

newest bone scan results

ST. LOUIS MEDICAL CLINIC, P.O. BOX 31921, ST. LOUIS, MO 63131 314-432-1111
BONE DENSITY TEST RESULTS

Patient: Suarez, Ellen

DOB: 1/18/1946

Referring

Physician: Ali

Date of Exam: 11/04/2014

Service: DEXA Hip
DEXA AP Spine (L1-L4)

Scan Site	Bone Mineral Density	T-Score (S.D. compared to young normals)	Rate of Change
Spine L1-L4	0.852 gm/cm ²	-1.8	
Femoral Neck	0.670 gm/cm ²	-1.6	
Total Hip	0.774 gm/cm ²	-1.4	

History: This is a 68-year-old postmenopausal Caucasian female who stands 65" and weighs 126 pounds. This is her repeat bone mineral density. Currently on calcium and vitamin D supplementation and strontium therapy.

Results: The bone mineral density of the AP spine (L1-L4) was 0.852 gm/cm² for a T-score of -1.8. The bone mineral density of the femoral neck was 0.670 gm/cm² for a T-score of -1.6. The bone mineral density of the total hip was 0.774 gm/cm² for a T-score of -1.4. Vertebral assessment: T4 to L4 was performed. There is no evidence of significant compression deformities.

Comments: Adequate images on a Hologic Discovery Wi.

Impressions:

1. Osteopenia at the hip and lumbar spine.
2. The patient has a normal vertebral assessment.
3. Over the past six months there has been an 8.1% increase in bone mineral density at the total hip.

Recommendations:

1. Maintain adequate calcium and vitamin D intake.
2. Weight-bearing and muscle strengthening exercises.
3. Avoidance of tobacco and excessive alcohol.
4. Repeat bone mineral density as clinically indicated.

Darren J. Pearson, MD

DJP/krv

Previous Bone Scan Results

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Bone Density and Vertebral Assessment Report

Name: SUAREZ, ELLEN

Sex: Female

Ethnicity: White

Date of Birth: 01/18/1946

Indication:

Referring Physician: ALI, ASIM

Study: Bone densitometry and vertebral deformity assessment were performed.

Bone Density:

10-14-10

Region	Exam Date	BMD (g/cm ²)	T-Score	Z-Score	Classification
AP Spine (L1-L4)	04/10/2014	0.786	-2.4	-0.4	Osteopenic
Femoral Neck (Left)	04/10/2014	0.603	-2.2	-0.5	Osteopenic
Total Hip (Left)	04/10/2014	0.717	-1.8	-0.4	Osteopenic

0.897 -12.3
0.808 -11.3

World Health Organization criteria for BMD interpretation classify patients as Normal (T-score at or above -1.0), Osteopenic (T-score between -1.0 and -2.5), or Osteoporotic (T-score at or below -2.5).

Vertebral Deformity Assessment: Exam date 04/10/2014

Vertebral Level	Impression
T5	Normal
T6	Normal
T7	Normal
T8	Normal
T9	Normal
T10	Normal
T11	Normal
T12	Normal
L1	Normal
L2	Normal
L3	Normal
L4	Normal

DIET

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

5'5 1/4" (↓ 1/4")
124#

5" 2.1

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Bone Density and Vertebral Assessment Report

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Sex: Female

Ethnicity: White

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Previous Exams:

Region	Exam Date	Age	BMD (g/cm ²)	T-Score	BMD Change vs. Baseline	BMD Change vs. Previous
AP Spine(L1-L4)	04/10/2014	68	0.786	-2.4	-14.1%*	-12.3%*
	10/14/2010	64	0.897	-1.4	-2.0%	-3.9%*
	10/08/2008	62	0.933	-1.0	2.0%	6.6%*
	08/24/2006	60	0.876	-1.6	-4.2%*	-4.2%*
	10/30/2003	57	0.914	-1.2		
Total Hip(Left)	04/10/2014	68	0.717	-1.8	-17.8%*	-11.3%*
	10/14/2010	64	0.808	-1.1	-7.3%*	0.7%
	10/08/2008	62	0.802	-1.1	-8.0%*	1.8%
	08/24/2006	60	0.788	-1.3	-9.6%*	-4.0%*
	10/30/2003	57	0.822	-1.0	-5.8%*	-5.8%*
	04/11/2001	55	0.872	-0.6		

*Denotes significance at 95% confidence level

Interpretation:

The patient has osteopenia as determined by WHO criteria. Based on the results of the patient's bone density assessment, the risk of future fracture increases approximately two fold for each 1.0 SD decrease in T-score.

However, low BMD is not the only risk factor for a future fragility fracture. Other clinical risk factors for osteoporotic fracture should be considered in ascertaining this patient's future fracture risk including the patient's age, previous osteoporotic (fragility) fracture, estrogen deficiency/hypogonadal, risk of falling, use of medications implicated in bone loss (glucocorticoids), family history of osteoporotic fracture, diseases and conditions associated with bone loss, low body weight, smoking, high bone turnover, etc. Combining low BMD and other clinical risk factors result in a more precise assessment of future fracture risk. Secondary causes for osteoporosis, such as osteomalacia, other metabolic bone disorders, and diseases and conditions that may contribute to accelerated bone loss may have to be considered depending on the clinical situation.

A repeat bone density assessment should be considered in two years.

Reported by: HARRY L. WADSWORTH, M.D.

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