



Thermal Imaging Services

Patient's Name	████████████████████	Report Date	12/09/2009
Patient ID	TilSte09031960	Study Date	12/04/2009
Date of Birth	03/09/1960	Thermographer	Kathy Markham, CCT
Referring Practitioner	Patrick Price, DC	Reporting Physician	Jeanne Stryker MD

PHYSICIANS INSIGHT COMPARATIVE FULL BODY MALE STUDY

REPORTED HISTORY:

Neck pain, currently has a cold, sinus problems, lower back pain, left hip pain, right knee, feet and ankle pain. Right ankle surgery. Pendant.

INTERPRETATION:

HEAD AND NECK:

There is more hyperthermia over the mid forehead, consistent with the reported sinus, and cold condition and corresponds to the reported symptoms. The thermal patterns over the maxillary, ethmoid and frontal sinuses suggest an inflammatory process.

There is less perioral hyperthermia, R>L, which is consistent with dental/periodontal pathology. Additionally, this finding correlates with the bilateral submandibular-cervical lymphatic drainage patterns. There are less inflammatory thermal patterns over the TMJ regions bilaterally which may correlate with joint dysfunction though the symptoms are not reported.

THYROID:

The thermal pattern over the thyroid gland raises the question of possible gland dysfunction.

CAROTID ARTERIES:

There is less inflammation at the base regions of the carotid arteries, which raises the question of inflammation and may relate to elevated CRP levels. Further evaluation maybe warranted, particularly if there is family history of stroke or cardiovascular disease.

CHEST:

There is hypothermia in the pericardiac region. 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. Inflammation is identified over the right anterior chest and posterior right chest which may be myofascial or be related to a lower respiratory problem.

BACK:

There are less areas of hyperthermia over the levators, supraspinatae, infraspinatae, rhomboids and trapezius, R>L, and low back area in the region of the lumbar spine which are consistent with myofascial dysfunction. There is an area of hypothermia over T2 that is consistent with autonomic dysfunction.

ABDOMEN:

Inflammation is identified in the right upper quadrant. No significant change.

UPPER EXTREMITIES:

There is no thermal evidence of brachial plexus or radicular pathology.

There is less hyperthermia over the medial wrists and forearms, which is compatible with myofascial dysfunction and joint inflammation. This is not reported as a region of concern and may not be clinically significant. The fingers are better delineated.

LOWER EXTREMITIES:

There is no thermal evidence of radicular pathology.

There is asymmetrical hyperthermia over the right ankle which may be related to prior surgery. There is asymmetrical hyperthermia over the left posterior calf and lateral left lower extremity (no significant change), and palmar aspect of the feet which is compatible with myofascial dysfunction and joint inflammation and correlates with the reported lower extremity pain.

RECOMMENDED FOLLOW-UP:

1. Suggest clinical correlation of thermal findings with patient's history and symptoms.
2. Recommend ongoing consultation with his physician or qualified health professional regarding dietary, nutritional and lifestyle practices that support essential good 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.

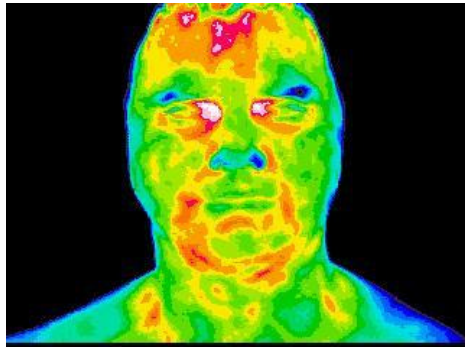
Such monitoring affords detection of even subtle thermal changes that, although not diagnostic, may precede anatomical findings by years and prompt early investigation and prevention. Thereby, breast imaging can be integrated as indicated with diagnostic anatomical tests such as ultrasound and mammography.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

Study Outcome

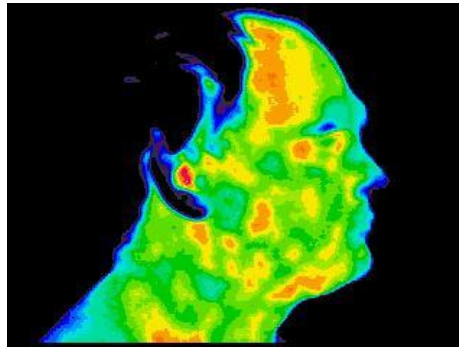
This study provides adjunctive clinical information and recommendations based solely upon the images and patient information provided, to support the patient's physician in medical evaluation and management.

