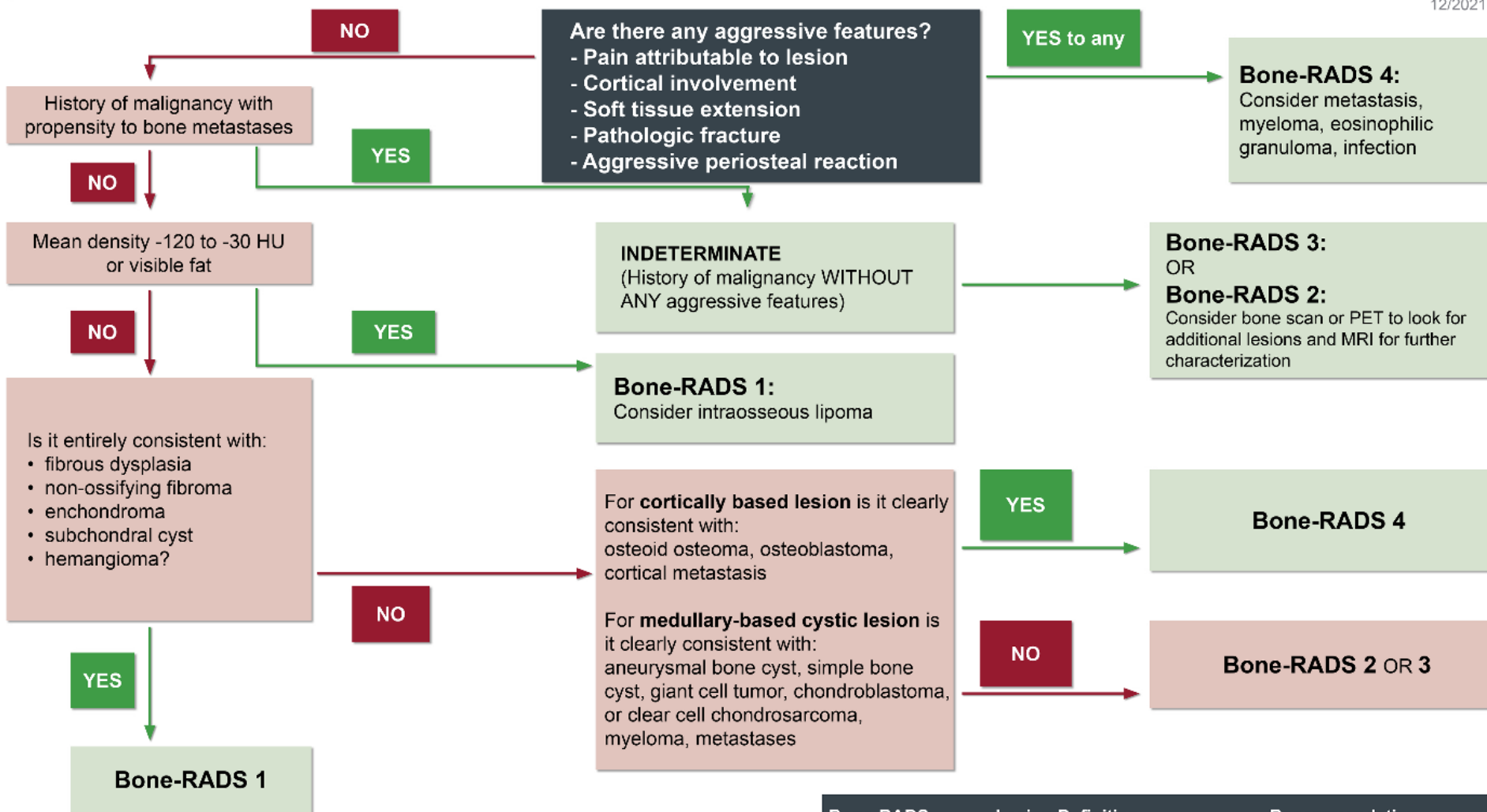


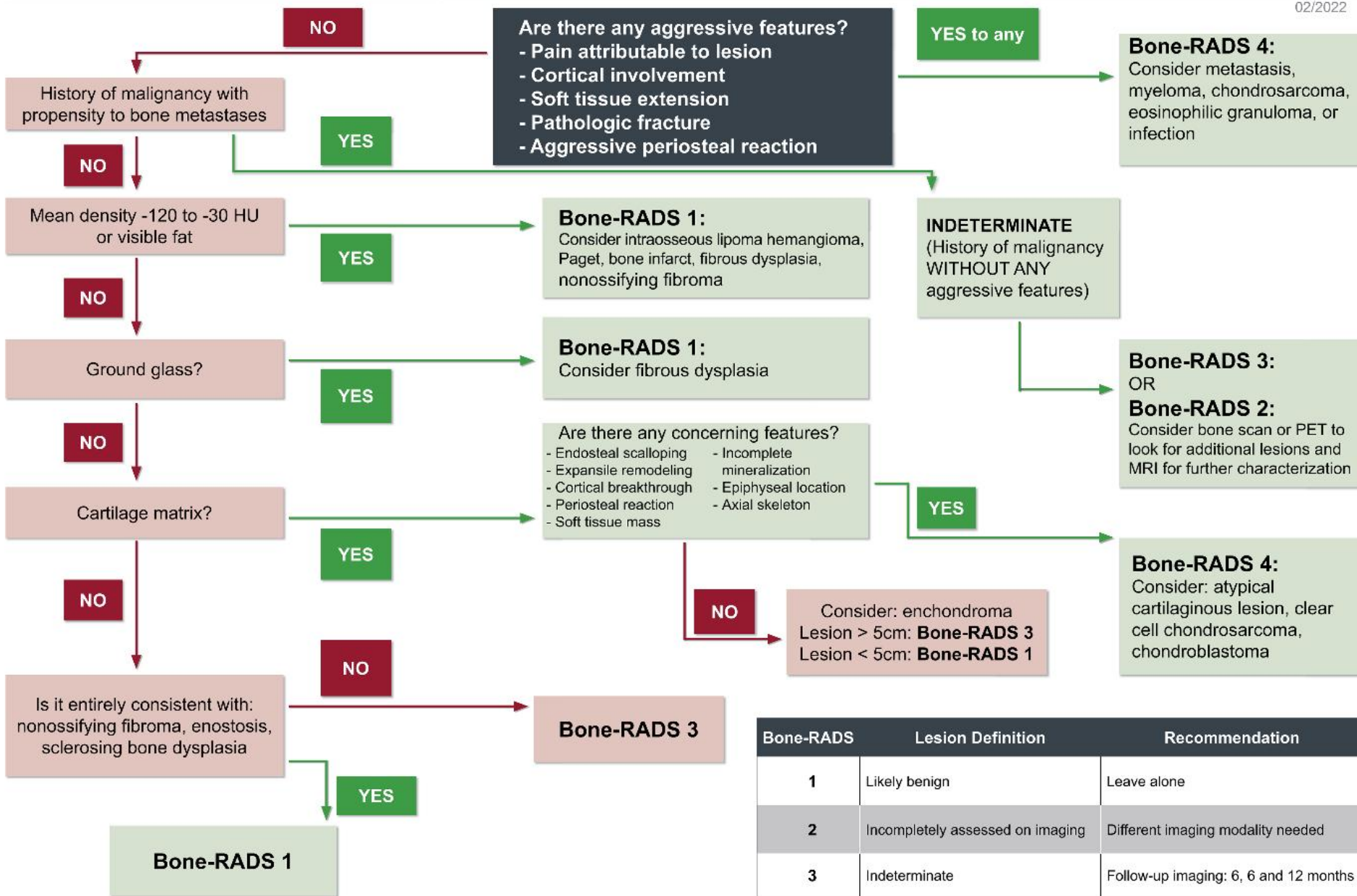
Solitary Lucent Bone Lesion on CT in Adults



Bone-RADS	Lesion Definition	Recommendation
1	Likely benign	Leave alone
2	Incompletely assessed on imaging	Different imaging modality needed
3	Indeterminate	Follow-up imaging: 6, 6 and 12 months
4	Suspicious for malignancy or need for treatment	Refer to (orthopedic) oncology and consider biopsy

