

Patient: John Doe
Date of Birth: 09/08/2003
Ref. Doctor: Dr. Smiles
Study Purpose: Impaction
Dr. Notes: CBCT taken to better evaluate the relationship of the maxillary sinus to the roots of #1 and 16 and the IAN canal to the roots of #17 and 32.

Report Date: 05/16/2019
Study Date: 05/15/2019
Scan Source: Oral Surgery Group

OBSERVATIONS

DENTITION: #1-32 are noted.

SINUSES: -Mild mucosal thickening noted in maxillary sinuses.
-Ostiomeatal complexes are not visualized.

AIRWAY: -Nasal septum is deviated to the right side and a bone spur is noted on its outline.
-Soft tissue is thick around turbinates.
-Airway outline is within normal limits at the level of the oropharynx.
-Outline of oropharynx (lateral aspect) is mildly hypertrophic.

C-SPINE: No radiographic signs of bone pathology are noted in vertebrae.

TMJ: Not visualized.

ALVEOLAR BONE: -PDL space is mildly widened around #9 root apex.
-Dense bone island noted apical to #26. No action is suggested as these entities have a limited growth potential.
-#7 root canal is possibly calcified.

OTHER: No abnormalities detected.

IMPRESSIONS -#1 and #16 have fused roots and only the cervical third is formed. Apical aspect is in contact with sinus floor.
-#17 has 2 roots. Only the cervical third is formed. Apical aspect of roots is in contact with IAN canal superior outline.
-#32 has 2 roots. Only the cervical third is formed. IAN canal is constricted between lingual cortex and roots lingual aspect.

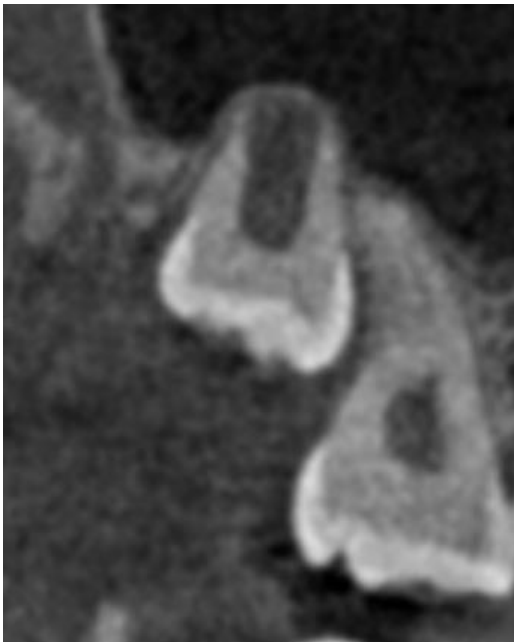
Sincerely,



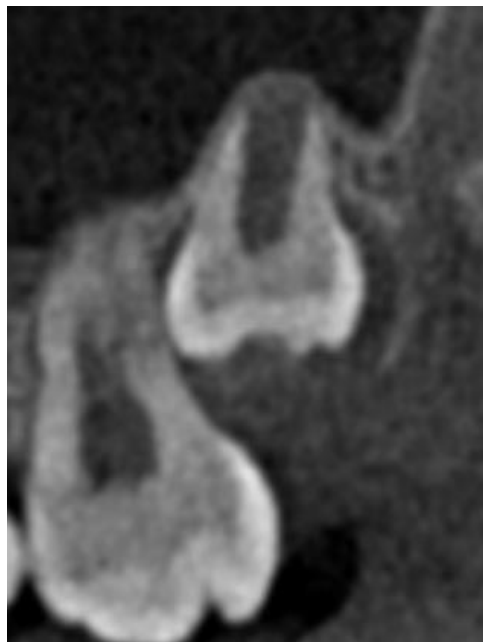
Boulos Bechara, DDS, MS
Diplomate, American Board of Oral and Maxillofacial Radiology



