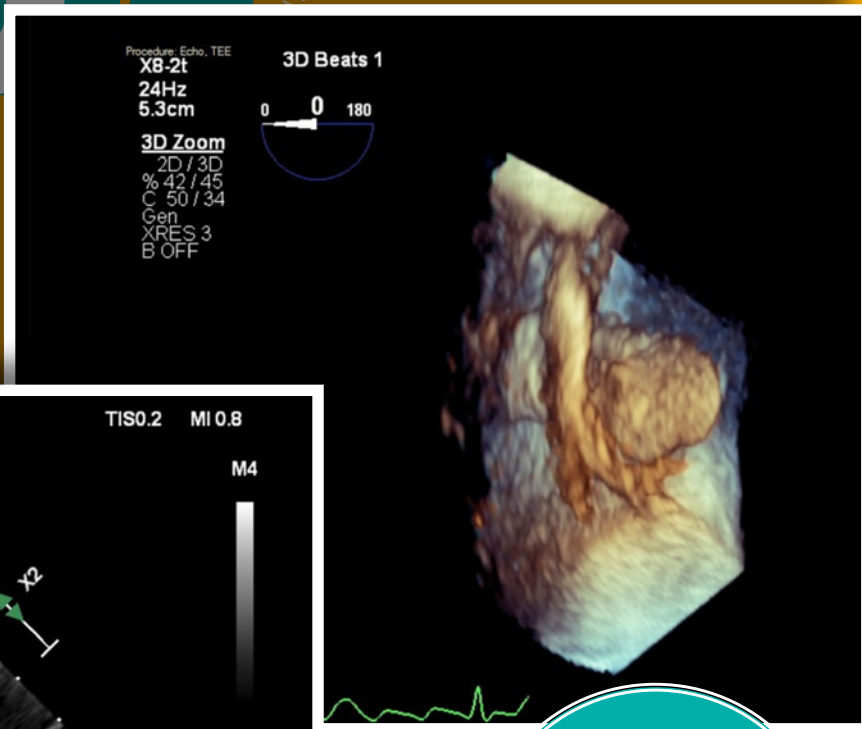


ECHO



Read all
about it—
**Scientific
Session
Highlights!**

4 *Women in Echo: A
Community Where
We Belong*

*Sonographer Spotlight
– Team Edition!*

10

*Peak Performance: Critical Care
Echocardiography at Altitude*

15

*Professional Development:
Growth Mindset*

33

2026/2027 EDUCATION CALENDAR

MAY 2026

27th Annual ASCeXAM Review Course Virtual

Content Available May 4, 2026.

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

6th Annual Advanced Imaging Techniques for Sonographers Virtual Experience

August 29-30, 2026

Jointly provided by ASE and the ASE Foundation

OCTOBER 2026

SAVE THE DATE

Echo Florida

Disney's Grand Floridian Resort & Spa
Lake Buena Vista, Florida

October 17-19, 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

JANUARY 2027

SAVE THE DATE

Echo Hawaii

January 18-21, 2027

Fairmont Orchid, Kohala Coast,
Big Island, HI.

Jointly provided by ASE and the ASE Foundation

FEBRUARY 2027

SAVE THE DATE

State-of-the-Art Echocardiography

March 12-14, 2027

Westin Kierland Resort & Spa,
Scottsdale, AZ

Jointly provided by ASE and the ASE Foundation

Discounted rates for ASE members.

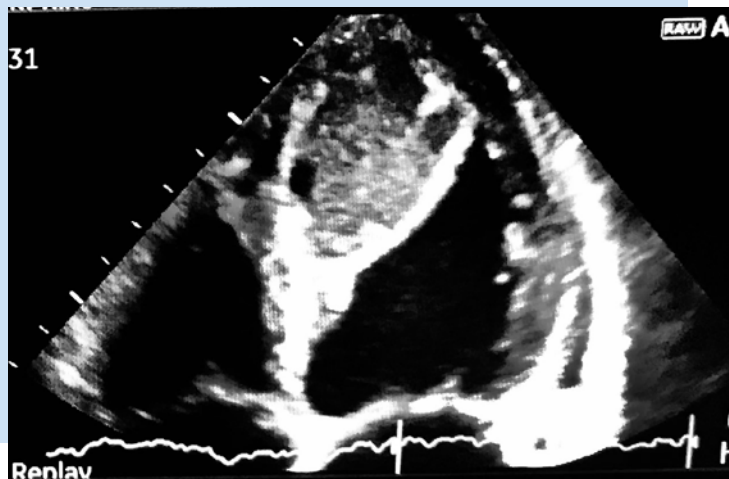
To learn more and register, visit us at

ASEcho.org/Education-Events.

This text also appears in the January/February
issues of JASE. **OnlineJASE.com**

"A Big Eye Panda"

Dawit Getachew, RDCS, RCS, Johns
Hopkins Hospital, Baltimore, MD



Contents

4 Women in Echo:
A Community
Where We Belong

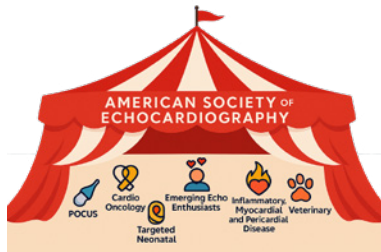


18 A Transformative Program in
Valvular and Structural Heart
Disease Awaits at ASE 2026

6 Tribute to
Dr. Robert A. Levine

21 Pediatric and Congenital
Pathway at ASE 2026

7 ASE's Big Tent: Specialty Interest
Groups Are Communities
Where All Our Members
Can Feel at Home



23 Tips and Tricks: Evaluating
Pulmonary Artery & Branches
(Pre-intervention/normal)

10 Sonographer Spotlight –
Team Edition!

30 Join Us in Aurora for the
ASE Scientific Sessions

13 2026 Scientific Sessions Preview:
A Focus on Vascular Disease

15 Peak Performance:
Critical Care Echocar-
diography at Altitude



33 Professional
Development:
Growth Mindset



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Cover art: "A Peanut For Your Thoughts"
Natalie LaRocco BS, RCS and Evan Schreyer
MD, Non-Invasive Cardiology at Hartford
Hospital, Hartford CT

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 *March*

WOMEN IN ECHO: A COMMUNITY WHERE WE BELONG



Contributed by **Purvi Parwani, MBBS, MPH, FASE**, Director of the Echocardiography Laboratory and Associate Professor of Medicine at Loma Linda University Health; current chair of the ASE Women in Echo Forum and 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



It is imperative to afford our women members community, mentorship, and opportunities for advancement.

INTRODUCTION

Strengthening the cardiac ultrasound workforce and enhancing current and potential member engagement with ASE are critical parts of my vision as your President. ASE's membership is about evenly divided between women and men, but numerical parity alone is insufficient. It is imperative to afford our women members community, mentorship, and opportunities for advancement. ASE's Women in Echo Forum provides actionable support to women in cardiovascular ultrasound, as described in the following paragraphs by the Forum's chair, Purvi Parwani, MBBS, MPH, FASE, in this cowritten President's Message. Key to my part of this message: this is not a women's issue but a societal one, and I call on my male counterparts to be #HeForShes by valuing, supporting, mentoring, and promoting our women colleagues.

WHY WOMEN MATTER

ASE membership today reflects equal gender distribution. Women physicians, scientists, and sonographers comprise about half of the members in our database who disclosed their gender. Women are an essential part of cardiovascular imaging and cardiac ultrasound. Supporting women in echo (WIE) is not just about visual representation or fairness. It is a moral imperative and reflects the importance to ASE of strengthening our workforce. While progress has been made for gender equality, significant challenges for women in echo remain at all career stages, particularly



concerning access to mentorship, career advancement, and leadership opportunities.¹ For us, representation in numbers alone is not enough. It's about creating pathways into leadership, scholarship, and professional fulfillment so talent can be recognized and sustained.

KEY ACHIEVEMENTS

Women in Echo launched in 2021 with Ritu Thamman, MD, FASE, as its first chair and with leadership support from then-president, Judy Hung, MD, FASE. The group's very first webinar, *ASE Women in Echo – Celebrating Echo's Female Leaders*, took place in March 2021 and drew more than 150 attendees — an early signal of both strong interest and a real unmet need. Just two months later, the group held its first leadership kickoff meeting. Since then, the WIE forum has expanded its impact by organizing webinars on workforce issues, gender biases, and leadership advancement, among others. There are educational programs and networking opportunities at the Annual Scientific Sessions that

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Supporting women in echo (WIE) is not just about visual representation or fairness. It is a moral imperative and reflects the importance to ASE of strengthening our workforce.

the forum organizes. Such initiatives help women understand complex workforce dynamics, highlight diverse career journeys, and foster mentorships to build solutions around these issues. The WIE forum book club event attracted more than 30 participants and sparked valuable conversations around boundaries, empowerment, and sustainability. Events like these truly showcase the WIE forum's commitment to personal and professional growth of ASE members. Overall, since inception, the WIE group has acted as a connector bringing physicians, sonographers, and scientists together to discuss challenges and provide solutions for the multidisciplinary community which is echocardiography.

CHALLENGES

Despite these organizational successes, challenges remain for women in cardiovascular disease workforce. One current estimate places the percentage of women in the total cardiology workforce at 15.5%. ASE had its first woman president in 2001; since then, one-fourth

of our presidents have been women. Yet in medicine in general and in cardiology in particular, there is continuous attrition of women's representation in the path to senior leadership roles and high visibility opportunities in medicine and medical subspecialties.^{2,3} Access to mentorship, role modeling, sponsorship, and advancement opportunities remains unequitable. These challenges are further complicated by disproportionate caregiving responsibilities – additional “shifts” at home for women – and high-pressure clinical environments leading to burnout. Overall, these dynamics contribute to retention issues, limit career progression, and affect personal well-being. Recognizing these issues, sharing perspective, and providing workable solutions to WIE will help us move forward as a community with an intention to sustain our workforce and let its members thrive.

The path forward is full of opportunities for WIE. ASE is committed to provide guidance to its members through various mentorship and leadership opportunities. The focus on education, leadership advancement, storytelling, and building solutions together for wellbeing and visibility of WIE will help create a sustainable and inclusive path for the cardiovascular ultrasound community. ASE is working on initiatives to strengthen the leadership pipelines for future leaders regardless of their demographics or

gender, ensuring that ASE talent is well prepared and actively supported by the organization. The WIE forum truly represents this tremendous potential to expand the community globally so that its members are well connected and valued at every stage of their career.

CALL TO ACTION

At its core, the WIE forum reinforces the concept of ASE being the professional “home” for our members – where everyone belongs and ideas and perspectives are embraced as the strength of the group. This forum is for entire ASE community. We thrive when we work together supporting one another, opening doors, and creating an inclusive environment where everyone can grow and succeed. We encourage every ASE member to get involved by actively participating, sponsoring, mentoring, and advocating for one another.

This text also appears in the March issue of JASE [OnlineJASE.com](https://www.onlinejase.com)

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IN MEMORIAM

Robert A. Levine, MD, FASE

We are sad to share that Dr. Robert Levine a longtime member of ASE and 2021 Lifetime Achievement Award recipient passed away unexpectedly on April 8, 2026. Dr. Levine served ASE as a volunteer and was currently on the JASE Editorial Board and a member of the writing group for the upcoming Recommendations for the Identification and Mitigation of Cardiac Ultrasound Artifacts. He served on the Board of Directors 1996-1998, on the Research Committee and was an Abstract Grader for a number of years.

Dr. Levine made seminal contributions to the field of echocardiography in valvular heart disease. His publications made a significant impact on the

scientific and echocardiographic community on using noninvasive echocardiographic tools such as quantitative flow mapping and 3D echocardiography to elucidate mechanisms of mitral valve disease and connect echocardiographic phenotypes of mitral valve prolapse with underlying genetic markers. His passing represents a profound loss for the echocardiography community.

