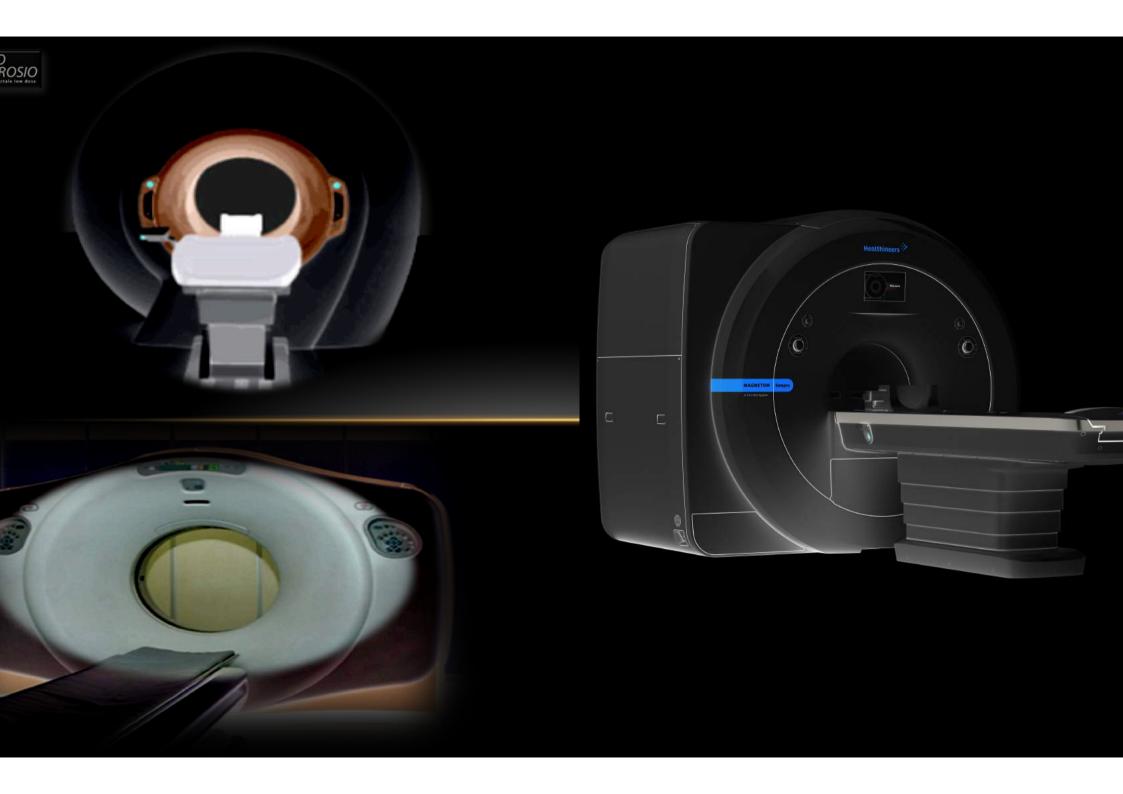


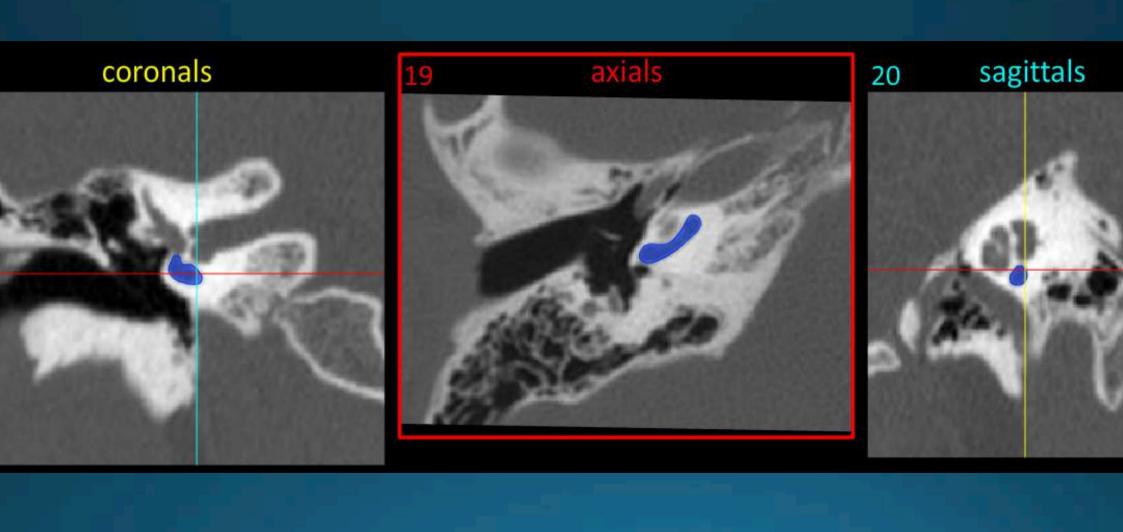


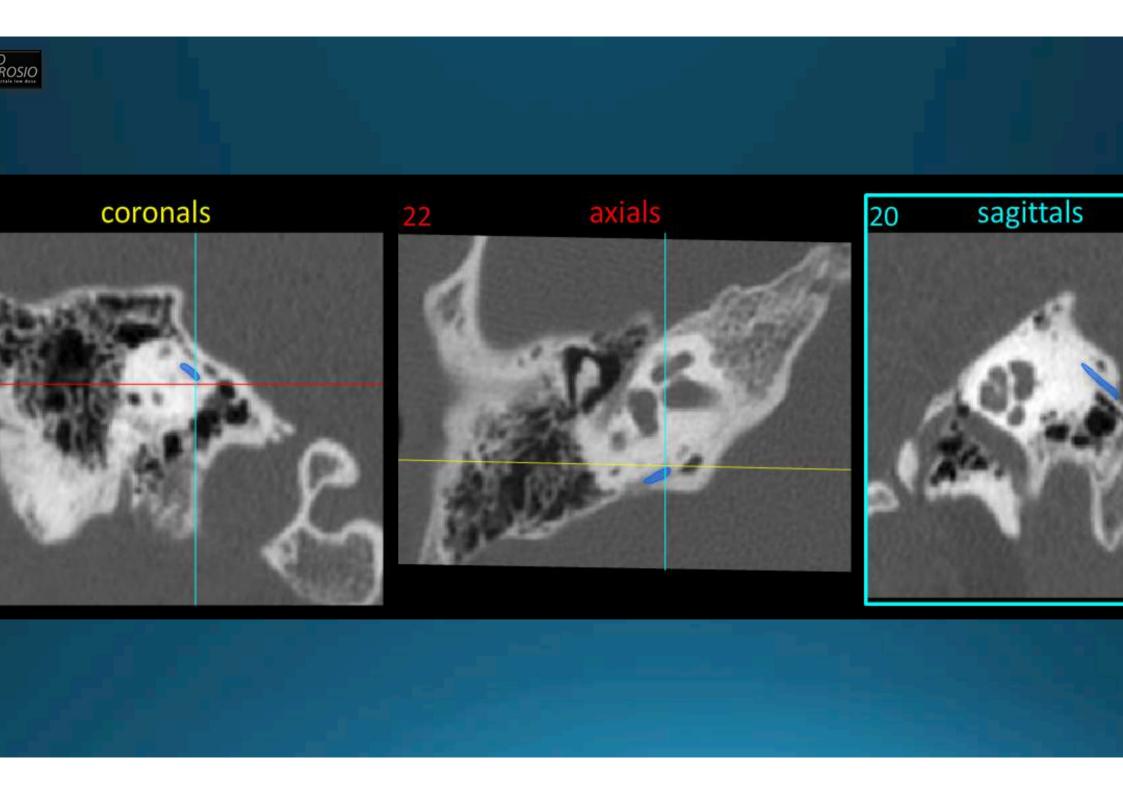
Prof. Ferdinando D'Ambrosi Ordinario di Radiologia Sapienza Università di Ro

