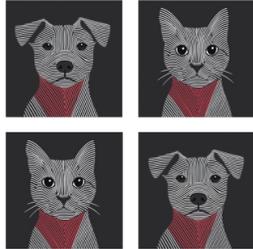


Charting: How to Perform a Complete and Thorough Orofacial Exam

Stacy Heller, CVT
 Cornell University
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Objectives

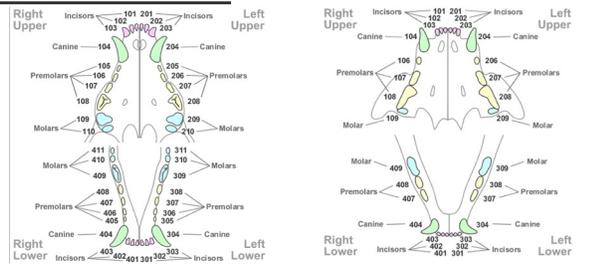
- Identify the dentition using the Triadan system.
- Use dental terminology when referring to directional terms.
- Understand what is included in a complete orofacial exam.
- Understand how to probe and chart the exam findings.
- Identify basic oral anatomy and abnormalities.
- Understand the AVDC abbreviations and when to use them.



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Triadan System



<http://www.link.vet.ed.ac.uk/dche/cal/Dentistry/Website/Basics/triadan/dog.html>

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Directional Terminology

Medial - toward the midline of the dental arch in either mandible or the maxilla.
Distal - away from the midline of the dental arch.
Vestibular - (formerly buccal) toward the cheek.
Lingual - toward the tongue.
Palatal - toward the palate.
Labial - toward the lip. This pertains to the canine and incisor region.
Facial - general term used to indicate either vestibular or labial direction.
Coronal - toward the crown
Incisal - toward the tip of the tooth (for incisors, canines)
Interproximal - surface between two teeth
Supragingival - above the free gingival margin (gum line)
Subgingival - below the free gingival margin (gum line)
BIOP - bleeding on probing with light pressure with a blunt periodontal probe

*Caudal, rostral, lateral, medial, dorsal and ventral are used to describe direction when not associated with the arcades.

<https://veteriankey.com/oral-anatomy-and-physiology/>

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Caudal - part of the mouth or displacement towards the tail.
Rostral - part of the mouth or displacement toward the front part of the head or nose.
Buccal or facial - the surface facing the cheek or lip.
Distal - facing in the caudal direction of the arch (or laterally for incisor teeth).
Buccal - surface of a molar tooth facing the cheek or lip.
Lingual - surface of the tooth facing toward the tongue.
Mesial - facing toward the rostral end of the arch or towards the midline (for incisor teeth).

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Probing

Normal Sulcus Depth

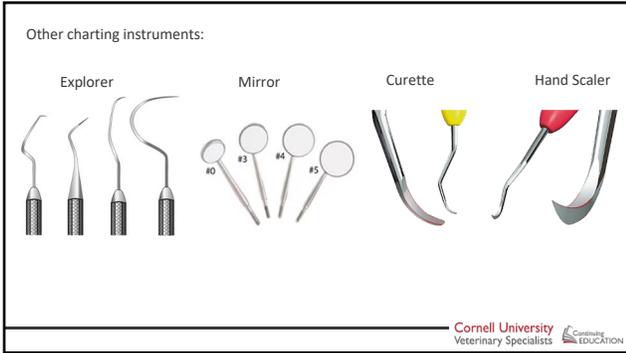
- Canine: 1-3 mm
- Feline: < 1mm

UNC 15 1,2,3,4-5 mm, 6,7,8,9-10 mm, 11,12,13,14-15 mm
 WHO 3.5-5.5 mm, 8.5 mm, 11.5 mm
 Williams 1,2,3,5,7,8,9,10 mm
 Nabers 3-6 mm, 9-12 mm

<https://pacdentistry.com/2016/04/06/periodontal-probe/>

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The Complete Orofacial Exam

A comprehensive assessment of a patient's mouth, teeth, and associated structures.



