# **DRI OCT Triton**

Swept Source Optical Coherence Tomography

SS OCT + Multimodal Fundus Imaging Optimise Your Clinical Workflow



# **FTOPCON** Healthcare

# TRITON EVOLVED

Enhance Your Daily Diagnosis





**High Density** Swept Source OCT



**Optimise Your Practice** Workflow by Simplifying and

Speeding Up Data Capture,

Analysis and Follow-Up<sup>4</sup>





Up to 21mm Wide

<sup>1</sup>Hina Khan, Aamir Asrar, Bisma Ikram, Maha Asrar, Comparison of Image Quality between Swept Source and Spectral Domain OCT in Media Opacification, Pak J Ophthalmol 2016, Vol. 32, No. 3 <sup>2</sup>Triton plus only <sup>3</sup>Optional <sup>4</sup>Rachel Hiscox, Clinical applications of optical coherence tomography: what should I know?, Optometry in Practice 2016, Col.17, Issue 2, 59-70

# TRITON OVERVIEW



Deep Penetration, Including Through Media **Opacities such as Cataracts** and Haemorrhages<sup>1</sup>



Multimodal Imaging, SS-OCT, Colour, Red-Free, IR, FA<sup>2</sup>, FAF<sup>2</sup>, OCT-A<sup>3</sup> and Anterior<sup>3</sup>







Higher Signal-to-Noise Ratio OCT/OCT-A Images with Smart Denoise

# **SMART DENOISE FUNCTION**

# WIDER OCT IMAGING





# SMART DENOISE

Smart Denoise is an image processing algorithm which reduces artifacts and increases contrast. High quality OCT and OCT-A images with reduced noise signal are generated from every B-scan within the dense data cubes, through the use of Topcon's unique AI algorithm.

# WIDE-FIELD OCT

The optional wide-field attachment lens enables the capture of scans up to 21mm in length. Gather more clinical insights with wide-field OCT and OCTA imaging is valuable in a wide variety of conditions.



Image Processing by Topcon's Unique Al Algorithm



B-scan Smart Denoise for Dense 3D Scans



**OCT-A** Denoising for Superfical and Deep Slabs



Easy to Capture High Quality Images



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Up to 21mm Wide

**Boosts Multimodal** Imaging Capability



Quick and Easy to Attach the Lens



Wide-Field OCTA 21×21mm Wide

## SWEPT SOURCE OCT ANGIOGRAPHY<sup>™</sup>

#### OCT Angiography with Swept Source OCT

TOPCON's SS OCT Angio<sup>™</sup> combines OCT Angiography with Swept Source OCT technology and a long 1050nm wavelength. OCTARA<sup>TM</sup>, a proprietary image processing algorithm, provides highly sensitive angiographic detection<sup>5</sup>, allowing for visualisation of vascular structures.

#### **OCTA Metrics**

Triton's SS OCT Angio displays OCTA density, the ratio between high and low signal areas, The information is displayed as a colour map with the ability to display values, for rapid comprehension.

# 11.80 Circularity 0.55 red data is not changed before/after Smart Denoise

#### En Face OCT Imaging

En face imaging allows for independent dissection and examination of key layers, such as the vitreoretinal interface (ILM boundary), retinal pigment epithelium and choroidal layers.



Courtesy: Y. Morizane, MD, PhD, Okayama University, Japar





## OCT ANGIOGRAPHY CASES

Courtesy: Akihiro Ishibazawa, MD, PhD. Asahikawa Medical University Graduate School of Medical Sciences, Hokkaido, Japan

#### Swept Source OCT Technology; Scanning Speed of 100,000 A-scans/sec

A fast scanning speed of 100,000 A-scans/sec enables capture of a dense array of clear B-scans<sup>6</sup> by acquiring more A-scans within a given image acquisition time. This helps to reduce artifacts from involuntary eye movements such as saccades and blinks.

#### **Invisible Scan Lines**

The invisible 1,050nm wavelength light helps patients concentrate on the fixation target during the scan, reducing involuntary eye movement. It supports more efficient workflow in a practice by reducing the need to rescan.



#### EVV (Enhanced Vitreous Visualization<sup>™</sup>)

EVV helps clinicians assess vitreous and vitreoretinal interface abnormalities<sup>8</sup>. Contrast can be quickly adjusted to the needs of the physician, depending on the area of greatest interest.

