

PROCEDURE:
DEXA BONE DENSITY AXIAL SKELETON

REASON FOR EXAM:
f/u osteoporosis

COMPARISON:
12/16/14

FINDINGS:

This bone density report is based in the ACR practice guidelines published 2016 and supported by the American College of Radiology, the Society for Pediatric Radiology (SPR), and the Society of Skeletal Radiology (SSR).

Reference is also made to the International Society for Clinical Densitometry 2015 official Positions as well as positions by the World Health Organization. This report is intended for post-menopausal women and men 50 years and older and therefore z-score is not included.

The patient is a [REDACTED] white female.

Risk Factors: None.

Scanner used: Lunar Prodigy Advance DXA by GE (Ames, IA)

Technical limitations: None

Lumbar spine

The BMD measured in the lumbar spine from L1 through L4 is 0.959 g/cm² representing a T-score of -1.9. This represents a 11.8 % increase from the prior examination.

Femoral neck

The lowest BMD is at the left femoral neck and is 0.850 g/cm² representing a T-score of -1.4.

Total hip

The lowest BMD is at the left total proximal femur and is 0.922 g/cm² representing a T-score of -0.7. This represents a 4.3% increased from the prior examination.

Impression:

Osteopenia (-1.1 to -2.4) This result is based on the lowest measured t-score.

10 year probability of a major osteoporotic fracture is 11.5% with 2.7% chance of hip fracture.

Statistically significant change since prior: Yes

Secondary causes of bone loss should be evaluated if clinically indicated since the etiology of low BMD cannot be determined by BMD measurement alone. Consider repeating this study in 2 years or as clinically indicated to assess bone density change or response to treatment. Please note that Medicare will generally not allow a repeat study sooner than 2 years unless medically necessary.