

Components of a Radiology Report

Who, when, what, how, and why

- Who: identify patient name, number, date of exam, type of exam
- How: identify technique of exam (ie projections used, contrast given, slice thickness, scan interval, etc)
- Comparison exams with dates (if available)
- Why: give clinical indication for the exam (a symptom or sign)
- What: describe pertinent positive and negative findings
- Impression: give the overall impression of what the exam shows. This should be in the form of a likely diagnosis or differential diagnosis, and it should relate to the clinical indication given for the exam. It may also include recommendations for follow-up.

Tips:

- Use complete sentences and avoid abbreviations whenever possible.
- Try to separate the findings you make from the impression you give; the findings should be simply stated using proper radiologic terminology, while the impression should be a synthesis of the findings (and not merely a restatement of the findings!)
- Keep the observations brief and to the point; succinctness is a virtue!

Samples:

Chest xray

This is a PA and lateral chest radiograph on Mr X, (med rec # if known), performed on 11/7/06.

Clinical information: fever and shortness of breath

Comparison exam is 11/01/06

Findings: Cardiomedial silhouette is normal. There is a right lower lobe opacity with an air bronchogram.; the remaining lung fields are clear. There are no effusions. The bony thorax appears normal. The right lower lobe opacity is new since the comparison exam.

Impression: Probable right lower lobe pneumonia.

Abdomen plain film

This is a plain film abdominal series consisting of supine and erect radiographs on Mr Y (MRN #), performed on 11/7/06.

Clinical information: Sudden onset of nausea and abdominal pain

Comparison exam: none available

Findings: The bowel gas pattern is within normal limits. There is a 5mm calcification that projects in the right lower quadrant. The visualized bones are normal.

Impression: No evidence for bowel obstruction. The right lower quadrant calcification may be a phlebolith, ureteral stone, or appendicolith. If the clinical scenario suggests renal colic, then a noncontrast spiral CT may be helpful for further evaluation. If the clinical picture is more suggestive of appendicitis, then a contrast CT is recommended.