



rScriptor

Sample Reports

rScriptor allows a radiologist to dictate only the positive findings of a radiology report in any order. It also allows the radiologist to dictate the Findings and Impression sections simultaneously. This reduces dictation time and radiologist effort while maintaining the highest possible quality of the final report. Reports are checked for errors, MIPS and billing compliance and critical findings at the time the report is created. This allows the radiologist to correct any errors or deficiencies before the report is signed.

On the pages that follow are sample dictations (even numbered pages) and the resultant report that *rScriptor* created from the dictation (odd numbered pages). *rScriptor* comes pre-configured with hundreds of radiology report templates that can be customized to meet the needs of any radiology practice.



SCRIPTOR
SOFTWARE

Unformatted dictation used to create a structured report. Radiologist dictated text in red. Text in black inserted via macro:

rScriptor Unformatted Report

History: 50 years old, female; Sepsis

Gender: female

Age: 50 years

Format: Highland Internal Medicine

Options: b u i h n c b

Exam: CT CHEST abdomen pelvis without contrast sagittal coronal

Technique more: This CT exam was performed using one or more of the following dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

Comparison: CT ABD PELV WO ORAL OR 3/10/2017 5:20:00 PM

Scattered mild infiltrates in each lung. Impression. Findings may be due to an early pneumonia.

Cholecystectomy.

Extensive mucosal thickening in the splenic flexure concerning for colitis. Impression. Given the extensive mucosal thickening, recommend CT or colonoscopy followup to document resolution.

Inflammation around the pancreatic tail. Impression. This may be due to the adjacent colon mucosal thickening or may be due to pancreatitis. Correlation with pancreatic enzymes would be helpful.

Atherosclerotic disease.

Postop changes lumbar spine.

Normal appendix. Negative.

EXAM:

CT Chest Without Intravenous Contrast
CT Abdomen and Pelvis Without Intravenous Contrast

CLINICAL HISTORY:

50 years old, female; Sepsis, unspecified organism

TECHNIQUE:

Axial computed tomography images of the chest, abdomen and pelvis without intravenous contrast. This CT exam was performed using one or more of the following dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

Coronal and sagittal reformatted images were created and reviewed.

COMPARISON:

CT ABD PELV WO ORAL OR 3/10/2017 5:20:00 PM

FINDINGS:**CHEST:**

Lungs: Scattered mild infiltrates in each lung.

Pleural space: Unremarkable. No significant effusion. No pneumothorax.

Heart: Unremarkable. No cardiomegaly. No significant pericardial effusion.

ABDOMEN:

Liver: Unremarkable.

Gallbladder and bile ducts: Cholecystectomy. No ductal dilation.

Pancreas: Inflammation around the pancreatic tail.

Spleen: Unremarkable. No splenomegaly.

Adrenals: Unremarkable. No mass.

Kidneys and ureters: Unremarkable. No obstructing stones. No hydronephrosis.

Stomach and bowel: Extensive mucosal thickening in the splenic flexure concerning for colitis.

Appendix: Normal appendix.

PELVIS:

Bladder: Unremarkable. No stones.

Reproductive: Unremarkable as visualized.

CHEST, ABDOMEN and PELVIS:

Intraperitoneal space: Unremarkable. No significant fluid collection. No free air.

Bones/joints: Postop changes lumbar spine. No acute fracture. No dislocation.

Soft tissues: Unremarkable.

Vasculature: Atherosclerotic disease. No aortic aneurysm.

Lymph nodes: Unremarkable. No enlarged lymph nodes.

IMPRESSION:

1. Scattered mild infiltrates in each lung. Findings may be due to an early pneumonia.
2. Extensive mucosal thickening in the splenic flexure concerning for colitis. Given the extensive mucosal thickening, recommend CT or colonoscopy followup to document resolution.
3. Inflammation of the pancreatic tail. This may be due to the adjacent colon mucosal thickening or may be due to pancreatitis. Correlation with pancreatic enzymes would be helpful.

Unformatted dictation used to create a structured report. Radiologist dictated text in red. Text in black inserted via macro:

rScriptor Unformatted Report

History: 69 years old, male; Pain; CVA

Gender: male

Age: 69 years

Format: Birch Orthopaedics

Options: b bi ui ln n h cb 2f 2i bi

Exam: CT HEAD without contrast prelim

Comparison: CT - Head^1_ROUTINEHEAD (Adult) 12/18/2016 9:56:54 PM

Chronic left frontal and right parietal infarctions.

