REPORT	ID: 17906055
Service: Immediate Dental	**Date of Receipt:** Jan 15 2026

HOSPITAL DETAILS

ApexCare Animal Hospital

13101 Preston Road ,Dallas, TX 75240

hayden.bouwer@signalpet.com

PATIENT DETAILS

Owner Name: Slade Wilson	**Age:** 11 Years
Patient Name: Chompers	**Patient Id:** 1234
Species: Canine	**Breed:** Mixed Breed
Gender: Male	**Neutered:** Altered

ABNORMAL FINDINGS (4)	CONFIDENCE
Furcation Bone Loss	
Severe Attachment (Alveolar Bone) loss	
Resorptive Lesion	
Retained Root(s)	

NORMAL FINDINGS (2)	CONFIDENCE
Periapical Lucency	
Tooth Fracture	

ADDITIONAL INFORMATION

Furcation Bone Loss: A radiolucency has been detected at the furcation of the tooth indicative of loss of alveolar bone in this region. Furcation bone loss is an indicator of the presence of significant periodontal disease. Suboptimal radiographic technique and/or positioning can affect the appearance of alveolar bone. Radiographic signs should be interpreted in conjunction with the oral exam.

Severe Attachment (Alveolar Bone) loss: Severe loss of alveolar bone has been identified in the region around a root or roots. Attachment loss is used as an indicator in staging of periodontal disease. Four red bars indicates greater than 50% loss or grade 4 periodontal disease. Two red bars indicates between 25% and 50% loss or grade 3 periodontal disease. Radiographic technique and angle can exaggerate or conceal alveolar bone loss. Radiographic signs should be interpreted in conjunction with the oral exam.

Resorptive Lesion: Presence of an area or multiple areas of decay/degradation has been identified within a tooth/teeth likely secondary to a resorptive process. Resorption often appears as irregular radiolucencies throughout the tooth. Radiolucent lesions in teeth are often attributed to primary resorptive lesions but can be representative of other disease processes such as trauma, neoplasia, inflammation/infection, caries, enamel hypoplasia, etc. Radiographic technique and angle can contribute to an abnormal appearance of the tooth. Radiographic signs should be interpreted in conjunction with the oral exam and clinical signs.

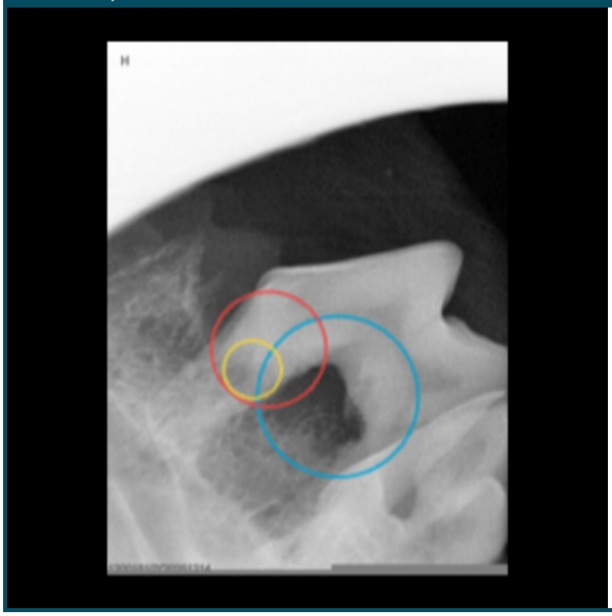
Retained Root(s): Retained root remnants/fragments may be found secondary to trauma, incomplete extraction, or tooth resorption. With few exceptions, retained root remnants should be extracted at the time of radiographic diagnosis. Continued retention and regular radiographic monitoring may be considered in select cases, but only if the remnant is radiographically and clinically quiet (no evidence of inflammation, infection, or other pathology), small, and known to be chronic. This test may also identify an unerupted tooth as a retained tooth root. Unerupted teeth should be extracted to prevent the development of a dentigerous cyst. Though, regular radiographic monitoring may be performed instead of extraction in older patients.

SUMMARY

Disclaimer: These results were generated by computer assisted technology. Should a specific anatomy or condition not be listed that does not imply normal or abnormal, rather it could not be determined. Only a veterinarian can make a final diagnosis.

