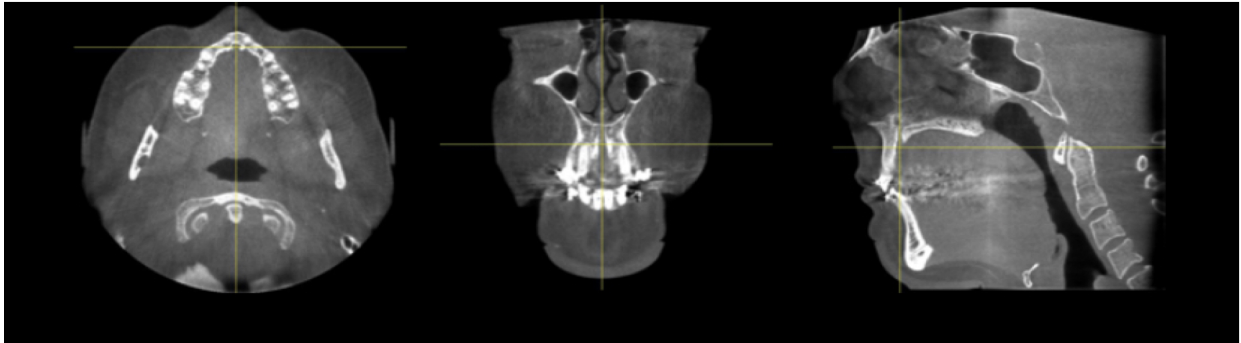


# Dental and Maxillofacial Radiology Omaha LLC

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**PATIENT:** Mr. John Doe Carotid  
**DOB:** 6/3/1951      **AGE:** 67      **GENDER:** Male  
**OFFICE:** Dr Sample  
**CLINICAL NOTES:** Implant #19.

**REPORT DATE** 11/25/2018

**STUDY DATE:** 11/16/2018

**SERIAL #:** 5209

**ICD-10 DIAGNOSIS CODES:**

K04.5 - Chronic apical periodontitis

K05.31 - Chronic periodontitis, localized

I65.23 - Atherosclerosis carotid artery, bilateral

**REPORT TYPE:** Pre-implant placement assessment

## OBSERVATIONS

### DENTAL FINDINGS:

- Missing teeth    -: Dentate adult except missing five teeth.
- Implants        -: No implants are present.
- Restorations   -: The posterior teeth are heavily restored.
- Endodontics    -: Four teeth are endodontically treated with a compromised apical pdl space in one.
- Apical pathology:- There is evidence of periapical pathosis on one tooth.
- Periodontology -: The marginal alveolar bone height is within normal limits except #18 large lingual defect.
- Alveolar bone   -: Tracing of the LEFT Inferior alveolar nerve canal has been performed.
- Third molars    -: All four wisdom teeth are absent.

Specific findings :- Bilateral curvilinear opacities in the carotid space regions which are probably calcified atheromatous plaques in the walls of the carotid artery bifurcations.  
#3 MB apical radiolucency.  
#18 lingual deep vertical bony defect almost to apex. #19 region normal dense bone.

**TMJS:** The morphology of the TMJ articulations are within normal anatomic limits although they are not completely visible.

**SINUSES:** The lower portions visible of the maxillary sinuses are clear.

Both maxillary sinuses are missing part of their medial walls presumably due to antrastomies.

**AIRWAY:** The naso-oropharyngeal airway space dimension within the field of view is within normal limits.

**CERVICAL SPINE:** Mild degenerative osteoarthritic change of the upper cervical spine is noted.

**CALCIFICATIONS:** There are large heterogeneous foci of calcification in the soft tissues of both sides of the neck consistent with the carotid artery space at approximately the level of the bifurcation. There is also physiological calcification of the thyroid cartilage.

### IMPRESSIONS:

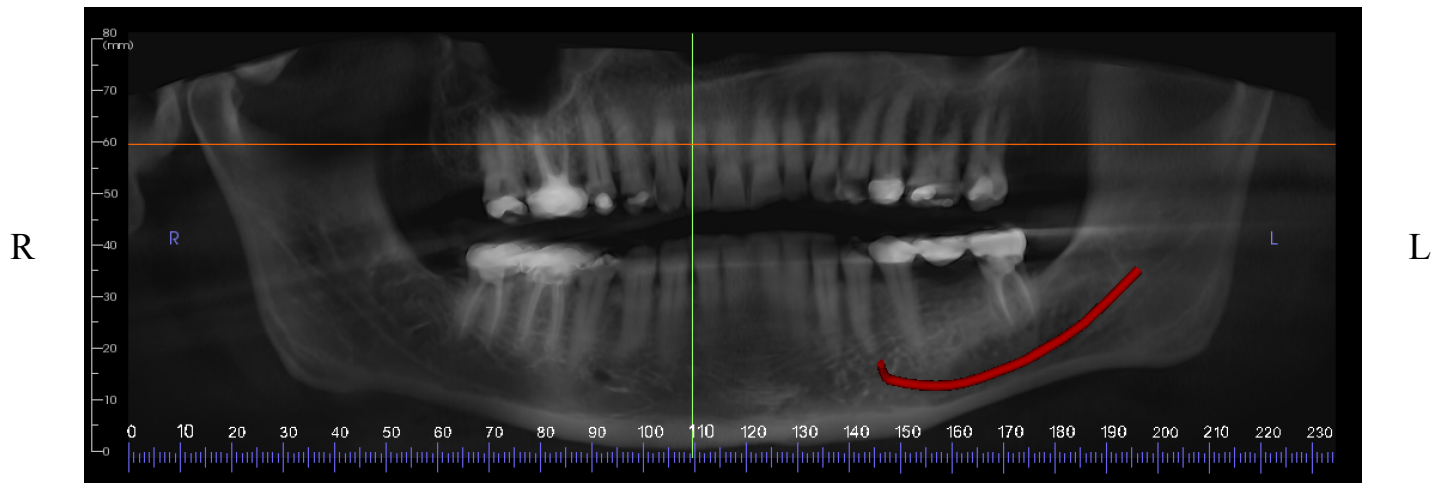
**Bilateral curvilinear opacities in the carotid space regions which are probably calcified atheromatous plaques in the walls of the carotid artery bifurcations. Referral to an MD is recommended to decide if further investigations are needed.**

#3 MB apical radiolucency. This is probably an apical granuloma or radicular cyst secondary to chronic apical periodontitis.

