

Date: 21/11/2023

Patient Name	Mrs Devika Arun	Age / Sex	28Yrs/Female
Ref. Doctor	Dr Shenoy	Region of Scan	Mandible
Exposure Parameters	90kV, 4mA	Scan Resolution	0.150mm

MANDIBLE CBCT REPORT

Axial, sagittal and coronal sections were obtained, and lateral sections along the arch were made and assessed to make the following report.

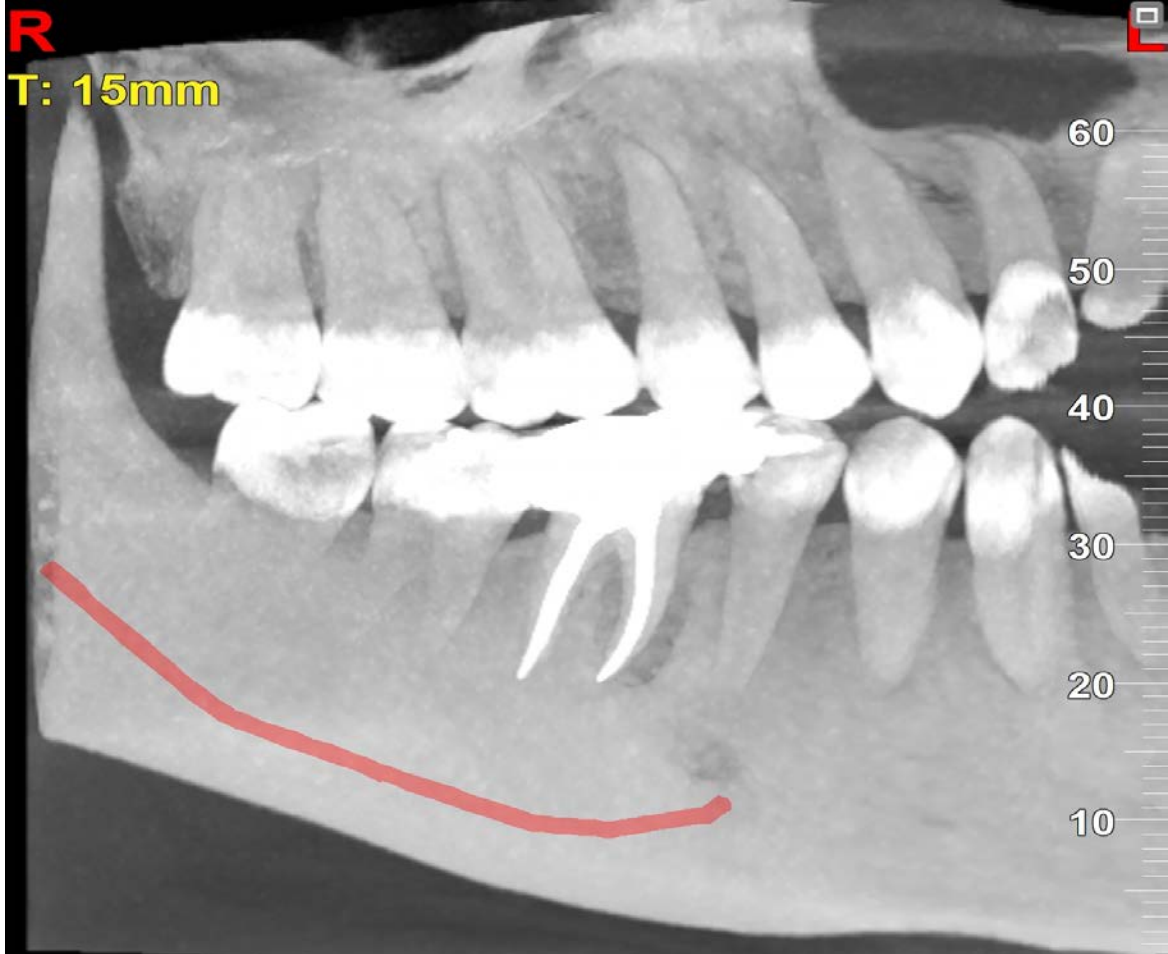
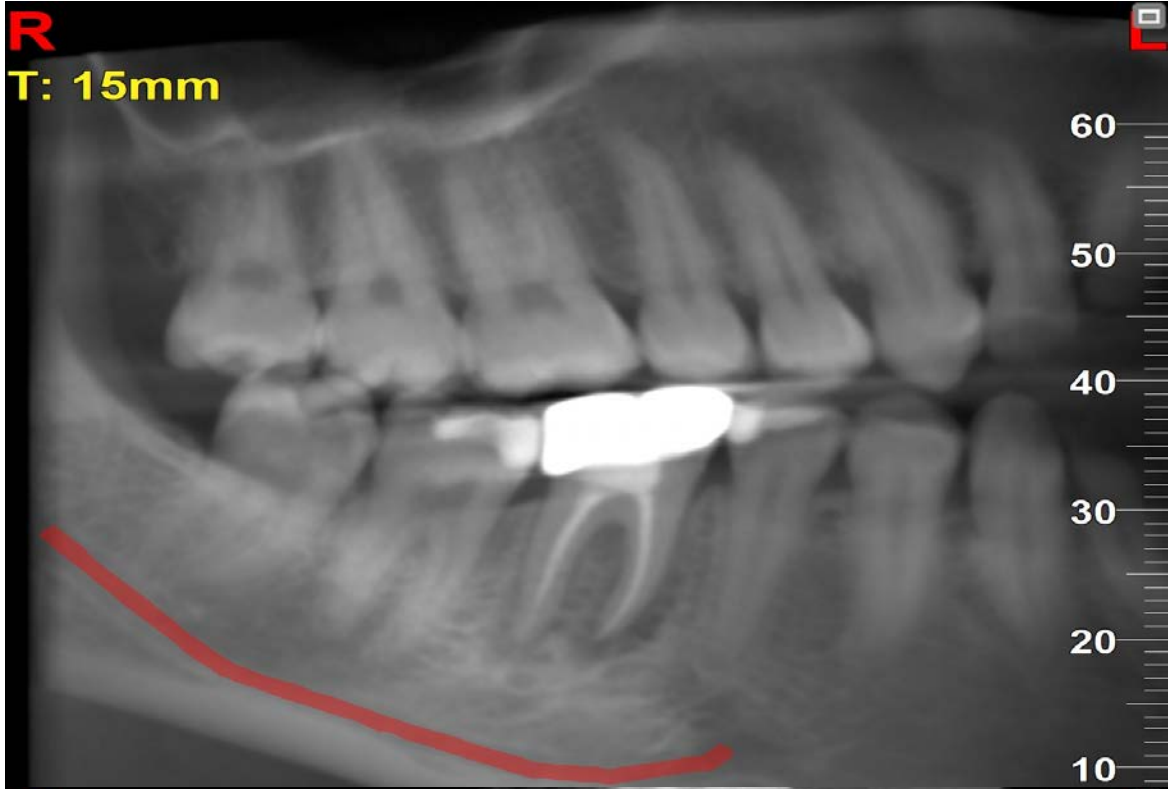
Clinical Findings:

