

**VetDentalRad, LLC**

2475 Lake Meadow Drive  
Monument, CO

**Radiographic Report**

Patient Name: Bogey Patient ID: 42568

Sex: M Birthdate: 12/10/2006

Weight: 3 lbs

Hospital Name: XXXXXXXXXX

Doctor Name: XXXXXXXXXX

Date of Exam: 12/10/2007,10:28:45

Reader: Brook Niemiec

Confirmation Date: 12/10/2007

**PACS History**

Consult Type: FilmInterp, Sex: M, DOB: 20061210, Age: 1 Y, Species: Canine, Breed: Toy poodle, WT: 3 lbs, NumbOfImages: 3, History: STAT

History for DVMInsight ;

1 year old MN Toy Poodle

10/4/07: Multiple deciduous dental extractions performed

11/21/07: Presented with 2-3 week history of sneezing

11/29/07 Oronasal fistula in area of extraction of the maxillary R deciduous canine tooth. Adult tooth left in place. Nasal cavity flushed and gingival flap performed to cover defect.

**Findings**

3 films are available for review. They are all of very good quality.

Maxillary right and left canines and premolars as well as the maxillary incisors.

Maxillary right: There is a lytic area between the maxillary right canine (104) and first premolar (105). The lytic area extends approximately 1/2 the root length of 105. At that point and a few mm apical to that, there appears to be bone for a few mm and then a lytic area at the apex of 105 extending to the root of 104.

There is a small radiodense structure with a small radiolucent halo apical to 105. Finally, there is a radiodense structure apical to 106-7. This appears artifactual.

Maxillary left: The maxillary left first premolar (205) is absent and there is some alveolar bone loss in the area.

The maturity levels of the maxillary canines are similar and there does not appear to be periapical lucency to either tooth.

Maxillary incisors: The maxillary lateral incisors and canines have not completed apexogenesis, but apparently are at the same level of maturity.

## **Conclusion**

No apparent endodontic disease to the canines.

Possible endodontic disease to 105.

Possible cyst to 105.

Approximately 50% bone loss to the mesial aspect of 105

Mild periodontal loss to the distal aspect of 104 and 204.

Immature teeth consistent with age of patient.

Possible retained piece of tooth root from 504.

Suspect artifact in 106-7 apical area.

## **Recommendations**

105 should be extracted.

*Additionally:*

At a minimum, if the client wishes to maintain 104, the area between 104 and 105 should be thoroughly debrided (root planing on the distal aspect of 104) and a sample submitted for histopathology (to ensure there is no cystic lesion). Ideally, the small radiodense structure should also be investigated. Following this, the defect should be closed without tension. Also, if there is a periodontal pocket on 204, it should be root planed.

The patient should be rechecked in 2 weeks. If the fistula has not healed, 104 should be extracted and the defect closed with a MG flap. If this conservative approach is elected, the dental radiographs MUST be rechecked in 6 months.

Alternatively, if the client wishes resolution with one visit, 104 and 105 should be extracted and the defect closed with a single MG flap. This is more aggressive, but also more likely to result in resolution with one surgery. If this surgery is performed, I would definitely recommend evaluating/extracting the small radiodense area apical to 105.

### **Amendment**

Read By:  
Brook Niemiec