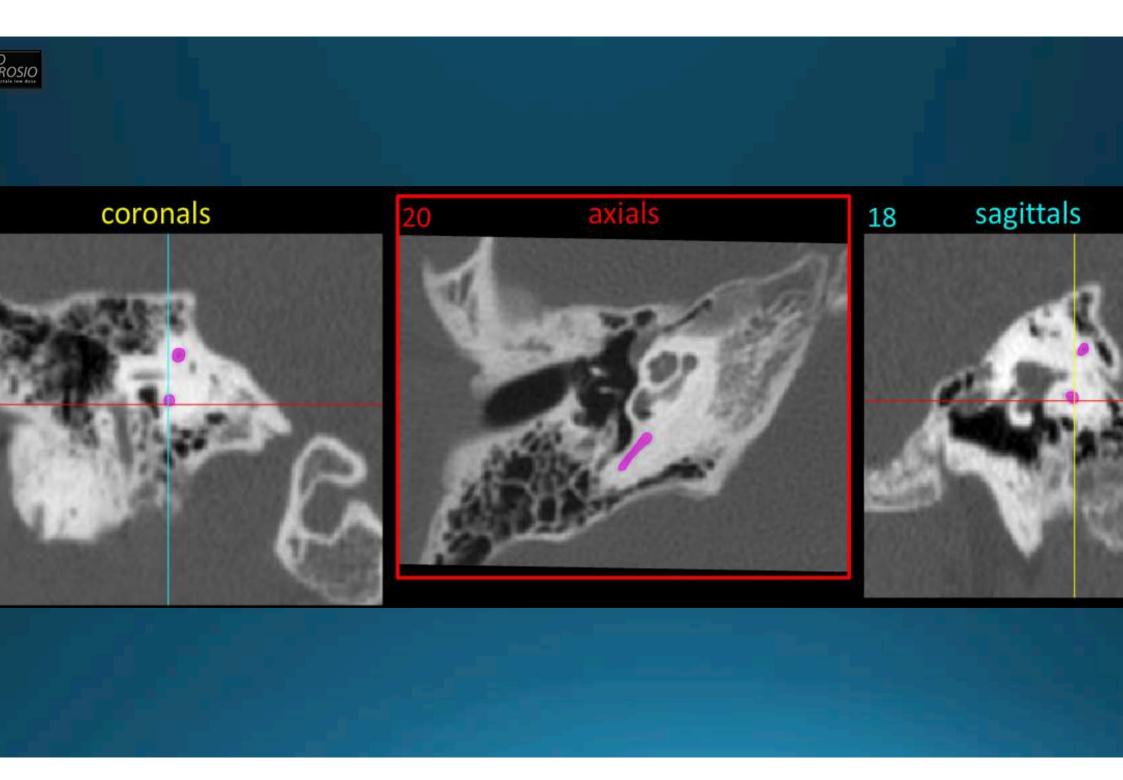
IMAGING





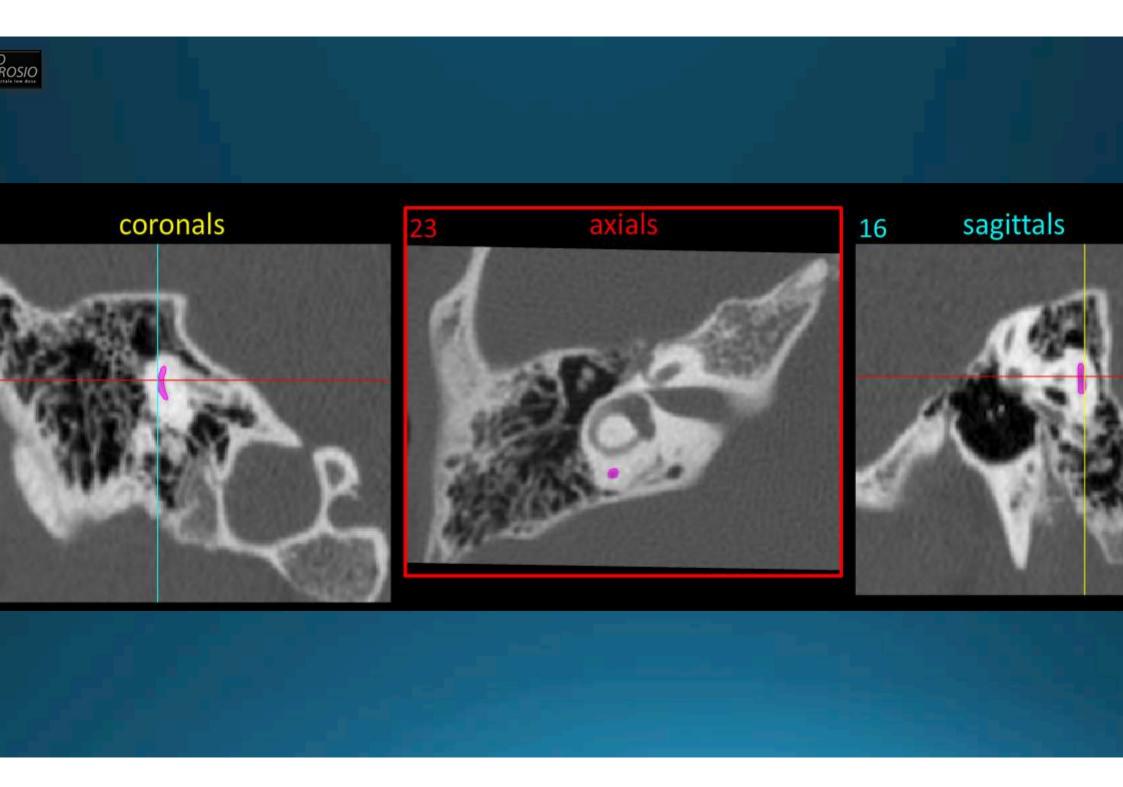


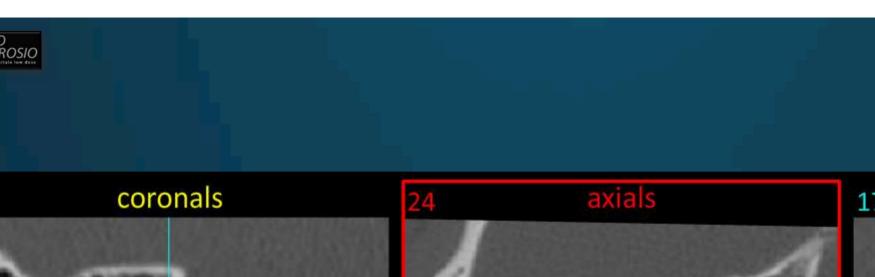


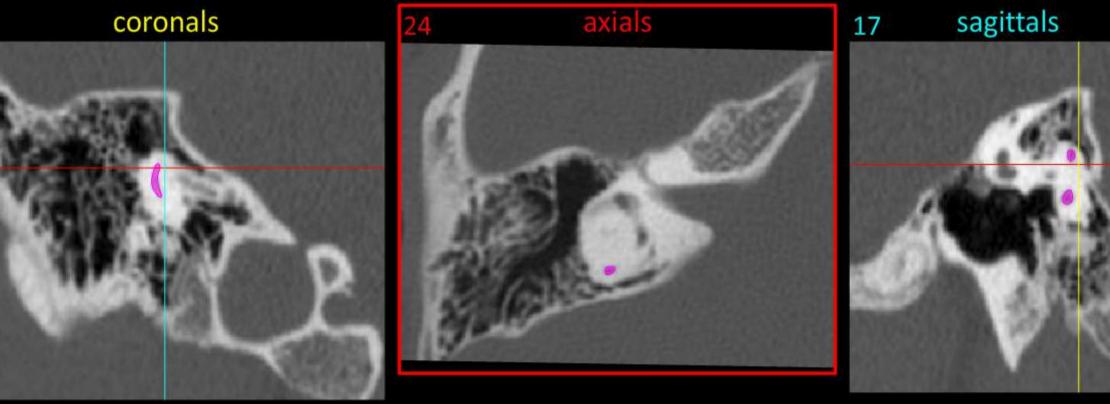


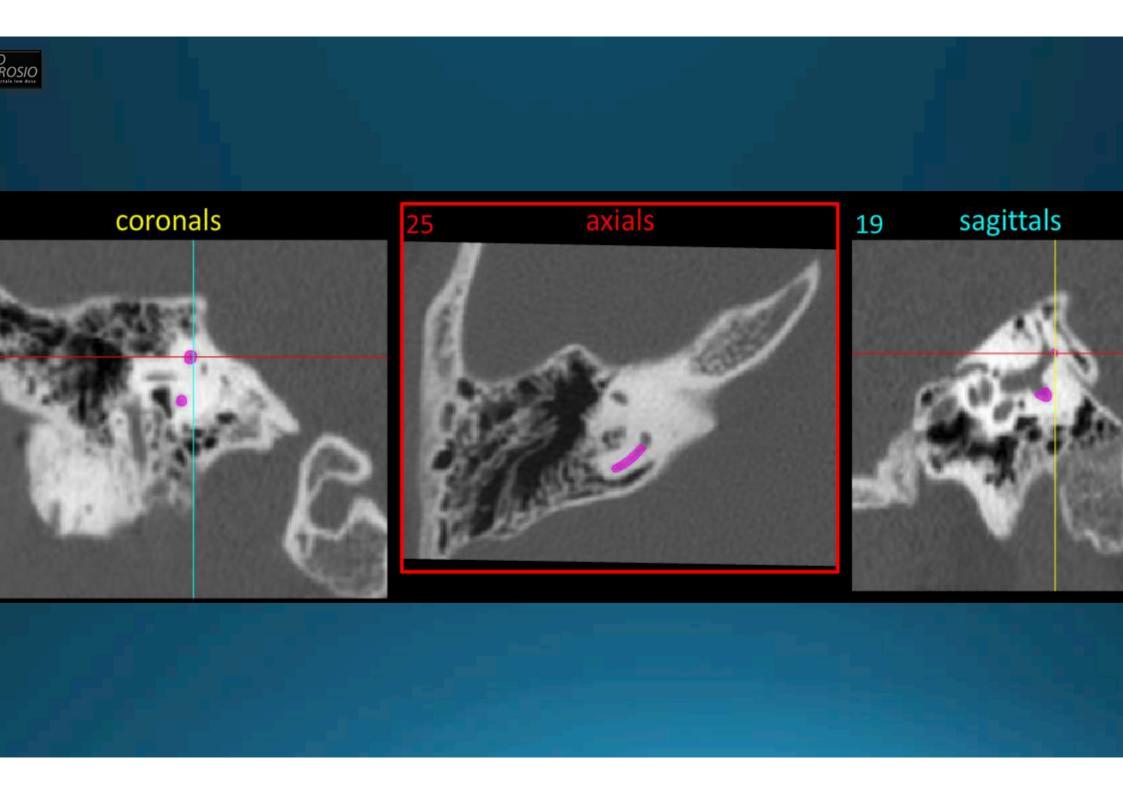


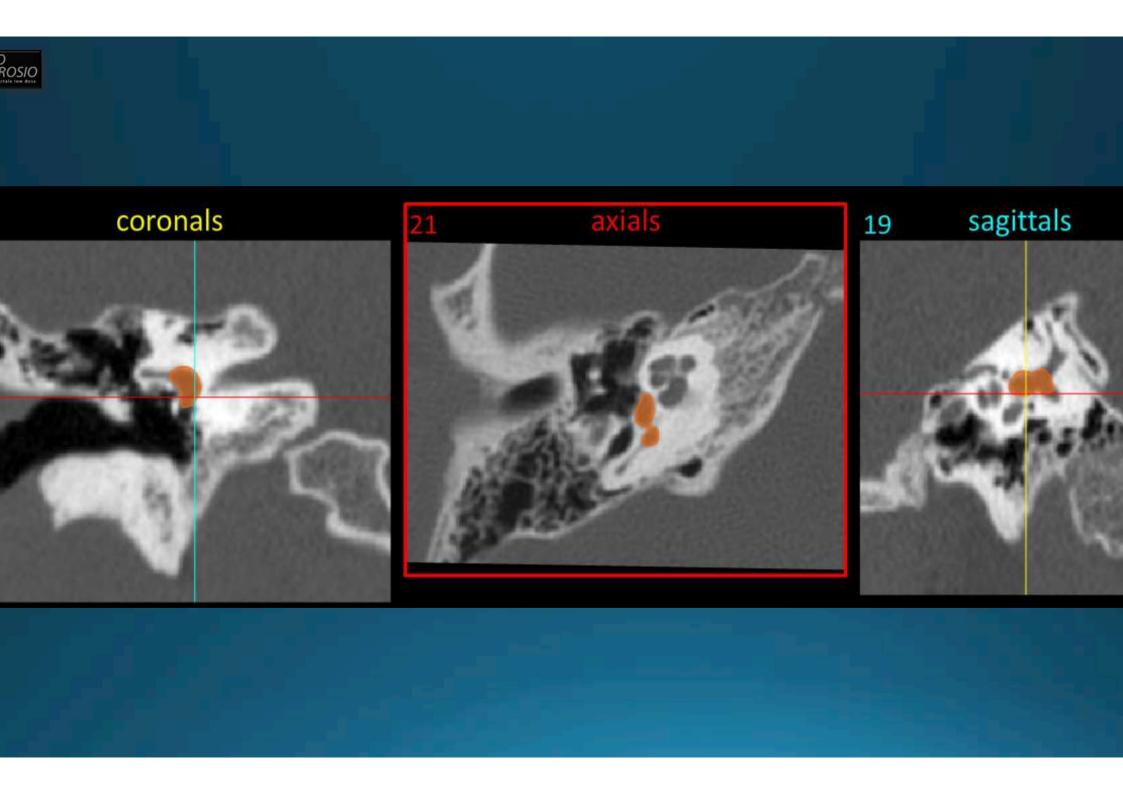


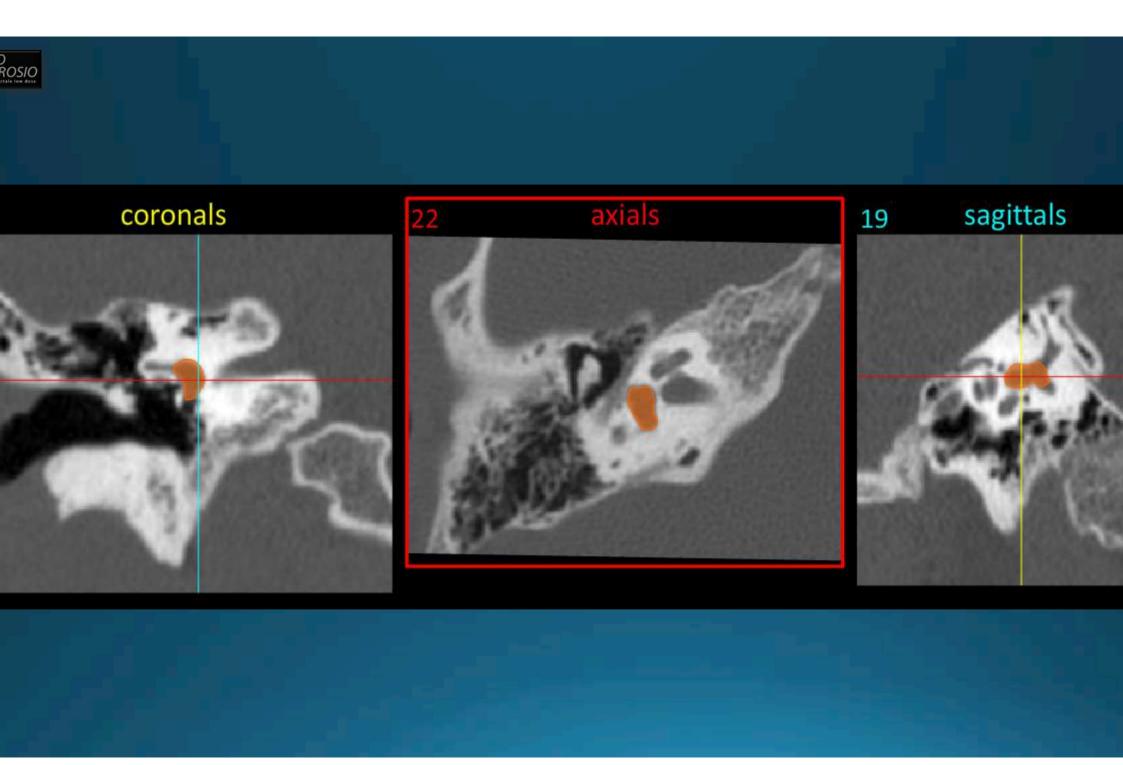




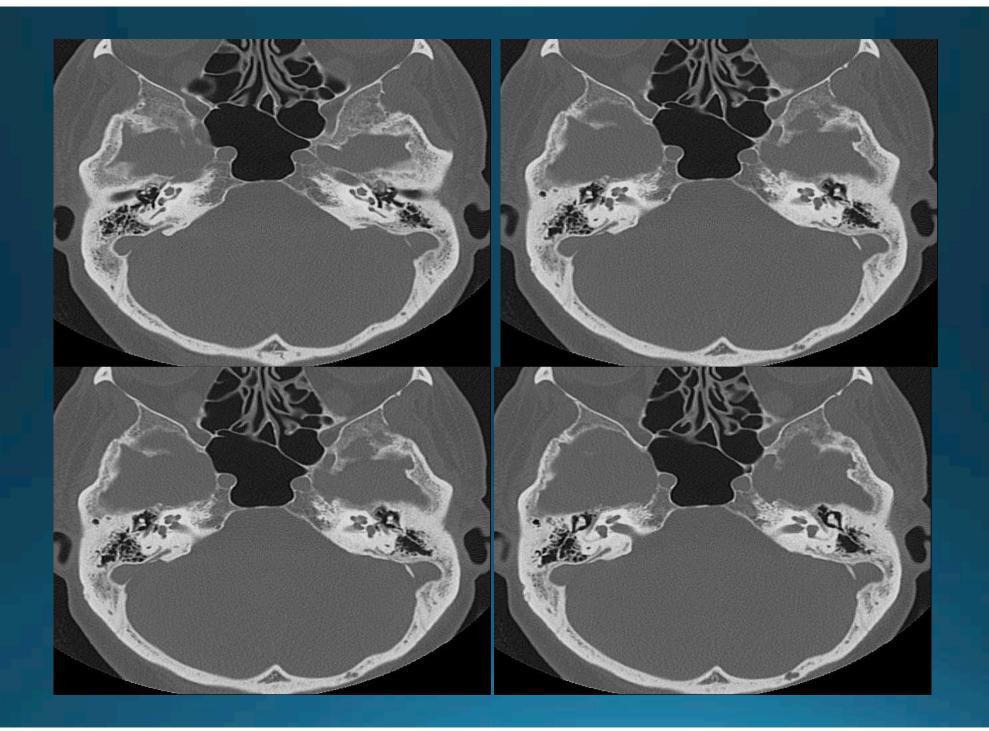


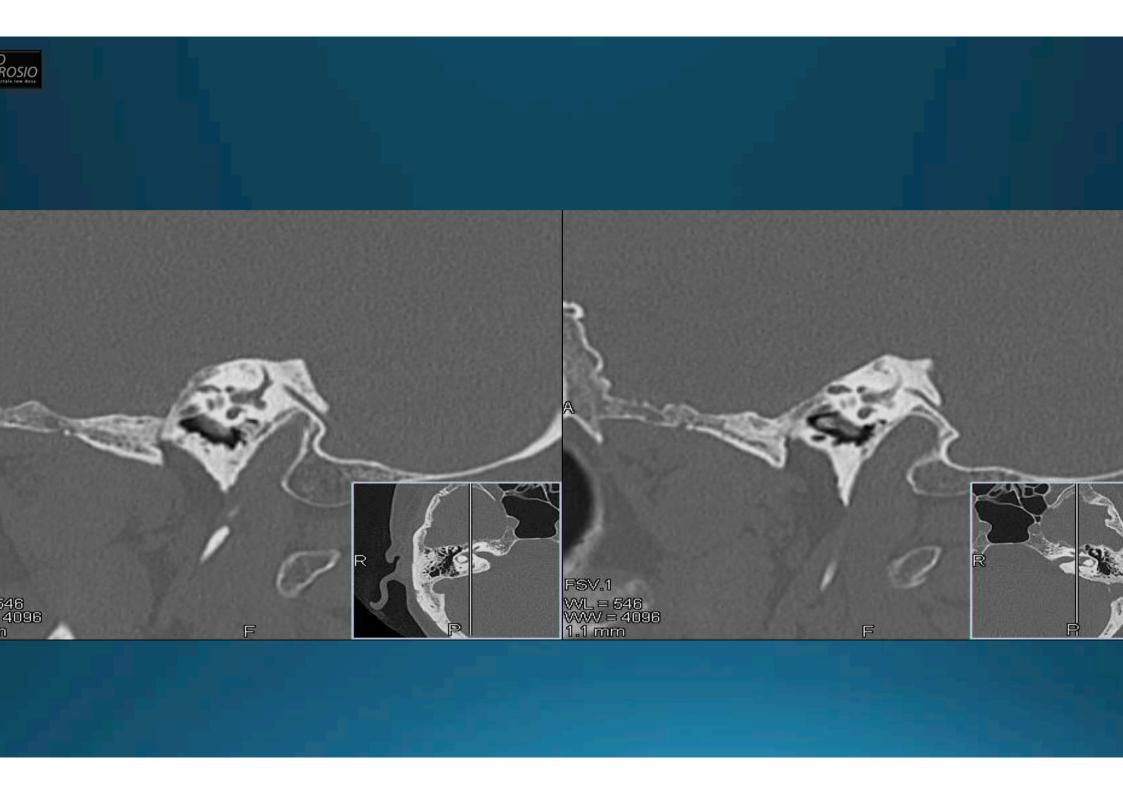




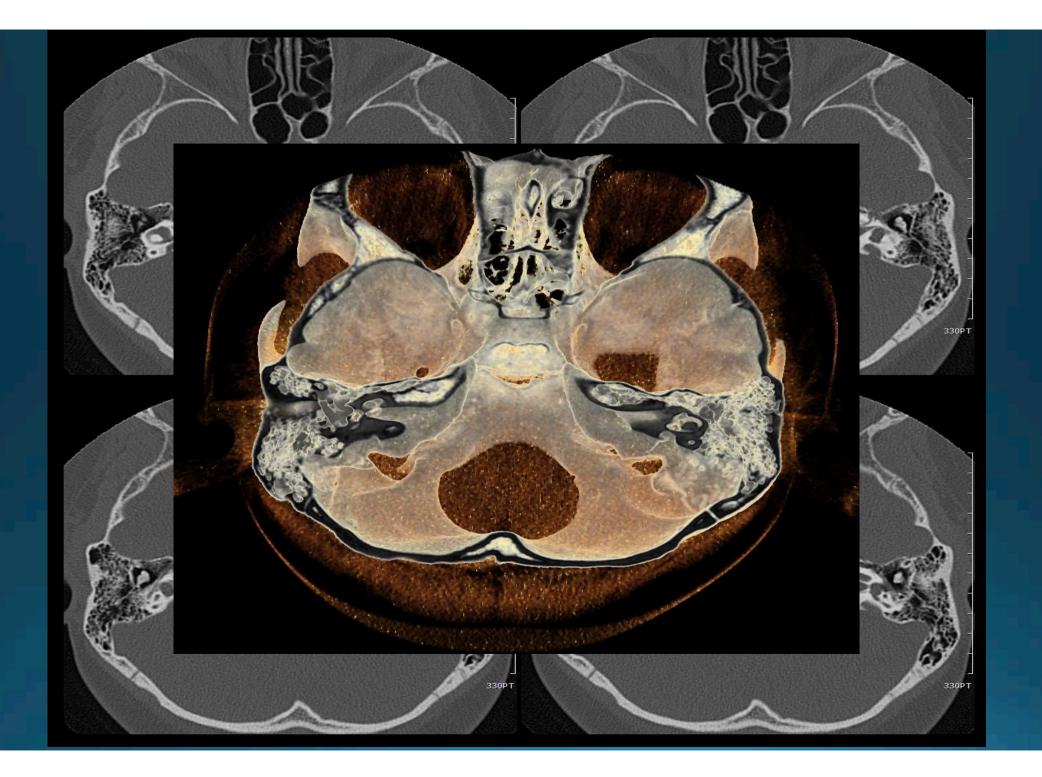


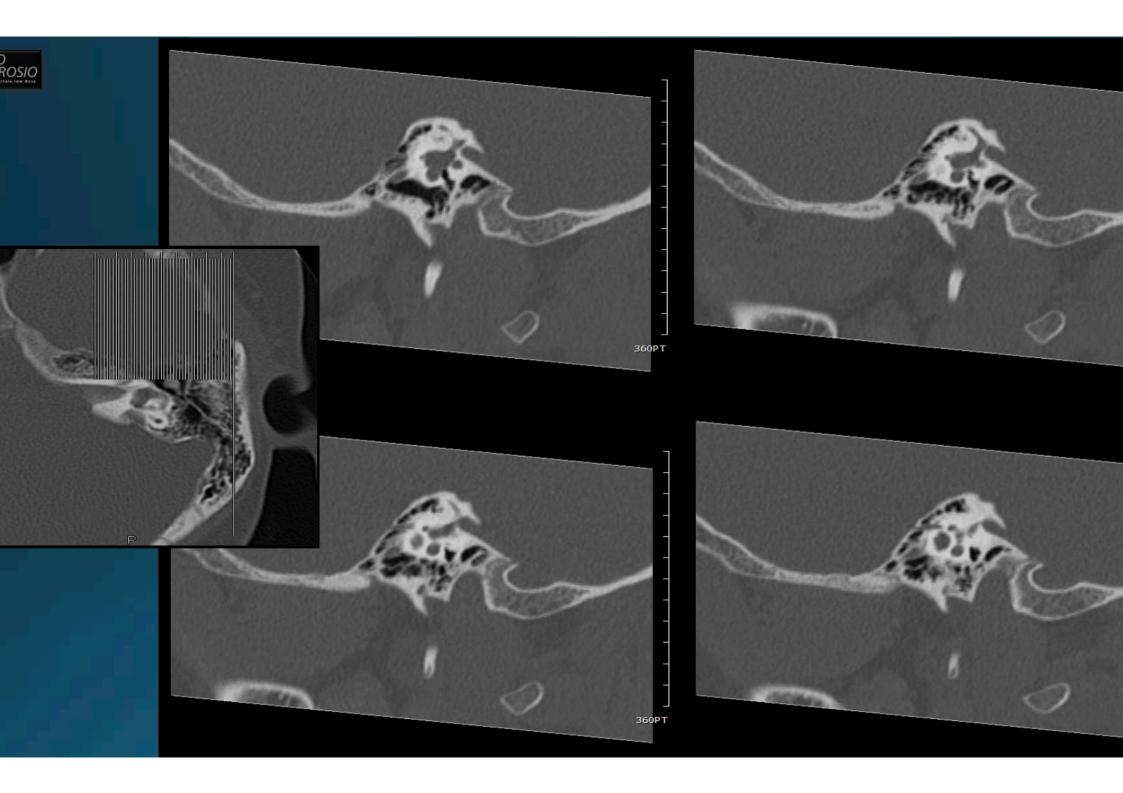


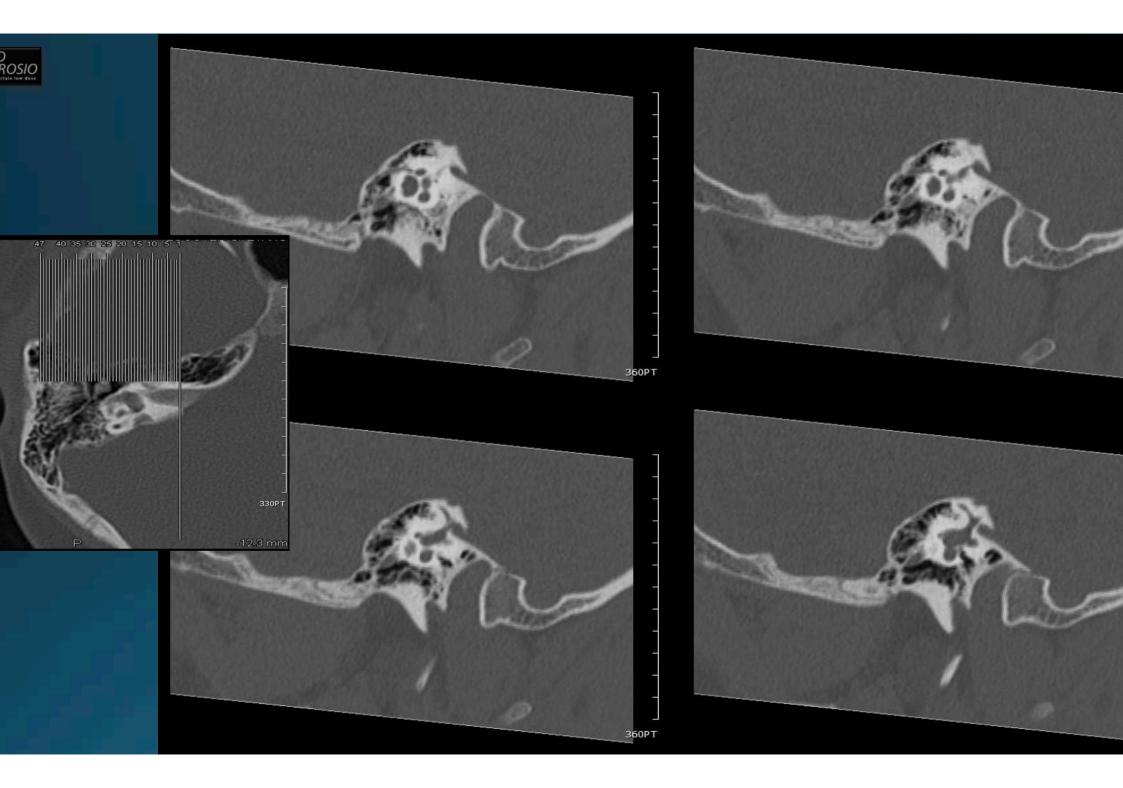




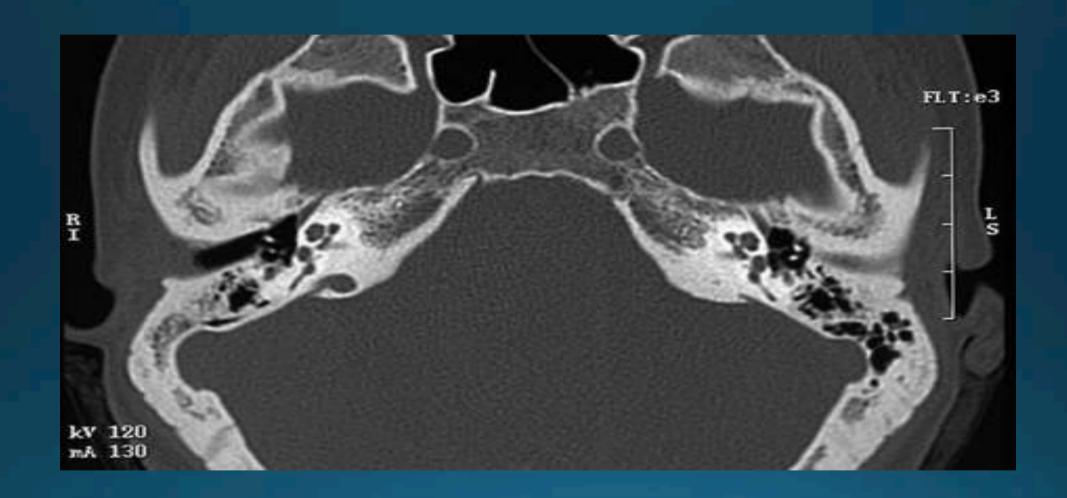


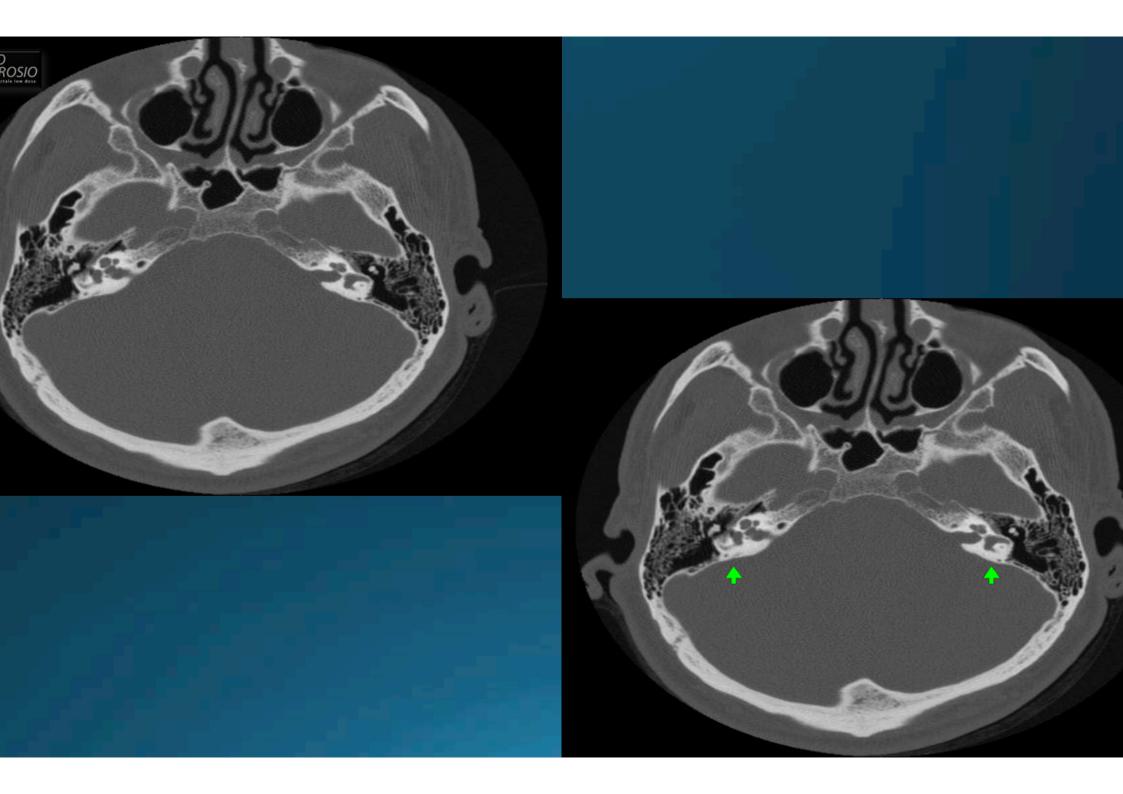


