

KEATLEY, RAELEEN
PO BOX 383 JAMESTOWN 5491
Phone:

Birthdate: 07/10/1958 Sex: F Medicare Number: 5135902434

Your Lab
Reference: 5013175347

Laboratory: samixray
Addressee: Dr HAYLEY WALKER Referred by: Dr HAYLEY WALKER

Name of test: BD Osteoporosis monitoring or Fractures after min trauma

Requested 27/06/2022 Collected: 20/07/2022 Reported: 22/07/2022 09:11:00



SOUTH
AUSTRALIA
MEDICAL
IMAGING

Patient: KEATLEY, RAELEEN, 1958-10-07
Date of Service: 20/07/2022 2:57:00 PM
Addressee: WALKER, Dr Hayley

PATIENT MRN:001148424
PATIENT NAME:RAELEEN KEATLEY
DATE OF BIRTH:07/10/1958
STUDY DATE:20/07/2022 STUDY TIME: 12:19 PM
REFERRING DR:WALKER,HAYLEY,409520VX,JAMESTOWN
WARD ' UNIT:General Practitioner Clinic ' GP Referral

CLINICAL DETAILS:

Re: Raeleen KEATLEY DOB: 7-Oct-1958 UR: 001148424 Episode:
5013175347

SUMMARY:

This patient attended on 20-Jul-2022 for bone densitometry of AP Spine, Left Hip and Left Forearm on the mobile DXA service (s/n 380466 v.14.10.022) at Jamestown. The Young Normal Adult and Age Matched Z scores for BMD were:

Scan	BMD(g/sq.cm)	T score	Fracture Risk	Z score?	Peer relationship
Lumbar Spine	0.994	-1.4	Moderate	0.2	average
Total Femur (L)	0.969	-0.3	Normal	0.9	above average
Forearm (L)	0.681	-0.5	Normal	0.8	above average

10 year fracture risk? ANY: 2.3% HIP: 0.4%

Indications Osteoporosis

Treatments Calcium, Vitamin D

LUMBAR SPINE:

Bone densities are usually averaged between L1-L4, however, L1-L2 has been used in this analysis. This patient has a measurement of 1.4 std. dev. below the mean for young females (92% of young normal adults have more bone at this site). This density is average for age. This is a 2.9% rise in BMD since the Jul-2018 scan 0.7%/year (to be 95% confident of a change a 2.8% change in density should occur)

LEFT HIP:

The Total Femur region of the hip combines the Neck, Trochanter and Shaft regions of the femur scan for improved precision, and is regarded by most authorities as the most appropriate hip measurement?. This patient has a measurement of 0.3 std. dev. below the mean for young females (60% of young normal adults have more bone at this site).

This density is above average for age. This is a 0.1% rise in BMD since the Jul-2018 scan 0.0%/year (to be 95% confident of a change a 4.2% change in density should occur)

LEFT FOREARM:

The forearm was measured at the 33% radius site. This patient has a measurement of 0.5 std. dev. below the mean for young females (68% of young normal adults have more bone at this site). This density is above average for age. This is a 0.6% fall in BMD since the Jul-2018 scan -0.1%/year (to be 95% confident of a change a 2.8% change in density should occur)

COMMENT:

Bone density results may vary from region to region, yet each of these values may have a similar predictive value for future fracture. A conservative approach may base decisions on the lowest density measured, which for this patient was in the region L1-L2. Therapy should take into account all available clinical information, including bone density.

SUGGESTED ACTION?:

With respect to the measured bone density, consider treatment to prevent bone loss, particularly if a low trauma fracture has occurred, glucocorticoid therapy is being given, or the Z score is below -1. Do not repeat study in less than 2 years unless there is a significant change in therapy.

NOTES:

* The lumbar spine analysis may be affected by sclerosis associated with degenerative disease, which can cause falsely elevated BMD values. However, we have excluded the most severely affected vertebrae.

* A forearm scan has also been acquired to provide an independent site for monitoring of bone density due to the technical limitations of the spine scan.

? Z-scores are weight corrected and at the extremes of weight (<40 or >100kg) this value is less applicable.

? Australian FRAX tables fracture estimate (from Jan-2011). Ages 40-90 only. Bracketed values are ranges - not confidence intervals.

see www.shef.ac.uk/FRAX? 2015 ISCD Official Position
see www.iscd.org/official-positions/2015-iscd-official-positions-adult/
Reporting DXA scans, Royal Osteoporosis Society, 2019
see

www.theros.org.uk/media/xhfhyy52/ros-reporting-dxa-scans-in-adult-fracture-risk-assessment-august-2019.pdf

? Anomalies in the number of lumbar vertebrae may result in vertebrae designated on AP lumbar DXA not corresponding with anatomical conventions

?Jul-2021 RAH Nuclear Medicine, PET and Bone Densitometry - ver e2.5.1.1

REPORTED BY: ,

APPROVED BY: CHONG CHEW, Consultant, 22/07/2022 09:05 AM

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