US – QA Conference 5/25/2016 : Take Home Notes

Pyloric Stenosis:

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Not present at birth, develops in the first 2-12 weeks of life. *(Requires knowledge of patient’s gestational age at birth to determine likelihood of pathologic finding)*Has a male predilection (M:F is 4:1)
Normal pyloric muscle - <2mm thick
Normal pyloric channel - 11 to 14 mm in length
*TIP: You can use the CTRL + F key to trace the length of a curved pyloric channel*
Abnormal muscle - >3mm
Abnormal channel - >17mm
Measure in long axis and transverse
Technique – ML6-15 works well to evaluate muscular wall

Categorical Approach to Appendicitis:

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* Discussed Appy Category Tracking - *details to follow in upcoming email*
* Appy protocol includes: Urinary bladder, liver, GB, pancreas, kidneys & lung bases
* Image lung bases to evaluate for acute PNA, or effusion
* Cine retrovesical space (Pouch of Douglas) to rule out abscess formation
* Measurement is from outer echogenic layer to outer echogenic layer (i.e. serosal layer to serosal layer)
* False positive result in appy of >6mm in cases of cystic fibrosis, PID, and Crohn’s
* Each day, document the appy studies you performed in the folder.
* Enter the accession, MRN, sonographer initials and appy category on sheet.
* The remaining columns including followup/ sx-path are optional.