

Male/Female Pre-Set list

Female 289 total

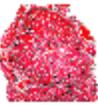
Male 274 total

01 # CORE PRODUCT (28, -3)

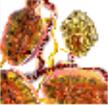
<input checked="" type="checkbox"/>		AURA MAN	<input checked="" type="checkbox"/>		SKELETON front
<input checked="" type="checkbox"/>		BODY OF MAN			

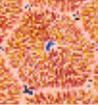
02 # DIGESTIVE SYSTEM (79, -77)

<input checked="" type="checkbox"/>		A-cells pancreatic islets
<input checked="" type="checkbox"/>		ACINIC INSULAR CELLS OF PANCREAS
<input checked="" type="checkbox"/>		AMEOBLASTS
<input checked="" type="checkbox"/>		AMPULLA OF VATER DUCT
<input checked="" type="checkbox"/>		APPENDIX TRANSVERSAL SECTION
<input checked="" type="checkbox"/>		CHOLIC DUCT WALL
<input checked="" type="checkbox"/>		COLON WALL
<input checked="" type="checkbox"/>		DUODENUM AND PANCREAS ARTERIES
<input checked="" type="checkbox"/>		DUODENUM WALL
<input checked="" type="checkbox"/>		ENDOCRINE PART OF PANCREUS (ISLETS OF LANGERHAN)

<input checked="" type="checkbox"/>		ESOPHAGUS
<input checked="" type="checkbox"/>		ESOPHAGUS TISSUE
<input checked="" type="checkbox"/>		ESOPHAGUS TISSUE
<input checked="" type="checkbox"/>		ESOPHAGUS, STOMACH, DUODENUM, front view
<input checked="" type="checkbox"/>		GALL BLADDER
<input checked="" type="checkbox"/>		GALL BLADDER WALL
<input checked="" type="checkbox"/>		GASTRIC GLANDS
<input checked="" type="checkbox"/>		GULLET CUT
<input checked="" type="checkbox"/>		HEPATIC BEAM TISSUE
<input checked="" type="checkbox"/>		INTERLOBULAR BILE DUCT
<input checked="" type="checkbox"/>		INTESTINE
<input checked="" type="checkbox"/>		INTESTINE EPITHELIOCYTE
<input checked="" type="checkbox"/>		INTESTINE EPITHELIAL CELL
<input checked="" type="checkbox"/>		INTESTINE WALL (SMALL INTESTINE)

<input checked="" type="checkbox"/>		LARGE INTESTINE
<input checked="" type="checkbox"/>		LARGE INTESTINE LYMPHATIC VESSELS
<input checked="" type="checkbox"/>		LIVER LYMPHATIC VESSELS
<input type="checkbox"/>		LIVER; from above
<input checked="" type="checkbox"/>		LIVER; back view
<input type="checkbox"/>		LIVER; front view
<input checked="" type="checkbox"/>		LYMPH TUBES OF STOMACH FRONTAL WALL
<input checked="" type="checkbox"/>		LYMPHATIC VESSELS OF ABDOMINAL ORGANS
<input checked="" type="checkbox"/>		LYMPHATIC VESSELS OF BACK STOMACH WALL
<input checked="" type="checkbox"/>		Mandibular joint, left
<input checked="" type="checkbox"/>		Mandibular joint, right
<input checked="" type="checkbox"/>		MAXILLARY
<input checked="" type="checkbox"/>		NERVES OF STOMACH
<input checked="" type="checkbox"/>		PANCREAS AND SPLEEN, front view