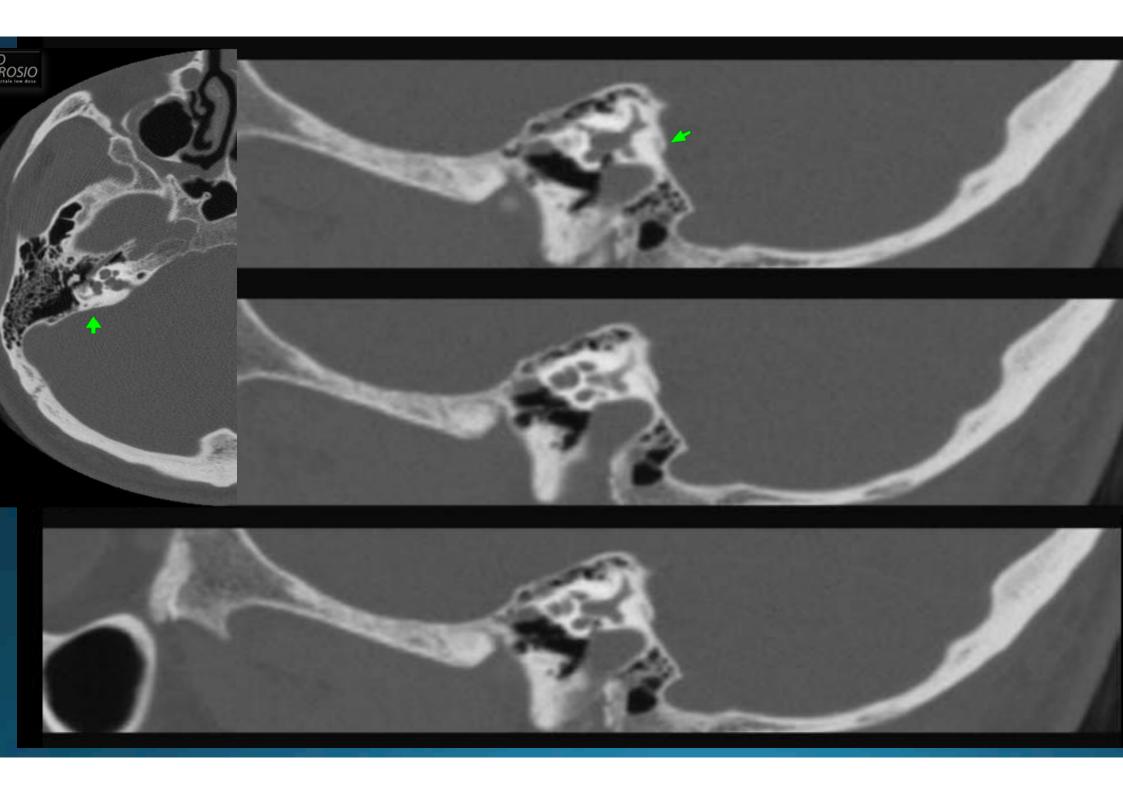


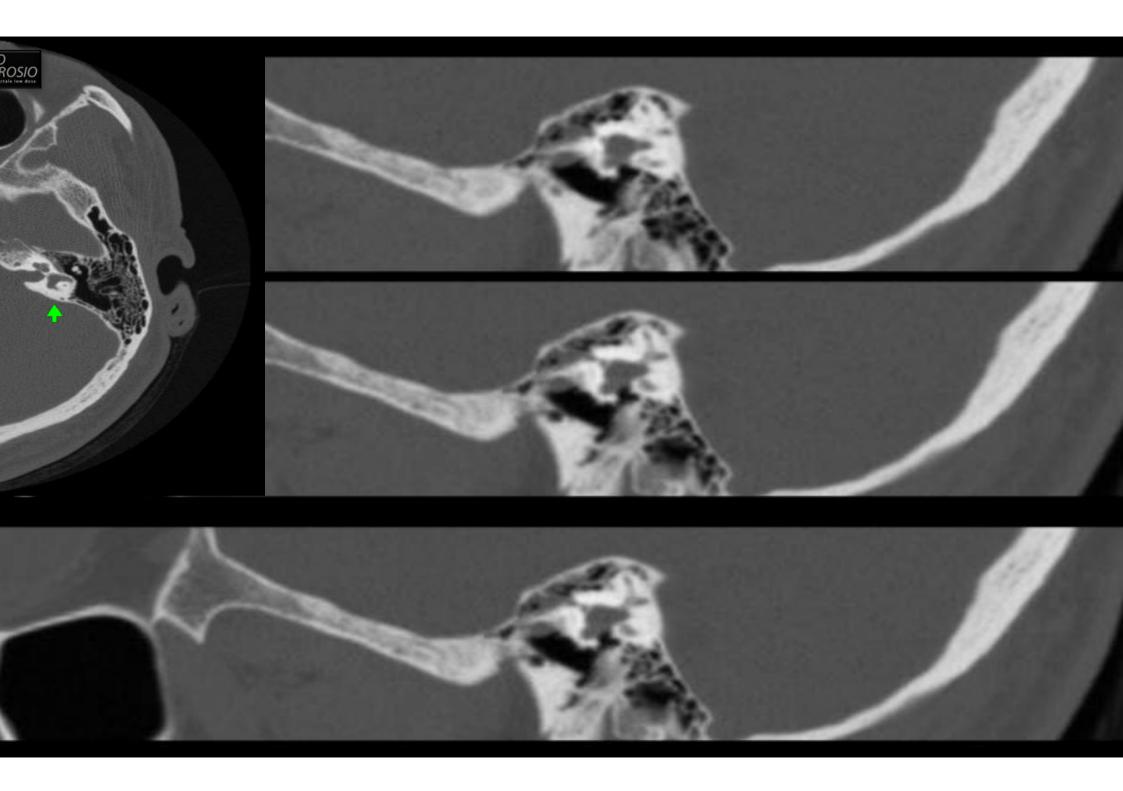


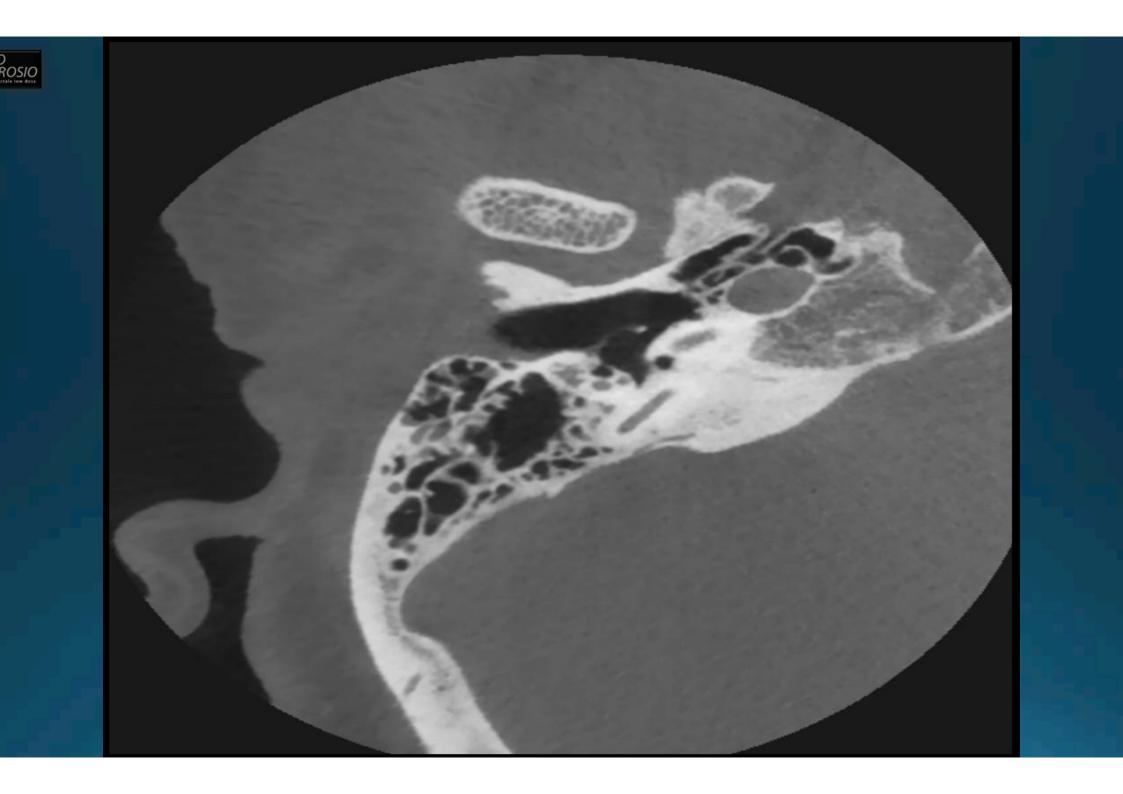


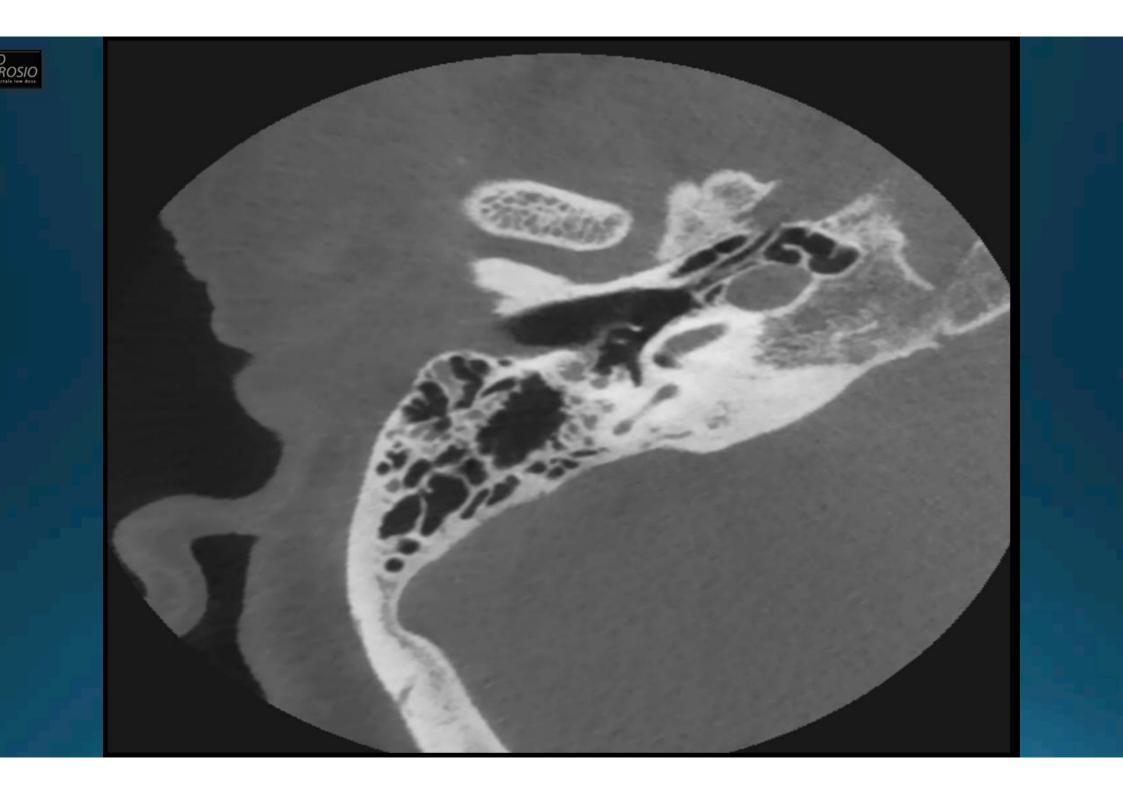


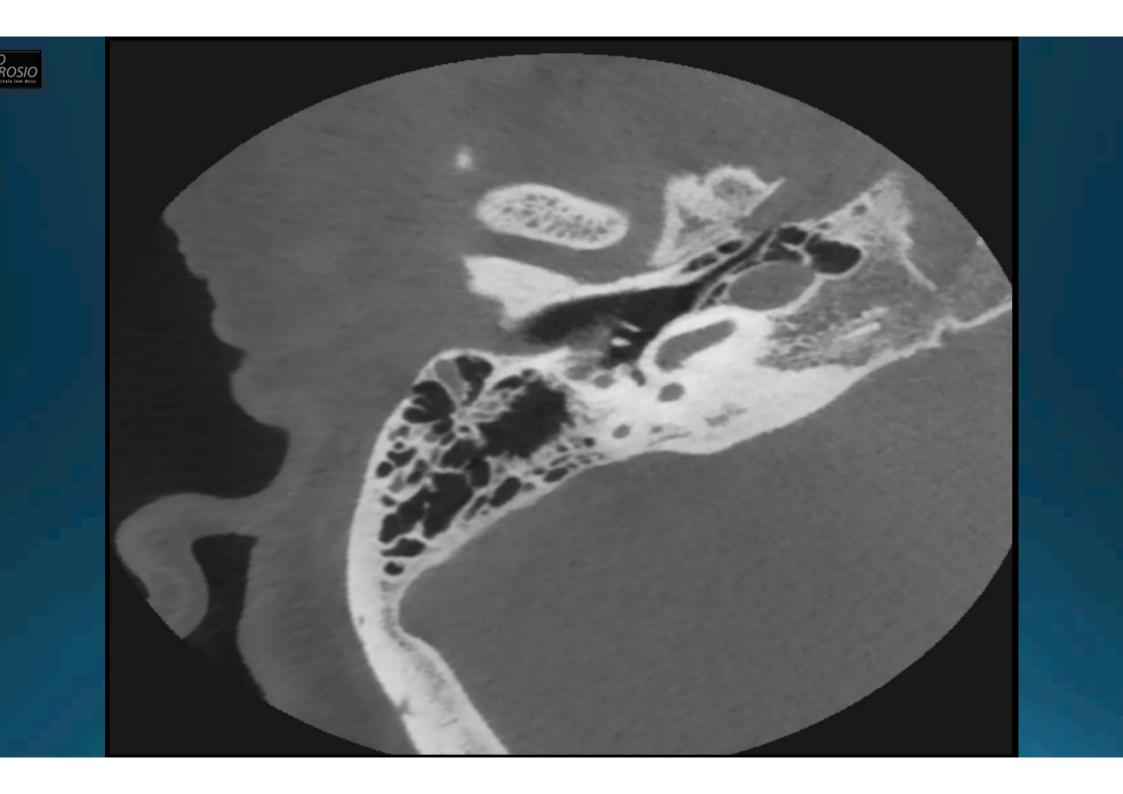


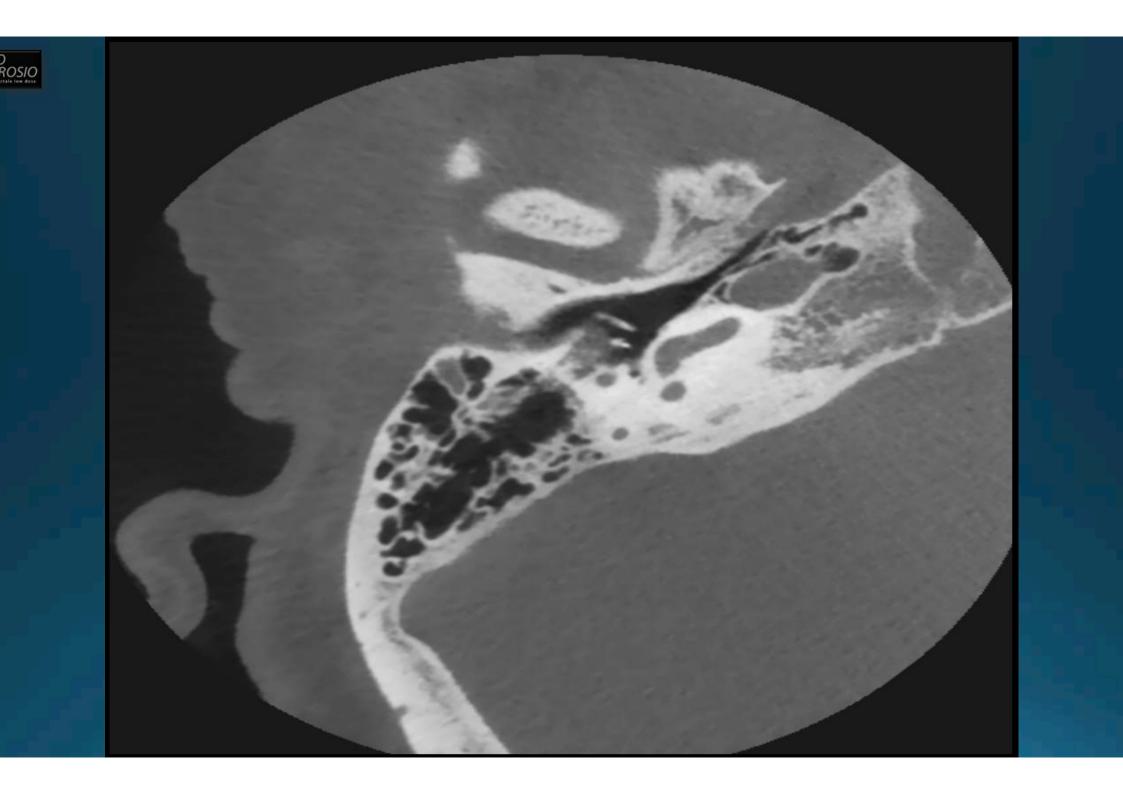


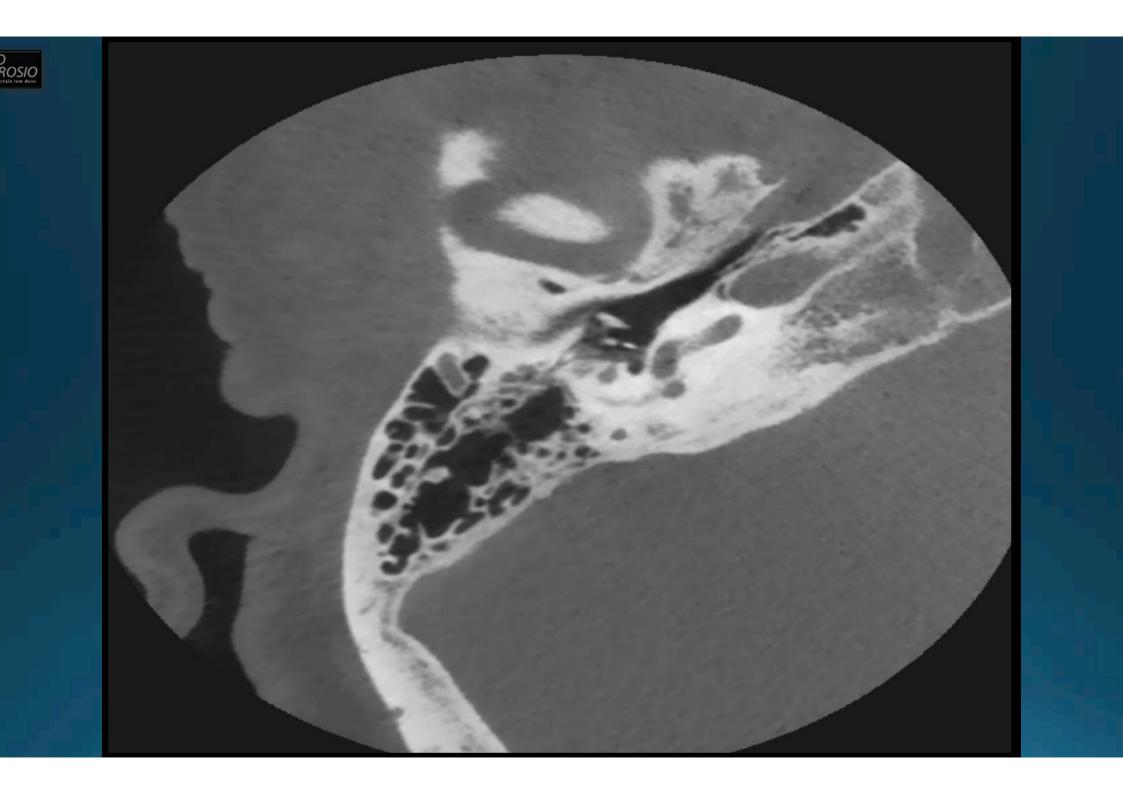


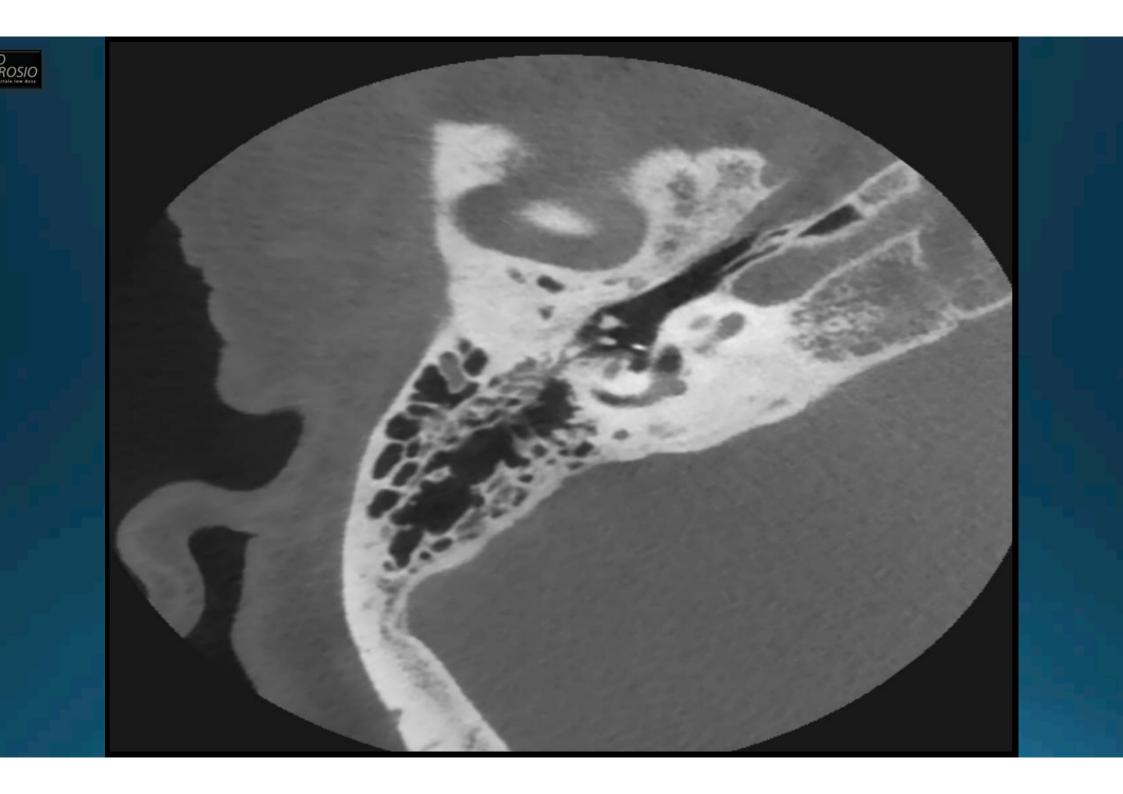


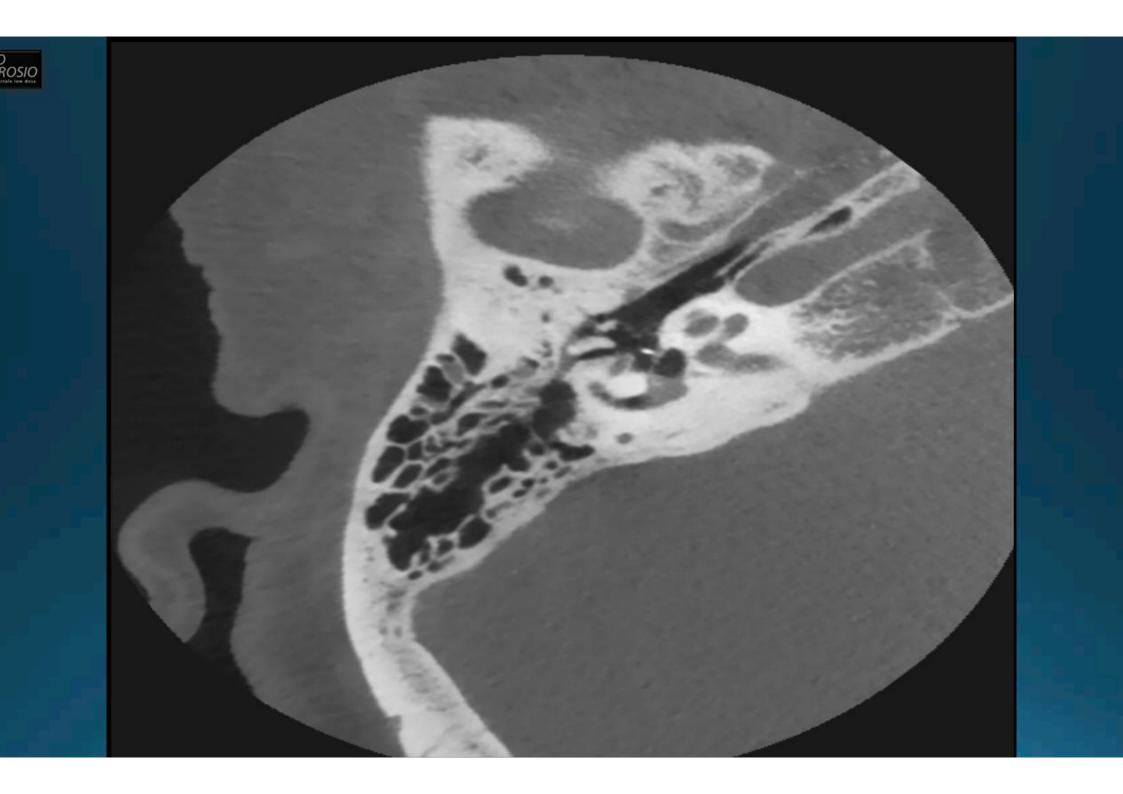


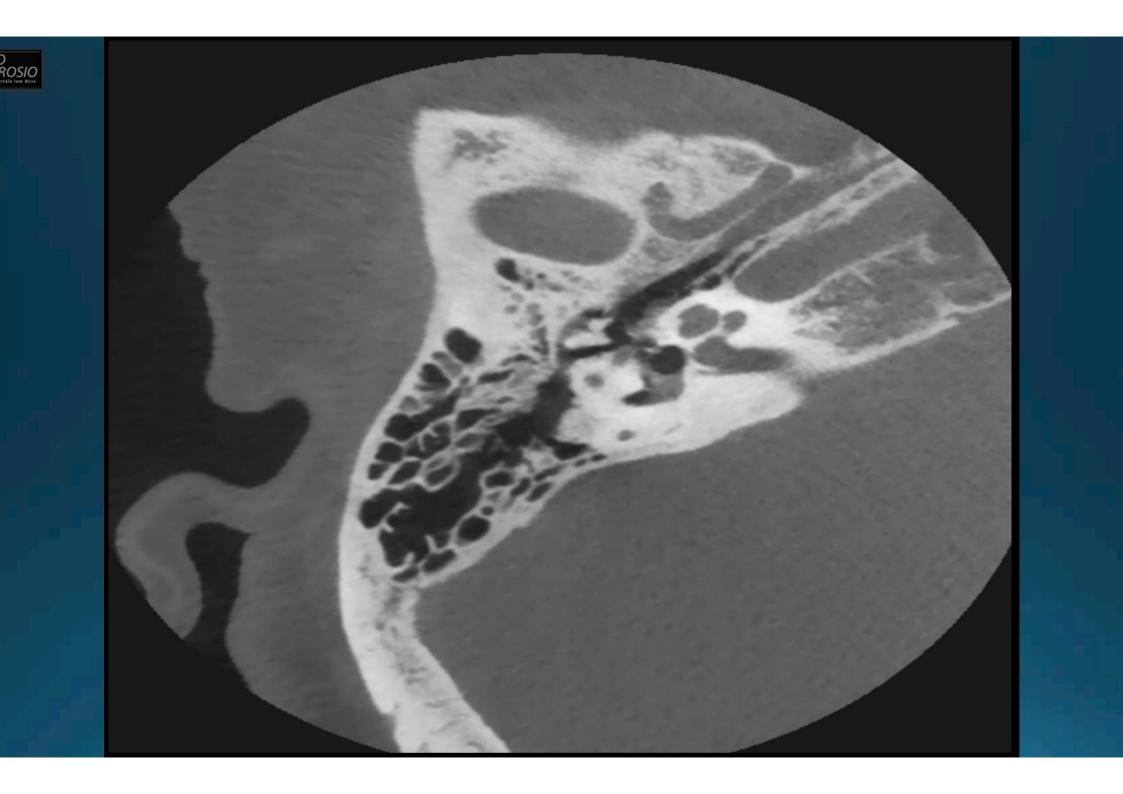


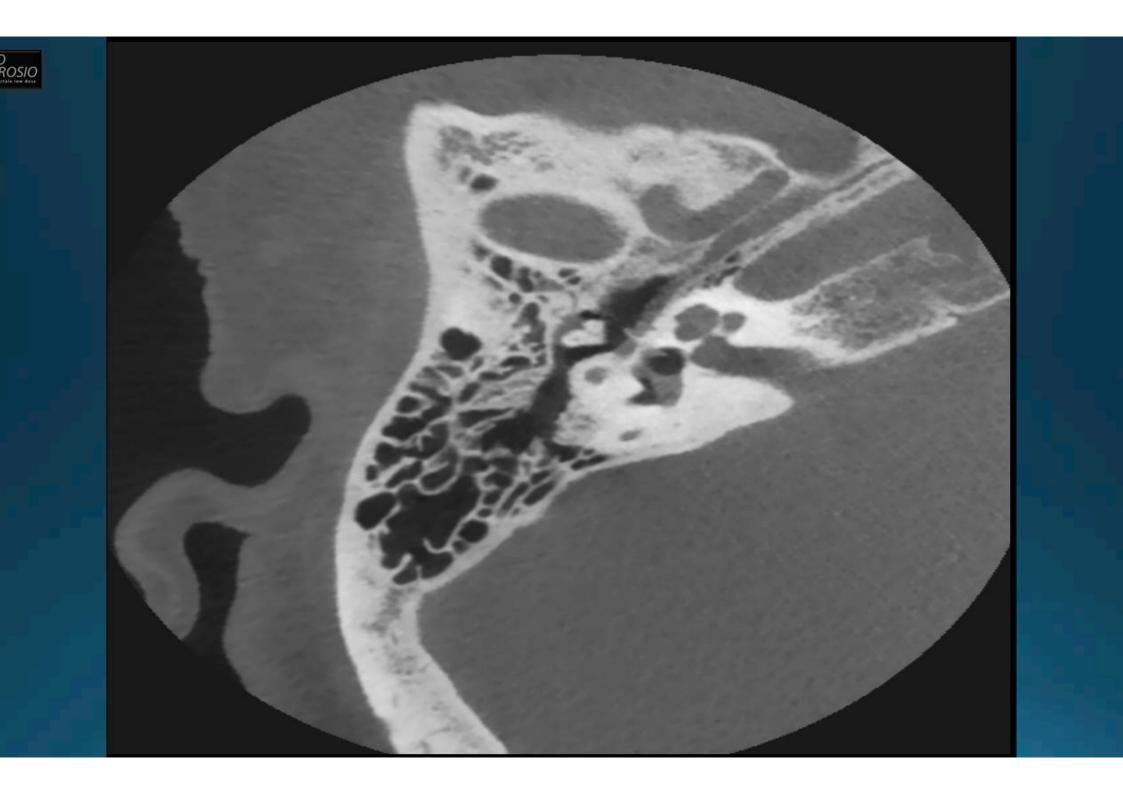


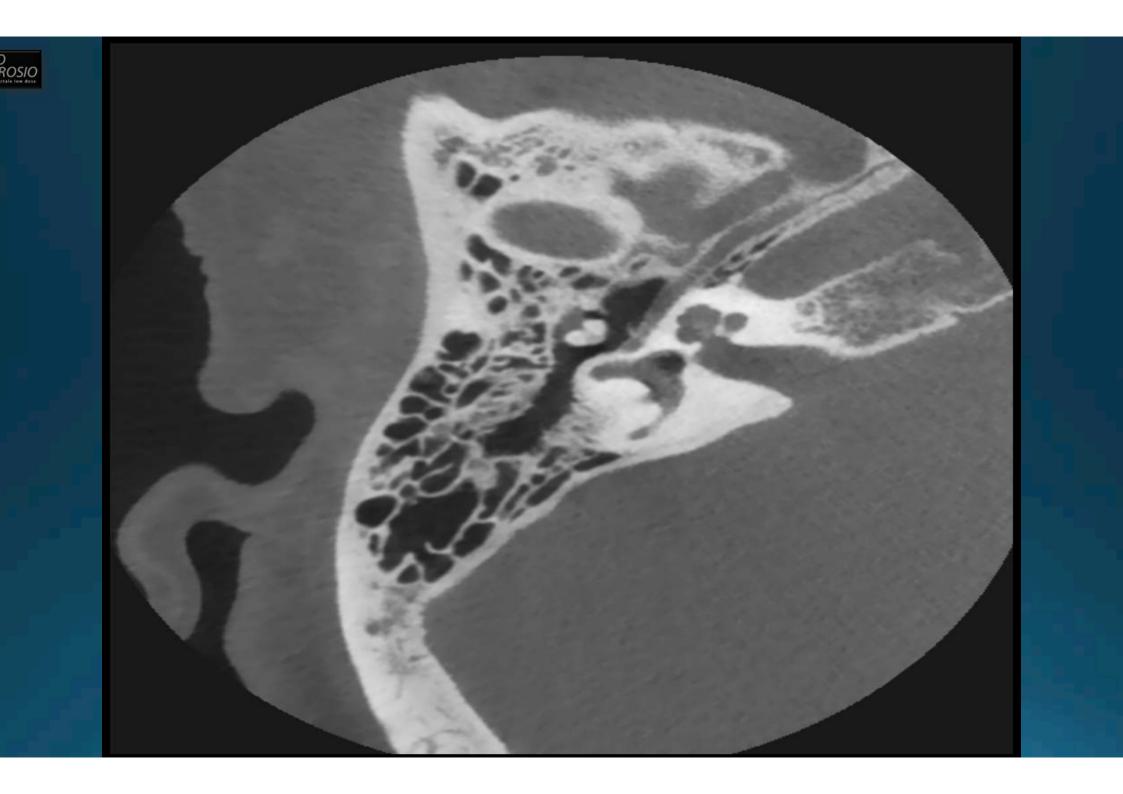


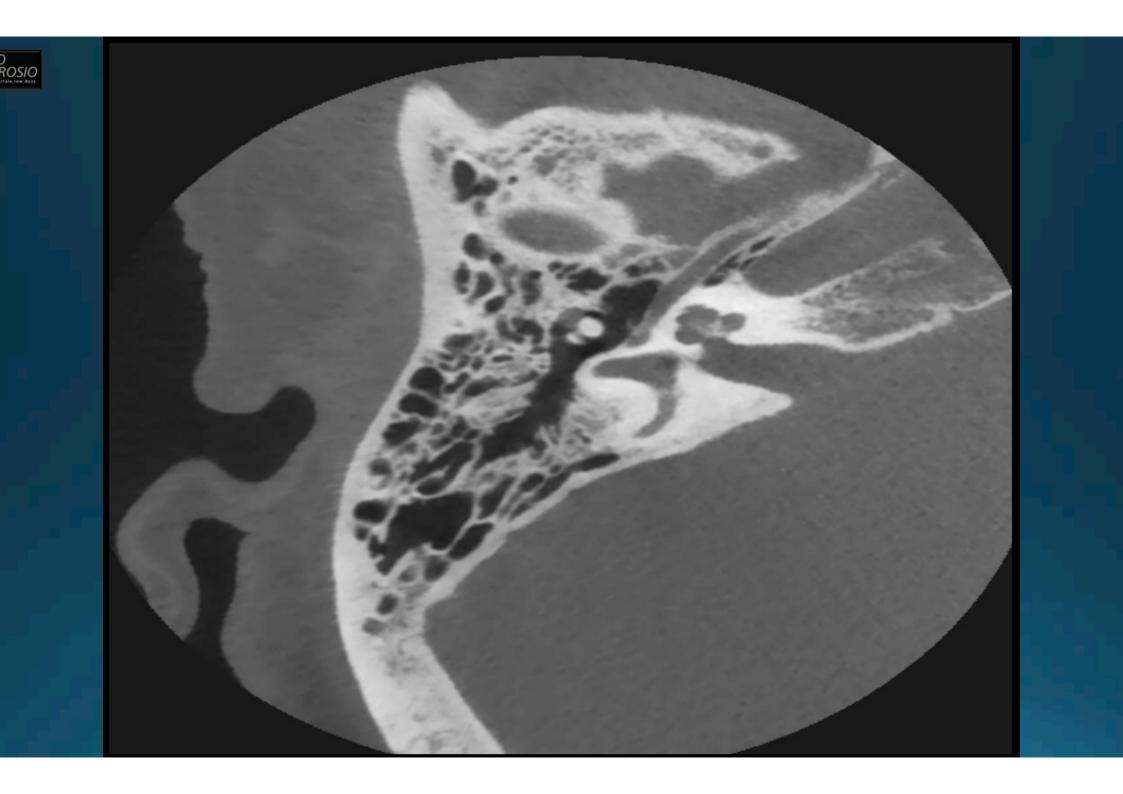


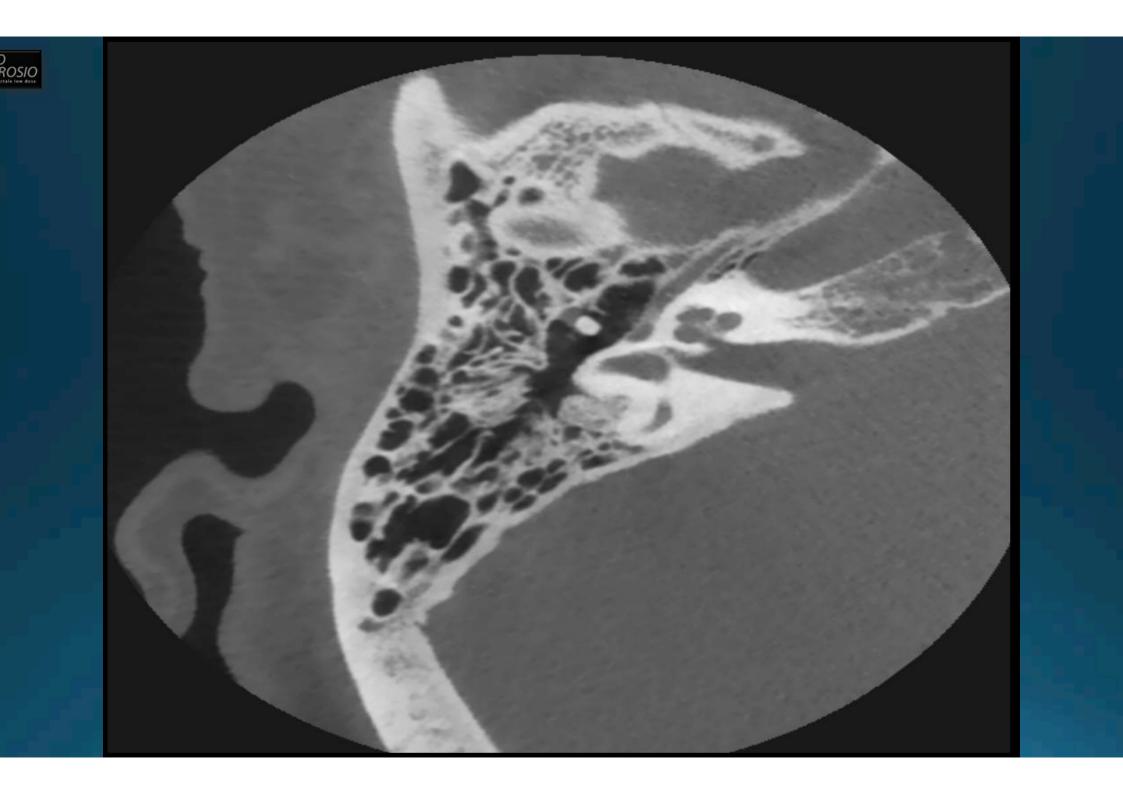