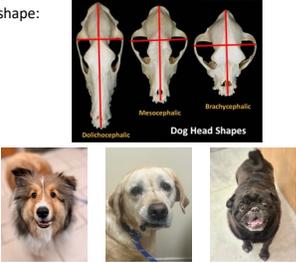
- Extraoral Exam
 - Head shape
 - Head symmetry
 - Palpation of lymph nodes
 - Jaw movement / range of motion
- Intraoral Exam
 - Occlusion
 - Buccal mucosa
 - Tongue
 - Hard & soft palate
 - Tonsils / Pharynx
 - Gingivitis, plaque, & calculus index
- Probing
- Dental Radiographs

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Extraoral Exam

Head shape:



Dog Head Shapes

Head Symmetry

- Retropulsion of the eyes
- Palpate the maxilla
- Palpate the mandible

Lymph Nodes

- Symmetrical and small

Jaw Movement / ROM

- Note any crepitus in TMJ
- Note any decrease in ROM

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Intraoral Exam - Occlusion

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Class 1 Malocclusion (MAL1)

Class 2 Malocclusion (MAL2)

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Class 3 Malocclusion (MAL3)

Class 4 Malocclusion: (MAL4)

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Occlusion types		Canine	Petite
Class 0 Normal occlusion			
Class I Malocclusion - normal bite with one or two teeth out of place			
<ul style="list-style-type: none"> □ Crowded teeth □ Lingually displaced canines □ Buccoventral malocclusion □ Protruded teeth □ Crowded incisors 			
	Mandible	Mandible	Mandible
	Class II Malocclusion - mandibular distocclusion (a short mandible or elongated maxilla)		
	Class III Malocclusion - mandibular mesocclusion (a long mandible or short maxilla)		
	Class IV Malocclusion - mandibulo-maxillary asymmetry Asymmetry in a rostrocaudal, side-to-side, or dorsoventral direction, very bite and triangular defect		

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Oral Anatomy

1. Vestibule
2. canine tooth
- 2a. philtrum
3. hard palate
4. soft palate
5. tongue
6. sublingual caruncle
7. palatoglossal arch
8. palatine tonsil
9. frenulum

<https://veteriankey.com/soft-tissues-of-the-oral-cavity/>

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Intraoral Exam

Mucosa:

- Alveolar mucosa
- Mucogingival line
- Attached gingiva
- Free gingiva

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Lips & cheeks

- Mucocutaneous Junction (MCJ)
- Vestibules
- Philtrum
- Salivary papilla

Nestril
Philtrum

Mucocutaneous junction
Labial mucosa
Buccal mucosa
Gingiva

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Tongue

- Sublingual caruncle
- Lingual frenulum
- Lingual salivary gland (cat)
- Tongue papillae

Mandibular salivary ducts
Sublingual caruncles
Lingual frenulum

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Hard Palate

- Incisive papilla
- Palatine rugae

Hard palate
Soft palate
Palatoglossal folds
Fauces

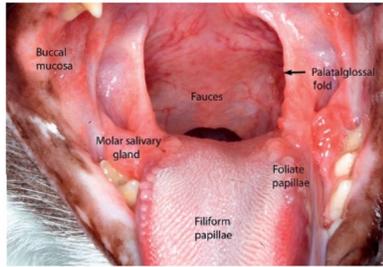
Labial mucosa
Buccal mucosa
Gingiva

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Oropharynx

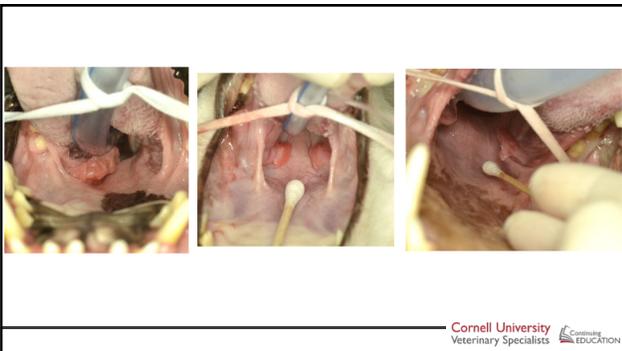
- Soft palate palatoglossal arch
- Tonsillar crypts
- Tonsils
- Fauces



