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Imaging Services, United Hospital Center

BRIDGEPORT 1 Phone:

PATIENT NAME:

BIRTH DATE: SEX:

REQUESTING PHYS: ATTENDING PHYS: REASON:

Everitt, Robin L F

Ruthanne M Ruthanne M Osteoporosis Postmenopausal

MED REC NO: ORDER: ORDER FROM: SERVICE DATE: 12/11/2024 09:42

REPORT DATE: 12/11/2024 10:43

Final

BONE DENSITOMETRY COMPARISON

Study Result

Narrative & Impression

Scan Site	BMD (g/cm²)	Young Adult T-score	Age Matched Z-score	BMD Change vs Baseline	BMD Change vs Previous
AP Spine	0.942	-2.0	-0.7	%	31.9%
Left Hip total	0.821	-1.5	-0.4	%	21.3%
Left Hip Femoral Neck	0.847	-1.4	0.0	%	18.5%
Right Hip total	0.779	-1.8	-0.7	%	18.6%
Right Hip Femoral Neck	0.847	-1.4	0.0	%	24.9%
N/A Forearm				%	%
N/A Forearm				%	%

World Health Organi	zation (WHO) criteria for post-menopausal, Caucasian Women:
Normal:	T-score at or above -1 SD
Osteopenia:	T-score between -1 and -2.5 SD
Osteoprosis:	T-score at or below -2.5 SD

FRAX* Results:

10-Year Probability of Fracture¹				
Major Osteoporotic Fracture ²	Hip Fracture			
14.6%	1.6%			

^{*}FRAX is a trademark of the University of Sheffield Medical School's Centre for Metabolic Bone Disease, a World Health Organization (WHO) Collaborating Centre.

Although these definitions are necessary to establish the prevalence of Osteoporosis, they should not be used as the sole determinant of treatment decisions.

New International Society of Clinical Densitometry (ISCD) guidelines for premenopausal patients under the age

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of 50, specify that the T-Score will no longer be generated. The impression will be based on the reference curve, which is derived from the BMD.

IMPRESSION:

Osteopenia, patient is at increased risk for developing osteoporosis.

Radiologist workstation

This study was interpreted by:

Garrett, MD

This report has been reviewed and released Signed by: Stover, MD on 12/11/2024 10:43 AM

by:

¹⁻The 10-year probability of fracture may be lower than reported if the patient has received treatment.

²⁻Major Osteoporotic Fracture: Clinical Spine, Forearm, Hip or Shoulder.