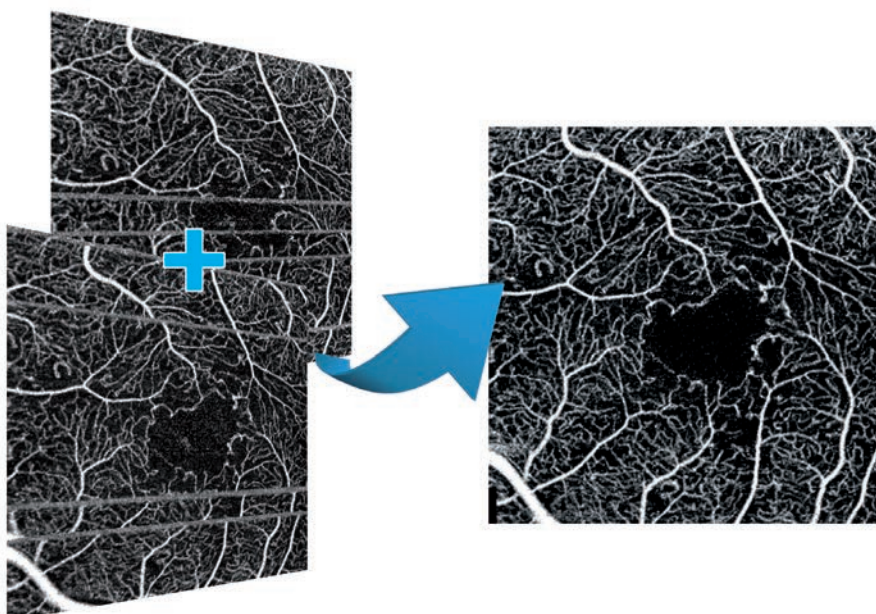
With a small system footprint and access for both the operator and the patient needed from only one side, space saving is further enhanced. And with a single cable connection the REVO NX can easily fit into the smallest of examination rooms. Revo's variety of examination and analysis tools enables it to function effortlessly as a screening or advanced diagnostic device.

Enhanced vitreous and choroidal details

Enhanced visualization of vitreous and choroid helps to verify the condition below and above the patient's retina faster and easier. The Caliper tool allows to quantify Choroidal thickness. Enhanced scanning mode allows to improve penetration through choroid or reveal vitreous thin details.

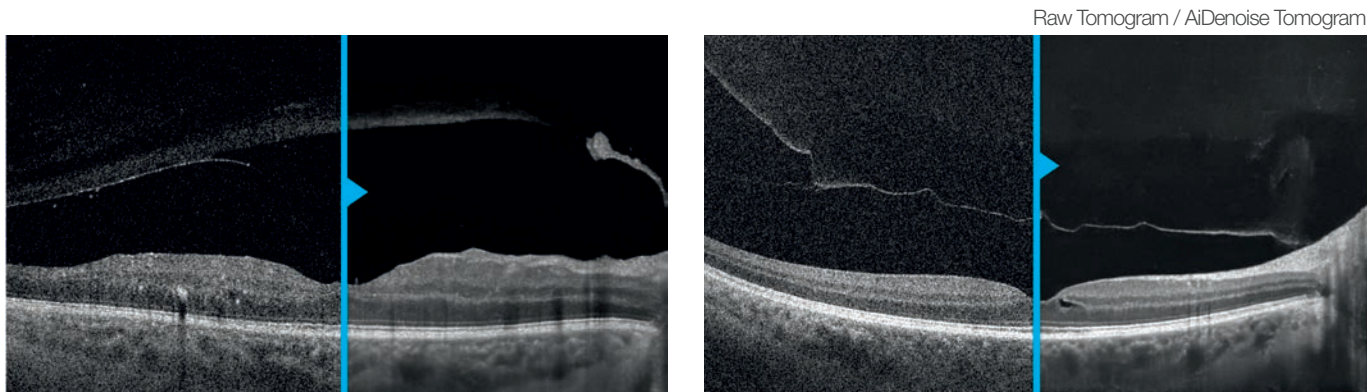


iTracking™ technology compensates involuntary eye movements and blinks. When OCT scan is used each anatomical region is acquired twice automatically. The system immediately creates an artifactfree MC examination using the Motion Correction Technology™. The elimination of eye movement and blinking artifacts ensures the highest resolution of Angio OCT images without patient inconvenience. Clear OCT A data set makes it easier to interpret the condition of the retina vasculatur.



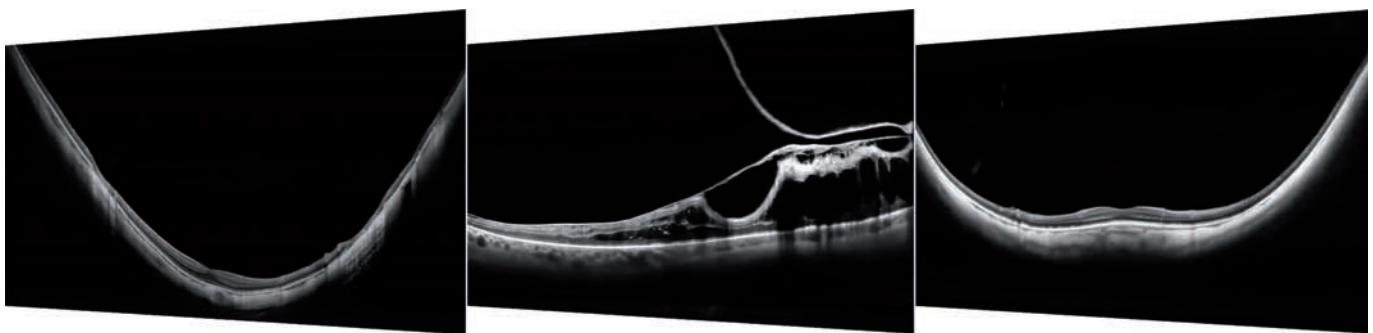
DN  **AI DENOISE**

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. The AI DeNoise algorithm filters out noise from the tomogram for the highest and smoothest image quality. The function is available on all tomograms and in every tab featuring them, including the 3D tab. On averaged tomograms the function is on by default. The moment a tomogram is loaded for review the software starts denoising it. After a short moment the original “undenoised” tomogram is replaced with a noise-free image.



