



**Kosmos by EchoNous –  
evidence of use and benefits when  
deployed in a rural environment**

This document is evidence of Kosmos' value and **versatility** when used in a rural environment, where a hand-held ultrasound system can significantly enhance healthcare delivery **and improve clinical outcomes**. Its portability, advanced imaging capabilities, **extended battery operation and capabilities in telemedicine operations** make it an ideal tool for remote and underserved areas.



## Introducing Kosmos

**The Kosmos handheld ultrasound system is a versatile and powerful tool designed for point-of-care ultrasound (POCUS) imaging, compatible with both iOS and Android devices.**

**On iOS**, Kosmos is compatible with iPads featuring the M1 or M2 chipset, such as the iPad Air and iPad Pro models. It provides similar advanced imaging capabilities as on Android, including high-quality 2D imaging, M-Mode, Colour Doppler, PW, CW, and TDI2. The iOS version also includes innovative AI features like Auto Doppler for efficient cardiac output measurements and Auto Preset for seamless transitions between scanning anatomies.

**On Android**, Kosmos offers high-quality imaging and deep learning AI capabilities on select tablets such as the Samsung Galaxy Tab Active Pro, Lenovo

Tab P11 Pro, and Xiaomi Pad 6. The system supports various imaging modes including B-Mode, Colour Doppler, Pulsed Wave Doppler (PW), Continuous Wave Doppler (CW), and Tissue Doppler Imaging (TDI)<sup>1</sup>. Additionally, it features AI-driven tools like AI FAST for automated anatomical labelling and view identification, and AI-assisted ejection fraction (EF) calculations.

These enhancements streamline workflows and improve diagnostic accuracy, making it easier for clinicians to focus on patient care.

Overall, Kosmos delivers exceptional imaging quality and advanced AI capabilities across both iOS and Android platforms, making it a valuable tool for healthcare professionals in various specialties.



## The value of Kosmos portability in rural settings

**In rural settings, access to healthcare can be limited, and diagnostic imaging is often unavailable. Kosmos addresses this gap by providing high-quality ultrasound imaging on a compact, handheld device that can be easily transported. This allows healthcare providers to perform essential diagnostic procedures on-site, reducing the need for patients to travel long distances to urban centres.**

The system's AI-driven features, such as AI FAST for automated anatomical labelling and AI-assisted ejection fraction calculations, help streamline the diagnostic process and improve accuracy. These features are particularly beneficial in rural areas where medical expertise may be scarce, as they provide real-time guidance and support to healthcare professionals.

Moreover, Kosmos can be integrated into any telehealth platform, enabling remote consultations

with specialists. This capability allows rural healthcare providers to collaborate with experts in real-time, ensuring that patients receive timely and accurate diagnoses. The system has already been successfully deployed in rural communities in Guyana and Mexico, demonstrating its potential to save lives and improve healthcare outcomes.

This integration allows remote diagnosis using high-performance point-of-care ultrasound (POCUS), along with over 30 additional diagnostic devices. The platform enables real-time communication between local providers and remote specialists, enhancing patient care in rural and underserved communities. Additionally, Kosmos' AI guidance aids in educational ultrasound training, making it a valuable tool for medical educators. This comprehensive solution improves healthcare accessibility and quality globally.

## The Kosmos partnership with 19 Labs

19 Labs offers a comprehensive telemedicine platform called GALE, designed to provide remote healthcare in rural communities, schools, workplaces, and pharmacies. GALE is an affordable, accessible, easy-to-use comprehensive rural healthcare platform that brings a full clinic experience to schools, rural communities, and pharmacies worldwide.

Their services include smart diagnostic devices, remote consultations, and a full clinic experience from welcoming patients to providing medical advice and education. They also integrate AI to enhance clinical processes and make healthcare more efficient

Kosmos by EchoNous has partnered with 19Labs, offering a tele-health solution for point-of-care ultrasound. Their integration allows users to:

- **Make secure virtual calls:** Users can launch a secure virtual call with a clinic
- **View live ultrasound imaging:** Users can view live ultrasound imaging

- **Save images and clips:** Users can save images and clips directly to the patient's summary page
- **Share voice and video:** Users can share voice and video in real-time
- **Receive AI guidance:** Users can receive in-context instruction for transducer placement, anatomy identification, image grading, and auto-image capture

The Kosmos and 19Labs integration is available on Android and compatible Apple iOS devices. It also includes all of the additional tele-health connections that 19 Labs offers, such as blood tests, glucose monitors, and ECGs.

