

**Patient Name:**

Click or tap here to enter text.

**Patient Address:**

Click or tap here to enter text.

**Date of Birth:**

Click or tap to enter a date.

**Referring Dentist:**

Click or tap here to enter text.

**Date of Study:**

Click or tap to enter a date.

**Exposure:**

Click or tap here to enter text.

**Date of Upload:**

Click or tap to enter a date.

**Date of Report:**

Click or tap to enter a date.

**INDICATION**

R.L mand L- r/o lesion. removal 30 years ago. unknown dx but patient was told benign

**RADIOGRAPHIC TECHNIQUE**

This study is a medium Field-of-View (FOV) Cone Beam Computed Tomography scan (CBCT) of the maxillary and mandibular dental arches; extending from the frontal sinus superiorly to the hyoid bone inferiorly at a resolution of 0.3mm. The radiographic technique is good. Artifacts from beam hardening minimally degrade the quality of the volume and affect interpretation of fine detail. Within these limitations, all imaged bony and soft tissue appear within normal appearance except for that noted below. The volume was examined in total. The inferior alveolar neurovascular canal (IAC) was partially scribed on the image volume, with the segment traversing the lesion being obscured by the pathologic bone. A bite stick used to stabilize the patient is depicted. The occlusal plane was set to the horizontal. Reformatted multiplanar images of the portrayed areas were viewed in the InVivo (Anatomage) software program. The purpose of the examination is to assess the volume for a lesion within the left mandible.

**SUMMARY**

- Benign odontogenic neoplasm of the left mandible. Biopsy is highly recommended ●
- Degenerative Joint Disease of the TMJ ●
- Generalized moderate periodontitis ●
- #1.5/1.6: Apical periodontitis ●

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   | <p><b>The left mandible contains a poorly defined osteolytic lesion</b></p> <ul style="list-style-type: none"> <li>• Extends from the lower left canine distally to the ascending ramus, occupying the full height of the alveolus.</li> <li>• Buccolingual expansion is present in the distal segment with endosteal scalloping noted.</li> <li>• The osseous borders are maintained.</li> <li>• Endosseously the content is multilocular with multiple small cyst-like structures with surrounding sclerotic septations, with focal regions of dense sclerotic or granular trabeculation.</li> <li>• No root resorption is noted.</li> <li>• The IAC is widened anterior to the mandibular angle with two exit foramina anteriorly.</li> </ul> |
| TMJ                  | <p><b>Osseous components:</b></p> <ul style="list-style-type: none"> <li>• Bilateral condyles are diminished in volume with the heights of contour at the most coronal aspect indicating loss of size occurred at the superior surface.</li> <li>• Flattening of the articular surfaces with subcortical sclerosis.</li> <li>• Osteophyte formation.</li> <li>• All surfaces are corticated.</li> <li>• High degree of internal rotation of the condylar heads.</li> </ul> <p><b>Spatial relations:</b></p> <ul style="list-style-type: none"> <li>• No information is available</li> </ul>                                                                                                                                                      |
| Airway               | <ul style="list-style-type: none"> <li>• Punctate opacities are seen in the soft tissue profile of the palatine tonsils suggestive of palatine tonsilloliths. In the absence of symptoms, no further evaluation or treatment is needed.</li> <li>• The pharyngeal recesses are detected and relatively symmetrical.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Dentoalveolar        | <ul style="list-style-type: none"> <li>• #1.5/1.6: Periapical radiolucency.</li> <li>• There is generalized moderate horizontal bone loss.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sinonasal Structures | <ul style="list-style-type: none"> <li>• Trace mucosal thickening in the right maxillary sinus is depicted and of no clinical significance.</li> <li>• The ostiomeatal units are patent.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Cervical Spine       | <ul style="list-style-type: none"> <li>• Subcortical sclerosis, narrowing of joint space and osteophyte formation are noted in the atlanto-odontoid complex.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## IMPRESSIONS

