

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

PATIENT:	Name Surname	REPORT DATE:	7/9/2021
DOB:	27/3/2000	STUDY DATE:	6/9/2021
AGE:	21	SERIAL #:	6644
GENDER:	Male		
SCAN TYPE:	CBCT Lower jaw		
OFFICE:	Dr Name Surname		
CLINICAL NOTES:	Please assess the relationship of the lower third molars with the IDN.		
REPORT TYPE:	Third Molar impaction		

OBSERVATIONS

DENTAL FINDINGS:

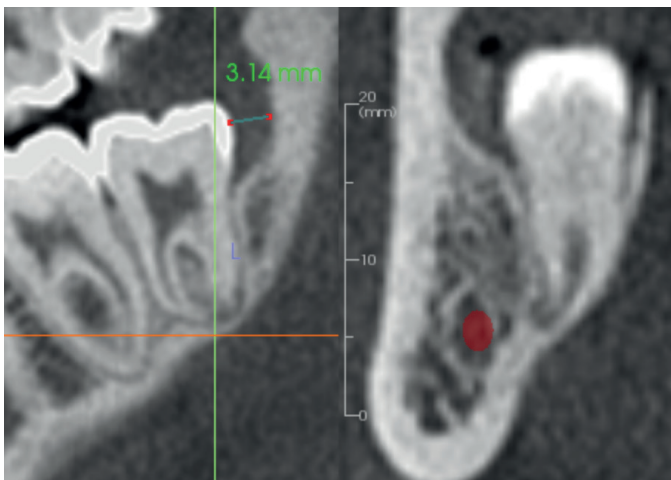
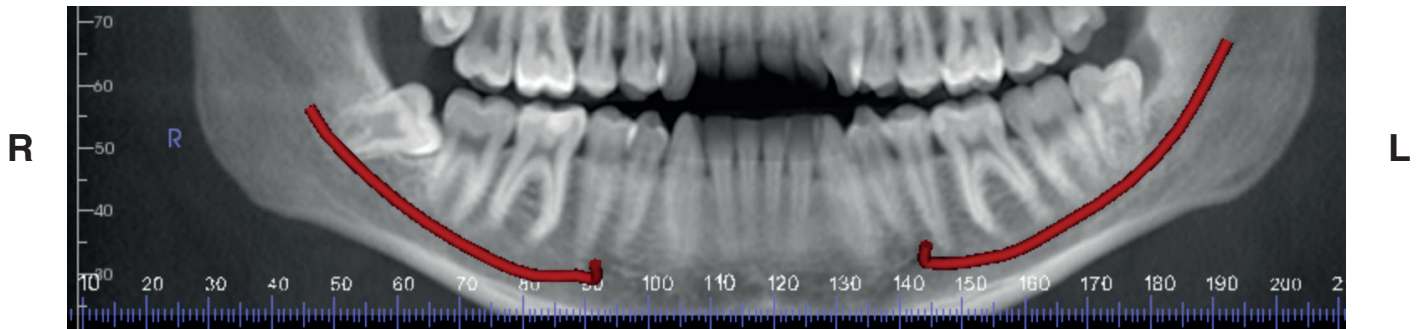
Missing teeth:	Dentate adult with all teeth present.
Implants:	No implants are present.
Restorations:	The remaining teeth are mildly restored.
Endodontics:	No teeth have root canal treatment.
Apical pathology:	There is no evidence of periapical pathology associated with any of the teeth.
Periodontology:	The marginal alveolar bone height is within normal limits.
Third Molars:	UR8 present, unerupted and vertically impacted. UL8 erupted. LL8 is partially erupted with normal contact against adjacent tooth with apices almost completed development and not close to IANC. Follicle space is enlarged. No erosion of adjacent LL8 distal root and no loss of periodontal bone attachment.
Specific findings:	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 naso-oropharyngeal airway space dimension within the field of view is within normal limits.
CERVICAL SPINE:	The cervical spine within the field of view is unremarkable.
CALCIFICATIONS:	No abnormal calcifications in the field of view.

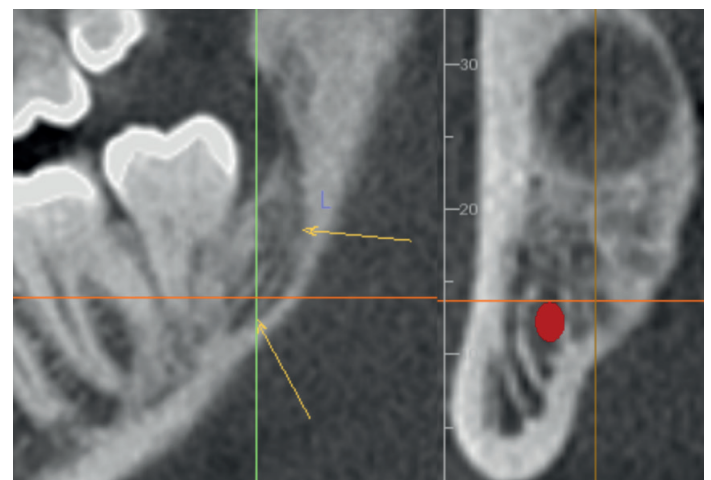
IMPRESSIONS:

