MAX RADPATH

2005 Highland Ridge Road
Georgetown, TX 78628
P 657-217-1833
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Patient:	John Doe	**Report Date:**	4-25-2020
Date of Birth:	07/15/1983 (39 yrs.)	**Study Date:**	4-23-2020
Gender:	Male	**Ref. Doctor:**	Dr. Smiles
Study Purpose:	Airway, Pathology, General	**Scan Source:**	Smiles Oral Surgery
Dr. Notes:	Please evaluate patient's sinus problems		

RADIOLOGIST'S NOTES:

This study is a large field-of-view (FOV) Cone Beam Computed Tomography scan (CBCT) of the maxillofacial complex. Radiographic technique is adequate. The patient is in maximum intercuspation at the time of scan acquisition. Reformatted multiplanar images of the portrayed areas were viewed in the InVivo (Anatomage) software program. The patient's date of birth was not included in the scan metadata.

OBSERVATIONS:

MAXILLAE AND MANDIBLE:
- There is a possible periapical radiolucency with the left mandibular central incisor.
- No obvious radiographic evidence of mandibular asymmetry is noted.

TEMPOROMANDIBULAR JOINTS (TMJ):
- There is mild flattening along the anterosuperior surfaces of the right and left condylar heads.

PARANASAL SINUSES:
- There is mild mucosal thickening within the maxillary and ethmoid sinuses. The mucosal thickening within the maxillary sinuses has an air-fluid density; the ostiomeatal complexes do not appear patent.

NASAL CAVITIES:
- There is septal spurring to the left; anatomical variation.

AIRWAY:
- No abnormalities are detected in the visualized portion; pharyngeal recesses are detected and relatively symmetrical.

CERVICAL SPINE:
- The visualized cervical vertebrae show mild inflammatory changes and are otherwise normal.

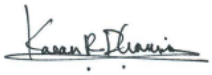
SOFT TISSUE:
- Physiological calcification of the choroid plexus is depicted.
- There is partial calcification of the stylohyoid ligaments bilaterally.

OTHER FINDINGS:
- No abnormalities detected.

IMPRESSIONS AND RECOMMENDATIONS:

- Possible periapical radiolucency with the left mandibular central incisor. Vitality testing and clinical correlation are suggested to rule out apical periodontitis.
- Mild bone remodeling of the right and left TMJs, suggestive of a history of increased forces to the joints.
- Mild sinusitis within the maxillary and ethmoid sinuses with probable blockage of the ostiomeatal complexes. Further evaluation is likely indicated.
- All other viewed structures are determined to be unremarkable and are reported as no abnormalities detected.

Thank you for the opportunity to serve your practice. Please feel free to contact me if you have any questions or concerns.



Dr. Karan Dharia
Oral & Maxillofacial Radiologist
Oral & Maxillofacial Pathologist

