of 1 mg/kg twice daily. Among dogs, major stated indications included vomiting (44%), decreased appetite (20%), regurgitation (14%), gastrointestinal ulceration (10%), pancreatitis (8%), administration of glucocorticoids (8%), azotaemia (6%), haemorrhagic gastroenteritis (4%), and hepatic disease (4%).

Ondansetron was prescribed at 1–2 mg/kg/day in 20 dogs and 1 cat. Among dogs, the major indications were nausea (55%), vomiting (35%), decreased appetite (25%), and pancreatitis (10%).

Maropitant was prescribed at a dose of 1 mg/kg/day in 37 dogs and 8 cats. Indications in dogs included

vomiting (46%), nausea (32%), decreased appetite (30%), whereas the major indication in cats was decreased appetite (50%).

STATEMENT (CONCLUSIONS)

There was considerable variation in the rationale for administration of gastroprotectant drugs, with no uniform pattern of prescribing. These results will inform development of guidelines for use of these drugs in veterinary practice.

Does sedation increase the frequency of radiographic oesophageal dilation in dogs without signs of clinical oesophageal disease?

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OBJECTIVES

Sedatives are thought to cause artefactual oesophageal dilation in dogs and therefore to assess for oesophageal disease, conscious thoracic radiography is recommended. Evidence to support this recommendation is limited. The aim was to compare the frequency of radiographic oesophageal dilation in dogs without clinical evidence of oesophageal disease when radiographed either with, or without sedation.

METHODS

Dogs undergoing thoracic radiography between 20/12/17 and 19/9/18 and without vomiting/regurgitation

in the previous 30 days were eligible. Cases radiographed under anaesthesia, with oesophagostomy tubes or oesophageal foreign bodies were excluded. Sedative/opioids administered were recorded. Radiographs were blindly reviewed for oesophageal dilation. If dilated, maximum oesophageal diameters (mm) were measured and the ratio of this to thoracic inlet diameter was calculated (mm).

RESULTS

298 dogs were included; 108 dogs were conscious, 42 had butorphanol alone, 92 butorphanol and medetomidine and 56 other opioids and/or sedatives. The proportion of dogs with oesophageal dilation was similar in all groups (29.6%, 33.3%, 23.9% and 26.8%, respectively). Median maximum oesophageal diameters were 10.7 mm (range: 3–28.6), 8.4 mm (range: 2.8–20.9), 10.1 mm (range: 1.6–23.9) and 16.4 mm (range: 3.3–40.1) respectively, and median ratios of maximum oesophageal diameter to thoracic inlet diameters were 0.17 (range: 0.04–0.34), 0.11 (range: 0.04–0.28), 0.14 (range: 0.03–0.34) and 0.18 (range: 0.06–0.35) respectively.

STATEMENT (CONCLUSIONS)

Conscious animals without signs of oesophageal disease may have radiographic oesophageal dilation. Sedated dogs were no more likely to have oesophageal dilation than conscious dogs, nor was it more severe. Based on this study, there is no evidence that sedation increases the risk of radiographic oesophageal dilation.