Our thoughts are with his family and his friends and colleagues at Mass General during this difficult time.

[Read additional tributes](#) to Dr. Levine from colleagues, friends, and family online.



President's Message for *April*

ASE'S BIG TENT: SPECIALTY INTEREST GROUPS ARE COMMUNITIES WHERE ALL OUR MEMBERS CAN FEEL AT HOME



Contributed by **Etienne Côté, DVM, FASE**, Professor in the Department of Companion Animals and staff cardiologist in the Veterinary Teaching Hospital, Atlantic Veterinary College, University of Prince Edward Island in Canada; **Amin Sabet, MD**, Assistant Professor of Medicine, Director of Advanced Cardiac Imaging, and Founder and Director of the Cardio-Rheumatology Program, University of California, Irvine, Irvine, CA; and **David H. Wiener, MD, FASE**, Director of Clinical Operations at the Jefferson Heart Institute and Clinical Professor of Medicine, Thomas Jefferson University, Philadelphia, PA

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Our “Society with a Soul” offers intimate communities where our members grow personally and professionally, together with others who share their specific aims and passions.

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he American Society of Echocardiography is a large but small Society. How is that paradox possible? The largest, worldwide, cardiovascular imaging Society with over 21,000 members and a reputation as the thought leader in cardiovascular ultrasound, ASE is large enough to matter. Yet ASE feels like a family. Our “Society with a Soul” offers intimate communities where our members grow personally and professionally, together with others who share their specific aims and passions.

This month's President's Page describes ASE's Specialty Interest Groups (SIGs). Our SIGs bring together members with similar professional interests and areas of expertise, and provide forums for networking, knowledge sharing, and to develop programs and services within ASE which best serve those interests, complementing our larger Councils. Our 6 current SIGs include Cardio Oncology, Emerging Echo Enthusiasts (a space for early career members), POCUS and Targeted Neonatal Echocardiography (TNE). Let's go into detail about two others.

The Veterinary Specialty Interest Group (Vet SIG) is one of our more mature SIGs. In the words of the Vet SIG's chair, Etienne Côté, DVM, FASE:

The ASE Veterinary Specialty Interest Group (Vet SIG) is the space for interaction among individuals with a cardiovascular interest that involves animals. Relevant areas include animal models of cardiovascular disease (rodent, nonhuman primate, and other mammalian and nonmammalian species), develop-

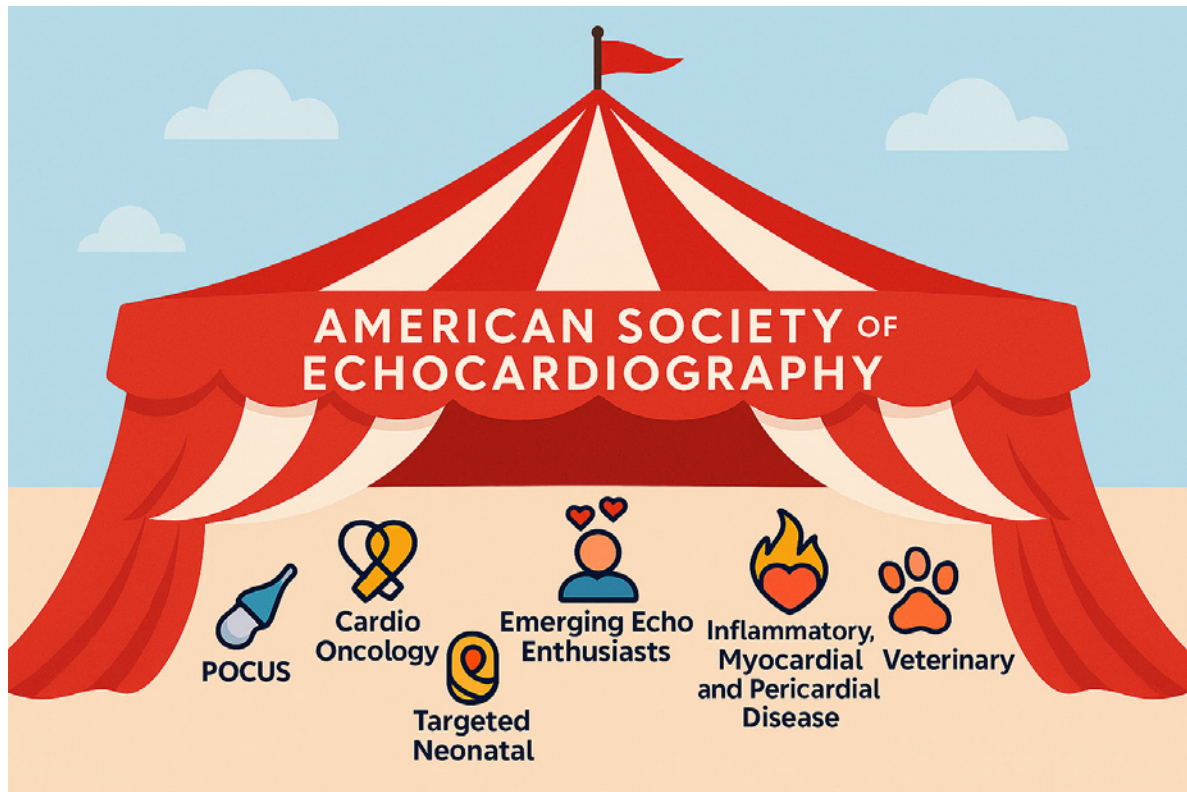


Figure 1

ment of cardiovascular devices and pharmaceuticals, veterinary cardiology practice (dog, cat, horse, and zoo animals), pathogenesis of congenital and structural heart diseases, bench testing new echocardiographic modalities, and increased cardiovascular knowledge about animals in day-to-day life (pets, working animals, and wildlife). Led by Chair Etienne Côté, DVM, FASE and Co-Chair Philippe Pibarot, DVM, PhD, FASE, this SIG's intended benefit is greater understanding of cardiovascular physiologic principles, disease mechanisms, and imaging results beyond one's usual scope of practice.

Goals and achievements of the Veterinary SIG (established 2022 thanks to the vision of Jonathan Lindner, MD, FASE; Bruce Keene, DVM, MS; and Piers Barker, MD, FASE):

- ASE Guidelines: Two in progress (TTE in Dogs and Cats; TTE in Horses)
- Peer-reviewed publications: 29 CASE publications since 2020, including the 2025 ASE Scientific Sessions (SS) ShowCASE competition winner
- Participation and collaboration in live educational activities such as sessions and abstracts at the annual ASE Scientific Sessions: five veterinary sessions at the

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Our tent is open to all who wish to advance cardiovascular ultrasound and improve lives. Our culture promotes synergy while providing spaces to grow specific interests.

- 2025 SS, including the Veterinary Abstract Showcase that features the best in current veterinary cardiovascular science - presenters of the top four veterinary cardiology research abstracts from the American College of Veterinary Internal Medicine Forum
- Webinars and other online educational sessions: two live stream, five prerecorded webinars, one collection of recorded veterinary sessions from ASE 2025 so far; all available as products in the ASE Learning Hub
- Participation in ASE standard bearing, leadership:

FASE who are veterinarians n=11 (pre-2020, n=2); veterinary Associate Editor position in CASE

- Mentorship in 2025: two veterinary cardiologists completed delivery of mentorship in Mentor Match program
- Increased membership in ASE: current Veterinary SIG membership numbers are 268 people.

The Veterinary SIG proudly provides, and benefits from, cross-pollination between human and veterinary worlds, to the intended benefit of both. The ability to do this in a collaborative way under ASE's big tent is what draws members to this SIG. More information is available [online](#).

I'm excited about our newest SIG, the Multimodality Imaging in Inflammatory Myocardial and Pericardial Disease (IMPD) Specialty Interest Group. It is a disease-based SIG which aims to reach practitioners of all imaging modalities and, indeed, all specialists who focus on these disorders. It is described by Chair Amin Sabet, MD, as follows:

Inflammatory myocardial and pericardial diseases, including myocarditis, inflammatory cardiomyopathy, acute and recurrent pericarditis, and constrictive pericarditis, represent one of the fastest growing and most complex areas in contemporary cardiovascular care. These conditions are increasingly encountered across general cardiology, heart failure, advanced imaging, cardio-rheumatology, and rheumatology practices, yet they remain underrecognized and variably managed due to heterogeneous clinical presentations and evolving immunologic mechanisms.

Multimodality imaging plays a vital role in addressing these challenges. Echocardiography remains the first-line tool for detecting structural and functional abnormalities while cardiac MRI, CT, and nuclear imaging provide complementary tissue characterization, assessment of inflammation, and anatomic detail.

The Multimodality Imaging in Inflammatory Myocardial and Pericardial Disease Specialty Interest Group was created to meet this growing interest and clinical need. Led by Chair Amin Sabet, MD, and Co-Chair Allan Klein, MD, FASE, this novel SIG brings together echocardiographers, multimodality imagers, sonographers, and researchers with a shared mission: to standardize imaging pathways, improve diagnostic accuracy, and advance patient care through education, collaboration, and innovation. For patients, this

work translates into earlier diagnosis, fewer missed or delayed cases, and more informed, imaging-guided treatment decisions with newer therapeutic agents. The group will build interdisciplinary bridges with other imaging societies (SCMR, SCCT, ASNC) and with clinical partners in rheumatology, immunology, and genetics, reflecting the real-world, multidisciplinary care required for inflammatory heart disease.

Through webinars, case-based learning, journal clubs, research collaborations, and guideline and consensus documents, this SIG creates a practical, collaborative space for clinicians and imagers focused on improving care for patients with inflammatory heart disease. We encourage ASE members to participate in this exciting and cutting-edge SIG.

To join, go to your ASE Portal, select "My Membership" on the left, then go to Councils/SIGS/Forums and choose Inflammatory Pericardial and Myocardial Diseases.

The accompanying graphic (Figure 1) is a symbol of ASE's culture. Our tent is open to all who wish to advance cardiovascular ultrasound and improve lives. Our culture promotes synergy while providing spaces to grow specific interests. No additional cost is involved; please consider joining an ASE SIG (or Council) to advance your own career as well as the field of cardiovascular ultrasound.

This text also appears in the April issue of JASE [OnlineJASE.com](#)

David H. Wiener,
MD, FASE
ASE President



SONOGRAPHER SPOTLIGHT – TEAM EDITION!

Monroe Carell Jr. Children's Hospital at Vanderbilt



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

Monroe Carell Jr. Children's Hospital at Vanderbilt is a free-standing children's hospital connected with an academic medical center.

What inspires you as a team and what helps you work well together?

Our love for children. Helping our patients and their families through difficult times is our calling. Working as a team and helping each other out. Seeing our hard work as a department have a tangible effect on the lives of those we serve. We all have certain strengths and interests that we share and those help us work well together. We all have a job to do for the mutual goal of taking care of our patients and their families.

Would a couple of you share how you became interested in cardiac ultrasound?

Some started out in the Adult world, were exposed to Peds

Brooklyn Robinson, Jennifer Sublett, Alex Snyder, Rachel Tutwiler, Corey Havens, Jenna Rodriguez, Katie Waller, Gary Coburn, Ryan Czerniak, Melissa Carr, Ashley Dungan, Jennifer Sutton, Danny Saurers, Mikaela Johnson, Nilsa Wiedenfeld and Courtney Ruggles.



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We all have certain strengths and interests that we share and those help us work well together.

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and moved over. Some have personal experiences having imaging performed on them or family members. And some, had other Ultra-sound experience and wanted to add cardiac.

What did you think about your volunteer opportunity this past year and have you volunteered for ASE in the past? What do you hope for in the future?

