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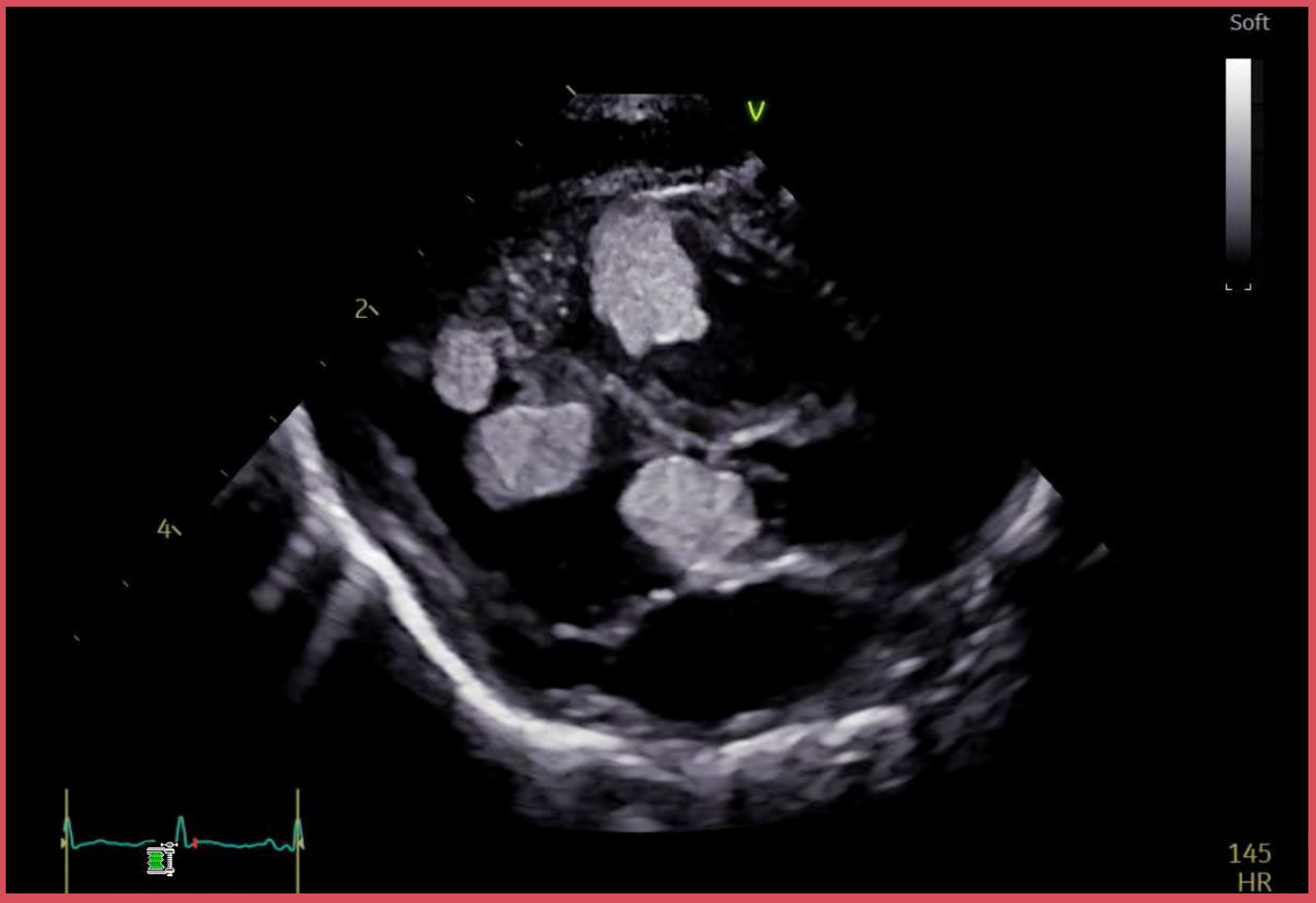


NOVEMBER/DECEMBER 2025

2025/2026 EDUCATION CALENDAR

JANUARY 2026

35th Annual Echo Hawaii

January 19-22, 2026
Fairmont Orchid, Kohala Coast, Big Island, HI.

Jointly provided by ASE and the ASE Foundation

FEBRUARY 2026

38th Annual State-of-the-Art Echocardiography

February 13-16, 2026
Westin Kierland Resort & Spa, Scottsdale, AZ

Jointly provided by ASE and the ASE Foundation

JUNE 2026

37th Annual Scientific Sessions

June 26-28, 2026
Gaylord Rockies Resort and Convention Center, Aurora, CO

Jointly provided by ASE and the ASE Foundation

AUGUST 2026

SAVE THE DATE

6th Annual Advanced Imaging Techniques for Sonographers Virtual Experience

August 29-30, 2026

Jointly provided by ASE and the ASE Foundation

NOVEMBER 2026

SAVE THE DATE

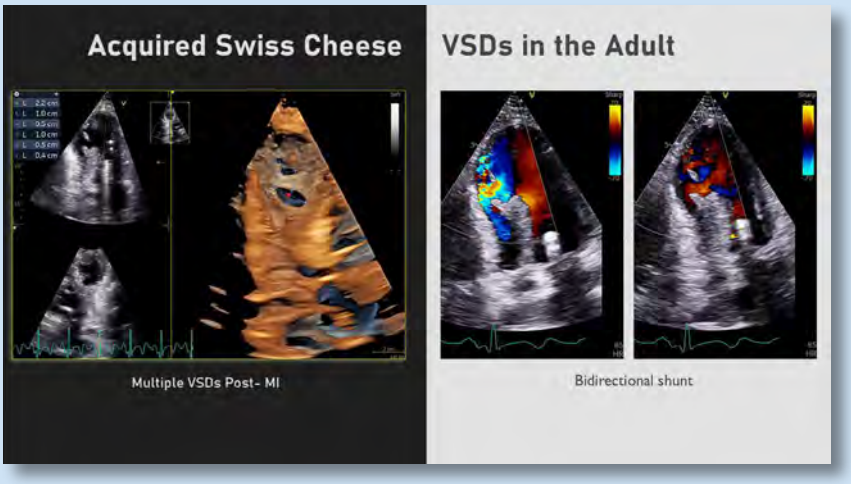
5th Annual Echo in Pediatric & Congenital Heart Disease: Virtual Experience

November 15-16, 2026

Jointly provided by ASE and the ASE Foundation

Discounted rates for ASE members.
To learn more and register, visit us at ***ASEcho.org/Education-Events*****.**

This text also appears in the November/December issues of JASE. ***OnlineJASE.com***



"Acquired VSDs: Swiss Cheese in the Adult"
Alicia Rangosch, ACS, RCCS, RDCS, RVT, Houston Methodist DeBakey Heart and Vascular Center - Houston, Texas

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American Society of Echocardiography

Cover art: "Popcorn in the Heart"
John Groves, B.S., RDCS (AE, PE, FE), Levine Children's Congenital Heart Center - Charlotte, North Carolina

EDITORS' NOTE

ASE is very grateful to our members who contribute to *Echo* magazine and values their willingness to share personal insights and experiences with the ASE community, even if they may not be in total alignment with ASE's viewpoint.

President's Message for ***November***

ASE ACHIEVES EXCELLENCE IN ADVOCACY

Contributed by ***David H. Wiener, MD, FASE****, Director of Clinical Operations at the Jefferson Heart Institute and Clinical Professor of Medicine at Thomas Jefferson University, Philadelphia, PA*

"I wanna be in the room where it happens."
–Lin Manuel Miranda, "Hamilton"

> ASE staff and consultants are our eyes, ears, and spokespersons in the halls of power, making your ASE the voice of cardiac ultrasound for legislative and regulatory issues.

Most of us agree things are in flux in the healthcare environment, in the federal government, with reimbursement and other issues. In these uncertain times, members may rest assured: your ASE continues to lead the way, advocating on your behalf for high quality, fiscally sustainable cardiovascular ultrasound.

Our experienced, full-time advocacy team consists of Director of Advocacy Katherine Stark and Practice Advocate Manager Madison Schultz. They build and maintain relationships with key government entities on our behalf and oversee ASE's advocacy with Congress and the Administration, as well as ASE's coding and reimbursement efforts. ASE works with expert consultants, including the bipartisan firm Mehlman Consulting on congressional activities, and JDG Advisors Group on regulatory issues. ASE staff and consultants are our eyes, ears, and spokespersons in the halls of power, making your ASE the voice of cardiac ultrasound for legislative and regulatory issues.

ASE advocacy priorities align with the Society's strategic goals. Among our salient legislative priorities are positioning echocardiography as an advanced imaging modality, mandating laboratory accreditation, educating on the dele-

terious effects of site neutrality legislation on rural and underserved populations, pushing for physician payment reform, supporting medical research funding, and working to alleviate the crisis in the cardiac ultrasound workforce. On the regulatory side, ASE advocates on your behalf for equitable Centers for Medicare & Medicaid Services (CMS) decisions around the rules and payment models for healthcare services and clinicians. ASE maintains seats on the American Medical Association (AMA) CPT Editorial Panel (represented by Susan Mayer, MD, FASE, and Vera Rigolin, MD, FASE) and RVU Update Committee (RUC) (Danita Sanborn, MD, FASE, and Geoffrey Rose, MD, FASE) to ensure development of fair and appropriate CPT codes and value for echocardiography procedures. Details of our advocacy priorities can be found on the ASE website.

Our most recent efforts on your behalf on the Hill and with the Administration include the following. Legislatively, ASE supported bills to reform prior authorization; and to address workforce issues via the Resident Physician Shortage Reduction Act of 2025 to increase the number of GME residency slots. ASE also advocated for funding for the National Institutes of Health. With the Administration, ASE signed a letter to the Department of Education to allow medical students to borrow additional Unsubsidized Direct Loans. ASE submitted comments to CMS on the Medicare Physician Fee Schedule Proposed Rule's proposed changes to physician payment, outlining the impact of proposed provisions on echo, and commenting on policy issues such as telehealth and Software as a Service.

ASE's advocacy team was on the job during the dog days of summer. We joined forces with other specialty societies through the Alliance of Specialty Medicine. ASE staff, immediate past ASE Advocacy Chair Dermot Phelan, MD, FASE, and committee member Stavros Agorastos, MHA, RDCS, RVT, FASE, visited members of Congress, promoting physician payment reform, prior authorization reform and increasing graduate medical education. ASE's CEO Robin Wiegerink, MNPL, Katherine Stark, and I represented the interests of our members at the American College of Cardiology (ACC) Legislative Conference in Washington in October.

On another aspect of the regulatory front, work to protect and expand the code family for echocardiographic services continues. CPT code 93355 (TEE services during transcatheter intracardiac therapies) has shown rapid utilization growth and was caught in a screen in September by the AMA RUC's Relativity Assessment Workgroup. ASE collaborated with ACC, the Society for Cardiovascular Angiography & Interventions (SCAI), and the American Society of Anesthesiologists to prepare a comprehensive Action Plan. We recommended maintaining the current code structure, positing TEE growth reflects significant advances and growth in structural heart interventions – each of which has a unique CPT code while there is only one interventional TEE code. This provides time for further study about how to structure the interventional TEE code to better reflect and compensate the work performed by ASE members.

“Our members should appreciate the hard work of our staff and volunteers advocating for our field. We are present in the arcane areas “where the sausage gets made.”

The artificial intelligence (AI) landscape in healthcare is rapidly evolving on a regulatory level, and ASE has been at the forefront. ASE developed a policy statement on AI which supports the AMA CPT Editorial Panel's AI taxonomy, urged strengthening AI development standards for FDA-approved devices, voiced the central role of the clinician, and addressed liability concerns. ASE commented on these issues on your behalf as the Trump Administration developed its AI Action Plan. Recent developments and details about our approach to AI can be found online.

Our members should appreciate the hard work of our staff and volunteers advocating for our field. We are present in the arcane areas “where the sausage gets made.” As a member you benefit, because ASE is the voice of cardiovascular ultrasound on the Hill, at the AMA, and everywhere.

This text also appears in an upcoming issue of JASE OnlineJASE.com

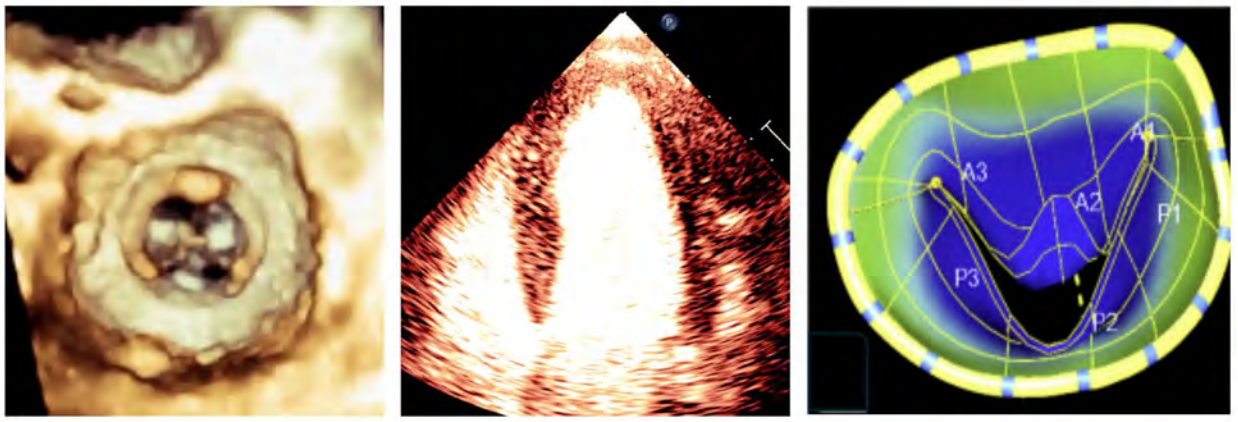
President's Message for ***December***

TURBULENT TIMES IN RESEARCH FUNDING: ASE'S RESPONSE TO THE CHALLENGE

This month's President's Message describes how ASE is responding to changes in the research environment, to support its members and champion scientific and clinical innovation to benefit our patients. It is cowritten by ***Drs. Jonathan Lindner*** *and* ***Monica Mukherjee****, who are respectively the Chair and the Co-Chair of ASE's Research Oversight Committee.*

> "It is impossible to ignore the potential impact of current trends in federal funding on our leading and future researchers in echocardiography.

Shown in the Figure are three transformative advances in echocardiography which fundamentally reshaped the field of cardiovascular ultrasound and expanded its role in patient care. A unifying thread across these innovations, their early development, and subsequent translation to humans and integration into clinical workflows, is major federal investment from the National Institutes of Health (NIH). Early breakthroughs in the design and construction of matrix-array transducers and the processes for parallel processing underlying 3D echocardiography were made possible through NIH support. Similarly, preclinical and early clinical research investigating safety, efficacy, imaging algorithms, and kinetic models for contrast echocardiography was driven by multiple NIH-funded physician-scientists. Many of the seminal studies using 2D, 3D, spectral Doppler, and color Doppler echocardiography to study mechanisms of mitral regurgitation and secondary left ventricular remodeling were funded by the NIH. The rich and sustained history of federal funding for imaging science not only yielded clinical tools that transformed cardiovascular care but also led to the establishment of NIH study sections and dedicated institutes such as Clinical Translational Imaging Science (CTIS) and the National Institute of Biomedical Imaging and Bioengineering, which continue to foster innovation at the interface of imaging and clinical medicine.



Three transformative advances in echocardiography which fundamentally reshaped the field of cardiovascular ultrasound expanded its role in patient care.

Federal funding of meritorious basic, translational, and clinical science involving cardiovascular imaging physician-scientists will continue. Yet, it is impossible to ignore the potential impact of current trends in federal funding on our leading and future researchers in echocardiography. In the last several months, several echocardiography research programs have been adversely affected including early termination or non-funding of annual "non-competing" grant continuations due to systematic budget cuts. There has also been non-funding or termination of imaging research grants due to shifts in policies governing co-investigators from foreign countries (including Canada where many ASE members are physician-scientists). An estimated $4 billion in scientific research grants from NIH and the National Science Foundation have been trimmed this year.1 The 40% cut to the NIH budget, which would return the NIH budget to a level not seen since 2007, and drastic reductions in indirect costs allowed in federal grants that have been proposed to Congress for the next fiscal year could create even more major impediments for many imaging science programs. The cuts in T32 and other training grants that are already happening will have a chilling effect on the future of the next generation of imaging physician-scientists.

It is in these tenuous times for researchers when we can find solace in ASE's unwavering commitment to science. Over the past decade, a major focus for ASE and the ASE Foundation (ASEF) has been ensuring sponsored research, including the re-invigoration of collaborations between clinician-scientists and engineers, the funding of early career scientists, and the promotion of outcomes research that addresses current knowledge gaps. Current ASE opportunities for researchers include.

1. The EDGES (Early Development Grant for Echo Scientists) award is intended to promote the continued growth of early career scientists who need research support to continue their trajectory in imaging science.
2. The Pamela Douglas Research Scholar Award supports clinical or translational research and targets investigators who have recently transitioned to a faculty appointment.
3. The Initiative for Collaborative Clinical Science (ICCS) where clinical gaps are identified in order to engage in collaborative research with potential stakeholders who share the same interests and are willing to partner with the ASE.
4. Travel grants at the annual Scientific Sessions funded by ASE and ASEF enable early career researchers to travel and share their scientific accomplishments with a broad audience.
5. Poster presentations with significantly lowered registration fees for researchers at our Scientific Sessions and Echo Hawaii meetings. In 2025, we highlighted

over 470 investigators during those conferences.

6. ASE Foundation Global Health Outreach events. In 2025, volunteers were on the ground in Dakar, Senegal and Bengaluru, India, evaluating patients and building data to support research to improve guidance of future public health initiatives and policies.
7. Independent Research Support funded by grants. In 2024, ASE facilitated a research grant of $1.1 M to Marielle Scherrer-Crosbie, MD, PhD, FASE, to study aortic stenosis.