#### Triton's Dynamic Focus<sup>™</sup>

Triton's Dynamic Focus<sup>™</sup> allows for acquisition of images with near uniform focus and image quality throughout the entire depth of the image, for example vitreous, retina and choroid.

#### **Multimodal Imaging**

The DRI OCT Triton offers a true colour<sup>7</sup>, non-mydriatic fundus image. Fluorescein Angiography (FA) and Fundus Autofluorescence (FAF) are available to enhance the diagnostic capability of Triton plus<sup>\*</sup>. The all-in-one device supports efficient workflow in practice. DRI OCT Triton can acquire the OCT and fundus image in a single capture. PinPoint<sup>™</sup> registration identifies the location of the B-scan on the fundus image. Comparison between the B-scan and fundus image can support efficient clinical diagnosis.



Colour Image Sensor : 5MP FA Image Sensor : 4MP FAF Image Sensor : 4MP

<sup>6</sup> Shoji Kishi. Impact of swept source optical coherence tomography on ophthalmology. Taiwan Journal of Ophthalmology 6 (2016) 58-68 <sup>7</sup> Colour fundus image with white light, with 24-bit colour. \*Product name is DRI OCT Triton (plus)

#### 5 layer thickness map function/ Choroidal Thickness Map

Retinal tissue layers are automatically segmented by the Topcon Advanced Boundary Software (TABS<sup>™</sup>), enabling quantification of retinal thickness and sub layers<sup>910</sup>. Triton provides clear visualisation of the choroid, and generates choroidal thickness maps to visualize choroidal structure and response to treatments.

#### Fundus Guided Acquisition (FGA)

OCT scan location can be easily set by selecting the area of interest on the fundus image. With FGA, the operator can choose to capture or import a fundus image, select the scan location and automatically acquire a B-scan or array of B-scans at that location.

<sup>8</sup> Fabio Lavinsky, Daniel Lavinsky. Novel perspectives on swept-source optical coherence tomography. Int J Retin Vitr (2016) 2:25
<sup>9</sup> Zhichao Wu, Denis S. D. Weng, Rashmi Rajshekhar, Abinaya Thenappan, Robert Ritch, Donald C. Hood. Evaluation of a Qualitative Approach for Detecting Glaucomatous Progression Using Wide-Field Optical Coherence Tomography Scans. Trans Vis Sci Tech. 2018;7(3):5.
<sup>10</sup> Beatriz Abadia, Ines Suñen, Pilar Calvo, Francisco Bartol, Guayente Verdes, Antonio Ferreras. Choroidal thickness measured using swept-source optical coherence tomography is reduced in patients with type 2 diabetes. PLoS ONE 13(2): e0191977.

# MULTIMODAL IMAGING



#### WORKFLOW ENHANCEMENT

#### Motion Correction Compensation/ Rescanning Function

#### **Motion Correction**

Corrects the Z direction movement **Compensation** 

Tracks the eye and then compensates for the X direction movement.

#### **Rescanning Function**

The rescanning function is available to minimise data loss due to blinking and Y direction eye movement during 3D OCT and 3D OCT Angiography scans.



#### SMARTTrack<sup>™</sup>

SMARTTrack<sup>™</sup> system enables to capture image of designated location by automated tracking of the eye. For the 3D OCT scan and OCT Angiography scan, rescan is performed when there is a data loss due to blink.

#### **Projection Image**

The projection image provides an easy means of confirming scan locations when the OCT image capture is not accompanied by a colour fundus image.

#### **Alignment Navigation**

Triton's alignment navigation guides simplify operation of the device and direct the operator to achieve optimal device positioning, reducing acquisition errors and supporting rapid capture.

#### Live Fundus View

The fast scanning speed allows the Triton to create a live En Face fundus image, an ideal tool for precisely visualizing the scan position. This enables the operator to be sure they are capturing the correct area, even in patients with small pupils.









#### **Follow-Up Function**

This function allows you to retrieve and re-analyze the same location with follow-up scans, for seamless comparison of past and current scan data. Operators only need to select past data and Triton automatically captures the same area.

#### **Anterior Segment Imaging**

Triton's optional anterior segment imaging capabilities allow for visualisation of the cornea, anterior chamber angle, iris and anterior sclera. The anterior segment lens attachment is combined with quantitative analysis. The new anterior segment feature reaffirms Triton's value in comprehensive eye care settings.

