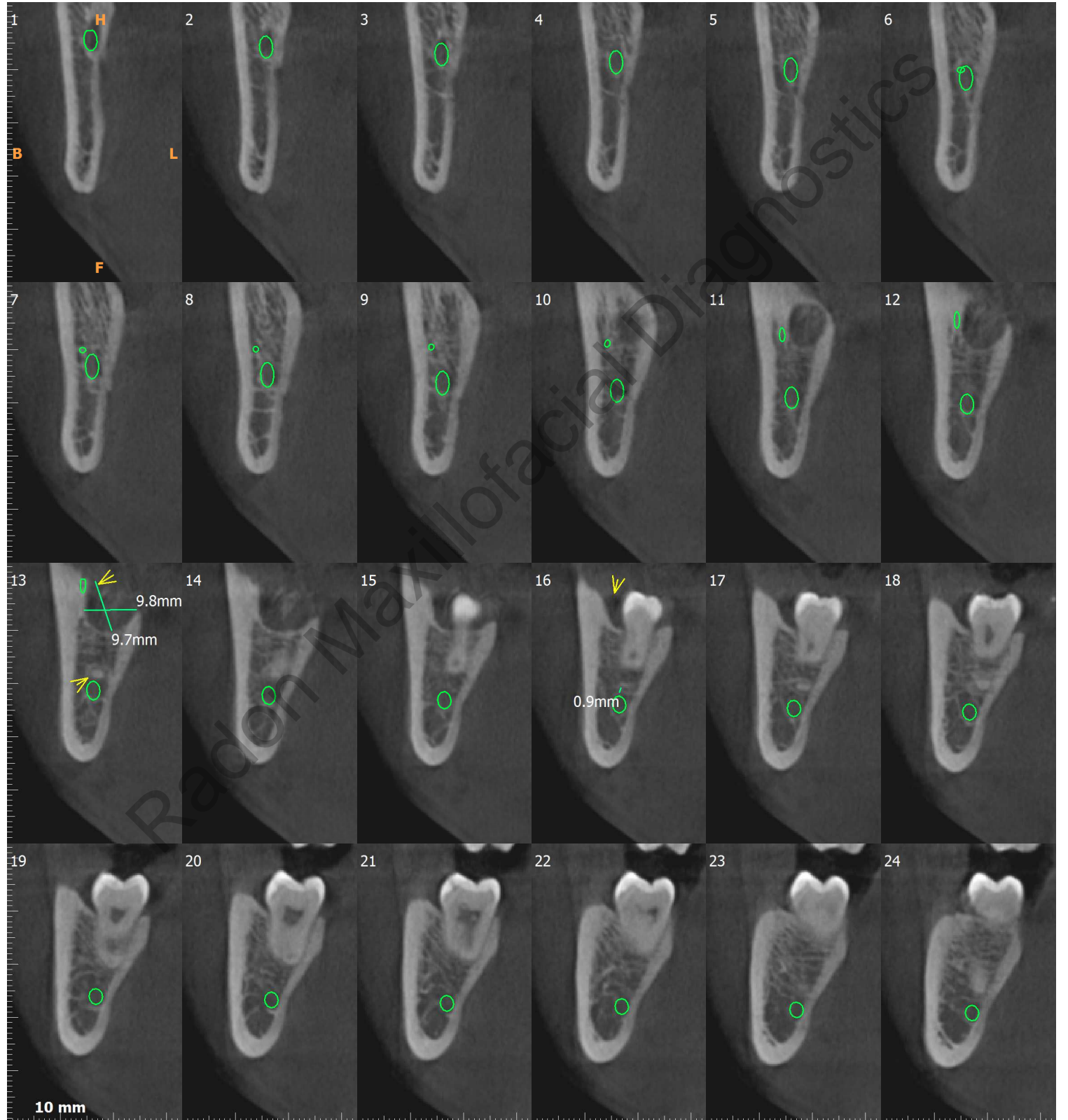
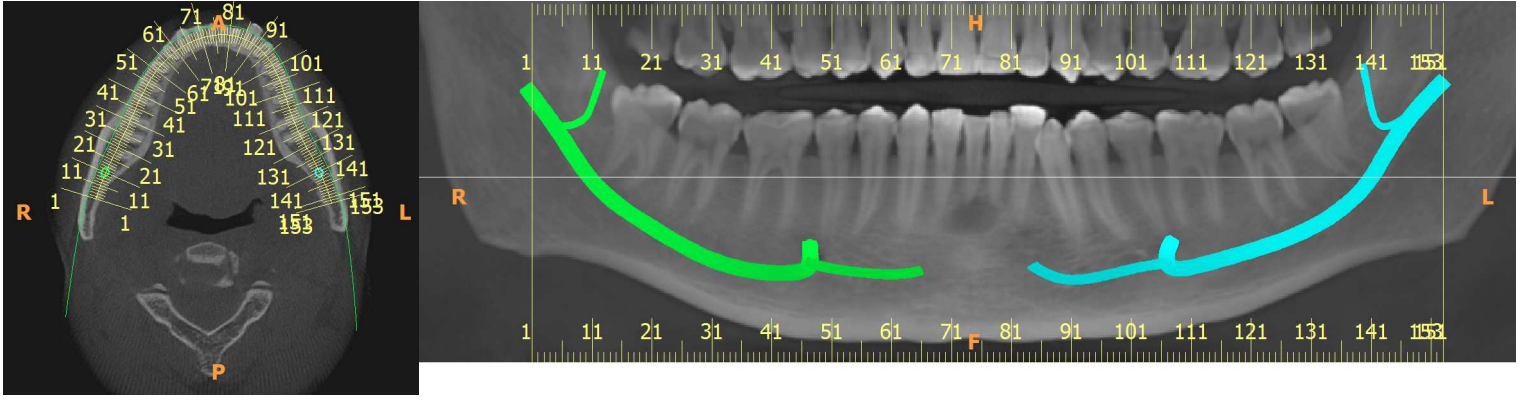
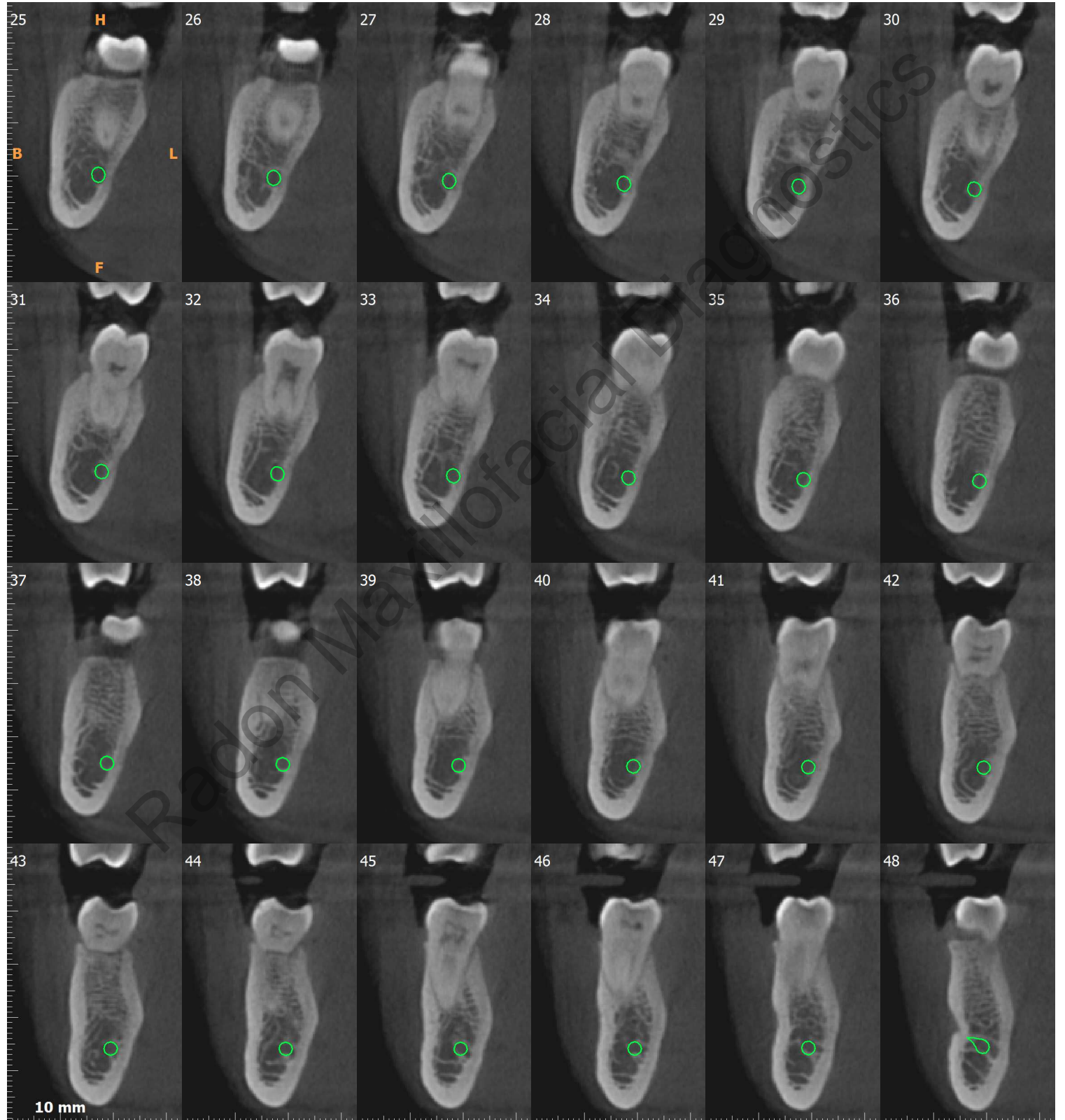
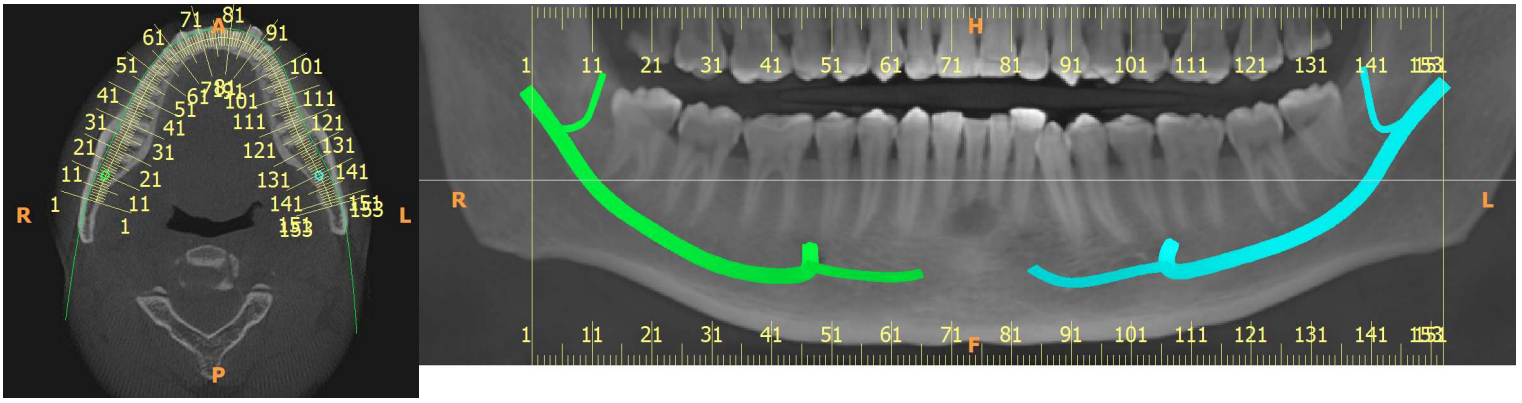


