



CARDIOVIT CS-200 EXCELLENCE

Designed for high-volume workload, equipped with the latest technology to save time and boost productivity



CARDIOVIT CS-200 EXCELLENCE

Experience the
CARDIOVIT CS-200
Excellence and get a
view of the future where
precision and perfor-
mance converge.

Thanks to its new processor – 3rd Generation Core i7 CPU – the CS-200 Excellence is now one of the fastest and most efficient devices on the market.

Especially designed for enterprise hospitals, the CS-200 Excellence masters each task.

STAND-ALONE OR CONNECTED

The CS-200 Excellence optimizes digital workflow with seamless connectivity to EMR, PACS, and SCHILLER's SEMA Cardiology Information System. Whether used as a stand-alone system or a complete enterprise solution, it is a scalable solution that fits your needs today and tomorrow.



AUTONOMOUS EMERGENCY ECG

In an emergency every second counts. SCHILLER offers the unique ability to print an emergency ECG even before the system boots up.



ONE-BUTTON OPERATION

Immediate access to the desired function.



EASY DATA ENTRY

Data entry as easy and fast as possible. Simply enter the data via bar code scanner.



AUTOMATIC SpO₂ AND BP

SpO₂ and blood pressure are automatically recorded during exercise testing and sent to the CS-200 Excellence. The BP-200 plus and the SCHILLER K-Sound Analysis (SKA) allow unparalleled accurate blood pressure measurements, with both auscultatory and oscillometric techniques.

- 1 Intuitive user interface
 - ❖ Monitor ST changes with auto-comparison of current and reference beats.
 - ❖ Watch for ST level and slope changes using the 12 or 16*-lead average complexes.
- 2 All wires are integrated internally
- 3 SCHILLER 12/16-lead thermal printer
- 4 Large writing surface for clinical documentation
- 5 Two big accessory drawers
- 6 System base cover for external printer. Integrated power isolation transformer providing a stable work platform

BOOST PRODUCTIVITY

Thanks to rich on-screen information content, with customizable display layout, integrated resting ECG during Exercise Testing, Wizard, Dynamic Protocol and much more, our system saves time and boosts productivity.

UNIQUE DYNAMIC PROTOCOL

The system suggests the most appropriate exercise protocol, based on patient age, body weight and questionnaire. No modifications during the test are necessary.¹

WIZARD

The WIZARD is an intuitive tutorial which guides the user one step at a time, highlighting the next available function. It is designed for nurses, technicians and all other clinicians to perform the exercise test without a long preparation period.

ECG REVIEW

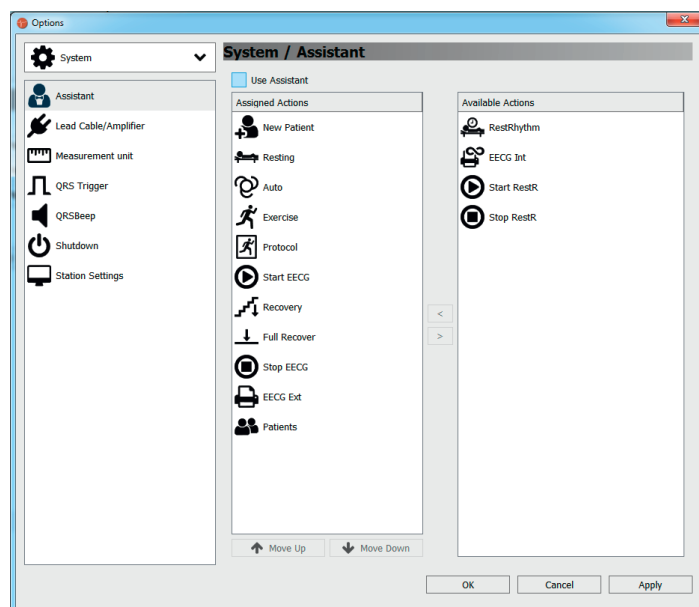
Full Disclosure data enables review of every beat and arrhythmia for enhanced clinical confidence. Even during the exercise it is possible to compare ECG strips from previous stages or even previous tests.

MULTI-VIEW HOOK-UP SCREEN

Quickly and easily attach lead wires:

- ❖ Colour-coded electrode placement diagram
- ❖ Dynamic “noise level” triangle
- ❖ Real-time ECG waveform display all help identify hook-up problems before you start the test

1 J Cardiopulm Rehabil. 2006 Jan - Feb;26(1):16 -23. A nomogram to select the optimal treadmill ramp protocol in subjects with high exercise capacity: validation and comparison with the Bruce protocol. Maeder M, Wolber T, Atefy R, Gadza M, Ammann P, Myers J, Rickli H.



