

TrueFidelity DL voice of customers



GE HealthCare



Dr. Ignacio Docal Cabrera

Radiologist – Department head Hospital público Da Mariña, Galicia, Spain

Working with Revolution Maxima

The Mariña Public Hospital is a regional center located on the coast of Galicia that covers a population of 70,000 patients, which increases to 200,000 summer and its radiodiagnostic service performs 200 CT scans weekly.

“Since acquiring the Revolution™ Maxima, our workflow has significantly improved, particularly due to AI-enabled automatic patient positioning boosting our clinical performance and ensuring greater consistency and reproducibility.

The implementation of TrueFidelity DL went smoothly with only a one-day pause in operations. Crucial since our center lacks a backup CT scanner.

With TrueFidelity DL, we’re achieving superb image quality, reducing noise, and enhancing contrast.

These advancements have allowed us to optimize radiation dose compared to our previous setup offering a significant benefit for our patients and enhances our hospital center’s capabilities, allowing us to compete more closely with top-tier facilities”



Dr. Cabrera is a paid consultant from GE HealthCare t but not paid for this testimonial. The statements by Dr. Cabrera, described here are based on their own opinions and on results that were achieved in his unique setting. Since there is no “typical” hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

BMI 35



Corticomedullary phase 1mm Coronal
100kV - ASiR-V 60%



Corticomedullary phase 1mm coronal
100kV – True Fidelity-H



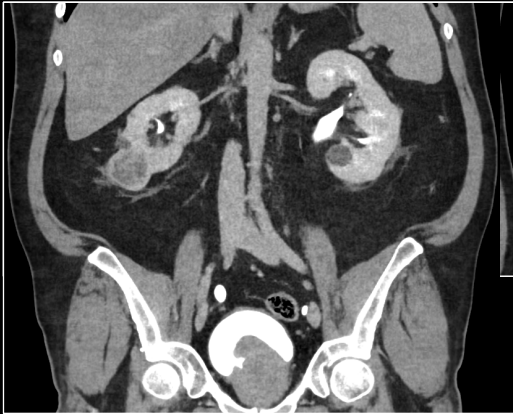
Nephrographic phase 1mm coronal
100kV - ASiR-V 60%



Nephrographic phase 1mm coronal
100kV – True Fidelity-H



Late phase 1mm coronal
100kV - ASiR-V 60%



Late phase 1mm coronal
100kV – True Fidelity-H

“With TrueFidelity DL we could lower the kV from 120kV to 100 kV for all the oncologic exams and follow ups, allowing us to improve contrast, give less radiation dose while maintaining the image quality, resolution and diagnostic confidence throughout our patients, them being the main beneficiaries of this tool”

From Dr. Ignacio Docal Cabrera

Dr. Sri Iyengar

Consultant Radiologist MBBS, MS (General Surgery), FRCS, FRCR (UK),
Frimley Health NHS Trust, UK

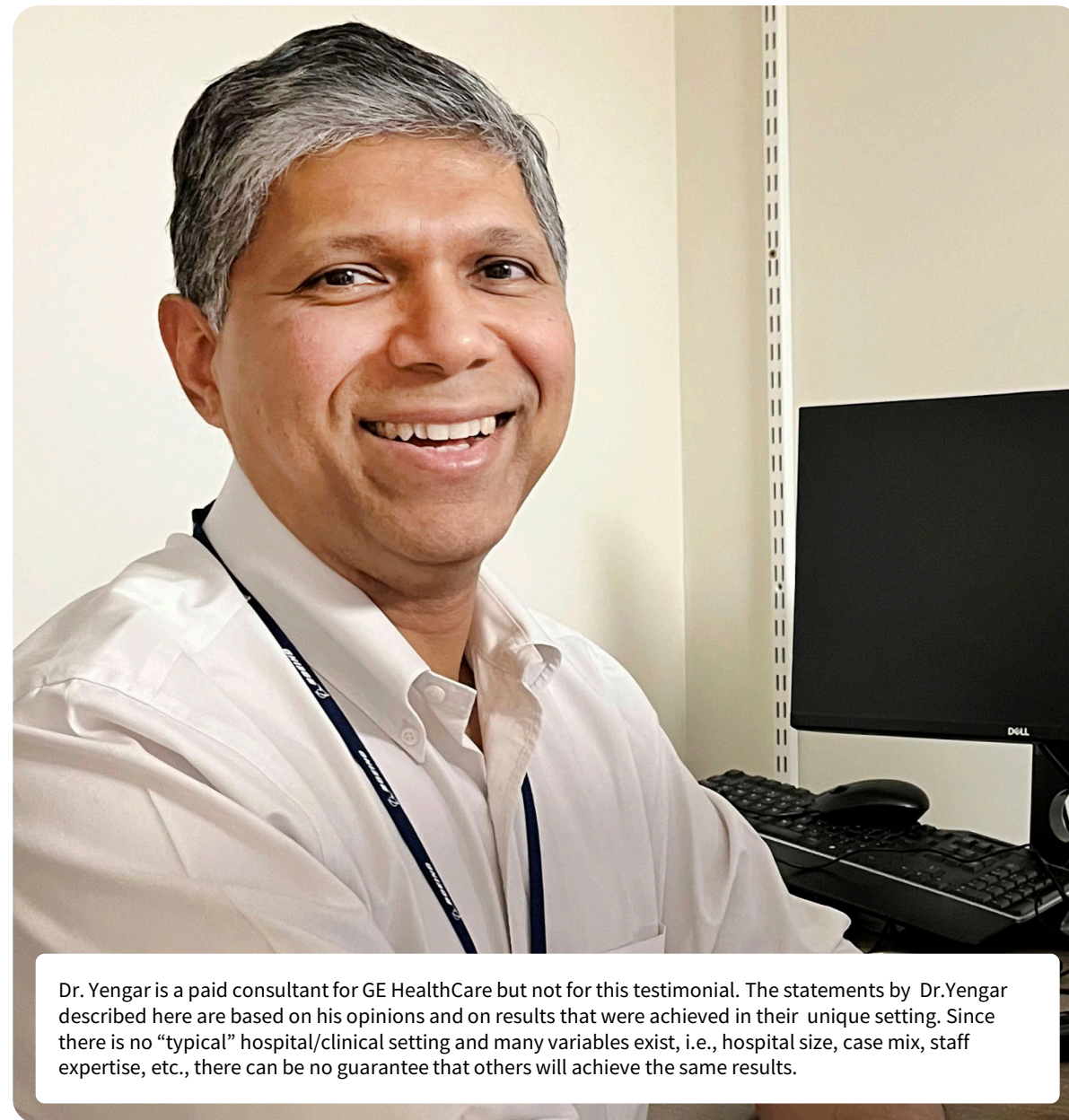
Our Revolution Ascend was installed in February 2022. The department serves a population of around 350 K and provides acute & general imaging across all modalities. TrueFidelity DL Image Reconstruction was installed on our Revolution Ascend via Smart Subscription.

