



AIUM/QIBA
Ultrasound Volume Blood Flow
Biomarker

MINUTES 2017-03-25 – at AIUM Annual Convention

Attendance:

P. Carson, S. Chen, T. Erpelding, B. Fowlkes, T. Hall, M. Holland, R. King, O. Kripfgans, M. Lockhard, T. Lynch, R. Managuli, Y. Mine, M. Robbin, J. Rubin, K. Thomenius, M. Trew, Y. Wong

I. Phantom study

- First study was performed at the University of Washington
- Period of data vacuum to warrant data anonymity

II. General discussion

- Goal is 3 systems at 3 sites each
- Establishing volume flow mode data stream on several systems
- In vivo target is renal transplant, using abdominal probe and peripheral vascular setting, assume to be 5 to 10 cm deep
- Emphasis is on continuous flow, but pulsatile will be recorded as well
- Pulsatile flow will have more impact from wall filter, package decimation would be helpful but is not necessarily available
- Fistula study would be appealing as well, currently volume flow is the most difficult to assess, user variability, blood flow assessment biomarker would be helpful
- Unnamed volunteer should draft profile for fistulas, this profile could be used for multiple clinical uses, this is the intend of the profile, start focused and then widen focus afterwards
- Future applications will include: umbilical cord, placenta, fistulas, carotid, TIPS, cardiac output, etc.