

Targestar™-P Ultrasound Contrast Agent

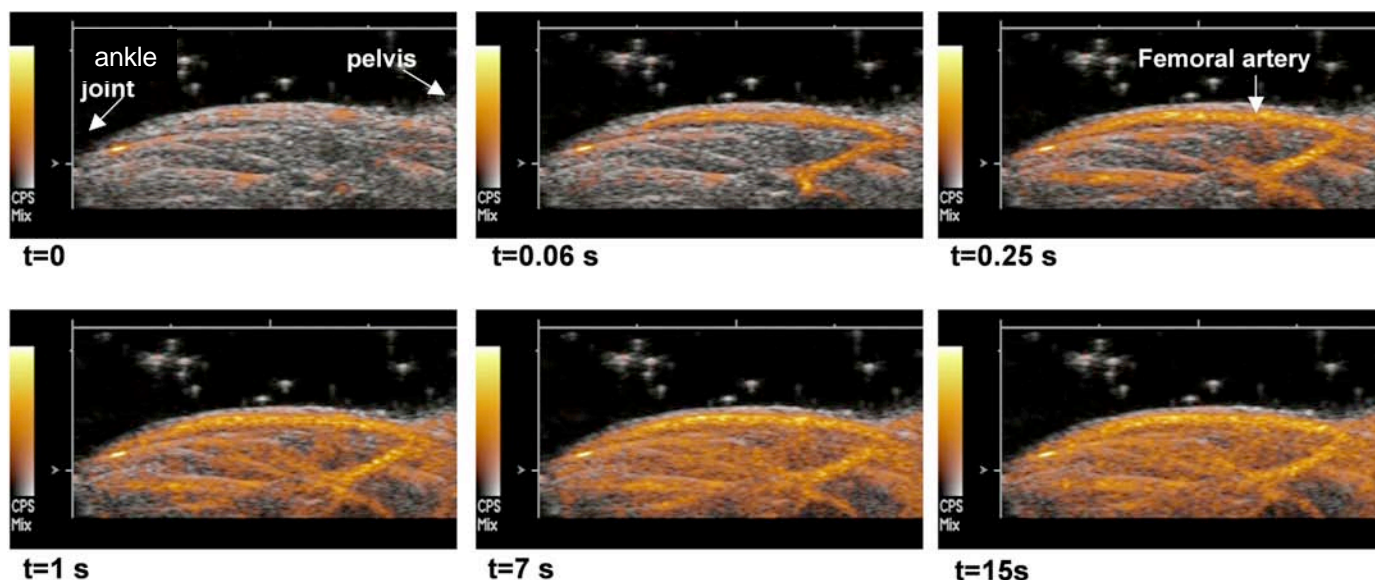
Catalog Number: TS-109

2 x 0.3 mL vials

- **Ultrasound imaging of blood flow**
- **Compatible with most ultrasound scanners**
- **Ready to administer directly from vial**

Applications

Targestar™-P is a perfusion contrast agent to be used for ultrasound imaging of blood flow. The Targestar-P agent is a purely intravascular tracer that enables visualization and quantification of vascular perfusion. Targestar-P echogenicity is optimal at ultrasound frequencies in the 1-20 MHz range, and ultra-high frequency imaging (20-40 MHz) is also possible¹. Contrast imaging settings such as pulse inversion or CPS must be enabled on the ultrasound scanner for optimal contrast sensitivity. Agents remain acoustically active in vivo for 5-15 minutes, depending on the administered dose and scanner settings. Each vial of Targestar-P yields approximately 20 doses in mouse (25 g); however dosage should be optimized for each application. Please contact Targeson technical support for protocol assistance.



Contrast ultrasound imaging of vascular perfusion in the proximal mouse hindlimb. Images were acquired at 14 MHz using CPS on a Siemens Sequoia™ ultrasound scanner. The contrast signal is color-coded in shades of orange, and overlaid on the B-mode anatomical images. Early blood flow within the femoral and popliteal arteries is visible, followed by perfusion of the muscle microvasculature between 1-15 s.

Preparation

Targestar-P agents are microbubbles composed of a perfluorocarbon gas core encapsulated by a lipid shell. The agents are further stabilized and shielded by a layer of poly(ethylene glycol). Agents are suspended in aqueous saline at a concentration of approximately 1×10^9 particles per mL, and are packaged in glass vials with a perfluorocarbon gas headspace. The agents have a median diameter of approximately 2.5 μm .

Storage

Store Targestar-P undiluted at 4° C in sealed vials until ready for application. Concentration is stable in sealed vials for 3 months after septum is pierced. Concentration may decrease upon prolonged storage or vial opening. Do not freeze.

References

1. Rychak JJ, J Graba, AM Cheung, BS Mystry, JR Lindner, RS Kerbel, FS Foster. 2007. Mol Imaging 6(5): 289-96

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