---

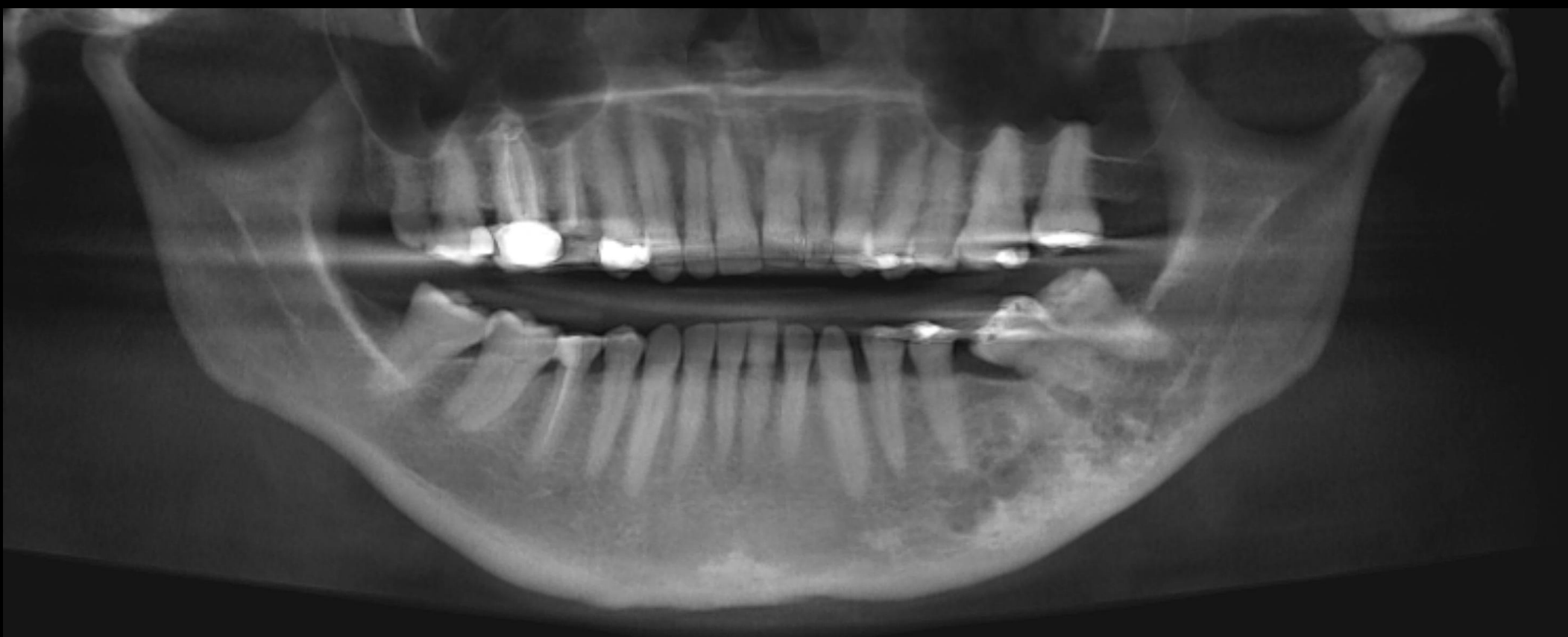
### **Benign odontogenic neoplasm of the left mandible.**

- When factoring in the history of a benign lesion 30 years ago and multi-cystic appearance, recurrent **ameloblastoma** should be considered, however a **vascular lesion** cannot be ruled out.
  - **Immediate biopsy** is recommended for histopathological confirmation and treatment planning.
  - **MDCT imaging is highly recommended** to determine the extent of the spread of the lesion, and possibility of perineural invasion and soft tissue involvement.
- 
- Palatine tonsilloliths.
  - #1.5/1.6: Apical periodontitis.
  - **TMJ: Advanced Degenerative Joint Disease (DJD).**
  - Generalized moderate periodontitis.
  - Degenerative changes of the cervical spine.