Solitary Sclerotic or Mixed Density Bone Lesion on CT in Adults

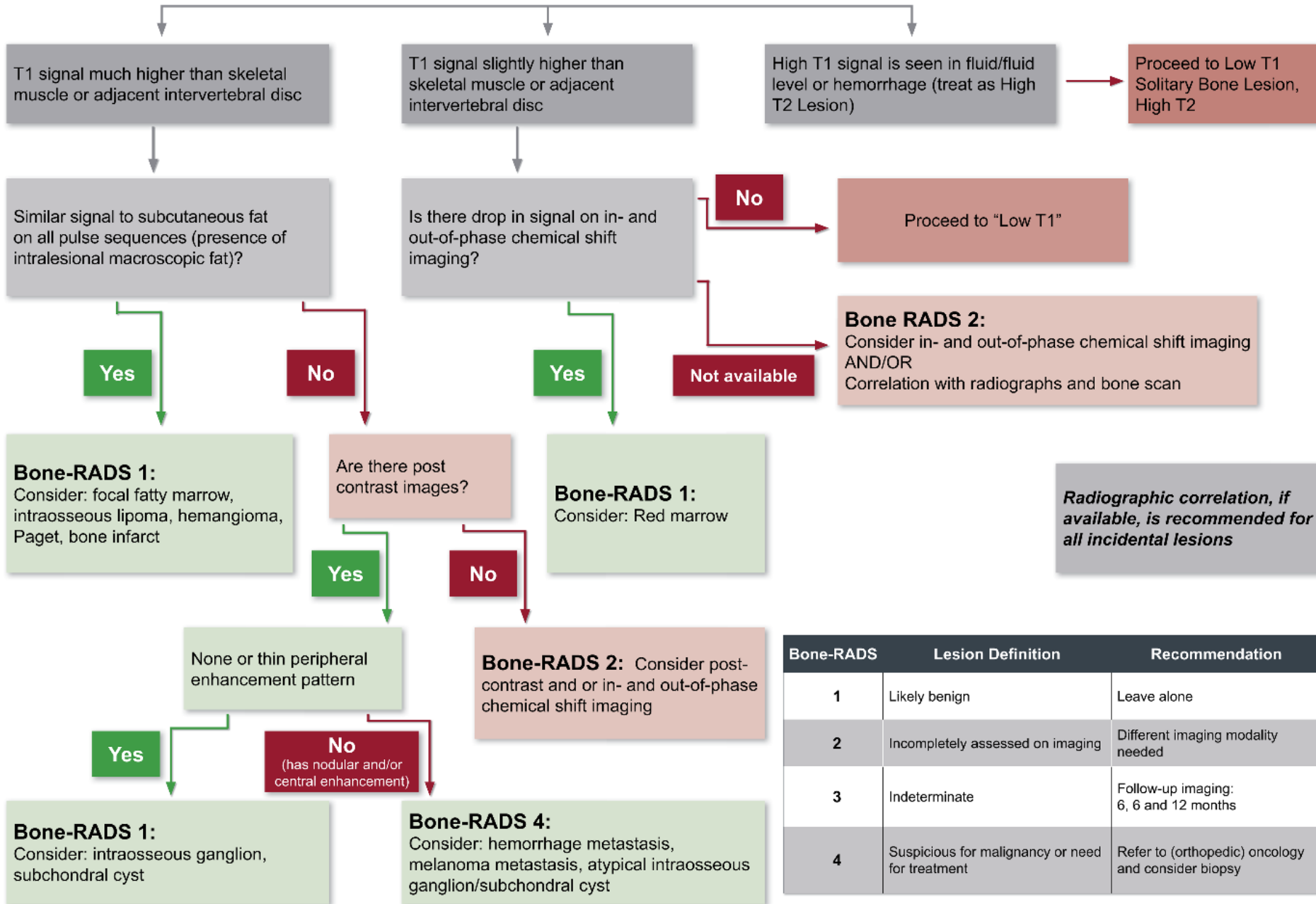
02/2022



Bone-RADS	Lesion Definition	Recommendation
1	Likely benign	Leave alone
2	Incompletely assessed on imaging	Different imaging modality needed
3	Indeterminate	Follow-up imaging: 6, 6 and 12 months
4	Suspicious for malignancy or need for treatment	Refer to (orthopedic) oncology and consider biopsy

