UCD 718492 Dr. Lynelle Johnson

Chen-Trexler

Fvita

BD17Nov15 60 mo 6.4kg

Intact Female

## 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.

DORSAL PHARYINGEAL WALL   NORMAL or MILD   High roof to the pharynx, can see esophageal aditus, or dorsal pharynx may extend down to, but not covering, dorsal commissue of glottis.   O     Ensure that you do not indivertently elevate the dorsal   MODERATE   Dorsal pharynx displaced ventrally, covering part of the corniculate processes.   3     pharynx when elevating the soft polate.   MORMAL or MILD   Normikes or some wrinkled mucosa, but deep pirform recesses (PR), no redundant laryngeal mucosa covering dorsal   0     SUPRAGLOTTIC LARYNGEAL MUCOSA   MODERATE   Normikes or some wrinkled mucosa, but deep pirform recesses (PR), no redundant laryngeal mucosa covering dorsal   0     MODERATE   MODERATE   Normikes or some wrinkled mucosa instep pirform recesses (PR), no redundant laryngeal mucosa covering dorsal   0     MODERATE   MODERATE   Normikes or some wrinkled mucosa instep pirform recesses (PR), no redundant laryngeal mucosa motosa mucosa in the pirform recesses.   0     Assess of rest. Ensure that you do not distort the control water may be covered with mucosal "scare".   0     Assess of rest. Ensure that you do not distort the counter that you do not distort the coun				
pharynx when elevating the soft polate.   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 pirform 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 pirform recesses, but they are still recessed. Dorsal commissure of glottis and corriculates may be partially covered with mucosal 'scarf'.   3     MARKED   out of the pirform recesses. Corniculates may be covered with excess writosa. Mucosa may be sucked into the anany recesses at and orsal commissure of glottis. Can see corniculates may be covered with excess writosa. Mucosa 'Mucosa' Mucosa' Muc	DORSAL PHARYNGEAL WALL	NORMAL or MILD		0
SUPRAGLOTTIC LARYNGEAL MUCOSA   NO RMAL 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     SUPRAGLOTTIC LARYNGEAL MUCOSA   MODERATE   Excess (with folds or wrinkles) or swollen mucosa) in the piriform recesses, but they are still recessed. Dorsal commissure of glottis: and conniculates and borsal commissure clearly.   3     MODERATE   Excess (with folds or wrinkles) or swollen mucosa) in the piriform recesses. But they are still recessed. Dorsal commissure of glottis: and conniculates may be partially covered with mucosal "scaref".   3     MARKED   out of the piriform recesses. Corniculates may be covered with excess mucosa. Redundant mucosa may protrude out of the piriform recesses. Corniculates may be covered with excess mucosa. Redundant mucosa may be sucked into the ainor.   0     Assess at rest. Ensure that you do not distort the cuneiforms when pressing down on the epiglotits or tongue base   MODERATE   Medially displaced, almost but not quite touching   3     VENTRICLES   NORMAL   Touching, overlapping or medially flattened   5   5     Assess at beginning of exam. Assess at rest, not abduction. If asymmetrical, classify blased on more severely diffected.   SUB-EFFACED   Edematous ventricular mucosa can be seen sitting within the ventricles, but can still see ALL the vocal folds.   1     NOTE: If dog has undergone	, , , ,	MODERATE	Dorsal pharynx displaced ventrally, covering part of the corniculate processes.	3
SUPRAGLOTTIC LARYNGEAL MUCOSA   NORMAL or MILD   commissure of glottis. Can see corniculates and dorsal commissure clearly.   Commissure of glottis and conticulates and dorsal commissure clearly.   Commissure of glottis and conticulates and dorsal commissure clearly.   Commissure of glottis and conticulates and dorsal commissure clearly.   Commissure of glottis.   Commissure of glottis and conticulates may be particulates may be particulates may be particulates may be particulates may be carter with mucosal "scarf".   MORMAL or MILD   Mucosal may protrude out of the particulates may be particulates may be carter with mucosal "scarf".   MORMAL or MILD   With or standing upright, may til inwards slightly   Optimization of the particulates may be carter with excess we folds or edematous mucosa. Mucosal may protrude out of the particulates may be cartered with excess mucosa. Redundant mucosal may be sucked into the folds.   