

## 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 nares, tongue, 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 be 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
<b>DORSAL PHARYNGEAL WALL</b>	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. <span style="float: right;">0</span>
	MODERATE	Dorsal pharynx displaced ventrally, covering part of the corniculate processes. <span style="float: right;">3</span>
	MARKED	Dorsal pharynx displaced ventrally, cannot see the corniculate processes at all. May be touching the cuneiform processes. <span style="float: right;">6</span>
<i>Ensure that you do not inadvertently elevate the dorsal pharynx when elevating the soft palate.</i>		
<b>SUPRAGLOTTIC LARYNGEAL MUCOSA</b>	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. <span style="float: right;">0</span>
	MODERATE	Excess (with folds or wrinkles) or swollen mucosa in the piriform recesses, <b>but they are still recessed</b> . Dorsal commissure of glottis and corniculates may be partially covered with mucosal 'scarf'. <span style="float: right;">3</span>
	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. <span style="float: right;">6</span>
	MARKED	airway. <span style="float: right;">0</span>
<b>CUNEIFORM PROCESSES</b>	NORMAL or MILD	Wide or standing upright, may tilt inwards slightly <span style="float: right;">0</span>
	MODERATE	Medially displaced, almost but not <i>quite</i> touching <span style="float: right;">3</span>
	MARKED	Touching, overlapping or medially flattened <span style="float: right;">5</span>
	MARKED	Can see the vocal folds their entire length, and there is a deep cleft entrance to the ventricles immediately rostral to the vocal folds. <span style="float: right;">0</span>
<i>Assess at rest. Ensure that you do not distort the cuneiforms when pressing down on the epiglottis or tongue base</i>		
<b>VENTRICLES</b>	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. <span style="float: right;">0</span>
	SUB-EFFACED	Edematous ventricular mucosa can be seen sitting within the ventricles, but can still see ALL the vocal folds. <span style="float: right;">1</span>
	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. <span style="float: right;">2</span>
	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. <span style="float: right;">3</span>
	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. <span style="float: right;">5</span>
<i>Assess at beginning of exam. Assess at rest, not abduction. If asymmetrical, classify based on more severely affected.</i>		
<i>NOTE: If dog has undergone previous saccullectomy, grade as 5.</i>		
<b>INFRAGLOTTIC LUMEN</b>	NORMAL	O shape, may be a slight V shape <span style="float: right;">0</span>
	KEYHOLE	Significantly narrowed lumen, especially ventrally, similar to a keyhole or Y shape <span style="float: right;">3</span>
		<b>SUM for NTUAS Score:</b> <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">6</span>

Range = 0-25

ADDITIONAL COMMENTS: