

Structured Radiographic Report

READY — 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

Findings

CERVICAL SPINE

Five-view cervical series obtained. Mild straightening of the normal cervical lordosis. Tiny non-bridging anterior marginal osteophytes 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 at C5-C6 and C6-C7, approximately grade 1. Mild low-grade lower-cervical uncovertebral/facet hypertrophic change is suggested, greatest around C4-C5/C5-C6. No syndesmophytes, ankylosis, compression deformity, fracture, or destructive osseous lesion identified. 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 obtained. Alignment preserved. Minimal multilevel endplate spurring in the mid/lower thoracic spine, greatest approximately T7-T10; affected level count about 4, multilevel central/anterior marginal morphology, extent mild/grade 1. Mild associated endplate irregularity. No syndesmophytes, ankylosis, compression deformity, or destructive osseous lesion.

LUMBAR SPINE

Five-view lumbar series obtained. Mild levoconvex lumbar curvature. Small multilevel marginal endplate osteophytes 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 at L4-L5 and L5-S1; affected level count 2, bilateral distribution, extent mild. Trace anterior marginal spurring at L5-S1. No more than minimal disc-space loss. No syndesmophytes, ankylosis, compression deformity, or destructive lesion.

SACROILIAC JOINTS / PELVIS / HIPS

Dedicated sacroiliac and pelvic/hip views obtained. Mild bilateral inferior iliac-sided subchondral sclerosis with minimal inferior articular margin irregularity, slightly greater on the left; bilateral distribution, inferior one-third predominance, extent mild. No erosive widening or ankylosis. Small superolateral acetabular rim

osteophytes bilaterally, slightly greater on the right; marginal morphology, extent mild/grade 1. Mild reduction in femoral head-neck offset / subtle cam-type contour prominence bilaterally, greater on the right. Hip joint spaces preserved without meaningful superior narrowing (grade 0 to trace 1 at most). Small benign-appearing bone-island-type sclerotic focus in the left supra-acetabular iliac bone.

HANDS / WRISTS

Three-view bilateral hand series obtained. Mild non-erosive interphalangeal degenerative change bilaterally, involving the thumb interphalangeal joints, index DIP joints, and ring DIP joints; affected joint count 3 per side, distal/interphalangeal distribution, marginal osteophytic morphology, extent mild/JSN grade 1. Additional subtle low-grade irregularity/narrowing at the small-finger PIP joints, greater on the left, and possible mild low-confidence irregularity at the ulnar carpometacarpal articulations. No cortical erosions, ankylosis, acro-osteolysis, fluffy periostitis, carpal collapse, or malalignment.

KNEES / PROXIMAL FIBULAE

Bilateral AP standing, bilateral PA flexion standing, and bilateral lateral knee views obtained. Minimal bilateral tibial spine/intercondylar eminence sharpening/spurring. Tiny marginal spurring at the left lateral femorotibial compartment with possible trace lesser lateral compartment irregularity on the right; extent mild, JSN grade 0 medially and 0 to trace 1 laterally. Trace low-grade patellofemoral marginal spurring bilaterally without advanced patellofemoral narrowing (grade 0 to trace 1). No fracture, destructive erosion, or large effusion identified on the provided views. Chronic asymmetric proximal fibular cortical remodeling is present bilaterally, greater on the left: fusiform cortical thickening with focal proximal cortical buttressing/expansion on the left and milder chronic cortical thickening on the right. Overall knee osteoarthritic burden remains minimal, approximately KL/OARSI grade 1 bilaterally.

Comparison

CERVICAL SPINE

No prior cervical spine radiographs are available for direct region-matched comparison.

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

Compared with 2023-xx-xx (~2 yr 4 mo before current study), mild thoracic and lumbar spondylotic spurring is stable without measurable interval increase in osteophyte burden, ankylosis, erosive change, or alignment abnormality (Δ osteophytes 0; Δ alignment 0; Δ ankylosis 0; disc-space narrowing delta 0). Mild bilateral inferior iliac-sided sacroiliac sclerosis and minimal inferior articular irregularity are stable without new erosive change or ankylosis (Δ sclerosis 0; Δ erosions 0; Δ ankylosis 0). Mild bilateral acetabular rim spurring and subtle bilateral head-neck contour prominence are stable (Δ osteophytes 0; Δ JSN 0; Δ alignment 0). Left supra-acetabular bone island is unchanged.

HANDS / WRISTS

No prior hand radiographs are available for direct region-matched comparison.

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), with longer baseline reference 2022-xx-xx (~3 yr 4 mo before current study), minimal bilateral knee degenerative change is stable. No measurable interval femorotibial or patellofemoral joint-space loss is identified (Δ JSN 0 bilaterally), and no measurable increase in osteophyte burden or alignment abnormality is seen (Δ osteophytes 0; Δ alignment 0). Bilateral knee KL/OARSI grade remains approximately

1 on both sides (Δ KL/OARSI 0 right, 0 left). Chronic proximal fibular cortical remodeling, greater on the left, is stable in extent and configuration.

Impression

1. Low-burden mixed structural pattern with subtle chronic bilateral sacroiliac change, consisting of mild inferior iliac-sided sclerosis and minimal inferior joint-margin irregularity, slightly greater on the left, without 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.
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 in the knees relative to 2022/2024 priors or in the thoracolumbar/sacroiliac/pelvic structures relative to 2023. Overall radiographic progression status: stable.