



WHAT IF THERE WAS A TOOL THAT PROVIDED A SECOND SET OF EYES?

POTENTIAL
TIME SAVING
TO TREATMENT
WITH CINA-ICH
3 HOURS

In the United States, 12-15 individuals per 100,000 experience intracranial hemorrhages, resulting in 7,000 surgical operations for hemorrhage evacuation.

Timely and accurate diagnosis is vital for managing acute Intracranial Hemorrhage (ICH) cases. Swift identification enables prompt action, such as controlling blood pressure or surgical evacuation.

To minimize the risk of overlooking crucial findings, especially with the rising daily case volume, having a second set of eyes becomes essential. Instances of missed findings are common during evenings, end-of-shifts, and weekends.

CINA-ICH serves as an invaluable triage tool for the rapid detection of intracranial hemorrhage resulting from hemorrhagic stroke or traumatic brain injury. It substantially elevates patient care by enhancing the identification and prioritization of critical cases, facilitating faster treatment decisions and ultimately improving patient outcomes.



3 AM

Emergency Medical Services receives a 39-year-old man. The patient is found lying face down in the street, bleeding from the back of his head and ears, and is experiencing loss of consciousness and drowsiness upon arriving at the hospital.

An immediate Non-Contrast Computed Tomography (NCCT) of the head is ordered and obtained, with the overnight report noting only a right posterior temporal occipital fracture.



7 AM

The attending radiologist reviews the case. During the review, a subtle acute traumatic subarachnoid hemorrhage is observed.

If CINA-ICH had been utilized on this site, within less than a minute after the NCCT acquisition, a new DICOM series would have been added to the study. The suspected ICH would have been identified by the software, prioritizing the case and contributing to a quicker diagnosis.