

Figures

Figure 1: System Architecture

Figure 1: Block diagram of the AI Substrate-Planner and LBBAP Depth Guide system. It shows data inputs (MRI, ICE, Mapping System, ECG) feeding into a **Data Fusion** module, which connects to the **AI Inference Engine** (containing Lesion Planning AI and Lead Depth AI). The AI outputs go to a **3D Map Overlay** and **ICE Guidance** interface. The system supports deployment on a local server or in the cloud (dashed lines to “Cloud” and “On-Premises”).

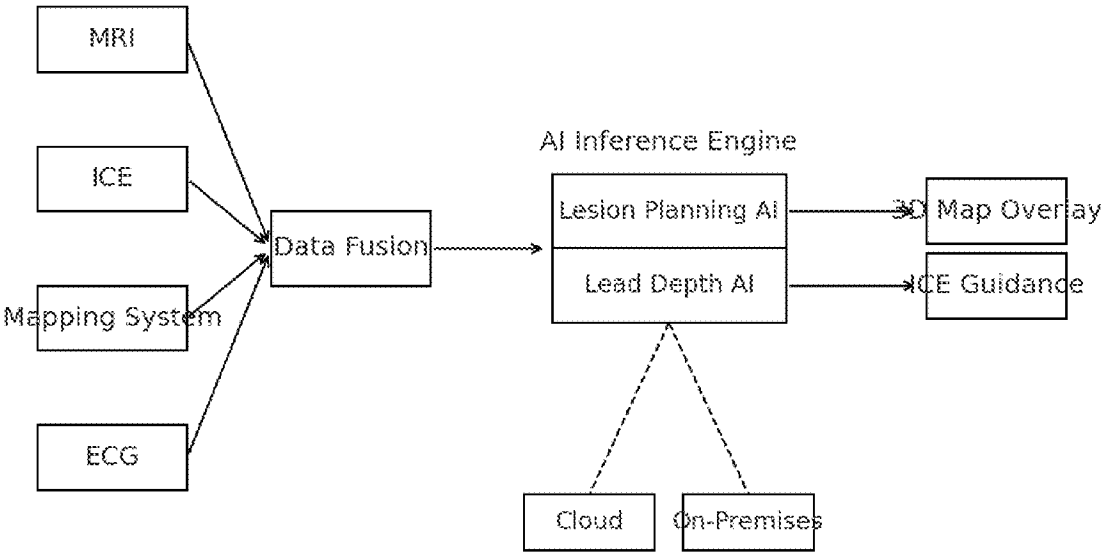


FIG. 1

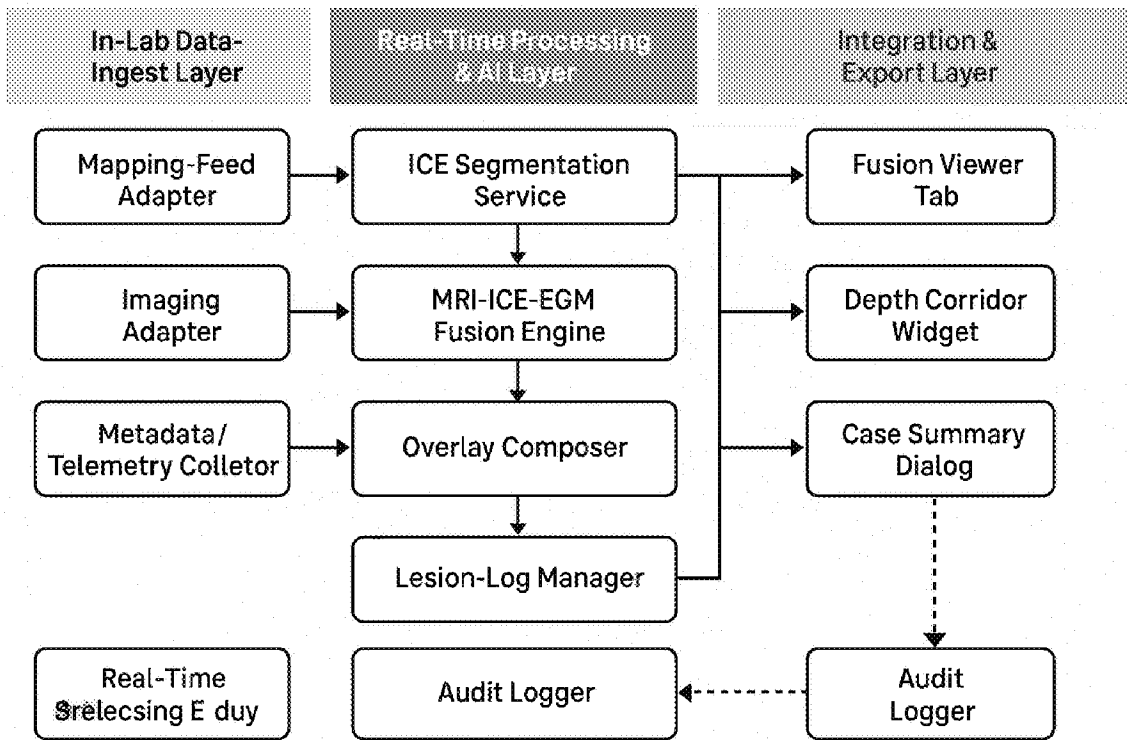


Figure 2A

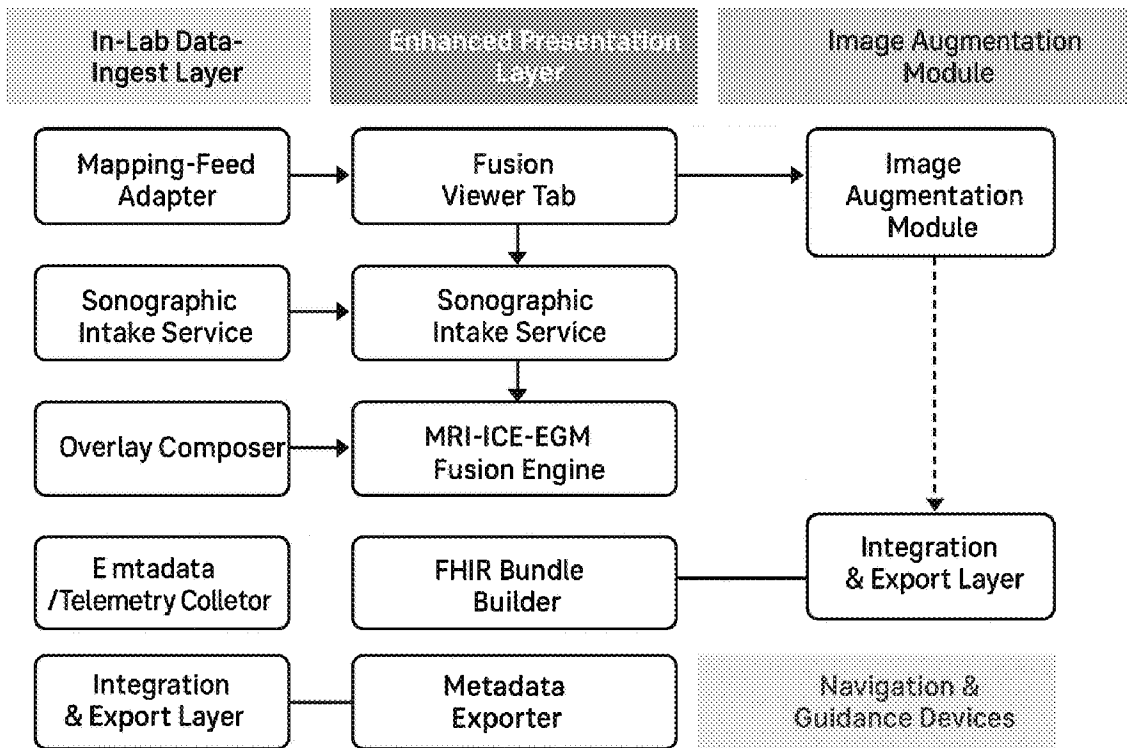
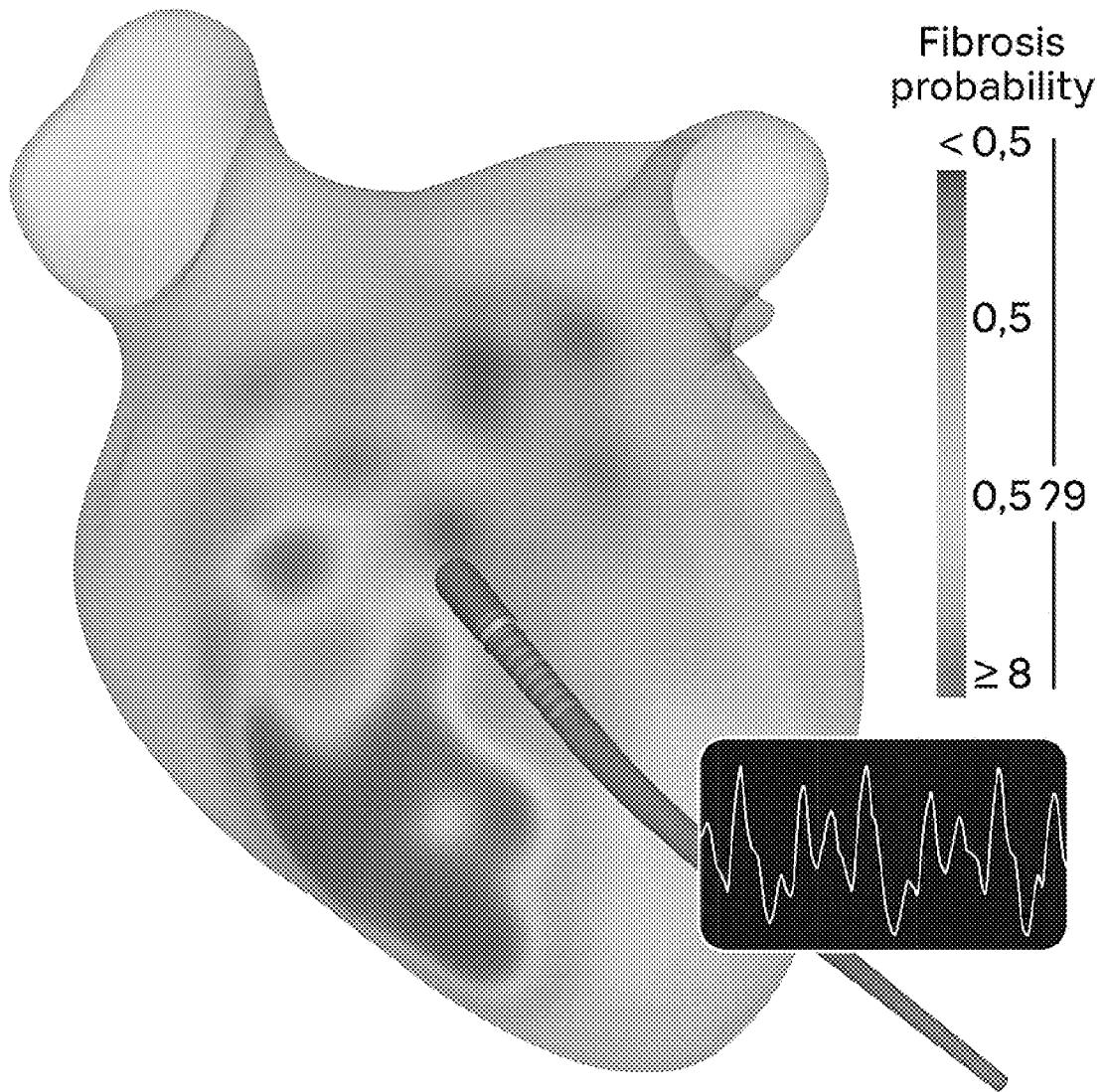


