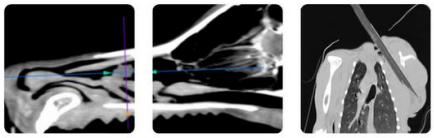

PATIENT

Priscilla Partello

SPECIES

Rabbit

BREED

Rabbit/Chinchilla mix breed

SEX

Female Spayed

AGE

3

WEIGHT

2.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Jacobs and Ivana Levy

HOSPITAL NAME

Emergency Veterinary Hospital of Ann Arbor

REFERRING VET

Ivana Levy

INVOICE

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PRESENTING CLINICAL SIGNS

Chronic history of dental disease since obtained at 2 years of age (known age). Incisors historically extracted other than bilateral peg teeth due to congenital occlusal abnormalities with marked post-surgical complications that required months of open wound care. Historically abnormal premolars/molars that require occlusal adjustment under general anesthesia every 8-10 weeks. No complete premolar/molar extractions performed
Abnormal PE/Chem/CBC/UA Results: Markedly abnormal stomatoscopy (worse on right maxillary) with complete recession of molars and abnormal, elongated premolar 1 and intra-oral purulent material, prolonged recovery from sedation. Chem: elevated globulin, consistent with chronic inflammation CBC: mild normocytic, normochromic non-regenerative anemia Aerobic/anaerobic culture of purulent material: pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A non-contrast CT study of the head was provided for review, totaling 4 series. Transverse, sagittal, and dorsal reformatted images were obtained using a bone reconstruction algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The maxillary incisors Triadan 101 and 102 are absent.

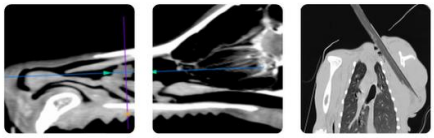
There is a large expansile osteolytic lesion involving the right maxilla, extending into the palatine bone region and centered at the level of the absent maxillary cheek teeth Triadan 109, 110, and 111. The lesion is predominantly hypoattenuating and contains multiple peripheral internal hyperattenuating foci, likely representing retained dental fragments or mineralized debris. Marked distortion and loss of normal osseous architecture are present, associated with diffuse thinning of the right maxillary cortices and multifocal cortical interruptions, the largest communicating with the oral cavity. The lesion produces marked expansile remodeling with extension into the right retrobulbar space, resulting in mild right-sided exophthalmos.

Adjacent to this lesion, the right maxillary cheek teeth Triadan 106, 107, and 108 are irregularly aligned and abnormal in morphology. Triadan 106 is diffusely sclerotic with an atrophic and sclerotic apical region. Triadan 107 appears fractured, with marked loss of dental structure. Triadan 108 is elongated, compatible with hypergrowth, and additionally demonstrates sclerosis with regions of crown osteolysis and loss of normal crown dental architecture.

All left maxillary cheek teeth are present (206, 207, 208, 209, 210, 211). Mild asymmetric dental growth and malalignment are noted. Moderate alveolar bone resorption is present adjacent to Triadan 211.

Within the mandible, there is loss of bone contour in the rostral region. Only the roots of incisors Triadan 301 and 401 are visible, consistent with previous extraction. Partially resorbed retained roots of incisors Triadan 301 and 401 are identified. Expansile alveolar bone resorption is also present adjacent to the retained root of Triadan 301.

Moderate elongation and hypergrowth of the reserve crowns and apices of the right mandibular cheek teeth Triadan 407, 408, 409, 410, and 411 are observed, associated with multifocal adjacent alveolar bone resorption and moderate expansile remodeling toward the right mandibular cortex.



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The left mandibular cheek teeth are comparatively better aligned, although mild reserve crown/root elongation is present involving Triadan 310 and 311. All left mandibular cheek teeth are present (307, 308, 309, 310, 311).

The nasal cavities, paranasal sinuses, and nasal turbinates are preserved. No evidence of intranasal mass effect or turbinate destruction is identified.

