



PATIENT

Passion Pathmaseelan

PRESENTING CLINICAL SIGNS

Moderate to severe generalized dental calculus and gingivitis. Dental scaling was done on 17 March, with extraction of 2 teeth: Retained deciduous maxillary incisor and L maxillary molar 210. L infraorbital and caudal maxillary nerve block done. Extraction was uncomplicated. Mild furcation of 208 and 209 with 2mm pockets upon probing- 208 and 209 not extracted. Dog developed swelling of the nasolacrimal duct of the Left eye 1 day post surgery, with the L eye rotated caudodorsally. IOP normal, eye function normal, no pain noted. Pet started on IV antibiotics and anti-inflammatories. Swelling improved over the next 2 days. CT scan done on Day 3 post dental extraction. Swelling has reduced significantly at this point, and eye position has normalized. ** Attached were the picture of the eye on 1st and 3rd days post dental extraction.

SPECIES

Canine

BREED

Poodle

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

SEX

Female Spayed

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of recent extraction of the triadan 210 and now reducing left eye proptosis.

AGE

9 Years

The dental alveolus of the triadan 210 presents within normal limits. The thin osseous floor of the shallow left orbita is interrupted. No evidence of tooth root abscessation of the remaining left maxillary molar teeth is seen. The alveolar, maxillary, and nasal bones present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left zygomatic salivary gland is moderately enlarged and loosely structured with fluid attenuating interruptions. The fluid attenuating material within is circumferential to the enlarged left zygomatic gland and appears to blend into a small cystic cavity of approximately 10mm diameter in the rostroventral left orbita. This cavity is thin walled and contains uniformly fluid attenuating material which is contrast negative in its center and appears to be in contact with the entrance of the osseous left nasolacrimal duct as well.

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The regional lymph nodes present within normal limits.

No significant ocular abnormality is seen. There is no evidence of retrobulbar cellulitis.

REFERRING VET

Dr. Sivan

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cyst like lesion of 10mm in the rostroventral left orbita.
- Sialadenitis of the left zygomatic gland.

INVOICE

57324

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a cyst like lesion within the rostroventral portion of the left orbita which is in contact with both the left zygomatic salivary gland as well as the left nasolacrimal duct. I do consider sialadenitis and sialocele of the left zygomatic gland secondary to the recent dental extraction more likely based on the anatomic position and the appearance of the left zygomatic salivary gland rather than dacryops of the nasolacrimal duct or lacrimal glands, even though this cannot be ruled out entirely.

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3-20-23



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The floor of the orbita is thin with small interruptions secondary to the dental extraction which is normal in the very thin and shallow brachycephalic orbita, which may have contributed to the inflammation of the directly adjacent zygomatic salivary gland.

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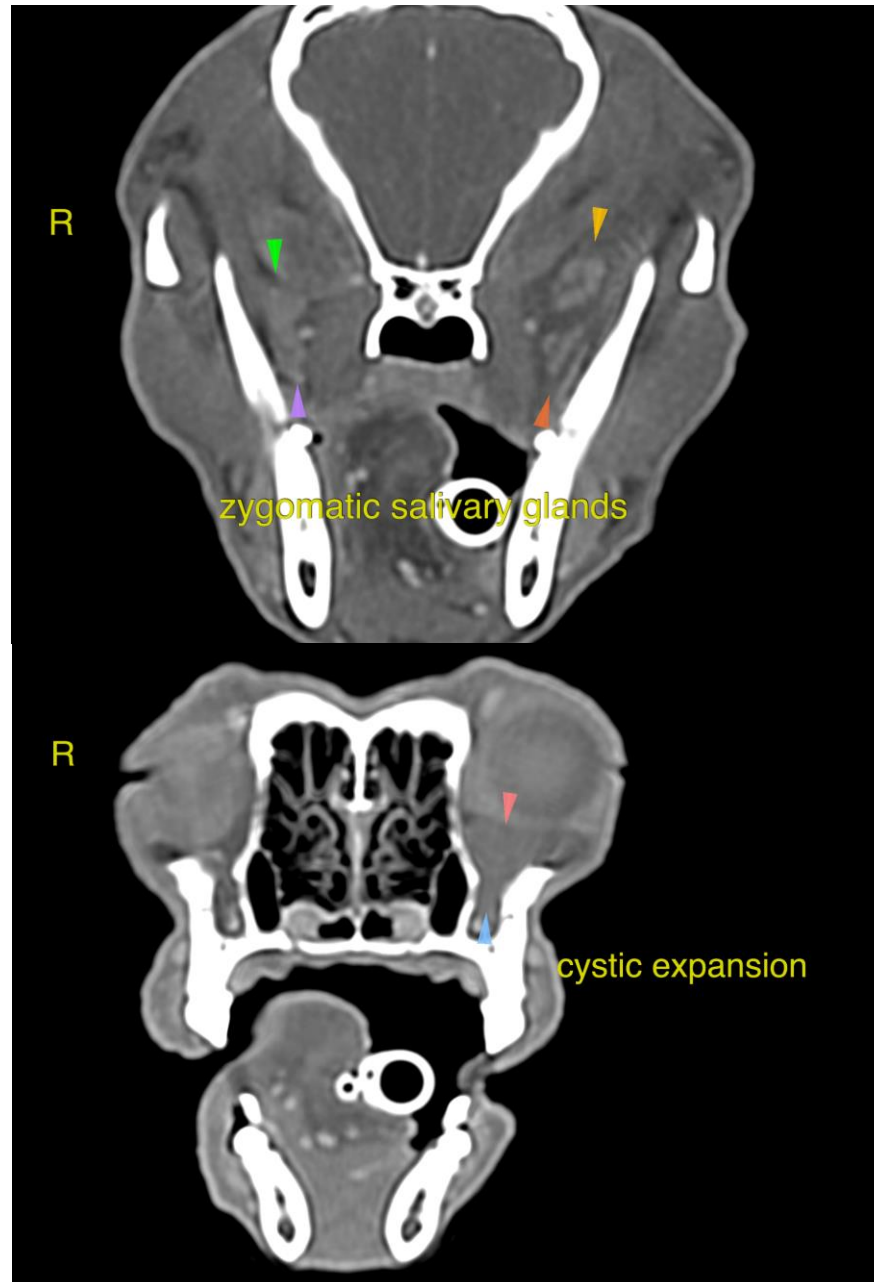
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

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