THE FOLLOWING IMAGES ARE FROM THE ACQUIRED DATA:
Large FOV CBCT Scan

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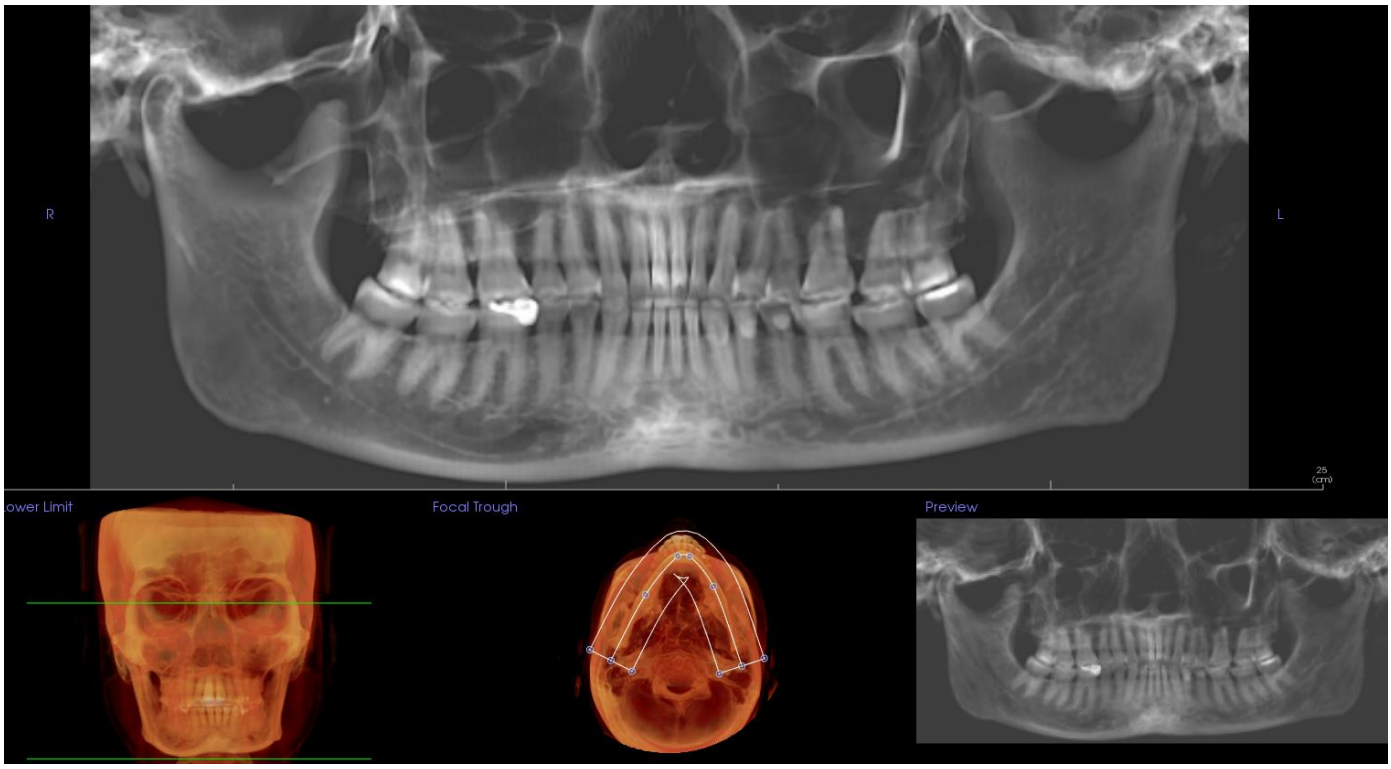
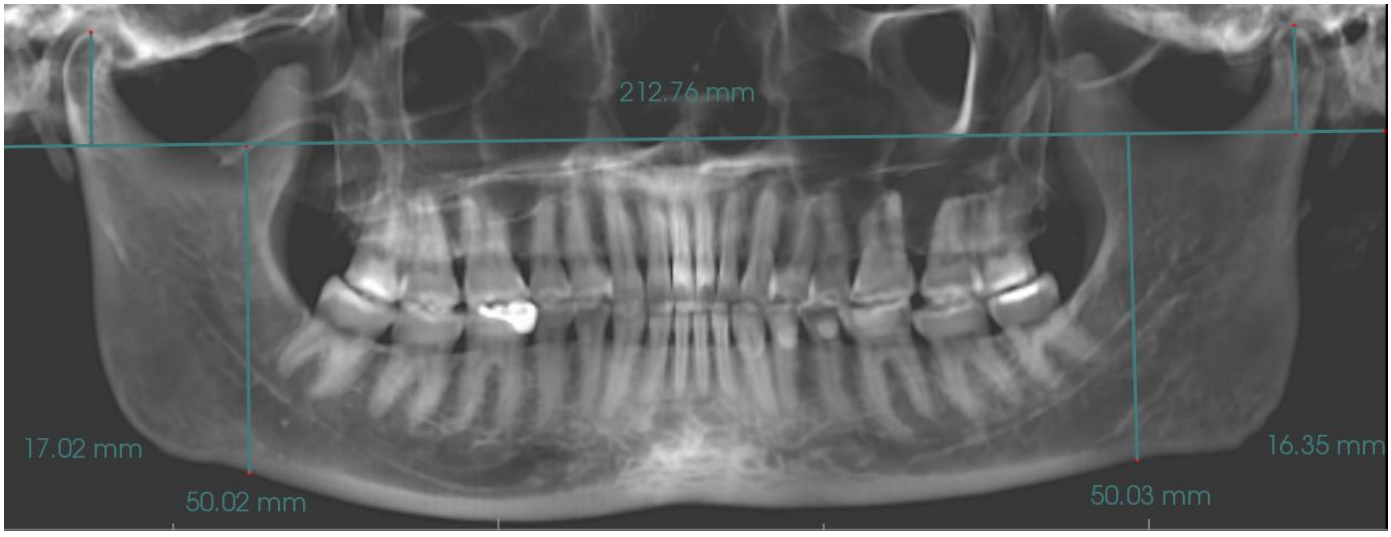


