RHEUMAVIEW™

Structured Radiographic Report — READY− (Concise)

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

HANDS / WRISTS

Mild diffuse bilateral osteopenic/demineralized appearance.

There is mild symmetric interphalangeal-predominant arthropathy in both hands, involving the thumb interphalangeal joints, DIP 2–5, and PIP 2–5, greatest in the DIP joints. Mild bilateral first carpometacarpal arthropathy is present, with probable mild triscaphe degenerative change. MCP joint spaces are preserved. Radiocarpal alignment is maintained.

At high-sensitivity review, tiny chronic erosive-type marginal cortical irregularities are present in several interphalangeal joints bilaterally, most conspicuous at the third DIP joints and additionally present in the second, fourth, and fifth DIP joints, with subtler low-volume irregularity in the second and third PIP joints and thumb interphalangeal joints. No convincing erosions are identified in the MCP joints, carpus, or radiocarpal compartments. No convincing MCP subluxation, carpal collapse, lunate collapse pattern, periostitis, pencil-in-cup change, acro-osteolysis, or ankylosis.

FEET / ANKLES

Marked bilateral hallux valgus deformity with bunion formation. Moderate bilateral first MTP osteoarthropathy with joint-space narrowing, sclerosis, and chronic remodeling. 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 is identified in the MTP joints, midfoot, hindfoot, or ankle joints. Tibiotalar joint spaces are preserved. No acute fracture.

COMPARISON

Compared with 2022-xx-xx and 2021-xx-xx hand/wrist radiographs, overall hand/wrist structural pattern is stable. Mild interphalangeal and first CMC degenerative change is unchanged. Tiny chronic erosive-type interphalangeal cortical defects, greatest at the bilateral third DIP joints, 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 radiographic appearance 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 the third DIP joints, on a background of mild degenerative change.
- No convincing radiographic progression of inflammatory arthropathy in the hands/wrists.
- No convincing MCP-dominant erosive rheumatoid-pattern 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 identified in the feet or ankles on this study.