



11411 Brookshire Avenue
Suite # 104
Downey, CA 90241
Phone - (562) 862-4566
Fax - (562) 862-4638

DUAL X-RAY ABSORPTION BONE DENSITOMETRY REPORT (DXA)

Patient Name: Rooker, Lex

Patient ID Number:

Date of Birth: 1/27/1951

Referring Provider:

Age: 58

Date of Study: 8/20/2009

Gender: M

Height: 73 inches

Weight: 165 pounds

Treatment: None

Indication for bone densitometry study: 733.09 Other osteoporosis

Lumbar Spine Bone Densitometry Study was performed using a Lunar DPX IQ. Technical quality of the scan is excellent. The patient's relative risk for vertebral fracture is low.

Region	BMD g/cm ²	Young Adult %	Young Adult T score	Age Matched %	Age Matched Z score
L1-L4	1.212	99	-0.1	104	0.4

According to the **World Health Organization** guidelines, the patient is classified as: **Normal.**

Left Hip Bone Densitometry Study was performed using a Lunar DPX IQ. The technical quality of the scan is **Excellent (no artifact)**. The patient's relative risk for fracture at the femoral neck is low.

Region	BMD g/cm ²	Young Adult %	Young Adult T score	Age Matched %	Age Matched Z score
Neck	0.976	91	-0.7	103	0.2
Ward	0.805	84	-1.2	103	0.2
Trochanter	0.858	92	-0.7	98	-0.2
Total	1.009	93	-0.3	101	0.0

According to the **World Health Organization** guidelines, the patient is classified as: **Normal.**

Comparison: None to compare.

Therapeutic Recommendations:

- 1.1500 mg elemental calcium supplementation per day.
- 2.Encouraged weight-bearing exercise.
- 3.Vitamin D supplementation at 400-800 international units per day.

Recommended Followup Scan: People with diagnosed cases of osteoporosis, or who are at a high risk for fracture, should have regular bone mineral density tests. Medicare authorizes routine repeat exams once every two years, but this can be increased to once a year in cases in which additional risk factors are present. Based on these results, a followup exam is recommended in two to three years.

NOF 2008 Treatment Recommendations

Postmenopausal women and men age 50 and older presenting with the following should be treated:

- Hip or vertebral fracture
- Other prior fractures and low bone mass (T-score between -1.0 and -2.5 at the femoral neck, total hip, or spine)
- T-score <-2.5 at the femoral neck, total hip, or spine after appropriate evaluation to exclude secondary causes
- Low bone mass and secondary causes associated with high risk of fracture (e.g. glucocorticoid use or total immobilization)
- Low bone mass + 10-yr probability of hip fracture $\geq 3\%$ or 10-yr probability of any major osteoporosis related fracture $\geq 20\%$.

National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis, 2008.

Sincerely,



Michael S. Maehara M.D.
Rheumatology Consultant
I.S.C.D. Certified
MSM/jt

cc: Arthur C. Ungerleider, DO
DD: 8-21-2009
DT: 8-24-2009