



Product

Composition

Pack (Ampoule/Vial)

IONIC CONTRAST MEDIA

UROSCAN 76	Diatrizoate Meglumine and Diatrizoate Sodium	20ml, 40ml, 50ml & 100ml
UROSCAN 60	Diatrizoate Meglumine and Diatrizoate Sodium	20ml & 50ml
ANGIOSCAN 65	Diatrizoate Meglumine	20ml & 50ml

ORAL CONTRAST MEDIA

GASTROSCAN+M	Diatrizoate Meglumine and Diatrizoate Sodium	30ml & 100ml
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NON-IONIC CONTRAST MEDIA

UNIRAY 300 mg	Iopamidol	20ml, 30ml, 40ml, 50ml & 100ml
UNIRAY 370 mg	Iopamidol	20ml, 30ml, 40ml, 50ml & 100ml
NIOSCAN 240 mg	Iohexol	20 ml, 40 ml & 50ml
NIOSCAN 300 mg	Iohexol	10ml, 20ml, 30ml, 40ml, 50ml & 100ml
NIOSCAN 350 mg	Iohexol	20ml, 30ml, 40ml, 50ml & 100ml

MRI CONTRAST MEDIA

MAGNASCAN	Gadopentetate Dimeglumine	10ml & 20ml
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UROSCAN

UROSCAN



“Beyond
Imaginations the
Clear Images
Ionic Contrast Media”

Redefines Clarity and Safety.....

High Iodine content for optimal Contrast.

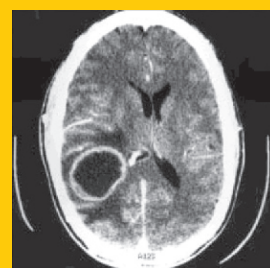
Excellent tolerance.

Rapid excretion.

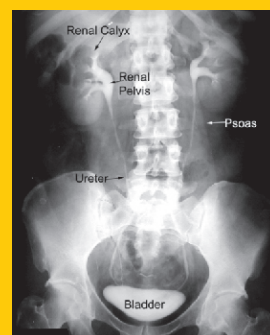
Least effect on electrolyte balance.

Low toxicity.

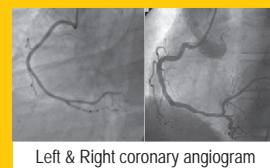
Reduced risk of ventricular fibrillation due to presence of CaNa₂ EDTA stabilizer.



Axial contrast-enhanced CT scan of the brain reveals a dominant hypodense lesion with ring enhancement in the right parieto-occipital area.



Intravenous Pyelogram (IVP)



Left & Right coronary angiogram

COMPOSITION	UROSCAN 76	UROSCAN 60
Meglumine Diatrizoate	66% w/v	52.1% w/v
Sodium Diatrizoate	10% w/v	7.9% w/v
Iodine Concentration	370 mg/ml	292 mg/ml
pH	6.0 to 7.7	6.0 to 7.7
Viscosity (mPa*s) @37°C	8.9	4.0
@20°C	18.5	7.2

INDICATIONS

- Urography (IVP/IVU)
- Angiocardiography
- Phlebography
- Ventriculography
- Computerised Tomography
- Digital Subtraction Angiography
- Aortography
- Arteriography
- Coronary Angiography / Angioplasty
- Hysterosalpingography (HSG)
- Arthrography
- CT enhancement (Oral use/ Rectal use)

Contraindication

Manifest hyperthyroidism, de-compensated cardiac insufficiency. Hysterosalpingography must not be performed during pregnancy or in the presence of acute inflammatory processes in the pelvic cavity.

Presentation

Uroscan 60: 20ml ampoule, 20ml vial & 50ml vial.

Uroscan 76: 20ml ampoule, 20ml vial, 50ml vial & 100ml

Storage

Store at controlled room temperature 20°C to 30°C. Do not freeze. Protect from direct sunlight and secondary X-rays. Inspect container for particulate matter before use. Discard unused portion.

Please Note

The contrast medium solution should not be drawn into the syringe or the infusion bottle until immediately for the examination. **Vials containing contrast medium solutions are not intended for the withdrawal of multiple doses.** The rubber stopper should never be pierced more than once. The use of cannulas with a long tip and a maximum diameter of 18 G is recommended for piercing stopper and drawing up the contrast medium. **Contrast medium not used in one examination session must be discarded.**

The need for examination merits particularly careful consideration in hypersensitivity to iodinated contrast media, severe impairment of hepatic or renal function, cardiac and circulatory insufficiency, pulmonary emphysema, poor general health, cerebral spasmodic condition, latent hyperthyroidism, bland nodular goiter and multiple myeloma.

Fluid intake should not be restricted before the use of hypertonic contrast media in patients with multiple myeloma, diabetes mellitus requiring treatment, polyuria, gout and in babies, young children and patients in a very poor state of health. Pre-medication with alpha-receptor blockers is recommended in pheochromocytoma patients because of the risk of blood pressure.

Following the administration of iodinated contrast media, the capacity of the thyroid tissue to take up radioisotopes for diagnostic disorders of thyroid is reduced for up to two weeks, and even longer in individual cases.

