

ENDOCRINOLOGY CONSULTANTS

1101 FIRST COLONIAL ROAD, # 101
VIRGINIA BEACH, VIRGINIA 23454

Phone: (757)-496-9020

Fax: (757)-481-0638

Bone Density Report

Name: Boucher, Lorraine
Patient ID: 005286060
Age: 78

Sex: Female
Ethnicity: White
Date of Birth: 02/12/1933

Indication: Postmenopausal
Referring Physician: DR. MALICK
Study: Bone densitometry was performed.
Accession number: 6060

Bone Density:

Region	Exam Date	BMD (g/cm ²)	T-Score	Z-Score	Classification
AP Spine (L1-L4)	04/07/2011	0.777	-2.5	0.1	Osteoporotic
Femoral Neck (Right)	04/07/2011	0.640	-1.9	0.3	Osteopenic
Total Hip (Right)	04/07/2011	0.737	-1.7	0.3	Osteopenic
Total Forearm (Right)	04/07/2011	0.385	-3.6	-0.8	Osteoporotic
1/3 Forearm (Right)	04/07/2011	0.547	-2.5	0.5	Osteoporotic
UD Forearm (Right)	04/07/2011	0.215	-3.9	-1.9	Osteoporotic

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).

Interpretation:

The patient has **OSTEOPOROSIS** as determined by the World Health Organization criteria. Treatment with a bisphosphonate, raloxifene, teriparatide, or denosumab should be considered depending on clinical situation and other health problems. Calcium and vitamin D intake should be assessed for adequacy.

Secondary causes for osteoporosis, such as osteomalacia, hyperparathyroidism, 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: Jennifer Wheaton, DO, CCD on 04/08/2011 12:36:00 PM.





Virginia Beach Internal Medicine

Bayview Physician Services, P.C.

www.BayviewPhysicians.com

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4/25/2013

LORRAINE BOUCHER
2033 GENERAL BOOTH BLVD
VIRGINIA BEACH, VA 23454

Dear Ms. BOUCHER,

Below are your test results. Please call the office at (757) 481-1113 if you have any questions or if instructed to do so for a prescription or further testing.

BONE DENSITY- OSTEOPENIA, STABLE AT HIP AND FOREARM, 9% INCREASE IN SPINE. KEEP UP WITH SUPPLEMENTS AND EXERCISE

Sincerely,

Rajul Malik, MD

Address:

1168 First Colonial Rd
Suite 201
Virginia Beach, VA 23454

Ph: (757) 481-1113

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Phone: (757)-496-9020

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Bone Density Report

Name: Boucher, Lorraine
Patient ID: 005286060
Age: 80

Sex: Female
Ethnicity: White
Date of Birth: 02/12/1933

Interpretation: Osteoporosis

Since the previous study performed on 04/07/2011, this patient's bone density has remained stable at the Total Hip(Right), Femoral Neck(Right), and Forearm(Right). It has increased by a statistically significant 8.7% at the lumbar spine.

The patient has osteoporosis 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.


Estimated 10 year risk of a major osteoporotic fracture is 15 %, and 10 year risk of a hip fracture is 3.8 % (WHO Fracture Risk Assessment Tool)

Consider FDA-approved medical therapies, based on the following: Low bone mass (T-score between -1.0 and -2.5 at the femoral neck or spine) **AND** a 10-year probability of a hip fracture \geq 3% **OR** a 10-year probability of a major osteoporosis-related fracture \geq 20% based on the US-adapted WHO algorithm

Universal recommendations include adequate calcium (1200 to 1500 mg per day) and vitamin D (800 to 1000 IU per day).

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

Thank you for allowing me participate in this patient's care, please do not hesitate to call if you have any further questions



ANA MARIE U. DIZON, MD, FACE, CCD

Reported by: on 04/18/2013 6:43:00 PM.

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Bone Density Report

Name: Boucher, Lorraine
Patient ID: 005286060
Age: 80

Sex: Female
Ethnicity: White
Date of Birth: 02/12/1933

Indication: 80 y/o WF with a history of osteoporosis not on therapy

Referring Physician: DR. MALICK

Study: Bone densitometry was performed.

Accession number: 86060

Bone Density:

Region	Exam Date	BMD (g/cm ²)	T-Score	Z-Score	Classification
AP Spine (L1-L4)	04/18/2013	0.844	-1.8	0.8	Osteopenic
Femoral Neck (Right)	04/18/2013	0.663	-1.7	0.6	Osteopenic
Total Hip (Right)	04/18/2013	0.751	-1.6	0.5	Osteopenic
Total Forearm (Right)	04/18/2013	0.393	-3.4	-0.4	Osteoporotic
1/3 Forearm (Right)	04/18/2013	0.538	-2.6	0.5	Osteoporotic
UD Forearm (Right)	04/18/2013	0.227	-3.7	-1.5	Osteoporotic

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).

Previous Exams:

Region	Exam Date	Age	BMD (g/cm ²)	T-Score	BMD Change vs. Baseline	BMD Change vs. Previous
AP Spine()	04/18/2013	80	0.844	-1.8	8.7%*	8.7%*
	04/07/2011	78	0.777	-2.5		
Total Hip(Right)	04/18/2013	80	0.751	-1.6	1.8%	1.8%
	04/07/2011	78	0.737	-1.7		
, Femoral Neck(Right)	04/18/2013	80	0.663	-1.7	3.6%	3.6%
	04/07/2011	78	0.640	-1.9		
1/3 Forearm(Right)	04/18/2013	80	0.538	-2.6	-1.6%	-1.6%
	04/07/2011	78	0.547	-2.5		

* Indicates significant change