

1. [Association Between Signalment, Clinical Signs and Nasal Diseases Type and Location in Dogs and Cats](#)

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Association Between Signalment, Clinical Signs and Nasal Diseases Type and Location in Dogs and Cats

ECVIM-CA Congress, 2024

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Nasal and nasopharyngeal diseases manifest through a wide variety of clinical signs, with certain manifestations being more frequently associated with specific diseases. Large-scale respiratory semiological studies are needed to assist clinicians in disease localisation and prioritisation.

The aim of this retrospective cross-sectional observational study was to explore the associations between signalment, clinical signs, and the location and type of nasal diseases in dogs and cats.

Medical data for a 4-year period (2018–2022), from dogs and cats that underwent a rhinoscopy and received a definitive diagnosis, were extracted from our medical records database. Univariate and multivariate logistic regression models were employed for statistical analysis, with a significance level set at P-value <0.05. For readability, adjusted odds ratios and their corresponding 95% CIs have been omitted from this abstract.

A total of 167 cats and 229 dogs were included. Rhinitis (40.1%), tumours or polyps (32.3%), and nasopharyngeal stenosis (31%) were the most common diagnoses in cats, whilst dogs frequently presented with fungal rhinitis (30.6%), lymphoplasmacytic rhinitis (26.6%), foreign bodies (25.8%), and tumours (12.2%).

Nasal localisation in cats was associated with sneezing, nasal discharge, and epistaxis, without stertor or dysphagia. In dogs, it was primarily associated with sneezing and retching. Nasopharyngeal disorders in cats presented with stertor, stridor, and dyspnoea without sneezing or nasal discharge, whereas in dogs, they manifested with reverse sneezing and decreased nasal airflow without sneezing.

Clinical variables significantly associated with rhinitis in cats included bilateral nasal discharge, particularly without stertor, dyspnoea, and systemic signs. Similarly, in dogs, bilateral nasal discharge was significantly associated with rhinitis, especially without epistaxis. Obstructive nasal/nasopharyngeal disease in cats due to tumours or polyps was associated with stertor, decreased nasal airflow, facial deformation, and systemic signs. Nasal tumour in dogs was associated with decreased nasal airflow, epistaxis, and none or serous nasal discharge. Fungal rhinitis was associated with chronicity, muco-purulent discharge, epistaxis, nose discoloration and systemic signs, without decreased nasal permeability; while foreign bodies were associated with acute signs, without nasal discharge or systemic signs. Nasopharyngeal stenosis in cats was linked to a chronic duration of clinical signs and stertor without sneezing.

In conclusion, this study emphasizes the role of clinical presentation of dogs and cats with nasal or nasopharyngeal disorders as they can help in localising the disease and refining the differential diagnosis.

DISCLOSURES

No disclosures to report.

ECVIM CSF FUNDING

No