There are periventricular and subcortical areas of low attenuation consistent with chronic small vessel ischemic disease. This may obscure small areas of ischemia. No evidence of hemorrhage or mass effect.

The cortical sulci are enlarged consistent with cerebral atrophy.

The ventricles are mildly enlarged consistent with volume loss.

The visualized orbits are unremarkable.

Impression:

Cerebral atrophy and chronic small vessel ischemic disease.

EXAM:

CT Head Without Intravenous Contrast

CLINICAL HISTORY:

69 years old, male; Pain; Patient HX: CVA

TECHNIQUE:

Axial computed tomography images of the head/brain without intravenous contrast.

COMPARISON:

CT - Head^1_ROUTINEHEAD (Adult) 12/18/2016 9:56:54 PM

FINDINGS:

Brain: Chronic left frontal and right parietal infarctions. There are periventricular and subcortical areas of low attenuation consistent with chronic small vessel ischemic disease. This may obscure small areas of ischemia. No evidence of hemorrhage or mass effect. The cortical sulci are enlarged consistent with cerebral atrophy.

Ventricles: The ventricles are mildly enlarged consistent with volume loss.

Bones/joints: Unremarkable. No acute fracture.

Soft tissues: Unremarkable.

Sinuses: Unremarkable as visualized. No acute sinusitis.

Mastoid air cells: Unremarkable as visualized. No mastoid effusion.

Orbits: The visualized orbits are unremarkable.

IMPRESSION:

Cerebral atrophy and chronic small vessel ischemic disease.

Unformatted dictation used to create a structured report. Radiologist dictated text in red. Text in black inserted via macro:

rScriptor Unformatted Report

History: 63 years old, female; Low back pain with radiation into right leg, loss of urine control

Gender: female

Age: 63 years

Format: Skyline Hospital

Options: b bi ui ln n h cb 2i bi

Exam: MR SPINE LUMBAR without contrast

Comparison: MRI SPINE LUMBAR WITHOUT CONTRAST 3/11/2016 5:52:06 PM

End plate signal abnormalities at L3-4 are likely chronic/degenerative. Bone marrow is otherwise normal signal.

Mild disc desiccation throughout the intervertebral discs of the lumbar spine.

Small Schmorl's node inferiorly at T12. Vertebral bodies are otherwise normal in height and alignment.

Disc bulge at T12-L1 results in mild canal stenosis, with possible contact of the ventral cord. No significant foraminal stenosis.

Tiny disc bulge at L2-3 with facet joint and ligamentous hypertrophy results in minimal canal stenosis. No foraminal stenosis.

Disc bulge with facet joint and ligamentous hypertrophy at L3-4 results in minimal to mild canal stenosis. Minimal bilateral foraminal stenosis

Disc bulge with facet joint and ligamentous hypertrophy at L4-5 results in minimal canal stenosis. There is moderate bilateral subarticular stenosis. No significant foraminal stenosis.

Disc bulge with facet joint and ligamentous hypertrophy at L5-S1 results in minimal canal stenosis.

Severe proximal right foraminal stenosis. Minimal left foraminal stenosis. Impression.

Impression. Degenerative disc disease and degenerative facet arthropathy at several additional lumbar levels without significant spinal canal or foraminal stenosis.

EXAM:

MR Lumbar Spine Without Intravenous Contrast

CLINICAL HISTORY:

63 years old, female; Pain; Low back pain with radiation into right leg, loss of urine control

TECHNIQUE:

Magnetic resonance images of the lumbar spine without intravenous contrast in multiple planes.

COMPARISON:

MRI SPINE LUMBAR WITHOUT CONTRAST 3/11/2016 5:52:06 PM

FINDINGS:

Vertebrae: Small Schmorl's node inferiorly at T12. Vertebral bodies are otherwise normal in height and alignment. No acute fracture.

Marrow: End plate signal abnormalities at L3-4 are likely chronic/degenerative. Bone marrow is otherwise normal signal.

Interspaces: Mild disc desiccation throughout the intervertebral discs of the lumbar spine.

