RADIOLOGY REPORT DENTALSCAN

Dental Scan Ltd.
Suite 17, 75 Harley St, London W1G 8QL

Patient: Nasreen Azari-Norris
Date of birth: 10/02/1987
Age: 35y
Referrer: Kareem Siddiqui

Report date: 21/09/2022
Study type: CS8100: sectional
Serial no: KH0160
Scan date: 17/06/2022

Clinical details / purpose of radiological examination:
UL5 dental implant. Measurements not required.

Description of findings:
Sectional scan, extending from UL1 (partially seen) to the UL7 region, including the inferior part of the left maxillary antrum and left nasal cavity, along with the crowns of the opposing mandibular dentition.

UL5 site: extraction socket evident, with a low density homogenous infill, consistent with initial calcified tissue formation. No retained roots. The maxillary antral floor descends moving distally through the site. Apart from the healing socket, the bone in UL5 site is densely trabeculated with well-defined thick cortices.

There is a little inflammatory mucosal thickening along the maxillary antral floor, only about 1.5-2mm thick above UL5 site, reaching 5mm above UL7.

Incidental findings:

Periodontal bone levels are mainly either normal or showing early bone loss, but with about 3mm of bone loss distally on UL7.

Conclusions and recommendations:
Available bone height in UL5 site is limited. There is only minimal inflammatory mucosal thickening along the left antral floor above UL5 site. Usually, 3mm of mucosal thickening would be seen as potentially clinically significant.

***Further advice (if relevant)**:*
None.

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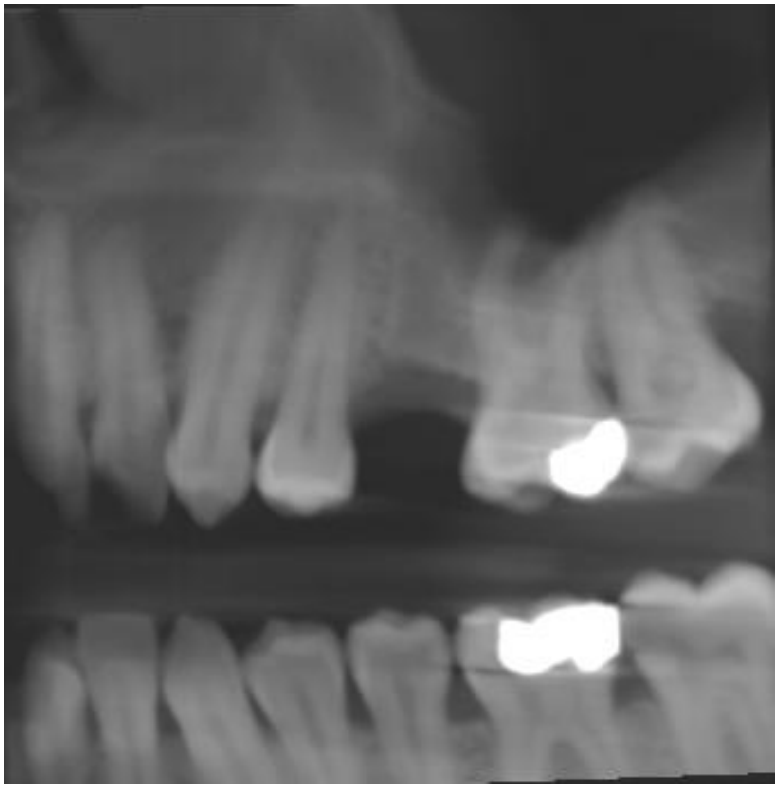
Selected images:

1. Panoramic reconstruction.



2. Mesio-distal cross-sections through UL5 site (2mm intervals), from palatal (left) to buccal (right).

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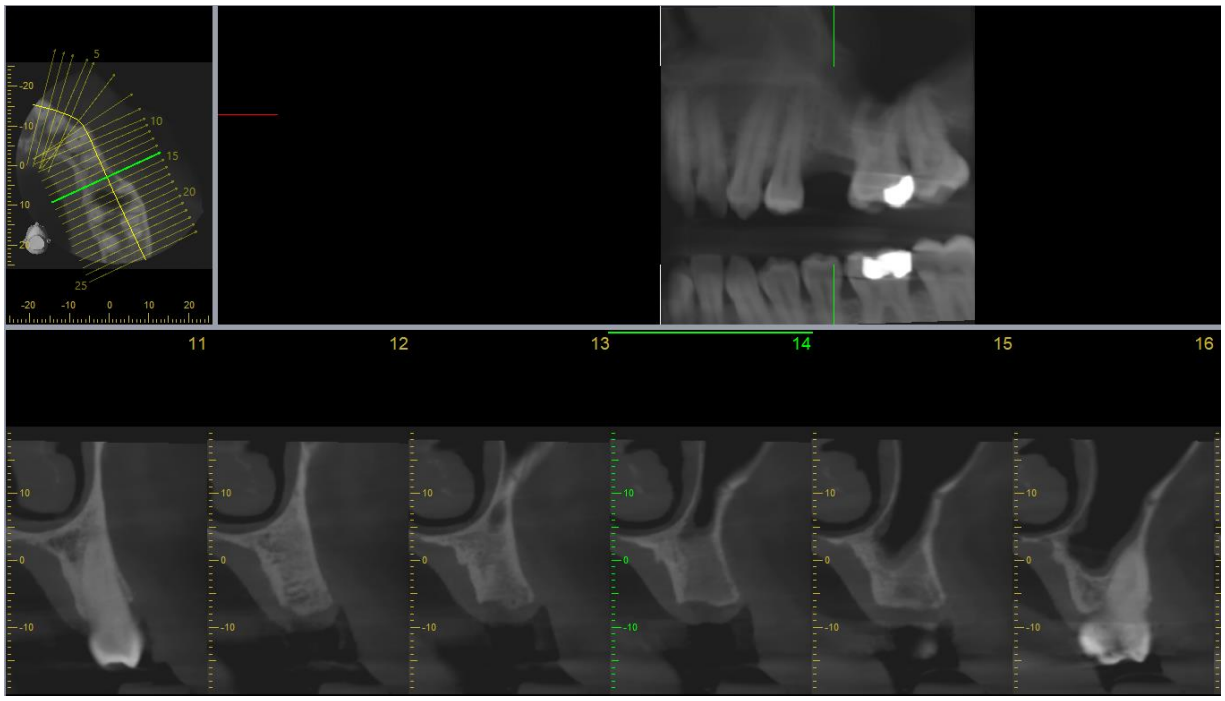
3. Bucco-palatal cross-sections through UL5 site (2mm intervals). Slice 11 shows UL4 and slice 16 shows UL6.



Note:
This report is written following the Royal College of Radiologists *Standards for interpretation and reporting of imaging investigations, second edition*. London: Royal College of Radiologists, 2018.
The information and/or recommendation(s) contained herein is/are based upon the provided history and imaging rationale, images and volumetric data set and is for consultation purposes only. As with all diagnostic imaging, cone beam CT has diagnostic limitations. Diagnosis, medical advice and treatment is the sole responsibility of the treating physician or dentist.

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