

THE IMPORTANCE OF DENTAL RADIOGRAPHS

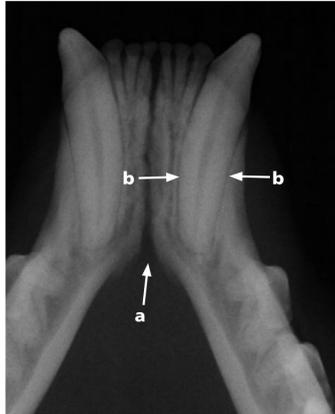


Figure 1: Normal dental radiograph, feline mandible.

- Mandibular symphysis (a).
- Canine roots (b).

Roots of the canine teeth comprise the majority of the mandible.

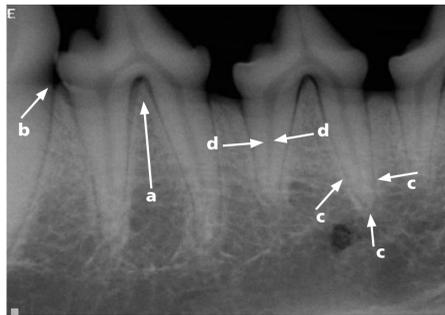


Figure 2: Normal dental radiograph, canine mandible.

- Bone fills furcation (a) and extends to CEJ (b).
- The periodontal ligament (c) is even in width around the root.
- The root canals are all visible and of comparable size (d).

Similar teeth should have similar radiographic anatomy.

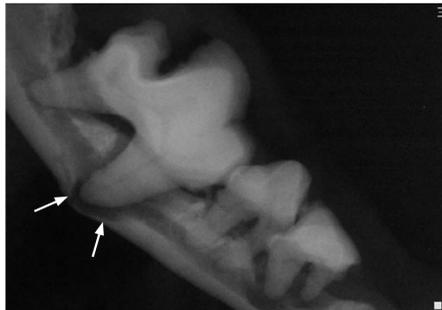


Figure 3: Advanced periodontal disease of the mandible.

- Severe periodontal disease of the right lower quadrant is evident on physical examination (upper).
- Radiograph reveals thin bone in the area of the first molar (lower).

Dental radiographs can help prevent iatrogenic damage (such as jaw fractures) during extractions.

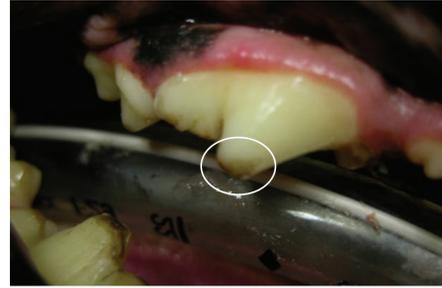


Figure 4: Small enamel fractures are very common.

- Apparently healthy tooth with a small cusp fracture (upper).
- This tooth is endodontically infected, as noted by the dark areas around the root tip (lower).

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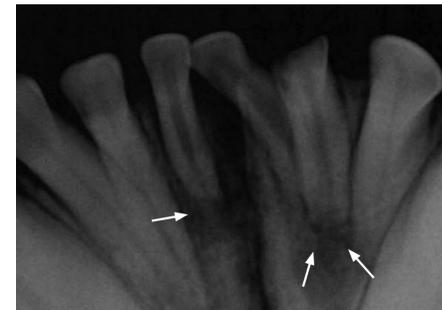


Figure 5: Seemingly normal teeth may be infected.

- This patient has one broken incisor (upper), but the adjacent incisors appear normal.
- Radiograph reveals additional pathology (lower).

Radiograph all teeth adjacent to pathologic teeth. This illustrates the value of full-mouth dental radiographs.

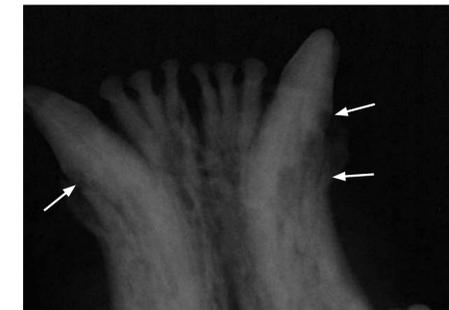


Figure 6: Feline tooth resorption (TR) is very common.

