

READY+ Gold Standard

RV-002 - LM-PER(HW+FA)

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Study years: 2025 and 2026 (interval: 14 months)

Age: 22 years (DOB redacted)

Sex: Female

Examined regions & views: Bilateral hands/wrists and bilateral feet/ankles radiographs. 2026 study: right hand PA/oblique/lateral plus dedicated wrist views; left hand PA/oblique/lateral plus dedicated wrist views; bilateral ball-catcher/clenched-type hand views; bilateral feet AP/oblique/lateral; bilateral frontal ankles. 2025 study: bilateral hands PA/oblique; bilateral feet AP/oblique/lateral; bilateral frontal ankles.

Projection adequacy note: Longitudinal comparison is somewhat stronger for feet/ankles than for hands/wrists because the 2026 study includes additional hand/wrist projections not present at baseline. Comparison remains adequate for structural assessment.

FINDINGS

HANDS / WRISTS

- No acute osseous abnormality. Alignment is preserved bilaterally. Bone mineralization remains maintained without convincing periarticular osteopenia. MCP, PIP, and DIP joint spaces are preserved bilaterally without convincing inflammatory joint-space narrowing. Radiocarpal, intercarpal, and visualized carpometacarpal relationships are preserved.
- No definite marginal erosions are identified in either hand or wrist on the baseline or follow-up studies. No convincing periostitis, acro-osteolysis, carpal collapse, or inflammatory proliferative bone formation is seen.
- On the 2026 study, there is very mild scattered non-erosive interphalangeal contour irregularity/marginal spurring, most conspicuous at a few distal interphalangeal joints and at the thumb interphalangeal joint, low-grade degenerative in appearance. This is subtle and not associated with erosive change. No definite inflammatory interval change is identified in the hands or wrists.

RIGHT FOOT / ANKLE

- Mild hallux valgus with mild medial first metatarsal head prominence/bunion-type morphology. First MTP joint space remains preserved to minimally narrowed, without erosive change. Lesser MTP and interphalangeal joint spaces are preserved. Midfoot alignment remains maintained. No focal erosions, periostitis, or inflammatory proliferative osseous change identified. Right ankle mortise/alignment is preserved. No tibiotalar erosive change is seen. No acute osseous abnormality.
- Compared with 2025-01-02, no convincing interval structural progression is identified in the right foot or ankle.

LEFT FOOT / ANKLE

- Mild hallux valgus with mild medial first metatarsal head prominence/bunion-type morphology. First MTP joint space remains preserved to minimally narrowed, without erosive change. Lesser forefoot joint spaces are preserved. Midfoot alignment is maintained. Tiny plantar calcaneal enthesopathic spur is present. No convincing erosive change in the forefoot, midfoot, or ankle. Left ankle mortise/alignment is preserved. No acute osseous abnormality.
- Compared with 2025-01-02, no convincing interval structural progression is identified in the left foot or ankle. Tiny plantar calcaneal enthesopathic spur is stable.

COMPARISON

Baseline radiographs dated 2025 are available for comparison with the 2026 study. No convincing interval structural progression is identified across the imaged peripheral regions over this 14-month interval.

IMPRESSION

1. No definite radiographic evidence of erosive inflammatory arthritis in the imaged hands, wrists, feet, or ankles.

2. No convincing radiographic progression between 2025 and 2026 over this approximately 14-month interval.
3. Mild bilateral hallux valgus / bunion-type morphology.
4. Very subtle scattered non-erosive interphalangeal degenerative-type irregularity/spurring, best seen on the 2026 hand series, without erosive features.
5. Stable tiny left plantar calcaneal enthesopathic spur.

EMR SUMMARY

Longitudinal peripheral radiographs from 2025 and 2026 show no radiographic joint damage from RA. No erosions, inflammatory joint-space loss, periostitis, or other destructive inflammatory changes are identified in the hands/wrists or feet/ankles, and there is no convincing interval progression over this approximately 14-month period. Mild incidental noninflammatory findings include bilateral mild hallux valgus/bunion-type morphology, very subtle scattered non-erosive IP degenerative-type spurring, and a stable tiny left plantar calcaneal spur. Overall imaging remains most consistent with a non-erosive, structurally stable peripheral study. Pattern tags: non-erosive / no radiographic RA damage / mild incidental mechanical-degenerative findings. Progression tag: stable / no structural progression.