



KAISER PERMANENTE®

DEPARTMENT OF
DIAGNOSTIC IMAGING

OTAY MESA MEDICAL OFFICES

Patient: ADAIR, VIRGINIA

MR#: [REDACTED]

Gender: F Age at exam: [REDACTED]

DOB: [REDACTED]

**OUTPATIENT
DIAGNOSTIC IMAGING**

Procedure: **DEXAHIPSPI - DEXA BONE DENSITY HIP AND SPINE - [REDACTED]**

Date **8/5/2019**

Clinical Information

Patient Location

Signs & Symptoms:

Reason: Screening exam

History:

1. LUPRON MEDICATION? NO

2. MEDICAL

COND. HYPERPARATHYROIDISM? NO

3. WALKER, WHEELCHAIR, CANE? NO

4. BOTH HIPS REPLACED? NO

5. METAL IN LOWER SPINE? NO

PT INFORMED NO CALCIUM INTAKE 2 HRS
PRIOR/

CHK-IN TIME METAL FREE CLOTHING

ALVAREZ. P, IDS 7/15/19 12:07p

OP

CLINICAL HISTORY: Reason: Screening exam

DXA Key Findings:

Self Reported History / Risk Factors: (H) HX Osteo RX

Lowest T_Score: -2.8 Region: Femur NECK Right

Lowest Z_Score: -1.0 Region: Femur NECK Right and Femur TOTAL HIP Right

FRAX - Ten year risk for hip fracture: N/A

FRAX - Ten year risk for other major osteoporotic fracture: N/A

BMD CHANGE from DXA on 08/20/18:

6.8% AP Spine L1_L4

2.4% Femur NECK Left

7.2% Femur TOTAL HIP Left

3.2% Femur NECK Right

6.2% Femur TOTAL HIP Right

See HealthConnect Imaging tab for the full report containing DXA result details

Requesting Provider: LE, TUYET-MAI MAI, P.A.

Patient: ADAIR, VIRGINIA

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Treatment Recommendations (Men and Women):

All Patients: Calcium 1,200 mg/daily; vitamin D 1,000 IU/daily; Weight-bearing and muscle-building exercise; Counsel to stop smoking.

If lowest T-scores = -2.5; OR FRAX Hip score = 3% OR FRAX Major osteoporotic score = 20%

First line treatment -

Alendronate 70 mg once weekly (risedronate 35 mg once weekly if alendronate is not tolerated or contraindicated). Check serum calcium, creatinine and vitamin D 25-hydroxy.

See Clinical Practice Guidelines Osteoporosis Management for the treatment of vitamin D deficiency.

Second line treatment - See Clinical Practice Guidelines ?Osteoporosis Management?

If lowest Z-score = -2.0, or if fracture occurs while on treatment, work up for secondary causes and consider referral to Endocrinology or Rheumatology.

Suggested labs prior to referral: SPEP; TSH; AM testosterone (men); ALT; creatinine; albumin; alkaline phosphatase; vitamin D 25-hydroxy; 24 hr urine for calcium/creatinine; parathyroid hormone; serum calcium

WHO Criteria for Osteoporosis and low bone mass

Normal = T-score of -1.0 or higher

Low bone mass = T-score between -1.0 and -2.4

Osteoporosis = T-score -2.5 or lower

Other Comments:

This report electronically signed by Eric J Jordan on 8/8/2019 8:21 AM

End of diagnostic report for accession: 88648181

INITIAL INTERPRETING and SIGNING DETAILS FOLLOW:

Entered/Interpreted By: JORDAN, ERIC M.D.

Transcribed By: IDX, IDX

Signed By: JORDAN, ERIC M.D.

08/08/2019 8:27 AM

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Exam Date: 8/5/2019 8:45:00AM

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