

Dental Scan Ltd.

Suite 17, 75 Harley St, London W1G 8QL

PATIENT:	Name Surname	REPORT DATE	9/11/2021
DOB:	13/11/1969	STUDY DATE:	9/11/2021
AGE:	51	SERIAL #:	6702
GENDER:	Female		
STUDY TYPE:	CBCT Single jaw		
DENTIST:	Dr Name Surname		
CLINICAL NOTES:	Swelling on jaw LRQ. HPC 10 days ago, was not painful but now feel it. taking long term antibiotics for UTI. Had fillers placed by Dr Taylor one year ago. LR7 introral bony swelling in buccal sulcus, unrelated reaction.		

OBSERVATIONS**DENTAL FINDINGS:**

Missing teeth: Dentate adult except missing two teeth from mandible LL8, LR6.

Implants: A single endosseous implant is present LR6 with 6 mm of implant integrated in bone.

Restorations: The remaining teeth are moderately restored.

Endodontics: There is one tooth LL7 that has a short root root filling.

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: LL8 is absent. LR8 is erupted normally.

Specific findings: LL7 is root treated but filling is short of apices. The IANC is touching the apices and no obvious apical pathology seen.
LL4, 5 have dilacerated roots but no apical pathology.
LR7 buccal plate region (circles in images) has irregular outline dense bone 10 x 5 mm.

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.

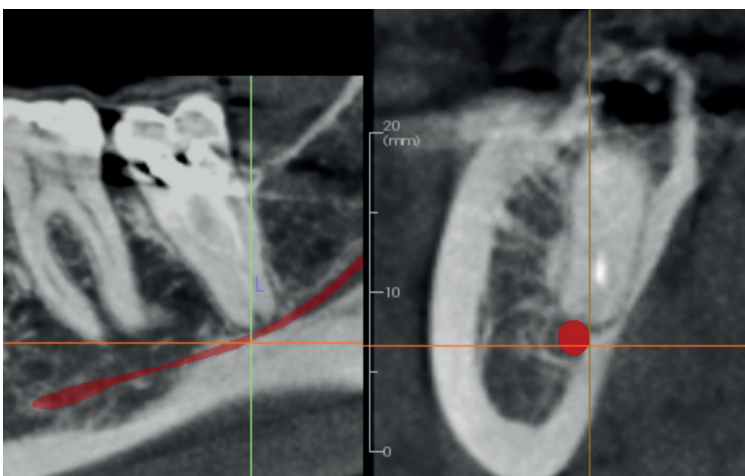
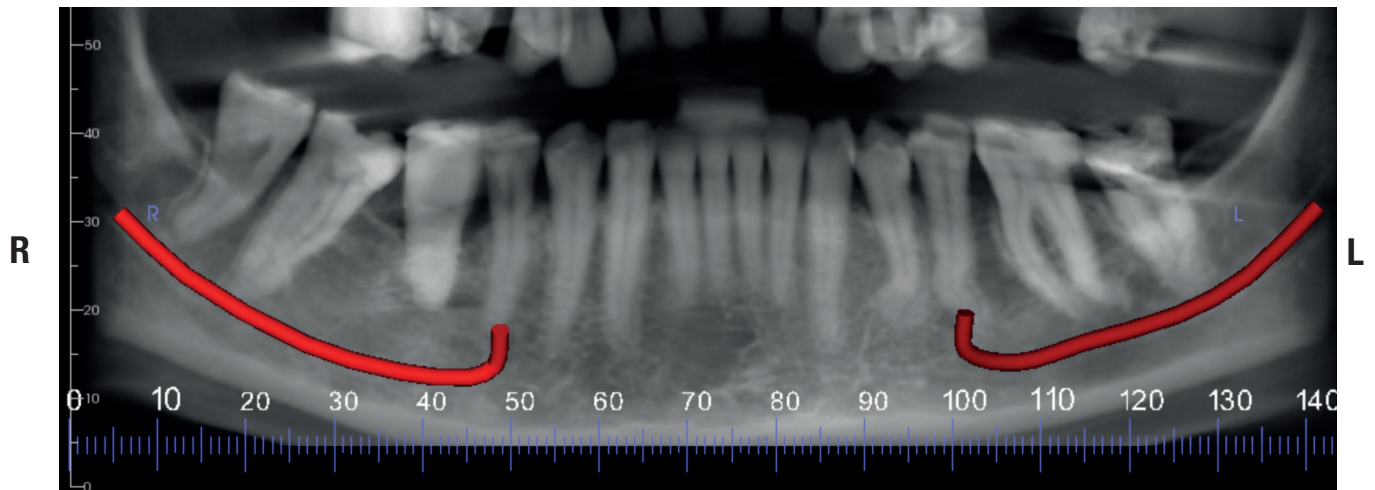
CERVICAL SPINE: The cervical spine is outside the field of view.