Electrode Test

Lead	Offset
R (R)	-8 mV
L (L)	-11 mV
F (F)	-11 mV
C1 (C1)	2678 mV
C2 (C2)	-2 mV
C3 (C3)	-2 mV
C4 (C4)	-2 mV
C5 (C5)	-8 mV
C6 (C6)	-8 mV

Lead configuration: Standard

Legend: ▲ weak signal ▲ electrode off

Buttons: Use reduced electrode set, OK

SDS-200 Excellence (Exercise ECG) - User: default / Systemadministrator - 777-Florence Heilm

HR 60 ¹⁵² /min 31% BP 135/80 Prev 128/82 ST V4 -1.2 VEBR 0 SpO2 98

HD 83% 14:10 12/5/2017

RAMP 60-30-60
Ramp [4] 00:00:57
179W 00:03:57
129 W / 139%
METs(I) 12.1 00:04:04

Take Reference Auto STmax | 60

-1.2 mm, -0.3 mV/s
-4.2 mm, -0.2 mV/s

V4

Standard 10 mm/mV 25 mm/s Standard ARBA / 50Hz

05.12.2017 14:06:14 Duration: recording...
00:02:05
00:03:08
2.5 mm/mV 6.25 mm/s Standard ARBA / 50Hz

11.10.2017 09:33:32 11.10.2017 09:32:37

Auto F5 Manual F3 Filter F6 Event F12 Start F7 Hold Next Recovery F7 Stop

WIZARD PLANNER

Plan your wizard steps according to your needs by assigning the actions that should be carried out.

The wizard will guide you through the planned steps by highlighting the buttons accordingly.

New Patient → Resting → Auto → Exercise → Protocol → Start ECG → Recovery

SUPERIOR DIAGNOSTIC TOOLS

Hyper Q™: analysis of high-frequency QRS signals

Sophisticated filters: industry-leading analysis program for artefact and noise management

16-lead acquisition and analysis: in resting and exercise ECGs



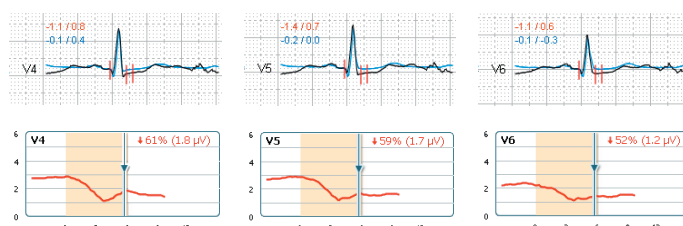
SAECG (LATE POTENTIAL ANALYSIS)

This analysis is a non-invasive alternative to invasive testing for ventricular arrhythmia. It allows detection of micropotentials that occur after the QRS complex. Gain time thanks to straightforward measurement data recording; pushing one button is enough.

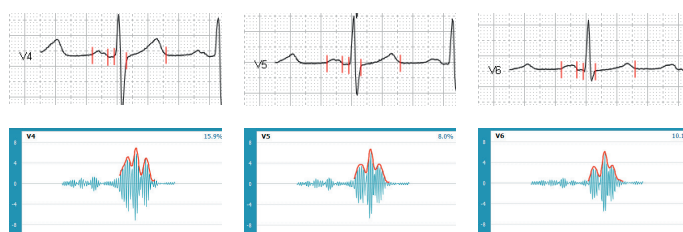
HYPER Q™

Unique, scientifically and clinically proven analysis of high-frequency QRS signals, which significantly improves the accuracy and effectiveness of routine exercise and resting ECG

- ❖ More sensitive diagnosis of ischaemic patients
- ❖ Fewer false alarms in non-ischaemic patients
- ❖ Gender-independent accuracy
- ❖ Determined diagnosis in patients with equivocal exercise and resting ECG
- ❖ Reduces health care costs by saving unnecessary expensive diagnostic tests
- ❖ Prevents unnecessary exposure to radioactive or invasive procedures



