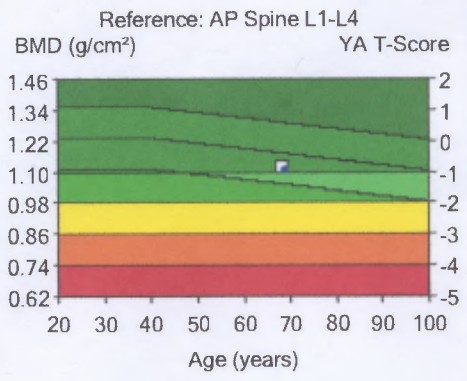
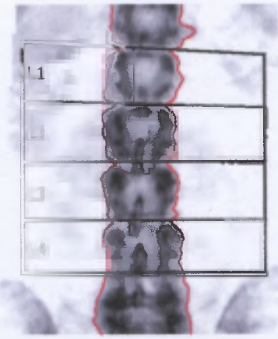


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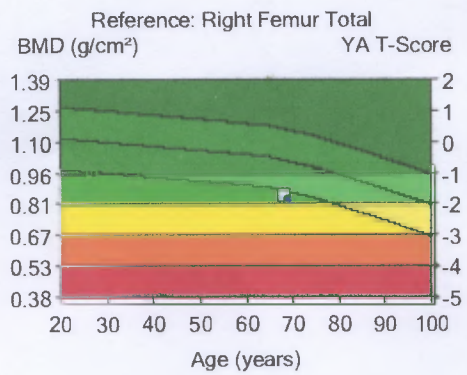
<b>Patient:</b>	Penny, Larry	<b>Attendant:</b>	Kim Sheldon
<b>Birth Date:</b>	8/5/1938 68.3 years	<b>Physician:</b>	Dr. Best, Paul
<b>Height / Weight:</b>	71.0 in. 178.0 lbs.	<b>Measured:</b>	11/28/2006 2:08:08 PM (7.52)
<b>Sex / Ethnic:</b>	Male White	<b>Analyzed:</b>	11/28/2006 2:13:45 PM (7.52)



Region	BMD (g/cm <sup>2</sup> )	Young-Adult		Age-Matched	
		(%)	T-Score	(%)	Z-Score
L1	0.893	77	-2.2	80	-1.8
L2	1.206	97	-0.3	101	0.1
L3	1.226	99	-0.1	103	0.3
L4	1.147	93	-0.8	96	-0.4
L1-L4	1.118	92	-0.8	95	-0.4
L2-L4	1.194	96	-0.4	100	0.0

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 ( $\pm 0.010$  g/cm<sup>2</sup> for AP Spine L1-L4)

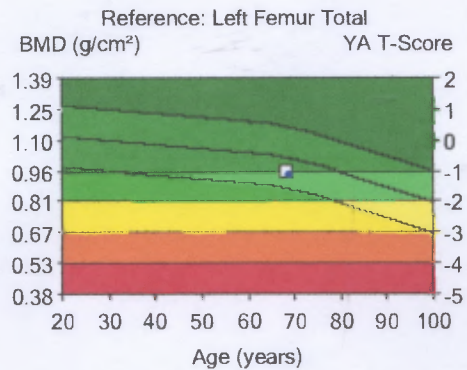
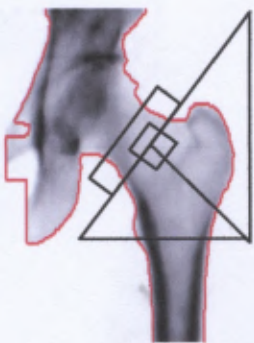
Image not for diagnosis



Region	BMD (g/cm <sup>2</sup> )	Young-Adult		Age-Matched	
		(%)	T-Score	(%)	Z-Score
Neck	0.697	65	-2.9	75	-1.8
Wards	0.522	54	-3.4	71	-1.7
Troch	0.670	72	-2.4	76	-1.9
Shaft	1.074	-	-	-	-
Total	0.856	78	-1.7	84	-1.1

Standardized BMD for Total is 807 mg/cm<sup>2</sup>.  
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 ( $\pm 0.012$  g/cm<sup>2</sup> for Right Femur Total)

Image not for diagnosis



Region	BMD (g/cm <sup>2</sup> )	Young-Adult		Age-Matched	
		(%)	T-Score	(%)	Z-Score
Neck	0.789	74	-2.2	85	-1.0
Wards	0.598	62	-2.8	81	-1.1
Troch	0.796	86	-1.2	90	-0.8
Shaft	1.147	-	-	-	-
Total	0.951	86	-1.0	94	-0.5

Standardized BMD for Total is 900 mg/cm<sup>2</sup>.  
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 ( $\pm 0.012$  g/cm<sup>2</sup> for Left Femur Total)

Image not for diagnosis

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DEXA Bone Densitometry Report: Tuesday, November 28, 2006

Dear Dr. Best, Paul,

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

## Patient:

<b>Name:</b>	Larry Penny	<b>Height:</b>	71.0 in.
<b>Patient ID:</b>	849	<b>Weight:</b>	178.0 lbs.
<b>Date of Birth:</b>	8/5/1938	<b>Exam Date:</b>	11/28/2006
<b>Gender:</b>	Male	<b>BMD Device:</b>	GE Medical Systems Prodigy

**Indications:** Caucasian Race, Hyperparathyroid, Hyperthyroid  
**Fractures:** None  
**Treatments:** Calcium, synthroid

## Results:

Scan Type	Region	Measured	Age	BMD	T-Score	Z-Score
AP Spine	L1-L4	11/28/2006	68.3	1.118 g/cm <sup>2</sup>	-0.8	-0.4
DualFemur	Total Mean	11/28/2006	68.3	0.903 g/cm <sup>2</sup>	-1.4	-0.8

## 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 0.903g/cm<sup>2</sup> with a T-Score of -1.4 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 1.118g/cm<sup>2</sup> with a T-Score of -0.8 is normal. Fracture risk is low.

## 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.