TrueFidelity DL improves tissue definition and reduces noise within the soft tissue and retroperitoneal fat. This becomes even more relevant and important in studies where images are acquired without contrast enhancement or in follow-up studies where radiation dose reduction strategies are likely to be used. TrueFidelity DL provides images that demonstrate high quality differentiation between soft tissue planes.

My first impressions of TrueFidelity DL reconstruction are the images have significantly lower image noise and better contrast differentiation. The anatomical structures also appear to have sharper and clearer margins. In areas where structures are closely spaced together for example the Porta Hepatitis, around the gastro-hepatic ligament, the upper retroperitoneum and the pelvis, differentiation between nodes and vascular structures becomes particularly important, especially in patients with less amount of visceral and perivisceral fat where the tissues can be quite difficult to differentiate from one another in terms of texture.

What it also allows us to do is visualise the structures on thin sub mm slice images which means you could pretty much only load up axial thin slices for chest, abdomen and pelvis reporting and use the stacks for multiplanar reformat. More importantly it's overall better for the environment with reduced numbers of images being sent to PACS improving network efficiencies, reducing PACS storage and faster loading of images for reporting (compared to multiple stacks with variable slice thickness in different review planes to PACS). With High quality TrueFidelity DL images you can pretty much use just a single series for reporting which improves overall workflow.

I see the possibility that TrueFidelity DL image Reconstruction with the reduction in image noise in the long run, will enable reduction in radiation dose across multiple scan protocols, especially the low-dose screening protocols.



Dr. Yengar is a paid consultant for GE HealthCare but not for this testimonial. The statements by Dr. Yengar described here are based on his opinions and on results that were achieved in their unique setting. Since there is no "typical" hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

3 PHASE RENAL STUDY

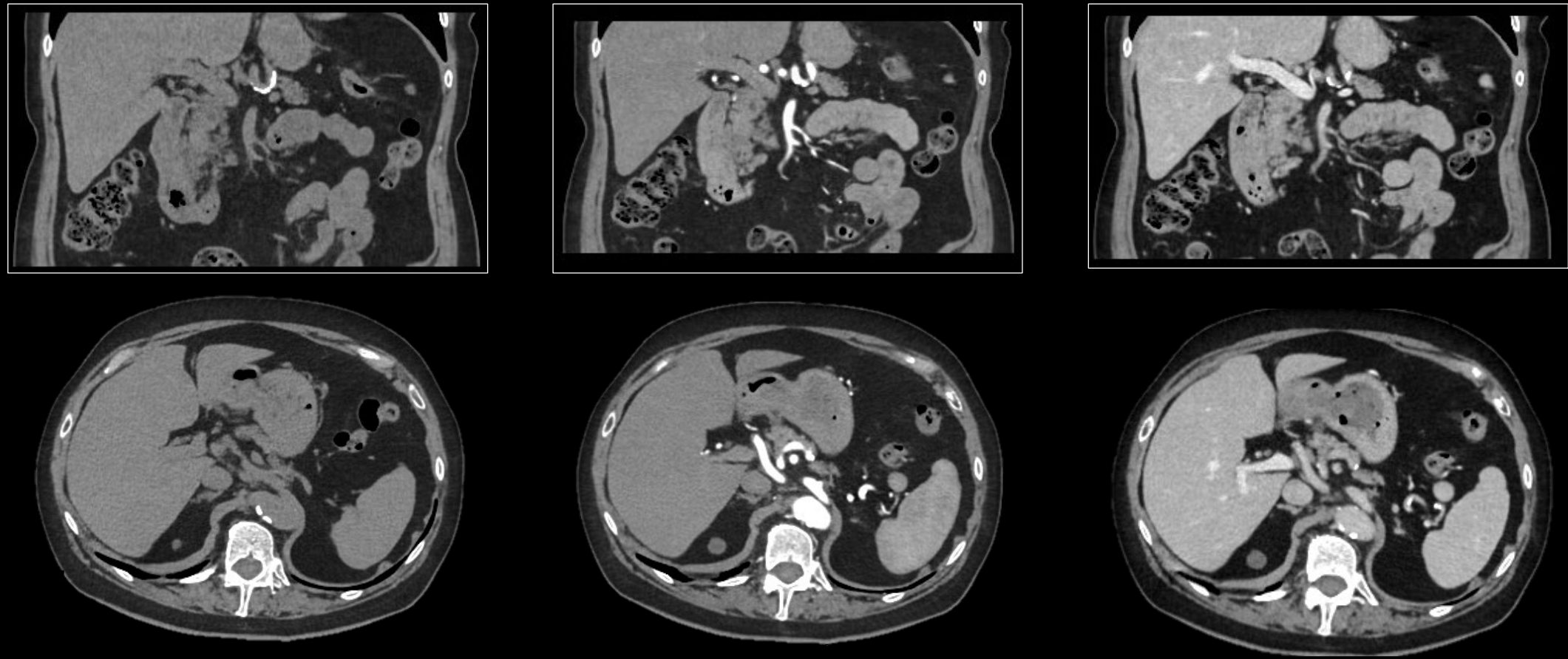
Non- contrast, Arterial & Portal Venous
Each CTDI 4.1
Images Reviewed in Multi Planar Reformats with 0.625 mm

“TrueFidelity DL Reconstruction, the images have significantly lower image noise and better contrast differentiation. The anatomical structures also appear to have sharper and clearer margins”

From Dr. Sri Iyengar

“TrueFidelity DL image Reconstruction with the reduction in image noise in the long run, will enable reduction in radiation dose across multiple scan protocols, especially the low-dose lung cancer screening protocols”

From Dr. Sri Iyengar



Dr. Josu Mendiola Arza

Radiologist – Interventional Department
Hospital Universitario de Cruces, Bilbao, Spain

Working on Revolution™ Ascend with 3D Guidance
More than 6,000 non-vascular interventional procedures per year.

