

# CJMS

CANADIAN JOURNAL OF MEDICAL SONOGRAPHY

Sonography  
Canada



Échographie®  
Canada

## Author's Manual



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## Canadian Journal of Medical Sonography

### Author's Manual

#### TABLE OF CONTENTS

Chapter 1 – General Author Instructions.....	3
A. Cover Letter Format:.....	3
B. Tables and Illustrations: .....	3
C. Ethical and Legal issues:.....	4
D. Numbers, units, and abbreviations .....	4
E. Plagiarism .....	4
F. Permissions and Copyright.....	5
G. Proofs.....	5
H. Manuscript Preparation.....	5
I. References.....	5
Chapter 2 - Case Report: .....	6
Chapter 3 - Letters to the Editor .....	7
Chapter 4 - Original Research .....	8
Chapter 5 - Pictorial Essay.....	10
Chapter 6 - Critical Book Review.....	11
Chapter 7 - Sonography Professional Review (Technical/Protocol/Accreditation or Certification Discussion) .....	12
APPENDIX A: Case Report Checklist .....	14
APPENDIX B: Original Research Checklist .....	15
APPENDIX C: Critical Book Review Checklist.....	16
APPENDIX D: Literature Review Author Guidelines .....	17

## **Chapter 1 – General Author Instructions**

The Canadian Journal of Medical Sonography is the official journal of Sonography Canada. The Journal will consider for publication case reports, letters to the editor, original research, pictorial essays, critical book reviews and Sonography Professional reviews. The emphasis must be placed on clinical tips, guidelines, techniques, interesting pathology, new advances, new research or overall teaching material of interest to Canadian sonographers. Submissions are accepted in English and French. Editorial requirements are in accordance with the “Uniform requirements for manuscripts submitted to biomedical journals” (<http://www.icmje.org>). The editorial policies of the Journal are in line with those of the Council of Science Editors. ([http://www.councilscienceeditors.org/services/draft\\_approved.cfm](http://www.councilscienceeditors.org/services/draft_approved.cfm)).

### **A. Cover Letter Format:**

A covering letter must accompany your article and state that the work is original. It must include the senior author’s information (phone, fax and e-mail) for correspondence and to ensure rapid processing, as well as a statement that the article is not in consideration by any other journal. Authors need to identify their affiliation with an institution, university department or private clinic and indicate their position at that institution/workplace i.e. student, sonographer, resident. After acceptance of the article, the author(s) must sign a copyright transfer agreement. The Journal reserves the right to edit reports to ensure conformity with the Journal’s style. Such editing will not affect the scientific content.

### **B. Tables and Illustrations:**

Each table should be typed on a separate page and should have a legend at the top including the information contained and should supplement the text. Each table should be clearly labeled with the title and figure number. Illustrations may be sent via e-mail as a TIFF or JPEG file. DO NOT embed the images in the text/word document. Use the maximum resolution on your PACS system (usually 640-480). If any photographs are to be submitted, please use the maximum resolution of the camera (3.2 megapixel minimum). Please do not crop the images as you lose resolution; instead, zoom in to get the maximum image in the frame for the photograph. Illustrations should clarify and complement the text. Each illustration should be clearly labeled with the figure number, title i.e. Figure 1 Title, Figure 2-Title, etc. and cited in numerical order in the text document for correct position of figure/table placement. Labels or arrows may be used to point out areas of interest and should be detailed in the legend. Patient identification MUST BE removed as should all hospital identification and dates on the images. Video/DVD presentations are also accepted.

Note: Figure reproduction cannot improve on the quality of the originals

**C. Ethical and Legal issues:**

No reference should be made to a patient's identity. Names, initials, hospital number, dates and personal histories must not be used. Written consent must be obtained from patients for the use of any photographs in which they are pictured. No particular feature within an image may be introduced, moved, enhanced, obscured, or removed. Adjustments of brightness, contrast, or color balance are allowed if they are applied to the whole image and do not obscure or eliminate any information present in the original image. Adjustments such as changes to settings must be disclosed in the figure legend.

**D. Numbers, units, and abbreviations**

Measurements are to be metric. In scientific text, physical quantities and units of time should be expressed in numerals i.e.: 2Kg, 6 mmol, 5 hours. Use only standard abbreviations and avoid using abbreviations in the title. Define all abbreviations on the first mention.

