

Date:

**Patient Name:**                      **DOB: Gender: F**  
**Center Name: Date of Scan:**  
**Referring Dentist:**

---

**Images provided:** Cone Beam CT images in the bone window, FOV = 16 cm. Axial, coronal and sagittal planes.

**Clinical Info:** TMJ report requested.

**Findings:**

**TMJ:**

***Right:***

*Closed:* **Condyle:** Flattening of the superior aspect of the condyle with anterior osteophyte formation. The center of the superior aspect shows concave remodeling and thinning of the superior cortex.

**Joint space:** Narrowing of the posterior aspect.

**Fossa:** Flattening of the posterior slope of the eminence.

*Open:* The condyle is positioned inferior and slightly superior to the crest of the eminence.

***Left:***

*Closed:* **Condyle:** Flattening of the superior aspect of the condyle with anterior osteophyte formation. The center of the superior aspect shows concave remodeling and thinning of the superior cortex.

**Joint space:** Narrowing of the posterior aspect.

**Fossa:** Flattening of the posterior slope and crest of the eminence.

*Open:* The condyle is positioned inferior to the crest of the eminence.

**Mandible:**

- Tooth # 20 is endodontically treated. The root canal filling material extrudes beyond the apex and there is widening of the periapical PDL space.
- There is a focal opacity surrounded by a corticated lucency located in the area of tooth #29. It is lingual to the mental foramen, and seems to be expanding and thinning the lingual cortex. This may represent a remaining root with a residual widening of the PDL space.
- There is a well-defined uniform density opacity extending from the lingual aspect of the left ramus of the mandible just posterior to the mandibular foramen. It measures about 6mm in diameter. This may represent a compact osteoma. Clinical correlation to any symptoms arising from possible gradual compression of the nerve is recommended. Surgical resection may be indicated if such symptoms arise.

Sinuses:

- Mucosal thickening of the floor of the right and left maxillary sinuses.

Other findings:

- Calcifications seen in the area of the right and left tonsillar pillars. This finding is consistent with postinflammatory changes.
- Soft tissue density seen in the left external auditory meatus. This is suggestive of earwax.
- Midcranial calcification in the area of the pineal gland.

**Radiographic Impression:**

The findings in the right and left TMJs are suggestive of moderate DJD.

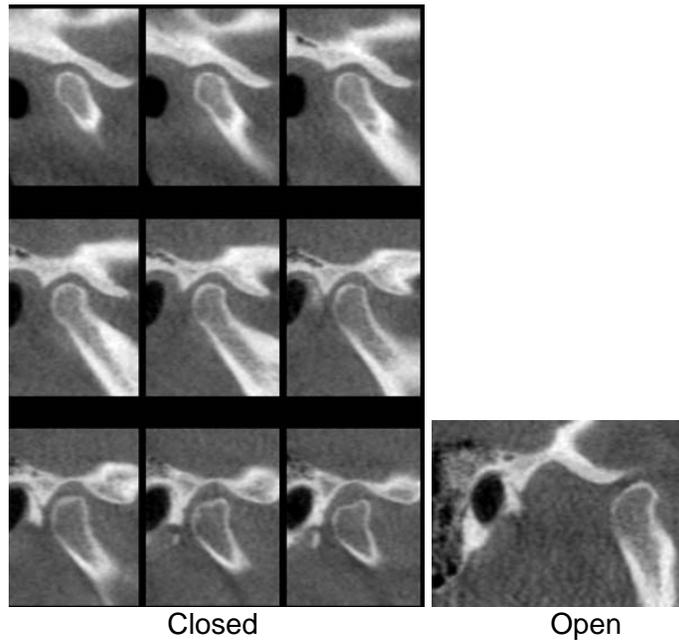
**Recommendations:**

MRI if evaluation of the disk and soft tissues is needed.

