



**PATIENT**

Abbey Porter

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

F

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson

**INVOICE**

50088

**DATE**

2-4-22

**PRESENTING CLINICAL SIGNS**

Not eating well starting 4 weeks ago. Intermittently crying out in pain, appeared to be neck pain due to movement tenderness. Started Meloxicam. Pt rechecked, unimproved. Not eating well, R eye swollen, not retropulsing as much as the right. Seemed like R sided swelling and tenderness at temporal mandibular joint, pain/reluctance to open mouth. Dental disease. Stopped Meloxicam, washed out and started Prednisone 30mg BID. Improved from able to open mouth 1cm to 2cm  
Abnormal PE/Chem/CBC/UA Results: Normal skull rads. Bloodwork WNL.

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution post-contrast CT study of the skull is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

All teeth present evidence of generalized mild to moderate periodontal disease.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Generalized moderate periodontal disease
- Otherwise normal skull

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with generalized periodontal disease but presents no specific abnormality explaining the neck pain. At this point there is no evidence of retrobulbar/intramuscular abscess formation. Consider complementing blood work by crp to check for evidence of an inflammatory process. If exophthalmos develops, consider repeating CT study of the skull.



**PATIENT**

Abbey Porter

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

F

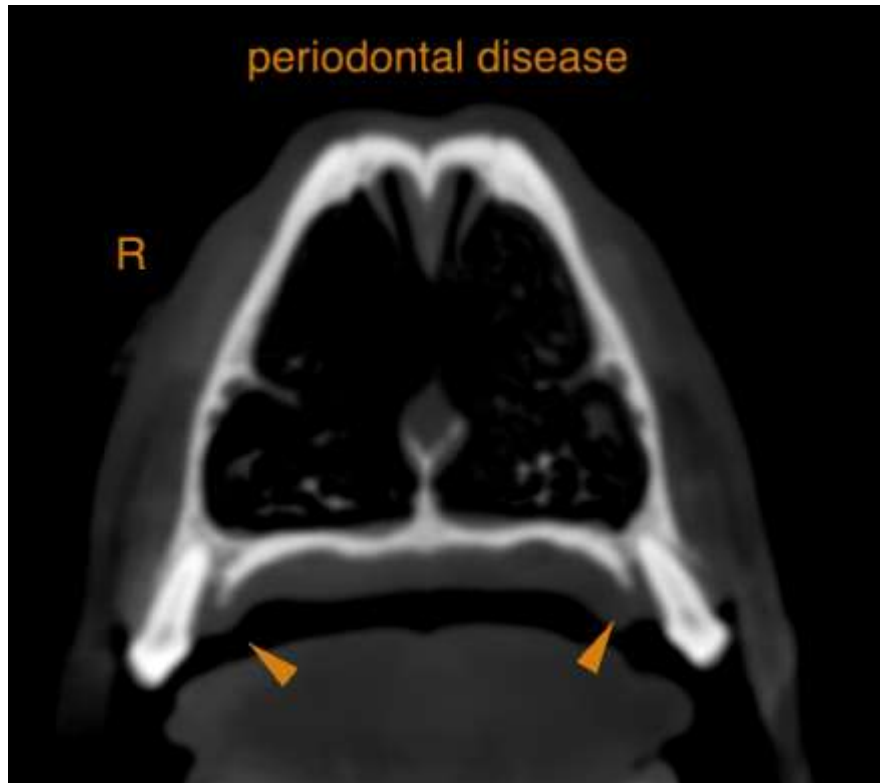
**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

periodontal disease



**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**INVOICE**

50088

**DATE**

2-4-22