

KIS

Kingston Imaging Services

OAR
CBMD
ACCREDITED FACILITY

Patient Name: Pauline [REDACTED] Brown

M F

Exam Date: 14-Oct-2020

Ref. Dr. [REDACTED]

CC Dr.:

Fax:

High Risk Followup, 1 Year

DIAGNOSTIC CATEGORY	Osteoporosis
RACTURE RISK	Moderate Risk
RELEVANT HISTORY	Taking Calcium Taking Vitamin D
TECHNICAL NOTES	Equipment Used - Current same as previous

EXAM STUDY	Current			Previous			Baseline			Since Treatment Started		
DATE (dd/mm/yyyy)	14/10/2020			14/08/2019			18/09/2017					
EXAM DATA	g/cm ²	T score (N=50)	Z score (N=50)	g/cm ²	change	% change	g/cm ²	change	% change	g/cm ²	change	% change
L1-L4	0.920	-2.2		0.889	0.031	3.4%	0.917	0.003	0.3%			
TOTAL HIP	0.717	-2.3		0.675	0.042	5.9%	0.718	-0.001	-0.1%			
FEMORAL NECK	0.605	-3.1		0.576	0.029	4.8%	0.629	-0.024	-4.0%			
FOREARM												
FEMORAL NECK *												

INTERPRETATION
Osteoporosis; Treatment advised as per Osteoporosis Canada Guidelines
Increasing Bone Density

SUGGESTED FOLLOWUP 1-3 years m 1

Site specifications: Kingston | GE Lunar Prodigy 2004 | LSC(gm/cm²): L1-L4: 0.922 | Total Femur: 0.618 | Femoral Neck: 0.617

Definitions
T-Score: number of standard deviations above(+) or below (-) the mean peak density.
Fracture Risk: Absolute 10 year fracture risk >20% = high, between 10-20% = moderate and < 10% = low
Fracture Risk is calculated using the 2010 Osteoporosis Canada (CAROC) Guidelines (CARJ 92 (2011) 213-250)
Glucocorticoid use: at least 7.5mg prednisone or equivalent, for greater than 3 of the prior 12 months
Fragility Fracture: fracture of forearm, proximal humerus, proximal femur or vertebra
LSC: Least Significant Change = amount by which one BMD value must differ from another to be statistically significant at a 95% confidence interval
*Femoral neck T-Score derived from the female database, for male patients; used for fracture risk assessment as per the 2014 Canadian Radiologists guidelines

Radiologist: [REDACTED] (Certified Clinical Densitometrist)