



LAYTONSVILLE VETERINARY PRACTICE

5910 Sundown Road
Laytonsville, Maryland 20882

Dental Procedures at Laytonsville Veterinary Practice

One of the most important preventative procedures done in veterinary practice is to clean the pet’s teeth. Bacterial infection originating in the mouth is a leading cause of heart and kidney failure, by bacteria entering the blood stream and settling on the heart valves and muscle, and in the kidney glomerular filter.

The Veterinary Dental Society has recently recommended that, like in human dentistry, x-rays of the entire mouth, looking for abnormalities under the gum, be part of a complete annual dental procedure.

We have used digital dental radiology for many years now, but are now, on the basis of the above recommendation, offering full mouth radiographs to our dental patients. Here is a list of some of the things that we might find, that we’d miss if we just looked at the visible crown:

- Tooth root abscess
- Cracked root
- Tooth resorptive lesion
- Un-erupted tooth which can cause a bone cyst
- Early cancerous lesions
- Extensive periodontal disease

By having the x-rays done at the time that the pet is sedated for teeth cleaning, we could potentially avoid missing a problem that would

necessitate re-sedating the pet in a few months’ time, when the problem came to a head and caused major illness, and also avoid missing a source of pain in your pet who can’t tell you what hurts.

Full-mouth dental x-rays add about 15 minutes to the procedure and cost \$93 for cats and \$124 for dogs. It may be less if your pet has already suffered multiple extractions and has only a few teeth left!

Extractions of teeth, while regrettable, may be the surest way we can avoid both painful and infectious sequellae to dental problems. Other options for diseased teeth, such as root canal therapy and bone regenerative techniques for severe periodontitis can be discussed with the Doctor after x-rays are taken.

Please allow us to best serve you by indicating your preferences, for your pet’s dental procedure:

Please perform Full-Mouth
Dental X-Rays. Yes No

Please extract any teeth that you deem
necessary to maintain health. Yes No

Please call me at this phone number
_____ to discuss
options for root canal therapy or bone
regenerative techniques in lieu of extraction.

I am aware that some of these options
may require referral. Yes No

Signed _____ Dated _____