FR  **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.

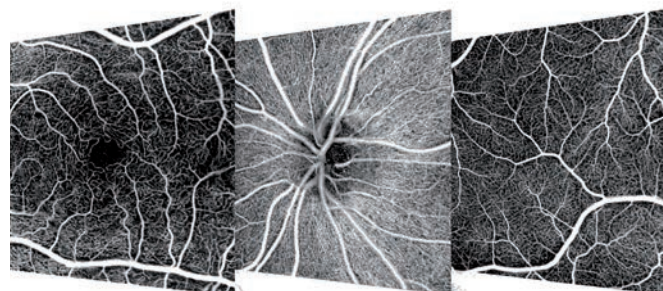


*Images courtesy of Bartosz L. Sikorski MD, PhD



ANGIOGRAPHY SOCT¹

This non-invasive dye free technique allows the visualization of the microvasculature of the retina. Both blood flow and structural visualization give additional diagnostic information about many retinal diseases. Angiography scan allows assessment of the structural vasculature of the macula, the periphery or the optic disc. Extremely short scanning times of 1,6 seconds in standard resolution or 3 seconds in high resolution.



Now Angiography OCT can become a routine in your diagnostic practice.

ANGIO ANALYSIS METHODS

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. Available quantification methods:

- Vessel Area Density - it is defined as the total area of perfused vasculature per unit area in a region of measurement.
- Skeleton Area Density - it is defined as the total area of skeletonized vasculature per unit area in a region of measurement.

Quantification is available for a specific layer in Angio OCT exam:

- Retina: Superficial Plexus and Deep Plexus
- Disc: RPC - Radial Peripapillary Capillary

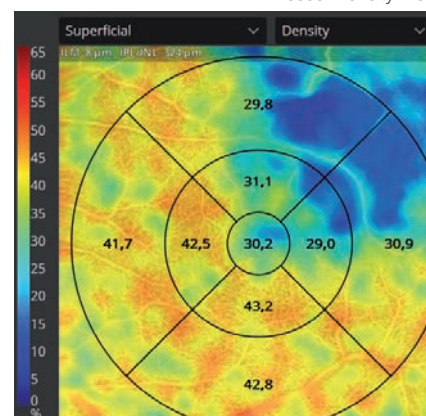
ANGIO-ANALYTICAL TOOLS

FAZ – Foveal Avascular Zone measurements allow to quantify and monitor changes in Superficial and Deep vascular layer. FAZ tool is also available for narrow and wide scans.

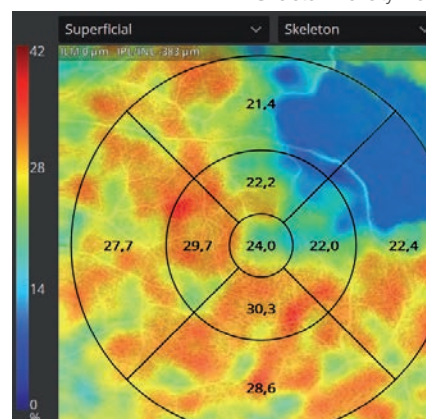
VFA – Vascular Flow Area allows to examine the pathologically affected area and precisely measure the area covered by vascularization. User can easily measure area on predefined or own selected vascular layer.

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

Vessel Density Map



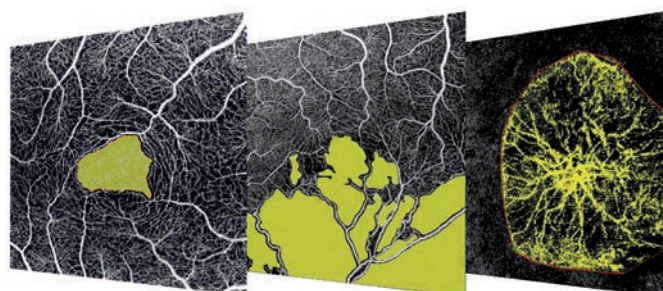
Skeleton Density map



FAZ rea [mm²]
Perimeter [mm]
Circularity

Non Flow Area [mm²]

