

Radiographic Report – Guidelines

1. Radiographic Quality rating: A (acceptable)/N (not acceptable)

In reporting, consider a circular motion of eye movement. Describe only in terms of what is visible on the radiograph. Do not make a diagnosis, but offer a differential diagnosis where appropriate.

2. Missing teeth: URX, LLY...

3. Describe bone/periodontal support:

- If bone height within 2/3 mm from CEJ this can be marked as “Periodontal bone height WNL (Within Normal Limits)
- Generalised/Localised (EXTENT OF BONE LOSS) horizontal (PATTERN OF BONE LOSS) bone loss ranging between X% and Y% in the maxilla and X% and Y% (DEGREE) in the mandible
- Vertical (PATTERN OF BONE LOSS) bone loss at: URX up to X%, ULY up to Y%
- Radiolucency at furcation area at: LRX, LLY... (FURCATION DEFECTS)
- Widening of the periodontal ligament space at: URX...
- Over-eruption/tooth drifting of: URX...

4. Describe presence/absence of visible subgingival calculus

- Discrepancy of root surface outline consistent with possible presence of subgingival calculus (SUBGINGIVAL CALCULUS) at: LRX...

5. Describe other/non-periodontal findings

- Radiolucency at occlusal/mesial/cervical/distal aspect/below restoration margins at: URX (CARIOUS LESIONS)...
- Overhanging restoration margins at: URX...
- Periapical radiolucency at: URX...
- Incomplete/overextended/short (of the radiographic apex) endodontic fill (RADIOGRAPHIC EVIDENCE OF ROOT CANAL FILLING - Use only objective terms in your description. eg: URX root fill is 3mm short of the radiographic apex) at: URX...
- Impacted teeth: URX...
- Retained root: URX...
- Dilacerated roots, extra roots, supernumerary teeth...

6. Abnormalities:

- Describe in appropriate terminology, such as *well demarcated, poorly demarcated, radiopaque, radiolucent, mixed*, etc. Don't forget to describe borders.

- 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:

1. Diagnose – for example, a diagnosis of decay/caries can only be made together with clinical assessment – what you see on an x-ray is a radiolucency; a differential diagnosis is acceptable/list of potential diagnoses; if you feel appropriate, use terms like “consistent with a possible diagnosis of...”.
2. Mention normal anatomy such as the submandibular gland fossa or the mental foramina unless you have been specifically requested to comment.
3. Use the term filling or specify what filling – it is a radiopacity and without clinical assessment we do not know if it is amalgam, composite etc...
4. Use terms like “a lot”, “low”, “several”...be specific and quantify when possible.
5. Do a tooth by tooth report unless clearly requested; you do not normally do this in your daily practice.
6. Use mild, moderate, severe – although not wrong, it is better to quantify in %
7. Recommend treatment in a radiology report; treatment plan is finalised together with clinical assessment, medical, social and dental history etc...