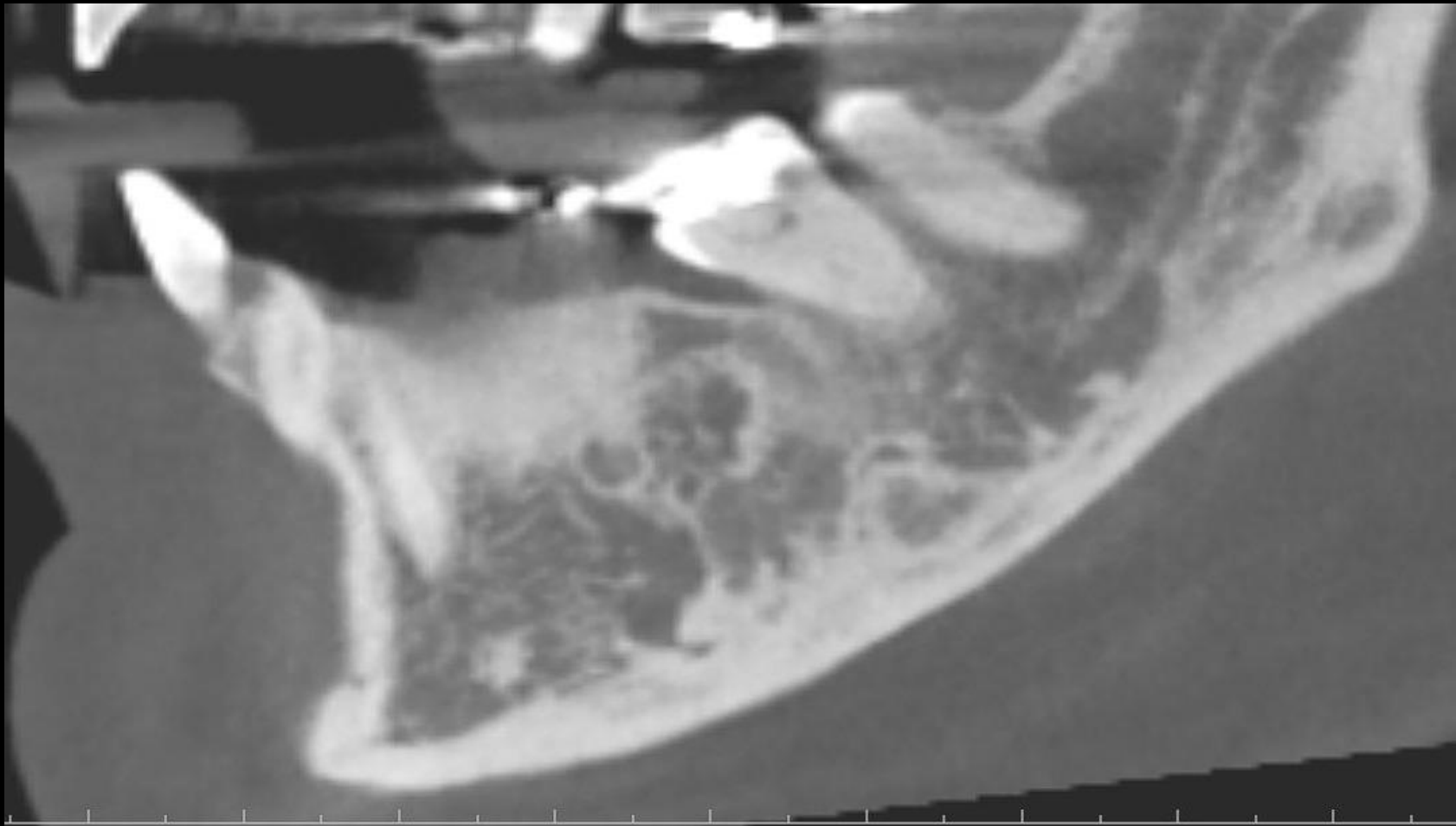
All other viewed structures are determined to be unremarkable and are reported as no abnormalities detected

