



PATIENT PRESENTING CLINICAL SIGNS

Kodak Halphan History: *Esophagogram under fluoroscopy. Hx of Chronic regurgitation, vomiting, anorexia. Ongoing regurgitation and vomiting for over 1 year, been to different vets. Regurgitation mainly when drinking water or eating, currently still vomiting even with meds. Esophageal displacement and distention noted on radiology performed 07/29/2021. Barium study done 7/29. Stomach distention noted.

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

Abnormal PE/Chem/CBC/UA Results: Radiographs CONCLUSIONS: 1. The primary consideration for the generalized esophageal dilation is congenital neuromuscular dysfunction. Chronic aerophagia could be considered however the extent of esophageal distention is greater than expected as a result of aerophagia. 2. The redundancy of the cranial thoracic esophagus is a relatively common finding in brachycephalic patients and may or may not be contributing to the regurgitation. 3. Most likely the caudal displacement of the larynx and the extension of the hyoid apparatus are associated with chronic inspiratory dyspnea associated with inherent brachycephalic obstructive airway syndrome. 4. The appearance of the tympanic bulla is consistent with hyperostosis occurring secondary to chronic otitis media. This is not definitive. It is doubtful this is related to the current clinical signs. 5. There is no evidence of aspiration pneumonia.

AGE

2 Years

FLUOROSCOPIC STUDY OF THE ESOPHAGUS

A positive contrast swallowing study of the esophagus is provided for review.

FLUOROSCOPY FINDINGS

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

There is a normal pharyngeal phase and the bolus is completely propelled from the pharynx into the esophagus. There is moderate aerophagia, causing variable degree of esophageal dilation between the different fluoroscopic series – most severe in the studies with the time code 3:16 pm and 3:17 pm (esophagogram canned). In the liquid esophagogram the boluses are driven aborally by primary wave up to a ventral esophageal loop level with the cranial thoracic aperture. Within the ventral esophageal loop, the contrast is pooling until after multiple boluses the material is propelled by a secondary wave caudally up into the stomach.

HOSPITAL NAME

Mobile Pet Imaging

In the canned esophagogram, there is moderate to marked gas-distension of the esophagus and the boluses propelled into the oral esophagel segment are passively flowing aborally, accumulating in the ventral esophageal loop. After multiple boluses the material is transported caudally by a secondary wave up into the stomach.

REFERRING VET

Meaux

There is dynamic cranial displacement of part of the stomach beyond the level of the diaphragm with the caudal esophageal sphincter being located cranial to the diaphragm.

INVOICE

12510

FLUOROSCOPY DIAGNOSIS & THERAPEUTIC RECOMMENDATIONS

- Redundant esophagus
- Esophageal dysmotility

DATE

8/11/21



PATIENT

- Sliding hiatal hernia
- Dynamic esophageal dilation/Aerophagia

Kodak Halphan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The fluoroscopic study presents multiple abnormalities, all very likely contributing to the clinical signs. There is significant aerophagia, causing constant variable degree of esophageal distension. The redundant esophagus is likely contributing the esophageal dysmotility allowing food to pool within the redundant segment which might be regurgitated. If a secondary wave is induce transporting the material aborally, good contractility of the esophagus is appreciated. There is also dynamic

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displacement of parts of the gastric fundus and caudal esophageal sphincter consistent with sliding hiatal hernia.

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Treatment options are therapy of brachiocephalic obstructive airway syndrome, gastric protection therapy and surgical hiatal plastic for sliding hiatal hernia – if applicable.

AGE

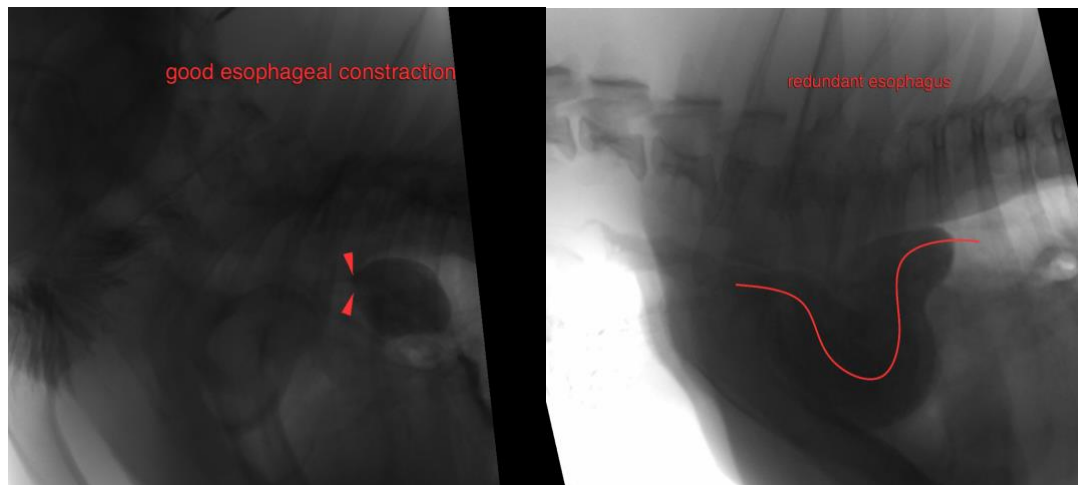
2 Years

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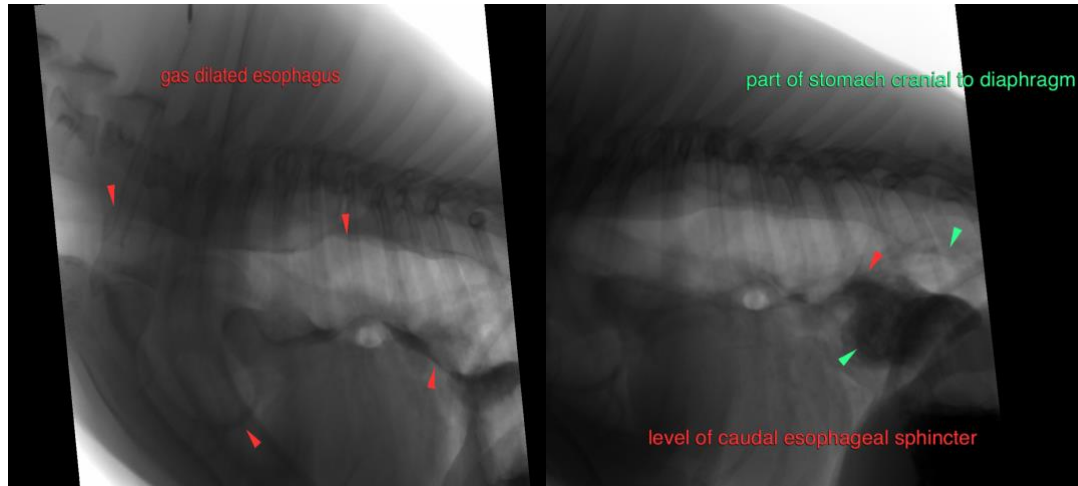
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

2 Years

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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