

Study: Maxillofacial CBCT

Patient: Sample General Pathology Review

Referring Doctor:

Practice Address:

Study Date:

Date of Birth:

Sex:

History: None noted

Indications: General interpretation

Study Details

- Medium field of view CBCT extending from the level of the inferior nasal concha to the inferior border of the mandible.
- The study is limited by beam-hardening artifacts.

General Report

- Missing teeth: 1, 3, 5, 6, 8, 9, 12, 16-18, 31 and 32.
- 2: Missing coronal restoration and endodontically treated. Extruded sealer noted in the periapical region of the DB root. The obturation in the MB root is offset to the buccal, suggestive of an unobturated MB2 canal. Periapical radiolucency associated with all three roots, suggestive of persistent apical periodontitis. Superior displacement and thinning of the floor of the maxillary sinus with periostitis is noted. Polypoid mucosal thickening is present in the right maxillary sinus with possible odontogenic contribution. Thinning of the buccal and palatal cortical plates in the periapical regions.
- 4: Missing coronal restoration. Periapical radiolucency, consistent with apical periodontitis. Thinning of the buccal cortical plate in the periapical region.
- Restored implants are seen at the sites of missing 5, 6, 8 and 9.
 - o 5 abuts the floor of the right maxillary sinus.
 - o 6 abuts the anterior wall of the right maxillary sinus and engages the labial cortical plate.
 - o 9 is in close proximity to the anterolateral border of the nasopalatine canal.
- 7: Endodontically treated with extruded sealer in the periapical region and mesial aspect of the root. Widened apical PDL, suggestive of persistent apical periodontitis vs. healing post endodontic therapy.
- 11: Endodontically treated with obturation short of the radiographic apex. Periapical radiolucency with effacement of the labial cortical plate, suggestive of persistent apical periodontitis. Mild root blunting, suggestive of external apical root resorption.
- 13, 14: Large coronal restorations. Widened apical PDL, suggestive of apical periodontitis.
- 15: Mildly supraerupted.
- 19: Missing coronal restoration, recurrent caries extending apically to the root trunk and endodontically treated. Periapical radiolucency associated with both roots, consistent with persistent apical periodontitis. A furcation radiolucency is also noted.
- 30: Large coronal restoration and endodontically treated. Periradicular radiolucency extending

from the distal root apex superiorly into the furcation and to the distal alveolar crest. A vertical root fracture is seen in the distal root in the middle one-third. Extensive distal external root resorption noted in the distal root in the apical and middle one-third. Widened apical PDL space is seen associated with the mesial root.

- Attrition is noted in the mandibular teeth.
- Generalized mild-moderate periodontal bone loss. Moderate bone loss in 7D. Furcation involvement in 15.
- Small palatal torus and bilateral mandibular tori.
- Idiopathic osteosclerosis inferior to 22-23.

Sinuses

- Polypoid mucosal thickening in the right maxillary sinus.
- Mild mucosal thickening in the left maxillary sinus.

