



Patient Name: [REDACTED]

Patient DOB: [REDACTED]

Date of Study: [REDACTED]

Lab: [REDACTED]

Mammogram Count: 0

Last Anatomical Study: -

Study Results: -

Diagnosed with Cancer: No

Date of Diagnosis: -

Cancer Type: -

Treatment: -

Hormone Therapy: -

Breast Disorders: ultrasound of breast, June 2018, results cysts in right breast. cysts in left breast smaller than year prior.

Surgical History: Breast Augmentation 1997

Concerns: -

Breast Symptoms: Implants

Miscellaneous Symptoms: Artery disease, Family stroke history

Exam Notes: concerned about potential leakage

Had miscarriage since last scan - burning and aching on right ovary area

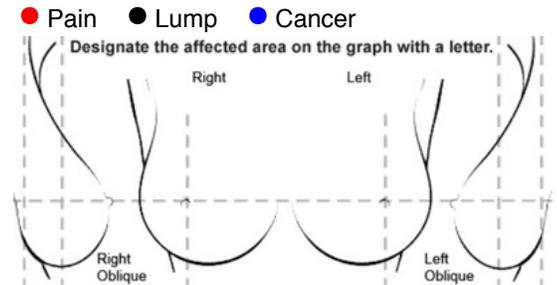
Narrowing on internal carotid artery 50-70 percent - on aspirin cholesterol meds

Dental: had a cap put on a week ago

Hurt back on left side back in October

5 mm Kidney Stone on right kidney in Cat Scan a month ago

earrings cant come out.



	Right Breast	Left Breast
Vascular Patterns	Asymmetrical: unilateral area of vascular patterns, A questionable pattern of vascularity is seen. This creates a need for future monitoring as recommended	Asymmetrical: unilateral area of vascular patterns, A questionable pattern of vascularity is seen. This creates a need for future monitoring as recommended
Focal Hyperthermia	No significant area of focal hyperthermia noted	No significant area of focal hyperthermia noted
Global	Bilateral comparison of the global breast temperatures are within accepted limits - .06°C	Bilateral comparison of the global breast temperatures are within accepted limits
Nipple/Areola	Delta t temperature measurements within normal limits (<1.0C)	Delta t temperature measurements within normal limits (<1.0C)
Contour	A normal contour is seen in inverse grayscale imaging	A normal contour is seen in inverse grayscale imaging
Comparative Study	The vascular network appears to be consistent and stable when compared to the previous exam. The nipple delta T changed from 0.19C on the right breast to 0.73C on the left breast, and the global delta T increased from 0.00C < 0.06C	
General Impressions	The vascular distribution of the breast is consistent with the previous report in morphology and intensity. On the thermal analysis a significant change on the nipple delta t is seen and a mild increase on the global delta t (right breast) over a period of about 9 months. The mottling patterns noted on the breasts bilaterally are consistent in intensity when compared to the previous exam and may be related to fibrocystic changes.	
Recommendations	These findings must be correlated with current anatomical studies including but not limited to mammogram, ultrasound, MRI or any other testing modality by this patient's physician., Lifestyle changes	
Follow-up	6 months	

Patient Symptoms

Artery disease, Family stroke history

Head/Neck

Symptoms: Artery Disease, Family Stroke History

Thermal Impressions: Oral inflammation, Nasal hyperthermia, Cerebrovascular Screening Temp: 0.42, Cerebrovascular Screening: Abnormal, Hyperthermic condyles, Diffuse thyroid heat

Comments: The vascularity on the forehead has an asymmetrical distribution with higher intensity on the left side. Thermal analysis show a supraorbital delta T of 0.42C which is significantly higher than the threshold, this may indicate an increased risk of carotid artery blockage, we recommend to get a clinical evaluation of the carotid arteries and thermal follow up in 6 months to monitor and establish a baseline.

An area of hyperthermia is present around the nasal and oral cavity that extends down into the anterior part of the neck, and thyroid area, thyroid lab work should be considered.

Vascular like shaped impressions are present and appear to be connecting the area of hyperthermia on the oral region to the anterior neck, which may indicate lymphatic activity and congestion.

Hyperthermia is also present over the area of the TMJ condyles, which may indicate clinical conditions related to the TMJ.