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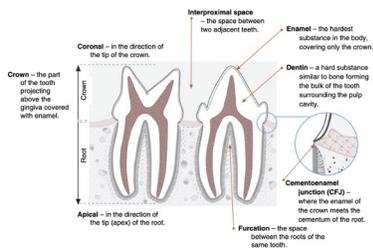
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Teeth

- Deciduous, permanent or mixed
- Missing and/or supernumerary teeth
- Abnormalities in size / shape
- Abnormalities in angulation and/or position
- Wear patterns - attrition vs abrasion
- Pathology - caries, enamel hypoplasia, tooth fractures

Indices & Criteria for each tooth:

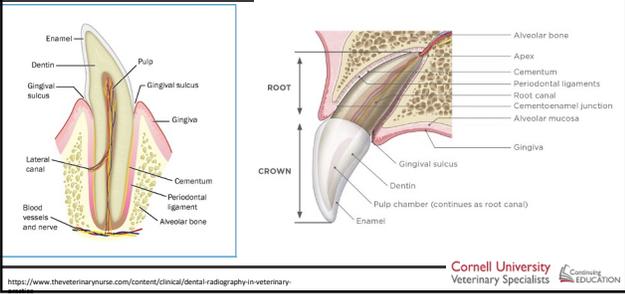
- Gingivitis
- Probing depth
- Gingival recession
- Furcation involvement
- Mobility



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Dental Anatomy

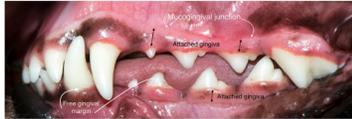


https://www.theveterinarian.com/content/clinical/dental-radiography-in-veterinary
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Charting

- Record keeping is an important part of the COHAT.
 - Detailed charting helps aid for follow-up visits.
 - Allows for comparison of measurements of the pockets, furcation exposure, and mobility at each appointment which is useful in creating a treatment plan.
- Careful visual examination should be performed along with periodontal evaluation.



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Periodontal Probing

- A Periodontal probe is used to measure the depth of the sulcus or pocket.
- A healthy sulcus will bleed if more than 20 gm of pressure is applied.
- If too much pressure is applied the probe can puncture the junctional epithelium.
- Probe is held parallel to the long axis of the tooth for an accurate measurement.
- 2 methods of probing
 - Spot - Insertion & withdrawal in a single area.
 - Circumferential
 - Gently insert the probe until it stops and then slowly "walking" the instrument around the tooth.
 - Depth measurements are taken at 6 different spots per tooth.
- Normal sulcal depth
 - Dogs:
 - Sm: 0.5 - 1mm
 - Med: 0 - 2mm
 - Lrg: up to 4mm
 - Cats: 0 - 1mm
- All abnormal findings must be recorded on the dental chart.
- Four-handed charting is more efficient.
 - One person evaluates and one person records.

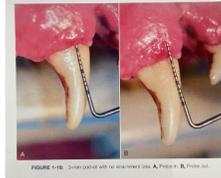


FIGURE 1-18. Close-up of the attachment line. A, Probe in. B, Probe out.

- Documenting your findings:
- Pocket depth is written as a large "P" followed by the pocket depth in mm and the location in small letters.
 - Location: mesial, distal, buccal, lingual, and/or palatal.

P3b - Pocket (P), 3 (depth in mm), b (location in small lowercase)

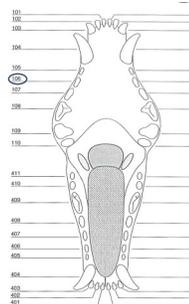
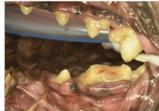
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Missing Teeth

- Missing teeth – tooth number is circled on dental chart.
 - Teeth may be missing due to never developing, slow to erupt, or were present & fell out / extracted.
 - Some breeds are prone to retaining their teeth which can lead to the formation of a cyst.
 - Boxers
 - Pugs
 - Dachshunds

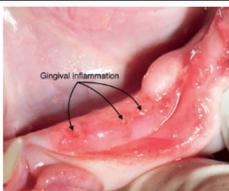


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Gingivitis

How to document on the chart: **GI + Index**

Index 0 (GI0)

- Clinically healthy gingiva

Index 1 (GI1)

- Mild gingivitis: slight reddening and swelling of the gingival margin. No bleeding on gentle probing.