# DIAGNOSTIC CAPABILITIES



# **INFORMATIVE REPORTS**

Seamlessly analyse data acquired with SS OCT using in the context of Triton's reference database. The DRI OCT Triton offers a range of comprehensive reports which consolidate essential diagnostic information into a single page and use colour-coding for easy visual identification of abnormalities against the reference database. These features support diagnosis and treatment planning for conditions including macular diseases and glaucoma.



#### **Hood Report**

The Hood Report provides Retinal Thickness/ RNFL/ GCL and Circumpapillary Metrics in one scan. This report streamlines the decision-making process through the correlation of structural probability maps (GCC/RNFL) with function (overlay of visual field test locations)<sup>11</sup>.

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#### 3D Wide Glaucoma Report

The 12x9mm wide-field scan covers the optic nerve and macula and can be captured in one acquisiton to provide a comprehensive assessment of the posterior pole with reference database comparison.



#### **Trend Analysis Report**

These reports show the change in thickness measurements over time. The layer displayed (RNFL/GCL+/ GCL++) can be selected as required depending on the area scanned. Poor scans can be excluded and new baselines added when management changes.



<sup>11</sup> Zhichao Wu, Denis S. D. Weng, Rashmi Rajshekhar, Abinaya Thenappan, Robert Ritch, Donald C. Hood. Evaluation of a Qualitative Approach for Detecting Glaucomatous Progression Using Wide-Field Optical Coherence Tomography Scans. Trans Vis Sci Tech. 2018;7(3):5.

# INFORMATIVE REPORTS



#### Polypoidal Choroidal Vasculopathy











**Epiretinal Membrane** 



Courtesy: XZ,Zhang,Zhongshan Ophthalmic Centre, Sun Yat-Sen University

# CLINICAL IMAGES



Punctate Inner Choroidopathy





Courtesy: Prof. Wen, Zhongshan Ophthalmic Centre, Sun Yat-Sen University



Courtesy: Prof. Min Wang, Eye, Ear, Nose and Throat Hospital, Fudan University

AMD



Courtesy: Dr. Kelvin Teo, MBBS, PhD, Associate Professor, Duke NUS Ophthalmology ACP Senior Consultant, Medical Retina Department, Singapore National Eye Centre