<input checked="" type="checkbox"/>		PANCREAS TISSUE
<input checked="" type="checkbox"/>		PANCREAS FRONTAL WALL LYMPH TUBES
<input checked="" type="checkbox"/>		PANCREAS, front view
<input checked="" type="checkbox"/>		PANCREATIC ACINUS
<input checked="" type="checkbox"/>		PANCREATIC ACINUS
<input checked="" type="checkbox"/>		PANCREATIC DUCT WALL
<input checked="" type="checkbox"/>		PANCREATIC ENDOCRYNOCUTES
<input checked="" type="checkbox"/>		PANCREATIC ISLET CELLS
<input checked="" type="checkbox"/>		PANCREATIC ISLETS B-CELLS
<input checked="" type="checkbox"/>		PANCREATIK-DUODENAL BACK AREA
<input checked="" type="checkbox"/>		PANCREODUODENAL ZONE
<input checked="" type="checkbox"/>		PYLORIC ANTRUM
<input checked="" type="checkbox"/>		RECTUM
<input checked="" type="checkbox"/>		RECTUM WALL
<input checked="" type="checkbox"/>		SAGGITAL SECTION OF LIVER

<input checked="" type="checkbox"/>		SAGGITAL SECTION OF LIVER
<input checked="" type="checkbox"/>		STOMACH FRONT
<input checked="" type="checkbox"/>		STOMACH BACK
<input checked="" type="checkbox"/>		STOMACH ESOPHAGUS TRANSITION TISSUE
<input checked="" type="checkbox"/>		STOMACH GLANDS
<input checked="" type="checkbox"/>		STOMACH WALL
<input checked="" type="checkbox"/>		SUPERFICIAL MUCOUS GLANDS OF STOMACH WALL
<input checked="" type="checkbox"/>		TEETH LEFT
<input checked="" type="checkbox"/>		TEETH RIGHT
<input checked="" type="checkbox"/>		TEETH; left
<input checked="" type="checkbox"/>		TEETH; right
<input checked="" type="checkbox"/>		TISSUE OF LIVER
<input checked="" type="checkbox"/>		TONGUE PAPILLA
<input checked="" type="checkbox"/>		TONGUE TISSUE
<input checked="" type="checkbox"/>		Tooth

<input checked="" type="checkbox"/>		Tooth
<input checked="" type="checkbox"/>		TOOTH
<input checked="" type="checkbox"/>		TOOTH (MOLAR)
<input checked="" type="checkbox"/>		TRANSITION OF ESOPHAGUS TO STOMACH
<input checked="" type="checkbox"/>		TRANSVERSAL SECTION OF APPENDIX
<input checked="" type="checkbox"/>		VEINS OF RECTUM
<input checked="" type="checkbox"/>		WALL OF CHOLIC DUCT
<input checked="" type="checkbox"/>		WALL OF COLON
<input checked="" type="checkbox"/>		WALL OF DOUDENUM
<input checked="" type="checkbox"/>		WALL OF GALL BLADDER
<input checked="" type="checkbox"/>		WALL OF RECTUM
<input checked="" type="checkbox"/>		WALL OF SMALL INTESTINE
<input checked="" type="checkbox"/>		WALL OF STOMACH

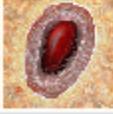
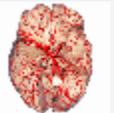
ALL of Respiratory System

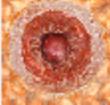
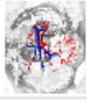
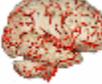
03 # RESPIRATORY SYSTEM (21, -21)

ALL of Urogenital system (will differ from Male and Female)

04 # UROGENITAL SYSTEM (32, -32)

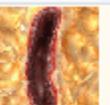
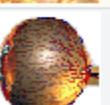
05 # CARDIOVASCULAR SYSTEM (62, -40)

<input checked="" type="checkbox"/>		AORTA TISSUE
<input checked="" type="checkbox"/>		AORTA TRANSVERSE SECTION
<input checked="" type="checkbox"/>		ARTERIA
<input checked="" type="checkbox"/>		ARTERIAL VESSEL TISSUE
<input checked="" type="checkbox"/>		ARTERIAL VESSEL TISSUE
<input checked="" type="checkbox"/>		ARTERIES OF CEREBRUM from above
<input checked="" type="checkbox"/>		ARTERIES OF BRAIN, VIEW FROM BELOW
<input checked="" type="checkbox"/>		ARTERIES OF HEAD AND NECK; LEFT SIDE

