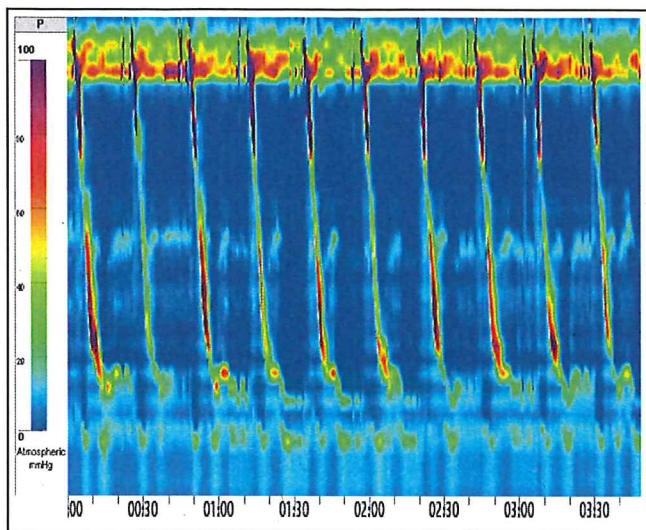


Esophageal manometry

Patient name: AGIP 2025, Template
Date of birth: 14/01/1992
Patient MRN: 0123456789

Investigation date: 11/08/2025
Hospital: Castle Hill (01482 624036)
Investigator: Warren Jackson
Referred by:

Average of 10: Wet Swallow 5ml - Supine Analysis type: Esophageal



Esophagus

DCI 864 mmHg.s.cm
Peristaltic breaks 0.2 cm
Distal Latency 6.6 s

UES

Upper border 16.7 cm
IRP 0.2 s 9.8 mmHg

LES

Upper border 41.2 cm
Resting pressure (mean) 13.2 mmHg
Median IRP4 6.2 mmHg

Scoring parameter percentages4

Scoring 4		Intrabolus pressure pattern	
Normal	90 %	Normal	100 %
Ineffective	10 %	EGJ	0 %
Failed contraction	0 %	Compartmentalized	0 %
Premature	0 %	Panesophageal	0 %
Hyper	0 %	Unknown pressurization	0 %
Fragmented	0 %		

Average esophagus results

Wet Swallow 5ml - Supine	DCI mmHg.s.cm	Peristaltic breaks cm	Distal Latency s
1	1636	0.0	6.5
2	218	0.0	6.3
3	1248	0.0	6.3
4	532	0.0	6.5
5	902	0.0	6.5
6	492	0.0	6.3
7	1164	0.0	6.5
8	1049	0.0	7.0
9	801	1.1	7.2
10	602	1.3	6.5
Average	864	0.2	6.6

Investigation conclusion

Reason for Referral (Provided by Referrer): Recent OGD = 5cm hiatus hernia and oesophagitis (Grade A). ? suitable for anti-reflux surgery.

