### Esophageal manometry

L-U1\*\*\*\*3125 Patient name:

Gender: Date of birth:

Patient number:

2020/01/07 Investigation date:

Male

Investigation nr: 01 Hospital: ?????? Investigator:

Height:

Weight:

## Average of 10: Wet swallow 5 ml

### Chicago classification3 \*

Referred by:

Ineffective esophageal motility

\* The normal values and analysis are according to the Chicago Classification³ as published in Neurogastroenterology & Motility, 2015, Vol. 27, Issue 2, p160-174. The classification is valid for adults and based on series of 10 swallows of 5 ml water each, swallowed in a supine posture. The Chicago Classification is only applicable for primary esophageal motility disorders. The actual diagnosis remains under all circumstances the responsibility of the clinician/physician.

### Esophagus

DCI 22 mmHg.s.cm **CFV** >100 cm/s Peristaltic breaks 16.5 cm 15.9 cm Largest break Distal Latency 9.1 s

UES

Upper border 19.5 cm IRP 0.2 s 1.7 mmHg IRP 0.8 s 11.2 mmHg LES

47.4 cm Upper border IRP 4 s 0.4 mmHg Intraabdominal length 2.7 cm

### Scoring parameter percentages<sup>3</sup>

Scoring		Intrabolus pressure pattern	
Normal	0 %	Normal	0 %
Ineffective	100 %	EGJ	0 %
Failed contraction	90 %	Compartmentalized	0 %
Premature	0 %	Panesophageal	0 %
Hyper	0 %	Unknown pressurization	100 %
Fragmented	0 %		

### Average esophagus results

Wet swallow 5 ml	DCI	CFV	Peristaltic breaks	Distal Latency
	mmHg.s.cm	cm/s	cm	S
1	0	3.1	18.9	7.8
2	0	3.1	18.8	8.2
3	0	3.1	18.8	7.9
4	0	3.1	18.8	8.6
5	0	3.1	18.9	7.6
6	17	3.1	16.0	7.3
7	1	3.1	17.8	7.2
8	0	3.1	19.6	6.9
9	194	>100	0.6	10.1
10	4	0.1	16.4	19.1
Average	22	>100	16.5	9.1

### Patient number:

### Average UES results

Wet swallow 5 ml	Upper border	IRP 0.2 s	IRP 0.8 s
	cm	mmHg	mmHg
1	19.5	-1.4	14.9
2	19.5	2.4	12.9
3	19.5	3.9	12.5
4	19.5	2.2	11.9
5	19.5	2.3	11.0
6	19.5	0.9	8.3
7	19.5	1.5	9.3
8	19.5	1.2	9.3
9	19.5	2.5	9.7
10	19.5	1.6	12.2
Average	19.5	1.7	11.2

Average LES results			
Wet swallow 5 ml	Upper border	IRP 4 s	Intraabdominal length
	cm	mmHg	cm
1	47.4	-0.1	2.7
2	47.4	1.9	2.7
3	47.4	2.3	2.7
4	47.4	1.1	2.7
5	47.4	1.1	2.7
6	47.4	-1.5	2.7
7	47.4	0.6	2.7
8	47.4	-0.4	2.7
9	47.4	-4.2	2.7
10	47.4	3.7	2.7
Average	47.4	0.4	2.7

## Average of 5: leg--Wet swallow

# Chicago classification3 \*

### Normal

\* The normal values and analysis are according to the Chicago Classification³ as published in Neurogastroenterology & Motility, 2015, Vol. 27, Issue 2, p160-174. The classification is valid for adults and based on series of 10 swallows of 5 ml water each, swallowed in a supine posture. The Chicago Classification is only applicable for primary esophageal motility disorders. The actual diagnosis remains under all circumstances the responsibility of the clinician/physician.

Esophagus	
DCI	1
CFV	>
Peristaltic breaks	

Distal I

1027 mmHg.s.cm >100 cm/s 0.0 cm

Largest break
Distal Latency

0.0 cm 11.5 s

UES
Upper border
IRP 0.2 s
19.5 cm
2.1 mmHg

15.7 mmHg

LES

Upper border 47.4 cm
IRP 4 s 4.4 mmHg
Intraabdominal length 2.7 cm

### Patient number:

IRP 0.8 s

Scoring parameter percentages <sup>3</sup>			
Scoring		Intrabolus pressure pattern	
Normal	100 %	Normal	0 %
Ineffective	0 %	EGJ	0 %

Failed contraction	0 % Compartmentalized	0 %
Premature	0 % Panesophageal	0 %
Hyper	0 % Unknown pressurization	100 %
Fragmented	0 %	

