

Patient ID: DR37-515

monika malhotra, 56

Dec. 15, 2022, 10:16 a.m.

One Jaw

Review report for CBCT: Cross-sectional & Panoramic images provided. Cross-sectional interval = 1.0mm.

Qualitative Assessment -

Tooth #46 -

- An irregular crack noted in buccal half of cervical root trunk region and underlying cervical third of mesial root (Refer PDF).
- Asymmetric widening of buccal periradicular PDL spaces noted in roots. Shallow lingual vertical infra-bony defects till cervical third of roots noted.
- Distinct Mesial and Distal roots are noted.
- Mesial root reveals MB & ML canals that converge in mid-apical area to exit via a solitary apical foramen; s/o Vertucci's Type II system.
- Distal root reveals closely spaced DB and DL canals that appear to converge in apical third to exit linguo sub-apically via solitary apical foramen; s/o Vertucci's Type II system.
- Apical peri-radicular and periapical rarefaction suspicious for granuloma / abscess noted in roots.
- Thinning-intermittent effacement of adjoining buccal cortex noted in cervical alveolus.
- Grade III inter-radicular furcation involvement noted.
- **#46 region** - Numerous coarse condensed or patchy sclerotic randomly oriented trabeculae with intervening wide marrow areas noted in periradicular regions of tooth and underlying alveolus, s/o moderate - high D3 type bone.

Tooth #47 -

- A prominent irregular craze line noted in buccal half of cervical root trunk region and underlying cervical third of distal root (Refer PDF).
- Early to shallow distal-buccal vertical infra-bony defect till cervical third of distal root noted.
- Distinct Mesial and Distal roots are noted.
- Mesial root reveals fine MB & ML canals that appear to partially converge in apical third and re-diverge to exit apically via separate apical foramina; s/o Vertucci's Type IV system.
- Distal root reveals a single (flattened) canal, exiting apically via solitary apical foramen; s/o Vertucci's Type I system.

Provisional implant simulation provided according to bone height-width. Inter-implant clearance of approx. 3.0mm, 1.0mm from buccal-lingual cortices, 1.5mm from adjacent teeth and 2mm from IAC maintained.

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