

S E R V I C E S P L L G H

DENTISTRY



Something to Smile About: Advanced Dentistry Services at BEVS

Professional dental cleanings can help keep your patients' pearly whites in good health. But when more advanced treatment is required, BEVS is here to help get to the root of the problem. Our dentistry department offers a full range of veterinary dental services, including difficult extractions, oral surgery, orthodontics, and more. Referring your patients to BEVS puts them in qualified and compassionate hands and gets them on the road back to health.

24/7/365 Emergency and Critical Care • Acupuncture • Dentistry • Diagnostic Imaging Internal Medicine • Neurology • Radioiodine • Rehabilitation • Surgery

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A Letter From Dr. Bill Kellner



Dear Colleagues,

I hope this finds you all well. It's been several years since I updated you about my referral dentistry and oromaxillofacial surgery services. While some of you have kindly sent referrals to me in recent years, I thought it might be valuable to introduce myself and pass on an update to those who are less familiar with me.



I have been practicing in Vermont since 1994, with a particular interest in veterinary dentistry that began in veterinary school. In 2014, I was accepted into a formal American Veterinary Dental College Alternative Path Residency program. I have trained under my mentor, Barron Hall, DVM, FAVD, DAVDC, of Vienna, VA, as well as other board-certified veterinary dentists around the country.

My residency has been incredibly valuable. It involved hundreds of hours of direct training time with boarded veterinary dentists and advanced clinical training with boarded anesthesiologists, radiologists, and surgeons. My clinical experiences and the associated 240 residency-specified cases have helped me develop expertise in the following areas: oral medicine, periodontics, endodontics (root canal therapy, vital pulp therapy, surgical endodontics), restorative dentistry, oral surgery (including maxillary and mandibular fracture fixation, oncologic surgery, biopsies, mandibulectomies, and maxillectomies), prosthodontics (crowns), and orthodontics (treatment for malocclusions).

Currently, I am qualified to provide consultation and treatment for any advanced dental cases you may be seeing. Types of cases that I routinely treat include extensive or complicated surgical extractions; periodontal disease; feline gingivostomatitis; root canal treatment of non-vital and broken teeth in dogs and cats as an optimal alternative to extraction, especially of the strategic teeth (canines and carnassials); treatment of malocclusions; maxillofacial trauma; and tumors of the oral cavity.

In the interest of increasing our veterinary community's knowledge of veterinary dentistry, I am also available on a more informal basis for doctor-to-doctor consultation regarding the interpretation of intraoral radiographs, help with equipment purchase decisions, developing standards for your veterinary technicians to elevate your dental program, anesthesia and monitoring advice for dental patients, and any other dentistry or oral surgery questions you may have.

One significant change in my practice is that I no longer own Ark Veterinary Hospital in Shelburne, VT, and now see referral cases exclusively at BEVS in Williston, VT.

If you need a referral source for such cases, I hope you will consider my services.

Sincerely,

Bill Kellner, DVM

Drilling Deeper

Our dentistry department is led by Bill Kellner, DVM, who trained under several leading veterinary dental experts, and has over 25 years of experience practicing advanced veterinary dentistry. He also has completed advanced anesthesia and pain management training.

In addition to oral exams and full mouth dental X-rays and interpretation, Dr. Kellner provides a full range of dental services, including:

- Dental imaging: Assessment and diagnosis of periodontal and endodontic disease, missing teeth, jaw fractures, and oral tumors, utilizing digital dental radiography, CT, and MRI
- Endodontics: Root canal and vital pulp therapy to save broken, injured (discolored pink, purple, or brown), and dead teeth
- Feline dentistry: Treatment for tooth resorption, stomatitis, and gingivitis
- Maxillofacial surgery: Repair of broken jaws and lymph node excision for tumor staging

- Oral surgery: Simple and complex extractions, including full mouth extractions, oral tumor removal and biopsies, gingival hyperplasia, and extraction of retained deciduous teeth
- Orthodontics: Treatment of painful malocclusions, including crown shortening, crown extension, orthodontic movement of teeth, and selective extractions
- Periodontics: Treatment of gingivitis and periodontitis, including dental infection and bone loss, using root planing, bone grafts, guided tissue regeneration, and advanced gum flap surgeries
- Prosthodontics: Placement of metal crowns to protect damaged teeth and root canaltreated teeth
- Restorations: Treatment and repair of cavities, fractured teeth with no pulp exposure, and enamel defects
- Senior, geriatric, and fragile pet dental/ oralcare: Complete diagnosis and treatment planning for older or health-compromised pets



Anesthesia for All Dental Procedures

Anesthesia makes it possible to perform oral diagnostics, like exams and X-rays, as well as advanced dental procedures, with considerably less stress and pain for the pet. Most importantly, anesthesia allows for a thorough examination and cleaning above the gum line without risk of injury.

