



PATIENT

Oakley Haller

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

5 Years, 10 Months

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessica Evoniuk

INVOICE

47351

DATE

9-3-21

PRESENTING CLINICAL SIGNS

p/ was hit by mail driver about 1hr ago this morning, o/ thought possible dog fight wound, looked back on cameras at the house and has video evidence p/ has been more sluggish than he normally is no lameness noted or disorientation meds: none large laceration present on forehead near OS, some small lacerations on front paws and near ear, left eye appears very red and bloodshot, sensitive to touch of left ear actively bleeding on presentation no other concerns amh Objective HR-80, RR WNL, slightly panting MM pink/moist. QAR. Mentally appropriate. PLR direct and consensual intact. Menence intact. Able to close eyelids normally. Scleral and conjunctival hemorrhage of the OD. Abrasions the the outer R ear pinna. Held lower mandible "dropped" but able to close/open without resistance. Superficial abrasion the the L temporal area, laceration of ~2" with underlying muscle tissue visible. Associated tissue swelling. No active hemorrhage at intake. See images FX of 104, 309 with detached piece of the crown- removed; both with pulp exposure Abrasion and torn paw pad of the RF lateral digit 4, `1/2cm abrasion superficial of the cranial RF carpus. H/L WNL. BCS 7-8/9 Pending full skull CT imaging but no overt fractures. Removed detached fractured portion of the lingual aspect of the 309 crown. Assessment Soft tissue injury/abrasions and lacerations secondary to vehicular impact RO trigeminal and/or facial nerve trauma Paw pad trauma Plan Sedated for further examination, clip, and clean of the wounds. Apprehensive to IV injection so given IM (0.85ml Dexmet/Butor) with additional 0.15ml of each given IV R lateral saphenous. Attempted skull CT but movement secondary to respiratory motion. Elected to begin wound clean up and retry or consider general anesthesesia. SR in 10-14d Able to clip, clean, flush wounds. Placed 3-0 Monocryl simple interrupted subcuticular sutures with simple inter skin sutures placed. Flushed wound. Debrided detached paw pad tissue and flushed. No lameness or overt licking at intake. Plan to monitor- booty or bandage PRN. E-collar if needed for facial rubbing, etc Plan Cefpodoxime, Carprofen (12 hour injectable dose given SQ at intake), SSD ointment to abrasions wounds BID- SID with healing. Plan COHAT with extraction of fractured teeth under GA. Consider repeat skull CT at that time if more detailed view without artifact of motion indicated. Monitor eye for any tearing, dryness, etc.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion. Nasal cavities are ventilated regularly. Conches look normal as well as the maxillary/mandibular teeth except for 104/309. 104 presents a significantly widened pulp cavity with opening of the pulp at the tooth crown. The periapical bone is inconspicuous. 309 shows a crown fracture involving the rostral and middle part of the crown. There is no evidence of a mandibular fracture or luxation noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- (chronic) pulpitis 104
- Crown fracture 309



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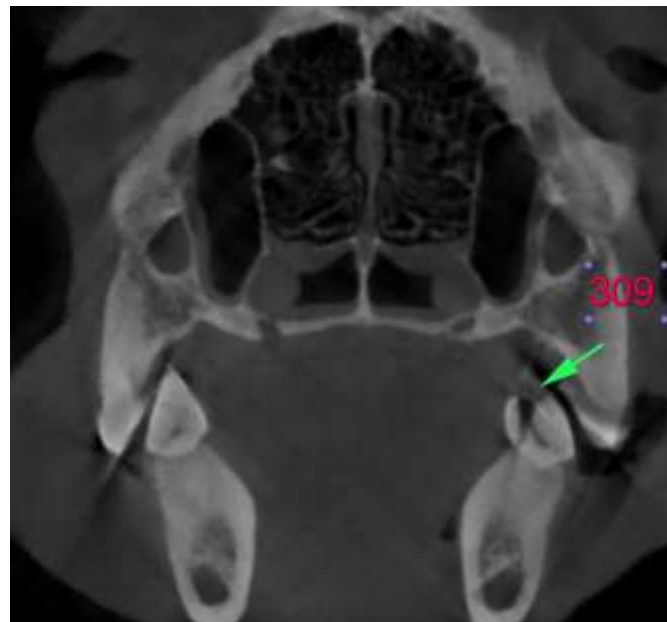
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show no signs of a fracture and/or sub-/luxation of the nasal structures and the mandibles.

Extraction of the 104 and 309 is recommended. The widened pulp cavity of the 104 indicates a more chronic pulpitis.





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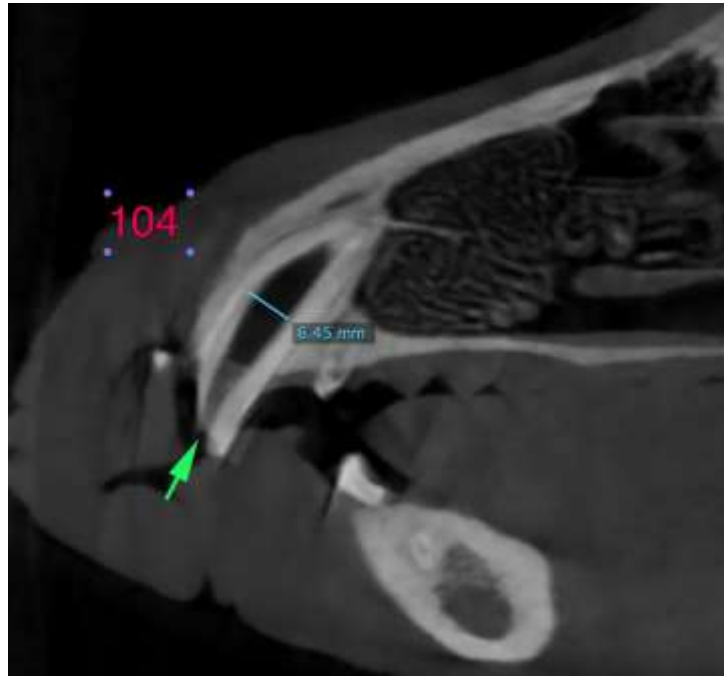
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com