NTUAS UPPER AIRWAY EXAM SCORING SHEET

Guide for veterinarians from NTUAS Study Group

NOTE: A full upper airway examination is always recommended and should evaluate the narestongue, hard palate, soft palate, tonsils, pharynx (laterally and dorsally), epiglottis, hyoepiglottis and valleculae, cuneiform and corniculate processes, piriform recesses, laryngeal mucosa, vestibular and vocal folds, ventricles, immediate infraglottic lumen. Presence of phlegm, pharyngeal gag, laryngeal sensitivity and laryngeal function should also assessed. Although anatomically not part of the upper airway, it is useful to include the trachea, mainstem bronchi and choanae. The nasal cavity, choanae, nasopharynx and soft palate thickness can be evaluated with CT using a slung maxilla positioning.

Only the variables that significantly correlated with clinical signs of NTUAS are included in the NTUAS score.

			Grade
DORSAL PHARYNGEAL WALL	NORMAL or MILD	High roof to the pharynx, can see esophageal aditus, or dorsal pharynx may extend down to, but not covering, dorsal commissure of glottis.	0
Ensure that you do not inadvertently elevate the dorsal pharynx when elevating the soft palate.	MODERATE	Dorsal pharynx displaced ventrally, covering part of the corniculate processes.	(3)
	MARKED	Dorsal pharynx displaced ventrally, cannot see the corniculate processes at all. May be touching the cuneiform processes.	6
SUPRAGLOTTIC LARYNGEAL MUCOSA	NORMAL or MILD	No wrinkles or some wrinkled mucosa, but deep piriform recesses (PR), no redundant laryngeal mucosa covering dorsal commissure of glottis. Can see corniculates and dorsal commissure clearly.	(0)
	MODERATE	Excess (with folds or wrinkles) or swollen mucosa in the piriform recesses, **but they are still recessed**. Dorsal commissure of glottis and corniculates may be partially covered with mucosal 'scarf'.	3
	MARKED	Piriform recesses completely or almost completely obliterated with excessive folds or edematous mucosa. Mucosa may protrude out of the piriform recesses. Corniculates may be covered with excess mucosa. Redundant mucosa may be sucked into the airway.	6
CUNEIFORM PROCESSES	NORMAL or MILD	Wide or standing upright, may tilt inwards slightly	(0)
Assess at rest. Ensure that you do not distort the cuneiforms when pressing down on the epiglottis or tongue base	MODERATE	Medially displaced, almost but not *quite* touching	3
	MARKED	Touching, overlapping or medially flattened	5
VENTRICLES	NORMAL	Can see the vocal folds their entire length, and there is a deep cleft entrance to the ventricles immediately rostral to the vocal folds.	(0)
Assess at beginning of exam. Assess at rest, not abduction. If asymmetrical, classify based on more severely affected.	SUB-EFFACED	Edematous ventricular mucosa can be seen sitting within the ventricles, but can still see ALL the vocal folds.	1
	EFFACED	Edematous mucosa is bulging to the vocal folds. The ventral aspect of the ventricles may be touching but can still see most of vocal folds.	2
NOTE: If dog has undergone previous sacculectomy, grade as 5.	PARTIALLY EVERTED	Most of vocal folds are obscured by everting/bulging mucosal sacs, which are touching and becoming plump. Can see less than 50% of vocal folds dorsally.	3
	FULLY EVERTED	Mucosa is ballooning out into the rima glottidis, completely obscuring vocal folds and occupying the ventral rima glottidis. Everted mucosal sacs may overlap each other.	5
INFRAGLOTTIC LUMEN	NORMAL	O shape, may be a slight V shape	(0)
	KEYHOLE	Significantly narrowed lumen, especially ventrally, similar to a keyhole or Y shape	3

Range = 0-25

ADDITIONAL COMMENTS: Ch Itsy Bitsy Mischief In The Making RN 34644501

SUM for NTUAS Score: (3)

TEXAS A&M UNIVERSITY
Veterinary Medical Teaching Hospital

Caper

Owner: Carlson, Ann 9888 E McNelly Rd Bentonville, AR, 72712 641-420-4072	**Admission Date:** 07-15-2026 **Discharge Date:** 07-16-2026
Patient:540843, Caper **DOB**: 12-26-2019 **Weight:** 11.464 **lb.**, 5.2 **kg.**	**Recheck Date:** At this time you do not need a recheck appointment for Caper. If at any point you feel her clinical signs are worsening and would like her re-evaluated for NTUAS, please do not hesitate to reach out.
Senior Clinician: Danielle Hollenbeck DVM DACVS-SA MS	**Attending Clinician:** Mackenzie Hayes DVM
Referring Veterinarian: Smith, Tammy (Animal Medical Clinic) 3045 Market Fayetville, AR, 72703	**Student:** Chelsie Hall