

Patient: John Doe
DOB: 02/24/1957
Report Date: 08/25/2016
Study Date: 08/23/2016
Ref. Doctor: Dr. Smith
Scan Source: Oral Surgery Center
Study Purpose: General Review
Dr. Notes: Please evaluate 7,8,9 areas. Thank you!

OBSERVATIONS

AREA OF INTEREST: There is a 3-unit bridge replacing tooth #8, with #7 and 9 as abutments. There is a radiolucent lesion around the apex and entire mesial surface of #7, extending into the edentulous #8 site. The area of bone lysis on the mesial of #7 communicates with the labial surface of the bone, but the cortex is intact on both labial and palatal of the edentulous site. The bone around #9 appears normal. There is some apical root resorption on #7.

DENTITION: All teeth are present except #8, 16 and 17.

SINUSES: There is mucosal thickening in the maxillary sinuses, moderate and lobulated in the right sinus and mild in the left. There is involvement of many of the ethmoid air cells also. The sphenoid sinus is clear and the ostiomeatal complexes are patent.

AIRWAY: The airway volume posterior to the tongue and soft palate is within normal limits, without constrictions. The smallest cross-sectional area measured is 240 mm².

C-SPINE: No radiographic signs of bone pathology are noted in the visualized aspect of the cervical vertebrae.

TMJ: The osseous structures of the TMJs are of normal size and shape, with smooth, rounded, well-corticated contours. Both condyles are positioned posteriorly of center in the fossa.

ALVEOLAR BONE: No pathology was observed in the jaws or adjacent structures other than as described under "area of interest".

IMPRESSIONS

1. Rarefying osteitis, tooth #7, extending into edentulous #8 site. The bone around #9 appears normal. The prognosis for saving the 3-unit bridge is guarded at best.
2. Maxillary and ethmoid sinusitis.
3. Normal osseous structures of TMJs. The posterior condylar position observed on both sides increases the risk for anterior disc displacement, although actual disc position cannot be determined with CBCT.
4. Airway volume within the normal size range.

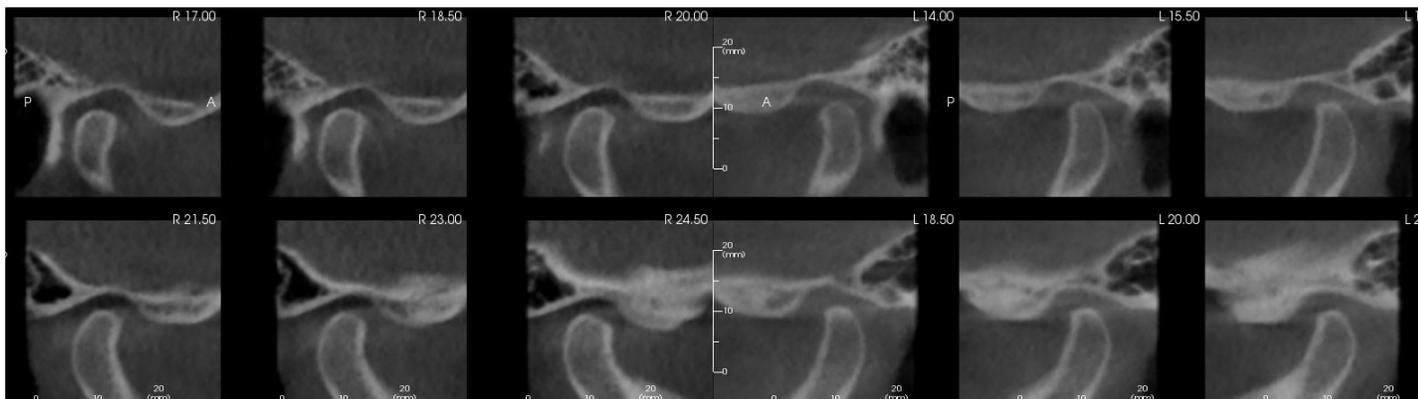
Sincerely,



Sharon L. Brooks, DDS, MS
Dip., American Board of Oral & Maxillofacial Radiology



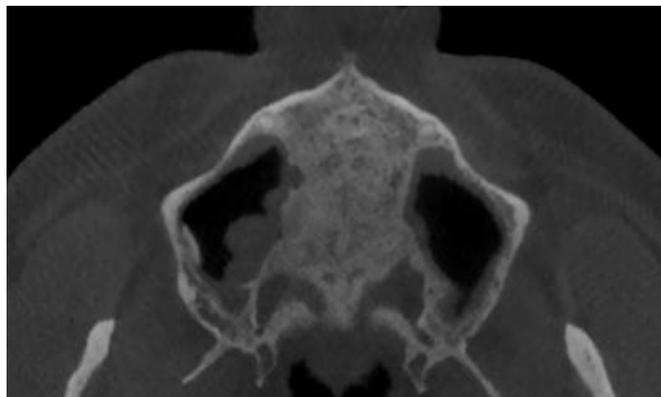
Reconstructed panoramic view.



