

## AIUM Official Statements

### Prudent Use

*Approved May 1999*

The AIUM advocates the responsible use of diagnostic ultrasound. The AIUM strongly discourages the non-medical use of ultrasound for psychosocial or entertainment purposes. The use of either two-dimensional (2D) or three-dimensional (3D) ultrasound to only view the fetus, obtain a picture of the fetus or determine the fetal gender without a medical indication is inappropriate and contrary to responsible medical practice. Although there are no confirmed biological effects on patients caused by exposures from present diagnostic ultrasound instruments, the possibility exists that such biological effects may be identified in the future. Thus ultrasound should be used in a prudent manner to provide medical benefit to the patient.

### Clinical Safety

*Approved March 1997, October 1982*

Diagnostic ultrasound has been in use since the late 1950s. Given its known benefits and recognized efficacy for medical diagnosis, including use during human pregnancy, the American Institute of Ultrasound in Medicine herein addresses the clinical safety of such use:

There are no confirmed biological effects on patients or instrument operators caused by exposures from present diagnostic ultrasound instruments. Although the possibility exists that such biological effects may be identified in the future, current data indicate that the benefits to patients of the prudent use of diagnostic ultrasound outweigh the risks, if any, that may be present.

### Interpretation of Ultrasound Examinations

*Approved March 1997, October 1992*

Ultrasound studies shall be supervised and interpreted by a physician with training and experience in the specific area of ultrasonography. Findings must be recorded and results communicated in a timely fashion to the physician responsible for care. Although a sonographer may play a critical role in extracting the information essential to deriving a diagnosis, the rendering of a final diagnosis of ultrasound studies represents the practice of medicine, and, therefore, is the responsibility of the supervising physician.

#### PRESIDENT

Alfred B. Kurtz, MD

#### FIRST VICE PRESIDENT

Michael C. Hill, MD

#### SECOND VICE PRESIDENT

Marie T. De Lange, BS, RDMS, RDCS, RT

#### PRESIDENT-ELECT

Lewis H. Nelson, III, MD, RDMS

#### SECRETARY

Christy K. Holland, PhD

#### TREASURER

Joshua A. Copel, MD

#### IMMEDIATE PAST PRESIDENT

Lawrence D. Platt, MD

#### BOARD OF GOVERNORS

Catherine Babiak, RT(R), RDMS

Phillip J. Bendick, PhD, RVT

Charles C. Church, PhD

Greggory R. DeVore, MD

Flemming Forsberg, PhD

Ruth B. Goldstein, MD

Steven R. Goldstein, MD

Wesley Lee, MD

Marsha M. Neumyer, BS, RVT

John S. Pellerito, MD

Dolores H. Pretorius, MD

Henrietta Kotlus Rosenberg, MD

Nancy A. Spangler, RDMS, CNMT

Ilan E. Timor-Tritsch, MD

Gary J. Whitman, MD

#### LIAISONS

*Journal of Ultrasound in Medicine Editor*

American College of Obstetricians and

Gynecologists

American College of Radiology

National Electrical Manufacturers

Association

Society of Diagnostic Medical Sonography

Society for Maternal-Fetal Medicine

Society of Radiologists in Ultrasound

Society of Vascular Technology

#### CHIEF EXECUTIVE OFFICER

Carmine M. Valente, PhD, CAE

#### AIUM/WFUMB 2003

June 1-4, 2003

Montréal, Canada

14750 Sweitzer Lane, Suite 100  
Laurel, MD 20707-5906 USA  
Phone 301-498-4100  
Fax 301-498-4450  
Website [www.aium.org](http://www.aium.org)

