**Radiologic Report Standardized Format**

The radiologic interpretation should be separate formal report, not a paragraph with the SOAP note. The following areas should be addressed in your report.

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| ***Report Information*** | ***Examples*** |
| Patient details | Name, age, sex, etc. |
| Reason for study (relevant clinical information) | Painful 1st MPJ, injured 5th toe, post-­‐op evaluation, etc. Rule out arthritis/fracture/infection, etc. |
| ***General Overview*** |  |
| List images and body part | DP/AP, medial or lateral oblique, lateral, axial, …of the right/left toes/foot/ankle |
| Image quality: density/brightness | Increased or decreased radiographic density; low contrast; overexposure (saturation) |
| Image quality: artifacts | Static electricity; scratches on image; double exposure |
| Image quality: technical errors; study limitations | Foot not positioned correctly in oblique view; image blurry due to patient movement |
| Foot position (overall) | Foot appears pronated/supinated, everted/inverted, etc., weight/non-­‐weight bearing |
| ***Soft Tissues*** |  |
| Density/volume | Increased soft tissue density and volume (where); metallic-­‐ like density resembling needle (where) |
| ***Bones*** |  |
| Position (of one bone relative to another) | Hallux abductus angle incrased; calcaneal inclination angle decreased |
| Form (bone shape) | Diaphysis is narrow/thing; 4th metatarsal is short |
| Architecture (outer margin  & inner structure) | Primary trabeculations are prominent; periosteal reaction along lateral diaphysis; discontinuity of cortex |
| Density (in bone) | Geographic increased density in 2nd metatarsal head multiple spotty decreased densities in all lesser metatarsal heads |
| ***Joints*** |  |
| Joint space | 1st MPJ space is unevenly decreased |
| Apposition | 50% apposition between 1st matatarsal base and medial cuneiform |
| Joint margins | Osteophyte/erosion along medial aspect of 2nd metatarsal head |
| Subchondral bone plate | Pre-­‐erosion (skip pattern) medial aspect of 3rd metatarsal head |
| ***Impression*** |  |
| Answer clinical question | No evidence of fracture |
| Diagnosis/diff. diagnosis | Osteoarthritis vs. gouty arthritis |
| Recommendations | CT to assess possible tarsal coalition |

If previous studies exist and are available for review, they should be compared and findings of any changed noted.

Sign and date the report.

John Doe, DPM Date