

Handheld Middle Ear Analyzer MT10

- Efficient Middle Ear Examinations



Impedance *precision*

In modern healthcare settings fast and reliable testing is paramount. The MT10 is built to meet these requirements in an easy and very cost effective way. For example otitis media, a major cause of temporary or permanent hearing impairment in children, can be easily and quickly detected and documented with the MT10.

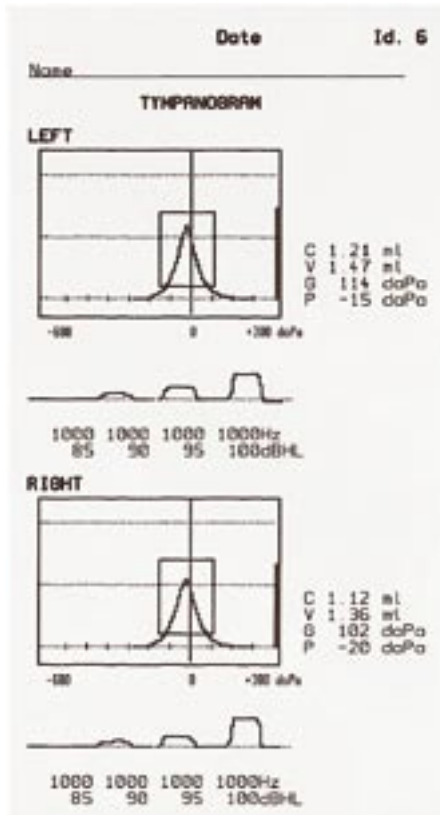


leading diagnostic solutions



Middle Ear Analyzer MT10

- Efficient diagnostic middle ear examinations



Objective Analysis

The MT10 automatic impedance audiometer is fast and easy to operate and provides objective measures that cannot be obtained by otoscopy alone.

Easy and Fast

Results can be obtained quickly and easily with no response required from the patient. This is especially beneficial when dealing with difficult-to-test patients or small children.

Clinical Application

The MT10 is also well suited for clinical use as tympanograms and reflex responses are all recorded with great detail. The MT10 is therefore a competent tool for detecting the following conditions: otitis media, perforated eardrum, clogged up tympanostomy tube, ossicular disruption, eustachian tube malfunction, tympanosclerosis, cholesteatoma, otosclerosis, certain neurological disorders, post medical treatment fluids, "Glue" ear.

Printing and Data Transfer

Results may be printed out on the matching high speed thermal printer MTP10. Data may also be transferred to the Interacoustics database program IaBaseII for Windows® and printed together with other patient data. Data transfer to NOAH is also possible.

A robust carrying case, the ACC10, accommodating the MTP10 printer and the MT10, is available.



Extended Tympanometry

The extended tympanometry feature ensures that even a very negative middle-ear pressure is diagnosed correctly. This can help differentiate between reduced eardrum mobility and excessive negative middle-ear pressure.

Acoustic Reflex Test

Four different reflex tests may be performed per ear using either manual or automatic intensity selection. The test is carried out at the correct pressure level and the actual reflex characteristics are displayed on the screen for the operator to view and interpret.

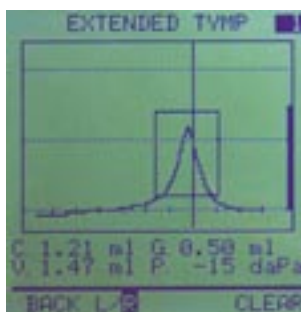
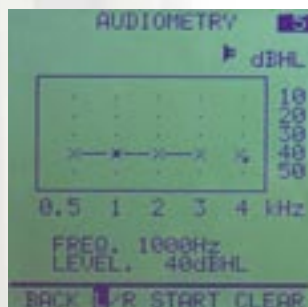
20 Patients in Memory

The MT10 can hold test results of up to 20 patients in its memory. This makes it possible to screen a large group of patients and print out the data at a later time.

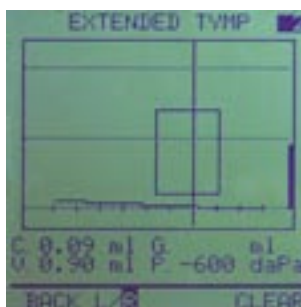
Audiometry

A screening audiometry feature allows a pre-set dB level for quick evaluations. The operator may store responses and print the results along with tympanometry data.

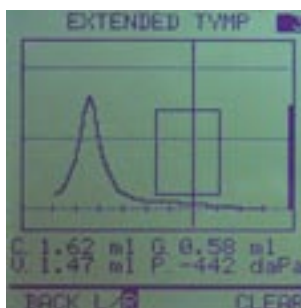
Screening Audiometry is easily performed semi-automatically.



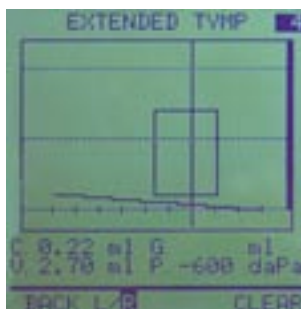
A healthy middle ear will produce a tympanogram easily recognized by its shape. The peak will be within the pass / refer box.



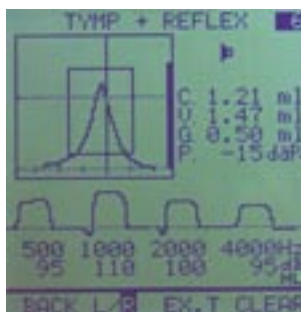
Fluid in the middle ear produces a flat tympanogram. Often such fluid is not visible by otoscopy.



An occluded eustachian tube will cause the peak of the tympanogram to be displayed to the left of the pass / refer box.



A perforated eardrum or a correctly functioning tympanostomy tube will produce a flat curve. This test result is easily distinguishable from the "Fluid Ear" mentioned above, as it has a much higher "V" measurement.



The acoustic reflex test may be performed to support and enhance the diagnosis. Pass / refer is easily determined.

