



## Ambulatory pH Monitoring

Nepean Public Hospital | Motility Lab | PENRITH NSW | 02 47343036

**Patient:**  
**Caterina Nicotera**  
**0486099**

<b>Gender:</b>	Female	<b>Physician:</b>	Dr J Kalantar
<b>Age:</b>		<b>Referred by:</b>	Dr Daneshjoo
<b>DOB:</b>		<b>Test Operator:</b>	Dr J Kalantar
<b>Height:</b>		<b>Medication:</b>	N/A
<b>Weight:</b>		<b>Date:</b>	01/08/2023

### REFLUX MONITORING SUMMARY

Acid Exposure Summary	Total	Normal	Upright	Normal	Supine	Normal
Acid exposure time (%)	11.2	4.2%	14.0		7.5	
Longest reflux (min)	29.9		3.1		29.9	
DeMeester Score	46.3	< 14.7				

Symptom Association Summary	Symptom
Number of occurrences	24
Symptom index for reflux (SI)	62.5
Symptom association prob. (SAP)*	99.2

**Note:** pH normal values in the report are from publications wherein subjects are not taking acid suppressive medication, irrespective of the medication selection in the Diary.

### DETAIL TABLES

#### Total

Period Durations (HH:MM)	Total	Upright	Supine	Post-prandial
Total Time	24:00	14:24	09:36	10:53
Analysis Time	22:38	13:02	09:36	10:53

Analysis Thresholds	Ch 1
Threshold, pH	4.0

Acid Reflux Analysis	Total	Upright	Supine	Post-prandial
Acid exposure time (HH:MM)	02:32	01:49	00:43	01:36
Acid exposure time (%)	11.2	14.0	7.5	14.7
Number of refluxes	237	201	36	176
Number of long refluxes	1	0	1	0
Longest reflux (min)	29.9	3.1	29.9	2.9

DeMeester Score	Score	Normal*
Ch 1	46.3	

\* 95th percentile



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Symptom Analysis	Symptom
Number of occurrences	24
Symptoms related to reflux	15
Symptoms not related to reflux	9
Reflux periods	237
Symptom Index (SI)	62.5
Symptom Sensitivity Index (SSI)	6.3
Symptom Association Prob. (SAP)*	99.2

\* Probability that symptom and reflux are not associated solely by chance, (>95% is significant)

### Procedure Description

After high resolution oesophageal manometry to obtain accurate position of lower oesophageal sphincter; the pH, impedance catheter was placed 5 cm above the LOS and a 24 hour recording was obtained

