

**NORTHWEST OSTEOPOROSIS CENTER**  
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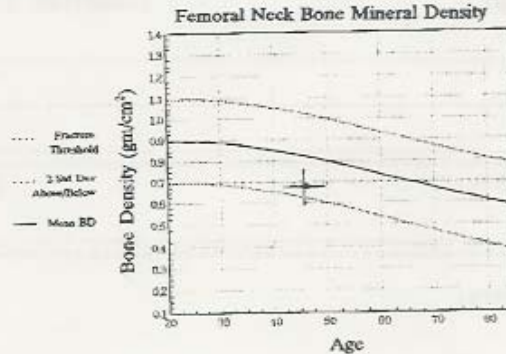
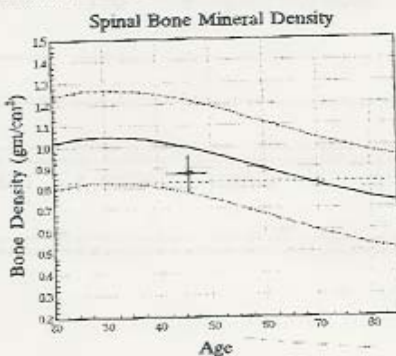
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## **BONE DENSITOMETRY REPORT**

**Dual-Energy Xray Absorptiometry**  
 Hologic QDR 4500C

**Patient:** Anna [redacted] **Age:** 46 **Date:** 9-14-98  
**Referred by:** Dr. Ann McCombs **Gender:** Female **Scan No.:** 1

DATA:		Bone Mineral Density (gm/cm <sup>3</sup> )	% of normal young adults	Standard Deviations from normal young adults
Lumbar Spine	L1-L4	0.876	84%	-1.55
Femoral Neck	Left	0.687	81%	-1.46



### **INTERPRETATION AND RECOMMENDATIONS:**

Dual-energy x-ray absorptiometry was obtained on this 46-year-old Caucasian woman who is 140 lbs. and 5 ft. 7½ in., 2 in. less than her stated adult maximum height. She had a hysterectomy at age 39, atypical breast cancer in 1996, and has not been on estrogen replacement for approximately three years. She is currently undergoing a "total detoxification program" for a latex allergy and has been taken off of her calcium supplements and milk products for four months. Prior to that she was on 1,500 mg of calcium daily.

The DEXA image of the spine and hip are adequate for interpretation.

DEXA Report

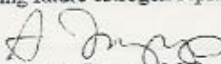
RE: Anna [REDACTED]

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Results show osteopenia of the lumbar spine, being 1.55 standard deviations below that of young adult women, and similar value for the left femoral neck, being 1.46 standard deviations below young adult women. However, L4 by itself is 2.33 standard deviations below normal.

Presuming normal renal function, calcium and phosphate levels, recommendation is to use a minimum of 1,500 mg elemental daily calcium treatment, and strongly consider anti-resorptive treatment in the form of alendronate or raloxifene, if there are no contraindications. Repeating the bone density at a two- to three-year interval to ensure efficacy is also recommended.

DIAGNOSIS: V77.9, postsurgical menopause, breast cancer excluding future estrogen replacement treatment.

  
Shirley B. Ingrant, M.D.  
SBI/jl

cc: Ann McCombs, D.O.  
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NOTE: A normal bone mineral density reading does not ensure that a fragility fracture will not occur. A low bone mineral density suggests the risk of fracture is increased, but despite this risk a fracture may never occur.

World Health Organization Definitions:

1. Normal bone mineral density (BMD): Within +/- 1 standard deviation (SD) of young adult gender-matched means.
2. Osteopenia: BMD between -1 and -2.5 SD below young adult means.
3. Osteoporosis: BMD less than -2.5 SD below young adult means.
4. Severe Osteoporosis: BMD less than -2.5 SD below young adult means and the presence of one or more fragility fractures.

These definitions assume that appropriate clinical and biochemical evaluation to exclude other metabolic bone disease has been performed.