



PATIENT

Teddy Parkinson

SPECIES

Canine

BREED

Cross Breed

SEX

F

AGE

3Y, 9D

WEIGHT

4.48kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73889

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- 20/02/26 Presented by O as transfer. Reports this morning in garden with other dogs in household, heard a yelp, went down and blood and not using mouth properly
- Cardio - no murmur on ausc, pulses good, mmems pink
- Resp - normal effort, pattern, ausc
- Neuro - BAR in kennel, lovely little girl
- abdo - soft and non tender on palpation
- integ - O tube site moderately inflamed but as expected post self-removal
- oral - jaw fracture
- concerns re: TMJ

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Osseous injury of the cervical spine and neurocranium is not seen.

The bilateral retropharyngeal lymph nodes are moderately enlarged.

The bilateral submandibular lymph nodes are mildly enlarged.

The previous esophageal tube tract is visible.

There is significant maxillomandibular malocclusion with moderate rightward shift of the mandible.

A comminuted fracture of the right orbit and frontal bones with medial displacement is seen.

Fracture of the right caudal maxilla forming part of the orbital floor is seen.

There also is fracture of the right mandible alveolar margin level with the tooth 106 resulting in open oronasal communication.

Left medial orbital fracture is present.

Bilateral pterygoid hamuli fractures are seen.

The right mandible presents a complex transverse fracture involving the alveolus of teeth 408 and 409. A small slab fracture of the right rostral mandible is present level with the tooth 403.

A vertical fracture is seen in the condylar fovea of the left temporomandibular joint with articular surface involvement.

Cleft hard palate is noted, which appears to be covered by soft tissue. Clinical correlation is required.

The bilateral globes appear intact. No overt globe rupture is identified. Clinical correlation is required.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple complex craniofacial fractures affecting the right maxilla, right mandible, bilateral orbits, and pterygoid bones as well as the left temporomandibular joint.



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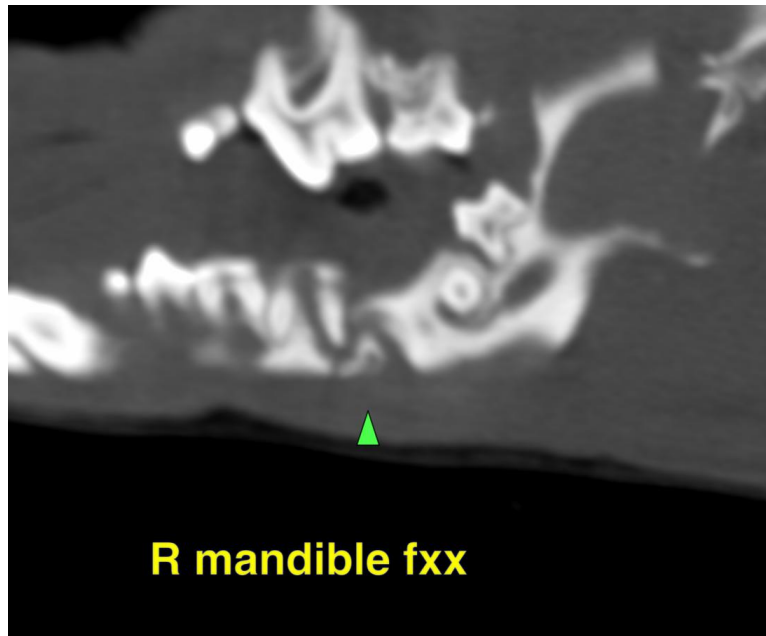
2-24-26

- Open oronasal communication secondary to right maxillary fractures level with 106.
- Left temporomandibular joint fracture with articular involvement.
- Unstable right mandibular body fracture level with 408 and 409.
- Mandibular malocclusion.
- Traumatic hard cleft palate requiring clinical assessment.
- Bilateral submandibular and retropharyngeal lymphadenomegaly: reactive/inflammatory and less likely neoplastic/metastatic.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Surgical consultation for right mandibular fracture and left temporomandibular joint repair as well as correction of malocclusion is recommended. Potential sources of open oronasal communication exist in the right maxilla and palate. These require clinical evaluation and potential management to reduce risk of aspiration and infection.

Ophthalmology evaluation to confirm globe integrity and visual function is recommended.





