

Radiodontics

Patient:	Wilhelm Rontgen
Date of Birth:	03-27-1845
Exam Date:	06-07-2021
Referred By:	Dr. Andreasen

Clinical Indication

TMJ Evaluation

Radiographic Examination

One large FOV CBCT - both jaws with cranium

Image Quality

Optimal for Diagnosis

Radiographic Findings

Right TMJ:

The right condylar head demonstrates a flat superior surface with erosions in the cortical outline. Osteophyte and subchondral cyst formation is present. The underlying trabeculation is of normal density and architecture. The glenoid fossa and articular eminence are irregular and sclerotic. In the closed position, the condylar head is centrally positioned within the glenoid fossa.

Left TMJ:

The left condylar head demonstrates focal erosions within the cortical outline. The underlying trabeculation is of normal density and architecture. The glenoid fossa and articular eminence demonstrate a normal morphology. In the closed position, the condylar head is retruded and laterally positioned within the glenoid fossa.

Other:

Teeth nos. 1, 15, 16, 17, and 32 are missing.

Tooth no. 31 demonstrates bone loss at the distal root apex that extends to the alveolar crest along the distal and buccal surface. No frank fracture line is visualized.

The lamina dura and PDL space of the other teeth are regular and intact.

The minimum cross-sectional dimension of the oropharyngeal airway measures approximately 122mm².

The posterior wall of the left maxillary sinus is thickened, suggestive of osseous changes due to previous chronic sinusitis. This is an incidental finding of minimal clinical significance.

Calcification of the thyroid and triticeous cartilages is noted.

The remaining bones, soft tissues, airway, and paranasal sinuses appear normal where visualized.

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Impressions

1. Osteoarthritic changes of the left and right TMJs (R>L).
2. Retruded and lateral position of the left condylar head within the glenoid fossa, suggestive of internal derangement of the interarticular disc.
3. Tooth no. 31: Apical and radicular bone loss likely representing a perio-endo lesion. Vitality testing and clinical correlation are recommended.
4. Unremarkable airway dimensions.

