

JOURNAL OF DIAGNOSTIC MEDICAL SONOGRAPHY

Author's Manual

The Official Journal of the:
Society of Diagnostic Medical Sonography



**Society of Diagnostic
Medical Sonography**

The *JDMS* is available to SDMS members
online at www.sdms.org
See page A13 for details

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Journal of Diagnostic Medical Sonography

Author's Manual

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The Official Journal of SDMS

Facts About *JDMS*

In January 1985, the Society of Diagnostic Medical Sonographers (SDMS) published the first issue of its official journal, the *Journal of Diagnostic Medical Sonography* (*JDMS*). Accompanying this change, the journal expanded from four to six issues a year. Between 1985 and 2000, *JDMS* was published by Lippincott Williams & Wilkins, Inc. With the first issue of 2001, *JDMS* became available to subscribers on the internet. This change was facilitated by the move to our current publisher, Sage Publications of Thousand Oaks, California.

The SDMS owns the copyright on all material published in *JDMS* and authors must sign a transfer of copyright statement prior to publication. The Editor provides a transfer of copyright form to corresponding authors. Transfer of Copyright forms are also available at the *JDMS* ScholarOne site at <http://www.sdms.org/JDMS>.

The Executive Committee of the SDMS Board of Directors appoints the Editor for a 3-year term, with the mutual option of renewal. The Executive Editor structures and appoints members to the Editorial Board. Associate Editor(s) write or coordinate regular columns in the journal. The Editorial Board is composed of sonographers, physicians and physicists. Individuals who feel qualified to serve on the Editorial Board or who wish to participate in the editorial process as reviewers are invited to send resumes to the Editor at jdmseditor@sdms.org.

Material published in *JDMS* is relevant to practicing sonographers in all specialty areas. The peer review process is used to insure the publication of accurate, valid, original, and literate material that will enhance the practice of sonography. The *JDMS* welcomes letters to the Editor, guest editorials, and suggestions for improvements to the Journal.

Beginning in 1986, the SDMS established the Kenneth R. Gottesfeld Award, recognizing outstanding articles published in the *JDMS*. These awards acknowledge the three best articles published each year. For details, see the information regarding awards at <http://www.sdms.org/pdf/gottesfeldaward.pdf>.

The SDMS offers continuing education credit (CME) for articles appearing in each issue. Individuals who are interested in acquiring these CME credits may answer ten multiple-choice questions online at <http://www.sdms.org/members/CMEscoring>, or the answers may be mailed to the SDMS Headquarters using the Answer Sheet in the Journal. *JDMS* makes every attempt to provide suitable CME articles for all specialty areas.

Content of *JDMS*

While the composition of *JDMS* has changed to reflect development in the field of diagnostic medical sonography and the needs of the readership, its framework has remained constant and consists of the following:

Original Articles: These articles include reports of research projects and review articles. The subject matter must be of interest to sonographers. Subjects may include critical reviews of current research or clinical practice, descriptions of pathology or medical progress, analysis of sonography education, social science related to health behaviors, current technology, health care management, and others. An attempt is made to publish articles that cover a variety of topics so that all sonographers, regardless of specialty and work environment, will find material of interest in each issue.

Case Reports: Case reports are included in each issue. These represent accounts of the impact of sonography on patients with rare pathology, or unusual combinations of pathology. Cases that include excellent examples of normal anatomy, or the first reported visualization of normal anatomic structures, or the use of new technology may also be reported. Sonograms that clearly demonstrate the sonographic findings are included, as well as an account of the patient's symptoms, other diagnostic findings, treatment, prognosis, and a brief discussion of the disease.

Diagnostic Challenges: Diagnostic Challenge reports are similar to case reports in that they report interesting sonographic examinations. The Diagnostic Challenge format is designed to showcase excellent or unusual images. The author shares the case by providing two to three production quality diagnostic sonograms and a summary of the presenting symptoms. Readers are asked to make a diagnosis from this information. The author then reports on the proven diagnosis including a brief referenced discussion of the pathology.

Letters to the Editor: These letters are submitted by readers who want to respond to articles appearing in the journal. They are published at the Editor's discretion and may be edited for style.

Editorials and Guest Editorials: These essays are written by the Editor or others and express an idea that is thought provoking and relevant to *JDMS* readers. The Editor may request Guest Editorials, and sonographers or physicians who want to make readers aware of an observation, idea, or trend are invited to submit unsolicited essays.

