

SDMS News Wave is published to inform SDMS members of meetings, events and policies as well as trends and issues in the sonography profession. Comments, questions or concerns about the articles appearing in SDMS News Wave, should be directed to newswave@sdms.org.

Current Trends in OB/GYN Sonography

Advances help diagnose pregnancy, gynecological problems earlier and more accurately and deliver cutting-edge treatments to more women.

By Beth W. Orenstein

Like their colleagues in echocardiography and abdominal and small parts sonography, sonographers who specialize in obstetrics and gynecology are finding they are playing a greater role in helping to diagnose illnesses and abnormalities earlier and delivering cutting-edge treatments to patients. Here's a look at what's happening in OB/GYN sonography, and trends and advances that SDMS members who practice in this arena are excited about.

Obstetrical sonography

Over the last 20-25 years, it has become routine for pregnant women to have a sonogram during their second trimester – between 18 and 20 weeks. The screenings can confirm the health of the fetus. It's becoming more common for women to have screening sonograms during their first trimester, says SDMS President Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS, and Chair of the Department Diagnostic Medical Sonography at Florida Hospital College of Health Sciences in Orlando. "Because more and more women are coming for first trimester screenings, it's helping to diagnose anomalies including chromosomal abnormalities earlier," she says.



First-trimester screenings, when combined with second trimester follow-ups and corresponding blood work, are helping reassure parents who have had a history of genetically complicated pregnancies, says Jill Trotter, BS, RT(R), RDMS, RVT, Program Director for the School of Diagnostic Medical Sonography at Vanderbilt University in Nashville. "If the first trimester screening process doesn't identify a significant risk and the 20-week scan appears normal, it can be more reassuring to the patient versus only a 20-week scan like we have done in the past."

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The use of nuchal translucency (NT) to assess whether the baby has an increased risk for Down's syndrome or other chromosomal disorders, as well as major heart congenital heart problems, is increasing. The nuchal translucency screening must be done between 11 and 14 weeks. Embryos with these types of abnormalities tend to accumulate more fluid at the back of their neck during the first trimester, causing this clear space to be larger than average. NT scans have been performed in the United States since 1995, but mostly at major medical centers. Sonographers who perform NT scans have to be specially trained and be certified in the technique. "Not everyone can provide this screening exam," Trotter says. But more sonographers are getting trained and certified, making the test more widely available.

Much of what's new in obstetrical sonography is related to 3D sonography, says Terry DuBose, MS, RDMS, FSDMS, FAIUM, who is retiring from his position as Director of the Diagnostic Medical Sonography program at the University of Arkansas for Medical Sciences at Little Rock. "We've had 3D for four to five years now," he says, "and we're using it more and more."

A good example, he says, is using 3D for accurately measuring the fetal skull to estimate gestational age. 3D sonography is slightly more accurate than the current method of using fetal biparietal diameter (BPD) and head circumference (HC) which dates to the '60s. Using 3D is more accurate, he explains, because the head molds in all three directions. "It's cutting-edge now," he says, but DuBose expects it to be more commonplace as more facilities acquire 3D technology.

Doppler sonography is also proving useful as an accurate, non-invasive method for assessing the degree of fetal anemia in high-risk pregnancies, says Kathleen Praska, RDMS, of the Mayo Clinic Department of Obstetrics and Gynecology in Rochester, Minn. Anemia occurs when too few red blood cells are in the bloodstream and, as a result, not enough oxygen reaches tissues and organs. It occurs in fetuses that inherit certain types of red blood cell antigens from their fathers that are incompatible with those of their mother. While pregnant, the mother's immune system can create antibodies that attack these conflicting red blood cells in the fetus. The condition can lead to complications including fetal anemia, fetal heart

failure and severe jaundice in newborns. Because it is non-invasive, Doppler sonography is far less risky to the mother and fetus than traditional testing, Praska says.

Advances in sonographic technology also are helping women to become pregnant, Praska says. Follicular tracking is used to track a woman's menstrual cycle. It can help both the fertility team and the couple to have a greater understanding of the woman's ovulation pattern. In the past, Praska says, fertility specialists would count a woman's follicles after she had been given stimulants. "Now we do the follicle counts before a woman is stimulated to get an idea how well she will respond to medication. If you see three follicles to begin with, you know you might have to hit her hard with stimulants. Doing the follicle tracking before fertility treatments, helps determine how much to increase the stimulants."

DuBose expects that someone will soon publish a reproducible method using 3D to measure the fetal liver. Such a scan could be groundbreaking and terribly important because it correlates with maternal diabetes and the management of diabetes, which is reaching epidemic proportions in the U.S. as the country grows older and more obese, he says.

