

Dental Scan Ltd.
Suite 17, 75 Harley St, London W1G 8QL

PATIENT:	Name Surname	REPORT DATE	3/9/2021
DOB:	3/7/1938	STUDY DATE:	8/20/2021
AGE:	83	SERIAL #:	6640
GENDER:	Female		
SCAN TYPE:	CBCT Focal - Mn 8/20/2021		
OFFICE:	Dr Name Surname		
CLINICAL NOTES:	Thyroid disease. For dental implants on the LL5 and LL6		
REPORT TYPE:	Dental implants on the LL5 and LL6		

OBSERVATIONS**DENTAL FINDINGS:**

- Missing teeth:** Dentate adult in the focused field of view available except for missing one tooth
- Implants:** No implants are present.
- Restorations:** The posterior teeth are heavily restored.
- Endodontics:** Two teeth are endodontically restored and the apical PDL space of both is compromised.
- Apical pathology:** There is evidence of periapical pathosis on three teeth.
- Periodontology:** Localised severe periodontal bone loss LL1, LR1.
- Third Molars:** LL8 partially in scan.

- Specific findings:** Edentulous LL7 region is a well defined but incomplete unilocular radiolucency 7 mm in diameter. The cortical border is incomplete anteriorly and extends posteriorly beyond the scan volume. Radiolucency is above and not involving the IANC and extends superiorly to alveolar crest/ marrow junction. No expansion or frank erosion of the cortical plates.
- LL5, 6 crowns missing.
- LL6 mesial root treated and under filled. 4 mm wide apical radiolucency.
- LL5 root treated and under filled. 0.5 - 1 mm widening of apical PLS.
- LR1? At anterior edge of scan field there is an apical radiolucency 2 mm wide with severe loss of bone.

- TMJS:** The TMJ articulations are not within the field of view.
- SINUSES:** The paranasal sinuses are not within the field of view.
- AIRWAY:** The airway is not within the field of view.
- CERVICAL SPINE:** The cervical spine is outside the field of view.
- CALCIFICATIONS:** No abnormal calcifications in the field of view.

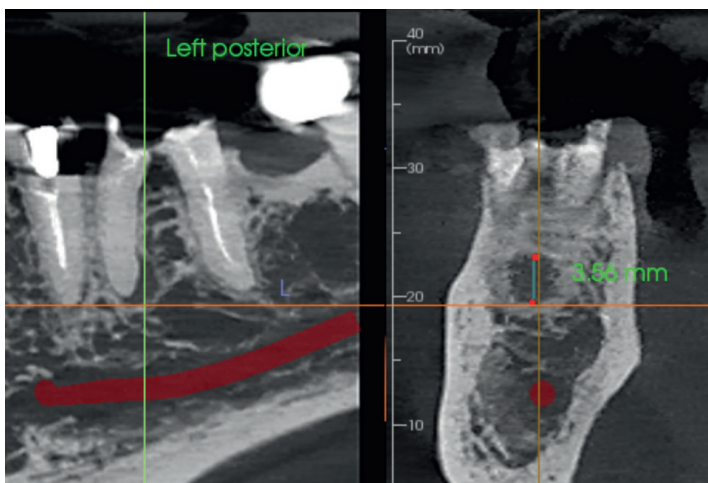
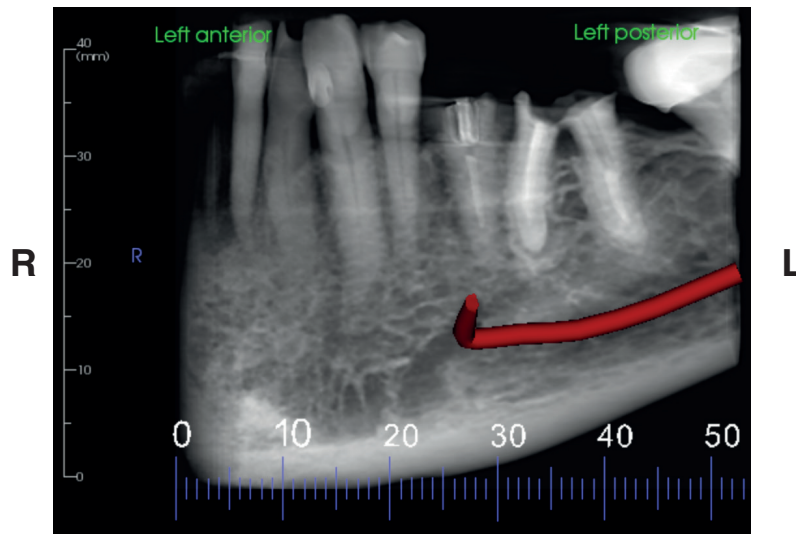
IMPRESSIONS:

Edentulous LL7 region there is probably a retained radicular cyst and less likely an odontogenic keratocyst. Further evaluation is recommended before placing implants.