Panoramic reconstruction



Reconstruction with measurements

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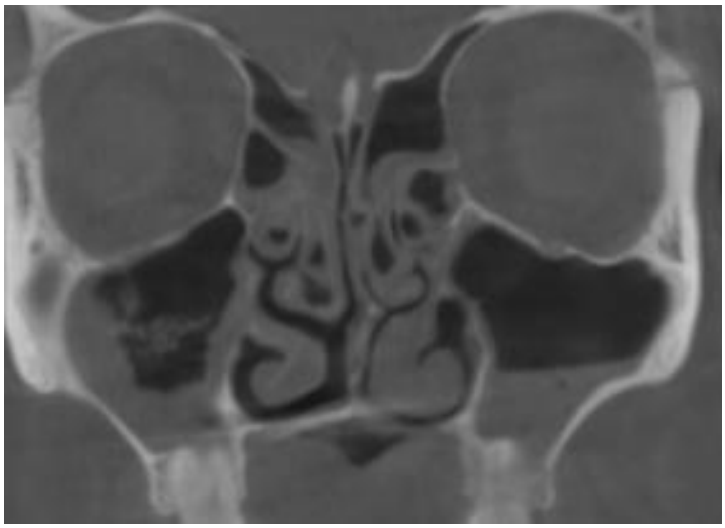
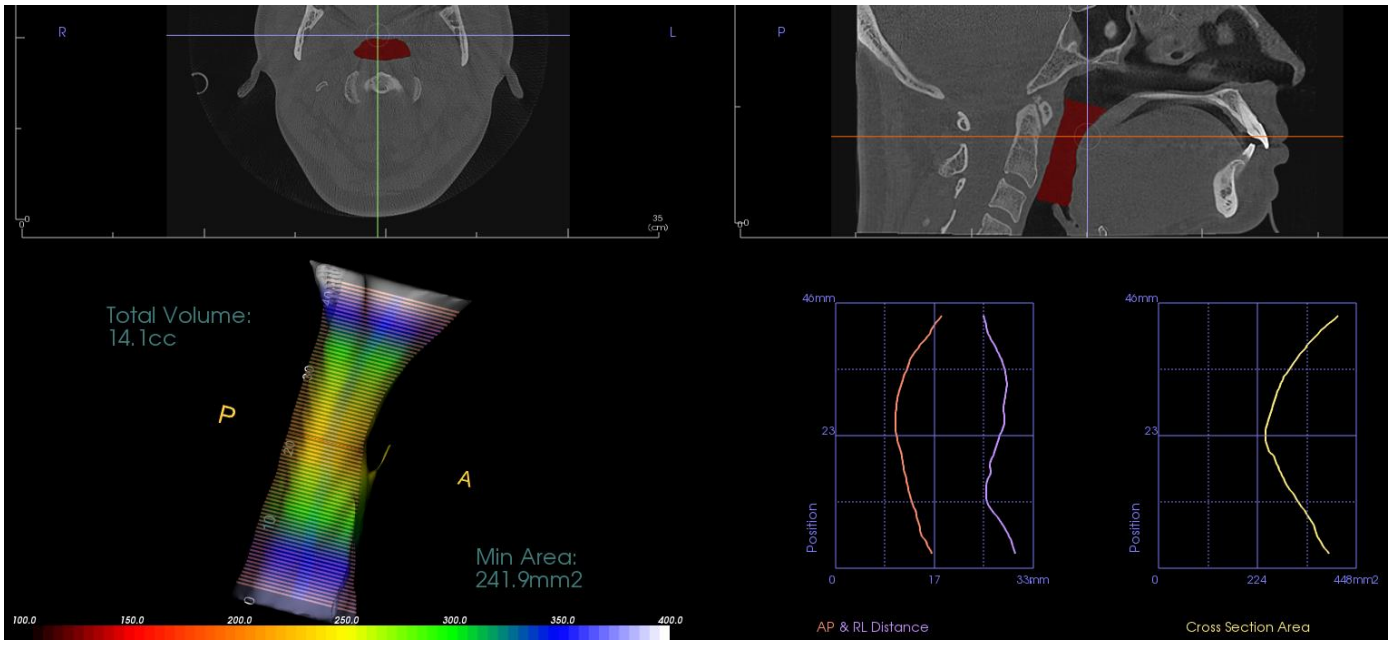