Because 3D and 4D sonography (dynamic 3D) provide such realistic pictures, they also are being used to help parents understand the degree of malformation their baby has – whether it's cleft lip or palate or club feet, DuBose says. "It can help prepare the parents and the care team for the baby's birth," he says. "We're using dynamic 3D imaging today for much more than to show the parents pretty baby faces."

Marianna Desmond, BS, RT(R), RDMS, Clinical Coordinator for the Diagnostic Medical Sonography program at Triton College in River Grove, Ill., says at this point "whether 3D sonograms should be routine for OB scans.... is still up in the air." But she does believe that they will become the standard at some point. "I don't know when that will be," she says. "Are we talking five years? 10 years? I don't know, but 3D renderings are pretty amazing."

Gynecological Sonography

Like many of the advances in obstetrical sonography, the advances in gynecological sonography revolve around 3D and other new sonographic technologies.

3D is making it easier for gynecologists to look at anomalies in the uterus including polyps and

endometrial cancer, DuBose says. “With 3D, we know we have three orthogonal planes we can get information from and it enables us to make more accurate characterizations and size of masses and anomalies,” he says.

“We’ve always used sonography to look at the uterus and ovaries,” Henningsen says. “3D just gives us an additional view, which helps in characterizing masses and congenital anomalies. 3D imaging is especially useful in classifying congenital uterine anomalies which can help to determine appropriate treatment for individual patients.”

Because of some of the advances in technology, the Society of Radiology in Ultrasound (SRU) is revising some of its guidelines relating to the management of ovarian cysts. Last year, a conference was held to arrive at a consensus regarding which cysts require imaging follow-up or surgery and which cysts do not require follow-up. Participants in the conference represented radiology, sonography, obstetrics, gynecology (including general gynecology, gynecologic oncology, reproductive endocrinology, and minimally invasive surgery) and pathology. The new guidelines are expected to be published sometime later this year, says Diane Youngs, MS, RDMS, RVT, Program Director of Mayo School of Health Sciences Sonography Program at Mayo Clinic.

Youngs says she finds more physicians advocating a 3D sweep of every pelvis exam so coronal reconstruction can be made. The coronal view of the uterus enables visualization of the shape of the uterus and endometrium along with the relationship of the cornua to the cervix. As a result, congenital uterine abnormalities can be more easily diagnosed, along with better localization of myomas and polyps, she says.

3D sonograms also provide useful information on the location of the IUD following insertion, Youngs says. It enables imaging of the entire IUD – the shaft and the arms, simultaneously. Additionally, the examination time can be kept to a minimum with this newer technique.

While 3D imaging adds more information, it does not eliminate the need to acquire good 2-dimensional images, sonographers agree. Two-dimensional images are necessary to render into quality 3D images, Youngs says. “The big push is for sonographers to do a lot of 3D with obstetrical and gynecological sonograms,” she says, “But I think 2D imaging will continue to play an important role while

the role of 3D imaging continues to evolve.”

Gynecologists are more reluctant than ever to perform hysterectomies, says Marianna Desmond, of Triton. “Medicine as a whole is not as surgery happy as it used to be.” Advances in transvaginal sonography are helping them to better evaluate and follow fibroids and other uterine issues. “Years ago, a woman who had fibroids would have had a hysterectomy, but today, if she has fibroids, they’re able to address this condition with less invasive procedures,” and everyone can be more comfortable with the less invasive options because of the advancements in sonographic imaging, Desmond says. Transvaginal sonography or sonohysterography also has the advantage of being less painful, less invasive and lower cost than hysteroscopy – the traditional method of looking inside the uterus for fibroids, polyps, adhesions, scarring and IUD placement using a thin, telescope-like device that is inserted through the vagina and cervix into the uterus. “I really think transvaginal scanning has become an accepted part of OB/GYN sonography where years back it was often questioned,” Desmond says.

Like most providers in health-care, OB/GYN sonographers are having to deal with larger patients, says Praska. It’s an issue that more sonographers are having to cope with, she says, and they have to learn how to prevent injuries to themselves when scanning obese patients. “The equipment is getting better,” she says, “but we still have to be aware of the correct ways to scan patients so we don’t injure our shoulders, necks and arms.”

Some of the sonographers also have noticed a trend toward moving OB/GYN sonography from hospitals to out-patient centers that specialize in women’s health. “Some hospitals still have a good volume of OB,” Desmond says, “but we are starting to see it more and more in specialized locations.” Desmond attributes this trend to insurance reimbursement and the correlation of information that is available from the scans when they’re done at a hospital and read by radiologists vs. in a dedicated OB/GYN facility or women’s center and read by sonologists. “I think there’s more of a clinical connection at the dedicated facility where the patient’s history is better known,” she explains. “At the hospital, the radiologist reads the sonogram often with only a limited patient history. At the dedicated facility, they may have access to more information about the patient to connect with the sonographic findings.”

