

SELF ASSESSMENT

What was your diagnosis?

● What are the plain radiological findings?

The lateral view shows an oval homogeneous opacity in the caudal thorax just dorsal to the caudal vena cava. There is decreased abdominal detail due to the lack of peritoneal fat in this thin patient. The ventrodorsal view shows that the opacity is situated in the caudal mediastinum. There are no pulmonary changes visible.

● What is your differential diagnosis for these changes?

Differential diagnoses include: oesophageal lesion – neoplasia, abscess, dilation (eg, in feline dysautonomia), foreign body; mediastinal lesion – neoplasia, abscess, granuloma; hiatal hernia – sliding, para-oesophageal; gastro-oesophageal intussusception.

● What are the contrast radiological findings?

Both lateral views show a dilated intrathoracic oesophagus filled with a mixture of positive contrast and air bubbles. The herringbone-like appearance of the mucosal folds of the terminal oesophagus can be recognised in the dilated distal oesophagus, just cranial to the oesophagogastric junction at the level of the ninth rib. Part of the gastric fundus with characteristic longitudinal mucosal folds can be seen within the thoracic cavity. The ventrodorsal view shows the oesophagogastric

junction to be at the level of the cranial projection of the diaphragmatic cupula and the protruded part of the stomach to be in the median plane just caudal to the dilated oesophagus.

● What is your diagnosis?

Sliding hiatal hernia.

A hiatal hernia is defined as an axial displacement of the abdominal part of the oesophagus, the oesophagogastric junction and/or part of the stomach through the oesophageal hiatus of the diaphragm into the thoracic cavity.

This condition can be congenital (as in this patient) or acquired (mostly older animals) and is rare in dogs and very rare in cats. The most common form is the sliding hiatal hernia, as in this case. This is usually intermittent and can therefore be missed on a single radiographic examination. Another less common form is the paraoesophageal hiatal hernia, in which part of the stomach protrudes into the thoracic cavity parallel to the distal oesophagus.

Common complications are reflex oesophagitis and aspiration pneumonia.

● How would you manage such a case?

In animals with clinical signs, medical treatment can be instituted with, for instance, cimetidine, metoclopramide and/or sucralfate. If unsuccessful, surgical intervention is indicated. A combination

WHAT IS YOUR DIAGNOSIS?

Contributions to this feature are welcome. A submitted piece should include relevant clinical details of an interesting, instructive case with appropriate visual aids and questions. This section should be followed by answers including the diagnosis (and the differential where appropriate) plus a brief discussion and two or three references. Total length should be no more than 1000 words and the copy should be typewritten (double spaced). The authors of published contributions will receive an honorarium and acknowledgement.

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The Editor, *Journal of Small Animal Practice*, 7 Mansfield Street,
London W1M 0AT.

of diaphragmatic crural apposition, oesophagopexy and gastropexy is usually successful. Oesophagitis normally resolves after surgery.

Further reading

- TWEDT, D. C. (1995) Diseases of the esophagus. In: *Textbook of Veterinary Internal Medicine*, 4th edn. Ed S. J. Ettinger. W. B. Saunders, Philadelphia. pp 1134-1136
- WASHBAUM, R. J. (1993) Diagnosis and management of hiatal hernia. *Proceedings of the American College of Veterinary Internal Medicine* 11, 429

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