Dental Imaging Diagnostics

Oral and Maxillofacial Radiology Services
www.didiagnostics.com

Patient Name:	Lastname, Firstname	DOB:	1976-01-01
Referring Doctor:	Dr. Test Sample – Test Sample Dental	Sex:	F
Study:	CBCT	Study Date:	2025-06-01

History: TMJ, airway issues, missing UL6

Indications: Pre-ortho eval

Add-ons:
○ Rush (24-hr TAT) ○ STAT (3-hr TAT) ○ Basic Airway Assessment ○ Detailed Airway Assessment
○ Detailed Implant Site Assessment ○ Comparison Study ○ Add Reference Studies ○ Zoom Case Discussion

Impression:

- The left sphenoid wing appears thickened and sclerotic; this finding is suggestive of sphenoid wing hyperostosis secondary to meningioma vs fibrous dysplasia. Review of medical history recommended. Referral to physician for advanced imaging, such as MRI, recommended for further evaluation unless this finding was previously diagnosed.
- Periodontal bone loss noted.
- Class II malocclusion with increased overbite and mandibular arch crowding.
- Degenerative changes seen in the osseous components of the TMJs, left more than right. Left TM joint space appears mildly reduced. The mandibular condyles appear malpositioned within the glenoid fossae. MRI may be considered if internal derangement of the soft tissue components of the TMJs is clinically suspected.
- Oropharyngeal MCA appears reduced with low-moderate OSA risk. Referral for OSA assessment recommended if clinical signs or symptoms are present.
- Osteoarthritic changes seen in the captured portions of the cervical spine. Mild c-spine rotations noted.

Study Details:

- Large field of view CBCT extending from the level of the frontal bone to C5.
- Earring artifacts present bilaterally.
- Scan aligned to Frankfort-Horizontal plane for review.

Dentoalveolar:

- Missing teeth: 1, 5, 12, 14, 15-17, 21, 28, 32.
- Generalized mild-moderate periodontal bone loss.

Occlusion:

- Crowding/Spacing: Mild mandibular arch dental crowding
- Skeletal Class: II
- Molar Class:
  - Left: NA
  - Right: II
- Overjet: normal
- Overbite: increased
- Posterior(transverse): normal

	• Midlines:
	  ○ Maxillary Dental: normal
	  ○ Mandibular Dental: normal
	  ○ Mandibular Osseous: normal
	• Occlusal Plane: normal
	• Mandibular Plane: normal

TMJs:	• Right TMJ:
	  ○ Condyle: mild flattening and sclerosis
	  ○ Joint Space: normal, condyle posteriorly positioned within the glenoid fossa
	  ○ Articular Eminence: normal
	  ○ Fossa: normal
	• Left TMJ:
	  ○ Condyle: flattening, sclerosis and osteophyte formation.
	  ○ Joint Space: mildly reduced, condyle posteriorly and superiorly positioned within the glenoid fossa
	  ○ Articular Eminence: normal
	  ○ Fossa: normal

Paranasal Sinuses:	• Minimal mucosal thickening noted in the right ethmoid air cells. • OMCs and other paranasal sinus drainage pathways appear patent.

Airway:	• Oropharyngeal Airway Analysis: Minimum cross-sectional area of the oropharyngeal airway space is ~ 110 mm^2 at the level of C2 which is below the range of normal.
	  ○ OSA risk: low-moderate
	  ○ Please note retruded tongue position may contribute to airway narrowing.