The Kosmos and 19Labs partnership aims to make ultrasound technology more accessible to more people. It also allows for remote ultrasound training, which can reduce or eliminate the need for in-person training.



## Ultrasound access in Sub-Saharan Africa

For over a year now, EchoNous has begun to make important exploratory inroads into Sub-Saharan Africa, piloting ultrasound access in multiple countries throughout the Region, especially with respect to ultrasound training and cardiac imaging.

### Brief overview of cardiovascular disease burdens in SSA

Sub-Saharan African (“SSA”) countries face a growing burden of cardiovascular disease (“CVD”), attributed to economic, nutritional, demographic, and epidemiological transitions. These transitions have increased the prevalence of CVD risk factors, which in turn have increased the burden of CVDs, now co-existing alongside an already high prevalence of infectious disease burdens in the Region.

Although further studies are needed to better understand SSA’s true scope of CVD burdens, **ischemic heart disease** (“IHD”) – which can lead to acute **myocardial infarctions** (“MIs”) – more commonly known as heart attacks – has been identified as the **leading cause of CVD mortality in**





**the Region**, followed by **stroke** and **hypertensive heart disease**. The high rate of mortality from MI, alongside the relatively low prevalence of its underlying disease (“IHD”), strongly suggests that much more must be done in the areas of prevention, diagnosis, and intervention.

As with IHD, stroke and hypertensive heart disease, and SSA’s endemic CVDs such as **endomyocardial fibrosis**, **rheumatic heart disease**, and **congenital heart diseases**, remain unconquered. Likewise, **heart failure** in SSA, caused primarily by **hypertensive heart disease**, **cardiomyopathy**, **rheumatic heart disease**, and **congenital heart diseases**, also remains under-researched and largely unaddressed.

SSA populations living in poverty and in remote locations, face increased exposure to multiple risk factors for CVDs, and poverty and CVDs present as bidirectional risks. Although SSA is home to about 15% of the world’s inhabitants, it is home to more than half of the global poor.

### Scarcity of health resources

Key factors contributing to the SSA’s inadequate CVD prevention, diagnosis and intervention infrastructure, are: (1) acute shortages of CVD specialists; (2) scarce radiologists and other imaging specialists; (3) poor and/or disparate access to ultrasound devices; and (4) inadequate training and education capacities to broaden the healthcare personnel pool able to administer and interpret ultrasound.

### CVD specialist shortages

Populations in SSA, especially those living in remote locales – are severely underserved by both physicians and cardiac specialists, compared to their urban counterparts. However, the entire Region has challenges in this area. A majority of SSA countries have <5 physicians for 10,000 people, and in a recent survey, 18% of SSA countries did not have a registered cardiologist. More generally, the Continent of Africa has ~2,000 registered cardiologists for a population of ~1.4 billion people. SSA and the Continent at large need innovative AI-assisted solutions to help further leverage these scarce specialist resources.

### Radiologist shortages

Many geographies within SSA, particularly those separated from urban centres, have no radiologists for all practical purposes. Although shortage statistics are inadequately researched, and warrant updates, the scope of scarcity has been consistently reported over the years. Only as examples:

- As of a 2020 review, Kenya – a country of ~54MM people at the time – had only 146 radiologists. In this same review period, Mass General in Boston had 126;
- As of a 2017 report in Nigeria, there were less than 60 radiologists serving the entire country – at the time, a population of 190MM people. While the absolute number of radiologists has since improved incrementally, the ratio of radiologists to population remains only 1 radiologist for every 570,000 people;
- Uganda as of 2019 had an estimated 50 radiologists, for a population (2020) of 45.7MM people;
- All told, Sub-Saharan Africa as of 2015 had 0-3 radiologists per 1MM population.

Like all forms of healthcare in Africa, radiologist shortfalls are further exacerbated by urban and rural differences. Only as examples:

- As of a 2012 report, an estimated 75% of Kenya’s radiologists resided in three cities, and the rest were in major towns;
- In Uganda, most of the radiologists are in Kampala and the rest are in major towns, with very few in rural areas (there were none in rural areas, as of a 2012 report); and

- As of 2020 there were 56 radiologists in Ghana, but heavily skewed to the Accra region.

