

Patient: James Doe
DOB: 09/24/2001
Ref. Doctor: Dr. Smile
Study Purpose: General Review
Dr. Notes: Please evaluate entire scan with special emphasis on the radiolucent area and possible root resorption of maxillary left lateral incisor. Please send screen shots. Thank you,

Report Date: 04/06/2017
Study Date: 03/30/2017
Scan Source: ABC Ortho

OBSERVATIONS

REGION OF INTEREST: - A small radiolucency is noted mesial and anterior to the middle third of the root of tooth #10. There appears to be an enlarged cingulum and an accessory canal appears extending from this area to the middle third of the root. The radiolucency appears to be located in the apical portion of this accessory canal. External root resorption may be present at this level but it is difficult to assess due to the resolution of the images.

DENTITION: - Unerupted teeth #: 01, 02, 16, 17 and 32.
- There is mild external apical root resorption on teeth #s 07 and 10.

ALVEOLAR BONE: - The crestal bone height levels are within normal limits.

AIRWAY: - The airway dimensions are within normal limits.
- There is an "S" shaped nasal septum deviation.

SINUSES: - Mild mucosal thickening is noted in the paranasal sinuses.
- There is bilateral patency of the ostiomeatal complexes.

TMJ: - The condyles are of normal size and shape. The TMJ complexes present smooth, rounded, well-corticated contours.

OTHERS: - A radiopacity is noted in the midsagittal plane posterior and superior to the sella turcica compatible with calcification of the pineal gland. *
- Bilateral discontinuous radiopacities are noted in the trajectory of the stylohyoid ligaments compatible with partial ossification of the stylohyoid ligaments.*

* These findings have no clinical significance and follow-up/ clinical correlation is not required.

IMPRESSIONS

- Rarefying osteitis associated to inflammatory or necrotic changes in a dens invaginatus (type III) in tooth # 10. Dens invaginatus type III extends through the root and often perforated laterally (in this case) or apically without communication with pulp. Radiographic correlation (periapical) is recommended.
- After reviewing the anatomical structures included in the scan, no other findings are noted.