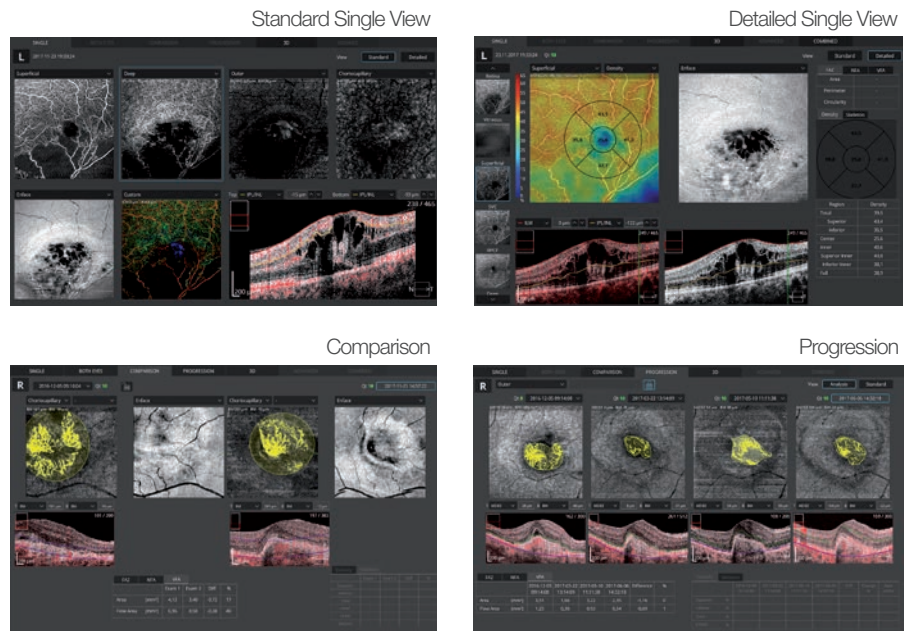
Area [mm²]
Flow Area [mm²]



¹ an optional software module to purchase.

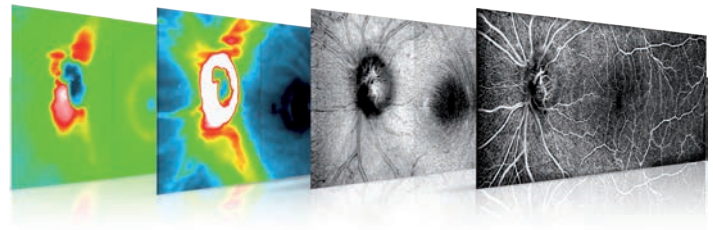
A COMPLETE SET OF ANGIO OCT ANALYSIS VIEWS

Software allows to observe, track and compare changes in the microvasculature of the retina in both eyes.



ANGIOGRAPHY MOSAIC¹

The Angiography mosaic delivers high-detail images over a large field of the retina. Available modes allow to see predefined region of the retina in a convenient way.

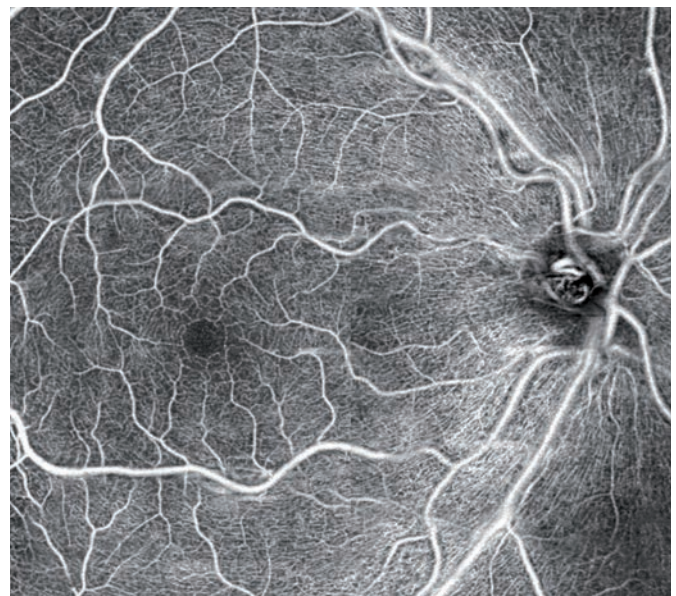


In manual mode it is possible to scan the desired region. Built-in analytics allow the user to see vascular layers, enface or thickness maps.

Healthy patient, Angio Mosaic mode: 7x7 mm



PDR, Angio Mosaic mode: 10x10 mm



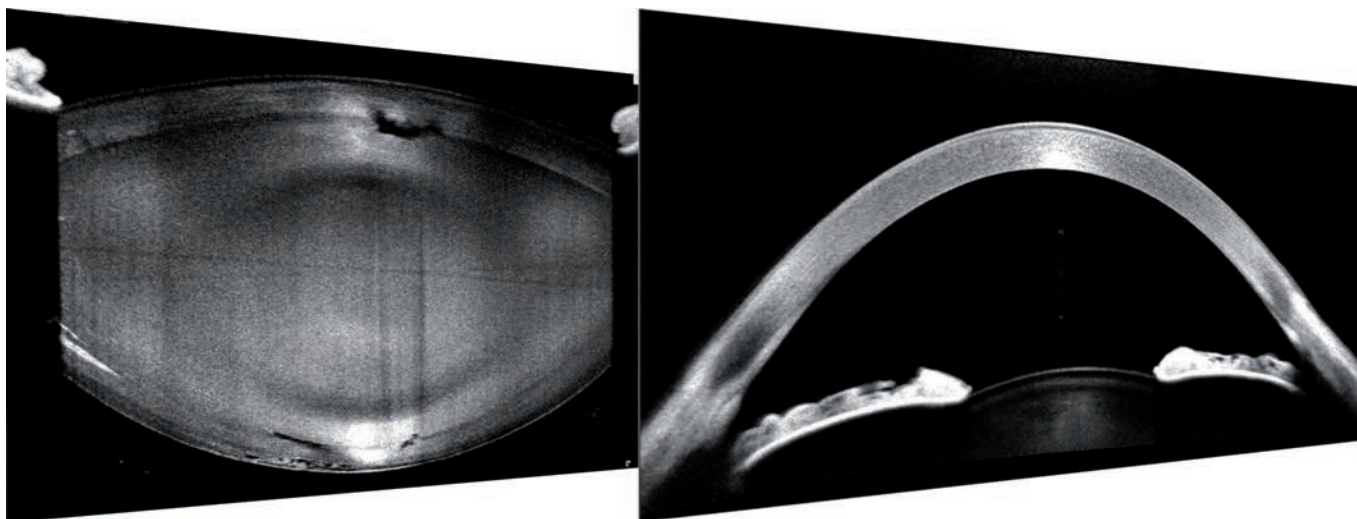
*Images courtesy of Bartosz L. Sikorski MD, PhD

¹ an optional software module to purchase.