The Cruces University Hospital is a center located in Bilbao which belongs to the Basque health service Osakidetza, one of the main health centres in the Basque Country.

“Since acquiring the Revolution™ Ascend, our workflow has significantly improved, particularly due to 3D Guidance and TrueFidelity DL.

This service performs more than 6,000 non-vascular interventional procedures per year, standing out as a benchmark in this area.

With TrueFidelity DL, we’re achieving superb image quality, reducing noise, and enhancing the delineation of lesions.

Compared to our previous CT and ASiR-V, these advancements have also allowed us to perform interventional procedures with 3D Guidance with confidence and rapidness.”



The statements by Dr.-Mendiola Arza described here are based on his own opinions and on results that were achieved in their unique setting. Since there is no “typical” hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

BMI 43.4

The present case corresponds to a 50-year-old patient with a history of partial nephrectomy due to renal neoplasia, who currently presents a new 10 mm solid lesion in the right kidney, highly suspicious for hypernephroma.

mAs total 7823		DLP total 1644 mGy*cm					
	Scan	kV	mAs / ref.	CTDIvol mGy	DLP mGy*cm	TI s	cSL mm
Posición del paciente H-SP							
Topograma	1	130		0.03(L)	6.36	0.6	0.6
Contraste							
Torax	2	130	106 / 70	11.81(L)	361.09	0.6	1.2
Abdomen	3	130	218 / 140	24.34(L)	1257.13	0.6	1.2

September 8th 2023
Competition Scanner



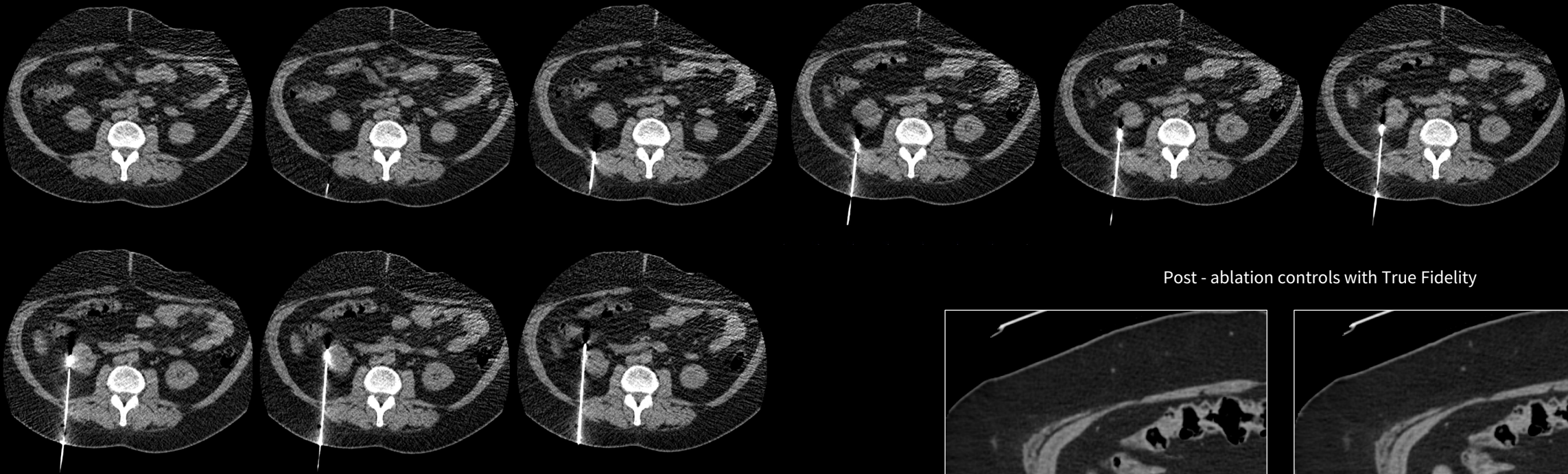
2mm



2mm

Dose Report					
Series	Type	Scan Range (mm)	CTDIvol (mGy)	DLP (mGy*cm)	Phantom cm
Scout					
1	Scout	S40-I600	0.03	1.81	Body 32
1	Scout	S40-I600	0.06	3.61	Body 32
ABD SIMPLE					
2	Helical	I66.435-I423.935	9.14	382.95	Body 32
MULTIFASE					
3	Helical	I68.619-I598.619	7.78	459.77	Body 32
3	Helical	I69.175-I597.925	7.76	458.29	Body 32
1/2					

January 29th 2024
Revolution™ Ascend
TrueFidelity DL Medium level



Post - ablation controls with True Fidelity



Nephrographic phase 1mm axial



Nephrographic phase 1mm axial

“The use of advanced technologies such as 3D Guidance and TrueFidelity DL, integrated into our CT equipment, has revolutionized our ability to address lesions as small as the one in this case, just 10 mm. These tools not only optimize the radiation dose, but also enable safe and precise access to the interior of the lesion. Thanks to this precision, subsequent imaging control confirmed complete necrosis of the lesion, demonstrating the effectiveness of these techniques in the management of small tumors and in complex procedures. ”

From Dr. Josu Mendiola Arza

Dr. Javier Farelo Villalobos Dr. Antonio Marin Cañete

Radiologists
Hospital Sant Joan de Déu, Sant Boi, Barcelona.

Working with Revolution Ascend

Parc Sanitari Sant Joan de Déu is a leading healthcare institution in Catalonia, located in Sant Boi de Llobregat, Barcelona. It is part of the Hospitaller Order of Saint John of God.

It is a leading healthcare centre in Catalonia, recognised for its excellence in comprehensive care, technological innovation and commitment to quality of care. It combines a multidisciplinary and human approach to meet the diagnostic and therapeutic needs of patients, with a strong focus on Mental Health.

