



Client Communication

# Respiratory Distress in Pets



Educating your clients on what respiratory distress looks like can help save a pet's life. After losing a foster puppy due to respiratory distress, writer Roxanne Hawn set out to clarify what clients should do if they notice breathing problems in their pets, and how clinicians can help educate them.

**Roxanne Hawn**

Published Jan 1, 2023

Share [f](#) [in](#) [✉](#)

ADVERTISEMENT

## Downloads

↓ Respiratory distress in pets

## Helping Clients Understand the Dangers and Signs

In September 2022, my foster puppy died unexpectedly. This happened, in

part, because I failed to recognize fully what her breathing issues meant. I knew she needed veterinary care. I didn't immediately think emergency. I called it "labored breathing" and got her an appointment with the shelter's veterinary team for the next day.

It turned out she suffered respiratory distress due to a diaphragmatic hernia that allowed intestines into her chest. The same unknown trauma that fractured one of her legs caused the internal injury that went undetected, until it didn't. The shelter's veterinarian removed 800ml of fluid from her pleural cavity and transferred her to an emergency/referral hospital for emergency surgery. She survived the surgery itself, but her heart stopped during anesthesia reversal. They called it after 20 minutes of CPR.

Such a perfect, three-month-old puppy, we named her Dream. The shelter allowed us to adopt her posthumously. Her ashes sit on the fireplace mantel. I console myself with the 19 days of love and fun she experienced with my family, but I still struggle with the outcome.

Now, I hope to help others understand:

- How pets experiencing respiratory distress act
- Which possible causes or situations require families to increase breathing awareness
- What language allows the best possible communication and actions between clients and veterinary teams

## What It Looks Like

As with so many conditions in pets, what respiratory distress looks like depends on several factors.

"Respiratory distress can look a little different depending on if it is disease in the lungs, or around the lungs (pleural space disease), or is a problem with the upper airway (from nose to lungs)," says Stacy D. Meola, DVM, MS, DACVECC, associate medical director at Wheat Ridge Animal Hospital in Colorado. "It can also look a little different if it has come on acutely or is a process that has come on slowly with some amount of compensation by the pet."

Elizabeth A. Rozanski, DVM, DACVIM, DACVECC, associate professor, Department of Clinical Sciences, at the Cummings School of Veterinary Medicine and Foster Hospital for Small Animals at Tufts University in Massachusetts, explains these scenarios:

- Trouble getting air in, common in brachycephalic breeds or senior/geriatric dogs with laryngeal paralysis and can lead to heat stroke
- Trouble getting the air out, typically seen in cats with asthma

Intake issues often sound loud and raspy, what Meola calls a "stridor/stertor sound." Rozanski explains that exhaling issues can include "a wheeze and cough."



In cases with fluid in the lungs, Rozanski says, to look for characteristics such as coughing or “rapid breathing and sitting sternal or standing with front legs slightly spread out.” In cases with fluid or free air in the chest cavity, she says, “you can see shallow breathing with an extra abdominal effort.”

Even though it’s often difficult for clients to determine a pet’s respiratory rate until they’re resting, Meola points to pets “breathing faster than normal (usually over 40 breaths/minute) at rest or sleeping” or pets “unwilling to lay down or can’t put their heads down to sleep” as likely in respiratory distress.

Rozanski agrees and adds, “The big key is they are not comfortable. They can’t settle, or if they try to lay down, they immediately get back up again.”

Clients more accustomed to how dogs pant for all kinds of reasons may not realize that cats don’t. “A cat should never pant/open-mouth breathe,” Meola says. “If you ever see a cat ‘panting,’ that’s a medical emergency.”

Lynelle Johnson, DVM, MS, PhD, DACVIM, professor of medicine and epidemiology at the University of California-Davis School of Veterinary Medicine, also lists the following reasons for clients to contact the nearest veterinary ER and seek immediate veterinary care:

- Markedly exaggerated chest motions
- Respiratory rate exceeding 60 breaths per minute
- Blue/purple tongue or gums
- Collapse
- Body temperature over 103° Fahrenheit in dogs since respiratory distress can cause heat stroke

## Common Causes

Most common causes of respiratory distress share similarities and some differences in canine and feline patients.

**Asthma.** “The most common cause of respiratory distress in the cat is probably asthma,” Johnson says. “Cats usually have a history of cough, reduced play activity, and they can develop an ‘asthma attack’ where the airways constrict in response to dust, smoke, perfumes, sprays, etc.”

