

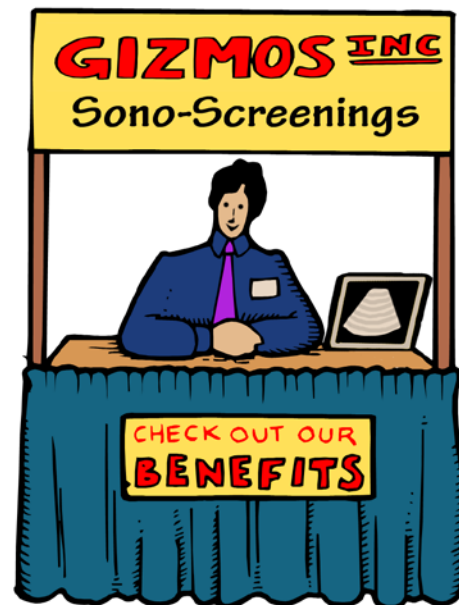
SDMS News Wave is published to inform SDMS members of meetings, events and policies as well as trends and issues in the sonography profession. Comments, questions or concerns about the articles appearing in SDMS News Wave, should be directed to newswave@sdms.org.

Screening Sonograms: Should Be Medically Supervised and Performed by Credentialed Sonographers

By Beth W. Orenstein

The good news is we live at a time when many diseases and conditions can be detected early and, by doing so, be controlled - if not eliminated - before they become a threat to the patient's life. "Certainly, if we can find some things early and treat them, it's better for patient and for the whole health-care system," says SDMS vice president Joy Guthrie, DHSc, RDMS, RDCS, RVT, RCS, RVS, ROUB, of Madera, California.

Unfortunately, some may be exploiting the latest sonographic technology to scare some people into having health screenings they do not need or that are done without proper medical supervision and follow-up. At least one company is traveling around the country, setting up its sonographic instruments in churches, community centers and Ys, and saying in accompanying flyers and local newspaper ads: "Come have screenings that may save your life." The company advertises that for \$130 or so it will scan the person's carotid arteries, abdomen, legs and heel bone and look for possible signs of heart disease that could lead to a stroke, an abdominal aortic aneurysm (AAA), peripheral artery disease and/or osteoporosis.



Guthrie and other SDMS sonographers worry about these direct-to-the-public health screenings for a number of reasons. What if the scans reveal a potential problem? If the screening was not physician-ordered but was done because someone walked into a community center and asked for it, who will follow-up? "What if there is a critical finding?" Guthrie says, "How would that be reported back to a physician? If you need to come back for subsequent exams, how are you going to correlate

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that follow-up with the screening that was done? How will you compare the old results with the new results? Screening sonography definitely has a vital role in health care; however, it always should be performed with full oversight of the patient's primary physician."

Equally as problematic, Guthrie says, is that the patient could be told he or she is fine when he or she indeed may not be. "Telling people they don't have disease can sometimes be as bad as telling them that they do if a critical finding was missed in the screening exam," Guthrie says.

Portability of equipment exacerbates issues

Terrence Tye, MS, RDMS, RDCS, FSDMS, of Palo Alto, California, worries that the portability of the sonographic equipment and its lower relative cost compared to that needed for computed tomography (CT) or magnetic resonance imaging (MRI) are making it too easy for unscrupulous business people to prey on people's health fears. "You have these fly-by-night businesses offering sonographic screening exams, and it is quite clear the primary motivation for these companies is to make a quick dollar," he says. "In my mind, this is a pretty serious issue and one that could only get worse as it seems the requests for general screening exams are increasing. There is the potential for this to become a big problem for the profession and for it to give us a black eye."

As sonographic equipment is built lighter and smaller, "it makes it easier to set up shop for health screenings," Tye says. "I could buy a portable laptop sonographic machine, put it in my car and drive around town, offering you a sonogram of your heart for \$50. I'd say, 'Let me screen you for coronary artery disease,' and people will take you up on that."

Terry DuBose, MS, RDMS, FSDMS, FAIUM, an At-Large Director, of Little Rock, Arkansas, has similar concerns: "All kinds of stuff is going on because sonographic equipment has become so portable," he says. The portability of today's sonographic instruments, "not only makes it for easier access to patients who may be infirmed and can't come to you, but it also makes it easier for abuse."

