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Patient Name:	Patient Address:
Patient Name	Patient Address
Date of Birth:	Referring Dentist:
Click or tap to enter a date.	Dr. X
Date of Study:	Exposure:
Click or tap to enter a date.	Exposure parameters
Date of Upload:	Date of Report:
Click or tap to enter a date.	Click or tap to enter a date.

INDICATION

Endodontic evaluation of # 26

RADIOGRAPHIC TECHNIQUE

A CBCT encompassing the left maxilla at a resolution of 0.08 mm was captured. Reformatted panoramic and multiplanar images were generated by InVivo Dental software.

Artifacts from beam hardening degrade the quality of the volume and affect the interpretation of the fine anatomic detail. Within these interpretation limitations, all imaged bony and soft tissue appear within normal imaging appearance except for notes below.

SUMMARY

- #26: Apical Periodontitis. <mark>4 canals</mark> with a Vertucci type II in the MB root.
- #28: Retained root fragment.
- Generalized periodontal bone loss.

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

Sincerely,

Dr. A. Ahmed BDs, DMD, MS

OBSERVATIONS	
Region of Interest	 #26: Apical rarefying osteitis centered at the palatal root causes elevation, thinning and possible dehiscence of the sinus floor.
	 4 canals are traceable with 2 located in the MB root in a Vertucci type II orientation.
	 The tooth is endodontically accessed.
	 Within the limitations by artifacts, no fractures are noted.
Sinonasal Structures	 Lobulated mucosal thickening along the floor of the left maxillary sinus.
	 The osteo-meatal unit is not visualized in this study.
Dentoalveolar	 Retained root fragment site 28. No radiographic signs of inflammation are visualized.
	 Restorative overhang distal of #25.
	 Incipient to moderate horizontal bone loss in the captured dentition.

IMPRESSIONS

#26: Apical periodontitis with possible sinus communication.

• 4 canals with a Vertucci type II in the MB root.

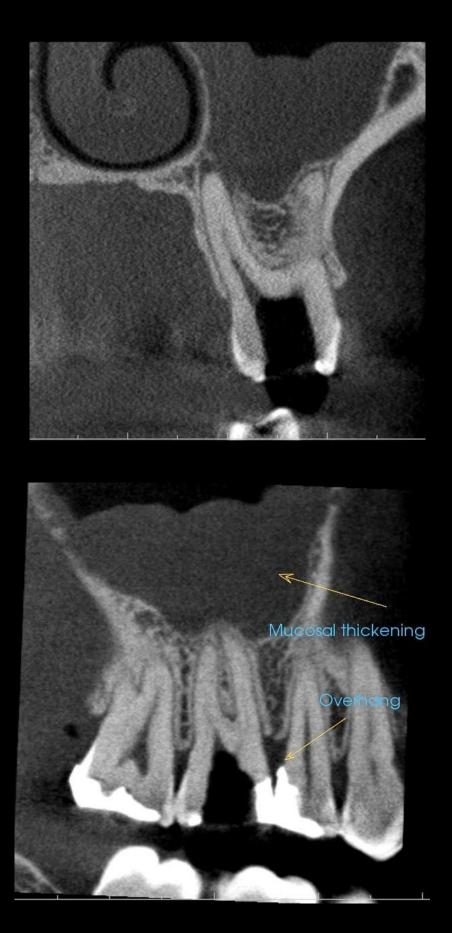
Retained root fragment site #28.

Mucosal disease of the left maxillary sinus with probable antral pseudocyst. Monitoring for resolution after dental treatment is recommended.

Generalized incipient to moderate periodontal bone loss.

Coronal: Vertucci type II MB root.





#2.6: Sinus floor elevation

#25: overhang.

Mucosal thickening