



## PATIENT

Jakk Dohner

## SPECIES

Canine

## BREED

Boxer

## SEX

MI

## AGE

1Y, 3M

## WEIGHT

75lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Vet Techs

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Caley Howard

## INVOICE

72622

## DATE

11-13-25

## PRESENTING CLINICAL SIGNS

Presented for 5 week onset pain when opening his mouth. Will eat fine, has good energy but whimpers when he yawns and is now avoiding playing ball or picking up his toys. Mild/moderate response to carprofen and antibiotic therapy

Abnormal PE/Chem/CBC/UA Results: On initial presentation 1 week ago a small amount of fresh blood was noticed behind 210 but he was pretty painful so unable to get a great oral exam. Normal retropulsion of both eyes, no muscular swelling or atrophy. CBC/chem and temp normal. RX clavamox and carprofen for possible retrobulbar disease. Presented today for mild/moderate response - under anesthesia there is still mild resistance to full opening, crepitus palpated in both TMJ. 210 abscess confirmed and tooth fully extracted. Concern for bilateral TMJ dysplasia

## RADIOGRAPHIC STUDY OF THE HEAD

Lateral, lateral oblique, ventrodorsal closed and open mouth views of the head totaling 7 images are available for review.

## RADIOGRAPHIC FINDINGS

Bilateral temporomandibular joint subluxation appears to be present with flattening of the mandibular condyles, incongruity of the mandibular fossa, and asymmetric widening of the joint space. Hypoplasia of the angular process is seen.

## RADIOGRAPHIC DIAGNOSIS

- Suspect bilateral temporomandibular joint subluxation with temporomandibular joint dysplasia.
- Recent extraction of 210.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings strongly suggest bilateral temporomandibular joint dysplasia with flattening of the condyles, fossa incongruity, and asymmetric joint space widening which correlates with the patient's history of pain on mouth opening. The prior tooth abscess may have contributed to acute discomfort, however, does not account for the joint changes. Further CT imaging is recommended to fully evaluate the bony structures of the temporomandibular joint and to assess the severity of dysplasia or concurrent pathologies.



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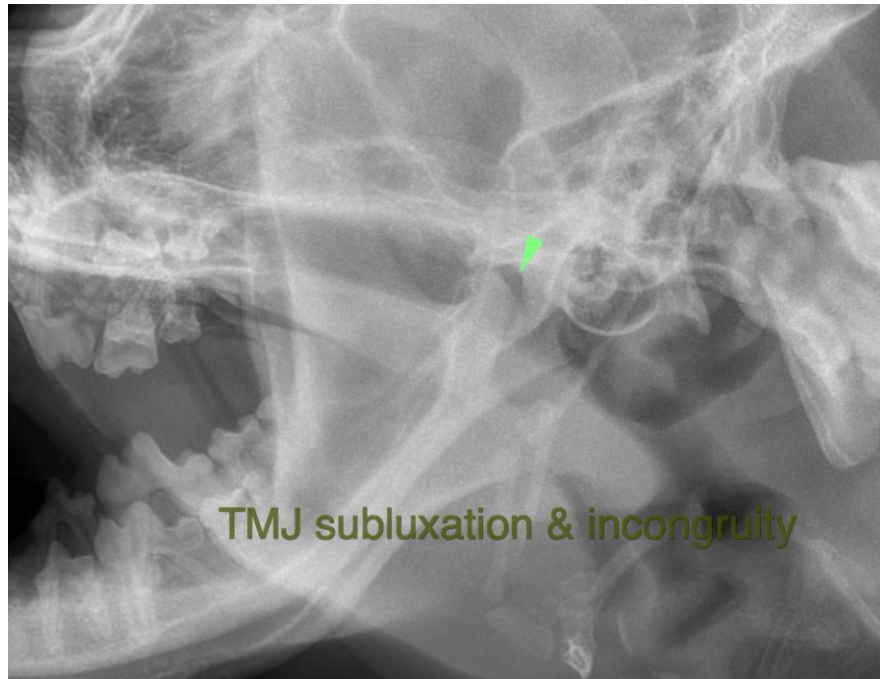
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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