



PATIENT PRESENTING CLINICAL SIGNS

Pequena Sinkler Right Nasal Dyspnea (today) Right Nasal dyspnea developed 2-3 weeks post right mandibulectomy with negative sneezing or discharge. Treatment: Cone Beam CT scan with and without contrast performed. Findings included: 11 x 5 mm oval contrast enhancement within the right bony ocular orbit and narrowed distal right nostril as passes through pterygoid bone (focal partial / complete nasopharyngeal collapse). Radiologist consultation is pending. Oral Mass- (Feb 11, 2023) 10 x 10 x 10 mm oval pigmented friable, osteolytic mucogingival mass (Malignant Melanoma) extending mesial and distal to include the distobuccal right mandibular first molar and the linguovered right mandibular third molar (409-411) and apical to involve the right mandibular canal via the osteolytic periodontal space enlargement of the right mandibular second premolar tooth. Treatment: Right Total Unilateral Mandibulectomy, Commissurorrhaphy with Crown Reduction, Partial Pulpectomy and Direct Pulp Capping of the left mandibular canine tooth (304) and Surgical Extraction of the right maxillary fourth premolar, first and second molars to facilitate mandibular flap healing and extend Pequena's quality life. Histopathology with margins is currently pending. Root- Resorption:(Feb 11, 2023) Severe Root Resorption type 1: Right maxillary third premolar, right and left mandibular fourth premolar (107, 308,408). Treatment: Surgical Extraction. Severe Root Resorption type 2: Left mandibular first premolar (305). Treatment: Modified Crown Root Amputation. Retained Tooth Roots (Feb 11, 2023) Retained Tooth Roots: Left maxillary second premolar (206). Treatment: Surgical Extraction. Periodontitis(Feb 11, 2023) Moderate Periodontal Disease (PD3): Focal interradicular bone loss not clinically present with and without probing left maxillary fourth premolar (208). Treatment: Professional dental cleaning with placement of a fluoride polish. Recommend advanced home dental care (Brushing) and radiographic monitoring at his/her next dental procedure (6-12 months). Hypodontia (Feb 11, 2023) Hypodontia (Missing) Right and Left maxillary first premolars (105, 205). Abnormal PE/Chem/CBC/UA Results: "Pequena" presented for right nasal dyspnea 2-3 weeks post right unilateral mandibulectomy for malignant melanoma. No nasal discharge or sneezing has been noted. Histopathology revealed Malignant melanoma, complete excision: Mitotic count >= 4/10 hpf (2.37 mm²): Yes, Nuclear atypia >= 30%: No, Pigmentation < 50%: Yes, Deepest tissue invaded: Bone, Angiolymphatic invasion: Not observed. Margins: VENTRAL: at least 7 mm (neoplastic cells not present in the section examined), BUCCAL: 9 mm LINGUAL: 9 mm, ROSTRAL: at least 20 mm (neoplastic cells not present in the section examined), CAUDAL: at least 11 mm (neoplastic cells not present in the section, examined). Referral to ACCC was recommended to determine if additional therapy is indicated. "Pequena" is currently eating, drinking and acting normally. On 2/8/23 a complete chemistry, CBC was performed and the results were unremarkable other than: TP 7.8 (5.0-7.4), ALBUMIN 4.5 (2.7-4.4), TBili. 0.5 (0.1-0.3), BUN 37 (6-31), BUN/CREAT Ratio 37 (4-27), TG 371 (29-291), Platelet Count 587 (170-400).

SPECIES

Oc

BREED

Miniature American Eskimo Mix

SEX

Female

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Florida Animal Denistry

REFERRING VET

Mike Wiegand, DVM,
DAVDC

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent. The tip of the crown of triadan 304 is absent, and there is evidence of preceding dental filling procedure. The right mandible is absent and advanced atrophy of the right masticatory muscles is seen.

INVOICE

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The volume of the right mandibular salivary gland is moderately decreased.

DATE

3-16-23

At the rostral aspect of the zygomatic process of the right temporal bone, a post contrast peripheral contrast enhancing, and central fluid attenuating region is seen, measuring 1.1 x 1.0 x 1.5 cm in size.



PATIENT A small amount of fluid attenuating material is attached to the nasal conchal & turbinate structures. Fluid attenuating material is seen in the nasopharynx.

Pequena Sinkler

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.

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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.