---

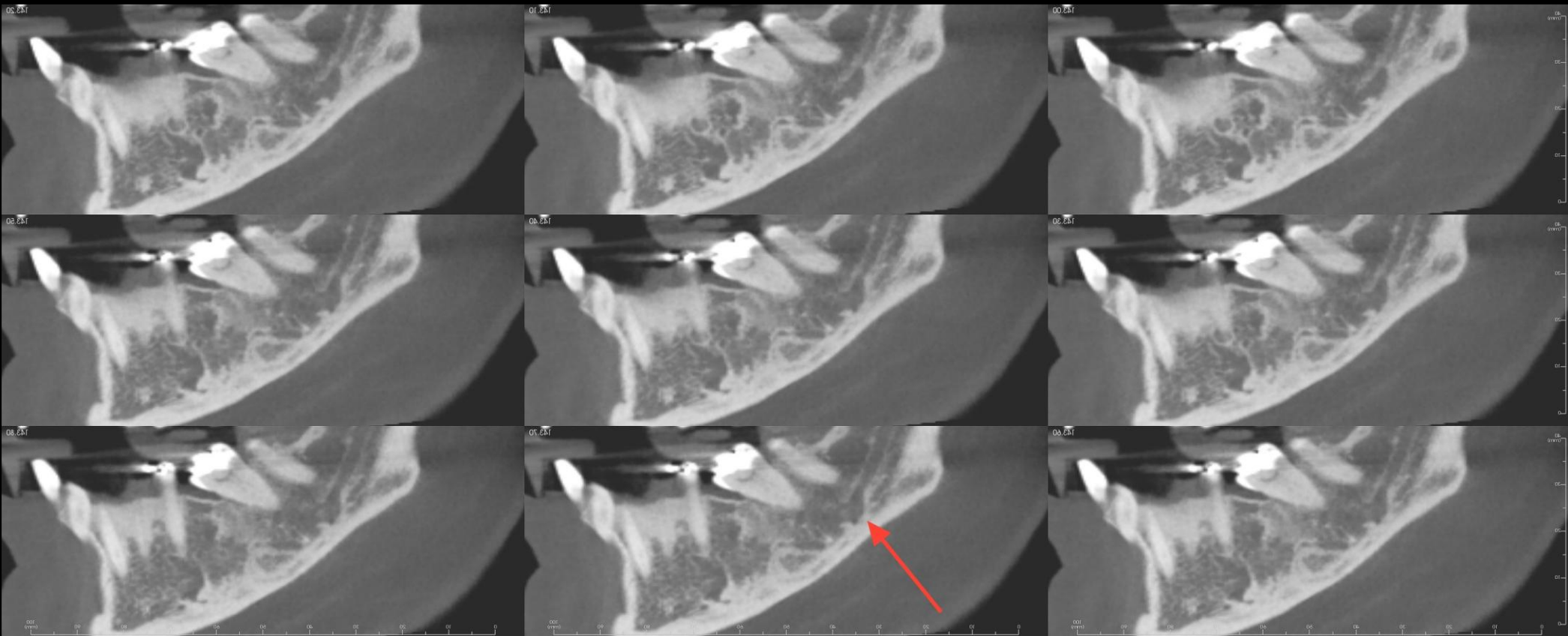
*The above report is based on materials made available at the time of the examination. If more information becomes available, the author of this report reserves the right to amend or change this report in whole or in part. Please note that the depictions and/or the measurements provided in this report are approximate and are for reference only.*