**E. Plagiarism**

Plagiarism is defined as the presentation of work of another in such a way as to give the reader reason to think it is the author's own work. Plagiarism is a form of academic fraud and is considered a serious academic offense. Any paper submitted for the Sonography Canada Excellence in Ultrasound Award will be checked for originality to confirm that it has not been plagiarized from other sources. Any authors submitting a paper that is found to be plagiarized will be disqualified from the award, suspended from future submissions, and have their names forwarded to the Sonography Canada Executive Committee for possible membership disciplinary action.

**Self-plagiarism:**

Refers to the practice of an author using portions of their previous writings on the same topic in another of their publications, without specifically citing it formally in quotes. Authors are required to disclose information and cite references about reused content from previously published work.

**Incorrect authorship:**

Excluding authors, wrongly presenting the same material as original in more than one publication, inclusion of authors who have not made a definite contribution to the work published; or submission of articles without the concurrence of all authors.

**Misappropriation of the ideas of others:**

An important aspect of scholarly activity is the exchange of ideas among colleagues. Scholars can acquire novel ideas from others during the process of reviewing grant applications and manuscripts. However, improper use of such information can constitute fraud. Wholesale appropriation of such material constitutes misconduct.

## **F. Permissions and Copyright**

Written permission must be obtained for material that has been published in copyrighted material; this includes tables, figures, and quoted text that exceeds 150 words. Signed patient release forms are required for photographs of identifiable persons. A copy of all permissions and patient release forms must accompany the manuscript. Ownership of submitted manuscripts must be clearly stated. Authors must clearly indicate that approval for publication has been received in cases of institutional ownership. All submitted material remains the property of Sonography Canada and will be returned to the author; however, the publisher and Sonography Canada reserve the right to reprint all or portions of the article and to post all or part of the article online. Sonography Canada reserves the right to edit manuscripts as required to publish in *Canadian Journal of Medical Sonography*.

## **G. Proofs**

Proofs for correction may be sent to authors by e-mail as a Word file. Authors are asked to fax or e-mail corrections back to the publisher within 72 hours.

## **H. Manuscript Preparation**

Manuscripts should be prepared using Microsoft Word and submitted via e-mail the Editor-in-Chief or Sonography Canada ( [editorCJMS@sonographycanada.ca](mailto:editorCJMS@sonographycanada.ca) ). The manuscript should be double-spaced and in a “Portrait format” or 8 1/2” x 11” paper size. Each page should be numbered and have a title header. The file should be named in the following format (Smith\_January\_2014.doc).

The manuscript must have the following information:

- Title of the submission
- Name(s) of all Authors and their work affiliations (hospital or private)
- Address for correspondence and e-mail contact or phone number
- Grant or Agency support for original research articles

## **I. References**

References should be numbered consecutively in the text by superscript numerals. Corresponding references should be listed at the end of the text. Unpublished sources such as personal communications should be cited within the text and not included in the reference list.

The Canadian Journal of Medical Sonography and Andrew John Publishing use a slightly modified version of the Vancouver style for references. When there are more than 4 authors, shorten to 3 and add “et al.” Journal titles should be abbreviated as in PubMed.

**See Following Examples:**

**Journal article:**

Abate M, Salini V, Rimondi E, et al. Post-traumatic myositis ossificans: sonographic findings. *J Clin Ultrasound* 2011;39(3):135–40.

**Book:**

Cardenosa G. *Breast Imaging Companion*, 3rd edition. Philadelphia (PA): Lippincott Williams & Wilkins; 2007.

**Chapter in a book:**

Galloway AC, Colvin SB, Grossi EA, et al. Acquired heart disease. In: Schwartz SI, Shires GT, Spencer FC, eds. *Principles of Surgery*, 6th edition. New York: McGraw-Hill; 1994:845–99.

**Web page:**

Breast Cancer Society of Canada. Breast cancer statistics. Sarnia (ON): The Society, 2012; <http://www.bccsc.ca/p/46/l/105/t>. Accessed November 13, 2012.

