

ADVANCED DIAGNOSTIC RADIOLOGY

DEXA Bone Densitometry Report: <LongDate>

Dear [REDACTED]

Your patient VICKIE BIERMAN completed a BMD test at our facility. The following summarizes the results of our evaluation.

Patient:

Name:	VICKIE BIERMAN	Height:	[REDACTED]
Patient ID:	[REDACTED]	Weight:	[REDACTED]
Date of Birth:	[REDACTED]	Exam Date:	12/21/2020
Gender:	Female	BMD Device:	GE Medical Systems Lunar Prodigy

Indications: Advanced Age, Caucasian  
 Fractures: Wrist, Spine  
 Treatments: Vitamin D, Calcium

Results:

Scan Type	Region	Measured	Age	BMD	T-Score	Z-Score
AP Spine	L1-L4	12/21/2020	[REDACTED]	0.939 g/cm <sup>2</sup>	-2.0	-0.7
AP Spine	L1-L4	11/12/2019	[REDACTED]	0.920 g/cm <sup>2</sup>	-2.2	-0.8
DualFemur	Neck Left	12/21/2020	[REDACTED]	0.785 g/cm <sup>2</sup>	-1.8	-0.3
DualFemur	Neck Left	11/12/2019	[REDACTED]	0.758 g/cm <sup>2</sup>	-2.0	-0.6
DualFemur	Neck Right	12/21/2020	[REDACTED]	0.738 g/cm <sup>2</sup>	-2.2	-0.6
DualFemur	Neck Right	11/12/2019	[REDACTED]	0.678 g/cm <sup>2</sup>	-2.6	-1.1

Assessment:

World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women\*:

- Normal: T-Score at or above -1 SD
- Osteopenia: T-Score between -1 and -2.5 SD
- Osteoporosis: T-Score at or below -2.5 SD
- Established Osteoporosis: T-Score at or below -2.5 SD plus fragility fracture

\*WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.

BMD as determined from Femur Neck Right is 0.738 g/cm<sup>2</sup> with a T-Score of -2.2. This patient is considered osteopenic according to World Health Organization guidelines. Fracture risk is moderate. Treatment is advised.

Recommendations:

National Osteoporosis Foundation (NOF) guidelines recommend initiating therapy to reduce fracture risk in women with BMD T-Score below -2 SD or T-Score below -1.5 SD with other risk factors present.

Aggressive therapies are available in the form of Hormone replacement therapy (HRT), Bisphosphonates, and SERMs. Additionally, all patients should ensure an adequate intake of dietary calcium (1200mg-1400-800 IU daily).

Individualized cases of osteoporosis or osteopenia should be regularly tested for bone mineral density. For Medicare, routine testing is allowed once every 2 years. Testing frequency can be increased for rapidly progressing disease, or for those who are receiving medical therapy to restore bone mass.