

## RADIOLOGY SCAN REPORT

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GDC 72019

Patient Name: [REDACTED]

DOB: [REDACTED]

CBCT maxilla

**Clinical history / Purpose:** Cyst? #12 expansion size? may need surgical intervention

**Date of scan:** 11.06.2025

**Referring clinician:** Dr Biraj Patel

**Report date:** 12.06.2025

**Findings:**



UR1-UL6 region is imaged, UL2 is a root filled tooth, there is dense material in the canal system but a void centrally in the coronal to mid canal and 2mm of unfilled apical canal.

There is extrusion of material through the apex of UL2.

Enveloping the apex is an 8 x 9 x 8mm (AP x SI x BP) lesion predominantly soft tissue filled but with some air bubbles within the space.

Adjacent bucco-palatal bony cortices are thinned; there are suspicion of some tiny perforations in the buccal / palatal cortices.

The UL2 apical lesion lies well below nasal base.

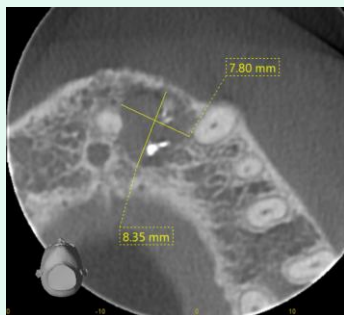
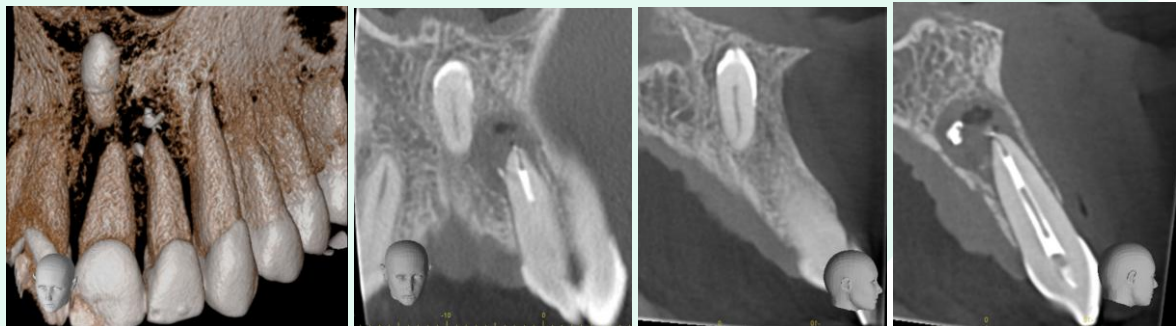
It contacts the distal root you UL1 and just subtly surrounds its apex - advise vitality check UL1.

No prominent canalis sinuosis.

On the medial aspect of the lesion is the apex of an inverted unerupted supernumerary structure that lies anterior to the nasopalatine canal just to the left of midline with its crown lying below nasal base.

No associated bony or odontogenic pathology.  
No cystic change, an element of ankylosis cannot be entirely excluded.  
Suspected mesial caries UL6.  
No apical pathology elsewhere.  
No further finding of note.

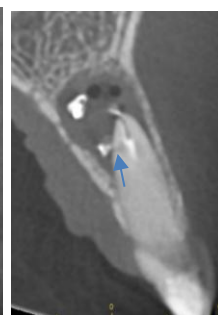
**Comment: Residual 9mm apical area UL2 in keeping with a periapical granuloma, suggestion of acute infection.**  
**Suspected crack or lateral canal in the palatal apical root third UL2 - see image below extruded material within the apical lesion. No bony expansion.**  
**As per size criteria, cystic change is not confirmed.**  
**Unerrupted supernumerary at / left of midline.**



**Axial UR3 – UL6**



**Sagittal UL2**



**Oblique coronal and sagittal UL2**

**Lateral canal UL2 arrowed**