ANTERIOR CHAMBER

Built-in anterior lens allows the user to perform the imaging of the anterior segment without installing additional lens or forehead adapter. Now you can display the whole anterior segment or focus on a small area to bring out the details of the image.

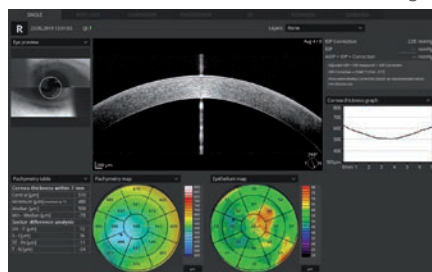


New Anterior Chamber protocols with a fast view of the whole Anterior Chamber. Now you can evaluate gonioscopy situation and verify cataract lens easier and faster.

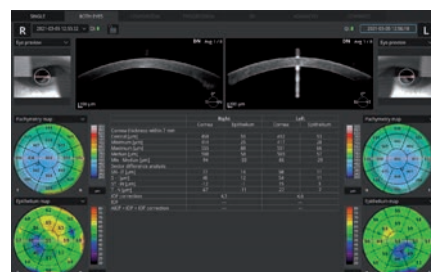
Presentation of the results for both eyes allows quick and precise evaluation of the condition of the patient's anterior segment.

Epithelium and Pachymetry map are included in the standard package.

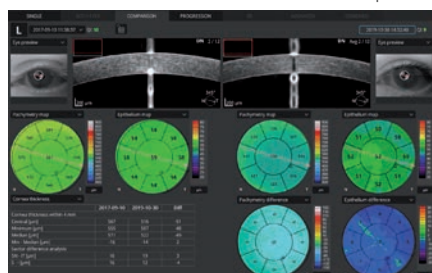
Cornea Single



Both



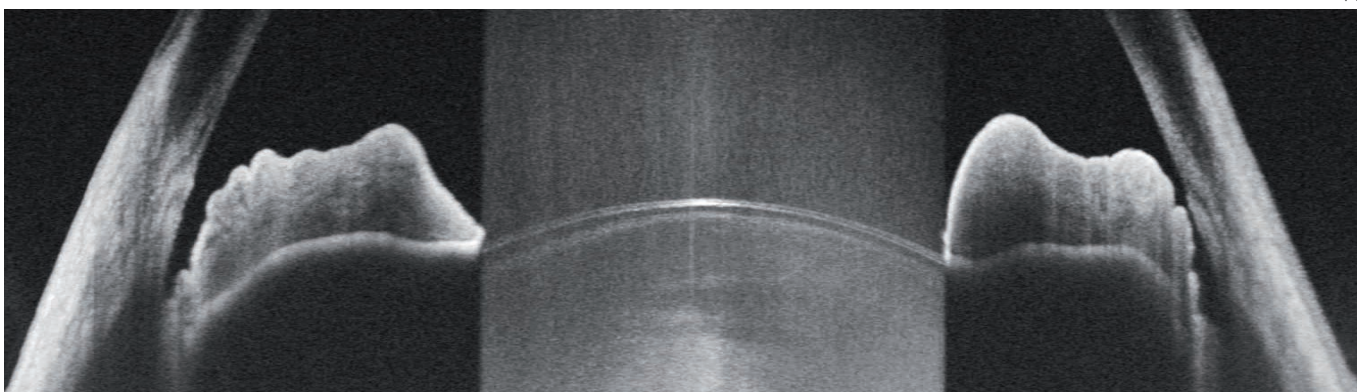
Comparison



Progression



OCT Gonioscopy



* Images courtesy of Prof. Edward Wylegala MD, PhD

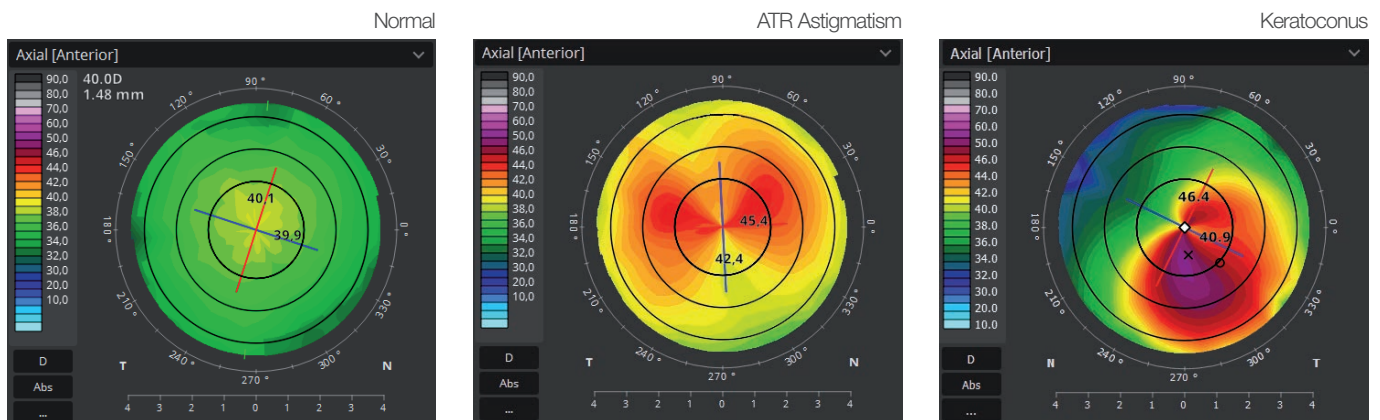
T  **TOPOGRAPHY OCT¹**

T-OCT™ is a pioneering way to provide detailed corneal Curvature maps by using posterior dedicated OCT. Anterior, Posterior surfaces and Corneal Thickness provide the True Net Curvature information. With the Net power a precise understanding of the patient’s corneal condition comes easily and is free of errors associated with modeling of posterior surface of the cornea. SOCT T-OCT module provides Axial maps, Tangential maps, Total Power map, Height maps, Epithelium and Corneal thickness maps.

