

PYLORUS

Patient Prep

1. Infant should be NPO or on clear liquids only for 2 hours prior. No breast feeding or formula.

Survey:

Perform a real-time survey of the pylorus with attention to single muscle thickness, muscle length and muscle width.

Use Doppler or color flow to distinguish vessels and on any abnormality.

Image Documentation:

Each image must be labeled with the patient's full name, medical record number, accession number, initials of the imaging technologist, organ/area identification, scanning plane and patient orientation if different from supine.

If an image of a structure is not well seen, take an image of the structure and annotate the purpose of the image.

General Procedure description:

1. The pylorus should be surveyed for the measurements of the length of the channel and single muscle thickness.
2. The pylorus should be observed to confirm if there is peristalsis through the channel.
3. Patient should be in the supine position (may need to rotate to RPO position)
4. Start scanning in RUQ medial to the gallbladder.
5. Utilize a high frequency transducer.
6. If unable to visualize pylorus may need to give the patient fluid to drink. Check with the radiologist first.

Guidelines for Pylorus ultrasound:

1. At least two longitudinal images of pyloric channel with and without longitudinal measurements.
2. At least two transverse images of pylorus for single muscle thickness with and without measurements.
3. Cine loop (clip store) images should be utilized to confirm peristalsis through the channel.

Normal Criteria:

1. Single muscle thickness measurement < 3 mm (primary criterion)
2. Channel length measurement <16 mm (secondary criterion)

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