The center performs a wide variety of diagnostic procedures as well as percutaneous interventional procedures, supported by the advanced imaging technology available, including image-guided biopsies: lung, abdominal organs, breast and bones, among others. Therapeutic procedures such as cholecystectomies, nephrostomies, pleural and abdominal drainages, among others.

“ The incorporation of GE CT with deep learning reconstruction TrueFidelity DL has revolutionized the management of diagnosis as well as interventions, improving real-time visualization of procedures.”



The statements by Dr. Villalobos and Dr. Marin Cañete, described here are based on their own opinions and on results that were achieved in their unique setting. Since there is no “typical” hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

BMI 25



Non- contrast phase 1mm coronal ASiR-V 50%



Non-contrast phase 1mm coronal TrueFidelity DL-H



Venous phase 1mm coronal ASiR-V 50%



Venous phase 1mm coronal TrueFidelityDL-H



Arterial phase 1mm coronal ASiR-V 50%



Arterial phase 1mm coronal TrueFidelity DL-H



Late phase 1mm coronal ASiR-V 50%



Late phase 1mm coronal TrueFidelity DL-H

The patient had a full-term forceps delivery at 5:00 am. At 10:00 am, a CT scan was requested due to a clinical picture of uncontrolled pain and hypotension, accompanied by ultrasound findings performed by gynecologists that showed free intraperitoneal fluid.

“GE’s artificial intelligence-enabled CT scanner with TrueFidelity DL provided high-quality images with excellent definition of active bleeding, optimizing diagnostic time and improving patient care in a critical setting.”

From Dr. Javier Farelo Villalobos & Dr. Antonio Marin Cañete

BMI 30

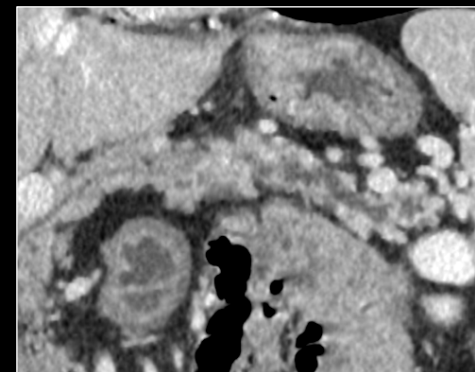
Postoperative control in a patient who underwent laparoscopic Nissen fundoplication with cholecystectomy. The patient reports episodes of intermittent abdominal pain, which appear to be related to food intake.



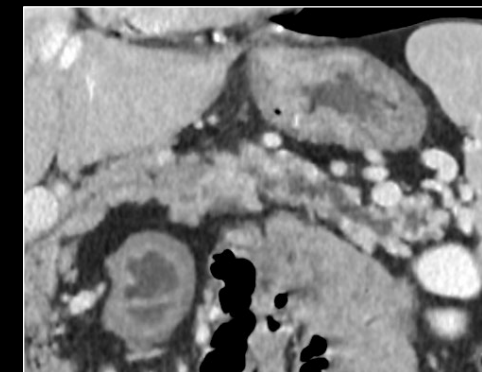
Venous phase 1mm axial
ASiR-V 50%



Venous phase 1mm axial
TrueFidelity DL-H



Venous phase 1mm curved
ASiR-V 50%



Venous phase 1mm curved
TrueFidelity DL-H

“ The use of TrueFidelity DL image recon has allowed for a more precise assessment of the structural changes associated with chronic pancreatitis. The improvement in image quality has facilitated the detection of morphological alterations and contrast uptake, which previously could not be clearly identified.

This early diagnostic precision is essential, as it allows for changes to be made in the patient's diet and the addition of early treatment for chronic pancreatitis, which contributes to improving the quality of life and controlling the progression of the disease.”

From Dr. Javier Farelo Villalobos & Dr. Antonio Marin Cañete

Dr. Giulio Salmè

Head of radiology – Spoke hospital with emergency
SS. Annunziata country hospital, Savigliano, Italy

**Working on Revolution™ Ascend and Revolution EVO
Cardio and Neuro radiology with emergency experience.**

In our department we are pleased to host a GE Revolution Evo, since July 2024 and a GE Revolution Ascend, since December 2024.

One of the most interesting facts, in this case, is the possibility to compare images quality with and without TrueFidelity DL AI recon algorithm in clinical practice, especially in our emergency settings and in very small vessels evaluation.

An increase in confidence is experienced by our team work in evaluation of stent patency in coronary CT studies.



Dr.Salmè is a paid consultant for GE HealthCare but not paid for this testimonial. The statements by Dr.Yengar described here are based on his opinions and on results that were achieved in their unique setting. Since there is no “typical” hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

Cardiac CT and Stent patency at lower dose with TrueFidelity DL

From Dr. Giulio salmè

In this case, we see a 72 y.o. man underwent LAD PTCA and stenting two years earlier, who come back to the cardiologist due to the recurrence of typical anginal symptoms. A CCTA was performed, with TrueFidelity DL deep learning Reconstruction.

Despite the high cardiac frequency and stent related blooming artifacts, the images show:

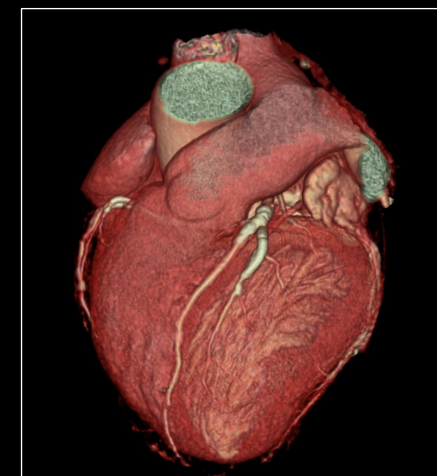
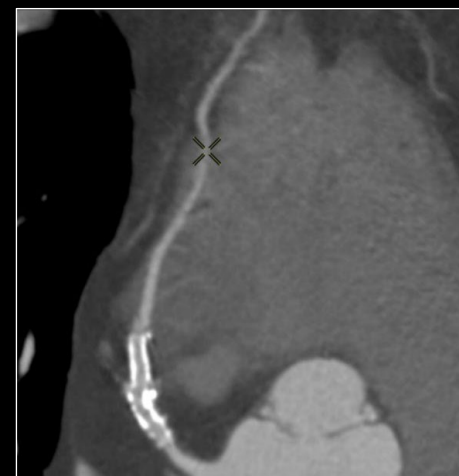
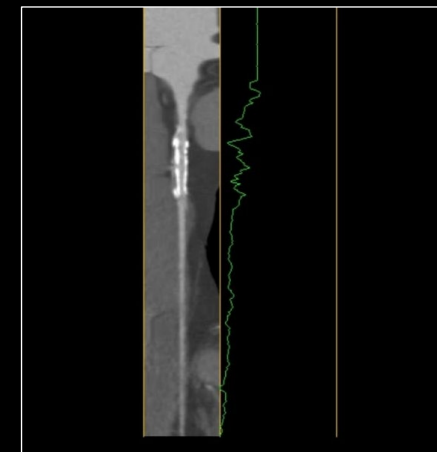
1. Stents lumen patency with no endothelial hyperplasia;
2. LAD intermedial tract traverses through the myocardium (coronary bridge)

