



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

Age: 62

Sex: F

The examination consists of a iCAT[®] cone-beam computed tomographic examination extending from the roofs of the nasal fossae 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. Comparison is made with a similar study dated February 5, 2008.

The right mandibular condylar head is seated symmetrically in the glenoid fossa in the closed mouth position. The medial joint space is reduced in width, and there is no visible lateral joint space. This appearance has not changed in the interval. The superior articulating cortex of the right condylar head is variably thinned, and in some areas is not seen. There is also extensive sclerosis of the trabecular bone throughout the glenoid fossa roof, the posterior slope of the articular eminence and the condylar head. These appearances as well have not changed significantly in the interval. The appearances are consistent with active degenerative disease and joint ankylosis.

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. This represents an interval change. The contours and cortication of the left condylar head, glenoid fossa and articular eminence are within the range of normal. No abnormalities of the bony components of the left temporomandibular joint are appreciated.

The borders of the depicted paranasal sinuses are intact. There is mucosal thickening in the maxillary sinuses, and a retention pseudocyst in the left maxillary sinus. These appearances are consistent with sinusitis.

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

- Interpretation:**
1. The appearance of the right temporomandibular joint are consistent with active degenerative disease and ankylosis.
 2. No osseous abnormalities of the left temporomandibular joint are appreciated.
 3. Left mandibular condylar head is now symmetrically centered in the glenoid fossa. This represents an interval positional change.
 4. Maxillary sinusitis.

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

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