ASE has many committees which coordinate and strengthen research activities and help disseminate scientific advances within the field of cardiovascular ultrasound, including.

1. The Research Oversight Committee provides governance and coordination for ASE's research activities, ensuring methodological rigor, ethical conduct, and compliance with ASE policies. This leadership committee offers strategic direction for ASE's research infrastructure
2. The Research Committee is responsible for implementing ASE's research initiatives that advance cardiovascular ultrasound, in collaboration with ASE members, partners, and external stakeholders. It oversees ongoing research projects, evaluates and recommends research award recipients, and supports efforts to promote cardiovascular ultrasound within the broader scientific community.
3. The Guidelines and Standards Committee develops and updates ASE's evidence-based clinical practice documents, consensus statements, and technical standards. This committee transforms research findings into standardized practice recommendations and provides opportunities for investigators to contribute to consensus-based science translation.
4. The Scientific Sessions Program Committee plans and implements the ASE Annual Scientific Sessions, which serve as our primary venue for dissemination of new research. This committee organizes abstract review, late-breaking science sessions, and thematic symposia that highlight emerging discoveries and promote scientific exchange among investigators at all career stages.
5. The Industry Roundtable (IRT) serves as ASE's strategic forum for partnership between academia, clinicians, and industry to foster innovation in imaging technologies. The IRT supports collaborative research, early validation of novel echocardiographic tools, and dialogue between ASE investigators and industry partners.
6. The ASE Foundation Board of Directors and the Annual Appeal Committee work to raise funds for many of the research opportunities listed above. The Foundation's premier event of the year, the Annual Research Awards Gala during ASE's Scientific Sessions, is dedicated to raising funding that is then allocated to enhancing and driving future research initiatives.

Through its many funding mechanisms and organizational committees, clinician-scientists in the ASE family will continue to contribute to innovation in medical imaging. Their work is critical to identify the most important clinical gaps, to assess the feasibility and impact of new technologies, and to create a better understanding of how imaging can be best applied for diagnosis or guiding management. In the current climate of uncertainty in scientific funding, the ASE cannot fully offset potential cuts in federal sponsored research program, but it is reassuring that our Society remains committed to supporting scientific initiatives that drive discovery and ultimately improve patient care.

This text also appears in an upcoming issue of JASE OnlineJASE.com

David H. Wiener,
MD, FASE
ASE President

SONOGRAPHER SPOTLIGHT

Megan Yamat, ACS, RCS, RDCS, FASE

University of Chicago Medical Center
Chicago, IL

Q
A

What is the name and type of facility/ institution at which you work, and what is your current position?

I currently serve as the Diagnostic Imaging Services Educator and Lead Advanced Cardiac Sonographer at UChicago Medicine. My work combines two passions: performing complex clinical cardiac scans and mentoring both sonographers and cardiology fellows. This role allows me to fully apply my ACS credentials, balancing hands-on imaging with active involvement in education. The high-acuity environment at the University of Chicago consistently challenges me with complex cases, fostering continual learning and growth. Beyond clinical and educational responsibilities, I also oversee lab accreditation, contribute to ongoing research initiatives, and assist with advanced procedures.

When and how did you get involved with cardiovascular ultrasound and who inspires you now?

Being raised in a medical household, I knew from an early age that I wanted to pursue a career in healthcare. I initially began my journey as a nursing major, but I quickly realized that nursing wasn't the right fit for me. It was my mother—a nurse who immigrated to the U.S. in her early 20s during the nursing shortage of the 1970s—who introduced me to the field of echocardiography. That moment changed everything. I found a true calling in cardiac ultrasound, and now, more than 20 years later, I still genuinely love what I do. Time truly flies when you're passionate about your work.

How did you get involved with the ASE and why do you continue to volunteer?

In 2013, I submitted a clinical case study abstract to the ASE Scientific Sessions, and to my surprise, it was accepted for the Clinical Cases Competition. I was genuinely astonished that my very first submission led to my first national conference presentation. That case proved to be a pivotal moment in my career, igniting a deep interest in teaching and further research—particularly on tricuspid valve leaflet anatomy using transthoracic echocardiography.

> **“I volunteer for ASE because as an organization ASE provides education and endless opportunities for career growth for both sonographers and physicians.”**

Over time, I continued to pursue research and had the incredible privilege of working alongside one of the field's most respected mentors, Dr. Roberto Lang. In 2020, I was honored to receive the ASE Foundation's TomTec Innovator Research Grant for my abstract, 'Respiratory Dependence of Tricuspid Regurgitation'—a meaningful milestone, as I was the first sonographer to be awarded this grant. This achievement was made possible through ASE's commitment to supporting innovation in the sonography community.

Since then, I've had the honor of being invited as faculty at ASE Scientific Sessions on multiple occasions and continue to submit abstracts annually. Dr. Lang has been an extraordinary mentor whose guidance and legacy have left a lasting imprint on my professional journey. His teachings remain a constant source of inspiration and continue to shape the path I follow in my career.

I volunteer for ASE because as an organization ASE provides education and endless opportunities for career growth for both sonographers and physicians. Collaborating with industry, ASE can help bridge gaps in healthcare and work to improve patient care. ASE is an organization that cultivates a culture of inclusion, friendships, guidance and growth. In addition, ASE provides numerous resources to its members. I am more than happy to volunteer and give back to an organization that provides so much to its members.

What is your current role within ASE? In the past, what other committees, councils or task forces have you served and what have you done with the local echo society?

I am honored to have graduated from the 3rd Cohort of the ASE Leadership Academy in June 2024. I currently serve on the Industry Relations (IRT) Task Force, the Mentorship Task Force, and the Scientific Sessions Program Committee. These roles allow me to actively support ASE's mission and contribute to its educational and professional initiatives.

I've had the rewarding opportunity to serve as faculty at the State-of-the-Art Echocardiography course in Arizona, where I teach 3D echocardiography in the learning labs. In 2015, I proudly earned FASE designation, and from 2018 to 2020, I served on the Guidelines and Standards Committee. Among the many highlights of my involvement with ASE, one of the most memorable was being invited to speak internationally at the ASEAN meeting in the Philippines-an inspiring and humbling experience.

Regionally, I've served as faculty for the 'Heart Beat of Cardiology' conference, a collaboration between the University of Chicago and Mayo Clinic, where I have taught 3D imaging sessions for several years. I remain actively involved in local education as well, regularly lecturing at the Chicagoland Society of Echo and local Echo Imaging Symposiums, and continuing to support the growth and excellence of echocardiography within our community.

What are some of the changes you have seen in echocardiography since you started your career?

It's incredible to reflect on how much echocardiography has evolved. In the early days of my career, we used bulky machines and recorded scans on VHS tapes. Today, we're incorporating artificial intelligence into routine practice—transforming how we deliver patient care.

What is your vision for the future of sonography? What do you see on the horizon that invigorates you?

My vision for the future of echocardiography centers on the continued evolution and expansion of the sonographer's role, as well as the integration of artificial intelligence to enhance workflow efficiency and reduce clinical burden. I'm especially enthusiastic about the growing opportunities to participate in echo-guided structural heart interventions and eagerly anticipate the introduction of new and innovative procedures. Echocardiography has advanced at an extraordinary pace, and its future holds limitless potential. I'm excited to contribute to this ongoing evolution and to help train and inspire the next generation of cardiac sonographers.

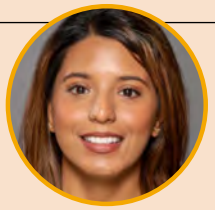
What is your advice for members who want to become more involved in their profession or with the ASE?

My advice for members who would like to get involved with ASE is to attend the Scientific Sessions and utilize the networking opportunities provided by this meeting. Also, take the opportunity of learning from experts in the field. Another way to be involved is to perform sonographer led research and submit case studies and abstracts to the Scientific Sessions. If you're passionate about echocardiography and eager to make an impact, I encourage you to explore volunteer opportunities with ASE. Your voice and involvement can truly help shape the future of our field.

Critical Care Echocardiography

Travel Grant Winners Reflect on ASE 2025 Experience

Contributed by ***David M. Dudzinski, MD, FASE****;* ***Dureshahwar Ali, DO****;* ***Jessica Starr, NP****; and* ***Alexandra Steverson, MD***

THE CRITICAL CARE ECHOCARDIOGRAPHY (CCE) Council awarded travel grants to three clinicians so they could attend the 36th Annual ASE Scientific Sessions in September 2025 in Nashville. We are grateful to the ASE Foundation's initiative to support trainee and sonographer attendance at our Scientific Sessions. ASE 2025 featured significant content in the space of critical care echocardiography, including review of new guidelines such as for mechanical circulatory support (MCS), case-based echocardiography and clinical sessions, CCE research posters, and mentored hands-on scanning practice (1). Below our 2025 winners share the impact that the travel grant had on their practice.

We are grateful to the ASE Foundation's initiative to support trainee and sonographer attendance at our Scientific Sessions.

Dureshahwar Ali, DO

Riverside Medical Center, Lincolnwood, IL

The ASE 2025 Scientific Sessions conference was an exciting learning opportunity for me! As a trainee with a special interest in advanced heart failure and cardiac critical care, I appreciated the comprehensive opportunity to engage in latest research, technologies, and expert perspectives on the evolving role of echocardiography. I was particularly drawn to sessions exploring echocardiography as a tool for acute hemodynamic assessment and therapy guidance.

Additionally I found several sessions very useful including discussions about quantitative and ultrasonographic parameters to guide resuscitation, 3D TEE for precise device positioning, and flow optimization for temporary MCS devices or durable left ventricular assist devices (LVADs) using ultrasonography.

ASE is truly a special community and I am glad to be a part of it. I look forward to more learning opportunities in the future.

Dureshahwar Ali, DO

I very much enjoyed connected with fellows who share the same passion for echocardiography and critical care. I left the conference feeling recharged and passionate about learning the art of translating motion and flow on echocardiography into daily clinical decisions with a big impact on patient care.

Lastly, ASE is truly a special community and I am glad to be a part of it. I look forward to more learning opportunities in the future. Thank you so much!

Attending the 50th Anniversary Conference was an enriching and memorable experience.

Jessica Starr, NP

Jessica Starr, NP

Massachusetts General Hospital, Boston, MA

First, thank you for the generous opportunity to receive the travel grant. Attending the 50th Anniversary Conference was an enriching and memorable experience, providing a unique chance to see the diverse and impactful applications of echocardiography in critical care.

I was especially inspired by the international collaborations highlighted during the sessions—particularly the initiatives in Vietnam, where nurses are being trained to perform echocardiograms. This stands in contrast to the U.S., where advanced practice providers (APPs) often face challenges in obtaining formal echocardiography training as part of their education. Many of us, me included, have had to acquire this essential skill out of necessity on the job, rather than through structured programs. It would be invaluable to see more collaborative initiatives where sonographers and cardiologists mentor APPs directly in developing this critical diagnostic expertise.

Another highlight was the creation of the **POCUS Committee**, which reflects the growing importance of Point-of-Care Ultrasound (POCUS) training and certification, particularly in the ICU setting. The lectures on atrial strain were especially thought-provoking, and I see tremendous potential for its application in managing atrial fibrillation after coronary artery bypass surgery.

The expo was equally inspiring, with cutting-edge ultrasound technology on display, showcasing remarkable advancements in image fidelity. The expert sonographers were incredibly generous with their knowledge, offering invaluable tips on hand positioning and acquisition techniques.

The **"Do-It-Yourself" sessions** were also among my favorite experiences. The session on hypertrophic obstructive cardiomyopathy was particularly impactful—learning to measure septal thickness and assess gradients with just a syringe and sphygmomanometer was a true game-changer. This hands-on approach deepened my understanding of diagnosing outflow tract obstruction.

Moving forward, I am eager to pursue **POCUS cardiac certification** and hope to become actively involved with the new POCUS Committee. I am also passionate about contributing to the establishment of an **Advanced Practice Provider (APP) Committee** within ASE in the coming year. My commitment includes supporting my APP colleagues in obtaining certification over the next few years, helping expand the role and impact of APPs within the echocardiography community.

It is truly an exciting time to be part of ASE, and I am deeply grateful for the opportunity to attend this milestone conference and to contribute to the future of echocardiography.

Alexandra Steverson, MD, MPH

Massachusetts General Hospital, Boston, MA

I participated for my first time in the ASE Scientific Sessions conference this year, and I was a grateful recipient of the Critical Care Echocardiography council travel grant.

There were so many wonderful sessions and it was amazing to connect with new colleagues and those from fellowship training as well. There were many sessions that I was enthusiastic to attend and made an impression on me. I went to the session entitled "Bedside Ultrasonography for Management of ECMO", which featured two of my colleagues from my hospital. There were interesting discussions of several different cases and I found the insight about echo parameters for weaning or ramping ECMO particularly helpful for clinical practice. I will continue to use the assessment of RV-PA coupling when managing ECMO in the future. I also thought Dr. Jerome Crowley's unique insight about live guidance of vascular access was an important area to use echo in the ICU to ensure high quality patient care and safety. I hope to see additional sessions on management of MCS with the CCE council.

Saturday was also full of wonderful learning opportunities. I attended the sessions on aortic regurgitation and transcatheter mitral and tricuspid interventions. It was so helpful to hear from national experts and leaders in structural imaging about the latest technologies and who might benefit from them. In the critical care space, it is also vital to have an in-depth understanding of the complications that can arise from such procedures to be able to provide the best care possible to our patients.

I hope to be able to attend the ASE Scientific Sessions again in the future and participate in the critical care echo council.

The CCE Council is thrilled with the experience of the three Travel Grant winners. Our Council invites all interested ASE members to join with our CCE efforts in education, scholarship, networking, and best practices in critical care echocardiography. Application for Travel Grants for 2026 trainees and sonographers will be open February 1, 2026.

REFERENCES:

1. Dudzinski DM. Critical Care Echocardiography Featured at ASE 2025, *Echo Magazine*

Bringing Vascular Imaging into

Focus at ASE 2025

*Contributed by **Rebecca LeLeiko, MD, RPVI, FASE**, Emory University School of Medicine, Atlanta, GA*

THIS YEAR ASE marked its 50th anniversary—an occasion celebrated at its September 5–7, 2025 Scientific Sessions in Nashville, Tennessee. The Circulation & Vascular Ultrasound Council (CAVUS) was proud to help bring vascular imaging into sharper focus within the broader echocardiography agenda.

The meeting's theme, "*Harmonizing Hearts*," underscored the growing recognition that vascular physiology and pathology are integral partners to cardiac structure and function.

The meeting's theme, "Harmonizing Hearts," underscored the growing recognition that vascular physiology and pathology are integral partners to cardiac structure and function.

CAVUS began the Sessions with its business meeting, held Friday afternoon, where new strategies were introduced to strengthen engagement among sonographers, vascular medicine physicians, and echo scientists. The discussion highlighted initiatives to enhance collaboration with vascular laboratories, refine protocols for combined cardiac–vascular studies, and expand CAVUS's visibility within ASE's educational programming.

CAVUS was also pleased to announce the recipients of this year's **CAVUS Travel Grants**, which provide support for early-career investigators and trainees to attend the ASE Scientific Sessions. The 2025 awardees were **Alyssa Chang, MD**, a first-year cardiology fellow at the University of Pittsburgh Medical Center, Pittsburgh, PA; **Benay Ozbay, MD**, a post-doctoral research fellow at the University of Pittsburgh Medical Center–Presbyterian, Pittsburgh, PA; and **Cherie Wallpe, BS**, a full-time cardiac and vascular ultrasound student at The Christ Hospital Health Network in Cincinnati, OH. Their selection reflects outstanding dedication to advancing vascular imaging and underscores the council's ongoing

Pictured here at the ASE 2025 Scientific Session with **Matthew Vorsanger, MD, RPVI, FASE,** CAVUS Council Chair *(far right)* are left to right **Alyssa Chang, MD**, University of Pittsburgh Medical Center; **Benay Ozbay, MD**, University of Pittsburgh Medical Center–Presbyterian; and **Cherie Wallpe, BS**, The Christ Hospital Health Network in Cincinnati, OH.

commitment to supporting the next generation of cardiovascular ultrasound professionals.

Following the business meeting, CAVUS programming continued throughout the weekend as part of the Circulation and Vascular pathway, which featured panels and symposia explicitly focused on vascular ultrasound topics such as peripheral arterial disease assessment, carotid wall imaging, and ultrasound-guided flow reserve techniques, presented alongside traditional hemodynamic and echocardiographic content.

Among the standout sessions was "*Carotid Rodeo: Corral Your Cardiovascular Disease Risk*," which challenged attendees to reimagine vascular imaging not as an ancillary add-on but as a core component of cardiovascular risk stratification. The session emphasized customizable protocols for carotid intima-media thickness, plaque characterization, and shear stress modeling, sparking lively discussion on standardization and reporting practices. Another session explored pulmonary vascular disease, where echo-Doppler assessments of pulmonary vascular resistance were juxtaposed with peripheral vascular findings, prompting meaningful dialogue on integrated vascular-cardiac phenotypes. Rounding out the program were two sessions on the aorta—an "*Ask the Experts*" discussion on complex aortic disease and another focused on echocardiographic imaging of the aorta.

For echo practitioners, one of the most enduring takeaways from CAVUS's presence was the reaffirmation that vascular ultrasound is not a niche specialty, but a vital axis of cardiovascular imaging. Discussions throughout the meeting emphasized the value of incorporating vascular imaging into routine echo lab workflows—for example, integrating carotid flow or femoral Dopplers in selected cohorts. The challenge now lies in translating that enthusiasm into consistent practice across academic centers, community labs, and training programs.

In closing, CAVUS's footprint at ASE 2025 felt both celebratory and forward-looking. In a year when ASE reflected on its first 50 years, the council looked ahead—framing vascular ultrasound not as peripheral, but as inseparable from a fully integrative cardiovascular ultrasound paradigm. The energy and collaboration seen in Nashville promise continued momentum for the field in the years ahead.