Symposia: *JDMS* publishes symposia or regular columns in each of its issues. Currently, the regular columns include "Energizing Education," and "Focusing on the Issues." These columns are written or coordinated by contributing editors. The contributing editors will work with authors interested in contributing to these columns.

Tips for Writing and Submitting Papers

Overcoming the Fear of Writing

Writing, like almost every other skill, can be learned. People born with innate ability may learn faster, but everyone has to work at writing. The most important ingredient in the recipe for writing well is to have something to say. One must begin with an idea, an image, a story, or some facts to convey to others.

Writing for publication in the *JDMS* requires a review of the current literature. Often reviewing current literature about a topic of interest will generate ideas for research projects, case reports, or review articles. When reading articles to which you might refer in your article, it is important to record bibliographic information needed for referencing, including specific page numbers!

There are many hints on how to begin writing for those who are intimidated by it. Often, people who do not like to write express themselves well orally. If you have difficulty writing, try speaking what you want to say as if you were dictating it to yourself. Pretend that you are discussing the topic with a friend and record your conversation. This will provide a framework from which you can write a paper. Another approach that works with some people is to write down every thought relating to the topic, almost in a stream of consciousness fashion. Then after letting the list sit for a day or two, go back and delete items that are irrelevant. The remaining items can then be organized into an outline for a paper.

The motivation to write is often the wish to share with others interesting information. For sonographers, selecting subject matter on which to write is relatively easy. When they scan patients, they undoubtedly come across interesting cases. If the case is unique or if it is a rare combination of pathologies it may be published as a Case Report. If the images are excellent or there are interesting examples of anatomy, but the pathology is not unique, the case may be reported as a Diagnostic Challenge. Chapter 3 gives suggestions on how to write case reports and Diagnostic Challenges.

Even easier than writing a case report is sending a Letter to the Editor. A letter expresses a reader's reaction to an article published in the journal. A more extensive expression of an idea can be written as a Guest Editorial. These are brief and easy ways to began a writing career.

Writing the report of a research project is a more extensive venture than a letter, editorial, or case report, but in a sense, it is clear-cut because by the time the project is completed, the participants often know exactly what information they want to impart to the readers. The section that requires additional work is the introduction and discussion, both of which include a review of other published articles on the same topic. Suggestions for writing a Research Paper are included in Chapter 3.

Another type of paper to consider writing is a Review Article. A review article summarizes current research and practice and updates information in one area. The Editor may request an authority on a topic to write a review, but often individuals initiate review articles because they have extensive experience or information in a particular area that is useful to others; or their own interest in studying a topic motivates them to write a review. Before starting a review the author may inquire of the Editor whether the journal would be interested in the subject matter. Sometimes, a similar article has appeared already or is in the review process. A review article requires a thorough reading of all current articles on the topic and the ability to synthesize information. In addition, the author must supply sonograms to illustrate the major sonographic characteristics being discussed.

Writing the Paper

Whichever type of writing one does, an effective way of starting is with a detailed outline. For instance, if one were to develop a detailed outline such as the one below, it would be easy to use each major topic as an introductory sentence and the sub-topics as the information to include in that paragraph.

Case Report

Hepatic Artery Aneurysm: Sonographic Demonstration¹

- I. Abstract
- II. Key words
- III. Introduction-rationale for reporting case
 1. Ultrasound has potential for detecting aneurysms of aortic branches.
 2. Hepatic artery aneurysms are rare.
- IV. Case Report
 1. Patient's clinical history and symptoms.
 - a. elderly man
 - b. admitted with obstructive jaundice following several weeks of passing dark urine and light stools
 - c. elevated total bilirubin, SGOT, SGPT, and alkaline phosphatase
 - d. physical findings included RUQ tenderness and icteric sclera
 2. Findings on x-rays and CT
 - a. x-ray showed questionable calcific density in RUQ
 - b. CT showed mass near head of pancreas
 - c. aortography demonstrated 30-mm hepatic artery aneurysm

¹ Hypothetical outline for case report written by Raymond Atwood and Irwin Kuperberg which appeared in *JDMS*, Vol. 1, No. 3, May/June 1985, pp. 112-114.

