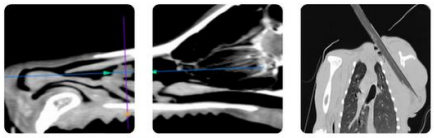

PATIENT

Monkey Bond

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14

WEIGHT

4.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Donald Otten

HOSPITAL NAME

Oregon Veterinary Dental Specialists

REFERRING VET

Dr. Donald Otten

INVOICE

73954

DATE

2-25-26

PRESENTING CLINICAL SIGNS

- History of current problem: Patient presents for jaw fracture reapair. P presented to Dove Lewis ER 2/22 d/t lethargy and inappetence (Client works at Dove Lewis). Labs and AUS obtained. P presented to ER again 2/23 d/t continued lethargy - skull rads showed mandibular fractures. Referred to ORVDS for treatment. O has a large dog at home that may have caused injury, although unsure how fracture truly occured (no external injuries).

Abnormal PE/Chem/CBC/UA Results: 2/25/26 Cardiology workup with echo @ Dove Lewis prior to today's OHAT -- There is borderline concentric left ventricular hypertrophy. The left atrial size is normal. 2/23/26 SNAP proBNP (ABNORMAL) 2/23/26 Skull radiographs -- caudal mandibular fracture right side, left caudal mandibular fracture, no evidence of sinus or skull fractures, no obvious tooth fractures 2/22/26 Chem/CBC/Lytes (no T4/SDMA), Hematocrit 28.3 %, Hemoglobin 9.1 g/dL, PCV 29 % 2/22/26 Abdominal AUS -- 1. Left peri-renal scant fluid and hyperechogenicity- The presence of fluid and hyperechogenicity would support regional inflammation but etiology is not clear based on ultrasound. Rule out regional trauma, sterile retroperitonitis v. emerging infection or acute nephritis.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A single non-contrast CT study of the head was provided for review. Images were acquired in the dorsal plane using a bone reconstruction algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a complete, multi fragmented fracture involving the right mandibular ramus, extending through the masseteric fossa and the neck of the mandible. The fracture line also involves the right mandibular angle.

There are signs of temporomandibular joint incongruity secondary to the caudal mandibular fracture.

Due to the described fractures, the right mandibular body is displaced medially with apparent shortening of the osseous axis compared to the contralateral (left) mandibular body.

The temporomandibular joint is incongruent. A tiny osseous fragment (2.2 mm) is identified adjacent to the joint and may originate from the articular tubercle, in addition to other separated fracture fragments.

There is also a fracture line in the caudal portion of the right zygomatic process of the temporal bone.

The intermandibular symphysis is preserved.

The left mandible is within normal limits, with no fractures detected.

All teeth are present and show normal position and attenuation, with no evidence of dental fractures identified on this study.

The maxillary osseous structures are within normal limits regarding contour and mineral attenuation.

The nasal cavities and turbinates are unremarkable. The cribriform plate is intact.

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The oropharynx and nasopharynx are within normal limits.

No abnormalities are identified within the calvarium.

The frontal sinuses are unremarkable.

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

The globes and retrobulbar spaces are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complete, multiple caudal mandibular fracture on the right side, resulting in medial displacement of the right mandibular body with apparent shortening of its osseous axis.
- Concurrent fracture of the caudal portion of the right zygomatic process of the temporal bone.
- Secondary temporomandibular joint incongruity is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomography findings confirm a displaced caudal mandibular fracture on the right side, with associated temporomandibular joint incongruity and multiple fracture fragments. There is also a concurrent fracture of the caudal portion of the right zygomatic process of the temporal bone. The degree of displacement suggests mechanical instability.

The left mandible is intact.

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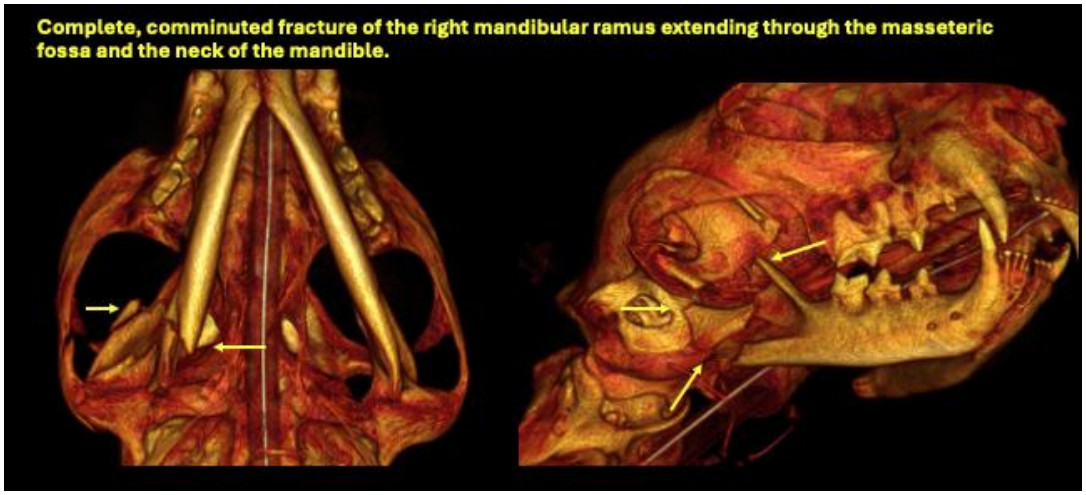