Pediatric and Congenital

Recap of ASE 2025

*Contributed by **Adam Dorfman, MD, FASE**, University of Michigan, Ann Arbor, MI and **Kenan Stern, MD, FASE**, Icahn School of Medicine at Mount Sinai, New York, NY*

The Pediatric and Congenital track at the 2025 Scientific Sessions was an incredible success with so many highlights!

THE PEDIATRIC AND CONGENITAL track at the 2025 Scientific Sessions was an incredible success with so many highlights! From day #1, we filled a 360-seat room; the Peds Track was standing room only for many sessions. The sessions highlighted an outstanding faculty, with excellent contributions from sonographers, fellows and attendings at every level of experience. Of note, our faculty this year was >33% new from 2024, with a particular focus on bringing mid-level attendings to the podium.

There was a thread of artificial intelligence in pediatric echo woven throughout the sessions. Saturday was bookended by an oral abstract on use of AI for fetal recognition of congenital heart disease at the start of the day and an engaging debate between Drs. Anita Moon-Grady and Wayne Tworetzky on that same topic at the end of the day. We were reminded that indeed, "The Times, They Are A-Changin." Artificial intelligence was also featured prominently with a full session of didactics and discussion on specific challenges in pediatric echo, impact on health equity and use in research. An additional didactic on use of AI in imaging during the technology session completed that theme for the weekend.

Highlights of the first day included an insightful and lively discussion at Nomenclature Fest, with the welcome addition of cardiac surgeon Dr. Stephanie Fuller maintaining a focus on communication between echocardiographers

From day #1, we filled a 360-seat room; the Peds Track was standing room only for many sessions.

and surgeons. Dr. Craig Fleishman presided over his last business meeting as we welcomed Dr. Pei-Ni Jone as our new council chair. At Jeopardy, Team East set a new high score record. Go bEAST-mode! After a packed house at the Society of Pediatric Echocardiography reception on Friday night, we dodged raindrops and thunderbolts as we danced our way down Broadway.

Turnout was excellent even for the 7am session on Saturday, featuring exciting oral abstracts. Other highlights on Saturday included pulmonary atresia/intact ventricular septum and fetal echocardiography. Sonographers and junior faculty did a fantastic job with their case presentations and the engaging "conversational-style" format allowed the expert faculty to dive deep into clinically relevant pearls. In the science and technology theater, the Pediatric Cardiac Research Initiative in Imaging to Support Mentoring (PRIISM) group held a well-attended session on mentoring in academic careers.

At the ASE Foundation Gala on Saturday evening the pediatric council turned out to honor our colleague Dr. Andrew Powell as he received the Excellence in Teaching in Pediatrics Award. Those of us who have had the privilege of learning from Andy can attest that this award was well deserved.

The Pediatric Track was given two sessions on Sunday morning in the live stream room, and those sessions did not disappoint. They included an incredibly informative discussion about the mitral valve, including use of 2-D and 3-D echo for surgical planning with an additional focus on what the surgeon needs to know, and a didactic session on new technology in pediatric echo that was innovative and informative. We wrapped things up on Sunday with more exciting and high-yield sessions, bringing cardiologists and neonatologists together for targeted neonatal echo and CHD in the preterm neonate, more oral abstracts, a quality improvement session and a cutting edge session on refining cardiac and neurologic prognosis and delivery planning in fetal cardiology. Those who stuck around to attend the closing reception at the Country Music Hall of Fame got to enjoy a fitting end to a wonderful weekend in Nashville.

We look forward to Colorado 2026 and hope to see you all there!

TIPS & TRICKS

"Make every detail perfect and limit the number of details to perfect."
– Jack Dorsey

As congenital cardiac imagers, we appreciate the value of sharing tips and tricks amongst colleagues at our institutions. Considering this, the Pediatric & Congenital Heart Disease Council believes that our section of the Echo magazine may be a great avenue to share our tricks of the congenital cardiac imaging trade with colleagues across the globe. In this article we will focus on clues to Aortic Isthmus Echocardiography Imaging.

*Contributed by **Elena N. Kwon, MD, FASE**, Children's Hospital at Montefiore, Bronx, NY; **Lily Berhe, MHA, RDCS, FASE**, Levine Children's Congenital Heart Center, Charlotte, NC.*

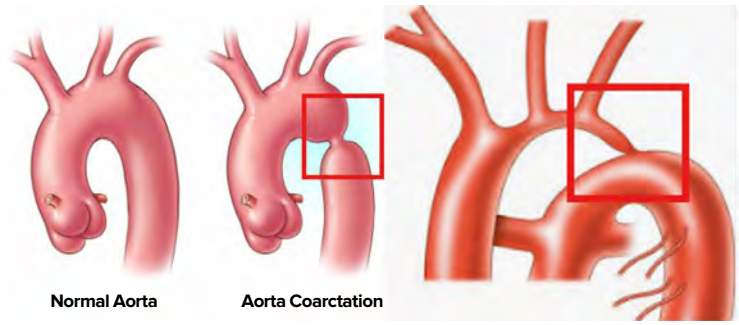
Clues to Aortic Isthmus Echocardiography Imaging??

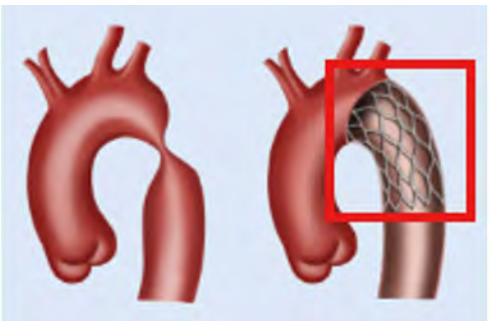
1. Know the Anatomy and Clinical Context

Before you start, review the patient's anatomy and surgical history. The aortic isthmus is the segment between the left subclavian artery and the ductus arteriosus insertion site, a key area for assessing coarctation, recoarctation, or post-intervention gradients.

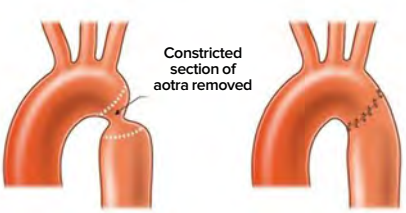
Common contexts:

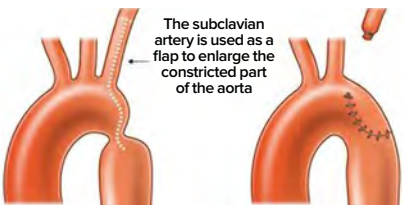
- *Native coarctation of the aorta*
- *Hypoplastic arch evaluation*
- *Post-surgical or stent repair follow-up*
- *Interrupted aortic arch*

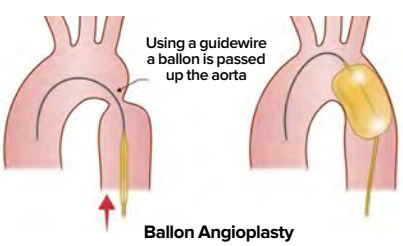




Coarctation Repair



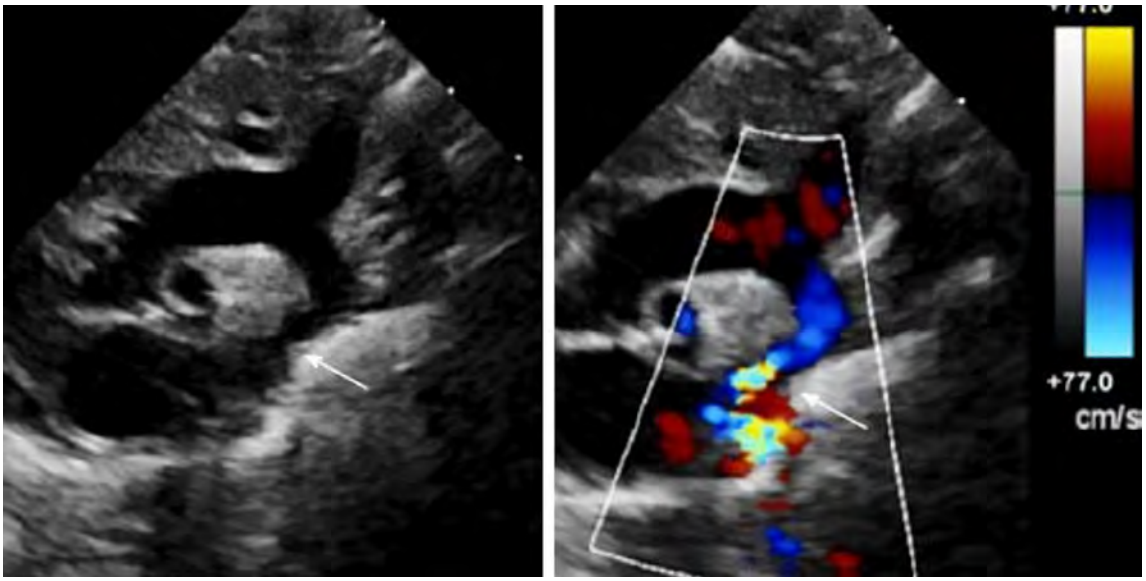




TIPS & TRICKS

2. Start with the Suprasternal Notch View

- Position: Place the transducer in the suprasternal notch with the index marker at 1 o'clock (or slightly rotated toward 2 o'clock for optimal arch alignment).
- Goal: Visualize the aortic arch in its long axis — you should see the ascending aorta, arch curvature, and descending aorta.
- *Tip: Use slight angulation to follow the arch from proximal to distal, keeping the flow laminar.*



3. Optimize 2D Settings

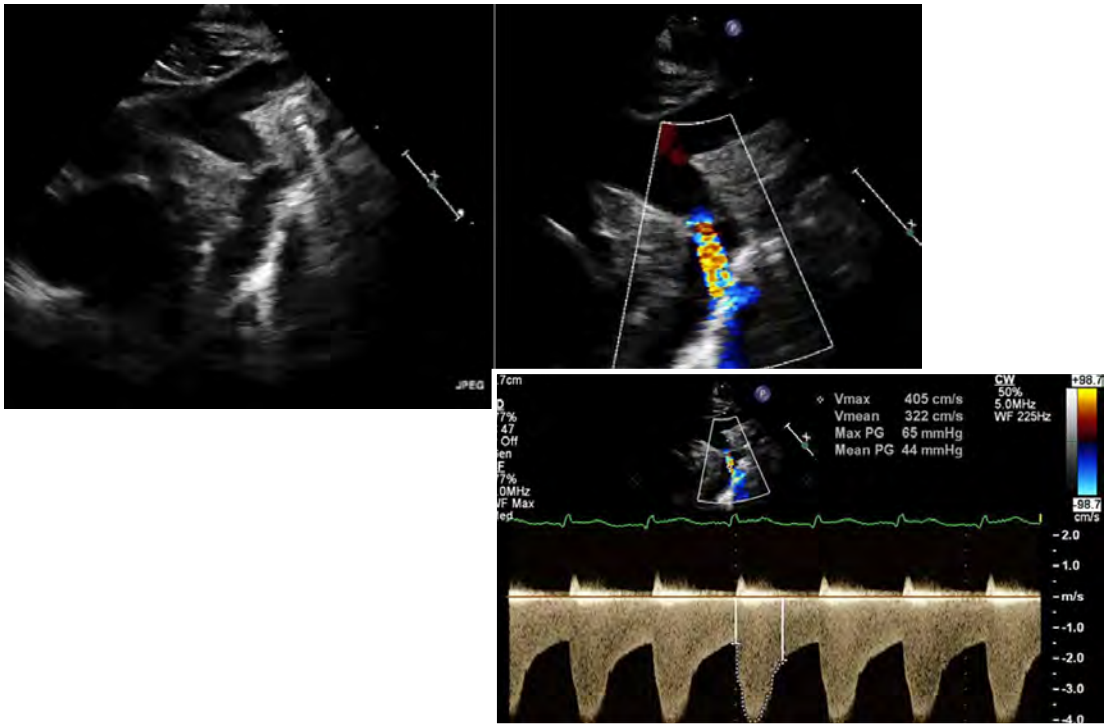
- Activate tissue harmonic imaging for better wall definition.
- Adjust overall and time-gain compensation (TGC) to reduce clutter and enhance the lumen–wall interface.
- Zoom in on the region distal to the left subclavian artery — that's the true isthmus.
- If the anatomy is unclear, sweep slowly inferiorly to trace the transition from the arch into the descending aorta.

4. Color Doppler Optimization

- Color frequency: Use low color frequency for deeper penetration.
- Nyquist limit: Lower to 30–50 cm/s to detect aliasing that may indicate turbulence or narrowing.
- Align the color box along the flow direction (parallel to the arch).
- Look for color aliasing, turbulence, or flow acceleration across the isthmus.

5. Spectral Doppler Assessment

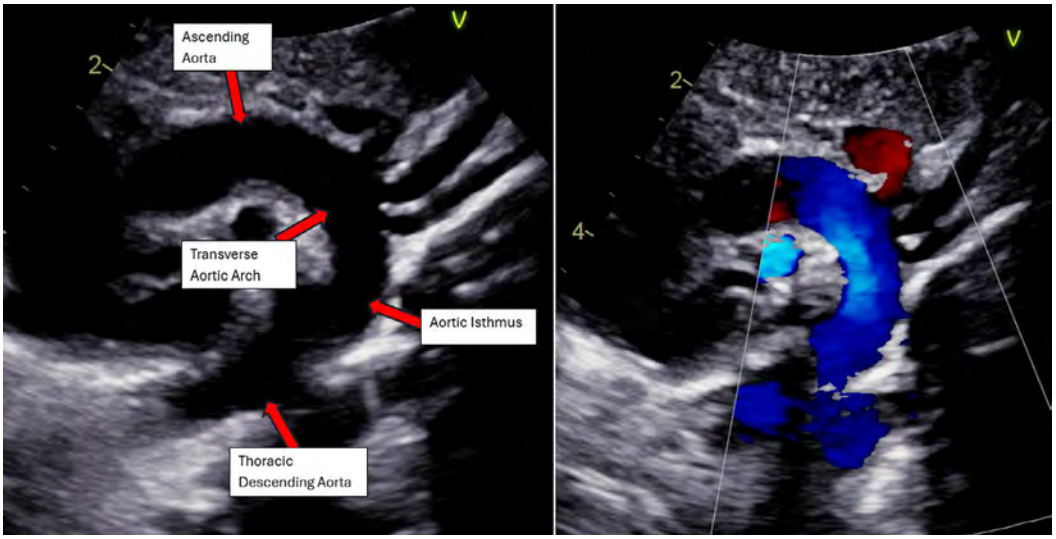
- Use pulsed-wave (PW) Doppler to sample pre-, at-, and post-isthmus locations.
- Switch to continuous-wave (CW) Doppler across the isthmus to measure peak velocity if narrowing is suspected.
- Key findings:
  - Normal flow: Tri-phasic and laminar.
  - Coarctation: Continuous antegrade diastolic flow and flow acceleration.
- Record gradients: Use the modified Bernoulli equation ($\Delta P = 4V^2$).
- Compare upper (arch) and lower (descending aorta) velocities for gradient estimation.



6. Evaluate from Multiple Windows

Bonus alternative imaging windows (useful when suprasternal is limited):

- Right Supraclavicular View:
  - Keep index at 1–2 o'clock and angle slightly leftward.
  - Excellent for visualizing the descending aorta and distal arch flow.



- High Left Parasternal View:
  - Move transducer superiorly and laterally from standard parasternal long-axis.
  - Aim posteriorly to catch the descending aorta; this is especially helpful in infants.

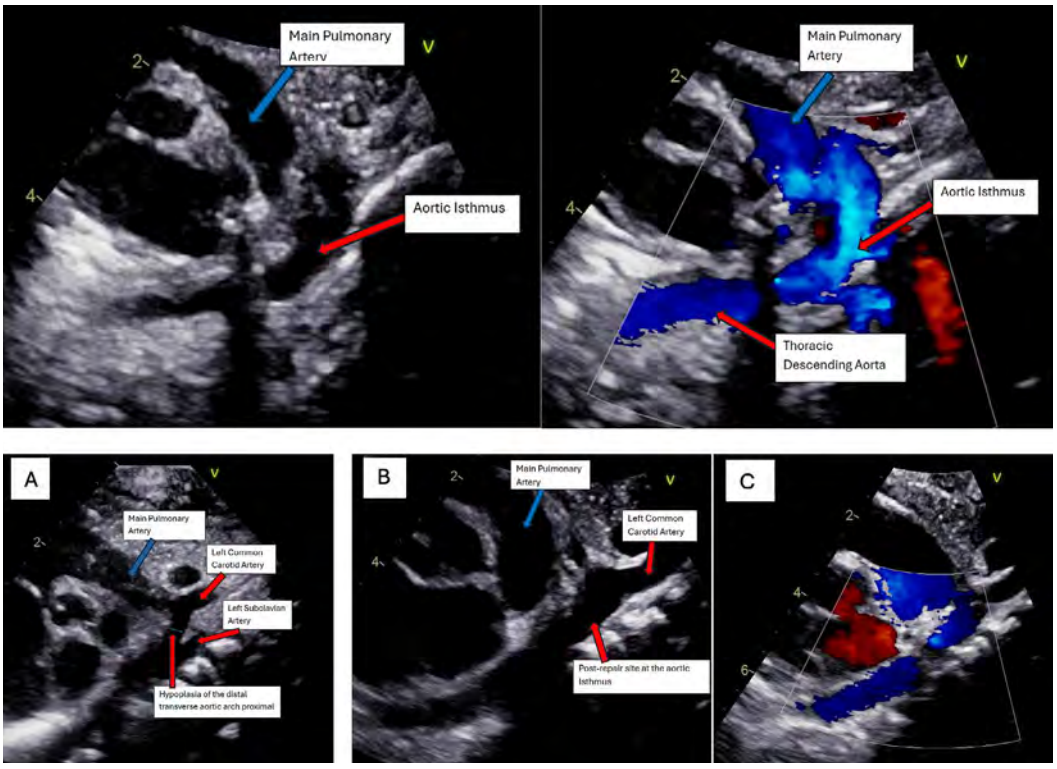
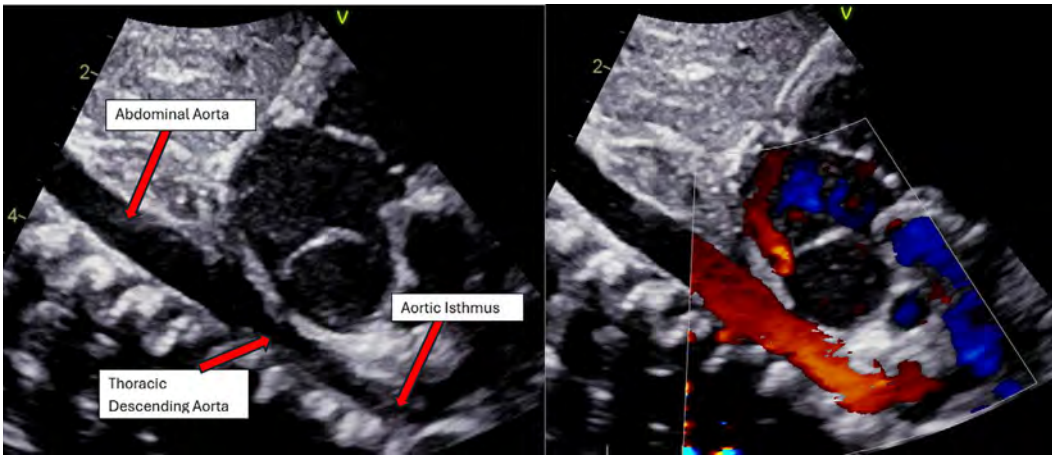


Image A: Hypoplastic Transverse aortic
Image B&C: Post-op Echo: An extended end to end repair, with a reverse left subclavian flap

- Subcostal Sagittal View:
  - Visualize the descending thoracic aorta in its longitudinal axis.
  - Great for Doppler tracing, especially when suprasternal view is challenging.



