



**Patient:**  
**Date of Images:**  
**Referring Dr.:**  
**Date of Report:**

**Age:** 34

**Sex:** M

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The examination consists of an iCAT<sup>®</sup> cone-beam computed tomographic examination extending from the roofs of the orbits to the inferior border of the mandible. Axial and reconstructed sagittal and coronal sections are reviewed, as are corrected sagittal and coronal reconstructions through the temporomandibular joints.

There is a tangential fracture through the right body of the mandible extending from the inferior cortex in the antegonial notch area to the base of the socket containing the impacted tooth 3.8. The fracture plane includes the mesial periodontal ligament and follicle spaces of the tooth. Medial/laterally, the fracture plane extends through both the buccal and lingual cortices of the mandible. As well, there is a discontinuity of the floor of the left orbit. This is the likely reason for the mucosal and air/fluid levels in the left maxillary sinus. There is also mucosal thickening of the left ethmoid air cells, however, the medial wall of the orbit is intact. The appearances are consistent with left mandibular body and left orbital floor blow-out fractures.

The right mandibular condylar head is seated minimally-posteriorly in the glenoid fossa in the closed mouth position. Therefore, the anterior joint space is increased in width. This appearance is suggestive of an anteriorly displaced disk. The left condylar head is seated symmetrically in the glenoid fossa in the closed mouth position. The widths of the joint spaces are within the range of normal.

There is a small asymmetry of condylar head morphologies with the right condylar head appearing wider and flatter in the medial-lateral direction than the left condylar head, which appears somewhat more round in shape. The contours and cortication of the right and left condylar heads, glenoid fossae and articular eminences are within the range of normal. No abnormalities of the bony components of the temporomandibular joints are appreciated.

The generalized bone pattern and jaw morphology are within the range of normal.

- Interpretation:**
1. Left posterior mandibular body fracture.
  2. Left orbital floor blow-out fracture.
  3. Asymmetric mandibular condylar heads. Otherwise, no osseous abnormalities are appreciated.
  4. Right mandibular condylar head position is suggestive of an anteriorly displaced disk.
  5. Left maxillary and ethmoid sinusitis.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ernest W.N. Lam', with a flourish at the end.

Ernest W.N. Lam, D.M.D., F.R.C.D.(C)  
Oral and Maxillofacial Radiologist