



**The Bulldog Club Combined Taskforce**

**British Bulldog and French Bulldog Health Scheme Exercise Tolerance Testing:**

Dog's Name (Pedigree and Call)					
DogsNZ Registration No.			D.O.B		
Microchip No.					
Owner's Name			Email		
Owner's Address					
<b>BOAS (Brachycephalic Obstructive Airway Syndrome)</b>			Please follow attached guidelines		
Grade 0	Clinically unaffected. Free of respiratory signs Annual check suggested if the dog is under 2 yrs				
Grade I	Clinically unaffected. Mild respiratory signs of BOAS but does not affect exercise perfor				
	Annual health check 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 should not be used for breeding . Severe respiratory signs of BO				
	The dog should have an additional thorough veterinary examination with surgical intervention.				
<b>Nostrils Grade:</b>	1	2	3	4	Comment

**Owner to confirm dog has not had airway surgery prior to testing**

**Tick**


Yes the dog has had airway surgery

No the dog has not had airway surgery

## Vet Guidance and Information for ETT Testing

### Respiratory Function Grading Scheme Assessment Protocol for Assessors

- **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. 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 3 minutes. The dog should be encouraged to trot at 4-5 miles per hour 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 immediately 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 under 12 months old when first graded, it should be re-graded after a year.




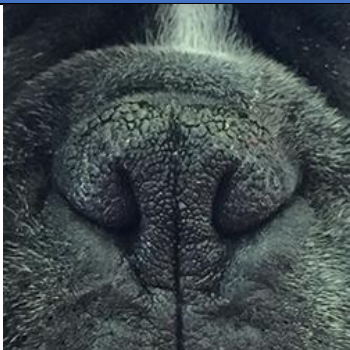
a Respiratory noise (stertor and/or stridor) was diagnosed by pharyngolaryngeal auscultation. Mild: only audible under auscultation; moderate: intermittent audible noise that can be heard without stethoscope; severe: loud, constant audible noise that can be heard without stethoscope.

b 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 accessory muscles of respiration; severe: marked movement of diaphragm and accessory muscles of respiration.

c 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 labored breathing.

d 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

**Nostril Assessment Diagrams based on Cambridge University BOAs assessment. Please use this table as a guide when determining nostril grading. When undertaking the assessment where a dog is showing signs of stress vet to take into consideration stress caused by attendance at veterinary clinic or the season.**

Grade 1: Open for the breed	
	Wide open nostrils
Grade 2: Mild Stenosis	
	Slight narrowing of the nostrils. When the dog is exercising, the nostril wings move dorso-laterally to open on inspiration.
Grade 3: Moderate stenosis	
	The dorsal part of the nostril wings touch the nasal septum and the nares are only open at the bottom of the nostrils. When the dog is exercising, the nostril wings are not able to move dorso-laterally and there may be nasal flaring (i.e. muscle contraction around the nose trying to enlarge the nostrils).
Grade 4: Severe stenosis	
	Nostrils are almost closed. The dog may switch to oral breathing from nasal breathing with very gentle exercise or stress.

### Functional Grading

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