

Patient: John Doe
DOB: 02/27/1965

Report Date: 03/28/2017
Study Date: 03/28/2017

Ref. Doctor: Dr. Happy

Scan Source: ABC Endodontics, P.C.

Study Purpose: Pathology

Dr. Notes: Caucasian male with non-remarkable medical history presents for evaluation of teeth #2 and #3. Teeth #2 and #3 responded WNL to palpation, percussion, vitality (no response for #2 as expected), periodontal probing, etc). CBCT reveals unilocular lesion distal to the mid/apical area of tooth #2. Not sure if it is just a portion of pneumatized sinus or another lesion that may need further work-up. Please advise. Thank you.

OBSERVATIONS – This is a limited FOV scan of the right posterior maxilla showing teeth #2-#4 and #6 partially

DENTAL FINDINGS:

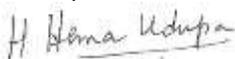
- #1 Area – Missing tooth with a corticated area with septation and internally with soft tissue density is noted and is continuous with the sinus walls
- #2 – Mild uniform PDL space widening noted around the palatal root and a J shaped low density/bone loss noted adjacent to the MB root towards the mesial aspect at the junction of the middle/apical 3rd of the root.

SINUSES: Mucosal thickenings are noted within the visualized portion of the right maxillary sinus and there are septations noted arising from the walls of the right maxillary sinus causing the sinus to localize with presence of mucosal thickenings within them. There is also pneumatization of the sinus noted and expands into the alveolar process in the area of #1 and just distal to the root of #2.

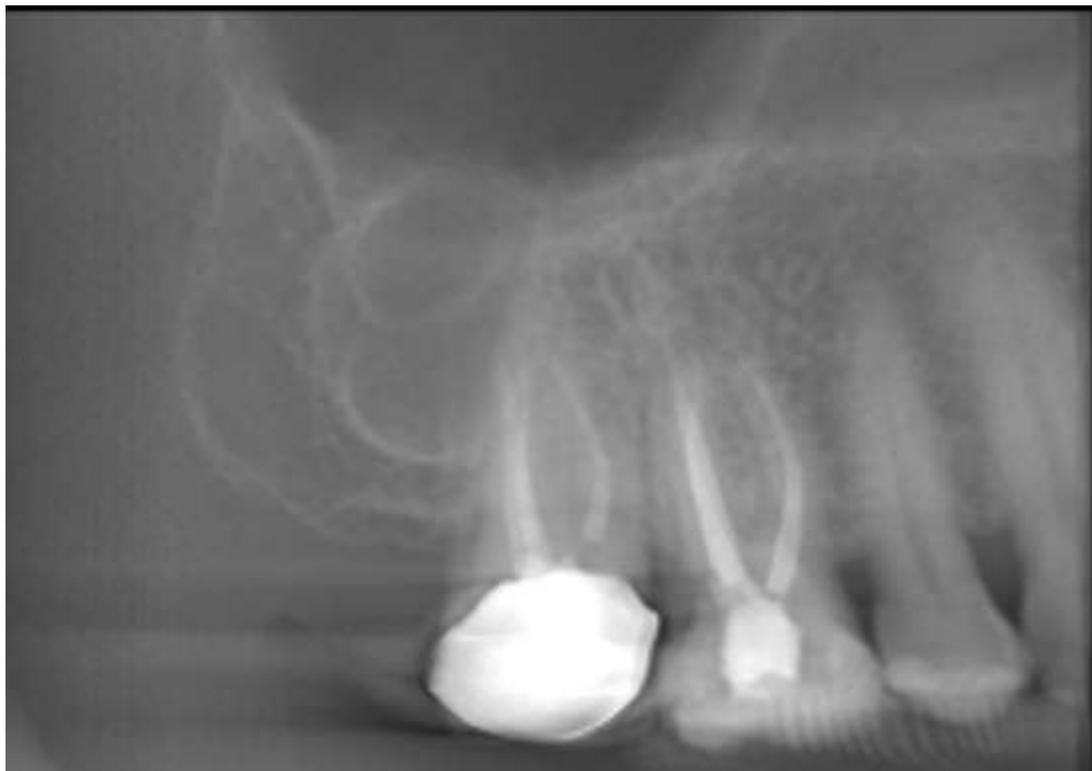
IMPRESSIONS

- #1 area or distal to #2 /right maxillary sinus– The findings are suggestive highly of pneumatized alveolar process in the edentulous region of missing #1 with mucosal thickening within. The locular effect of the area is due to the presence of septations of the maxillary sinus wall. Due to the presence of mucosal thickenings, chronic sinusitis suspected; further correlation to clinical presentation is needed. A comparison could be made with previous radiographs of the area #1-#2 to assess for the presence of or boundary of the sinus in this area. Recommend correlation with previous dental h/o of #1 to rule out any lesions associated with this tooth during removal to rule out residual cyst or other benign lesions. If needed periodic radiographic follow-up with a proper panoramic radiograph or even periapical radiograph for this area could be considered to assess for any changes.
- #2 MB root – The J shaped low density area is indicative of a small area of periodontal bone loss although no obvious radiographic evidence of root fracture noted. A detailed evaluation for root fracture is limited due to streak artifacts in the area. Vertical root fractures are very difficult to detect with CBCT, particularly if there is already a root canal filling. Therefore, it is not possible to rule out a fracture with absolute certainty. Correlation with history and clinical findings is recommended.

Sincerely,



Hema Udupa, BDS, MS
Diplomate, American Board of Oral and Maxillofacial Radiology



Panoramic Reconstruction

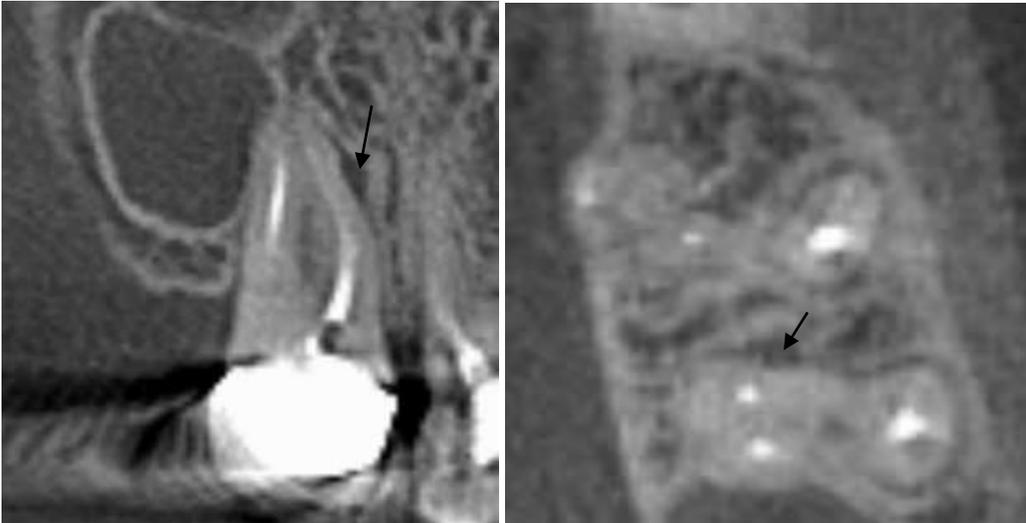


Sagittal and coronal views - #1 area

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Coronal view - #2 palatal root and buccal roots – There is normal PDL space and an intact lamina dura



Mesial to MB root of #2 adjacent to the middle/apical 3rd of the root a J shaped low density/bone loss noted



Right lateral 3D view of the posterior maxilla