**Pneumonia and aspiration pneumonia.** In dogs, Johnson says both pneumonia and aspiration pneumonia are “quite common,” with dogs often presenting with “vomiting or a seizure and then develop a rapid respiratory rate that can progress to a life-threatening disease.” She adds that “cats can develop aspiration pneumonia, but it is less common.”

**Pleural disease.** Johnson explains, “Pleural fluid can occur due to infection, cancer, or a foreign body. Pleural air can result from trauma or a foreign body in a dog and asthma in a cat.”



---

“The most common cause of respiratory distress in the cat is probably asthma.”

—Lynelle Johnson, DVM, MS, PhD, DACVIM

---

**Laryngeal disease.** “Both species can have respiratory distress from laryngeal disease, and this typically leads to inspiratory respiratory difficulty,” Johnson says, adding in dogs it’s commonly caused by laryngeal paralysis, especially in older, larger dogs. In cats, though, laryngeal tumors are more common.

**Trauma.** Trauma is a common cause of respiratory distress. My own primary care veterinarian called me after hearing about Dream’s death. She talked me through trauma cases, where the diaphragm looked normal on initial radiographs but showed herniation in later ones.

**Other processes and pain.** Meola explains that “many disease processes manifest as respiratory distress,” including pain that’s “completely unrelated to the airway or cardiac system.”

**Other acute scenarios.** In dogs, Meola mentions that acute respiratory distress situations where nothing “out of the ordinary” happened also show up in emergency hospitals, where families receive diagnoses like these:

- Congestive heart failure in dogs and cats
- Cancer in dogs and cats

- Pulmonary hypertension in dogs
- Bronchitis/asthma in cats

## Vocabulary and Effective Communication

Feel free to blame my vocabulary focus on being a lifelong writer. I continue to wonder if saying “labored breathing” accidentally downplayed Dream’s reality. I approached research for this section with the goal of matching words clients use to their clinical or causation counterparts, believing it could bridge a communications gap. Both Meola and Rozanski corrected my thinking.

Meola tells me, “I think as medical professionals, we are very accustomed to varied descriptors of how pets are breathing. I don’t think there is really a terminology gap. I would stress to owners that if they are ever concerned about their pet’s breathing, they should not bother calling a hospital, but they should immediately find the closest emergency clinic and take their pet to be seen. I think it’s also important for them to stress to the staff that they are concerned about their pet’s breathing at home. It’s very common for dogs to be panting and breathing faster/harder from the excitement of the car ride, when we first evaluate them, so that is ‘normal’ in a vet hospital.”

In addition, Rozanski explains that “there really is not a difference between labored and distressed. It’s more of a spectrum.” In her experience, if clients simply say, “I am worried about the way they are breathing,” then that’s enough.

Clients learned a lot about how triage works for veterinary emergencies as the pandemic made staffing and other challenges more obvious. Some still worry that a sprint to the ER could result in a long wait or even being turned away if the hospital closes intake temporarily. To acknowledge and address triage and other concerns, Meola says, “Respiratory issues are always a top priority in any triage system, and so a pet with breathing issues will always be evaluated quickly. It’s important for owners to make it clear when they arrive that they are concerned about their pet’s breathing.”

## Recognizing Respiratory Distress in Pets

---

### Emergency

Consider sustained breathing trouble in pets an emergency. Don’t call. Take your pet straight to the nearest ER. Respiratory issues receive priority evaluation in the triage system used in most veterinary emergency hospitals. Because pets typically compensate for or hide their struggles, veterinarians often see bigger breathing issues much later than would ever happen with people.

### Panting

While dogs pant or breathe with their mouths open for many reasons, that’s not

normal for cats. A panting cat is struggling to breathe and should be considered a medical emergency.

## Heat Stroke

Dogs also can get heat stroke due to respiratory distress, so watch for a high temperature too (103° or higher). A normal temperature for dogs is 101.0 to 102.5° Fahrenheit or 38.3 to 39.2° Celsius. Be extra cautious about overheating in breeds with smooshed faces.

## Rapid Breathing

Both dogs and cats can develop rapid breathing during respiratory distress. The normal number of breaths at rest is 15-30 per minute. Anything continuously over 40-60 breaths per minute is concerning.

## Restlessness

Pets in respiratory distress feel uncomfortable. They develop restless behaviors such as:

- Not settling into a comfortable position
- Lying down and getting right back up over and over
- Unwilling to lie flat
- Unable to put their heads down
- Needing to sit up or have their heads elevated

## What to Say

Rather than stretching your vocabulary in efforts to describe pets' trouble breathing, simply say something like: "I'm worried about the way they are breathing." Make clear that your pet started panting and breathing faster/harder *at home*. That's important because veterinary teams often see faster breathing in the veterinary setting.