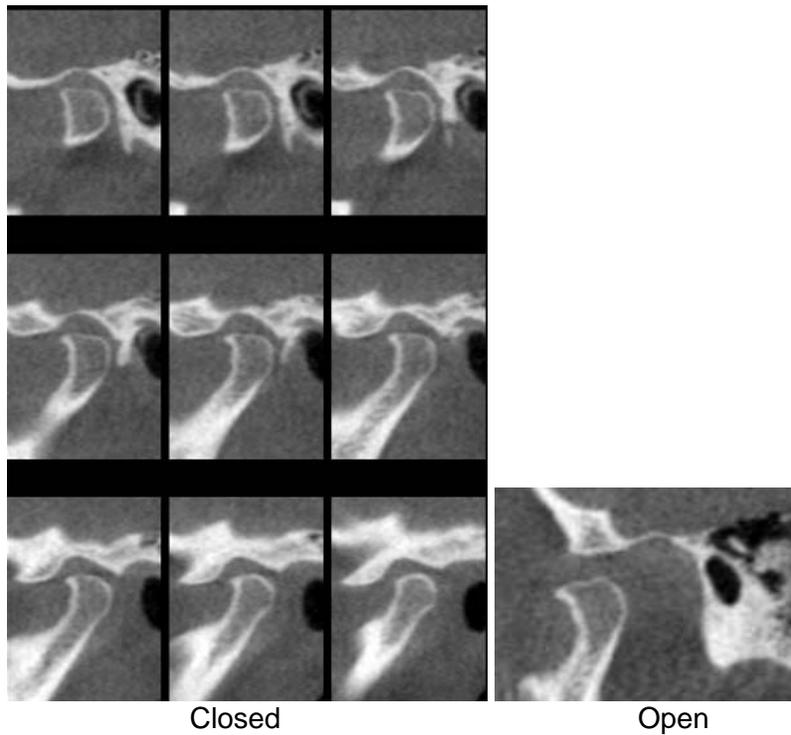
**Radiologist name and signature:**

Dania Tamimi, BDS, DMSc, *Diplomate, ABOMR*

**Note:** *Cone Beam CT is suboptimal for the visualization and evaluation of soft tissue and fine bone detail.*



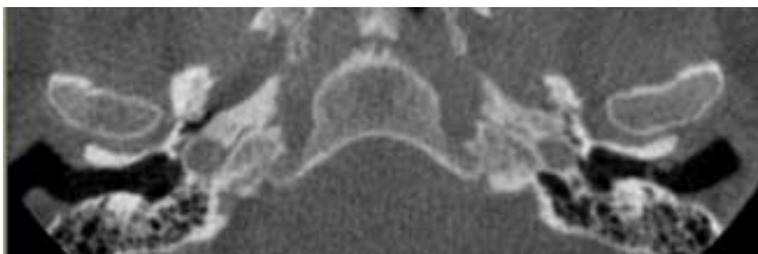
**Figure 1:** Right TMJ



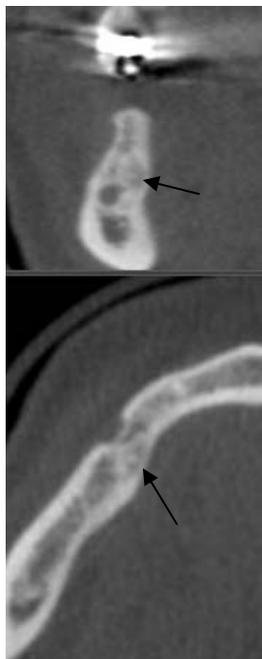
**Figure 2:** Left TMJ



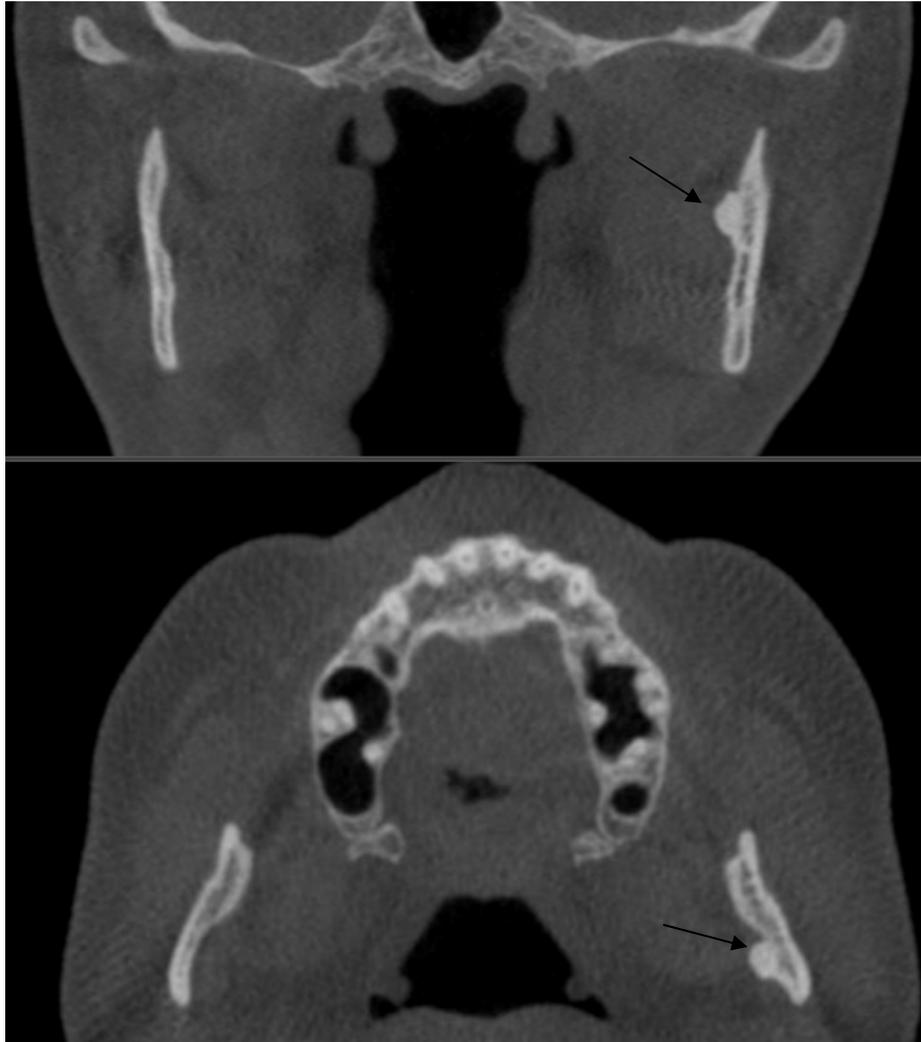
**Figure 3:** Coronal View



**Figure 4:** Axial View



**Figure 5:** Coronal and axial views showing the finding in the area of #29.



**Figure 6:** Possible osteoma of the internal surface of the ramus at the mandibular foramen.