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the magazine of the australasian sonographers association

**soundeffects**  
news





PHOTO BY JON WESTRA, FLOCKE

## MUSCULOSKELETAL | PAEDIATRIC | VASCULAR



## SIGS2017 ADELAIDE

THE 13TH ANNUAL SPECIAL INTEREST GROUP SYMPOSIUM  
OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION  
16–17 September 2017, Mecure Grosvenor Hotel, Adelaide

## from the editor

A warm welcome to our June issue. The ASA Office is just debriefing after the ASA2017 annual conference held at the Brisbane Convention and Exhibition Centre. Look out for a full summary and many happy snaps in our next issue.

During the first half of 2017 the team at the ASA has been working hard behind the scenes on our website and database system upgrade. At the same time we have been rationalising our branding, imaging, communications and social media channels. A full summary of these initiatives and the ASA's communications can be found on page 10.

We follow up on Judy Tee's trip to Sumatra and the work of the Sumatran Orangutan Conservation Project (SOCP) that was outlined in our last issue. Judy has been in Sumatra working with SOCP to provide valuable education and training in the operation of the Doppler ultrasound machine. The ability to utilise ultrasound diagnostics will be invaluable to the vets at SOCP in managing the care of orangutans rescued by the team. Judy tells us about the personal rewards of volunteering as a sonographer in a quite unconventional setting!

For those who attended ASA2017 Brisbane, you may have caught a presentation by Dr Craig Hacking on Radiopaedia. For the benefit of all our readers, an outline of Radiopaedia and what it offers is on page 8. This is a free, online, open-edit medical imaging resource and teaching site that aims to bring together collective knowledge and experience, in the hope of making a real difference in how people all over the world are imaged and diagnosed.

For our *person profile*, the spotlight is on Bonita Anderson. Bonita is about to commence a 2-year term as the inaugural International Member on the Board of Directors with the American Society of Echocardiography (ASE). Here at *soundeffects news* we were interested in hearing what drives Bonita and her passion for sonography.

Our branch reports for this issue are from your colleagues in regional areas. A big thank you to our branches and members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities every month, as well as those of you who attend these events.

Our reader competition offers a tricky case to diagnose and our *advocacy alert* brings you up to date with what the ASA has been doing behind the scenes to raise the profile of sonographers and advance the profession.

Happy scanning and reading!

Carol De La Haye  
Editor  
communications@sonographers.org



the newsletter of the australasian sonographers association

## soundeffects news

*soundeffects news* is the quarterly magazine of the Australasian Sonographers Association (ASA) Ltd.

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president's  
message

Writing my first report as ASA president, I feel a sense of excitement for the year ahead. Tony Forshaw and Tony Parmiter have steered the ASA in a direction of ongoing growth and development. It is easy to underestimate the role of office-bearers and the impact it has on life outside of ultrasound. (Yes, there is one.) Following the departure of the previous CEO, they were required to step up and sacrifice significant 'family time' to maintain momentum. Vice-president Steve Mackintosh and I would like to thank 'the two Tonys' (as we came to refer to them on the Board) for their commitment, passion and vision for the direction of the ASA.

Filling in for Tony Forshaw as a casual director, we welcome Jodie Long to the Board. Jodie was a Board nominee in 2016 and she brings to the Board corporate ultrasound and management experience.

The ASA will continue to educate and advocate for sonographers as a recognised profession and represent sonographers in Australia and New Zealand.

2017 offers an exciting line-up of educational events thanks to the ongoing support of Phillips (asawebinar series) and Siemens (Travelling Workshops). Their partnership with ASA is invaluable and strengthens the educational experience for all sonographers.

ASA sonographers have already watched incredibly interesting educational events through the free asawebinar program. From Minnesota, Jennie Durant's presentation on fetal genitourinary anomalies was excellent. Jenny Parkes and Fauke Lever shared their extensive knowledge on breast lesions, and

Catherine Robinson, joined by Wendy Collier, discussed the cervix in great detail. Greg Lammers meticulously reviewed the knee in his MSK series.

The Travelling Workshop series is in full swing with Cain Brockley presenting on neonatal and paediatric ultrasound in Geelong, while Dr Rebecca Perry shared her knowledge on mitral regurgitation in Melbourne. High-risk pregnancy expert, Tracey Taylor, was well received by the sonographers of Orange, while Jacqui Robinson wowed the Wodonga sonographers on the topic of vascular sonography. Faye Temple presented abdominal and renal ultrasound on the Sunshine Coast, while Scott Allen came across the Tasman to Tweed Heads, 'Making the diagnosis – MSK'.

As I write, our premier educational event ASA2017 at the Brisbane Convention Centre has just finished. This year, abstract submissions exceeded all previous records. Proffered papers will complement the invited international, national and local speakers to showcase the latest in ultrasound education and cutting-edge techniques. A full wrap-up of proceedings will be featured in our September issue.

Preparations for the Special Interest Group symposium SIGS2017 Adelaide are underway with musculoskeletal, vascular and paediatric sonography as the specialist streams on show. Put 16–17 September into your calendar for an exceptional, specialised, educational experience at the Mecure Grosvenor Hotel, Adelaide.

Cross section is our new weekly e-newsletter, keeping us all up to date with important educational events and



other relevant sonography news. Look for it in your inbox on a Wednesday.

I believe the role of ASA president is to represent the ASA members and sonography as a profession. Please feel free to contact me at any time to discuss relevant matters at [president@sonographers.org](mailto:president@sonographers.org) or just come up and say hello at the next educational event. I'd love to have a chat.

Dr Jennifer Alphonse, President  
[president@sonographers.org](mailto:president@sonographers.org)

soundbite

Did you know?

Your membership renewal is due by 30 June 2017. For more information, contact ASA Membership Coordinator, Carly McDougall, on +61 3 9552 0000 or [members@sonographers.org](mailto:members@sonographers.org).

## Australian Federal Budget 2017–2018

The Australian Government handed down its 2017–2018 Budget in early May. Although there were some broadly positive measures for health services, the Budget was largely disappointing for diagnostic imaging.

This year, in response to public and industry pressure, the Government retained bulk-billing incentives for GP, pathology and diagnostic imaging services. However, it chose to delay indexation for diagnostic imaging until 2020, focusing instead on resuming indexation for GP and specialist services.

This is disappointing and is a back-flip on the Government's pre-election commitment to resume diagnostic imaging indexation when the GP rebate indexation freeze concluded. In response, the ASA has called on the Government to recognise the real cost of providing diagnostic imaging today, not in three years time. This position has been echoed by many of our industry partners.

For further information, read our media statement *The continued freeze on diagnostic imaging risks the health of all Australians* by visiting the 'Media' section under 'Advocacy' on our new website.

## National Alliance of Self Regulating Health Professions

After many years of work the ASA is pleased to advise that the National Alliance of Self Regulating Health Professions (NASRHP) has been formally established as a registered company

operating as the national peak body for self-regulating allied health professions.

As a founding organisation, the ASA sees this as a significant achievement. Having an independent national body builds public and government confidence in self-regulating professions as being high quality, competent and credible despite not being recognised under the National Registration and Accreditation Scheme. It provides assurance to the public that they are receiving quality, competent and ethical care from an accredited health professional. It also provides another mechanism to increase the awareness of self-regulating health professions, such as sonography.

NASRHP will begin to receive applications from peak bodies of self-regulating professions from late 2017. It is likely the ASA will begin the application process to be formally recognised by NASRHP some time in 2018.

Further information on the standards that the ASA will need to demonstrate, and the benefits of NASRHP for self-regulating health professions, can be found on the website [www.nasrhp.org.au](http://www.nasrhp.org.au)

## 457 visa changes

There has been some interest among members in the Australian Government's reforms to employer-sponsored skilled migration visas, including abolition of the Temporary Work (Skilled) visa (subclass 457 visa), to be replaced with the new Temporary Skill Shortage (TSS). Implementation has already begun with all changes to be in place by March 2018.

These reforms do not apply to people who are already in Australia on a 457 visa.

## James Brooks-Dowsett ASA Policy and Advocacy

They will only affect overseas-trained professionals applying to migrate and work in Australia in the future.

## Skilled Occupations List

Only professions described on the Skilled Occupations List were eligible for consideration under the 457 visa. This continues to be the case for the TSS. This list is reviewed annually and has consistently included the sonographer profession. There may, however, be some impact for overseas trained radiographers, as this profession is currently 'flagged' for possible removal in future years. This was noted in the response from the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) dated 20 April.

As reported in the last issue of *soundeffects news*, the ASA has been advocating to retain the sonography profession on the Skilled Occupations List for the 2017–2018 period and expects this to continue to be the case when the new list is announced on 1 July 2017.

## How does this affect sonographers?

There is virtually no impact for sonographers. The ASA expects that the profession will continue to remain on the Skilled Occupations List until the significant national sonographer workforce shortages are resolved. Assessment of overseas trained sonographers will continue to be the responsibility of ASMIRT through their Overseas Qualification Assessment Panel. This panel includes ASA-nominated members to ensure overseas-trained sonographers have the requisite training and competence to practise in Australia.

More information on these changes can be accessed through the Australian Government Department of Immigration and Border Protection website [www.border.gov.au/Trav/Work/457-abolition-replacement](http://www.border.gov.au/Trav/Work/457-abolition-replacement)

## New standards and CPD requirements for sonographers in New Zealand

Following significant consultation throughout 2016, the New Zealand Medical Radiation Technologists Board (MRTB) released new *Competence Standards for Medical Imaging and Radiation Therapy Practice in New Zealand* in March 2017. New Zealand sonographers are encouraged to be familiar with them as they are the standards the MRTB will use as a

reference point for sonographers' professional competence and scope of practice.

Complementing these new standards, the MRTB has also announced new continuing professional development (CPD) requirements for the annual recertification of sonographers and other medical imaging professionals in New Zealand.

The ASA has, and continues to, work with the MRTB to ensure that our members are advised of these changes and to ensure our PD-asa program continues to provide the best possible support for our New Zealand members.

The new CPD requirements are described in the document *CPD for*

*Annual Recertification of Medical Imaging and Radiation Therapy Practitioners*, accessible through the MRTB website [www.mrtboard.org.nz](http://www.mrtboard.org.nz).

Keep reading our weekly e-newsletter *cross section* for updates on this and other important work.

## We are seeking experienced sonographers to join Queensland X-Ray.

Our team of professionals are led by highly skilled radiologists and are committed to providing a high standard of service to our patients.

Queensland X-Ray is a growing and expanding company offering opportunities for appropriately skilled sonographers to take advantage of our diverse workplace, workload and our newly introduced equitable bonus system.

We pride ourselves on our reputation of high standards, quality and patient care.



## Why join the Queensland X-Ray team?

- Be a part of the largest private radiology practice in Queensland
- A wide range of hospital sites and suburban community practices
- Diversity in location, workload and examination
- Opportunity to train in areas including general, vascular, cardiac, all interventional procedures, emergency and women's imaging
- Continuing education opportunities and student training program

For more information please contact Queensland X-Ray Human Resources on 3422 8800 or email [suzi.mcintosh@qldxray.com.au](mailto:suzi.mcintosh@qldxray.com.au)

**\$5,000**  
referral bonus  
(conditions apply)



# letters to the editor

*Contributions to the Letters to the Editor section should be no more than 200 words. Thank you.*

Dear Ed,  
Thank you for the articles written in the March edition of *soundeffects news*. They were right on the money and will surely give sonographers much to reflect upon. I'll be sure to circulate these at work, especially to those who aren't yet members of the ASA!