3. Ultrasound findings
 - a. gallstones
 - b. dilated common bile duct
 - c. mass near head of pancreas measuring 7 cm in diameter with 3-cm inner cystic component
 - d. no pulsatility seen on real-time
4. Follow-up information
 - a. surgery performed and common hepatic artery ligated and common duct stones removed along with cholecystectomy
 - b. lab values returned to normal
 - c. sonograms at 2 weeks and 8 months demonstrated aneurysm with changes in appearance possibly due to clotting

V. Discussion

1. Similar cases reported in the literature
 - a. how are these cases similar to the one reported
 - b. how are these cases dissimilar to the one reported
2. What sonographers may learn from this case report

VI. Conclusion

The paragraph covering the information in IV. C read as follows:

The sonogram revealed gallstones and a dilated common bile duct. A mass near the head of the pancreas was visible (Fig. 1). This mass measured 7 cm in outer diameter and had a cystic component within that measured 3 cm diameter. No pulsatility could be demonstrated on real-time scan. Computerized tomography demonstrated the mass but revealed no additional information. The patient underwent abdominal aortography. Following injection of contrast, an aneurysm of the common hepatic artery measuring 30 mm was seen (Fig. 2).

Notice that the last sentence actually came from IV. B because the authors wanted to report the findings in chronological order. This could represent a revision made after an initial draft based on the outline. Multiple drafts of a paper may be necessary before it is ready to be sent to the Editor. Most authors recommend that one let a version sit for a few days before going back to revise it. In addition, it is very important to read the Information for Authors page of any journal to which one is submitting a paper to make sure the manuscript is in the form required by that journal.

Once the paper effectively conveys the information, finalize the other required components including the title page, the illustrations and figures, and the figure legends. The illustrations and figures must be professionally drawn or photographed and must meet production quality requirements. Write a cover letter requesting that your manuscript be considered for publication and mail all required components to the Editor. Some journals including *JDMS* allow for online submission.

Peer-reviewed journals, such as *JDMS*, have the manuscript reviewed by Editorial Board members or other reviewers who are qualified to critique the subject matter of the paper. The Editor communicates the recommendations of the reviewers to the author.

Authors should make all the revisions requested; however, if they strongly disagree with a recommendation, they can discuss with the Editor their reasons for not wanting to make the changes.

After the revisions are made and the paper is accepted, it is provided to the publisher. It is then copyedited for grammatical and syntactical errors, and the edited paper is sent to the author for approval. Finally, there is the great satisfaction of seeing a paper published in a journal which, in the case of *JDMS*, is read by more than 18,000 colleagues, sonographers, and others interested in diagnostic medical sonography.

Hints on Writing Effectively

1. Organization is the key to good writing. Begin with an outline that follows a logical order.
2. Make a sentence from each topic on the outline, keeping the main headings and subheadings together in one paragraph.
3. Be prepared to revise the paper as necessary before submitting it and at least once after it is accepted for publication.
4. Have an uninvolved, yet knowledgeable, colleague read the paper to critique it.
5. In a research paper, write the paper before writing the abstract and title.
6. Follow Gunning's "Ten Principles of Clear Writing."²
 - Write to express, not impress.
 - Make full use of variety.
 - Keep sentences short.
 - Use the familiar word.
 - Prefer the simple to the complex.
 - Avoid unnecessary words.
 - Put action in your verbs.
 - Write the way you talk.
 - Use terms your reader can picture.
 - Tie in with your reader's experience.

² From *The Technique of Clear Writing* by Robert Gunning, McGraw-Hill, 1952.

Writing Suggestions

General Guidelines

The following sections are required in most types of manuscripts.

Title: It should be short, descriptive, and accurate. The title is extremely important because it can attract readers and is used to index the article. Therefore, to make sure the article is categorized correctly, the author should use words such as sonography, ultrasound, echocardiography, or another adjective or noun related to diagnostic medical sonography in the title.

Abstract: The abstract is a brief statement of approximately 150 words that summarizes the content of the paper. The abstract should state the purposes of the study, basic procedures, main findings, and principal conclusions. *JDMS* uses a narrative abstract style. Because the abstract summarizes the manuscript it does not include citations to other literature.

Key Words: These are required for case reports, research, and review papers. The author selects three to five key words that identify the content of the paper so it can be retrieved when it is categorized. The words should range from general to specific, e.g., ultrasonography, ectopic pregnancy, cervical ectopic. A list of key words typically used for categorizing the medical literature may be found at <http://www.pubmed.gov>.

