

# US PEDIATRIC (PYLORIC STENOSIS)

DATE: \_\_\_/\_\_\_/\_\_\_

TECH: \_\_\_\_\_

ID #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

SEX: M / F

**ACUTE HX** (location, duration, severity) :

\_\_\_\_\_

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\_\_\_\_\_

**CHRONIC HX:** \_\_\_\_\_

Diabetes      HTN      COPD      CHF      DVT

Smoking      ETOH      Obesity      Renal Failure

**Surgeries:** \_\_\_\_\_

**COMPARISON:** YES · NO

**DATE:** \_\_\_\_\_

PYLORUS	NORMAL	Longitudinal length < 15 mm
		Transverse single wall thickness < 3mm
	ABNORMAL	Food noted passing through pylorus: +   -
		Longitudinal length : ____mm
		Transverse single wall thickness: ____mm
OTHER		

Tech Summary:

\_\_\_\_\_

\_\_\_\_\_