Recommendations: Clinical correlation, Dental consultation, Thyroid blood work, Carotid arteries doppler ultrasound

Abdomen

Symptoms: -

Thermal Impressions: Hyperthermic URQ, Hyperthermic ULQ, Mottling Patterns

Comments: On the grayscale images we observe vascular patterns that appear to be symmetrical and may be a normal anatomical variant, also some mottling patterns are present that may indicate toxicity.

On the thermal analysis areas of hyperthermia are present on the upper abdominal quadrants, which may indicate muscular, vascular, gastrointestinal or digestive conditions, physical examination for clinical correlation are advised.

Recommendations: Clinical correlation

Spine/Posture

Symptoms: -

Thermal Impressions: Interscapular hyperthermia, Thoracic hyperthermia, Lumbosacral hyperthermia, Postural deviation

Comments: There are some areas of hyperthermia on the upper back at the cervical spine and thoracic spine and lower back at the lumbar spine that appear to be symmetrical and radiates to the scapular area bilaterally, clinical evaluation of the back and posture and chiropractic consultation are recommended.

Recommendations: Clinical correlation, Chiropractic evaluation

Lower Extremity

Symptoms: -

Thermal Impressions: Questionable vascular hyperthermia, Plantar asymmetrical hyperthermia, Anterior tibialis inflammation

Comments: On the grayscale we can observe some vascular patterns that may indicate varicosities.

The thermal analysis shows hyperthermia on the anterior tibialis region with more intensity on the left side which may indicate overload, on the plantar view we can observe asymmetry on the thermal distribution with more intensity on the left foot which may indicate overload, a postural or gait condition.

Recommendations: Clinical correlation

Upper Extremity

Symptoms: -

Thermal Impressions: Hypothermia/Hyperthermia hand

Comments: On the thermal analysis we observe hyperthermia on the hands and finger/ fingertip bilaterally, which may indicate inflammation or a neuropathy, we suggest clinical evaluation for correlation of the findings.

Recommendations: Clinical correlation

General Impressions

No remarks.

Follow-up

6 months

A Note to the Physician

Relevant comments are made to direct the physician in clinical management. This important tool should be used in addition to the physician's other diagnostic tools to create a complete clinical impression. The areas highlighted represent areas of concern that may need to be investigated by clinical correlation and other testing. This may include physical, exam, palpation, radiology, metabolic testing, or other traditional methods of diagnosing.

Thermographic imaging is a screening test that alerts of possible areas of pathology at the indicated levels. Normal variants are also common. Sometimes pathological findings appear earlier than tradition tests. Close thermal follow-up is highly recommended over time.

**Thermographic Wellness, Inc is a PACT certified interpretation service that has contracted the above interpreters for this evaluation. Interpreted and reviewed by Thermographic Wellness, Inc based on the standards of the Professional Academy of Clinical Thermology.*

DESCRIPTION OF THE CLINICAL THERMAL IMAGING STUDY

The patient above was examined by digital infrared thermal imaging using a high-resolution thermographic camera specific for clinical applications.

Standardized thermography protocols were observed which are designed to optimize clinical correlation of thermal patterns.

Medical Thermography is a system using a highly technical and non-contact infrared camera to capture and record temperature variations on the skin, the largest organ of the body. As such, the surface of the skin provides vital information that is directly influenced by complex metabolic and vascular activity, including micro-circulation, below the surface via the sympathetic nervous system. These patterns of activity vary in intensity and distribution over each body region, represented by images with variation in colors. Detection of variations in skin temperature allows for recognition of asymmetric, abnormal or suspicious thermal patterns over a specific area or region of interest. Changes of these patterns may be recognized by the interpreter as abnormal physiology or function.

Thermal Analysis

This report is based on study guidelines that are based on, but not limited to, side-to-side temperature intensity measurement and comparison, established thermological signs including pattern recognition and comparison of changes over time. This method of analysis allows objective clinical correlation by the patient's physician and contributes to the decision-making process regarding therapy, additional testing and eventual diagnosis.

