

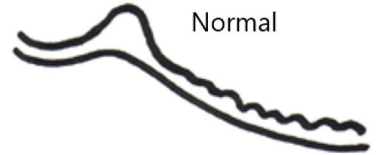
Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

Indication for exam and patient history: Vomiting Projectile Bilious Bloody diarrhea Fever

Single wall muscle thickness (normal ≤ 3 mm): _____ mm



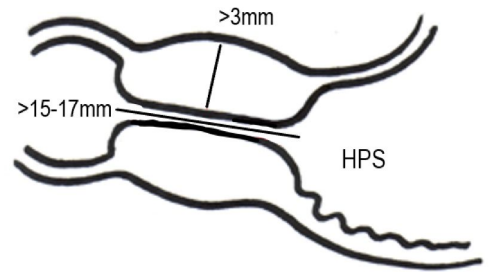
Channel length (normal ≤ 17 mm): _____ mm



Emptying through pylorus: Y / N

SMA/SMV relationship:

Normal (SMA on pt. left, SMV on right) / Inverted / Neutral



Midgut volvulus (Whirlpool sign): Y / N

Colon in right lower quadrant: Y / N

Intussusception: Y / N If present, extent of intuss.: _____ **Lead mass:** Y / N

Appendicitis: Y / N / not seen.

Technologist Impression:
