

Patient: **Patient Name**
DOB: 12/08/1900

Ref. Doctor: Dr. Doctor

Scan Source: **Your Imaging Center**
Study: CBCT
Study Date: 03/28/2013
Report Date: 04/02/2013
Study Purpose: Orthodontic Evaluation

Dr. Notes: Beginning Ortho Evaluation

OBSERVATIONS

DENTAL FINDINGS: All permanent teeth are present. Primary teeth A, J are partially resorbed. Developing follicles of third and second molars are seen in all quadrants. Tooth#6 is obliquely positioned with the crown labial to and below the cervical height of contour of teeth #5, 7 and the root directed distally. No resorption or associated pathology is noted. Tooth #5 is vertically positioned in the alveolar bone. The root of #13 is directed mesially and palatally. Crowding is present in the maxillary anterior region. The crowns of #8, 9 are mesially rotated. Small, irregular high density areas, consistent with remnants of deciduous teeth, are noted in the inter-radicular regions of #19-20, 20-21; no associated pathology is observed. Further orthodontic analysis is reserved for the treating clinician.

TMJs: The condyles are normal in size and shape with smooth, rounded contours. The cortical outline is diffuse and indistinguishable from the underlying trabecular bone; this is considered normal for the patient's age. Both condyles are nearly centered in the respective glenoid fossa and the dimensions of the joint spaces are within normal limits.

SINUSES: The maxillary sinuses are incompletely pneumatized; this is considered normal for the patient's age. The remainder of the paranasal sinuses is well aerated, clear, and has dimensions within normal limits. The ostiomeatal complex is patent bilaterally.

NOSE: No abnormalities detected.

AIRWAY: The dimensions of the airway, posterior to the soft palate and tongue base, are reduced. The minimal axial cross-section measures ~47mm². This may partly be due to the retruded tongue position during scan acquisition. Enlargement of the adenoids, lingual, and the palatine tonsils is noted. Tonsillar enlargement is a common finding in children and they tend to gradually regress after age 12.

OTHER FINDINGS: A narrow tubular high density area is noted in the soft tissues of the right posterior region of the neck. Its origin and insertion is beyond the scan periphery. This area is consistent with a surgical device; correlation with patient history is suggested. Bilateral interrupted calcification of the stylohyoid ligaments is incidentally noted.

IMPRESSIONS

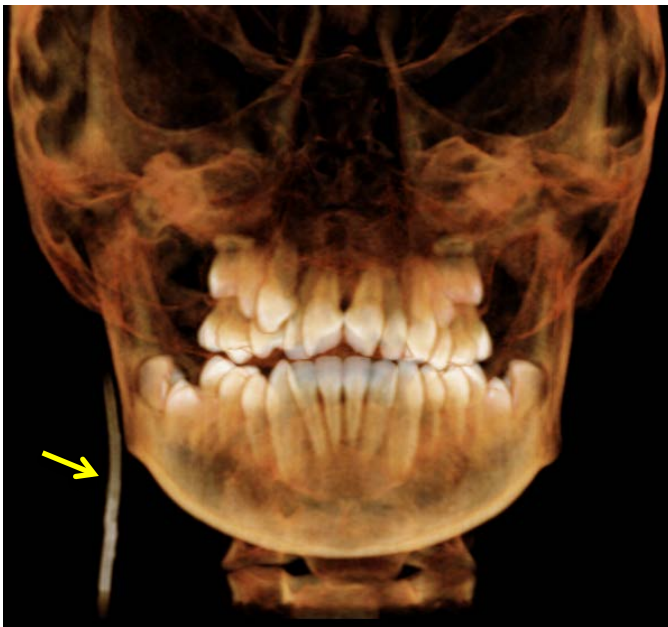
- Dental findings are as noted.
- The reduction in the dimensions of the airway predisposes the patient to an increased risk for the development of obstructive sleep apnea.
- Calcification of the stylohyoid ligament is a common finding. Clinical evaluation to rule out Eagle's syndrome (lateral neck and oropharyngeal pain exacerbated by tongue and head movements) is suggested.

