


PATIENT PRESENTING CLINICAL SIGNS

Rocky Kijewski	Left caudal mandibular body fracture, Right Mandibular Drift Left caudal mandibular body fracture involving the Mid Ramus, Coronoid Process and Condylar Process Resulting in a Moderately Traumatic Right Mandibular Drift. Treatment performed 1/2/23 included maxillomandibular immobilization via a muzzle. Treatment Cone Beam CT Scan. Radiologist Consultation pending.
SPECIES	
Canine	Treatment Recommendation: Interceptive extraction of the maxillary incisors, Joint Supplements and Discontinuation of all heavy chew toys / tug games or extended periods with any chew toys. Fracture - Tooth Complicated (pulp exposed) crown / Root fracture of the Right maxillary third incisor, first molar, left mandibular second and third molars (103, 109, 310, 311). Treatment Surgical Extraction. Unfortunately Root Canal Therapy was not a treatment option for these teeth due to Periapical Rarefaction and/or Extensive Structural Tooth Loss. Discussed appropriate chew toys and oral home care. Retained Tooth Roots Retained Tooth Roots: Right maxillary second incisor (102). Treatment: Surgical Extraction. Fracture - Tooth Complicated (pulp exposed) crown fracture of the right maxillary fourth premolar and right mandibular first molar teeth (108, 409). Treatment: Crown Restoration. Due to anesthetic duration required to perform root canal therapy on multirooted teeth and pending radiologist consultation regarding the left mandibular and TMJ fracture status, this case is being staged. Treatment recommendation: Root Canal Therapy +/- Prosthetic crown fabrication and placement.
BREED	
American Pit Bull Terrier	
SEX	
Male	Abnormal PE/Chem/CBC/UA Results: History & Physical Exam Examination- Initial Oral - Subjective/Complaints: "Rocky" presented for oral examination for misaligned jaw post MVA 1.4.2023 and fractured teeth. "Rocky" is fed Nutro max dry dog food mixed with Blue Buffalo canned dog food. The Kijewski family do not currently practice regular home dental care. Rocky has no known previous history of professional dental cleaning, or oral surgery per the Kijewski family. "Rocky" medical history includes: Occasional ear infections, Histiocytoma 09/2/22, Atopy / Insect bite hypersensitivity 9/8/19. On 1/2/23 HBC resulting in mandibular mucosal laceration fractured left molars and left caudal mandibular body fracture. Sedated radiographs revealed: incomplete non-displaced caudal mandibular fracture involving the ramus and a portion of the condyloid process and potentially involving the temporomandibular joint. Treatment included maxillomandibular immobilization with muzzle. Referral to the Florida Animal Dentistry & Oral Surgery Center was recommended to evaluate the fractured teeth. "Rocky" is currently eating, drinking and acting normally. On 5/1/23 a complete chemistry, CBC, U/A and T4 was performed and the results were unremarkable other than: ALT 156 (10-125), GGT 15 (0-11), u/a= Bili 3 mg/dl, BLD 250 Ery/microliter. - Temperature:101.4 oF - Heart: Cardiac Auscultation WNL - Pulse: 110 BPM, full regular, MM-Pink, CRT < 2 seconds - Lungs: WNL - Respirations: 30 BPM - Oro-Nasal: Calculus index 1/3, Plaque index 2/3, Gingivitis index 2/3. Minimal halitosis, Left mandibular fracture stability questionable suspect nonunion. TMJ ROM WNL with no crepitus on opening and closing of the mouth. MAL/1/moderately traumatic right mandibular drift resulting in AT mesial left mandibular canine and distal left maxillary third incisor (203, 304). AB/AT right and left maxillary and mandibular incisors (101-203, 301-403). T/FX/CCRF right maxillary third incisor (103). AB right and left maxillary and mandibular canines (104, 204, 304, 404). ROT right and left maxillary third premolars (107, 207). T/FX/CCF right maxillary fourth premolar (108). T/FX/CCRF right maxillary first molar (109). T/FX/CRF left mandibular first molar (310). T/FX/CCF 100% crown loss left mandibular third molar (311). T/FX/CCF right mandibular first molar (409). Fracture extends to the lingual free gingival margin. Missing right maxillary second incisor (102). AB left maxillary fourth premolar, right and left mandibular third, fourth premolars, right mandibular second premolar (208, 307, 308, 406, 407, 408).
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INTERPRETED BY	
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HOSPITAL NAME	
Florida Animal Denistry	
REFERRING VET	
Mike Wiegand, DVM, DAVDC	
INVOICE	
58217	- Lymph Nodes: Consistency, Size WNL - Eyes: WNL - Ears: Ceruminous exudate AS - Musculoskeletal: WNL - Integument: Focal alopecia, Early stage staph dermatitis cervical and dorsal lumbar regions secondary to fleas Options Offered to Owner / Agent: IV catheter, Intraoperative fluids, supra and subgingival scaling, polishing and probing, Cone beam CT and appropriate therapy
DATE	
5-7-23	



