

**PATIENT**

Makiya Procriv

PRESENTING CLINICAL SIGNS

Presented for tooth chattering, oral pain. On examination teeth appear to have mild tarter (G1), no overt crown fractures, no swelling/oral masses. During exam started chattering and tooth grinding. Tolerant of mandibular and maxilla palpation. SM LN s palpate WNL. No temporal muscle atrophy and no pain with opening of the jaw. Os had noted a swelling of the L maxilla. Recommended imaging and probing to RO dental abscess/disease as cause of oral pain. 208/108 8mm PP of caudal root, resorption type lesion with destruction of caudal root noted on CT. RO any additional skull/jaw pathology as contributing vs dental disease as sole concern
Abnormal PE/Chem/CBC/UA Results: Recent Chem NSF

SPECIES

Canine

BREED

Alaskan Malamute

COMPUTED TOMOGRAPHIC STUDY OF THE DENTAL ARCADES

Plain study available for review.

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

The dental arcades are complete; however, multifocal tooth root resorption is noted and most pronounced at the Triadans 104, 108, and 208 where severe tooth root resorption to the degree of fragmentation is noted. The degree of associated periodontal space widening, and loss of lamina dura is relatively mild. However, loss of trabecular bone appears to be present between the mesial and distal roots of the Triadans 108 and 208.

AGE

13 Years

Focal alveolar bone resorption is present lateral of the mesial root of the Triadan 309.

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI

No additional osseous or soft tissue lesion can be appreciated in the quadrants of the jaw in this plain study.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe tooth root resorption with root fragmentation Triadans 108 and 208.
- Severe tooth root resorption Triadan 104.
- Moderate tooth root resorption Triadan 204.
- Mild to moderate generalized tooth root resorption.

HOSPITAL NAMEState Avenue Vet
Clinic**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****REFERRING VET**

Dr. Jessie Evoniuk

The CT study reveals severe multifocal resorptive lesions accentuating the roots of the Triadans 104, 108, and 208. No additional structural causes of the clinical signs described in the history of the patient are appreciated.

