

MAUI DIAGNOSTIC IMAGING

Triangle Square

Patient: GARDNER, PATRICA MARIA

Doctor: JOCELYN CHANG,

Exam Date: 03/21/2013

Dear Dr. CHANG,

Your patient PATRICIA GARDNER completed a BMD test on 03/21/2013 using the Lunar Prodigy Advance DXA System (software version: 13.40) manufactured by GE Healthcare. The following summarizes the results of our evaluation.

PATIENT BIOGRAPHICAL:

Name: GARDNER, PATRICIA
 Patient ID:
 Gender: Female Exam Date: 03/21/2013
 Indications: Post menopausal Fractures: Treatments: Calcium, ERT, Vitamin D

our evaluation.

DENSITOMETRY RESULTS:							
Region	Measured Date	Measured Age	Young Adult T-score	Age Matched Z-Score	BMD	%Change vs. Previous	Significant Change (*)
L1-L4	03/21/2013	65.7	-2.6	-0.8	0.864 g/cm ²	N/A	N/A
Neck Left	03/21/2013	65.7	-2.7	-1.0	0.663 g/cm ²	N/A	N/A
Neck Right	03/21/2013	65.7	-2.7	-0.9	0.664 g/cm ²	N/A	N/A
Total Left	03/21/2013	65.7	-2.5	-1.0	0.696 g/cm ²	N/A	N/A
Total Right	03/21/2013	65.7	-2.1	-0.6	0.745 g/cm ²	N/A	N/A

World Health Organization (WHO) criteria for post-menopausal, Caucasian Women:
 Normal: T-score at or above -1 SD
 Osteopenia: T-score between -1 and -2.5 SD
 Osteoporosis: T-score at or below -2.5 SD

The BMD measured at AP Spine L1-L4 is 0.864 g/cm² with a T-score of -2.6. This patient is considered osteoporotic according to World Health Organization (WHO) criteria. Fracture risk is high. Pharmacological treatment, if not already prescribed, should be started. A follow up bone density test is recommended in one year to monitor response to therapy.

The BMD measured at Femur Neck Mean is 0.664 g/cm² with a T-score of -2.7. This patient is considered osteoporotic according to World Health Organization (WHO) criteria. Fracture risk is high. Pharmacological treatment, if not already prescribed, should be started. A follow up bone density test is recommended in one year to monitor response to therapy.

The BMD measured at Femur Total Mean is 0.720 g/cm² with a T-score of -2.3. This patient is considered osteopenic according to World Health Organization (WHO) criteria. Bone density is between 10 and 25% below young normal. Fracture risk is moderate. Treatment is advised.

3 / 23/13

Patient: GARDNER, PATRICA MARIA

RECOMMENDATIONS:

NOF Guidelines recommend all people with T-scores of -2.5 and below (osteoporosis) consider taking an osteoporosis medication. Effective therapies are available in the form of bisphosphonates (Fosamax and Actonel), Miacalcin, Evista, and Forteo. All patients should ensure an adequate intake of dietary calcium and vitamin D. The NOF recommends adults under age 50 need 1,000 mg of calcium and 400-800 IU of vitamin D daily. Adults 50 and over need 1,200 mg of calcium and 800-1,000 IU of vitamin D daily.

NOF Guidelines recommend people with T-scores between -1 and -2.5 (osteopenia) consider taking an osteoporosis medication when they have certain risk factors. Effective therapies are available in the form of bisphosphonates (Fosamax and Actonel), and Evista. Hormone therapy may be an option based on review of risks and benefits of treatment. All patients should ensure an adequate intake of dietary calcium and vitamin D. The NOF recommends adults under age 50 need 1,000 mg of calcium and 400-800 IU of vitamin D daily. Adults 50 and over need 1,200 mg of calcium and 800-1,000 IU of vitamin D daily.