Radon Maxillofacial Diagnostics



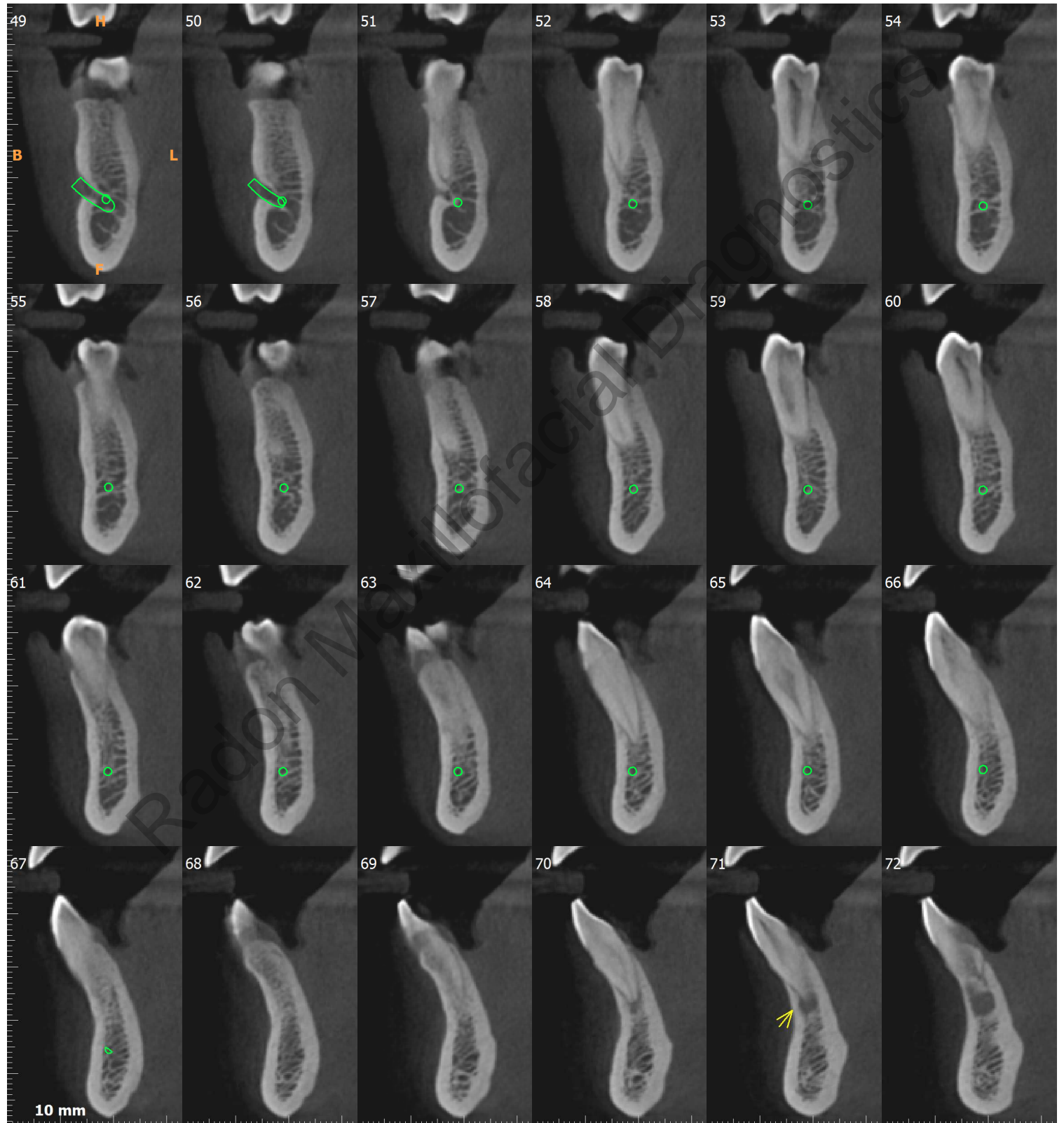
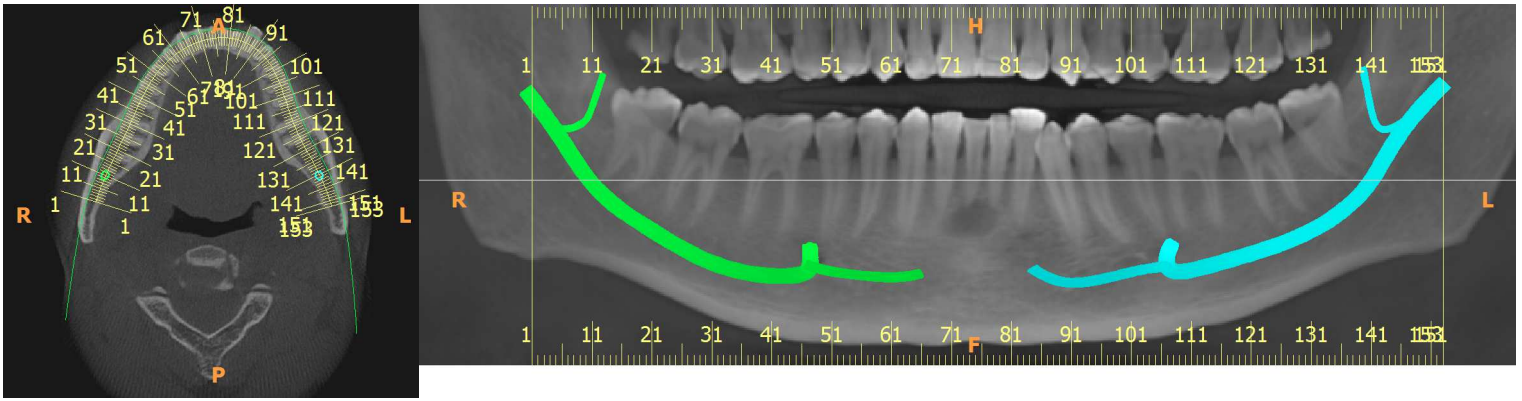
Radon Maxillofacial Diagnostics