Diabetic nephropathy may predispose to renal impairment following intravascular contrast medium administration. This may precipitate acidosis in patients who are taking biguanides.

Perfect Images No imaginations

ANGIOSCAN

ANGIOSCAN



“ When you need deep and clear visualization with safety,”

Discover the depth with Ionic contrast media

65% Meglumine Diatrizoate Injection USP with CaNa₂ EDTA Stabilizer

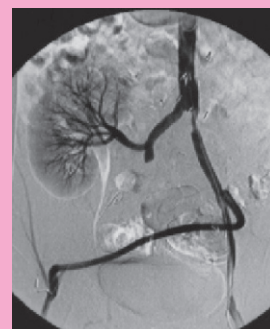
Optimal contrast

Rapid excretion

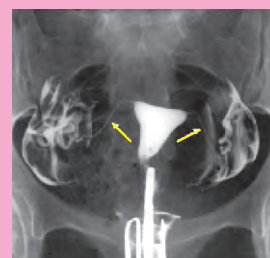
Safe

Well tolerated

Reduced risk of ventricular fibrillation due to presence of CaNa₂ EDTA Stabilizer



Intra-arterial DSA. This image shows the pelvis of a patient that has had a kidney transplant & a stent placement.



Hysterosalpingography: The contrast material is injected through a Schultze-device placed into the cervix. The contrast material outlines the uterine cavity and the thin Fallopian tubes opening into the peritoneal cavity.



Lower limb phlebography.

COMPOSITION	ANGIOSCAN 65 20ml	ANGIOSCAN 65 50ml
Iodine Concentration	306 mg/ml	306 mg/ml
Iodine Content	6.12 g	15.30 g
pH	6.7 - 7.0	6.7 - 7.0
Viscosity (mPa*s)		
at 37°C	5.0	5.0
at 20°C	9.3	9.3

INDICATIONS

- Urography (IVP/IVU)
- Angiocardiography
- Phlebography
- Ventriculography
- Computerised Tomography
- Digital Subtraction Angiography
- Aortography
- Arthrography
- Arteriography
- Hysterosalpingography (HSG)
- CT enhancement
- Herniography

Contraindication

Manifest hyperthyroidism, de-compensated cardiac insufficiency. Hysterosalpingography must not be performed during pregnancy or in the presence of acute inflammatory processes in the pelvic cavity.

Presentation

Angioscan 65% : 20ml vial & 50ml vial.

Storage

Store at controlled room temperature 20°C to 30°C. Do not freeze. Protect from direct sunlight and secondary X-rays. Inspect container for particulate matter before use. Discard unused portion.

Please Note

The contrast medium solution should not be drawn into the syringe or the infusion bottle until immediately for the examination. **Vials containing contrast medium solutions are not intended for the withdrawal of multiple doses.** The rubber stopper should never be pierced more than once. The use of cannulas with a long tip and a maximum diameter of 18 G is recommended for piercing stopper and drawing up the contrast medium. **Contrast medium not used in one examination session must be discarded.**

The need for examination merits particularly careful consideration in hypersensitivity to iodinated contrast media, severe impairment of hepatic or renal function, cardiac and circulatory insufficiency, pulmonary emphysema, poor general health, cerebral spasmic condition, latent hyperthyroidism, bland nodular goiter and multiple myeloma.

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Diabetic nephropathy may predispose to renal impairment following intravascular contrast medium administration. This may precipitate acidosis in patients who are taking biguanides.

Depth ... Clarity ... Safety ...

UNIRAY

UNIRAY

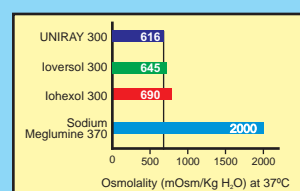


IOPAMIDOL INJECTION USP

Low Osmolar Non-Ionic Contrast Media

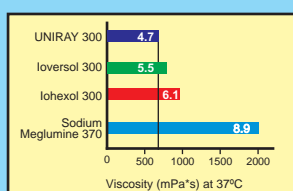
- Excellent general and systemic tolerability.
- Low incidences of adverse reactions.
- Reduced risk of neurotoxicity.
- Good endothelial tolerance.
- Minimal effect on cardiovascular system.
- Reduced pain during intra-arterial procedures.
- Usage convenience.

Comparative Osmolality



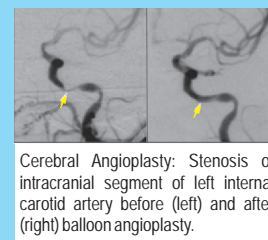
Lesser the Osmotic Pressure exerted by a contrast medium, better is the tolerance. High Osmolality is associated not only with pain and discomfort in injection but also with effects on the Haemodynamic System.

Comparative Viscosity

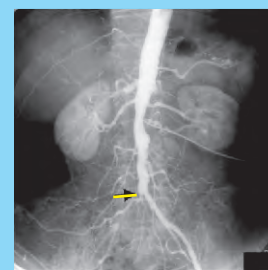


Lesser Viscosity in a contrast medium leads to lesser Haemodynamic changes. Low Viscosity ensures not only less pain and heat sensation but also ease of administration resulting in better patient compliance.