Confirmed by cardiologist.

The use of advanced imaging systems and artificial intelligence recon has allowed a diagnosis, otherwise possible only on CT scans with higher temporal resolution.

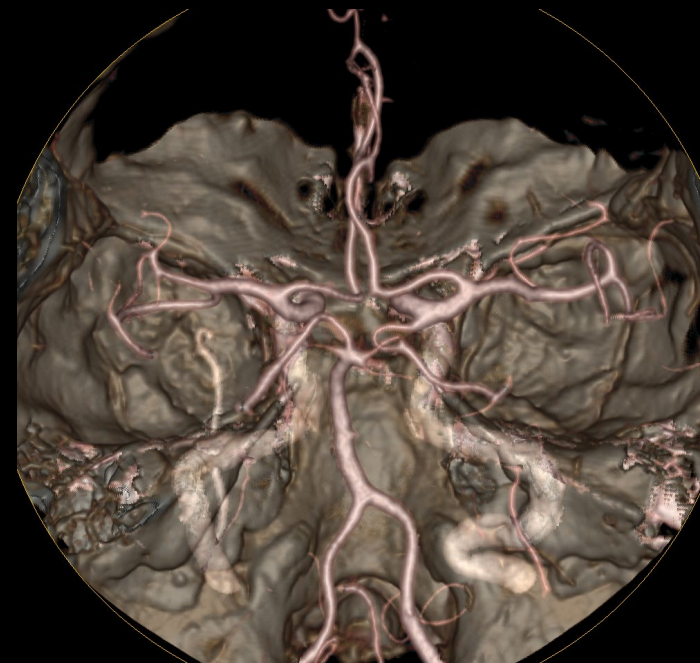
Furthermore, retrospective CCTA studies have a significant dose reduction thanks to automatic kilovoltage modulation organ based

- CCTA retrospective study on Revolution Ascend GE: about 200 mGy/cm²
- CCTA prospective study Revolution Evo GE: about 170 mGy/cm² (below 65 bpm)
- CCTA retrospective study Revolution Evo GE: about 700 mGy/cm



Perfusion CT in stroke at lower dose with TrueFidelity DL

From Dr. Giulio Salmè



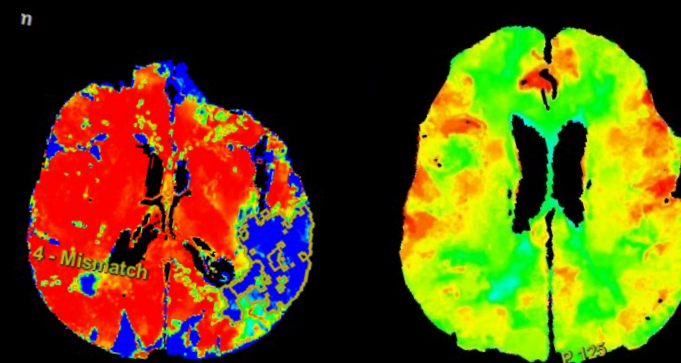
Perfusion studies in patients affected by stroke, which involve the acquisition of numerous scans, have total doses which are considerably lower if acquired with CT Revolution Ascend and TrueFidelity DL recon, compared to CT Revolution Evo, in a measure of minimum 30% decrease.

This allows us to extend these studies to younger patients, unfortunately increasing in number, compared to the past.

Angio-CT and Perfusion CT accuracy and quality imaging high level remain and lead us to a learning curve reduction for younger specialists, ensuring greater homogeneity of the work team's standards.

In our recent retrospective study based on analysis of MRI exams evaluation, with and without Recon DL software implementation, we observed that the level of confidence for evaluation of images obtained with AI is higher in radiologists with less than 10 years of work experience who therefore partially close the gap compared to 10 years experienced radiologists.

This could open up future scenarios in which AI helps young radiologist in learning and in clinical practice.