Corneal topography module clearly shows the changes in the cornea on the difference map view. Customize favoured view by selecting from a variety of available maps and display options. Fully Automatic capturing with examination time of up to 0.2 sec makes testing quick and easy. Topography module provides: Full featured Corneal mapping of Anterior, Posterior and Real Precise Astigmatism Display Option (SimK: Anterior, Posterior, Real, Meridian and Semi-Meridian \varnothing 3, 5, 7 mm zones

KERATOCONUS SCREENING

Easily detect and classify Normal keratoconus with Keratoconus classifier. The classification is based on KPI, SAI, DSI, OSI and CSI. In the early stages of keratoconus the results can be complemented by Epithelium and Pachymetry maps.

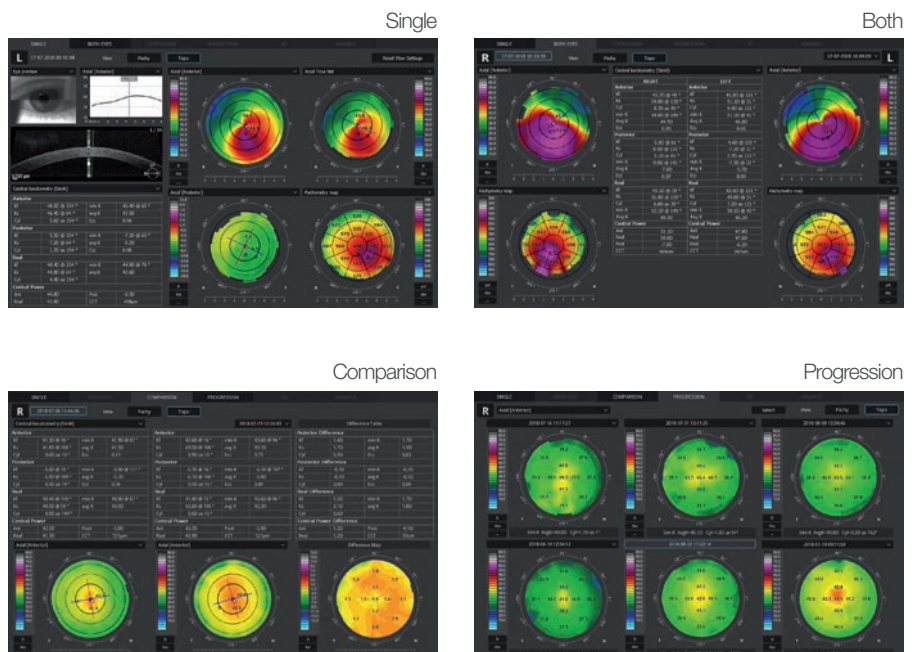


COMPARE THE EXAMS

ATR Astigmatism Keratoconus Comprehensive software features a range of selectable views: Single, Both comparison and progression. See details on standard Single view and easily see corneal asymmetry on the Both view.

The follow-up feature in the T-OCT™ module gives the possibility to fully compare the changes in the corneal topography over time for:

- LASIK undergone patients
- Keratoconus patients
- The contact lens wearers



¹ an optional software module



GLAUCOMA

Comprehensive glaucoma analytical tools for quantification of the Nerve Fiber Layer, Ganglion layer and Optic Head with DDLS enable the user to perform precise diagnosis and monitoring of glaucoma over time.

With the golden standard 14 optic nerve parameters and a new Rim to Disc and Rim Absence the description of ONH condition is quick and precise.

Advanced view which provides combined information from Retina and Disc scan to integrate details of the Ganglion cells, RNFL, ONH in a wide field perspective for comprehensive analysis.

With the Asymmetry Analysis of Ganglion layers between hemispheres and between eyes it is possible to identify and detect glaucoma in early stages and in non-typical patients.

We implemented the DDLS - Disc Damage Likelihood Scale which uses 3 separate classifications for small, average and large discs. It supports the practitioners in a quick and precise evaluation of the patient's glaucomatous disc damages.

