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CONE BEAM CT REPORT

CASE -----

Patient information

Patient Name:	Name, Fake	Referring Doctor:	-
Patient DOB:	January 1, 1970	Scan Date:	July 28, 2015
Reason for Exam:	Evaluate dentition, root canals, implants		
Doctor Notes:	-		

Area of Interest

Root canal treatment: Teeth #2, 3, 4, 5, 12, 14 root canal filling material appears dense and thorough. No sign of bone reaction or rarefaction is seen. Tooth #18 root canal filling appears dense and thorough. There appears to be slight thickening of the periodontal ligament space near the apex of the tooth and hypodensity in the interradicular space.

Missing teeth: third molars and teeth #15, 19, 30

Dental Implants: Teeth #19 and 30. Good approximation of bone to implant surface. Bone level appears to be within 1-1.5 mm of the implant margin.

A hyperdense area of trabeculation apical to tooth #20 is noted, consistent with a dense bone island.

Nasal Cavity, Paranasal Sinuses, and Airway

There is no evidence of mucosal thickening or air-fluid level in the sinuses. The maxillary, sphenoid and the portion of the ethmoidal sinuses and mastoid air cells that are visualized in this dataset are clear and aerated. Bilateral ostiomeatal units are patent with no evidence of previous surgery.

The nasal cavity appears patent with normally-developed conchae.

The airway is patent.

Skull Base, Orbits and Cervical Spine

All foramina and canals appear normal and patent. The cochlea, semicircular canals, and show normal anatomy and configuration. The Sella is normal in size with regular contours. The orbits and their contents appear normal.

The cervical spine is normal in appearance with osteophyte formation on the posterior surface of the superior border of the dens.

TMJ

Condyles and fossae bilaterally show regular, uniform, corticated borders. Very slight hypodense protrusion on anterior border of both condyles suggestive of small osteophyte formation.

Impressions and Recommendations

1. Dense, thorough root canal fills. Slightly widened PDL space apical of #18 and interradicular radiolucency. Recommend periapical imaging and percussion testing.
2. Normal level of bone surrounding implants, with no evidence of infection or failure.
3. Dense bone island apical to tooth #20.
4. Osteophyte formation on dens of 2nd cervical vertebra.
5. Normal-appearing TMJs with evidence of small osteophyte formation.

The entire volume was investigated and there are no further findings or recommendations. I welcome any comments or questions. Thank you for the opportunity to serve you and your patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony Mecham". The signature is fluid and cursive, with the first name "Anthony" written in a larger, more prominent script than the last name "Mecham".

Anthony Mecham, DMD

Oral and Maxillofacial Radiologist

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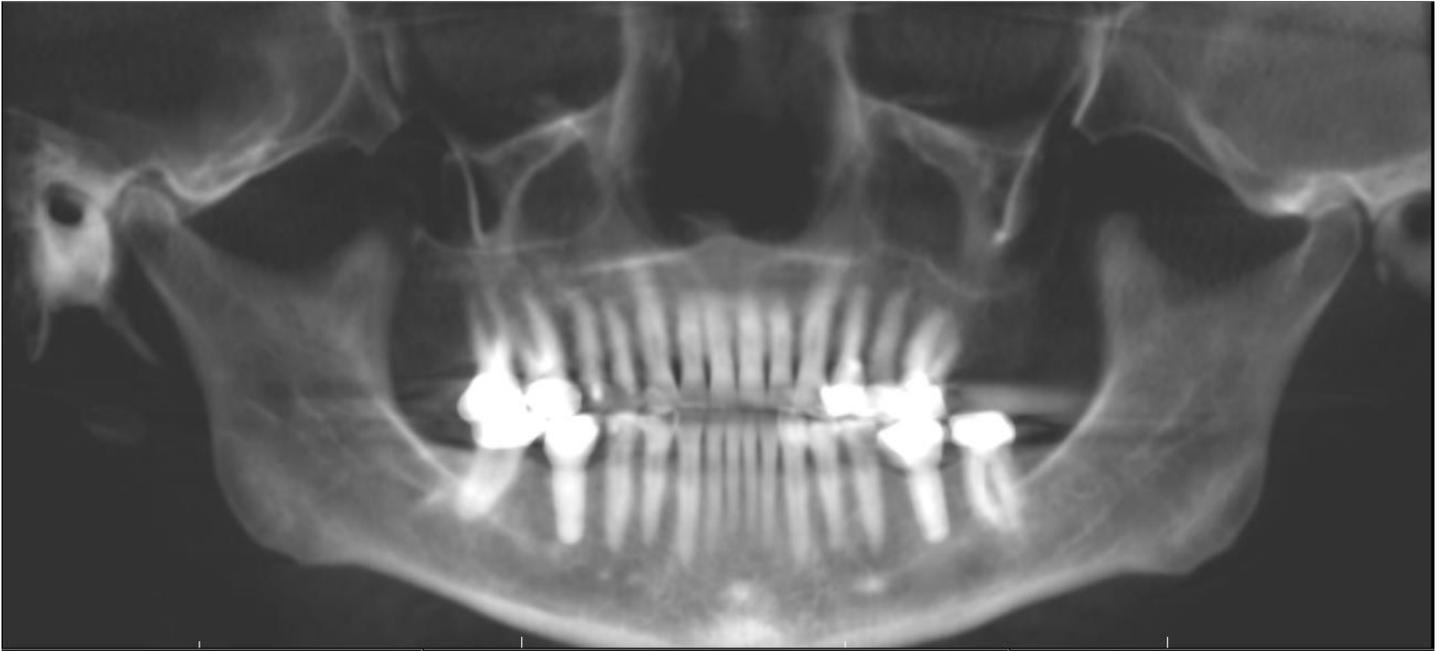