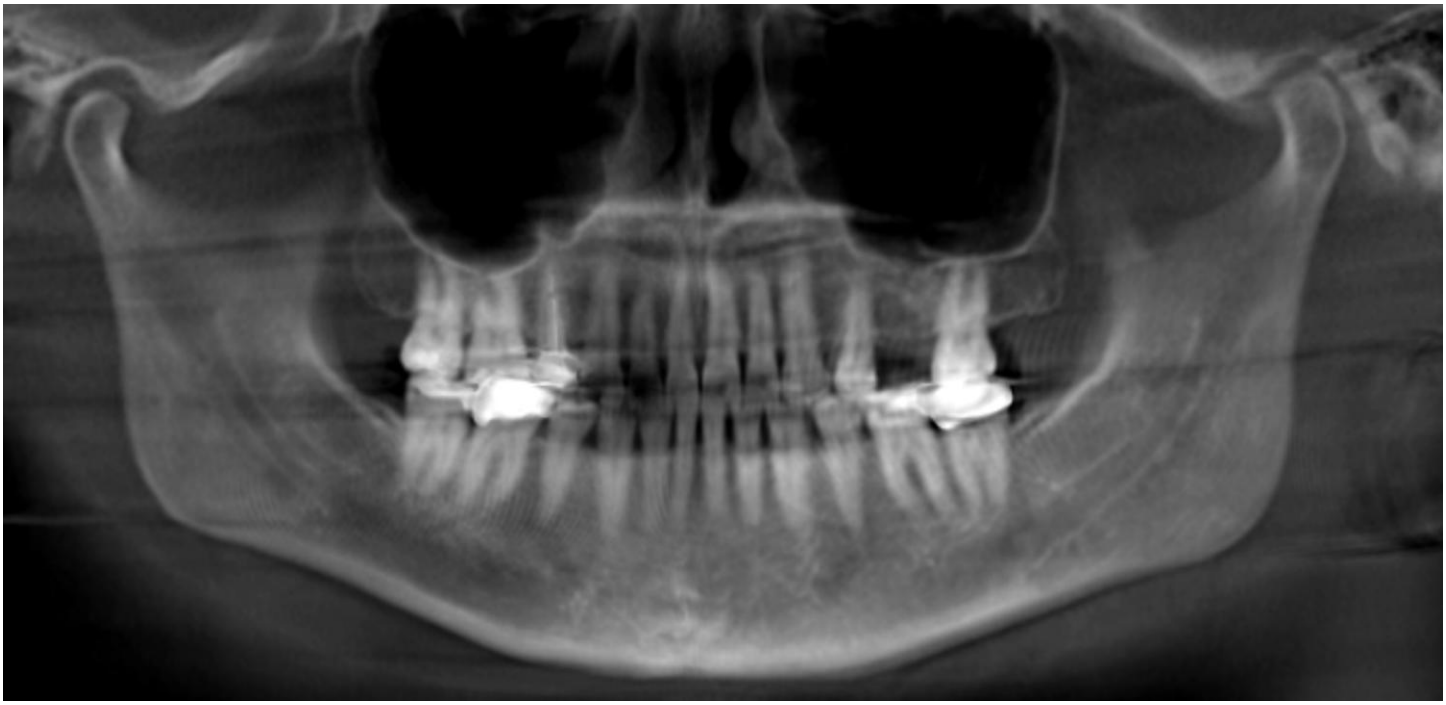
Cervical Spine:	• Mild osteoarthritic changes seen in the captured portions of the cervical spine including reduced intervertebral disc space. • Mild C1-C4 rotations noted.
Skull Base:	• The left greater and lesser sphenoid wings appear thickened and sclerotic compared to the right side. Cortical borders appear intact. The involved optic canal, superior and inferior orbital fissures and foramen rotundum do not appear altered or stenotic. Evaluation of the soft tissue components limited by poor soft tissue contrast inherent with CBCT.

Signature: _____

Interpreted and signed by radiologist: Christopher D. Matesi, DDS

Verified Date: 2025-06-01

Screenshots: *Disclaimer: No measurements should be made from attached images. These images are only representative slices.*



