

## ACUSON Sequoia Ultrasound

Intelligent Imaging-Expanded Insights-User-Driven Design

Stony Brook Eastern Long Island Hospital delivers high quality, compassionate and individualized care to our patients. Your gift will help us to acquire the new ACUSON Sequoia Ultrasound. Built from the ground up with input from users around the world, the ACUSON Sequoia ultrasound system was created with users and patients in mind. The ACUSON Sequoia system powered by BioAcoustic technology can reduce the effects of ultrasound variability between users, patients and technology. By reducing the variability often experienced during ultrasound exams, the ACUSON Sequoia system can help to deliver effective clinical insights.

The ACUSON Sequoia system's powerful architecture eliminates the need for a conventional focal zone to create beautiful fully focused images. InFocus uses synthesized, retrospectively focused transmit beams throughout the field of view that focuses at all depths. More information is harvested from the usual transmit sequence, using massive overlapping multibeam groups rather than individual or close parallel beam lines as in conventional systems, helping avoid ICU admissions and reduce cost of care.

The ACUSON Sequoia speed of sound correction technology changes the speed of sound per the body type or pathology for improved focusing, spatial resolution and contrast resolution.



**ACUSON Sequoia Ultrasound.....\$200,000**

**For more information, please call the ELIH Foundation Office at (631) 477-5164.**

I (we) wish to make a commitment to support the *ACUSON Sequoia Ultra Sound* in the amount of \$ \_\_\_\_\_

The commitment will be paid as follows:

\$ \_\_\_\_\_ check enclosed representing my (our) gift in full.

\$ \_\_\_\_\_ pledge balance will be paid in installments of \$ \_\_\_\_\_ over a \_\_\_\_\_ year period.

\$ \_\_\_\_\_ check enclosed representing the first installment.

**Credit Card:**  MC  Visa  Amex Card# \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Wire or securities transfer (*Please call for account # and transfer instructions: 631-477-5164*)

Pledged in the form of a trust or other deferred gift, to be executed separately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) \_\_\_\_\_

Address  Residence  Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone  Residence  Business \_\_\_\_\_ E-mail \_\_\_\_\_