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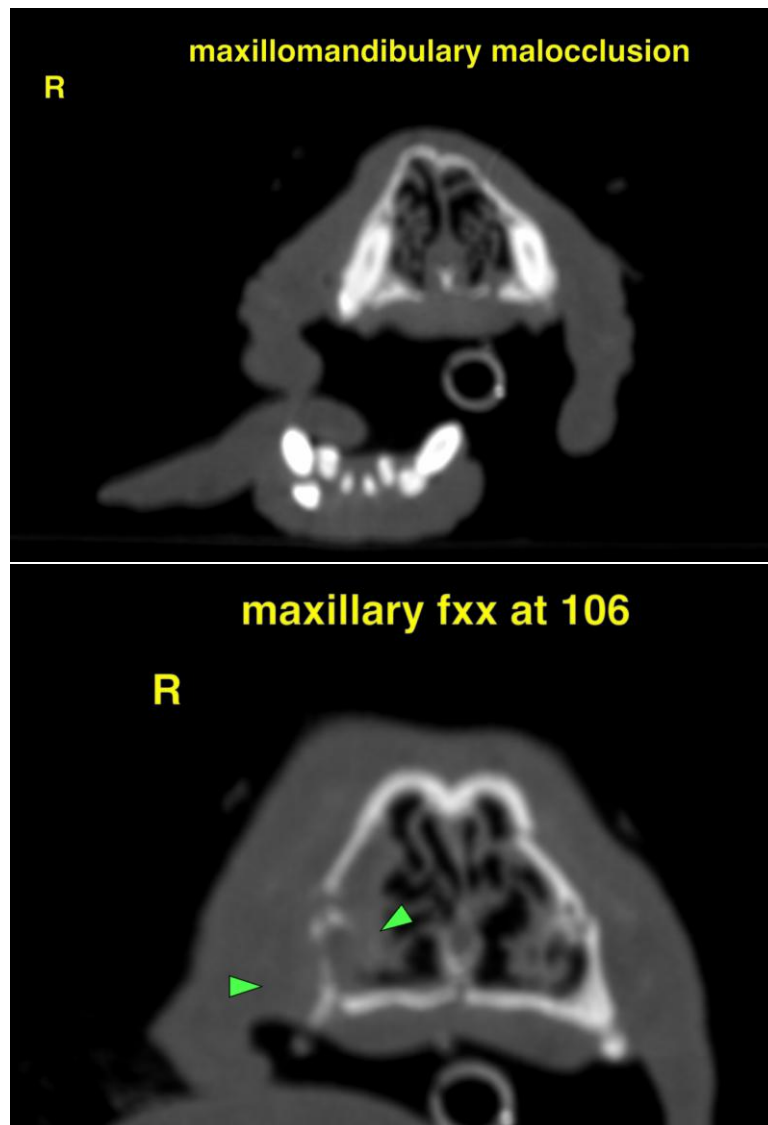
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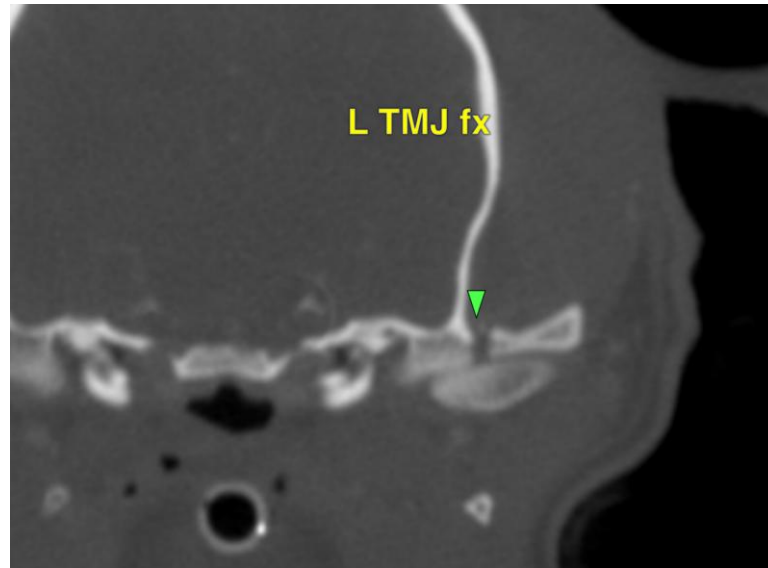
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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