The downturn in the nation's economy is not helping either, DuBose says. "As we see hospitals and clinics starting hiring freezes and reducing staff as cost-cutting measures, those people who are losing their jobs might be tempted to go out on their own and start a lab where they offer health sonographic screenings to the people," he says.

Concern is the same as with fetal photo studios

Properly credentialed sonographers worry because the issue of direct-to-the-public preventive health sonographic screenings is similar to that of the fetal photo studios that have been cropping up in strip malls

around the country of late. The issue again is what if the meant-to-be no more than pretty fetal photos reveal an abnormality? Who is to follow-up and inform the soon-to-be parents they may want to seek medical advice? What if the photos don't reveal an abnormality that a credentialed sonographer would have caught and the parents believe everything is just fine? Many sonographers can tell such horror stories – and even one is too many, they say.

"I could buy a portable laptop sonographic machine, put it in my car and drive around town, offering you a sonogram of your heart for \$50."

At its April meeting, the SDMS Board of Directors amended two position statements to say that all sonographers who perform sonograms, whether for diagnostic or screening purposes, should be credentialed by nationally recognized credentialing organizations. The difference, says SDMS President Shannon Boswell, BS, RDMS, RDCS, RVT, FSDMS, of Seattle, Washington, is adding the word "screening" to the position statements. SDMS has always believed that only credentialed sonographers should perform diagnostic medical sonograms.

To some, it may seem like a minor change, but it was carefully debated, says Tye, a former Board member. The Board members are hoping the change may discourage some people from walking in off the street and having fetal photos taken or being lured by traveling health screening companies to find out whether they are at risk for an AAA or peripheral artery disease (PAD) even though they have no risk factors, symptoms or family history.

The change, Boswell says, also acknowledges that an increasing number of sonograms are done today for screening purposes. SDMS has diagnostic in its name and the vast majority of sonograms still are physician-ordered and done to help explain a patient's symptoms, Boswell says. But a number of areas are emerging where sonography is more routinely being used for legitimate medical screenings, especially in patients who are high risk for those diseases that a sonogram may help detect.

Screening sonograms becoming standard of care

Back in the early '80s, Boswell says, obstetricians began routinely screening pregnant women with one second trimester sonogram. "That's one area where screening sonograms have become the standard of care," she says.

In 2008, the U.S. Preventative Service Task Force recommended abdominal aortic aneurysm screening for men between the ages of 65 and 75. Six out of every

100 men in that age group who were smokers could have signs of AAA and the incidence increases by 6% with each additional decade. However, the task force recommended that the screening sonogram be done once during those years and only on men who have ever smoked. It does not recommend AAA screening for women. The sensitivity for AAA of sonograms is nearly 100%. CTs can accurately detect AAAs as well, but CTs are more expensive and have risks associated with radiation exposure, kidney toxicity from contrast scan, and potential allergic reaction, the task force says.

The task force's recommendations are based on evidence and effectiveness and whether the patients would benefit from the results. "AAA is called the silent killer," Boswell says. "Being able to screen for that and pick it up before it causes potential fatalities is very helpful."

Areas where screening sonography playing a role

Other areas where screening sonography is either being researched or becoming the standard of care include:

- **Newborns for developmental dysplasia of the hip (DDH).** Sonographic screening for DDH is standard practice in some European countries but not in the United States. Researchers are studying whether it is effective to screen all newborns or those at high risk. Most believe more evidence is needed before a recommendation can be made. The hope is that by sonographically screening for the condition that affects 1.5% of newborns in this country, it will be detected early – before 3 months of age – when treatments will be less invasive and more successful. Some hospitals will routinely screen for developmental dysplasia of the hip if the infant is born breech, Boswell says.
- **Women for ovarian cancer.** Like AAA, ovarian cancer is also called the "silent killer." Ovarian cancer is one of the most lethal in the country. Every year, about 21,000 women are diagnosed with ovarian cancer and about 15,000 die from it, according to the American Cancer Society. One reason so many women die from ovarian cancer is that it has been difficult to detect in its early stages, when like most cancers, it is more treatable. Studies are under way to determine whether a blood test – for the levels of the protein CA125 – or transvaginal sonography to look for abnormalities of the ovaries alone or together can lead to earlier detection of ovarian cancer, especially in high risk women. One trial in the United Kingdom was begun in mid-1980s and will finish in 2015. It involves 200,000 women ages 50 to 74, and early results are promising. Other trials are under way in the U.S. as well.
- **Men for prostate cancer.** Currently, the main screening tools for prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA), a blood test. However, neither is 100% accurate. Researchers are looking at Transrectal Sonography (TRS) to further increase the early

