RV-008 · SP-MIX(CS+TS+LS+SI+HW)

READY- Concise

Study date: xx/xx/2025 (redacted)

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

Sex: Male

Race: Caucasian

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; Bilateral hands/wrists: PA, oblique, lateral

Image quality: Adequate for interpretation. Mild cervicothoracic limitation from shoulder overlap. Hips partially visualized only.

FINDINGS

Marked multilevel cervical spondylosis with loss/reversal of lordosis, moderate-to-severe mid/lower cervical disc degeneration greatest approximately C4-C7, multilevel endplate sclerosis, bulky anterior non-marginal osteophyte/ossification with bridging/near-bridging across several contiguous levels, marked bilateral uncovertebral/facet arthropathy, and multilevel bilateral osseous foraminal narrowing. Mild multilevel thoracic spondylosis with lower thoracic/thoracolumbar bulky non-marginal anterior-lateral ossification. Mild lumbar levocurvature. Very advanced multilevel lumbar spondylosis with severe thoracolumbar/upper lumbar disc collapse, marked endplate sclerosis, and vacuum phenomenon; additional multilevel lumbar disc degeneration greatest in the lower lumbar spine; marked bilateral lower lumbar facet arthropathy; and extensive bulky flowing anterolateral non-marginal bridging/near-bridging ossification across multiple contiguous thoracolumbar/lumbar levels, compatible with DISH-pattern enthesopathic ossification. No acute compression deformity identified on submitted spine views.

Sacroiliac joints remain patent with mild bilateral degenerative subchondral sclerosis/articular irregularity. No definite erosions. No ankylosis.

Bilateral hands/wrists show severe first CMC osteoarthritis with marked joint-space loss, sclerosis, osteophytes, remodeling, and associated scaphotrapezial degenerative change. Multifocal bilateral DIP/PIP-predominant arthropathy shows central erosive/remodeling gull-wing-type morphology, consistent with erosive osteoarthritis: on the right prominently involving 2nd DIP, 3rd PIP, 3rd DIP, 4th PIP, with additional involvement of 4th DIP, 5th PIP, and 5th DIP; on the left prominently involving 2nd DIP, 4th PIP, and 4th DIP, with additional involvement of 2nd PIP, 3rd DIP, 5th PIP, and 5th DIP. Mild degenerative change is present at the 1st-3rd MCP joints bilaterally. No convincing MCP/carpal marginal erosive inflammatory pattern. Partial hip visualization suggests bilateral hip osteoarthropathy, greater on the right. Incidental vascular calcifications, prior median sternotomy, and left chest pacemaker noted.

COMPARISON

No directly comparable region-matched prior radiographs available here for validated interval comparison.

IMPRESSION

Marked mixed axial structural disease dominated by very advanced degenerative cervical/lumbar spondylosis and 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 exam: no definite thin marginal syndesmophytes, no definite erosive sacroiliitis, and no SI ankylosis.

Mild bilateral degenerative sacroiliac change.

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

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

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

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