

## ORAL TREATMENT KEY:

### A: An Oral Health Programme

No problems noted today. An oral hygiene programme should be advised to keep the teeth and periodontal tissues in optimal health. Periodontal disease is a progressive inflammatory disease caused by plaque accumulation on the surface of the tooth and leads to destruction of the attachment apparatus of the tooth. Periodontal disease affects up to 75% of all dogs and cats. Daily

tooth brushing is recommended as the gold standard to keep teeth plaque-free and help reduce the onset of periodontal diseases. Daily tooth brushing will also alert an owner to other potential dental problems such as fractured teeth or oral masses. Dental chews can also form part of an oral hygiene programme. Three-monthly dental health checks are recommended to ensure adequate home care.

### B: Early Periodontal Disease

This pet may have early periodontal disease (gingivitis). If no further oral problems are identified, start daily tooth brushing. Follow-up checks should be carried out weekly to

ensure that the clinical signs are resolving. If not, further work or examination under general anaesthesia may be warranted.

### C: Mouth Examination Under General Anaesthesia

Uncertain findings and a full mouth examination under general anaesthesia is warranted. Each tooth should be systematically evaluated and all findings recorded. A periodontal probe (to check for attachment loss around the tooth) and explorer probe (used to check hard dental tissues for defects

such as tooth resorption (FORL) or pulp exposure following fracture) are instruments required to examine the teeth. Further diagnostic tests such as intra-oral radiography is indicated to assess the root structure and alveolar bone. Biopsy of any soft tissue lesion or mass may also be required.

### D: Oral Treatment Under General Anaesthesia

Dental and oral treatment under general anaesthesia is required. There is enough evidence from the conscious clinical examination to indicate that this pet requires

dental treatment. A full mouth examination as detailed above is required to assess the mouth fully and a more thorough treatment plan formulated.

