

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.GYANENDRA KUMAR

Age/Gender : 50 Y/M

Lab No : 10130800

Referred By : Dr.SAURABH SONKER

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250033504

Registration ON : 24/Feb/2025 07:02PM Sample Collected ON : 24/Feb/2025 07:02PM

Sample Received ON

Report Generated ON : 24/Feb/2025 09:17PM

CBCT ARCH(MAXILLA/MANDIBLE)

SCAN TYPE: CBCT of Upper and Lower Jaws

AREA OF INTEREST: Evaluation of Left Mandible

GENERAL OBSERVATIONS

DENTAL FINDINGS:

Missing teeth: 33 - 37 are missing.

Implants: No implants are present.

Caries: 45, 46 are carious.

Restorations: 31 – 38 are restored with FPD.

Endodontics: 45 is endodontically treated.

Apical pathology: No periapical pathology is seen.

Periodontology: The height of surrounding alveolar bone is normal.

Other Findings: A well-defined multilocular radiolucent lesion is seen in the left mandible

extending from 32 to 38 region.

FINDIGNGS SPECIFIC TO THE LESION

Location:

Left mandible - 32 to 38 region

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Shape:

Irregular

Size:

Approx. 3.93 cm X 2.30 cm in saggital section. However, the angle and ramus region are not included in the Field of View.

Periphery:

The lesion is well defined, with certain areas of cortication. It is causing destruction of the buccal, lingual, superior and inferior cortical plates.





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Internal Structure:

Completely radiolucent. Internal septations are dividing the lesion into multiple compartments. There are no internal calcifications seen.

Effect on surrounding structures:

There is root resorption in the mesial root of 38

No displacement of adjacent teeth

IMPRESSIONS

Well defined multilocular lesion in the left mandible is highly suggestive of **Ameloblastoma**

Other differentials may include OKC, CGCG or Odontogenic Myxoma

NCCT or CBCT involving the angle and ramus is advised for complete delineation of the lesion

CECT is advised to evaluate soft tissue extension

FNAC and Biopsy are advised for characterization of the lesion

Sincerely,

Dravid Devalah

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Dr. Dravid Devaiah, BDS, MDS (Oral and Maxillofacial Radiologist)

*** End Of Report ***