InterSliceDistance = 1.00 mm

Slice Thickness = 0.30 mm

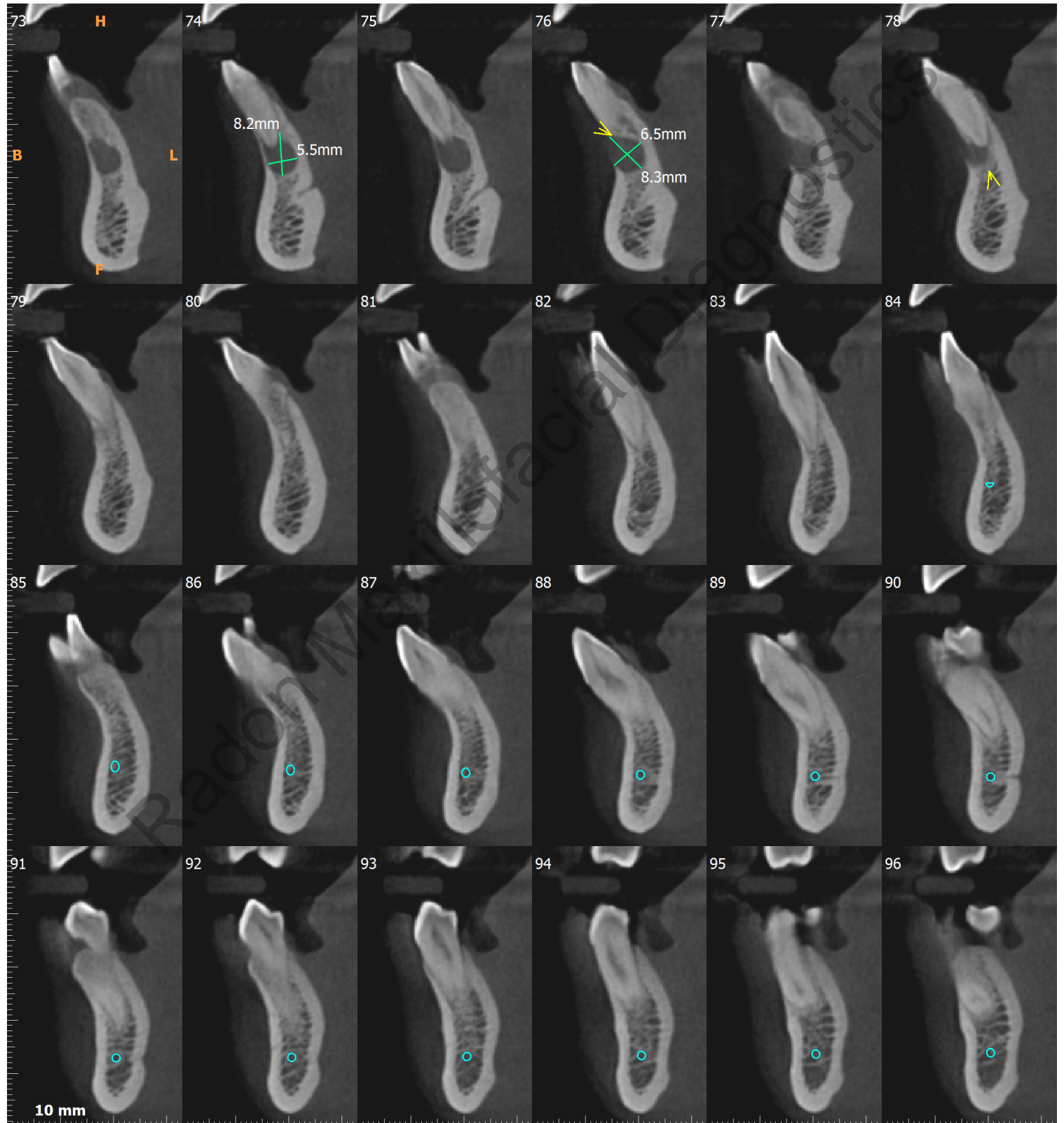
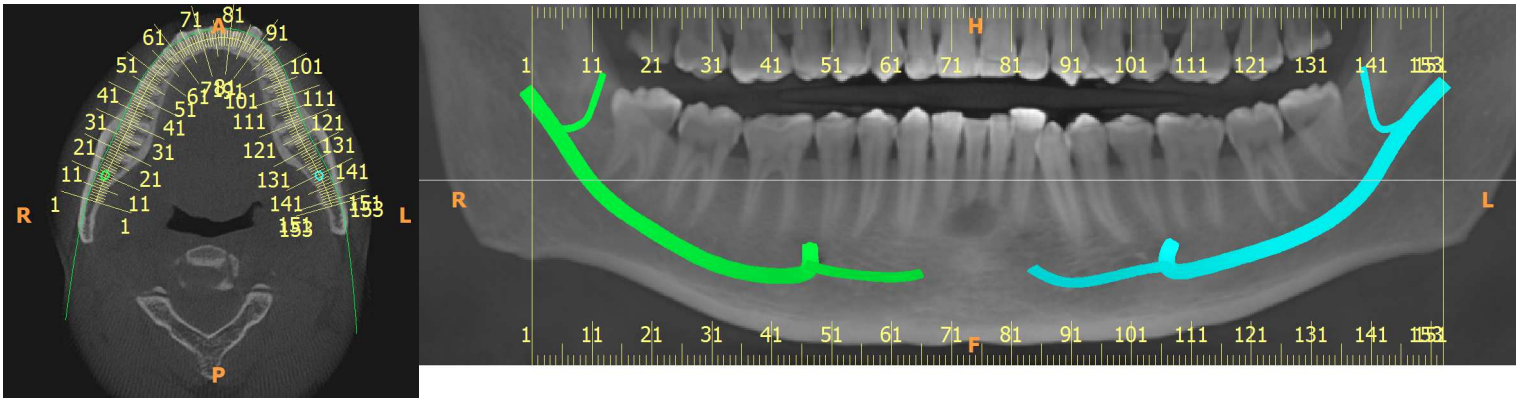