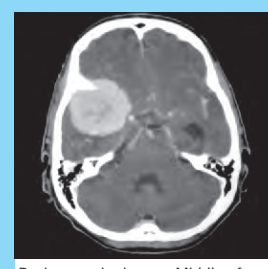
COMPOSITION	UNIRAY 300	UNIRAY 370
Iopamidol	61.2 %	75.5 %
Iodine Concentration	300 mg/ml	370 mg/ml
pH	7 ± 0.5	7 ± 0.5
Viscosity (mPa*s) @ 37°C	4.7	9.4
@ 20°C	8.8	20.9
Osmolality (mOsm/g H ₂ O) @ 37°C	0.62	0.8



Cerebral Angioplasty: Stenosis of intracranial segment of left internal carotid artery before (left) and after (right) balloon angioplasty.



Translumbar aortography: The wall of the abdominal aorta is irregular, the lumen is narrow below the origin of the renal arteries. Occlusion of the common iliac artery is visible on the right (arrow). The open collaterals point to an earlier occlusion.



Brain meningioma. Middle fossa meningioma. Contrast-enhanced CT scan depicts a dense, enhancing mass.

DOSAGE AND ADMINISTRATION

General

It is desirable that solution of radiopaque diagnostic agents for intravascular use be at body temperature when injected. In the event that crystallization of the medium has occurred, place the vial in hot (60° - 100°C) water for about five

minutes, then shake gently to obtain a clear solution. Cool to body temperature before use. Discard vial without use if solids persist. Patient should be well hydrated prior to and following UNIRAY administration.

INDICATIONS	UNIRAY 300	UNIRAY 370
NEURORADIOLOGY Myelographic, Cisternography & Ventriculography	5 - 15 ml	.....
ANGIOGRAPHY Cerebral Arteriography Coronary Arteriography & Ventriculography Thoracic aortography, Abdominal aortography & Angiocardiography Selective Visceral Arteriography & Aortography Peripheral Arteriography Digital Subtraction Angiography Venography Paediatric Angiocardiography	8 - 12 ml (bolus) Depending on examination 40 - 50 ml Depending on examination 30 - 50 ml .....	..... 2 - 10 ml (bolus) 1 - 1.2 ml/kg body weight Depending on examination 10 - 50 ml Depending on examination Upto 2 years, 10 ml - 15 ml 2 - 9 years, 15 ml - 30 ml 10 - 18 years, 20 ml - 50 ml
UROGRAPHY Excretory Urography Paediatric Excretory Urography	50 ml rapid i.v. Injection 1 ml/kg - 4 ml/kg body weight	40 ml by rapid i.v. Injection
COMPUTED TOMOGRAPHY Head Body Paediatric Computed Tomography	100 - 200 ml 100 - 200 ml 1 ml/kg - 3 ml/kg body weight	Equivalent doses may be used
OTHER PROCEDURES Arthrography & Fistulography	Depending on examination	.....

CONTRAINDICATIONS : There are no contraindication, except Waldenström's macroglobulinemia, multiple myeloma, severe liver and kidney diseases.

HOW SUPPLIED : UNIRAY 300 : Single dose Vials of 10ml, 20ml, 50 ml & 100ml

UNIRAY 370 : Single dose Vials of 20ml, 50ml & 100ml

STORAGE : Store at controlled room temperature 20°C to 30°C. Do not freeze, Protect from direct sunlight and secondary X-rays.

Inspect container for particulate matter before use. Discard unused portion.

Painless ... Smooth ... Reliable

NIOSCAN

NIOSCAN



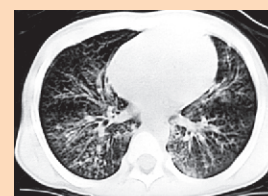
IOHEXOL INJECTION USP

Low Osmolar - Water Soluble - Iodinated
Non - Ionic Contrast Media

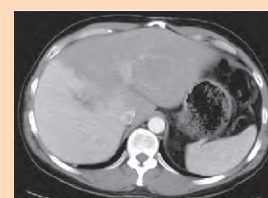
- Low osmolality.
- Low inhibition of enzyme activity.
- Low systemic toxicity.
- Low chemotoxicity.
- Low serum protein binding.
- Lesser influence on haemodynamic parameters.
- Little effect on coagulation.
- Low erythrocyte deformability.

NIOSCAN does not cross the intact blood brain barrier.
NIOSCAN does not lead to vacuolisation in cells of the proximal renal tuble.
NIOSCAN has minimal effects on blood pressure & heart rate.

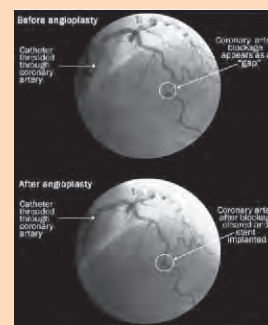
COMPOSITION	NIOSCAN 240	NIOSCAN 300	NIOSCAN 350
Iohexol	51.8%	64.7%	75.5%
Iodine Concentration	240 mg/ml	300 mg/ml	350 mg/ml
pH	7.2 ± 0.4	7.2 ± 0.4	7.2 ± 0.4
Viscosity (mPa*s) @ 37°C	3.3	6.1	10.6
@ 20°C	5.6	11.6	23.3
Osmolality (mOsm/g H ₂ O) @ 37°C	0.51	0.64	0.78



Contrast-enhanced CT scan of the chest reveals: A hypoplastic left lung with unilateral emphysema.