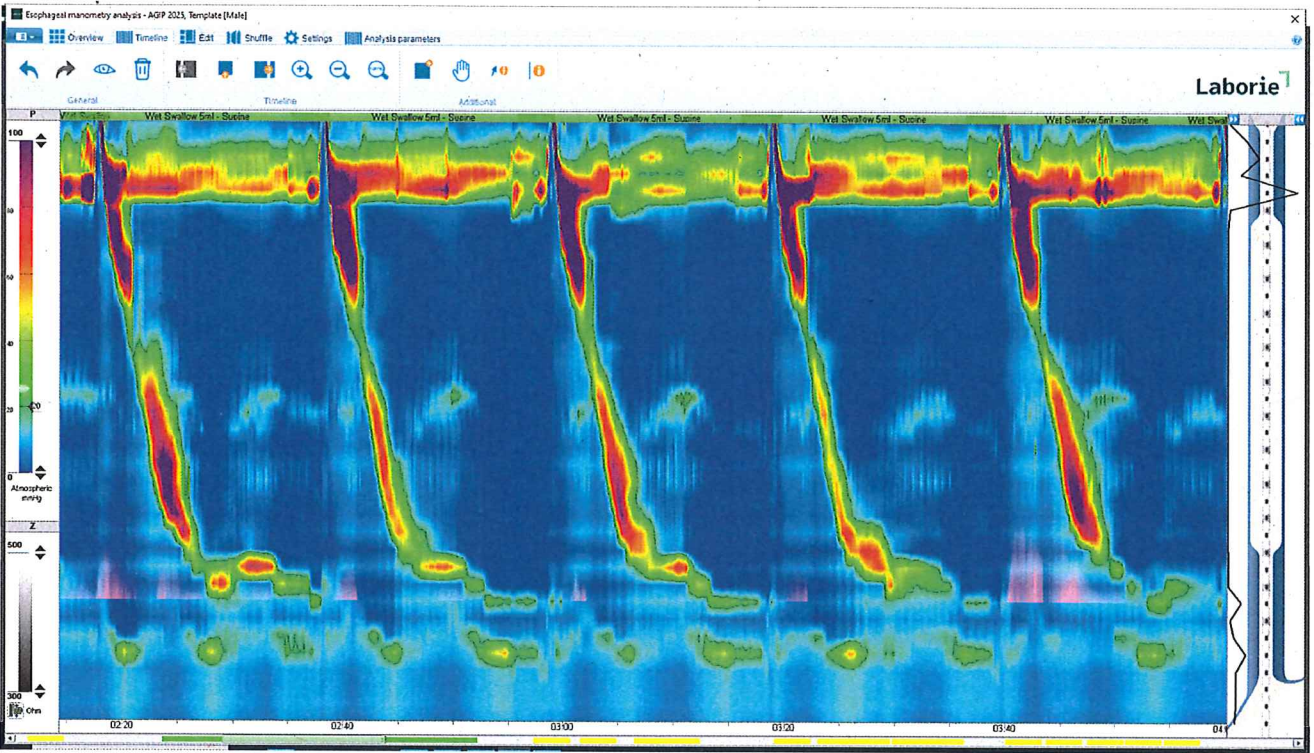
Technical (Clinical Scientist/Investigator's) Report: There were no technical limitations during this study. The patient tolerated the procedure well and no symptoms were reported during the study. However, symptoms are primarily GOR related (5-year duration, PPIs provides only partial relief). Patient is not on any medication that could affect this study.

GERD-HRQL questionnaire: 26/50. **Patient's Height:** 168cm, **Weight:** 102kg = BMI 36.4.

Manometric GOJ Morphology: There appeared to be a ~4cm hiatus hernia.

The Oesophagogastric Junction in the supine position: (includes the LOS and the hiatus hernia) resting pressure was 13mmHg, and the median integrated relaxation pressure (IRP) demonstrated adequate relaxation at 6mmHg.

Water (10x5ml) Swallows (WS) in the supine position: 90% were classified as normal and 10% ineffective (weak contraction). There was satisfactory bolus transit when the impedance channels were activated (light purple colour) as complete clearance of the water was observed on 100% of the water swallows:



Multiple Rapid (5x2ml water) Swallows (MRS) in the supine position: Normal inhibition of peristalsis was observed during the multiple rapid swallows and the presence of a post-MRS DCI contraction (2312mmHg·s·cm) was observed.

Solid Test (10xbread) Swallows (STS) in the upright position: Bread swallows met the Chicago Classification criteria for normal. Specifically, 3/10 swallows demonstrated a DCI > 1000mmHg·s·cm, 6 /10 returned a DCI 450-1000mmHg·s·cm, whilst 1 /10 returned a DCI 100–450 mmHg·s·cm. The Integrated Relaxation Pressure (IRP) was within normal limits, suggesting adequate relaxation.

Oesophageal Manometry Summary: Summary of the full study, to include interpretation and a conclusion in accordance with the most recent Chicago Classification (currently version 4), this should be based on the analysis of the complete study dataset.

Please see the separate report for the 24 hour pH/Impedance study.

IRP Normal upper limit (supine)	22.0 mmHg	Unisensor solid state
IRP Normal upper limit (upright)	15.0 mmHg	Unisensor solid state