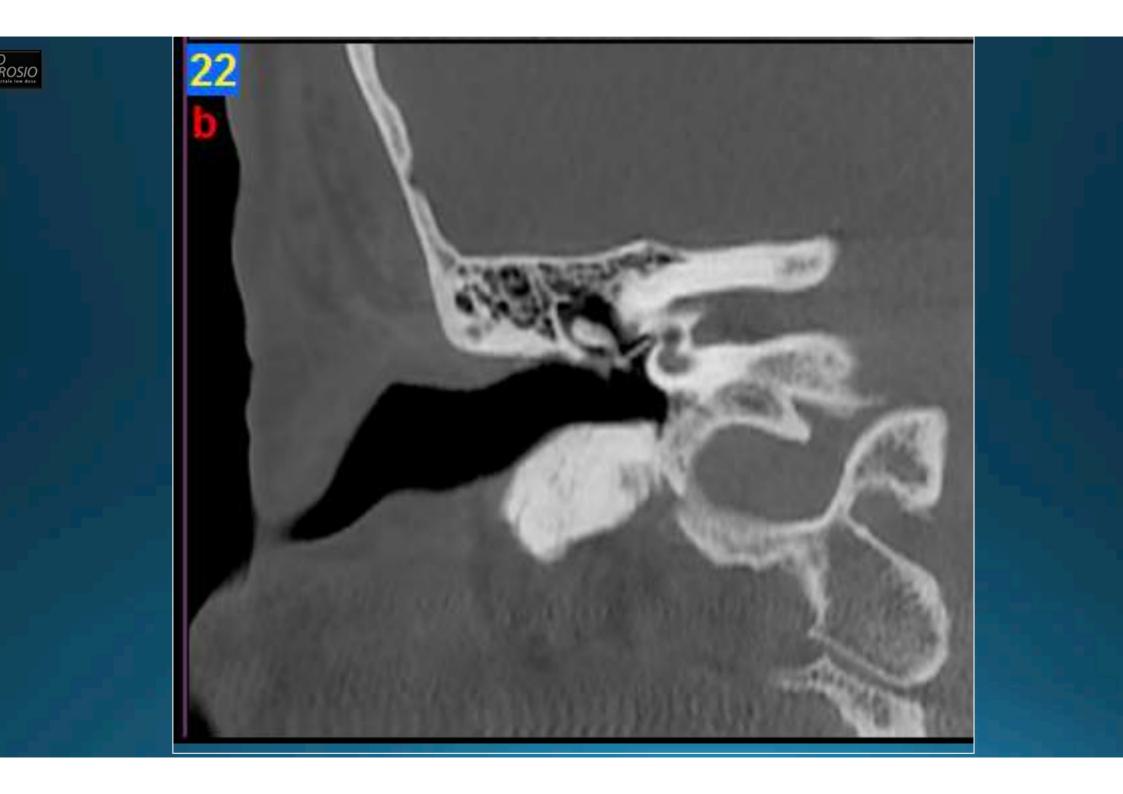


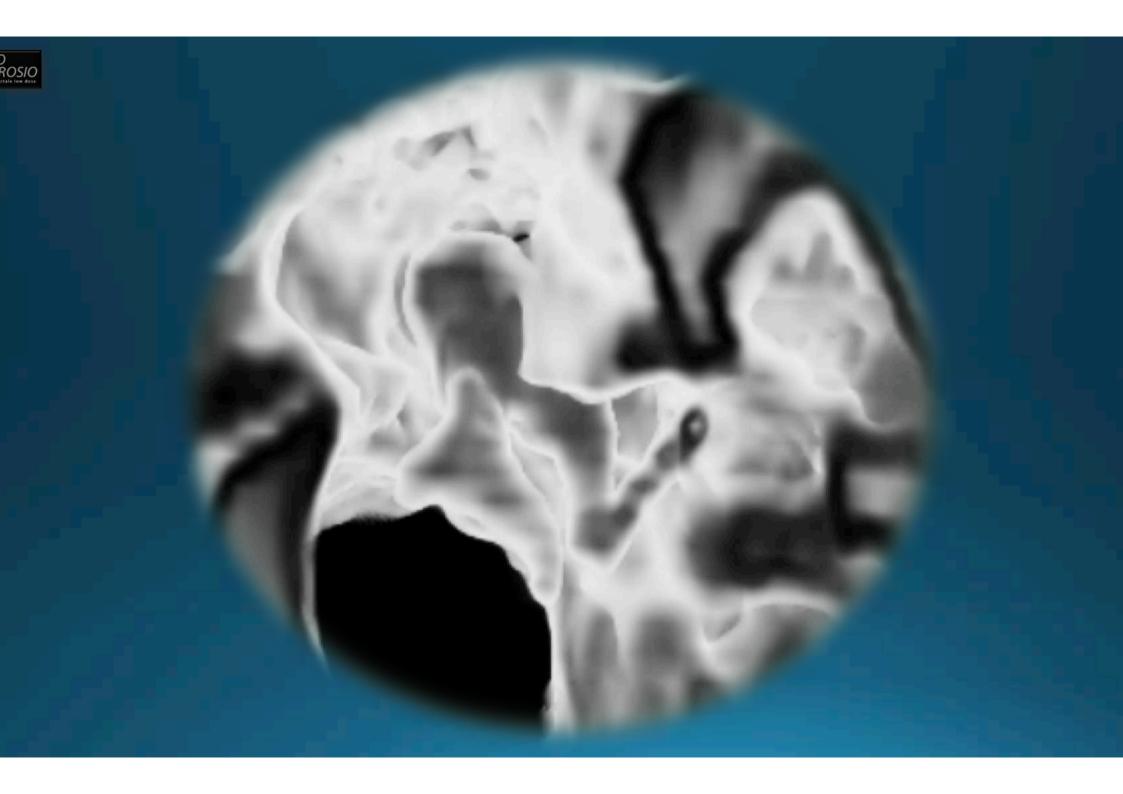






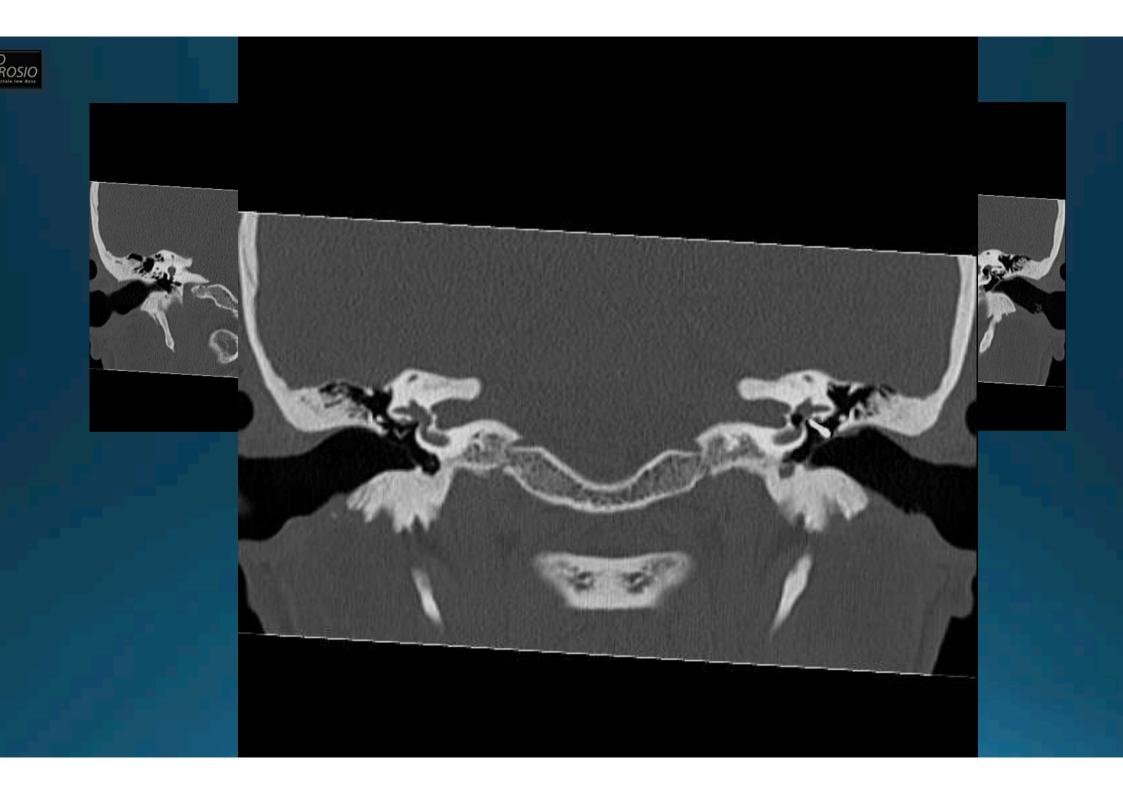


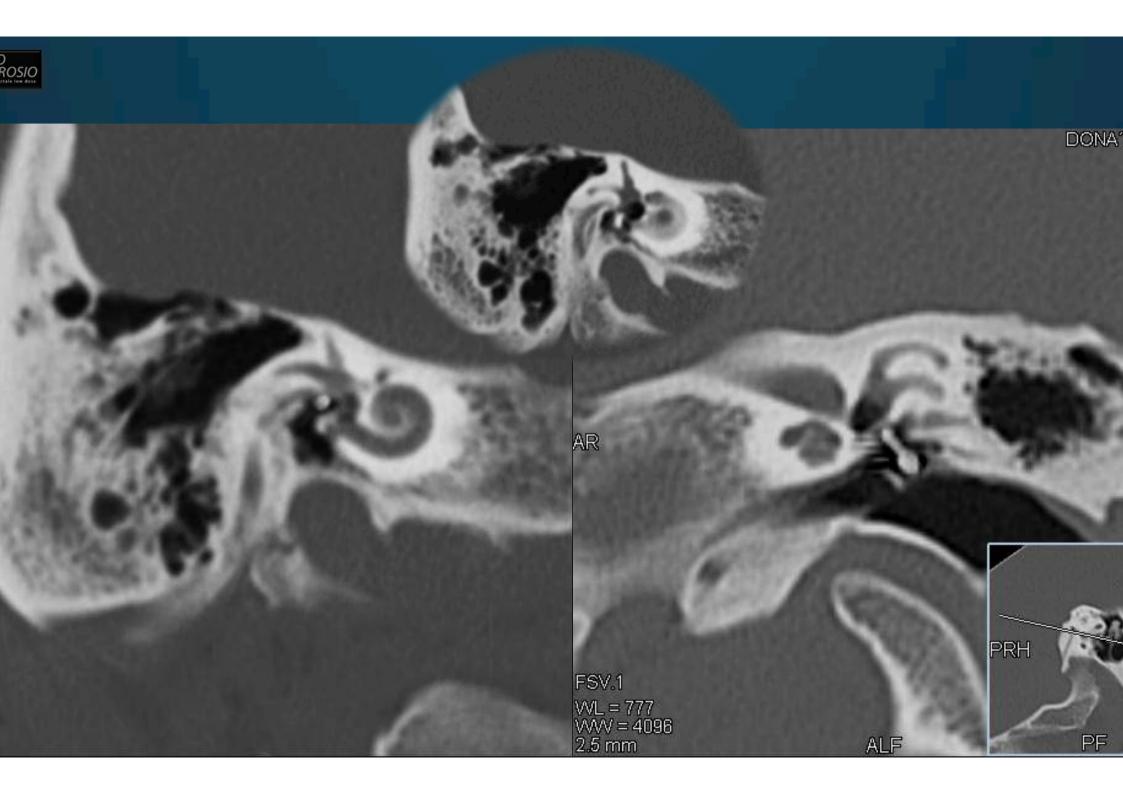




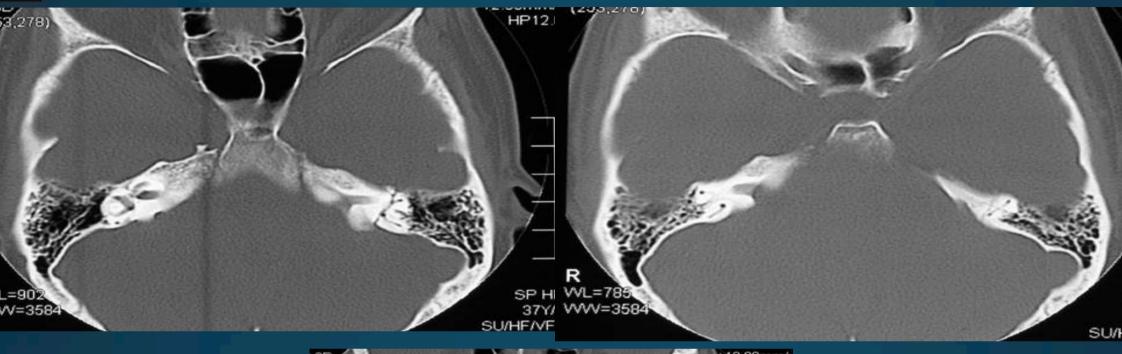






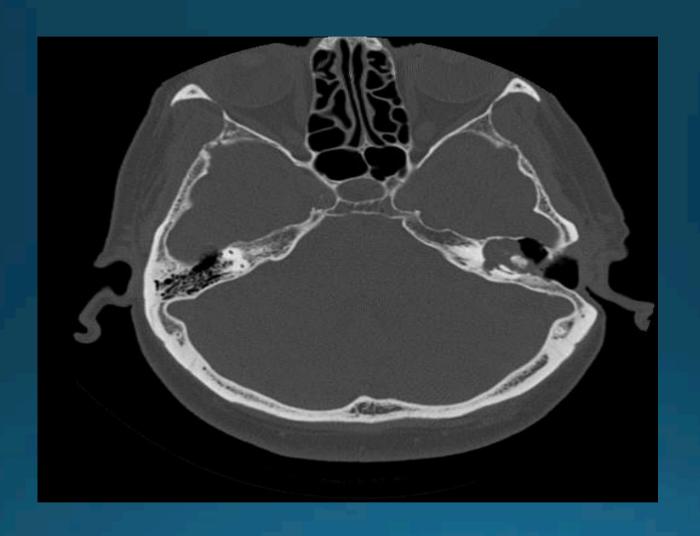


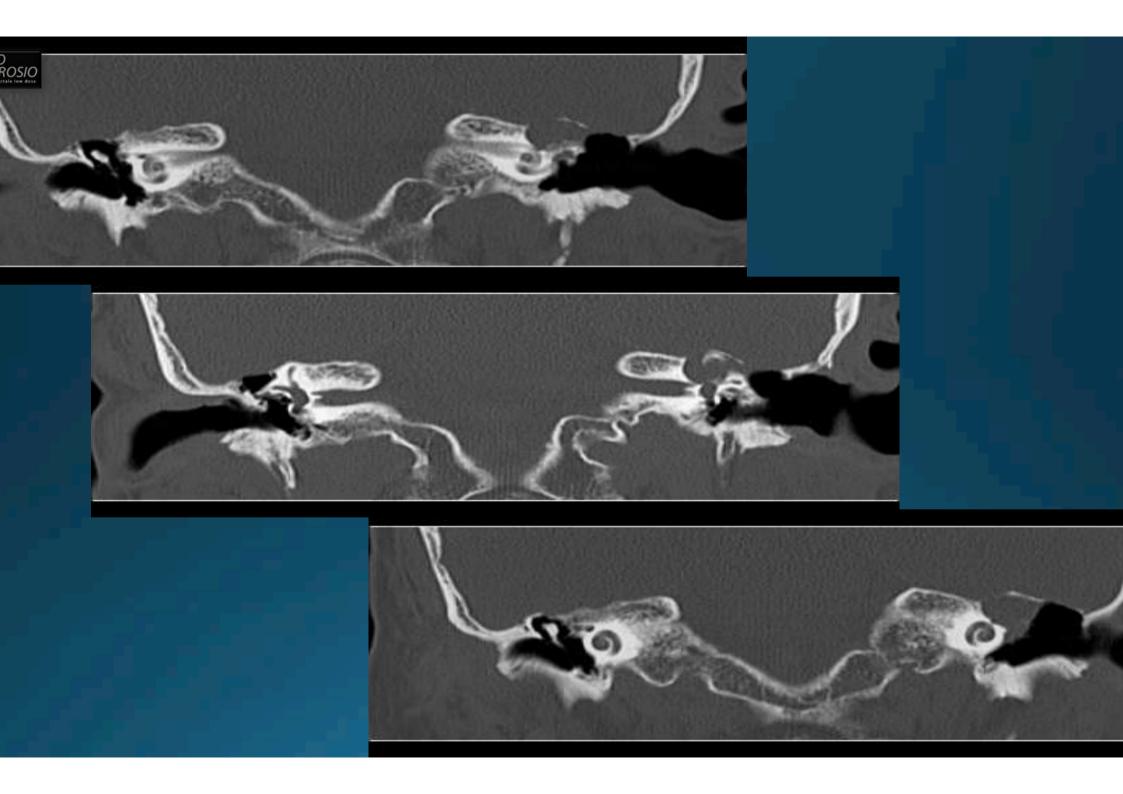


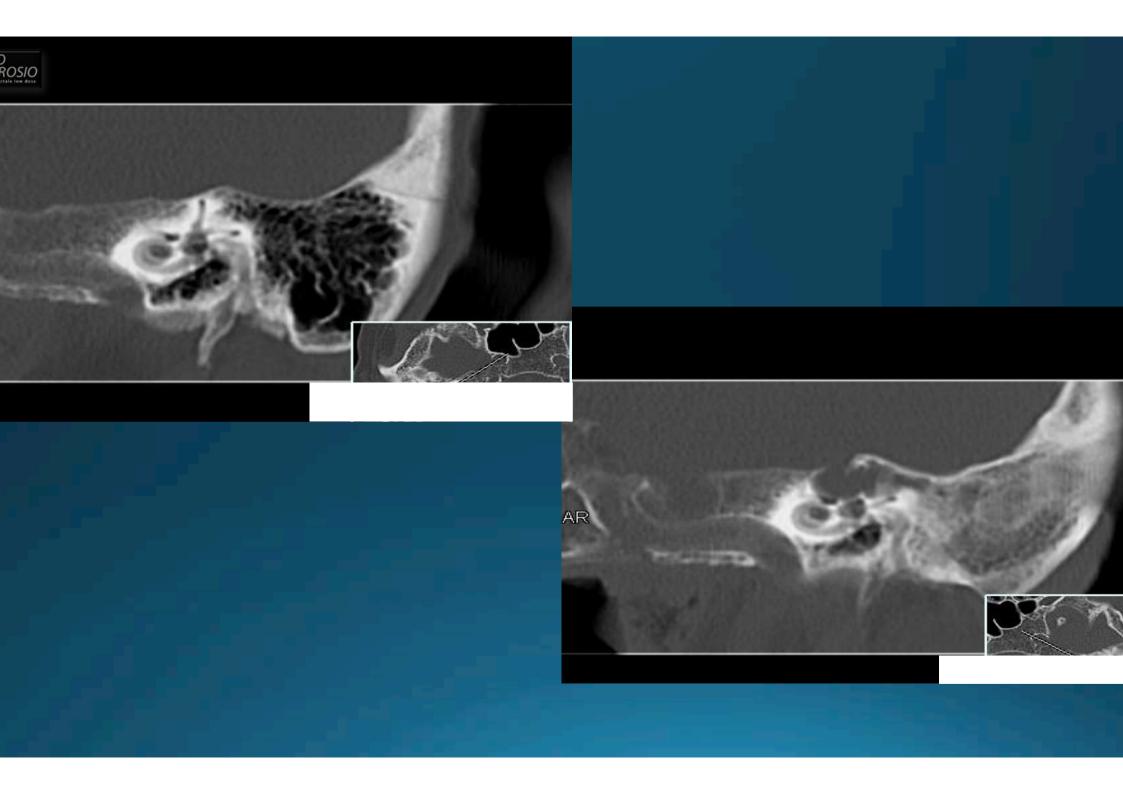


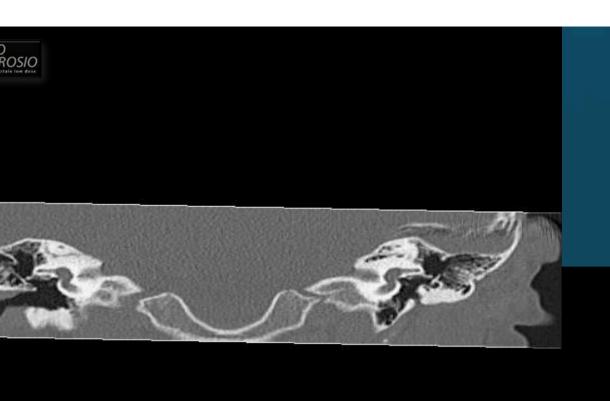




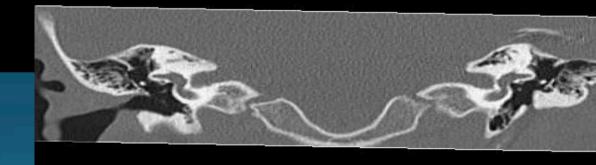


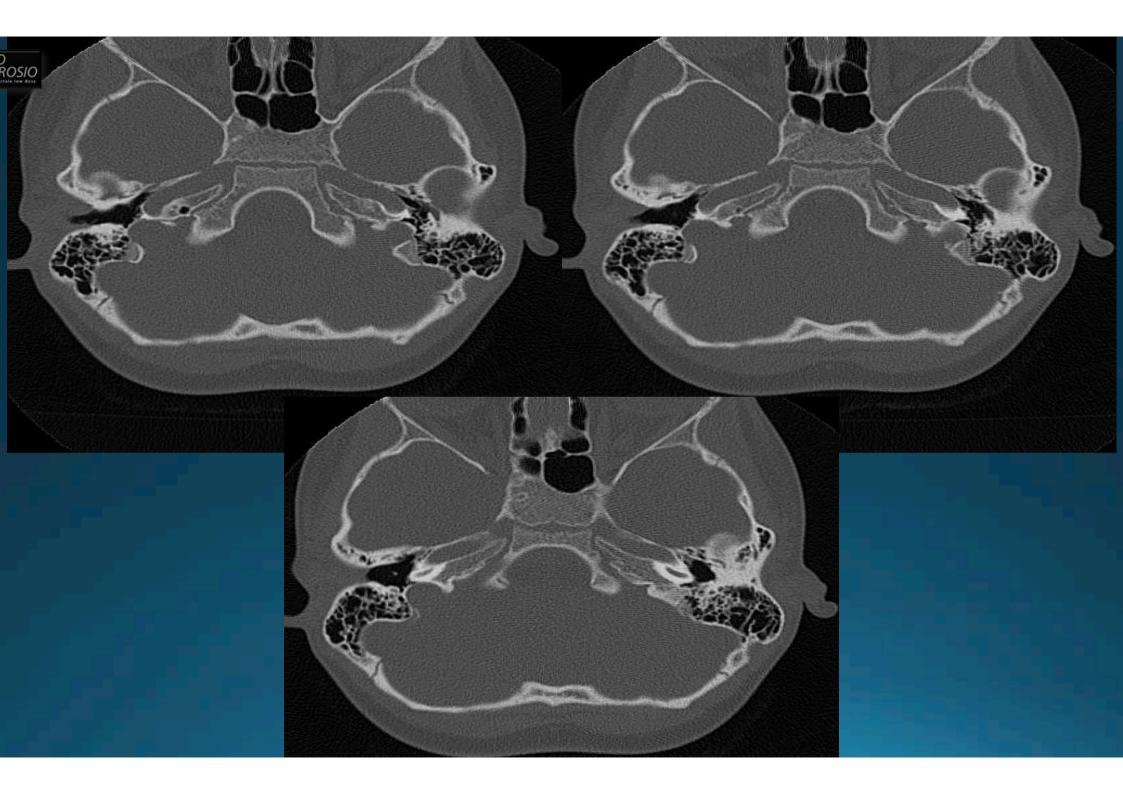


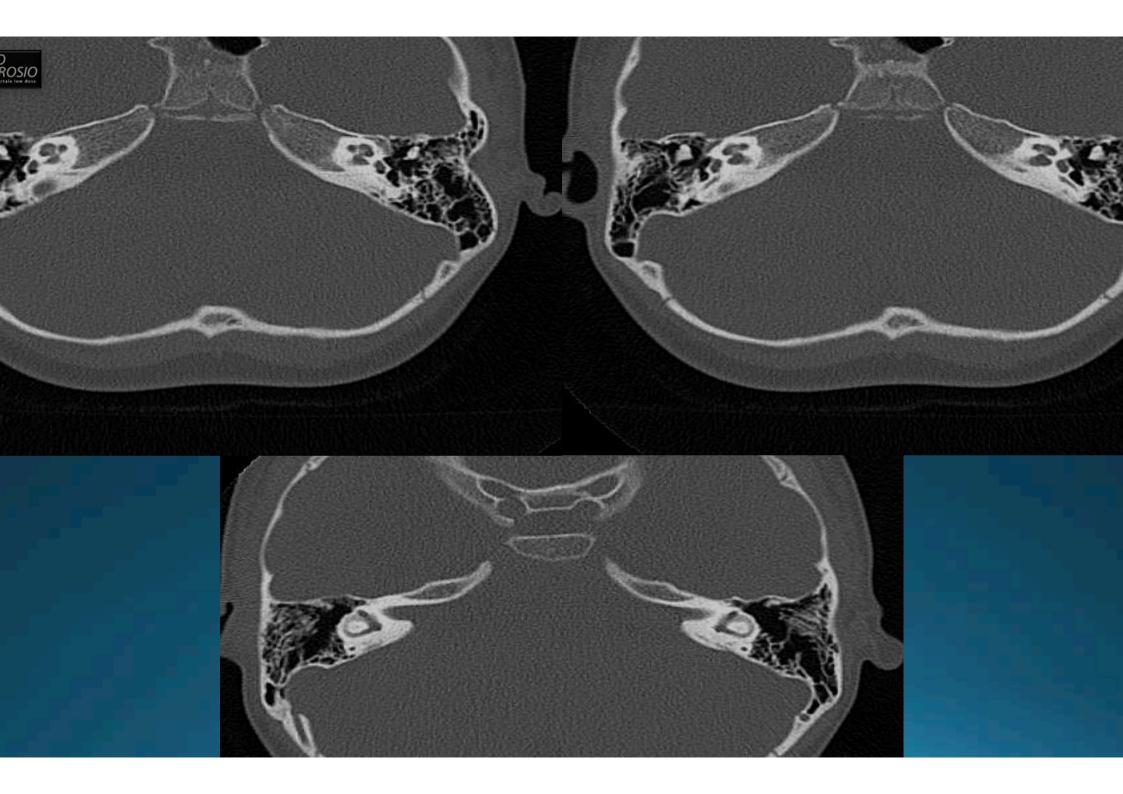




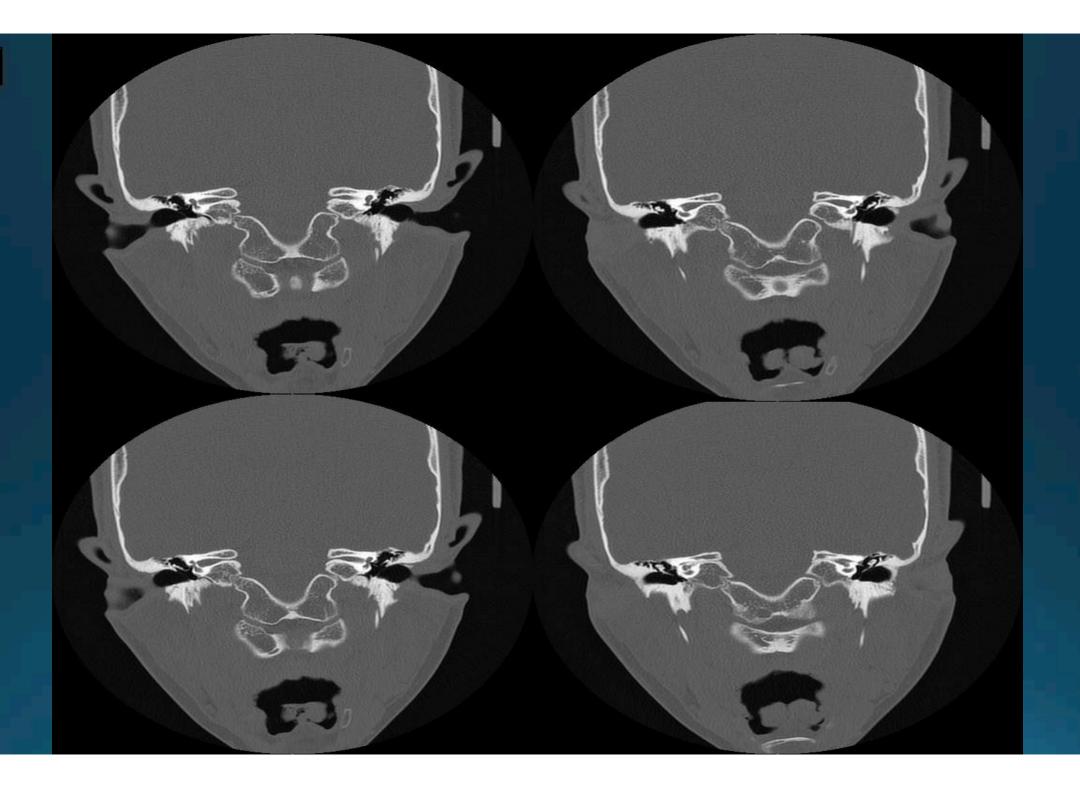
Aplasia CUE CSS ACQUEDOTTO del Vest.

