Beamreaders inc.
DIAGNOSTIC SERVICES

99 Scripps Dr. #101
Sacramento, CA 95825
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Patient:	**Patient Name**	**Report Date:**	02/13/2013
DOB:	12/19/1900	**Study Date:**	02/05/2013
Ref. Doctor:	Dr. Doctor	**Scan Source:**	***Your Orthodontic Clinic***

Study Purpose: Orthodontic Evaluation
Dr. Notes: Assess position of 13,23. Please do an overall analysis and comprehensive report, to include the above concerns.

OBSERVATIONS

DENTAL FINDINGS: All teeth are present. Developing follicles of third molars are seen in all quadrants. The second molars are not in occlusion.
Teeth 13, 23 are obliquely impacted with the crowns positioned palatal (and in close proximity) to the roots of 12, 21, 22 respectively. No evidence of resorption is noted. The root of 12 is mesially displaced.
The follicular sac of tooth 13 measures ~2.8mm in the maximum dimension; this is at the upper limit of normal.

TMJs: The TMJs are of normal size and shape, with smooth, rounded contours. The cortical outline is diffuse and indistinguishable from the underlying trabecular bone; this is considered normal for the patient's age. The condyle/fossa spatial relationships are within normal limits.

SINUSES: The paranasal sinuses are well aerated, clear, and have dimensions within normal limits. The ostiomeatal complex is patent bilaterally. The maxillary and sphenoid sinuses are incompletely pneumatized; this is considered normal for the patient's age.

NOSE: No abnormalities detected.

AIRWAY: The dimensions of the airway, posterior to the soft palate and tongue base, are significantly reduced. The minimal axial cross-section measures ~50mm^2. Enlargement of the adenoids and the lingual tonsils is noted.

OTHER FINDINGS: Bilateral calcification of the stylohyoid ligaments is incidentally noted.

IMPRESSIONS

- Dental findings are as noted.
- The reduction in the dimensions of the airway predisposes the patient to a high risk for the development of obstructive sleep apnea.
- Calcification of the stylohyoid ligament is a common finding. Clinical evaluation to rule out Eagle's syndrome (lateral neck and oropharyngeal pain exacerbated by tongue and head movements) is suggested.

Sincerely,

Dr/ OMR
Dip., American Board of Oral & Maxillofacial Radiology

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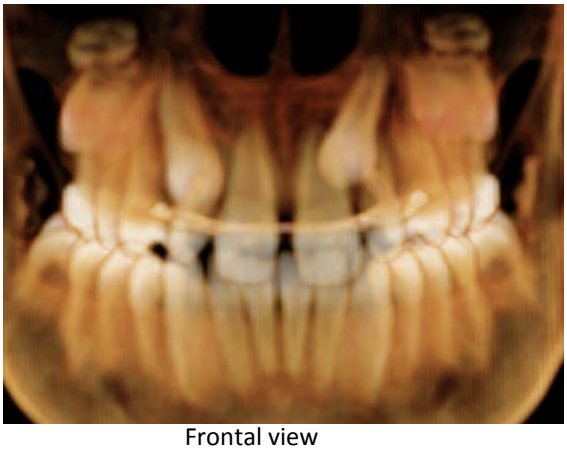
Panoramic Reconstruction