Axial Contrast-enhanced computed tomography (CT) image of upper abdomen shows excessive intra-abdominal fat deposition.



Coronary Angioplasty

DOSAGE AND ADMINISTRATION

General

The dosage varies depending on the types of examination, age, weight, cardiac output and general condition of the patient and the technique used. Usually the same iodine concentration and volume is used as with other iodinated X-ray contrast media in current use. Adequate hydration should be assured before and after administration as for other contrast media. For intravenous, intra-arterial and intrathecal use and use in body cavities. The following dosages may serve as a guide.

STORAGE :

Store at controlled room temperature 20°C to 30°C. Do not freeze. Protect from direct sunlight and secondary x-rays. Inspect container for particulate matter before use. Discard unused portion.

CONTRAINDICATIONS : PRESENTATION :

INDICATIONS	NIOSCAN 240	NIOSCAN 300	NIOSCAN 350
MYELOGRAPHY Lumbar and thoracic myelography Cervical myelography CT Cisternography	8 - 12 ml 6 - 10 ml 4 - 12 ml	..... 6 - 8 ml.....	...............
ARTERIOGRAPHIES (Volume per Injection depends on site of Injection.) Aortography Femoral Various Selective Cerebral Arch Aortography	..... ..... ..... ..... .....	30 - 40 ml 30 - 50 ml / Inj. Depending on type of examination 5 - 10 ml / Inj. 30 - 40 ml / Inj.	40 - 60 ml / Inj. 30 - 50 ml / Inj.
CARDIOANGIOGRAPHY Adults Left ventricle and aortic root Inj. Selective Coronary arteriography Children Digital Subtraction angiography (I.A.)	..... ..... ..... ..... 1 - 15 ml / Inj.	..... ..... Depending on examination (max 8 ml / kg b.w.) 1 - 15 ml / Inj.	30 - 60 ml / Inj. 4 - 8 ml / Inj. Depending on examination (max 8 ml / kg b.w.)
UROGRAPHY Adults Children < 7 kg Children > 7 kg	..... 4 ml / kg b.w. 3 ml / kg b.w. (Max.40 ml)	40 - 80 ml 3 ml / kg b.w. 2 ml / kg b.w. (Max. 40 ml)	40 - 80 ml
PHLEBOGRAPHY (Leg)	20 - 100 ml / leg	20 - 100 ml / leg	.....
DIGITAL SUBTRACTION ANGIOGRAPHY (I.V.)	.....	20 - 60 ml / Inj.	20 - 60 ml / Inj.
COMPUTERISED TOMOGRAPHY Adults Children	100-250ml (Total Amt of Iodine usually 30g-60g) 2-3ml/kg b.w. (Upto 40ml)	100-200ml (Total Amt of Iodine usually 30g-60g) 1-3ml/kg b.w. (Upto 40ml)	100-150ml (Total Amt of Iodine usually 60g-60g)
BODY CAVITIES ARTHROGRAPHY ERP / ERCP HERNIORAPHY HYSTEROSALPINGOGRAPHY SIALOGRAPHY	5 - 20 ml 20 - 50 ml 50 ml 15 - 50 ml 0.5 - 2 ml	5 - 15 ml 15 - 25 ml 0.5 - 2 ml	5 - 10 ml
CT ENHANCEMENT (Oral use) Adults Children	100 - 250 ml 1-3 ml/kg b.w. Up to 40 ml	100 - 200 ml 1 - 3 ml/kg b.w. Up to 40 ml	100 - 150 ml
GASTROINTESTINAL STUDIES	Depending on examination	Depending on examination	Depending on examination

Manifest thyrotoxicosis. History of serious reaction to IOHEXOL.
NIOSCAN 240 : Single dose vial of 50 ml.
NIOSCAN 300 : Single dose vial of 10ml, 20ml, 40ml, 50ml & 100ml.
NIOSCAN 350 : Single dose vial of 20ml, 40ml, 50ml & 100ml.

High on images & safety

MAGNASCAN



MAGNASCAN

Most trusted and dependable GADOPENTETATE DIMEGLUMINE INJECTION USP A Paramagnetic contrast medium for use in MRI

Excellent in VIVO stability

(Gadolinium ion forms a stable complex with DTPA which is intensely hydrophilic) :

Suitable for all age groups including neonates & elderly patients.

Safe at high doses even in patients with impaired renal function :

No significant changes in Blood pressure, pulse rate or ECG.

Offers unsurpassed safety & efficacy :

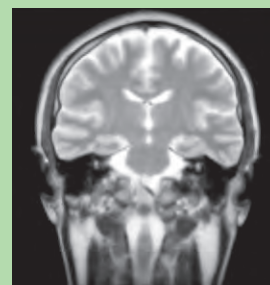
Clinical experience extended to over 45 million procedures in more than 100 countries.