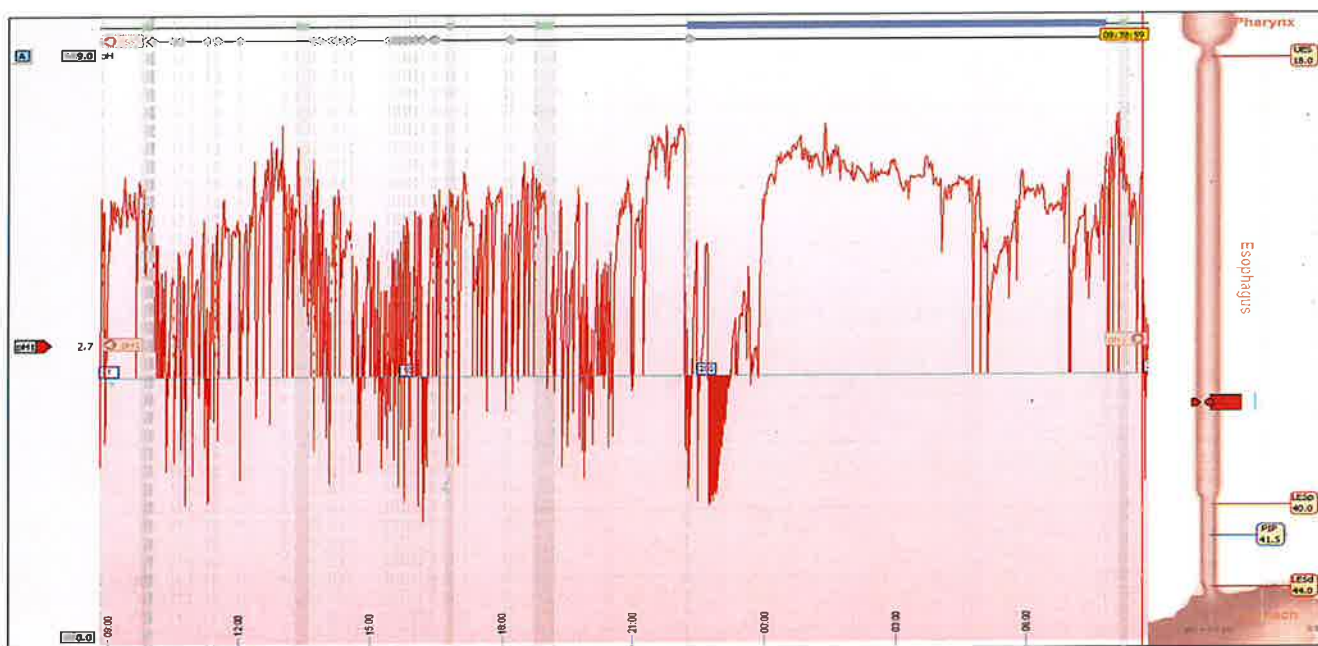
### Indications

Throat irritation, heartburn, acid taste in the mouth GORD improved but not fully settled on PPI. Study done off PPI for one week.

### Interpretations

The total acid exposure time was 11.2 % (N<4.2%). The symptoms index was 62.5% (significant if >50%) and symptoms association probability SAP was 99.2% (significant if >95%). DeMeester score > 40 seen in severe GORD. This study is consistent with pathologic acid reflux disease.

J S KALANTAR





## High-Resolution Esophageal Motility Study

Nepean Public Hospital  
Motility Lab  
02 4734 3036  
PENRITH, NSW  
High Resolution Manometry HRM

Patient:  
Nicotera, Caterina  
0486099

Gender: Female  
DOB / Age: 28-04-1974  
Height: 168 cm  
Procedure: Esophageal HRM

Physician: J Kalantar  
Operator: J Kalantar  
Referring Physician: Dr Daneshjoo  
Examination Date: 01-08-2023

### Lower Esophageal Sphincter Region

Landmarks		Normal
Proximal LES (from nares)(cm)	45.1	
LES length(cm)	4.0	2.7-4.8
Esophageal length (LES-UES centers)(cm)	23.8	
Intraabdominal LES length(cm)	3.0	
Hiatal hernia?	No	
LES Pressures		
Pressure meas. method	eSleeve, IRP	
Basal (respiratory min.)(mmHg)	7.4	4.8-32.0
Basal (respiratory mean)(mmHg)	12.8	13-43
Residual (mean)(mmHg)	4.7	
Residual (median)(mmHg)	4.7	<15.0
Residual (highest)(mmHg)	8.0	
Percent relaxation(%)	70	>40.0%

### Upper Esophageal Sphincter

		Normal
Mean basal pressure(mmHg)	30.1	34-104
Mean residual pressure(mmHg)	9.2	<12.0

### Esophageal Motility

		Normal
Number of swallows evaluated	17	
Chicago Classification		
% failed	6	
% weak	0	
% ineffective	6	
% panesophageal pressurization	0	
% premature contraction	6	
% fragmented	6	
% intact	88	
Number of hypercontractile swallows	0	
Additional High Resolution Parameters		
Distal latency	8.5	
Distal contractile integral(mean)(mmHg-cm-s)	1813.9	500-5000
Contractile front velocity(cm/s)	2.3	<9.0

### Pharyngeal / UES Motility

		Normal
No. swallows evaluated	17	
Evaluated @ 3.0 & N/A above UES		
Mean peak pressure(mmHg)	8.3	

### Chicago Classification Findings\*

No Chicago Classification abnormality found

\* Findings are based on published Chicago Classification scheme and are only intended to serve as a guide for patient diagnosis

