Sound Judgment

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With this issue, the *Journal of Ultrasound in Medicine* (JUM) introduces Sound Judgment, a new series of invited articles that present clinical vignettes in which sonography should be the first, and in many cases the only, imaging modality needed to make a diagnosis or guide an interventional procedure. The creation of this new series parallels the initiative of AIUM President Alfred Abuhamad, MD, to emphasize clinical situations in which one should think of “ultrasound first.” Health care providers face a bewildering array of imaging alternatives, and the literature is replete with studies touting the advantages and disadvantages of radiography, nuclear medicine, computed tomography, magnetic resonance imaging, and sonography for a vast array of indications. However, there are few primers on appropriate imaging algorithms, such that the choice of which test to perform often depends more on physician preference or local expertise than on what is truly best for the patient.

In spite of the many proven advantages of sonography such as lower cost and lack of ionizing radiation, it tends to take a back seat to other cross-sectional imaging modalities. In fact, as an examiner for the American Board of Radiology oral examination, I am struck by how many candidates presented with pathognomonic findings on a sonographic study will be hesitant to make a diagnosis and rather will ask to see a “cross-sectional imaging study” (translation: computed tomography or magnetic resonance imaging) to “confirm” the findings. When I point out that sonography is a cross-sectional imaging study, I usually get a blank stare followed by a reluctant, “I guess you’re right.” Clearly, if radiology residents who are primed for their board examination do not even know situations for which sonography is all you need, how do we expect physicians who are not trained in imaging to know what test to order?

The intent of this series, therefore, is to educate readers as to when they can rely on sonography. A task force headed by Steven R. Goldstein, MD, an associate editor of the JUM, will solicit topics to be authored by experts in their respective fields. The manuscripts will undergo an expedited peer-review process and be a regular JUM feature. We expect that these articles will improve patient care and be widely cited. I must give credit to one of our JUM reviewers, Ann E. Podrasky, MD, for naming this series Sound Judgment. I feel that this name captures the essence of what I hope these clinical vignettes will promulgate.