Oc

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.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of right sided mandibulectomy with focal cavitory lesion rostral aspect zygomatic process right temporal bone – suspect small seroma
- Segmental narrowing of the nasopharynx
- Mild rhinitis
- Atrophy right mandibular salivary gland
- History of dental filling triadan 304 due to complicated dental fracture
- Multiple absent teeth

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental narrowing of the nasopharynx can be caused by focal mucus accumulation that might be accentuated by collapse secondary to general anesthesia – underlying non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic) is considered most likely. However, nasopharyngeal stenosis due to chronic local inflammation is a potential. I cannot appreciate a mass. Complementing workup

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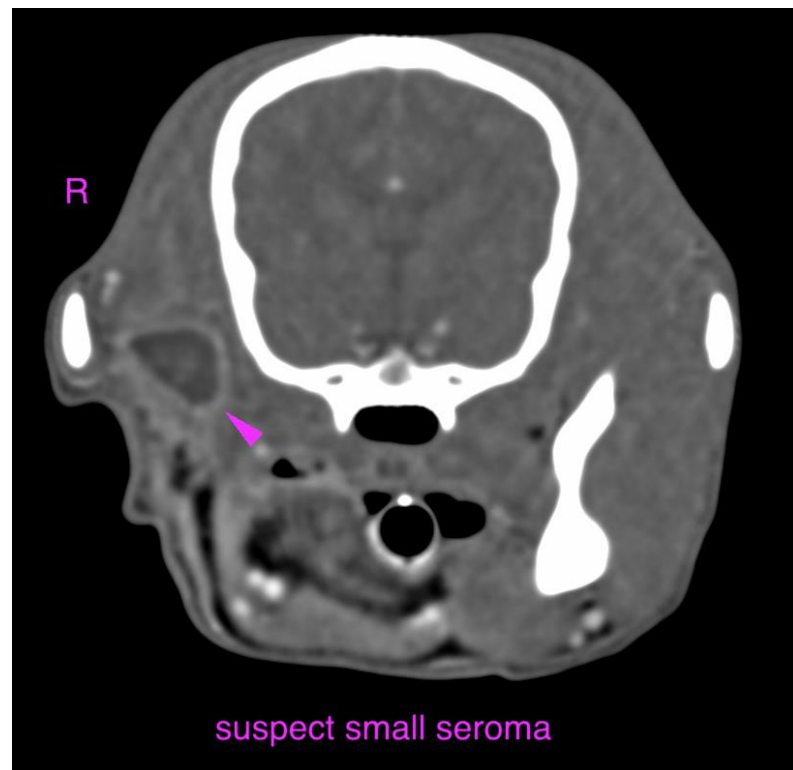
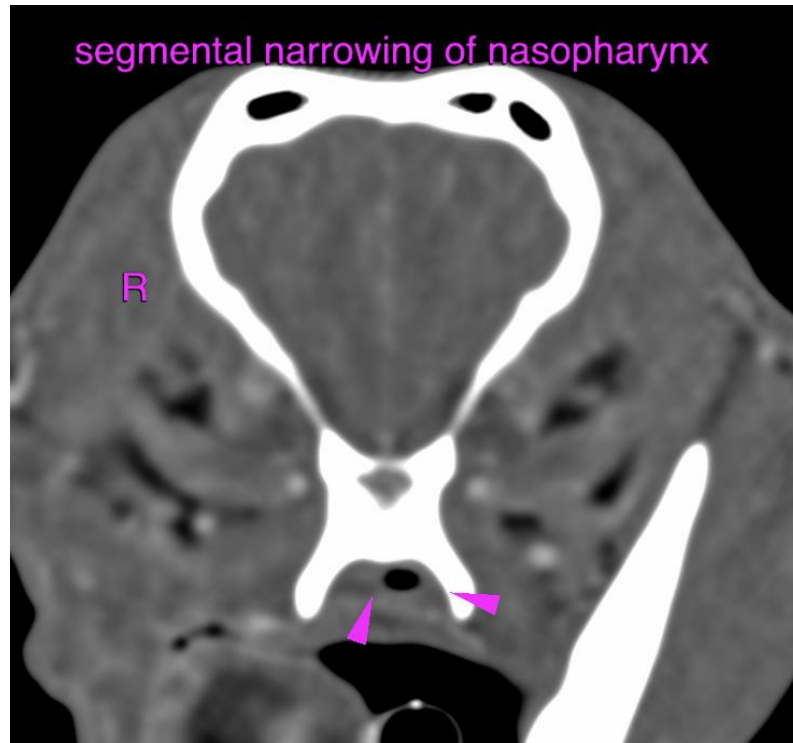
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Pequena Sinkler

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.

SPECIES

Oc

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.

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