Electronically Signed by Dr. Barrett Andreasen on 06-29-2021

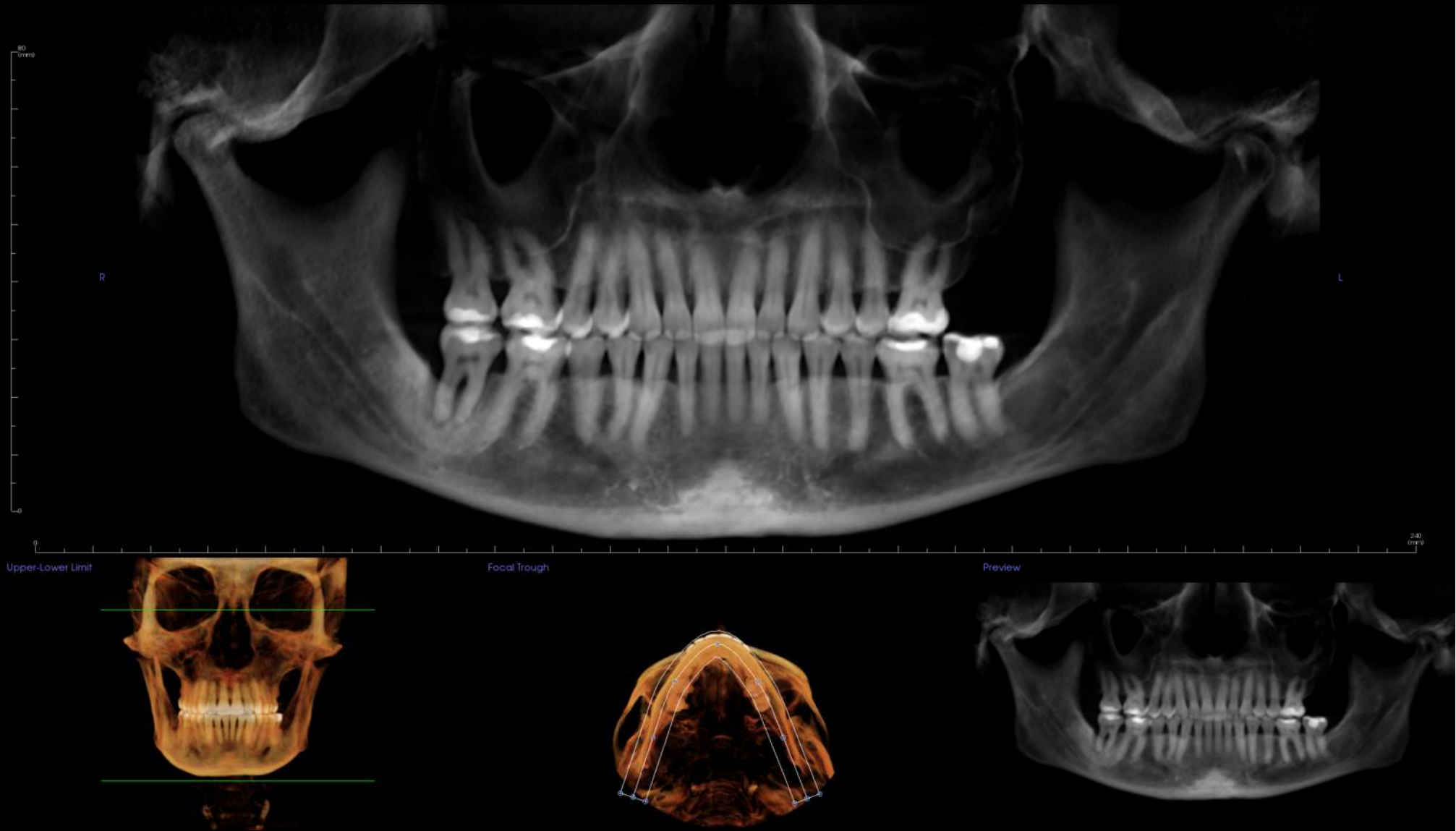
Wilhelm Rontgen

3/27/1845

Panoramic Reconstruction