Figure 1 Panoramic Reconstruction

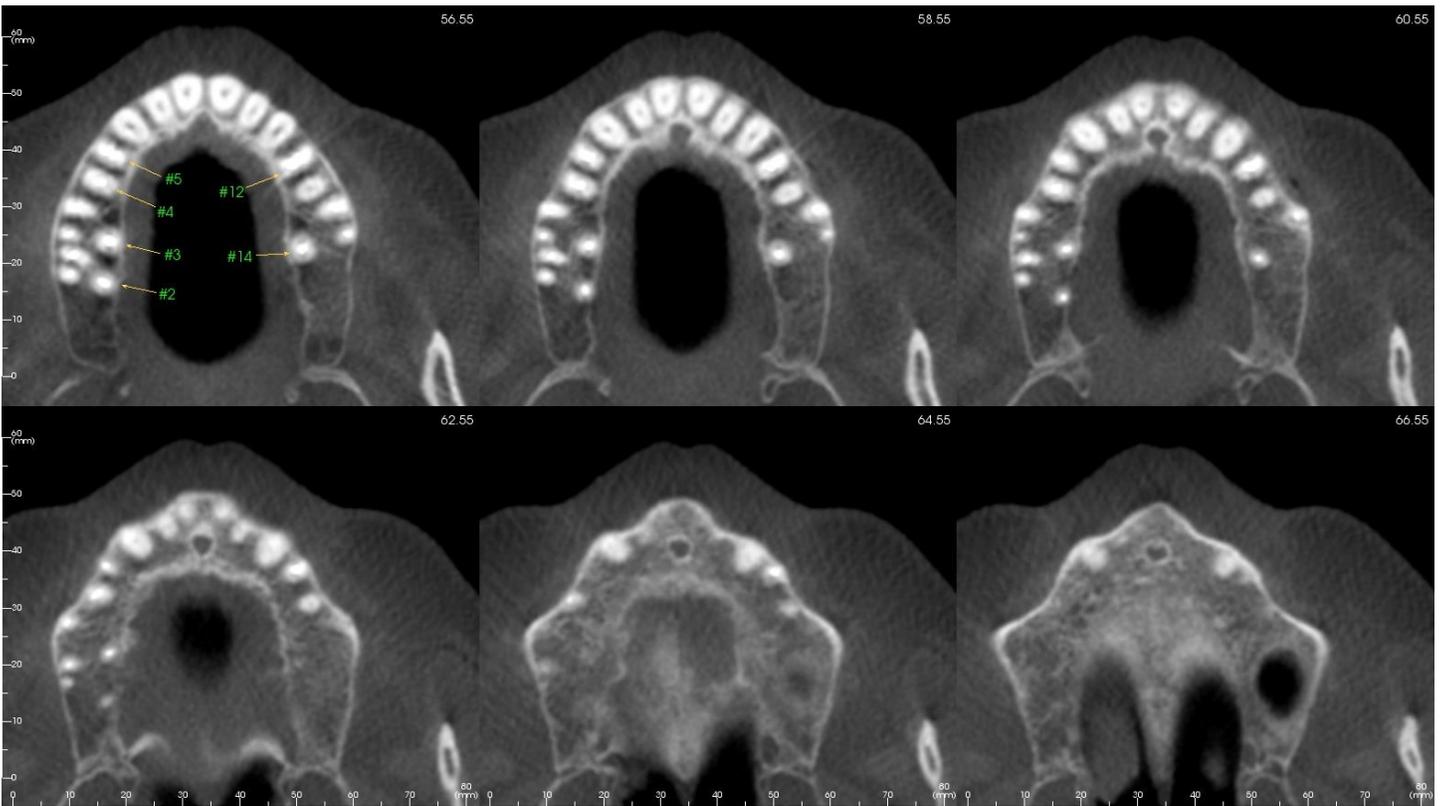


Figure 2 - Maxillary dentition, axial view. Root canal treatment teeth #2, 3, 4, 5, 12, 14. Dense and thorough fills. Normal surrounding bone.