The tympanic bullae are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile and locally aggressive osteolytic lesion involving the right maxilla and palatine bone, centered at the level of the absent right maxillary cheek teeth (Triadan 109–111), associated with cortical destruction, retained mineralized/dental fragments, and retrobulbar extension causing mild right exophthalmos.
- The imaging findings are most consistent with severe chronic odontogenic disease with associated cystic/inflammatory expansile osteolysis, secondary chronic osteomyelitis and possible large abscess formation.
- Severe multifocal dental disease involving the remaining right maxillary cheek teeth (Triadan 106–108), including malalignment, sclerosis, fracture, hypergrowth, and osteolysis.
- Moderate reserve crown/root elongation of the right mandibular cheek teeth (Triadan 407–411) with associated multifocal alveolar bone resorption and mandibular cortical remodeling, compatible with chronic dental disease, possible concurrent osteomyelitis.
- Additional multifocal periodontal and alveolar disease affecting the retained partial root left mandibular incisive regions (301 and 401), more severe at right side.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple CT abnormalities are identified, consistent with chronic dental disease and concurrent infection/osteomyelitis. The most severe abnormality consists of a large, expansile, and destructive lesion centered within the right maxillary cheek tooth arcade, associated with extensive osteolysis, cortical disruption, retained mineralized fragments, and secondary exophthalmos. The imaging findings support advanced chronic odontogenic disease with severe secondary inflammatory and infectious changes. Concurrent chronic odontogenic apical abscessation is considered the most likely diagnosis.

Additional severe multifocal dental abnormalities, particularly involving the right mandibular cheek teeth, support a chronic and generalized dental disorder characterized by abnormal reserve crown/root elongation and secondary periodontal disease.

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AGE

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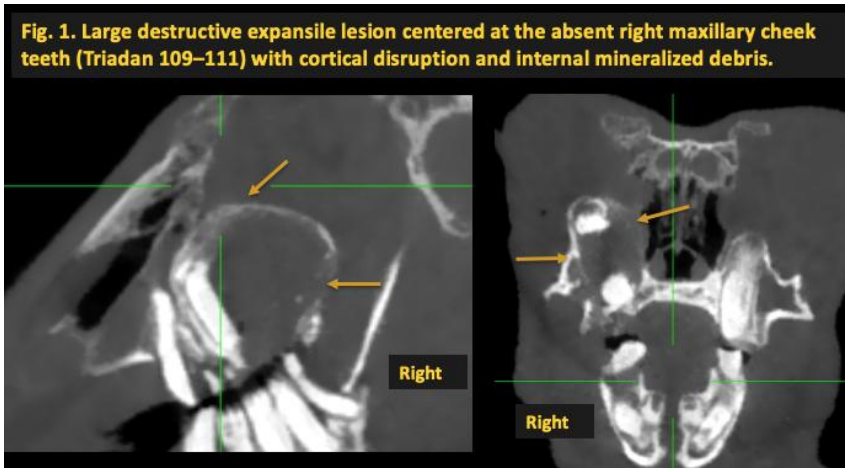

Fig. 1. Large destructive expansile lesion centered at the absent right maxillary cheek teeth (Triadan 109–111) with cortical disruption and internal mineralized debris.