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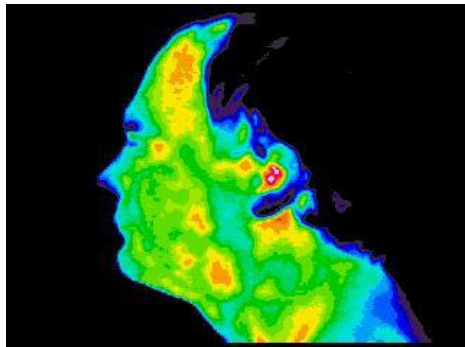
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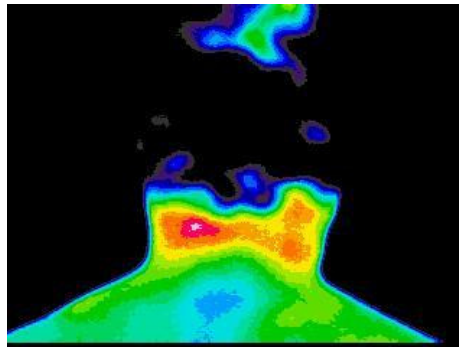
Head, Anterior



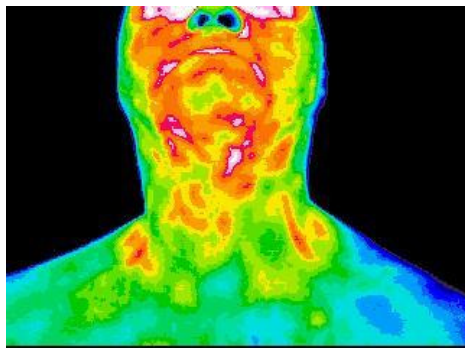
Head, Lateral Right



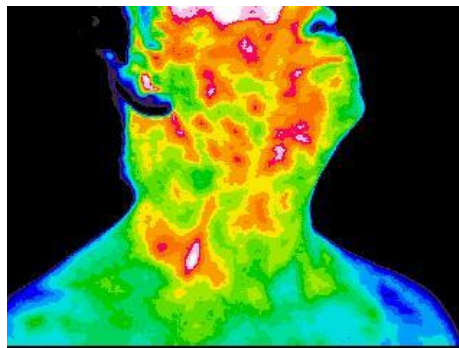
Head, Lateral Left



Neck, Posterior



Thyroid, Anterior

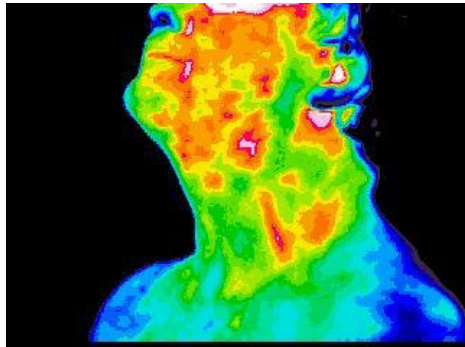


Thyroid, Right Oblique

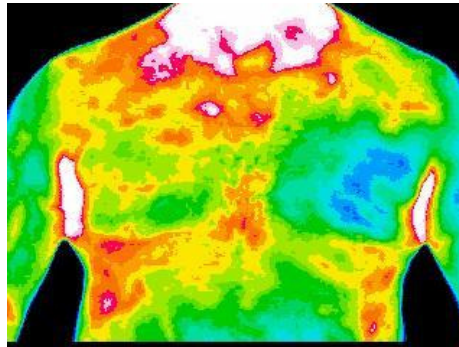


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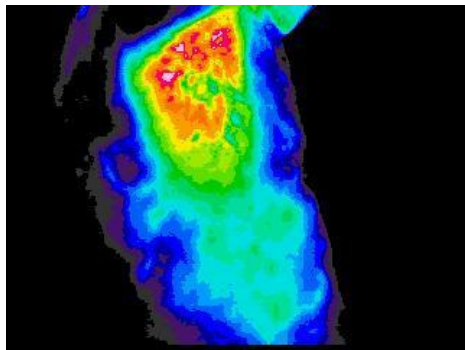
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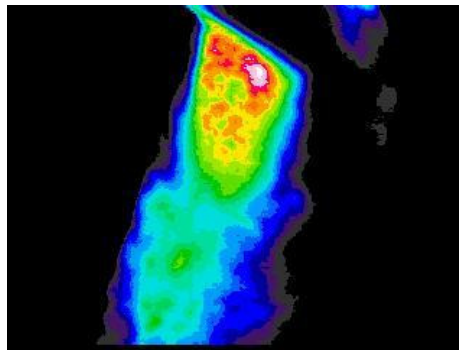
Thyroid, Left Oblique