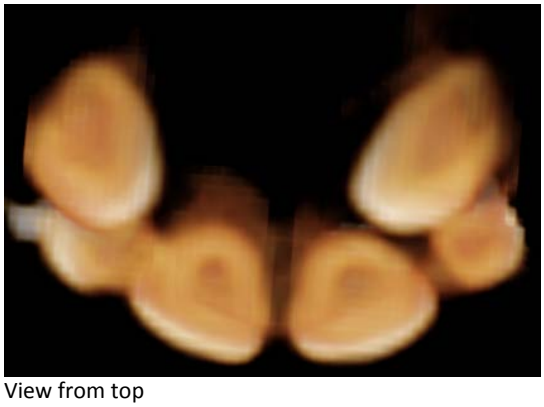
Right lateral view



Frontal view

Left lateral view

3D Volume Rendering



View from top

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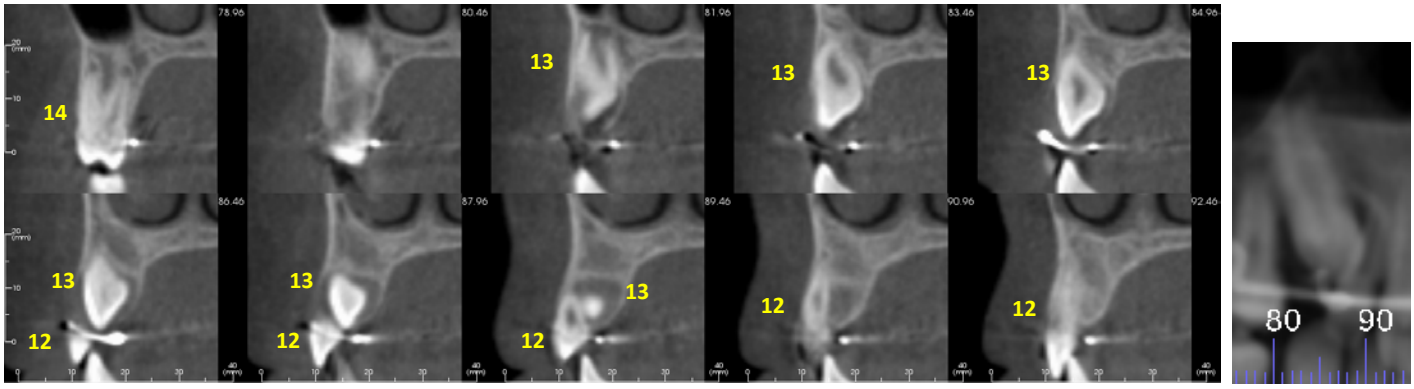
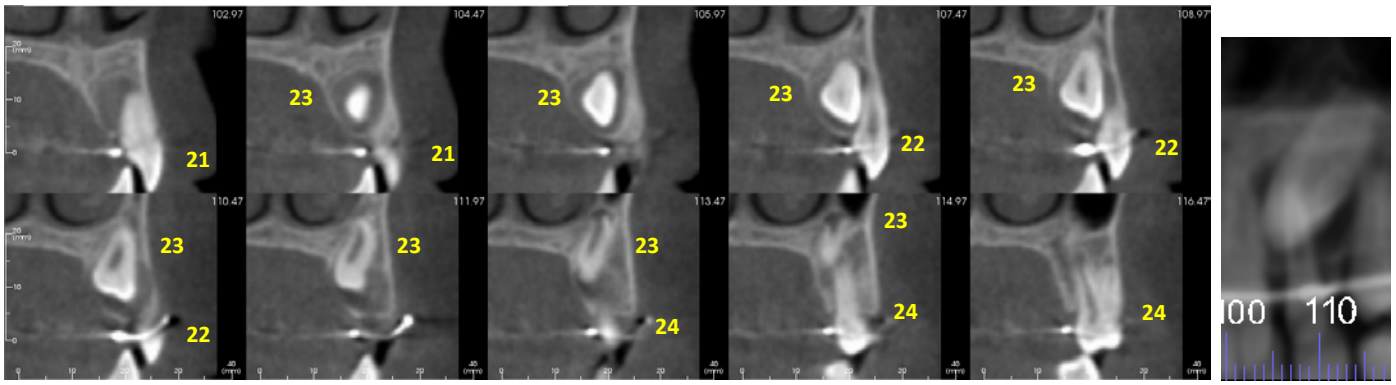
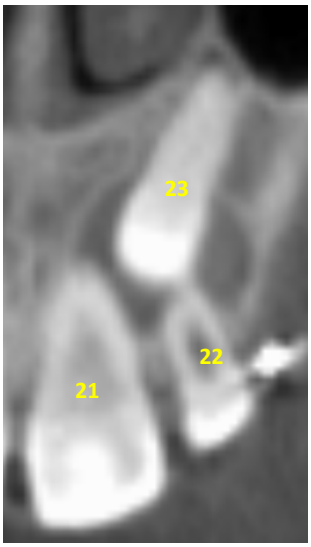