However, Henningsen says, she hasn't seen this trend in the Florida area. "In our area," she says, "hospitals are still doing a good volume of OB/GYN scanning."

While technological advances and new techniques are making OB/GYN sonography more valuable, Praska says one thing about it never changes: It's still a great career. "I have been an obstetrical sonographer for more than 20 years," she says, "and I still love the concept. It's wonderful to watch a couple when they see their baby for the first time. To see their excitement is rewarding. That part of the job never changes."

Beth W. Orenstein is a writer for SDMS.



SDMS News Wave is archived online at:
<http://www.sdms.org/members/NewsWave.asp>

In Memoriam



**Donna M. Kepple, RT, RDMS
(1949 - 2010)**

Long-term SDMS member, Donna Kepple, passed away on April 14, 2010 after a lengthy battle with cancer. Donna waged a valiant fight against her cancer for over ten years. She was a respected member of the profession having served in leadership capacities for the American Registry of Diagnostic Medical Sonography (ARDMS), the American Institute of Ultrasound in Medicine (AIUM), and the Society of Diagnostic Medical Sonography (SDMS). Donna authored, or co-authored, a number of seminal educational texts and articles. Her work with Dr. Arthur Fleischer, including "Diagnostic Medical Sonography:

Principles and Clinical Applications", as well as, "Transvaginal Sonography" remain as keystones in sonography education. Donna was affiliated with Vanderbilt University for many years, and served a critical leadership role within the profession. She will be missed.

Comments offered by her colleagues, a fitting tribute to a consummate professional, include:

"Donna Kepple was a true sonography professional. She was supportive of her students and her fellow sonographers."

"Donna was an enthusiastic ambassador for her profession. Her excitement for her profession was contagious."

"Donna was a dear friend and colleague."

"She was a wonderful role model and her passing will be a significant loss to the profession."

"I had the opportunity to see her work as a mentor, her passing will create a void within the profession."

"I saw firsthand the contributions she made to the profession; she leaves big shoes to be filled."

Donna is survived by her husband, David, two children, Jarrod and Hillary and three grandchildren. In lieu of flowers and in keeping with Donna's wishes, SDMS members may make a donation to the SDMS Foundation: <http://www.sdmsfoundation.org/default.aspx>

Letter From the President

By Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS

SDMS Takes its Message to Washington

Last week I had the privilege of accompanying the SDMS Government Relations Committee Chair, Sergio Khomyak, along with SDMS member Anne Jones, Dr. Michael Lilly (representing the Society for Vascular Surgery), and SDMS senior staff members on a series of visits to congressional offices supporting our initiative to require federal-level certification standards for non-physician providers of medical imaging services, including sonographers. Advocacy work on behalf of members' interests is often times the 'hidden membership benefit'; that's true for SDMS as well. Very few of our members are interested or captivated by what happens within the political arena, yet this experience reinforced the message for me just how important this kind of work is for us...and for our profession.



The good news is that there is renewed interest in Washington for the CARE bill (pending legislation that would establish certification standards at the national level for sonographers, and others). The CARE bill, or various iterations of it, has been circulating on Capitol Hill for over ten years. Why the interest now? On January 24 the New York Times ran a front-page article in the Sunday edition (the premier placement position for newspaper coverage) on the failures within medical imaging to provide adequate patient safety coverage. Specifically, the article focused on the heart-wrenching stories of patients who had been over-radiated in the performance of diagnostic imaging and died as a result (a copy of this article may be accessed through the SDMS website at: http://www.sdmspac.org/news/pdf/NYTimesRadiationArt_1-24-10.pdf)

The article caught the attention of congressional staffers who support the U.S. House Energy & Commerce Committee, and the Committee called a hearing. While the Committee focused on ionizing radiation and therefore SDMS was not added to the testimony list for this hearing, we were able to provide testimony to this Congressional hearing (copy of our testimony may be accessed through the SDMS website at: http://www.sdmspac.org/news/pdf/EC_Testimony_2-26-10.pdf). While we all should be concerned about the issue of patient safety; it is the ultimate reason for our existence, these kinds of stories are a stark reminder of our obligation to patients to provide their diagnostic imaging consistent with the highest standards, and the medical oath comes to mind: "First, do no harm."

