



PATIENT

Shapiro Zach

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

13Y

WEIGHT

10.5kg

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

73674

DATE

2-9-26

PRESENTING CLINICAL SIGNS

- Internal medicine consultation for reflux and regurgitation. currently eating ground turkey, sweet potato and pumpkin. Resting cortisol 5.9, normal, ruling out Addison's disease. Acetylcholine receptor antibody test pending. Sucralfate added to treatment protocol.
- Fluoroscopy recommended to evaluate the functional capacity of the esophagus

FLUOROSCOPIC SWALLOW STUDY

The oropharyngeal phase of swallowing is not imaged. Oropharyngeal function is not assessed.

Esophageal phase:

There is no evidence of esophageal dilation, structural masses, diverticula, or external compression observed.

Repeated episodes of gastroesophageal reflux through the lower esophageal sphincter are noted. There is some retrograde peristalsis observed after the reflux events. Clearance of the esophageal boluses often require secondary or tertiary peristaltic waves. The primary esophageal peristaltic waves are incompetent or incomplete in clearing the bolus from the esophagus.

Trachea/Airway:

Mild aspiration is noted in the upper cervical trachea.

Stomach/Gastroesophageal Junction:

The gastroesophageal junction appears morphologically normal. The reflux appears to be functional rather than obstructive.

FLUOROSCOPIC DIAGNOSIS

- Functional gastroesophageal reflux with impaired primary peristalsis of the esophagus.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The fluoroscopic study shows functional gastroesophageal reflux with impaired primary peristalsis. Mild esophageal retention of ingesta is observed requiring secondary and/or tertiary waves to clear the boluses. Mild aspiration risk is observed. No structural or obstructive abnormalities are identified. Potential causes include functional gastroesophageal reflux with or without reflux, esophagitis, age related changes, early idiopathic esophageal dysfunction, endocrine pathology, and neuromuscular disease.

Continue medical management and adjust feeding management. Monitor for aspiration and consider follow up imaging including oropharyngeal phase of swallowing if clinical signs worsen or aspiration risk increases.



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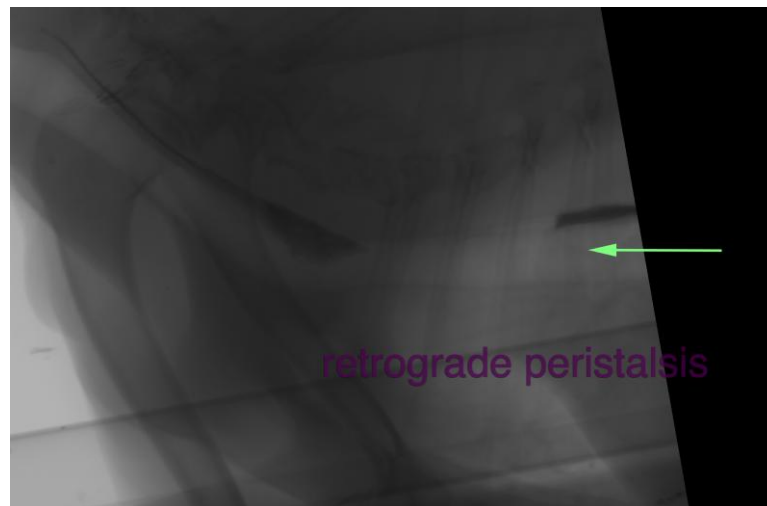
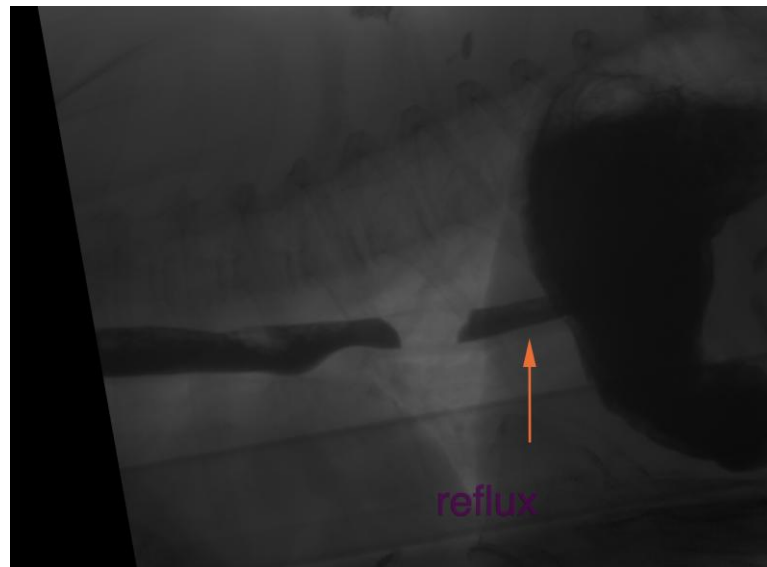
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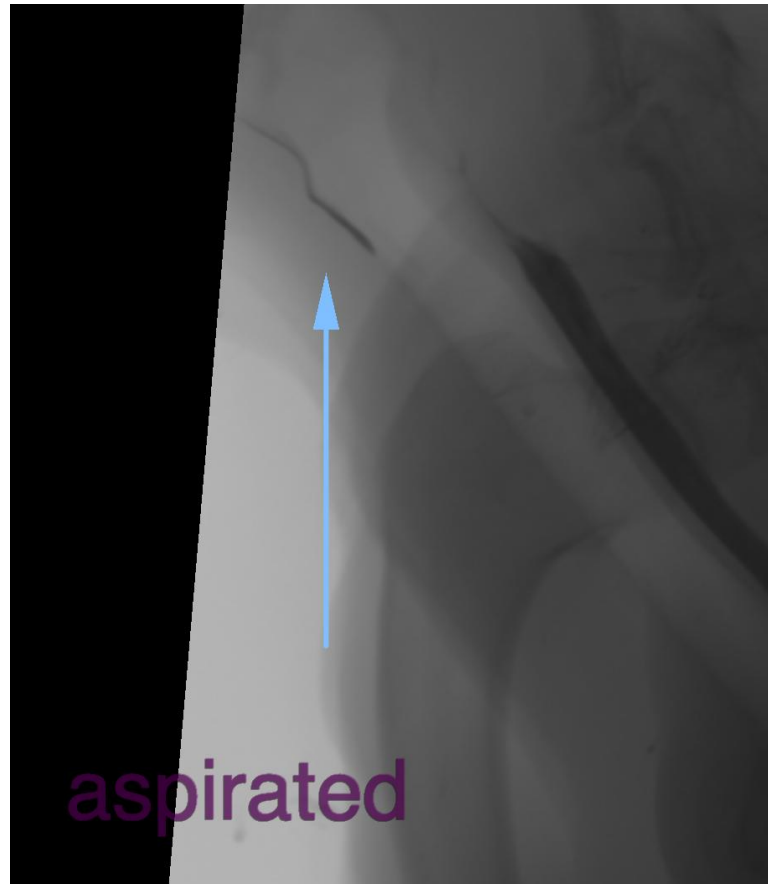
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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