- Minimal clinical evidence of pathology (upper)
- Painful pathology missed without radiographs (lower)

Full mouth radiographs are recommended for all feline patients.

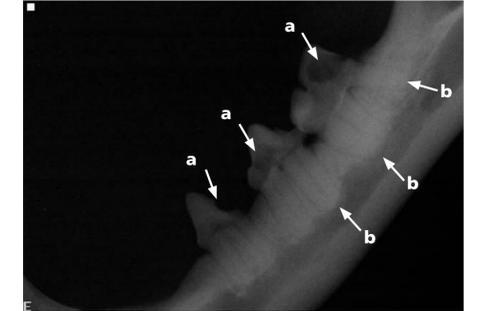


Figure 7: Type I feline tooth resorption (TR).

- Complete extraction of all roots is required for Type I TR.
- These teeth have significant coronal resorption (a), but normal root structure (b).



Figure 8: Type II feline tooth resorption (TR).

Often Type II TR results in replacement of tooth structure with bone. This tooth has undergone significant replacement resorption and may be treated with crown amputation, which is less traumatic than extraction.

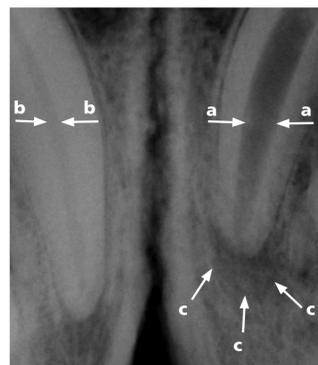


Figure 9: Worn teeth are common.

- Both canine teeth are worn (upper).
- The left lower canine tooth is non-vital (dead) as evidenced by the wider root canal (a) compared to the other side (b). The tooth is also likely infected, as evidenced by periapical lucency (c).

All worn teeth should be radiographed.



Figure 10: Oral neoplasia is common in veterinary patients.

- Large masses may be benign and small masses may be malignant.
- A small, benign appearing growth (upper).
- The radiograph reveals the tumor to be very large and aggressive (lower).

All oral masses should be radiographed and biopsied. Dental radiographs were instrumental in formulating the correct treatment plan to save this patient's life.



Figure 11: Dental radiographs are essential for primary (baby) tooth extraction.

- Clinically normal teeth may have undergone resorption, making extraction very difficult.
- Significant resorption just under the gum line (upper), which may cause the root to fracture, requiring surgical extraction.
- A completely resorbed root facilitates simple extraction (lower).

Dental radiographs can save the pet from an unnecessary surgery or a painful retained root.

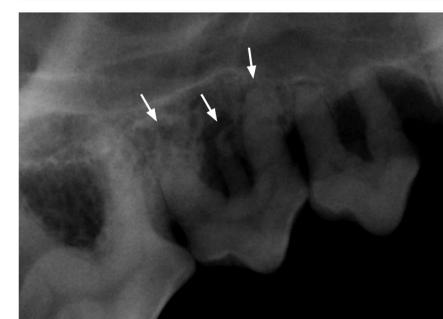


Figure 12: Anatomic variation can result in very difficult extractions.

- This radiograph of a mandibular left first molar reveals severe root curvature and thin apical bone (upper) around the apex of the mesial (front) root.
- This maxillary right third premolar has an extra middle root (lower).

Radiographs are recommended for all teeth prior to extraction.

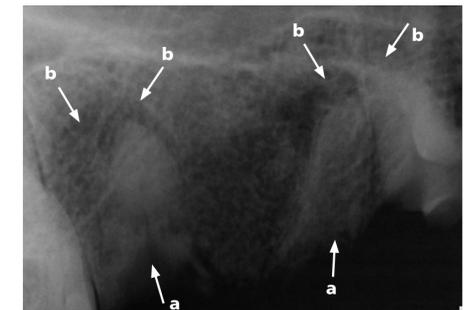


Figure 13: Retained roots may be painful and/or infected.

- Retained and infected roots (a) following an extraction attempt.
- Dark areas around the roots (b) indicate likely infection, which requires complete extraction of the roots.

Post-operative radiographs are used to confirm complete extraction.

VDR

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