

Email: admin@auroraoralradiology.com

Phone: (206) 502 -6517

Cone Beam Computed Tomography Report

Patient Name: Click or tap here to enter text.
Patient DOB: Click or tap to enter a date.
Referring Provider: Click or tap here to enter text.
Purpose of Exam: Click or tap here to enter text.

Scan Details: Choose an item.

Patient ID: Click or tap here to enter text.
Patient Gender: Click or tap here to enter text.
Image Date: Click or tap here to enter text.

Report Date: Click or tap here to enter text.

Region of Interest - Comparison Study

• Except as noted in 'Region of Interest' above, all other findings are unchanged from the previous scan.

Maxilla

• Mild palatal tori noted.

Mandible

- A large mixed-density expansile lesion with ground-glass internal content is observed from the distal aspect of tooth #22 to the left ascending ramus, extending from the alveolar crest to the inferior cortex of the mandible. The lesion has blending borders, and while the cortical borders adjacent to the lesion are thinned, they remain intact. Teeth #18 to #21 are displaced by the lesion, which has caused narrowed periodontal ligament (PDL) spaces and replaced lamina dura. The fibrous dysplasia in this area appears to have expanded approximately 3-5 mm in overall dimensions compared to the previous CBCT scan. The size of the lesion has increased from approximately 41.7 mm x 23.0 mm x 30.9 mm to 53.7 mm x 26.6 mm x 32.3 mm. Additionally, the inferior alveolar canal is superiorly displaced and narrowed when compared to the contralateral side. The anteroposterior border of the lesion has remained relatively consistent.
- A new site of fibrous dysplasia measuring approximately 16.7mm x 5.5mm x 13.0 mm is noted along the left mandibular angle. The abutting cortices appear thinned and mildly expanded.

Dentition and Paradental Bone

- Full adult dentition with missing third molars.
- Periodontal health: The Rest of the paradental bone appears unremarkable.
- Other findings: Punctate metallic foreign material was noted along the lingual cortex at the #17 site.
- Periapical areas: no other alveolar or basal bone pathology.

Nasal Cavity and Paranasal Sinuses

- Partially visualized maxillary and sphenoid sinuses. Partial opacification of the sphenoid sinus with gaseous contents from the prior CBCT scan is still partially present in the current scan. The rest of the maxillary sinuses visualized are within normal limits with continuous cortices and clear contents within FOV.
- Nasal cavity is unremarkable.

Airway

- Minimal cross-sectional area of 135.6mm2.
- Constriction at the level of the oropharynx is likely a consequence of posterior tongue position.
- No abnormalities are detected in the visualized portion; adenoids and palatine tonsils are unremarkable, the cross-sectional area is sufficient, and the pharyngeal recesses are detected and relatively symmetrical.

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Temporal Mandibular Joint Complexes

At the periphery of the scan, not well visualized in the new scan. If information about the condyles is needed, a new scan is recommended. TMJ complexes in the prior scan appears grossly unremarkable.

Other Findings

Cerumen noted on the right external auditory canal, which was not present in the prior scan. Consider correlating clinically.

Impressions

Region of interest:

- On CBCT, the lesion on the left mandibular body is consistent with **fibrous dysplasia** and appears to have expanded 3-5mm in overall dimensions when compared with the prior scan. The new lesion at the left mandibular angle is consistent with a new site of developing fibrous dysplasia.
- The left inferior alveolar canal appears narrowed. Consider correlating clinically for possible neurological symptoms.
- Consider further investigation to determine if extragnathic sites are involved.

Sinuses:

- The appearance of sphenoid sinus is suggestive of acute or allergic sinusitis. Consider correlating clinically.
- No additional osseous and/or soft tissue abnormalities are noted.

I have personally reviewed the entire volume of images. I welcome any comments or questions. Thank you for the opportunity to serve you and your patients. Sincerely,

Alexander Chang, DDS

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Oral & Maxillofacial Radiologist



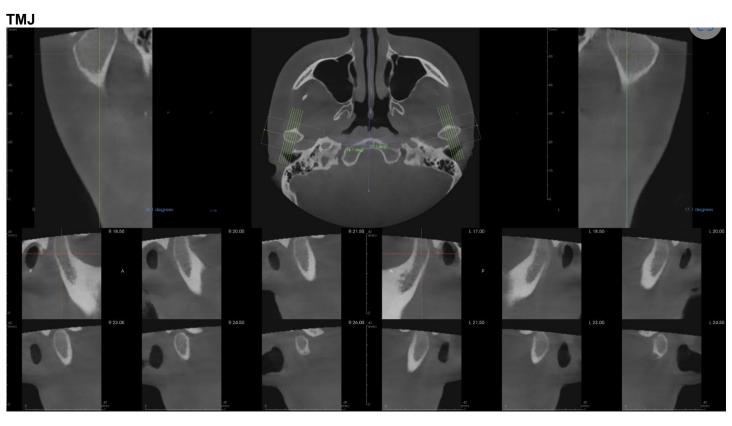
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<u>Images</u>

