Electronic Medical Interpretation

Patient name:	Sample Muestra	**Scan date:**	Aug/16/2020
Date of birth:	08/19/1972	**Report ref:**	657744
Patient ID:	296601	**Report type:**	Womens Health Check
Referring practitioner:	self	**Thermographer:**	Carla M. Garcia, D.O.M., CCT

Reported & electronically signed by: Sanjiv Agrawal MD

All normal protocols were observed

HISTORY AND SUBJECTIVE COMPLAINTS

Age/Gender: 48 y.o. female
Primary Care Physician: L. Smith, M.D.
Referring Physician: self

Clinical Concerns: Right upper abdomen pain
Dense breast tissue
Current Symptoms: "liver/ gallblader pain" - intermittent
breast tenderness - cyclical
jaw pain with chewing
bilateral shoulder tension
low back pain - moderate and worse with lifting
Current Treatment: Massage, dietary changes
Current Medication: Armour thyroid
Bio-identical hormone gel
Thermogram Hx: None
Results of clinical correlation: N/A
Surgical Hx: 1994 - rhinoplasty for deviated septum
Dental Hx: 1990 - wisdom teeth extracted
2017 - root canal #14
General Hx: 2016 - hypothyroid
Family Hx: Mother - heart disease, Sister - breast cancer, Father - arthritis
Diagnoses: Hypothyroid
Skin Lesions or Physical Abnormalities: None

(Female Patient Only)
Ob/Gyn Hx: No pregnancies
Mammogram/Ultrasound Hx: 2017 - mammogram within normal limits.
Notes: No significant health challenges

Women's Health Grading System

50%

NORMAL

Within normal limits.
This does not rule out subclinical or non-active pathology but is an indication of good functional health.
There may be thermal findings that contribute to preventative initiatives and optimum wellness.

LOW RISK

At low risk for existing or developing pathology.
This level justifies clinical evaluation or correlation with low risk physiological dysfunction which should be assessed and /or monitored by a healthcare professional in order to achieve and maintain optimum wellness.

SOME RISK

At some risk for existing or developing pathology.
This level justifies additional clinical testing or intervention to diagnose or rule out clinically significant physiological dysfunction.
The thermal findings can contribute adjunctively in differential diagnosis, management and

Head And Neck:

Dental: Low grade inflammation:
Comments: Hyperthermia to either side of the mouth may correlate with some degree of dental or periodontal inflammation.

Sinuses: Low grade inflammation:
Comments: Thermal activity over the ethmoid (L>R) and maxillary sinus regions appears is consistent with sinus inflammation/ congestion. Mild hyperthermia outlining the wings of the nose is often associated with allergic rhinitis.

TMJ: Low grade inflammation:
Comments: Thermal activity anterior to the lower right ear region may correspond to temporal mandibular joint (TMJ) or other jaw dysfunction and may have relevance to reported symptoms.

Carotid: Low grade inflammation:
Comments: Hyperthermia at the base of the carotid arteries may relate to systemic inflammation and elevated CRP levels.

Thyroid: Low grade dysfunction:
Comments: The hyperthermic pattern on the mid-line of the lower anterior neck appears to be related to reported thyroid dysfunction.

Autonomic: No significant thermal findings:
Comments:

Other thermal asymmetries or physiological findings: Some thermal or physiological asymmetry found:
Comments: Diffuse hyperthermia over the sides and posterior neck regions appears to represent muscle / myofascial dysfunction.

Breast:

Brachial Plexus: No significant thermal findings:
Comments:

Axillae: Low grade inflammation:
Comments: The axillae are warm bilaterally consistent with associated lymphatic congestion.

Vascular: No significant thermal findings:
Comments:

Inflammatory: No significant thermal findings:
Comments:

Inframmamary: No significant thermal findings:
Comments: Inframammary hyperthermia is a normal finding consistent with lymphatic drainage.

