RHEUMAVIEW™

Structured Radiographic Report — READY (Standard)

Bilateral hands / wrists, feet, and ankles · Longitudinal (3 timepoints, hands/wrists) · Radiograph

Patient ID: Caucasian female, age 69, DOB xxxx-xx-xx

Study Date: 2025-xx-xx

Comparison: 2022-xx-xx and 2021-xx-xx hand/wrist radiographs

Exam: Bilateral hands/wrists and bilateral feet/ankles

Projections: Hands PA/oblique/lateral bilaterally; feet AP-dorsoplantar/oblique/lateral bilaterally; ankles AP-mortise type and lateral bilaterally

Image quality: Adequate for interpretation and longitudinal structural assessment.

Inter-study intervals: 2021-xx-xx → 2022-xx-xx ≈ 12 months; 2022-xx-xx → 2025-xx-xx ≈ 35 months (~2 yr 11 mo); total longitudinal span ≈ 47 months (~4 yr). Hand/wrist series at all three timepoints; feet/ankles at 2025-xx-xx only.

FINDINGS

Mild diffuse bilateral osteopenic/demineralized appearance.

Hands/wrists show mild symmetric interphalangeal-predominant chronic arthropathy involving the thumb IP joints, DIP 2–5, and PIP 2–5, greatest in the DIP joints. Mild bilateral first CMC arthropathy is present, with probable mild triscaphe degenerative change. Tiny chronic erosive-type marginal cortical irregularities are present in several DIP joints bilaterally, greatest at DIP3 and additionally present in lesser degree at DIP2, DIP4, and DIP5, with subtler low-volume irregularity at PIP2–3 and thumb IP joints. MCP joint spaces are preserved. No convincing MCP erosions, inflammatory MCP subluxation, carpal erosions, destructive radiocarpal change, carpal height loss, lunate collapse pattern, periostitis, pencil-in-cup change, acro-osteolysis, or ankylosis.

Feet/ankles show marked bilateral hallux valgus deformity with bunion formation and moderate bilateral first MTP osteoarthropathy. Mild bilateral lesser toe crowding/deformity. Mild bilateral midfoot degenerative change, including first TMT and adjacent tarsometatarsal articulations. Mild dorsal talonavicular/tarsal spurring and mild anterior tibiotalar spurring bilaterally. Small plantar calcaneal spur/enthesophyte bilaterally. No convincing erosive change in the MTP joints, midfoot, hindfoot, or ankles. Tibiotalar joint spaces are preserved. No acute fracture.

COMPARISON

Compared with 2022-xx-xx and 2021-xx-xx, the hand/wrist structural pattern is stable. Mild interphalangeal and first CMC degenerative change is unchanged. Tiny chronic DIP-predominant erosive-type cortical defects are not convincingly progressed. No new MCP or carpal erosive disease.

No prior foot/ankle radiographs are available here for direct comparison.

IMPRESSION

- Stable bilateral hand/wrist structural pattern compared with 2022-xx-xx and 2021-xx-xx.
- Mild symmetric interphalangeal-predominant chronic arthropathy with tiny chronic erosive-type defects in several DIP joints bilaterally, greatest at DIP3, on a background of mild degenerative change.
- No convincing radiographic progression of inflammatory arthropathy in the hands/wrists.
- No convincing MCP-dominant erosive rheumatoid-type destruction and no convincing destructive carpal collapse pattern on the provided studies.
- Bilateral marked hallux valgus/bunion deformity with moderate first MTP osteoarthropathy, mild lesser toe deformity, mild midfoot degeneration, and mild anterior ankle/talonavicular spurring.
- No convincing erosive inflammatory arthropathy in the feet or ankles on the current study.