

Teledentistry Report (22, 760' -23/Dental Consult)**Patient Name:** Coke Lucky**Requesting Doctor:** Dr. Smith**Species:** Dog**Age:** 2Yr 0Mo**Gender:** Female, Spayed**Breed:** Chihuahua**Weight:** 4.00 Lb**HISTORY:** Services Routine Radiographs

Patient History: Hx: O reports no concerns.

Outdoors . Advantage II applied 3-4

months ago, HWT preventative 1 month ago. P takes 10mg Vetoryl 2x/day (Trilostane).

Fed 12:30am, Rayne Nutrition Rabbit, 3/8 cup /day. Rxn to Rabies vxn.

Last seen 6/12/2015 for reck AG. A: PDG:2-3. overweight. nuclear sclerosis. (GAC)

Patient Physical Exam Findings: PE: QAR-H. mm pink, crt 1.0 sec. severe nuclear sclerosis OU; retinas are hazy, unable to eval; mild scleral inj in areas that sclera is exposed. visual by cotton ball test. no ocular/nasal d/c. 2-3+ calc, plaq, ging. missing many teeth.

103 is displaced dorsally and has 1+ mobility. hair coat is healthy and full.

able to stand, but does not walk readily. mild radius curvus bilat.

BCS 3/5, well fleshed. permanent patch of alopecia and indentation

R hip, ~ 3 cm diameter. grade 3/4 MPL bilat. able to extend/flex rear legs.

pedal inflammation on all 4. skin/hair coat wnl. anal glands wnl. tail wnl.

no fleas noted. mild generalized erythema. H/L: NSR, no murmur, lungs clear.

Patient Laboratory Results: SUPERCHEM/CBC: alp 373, bun 30, rest wnl. HWT (4 DX): neg.

FECAL: neg. TONO: L- 11 R- 8.

UA (expressed): 2+ glc, usg 1.015, rest wnl. Chest rads: 3-view=wnl.

Patient Treatment: P: dental- scaling, polishing, fluoride tx. routine extraction, curettage, and flushing of all extraction sites: Extracted 102, 109, 209, 303, 310, 401, 403, 410

(4 incisors, 4 molars). No sutures required.

DENTAL CONSULT: There are 15 digital dental radiographs available for review on 9/25/15.**FINDINGS:****Occlusion:** 103 is facially displaced as reported. There are no other occlusal abnormalities.**Perio:** Severe combined (vertical and horizontal) bone loss at 102. Mild to moderate horizontal bone loss at 103 and combined bone loss at 303. Severe horizontal bone loss and remaining mandibular incisors. There is mild horizontal bone loss at 304 and 404. There is complete loss of attachment surrounding 311 determined by the wide periodontal ligament surrounding the tooth.

(Continued)

Endo: There is a periapical abscess at the palatal root of 209. Suspect early periapical abscess at 103.

Other: There is dilaceration (curved root) at the mesial root 409. Missing 101, with a root remnant present, 105-107 with a root remnant at 106, 109, 110, 201 with a root remnant present, 202, 205-207, 209, 210, 301, 303, 305, 310, 402, 405, 408. 410 and 411 are past the edge of the film. There is amorphous mineral opaque material in the mid right nasal cavity. There is decreased turbinate detail at this area. Postoperative radiographs reveal extraction sites free of debris. 109 is reported to be extracted. No preoperative image of the tooth are available for interpretation (therefore it appears missing). 310 is reported to be extracted, but is missing. Most likely the extraction was of 311 noted on postoperative radiographs.

CONCLUSIONS: Multifocal severe and mild periodontitis. Periapical abscess at 209. Amorphous mineral opacity in right nasal cavity. Suspect early periapical abscess at 103.

RECOMMENDATIONS: The root remnants do not need to be extracted if there are no areas of inflammation or the root is not penetrating the mucosal surface in these areas. Consider local antimicrobial administration of clindamycin hydrochloride or doxycycline hyclate in areas with mild periodontitis. Meticulous home care is recommended to abate the remaining gingivitis and prevent the mild periodontitis from progressing. Carefully monitor 103 to determine if a periapical abscess is present. If the mobility progresses dental radiographs +/- extraction is indicated. If there are any nasal signs in the future, consider possible foreign body at right nasal region and follow him follow-up with dental radiographs +/- CT if indicated.

If you have any questions, please do not hesitate to contact me directly at Celeste-Roy@idexx.com (preferred) or 1-800-726-1212 to discuss the case. This contact information is for veterinarian use only please. Thank you.

Celeste Roy, DVM, Diplomate American College of Veterinary Dentistry

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