Spinal cord: Unremarkable. Normal signal.

Soft tissues: Unremarkable.

DISCS/SPINAL CANAL/NEURAL FORAMINA:

T12-L1: Disc bulge at T12-L1 results in mild canal stenosis, with possible contact of the ventral cord. No significant foraminal stenosis.

L1-L2: Unremarkable. No significant disc disease. No stenosis.

L2-L3: Tiny disc bulge at L2-3 with facet joint and ligamentous hypertrophy results in minimal canal stenosis. No foraminal stenosis.

L3-L4: Disc bulge with facet joint and ligamentous hypertrophy at L3-4 results in minimal to mild canal stenosis. Minimal bilateral foraminal stenosis

L4-L5: Disc bulge with facet joint and ligamentous hypertrophy at L4-5 results in minimal canal stenosis. There is moderate bilateral subarticular stenosis. No significant foraminal stenosis.

L5-S1: Disc bulge with facet joint and ligamentous hypertrophy at L5-S1 results in minimal canal stenosis. Severe proximal right foraminal stenosis. Minimal left foraminal stenosis.

IMPRESSION:

1. Disc bulge with facet joint and ligamentous hypertrophy at L5-S1 results in minimal canal stenosis. Severe proximal right foraminal stenosis. Minimal left foraminal stenosis.
2. Degenerative disc disease and degenerative facet arthropathy at several additional lumbar levels without significant spinal canal or foraminal stenosis.

Unformatted dictation used to create a structured report. Radiologist dictated text in red. Text in black inserted via macro:

rScripator Unformatted Report

History: 30 years old, male; Left leg pain

Gender: male

Age: 30 years

Format: 27-001

Options: b ui h n cb sl nlf

Exam: US left DUPLEX EXTREM VEINS UNILAT LTD Lower Extremity prelim

Comparison: US LE Venous Duplex Left 3/30/2017 3:09:37 PM

Clot within a superficial vein of the lateral left calf consistent with thrombophlebitis. Impression. No DVT.

EXAM: US Duplex Bilateral Lower Extremity Veins

CLINICAL HISTORY: 30 years old, male; Pain; Leg, lower; Left

TECHNIQUE: Real-time ultrasound scan of the veins of the bilateral lower extremities with color Doppler flow, spectral waveform analysis and compression.

COMPARISON: US LE Venous Duplex Left 3/30/2017 3:09:37 PM

FINDINGS:

Right deep veins: Unremarkable. No DVT in the right common femoral, femoral, proximal deep femoral or popliteal veins. The veins are compressible with normal color flow and augmentation.

Right superficial veins: Unremarkable. No thrombus in the visualized right greater saphenous vein.

Left deep veins: Unremarkable. No DVT in the left common femoral, femoral, proximal deep femoral or popliteal veins. The veins are compressible with normal color flow and augmentation.

Left superficial veins: Clot within a superficial vein of the lateral left calf consistent with thrombophlebitis.

Soft tissues: No acute findings. No popliteal cyst.

IMPRESSION:

Clot within a superficial vein of the lateral left calf consistent with thrombophlebitis. No DVT.

Unformatted dictation used to create a structured report. Radiologist dictated text in red. Text in black inserted via macro:

rScriptor Unformatted Report

History: The patient is 36 years old and is male; Pain is in the posterior aspect of left knee and medial under rt patella

Format: Bath Ortho

Contrast Amount:

Contrast Type:

Options: b ui h n cb lj

Exam: MR left EXTREMITY JOINT LOWER Knee without contrast

Comparison: CR - KNEE LEFT 3 VIEWS 6/7/2016 12:08:03 PM

Exam Date/Time: 5/18/2017 7:28 AM

There is a small popliteal cyst.

Mild bone marrow edema is noted in the inferior patellar pole.

Mild edema is noted in the quadriceps fat-pad medially.

There is a mild degree of heterogeneity of the proximal patellar tendon fibers.

There is mild edema in Hoffa's fat pad posterior to the proximal fibers of the patellar tendon.

Minimal patellar osteophyte formation is present.

There is mild patella alta.

Minimal heterogeneity of the fibers of the distal quadriceps tendon is noted medially.

