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## DEXA BONE DENSITY - Details

### Study Result

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#### *Narrative & Impression*

#### DEXA Bone Mineral Densitometry

Indication: Z13.820 - Encounter for screening for osteoporosis. Osteoporosis. Surveillance.

Technique: Bone Mineral Densitometry (BMD) by Dual Energy X-Ray Absorptiometry (DEXA) was performed utilizing the Hologic Discovery scanner. The lumbar spine was evaluated in the AP projection. The bilateral hips and right forearm were evaluated in the AP projection. Vertebral fracture analysis is performed.

Comparison: DEXA scan dated November 25, 2020.

AP Lumbar Spine: The L1, L2, L3, and L4 vertebral bodies were evaluated.

BMD: 0.866 gm/cm<sup>2</sup>.

T-score: -1.6 SD.

Z-score: -0.3 SD.

Increased density since 2020.

Trabecular Bone Score (TBS) L1-L4: T-Score = -1.3.

AP Left Hip: Neck

BMD: 0.704 gm/cm<sup>2</sup>.

T-score: -1.3 SD.

Z-score: -0.1 SD.

AP Left Hip: Total

BMD: 0.875 gm/cm<sup>2</sup>.

T-score: -0.6 SD.

Z-score: 0.3 SD.

No change.

AP Right Hip: Neck

BMD: 0.696 gm/cm<sup>2</sup>.

T-score: -1.4 SD.

Z-score: -0.2 SD.

AP Right Hip: Total

BMD: 0.842 gm/cm<sup>2</sup>.

T-score: -0.8 SD.

Z-score: 0.1 SD.

No change.

AP Right arm, 1/3:

BMD: 0.561.

T-score: -2.2 SD.

Z-score: -1 SD.

No change.

Vertebral Fracture Analysis: No compression fracture.

Conclusion: Low bone density. Increased density since 2020. Considering the lowest measured site (right forearm), the patient has a T-score of -2.2. The ten year FRAX risk for any major osteoporotic fracture, which excludes the risk for a wrist fracture, is 6.2% and for a hip fracture is 0.5%.

Recommendation: To prevent osteoporosis and to promote bone density, consider the following recommendations:

1. Pursue a regular regimen of weightbearing and muscle-strengthening exercises in order to reduce the risk of falls and fracture (as tolerated by the patient's general medical condition).
2. Ensure that total daily dietary calcium intake is maximized.
3. Check serum hydroxy vitamin D3 (normal >30ng/ml).
4. Ensure daily intake of vitamin D is 800 international units.
5. Consider follow up DEXA scan in two years to assess the rate of bone loss in this patient.
6. Consider excluding common secondary causes of bone loss. Laboratory evaluation might include CBC, TSH, calcium, phosphorous, albumin, creatinine, alkaline phosphatase, PTH, serum, electrophoresis (SPEP or UPEP), antitissue transglutaminase antibody levels (celiac disease), and hydroxy vitamin D3, as well as a 24-hour urine calcium.

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