



PATIENT

Leia Randall

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

2Y

WEIGHT

15lbs

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

74774

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Pet is vomiting after eating. swallow study for sliding hiatal hernia and pyloric stenosis.

FLUOROSCOPIC SWALLOW STUDY

Fluid and kibble positive contrast material. 10 Cine loops are available for review.

FLUOROSCOPIC FINDINGS

Mild esophageal redundancy is seen.

Mild delay in transport of solid bolus (kibble) compared to liquid is seen primarily within the caudal cervical and cranial thoracic esophagus. No significant esophageal dilation or diverticulum formation is seen. Primary peristalsis is mildly delayed with solid. Secondary peristaltic waves are present and effective resulting in complete esophageal clearance. The lower esophageal sphincter presents normal relaxation and passage of ingesta. No functional obstruction is observed during the study. No gastroesophageal reflux is seen.

No evidence of a sliding hiatal hernia is present during the study.

Normal positioning of the gastroesophageal junction is noted.

FLUOROSCOPIC DIAGNOSIS

- Suspect mild esophageal motility disorder with mild delay in transport of solid ingesta and preserved effective secondary peristalsis.
- No evidence of sliding hiatal hernia, gastroesophageal reflux, esophageal dilation, or structural abnormality.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with a mild functional esophageal motility delay particularly affecting solid bolus transportation. Absence of reflux, hiatal hernia, and structural abnormalities is noted, so that the vomiting is unlikely to be caused by a primarily mechanical esophageal disorder. Consider medical management targeted motility, gastric function, and potential gastroesophagitis. Feeding modification can be considered. Further evaluation by upper GI endoscopy and abdominal ultrasound for the gastric outlet can be considered as well.



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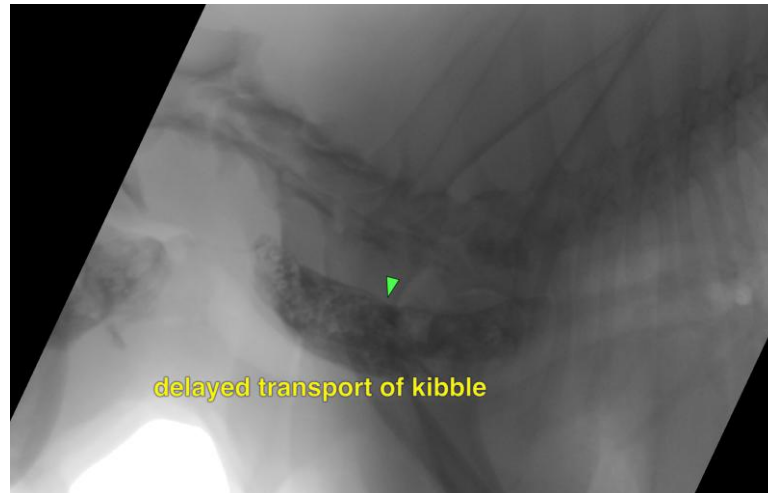
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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