



PATIENT

Semmi Carrutheres

SPECIES

Canine

BREED

Cattle Dog

SEX

Red

AGE

8

WEIGHT

32

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

72938

DATE

12-7-25

PRESENTING CLINICAL SIGNS

retching dysphagia oral examine benign
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 4 series. One pre-contrast series of the whole-body, soft tissue algorithm. One pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the whole-body, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a complete crown fracture of Triadan 304 with pulp exposure and a retained root. Adjacent to the retained root, there is focal alveolar bone resorption associated with sclerosis and mild trabeculated periosteal reaction affecting the left incisive bone. As a consequence, the intermandibular joint surface appears mildly irregular.

Triadan 202 is absent; the remaining teeth are present.

The remaining alveolar bone demonstrates a normal pattern.

The nasopharynx, oropharynx, tonsils, and soft palate are within normal limits.

The cricoid cartilage and hypoid apparatus are within normal limits.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

No intracranial mass effect, falx cerebri shift, or ventriculomegaly is observed.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are within normal limits.

The thyroid glands are unremarkable.

THORAX



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The trachea and main bronchi are within normal limits.

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The pulmonary parenchyma exhibits normal attenuation without evidence of pulmonary micronodules, nodules, or masses.

The bronchial tree shows normal tapering and thin, smooth bronchial walls; the bronchus-to-artery ratio is within normal limits.

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The cardiac silhouette and pulmonary vessels are normal. Contrast appropriately opacifies the cardiac chambers and major vessels.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is mildly distended with intraluminal gas, likely related to anesthesia.

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There are multiple small thoracic and lumbosacral vertebral endplate spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Complete crown fracture of Triadan 304 with a retained root and associated focal alveolar bone resorption, sclerosis, and mild periosteal reaction. Differential diagnoses include concurrent pulpitis, focal osteomyelitis, and less likely, odontogenic neoplasia.
- Mild irregularity of the intermandibular joint surface, likely secondary to the adjacent dental and alveolar changes.
- Triadan 202 is absent.
- Otherwise, normal CT of the head and neck.
- Normal thoracic CT examination.
- Incidental multifocal vertebral endplate spondylosis deformans.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals a dental lesion involving Triadan 304, characterized by a complete crown fracture with a retained root and associated alveolar bone remodeling. Differential diagnoses include concurrent pulpitis, focal osteomyelitis, and less likely, odontogenic neoplasia.

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These findings likely represent a chronic inflammatory or infectious process. Correlation with a comprehensive dental examination is recommended, and extraction of the affected root with appropriate periodontal treatment should be considered. A biopsy or culture may also be indicated.

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No additional abnormalities are identified that correlate with the current clinical signs of dysphagia or retching. If dysphagia or retching persists, evaluation of the oropharynx and esophagus via endoscopy may be considered.

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The thoracic examination is within normal limits, with no evidence of structural disease that may correlate with the reported clinical signs.

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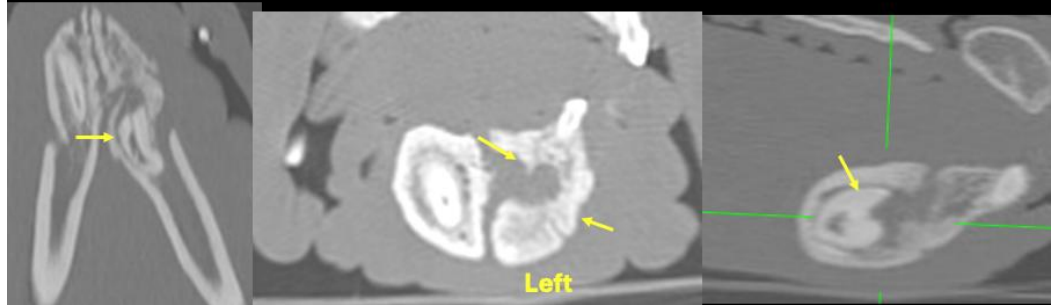
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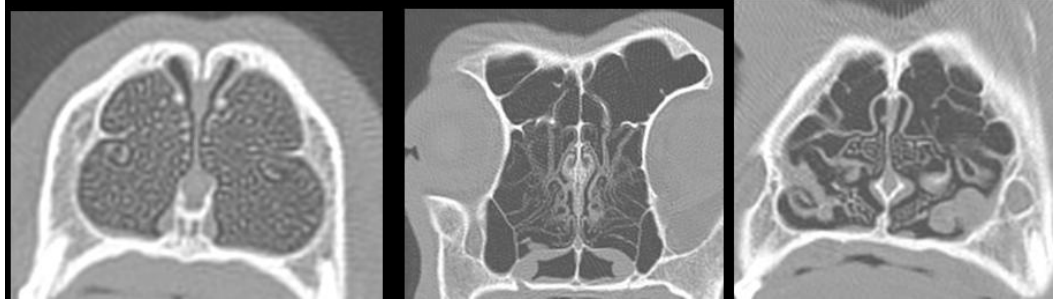
DATE