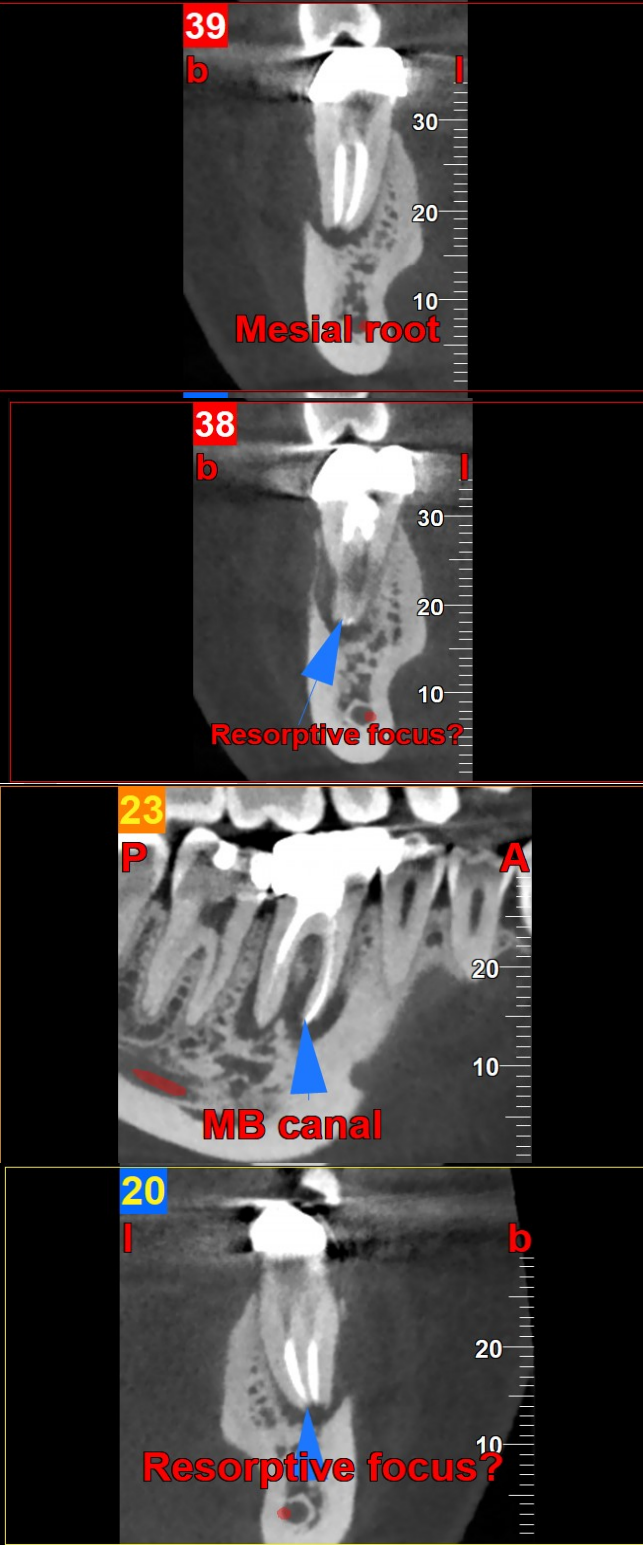
- IAN and canal traced. No anterior extensions or collaterals of the Nerve Tomographically observed
- Well-defined, regular, non-corticated, periapical low-density lesion of the endodontically treated tooth 46, extending coronally up to the middle thirds of the both roots, with secondary early mild furcation aspect bone loss noted: S/o periapical abscess/endodontic scar. Secondary to
 - Secondary early mild furcation aspect bone loss of the tooth noted. Early combined perio-endo abscess formation of the tooth cannot be ruled out tomographically. Endodontic and periodontal correlation is recommended
 - The probability of the presence of an un-displaced VRF of the tooth cannot be ruled out tomographically. Endodontic correlation is recommended
 - Diffuse, ill-defined, moth-eaten tomographic appearance of the apex of the mesial root noted: S/o probable isolated root resorptive focus. Endodontic correlation is advised
 - 2 roots and 3 canals. MB and ML canals terminate in separate apical foramina
 - Extrusion of high-density sealant/GP cone beyond the apex of the mesial root.
 - Adequate obturation of the distal canal noted
 - NO frank fracture lines and pathological angular/horizontal periodontal bone loss noted

