PHYSICAL EXAM OF THE ANIMALS

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ANAMNESIS

INSPECTION

PALPATION

AUSCULTATION

PERCUSSION

OLFACTORY

1. ANAMNESIS

WHAT IS YOUR ANIMAL'S PROBLEM?

HOW LONG HAS YOUR ANİMAL BEEN İLL?

Peracute
(hour-day)
Acute
(days-week)
Subacute
(2-3 weeks)
Chronic
(weeks-months)

Congenital

Acquired

DID DISEASE OCCUR SLOWLY OR SUDDENLY?

SUDDEN
Fracture
Luxation
Concussion (Commotio Cerebri)
Hematoma
Muscle rupture
Prolapsus vagina, prolapsus recti
.....

SLOW
Periostitis choronica deformans
Tumors
Conjunctivitis follicularis in dogs
,,,,,,,,,

IS THERE AN INCREASE OR DECREASE IN PROGRESS OF DISEASE?

lameness
-Constant
-intermittans

Epulis
Karies
Tartr

HOW DID THE DISEASE OCCUR?

Etiology

Car accidents
Gun shots

HAS YOUR ANIMAL EVER HAD A DISEASE BEFORE?

Bursitis, artritis, tendinitis associated with brucellosis.

HAS YOUR ANIMAL EVER TREATED BEFORE?

By the veterinarian

By the owner

Empiric therapy

HOW IS THE APPETITE OF THE ANIMAL? IS THERE ANY PROBLEM ABOUT ITS URINE OR FECES?

DID YOUR ANIMAL HAVE THE SAME DISEASE BEFORE?

SIGNALMENTS

- Species (panarisyum, habronema)
- Breeds
- Age
- Sex
- *Don ve nişaneler*
- Body weight and height

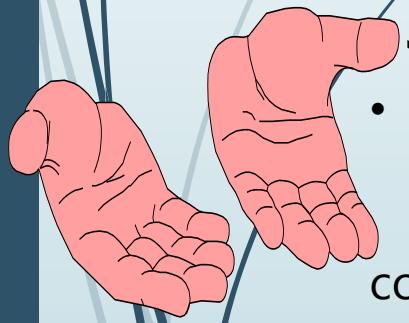
HABITUS

The physical characteristics of a person, especially appearanceand constitution as related to disease.

- Attitude and behavior
- Face expression
- Body condition

2. INSPECTION

- Vision, hearing, smell
- First physical exam,
- Look before touch, follow
- Suitable light
- Suitable body position
- Color, size, localization, simetry, sound assessment



3. PALPATION

- Touch your hand and feel: use your fingers (hard, soft..)

  use your hand back for evaluation of temperature (warm, hot, cold)

  Moisture (dry, wet or moist)

  Lesion localization and size

  Content of the structure (solid, liquid, dough..)

- Slowly and sistematically

4. AUSCULTATION

Respiratory, heart and gastrointestinal sounds

Listen body sounds

Air flow in the lungs

Blood flow in the heart

Liquid-gas flow in the intestines

Sound differences in the abdomen

5. PERCUSSION

Indicates the location, size and density of the underlying structures.

1. Direct method: Includes a single or two finger hitting the body surface.
2. Indirect method: one hand is placed on the lesion, the other hand with sharp fingers shorter to the middle finger of the lower hand.

6. OLFACTORY

- wound
- mouth
- breath
- ……

BIOPSY TECHNIQUES

Biopsy is a surgical procedure to obtain tissue from a living organism for its microscopical examination, usually to perform a diagnosis.

Indications

- Any lesions that has the characteristics of malignancy
- Lesion that interfere with local function
- İnflammatory changes of unknown cause that persist for long periods
- Bone lesions not specifically identified by clinic and radiographic findings

Types of Biopsy

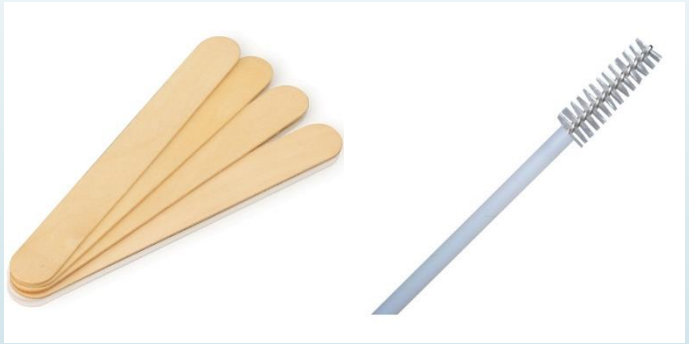
1. Cytology
2. Aspiration biopsy
3. Incisional biopsy
4. Excisional biopsy

Cytology

- Allows examination of individual cells, but cannot provide the histologic features crucial for an accurate and definitive diagnosis.
- Developed as a diagnostic screeing procedure to monitor large tissue areas for dysplastic changes.

Procedures:

1. The lesion is scraped repeatedly and firmly with a moistened tongue depressor or cytology brush
2. The cells are transferred to and smeared evenly on a glass slide
3. The slide is immediately immersed in a fixing solution
4. The cells can be stained and examined under the microscope



Advantages

Helpful when large areas of mucosal change are noted, or in areas with difficult surgical access

Disadvantages

Not very reliable with many false positives

Expertise in oral cytology is not widely available

Aspiration Biopsy

Aspiration biopsy is the use of a neddle and syringe to remove a sample of cells or contents of a lesion

The inability to withdraw fluid or air indicates that the lesion is probably solid.