There is thus an urgent need for African nations to embark on medium- and long-term health workforce planning, if access to ultrasound is to be expanded. Radiographers, sonographers, general practitioners, clinical officers, emergency management service (“EMS”) personnel, nursing/clinical care workers, and perhaps other parts of the health force, represent a potential **task-shifting solution** – the **most realistic option for expanding use of ultrasound** – and studies have shown that personnel along the full continuum of healthcare services, have the capacity to be trained.

Any ultrasound innovation that can facilitate and accelerate training in SSA, holds the potential to significantly expand the Region’s limited ultrasound personnel resources, principally through task-shifting. In addition, to the extent that training is facilitated by AI and other forms of virtual real-time assistance, there will be cost savings for healthcare systems, because learners would no longer need to rely on more expensive in-person training. Depending on the quality of AI, the cost of remote educator assistance (e.g., with transducer placement and image acquisition), could also be reduced.

### **Ultrasound and related training shortfalls**

Ultrasound imaging plays an important role in time-sensitive management of many conditions, and studies from various LMIC settings, including SSA, have found that ultrasound has a positive impact on patient management, safety, and task-shifting. Yet, ultrasound is neither widely available, nor routinely used, in large parts of the Region. Obstacles to accessing ultrasound machines in SSA (and other LMICs), often cited in the literature, include: (a) unavailability of machines – frequently for reasons of costs, but also time and distance barriers, particularly in more rural settings; (b) challenges relating to ultrasound machine functionality/reliability (e.g., ongoing maintenance, quality control, and repairs); (c) a shortage of personnel capable of operating and/or interpreting ultrasound images, further discussed below; and

(d) unavailability or inadequacy of training and education, including ongoing education, also discussed below. Where ultrasound diagnostic infrastructure is inadequate, POCUS has begun to serve an important role for such uses as emergency/trauma, cardiology, and pulmonary applications.

In the cardiac context, a series of LMIC-based studies have begun to report feasibility and reliability of POCUS imaging (e.g., for rheumatic heart disease and heart failure) via training of new users, and/or task-shifting to non-experts. With new handheld ultrasound innovation improvements, such as AI-assisted transducer placement, anatomy identification, image guiding, and auto-image capture, further assurances of safety, task-shifting, and positive impact on patient management, can be expected.

### **Transforming gynaecology and obstetrics**

Kosmos is transforming gynaecology and obstetrics by providing high-quality imaging in a portable format. Its use in gynaecology includes evaluating pelvic organs, diagnosing conditions like fibroids, ovarian cysts, and ectopic pregnancies, and guiding minimally invasive procedures. Obstetric applications include monitoring foetal development, assessing placental position, and detecting potential complications such as preterm labour.

The device’s AI guidance enhances diagnostic accuracy and supports clinicians in real-time decision-making. Its integration with telemedicine platforms allows remote consultations, making it invaluable in facilitating specialist care access in rural and underserved areas. Kosmos also aids in educational training, helping medical students and residents gain hands-on experience with ultrasound technology.

Overall, Kosmos improves patient outcomes by enabling timely and accurate diagnoses, reducing the need for multiple visits, and supporting continuous learning for healthcare professionals.

Kosmos will offer full gynaecology and obstetrics capability on Torso One via a product upgrade launched during 2025.

## Tackling the problem – overview of Kosmos

---



### Torso-One Probe

**Phased array technology provides imaging for cardiology and abdominal scanning**

- Cardiac and abdominal scanning with just one probe
  - Small footprint to more easily access intercostal windows
  - Features 2D, PW, CW, Color, and TDI
  - Access to all AI applications
  - Automated presets for cardiology, abdominal, and lung applications
  - Narrow molded design for easy grip
  - Five year warranty
- 



### Torso Probe

**Three signal technology in one probe**

- Features 2D, PW, CW, Color, and TDI
  - High fidelity digital auscultation
  - Integrated ECG
  - Access to all AI applications
  - Phased array technology provides imaging for cardiology and abdominal scanning with just one probe
  - Automated presets for cardiology, abdominal, and lung applications
  - Five year warranty
- 



### Lexsa Probe

**Linear array for small parts, lung and vascular applications**

- 38mm aperture
  - 64/128 channels
  - MSK, Vascular, Nerve and Lung imaging
  - Colour Power Doppler
  - Pulsed Waves Doppler
  - Colour Doppler imaging
  - Five year warranty
-

Simply stated, EchoNous' Kosmos handheld ultrasound marries:

- (1) the quality and performance of cart-based ultrasound,
- (2) the affordability, simplicity and portability of handheld systems,
- (3) supplemented by a unique array of deep-learning AI-driven and digital real-time assistance, that significantly improves both short- and longer-term training.

