Oradontix

PATIENT: Bruin Bear
DATE OF BIRTH: 2-2-1993
EXAM DATE: 1-1-2022
REFERRED BY: Dr. UCLA

Clinical Indications
Endodontic Evaluation/Cracked tooth survey #18

Radiographic Examination
CBCT, both jaws

Image Quality
Optimal for diagnosis

Radiographic findings:

Tooth no. 18 is endodontically treated with two roots (M and D) and three obturated canals (MB, ML and D). The obturation at all canals are slightly short of their apices. The ML obturation shows a small void. Apical radiolucency is noted at the M root. An isolated lateral radiolucency is seen at the lingual cervical 2/3 of the M root. Evidence of minimal furcational bone loss is noted. No frank fracture line is seen.

The adjacent IAC is well-corticated and courses <1.5mm inferior to the apices.

Other findings:

Endodontically treated no. 15 shows apical radiolucency at the MB root. A faintly visualized radiolucent line is seen parallel to the obturated MB canal. The obturations at all canals are thin. The apical third of the DB canal is partially obturated. The apical third of the P canal is not obturated. No frank fracture line is seen.

Endodontically treated no. 9 shows minimal apical widening of the PDL space. A post is seen at the apical third of the root. The obturation is thin and short of the apex. No frank fracture line is seen.

Tooth no. 13 shows a prominent vertical periodontal defect at the distal cervical aspect.

Tooth no. 19 and 30-31 show buccal furcation bone loss.

An amorphous mixed density lesion is seen at the edentulous site no. 32, abutting the adjacent cortices.

Other teeth and their surrounding periodontal structures appear normal.

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

Impression:

1. Tooth no. 18:
    a. Persistent lateral radicular periodontitis, with a pattern of bone loss at the M root highly suggestive of vertical root fracture.
2. Tooth no. 15:
    a. Persistent or resolving apical periodontitis at the MB root with no radiographic evidence of root fracture.
3. Amorphous mixed density lesion at the edentulous site no. 32, consistent with periapical cemento-osseous dysplasia, residual root fragment or graft material. Periodic radiographic follow-up with PA radiographs is suggested to observe the normal maturation process of these lesions.
4. No radiographic evidence of apical or osseous pathology involving the other teeth.