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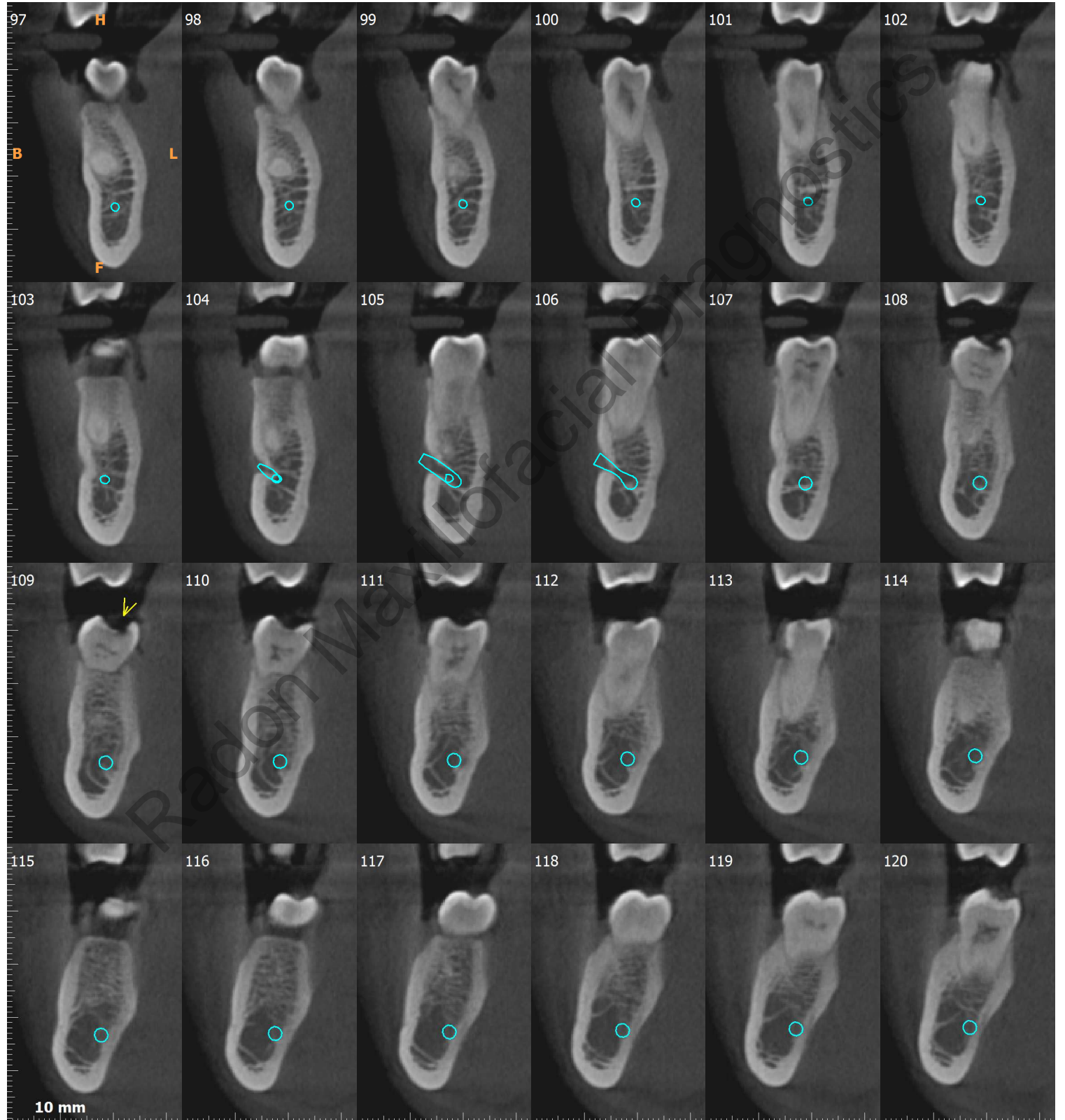
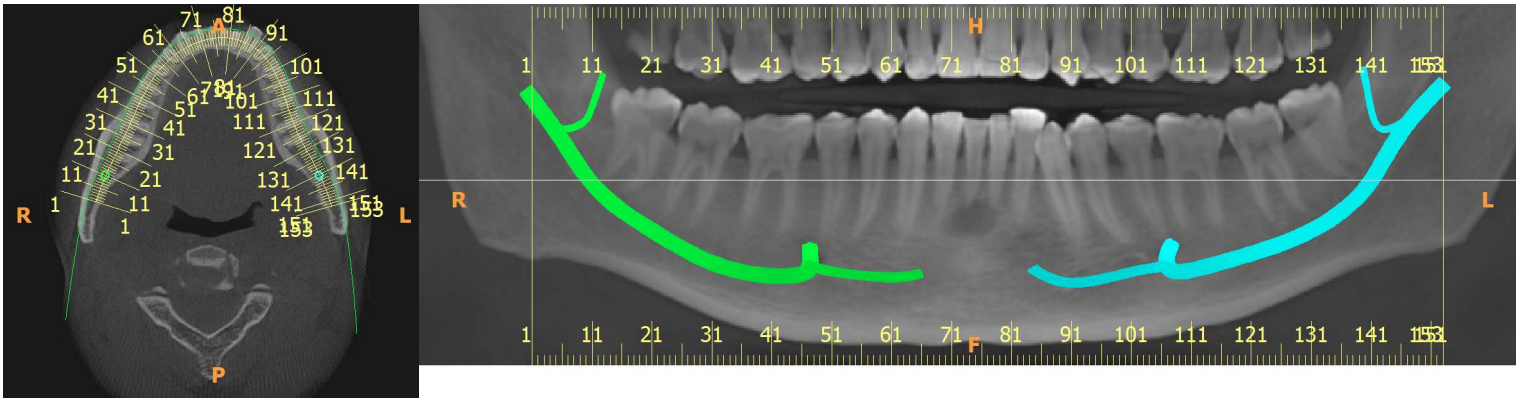
InterSliceDistance = 1.00 mm

