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## Persistent Right Aortic Arch

- Persistent right aortic arch [PRAA] is a congenital heart condition in dogs. It occurs more commonly in German Shepherds, Boston Terriers, and Irish Setters.
- While it is a congenital heart condition it only rarely causes heart disease. The abnormal development of a blood vessel that encircles the esophagus causes an esophageal stricture (narrow spot) as the esophagus passes near the heart. At birth the vessel rarely carries any blood, and is present only as a band of tissue.
- Most affected puppies began life normally, as when they are nursing, and milk easily navigates through the narrowed esophagus. As the puppy ages and begins to eat solid food, the esophageal stricture prevents the normal passage of food into the stomach. Regurgitation of food and poor growth are the common findings. Most dogs develop significant clinical signs by a few months of age.
- PRAA is easily diagnosed with a history and chest X-rays. Often barium sulfate, an X-ray dye, is mixed with some food and fed to the pup. Immediately after ingestion, an X-ray is taken, showing a dilated esophagus full of food in front of the heart, and a normal esophagus after the heart.
- Surgery is thoracic surgery, but is relatively strait-forward. Once a puppy is identified as having the disease, surgery should be done without delay. In surgery, the abnormally developed and unused vessel, now just a band of tissue, is cut and removed, relieving the restriction to food flow in the esophagus.
- Early surgery will prevent further dilation of the esophagus, which, once it has occurred, never completely resolves. If it continues too far, the swallowing of food into the stomach may be permanently troublesome, or impossible. A lifetime of regurgitation of food and poor growth will follow. Furthermore, the food is sometimes regurgitated into the lungs causing frequent pneumonia that is often difficult to treat.
- Surgery is done daily and on an emergency basis. If it is indicated for non-emergent disease, as most cases are, surgery will generally be scheduled for Monday, Tuesday, or Thursday.
- Hospitalization is typically 1 to 2 nights.
- We will coordinate postoperative aftercare with your hospital. Typical care includes:
  - A 4-5 day postoperative incision check.
  - A 10-12 day suture removal.
- Please send any preoperative laboratory tests, appropriate history, & radiographs.
- Uncomplicated cases are \$1400 to \$1600 [January 2011]. Ask for an estimate.