
RADIOLOGY SCAN REPORT

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GDC 72019

Patient Name:

DOB:

Image: CBCT maxilla and mandible

Clinical history / Purpose: Please take CBCT scan of UR23 region for implant planning but also please image both posterior mandible and chin for potential bone grafting donor sites.

Date of scan: 28.06.2024

Referring clinician: Dr Saagar Patel

Report date:

Findings:



UR8, 3 to LR8 is absent. An implant replaces UR3, it has severe concentric bone loss. Features would fit with the clinical impression of periodontitis there is severe interproximal bone loss UR 3 4 regio.

UR2 is a root filled tooth with moderate to severe distal bone loss it has a single canal filled to the apex where there is a 5 mm apical area in keeping with chronic apical periodontitis.

No evident caries or apical pathology elsewhere.

The microdont UL8 just breaches bony crest, its apex lies below antral base, its mesial crown contacts the CEJ of UL7, significant resorption is not seen.

LL8 is mesio-angular, it has 2 distally curving roots, the apices lie above the ID nerve canal.

The teeth generally have mild periodontal bone loss, no caries or apical pathology suggested elsewhere. The left mandibular condyle is larger than the right, it has a smooth outline. Features are likely developmental. A mandibular asymmetry is not confirmed.

The nasal base is intact. the nasopalatine canal and foramen lie within the range of normal.

Both maxillary sinuses are pneumatized and radiologically patent, there is pneumatization of the visualised ethmoid and sphenoid sinuses.

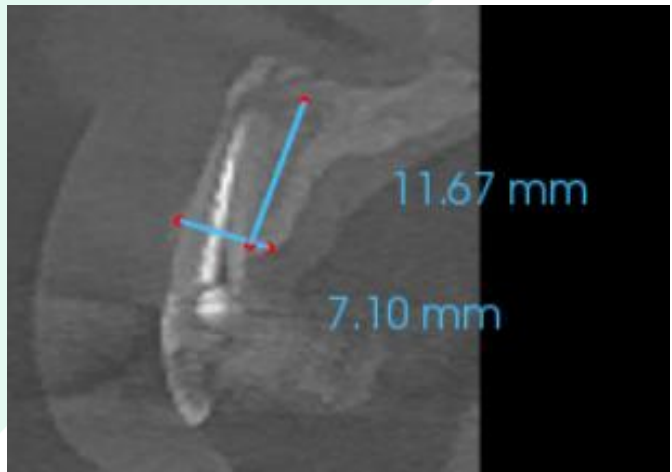
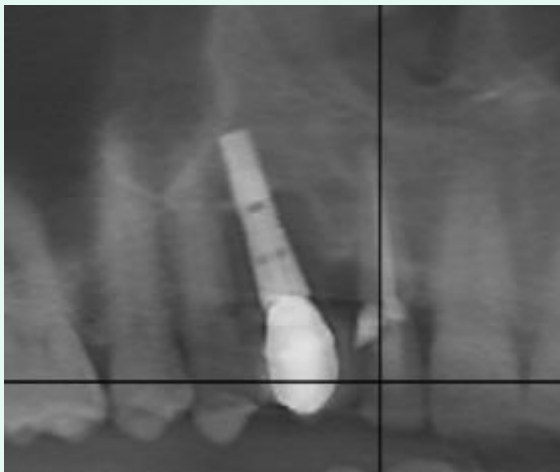
There is bone of normal quality in the mandible.

The left and right mental foramen and ID nerve canal can be traced, there is mild anterior looping of the left and right mental nerve and lingual plate concavity of the left body of mandible.

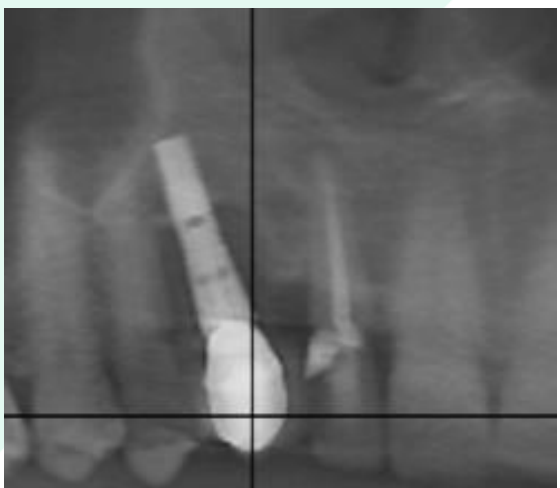
There is no significant retromolar branching, no further finding of note.

Estimate potential bone measurements for implants and donor sites are to be confirmed by the referring clinician with respect to optimal implant planning in the designated sites and angulations of interest.

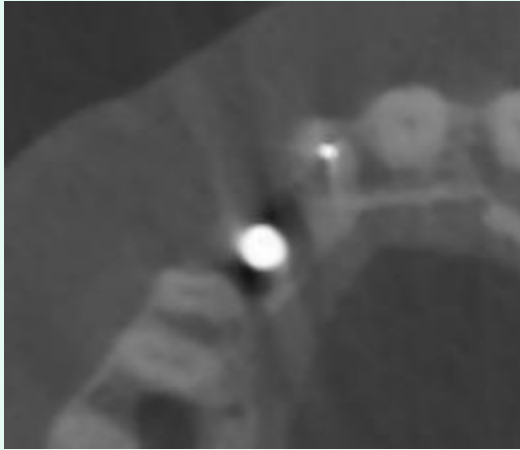
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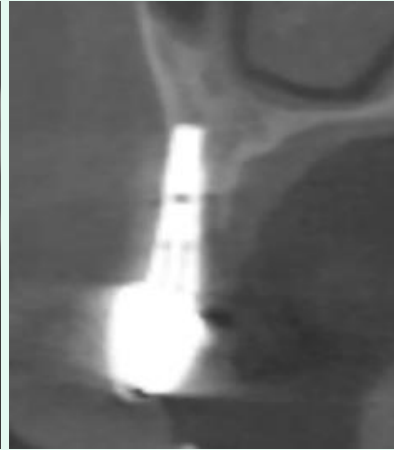
UR2



UR3



Axial UR1-5



Coronal UR3