Sincerely,

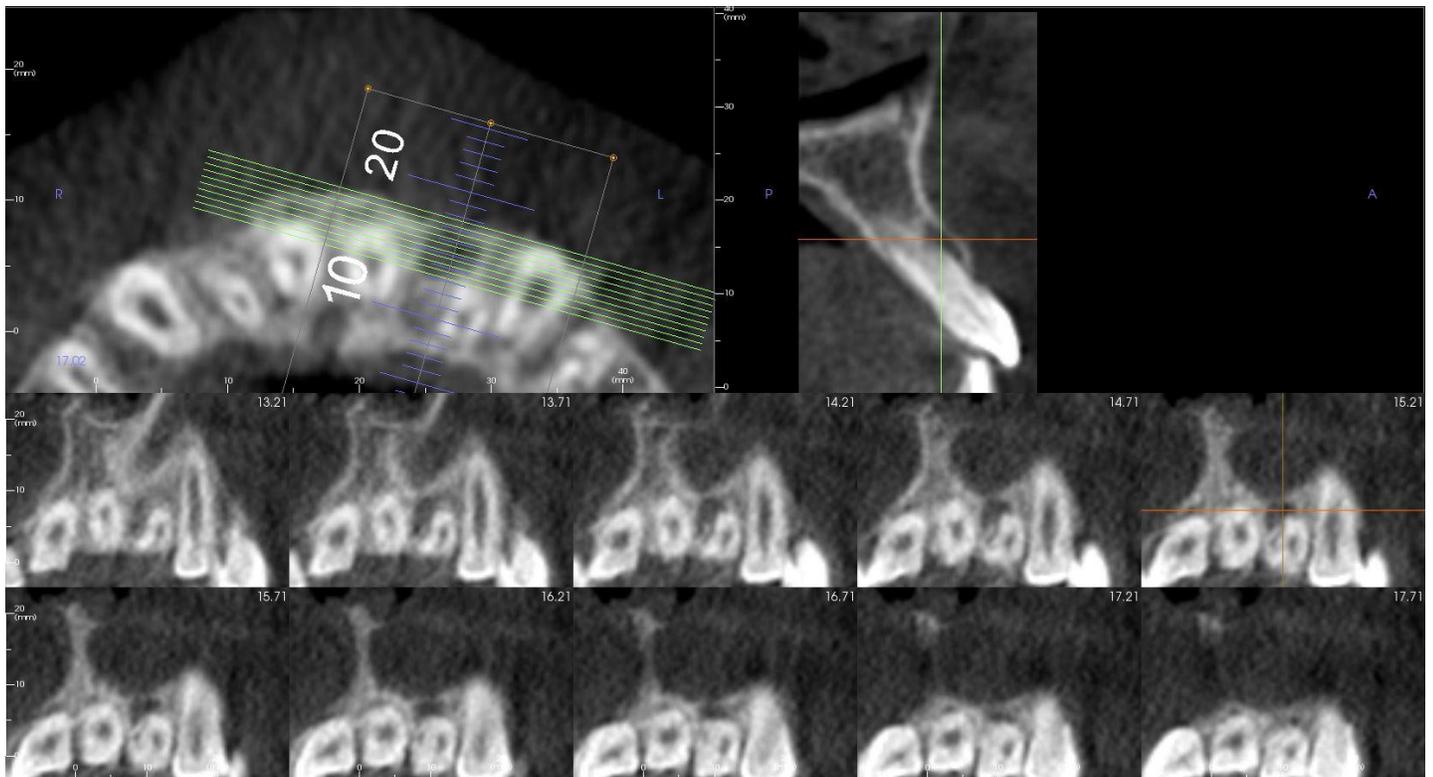


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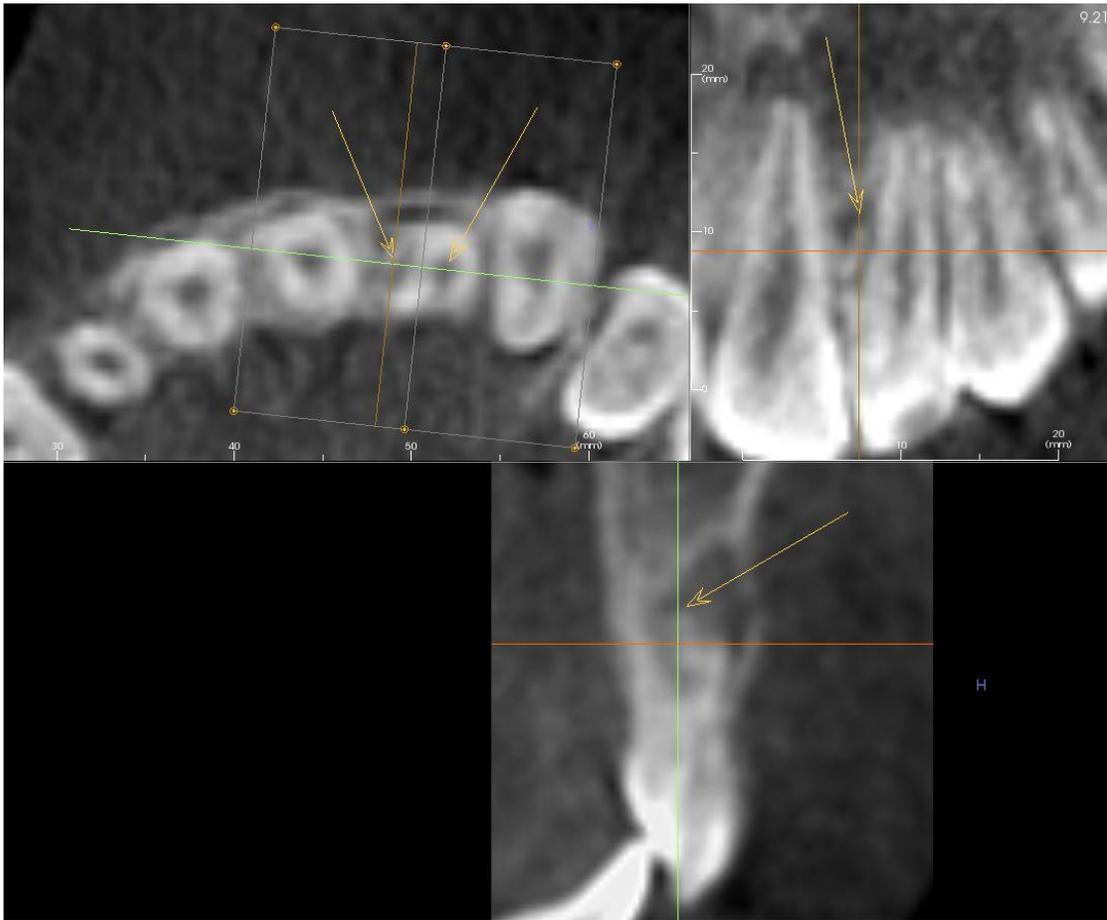
PANORAMIC IMAGE



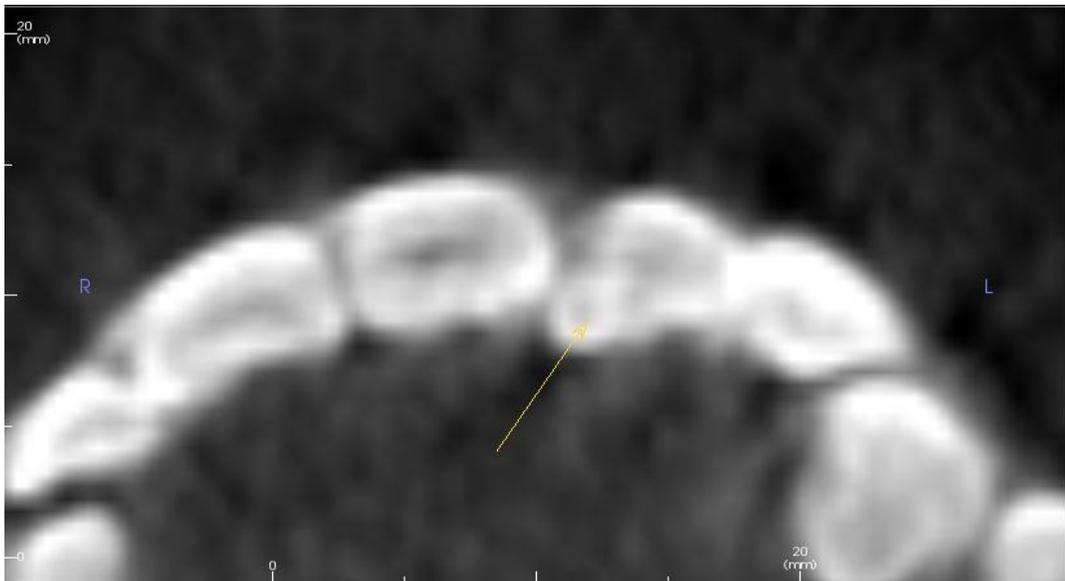
TOOTH # 10- SAGITTAL CROSS-SECTIONS



TOOTH #10- MPR VIEW



CROWN OF TOOTH #10



* The thumbnail images in the report are for reference only.