Electronically signed by Dr. Ava Zaboli on 7-30-2025

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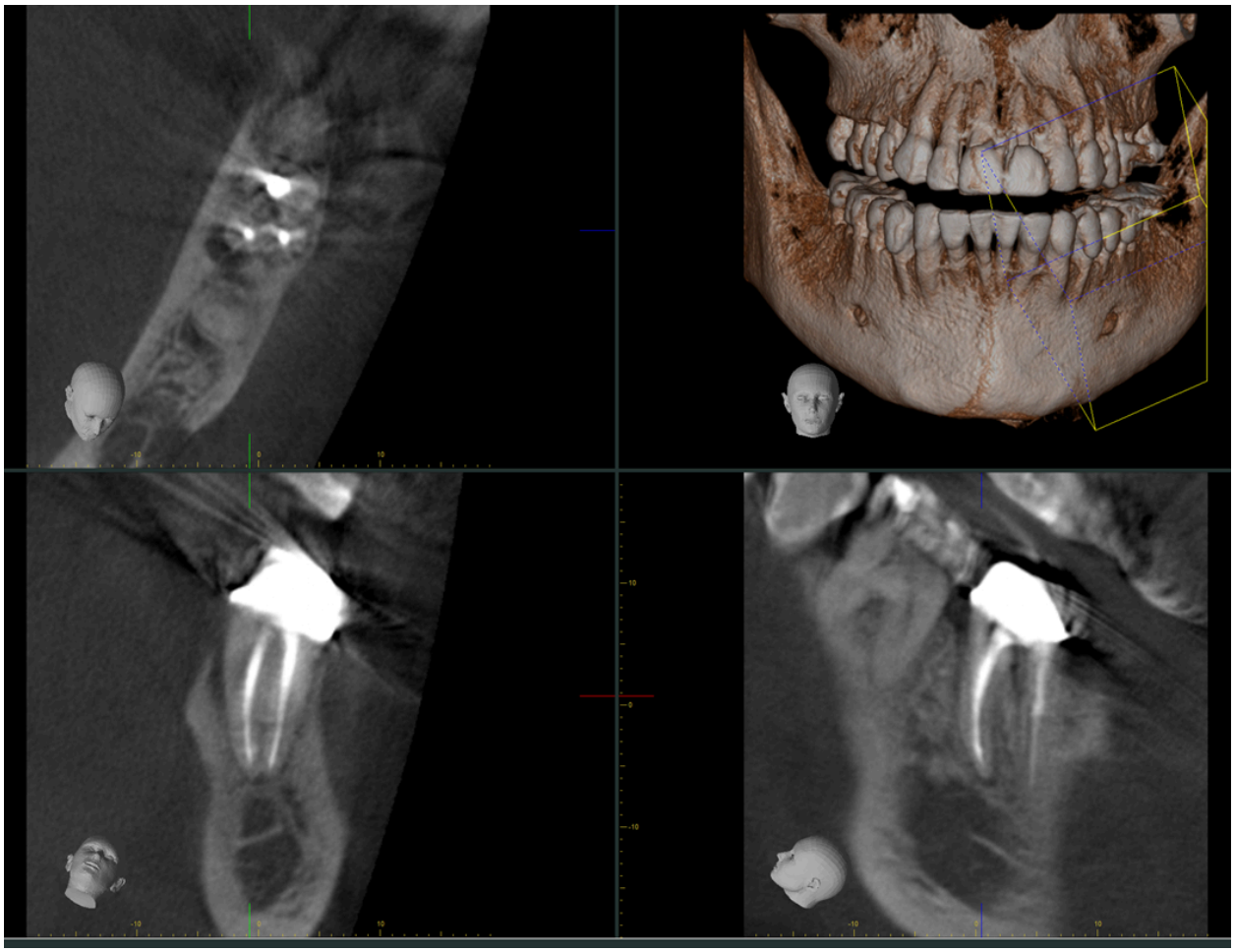
Tooth no. 18 - MB canal



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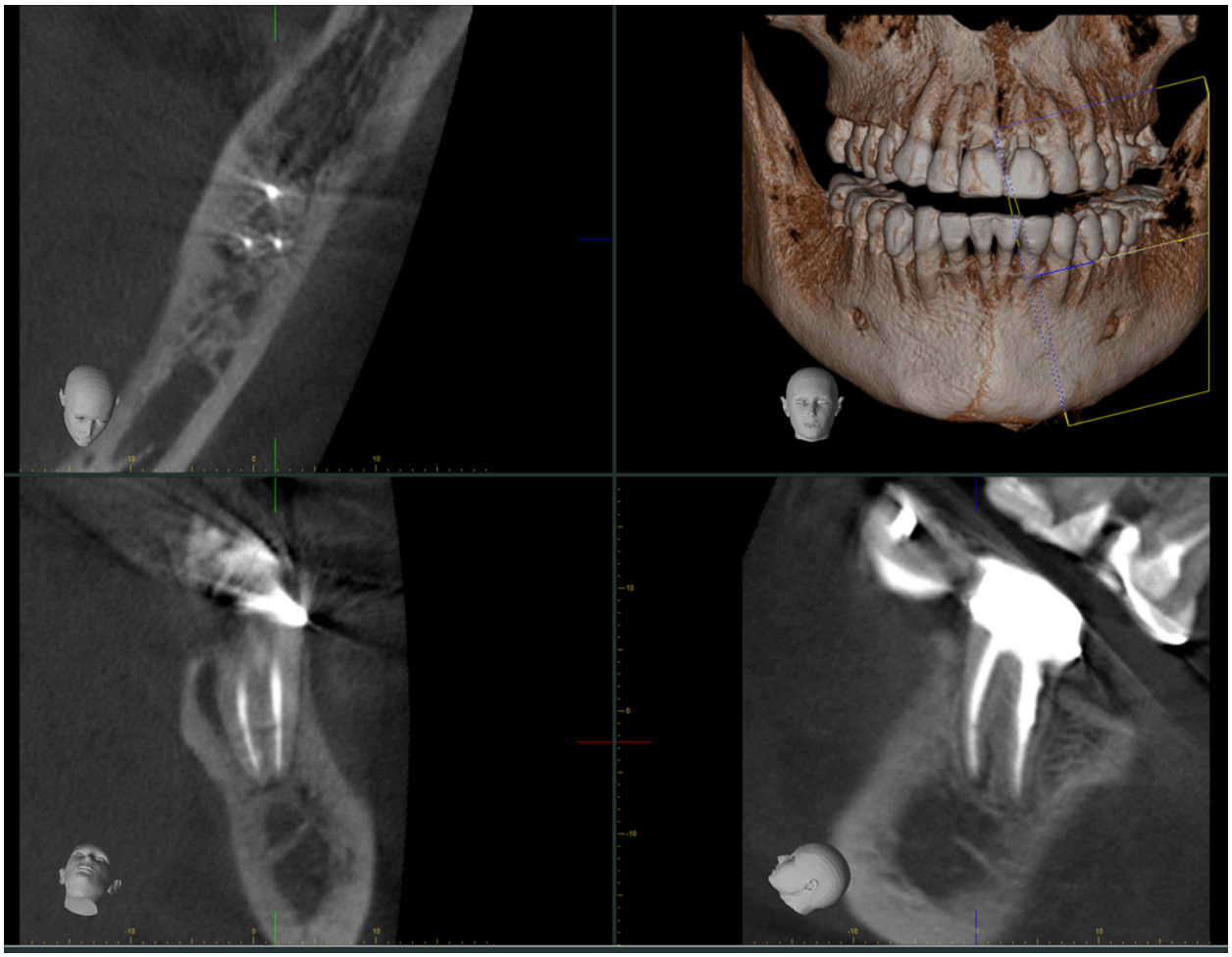
Tooth no. 18 ML canal