Figure 2B



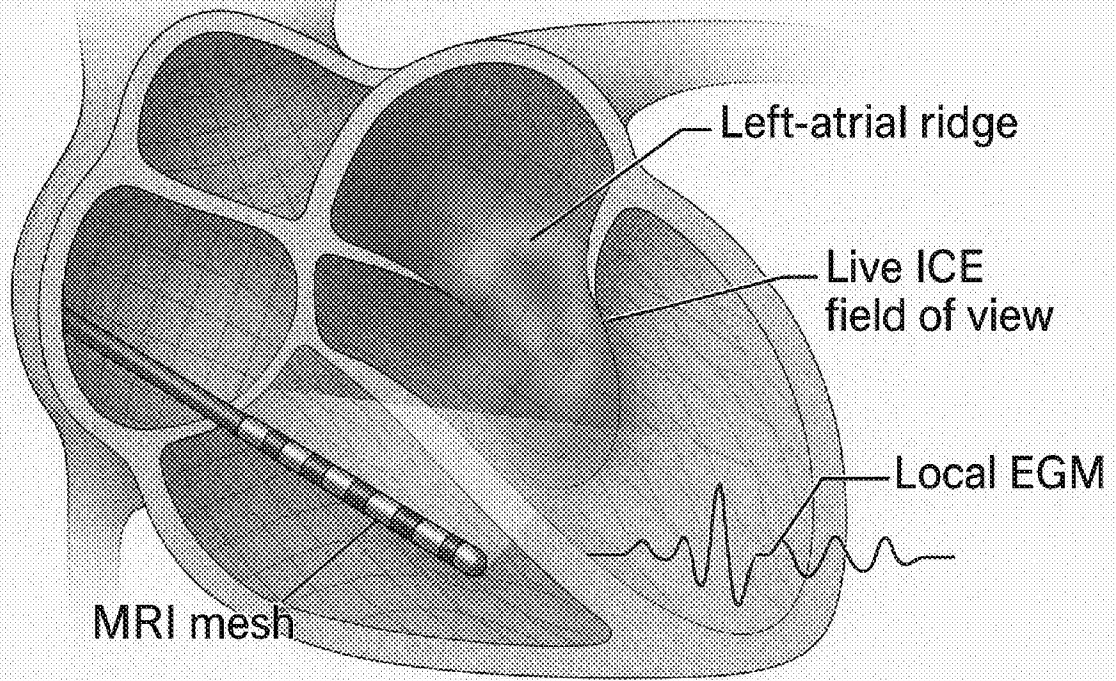
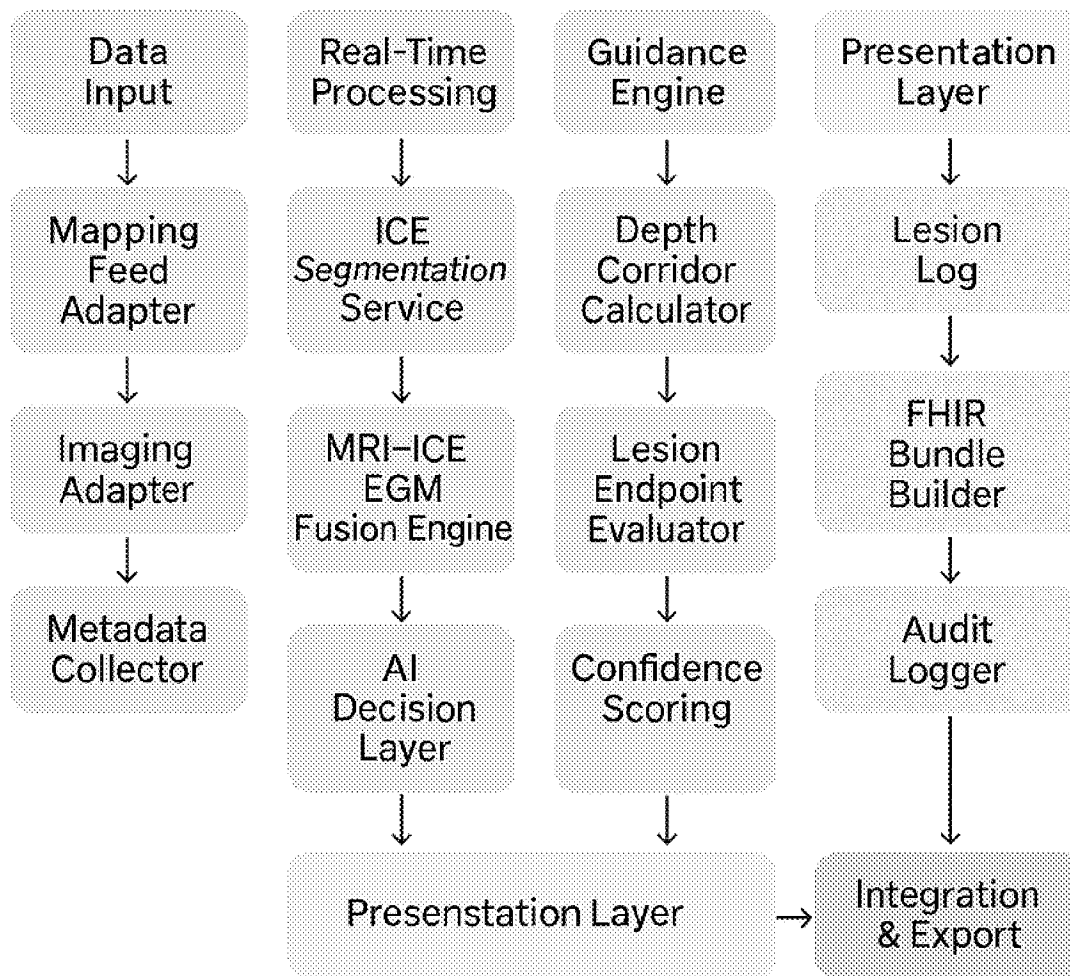