Lymphatic: Low grade inflammation:
Comments: Thermal activity in the axillae, inframammary and lateral torso aspects is consistent with lymphatic congestion and drainage.

Hormonal / Systemic: Low grade dysfunction:
Comments: Patchy areas of hyperthermia on both breasts may relate to systemic or hormonal change. Estrogen dominance is a consideration in the presence of associated symptoms.

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments: Thermal activity on the anterior deltoid aspects appears consistent with muscle/ myofascial dysfunction. This may have relevance to reported shoulder tightness.

Back:

Upper Back: Low grade dysfunction:
Comments: Diffuse thermal activity at the mid upper back with involvement of the lower trapezius , inter-scapular and paraspinal musculature appears consistent with increased muscle/myofascial tension.

Lower Back: No significant thermal findings:
Comments:

Spinal: Low grade dysfunction:
Comments: Hyperthermia at the lower thoracic and lumbar spine may represent some degree of joint inflammation. It radiates bilaterally at the sacral level and may also indicate some degree of nerve root compression and joint/vertebral disc inflammation. This may relevance to reported symptoms.

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Abdomen:

Visceral: Low grade dysfunction:
Comments: Diffuse hyperthermia at the right upper quadrant may relate to sub-optimal liver/ gallbladder function. Further assessment is recommended in the presence of associated symptoms.

Digestive: Low grade dysfunction:
Comments: Increase involving both side of the lower abdomen (L>R) may correspond to dysfunction involving the descending, more so than the ascending colon. Correlation with any relevant clinical symptoms is recommended.

Reproductive: No significant thermal findings:
Comments:

Lymph: No significant thermal findings:
Comments:

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Discussion and Follow Up:

The thermal findings in both breasts should be considered at some risk for developing pathology, pending the establishment of a stable baseline.
Fibrocystic changes are often associated with localized pain and tenderness, which may be consistent with reported symptoms.
Any lumps and any changes should be clinically evaluated regardless of thermal findings.
Breast thermography should not replace mammography or other tests when indicated; but can be a valuable adjust in evaluation of breast health.

Further assessment of the right upper quadrant is recommended in the presence of persistent symptoms.
Other findings are as noted above.

Suggest clinical correlation of thermal findings with patient's history and symptoms.
Suggest standard follow up breast imaging in three months before continuing with annual comparative studies.

Clinical Impression with Breast Thermology Classification Grading System

Left Breast:	At Some Risk
Right Breast:	At Some Risk

BREAST THERMOLOGY CLASSIFICATION KEY:

Within normal Limits (Normal)
This indicates a normal thermal profile with no thermal findings consistent with risk for disease or other developing pathology. Normal thermal contours, statistical analysis and differentials are recorded.
Annual comparative follow-up is recommended after a stable baseline has been established.

At Low Risk (Non Suspicious)
This indicates low grade thermal activity which is not suspicious for serious pathology.
Thermal findings may be associated with benign changes such as glandular hyperplasia, fibrocystic tissue and the development of cysts and fibroadenomas.
Annual comparative follow-up is recommended after a stable baseline has been established but more frequent follow-up may be clinically indicated.
This does not rule out existing non-active or encapsulated tumors.

At Some risk (Equivocal)
These findings indicate thermal activity likely to represent benign changes such as inflammation, acute cysts or fibroadenoma, infection, or even normal personal variant.
Clinical correlation is indicated with any associated history or symptoms.
Other objective means of evaluating the breasts may be justified.

At Increased Risk (Abnormal)
This represents a significant risk for existing or developing malignant breast disease.
Benign pathology or personal variant cannot be ruled out but is less likely.
Clinical correlation is justified and objective evaluation and additional testing is indicated.
A follow-up thermal study in 3 months should be part of a comprehensive testing panel.

