RheumaView demo case

READY Standard

Study date: xx/xx/2025 (redacted)

DOB / Age: (redacted) · 86 years (redacted)

Sex: Male **Race:** Caucasian

Modality: XR

Examined regions & views: Cervical spine: AP, lateral, right oblique, left oblique; Thoracic spine: AP, lateral; Lumbar spine: AP, lateral, right oblique, left oblique, lumbosacral spot lateral; Sacroiliac joints: AP, right oblique, left oblique; Hands/wrists: bilateral PA, oblique, lateral series

Image quality: Adequate for clinical interpretation of the submitted regions. Mild cervicothoracic limitation from shoulder overlap. Hips are only partially visualized.

FINDINGS

CERVICAL SPINE

Marked multilevel cervical spondylosis is present with loss of normal cervical lordosis / mild reversal. Disc-space narrowing is greatest in the mid to lower cervical spine, most pronounced from approximately C4-C5 through C6-C7. There is multilevel endplate sclerosis and bulky anterior non-marginal osteophyte/ossification formation with bridging or near-bridging change across several contiguous levels. Facet and uncovertebral hypertrophic arthropathy are marked bilaterally, with multilevel osseous foraminal narrowing on both oblique views, greatest in the lower cervical spine. The appearance is dominated by advanced degenerative change with bulky enthesopathic ossification rather than thin inflammatory marginal syndesmophytes. No acute fracture is identified.

THORACIC SPINE

Mild multilevel thoracic spondylosis is present. Vertebral body heights are maintained on the provided views. In the lower thoracic / thoracolumbar region there is bulky anterior-lateral ossification, non-marginal in morphology, greater than expected for ordinary small thoracic osteophytes. Definite ankylosing-spondylitis-type thoracic bamboo-spine morphology is not established on these views.

LUMBAR SPINE

There is mild lumbar levocurvature. Advanced multilevel lumbar spondylosis is present. Very severe degenerative disc disease is seen at the thoracolumbar/upper lumbar junction, centered approximately at T12-L1/L1-L2, with marked disc collapse, prominent endplate sclerosis, and vacuum phenomenon. Additional multilevel degenerative disc disease is present through the lumbar spine, including marked lower lumbar narrowing, especially at L4-L5, with additional narrowing at L5-S1 and intervening levels. Lower lumbar facet arthropathy is marked bilaterally.

Superimposed on the degenerative disease is extensive bulky flowing anterolateral ossification across multiple contiguous thoracolumbar and lumbar levels, with bridging and near-bridging ossification over several segments. This ossification is broad, exuberant, and non-marginal, favoring DISH-pattern enthesopathic ossification rather than inflammatory syndesmophytes. Overall lumbar

axial burden is therefore mixed structurally, but strongly weighted toward severe degeneration plus DISH-type flowing ossification. No acute compression deformity is seen radiographically.

SACROILIAC JOINTS

Both sacroiliac joints remain patent. Mild bilateral subchondral sclerosis and mild articular irregularity are present, compatible with mild degenerative SI change. No definite erosions and no ankylosis are identified. No convincing radiographic inflammatory sacroiliitis is seen on this examination.

RIGHT HAND / WRIST

There is severe first carpometacarpal osteoarthritis with marked joint-space loss, sclerosis, osteophytes, remodeling, and degenerative subluxation. Additional degenerative change is present at the scaphotrapezial region. Multifocal interphalangeal arthropathy is present in a DIP/PIP-predominant distribution. Multiple joints show central erosive/remodeling change with gull-wing / central collapse morphology, including advanced involvement of the second DIP, third PIP, third DIP, and fourth PIP, with additional involvement of the fourth DIP, fifth PIP, and fifth DIP. Mild degenerative change is also present at the first through third MCP joints. No convincing marginal erosive inflammatory pattern is identified in the MCP row or wrist.

LEFT HAND / WRIST

There is severe first carpometacarpal osteoarthritis with marked joint-space loss, sclerosis, osteophytes, and remodeling. Mild degenerative change is present at the scaphotrapezial region. Multifocal DIP/PIP-predominant arthropathy is present, with central erosive/remodeling change at several joints, including advanced involvement of the second DIP, fourth PIP, and fourth DIP, with additional degenerative/erosive osteoarthritis at the second PIP, third DIP, fifth PIP, and fifth DIP. Mild degenerative change is present at the first through third MCP joints. No convincing MCP/carpal marginal erosive inflammatory pattern is identified.

ADDITIONAL PARTIALLY VISUALIZED FINDINGS

Partial hip visualization shows bilateral hip osteoarthropathy, greater on the right, incompletely assessed on this exam. Vascular calcifications are present. Prior median sternotomy and left chest pacemaker are incidentally noted.

COMPARISON

No directly comparable prior region-matched radiographs are available in this chat for validated interval comparison. Current study is treated as the available baseline examination; interval change is indeterminate.

IMPRESSION

Marked mixed axial structural disease with very advanced degenerative cervical and lumbar spondylosis/degenerative disc disease plus prominent DISH-pattern bulky flowing non-marginal bridging ossification across multiple contiguous thoracolumbar/lumbar levels and additional bulky anterior cervical ossification.

No convincing radiographic ankylosing-spondylitis pattern on this examination: no definite thin marginal syndesmophytes, no definite SI erosive sacroiliitis, and no SI ankylosis.

Mild bilateral degenerative sacroiliac change.

Bilateral hands show advanced osteoarthritis, including severe bilateral first CMC osteoarthritis and multifocal erosive osteoarthritis of the DIP/PIP joints with central erosive remodeling.

No convincing rheumatoid-pattern MCP/carpal marginal erosive arthropathy identified radiographically.

Partial hip visualization suggests bilateral hip osteoarthritis, greater on the right.