PATIENT: Deidentified **SEX:** Female
DOB: xxxx-xx-xx (74 yo) **STUDY DATE:** xxxx-xx-xx
REGION: Chest
MODALITY: XR
PROJECTIONS PROVIDED: PA and lateral chest radiographs
ADEQUACY: Diagnostic-quality two-view chest radiographs.

FINDINGS

Lungs / pleura — PA and lateral chest

Lungs are mildly expanded.

No focal air-space consolidation is identified.

Mild chronic diffuse central/perihilar interstitial-peribronchial prominence is present.

No lobar collapse is seen.

No pleural effusion is identified.

No pneumothorax is identified.

No pulmonary edema pattern is seen.

No suspicious focal pulmonary mass is visible on the provided radiographs.

Cardiomediastinal / hilar contours

Cardiomediastinal silhouette is within normal size limits.

Mild atherosclerotic calcification/tortuosity of the thoracic aorta is present.

Hilar contours are not enlarged on the provided views.

Visible osseous / extraskeletal structures on chest radiographs

Multilevel thoracic spondylotic/hyperostotic change is present.

Bulky right anterolateral non-marginal flowing ossification is visible in the mid thoracic spine, spanning **at least 4 contiguous levels**, with bridging/near-bridging morphology on the lateral view, compatible with **DISH-pattern thoracic hyperostotic change**.

Additional multilevel thoracic endplate osteophytes are present.

No focal thoracic vertebral compression deformity is evident on these chest radiographs.

Mild degenerative change is present in the visible shoulders, greater at the acromioclavicular joints.

No acute osseous abnormality is evident within the included visualized chest structures on this exam.

COMPARISON

No prior matching chest radiographs were provided for comparison.

IMPRESSION

No acute cardiopulmonary abnormality identified on this two-view chest radiographic study.

Mild chronic central/perihilar interstitial-peribronchial prominence.

Mild aortic atherosclerotic calcification/tortuosity.

Incidental multilevel thoracic **DISH-pattern hyperostotic/spondylotic change** with bulky right anterolateral flowing non-marginal ossification across at least 4 contiguous mid-thoracic levels.

No pleural effusion, pneumothorax, focal pneumonia, or thoracic compression deformity identified on the provided views.

EMR SUMMARY

Two-view chest radiographs show no acute cardiopulmonary process. Cardiomediastinal silhouette is not enlarged. Mild chronic central/perihilar interstitial-peribronchial prominence is present without focal air-space consolidation, pleural effusion, or pneumothorax. Mild atherosclerotic calcification/tortuosity of the thoracic aorta is noted. Incidental thoracic skeletal findings include multilevel spondylotic/hyperostotic change with bulky right anterolateral flowing non-marginal ossification across at least four contiguous mid-thoracic levels, compatible with DISH-pattern thoracic hyperostosis on the provided chest views. No focal thoracic compression deformity is seen on this exam.

FOOTER
RheumaView™ is a physician-curated reporting assistant and not an FDA-approved diagnostic device.
Outputs support clinical decision-making; the treating physician retains full responsibility.