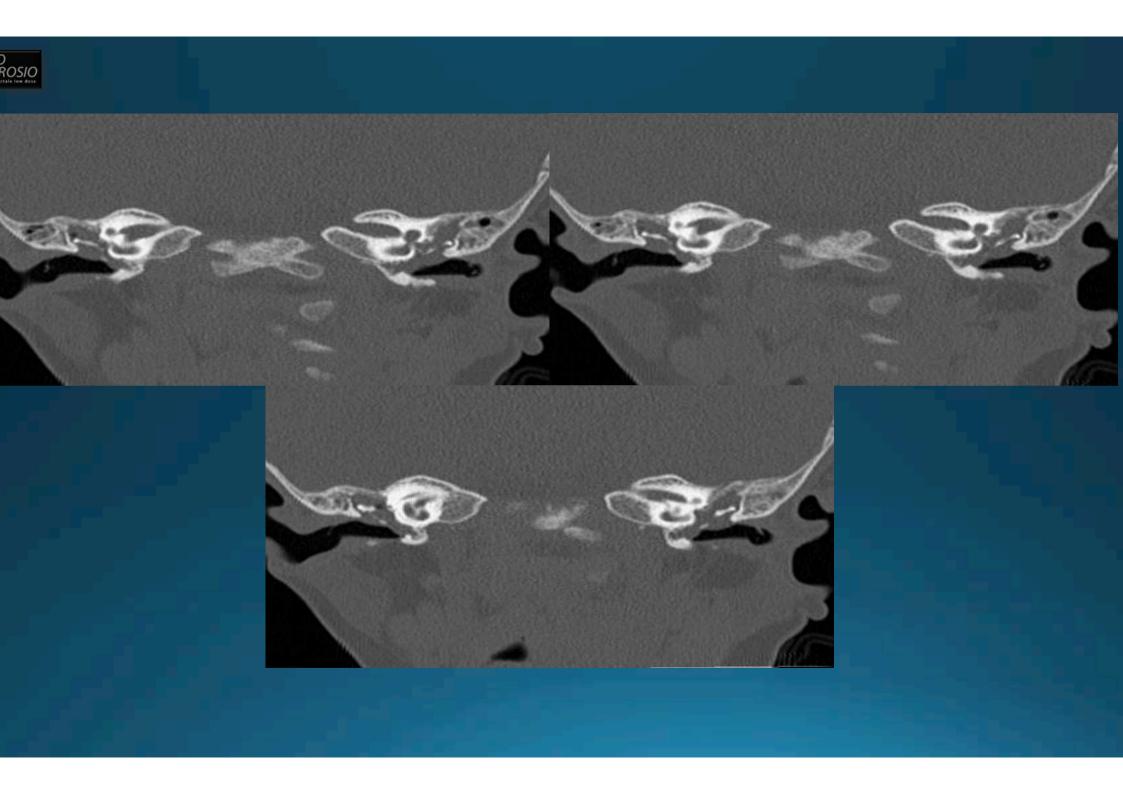


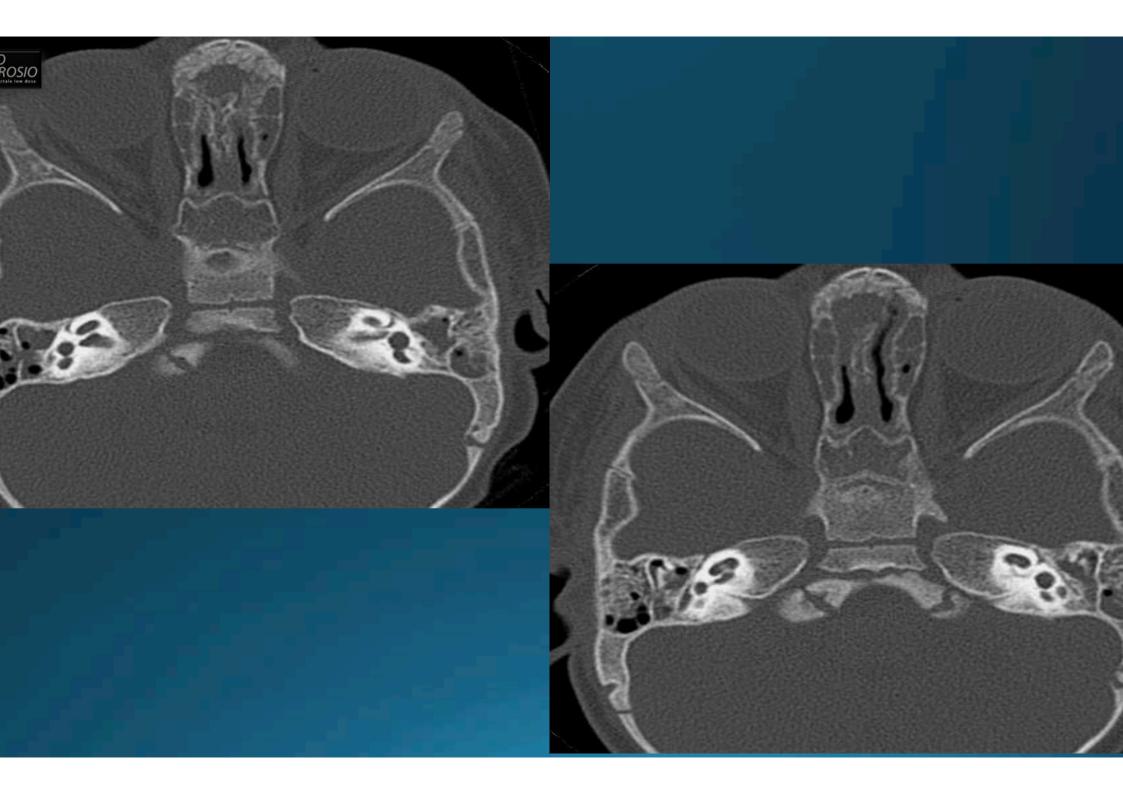




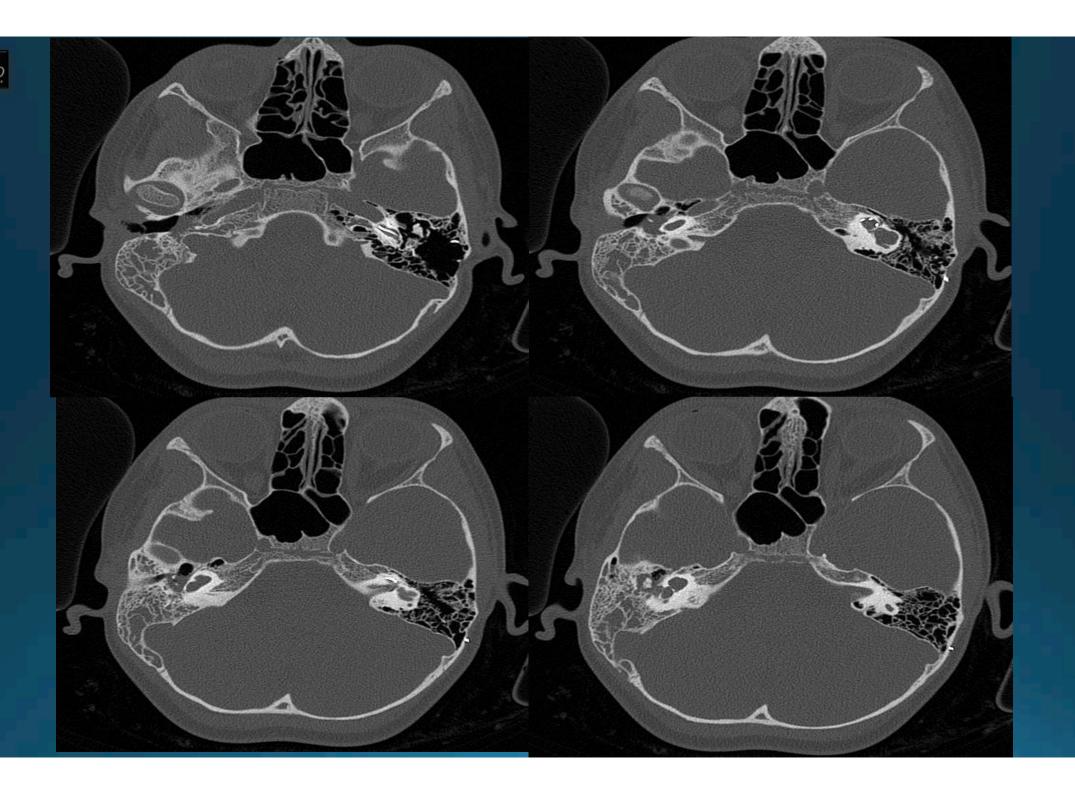


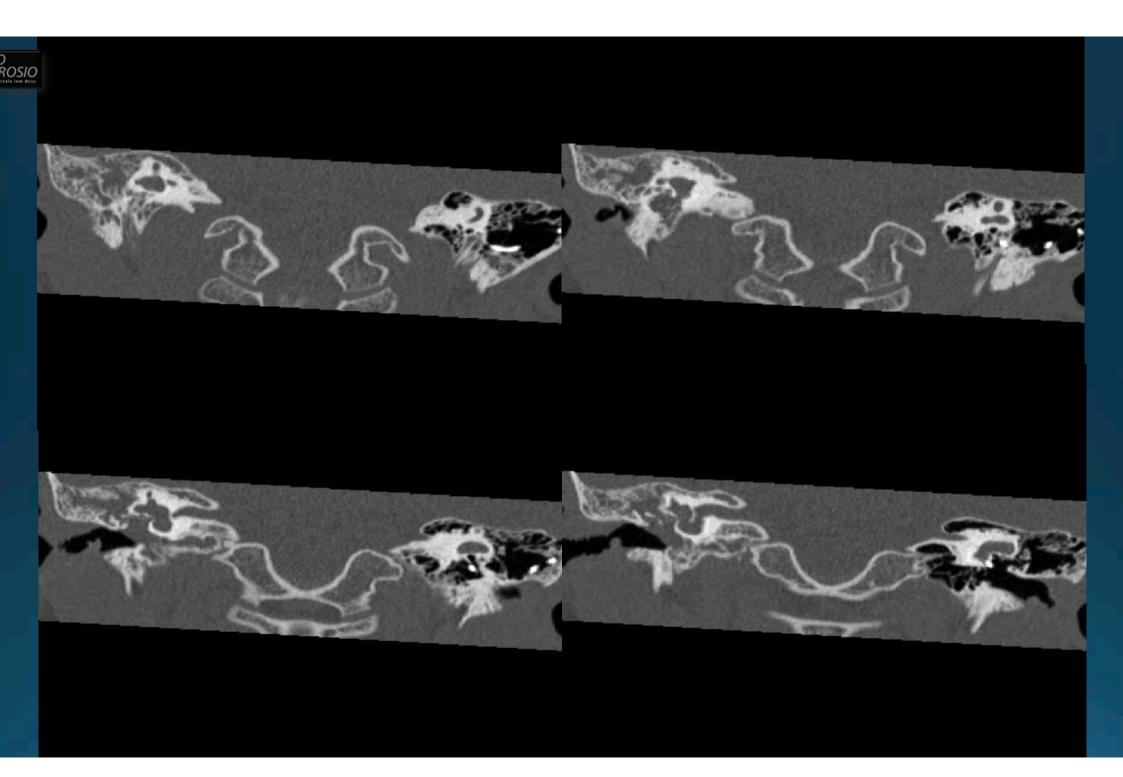


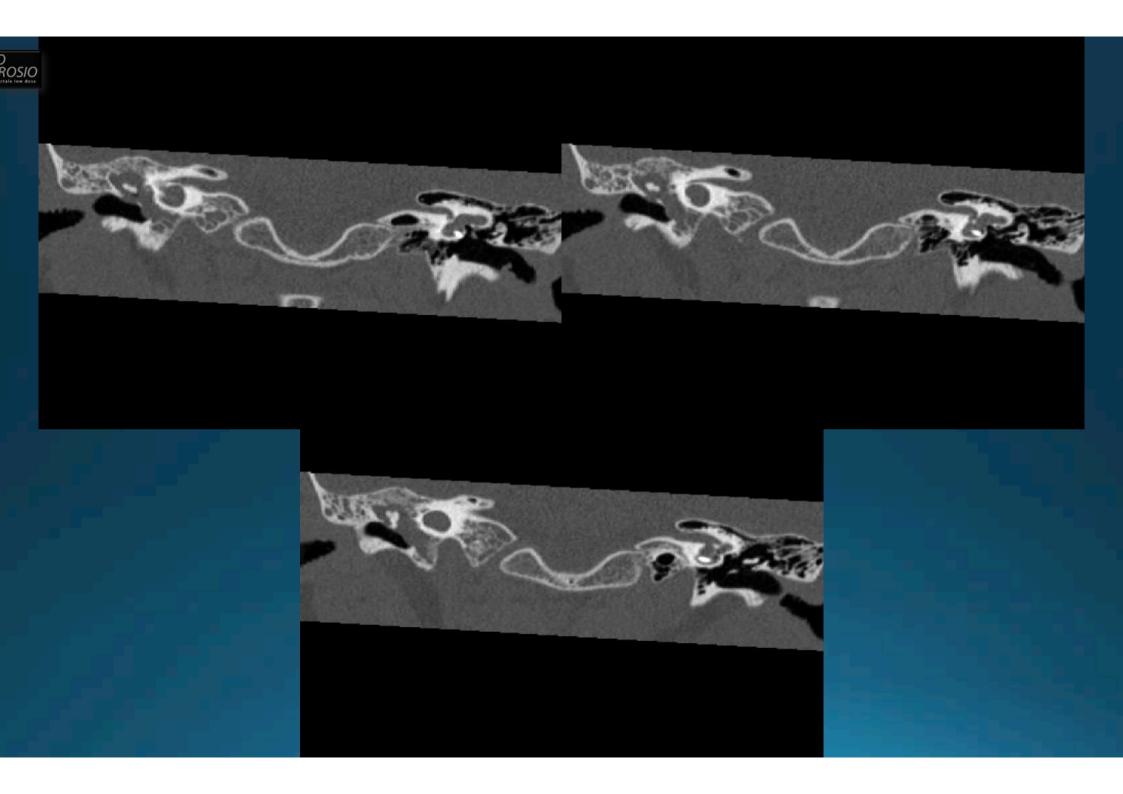


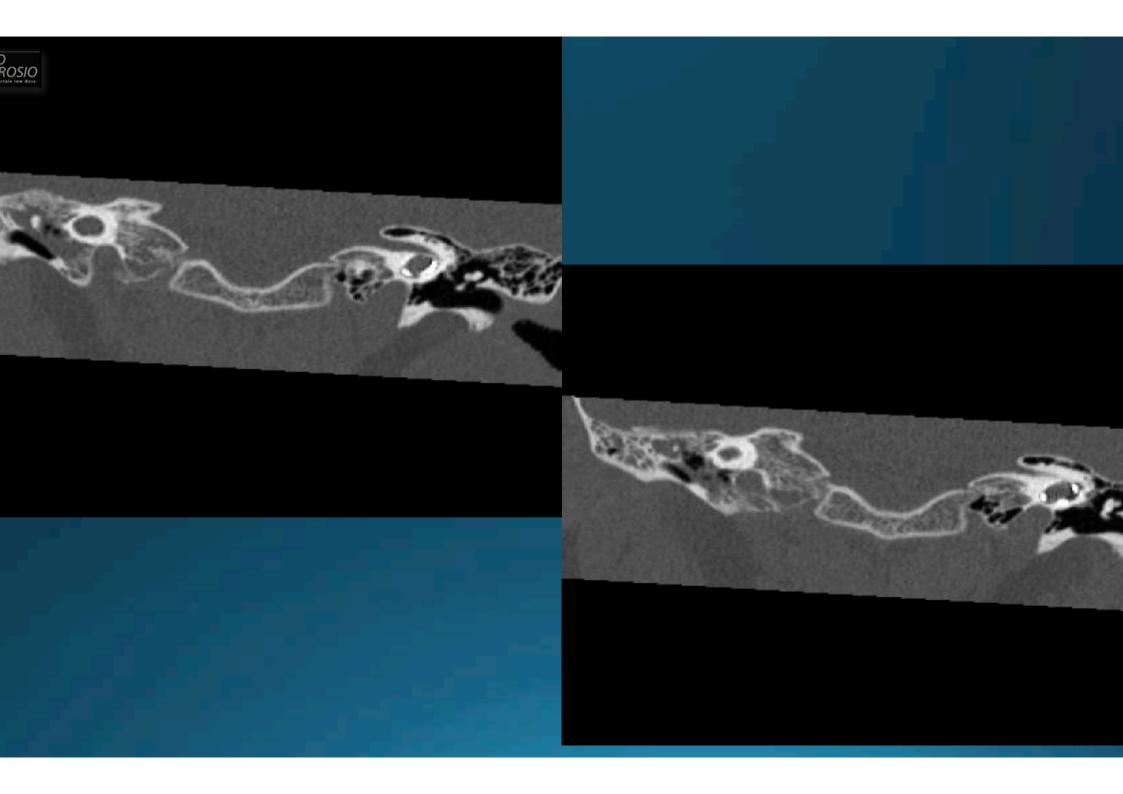


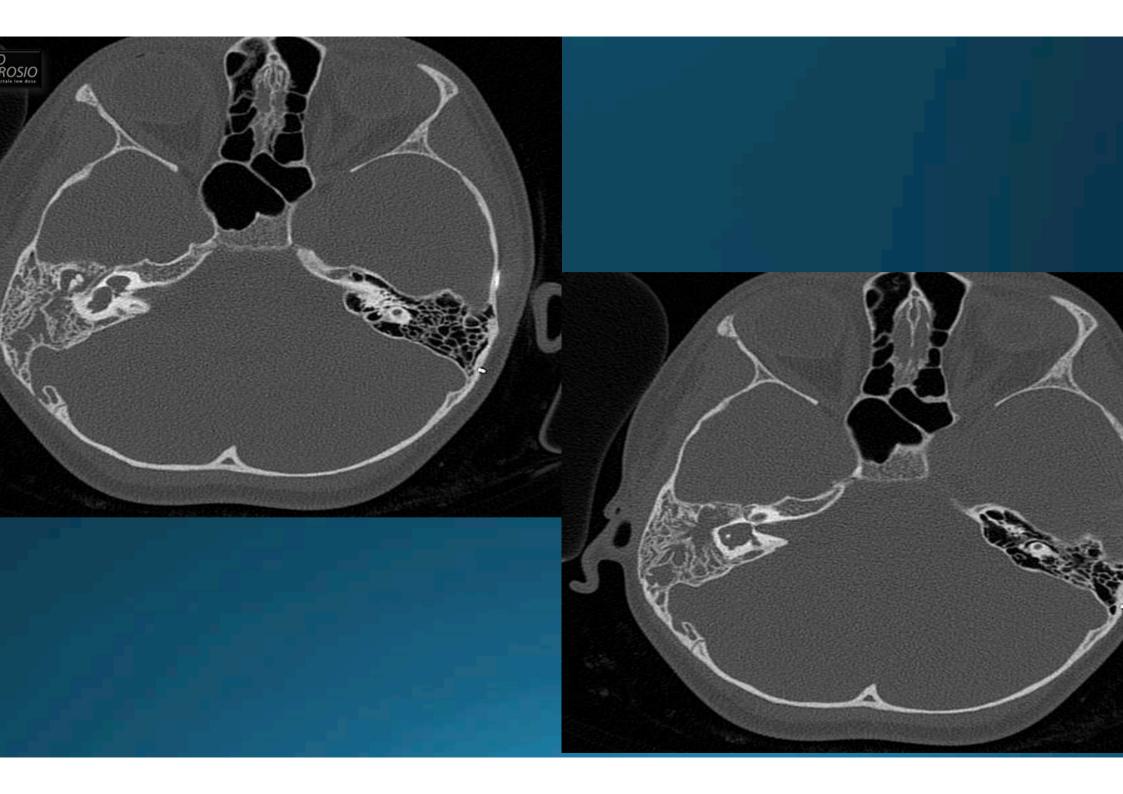




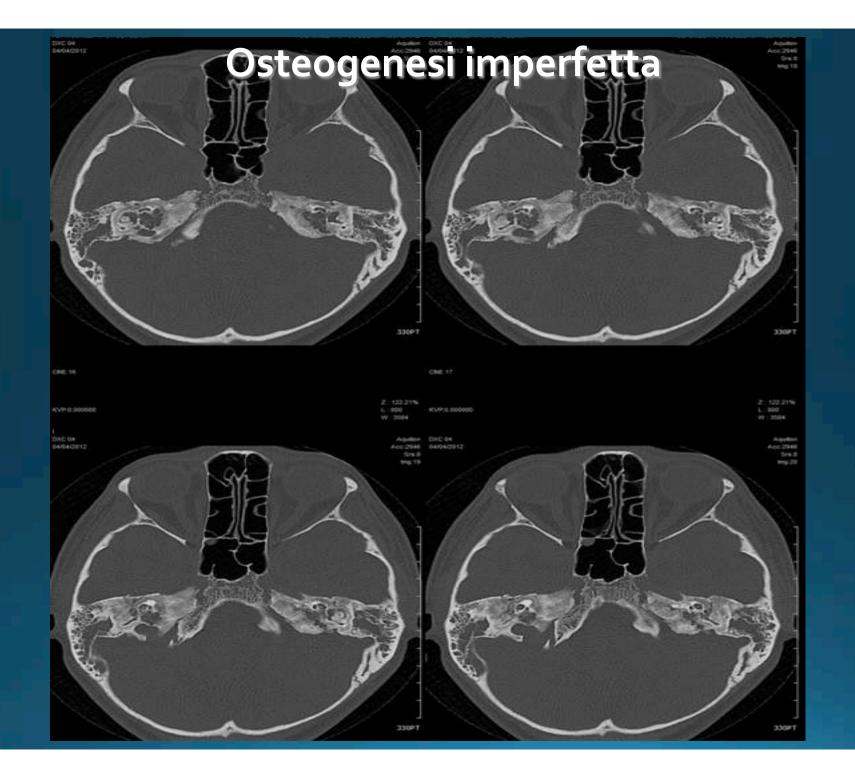




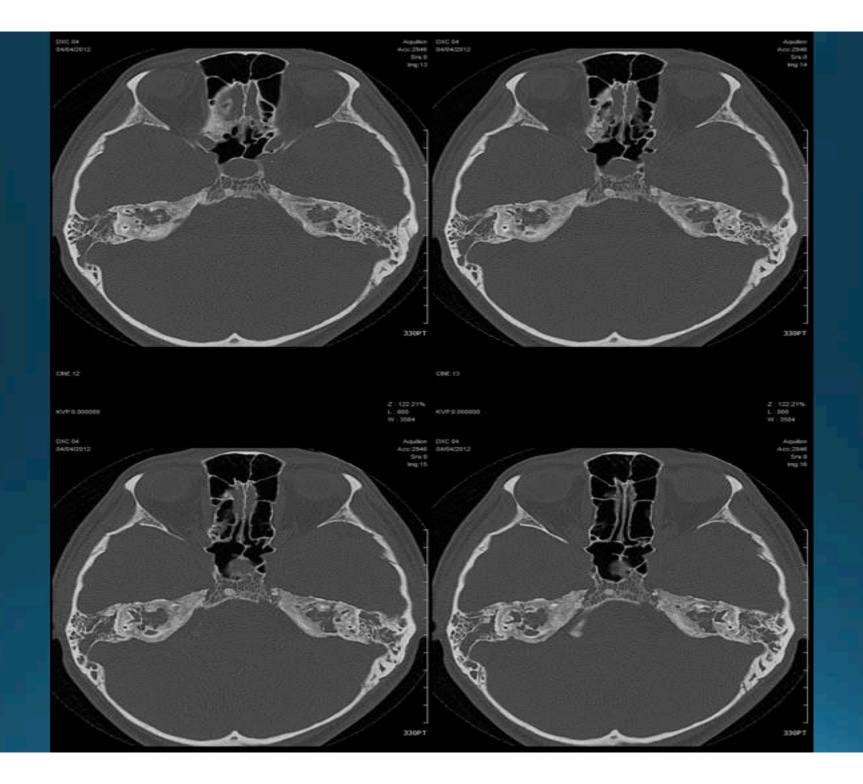


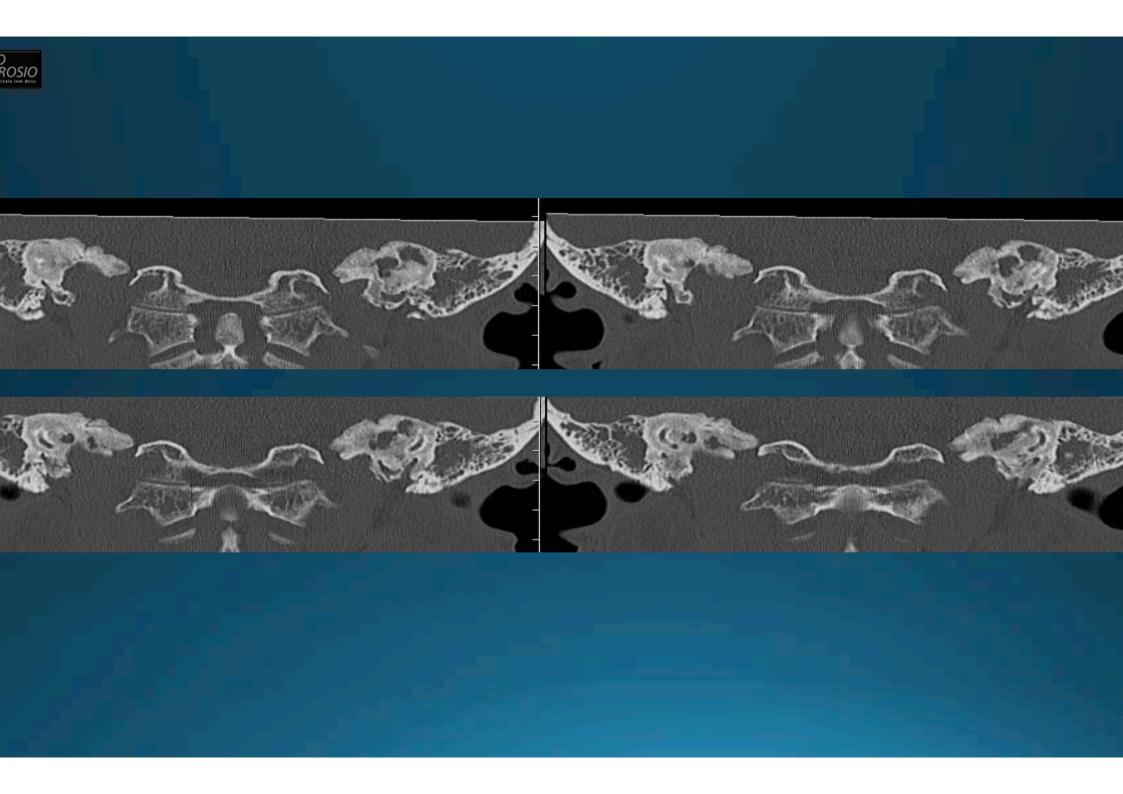


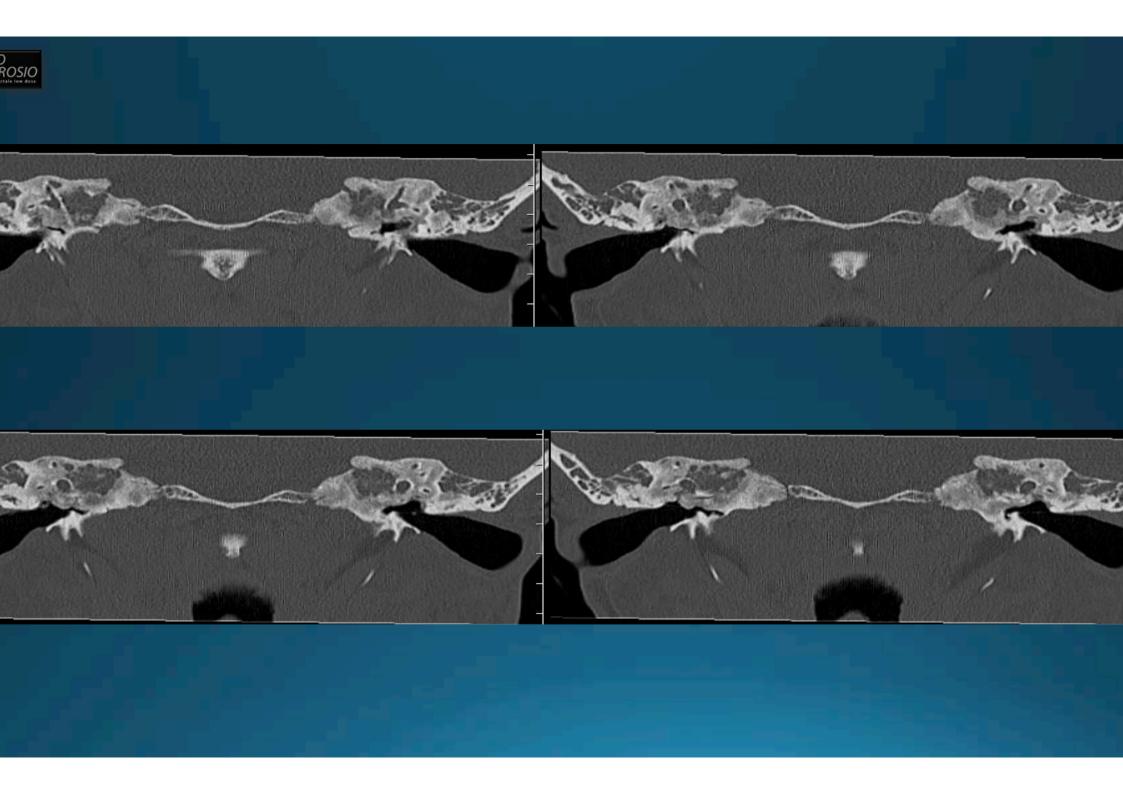


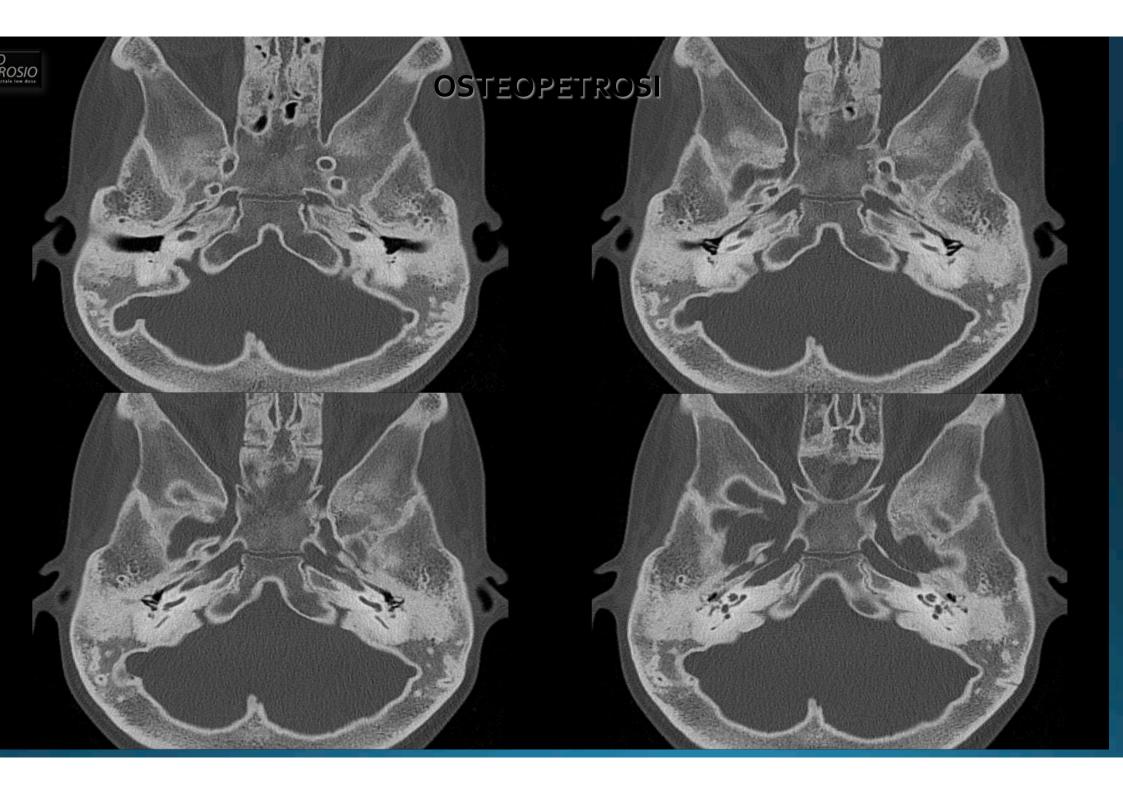


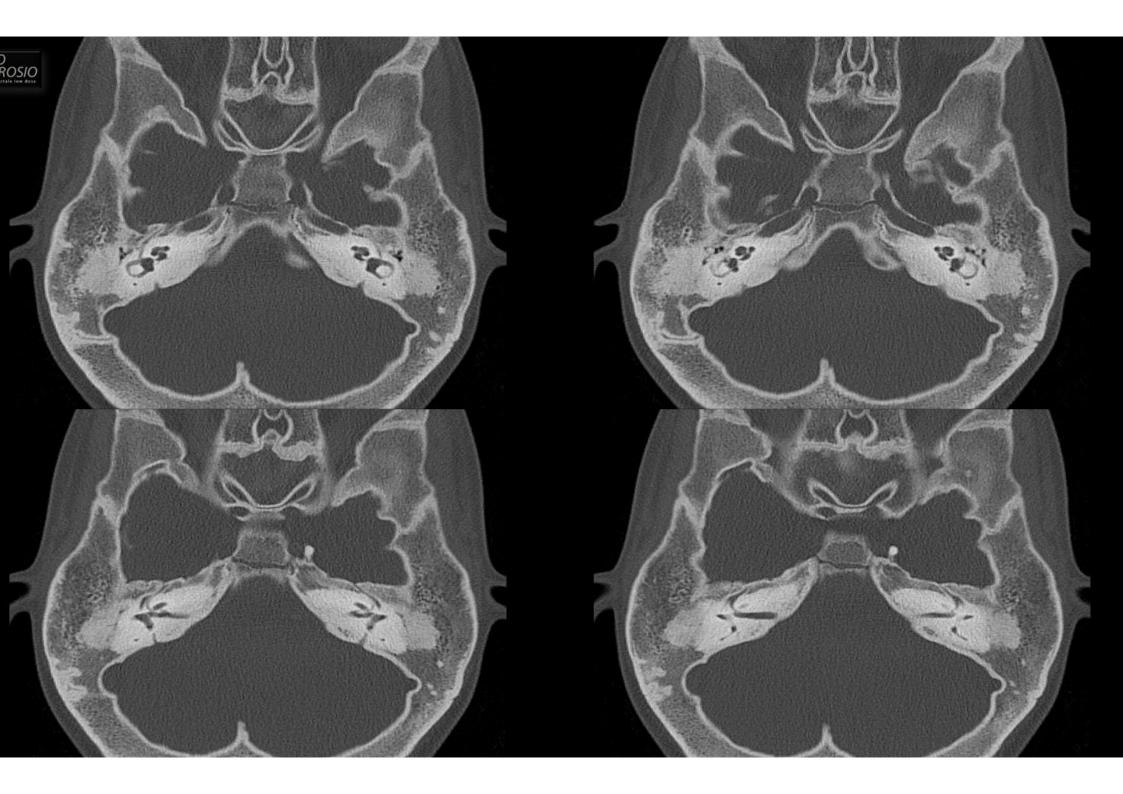


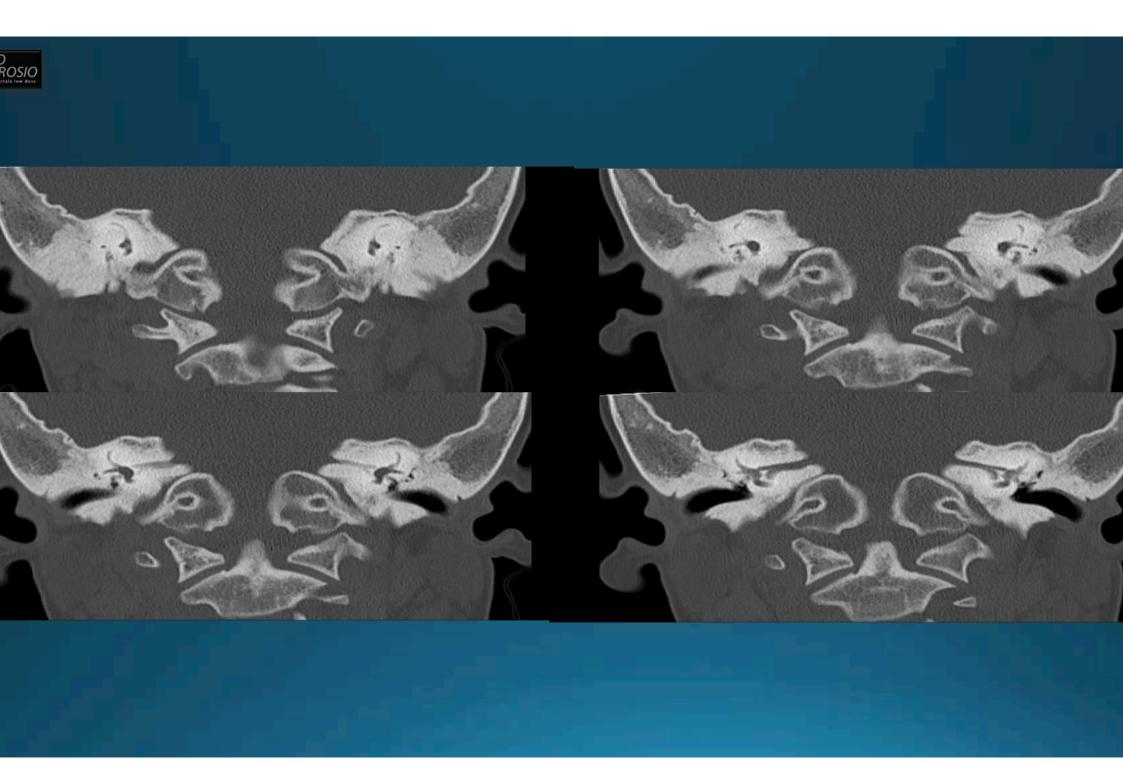


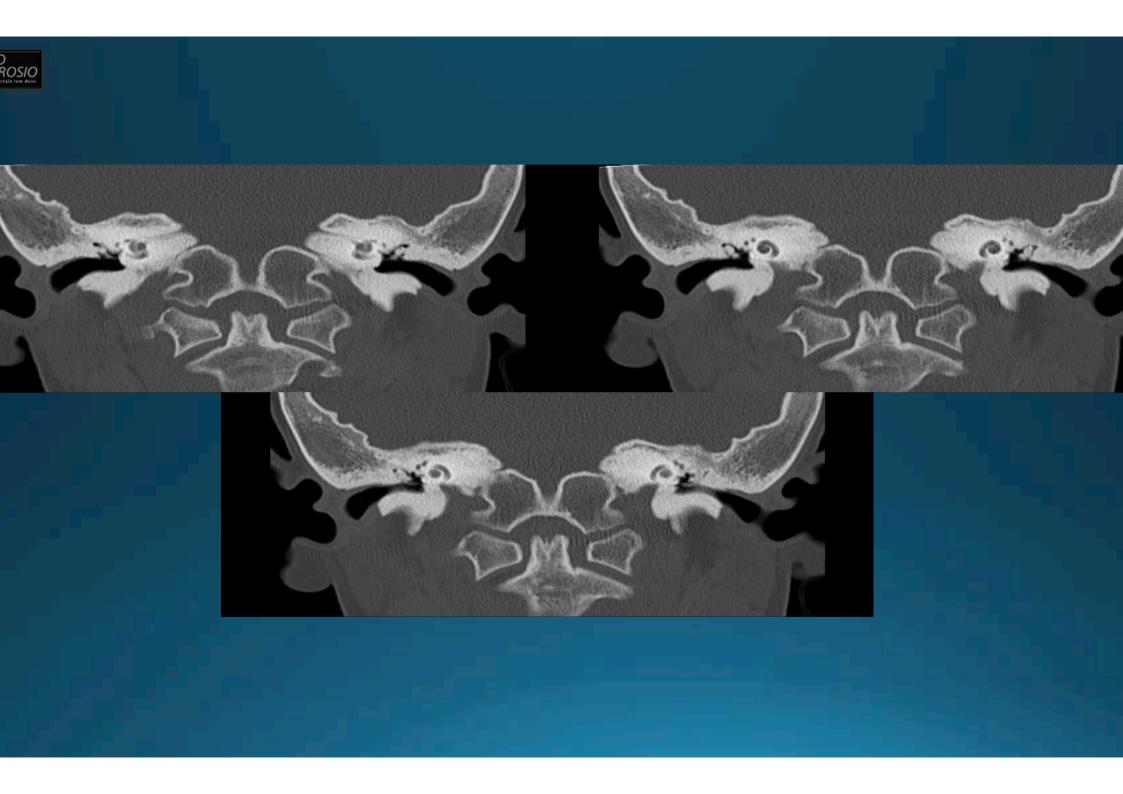


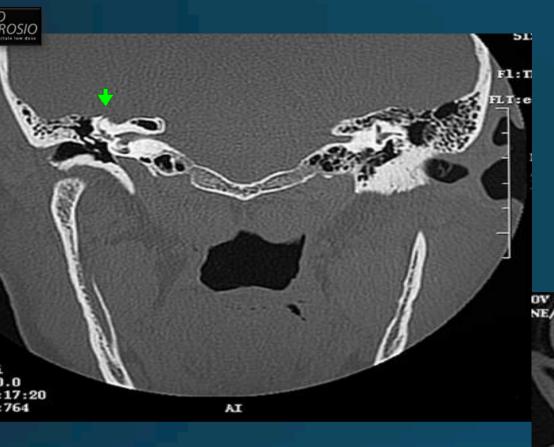






