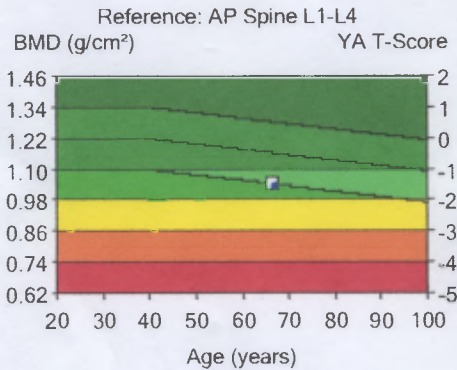


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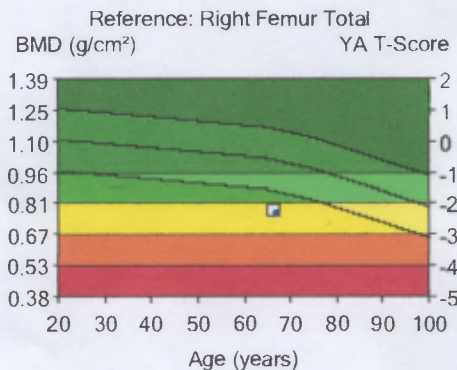
Patient:	Penny, Larry L	Attendant:	Kim Sheldon
Birth Date:	8/5/1938 66.6 years	Physician:	Dr. Paul Best
Height / Weight:	70.0 in. 170.0 lbs.	Measured:	3/2/2005 1:42:49 PM (7.52)
Sex / Ethnic:	Male White	Analyzed:	3/2/2005 1:43:16 PM (7.52)



Region	BMD (g/cm ²)	Young-Adult (%)	T-Score	Age-Matched (%)	Z-Score
L1	0.869	75	-2.4	79	-1.9
L2	1.078	87	-1.3	91	-0.9
L3	1.130	91	-0.9	96	-0.4
L4	1.072	86	-1.4	91	-0.9
L1-L4	1.040	85	-1.5	90	-1.0
L2-L4	1.093	88	-1.2	93	-0.7

Matched for Age, Weight (males 25-100 kg), Ethnic NHANES/USA, AP Spine Reference Population, Ages 20-40
Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4)

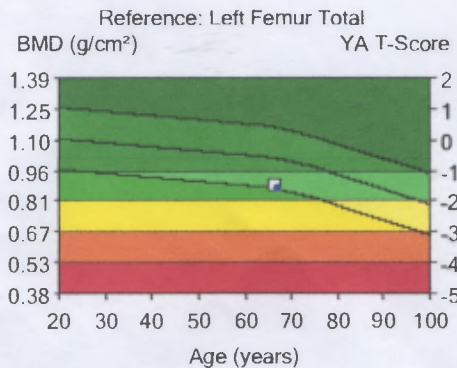
Image not for diagnosis



Region	BMD (g/cm ²)	Young-Adult (%)	T-Score	Age-Matched (%)	Z-Score
Neck	0.678	63	-3.0	74	-1.9
Wards	0.430	45	-4.1	58	-2.4
Troch	0.622	67	-2.8	71	-2.3
Shaft	0.946	-	-	-	-
Total	0.777	71	-2.3	77	-1.6

Standardized BMD for Total is 730 mg/cm².
Matched for Age, Weight (males 25-100 kg), Ethnic NHANES/USA, Femur Reference Population, Ages 20-40
Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm² for Right Femur Total)

Image not for diagnosis



Region	BMD (g/cm ²)	Young-Adult (%)	T-Score	Age-Matched (%)	Z-Score
Neck	0.762	71	-2.4	83	-1.2
Wards	0.546	57	-3.2	74	-1.5
Troch	0.766	82	-1.5	88	-1.0
Shaft	1.064	-	-	-	-
Total	0.891	81	-1.5	88	-0.8

Standardized BMD for Total is 841 mg/cm².
Matched for Age, Weight (males 25-100 kg), Ethnic NHANES/USA, Femur Reference Population, Ages 20-40
Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm² for Left Femur Total)

Image not for diagnosis

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DEXA Bone Densitometry Report: Wednesday, March 02, 2005

Dear Dr. Paul Best,

Your patient Larry Penny completed a BMD test at our facility. The following summarizes the results of our evaluation.

Patient:

Name:	Larry Penny	Height:	70.0 in.
Patient ID:	782	Weight:	170.0 lbs.
Date of Birth:	8/5/1938	Exam Date:	3/2/2005
Gender:	Male	BMD Device:	GE Medical Systems Prodigy

Indications: Caucasian Race, Osteoporotic
Fractures: None
Treatments: Calcium

Results:

Scan Type	Region	Measured	Age	BMD	T-Score	Z-Score
AP Spine	L1-L4	3/2/2005	66.5	1.040 g/cm ²	-1.5	-1.0
DualFemur	Total Mean	3/2/2005	66.5	0.834 g/cm ²	-1.9	-1.2

Assessment:

World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasian Women*:

Normal: T-Score at or above -1 SD

Osteopenia: T-Score between -1 and -2.5 SD

Osteoporosis: T-Score at or below -2.5 SD

Established Osteoporosis: T-Score at or below -2.5 SD plus fragility fracture

*WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.

- BMD as determined from Femur Total Mean is 0.834g/cm² with a T-Score of -1.9 is considered moderately low. Fracture risk is moderate. Treatment is advised if there are other risk factors.
- BMD as determined from AP Spine L1-L4 is 1.040g/cm² with a T-Score of -1.5 is considered moderately low. Fracture risk is moderate. Treatment is advised if there are other risk factors.

Recommendations:

National Osteoporosis Foundation (NOF) guidelines recommend initiating therapy to reduce fracture risk in women with BMD:

T-Score below -2 SD

T-Score below -1.5 SD with other risk factors present

- Mild to aggressive therapies are available in the form of Hormone replacement therapy (HRT), Bisphosphonates, Calcitonin, and SERMs. Additionally, all patients should ensure an adequate intake of dietary calcium (1200mg/d) and vitamin D (400-800 IU daily).
- People with diagnosed cases of osteoporosis or osteopenia should be regularly tested for bone mineral density. For patients eligible for Medicare, routine testing is allowed once every 2 years. Testing frequency can be increased for patients who have rapidly progressing disease, or for those who are receiving medical therapy to restore bone mass.