At high Risk (Suspicious)
This represents a high risk of confirming malignant breast disease.
Benign processes or personal variant are very unlikely.
Urgent clinical correlation is indicated with a comprehensive panel of testing and evaluation with all possible alacrity.
A follow-up thermal study in 3 months should be a part of this evaluation.

Previously Confirmed Malignancy
This records and acknowledges a current diagnosis of malignant pathology in the patients history.

Advisory
Thermography will not show any cancers from a structural or pathological perspective.
It will show positive physiological findings in 83% of malignancy (specificity), leaving 17% of cancers that present as thermographically silent due to the type of pathology, long term cancer which the body has accommodated or encapsulation and age of patient.
The utility for including thermography as an adjunctive screening test in previously confirmed malignancy is for the establishment of a baseline and detection of any physiological change over time, correlation with other tests and the monitoring of response to treatment.

Breast thermography screening is an adjunctive test to mammography, ultrasound and MRI and is a specialized physiological test designed to detect angiogenesis, hyperthermia from nitric oxide, estrogen dominance, lymph abnormality and inflammatory processes including inflammatory breast disease, all of which cannot be detected with structural tests.
Follow-up and interval screening of less than 12 months should be determined by patients healthcare professional as considered appropriate.

Procedure:

This patient was examined with digital infrared thermal imaging to identify thermal findings which may suggest abnormal physiology.

Thermography is a physiologic test, which demonstrates thermal patterns in skin temperature that may be normal or which may indicate disease or other abnormality.
If abnormal heat patterns are identified relating to a specific region of interest or function, clinical correlation and further investigation may be necessary to assist your health care provider in diagnosis and treatment.

Thermal imaging is an adjunctive test, which contributes to the process of differential diagnosis, and is not independently diagnostic of pathology.

Breast thermography (if this study includes breast) is a way of monitoring breast health over time.
Every woman has a unique thermal pattern that should not change over time, like a fingerprint.
The purpose of the two initial breast studies (usually obtained three months apart) is to establish the baseline pattern for each patient to which all future thermograms are compared to monitor stability.
With continued breast health, the thermograms remain identical to the initial study.
Changes may be identified on follow up studies that could represent physiological differences within the breast that warrant further investigation.

The ability to interpret the first breast study is limited since there are no previous images for comparison.
This exam is an adjunctive diagnostic procedure and all interpretive findings must be clinically correlated.
DITI is not a substitute for mammography.

Protocols:

The thermographer certifies that this exam was conducted under standard and clinically acceptable protocols.

Patient History:

The interpretation represents objective descriptions of thermal patterns.
Clinical significance of such patterns is interpreted in relation to and limited by the patient data and history provided.

Reporting:

Results are reported by certified thermologists.
Results are determined by studying the varying patterns and temperature differentials as recorded in the thermal images.

Normal Findings:

Normal findings are diffuse thermal patterns with good symmetry between similar regions on both sides of the body.
Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal.

Abnormal Findings:

Abnormal findings may be localized areas of hyperthermia or hypothermia, or thermal asymmetry between similar regions on both sides of the body with temperature differentials of more than 1° C.
There may be vascular patterns that suggest pathology.
Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

The referring health care provider should contact EMI administration with any questions relating to this interpretive report.

EMI
Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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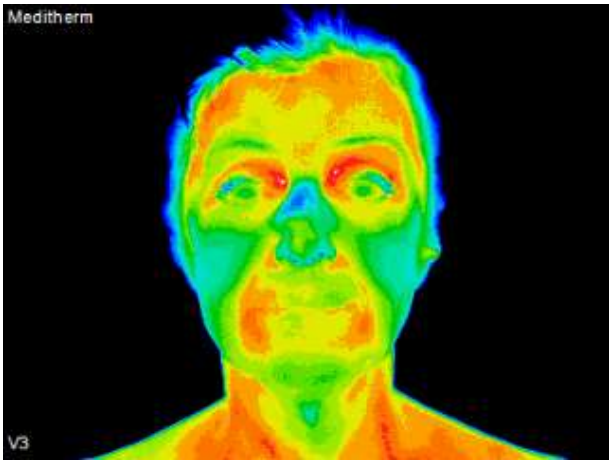

