

Patient Name: \_\_\_\_\_

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

## PEDIATRIC PYLORIC STENOSIS ULTRASOUND WORKSHEET

Ordering Physician: \_\_\_\_\_

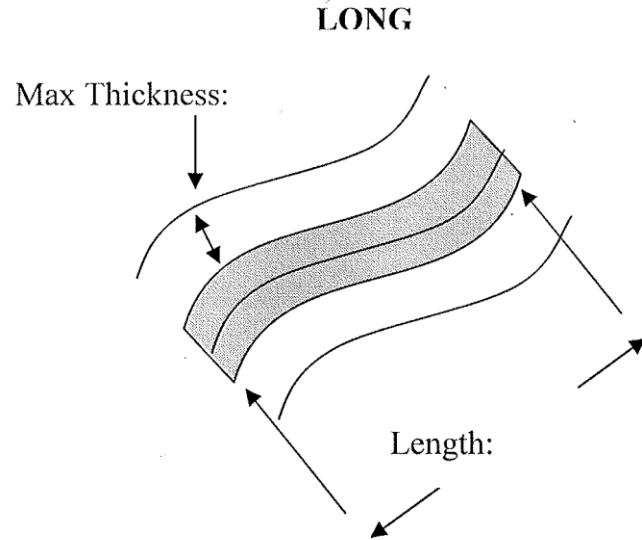
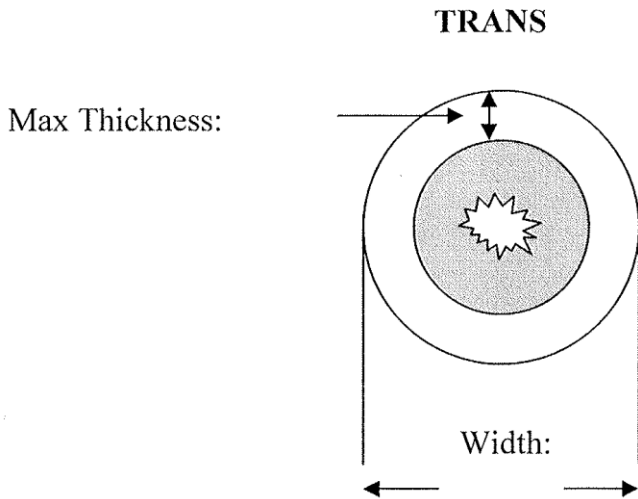
Clinical Info: \_\_\_\_\_

### Hypertrophic Pyloric Stenosis

Muscle width > 3 mm

Pyloric canal length > 12 mm

No peristalsis through pylorus



Ounces of clear fluid intake prior to exam:     4 oz         8 oz         other \_\_\_\_\_ oz

Pyloric peristalsis observed:     No     Yes

Fluid flow from stomach to duodenum:  No     Yes

Other comments: \_\_\_\_\_

Routine, no immediate call back necessary

*Call report to:* \_\_\_\_\_ *Number or Pager:* \_\_\_\_\_