With best wishes,  
Christine Allman (NSW)

*Thank you for your feedback, Christine. The March issue was certainly packed full of content. So glad you found the information interesting and worth sharing with colleagues!*

Dear Ed,  
Many of our CQUniversity students experience amazing personal journeys on their way to becoming sonographers.

Two great examples from the past 12 months are, by coincidence, both called Jessica. Jessica Carter (now at Castlereagh Imaging) and Jessica McClelland (on maternity leave from I-Med Radiology) each had two pregnancies during the span of their degrees.

Both are examples of how our students are able to juggle study, clinical placements, exams, weddings, honeymoons, work and family commitments and come out at the end with great career opportunities.

Jessica Carter, in particular, relates how after completing her third-year clinical placement, she worked full-time at Castlereagh Imaging while she had a toddler and was pregnant with her second child. She was 34 weeks' pregnant at the time of her Objective Structured Clinical Examination and gave birth at 37 weeks.

CQUniversity's Bachelor of Medical Sonography and Graduate Diploma of

Medical Sonography is the first course of its kind in Australia. It allows students to enter a niche medical profession with no prior degree in health sciences.

Anita Bowman, Associate Professor  
Head of Department Medical and Imaging Sciences, CQUniversity

*Thank you Anita for the inspirational story of both Jessicas. We would love to hear from other members/readers who have juggled commitments or overcome obstacles in their quest to become a qualified sonographer. Tell us your story!*

Dear Ed,  
I love the little icons for each sonography stream, very eye catching!

Steve Mackintosh, NZ

*We love them too! They're part of our shift to a more visual approach in communications, more details on page 10.*

## letters to the editor



### Keep your letters coming ...

*soundeffects news* now has a direct line of communication with our readers and this is a great space for sonographers to contribute and be heard.

Share your thoughts on *soundeffects news* stories or tell us about what is happening out there in your sonography space:

- Feedback
- Questions
- Suggestions
- Achievements
- Volunteering
- Workplace awards
- Milestones
- Initiatives

Email [communications@sonographers.org](mailto:communications@sonographers.org) | Let's get the conversation started now!



**TOSHIBA  
MEDICAL**

**Together, we  
see more.**

*Made For life*

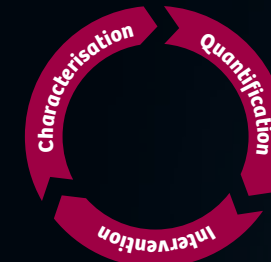
VISIT THE TOSHIBA  
MEDICAL BOOTH AT ASA

**MEET THE NEWEST MEMBER OF THE APLIO™ I-SERIES FAMILY**  
INTUITIVE. INTELLIGENT. INNOVATIVE.

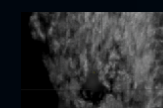
Together with the systems you already know and trust including the Aplio™ 500 and 300 Platinum series, and the Xario™ 200.  
Join the conversation @toshibamed\_au #ultralaunch #iseries #weseemore #ultrasound #madeforlife

## Delivering Personalised Breast Ultrasound

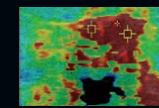
**Characterisation.  
Quantification.  
Intervention.**



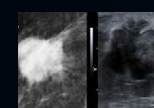
... all the necessary tools to make an  
accurate diagnosis in dense breast tissue.



Characterisation



Quantification



Intervention

**SIEMENS**  
**Healthineers**



## Radiopaedia

By the time this is published, I will have just given my presentation at the ASA2017 conference in Brisbane. For those at the conference, I hope I was able to convey my enthusiasm for the great free resource that is Radiopaedia.org and the potential it has to benefit sonographers around the world. For readers of this article, I hope to shed some light on why I enthusiastically contribute to the world's largest, free, open access, online radiology resource and how it may help your practice as a sonographer.

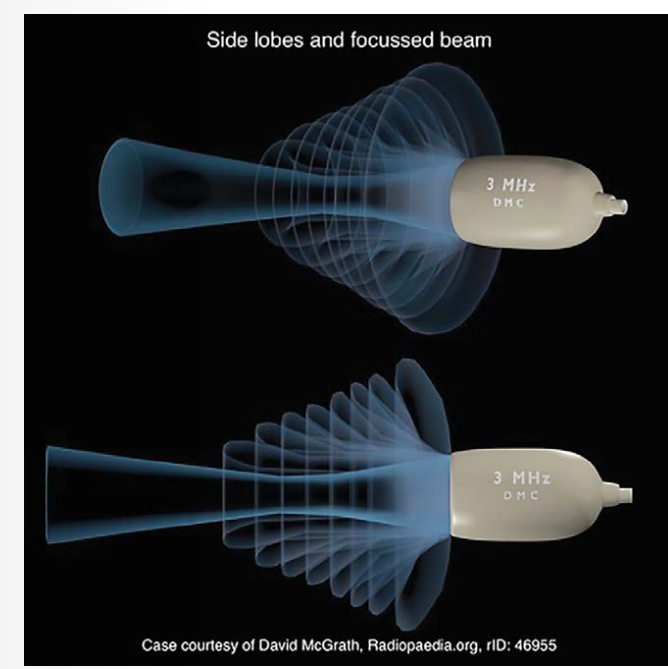
I should probably start by introducing myself. I am a radiologist at Royal Brisbane and Women's Hospital where I am the director of training. I have a particular interest in radiology education and trauma and emergency radiology. I wear some other hats (to cover my bald head) as the co-lead anatomy examiner for Royal Australian and New Zealand College of Radiology (RANZCR) and as an Executive Member of the Australian and New Zealand Emergency Radiology Group (ANZERG). I am also an active Twitter contributor of interesting radiology and anatomy topics (@drcraighacking). But as busy as all this keeps me, my greatest passion lies with Free Open Access Medicine (FOAM) and more specifically Radiopaedia.

My life changed in late 2014 when I became a consultant radiologist at the Royal Melbourne Hospital (RMH) and met Associate Professor Frank Gaillard, the founder of Radiopaedia.org. Like pretty much every other radiologist in the world, I used Radiopaedia daily but really wasn't aware of its true power and potential. I was a passive user, only using it to find interesting cases and articles about pathologies I was seeing in my clinical work. I had no interest in contributing content nor did I really understand just how easy it was to do so. During my early months in RMH, Frank showed me how to contribute. At first I created a few short anatomy articles that were missing: inguinal canal, levator palpebrae superioris, mediastinal compartments. Then an interesting case or two – ever seen a hydrocoele in the canal of Nuck? (radiopaedia.org/cases/hydrocoele-of-the-canal-of-nuck-1). Next, I uploaded a library of normal imaging cases that I continue to use to teach radiographic anatomy. I could quickly see the benefit of my contributions. I was not only consolidating my knowledge but also adding to an incredible global resource and creating something special. I was quickly invited to be a subeditor,

**Craig Hacking,  
Queensland**

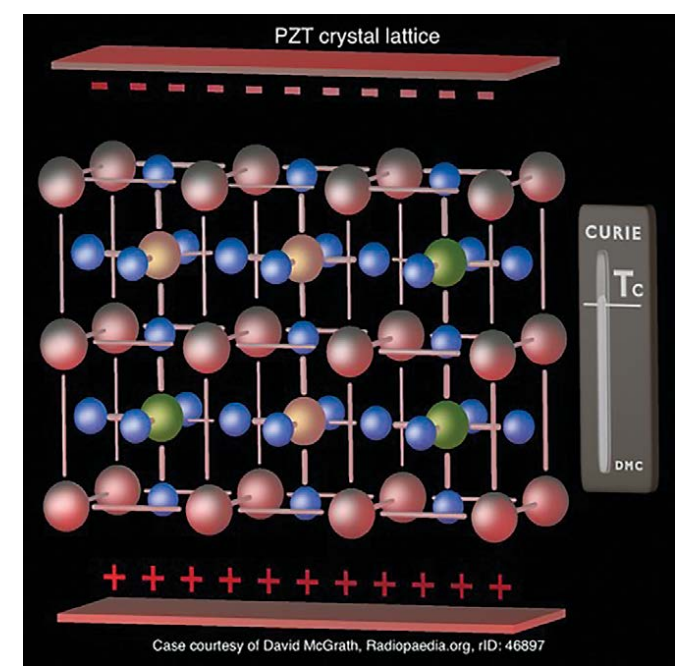
promoted to anatomy section editor, then senior editor. For the last 18 months I have been one of three managing editors. I also have started presenting *Imaging Anatomy*, *Emergency Radiology* and *Trauma Radiology* Radiopaedia courses – quite a busy 2.5 years!

So how did Radiopaedia begin? Frank started the website in his study back in December 2005 as a nerdy radiology trainee and it has exponentially grown ever since. A few basic stats give you a sense of the incredible reach of the site. Every month Radiopaedia is visited by over 2.5 million individuals who read over 10 million pages. We now have over 50,000 registered users, with representatives from every single country on earth. Our content has commensurately grown, currently with nearly 26,000 cases and 10,500 articles. An international editorial board of 40 volunteers check every new case, article and edit down to the very last comma and full stop. It is an incredible feat, one that could not be achieved without individual contributions by people wanting to help. In short, people just like you. We receive financial support from user donations and advertising to pay for programmers and storage of data. But our site, your site, is free for everyone. We believe everyone in the world should have access to the best medical education resource possible, regardless of which country you come from or work in, which textbooks you have in your library or your personal or your community's wealth.



'So how can Radiopaedia help me?' I hear you ask. Well, firstly, there are thousands of cases that are freely accessible to anyone online. You can filter them by modality and speciality, so you can focus on obstetric ultrasound, for example. Each case has a filterable diagnostic certainty level; you may only want to see cases that have had surgical or pathological confirmation of the imaging diagnosis. All the images online are from public cases which authors have published on our site to be shared with you and I. Each public case can be used, with appropriate author recognition, for any non-commercial educational activity, such as in your next presentation or in-service. You may also want to start uploading your own cases so you can keep a library online for teaching. No more printing out cases on film! Cases can also be linked to form playlists, which are a great way to present a series of cases.

Cases and articles can also be linked together. For example, the article on retained products of conception (RPOC) (radiopaedia.org/articles/retained-products-of-conception) has numerous linked case examples for easy access. There are links within articles to other related topics, such as the differentials of RPOC. We have also started to collate case examples of normal ultrasound imaging. Some contributors savvy with medical illustration tools are generating fantastic diagrams of ultrasound properties to complement our physics section. We are also slowly building up a ultrasound curriculum that includes articles on ultrasound physics, artefacts, technical aspects, imaging findings, differential lists and even the history of ultrasound in medicine. In the future we hope to provide computer generated



illustrative videos such as these on YouTube by one of our contributors, Dave McGrath (bit.ly/UltrasoundDave).

Recently we have offered annual courses (radiopaedia.org/courses) which we film and offer online with proceeds going back into website development and also to provide free online courses to 119 countries worldwide that the WHO classify as HINARI group A and B countries (radiopaedia.org/courses/free-course-access-in-developing-countries). Your cases may feature in these courses, benefiting and educating thousands of fellow sonographers, radiographers and doctors worldwide. Only recently I received a touching email from a radiology trainee in Syria who watched one of our courses (for free) to study trauma radiology, and apply it in her homeland as a war rages around her.

Another great function of the website currently being developed and which will be released shortly, is the ability to create and complete multiple choice questions related to specific topics, cases and articles. Many have already been written on ultrasound physics, artefacts and findings. In the near future, you may even want to create a question related to a case you have recently uploaded.

In short, Radiopaedia.org is an incredible resource that we can all use freely. It is the sum total of millions of contributions, ranging from correcting a typo to writing an entire section. Best of all we can all make such contributions and make the site even better.