detection rate of prostate cancer. TRS is not currently recommended as a screening test by itself, but is used to guide biopsies in men whose PSA or DRE may indicate a concern.

- **Emergency room patients for blunt trauma to the abdomen.** The abdomen is notorious for hiding significant injury in patients who are the victims of blunt trauma. For this reason, ER physicians evaluating patients who appear with blunt trauma focus on their abdomens. The FAST exam – focused abdominal sonography in trauma – has become an integral part of the initial triage. Although the patient is in the emergency room and is likely to have some sort of symptoms, FAST is considered a screening ultrasound exam, Boswell says.

SDMS Board working to emphasize importance of credentialing

The point of health screenings is to detect conditions and diseases in their earliest stages when they are likely most treatable, Boswell says. There is much debate in the health-care community about screening general populations for some diseases and conditions because of the cost. Generally, the consensus is that the benefits have to outweigh the cost to justify recommending screenings for any particular populations and for any diseases or conditions.

SDMS Board members are concerned that as the demand for sonography screenings grows, those providing the exams may not require the sonographers performing them to be credentialed by a nationally recognized credentialing organization. Tye says that by adjusting SDMS' position statements to say that if sonograms are being performed, they should be performed by credentialed sonographers "is a step in the right direction." However, it doesn't address the issue of screening sonograms being offered to the walk-in public and without a physician's orders. In most cases, Tye says, "a physician says, 'I want to do these tests.' There is an order, the test done, a written formal report rendered, which goes back to referring physician. And that's the way it should be."

The SDMS Board is working hard to be sure that all sonograms are done by only credentialed professionals – which means only by those who have the proven capabilities to do them. "This may be of the most important statements we can make," Tye says, "because allowing just anyone to perform sonograms has the potential to cast the wrong image of sonography as a profession."

The updated SDMS position statements can be found at:

<http://www.sdms.org/positions/credentialing.asp>

<http://www.sdms.org/positions/labaccreditation.asp>

Beth W. Orenstein is a writer for SDMS.





Election 2009

Cast your vote and let your voice be heard!



VOTE today!

**Virtual Voting Booth is open
June 1 through June 30**



Your profession is counting on you. The 2009 SDMS Elections will 'go live' on Monday, June 1 with the opening of the SDMS 'Virtual Voting Booth' and run through Tuesday, June 30.

Candidate pictures and statements can be accessed at the SDMS Virtual Voting Booth. You must be an SDMS member in good standing to vote. SDMS membership categories which include the 'right to vote' include:

- Active
- Fellow
- Advanced Practice Sonographer
- Associate

The slate of open positions included in the 2009 Elections are:

SDMS Board of Directors:

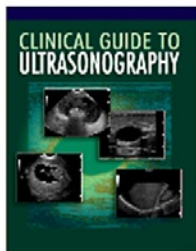
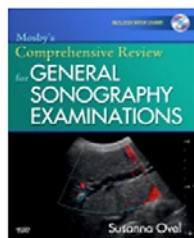
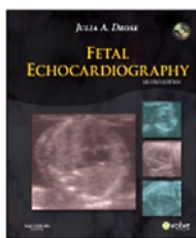
- President Elect
- Vice President
- Secretary
- Treasurer
- At Large Director (3 positions open)

SDMS Committees:

- Nominating Committee Member (3 positions open)
- Finance Committee Member (2 positions open)

To cast your vote, simply go to:

<http://www.sdms.org/members/vote/>



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SDMS believes that lifelong learning is a vital part of your professional development. To help you stay current in your field, we recently added these new publications to our bookstore.