In dire situations, pets' tongue or gums turn purple, or they collapse. Mention that too, if it applies.





## Respiratory Distress in Pets

Common Causes	Dogs	Cats	What to Watch For
Asthma		✓	<ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• Open-mouthed breathing</li> </ul>
Pneumonia	✓	✓ <small>(but less common to develop aspiration pneumonia)</small>	<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Coughing</li> <li>• Unable to lie flat, instead choosing a more upright position</li> <li>• Standing with front legs slightly apart</li> <li>• Extra abdominal effort in breathing</li> <li>• Vomiting or seizure (in dogs)</li> </ul>
Pleural Disease (fluid or air between the lungs and chest) — due to trauma, infection, cancer, or foreign body	✓	✓	<ul style="list-style-type: none"> <li>• Rapid and shallow breathing</li> <li>• Unable to lie flat, instead choosing a more upright position or with head elevated</li> <li>• Extra abdominal effort in breathing</li> </ul>
Laryngeal Disease	✓ <small>(laryngeal paralysis, especially in older, larger dogs)</small>	✓ <small>(possible tumor)</small>	<ul style="list-style-type: none"> <li>• Noisy, raspy breathing</li> <li>• Change in voice sounds</li> </ul>
Trauma	✓	✓	<ul style="list-style-type: none"> <li>• Unsettled behavior, including not feeling comfortable enough to rest or changing position often</li> <li>• Rapid and/or shallow breathing</li> <li>• Unable to lie flat, instead choosing a more upright position or with head more elevated</li> <li>• Extra abdominal effort in breathing</li> </ul>
Pain	✓	✓	<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Unsettled behavior</li> </ul>
Congestive Heart Failure	✓	✓	<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Unsettled behavior</li> <li>• Pale or blue gums, cough, and collapse</li> </ul>
Cancer	✓	✓	<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Unsettled behavior</li> </ul>
Pulmonary Hypertension (high blood pressure that affects the arteries in the lungs and the right side of the heart)	✓		<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Unsettled behavior</li> <li>• Cough, blue gums, collapse</li> </ul>
Bronchitis		✓	<ul style="list-style-type: none"> <li>• Rapid breathing</li> <li>• Coughing</li> <li>• Unsettled behavior</li> </ul>

do

## Blindsided by Decompensation

When veterinary teams run into cases like Dream’s where clients regret not recognizing the danger, not getting veterinary care sooner, or not being able to save their pet, it potentially helps for them to understand how quickly respiratory distress can go from “Huh?! That’s weird.” to “OMG! I need help now!”

Meola says, “Dogs and cats are very good at compensating and hiding problems until they can’t anymore. Most of the time, the process has been going on for a little while, but they will acutely go from fine to not fine in a very short time (often a few hours). Unfortunately, there is no good way to avoid this even for the most astute of pet owners.”

The process of compensating or “not complaining,” as Meola describes it, often means that pets arrive with a “much bigger problem and much later” than you’d ever see in people.



---

“Dogs and cats are very good at compensating and hiding problems until they can’t anymore.

**–Stacy D. Meola, DVM, MS, DACVECC**

---

Sometimes, veterinary patients decompensate quickly – leading families to panic at what looks like sudden onset of respiratory distress or to feel completely blindsided.

When I handed Dream off to the shelter’s veterinary team, I honestly thought she had developed pneumonia. When they told me they planned to keep her, I assumed she would come back in a day or two even after I watched several veterinary team members run with her to radiology, hollering “getting X-rays” on their way by me. Had I suspected Dream could die, I would have said a better goodbye. I held hope even after learning about all the fluid in her chest. I held hope for the emergency surgery. I scream-sobbed when the call came about Dream’s death.

I’ve lost many dogs in my lifetime, but never so suddenly. The shock remains tough, despite my experience with unusual medical scenarios with my dogs and more than 25 years writing about veterinary and pet topics. Trust me, if I didn’t recognize respiratory distress before Dream, neither do a large swath of your clients, even the experienced ones.

If you have a client with a pet at high risk for respiratory problems, or they are interested in learning about respiratory distress, the handout on the preceding pages can be used to educate clients on some of the common signs and causes. Hopefully it can help even one pet owner avoid a situation like I had to experience.

Photo credits: Petra Richli/iStock via Getty Images Plus, Yaraslau Saulevich/iStock via Getty Images Plus, MattGrove/DigitalVision Vectors via Getty Images, Anastasiia Lazareva/iStock via Getty Images Plus

---