**Karen Farrar,**  
ASA Managing Editor

## The ASA's information highway

Here at the ASA we have been busy improving the ways we share information with our 5000+ members. This has involved a number of changes to our communications channels and the resources we provide.

You may have already noticed some of these changes, while others may have slipped under the radar. This article highlights what changes have been made where, so you know what to expect and how to make the most of your ASA membership.

### Website

We have completely rebuilt the ASA website. This has been a long process and we thank you for your patience as we have worked through the final stages this year. The ASA's new website at **www.sonographers.org** is mobile-responsive, has a more intuitive design, and improved functionality to provide members with a better user experience. We hope you enjoy using your new service and information hub. Please note, with the introduction of the new website, the ASA Office staff and directors now also have new email addresses that reflect the new web domain.

### cross section

In response to member feedback, we have stopped sending information in frequent broadcast emails. Instead the ASA's new weekly e-newsletter, *cross section*, now provides a round-up of ASA activities and industry updates to your inbox each week. The image on page 11 demonstrates an example of what you can expect to find in each issue. Keep an eye out for it each Wednesday and make sure you add [communications@sonographers.org](mailto:communications@sonographers.org) to your address book so *cross section* is not sent to your junk mail.

### soundeffects news

You will continue to receive our quarterly publication, *soundeffects news*, however you will notice a few subtle changes. We now refer to *soundeffects news* as the ASA's member magazine, following the introduction of *cross section* as the weekly newsletter. There is also a new 'Letters to the Editor' section in the magazine where you can provide feedback or suggestions. We always love to receive suggestions,

submissions, or even reflections on previous articles that you have found interesting. This is your member magazine and your feedback helps us to provide more of what you want to read about.

The ASA's member communications are delivered exclusively to members as a member benefit. However you may choose to share these with non-members either electronically (*cross section*) or physically (*soundeffects news* hard copy) to spread the word about ASA events and benefits.

### Social media

Social media is a great way to 'meet' and interact with fellow sonographers in addition to ASA networking events. Our social media channels are developing their own distinct personalities, as different social media platforms suit different types of content and interactions. To find out what others are saying about Association and industry topics, follow us on:

**Facebook** – Enjoy our collection of created and curated content, including interesting articles, ASA events and opportunities, plus community events that are relevant to the sonography profession.

**Twitter** – Stay on the pulse with conversations about hot health and medical topics relevant to sonographers.

**LinkedIn** – Receive ASA updates highlighting Association achievements, events and services.

You will find the links to our social media channels on our new website, at the bottom of each issue of *cross section*, and in the email signatures of ASA Office staff and directors.

Across all our channels you may have noticed that we are taking a more visual approach, in recognition that our sonographer members practise in a visual medium. We have already had positive feedback about the appearance of *cross section*, and about the new icons representing the ASA's educational streams. These are specially designed to make it easy to locate the type of event or education stream you are interested in.

In addition to member communications, the ASA also shares information through a range of resource materials. You can find each of these under 'Resources' on the new ASA website.



Welcome to crosssection this week!

If you know any members who are missing the benefit of their weekly newsletter, let them know about crosssection and where to find it. We recommend members check their junk mail and also add the [communications@a-s-a.com.au](mailto:communications@a-s-a.com.au) email address to their contacts to ensure they receive it each week.

Send us your feedback about crosssection by dropping us a line at [communications@a-s-a.com.au](mailto:communications@a-s-a.com.au).



**5,000 members and counting!**

**Your professional voice is growing stronger!**  
It's a week of celebration here at the ASA with our membership base having reached 5000! As the peak body and leading voice for sonographers, the ASA is committed to initiatives for the advancement of the profession of sonography as we unite to create a stronger voice. Thank you to all our members for helping us to achieve this!



**Have you read the latest edition?**

Our March edition is out now and packed full of articles and special interest stories, including many about member events and activities. Check your letterbox or [view online](#). Do you have a favourite article or section? Let us know at [communications@a-s-a.com.au](mailto:communications@a-s-a.com.au)

**IMPORTANT changes to MRTB rules for NZ members**

It is important that all our New Zealand members are up to date with the recent changes released by the New Zealand Medical Radiation Technologists Board (MRTB).

- These include requirements on [CPD for Annual Recertification of Medical Imaging and Radiation Therapy Practitioners](#).
- Update to [Competence Standards for Medical Imaging and Radiation Therapy Practice in New Zealand](#).

The ASA is currently reviewing the CPD updates so we may continue to support New Zealand members registered in the ASA's PD-asa CPD program. Should you have any questions please contact [cpd@a-s-a.com.au](mailto:cpd@a-s-a.com.au) or +61 3 9552 0000.



**Big program offered for ASA2017!**

Our full [conference program](#) covers sonography clinical streams including abdomen and chest, breast, cardiac, O&G, MSK, paediatrics, small parts and vascular. For the first time we are also offering dedicated student lectures and workshops along with non-clinical streams covering research, sonographer health & wellbeing and effective communication. Don't miss out on a packed program and great CPD opportunities. [register now!](#) With preparations in full swing for Brisbane 2017 we are already looking ahead to ASA2018.



cross section header - you'll see this with an intro every week

Announcements eg achievements, our latest publications & industry news

Major event updates eg deadlines, highlights and program info

**LAST CALL to join the team on the ASA2018 Sydney committee!**  
Share your ideas and energy in planning and developing a fantastic program for ASA2018 Sydney. This milestone event will be the ASA's 25th anniversary conference, now is the perfect time to get on board and submit your [expression of interest](#), which close **Monday 10 April 2017**.



**Closing Friday! Medical Radiation Practice Board vacancies**

Participating on professional boards and committees is a great way to enhance your career and increase awareness of the sonography profession. The Medical Radiation Practice Board of Australia (MRPBA) is calling for [expressions of interest](#) from practitioners in any state or territory except South Australia or Western Australia. Sonographers who maintain registration with the MRPBA may be interested in applying for a role on one of these boards. Be quick! Applications close this Friday, 7 April 2017.

**CPD News**

With only two workshops scheduled in April, register now to avoid disappointment. The Sunshine Coast - Abdominal/renal sonography workshop presented by Faye Temple has places available for the PM session and is already fully booked for the AM session. Places are also filling fast for Tweed Heads - MSK Ultrasound making the diagnosis presented by Scott Allen.

Please note: the live presentation of the cardiac webinar has been postponed, new dates will be advised in the next edition of *crosssection*.

If you are waiting to log CPD points or receive CPD certificates, this will all be



**Wednesday 14 June - ONLINE**  
[Paediatric appendicitis](#)  
Presented by Tristan Reddan

**Thursday 20 July - ONLINE**  
[The utility of echocardiography in systemic diseases](#)  
Presented by Dr Rebecca Perry

**branch meetings**

**Thursday 11 May - FAR NORTH QUEENSLAND**  
[MSK ultrasound in the emergency department](#)  
Presented by Chris Lewis

**Tuesday 16 May - NEW SOUTH WALES**  
[Interesting cases study night](#)  
Present your interesting cases - "5 slides in 5 minutes"

**Thursday 18 May - WELLINGTON, NZ**  
[Neck lumps in children](#)  
Presented by Dr Mark Ledbetter

**Saturday 20 May - GIPPSLAND, VIC**  
[Case study morning](#)  
Sponsored by Philips

**Tuesday 30 May - NEW SOUTH WALES**  
[Mitral valve assessment](#)  
Presented by Dr Jason Kaplan



**Saturday 13 May - TOOWOOMBA, QLD**  
[Renal and parenchymal artery imaging](#)  
Presented by Deb Cogan [All Day Session](#)

**Saturday 17 June - ADELAIDE, SA**  
[Upper limb musculoskeletal ultrasound](#)  
Presented by Daniel Walkley [Register AM](#) or [Register PM](#)

Share cross section with a colleague



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Sonographer opportunities eg committee roles, other volunteering, surveys etc.

Info about upcoming local and online CPD events

Event info here

Register here

Specially designed icons help to quickly identify sonography streams of interest to you

Links to our website and social media pages

### Sonography journal

*Sonography* is an international peer-reviewed journal that publishes articles on all aspects of sonography. The ASA produces this scientific journal as part of our commitment to research to provide an evidence base that supports the development of the profession. Until now, *Sonography* has been publicly available, but from the June 2017 issue only subscribers will be able to access the journal. ASA members will continue to have access as a member benefit.

### Guidelines

The ASA provides a range of evidence-based resources to support best sonography practice. In addition to comprehensive ASA-produced guidelines and professional practice standards, the Association also:

- publishes shorter 'Practice Updates' to keep sonographers up to date with current information. These replace the previous 'Fast Facts' and are specific to sonography practice
- endorses external materials, when appropriate, due to their value for sonographers.

### Online reference collection

Members have access to a huge range of health and medical literature through the ASA's subscription to EBSCO Host. This allows members access to search and download full papers in the following databases (or the wider collection): Medline, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and the Biomedical reference collection. An additional database accessible to ASA members is Image SMART, a collection of science and medical images and illustrations.

### ASA communications

### ASA resources



Summary image showing how members access information at the ASA



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## SONOGRAPHY

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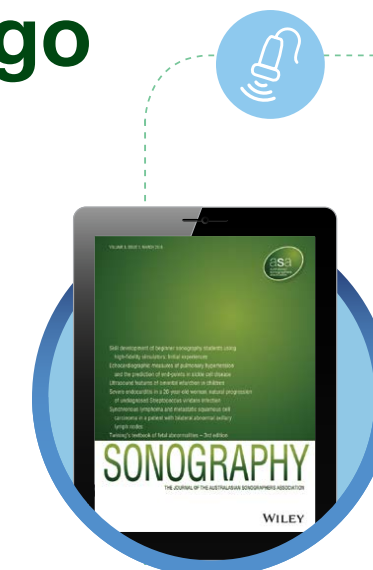
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## Volunteer sonographer – the road to Sumatra Part 2

After 16 hours of travel I arrived in Medan, Indonesia's third largest city and the gateway to northern Sumatra; described in the *Lonely Planet* guide as a necessary evil.

The noise and chaos of the city was overwhelming but I was happy to find my hotel and wait for my missing luggage to appear.

The next morning was a Sunday. My bag had arrived and I was ready to be collected by Mark and Fiona to head out to the quarantine centre. The centre is about a one-and-a-half-hour drive out of the city: a life-threatening journey twice a day! Two lanes turn into four – trucks, cars and motorbikes battle for a place on the road, pedestrians are lowest on the pecking order. 'What will be, will be' became a mantra on these drives.

The quarantine centre is built on approximately two and a half acres of land snuggled into the side of a hill. There are currently 51 orangutans staying there in a variety of custom-built enclosures. The aim of the centre is to identify those that are fit enough to be taken to release sites further north; to rehabilitate animals as necessary; to teach young animals the skills they will need back in the wild (as they now don't have their mothers to teach them); and to care for those that are

unable to be released due to injury or illness. For the lucky ones, once released they will be followed by trackers for up to 4 months to ensure they are managing in the wild again. The orangutans come from a variety of backgrounds, but all are the victims of human-wild animal conflict, centred mainly around deforestation, which is caused largely by the palm oil industry. Babies may be rescued directly from the forest after witnessing their mother being killed or taken off illegal pet traders sometime later. Some have been brought in from private homes, having lived often in squalid conditions in small cages for any length of time. Adult orangutans are also admitted because of gunshot and machete wounds.