Cross-sections: Region of tooth 13



Cross-sections: Region of tooth 23

Tooth 13
Coronal views



Tooth 23

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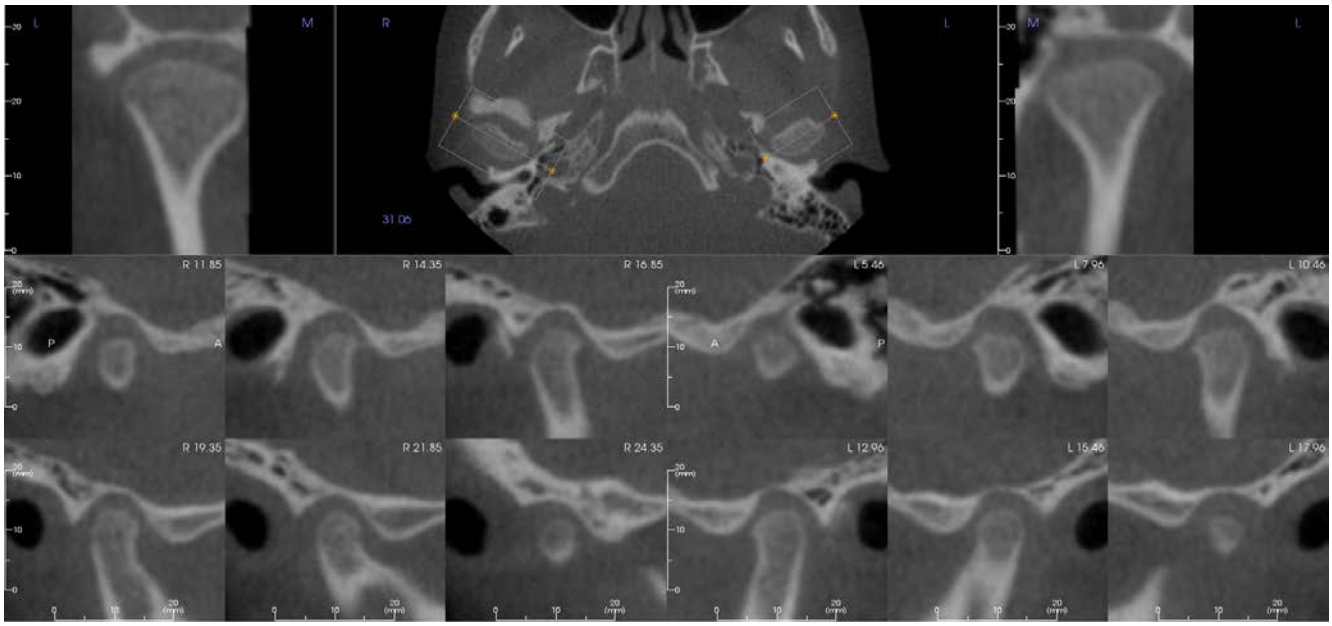
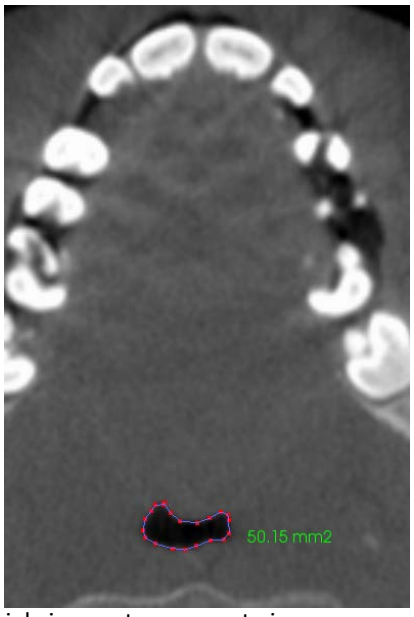
Right TMJ **Left TMJ**



TMJ: Sagittal cross-sections and axial and coronal views

Midsagittal view
Airway



Axial view – at narrowest airway cross-section