

Patient Name: Referring Doctor: Study: History: Indications: Add-ons:	Lastname, Firstname Dr. Sample – Sample Dental CBCT Previous TMJ and orthognathic surgery that is relapsing assess TMJ, airway, cervical spine, and alveolar bone condi ° Rush (24-hr TAT) ° STAT (3-hr TAT) • Basic Airway Assessment ° Deta ° Detailed Implant Site Assessment ° Comparison Study ° Add Refere	DOB: 1986-01-01 Sex: F Study Date: 2023-01-01 itions ailed Airway Assessment ence Studies • Zoom Case Discussion
Impression:	 Surgical hardware with associated screws present consistent with prior Le Fort I osteotomy, BSSO and genioplasty. No evidence of hardware failure is noted and surgical discontinuities appear well-healed. Class II skeletal malocclusion with anterior open bite, right side posterior cross bite, and increased overjet. Mandibular midlines deviated to the right with occlusal plane canted to the left, likely secondary to TMJ findings noted below. Severe late-stage degenerative joint disease seen, right side more severe than left, which appears to be in a stable state; I suspect this is secondary to prior progressive condylar resorption. Condylar positioning appears abnormal with reduced joint spaces. MRI may be considered if internal derangement of the soft tissue components of the TMJs is clinically suspected. The pharyngeal airway appears significantly reduced with high OSA risk. Referral for OSA assessment recommended, particularly if clinical signs or symptoms are present. Mild c-spine rotations noted. 	
Study Details:	 Large field of view CBCT extending from the level of the front Scan aligned to Frankfort-Horizontal plane for review. 	al bone to C6.
Dentoalveolar:	 Missing teeth: 3rd molars Four maxillary microplates with associated screws on the maxilla consistent with prior Le Fort I osteotomy. One screw of the posterior right maxillary microplate approximates an accessory branch of the right infraorbital canal. Two mandibular microplates with associated screws seen on the mandible, one on the left mandibular ramus, one in the right mandibular body and one screw in the right mandibular ramus consistent with prior BSSO. The right mandibular ramus screw approximates the right IAC. Healed surgical discontinuities noted in the mandibular rami and parasymphysis. Four intraosseous wirings noted in the anterior mandible consistent with prior genioplasty. Palatine tori present. 	

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Occlusion:	 Crowding/Spacing: Narrow dental arches with mild maxillary and mandibular crowding. Skeletal Class: Left: III Right: 1 Overjet: increased Overbite: anterior open bite Posterior(transverse): right side cross-bite Dental Midline: Mandibular: deviated to the right Mandibular Osseous Midline: deviated to the right Occlusal Plane: canted to the left Mandibular Plane: steep 	
TMJs:	 Right TMJ: Condyle: severe condylar volume loss, flattening, and sclerosis Joint Space: reduced, condyle anteriorly positioned within the glenoid fossa Articular Eminence: flattening Fossa: flattening Left TMJ: Condyle: condylar volume loss, flattening, beaking and sclerosis Joint Space: reduced, condyle anteriorly positioned within the glenoid fossa Articular Eminence: flattening, beaking and sclerosis Joint Space: reduced, condyle anteriorly positioned within the glenoid fossa Articular Eminence: flattening Fossa: flattening 	
Paranasal Sinuses:	 Healed surgical discontinuities noted in the maxillary sinus borders. Mucosal thickening noted in the maxillary sinuses. OMCs appear tenuously patent or occluded. 	
Airway:	 Oropharyngeal Airway Analysis: Minimum cross-sectional area of the oropharyngeal airway space is ~ 34 mm² at the level of C2 which is below the range of normal. OSA risk: high 	
Cervical Spine:	Mild C2-C6 rotations noted.	



Signature:

Interpreted and signed by radiologist: Christopher D. Matesi, DDS Verified Date: 5/21/2024

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Screenshots: Disclaimer: No measurements should be made from attached images. These images are only representative slices.



Reformatted Panoramic





Reformatted lateral ceph with soft tissue outline.





Bone Volume Render AP View





TMJ Analysis



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Airway Analysis