

Patient: Patient Name
DOB: 06/08/1900
Ref. Doctor: Dr. Doctor
Scan Source: Your Imaging Center
Study: CBCT
Study Date: 10/03/2012
Report Date: 10/05/2012
Study Purpose: TMD Orofacial Pain
Dr. Notes: None provided

OBSERVATIONS

DENTAL FINDINGS: Tooth #32 is absent. Incompletely erupted tooth #1 is a microdont. Impacted supernumerary bicuspid are present in the mandible, two in the left quadrant (SN1 and SN2) and one in the right quadrant (SN3). A supernumerary erupted right mandibular canine is also present (SN4). SN1 – The tooth is horizontally impacted with the crown oriented mesiolingually, and in close proximity to the distocoronal aspect of SN2. There is a small area of interruption of the lingual cortex in the region of the crown. The coronal two-thirds of the tooth is positioned lingual to the roots of #19, 20. The mesiolingual aspect of the mesial root of #19 shows evidence of external resorption. Tooth #20 is intact. SN2 – The tooth is vertically impacted and the crown is positioned on the palatal aspect of the inter-radicular region of #20-21. The follicular space of teeth SN1 and SN2 is joined. There is no evidence of resorption or pathology in the area. SN3 – The tooth is vertically impacted and the crown is positioned on the palatal aspect of the inter-radicular region of #27-28. There is no evidence of resorption or pathology in the area. SN4 – The tooth is erupted and positioned on the buccal aspect of the alveolar bone in the inter-radicular region of #26-27. There is no evidence of resorption or pathology in the area. Crestal alveolar bone loss, consistent with periodontitis, is noted in relation to all erupted teeth.

TMJs: The condyles are normal in size and exhibit smooth, well-corticated contours. The lateral pole is positioned inferior to the medial pole on both condylar heads and there is evidence of flattening and cortical thickening on the superior aspect. Flattening and sclerosis is also noted along the posterior slope of the articular eminence on both sides. Bilaterally the condyles are retruded in the glenoid fossa; however no significant reduction of the posterior joint space is noted.

SINUSES: Small dome-shaped areas of soft tissue density, consistent with mucous retention pseudocysts, are noted arising from the floor of the maxillary sinuses. These tend to drain spontaneously and have no clinical consequence. 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 within normal limits.

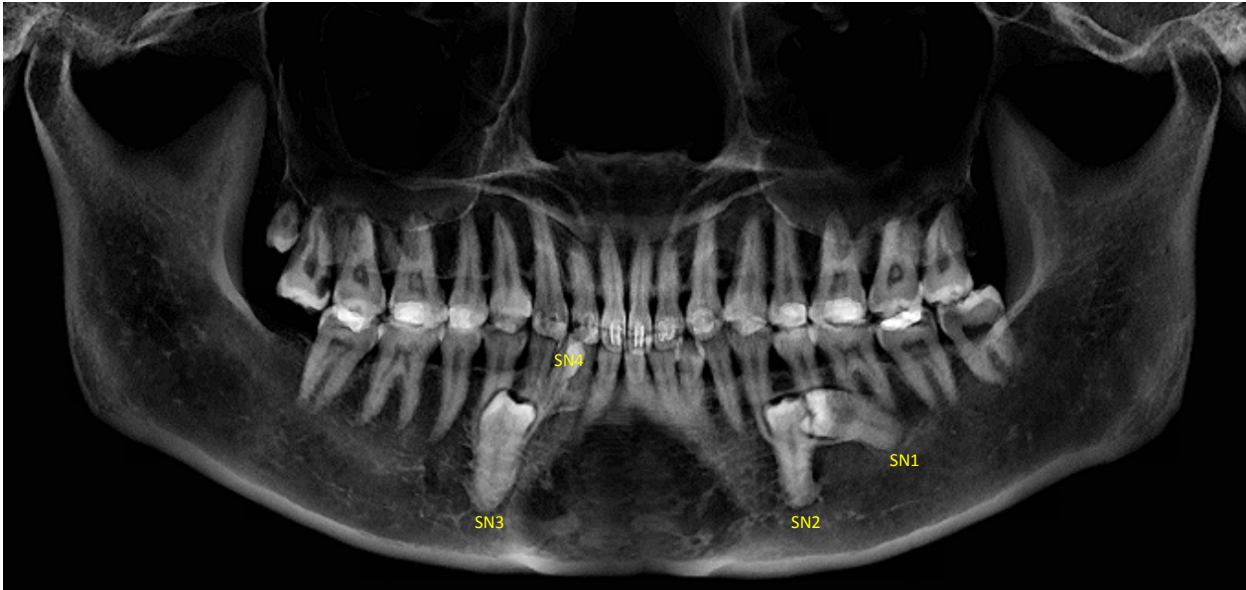
OTHER FINDINGS: A small high density area, consistent with calcification in the pineal gland, is noted in the midline intracranially; this is a common finding and requires no further evaluation.

