



Thermal Imaging Services

Patient's Name	██████████	Report Date	12/09/2009
Patient ID	AndChe13111971	Study Date	12/04/2009
Date of Birth	11/13/1971	Thermographer	Kathy Markham, CCT
Referring Practitioner	Patrick Price, DC	Reporting Physician	Jeanne Stryker MD

PHYSICIANS INSIGHT INITIAL FULL BODY & BREAST STUDY

REPORTED HISTORY:

Whiplash and TMJ from car crash in 1992, neck and upper/lower back pain, saline implants, OCP history > 5 years, left shoulder pain.

INTERPRETATION:

HEAD AND NECK:

There is hyperthermia over the right forehead and left temporal region which can be seen with a history of headaches, allergies or sinus problems. This may be related to trauma history. There are irregular areas of hyperthermia over the posterior-lateral neck regions, L>R, which appear myofascial and correlate with the reported neck pain.

THYROID:

The thermal findings in the anatomic region of right lobe of the thyroid suggests thyroid dysfunction.

CAROTID ARTERIES:

The region of the right carotid artery shows linear hyperthermia, which raises the question of inflammation possibly related to elevated CRP levels. Further evaluation maybe warranted, particularly if there is family history of stroke or cardiovascular disease.

BREAST:

There are thermal asymmetries seen in the breasts. There is a vascular area in the left upper inner breast near the sternum with a temperature differential of 0.5 degrees C. The slight areas of hyperthermia in the upper quadrants of both breasts do not appear suspicious but should be monitored for change. This study is suitable to be archived and compared with a repeat study in three months to establish a baseline, prior to annual testing. The left nipple is warmer than the right by 0.4 degrees C. Lymphatic congestion is identified in the axillae.

CHEST:

There are irregular areas of hyperthermia involving upper chest, L>R, which are consistent with myofascial dysfunction. These are not reported as regions of concern and may not be clinically significant. There is no thermal evidence of cardiac pathology. There are no thermal findings suggestive of cardiovascular disease. Note: Lack of thermal findings does not rule out evolving cardiac pathology. An abnormal lipid profile and/or a strong family history may warrant additional studies.

BACK:

There are irregular areas of hyperthermia over the levators, supraspinatae, infraspinatae, rhomboids and trapezius, R>L, and thoracic spine which are consistent with myofascial dysfunction.

ABDOMEN:

Inflammation is identified in the upper abdomen and over the right upper quadrant in the region of the liver.

UPPER EXTREMITIES:

There is no thermal evidence of brachial plexus or radicular pathology. There is asymmetrical hyperthermia over the forearms and shoulders, which is compatible with myofascial dysfunction and joint inflammation and correlates with the reported shoulder pain.

LOWER EXTREMITIES:

There is no thermal evidence of radicular pathology. There is asymmetrical hyperthermia over the superior right knee, lateral calfs, ankles R>L, which is compatible with myofascial dysfunction and joint inflammation. This is not reported as a region of concern and may not be clinically significant.

RECOMMENDED FOLLOW-UP:

1. Suggest clinical correlation of thermal findings with patient's history and symptoms and standard follow-up breast imaging in three months before continuing with annual comparative studies. Patient may benefit with a MRI, ultrasound or mammogram for anatomic imaging prior to follow up thermogram.
2. In addition to thermal imaging, continue with routine follow-up breast examinations with her physician as indicated or at least annually.
3. Recommend ongoing consultation with her physician or qualified health professional regarding dietary, nutritional supplements, hormone balance/testing, urinary estrogen metabolites, genomic testing and lifestyle practices that support breast health.

Thank you for your kind referral,

Jeanne Stryker, MD
Diplomate American Board of Radiology

Disclaimer: The telemedicine system can fail due to circumstances the provider cannot control- for example, telecommunication interruption, power failure, software and remote equipment failure. The telemedicine system may relay information that is not accurate- for example, colors may be distorted, files may be incomplete. Thermography is an adjunct to mammography and does not replace mammography. A negative thermogram, mammogram and

ultrasound do not preclude biopsy based on clinical condition.

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 implemented which are designed to optimize clinical correlation of thermal patterns.

Medical imaging using infrared thermography captures the naturally occurring infrared emissions from the human body. These emissions vary in intensity and distribution over each body region and can be detected as thermal patterns of skin temperature. Advanced digital cameras as used in this study display these patterns as high-resolution color images in which colors represent various temperatures.