<input checked="" type="checkbox"/>		ARTERIES OF HEAD AND NECK; RIGHT SIDE
<input checked="" type="checkbox"/>		ARTERIES OF THE MEDIAL SURFACE OF CEREBRUM, LEFT SIDE
<input checked="" type="checkbox"/>		ARTERIES OF THE MEDIAL SURFACE OF CEREBRUM, right side
<input checked="" type="checkbox"/>		ARTERIOLA
<input checked="" type="checkbox"/>		BRANCHES OF SUPERIOR MESENTERIC ARTERY AND PORTAL VEIN
<input checked="" type="checkbox"/>		CAPILLAR
<input checked="" type="checkbox"/>		CEREBRAL ARTERIES, lateral view of left hemisphere
<input checked="" type="checkbox"/>		CEREBRAL ARTERIES, lateral view of right hemisphere

<input checked="" type="checkbox"/>		CEREBRAL VEINS of left hemisphere
<input checked="" type="checkbox"/>		CEREBRAL VEINS of right hemisphere
<input checked="" type="checkbox"/>		CONDUCTIVE HEART SYSTEM
<input checked="" type="checkbox"/>		HEAD VEINS; from the left
<input checked="" type="checkbox"/>		HEAD VEINS; from the right
<input checked="" type="checkbox"/>		HEART WALL VESSELS; ANTERIOR
<input checked="" type="checkbox"/>		HEART LONGITUDINAL CROSS-SECTION
<input checked="" type="checkbox"/>		HEART TRANSVERSAL SECTION
<input checked="" type="checkbox"/>		HEART VALVES
<input checked="" type="checkbox"/>		HEART VESSELS OF FRONTAL WALL
<input checked="" type="checkbox"/>		HEART WALL VESSLES OF POSTERIOR
<input checked="" type="checkbox"/>		HEART WALL VESSLES; POSTERIOR
<input checked="" type="checkbox"/>		HEART; from the behind
<input checked="" type="checkbox"/>		HEART; from the front

<input checked="" type="checkbox"/>		NEURO - VESSEL FASCICLE
<input checked="" type="checkbox"/>		TRANSVERSAL SECTION OF HEART
<input checked="" type="checkbox"/>		TRANSVERSE SECTION OF AORTA
<input checked="" type="checkbox"/>		VALVE SECTION
<input checked="" type="checkbox"/>		VEIN VESSEL TRANSVERSAL SECTION

<input checked="" type="checkbox"/>		VENTRICLES OF HEART; front view
<input checked="" type="checkbox"/>		VENULA
<input checked="" type="checkbox"/>		VESSELS OF EYE; left
<input checked="" type="checkbox"/>		VESSELS OF EYE; right
<input checked="" type="checkbox"/>		WALL OF HEART

06 # BLOOD AND LYMPH (36, -15)

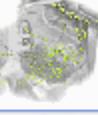
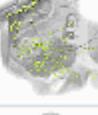
<input type="checkbox"/>		BASOPHILIC LEUKOCYTE
<input checked="" type="checkbox"/>		BLOOD CELLS
<input checked="" type="checkbox"/>		BONE MARROW (RED)
<input checked="" type="checkbox"/>		DEEP LYMPHATIC VESSELS OF THE RIGHT LEG

B

<input checked="" type="checkbox"/>		Lymph node # MK
<input checked="" type="checkbox"/>		LYMPH VESSELS OF LEFT AXILLARY AREA AND CERVIX
<input checked="" type="checkbox"/>		LYMPH VESSELS OF RIGHT AXILLARY AREA AND CERVIX
<input type="checkbox"/>		LYMPHATIC NODE
<input checked="" type="checkbox"/>		LYMPHATIC VESSELS OF THE POSTERIOR WALL OF THE TRUNK. front view
<input checked="" type="checkbox"/>		LYMPHATIC NODES IN INGUINAL PART
<input type="checkbox"/>		LYMPHATIC NODES IN INGUINAL PART
<input checked="" type="checkbox"/>		LYMPHATIC VESSEL