PATIENT Rocky Kijewski

SPECIES Canine

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SEX Male

AGE 5

pending the anesthetized oral examination and dental radiographic findings. All potential treatment options are dependent on clinical and image findings. In regards to the mandibular body fracture since occlusion is functional and stable non union of the fracture is acceptable if the fracture is unstable plates/ wire could be considered. For all teeth with complicated crown fractures treatment may include root canal therapy vs surgical extraction. Malocclusion secondary to fracture treatment may include interceptive extraction vs crown reduction or monitoring since at this point the AT is minimal and crown reduction has already occurred naturally. Discussed case in detail including all pros, cons and required follow up care for each procedure. Informed the Kijewski family conscious oral examinations will often underestimate the extent of oral disease. Options elected by Owner /Agent: The Kijewski family would prefer to save as many teeth as possible. - Intraoperative: Called the {OWNER_LAST_NAME} family and discussed all clinical and radiographic findings. Informed the Kijewski family surgical extraction of the right maxillary second, third incisors, first molar, left mandibular second and third molars is indicated due to periapical rarefaction, extensive crown loss and/or retained tooth roots. Treatment options involving the strategic right maxillary fourth premolar and right mandibular first molar include root canal therapy or extraction but due to anesthetic duration required for advanced imaging, extraction of the above teeth, root canal therapy and crown preparation, staging is recommended. This would also allow us to obtain radiographic consultation of the CBCT and provide additional treatment if recommended at that time. Discussed the mild right mandibular drift resulting in malocclusion and attrition involving the left mandibular canine and left maxillary third incisor teeth- treatment options include extraction of the remaining maxillary incisors to allow a complete and comfortable occlusion. The Kijewski family consented extraction for the recommended teeth case staging to obtain radiologist consultation results and will consider interceptive extraction of the maxillary incisors. The {OWNER_LAST_NAME} family are fully aware of the progressive nature of periodontitis and root resorption and need to perform home dental care and have regular professional dental cleaning.

INTERPRETED BY **COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

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

A pre-contrast CT study of the head are provided for review. Totalizing two series. One pre-contrast series more rostral, bone algorithm and one pre-contrast series more caudal, focus on the temporomandibular joints, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HOSPITAL NAME Florida Animal Denistry

A complete discontinuity line is seen transversally in the left condylar process, with mild displacement between the fragments, and minimal callus formation. In addition, there is mild irregularity in the condylar subchondral bone, however, mild temporomandibular joint incongruity is seen.

REFERRING VET Mike Wiegand, DVM, DAVDC

A small discontinuity with incomplete mildly ossified callus is seen in the left mandibular ramus, with mild misshape and shortening of this portion of the mandible.

A mild deformation of the left mandibular ramus is seen, causing a mild misalignment, and drift in both sides of the mandible comparison.

There is a minor root fragment of the triadan 311.

INVOICE 58217 There is a complete transverse fracture of the roots of the triadan 310 with tooth subluxation.

There is a root fracture of the triadan 210.

DATE

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PATIENT There is a small, however complicated fracture of the triadan 409.

Rocky Kijewski There are suspected tiny enamel fractures of the triadans 104, 204, and 309.

There is a complicated crown-root fracture with exposed pulp in the triadan 109.

SPECIES There is an enamel infarction, incomplete fracture of the triadan 102, with retained root.

