

Radiographs:



Radiographic findings:

Right lateral and ventrodorsal views are provided. The esophagus is severely fluid distended causing ventral displacement of the caudal cervical and intra-thoracic trachea. There is mildly increased pulmonary opacity involving the right cranial lung lobe. There is interstitial pattern involving both subsegments of the left cranial lung lobe and the left caudal lung lobe.

Radiographic Impressions:

Megaesophagus with left-sided and right-sided aspiration pneumonia. Recommend re-evaluation with inclusion of both lateral projections and an orthogonal view for future monitoring of pulmonary disease.

Follow up:

For the two months following previous radiographic interpretation, additional monthly routine thoracic radiographs were taken. Similar findings at both events were found for the megaesophagus. The one month recheck showed resolution of pneumonia; however, the second recheck showed a recurrence.

The dog was previously tested for Myasthenia Gravis by serum acetylcholine receptor antibody titer, which came back negative for the disease. The dog was diagnosed with idiopathic megaesophagus. Palliative care for primary (idiopathic) megaesophagus includes feeding at an elevated level, such as stairs for this case, and holding head up for 15 - 20 minutes following feeding. Also, lifelong antibiotics are required for recurrent aspiration pneumonia due to the megaesophagus. In this case, cisapride was also used to decrease occurrence of regurgitation.