The vets at Karantina (quarantine centre) give each patient a full medical assessment. This includes not only blood tests, teeth, physical check for lymph nodes, etc., pedicure and manicure, but also a chest X-ray and abdominal ultrasound. These are now available thanks to Mark and Fiona Darin's donations. Only fit and disease-free orangutans can go back to live in the wild. Diabetes, TB, hepatitis and encephalitis are common findings in the orangutans that have had human contact.

There is a sanctuary under development called The Haven. It is being built on 48 acres of wetland close to Karantina. It



**Judy Tee,  
Sonographer, NZ**



SOCP clinic



The orangutans' current enclosure

will consist of 7 island enclosures surrounded by a moat, with access via bridges for vets and staff. This is a place for the orangutans that cannot go back to living unprotected in the wild. These animals will move out of small cages and have some freedom and an improved quality of life, while providing local people with a valuable educational opportunity.

Back to Sunday. We arrived at the Karantina to meet Dr Yenny Saraswati, head vet at SOCP (Sumatran Orangutan Conservation Program) and unpack the Chison eBit60 portable ultrasound machine. We plugged in and ran some checks. Happy!

The day progressed to meeting with Ian Singleton (Director at SOCP) and Regina Frey (Founder and President of Pan Eco) with their team of builders and architects working in The Haven.

First work day. Yenny had organised one orangutan each day of my visit for their basic annual physical as an opportunity for the vets to learn how to scan.

We had the morning free so I could run through the Chison eBit60 Vet and explain everything including on/off, care and safety, image management and basic knobology. At this point, I realised English was a second language to the majority and hands-on scanning experience was almost nonexistent. The afternoon was spent scanning each other. Everyone was exhausted by 4.00 pm.

I had spent time demonstrating probe placement, orientation, sliding, angling, transverse, longitudinal, types of transducers and why, etc. I needed to learn to simplify; the articles and PowerPoint articles I had collected were not going to be useful.

Meanwhile Mark and Fiona were quietly working in the background building a solid box for the machine to enable the vets to take it offsite when necessary.



Demonstrating scanning technique to SOCP veterinarians

The orangutans needed to be anaesthetised for the examination. This involved the vets sedating the adults in their enclosure with a blow dart then transporting them down the hill in a wheelbarrow to the operating theatre, where the keepers lifted them onto the table. I didn't take any pictures of this as I felt it might appear demeaning for these grand creatures. The babies, of course, could be easily carried.

Our first patient was a small female who was in isolation due to chronic diarrhoea, with abnormal LFTs. We were able to demonstrate fluid-filled bowel, normal liver, GB and pancreas, with an incidental finding of bilateral pleural effusion.

Next up – a young female 3 months post oophorectomy (7 kg benign cyst removed). She presented with a lump beneath the surgical scar, query hernia. Ultrasound demonstrated a reducible hernia containing omentum and an adjacent normal lymph node. These findings were helpful as the hernia needs to be repaired before release to the wild as she is of childbearing age.

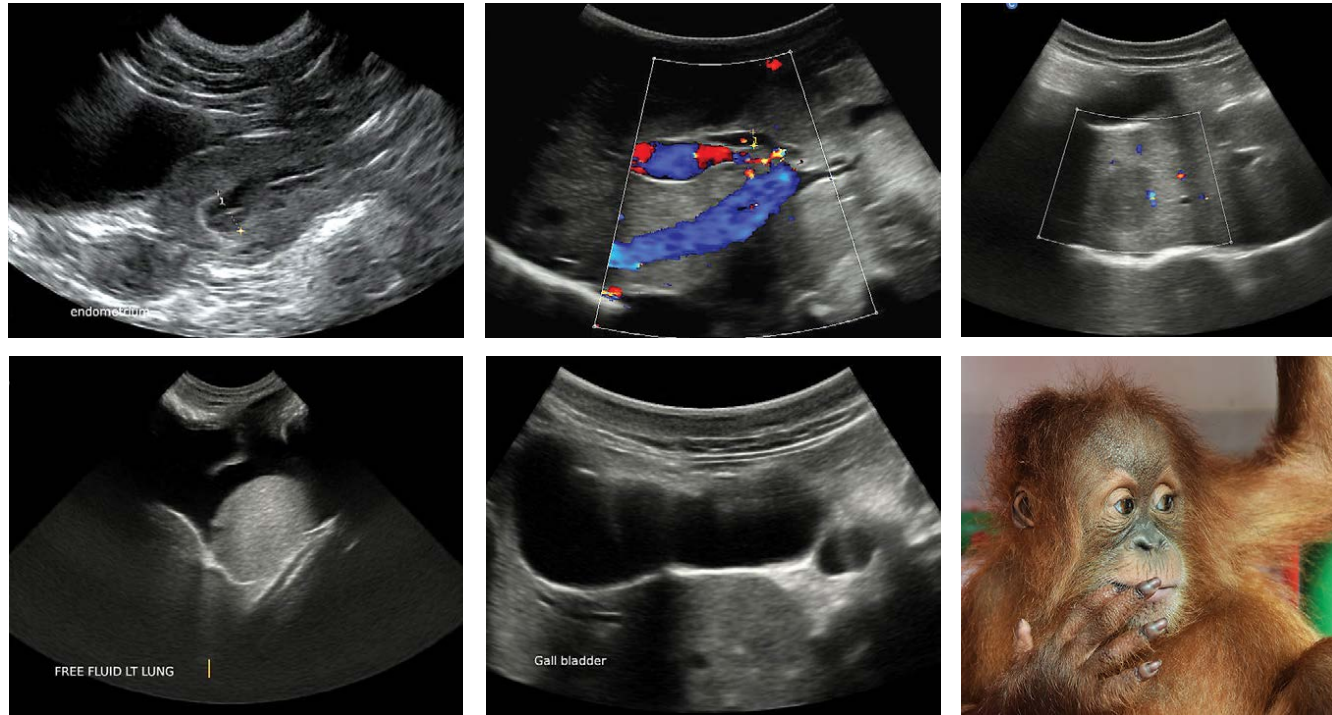
The anatomy of an orangutan is similar to humans, even the changes in the endometrium through the menstrual cycle. The abdominal scanning is challenging as there is a significant amount of fat surrounding the liver and kidneys. I had practised at home on my 109 kg son and managed to get excellent liver and renal and basic cardiac images. However, the near-field reverberation artefacts in an orangutan are difficult to overcome. At first, I shaved almost the complete anterior abdominal wall. Over the next few days I managed to fine tune areas that gave the best window for imaging, mainly intercostal and lateral subcostal.

Yenny decided that I should spend the time each day with one vet who would scan while I watched and gave direction. The work was challenging with English not being a first language



The team scan their first female





Top row: Endometrium; bile duct; liver mass. Bottom row: Free fluid on the lung, enlarged gall bladder, a pensive Dinah

and the limited time that the orangutans could be kept anaesthetised. My first case was with Dr Meuthya and was a resident orangutan not for release as she had contracted leprosy. As we were going through the liver I saw a lesion that needed to be investigated. I took over at this point. It was a 6 cm avascular hypoechoic solid lesion, well defined. The pathology of a patient with leprosy was not within my field of experience, and Yenny decided to follow up on blood results.

The afternoon was spent scanning Fiona Darin. Demonstrating probe pressure, angulation, sliding, rotating, using playback to catch the suspended inspiration shot, then focus, depth, gain and TGC, and annotation. MORE HEADACHES! Thanks, Fiona, for your patience.

I spent my first few evenings writing basic protocols for abdominal scanning and tips of what to look for. Also researching ocular and cardiac scanning, although at this point, 3 days in, I didn't feel we would get there. I wrote a list of descriptive ultrasound terminology, and explanations of transducer choice for Yenny to translate. This experience taught me how much I take for granted the skills an experienced sonographer has, and just how much you forget.

My patients were bigger daily.

An 80 kg, 20-year-old female called Tino. Sadly she will never be released as she has hepatitis B. The team arrived with the

wheelbarrow and the anaesthetic process began. In theatre, it is BAREFOOT! So, I was helping with finding veins for line access, after shaving off a year's worth of dreadlocks when I noticed, on the floor, a rather large centipede; I didn't say anything just thought this must be normal for theatre in the jungle. Suddenly an explosion of brooms, books and gumboots were being thrown at this poor insect. Not much English explanation given other than deadly! On with scanning and teaching. This young lady had a lot of visceral fat and a liver that was lying high up under the ribs. Time to bring out the MCE-3MHz Micro Convex probe so we could attempt an intercostal approach. This transducer was excellent combined with playback for spotting the arrested inspiration. I was constantly reminding the vets to hold and watch. I was told once in my training that a transducer is not a magic wand; hold still and watch. Tino's pancreas was hard to find, so I introduced colour Doppler to identify the splenic vein as a landmark. The machine colour settings are excellent, so this was an easy and useful technique to introduce at this time. During the next week, the vets learnt to use colour to find the renal hilum and renal vessels.

The vets, all Indonesians, were little people like me. After a few days of scanning I recognised a need for either a table that could move up and down (unavailable) or a stool. All of them had sore wrists or shoulders; I watched the way they held the transducer and noticed the tension in their technique. Most of



Anaesthetising one of the large patients

it was due to pushing hard and not being relaxed when turning or angling the transducer. I found a few articles online about the ergonomics of scanning that I left with them, but spent a lot of time correcting the way they held the probe. I also suggested a 45-degree angulated elephant foam pad that could be used to reposition the orangutan in the oblique position.

In the following situation it is hard to define a good outcome as opposed to a bad one. I can't fit this story into the article. So I will leave a link here for you to follow up on. Search Sumatran Orangutan Conservation Program (SOCP) and look for ADOPT KRISMON.

This beautiful large male arrived new to the Karantina – 23 years old. He had been in a tiny cage that he had grown out of for so long that he could no longer stand up in it. He had extensive lower limb muscular atrophy and was diabetic.

A routine examination was performed under anaesthetic. The ultrasound was challenging due to excess visceral fat and horizontal lie of the liver. We spent a long time trying to find the gall bladder (GB); all previous orangutans I scanned had huge GBs (previous surgery not an excuse here). I kept seeing a linear echogenic shadowing structure in the region of the GB fossa. I felt wall echo shadow was what I was seeing. The diabetes and GB abnormality could well be explained by the unnatural diet given to an orangutan kept for years in captivity as a pet.

The staff thought he would never be released; however, I have heard he is now walking and attempting to climb and his diabetes is being diet controlled. Hopefully he will be released.

I kept a record of every patient we scanned with images. It is beyond the scope of this article to describe the various findings.



SOCP improves the health and lives of these and other rescued orangutans

The last big challenge came at the end of my stay when they asked me to do some ocular scanning. The only linear and highest frequency probe we had was L12-E7.0-18.0.

Many of the orangutans rescued from the deforestation areas have been shot with pellet guns and are often blind on arrival. Yenny wanted to learn to scan the eye to recognise retinal detachment/haemorrhage/mass. As with MSK scanning, it is helpful to have a normal side to compare with. This was a completely new experience for me, so I lacked the confidence to make a diagnosis, but Yenny had seen several images and I had my books. In the acute situation, I think this information will be useful for the vets.

During my volunteer time with SOCP I was gifted two weekend trips to eco lodges: Bukit Lawang and Tangahan. Both sites are on the edge of the Leuser Rainforest and are stunning. They are designed with an eco-tourist outlook and aim to provide adventure and tranquility, also to educate and provide enjoyment. All the food is locally grown in fully organic farms or hydroponic gardens. The lodge uses solar energy. The buildings are mainly constructed from locally grown bamboo; the staff are from the local villages. This experience taught perhaps the biggest take-home message: the difference between poverty and simplicity. These villages are right on the cusp of being destroyed by the ongoing deforestation projects. The residents live in harmony, Muslim and Christian, sharing Saturday as a day of rest and prayer, sharing picnics on the river together. The work done by the eco tourism projects teach children about wildlife, conservation, waste and rubbish. This is the grassroots work that will make a change to the way in which the Indonesian people view the treasures they have in the jungle, and help to ensure a brighter future for all, including orangutans.



