

# What Is Your Diagnosis?

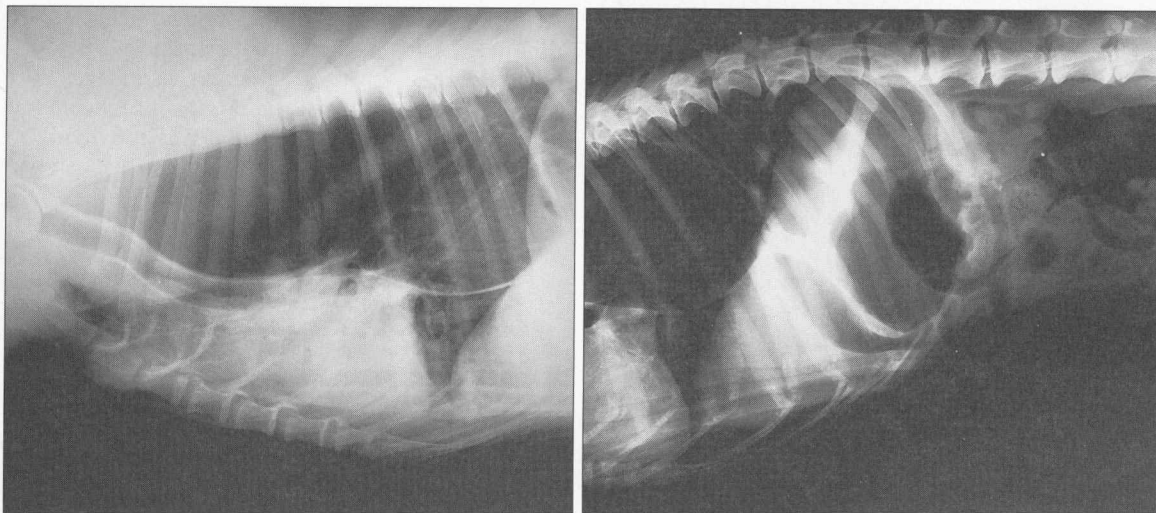


Figure 1—Left lateral radiographic view of the thorax (left) and right lateral radiographic view of the cranial portion of the abdomen (right) of an 8-year-old dog with a history of vomiting, anorexia, and weight loss.

## History

An 8-year-old sexually intact female German Shepherd Dog was referred because of a history of vomiting, anorexia, and weight loss of 4 weeks' duration. The vomiting had increased in frequency to 1 to 3 times daily during the 2 weeks preceding referral. The dog had consumed only a small amount of raw fish and milk during that period and had lost approximately 14 kg. The owner reported that the dog had been drinking more water than usual.

Physical examination revealed moderate (8 to 10%) dehydration and severe cachexia. Auscultation of the thorax revealed sporadic inspiratory crackles in the cranioventral lung fields. Signs of moderate pain were elicited when the abdomen was palpated, and the dog repeatedly eructated during physical examination. Radiographs of the thorax and abdomen were obtained (Fig 1).

Make your diagnosis from Figure 1—then turn the page ►

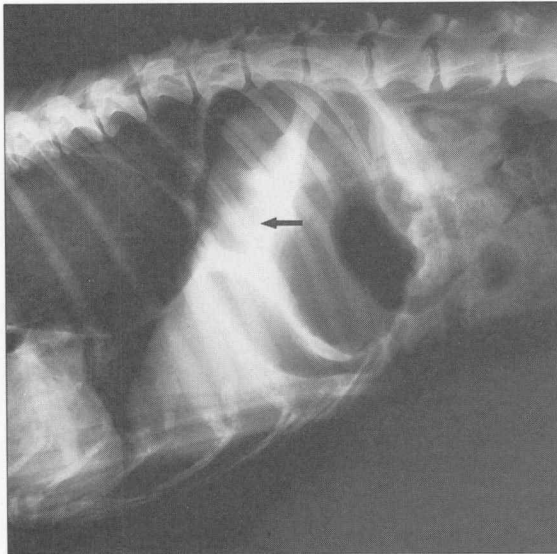


Figure 2—Right lateral radiographic view of the abdomen of the dog in Figure 1. The pyloric antrum (arrow) contains gas and is located craniodorsal to the fundus.

### Diagnosis

Massive distension of the thoracic portion of the esophagus by gas, ventral displacement of the trachea and heart, severe infiltration of the cranioventral pulmonary alveolae, and gas distension of the stomach, with left craniodorsal displacement of the pylorus (Fig 2).

### Comments

The radiographic findings are compatible with gastric volvulus, megaesophagus, and aspiration pneumonia. The duration of megaesophagus and

gastric volvulus could not be determined and the relationship between the two was not clear.

Chronic, partial gastric volvulus could cause megaesophagus because of chronic partial obstruction of the cardia and esophagitis secondary to chronic vomiting. Chronic gastric volvulus has been reported infrequently in the veterinary literature and its prevalence is unknown.<sup>1,2</sup> Chronic vomiting has been cited as the most common sign associated with this condition.<sup>1,2</sup> To our knowledge, there have been no reports in the veterinary literature of megaesophagus concurrent with chronic gastric volvulus. Esophageal dilatation may be a roentgen feature of acute gastric dilatation volvulus and often is transient.<sup>3</sup>

The owner was informed that surgical correction of the volvulus could be performed; however, because of the severity of the megaesophagus and the poor condition of the dog, the prognosis remained guarded to poor. The dog was euthanized the next day at the owner's request.

1. Booth HW, Ackerman N. Partial gastric torsion in two dogs. *J Am Anim Hosp Assoc* 1976;12:27-30.

2. Lantz GC. Repair of chronic gastric rotation. In: Bojrab MJ, ed. *Current techniques in small animal surgery*. 3rd ed. Philadelphia: Lea & Febiger, 1990;231-232.

3. O'Brien TR, ed. *Radiographic diagnosis of abdominal disorders in the dog and cat*. Philadelphia: WB Saunders Co, 1978;225-230.

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## Correction: What Is Your Diagnosis?

In the Feb 1, 1992 "What Is Your Diagnosis?" (*JAVMA*, Vol 200, No. 3, pp 377-378), on page 378, Figure 2 was inadvertently positioned above the legend for Figure 3, and Figure 3 was positioned above the legend for Figure 2. The *JAVMA* regrets the error.