# RADIOGRAPHIC ASSESSMENT REPORT

RheumaView™

## PATIENT INFORMATION

Patient: Male, 61 years

Study Structure: Composite axial/sacropelvic radiographic set acquired in 3 clinically related sessions within less than 4 weeks; integrated as one short-interval set

Regions: Cervical spine, thoracic spine, lumbar spine, sacroiliac joints, pelvis, bilateral hips

Modality: XR (Plain Film Radiography)

Adequacy: Adequate composite projection set for structural axial/sacro-pelvic assessment

### Projection Inventory

**Cervical spine:** AP, lateral, bilateral obliques, open-mouth odontoid

**Thoracic spine:** AP, lateral projections

**Lumbar spine:** AP, lateral, focused lumbosacral lateral, oblique projection

**Sacroiliac joints:** AP plus bilateral oblique views

**Pelvis/hips:** AP pelvis plus bilateral frog-leg lateral hips

## RADIOGRAPHIC FINDINGS

### 1. Cervical Spine

Mild straightening of cervical lordosis. No acute cervical malalignment. Vertebral body heights preserved.

**C1–C2:** Odontoid intact; atlantoaxial alignment preserved; no erosive odontoid change identified.

**C2–C3:** Minimal disc degeneration. Mild facet/uncovertebral hypertrophy.

**C3–C4:** Mild disc-space narrowing (grade 1), small anterior endplate osteophytes, facet/uncovertebral arthropathy, mild left-predominant foraminal narrowing.

**C4–C5:** Advanced disc-space loss (grade 3), endplate sclerosis, anterior and posterior osteophytes, uncovertebral hypertrophy, bilateral osseous foraminal narrowing at least moderate.

**C5–C6:** Advanced disc-space loss (grade 3), endplate sclerosis, prominent anterior/posterior osteophytes, uncovertebral hypertrophy, bilateral foraminal narrowing moderate to moderate-severe.

**C6–C7:** Moderate to advanced disc-space loss (grade 2–3), endplate sclerosis and osteophytes, bilateral foraminal narrowing moderate.

**C7–T1:** Mild disc degeneration.

Multilevel cervical facet arthropathy, greatest in the mid/lower cervical spine. No thin marginal syndesmophytes. No cervical ankylosis.

**Morphologic Pattern:** Lower cervical multilevel degenerative spondylosis with mixed discogenic, uncovertebral, and facet-predominant change.

**Confidence:** High

### 2. Thoracic Spine

Thoracic kyphosis mildly increased. No acute thoracic malalignment. Vertebral body heights preserved. No focal compression fracture identified.

Upper/mid thoracic spine demonstrates multilevel disc degeneration with disc-space loss and endplate sclerosis, overall mild to moderate.

Mid to lower thoracic spine demonstrates bulky flowing right-anterolateral ossification with bridging/near-bridging across at least 4 contiguous vertebral bodies. The ossification pattern is non-thin, bulky, and flowing rather than marginal-syndesmophytic. No thoracic destructive endplate erosion.

**Morphologic Pattern:** Definite thoracic DISH-pattern ossification, with superimposed multilevel thoracic spondylosis.

**Confidence:** High

### 3. Lumbar Spine

Mild levoconvex lumbar curvature. No acute lumbar compression deformity. Vertebral body heights preserved.

**T12–L1/L1–L2:** Degenerative disc-space loss with vacuum phenomenon and endplate osteophytes; severity mild to moderate, greatest at thoracolumbar junction.

**L2–L3:** Mild disc degeneration.

**L3–L4:** Mild disc degeneration.

**L4–L5:** Advanced disc-space loss (grade 3) with vacuum phenomenon, endplate sclerosis, and anterior/lateral osteophytes.

**L5–S1:** Moderate to advanced disc-space loss (grade 2–3) with endplate sclerosis and osteophytes.

Lower lumbar facet arthropathy, greatest at L4–L5 and L5–S1, moderate to severe.

**Morphologic Pattern:** Multilevel lumbar degenerative disc disease and lower lumbar facet arthropathy, most pronounced at L4–L5 and L5–S1.

**Confidence:** High

### 4. Sacroiliac Joints

Sacroiliac joints are preserved bilaterally. Mild degenerative marginal spurring only. No convincing erosions. No subchondral ankylosis. No unilateral or bilateral SI fusion. No radiographic sacroiliitis pattern.

**Morphologic Pattern:** Non-erosive, non-ankylosing SI joints; mild degenerative change only.

**Confidence:** High

### 5. Pelvis and Hips

**Left Hip:** Marked superior joint-space narrowing (grade 3), subchondral sclerosis, subchondral cystic change/geodes at the acetabular side, femoral head-neck/acetabular osteophytes, and remodeling consistent with moderate-severe to severe osteoarthrosis.

**Right Hip:** Mild to moderate osteoarthrosis with superior joint-space narrowing (grade 1–2), subchondral sclerosis, and small marginal osteophytes.

No acute pelvic fracture identified on submitted views.

Pubic symphysis: Mild degenerative change.

Multiple bilateral gluteal soft-tissue calcified nodules, compatible with chronic injection granulomatous calcifications / dystrophic calcified soft-tissue nodules.

**Morphologic Pattern:** Asymmetric bilateral hip osteoarthritis, markedly greater on the left.

**Confidence:** High

## COMPARISON

No external prior radiographic study was provided for interval comparison. Current report integrates only the submitted short-interval composite axial/sacropelvic sessions.

## CLINICAL IMPRESSION

**Primary Finding:** Definite thoracic DISH-pattern ossification with bulky flowing right-anterolateral bridging ossification across at least 4 contiguous thoracic vertebral bodies.

This is not a pure generic degenerative-only axial pattern. The study shows a mixed pattern consisting of:

- Thoracic DISH-pattern ossification
- Superimposed multilevel degenerative spondylosis/degenerative disc disease in the cervical, thoracic, and lumbar spine

No radiographic sacroiliitis and no ankylosing-spondylitis-type marginal syndesmophytic/ankylosing pattern identified.

Advanced cervical spondylosis, greatest at C4–C5 through C6–C7, with multilevel foraminal narrowing.

Advanced lumbar degenerative disease, greatest at L4–L5 and L5–S1, with additional thoracolumbar degenerative disc disease and lower lumbar facet arthropathy.

Asymmetric bilateral hip osteoarthritis, markedly worse on the left (moderate-severe to severe left hip OA; mild-moderate right hip OA).

No acute vertebral compression fracture identified on the submitted views.

## EMR SUMMARY

Composite short-interval axial/sacropelvic radiographic set demonstrates a mixed structural pattern rather than a single-process axial degeneration pattern. There is definite thoracic DISH-pattern flowing/bridging ossification across multiple contiguous thoracic vertebral levels, with preserved non-erosive sacroiliac joints and no ankylosing-spondylitis-type marginal syndesmophytes or SI ankylosis on this study. Superimposed multilevel degenerative cervical and lumbar spondylosis/disc disease is present, greatest at C4–C7 and L4–S1, with lower lumbar facet arthropathy. Hips show asymmetric osteoarthritis, severe on the left and mild-moderate on the right. Fracture tag: negative. Inflammatory axial SpA radiographic pattern: not demonstrated. DISH tag: positive. Degenerative tag: positive.