RADIOLOGY REPORTS.
Neill Serman
Steven R. Singer

I. Purpose of Radiology Reports.
   a. Written record of diagnostic information
   b. Ethical imperative
   c. Medicolegal imperative ie: it is the standard of care
   d. Integration of radiographic findings with clinical exam data and other diagnostic modalities
   e. Communication with other practitioners
   f. Communication with the patient

II. Basic requirements of a Radiology Report
   a. Use the correct pre-printed Radiology Report form – Dentate or Edentulous
   b. Complete demographics
      • Patient’s full name
      • Chart #
      • Date radiographs exposed
      • Student’s name
      • Patient’s age
   c. The report must be written and dated on the day that the radiographs are exposed and processed.
   d. Signature of the (student) radiologist and date of report must appear on report.
   e. Radiographs must be of diagnostic quality

III. Contents of a Radiology Report
   a. Missing teeth and caries
      • Mark X in the appropriate box for each missing tooth - bright color
      • Mark caries in the correct area(s)
      • Do not indicate existing restorations
      • Write “see above” on the first line of your report

   b. Periodontal Bone Height
      • MUST be included in ALL radiology reports where teeth are present; even if it is WNL
      • It is only determined by the amount of interdental bone loss from the CEJ of the tooth
      • If the generalized bone height is within 3 mm of the CEJ, mark “Periodontal bone height WNL” on the correct line
      • If there is radiographic evidence of bone loss, three factors must be considered and noted:
         1. Generalized or Localized
         2. Horizontal or Vertical
         3. Mild, Moderate, or Severe
      • General periodontal bone height should be noted first. eq: Generalized mild horizontal bone loss
• Localized defects should then be noted on the correct line with the area specified first. e.g. #3M moderate vertical defect
• N.B. It is possible for the general periodontal bone height to be within normal limits and have localized defects
• If there are no localized defects, write ‘WNL’

c. Abnormalities
• List by quadrant, starting with the maxillary right quadrant and concluding in the mandibular right quadrant
• Describe exact area. e.g.: Left angle of mandible, #18 apex of distal root, etc.
• Describe in appropriate terminology, such as well demarcated, poorly demarcated, radiopaque, radiolucent, mixed, etc. Don’t forget to describe borders.
• Measure, WITH A RULER, all lucencies, opacities, and other abnormalities in two dimensions.
• Describe only in terms of what is visible on the radiograph. Do not make a diagnosis, but offer a differential diagnosis where appropriate.
• Draw all abnormalities on the diagram on the right-hand side of the form only. Use a contrasting color and superimpose your drawing over the normal structure
• Do not mention normal anatomy such as the submandibular gland fossa or the mental foramina in this section of the report unless you have been specifically requested to comment. For example, as a radiologist, you may be requested to examine the tempromandibular joint area on a High Panoramic view. It is then appropriate to remark that the joint structure appears to be within normal limits if no abnormalities are seen on the film
• Consider normal versus abnormal development and eruption patterns when assessing films of primary and transitional dentition. Indicate whether eruption sequence is WNL.
• Impactions are considered to be abnormalities. Impacted teeth should be distinguished from unerupted teeth, which may be perfectly normal. Draw and describe impacted teeth.
• Note discrepancies in dental treatment such as overhanging restorations or incomplete or overextended endodontic fill. Use only objective terms in your description. eg: #7 root fill is 3mm short of the radiographic apex.
• Significant anatomic variations such as dilacerated roots, extra roots, supernumerary teeth, widened periodontal ligament space, etc. should be included in your report
• For edentulous patients, abnormalities such as atrophic ridges, conversion of the mandibular canal to a groove, root remnants, and pneumatized sinuses should be noted. Do not forget to use the edentulous report form.

d. Suggest additional views and tests

Treatment is never recommended in a radiology report. However, in order to write a more complete report, it may be necessary to visualize areas other than those visible on the prescribed films. Common additional recommended views are:

bitewings; pans; periapicals; high pans; occlusal views
• It is also appropriate to suggest **vitality tests** for teeth where deep caries, restorations, bases, large carious areas and questionable periapical lucencies or opacities are present and the vitality of a tooth is questionable.

Keeping all the above in mind, it is important that the report is brief but covers all relevant points.

IV. When looking at a lesion / structure radiographically the following point must be considered -

1. **Normal** or variation of normal anatomy
2. Abnormal

<table>
<thead>
<tr>
<th>Acquired</th>
<th>Congenital</th>
</tr>
</thead>
<tbody>
<tr>
<td>infection</td>
<td>missing teeth / cusps / nerve canals</td>
</tr>
<tr>
<td>traumatic</td>
<td>additional teeth / cusps / nerve canals</td>
</tr>
<tr>
<td>cystic</td>
<td>size of teeth</td>
</tr>
<tr>
<td>metabolic</td>
<td>dens in dente / dens evaginatus</td>
</tr>
<tr>
<td>fibro osseous</td>
<td>fusion / gemination</td>
</tr>
<tr>
<td>benign</td>
<td>enamel pearl</td>
</tr>
<tr>
<td>giant cell lesion</td>
<td>taurodontia</td>
</tr>
<tr>
<td>malignant</td>
<td>amelogenesis / dentinogenesis</td>
</tr>
</tbody>
</table>

V. THIRD YEAR REQUIREMENTS

A. **Spring** 50 credits.

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A = 8;</td>
<td>A^- = 7;</td>
</tr>
<tr>
<td>B+ = 6;</td>
<td>B = 5; B- = 4;</td>
</tr>
<tr>
<td>C+ = 3;</td>
<td>C grade and below = zero credits</td>
</tr>
</tbody>
</table>

B. **Summer.**

In addition to achieving competency with 5 B+ or better critiques of your FMS’, you will be required to personally discuss 4 acceptable Radiology Reports of any 2 full Mouth Surveys and any 2 Pans taken during your Summer rotation. In order for the reports to be accepted for credit, they must meet all of the aforementioned criteria, including timely submission. All four reports must be discussed personally with Dr. Serman or Dr. Singer to obtain credit. Reports not accepted must be replaced with reports written on other radiographs.

**Please note: these are minimum requirements.**