STATEMENT (CONCLUSIONS)

Pulmonic stents represent a new frontier in interventional cardiology to manage dogs with type B pulmonic

stenosis that previously were considered poor candidates for minimally invasive procedures.

Infiltrative laryngeal disease in 11 dogs

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OBJECTIVES

To describe the clinical features and outcome of infiltrative laryngeal disease in dogs.

METHODS

Medical records at a single referral centre (2013–2018) were retrospectively reviewed for dogs with infiltrative laryngeal disease diagnosed by cytology and/or histopathology. Referring veterinarians were contacted for follow-up.

RESULTS

Eleven dogs were included, with a median age of 5 years (range 1–14 years). Signs included inspiratory noise

(n = 5), cough (n = 5) and dysphagia (n = 4), with a median duration of 6 weeks (1–16 weeks).

Laryngeal lesions were unilateral in eight dogs and bilateral in three. Ten dogs were diagnosed with inflammatory disease including neutrophilic (n = 3), septic neutrophilic (n = 1), granulomatous (n = 2), eosinophilic (n = 1), lymphocytic/plasmacytic (n = 1) and mixed (n = 2). Three dogs underwent surgical excision of the lesion with adjunctive prednisolone (n = 2) or firocoxib (n = 1). Four dogs received corticosteroids without surgery (+/– antimicrobials) and one received antimicrobials alone. One dog was diagnosed with large cell lymphoma and was treated with chemotherapy. Nine dogs survived to discharge.

Follow-up was available for eight dogs diagnosed with inflammatory disease. Three had fully recovered (1, 23 and 32 months), one dog was receiving prednisolone (2 months) and four dogs had recurrence of clinical signs at 1, 5, 17 and 26 months, of which two were euthanased. The dog with lymphoma was in remission at 8 months.

STATEMENT (CONCLUSIONS)

Dogs can suffer infiltrative disease of the larynx and, in this cohort, inflammatory disease was more common than neoplasia. For dogs that survived to discharge outcome was fair although relapse was possible.