6/2/2021

Radiodontics



May Not Be Life Size

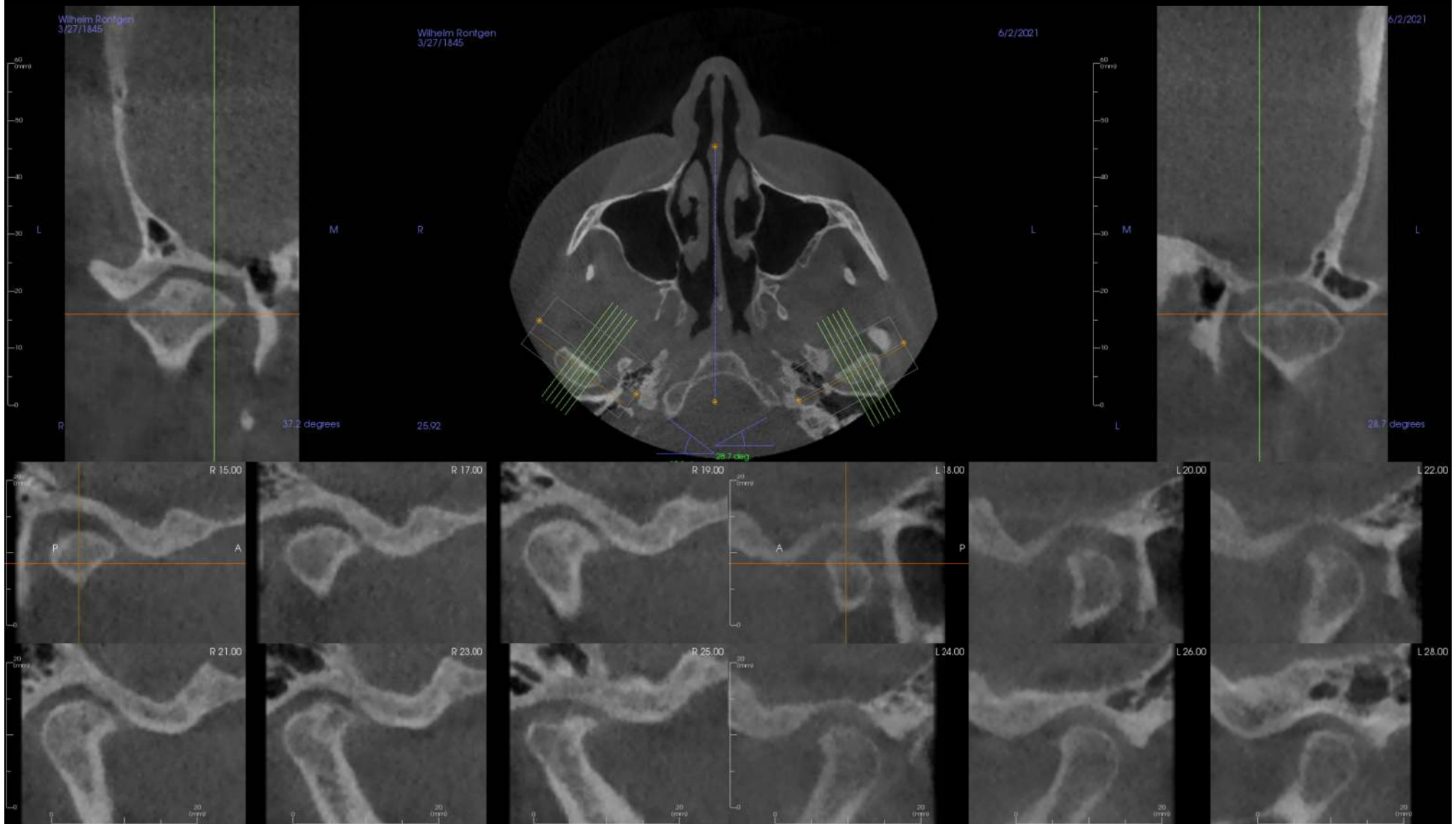
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TMJ Lateral

