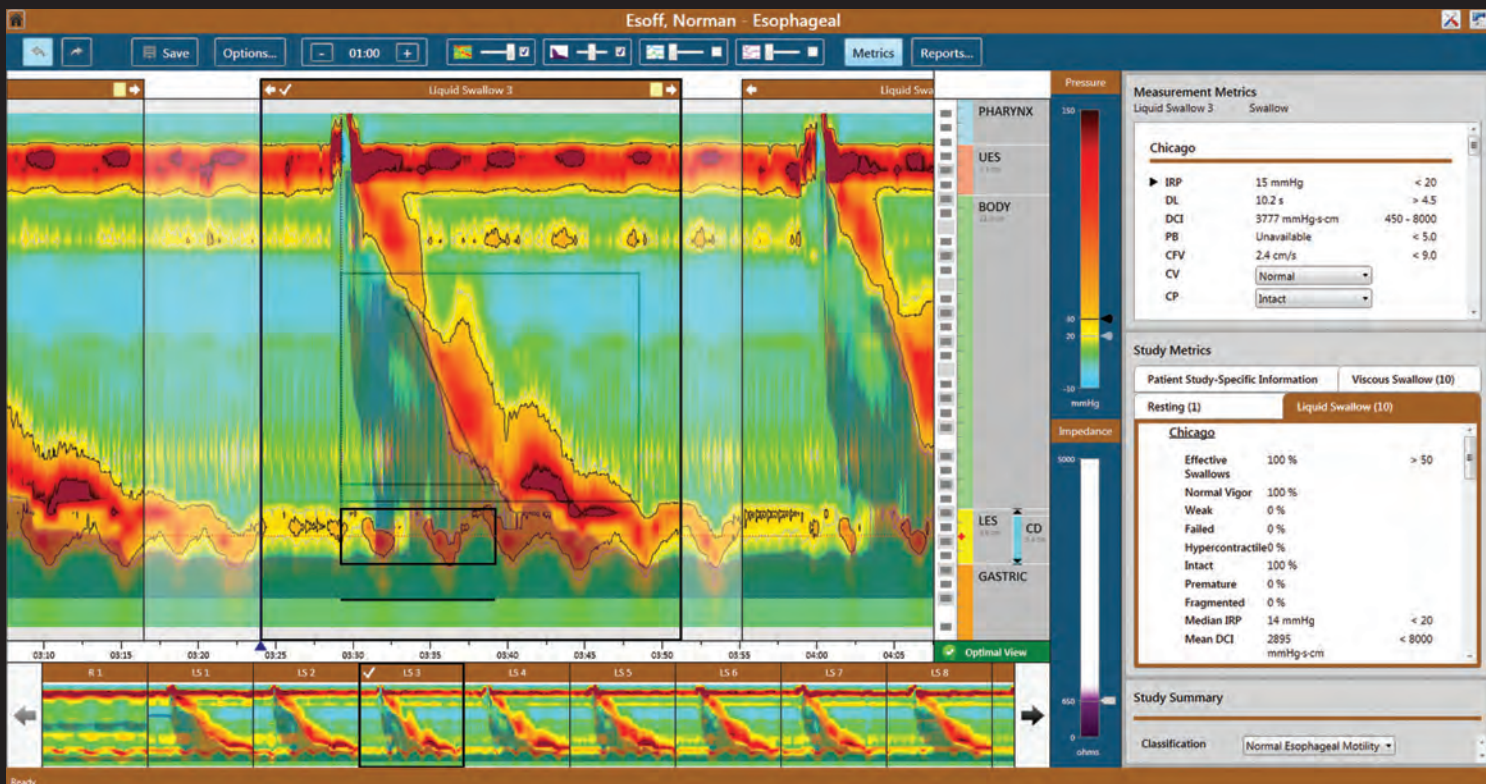




Innovation in High Resolution Manometry

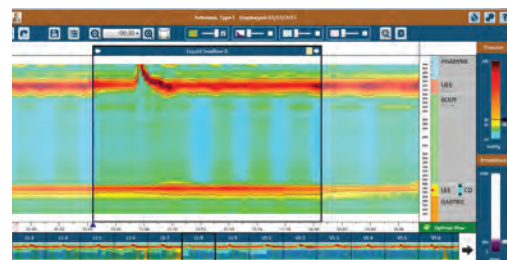


The inSIGHT Ultima® System featuring Zvu Advanced Diagnostic GI Software

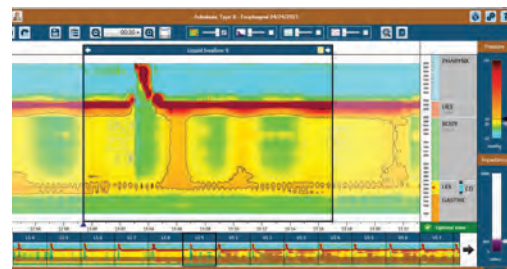
The single platform for High Resolution Manometry

At first glance, you can now **quickly assess and classify swallows** with our unique swallow thumbnail bar. Visually stunning, pressure and impedance data with **simplified control to customize views**, color palettes and report templates. **Real-time metrics** at your fingertips, all designed to enhance your experience.