Reformatted Panoramic

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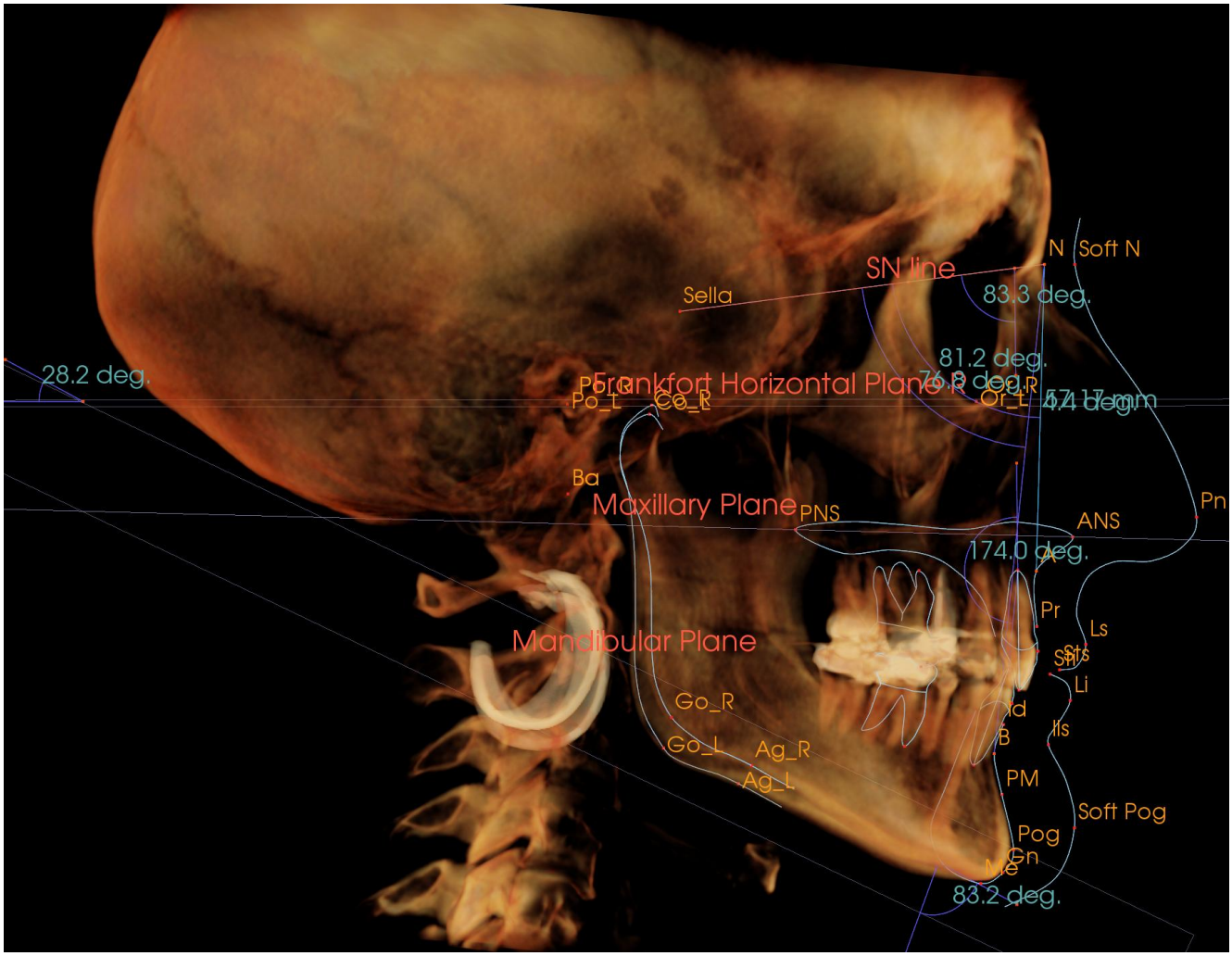