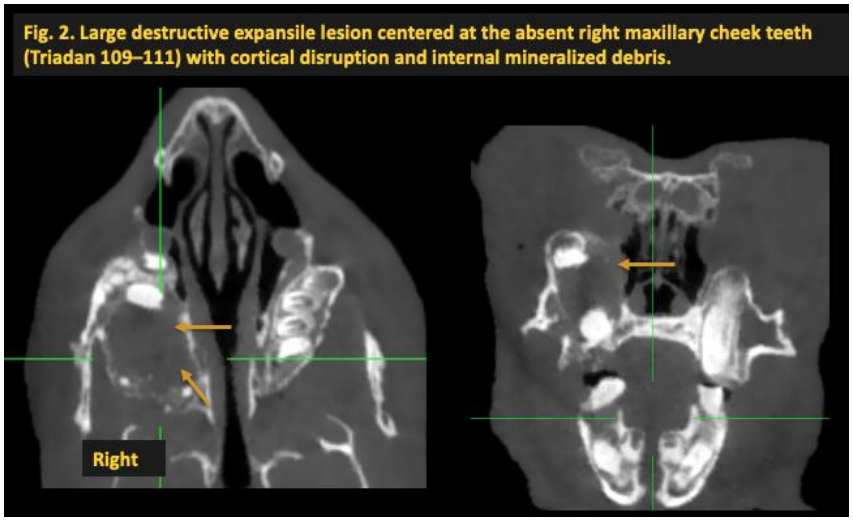

Fig. 2. Large destructive expansile lesion centered at the absent right maxillary cheek teeth (Triadan 109–111) with cortical disruption and internal mineralized debris.

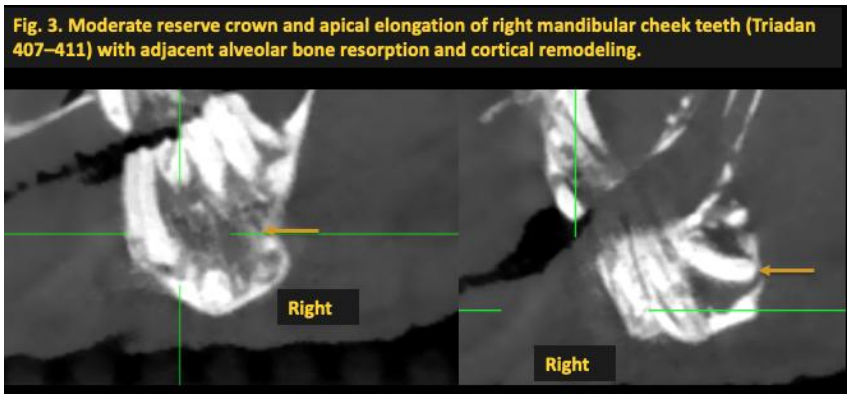

Fig. 3. Moderate reserve crown and apical elongation of right mandibular cheek teeth (Triadan 407–411) with adjacent alveolar bone resorption and cortical remodeling.

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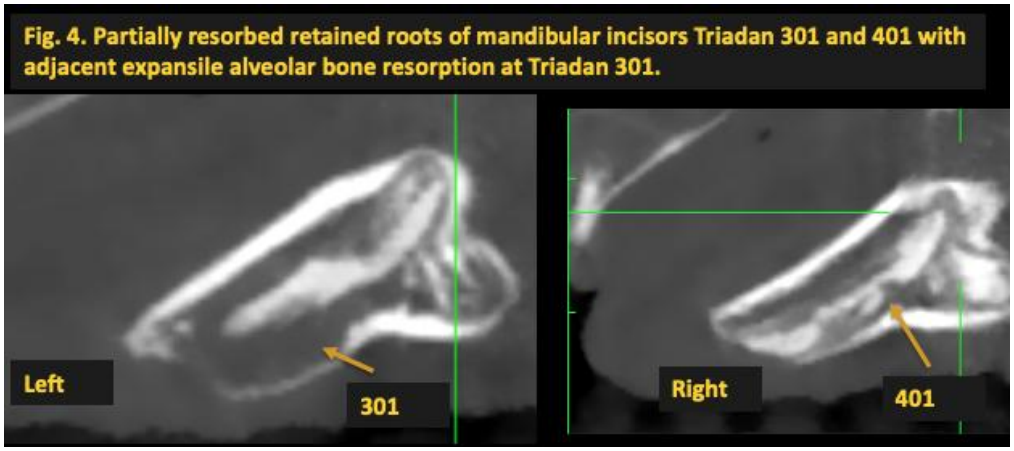

Fig. 4. Partially resorbed retained roots of mandibular incisors Triadan 301 and 401 with adjacent expansile alveolar bone resorption at Triadan 301.

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