



Lunging and Endoscopic Examinations

DATE:- _____ LOCATION:- _____

HORSE:- _____ BIRTHDATE:- _____ IDHSNA No:- _____

LUNGING (WIND):-

Result of examination following lunging:

Please check one:

Normal respiratory noise

Abnormal respiratory noise

ENDOSCOPIC EXAMINATION:-

Result of endoscopic examination of Larynx and Pharynx for:

1. Evidence of Laryngeal Neuropathy? Yes No

Please check one:

Grade (J G Lane System) Please circle a grade:

1 2 3 4 5

2. Evidence of Abnormalities? (e.g. Subepiglottic Cyst, Rostral displacement of the palatopharyngeal arch and abnormal epiglottic cartilage.)

Please check one: Yes No

Remarks: _____

3. Evidence of upward displacement of the soft palate? Please check one: Yes No

Remarks: _____

4. Evidence of Cleft Palate? Please check one: Yes No

Remarks: _____

5. Hobdayed/evidence of ventriculectomy? Please check one: Yes No

Remarks: _____

Grading of Recurrent Laryngeal Neuropathy

Grade 1 - All movements, both adductory and abductory, are synchronized at rest and after exercise. Any appearance of asymmetry arises as an artifact of the position of the endoscope; the perspective distortion is cancelled when the left and right nostrils are used in turn. This being the case a "mirror" effect operates such that when the endoscopy is performed through the right nasal passage, the right arytenoid may appear less abducted and vice versa.

Grade 2 - All major movements are symmetric with a full range of adduction and abduction. Transient asynchrony, flutter, or delayed or biphasic abduction may be seen, especially of the left arytenoid.

Grade 3 - Although the left arytenoid is still capable of full abduction, activity is generally reduced on the left when compared with the right, with periods of prolonged asymmetry, particularly during quiet movements. Full bilateral abduction can be stimulated transiently by partial asphyxiation using nostril occlusion, but is not sustained.

Grade 4 - The left arytenoid is no longer capable of full abduction and during adduction, compensation by the right arytenoid crossing the midline may be evident. Asymmetry is marked, but residual movements are present.

Grade 5 - True hemiplegia - active movement is completely absent on the affected side and the "slap" test does not provoke any response.

Reference: J. G. Lane in "Equine Endoscopy" 2nd Edition, Edited by J. L. Traub-Dargatz and C. M. Brown

Note for Veterinary Surgeons regarding the grading of Recurrent Laryngeal Myopathy

Grade 1,2,3,4 and 5 (Lane System explained)

Standard of interpretation required for **Approval/Pass:**

- **Grade 1:** w/no abnormal inspiratory noise.
- **Grade 2:** w/no abnormal inspiratory noise.
- **Grade 1:** w/an abnormal inspiratory noise provided there is a satisfactory reason for the noise

Examination findings resulting in **Failure:**

- **Grade 2** with an abnormal inspiratory noise.
- **Grade 3**
- **Grade 4**
- **Grade 5**
- **Grade 1** with abnormal inspiratory noise where there is no satisfactory explanation for the noise.
- Symptoms of soft palate paralysis.

PASS

FAIL

COMMENTS

Printed Name of Examining Veterinarian: _____

Clinic address & phone/fax numbers: _____

Signature of Examining Vet: _____