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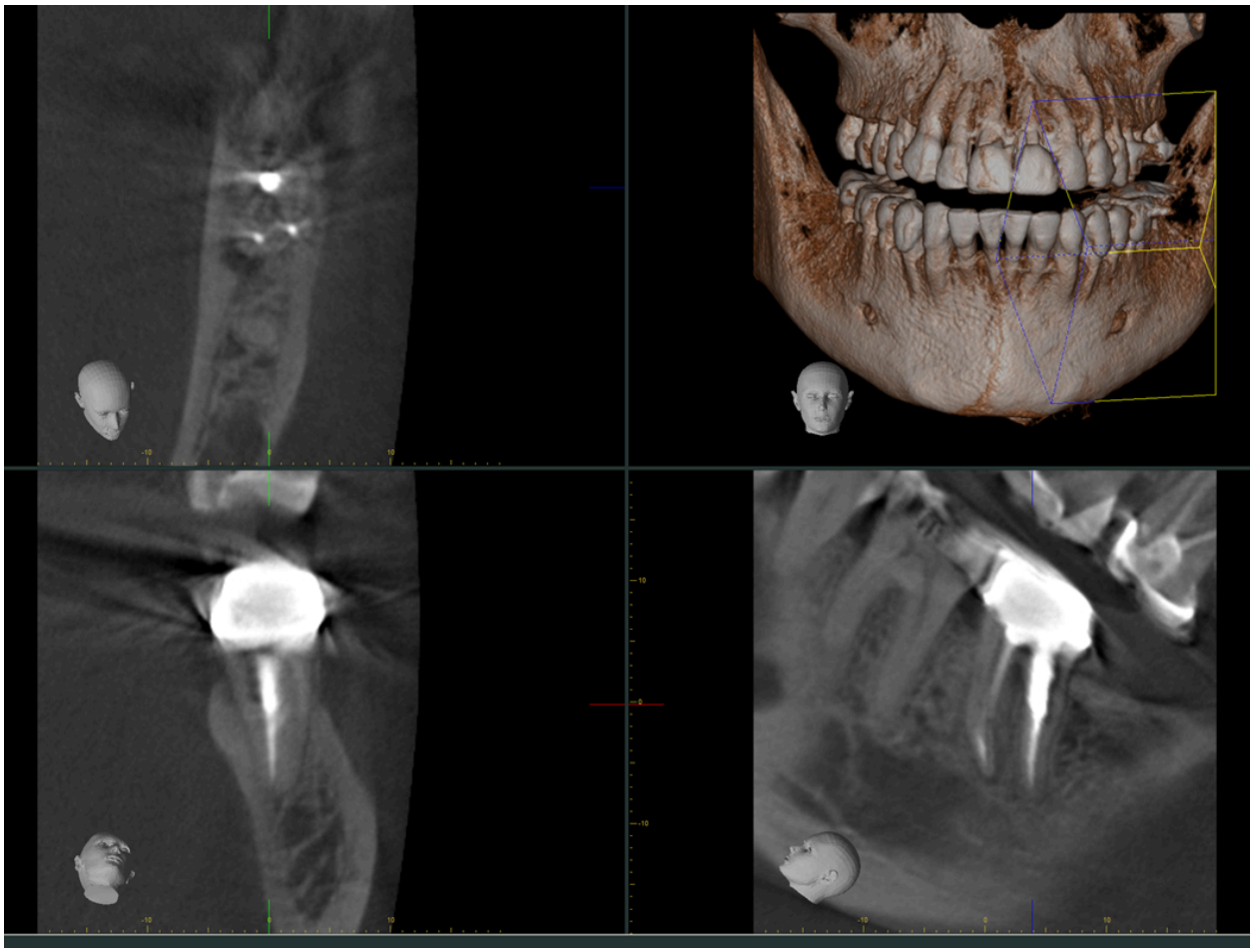
Tooth no. 18 D canal