Visit our web site to purchase these and other valuable resources!

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Celebrate Sonography!

October 2009

Every October, SDMS and other sonography organizations join together to promote *Medical Ultrasound Awareness Month* to increase the public's knowledge about sonography. Let everyone know the sonography is "the sound of healthcare" in your workplace and community with these exciting new products!

Here's a sneak peek at this year's new design!

Choose from a full color poster, a convenient pen-on-a-rope with "sticky note" flags, a solid unbreakable mug made from 100% USA corn plastic*, a colorful button, a handy tote bag, and a stylish steel blue 100% cotton tee shirt.



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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/>)

“The event was just the right content and length of time.

As soon as the event ended, I went to the CME test and received my certificate. I was extremely happy to see the test was available immediately while content was fresh in my mind.

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– Cindy Herbert, SDMS Member



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The Evaluation of Left and Right Sided Diastology by Echocardiography

Date: Thursday, June 11, 2009

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

CME Credits: 1.0 SDMS CME Credit (AE)

FEATURED SPEAKER: Allen Borowski, RDMS, FASE

History of First Trimester Risk Assessment for Aneuploidy

Date: Thursday, July 9, 2009

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: Jean Lea Spitz, MPH, RDMS, FSDMS

The Transcranial Doppler Examination

Date: Thursday, August 6, 2009

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: Larry N. Raber, RDMS, RVT, RT(R)

The Anatomy of the Anatomy Scan

Date: Thursday, September 17, 2009

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: Lisa Allen, BS, RDMS, RDMS, RVT, FAIUM

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



SDMS Fellow Spotlight

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



**Linda Gordon RT,
RDMS, RVT, FSDMS**

Year awarded fellow status: 1995

Current position:
Sonographer,
Radiological Group,
Jackson and Madison,
MS

What inspired you to make a career of sonography?

In 1976, I had been doing X-ray for 10 years and was ready for something more challenging. The opportunity became available where I was working at that time, Howard Memorial Hospital in Biloxi, Ms., when it purchased an ultrasound machine. I had never even seen a machine before and I didn't know anything about ultrasound, but I was eager to learn something new and do something different. The hospital sent me to a program at the University of Oklahoma under the direction of Ross Brown, MD. In 1979, I moved to Jackson to begin working at Mississippi Baptist Medical Center. In 1983, I went to work at Radiological Group, P.A. a private office of the radiologists at Mississippi Baptist Medical Center and I am still working for this group. I am usually found scanning at the newest facility in Madison, co-owned by Radiological Group, P.A.

Did you have a role model/teacher? Who?

Marveen Craig, RDMS, FSDMS, was at the University of South Alabama at the time I first started scanning and she spent a lot of time on the phone encouraging me to continue learning through scanning. Her enthusiasm and love for ultrasound (that was back before we called it sonography) was contagious and supportive at the same time. She also encouraged me to be involved with SDMS through the Mississippi state representative, Kathy Gill. In 1979, I began working with Kathy at Mississippi Baptist Medical Center.

Kathy encouraged, convinced and threatened me to lecture, write (yes, I did write one article), teach and attempt so many things I would never have attempted. Also Molly Brown, my sonographer coworker, constantly encouraged me to be involved with the local society and SDMS. I was state rep, then regional director, then vice president. I went from Conference Management Committee to representing the SDMS on the RSNA annual meeting committee.

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

Real-time replacing articulated arm scanning. The advancement of real-time handheld ultrasound systems and the development of high frequency transducers made it possible for the development of breast imaging. That is the subject of the article I wrote in 1985. What changes do you predict for the field in the future? Ultrasound systems in the future will be small as a laptop or maybe even smaller. We probably will be slipping the systems into our lab coat pockets and scanning wherever the patient is and then sending the images wherever they need to be viewed.

What advice would you give to students/future sonographers?

Sonography is not a job, it's a profession that requires a lot of passion. You must have the desire to want to continually read more and learn more because it's constantly changing. Also, it helps to have a mentor or fellow sonographer who has the same passion you do for the profession, who will encourage and support and sometimes push you to do things you don't think you are capable of doing.

What's your favorite part of the job?