Breast Thermography

Thermography is defined by the Food and Drug Administration (FDA Code of Federal Regulations Sec. 884.2980). Thermography is an adjunctive test and does not replace mammography or any other anatomical imaging test. A negative thermogram, mammogram or ultrasound does not preclude biopsy based on clinical condition. The value of thermography as a screening tool is the non-invasive nature of the test and the unique ability to accurately measure skin temperature changes. Such monitoring affords detection of even subtle thermal changes that, although not independently diagnostic, may precede anatomical findings by years and prompt early investigation and prevention. As there is no single known test capable of monitoring all complex anatomical and biological influences of disease, monitoring with additional testing such as ultrasound, MRI, mammography or other testing as recommended by the patient's personal physician is always advised.

Study Outcome

This study provides adjunctive clinical information and recommendations based solely upon the images and patient information provided, to support the patient's physician in medical or health evaluation. All findings in this report are considered by the interpreter to be related to the general health of the reported region. A "Thermographically Suspicious" finding in this report does not indicate that it is suspicious for any specific disease.

This report has been analyzed by the following interpreters according to PACT Standards and Protocols:

Prepared by: Beth Borchers, DC

Preliminary Interpreter: Peter Lang, MD

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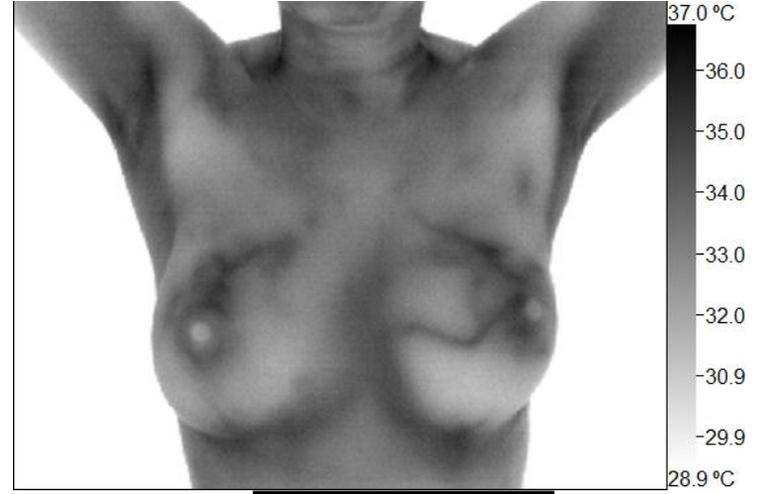
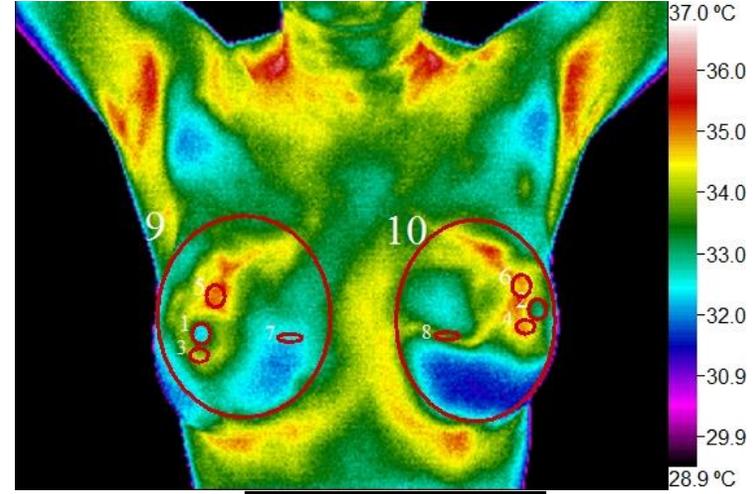
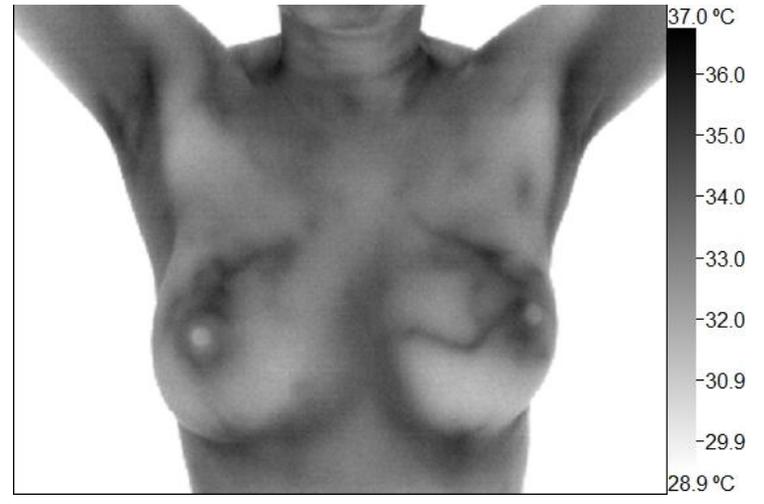
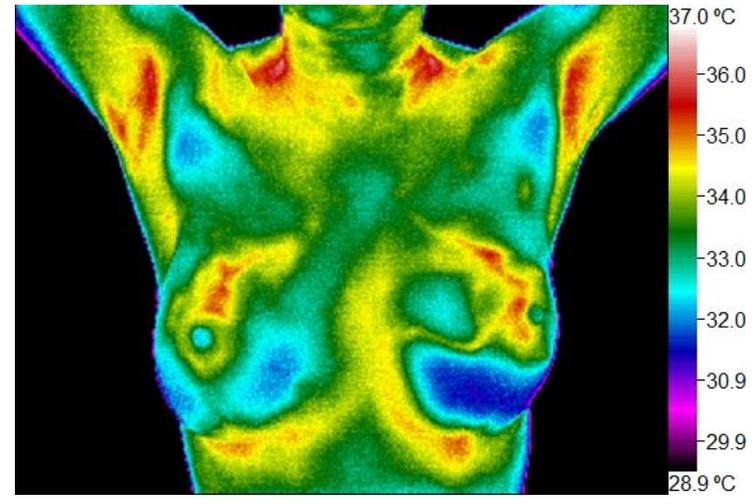
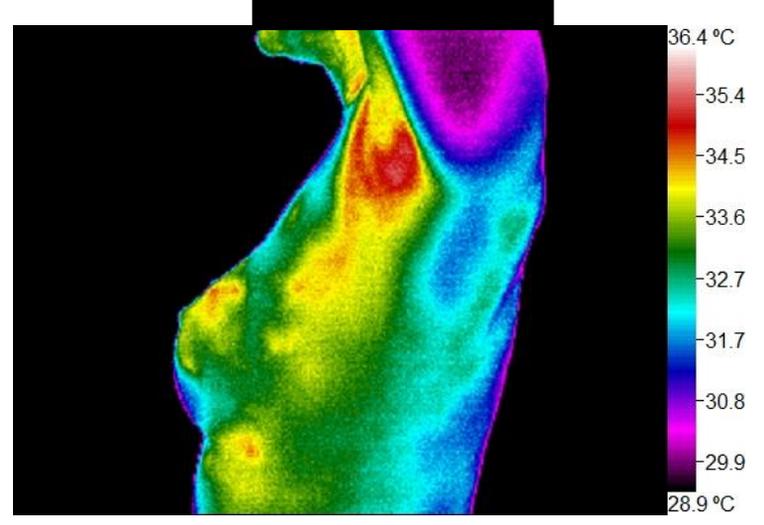
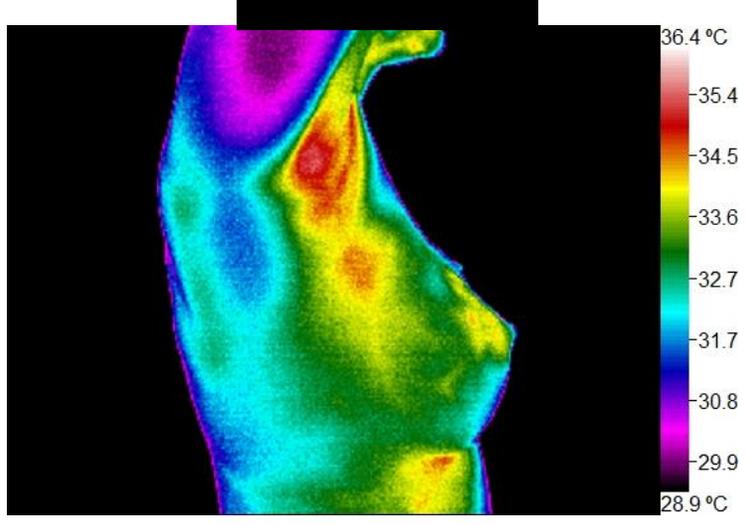
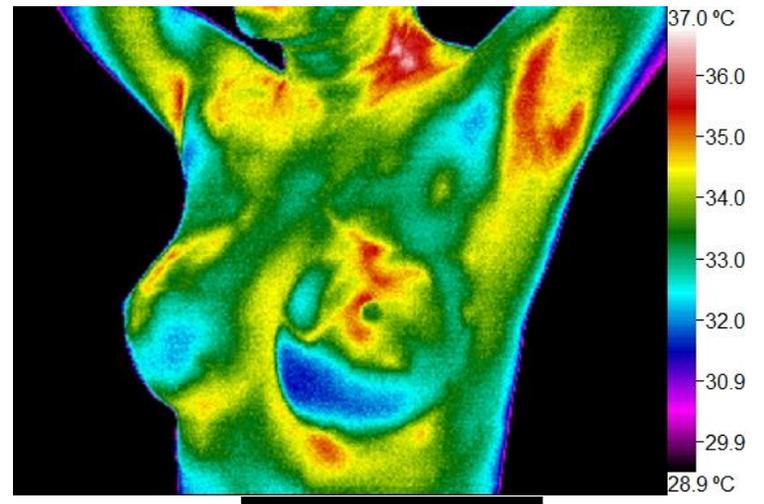
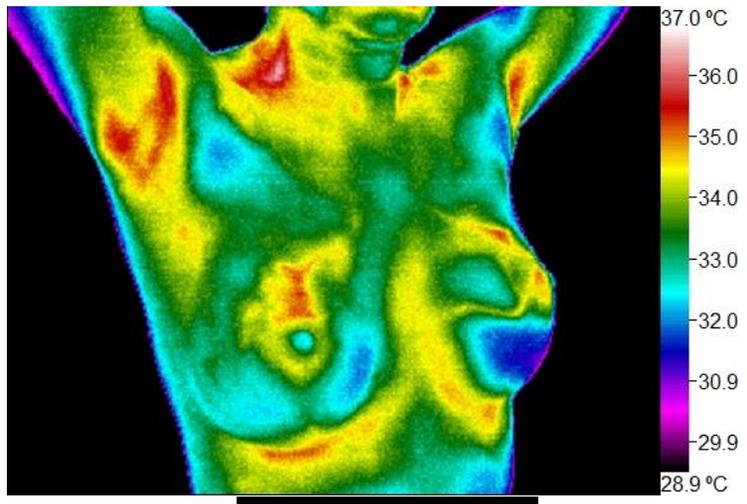