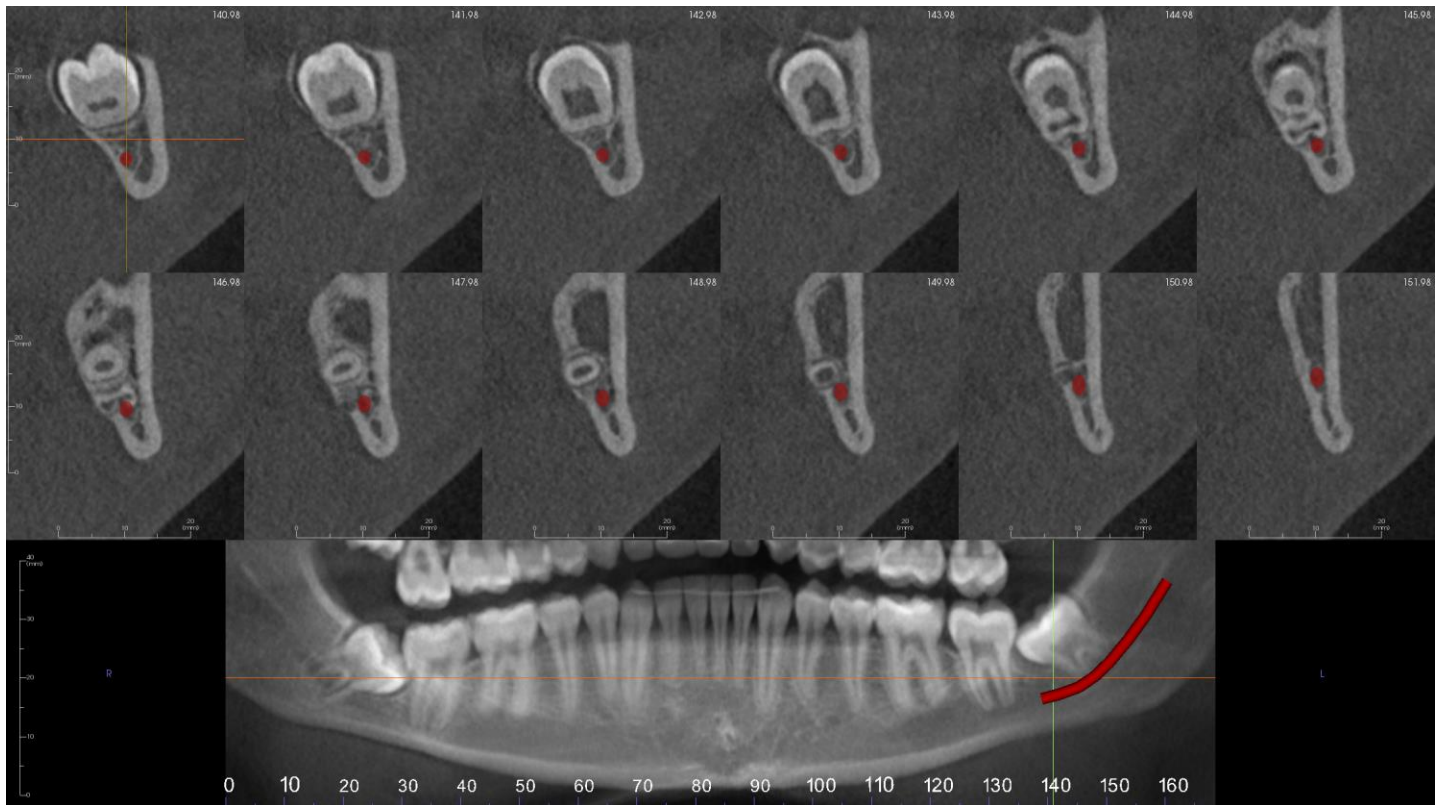
Panoramic reconstruction



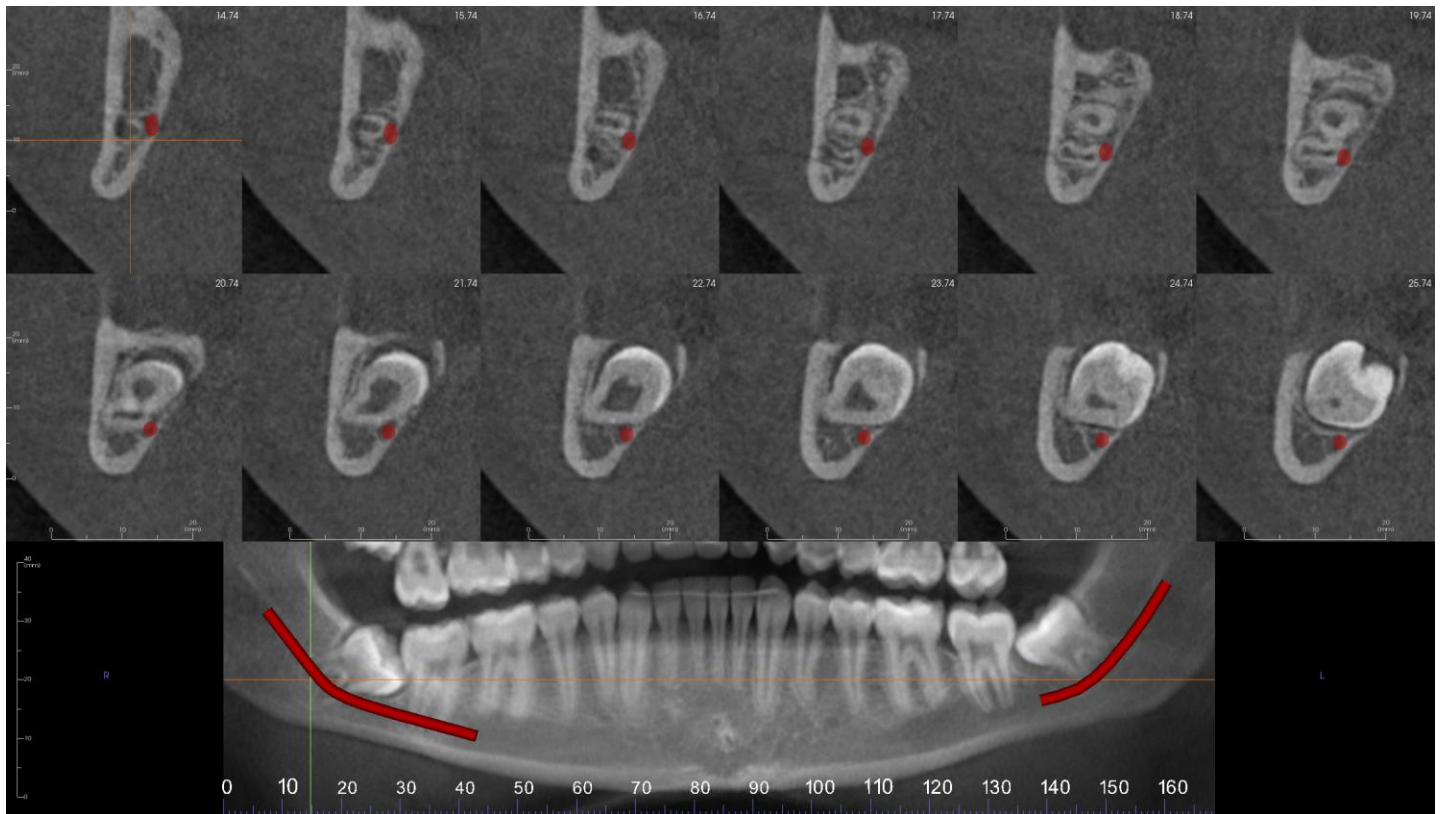
#1



#16



#17 (1mm increments between each cross sections)



#32 (1mm increments between each cross sections)