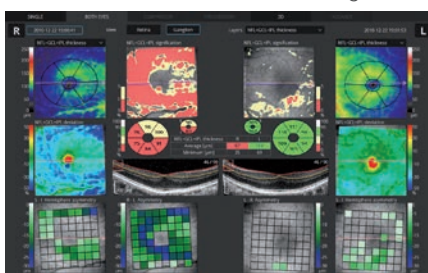
Advance Retina & ONH



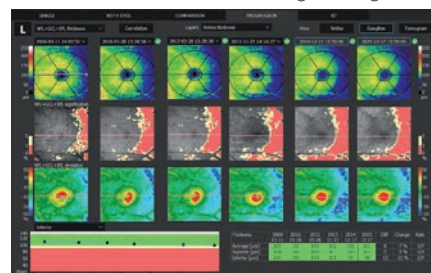
ONH Single



Ganglion Both



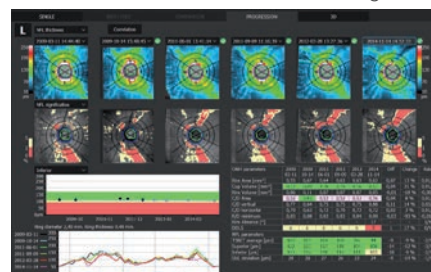
Ganglion Progression



ONH Both



ONH Progression

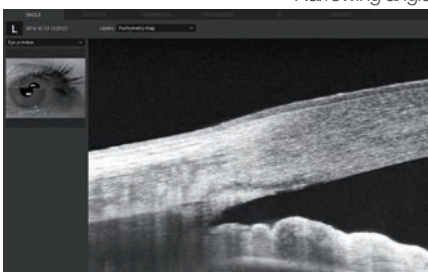


COMPLETE YOUR GLAUCOMA REPORT

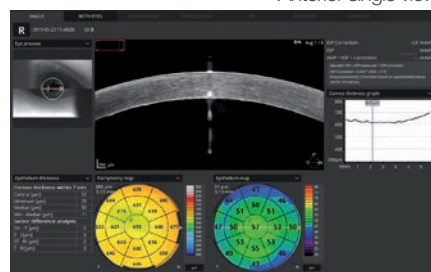
To eliminate the common problem with the understanding of the patient's IOP, the pachymetry module provides IOP Correction value. With the implemented Adjusted IOP formula you can quickly and precisely understand the measured IOP value.

As the Pachymetry and Anterior Chamber Angle Verification require no additional attachments, the predefined Glaucoma protocol which consists of Retina, Disc and Anterior scans, can be done automatically to reduce patient chair time.

Narrowing angle



Anterior single view



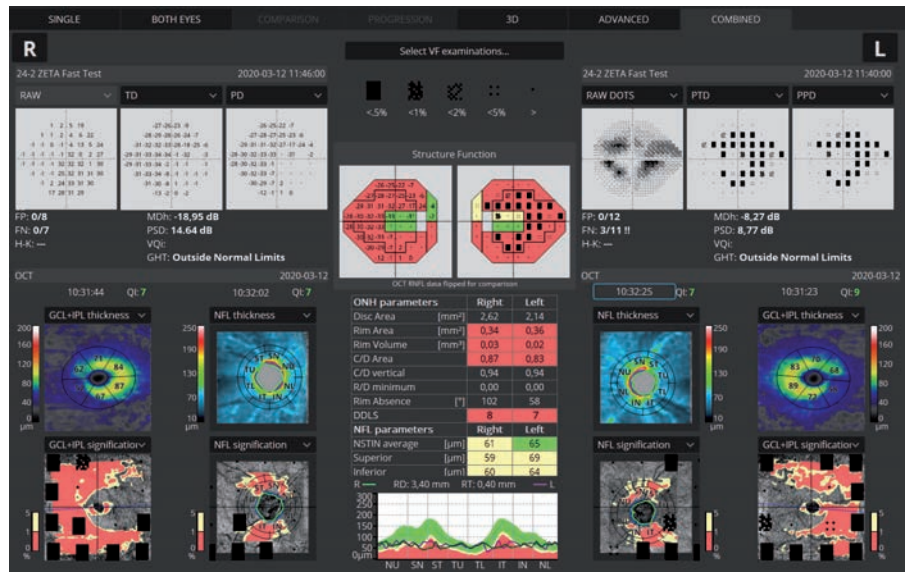


COMPREHENSIVE GLAUCOMA SOLUTION

STRUCTURE & FUNCTION - Combined OCT and VF results analysis

Invaluable combination of information about the functional quality of vision 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:

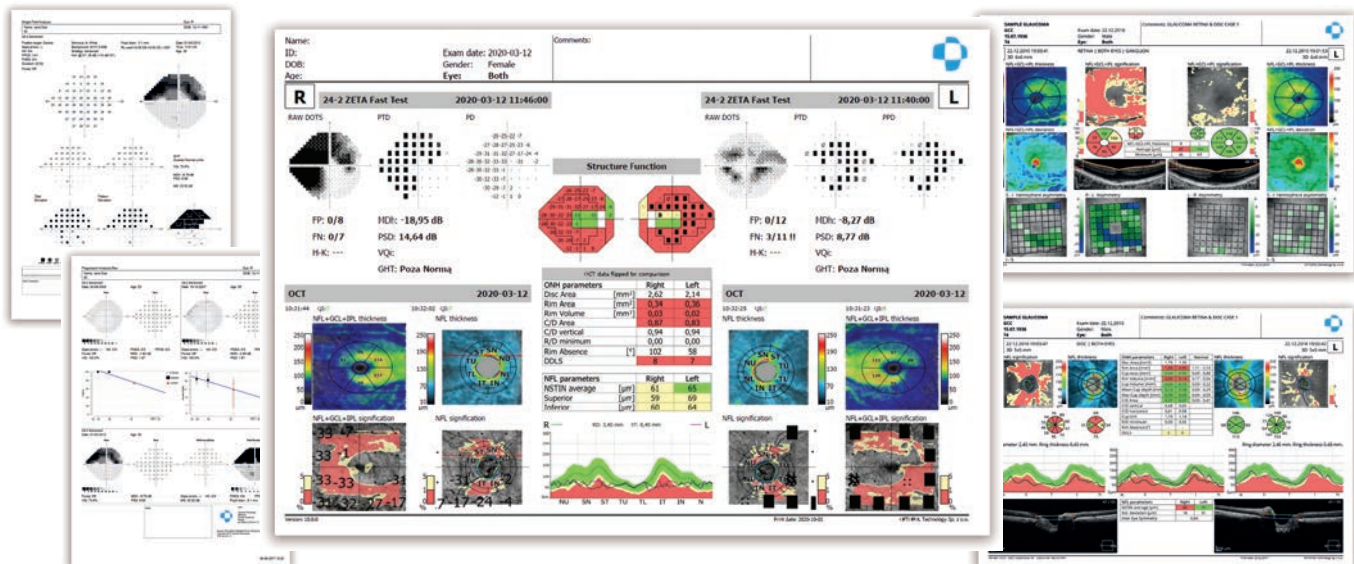
- VF sensitivity results (24-2/30-2 or 10-2)
- Total and Pattern Deviation probability graphs for VF results
- Reliability and Global indices for VF results
- Combined map of Structure & Function
- Ganglion cells analysis (GCL+IPL or NFL+GCL+IPL)
- ONH and NFL analysis including charts and comparison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