# CLINICAL IMAGES

# SPECIFICATIONS

<b>Observation &amp; Photography of Fund</b>	us image
Photography type	Colour, FA <sup>(Note)</sup> , FAF <sup>(Note)</sup> , Red-free <sup>(Note2)</sup> , IR
Picture angle	45°±5%
Ficture aligie	Equivalent to 30° (Digital zoom )
Photographable diameter of pupil	Normal: φ4.0mm Small pupil diameter: φ3.3mm
Fundus image resolution (on fundus)	Center: 60 lines/mm
[Optical resolution]	Middle(r/2): 40 lines/mm
	Periphery(r): 25 lines/mm
Observation & Photography of Fund	
Scan range (on fundus)	Horizontal 3 to 12mm±5%, Vertical 3 to 12mm±5%
Scan pattern	3D scan, Linear scan (Line-scan/Cross-scan/Radial-scan)
Scan speed	100,000 A-Scans per second
Lateral resolution	20µm
In-depth resolution	Optical resolution: 8μm Digital resolution: 2.6μm±3%
in-depth resolution	(When taking two or more pictures)
Photographable diameter of pupil	
<b>Observation &amp; Photography of Fundus</b>	Inage / Fundus Tomogram
Operating distance	34.8mm±0.1mm
	Internal fixation target
	Dot-matrix type organic ELD display
	The display position can be changed and adjusted.
Fixation target	The displaying method can be changed. Peripheral fixation target
	This is displayed according to the internal fixation target
	displayed position.
	External fixation target
Managera and a state and a state of the stat	Without the diopter compensation lens -13D to +12D
Measurable range of dioptric power for the patient's eye	When the concave compensation lens is used -12D to -33D
	When the convex compensation lens is used +11D to +40D
Observation & photography of Wide fie	
Operating distance	10.5mm±0.5mm
Scan range (on fundus)	Horizontal 21mm±10%, Vertical 21mm±10%
Scan pattern	3D scan, Linear scan (Line-scan/Cross-scan/Radial-scan)
Scan speed	100,000 A-Scans per second
Lateral resolution	30µm
In-depth resolution	Optical resolution: 8µm
	Internal fixation target
	Dot-matrix type organic ELD display
	The display position can be changed and adjusted.
Fixation target	The displaying method can be changed.
	Peripheral fixation target This is displayed according to the internal fixation target
	displayed position.
	External fixation target
Measurable range of dioptric power	Without the diopter compensation lens -7D to +40D
for the patient's eye	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D
for the patient's eye Observation & Photography of Anterior	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D <b>r Segment Image</b> <sup>(Note4)</sup>
for the patient's eye Observation & Photography of Anterior Photography type	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR
for the patient's eye Observation & Photography of Anterior	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR r Segment Tomogram <sup>(Note4)</sup>
for the patient's eye Observation & Photography of Anterior Photography type	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR
for the patient's eye Observation & Photography of Anterio Photography type Observation & Photography of Anterio	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR r Segment Tomogram <sup>(Note4)</sup>
for the patient's eye Observation & Photography of Anterio Photography type Observation & Photography of Anterio Scan range (on cornea)	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D <b>r Segment Image</b> <sup>(Note4)</sup> IR <b>r Segment Tomogram</b> <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5% 3D scan / Line scan (Line-scan/Radial-scan)
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D <b>r Segment Image</b> <sup>(Note4)</sup> IR <b>r Segment Tomogram</b> <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5% 3D scan / Line scan (Line-scan/Radial-scan) 100,000 A-scans per second
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior	Without the diopter compensation lens -7D to +40D When the concave compensation lens is used -33D to -5D r Segment Image <sup>(Note4)</sup> IR r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5% 3D scan / Line scan (Line-scan/Radial-scan) 100,000 A-scans per second r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup>
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> 17±0.3mm         Internal fixation target         LED target
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> 17±0.3mm         Internal fixation target
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> 17±0.3mm         Internal fixation target         LED target         External fixation target
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> 17±0.3mm         Internal fixation target         LED target
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> I7±0.3mm         Internal fixation target         LED target         External fixation target         AC 100-240V
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating Source voltage	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> I7±0.3mm         Internal fixation target         LED target         External fixation target         AC 100-240V
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating Source voltage Power input	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> I7±0.3mm         Internal fixation target         LED target         External fixation target         AC 100-240V         250VA
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating Source voltage Power input Frequency	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> Internal fixation target         LED target         External fixation target         200-240V         250VA         50Hz-60Hz
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating Source voltage Power input Frequency Dimensions & Weight	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> Internal fixation target         LED target         External fixation target         ZoovA         SOHZ-60Hz         320-359 mm(W) X 523-554 mm(D) X 560-590 mm(H)
for the patient's eye Observation & Photography of Anterior Photography type Observation & Photography of Anterior Scan range (on cornea) Scan pattern Scan speed Observation & Photography of Anterior Operating distance Fixation target Electric Rating Source voltage Power input Frequency Dimensions & Weight	Without the diopter compensation lens -7D to +40D         When the concave compensation lens is used -33D to -5D         r Segment Image <sup>(Note4)</sup> IR         r Segment Tomogram <sup>(Note4)</sup> Horizontal 3 to 16mm±5%, Vertical 3 to 16mm±5%         3D scan / Line scan (Line-scan/Radial-scan)         100,000 A-scans per second         r Segment Image/Anterior Segment Tomogram <sup>(Note4)</sup> 17±0.3mm         Internal fixation target         LED target         External fixation target         200-240V         250VA         50Hz-60Hz

Note1: FA photography and FAF photography can be performed only with the DRI OCT Triton (plus). Note2: Digital red free image processing of colour images to display them as pseudo Red-free images. Note3: Observation & Photography of Wide field Fundus Tomogram are available only when using Wide field OCT attachment lens WA-1. Note4: Observation & Photography of Anterior Segment Image and Tomogram are available only when using ANTERIOR SEGMENT ATTACHMENT KIT AA-1.

	Colour	FA	FAF	En Face	Red-Free	Anterior*	OCT-A*	WF OCT*
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IMPORTANT In order to obtain the best results with this instrument, please be sure to review all user instructions prior to operation.

Not all products, services, or offers are available in all markets. Contact your local distributor for country-specific information and availability.





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