Indications

- To determine the presents of fluid within a lesion
- To a certain the type of fluid within a lesion
- When exploration of an intraosseous lesion is indicated

Procedures

- An 18-gauge needle is connected to a 5 or 10 ml syringe and is inserted into the center of the mass via a small hole in the lesion.
- The tip of the needle may need to be positioned in multiple directions to locate a potential fluid center.
- The material withdrawn during aspiration biopsy can be submitted for pathologic examination and/or culturing.

- The inability to withdraw fluid or air indicates that the lesion is probably solid.
- A radiolucent lesion in the jaw that yields straw-colored fluid on aspiration is most likely a cystic lesion.
- If purulent exudate (pus) is withdrawn, then an inflammatory or infectious process should be considered..
- The aspiration of blood might indicate a vascular malformation within the bone.
- Any intrabony radiolucent lesion should be aspirated before surgical intervention to rule out a vascular lesion.
- If the lesion is determined to be vascular in nature, the flow rate (high versus low) should be determined because uncontrollable hemorrhage can occur if incised

Incisional Biopsy

- The intent of an incisional biopsy is to sample only a representative portion of the lesion.
- If the lesion is large or has many differing characteristics, more than one area may require sampling.

Indications

- whenever the lesion is difficult to excise because of its extensive size
- in cases where appropriate excisional surgical management requires hospitalization or complicated wound management.

Technique

Representative areas are biopsied in a wedge fashion.

- ✓ Margins should extend into normal tissue on the deep surface.
- ✓ Necrotic tissue should be avoided.
- ✓ The sample should be taken from the edge of the lesion to include surrounding normal tissue
- ✓ It should be deep enough to include underlying changes of the surface lesion.

Punch Biopsy

Another tool that can be used for incisional or excisional purposes.

biopsy is especially well suited for diagnosis of oral manifestations of mucocutaneous and vesiculoulcerative diseases

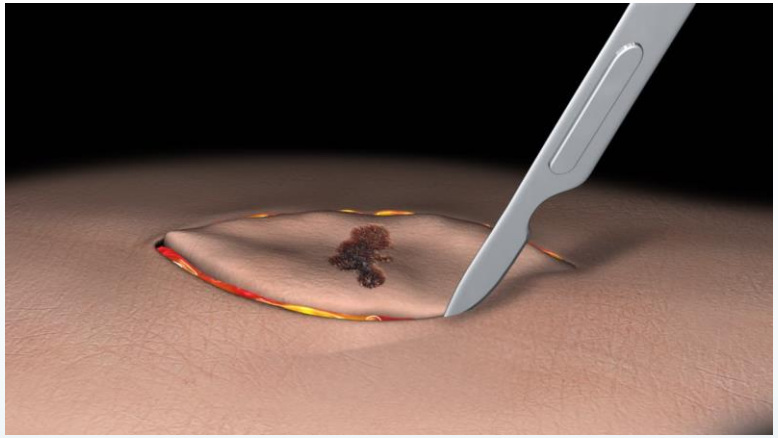
Technique of punch biopsy

- biopsy punches should range in size from 2-10 mm in diameter
- the smaller diameters should be avoided due to the risk of over-manipulating and crushing the tissue .
- The technique is easily performed with a low incidence of postsurgical morbidity.
- Suturing in regards to a punch biopsy procedure is usually not required as the surgical wounds heal by secondary intention.

Disadvantages

One disadvantage of using the biopsy punch is that it is difficult to obtain adequate, representative tissue deeper than the superficial lamina propria.

Excisional Biopsy



Indications:

- Should be employed with small lesions. Less than 1cm
- The lesion on clinical exam appears benign.
- When complete excision with a margin of normal tissue is possible without mutilation.

Technique

- An excisional biposy implies the complete removal of the lesion.
- A perimeter of normal tissue (2-3 mm) surrounding the lesion is included with the specimen.
- Excisional biopsy should be performed on smaller lesions (less than 1 cm in diameter) that appear clinically benign.
- Pigmented and vascular lesions should be removed, if possible, in their entirety.
- This avoids seeding of the melanin producing tumor cells into the wound site or in the case of a hemangioma, allows the clinician to address the feeder vessels.

Principles of Surgery

Incisions

- Incisions should be made with a scalpel.
- They should be converging
- Should extend beyond the suspected depth of the lesion
- They should parallel important structures
- Margins should include 2 to 3 mm of normal appearing tissue if the lesion is thought to be benign.
- 5mm or more may be necessary with lesions that appear malignant, vascular, pigmented, or have diffuse borders.

Surgical closure

- Primary closure of the wound is usually possible
- Mucosal undermining may be necessary
- Elliptical incision on the hard palate or attached gingiva may be left to heal by secondary intention.

Intraosseous and Hard Tissue Biopsy

Intraosseous lesions are most often the result of problems associated with the dentition.

Indications for Intraosseous Biopsy

- Any intraosseous lesion that fails to respond to routine treatment of the dentition.
- Any intraosseous lesion that appears unrelated to the dentition.

When To Refer For Biopsy

- When the health of the patient requires special management that the dentist feel unprepared to handle
- The size and surgical difficulty is beyond the level of skill that the dentist feels he/she possesses
- If the dentist is concerned about the possibility of malignancy