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

SINGLE PAGE REPORT

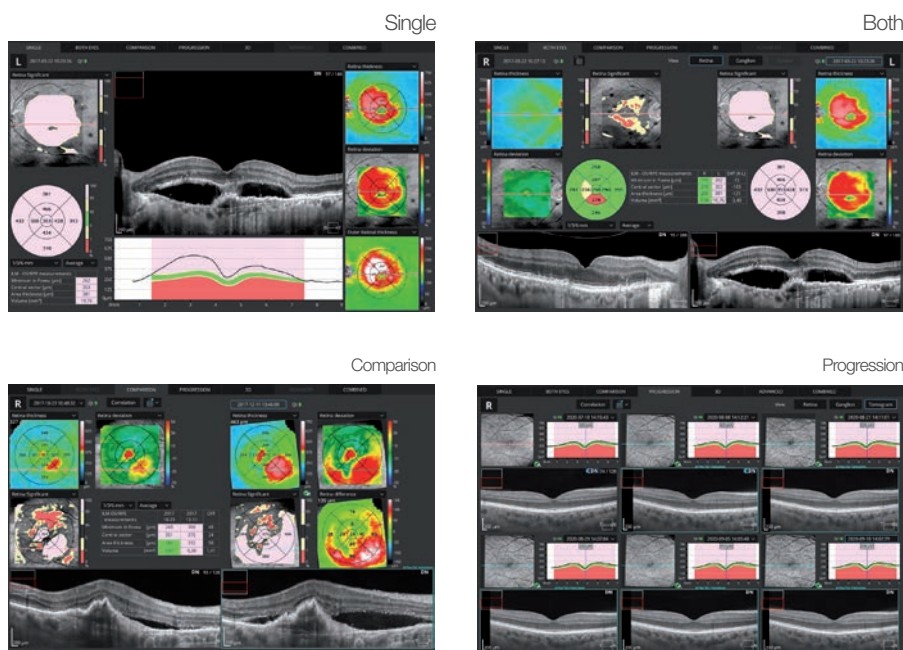
S+F provides a quick and comprehensive single page report for glaucoma management. All key diagnostic information on the one page.



* connection with PTS software version 3.4 or higher is required

RETINA

A single 3D Retina scan performs both Retina and Glaucoma analysis. The software automatically recognizes 8 retinal layers which assists with precise diagnosis and 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. The operator can analyse 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.

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.

AL **BIOMETRY OCT¹**

B-OCT® is an innovative method of using the 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. The B-OCT module is available in two options:

