



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Taco Prost  
**SPECIES** 9-year-old spayed female Sphynx cat presented for acute onset of inability to close the jaw with tongue deviation, difficulty eating and drinking, and apparent dental misalignment noted since that morning, with no known trauma (indoor-only, no wounds) but a history of severe dental disease; appetite and water interest are present but limited by mechanical difficulty, with otherwise normal activity, urination, and no vomiting, diarrhea, or respiratory signs; exam revealed severe grade 4 dental disease with multiple missing teeth, jaw deviated to the right, bilateral ear debris, and possible small umbilical hernia vs fatty mass, while other systems were largely unremarkable; diagnostics including radiographs confirmed a right caudoventral jaw luxation, with bloodwork showing mild non-regenerative anemia, mild stress hyperglycemia, and mild hypokalemia; patient was sedated for imaging and oral exam, and due to concern for underlying TMJ injury or instability, CT scan was recommended to further evaluate prior to attempting reduction, with the patient admitted for pain control and advanced imaging.  
**BREED** Feline  
**SEX** Sphynx  
**SEX** Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia (RBC 6.51, Hct 0.29, Hgb 95) with marked thrombocytopenia (PLT 31), normal WBC, and mild eosinopenia; chemistry shows mild hyperglycemia (glucose 9.89) and mild hypokalemia (K 3.4), with other values within normal limits.  
**SEX** FS

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

**AGE** Plain study available for review.  
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## COMPUTED TOMOGRAPHIC FINDINGS

**INTERPRETED BY** No definitive malocclusion is identified on the CT examination. Assessment of occlusion is somewhat limited by patient positioning and imaging under anesthesia. However, there is no direct CT evidence of significant dental or skeletal malocclusion. The temporomandibular joints are bilaterally normal in appearance and congruently articulated. No evidence of luxation, subluxation, dysplasia, ankyloses or DJD is identified.  
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DVM Dr. med. vet.,  
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**HOSPITAL NAME** No fractures or aggressive osseous lesions are present within the mandibles, maxillae, temporal bones or skull.

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Severe chronic dental disease is present. Teeth 104 and 108 demonstrate advanced periodontal disease with marked loss of supporting alveolar bone. Teeth 106, 109, 407 through 409 are absent.

**REFERRING VET** No associated mandibular fracture or aggressive odontogenic lesion is identified.

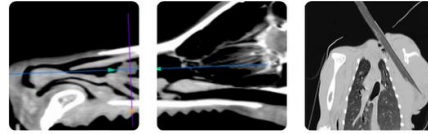
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- JSS
- No CT evidence of temporomandibular joint luxation or other structural TMJ abnormality.
  - No fracture or aggressive osseous lesion identified.
  - Severe chronic periodontal disease involving the remaining dentition.
  - No structural cause for the reported inability to close the jaw identified on CT.

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## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

**DATE** The reported clinical signs appear to be compatible with an acute dropped jaw syndrome. The CT  
05/31/2026



**PATIENT**

Taco Prost

study excludes structural causes such as TMJ luxation, mandibular fracture and destructive osseous disease. Given the absence of structural abnormalities, the findings raise concern for neuromuscular or neurological disorder affecting jaw closure such as trigeminal neuropathy, masticatory muscle dysfunction and less likely CNS disease affecting trigeminal function.

**SPECIES**

Feline

Complete neurologic examination and evaluation for neuromuscular disease can be considered. Dental treatment of the severe periodontal disease and removal of the loosened teeth can be considered once the jaw dysfunction has been clarified.

**BREED**

Sphynx

**SEX**

FS

**AGE**

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**REFERRING VET**

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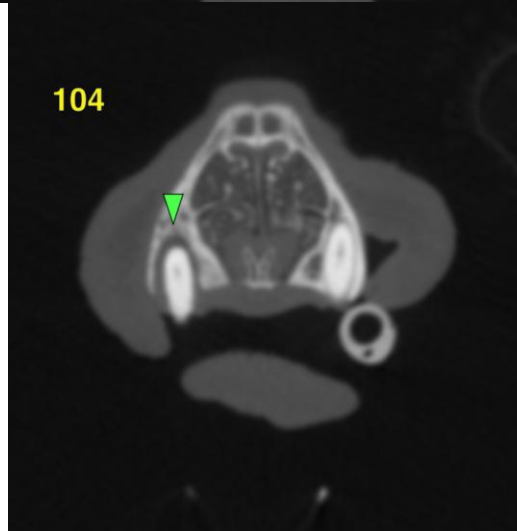
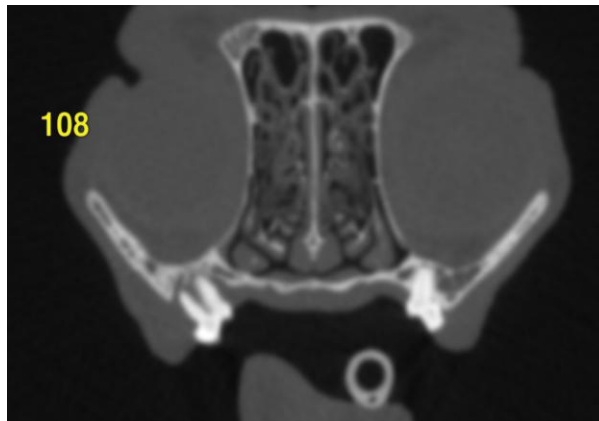
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.





## PATIENT

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## SPECIES

Feline

## BREED

Sphynx

## SEX

FS

## AGE

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## REFERRING VET

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