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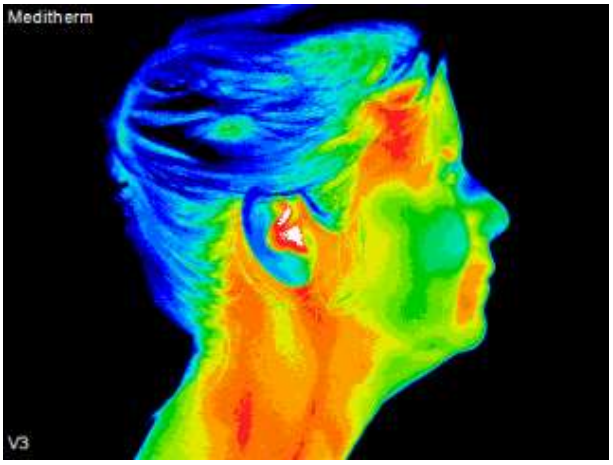

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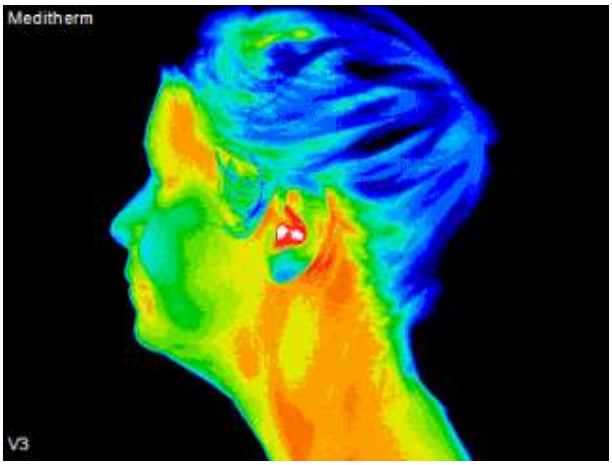

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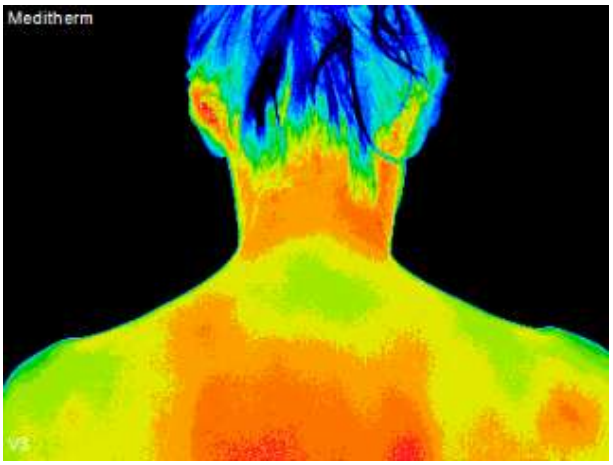

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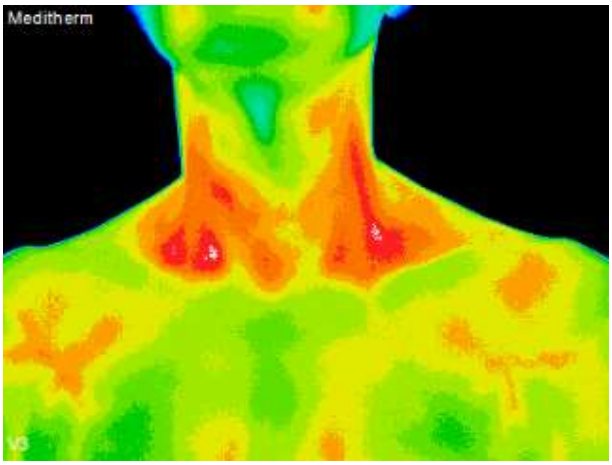

