Order Results

Patient: DOB:

COOK, TENA Sex: MRN:

Female-F Wess, Heidi

Lab Order #: Clinical Order #: Report Date: Observation Date:

Fri 01/24/2020 8:01:04 Fri 01/24/2020 7:38:54 Fri 01/24/2020 8:03:09

Electronically signed off by Mrs. Heidi L Wess, . on 1/25/2020

Description Out-of-Range In-Range Units Expected Status Flag

Received Date:

5498287 BONE DENSITY STUDY

5498287&BODY - BONE DENSITY STUDY

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Ordering Provider:

EXAM DATE AND TIME: 1/23/2020 1:40 PM

REASON FOR EXAM: Diagnostic.

INDICATIONS: History of osteoporosis. Follow-up exam.

CLINICAL RISK FACTORS:

- 1. Postmenopausal.
- 2. History of osteoporosis.
- History of fracture as an adult (right ankle).
- History of an abnormal x-ray report (showing bone loss).
- 5. Relatively low dietary calcium intake.

FAMILY HISTORY:

Family history of osteoporosis: Yes.

Parental hip fracture: None.

CURRENT MEDICATIONS: Calcium. Other medications as listed. TECHNICAL QUALITY: The images were reviewed, applying ISCD

performance standards for positioning, acquisition, and analysis.

RESULTS: Hologic Horizon C

Anatomic Site

BMD(g/cm2)T-score

AP spine (L1-L4) 0.772 -2.5 -1.2

Left Femoral neck 0.598 -2.3 -1.1

0.778 -1.3 -0.5 Left Total hip

FRAX (10-year Probability of Fracture): Not calculated (Some T-score for Spine Total, Hip Total, Femoral Neck at or below -2.5) At this facility, the Least Significant Change in BMD with 95% confidence utilized is 0.036 g/cm2 at the L1-L4 Spine, 0.028 g/cm2 at the Total Hip, and 0.030 g/cm2 at the 1/3 Radius.

COMPARISON: 01/21/2019. Compared with the previous exam, the lumbar spine bone density has increased by 0.062 g/cm2 (8.8%), which is statistically significant. The left hip bone density has increased by 0.010 g/cm2 (1.3%), which is not statistically significant.

5498287&IMP - BONE DENSITY STUDY

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estimate is elevated. There has been a statistically significant increase in bone density of the lumbar spine since 2019. A laboratory evaluation for secondary causes of osteoporosis can begin with a CBC, comprehensive metabolic panel, TSH, 25-OH vitamin D level, and 24-hour urine calcium. A follow-up bone density test is recommended in 2 years or as clinically warranted to monitor overall bone density and the effectiveness of any therapeutic changes you may institute.

Contributed By: R. Brian Avery, ARRT (R), CBDT

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