Index 2 (GI2)

- Moderate gingivitis: gingival margin is red and swollen. Gentle probing results in bleeding.

Index 3 (GI3)

- Severe gingivitis: gingival margin is red or bluish-red and very swollen. Spontaneous hemorrhage and/or ulceration of the gingival margin.

* Bleeding on probing is an indication of gingival inflammation and documented as **BOP**.



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Furcation Involvement

How to document on the chart: **F + Stage**

Stage 1 (F1):

- Furcation 1 involvement exists when a periodontal probe extends less than halfway under the crown in any direction of a multirooted tooth with attachment loss.

Stage 2 (F2):

- Furcation 2 involvement exists when a periodontal probe extends greater than halfway under the crown of a multirooted tooth with attachment loss but not through and through.

Stage 3 (F3):

- Furcation exposure exists when a periodontal probe extends under the crown of a multirooted tooth, through and through from one side of the furcation out the other.



<https://avdc.org/avdc-nomenclature/>

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Tooth Mobility Index

How to document on the chart: **M + Stage**

Stage 0 (M0):

- Physiologic mobility up to 0.2 mm.

Stage 1 (M1):

- The mobility is increased in any direction other than axial over a distance of more than 0.2 mm and up to 0.5 mm.

Stage 2 (M2):

- The mobility is increased in any direction other than axial over a distance of more than 0.5 mm and up to 1.0 mm.

Stage 3 (M3):

- The mobility is increased in any direction than axial over a distance exceeding 1.0 mm or any axial movement.



<https://avdc.org/avdc-nomenclature/>

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Gingival Recession How to document on the chart: **GR + MM**

- Measured using periodontal probe.
- Distance in mm from the cemento-enamel junction to the free gingival margin.

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Tooth Wear:

- Attrition **AT**
 - repeated friction of tooth on tooth.

Scoring:

- Grade 1 (Minor): Superficial wear limited to the enamel or cementum, not penetrating deep into dentin.
- Grade 2 (Moderate): Significant hard tissue loss with visible dentin involvement, but no pulp exposure.
- Grade 3 (Deep): Deep loss of hard tissue with potential or early, pinpoint pulpal involvement.
- Grade 4 (Severe/Extensive): Substantial loss of tooth structure with frank pulpal exposure (tooth may be dead/non-vital)

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Tooth Wear:

- Abrasion **AB**
 - Repeated friction of tooth w/ object.

Scoring:

- Grade 1 (Minor): Superficial wear limited to the enamel or cementum, not penetrating deep into dentin.
- Grade 2 (Moderate): Significant hard tissue loss with visible dentin involvement, but no pulp exposure.
- Grade 3 (Deep): Deep loss of hard tissue with potential or early, pinpoint pulpal involvement.
- Grade 4 (Severe/Extensive): Substantial loss of tooth structure with frank pulpal exposure (tooth may be dead/non-vital)

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Supernumerary tooth

- Supernumerary teeth may be single or multiple, unilateral or bilateral, and erupted or impacted. The condition is less common in deciduous teeth than in permanent teeth.
- Can lead to:
 - Eruption failure
 - May cause a mechanical blockage of the eruption pathway leading to either partial or complete eruption failure.
 - Displacement
 - May cause one or more permanent teeth to become displaced. Range from a mild rotation to complete displacement.
 - Crowding
 - Decreased space between the affected teeth may result in advanced periodontal disease.