These combined features differentiate the product from all other portable ultrasounds on the market today.

For **imaging quality** Kosmos has the same capabilities of an ultrasound system 100 times its size by virtue of:

- (a) a proprietary ultrasound-specific ASIC chip,
- (b) image quality benchmarked against cart-based systems,
- (c) cutting-edge material science to prevent overheating.

Cart-based features are no longer limited to cart-based systems: Kosmos has Continuous Wave Doppler; Pulsed Wave Doppler; Colour-Powered Doppler; Colour; Tissue Doppler Imaging; and AI, rendering it the simplest and most flexible, but also the most advanced, handheld ultrasound device available. Kosmos is also significantly **more**

**affordable** than ultrasound cart systems, including those carts that are on the most affordable side of the spectrum, and is also fully tested for the rigors of Point-of-Care, including in LMICs.

Both the unique image quality features of Kosmos, and its greater affordability relative to carts, are critically needed in LMICs, especially in the cardiac context (e.g., with **rheumatic heart disease** and **heart failure**). As noted above, it has been well documented in SSA-based literature that cost, time/distance obstacles, and maintenance challenges are major impediments to accessing clinical diagnoses via hospital-based ultrasound carts/machines. Other POCUS, while portable and comparable in price to Kosmos, lack Kosmos' cart-like quality features.

### **Representative SSA-Based Case Studies in SSA**

As noted above, EchoNous' new management has made important exploratory inroads throughout SSA, piloting Kosmos use with a primary focus on **cardiac imaging** in a variety of settings and **helping to advance** a number of **training** initiatives with the assistance of **leading global health organisations, academic institutions, and leading researchers of CVD burdens in SSA**. Here is a sampling of African use cases; there have been a number of other LMIC collaborations, including in Latin America, that have not been reported here in the interest of brevity.

ORGANISATION: **Partners in Health/Brigham & Women's Hospital**

PRIMARY FOCUS: **Cardiac Imaging and Training**

MULTIPLE SSA COUNTRIES: **Starting with Rwanda and Mozambique, but to include Sierra Leone, Zambia, Zimbabwe, Uganda, Ethiopia, and Tanzania**

DATES: **Launched in December 2022 and will be a five-year program**

In collaboration with Partners in Health ("PIH") and Brigham and Women's Hospital, Kosmos will be used in **up to eight countries** across the Subcontinent, with first installations in Rwanda and Mozambique. The primary mission of this collaboration is to **train cardiologists and other practitioners** on use of cardiac imaging in more remote and underserved populations throughout this Region.



ORGANISATION: **Emory University (Dr. Manpreet Malik)**

PRIMARY FOCUS: **Training and Cardiac Imaging Deployment**

COUNTRY: **Ethiopia**

DATES: **March 12, 2023**

In early 2023, Dr. Manpreet Malik and team from Emory University School of Medicine travelled to Ethiopia as part of Emory's Department of Internal Medicine's global health program. This was a trip 3 years in the making, with the pandemic delaying travel plans since March of 2020. During the intervening period, Dr. Malik and team ran multiple virtual workshops for residents, fellows and faculty at **Tikur Anbessa (Black Lion) Hospital** in Addis Ababa to introduce them to handheld ultrasound. Having purchased and used the Kosmos platform for the Emory Residency Program, Dr. Malik was excited to be able to teach and apply Kosmos at Black Lion Hospital.



He and his team were able to utilize the device all day and every day at the hospital during their stay. The portability of the device allowed for scanning in multiple areas. For diagnostic applications, the team scanned in the Medical ICU, the Cardiac ICU, medical floors, and in the Emergency Room.

Spending most of their time with the Pulmonary and Critical Care teams meant many pulmonary and infectious diagnoses were identified. Scans requiring time-sensitive management included lobar pneumonias and viral pneumonias, tubercular

pleural effusions, emphysema, and in one patient, a mass attached to the chest wall, requiring an in-office CT guided biopsy (something the patient would otherwise have been unable to afford). Putting the CVD capabilities of Kosmos to work, they also saw cases of **endocarditis** and **heart**

**failure**. For procedural (placement) applications, they were able to perform multiple central lines with assistance from Kosmos.