**Chapter 2 - Case Report:**

The purpose of a case report is to present a case. It could be about a rare finding, an unusual or previously unknown condition, a unique presentation or complication of a known disease or an excellent example of normal or anomalous sonographic anatomy. It is to provide information that expands our knowledge beyond our textbooks and initiates further research. It should be between 500 and 2,500 words. The case report must include a reasonable literature review with an appropriate amount of references. It must include an abstract, introduction, case description, discussion and a conclusion.

**Abstract:**

It is a summary of the case report. It should be between 100-250 words and structured. It should include the 4 subheadings of the case report (introduction, case description, discussion and conclusion) in a concise form.

**Introduction:**

The introduction is to provide a purpose or clear idea of what the case report is about. It should be concise and attract the reader. It should provide background information about the case and an explanation as to why this case is particularly interesting and why the author thinks the topic is important. As well as a focused literature review to support the author's claim. It should be 1-3 paragraphs. You should define unusual terms that are essential to the understanding of the report. Provide 1-2 sentences introducing the case.

**Case Description:**

In chronological order tell the story. Include only the pertinent information to the case. Include the patient demographics: age, gender, body habitus etc. Describe the patient's medical history/presentation, detailed sonographic findings and other supporting diagnostic imaging examinations and laboratory values. Provide information of other investigations, treatment and patient outcome. A reference range for laboratory values should be provided in parentheses. Diagnostic equipment used should be named.

**Discussion:**

Support the uniqueness of your case. Discuss the etiology, pathophysiology and treatment for the case. Summarize the sonographic features and criteria for the report. Discuss how the diagnosis was confirmed and provided the differential diagnosis. Describe in detail the message you are trying to convey, the lesson you learned from the case and the significance to the ultrasound/medical field.

**Conclusion:**

Provide a succinct summary of the case report. Make a justified conclusion. Provide the application to everyday ultrasound practices. It should not be more than 1 paragraph.

**APPENDIX A - Refer to Case Report Checklist**

**Chapter 3 - Letters to the Editor**

Reviews or comment on previously published articles, suggestions on future content i.e. topics of special interest or suggestions for topics presented by specific authors and follow up to previously published materials are accepted. Relevant topics are preferred. Content of letters to the editor will be scrutinized by the editorial board for appropriate non-confrontational language and intent. Constructive and respectful professional comment and criticism are most welcome.

Sonography Canada and the CJMS Editorial Board reserve the right to edit comment as required to publish in Canadian Journal of Medical Sonography.

The submission should be in paragraph format with the following:

**Author Checklist:**

- Maximum 500 words
- Introduction (rationale or intent of the area of discussion)
- Description (content review or criticism)
- Summary (brief 1 sentence summation of the opinion of the author)

- ☐ References are appropriately used

## **Chapter 4 - Original Research**

The word count includes the body of manuscript, references, notes and captions. The word count excludes the abbreviation list and acknowledgements. Authors cannot exceed this limit without prior approval of the Editor-in-Chief. All manuscripts must be double-spaced with full-text line and page numbering. Manuscripts submitted to the journal must be original, have not been previously published and will be verified for plagiarism. Research articles report results of an original research project, based on clinical findings or imaging (sonography), examination technique development, improving strategies and/or training in the health profession.

### **Author Responsibility**

The journal accepts only original work that has not been published elsewhere. All authors must confirm that neither the manuscript nor any part of it was written or published or is under consideration for publication elsewhere. Publication of the content as an abstract during the proceedings of meetings is not considered prior publication and can be submitted for publication.

### **Authorship Credit**

Should be based on the contributions to any of the three components mentioned below:

- Concept and design of study, acquisition of data, or analysis and interpretation of data
- Drafting the article or revising it critically for intellectual content;
- Final approval of the version to be published.

### **Conflicts of Interest/ Competing Interests**

All authors of must disclose any and all conflicts of interest they may have with the publication of the manuscript or any institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented.

### **Institutional Ethics review board approval and informed consent**

All prospective and retrospective human studies must have appropriate institutional ethics review board.

Compliance with these rules must be stated in the text, including waiver of consent by the board, if applicable. Manuscripts that do not comply with these rules will not be accepted for publication.

### **Organization of manuscript sections (the following information must appear)**

#### **Word Count**

The number of words should be indicated.