CALCIFICATIONS: Unusual buccal cortical plate LR7 region.

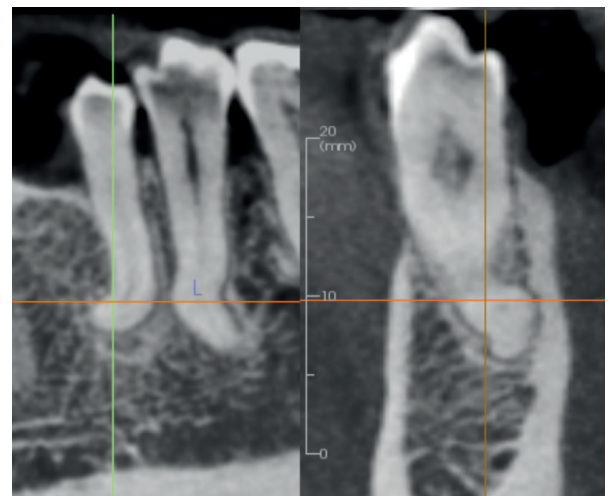
DIAGNOSTIC SUMMARY:

Unusual buccal cortical plate LR7 region. There appears to be formation of reactionary bone. In view of history of swelling and recent pain this probably indicates an infection. I am concerned about the reactionary bone formation and suggest the patient is reviewed by an oral surgeon before any new antibiotics are prescribed. Subject to further clinical evaluation a biopsy may be needed.

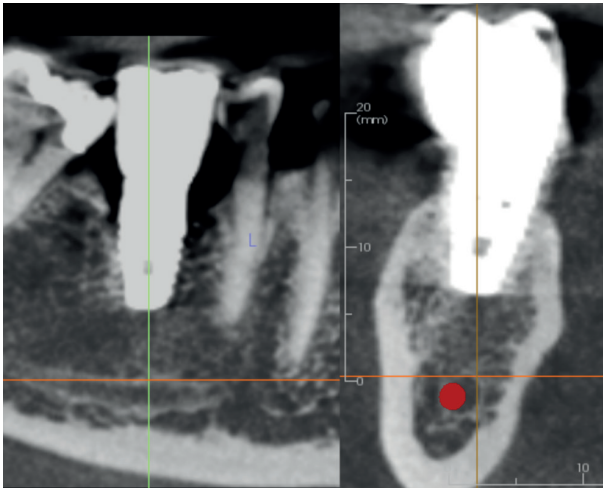
RECONSTRUCTED PANORAMIC IMAGE



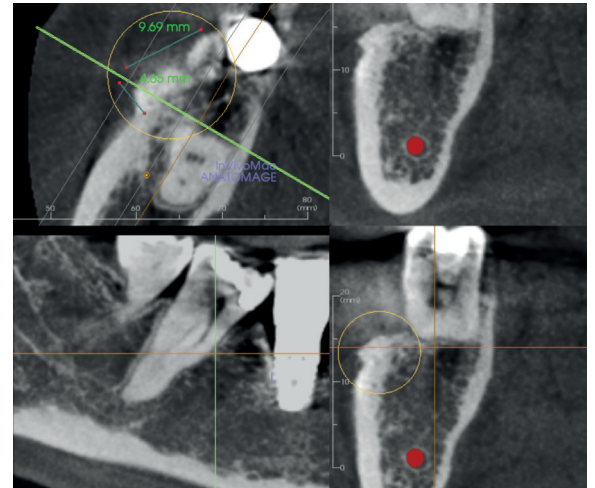
Cropped panoramic and cross section alveolar ridge LL7 region. LL7 is root treated but filling is short of apices. The IANC is touching the apices and no obvious apical pathology seen.



Cropped panoramic and cross section alveolar ridge LL 4, 5 region. LL4, 5 have dilacerated roots but no apical pathology.



Cropped panoramic and cross section alveolar ridge LR6 region. LR6 has a single endosseous implant is present with 6 mm of implant integrated in bone. Mesial and distal crestal defects are probably artifacts.



Cropped axial, panoramic and cross section alveolar ridge LR7 buccal plate region (circles in images). LR7 buccal plate region has irregular outline dense bone 10 x 5 mm.

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.