

Structured Radiographic Report

READY+ — Gold Standard 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
Examined Regions & Projections:
Cervical spine: AP, lateral, right oblique, left oblique, open-mouth odontoid
Thoracic spine: AP, lateral
Lumbar spine: AP, lateral, right oblique, left oblique, lumbosacral spot lateral
Pelvis / sacroiliac joints / hips: AP pelvis, dedicated AP sacroiliac joints, right sacroiliac oblique, left sacroiliac oblique, right frog-leg lateral hip, left frog-leg lateral hip
Right hand: PA, oblique, lateral
Left hand: PA, oblique, lateral
Knees: bilateral AP standing, bilateral PA flexion standing, right lateral, left lateral
Image Quality / Adequacy: Adequate for clinical interpretation. No critical projection deficiency for the declared regions. Patellofemoral grading is mildly limited by absence of dedicated axial sunrise/Merchant views.

Findings — Axial Skeleton

CERVICAL SPINE

Five-view cervical series provided. Mild straightening of the normal cervical lordosis is present. Tiny non-bridging anterior marginal osteophytes are seen at C4-C5 and C5-C6, with trace similar spurring at C6-C7; affected level count 3, lower-cervical distribution, anterior marginal morphology, extent mild/grade 1. Minimal disc-space loss is present at C5-C6 and C6-C7, approximately grade 1. No definite syndesmophyte formation, ankylosis, vertebral body height loss, fracture, or destructive osseous lesion is identified on this series. Mild lower-cervical uncovertebral/facet hypertrophic change is suggested, greatest around C4-C5/ C5-C6, low-grade. Tiny nonspecific calcific density projects anterior to the mid cervical spine near C4-C5. Confidence: high for lower-cervical spondylotic change; moderate for the minimal disc-height loss and posterior element hypertrophy.

THORACIC SPINE

Two-view thoracic series provided. Alignment is preserved without focal listhesis or compression deformity. Minimal multilevel endplate spurring is present in the mid/lower thoracic spine, greatest approximately from T7 through T10; affected level count about 4, multilevel central/anterior marginal morphology, extent mild/grade 1. Mild multilevel endplate irregularity accompanies this spurring. No definite ankylosis,

syndesmophyte formation, vertebral body collapse, or focal erosive endplate destruction is seen. Confidence: high.

LUMBAR SPINE

Five-view lumbar series provided. Mild levoconvex lumbar curvature is present. Small multilevel marginal endplate osteophytes are present from approximately L1-L2 through L4-L5; affected level count 4, marginal non-bridging morphology, extent mild/grade 1. Mild lower-lumbar posterior element hypertrophic/sclerotic change is present at L4-L5 and L5-S1; affected level count 2, bilateral distribution, extent mild. Trace anterior marginal spurring is present at L5-S1. Disc-space preservation is overall maintained, with no more than minimal low-grade narrowing. No syndesmophytes, ankylosis, compression deformity, or destructive osseous lesion is identified. Confidence: high.

SACROILIAC JOINTS

Dedicated AP and oblique sacroiliac views provided. Mild bilateral inferior iliac-sided subchondral sclerosis is present, slightly greater on the left; bilateral distribution, inferior one-third predominance, extent mild. Minimal inferior articular margin irregularity is present bilaterally. No definite erosive widening, ankylosis, or complete joint-space obliteration is seen. Overall sacroiliac structural change is subtle and low-grade. Confidence: moderate to high.

Findings — Peripheral Joints

HIPS / PELVIS

AP pelvis and bilateral frog-leg lateral hip views provided. Small superolateral acetabular rim osteophytes are present bilaterally, slightly greater on the right; bilateral distribution, marginal morphology, extent mild/grade 1. Hip joint spaces are otherwise preserved without meaningful superior joint-space narrowing (JSN grade 0 to trace 1 at most). Mild reduction in femoral head-neck offset / subtle anterosuperior cam-type contour prominence is present bilaterally, greater on the right. No femoral head collapse, fracture, or aggressive osseous lesion is seen. Small sclerotic focus in the left supra-acetabular iliac bone has benign bone-island-type appearance. Confidence: high.

RIGHT HAND / WRIST

Three-view right hand series provided. Mild non-erosive interphalangeal degenerative change is present with low-grade joint-space narrowing and marginal spurring at the thumb interphalangeal joint, index DIP joint, and ring DIP joint; affected joint count 3, distal/interphalangeal distribution, marginal osteophytic morphology, extent mild/JSN grade 1. Subtle irregularity at the small-finger PIP joint is present, low-grade/low-confidence. No cortical erosions, fluffy periostitis, acro-osteolysis, ankylosis, carpal collapse, or malalignment is identified. Mild possible irregularity/narrowing at the ulnar carpometacarpal articulation is present, low-confidence, without advanced collapse. Symmetry pattern is roughly mirrored by the left hand in the DIP-predominant low-grade degenerative component. Confidence: high for the thumb/index/ring interphalangeal change; low to moderate for the small-finger PIP and ulnar carpometacarpal irregularity.

LEFT HAND / WRIST

Three-view left hand series provided. Mild non-erosive interphalangeal degenerative change is present with low-grade joint-space narrowing and marginal spurring at the thumb interphalangeal joint, index DIP joint, and ring DIP joint; affected joint count 3, distal/interphalangeal distribution, marginal osteophytic morphology, extent mild/JSN grade 1. Subtle low-grade narrowing/irregularity is also present at the small-

finger interphalangeal joints, greatest at the PIP, approximately JSN grade 0 to 1. No cortical erosions, ankylosis, acro-osteolysis, periostitic proliferation, or carpal collapse is identified. Mild possible irregularity at the ulnar carpometacarpal articulation is present, low-confidence. Confidence: high for the thumb/index/ring interphalangeal change; low to moderate for the small-finger and ulnar carpometacarpal findings.