## Sonographer Advancement Working Party (SAWP)

The Sonographer Advancement Working Party (SAWP) is one of four sub-committees of the ASA Board of Directors; the other three being the Governance Committee, the Finance and Risk Committee and the Education Advisory Committee.

With the patient population getting bigger and older, advances in medical practice, and changing workplace environments, it is essential that the sonography profession also advances for the sake of both patients and sonographers. The SAWP is a strategic committee and provides advice and support to the Board and the ASA Office to achieve the goals of the *ASA Strategic Intent 2015–2020* by:

- exploring and prioritising relevant strategic initiatives that advance the role of sonographers within the broader healthcare setting
- providing guidance to the staff for the delivery of these initiatives to optimise outcomes
- supporting the ASA Office to prioritise and develop professional standards, policies and guidelines.

The committee has up to twelve members, appointed by the Board. These include Board members, ordinary ASA members and ASA staff. Following a call for ASA committee members at the beginning of 2017, we recently added three new members to fill the complement of positions. We welcome Stephen Mackintosh (NZ, ASA Board), Jenny Parkes (VIC) and Ian



**Simon Stanton,  
Chair, Sonographer  
Advancement Working Party**

Schroen (VIC). The full committee list can be found on page 35. Members of the SAWP come from a wide background across different scanning specialties, working in private, public and education services. The result is a diverse and dynamic working party with an enormous amount of cumulative experience and skill. This leads to some fascinating discussions as we work towards common goals for the benefit of members.

The SAWP meets face-to-face at least twice a year; in this financial year we have had meetings in November 2016 (Sydney) and May 2017 (Melbourne). Teleconferences and discussions on the committee portal keep projects on track in between.

The working party makes regular contributions to industry and government consultations. The SAWP also works to ensure that the ASA's library of guidelines, practice updates and position statements provide the latest evidence-based guidance for best practice sonography in the Australasian setting by:

- identifying areas where the ASA can provide practice guidance for sonographers
- reviewing ASA-produced guidelines and practice updates prior to publication
- reviewing and considering external resources for ASA endorsement



Above left and right: The SAWP meeting in Melbourne, May 2017



**Left: SAWP members from left – Tony Parmiter, Erika Cavanagh, Steve Mackintosh, Gillian Whalley, Sandhya Maranna, Ian Schroen, Jenny Parkes, Vicki Ashfield-Smith and Karen Farrar. Right: SAWP members from left – Tony Parmiter, Vicki Ashfield-Smith, Sandhya Maranna, Simon Stanton, Karen Farrar and Erika Cavanagh**



- making recommendations to the ASA Board about internal and external resources based on these reviews.

The committee's involvement in the ASA's approach to professional issues is reflected in the new ASA website. Many of the 'Advocacy activities' (under 'Advocacy') and documents on the 'Guidelines' page (under 'Resources'), have been reviewed by the SAWP prior to publication. Below are some insights into what members get out of being on the SAWP Committee.

- 'It is a fantastic way to have an impact on the role of ultrasound and the profession of sonography now and contribute to the development going into the future.' – Vicki Ashfield-Smith (NSW)
- 'Being a member of the SAWP has been a very rewarding experience. It has allowed me to actively contribute to the ASA's advocacy for our profession. Every committee member makes a tangible contribution, imparting their knowledge and expertise. The SAWP's work, along with the Policy

and Advocacy team in the ASA Office, directly impacts on policy and professional advancement. Networking with other sonographers with a similar interest from all over the country has been very beneficial, both professionally and personally.' – Erika Cavanagh (QLD; ASA Board)

- 'SAWP members work in conjunction with the Board and the Special Interest Groups to implement well-informed best practice decisions in the form of guidelines, policies and any important matters that need resolution in the sonographer world. Personally for me it has been an extremely enriching experience networking with peers across the country, growing professional contacts and feeling more a part of the wider sonographer community.' – Sandhya Maranna (SA)

The ASA Office and SAWP are always eager to hear feedback from members on how existing documents are being used or suggestions for new guidelines. If you have feedback, a suggestion or would like to get involved, please get in touch with the ASA Office contact for SAWP, Karen Farrar, by email at [karen.farrar@sonographers.org](mailto:karen.farrar@sonographers.org)





# honouring outstanding achievement

The ASA Awards of Excellence presentations were held at the ASA2017 Brisbane Awards of Excellence Breakfast and ASA2017 Brisbane Gala Dinner on Saturday 3 June 2017.

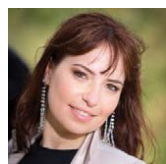
As the peak body and leading voice for sonographers, the ASA is committed to recognising excellence and best practice within sonography. The ASA Awards of Excellence program recognises and rewards outstanding achievement in sonography and offers a unique opportunity to celebrate our most outstanding sonographers.

For the first time in Awards of Excellence history, our judging panel were unable to separate two candidates who made it through our rigorous 'blind' judging criteria on equal scores. This award is the highest accolade bestowed by the ASA and this year has been jointly awarded to two very worthy candidates.

The ASA congratulates all recipients of the ASA Awards of Excellence and thanks the nominators and adjudication committee for their efforts and support to ensure the ongoing success of the Awards of Excellence program.

## 2017 Sonographer of the Year – The Pru Pratten Memorial Awards

*Awarded to dual recipients:*

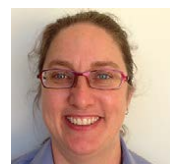


**Ilona Lavender**

Ilona is a tutor sonographer at Monash Health with a particular interest in obstetrics and paediatrics. She has extensive experience in paediatric ultrasound from

working within a tertiary paediatric centre at Monash Children's. She has performed numerous audits in paediatric imaging and is currently involved in a research project investigating paediatric renal charts.

### *Awarded to Michelle Pedretti*



Michelle is currently undertaking a PhD, and is the sonographer for the Preterm Birth Prevention Outreach team.

Michelle has worked in a variety of centres throughout Perth, including King Edward Memorial Hospital for Women and in some rural and remote locations in Western Australia.

She has been involved in the training of both sonographers and medical staff and is an accredited practical examiner for the ASUM DMU qualification (general and obstetric) and the University of South Australia.

Michelle is the current Chair of the Australian Sonographer Accreditation Registry Ltd (ASAR).

### **Educator of the Year**

This award recognises an accredited sonographer who consistently shows professionalism and commitment to teaching, learning and professional development opportunities.

### *Awarded to Ilona Lavender*

Congratulations, Ilona! See Ilona's profile under *2017 Sonographer of the Year – The Pru Pratten Memorial Award winner*.

# Awards of Excellence 2017



### **Mentor of the Year**

This award recognises an accredited sonographer whose dedication, skills and commitment guide and advise those entering, establishing or advancing themselves in the sonography profession.

### *Awarded to Karen Rocke*

Karen is the sonography supervisor for SKG Radiology in Western Australia. SKG Radiology WA includes 19 radiology branches and 63 ultrasound rooms that expand 200 km from Currumbine (north of Perth) to Bunbury (south of Perth). Approximately 700 ultrasounds are performed each day.

Karen has been training sonographers in ultrasound for more than 15 years and has mentored and taught numerous sonographers.

Currently, Karen mentors and supports 102 sonographers at both a team and individual level.

### **Sonographer of the Year**

This award recognises accredited sonographers per geographical area who, by their personal efforts and desire for excellence, advance the profession of sonography.

### **Sonographer of the Year (New Zealand)**

### *Awarded to Wendy Parker*

Wendy has been the tutor sonographer at Christchurch Group and now Pacific Radiology, Christchurch for around 16 years, guiding many student sonographers to attaining their

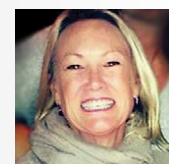
ultrasound qualifications with a very high standard.

The quality of the work the students produce and their approach to their scanning is a direct reflection on the excellence of Wendy's own work. In the last few years Wendy has had several of her students win the Dux award for the ASUM DMU qualification.

Wendy is currently a clinical examiner for ASUM's DMU program and has been for many years.

### **Sonographer of the Year (New South Wales)**

### *Awarded to Lisa Hackett*



Lisa Hackett is a qualified radiographer and an experienced MSK specialist sonographer. She began MSK scanning in Sydney in 1993 and has been educating in the field for 20 years. Lisa has presented at both a national and international level. She is actively involved in the ASA and is a committee member of the MSK Special Interest Group. She has co-authored numerous peer reviewed papers and authored a paper on shoulder imaging, published in 2011 in the *Journal of Orthopaedic Surgery in Shoulder and Elbow Surgery*.

### **Sonographer of the Year (South Australia)**

### *Awarded to Lino Piotto*



Lino Piotto (DMU, MMedRad,) is the Tutor Sonographer at the Women's and Children's Hospital, Adelaide. He has been specialising in paediatric

# honouring outstanding achievement

### **Researcher of the Year**

This award recognises an accredited sonographer who has contributed significantly to research by adding to new knowledge and/or innovation and/or clinical care improvements within sonography.

### *Awarded to Jessie Childs*



Jessie has served as the tutor and chief sonographer at multiple private and public practices across Australia. She currently works full time as a lecturer in the Postgraduate Diploma and Master of Medical Sonography program at the University of South Australia. Jessie has a keen interest in research and completed her PhD in ultrasound measurements of the liver in 2016. Jessie is also researching in the areas of ultrasound safety, transvaginal sonography, and reducing the incidence of thrombosis as a result of PICC vein insertions. In 2014 Jessie was awarded the Pru Pratten Memorial Award for her service to ultrasound, teaching and research.

### **ASA Volunteer of the Year**

This award acknowledges the significant and highly valued outstanding contribution to the profession by volunteers. The award honours a volunteer who has assisted through efforts and dedication of time to the organisation and the sonography profession.

### *Awarded to Michelle Pedretti*

Congratulations again, Michelle! See Michelle's profile under *2017 Sonographer of the Year – The Pru Pratten Memorial Award winner*.

ultrasound for 27 years. He has always been involved in continuing education of sonographers and is a regular presenter at ultrasound meetings and contributor to ultrasound journals.

### **Sonographer of the Year (Victoria)**

### *Awarded to Louise Worley*



Louise Worley is the tutor sonographer for MIA/I-Med Eastern Region. She trained as a radiographer in WA and was chair of the Riverina–ACT branch of the AIR 1984–5.

Louise was chair of the ASA Victorian branch in 1995–6 and has been on multiple educational organising committees for the ASA. She has presented at many ASA and ASUM local branch and national meetings. She is a DMU examiner, and has examined for the SA University ultrasound course and lectured for the Monash University ultrasound course workshops.

Louise has a strong interest in ongoing sonographer education. She was awarded ASA 'Trainer of the Year' in 2013. She has been on the ASA Breast Special Interest Group committee, presented **asawebinars** on breast ultrasound, and previously published an education article *Ultrasound of the Technically Challenging Breast* in **soundeffects** (2014).

### **Sonographer of the Year (Western Australia)**

### *Awarded to Michelle Pedretti*

Congratulations, Michelle! See Michelle's profile under *2017 Sonographer of the Year – The Pru Pratten Memorial Award winner*.



## honouring outstanding achievement

### Workplace of the Year

This award recognises the commitment a workplace demonstrates in supporting sonography, implementing career development initiatives and advancement of the workplace.

