

To: Khashayar Sakhaee, MD

Name: Jacquelyn H Lacy

Referring MRN:

Gender: Female

Exam Date: 07/18/2019

Referring Phys.: Khashayar Sakhaee, MD

EXAM: DEXA; AXIAL SKELETON

HISTORY: Age-related osteoporosis without current pathological fracture. Senile osteoporosis. Multisite osteoporosis. Patient currently on Prolia for osteoporosis. Loss of height.

TECHNIQUE: Bone density measurements were performed and measured in g/cm²

COMPARISON: 7/10/2018 and baseline exam 4/1/2013

FINDINGS: Please see the complete bone density report for full numbers.

Regions:

AP spine (L1-L4)

BMD: 0.873

T-Score: -2.5

Z-score: -0.7

Classifications: Osteoporosis Age Matched: 92%

Total hip (left)

BMD: 0.829

T-Score: -1.3

Z-score: -0.4

Classifications: Osteopenia Age Matched: 93%

Femoral Neck (left)

BMD: 0.582

T-Score: -2.6

Z-score: -1.4

Classifications: Osteoporosis Age Matched: 75%

When compared to 7/10/2018 there has been a 6.3%, 4.6% and 18.4% increase in the BMD values the AP spine, total hip and femoral neck respectively.

When compared to 4/1/2013 there has been a 3.4% increase in the BMD value the AP spine. There has been no significant interval change in the BMD values the total hip or femoral neck respectively.

IMPRESSION:

1. Osteoporosis. Comparison to 2013 and 2018 as above.
2. Please see full data set and graphs on the online Portal as clinically needed.

10 year fracture risk:

FRAX not reported because: Some T-score for Spine Total or Hip Total or Femoral Neck at or below -2.5. Patient also currently on treatment therapy for osteoporosis.

The WHO defines low bone mass (osteopenia) as between -1.0 and -2.5 standard deviations (SD) below peak BMD (T-score) and osteoporosis as -2.5 SD or more below the peak BMD.

The risk of osteoporotic fractures approximately doubles for each -1.0 SD (T-score) below peak BMD. The fracture risk does not include other risk factors independent of BMD such as previous osteoporotic fractures, smoking, family history of osteoporosis in a first-degree relative, body weight < 127 pounds, or illness that may predispose to falling.

Active therapeutic intervention is frequently recommended for patients with a T-score of <-2.0, or <-1.5 with other risk factors. Not everyone with low bone mineral density has osteoporosis. Osteomalacia and other metabolic bone disorders should also be considered where indicated. Patients who have osteoporosis should be evaluated for secondary causes that may contribute to bone loss, especially when associated with a Z-score of less than -2.0.

A follow-up bone density of the spine and hips is recommended every 2 to 5 years for postmenopausal patients with normal results, or every one year after initiation of therapy until the bone mineral density is stabilized or improved. (Patients on glucocorticoids may need more frequent monitoring.)