



PATIENT

Marvin Bernard

SPECIES

Canine

BREED

French Bulldog

SEX

Male Neutered

AGE

6

WEIGHT

32

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelsey

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Sara Huckabone

INVOICE

74022

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- About 2 week history of coughing, especially after eating or drinking
- Started about 10 days after he presented to e-clinic for hives and an ear infection.
- Still has good energy and appetite
- O reports P will occasionally vomit normally - about once every week or 2.

Abnormal PE/Chem/CBC/UA Results: - No fever, normal respiratory rate and effort, heart sounds wnl - Blood work not performed

RADIOGRAPHIC STUDY OF THE THORAX

Right/left lateral and ventrodorsal views of the thorax totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Moderate generalized dilation of the esophagus is seen throughout the cervical and thoracic portions. The esophagus is containing gas. No evidence of esophageal stricture, diverticulum formation, or foreign material is identified. No evidence of cranial displacement of the lower esophageal sphincter is seen.

Multifocal moderate peribronchial interstitial lung pattern is seen. Mild generalized bronchial lung pattern is present underlying. Distribution and appearance are compatible with previous or mild recurrent aspiration.

The cardiac silhouette presents within normal radiographic limits for size and shape. The VHS is 10.4.

RADIOGRAPHIC DIAGNOSIS

- Suspect generalized megaesophagus.
- Mild multifocal interstitial and bronchopulmonary pattern most consistent with prior or low grade aspiration pneumonia.
- No radiographic evidence of esophageal obstruction or stricture.
- Normal radiographic presentation of the cardiac silhouette.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The generalized dilation of the esophagus is compatible with megaesophagus which explains the history of coughing after eating or drinking. Regurgitation may have been misinterpreted as vomiting and intermittent regurgitation likely contributes to aspiration events.

The mild interstitial and bronchial patterns are compatible with previous or recurrent low grade aspiration. No focal alveolar consolidation suggestive of acute severe aspiration pneumonia is identified at the time of imaging.

Megaesophagus may be congenital, which is less likely at 6 years of age, or acquired including idiopathic which is the most common form secondary to myasthenia gravis, or other neuromuscular disease, hypoadrenocorticism, hypothyroidism, esophagitis, or toxin exposure. Given signalment and history, acquired idiopathic megaesophagus or secondary megaesophagus are primary considerations.

Further diagnostic workup may include acetylcholine receptor antibody titers, ACTH stimulation tests, thyroid panel, CBC, and chemistry. Consider fluoroscopy and/or endoscopy if functional motility assessment is desired and rule out esophagitis.



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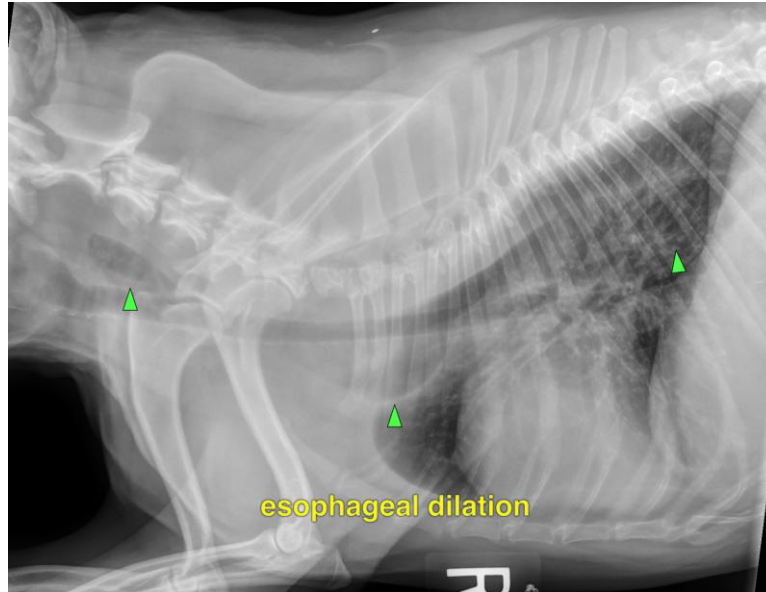
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Feeding from an elevated position, trial of different food consistencies, and small frequent meals are recommended as well.



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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.

IMAGING PERFORMED BY

Kelsey

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