### Awarded to SKG Radiology



SKG Radiology is one of WA's largest radiology

providers, with over 35 years experience. From Currabine to Bunbury, SKG Radiology has 20 locations across WA.

Friendly, caring staff – SKG Radiology prides itself in providing patients with a fast, efficient service in a safe, comfortable environment. The SKG Radiology motto is 'Patients First'.

SKG Radiology is a large practice that employs over 100 sonographers and has 18 community and hospital sites.

SKG is committed to staying at the forefront of medical imaging technology. Of the 69 ultrasound machines in use throughout SKG, 82% are less than 5 years old.

Research and training programs in the field of medical imaging and ultrasound is a priority. Management at SKG support staff undertaking research projects and provides assistance with projects to the wider medical community in Western Australia.

## 2017 asa student award winners

### Student awards

As part of the ASA's commitment to sonographer education we sponsor university student awards across Australia.

Winners receive complimentary Ordinary Membership for the following membership year, free full registration to our annual international conference, and an invitation to the exclusive Awards of Excellence Breakfast where they are presented with a framed certificate.

The winners' conference experiences will be published in the September issue of *soundeffects news*.

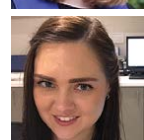
Congratulations to the following students, deserving winners of this year's awards:



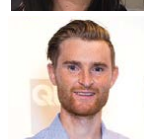
**Tanika Blenkenhorst**  
– UniSA



**Danielle Bowles**  
– CQU



**Jana Halliday**  
– QUT Cardiac



**Matthew Lambert**  
– QUT



**Andrew Turbane**  
– CSU  
**and Suet Teng Lee**  
– Monash University  
(no photo)

**rural and remote sonographer scholarship 2018**

Supporting ASA members to attend the ASA's annual conference in Sydney, 25–27 May 2018

visit [www.sonographers.org](http://www.sonographers.org) for more information

## 2017 rural and remote sonographer scholarships

### Supporting sonographers in rural and remote areas

The ASA recognises the challenges associated with living and working in rural and remote areas. The ASA has awarded three Rural and Remote Sonographer Scholarships this year. These scholarships help overcome obstacles to learning such as limited access to conferences and educational events.

### What the 2017 ASA Rural and Remote Sonographer Scholarships cover

The program offers up to three scholarships (worth up to \$1000 each) to provide financial assistance to attend the annual conference, ASA2017 Brisbane.

Recipients are required to write a short article for publication in *soundeffects news*, detailing the benefits gained from attending the conference.

Recipients of the scholarship are also encouraged to maximise the benefits from attending the conference by submitting a presentation or poster for the conference.

### Bernadette Dellar



Bernadette graduated with a Diploma in Radiography (UK and Singapore) in 1993 and went on to study at QUT to complete a Graduate

Diploma Applied Science – Medical Ultrasound in 1997.

Bernadette has worked in Singapore and most Australian states in private and public practices before relocating with her family to Weipa in Far North Queensland.

Working first at Weipa Integrated Health Services, she moved to 'on call' relieving

work in regional Queensland towns and at Weipa Hospital during staff shortages.

Bernadette's predominant interest is research. Her specialty is in voiding sonography and she presented and won best research paper at the ASA2005 conference in Brisbane, presenting on the use of ultrasound to assess the function of the urinary system during voiding in women.

Bernadette's current research project is *Voiding sonography – A longitudinal series from nulligravida to gravida and post-partum*. ASA conferences are significant for Bernadette and she loves networking with friends and colleagues, old and new.



### Bonnie Hall

Bonnie Hall has been a rural sonographer for 10 years and is a senior sonographer with Thursday Island

Medical Imaging in the Torres Strait and Cape Hospital Health Services district, where she has worked since completing her training.

Bonnie's role at Thursday Island Medical Imaging involves a diverse range of diagnostic ultrasound examinations on a routine and emergency basis, particularly in the areas of obstetrics, gynaecology, abdominal, vascular and small parts. Often she is required to provide image interpretation, including ultrasound reporting in the absence of an on-site radiologist. She also provides X-ray services for both routine and emergency service, in the capacity of a rural and remote extended X-ray operator.



### Michael Woolgar

Michael is a general sonographer with Regional Imaging on the North West coast of Tasmania. Michael

completed his sonographer training at the Royal Children's Hospital in Brisbane in 2012 and moved to the Lady Cilento Children's Hospital when it opened in 2014. Prior to becoming a sonographer he worked as a registered nurse in both adult and pediatric intensive care environments. His interests include all aspects of paediatrics, especially paediatric critical care sonography.

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# person profile

## Bonita Anderson

### Short bio

I am an Accredited Medical Sonographer holding a Diploma in Medical Ultrasonography (Cardiac), a Master of Applied Science (Medical Ultrasound) and the Advanced Cardiac Sonographer credential.

My career in echocardiography commenced in September 1984 at The Prince Charles Hospital (TPCH) and I have been working at TPCH in some capacity ever since. I also worked at the Hammersmith Hospital in London in the late 1980s and it was there that I first learnt about Doppler echocardiography.

I have also enjoyed a 15-year career as an academic at the Queensland University of Technology (QUT). At QUT, I was instrumental in the inception and development of the Graduate Diploma in Cardiac Ultrasound (GDCU), and I was the course coordinator for this program from 2005 to early 2013. In November 2016, I retired from QUT as an academic but continue to maintain an adjunct position with the university.

I am the author of two textbooks that are widely used in many echocardiographic courses within Australia, the USA and beyond. The 3rd edition of *Echocardiography: The Normal Examination and Echocardiographic Measurements* was released in January 2017 and *A Sonographer's Guide to the Assessment of Heart Disease* was released in January 2014.

I have also been awarded a Fellowship of the American Society

of Echocardiography (FASE) and an Associate Fellowship of the Australasian Sonographers Association (AFASA). In 2010, I was honoured to receive the ASA's Pru Pratten Memorial Award for Sonographer Achievement. In June 2017, I will commence a 2-year term as the inaugural International Member on the Board of Directors, American Society of Echocardiography (ASE).

My current roles are Clinical Fellow at the School of Clinical Sciences, Faculty of Health, QUT, and Advanced Cardiac Scientist in the Cardiac Sciences Unit, TPCH, Brisbane.

### Why is being a volunteer at the ASA important to you?

Sonography is a profession with relatively few practitioners and to increase awareness of this profession it is important to support the national bodies that represent sonographers. Being a volunteer at the ASA also brings me into contact with many enthusiastic sonographers who have similar goals and want to share knowledge as I do.

### What does your current job involve?

In my adjunct position at QUT, I continue to assist with the GDCU. I am also working on the continued development of the Cardiac Ultrasound Tutorial website. This is an exciting project that aims to enhance students' practical skills by allowing them to perform measurements online and to then immediately compare their measurements with the 'expert'.

At TPCH, I am developing and implementing quality improvement



programs which aim to ensure the production of high quality echocardiographic studies and reports. This is a time-consuming activity involving retrospective and prospective analysis of internal audits and reviews, and the development of other interactive evaluation tools.

### What aspect of sonography has been most rewarding?

It may sound cliché but the most rewarding aspect of echocardiography is helping to save lives. I vividly recall several instances where 'my echo' led to interventions resulting in the most favourable patient outcomes. These situations reinforce the vital role that sonographers have in patient management.

### Have you done other volunteer work?

I have done a lot of volunteer work over my professional career. This includes roles with the ASA, Australasian Society for Ultrasound in Medicine (ASUM), the Australian Sonographers Accreditation Registry (ASAR), and the ASE. With ASUM, I volunteered as an examiner for the Diploma of Medical Ultrasonography (DMU) and then served on the DMU Board of Examiners. I have also served on the DMU Advisory and Sonographer Affairs Committee and I was the DMU representative on the ASAR Council.

With the ASA, I have been a member of the Cardiac Special Interest Group committee and I currently hold a position on the ASA Fellowship Panel.

With the ASE, I was a member of ASE's International Relations Advisory Committee. I am currently a member

Bonita Anderson

# person profile

of the ASE's Membership Steering Committee and the CASE Editorial Board. In June 2017, I will commence a 2-year term on the ASE's Board of Directors as the International Member.

### What do you enjoy doing outside work?

Travelling, shopping, reading and spending time with my family.

### What is your greatest achievement?

Writing two textbooks on echocardiography and having these textbooks adopted by many echo courses throughout the world.

### Do you have a philosophy for life?

'There are no problems, just unforeseen learning opportunities'. I believe that this is an old Japanese ideology. So, whenever I encounter a 'problem', I try to put a positive spin on it. I ask myself 'what can I learn from this experience and how can I achieve the best possible

outcome from this situation both now and in the future?'

### Favourite place you have travelled to?

I love visiting the USA. The national parks and forests are awesome – I've been lucky enough to visit Yosemite, Big Bend, Crater Lake, Bryce Canyon, Zion Canyon, Canyonlands, Monument Valley, the Grand Canyon and many other amazing destinations. Aside from this, I'm always happy to go shopping in any of America's great cities!

### How do you relax?

I have difficulty relaxing – there is always something pending. To totally switch off – I like to spend time watching movies and television. I also enjoy reading crime, mystery and thriller novels. One of my favourite authors is PJ Tracy (actually a pseudonym of a mother-daughter

writing duo). Their novels are both thrilling and humorous.

### Your favourite movie?

I would have to say that my favourite movie – one that I watch over and over again – is *The Mummy* starring Brendan Fraser and Rachel Weisz. It is a great movie to watch and escape from the real world. I have seen it so many times, I can almost recite it word for word – much to my husband's horror!

### What 'superpower' do you wish you had?

'Optimism inducement' ... with this superpower, I could make people be positive, confident, hopeful and happy! There is too much negativity and sadness in the world today. It would be a much better place if it were full of happy and optimistic people.

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## Members' research

Each time I start to search the literature for members' research to include in this section, I use terms such as 'sonographer' 'Australia' 'New Zealand' 'sonography' and 'ultrasound'. I find a mix of papers – there are plenty of clinical studies, some review papers and a few meta-analyses, but almost all are written by doctors. Interestingly, these are not always radiologists – many other specialist physicians also write these reviews.

In this issue of *soundeffects news*, I have focused on reviews and clinical practice commentaries by sonographers. As sonographers, we could, and should, be involved with more of these publications. We know that research is happening. We just don't tend to get involved in the publication process, even when we are involved in the investigative process.

The ASA is committed to supporting sonographers in the dissemination of research, through both presentation and publication.

We love to hear you present your research, your expert opinions and your commentaries at our annual conference and in our journal. I take heart in the fact that we had a record number of submitted abstracts for the 2017 annual conference and we are hoping that will continue to grow. In 2018 we will have protected time slots at the annual conference for presentation of proffered papers.

In addition, our peer reviewed journal, *Sonography*, is moving towards indexation. In order to achieve this, we need to build citations and downloads from the journal. Yet authors are less inclined to publish scientific papers without the guarantee of Medline indexation. It's a

chicken and egg situation. Thankfully the indexation is retrospective, so anything that is published in this 'unindexed era' will still reap the benefits of indexation when it comes later.