The resultant images reflect underlying neurovascular physiology and allow identification of asymmetric, abnormal or suspicious thermal patterns over a specific area or region of interest. Such patterns or changes over time may represent abnormal physiology or function. Thermal analysis of an imaging study allows objective clinical correlation by the physician and contributes to the decision-making process regarding therapy, additional testing and diagnosis.

Breast Thermography

Likewise, breast thermography is an adjunctive physiological assessment that is achieved by creating each person's unique baseline pattern via an initial and recommended three month follow-up test to assess thermal stability. Once established, monitoring thermal stability is achieved by comparison to this baseline at any time in the future.

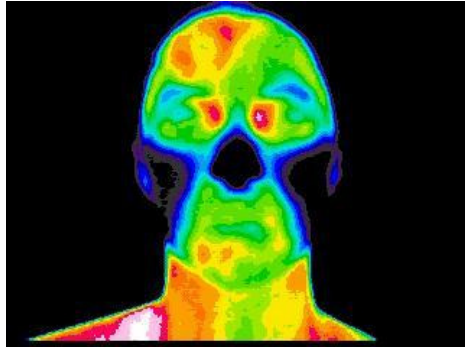
Such monitoring affords detection of even subtle thermal changes that, although not diagnostic, may precede anatomical findings by years and prompt early investigation and prevention. Thereby, breast imaging can be integrated as indicated with diagnostic anatomical tests such as ultrasound and mammography. Close follow-up and clinical correlation of thermal findings by the patient's physician is always recommended.

Study Outcome

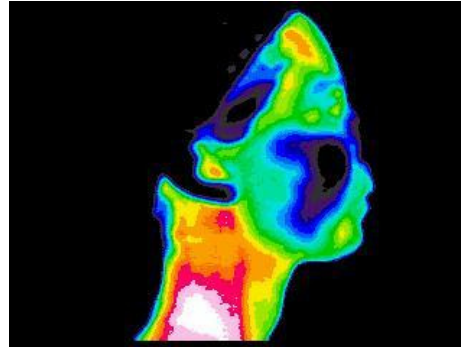
This study provides adjunctive clinical information and recommendations based solely upon the images and patient information provided, to support the patient's physician in medical evaluation and management.

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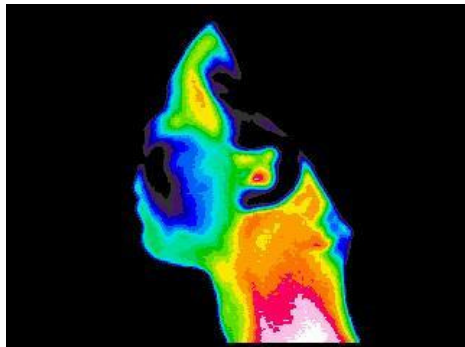
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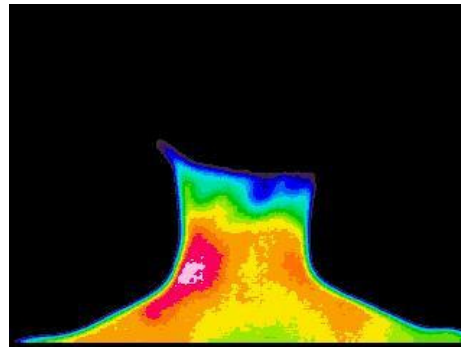
Head, Anterior



