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EXAM: DEXA HIP AND SPINE

HISTORY: Bone density evaluation, postmenopausal female. History of osteoporosis.

TECHNIQUE: Dual energy absorptiometry of the hip and spine was performed using the Hologic Horizon Ci bone densitometer.

The value of the femoral neck or total proximal femur, whichever is lowest is the recommendation to become the standard for hip DXA studies by the ISCD. This will be the reported value in all reports. **BMD reporting in females prior to menopause and in males younger than age 50 is calculated using the Z-scores, not the T-scores. A Z-score of -2.0 or lower is defined as "below the expected range for age" and a Z-score above -2.0 is "within the expected range of age."** BMD reporting in postmenopausal women and in men age 50 and older is calculated using the T-scores, and the WHO densitometric classification is applicable.

COMPARISON: 5/23/2019. Left total proximal femur T-score -3.0, BMD 0.571.
Lumbar spine T-score -2.2, BMD 0.803.

FINDINGS:

BONE MINERAL DENSITY - LEFT HIP:

The bone mineral density for the hip DXA was calculated utilizing the total proximal femur.

BMD: 0.611 gm/cm2

T-score: -2.7

Z-score: -2.1

Since the prior exam, there is a 7.0% increase in BMD on the hip.

BONE MINERAL DENSITY - LUMBAR SPINE:

The bone mineral density for the lumbar spine DXA was calculated utilizing the L1 through L4 vertebrae.

BMD: 0.910 gm/cm2

T-score: -1.2

Z-score: -0.3

Since the prior exam, there is a 13.3% increase in BMD on the spine.

IMPRESSION:

The result of the Bone Mineral Density study is osteoporosis, involving the hip, according to the World Health Organization's criteria, based on measurement of the left hip and lumbar spine.

Normal bone: T-score greater than or equal to -1 (>-1.0), low risk of fracture.

Osteopenia: T-score between -1 and -2.4 (-1.0 to -2.4), moderate risk of fracture.

Osteoporosis: T-score of -2.5 or less (<-2.5), high risk of fracture.

Please note that T-scores derived on different manufacturer's machines are not directly comparable. However, the degree of osteopenia estimated by different machines should be comparable.

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