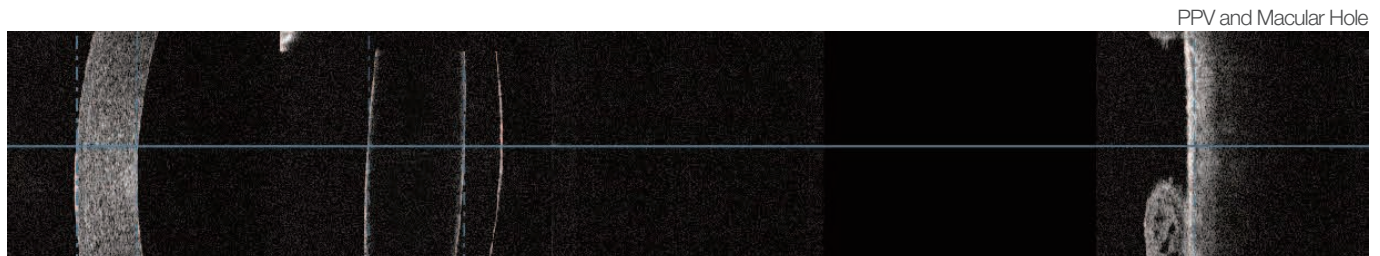
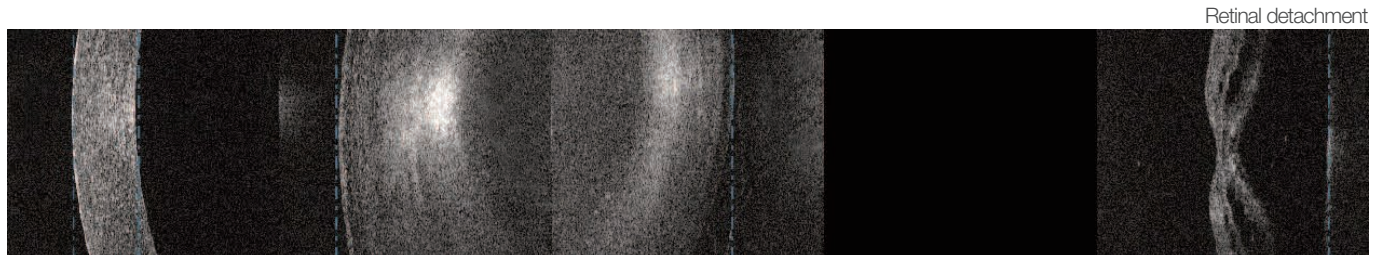
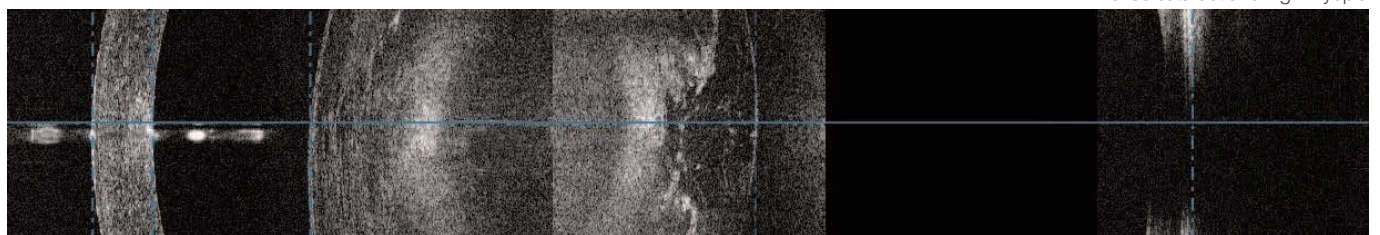
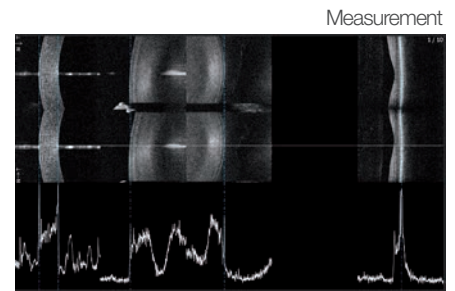
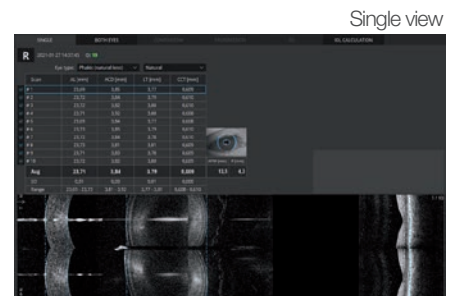
- Standard: featuring IOL calculator
- Basic: for managing high myopia cases

IOL **IOL Calculator^{3,4}**

IOL formulas allow the user to calculate IOL implant parameters. Our systems now support the latest IOL data base 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.



*Images courtesy of Bartosz L. Sikorski MD, PhD

¹ an optional software module
³ Biometry module required
⁴ IOL Calculator required separate licence

| | |
|-------------------------------------|--|
| Technology | Spectral Domain OCT |
| Light source | SLED Wavelength 850 nm |
| Bandwidth | 50 nm half bandwidth |
| Scanning speed | 130 000 measurements per second |
| Axial resolution | 2.6 µm digital, 5 µm in tissue |
| Transverse resolution | 12 m, typical 18 m |
| Overall scan depth | 2,8 mm / ~6 mm in Full Range mode |
| Minimum pupil size | 2.4 mm |
| 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 18 mm |
| Scan types | 3D, Angio ¹ , Full Range Radial, Full Range B-scan, Radial (HD), B-scan (HD), Raster (HD), Cross (HD), TOPO ¹ , AL, ACD |
| Fundus image | 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 ¹ | Vitreous, Retina, Choroid, Superficial Plexus, RPCP, Deep Plexus, Outer Retina, Choriocapillaries, Depth Coded, SVC, DVC, ICP, DCP, Custom, Enface, FAZ, VFA, NFA, Quantification: Vessel Area Density, Skeleton Area Density, Thickness map |
| Angiography mosaic | Acquisition method: Auto, Manual Predefined auto modes: 7×7 mm, 10×6 mm, 10×10 mm, 12×5 mm, Manual |
| Glaucoma analysis | RNFL, ONH morphology, DDLS, OU and Hemisphere asymmetry, Ganglion analysis as RNFL+GCL+IP and GCL+IPL, Structure + Function ² |
| Biometry OCT ¹ | AL, CCT, ACD, LT, P, WTW |
| IOL Calculator ^{3,4} | IOL Formulas: Hoffer Q, Holladay I, Haigis, Theoretical T, Regression II |
| Corneal Topography Map ¹ | Axial [Anterior, Posterior], Refractive Power [Kerato, Anterior, Posterior, Total], Net Map, Axial True Net, Equivalent Keratometer, Elevation [Anterior, Posterior], Height, KPI (Keratoconus Prediction Index) |
| Anterior | Pachymetry, Epithelium map, Stroma map, AIOP, Angle Assessment, AOD 500/750, TISA 500/750 |
| Anterior Wide Scan | Anterior Chamber Radial, Anterior Chamber B-scan, Angle to Angle view (Adapter required), Wide Cornea |
| Connectivity | DICOM Storage SCU, DICOM MWL SCU, CMDL, Networking |
| Fixation target | OLED display (the target shape and position can be changed), external fixation arm |
| Dimensions (W×D×H) / Weight | 382 mm × 549 mm × 462 mm / 23 kg |
| Power supply / consumption | 100 V to 240 V, 50/60 Hz / 115 VA to 140 VA |

¹ an optional software module

² connection with PTS software version 3.4 or higher is required

³ Biometry module required

⁴ IOL Calculator required separate licence