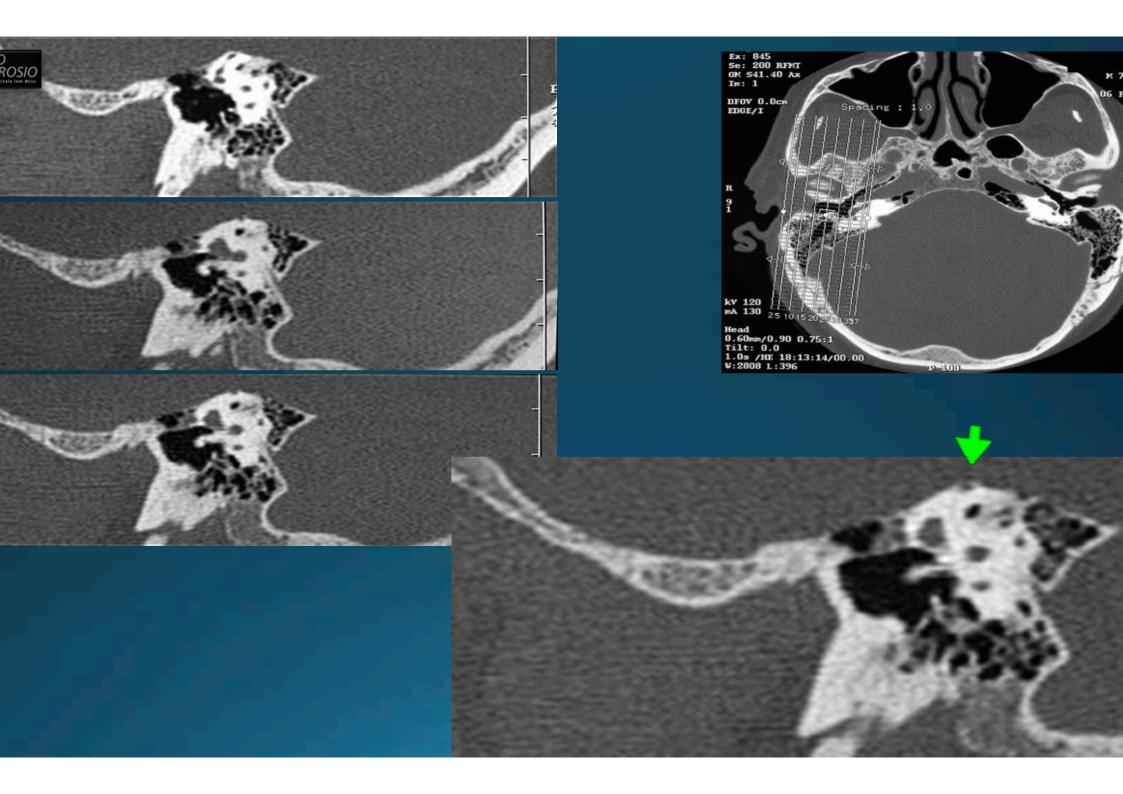




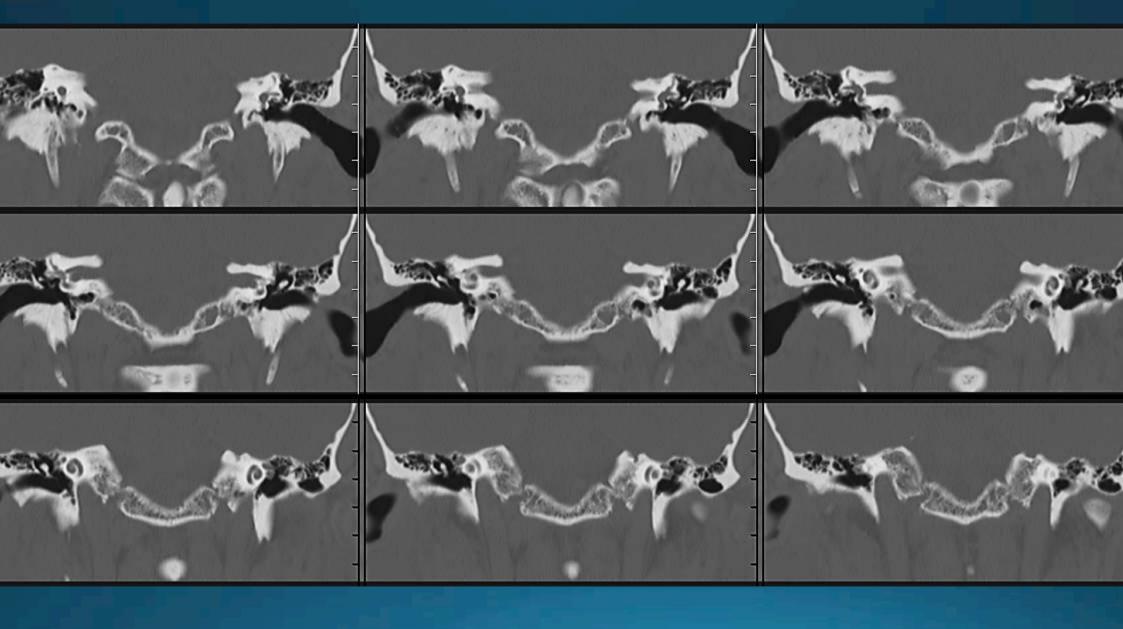


Minor

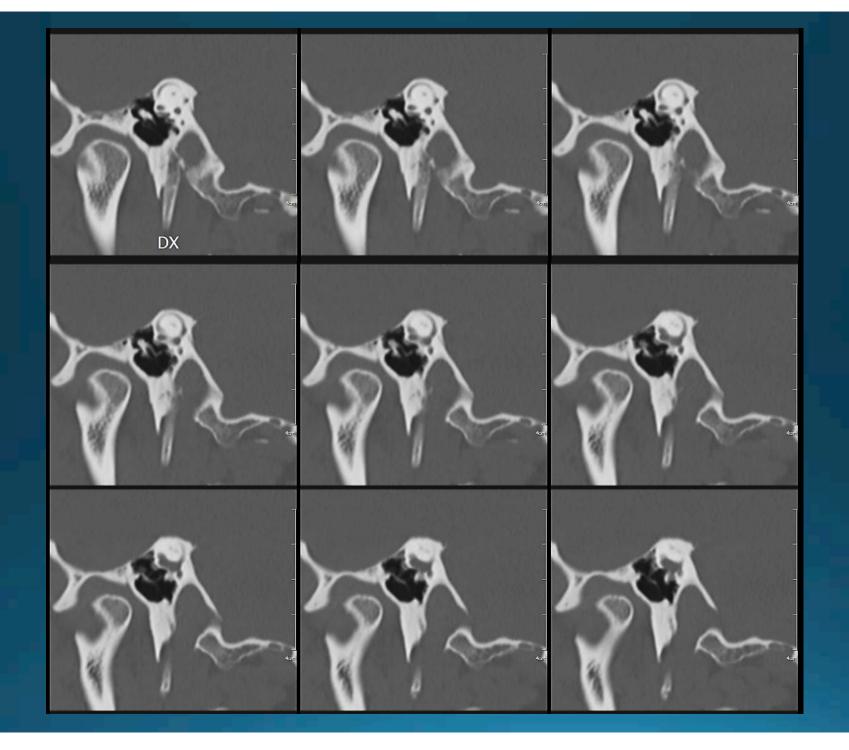




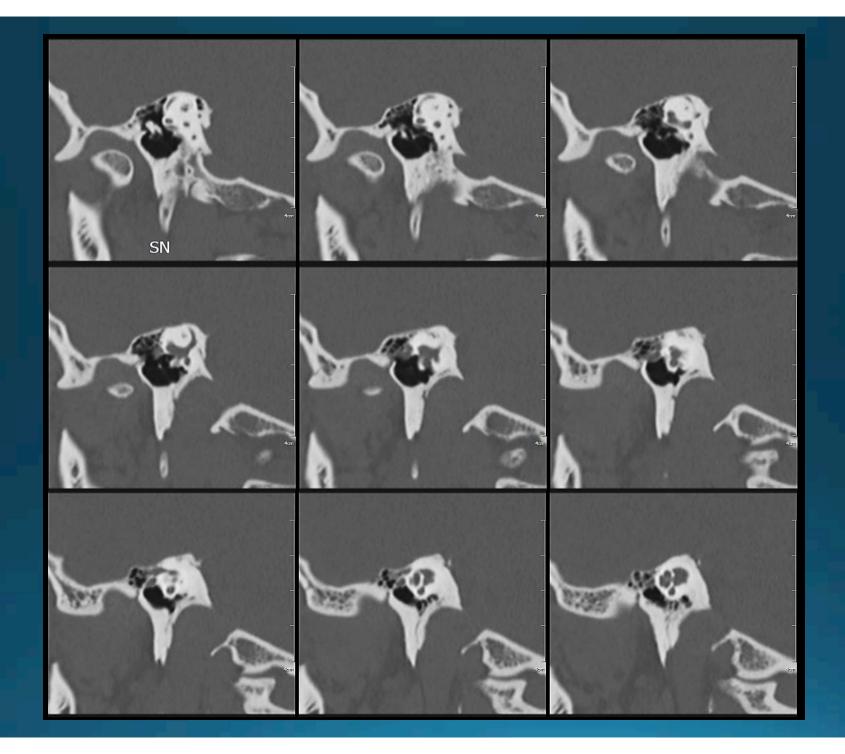


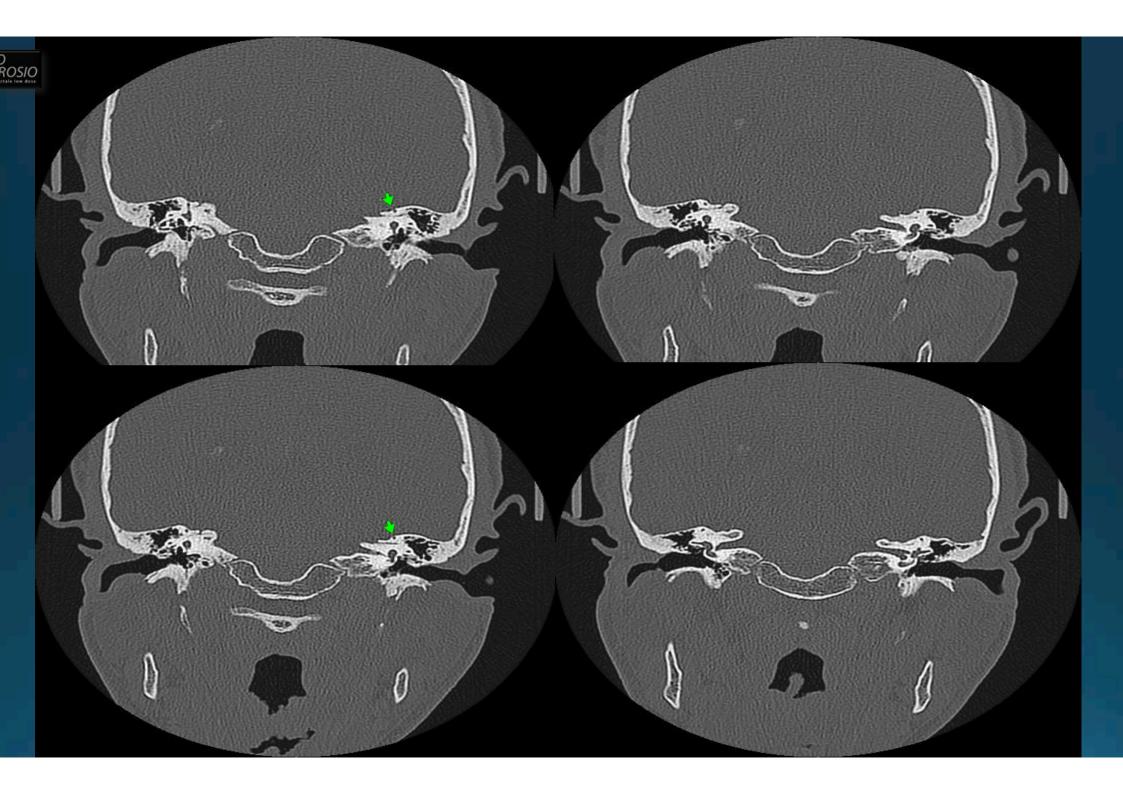


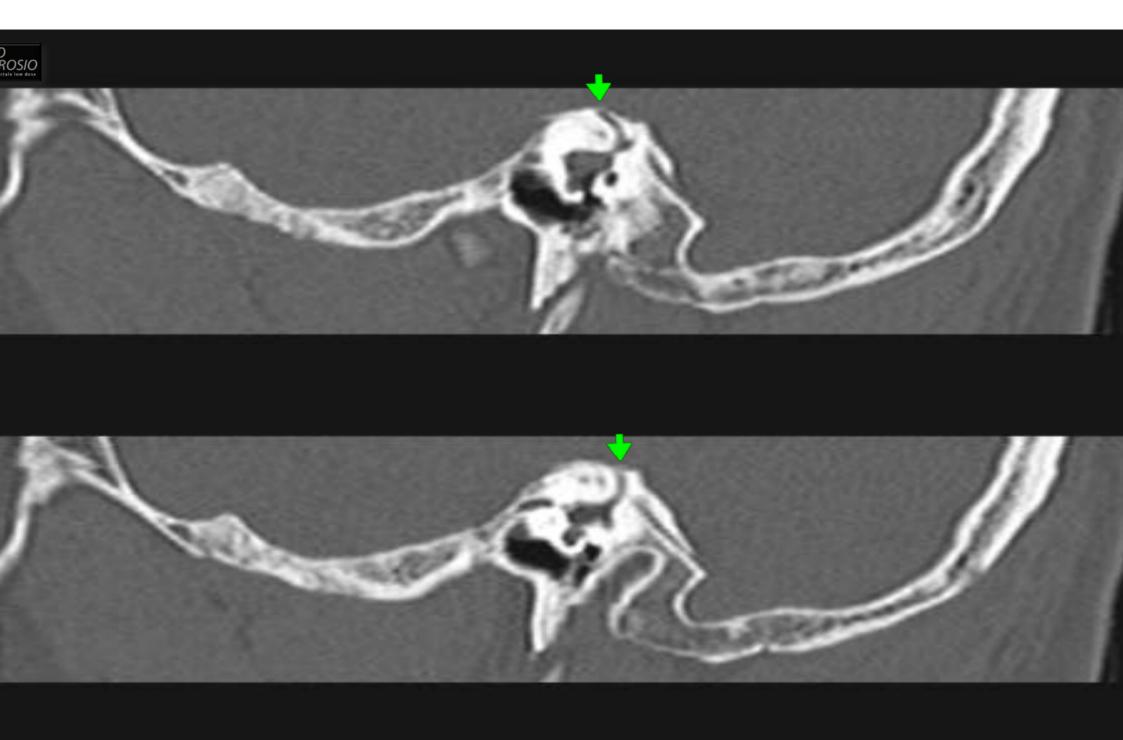


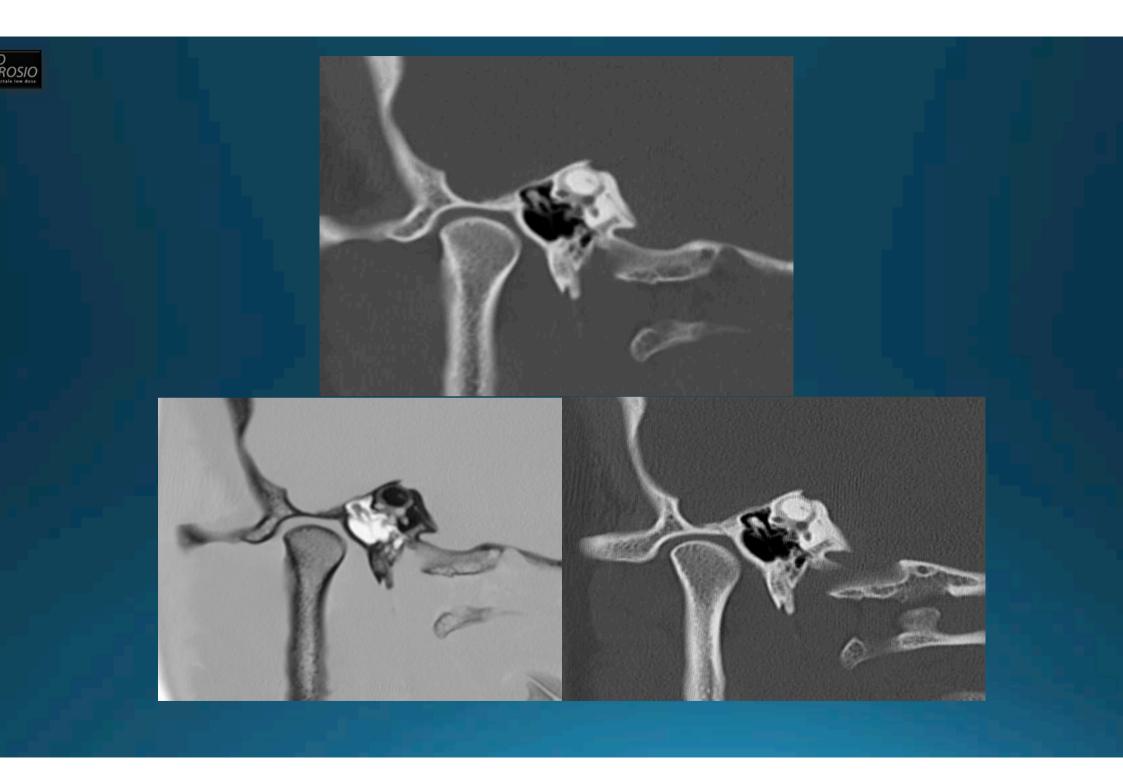


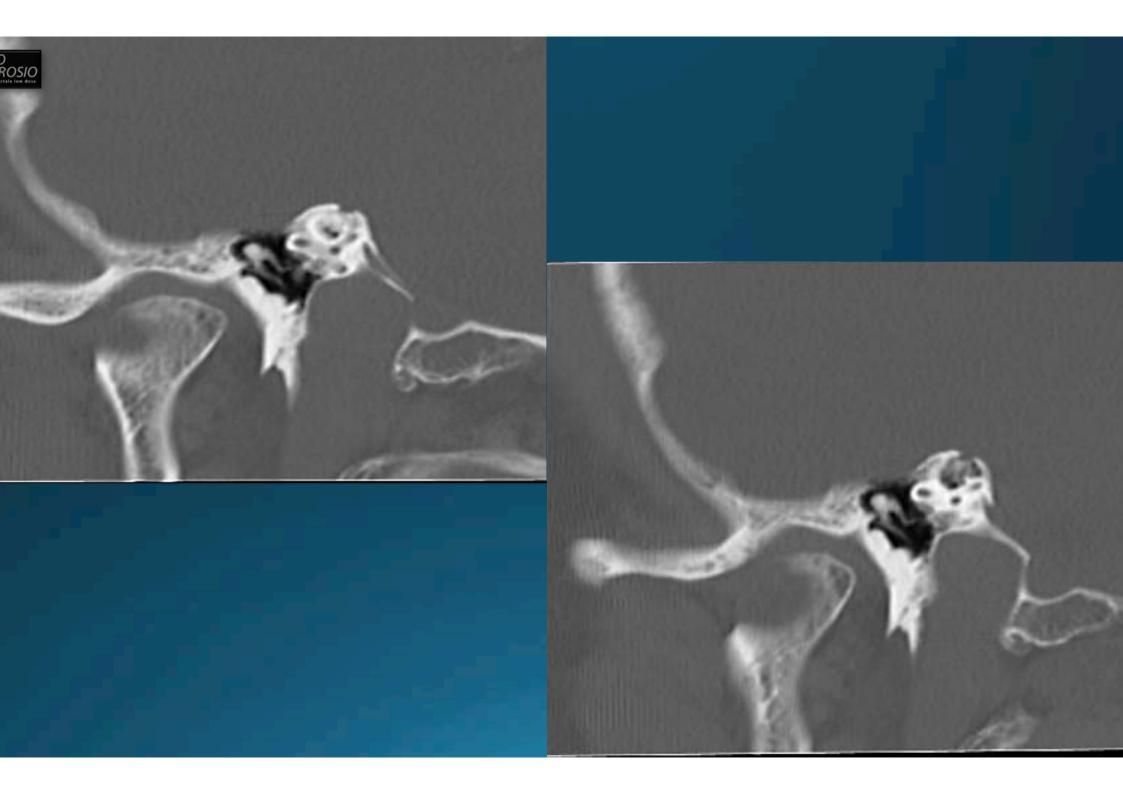


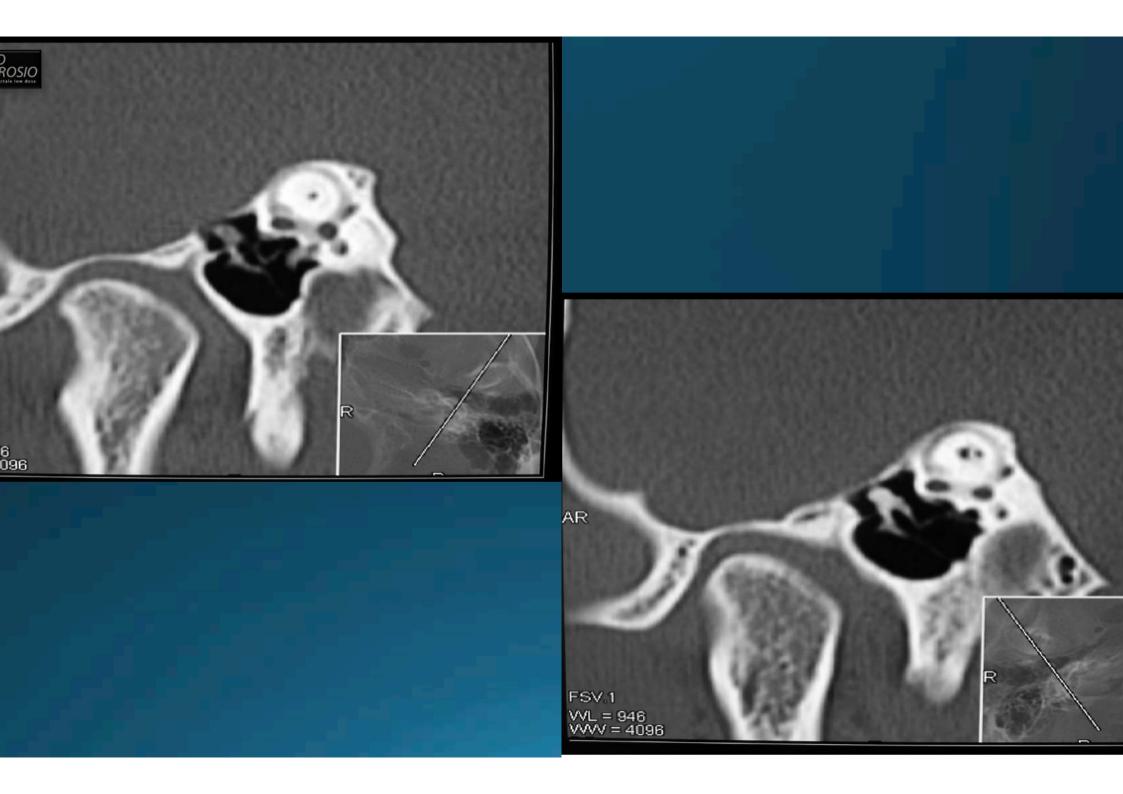


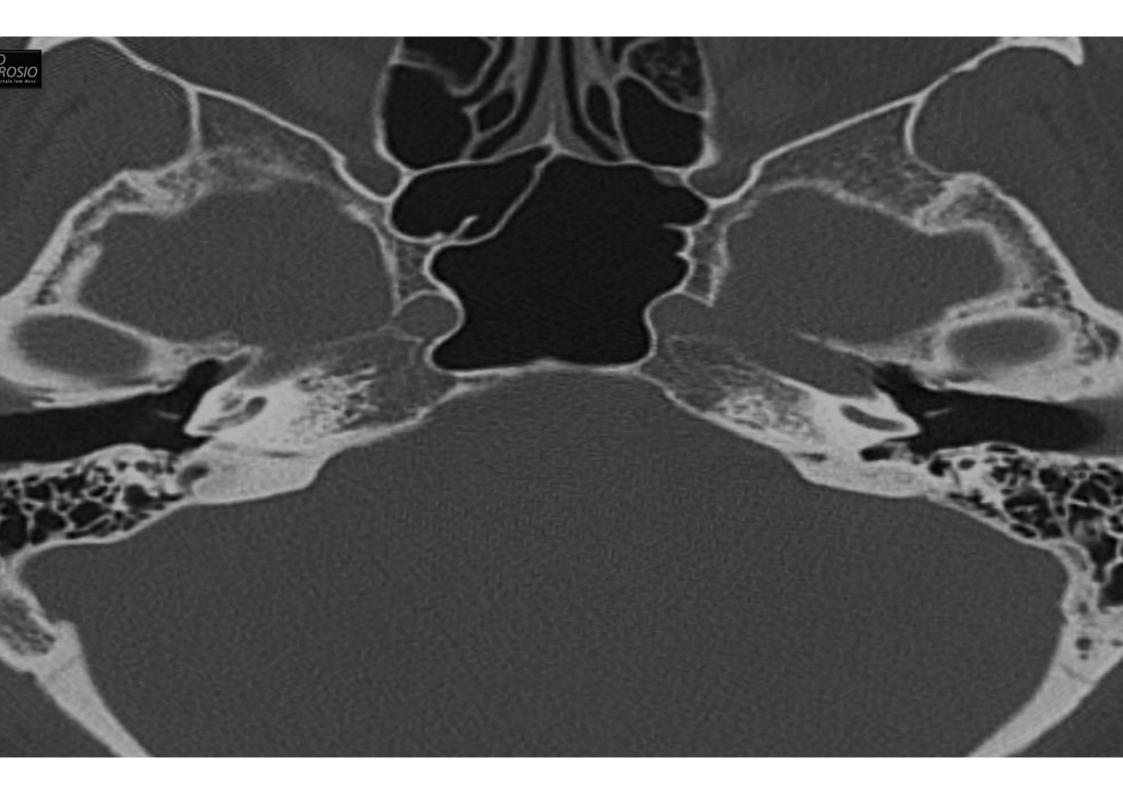


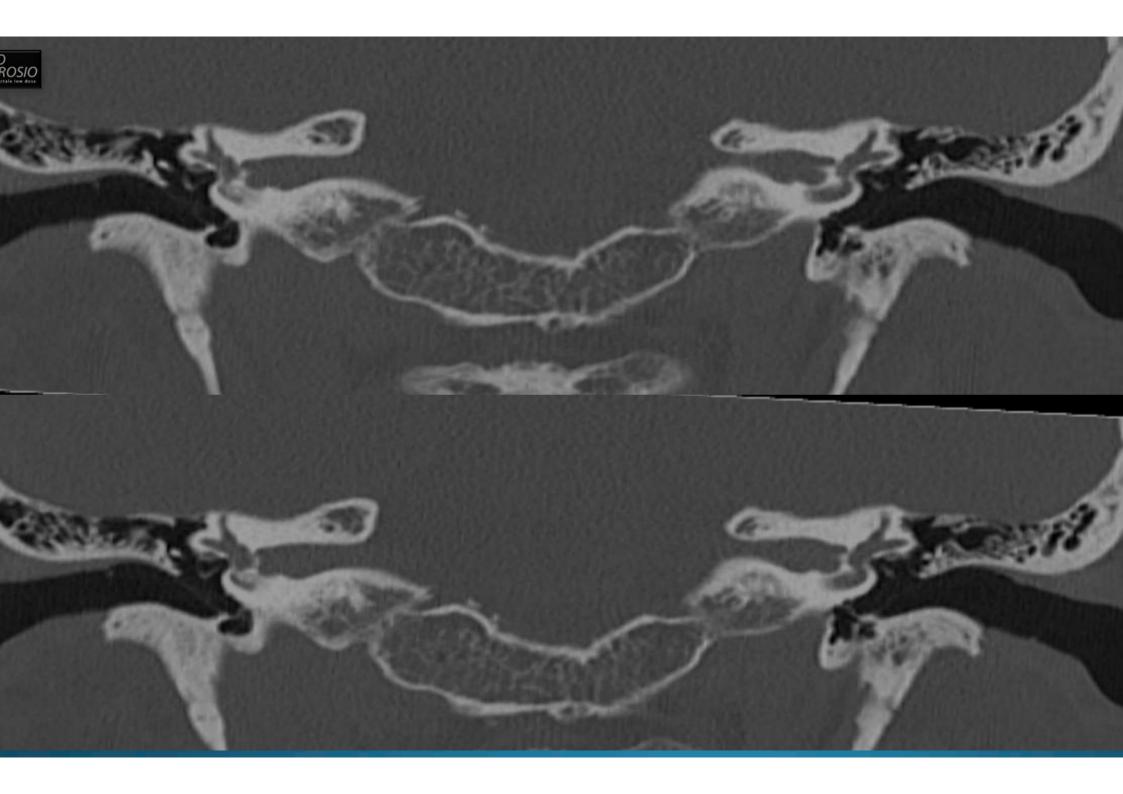




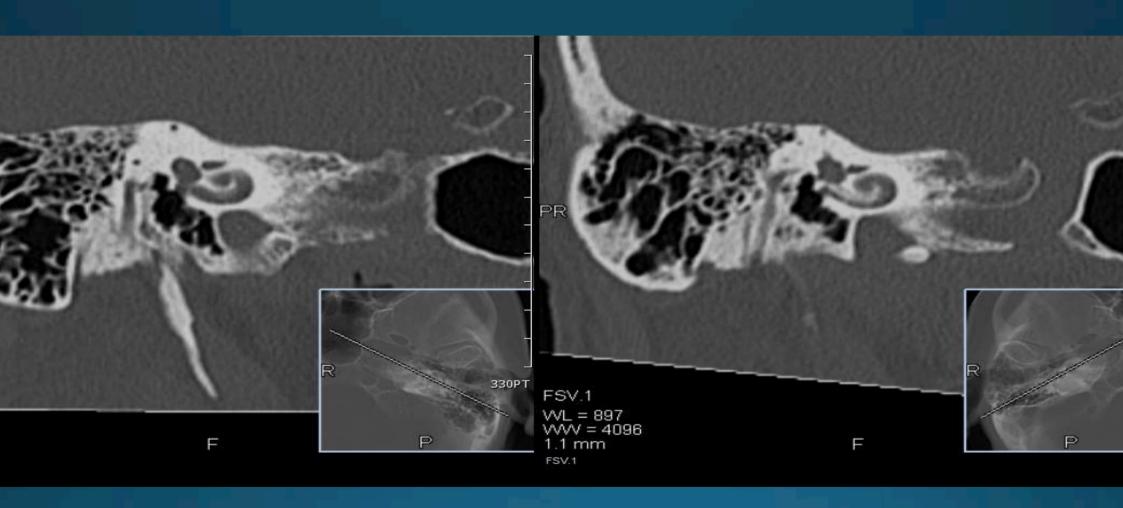


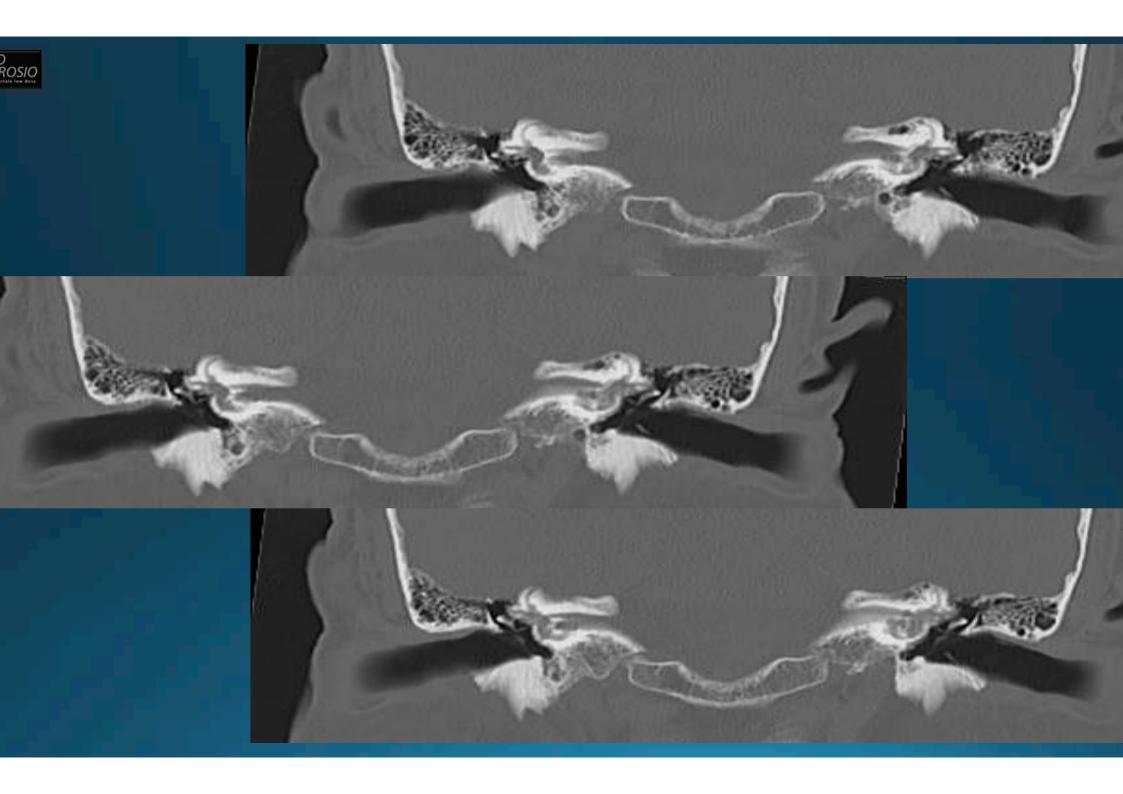


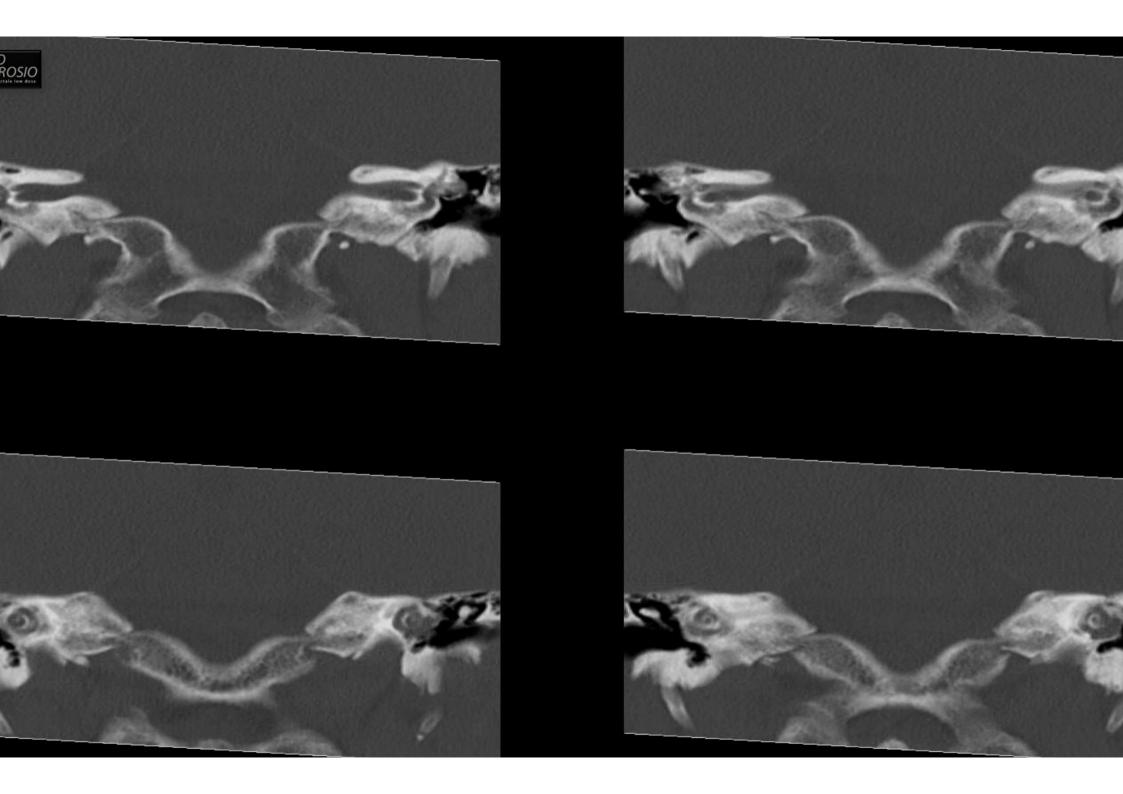


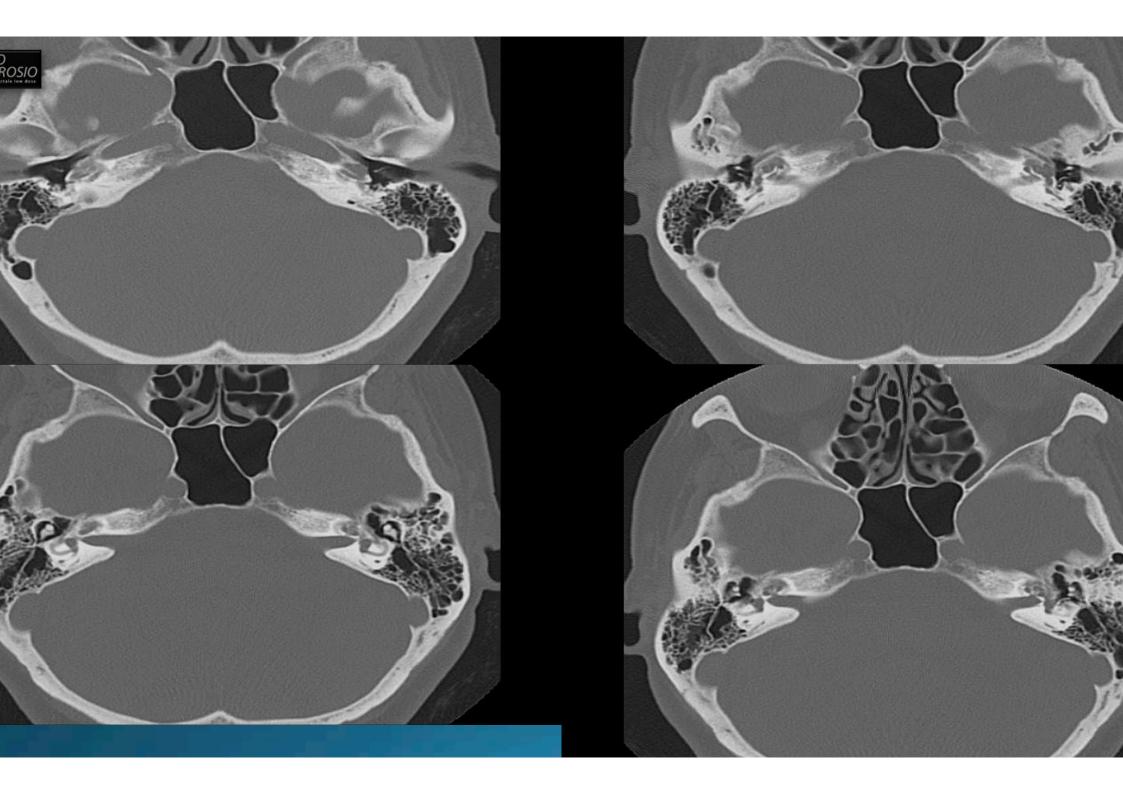




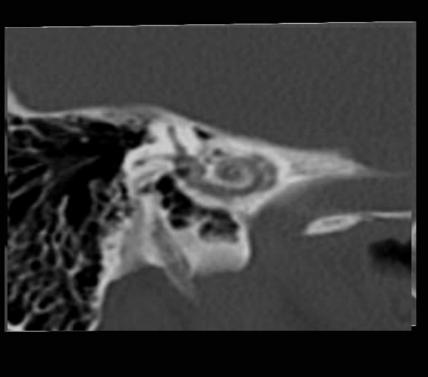


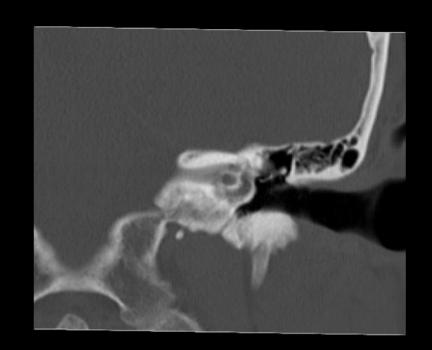




