DXA Scores 6-14-21 Vicki ———-

Procedure: DXA Exam
Date of Exam: 2021-06-14
Time of Exam: 10:08:46

COMPARISON: 9/25/2018

DIAGNOSIS: Osteoporosis

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

RESULTS:

Tallest height patient has ever been (patient reported): 68.5 in
Height measured on the prior DXA scan: 67.5 in
Current height: 67.5 in

LUMBAR SPINE
Bone Mineral Density: 0.86 g/cm2
LUMBAR SPINE T-SCORE: -2.6
Z-score: -1.0

LEFT TOTAL HIP
Bone Mineral Density: 0.79 g/cm2
LEFT TOTAL HIP T-SCORE: -1.70
Z-score: -0.60

LEFT FEMORAL NECK
Bone Mineral Density: 0.77 g/cm2
LEFT FEMORAL NECK T-SCORE: -1.90
Z-score: -0.50

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: ———, Software version: 15.20.002

Technologist: ——-

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

CHANGE IN BMD IN SPINE: -0.05 g/cm2, -5.2% change.
CHANGE IN BMD IN TOTAL HIP: -0.01 g/cm2 , -1.00 % 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.

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: 16.50 %
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.

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.