Sincerely,

Dr. OMR
Dip., American Board of Oral & Maxillofacial Radiology



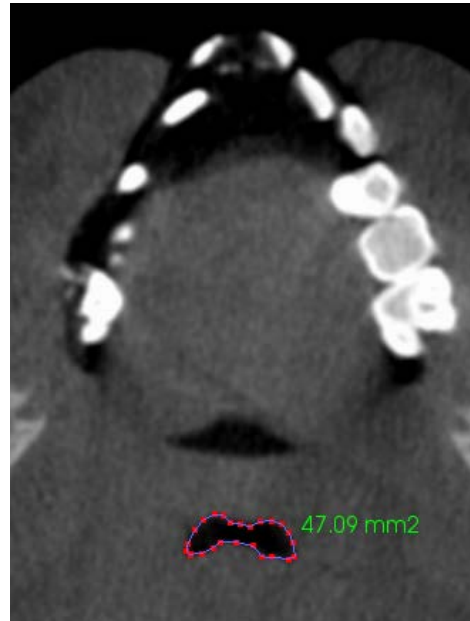
Panoramic Reconstruction



3D Volume Rendering – Frontal view
Note high density tubular area on the right



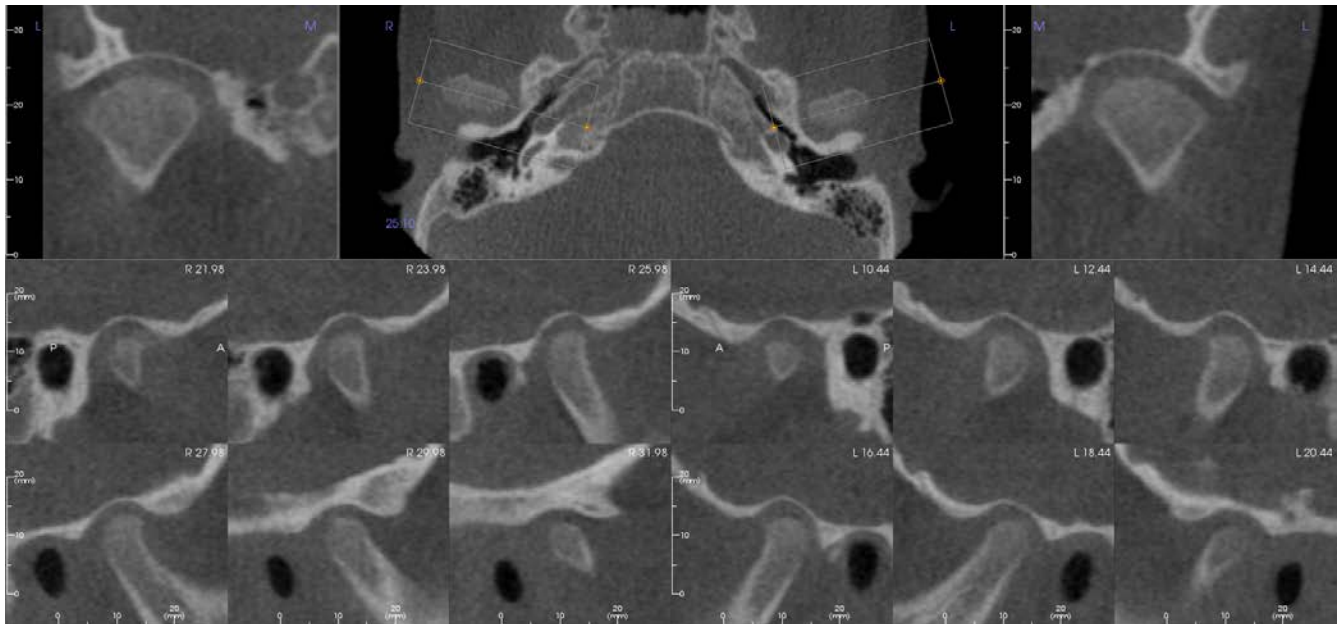
Midsagittal view
Airway



Axial view – at narrowest airway cross-section

Right TMJ

Left TMJ



TMJ: Sagittal cross-sections and axial and coronal views