We have a few regular volunteers and are all eager to continue contributing. It was a wonderful experience to be part of the DIY initiative alongside our actual patients. We truly enjoy sharing our work with anyone interested and collaborating with sonographers from around the world, each bringing unique perspectives and varying levels of expertise. The opportunity to learn from one another while mentoring the next generation was incredibly rewarding. The hands-on platform proved to be highly beneficial, underscoring the importance of active involvement. Gaining insights from other labs and exchanging experiences to collectively make a greater impact was both meaningful and inspiring. Collaboration truly makes all the difference!

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

Technology must be the biggest! Understanding Work-Related Musculoskeletal Disorders and their long-term impacts and a push to keep sonographers safe. Education for sonographers and BY sonographers has become more prevalent and accessible. Acquiring a quality image has taken a back seat to understanding what images are needed and how to best present that need.

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

Artificial Intelligence is bonkers! Finding ways to not fear its implementation into our work but embrace and guide how it is being developed or applied will be huge. Social media and its reach is interesting. The access to new, or rarely seen, things is neat. Technology advancements from industry have also come a long way to assist us with getting the best imaging in a more efficient way and with better ergonomics.



R-L Danny Saurers, Melissa Carr, Jenna Rodriguez, Corey Havens, Courtney Ruggles, Nilsa Wiedenfeld, Jennifer Sutton.

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

Take the time to explore all areas of the field and identify a specialty that resonates with you once you've developed a solid foundation of general knowledge. Don't let fear or intimidation hold you back, especially in the beginning. For example, pediatrics can initially feel overwhelming due to the vast array of possibilities, but immersing yourself fully in the environment is key. From the moment you greet a patient to completing an imaging protocol and saying goodbye, embracing the entire process will help you gain confidence and deepen your understanding. Notice people who do things the way you wish that you could and try to find one or more to mentor you.

What else would you like to share with our readers about teamwork and your journeys in echo?

Always remain open to learning new things and sharing the knowledge you've gained. Setting aside ego is often a crucial step in fostering growth and embracing new opportunities. A



Rachael Tutwiler, Darrel Trinko, Melissa Carr, Nilsa Wiedenfeld, Jennifer Sutton, Paige Filmore, Jenna Rodriguez, Katie Waller, Page Hammond

cohesive team is essential for delivering exceptional patient care, especially in a field that is a continuous journey of discovery. Each day brings new faces, ideas, diagnoses, workflows, and advancements in technology, making adaptability and a willingness to embrace change vital qualities. Everyone is responsible for creating that good culture in the lab by looking for the best in your colleagues and yourself. Cultivating a positive and collaborative culture within your lab and among your peers is fundamental to success.

If you have more insight to add, please write more about your team and the relationships that make your team a success.

Over the past several years, we have made a deliberate effort to foster a culture where sonographers are empowered to advance their careers and view their roles as more than just a job. Through the establishment of a career ladder, we provide opportunities for sonographers to pursue their passions, whether in education, advanced imaging techniques, research, or leadership. This initiative has significantly elevated our standards and strengthened our team. Each member of our lab plays a unique role, thoughtfully aligned with their individual strengths and interests.

We recognize that growth is a continuous process and no one is ever a finished product. Curiosity and a willingness to ask 'why' are



Moyo Fawole, Dr. Bridget Zoellerm, Dr. Elena Rueda-de-Leon, Dr. David Parra, Jenna Rodriguez, Rachel Tutwiler, Nilsa Wiedenfeld

essential for discovering new ways to improve and evolve. This mindset is deeply ingrained in our team, enabling us to lean on one another to achieve our best work. Beyond the workplace, we actively cultivate our team culture through authentic connections, mutual support, and shared experiences, creating a cohesive and dynamic environment both professionally and personally.

2026 Scientific Sessions Preview:

A Focus on Vascular Disease

Contributed by **Stanislav Henkin, MD, MPH, FASE**, Mayo Clinic, Rochester, MN



Much of the programming this year will focus on case-based presentations with consequent discussion by experts in the field.

IT IS HARD TO BELIEVE that the 2026 ASE Scientific Sessions are only a couple of months away in Colorado! The Circulation and Vascular Pathway Team, in collaboration with the Scientific Sessions Program Committee, has been hard at work for the last nine months developing comprehensive and practical sessions, focusing on multimodality imaging of both arterial and venous disease. Much of the programming this year will focus on case-based presentations with consequent discussion by experts in the field. Importantly, there is ample time for audience Q&A with each session. This is meant to help clinicians deal with everyday real-world scenarios that are commonly encountered in clinical practice, focusing on improving diagnosis and outcomes in patients with complex arterial and venous disease.

On the first day of the meeting, there is a session on Aortic Disease Across the Lifespan, which will include case presentations on aortic disease in three different age groups – a neonate, an individual in their second decade of life, and an individual in their seventh decade of life. The expert panel will focus on appropriate work-up, surveillance, and treatment strategy for each case, with practical teaching points for the audience to implement in their cardiovascular practice. This session will also include a talk by a cardiovascular surgeon, focusing on perioperative surgical planning and intraoperative considerations in patients with heritable

versus degenerative thoracic aortic aneurysms. Given how commonly aortic aneurysms are encountered in cardiovascular practice, this will surely be a “do not miss” session!

Saturday is a busy day with two sessions. The first session will concentrate on multimodality imaging in pregnancy-associated vascular complications. The cases will focus on arterial and venous complications, including spontaneous coronary artery dissection, aortic dissection, and venous thromboembolism. The presenters and panelists will discuss acute and chronic management of these complex patients, including counseling on the vascular risk in future pregnancies. This session will also include a discussion on pregnancy-related changes commonly seen in echocardiography and vascular imaging of the pregnant patient, focusing on normal and abnormal physiologic changes in pregnancy. This is a great opportunity for the audience to learn about vascular complications in pregnant patients and the critical role vascular and cardio-obstetrics teams play in the care of these patients.

Next up on Saturday is a discussion on two recently released and intricately connected guidelines – the ASE Right Heart Guideline and the ACC/AHA Pulmonary Embolism Guideline. The session will include presentations on acute and chronic pulmonary embolism – the expert panel will then discuss how work-up and management differs on the diagnosis of acute vs chronic pulmonary embolism, concentrating on the role of echocardiography in the care of these patients. We are fortunate to have members of the Writing Committee of the ASE and ACC/AHA Guidelines, who will summarize the new recommendations in each guideline. Given the importance of multidisciplinary management of patients with pulmonary embolism, the presence of experts from around the world participating in this session, this is another session that should not be missed by anyone attending the Scientific Sessions!

The final day of the meeting includes a novel “Scan with me” session on carotid and transcranial ultrasound, led by world leaders in this technology. Given the recent results of the CREST-2 study, this session is quite timely as it will allow hands on experience with

In summary, every ASE Scientific Sessions attendee will come away with practical knowledge by attending the Circulation & Vascular pathway sessions.

not only standard carotid protocol but also highlights additional imaging modalities for risk stratification of patients with asymptomatic carotid stenosis. Specifically, one station will discuss ways to characterize plaque on carotid ultrasound, and which features pose a higher risk for development of symptomatic carotid stenosis; and another station will review transcranial Doppler and how it may be used for detection of emboli. With these tools in hand, attendees will be well equipped to take this knowledge back to the bedside to improve understanding which patients may most benefit from carotid intervention.

The final session of the Circulation & Vascular pathway will examine the role of multimodality imaging (echocardiogram, peripheral arterial ultrasound, cross-sectional imaging) in everyday vascular practice. This session will again include case-based discussions focusing on different etiologies of peripheral arterial abnormalities. Importantly, this session will review fundamentals of peripheral arterial ultrasound, and how it is different from cardiac imaging; and integration of vascular ultrasound into the cardiac lab, which is frequently sought after given the breadth of patients cardiovascular medicine specialists see in their practice. In summary, every ASE Scientific Sessions attendee will come away with practical knowledge by attending the Circulation & Vascular pathway sessions. We look forward to seeing you in Colorado this June. As always, please let us know what topics may be of interest to you in the future!

Peak Performance: Critical Care Echocardiography at Altitude

Contributed by: **Michael Lanspa, MD, FASE**, Intermountain
Critical Care Echocardiography Service, Salt Lake City, UT



*The 2026 ASE
Scientific Sessions
is one of the most
innovative and
exciting meetings
in cardiovascular
imaging.*

THE 2026 ASE SCIENTIFIC SESSIONS is one of the most innovative and exciting meetings in cardiovascular imaging. This year will be especially exciting for those interested in the role of cardiovascular imaging in the critically ill. Critical Care Echocardiography as a discipline is relatively young, with a board certification offered first in 2019. ASE has pioneered advances in this discipline, programming content for critical care echocardiography and Point-of-Care Ultrasound (POCUS) for well over a decade. Whether you work in the intensive care unit or not, the 2026 agenda is designed to inform and inspire all learners. Here is a spotlight of some of the most anticipated offerings:

1. **When in Colorado...From Mountains to Sea: Adaptation to High Altitude and Pulmonary Hypertension.** This session, jointly offered with the Canadian Society of Echocardiography, is apt for the mile-high city of Denver. This session will feature Li-Xue Yin, MD from Sichuan, China, speaking about some of the unique cardiac adaptations found in Tibetan highlanders. This group of people has undergone some of the most rapid and recent human evolution. This session will also include presentations on the impact

of high altitude on unrepaired congenital heart disease by Adel Younoszai, MD, FASE and the cardiovascular impact on diving by Malissa Wood, MD, FASE. This must-see session will be of interest to the entire membership.

2. POCUS and Access to Healthcare. This session honors Richard E. Kerber and James Kirkpatrick, past leaders of ASE who championed ethics and humanism in medicine. The featured speaker is Sara Nikravan, MD, FASE, from University of Washington. Dr. Nikravan has been a leader of POCUS in critical care for over a decade. She will speak on the role of POCUS at the heart of Human Health. POCUS serves as a great equalizer in health-care, transforming care in resource-limited environments. She will be accompanied by Craig Sable, MD, and David Adams, ACS, RCS, RDCS, FASE, who will be speaking on disparities in access to cardiovascular imaging and POCUS in screening heart disease. Any attendees who have an interest in global health or POCUS should attend this session.

3. Role of Echocardiographic Phenotyping and AI in the Critically Ill. Critically ill patients often have abnormal echocardiographic findings, but it's often hard to know what findings matter in the critically ill. Additionally, it can be challenging to determine how much of these are intrinsic to cardiac function, how much is related to the disease, and how much is related to interventions like administration of fluid, vasoactive medications, and mechanical ventilation. Machine learning algorithms are improving our ability to differentiate different types of patients. The speakers in this session will be discussing novel techniques in phenotyping critically ill patients. Siddharth Dugar, MD, FASE, will speak on what echo parameters matter in the critically ill. Frances West, MD, will discuss echo phenotyping in acute respiratory distress syndrome. Tatyana Shvilkina, DO, will be presenting cutting-edge research on echo phenotypes in sepsis and septic shock. This session is designed for all members, not just intensivists.

Whether you work in the intensive care unit or not, the 2026 agenda is designed to inform and inspire all learners.

4. Stop the Wedge: Critical Care Echo over Pulmonary Artery Catheters in the CICU. This session emphasizes the role of echocardiography in hemodynamic management in the critically ill. The topics in this session will emphasize the role of POCUS in valvular disease, the role of diastolic assessments and applying echo to the failing right ventricle. The speakers here include Willard Applefeld, MD, Michael Lanspa, MD, FASE, and Frances West, MD.

