

**VetDentalRad, LLC**  
2475 Lake Meadow Drive  
Monument, CO

## **Radiographic Report**

Patient Name: Corky  
Patient ID: 89649  
Sex:N Birthdate: 10/02/2000  
Weight: 17 lbs

Hospital Name: XXXXXXXXXXXX  
Doctor Name: XXXXXXXXXXXX  
Date of Exam:10/02/2007,04:27:56

Reader: Tony Woodward  
Confirmation Date: 10/03/2007

## **PACS History**

Consult Type: FilmInterp, Sex: N, DOB: 20001002, Age: 7 Y, Species: Canine, Breed: Bichon Frise, WT: 17 lbs, NumbOfImages: 17,  
History: Please review. 110, 210, 402, 403, and 106 were extracted.

## **Findings**

Overall moderate to severe periodontal disease. the following changes are noted on the films submitted for review.

1. All of the teeth noted above that were extracted were treated correctly.
2. 308/309 periodontal pocket requiring closed root planing.
3. 107 appears to have a partial exposure of the furcation and required closed root planing.
4. 409 has tight occlusions on either side that should be opened up to allow closed root planing and possibly Doxirobe gel placement.
5. Decreased bone levels are noted on 101/201 and 202. All should be extracted and the adjacent teeth treated with root planing at the time of extraction.
6. When 403 was extracted, 404 should have been examined closely for any calculus remaining on the root surface. This is easily cleaned with root planing prior to closure of the surgical site.

7. 303 has decreased bone levels. If this tooth has a high degree of mobility or is associated with a periodontal pocket over 3mm in depth, it should be extracted.

8. 209 appears to have a large periapical lucency, but it's location near the edge of the film decreases the diagnostic value of the film. Since 210 was reported as extracted, I suspect that 209 has endodontic involvement that spread from the adjacent root of 210. Put another way, infection commonly spreads from upper second molars to upper first molars under the gingival margin. This occurs frequently because of the proximity of the distal root of the upper first molar and the mesial root of the upper second molar. The periapical lucency can be appreciated more easily when the contra lateral radiograph is viewed side-by-side. This scenario is one of the most common cases where we see an abscessed tooth that will not be mobile for many months or even years. I recommend extraction. I also recommend that 109 be watched closely for any progressive periapical changes. If not caught in time, endodontic involvement of the upper first molar commonly spreads to the upper fourth premolar in a similar fashion, e. g. - apex to apex.

## **Conclusion**

Same as above

## **Recommendations**

Overall a well-positioned study. I can see that your re-takes are decreasing. Kudos to whomever is doing this. You are our best client at positioning films. On your next submission, please let me know who is taking your films.

Tony M. Woodward DVM, AVDC

## **Amendment**

Read By:  
Tony Woodward