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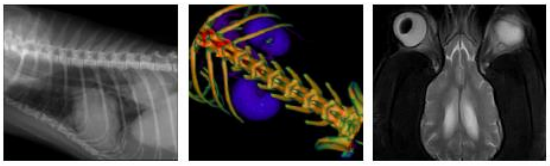

PATIENT

Pupi Marrero Cuevas

SPECIES

Canine

BREED

Bull Terrier

SEX

F

AGE

11 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. A. Torres, DVM, DACVIM

INVOICE

55709

DATE

12-19-22

PRESENTING CLINICAL SIGNS

Refer for an esophageal swallow study (esophagram). This patient suffers from regurgitation, the regurgitation is not due to a megaesophagus based on radiographs. She had an endoscopy for a gastric foreign body removal in November 11, 2022 where a seed was successfully removed. Even before the endoscopy she has been regurgitating. Hormonal tests for Addison's disease. Myasthenia Gravis or lead levels have not been performed at this time but will be once the swallow study is completed and confirms esophageal dysfunction.

FLUOROSCOPIC BARIUM SWALLOW STUDY OF THE ESOPHAGUS

Esophagogram with 3 cine loops, 1 centering the cervical esophagus and 2 centering the thoracic esophagus with kibble mixed with barium available for review.

FLUOROSCOPIC FINDINGS

The cervical esophagus presents within normal limits. No evidence of abnormal esophageal dilation is noted. Primary and on occasion secondary peristaltic waves of the cervical esophagus are required to clear the esophagus from kibble mixed with barium.

The thoracic esophagus presents no evidence of dilation either and the primary and secondary peristaltic waves clear the thoracic esophagus primarily to pass the bolus through the lower esophageal sphincter. The position of the lower esophageal sphincter appears to be within normal limits. However, incomplete bolus passage through the lower esophageal sphincter and partial esophageal reflux of the bolus are seen consistently throughout multiple consecutive swallowing cycles.

FLUOROSCOPIC DIAGNOSIS

- Esophageal dysmotility with lower esophageal sphincter dysfunction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluoroscopic study reveals no evidence of generalized or focal megaesophagus. The findings are compatible with lower esophageal dysmotility with lower esophageal sphincter dysfunction which may be due to sphincter incompetence, malposition, or asynchrony. The risk for both esophagitis and aspiration pneumonia may be increased in this patient.

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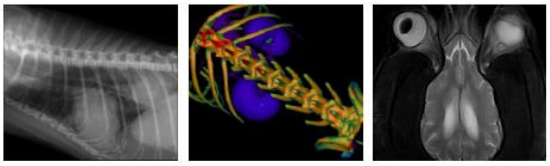

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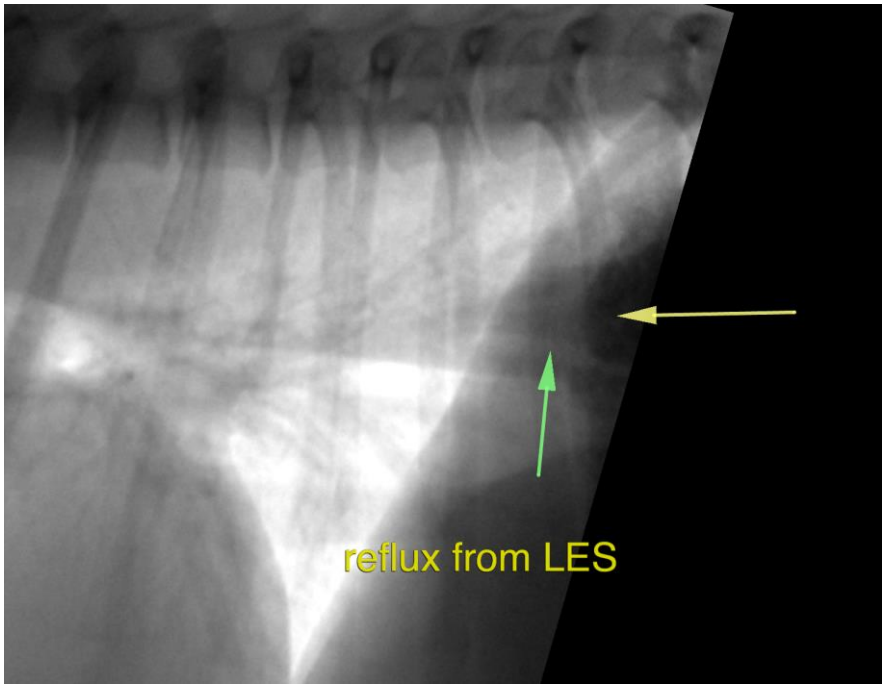

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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