While sonography does not subject patients to the same kind of potential threats as does ionizing radiation, there is still no doubt that sonography, performed poorly, can be devastating to patient care and patient outcomes. Any doubt about that look to the all-too frequent stories about untrained, non-certified individuals providing 'sonography' services who are a walking threat to patient care. This threat has been tolerated way too long. Intervention is needed; in fact, required. When there are more regulatory controls in place for the person who cuts your hair than for the individual performing your sonographic examination something is deeply out of kilter.

This is precisely why I, and others, were in Washington, D.C. last week; our message was simple and direct. Pass the CARE bill in this legislative session and put the patient protections into place that American citizens deserved a long time ago. On behalf of the SDMS members and the sonography profession; we will continue to aggressively represent your interests in Washington throughout the remainder of this session. If you should receive a request via email and/or phone for support of our CARE bill efforts, please take the time to assist...we need your support.

Sincerely,

A handwritten signature in blue ink that reads "Charlotte Henningsen".

Charlotte Henningsen, MS, RT, RDMS, RVT, FSDMS
SDMS President

Oregon Proposes Rules for Medical Imaging Licensure

On April 9, 2010 SDMS, along with other members of the Sonography Licensure Coalition (SLC), was notified that the proposed rules that implement the new Medical Imaging licensure law in Oregon were now available for public review and comment. These proposed rules may be accessed at: <http://www.oregon.gov/RadTech/rules.shtml> Individuals wishing to submit comments regarding the rules may do so by sending written comments by May 31 to:

Rules Coordinator
Oregon Board of Radiologic Technology
800 NE Oregon St., Suite 1160A
Portland, Oregon 97232-2162

Additionally, there will be a hearing to take public comments on the proposed rules on Monday, May 17 at 10:30 a.m. (additional information regarding the public hearing may be accessed at the website address listed above).

The SLC, comprised of seven organizations with a common interest in public policy affecting ultrasound, was active in monitoring and responding to the original licensure law language, and will be submitting comments on the proposed rules. The new Oregon licensure law creates the Oregon Board of Medical Imaging, which will be responsible for administering, and enforcing, the new law that licenses non-physician providers of medical imaging services, including sonographers. The new law establishes standards for certification and education. The new licensure law language goes into effect at the same time as the newly created rules are officially adopted and put into force; however, the certification standards included in the medical imaging licensure law have their own timetable for activation.



SDMS Member Benefit Spotlight - SDMS Work Zone

The **SDMS Work Zone** provides online access to information about preventing work-related musculoskeletal disorders. The SDMS is dedicated to providing its members with resources needed to protect themselves from work-related injuries. Visit the SDMS Work Zone today at <http://www.sdms.org/msi/default.asp>.

SDMS Members can also post questions, discussion or hot topics on the MSI Discussion Forum at <http://www.sdms.org/members/forums/default.asp>.



The sky's the limit!

2010 SDMS Annual Conference
Oct. 14 - 17, 2010 • Denver, CO

Registration opening soon! www.sdms.org/meetings

CQU Meets in D.C. to Discuss Ultrasound Issues



CQU D.C. Meeting Participants (from left to right): Sergio Khomyak (SDMS Government Relations Committee Chair), Charlotte Henningsen (SDMS President), Tom Shipp (ARDMS Legislative & External Affairs Committee Chair), Mary Rodriguez (SDMS Director of Accounting & Human Resources), Mike Lilly (SVU Health Policy Committee & ICAVL Board of Directors), Cindy Weiland (JRC-DMS Executive Director), Anne Jones (SVU Advocacy Committee), Ken Horton (CCI Government Relations Committee Chair), Sandy Katanick (ICAVL CEO), Jessica Gann (ARDMS Director of Marketing), Dave Parlato (SVU Advocacy Committee Chair), Alex Razumovsky (ASN Board of Directors), Dale Cyr (ARDMS CEO), Aaron White (CCI CEO), Pam Phillips (SVS Director of Health Policy & Government Relations), Don Haydon (SDMS CEO)

In April, the Coalition for Quality in Ultrasound (CQU) met in Washington, D.C. to discuss issues affecting the practice of ultrasound. These issues included: the healthcare reform act and its implications for medical imaging, the politics of healthcare reform, ultrasound reimbursement trends and impact on the profession, CMS implementation of the Medicare reform act, the CARE bill, and state-based licensure issues affecting medical imaging.

