



PATIENT PRESENTING CLINICAL SIGNS

Jake Valcourt
SPECIES Canine
BREED Wheaten Tear
SEX MN
AGE 10 Years

Chief complaint: ODOROUS BREATH Past medical hx: NEW PATIENT HERE FOR ORAL EXAM. RECENTLY HAD A BIOPSY OF ORAL MASS WITH PDVM, PENDING RESULTS. ORAL EXAM ORIGINALLY SCHEDULED FOR MARCH 4TH, WHEN RESULTS FROM BIOPSY WOULD HAVE BEEN READY. OWNER REPORTS JAKE HAS MULTIPLE BROKEN TEETH, AND SEEMS TO BE IN PAIN AROUND MOUTH. OWNER WORRIED ABOUT POSSIBLE SPLINTER IN MOUTH. Current Medications: TRAMADOL, AND CLINDAMYCIN CURRENT DIET: PURINA PRO PLAN, MIXED WITH DR. MARTY'S RAW FOOD. CHICKEN, COTTAGE CHEESE, AND SWEET POTATO ADDED ON TOP. *ASSESSMENT: * SWELLING TO LOWER LEFT MANDIBLE AREA- R/O LYMPH NODE VS SALIVARY VS SOFTISSUE MASS VS MASS ASSOCIATED WITH LOWER MANDIBLE. CT RECOMMENDED. Oral examination revealed advanced periodontitis, severe tartar buildup, inflammation, gum recession and infection. The patient displayed signs of pain during the dental exam. Tentative/Definitive Dx: Periodontal disease 3: Advanced gingivitis with excess tartar accumulation both above and below the gum line. Pockets have begun to develop between the gum tissue in the tooth leading to food impaction, Infection, and tooth instability. ABRASION, ENAMEL STAINING, AND INFLAMMATION MILD THROUGHOUT GINGIVAL RECESSION MODERATE THROUGHOUT BLEEDING MODERATE TO SEVERE THROUGHOUT MULTIPLE TRAUMATIC UNCOMPLICATED CROWN FRACTURES THROUGHOUT CUTANEOUS MASSES R/O: BENIGN VS. MALIGNANT

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

INTERPRETED BY COMPUTED TOMOGRAPHIC FINDINGS

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Triadan 101, 102, 201, 202 and 205 are absent. All teeth present evidence of mild to moderate periodontal disease, most pronounced 103, 105, 106, 109, 110, 203, 206, 209, 210, 310, 408, 410.

HOSPITAL NAME Green Dog Dental and Wellness

In the nasal cavity, a small amount of fluid attenuating material is attached to the nasal mucosal lining..

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

REFERRING VET Garcia

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.

DATE 3-3-23

In the left submandibular region, a moderate subcutaneous soft tissue swelling with fat-stranding of the subcutaneous fat is seen. The lateral of the left mandibular lymph nodes is moderately enlarged, rounded and post-contrast hypoattenuating, demarcated by a thin contrast enhancing capsule. The medial left mandibular lymph nodes is prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy left mandibular lymph nodes – suspect cavitation of the lateral of the left mandibular lymph nodes.



PATIENT

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- Steatitis left mandibular region.
- Generalized moderate periodontal disease.
- Multiple absent teeth.
- Mild rhinitis.

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REFERRING VET

Garcia

INVOICE

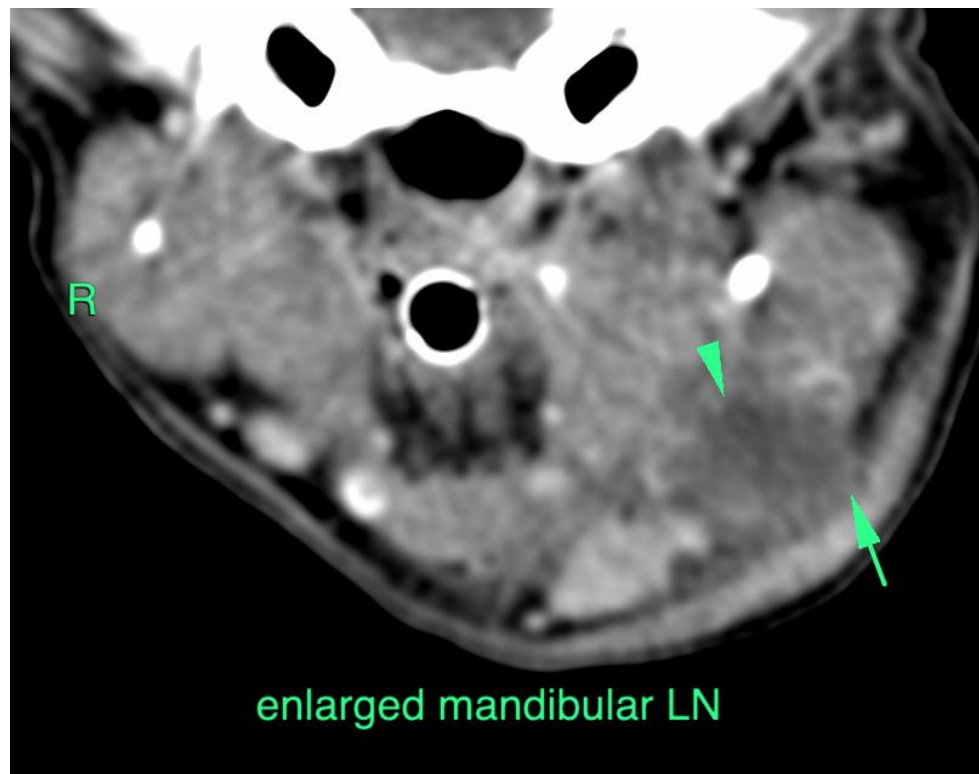
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged left mandibular lymph node is suggestive for abscessation with secondary surrounding septic steatitis. A potential is lymph node metastasis with cystic lesions (e.g. carcinoma). If not done so yet, recommend FNA sampling of the respective lymph node.



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.

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