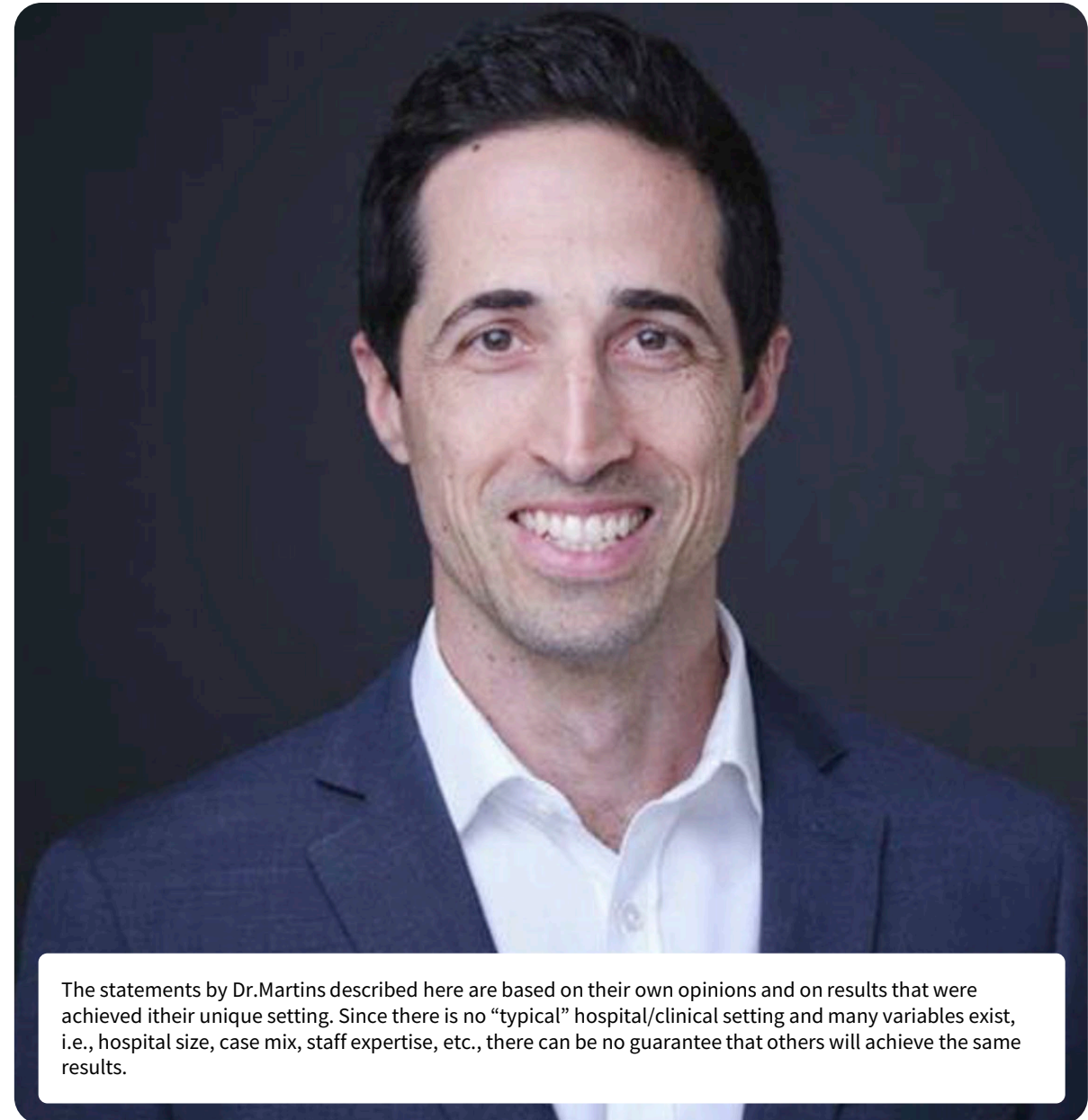
Dr. Daniel Lahan-Martins

Radiologist, Abdominal Imaging, Vera Cruz Hospital and DASA (Diagnósticos da América SA)
Professor, Department of Radiology and Oncology, School of Medical Sciences, University of Campinas - UNICAMP

My first impression of TrueFidelity DL was the remarkable improvement in image quality, particularly in reducing noise and increasing contrast resolution.

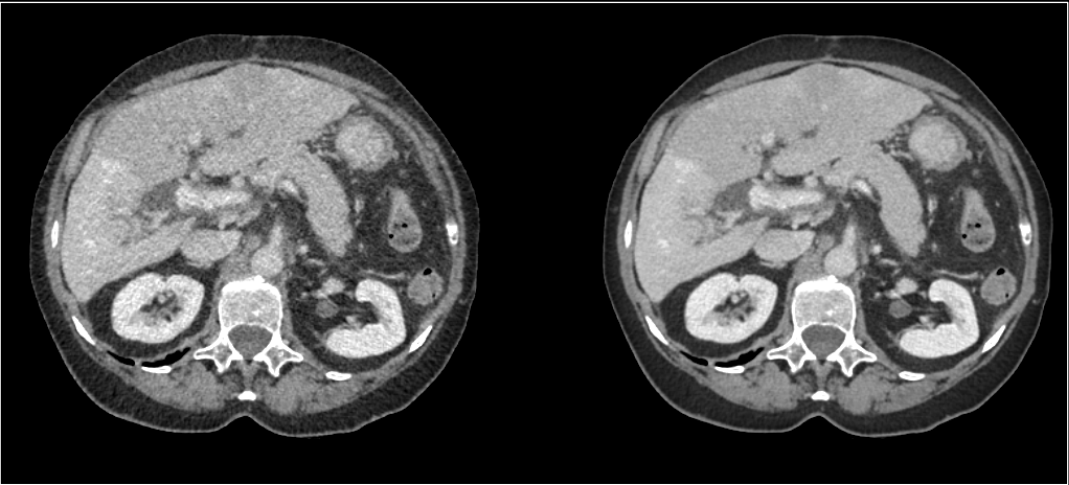
This advancement has allowed me to detect subtle changes and smaller lesions with far greater confidence, significantly enhancing my diagnostic confidence and efficiency when evaluating abdominal CT scans.

My primary focus is on liver, pancreatobiliary, and bowel imaging, especially in oncology diagnostics and tumor staging. Noise has long been a limiting factor in identifying small or subtle alterations, but with TrueFidelity DL has successfully overcome this obstacle. The technology consistently delivers clear, high-detail images, even at lower radiation doses—a critical advantage for oncology patients who require repeated imaging.



The statements by Dr. Martins described here are based on their own opinions and on results that were achieved in their unique setting. Since there is no “typical” hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

Excellent Image Quality in Abdominal-Pelvis imaging
From Dr. Daniel Lahan



ASiR-V 50%

TrueFidelity DL High



ASiR-V 50%

TrueFidelity DL High

Dr. Christiane Strauss

Radiologist – Interventional Department
La Croix-Saint-Simon Hospital - Paris-France

Working on Revolution™ Ascend with True Fidelity since March 2022
In the medical imaging department: 65,000 exams including 11,000 CT

"My first impression of TrueFidelity DL was very favorable with less noisy image, better spatial resolution and better contrast resolution. This contrast increase has been possible thanks to the routine use of low kVp, and especially 80 and 100 kVp.