Canine There is an enamel fracture of the triadan 103, and focal adjacent resorptive lesion in the alveolar bone.

BREED The cribriform plate is intact.

American Pit Bull Terrier The frontal sinuses are rudimentary, incidental.

The tympanic bullae and external auditory canals are normal.

SEX The medial retropharyngeal and mandibular lymph nodes are mildly enlarged, with homogeneous attenuation.

Male No mass effect is seen in the brain.

AGE COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Non-healing, complete transversal fracture of the condylar process of the left mandible, minimal callus formation, temporomandibular joint incongruency, and signs of subchondral reabsorption and/or mild consequent osteoarthritis.
 - Non-healing incomplete fracture of the left mandibular ramus, with mild misshape, shortening, and consequent misalignment and drift between the mandibles.
 - Multiple, variable characteristics of tooth fractures, involving the triadans 102, 103, 109, 210, 310, 311 and 409 as well as suspected tiny enamel crack fractures in the triadans 104, 204 and 309.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION

The tomographic findings are similar to the previous radiology report, with traumatic fractures in the left mandible, ramus, and condylar process and ipsilateral temporomandibular joint incongruency. There is a mild displacement between the fragments in the condylar process fracture that causes some instability; a recheck x-ray or tomography are suggested in 25–30 days to evaluate the healing process and determine if reabsorption could occur in this specific region. Multiple tooth fractures are seen, which is comparable to the oral exam. A better decision about dental treatment or extraction can be made with the definition of these characteristics. The most critical fractures are in the triadans 109, 210, 310, 311 and 409.

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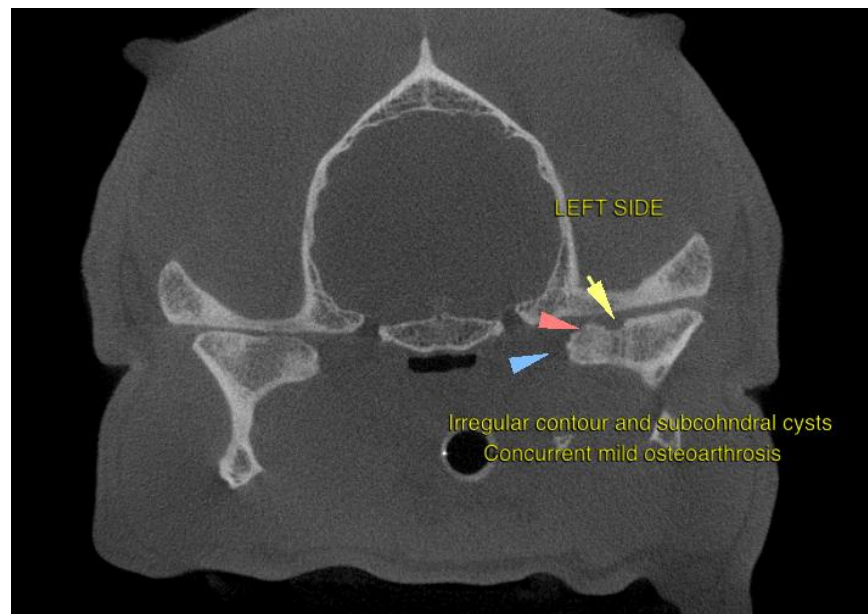
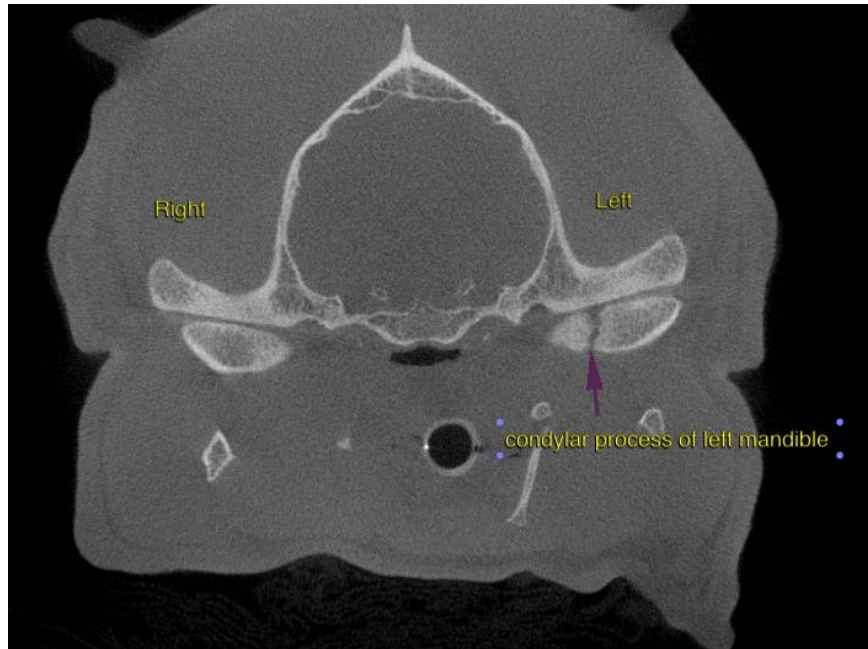
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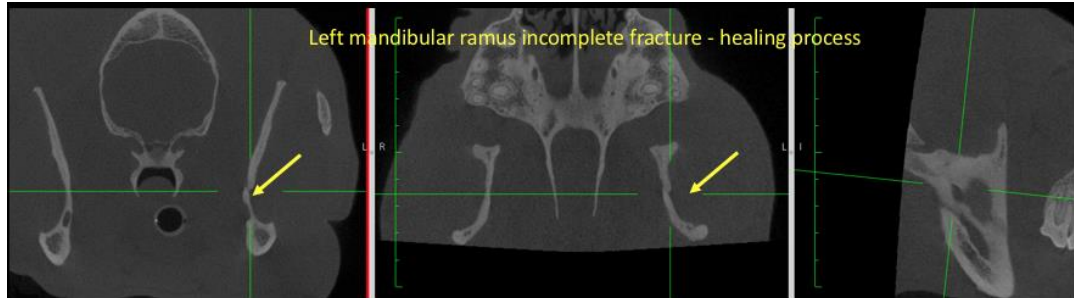