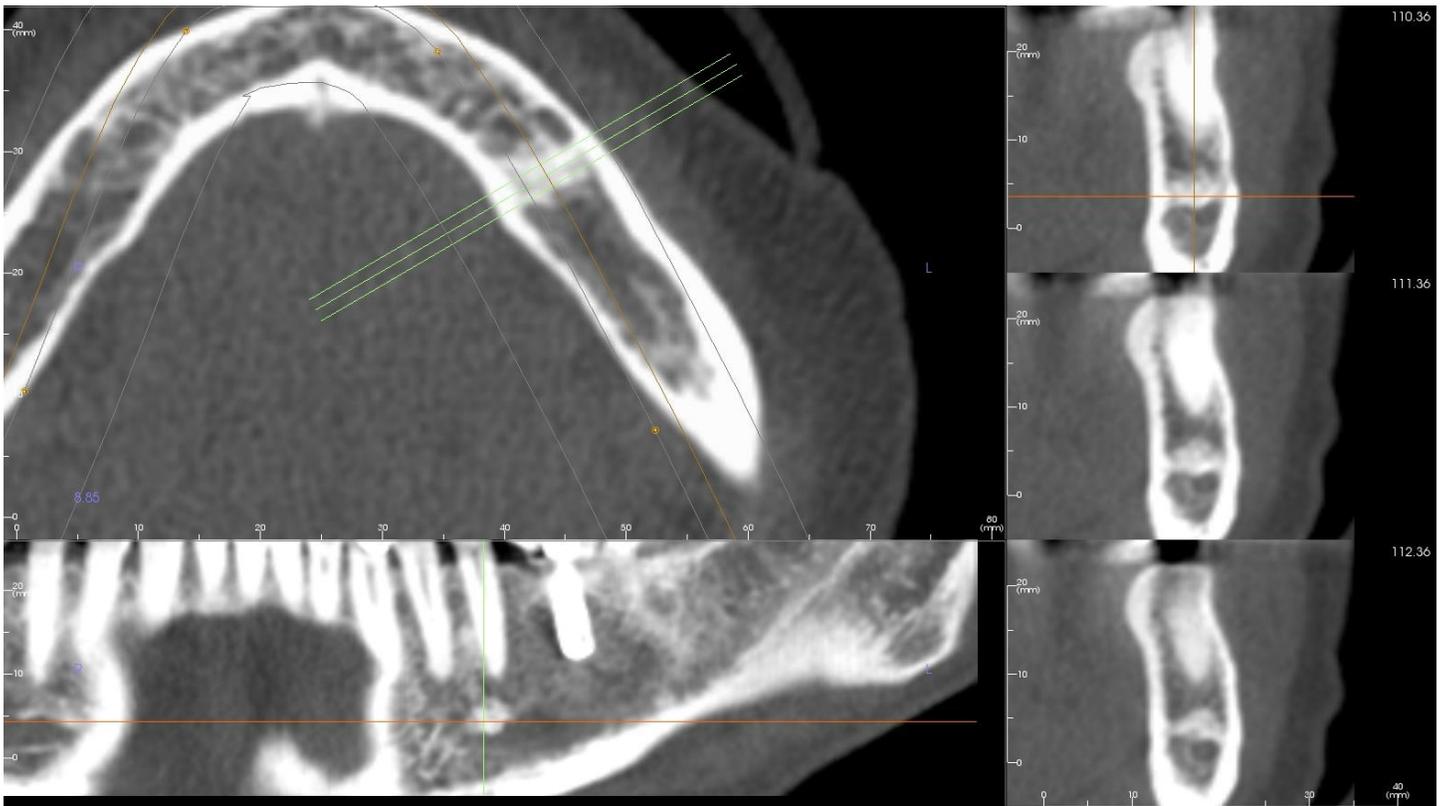


Figure 3 - Dense Bone Island

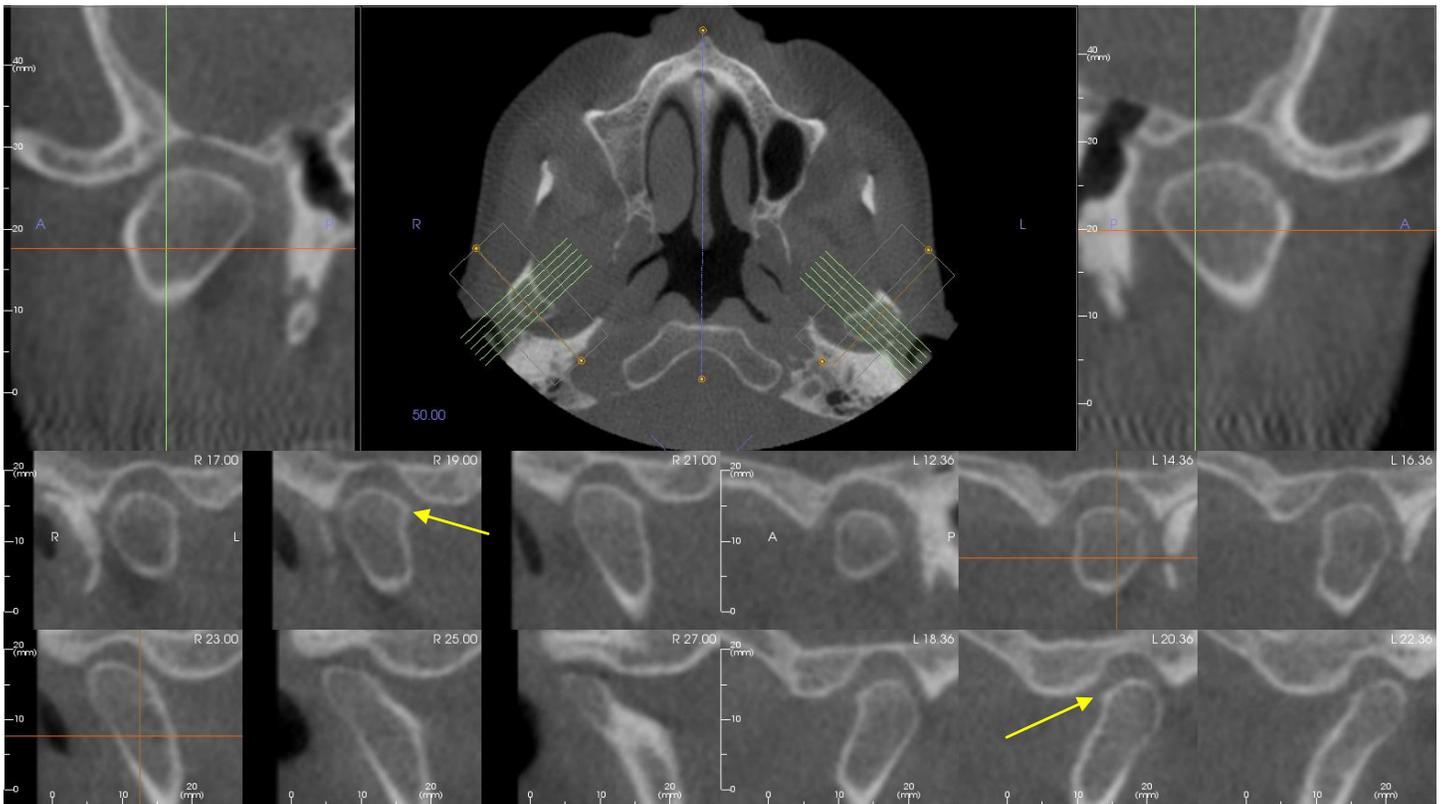


Figure 4 - TMJ. Largely unremarkable. Suggestive of small osteophytes (yellow arrows).

