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VFSS Examination: History for patient **JD**

**Background Information:**

* 84 y.o. male admitted to acute care hospital with Dx: gangrene toe, sepsis. Previously independent on regular PO diet.
* PMHx: CAD, HTN, CHF, PVD, old CVA (no communication/swallowing sequalae), COPD, previous h/o PNA.
* Hospital course: s/p (R) AKA
* CXR: patchy infiltrates

**Videofluoroscopy protocol:**

* Thin liquid barium sips (individual)
* Barium impregnated pudding (2/3 tsp X2)
* Thin liquid barium sips (individual)

Videofluoroscopic Examination Report

JD, a 84-year-old male, was referred for a videofluoroscopic examination (Modified Barium Swallow) by Dr. X, PMD, upon recommendation of the Speech-Language Pathologist, following a Clinical Dysphagia Examination.

**Findings**

-Patient was seen in the Radiology Department by Dr. X, Radiologist, and Mrs. X, Speech-Language Pathologist. Patient was seated throughout the examination and was viewed laterally with no A/P view trials.

- Liquid:

 a) “sips” thin liquid barium administered X3 at the start of the examination. Moderate premature spillage to the valleculae, with moderate delay in eliciting the pharyngeal swallow noted. In addition, mild premature spillage to the pyriform sinuses was also noted in the first and third swallows. Adequate Hyolaryngeal excursion observed. Moderate stasis in valleculae after the second swallow, as well as moderate stasis in the valleculae and pyriform sinuses after the third swallow. Subsequent dry swallow resulting in successful clearing noted after thefirst and third swallow, however a subsequent dry swallow was observed after the third to clear the hypopharynx somewhat.

 b) “sips” thin liquid barium administered X4 at the end of the examination, post semi-solid trials. Moderate premature spillage to the valleculae and mild spillage to the pyriform sinuses, with moderate delay in eliciting the pharyngeal swallow noted. Adequate Hyolaryngeal excursion observed. Mild stasis in oral cavity, base of tongue, valleculae and pyriform sinuses after the swallow. A subsequent dry swallow was observed after the third swallow, along with a reflexive cough to somewhat clear the hypopharynx.

- Semi-Solids:

 a) 2/3 tsp barium impregnated pudding administered X2. Oral preparatory stage and oral stages were observed to be effortful, characterized by lingual pumping and prolonged transport of the bolus. Premature dumping to the valleculae and mild delay in eliciting pharyngeal swallow was observed. Mild laryngeal penetration was observed; however, the contrast material did not reach the level of the glottis. A subsequent dry swallow was observed in the second trial and somewhat cleared the hypopharynx.

**Impressions**

1. **Mild to Moderate Oropharyngeal Dysphagia,** characterized by mild to moderate premature spillage/dumping during liquid and semi-solid trials. Increased effort during oral stages of semi-solid trials. Mild to moderate stasis and increased need for dry swallows during liquid and semi-solid trials.

**Recommendations**

1. Dysphagia therapy, to address oropharyngeal symptomology.
2. Copy of this report to:
	1. Dr. X, PMD
	2. Dr. X, Radiologist
	3. Patient
	4. Medical Records