



PATIENT PRESENTING CLINICAL SIGNS

Blossom Mitcham

ORAL HEALTH HISTORY HISTORY OF CURRENT PROBLEM: Patient presents for Consult to procedure for CT and probable extractions. suspected oral pain on right side PREVIOUS ORAL OR DENTAL TREATMENTS: had extractions without radiographs at a clinic a long time ago, then in December 2021 had OHAT with FMR at current rDVM - resulted in 7 extractions. Apparently healed well, but right sided pain persisted. APPETITE AND DIET: decreased appetite; owner suspects due to pain. She still wants to lick at soft food, but has trouble with kibble. She will tilt her head to move food to left side for chewing. HOME ORAL HYGIENE: none SYSTEMIC HEALTH HISTORY C/S/V/D: hx of coughing and sneezing due to chronic congestion and asthma; no vomiting/diarrhea hx hyperthyroid, chronic congestion, asthma MEDICATION CURRENT MEDICATIONS: flow-vent BID, topical methimazole BID CURRENT DIETARY AND NUTRITIONAL SUPPLEMENTS: none KNOWN DRUG ALLERGIES None Owner reports that she is pretty sensitive to meds - usually has profound sedation or GI upset with medications DIAGNOSTICS: CBC/Chem done 1/7/22 - T4 high (11.5); all else ok for anesthesia T4 rechecked 2/18/22 - 5.2 EXTRAORAL EXAM: FACIAL SYMMETRY Appropriate MASTICATORY MUSCLES No masticatory muscle atrophy MANDIBULAR LYMPH NODES? None enlarged. OTHER unremarkable INTRAORAL EXAM: - See findings in treatment section for anesthetized oral exam and imaging findings. PHYSICAL EXAM EYES: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge EARS: No exudate observed, no redness present Nares: No obvious abnormalities observed CARDIOVASCULAR: No heart murmur. No cardiac arrhythmia. Strong synchronous femoral pulses. RESPIRATORY: Eupneic Normal bronchovesicular sounds; no crackles or wheezes. ABDOMEN: Abdomen palpates normally; no pain, tenderness or masses on palpation RECTAL: Did not perform rectal exam MUSCULOSKETETAL: Normal ambulation INTEGUMENT: Normal amount of shedding; skin looks normal; hair coat in good condition LN Superficial cervical and popliteal LN appropriate. UROGENITAL: External genitalia appears normal; bladder palpates normally NEUROLOGIC: No apparent abnormalities BEHAVIORAL ASSESSMENT: Calm and easily restrained

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution plain CT study of the skull is provided for review.

HOSPITAL NAME

Animal Dental Clinic

COMPUTED TOMOGRAPHIC FINDINGS

REFERRING VET

Donald Otten

The tooth elements 101, 102, 107-109, 201-203, 207-209, 301, 307, 401 and 407 are absent. Ankylosis and partial resorption of the roots of the maxillary and mandibular canine teeth is appreciated. Small, retained fragments of the tooth roots of triadan 108, 208, 307, 407 and multiple incisor teeth are seen in the respective alveolar crest

INVOICE

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In both nasal cavities, R>L, a moderate amount of fluid attenuating material is attached to the nasal conchal & turbinate structures. Moderate destruction of the nasal conchal structures, R>>L, is appreciated. Moderate swelling of the mucosal lining of the nasopharynx is seen. The right frontal sinus is filled with soft tissue attenuating material.

DATE

4-18-22

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

The left tympanic bulla is filled with soft tissue attenuating material, the osseous lining of the left tympanic bulla is mildly thickened and smooth. The right tympanic bulla contains a small amount of soft tissue attenuating material. The external ear canals are within normal limits.



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The mandibular lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Destructive rhinitis
- Bilateral otitis media, L>>R
- Lymphadenopathy mandibular lymph nodes
- Tooth root resorption and ankylosis of the roots of triadan 104, 204, 304 and 404
- Multiple absent teeth, see above
- Retained fragments of multiple tooth roots without signs of abscess/granuloma formation

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the nasal cavity are most consistent with destructive rhinitis – commonly primary viral ± bacterial or less likely mycotic superinfection – but further definition is limited in plain CT study. The changes of the nasal cavity are not typical for underlying neoplastic transformation (e.g. round cell tumor), due to lack of osteolysis or specific mass. Rhinoscopy including sampling for microbial culture/PCR and histopathology can be used to rule out malignant transformation entirely.