Distance (S) between each Coronal Slice in the Multiplanar section: 1.0mm

Thickness (T) of each Sagittal Slice in the Multiplanar section: 0.15mm

Panoramic View



<u>Tooth Number</u>	<u>Description</u>	<u>Dimensions</u>	<u>Bone Quality</u>
46	<p>Tooth 46 shows tomographic e/o previous endodontic intervention with the provision of a full coverage coronal prosthesis</p> <p><u>Roots:</u> 2</p> <p><u>Canals:</u> 3</p> <p><u>Canal configuration:</u> All 3 canals emerge separately from the pulp</p> <p><u>Canal termination:</u> MB and ML canals terminate in separate apical foramina</p> <p><u>Crown:</u> Endodontic access cavity and post endodontic high-density restoration noted</p> <p><u>Secondary Caries:</u> Not observed</p> <p><u>Crown fractures:</u> Not observed</p> <p><u>Root dilacerations:</u> Not observed</p> <p><u>Mesial root/MB and ML canals:</u> 1 canal observed</p> <p><u>Secondary/accessory/late ral canals:</u> Not observed</p> <p><u>Canal patency:</u> Canals are patent</p> <p><u>Endodontic intervention/BMP:</u> Observed</p> <p><u>GP cone/sealant:</u> Observed</p>	 <p>39 b 30 20 10 Mesial root</p> <p>38 b 30 20 10 Resorptive focus?</p> <p>23 P A 20 10 MB canal</p> <p>20 I b 20 10 Resorptive focus?</p>	D2

