



PATIENT

Phineas Macintosh

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

7Y

WEIGHT

53lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74728

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Chronic aspiration pneumonia.

FLUOROSCOPIC SWALLOWING STUDY

A positive contrast swallowing study is provided for review.

FLUOROSCOPY FINDINGS

The pharyngeal phase of swallowing presents without abnormalities, and the ingested material is completely propelled into the esophagus.

The esophagus is not dilated.

In the first fluoroscopic series using liquid material, most but not all boluses are initiating a primary peristaltic wave of the esophagus and are propelled aborally through the cardia into the stomach. The boluses that do not induce a peristaltic wave of the esophagus are retained within the cranial and mid segment of the esophagus; these are propelled aborally by a consecutive bolus initiating a primary peristaltic wave.

In the fluoroscopic series using kibbles, the boluses are propelled into the stomach by primary and secondary waves. The boluses in the esophagus present a physiological shape with a convex caudal border and is tapering in the cranial aspect. The boluses are propelled by primary or secondary waves through the cardia into the stomach. No reflux of gastric content into the esophagus is appreciated.

FLUOROSCOPY DIAGNOSIS & THERAPEUTIC RECOMMENDATIONS

- Signs of mild esophageal dysmotility using liquid material
- Normal esophageal motility using kibbles

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluoroscopic swallowing study presents signs of mild esophageal dysmotility using liquid material and normal motility with solid food. Esophagoscopy can be used for further evaluation of the esophagus to screen for signs of esophagitis. Rule out primary underlying brachycephalic obstructive airways syndrome that can predispose for esophagitis – although no gastroesophageal reflux was appreciated in the current imaging series.



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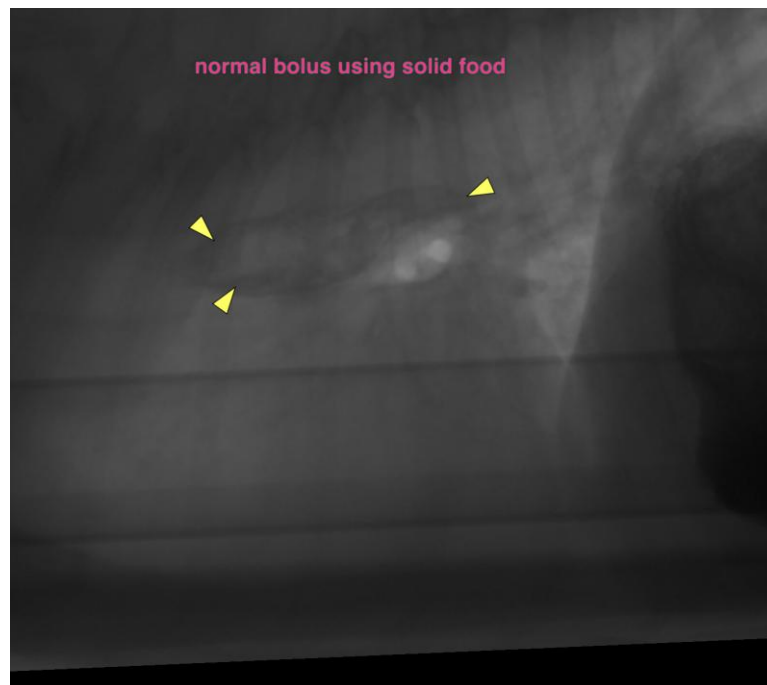
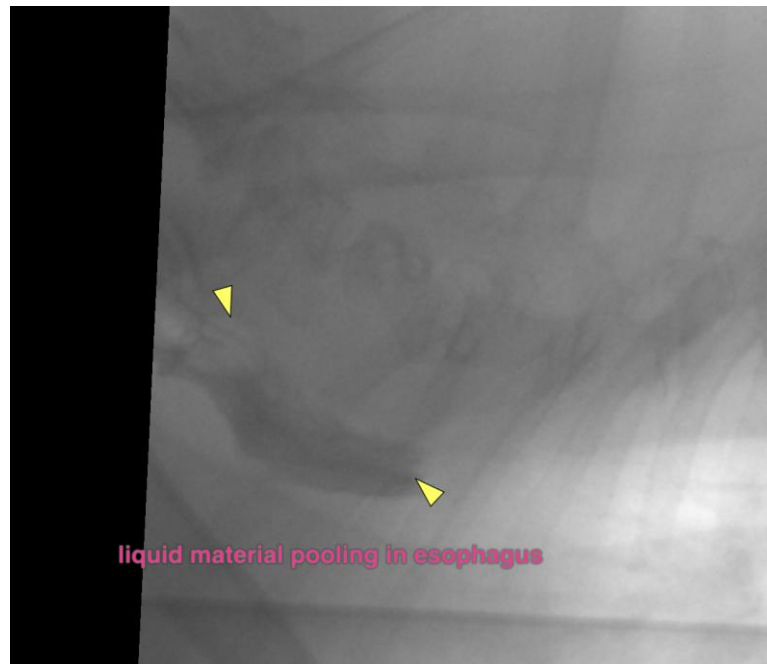
Armstrong

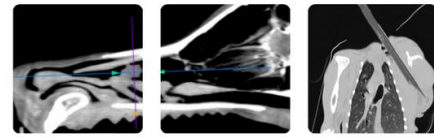
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com