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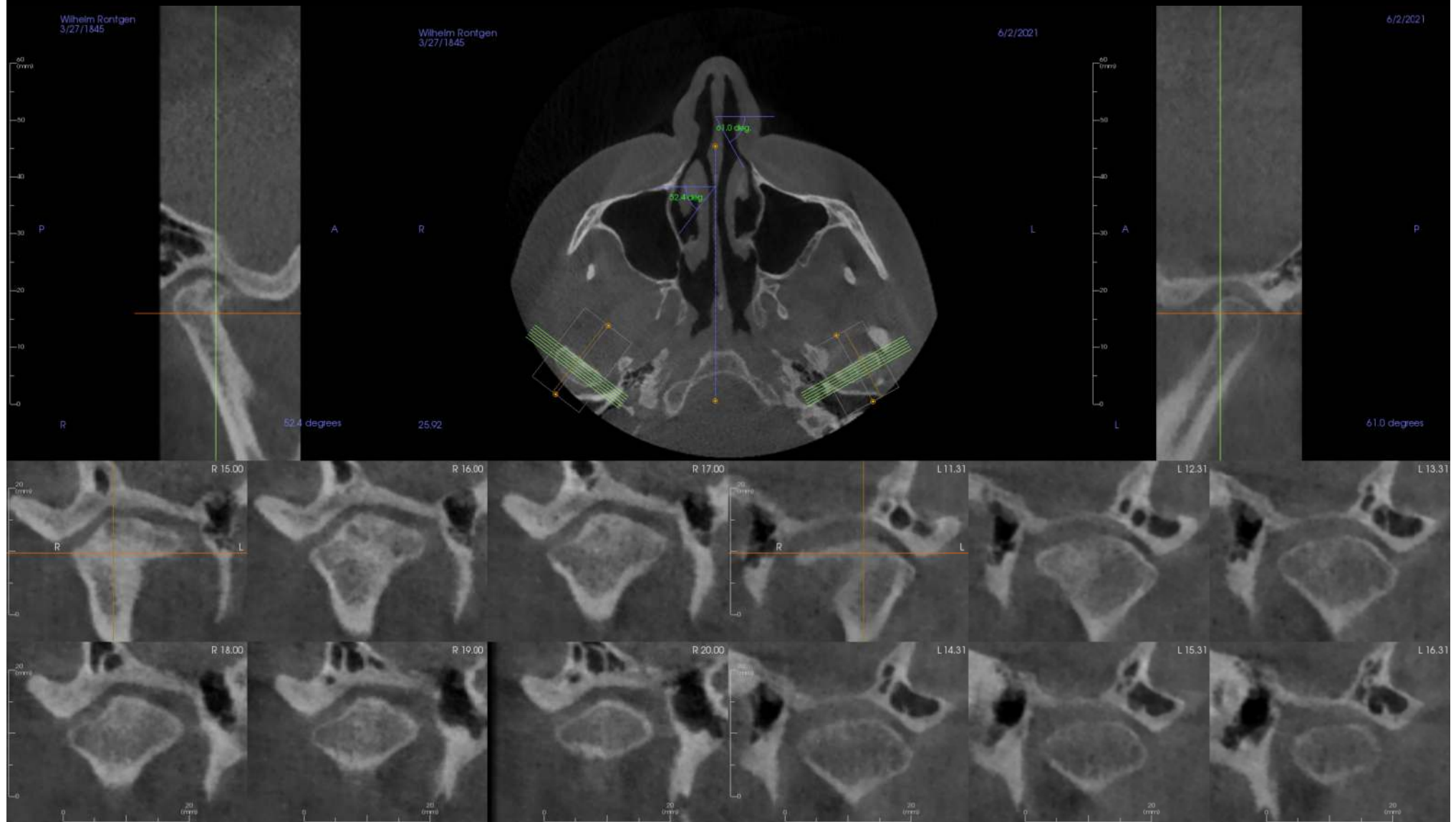
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TMJ Frontal