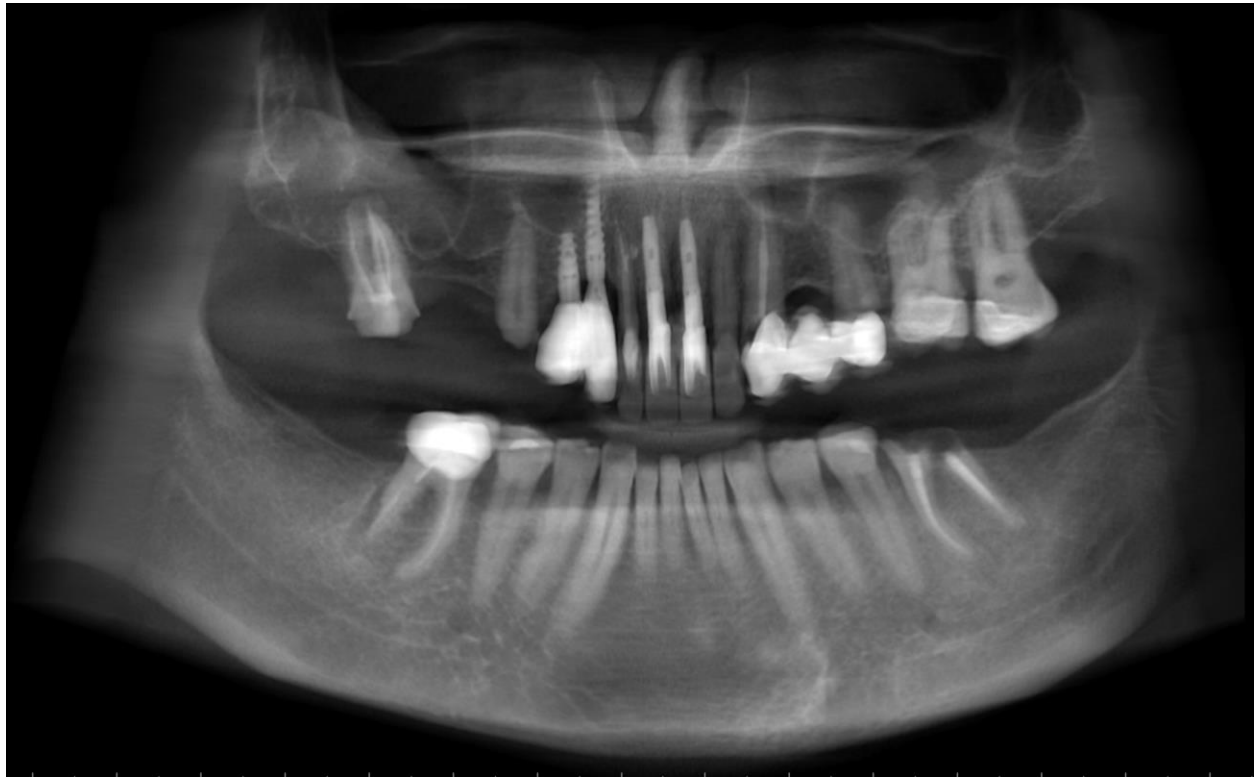
IMPRESSION:

- 2: Missing coronal restoration. Suspected unobturated MB2 canal. Findings, suggestive of persistent apical periodontitis. Correlate with the treatment history and clinical findings.
- 4: Missing coronal restoration. Findings, consistent with apical periodontitis.
- 7: Findings, suggestive of persistent apical periodontitis vs. healing post endodontic therapy. Correlate with the treatment history and clinical findings.
- 11: Findings, suggestive of persistent apical periodontitis. Correlate with the treatment history and clinical findings.
- 13, 14: Possible apical periodontitis. Pulp vitality testing advised.
- 19: Extensive caries and associated persistent apical periodontitis.
- 30: Findings, consistent with a vertical root fracture in the distal root and rarefying osteitis. Extensive external root resorption in the distal root.

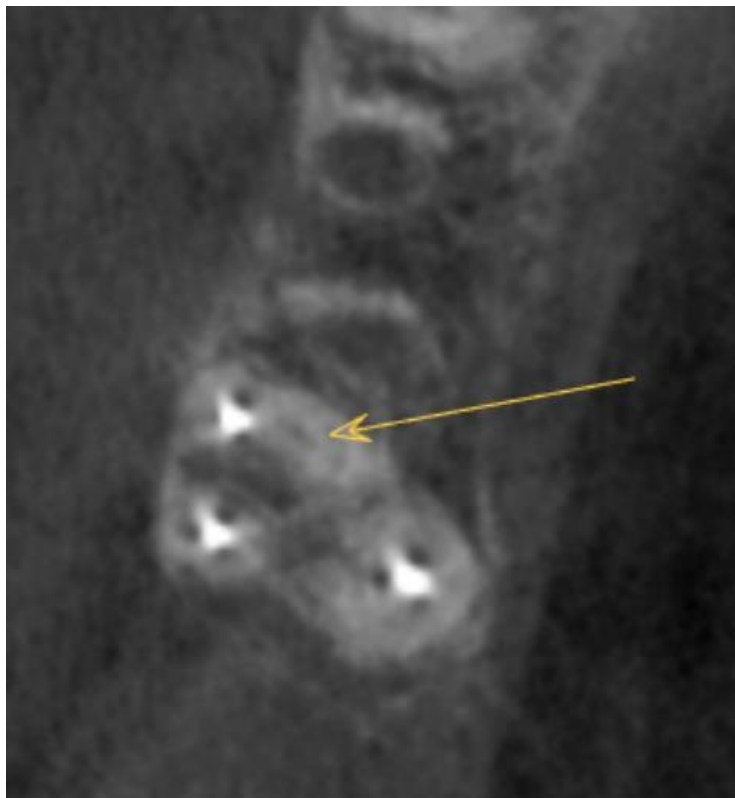
Brian P. Jardina

Brian P. Jardina, DMD
Oral and Maxillofacial Radiologist
Verified Date:

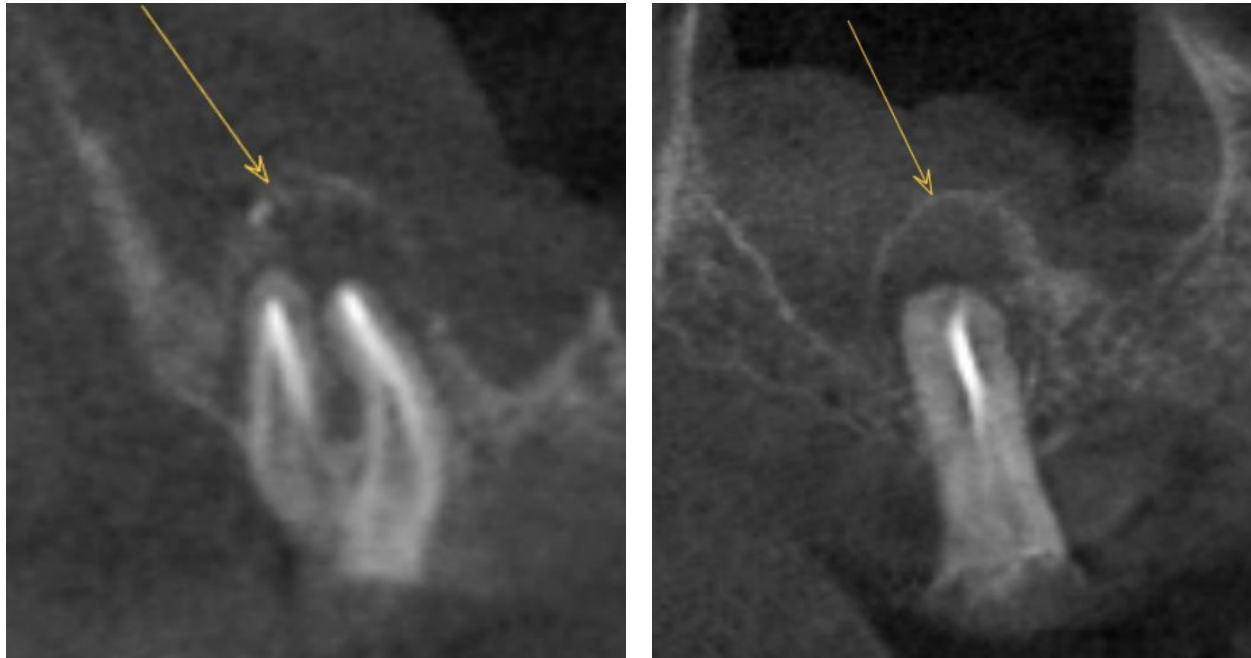
Disclaimer: Please note that measurements should not be made from any attached images. The provided images are only representative slices.



Reformatted panoramic.



Axial section of 2 with arrow indicating possible unobturated MB2 canal.