7. Things to Look For

1. Flow turbulence or aliasing – may indicate narrowing or collaterals.
2. Shelf-like ridge or narrowing at isthmus – suggestive of coarctation.
3. Continuous antegrade diastolic flow – hallmark of significant obstruction.
4. Post-stenotic dilation of descending aorta.
5. Residual gradient in post-repair patients.

8. Tips for Challenging Studies

- Use sedation or distraction in infants for a steady suprasternal window.
- Ensure proper neck extension (small rolled towel under shoulders).
- If patient has post-surgical scar or stent, angle beam to avoid reverberations.
- Combine 2D, color, and CW Doppler findings for a comprehensive assessment — no single view tells the full story.

Reminder:
Always correlate Doppler findings with blood pressure gradient (arm–leg difference) and clinical data for accurate interpretation.

Reference:
Eidem, B. W., O'Leary, P.W., & Cetta, F. (2019) Echocardiography in Pediatric and Adult Congenital Heart Disease (2nd ed.). Philadelphia, PA: Wolters Kluwer.

Council on Perioperative Echocardiography (COPE):

ASE Scientific Session Recap

*Contributed by **Kiran Belani, MD, FASE**, Northwestern Medicine, Chicago, IL*

The Council on Perioperative Echocardiography was proud to have 6 of its 11 steering committee members represent as faculty this year, and for the first time, 3 collaborator cardiac surgeons were also featured in the sessions!

THE ASE SCIENTIFIC SESSIONS 2025 at Music City Center in Nashville, TN were a major success! As the Perioperative Track Co-Chair from 2023-2024, and Perioperative Representative to the Scientific Sessions from 2024-2025, it has been an honor to watch the perioperative presence within the ASE and at the Sessions grow over the years along with help with the support of our cardiac surgery, cardiology, and sonographer colleagues and partners. The Council on Perioperative Echocardiography was proud to have six of its eleven steering committee members represent as faculty this year, and for the first time, three collaborator cardiac surgeons were also featured in the sessions! There was also a significant amount of crossover between perioperative, interventional, and critical care/POCUS sessions, as multidisciplinary talks have now become the fabric of the ASE's pathology- and disease-state focus of session building for the meeting.

Here are some snapshots as a photographic recap of the sessions, from the perioperative perspective!

The core perioperative session of the meeting in collaboration with the Society of Cardiovascular Anesthesiologists' kicked off on Friday, September 5: "Tales from the Other Side of the Drapes: Intraoperative Echocardiography in Surgical Decision-Making." Featured here are several combined SCA/ASE members, Dr. Kiran Belani (active speaker, Northwestern, COPE Member-at-Large), and moderators/panelists (from left-to-right) Dr. Douglas Shook (Mass General Brigham, COPE Chair), Dr. Kevin Hodges (surgeon, Northwestern), Dr. Sunil Mankad (Mayo Clinic), Karen Zimmerman (University of Michigan), Dr. Yasdet Maldonado (speaker/Cleveland Clinic), Dr. Kimberly Howard-Quijano (speaker/University of Pittsburgh, past COPE Member-at-Large), and Dr. Richard Sheu (University of Washington, COPE Chair-Elect). Talks included discussion about Complex Surgical Mitral Valve Repair (Howard-Quijano), Mitral Valve Interventions in Obstructive Hypertrophic Cardiomyopathy (Maldonado), and Tricuspid Valve Surgical Considerations in the Transcatheter Era (Belani).

Perioperative Leadership Academy cohort members from LA Cohorts 2,3, and 4 represented at the Leadership Academy current cohort and Alumni meet-up at the President's Welcome Reception on Friday evening. Shown here: Dr. Ingrid-Moreno Duarte (UT Southwestern, LA Cohort #4), Dr. Kiran Belani (Northwestern, LA Cohort #3), and Dr. Richard Sheu (University of Washington, LA Cohort #2).

The Episodes of Care "Valve Disease" Session on Saturday September 6 featured a multidisciplinary panel of clinicians to tease apart a case presentation of a patient with a history of coronary artery bypass grafting, now with concomitant triple-valve disease (most importantly, aortic valve and mitral valve disease) that needed to be addressed. Dr. G. Burkhard Mackensen (University of Washington, perioperative and interventional imager extraordinaire and cardiac anesthesiologist/intensivist, past COPE Chair) is seen here at the smart whiteboard detailing important considerations and teaching points from the mitral valve intraprocedural imaging portion of the case, also adding the cardiac anesthesiologist's perspective on patient management.

Full "Episodes of Care: Valve Disease" session participants *(from left-to-right):* Dr. Kevin Hodges (surgeon, Northwestern), Dr. Abdallah El Sabbagh (interventional cardiologist/Mayo Clinic), Dr. G. Burkhard Mackensen (University of Washington, past COPE Chair), Dr. Renuka Jain (Aurora St. Luke's), Eric Kruse (University of Chicago), and Dr. Noreen Kelly (Advocate/ Sanger Heart and Vascular Institute). We were thrilled to have Dr. Kevin Hodges, robotic mitral surgeon at Northwestern Medicine, participate as a part of this multidisciplinary panel.

Dr. Alina Nicoara (Duke, past COPE Chair) received the Outstanding Achievement in Perioperative Echocardiography award at the ASE Foundation Research Awards Gala on the night of Saturday September 6 for her dedication, commitment, and significant contributions to the field. She has been a trailblazer and role model for many in our field. This was truly the perioperative highlight of the meeting! Featured here are: Dr. Ted Abraham (ASE Immediate Past-President, UCSF), and Dr. Alina Nicoara.

COPE Council and Friends of COPE at the ASEF Gala Dinner: *from left-to-right*, Dr. Himani Bhatt (Mount Sinai, Morningside), Dr. Kimberly Howard-Quijano (University of Pittsburgh, past COPE Member-at-Large), Dr. Douglas Shook (Mass General Brigham, COPE Chair), Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair), family members x 2 of Dr. Alina Nicoara, Dr. Alina Nicoara (Duke), Dr. Charles Nyman (Mass General Brigham, past COPE Member-at-Large), Dr. G. Burkhard Mackensen (University of Washington, past COPE Chair), Dr. Kiran Belani (Northwestern, COPE Member-at-Large), Dr. Richard Sheu (University of Washington, COPE Chair-Elect), Dr. T. Robert Feng (Stanford). Dr. Mary Beth Brady (Johns Hopkins, Interventional Echo Council Chair-Elect), and Dr. Loren Francis (MUSC, COPE Member-at-Large).

COPE Council and Friends of COPE (clearly… ***BEST FRIENDS***!) at the Gala Photo Booth! *From left-to-right:* Dr. Himani Bhatt (Mount Sinai Morningside, COPE Member-at-Large), Dr. Douglas Shook (Mass General Brigham), Dr. G. Burkhard Mackensen (University of Washington), Dr. Kiran Belani (Northwestern, COPE Member-at-Large), Dr. Kimberly Howard-Quijano (University of Pittsburgh, former COPE Member-at-Large). Dr. Ingrid Moreno-Duarte (UT Southwestern), Dr. Alina Nicoara (Duke, past COPE Chair), Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair), Dr. Mary Beth Brady (Johns Hopkins), Dr. Richard Sheu (University of Washington, COPE Chair-Elect), Dr. Charles Nyman (Mass General Brigham, past COPE Member-at-Large), Dr. Robert Feng (Stanford), and Dr. Andrew Notarianni (Yale, COPE Education Representative).

The Sunday Session "What's New in Echocardiography for Temporary and Durable MCS, 2024 Guideline Update" featured the work of the writing group which included the perioperative representatives Drs. Alina Nicoara (Duke, past COPE Chair, Guideline Co-Chair), Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair), and Dr. G. Burkhard Mackensen (University of Washington, past COPE Chair). This engaging discussion highlighted the perioperative management and troubleshooting of several MCS devices, as the perioperative adjustments made with these devices are often the most critical. From left-to-right: Dr. Raymond Stainback (Baylor), Dr. Alina Nicoara (Duke), Dr. Jerry Estep (Cleveland Clinic Florida, Guideline Chair), Eric Kruse (University of Chicago), and Dr. Bo Xu (Cleveland Clinic).

The meeting finished out with two interventional sessions ("Performance of MV TEER" and "Interventional TED Talks: Where we are in 2025 and tomorrow's vision!") both featuring lectures by Dr. G. Burkhard Mackensen, featured speaker here. Other panelists, speakers, and moderators, from *left-to-right:* Dr. Steven Little (Houston Methodist, past ASE President), Dr. Nishath Quader (Washington University in St. Louis, Interventional Council Chair), Dr. Rebecca Hahn (Columbia), Dr. Enrique Garcia-Sayan (Baylor), Amy Dillenbeck (Cleveland Clinic), and Dr. Noreen Kelly (Advocate/ Sanger Heart and Vascular Institute).

And, last but not least, we as the COPE council concluded the Sessions with our Council retreat, for which this echo family fueled up for a full morning of Council strategic planning with the highest level of spice and enthusiast heat levels at Hattie B's Hot Chicken! *From left-to-right:* wife of of Dr. Charles Nyman, Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair), Dr. Andrew Notarianni (Yale, COPE Education Representative), Dr. Douglas Shook (Mass General Brigham, COPE Chair), Dr. Richard Sheu (University of Washington, COPE Chair-Elect), Dr. Himani Bhatt (Mount Sinai Morningside, COPE Member-at-Large), Dr. Kiran Belani (Northwestern, COPE Member-at-Large), and Dr. Charles Nyman (Mass General Brigham, past COPE Member-at-Large).

From left-to-right: Dr. Douglas Shook (Mass General Brigham, COPE Chair), Dr. Andrew Notarianni (Yale, COPE Education Representative), Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair), Dr. Richard Sheu (University of Washington, COPE Chair-Elect), Dr. Kiran Belani (Northwestern, COPE Member-at-Large), Dr. Charles Nyman (Mass General Brigham, past COPE Member-at-Large), Dr. Himani Bhatt (Mount Sinai Morningside, COPE Member-at-Large), and wife of Dr. Charles Nyman.

Back row, left-to-right: Dr. Kelly Thorson (Council Representative, ASE BOD), Dr. Himani Bhatt (Mount Sinai Morningside, COPE Member-at-Large), Dr. Andrew Notarianni (Yale, COPE Education Representative), Dr. Kiran Belani (Northwestern, COPE Member-at-Large), Dr. Abimbola Faloye (Emory Healthcare, COPE SS Representative), Dr. Eric Lineburger (Hospital Sao Jose, COPE Member-at-Large), Dr. Loren Francis (Medical University of South Carolina, COPE Member-at-Large), Xiu Tang (Stanford, COPE Member-at-Large)

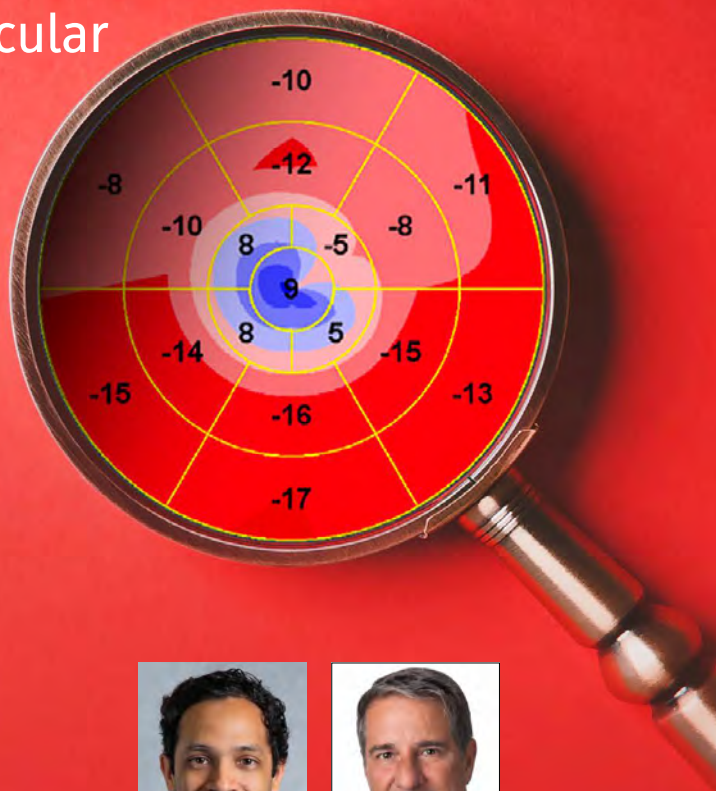
Front row, left-to-right: Dr. Richard Sheu (University of Washington, COPE Chair-Elect), Dr. Douglas Shook (Mass General Brigham, COPE Chair), Dr. Sheela Pai Cole (Stanford, immediate-past COPE Chair)

COPE and friends of COPE are already looking forward to next year in Aurora, CO! Dr. Bola Faloye (Emory) is serving as the Perioperative Representative to the Scientific Sessions and the Valvular Heart Disease/ Structural Pathway for the 2026 Sessions, and we look forward to her leadership in this respect at the meeting!

COPE and friends of COPE are already looking forward to next year in Aurora, CO!

An Exploration of the New ASE Consensus Statement for the Clinical Application of Strain Echocardiography:

A Joint Statement from the American Society of Echocardiography and European Association of Cardiovascular Imaging



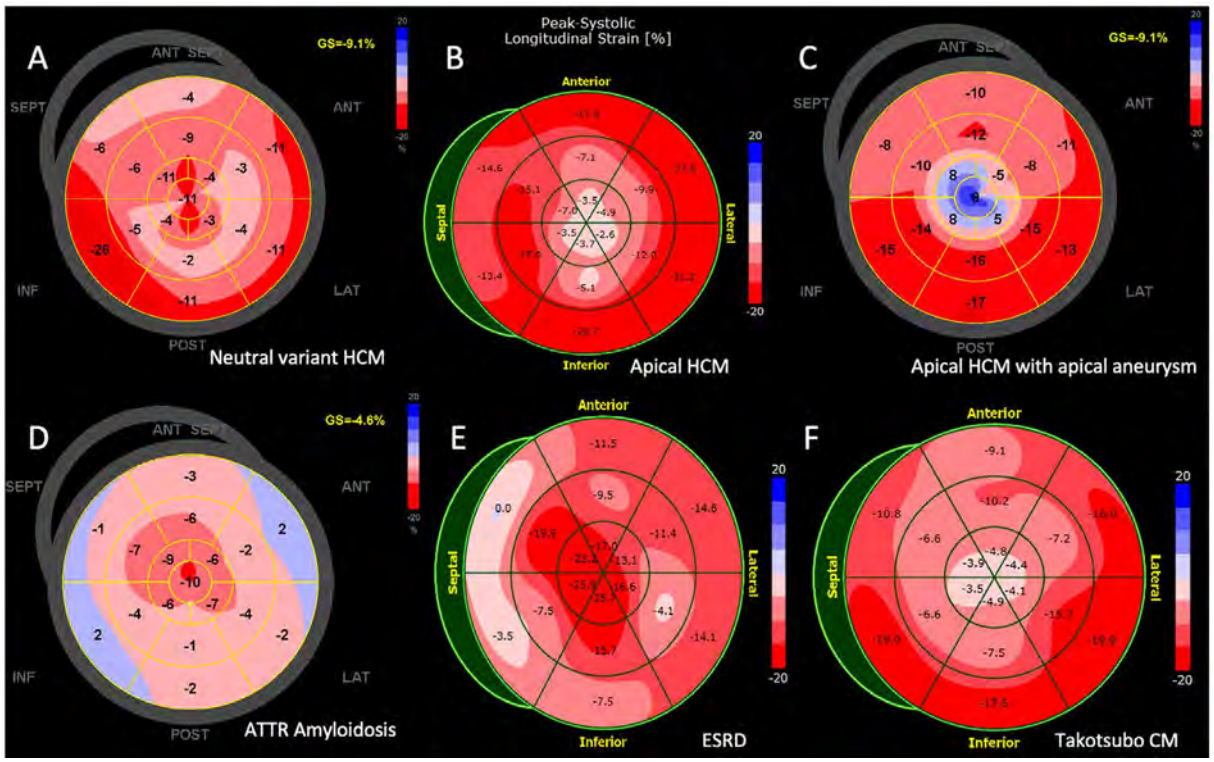
In the November issue of JASE, ASE and EACVI have joined forces to publish Thomas et al.'s "Clinical Applications of Strain Echocardiography: A Clinical Consensus Statement," a guideline and standards document, providing a comprehensive overview of the appropriate clinical indications for utilizing speckle tracking strain imaging.[1] Importantly, speckle tracking echocardiography (STE) has advanced significantly over the last two and a half decades, resulting in literally thousands of studies exploring the diagnostic and prognostic value of myocardial strain across the pantheon of cardiovascular pathologies, and this consensus statement attempts to codify recommendations for its use. This document grows out of two important prior efforts. The first was the initial combined statement from these two organizations on strain, published 2011, a document that was primarily technical in nature, focused on defining myocardial strain, including Doppler tissue imaging for strain quantification (now rarely used), expanding on the technicalities surrounding the acquisition of speckle tracking strain, and the potential pitfalls of speckle tracking strain measurements, particularly the variation in strain measurements among the various vendors at the time.[2] There were few clinical use recommendations in this document as there was little evidence of strain's value, and inter-vendor variation was seen as a potentially limiting flaw.