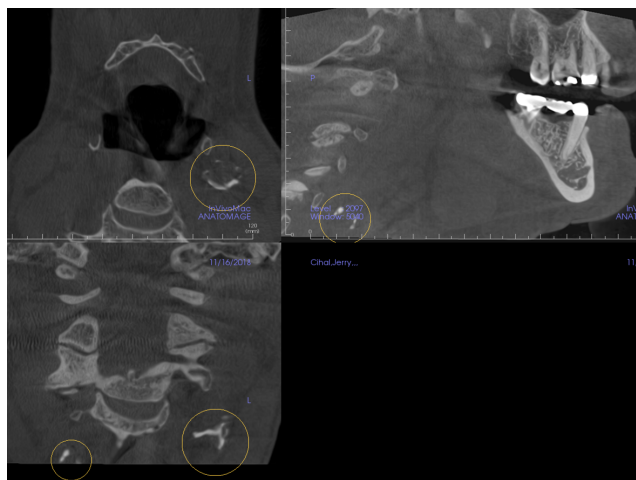
#18 lingual deep vertical bony defect almost to apex. Apical PLS normal. No root fracture seen.

#19 region normal dense bone.

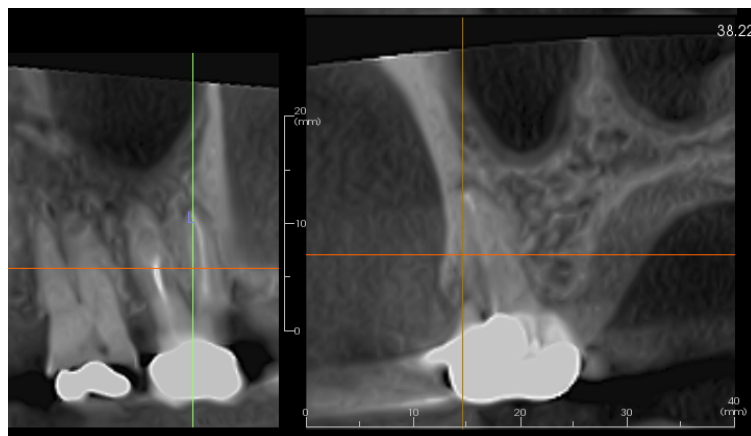
### REFORMATTED PANORAMIC IMAGE OF SCANNED VOLUME



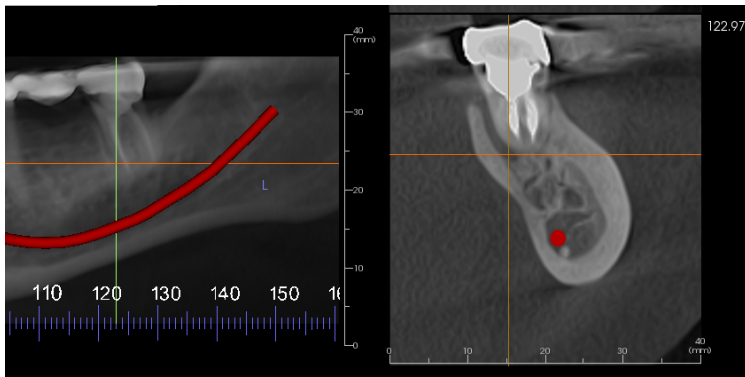
**SELECTED IMAGES - to see enlarged images click +300% on PDF tool bar.**



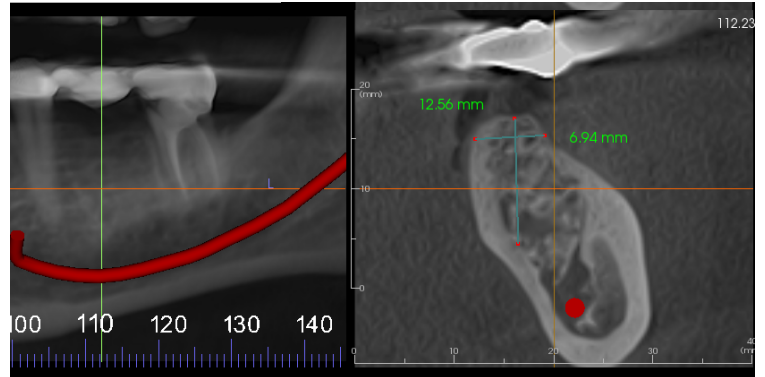
Bilateral curvilinear opacities in the carotid space regions which are probably calcified atheromatous plaques in the walls of the carotid artery bifurcations.



#3 MB apical radiolucency.



#18 lingual deep vertical bony defect almost to apex.



#19 region normal dense bone.

**PLEASE NOTE: The radiologic findings and impression of this report are developed by Dr. Douglas K Benn, DDS, PhD, Oral and Maxillofacial Radiologist and Professor Emeritus of the University of Florida. 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.**