

Medical Imaging Center

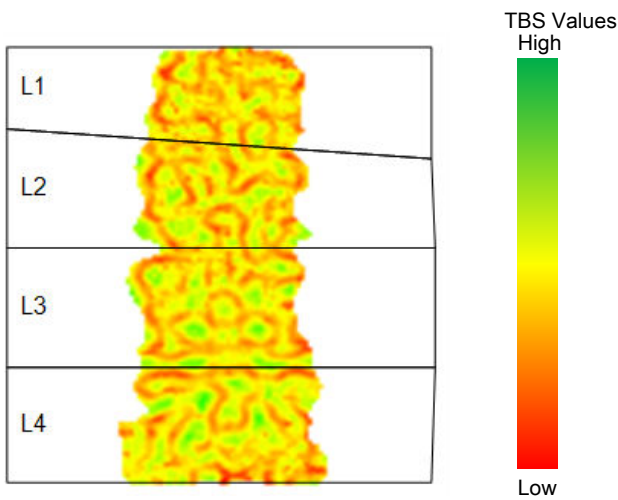
Dr. Strangelove
1975 Reel Avenue

Las Cruces, 88001, New Mexico - ☎: 505-382-4024

| | | | |
|------------------------|---|----------------------|-----------------------|
| Patient: | Jane, Doe | Date of birth - Age: | 01/07/1942 - 78 years |
| Patient ID: | 1 | Gender - Ethnicity: | Female - White |
| Height - Weight - BMI: | 150.7 cm - 58.3 kg - 25.7 kg/m ² | Acquisition date: | 12/01/2021 |
| Referring physician: | Dr. Strangelove | | |

BONE HEALTH REPORT

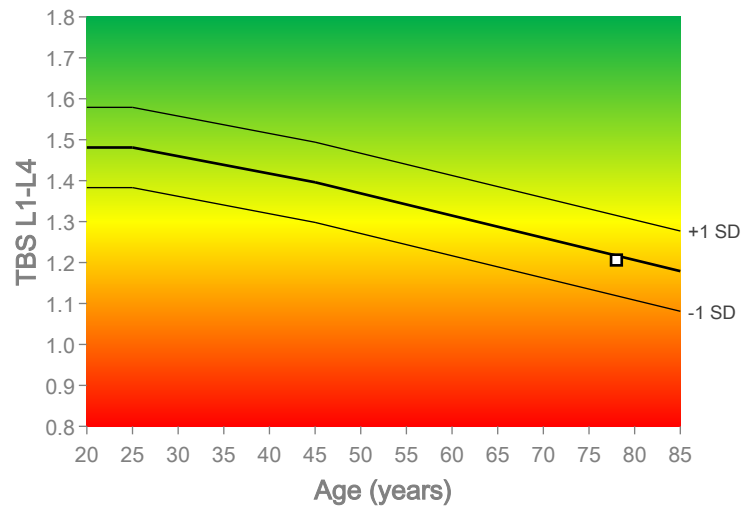
1 TBS Mapping



Non-diagnostic image

2 TBS Spine Results

TBS L1-L4 = 1.206 - Degraded microarchitecture



Reference population: USA (NHANES / Medimaps) - White

3 Skeletal Status Assessment

Osteoporosis is a systemic skeletal disease characterized by low bone mass and microarchitectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture.¹

The TBS is derived from the texture of the DXA image and has been shown to be related to bone microarchitecture and fracture risk. It provides information independent of BMD.

For purpose of clarity, "Bone Resilience Index" is defined as the combination of BMD T-score and TBS categories. The Bone Resilience Index zones are established based upon level of fracture risk.²

| | | BMD T-score* | | |
|-------|--------------------|--------------|------------|--------------|
| | | Normal | Osteopenia | Osteoporosis |
| TBS** | Normal | Normal | Moderate | Low |
| | Partially degraded | Moderate | Low | Severely low |
| | Degraded | Moderate | Low | Severely low |

* BMD T-score is the min value of spine, total hip and femoral neck

** Spine TBS L1-L4 Normal microarchitecture > 1.31; Degraded ≤ 1.23

Color coded Bone Resilience Index zones based on Fracture Risk²

4 Therapeutic Decision Tools

The FRAX® 10-year probability of fracture:

| Type of Fracture | Risk | Risk adjusted for TBS* |
|--------------------|-------|------------------------|
| Major Osteoporotic | 22 % | 26 % |
| Hip | 7.5 % | 8.9 % |

* Validated only for Caucasian and Asian women and men³. Refer to local guidelines before using these values.