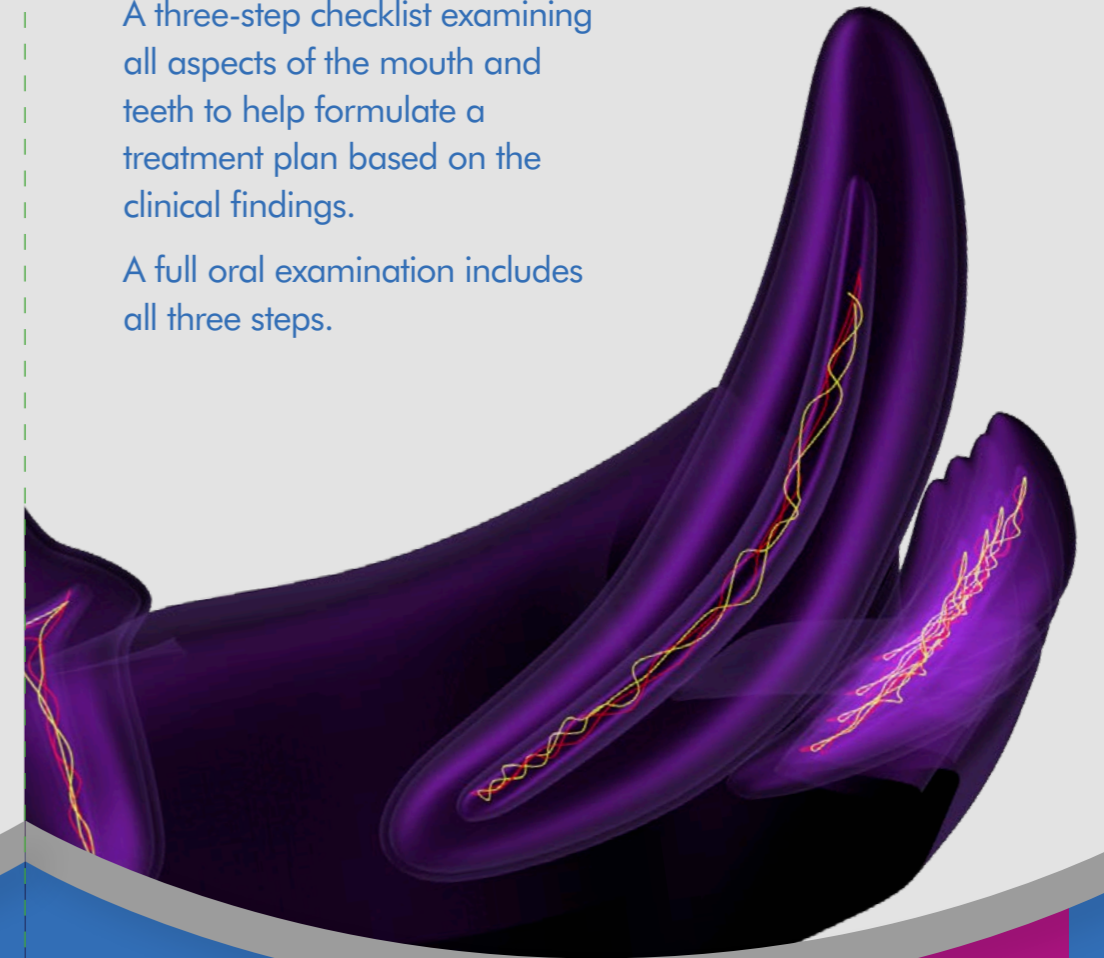
## DENTAL DECISION TREATMENT GUIDE

This guide enables a stepwise approach to full examination of a patient's mouth. It is aimed at helping with decision-making as to whether further investigation or treatment is required. The checklist encourages a systematic approach to identifying oral and dental pathology and can be used in combination with the Whiskas® dental presenter for a better understanding of dental disease in cats.

## DENTAL DECISION TREATMENT GUIDE

A three-step checklist examining all aspects of the mouth and teeth to help formulate a treatment plan based on the clinical findings.

A full oral examination includes all three steps.



\*The BVDA endorses the VOHC seal of acceptance



## STEP 1: EXAMINE HEAD EXTERNALLY

<b>Visual symmetry</b>				
Normal?	A			
Abnormal?			C	
<b>External palpation</b>				
No reaction?	A		C	
Sensitive?			C	D
<b>Muscles, eyes, ears</b>				
Normal?	A			
Abnormal?			C	
<b>Lymph node palpation (mandibular)</b>				
Normal?	A			
Abnormal			C	D

Most pet owners will not be aware that their pet has an oral problem so an examination of the oral cavity should be part of every physical examination. Oral examination in a conscious animal will only give limited information and a definitive oral examination can only be performed under general anaesthesia.



The mandibular teeth showing marked gingivitis, calculus accumulation and gingival recession. This is an indication for further assessment, including dental radiography, under general anaesthesia.

A: An Oral Hygiene Programme

B: Early Periodontal Disease

C: Mouth Examination Under General Anaesthesia

D: Oral Treatment Under General Anaesthesia

## STEP 2: LIFT LIPS AND EXAMINE BUCCAL SURFACE OF THE TEETH AND ORAL MUCOSA

<b>Occlusion</b>				
Normal for the breed/comfortable?	A			
Any signs of soft tissue trauma?				D
<b>Buccal mucous membranes</b>				
Normal?	A			
Abnormal – inflamed or ulcerated?				D
<b>Calculus visible buccal surfaces</b>				
Associated with gingival inflammation?				D
Calculus more prevalent on certain teeth or sides of the mouth or calculus accumulation asymmetrical				D
<b>Gingival margin</b>				
Normal?	A			
Inflamed or swollen?		B		D
Receding?			C	D
<b>Loose teeth</b>				
Yes?				D
No?	A		C	
<b>Halitosis</b>				
No visible cause for the halitosis?		B		
Visible clinical problem/no response to treatment?				D
<b>Fractured teeth</b>				
Pulp exposed?				D
Unsure if pulp exposed?*			C	
<b>Other lesions? Trauma, neoplasia, other soft tissue pathology?</b>				
Yes?			C	D
No?	A			

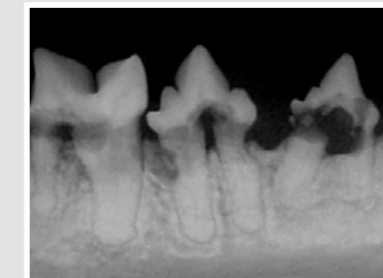
\* The pulp comes very close to the tip of the canine tooth so that any fracture, however small, may still have exposed the pulp.

## STEP 3: OPEN MOUTH EXAMINATION

<b>Palatal/lingual surfaces</b>				
Normal?	A			
Abnormal?			C	
<b>Hard palate/palatoglossal folds/tonsillar area</b>				
Normal?	A			
Abnormal?			C	
<b>Tongue dorsal/ventral</b>				
Normal?	A			
Abnormal?			C	D

The mouth is first examined by gently holding the jaws closed and retracting the lips. Do not pull on the fur when doing this though. This allows you to look at the soft tissues and buccal aspects of the teeth. The occlusion can also be evaluated. The mouth is then opened by placing one hand over the

cat's head to hold the zygomatic arches. A finger from the other hand is placed on the lower incisors to carefully open the mouth. The thumb from this hand may then be used to elevate the tongue by pressing in the intermandibular space, allowing visual assessment of the ventral tongue surface.



Dental radiograph of mandibular teeth showing type 1 tooth resorption in each tooth. Every root should be extracted in its entirety.



Fractured maxillary canine teeth with pulp exposure.\* The pulp in feline canine teeth comes very close to the tip of the crown, meaning any fracture has the potential to expose the pulp, thus resulting in pain and infection. Note also the missing incisor teeth, gingivitis and marked gingival recession.