Scanning. I really enjoy time spent with and scanning patients. I still scan everyday and, even after all these years, find sonography constantly changing and as challenging and interesting as ever.



2009 SDMS Annual Conference • October 15-18, 2009 • Gaylord Opryland • Nashville, TN

Join us this October at the Gaylord Opryland Resort in Nashville, TN October 15-18, for the 2009 SDMS Annual Conference! Relax at the Relache Spa after lectures or take a Delta Riverboat Tour through nine acres of indoor gardens—and that's just at the resort! Get out and walk next door to the Grand Ole Opry, take in a round of golf at Gaylord Springs or take a ride on the General Jackson showboat. Music City has never looked so good!

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SDMS Welcomes New Members

April 2009

Sally Abley RT(R)	Rachel Bettis	Lisa Chinn RT(R), RDMS, RVT	Yasmeen Farooqui
Argine Abramyan	Trisha Blake RT(R)	April Christopher RVT	Sara Fedor
Caleb Acosta	Aja Blakemore	Kelly Clark	Jody Feldman
Joseph Adams	Mary Blanchette	Julie Collins	George Ferguson RT(R)(MR)
Nikhilesh Agarwal RDMS, RVT	Jessica Blattler AAS, RT(R), RDMS	Stephanie Colon	David Fischer
Donna Albensi RDMS	Vladimir Bobrov	Jessica Cooney RT(R)	Thor Flatmoe RDMS, RVT
April Albert RDMS	Sherry Bohn RT(R), RDMS	Angela Cooper	Douglas Foreman RDCS
George Aldeguer RDMS, RDCS, RVT	Tonimarie Bombardiere	Dee Cooper MS	Carole Forgues RDMS, RVT
Pirooz Alqsti	Laura Botter	Margaret Cornwell RT(R), RDMS	Natalie Franklin
Fadia Alzeideh	Antoinette Boykin RDMS	Susannah Corwin BS	Tim Franz
Denise Amelco	Nancy Bradley RT(R), RDMS, RVT	Erin Cotter	Melinda Freeland
Janie Ament	Lauren Branham	Amy Cubero	Renee Fronczak RT(R), RDMS
Elsa Anaya	Tami Brooks	Natalie Cuevas	Rebekah Frucht
Jennifer Anderson	Debbie Brown RDMS	Olga Dashkel	Paul Furlong RT(R), RDMS, RVT
Pasque Anderson RDMS, RVT	Karen Brown	Yasmin Davis BS, RT(R)	Arleen Futch
Jana Anguis RDMS	Melissa Brown	Luis De Leon RT(R), RCS, RVS	Fawn Gallagher
Katie Antich	Natalie Brown RDMS	Kayla Dearden BS, RT(R), RDMS	Brittney Gates
Julie Argeanton	Levi Bryant RT(R)(CT)	Peter Dell Uomo RDMS, RVT	Timothy Gebes
Kelley Arlette	Paula Bryant RDCS	Julie DeLong	Jana Gentry RDMS
Luanne Arnold	Audrey Buck BS, RDMS	Monica Demetriou	Lorraine Getz
Sonia Artwell RDMS, RVT	Jennifer Bull	Terry Devine	Karen Gilbreath RDMS
Tiffany Ashworth	Deanna Bullock RT(R)(M), RDMS, RDCS	Samantha Diaco	Joan Glass RT(R), RDMS
Rosanne Asturi RDMS, RVT	Yashika Burton BS, RT(R), RDMS	Stacey Dishion	Gugu Gobhozi
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Tina Bachman RDMS, RDCS, RVT	Lorena Cajas-Palomino	Heather Duncan	Kristine Goessl
Marie Antoinette Bailey RDMS, RDCS	Jodi Callahan MS, RT(R), RDMS, RVT	Suzanne Dwyer RDMS, RVT	Stephanie Goins-Slape RT(R), RDMS
Terry Bailey BS, RDCS	Michele Camacho RDMS	Clara Dye RDMS, RVT	Taralyce Goldstein
Tiffany Baker	Christina Carwile RDMS	Marla Dyer-Morris RT(R), RDMS	Carmen González
Terri Ball RDMS, RVT	Candice Casey	Charles Dyke	Ivan Granados
Brittney Barrere	Linda Casillas	Amy Edelen RDMS	Belle Graves BA, RDMS
Michelle Becksvoort RT(R), RDMS	Nennette Casino RT(R), RDMS	Robert Enerson RDMS	Kimberly Greaves RT(R), RDMS
Barbara Bedell RDMS	Carlos Castro	Alexandra Engler RDMS	Summer Greene RDMS
Cindy Bell RDMS	Megan Chambers	Cindy Evans	Lindsey Greenwald BS, RDMS
Summer Bengé RDMS, RVS	Michele Cherry BS, BA	Amanda Evetts	Xonda Gregg RT(R), RDMS, RVT
		Flor Fabian RDMS	Shelia Guerin RDMS

