ERLANGER HEALTH SYSTEM

Patient Name:	HUTSELL SHARON	**Study Date:**	07-Jun-2019
Patient ID:		**Signed By:**	
Patient Birth Date:		**Report Date:**	07-Jun-2019 13:56:01
Accession No.:		**Report Status:**	F
Reason For Study:	stress fracture foot with prior osteoporosis by DXA 2017		

Indication:

TECHNIQUE: The Bone Mineral Density (BMD) is measured using dual-energy X-ray densitometry on a GE Prodigy device. The measurement technique is satisfactory in the regions reported.

COMPARISON: No priors.

BMD RESULTS:
SPINE: The BMD in the L1-L4 is 0.798 grams/cm2. This indicates a T score of -3.2. This establishes osteoporosis by WHO criteria.

HIPS: For diagnostic purposes the mean BMD in the right total femur is 0.708grams\cm2. This indicates a T score of -2.4. This establishes low bone mass by WHO criteria.

IMPRESSION:
1. BMD MEASUREMENT SHOWS OSTEOPOROSIS.
2. The estimated FRAX 10-year risk for a major osteoporosis-related fracture is 25% and for a hip fracture 6.2%.

NOTES: The diagnosis of osteoporosis is based on World Health Organization (WHO) recommendations: Normal = T-score down to -1.0, Osteopenia/low bone mass = T-score between -1.1 and -2.4, Osteoporosis = T-score of -2.5 and less and Severe Osteoporosis = Abnormal T-score plus fragility fracture. The use of T-scores for diagnosis is not recommended in healthy premenopausal women and men younger than 50 or children. In these populations a "BMD below the expected range for age" is reported if the Z-score is less than -2.0. In either sex, with secondary causes for low BMD, the T-score can support the diagnosis of osteoporosis. Consider FDA-approved medical therapies in postmenopausal women and men aged 50 years and older, based on the following: - A hip