WINSCOPE Plessart provides true digital solutions.

The advanced full-digital system WINSCOPE Plessart acquires high-resolution images with outstanding diagnostic accuracy and fully supports filmless operation.
The full-digital X-ray TV system WINSCOPE Plessart provides new clinical value to all users.

Achieve higher throughput with a fully integrated system

From start to finish, WINSCOPE plessart reduces the number of steps required to perform exams. Simplified operation further contributes to a truly examination environment.

**Film operation**

- Patient registration using keyboard
- Patient registration is also available using the card reader, bar-code reader and electronic medical chart.
- After positioning is decided, radiography will start.
- (Changing the film magazine is needless)
- The data could be transferred to the viewer using the network.
- Images could be kept in storage as DVD-RAM (Film storage is not required)
- Registration
- Imaging
- Screening examination
- Film processing

**TOTAL**

- 1 examination (Stomach examination)
- About 60 minutes

**Digital operation**

- Patient registration using keyboard
- Patient registration is also available using the card reader, bar-code reader and electronic medical chart.
- Registration
- Imaging
- Screening examination
- Film processing

**TOTAL**

- About 25 minutes

- 1 examination (Stomach examination)
Optimize images with superior processing power

New image processing technologies and Super-fine high resolution CCD provide high-quality images without blackened put area.

Auto window function

WINSOPE Plessarts’ s unique auto window function can generate the optimal gamma curve automatically for the histogram distribution in the acquired image.

Advanced Digital compensation filter (DCF)

The DCF corrects the density differences in images and obtain the images without blackened out area. In examinations such as gastrointestinal and orthopedic radiography, optimal images can always be acquired.

User friendly monitor layout

By dividing the patient information area and the acquired images area, live monitor is designed to be easy to understand. Character information and image will not cross over so the technician can concentrate on the examination.

Backup Hard Disk + REV Disk* Prevent Data Loss MHR** Backup Further Improves Data Safet

Acquired images are saved to hard disk and a backup copy is mirrored to a second hard disk just in case the first disk fails. Simultaneously saving each image on two separate disks virtually eliminates worries about data loss should the main hard disk malfunction. In addition, a high-speed, large-capacity REV disk is adopted for the backup of image data. Valuable image data can be stored long-term in high-reliability external media.

* Removable hard disk

** MHR (Mirroring CCD & REV) backup function

Combination of I.I. and CCD digital camera

The high-performance I.I. and CCD digital camera, with excellent dynamic range characteristics, realize a high Detective Quantum Efficiency (DQE). Compared to film, images can be obtained with smaller X-ray doses, thus shortening imaging time and producing clear images with minimized blurring.

* DQE (Detective Quantum Efficiency): Indicator measures detector effectiveness in catching X-ray photons and using them for image construction.

Valuable image data can be stored long-term in high-reliability external media.
Comfortable examination with flexible and wide-range movement of table

Wide coverage
Large examination rage (spot stroke 90cm + I.I. field of view) made it possible the whole-body examination without moving the patient position.

Dynamic Motion Facilitates
The tilt angle of +89º (standing) to -30º (head down tilt) greatly facilitates gastrointestinal screening examination. For example, double-contrast imaging of the anterior wall of the stomach can be performed at -30º.

Drastically reduce the noise in the examination room
With the improvement of driving scheme, noise of table movement kept to a minimum. Also the X-ray generator is out of examination room, which reduced the noise in the room.

Clear space under the table
Under the table, there is clear space which could approach the patient easily in urological examination.

Tabletop effectively reduces exposure dose
The table is made of a material with minimum X-ray absorption, reducing the exposure dose. In addition, the flat table requiring less Barium can efficiently meet screening examination and multi-purpose study needs.
Multipurpose examination supported with new function

2nd Tube with ceiling suspended tube support.
By adding additional tube support to the system, wide variety of examination could be performed.

X-ray tube structure support for chest examination
Structure of angled X-ray tube is available with the table in standing position. Positioning of X-ray tube and control of the exposure field could be performed with the switch on the brace of X-ray tube.