Alexander Guerra	Lisa Hyde	Eugene Levin BS	Narender Mothkur RDMS, RDCS, RVT
Leslie Guido	Sharon Ilyayev	Christine Lewis	Verna Mullins
Teresa Guinn RDCS	Julie Indorf	Elizabeth Lewis RDMS	Coleen Mulvaney
Humera Gul RDMS	Carrie Ingram RDMS	Biao Liang	R Alesia Murawski RDMS, RVT
Arlene Guzman	Iyamiyeg Jimenez RDMS	Nastassja Liddie	Macy Murillo
Carrie Haese RDMS	Katherine Jimenez	Nancy Lind RDCS	Elizabet Musaev
Allison Haight	Amy Johnson	Nikki Little RT(R), RDMS, RVT	Ilona Musayeva RDMS
Samuel Hairston	Damita Johnson	Charlotte Lloyd-Smith RDMS, RDCS, RVT	Robina Nadeem RDMS
Jennifer Hamilton RDMS	Erica Johnson	Amanda Long	Lorraine Nakelski BS, RDCS
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Elizabeth Hansen	Lisa Jones RDMS	Kendra Lovingood RT(R), RDMS	Claudie Obas
Tia Harari RDMS	Gabrielle Judkins	Jennifer Luciano	Maureen O'Hara
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Mia Hernandez	Laura Kissell MD	Ana Martinez RDCS	E. Louisa Patterson RT(R)(M), RDMS, RDCS
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Ferdinand Herrera	Brittany Klima RDMS, CNMT	Ariana Mattoon RDMS, RVT	Debra Pederson RDMS
Malisa Hester RDMS	Darla Koons	Nadejda Mavlyanov	Jennifer Pelose
Shawna Hickman BS, RT(R), RDMS, RVT	Karen Kost RDCS, RCS	Victoria Medlock	Julie Petersen RDMS
Grace Hicks RDMS, RVT	Katie Kozlowski	Syed Mehdi	Carla Peterson
Krista Holden RDMS	Debra Krukowski RDMS	Gina Mellone	Becky Pettus RDMS
Dana Holton RDMS, RVT	Marissa Kupp	Nidia Menjivar	Nicole Petyak
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Kevin Horrigan RDMS	Anthony Lathrop PhD, RN, RDMS	Maria Mical RDMS	Cynthia Pitts
Whitney Hudson	Danphanh Le	Melissa Miller BA	Stefanie Poma
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Terri Hunt RDMS, RVT	Denise Lee RDMS	Mary Ann Mitchell RDMS	Rosina Prato
Joseph Hunter RT(R), RDMS, RVT	Toni Lekakis RDMS	Sarah Mitenko BS	Jesse Price
Magdi Hussein RDMS, RDCS, RVT	Ashley Lemal	Daniela Mitreva-Pehlivanova RDMS	Mandy Pruett RDMS, LPN
Kathy Hutson	Scott Leonard BS, RT(R), RDMS, RVT	Priya Modh BS	Maria Puma
Christy Huynh	Zoe Lesinski	Abun Mohiuddin	

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Juan Rodriguez	Rebecca Shrader	Anna Maria Tanzillo	Pam West RDMS
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Mitchell Rothman	Khadija Siddiqi RDMS	Pepper Taylor RT(R), RVT	Melinda Whittenburg BS, RT(R)(M) (CT), RDMS, RVT
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