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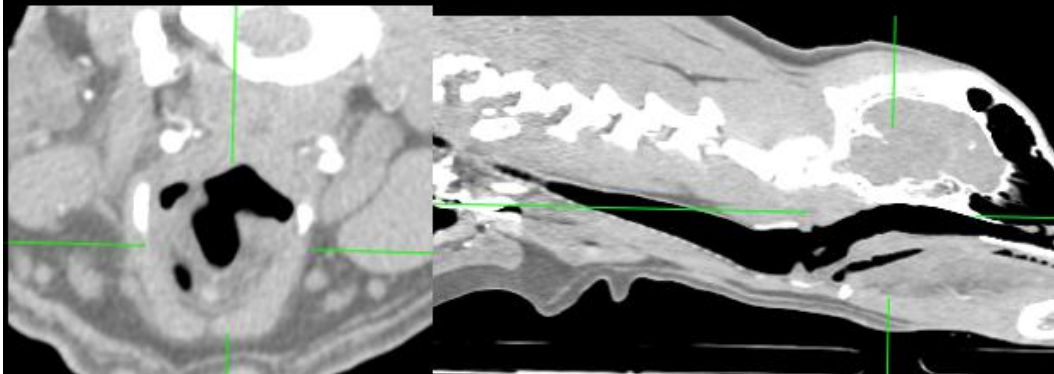
Complete crown fracture of Triadan 304 with a retained root and associated focal alveolar bone resorption, sclerosis, and mild periosteal reaction



Normal nasal cavities



Normal nasopharynx and oropharynx





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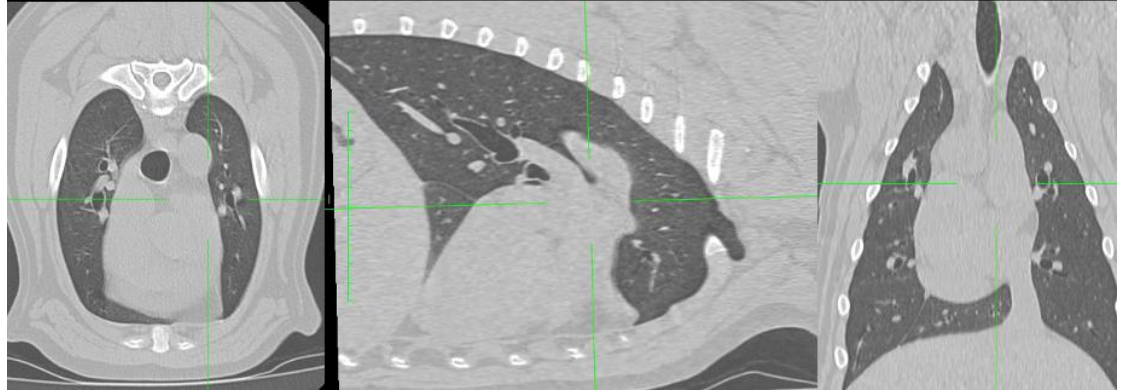
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Normal thorax



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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