Bone mineral density (BMD) measurements

NHS Lothian **Osteoporosis Service**

Study date: 12 September 2014

Surname: **Halliday** Forename: **Shona** Date of Birth: **06/11/1975**

Hospital: **WGH** Consultant: **DR NEIL DOUGLAS MCKAY** CHI No: **0611751143** Age: **38**

DIAGNOSIS

	BMD g/cm^2	T-Score	WHO Diagnosis	% of age matched population with lower BMD	% Change since
Spine (L1,L2,L3,L4)	0.991	-0.5	Normal	38	
L Fem Neck	0.722	-1.1	Osteopenia	18	
L Total Hip	0.82	-1	Osteopenia	18	

For the sites measured the WHO category is: OSTEOPENIA

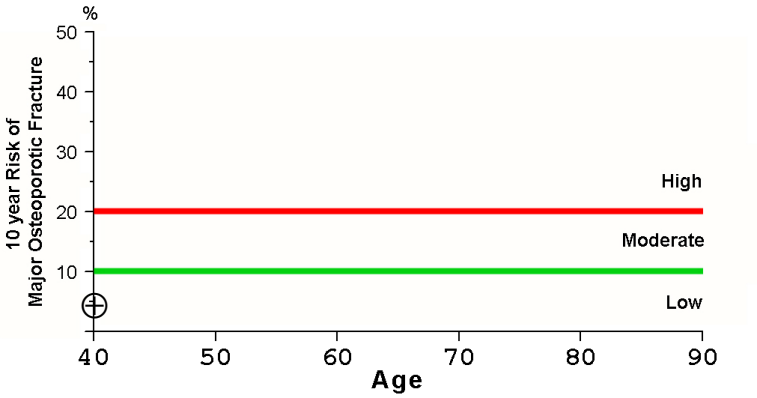
10 Year Fracture Risk

Hip Fracture Risk	0.7%
Major Osteoporotic Fracture Risk (spine, forearm, hip or shoulder)	4.3%

Ht(cm): 165 Wt(kg): 73

Evaluation of risk based on femoral neck BMD,age and clinical risk factors using the WHO Fracture Risk Assessment Tool (FRAX)

10 year fracture risks calculated and plotted using minimum possible age for FRAX tool (40 years)



TREATMENT SUGGESTIONS Relevant factors: low dietary Ca
Current daily dietary calcium = 580mg (recommended daily intake is 1000mg)
Due to low calcium intake the patient should be advised to increase dietary calcium.

Lifestyle advice only is recommended.

Lifestyle advice: perform weight bearing exercise, avoid smoking and excessive alcohol intake, follow a healthy diet with adequate calcium and vitamin D. Patient information and advice is available from the National Osteoporosis Society (Helpline 0845 450 0230)

Treatment suggestions are generated using a computer program.

Report checked by: C. Sidey (Clinical Technologist)

Department of Medical Physics, Western General Hospital, Edinburgh EH4 2XU, Tel: 0131 537 2155, Fax: 0131 537 1026

MRI Hand Lt,MRI Hand Rt,MRI Wrist Lt,MRI Wrist Rt

MRI Hand Lt,MRI Hand Rt,MRI Wrist Lt,MRI Wrist Rt

Clinical details
bilateral hands and wrists pain,inflmmatory histry but no overt synovitus,CCP positve, High ESR ,please look for subclinical synovitis.

MRI Both Hands & Wrists
Coronal T1W and PD fat sat imaging has been obtained from distal forearms to fingertips.

There are normal appearances to distal radius and ulnar, carpus, metacarpals and phalanges with no bony erosions evident. The articulations in wrists and hands appear unremarkable, with no joint effusions. No overt periarticular soft-tissue thickening or oedema / inflammation and no overt synovitis.

Normal musculotendinous appearances bilaterally.

Reported by Dr M L Errington.

Reporting Radiologist: Dr Martin Errington

Report Information

Requestor	Gray, Dr MK
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	13451376
Sample Date	06/11/2012 10:30:00

XR Feet

XR Feet

Clinical details
?early 1st MTP hallux valgus but note also positive rheumatoid screen / Forefoot left

Report
No obvious bone, joint or soft tissue abnormality.

GMcK/CB

Reporting Radiologist: Dr Graham McKillop

Report Information

Requestor	WESTWOOD, DAWN
Requesting Location	Dalkeith Medical Practice
Report Identifier	15579845
Sample Date	18/07/2013 10:50:00

First | Previous | Next | Last

XR Chest,XR Hands,XR Feet

XR Chest,XR Hands,XR Feet

Clinical details

XR Chest,XR Hands,XR Feet
RA pre MTX

Report
Normal heart and mediastinal contours. Lungs clear with normal pulmonary vascularity.
No significant abnormality of either hand. No erosions.
Erosion of the head of the left first metatarsal and also the base of the proximal phalanx of the left great toe.

Reported by Dr Domenyk Brown

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor	McKay, Dr Neil Douglas
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	17127530
Sample Date	03/02/2014 15:52:00

Report

Clinical Summary

Inadequate colposcopy. Moderate dyskaryosis. Newly diagnosed rheumatoid arthritis. No other symptoms. Referred to stop smoking.
Provisional diagnosis: high grade CIN.

Specimen

LETZ.

Macroscopy

A LETZ specimen measuring 2 x 1.8 x 1 cm in depth. There is a transverse opening measuring 6 mm. Lateral margins in (A); rest of the specimen processed in (B&C).