5. Stress Test Reset: To Ischemia and Beyond! This session, jointly offered with the Canadian Society of Echocardiography, will explore novel applications echocardiography in stress echocardiography. Patricia Pellikka, MD, FASE, will present evidence on the role of strain, 3D, and artificial intelligence in stress echocardiography. Amer Johri, MD, FASE, will discuss the application of the carotid stress echo in cardiovascular risk. Finally, David Wiener, MD, FASE, will put it all together with a case-based presentation incorporating these advances into protocols.

6. Echo Evaluation of Mechanical Circulatory Support: How Do the Guidelines Help Us? The ISHLT 2023 guidelines and the ACC/AHA 2025 update incorporate recommendations for mechanical circulatory support.

Basant Arya, MD, FASE, will speak on how to apply those guidelines to critically ill patients using POCUS. Triston Thomson, ACS, FASE will teach pro-tips on how best to image these challenging patients. The session will round off with three challenging cases presented by Marcus Behrens, MD, Miranda Timonen, MD, and Emily Zern, MD. This session will offer practical applications for clinicians and sonographers working with these patients.

- 7. **Echocardiography and Endocarditis in the Modern Era.** Who actually needs TEE when a TTE is negative? We'll see this question answered in this session, along with rapid-fire presentations highlighting the key questions in endocarditis imaging, from speakers Sean Murphy, MD, Cody Frye, MD, ACS, RDCS, FASE, and others.
- 8. **Abstract Session: Critical Care.** Don't forget to stop by and see some of the novel research and presentations of echo in critical care. These presentations have consistently advanced the role of echocardiography and POCUS, and 2026 will be no exception.

These sessions continue ASE's embracing innovation and pioneering echocardiography in the critical care setting, engaging members of multiple specialties, and disseminating echocardiography throughout the globe. For any members interested in getting involved in Critical Care Echocardiography or POCUS, please join the Critical Care Echocardiography Committee—It's a great opportunity to get engaged with ASE and to network with other like-minded members.

We look forward to seeing you all in Aurora, Colorado in June!

These sessions continue ASE's embracing innovation and pioneering echocardiography in the critical care setting.



A Transformative Program in Valvular and Structural Heart Disease Awaits at ASE 2026

Contributed by **Abimbola (Bola) Faloye, MD, FASE**, (Chair), Emory School of Medicine, Atlanta, GA; **Enrique Garcia-Sayan, MD, FASE**, (Co-Chair), Texas Heart Institute at Baylor College of Medicine, Houston, TX; **Nina Rashedi, MD, FASE**, Swedish Providence Medical Center, University of Washington Medical Center, Seattle, WA; **Megan Yamat, RDCS, RCS, ACS, A.A.S, FASE**, University of Chicago Medicine, Chicago, IL



This year's program for valvular heart disease, structural heart disease, and interventional echocardiography is both ambitious and thoughtfully curated.

THE AMERICAN SOCIETY of Echocardiography's 2026 Scientific Sessions will take place June 26 to 28 at the Gaylord Rockies Resort in Aurora, Colorado, and this year's program for valvular heart disease, structural heart disease, and interventional echocardiography is both ambitious and thoughtfully curated. Whether you are early in your imaging journey or a seasoned expert shaping the field, the pathway offers a rich blend of foundational teaching, state-of-the-art imaging, multidisciplinary case discussions, and cutting-edge procedural innovation.

This is a program designed to energize, challenge, and inspire. It reflects the rapid evolution of structural heart disease care and the central role of echocardiography in guiding clinical decisions, procedural planning, and real-time intervention. Over three days, attendees will experience a dynamic mix of didactics, debates, live imaging demonstrations, and immersive case-based learning that showcases the full spectrum of modern valve and structural imaging.

Aortic Valve Imaging at the Forefront

Aortic valve disease remains a cornerstone of structural imaging, and ASE 2026 brings it to life with depth and clarity. “*Aortic Valve Disease: From Diagnosis to Intervention*” anchors the program with a comprehensive look at the evaluation and management of aortic regurgitation and aortic stenosis. This session spans the essentials of Doppler assessment, multimodality imaging for reintervention, and the nuances of valve-in-valve planning. It also features the prestigious Kalmanson Lecture, a highlight each year for those who want to understand where the field is heading.

Imaging essentials continue with “*Not to Put Too Fine a Point On It: Common Pitfalls in TAVR Imaging*,” a practical and highly relevant session for anyone involved in preprocedural planning or intraprocedural guidance. As TAVR expands into younger and more complex populations, mastering these pitfalls is increasingly important.

Mitral and Tricuspid Imaging: From Fundamentals to Advanced Therapies

Mitral transcatheter edge-to-edge repair remains one of the most widely performed structural interventions, and ASE 2026 offers a clear, structured review in “*Understanding Mitral TEER Procedure and Imaging*.” This session distills the key steps in screening, intraprocedural imaging, and post-repair assessment, giving attendees a reproducible framework they can apply immediately in practice.

The tricuspid valve, once the forgotten valve, now commands center stage in the era of transcatheter therapies. “*Tricuspid Valve Imaging for Transcatheter Therapies: The Essentials*,” presented jointly with the European Association of Cardiovascular Imaging, brings together global experts to walk through quantification, device selection, and procedural guidance for T TEER and TTVR. With new devices emerging and clinical trials accelerating, this session is perfectly timed for clinicians who want to stay ahead of the curve.

Left Atrial Appendage Imaging and Intervention: A Deep Dive

Few areas in structural heart disease are

Aortic valve disease remains a cornerstone of structural imaging, and ASE 2026 brings it to life with depth and clarity.

evolving as rapidly as left atrial appendage occlusion and exclusion. ASE 2026 offers a full suite of sessions that explore this topic from every angle.

“*Great Debates in Imaging Guided LAA Occlusion and Exclusion*” promises to be an engaging and dynamic session, where experts will go head-to-head on CT-first versus TEE-first planning, ICE versus TEE guidance, and protocol-driven versus imaging-guided decisions on stopping anticoagulation after surgical exclusion. Real-world cases of difficult anatomies and incomplete closures will ground the debates in practical experience.

Complementing the debates are two highly interactive offerings: a virtual reality session that allows attendees to explore the left atrial appendage in three dimensions, and a hands-on “*DIY LAA Occluder*” experience that brings device deployment concepts to life. Together, these sessions offer a uniquely immersive approach to understanding LAA anatomy, imaging, and intervention.

Perioperative Imaging: Decision Making in the Operating Room

The cardiovascular anesthesia and perioperative community will find a dedicated and highly relevant session in “*Clinical Dilemmas: Repair vs Replace*.” This case-based program takes attendees into the operating room to examine real-world decision-making for mitral, aortic, and multivalvular disease. Surgeons, anesthesiologists, and imagers will walk through the interplay between anatomy, imaging findings, and surgical strategy, offering a rare behind-the-scenes look at how complex decisions are made in real time.

Multidisciplinary Case Discussions: The Heart Team in Action

One of the most anticipated sessions of the pathway is “*Episodes of Care: The Heart Team in Action.*” This multidisciplinary program brings together sonographers, structural echocardiographers, multimodality imagers, and interventional cardiologists to dissect complex cases from presentation through intervention. The session highlights the collaborative decision-making that defines modern structural heart disease care and showcases the imaging pearls that drive procedural success.

Another standout is “*Letter-Perfect Lacerations: Imaging the ABCs of Transcatheter Electrosurgery,*” a joint session with the Society of Cardiovascular Computed Tomography. Electrosurgical techniques such as BASILICA, LAMPOON, and SESAME are rapidly expanding, and this session offers a rare opportunity to see how CT planning and real-time echo guidance come together to support these advanced procedures. Rapid-fire cases and a robust panel discussion make this a must-attend for structural heart imagers and interventional echocardiographers.

Hands-On Learning and Real-world Imaging World Imaging

“*Read with the Experts: SHD*” brings the practical side of imaging to the forefront. Expert sonographers and physicians will walk through real cases, demonstrate cropping and advanced imaging techniques, and share the tips and tricks that elevate image acquisition and interpretation. This is the kind of session that changes how you scan and read the very next day.

The Practice of Interventional Echocardiography

As the field grows, so does the need for training, competency, and professional identity. “*Is a Career in Interventional Echocardiography Right for Me?*” offers a thoughtful look at the subspecialty, including its history, scope of practice, training pathways, and real-world decision-making. For early career imagers or anyone considering expanding their skill set, this session provides clarity and inspiration.

Congenital and Structural Collaboration

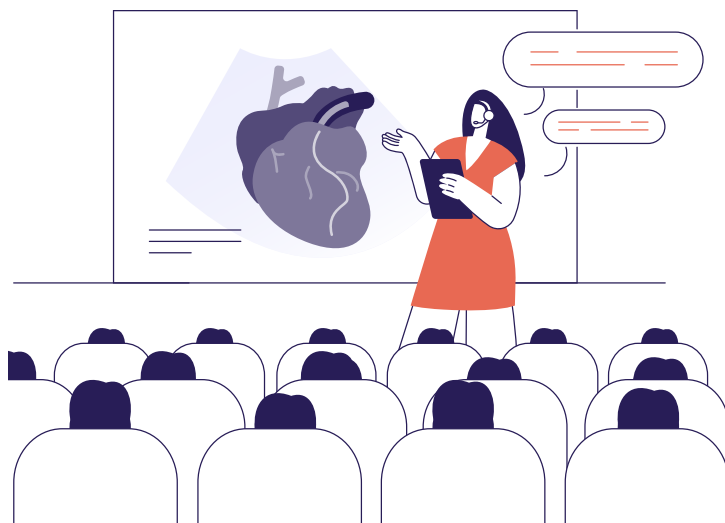
“*Mismatched Valves: Patient-Prosthesis Mismatch,*” developed in collaboration with the Adult Congenital Heart Disease pathway, explores PPM across the lifespan. With new guidelines and evolving imaging strategies, this session bridges congenital and structural perspectives to offer a comprehensive view of this important topic.

Join Us in Colorado

The 2026 valvular, structural, and interventional echocardiography pathway is ambitious, innovative, and deeply educational. It reflects the best of ASE: multidisciplinary collaboration, practical learning, and a commitment to advancing the field through imaging excellence.

Join us in Aurora this June, explore the full program, and register today to be part of this exciting and transformative meeting.

The 2026 valvular, structural, and interventional echocardiography pathway is ambitious, innovative, and deeply educational.



Pediatric and Congenital Pathway at ASE 2026

Contributed by **Kenan Stern, MD, FASE**, Icahn School of Medicine at Mount Sinai, New York, NY, and **Laura Mercer-Rosa, MD, MSc, FASE**, Children's Hospital of Philadelphia, Philadelphia, PA



*The pediatric/
congenital track
this year offers
a diverse range
of session themes
and formats.*

SING IT FROM THE MOUNTAINTOPS! ASE is coming to Colorado! The 37th Annual Scientific Sessions will be held at the Gaylord Rockies Resort in Aurora, Colorado, from June 26-28. The pediatric and congenital track will be led this year by chair and co-chair, Dr. Laura Mercer-Rosa and Dr. Nee Khoo. And the entire program committee is chaired by our very own Dr. Leo Lopez! They have put in a tremendous amount of time and effort to create an engaging and educational program.

So if you like craft beer and green chile (or even if you don't) break out your John Denver records and come one, come all to the Mile High City! There is something for everyone. In order to get a sneak peek at what's in store for us, we spoke with Laura and Nee.

1. What are the highlights of the pediatric/ congenital track for the 2026 Scientific Sessions?

The pediatric/congenital track this year offers a diverse range of session themes and formats. We collaborated closely with other tracks to create interdisciplinary sessions, including topics such as pulmonary hypertension and cardiovascular adaptation to high altitude, as

well as interviews with trailblazers in congenital heart disease. The program spans the full spectrum—from fundamental to advanced diastology and 3D echo—while also exploring areas such as stress echocardiography and ventricular assist devices. We will revisit classic congenital heart lesions, including tetralogy of Fallot, single ventricles, and Ebstein anomaly. Further, the pediatric track features an impactful quality improvement session, interactive discussions of challenging fetal cases, and two oral abstract sessions highlighting cutting-edge research. We also promise an exciting targeted neonatal echocardiography session, and a “next gen” session on innovation and technology.