Fig. 2B Additional substrate detail (left-atrial ridge)
(MRI-ICE-EGM fusion ang.in.)

FIG. 3 – Real-time AI-Guidance Workflow



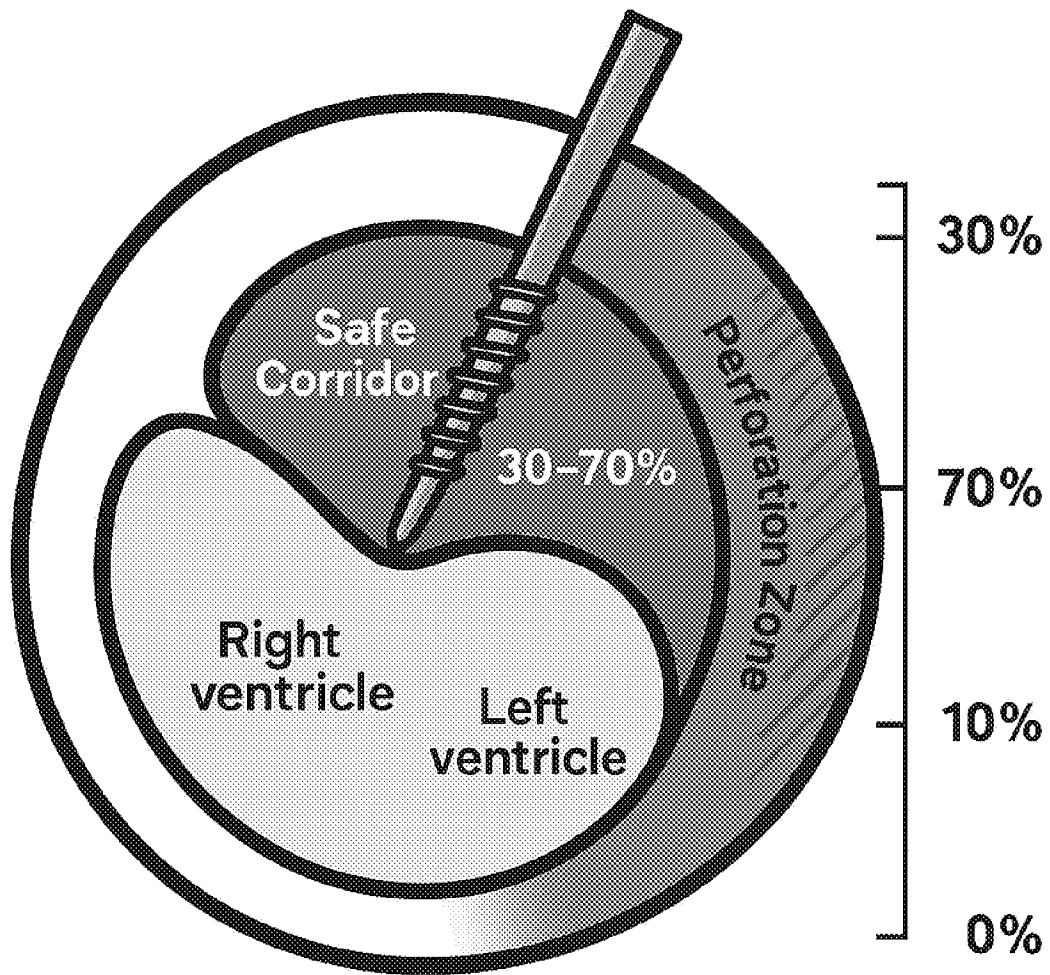


Fig. 4A—Optimal LBBAP Lead Depth Cross-Section

FIG. 4B

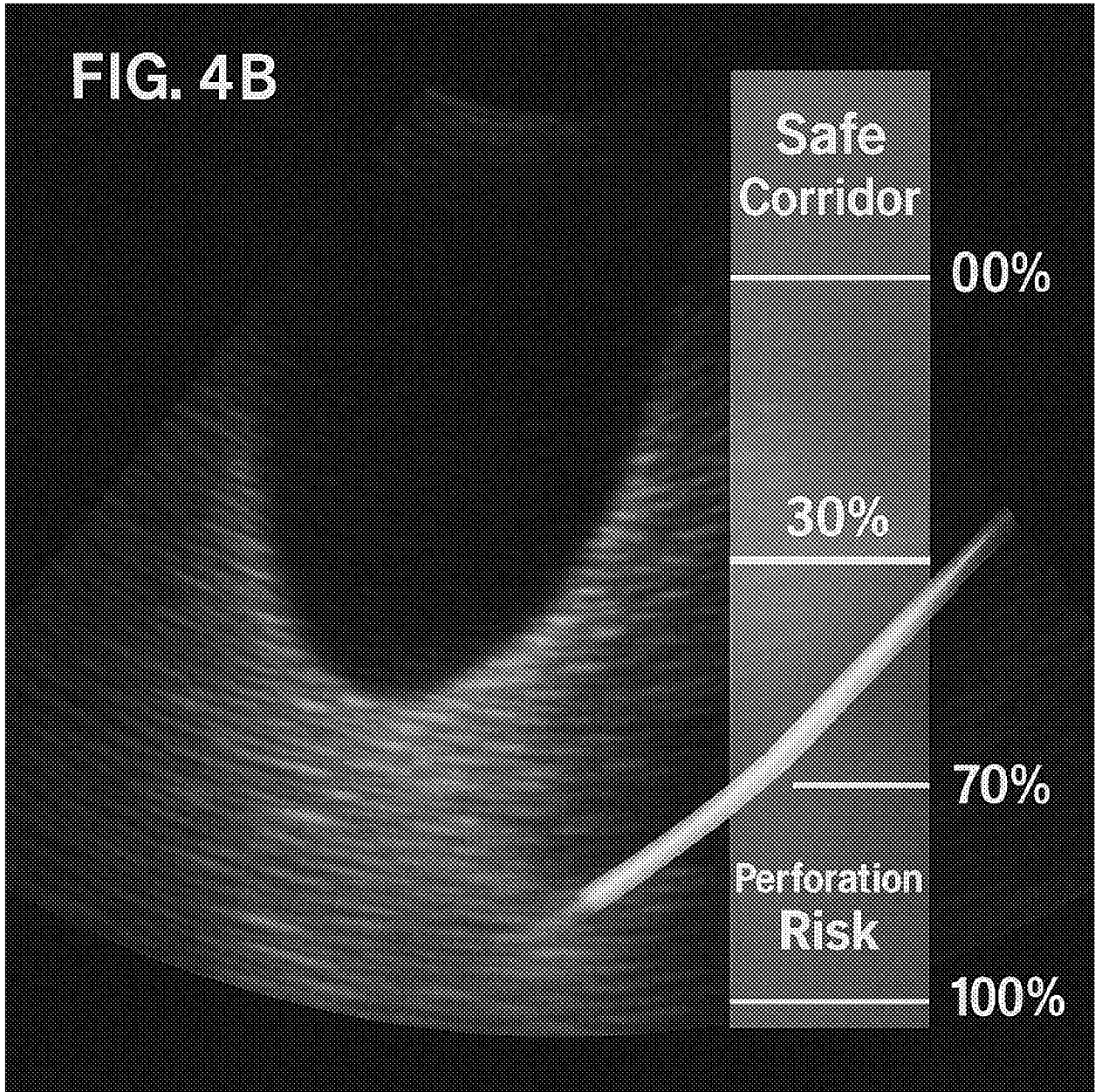


Figure 2AB: Atrial Fibrillation Lesion Planning

*Figure 2A: Posterior view of the left atrium (LA) with pulmonary vein openings. **Suggested ablation lines** (dashed loops) encircle the left and right pulmonary veins, with a connecting **roof line** at the top. The left and right pulmonary vein (PV) ostia are labeled. These AI-proposed lesion lines isolate the pulmonary veins (a typical atrial fibrillation ablation strategy).*

