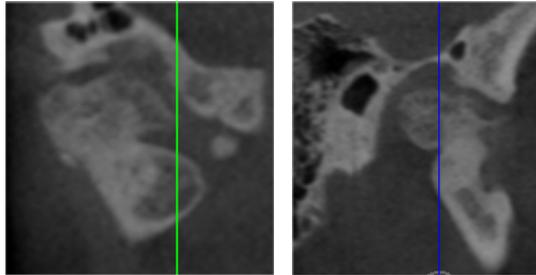


Dr. David Doctor
Dental Offices
411 Street, Suite #210
Somewhere, Texas 77777

RE: Sample Patient

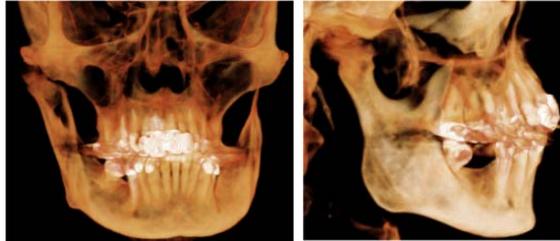
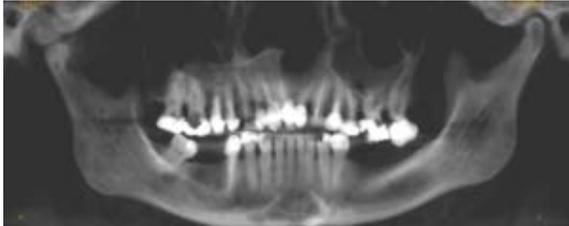
DOB: 8/10/46



Dear David,

The temporomandibular joints (TMJs) and adjacent areas were imaged with panoramic and cephalometric projections and a Cone Beam volume scan and a MRI. The CT scan was produced on 4/14/2008 and the MRI was produced by **Med Center** in 2005.

OBSERVATIONS: there was an osseous mass extending from the laterosuperior surface of the right condyle. This mass was approximately 22 x 12 x 21 mm in size. The margins of the mass were well defined and corticated. The internal bone of the mass and the subchondral condylar bone was sclerotic. The mass occupies nearly the entire volume of the right glenoid fossa thus displacing the right condyle and the right half of the mandible by the an amount that corresponds to the size of the mass. In addition, a circular shaped mass with an opaque periphery and lucent center was noted at the anteromedial region of the right TMJ. When the mandible was in the closed position the left condyle was slightly posterior to the center of its fossa and right native right condyle was located inferior to the summit of the adjacent eminence.



ADDITIONAL OBSERVATIONS:

MISSING TEETH: #s 18,28,35-38,46 and 47.

SINUSES: Mucosal thickening, consistent with inflammatory sinus disease, was noted in the maxillary sinuses. The antromental complexes have been surgically enlarged.

PERIODONTAL: Crestal alveolar bone loss, consistent with periodontitis, was noted adjacent to some of the remaining teeth.

IMPRESSIONS: The mass identified in the right TMJ was consistent with a benign tumor, ie., **osteochondroma**. The MRI showed the presence of the tumor in 2005. There appears to be enlargement of the tumor and subsequent displacement of the mandible since 2005. Since the tumor is extending from the superior surface of the right condyle and occupying the fossa volume it has displaced the right condyle and mandible. There was no evidence of fracture involving the right condylar process. No disc displacement was noted in the left TMJ and a partially displaced disc was noted in the right TMJ. The disc in the right TMJ was anteriorly displaced in the lateral region of the TMJ. The extremely narrowed joint space between the mass and the opposing eminence in the lateral region of the TMJ increased the likelihood of a perforation.

Sincerely,
David Radiologist
Oral & Maxillofacial Radiologist