

Date: Date of Study:

Patient: Date of Birth: ID:

**Reason for referral**: CBCT was taken to evaluate impacted mandibular molars **Referred By**:

## **RADIOGRAPHIC FINDINGS:**

Evaluation of the CBCT anatomical volume is intended as an overall review for pathology and abnormalities. All viewed structures determined to have no significant findings are reported as no abnormalities detected.

Paranasal Sinuses: Not included in the field of view
Nasal Cavities: Not included in the field of view
Airway: Within normal limits
Temporomandibular Joints: Not included in the volume
Osseous Structures: Cervical vertebrae appears to be within normal limits
Dental findings: Heavily restored posterior dentition, mandibular tori, impacted 3<sup>rd</sup> molars

#17- unilocular well defined corticated radiolucency around horizontally impacted tooth, the radiolucency appears to be attached from CEJ to CEJ, the lesion is expansile in nature, thinning of the lingual cortex is evident, there is no erosion or displacement of the inferior alveolar canal; root resorption is suspected in the apical third of #18 (both roots)

#32- unilocular well defined corticated radiolucency around horizontally impacted tooth, the radiolucency appears to be attached from CEJ to CEJ, the lingual and buccal cortices remain grossly intact, no erosion or displacement of IAN, root resorption is suspected in the apical third of #31(mesial root)

Other findings: No other significant findings

## **DIAGNOSTIC IMPRESSION:**

• #17- Based on the radiographic features Dentigerous cyst, Odontogenic keratocyst and Unicystic ameloblastoma should be considered. Histopathological evaluation is recommended for final diagnosis and treatment planning.

Evaluation is limited to the capability of CBCT imaging and any further assessment of dental related conditions is best performed by conventional dental radiography. The radiographic findings must be correlated with clinical findings and appropriate diagnostic tests. This is a consultative report only and is not intended to be a definitive diagnosis or treatment plan. For further information please feel free to contact us at: 706-721-2264

Thank you for the referral of this patient and the opportunity to serve your practice.

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## THE FOLLOWING ARE THUMBNAIL VIEWS OF IMAGES FROM THE ACQUIRED DATA



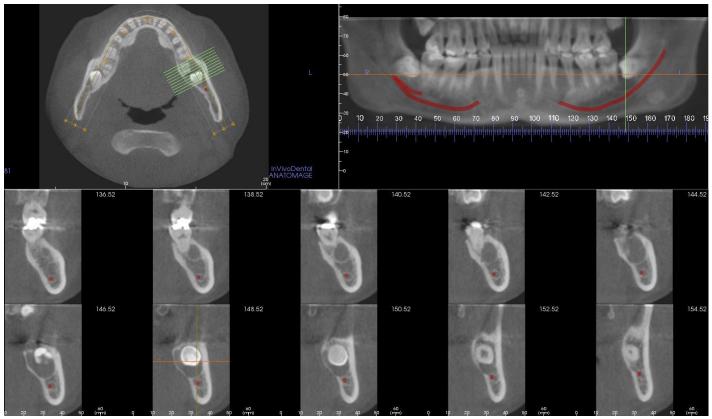
#17

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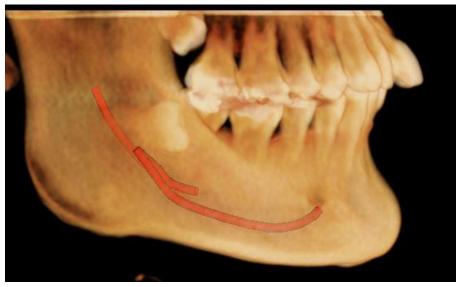
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#17





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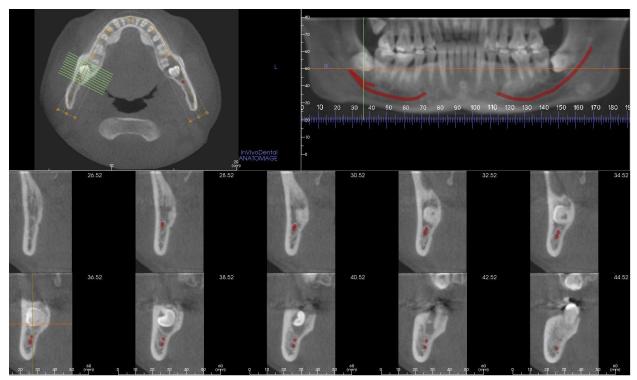
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#32



Impacted maxillary molars

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