Although **Michelle Pedretti (WA)** is well-known to many of you through her work with ASAR, here I am highlighting an opinion piece that Michelle authored with her colleagues. The paper is about using ultrasound to measure cervical length to identify asymptomatic women, with a singleton pregnancy, at risk of preterm birth. Effective cervical screening using transvaginal ultrasound provides an opportunity to intervene to reduce risk. However, universal cervical length screening, encompassing all singleton pregnancies is not currently widely applied. Cervical screening is often restricted to those at increased higher risk, but there is growing evidence for its use in a preventative approach. This opinion piece discusses the evidence to support this practice and the barriers that may restrict or prevent its implementation. There is potential for huge benefit; mid-pregnancy cervical length measurement is a recognised predictor of spontaneous pre-term birth and in most cases there is no prior maternal history. The authors advocate a clear role for routine cervical length screening to be adopted as a component of the fetal morphology ultrasound examination. If this were to happen, it would have implications for the sonography workforce.

Pedretti, MK, Kazemier BM, Dickinson JE and Mol BWJ (2017). Implementing universal cervical length screening in asymptomatic women with singleton pregnancies: challenges



**Dr Gillian Whalley,**  
**ASA Acting CEO**

and opportunities. *Aust N Z J Obstet Gynaecol*, 57: 221–7. doi:10.1111/ajo.12586

**Kerry Thoires (SA)** is another well-known sonographer who teaches at the University of South Australia and won the ASA's highest award in 2016 – The Pru Pratten Memorial Award. In this publication, co-authored with Jenny Sim from the University of Auckland, they discuss the role of clinical decision making and how sonographers are educated to undertake this role. Sonographers provide an important role in providing accurate diagnoses in order for clinicians to manage patients appropriately. Scanning competency, which is assumed in many courses, is driven by a high level of cognitive function and incorporates clinical decision-making. In this article, the authors seek to improve the understanding of student views on their own clinical decision learning in order to inform educators' strategies to support student learning. The authors consider both formal tertiary learning and workplace learning. Based on qualitative findings from focus groups and interviews, the authors make recommendations to advance clinical decision-making within the sonography curriculum.

Sim JH, Thoires K. Understanding Sonography Clinical Decision-Making Learning Through Student Voices. *Journal of Diagnostic Medical Sonography*. 2017 Feb 6:8756479317691275.

Continuing the theme of well-known sonographers, **Rebecca Perry (SA)** is a co-author on a review publication that discusses the role of multi-modality imaging (ultrasound, magnetic resonance and nuclear imaging) to assess infiltrative cardiomyopathy.

Infiltrative cardiomyopathy is rare and represents a heterogeneous group of diseases. Because it is rare, the condition is often, and easily, mistaken for other common conditions of the heart. The diagnosis of infiltrative cardiomyopathy is challenging but in this review, the authors evaluate research from the last decade demonstrating great advances in non-invasive cardiac imaging and how the combination of these different modalities greatly aids in the correct diagnosis. Although this review focuses on magnetic resonance imaging mostly, it is a timely reminder of the benefits of multi-modality imaging. And since the patients are almost always referred for ultrasound imaging initially, it will be of interest to cardiac sonographers.

Shah R, Nucifora G, Perry R, Selvanayagam JB. Noninvasive imaging in cardiac deposition diseases. *Journal of Magnetic Resonance Imaging*. 2017 Apr 1.

All of these papers show different components of the sonographer's life beyond the usual reality of long diagnostic patient lists. Research extends practice but also finds new patient groups and applications that, once established in a research setting, may become part of everyday clinical practice.

In June 2016, **Drs Jessie Childs and Dr Kerry Thoires (SA)** published their research about measuring liver size in *Sonography*. This paper was in fact one of the top five downloaded Wiley Radiology papers of- 2016. This is a tremendous achievement.

Have you recently published something? We would love to feature it here. Please send a brief email with a link to (or pdf of) your journal paper to [gillian.whalley@sonographers.org](mailto:gillian.whalley@sonographers.org)

VOLUME 4, ISSUE 2, JUNE 2017

Transvaginal sonography: Sonographer reflections on patient experience using a critical incident technique

The clinical education of sonographers: The effective supervision of sonographer trainees

Anatomical and physiological complications related to left ventricular apical aneurysm

A superior gemellus tear in a degenerative hip: Is it relevant?

Scrotal fat necrosis in two prepubertal boys

Non-traumatic myositis ossificans circumscripta

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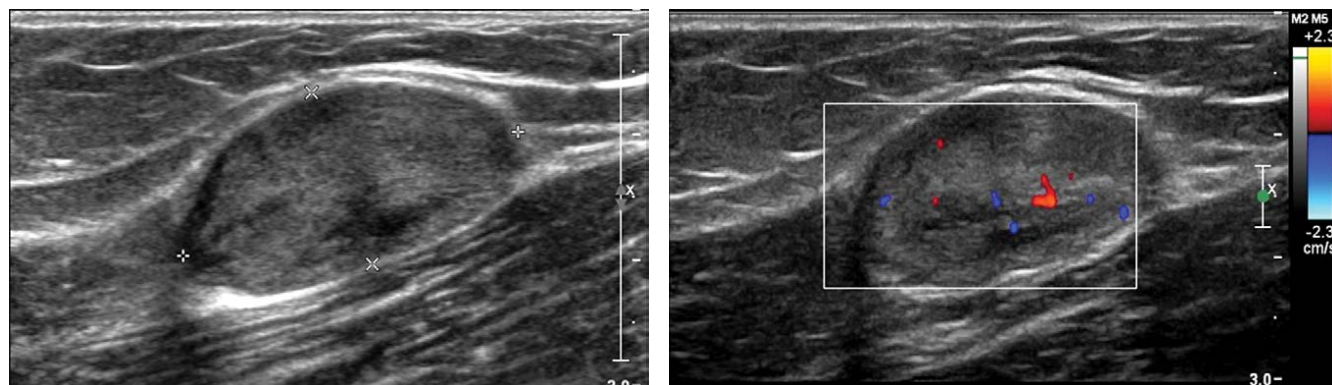


# reader competition

## This issue's case

This patient presented with a slightly painful, palpable lump on the upper arm. The patient has a known genetic disorder. What

is the condition and type of the condition? What characteristics of the mass help to distinguish where it arises? Case supplied by Glenda McLean.



Case images supplied by Glenda McLean

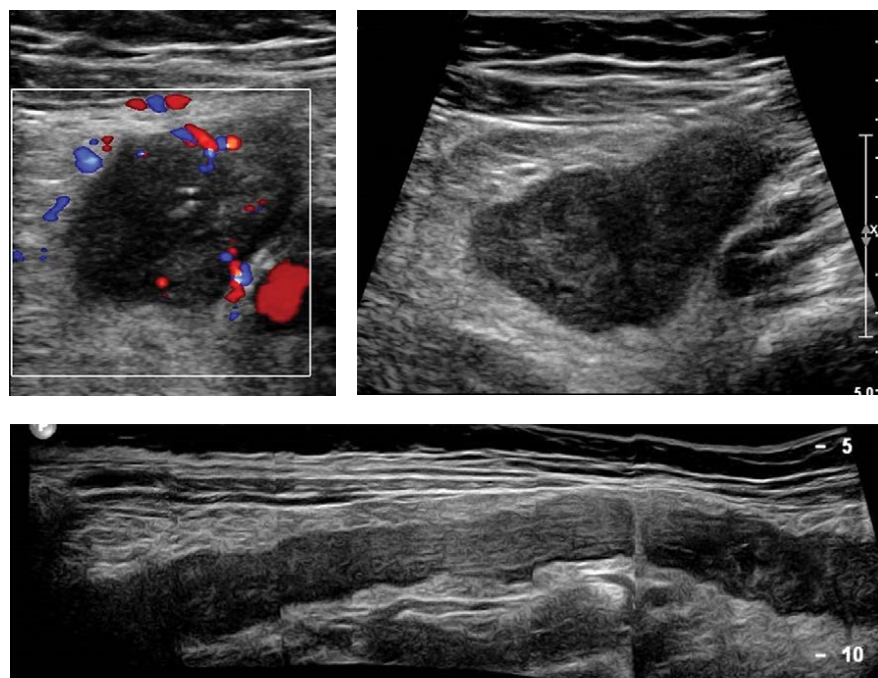
## Last issue's cases

A 17-year-old presented to ultrasound with abdominal pain. What pathology is demonstrated in these images?

This patient presented with pain and was found on ultrasound to have thickened hypoechoic large bowel with increased vascularity with colour Doppler. A follow-up MRI demonstrated active transmural inflammation involving the colon. There was no definite evidence of small bowel inflammation, no intra-abdominal collection or any fistula. This confirmed the suspicion of colitis.

Case supplied by Ilona Lavender.

Correct answers for the March reader competition were received from: Doxia Baris and Sue Drinic.



Case images supplied by Ilona Lavender

# PD-asa report



## New ASA PD-asa CPD system

We are currently processing a back-log of attendance at ASA education events and adjusting CPD points to align with new CPD requirements for ASAR and NZMRTB. Please do not enter CPD activities into your CPD log until you've received an ASA email to advise your member profile is up-to-date and ready. You will then be able to resume entering your non-ASA CPD activities. We thank

you for your patience as this work continues over the next few months.

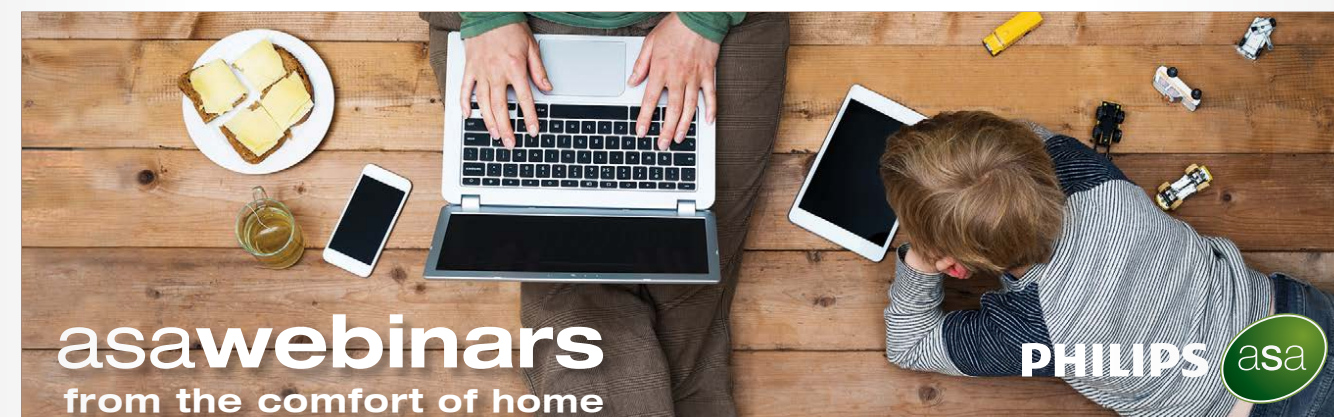
Features of the new CPD system include:

- reflective log to reflect on the task completed/undertaken and how that can be applied to your practice, what was learnt from the event and what you found successful or unsuccessful.
- Endorsed category field to be selected when logging your non ASA CPD

activities, for easy access to CPD codes.

- CPD certificates can be uploaded to CPD activities logged in your record, for easy access and reference.
- CPD records will highlight claimable points earned and points still required for your triennium.

Please contact the PD-asa Program Coordinator on +613 9552 0000 or email [cpd@sonographers.org](mailto:cpd@sonographers.org).