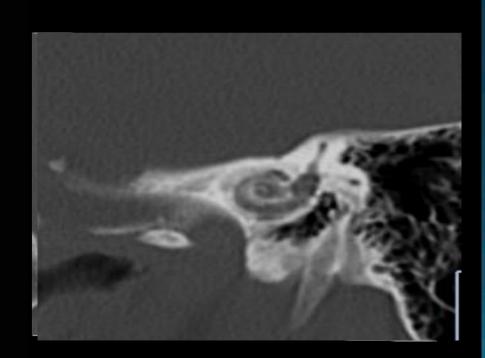


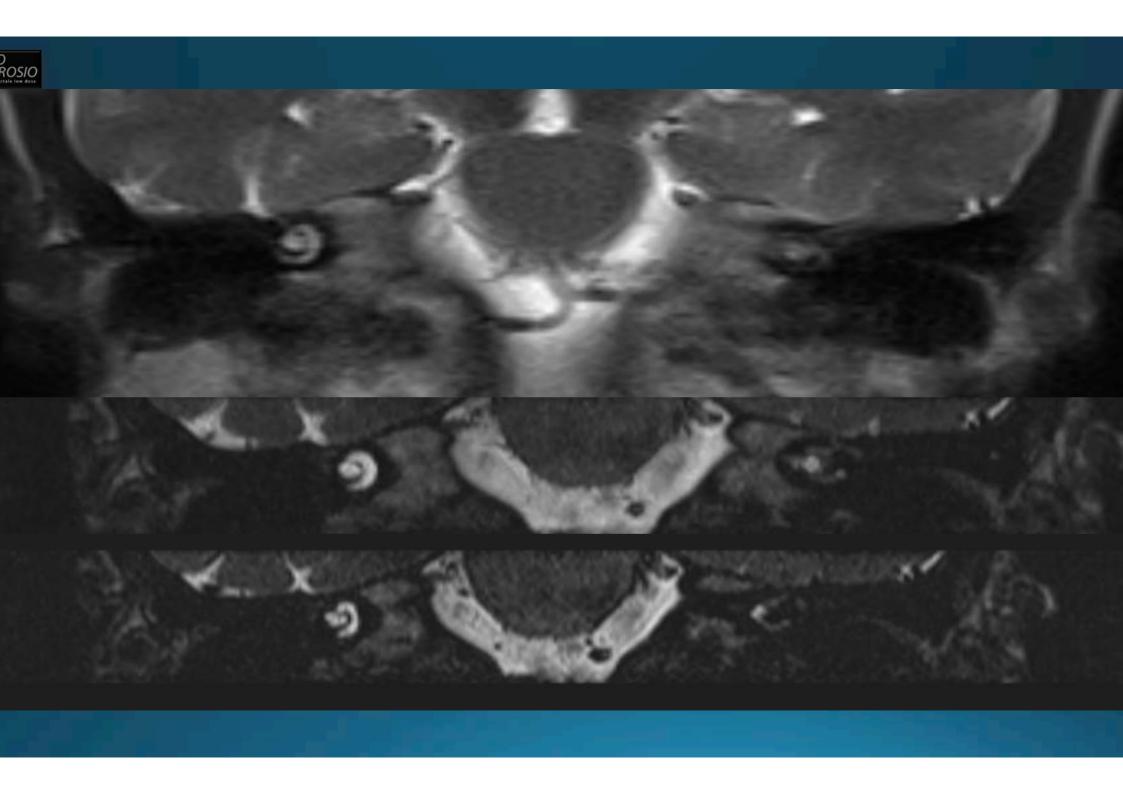




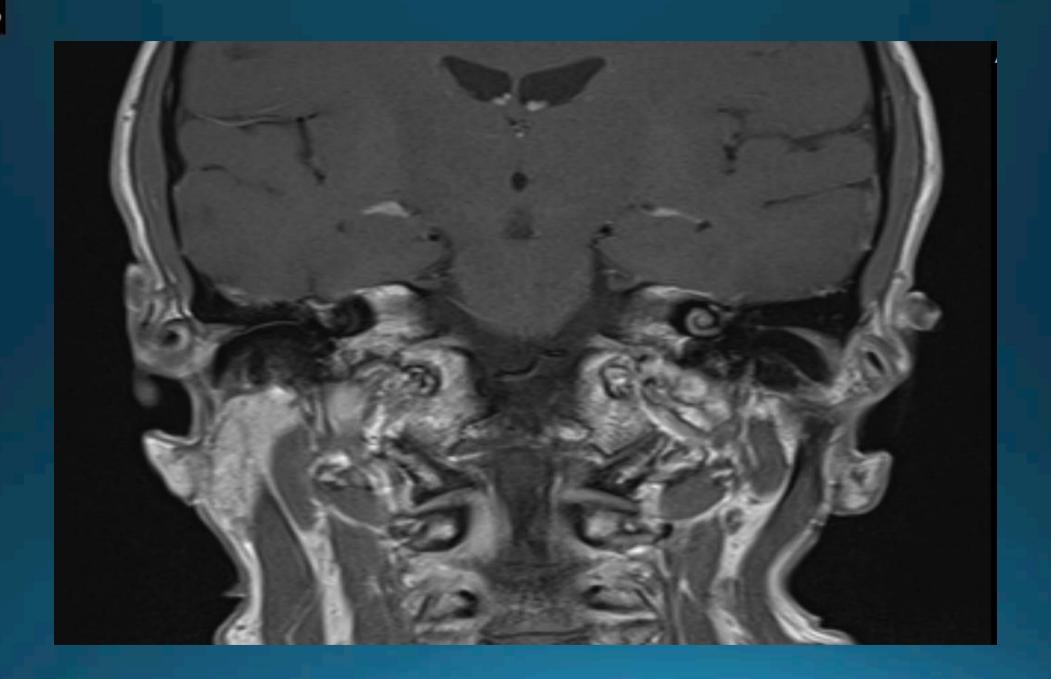


















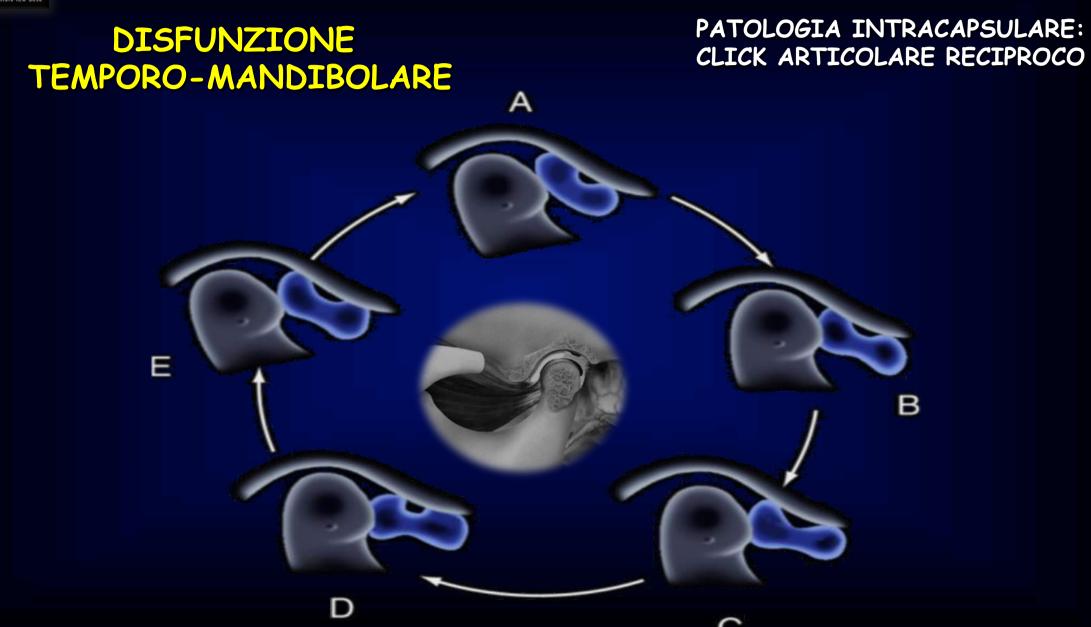
Prof. Ferdinando D'Ambrosio Ordinario di Radiologia Sapienza Università di Roma

ATM

TECNICHE DI IMAGING





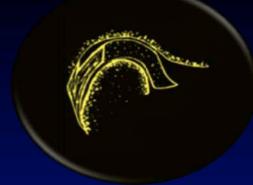




DISFUNZIONE TEMPORO-MANDIBOLARE

TMD





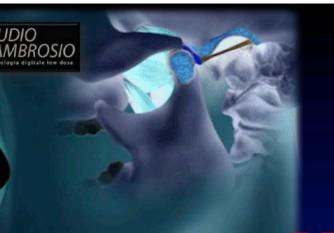


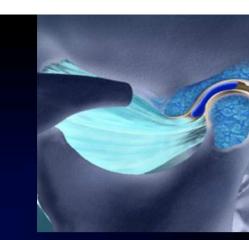












PERTANTO DOBBIAMO

UTILIZZARE

TECNICHE PER I TESSUTI DURI

E

TECNICHE PER I TESSUTI MOLLI



TECNICHE DI IMAGING

(IL VECCHIO E IL NUOVO)

TLO

TOMOGRAFIA

ARTROGRAFIA

3D CONE BEAM (low dose)

ESAME TC (alta risoluzione)