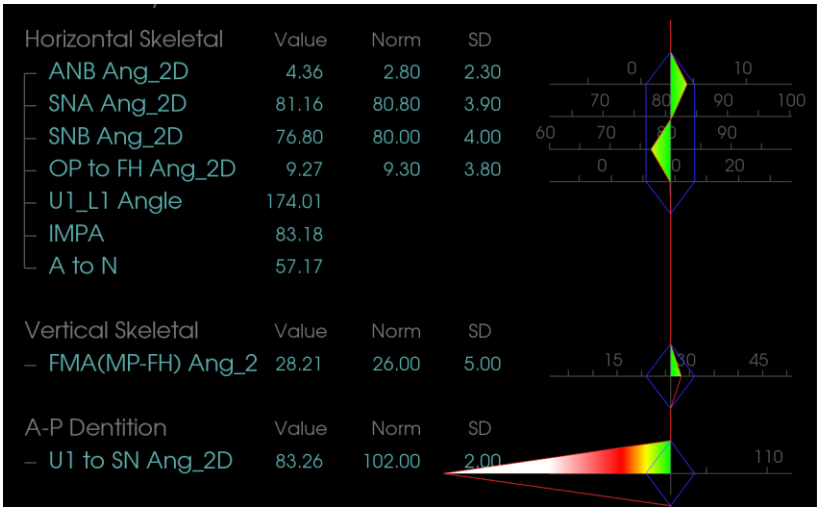
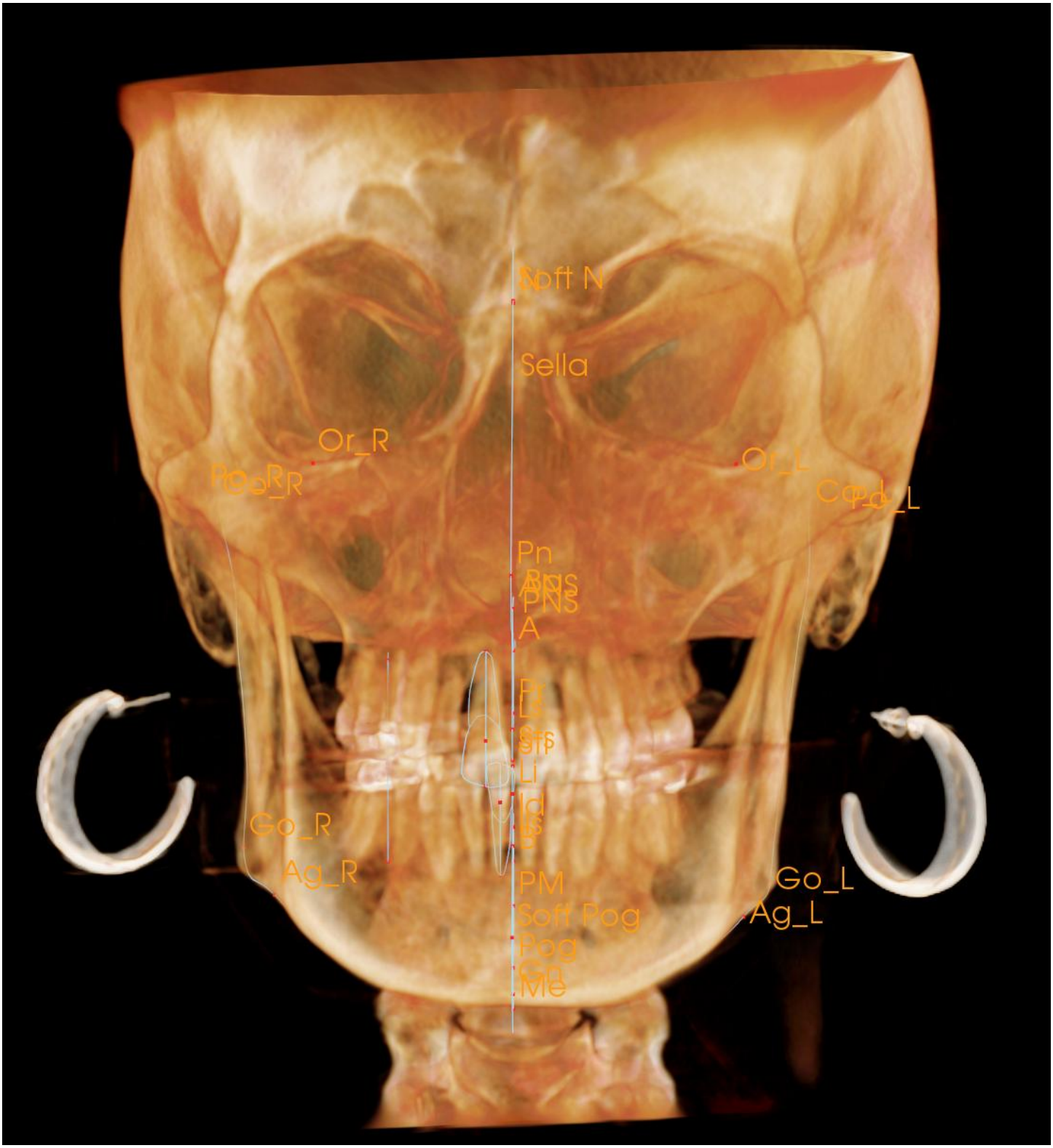