<input checked="" type="checkbox"/>		LYMPHATIC VESSELS OF MEDIASTINUM
<input checked="" type="checkbox"/>		SPLEEN TISSUE
<input checked="" type="checkbox"/>		THYMUS GLAND
<input checked="" type="checkbox"/>		THYMUS GLAND TISSUE
<input checked="" type="checkbox"/>		THYMUS GLAND TISSUE
<input checked="" type="checkbox"/>		TONSIL TISSUE

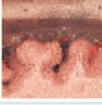
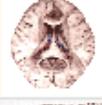
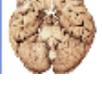
Make sure to add these in FEMALE scans under Blood and Lymph

<input checked="" type="checkbox"/>		MAMMARY GLAND LYMPH TUBES: LEFT
<input checked="" type="checkbox"/>		MAMMARY GLAND LYMPH TUBES: RIGHT
<input checked="" type="checkbox"/>		MAMMARY GLAND, HEAD AND NECK LYMPHATIC VESSELS: RIGHT
<input checked="" type="checkbox"/>		MAMMARY GLAND. HEAD AND NECK LYMPHATIC VESSELS: LEFT

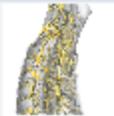
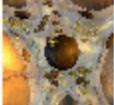
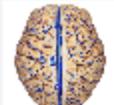
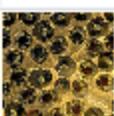
All of Endocrine system

07 # ENDOCRINE SYSTEM (22, -22)

08 # NERVOUS SYSTEM (42, -34)

<input type="checkbox"/>		ARACHNOID MEMBRANE
<input checked="" type="checkbox"/>		ASTROCYTES
<input checked="" type="checkbox"/>		AUTONOMIC NERVOUS SYSTEM
<input type="checkbox"/>		CEREBELLUM MEMBRANE
<input checked="" type="checkbox"/>		CEREBELLUM TISSUE
<input checked="" type="checkbox"/>		CEREBRAL VENTRICLES; view from above
<input checked="" type="checkbox"/>		CEREBRUM GRAY MATTER
<input checked="" type="checkbox"/>		CEREBRUM MEDIAL SURFACE; left side
<input checked="" type="checkbox"/>		CEREBRUM MEDIAL SURFACE; right view
<input checked="" type="checkbox"/>		CEREBRUM, left side
<input checked="" type="checkbox"/>		CEREBRUM, right side
<input checked="" type="checkbox"/>		CEREBRUM, top view
<input checked="" type="checkbox"/>		CRANIAL NERVES NUCLEI; view from behind
<input checked="" type="checkbox"/>		CRANIAL NERVES, ENCEPHALON, BUTTOM VIEW

<input checked="" type="checkbox"/>		CRANIAL NERVES, ENCEPHALON, BUTTOM VIEW
<input checked="" type="checkbox"/>		CROSS SECTION OF SPINAL CORD
<input checked="" type="checkbox"/>		CROSS SECTION OF BRAIN ; at the brain stem level
<input checked="" type="checkbox"/>		ENCEPHALON ARTERIES, CROWN SECTION
<input type="checkbox"/>		GRAY MATTER OF CEREBRUM
<input checked="" type="checkbox"/>		HORIZONTAL CROSS-SECTION OF CEREBRUM at the level of subcortical nucleus
<input type="checkbox"/>		LUMBOSACRAL PLEXUS
<input type="checkbox"/>		MYELENCEPHALON
<input checked="" type="checkbox"/>		NERVE
<input checked="" type="checkbox"/>		NERVE BUNDLE
<input checked="" type="checkbox"/>		NERVES OF MAXILLA AND MANDIBLE; on the left
<input checked="" type="checkbox"/>		NERVES OF MAXILLA AND MANDIBLE; on the right
<input checked="" type="checkbox"/>		NERVES OF BACK
<input checked="" type="checkbox"/>		NERVES VERTEBRO-SPINAL right view
<input checked="" type="checkbox"/>		NERVES VERTEBRO-SPINAL; left view