The team also conducted three workshops for Residents while at the hospital. The focus was cardiac scanning with automatic image labelling, intravenous catheter scanning, and pulmonary scanning. Going forward, Dr. Malik plans to continue a **longitudinal**

**curriculum** with his colleagues in Addis.

When asked to share his overall experiences with Kosmos, Dr. Malik said this: *"I was impressed with the portability, the versatility, and reliability of the device in both clinical and teaching environments. I hope to be able to continue utilizing EchoNous for future global health trips."*



**ORGANISATION: Duke (Dr. Gerald Bloomfield)**  
**COUNTRY: Kenya**  
**PRIMARY FOCUS: Cardiac Imaging Deployment**  
**DATES: January 2023**

In January 2023, Gerald S. Bloomfield, MD, MPH, FACC, FASE, FAHA, Associate Professor of Medicine and Global Health, Duke University, deployed Kosmos at the Cardiovascular Centre of Excellence at Moi Teaching and Referral Hospital in Eldoret, Kenya -- the only cardiac unit west of Nairobi in the country. Dr. Bloomfield and team used Kosmos in the outpatient clinic to examine patients with



a variety of cardiac conditions (e.g., **peripartum heart disease, heart failure, and rheumatic heart disease**). To do so, the team embedded us2ai software which they were able to upload to the Cloud using a mobile phone hotspot. The total time to upload, analyse and send back a report was ~8-10 minutes. All participants in this initiative found Kosmos easy to understand and follow.

Dr. Bloomfield and team are exploring other opportunities to embed Kosmos into their clinical and research programs.

**ORGANISATION: Centre for Medical Missions (Dr. Ron Johannsen)**  
**COUNTRIES: Kenya (Southwest Region)**  
**PRIMARY FOCUS: Rheumatic Heart Disease**  
**DATES: Since early 2022**

For over a year now, Dr. Ron Johannsen has deployed Kosmos as part of a **rheumatic heart disease screening initiative**, at Tenwek Hospital in the Southwestern region of Kenya. His organization, Centre for Medical Missions, also has set up cath labs for corrective procedures. Through several trips to the Subcontinent, Dr. Johannsen

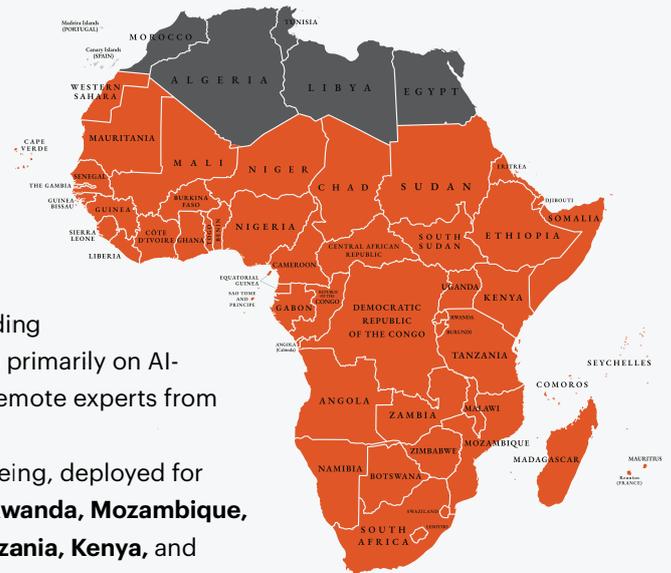
has scanned almost all ages, and findings have included severe time-sensitive cases of rheumatic heart disease that would have been missed, but for Kosmos. Kosmos' Continuous Wave ("CW") Doppler was the key feature for quantifying valvular rheumatic heart disease -- a feature not provided by other POCUS.

**ORGANISATION: Worldwide Radiology, UK (Dr. Jim Connolly and Dr. Liz Joekes)**  
**COUNTRIES: Ghana, Malawi, and Rwanda**  
**PRIMARY FOCUS: Training (including on Cardiac Ultrasound)**  
**DATES: FY2022**

Dr. Jim Connolly and Dr. Liz Joekes from Worldwide Radiology, UK have deployed Kosmos to educate doctors in Ghana, Malawi and Rwanda on **Cardiac ultrasound** and handheld ultrasound generally, as part of their ongoing global health outreach programmes.



