

Patient Name:	Misc. Patient	Report Date:	05/03/2024
DOB:	01/01/1950	Scan Date:	04/10/2024
Gender:	Female	Requesting Doctor:	Doctor Doctor
Study Purpose:	Airway, TMJ	Submitting Group:	Doctor's Practice
Clinical Notes:	General pathology read prior to treating patient for OSA. Thank you!		

Radiographic Technique: This study is a CBCT scan that includes the maxillofacial complex and mandible with a resolution of 0.2mm. Evaluation of certain fine anatomical detail is limited because of streaking artifact caused by numerous metallic restorations.

OBSERVATIONS

Incidental Findings: There is bilateral intracranial curvilinear parasellar calcification along the trajectories of the cavernous portions of both internal carotid arteries.

Dentoalveolar:

- 1, 5, 12, 16, 17, and 32 are missing.
- 19 is endodontically treated and demonstrates widened apical PDL space on the mesial root with peripheral osteosclerosis.
- The dentition outside 19 is without any periapical or periradicular pathosis.
- The alveolar bone pattern and height are within normal range.
- There are well-defined hyperdense areas of cortical bone density in region of missing 16 and and the apical aspect of 18 that blends in with the surrounding trabecular bone with no effect on the adjacent structures, consistent with dense bone islands. No further action is required.

TMJ:

Right TMJ

- Condyle: The condyle demonstrates flattening along the anterosuperior and posterior aspects. The cortication is uninterrupted.
- Joint space: The condyle is seated posteriorly in its fossa.
- Fossa: Relatively smooth and rounded.

Left TMJ

- Condyle: The condyle demonstrates flattening along the anterosuperior aspect. Subcortical sclerosis and multiple subchondral cysts are noted superiorly. The cortication is uninterrupted.
- Joint space: The condyle is seated posteriorly in its fossa.
- Fossa: Slightly flattened.

Sinuses: The visualized paranasal sinuses are well-aerated without evidence of mucosal thickening. The sinus walls are intact. The ostiomeatal units are patent.

Nasal Cavity: There is nasal septum deviation toward the right side.

Airway: The visualized airway is patent and relatively symmetric. The mandible is retrognathic. The uvula/soft palate is elongated. The transverse dimension of the maxillary arch is narrow. The palatal vault is shallow. The oropharyngeal minimum cross-sectional area is 38mm². The minimum anteroposterior dimension is 1.5mm.

Comment: These measurements are based on the position of the head, soft palate, and tongue during scan.

Cervical Spine: The visualized portion of the cervical vertebrae exhibits generalized features of degenerative osseous changes including sclerosis, subchondral cysts, osteophyte formation, and loss of joint space in the vertebral and apophyseal joints.

IMPRESSIONS

- **Airway:** Narrowed airway increases the risk for obstructive sleep-disordered breathing (OSDB). Correlate with the patient's symptoms and other risk factors.
- **TMJs:** The osseous morphology of the right TMJ complex is consistent functional remodeling. Remodeling is an adaptive process in response to increased compression in the joints. The osseous morphology of the left TMJ complex is consistent with mild inactive degenerative joint disease. In closed position, the retruded locations of the condyles may suggest internal derangement of the discs (e.g., disc displacement). If more information is desired to determine disc position and evaluate the articular soft tissues, then consider a TMJ MRI.
- **19:** The widened apical PDL space may represent eccentric occlusion, periapical scar, or developing recurrent apical periodontitis. Endodontic evaluation is recommended.
- **Vascular calcification:** Calcified atheromatous plaque of the cavernous portions of both internal carotid arteries. Since this is considered a risk factor for cardiovascular disease, if the patient is not under the care of a physician for cardiovascular disease, a referral is suggested.
- Degenerative joint disease of the visualized cervical vertebrae is noted.
- The rest of the scan is within normal limits.

Thank you for the opportunity to serve your practice. Please feel free to contact me if you have any questions.

Maryam Ajami, DDS

Diplomate of the American Board of Oral and Maxillofacial Radiology

This is a consultative report only and is not intended to be a definitive diagnosis or treatment plan.

