# STRUCTURED RADIOLOGY IMAGING REPORT

**FIRST TIME EVALUATION**

Exam / Modality from:

Prior exams/modalities from: / first exam (modality) from:

    Xrays available?

        -reaction of cortex?

        -destruction of cortex?

        -calcifications of matrix? (chondrogenic versus osteogenic?)

    CT available?

Involved body parts:

- viscero-cranium
- spine – sacrum
- head – neck
- shoulder – girdle
- chest (axillo-pectoral, dorsal)
- upper extremity
- hand – finger
- lower extremity
- foot – digits
- abdomen (ventral, dorsal, retroperitoneal)
- pelvis (gluteal, pelvi-trochanteric, inguinal, perineo-scrotal)
- joint

location and topography:

    extremity –bone:

        epiphysis, metaphysis, diaphysis

        cortex  versus intra-medullar

        intra- versus extra-articular

        epiphysis invovled?

    Shoulder and pelvic skeleton:

        Cp extremity-bone, apophysis involved?

    Spine and sacrum:

        Involved parts: Body? Pedicle? Lamina? Processus spinosus / transversus?

        Soft tissues: if invovled:

            Epidural, foraminal, paraspinal?

    Viscero-cranium:

Exact anatomic location

Soft tissues:

Epi- or subfascial

Muscles, fat tissue, ligaments, tendons, nerves, synovia, enthesis

Chest and abdominal walls:

Exact anatomic location


Topografic borders of tumor:

Medial, lateral, anterior, posterior, caudal, cranial

Involved compartments

Adjacent structures

Nerves: which ones?

Vessels: which ones?

Fascia?: which one?

Bone/periost: which one?

Joint: which one?

Relation of tumor to this structure:

At distance

How much in mm?

Adjacent / in contact

Infiltrated


Morphology of tumor:

Number of lesions? Satellites?

Size and form of lesion:

Maximal distance in 3 plains if possible orthogonal to each other

Borders:

Smooth

Irregular

Infiltrative

Cortex destruction

Signals:

T1

T2

T2fs

STIR

IP-OP

Diffusion restriction

Contrast uptake:

If yes:   arterial, veinous, late

Homogeneous, heterogeneous, border

Structure of lesion:

Homogenous

Heterogeneous

Solid

Cystic

Fatty

Myxoid

Non-tumor related findings:

*CONCLUSION:*

Suspicion of diagnosis

Differential diagnosis