2. What are some of the benefits of attending the sessions?

The 2026 Scientific Sessions were intentionally designed so that attendees at every stage of their careers will benefit. Folks will have opportunities to expand technical expertise through hands-on sessions in strain and 3D imaging, and scan with me, will gain exposure to core and advanced concepts in pediatric echocardiography while also identifying

opportunities for mentorship and collaboration. Finally, the sessions offer the chance to exchange ideas, explore emerging technologies, and connect with colleagues who share an interest in congenital and pediatric heart disease. Overall, ASE 2026 will be a unique environment for learning, networking, and advancing our field together.

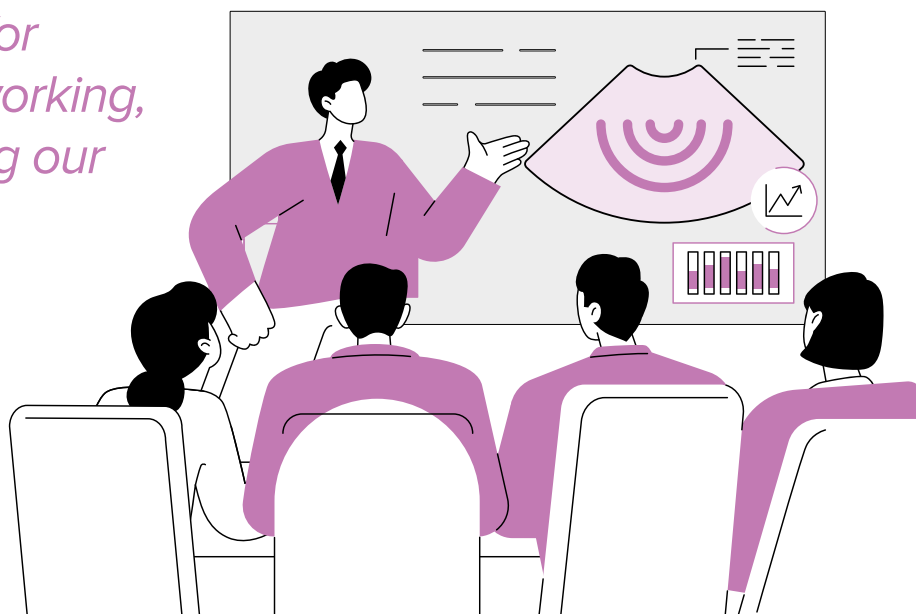
3. What have been the most rewarding parts of organizing the pediatric/congenital track?

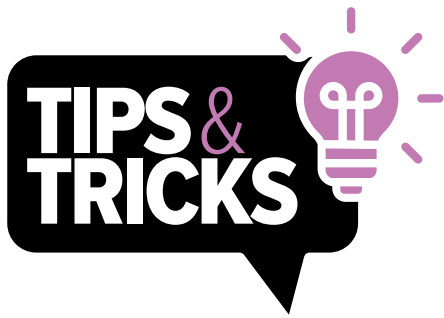
One of the most rewarding aspects has been the opportunity to work with an outstanding group of colleagues who share a deep passion for pediatric echocardiography. I have learned tremendously from our past chair, Adam Dorfman, and it has been a privilege to collaborate with Nee Khoo, whose privileged intellect was instrumental in shaping the program. Working under Leo Lopez’s leadership made the experience especially meaningful. In short, this process has reaffirmed my lifelong passion for echocardiography!

4. Any parting thoughts?

I am looking forward to seeing many colleagues and friends in Colorado for 3 days of great learning, exchange, and fellowship.

Overall, ASE 2026 will be a unique environment for learning, networking, and advancing our field together.





“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 evaluation of pulmonary artery and branches..



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

Evaluating Pulmonary Artery & Branches (Pre-intervention/normal)

1. The pulmonary arteries include the main pulmonary artery (MPA) and its bifurcation into the right and left pulmonary arteries (RPA and LPA). Understanding where to find them in structurally normal hearts can help find them when they are anomalous or abnormal.

Transducer settings and Optimization:

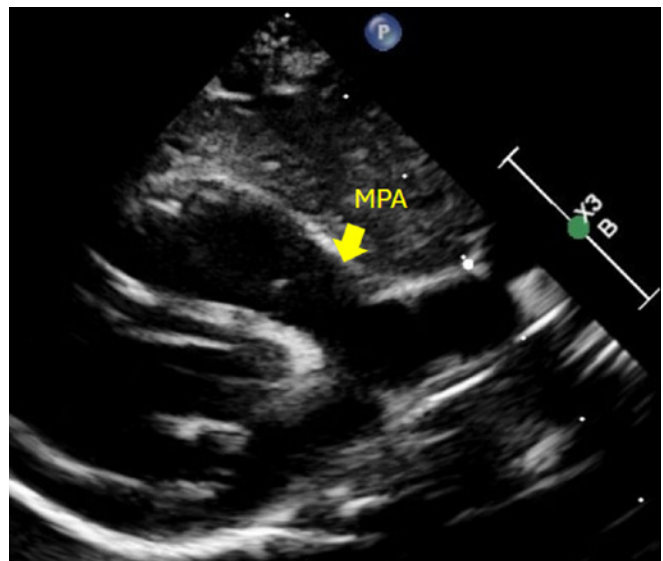
- Harmonics recommended to highlight the lumen clearly.
- Adjust overall gain and time-gain compensation (TGC) to reduce near-field clutter.
- Use focused zoom on the pulmonary artery bifurcation and proximal branches.
- Use color-compare when having difficulty finding hypoplastic or stenosis of pulmonary artery branches.
- Sweep slowly to track each pulmonary artery distally and assess continuity.

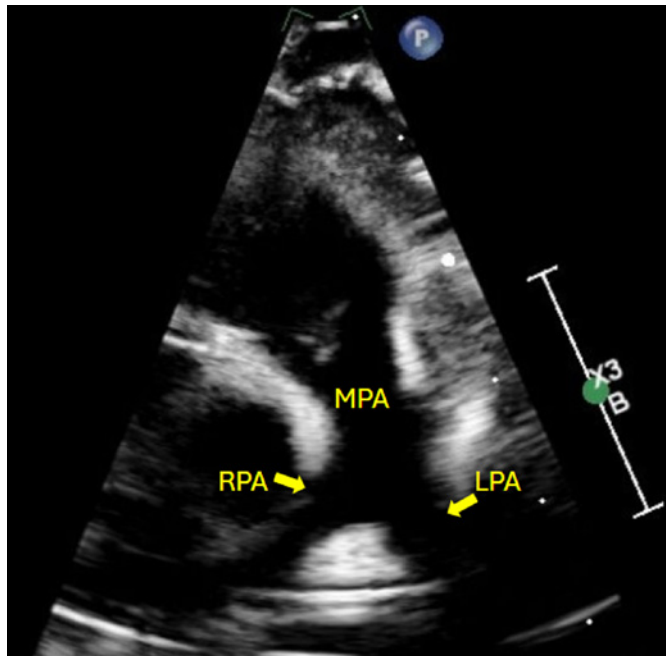
Color Doppler Optimization

- Align the color box with the expected flow direction.
- Look for aliasing, turbulence, or color dropout, which may suggest stenosis or obstruction.

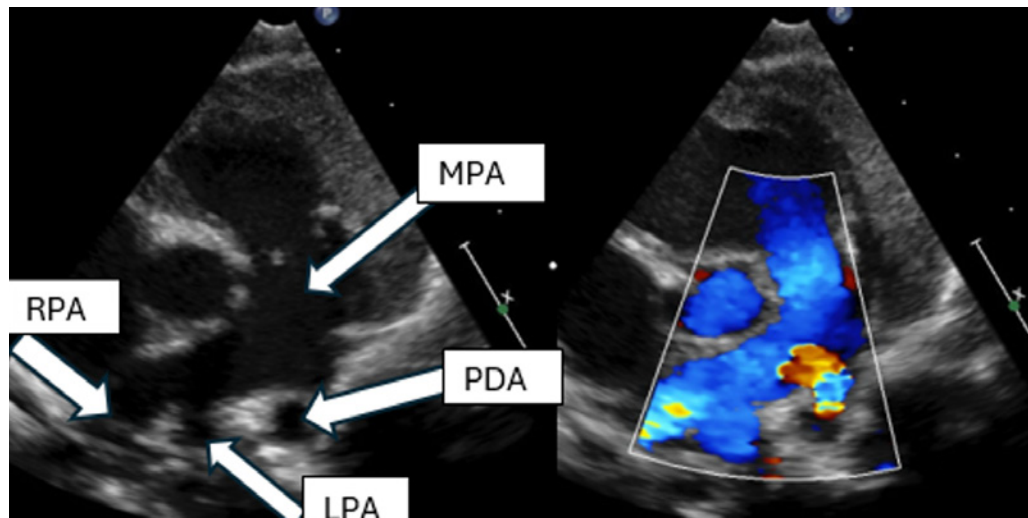
2. Views you can see the branch pulmonary arteries:

- A. Parasternal Long Axis** – typically best for the MPA but branch pulmonary arteries not well seen.

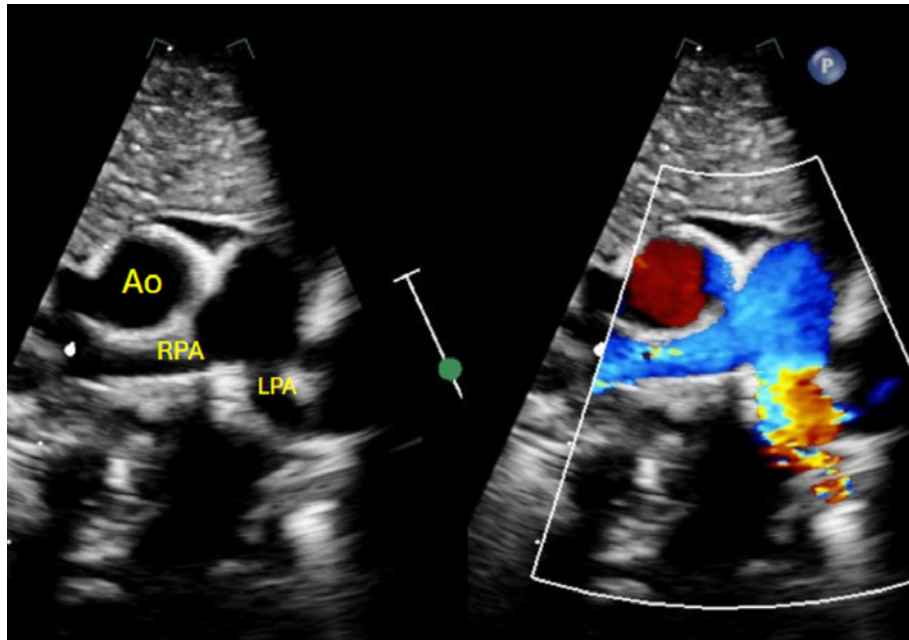




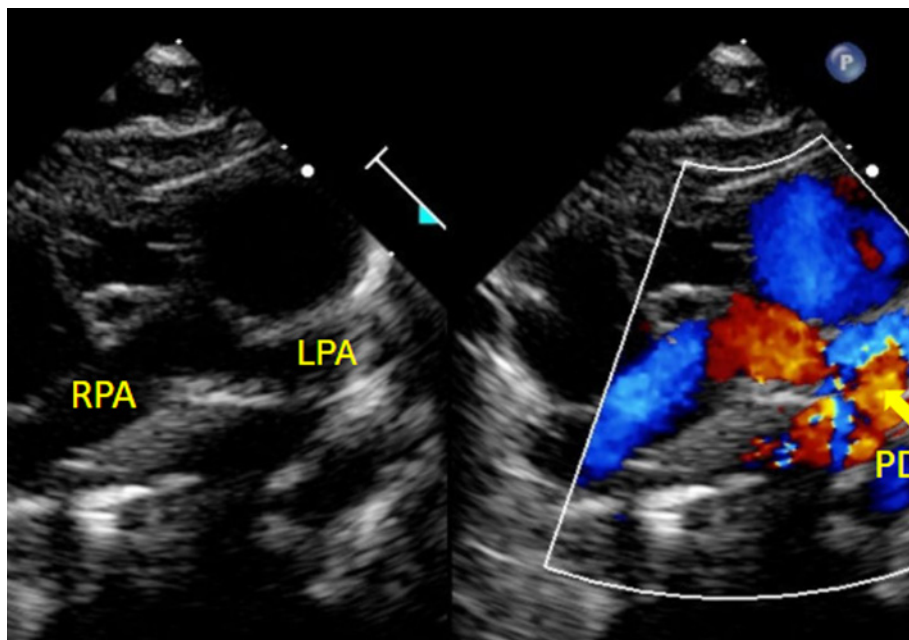
B. Parasternal short axis – Can see branch pulmonary arteries but caliber can be underestimated. Right pulmonary artery (RPA), Left pulmonary artery (LPA).