Image	Zone	Min	Delta T(Min)	Max	Delta T(Max)	Avg	Delta T(Avg)
Left	1	31.94 °C	-0.64	33.52 °C	-0.55	32.54 °C	-0.73
Left	2	32.58 °C		34.07 °C		33.27 °C	
Left	3	33.25 °C	-0.69	34.26 °C	-0.73	33.84 °C	-0.84
Left	4	33.94 °C		34.99 °C		34.68 °C	
Left	5	34.62 °C	0.33	35.37 °C	0.09	34.98 °C	0.22
Left	6	34.29 °C		35.28 °C		34.76 °C	
Left	7	31.87 °C	-0.98	32.48 °C	-1.43	32.20 °C	-1.19
Left	8	32.85 °C		33.91 °C		33.39 °C	
Left	9	29.34 °C	-1.37	35.53 °C	-0.07	33.14 °C	0.06
Left	10	30.71 °C		35.60 °C		33.08 °C	





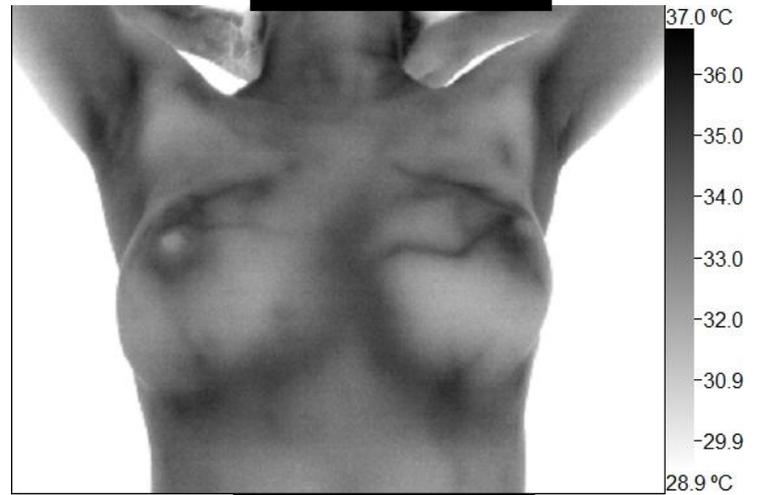
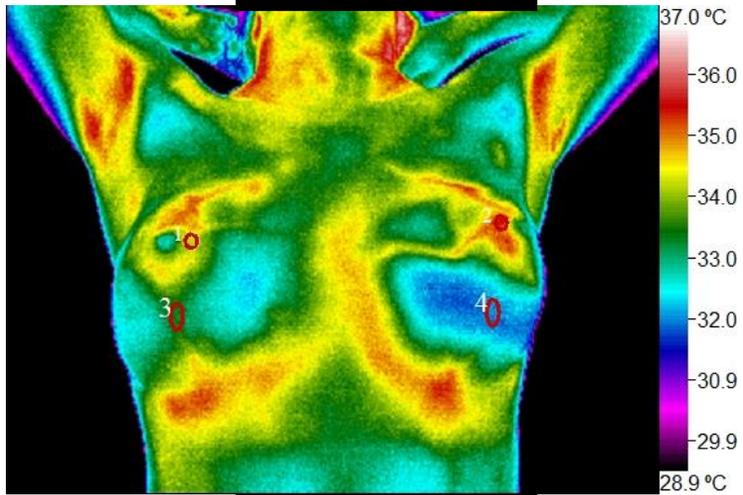
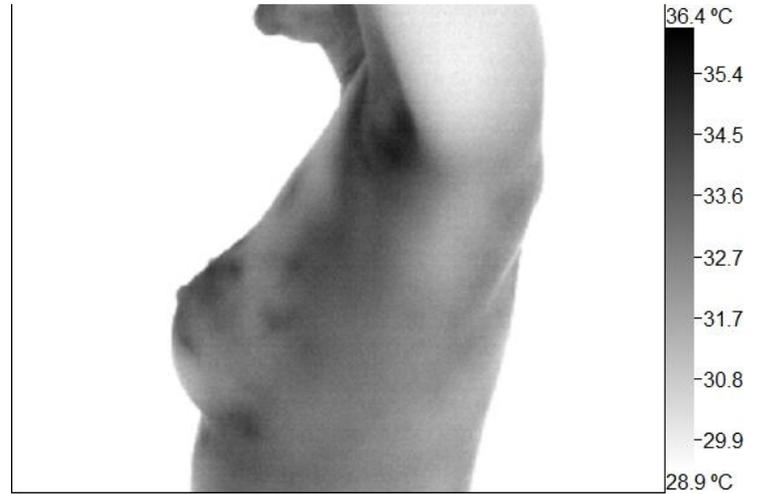


Image	Zone	Min	Delta T(Min)	Max	Delta T(Max)	Avg	Delta T(Avg)
Left	1	33.93 °C	-0.88	34.45 °C	-1.15	34.15 °C	-1.15
Left	2	34.81 °C		35.60 °C		35.30 °C	
Left	3	32.94 °C	1.58	33.50 °C	1.49	33.17 °C	1.43
Left	4	31.36 °C		32.01 °C		31.74 °C	



Image	Zone	Min	Delta T(Min)	Max	Delta T(Max)	Avg	Delta T(Avg)
Left	1	34.31 °C	-0.25	35.33 °C	-0.55	34.79 °C	-0.42
Left	2	34.56 °C		35.88 °C		35.21 °C	