After 2 years of routine use of TrueFidelity DL, in our activity which is mainly oncological, digestive pathology, and urology, I have noticed a real improvement in image quality, particularly: on pulmonary pathologies with a better visibility of micro nodules, better visibility of small differences in density (for example, a tumor peritoneal nodule in contact with a digestive loop, uterine wall abnormalities, renal cortex abnormalities, etc.), better spatial resolution and therefore a better description of small abnormalities (small pancreatic cysts, slightly dilated ducts, etc.), better distinction of lesions: we no longer ask ourselves: "is it noise? or is it a lesion?"

In 2022, we replaced our old CT with the new Revolution ASCEND, there was an immediate adoption by 6 radiologists out of a total of 8. The other 2 radiologists needed a few weeks to get used to the change in image texture."

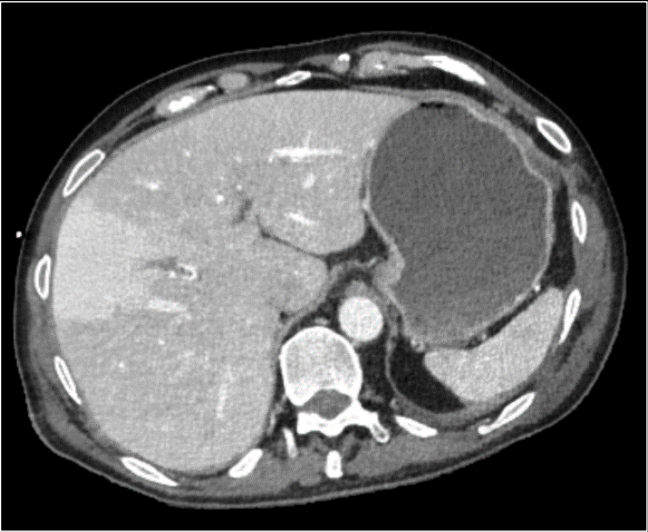
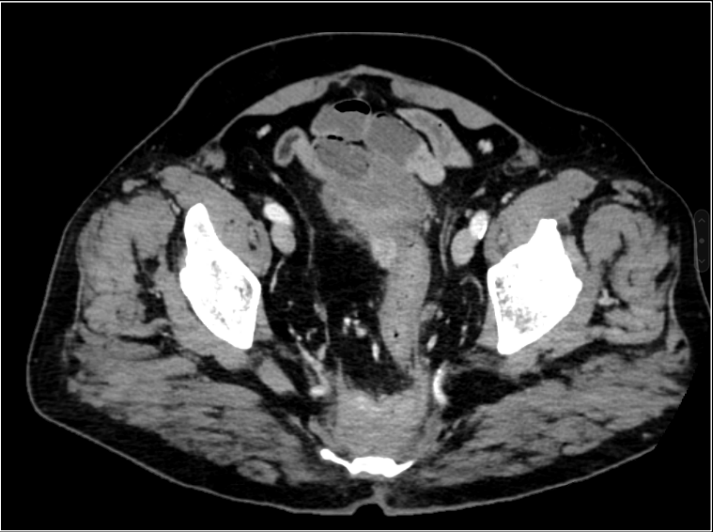


Dr. Strauss is a paid consultant for GE HealthCare but not paid for this testimonial. The statements described here are based on her opinions and on results that were achieved in her unique setting. Since there is no "typical" hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.

TrueFidelity DL high level for all cases

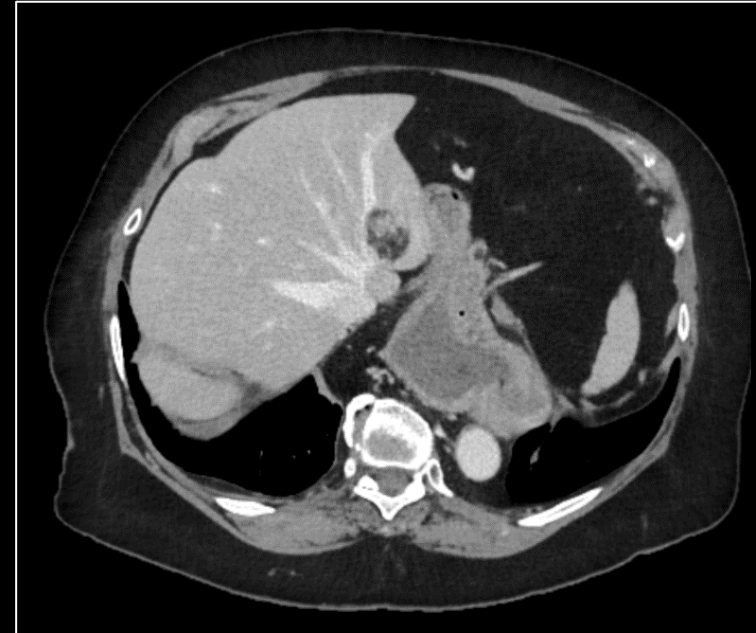


Good visibility of hyperdense lesions in contact with the colon due to the increased contrast resolution



Presence of a thrombus in a distal portal branch and downstream perfusion disorders. Importance of improved spatial resolution and contrast resolution

TrueFidelity DL high level for all cases



Left liver Tumor :

- Very good resolution in contrast with visibility of hypervascularization at the arterial phase
- Very good resolution on the late phase with perception of fat densities in the lesion (angiomyolipoma on biopsy)

Dr. Elliott Rees

Consultant Radiologist, FRCR (UK),
West Suffolk NHS Foundation Trust, Bury St. Edmunds, UK