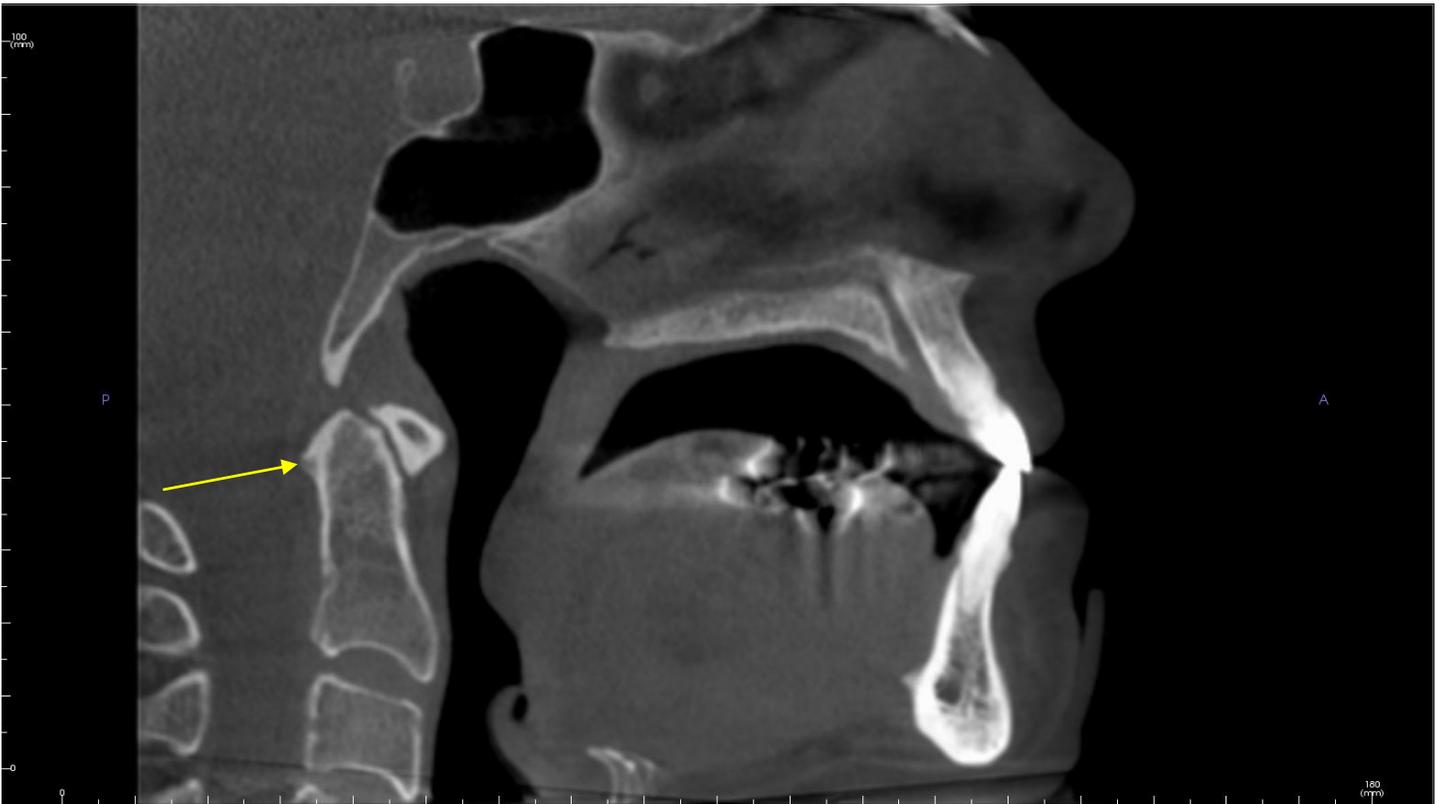


Figure 5 – Sagittal. Osteophyte formation on dens (yellow arrow).