**ORGANISATION:** Mobihealth  
**COUNTRIES:** Nigeria  
**PRIMARY FOCUS:** Telehealth use of Kosmos  
**DATES:** Started in FY2021 and concluded in FY2022



In prior reporting, we have discussed the EchoNous’ collaboration with Mobihealth for provision of telehealth primary care services in rural and poor areas of Nigeria. UK-based Mobihealth, which has received funding from the likes of Bill & Melinda Gates Foundation, focuses primarily on AI-powered Point-of-Care diagnostics, assisted digitally by remote experts from around the world. <https://mobihealthinternational.com>.

All told, Kosmos has now been, or is in the process of being, deployed for **global health use in 10 Sub-Saharan African countries: Rwanda, Mozambique, Sierra Leone, Zambia, Zimbabwe, Uganda, Ethiopia, Tanzania, Kenya, and Nigeria. Commercially, the company has distributed Kosmos in nine countries across the African Continent: Algeria, Nigeria, South Africa, Morocco, Tunisia, Botswana, Mozambique, Namibia, and Zimbabwe.** While too early to gauge impact, for future reporting, we will begin to call out estimated patient usage and related metrics in this Region and in other LMICs.

## Brief overview of cardiovascular disease burdens and related access challenges in India

**In India, cardiovascular diseases (“CVDs”) are the leading cause of death and disability -- both at epidemic levels of concern. CVDs in India are characterized by a higher relative risk burden, an earlier age of onset, higher case fatality, and higher premature deaths than other parts of the world. For decades, researchers have been trying to understand the reason for the increased burden of, and propensity for, CVDs among Asian Indians.**

Although conventional risk factors (e.g., hypertension, Type II diabetes, dyslipidemia, smoking, and obesity), explain substantial population-attributable risk, the thresholds at which these risk factors operate are different among Indians compared with other populations. Karla and colleagues (2023) recently analysed these issues and offered explanations for the differences -- partly due to a series of major societal transitions in India, and partly due to increased inherent biological risk.

Here are examples of how CVD burdens on the Indian subcontinent translate, including comparisons with the rest of the world for major burden trends:



- In the Global Burden of Disease study, the age-standardized CVD death rate in India was 272 per 100,000 population, which is much higher than that of the global average of 235 (Kumar, 2020).
- Likewise, the CVD-related age-standardized DALY rate has been reported to be 1.3 times the global average.

- About 62% of all cardiovascular deaths in Indian populations are **premature**.
- CVDs strike Indians a **decade earlier** than in Western populations. This earlier effect of CVDs has important **workplace productivity** implications, further discussed below.
- India is considered the “**world capital**” for **coronary artery disease**, with 20% of global heart attack deaths originating in that country.
- CVDs have severe effects on **both genders**. Heart disease is the **leading cause of death among women** in India, accounting for almost 18% of all female deaths.

Part of India’s CVD public health concern is that there are **no structured data collection methods**



regarding cardiac conditions. Although it is known that rates of CVD vary markedly between States (with highest rates in Kerala, Punjab, and Tamil Nadu), it is also understood that a majority of deaths happen at home without exact cause of death known (Kumar, et al., 2020). For there to be improved understanding of these

issues, **enhanced population-based prevention, screening, and early diagnosis efforts** will be needed.

## Tackling the problem

We are gratified to report that, following the Company’s reorganization under new management, with focus initially on high-income markets to ensure a strong growth trajectory, there are now important build-out efforts underway in low- and middle-income countries (“LMICs”), including in India and African countries.

This build-out represents an important geographic extension for **Kosmos** – a technology especially suited for LMIC use for a variety of reasons. In particular, EchoNous’ Kosmos offerings marry:

- (1) the quality and performance of **cart-based** ultrasound;
- (2) with the affordability, simplicity and portability of **handheld systems**;
- (3) supplemented by a **unique array of deep-learning AI and digital real-time assistance**, that significantly improves both short- and longer-term **training in low-resource settings**.

These **combined features** and hybrid solutions differentiate the product from all other portable and cart ultrasounds on the market today, including in LMICs.

