Structured Radiographic Report

Patient: De-identified
DOB: xx/xx/1957
Age: 68 years
Sex: Female
Study date: 2026-xx-xx
Modality: Radiographs

Declared / Examined Regions: Cervical spine, thoracic spine, lumbar spine, sacroiliac joints/pelvis/hips, bilateral hands/wrists, bilateral feet/ankles.

Regions / projections obtained:

Cervical spine: AP, lateral, open-mouth odontoid, right oblique, left oblique.

Thoracic spine: AP, lateral.

Lumbar spine: AP, lateral, right oblique, left oblique, spot lateral lumbosacral view.

Sacroiliac joints / pelvis / hips: AP pelvis, AP sacroiliac joints, bilateral oblique sacroiliac views, focused right hip AP view, focused left hip AP views.

Right hand/wrist: PA, oblique, lateral, focused PA/oblique wrist views.

Left hand/wrist: PA, oblique, lateral, focused PA/oblique wrist views.

Right foot/ankle: AP/dorsoplantar foot, oblique foot, lateral foot, frontal ankle view.

Left foot/ankle: AP/dorsoplantar foot, oblique foot, lateral foot, frontal ankle view.

Shared / overlapping projection note: AP pelvic projections contribute to both sacroiliac joint and hip assessment.

Comparison: No comparison studies available.

Findings

Mild straightening of cervical lordosis. Mild multilevel cervical spondylosis with disc degeneration at C3-C4, C4-C5, C5-C6, and C6-C7, greatest at C5-C6, with mild lower cervical uncovertebral/facet hypertrophic change and mild bilateral lower cervical foraminal narrowing. Mild thoracic dextrocurvature with mild-to-moderate multilevel thoracic degenerative disc/endplate spondylosis, greatest in the lower thoracic spine. Marked multilevel lumbar degenerative disc disease with vacuum phenomenon, endplate sclerosis, osteophytic spurring, mild low-grade listhesis/retrolisthesis, and lower lumbar facet arthropathy, greatest from L2-L3 through L5-S1 and maximal at L4-L5. No convincing syndesmophytes, ankylosing bridge, inflammatory corner erosions, or vertebral compression fracture.

Mild bilateral inferior-predominant degenerative sacroiliac arthrosis without definite erosions or ankylosis. Mild degenerative change of the pubic symphysis. Mild bilateral hip osteoarthritis with slight superolateral joint space narrowing and small marginal osteophytes. Small chronic-appearing calcific/enthesopathic focus adjacent to the left greater trochanter.

Bilateral hands show mild diffuse osteopenic appearance, mild radiocarpal/distal radioulnar degenerative change, mild-to-moderate first carpometacarpal osteoarthritis with mild adjacent triscaphe degeneration, mild thumb MCP degeneration, and moderate thumb IP osteoarthritis. Scattered interphalangeal arthropathy is greatest at the DIP joints, with additional mild multifocal PIP osteoarthritis and relative MCP preservation.

Central erosive-remodeling change with gull-wing morphology is present at the right third DIP and left second and third DIP joints, favoring erosive osteoarthritis. No pencil-in-cup deformity, acro-osteolysis, fluffy periostitis, or carpal collapse.

Bilateral feet/ankles show mild diffuse osteopenic appearance, mild hallux valgus, mild first MTP and hallux IP osteoarthritis, mild scattered lesser toe interphalangeal osteoarthritis, mild bunionette-type prominence at the fifth metatarsal heads, mild midfoot/tarsometatarsal degenerative change, mild tibiotalar degenerative spurring, and bilateral plantar/posterior calcaneal enthesophytes. No convincing marginal erosions, inflammatory periostitis, acro-osteolysis, or destructive ray remodeling.

Impression

- Multiregional predominantly degenerative arthropathy involving the cervical, thoracic, and lumbar spine, sacroiliac joints, hips, hands/wrists, and feet/ankles; dominant axial abnormality is marked multilevel lumbar degenerative disc disease with associated lower lumbar facet arthropathy, greatest from L2-L3 through L5-S1 and maximal at L4-L5.
- Mixed hand pattern with bilateral osteoarthritis greatest at the DIP joints, thumb IP joints, and first carpometacarpal joints, plus central erosive-remodeling interphalangeal change with gull-wing morphology at the right third DIP and left second and third DIP joints, favoring an erosive osteoarthritis component.
- Mild bilateral degenerative sacroiliac arthrosis without convincing radiographic erosive sacroiliitis or ankylosis.
- Mild bilateral hip, forefoot, midfoot, and ankle osteoarthritis with bilateral chronic calcaneal enthesopathic change and small chronic left greater trochanteric enthesopathic/calcific change.
- No convincing radiographic destructive psoriatic arthropathy identified on this examination. No definite psoriatic-type marginal erosive MCP/MTP pattern, no pencil-in-cup deformities, no acro-osteolysis, no convincing inflammatory periostitis, no syndesmophyte-dominant axial ankylosis, and no radiographic sacroiliac ankylosis.
- Mild diffuse osteopenic appearance. No acute osseous abnormality identified.