

# Celebrating Sonographers During Ultrasound Awareness Month

## Directions

Put your search skills and sonography knowledge to the test! Circle the 24 words listed below. Words may appear horizontally, vertically, diagonally and backwards.

Y U T X Z D I F F R A C T I O N K X L N  
 U K L R K S B T H C R M A Q F O T L A U  
 W B E T A T O H D M E G H O R X R U T N  
 S Q U W R N L N S H X W Y T E A A N E D  
 C P Z D E A S V O R C L P H Q N N G R P  
 I N O Q M C S D A G U S M E U T S S A H  
 E S U S D X H O U C R I Y A E E A E L A  
 D A O Z T O Q O U C O A A R N R B B O N  
 W B H T N E P P C N E U P T C I D E X T  
 G S J W R D R P Q A D R S H Y O O A A O  
 D O Y A I O V I L S R V T T Y R M M E M  
 F R N V P R P I O E O D X Y I H I L B S  
 O P B E R V R I N R R U I M K C N Y L I  
 C T U L O T M M C F G E N O J L A B K L  
 N I H E B Z Z E H E E R F D G V L U B K  
 R O L N E O C M B I I R K F W R C Q R R  
 R N S G D I A G N O S T I C E A A F G O  
 Y B C T G A O Z X E L F P O Z C V P F V  
 K D J H C A R D I O L O G Y R N T E H Y  
 U G B C E A T X O M V Y P V U V B A S Y

## Word List

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Doppler Effect | <input type="checkbox"/> Diffraction | <input type="checkbox"/> Transabdominal |
| <input type="checkbox"/> Ultrasound       | <input type="checkbox"/> Wavelength     | <input type="checkbox"/> Sonography  | <input type="checkbox"/> Cardiology     |
| <input type="checkbox"/> Sound Waves      | <input type="checkbox"/> Absorption     | <input type="checkbox"/> Posterior   | <input type="checkbox"/> Frequency      |
| <input type="checkbox"/> Isotropic        | <input type="checkbox"/> Acoustic       | <input type="checkbox"/> Anterior    | <input type="checkbox"/> Diagnostic     |
| <input type="checkbox"/> Inferior         | <input type="checkbox"/> Transducer     | <input type="checkbox"/> Lungs       | <input type="checkbox"/> Lateral        |
| <input type="checkbox"/> Phantom          | <input type="checkbox"/> Heart          | <input type="checkbox"/> Probe       | <input type="checkbox"/> Beam           |