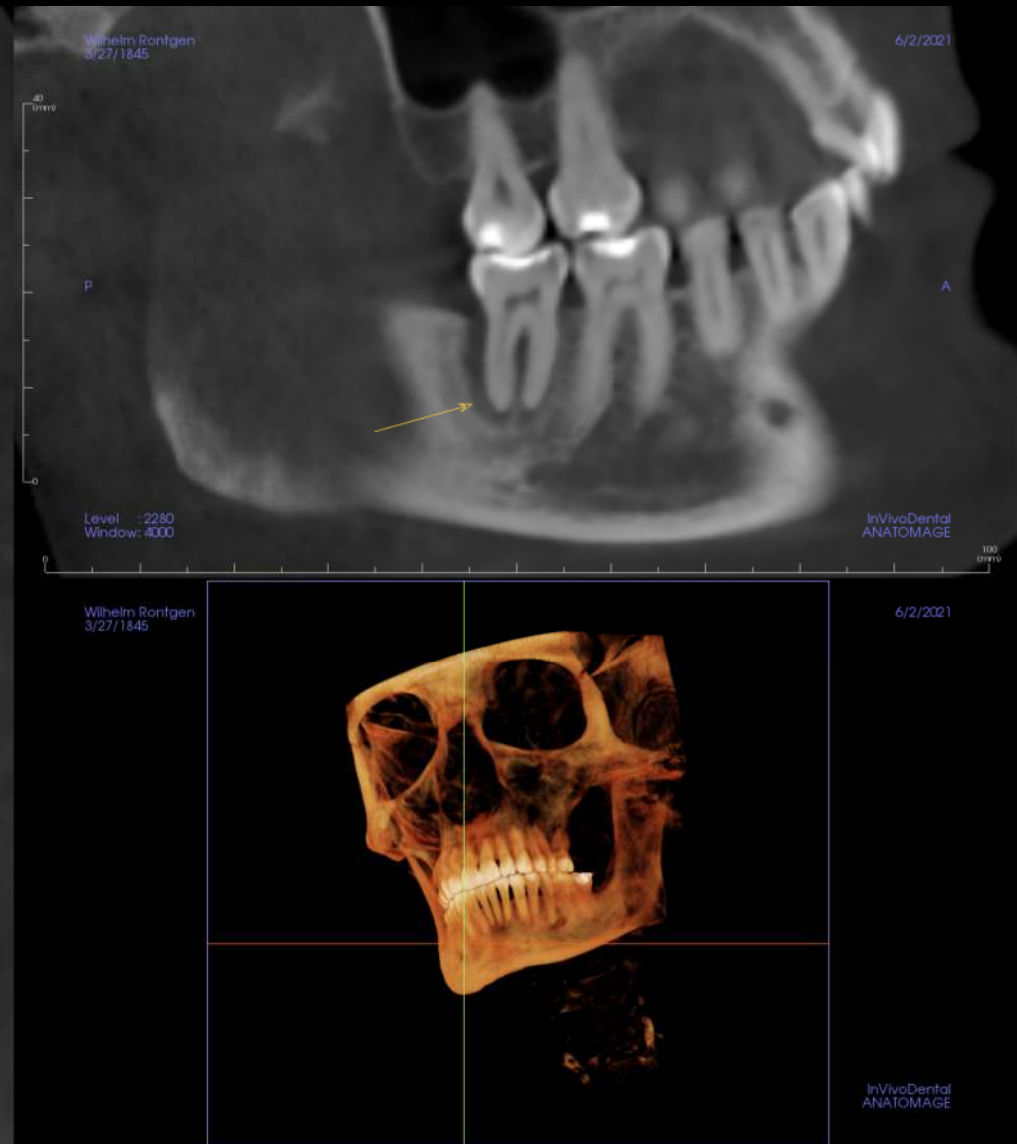
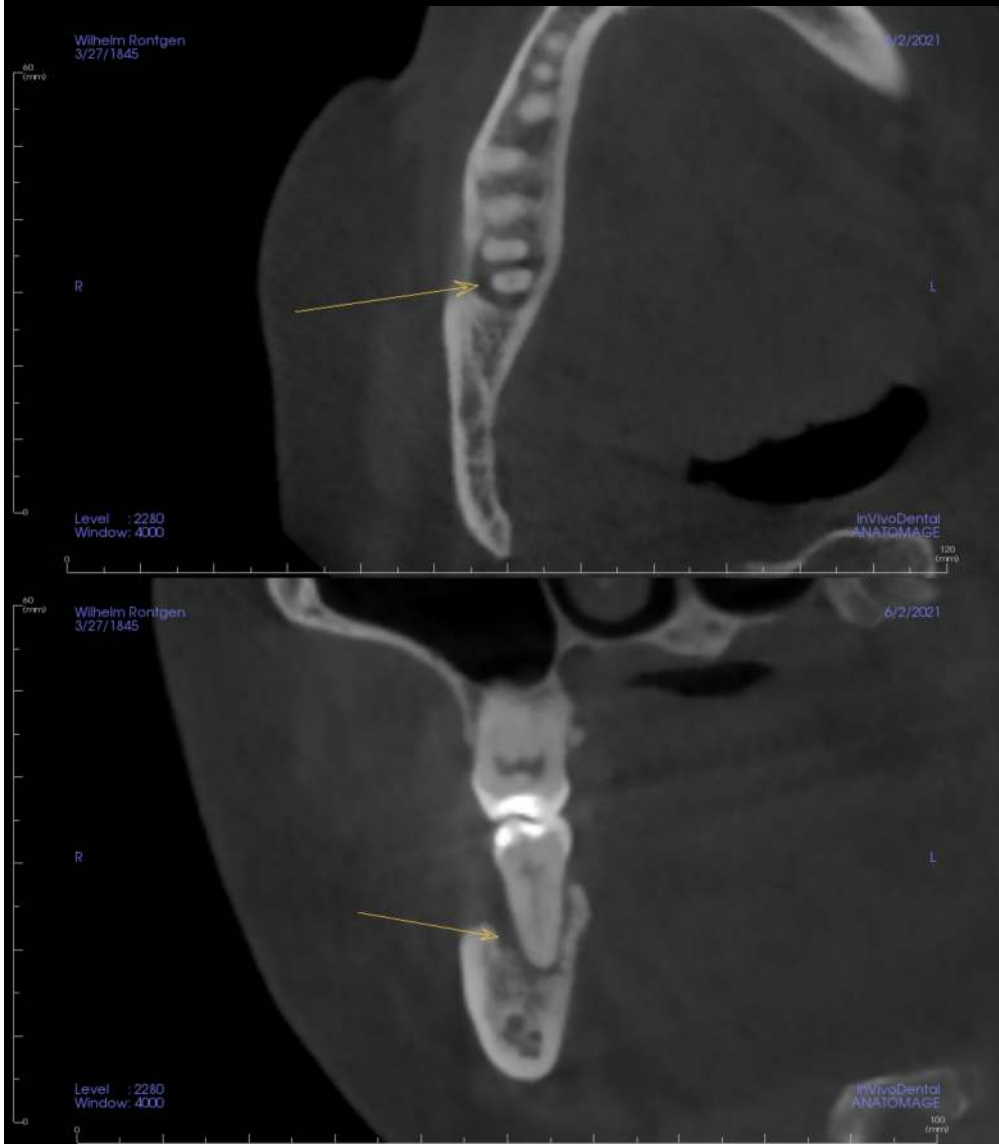
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