Acknowledgment: This section is optional. Individuals who are not coauthors but who assisted either in the research, writing, or preparation of the manuscript are given credit for their efforts in the acknowledgment section listed at the end of the article. If the article was part of a thesis or has been presented at a meeting, that information should be indicated after the acknowledgment of persons.

References: Whenever a journal article, textbook, government report, graduate thesis, website, or personal correspondence has been cited for specific information or data, it should be referenced. The references are numbered consecutively, with each article retaining its number designation throughout the manuscript. The references cited should be current and comprehensive. References must be cited in the text and are listed in numerical order at the end of the article using the following form:

REFERENCES

1. Ekstrom RB, French JW, Harman HH: *Manual for Kit of Factor-Referenced Cognitive Tests* 1976. Princeton, NJ, Educational Testing Service, 1976.
2. Pemberton C: The closure factors related to other cognitive processes. *Psychometrika* 1952; 17:267-288.
3. Royce JR: The conceptual framework for a multi-factor theory of individuality, in Royce JR (ed), *Multivariate Analysis and Psychological Theory*. London, Academic Press, 1973, p. 333.

JDMS uses the reference style outline in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (*N Engl J Med* 1997: 309-315) which is available online at <http://www.icmje.org/index.html>.

Letters to the Editor. These are letters written in response to material published in the journal and sent directly to the Editor. The letter may express agreement or disagreement with a point made; it may describe contradictory experiences or findings; it may point out inconsistencies in the data or discussion presented in the article; or it may simply compliment the authors for writing an excellent paper. When reading an article, jot down your thoughts and think about expressing them in a letter so others can appreciate a point of view they may not have considered. Letters may be emailed or mailed to the Editor.

Guest Editorials: Sometimes the Editor will ask a respected practitioner in the field to write an editorial on a particular topic, but more often, an individual will want to voice an idea by expressing it through an editorial. An editorial represents a complete discussion of an idea, observation, philosophy, or even a projection. It is very similar to an essay in that it develops a thought using analogies, examples, references, or inductive or deductive reasoning. Sometimes it offers solutions to problems identified in the editorial. Writing an editorial is a worthwhile challenge; it makes the writer carefully structure his or her ideas to make the point convincing. An outline is a good way to start. Write a rough draft and have someone who you respect read it for suitability and logical presentation. You will probably have to revise it a couple of times before submitting it, but it is worth the effort since your ideas will be read by a large audience.

Diagnostic Challenges: This is a report of a sonographic examination where the anatomy or pathology presented a diagnostic challenge to the sonographer but was not sufficiently unique to warrant a case report. It is written in a self-test format by first giving the clinical information and presenting symptoms along with two or three representative sonograms. The proven diagnosis, and a brief discussion of the pathology appear on another page under "Answer and Discussion."

The following guidelines should be used:

1. Submit one to three top quality sonograms demonstrating pertinent anatomy or pathology. Provide legends for the sonograms indicating the plane of the scan and explaining any labels you use to clarify specific structures. Use commercially available press-on arrows or letters (available in stationery, office supply, or art supply stores), or digital labeling. Make sure the color of the labels contrasts with the background area.
2. Write a brief paragraph summarizing the pertinent patient history, pertinent laboratory values, presenting symptoms, and sonographic findings. This paragraph will be printed under the sonograms to provide the reader with enough information to make an intelligent guess as to the diagnosis.
3. For the section titled "Answer and Discussion," summarize the radiographic, surgical, or biopsy findings that established the diagnosis. Then discuss the

sonographic findings in terms of the pathology and provide some information on the incidence, etiology, physiology, etc., of the disease. This section should be approximately 500 words in length and will include references.

Case Reports: An examination of a patient warrants publication as a case report when it records an instance of unusual pathology, an unusual normal variant, a rare combination of pathologies, the first demonstration of a normal condition, an exception to commonly accepted findings, or a classic demonstration of normal anatomy.

Case reports include the elements described below. A sample case report outline may also be found in Chapter 2 of this manual.

1. The introductory paragraph should include a brief explanation justifying the importance of reporting the case, and if necessary, a definition of the pathology being presented.
2. The case report records pertinent patient history and reports the events in chronological sequence, using the past tense. Extraneous observations and negative results should be left out. Sonograms should clearly demonstrate the pathology or structure being discussed. Often labels or arrows on the images are helpful. These are added by the author and explained in the legend that accompanies each sonogram.
3. In the discussion is included a brief summary of the etiology, incidence, course of the disease, treatment procedures, and prognosis. A brief referenced review of similar cases and related information on the disease reported in the literature is required. The emphasis should be placed on sonography related information.