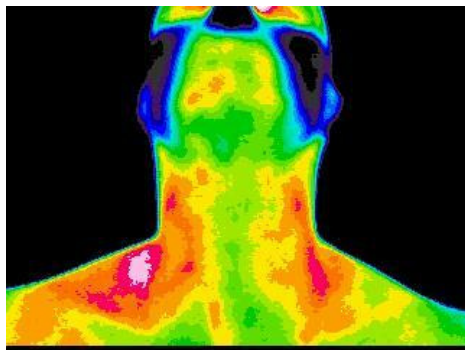
Head, Lateral Right



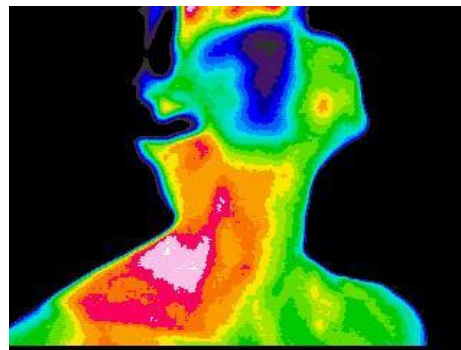
Head, Lateral Left



Neck, Posterior



Thyroid, Anterior

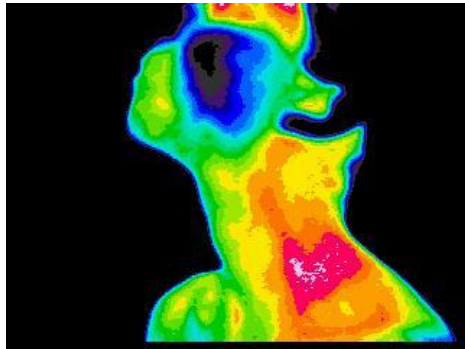


Thyroid, Right Oblique

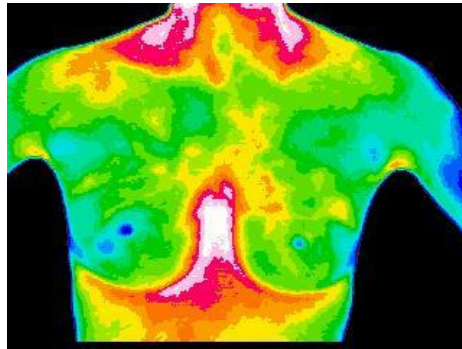


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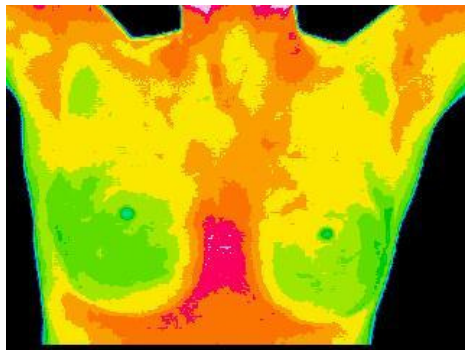
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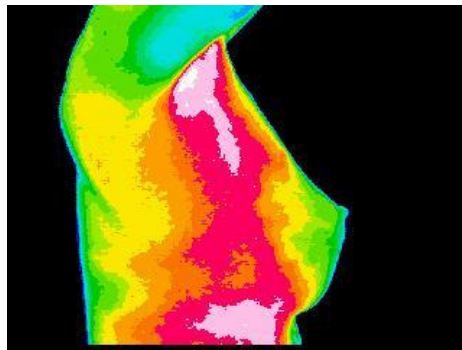
Thyroid, Left Oblique