We utilize the latest anesthesia protocols for our dentistry patients, and an experienced veterinary technician is dedicated to anesthetic monitoring for each procedure. Dr. Kellner and his team employ progressive pain management techniques and medication to keep pets comfortable during and after their dental procedures. This comprehensive approach ensures the best outcome for your patients.

Case Study: Root Canal Therapy to Treat Dead Mandibular Canine Teeth





Patient: Boomer Salvatore, a male 2-year-old German Shorthaired Pointer, presented after his pcDVM noticed discolored mandibular canine teeth. Boomer's owner noted that when Boomer was a puppy, he used to try to "climb" trees, grabbing branches with his mouth.

Presentation: Boomer's exam upon arrival at BEVS was normal, except for his oral exam. During the oral, we noted that his teeth had minimal plaque and calculus, and his mucus membranes and

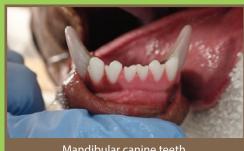
occlusion appeared normal. Boomer's mouth appeared healthy except for intrinsic staining (SI) on the entire crown of both mandibular canines, #304 and #404.

Diagnosis: Dead mandibular canine teeth

Treatment: We discussed several options for treating Boomer's problem, including root canal therapy (RCT), a combination of RCT and titanium crowns, and surgical extraction. His owners chose RCT, and the procedure was successfully completed.

Here are the most frequently asked questions we get asked about RCTs and our answers:

Q: When is a root canal treatment recommended?



Mandibular canine teeth, showing discoloration

A: When a tooth is dead, infected, or broken such that the fracture extends into the pulp.

Outward signs:

- Discoloration
- Fracture with pink, bleeding, or discolored spot(s)
- Crown tip fracture in cats

Q: What are the options for injured teeth with these symptoms?

A: Root canal treatment (RCT), RCT and crown, or surgical extraction. It is always better to save a tooth than extract it. This is especially important for the "strategic" teeth—all four canines, the upper fourth premolars, and the lower first molars.

Q: Why is "keeping an eye on it" a bad option?

A: Teeth with fractures that expose the pulp have an infection, and despite a pet's uncomplaining nature, they are painful—the nerve is exposed!

Discolored teeth are dead and may be infected. Even on an X-ray, signs of infection may not show up, as a tooth may lose 30–50% of its bone before radiographs can detect the loss.

Q: What is involved in root canal treatment (RCT)?

A: A small hole is drilled into the tooth (called the access). The infected contents of the root canal (blood vessels and nerve) are removed. The canal is widened, sterilized, and filled (restoration) to close the access hole and fracture site. The tooth is not "built back up" to the original length.

In some cases, a protective crown is cemented onto the treated tooth. For intense chewers and working dogs, this is always recommended. Crowns require a second anesthetic appointment three weeks after the root canal. Aftercare typically allows normal chewing activity and food the day after the RCT.



Radiograph of mandibular canine teeth before treatment, showing wide pulp cavity of the left canine (#304)



Q: What is the success rate of RCT and what is the recommended follow-up in dogs?

A: Approximately 95% of canine tooth RCTs are successful. To monitor for problems, recheck dental X-rays (under anesthesia) are needed six months after RCT and are recommended annually at the time of the yearly dental exam and cleaning.

Q: When is RCT not an option?

A: When the fracture involves a significant amount of the root, or when there is advanced periodontal disease or significant root resorption (this is generally not evident until dental X-rays are obtained).







Summer 2021

DENTISTRY

The SARS-CoV-2 virus (the virus that causes COVID-19) has created challenges for all our families, both personally and professionally. Our top priority is to keep you, your family, and your pets safe until this public health concern is stabilized. We appreciate your support and cooperation during this challenging time.

In early June, we began welcoming our clients back into the building with their pets.

Masks are only required for individuals who are not fully vaccinated. We continue to offer curbside care for clients who prefer not to enter the building and also continue to assess emergency cases according to our triage priority levels.



Referring Patients and Clients to BEVS

We appreciate the opportunity to partner with you in the care of your patients. As a referral practice, our aim is to complement your practice by providing advanced diagnostics, specialty services, and 24/7 emergency care when you and your clients need us, all while staying close to home.

Emergency Transfers: We ask that anytime you send a patient over for emergency care, that you call and speak with a doctor prior to transferring the patient. These conversations will better allow for continuity of care and help set client expectations appropriately. We are continuing to experience a very high patient volume and appreciate your ongoing support.