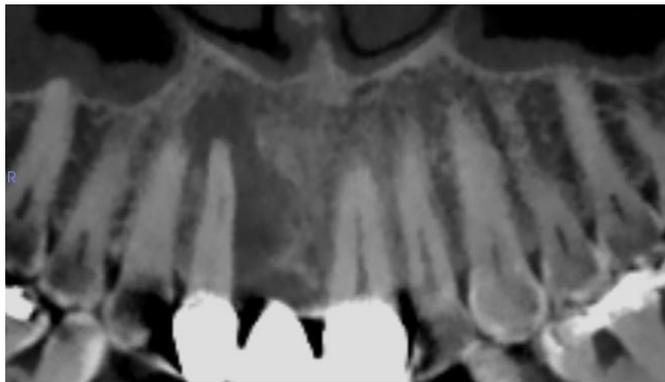
TMJs, sagittal view. Normal osseous structures. Posterior condylar position.



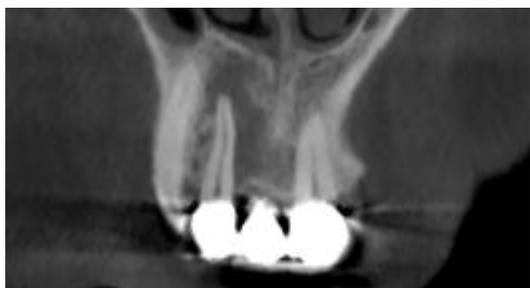
Coronal view through maxillary sinuses and nasal cavity. Maxillary and ethmoid sinusitis.



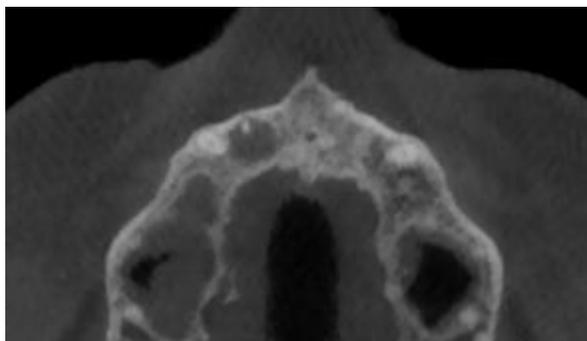
Axial view through maxillary sinuses. Bilateral sinusitis.



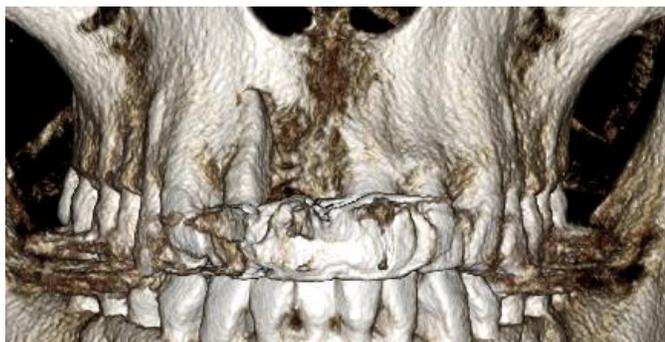
Cropped panoramic view through anterior maxilla, head position changed to make incisors vertical. Rarefying osteitis.



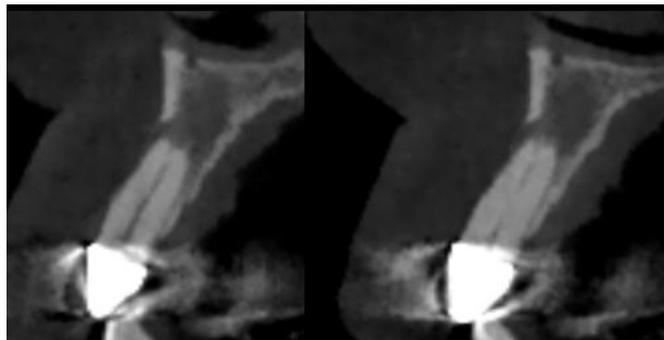
Straight coronal view through anterior maxilla, incisors vertical.



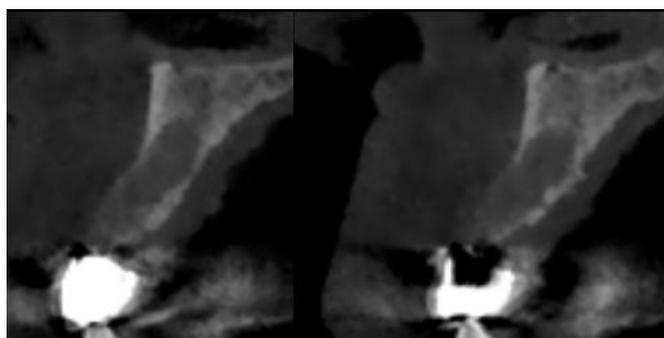
Axial view through lytic lesion around #7.



