

Structured Radiographic Report

READY— — Concise rendering depth

Patient: De-identified

DOB / Age: 1989-xx-xx / 37 years

Sex: Male

Study Date: 2026-xx-xx

Prior Studies:

Bilateral knees: 2024-xx-xx (~1 yr 4 mo before current study), 2024-xx-xx (~1 yr 8 mo before current study), 2022-xx-xx (~3 yr 4 mo before current study)

Thoracic spine / lumbar spine / pelvis with sacroiliac joints: 2023-xx-xx (~2 yr 4 mo before current study)

No direct prior cervical spine or hand radiographs available for comparison

Declared / Examined Regions: Cervical spine, thoracic spine, lumbar spine, sacroiliac joints, pelvis/hips, bilateral hands, bilateral knees

Modality: XR

Findings

CERVICAL SPINE

- Five-view series.
- Mild straightening of cervical lordosis.
- Tiny anterior non-bridging osteophytes at C4-C5 and C5-C6, trace at C6-C7.
- Minimal disc-space narrowing at C5-C6 and C6-C7, grade 1.
- Mild low-grade lower-cervical uncovertebral/facet hypertrophic change, greatest around C4-C5/C5-C6.
- Tiny nonspecific calcific density anterior to mid cervical spine near C4-C5.
- No syndesmophytes, ankylosis, compression deformity, or destructive osseous lesion.

THORACIC SPINE

- Two-view series.
- Minimal multilevel mid/lower thoracic endplate spurring and slight endplate irregularity, greatest in the lower thoracic region.
- No compression deformity, ankylosis, or destructive lesion.

LUMBAR SPINE

- Five-view series.
- Mild levoconvex lumbar curvature.
- Small multilevel marginal osteophytes from approximately L1-L2 through L4-L5.
- Mild lower-lumbar posterior element hypertrophic/sclerotic change at L4-L5 and L5-S1.
- Trace anterior spurring at L5-S1.
- Disc-space loss no more than minimal, grade 0-1.

- No syndesmophytes, ankylosis, compression deformity, or destructive lesion.

SACROILIAC JOINTS / PELVIS / HIPS

- Mild bilateral inferior iliac-sided subchondral sclerosis with minimal inferior articular margin irregularity, slightly greater on the left.
- No erosive widening or ankylosis.
- Small bilateral superolateral acetabular rim osteophytes, slightly greater on the right.
- Mild bilateral cam-type head-neck contour prominence / reduced femoral head-neck offset, greater on the right.
- Hip joint-space narrowing absent to trace only, grade 0-1.
- Small benign-appearing left supra-acetabular bone island.

HANDS / WRISTS

- Mild bilateral non-erosive interphalangeal degenerative change involving thumb IP, index DIP, and ring DIP joints.
- Mild JSN at these joints, grade 1.
- Additional subtle small-finger interphalangeal irregularity/narrowing, greater at the PIP on the left.
- Possible mild low-confidence irregularity at the ulnar carpometacarpal articulations.
- No erosions, ankylosis, acro-osteolysis, periostitic proliferation, carpal collapse, or malalignment.

KNEES / PROXIMAL FIBULAE

- Minimal bilateral tibial spine/intercondylar eminence spurring.
- Tiny left lateral femorotibial marginal spurring; trace lesser lateral compartment irregularity on the right.
- Femorotibial JSN: medial grade 0 bilaterally; lateral grade 0 to trace 1.
- Trace bilateral patellofemoral marginal spurring; patellofemoral narrowing grade 0 to trace 1.
- No fracture, erosive change, or large effusion on provided views.
- Chronic asymmetric proximal fibular cortical remodeling bilaterally, greater on the left, with fusiform cortical thickening and focal proximal cortical buttressing/expansion on the left and milder chronic thickening on the right.

Comparison

CERVICAL SPINE

- No prior cervical radiographs for comparison.

THORACIC SPINE / LUMBAR SPINE / SACROILIAC JOINTS / PELVIS / HIPS

- Compared with 2023-xx-xx (~2 yr 4 mo before current study): stable mild thoracolumbar spondylotic change, stable mild bilateral sacroiliac inferior iliac-sided sclerosis/irregularity, and stable mild bilateral acetabular rim spurring with subtle cam-type contour prominence. No interval ankylosis or new erosive change.

HANDS / WRISTS

- No prior hand radiographs for comparison.

KNEES / PROXIMAL FIBULAE

- Compared with 2024-xx-xx (~1 yr 4 mo before current study), 2024-xx-xx (~1 yr 8 mo before current study), and 2022-xx-xx (~3 yr 4 mo before current study): minimal bilateral degenerative knee change remains stable. Chronic proximal fibular remodeling, greater on the left, is stable in extent and configuration.

Impression

Pattern: Low-burden mixed structural pattern with subtle chronic bilateral sacroiliac change, mild multilevel cervical/thoracic/lumbar spondylotic change, mild bilateral hip contour/degenerative change, mild bilateral non-erosive hand osteoarthritic change, and minimal bilateral knee osteoarthritic change with stable chronic proximal fibular remodeling left greater than right.

Confidence: High overall; moderate for the subtle sacroiliac inflammatory-type structural component and low-confidence minor ulnar carpometacarpal irregularity.

Progression: No measurable interval structural progression in knees versus 2022/2024 priors or in thoracolumbar/sacroiliac/pelvic structures versus 2023.

Age Context: Overall structural burden remains mild for age, with low-grade mixed degenerative and subtle inflammatory-type radiographic features.