Panoramic Reconstruction



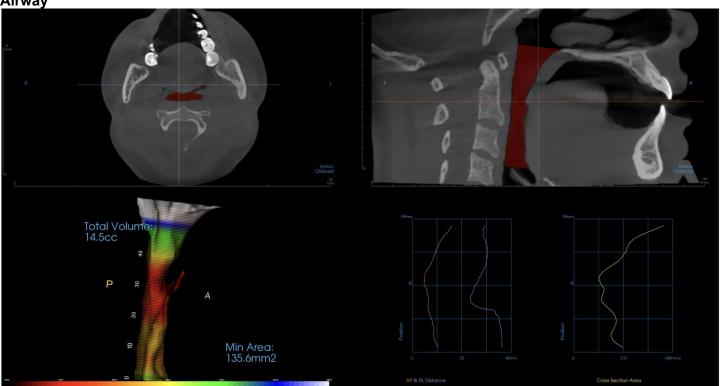




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Airway



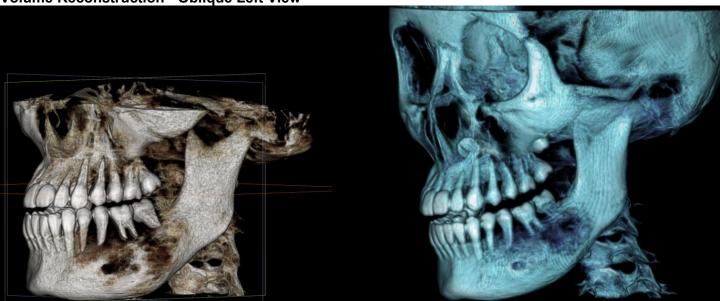
Volume Reconstruction - Frontal View



Current scan on the right, prior scan on the left.

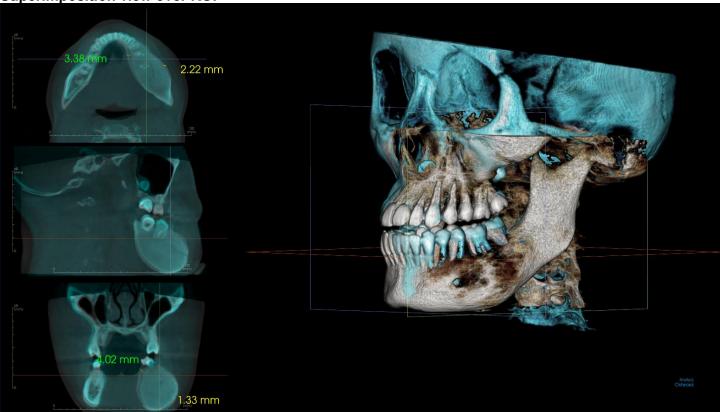
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Volume Reconstruction - Oblique Left View



Current scan on the right, prior scan on the left.

Superimposition view over ROI



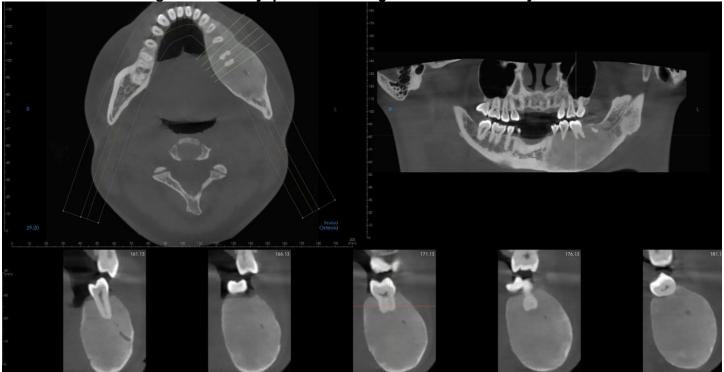
The overall dimension of the lesion has expanded by 3-5 mm when compared to the prior CBCT scan.



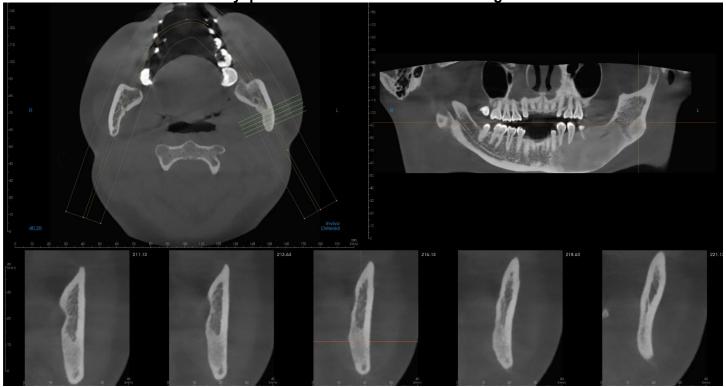
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Arch view over the original fibrous dysplasia site along left mandibular body



Arch view over the new fibrous dysplasia site at the left mandibular angle



Corrected sagittal interval of 2.5 mm