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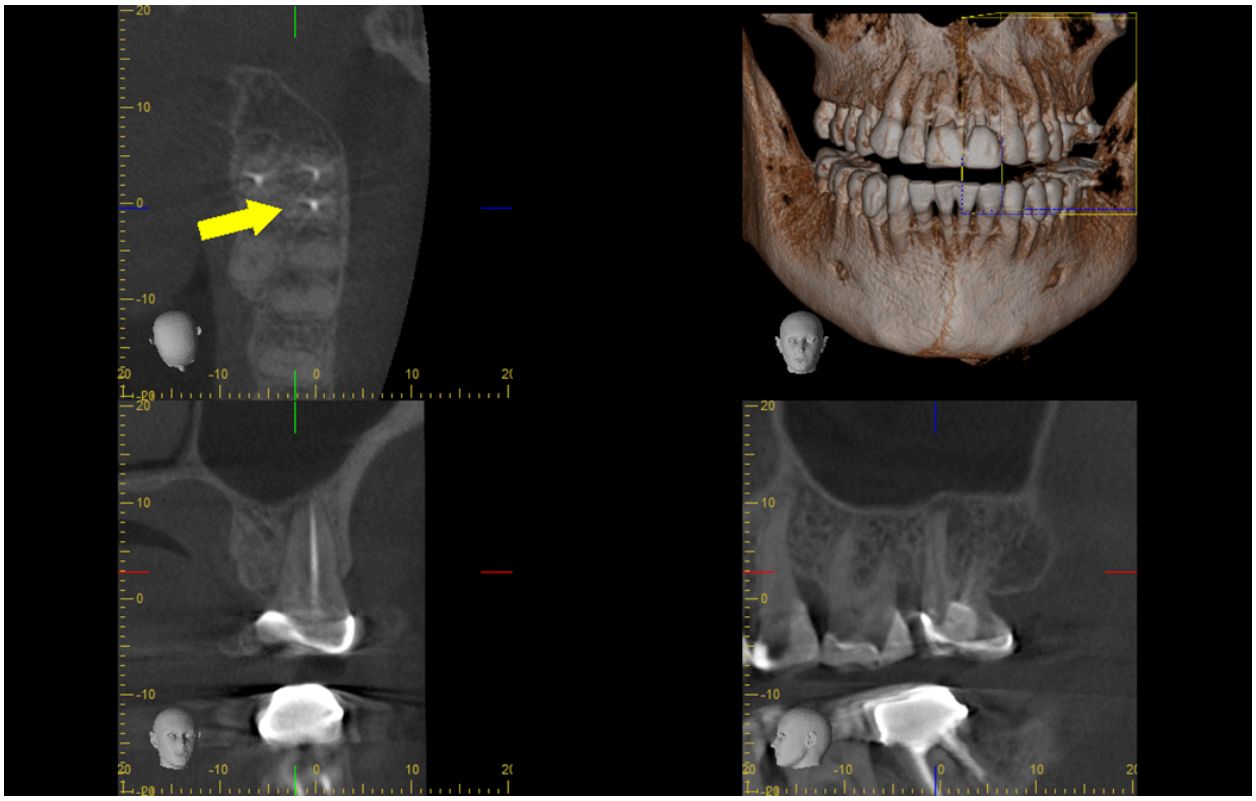
Tooth no. 15 - possible unfilled/calcified MB2 canal (arrow)