Reformatted lateral ceph with soft tissue outline and tracing. Tracing is provided for reference only and should be independently verified by the treating clinician prior to diagnosis or treatment planning.



Cephalometric analysis. Analysis is provided for reference only and should be independently verified by the treating clinician prior to diagnosis or treatment planning.



Volume Render AP View and tracing. Tracing is provided for reference only and should be independently verified by the treating clinician prior to diagnosis or treatment planning.

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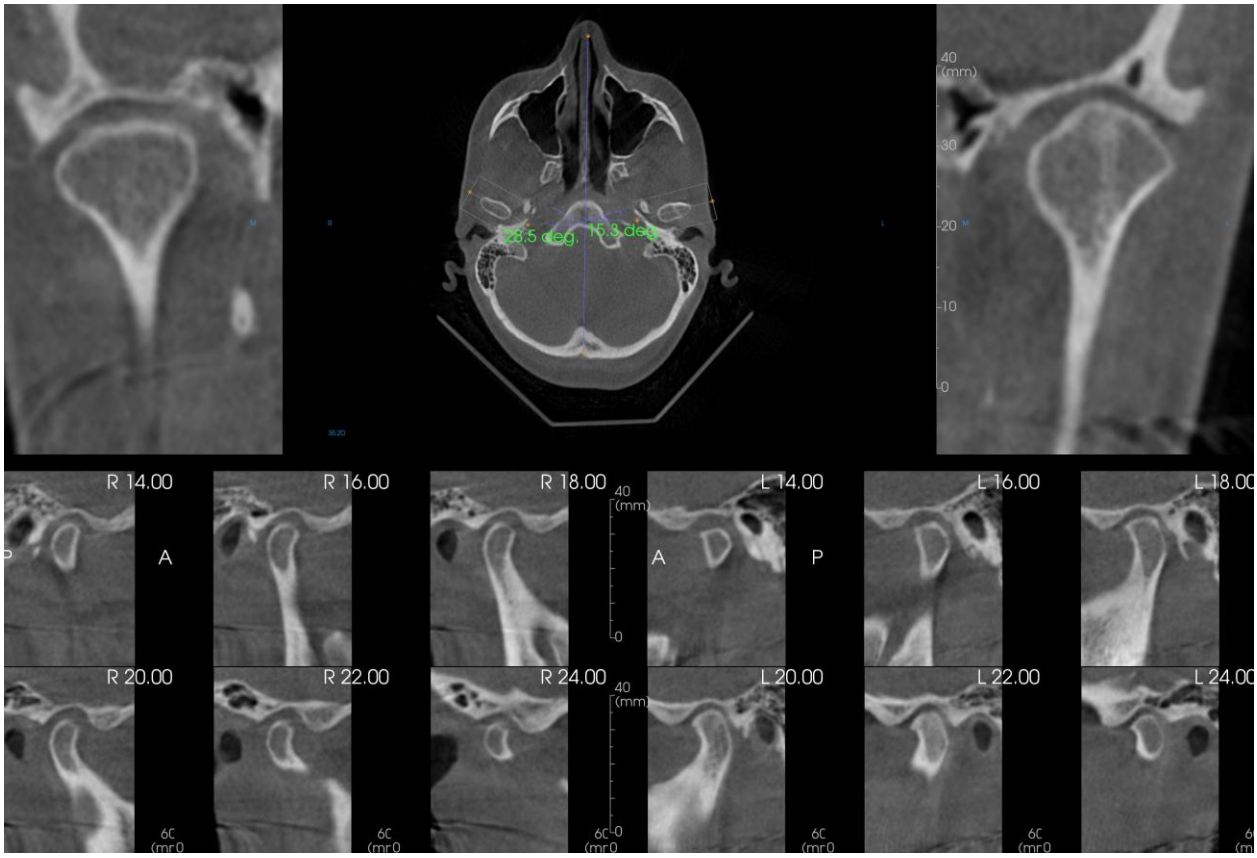
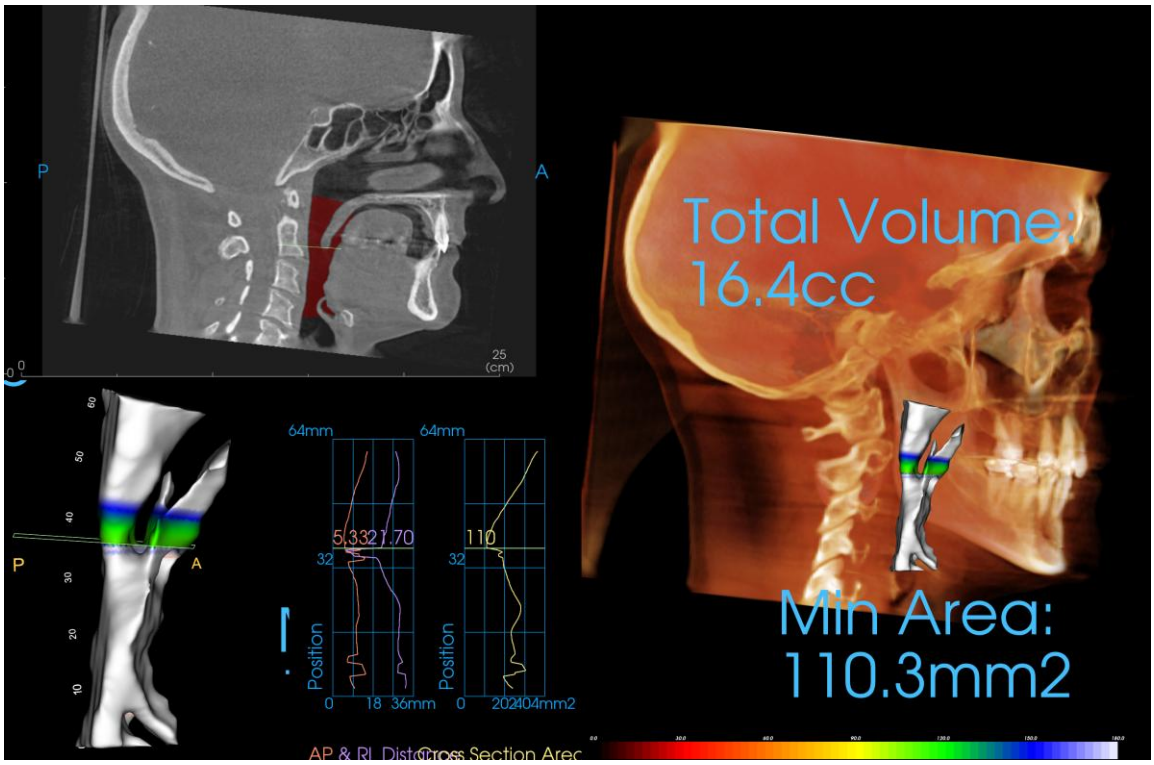
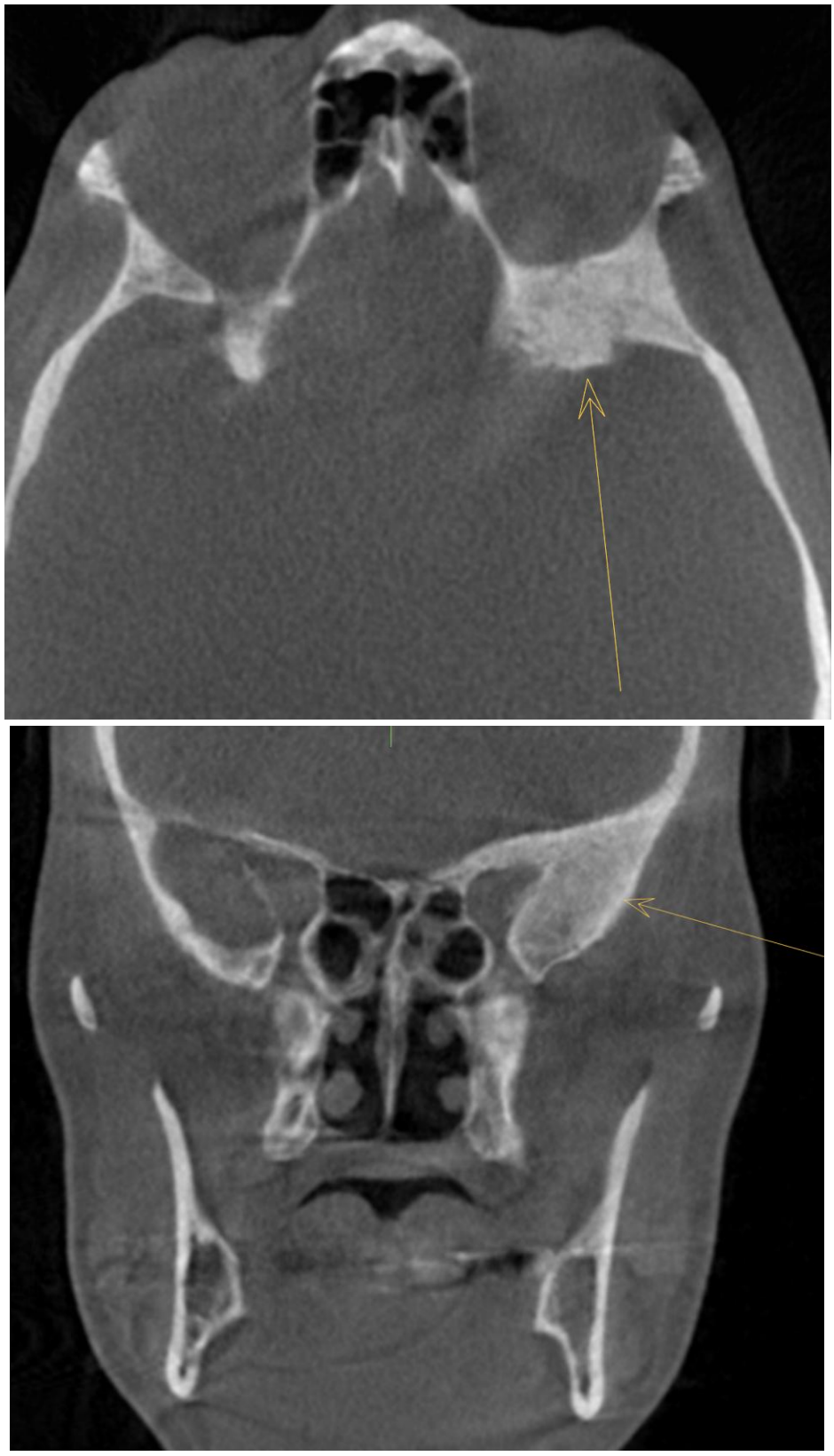


TMJ Analysis



Airway Analysis



Axial and coronal views of left sphenoid wing thickening and sclerosis.