It is important to protect the confidentiality of patient information in a case report. Specific dates, or names of hospitals, clinics, or laboratories should not be included in the report or on images. Age and gender should be included only if it is pertinent to the case. For example, a case report might refer to a “young adult patient” instead of a “27 year old woman.” Clinical laboratory results should generally be reported as “high,” “low,” or “normal” rather than with specific numerical values. Also to emphasize the humanity of patients, “man,” “woman,” “boy,” or “girl” is better than “male,” or “female.”

Research Articles³: A research article is a report of an original research project. The research can represent retrospective or prospective clinical research, basic research on physics, instrumentation, sonographic anatomy, techniques, or educational or psychosocial topics. The components of the paper, other than the title, key words, references, and acknowledgment sections, which are described under General Guidelines, are as follows:

³ For additional information, read "*Sonography Sophistication: How to Publish Your Expertise*" by Lea et al. (Medical Ultrasound 1982;6:53-56).

1. Abstract
 - Summarizes the paper in less than 175 words.
 - Should be self contained since many people read only the abstract.
 - States the problem or objective and the scope of the investigation.
 - Describes the methodology used.
 - States the principal conclusions.
2. Key Words (see Chapter 2)
3. Introduction
 - Supplies sufficient background information to allow the reader to understand the study without referring to other publications.
 - Provides a rationale for the research, clearly stating the importance of the problem/question and the need for the study.
 - Presents the nature and scope of the problem being investigated.
 - Includes a review of pertinent literature that is current, comprehensive, critical, and unbiased. Studies should not just be listed but need to be integrated and synthesized.
 - States the method of investigation.
 - States the principal results.
4. Material and Methods
 - Provides enough information about the materials and methods to permit repetition of the research.
 - Chronologically describes the method used.
 - Provides specifics about materials such as machines and samples, and research personnel.
 - Explains and justifies method of selecting participants.
 - Provides operational definitions when necessary.
 - Describes data analysis.
 - Addresses validity and reliability of tests and measurements.
5. Results
 - Probably the most important part of the paper because it presents the new information derived from the study.
 - Results should be clearly presented.
 - Tables and graphs should be used to summarize the results.
 - Sonograms must clearly depict the subject matter and be carefully labeled.
 - Labels must be explained in legends.
 - Schematics or diagrams can be used to enhance or clarify sonograms.
6. Discussion
 - "The primary purpose of the discussion is to show the relationships among observed facts."⁴ The discussion needs to explain the results in relationship to the problem, research question, and hypothesis.
 - Presents the principles, generalizations, and relationships shown by the results.
 - Points out lack of correlation, exception, and unresolved issues.
 - Discusses how the results fit into previously reported research or currently accepted information.

- Discusses the practical applications of the results and their theoretical implications.
 - The conclusion can be stated in the discussion or under a separate heading.
7. Conclusion
- States the conclusion and summarizes the results that support it.

Review Articles: A review article summarizes the pertinent research findings that have been reported in textbooks and journal articles. It customarily provides a basic description of the topic being reviewed before discussing current findings and theories. The review strives to report objectively all pertinent information, indicating which areas are controversial or still undefined. The value of review articles lies in their offering a synthesis of the most current information. A review article includes the following sections:

1. Abstract - The abstract is a narrative summary of the paper in less than 175 words. It defines the area being reviewed and indicates the scope and objectives of the review. The abstract includes a rationale for choosing the topic, the purpose, and the value of the proposed review. The abstract summarizes the major conclusions of the review.
2. Key words – see Chapter 2
3. Introduction – The introduction discusses the scope of the review article and provides basic information about the topic and rationale. Typically the introduction discusses the larger problem addressed by the review, the incidence and / or cause of the problem, and the relationship of the reviewed information to a solution. The clinical importance of the reviewed information for sonographers needs to be stated in the introduction.
4. Body of the Article - The body of the article is divided into as many sections as are necessary for the subject matter presented. The following list of areas may be covered in a review article on the sonography of a particular disease.
 - a. Demographics of disease: incidence, usual age of affected patients, sex, ethnic characteristics, and associated illnesses.
 - b. Symptoms
 - c. Anatomical considerations
 - d. Etiology
 - e. Pathophysiology
 - f. Sonographic characteristics
 - g. Review of current literature, stressing ultrasound articles with a focus on newly discovered sonographic criteria, results of research, new scanning techniques, equipment improvements relating to scanning, new trends, new directions, and the effect of new imaging modalities.
 - h. Sonograms and schematics should illustrate the normal sonographic appearance and every major pathological criteria discussed.

