WHAT IS YOUR DIAGNOSIS

Pranee Tuntivanich*

Fig. 1 A Lateral view of upper G-I tract of an English Cocker Spaniel.

Fig. 2 A Barium swallow study of the same dog.

History:

A 2 months old female English Cocker Spaniel was reported to be vomiting after eating. The animal became very thin although it could still eat. A radiograph of the upper G-I tract was performed from a lateral position.

Give your diagnosis and turn to the next page

* Department of Surgery, Faculty of Veterinary Science, Chulalongkorn University
39 Henri Dunant Rd., Patumwan, Bangkok 10330, Thailand.
Radiographic Diagnosis:

Dilatation of the oesophagus.

Radiographic Findings and Comments:

A lateral view, plain film of the oesophagus (Fig. 1) revealed gas bubble formation along the cervical oesophageal lumen, dorsal to the trachea and the anterior thoracic outlet. A space occupying lesion and soft dense tissue anterior to the base of the heart was evident.

A barium meal was given and a radiograph was taken directly afterwards. (Fig. 2) There was evidence of cervical and thoracic oesophagus dilatation. Dilatation of the thoracic oesophagus, anterior to the base of the heart is indicative of a vascular ring or persistent right, fourth, aortic arch, disease.

A vascular ring anomaly entraps the midthoracic oesophagus, causing dilatation of the oesophageal lumen, cranial to the obstruction. The characteristic site of obstruction with a persistent right, fourth, aortic arch, is just cranial to the level of the tracheal bifurcation.

Abnormal luminal gas accumulation occurs in most oesophageal disease. Generalized megaoesophagus, with a gas-filled lumen, may be visualized along all of its length with survey radiographs.