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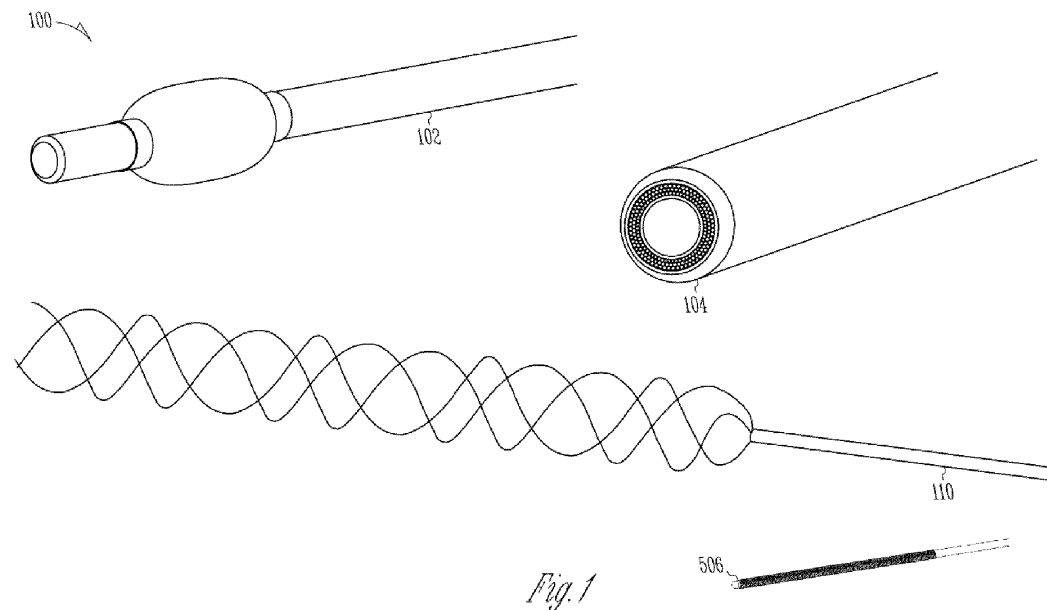
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(54) Title: CEREBROVASCULAR PATHOLOGY VIEWING AND TREATMENT APPARATUS



(57) Abstract: Cerebrovascular treatment at an intracranial location beyond the petrous segment of the carotid artery can be challenging due to blood vessel size and tortuosity. First pass cerebrovascular thrombectomy success rate under only fluoroscopic guidance can be low (e.g., 25.1%) but an angioscope can help improve efficacy. A sheath catheter can be advanced toward the cerebrovascular pathology. Its distal balloon can be inflated. An angioscope can be inserted via its working lumen for viewing. The sheath catheter can have a stepped-down lateral profile and can extend the working channel a distance beyond the balloon. A dual concentric lumen structure can include an inner body and an outer body, defining an inflation lumen therebetween, with one or more portions of one or more layers stretched or cut or both, such as to provide bending flexibility. Reflow techniques can be used to help bond layers together.

[Continued on next page]

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