**Wednesday 5 July | 7.30–8.30 pm AEST**

Wrist ultrasound

Presented by Stephen Bird



**Wednesday 2 August | 7.30–8.30 pm AEST**

Left-sided fetal heart anomalies. More than just hypoplastic left heart syndrome

Presented by Dr Ann Quinton



**Tuesday 5 September | 7.30–8.30 pm AEST**

Tips and traps in ultrasound of chronic liver disease

Presented by Professor Robert Gibson



**Wednesday 4 October | 7.30–8.30 pm AEDT**

Point-of-Care ultrasound

Presented by Carolynne Cormack and Anthony Wald



**Wednesday 1 November | 7.30–8.30 pm AEDT**

Iliocaval venous stenting: Scanning protocol and migration

Presented by Gail Size

For all the latest asawebinars, visit [www.sonographers.org](http://www.sonographers.org)



## Far North Queensland

On 20 October 2016, Kip Lim presented *MSK – The foot workshop*, at Cairns Hospital, Medical Imaging. Kip has over 17 years' experience working mainly in private radiology in the UK and Australia.

The FNQ Branch was grateful to Kip, who shared his experience and presented his informative workshop on the foot, whilst holidaying with his family in Cairns. He broke it down by presenting a PowerPoint to attendees, addressing the regions of the foot and common mechanisms of acute and chronic injuries.

When it came time to demonstrate scanning techniques, Kip went through scanning planes and what areas to focus on for specific conditions. Of course he

made it look easy! Seventeen attendees from the Cairns region participated in this workshop. Thanks, Kip!

On 18 November 2016, we had our *End-of-year case study* evening at Rydges Esplanade Cairns. Attendees from the Far North Queensland region were again treated to some high quality presentations of interesting cases collected by local sonographers. Presenters included: Lee Williams – *Testicular infarction*; Lisa Wellby – *Gastroschisis and Trisomy 13*; Neil Thomas – *Choroidal detachment*; Marnie Leighton – *Hydronephrosis*; Kathryn Deed – *Fibromatosis colli and Haematometrocolpos*.

Kath Deed  
FNQ Branch Committee

## Goulburn Valley, Victoria

On Wednesday 29 March the Goulburn Valley Branch held a medical imaging trivia night. Thirty-five delegates, from as far afield as Wangaratta and Benalla, had a fun-filled night of medical trivia, general trivia, medical Pictionary and The Price is Right. We had a range of occupations present, including sonographers, radiographers, nuclear medicine techs, nurses, dentists and receptionists, from both private and public sectors, which made for a great networking evening. The questions covered all modalities, including some only the receptionists would know. Special thanks go to the Goulburn Valley Branch Committee and in particular, Kirsten Arthur, trainee sonographer at Goulburn Valley Imaging Group who organised the night. Thanks



Goulburn Valley trivia night – Medical pictionary

also to the Goulburn Valley Imaging Group for sponsoring the night.

The next meeting was a branch committee meeting on 14 June at Goulburn Valley Imaging Group,

Shepparton. We will be planning our upcoming paediatric meeting for 12 August. Please contact Kristy Thomas (branch chairperson) on 1300 797 484 for more details if you would like to attend.

Kathleen Steigenberger  
Goulburn Valley Branch Committee

## Illawarra, New South Wales

The Illawarra Branch held its first educational meeting of 2017 on 29 March in the conference rooms at The Wollongong Hospital. A small gathering of private practice and hospital sonographers from various specialties attended.

Simon Otis presented an interesting arterial case study of a patient he scanned with Leriche syndrome,

providing us with a comprehensive patient history and ultrasonic findings.

Saheeda Zotter presented a paediatric renal case study. This involved a one-year-old child with a clinical history of recurrent urinary tract infections, who was found to have a rhabdomyosarcoma of the urinary bladder.

Tracey Taylor gave an in-depth presentation entitled *High-risk pregnancies: the role of ultrasound in the third trimester*. Tracey provided us with a lot of current information and statistics that will no doubt be very useful to other obstetric sonographers.

The meeting was sponsored by Graham Norris, the director and founder of DVM Medical Supplies, a locally based company. Graham provided food and



Presenters at the case study evening: Lisa Wellby, Kath Deed, Neil Thomas, Marnie Cousins and Lee Williams



Case study evening



Kip Lim presenting *The foot workshop*



Kip Lim presenting *The foot workshop*

## ASA Branches







Attendees at the Illawarra Branch meeting

refreshments, along with free samples of powder-free gloves and small bottles of hand sanitiser! Graham's professional background is in radiology. He previously held the position of chief radiographer at The Wollongong Hospital and was the original founder of South Coast X-ray. Graham addressed the meeting, discussing changes in the imaging profession over the last 40 years.

At the close of the meeting, Tony Chapman conferred with the group regarding future meetings and possible topics and dates. Thank you to all those who attended, the speakers and our sponsor.

Saheeda Zotter and Tony Chapman  
Illawarra Branch Committee

## Newcastle, New South Wales

Our first meeting for 2017, held on 18 February at John Hunter Hospital, was a great success with 67 attendees, exceptional presenters and live MSK scanning. Toshiba Medical provided wonderful sponsorship, with Brent Jenkins assisting with the venue and morning tea. Jo Boland from the hospital venue management helped with downloads and IT. Sonya Simpson (branch co-chair) introduced the speakers.



Tracey Taylor presented a talk on high-risk pregnancies

The first presentation on paediatric head ultrasound was by Greg O'Connor, a senior radiographer/sonographer from John Hunter Children's Hospital. The neonatal intensive care unit is impressively organised, with huge twin bays for each baby, the utmost of hygiene and quiet rooms. Compliance for ultrasound is helped with sucrose in the corner of the unsettled bub's mouth and warm gel. A scout ultrasound is first performed via the fontanelle that closes between 6–8 months of age. Interval scans are performed at 1, 7 and 28 days for different types of haemorrhages, more frequently if pathology is found. This hospital has 1100 baby admissions per year, of which 680 have an ultrasound. The images showed outstanding detail and Greg thanked Jessica Sinclair for contributing lovely patient images.

Danny Pavan, an experienced regional sonographer, updated us on the postgraduate course in ultrasound-guided MSK injections, which he commenced 18 months ago. There are approximately 16 people still involved in the course being run through the University of Essex in collaboration with the ASA. Danny explained the different types of tasks and extensive documentation required. Within radiology practices approximately 30%

of the workload is related to MSK, with sonographers and radiologists working together. History-taking and checking the referral for clinical diagnosis is of utmost importance before injection under ultrasound guidance. Understanding pain is critical and the biopsychological part of the course is complex.

Sue Drinic, a very experienced sonographer from Hunter Imaging Group, presented elbow MSK sonography in great detail. She presented some lovely anatomical elbow diagrams and ultrasound images, demonstrating examples of how patients can injure themselves by overloading their arms. Sue presented in a fantastic, light-hearted way, getting the audience laughing and encouraging other attendees to present.

Sue then became the patient while experienced sonographer Sophie O'Brien performed live ultrasound of her elbow joint. This included a comprehensive explanation of how to approach at different angles and arm positions, visualising all aspects of the elbow. Throughout this excellent presentation she had the complete attention of all attendees. Thanks to New England Health for the loan of their Toshiba Aplio machine, and to Greg for setting it up with the big screen.



Sophie O'Brien and Sue Drinic live scanning at John Hunter Hospital

Greg's presentation of paediatric spine was equally engaging: a one-month-old baby imaged using a high resolution linear array transducer. While being scanned in prone position, a baby can be supported in a cradle, on pillows, or on the mother's chest. This ensures the head is raised to allow CSF to pool at the base of the spine for visualising the chordae equina. Counting of the vertebral bodies is crucial; to help with this, T12 is marked on the baby's skin.

The chordae equina should not be fixed or extend below the level of L3, which may suggest it is tethered. This was seen in a case of teratoma that was subsequently confirmed on MRI – the imaging modality of choice after 3 months of age.

Thanks to all the attendees for your participation. If you are interested in presenting at your ASA Newcastle Branch, we would love to hear from you.




Branch meeting tea break


Future meetings:  
Saturday 24 June – *Multidisciplinary sonography and emergency ultrasound*  
Saturday 12 August – *Basic vascular with live scanning*  
Saturday 4 November – *O&G*  
Saturday 17 February 2018 – *MSK sonography and live scanning*


Sonya Simpson & Jill Wilcock  
Newcastle Branch Committee

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Secretary – Linda Bradfield  
Trade liaison – Amanda Chan  
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## Special Interest Group Committees

Joining an ASA Special Interest Group (SIG) Committee is a great way to advance your professional development and share your expertise and experience. It is also an excellent way to expand your skills and knowledge and exchange ideas with other highly experienced sonographers from diverse backgrounds who are working in the same discipline or who have the same special interest.

### SIG Abdominal-chest

Faye Temple, Jane Keating, Sharon Meng, Marilyn Zelsco

### SIG Breast

Alison Arnison, Jing Fang, Ramya Gunjur, Frauke Lever, Jenny Parkes

### SIG Cardiac

Richard Allwood, Judith Baxter, Luke Cartwright, Julie-Ann Craig, Tony Forshaw, Diane Jackson, Alison White

### SIG Musculoskeletal

Michelle Fenech, Deborah Fox, Sharmaine McKiernan, Craig Newson, Luke Robinson, Daniel Walkley

### SIG Obstetric and Gynaecological

Jennifer Alphonse, Deanne Chester, Lynda Fletcher, Ling Lee, Ann Quinton, Nayana Parange, Tracey Taylor

### SIG Paediatric

Cain Brockley, Madonna Burnett, Vanessa Galloway, Allison Holley, Leanne Lamborn, Iona Lavender, Glenda McLean, Emma Rawlings

### SIG Research

Anna Graves, Ling Lee, Afrooz Najafzadeh, Kerry Thoires, Caterina Watson, Gillian Whalley

### SIG Vascular

Tony Lightfoot, Anne Pacey, Daniel Rae, Jacqui Robinson

### SIG Sonographer Health and Wellbeing

Samantha Brinsmead, Peter Esselbach, Lynette Hassall, Bernadette Mason, Elizabeth Naseby, Kristy Sweeney, Robin Valentine

## Other committees

### ASA2017 Brisbane Annual International Conference Program Committee

Co-convenors – Julie Cahill, Anna-Maria Galea  
Committee – Deborah Fox, Christopher Gilmore, Toni Halligan, Lynette Hassall, Natalie Kelly, Warren Lewis, Afrooz Najafzadeh, Donna Napier, Nayana Parange, Rhyan Priestley, Tristan Reddan, Vanessa Roach

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Chairperson – Jennifer Alphonse  
Committee – Richard Allwood, Samantha Brinsmead, Julie-Ann Craig, Ramya Gunjur, Toni Halligan, Allison Holley, Jane Keating, Sharmaine McKiernan, Bernadette Mason, Jacqui Robinson, Tracey Taylor, Kerry Thoires

### Sonographer Advancement Working Party

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Committee – Vicki Ashfield-Smith, Erika Cavanagh, Karen Farrar, Sandhya Maranna, Steve Mackintosh, Rod McGregor, Jenny Parkes, Tony Parmiter, Ian Shroen, Gillian Whalley

### ASA Fellowship Panel

Bonita Anderson, Jessie Childs, Tony Forshaw, Jenny Parkes, Tony Parmiter, Tracey Taylor

To contact any of the ASA committees, please email [admin@sonographers.org](mailto:admin@sonographers.org)

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As the peak body and leading voice for sonographers, the ASA leads our profession in delivering excellence in sonography for the community.

Our goals are to:

- be a world leader in providing sonographer education and research
- promote and advocate the highest possible professional standards
- enhance the role of the profession as the registered experts in medical sonography
- provide exceptional member value
- deliver organisational excellence as a professional association.

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## A DIFFERENT POINT OF VIEW



# ASA2018 SYDNEY

THE 25TH ANNUAL INTERNATIONAL CONFERENCE OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION  
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