A 24-year-old man presented for evaluation of mitral valve prolapse. Past history included swallowing difficulties, particularly with liquids. Chest radiograph showed widening of the upper mediastinum. Transthoracic echocardiogram (TTE) showed a mass lesion with heterogeneous densities abutting the left atrium posteriorly and moving asynchronously with the atria (A). The esophagus was identified by echocardiographic appearance of air contrast during the ingestion of liquid containing carbon dioxide. No evidence of systolic or diastolic dysfunction was present. Barium swallow showed a dilated distal esophagus with a parrot beak appearance at the end and absence of gastric air bubble (B). Computed tomography scan confirmed the presence of a dilated esophagus abutting the left atrium (C). The patient was diagnosed with achalasia and underwent esophageal myotomy for the same. Timely and precise diagnosis by TTE prevented the development of hemodynamic compromise and heart failure in our patient. ESO = esophagus; LA = left atrium; LV = left ventricle; RA = right atrium; RV = right ventricle.