RV-001 · SP-PER(HW+FA)

READY+ Gold Standard

Study date: xx/xx/2026 (redacted)

DOB / Age: (redacted) · 65+ years (redacted)

Sex: Female

Examined regions & views: Hands/wrists: bilateral multiplanar series (PA, oblique, functional projections); Feet/ankles: bilateral multiplanar series (AP, oblique, lateral, mortise/axial forefoot projections)

Image quality: Good diagnostic quality for bone, joint spaces, periarticular soft tissues.

FINDINGS

RIGHT HAND / WRIST

- No acute fracture or gross malalignment.
- Carpal alignment preserved; no collapse or dissociation.
- Mild periarticular demineralization around MCPs and carpus compared with diaphyseal bone.
- MCP 1–5: Joint spaces preserved. Cortical margins smooth. No discrete marginal erosions or subluxations.
- PIP 2–5: Joint spaces largely preserved; only minimal early narrowing at PIP 3–4. No erosions.
- DIP 2–5: Mild non-uniform joint space narrowing with small marginal osteophytes and subtle subchondral sclerosis, compatible with mild degenerative change. No central erosions or tuft resorption.
- Thumb IP/MCP: Mild osteophytes and early narrowing at IP; MCP preserved.
- Radiocarpal / midcarpal joints: Joint spaces preserved. No carpal erosions or ankylosis.
- First CMC / STT: Mild osteophytes and early joint space narrowing at first CMC; STT joint preserved.
- Diffuse soft-tissue prominence around MCP 2–3 and along the dorsal hand compared with expected contour, compatible with active synovitis/tenosynovitis in the clinical setting.
- Mild fullness around the radiocarpal joint without calcified bodies or tophus.
- No periosteal new bone formation or aggressive soft-tissue mass.

LEFT HAND / WRIST

- No acute fracture or malalignment.
- Carpal alignment preserved.
- Mild periarticular demineralization at MCPs and carpus.
- MCP 1–5: Joint spaces preserved; no discrete marginal erosions or subluxations.
- PIP 2–5: Joint spaces preserved with only minimal early narrowing at PIP 3–4; no erosions.
- DIP 2–5: Mild non-uniform narrowing with small marginal osteophytes and subtle subchondral sclerosis, again consistent with mild degenerative change. No pencil-in-cup deformity, central erosions, or tuft resorption.
- Thumb IP/MCP: Mild osteophytes and early narrowing at IP; MCP preserved.
- Radiocarpal / midcarpal joints: Joint spaces preserved; no erosions or ankylosis.
- First CMC / STT: Mild osteophytes and early narrowing at first CMC; STT preserved.
- Visible dorsal soft-tissue prominence about the MCP region and wrist, compatible with synovitis/tenosynovitis when correlated with exam.

- No focal calcified deposits or mass.
- No periosteal reaction.

RIGHT FOOT / ANKLE

- No acute fracture or dislocation.
- Hindfoot and midfoot alignment preserved.
- First MTP: Mild joint space narrowing with small marginal osteophytes and mild subchondral sclerosis (degenerative). No erosions or collapse.
- Lesser MTP 2–5: Joint spaces preserved; no erosions or subluxations.
- IP joints of toes: Mild scattered osteophytes and minimal joint space narrowing, degenerative in appearance.
- Midfoot / tarsometatarsal joints: Joint spaces preserved; no erosions.
- Tibiotalar and subtalar joints: Joint spaces maintained; no erosions or ankylosis.
- Diffuse soft-tissue fullness over the forefoot, particularly along the dorsal MTP region, compatible with clinical inflammation.
- Small plantar calcaneal spur and early enthesophyte at the Achilles insertion, consistent with chronic heel enthesopathy.
- No soft-tissue gas, foreign body, or aggressive mass.

LEFT FOOT / ANKLE

- No acute fracture or dislocation.
- Overall alignment preserved.
- First MTP: Mild joint space narrowing with marginal osteophytes and mild subchondral sclerosis, similar to the right, compatible with mild osteoarthrosis.
- Lesser MTP 2–5: Joint spaces preserved; no erosions or subluxations.
- IP joints of toes: Mild osteophytes and minimal joint space narrowing, degenerative pattern.
- Midfoot / tarsometatarsal joints: Joint spaces preserved; no erosions.
- Tibiotalar and subtalar joints: Joint spaces maintained; no erosions or ankylosis.
- Dorsal soft-tissue prominence over the forefoot/MTP region, compatible with inflammatory swelling in the appropriate clinical context.
- Small plantar calcaneal spur and mild Achilles insertion enthesophyte.
- No aggressive soft-tissue abnormality.

GLOBAL INFLAMMATORY / EROSIVE SCREEN (HANDS AND FEET)

- Mild periarticular demineralization at MCPs and wrists.
- Radiographically visible soft-tissue swelling around MCPs, wrists, and dorsal forefeet, concordant with clinical synovitis/tenosynovitis and MTP involvement.
- No definite marginal, central, or intra-articular erosions identified in hands, wrists, feet, or ankles.
- No ankylosis, pencil-in-cup deformity, tuft resorption, or bulky periosteal new bone to suggest advanced psoriatic arthropathy.

COMPARISON

No prior radiographs of hands, wrists, feet, or ankles are available; interval progression cannot be assessed.

IMPRESSION

1. Hands/wrists: Radiographic evidence of periarticular soft-tissue swelling around MCPs and wrists bilaterally with mild periarticular demineralization, supporting clinically active inflammatory arthropathy (in this patient with psoriasis and documented synovitis/tenosynovitis). Coexistent mild degenerative change at the DIP joints and thumb IP/first CMC joints, without erosions or deformity. No discrete marginal erosions, carpal collapse, or joint ankylosis at this time.

2. Feet/ankles: Dorsal soft-tissue prominence over the MTP regions bilaterally, compatible with inflammatory involvement of the forefeet in the clinical setting. Mild degenerative change at the first MTP joints and scattered IP joints of the toes, without erosive or deforming features. Small bilateral plantar calcaneal spurs and mild Achilles insertion enthesophytes, consistent with chronic heel enthesopathy.

3. Overall structural pattern: Imaging demonstrates soft-tissue and periarticular changes that support active inflammatory/enthesopathic disease in a psoriatic patient, but without radiographically established erosive or deforming arthropathy. Structural degenerative changes are mild and largely confined to DIP/IP and first CMC/MTP regions.

PATTERN TAG (STRUCTURAL)

Inflammatory-compatible soft-tissue and periarticular change with mild, coexisting degenerative arthropathy; no erosive/destructive psoriatic pattern identified on this study.

EMR SUMMARY

Bilateral hands/wrists and feet/ankles show periarticular soft-tissue swelling and mild periarticular demineralization at MCPs, wrists, and dorsal forefeet, supporting clinically active inflammatory/enthesopathic disease in this psoriatic patient. Structural damage is limited to mild coexisting OA at DIP/IP and first CMC/first MTP joints, with no definite erosions, ankylosis, or deformity to date. Pattern: inflammatory-compatible soft-tissue/periarticular change with mild degenerative overlap; no radiographic erosive psoriatic arthropathy yet demonstrated.