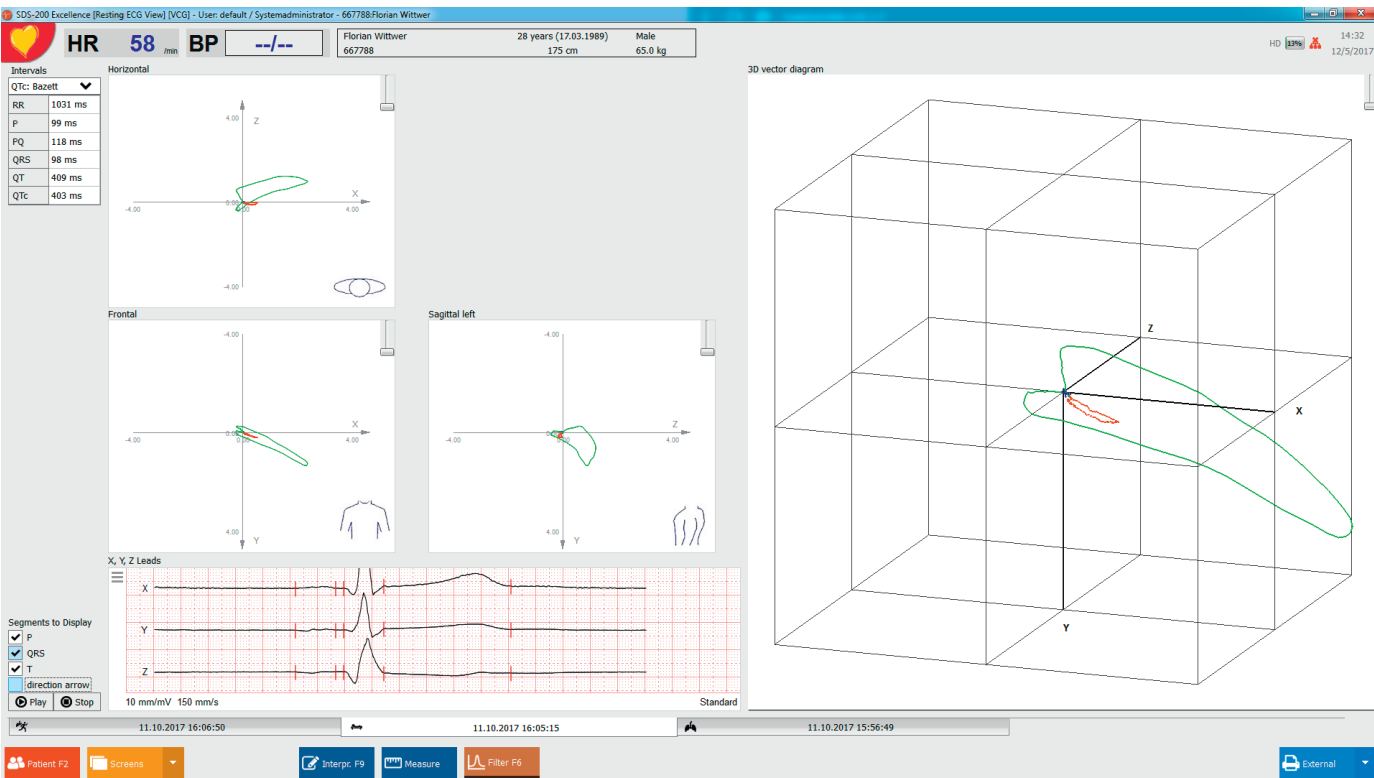
Exercise ECG: Patient with normal ST and negative Hyper Q
75 years, male, CAD: ST segment analysis shows no abnormalities. However, the HyperQ analysis correctly detected significant ischaemia.



Resting ECG: Patient with positive Hyper Q and ACS (Acute Coronary Syndrome)
62 years, female, ACS: as displayed above, ST segment analysis shows no abnormalities. However, the HyperQ analysis correctly detects significant ischaemia.

VECTOR 3D

3D view of the cardiac electrical activity, and a complete diagnosis of frontal and posterior walls.



SOPHISTICATED, ADAPTIVE MULTIPURPOSE FILTER

SCHILLER offers an industry-leading analysis program for artefact and noise management. The RNS filter provides the physician with excellent ECG quality and accurate measurements without overfiltering and without compromising clinical significance.

SCHILLER 16-LEAD ECG ACQUISITION AND ANALYSIS

While in the past resting ECG analysis programs were limited to 12 simultaneous leads, the SCHILLER 16-lead algorithm analyses now up to 16 leads of simultaneously acquired ECG waveforms to provide an interpretation of rhythm and morphology for a wide variety of patient populations. The algorithm reflects newly updated guidelines and recommendations, such as the 2007 AHA/ACCF/HRS Recommendations Part II 1, and

the 2009 AHA/ACCF/HRS Recommendations Part VI 2 for the Standardization and Interpretation of the ECG.

The SCHILLER 16-lead algorithm goes beyond traditional 12-lead interpretation of the resting ECG. It also provides for incremental diagnostic capabilities not associated with analysis programs of the past. The 16-lead integrated analysis takes advantage of optional right chest and back electrodes to provide extended interpretations for adult chest pain.

In Exercise ECG, the use of right precordial leads (16-lead ECG) along with the standard six left precordial leads greatly improves the sensitivity of exercise testing for the diagnosis of coronary artery disease 3.