Average esophagus results				
legWet swallow	DCI	CFV	Peristaltic breaks	Distal Latency
	mmHg.s.cm	cm/s	cm	S
1	816	>100	0.0	10.1
2	1157	3	0.0	9.1
3	630	4	0.0	19.5
4	1576	3	0.0	10.0
5	958	>100	0.0	8.8
Average	1027	>100	0.0	11.5

Average UES results			
legWet swallow	Upper border	IRP 0.2 s	IRP 0.8 s
	cm	mmHg	mmHg
1	19.5	4.9	14.8
2	19.5	6.0	19.8
3	19.5	-4.0	10.4
4	19.5	3.8	20.2
5	19.5	-0.1	13.5
Average	19.5	2.1	15.7

Average LES results			
legWet swallow	Upper border	IRP 4 s	Intraabdominal length
_	cm	mmHg	cm
1	47.4	1.6	2.7
2	47.4	2.5	2.7
3	47.4	13.4	2.7
4	47.4	3.1	2.7
5	47.4	1.1	2.7
Average	47.4	4.4	2.7

### Patient number:

Αve	rage	of 5	5: N	/IRS
-----	------	------	------	------

## Chicago classification3 \*

Ineffective esophageal motility

\* The normal values and analysis are according to the Chicago Classification³ as published in Neurogastroenterology & Motility, 2015, Vol. 27, Issue 2, p160-174. The classification is valid for adults and based on series of 10 swallows of 5 ml water each, swallowed in a supine posture. The Chicago Classification is only applicable for primary esophageal motility disorders. The actual diagnosis remains under all circumstances the responsibility of the clinician/physician.

### Esophagus

DCI	146 mmHg.s.cm
CFV	3.8 cm/s
Peristaltic breaks	5.1 cm
Largest break	3.9 cm
Distal Latency	4.5 s

UES

LES

Upper border19.5 cmUpper border47.4 cmIRP 0.2 s0.1 mmHgIRP 4 s1.5 mmHgIRP 0.8 s12.3 mmHgIntraabdominal length2.7 cm

Scoring parameter percentages <sup>3</sup>			
Scoring		Intrabolus pressure pattern	
Normal	20 %	Normal	0 %
Ineffective	80 %	EGJ	0 %
Failed contraction	80 %	Compartmentalized	0 %
Premature	0 %	Panesophageal	0 %
Hyper	0 %	Unknown pressurization	100 %
Fragmented	0 %		

verage esophagus	results			
MRS	DCI	CFV	Peristaltic breaks	Distal Latency
	mmHg.s.cm	cm/s	cm	S
1	0	3.5	6.3	7.9
2	458	4.4	2.1	7.4
3	238	3.6	0.0	0.9
4	28	3.1	8.8	5.3
5	5	4.2	8.1	0.9
Average	146	3.8	5.1	4.5

Average UES results			
MRS	Upper border	IRP 0.2 s	IRP 0.8 s
	cm	mmHg	mmHg
1	19.5	2.4	16.3
2	19.5	1.9	14.4
3	19.5	-0.2	12.8
4	19.5	-2.2	5.7
5	19.5	-1.5	12.4
Average	19.5	0.1	12.3

## Patient number:

age LES results			
MRS	Upper border	IRP 4 s	Intraabdominal length
	cm	mmHg	cm
1	47.4	1.0	2.7
2	47.4	0.8	2.7
3	47.4	0.5	2.7
4	47.4	1.1	2.7
5	47.4	4.4	2.7
Average	47.4	1.5	2.7

Resting pressure #1		
	Scoring	
	Hiatal hernia	No
	UES resting pressure	Hypotensive
	LES resting pressure	Normal

UES		LES	
Upper border Resting pressure (mean) Resting pressure (minimal)	19.5 cm 30.3 mmHg 25.0 mmHg	Upper border Resting pressure (mean) Resting pressure (minimal) EGJ-CI	47.4 cm 11.4 mmHg -1.3 mmHg 17 mmHg.cm
Attending physician		Investigator	

#### Disclaimer<sup>3</sup>:

The normal values and analysis are according to the Chicago Classification<sup>3</sup> as published in Neurogastroenterology & Motility, 2015, Vol. 27, Issue 2, p160-174. The classification is valid for adults and based on series of 10 swallows of 5 ml water each, swallowed in a supine posture. The Chicago Classification is only applicable for primary esophageal motility disorders. The actual diagnosis remains under all circumstances the responsibility of the clinician/physician.

The analysis is based on:

IRP Normal upper limit

19.0 mmHg

MMS Water-perfused