Slice Thickness = 0.30 mm

Radon Maxillofacial Diagnostics



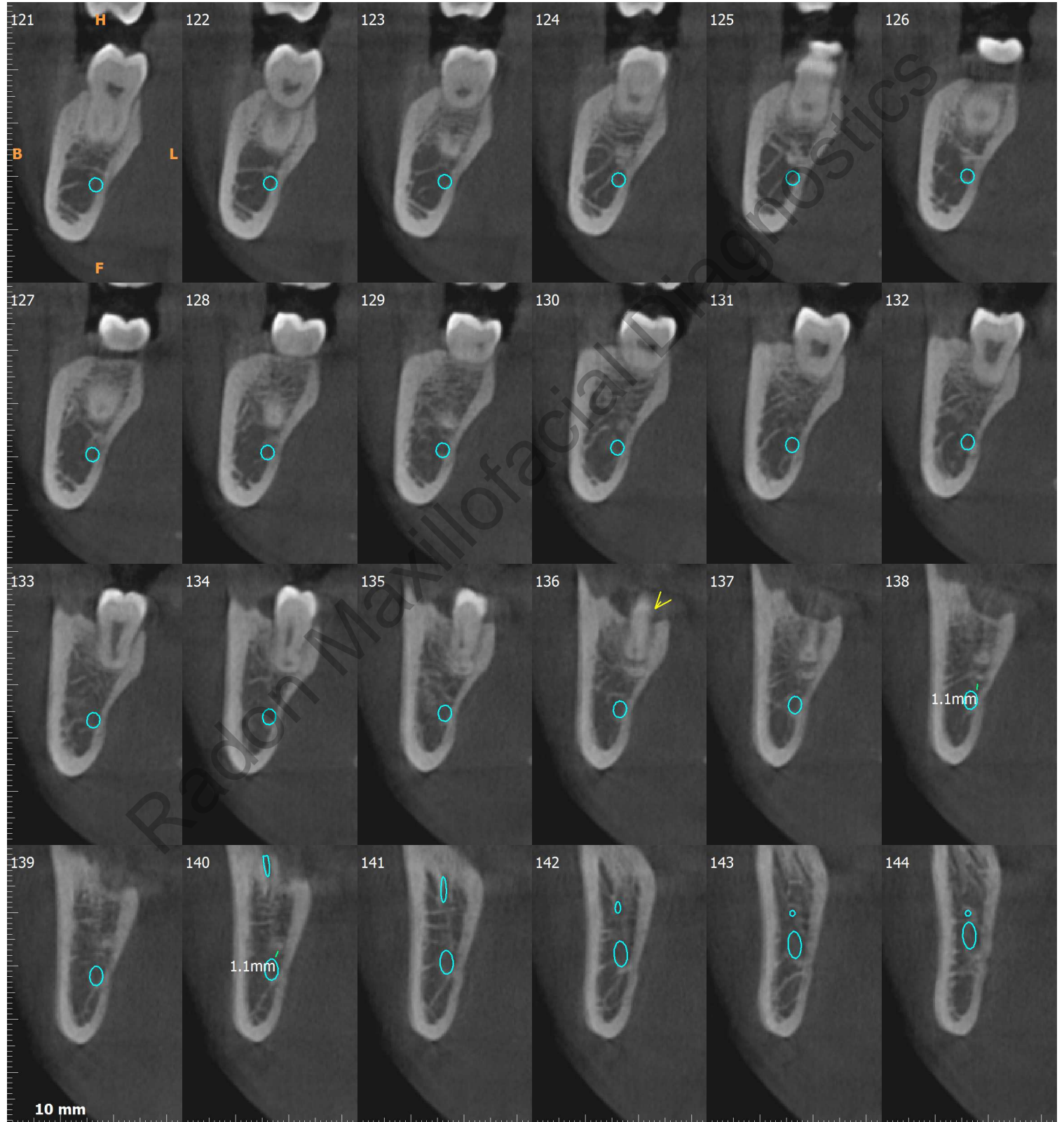
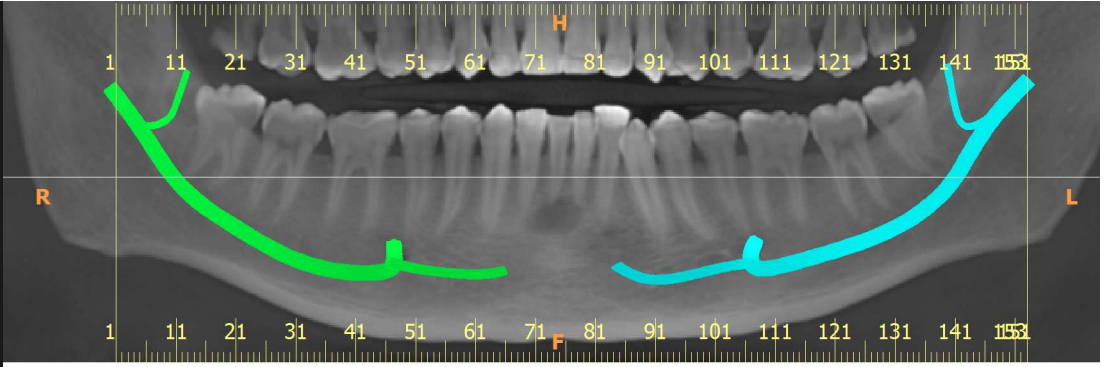
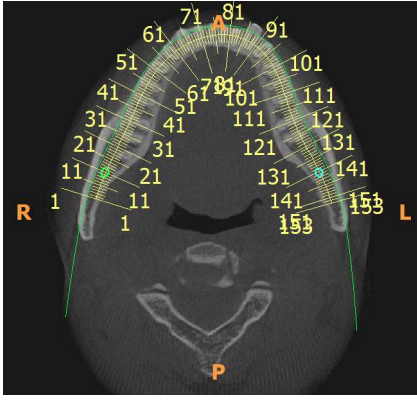
