

## **PEDIATRIC PYLORIC ULTRASOUND (PPU)**

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_  
Date: \_\_\_\_\_ Tech initial: \_\_\_\_\_ Ext: \_\_\_\_\_ Patient Age: \_\_\_\_\_  
Facility: MWH / MIF / ICW / MILH / MINS / MIKG / SH

**Indication:** \_\_\_\_\_ month old with non-bilious projectile vomiting.

**Comparison:** ☐ None ☐ \_\_\_\_\_

**Technique:** Gray-scale transabdominal sonographic imaging of the pylorus was performed to evaluate for hypertrophic pyloric stenosis.

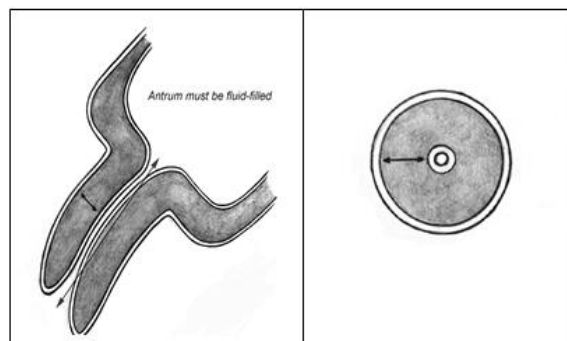
**Findings:**

☐ Pylorus mural thickness of \_\_\_\_\_ mm [normal <3 mm] maximum and overall length of \_\_\_\_\_ mm [normal <15 mm].

☐ Cine imaging reveals: ☐ good trans-pyloric motility ☐ lack of passage of gastric contents via the pyloric channel.

☐ Abnormal \*\*RADIOLOGIST ADD DICTATION \*\*

- ☐ Urinary bladder debris / wall thickening
- ☐ Free fluid in the \_\_\_\_\_ quadrant of the abdomen
- ☐ Dilated appendix: \_\_\_\_\_ mm diameter
- ☐ Appendiceal wall thickening
- ☐ Thick-walled fluid filled (**large/ small**) bowel loops
- ☐ Enlarged right lower quadrant mesenteric lymph nodes present
- ☐ Left (**hydronephrosis / hydroureter**)
- ☐ Right (**hydronephrosis / hydroureter**)
- ☐ Oval mass-like structure is seen within the abdomen to suggest intussusception.



**Impression:** Preliminary findings/impression subject to radiologist review.

☐ No evidence for idiopathic hypertrophic pyloric stenosis.

☐ Borderline measurements equivocal for idiopathic hypertrophic pyloric stenosis. Clinical follow-up is advised. Consider follow-up sonographic evaluation in 3 to 7 days if clinically warranted.

☐ Abnormal [ADD DICTATION]