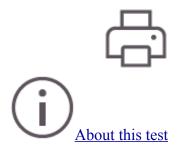# DEXA BONE DENSITY - Details

Details

Study Result

Narrative

JOHANNESSEN,ANDREA █████████

Imaging Services Report Patient Name: JOHANNESSEN,ANDREA █
Report Status: Signed Account █████████████
██████████████████ Dr: Andrew C Phan MD
███████████
Page: # of #

█████████████
████████████████
Orange, CA 92869

Imaging Services

Patient Name: JOHANNESSEN,ANDREA ██████████
██████████████████████

Admitting Dr:
Ordering Dr: Mackenzie-Tangredi, Laura M DO
Admit Date/Time: 06/17/19 1159

Exam Performed: XR DEXA Bone Density Axial
Exam Date/Time: 06/17/19 / 1224
Req #: ████████
Accession #: █████████
Dictating Dr: Andrew C Phan MD
Primary Dr: Mackenzie-Tangredi,Laura M

The Hologic Discovery SL DXA was utilized to determine bone mineral density in the lumbar spine and proximal femur.

LUMBAR SPINE, L1-L4
Average BMD: 0.726 g/cm2
T-score: -2.9

FEMORAL NECK, LEFT
BMD: 0.553 g/cm2
T-score: -2.7

TOTAL HIP, LEFT
BMD: 0.653 g/cm2
T-score: -2.4

The technical quality of this study is good.

INTERPRETATION:

Based on the WHO classification, the bone mineral density is osteoporosis.

RECOMMENDATIONS:

Consider repeat DXA scan in 2 years.

FURTHER NOTES:

Bone density studies provide information about the patient's bone mass. They do not determine the cause of low bone mass. Classification/impression of BMD as "osteopenia" or "osteoporosis" is based on WHO criteria.

WHO Classification for Postmenopausal Women and Men Age 50 Years and Older

Normal: BMD is within 1 SD of "young normal" adult (T-score at -1.0 and above).

Osteopenia: BMD is between 1.0 SD and 2.5 SD below that of "young normal" adult (T-score between -1.0 and -2.5).

Osteoporosis: BMD is 2.5 SD or or more below that of a "young normal" adult (T-score at or below -2.5).

Severe Osteoporosis: BMD is 2.5 SD or more below that of a "young normal" adult in the presence of one or more fragility fractures.

Secondary causes of low bone mineral density should be considered if the Z-score is more than -2.0 SD below that of the age/sex matched population. Bone mineral density (BMD) is evaluated by reference to the normal young adult (T-score, and fracture risk increases with decreasing T-score.

For treatment guidance, consider National Osteoporosis Foundation (NOF) 2008 Clinician's Guide:
1. Initiate therapy in those with T-scores below -2.5 after appropriate evaluation.
2. Initiate treatment in postmenopausal women and men over 50 yo with T-score between -1.0 to -2.5 at the femoral neck or spine and a 10-year hip fracture probability of 3% or higher or 10-year major osteoporosis-related fracture probability of 20% or higher based on FRAX.
3. Calcium intake should be at least 1,200 mg per day, and vitamin D intake should be 800-1,000 IU per day.
4. Weight-bearing and muscle-strengthening exercises to reduce the risks of falls and fractures.
5. Advise avoidance of tobacco smoking and excessive alcohol intake.

Dictated by: Andrew C Phan MD
06/18/19 1249

Electronically Signed
Phan,Andrew C
06/18/19 1249
Signed

Co-signature

Report #: ▮▮▮▮▮▮▮
Transcribed Date/Time: 06/18/19 1249
Transcriptionist: POWERSCRIB

CC: Laura M Mackenzie-Tangredi DO

Component Results

There is no component information for this result.

General Information

Ordered by Laura M. Mackenzie-Tangredi, DO

Collected on 06/17/2019 12:00 PM

Resulted on 06/17/2019 12:00 PM

Result Status: Final result

This test result has been released by an automatic process.

If you have any questions or concerns about your test, please contact your clinic to review your results with your physician.

Back to the Test Results page