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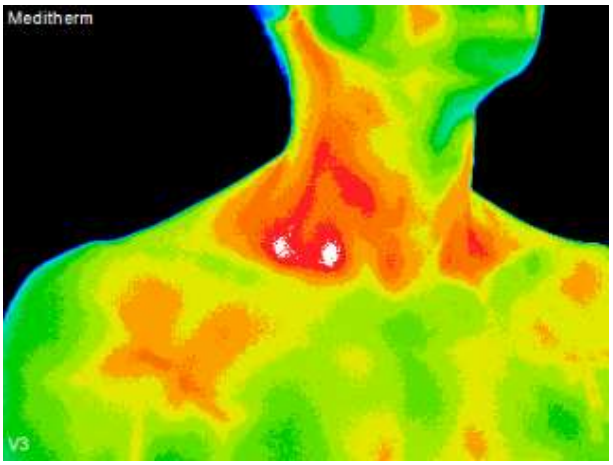

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Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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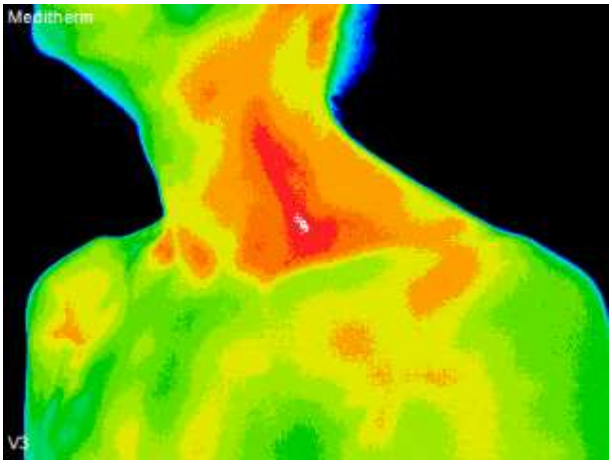

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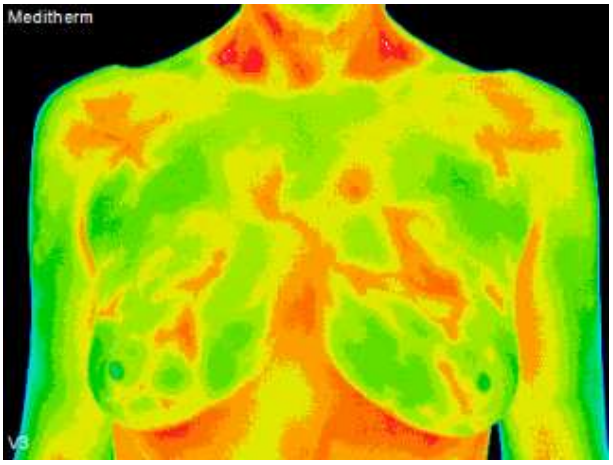

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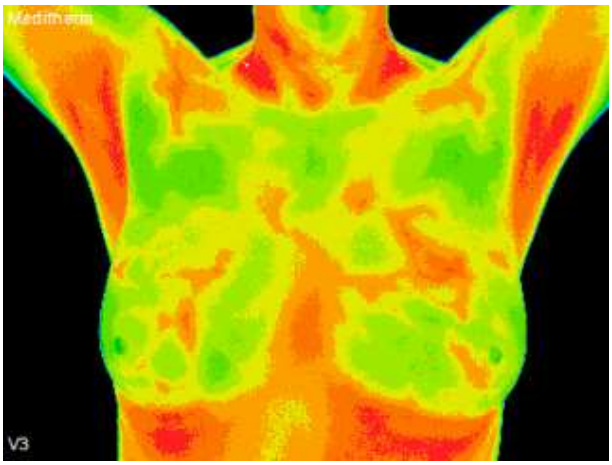

