

IT'S YOUR CASE

Species: Canine Breed: Labrador Retriever Sex: Male Neutered Age: 10 years

Clinical History:

Intermittent gagging/hacking worse after drinking water.

Details of study and technical comments: Fluoroscopic examination of swallowing including liquid barium and barium soaked kibble is provided for interpretation.

Diagnostic interpretation:

Fluoroscopic evaluation of swallowing includes assessment of three phases. Series are named based on time they were performed (example series 2:40 was performed at 2:40).

Esophageal phase: Boluses delivered to the esophagus are consistently demonstrating delayed transit. The liquid bolus is particularly ineffective at initiating a primary peristaltic wave. For both soft (orange arrow heads) and liquid (green arrow heads) boluses, there is substantial bolus elongation, lack or ineffective primary peristaltic wave, and persistent bolus material within the esophagus. During a sequence of liquid swallowing, seen on series 2:47 PM, there is no initiation of a primary peristaltic wave upon delivery of the liquid bolus to the cranial cervical esophagus. For most kibble boluses, a primary peristaltic wave is initiated, the bolus shape is appropriate, the bolus passage is continuous but is subjectively slower than expected.

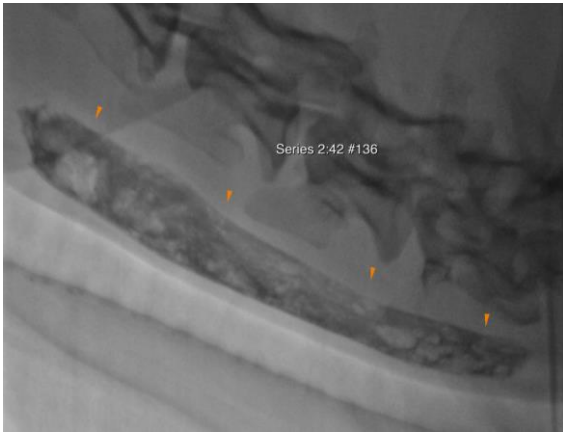


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.



Gastroesophageal phase: No substantial abnormalities are noted. There is no evidence of gastroesophageal reflux on the available views.

Conclusions:

1. Esophageal dysphagia
 - a. Liquids are most affected and do not initiate a primary peristaltic wave
 - b. Kibble does initiate a primary peristaltic wave (although passages delayed)

Additional comments:

The reported gagging, especially noted after drinking water, is consistent with the fluoroscopic finding of esophageal dysphagia. The handling of liquids is severely abnormal, they do not initiate a primary peristaltic wave and pool/remain in the cranial cervical region. The handling of solid kibble is less affected but delayed transit is noted. This represents a continuum of the same process/pathology and is attributed to esophageal weakness/dysmotility which may be primary or secondary to a number of systemic factors.



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