1 AHA/ACCF/HRS Recommendations for the Standardization and Interpretation of the Electrocardiogram, Part II: Electrocardiography Diagnostic Statement List. J Am Coll Cardiol, 2007;49:1128-135.

2 AHA/ACCF/HRS Recommendations for the Standardization and Interpretation of the Electrocardiogram, Part VI: Acute Ischemia/Infarction. Circulation 2009; 100:e262-e270.

3 N Engl. Med 1999;340:340-5.



Technical Data

CARDIOVIT CS-200 Excellence

System

Device
Dimensions: 160 x 76 x 80 cm
Weight: 85 Kg incl. Trolley
Operating System: WINDOWS™ embedded 64-bit

Ambient conditions
Temperature:
 – Operation: 10 to 40 °C
 – Transport/storage: -10 to 50 °C

Humidity:
 – Operation: 15 to 95% non-condensing
 – Transport/storage: 10 to 95% non-condensing

Pressure:
 – Operating: 700 to 1060 hPa
 – Transport/storage: 500 to 1060 hPa

IP protection class: IP20

Electrical data

Power supply: 100-240 V AC, 50/60 Hz

Power consumption: Approx. 150 VA (max), < 7 W standby

Backup Battery: Bridging of power interruption of at least 3 minutes (ECG direct print possible) 12 V lead acid Battery

Defibrillation protected

ECG amplifier

Frequency range: 0 – 350 Hz (IEC/AHA)

Input impedance: >100 MOhm

Leads-off detection

Sampling frequency: 8000 samples/second/channel

Interfaces

LAN (RJ45 /100 MB)

RS-232 (x7 for ergometers and peripheries)

QRS trigger output

Analogue ergo output

Analogue signal in/out

USB (x4)

USB 3.0 (x2)

Audio

DVI (x2)

For communication functions see options

Filter

ARBA Filter: High & low pass filter & baseline correction to suppress muscle tremor and high-frequency noise, without affecting the QRS complex

RNSF: Robust noise suppression filter – reduces noise and baseline artifact while preserving the diagnostic quality of the ECG signal (for Resting and Exercise ECGs)

Line Filter: 50 or 60 Hz

Recording functions

Simultaneous recording of 12 channels

Simultaneous recording of 16 channels (with optional 14-wire cable)

Lead Sequence: Standard, Cabrera

QT correction: Bazett, Fredericia, Framingham or Hodges

Lead selection: Right precordial, left posterior, Frank, Nehb

Computerized measurements:

- QT Dispersion
- Measurements
- Pacemaker measurement

Rhythm recording:

- Events
- Full disclosure (max. 2 h)
- 10 seconds of ECG signal from the stored Rhythm Recording
- Arrhythmia Detection

Exercise ECG:

- Full disclosure
- RISK Duke Treadmill score
- Arrhythmia Detection
- Echo View
- Previous test retrieval
- For additional recording functions see options

Components

Monitor
 24" full HD 1920 x 1080 LCD
 Displayed leads: 12 or 16 (Optional)

Printer
 Internal Thermal Printer
 Selectable Print Formats
 Real-time rhythm strip (Manual mode)
 Printing number of traces in real-time rhythm: 12
 Thermopaper Format: Z-folded modified A4
 Paper speed: 5/12.5/25/50 mm/s
 Sensitivity: 2.5/5/10/20 mm/mV
 External Laser or Ink printer (optional)

Memory
 Internal memory: 250 GB mSATA HD and RAM: 8 GB

Options

Hardware
 SCHILLER vacuum electrode system

Software
 Exercise ECG:
 – HyperQ diagnosis for exercise ECG (4.150271)
 Vector ECG (5.035003)
 HyperQ diagnosis for resting ECG (4.150319)
 AF Toolbox (5.035012)
 Signal averaging ECG (5.035008)

Communication

SEMA3 Server required
 – XML/ PDF export to HIS/EMR
 – DICOM/ HL7 ECG export to HIS/PACS (5.602101)
 – HIS/ EMR patient import for PDQ (5.602102)
 – HIS / EMR Results Export (5.602103)
 – HIS/ EMR/ PACS order import for Worklist (5.602104)

Standards

Certification:
 Protection class according 60601-1: II
 Applied Part according 60601-1: CF
 Classification according Directive 93/92/EEC: IIa
 Notified body: CE 0123

Warranty

See general terms of condition on www.schiller.ch

Technical datasheet for Part no.: 2.500508 2018/06, EN

Accessories shown are not part of standard configuration

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Technical data are subject to change without notice

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 The Art of Diagnostics

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