MORMAL or MILD   With or standing upright, may til inwards slightly   Optimization of the particulates may be particulates may be cartered with excess mucosa. Redundant mucosal may be sucked into the folds.   MORMAL   Optimization of the particulates may be covered with excess mucosa. Redundant mucosal may be sucked into the folds.   MORMAL   Optimization of the particulates may be particulates may be covered with excess mucosa. Redundant mucosal may be sucked into the folds.   MORMAL   Optimization of the particulates may be covered with excess mucosa. Redundant mucosal may be sucked into the folds.   MORMAL   Optimization of the particulates may be covered with excess for the partin and particulates may be covered with excess for th		MARKED	Dorsal pharynx displaced ventrally, cannot see the corniculate processes at all. May be touching the cuneiform processes.	6
SUPAGLOTTIC LARYNGEAL MUCCOSA   MODERATE   glottis and conniculates may be partially covered with muccoal 'scarf'.   3     MARKED   plintorm recesses. Completely of almost completely of al	SUPRAGLOTTIC LARYNGEAL MUCOSA	NORMAL or MILD		0
MARKED   out of the piriform recesses. Corniculates may be covered with excess mucosa. Redundant mucosa may be sucked into the sinvay   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   MOERATE   Medially displaced, almost but not quite touching   3     VENTRICLES   NORMAL   Touching, overlapping or medially flattened   5     Assess at beginning of exam. Assess at rest, not abduction. If asymmetrical, classify based on more severely offected.   SUB-EFFACED   Edematous mucosa is buging 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.   3     INFRAGLOTTIC LUMEN   NORMAL   O shape, may be a slight V shape   0		MODERATE	glottis and corniculates may be partially covered with mucosal 'scarf'.	3
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   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 mucosa is bulging to the vocal folds. The ventral aspect of the ventricles may be touching and becoming plump. Can see less than gottidis, completely obscuring vocal folds and occupying the ventral rima glottidis. 3   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 glottidis, completely obscuring vocal folds and occupying the ventral rima glottidis. 3   INFRAGLOTTIC LUMEN NORMAL O shape, may be a slight V shape 0		MARKED	out of the piriform recesses. Corniculates may be covered with excess mucosa. Redundant mucosa may be sucked into the	6
Curreiforms when pressing down on the epiglottis or tongue base   MODERATE   Medially displaced, almost but not quite touching   3     Moderate   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     NOTE: If dog has undergone previous sacculectomy, grade as 5.   PARTIALLY EVERTED   Edematous mucosa is bulging to the 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   FULLY EVERTED   Moces als balloning out into the rima glottidis, completely obscuring vocal folds and occupying the ventral rima glottidis.   5     INFRAGLOTTIC LUMEN   NORMAL   O shape, may be a slight V shape   0	Assess at rest. Ensure that you do not distort the cuneiforms when pressing down on the epiglottis or	NORMAL or MILD	Wide or standing upright, may tilt inwards slightly	0
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severely affected. EFFACED Edematous mucosa is bulging to the vocal folds. The ventral aspect of the ventral aspect	abduction. If asymmetrical, classify based on more	SUB-EFFACED	Edematous ventricular mucosa can be seen sitting within the ventricles, but can still see ALL the vocal folds.	1
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		FULLY EVERTED		5
KEYHOLE Significantly narrowed lumen, especially ventrally, similar to a keyhole or Y shape 3	INFRAGLOTTIC LUMEN		· · · · · · · · · · · · · · · · · · ·	0
		KEYHOLE	Significantly narrowed lumen, especially ventrally, similar to a keyhole or Y shape	3

## Range = 0-25

## ADDITIONAL COMMENTS: Date of exam 11/24/2020

Soft palate appropriate in length

Dorsal pharyngeal wall swollen but not displaced

Cuneiforms appear midline in images but were normally placed in real time

Excellent laryngeal motion

Tonsils in place

Mild gingivitis

Conjunctival hyperemia OD>OS