

Structured Radiographic Report — READY+ (Gold)

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

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

Date(s): 2025-xx-xx (most recent study)

Prior study date(s): 2022-xx-xx, 2021-xx-xx

Region(s) & projection count: Bilateral hands/wrists, 6 hand projections total (PA, oblique, lateral bilaterally); bilateral feet, 6 foot projections total (AP/dorsoplantar, oblique, lateral bilaterally); bilateral ankles, 4 ankle projections total (AP/mortise-type and lateral bilaterally).

Adequacy statement: Coverage and exposure are adequate for compartment-level structural assessment and for longitudinal comparison of the hand/wrist series. No motion artifact materially limits interpretation.

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 available at all three timepoints; feet/ankles at 2025-xx-xx only.

FINDINGS

HANDS / WRISTS

Count: Multifocal abnormalities involve the thumb IP joints, DIP 2-5, PIP 2-5, first CMC joints, and probable triscaphe compartments bilaterally. MCP and carpal compartments are largely spared.

Distribution: Interphalangeal-predominant, greatest at the DIP joints; mild thumb-base involvement.

Laterality: Bilateral.

Morphology: Mild chronic joint-space narrowing with small marginal irregularity and very small osteophyte-like remodeling in the interphalangeal joints; tiny chronic erosive-type marginal cortical defects in several DIP joints. Mild degenerative first-CMC/triscaphe change.

Size / extent: Interphalangeal abnormalities are low-volume and focal. Erosive-type cortical defects are tiny, limited to small marginal concavities/interruptions, greatest at DIP3 bilaterally.

JSN grade: Thumb IP grade 1 bilaterally; DIP 2-5 predominantly grade 1 bilaterally; PIP 2-5 predominantly grade 1 bilaterally; first CMC grade 1 bilaterally; MCP 2-5 grade 0 bilaterally; radiocarpal/carpal destructive narrowing not convincingly demonstrated.

Symmetry pattern: High bilateral symmetry.

Confidence: High for mild chronic interphalangeal and thumb-base degenerative change; moderate for tiny chronic erosive-type DIP defects; low for inflammatory-destructive involvement beyond those tiny IP defects.

Right hand / wrist: Mild diffuse osteopenic/demineralized appearance. Mild IP-predominant narrowing involves thumb IP, DIP 2-5, and PIP 2-5, greatest at the DIP joints. Tiny chronic erosive-type marginal cortical defects are most conspicuous at DIP3 and are additionally present in lesser degree at DIP2, DIP4, and DIP5; subtler low-volume irregularity may be present at PIP2-3 and thumb IP. Mild first-CMC arthropathy with slight narrowing/sclerosis. Probable mild triscaphe degenerative change. MCP joint spaces remain preserved without convincing marginal erosions. No convincing MCP subluxation or ulnar drift of structural significance. Carpal/radiocarpal alignment is preserved without convincing

erosive destruction, carpal height loss, or collapse pattern. No periostitis, pencil-in-cup remodeling, acro-osteolysis, or ankylosis.

Left hand / wrist: Mild diffuse osteopenic/demineralized appearance. Mild IP-predominant narrowing involves thumb IP, DIP 2-5, and PIP 2-5, greatest at the DIP joints. Tiny chronic erosive-type marginal cortical defects are most conspicuous at DIP3 and are additionally present in lesser degree at DIP2, DIP4, and DIP5; subtler low-volume irregularity may be present at PIP2-3 and thumb IP. Mild first-CMC arthropathy with slight narrowing/sclerosis. Probable mild triscaphe degenerative change. MCP joint spaces remain preserved without convincing marginal erosions. No convincing MCP subluxation or structurally significant ulnar drift. Carpal/radiocarpal alignment is preserved without convincing erosive destruction, lunate collapse, or carpal height loss. No periostitis, pencil-in-cup remodeling, acro-osteolysis, or ankylosis.

FEET / ANKLES

Count: Bilateral abnormalities involve the first MTP joints, lesser toe alignment, first TMT/adjacent tarsometatarsal articulations, talonavicular region, anterior ankle margins, and plantar calcaneal insertions.

Distribution: Forefoot-dominant, first-ray dominant, with lesser mild midfoot and anterior ankle degenerative change.

Laterality: Bilateral.

Morphology: Hallux valgus/bunion deformity with chronic first-MTP osteoarthropathy, mild lesser toe crowding/deformity, mild midfoot degeneration, mild talonavicular/tarsal and anterior tibiotalar spurring, and small plantar calcaneal enthesophytes/spurs.

Size / extent: Hallux valgus is marked bilaterally. First-MTP arthropathy is moderate bilaterally. Remaining changes are mild. No convincing erosive defects are identified at MTP, midfoot, hindfoot, or ankle compartments.

JSN grade: First MTP grade 2 bilaterally; midfoot grade 1 bilaterally; tibiotalar joints grade 0 bilaterally.

Symmetry pattern: High bilateral symmetry.

Confidence: High.

Right foot / ankle: Marked hallux valgus deformity with bunion formation. Moderate first-MTP joint-space narrowing with subchondral sclerosis and chronic remodeling. Mild lesser toe crowding/deformity. Mild degenerative change at the first TMT and adjacent tarsometatarsal articulations. Mild dorsal talonavicular/tarsal spurring and mild anterior tibiotalar spurring. Tiny plantar calcaneal spur/enthesophyte. No convincing MTP erosions, inflammatory-pattern MTP subluxation, midfoot erosions, hindfoot erosions, or ankle erosions. Tibiotalar joint space is preserved. No acute fracture.

Left foot / ankle: Marked hallux valgus deformity with bunion formation. Moderate first-MTP joint-space narrowing with subchondral sclerosis and chronic remodeling. Mild lesser toe crowding/deformity. Mild degenerative change at the first TMT and adjacent tarsometatarsal articulations. Mild dorsal talonavicular/tarsal spurring and mild anterior tibiotalar spurring. Small plantar calcaneal spur. No convincing MTP erosions, inflammatory-pattern MTP subluxation, midfoot erosions, hindfoot erosions, or ankle erosions. Tibiotalar joint space is preserved. No acute fracture.

COMPARISON

Prior study date(s): 2022-xx-xx and 2021-xx-xx, hands/wrists only.

Interval description: Stable hand/wrist structural pattern from 2021-xx-xx through 2022-xx-xx to 2025-xx-xx (consecutive intervals $\approx$ 12 months and $\approx$ 35 months; total span $\approx$ 47 months). No prior foot/ankle radiographs are available for direct comparison.

REQUIRED NUMERIC DELTAS, HANDS/WRISTS

Aerosions: 0 convincing new MCP/carpal erosions; 0 convincing increase in the tiny chronic DIP-predominant erosive-type defects.

AJSN: 0 meaningful interval change overall; persistent mild grade-1 IP-predominant narrowing remains similar across all three time points.

Aosteophytes: 0 to minimal non-meaningful interval change.

Asclerosis: 0 meaningful interval change.

Alignment: 0 meaningful interval change; no convincing new inflammatory subluxation, drift, or carpal collapse pattern.

Aankylosis: 0.

AmTSS: no convincing meaningful increase supported by the visible hand/wrist images.

REGION-MATCHED LONGITUDINAL ASSESSMENT

Right hand/wrist: mild DIP/PIP-predominant chronic arthropathy and tiny DIP-focused erosive-type cortical defects are already present in 2021, remain similar in 2022, and remain similar in 2025. No convincing MCP erosive conversion and no convincing destructive carpal progression.

Left hand/wrist: mild DIP/PIP-predominant chronic arthropathy and tiny DIP-focused erosive-type cortical defects are already present in 2021, remain similar in 2022, and remain similar in 2025. No convincing MCP erosive conversion and no convincing lunate collapse or destructive carpal progression.

Feet/ankles: no matched earlier studies available; longitudinal deltas not applicable.

IMPRESSION

- Stable bilateral hand/wrist structural pattern from 2021-xx-xx through 2025-xx-xx.
- Mild symmetric interphalangeal-predominant chronic arthropathy involving thumb IP, DIP, and PIP joints bilaterally, with tiny chronic erosive-type cortical defects in several DIP joints, greatest at DIP3 bilaterally, 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, no reliable inflammatory MCP subluxation, 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 of the feet or ankles on the 2025-xx-xx study.
- Structural severity summary: mild chronic mixed hand arthropathy, degenerative-predominant; mild-to-moderate chronic mechanical/degenerative forefoot burden.

EMR SUMMARY

Pattern tags: mixed, degenerative-predominant. **Progression tag:** stable. Serial hand/wrist radiographs from 2021-xx-xx, 2022-xx-xx, and 2025-xx-xx show mild symmetric DIP/PIP-predominant chronic arthropathy with tiny chronic erosive-type cortical defects in several DIP joints, greatest at the bilateral middle-finger DIP joints, without convincing interval progression and without definite MCP- or carpal-dominant erosive inflammatory destruction. Current feet/ankles show bilateral hallux valgus with bunion and moderate first-MTP osteoarthritis plus mild midfoot and anterior ankle/talonavicular degenerative change, without convincing erosive inflammatory forefoot or ankle disease. DISH absent. Fracture absent.

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