



PATIENT

Kai Avevedo

SPECIES

Canine

BREED

Golden Retriever

SEX

M

AGE

6M

WEIGHT

32.8lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
(CVT) - CT Scan
Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. H. Martinez, DVM

INVOICE

73038

DATE

12-17-25

PRESENTING CLINICAL SIGNS

The patient presented for a medical evaluation due to regurgitation since 6 weeks of age. The patient has a history of parvovirus. The regurgitation occurs mostly when drinking water. An internal medicine consultation was performed. The internist suggested a potential diagnosis of cricopharyngeal dysfunction, a hereditary condition reported in Golden Retrievers. A fluoroscopic swallow study was recommended to confirm the diagnosis.

FLUOROSCOPIC STUDY OF THE NECK FOR DYNAMIC SWALLOW EXAMINATION

4 cine loops with liquid and semi-solid ingesta.

FLUOROSCOPIC FINDINGS

During multiple swallowing attempts with liquid contrast, opening of the cricopharyngeal sphincter is consistently delayed and asynchronous relative to the pharyngeal swallow. Severe initial swallowing attempts are ineffective with failure of sphincter opening and accumulation of contrast material rostral to the cricopharyngeal sphincter.

With repeated swallowing, delayed and incomplete late opening of the cricopharyngeal sphincter occurs allowing partial passage of liquid into the cervical esophagus, while a portion of the liquid remains retained cranial to the sphincter.

Semi-solid ingesta temporarily appears to trigger the pharyngoesophageal junction more effectively than the liquid material. However, retention of liquid and semi-solid contrast is seen within the cervical esophagus in the later studies.

Within the cervical esophagus, retention of contrast is observed following swallowing with intermittent retrograde reflux back through the cricopharyngeal sphincter into the pharynx.

The thoracic esophageal phase of swallowing is otherwise unremarkable. Passage through the lower esophageal sphincter into the stomach is normal.

No aspiration events are observed during the study.

FLUOROSCOPIC DIAGNOSIS

- The findings are most consistent with cricopharyngeal dysphagia and upper esophageal dysmotility characterized by delayed asynchronous opening of the cricopharyngeal sphincter.
- Semi-solid ingesta appear to pass more readily than liquid at least intermittently supporting a functional coordination disorder rather than a fixed obstruction such as tightness of the sphincter.
- Mild post-swallow retention and intermittent retrograde reflux at the level of the upper esophageal sphincter suggest (secondary) esophageal dysmotility.
- Normal esophageal motility is seen in the thoracic esophagus.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Feeding management strategies such as elevated feeding and altered food consistency may be beneficial. Surgical consultation may be considered for cricopharyngeal myotomy, botox injection, or other given the congenital onset and breed predisposition.



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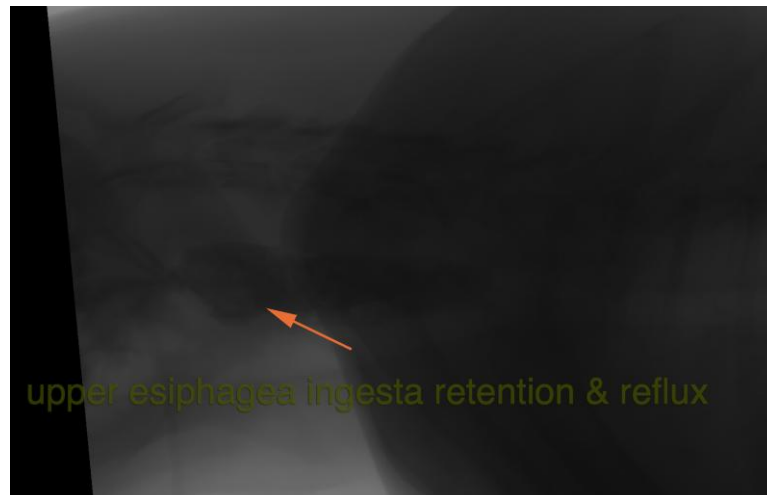
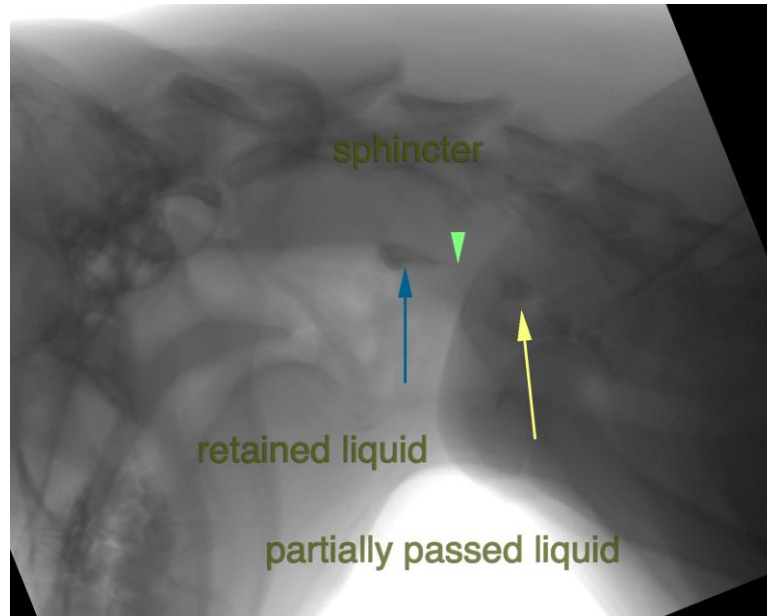
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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