High T1 Solitary Bone Lesion on MRI

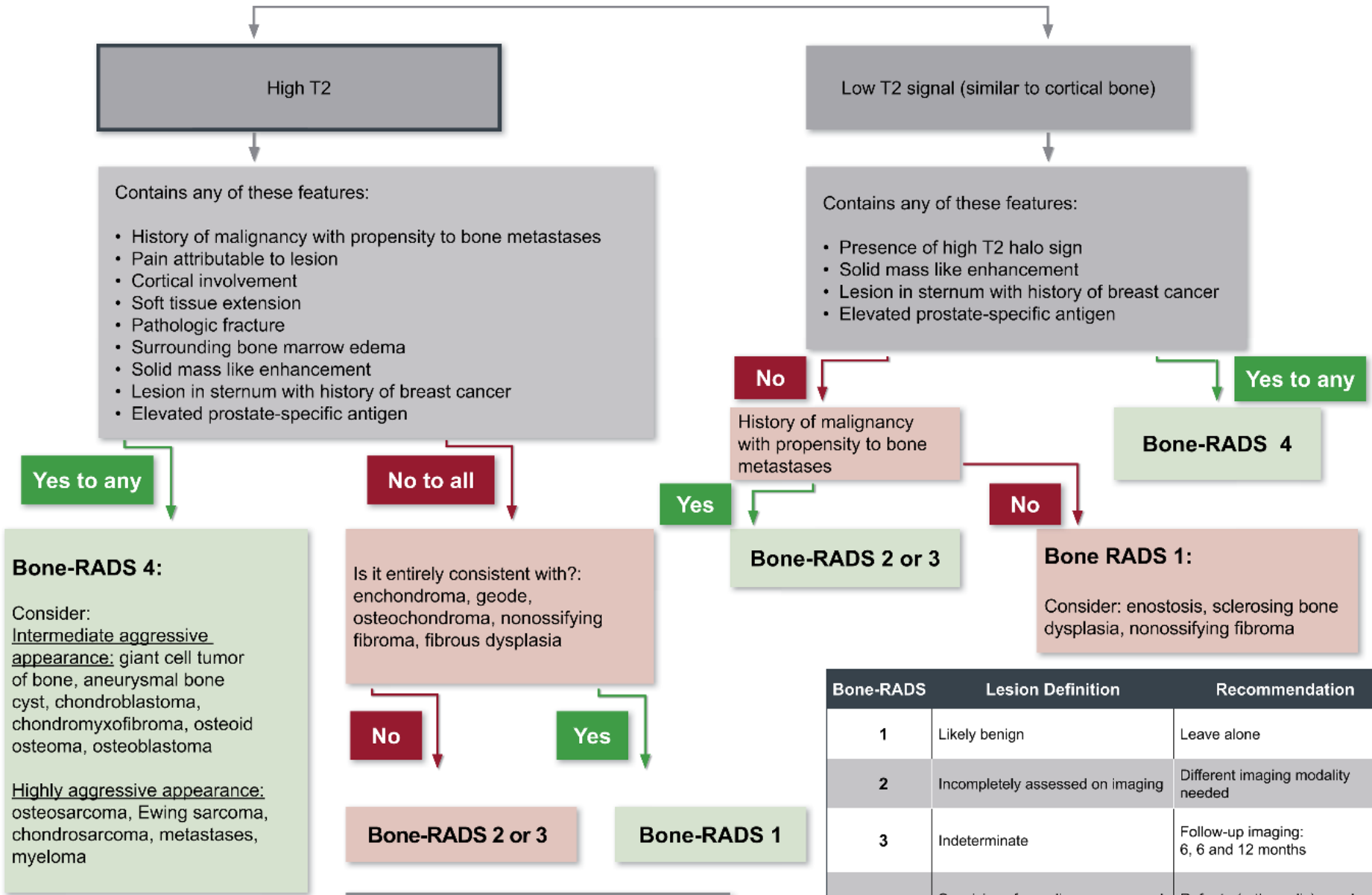
(Please see separate chart for Low T1 Solitary Bone Lesion)



Bone-RADS	Lesion Definition	Recommendation
1	Likely benign	Leave alone
2	Incompletely assessed on imaging	Different imaging modality needed
3	Indeterminate	Follow-up imaging: 6, 6 and 12 months
4	Suspicious for malignancy or need for treatment	Refer to (orthopedic) oncology and consider biopsy

Low T1 Solitary Bone Lesion on MRI (Isointense to skeletal muscle or adjacent intervertebral disc)

(Please see separate chart for High T1 Solitary Bone Lesion)



Bone-RADS 4:

Consider: Intermediate aggressive appearance: giant cell tumor of bone, aneurysmal bone cyst, chondroblastoma, chondromyxofibroma, osteoid osteoma, osteoblastoma

Highly aggressive appearance: osteosarcoma, Ewing sarcoma, chondrosarcoma, metastases, myeloma

Is it entirely consistent with?:
enchondroma, geode,
osteochondroma, nonossifying
fibroma, fibrous dysplasia

No

Bone-RADS 2 or 3

Yes

Bone-RADS 1

Bone-RADS 2 or 3

Bone RADS 1:

Consider: enostosis, sclerosing bone dysplasia, nonossifying fibroma

Bone-RADS	Lesion Definition	Recommendation
1	Likely benign	Leave alone
2	Incompletely assessed on imaging	Different imaging modality needed
3	Indeterminate	Follow-up imaging: 6, 6 and 12 months
4	Suspicious for malignancy or need for treatment	Refer to (orthopedic) oncology and consider biopsy

Radiographic correlation, if available, is recommended for all incidental lesions