



Gastrointestinal Disorders

CANINE MEGAESOPHAGUS



Chronic regurgitation is the hallmark clinical sign of megaesophagus in dogs.

Acquired megaesophagus, which is more common than the hereditary form, can be idiopathic or secondary to certain diseases. Affected dogs can experience malnutrition that causes weight loss and poor body condition due to inadequate calorie intake. These dogs also frequently develop aspiration pneumonia.

Nutritional management of dogs with megaesophagus focuses on minimizing regurgitation, avoiding secondary aspiration pneumonia, and providing nutrition that helps dogs regain or maintain proper body condition and weight.

Key Messages

- Dogs with megaesophagus typically need to eat and drink with the head and upper body raised (i.e., the upper body is elevated 45 to 90 degrees relative to the floor) to minimize regurgitation and avoid complications from aspiration pneumonia.
- The dog should remain in the upright or elevated position for 15 to 30 minutes after each meal so gravity can help move food down the esophagus and into the stomach.
- Activity also should be limited for 30 minutes after a meal.

(continued on next page)

**DID YOU
KNOW?**

Megaesophagus is the most common cause of regurgitation in the dog.

Key Messages (continued)

- Small meals of a nutrient-dense, highly digestible food should be provided 3 to 4 times daily.
- A change in food consistency may be necessary to reduce regurgitation. Since different dogs tolerate some consistencies but not others, encourage owners to experiment with various amounts of liquid to find a consistency that works best for their dog.
- Weak dogs and those that experience frequent aspiration or uncontrolled regurgitation may benefit from gastric feeding tube placement.
- Body condition and weight should be monitored closely using the 9-point Purina Body Condition System, with the score recorded in the medical record at each reassessment.

Additional Resources

Gaynor, A. R., Shofer, F. S., & Washabau, R. J. (1997). Risk factors associated with the development of canine acquired megaesophagus. *Journal of the American Veterinary Medical Association*, 211(11), 1406–1412.

Knipe, M. F., & Marks, S. L. (2016). Megaesophagus. In L. P. Tilley & F. W. K. Smith, Jr. (Eds.), *Blackwell's five-minute veterinary consult: Canine and feline* (6th ed., pp. 859–860). John Wiley & Sons, Inc.

Mace, S., Shelton, G. D., & Eddlestone, S. (2012). Megaesophagus. *Compendium: Continuing Education for Veterinarians*, 34(2), E1–E8.

Ridgway, M. D., & Graves, T. K. (2010). Megaesophagus. *NAVJ Clinician's Brief*, 8(11), 43–48.

Washabau, R. J. (2003). Gastrointestinal motility disorders and gastrointestinal prokinetic therapy. *Veterinary Clinics of North America: Small Animal Practice*, 33(5), 1007–1028.

The Purina Institute aims to help put nutrition at the forefront of pet health discussions by providing user-friendly, science-based information that helps pets live longer, healthier lives.