INVOICE

46928

DATE

8-10-21



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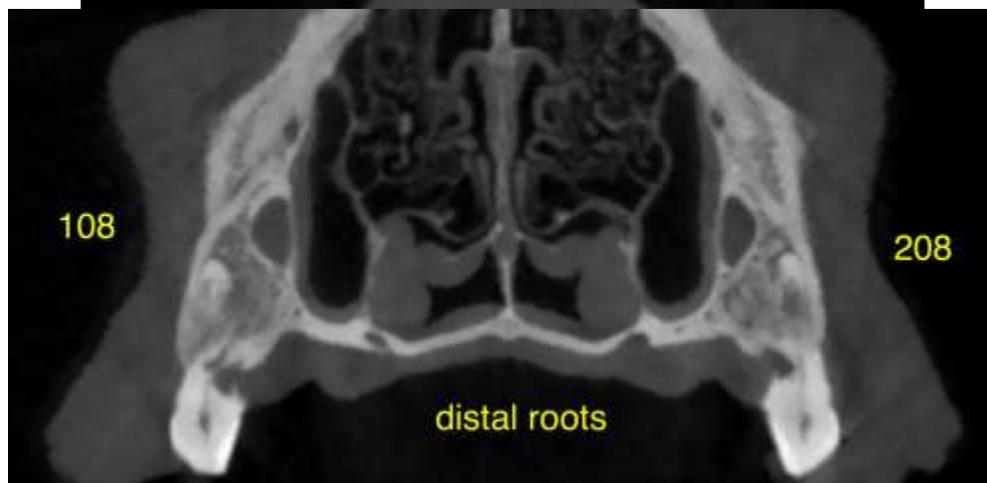
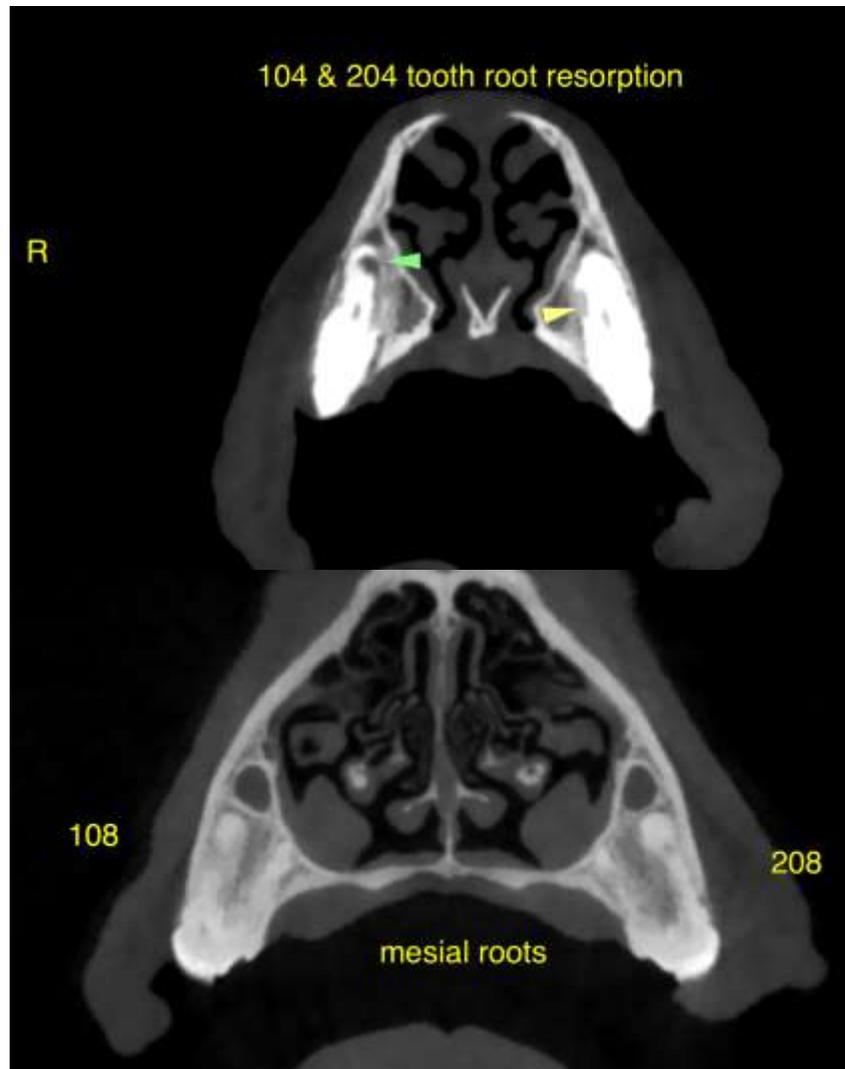
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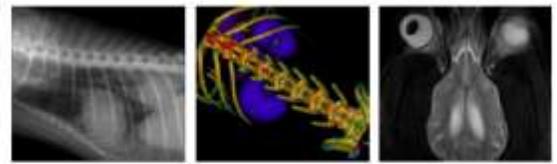
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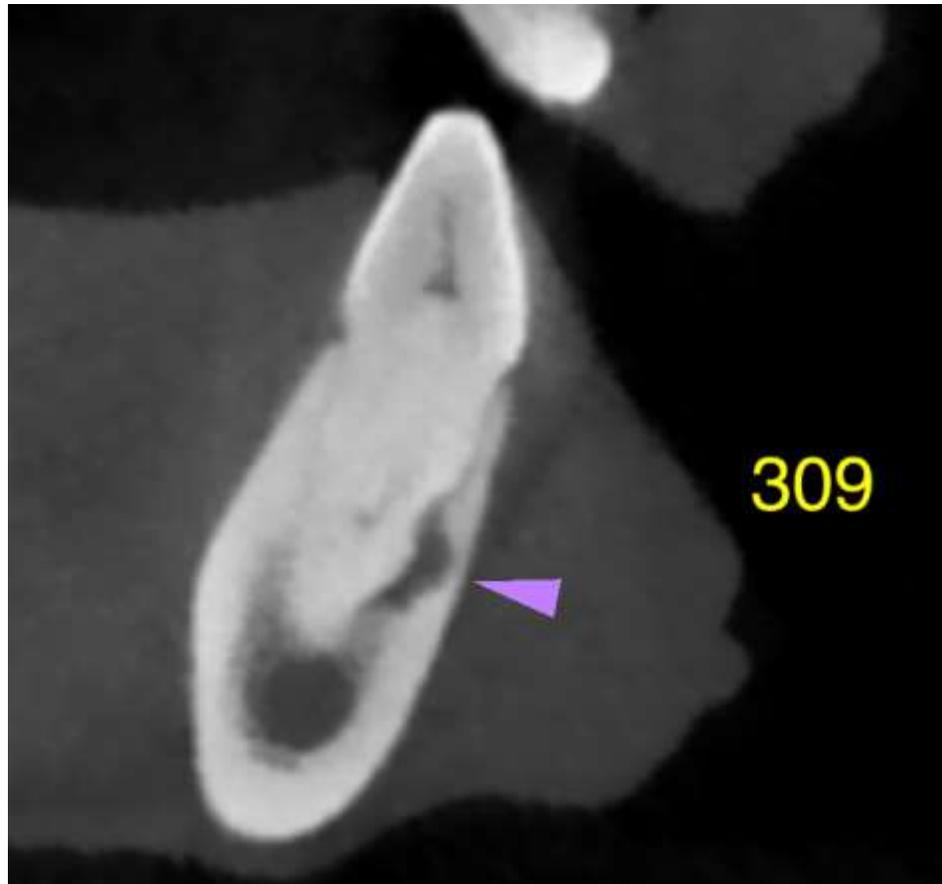
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet., DipECVDI
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