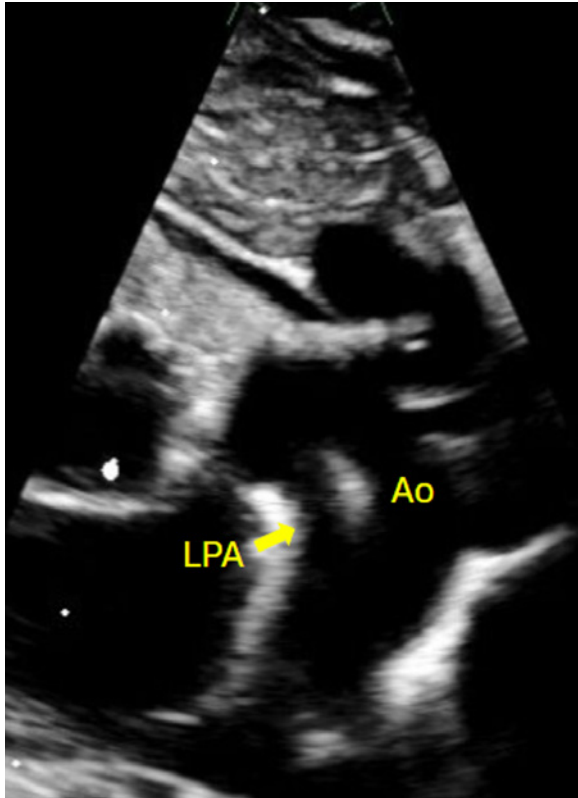
LPA Sling:



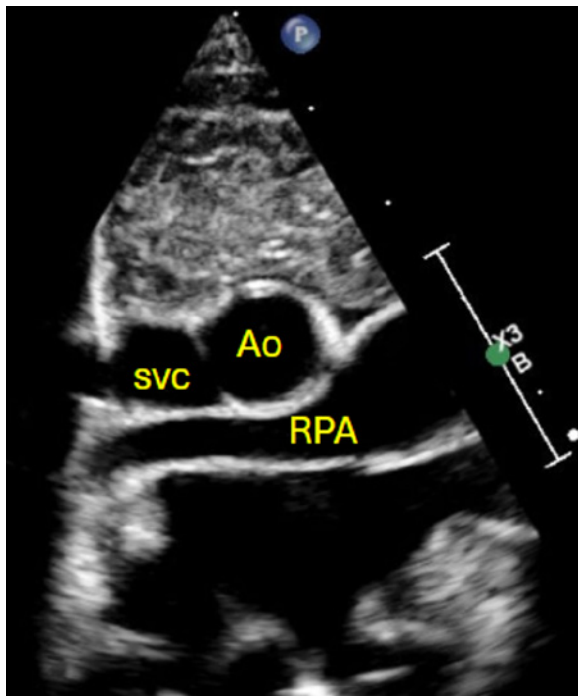
C. Left Infraclavicular (High parasternal short axis) – notch at 3 o'clock “Pants or Gumby view”.



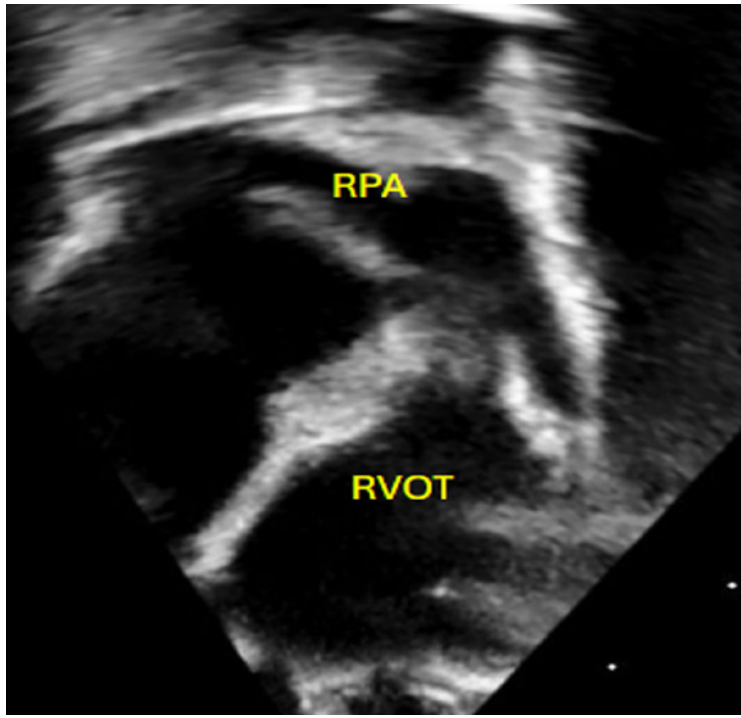
Pulmonary confluence in pulmonary atresia with tortuous PDA entering the LPA.



- D.** Left infraclavicular notch at 10 o'clock (ductal view)
- This view opens up the LPA length wise and when there is a patent ductus arteriosus (PDA) it is seen between the LPA and aortic isthmus.

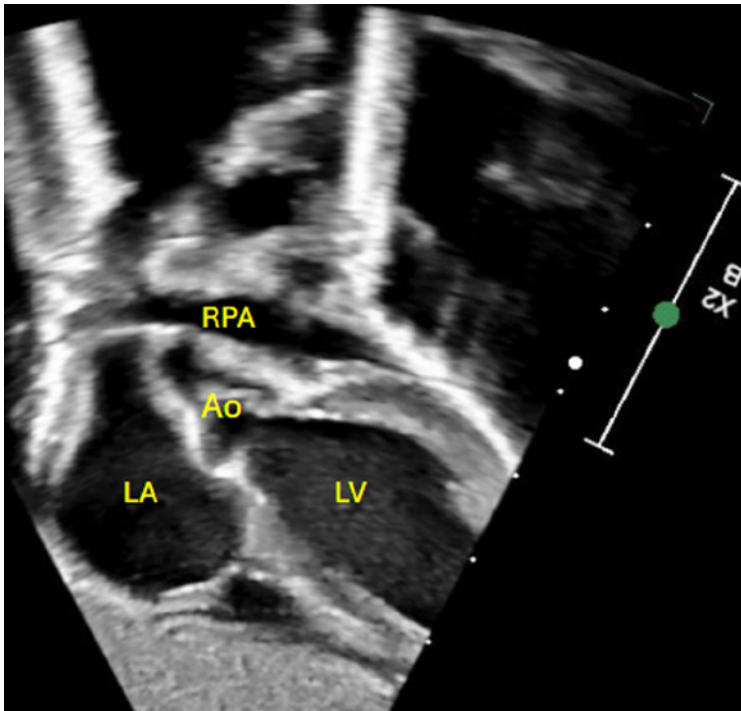


- E.** Suprasternal notch – notch at 3 o'clock. Great for measuring branch PAs diameters
- Position: Place the transducer in the suprasternal notch with the index marker at 3 o'clock.
 - Goal: Visualize the MPA bifurcation, with the RPA and LPA branching perpendicular to the ultrasound beam.
 - Tip: Slight medial or lateral angulation may be needed to follow each branch pulmonary artery individually.



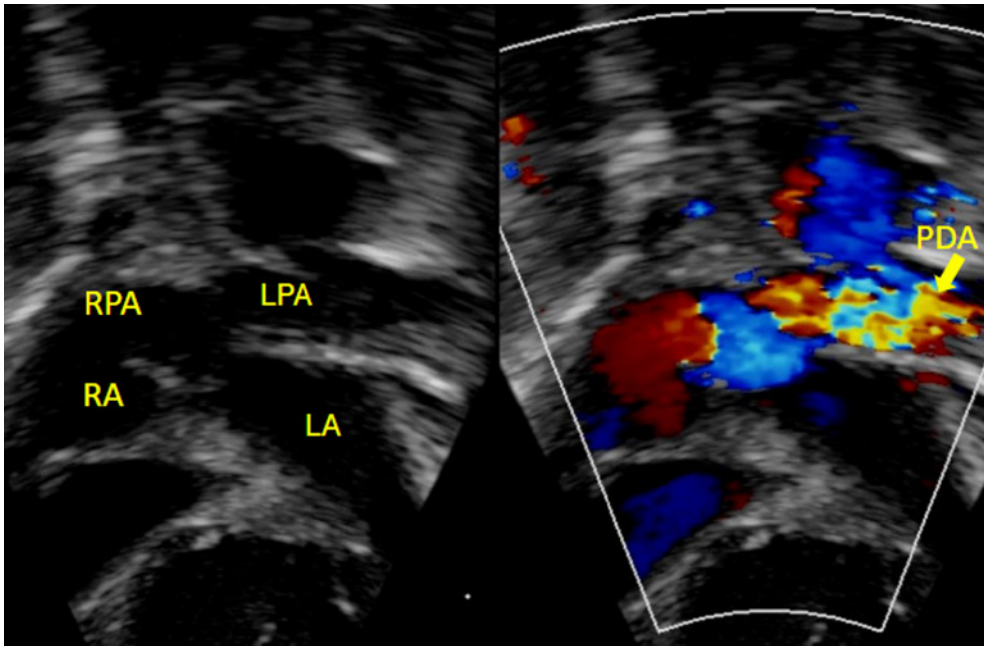
F. Apical 4-chamber

- a. Angling up from the 5 chamber view to the right ventricular outflow tract (RVOT) you can sometimes show the RPA. The LPA dives back so is harder to see.



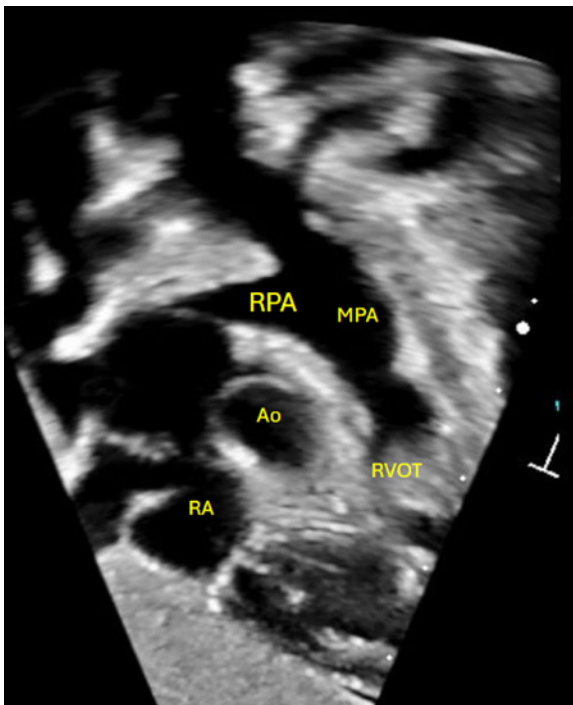
G. Subxyphoid long axis

- a. Angling coronally from the left ventricular outflow tract towards the RVOT you can see the RPA coming across to the right.