The CQU is an eleven-member coalition of organizations who share a common interest in ultrasound practice and policy. Organizations currently comprising the CQU include:

- American College of Phlebology
- American Registry of Diagnostic Medical Sonography
- American Society of Neuroimaging
- Cardiovascular Credentialing International
- Intersocietal Commission for the Accreditation of Vascular Laboratories
- Joint Review Commission for Education in Diagnostic Medical Sonography
- Society of Diagnostic Medical Sonography
- Society of Interventional Radiology
- Society for Vascular Medicine
- Society for Vascular Surgery
- Society for Vascular Ultrasound

2010 Winter Olympics: One Focus, One Goal



In the Athletes' Village – Lorrie Scherer (center) with other medical volunteers

We asked **Lorrie Scherer, RDMS, RDCS**, and former SDMS Board member, to tell us about her recent experience at the 2010 Winter Olympics and Paralympics in Vancouver, British Columbia.

Lorrie applied to be a volunteer sonographer at the 2010 Olympics back in 2008. Out of over 300 imaging applicants, fifty-one were chosen. Assigned to a team of volunteers consisting of nurses, trauma surgeons, imaging professionals, dentists, and others, Lorrie was inspired not only by the athletes' dedication but also by the volunteers. "There was a tremendous support system always there." She described their united and driven mindset as "One focus. One goal."

Two medical teams, one in Vancouver and one in Whistler, supported the athletes and volunteers of the 2010 Vancouver Olympics and Paralympics. The Vancouver site was close to a hospital, but the Whistler site, where Lorrie was stationed, was more remote and completely self-sufficient. Medical volunteers worked in tents she compared to those seen on the TV



show, M*A*S*H. Since Lorrie's sonography tent had a high ceiling, letting in too much light, the volunteers improvised a tarp to darken the room.

The volunteers worked in two shifts, and Lorrie worked from 7:00 AM to 3:00 PM daily. For confidentiality, volunteers were not allowed to discuss specific cases, but Lorrie said the majority of scans were abdominal or musculoskeletal. Additionally, for the first time in Olympic history, the 2010 Olympics saw sonography images sent immediately to radiologists and doctors who then made real-time decisions as to whether the injured athletes could return to their competition.

In closing, Lorrie explained that all of her hard work paled in comparison to the inspiration and memories she received from the experience. "It makes you a better person."



SDMS Product Spotlight - OB/GYN Products

Have you seen the Ob/Gyn products in the SDMS online store yet?
Go to www.sdms.org/store to find more.

Ob/Gyn Sonography: An Illustrated Review

Marie DeLange, BS, RDMS, RDCS, and Glenn Rouse, MD

Item #: 8606

CME Credits: 12 (CMEs expire 10/1/2011. Processing fees may apply.)

Like the popular and extremely effective Vascular Technology: An Illustrated Review by Rumwell and McPharlin, this book covers and explains exactly what you need to know to pass your obstetrics & gynecology specialty exam, topic by topic, in one volume, silver-bullet style. Written by nationally renowned clinicians and educators, it concisely reviews everything on the current exam outline, focusing your time and effort on what really counts. Includes illustrated cases, image-based exercises, glossaries, self-assessment activities, and built-in CME component.



Precisely based on the ARDMS exam outline, it accurately assesses your knowledge by exam topic and focuses your efforts on what really counts. This volume contains more than 515 questions in registry format together with answers, clear explanations, and references. More than 60 image-based cases prepare you to tackle the scans on your examination.

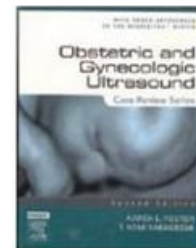
Obstetric and Gynecologic Ultrasound, 2nd Edition - Case Review Series

Karen L. Reuter, MD FACR and T. Kemi Babagbemi, MD

Item #: 7566

CME Credits: Not available

This outstanding Board review book presents over 200 unknown cases—complete with over 350 state-of-the-art images, questions, answers, commentary, references, and more—to enhance your imaging interpretation skills in OB/GYN ultrasound. Discussions incorporate the most recent knowledge from OB/GYN ultrasound literature, providing an excellent review for both residents and practitioners.

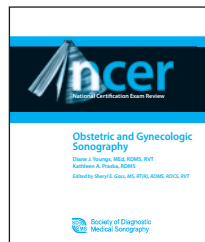


Obstetric and Gynecologic Sonography

Item #: 7706

CME Credits: 9 (Members only. Non-members are not eligible to earn CMEs with this product. CMEs expire 6/1/2012.)

This publication features modules outlining the female reproductive system in both the non gravid and gravid phases. The obstetrical modules feature the sequence from fertilization to term pregnancy outlining normal anatomy, sonographic technique and appearances, abnormalities, screening markers, and invasive procedures utilized to evaluate for anomalies. Gynecology modules outline normal and variant anatomy, pathological conditions, sonographic technique and appearances, and correlative imaging modalities. 249 questions.