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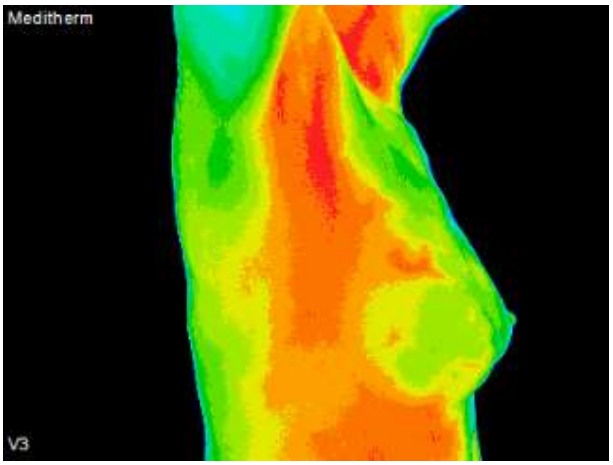

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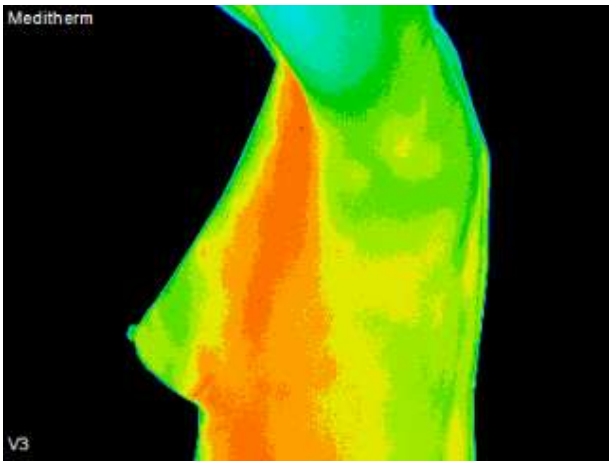

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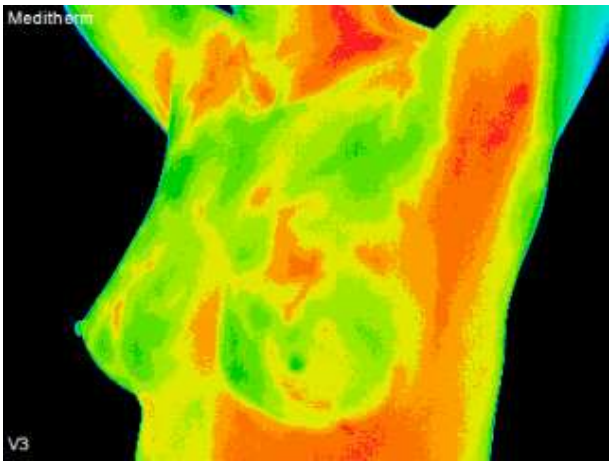

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Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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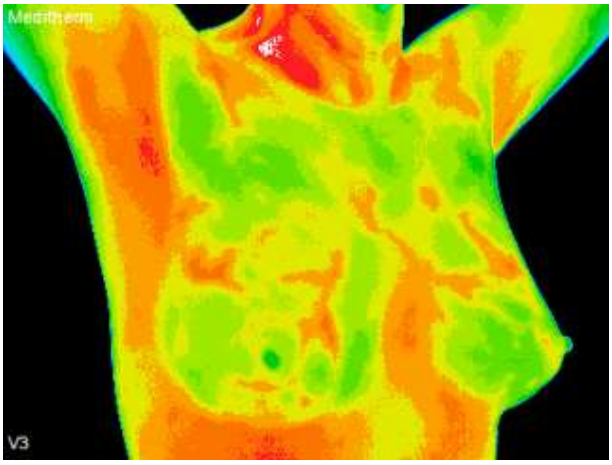