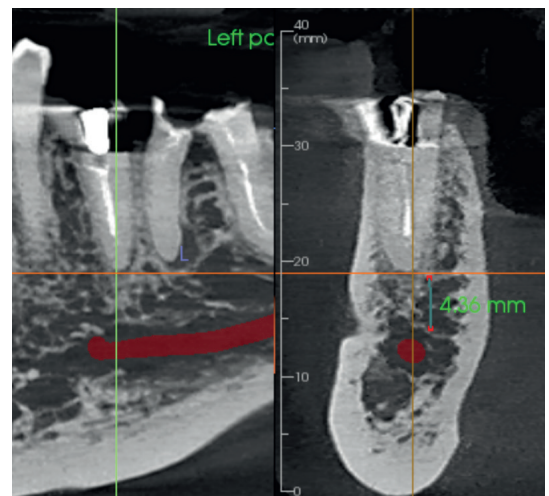
Localised severe periodontal bone loss LL1, LR1.

Apical pathology LL5, LL6, LR 1. These are probably apical granulomas or radicular cysts secondary to chronic apical periodontitis.

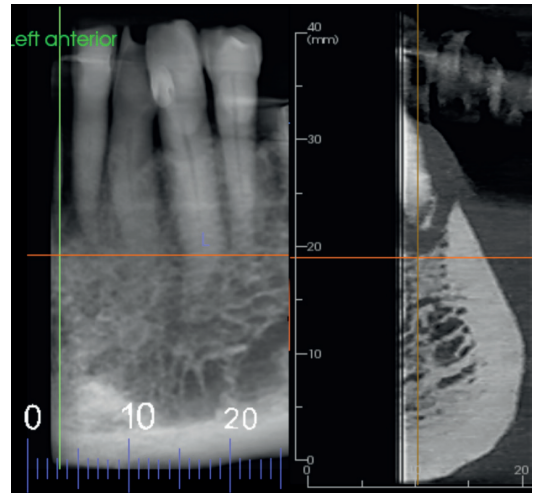
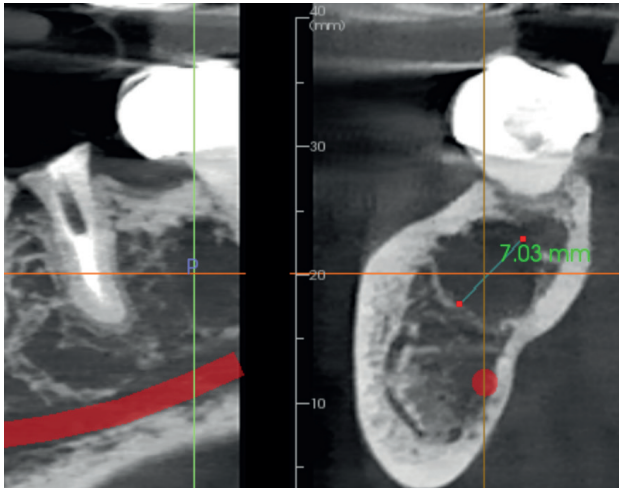
RECONSTRUCTED PANORAMIC IMAGE



LL6 mesial root treated and under filled. 4 mm wide apical radiolucency.



LL5 root treated and under filled. 0.5 - 1 mm widening of apical PLS.



Parasagittal section mandible. Edentulous LL7 region is a well defined but incomplete unilocular radiolucency 7 mm in diameter. The cortical border is incomplete anteriorly and extends posteriorly beyond the scan volume. Radiolucency is above and not involving the IANC and extends superiorly to alveolar crest/ marrow junction. No expansion or frank erosion of the cortical plates.

LR1? At anterior edge of scan field there is an apical radiolucency 2 mm wide with severe loss of bone.

PLEASE NOTE: Abbreviations used: PLS periodontal ligament space; IANC inferior alveolar nerve canal; CBCT-PAI PeriApical Index. The radiologic findings and impression of this report are developed by Dr. Douglas K Benn, BDS, DDS, PhD, Dip. Dental Radiology (Royal College of Radiologists) Oral and Maxillofacial Radiologist and Professor Emeritus of the University of Florida. The information and/or recommendation(s) contained herein is/are based upon the provided history and imaging rationale, images and volumetric data set and is for consultation purposes only. As with all diagnostic imaging, cone beam CT has diagnostic limitations. Diagnosis, medical advice and treatment is the sole responsibility of the treating physician or dentist.