Maxillary sinuses and nasal cavity



The minimum cross-sectional area of the oropharyngeal airway is approximately 241.9mm^2

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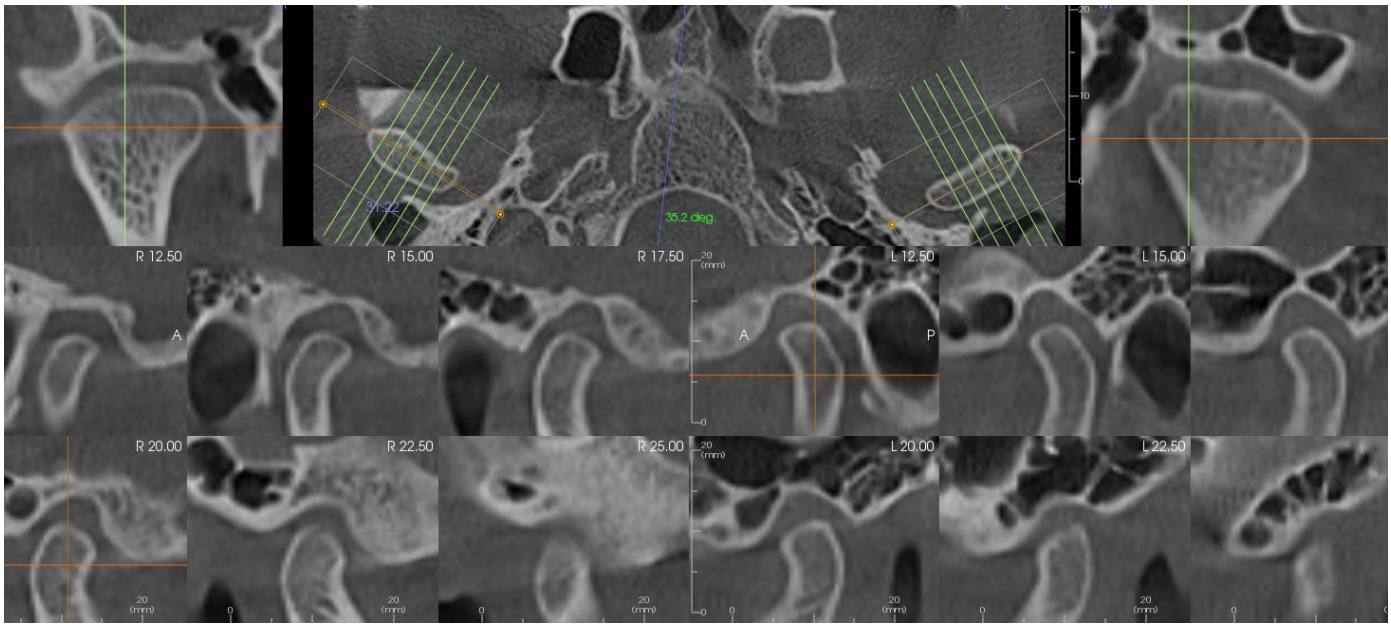
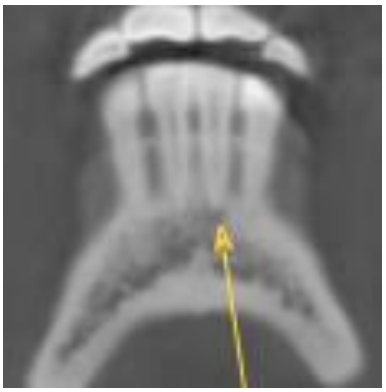


Right and left TMJs



Possible periapical radiolucency with the left mandibular central incisor

Cervical spine

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Frontal volume rendering