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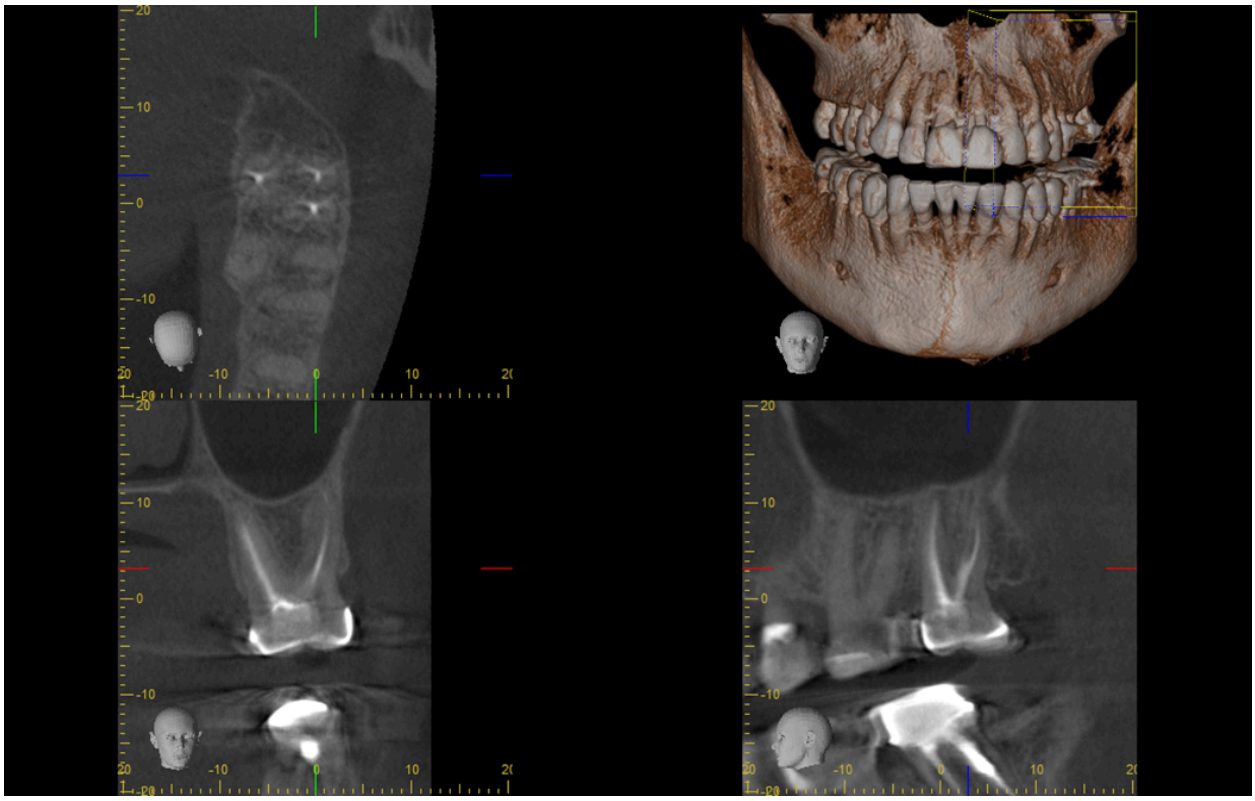
Tooth no. 15