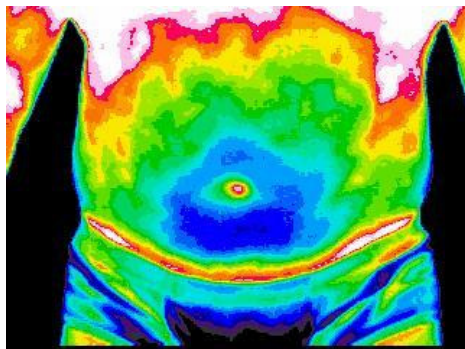
Chest, Anterior



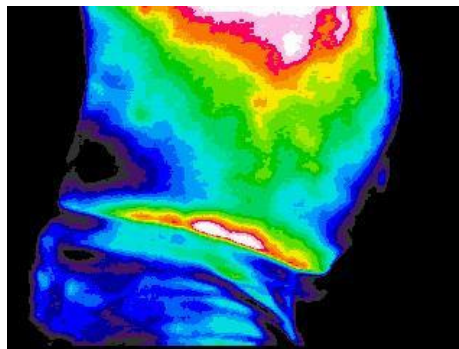
Chest, Lateral Right



Chest, Lateral Left



Abdomen, Anterior

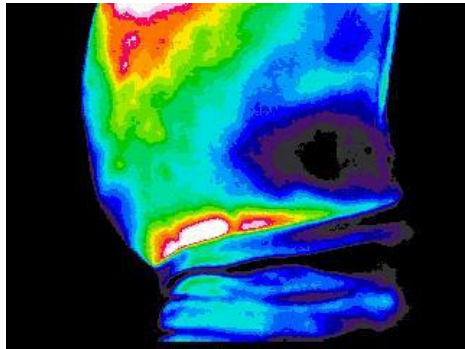


Abdomen, Lateral Right

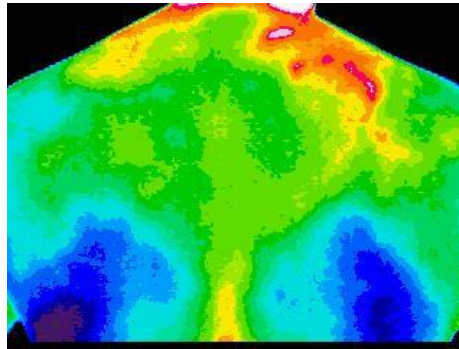


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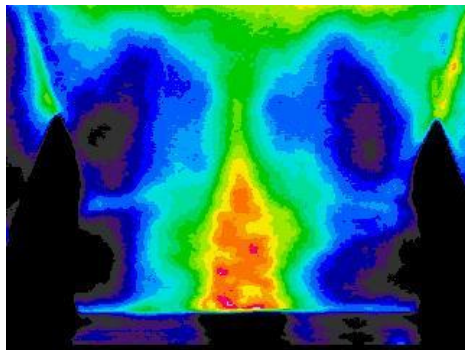
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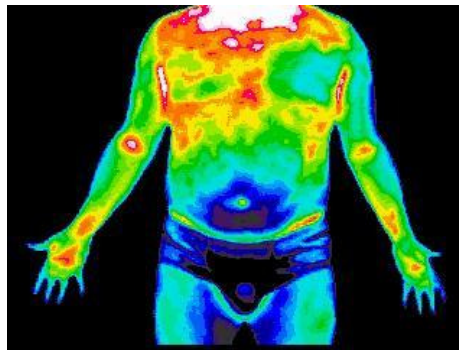
