RV-003 · SP-AX(CS+TS+LS+SI+PEL)

READY- Concise

Study date: xx/xx/2026 (redacted)
Comparison date: xx/xx/2022 (redacted)
DOB / Age: xx/xx/1986 (redacted) · 39 years
Sex: Female
Race: White
Temporal class: Single-point current study with limited 2022 comparison

Findings:
Stable bilateral sacroiliac abnormalities with mild inferior-predominant iliac-sided greater than sacral-sided subchondral sclerosis and mild inferior articular cortical irregularity, slightly greater on the left. Superior sacroiliac joint spaces remain preserved. No definite erosions or ankylosis. Tiny inferior pseudoerosive/lucent marginal notches remain low-confidence and non-definite. Multilevel axial degenerative change, including lower cervical spondylosis greatest at C5-C6/C6-C7 with mild bilateral osseous foraminal narrowing, lower thoracic degenerative disc-endplate change greatest at T10-T11/T11-T12, and thoracolumbar/upper lumbar degenerative disc disease greatest at T12-L1/L1-L2 with vacuum phenomenon and mild lower lumbar facet arthropathy. Hip joint spaces preserved bilaterally. Minimal acetabular spurring bilaterally. Mild loss of femoral head-neck offset bilaterally, greater on the left. Minimal pubic symphyseal degenerative change. IUD noted. Two small posterior subcutaneous calcified nodular densities project on lateral thoracolumbar views.

Impression:

1. Stable bilateral non-ankylosing sacroiliac structural abnormality from 2022 to 2026, slightly greater on the left, without definite erosive progression.
2. No definite superior sacroiliac joint-space loss or ankylosis.
3. Multilevel cervical, thoracic, and lumbar degenerative/spondylotic change, greatest at C5-C6/C6-C7, T10-T11/T11-T12, and T12-L1/L1-L2.
4. No definite radiographic ankylosing spinal pattern identified on the provided study.

RheumaView demo case