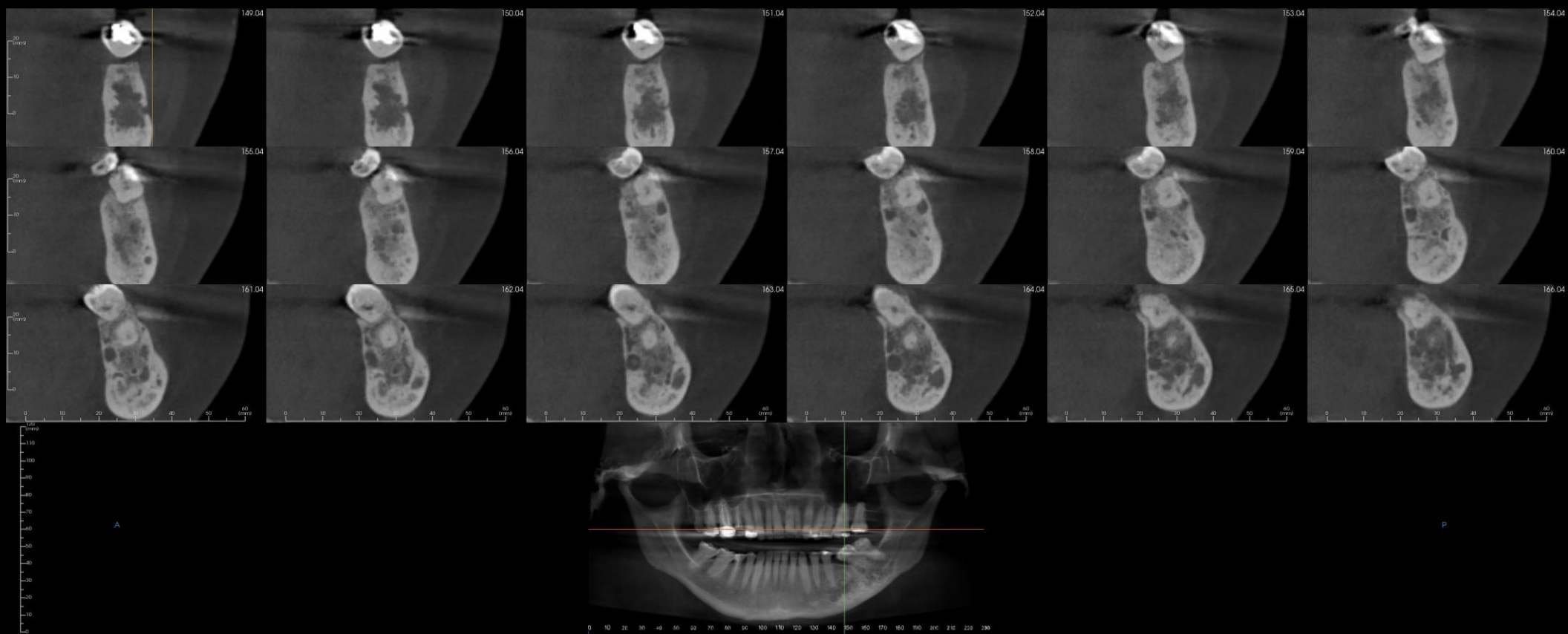
Panoramic Reconstruction



Sagittal reconstruction

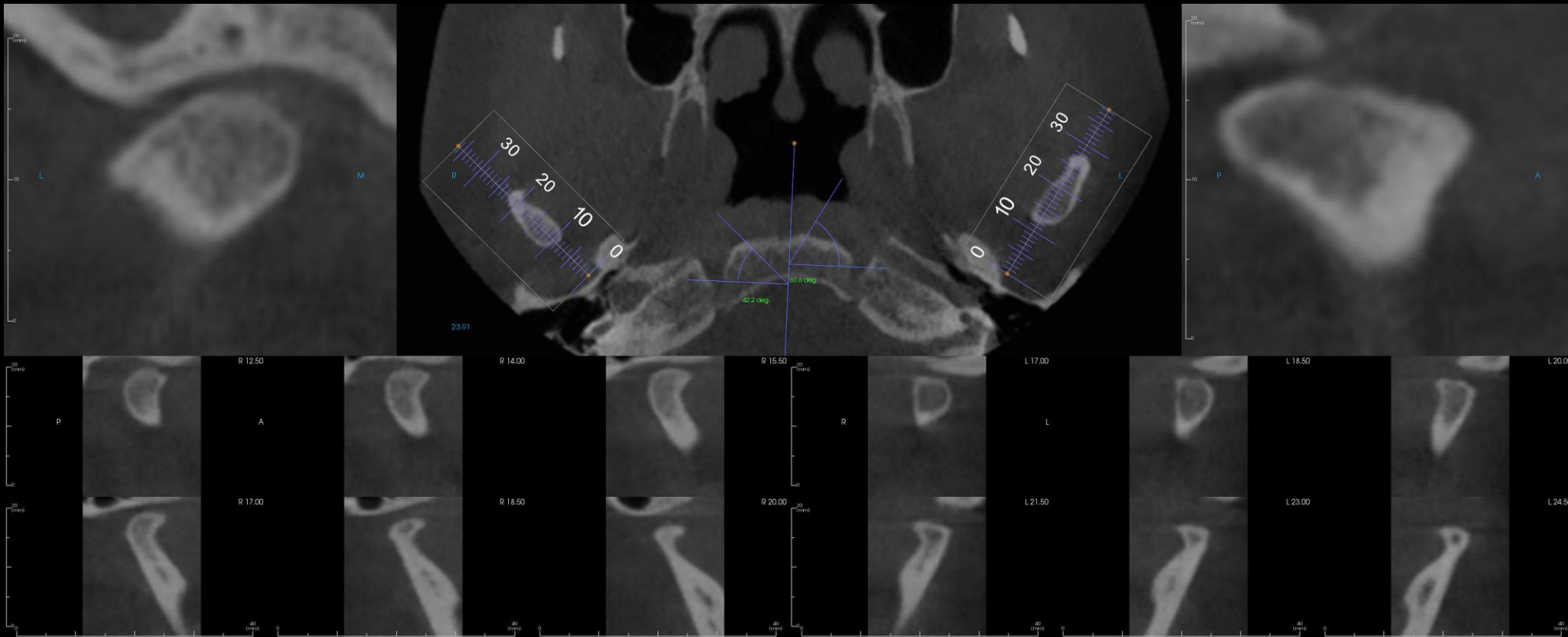