IMAGES

JAN 15, 2026 01:44PM — ABNORMAL(3) I NORMAL(2)



Furcation Bone Loss TFL

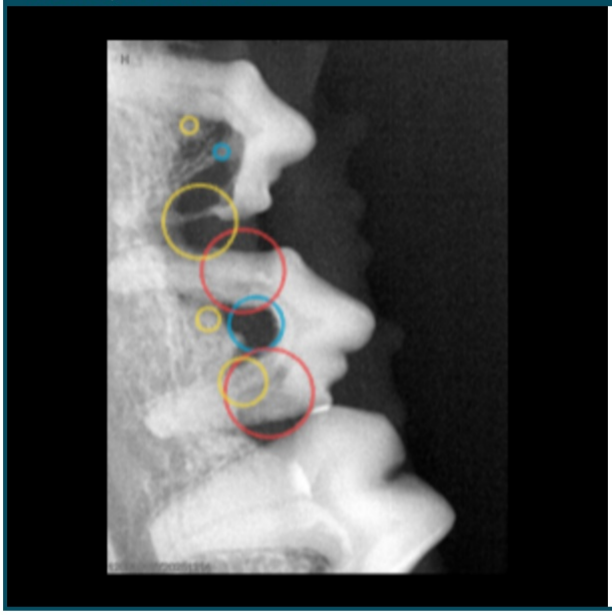
Severe Attachment (Alveolar Bone) loss TAL

Resorptive Lesion TRL

Periapical Lucency

Tooth Fracture

JAN 15, 2026 01:44PM — ABNORMAL(3) I NORMAL(2)



Furcation Bone Loss TFL

Severe Attachment (Alveolar Bone) loss TAL

Resorptive Lesion TRL

Periapical Lucency

Tooth Fracture

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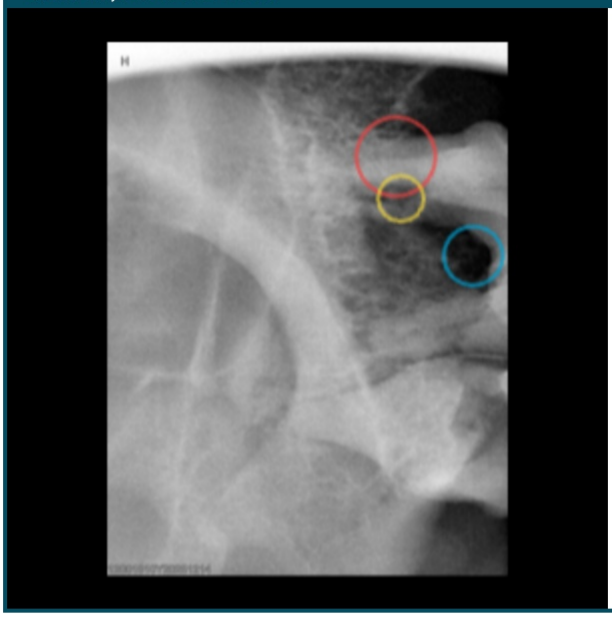
ABNORMAL(3) I NORMAL(2)



Furcation Bone Loss TFL

Severe Attachment (Alveolar Bone) loss TAL

Resorptive Lesion TRL

Periapical Lucency

Tooth Fracture

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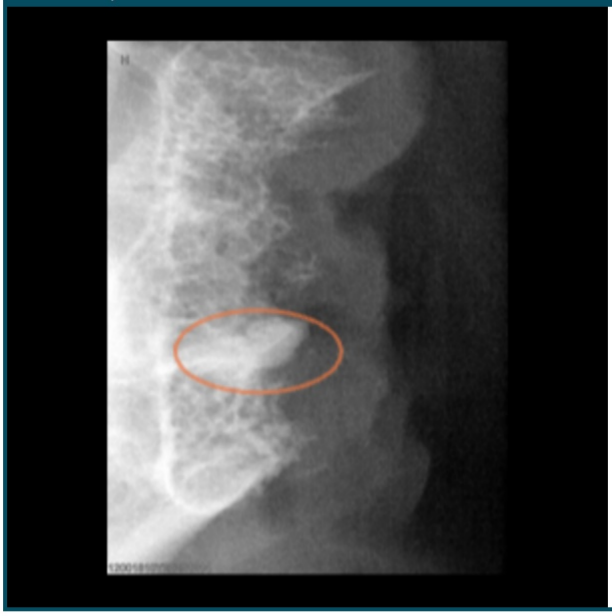
ABNORMAL(1) I NORMAL(2)



Retained Root(s) TRR

Periapical Lucency

Tooth Fracture

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ABNORMAL(0) I NORMAL(0)