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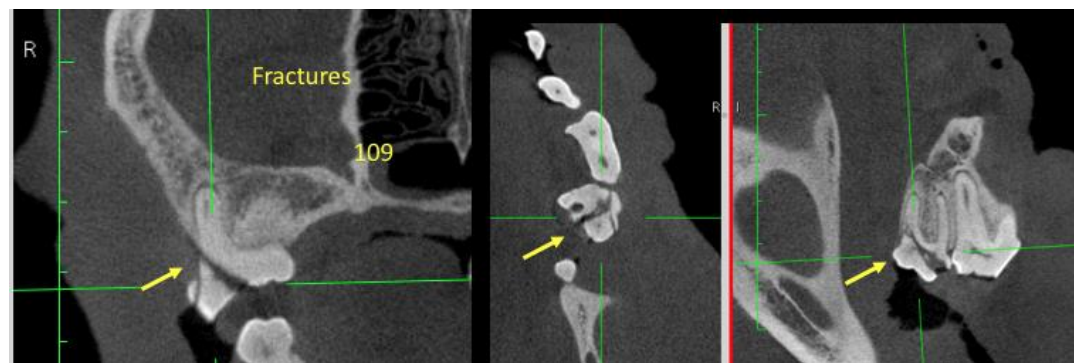
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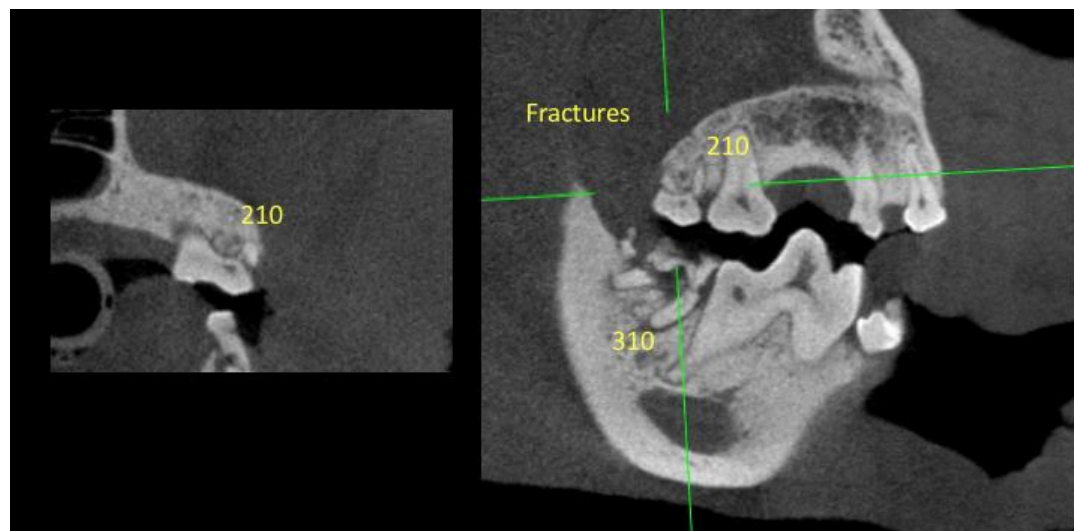
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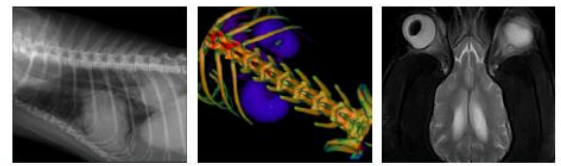


