RADIOLOGY SCAN REPORT
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GDC 72019

Patient Name: ✕

DOB: ✕

Image: CBCT LRQ

Clinical history / Purpose: LR78 association with mandibular nerve potential infection

Date of scan: 22.05.2025

Referring clinician: Dr Omid Sobhani

Report date: 26.05.2025

Findings:

LR6-8 region is imaged. LR6 is partially seen, it is a root filled tooth, the distal canal filled to a good length (the mesial root is not seen) there is mild residual apical PDL widening which communicates with an apical area associated with the mesial root of the non-root filled LR7. LR7 has a mesial defect below its restoration, it has apical PDL widening of both roots that reaches the superior ID nerve canal timeline, the apices themselves lie above the canal.
There is furcation bone loss LR7 and severe distal bone loss. Some tiny lingual sinus tracts are noted adjacent to the bone loss LR7. A coronal crack distally LR7 cannot be entirely excluded.
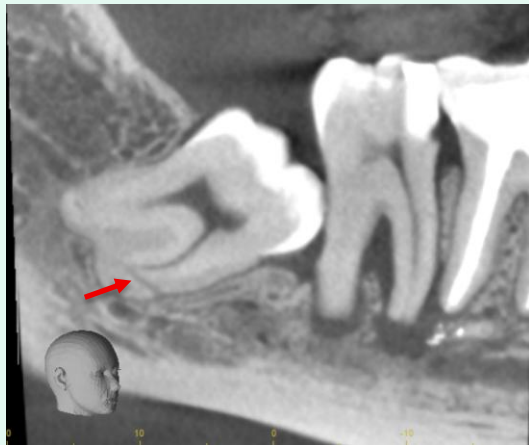LR8 is mesio-angular, and part erupted, the crown has breached bony crest, the mesial cusp contacts the distal coronal root third of LR7. LR8 has 2 fused roots that have an element of hypercementosis, there is mild distal curvature.
The roots from the coronal to apical third contact the supero-buccal aspect of the narrowed right ID nerve canal in an intimate relationship. Incidentally a tiny channel from the canal runs within the mesial root of LR8 - see images below. No further neural branching identified.
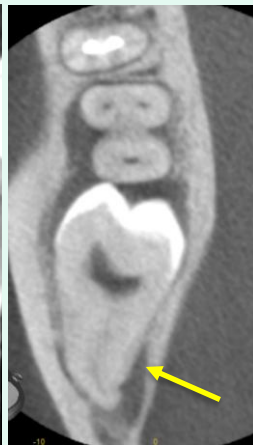No further finding of note.

Comment: Features of an Endo perio lesion LR7, subtle apical change remaining distal root of the root filled LR6. Possible caries LR7. Possible crack LR7.
LR8 and the right ID nerve canal are intimately related, please note the superior position of the ID nerve canal relative to the tooth roots - in particular the mesial CEJ of LR8.

Oblique sagittal LR678

Axial LR678

Coronal mesial root LR7

Coronal distal root LR7

LR8 apical roots

IDNC yellow arrow, branch / vessel red arrow
Possible crack blue arrow