Impression:

1. Mild proximal patellar tendinosis associated with minimal bone marrow edema in the infrapatellar pole and mild adjacent edema in Hoffa's fat pad.
2. Minimal distal quadriceps tendinosis associated with mild edema in the quadriceps fat-pad which can be associated with supra-patellar impingement syndrome.
3. Small popliteal cyst.

EXAM:

MR Left Lower Extremity Without Intravenous Contrast, Knee

CLINICAL HISTORY:

The patient is 36 years old and is male; Pain; Knee; Left; Additional info: Pain is in the posterior aspect of left knee and medial under rt patella

TECHNIQUE:

Multiplanar magnetic resonance images of the left knee without intravenous contrast.

EXAM DATE/TIME:

5/18/2017 7:28 AM

COMPARISON:

CR - KNEE LEFT 3 VIEWS 6/7/2016 12:08:03 PM

FINDINGS:**BONES/JOINTS/CARTILAGE:**

Patellofemoral compartment: Mild bone marrow edema is noted in the inferior patellar pole. Minimal patellar osteophyte formation is present. There is mild patella alta.

Femorotibial compartments: Unremarkable.

Extensor mechanism: There is a mild degree of heterogeneity of the proximal patellar tendon fibers. Minimal heterogeneity of the fibers of the distal quadriceps tendon is noted medially.

Medial meniscus: Unremarkable. No tear.

Lateral meniscus: Unremarkable. No tear.

Medial capsule/supporting structures: Unremarkable. Normal medial collateral ligament.

Lateral capsule/supporting structures: Unremarkable. Normal lateral collateral ligament.

Anterior cruciate ligament: Unremarkable.

Posterior cruciate ligament: Unremarkable.

Musculature: Unremarkable.

Soft tissues: There is a small popliteal cyst. Mild edema is noted in the quadriceps fat-pad medially. There is mild edema in Hoffa's fat pad posterior to the proximal fibers of the patellar tendon.

IMPRESSION:

1. Mild proximal patellar tendinosis associated with minimal bone marrow edema in the infrapatellar pole and mild adjacent edema in Hoffa's fat pad.
2. Minimal distal quadriceps tendinosis associated with mild edema in the quadriceps fat-pad which can be associated with supra-patellar impingement syndrome.
3. Small popliteal cyst.

Unformatted dictation used to create a narrative report. Radiologist dictated text in red. Text in black inserted via macro:

rScriptor Unformatted Report

History: 91 years old, female; Fall with bruises across back of chest and chest wall pain.

Gender: female

Age: 91 years

Format: Dr. Harold Sumner

Options: b u i h n c b

Exam: XR CHEST 2 VIEWS

Comparison: Chest x-ray 6/19/2015.

FINDINGS:

Dual-lead cardiac pacing device remains in the left anterior chest wall. The lungs are clear. No evidence of pneumothorax or pleural effusion. Cardiomeastinal silhouette is within normal limits.

Atherosclerotic calcification involves the arch. Deformity of the left humeral neck and is present which is new from the comparison examination but may be chronic. Osseous structures otherwise appear intact. Mild degenerative changes involve the spine. Mild thoracic kyphosis.

IMPRESSION:

Cardiac pacing device in place.

No acute intrathoracic findings.

Left proximal humeral deformity is new from comparison examination but may be chronic. Correlate with patient history and symptoms.

EXAM:

XR Chest, 2 Views

CLINICAL HISTORY:

91 years old, female; Fall with bruises across back of chest and chest wall pain.

TECHNIQUE:

Frontal and lateral views of the chest.

COMPARISON:

Chest x-ray 6/19/2015.

FINDINGS:

Dual-lead cardiac pacing device remains in the left anterior chest wall. The lungs are clear. No evidence of pneumothorax or pleural effusion. Cardiomeastinal silhouette is within normal limits. Atherosclerotic calcification involves the arch. Deformity of the left humeral neck and is present which is new from the comparison examination but may be chronic. Osseous structures otherwise appear intact. Mild degenerative changes involve the spine. Mild thoracic kyphosis.

IMPRESSION:

Cardiac pacing device in place.

No acute intrathoracic findings.

Left proximal humeral deformity is new from comparison examination but may be chronic. Correlate with patient history and symptoms.

Contact Us



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S O F T W A R E

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