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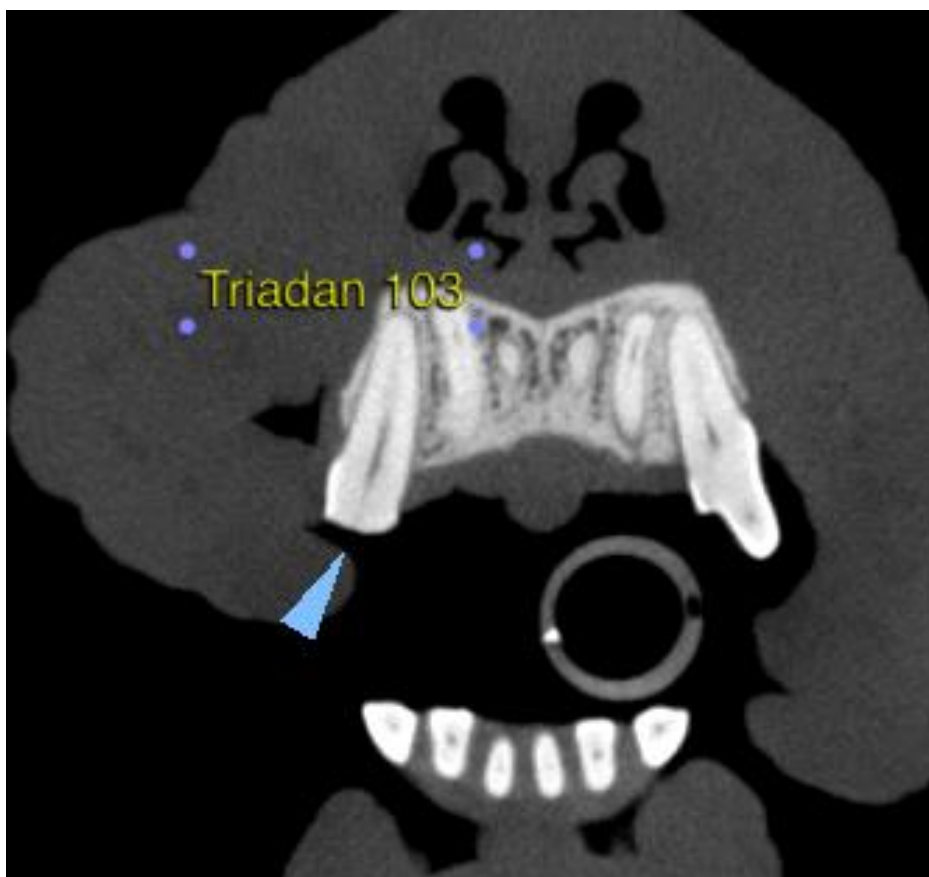
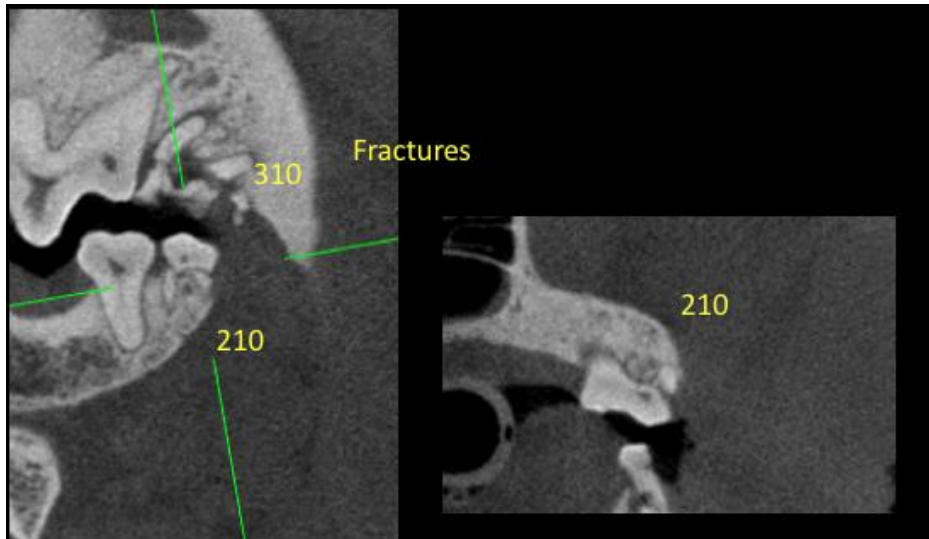
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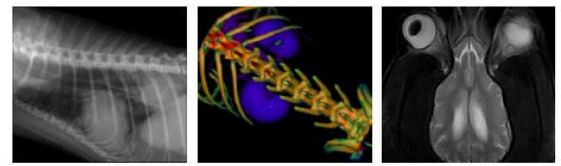