Word Limits Abstract: 500

Total: 4,500

#### **Title**

Author's names and affiliations: highest level of contribution to the paper appearing as first author. Present author's affiliation addresses below the names and indicate each affiliation with a superscript number immediately after the author's name.

### **Title Page**

Corresponding author: provide postal mailing address, phone/fax and email address of the author responsible to handle correspondence at all stages of refereeing and pre- or post-publication.

### **Grant Support**

There must be a declaration of any financial support for the research, listing company or organization name and the author's affiliation.

### **Abstract**

The abstract is a summary limited to 500 words and should state the investigation the following four subheadings:

**Background and Objective:** Brief statement of the background and purpose for the investigation.

**Material and Methods:** Describe the methodology applied in the investigation.

**Results:** State the principal results of the investigation.

**Conclusion:** Brief statement fulfilling the hypothesis.

**Key Words:** A maximum of 5 keywords chosen from the Medical Subject Headings of the Index Medicus.

**No references are cited in this section.**

### **Introduction**

Brief introduction to the manuscript, outlining the background and objectives in further detail. Detailed literature review, results should be avoided in this section. The introduction provides detailed information on the research methodology in a written form that allows the work to be reproduced. This section may be divided into subsections and include research design, patient population/recruitment, materials, sampling, diagnostic methodology and analysis, and statistical analysis. Authors are recommended to consult with an individual with statistical expertise for analysis. Reporting results and/or discussion is inadmissible in this section.

### **Methods**

For investigations involving human subjects, declaration that informed consent approval was obtained as well as statement of institutional or university ethical review board approval should be indicated in a separate paragraph. This statement should include whether or not the research conforms to the outlined principles in the Declaration of Helsinki.

### **Funding**

If applicable, details of all funding sources including full agency name(s) and grant numbers should be included as a separate subsection.

### **Results**

May be divided into subsections to clearly present the statistical findings supporting the results. The main body of the text in this section mainly encompasses numerical data. Site tables, figures and/or graphs to illustrate the findings.

### **Discussion**

Should explore the significance and impact of the results in relation to the research question and hypothesis. Begin with a limited background information section followed by a discussion of the investigation's results, limitations and future implications and outcomes that correspond to previously published research or how it may develop into future research. Site tables, figures and/or graphs where appropriate.

### **Conclusions**

Should present the hypothesis and summarize the conclusive findings of the research.

### **Acknowledgements**

Provides a statement recognizing individuals, aside from the authors, that have contributed to the scientific work being reported. Non-research contributions are not suitable.

### **References**

Provide the original references that provided essential data for the investigation. Please refer to further referencing in General Instructions.

## **APPENDIX B - Refer to Original Research Checklist**

### **Chapter 5 - Pictorial Essay**

This type of article is used as a teaching article. It uses images/illustrations to provide current clinically relevant information of a specific topic. The length of the text is limited and the message is portrayed through a large volume of quality images. No new information should be introduced in this article. It does not contain data or statistical analysis. It should include sufficient non-copyrighted high quality images and diagrams to clearly and concisely demonstrate the topic.

#### **Abstract:**

A concise summary of the pictorial essay that is unstructured. It should contain sufficient information of the content of the article to be a standalone entity. It should be between 50-150 words.

#### **Introduction:**

The introduction is to provide a purpose or a clear/concise idea of what the pictorial essay is about. It should be brief, about 1 to 2 paragraphs. It should include the background information and the reason why the author chose to portray this topic in a pictorial essay. The equipment used to acquire the images should be noted. The clinical relevance should be stated as well as the learning objectives of the article.

**Main body:**

The text is short; the majority of the information should be conveyed through figure legends. Figure legends are the key feature to a pictorial essay. The figure legend should not just be a description of the image, also include the conditions under which the image was taken and the relevance. Point out any details of the image. Use subheadings to organize the content. There should be 20-30 images; these are the basis of the article. The images should be high quality with emphasis on their educational value. Types of images/illustrations: Radiological images (U/S, CT, MRI etc...), photographs (clinical, intraoperative, laparoscopic etc...), histological photomicrographs, physiologic tracing signals (ECG, EKG, etc...), laboratory graphs (karyogram etc...) and line drawings (schematic diagrams, etc...). Line drawings should be computer generated. Tables can be used for supporting information, optional. Patient identifiers must be removed from images and photographs.

