



Patient's Name:

Date of Birth: 01/01/1955

Date of imaging study:

Date of Report: 05/05/2024

Requesting practice:

Purpose of the study: Implant site #19

Relevant Notes and History: Please map the mandibular nerves bilaterally noting any anterior

extension or loops.

Pertinent Medical, dental history and any relevant medications:

Radiographic Technique:

- The provided imaging study is a large FOV CBCT volume capturing maxillary and mandibular dental arches.
- The scan was reoriented and visualized using Invivo 3D software.

Area of Interest:

- Site #19: Edentulous site, grainy density, likely socket preservation material which appears integrated from crestal to the apical aspect, with adjacent bone showing sclerosis, likely sequelae of chronic dental disease, intact crestal, buccal and lingual cortical plates.
- The inferior alveolar canal is traceable bilaterally form the mandibular to the mental foramen with anterior extension noted up to the incisive branches as depicted, these are anatomical variations.

Dento-alveolar and Osseous Structures:

- Partially edentulous maxillary and mandibular arches.
- There is generalized mild-moderate bone loss, low-grade furcation involvement with visualized molars.
- Focal radiopacity at site #16 up to the tuberosity region, possible residual root fragment/dense bone island.
- #31: Coronal restoration, two roots, endodontically treated, apical radiolucency with peripheral sclerosis noted with both roots.
- Mandibular lingual tori noted in the canine-premolar region bilaterally.

Nasal Cavity:

• Partially visualized, captured aspects appear clear with intact borders.



Paranasal Sinuses:

• Visualized maxillary sinuses show minimal peripheral mucosal thickening with intact borders.

Airways:

• Limited evaluation of upper airway cross-sectional dimensions due to retruded tongue/soft palate position during scan acquisition. Mild palatine tonsillar hypertrophy bilaterally and symmetrically.

Cervical Spine:

• Degenerative/osteoarthritic changs are noted with the visualized osseous aspects.

Radiographic Impression and Recommendations:

- 1. Site #19: Edentulous site, representative images depicted below for reference.
- 2. #31: Resolving vs persistent apical periodontitis and sclerosing osteitis; correlate with treatment history and active clinical findings.

Thank you for the opportunity to serve your practice,

Sincerely,

Mayank Pahadia (BDS, MDS, MS)

Diplomate, American Board of Oral and Maxillofacial Radiology

Consultant Oral and Maxillofacial Radiologist

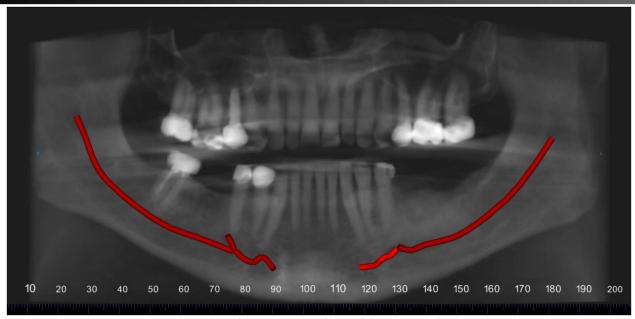
Contact: (904) 430 5010

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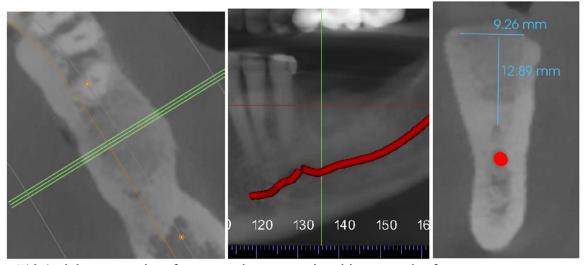
Disclaimers:

- Please note that measurements should not be made from any attached images. These are representative slices for reference.
- This is a consultative report only and is not intended to be a definitive diagnosis or treatment plan.





Panoramic reconstruction with IAC tracing



Site #19 (axial, panoramic reference and cross-sectional image and reference measurements and IAC tracing)