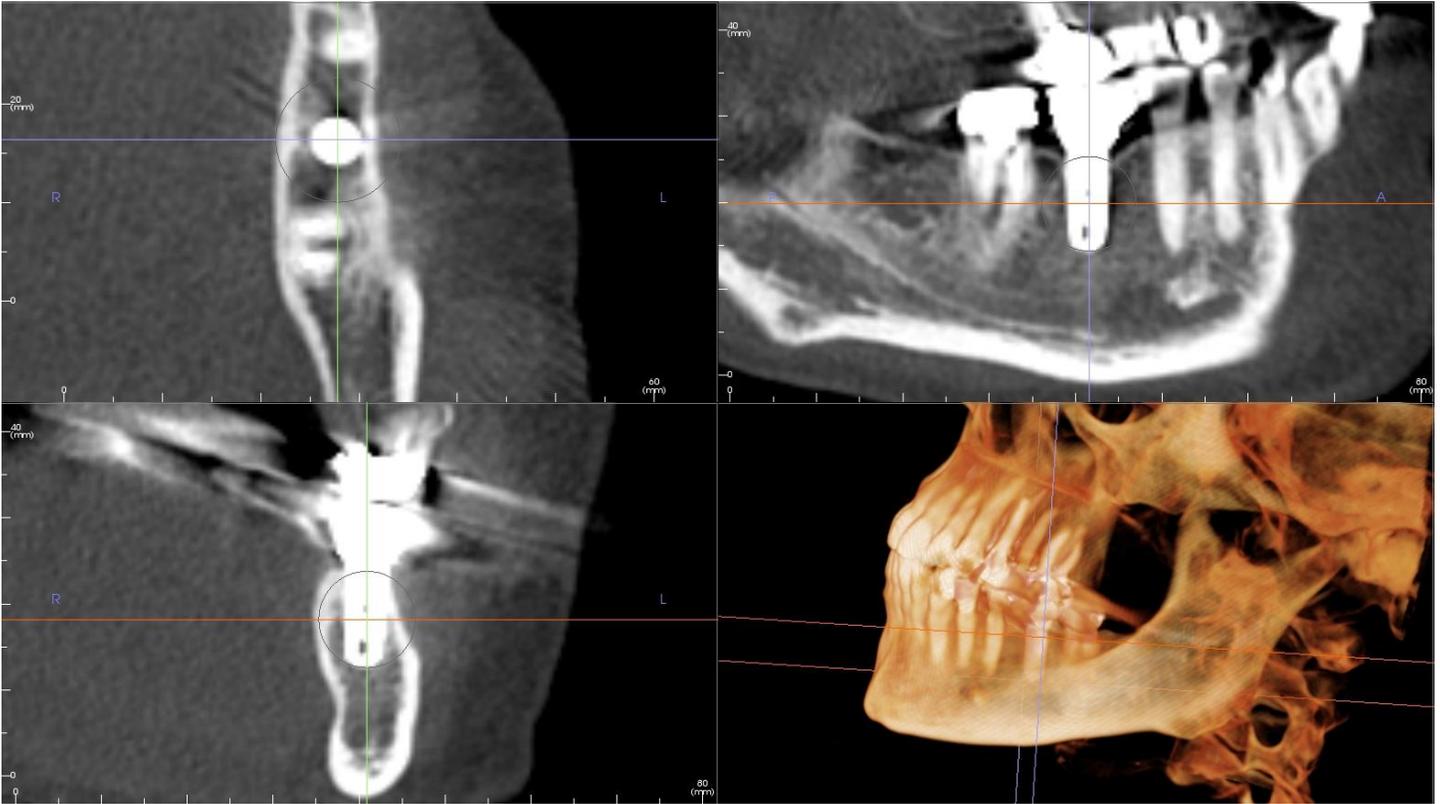


Figure 6 - Implant #19

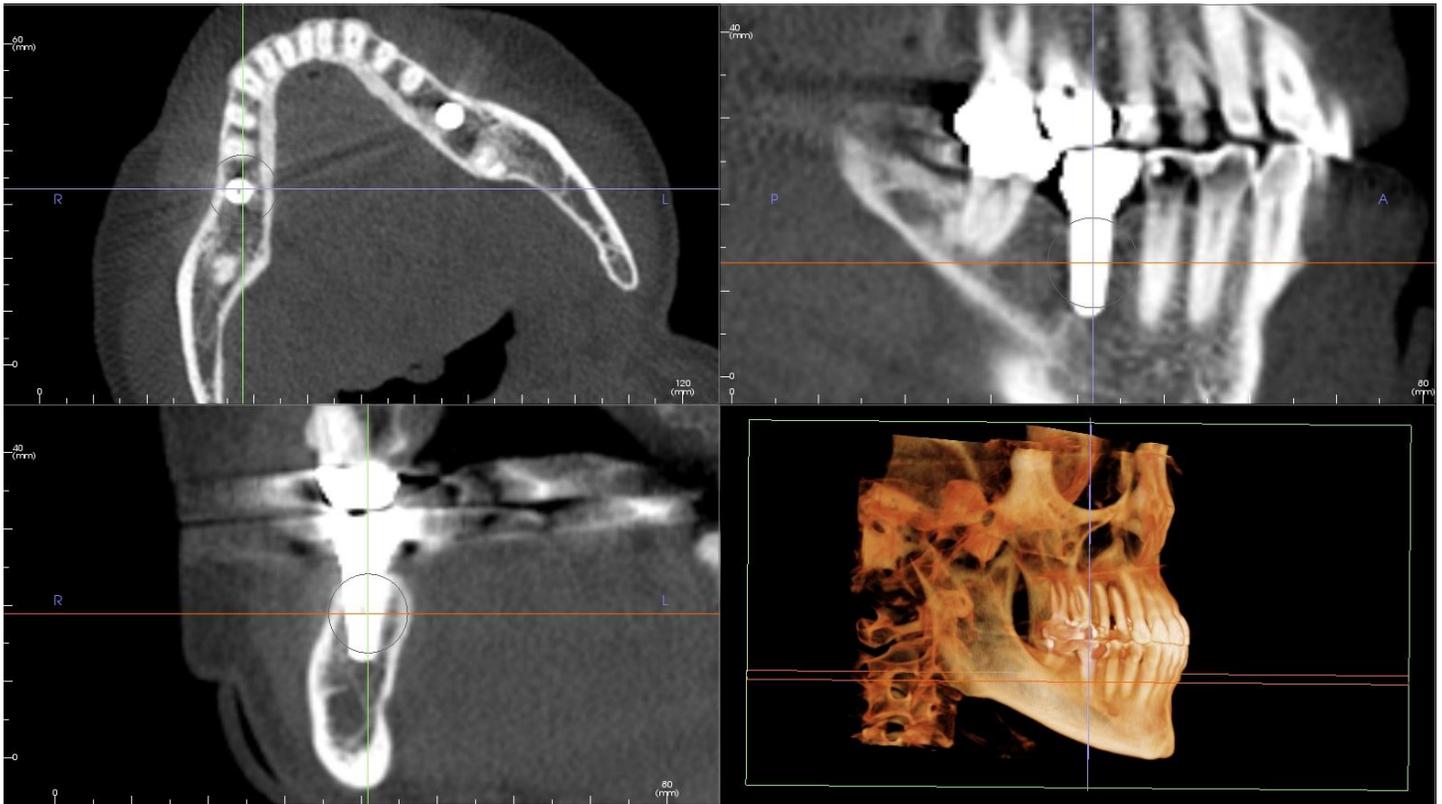


Figure 7 - Implant #30

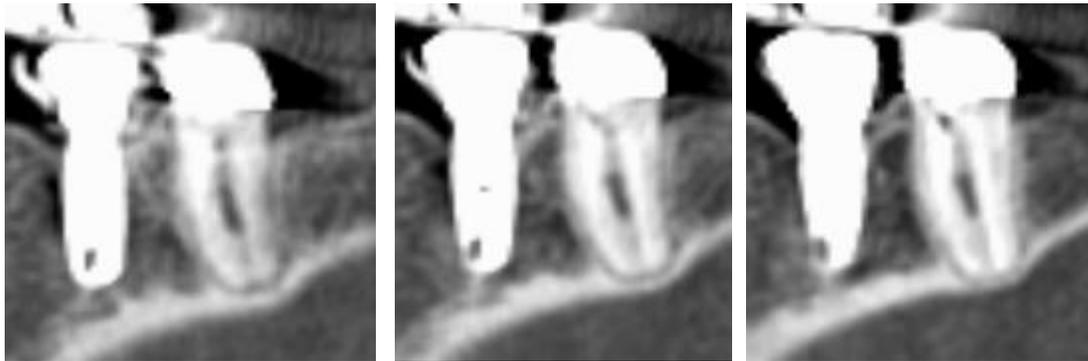


Figure 8 – Tooth #18, slightly widened PDL space and hypodense interradicular space.



Figure 9 - Coronal, Clear maxillary, ethmoid sinuses. Patent ostiomeatal complexes.