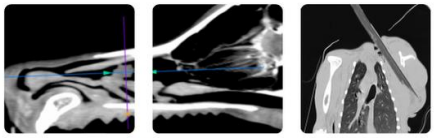

PATIENT

Toad Sims

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

4Y

WEIGHT

62.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. Sean Snyder-Parkway Vet Clinic

INVOICE

73718

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- Difficulty swallowing over the last 2 weeks, will be standing to eat and then once tries to swallow will sit and then lay sternal to complete process
- Did have previous throat trauma with Severely imbedded collar as a young adult, no previous issues noted from this.

FLUOROSCOPIC SWALLOW STUDY

Real-time fluoroscopy evaluation of swallowing following administration of water and barium based barium coated kibble.

FLUOROSCOPIC FINDINGS

The water is not seen in the swallow study.

The total volume of contrast in the kibble study is limited resulting in reduced conspicuity of fine detail. Despite this limitation, multiple swallowing cycles were observed dynamically.

Oropharyngeal Phase

Limited in assessment. The oropharyngeal phase was only partially captured. Within the imaged portion, bolus formation and transfer from the oral cavity into the proximal esophagus appeared coordinated. No fluoroscopic evidence of nasopharyngeal reflux, aspiration, or cricopharyngeal achalasia was observed during recorded sequences.

Esophageal Phase

Primary peristaltic waves are well organized, sequential, and of normal propagation velocity. The contrast bolus traverses the esophagus promptly and completely without delay or fragmentation. Esophageal diameter was within normal limits with no evidence of megaesophagus, focal dilation, stricture formation, or intraluminal filling defect. No extraluminal mass effect or mural irregularity was identified. No tertiary contractions or dysmotility patterns were observed.

Gastroesophageal Junction

The lower esophageal sphincter relaxed appropriately with normal unobstructed passage into the stomach. No gastroesophageal reflux or retrograde peristalsis was documented.

FLUOROSCOPIC DIAGNOSIS

- Fluoroscopically normal esophageal motility and morphology.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical obstruction, esophageal stricture, dilation, foreign body, or functional esophageal dysmotility was seen. There is no fluoroscopic evidence of gastroesophageal reflux or hiatal dysfunction during the period of observation. The oropharyngeal phase is incompletely evaluated though no overt abnormality was captured. The patient's clinical signs are unlikely to be caused by primary esophageal disease. The described behavior may be suggestive of oropharyngeal dysphagia such as neuromuscular or pain associated, residual cervical soft tissue or neurologic sequelae from prior trauma, cricopharyngeal discoordination, which can occur intermittently, pain related swallowing alteration, and less commonly neurologic disease affecting cranial nerves 9, 10, or 12. Consider neurologic evaluation and/or cross-sectional imaging such as CT of the neck to help

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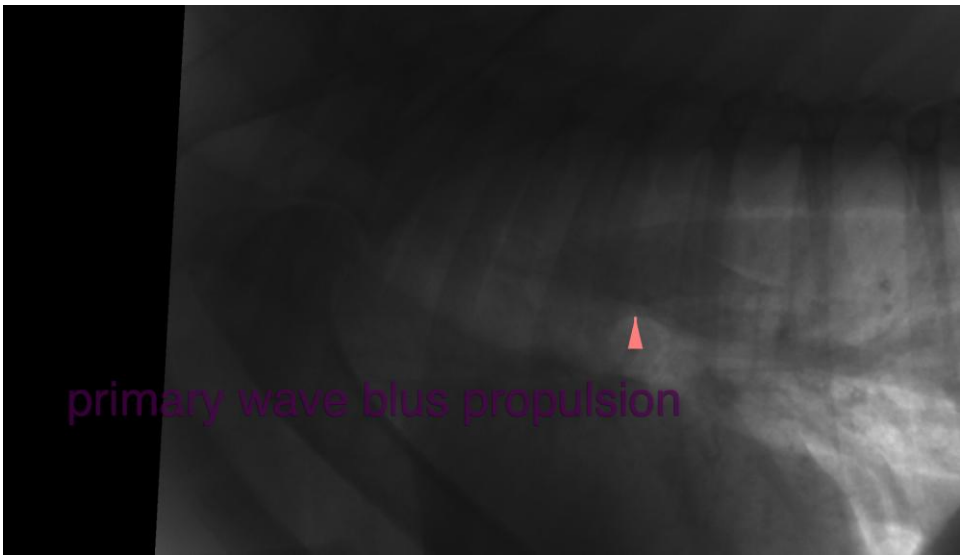
evaluate soft tissue scarring not appreciable fluoroscopically.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com