
STRUCTURED REPORT

Patient:	XXXX DOB: xxxx-xx-xx (45 yo)
Gender:	F
Date:	xxxx-xx-xx
Encounter:	X-ray external images from xxxx-xx-xx

REGION: LUMBAR SPINE & LUMBOSACRAL JUNCTION

AP

Four lumbar-type vertebral bodies with reduced interpedicular distance caudally — definite.
Vertebral bodies relatively short in craniocaudal height — definite.
Mild multilevel anterior vertebral osteophytes — definite.
No focal aggressive lytic or blastic lesion — definite.

Lateral

Multilevel disc space narrowing, greatest at the lower lumbar and lumbosacral transitional level — definite.
Multilevel endplate sclerosis — definite.
Lower lumbar and lumbosacral facet joint hypertrophy — definite.
Exaggerated lumbar lordosis — definite.
No acute compression fracture identified — definite.
No definite spondylolysis identified within projection limits — low-confidence negative.

Transitional segment

Transitional lumbosacral vertebra with pseudo-articulation to sacrum — definite.

REGION: SACRUM & PELVIS

AP

Short, broad sacrum — definite.
Short, broad iliac wings with relatively vertical orientation — definite.
Transverse pelvic inlet narrowing — definite.
Mild pelvic tilt with right hemipelvis elevated relative to left, partly positional — probable.
No acute sacral or pelvic ring fracture — definite.

REGION: HIPS & PROXIMAL FEMORA

AP

Bilateral acetabular shallowing with relatively horizontal roofs — definite.
Bilateral irregular acetabular rims with marginal osteophytes — definite.
Superior hip joint-space narrowing bilaterally — definite.
Subchondral sclerosis at superior acetabula and femoral heads — definite.
Femoral heads bilaterally flattened and mildly aspherical — definite.
Short femoral necks with relative coxa valga alignment bilaterally — definite.
No acute femoral head or neck fracture — definite.
No hip prosthesis or other internal hardware — definite.

REGION: FEMORAL SHAFTS

AP

Bilateral femoral shaft shortening relative to pelvic size — definite.
Broad femoral shafts with distal metaphyseal flaring — definite.
Diffuse cortical thickening and narrowed medullary canals of femoral shafts bilaterally — definite.
Mild anterior bowing of femoral shafts — possible.
No acute femoral shaft fracture — definite.
No focal destructive femoral lesion — definite.

REGION: KNEES

AP

Medial compartment joint space narrowing in right knee — definite.
Medial compartment joint space narrowing in left knee — definite.
Subchondral sclerosis of medial tibial plateaus bilaterally — definite.
Subchondral sclerosis of medial femoral condyles bilaterally — definite.
Marginal osteophytes at medial femoral condyles and medial tibial plateaus bilaterally — definite.
Lateral compartment osteophytes at femur and tibia bilaterally, less marked than medial compartments — definite.
Overall frontal-plane alignment suggesting relative varus configuration at both knees — probable.
No acute distal femur, proximal tibia, or proximal fibula fracture — definite.

Lateral

Patellofemoral joint space narrowing bilaterally — definite.
Subchondral sclerosis at posterior patellae bilaterally — definite.
Small patellar marginal osteophytes bilaterally — definite.
No definite large joint effusion at either knee — probable negative.

REGION: TIBIAE & FIBULAE (imaged segments)

AP / lateral

Proximal tibial metaphyseal flaring bilaterally — definite.
Tibial shafts with relatively thickened cortex and narrow medullary canal bilaterally — definite.
Fibulae relatively shortened versus tibia/femur length (within imaged extent) — possible.
No acute tibial or fibular fracture — definite.
No focal lytic or blastic lesion in imaged tibial or fibular segments — definite.

REGION: SOFT TISSUES & OTHER

Soft tissues

Asymmetry of paraspinal soft tissue contours with relatively increased bulk along right lumbar region — probable.
Soft tissue envelopes around thighs and knees without discrete calcified mass — definite.

Abdomen / pelvis contents (limited)

Gas and stool throughout colon, more conspicuous in right and left colon — definite.
No definite radiopaque renal or ureteric calculus — probable negative (bowel gas limits sensitivity).

Foreign bodies / devices

External radiopaque clothing/undergarment hardware projecting over lower thorax/upper abdomen — definite.
Radiographic side markers over lateral thigh/hip regions — definite.

No spinal instrumentation identified within imaged field — definite.

No joint prostheses at hips or knees — definite.

IMPRESSION

1. Congenital skeletal dysplasia pattern with four lumbar-type vertebrae, lumbosacral transitional segment, shortened vertebral bodies, narrowed caudal interpedicular distances, short broad pelvis, and characteristic long-bone changes, compatible with the reported history of achondroplasia.
2. Multilevel lumbar and lumbosacral degenerative changes including disc space narrowing, endplate sclerosis, and facet hypertrophy, in a spine anatomically predisposed to canal narrowing.
3. Secondary osteoarthritis of bilateral hips with shallow acetabula, femoral head deformity, and superior joint-space loss.
4. Bilateral knee osteoarthritis, predominantly medial compartment with associated patellofemoral involvement, and probable varus alignment.
5. No acute fracture, dislocation, or hardware complication identified.

EMR SUMMARY

Radiographs demonstrate congenital skeletal dysplasia consistent with achondroplasia, with four lumbar-type vertebrae, a transitional lumbosacral segment, and a short broad pelvis. There is superimposed multilevel lumbar degenerative disease and bilateral hip and knee osteoarthritis, without acute fracture or dislocation. These anatomic and degenerative changes provide structural substrates for lumbar canal compromise and lower-extremity symptoms; cross-sectional imaging is typically required for definitive canal and foraminal assessment.