Reported Risk factors beside BMD: glucocorticoids

The BMD T-score:

| Bone Site | BMD T-score | BMD T-score adjusted for TBS* |
|-----------------|-------------|-------------------------------|
| Spine | -2.3 | -2.5 |
| Femoral Neck •> | -2.2 | -2.3 |
| Total Hip •> | -2.2 | -2.3 |

* Validated for Caucasian women only⁴. The greyed cell is the minimum value. The arrow displayed near the hip bone sites represents the hip side of the exam : <• for left hip, •> for right hip.

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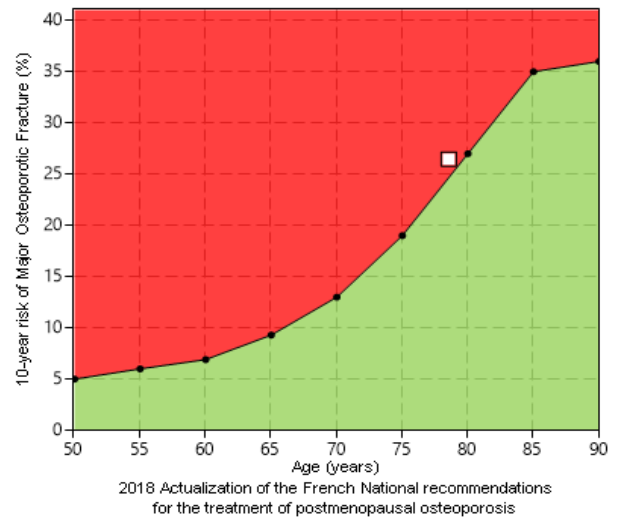
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BONE HEALTH REPORT

5 Detailed Spine Results

| Region | TBS | TBS Z-score | BMD (g/cm ²) | BMD T-score |
|-------------|-------|-------------|--------------------------|-------------|
| L1 | 1.087 | - | 0.634 | -3.2 |
| L2 | 1.216 | - | 0.854 | -1.6 |
| L3 | 1.252 | - | 0.808 | -2.5 |
| L4 | 1.270 | - | 0.864 | -1.8 |
| L1-L4 | 1.206 | -0.1 | 0.801 | -2.3 |
| L1-L3 | 1.185 | -0.1 | 0.774 | -2.2 |
| L1-L4(L3) | 1.191 | 0.0 | 0.799 | -2.1 |
| L1-L4(L2) | 1.203 | 0.0 | 0.786 | -2.4 |
| L2-L4 | 1.246 | -0.2 | 0.842 | -2.2 |
| L1-L2 | 1.152 | 0.1 | 0.752 | -2.1 |
| L1-L3(L2) | 1.169 | 0.0 | 0.734 | -2.5 |
| L1-L4(L2L3) | 1.178 | 0.1 | 0.774 | -2.4 |
| L2-L3 | 1.234 | -0.3 | 0.829 | -2.1 |
| L2-L4(L3) | 1.243 | -0.1 | 0.860 | -2.0 |
| L3-L4 | 1.261 | -0.2 | 0.838 | -2.4 |

6 FRAX Curve



7 Conclusion

The Lumbar spine TBS is 1.206 which suggests a degraded microarchitecture compared to reference population.

The patient's associated BMD and TBS values suggest a Low resilience to fracture.

Furthermore, the minimum BMD T-score (either adjusted or not for TBS), positions the patient in the Osteoporosis category equivalent.

The patient's FRAX results should be interpreted in regard to the intervention thresholds provided by national medical guidelines.

Final decision regarding diagnostic or therapeutic recommendations should include BMD, TBS, additional clinical risk factors as well as the clinical context of the patient.

8 Notes & References

Date of report generation: 13/01/2022 16:56:15
Date of analysis: 12/01/2021 – TBS insight version 3.1.2
DXA: QDR 4500 A #0 – File: PA04112A.p05

1. Consensus Development Conference, Am J Med 94, 646-650 (1994)
2. Adapted from J. Bone Miner. Res. 26, 2762-2769 (2011)
3. Calcif Tissue Int. 96, 500-509 (2015)
4. Adapted from Osteoporos Int. 29, 751-758 (2018)