

Patient ID: DR37-695

Ritu gupta, 47 Female

Feb. 16, 2023, 7:54 a.m.

Endo-Perio (Upto 2 teeth)

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

QUALITATIVE ASSESSMENT - LEFT MANDIBLE.

Tooth #37 -

- A prominent craze line or suspicious crack noted in buccal half of cervical root trunk region and underlying cervical third of distal root (Refer PDF).
- Asymmetrical widening of distal-lingual cervical periradicular PDL space or early infra-bony defect till cervical third of distal root noted.
- Distinct Mesial and Distal roots are noted.
- Mesial roots reveal fine MB & ML canals exiting apically via separate apical foramina; s/o Vertucci's Type IV system.
- Distal root reveal fine DB & DL canals that converge in apical area to exit via a solitary apical foramen; s/o Vertucci's Type II system.
- Endodontic restoration in-situ extends till apical thirds of MB-ML canals.
- Endodontic restoration in-situ extends till sub-apical area in DB-DL canals.
- Slight asymmetrical widening of periapical PDL space of roots.

Tooth #36 -

- Prominent craze line or microcrack noted in lingual half of cervical root trunk region and underlying cervical third of mesial root (Refer PDF).
- Asymmetric widening of libgual cervical periradicular PDL spaces noted. Shallow distal vertical infra-bony defect till cervical third of root noted.
- Distinct Mesial and Distal roots are noted.
- Mesial roots reveal fine MB & ML canals exiting apically via separate apical foramina; s/o Vertucci's Type IV system.
- Distal root reveal fine DB & DL canals exiting apically via closely spaced separate apical foramina; s/o Vertucci's Type IV system.
- Focal discrete ovoid periapical rarefying lesions noted with the roots; suspicious for apical periodontitis/granuloma.

Dr. Sharad Sahai, MDS (Goa)
Consultant Oral & Maxillofacial Radiologist

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