Abdomen, Lateral Left



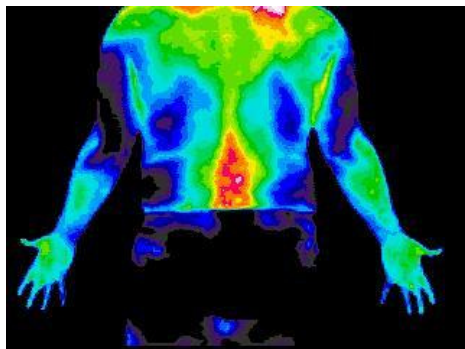
Back, Upper



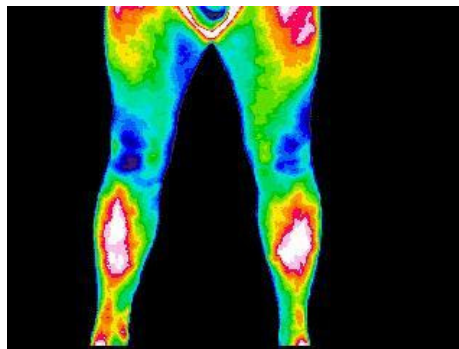
Back, Lower



Trunk, Anterior



Trunk, Posterior

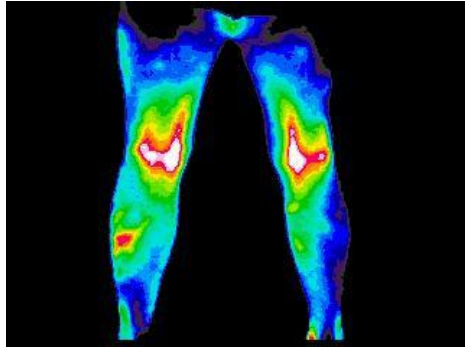


Legs, Anterior

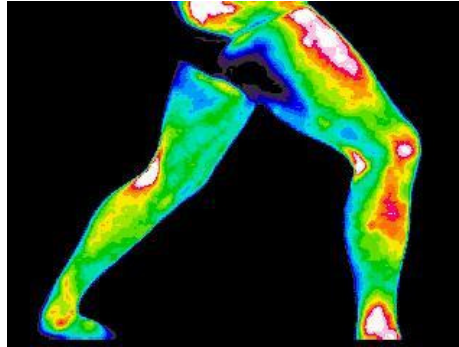


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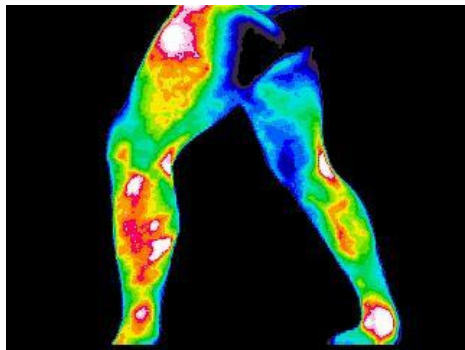
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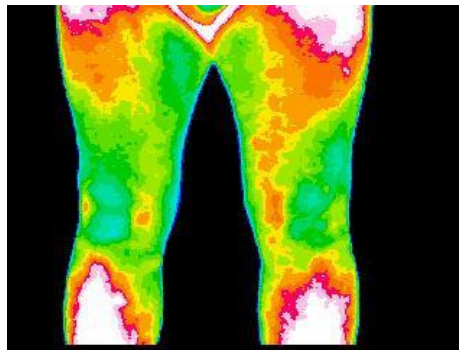
Legs, Posterior