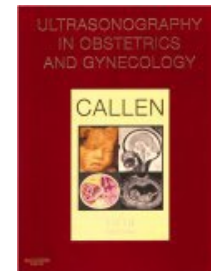
Ultrasonography in Obstetrics and Gynecology

Peter Callen, MD

Item #: 7593

CME Credits: Not available

This new edition of the world's best-selling reference on obstetric and gynecologic ultrasound guides you through all of the newest ultrasound technologies, enabling you to diagnose problems accurately. The entire book has been radically updated by many new contributors to reflect all of the most recent advances, including greatly expanded information on 3-D ultrasound and the latest generation of ultrasound scanners, as well as significantly increased discussions of gynecologic ultrasound. What's more, over 2,400 digital-quality images - 1,050 in full color - capture the characteristic appearance of a full range of ultrasound findings, and a new full-color format makes reference easier than ever. The result is an essential purchase for everyone who uses ultrasound for fetal and gynecologic diagnosis and treatment. (2007)



Ob/Gyn Sonography Review

Kathryn Gill, MS, RT, RDMS, Misty Sliman, RT, RDMS, and Peter Callen, MD

Item #: 8615

CME Credits: 12 (CMEs expire 12/1/2011. Processing fees may apply.)

This registry-like practice exam hones your test-taking skills and teaches the facts and principles you must know to pass the ob/gyn specialty exam.





SDMS Foundation Announces Scholarship Winners

On February 26, the SDMS Foundation Board of Directors announced the first 2010 SDMS Foundation Scholarship Program recipients. The SDMS Foundation's scholarship program provides a \$2,500 scholarship to a deserving sonography student just beginning their career in diagnostic medical sonography. Another \$2,500 scholarship is awarded to a deserving experienced sonographer who is continuing their education by pursuing an advanced sonography-related degree.

Constance Besaw from Middleton, Wisconsin is a 2010 SDMS Foundation scholarship recipient. Ms. Besaw is enrolled in general/vascular program at the University of Wisconsin Hospital and Clinics School of Diagnostic Medical Sonography. She will graduate in August 2011 with a bachelor's degree. After graduation, Constance would like to work as a sonographer at a teaching hospital and plans on entering into the Echocardiography Option. Additionally, she plans to pursue her Master's degree which she hopes to receive by 2015. Besaw says, "Through these past 18 months of school, I actively searched for employment that would coordinate with my full-time school. It wasn't until December, when a friend offered me a very limited part time job as an office temp, that I gained any non-loan income for 2009. Clearly, this is a time in my life where I need a lending hand. This scholarship will allow me to gain a leg up on my financial status and provide me the freedom to focus on my studies which, in turn, will make me an even better sonographer."

Rhonda Keller from Greenville, South Carolina is also the recipient of a 2010 SDMS Foundation scholarship. Ms. Keller is enrolled in the Northcentral University's Master of Education Degree in Higher Education Leadership and expects to graduate in

December 2010. Northcentral University is based in Prescott Valley, Arizona. Ms. Keller has worked as a sonographer for more than 18 years and found she loved teaching along the way. She hopes to use the Master's degree she earns to help her better address the different learning philosophies among college students.

In addition to the SDMS Foundation Scholarship Program, the SDMS Foundation also sponsors the SDMS Foundation Certification Examination Grant Program. To date, more than 90 grant applications have been approved equaling over \$22,500 to applicants from 19 states in the United States and Canada.

Beginning June 1, the SDMS Foundation will begin accepting grant applications for the SDMS Annual Conference. This year's conference is being held in Denver, Colorado, October 14-17. Applications will be accepted from June 1 through July 31. Grants in the amount of \$500 for sonographers and \$250 for students will be awarded. The grants may be used for any expense incurred by the applicant related to participating in the 2010 SDMS Annual Conference (registration, travel, hotel, meals, etc.).

The SDMS Foundation will award another round of scholarships later this year. The application deadline for the next round is July 31, 2010. Additional information and applications for 2010 SDMS Foundation grants and scholarships is also available on the SDMS Foundation website (www.sdmsfoundation.org/programs.aspx). The SDMS Foundation charitable programs depend on donations from individual SDMS members and the sonography community. To make a donation to the SDMS Foundation, visit: www.sdmsfoundation.org/donor.aspx

DEADLINE APPROACHING!

W. Frederick Sample Student Excellence Award

Submission Deadline

Applications must be received on or before May 14, 2010.

Purpose

The W. Frederick Sample Student Excellence Award was established in memory of Dr. Sample to acknowledge outstanding achievement in the field of diagnostic medical sonography and to encourage students to submit original research or literature review papers.

Scientific Presentation Competition

Submission Deadline

Submissions must be received on or before May 14, 2010.

