# The Queen's Veterinary School Hospital University of Cambridge Madingley Road Cambridge CB3 0ES



Telephone: 01223 337621

Fax:01223 330848

### Brachycephalic Obstructive Airway Syndrome (BOAS) study Respiratory Function Assessment Form

Name of dog:		Breed:	male / female		
Kennel Club registration number (if applicable):		Microchip number (if applicable):			
Name of owner:					
Age:	Weight: kg   Body condition score (BCS): /9		Colour:		
Physical examination: * please note pre- and post- exercise test, if different.   • Respiratory patterns *: Normal   • Nostrils: Open   • Mild stenosis Moderate stenosis   • Stertors (low pitch noise) *: Not audible   • Mild Moderate   • Stertors (high pitch noise) *: Not audible   • Mild Moderate   • Stridors (high pitch noise) *: Not audible   • Mild Moderate   • Stridors (high pitch noise) *: Not audible   • Mild Moderate   • Stridors (high pitch noise) *: Not audible   • Mild Moderate   • Inspiratory effort *: Not present   • Mild Moderate   • Cyanosis and/or syncope *: No   • Heart/lung auscultation: Normal					
BOAS Functional Grad	ing: □ Grade 0 □ Grade I □ Grad	de II	Grade III		
The above dog shows the physical characteristics and underwent the procedures as marked. The above report and its results are not a guarantee against any hereditary or acquired condition that may develop in the future.					
Additional comments:					
Signature of Veterinary	/ Surgeon		Date		

Cambridge BOAS group website: <u>http://www.vet.cam.ac.uk/boas</u>

## The Queen's Veterinary School Hospital University of Cambridge Madingley Road Cambridge CB3 0ES



Telephone: 01223 337621

Fax:01223 330848

#### **BOAS Functional Grading for <b>pugs**

**Grade 0** – Clinically unaffected. Free of respiratory signs; annual health check is suggested if the dog is under 2 years old.

**Grade I** – Clinically unaffected. Mild respiratory signs of BOAS but does not affect exercise performance. Annual health check is suggested if the dog is under 2 years old.

**Grade II** – Clinically affected. The dog has a clinically relevant respiratory signs and requires management, including weight loss and/or surgical intervention.

**Grade III** – Clinically affected, and <u>should not be bred</u>. Severe respiratory signs of BOAS. The dog should have a thorough veterinary examination with treatment.

		<b>Respiratory noise</b> <sup>a</sup>	Inspiratory effort <sup>b</sup>	Dyspnoea/ Cyanosis/ Syncope °
Grade 0	Pre-ET	Not audible	Not present	Not present
	Post-ET	Not audible	Not present	Not present
Grade I	Pre-ET	Not audible to mild stertor, and/or moderate intermittent nasal stertor when sniffing <sup>d</sup>	Not present	Not present
	Post-ET	Mild stertor or stridor, and/or moderate intermittent nasal stertor when sniffing <sup>d</sup> , and/or intermittent gentle stertor when panting	Not present to mild	Not present
Grade II	Pre-ET	Mild to moderate stertor or stridor	Not present to moderate	Not present
	Post-ET	Moderate to severe stertor or stridor	Moderate to severe	Dyspnoea; cyanosis or syncope not present
Grade III	Pre-ET	Moderate to severe stertor or stridor	Moderate to severe	Dyspnoea; may or may not present cyanosis. Inability to exercise.
	Post-ET	Severe stertor or stridor	Severe	Dyspnoea; may or may not present cyanosis or syncope.

ET, exercise test

## The Queen's Veterinary School Hospital University of Cambridge Madingley Road Cambridge CB3 0ES



Telephone: 01223 337621

Fax:01223 330848

# Veterinary Guidance

- Initial examination prior to exercise test: the dog should be kept as calm as possible with gentle restraint. If the dog is stressed, please allow a period of time to calm. If the dog cannot be calmed, then the initial examination should be graded according to the post-exercise criteria. Auscultation is performed directly over the larynx from the side, avoiding any upward pressure on the pharynx and larynx. Head should be in a neutral position, not flexed.
- Exercise test: this is designed to keep the dog active for <u>3 minutes</u>. The dog should be encouraged to trot at <u>4-5 miles per hour</u> by the assessors or the owners, but not pulled on the lead. Toilet stops should be accommodated. If the dog has reasons that it cannot manage this pace (e.g osteoarthritis, obesity, anxiety), a fast walk should be attempted.
- **Examination after the exercise test:** the dog should be auscultated <u>immediately</u> following the exercise test.
- Functional grading: The clinical grading was based on respiratory signs before (pre-ET) and immediately after the exercise test (post-ET). The highest grade from any of the three categories (respiratory noise, inspiratory effort, dyspnoea/cyanosis/syncope) should be given as the final grade.
- Some dogs may have quieter mouth breathing after exercise than nasal breathing prior to exercise. These are usually grade I dogs.
- If the dog is <u>under 12 months</u> old when first graded, it should be re-graded after a year.

<sup>a</sup> Respiratory noise (stertor and/or stridor) was diagnosed by pharyngolaryngeal auscultation. Mild: only audible under auscultation; moderate: intermittent audible noise that can be heard without stethoscope; severe: loud, constant audible noise that can be heard without stethoscope.

<sup>b</sup> An abnormal respiratory cycle characterized by evidence of increased effort to inhale the air in with the use of diaphragm and/or accessory muscles of respiration and/or nasal flaring with an increase in breathing rate. Mild: minimal use of diaphragm; moderate: evidence of use of diaphragm and accessary muscles of respiration; severe: marked movement of diaphragm and accessary muscles of respiration.

<sup>c</sup> Dogs that have had episodes of syncope and /or cyanosis as documented by owner's report are classified into Grade III without ET. Dyspnoea: irregular breathing, signs of discomfort, and laboured breathing.

<sup>d</sup> Dogs with moderate intermittent nasal stertor when sniffing have similar BOAS index (objective respiratory function) to dogs only with mild respiratory noise, therefore, these dogs are considered Grade I