⁴ Day, RA: *How to Write and Publish a Scientific Paper*. Philadelphia, 151 Press, 1979.

- i. Treatment and prognosis
- 5. Conclusion - This is a short paragraph emphasizing the importance of knowing the material presented in the paper. It may include a prediction of new research directions or clinical practice changes.

Symposia: Following is a description of each symposium and suggestions of the type of material you might submit to the journal.

Energizing Education

This symposium or column provides educators with information, teaching techniques, reports of trends, instruction on educational research, and updates on pertinent legislation. Although the column is directed to sonography educators, many of the papers are of general interest since many sonographers are required to teach either patients, other sonographers, nurses, or residents. Educators may submit articles for this symposium. The articles have included a description of a clinical log book, a game for teaching sonographic information, a discussion of legal issues confronting the educator, and a successful method of teaching sonographic terminology. Educators may set an example to their students by writing in their journal, and this is the logical place for them to describe instructional methods that could be used by others.

Focusing on the Issues

Sonographers are confronted with controversial, thought-provoking, and career-influencing issues. In this symposium, the contributing editor identifies issues, and then he/she requests sonographers to share their views on them. Representative replies from sonographers, physicians, and others are published alongside a discussion by the contributing editor. This symposium provides a wonderful format for sonographers to air views and share different opinions. Sonographers can contribute to this symposium by describing an issue to be discussed, by responding to a topic which has been presented, or by communicating with the contributing editor about issues.

The Mechanics of Preparing the Manuscript

Information for Authors

Each issue of *JDMS* contains an "Information for Authors" page with the latest information about manuscript submission. All manuscripts should be submitted to the Editor by mail or email or through ScholarOne. Contact information to submit manuscripts and to resolve questions is as follows:

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Plano, TX 75093

email: jdmseditor@sdms.org

phone: 800-229-9506

ScholarOne Digital Submission

Manuscripts may be submitted on line through the ScholarOne *website*. Complete author submission instructions are available at

<http://www.sdms.org/JDMS/submit.pdf>. Online access to submit an article is at

<http://mc.manuscriptcentral.com/sdms-JDMS>. The Editor will also accept articles mailed with the components listed below.

Transmittal Letter

When the manuscript is ready to be mailed, the author should write a cover letter with the following information: 1) request to have the submitted article considered for publication in *JDMS*, and 2) that the article is an original piece of work which is not currently being submitted to any other journal and which has not been published previously. If parts of it have been published, for example if the author is including images or illustrations from another source, this must be indicated and written permission to have this section published in *JDMS* **must** be included.

The name, mailing address, email address, and phone numbers of the author who will correspond with the Editor must be included on a title page. The authors' name should not be included on every page of an article as peer review is an anonymous process.

Transfer of Copyright

Before an article can be published in *JDMS*, Sage Publications must receive a signed Transfer of Copyright form from all authors of an article prior to its publication. This form will be mailed to the corresponding author during the review process; it is also available at <http://www.sdms.org/jdms/transfer.pdf>.

Reprints

Requests to reprint any *JDMS* article should be sent to Sage Publications at reprint@sagepub.com.

Preparing the Manuscript

The manuscript should be prepared using Microsoft Word and submitted on a disk (IBM format preferred) or CD, or digitally through ScholarOne. The manuscript must have a title or cover page with the following information:

- Title of the paper
- Names of all authors and their hospital or work affiliation
- Address for correspondence and a phone number
- Grant or agency support for research reported in article

The paper should be typed double-spaced on 8 1/2" by 11" paper. Each page after the first should be numbered. It is very important that a second cover page including only the title should also be included.

Illustrations

Two copies of each illustration, including one production quality copy and one review quality copy, must be submitted.

Illustrations are typically labeled numerically as Figure 1, Figure 2, etc. and cited in numerical order in the text. If only tables are utilized within the article, the illustrations may be labeled Table 1, Table 2, etc. Whenever there is a variety of illustration types, the general term "Figure" is used throughout for images, tables, diagrams, etc.

