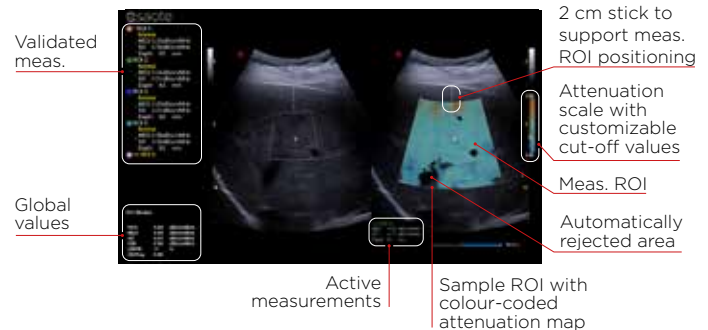
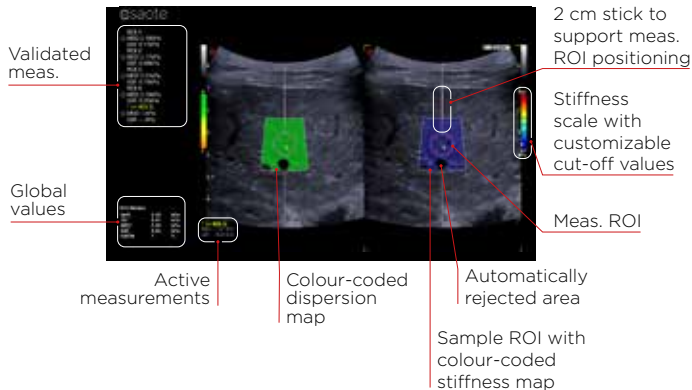


Multiparametric Liver Assessment

QElaXto 2D and QAI Guidelines

- Fasting for 4-6 hours is recommended.
- Acquisition must be performed from the right intercostal approach, to access the right lobe of the liver (VI and VII segments), with the patient in dorsal decubitus position and his/her right arm behind the head in order to maximize the intercostal space.
- The probe-liver coupling must be complete (the entire ultrasound image must be fully visible) and a correct amount of gel needs to be used. Dark areas of the ultrasound image, reverberation artefacts, and rib shadows must be avoided.
- The higher the skin-to-liver distance, the lower the reliability of the measurements.
- Proportionate pressure must be applied, for an optimal liver B-Mode image.
- During the acquisition, the patient should be asked to stop breathing for a few seconds in the neutral respiratory phase, without a deep inspiration.
- The sample ROI (Region of Interest) must be positioned in an area free from bile ducts, artefacts or vessels.
- A measurement stick can be set at 2 cm to support the measurement ROI positioning. For QElaXto 2D, the optimal depth is not deeper than 4-5 cm.
- The sample ROI must be positioned orthogonally with respect to the Glisson capsule.
- A complete and homogenous filling of the colour-coded maps is required.
- For QElaXto 2D, a reliability map helps the operator guide the positioning of the measurement ROI.
- According to the guidelines, three to five valid measurements must be acquired in an area free from vessels, bile ducts or artefacts.
- A session is considered reliable when $IQR/MED < 30\%$.
- Standard deviation (SD) of every measurement should be less than 30% to guarantee high reliability.

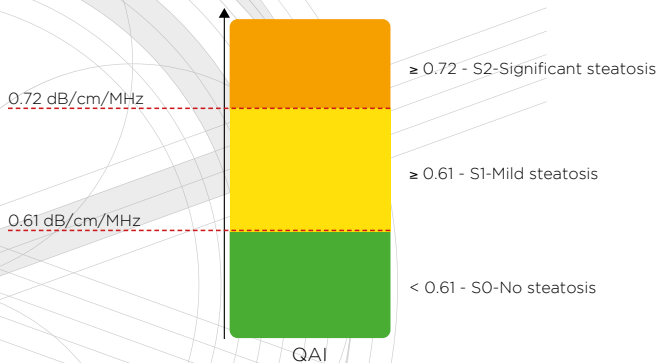


Multiparametric Liver Assessment

Suggested cut-off values for steatosis and fibrosis staging with QAI and QEIaXto 2D

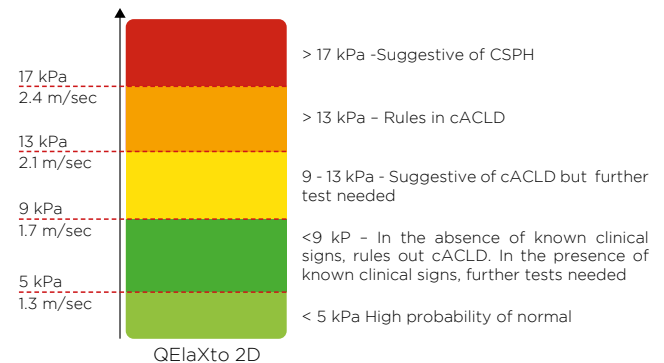
Steatosis staging through attenuation coefficient (ATT)

Comparison between ATT obtained by QAI and liver biopsy



Fibrosis staging through liver stiffness (kPa)

Rule of 4 recommended by the Society of Radiologists in Ultrasound



Garcovich Met al. Quantification of hepatic steatosis with a novel attenuation imaging ultrasound technique(QAI): preliminary findings on reproducibility and diagnostic accuracy NAFLDsummit easl.eu/naflid2022-P07-08

Barr RG et al. Update to the Society of Radiologists in Ultrasound Liver Elastography Consensus Statement Radiology 2020; 296:263-274. <https://doi.org/10.1148/radiol.2020192437>

Paratore M et al. Are society of Radiologists in Ultrasound (SRU) vendor-neutral liver stiffness cut-offs accurate for assessing compensated advanced chronic liver disease (cACLD) with a specific ultrasound device? - ECR 2024, epos #19290



Esaote S.p.A. - sole-shareholder company

Via Enrico Meloni 77, 16152 Genoa, ITALY, Tel. +39 010 6547 1, Fax +39 010 6547 275, info@esaote.com

MyLab is a trademark of Esaote spa. Technology and features are device/configuration-dependent. Specifications subject to change without notice. Information might refer to products or modalities not yet approved in all countries. Product images are for illustrative purposes only. For further details, please contact your Esaote sales representative.

esaote