Purpose

Original presentation summary papers may address clinical research, educational techniques, patient care, sonography department management, case studies presenting a diagnostic challenge, or other areas related to diagnostic medical sonography in this two-tiered competition.

For information about the W. Frederick Sample Student Excellence Award and Scientific Presentation Competition, visit <http://www.sdms.org/pdf/awards.pdf>.

Upcoming SDMS Webinars



Participate in live presentations or watch the recordings at your convenience.

Then, take the test for instant CME credit, **absolutely free** for SDMS members.

If you are unable to participate in these live webinars, visit <http://www.sdms.org/members/webinars.asp> for information on viewing a recording of the webinar.

Registration: The SDMS Webinar Series is FREE to current SDMS members and is not available to non-members (For information on joining SDMS, visit <http://www.sdms.org/membership/>)



All SDMS Webinars are tracked by SDMS CME Tracker.

<http://www.sdms.org/members/webinars.asp>

Interesting Abnormal OB Cases

Date: Thursday, May 13, 2010

Time: 8:00 pm (Eastern); 7:00 pm (Central); 6:00 pm (Mountain); 5:00 pm (Pacific)

CME Credits: 1.0 SDMS CME Credit (OB)

FEATURED SPEAKER: Jill Trotter, BS, RT(R), RDMS, RVT

Reimbursement Trends in Medical Sonography: Assault on Ultrasound Codes

Date: Wednesday, May 19, 2010

Time: 8:00 pm (Eastern); 7:00 pm (Central); 6:00 pm (Mountain); 5:00 pm (Pacific)

CME Credits: 1.0 SDMS CME Credit (OT)

FEATURED SPEAKER: Sergio Khomyak, MBA, RDMS, RVT

ABCs of Volume Imaging

Date: Thursday, June 10, 2010

Time: 8:00 pm (Eastern); 7:00 pm (Central); 6:00 pm (Mountain); 5:00 pm (Pacific)

CME Credits: 1.0 SDMS CME Credit (VT)

FEATURED SPEAKER: Jeannetta Daniels-Barrion, RT, RDMS, RVT



SDMS Fellow Spotlight

This is a continuing series of interviews of our distinguished SDMS Fellow members.



**Kevin D. Evans, PhD,
RT(R) (M) (BD), RDMS,
RVS, FSDMS**

Current position:

Associate Professor with tenure and Chair of the Radiologic Sciences and Respiratory Therapy Division at The Ohio State University, College of Medicine.

Also, program director for the Diagnostic Medical Sonography/Vascular Technology within the Division.

Year awarded fellow status: 2000

What inspired you to make a career in sonography?

When asked this question, some might chose to look back over their career. However, I am so excited and thrilled to be working as a researcher so this is my chance to look forward, as this new phase of my career keeps growing! My inspiration for moving into a position as a researcher is the drive to advance the field of sonography and also to develop others as researchers. I believe that sonographers can be principle investigators of research and can direct cutting-edge projects that will move our field forward. I was lucky to work with physicians who challenged me to go beyond to role of a sonographer/vascular technologist. I am also indebted to my professors who believed in my ability to execute scientific research. On a biographical note, I am a Buckeye through and through having received a BS, two Master's degrees, and a PhD from the Ohio State University.

Did you have a memorable role model?

Who was it?

I have been very fortunate to have been mentored by Dr. Rebecca Hall, RDMS, FSDMS, who constantly challenges me to move my research forward. Dr. Hall encouraged me to complete my doctoral research and shared with me her passion for sonographic research. She is one of the few sonographers, who continues to direct her own

gynecologic research studies, setting a wonderful example for me to follow.

I also established a strong friendship with Sandy Witt, RDCS, FASE, and Betty Glascock, RDCS, FASE. Sandy and Betty ran a core cardiac research lab, which was totally grant-funded within the Cincinnati Children's Hospital. Spending time with Sandy and Betty and watching them complete data collection for their physicians really got me excited about a new career in research. I have been very lucky to have been influenced by these luminaries in our field. I am indebted to all my dedicated collaborators who have helped me to realize my dream of being a principle investigator at Ohio State.

What was the most significant advance in the technology that you directly experienced?

In my current research, I have been working with image segmentation and extracting sonographic anatomy from the surrounding digital image. I am fascinated with the many computer algorithms that allow for an electronic snake to cut away a portion of the image for further evaluation. GE HealthCare has provided me with Vocal software that allows for a 3D image to not only be segmented but also to create a 3D model for further investigation. I have partnered with Steffen Sammet, MD, PhD, who is a radiologist/medical physicist and together we are moving this early work onto a more powerful computer. Together we create multiple extractions which will soon provide radiologists with sophisticated tools for analysis much like Computerized Aided Diagnosis (CAD) in mammography. Everyday that Steffen and I work with our team to complete the order of computer analysis steps, I feel so lucky to be doing the work that I am doing. I feel that we are getting closer each day to a breakthrough that will help in planning surgeries and predicting early disease.