How to document on the chart:
T / SN + tooth number



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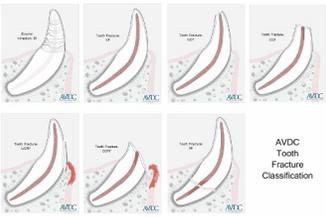
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Fractured Teeth

- The maxillary and mandibular canines are usually the teeth that are most prone to fracture, followed by incisors and the maxillary fourth premolars.
- Cats: the pulp chamber extends within millimeters under the crown tip.
- Dogs: usually considerable protective dentin beneath the enamel in mature dogs.

How to document on the chart:
T / FX / fracture classification



Fracture classification:

- Enamel fracture - EF
- Uncomplicated crown fracture - UCF
- Complicated crown fracture - CCF
- Uncomplicated crown-root fracture - UCRF
- Complicated crown-root fracture - CCRF

AVDC
Tooth
Fracture
Classification

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How to document on the chart:
T / FX / UCF



Uncomplicated
Crown
Fracture

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Complicated Crown Fracture

How to document on the chart:
T / FX / CCF

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Complicated Crown-Root Fracture

How to document on the chart:
T / FX / CCRF

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How to document on the chart:
T / FX / CCRF

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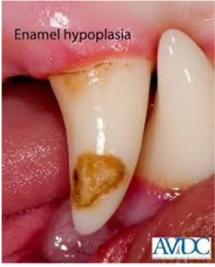
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Enamel Hypoplasia

- Ameloblasts create enamel.
- When these cells are disrupted, they stop producing enamel.
- Areas of the crown that are not shiny but have a dull and usually flaking appearance.
- Conditions that cause this disruption include
 - High fever
 - Trauma
 - Traumatic extraction of deciduous teeth

How to document on the chart: E / H

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Caries

- Aka cavities
- Most commonly occur on occlusal surfaces.
- About 5% of dogs develop caries.
- Very rare in cats.
- Contributing factors:
 - High sugar intake
 - Poor saliva flow
- Locations:
 - Occlusal surface of molars
 - Developmental groove of carnassial
 - Crown close to the gingival margin.
- Appearance:
 - Brown or black in color.
 - Soft, sticky, or leathery w/ explorer.

How to document on the chart: CA



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Tooth Resorption

- Formerly referred to as FORL, feline odontoclastic resorptive lesion syndrome.
- Found in 17-21% of dogs
- Other names:
 - Neck lesions / cervical lesions
 - Resorptive lesions
 - Cervical line lesions
 - Feline cavities
- Clinical signs:
 - Inflamed gums
 - Hyperplastic gingiva covering lesion.
- Diagnosis:
 - Explorer
 - Dental radiographs
- Classified into stages

How to document on the chart: TR



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Tooth Resorption **How to document on the chart: TR**



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Tooth Discoloration **How to document on the chart: SI**

Intrinsic staining – note color and where on the tooth it is present.

- Healthy tooth is white.
- Exposed dentin appears brown.
- Pulp exposure appears red (new) or black (necrotic).
- Pink, purple, gray, or tan teeth indicate pulpal hemorrhage.
 - Causes include trauma to the tooth.



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Gingival Enlargement **How to document on the chart: GE +**

MM of growth

- Overgrowth or thickening of gingiva in the absence of a histological diagnosis.
- Can partially or fully cover teeth causing "pseudo-pockets".
- Causes:
 - Medication-induced: Cyclosporine (immunosuppressant), calcium channel blockers (heart meds), & phenytoin (seizure meds)
 - Chronic inflammation
 - Genetic predisposition: boxers, bulldogs, retrievers
- Probing starts where normal gingiva should end.
- GE until histopathology proves otherwise.