ESAME RM

VETERORADIOLOGIA

ATTUALE IMAGING

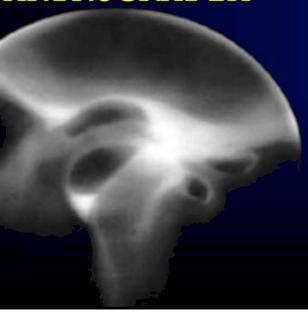


UNICA TECNICA CHE EVIDENZIA

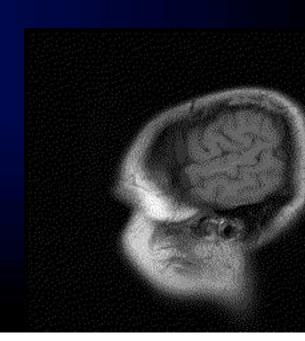
IL MENISCO ARTICOLARE

RM

ARTROGRAFIA

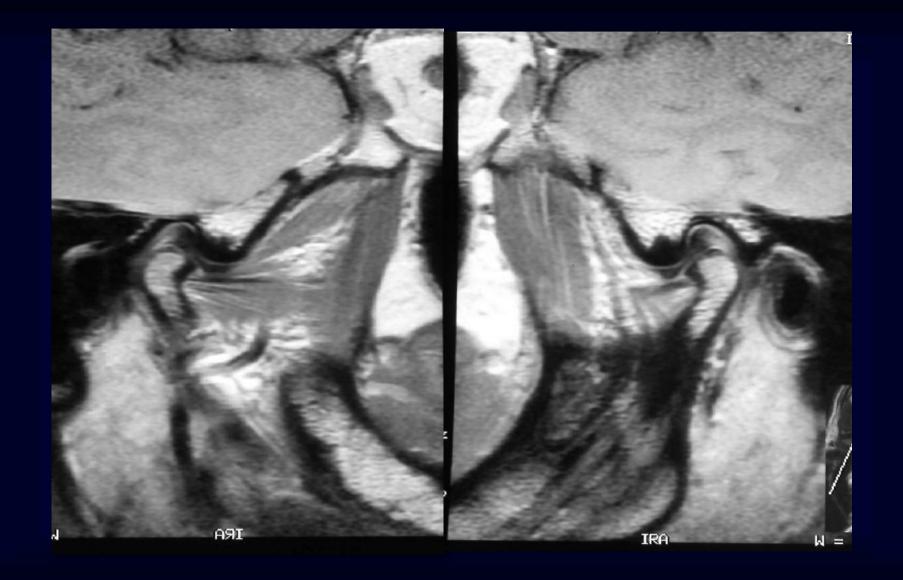


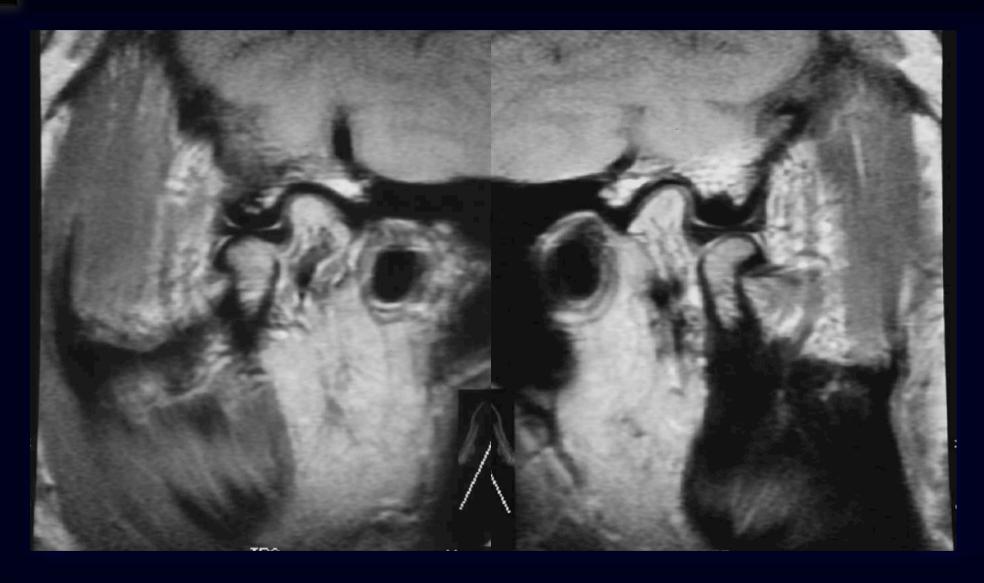






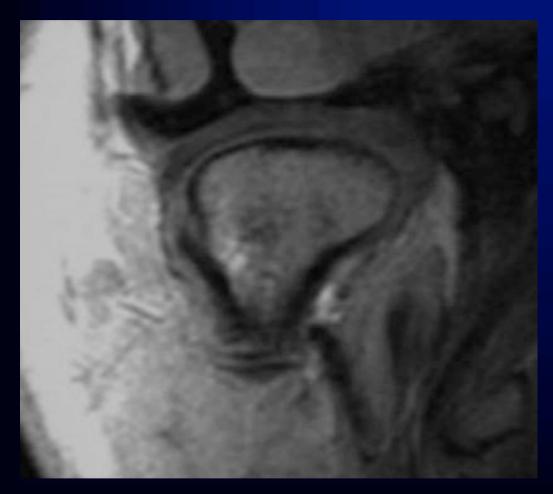








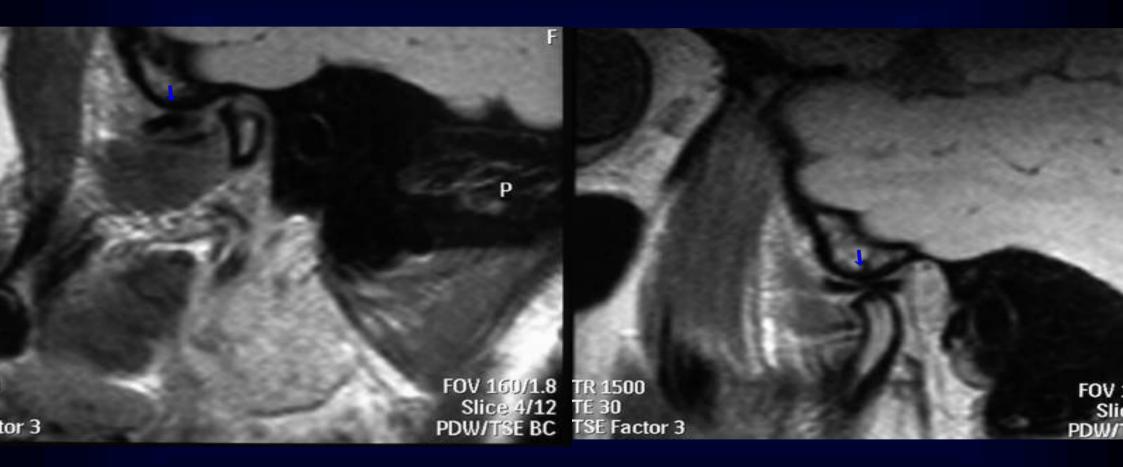
INCIDENZA CORONALE







Dislocazione anteriore del menisco con ricattura

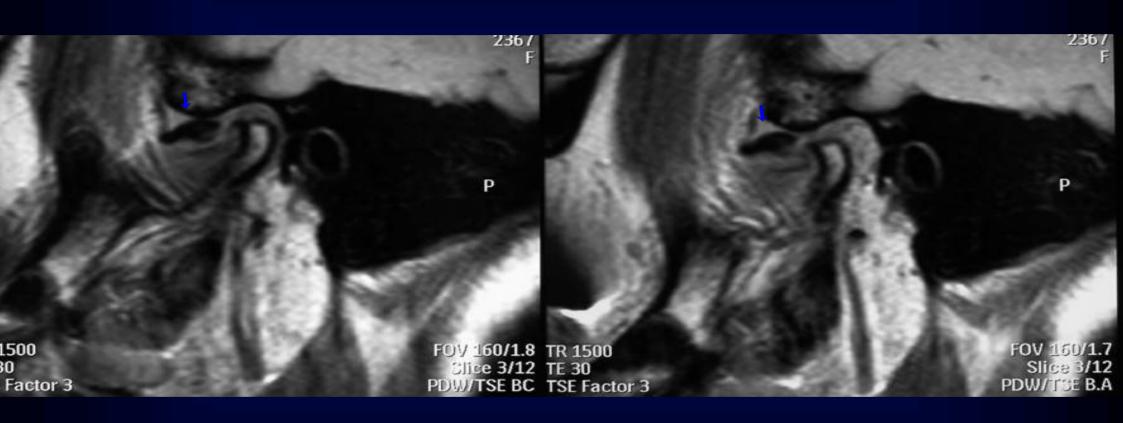


Bocca chiusa

Bocca aperta



Dislocazione anteriore del menisco senza ricattura



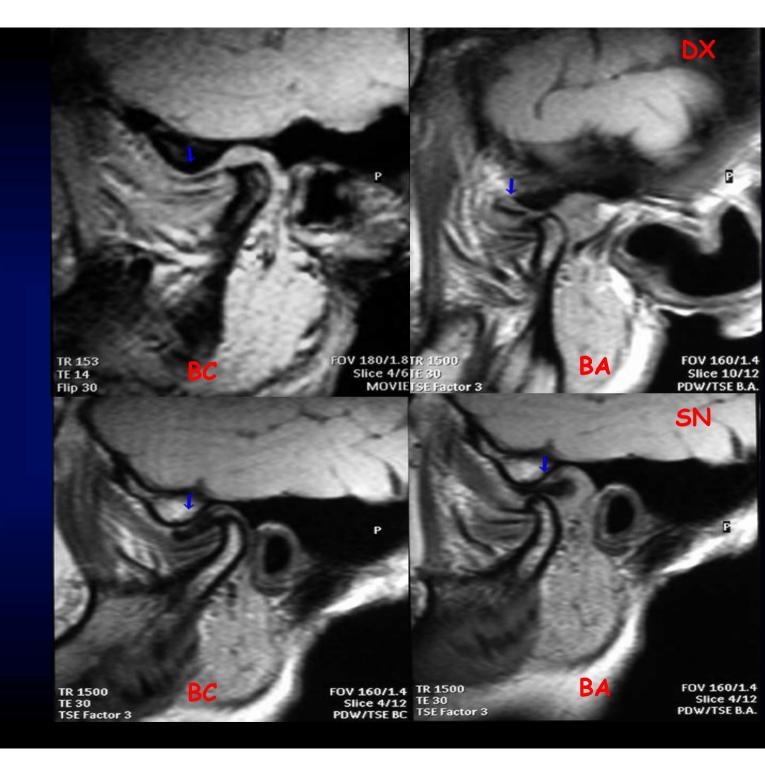
Bocca chiusa

Bocca aperta



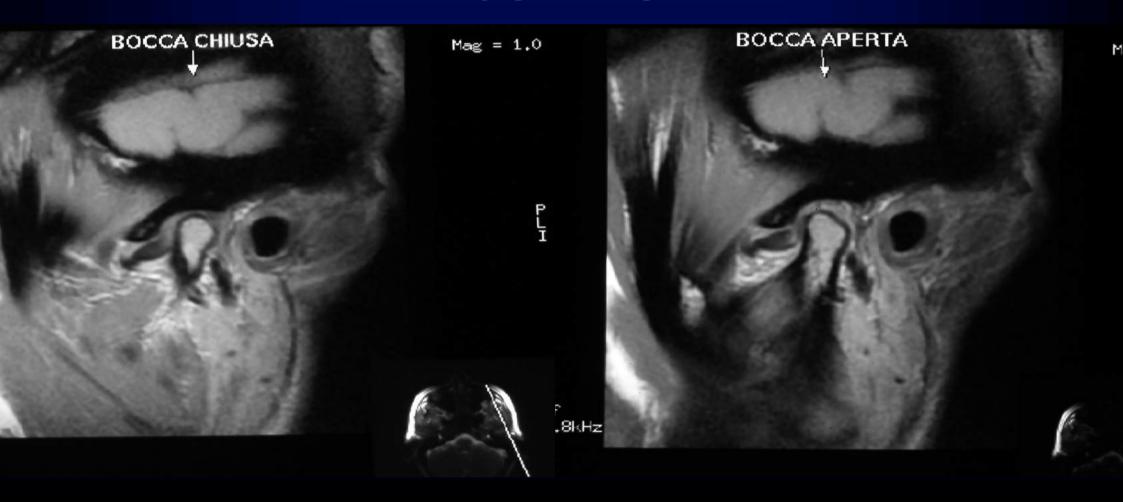
el menisco enza ricattura Osteofita anteriore

slocazione anteriore Il menisco n ricattura Indilo di normale orfologia





Dislocazione anteriore del menisco senza ricattura. LOCKING



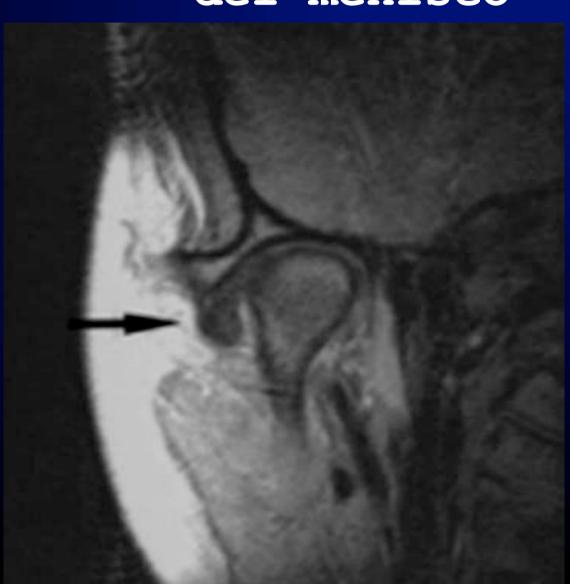


Dislocazione medial del menisco





Dislocazione laterale del menisco

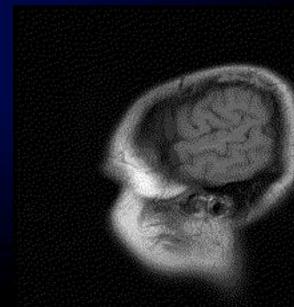








COSA SERVE PER UN BUON ESAME RM?





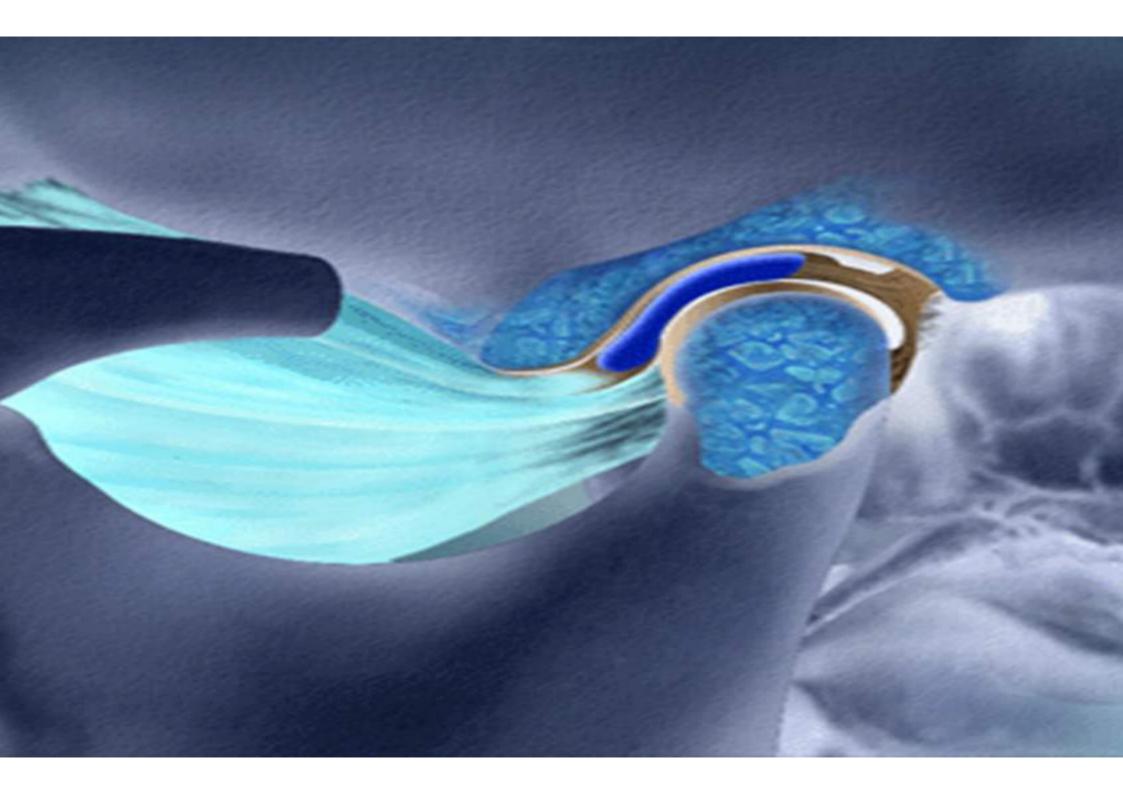
MAGNETI AD ALTO CAMPO



LE MACCHINE APERTE NON PRESENTANO OMOGENEITA' DI CAMPO



BOBINE **DEDICATE** 0 MULTICANALE





Bobine di superficie

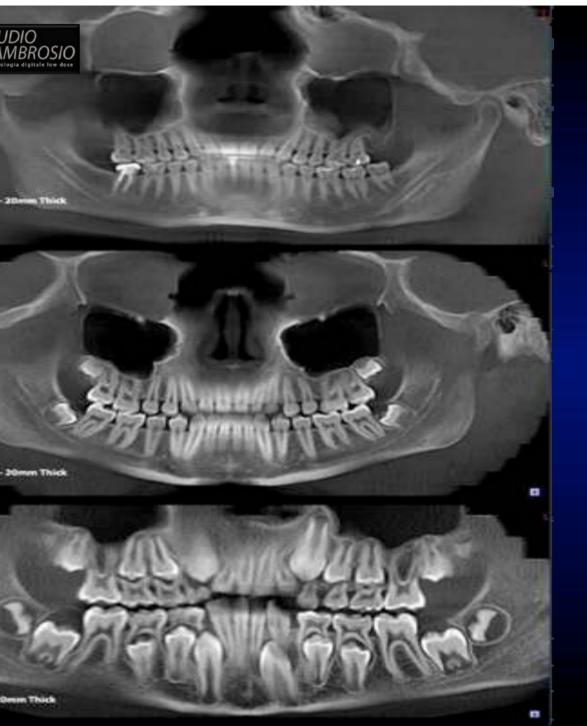




IMAGING INTEGRATO

RM

CBCT

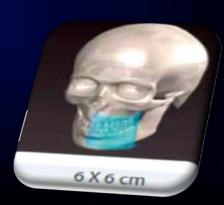






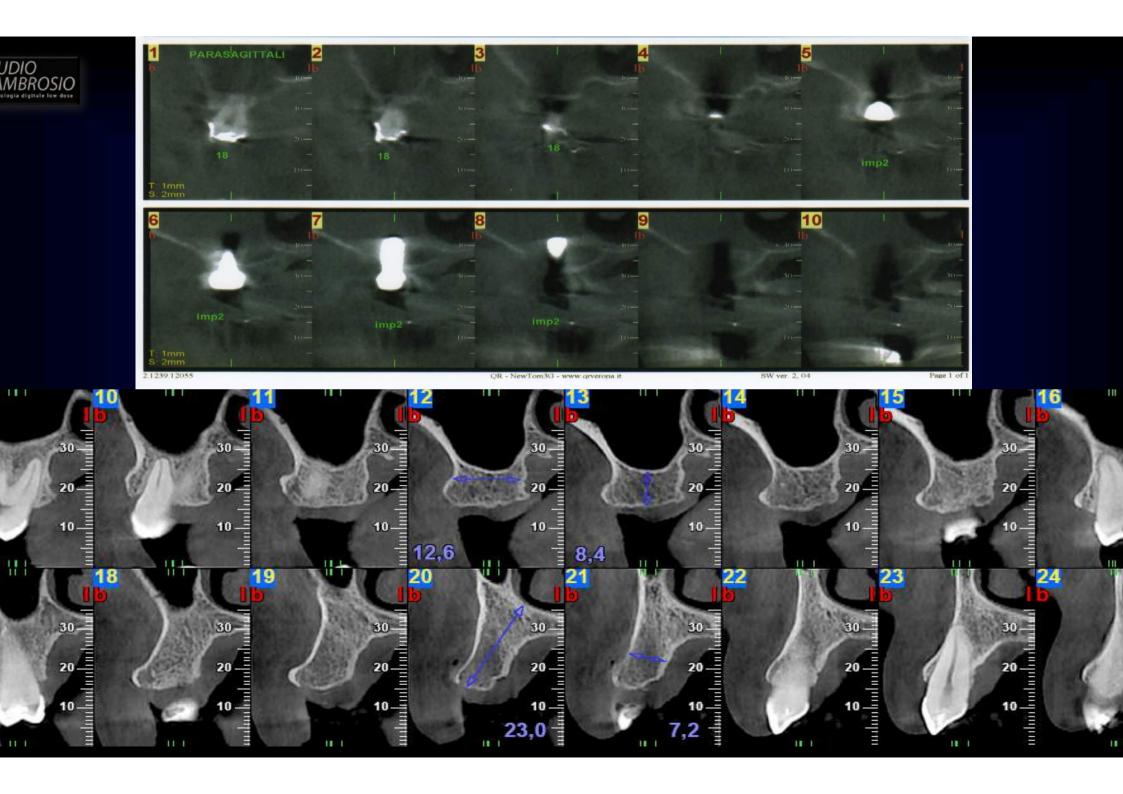




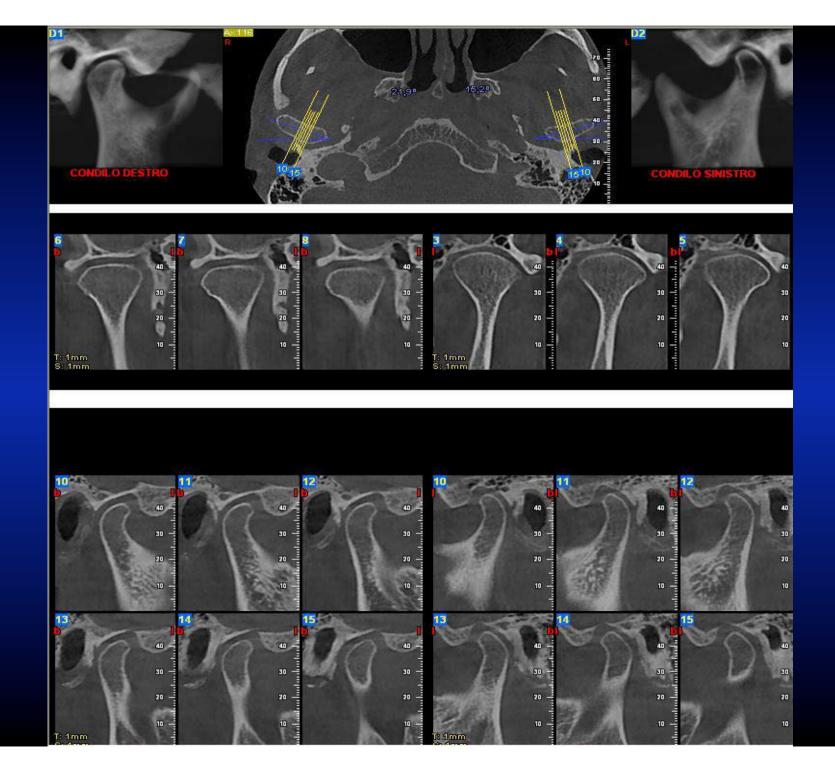




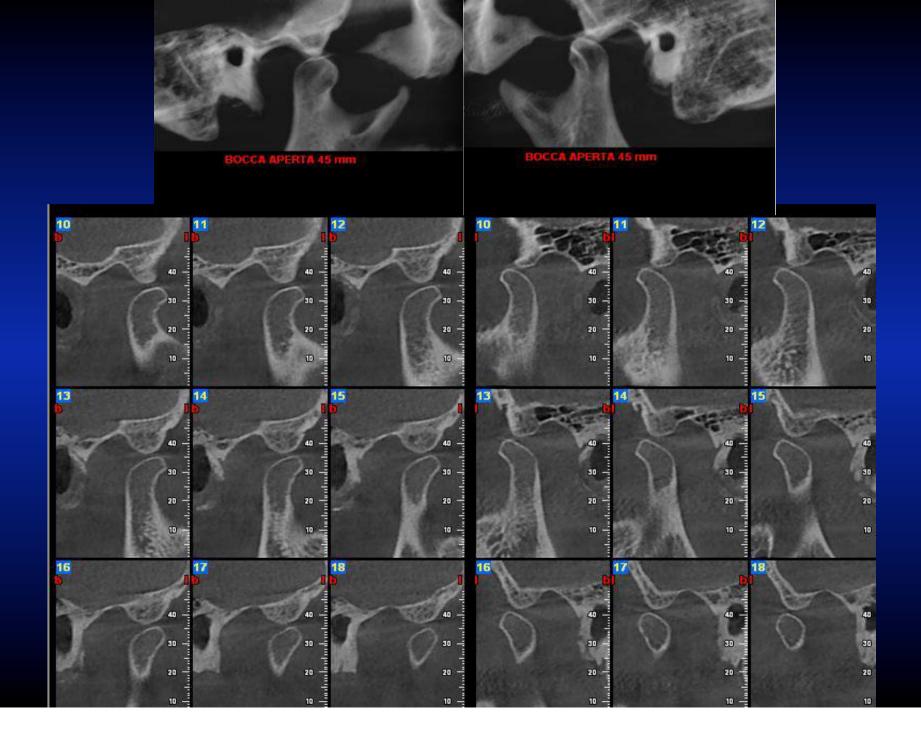
n tutti i Cone Beam sono uguali!!

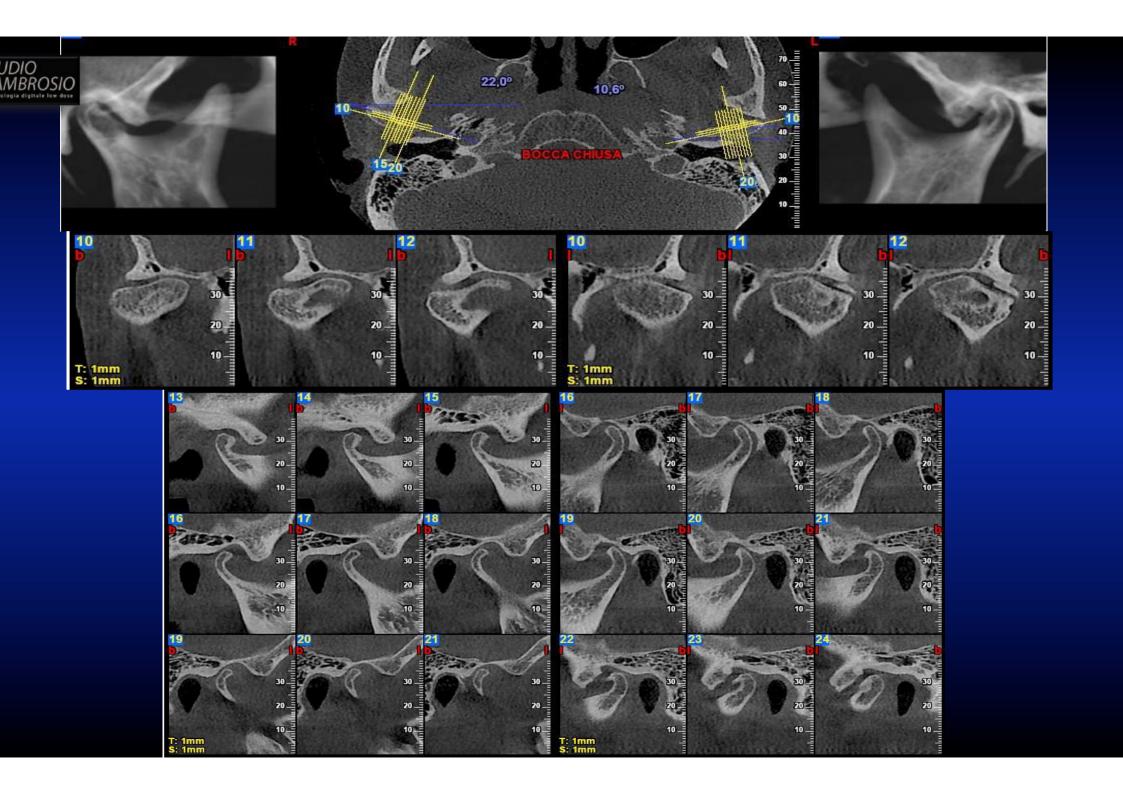




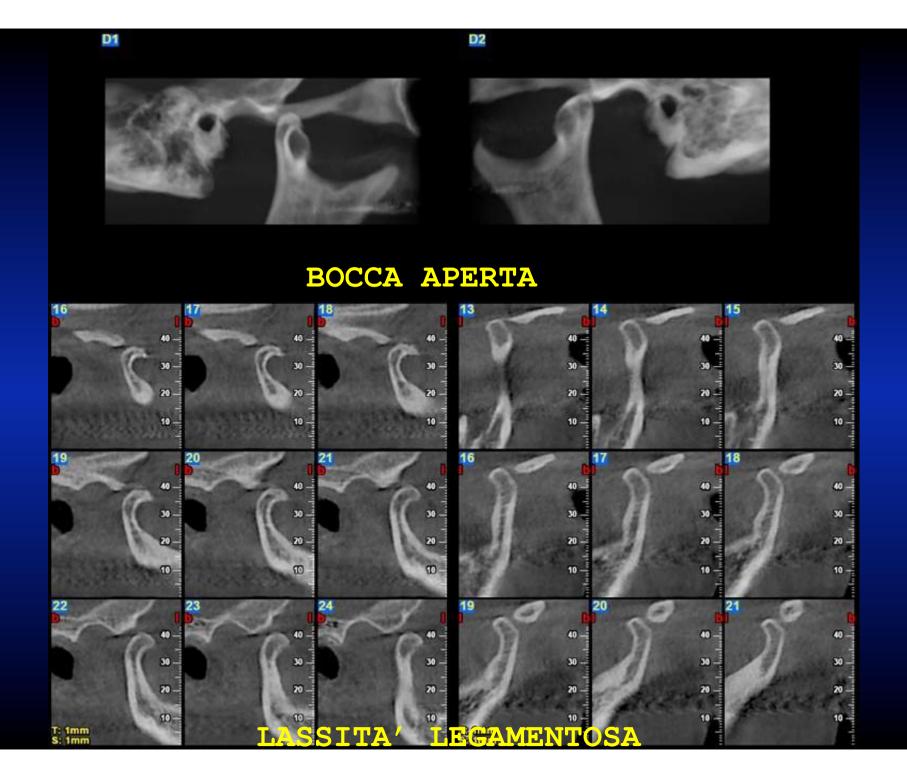








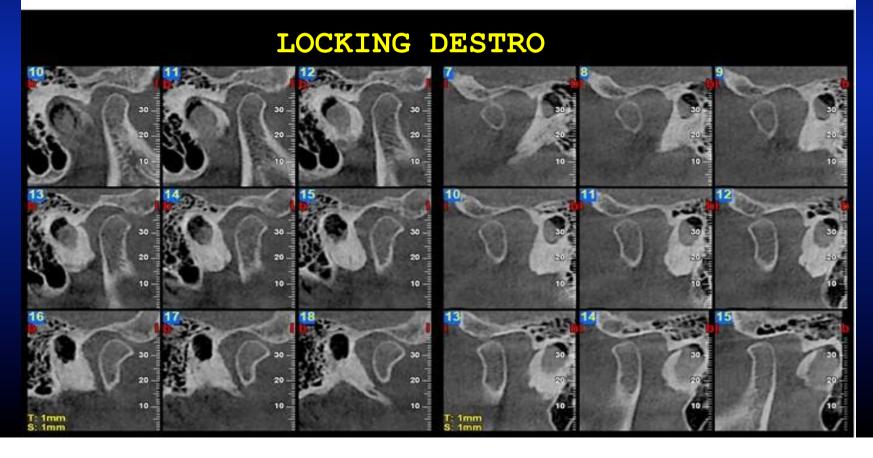




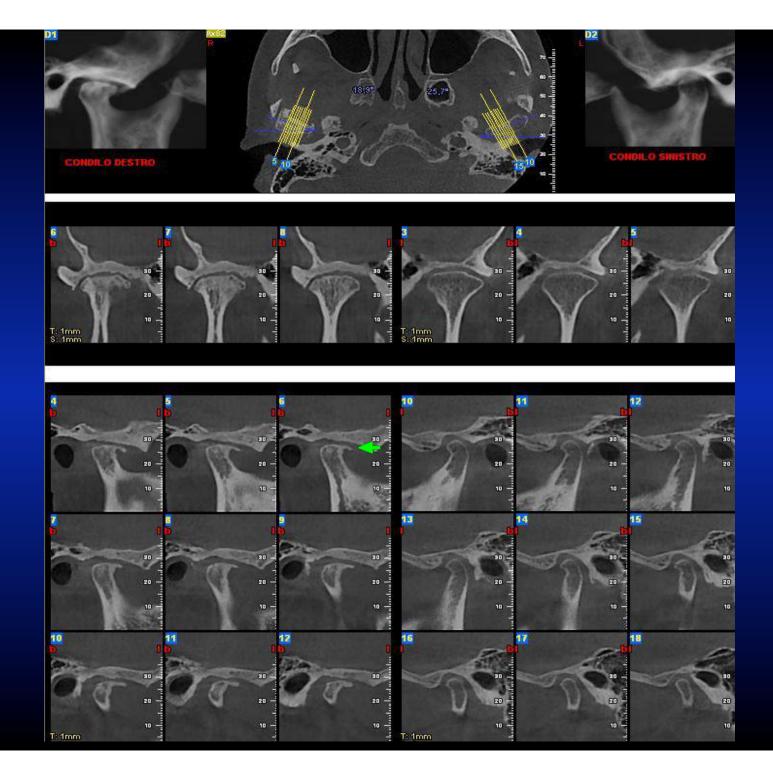




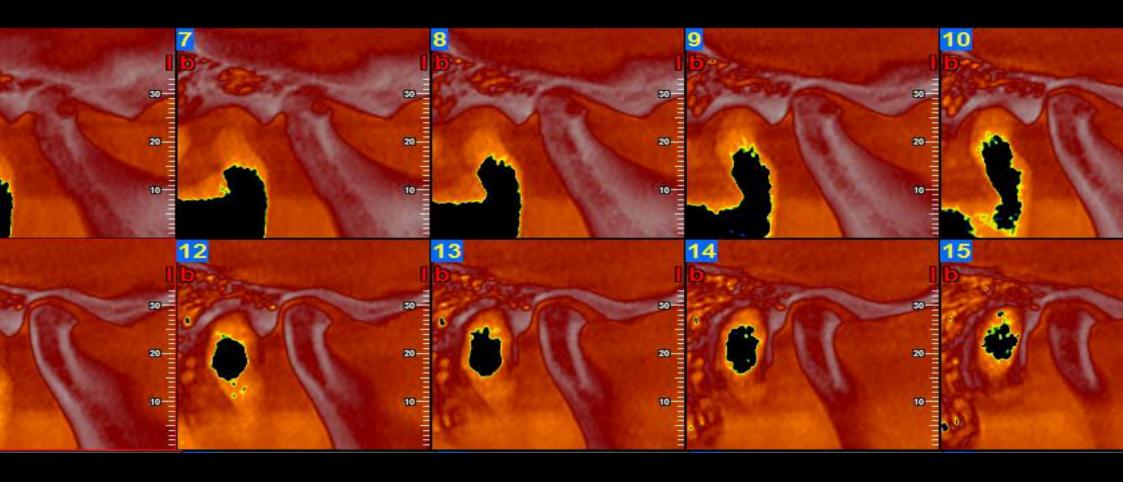












CBCT ELABORATO CON SOFTWARE PROPRIETARIO