Were there any memorable developments or events that changed the way you practice sonography?

I have become very devoted to better understanding what causes work-related musculoskeletal injuries in sonographers/vascular

technologists. Joan Baker, MSRS, RDMS, FSDMS, is a true pioneer in this scientific endeavor and in my work with engineers and scientists at Ohio State, they constantly refer to her work and the products developed my Sound Ergonomics, LLC – amazing! Joan opened this area of scientific inquiry in the early 1990s when most people weren't sure what caused sonographers to have recurrent pain at work. I am fortunate to not only have worked with Joan as a volunteer leader but also to be inspired by her continued push to solve this problem in the workplace. Meeting Joan and working with her has been a very important set of events in my life.

What changes do you predict in the immediate future?

I have been working with musculoskeletal sonography scanning techniques to document the impact that repetitive stress injuries could have on nerves. I am working very hard to master musculoskeletal sonography and continue to train and implement it in our ongoing research. I would predict that musculoskeletal sonography will have increasing impact in the U.S. due to decreasing reimbursement for MRI and other imaging techniques. I am very impressed with the sensitivity of Power Doppler to detect flow within the muscles and nerves of the upper extremity and would predict that this is will be a huge opportunity for clinical research over the next 10 years. The Europeans have already done amazing studies with musculoskeletal sonography and we are very much behind with adopting this modality. I also excited to be working with the ARDMS on moving this area of practice forward toward credentialing. This will be an international phenomenon and I am just so fortunate to be a part of this historic step forward in setting standards of excellence in musculoskeletal sonography.

What advice would you give to students/future sonographers?

Take a set of research courses! I am so glad that I had professors who were willing to train a man in his 40s to become a researcher, but young sonographers need these skills now. I am so excited to have my own laboratory and work along side some of the most brilliant young minds in our field. I have an amazing doctoral student, Shawn Roll, who is an occupational therapist and a new user of sonography. Watching Shawn scan a volunteer's wrist for carpal tunnel is a window

into the kinds of non-traditional users that will be coming to our field. I also love working with Pam Foy who is one of my master's students. Pam comes to research after many years of clinical practice and high quality training at Thomas Jefferson University. Pam's interests in fetal echo and fetal growth are exciting and developing as she designs her own research project. One of my graduates, Jennifer Main, BS, RDMS is working with me to gather data on a controlled experiment while she completes courses to enter medical school. She is another budding intellect that I am hoping will keep asking questions and challenging our understanding of medicine as we know it. Working daily with these inspiring graduate students and watching their ground breaking work makes me feel very fortunate to have this new career in researcher. I wish that I had been given these kinds of opportunities when I was younger. Therefore, I really try to tap intelligent undergraduates early in their training, so that they will not have to wait to realize their dreams late in life, like me.

What's your favorite part of your job?

As you can guess, working in the lab with undergraduates! I mentor three amazing young women who I believe will blaze a significant research trail for our profession. Kathryn Zale, BA, RDMS, Ashley Strapp, RDMS, and Lauren Selhorst are all working with me currently to gather data, as part of ongoing research projects. These undergraduate researchers collect and analyze data, while interacting with me in an accelerated way, outside the classroom. They like to challenge my understanding of Doppler and ultrasound physics, which really keeps me current in my work. As we work on data, they ask a lot of questions and I review many drafts of their writing but it is very rewarding when I watch them exhibit their posters. This year, I watched as the director of research at Ohio State questioned Ashley Strapp at the university's scientific poster session for undergraduates. Ashley was asked to personally explain her work with 3D models and she was eloquent and quite convincing. I watched her from across the aisle, as she was being interrogated by the director, wondering if I could have done this when I was 23 years old. At that moment, I was filled with pride and excitement for Ashley, as she represented our lab with confidence. *I really do have the best job in the world!*



Congratulations to the April iPod Touch Winner!

Congratulations to **Erin Neward** of Lexington, KY. Erin is the winner for our Membership Renewal Campaign for April 2010! Her name was picked randomly from all April members that renewed membership online from March 1 to March 31.

Any member that renews their membership ONLINE within 30 days of receiving their FIRST renewal notice email will be automatically entered into a drawing to win an Apple® iPod Touch.



- Members must renew online to eligible for drawing
- Drawings will occur on the first of each month
- Promotion valid January 1 through December 31, 2010

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SDMS Welcomes New Members March 2010

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