



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Feline Breed: Domestic Longhair (DLH) Sex: Male Entire Age: 6 months

Clinical History:

Found as a stray and has had ongoing respiratory issues. Acute onset dyspnoea.

Anatomic regions: Thorax

Details of study and technical comments:

Right, left lateral and ventrodorsal (VD) views of the thorax.

Diagnostic interpretation:

The oesophagus is markedly distended by gas (green arrows). There is a soft tissue opacity component, variable in size between the radiographs (3cm in diameter by 4 to 7cm in craniocaudal direction, blue arrows), situated in caudal mediastinum and well highlighted by the oesophageal gas on the left lateral view. The distended oesophagus is displacing the trachea and heart ventrally. There is a tracheal stripe sign. A clear gastric shadow is not seen in the cranial abdomen.

The cardiac silhouette is normal in size and shape. The pulmonary vasculature is within normal limits in size, and tapers toward the periphery. In the left cranial thorax on the VD view there is increased opacity in the region of the left cranial lung lobe, this is not noted on other views and is likely summation. The visible pulmonary parenchyma appears within normal limits. The remaining mediastinal structures, thoracic boundaries and cranial abdominal structures are within normal limits.

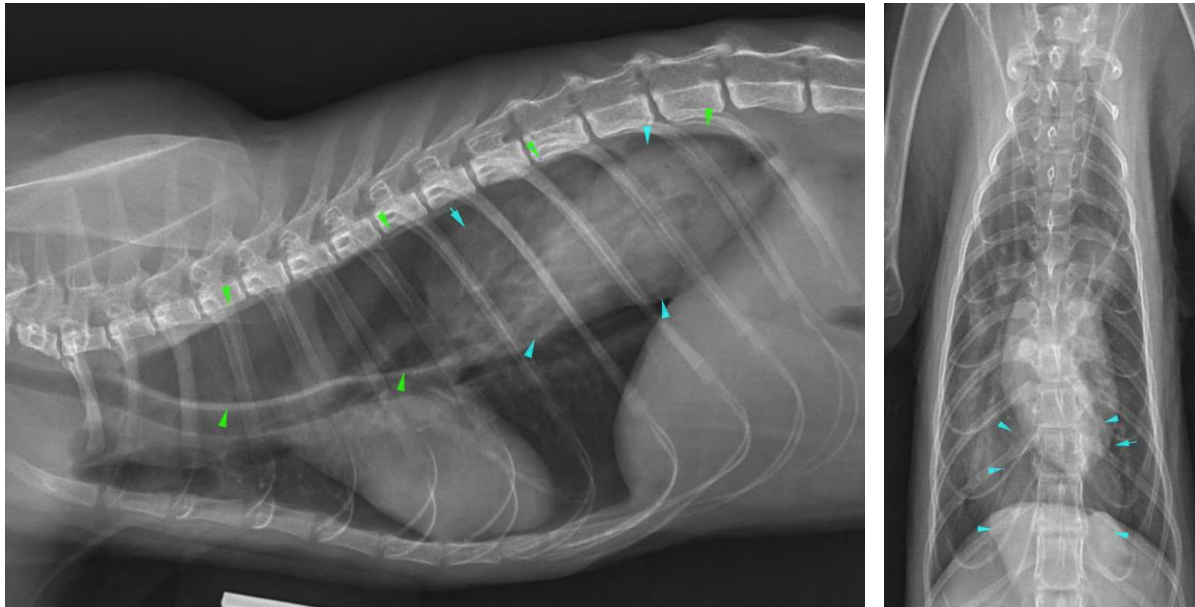


Reported by VetCT

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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

Megaesophagus. Suspected gastroesophageal intussusception.

Additional comments:

Gastroesophageal intussusception is a rare condition in young cats. It has been reported as intermittent/dynamic in a few cats. Its variability in size in between both lateral views is suggestive of a dynamic/sliding component.

Dyspnoea as the principal clinical problem is unusual. More typically, a history of vomiting/regurgitation is reported. The dyspnea could be secondary to the reduced pulmonary volume or a non-visualised aspiration pneumonia however pain could also be considered.

Additional evaluation can be made with endoscopy or computed tomography. Material in the caudal oesophagus, such as foreign material or less likely a mass lesion given the young age, is not excluded. A hiatal gastric herniation is not excluded but less likely as the soft tissue component is clearly highlighted by the oesophageal gas on the left lateral view.

LITERATURE:

Burkitt, J. M., Drobatz, K. J., Saunders, H. M., & Washabau, R. J. (2009). Signalment, history, and outcome of cats with gastrointestinal tract intussusception: 20 cases (1986–2000). *Journal of the American Veterinary Medical Association*, 234(6), 771-776.

Martinez, N. I., Cook, W., Troy, G. C., & Waldron, D. (2001). Intermittent gastroesophageal intussusception in a cat with idiopathic megaesophagus. *Journal of the American Animal Hospital Association*, 37(3), 234-237.

Van Geffen, C., Saunders, J. H., Vandeveld, B., Van Ham, L., Hoybergs, Y., & Daminet, S. (2006). Idiopathic megaesophagus and intermittent gastro-oesophageal intussusception in a cat. *Journal of small animal practice*, 47(8), 471-475.



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