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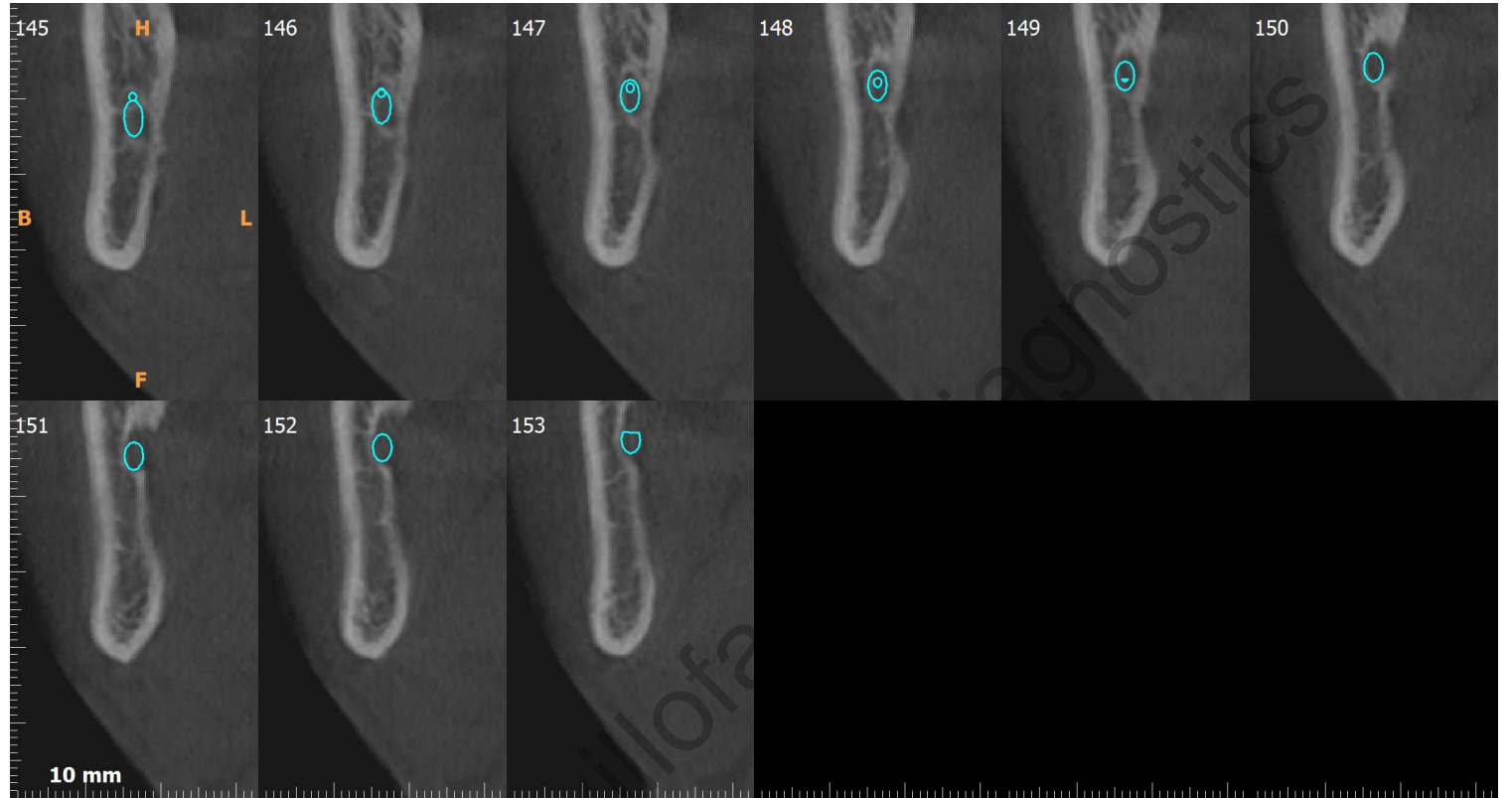
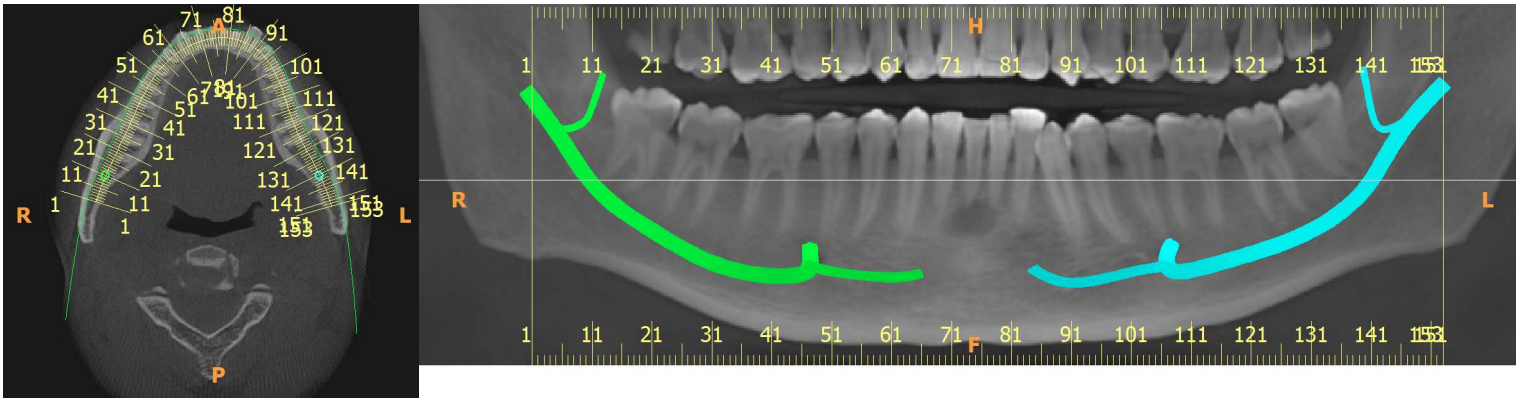
InterSliceDistance = 1.00 mm