<input checked="" type="checkbox"/>		PYRAMIDAL NEURON
<input checked="" type="checkbox"/>		SPINAL CORD CROSS SECTION
<input checked="" type="checkbox"/>		Trigeminal nerve, teeth, forehead, neck, left
<input checked="" type="checkbox"/>		Trigeminal nerve, teeth, forehead, neck, right
<input checked="" type="checkbox"/>		VEGETATIVE NERVOUS SYSTEM
<input checked="" type="checkbox"/>		VEGETATIVE NERVOUS SYSTEM OF ABDOMEN; from left
<input checked="" type="checkbox"/>		VEGETATIVE NERVOUS SYSTEM OF THORAX; from right
<input type="checkbox"/>		VEGETATIVE NEURONS OF SYMPATHETIC GANGLIONS
<input checked="" type="checkbox"/>		VEINS OF ENCEPHALON; from above
<input checked="" type="checkbox"/>		VESSELS AND NERVES OF THORAX; on the left
<input checked="" type="checkbox"/>		VESSELS AND NERVES OF THORAX; on the right
<input checked="" type="checkbox"/>		WHITE SUBSTANCE

09 # OSTEOSKELETAL SYSTEM (100, -9)



MUSCLE TISSUE - STRIATED



MUSCLES OF BODY; from behind



MUSCLES OF BODY; front view



RACHIS, front view



RACHIS, left lateral view



RACHIS, right lateral view



SKELETON; view from behind



10 # SENSORY SYSTEM (38, -19)



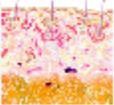
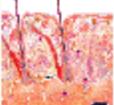
Body of a man , in front

<input checked="" type="checkbox"/>		EAR LEFT
<input checked="" type="checkbox"/>		EAR RIGHT
<input checked="" type="checkbox"/>		EYEBALL TISSUE
<input checked="" type="checkbox"/>		EYEBALL; left side
<input checked="" type="checkbox"/>		EYEBALL; right side
<input checked="" type="checkbox"/>		EYEGROUND; from the left
<input checked="" type="checkbox"/>		EYEGROUND; from the right

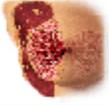
<input checked="" type="checkbox"/>		GUSTATORY BUD
<input checked="" type="checkbox"/>		HAIR BULB
<input checked="" type="checkbox"/>		HAIR CUTICLE

<input checked="" type="checkbox"/>		HAIR TISSUE
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<input checked="" type="checkbox"/>		Man's body , the back
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<input checked="" type="checkbox"/>		OPTIC NERVE TRANSVERSAL SECTION
<input checked="" type="checkbox"/>		SECTION OF EYEBALL WALL
<input checked="" type="checkbox"/>		SECTION OF SKIN
<input checked="" type="checkbox"/>		SKIN OF HAIR-COVERED PART OF BODY
<input checked="" type="checkbox"/>		SKIN OF HAIR-COVERED PART OF HEAD
<input checked="" type="checkbox"/>		SKIN TISSUE

Add under FEMALE

<input checked="" type="checkbox"/>		MAMMARY GLAND LEFT VIEW; from the side
<input checked="" type="checkbox"/>		MAMMARY GLAND RIGHT VIEW; from the side
<input checked="" type="checkbox"/>		MAMMARY GLAND DUCT; left
<input checked="" type="checkbox"/>		MAMMARY GLAND DUCT; right
<input checked="" type="checkbox"/>		MAMMARY GLAND EPITHELIUM
<input checked="" type="checkbox"/>		MAMMARY GLAND TISSUE

- 11 # ULTRA MICRO SCAN (94, -2)

<input checked="" type="checkbox"/>		CONNECTIVE TISSUE
<input checked="" type="checkbox"/>		CONNECTIVE TISSUE

- 12 # DNA RNA (376, -3)

<input checked="" type="checkbox"/>		HAPLOID NUMBER OF MALE CHROMOSOMES
<input checked="" type="checkbox"/>		POLYPLOIDAL CHROMOSOME SET OF BLAST CELL
<input checked="" type="checkbox"/>		SET OF MALE CHROMOSOMES.

+ 13 # ENERGY CHANNELS (17, 0)

+ 14 # BACTERIA AND VIRUSES (193, 0)