## Products



### Bridge + Torso + Torso-ONE + Lexsa

Fully functional system with all features and AI. System of choice for multi-probe purchases together with cart and hub.

### Probe only Torso-ONE & Lexsa

Probe only sales for connection to customer purchased tablets (iOS or Android). Fully functional system with all features and AI. Lower cost & customer connects to their own tablet.

### Kosmos MOBILE system

Kosmos MOBILE giving customer a complete solution for their mobile use. Fully functional system with all features and AI. Includes probes, all software & AI, tablet and case.

## A collaboration between EchoNous and POCUSX

**EchoNous and POCUSX have joined forces to advance Point-of-Care Ultrasound education and accessibility. This collaboration aims to provide comprehensive training and support for healthcare professionals, combining EchoNous' cutting-edge ultrasound technology with POCUSX's immersive learning platform. Together, they offer hands-on courses, workshops, and continuous learning opportunities to enhance clinical skills and confidence in using ultrasound at the bedside. This partnership underscores a shared commitment to improving patient care through innovative education and technology.**

The collaboration with EchoNous demonstrates the potential of Kosmos ultrasound, due to its portability and adaptability, in challenging conditions. EchoNous and its partners believe that education in POCUS has the power to transform clinical practice and, consequently, the quality of health care, contributing to the realisation of the right to health and dignity for all people.

**Dr José Mariz**, a distinguished general Internist physician and head of the emergency medical team at Hospital de Braga, leads Portugal's innovative **POCUSX**

project. He was a member of the organizing committee of the course "Update on Respiratory Diseases in Guinea-Bissau", with the objective of training doctors in the use of POCUS. In places with a lack of access to regular training, this was a valuable opportunity to strengthen health care, guarantee the right to health and share essential practices that improve people's quality of life.



**Dr Gil Sequeira**, emergency physician based in Viana do Castelo, Portugal. He recently participated in a medical mission to East Timor, bringing essential point-of-care ultrasound (POCUS) services to remote areas with limited access to healthcare. He proved how an ultra-portable ultrasound is indispensable in places where access is limited to medical care and where each intervention, no matter how small, has a tangible and significant impact on people's lives,

## Our proposition

**EchoNous is proud of introducing new features and improvements, all of which are field updatable through WiFi. This means that all Kosmos systems that have been sold since their introduction can be updated to the latest performance.**

For example, EchoNous will include on our OTS Android with Torso-1 product, a new Obstetrics preset in the not-too-distant future which will include Biometric (dating) calculations based on many, selectable authors. This will be enabled by the inclusion of a Vector array format on the Torso-1 transducer which will provide a wider field of view compared to what is already presented. All of this updatable in-the-field.

We look forward to having the opportunity to co-operate with you in this exciting pilot project. Our cardiologist user in Tanzania is having an upgrade to his probe (no additional cost) and can't wait to get it back. Once a user, always a user.

Currently, EchoNous does not offer a "loan to own" option so the onus will be on the institution (or doctor) to finance their preferred option as per the choices described earlier in the document. The World Bank can offer finance. EchoNous is looking for a financially stable partner in Kenya to carry our product so if you have any contacts please refer them to us.

Given the ability to save lives, decrease transport

reinforcing the universal right to health.

Dolores Vázquez, in Honduras, worked on the front line against a dengue epidemic. In this context, with the application of POCUS, it is possible to assess the severity of the disease and monitor the evolution of patients, which is vital to decide the best treatment and improve patient outcomes, ensuring the right to appropriate medical treatment.

costs, decrease admission costs and many other costs, you will without doubt find the performance of the product and its benefits far outweigh the initial outlay of the purchase.

19Labs currently has a demo unit in Nairobi and would be more than willing to give a live demonstration to members.

We propose using one of your busiest clinics to do the initial pilot so you can get a cross-section of patients and it can be managed well. We also propose a KOL and early adopter, who is willing to share knowledge with colleagues.

Once the pilot is completed and institutions agree to move forward EchoNous will provide intensive training albeit the KOSMOS is extremely user-friendly and intuitive.

We would indeed like to co-ordinate a meeting with yourselves and maybe set a date and venue then, with 19Labs to do the live demonstration. We look forward to progressing this further with you.

Kind Regards,

**Bernadette Barker**

**Sales Consultant East Africa**

e: [bernadette.barker@echonous.com](mailto:bernadette.barker@echonous.com)

t: +27836561902