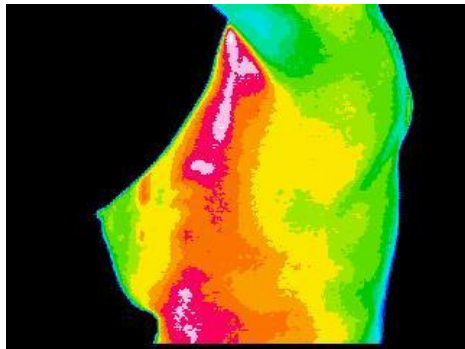
Chest, Anterior



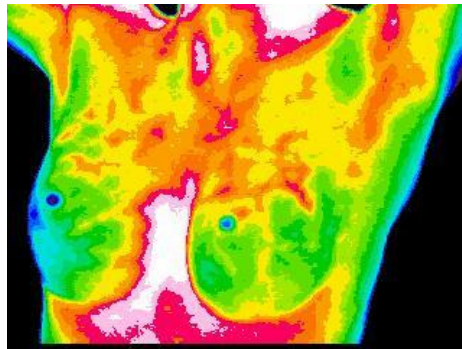
Breast, Anterior



Breast, Lateral Right



Breast, Lateral Left

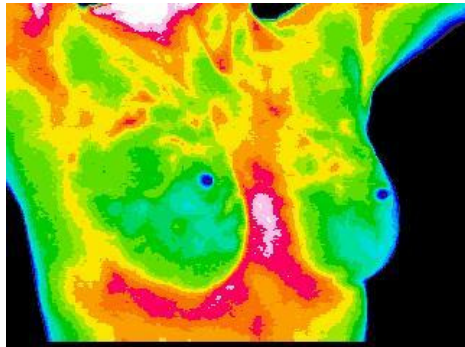


Breast, Oblique Left

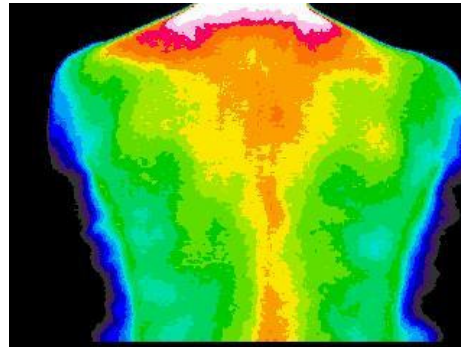


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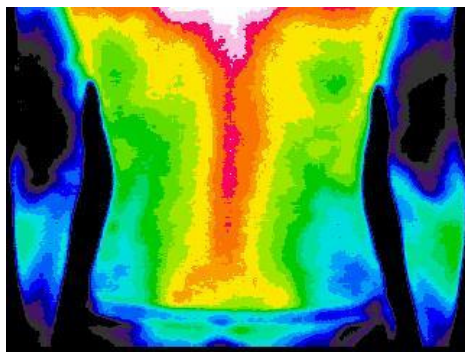
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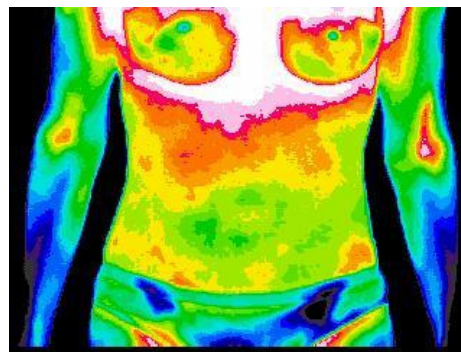
Breast, Oblique Right



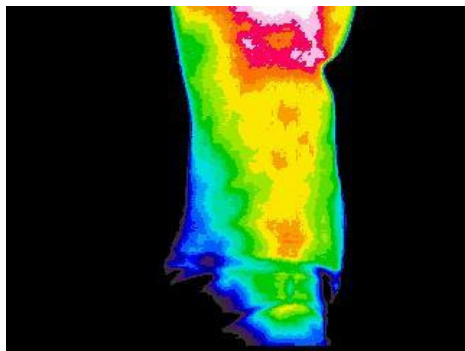
Back, Upper



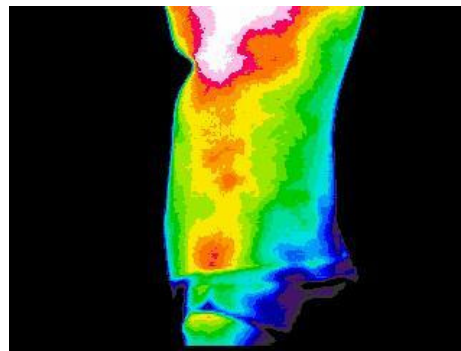
Back, Lower



Abdomen, Anterior



Abdomen, Lateral Right

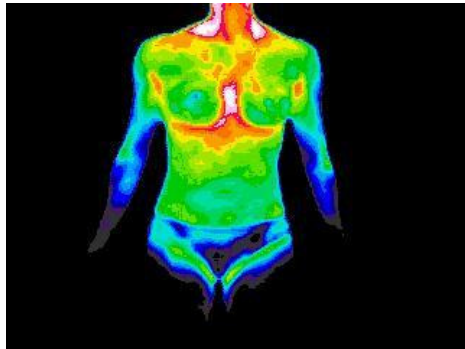


Abdomen, Lateral Left

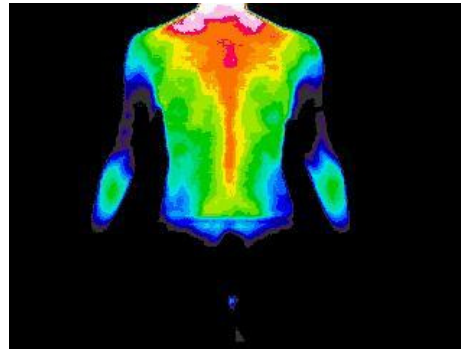


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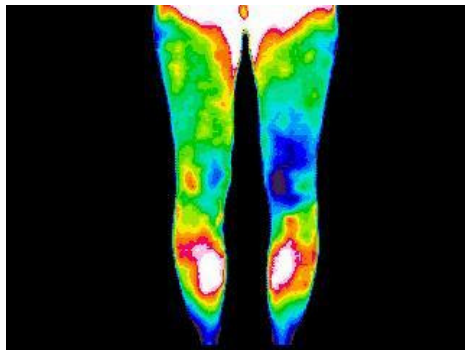
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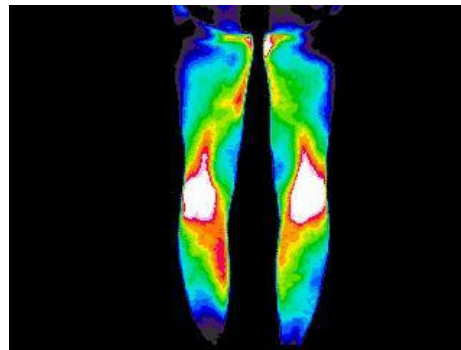
Trunk, Anterior