### Procedure

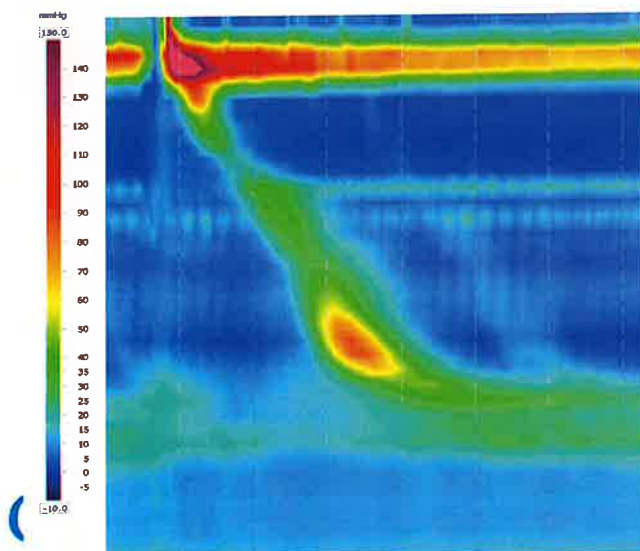
The high resolution oesophageal manometry catheter was inserted as per protocol after applying local anaesthetics at the nasopharynx. The recording was obtained using the Chicago 4.0 protocol with ten 5ml water swallows in the supine position followed by five 5ml swallows in the upright position. Multiple rapid swallow and rapid drink challenge were performed if appropriate. The procedure was uncomplicated.

### Indications

Throat irritation, heartburn, acid taste in the mouth GORD improved but not fully settled on PPI. Study done off PPI for one week.

### Interpretation / Findings

Nearly all the swallows progressed normally and were intact. IRP, DL, DCI were normal. There was good peristaltic reserve on multiple rapid swallows (DCI ratio>1). Overall this was a normal study:



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Nicotera Caterina, 0486099, 01-08-2023



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0486099	Height: 168 cm	Referring Physician: Dr Daneshjoo
	Procedure: Esophageal HRM	Examination Date: 01-08-2023

Lower Esophageal Sphincter Region		Normal	Esophageal Motility	Normal
Landmarks			Number of swallows evaluated	17
Proximal LES (from nares)(cm)	45.1		Chicago Classification	
LES length(cm)	4.0	2.7-4.8	% failed	6
Esophageal length (LES-UES centers)(cm)	23.8		% weak	0
Intraabdominal LES length(cm)	3.0		% ineffective	6
Hiatal hernia?	No		% panesophageal pressurization	0
LES Pressures			% premature contraction	6
Pressure meas. method	eSleeve, IRP		% fragmented	6
Basal (respiratory min.)(mmHg)	7.4	4.8-32.0	% intact	88
Basal (respiratory mean)(mmHg)	12.8	13-43	Number of hypercontractile swallows	0
Residual (mean)(mmHg)	4.7		Additional High Resolution Parameters	
Residual (median)(mmHg)	4.7	<15.0	Distal latency	8.5
Residual (highest)(mmHg)	8.0		Distal contractile integral(mean)(mmHg-cm-s)	1813.9 500-5000
Percent relaxation(%)	70	>40.0%	Contractile front velocity(cm/s)	2.3 <9.0
Upper Esophageal Sphincter		Normal	Pharyngeal / UES Motility	Normal
Mean basal pressure(mmHg)	30.1	34-104	No. swallows evaluated	17
Mean residual pressure(mmHg)	9.2	<12.0	Evaluated @ 3.0 & N/A above UES	
			Mean peak pressure(mmHg)	8.3

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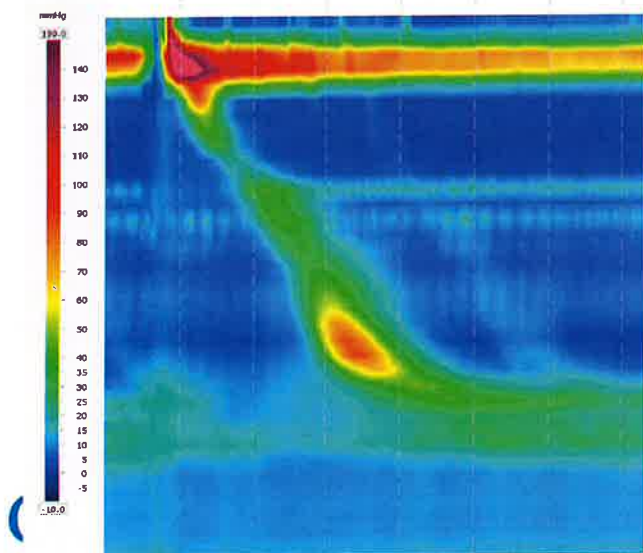
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