Abbreviations - Diagnosis

AB	abrasion
AT	attrition
CA	caries
CFL	cleft lip
CFP	cleft palate
CLL	cervical line lesion - See TR
CMO	craniomandibular osteopathy
DT	deciduous (primary) tooth
DTC	dentigerous cyst
E	enamel
E/D	enamel defect
E/H	enamel hypocalcification or hypoplasia
FB	foreign body
FORL	feline odontoclastic resorptive lesion - See TR
FX	fracture (tooth or jaw)
G	granuloma
G/B	buccal granuloma (cheek chewing lesion)
G/L	sublingual granuloma (tongue chewing lesion)
G/E/L	eosinophilic granuloma - lip
G/E/P	eosinophilic granuloma - palate
G/E/T	eosinophilic granuloma - tongue
GH	gingival hyperplasia
GR	gingival recession
LAC	laceration
LAC/B	laceration buccal (cheek)
LAC/L	laceration lip
LAC/T	laceration tongue
MAL	malocclusion
MAL/1	class 1 malocclusion (neutroclusion - normal jaw relationship, specific teeth are incorrectly positioned)
MAL/2	class 2 malocclusion (mandibular distoclusion - mandible shorter than maxilla)
MAL/3	class 3 malocclusion (mandibular mesioclusion - maxilla shorter than mandible)
BV	buccoversion (crown directed towards cheek)
CXB	caudal crossbite
DV	distoversion (crown directed away from midline of dental arch)
LABV	labioversion (crown directed towards lip)
LV	linguoversion (crown directed towards tongue)
MV	mesioversion (crown directed towards midline of dental arch)
OB	open bite
RXB	rostral crossbite
MN	mandible or mandibular
MN/FX	mandibular fracture
MX	maxilla or maxillary
MX/FX	maxillary fracture

OM	oral mass
OM/AD	adenocarcinoma
OM/EPA	acanthomatous ameloblastoma (epulis)
OM/EPF	fibromatous epulis
OM/FS	fibrosarcoma
OM/LS	lymphosarcoma
OM/MM	malignant melanoma
OM/OS	osteosarcoma
OM/PAP	papillomatosis
OM/SCC	squamous cell carcinoma
ONF	oronasal fistula
OST	osteomyelitis
P	periodontal
PAL	clinical periodontal attachment loss in mm (measured from cementoenamel junction to base of pocket on probing)
PD	periodontal disease
PD0	normal periodontium
PD1	gingivitis only
PD2	< 25% attachment loss
PD3	25-50% attachment loss
PD4	>50% attachment loss
PPD	clinical periodontal probing depth in mm (may be greater than the actual pocket depth if the junctional epithelial attachment to the root is diseased)
RR	internal root resorption
RTR	retained tooth root
SN	supernumerary
ST	stomatitis
ST/CU	stomatitis – contact ulcers
SYM	symphysis
SYM/S	symphyseal separation
T	tooth
T/A	avulsed tooth
T/FX	fractured tooth (see next seven listings for fracture types)
T/FX/EI	enamel infraction
T/FX/EF	enamel fracture
T/FX/UCF	uncomplicated crown fracture
T/FX/CCF	complicated crown fracture
T/FX/UCRF	uncomplicated crown-root facture
T/FX/CCRF	complicated crown-root fracture
T/FX/RF	root fracture
T/I	impacted tooth
T/LUX	luxated tooth
T/NE	near pulp exposure
T/NV	non-vital tooth
T/PE	pulp exposure
T/PD	persistent deciduous (previously called retained deciduous tooth)
T/V	vital tooth
TMJ	temporomandibular joint

TMJ/D	TMJ dysplasia
TMJ/FX	TMJ fracture
TMJ/LUX	TMJ luxation
TR	tooth resorption
TR1	TR Stage 1: Mild dental hard tissue loss (cementum or cementum and enamel)
TR2	TR Stage 2: Moderate dental hard tissue loss (cementum or cementum and enamel with loss of dentin that does not extend to the pulp cavity)
TR3	TR Stage 3: Deep dental hard tissue loss (cementum or cementum and enamel with loss of dentin that extends to the pulp cavity); most of the tooth retains its integrity
TR4	TR Stage 4: Extensive dental hard tissue loss (cementum or cementum and enamel with loss of dentin that extends to the pulp cavity); most of the tooth has lost its integrity (TR4a) Crown and root are equally affected; (TR4b) Crown is more severely affected than the root; (TR4c) Root is more severely affected than the crown
TR5	TR Stage 5: Remnants of dental hard tissue are visible only as irregular radiopacities, and gingival covering is complete