Extent: Floor of the pulp chamber, extending beyond the MB and ML canal apices

Periapical extrusion:

Observed

Perforations and canal transportations:

Not observed

Root fractures and root resorption:

Not observed

The probability of the presence of an un-displaced VRF of the tooth cannot be ruled out tomographically. Endodontic correlation is recommended

Diffuse, ill-defined, moth-eaten tomographic appearance of the apex of the mesial root noted: S/o probable isolated root resorptive focus. Endodontic correlation is advised

Periapical region: Well-defined, regular, non-corticated, periapical low-density lesion of the endodontically treated tooth 36: S/o periapical abscess/endodontic scar.

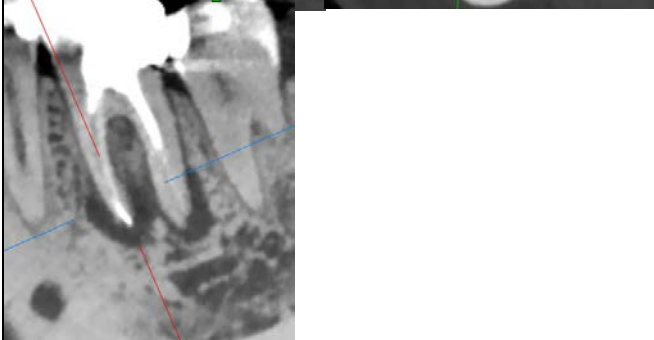
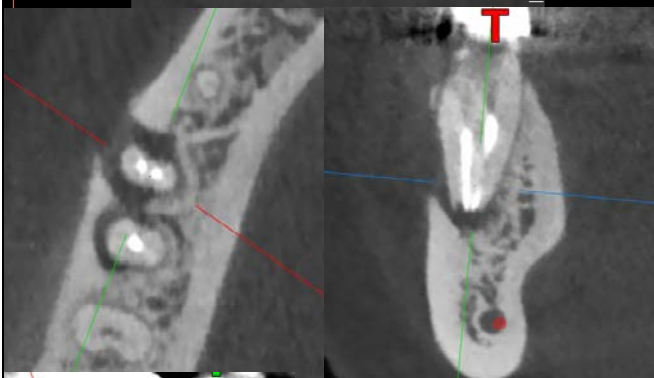
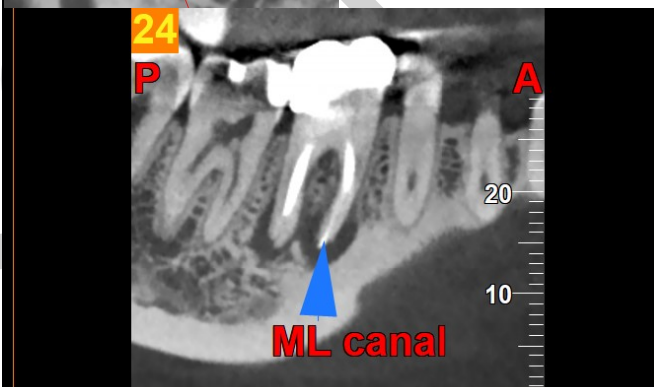
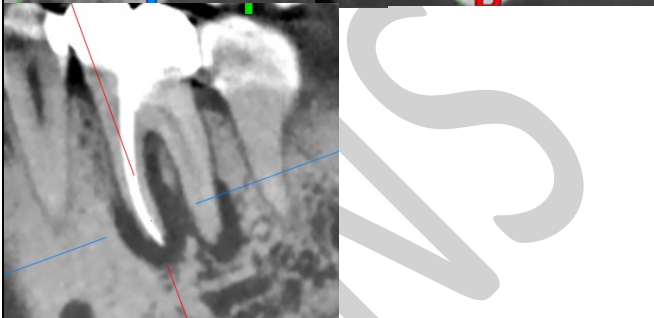
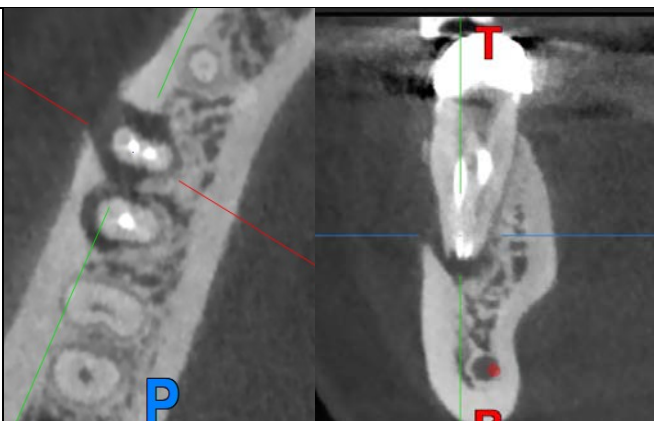
Cortical plate and IAN canal integrity:

Dehiscent buccal and intact lingual cortical plates

Intact IAN canal cortices

PDL and Periodontium:

Well-defined, regular, non-corticated, periapical low-density lesion of the endodontically treated tooth 46, extending coronally up to the middle thirds of the both roots, with secondary



early mild furcation aspect bone loss noted. Formation of a combined perio-endo abscess cannot be ruled out tomographically.

Distal root/Distal canal: 1 canal observed

Secondary/accessory/late ral canals: Not observed

Canal patency: Canal is patent

Endodontic intervention/BMP: Observed

GP cone/sealant: Observed

Extent: Floor of the pulp chamber, up to the tomographic apex.

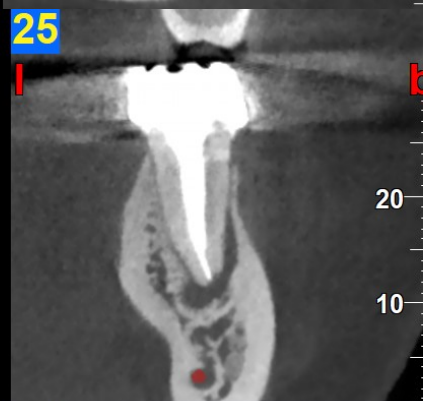
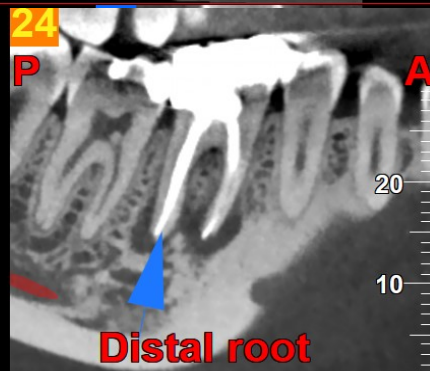
Periapical extrusion: Not observed

Perforations and canal transportations: Not observed

Root fractures and root resorption: Not observed

The probability of the presence of an un-displaced VRF of the tooth cannot be ruled out tomographically. Endodontic correlation is recommended

Diffuse, ill-defined, moth-eaten tomographic appearance of the apex of the mesial root noted: S/o probable isolated root resorptive focus. Endodontic correlation is advised

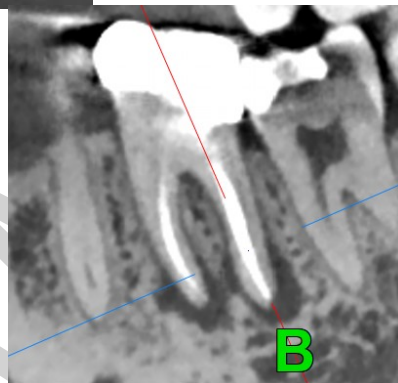


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MY SCANS


Other Relevant Tomographical Findings

- Well-defined, regular, non-corticated, periapical low-density lesion of the endodontically treated tooth 46, extending coronally up to the middle thirds of the both roots, with secondary early mild furcation aspect bone loss noted: S/o periapical abscess/endodontic scar. Secondary to
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Report prepared by

Dr Siva Teja BDS MSc (Rutgers University, USA)

Head Oral and Maxillofacial Radiologist



DISCLAIMER: *The radiographic findings must be correlated with clinical findings and appropriate diagnostic tests. This is a consultative report only and is not intended to be a definitive diagnosis or treatment plan. Thank you for the referral of this patient and the opportunity to serve your practice.*