

**PATIENT**

Lucca Febres

PRESENTING CLINICAL SIGNS

Patient has recurrent regurgitation and vomiting. Currently is Metoclopramide PO BID
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

SPECIES

Canine

FLUOROSCOPIC STUDY OF THE ESOPHAGUS

4 cine loops available for review, moist food mixed with barium.

BREED

French Bulldog

FLUOROSCOPIC FINDINGS

The 1st loop images the oropharyngeal phase of swallowing. The bolus formation appears to take relatively long in the oropharyngeal phase. However, once the bolus is formed, it is passed through the upper esophageal sphincter smoothly and no evidence of cricopharyngeal achalasia or asynchrony is seen.

SEX

M

The 2nd - 4th cine loops image the cervical and thoracic esophagus. Mild cranial thoracic esophageal redundancy is seen which is a normal finding and common in French bulldogs.

AGE

1 Year, 4 Months

Primary peristaltic waves clear the esophagus from the bolus with normal bolus propulsion readily. The lower esophageal sphincter appears to be in its anticipated position level with the diaphragmatic crura and lower esophageal sphincter bolus passage is smooth.

The esophageal sphincter appears to be relatively wide in the 4th cine loop. However, bolus passage is smooth and within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No fluid or kibble swallow is included in this study.

FLUOROSCOPIC DIAGNOSIS

- Mild esophageal redundancy and normal oropharyngeal and esophageal phases of swallowing - lower esophageal sphincter incompetence cannot be ruled out entirely.

HOSPITAL NAME

Veterinary Image
Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluoroscopic study reveals normal oropharyngeal phase of swallowing and normal esophageal peristalsis. The passage of the boluses through the lower esophageal sphincter is smooth. The subjective impression, however, is that the lower esophageal sphincter transiently is relatively wide and partial incompetence of the esophageal sphincter cannot be ruled out entirely. Hiatal hernia is another possible differential diagnosis that cannot be ruled out even though no hernia is seen during the available image series.

REFERRING VET

Dr. A. Torres, DVM,
DACVIM

INVOICE

57291

DATE

3-16-23



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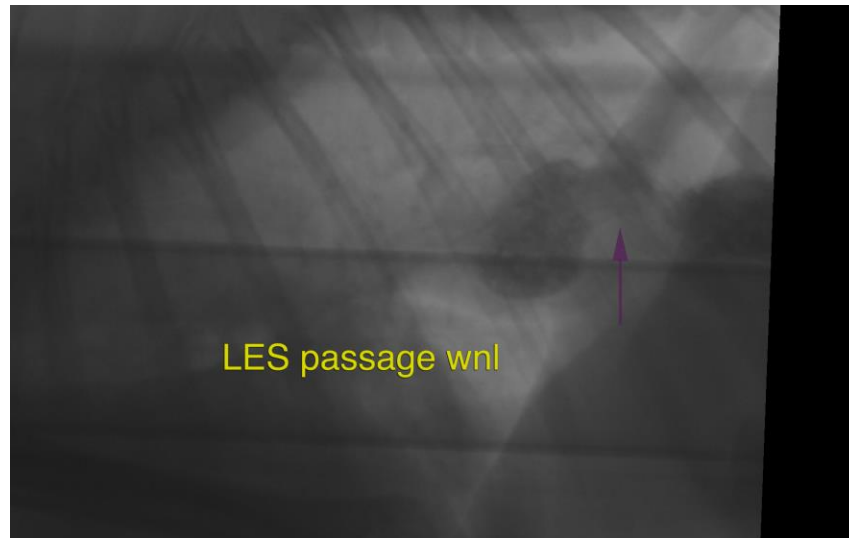
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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