**Umbilical hernias** vary in size and may contain only fat or omentum, or in more severe cases, intestinal loops. Diagnosis in all animals is by observation of the hernia sac, palpation, ultrasonography, and possibly radiographs. Surgical closure of the body wall defect is indicated in most cases to reduce risk of future intestinal incarceration.

**Inguinal or scrotal hernias** are common in pigs. Clinical signs vary from nonpainful inguinal or scrotal swelling to acute or vomiting in the animals, particularly if the small intestine is strangulated. In horses, palpation per rectum can diagnose intestinal loops in the vaginal ring, which can be gently removed to provide relief before transport to a surgical facility. Any devitalized bowel is resected via midline celiotomy. In stallions, testis-sparing laparoscopic closure of the inguinal rings has been performed in both standing and recumbent horses with good outcome and subsequent fertility. In calves, medical management through reduction of the hernia and placement of a figure-eight bandage has been successful.

Congenital **pleuroperitoneal hernias** have been described in small animals, horses, and calves. In horses, a specific type of hernia, a retrosternal has been described in which a hernial sac protrudes into the thorax in the left dorsal tendinous portion of the diaphragm. The sac is characterized by a pleural covering and a peritoneal lining. In described cases, the presenting complaint was colic, and the diagnosis was made during exploratory celiotomy. Defects can be surgically repaired using mesh products to reduce risk of recurrence. In cases of direct herniation, clinical signs include dyspnea, exercise intolerance, lethargy, and weight loss. In cattle, herniation of the reticulum into the thorax has been described, with a right-side diaphragmatic defect. Clinical signs include anorexia, scant manure, tympani, and decreased or no rumination. Diagnosis is by radiography or ultrasonography.

**Peritoneopericardial hernias** are defined as an embryologic defect in the failure of fusion of the septum transversum during diaphragmatic development, allowing communication between the abdominal cavity and pericardial sac. Clinical signs reflect the contents of the hernia, which may include omentum, liver, gallbladder, or small intestinal loops, and include cardiac tamponade, dyspnea, tachypnea, exercise intolerance, coughing, vomiting, and GI obstruction.. Animals with clinical signs were treated with surgical herniorrhaphy,

**Hiatal hernias** occur through the esophageal hiatus and can be classified. Type I, the sliding hernia, is the most common in small animals and is characterized by intermittent displacement of the lower esophageal sphincter and gastric fundus into the thoracic cavity. Type II is less common and involves only the displacement of the gastric fundus. Clinical signs include dysphagia, regurgitation, vomiting, ptyalism, and esophagitis due to decreased function of the lower esophageal sphincter. Diagnosis is by radiography or fluoroscopy; however, the intermittent nature can make diagnosis challenging. Medical treatment of esophagitis is required. Surgical correction is by combination of hiatal plication, esophagopexy, and left-side gastropexy.

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