



PATIENT

Lola Teran

PRESENTING CLINICAL SIGNS

Recent internal medicine consult and abdominal ultrasound due to vomiting/reflux. Problem List Small normal liver (10/06/21)- rule out normal variation, fibrosis, portosystemic shunt/microvascular dysplasia, etc. Vomiting/Reflux (06/18/21)- treated with maropitant and sucralfate 06/18/21; recurred and treated with maropitant 09/20/21; recurred and treated with maropitant 09/23/21; treated with sucralfate 09/24/21; persistent 09/27/21; persistent 10/06/21; unremarkable GI system via ultrasound 10/06/21 Atopy (historical)- managed with Apoquel and Cytopoint Conclusion The ultrasound revealed a small normal liver with normal architecture. This may be a normal variation or could be secondary to a benign congenital condition such as portal vein hypoplasia. Started on Omeprazole and Barium PO. Abnormal PE/Chem/CBC/UA Results: Internal medicine report attached for reference.

SPECIES

Canine

BREED

Goldendoodle

FLUOROSCOPIC STUDY OF THE ESOPHAGUS

SEX

Female Spayed

Fluoroscopic esophagogram with liquid barium and barium mixed with kibble available for review.

AGE

4 Years, 10 Months

The oropharyngeal phase of swallowing presents within normal limits.

There is no evidence of abnormal dilation of the cervical or thoracic esophagus.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Bolus formation and propulsion are adequate with barium mixed with kibble. Primary peristaltic waves are able to clear the esophagus from barium mixed with kibble throughout the study. There is no evidence of esophageal or gastroesophageal reflux.

With liquid barium, a repeated split bolus occurs which interrupts the primary peristaltic wave and results in a part of the bolus being re-transported in the oral direction. However, secondary peristaltic waves are able to clear the esophagus from liquid barium.

HOSPITAL NAME

Mobile Pet Imaging

FLUOROSCOPIC DIAGNOSIS

- No evidence of structural abnormality of the esophagus in terms of dilation or diverticulum formation.
- No evidence of foreign material.
- Esophageal dysphagia with liquid ingesta.

REFERRING VET

Meaux

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

48017

Mild esophageal dysphagia with split bolus and retrograde peristalsis/reflux appears to be present with liquid ingesta. The changes may, however, be of subordinate clinical significance since the secondary peristaltic waves are then able to clear the esophagus completely which typically should not cause vomiting or regurgitation.

DATE

10-26-21



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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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