PATIENT NAME: BODLE, DIANE
MEDICAL RECORD#: [redacted]

[redacted]

ORDERED FOR DATE: May 8 2018

ACCOUNT #:
ADMISSION DATE: [redacted] 05/08/2018
PT VISIT #: [redacted]
PATIENT AGE: 66Y
ORDERING PHYSICIAN: DIANE L SHOLDER
COPIES TO: DIANE L SHOLDER

INPATIENT ROOM: DRD-
TRANSPORT: Ambulato
DATE OF BIRTH: [redacted]
PATIENT SEX: F

ORD NURSE STATION: DRD
PATIENT CLASS: O

[redacted]

*** Final Report ***

EXAM: (DRD 2117) DUAL ENERGY DEXA AXIAL -Accession [redacted]
DATE & TIME EXAM COMPLETED: **May 8 2018 10:33AM**
REASON FOR EXAM:
****

PROCEDURE: DEXA axial 05/08/2018

HISTORY: 60 6-year-old postmenopausal female with prior documentation of low bone mass. Patient has h
1 inch height loss.

COMPARISON: 05/04/2016

INTERPRETATION: DEXA analysis of the lumbar spine, hips, and right forearm has been performed. Bon
mineral density measurements and related data are included on accompanying printout. FRAX analysis has
been performed.

Lumbar spine analysis was limited to L1-L2. There is a moderate scoliosis of the lumbar spine. The bone mineral density measurements for L1-L2 are unchanged from the 2016 examination. Corresponding T-score this region is -0.4. Would appear that the upper lumbar spine is not normal bone density.

Bone mineral density measurements for bilateral total hips has increased 3.9%. Overall BMD values for the hips has a corresponding T-score of -0.8 which is in the normal range. However, the bone mineral density measurements obtained from the femoral neck of each hip have corresponding T-scores of -1.8 on the left, 1.2 on the right. The femoral necks are osteopenic.

Bone mineral density for the mid radius of the right forearm is decreased with the corresponding T-score b -1.9. This is indicative of osteopenia. The density measurements have decreased 3.0%. This is not statisti significant.

THIS DOCUMENT HAS BEEN ELECTRONICALLY VERIFIED
Print Time: 12/17/2018 12:13 PM