Contributed by
Vinesh Appadurai, MBBS, FASE, Bluhm Cardiovascular Institute, Northwestern University, Chicago, IL, School of Medicine, The University of Queensland and Department of Cardiology, The Prince Charles Hospital, Queensland, Australia and **James D. Thomas, MD, FASE**, Bluhm Cardiovascular Institute, Northwestern University, Chicago, IL

In step with advancements in technology, the ASE and EACVI organized a strain standardization taskforce in 2010, which worked diligently to standardize STE strain acquisition and analysis techniques to reduce the intervendor variation to only 1 or 2 absolute %, considered acceptable for clinical use. Subsequent reports from the Standardization Task Force, published over the last decade, focused on defining the intervendor differences on global longitudinal strain, sensitivity for detecting scar and ischemia and the standardization of acquiring and reporting atrial and right ventricular strain.[3] Despite all this work, no formal societal clinical consensus statement endorsing particular applications of strain within a clinical framework has been published.

The newly published guideline document fulfils a dual mandate by updating the state of the science since the original 2011 combined statement while also providing definitive clinical advice for day-to-day decision-making. A brief technology update section starts off the document by endorsing the mid-wall/full-wall approach as the normative strain method by providing more robust tracking of speckles, reduction in geometric distortion and aligning with the bulk of normative and clinical data. Moreover, clear guidance is provided for the usage of the negative sign in the documenting of strain values and how to navigate communication when "dropping" this sign for clinical reporting.

FIGURE 1 Use of LV strain patterns to determine etiology of LV hypertrophy and HF. Despite the common 2D echocardiographic LV morphology of LV wall thickening, the strain maps show particular patterns suggestive of (A) neutral-variant HCM with relatively impaired septal function, (B) apical HCM demonstrating apical impairment, (C) apical HCM with apical aneurysm demonstrating apical dyskinesis, (D) transthyretin cardiac amyloidosis demonstrating a relative apical-sparing pattern, (E) end-stage renal disease (ESRD) with a pattern mimicking a relative apical-sparing pattern, and (F) takotsubo cardiomyopathy (CM) with impairment of the mid to apical segments but sparing of the basal segments. ANT, Anterior; ANT_SEPT, anteroseptal; GS, global strain; INF, inferior; LAT, lateral; POST, posterior; SEPT, septal. Adapted with permission from Thomas et al.(1) (Clinical Applications of Strain Echocardiography: A Clinical Consensus Statement From the American Society of Echocardiography Developed in Collaboration With the European Association of Cardiovascular Imaging of the European Society of Cardiology, published in the November 2025 Journal of the American Society of Echocardiography. Reprinted with permission from Elsevier Inc. on behalf of ASE.)



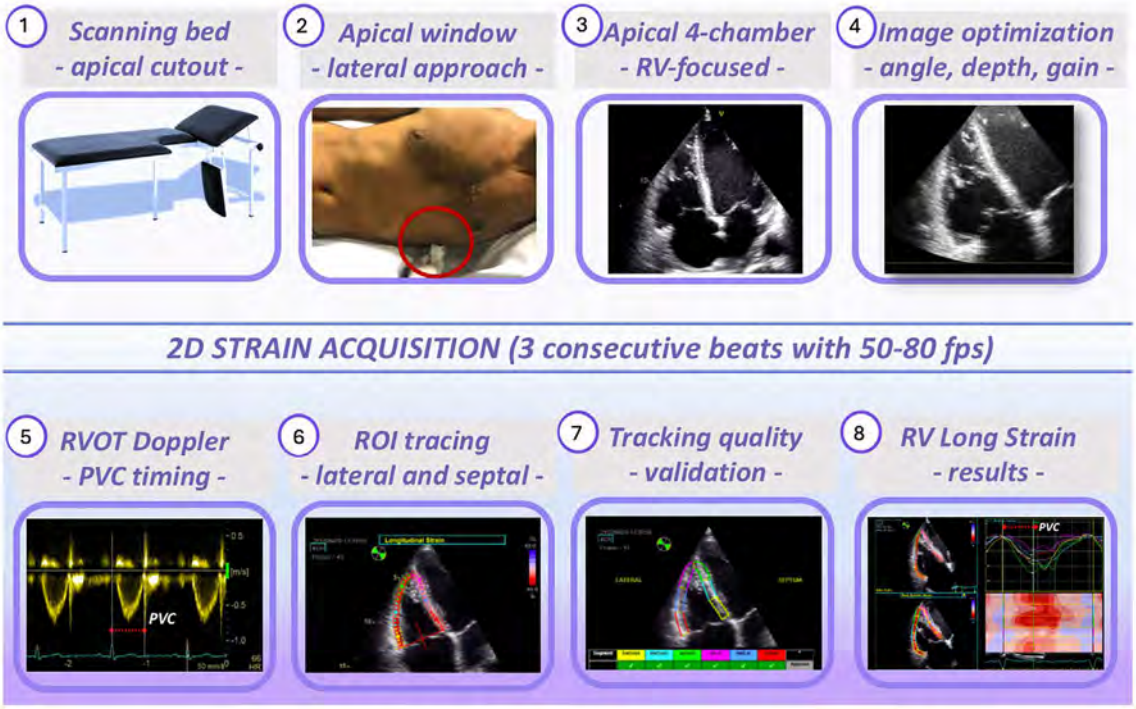


FIGURE 2 Workflow for obtaining accurate RV strain measurements. Following the order of steps from 1 to 8 and optionally deselecting the septum to produce RVFWLS will result in accurate and reproducible RV strain parameters. Long, Longitudinal; PVC, pulmonary valve closure; RVOT, RV outflow tract. Adapted with permission from Thomas et al.(1) (Clinical Applications of Strain Echocardiography: A Clinical Consensus Statement From the American Society of Echocardiography Developed in Collaboration With the European Association of Cardiovascular Imaging of the European Society of Cardiology, published in the November 2025 Journal of the American Society of Echocardiography. Reprinted with permission from Elsevier Inc. on behalf of ASE.)

A practical table 2 has been put together to advise on common but important technical pitfalls when acquiring strain imaging, covering foreshortening, region of interest (ROI) sizing, navigating arrhythmias, the effects of blood pressure variability and suboptimal subendocardial border visualization.

A full section has been dedicated to the important matter of normative ranges of left ventricular global longitudinal strain (LV GLS), RV free wall longitudinal strain (RVFWLS) and left atrial (LA) strain. The field of study is finally at the point where large-scale individual patient level meta-analysis and multi-national cohort studies have allowed for robust population-based normality. Clear consensus statement points communicate the lower limits of normal for LV GLS at -16%, RVFWLS at -20% for men and -21% for women and for LA reservoir strain 23%, though all these parameters are continuous variables, so strict "cut-offs" are less important. Changes in strain values of clinical importance over sequential follow-up is also determined at a relative change of 10 to 15% across studies (i.e., an absolute change 2 or 3% from a baseline GLS of -20%).

As would be expected, the largest section is dedicated to the clinical applications of strain with a sweeping overview of the evidence to date for LV GLS, RV FWLS and LA strain in the various stages of heart failure, differentiation of athlete's heart from underlying cardiomyopathies, cardio-oncology and the guidance for chemotherapeutic administration, ischemic heart disease, valvular heart disease and congenital heart disease.

The heart failure section is divided into applying strain in Stage A/B and finally Stage C/D heart failure, including the value of strain in heart failure with preserved ejection fraction (HFpEF). The concept of strain as a continuum, with incremental declines in strain providing prognostic value in these cohorts is reiterated. Importantly, **figure 1** (figure 6 in the official publication) offers a graphical representation of the pathognomonic patterns of LV strain in HFpEF and ventricular hypertrophy, including the characteristic "cherry on top of the ice cream cone" often indicative of cardiac amyloidosis.[1]

Strain imaging has been in the spotlight in the field of cardio-oncology, given the significant array of cancer therapies, their adverse effects on the myocardium and the growing need for detecting subclinical LV dysfunction prior to overt declines in ejection fraction. Off the back of the SUCCOUR trial, countless other observational studies and the recent ESC cardio-oncology guidelines, there is clear quantitative guidance given for how to interpret strain declines and ongoing surveillance using LV GLS. Importantly, the strain guideline aligns with clinical practice by affirming that isolated decreases in strain, particularly in the presence of a preserved ejection fraction, should not automatically prompt chemotherapy interruption.

In the area of ischemic heart disease, the utility of strain in the detection, localization and assessment of myocardial viability is elaborated on. Patterns of GLS and segmental longitudinal strain may assist in the evaluation of non-STEMI patients while more novel strain parameters, such as RVFWLS may also provide value in assessing RV infarcts.

A sub-section dedicated to valvular heart disease, explores the important area of LV GLS for detecting subclinical LV dysfunction in patients with asymptomatic severe aortic stenosis, severe mitral regurgitation with apparently preserved LVEF and RVFWLS cut-offs in patients with severe tricuspid regurgitation. All very important values to remember, particularly with the growing developments in the transcatheter valve intervention space.

A mention must be made to the late Dr. Roberto Lang's contribution to the document, particularly the RV strain section, providing step-by-step guidance into the acquisition of RV strain in **figure 2** (figure 11 in the official publication), and the utility of this important parameter in right heart disease assessment.1 We were also saddened by the passing of Maurizio Galderisi during the writing of this consensus statement, which is dedicated to their memory.

Supplementing the narrative in the main paper are extensive evidence tables, providing detailed summaries of the most important studies in strain imaging and their contributions to all the above-mentioned pathologies.

The guideline document also provides a consensus on where more advanced and novel parameters such as mechanical dispersion and myocardial work stand in clinical practice. Exploring the mechanistic value of these parameters but recognising the heterogeneity across small sample size cohort studies and the lack of harmonization of normal value ranges, thus limiting clinical applicability for now.

We hope, that as echocardiographers, sonographers and researchers, this document provides some further guidance into your practice and harmonizes the enormous breadth of evidence published to date in this area.

Finally, the impact of artificial intelligence on the acquisition, interpretation and application of strain for clinical echocardiography laboratories is covered in a future directions section. The guideline authors recognise the significant progress made in STE strain technology over the past two decades, the wide applicability of these tools within day-to-day clinical echocardiography, and the potential for further developments within the field over the next decade. STE is a vital component of echocardiography, backed by one of the largest evidence base and provides nuance to chamber function assessment. We hope, that as echocardiographers, sonographers and researchers, this document provides some further guidance into your practice and harmonizes the enormous breadth of evidence published to date in this area.

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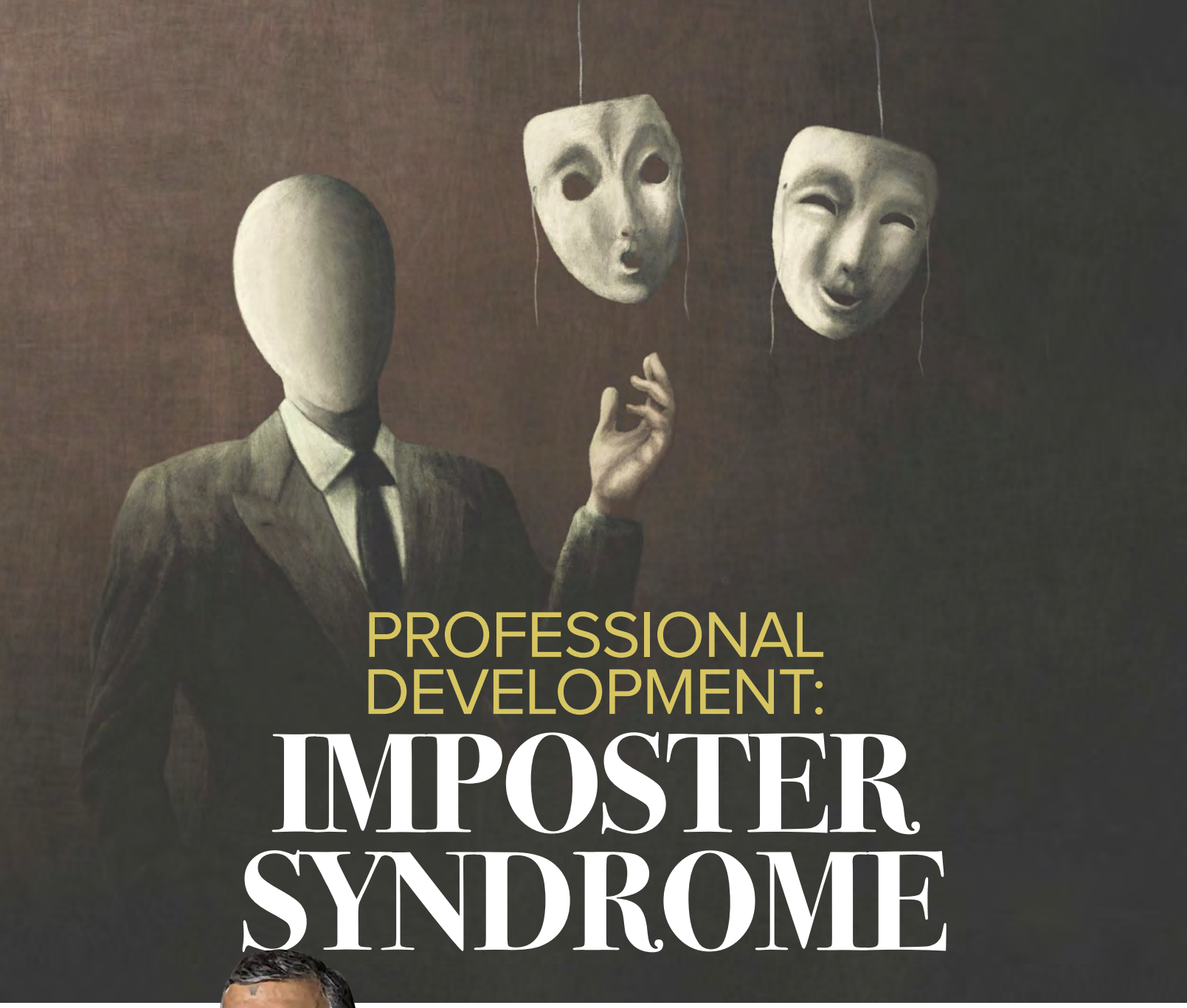
Vinesh Appadurai, MBBS, and James D. Thomas, MD, reported no actual or potential conflicts of interest in relation to the original strain document.



PROFESSIONAL DEVELOPMENT:

IMPOSTER SYNDROME

Madhav Swaminathan, MD, MMCi, FASE
ASE Leadership Academy Program Director and ASE Past President

We often first hear the words "imposter syndrome" in forums where someone else seems to be describing what many of us have felt as we advance in our careers. While the term may suggest that we have some misplaced lack of confidence in our abilities, it is usually a sign of growth. But what if it is actually a reflection of something deeper and more promising? In his book *Hidden Potential*, Adam Grant challenges the notion that success is solely about innate talent or early achievement. Instead, he argues that true growth emerges from the discomfort of stretching beyond our current abilities. Feeling like an imposter, then, isn't evidence that you don't belong — it is often an indication that you are operating at the edge of your potential.

Many of us enter medicine with a track record of consistent excellence. We have been at the top of our class, the problem solvers, the ones others look toward for answers. But as we advance, the playing field changes. Suddenly, we are surrounded by equally capable peers, and the benchmarks for success become more complicated. This is where imposter syndrome often takes root. It is not because we are inadequate, but because we are growing. Grant reminds us that "the path to mastery is paved with moments of uncertainty." Those moments are not setbacks, but signs of progress.

In this issue, Dr. Parag Tipnis shares a powerful and candid story of how he confronted imposter syndrome and transformed self-doubt into strength. His experience underscores an essential truth: vulnerability, reflection, and mentorship are not just antidotes to imposter syndrome—they are catalysts for authentic leadership.

COHORT 4 STORY

Parag Tipnis, MD, FASE
ASE Leadership Academy Cohort 4,
Mentor Match Cohort 1 Mentee

In the early stages of my medical career, I carried a strong sense of confidence. Like many who enter the field, I had consistently performed at the top of my class and felt assured in my abilities. However, as I progressed through medical school and into residency applications, I began to encounter peers who were equally talented—and many who were, in some ways, more accomplished. I was no longer at the top, but somewhere in the middle. This shift was disorienting.

Initially, I believed I deserved the best residency and fellowship placements based on my clinical skills and academic record. But as I observed others advancing, I realized that success in medicine is not solely about knowledge or performance—it's also about strategy, mentorship, and relationships. Many of my peers had cultivated strong research portfolios, built networks, and sought guidance from mentors early on. I learned that leaning on others is not a weakness, but a strength. With this insight, I began to seek mentorship more actively and broaden my professional connections. Eventually, I earned a coveted cardiology fellowship, though not on my first attempt.