Support DA and DSA function for abdominal study
When DSA package (option) is ordered, DA and DSA examination will be available which is required for abdominal study.

Comfortable Endoscopic/Urological screening examination
A clearance distance of 45 cm is provided from the center of the X-ray beam to the upper end of the table, enabling an easy approach from the top of the table during the endoscopic/urological examination under fluorographic guidance.

Real Time Display During the examinations
Digitally obtained images can be checked in real time. In addition, the images can be displayed on the local control console (option), supporting intra-operative monitoring and permitting the operator to explain to the patient while showing the images.

*An additional keypad for the local control console (option) is required.
Considerate to patients
supported by variety of accessories

Wide footrest
A wide footrest is mounted on the foot end of the table. This patient friendly footrest provides sufficient space for the patient to stand comfortable.

New shoulder rest
The shape of the shoulder rests has been improved to best fit the shoulder size of the patient.

Hand grip
Non-slip long handgrip: A long handgrip with a non-slip surface is used. The patient can hold the handgrip easily at any position, increasing safety.

Compression tube
Remote-controlled compression cone

Barium cup holder
Convenient barium cup holder

Side protector
A side protector is provided to prevent the fingers of the patient’s left hand from being caught in the unit.

Options

Table mat
People-friendly materials are used for the table mat, reducing patient discomfort during long examination.

Foot switch
Operation of fluorography and radiography could be performed with this switch.

Motor driven shoulder rest
Shoulder rest will move electrically and stop automatically when the shoulder pad touches the patient shoulder.

Urological accessories
Variety of urological accessories are supported equivalent to the system dedicated to Urological study.

Cassette holder
35 cm x 43 cm (14" x 17") cassette holder is supported used for multiple study such as enema examination and urological study.
Comfortable observation flow supported by network transfer

Acquired image data is immediately transferred to the network. And, upon completion of the screening examination, shown to the patient with an explanation. This is the new flow of screening examination, again made possible by digital technology.

Images freely transferable via the hospital network

A single click transfers the acquired images over the network to the images server and viewer located in the consultation room and the reading room. Immediately after completion of the screening examination, the results can be explained to the patient. Images can be placed in electronic medical charts or used for remote medical care via the internet.

Word standard communication protocol compatible with DICOM storage (option)

DICOM 3.0 image transfer (DICOM Storage) support facilitates the building of full-fledged hospital networks, including HIS, RIS, and PACS.
INNOVATION BY DESIGN

For over 130 years, TOSHIBA has led the world in developing technology to improve the quality of life. This Made for life™ commitment is reflected in our family of leading-edge imaging systems for CT, MRI, ultrasound, cath labs, X-ray and nuclear medicine. From creating our first X-ray tube in 1915 to the introducing the first dynamic volume CT scanner in 2007, Toshiba continues to build upon our legacy with technological innovation that improves patients care while providing lasting quality for a lifetime of value.

Toshiba — A History of Leadership

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1875</td>
<td>Founding of Toshiba</td>
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<tr>
<td>1915</td>
<td>First X-ray Tube</td>
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<tr>
<td>1973</td>
<td>First Real-time Ultrasound Scanner</td>
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<tr>
<td>1989</td>
<td>First Helical CT Scanner</td>
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<tr>
<td>1990</td>
<td>First Tissue Doppler Imaging System</td>
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<tr>
<td>1993</td>
<td>First One-million-pixel CCD</td>
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<td>1997</td>
<td>First Open, Superconducting Magnet</td>
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<tr>
<td>2000</td>
<td>First All-digital Multipurpose X-ray System</td>
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<tr>
<td>2003</td>
<td>First 64-slice CT Scanner</td>
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<tr>
<td>2005</td>
<td>First Compact Dual Plane Cath Lab with Flat Panel Detectors</td>
</tr>
<tr>
<td>2007</td>
<td>First Dynamic Volume CT Scanner</td>
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TOSHIBA MEDICAL SYSTEMS CORPORATION
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