# **Document info**

Result type: MA Bone Density DXA Axial Skeleton

Result date: Sep 18, 2017, 02:53 p.m.

Result status: authenticated

Performed by: Wendy Mastrude

Verified by: Kimball Christianson
Modified by: Kimball Christianson

Accession number:

# MA Bone Density DXA Axial Skeleton

Patient: SCHULTZ, CAROLYN D

DOB:

### REPORT

PROCEDURE: <u>DEXA BONE DENSITY 1 OR MORE SITES</u>

**INDICATIONS:** Osteopenia, taking Evista, calcium and vitmain D.

**COMPARISON:** Saint Alphonsus Regional Medical Center, BU, MG DXA BONE DEN-1 OR MORE SITES, 8/31/2015, 10:24.

**REPORTED CLINICAL FACTORS:** Previous hip or vertebral body fracture. History of fracture which did not result from significant trauma. Currently on Evista.

**PROCEDURE:** DEXA densitometry examination was performed in a standard fashion. Detailed results and graph of results are included on attached sheet. Summary of findings as discussed below:

# **RESULTS:**

**SPINE** 

BMD (bone mineral density; grams/cm<sup>2</sup>): 0.819

T score (compared with young adults): -2.1

Z score (age matched): -0.6

## **LEFT FEMUR**

BMD (bone mineral density; grams/cm<sup>2</sup>): 0.610

T score (compared with young adults): -2.2

Z score (age matched): \_\_0.8

**RIGHT FEMUR** 

BMD (bone mineral density; grams/cm<sup>2</sup>): 0.634

T score (compared with young adults): <u>-1.9</u>

Z score (age matched): -0.6

**DISCUSSION:** Low bone mass. 2.0% interval decrease in bone mineral density within the lumbar spine. 0.8% interval decrease in bone mineral density within the left femoral neck and 2.3% interval increase in bone mineral density within the right femoral neck.

10 year risk for major osteoporotic fracture 16%

10 year risk for hip fracture 2.6%

## **CONCLUSION:** Low bone mass. Consider repeat BMD in 2-3 years.

### **Recommendations:**

North American Menopausal Society recommends treatment for patients with a T score <-2.5 or with a T score of -1.0 to <-2.5 and a 10 year risk of a major osteoporotic fracture of at least 20% or of hip fracture at least 3%.

Effective therapies are available in the forms of bisphosphonates and raloxifene. Hormone therapy may be an option based on review of risks and benefits of treatment. All patients should ensure adequate intake of dietary calcium (1200mg/day) and vitamin D (1000-2000IU/day).

Evaluation for secondary causes include CBC, metabolic panel, 24 hr. urine calcium, alkaline phosphatase (or other bone turnover marker), PTH, vitamin D, and TSH depending on clinical history.

Dictated by: Kimball L. Christianson, M.D. on 9/18/2017 at 14:59 Approved by: Kimball L. Christianson, M.D. on 9/18/2017 at 15:01