During fellowship, I was determined to excel. My program director later told me that selecting me had been one of his best decisions. Despite this affirmation, I began to feel like I didn't belong. I questioned my skills, especially in echocardiography. While peers praised my echo interpretations, I often compared myself to others who performed more complex procedures or seemed more meticulous. I felt like I was falling short—like I was an imposter.

It wasn't until I learned about imposter syndrome in the ASE Leadership Academy that I began to understand these feelings. Imposter syndrome is the persistent belief that one's success is undeserved, and that others will eventually discover one's perceived inadequacy. Recognizing this pattern in myself was transformative. I realized that my self-doubt wasn't rooted in reality, but in a distorted perception of my worth and accomplishments.

To navigate imposter syndrome, I had to intentionally shift my mindset. I began to reflect on my achievements, accept praise without deflection, and acknowledge that expertise comes in many forms. I also learned to celebrate progress rather than

Imposter syndrome is the persistent belief that one's success is undeserved, and that others will eventually discover one's perceived inadequacy.

perfection. This shift didn't happen overnight, but it has made a lasting impact on how I view myself and my role in medicine.

Importantly, this experience has shaped how I mentor others. I now recognize that imposter syndrome is common among medical professionals, especially those in training or leadership roles. When mentoring, I make a point to validate others' experiences, offer specific praise, and share my own journey with vulnerability. I've found that normalizing these feelings helps others feel less isolated and more empowered.

In leadership, acknowledging imposter syndrome is crucial. It allows us to foster environments where people feel seen, supported, and valued—not just for their output, but for their growth. By embracing authenticity and encouraging reflection, we can help others navigate their careers with confidence and resilience.

ALUMNI INSIGHT

Kristen Billick, BS, ACS, RCS, RDCS (AE, PE), FASE
ASE Leadership Academy Cohort 1 Alumnus,
Mentor Match Cohort 1 Mentor

Reading Dr. Tipnis's story felt very familiar to my own experiences. Interestingly, imposter syndrome has impacted me more in my involvement with ASE than in my career growth within my own organization. As a sonographer, and later as a leader, I always felt confident in my clinical skills and deserving of the roles I stepped into. But when I began engaging in ASE, surrounded by accomplished and well-known sonographers and physicians, I often felt inadequate. I would downplay my contributions, telling myself I was only invited to projects, papers, or committees because I was friendly or well-connected, rather than because of the work I had earned and the expertise I brought. I worried that if anyone saw through me, they would be disappointed and realize I wasn't as capable or knowledgeable as they thought.

Discovering the concept of imposter syndrome was a turning point. It provided clarity for what I was going through and helped me understand that these thoughts did not reflect the truth. That awareness has made me more intentional, pushing myself to accept assignments and leadership opportunities I might have previously talked myself out of for fear of being "found out." While I don't think imposter syndrome will ever fully disappear for me, I've learned to

By naming it, talking about it, and supporting each other through it, we create a culture where people feel seen, validated, and empowered to step into opportunities they might otherwise shy away from.

acknowledge it, quiet it, and even celebrate my wins without guilt.

Equally important has been sharing these feelings with others. When Dr. Strom and I co-moderated Dr. Tipnis's Leadership Academy cohort discussion on imposter syndrome, it was apparent how common these experiences truly are, even among people in very high positions. Hearing respected colleagues voice similar struggles has helped normalize my own and reminded me that vulnerability is a strength.

Like Dr. Tipnis, I've come to see that imposter syndrome, while uncomfortable, can also be a catalyst for growth. By naming it, talking about it, and supporting each other through it, we create a culture where people feel seen, validated, and empowered to step into opportunities they might otherwise shy away from.

ALUMNI INSIGHT

Jordan Strom, MD, MSc, FASE
ASE Leadership Academy Cohort 1 Alumnus,
Mentor Match Pilot Program Mentor

On my first day as a newly minted medical student at Harvard Medical School, I received my white coat in a formal ceremony held in the storied Vanderbilt Hall, the dorm that had housed the likes of Howard Hiatt, Walter Bradford Cannon, Atul Gawande, Michael Crichton, Gary Gibbons, and countless other luminaries who have made an indelible mark on the arc of medicine and society writ large. Surrounded by all of the pomp and circumstance, I couldn't help but feel like the coat was a bit ill-fitting. My fellow medical students came with a well-honed and long list of already achieved accolades ranging from being the first to free-solo climb dangerous alpine ascents (the subject of a documentary film about this student) to winning the Rhodes scholarship and everything in between. As I stood gobsmacked at the talented students and professors that surrounded me, I couldn't help but wonder if I truly deserved to be in their company. What had I done that had deserved a place in this group? What if the admissions committee made a mistake and sent an acceptance letter to the wrong Jordan Strom? Despite reassurances during the white coat ceremony that we were all chosen for a reason, I couldn't help but feel doubt in my head and anxious about how I would be perceived and if I could rise to the occasion.

Fourteen years later, as an Associate Professor at Harvard, an NIH-funded clinician investigator, and director of the lab that taught me everything I know about echocardiography, I still feel uneasy with the titles. Surely there is someone more deserving, more talented, more accomplished that deserves my place. In fact, I happen to know countless people who fit those exact qualifications. At each stage of the journey, I've always harbored a deep-seated nihilistic, pessimistic view about my own future. Undoubtedly this is my terminal promotion, my last grant, my zenith before my inevitable fall from grace. But somewhere along the line, I began to view things a bit differently.

As I look around in awe at the talent I see with each incoming ASE Leadership Academy cohort, I've begun to see others looking back at me. It wasn't that I deserved to be on a pedestal, but that most people shared the same imposter syndrome that I have as an ASE Leadership Academy alumnus, now leading the discussion on this very topic. In fact, for the last two years, my friend and phenomenal ASE Leadership Academy Cohort 1 colleague, Kristen Billick and I have been administering the Clance Imposter Syndrome Scale, a validated survey that can be used to diagnose the presence and severity of imposter syndrome, to each ASE Leadership Academy class prior to their session. The exercise, intended as an icebreaker, is also eye-opening with 85% of respondents reporting moderate to intense imposter syndrome without differences across professions (e.g. sonographers, cardiologists, anesthesiologists, etc.). What becomes very clear is that many, if not most, of us harbor these insecurities, though we are often too afraid to admit this to others at risk of seeming weak, naïve, or inexperienced.

By normalizing these anxieties which impact all of us, including ASE presidents and luminaries, we hope to engender a culture of openness and honesty in our future societal leaders, allowing them to be comfortable being vulnerable and empowering them to act rather than be paralyzed by self-admonition. To the extent that imposter syndrome impacts nearly all of us, regardless of our subspecialty or pursuits, we all need to learn to overcome these self-erected barriers that ultimately impair our willingness to take on big challenges and unique, but potentially fleeting, opportunities that present themselves.

"We miss 100% of the shots we don't take." Let this be a lesson for us to always move forward despite not knowing exactly where it will take us.

To quote former ASE past president, Allan Klein, my assigned ASE Leadership Academy mentor, quoting the famous hockey player, Wayne Gretsky, "We miss 100% of the shots we don't take." Let this be a lesson for us to always move forward despite not knowing exactly where it will take us. The white coat I received as a first-year medical student still doesn't fit perfectly but knowing that it doesn't have to has brought me the necessary confidence and resilience. Through my interactions with the ASE Leadership Academy as well as through my daily work, I hope to bring this spirit of self-validation to others in hopes it can help them overcome challenges and allow them to become the greatest version of themselves for all.

ASE ANNOUNCEMENTS:

ASE Leadership Academy
Cohort 4 Graduates in June 2026

The next Mentor Match cohort will begin taking applications in February 2026*.

Applications for 2026-2027 volunteers ends January 5, 2026, and selections will be made before terms start on July 1, 2026.

Remembering
Dr. Natesa Pandian
1947-2025

We were saddened to learn that Dr. Natesa Pandian passed away on November 22, 2025. He was a wonderful and unique person who contributed much to the field of echocardiography. He was recently lead author on the 2023 ASE Guideline entitled: *Recommendations for the Use of Echocardiography in the Evaluation of Rheumatic Heart Disease*.

Here are a few Condolences shared by fellow ASE members.

"Nat made significant contributions to the field of echocardiography during his career and had the biggest heart for teaching and mentoring those in academic cardiology. He loved life and people. Those of us who were lucky enough to know him learned tremendously from him about echocardiography, clinical cardiology and life. He served as mentor and was friend to many current active members of ASE. Hope we honor his memory and carry forward the light he shared with so many of us in the ASE community."
–Jin Kyung Kim

"Nat was such a wonderful person, and a true ambassador for our entire ASE community. His grace and good humor will be missed by so many."
–Stephen Little

"He always had a smile on his face. And a twinkle in his eye, and a wonderful sense of humor. I'll miss him."
–Alan Pearlman

"Nat has opened doors to his lab and his house and taught me to be passionate about echocardiography and life. I would also look forward to seeing him at conferences not only to connect with him but also to keep learning from him. For all of us who have been so lucky to be part of his echo family, we will keep being passionate about life and echocardiography."
–Lissa Sugeng

"Nat was a wonderful individual with an unforgettable sense of humor."
–Vera Rigolin

"With Nat's passing, a light and sparkle has gone out in our echo world."
–Pamela Douglas

"Losing echo superstars such as Nat is very hard. He taught us all how to be passionate about all things echo and more importantly how to truly appreciate all good things in life. We certainly will celebrate his life and the multiple lessons he taught along the way."
–Kameswari Maganti

"Nat was a force in the echo world, a great passionate educator, mentor and debater. He will be missed."
–William Zoghbi

"He was an 'original' who brightened the lives of all who knew him. I was privileged to count him as a friend and collaborator."
–Julius Gardin

"Nat always seem to be one step ahead in echocardiography. He was also a spectacular lecturer. Losing him will leave a void."
–Anthony DeMaria

"Dr. Pandian was a remarkable colleague whose warmth, generosity, and dedication to echo touched so many of us. He will be deeply missed."
–Douglas Shook

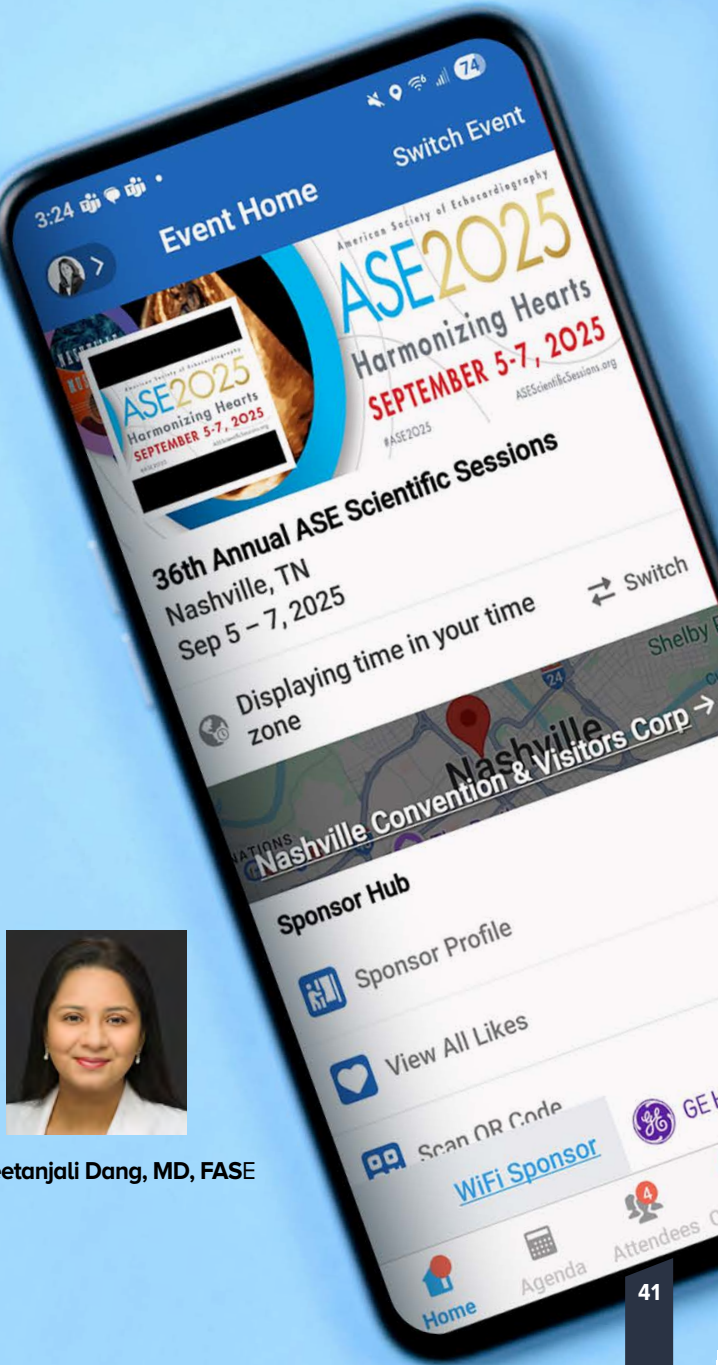
MAKING THE MOST OF ASE WITH THE WHOVA APP

Attending the ASE annual conference is always an enriching experience, but this year was made even more seamless and engaging thanks to the Whova app.

In past years, keeping track of the packed schedule meant flipping through paper programs or juggling notes. With Whova, everything I needed was at my fingertips. The app allowed me to easily view the daily agenda, bookmark sessions of interest, and build a personalized schedule. Even better, the app allowed me to set reminders for these events, which meant I received timely notifications before each session started—helping me stay on track even during the busiest days. I found myself far more organized, with less time spent searching for session details and more time spent fully engaging with the content.

What stood out even more was how Whova enhanced networking. The app made it simple to identify other participants from my region or affiliated institutions. This created opportunities to connect with colleagues I may not have otherwise met. I especially enjoyed the direct messaging feature, which allowed me to reach out to participants before, during, and after sessions—strengthening professional ties and creating meaningful conversations beyond the lecture halls.

Overall, Whova not only replaced the paper program but also elevated the entire conference experience. It made navigating the busy days easier and transformed how I interacted with the ASE community. I look forward to seeing how this tool continues to evolve in future meetings.



By **Geetanjali Dang, MD, FASE**

ADVOCATING FOR FAIR REIMBURSEMENT IN ECHOCARDIOGRAPHY: HOW YOUR VOICE SHAPES THE FUTURE

Contributed by
Katherine Stark, ASE Director of Advocacy and
Denise Garris, Principal JDG Advisors Group, LLC

Fair reimbursement for echocardiography services doesn't happen by accident. It's the result of a structured process that depends heavily on physician input and engagement. As an echocardiographer, you have the power to influence how your services are valued and reimbursed through active participation in the Relative Value Scale Update Committee (RUC) process and ASE's advocacy initiatives.

UNDERSTANDING THE CPT AND RUC PROCESSES

The CPT Editorial Panel: Defining Medical Services

Current Procedural Terminology (CPT) codes are the standardized language for describing medical services. Established and managed by the American Medical Association (AMA), the CPT Editorial Panel maintains and updates these codes to reflect current medical practice.

Specialty societies, like ASE, submit proposals for new codes, revisions, and code deletions. For echocardiographers, this means ensuring codes

accurately capture your services. This can be distinguishing between comprehensive and limited studies (93306 vs. 93308) or revising codes that are highly utilized in a growing field (93355). Accurate code descriptions are essential for fair valuation.

The RUC: Assigning Value to Services

Once CPT codes are established, the RUC determines their value. The RUC is a multispecialty committee that provides physicians with a voice in shaping Medicare relative values by describing the resources required to provide physician services. Also managed by the AMA, this committee plays a critical role in determining how physicians are paid for the care they deliver.

The RUC reviews and recommends relative value units (RVUs) for medical services to the Centers for Medicare & Medicaid Services (CMS). These RVUs reflect the time, technical skill, intensity, and resources needed to perform procedures. CMS considers RUC recommendations when developing RVUs and historically has accepted over 90% of the committee's recommendations.

The impact of the RUC process extends far beyond Medicare. Many commercial insurers benchmark their rates to Medicare's fee schedule, making RUC recommendations influential across the entire healthcare payment landscape. For echocardiography and other specialties, accurate valuation through the RUC process is essential for practice sustainability.

Without strong physician input, key echocardiography services risk being undervalued, threatening both practice viability and patient access to quality cardiovascular imaging.

How You Can Make a Difference in Code Development and Valuation

1. Support Society Code Development

ASE members can participate in drafting new or revised code proposals, clinical vignettes, and service descriptions to guide valuation discussions. Your firsthand clinical experience is invaluable in communicating what it takes to deliver high-quality echocardiography care. Code development requires:

- Clinical expertise: Detailed descriptions of procedures that accurately reflect current practice
- Clear vignettes: Representative patient scenarios that demonstrate typical use cases
- Precise definitions: Explicit criteria that distinguish between different levels of service (e.g., complete vs. limited studies)

By contributing to code development, you ensure that CPT codes accurately represent the complexity and clinical value of echocardiography services.

2. Contribute Literature and Real-World Data

Evidence-based advocacy is the foundation of successful CPT and RUC appearances. Published research, clinical guidelines, and real-world practice data strengthen ASE's case for appropriate valuation. Your contributions matter in several ways:

- Publish your research: Peer-reviewed studies demonstrating clinical outcomes, procedural complexity, or practice patterns support valuation arguments
- Document practice patterns: Time studies, workflow analyses, and cost assessments provide concrete data for RUC submissions
- Contribute to guidelines: ASE guidelines establish standards of practice that inform code descriptions and valuation

This process is data driven. RUC recommendations are based on data collected from surveys of practicing physicians regarding the time, intensity and complexity of new and revised CPT codes. The more robust the evidence base, the stronger ASE's advocacy position.

3. Complete RUC Surveys Thoughtfully

When CPT codes are new, revised, or under revaluation, AMA distributes specialty-specific surveys to collect data on procedure time, intensity, and clinical decision-making. These survey responses provide the evidence relied upon to assign appropriate value to echocardiography services.

