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

Cervical spine

Mild straightening of cervical lordosis. Vertebral body heights are maintained. Mild disc space narrowing at C3-C4. Mild disc space narrowing with small endplate osteophytes at C4-C5. Moderate disc space narrowing with endplate osteophytes at C5-C6. Mild-to-moderate disc space narrowing with small endplate osteophytes at C6-C7. Mild multilevel uncovertebral and facet hypertrophic change in the mid/lower cervical spine with mild bilateral lower cervical osseous foraminal narrowing, greatest at approximately C5-C6/C6-C7. Atlantodental alignment is preserved. No odontoid erosion, atlantoaxial malalignment, syndesmophytes, bridging ankylosis, or other convincing inflammatory axial spondyloarthropathy pattern.

Thoracic spine

Mild thoracic dextrocurvature. Vertebral body heights are maintained without compression deformity. Mild multilevel mid thoracic and moderate lower thoracic degenerative disc/endplate spondylosis with disc space loss, endplate sclerosis, and osteophytic spurring. No definite anterior vertebral corner erosions, syndesmophytes, ankylosing bridge, or flowing ossification pattern meeting radiographic criteria for DISH.

Lumbar spine

Mild lumbar levocurvature. Vertebral body heights are maintained. Marked multilevel degenerative disc disease with vacuum phenomenon, endplate sclerosis, and osteophytic spurring, greatest from L2-L3 through L5-S1 and maximal at L4-L5. Mild low-grade multilevel degenerative listhesis/retrolisthesis. Lower lumbar facet arthropathy, greatest at L4-L5 and L5-S1. No pars defect identified on the provided oblique views. No convincing inflammatory corner erosions, syndesmophytes, ankylosing change, or vertebral compression fracture.

Sacroiliac joints

Mild bilateral inferior-predominant subchondral sclerosis and small degenerative irregularity/osteophytic change. Sacroiliac joint spaces remain visible bilaterally. No definite erosions, pseudowidening, partial ankylosis, or complete ankylosis. Pattern favors mild bilateral degenerative sacroiliac arthrosis rather than radiographic inflammatory sacroiliitis.

Pelvis / hips

Mild degenerative change of the pubic symphysis. Mild bilateral hip osteoarthritis with slight superolateral joint space narrowing and small acetabular/femoral head-neck osteophytic spurring. No erosive hip arthropathy, protrusio, or femoral head collapse. Small chronic-appearing calcific/enthesopathic focus adjacent to the left greater trochanter, compatible with chronic gluteal insertional enthesopathic/calcific tendinous change.

Right hand / wrist

Mild diffuse osteopenic appearance. Mild radiocarpal and distal radioulnar degenerative change. Mild-to-moderate first carpometacarpal osteoarthritis with mild adjacent triscaphe degenerative change. Mild degenerative change at the thumb MCP joint and moderate thumb IP osteoarthritis. Scattered interphalangeal arthropathy, greatest at the DIP joints. There is **central erosive-remodeling change** at the **third DIP** with **gull-wing configuration**. Additional milder degenerative narrowing/remodeling in other DIP joints and mild multifocal PIP osteoarthritis. MCP joints are relatively preserved without convincing inflammatory-type MCP joint space loss or marginal erosive MCP pattern. No pencil-in-cup deformity, acro-osteolysis, fluffy periostitis, or carpal collapse.

Left hand / wrist

Mild diffuse osteopenic appearance. Mild radiocarpal and distal radioulnar degenerative change. Mild-to-moderate first carpometacarpal osteoarthritis with mild adjacent triscaphe degenerative change. Mild degenerative change at the thumb MCP joint and moderate thumb IP osteoarthritis. Scattered interphalangeal arthropathy, greatest at the DIP joints. There are **central erosive-remodeling changes** at the **second and third DIP joints** with **gull-wing morphology**, favoring **erosive osteoarthritis**. Additional mild multifocal PIP osteoarthritis. MCP joints are relatively preserved without convincing inflammatory-type MCP joint space loss or marginal erosive MCP pattern. No pencil-in-cup deformity, acro-osteolysis, fluffy periostitis, or carpal collapse.

Right foot / ankle

Mild diffuse osteopenic appearance. Mild hallux valgus with mild bunion change. Mild first MTP osteoarthritis and mild hallux IP osteoarthritis. Mild scattered lesser toe interphalangeal osteoarthritis. Mild bunionette-type prominence at the fifth metatarsal head. Mild midfoot/tarsometatarsal degenerative change. Mild tibiotalar degenerative spurring without advanced joint space loss. Plantar and posterior calcaneal enthesophytes are present. No convincing marginal erosions, inflammatory periostitis, acro-osteolysis, destructive ray remodeling, or other radiographic post-inflammatory destructive forefoot pattern.

Left foot / ankle

Mild diffuse osteopenic appearance. Mild hallux valgus. Mild first MTP osteoarthritis and mild hallux IP osteoarthritis. Mild scattered lesser toe interphalangeal osteoarthritis. Mild bunionette-type prominence at the fifth metatarsal head. Mild midfoot/tarsometatarsal degenerative change. Mild tibiotalar degenerative spurring without advanced joint space loss. Small plantar and posterior calcaneal enthesophytes are present. No convincing marginal erosions, inflammatory periostitis, acro-osteolysis, destructive ray remodeling, or other radiographic post-inflammatory destructive forefoot pattern.

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:** bilateral osteoarthritis with greatest involvement of the DIP joints, thumb IP joints, and first carpometacarpal joints, plus **central erosive-remodeling interphalangeal change (gull-wing pattern)** involving 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 mild chronic calcaneal enthesopathic change bilaterally and small chronic left greater trochanteric enthesopathic/calcific change.
- No convincing radiographic **destructive psoriatic arthropathy** identified on this examination. Specifically, 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 on the provided radiographs.

EMR Summary

Pattern: degeneration-predominant multiregional arthropathy with mixed hand phenotype. Dominant structural abnormality is marked lumbar spondylodegenerative disease. Hands show bilateral OA greatest at DIP, thumb IP, and first CMC joints, with superimposed **erosive OA-type central gull-wing remodeling** at the right 3rd DIP and left 2nd-3rd DIPs. SI joints show mild symmetric degenerative arthrosis without erosive sacroiliitis. Feet/ankles show mild OA and chronic calcaneal enthesophytes without convincing destructive inflammatory forefoot pattern. No convincing radiographic destructive PsA pattern identified. No priors for progression assessment.