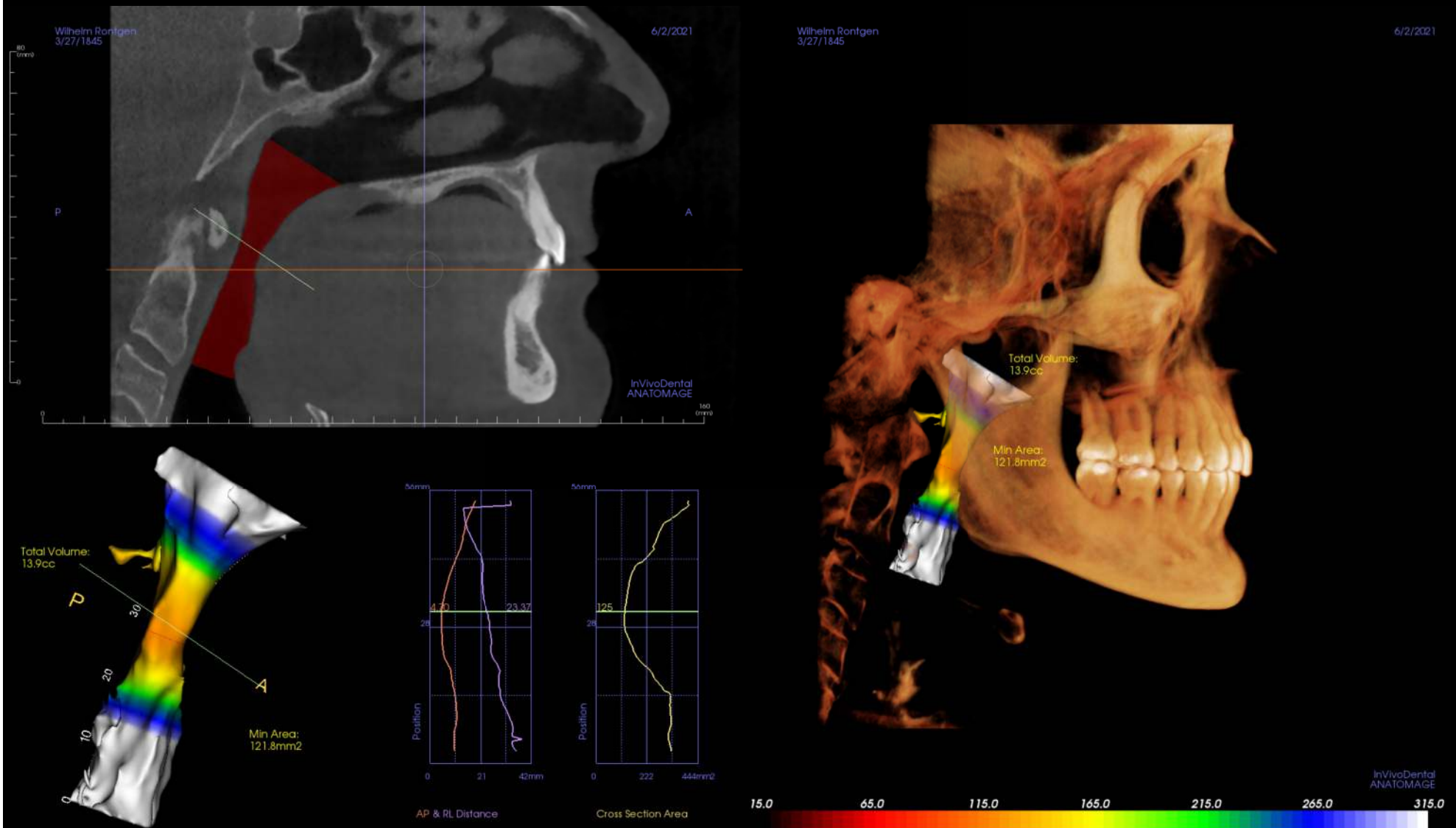
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Airway

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