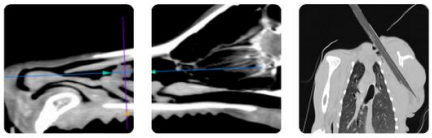

PATIENT

Bo Escorcia

SPECIES

Canine

BREED

Mixed

SEX

SF

AGE

13Y

WEIGHT

29.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73658

DATE

2-9-26

PRESENTING CLINICAL SIGNS

Bo is a 12-year-old dog who will be turning 13 on Wednesday. Patient has a history of vomiting. About a month ago, she began experiencing episodes where she would eat and then vomit about an hour later, producing thick saliva in large amounts. These episodes would typically resolve on their own. Bo also has a history of anemia and is considered an older dog. Patient has a vestibular problem. The owner took Bo to Ecogo the Saturday before the current issue for a follow-up appointment that included x-rays and blood work. At that time, Bo was not having significant problems with her esophagus, though she would vomit occasionally but "nothing crazy." Esophagoscopy did not reveal any abnormalities but theres no report.

FLUOROSCOPIC STUDY OF THE ESOPHAGUS

Performed with contrast bolus: kibble and fluid.

FLUOROSCOPIC FINDINGS

Oropharyngeal phase:

Bolus formation and oral transit appear normal. Oropharyngeal swelling and clearance appear normal with no evidence of obstruction or abnormal motility.

Esophageal phase:

Thoracic esophagus presents generalized dilation with residual content not cleared effectively by primary or secondary peristaltic waves. Both solid and partial fluid boluses are evaluated. Fluid is transported more efficiently than solid yet both the solid and fluid transportation is incomplete.

The lower esophageal sphincter shows reflux after swallowing and during bolus transit.

Repeated gastroesophageal reflux is seen with every swallowing act. No evidence of obstruction, stricture, or mass at the gastroesophageal junction is noted.

FLUOROSCOPIC DIAGNOSIS

- Esophageal dysmotility with impaired clearance of solid and liquid ingesta leading to delayed emptying and reflux.
- No structural esophageal lesions observed.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The fluoroscopic study reveals significant esophageal dysmotility with impaired clearance of ingesta associated with delayed emptying and repeated gastroesophageal reflux. The findings are compatible with idiopathic megaesophagus or age related motility dysfunction. Other causes of megaesophagus including endocrinologic, neuromuscular disease, toxicity, or other cannot be ruled out but are less common and considered less likely. The changes may also be secondary to chronic reflux or esophagitis; however, it is considered more likely that the reflux is part of the generalized esophageal dysmotility complex.

Consider dietary management, feeding small frequent meals from an elevated position. Soft or moistened kibble is to be preferred to facilitate transit. Keeping the patient upright for 10-15 minutes after meals can help as well. Monitoring for complications such as aspiration pneumonia and weight loss are recommended. Prokinetic agents or acid suppression could be considered supplementary as

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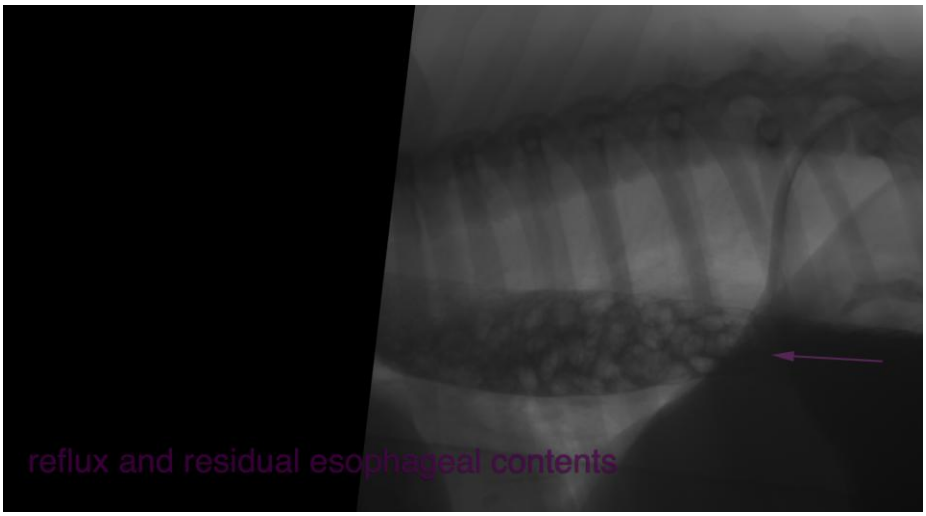
well. Rule out underlying systemic or neuromuscular disease.



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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