Figures should be professionally drawn or photographed; freehand or type-written lettering *will not be accepted*. Sonograms, x-rays, and other images should be of diagnostic quality and structures should be labeled clearly with arrows or letters explained in the legend. Pressure sensitive arrows may be obtained at office supply or photography stores and added to the image by authors. Personal information (i.e. patient name, hospital number) must be cropped from the figure. It is the responsibility of the author to add arrows, labels, and delete personal information.

For previously published figures, the author must obtain a written copyright release from the copyright holder. A copy of the permission should be sent with the manuscript. A permission form may be obtained by request from the Editor.

Legends for each illustration should be numbered and typed double-spaced on a separate page.

Production Quality: (at least 1 copy required)

Production requires 5 x 7-inch glossy prints in black and white or color. Structures should be labeled clearly, with any letters or arrows explained in the legend. The author's name, figure number, and "top" to indicate correct position of the figure should be attached to the back of each figure with a pressure-sensitive label.

Alternatively, high quality digital images scanned with a minimum of 300 dpi may be submitted. Because the quality of digital images varies greatly depending upon the

scanning process, authors who wish to submit digital images for production are encouraged to review the quality of the digital images carefully.

Tables and similar illustrations may be submitted on 1.44 MB 3.5" diskette or CD.

Review Quality: (1 copy required)

Authors may submit production quality illustrations for the review process as well. When cost of the glossy prints is prohibitive however, the author may submit other readable review quality illustrations. The review copies may be clinical images or digitally scanned images. The review copies must be clear and legible as the reviewers must be able to assess quality of the images during the review.

Photocopies of sonographic images are not acceptable.

Tables

Table should be used to summarize data and should be self-explanatory. Titles should be cited in numerical order in the text. Tables should be typed on separate pages and submitted in digital format. For borrowed tables, the author must obtain permission from the copyright holder. Forward a copy of the written permission along with the manuscript. In a footnote to the table, the author should cite authors, article, journal, etc., as in references or indicate reference number if cited in a reference list. If material for a table is modified or adapted, no permission is required, but the source should nevertheless be cited in a footnote to the table.

References

References should be cited in the text in numerical order and listed on a separate page. Once a reference is cited, all subsequent citations should be to the original number (*do not use ibid or op cit*). Use the reference style in the *Uniform Requirement for Manuscripts Submitted to Biomedical Journals* (<http://www.icmje.org/index.html>) as a guide.

Mailing

Manuscripts may be submitted by mail by sending 2 copies of the manuscript, including all figures and/or images. A digital version of the article in Microsoft Word is required. The figures and/or images may be sent with the manuscript on a CD/disk or sent to the Editor as an *email* attachment.

If mailing the manuscript, do not fold it. Print the following information on the outside of the front and back of the mailing envelope (as appropriate):

**Photographs – Do Not Bend
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JDMS Style

JDMS follows the AMA recommended style. Authors should consult the *Uniform Requirements for Manuscripts submitted to Biomedical Journals* (<http://www.icmje.org/index.html>) regarding any questions they may have about preparation and presentation of their manuscript copy.

The following style points can serve as a *general* guide.

1. Most common prefixes and common suffixes should be joined without a hyphen. (Example: postembryonic, intrapelvic, preoperative)
2. Abbreviated terms should be spelled out the first time they are used. Latin terms such as e.g., i.e., et al., and etc. should be abbreviated with periods and set in Roman type.
3. Follow recommended style for abbreviations of units of measure, with the exception of liters, Gauss, and Tesla. (Liters should be spelled out in text except when used in virgule constructions.) Some of the more common abbreviations are as follows: C, cc, cm, g, kHz, MHz, mm, mmHg.
4. Omit the suffix "-al" in adjectives unless its absence changes the meaning of the word. (Example: acoustic, anatomic, neurologic, obstetric, theoretic)
5. Spell out and italicize genus and species at first mention (Example: *Escherichia coli*, *Treponema pallidum*). After the first mention, abbreviate genus name without a period (Example: *E coli*, *T pallidum*).
6. Spell out all numbers from one through ten and use Arabic numbers for all numbers greater than ten, with two exceptions: if any number in a category is greater than ten, all units in that category should be in Arabic numbers, and units of measure should always appear in Arabic numbers.
7. Spell out all units of time (Example: seconds, minutes, hours) except when they are in virgule constructions.
8. Avoid "sexist" classifications; however, the use of he/she is not advisable.

