CBCT Reading Template Phrases

General:
1. The imaging study is well aligned with minimal motion artifacts
2. The imaging study shows some motion artifacts but is still clinically acceptable
3. The imaging study shows some alignment issues due to positioning problems with the patient

STAMMDO:

Sinuses
1. Small FOV - In this FOV, only the maxillary sinuses are visualized
2. Large FOV - In this FOV, the maxillary, ethmoid, sphenoid, and frontal sinuses are visualized.
3. The ethmoid, sphenoid, and frontal sinuses were clear of any gross radiologic pathology
4. The maxillary sinuses show well circumscribed ovoid or spherical opacity consistent with benign mucous cysts or polyps
5. The maxillary sinuses show thickened and opacified sinus lining consistent with chronic sinusitis
6. The maxillary sinuses show extensive areas of opacification (bilateral/unilateral) consistent with significant sinusitis
7. The maxillary sinuses show pacification’s consistent with graft material from a lateral wall sinus lift
8. The maxillary sinuses show a dome shaped opacification with graft material consistent with a trans crystal sinus lift
9. The maxillary sinuses show extensive opacification with Air-Fluid level suggestive of acute maxillary sinusitis
**TMJs**

1. The temporomandibular joints show no significant radiographic pathologic changes.

2. The temporomandibular joints show mild bony radiographic changes consistent with early osteoarthritis or DJD. These changes are noted in the (which side/bilateral, condyle, fossa, articular eminence).

3. The temporomandibular joints show moderate bony radiographic changes consistent with significant arthritis or DJD. These changes are noted in the (which side/bilateral, condyle, fossa, articular eminence).

4. In the sagittal view, there appears to be normal condyle-fossa position and spacing.

5. The articular eminence of the fossa has a (normal, steep, or shallow) posterior slope.

6. The Temporomandibular joints show radiographic evidence of severe degenerative joint disease, including flattening and cortical breakdown of the condylar head and/or posterior slope of the articular fossa. Other arthritic diseases such as Psoriatic or Rheumatoid arthritis should be considered.

**Airway**

1. The airway was evaluated radiographically from the nasal airway, nasopharynx, oropharynx to the hypopharynx. (No, minor, significant) airway narrowing was noted in the...

2. Radiographic airway pathology was noted in the form of (mass, rhinolith, tonsillith, deviated nasal septum, enlarged nasal conchae, enlarged tonsils/adenoids...)

**Maxilla/Mandible**

1. The maxilla/mandible shows normal radiographic form in shape and symmetry with no gross pathology noted.

2. The maxilla is (prognathic, retrognathic, hypoplastic, hyperplastic), with a skeletal classification of Class (I,II,III)

3. The maxilla/mandible shows radiographic evidence of bony breakdown consistent with possible (osteomyelitis, osteonecrosis, osteoradionecrosis, or malignancy) Clinical correlation with possible biopsy is recommended.
4. The maxilla/mandible shows radiographic evidence of a bony cyst/tumor. The location is , the size is , and has a regular/irregular border, unilocular, multilocular, shows cortical expansion/destruction, and is impinging on adjacent structures. Clinical correlation and biopsy is recommended.

**Dentition**

1. Radiographically, the patient is (fully dentate, partially edentulous, fully edentulous)

2. Radiographically, the dentition is grossly normal with no significant tooth fractures, wear, caries, periodontal bone loss, malposition, or impaction. (add in what is present)

**Other**

1. There are no other radiographic pathologic anomalies noted.

2. There are other radiographic anomalies noted, which are (elongated stylomandibular ligaments, submandibular sialolith, vascular calcifications, etc)

**This is NOT a complete list. If you have any concerns about what you are seeing, please send the study out to be read.**