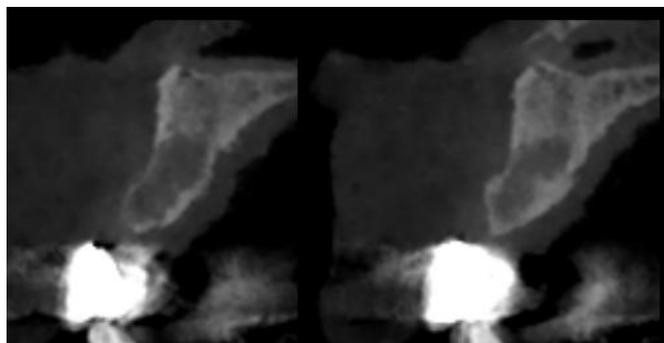
3D rendering, frontal view, bone algorithm.



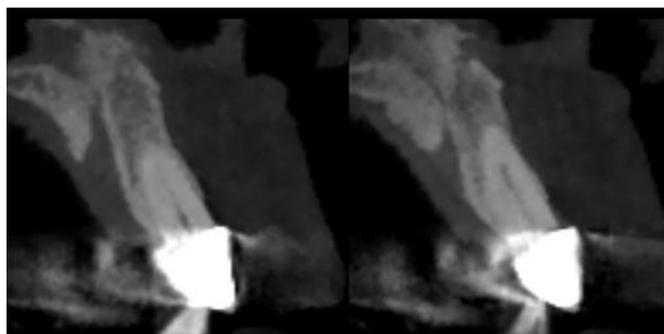
Cross-sections through tooth # 7.



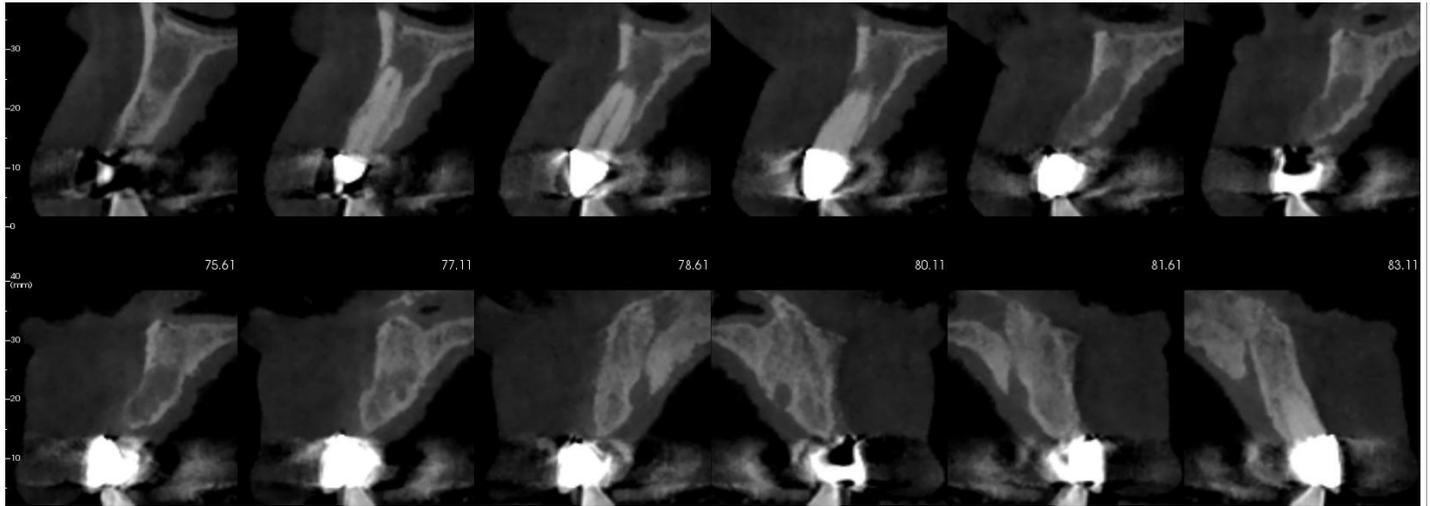
Cross-sections through #8 edentulous site, close to #7.



Cross-sections through #8 edentulous site, more to mesial.



Cross-sections through tooth # 9. Normal appearing bone.



Cross-sections through maxillary anterior, teeth #7-9, every 1.5 mm.



3D rendering, frontal view.



3D rendering, right side.



3D rendering, left side.