Facilitates accurate diagnosis :

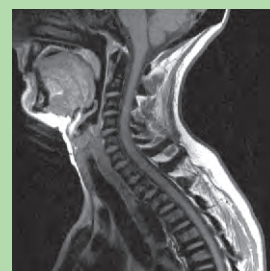
Optimises patient management.

Broadest indications :

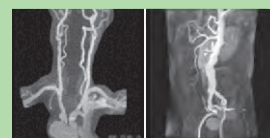
Convenience of use.



MRI of brain: Multiple contrast enhanced lesions are noted in the temporal lobes and the left frontal-parietal parasagittal white matter and cortex. No mass effect is present.



MRI C-spine: FSE T1 post-contrast



Fluro-Triggered MR Angiography

PRODUCT	CNS		HEAD & NECK		BODY #	
	BRAIN & SPINE	ADULT	ADULT	PAEDIATRIC*	ADULT	PAEDIATRIC*
MAGNASCAN	✓	✓	✓	✓	✓	✓
GADODIAMIDE	✓	✓	✗	✗	✓	✓
GADOTERIDOL	✓	✓	✓	✗	✗	✗
GADOVERSETAMIDE	✓	✗	✗	✗	Liver only	✗

Excluding Heart

* Paediatric: 2 year of age and older

Magnascan offers broadest range of Adult & Paediatric Clinical Indications (CNS, HEAD, NECK & BODY) of any MRI contrast agent.

COMPOSITION	MAGNASCAN 10ml	MAGNASCAN 20ml
Contrast Medium Conc.	469 mg/ml	469 mg/ml
Contrast Medium Content	4.7 g	9.4 g
pH	6.5 - 8.0	6.5 - 8.0
Viscosity (mPa*s)		
@ 37°C	2.9	2.9
@ 20°C	4.9	4.9
Osmolality (mOsm/g H ₂ O)		
@ 37°C	1.96	1.96

COMPOSITION

Each ml Magnascan injection contains 469 mg (0.5 mol/l) gadopentetic dimeglumine salt in aqueous solution.

INDICATIONS

Brain lesions MRI

Magnascan is indicated in adults and children 2 years of age and older to provide contrast enhancement during magnetic resonance imaging (MRI) of intracranial lesions with abnormal vascularity or those suspected of causing an abnormality in the blood-brain barrier.

Magnascan enhanced MRI helps in the diagnosis and characterization of neoplastic disease, certain vascular abnormalities and certain demyelinating abnormalities (e.g., multiple sclerosis).

Magnascan is used in magnetic resonance (MR) studies to help differentiate changes that occur secondary to brain tumor resection (e.g., encephalomalacia, gliosis) or to postoperative irradiation or chemotherapy (e.g., edema, ischemia, demyelination, necrosis) from changes that represent residual or recurrent tumors to accurately assess treatment results.

MRI with Magnascan is particularly useful in patients with normal unenhanced studies who have central nervous system (CNS) symptoms, in patients with CNS tumors that are difficult to separate from surrounding edema and in patients who have undergone surgery to differentiate recurrence of the lesions from postoperative changes.

In patients with suspected meningitis, Magnascan enhanced MRI may be particularly useful in defining the active inflammatory process of the meninges and focal lesions.

Spinal lesions MRI

Magnascan is indicated in adults and children 2 years of age and older to provide contrast enhancement and facilitate visualization of lesions in the spine and associated tissues. Magnascan provides enhanced contrast of epidural abscesses, which makes it possible to differentiate them from adjacent compressed thecal sac. It facilitates the diagnosis of disk space infection and osteomyelitis. It helps localize portions of paraspinous masses most likely to yield a positive percutaneous biopsy and it helps distinguish active spinal infections from those that have responded adequately to antibiotic therapy.

MRI with Magnascan may be useful in differentiating postoperative epidural fibrosis (scar tissue) from recurrent disk herniation in patients with symptoms of failed back surgery syndrome to avoid unnecessary and possibly damaging reoperation if scar tissue is the cause.

Whole Body MRI

Magnascan is indicated in adults to improve lesion contrast during MR body imaging (excluding the heart) in the evaluation of suspected hepatic lesions, endometrial or cervical carcinomas or pelvic masses, breast lesions (suspected or known), and musculoskeletal lesions. MRI of the breast is also used in patients with postoperative scarring and silicon implants to exclude or demonstrate malignancy, especially in patients with uncertain mammographic and/or clinical findings.

Cardiac MRI

Magnascan enhanced MRI is used in the evaluation of patients with great vessel disease (e.g., aortic aneurysm, aortic dissection, congenital abnormalities, vena cava obstruction): in patients with ischemic cardiac disease to examine the heart for regions of wall thinning and intracardiac thrombus to assess chamber size, myocardial mass, wall motion, and wall thickening and to detect regions of wall thinning and intracardiac thrombus to assess chamber size, myocardial mass, wall motion, and wall thickening and to detect regions of acute infarction; and in patients with congenital heart disease to evaluate malrotations of the heart and for post-surgery assessment. Also, Magnascan enhanced MRI helps in the assessment of coronary artery reperfusion after thrombolysis.