Your participation is critical. Survey data must reflect real-world practice patterns to ensure accurate valuation. When completing surveys:

- Respond honestly about the actual time required for procedures
- Include all components of physician work: pre-service preparation, intra-service performance, and post-service activities
- Consider the mental effort, technical skill, and stress involved
- Compare the service to reference procedures with established values

The quality and quantity of survey responses directly impact ASE's ability to advocate for fair reimbursement at the RUC.

4. Be an Advocate and Educator

Even if you don't join a committee or complete surveys, you can still make a difference. Encourage colleagues to participate in RUC surveys and educate them about the process. The more the echocardiography community engages, the stronger ASE's voice becomes. Share information about:

- Upcoming surveys and their importance
- Coding updates that affect practice operations
- Advocacy opportunities through ASE
- The connection between participation and fair reimbursement

Collective engagement amplifies ASE's influence in policy discussions.

Why This Matters Now

Several developments make physician engagement especially important:

- Changes to interventional echocardiography: CPT code 93355 was flagged for high utilization growth. ASE and partner societies are developing a new code structure for the CPT Editorial Panel meeting. This is a critical opportunity to create codes that accurately reflect structural heart imaging complexity, and your participation in code creation and RUC surveys will be essential for proper valuation.
- CY 2026 Payment Reductions: CMS finalized a -2.5% efficiency adjustment that uniformly reduces work RVUs for non-time-based services, including all echocardiography procedures. Additionally, practice expense methodology changes are recalibrating indirect cost allocation between non-facility and facility settings, creating significant site-of-service payment differences. These changes underscore the critical need for accurate RUC survey data to protect future valuations.
- New Technologies: The integration of artificial intelligence and ICE into echocardiography requires new coding pathways, similar to inclusion of 3D imaging, and advanced strain analysis.
- Practice Expense Updates: The Physician Practice Information Survey (PPIS) will inform updated practice expense calculations beginning in 2026, potentially affecting echocardiography reimbursement significantly.
- Evolving Payment Models: As healthcare moves toward value-based care, demonstrating the clinical value and resource requirements of echocardiography becomes increasingly important.

Join the ASE Advocacy Network to stay informed about policy developments, receive action alerts when your voice is needed, and access resources that help you advocate effectively.

Stay Engaged with ASE Advocacy

ASE's mission in advocacy is to represent the interests of our members while advocating to create an environment for excellence in the quality and practice of cardiovascular ultrasound. ASE serves as the voice of echocardiography on Capitol Hill, to federal agencies, and among private payers. Beyond the RUC process, ASE advocacy includes:

- Direct lobbying of Congress and CMS leadership
- Participation in Hill Days to meet with legislators
- Monitoring regulatory changes and payment policies
- Providing coding and reimbursement guidance to members

Join the ASE Advocacy Network to stay informed about policy developments, receive action alerts when your voice is needed, and access resources that help you advocate effectively. Visit the Advocacy Take Action webpage to learn more about getting involved.

Your participation ensures that the complexity, expertise, and value of echocardiography are accurately reflected in payment policies. Together, we can protect fair reimbursement and ensure patients continue to receive the high-quality cardiovascular imaging they deserve.

HONORING OUR HISTORY, EMBRACING TOMORROW: A REFRESHED LOGO FOR ASE

Contributed by **Lucy Safi, DO, FASE**, ASE Public Relations Committee Chair, Mt. Sinai, New York, NY; **Jennifer Acevedo**, ASE Public Relations Committee Co-Chair, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL; and **Angie Porter**, ASE Vice President of Communications and Public Affairs, Durham, NC

We were excited to celebrate ASE's 50th anniversary in 2025 and to also be a part of refreshing ASE's logo and tagline as we launch into the next 50 years of advancing the field of cardiovascular ultrasound. There were many special events marking ASE's 50th year but this project was one of the most rewarding. At their February 2025 meeting the ASE Board of Directors voted to move forward with the project with the aim of unveiling a new logo and tagline at the ASE Scientific Session in Nashville in September 2025. ASE's logo had only undergone minor updates to fonts and taglines since 2007, so everyone agreed that this anniversary year presented the perfect opportunity to move toward a more modern, updated design.

HISTORY OF ASE'S BRAND

The earliest logo in our digital records is from 1998. That logo evolved slightly through 2003.

1998

2003

During Dr. Bijoy Khandheria's presidency in 2006 a branding initiative was launched. He shared the progress in his final President's Message in JASE in June 2006. Dr. Khandheria said the initiative was launched "To develop a strategy for our profession and ASE that will optimize our image, perception, value, and success. We need to, must, and will stand out, as the imaging technology that provides the best value proposition to the patients whose needs we serve." He concluded by saying "ASE should be creating a strategy to optimize the identity, image, and success of the "Echo" brand as a profession and society."

American Society of Echocardiography
Heart and Circulation Ultrasound Specialists

2006

In October 2006, Dr. Michael Picard, ASE's 17th President provided an update in his President's Message which featured ASE's logo and a new tagline "Heart and Circulation Ultrasound Specialists."

Dr. Thomas Ryan, ASE's 18th President, shared in his November 2007 President's Message that "after careful consideration, and much debate, the branding committee decided that a facelift was needed, and a new and more modern logo was developed. The new logo replaces the traditional 'seal' style with a more visually interesting symbol that conveys a modern, three-dimensional character. The more recognizable heart is positioned within intersecting planes, providing a vivid depiction of modern echocardiography. What could be more up-to-date than a three-dimensional heart?"

ASE American Society of Echocardiography
Heart & Circulation Ultrasound Specialists

2007

In 2012 the "Heart & Circulation Ultrasound Specialists" tagline was removed because the Board of Directors felt it no longer represented the full scope of the field. The Society membership had expanded to include other specialty areas like anesthesia, POCUS, emergency medicine, interventional cardiology, and more.

In November 2019, Dr. Madhav Swaminathan, ASE's 30th President, led the Board of Directors through a strategic planning session that created an updated mission statement, tagline, and core values. As a part of that process, we minimally updated the ASE logo to include the tagline "Sound Saves Lives" and updated the logo font to be a bit more modern. The board voted for the new logo font design in February 2020. "Sounds Saves Lives" was to focus on the life-saving aspects of cardiovascular ultrasound—by now the most widely used imaging for the diagnosis of cardiovascular disease. This would more closely tie the Society's work to advancing patient care.

ASE American Society of Echocardiography

2012

We would be remiss to not mention that a 50th anniversary logo was created in 2024 to be used throughout 2025. Dr. Theodore Abraham, ASE's 35th president, challenged the Society to honor its past and reach to new heights in its membership numbers. The Society underwent a year-long campaign to highlight the Society and reasons to belong. The tagline "Society with a Soul" originated from Dr. William Zoghbi's 2023 Meritorious Service Award speech. He served as ASE's 19th President and during his speech he said "ASE is the Society with a Soul. It is where you come for camaraderie, sharing of science, and to see the evolution of our Society. It is for engagement and enrichment of your professional life and personal life."

THE 2025 LOGO AND TAGLINE DESIGN JOURNEY

When the Board approved the rebranding project in February 2025, we knew we needed to move quickly. After reviewing proposals and interviewing several design firms, we chose to work with the company who was also responsible for redesigning the ASE website that launched in June this year. Our initial meeting with Yoko Co. was a fun and engaging way for them to learn which design styles appealed to us as we started this rebranding journey. They asked us to react to popular brands to understand our design preferences and get an idea of what we liked and disliked, from colors and fonts to sizes and shapes. Their goal was to find shapes, effects, and adjectives that represent ASE's brand story. We also discussed ASE's new tagline and emphasized that it needed to reflect ASE's mission and values.

After the first meeting, Yoko Co. began working on logo studies which consist of designs, typography, and conceptual elements combined with colors to create designs. They initially provided us with four logo and tagline concepts. We were very intrigued by all the designs, but two clearly stood out as possibilities for ASE's new brand. After making a few revisions, we shared those two concepts with ASE's Executive Committee for their feedback and selection. One design emerged to the top as the clear choice for ASE's new logo and brand design. With a few additional edits the new ASE logo and tagline were finalized, and we met the deadline of unveiling the new logo at the ASE 2025 Scientific Sessions in Nashville, Tennessee.

American Society of Echocardiography

The new tagline chosen "Echoing Innovation. Transforming Care," conveyed ASE's growing and energetic role in advising and promoting the use of new technologies to push the imaging field forward. In addition to maintaining our leadership role in guiding clinicians to make real-world differences with these innovations and science-based research.

ASE | Echoing Innovation. Transforming Care.

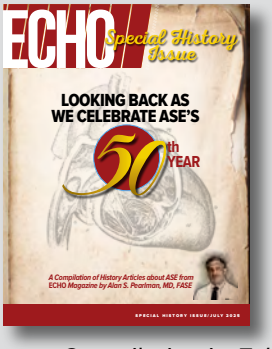
As our 50th anniversary year comes to a close, we are excited about ASE's new logo and tagline that honor our past while embracing a modern, forward-looking identity—one that represents who we are today and the impact we aspire to make in the decades ahead.

See more about ASE's 50 years of impact on the timeline that was featured at the ASE 2025 Scientific Sessions and is included on the following pages.

ASE'S 50TH ANNIVERSARY YEAR

As 2025 comes to an end and ASE completes our 50th anniversary celebration, we wanted to share a brief snapshot of the activities from the year. We showcased the growth of ASE and its impact on the field of cardiovascular ultrasound in several ways including:

1. The ASE 50 Year Timeline was on display during the ASE Scientific Sessions in Nashville, Tennessee, September 5-7, 2025, and is included on the following pages.



2. A History Compilation in *Echo* Magazine by Editor Alan Pearlman, MD, FASE (ASEcho.org/magazine-issue/echo-magazine-history)

3. A 50th Celebration Event at the ASE Scientific Sessions was emceed by ASE Past President Randolph Martin, MD, FASE (standing left). Joining him on stage were four additional ASE Past Presidents (left to right) Joseph Kisslo, MD, FASE, Anthony DeMaria, MD, FASE, Richard Popp, MD, FASE, and Alan Pearlman, MD, FASE. Long-time sonographer leaders were also a part of this special event including David Adams, ACS, RCS, RDCS, FASE and Jane Marshall, BS, RDCS, FASE. (https://youtu.be/Lnj3fLh8N9o)

4. 2025 ASE Plenary Session https://youtu.be/q_NnhHuSlt8

We hope you will continue to be a part of our community and help guide the next 50 years of ASE.

ASE's History. The Society with a Soul.

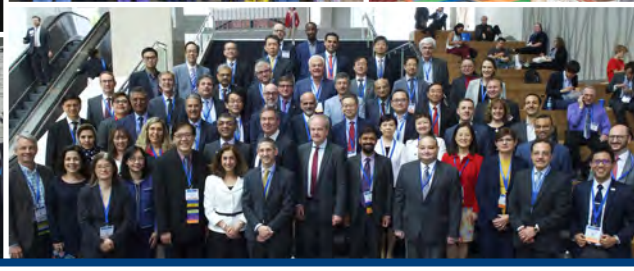
Steadfast in our mission to improve lives through excellence in cardiovascular ultrasound.

1975
ASE Founded










Harvey Feigenbaum, MD, FASE
Founder and First President
1975-1978

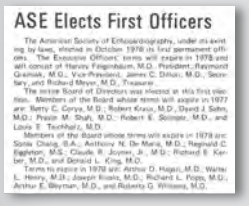

Richard L. Popp, MD, FASE
President 1979-1980


Walter L. Henry, MD, FASE
President 1981-1982


Joseph A. Kisslo, MD, FASE
President 1983-1984

1970's


ASE Incorporated



ASE Elects First Officers

- ***Two-Dimensional Standards***
- Board sets standards for training programs in echocardiography for both physicians and sonographers.

1980's

- ***Nomenclature and Standards in 2D Echocardiography***
- ***Physician Training in Adult M-mode and Two-dimensional Echocardiography***
- ***Education and Training of the Echocardiographer (Cardiac Sonographer)***
- ***Nomenclature and Standards: Identification of Myocardial Wall Segments***
- ASE's Headquarters moves from Indianapolis, Indiana to Raleigh, NC.
- Olson Management Group becomes ASE's professional management group in April 1983.
- Sharon Perry, CAE, named first Executive Director.
- ASE membership reaches 2,000 members.
- Board approves hiring of legal counsel in Washington, DC Diane Millman, JD, begins her long tenure as ASE's counsel, initially under McDermott, Will, and Emery's Law firm.
- ***The Safety of Contrast Echocardiography***
- ***Recommendations for Terminology and Display for Doppler Echocardiography***
- ***Optimal Guidelines for Physician Training in Echocardiography***
- Co-sponsored the First Asian-Pacific Conference in Doppler and Echocardiography in September 1985 in Tokyo, Japan.
- ***Digital Signal and Image Processing in Echocardiography*** published in the December 1985 issue of the *American Heart Journal*.
- Board voted unanimously to proceed with negotiations for ASE to adopt a journal and empowered Drs. DeMaria and Parisi to obtain the best possible offer from Futura and Mosby.
- Board voted to accept the Mosby offer to establish a journal and to support the journal by contributing editorial material.
- ***Nomenclature of the Society of Pediatric Echocardiography*** and the ***Nomenclature for Cardiac Septa***






BRANDING THROUGH THE YEARS

1998

2003

2006

2007

2010

2012

2020

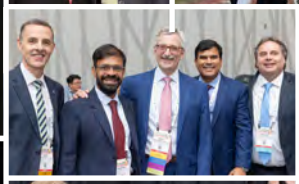
American Society of Echocardiography
Echoing Innovation. Transforming Care.

2025

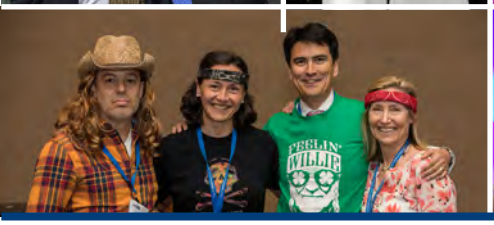


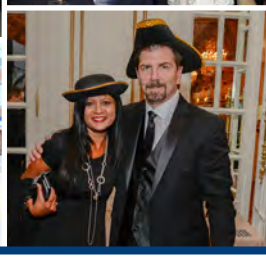







Anthony N. DeMaria, MD, FASE
President 1985-1986


David J. Sahn, MD, FASE
President 1987-1988
ASE's First Pediatric Cardiologist President


Alfred F. Parisi, MD, FASE
President 1989-1990


Arthur E. Weyman, MD, FASE
President 1991-1993


Julius M. Gardin, MD, FASE
President 1993-1995

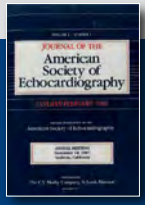

Alan S. Pearlman, MD, FASE
President 1995-1997


Richard E. Kerber, MD, FASE
President 1997-1999


Harry Rakowski, MD, FASE
President 1999-2001

1990's

- ***Guidelines for Optimal Physician Training in Echocardiography***
- First exhibit presence at the American Heart Association. Board voted to buy a professional display to be used for ASE exhibits.



Harvey Feigenbaum, MD, FASE
JASE Editor-in-Chief
January 1988 – December 2007
Founding member of JASE Editorial Board

Journal of the American Society of Echocardiography (JASE) Launched

- ASE "white paper" on fetal Doppler published in the July-August 1988 issue of JASE and used by the Food and Drug Administration's OB-GYN Review Panel.
- ***Special Procedures Guidelines for the Performance of Transesophageal Echocardiography*** and ***Quantitation of Two-Dimensional Echocardiography*** approved by the Board for publication in JASE.
- JASE reaches 4,500 subscribers and is noted as the largest cardiac ultrasound journal in the world.

1990's

- Inaugural Scientific Sessions in Arlington, VA. Chair Julius Gardin, MD, FASE, and Co-Chair Randy Martin, MD, FASE.
- Inaugural Edler Lecture, *Echocardiography: Past, Present, Future*, presented by Harvey Feigenbaum, MD, FASE.
- Cardiac Sonography Council established.
- ASE begins its investment account.
- ASE publishes its first strategic plan.
- ASE Bylaws changed to include Councils in the board composition.
- Pediatric and Congenital Heart Disease Council established.
- Perioperative Echocardiography Council established.
- ASE Bylaws changed including gender neutral wording.
- ASE endorses the DICOM Standards in Ultrasound.
- ASE co-produces an Ultrasound DICOM Demonstration Project at the 1995 ACC meeting.
- In 1996, ASE holds the first ASCeXAM for Special Competency in Echo in Chicago, IL.
- ASE supports accreditation of echocardiography laboratories. ASE provides funding to establish the new ICAEL Accrediting body. ASE supported IAC-Echo with additional funding in 1997, 1999, and 2000.

National Board of Echocardiography formed.

- First ASE Research Grant awarded to Karen M. Kuntz, ScD, Harvard School of Public Health and Kirsten E. Fleischmann, MD, MPH, Brigham and Women's Hospital for "Cost-Effectiveness of Stress Echocardiography Using a Decision Analysis Model."
- ***Recommendations for Performance and Interpretation of Stress Echocardiography***
- ASE sponsors two members (Steven Feinstein, MD, and Michael Picard, MD, FASE) to serve as ASE's representatives on the AMA Section on Cardiovascular Diseases.
- ASE reaches 5,000 members.
- First ASE website launched.
- Founders' Award for Lifetime Achievement in Echocardiography for Pediatric and Congenital Heart Disease established. First recipient was **Stanley Goldberg, MD**.
- ASE co-sponsored a course on Intraoperative Echocardiography in conjunction with the Society of Cardiovascular Anesthesiologists (SCA) in Orlando. The societies shared the financial net.
- JASE becomes a monthly publication in 1998.
- ***Guidelines for Performing a Comprehensive Intraoperative Multiplane Transesophageal Echocardiography Examination*** created jointly with SCA.
- Supported the Patient Access to Care Coalition campaign to emphasize the value of specialty care to patients.
- New mission statement "The American Society of Echocardiography is an organization of professionals committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public."