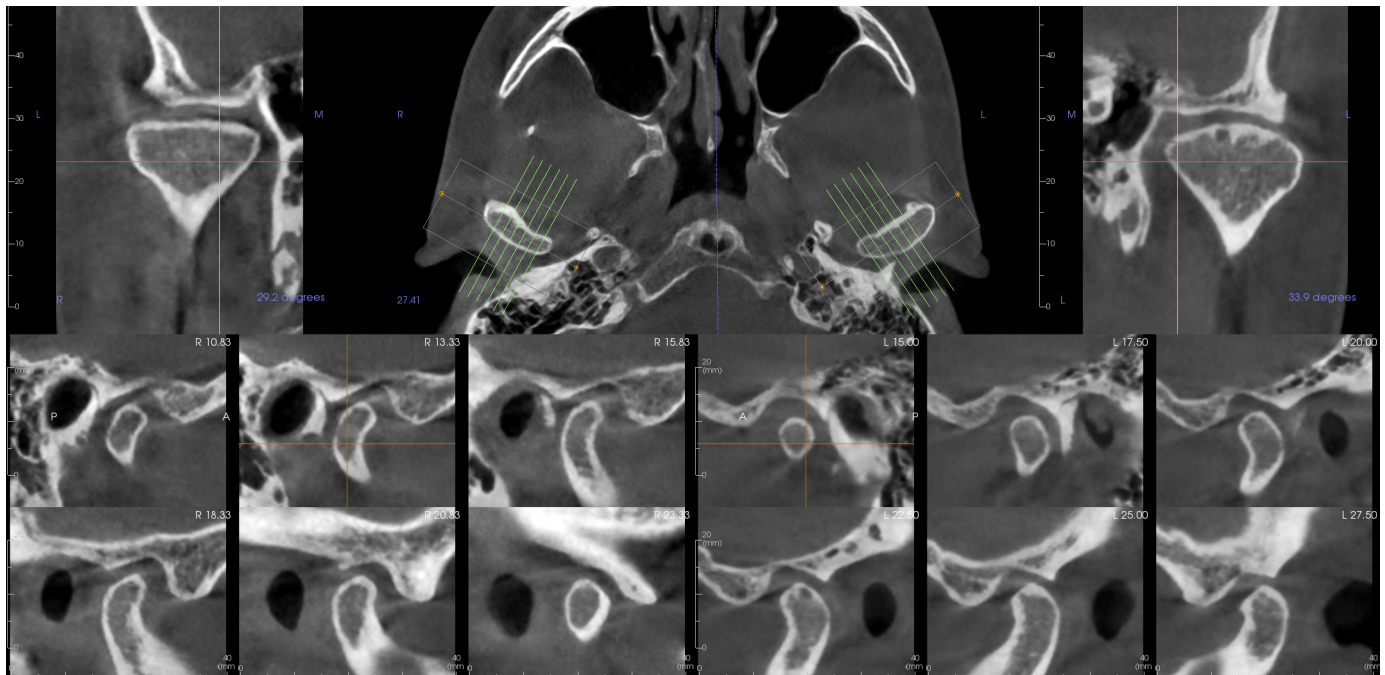
THE FOLLOWING ARE THUMBNAIL VIEWS OF IMAGES FROM THE ACQUIRED DATA:

IMAGES

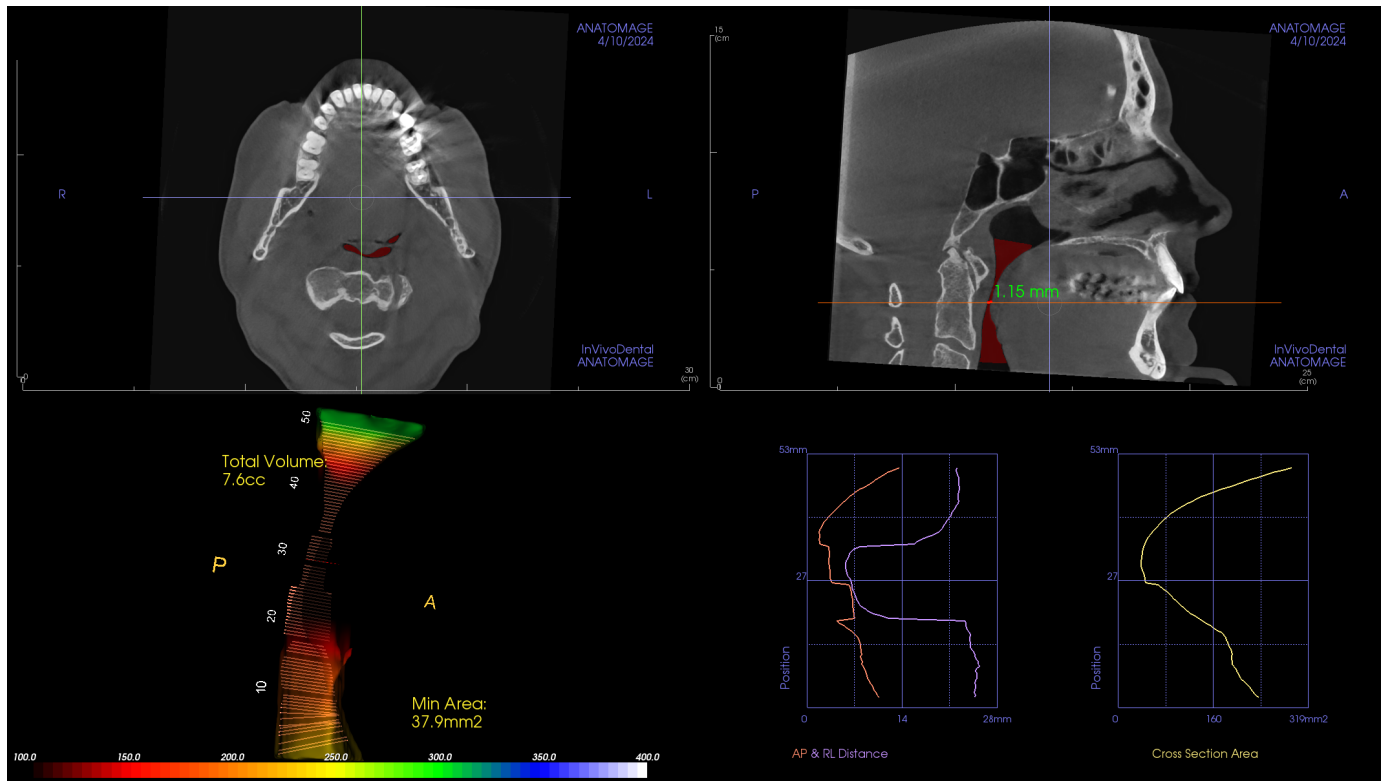
Panoramic reconstruction



TMJs



Airway analysis



19

