

A 65-year-old female presents with gradually worsening bilateral knee pain over the past 3 years, described as aching and worse with weight-bearing and activity, improving with rest. She reports morning stiffness lasting about 20 minutes and difficulty climbing stairs and rising from a seated position. Physical examination reveals crepitus, mild effusion, and tenderness along the joint line bilaterally, with slightly reduced range of motion. The patient is overweight (BMI 29) and has mild genu varum (bow-leggedness). X-rays show joint space narrowing, subchondral sclerosis, osteophyte formation, and small subchondral cysts in both knees, more pronounced in the medial compartments. Laboratory tests show normal inflammatory markers.