ASEIRT
Industry Roundtable formed.

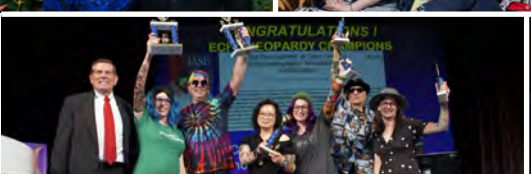
2000's

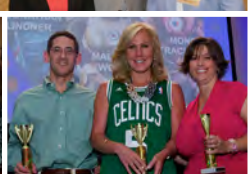
- Inaugural Feigenbaum Lecture, *Therapeutic Applications of Microbubbles: A New Echocardiography Frontier* presented by Thomas R. Porter, MD, FASE.
- First ASCeXAM Review Course
- ASE reaches 7,500 members.
- Richard Popp Master Teacher Award established. First recipient was **Sanjiv Kaul, MD, FASE**.
- Cardiovascular Sonographer Distinguished Teacher Award established. First recipient was **Alan D. Waggoner, MHS, RDCS, FASE**.
- Sharon Perry, CAE, retires after 18 years of service. Robin Wiegerink, MNPL, installed as Executive Director.
- First international exhibit.
- ***Recommendations for Quality in Echocardiography Laboratory Operations***
- Bylaws changes amend membership categories to "Allied Health Professionals" as a new category of membership to expand ASE's ability to have all members of the echo team included as members.
- ASE Board approves funding to support and organize collaborative projects through the ACC's Coalition of Cardiovascular Organizations (CCO). This eventually morphs into an ACC Imaging Council after several leadership changes at the ACC.
- ASE website hosts Local Echo Societies information.
- ASE Education and Research Foundation founded in 2003.
- ASE Board presidential term adjusted to one year.
- Meritorious Service Award established. First recipient was **Andrew Keller, MD, FASE**.

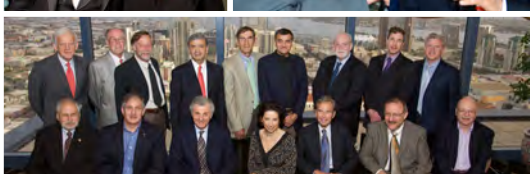










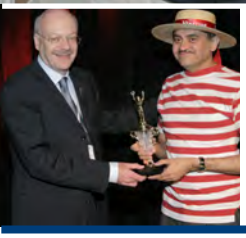




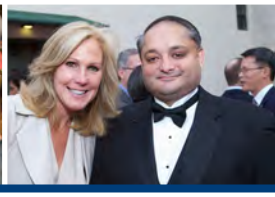












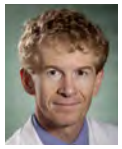

Pamela S. Douglas, MD, FASE
President 2001-2003


Randolph P. Martin, MD, FASE
President 2003-2004


Linda D. Gillam, MD, FASE
President 2004-2005


Bijoy K. Khandheria, MD, FASE
President 2005-2006


Michael H. Picard, MD, FASE
President 2006-2007


Thomas Ryan, MD, FASE
President 2007-2008


William A. Zoghbi, MD, FASE
President 2008-2009


Roberto M. Lang, MD, FASE
President 2009-2010

- Scientific Sessions pivot from Toronto to Las Vegas due to SARS in 2003.
- ***Recommendations for Evaluation of the Severity of Native Valvular Regurgitation with 2D and Doppler Echocardiography***
- ***Recommendations for the Use of Echo in Clinical Trials***
- Developed Sonographer CEU program for external live programs.
- Launched SeeMyHeart.org, a patient education platform.
- JASE offered first digital-only subscriptions.
- ASE reaches 10,000 members.
- First ***Recommendations for Chamber Quantification*** guideline published. ASE's most cited guideline.
- ASE officially becomes a sponsor of IAC-Vascular placing representatives on their Board.


Alan Pearlman, MD, FASE, named JASE Editor-in-Chief January 1, 2008, through December 31, 2017

- ASE signs a management contract with Firstpoint Management Resources.
- The ASE approves a contractual agreement with the European Association for Echocardiography to mutually support one another's sessions and activities.
- First guideline poster, Chamber Quantification of the Left Heart, distributed in JASE.

- Excellence in Teaching in Pediatrics Award first recipient **Ira A. Parness, MD**.
- Circulation and Vascular Ultrasound Council established.
- Echo ToolBox created. This tool was eventually sold to IAC-Echo.
- ASE's Young Investigator Award was renamed to the "Arthur E. Weyman Young Investigator Award" sponsored by the National Board of Echocardiography. NBE began to financially support this award each year.
- ASE moves the JASE editorial office to Raleigh, NC, and provides full time staff support.
- ASE moves to a self-management structure with headquarters in Research Triangle Park, North Carolina.
- ASE was instrumental in convincing the US FDA to reverse the safety restriction for use of echocardiography contrast agents.
- ASE reaches 15,000 members with 15% international members.
- Advanced Cardiac Sonographer (ACS) designation established by ASE.
- ***Recommendations for the Evaluation of Left Ventricular Diastolic Function***
- Inaugural Physician Lifetime Achievement Award. First recipient was **A. Jamil Tajik, MD, FASE**.

Fellow of ASE (FASE) Program established.

2010's

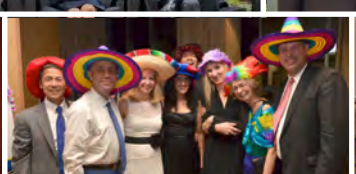
- ASE successfully petitions CAAHEP to recognize the profession of ACS and forms the Committee on the Accreditation (CoA)-ACS. ASE provided the funding and management for the CoA-ACS starting in 2011.
- Inaugural State-of-the-Art Echocardiography course under ASE management. *Dr. Tajik first started the meeting in Tucson in 1988.*
- Inaugural Echo Hawaii course. *Jointly managed by ASE and Mayo. ASE began independent management in 2012.*
- Inaugural ASE Foundation Research Awards Gala.
- First ASE textbook published: ***Dynamic Echocardiography***.
- First guideline translation: ***Recommendations for Chamber Quantification*** in Chinese.
- ASE launches social media presence on Twitter/X and Facebook.
- November 13, 2010, ASE Cardiovascular Ultrasound Technology Summit in Chicago, IL. Chair: Sanjiv Kaul, MD, FASE, and Co-chair: James Miller, PhD.
- 1st World Summit, July 28-30, 2011, in Buenos Aires, Argentina.
- First ASE Foundation Annual Appeal.
- Sonographer Lifetime Achievement Award established. First recipient was **David B. Adams, RCS, RDCS, FASE**.
- First ASE Foundation Global Health Outreach Event: Focus on India in January 2012.
- ASEUniversity online education portal launched.
- ASE joins ABIM Foundation's Choosing Wisely Campaign.

ASE was awarded an "Accreditation with Commendation" from the Accreditation Commission on Continuing Medical Education, recognizing its excellence in programming, one of the few medical organizations to hold this high stature.





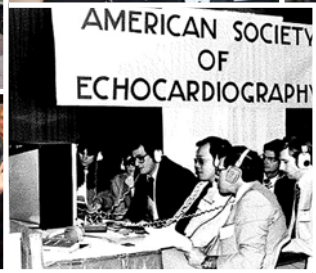















Sanjiv Kaul, MD, FASE
President 2010-2011


James D. Thomas, MD, FASE
President 2011-2012


Patricia A. Pellikka, MD, FASE
President 2012-2013


Benjamin F. Byrd III, MD, FASE
President 2013-2014


Neil J. Weissman, MD, FASE
President 2014-2015


Susan E. Wiegers, MD, FASE
President 2015-2016


Allan L. Klein, MD, FASE
President 2016-2017


Vera H. Rigolin, MD, FASE
President 2017-2018

- July 1, 2012, second Cardiovascular Ultrasound Technology and Research Summit: ASE's Basic Science & Clinical Careers Symposium in National Harbor, MD. Chair: Jonathan Lindner, MD, FASE.
- *Echo* Magazine launched.
- October 6-10, 2012, inaugural Echo Florida Course. Chair: Michael H. Picard, MD, FASE.
- November 3, 2012, ASE Foundation Cardiovascular Ultrasound Technology and Research Summit in Los Angeles, CA. Chairs: Patricia Pellikka, MD, FASE; Pamela Douglas, MD, FASE; and James Miller, PhD.
- ASE Foundation Global Health Outreach Event: Focus on India in December 2012.
- ASE reaches 16,000 members.



L. Leonardo Rodriguez, MD, FASE, and Karen Zimmerman, BS, ACS, RDCS, RVT, FASE named Co-Editors-in-Chief of CASE, October 1, 2016 – July 31, 2021

- Received $50K Robert Wood Johnson Grant to create and distribute the Echo AUC app.
- ASE Foundation Global Health Outreach Event in Vietnam in April 2013.
- ASE joins the American Medical Association. Formally inducted into the AMA HOD at the June 2013 Meeting.
- Inaugural Kalmanson Lecture, *Daniel Kalmanson, a Pioneer Leading the Way to Flow Doppler into the Heart,* presented by Colette Veyrat, MD, CNRS.
- Outstanding Achievement in Perioperative Echocardiography Award established. First recipient was **Jack S. Shanewise, MD, FASE**.
- "Best of ASE" product series debuts.

- October 25-27, 2013, 2nd World Summit in New Delhi, India.
- ASE starts sonographer investigator award competition, eventually named the Brian Haluska Sonographer Research Award Competition. First winner was Claudia E. Korcarz, DVM, RDCS, FASE.
- First IRT Think Tank.
- September 12, 2014, ASE Foundation Value-Based Healthcare Summit in Washington, DC. Chair: Benjamin Byrd, III, MD, FASE.
- ASE Foundation Global Health Outreach Event: ASEF VALUES India in August 2014.
- ASE Foundation Global Health Outreach Event: Care Harbor in September 2014.
- The ASE Foundation's multi-year $200,000 Value Grant for research was awarded to Victor Mor-Avi, PhD, FASE.
- ASE Foundation Global Health Outreach Events in Argentina and Hanoi, Vietnam in August 2015.
- September 11-13, 2015, 3rd World Summit in China.
- ASE advocates for a repeal of the Sustainable Growth Rate (SGR). ASE was invited to a White House celebration for supporters of this effort.
- Inaugural Echovation Challenge.
- ASE creates a Registry for echocardiography.

ASE and ASNC partner to expand the ImageGuideRegistry.

International Alliance Partners Program launched.

WASE Normal Values Study launched.

- ASE Foundation Global Health Outreach Event in Legazpi City, Albay, Philippines in July 2016.
- ASE Foundation Global Health Outreach Events in Eldoret, Kenya and Xi'an, China in September 2016.
- ASE introduces new Bylaws with new Governance Structure. *(Smaller Board)*
- Membership Recruitment Ambassador program started.
- ASE Foundation Global Health Outreach Event in Havana, Cuba in April 2017.
- ASE Foundation Global Health Outreach Event in Yinchuan, Guyuan, and Xi'an, China in September 2017.
- October 5-7, 2017, 4th World Summit in Rio de Janeiro, Brazil.
- ASE Foundation Global Health Outreach Event in Hanoi and Thanh Hóa City, Vietnam in October 2017.
- ASE headquarters moves to Durham, NC.
- ASE hires first lobbying firm in Washington, DC, Mehlman Castagnetti Rosen & Thomas.
- Inaugural Richard E. Kerber Ethics/Humanitarian Lecture, *Ethical Challenges in the Practice of Echocardiography: What is Right and How Do We Do It?* presented by James Kirkpatrick, MD, FASE.

Leadership Academy launched.

ASE Cares campaign started.

First issue of CASE, ASE's open access case reports journal, published in 2017.





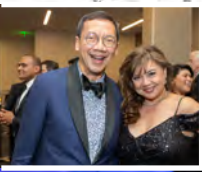






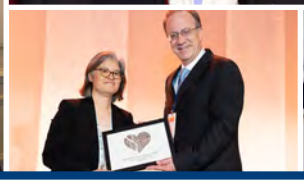










Jonathan R. Lindner, MD, FASE
President 2018-2019


Madhav Swaminathan, MD, MMCi, FASE
President 2019-2020


Judy W. Hung, MD, FASE
President 2020-2021


Raymond F. Stainback, MD, FASE
President 2021-2022


Stephen H. Little, MD, FASE
President 2022-2023


Benjamin W. Eidem, MD, FASE
President 2023-2024


Theodore Abraham, MD, FASE
President 2024-2025


David H. Wiener, MD, FASE
President 2025-2026

2020's

- Established the first Specialty Interest Group, Emerging Echo Enthusiasts (E3).
- ASE partners with SCCM to create first NBE Critical Care Echo Review Course.
- ASE's Representation in the AMA House of Delegates increased to two seats.
- Formation of the ASE Journal Club on X. *(Formerly known as the Twitter Journal Club)*
- ASE Foundation Global Health Outreach Event: Project Chagas in Mérida and Yucatán, Mexico in August 2018.
- ASE Foundation Global Health Outreach Event: CHOICE in Morgantown, West Virginia in October 2018.


Michael Picard, MD, FASE, named JASE Editor-in-Chief, January 1, 2018, through December 31, 2022.

- Organizational memberships started.
- Mentorship Award established. First recipient was **Linda D. Gillam, MD, FASE**.
- ASE joins a coalition launching a Grand Challenge to End Work-Related Musculoskeletal (MSK) Injuries. ASE provides needed funding for MSK research and organization starting in 2019.
- Technology Incubator Summit with ABIM in San Diego, California. Chairs: Jonathan Lindner, MD, FASE and Brian Fowlkes (AIUM).
- Inaugural Gardin Lecture, *Echo Technology at the Cutting Edge of Knowledge* presented by Barbara Natterson-Horowitz, MD, PhD.
- ***Guidelines for Performing a Comprehensive TTE Examination in Adults***
- ASE Foundation awards three E21 Grants of up to $200,000 each. Supported by AIUM, NBE, Bracco, and Lantheus Medical Imaging.
- ASE Foundation Global Health Outreach Events in Nairobi and Eldoret, Kenya and in Yan'an, Ganquan, and Zhidan, China in September 2019.

- Targeted Neonatal Echocardiography (TNE) SIG established.
- Scientific Sessions moved from Denver, Colorado, to a Virtual Course due to COVID-19.
- ASE Foundation established its own board separate from ASE's board structure. Vera Rigolin, MD, FASE, served as the first Chair.
- ASE Foundation first "virtual" Global Health Outreach Event in Vietnam in October 2020.
- Cardio-Oncology SIG established.


Vincent Sorrell, MD, FASE, named Editor-in-Chief of CASE. August 1, 2021, through present.

- Inaugural year of Advanced Imaging Techniques for Sonographers virtual course.
- Inaugural Pamela S. Douglas, MD, FASE Research Scholar Award given to **Yasufumi Nagata, MD, PhD**.
- Inaugural Advanced Imaging Techniques virtual course.
- Veterinary SIG established.
- Inaugural Circulation & Vascular Ultrasound Council (CAVUS) Luminary Award. First recipient was **Soo Hyun (Esther) Kim, MD, MPH, RPVI, FASE**.
- Critical Care Echocardiography Council established.
- Hackathon collaboration with the Institute of Electrical and Electronics Engineers Ultrasonics, Ferroelectrics, and Frequency Control Society.
- Inaugural Echo in Pediatric & Congenital Heart Disease virtual course.
- ASE joins the National Institute of Health's HeartShare Program.

ASE LEARNING HUB™
Learn today. Lead tomorrow.
ASE Learning Hub launched.

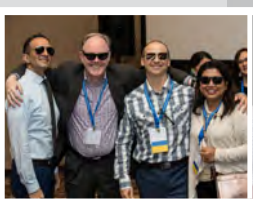
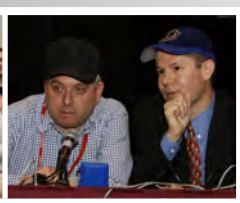

Patricia Pellikka, MD, FASE, named JASE Editor-in-Chief, January 1, 2023, through present.

- Interventional Echocardiography Council established.
- ASE hosts HCM Forum: "Hypertrophic Cardiomyopathy Forum: Building Knowledge to Improve Patient Care."
- ASE joins FDA Total Product Life Cycle Advisory (TAP) Program.
- ASE Foundation established the Early-Career Development Grants for Echo Scientists (EDGES).
- ASE Foundation Global Health Outreach Event in Vietnam in September 2023.
- ASE and the ASE Foundation, with support from Edwards Lifesciences, award largest research grant in their history for $1.1M to Marielle Scherrer-Crosbie, MD, PhD, FASE, to study aortic stenosis
- October 30-November 2, 2024, 5th World Summit in Guadalajara, Mexico.
- Point of Care Ultrasound (POCUS) SIG established.
- ***Guidelines for the Evaluation of Prosthetic Valve Function with Cardiovascular Imaging***
- Expanding Countries Membership Program started.
- ImageGuideEcho Registry goes independent and has a 50% growth in Registry participants.
- ASE reaches over 21,000 members.
- Inaugural Bijoy Khandheria Memorial Lecture, *Global Health: Echo Changes the World,* presented by Jagat Narula, MD, PhD.
- IRT grows to 23 partners (2 dual, 1 triple division)
- ASE Foundation Global Health Outreach events in Dakar, Senegal, in June 2025 and Bengaluru, India, in September 2025.

EchoGuide
EchoGuide App launched.

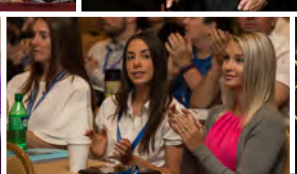
MENTOR MATCH
Mentor Match membership mentoring program launched.

ASE ACCELERATOR PROGRAM
Accelerator Program launched. First member is UltraSight.







ECHO

ASE'S MISSION

To advance cardiovascular ultrasound and improve lives through excellence in education, research, innovation, advocacy, and service to the profession and the public.