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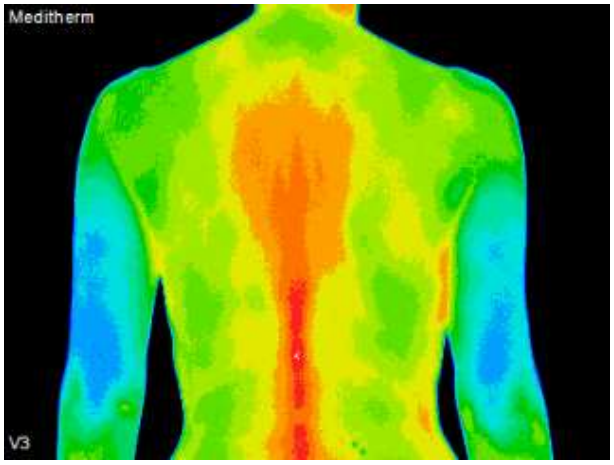

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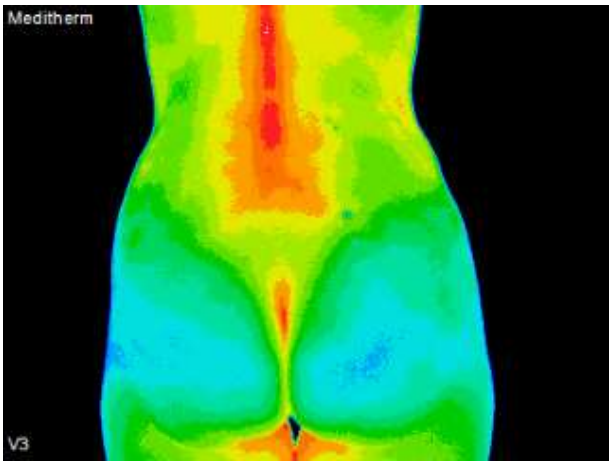

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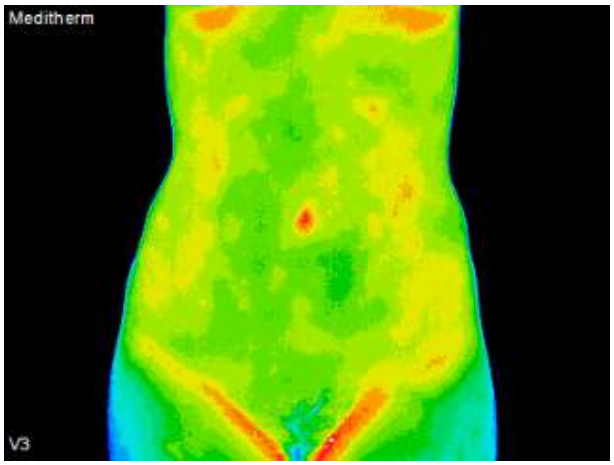

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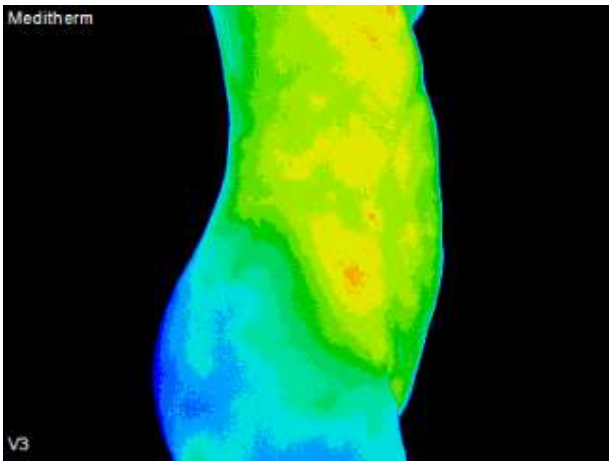