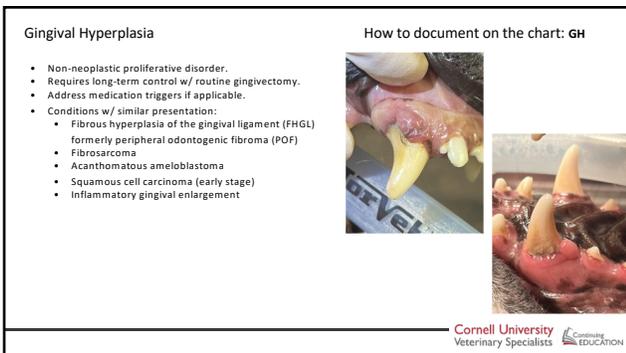


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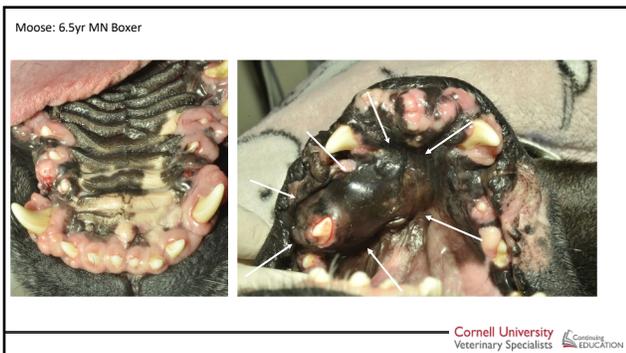
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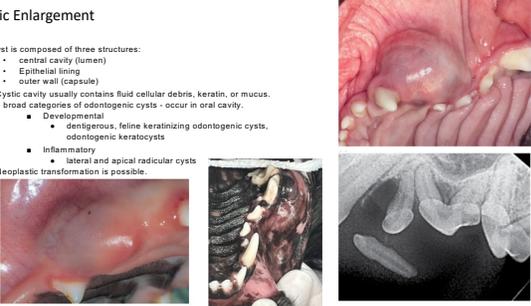
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Cystic Enlargement

- Cyst is composed of three structures:
 - central cavity (lumen)
 - epithelial lining
 - outer wall (capsule)
- Cystic cavity usually contains fluid cellular debris, keratin, or mucus.
- 2 broad categories of odontogenic cysts - occur in oral cavity.
 - Developmental
 - dentigerous, feline keratinizing odontogenic cysts, odontogenic keratocysts
 - Inflammatory
 - lateral and apical radicular cysts
- Neoplastic transformation is possible.



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Oral Mass

How to document on the chart: OM

- Benign lesions can be locally aggressive but do not spread to other organs.
 - Gingival enlargement / hyperplasia
 - Papillomas
 - Peripheral odontogenic fibroma
 - Acanthomatous ameloblastoma
 - Eosinophilic granuloma
 - Dentigerous cysts
 - Odontoma
 - Salivary mucocele
- Malignant lesions are locally destructive and may metastasize to other organs.
 - Melanoma
 - Squamous cell carcinoma
 - Fibrosarcoma
 - Osteosarcoma
- Classified as odontogenic (from dental tissue) or non-odontogenic in origin.
- Important to note size, shape, color, texture, and location on the dental chart.



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Oral Nasal Fistula

How to document on the chart: ONF

- Caused by advanced periodontal disease that usually occur on the palatal aspect of maxillary canines.
- Often present but not diagnosed prior to extraction.
- The most common of local consequences of periodontal disease.
- Generally seen in older, small breed dogs.
 - Dachshunds and basset hounds
- Clinical signs:
 - Nasal discharge, sneezing, halitosis, and occasionally anorexia.



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Palatal Defect How to document on the chart: PDE

- Can occur from mal occlusions or foreign bodies.
- Important to note location, size, and inflammation when charting.

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Persistent Deciduous Teeth How to document on the chart: DT/P

- Aka retained, deciduous, or baby teeth
- Can cause orthodontic and periodontal abnormalities.
- Should be extracted if present with their adult counterpart.
- General rule: "There is no room for two teeth of the same type in the same mouth at the same time."
- Fractured deciduous teeth occur frequently.
 - If left untreated it may result in abscessation, which can then cause a defect in enamel production - enamel hypoplasia.

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Chewing Lesions How to document on the chart: CL + Location

- These lesions arise when tissue (such as the mucosa on the inside of the cheek or under the tongue) becomes trapped between teeth during chewing or panting. It often starts as a small injury that fails to heal because the dog continues to bite it.
- Appearance:
 - They are usually raised, inflamed, proliferative, or verrucous (wart-like) lesions located in the mouth, often near the molars.
- Treatment:
 - Surgical Excision: Removal of the overgrown tissue is usually necessary.
 - Laser Therapy: Laser can be used to remove the lesions and control bleeding.
 - Pain Management: Postoperative pain management is crucial, as the mouth is a very sensitive area.

