Name: Linda Thomas

Dexa Axial Skeleton Bone Density 1 Or 2 Site - Details

Page I 2019 test

Study Result

Narrative

Patient Name: Linda A Thomas

Date of scan: 2/4/2019

Bone mineral density was performed on a Hologic Discovery Densitometer. Machine Cross-calibration and Precision studies have been performed with a least significant change of 0.024 g/cm at the spine, 0.020 g/cm at the total proximal femur, and 0.014g/cm at the forearm.

HISTORY: This is a with a history of low bone mass. Currently on treatment with calcium and vitamin D.

Previously treated with With a current complaint of back pain.

History of tobacco use:

History

Smoking Status

- Former Smoker
- Quit date: 1980

INDICATIONS:

Menopause status, history of prior vertebral fracture and history of low bone mass.

FINDINGS:

BONE MINERAL DENSITY OF THE LUMBAR SPINE

Bone Mineral Density (BMD) of the lumbar spine was measured from L1-L3 and the average density was calculated to be 0.738 gm/cm. This corresponds to a T-score standard deviations from the mean of young adults of -2.5. There is no previous study available for comparison.

BONE MINERAL DENSITY OF THE PROXIMAL FEMUR

Bone Mineral Density (BMD) of the left hip total was found to be 0.789 gm/cm2. This corresponds to a T-score standard deviations from the mean of young adults of -1.3. Femoral neck is 0.605 gm/cm2 with a T-score of -2.2. There is no previous study available for comparison.

Page 2 2019 test

SUMMARY:

Bone mineral density shows evidence of osteoporosis and marked increase risk of fracture.

ADDITIONAL COMMENTS:

Please note that L-4 was excluded from the bone density analysis of the lumbar spine due to T-score being greater that 1.0 standard deviation from the adjacent vertebral body.

If the patient has a history of a fragility fracture, a fracture that occurred with trauma equivalent to a fall from a standing position or less, then the diagnosis is osteoporosis.

The risk of osteoporotic fracture increases approximately 2-fold for each 1.0 SD decrease in T-score. However, low bone density is not the only risk factor for fracture. Other factors include patient's age, previous osteoporotic fracture or prior fracture as an adult, loss of height of greater than 2 inches, corticosteroid use, risk of falling, risk of injury, and family history of osteoporosis.

Not everyone with low bone mineral density has osteoporosis. Osteomalacia and other metabolic bone disorders should also be considered where indicated. Patients who have osteoporosis should be evaluated for specific diseases and conditions (secondary causes) that may cause or contribute to bone loss.

Consider repeating this study in 1-2 years to assess the patient's response to treatment, if applicable. It is recommended that any follow up exam be performed on the same machine if possible for better accuracy.

DEFINITIONS:

Osteoporosis: BMD at or below -2.5 T-score

Osteopenia (low bone mass): BMD between -1.0 and-2.5 T-score.

The Bone Health Program adopts the following WHO definitions:

Osteoporosis: BMD below -2.5 S.D. as compared to the BMD of young normal adults.

Osteopenia or Low Bone Mass: BMD between -1.0 and -2.5 S.D. below the BMD

of young normal adults.

Normal Bone Density: BMD equal to or greater than -1.0 S.D. as compared to the BMD of young normal adults.

References:

- 1) Ross, Annals of Internal Medicine 114(11): 919-923 (1991)
- 2) Cummings, Lancet 341: 72-75 (1993)
- 3) Black, Journal Bone and Mineral Research 7(6): 633-8 (1992)
- 4) Melton, Journal Bone and Mineral Research 8(10):1227-33 (1993)

The history and data sections of the bone mineral density scan were prepared by who is accredited by the International Society of Clinical Densitometry.

The overall patient assessment and scan interpretation were performed by Roberto Civitelli M.D. who is certified by the International Society of Clinical Densitometry.

Component Results

There is no component information for this result.

General Information

Ordered by

Resulted on 02/04/2019 5:15 PM

Result Status: Final result

For your convenience, these results may have been released prior to official review; please give your provider time to contact you about any significant findings.

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