BENTON, JENNY
Birthdate: 15/10/1968 **Sex:** F **Medicare Number:** 50971461531
Your Reference: 7013035 **Lab Reference:** 7013035
Laboratory: Benson Radiology
Addressee: DR CRISTINA BOLATON **Referred by:** DR CRISTINA BOLATON

Name of Test: Bone Densitometry
Requested: 08/10/2023 **Collected:** 23/10/2023 **Reported:** 23/10/2023 18:02

This report is for: Dr C. Bolaton
Referred By:
Dr C. Bolaton

BONE MINERAL DENSITOMETRY 23/10/2023 Reference: 7013035
Site: Christies Beach ID: 47.06006001

BONE MINERAL DENSITOMETRY

BMD Device: Lunar Prodigy
Indications: History of Fracture (Adult)

Scan Type	Region	BMD	T-Score	Z-Score	% change previous	% change baseline
AP Spine	L2-L4	1.002 g/cm*2	-1.7	-1.3	-	baseline
Dual Femur	Neck Left	0.806 g/cm*2	-1.5	-0.9	-	baseline
Dual Femur	Neck Right	0.793 g/cm*2	-1.6	-1.0	-	baseline
Dual Femur	Total Left	0.821 g/cm*2	-1.2	-1.2	-	baseline
Dual Femur	Total Right	0.813 g/cm*2	-1.6	-1.2	-	baseline

Assessment:
AP Spine (L2-L4): This result is in the osteopenic range.
AP Spine (L2-L4) Z-Score: BMD is within normal limits for age and sex, but below the mean. The relative risk of fracture is moderately increased.
Relative Risk = Increased risk of fracture compared with patients of same age and sex based only on BMD.

FRAX Assessment:
The probability of a major osteoporotic fracture is 3.5 % within the next ten years.
The probability of a hip fracture is 0.6 % within the next ten years.

Dates of all scans performed:
23/10/2023

Recommendations:
Treatment to prevent bone loss should be considered, particularly if a low trauma fracture has occurred, glucocorticoid therapy is being given, or the Z score is below -1. However unless significant changes in therapy occur, a repeat study in less than 2 years is unwarranted.
The choice of agent should be tailored to the patient's clinical situation. Additionally, all patients should ensure an adequate intake of dietary calcium (1200mg/d).
For information on vitamin D refer

BENTON , JENNY
14 NANNIGAI DR HALLETT COVE 5158
Phone:

Birthdate:	15/10/1968	**Sex:**	F	**Medicare Number:**	5097146153
Your Reference:	002JPBYRP	**Lab Reference:**	5015165227		
Laboratory:	samixray				
Addressee:	DR CRISTINA BOLATON	**Referred by:**	Dr KARYN BOUNDY		
Name of test:	PET Brain Alzheimer's Disease				
Requested	31/07/2023	**Collected:**	20/10/2023	**Reported:**	20/10/2023 11:49:00

Patient: BENTON, JENNY, 1968-10-15
Date of Service: 20/10/2023 11:13:00 AM
Addressee: BOLATON, Dr Christina

OFFICIAL Sensitive'Medical in Confidence

PATIENT MRN:500255113
PATIENT NAME:JENNY BENTON
DATE OF BIRTH:15/10/1968
STUDY DATE:20/10/2023STUDY TIME: 09:21 AM
REFERRING DR:BOUNDY,KARYN,042052FJ,FMC (Consultant)
WARD ' UNIT:FMC-OP L2 Outpatient Clinic C ' Neurology

CLINICAL DETAILS:

short term memory loss, differential diagnosis of cognitive syndrome
COMPARISON STUDY/REPORT:
None

EXAMINATION:
PET560 - PET Brain Alzheimer's Disease
NMCTLOC - NM CT Localisation

RADIOPHARMACEUTICAL:
282 MBq F 18 F D G

TECHNIQUE:
PET scan of the brain was acquired and fused with a low energy nondiagnostic CT for anatomical localisation and attenuation correction. The PET data sets were compared semi quantitatively with a normal database using the Scenium programme.

Blood glucose level: 6.3 mmol/litre.

FINDINGS:

On the qualitative review, there is no obvious cortical hypometabolism noted. Radiotracer activity in the cortical and subcortical structures in general appear preserved.

The quantitative analysis suggests reduction of activity in the frontal lobes which appear localised to the white matter and is probably artefactual. Metabolic activity in the frontal lobes appear preserved on qualitative assessment.

The quantitative analysis also suggests some reduction of activity in the inferior aspects of both temporal lobes in a superficial location. These are probably also artefactual.

Similarly the quantitative analysis suggesting lesser activity in the cerebellum bilaterally in a superficial location inferiorly is probably artefactual.

CONCLUSION:
No significant abnormalities found to account for the patient's memory impairment.

REPORTED BY: ,
APPROVED BY: CHONG CHEW, Consultant, 20/10/2023 11:43 AM

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