Certain terms that are specific to diagnostic ultrasound are not addressed in the *AMA Manual*; therefore, we have adopted usage popular in ultrasound practice and literature. These terms are listed below:

bandwith - Close up space between words.

B-mode and M-mode echocardiography - Hyphenate and use capitalization as shown here.

conceptuses - The plural form should be spelled in this way.

disk - Preferable to disc.

Doppler - Capitalize as shown.

examination - Spell out the full word in text.

Gauss - Spell out this unit of measure.

gravid 2, para 1 - Abbreviate these terms and use Arabic numbers as shown.

gray-scale - Hyphenate as shown.

linear-array - Hyphenate as shown.

real-time - Hyphenate as shown.

Sonographers - Preferable to technologists, technicians, or ultrasonographers.

Sonography - refers to imaging. Preferable to diagnostic ultrasonography or diagnostic ultrasound.

Tesla - Spell out this unit of measure.

2D - Two-dimensional should be abbreviated with the Arabic number and a capital letter.

waveform - Close up space between words.

x-ray - Hyphenate as shown.

Review, Revision and Acceptance of the Paper

After the Editor receives a manuscript, its receipt is acknowledged with an email giving the author pertinent information about the review process. It is important to note that the review process may take from 6 to 10 weeks. The Editor reviews the manuscript to decide whether it is appropriate for *JDMS*. It is then referred to at least two members of the Editorial Board or other reviewers who are qualified to review it by their expertise in the content area of the paper.

Reviewers critique the manuscripts without knowing the names or affiliation of the authors. Reviewers are asked to give constructive suggestions for revision and to provide direction to the author as to how the paper could be improved. When at least two reviews are received by the Editor, a determination is made as to whether the paper should be accepted outright, accepted contingent on the author making suggested revisions, or rejected in its present form with recommendations for how to rewrite it for resubmission. Sometimes the Editor will ask the author to change its format so it can be published in a different form, such as asking that a Case Report be revised to a Diagnostic Challenge. Most manuscripts require some revision. *JDMS* makes every effort to help authors improve their articles. If an author strongly disagrees with a recommendation for change, this can be discussed with the Editor, who may agree with the author or work out a compromise.

If a suggestion is unclear, the author should not ignore it, but must contact the Editor for clarification. Revisions should be made as quickly as possible and returned to the Editor. If extensive changes were required, the paper may be returned to the reviewers to ensure that the requested changes were made and that the paper is now ready for publication. Otherwise the Editor will approve the changes and send an acceptance letter to the author.

Manuscripts are customarily published in the next issue unless the topic does not contribute to a good balance of content. Once the manuscript has been transferred to the publisher, all further correspondence occurs with the Production Editor from the publisher. The production process is explained in Chapter 7.

Steps in Printing the Accepted Paper

After a manuscript has been through the editorial review process, the Editor transfers it to Sage Publications Production Department. A production editor, who is assigned to edit manuscripts for *JDMS*, begins the process of copyediting the manuscript so it may be published in its clearest, most concise, and most accurate format.

The production editor first checks to see that all materials, including illustrations, references, and legends, are sent with the manuscript. Efficient production requires complete contact information for the authors including an *email* address, and phone numbers. Production also requires current digital copies of the text and if extensive changes have been made since the original submission, it may be requested by the Editor that a revised version be sent to the Editor and to Sage Publications by *email* attachment.

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As the process of editing begins, the manuscript is checked carefully for grammar, spelling, punctuation, convention, and consistency. On rare occasions, a sentence or paragraph may be rewritten to help the author express an idea more clearly. The illustrations are incorporated into the article layout. The article is then composed in page format so that it will appear similar to how it will appear in the journal.

The pages are sent or *emailed* to the author for final approval or comments. In some cases, the copyeditor needs to query the author to clarify something that is not understood or to obtain information that was omitted. The questions from the copyeditor to the author are written directly on the copy that the author receives.

There are several more steps that take place to ensure the accuracy of the material after the initial pages stage. The whole process takes about 2 months, from the time the Editor delivers the manuscript to the publisher until date of publication. It is worth every minute of time so that all are sure that the author and the reader are both pleased with a professional and highly accurate representation of the author's material.

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 - Three to five key words
 - All pages are numbered
 - References are numbered consecutively and all references are cited in the text
 - References include required bibliographic information
- One production copy of the tables and figures, including:
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 - Tables and figures are numbered and cited in text
 - Labels or arrows identify structures
 - Legends are provided which explain table or figure and labels
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