was then completed which showed a dilated esophagus and accumulation of the contrast cranial to the heart, with no barium passing by a narrowing located at the level of the heart.

On presentation to the OVC on February 8, Abby was bright, alert and responsive. She was very thin with a body condition score of 2/5. The remainder of her physical examination was unremarkable. Given the clinical signs and radiographic findings, a presumptive diagnosis of a vascular ring anomaly was made. The most likely anomalous vessel is a persistent fourth right aortic arch encircling the esophagus, restricting the passage of ingesta along the gastrointestinal tract, and causing a focal dilation of the esophagus and regurgitation.

Abby was routinely anesthetized on February 9, 2012. A left exploratory thoracotomy was then performed in the hopes of identifying, ligating and transecting the left ligamentum arteriosum that was encircling the esophagus. However, thorough exploration of the thoracic cavity revealed a normal left aortic arch although the ligamentum arteriosum was not identified. While still under general anesthesia, upper gastrointestinal endoscopy was performed which revealed esophagitis, no stricture in the esophagus, with a dilatation and an abnormal location of the lower esophageal sphincter. A non selective angiogram was also performed which revealed a normally located subclavian artery, a single aortic arch emerging from the left heart and no aberrant blood vessels. Two thoracic radiographs were also taken to ensure no pneumothorax was present. Abby recovered uneventfully from anesthesia and was hospitalized overnight in the Intensive Care Unit to ensure adequate monitoring.

Following a night of hospitalization in the ICU, on February 10, 2012 Abby was routinely anesthetized for a right exploratory thoracotomy. Exploration of the thoracic cavity revealed a focal dilation of the esophagus with a white fibrous band coursing across it, originating from the aorta. A right ligamentous arteriosum was diagnosed. The ligamentous arteriosum was dissected, ligated and transected. An esophageal probe was passed down the esophagus to ensure all fibrous adhesions were removed from the esophagus. Thoracic radiographs were taken which showed mild pneumothorax but no evidence of fluid in the chest. Upon recovery, Abby was transferred to the ICU where she was monitored for any pain, discomfort or complications from surgery.

Abby was monitored in the ICU and discharged to the care of her owner's on February 12, 2012 with the above instructions. At the time of discharge Abby was bright, alert and responsive. There was minimal swelling to the incisions and a soft padded bandage was placed to prevent excessive swelling. Abby had not had any evidence of regurgitation since surgery, although elevated feeding was continued.

Thank you for bringing Abby to the OVC Veterinary Teaching Hospital. Abby is a wonderful puppy! If you have any questions or concerns, please do not hesitate to contact us at (519)823-8830. Please note that we have a 24-hour emergency service available. On evenings or weekends, please ask to speak with the emergency service if you have any concerns with Abby's progress.

Note: electronic signature on file

☑ Fax to rDVM
☑ Mail to owner