ADVERSE REACTIONS

Cardiovascular : hypotension, vasodilatation, pallor, phlebitis, nonspecific ECG changes, substernal pain, angina.

CNS : headache, dizziness, agitation, paresthesia, tinnitus, visual field defect, convulsions, hyperesthesia.

Gastrointestinal : nausea, vomiting, gastrointestinal distress, stomach pain, thirst, increased salivation, taste abnormality.

Respiratory : dry mouth, throat irritation, rhinorrhea, wheezing, sneezing, laryngismus, cough, dyspnea/apnea.

Cutaneous/Mucous Membranes : rash, sweating, urticaria, pruritus.

Miscellaneous : injection site discomfort (coldness, burning, warmth, pain), toothache, generalized weakness, fever, localized edema, tiredness, anaphylactoid reactions (characterized by cardiovascular, respiratory and cutaneous symptoms), conjunctivitis.

PRECAUTIONS

General

Magnascan is to be administered strictly by i.v. injection. It will cause tissue irritation and pain if administered extravascularly or if it leaks interstitially.

A sweet taste may be experienced briefly by patients receiving a bolus injection Magnascan i.v.

Pregnancy / Reproduction Pregnancy

Adequate and well-controlled studies in humans have not been done. Although there is no evidence that the magnetic and electric fields associated with MRI have an effect on human development, in vitro studies and theoretical predictions raise concern regarding the risk of exposure to MR to the developing embryo and foetus. More studies are needed to establish the safety of MRI in pregnant patients.

Studies in rats with Magnascan at doses 2.5 times and in rabbits at doses 7.5 & 12.5 times the human dose have shown that this agent causes slight retardation in development.

Breast-feeding

Problems in humans have not been documented. Since Magnascan is distributed in small amounts into breast milk, temporary discontinuation of breast-feeding should be considered for at least 24 hours following its administration.

DOSAGE AND ADMINISTRATION

General instructions

1. Patient should be on fast for at least 2 hrs before the examination.
2. The drug is given as bolus injection and can be followed by contrast enhanced MRI.
3. Magnascan should not be drawn into the syringe until immediately before use. Any unused portion must be discarded on completion of the procedure.
4. The patient should be in supine position while administering the injection and should be kept under supine position for at least half an hour after the injection.
5. Do not use the solution if it is discoloured or if particulate matter is present.
6. The imaging procedure should be completed within 1 hour since optimal contrast is generally observed in cranial investigations within 27 minutes following injection of Magnascan and in spinal investigations during the early post administration phase (10 to 30 minutes). The following dosage guidelines apply to adults and children (above 2 years).
7. **Recommended Dose** : 0.2 ml / kg b.w. (0.1 mmol / kg b.w.).
8. **Route of Administration** : I.V. (into a large vein, if possible).
9. **Rate of Administration** : 10 ml / minute or as a bolus injection at 10 ml / 15 seconds.
10. **Maximum Total Dose** : 20 ml.

To ensure complete injection of the contrast medium the injection should be followed by a 5ml normal saline flush. If strong clinical suspicion of an intracranial or intraspinal lesion persists despite a normal MRI scan the diagnostic yield of the examination may be increased by giving another injection of Magnascan equivalent to the original total dose within 30 minutes and performing MRI again.

OVERDOSAGE

Systemic consequences of overdose with Magnascan have not been reported.

CONTRAINDICATIONS

1. Magnascan should not be administered to patients with known or suspected hypersensitivity to Gadopentetate Dimeglumine.
2. Renal failure.
3. Sick cell anaemia.

STORAGE

Store at controlled room temperature. Do not freeze.

Protect from direct sunlight. Inspect container for particulate matter before use. **Discard unused portion.**

PRESENTATION

MAGNASCAN : Single dose vials of 10ml and 20ml.

The trust continues

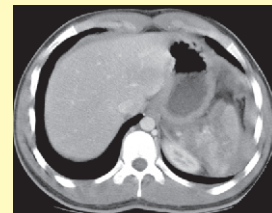
GASTROSCAN + M

GASTROSCAN + M

For fast and complete Visualization of G.I. Tract use

The palatable Oral Contrast Media.....

- **Excellent contrast** - Fast & complete visualization
- **Excellent palatability** - Better patient acceptance
- **High fluidity** - Enhanced visibility
- **Shortened passage through G.I. Tract** - Facilitation of outdoor patient
- **Multiple administration** - Suitable for oral administration and as enema
- **Leaves no deposit or opaque residue** - Does not hinder endoscopy
- **No absorption by mucosal membrane** - Ideal for the visualization of Gastrointestinal fistula
- **No break in continuity** - Superior visualization of colon
- **Availability** - Convenient single dose & multi dose packs

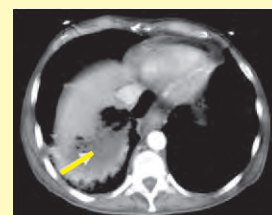


Oral and intravenous contrast enhanced CT scan of the abdomen shows a hypodense mass lesion in the tail of pancreas with a few areas of low attenuation are seen.

Gastroscan + M does not endanger the patient even where there is :

Well founded suspicion of a complete intestinal obstruction.
Pyloric stenosis.
Risk of perforation or leak.
Acute haemorrhage.
Megacolon.