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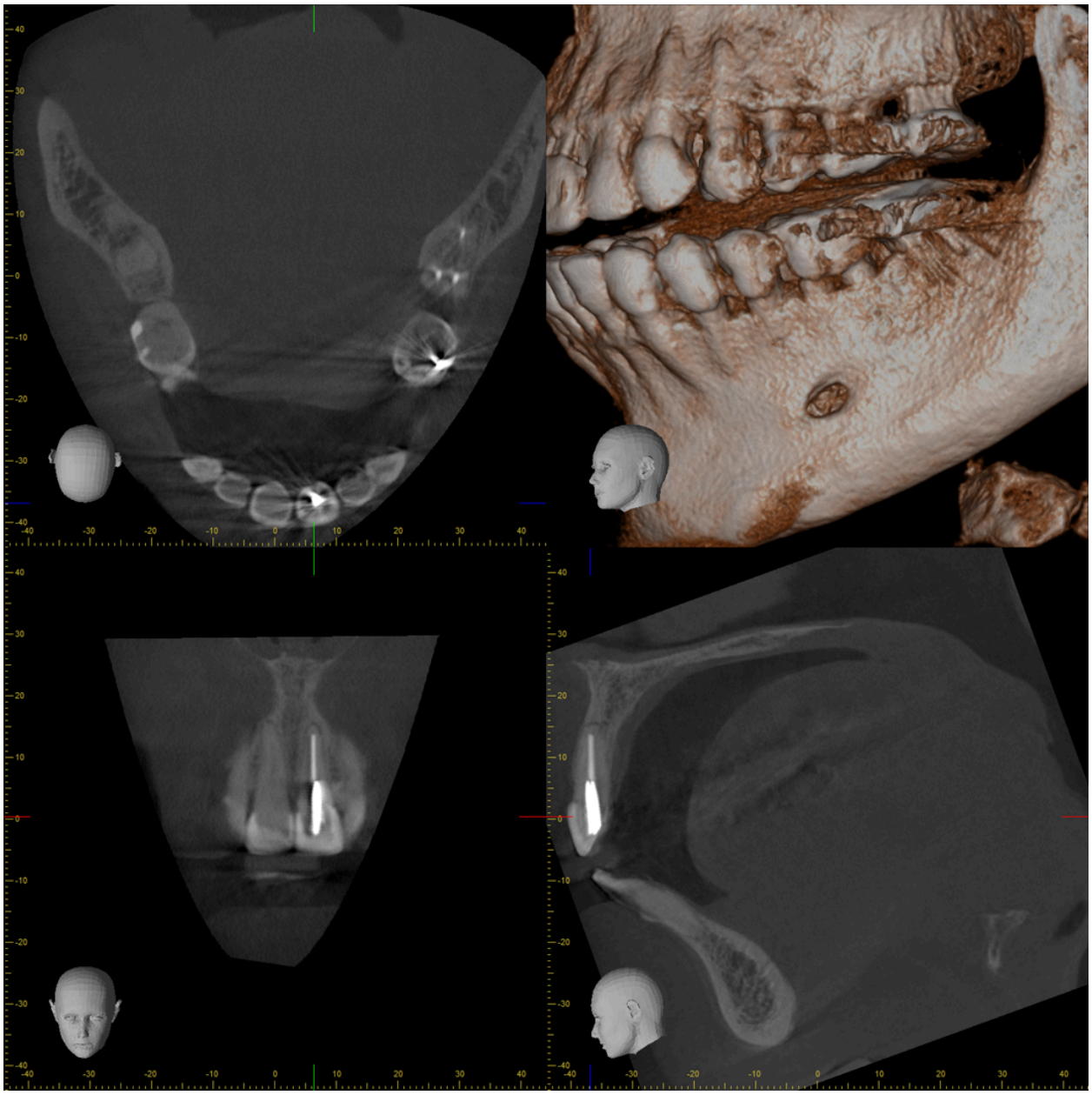