UR8 present, unerupted and vertically impacted. UL8 erupted.
LL8 is partially erupted, soft tissue impacted with a probable dentigerous cyst enlarging the follicle space. Curettage and a histological examination of the follicle sac should be considered at the time of tooth extraction.
LR8 is unerupted and horizontally impacted.
The left retromolar trigone bone region of the mandible has a minor accessory vascular canal.
The right retromolar trigone bone region of the mandible has a larger accessory vascular canal.

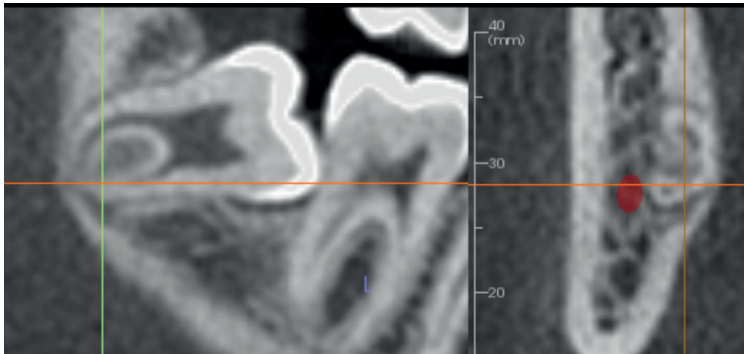
RECONSTRUCTED PANORAMIC IMAGE



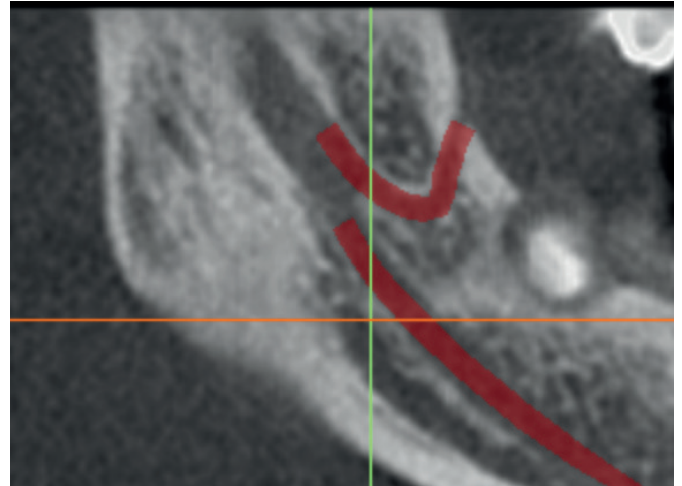
Parasagittal section: LL8 is partially erupted with normal contact against adjacent tooth with apices almost completed development and not close to IANC. Follicle space is enlarged. No erosion of adjacent LL8 distal root and no loss of periodontal bone attachment.



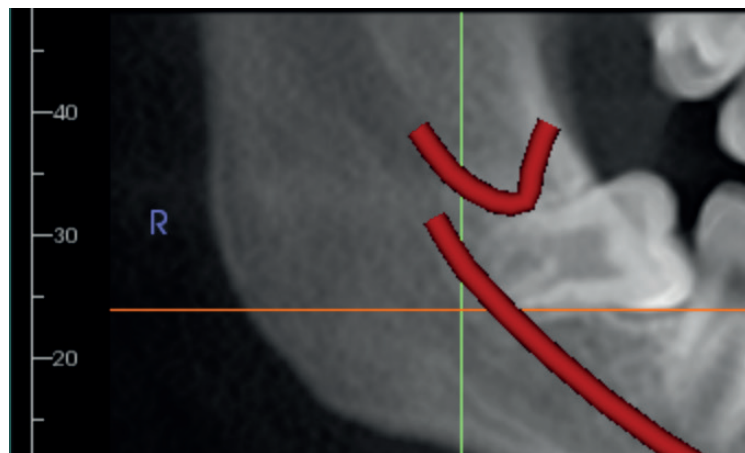
LL5 root treated and under filled. 0.5 - 1 mm widening of apical PLS.



Parasagittal section: LR8 is unerupted, horizontally impacted against adjacent tooth with mesial root apex touching IANC. Normal follicle space with no erosion of adjacent distal root and LR7D mild loss of periodontal bone attachment.



Parasagittal section: Right retromolar trigone bone region has an accessory vascular canal.



Parasagittal section: Right retromolar trigone bone region has an accessory vascular canal.

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.