[redacted]

2024 DEXA SCAN

Procedure: DXA Exam

Date of Exam: 2024-07-02

Time of Exam: 13:25:33

Comparison: 06/30/22

Clinical Concern: Bone Mineral Density

DIAGNOSIS: Low normal bone mass. Patient height as below.

Quality of scan: Good

PROGNOSTICATED FRACTURE RISK (FRAX):

Risk factors entering to the FRAX in this patient:

History of Fracture (Adult)

10 YEAR FRACTURE PROBABILITY

Based on FRAX (R) TOOL- https://www.sheffield.ac.uk/FRAX/tool.aspx?country=9

Major osteoporotic fracture: 17.10 %

Hip fracture: 2.60 %

RECOMMENDATIONS FOR WHEN TO TREAT:

The National Osteoporosis Foundation recommends that FDA- approved medical therapies be considered in postmenopausal women and men age >=50 years with a:

*Hip or vertebral (clinical or morphometric) fracture

*T-score of <= -2.5 at the spine or hip

*T-score of -1 to -2.49 at the spine or hip and ten-year fracture probability by FRAX equal to or greater than 20% for major osteoporotic fracture or equal to or greater than 3% for hip fracture.

All treatment decisions require clinical judgement and consideration of individual patient factors. Refer to the KP clinical library on osteoporosis for further information.

RESULTS:

Tallest height patient has ever been (patient reported): 68 in

Height measured on the prior DXA scan: 67 in

Current height: 66.8 in

LUMBAR SPINE (L1, L2, L4)

Bone Mineral Density: 1.001 g/cm2

LUMBAR SPINE T-SCORE: -1.4

Z-score: 0.2

LEFT TOTAL HIP

Bone Mineral Density: 0.84 g/cm2

LEFT TOTAL HIP T-SCORE: -1.30

Z-score: 0.00

LEFT FEMORAL NECK

Bone Mineral Density: 0.79 g/cm2

LEFT FEMORAL NECK T-SCORE: -1.80

Z-score: -0.20

High bone mass = T-score > + 2

Normal bone mass = T-score -1 to + 2

Low normal bone mass = T-score <-1 to -2

Low bone mass = T-score <-2 to -2.49

Osteoporosis = T-score <or = -2.5

DXA System: GE Healthcare, Lunar iDXA, Device Serial: 210486, Software version: [redacted]

Technologist: 2229

CHANGE FROM PRIOR KAISER BONE MINERAL DENSITY STUDY, IF APPLICABLE:

CHANGE IN BMD IN SPINE: 0.068 g/cm2, 7.3% change.

CHANGE IN BMD IN LEFT TOTAL HIP: 0.07 g/cm2 , 8.40 % change.

The changes reported are the apparent changes in bone mineral density (BMD) from the previous DXA scan to the current DXA scan. Though we cannot state whether this represents a significant change between scans because the least significant change (LSC) for each specific Northwest Kaiser Permanente location cannot be calculated, CHANGES GREATER THAN OR EQUAL TO 5% ARE GENERALLY CONSIDERED SIGNIFICANT

Disclaimer: Quantitative comparison with scans from an outside institution, including Oregon Osteoporosis Center, cannot be made due to statistical variations among testing locations.

GUIDELINES FOR WHEN TO REPEAT BONE DENSITY:

For women over 65 years and men over 70 who are NOT receiving prescription osteoporosis medications, rescreening interval is determined by T-score:

* Equal to or greater than -1.4: 10 years

*-1.5 to -1.9: 5 years

*-2.0 to -2.4:2 years

CONSIDERATION FOR FURTHER IMAGING:

Per ISCD recommendations, indications for vertebral fracture assessment (VFA) with lateral thoracic and lumbar spine x-rays are a T-score between -1 to -2.49 if female patient has historical height loss of? > 4cm (1.6 inches) or a male patient has a historical height loss of >6cm (2.4 inches), and if documentation of a vertebral fracture will alter clinical management.

Electronically signed by Maureen [redacted], MD. 7/9/2024 1:44 PM

2022 DEXA SCAN

Procedure: DXA Exam

Date of Exam: 2022-06-30

Time of Exam: 14:29:51

COMPARISON: 6/14/2021

DIAGNOSIS: Low normal bone mass.

QUALITY OF SCANS: Degenerative changes are present in the lumbar spine, and the analysis confined to the vertebral levels: L1, L2, L4.

PROGNOSTICATED FRACTURE RISK (FRAX):

Risk factors entering to the FRAX in this patient:

History of Fracture (Adult)

10 YEAR FRACTURE PROBABILITY

Based on FRAX (R) TOOL- https://www.sheffield.ac.uk/FRAX/tool.aspx?country=9

Major osteoporotic fracture: 16.90 %

Hip fracture: 2.40 %

RECOMMENDATIONS FOR WHEN TO TREAT:

The National Osteoporosis Foundation recommends that FDA- approved medical therapies be considered in postmenopausal women and men age >=50 years with a:

*Hip or vertebral (clinical or morphometric) fracture

*T-score of <= -2.5 at the spine or hip

*T-score of -1 to -2.49 at the spine or hip and ten-year fracture probability by FRAX equal to or greater than 20% for major osteoporotic fracture or equal to or greater than 3% for hip fracture.

All treatment decisions require clinical judgement and consideration of individual patient factors. Refer to the KP clinical library on osteoporosis for further information.

RESULTS:

Tallest height patient has ever been (patient reported): 68.5 in

Height measured on the prior DXA scan: 67.5 in

Current height: 67.0 in

LUMBAR SPINE

Bone Mineral Density: 0.93 g/cm2

LUMBAR SPINE T-SCORE: -2.0

Z-score: -0.4

LEFT TOTAL HIP

Bone Mineral Density: 0.78 g/cm2

LEFT TOTAL HIP T-SCORE: -1.80

Z-score: -0.60

LEFT FEMORAL NECK

Bone Mineral Density: 0.78 g/cm2

LEFT FEMORAL NECK T-SCORE: -1.80

Z-score: -0.30

High bone mass = T-score > + 2

Normal bone mass = T-score -1 to + 2

Low normal bone mass = T-score <-1 to -2

Low bone mass = T-score <-2 to -2.49

Osteoporosis = sign T-score <or = -2.5

DXA System: GE Healthcare, Lunar iDXA, Device Serial: 210486, Software version: [redacted]

Technologist: [redacted]

CHANGE FROM PRIOR KAISER BONE MINERAL DENSITY STUDY, IF APPLICABLE:

CHANGE IN BMD IN SPINE: 0.07 g/cm2, 8.0 % change.

CHANGE IN BMD IN TOTAL HIP: -0.01 g/cm2 , -1.50 % change.

The changes reported are the apparent changes in bone mineral density (BMD) from the previous DXA scan to the current DXA scan. Though we cannot state whether this represents a significant change between scans because the least significant change (LSC) for each specific Northwest Kaiser Permanente location cannot be calculated, CHANGES GREATER THAN OR EQUAL TO 5% ARE GENERALLY CONSIDERED SIGNIFICANT.

Disclaimer: Quantitative comparison with scans from an outside institution, including Oregon Osteoporosis Center, cannot be made due to statistical variations among testing locations.

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Per ISCD recommendations, indications for vertebral fracture assessment (VFA) with lateral thoracic and lumbar spine x-rays are a T-score between -1 to -2.49 if female patient has historical height loss of? > 4cm (1.6 inches) or a male patient has a historical height loss of >6cm (2.4 inches), and if documentation of a vertebral fracture will alter clinical management.