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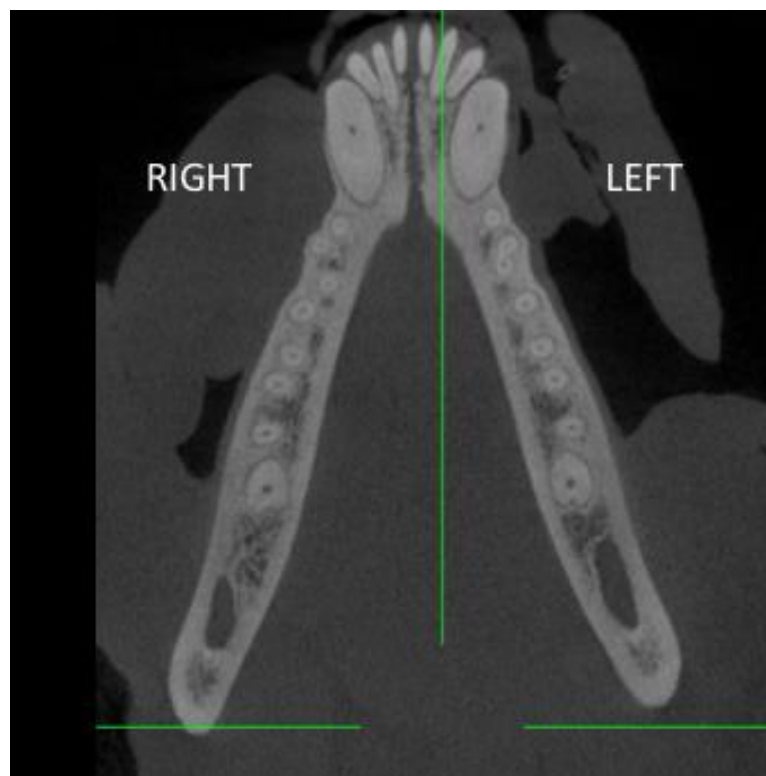
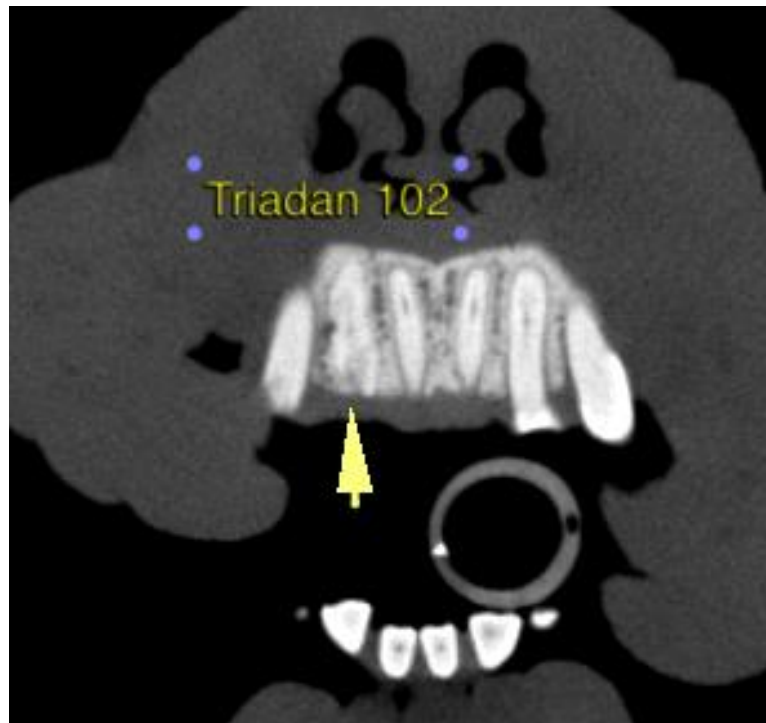
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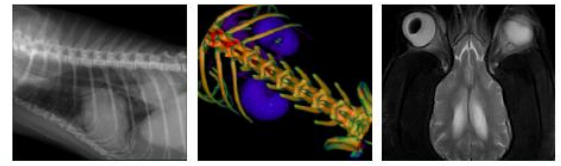
