




Radon Maxillofacial Diagnostics

Cone Beam CT Reporting Services

Patient :		Report Date:	2 October 2020
Age :		Scan Date :	23 September 2020
Ref.Doctor:		Radiographic Examtn:	CBCT scan obtained utilizing a 15 x 10 CM field of view
Study Purpose :	Evaluation of pathology	Voxel size :	300 µm
Clinical Notes :	-----		

RADIOGRAPHIC OBSERVATIONS

Dental findings	<ul style="list-style-type: none">• Maxillofacial region and mandible are visualized. Partially edentulous maxilla and mandible is noted. The maxilla and maxillary sinuses are completely visualized. The mandibular alveolar process, body and angle are completely visualized on right and left sides. The right and left condylar processes are visualized.• Missing teeth – 18,38,48• Endodontically treated 46 noted.• Coronal prosthesis is noted with 22-26 region.• Restoration noted with 25,26,27
Area of interest Mandible	<ul style="list-style-type: none">• 47 shows 2 fused roots with demarcation located along the lingual aspect. Localized defect is noted involving the distal socket wall in the crestal area along with distal bone loss with cervical 3rd region. Widening of periodontal ligament space is noted along the buccal, lingual, mesial and distal socket walls.• Endodontically treated 46 is noted showing 2 roots with closed apices. Root fillings within the mesial canal spaces (2) extend till apices. Cortices are apparently intact. Root filling within the distal root extends till apices. Localized, periapical radiolucency is noted along the buccal socket wall i.r.t apical 3rd region of the distal root. It shows localized thinning with the buccal plate.• Lingual undercut is noted i.r.t 47-48 region and 37-38 region.• Prominent buccal crestal area is noted i.r.t edentulous 48 region. Cortices are intact.
Area of interest Maxilla	<ul style="list-style-type: none">• Rarefaction is noted with the alveolar process i.r.t 18 region. Alveolar socket periphery is partially demarcated. Cortices are intact.• Cervical bone loss is noted i.r.t 15.• Bone loss noted with the cervical 3rd region along labial aspect of 22.



	<ul style="list-style-type: none">Localized radiolucency, partially involving coronal dentin is noted with the mesial aspect of 26.Buccally inclined 28 shows supraeruption. It shows 3 roots with closed apices. Apices of the mesiobuccal root show contact with the left maxillary sinus floor.
Paranasal sinuses and nasal fossa	<ul style="list-style-type: none">Septum is noted within the upper portion of the right maxillary sinus i.r.t 18 region. Rest of the visualized portion of the right maxillary sinus is clear.A pneumatic air cell is noted along the roof of the left maxillary sinus approximating the orbital floor along the medial aspect suggestive of potential infraorbital ethmoid cell (Haller's cell). Rest of the visualized portion of the left maxillary sinus is clear. Localized, mild mucosal thickening is noted with the medial wall of the sinus.Pneumatization is noted with the right and left middle turbinates. Rest of the nasal cavity is apparently clear.Visualized portion of the ethmoidal and sphenoidal air sinuses is clear and within normal limits.
TMJs	<ul style="list-style-type: none">The right condylar process shows a round shaped head with flattening of the superior articular surface. The cortical lining is fairly demarcated. The right articular eminence is sigmoid shaped with localized thinning, flattening of the cortical lining along the posterior slope. The right articular fossa is slightly deeper and shows fairly demarcated cortical outline. Slightly increased superior joint space is noted. Posterior joint space is within normal limits.The left condylar process shows a round shaped head with mild flattening of superior articular surface. The left articular eminence shows a flat, sigmoid shape with fairly demarcated cortical outline. The left articular fossa shows well demarcated cortical outline. The superior and posterior joint spaces are fairly demarcated and within normal limits.The external auditory meatus and mastoid air cells on the right and left side are fairly demarcated and are within normal limits.The right styloid process is segmented. The length is within normal limits.The left styloid process is fairly demarcated and apparently within normal limits.



RADIOGRAPHIC IMPRESSIONS

- Dental findings are as noted.
- Periodontitis and distal infrabony defect noted i.r.t 47. D/D: periodontic-endodontic lesion.
- Periapical scar noted i.r.t distal root of endodontically treated 46. D/D- periapical abscess
- Lingual undercut is noted i.r.t 47-48 region and 37-38 region.
- Prominent buccal crest is noted i.r.t edentulous 48 region.
- Potential healing alveolar process noted i.r.t 18 region.
- Mild bone loss is noted i.r.t 15,22.
- Localized radiolucency involving coronal dentin is noted with the mesial aspect of 26?. This could be suggestive of caries. Clinical correlation is recommended. D/D- artifact due to restoration.
- Supraeruption noted i.r.t buccally inclined 28.
- Potential remodeling changes are noted with the right and left condylar heads.
- Pneumatization is noted with the right and left middle turbinates.
- Septum is noted within the right maxillary sinus.
- Potential infraorbital ethmoid air cell (Haller's cell) noted with the left maxillary sinus which is a pneumatized air cell.
- Clinical evaluation and correlation is recommended.

Kindly correlate all radiographic impressions with clinical findings. Cone beam computed tomography is suboptimal for visualization and evaluation of soft tissue.

Sincerely,

