

Thompson Medical Centre

130 Thompson Road
London ON, Canada
N5Z 2Y6

IMPORTANT TEXT MAY APPEAR ON THIS PAGE PLEASE CHECK UNDER PATIENTS NAME

Fax Cover Sheet

To: Lisa-Ann Fraser
Phone: (226) 680-0802
Fax: (226) 680-0800

Date: 2025-Oct-31

From: Dr. Marco Mura
Phone: (519) 601-8621
Fax: (519) 204-1759

Number of pages including cover: 7

Re: Nancy Brinker

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Dr. Marco Mura

Thompson Medical Centre, 130 Thompson Road, London, ON
Phone: (519) 601-8621 Fax: (519) 204-1759

2025-Oct-31

Fraser
140 Oxford St East Suite 410
London, ON N6A 5R9

Patient: Mrs Nancy Brinker
PHN: 5404 576 075LG
Birthdate: 1950-Jul-10
Address: 222-31 Maple Lane
Phone (226) 931-5564

Dear Dr. Fraser,

please assess Ms. Nancy Brinker, a pleasant but unfortunate 75 ys old lady with COPD, mild interstitial lung disease and now confirmed osteoporosis with wedge fracture of T7, in a considerable amount of pain. Not yet on biphosphonates.

I am trying to reduce the prednisone as much as I can. Now on 10 mg.

Please find my most recent clinic and note, the BMD and the spine x-ray attached.

Thank you. Best regards,

Marco Mura, MD, PhD
Respirology Consultant

Reason For Exam:

History of ongoing pain of spine, shows fragility fracture of T7..Most likely related to Osteoporosis.

BONE MINERAL DENSITOMETRY:

CLINICAL HISTORY:

Female.

No history of prolonged corticosteroid use.

History of fragility fracture: Spine.

No bone building medication.

COMPARISON:

Previous 2023.

Baseline 2023.

LUMBAR SPINE (L1-L4):

BMD 1.419 g/cm squared

T-score 2.0

Comparison previous 1.380 g/cm squared, 0.039 g/cm squared change, statistically significant: Yes.

* Spine is sclerotic and may introduce artificial increase in BMD. These results may not be reliable.

FEMUR:

Neck
BMD 0.833 g/cm squared
T-score -1.5

Total Hip
BMD 0.853 g/cm squared
T-score -1.2

Comparison previous 0.869 g/cm squared, -0.016 g/cm squared change, statistically significant: No.

Comparison baseline 0.866 g/cm squared, -0.013 g/cm squared change, statistically significant: No.

SUMMARY:

Bone Density Impression: Low bone mass

HIGH fracture risk (given positive history of prior fragility fracture): 10-year absolute fracture risk >20%.

Interpretation

Pharmacologic therapy should be offered. Effective therapies are available in the form of bisphosphonates. Non-pharmacological and lifestyle measures are applicable to all patients. All patients should ensure an adequate intake of dietary calcium (1200 mg/d) and vitamin D (800-2000 IU daily).

Permissible Ontario Follow Up: After 1 year.

Signature Line

Date Dictated: 2025/10/08 20:21
Reporting Radiologist: Dr. Mangat, Arvindpaul MD FRCPC
Electronically Signed By: Mangat, Arvindpaul MD FRCPC
Date Signed: 2025/10/08 20:24
tr: Voice, Recorded

Reason For Exam:
r/a fractures from osteoporosis

Stable appearance of a moderate to severe wedge compression fracture at T7. There is kyphosis and mild multilevel degenerative disc disease. The posterior elements appear intact.

Signature Line

Date Dictated: 2025/10/17 14:39
Reporting Radiologist: Dr. Islam, Ali MD FRCPC
Electronically Signed By: Islam, Ali MD FRCPC
Dr.
Date Signed: 2025/10/17 14:40
tr: Voice, Recorded

Sincerely,



Marco Mura, MD
Electronically Reviewed to Expedite Delivery

Enclosures (3)

Thompson Medical Centre

130 Thompson Road
London ON, Canada
N5Z 2Y6

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Fax Cover Sheet

To: Dr. Christina Mokone
Phone: (519) 863-2338
Fax: (519) 863-2073

Date: 2025-Sep-04

From: Dr. Marco Mura
Phone: (519) 601-8621
Fax: (519) 204-1759

Number of pages including cover: 3

Re: Nancy Brinker

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Dr. Marco Mura

Thompson Medical Centre, 130 Thompson Road, London, ON
Phone: (519) 601-8621 Fax: (519) 204-1759

2025-Sep-04

Dr. Mokone
32 South Court Street E PO Box 550
Norwhich, ON N0J 1P0

Patient: Mrs Nancy Brinker
PHN: 5404 576 075LG
Birthdate: 1950-Jul-10
Address: 222-31 Maple Lane
Phone (226) 931-5564

Dear Dr. Mokone,

I saw today Mrs. Nancy Brinker at the Thompson Medical Centre. She is a pleasant but complex 75 Yr years old lady with severe COPD and mild interstitial lung disease. I saw her last time in August.

She is on salbutamol nebs and hypertonic saline 3-4 times a day, Tudorza, Zenhale 200 BID, azithromycin 500 mg MWF, NAC, prednisone 15 mg and furosemide 60 mg.

Since the last visit, she visibly look better, more comfortable. She actually walked from the waiting room without oxygen, but her SaO₂ was 84%, then it increased to 95% at rest.

The nebulized therapy is helping, and with this, she has to use less Zenhale, so the thrush is much less of a problem.

MRC dyspnea score is 3, from 4 previously.

Since the last visit, she also had some problems though. On August 17 she was in ER for dyspnea and leg swelling, and she was instructed to use oxygen 3 l/min continuously. With that, she became very lethargic. She probably developed CO₂ retention. She now using it only on longer exertions.

The repeat spirometry done today demonstrated an FEV₁ of 33%, FVC of 57%, FEV₁/FVC ratio of 44%, TLC 94%, RV 44% and DLCO 33%.

Therefore, her physiology is entirely obstructive, not restrictive, and this reinforces the notion that her problem is COPD, and that the interstitial lung disease is a minor contributor.

ASSESSMENT AND PLAN

Mrs. Brinker is finally doing a bit better from a respiratory perspective.

We will try to taper the prednisone very slowly, by 1 mg weekly, aiming for 10 mg for now.

I plan to see her in 6 weeks' time.

Please do not hesitate to contact me should you have any question.

Marco Mura, MD, PhD
Respirology Consultant

Sincerely,



Marco Mura, MD
Electronically Reviewed to Expedite Delivery