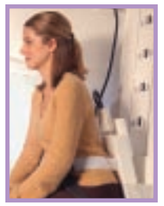
Position™ Imaging... Only Possible on the FONAR Upright™ MRI



Quadrature Planar Coil with Lumbar Flexion Fixture (seated)

Standing Lumbar Flexion

Quadrature Thoracic-Lumbar Coil (Lumbar Scan)

Standing Lumbar Extension

Standing Lumbar with Rotation

Standing Lateral Bend Lumbar Scan

Standing Neutral Lumbar with Solenoid Wide-Belt Coil

65" Solenoid Belt Coil (available lengths 45", 55", 65")

Cervical Spine Extension with VersaRest™ Fixture

Cervical Spine Flexion with VersaRest™ Fixture

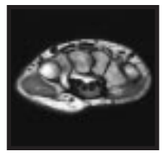
Cervical Spine with Rotation

Note: The Solenoid Cervical Spine Coil comes in two sizes.

Cervical Spine with Lateral Bending

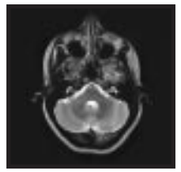
Solenoid Cervical Spine Coil with Halo Fixture

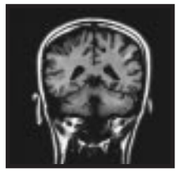
Phased Array Shoulder Coil with Immobilization Fixture

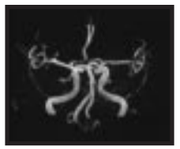


Wrist (Solenoid Coil)

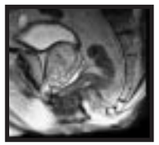
Quadrature Head Coil

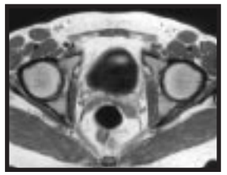






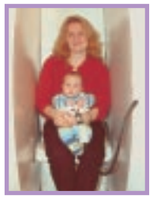
Pelvic Floor/Prostate Planar Coil





Hip (Quadrature Thoracic Lumbar Coil; recumbent)

Recumbent Position with 45" Solenoid Wide-Belt Coil



Baby Scanned on Mother's Lap; Solenoid Coil

Trendelenburg Fixture

Angled Weight-Bearing Knee Scan with Quadrature Knee Coil

Angled Weight-Bearing Ankle Scan with Quadrature Ankle/Knee Coil

Quadrature Knee Coil with Positioning Cushion

Quadrature Foot/Ankle Coil

The unique magnet configuration of the Upright™ MRI, also known as the Stand-Up™ MRI, makes it the only scanner that allows for Position™ Imaging. Any region of the body can be scanned with the patient standing, sitting, bending or lying down... in virtually any position of pain or other symptoms. As one Upright™ MRI user put it, "This magnet sees pathology that no other magnet can see."

FONAR

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What the doctor sees

Recumbent Upright

Postoperative Hypermobile Intersegmental Instability

This patient was treated for low back pain and radiculopathy by a spinal fusion of L4, L5 and S1. The recumbent scan (left) shows a normal lordotic alignment of the vertebral column. The upright scan (right) shows a hypermobile instability of the spinal column not visible on the recumbent scan. The spinal instability results in a fluctuating and mobile spinal stenosis.

(Images courtesy of M. Rose, MD; Rose Radiology Centers)

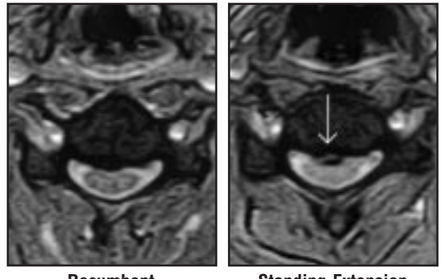
Recumbent Upright

Ligamentous Rupture Associated with Mobile Anterolisthesis

Anterolisthesis at L4/5 is noted in the recumbent view (left). The standing flexion scan (right) shows an interspinous ligamentous rupture at the L4/5 level (arrow).

(Images courtesy of F. W. Smith, MD, University of Aberdeen, Scotland)

Recumbent Standing-Extension

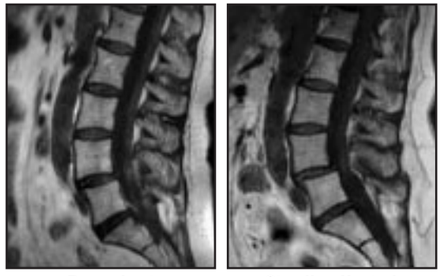


Recumbent Standing-Extension

Position-Dependent Disc Herniation

The axial recumbent image (bottom left) acquired at the C4/5 level demonstrates minor posterior osteophyte formation. The standing-extension axial image (bottom right) reveals a position-dependent focal posterior disc herniation at the C4/5 level (arrow). Note the associated spinal cord compression on the standing-extension scans in both the sagittal (top right) and axial planes (bottom right).

(Images courtesy of Melville MRI, P.C.)



Recumbent Standing-Neutral

Standing-Flexion

Unoperated Hypermobile Intersegmental Instability

The recumbent scan (top left) demonstrates minor degenerative anterolisthesis at L4/5. The standing-neutral scan (top right) shows greater comparative anterior slip of L4 on L5. The standing-flexion study (bottom) reveals yet further anterior slip of L4 and L5 (arrow). These scans illustrate hypermobile translational spinal instability, a condition that can be a surgical indication in cases of low back pain related to the instability.

(Images courtesy of Melville MRI, P.C.)

Knowing the full extent of pathology and the differences in anatomy between the upright and recumbent positions can be critical. Lie-down-only MRIs cannot detect pathology that is visible only when the patient is scanned in an upright position. A lie-down scan may also underestimate the maximum degree of pathology and miss its dynamic nature. Only the Upright™ MRI gives the complete picture of your patients' problems.

The combination of its 0.6 Tesla magnet and its full complement of advanced RF receiver coils and software features enables the Upright™ MRI to produce images of outstanding quality.

"Upright™ Imaging" - The Proof is in the Picture!

What the patient sees

The Upright™ MRI, also known as the Stand-Up MRI, is the most patient-friendly MRI scanner. Although patients can be scanned recumbent, standing, or bending, they are typically scanned in a comfortable seated position watching a 42" flat-screen TV throughout the scanning process.

Because of the Upright™ MRI's unique magnet configuration, there is nothing in front of the patient's face or directly overhead to create a "closed-in" feeling. Patients no longer have to suffer from claustrophobic reactions commonly associated with "tube" or "tunnel" MRI scanners, even some so-called Open MRI scanners. In fact, Upright™ MRI users routinely scan patients that were unable to tolerate other MRI scanners or who simply couldn't fit into them, including patients weighing as much as 500 pounds.

The Upright™ MRI meets special needs as well. For patients who are physically unable to lie down, the Upright™ MRI is the only scanner that can accommodate them. Young children are frequently anesthetized for their MRI scans in order to prevent motion artifacts. Since children can sit comfortably watching TV in the Upright™ MRI, the motion problem can be eliminated, thereby avoiding the added expenses and risks of anesthesia. Finally, infants can be scanned risk-free, sleeping peacefully on their mothers' laps throughout their scans.