

**PATIENT**

Chloe Jones

**PRESENTING CLINICAL SIGNS**

Pt presented 7/8/22 for bruxism and otitis. Pt was holding AD tucked to the side and O observed squinting OD at home, though it was not noted on exam. she frequently licks at the right side of her face. An oropharyngeal exam and dental cleaning were performed today. 108/209 seem to grind together, possibly due to previous extraction of 204, 309 (in 2019). Pt was chattering during ultrasonic scaling (right upper and lower, left upper arcades) despite medium anesthetic depth--this resolved with lidocaine local blocks at the mental and infraorbital sites on the right and the caudal maxillary and mandibular sites on the left. Dental radiographs showed root resorption on 404, no other abnormalities were detected (see attached PDF). Otitis AD persists and O reports limited success getting meds into ear at home. Unable to visualize TM due to canal stenosis and medication in ear.

**SPECIES**

Feline

**BREED**

DSH

**RADIOGRAPHIC STUDY OF THE SKULL**

Radiographs of the skull in a rostrocaudal and oblique lateral projections are provided for review.

**SEX**

Spayed Female

**RADIOGRAPHIC FINDINGS**

Both tympanic bullae are aerated and present a smooth and thin wall.

**AGE**

11 Years

No abnormalities of the osseous and surrounding soft tissue structures of the skull are appreciated.

**RADIOGRAPHIC DIAGNOSIS**

- Normal skull

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the skull presents without signs of otitis media.

**HOSPITAL NAME**

Northshore  
Veterinary Hospital

**REFERRING VET**

Sophie Lee, DVM

**INVOICE**

53394

**DATE**

8-10-22



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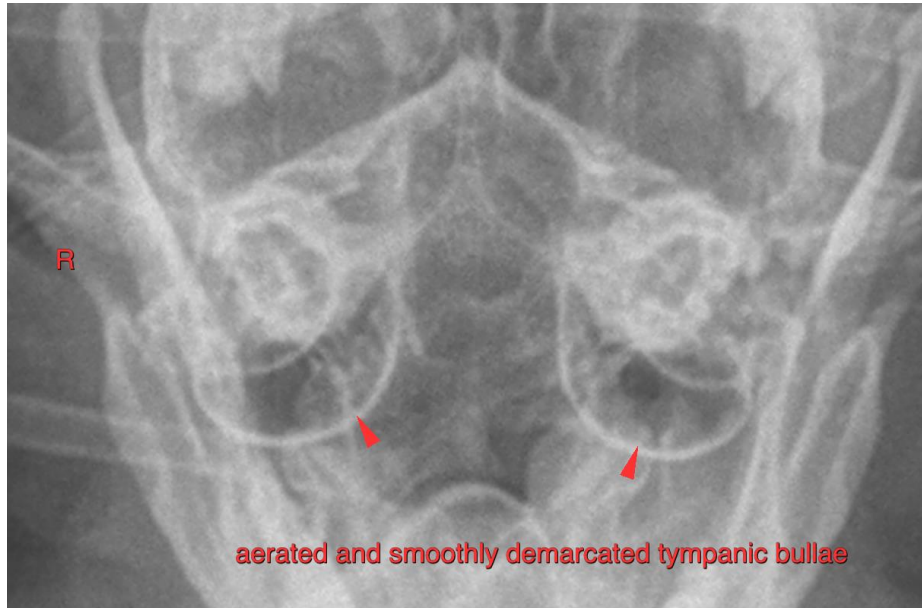
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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