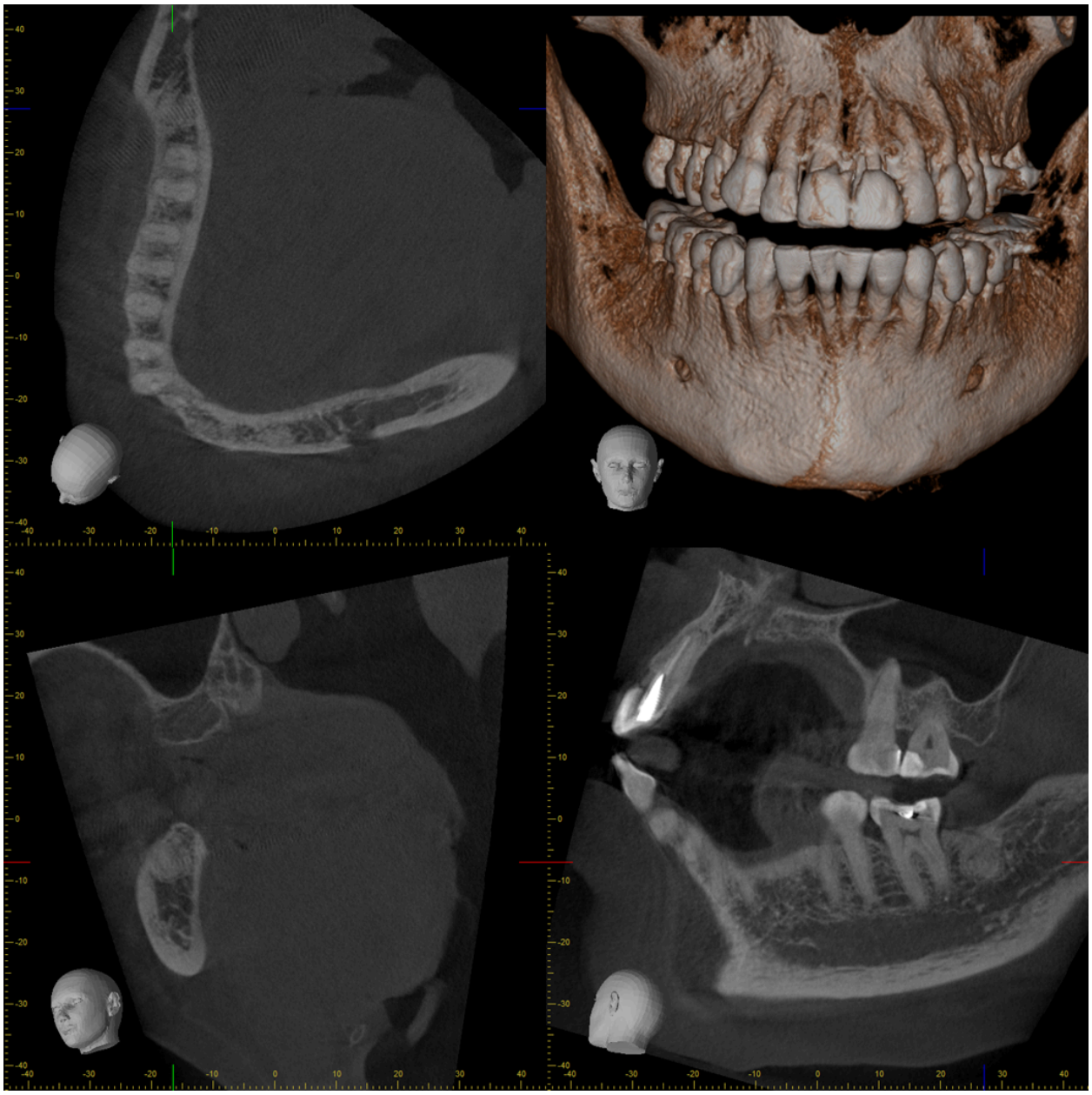
Tooth no. 9



Site no. 32



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