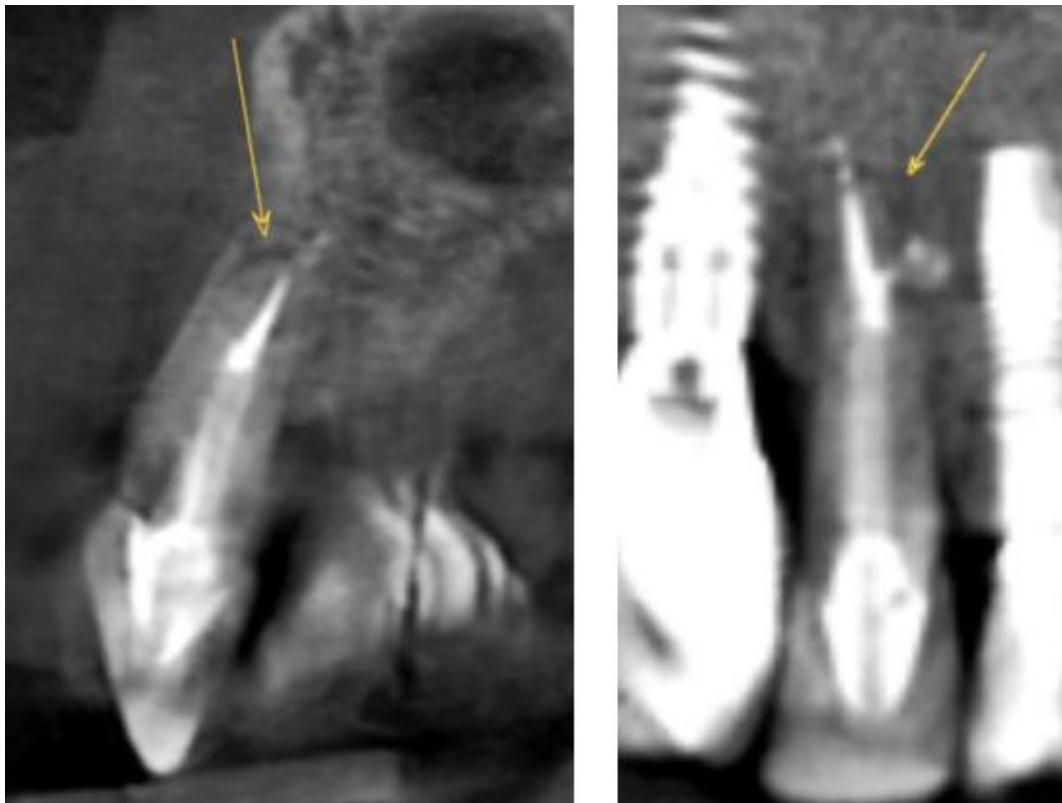
Parasagittal sections of 2.



Paracoronal section of 2 at the MB and palatal roots.



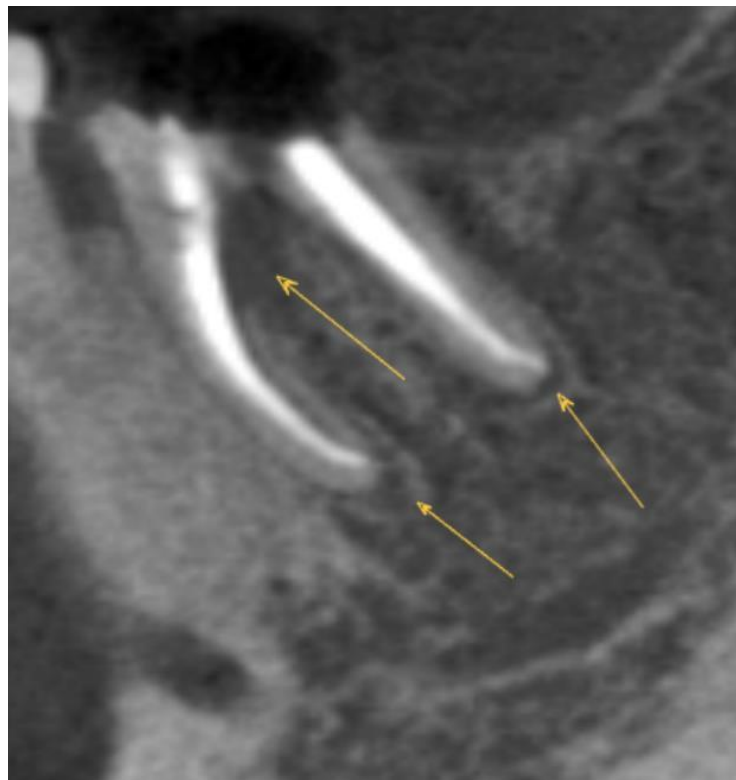
Corrected sagittal section of 4.



Parasagittal and corrected coronal sections of 7.



Cross-sectional image of 11.



Parasagittal section of 19.



Cropped arch section of 30 with arrows indicating vertical root fracture.