Slice Thickness = 0.30 mm

Radon Maxillofacial Diagnostics



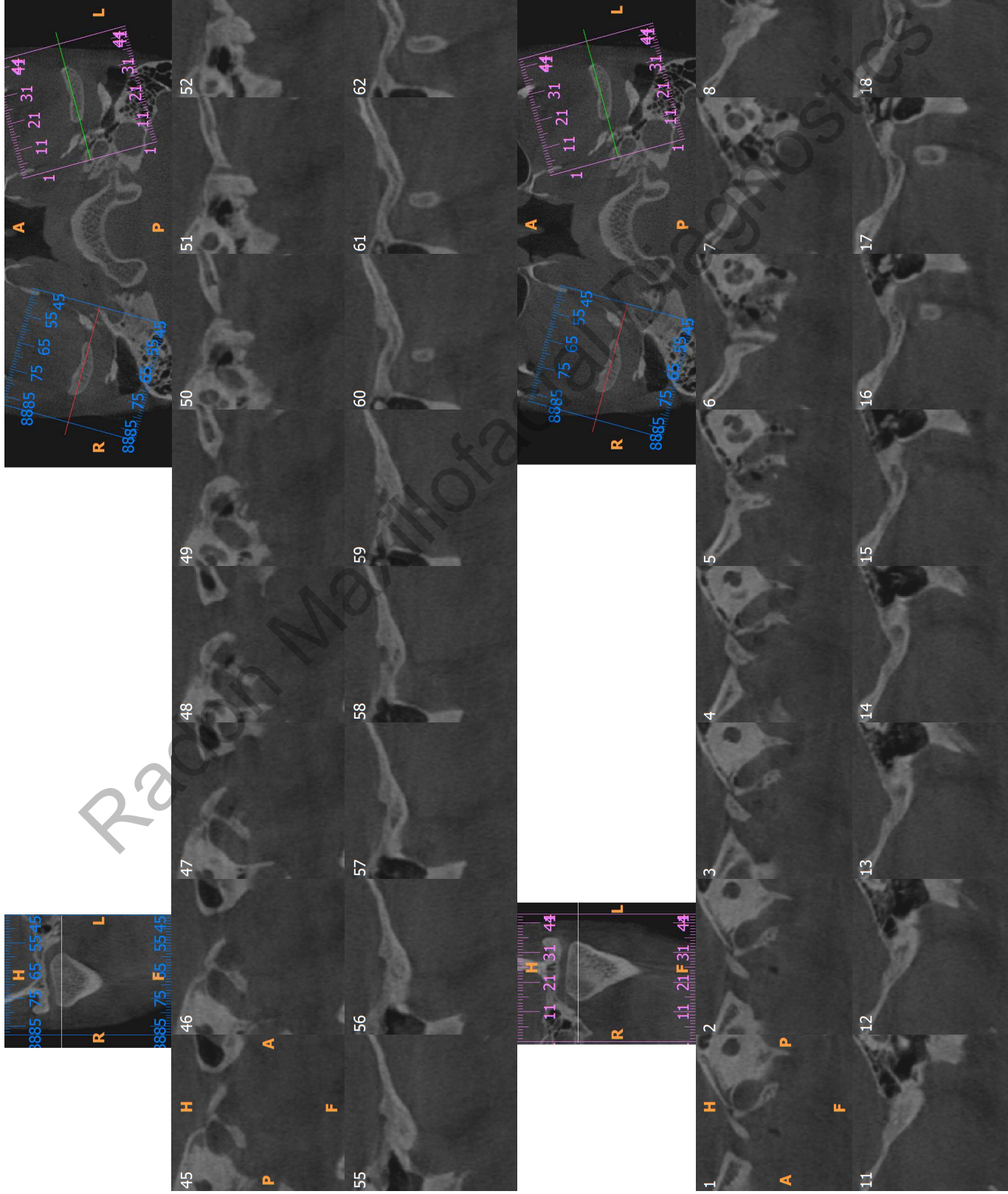
Radon Maxillofacial Diagnostics



Radon Maxillofacial Diagnostics

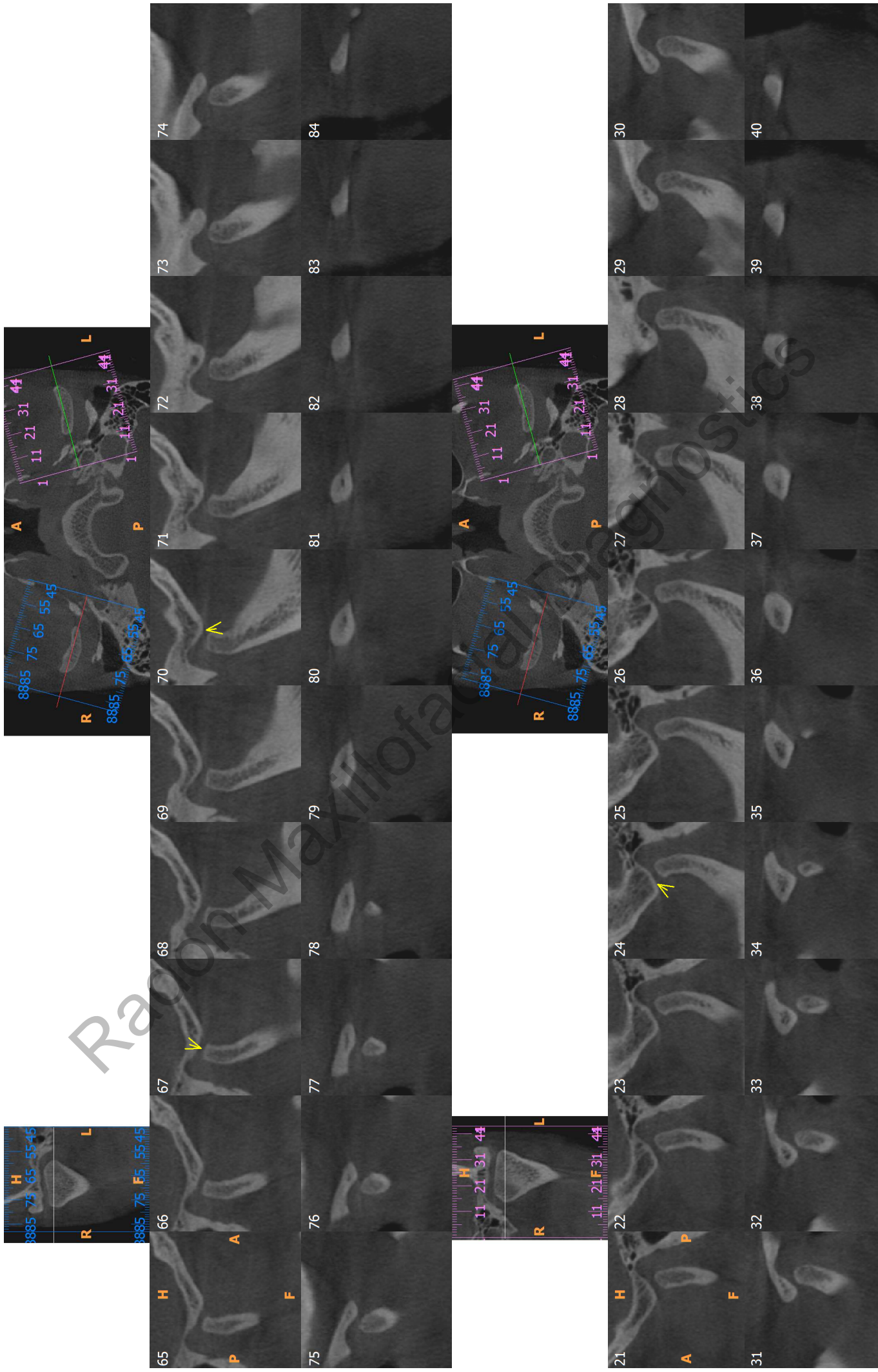
Radon Maxillofacial Diagnostics

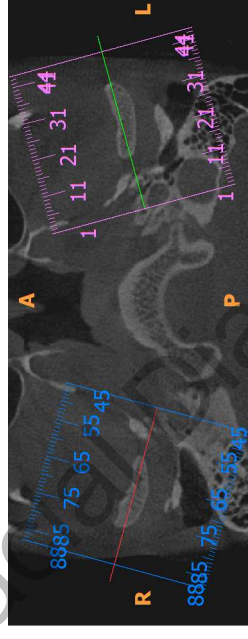
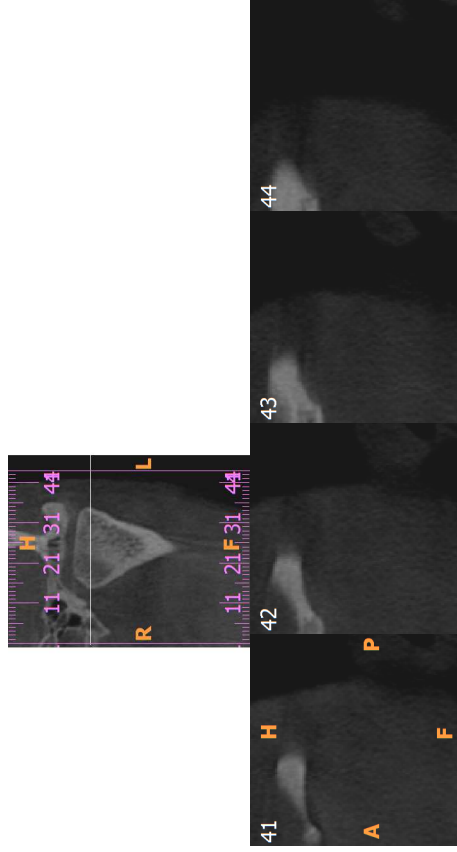
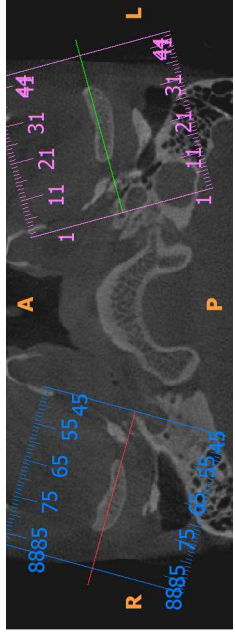
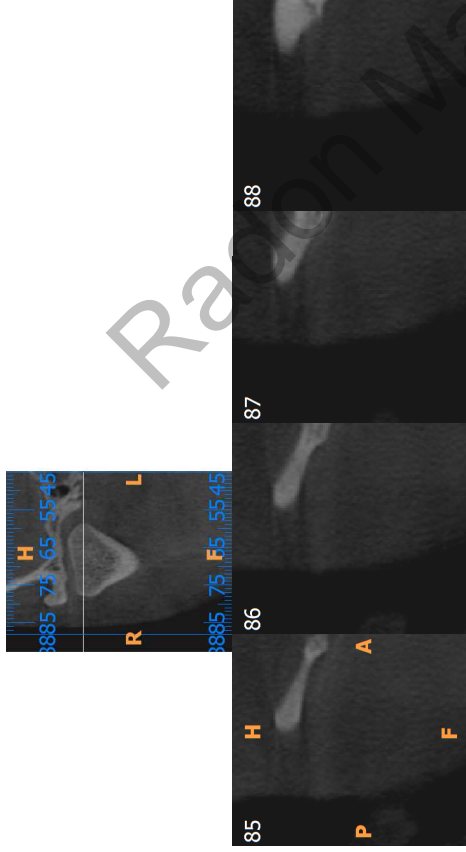
Lateral sections for TMJ



Radon Maxillofacial Diagnostics

Lateral sections for TMJ





Patient :		Report Date:	
Age :		Radiographic Examntn:	CBCT scan obtained utilizing a 17 x13.5 CM field of view
Ref.Doctor:			
Study Purpose :	Evaluation of impacted molars and TMJ evaluation.	Voxel size :	300 µm
Clinical Notes :	-----	Radon Maxillofacial Diagnostics	

RADIOGRAPHIC OBSERVATIONS

Dental findings	<ul style="list-style-type: none"> • All teeth are present with maxilla and mandible.
Area of interest	
	<ul style="list-style-type: none"> • Localized concavity is noted with the lingual cortical plate i.r.t 37-38 region and 47-48 region. • Vertically impacted 38 (type IIA) is located within the anterior border of the left ascending ramus of mandible. Pericoronal bone loss and concavity involving the crestal bone i.r.t the anterior border is noted. The coronal and radicular portion of 38 show close approximation to the lingual cortical plate. The radicular portion consists of 2 separate, gradually curving roots with closed apices. The apices of both roots show close approximation (about 1.1mm) with the inferior alveolar canal within the ramus. The inferior alveolar canal shows a lingual location and contact with the lingual cortical plate within the ramus. • Vertically impacted 48 (type IIA) is located within the anterior border of the right ascending ramus of mandible. The coronal and radicular portion show close approximation to the lingual cortical plate. Localized concave defect is noted with the crestal bone and anterior border along the distal aspect of 48. It shows close approximation with the retromolar canal. The approximate maximum dimensions of the lesion are 9.8mm X 9.7mm X 7mm. The radicular portion of 48 consists of 2 separate gradually curving roots with closed apices. The apices of both roots show contact with the inferior alveolar canal within the ramus. The inferior alveolar canal shows a lingual location and contact with the lingual cortical plate within the ramus. • Incisal defect involving dentin and approximating coronal pulp space is noted with 41. A localized, oval, periapical, osteolytic lesion with fairly demarcated periphery is noted with the apices i.r.t 31,41,42. The