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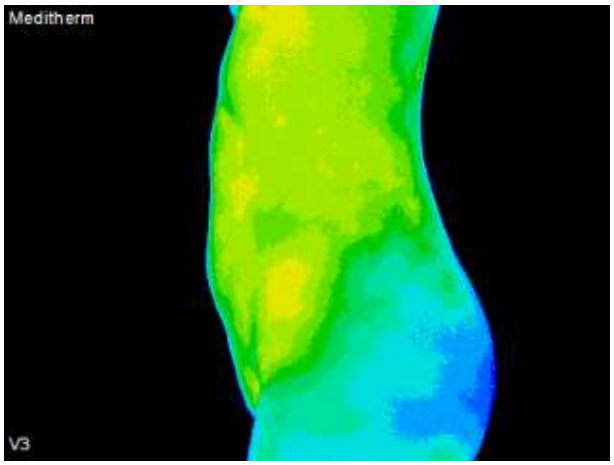

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Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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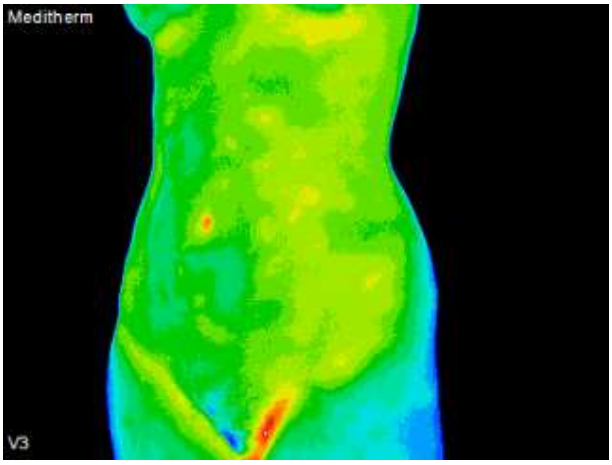

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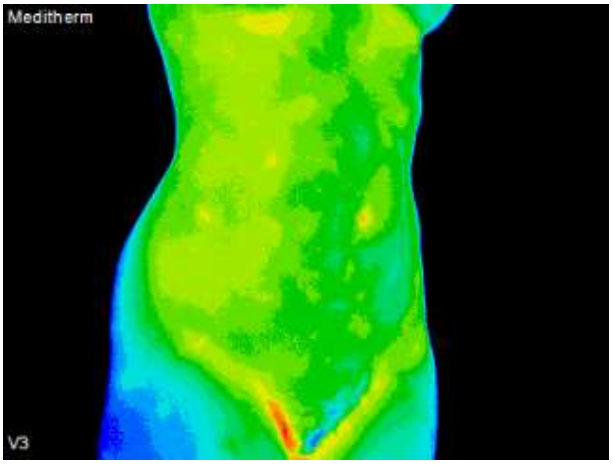

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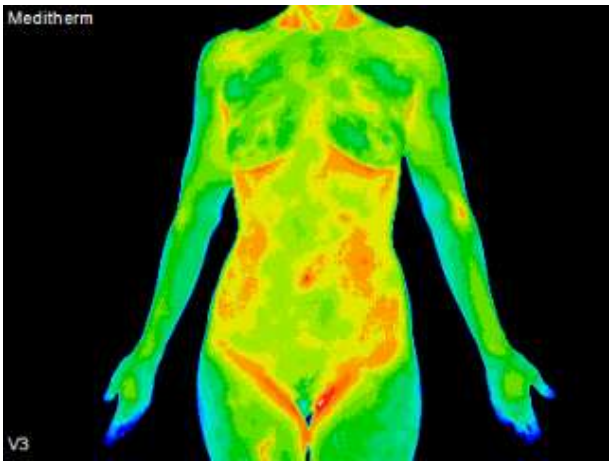

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Muestra_Sample__8-14-2020_1-40 PM-31_61

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