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## SMALL ANIMAL DENTISTRY: FIFTY KEY QUESTIONS

## Module 2 Oral Examination and Pathology

## 10. What are the steps in an oral examination?

- if the patient is tractable, an oral examination can often be completed as part of the physical examination at the time of the consultation
- before opening the patient's mouth, assess facial swelling, symmetry, discharge, and pain
- assess ocular swelling, symmetry, discharge, and pain
- swelling may be due to extraoral causes (e.g. external trauma, periocular disease, insect stings, nasal cavity neoplasia) or intraoral causes (e.g. endodontic disease, oral foreign bodies, oral neoplasia)
- assess the presence and character of any nasal discharge
- assess the mandibular lymph nodes (previously called submandibular lymph nodes) for enlargement and pain
- assess the patient's occlusion
- open and close the patient's mouth and assess the temporomandibular joints for inhibited movement, crepitus, or pain
- examine the oral cavity for soft tissue or bony lesions as well as foreign bodies
- if possible, check under the tongue in feline patients for linear foreign bodies

- assess the range of plaque and calculus scores for the four quadrants
- assess the range of the gingival indices
- estimate the range of periodontal disease by checking for areas of gingival recession, furcation exposure, and obvious tooth mobility
- assess any obvious crown lesions (e.g. tooth resorption, fractured teeth with suspected pulp exposure or visible pulp exposure)
- check for dental or radicular pain for teeth with fractured cusps
- note missing dentition and associated soft tissue lesions and pain





Left exophthalmus with prolapse of the nictitating membrane due to a left retrobulbar abscess in a Labrador retriever (left). The left retrobulbar abscess was drained intraorally with blunt dissection distal to 210 (right).



Example of right infraorbital chronic, relapsing, painful swelling in a 12 year old neutered male mixed breed canine patient.

This was originally treated as a recurring allergic reaction for a period of 12 months, with courses of anti-histamines prior to referral.

On detailed oral examination, there was chronic pulpal exposure and necrosis for 108 that was treated successfully with root canal therapy.

Right mucopurulent discharge in an 11 month old spayed female domestic shorthair feline patient.

On intraoral radiography, there was a dentigerous cyst for 104 with bone lysis into the nasal passage.