KNEES

Four knee images provided including bilateral AP standing, bilateral PA flexion standing, and bilateral lateral views. Minimal bilateral sharpening/spurring of the intercondylar tibial eminences is present. Tiny marginal spurring is present at the left lateral femorotibial compartment, with possible lesser trace lateral compartment irregularity/spurring on the right; extent mild, JSN grade 0 medially and 0 to trace 1 laterally. No advanced femorotibial narrowing is seen. Trace low-grade patellofemoral marginal spurring is present bilaterally on the lateral views, without advanced patellofemoral narrowing (grade 0 to trace 1). No radiographic fracture or destructive periarticular erosion is identified. No large effusion is evident on the provided lateral views. Overall knee osteoarthritic burden remains minimal (KL/OARSI approximately grade 1 bilaterally).

PROXIMAL FIBULAE

Chronic-appearing asymmetric cortical remodeling is present in both proximal fibulae, greater on the left. The left proximal fibular shaft/metadiaphysis shows fusiform cortical thickening with focal proximal cortical buttressing/expansion. The right proximal fibula shows milder chronic cortical thickening/remodeling. No acute periosteal reaction, aggressive lysis, or interval destabilizing change is visible on the current study. Confidence: high.

Comparison

CERVICAL SPINE

No prior cervical spine radiographs are available for direct region-matched comparison. Current study establishes baseline cervical structural status.

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

Compared with 2023-xx-xx (~2 yr 4 mo before current study), the mild multilevel thoracic and lumbar spondylotic spurring remains overall stable, without measurable interval increase in osteophyte burden or alignment abnormality (thoracic/lumbar Δ osteophytes 0; Δ alignment 0; Δ ankylosis 0; Δ erosions 0; disc-space narrowing delta 0). Mild bilateral inferior iliac-sided sacroiliac sclerosis and minimal inferior articular irregularity are also stable, without new erosive change or ankylosis (SI Δ sclerosis 0; Δ erosions 0; Δ ankylosis 0). Mild bilateral acetabular rim spurring and subtle bilateral head-neck offset reduction remain unchanged (hip Δ osteophytes 0; Δ JSN 0; Δ alignment 0). The small left supra-acetabular bone island remains stable.

HANDS / WRISTS

No prior hand radiographs are available for direct region-matched comparison. Current hand study shows mild bilateral non-erosive DIP/thumb IP-predominant degenerative change without radiographic erosive inflammatory arthropathy.

KNEES / PROXIMAL FIBULAE

Compared with 2024-xx-xx (~1 yr 4 mo before current study) and 2024-xx-xx (~1 yr 8 mo before current study), and with longer baseline reference 2022-xx-xx (~3 yr 4 mo before current study), the minimal

bilateral knee degenerative change is stable. No measurable interval femorotibial or patellofemoral joint-space loss is identified (Δ JSN 0 bilaterally), and there is no measurable increase in osteophyte burden or alignment abnormality (Δ osteophytes 0; Δ alignment 0; Δ ankylosis 0). Bilateral knee KL/OARSI grade remains unchanged at approximately grade 1 on both sides (Δ KL-OARSI 0 right, 0 left). Chronic proximal fibular cortical remodeling, greater on the left, also remains stable in extent and configuration.

Impression

1. Low-burden mixed structural pattern. Subtle chronic bilateral sacroiliac structural change is present, consisting of mild inferior iliac-sided sclerosis and minimal inferior joint-margin irregularity, slightly greater on the left, without radiographic ankylosis or definite erosive widening.
2. Mild multilevel cervical, thoracic, and lumbar spondylotic change, greatest in the lower cervical and lower lumbar regions, without syndesmophytes, ankylosis, compression deformity, or aggressive osseous lesion.
3. Mild bilateral hip degenerative/structural contour change with small acetabular rim osteophytes and subtle bilateral cam-type head-neck contour prominence, right greater than left, without advanced hip joint-space loss.
4. Mild bilateral non-erosive hand osteoarthritic change centered at the DIP joints and thumb interphalangeal joints. No radiographic hand erosions, ankylosis, or osseous dactylitic sequelae identified on this study.
5. Minimal bilateral knee osteoarthritic change, approximately KL/OARSI grade 1 bilaterally, with stable chronic asymmetric proximal fibular remodeling, left greater than right.
6. No measurable interval structural progression is demonstrated across the knee series relative to 2022/2024 priors or across the thoracolumbar/sacroiliac/pelvic structures relative to 2023. Overall radiographic progression tag: stable.

EMR Summary

Pattern: mixed, low-burden structural pattern with subtle chronic bilateral sacroiliac change, mild cervical/thoracolumbar spondylosis, mild bilateral acetabular rim spurring with cam-type head-neck contour prominence, mild bilateral DIP/thumb IP osteoarthritic hand change, and minimal bilateral knee osteoarthritic change. Progression: no measurable radiographic progression in the knees versus 2022/2024 or in the thoracolumbar/SI/pelvic structures versus 2023; no direct prior cervical or hand study. Inflammatory features: low-grade bilateral SI joint sclerosis/irregularity without ankylosis; no hand erosions, no syndesmophytes, no osseous dactylitic sequelae. DISH absent. Fracture absent.