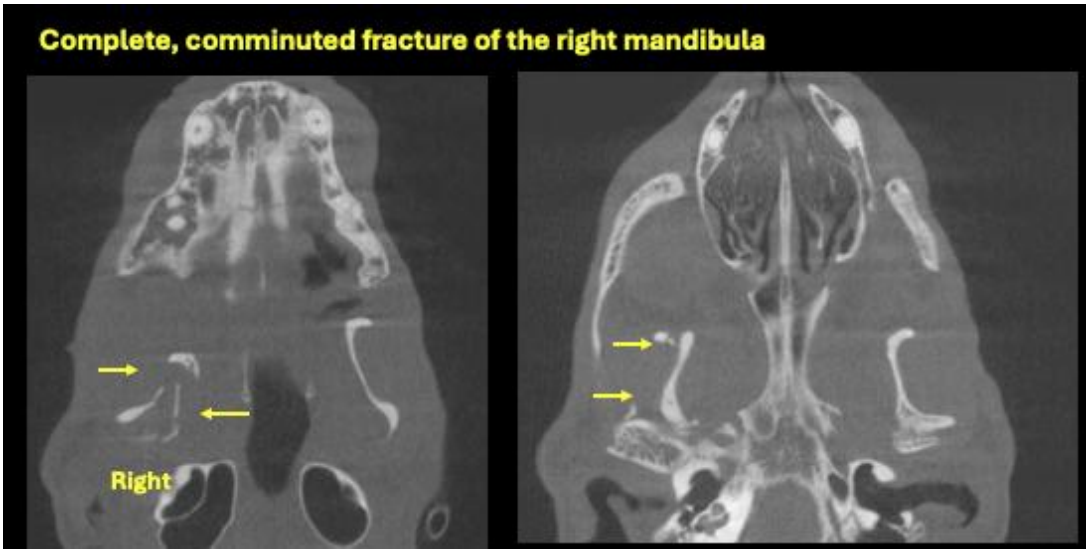

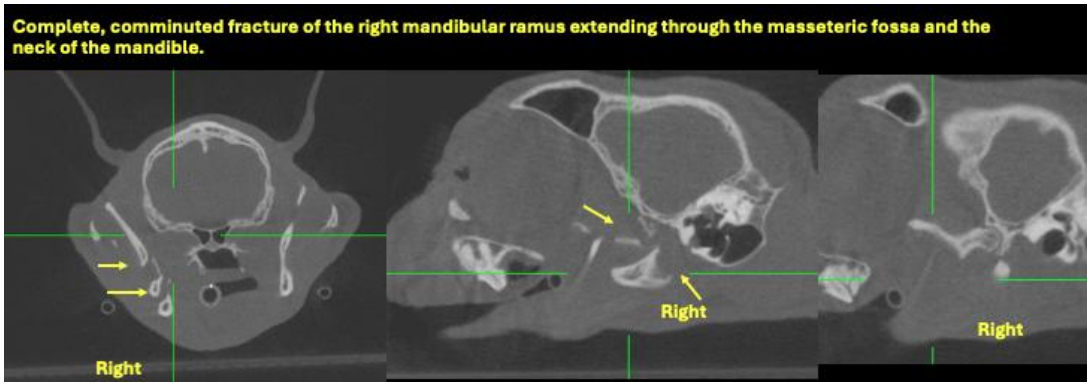

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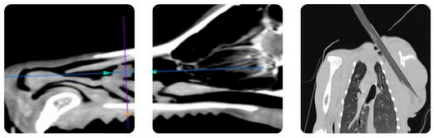

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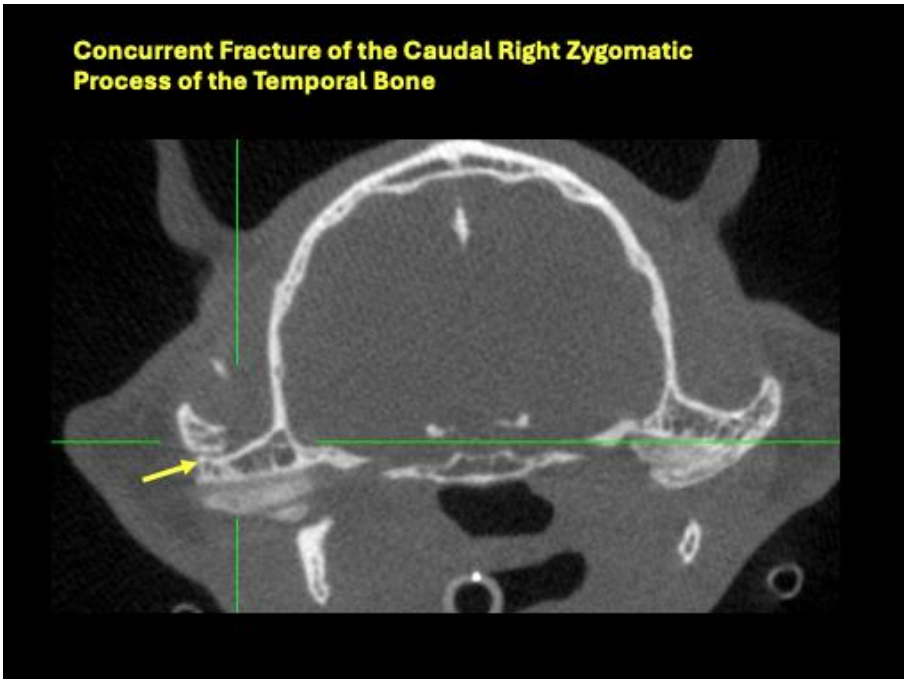

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com