Specimen trimmed by: Dr Noreen Akhtar.

Microscopy

Transformation zone: Present

Koilocytosis: Present

Squamous epithelium: CIN 1 in 4/6 transections

Glandular epithelium: Normal

Invasion: Not identified

Inflammation: Chronic inflammation

Endocervical margin: Clear

Ectocervical margin: Clear

Smear correlation and comments

There is minor discrepancy with the recent ThinPrep which showed moderate dyskaryosis.

All of the tissue submitted has been processed. Orientation in some blocks is suboptimal which compromises assessment but there is no convincing evidence of high grade CIN. Only viral and low grade changes are identified.

LETZ cervix - CIN 1

Test Comments

(RPT) Pathologists :
(RPT) Gynae Pathology Team
(RPT) Dr Noreen Akhtar
(RPT) Dr Ashley D Graham

Sample Comments

Suffix Loop Excision of Transfn Zone

Report Information

Requestor	Anthony, CNP Geraldine B
Requesting Location	(RIECOLP) RIE Colposcopy Clinic
Report Identifier	UB018657J/14
Sample Date	12/08/2014 09:30:00

XR Feet

XR Feet

Clinical details

XR Feet
any progression toe erosions

Report
Tiny medial erosions of the head of the left first metatarsal and the base of the proximal phalanx of the left great toe, unchanged from the previous image of is or 3/02/14. No new erosive arthropathy.

Reported by Dr C M Turnbull .

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	McKay, Dr Neil Douglas
Requesting Location	(WGHOOPD) WGH 1st Floor, Outpatient Dept
Report Identifier	19967435
Sample Date	21/01/2015 11:57:00

XR Hands,XR Feet Both

XR Hands,XR Feet Both

Clinical details
XR Hands,XR Feet Both
long standing RA, any progression, persistent PIP joint/wrist/1st MTP pain, ?OA, ?erosions

Report
Hands:
Comparison with prior study from 2014. Normal alignment. No erosions or degenerative change. Normal soft tissue appearances. Preserved bone density.

Feet:
Comparison with prior from 2015. Erosive change of the left first metatarsal head, unchanged since previous. No new erosive change evident. No significant degeneration. Normal alignment.

Dr Tom Blankenstein
Consultant Radiologist
Royal Infirmary of Edinburgh

Reporting Radiologist: Dr Tom N Blankenstein

Report Information

Requestor	Golla, Dr Janardhana
Requesting Location	(OPWVIRTOPD) WGH Virtual Outpatient Desk
Report Identifier	36069332
Sample Date	22/07/2020 09:40:00

XR Hands

XR Hands

Clinical History
AND LEFT FOREFOOT PLEASEthis lady c/o right hand/wrist pain: wrist, got swollen and stiff few days ago - better now on Naproxen and co-codamol. Also pain in left thumb base and left MTT area of foot, worse as the day goes on. Pat is a cook, on her feet all dayPAt has RA and initially had RA presented in her left toe. Imp: likely OA but prudent to assess joints/exclude RA process Thank for your help

6304289 04/03/2022 XR Hands

Comparison to previous dated 22/07/2020.

Solitary erosion at the radial aspect of the base of the left 2nd proximal phalanx, this is new since previous.
No other significant bone or joint abnormality, joint spaces well preserved. Normal soft tissues.

6304290 04/03/2022 XR Foot Lt

Comparison to previous dated 22/07/2020.

Focal erosion in at the left first metatarsal head, present previously. No new erosions demonstrated. No significant degenerative changes. Normal soft tissues.

—
Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

XR Foot Lt

XR Foot Lt

Clinical History
AND LEFT FOREFOOT PLEASEthis lady c/o right hand/wrist pain: wrist, got swollen and stiff few days ago - better now on Naproxen and co-codamol. Also pain in left thumb base and left MTT area of foot, worse as the day goes on. Pat is a cook, on her feet all dayPAt has RA and initially had RA presented in her left toe. Imp: likely OA but prudent to assess joints/exclude RA process Thank for your help

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Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reporting Radiologist: Dr Joanna W Davis

Report Information

Requestor	GAIDAKOVA, YULIA
Requesting Location	Dalkeith Medical Practice
Report Identifier	41468407
Sample Date	04/03/2022 10:55:00

US Gynaecology Pelvis

US Gynaecology Pelvis

Clinical History
PV spotting , almost daily for 2-3 years since IUS insertion. still getting periods. suspects menopausal. sweating at night. pelvic exam normal, but unable to appreciate strings of IUS. imp- ?IUS related bleeding, ?IUS still there, ?other source of bleeding. many thanksDr Shipley / Ultrasound Gynaecology (Pelvic Organs)

8770025 30/04/2025 US Gynaecology Pelvis

Uterus measures 86 x 50 x 60mm
The myometrium is coarse and heterogenous and there are possible features of adenomyosis. Small 15mm intramural fibroid seen posteriorly.
IUCD is seen correctly placed. No evidence of endometrial thickening. Minimum myometrial thickness - 8mm at level of c.section scar.
Both ovaries normal.
No pelvic masses or free fluid.

—
Claire Ciechanowicz. HCPC: RA48475
Sonographer.

Reporting Radiologist: Claire Ciechanowicz

Report Information

Requestor	SHIPLEY, LUCIE
Requesting Location	Dalkeith Medical Practice
Report Identifier	50540767
Sample Date	30/04/2025 10:40:00