Sagittal Series



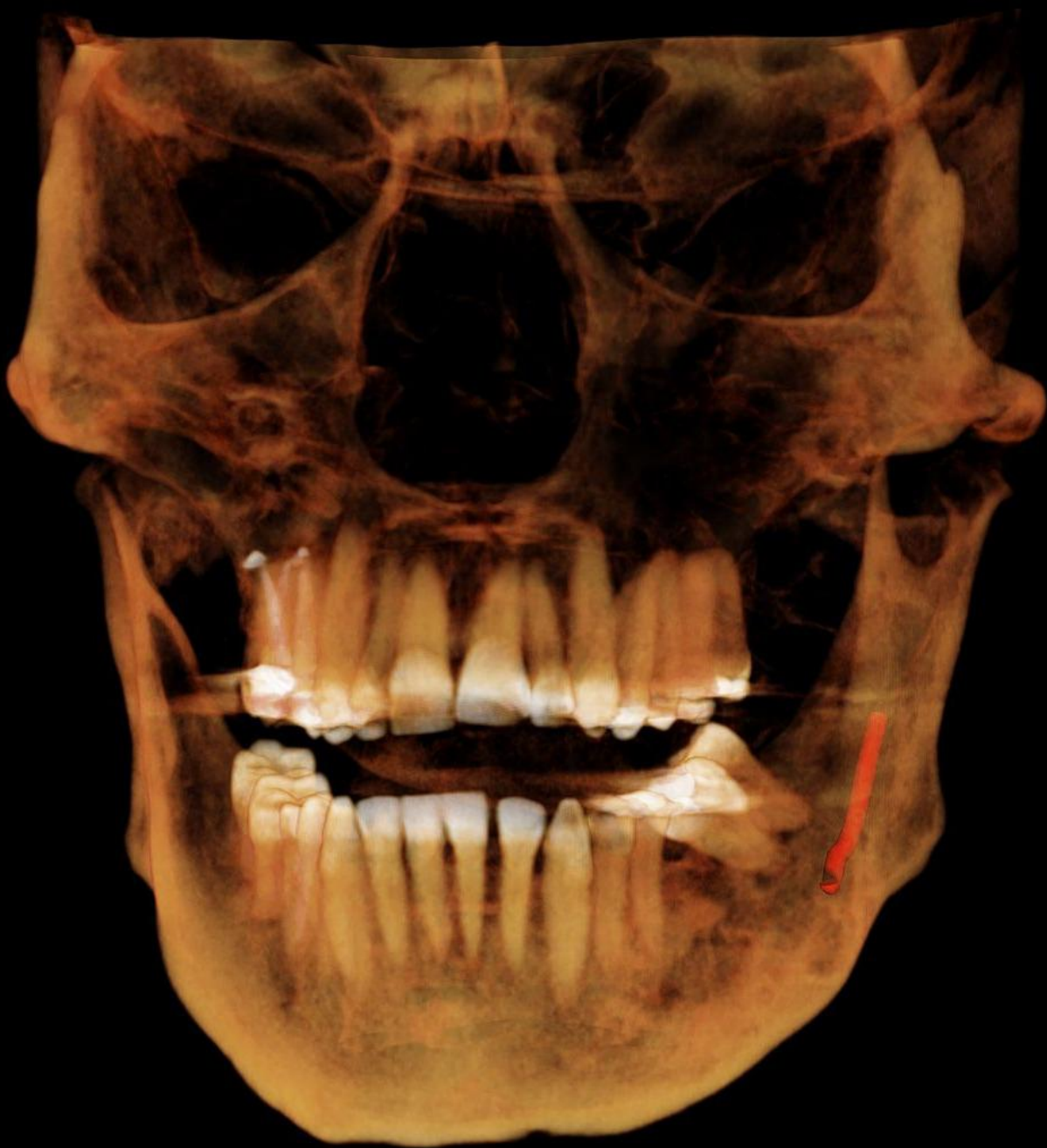
Coronal Series





TMJ





Volumetric render