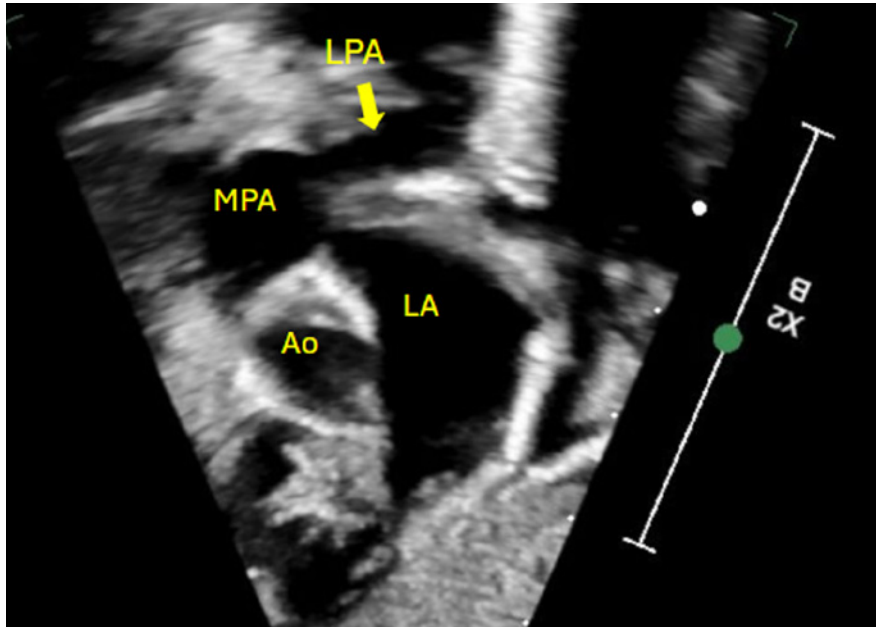


Pulmonary artery confluence in pulmonary atresia patient with a tortuous patent ductus arteriosus (PDA) entering the left pulmonary artery.

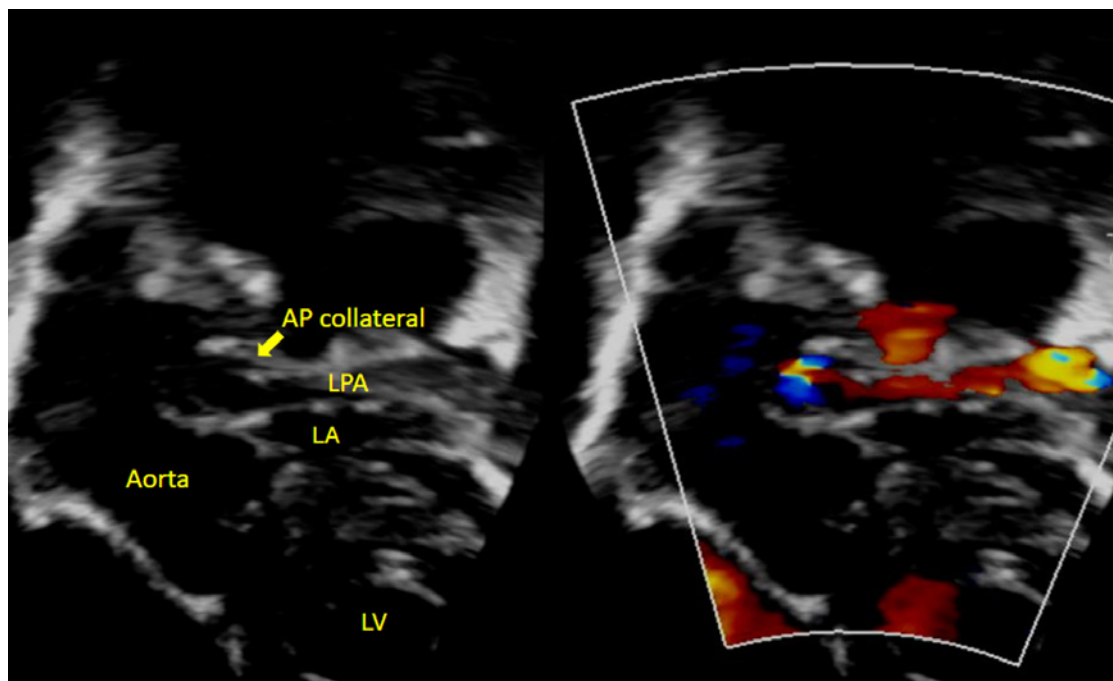
- The confluence can be found above the pulmonary veins from the subxyphoid long axis.



H. Subxyphoid right anterior oblique-notch at 1 o'clock
 a. Angled anteriorly the RPA is seen perpendicularly.



- I. Subxyphoid left anterior oblique-notch at 5 o'clock
 - a. The LPA is seen perpendicular in the view



Tetralogy of Fallot with pulmonary atresia and major aortopulmonary (AP) collaterals with the left pulmonary artery coming from an aortopulmonary collateral.

Join Us in Aurora for the ASE Scientific Sessions

Contributed by: **Abimbola Faloye, MD, FASA, FASE**, Emory Healthcare, Atlanta, GA, and **Andrew Notarianni, MD, FASA, FASE**, Yale University, New Haven, CT



Few other spaces demand this level of real-time skill from echocardiographers and sonographers — or tie their expertise so closely to patient outcome.

INTRAOPERATIVE ECHOCARDIOGRAPHY is a unique showcase of the value the Echocardiography Team brings to modern cardiac intervention. Few other spaces demand this level of real-time skill from echocardiographers and sonographers — or tie their expertise so closely to patient outcome. Perioperative imaging has supported the rapid advancement in endovascular and open surgical techniques and enabled increasingly complex interventions through real-time imaging guidance.

These advances depend on close collaboration between all members of the Heart Team, with cardiovascular imaging playing a central role. Cardiologists, anesthesiologists, sonographers, structural interventional cardiologists, and surgeons each bring a distinct perspective that makes these procedures better, safer, and more reliable in outcome.

The Perioperative Sessions of the ASE Scientific Sessions embody this spirit of collaboration. These sessions provide an exciting forum for cardiovascular imaging experts from diverse backgrounds to work through the challenges of modern cardiac intervention. Each perspective informs the practice of the other

members of the team and when that knowledge is shared freely, the whole team gets better.

This June 26–28, the Council on Perioperative Echocardiography (COPE) invites you to beautiful Aurora, Colorado, for the ASE Scientific Sessions at the stunning Gaylord Rockies Resort & Convention Center.

Set against the breathtaking backdrop of the Rocky Mountains, this year's sessions promise dynamic, case-based discussions and cutting-edge insights in perioperative echocardiography—designed for clinicians who navigate complex decision-making in the operating room and interventional suite.

Multidisciplinary Dialogue at the Heart of Decision-Making

A highlight of this year's program is a joint panel with the European Association of Cardiovascular Imaging (EACVI) dedicated to surgical decision-making in patients with single and multivalvular pathology.

Through carefully curated case scenarios, COPE will engage the heart team in real-world, multi-disciplinary discussions. Cardiac anesthesiologists, surgeons, and cardiologists will come together to explore:

- Imaging strategies that influence operative planning
- Nuanced repair vs. replacement decisions
- Integrated approaches to multivalvular disease
- Collaborative decision-making between OR and interventional teams

These sessions are designed not merely to inform—but to mirror the complexity of real-time clinical practice.

Clinical Dilemmas: Repair vs. Replace. Case-Based Decision Making in the Operating (Joint Session with EACVI)

June 28, 2026. 8:15-9:15 AM

One of the signature sessions, *Clinical Dilemmas: Repair vs. Replace*, will feature case-based discussions on decision-making in the operating room, focusing on both single and complex multi-valvular disease.

Participants will work through:

- Preoperative imaging interpretation

- Intraoperative reassessment
- Surgical feasibility considerations
- Long-term implications of repair versus replacement
- Echocardiographic guidance in decision-making to return to cardiopulmonary bypass

This interactive format ensures practical takeaways that can be applied immediately in clinical practice.

Spotlight Topics from the COPE Council

Members of the COPE Council will lead in-depth discussions on high-impact topics, including:

Aortic Valve Disease: From Diagnosis to Intervention

June 27, 2026. 7:30-8:30 AM

Comprehensive evaluation strategies spanning preoperative assessment to transcatheter and surgical intervention. This session features the Kalmanson lecture, examine the ASE guidelines on aortic regurgitation, the role of multimodal imaging, and case-based discussions of the pearls and pitfalls of Doppler and imaging for the Ross procedure

Mismatched Valve: Patient–Prosthesis Mismatch

June 27, 2026. 2:45-3:45 PM

Understanding prevention, identification, and management of prosthesis mismatch—an issue with significant hemodynamic and clinical implications. Talks will include discussion on the guidelines, congenital heart disease, multimodal imaging for patient prosthesis mismatch and surgical/transcatheter interventions for PPM

Letter-Perfect Lacerations: Imaging the ABCs of Transcatheter Electrosurgery

June 26, 2026. 2:45-3:45 PM

Advanced imaging techniques supporting transcatheter electrosurgical procedures, with a focus on safety, precision, and procedural planning. We will join experts in interventional echocardiography, and interventional cardiology as they discuss electrosurgical lacerations

Whether you practice in the operating room, interventional suite, ICU, or imaging lab, these sessions will deepen your understanding of complex valvular disease and refine your decision-making framework.

(BASILICA, SESAME, LAMPOON) in complex interventions on native valves to prevent complications in a case-based approach

Imaging Essentials and Critical Care Focus.

June 27, 2026. 1:30-2:30 PM

Critical Care and Ischemia POCUS – practical insights into point-of-care ultrasound in acute and perioperative settings and echocardiographic assessment of mechanical circulatory support devices

These discussions promise in-depth exploration of cutting-edge techniques, emerging challenges, and best practices in perioperative and structural imaging.

Why You Should Attend

The COPE sessions at ASE are designed for clinicians who value:

- Multidisciplinary collaboration
- Real-world case discussions
- Advanced imaging applications
- Practical, immediately applicable insights

Whether you practice in the operating room, interventional suite, ICU, or imaging lab, these sessions will deepen your understanding of complex valvular disease and refine your decision-making framework.

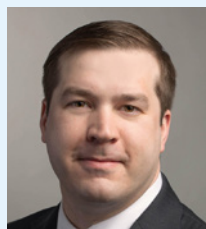
See You in Colorado

Join us June 26–28 in Aurora for three days of engaging discussion, collaborative learning, and innovation in perioperative echocardiography.

We look forward to welcoming you to Colorado.



Abimbola Faloye, MD, FASE,
Chair, Valvular Perioperative
and Structural Pathway



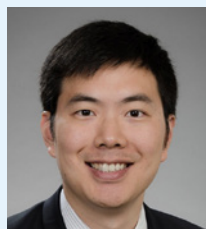
Andrew Notarianni, MD, FASE,
Education Representative,
COPE Council



Sheela Pai Cole, MD, FASE,
Immediate Past Chair,
COPE Council



Douglas Shook, MD, FASE,
Chair, COPE Council



Richard Sheu, MD, FASE,
Incoming Chair, COPE Council

Professional Development Series:

GROWTH MINDSET



EARLY CAREER PERSPECTIVE

Qudus Ojikutu, RCS
Mentor Match Cohorts 2 and 3
Mentee

When I arrived at my first ASE conference as a cardiac sonographer from Nigeria, imposter syndrome nearly convinced me to stay in my hotel room. I was surrounded by sonographers and physicians from prestigious institutions, presenting research with resources I could only have dreamed of back home. A voice in my head kept asking: “Do you really belong here?” That question followed me throughout my first day, and learning to answer it was the most transformative part of my journey.

