



Small Animal Internal Medicine 2

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Chief Complaint

Bear is a 9 year old neutered male Labrador with a chief complaint of dyspnea, reduced exercise intolerance, and noisy respiration sounds,

Bear



History

- Owner noticed a change in Bear's bark about 2 weeks ago
- Occasional coughing
- Panting
- Reduced exercise intolerance
- Abnormal breathing sounds
- Increased dyspnea with exertion

Physical Examination

- Bright and alert
- Temperature 39.9 degrees C
- Heart rate 110 bpm
- Respiratory rate 25 per minute
- Noisy respiration
- High pitched inspiratory dyspnea (stridor)
- Upper airway sounds

Video of Spike's breathing



Problem List

- Coughing
- Panting
- Reduced exercise intolerance
- Abnormal breathing sounds
- Increased dyspnea with exertion
- Noisy respiration sounds
- Upper airway sounds – inspiratory dyspnea

Rule Outs

- List all the Possible Diagnoses
- *This list is your Rule Out list*

Rule Outs

- Laryngeal collapse/paralysis
- Laryngitis
- Neoplastic mass in larynx
- Tracheal collapse

The Plan

- What is your PLAN ?

Plan

- Radiographs of the larynx and thorax
- Ultrasound of the the larynx
- Laryngoscopy under mild anesthesia

Radiographs

- Left lateral thoracic/larynx view
- Ventral dorsal view of the thorax

Radiograph - Left lateral



Radiograph – ventral/dorsal



Radiograph Evaluation

- List all the abnormal radiographic signs that you see on the previous radiographs

Radiographic Lesions

- Abdominal and thoracic radiographs are normal
- Larynx radiographs are also normal
- These radiographs have not ruled out a laryngeal problem.
What would you do to rule out a laryngeal problem.

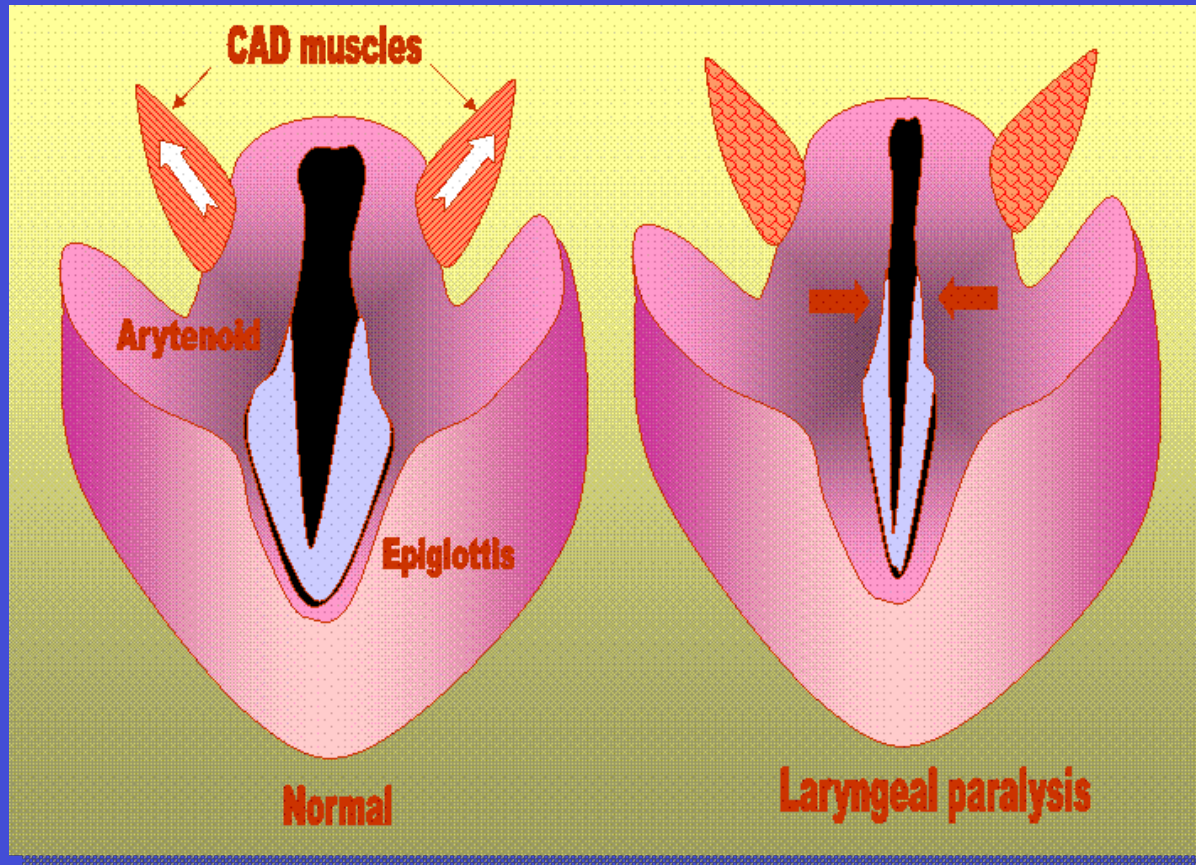
Rule/out a laryngeal problem

- Laryngoscopy - Visual inspection with the dog under heavy sedation or light anesthesia to evaluate laryngeal abduction on inspiration and to check for laryngeal masses.

Video of the Larynscope



Laryngeal Paralysis



What is your Diagnosis?

What is your diagnosis – give reasons

- **Laryngeal Paralysis** – Loss of abduction of laryngeal cartilages during deep inspiration seen on the previous video
- Etiology: hereditary or acquired (idiopathic)

Treatment Plan

- Emergency treatment:
- Oxygen therapy
- Sedation
- Corticosteroids
- Active cooling with IV fluids and ice
- If not responding do a tracheostomy
- Surgical management is the treatment of choice
- Preventive measures: avoid hot and stressful environments and avoid cervical collars and choke chains.

Prognosis

- Good to excellent with successful surgery

The End







