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How to document on the chart: CL + Location
CL/B - Buccal Mucosa / Cheek
CL/L - Labial Mucosa / Lip
CL/P - Palatal Mucosa / Palate
CL/T - Lingual / Sublingual Mucosa / Tongue

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Fur Impaction

- Fur impaction in teeth & tongue occurs when short, coarse hair from excessive licking or biting due to allergies/anxiety embeds in the gumline, particularly in short-nosed breeds.
- It causes severe gingival inflammation, periodontal pockets, abscesses, and potential tooth loss.
- Causes and Risks**
 - Underlying Causes: Obsessive-compulsive disorders, skin allergies, or external parasites cause dogs to chew their skin, releasing hair that gets trapped.
 - Risk Factors: Short-haired, brachycephalic breeds (e.g., Bulldogs, Boxers) are most at risk due to their anatomy.
 - Health Consequences: The trapped hair acts as a foreign body, leading to bacterial growth, infection, inflammation, and destruction of periodontal attachment.

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Mucositis

- Is inflammation of the oral mucosa and can be classified by:
 - Anatomical location (alveolar, sublingual, labial/buccal, and caudal)
 - Cause (contact, radiation induced, and allergic)
- Contact mucositis and contact mucosal ulceration are conditions that occur secondary to mucosal contact with a tooth surface bearing the responsible irritant, allergen, or antigen in plaque and calculus in a susceptible dog. These lesions have also been called "kissing lesions" since the injuries are located where the oral mucous membranes rub against the plaque and calculus-laden teeth

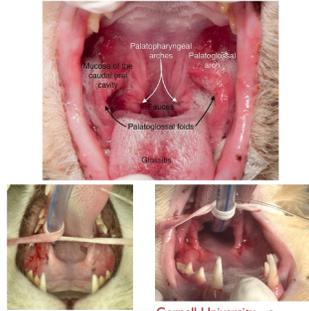
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Stomatitis

- Inflammation of the mucous lining of any of the structures in the mouth.
- Term should be reserved for widespread oral inflammation (beyond gingivitis & periodontitis) that may also extend into submucosal tissues.
- **Mucositis** is when it extends into the mucosal tissues.
- **Caudal stomatitis** is when it extends into the tissues of the lateral palatine folds.



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Impacted and Unerupted Teeth

- Unerupted teeth are those that failed to erupt and remain completely or partially covered by bone or soft tissue or both.
- Impacted teeth are those that have been obstructed by contact against another erupted or non-erupted tooth in the course of their eruption.
- Potential causes:
 - Lack of space, obstruction (retained deciduous tooth), cyst or tumors, infection, and trauma
- Increased risk of cyst formation is associated with unerupted teeth.



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Case Example: Molly

7 yr FS Scottish Terrier
Presented for acute facial swelling under right eye.



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Case Example: Juno 6yr FS Golden Retriever
Presented for persistent halitosis

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Case Example: Max 1.5yr MN German Shepherd
Presented for MAL 2 - traumatic occlusion of 304 onto hard palate - palatal to 204 and deep with debris and inflammation

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Case Example: Leo 10yr MN DSH
Presented for chronic non-healing facial wound despite antibiotic therapy.

Diagnosis: *Complicated Crown Fracture of 104 with secondary oral draining tract and tertiary facial draining tract*

- This tooth fracture caused tooth death with secondary infection into the facial bone and skin.

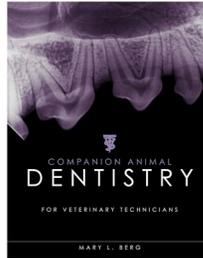
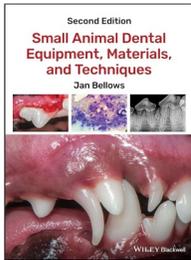
2 week post op recheck the surgical site was healed and the facial wound was almost completely healed.

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Resources



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