At the ASE conference, I forced myself to attend a poster session despite my nerves. I approached a researcher whose work on diastolic function I admired and asked a question. She didn’t dismiss me, she engaged and asked about my background. When I mentioned practicing echocardiography in Nigeria, she said something I still carry with me: “That kind of training teaches you to see what others miss. Your clinical instincts are an asset, not a gap to apologize for.” That conversation reframed how I understood my own experience. The resourcefulness I developed in scanning patients in my home country wasn’t a limitation, but rather a different kind of expertise.

The growth mindset I’ve developed means treating setbacks as information rather than verdicts.

Subsequent days at the conference became opportunities rather than ordeals. I made it a practice to introduce myself to at least three researchers whose work chal-

THE GROWTH MINDSET I’VE DEVELOPED MEANS TREATING SETBACKS AS INFORMATION RATHER THAN VERDICTS.



lenged or inspired me. Some of those conversations added to my knowledge. I stopped comparing my path to others’ and started seeing their success as evidence of what’s possible. I didn’t feel diminished, but felt motivated to push my own skills further

Imposter syndrome hasn’t disappeared. It still whispers before every presentation, every new challenge. But I’ve learned to hear it differently. That voice isn’t evidence that I don’t belong, it’s a signal that I’m stretching into new

territory, which is exactly where growth happens. For fellow sonographers and healthcare professionals navigating unfamiliar environments, especially those of us who’ve crossed countries and cultures to work, my encouragement is this: your different background is not a deficit to overcome but a perspective that enriches every team you join. Ask the questions you’re afraid to ask. Learn from every colleague who excels. Document your growth so you can see how far you’ve come.

ALUMNI INSIGHT

Denise Ignatowski, ACS, BS, RDCS, FASE
Leadership Academy Cohort 3 Alumnus
Mentor Match Cohort 3 Mentor

As the adage goes: Comparison is the thief of joy.

This rings true for so many of us, especially in our early careers. Falling prey to comparing your own status to those around you will paralyze your growth. Imposter syndrome seems to feed on those thoughts of inadequacy and comparison. But, as Mr. Ojikutu described, shifting his mindset helped his mission and ultimately the outcome of his experience. The environment didn't change, but because of the power of mindsets, he was able to grow from his interactions in an impactful way. And the good news? Each of us holds the power to change our mindset in every situation.

As a manager, I am entrusted with mentoring and fostering the career growth of sonographers and I don't take this responsibility lightly. Every career path is unique to the individual and success can look a million different ways. I try to help each sonographer hone-in on their unique journey and focus on individual improvement, encouraging them not to set their bar to the perception of someone else's success. Understanding what really drives your goals is crucial during this period and takes conscious introspection. It wasn't until I started reading more about mindsets that I was able to put a name to those experiences in early career and really identify what is driving each of us to succeed.

Carol S. Dweck describes in her book *Mindset: The New Psychology of Success* that people can operate in a fixed or growth mindset. In

A GROWTH MINDSET ALSO HELPS US MAINTAIN PROFESSIONAL RELATIONSHIPS BECAUSE YOU DON'T FEEL THREATENED BY THE SUCCESS OF OTHERS.



a fixed mindset, you are driven by the desire to look informed, so you avoid the unfamiliar to keep a false security in your ability. Sounds harsh, but that's an easy path to fall into in early career when everything feels daunting and you just want to feel success where you are most comfortable. But in this mindset, you may start to dismiss feedback because it would challenge your status and you will be unwilling to try new avenues in fear of failure. If you operate here too long, it will stifle growth and limit your possibilities. Instead, if we embrace a true, growth mindset, our decisions are driven by the desire to learn. We see that success is found in the

effort, so you are more willing to embrace the challenge and subsequent feedback. A growth mindset also helps us maintain professional relationships because you don't feel threatened by the success of others. Their advancement doesn't hinder yours and instead you get to find lessons in their journey.

There is so much power in your mindset. So, take time to identify your goals, name the behavior that drives you and set your mind towards growth. You have more control over your outcomes than you may have thought because behaviors help us impact our decisions that ultimately impact our performance. So, embrace the next challenge – you got this!

ALUMNI INSIGHT

Daniel Bourque, BS, MS, ACS, RCS, FASE
Leadership Academy Cohort 2 Alumnus
Mentor Match Cohorts 1, 2, and 3 Mentor

There is a story in ancient stoic philosophy called the Choice of Hercules. The story goes that a young Hercules found himself at a fork in the road, whereupon he pondered his future. Just then he was confronted by two goddesses, each making him a promise. The first goddess boasted that her path was the easiest and most enjoyable, promising the quickest route to happiness. Her path would elevate Hercules through the work of others, while avoiding hardships, struggles, and loss. The second goddess approached and explained her path would be long and difficult, requiring much hard work, sacrifice, and persistence. He will be tested to his limits, more than anyone has ever endured, and will encounter suffering and loss along the path. “Nothing that is good and admirable is granted by the gods without effort and application,” she proclaimed. He will have the opportunity to earn success and happiness through his own actions and deeds. Hercules chose the second path, faced his hardships, grew from them, and became legendary.

Stepping outside our comfort zones, confronting our fears, and embracing discomfort are the only paths to personal and professional growth. Life is challenging, and growth demands us to face difficult tasks. At 34, I made a pivotal decision to leave my role as an exercise physiologist and adjunct professor to pursue a career in echocardiography. I had reached a career plateau, and the only way forward was to start anew.

This transition was no small feat. It was difficult to relinquish my professional identity and return to student life. However, I knew it was the only way to truly grow. Once I let go of my fears and focused on seizing every learning

opportunity, things became manageable.

In this new environment, I made it a point to speak with as many echocardiography professionals as possible, asking every question I had. I scanned every challenging patient to ensure the best possible images. I embraced each difficult situation not as hardship, but as an opportunity for growth.

Reflecting on that year, I consider it one of my greatest and most proud accomplishments. If it had been easy, I wouldn't have the same sense of accomplishment.

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I strive to maintain an open mind and be aware that I am always learning. I learn from my patients, perhaps more from the difficult ones, I learn from my colleagues, and I learn from the mistakes that inevitably happen.

The field of echocardiography is constantly evolving, demanding our openness to new learning opportunities. Our patients, our physicians, and most importantly, we ourselves require this openness to grow.

IMPORTANT DATES/ASE ANNOUNCEMENTS:

- Cohort 4 of the [ASE Leadership Academy](#) graduates this June! Come celebrate, learn about the program, and discover how to apply for Cohort 5 at Scientific Sessions 2026 in Aurora, CO.
- Cohort 4 of [Mentor Match](#) applications are closed. The next application cycle will open fall 2026.
- Volunteer placements for 2026-2027 will be decided before terms start



on July 1, 2026. For questions about the status of your application, please contact Committees@ASEcho.org

- Do you have a story to share that relates to professional development? [Submit this form](#) for a chance to be featured in an upcoming edition of the Professional Development series.

ASE2026

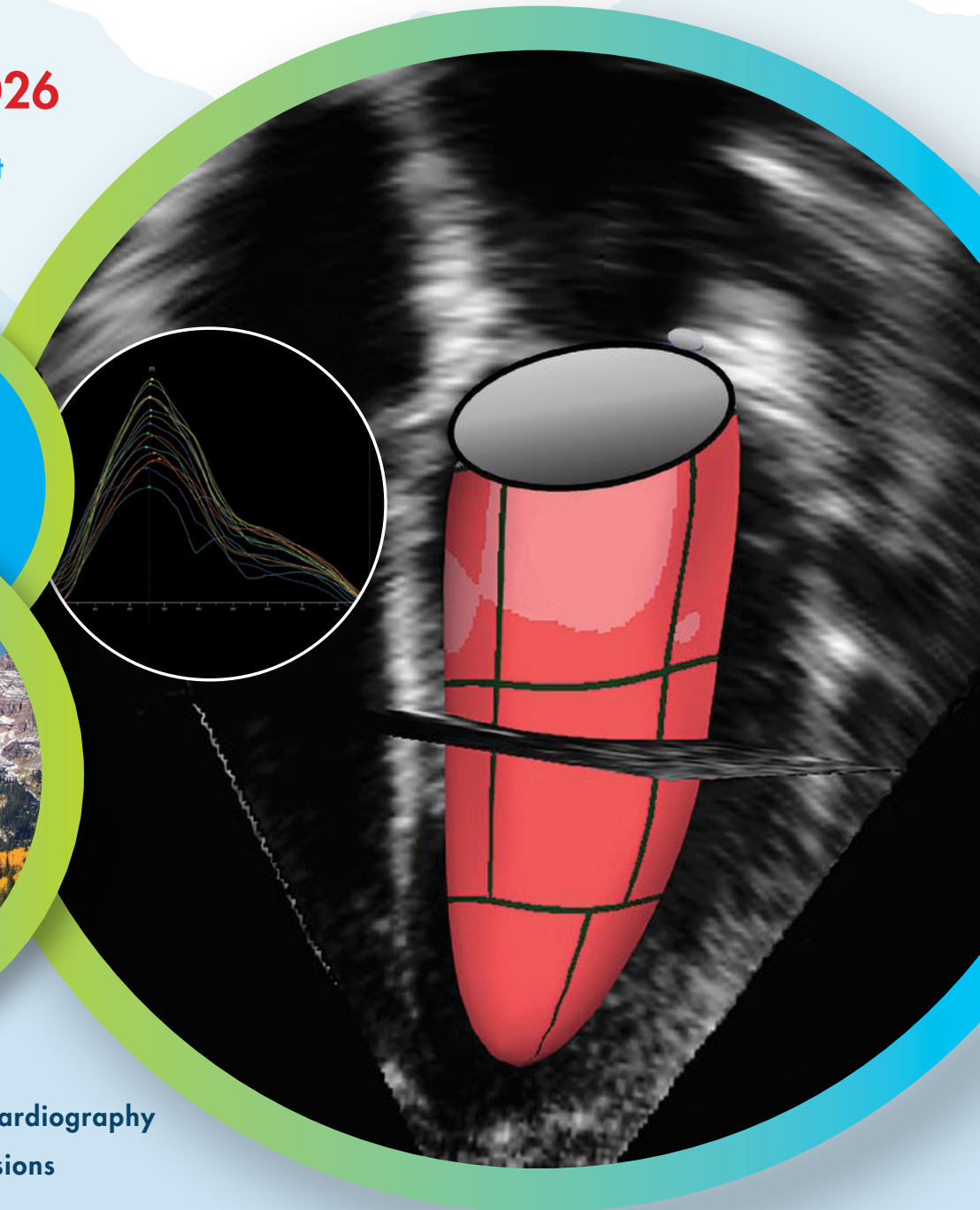
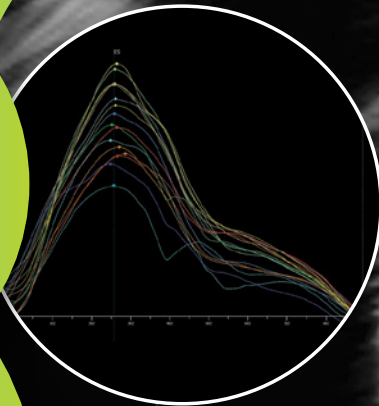
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