

# ULTRASOUND PROTOCOLS



Reviewed: 01/29/22; 10/30/20

## Pylorus Ultrasound Protocol Guideline

<b>Indication</b>	Projectile vomiting, weight loss, failure to thrive
<b>Prep</b>	Have caregiver bring bottle
<b>Special Instruction</b>	Using a high-frequency transducer, perform the exam soon after a feeding if possible. It may help to roll the infant slightly onto his right side so that the fluid fills the antrum of the stomach and acts as an acoustic window. Begin by scanning transversely to locate the pylorus, which is found medial and posterior to the gallbladder
<b>Procedure</b>	<ul style="list-style-type: none"><li>• Assess for the passage of fluids through the pyloric canal. An open canal with normal passage of gastric content excludes hypertrophic pyloric stenosis (HPS).</li> <li>• Document the thickness of the pyloric muscular layer in transverse (outer-to-outer wall)<ul style="list-style-type: none"><li>○ 3mm = abnormal</li><li>○ 2-3mm = indeterminate</li><li>○ &lt;2mm = normal</li></ul></li> <li>• Document the length of the pyloric canal in longitudinal<ul style="list-style-type: none"><li>○ &gt;12mm = abnormal</li></ul></li></ul> <p>Note: The muscle thickness of the pylorus is a more reliable finding than the length of the canal.</p>