COMPOSITION	FORMULA
Gastroscan + M is an aqueous solution of Meglumine & Sodium Diatrizoate with added flavouring agent and a wetting agent	Meglumine Diatrizoate 66 % w/v Sodium Diatrizoate 10 % w/v Iodine Concentration 370 mg/ml (In a flavoured aqueous base)
Gastroscan is an aqueous solution of Sodium Diatrizoate with added flavouring agent and a wetting agent	Sodium Diatrizoate 41.7 % w/v Iodine Concentration 249.64 mg/ml (In a flavoured aqueous base)



CT scan with intravenous and oral contrast. Low-attenuation fluid and air is present below the dome of the diaphragm (arrow) in a region corresponding to the bare area of the liver.

Excellent contrast Excellent palatability



"Gastroscan + M is employed primarily when the use of barium sulphate is unsatisfactory, undesirable or contraindicated"

"In combination with Gastroscan + M, barium sulphate loses its tendency to thickening and remaining in the intestine. Combined administration of Gastroscan and barium sulphate is therefore especially indicated in weak, elderly patients or those having tendency for Constipation"

TOLERANCE

Normally the alimentary tract absorbs only minimal amounts of Gastroscan and there are no systemic effects follow its use. When Gastroscan alone is used without the addition of barium sulphate, the hyper tonicity of the high concentration solution may occasionally give rise to diarrhoea, but this ceases as soon as the intestine is emptied completely. Because of its high osmotic pressure and a minimal tendency for absorption from the intestine. Gastroscan should not be administered to infants in higher doses than those recommended. If there is a definite indication for an investigation with oral contrast in dehydrated infants, appropriate measures for correcting electrolyte and water balance must be taken prior to the investigation.

TECHNIQUES OF EXAMINATION AND DOSAGE

Gastroscan+M alone

Oral Administration

The dosage is dependent on the type of examination and the age of the patient. In adult patients and children of 10 years of age and over, 60 ml is sufficient for visualization of the stomach. For a follow-through examination of the gastrointestinal tract maximum of 100 ml may be required. For elderly and cachectic patients a dilution with water in the proportion of 1:1 is recommended. In children up to 10 years of age, 15 to 30 ml are generally sufficient. This dose can be diluted with water in the proportion of 1:1. For infants and debilitated small children it is recommended that the contrast medium be diluted with water in the proportion of 1:2.

Rectal Administration

For adult patients the contrast medium should be diluted with 3 to 4 times its volume of water. In general, unlike barium sulphate enema not more than 500 ml of this diluted Gastroscan + M solution is required.

For children over 5 years of age the contrast medium should be diluted with 4 to 5 times its volume of water, for children up to 5 years of age a dilution with water in the proportion of 1:5 is recommended.

Combination of Gastroscan+M with Barium Sulphate

In adult patients a ratio of approximately 30 ml Gastroscan + M to the usual dose of barium sulphate has proved most satisfactory. In children up to 10 years of age, 10 ml Gastroscan + M may be added to the barium. In children up to 5 years of age, a ratio of 2 to 5 ml Gastroscan + M to 100 ml barium sulphate has proved of value. If necessary (in cases of pylorospasm or pyloric stenosis) the solution may be further diluted.

This does not affect the contrast. Exposures of the stomach are taken in the usual way whether Gastroscan + M alone is used or in combination with barium sulphate. The time taken for emptying of the stomach is same as for the barium, whereas that for filling of the intestine is shorter.

When Gastroscan + M alone is used as the contrast medium it generally reaches the rectum after 2 hours, while Gastroscan + M and barium sulphate mixture may take up to 3 hours and, in individual cases, longer, if filling is delayed. The extent of

this delay and the site of obstruction may possibly give valuable diagnostic hints to the colon function. The most favorable time for taking exposures of the colon is indicated by the urge to defecate which all patients experience when the contrast medium reaches the rectum.

Gastroscan + M left over in an opened bottle can be kept for re-use at a later stage provided the bottle is properly closed.

Computerized Tomography of the abdomen

Gastroscan + M is used for the prevention of artefacts caused by air in the gastrointestinal tract. Demarcation of adjacent organs such as the pancreas in the scan picture has also been obtained. 500 - 1500 ml of diluted Gastroscan + M solution (about 3 %) is given orally.

ADVANTAGES

The use of Gastroscan + M does not endanger the patient even in case of intestinal obstruction or pyloric stenosis nor when there is a risk of perforation or leakage. No damage is done if Gastroscan + M enters the peritoneal cavity, it creates no problem for surgeon and moreover can be easily removed by suction. In cases of partial stenosis the fluidity of Gastroscan + M is of special importance, since it enters the narrowest passages and renders them visible. An addition advantage is that there is no danger, as with barium, that a partial block is made complete as a result of concentration of the contrast medium.

Since the aqueous solution of Gastroscan + M leaves no deposit or opaque residue endoscopy can be performed immediately after the radiological investigation. In cases of acute haemorrhage Gastroscan + M, while outlining the mucosal pattern, flows around the blood clot and make it possible to locate the site of the haemorrhage.