FOLLOW-UP:

People with diagnosed cases of osteoporosis or at high risk for fracture should have regular bone mineral density tests. For patients eligible for Medicare, routine testing is allowed once every 2 years. The testing frequency can be increased to one year for patients who have rapidly progressing disease, those who are receiving or discontinuing medical therapy to restore bone mass, or have additional risk factors.

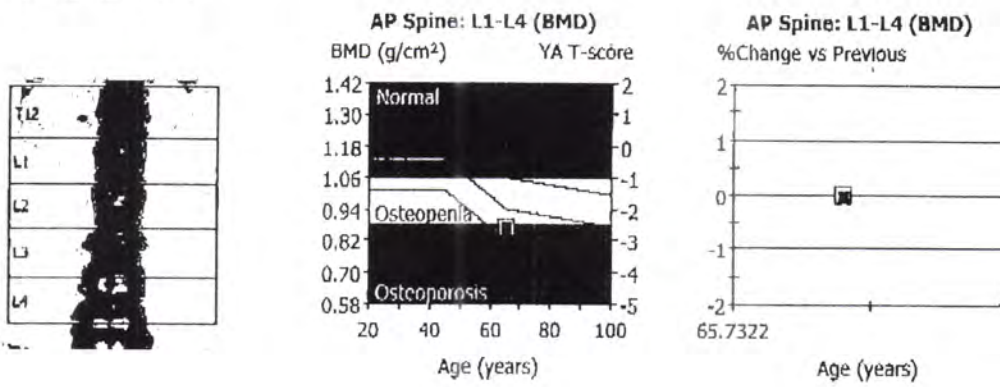
Based on these results, a follow-up exam is recommended in March 2014

Sincerely,

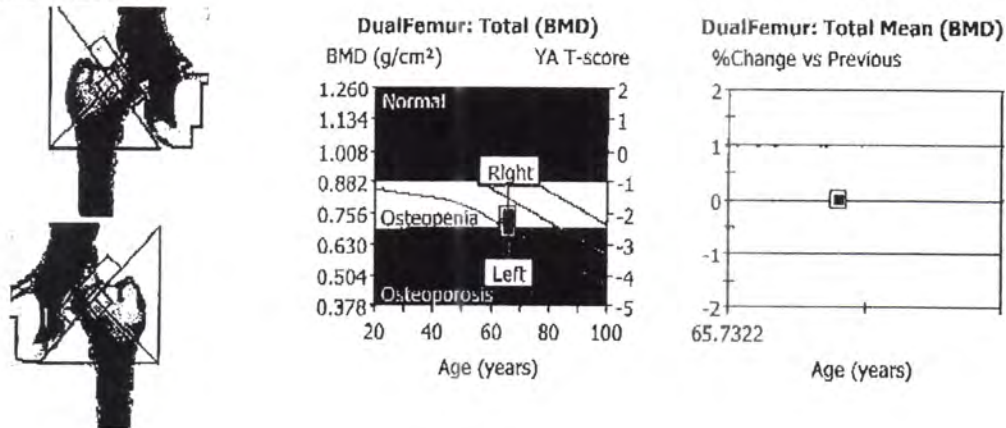
Andrew V Kayes MD

Patient: GARDNER, PATRICA MARIA

AP SPINE RESULTS:



FEMUR RESULTS:



Current system was installed on 09/24/2010. Any prior exams done at this facility before install date were performed on a different scanner. This may result in some minor discrepancies in reported bone mineral density percentage interval change.

T and Z-scores from previous exams displayed in the densitometry table may be different than those originally reported. The new system automatically adjusts the scores to the updated database that we are currently using with the new machine. This difference does not affect the original BMD results nor the accuracy of interval change.

Andrew V Kayes MD, Interpreting Physician
D: 03/21/2013
T: 03/21/2013 / amk
J: # 331935

Patient: GARDNER, PATRICA MARIA

Electronically signed by, Andrew Kayes M.D. on 03/22/2013 09:52