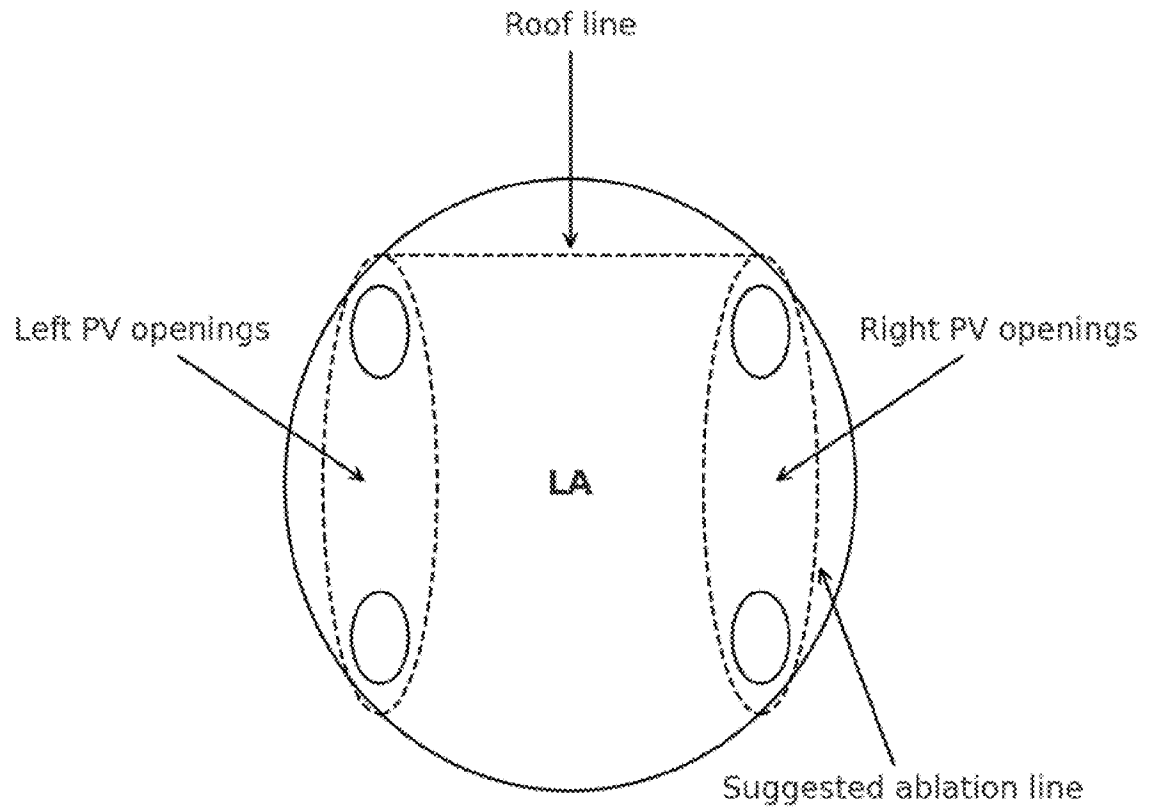


Figure 2BB: Fibrosis-Targeted Lesion Suggestions

Figure 2B: Same posterior LA view as 2A, now highlighting an identified **fibrotic region** (shaded hatch) near the left atrial appendage ridge. The AI recommends a **cluster of lesion points** (solid dots) in that region. The left and right PV openings are shown for context. This illustrates additional lesions the AI suggests to address fibrotic tissue areas.