	<p>lesion shows expansion and thinning of the labial cortical plate. Discontinuity is noted with the labial cortical plate i.r.t the periapices of 31,41. The approximate maximum dimensions of the lesion are 8.2mm X 6.6mm X 9mm.</p> <p>42,41,31 show gradually tapering root with closed apices. 2 closely placed root canal spaces (labial and lingual) are noted. Resorption involving apical radicular dentin is noted with 41.</p> <ul style="list-style-type: none"> • Occlusal defect involving dentin noted with 36. • Buccal carious defect involving dentin and bone loss noted till end of midroot level along the buccal aspect i.r.t 18. 3 roots with apices showing contact with the right maxillary sinus floor are noted. • Buccal carious defect involving dentin and approximating pulp space is noted with 28. Bone loss is noted till end of midroot level along the buccal aspect. 3 roots with apices showing contact with the left maxillary sinus floor are noted. • 26 shows partial opacification within the coronal pulp space. It shows 3 roots – mesiobuccal, distobuccal and palatal. The mesiobuccal root consists of 2 root canal spaces – mesiobuccal and MB2. The distobuccal and palatal roots consist of one root canal space each. •
Paranasal sinuses	<ul style="list-style-type: none"> • Localized mucosal thickening is noted with the right maxillary sinus. • Localized mucosal thickening is noted with the left maxillary sinus floor. • Septum is noted within the left maxillary sinus i.r.t 27 region.
TMJ findings	<ul style="list-style-type: none"> • The right condylar head shows flattening and excavated superior articular surface. Flat morphology is noted with the right articular eminence. • The left condylar head shows flattening along the articular surface. Flattening is noted along the posterior slope of the left articular eminence.

RADIOGRAPHIC IMPRESSIONS

- Dental findings are as noted.
- Vertically impacted 38 is noted with pericoronal abscess and root apices located in close approximation with the inferior alveolar canal within the ramus. D/D- pericoronitis.
- Vertically impacted 48 is noted with pericoronal abscess and root apices located contact with the inferior alveolar canal within the ramus.
- Bilateral, localized maxillary sinus mucositis noted.
- Flattening is noted with the right and left TMJs. D/D- remodeling changes/ early degenerative changes
- Carious 18,28 noted with prominent bone loss along the buccal aspect.
- Periapical cyst noted with 31-42 region. D/D- abscess
- Occlusal defect involving dentin noted with 36.
- Further clinical evaluation and histopathological 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,

Dr. Chandan Dolare, MDS
Oral & Maxillofacial Radiology