**Discussion:**

This section is optional but would include etiology, pathophysiology, treatment and rationale for the overall lesson learned.

**Summary:**

Provide a succinct summary of the pictorial essay. It should not be more than 1 paragraph and state importance to the sonography profession.

**References:**

References for a pictorial essay are limited, must be 10 or fewer references. Please refer to further referencing in General Instructions.

**Chapter 6 - Critical Book Review**

A critical review is not simply to report on the contents of a book. The purpose is rather to evaluate the book or article and provide a critical commentary on its contents. It is preferred that only one authorship be produced per book review. Multiple authors may collaborate on the article however only one submission will be accepted.

Note: If a book is reviewed with multiple author's, only one collaborative article of submission will be accepted.

**Format of the Book Review:**

**Introduction**

- All reviews should be in sentence format.

- Identify the book you are going to review. The author, title, date and publisher and date of first publication may be placed at the beginning of the essay in the form of a bibliographic citation.
- What is the authors' perceived goal or target audience?
- Why did the author write on this specific subject? Often there is an explanation of their aim contained in the authors' notes or introduction.
- Are there deficiencies in our current understanding of the specific field or topic area discussed that can be clarified by the book?

### **Content Summary**

Begin by briefly describing the content and organization of the book with the most important content referenced. This shouldn't be overly detailed as the section is intended to prepare the reader for the critical assessment to follow.

### **Critical Assessment**

Evaluate the book's contribution to our understanding and comprehension on the topic.

### **APPENDIX C - Refer to Critical Book Review Checklist**

### **Chapter 7 - Sonography Professional Review (Technical/Protocol/Accreditation or Certification Discussion)**

The purpose of a sonography professional issue discussion is to provide the reader with thoughtful and current insight to the profession of sonography. Topics for discussion may include regulation(s) of the profession, practice standards, ethics, or updates of interest to the Canadian Sonographer. It should include the following (as per original research and generic instructions unless stated otherwise):

**Title Page:** (refer to original research instructions)

#### **Summary:**

This should be a brief description of the main points of the article. It should not include details, graphs, diagrams or data. It should not exceed 100 words. It should state what the paper is about. The reader should be able to read it quickly. Three to five keywords should be included.

**Abbreviations:** (refer to original research instructions)

#### **Main Text:**

If desired this may be divided into sections. The main text should encompass the following in sequence to a maximum of 2000 words:

**Background / Introduction / Purpose**



What are the issues the paper will be reporting / discussing / answering? What is the reason for writing this paper?

**Updates/Discussion/Objectives/Interpretation**

This should be descriptive, thoughtful and without bias. Explain the professional issue and its importance to the national audience. Diagrams / photos may be appropriate to illustrate text descriptions as required.

**Conclusion / Recommendations**

The issue mentioned in the introduction should be summarized and questions raised should be answered as is appropriate to the topic.

**Acknowledgements:** Please refer to original research instructions

**References:** Please refer to referencing in General Instructions.

## APPENDIX A: Case Report Checklist

### Case Report Checklist:

#### Abstract:

- Objective/Purpose is clearly identified
- Pertinent case details are given
- The discussion summary of the significance of the case report
- Overall conclusion

#### Introduction:

- Less than 3 paragraphs
- The purpose is clearly stated
- Background information on the case is provided.
- Definitions pertinent to the understanding of the article are provided.
- Support the merits of the case with a condensed literature review
- Introduce the case to the reader

#### Case Presentation:

- Described in a concise and clear manner
- Presented in chronological order
- Patient demographics are given
- Did you avoid patient identifiers
- Provide patient presentation and history
- Sonographic details and supporting imaging examinations
- Relevant laboratory testing, with reference range provided
- Other investigations underwent by the patient
- Provide a diagnosis
- Treatment and patient outcome provided

- Provide enough information to support the validity of the case

Discussion:

- Justify the uniqueness of the case
- Compare and contrast the case to the known literature
- Discuss the pathology of the case
- Provide the sonographic criteria for the case
- Discuss the differential diagnosis
- Discuss the impact on the ultrasound/medical field

Conclusion:

- Less than 1 paragraph
- Relate to the purpose of the report
- Summarize the information and the application to the practice of sonography

**APPENDIX B: Original Research Checklist**

**Research Author Checklist:**

Does not exceed 4500 words (without consent from Editor in Chief)

**Title Page:**

- Author(s) full name and credentials
- Author(s) contact information
- Author affiliation address
- Word count
- Grant support

**Abstract:**

- Background and Objective briefly described
- Materials and Methods briefly described
- Results are briefly described
- Keywords (maximum of 5) are identified
- Under 500 words

**Introduction:**

- The purpose is clearly stated
- Background information on the research is provided
- Definitions pertinent to the understanding of the article are provided
- Support the merits of the case with a detailed literature review
- Introduce the research to the reader

**Methods:**

- Subsections recommended (i.e. research design, patient population, recruitment, etc.)
- Confirmation of statistical method/findings
- No results or discussion in this section

- Consent for human research discussed (if applicable)
- Ethical review discussed

**Funding:**

- If applicable full disclosure of funding sources

**Results:**

- Tables/data clearly labelled and presented
- Confirmation of statistical method/findings

**Discussion:**

- Justify the uniqueness of the research
- Compare and contrast the research to the known literature
- Discuss background information
- Discuss results
- Discuss limitations
- Discuss future implications/research
- Discuss the impact on the ultrasound/medical field
- Tables, figures and/or graphs are well labelled

**Conclusion:**

- Relate to objectives identified in the introduction
- Summarize the findings and the application of the practice of sonography
- Less than 1 paragraph

**Acknowledgements:**

- Research related contributors are acknowledged

**APPENDIX C: Critical Book Review Checklist**

**Critical Book Review Checklist:**

- The central argument, thesis or purpose. The thesis is not the topic of the book but the specific argument or area of focus that the author has used. Sometimes, this is stated in the introduction, sometimes in the conclusion.
- The author's perspective, point of view, purpose or target audience.
- Was there a particular emphasis or argument, i.e. new information, new research, new methodology or equipment etc?
- If the book describes a conflict or theory or thought, does the author, either explicitly or subtly, favor one side over the other?
- Were images and illustrations of high quality and applicable to the topics being discussed?
- What research evidence sources were used?

- Did the author demonstrate an awareness of any limitations imposed by the sources that were used?
- Were the reference sources current?

### **Conclusion/Applicability**

- Assess the organization and style of the book.
- Is it well-organized and clearly written?
- Does the language, style or the content of the book recommend it to a specific readership, i.e. students, practitioners, patients?
- Does this text add to our understanding of the topic in a new or substantially different way?
- How will it affect your practice?
- How will it affect Canadian practice standards or methods?
- How important is it to read this reference?

### **APPENDIX D: Literature Review Author Guidelines**

A literature review is an objective summary and explanation of the current state of knowledge on a selected topic. The purpose is to give readers easy access to research conducted on a specific topic by selecting top quality relevant, important and valid articles/studies and summarizing the pertinent information into one report. It helps to provide insight to where future research can be focused, as well as to identify inconsistencies and gaps in the literature.

#### Components to a Literature Review

##### Abstract:

A concise summary of the manuscript. Should include a brief background, the aim/hypothesis, summary of search methods and results and conclusion/inference.

##### Introduction:

Explain the focus and establish the importance of the topic. Discuss what research has been done on the topic and identify any controversies or unknowns within the literature. Provide background and/or history on the subject. State the purpose or thesis statement that will sum up and evaluate the state of knowledge in the area of research, or the potential implications of the review.

##### Method:

Give a full explanation and justification for the search and managing steps. Justify the sources of the findings, the search and strategy, search terms/string and the limits used. Discuss the



inclusion/exclusion criteria and how they were screened, the data extracted and method of quality assessment. For statistical analysis, provide a full explanation of methods of statistical analysis.

Discussion:

State and evaluate the main findings of the review. Integrate the results by the different studies and identify/highlight contradictory data and how this can be resolved with future research. Recognize and discuss the limitations of studies included in the review. Images, tables, graphs and diagrams can be used to illustrate what is being discussed.

Conclusion:

Briefly and directly interpret the results of the study. Suggest inference/implications for future research or clinical significance.