

Tracheal Luminal Obstruction and Masses

Causes:

- ✓ Neoplasia such as squamous cell carcinoma
- ✓ Fibrotic stricture following trauma.
- ✓ Foreign bodies such as food or sand (after racing).
- ✓ Compression from an extra luminal mass such as an abscess or neoplasm.
- ✓ Fungal granuloma.
- ✓ Granulation tissue.
- ✓ Chondroma as a sequela to trans-tracheal punctures.

Miscellaneous Conditions

Tracheal rupture or fistula may be seen secondary to trauma.

Gross Tracheal Discharge

Blood:

- Causes include exercise-induced pulmonary hemorrhage (EIPH)
 - ✓ EIPH is usually categorized on a scale of 0-4 (1 hour post-exercise) (Figure 7-7 through 7-11).
 - ✓ Occasionally, blood may be found in the trachea of horses with guttural pouch mycosis, due to dysphagia (Figure 7-12).

Mucus / Mucopurulent discharge / Pus:

- ✓ Creamy, yellow or pale white in color.
- Causes include recurrent airway obstruction (previously known as COPD) (Figure 7-13).
- ✓ Lower air way infection or inflammation caused by *Streptococcus zooepidemicus* (Figure 7-14).
- Allergic upper air way inflammation (Figure 7-15).
- Severe pneumonia may be associated with the presence of yellow-brown colored mucus (Figure 7-16).
- Pus may be seen in the trachea of horses with lung abscesses (Figure 7-17).

Food / Milk / Saliva:

- ✓ It is usually seen in the trachea of horses with dysphagia.



Figure 7-7 EIPH Score 0 : No blood is detected in the pharynx, larynx, trachea or main stem bronchi. Courtesy of Dr. L. Couetil, Purdue University.

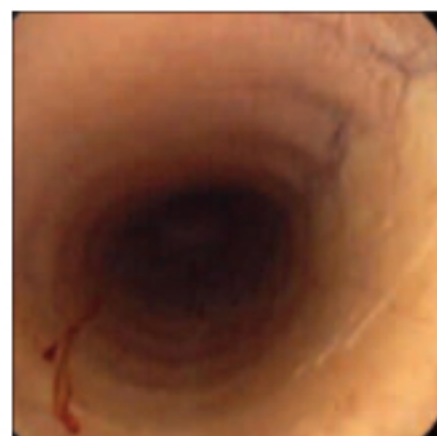


Figure 7-8 EIPH Score 1: Presence of 1 or more flecks of blood or 2 or fewer short (<1/4 length of the trachea), narrow (<10% of the tracheal surface area) streams of blood in the trachea or main stem bronchi visible from the tracheal bifurcation. Courtesy of Dr. L. Couetil, Purdue University.



Figure 7-9 EIPH Score 2: one long stream of blood (greater than half the length of the trachea) or more than 2 short streams of blood are occupying less than a third of the tracheal circumference. Courtesy of Dr. L. Couetil, Purdue University.