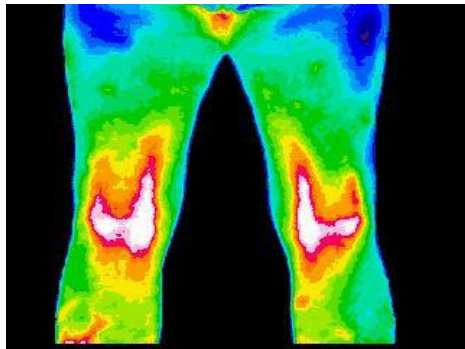
Legs, Lateral Right



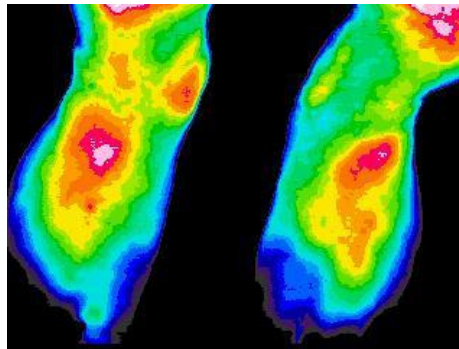
Legs, Lateral Left



Knees, Anterior



Knees, Posterior

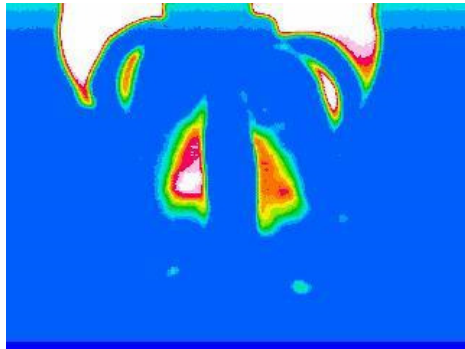


Feet, Dorsal

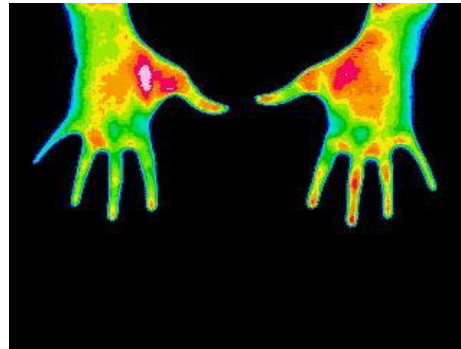


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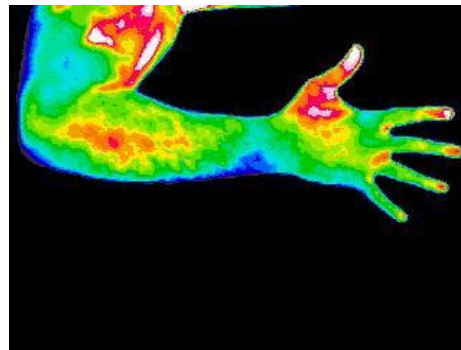
Feet, Plantar



Hands, Dorsal



Hands, Palmar



Arm, Lateral Right



Arm, Lateral Left

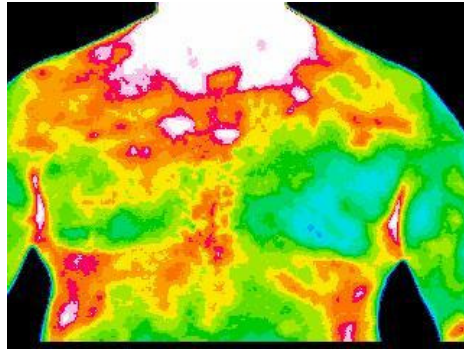


Extra



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