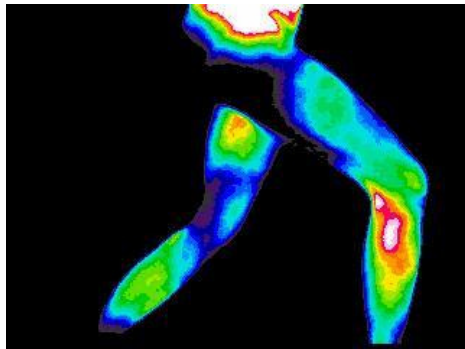
Trunk, Posterior



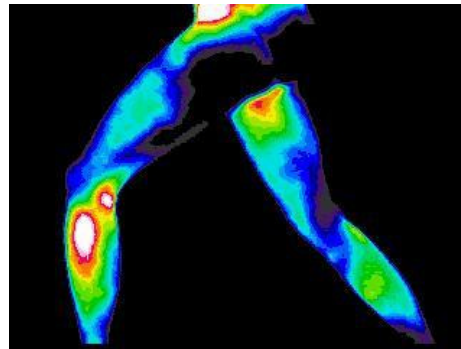
Legs, Anterior



Legs, Posterior



Legs, Lateral Right

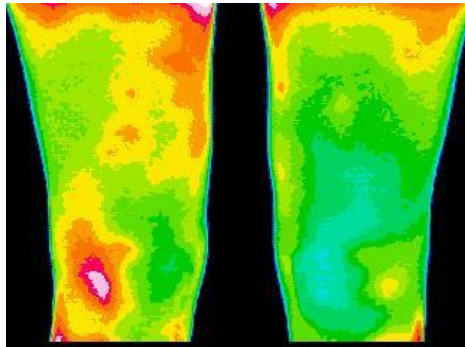


Legs, Lateral Left

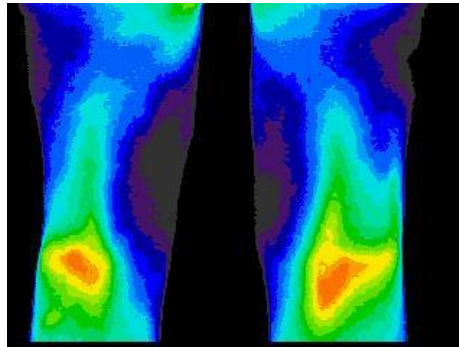


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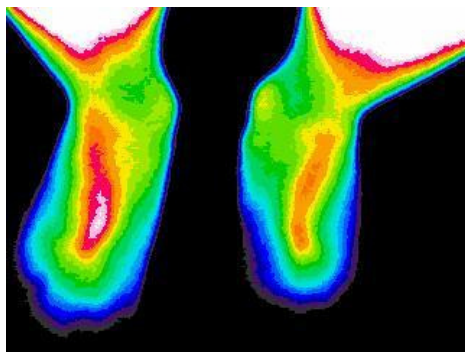
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Knees, Anterior



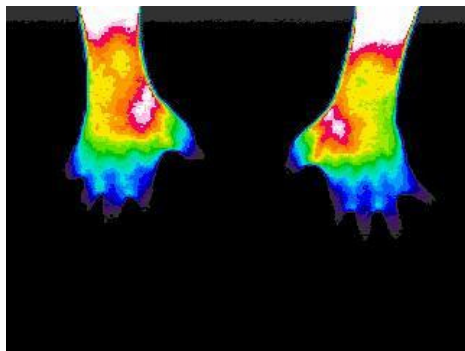
Knees, Posterior



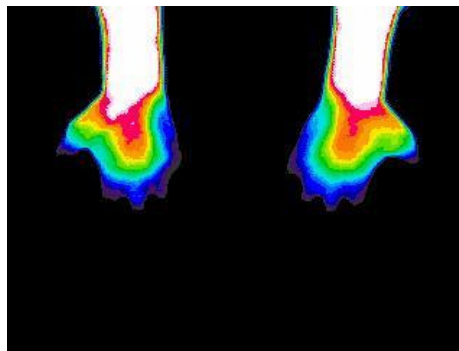
Feet, Dorsal



Feet, Plantar



Hands, Dorsal



Hands, Palmar



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