Gastroscan + M is excellently tolerated by the tissues. Since it is readily absorbed by all tissues except by the mucous membrane of the gastrointestinal tract, it is an ideal contrast medium for visualization of gastrointestinal fistulas. In urgent cases the whole gastrointestinal tract can be examined radiologically in a very short time and the site of any obstruction can be found, without significantly delaying surgery.

In combination with barium the routine follow-through examination can also be carried out more rapidly, with transient yet complete filling of the whole intestine in its final stage. This gives a homogeneous visualization of the colon similar to that obtained with a barium enema. Filling defects and structures of the colon are thus better shown by this method than with the usual barium meal follow-through.

CONTRAINDICATION

There are no absolute contraindications. Caution is necessary in diseases of the thyroid, particularly hyperthyroidism, and in infants. Patients with enteritis or colitis may experience a transitory worsening of their symptoms.

PRECAUTIONS

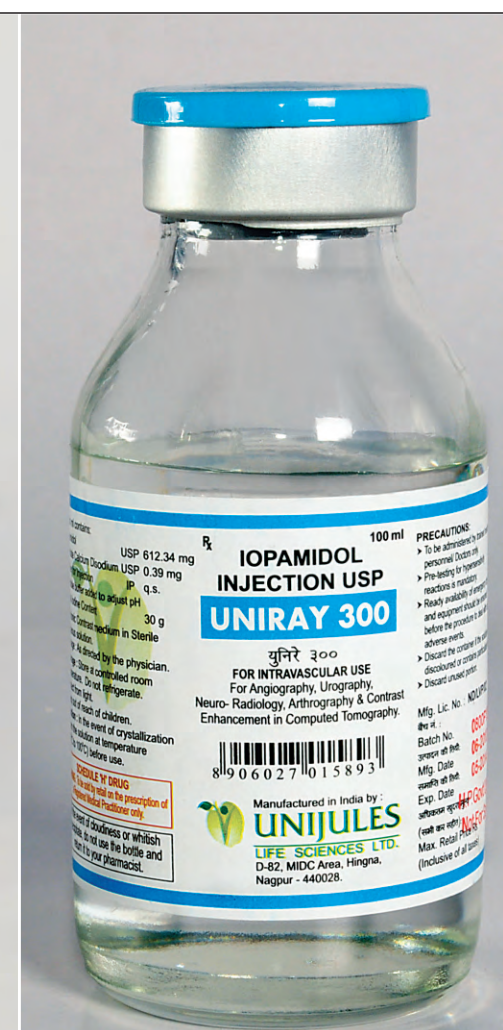
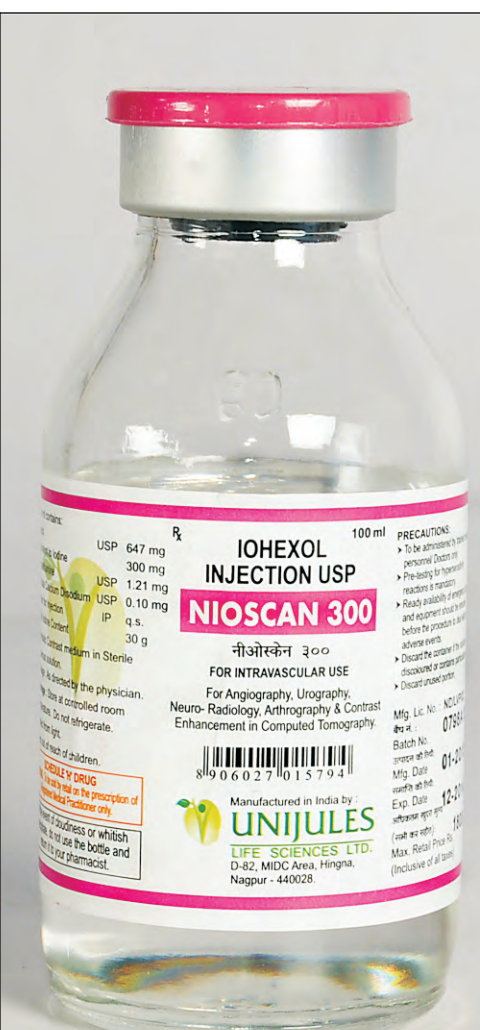
If for diagnostic or therapeutic reasons, iodine isotopes are to be used following X-rays examination. It should be born in mind that after the administration of iodine containing contrast media, the capacity of the thyroid tissues to take up iodine is reduced for 8 to 10 weeks or longer.

PRESENTATION

Gastroscan + M: Bottle of 30 ml & 100 ml

STORAGE

Store at controlled room temperature 20°C to 30°C. Do not freeze. Protect from direct sunlight and secondary X-rays.



Range

Contrast Media

- Ionic Contrast Media
- Non Ionic Contrast Media

Small Volume Parenterals

- Iron Supplements
- Vitamin Supplements
- Calcium Supplements
- Antibacterial
- Antimalarial
- NSAID'S
- Others

Large Volume Parenterals

- Antibacterial
- Saline Solutions
- Sugar Supplements
- Others

Veterinary Products

- Calcium Supplements
- Antibacterial
- Antiprotozoal
- Vitamin Supplements
- Others