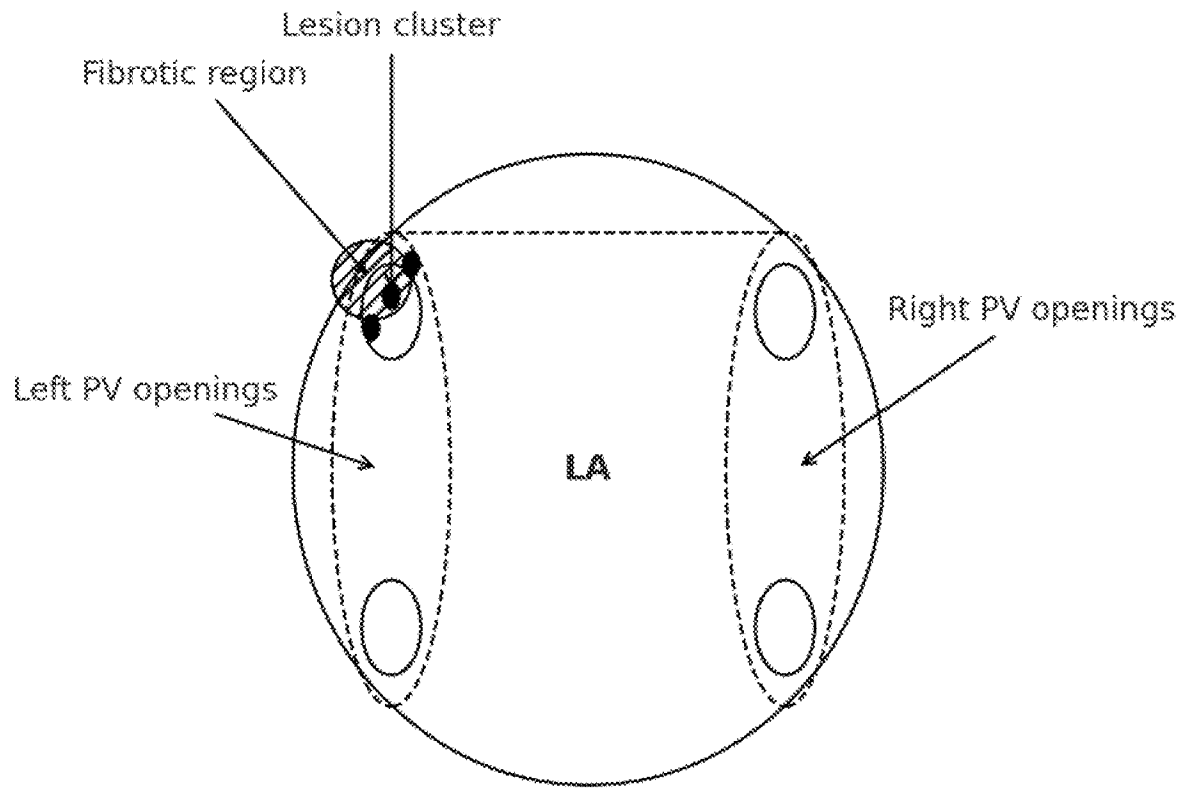


Figure 2BB

Figure 3: Procedural Workflow Flowchart

Figure 3: Flowchart of the AI-guided procedure. Steps include **Start** → **Data Acquisition** → **Multimodal Fusion** → **AI Inference** → **Clinician Review** → **Lesion Delivery/Lead Advancement** → **Evaluation**. A decision diamond asks “**Goal Achieved?**” If **Yes**, the process **Ends**; if **No**, it loops back for further AI recommendations (arrow labeled “No” returning to **AI Inference**). This loop ensures iterative guidance until the procedural goal is met.

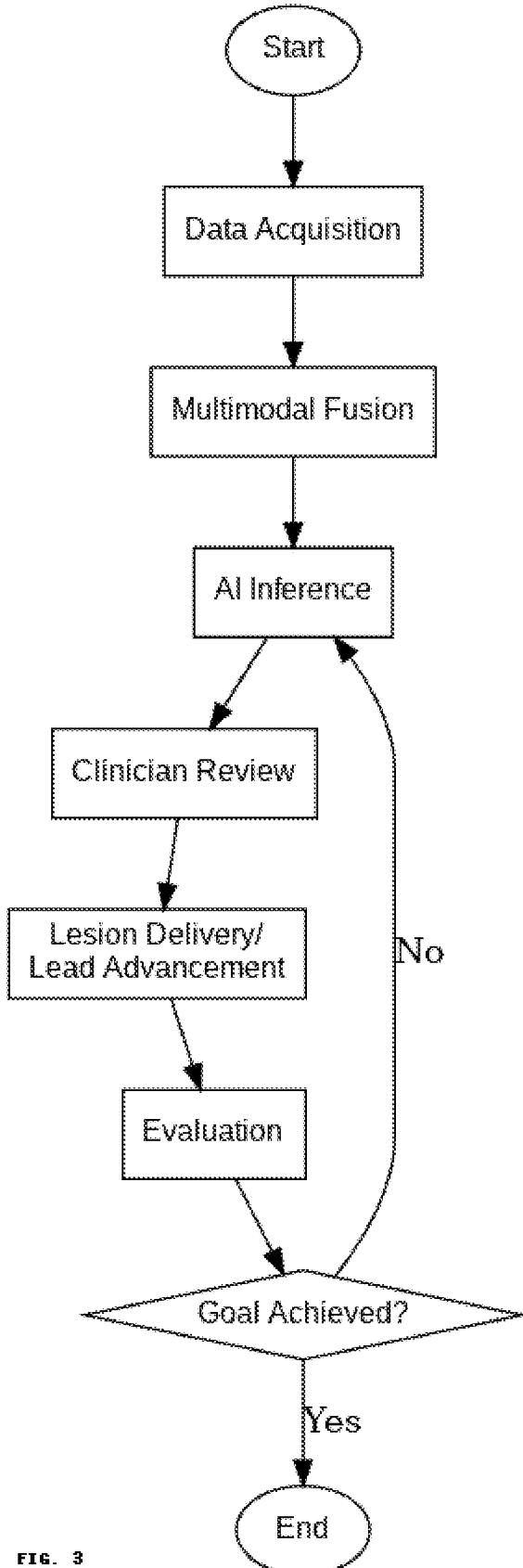


FIG. 3

Figure 4AA: Septal Cross-Section and Lead Depths

Figure 4A: Cross-sectional schematic of the interventricular septum during LBBAP lead implantation. **RV** denotes the right ventricle side (lead entry), and **LV** denotes the left ventricle side. Three lead tip positions are marked: **Shallow** (insufficient depth, not reaching LBB), **Optimal** (mid-septal, engaging the LBB fibers in the hatched **target zone**), and **Too Deep** (beyond the septum into LV endocardium). The hatched region near the LV side indicates the AI's **target zone** for optimal lead placement (near the LBB fiber area).