IMPRESSIONS

- Dental findings are as noted.
- TMJ findings are consistent with osseous remodeling, most likely of functional origin. These changes are typically adaptive and not progressive. The posterior position of the condylar heads increases the probability of displaced discs and compression of retrodiscal tissues.
- Radiographic findings in the remainder of the CBCT scan are within normal limits; soft tissue evaluation is limited by the CBCT modality.

Sincerely,

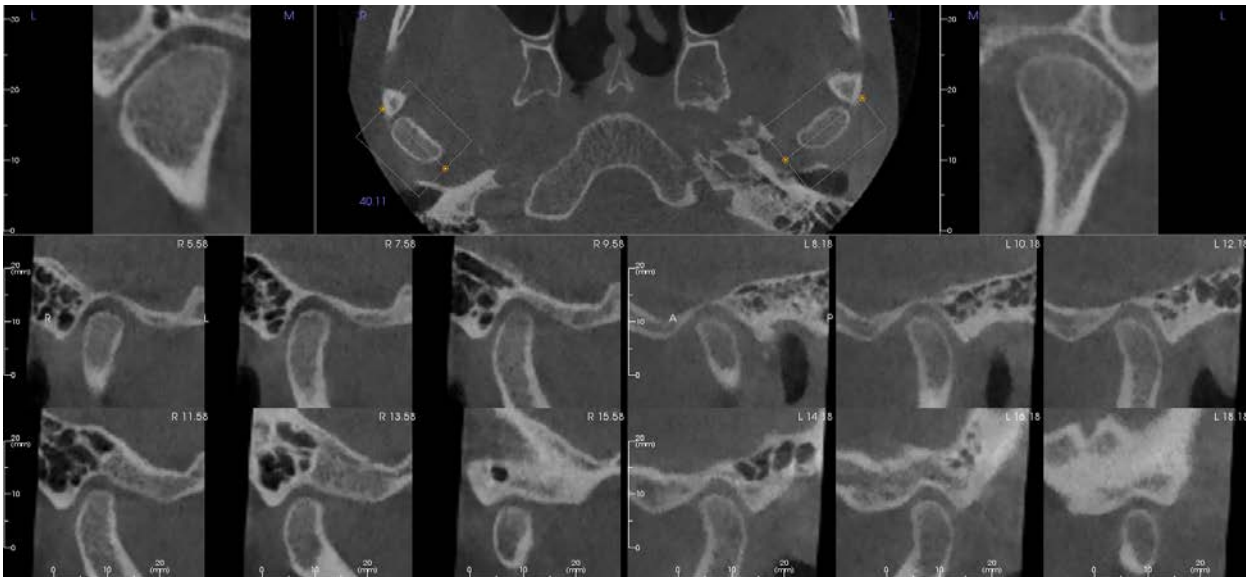
Dr. OMR
Dip., American Board of Oral & Maxillofacial Radiology



Panoramic Reconstruction

Right TMJ

Left TMJ



TMJ: Sagittal cross-sections and axial and coronal views



SN1 – Axial view
Arrow points to interruption of the lingual cortex



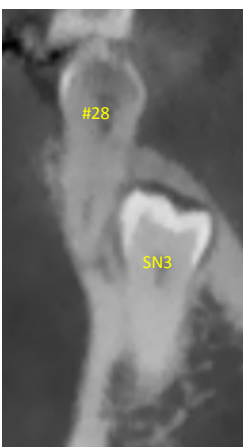
SN1 and mesial root of #19 – Coronal view
Note external resorption of the ML aspect of #19



SN2 – Coronal view
Arrow points to mental foramen



SN2, SN1 – Sagittal view



SN3 – Coronal view



SN3, SN4 – Sagittal view