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Suspect secondary reactive hyperplasia of the mandibular lymph nodes – FNA sampling can be used to confirm the diagnosis.

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No abnormality can be specified, explaining the suspected oral pain – rule out gingivostomatitis complex as potential underlying cause.

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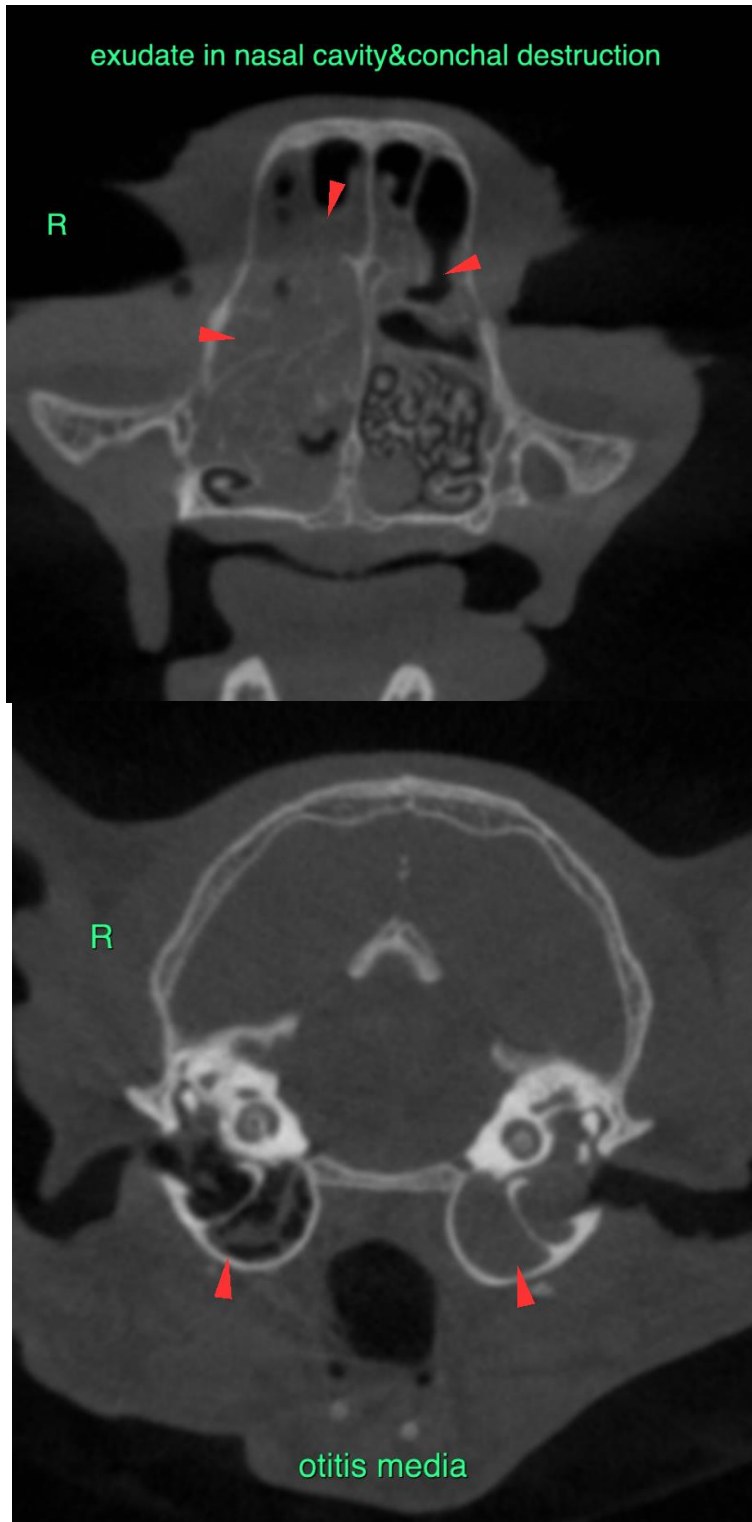
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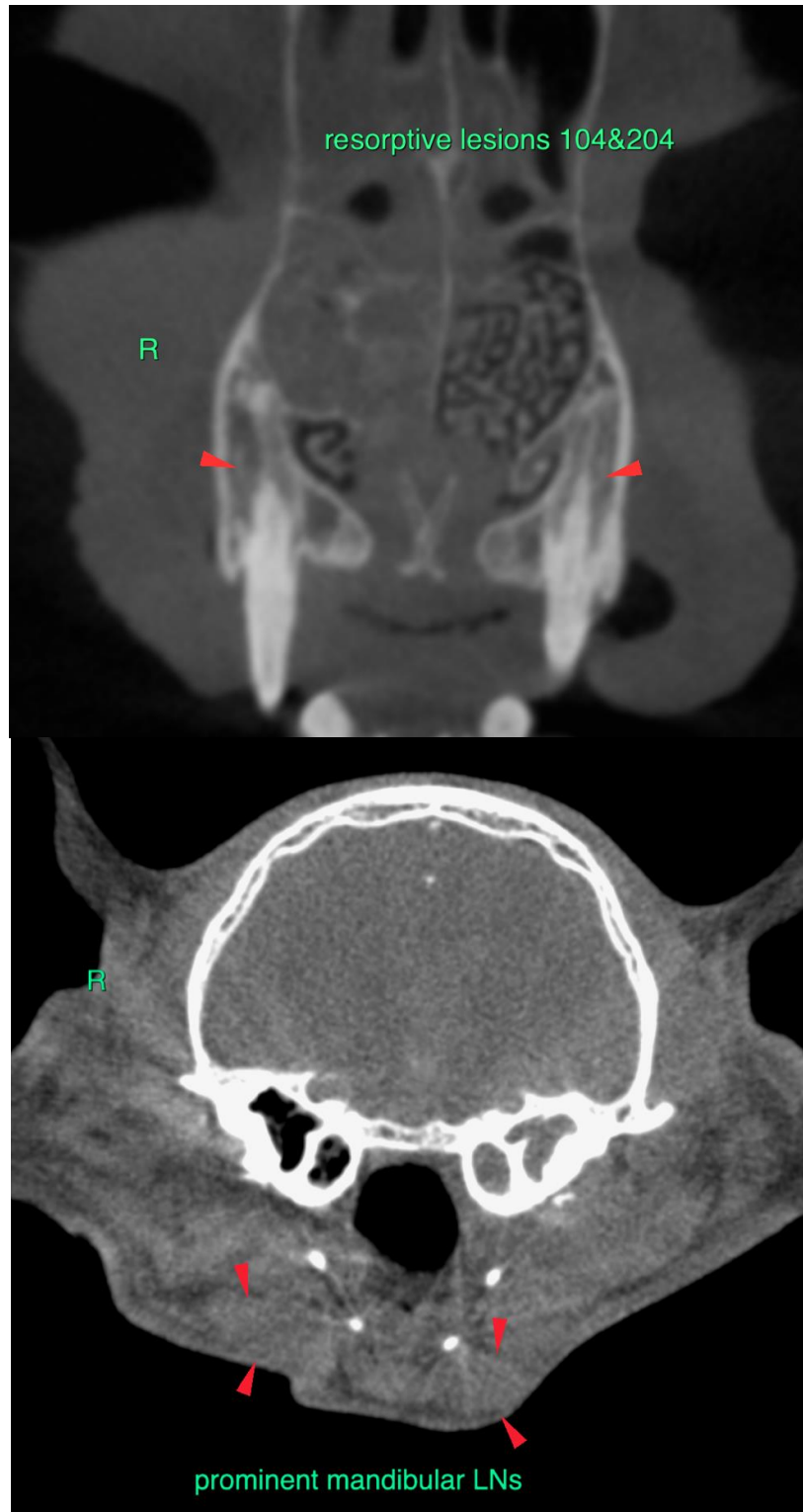
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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