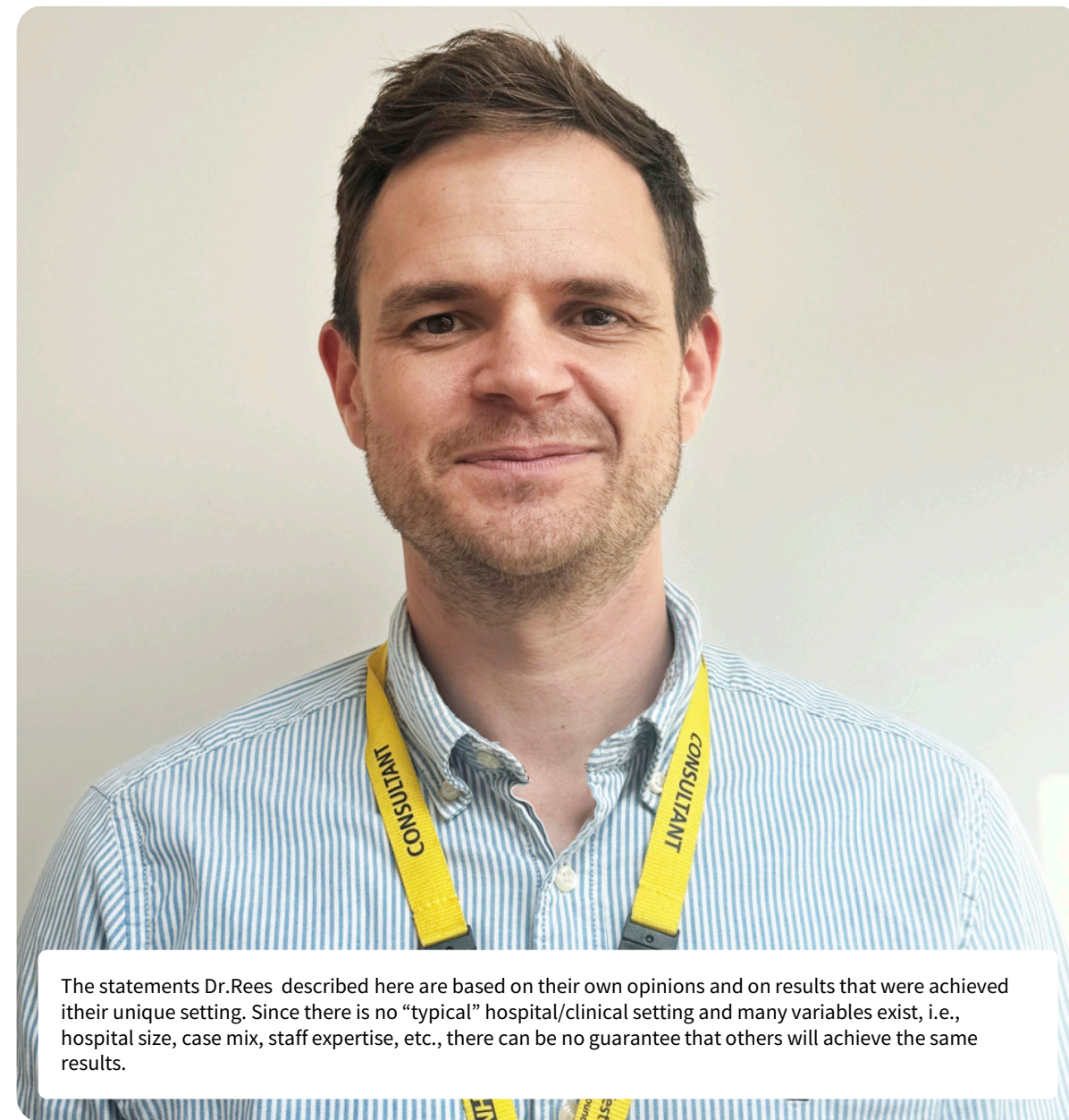
The Trust has 3 Revolution Ascends installed from 2022 -23 . The department delivers a service to a population of around 280,000 and provides acute & general imaging and ER Trauma across all modalities. TrueFidelity DL Image Reconstruction was installed on all 3 Revolution Ascends via Smart Subscription.

I am the clinical lead for radiology at the West Suffolk Hospital, a District General Hospital in Bury St Edmunds. The bulk of our workload is staging CT with acute CT including Trauma and stroke imaging. We perform between 100 and 150 CT's per normal working day. The Department has 3 GE HealthCare Revolution Ascends all with the latest TrueFidelity DL reconstruction algorithm.

My initial first impressions of images reconstructed with TrueFidelity DL was that they appeared almost too smooth as we were used to seeing very noisy images (our prior scanners were over 10 years old from memory). However, new technology always has some adoption curve with some people taking longer to adjust to the change and some less willing to adopt than others. In the early days some colleagues gave varied feedback when images were reconstructed with the TrueFidelity DL algorithm. Some senior colleagues did not find the new technology to their initial liking. Today the majority of radiologists use the TrueFidelity DL reconstructions as a standard in day-to-day scanning. Specifically oncology cases are where I am seeing real boosts in image quality based on this deep learning technology, the noise reduction is the main benefit I would say. The quality of the images means I have a lot more confidence in assessing cancers and response to therapies in the CT studies I report.

From my perspective dose rates are much improved with this technology. Early on we had some periods where TrueFidelity DL wasn't working, and it was like we were using the old scanners again. We now can't do without the TrueFidelity DL image reconstruction in routine.

I have a special interest in neuro imaging and the images through the posterior fossa which are typically artifactual have improved delineation of white grey matter in the brain with the Deep Learning image reconstruction algorithm compared to what we observed with our previous reconstruction algorithm.



The statements Dr. Rees described here are based on their own opinions and on results that were achieved in their unique setting. Since there is no "typical" hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc., there can be no guarantee that others will achieve the same results.



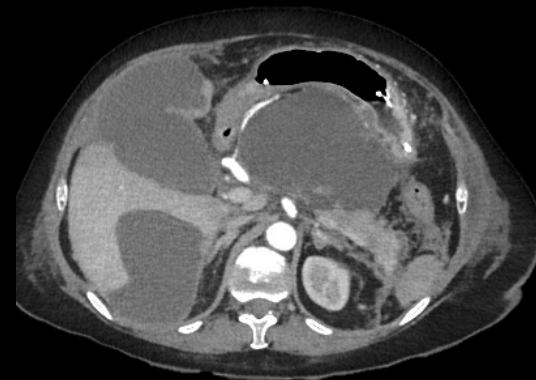
Brain Study
TrueFidelity DL reduced artefact
in posterior fossa



"I have a special interest in neuro imaging and the images through the posterior fossa which are typically artifactual have much improved contrast with this Deep Learning image Reconstruction algorithm".

From Dr. Elliot Rees

Abdomen & Pelvis Arterial & Venous Phases
BMI>32 Necrotizing Pancreatitis, known SMV Thrombus
TrueFidelity DL High 0.625mm slices



"From my perspective dose rates are much improved with this technology. We now can't do without the TrueFidelity DL image reconstruction in routine"

From Dr. Elliot Rees