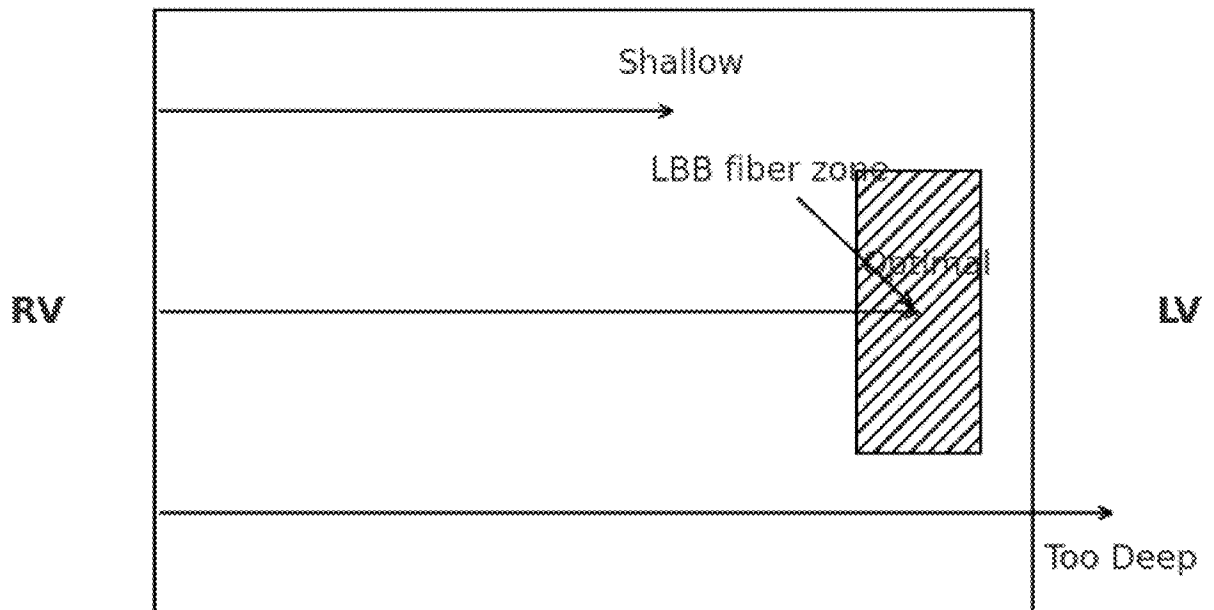


Figure 4AA

Figure 4BB: Simulated ICE Guidance View

Figure 4B: Corresponding intracardiac echocardiography (ICE) view from the RV side. The ultrasound sector (wedge) shows the cross-section of the septum (vertical line) and the pacing **lead** (dark horizontal line with a tip marker) advancing into the septum. An overlaid indicator (arrow labeled "**Target depth**") points to the AI-predicted optimal depth on the septum. **Septum** and **Lead** are labeled within the image. This illustrates the real-time guidance overlay on the ICE imaging, indicating when the lead tip reaches the target zone.

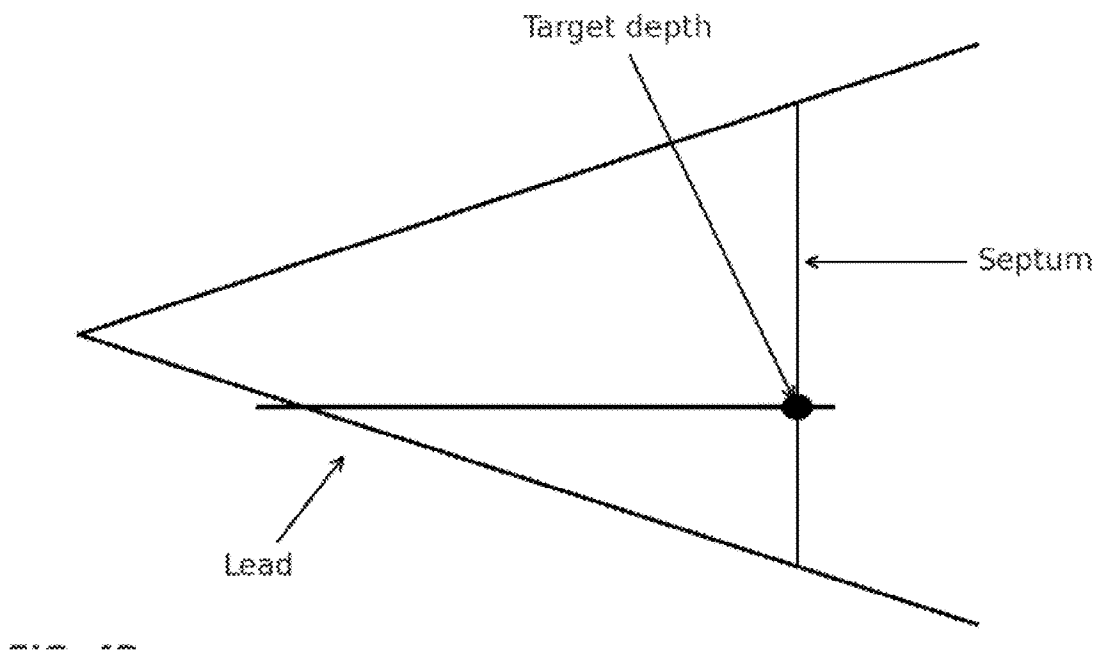


Figure 4BB