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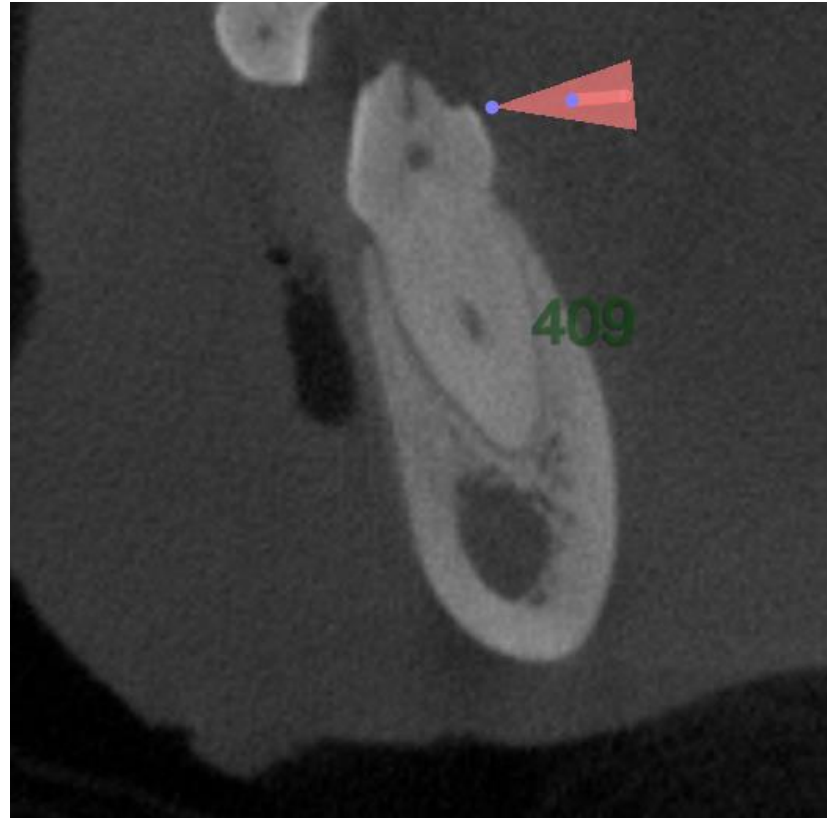
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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