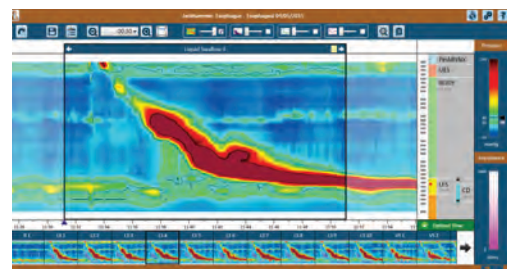
Comprehensive...Versatile...Insightful.
Get all that and more with the all new Zvu.



Achalasia Type I



Achalasia Type II



Jackhammer

All patients with suspected achalasia

who do not have evidence of a mechanical obstruction on endoscopy or esophagram **should undergo esophageal motility testing** before a diagnosis of achalasia can be confirmed.¹

Chicago Classification 3.0

Disorders of EGJ Outflow Obstruction

Achalasia

- Type I: 100% failed peristalsis [no PEP]
- Type II: 100% failed peristalsis [+ PEP]
- Type III: >20% premature contractions

EGJ Outflow Obstruction

- Incompletely expressed achalasia
- Mechanical obstruction

Major Disorders of Peristalsis Entities Not Seen in Normal Controls

Distal Esophageal Spasm (DES)

- $\geq 20\%$ premature contractions (DL<4.5s) Jackhammer esophagus
- $\geq 20\%$ of swallows with DCI >8,000 mmHg-s-cm and normal DL

Absent Contractility

- No scorable contraction by DCI and DL criteria (should consider achalasia with borderline IRP and/or bolus pressurization)

Minor Disorders of Peristalsis Impaired Bolus Clearance

Ineffective Motility (IEM)

- >50% ineffective swallows

Fragmented Peristalsis

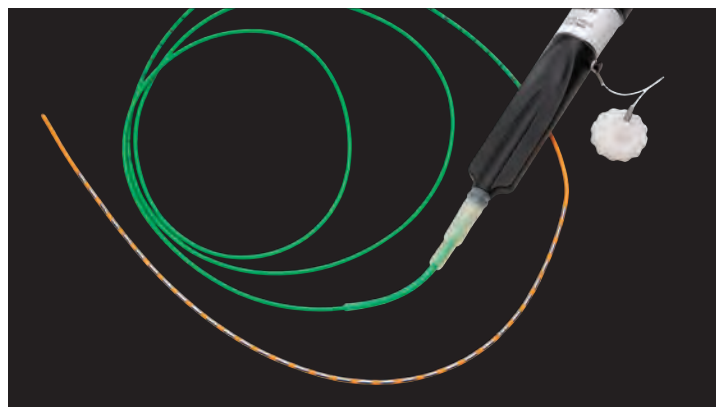
- >50% fragmented swallows and not meeting criteria for IEM (mean DCI >450 mmHg-s-cm)



HRiM Probes



HRiM² 12 Fr Probe (32 pressure, 16 impedance)



HRiM^{SD} 8 Fr Probe (32 pressure, 16 impedance)



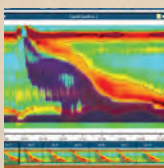
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Since 1981, Sandhill Scientific has been recognized as a global leader in the field of GI Diagnostics. With a long and rich history in the GI space, we have produced many of the innovations used today to help enhance the diagnostic yield of reflux and manometry.

With our Technical Research & Training Center in Denver, Sandhill will continue to innovate, blending science and user feedback to develop products and technologies for you, our customers. See the complete line of GI solutions at **SandhillSci.com**.



Manometry Testing



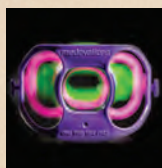
Reflux Monitoring



Esophageal Dilators



CleanFreak® Cleaning Products



Endoscope Care & Accessories

References

1. ACG Clinical Guideline: Diagnosis and Management of Achalasia. Michael F. Vaezi, MD, PhD, MSc, FACP, John E. Pandolfino, MD, MSCI, and Marcelo F. Vela, MD, MSCR.

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