**Ultrasound-Pyloric Stenosis**  

**Pyloric stenosis** is a condition that causes severe projectile vomiting in the first few months of life. Babies with this condition usually present any time in the first weeks to months of life with progressively worsening vomiting. The vomiting is often described as "projectile vomiting", because it is more forceful than the usual “spitting up” seen at this age. Some infants present with poor feeding and weight loss. Many cases of pyloric stenosis are diagnosed with ultrasound.

Pyloric stenosis is a narrowing of the pylorus, the lower part of the stomach through which food and other stomach contents pass to enter the small intestine. When an infant has pyloric stenosis, the muscles in the pylorus have become enlarged and cause narrowing within the pyloric channel to the point where food is prevented from emptying out of the stomach. Ultrasound images can show whether the muscles in the pylorus are enlarged.

The infant must be NPO (nothing to eat or drink- including medications) after the last feeding or at least 4 hours before the test. You may be asked to remove some of the infant’s clothes. The infant lies face up on the exam table. A clear water-based gel is applied to the infant’s abdomen. The gel helps the transducer (ultrasound probe) make a secure contact with the body and eliminates air pockets between the transducer and the skin. Images are then taken of the infant’s abdomen area. The infant will be given a solution to drink equivalent to sugar-water. As the infant drinks, more images are taken of the abdomen area. The pyloric muscle is evaluated as the baby drinks. A clear water-based gel is applied to the area of the body being studied to help the transducer (ultrasound probe) make secure contact with the body and eliminate air pockets between the transducer and the skin that can block the sound waves from passing into your body. The ultrasound technologist then presses the transducer firmly against the skin in various locations, sweeping over the area of interest or angling the sound beam from a farther location to see an area of concern better.

Images are captured on a monitor and later reviewed by the Radiologist (a doctor that reads x-rays) and a report will be sent to your ordering physician in 48 hours. The scan takes approximately 30 minutes.