Structured Radiographic Report

READY+ Gold Standard
Study Date: xx/xx/2026
Patient ID: (redacted)
DOB: 79 (redacted)
Sex: F
Modality: XR

Examined Regions & Projections:

- **Pelvis / hips** — AP pelvis
- **Sacroiliac joints** — AP sacroiliac joints, right sacroiliac oblique, left sacroiliac oblique
- **Lumbar spine** — AP lumbar spine, right oblique lumbar spine, left oblique lumbar spine, lateral lumbar spine, lateral lumbosacral spot
- **Shared projection note:** AP pelvis contributes to hip and sacroiliac assessment

Image Quality / Adequacy: Adequate for detailed structural assessment of the pelvis, hips, sacroiliac joints, and lumbar spine on the provided static views. No prior matched radiographs were provided for interval comparison.

Findings — Axial Skeleton

Lumbar spine

Visualized levels / distribution / symmetry / confidence: visualized lower thoracic through lumbosacral segments; thoracolumbar and upper-lumbar predominant abnormality burden; asymmetric right-anterolateral ossific predominance; confidence high.

- **Alignment:** mild-to-moderate rotatory **dextroconvex thoracolumbar/upper lumbar scoliosis** with mild lower lumbar compensatory countercurvature. No high-grade static spondylolisthesis identified on the provided views.
- **Flowing ossification / bridging:** bulky flowing **right anterolateral non-marginal ossification/bridging osteophytes spanning at least four contiguous vertebral bodies** across the thoracolumbar junction and upper lumbar spine, most conspicuous from the lower thoracic region through approximately L2-L3. Morphology is DISH-pattern rather than syndesmophytic.
- **Disc / endplate degeneration:** multilevel spondylosis, greatest in the upper lumbar spine.
  - **T12-L1:** moderate-to-marked disc-space loss with endplate sclerosis and osteophytes; confidence high.
  - **L1-L2:** severe disc-space loss (**JSN/disc-loss grade 3**) with marked opposing endplate sclerosis/remodeling and vacuum phenomenon; confidence high.
  - **L2-L3:** severe disc-space loss (**grade 3**) with marked endplate sclerosis/remodeling and vacuum phenomenon; confidence high.
  - **L3-L4:** mild-to-moderate disc-space loss (**grade 1–2**) with endplate osteophytes; confidence high.
  - **L4-L5:** mild disc-space loss (**grade 1**) with small endplate osteophytes; confidence high.
  - **L5-S1:** mild disc-space loss (**grade 1**) with small endplate osteophytes; confidence high.

- **Facet joints:** mild-to-moderate lower lumbar facet arthropathy, greatest at **L4-L5 and L5-S1**; confidence moderate-to-high.
- **Inflammatory-pattern check:** no convincing radiographic marginal syndesmophytes, vertebral-body squaring pattern, or ankylosing-type bamboo configuration in the visualized spine.
- **Vertebral body integrity:** vertebral body heights are preserved without acute compression deformity on the provided views.

Sacroiliac joints

Count / laterality / distribution / confidence: 2 joints examined; bilateral mild chronic structural change, **right greater than left**; inferior/iliac-sided distribution; confidence high.

- Mild bilateral sacroiliac **subchondral sclerosis and marginal irregularity**, most conspicuous along the **inferior iliac-sided portions** of the joints.
- Joint spaces are overall preserved to only mildly narrowed inferiorly (**JSN grade 0–1**), without convincing focal erosions, pseudo-widening, or ankylosis.
- Morphology favors **chronic degenerative/condensans-like sacroiliac change** rather than erosive inflammatory sacroiliitis.
- No radiographic sacroiliac fusion.

Findings — Pelvis / Hips / Adjacent Structures

Hips

Count / laterality / symmetry / confidence: 2 hips examined; bilateral and near-symmetric mild degenerative change; confidence high.

- Mild bilateral femoroacetabular osteoarthrosis with slight superior joint-space narrowing (**JSN grade 1 bilaterally**) and small marginal osteophytes.
- No femoral head collapse, erosive change, acute fracture, or dislocation.

Pubic symphysis

- Mild degenerative sclerosis / irregularity at the pubic symphysis; confidence high.

Entheses / pelvic margins

- Mild enthesopathic spurring/irregularity at the **greater trochanters bilaterally**, slightly more conspicuous on the **left**.
- Mild iliac crest enthesopathic spurring bilaterally.

Incidental osseous / soft-tissue findings

- Small benign-appearing sclerotic focus in the left iliac bone, compatible with a bone island.
- Aortoiliac atherosclerotic calcification.
- Small pelvic phleboliths.

Comparison

No prior matched radiographs available for comparison. This is a single-timepoint structural assessment.

Impression

1. **Thoracolumbar/upper lumbar DISH-pattern ossification** with bulky flowing right anterolateral bridging osteophytes spanning **at least four contiguous vertebral bodies**, meeting radiographic threshold for a DISH-pattern axial enthesopathic/ossific process.
2. Superimposed **advanced multilevel thoracolumbar and lumbar degenerative spondylosis**, greatest at **L1-L2 and L2-L3**, where there is severe disc loss, marked endplate sclerosis/remodeling, and vacuum change; additional milder multilevel degeneration extends caudally.
3. Mild-to-moderate rotatory **dextroconvex thoracolumbar/upper lumbar scoliosis**.
4. Mild bilateral sacroiliac chronic non-erosive structural change, **right greater than left**, degenerative/condensans-like in pattern; **no convincing radiographic erosive sacroiliitis or ankylosis**.
5. Mild bilateral hip osteoarthrosis, mild pubic symphysis degeneration, and mild bilateral pelvic/trochanteric enthesopathic change.
6. No acute osseous abnormality or vertebral compression fracture identified on this study.

EMR Summary

Radiographs of the lumbar spine, sacroiliac joints, pelvis, and hips show a mixed but predominantly degenerative axial pattern with superimposed DISH-pattern flowing thoracolumbar ossification. The dominant burden is in the upper lumbar spine, where there is severe chronic disc degeneration with marked endplate remodeling and scoliosis. Sacroiliac findings are mild, bilateral, non-erosive, and greater on the right, favoring chronic degenerative or condensans-like change rather than inflammatory sacroiliitis. Mild bilateral hip osteoarthritis and mild pelvic enthesopathic change are also present. No fracture is seen. Pattern: mixed degenerative plus DISH-pattern ossification. Progression: single-point study. Inflammatory features: no convincing radiographic erosive axial inflammatory disease.