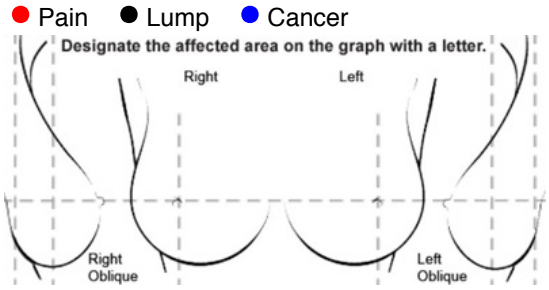
PACT | Professional Academy of Clinical Thermology

Patient Name: [redacted]
Patient DOB:
Date of Study:
Lab:

Mammogram Count: 5-10
Last Anatomical Study: 4/4/15
Study Results: ok
Diagnosed with Cancer: No
Date of Diagnosis: -
Cancer Type: -
Treatment: -
Hormone Therapy: -



Breast Disorders: 2005 left breast lower left, biopsy. Concord Hospital - no problem
Surgical History: Left Breast biopsy, concord hospital, 2005 no treatment, ok
Concerns: no concerns
Breast Symptoms: -
Miscellaneous Symptoms: Abs History: Collar bone - age 2 or 3, Breast Biopsy 2005, ok, Abs Concern: no concerns, Upper History: Right colllar bone, I believe, I was 2 or 3, Upper Concerns: none, Lower Concerns: no concerns
Exam Notes: Did not get an ultrasound because did not remember she was supposed to. Lifestyle change was keto diet. Has not had any practitioner follow-ups and no new symptoms. Did not come back for thermogram in 6 months due to finances.

DELTA T

Region	Current	Previous	Threshold
Breast Global	0.21	0.16	0.3
Breast Nipple	0.00	0.06	1.0
Supraorbital	-	-	0.3

These values are a guide and for future comparison only

Breast Impressions

August 25th, 2020 comparing to April 24th, 2019.

- The global temperature difference has increased slightly from 0.16, to 0.21 degrees.
- The nipple temperature has normalized, from the previous examination.
- There has been an improvement in the mottling patterns, seen on the previous examination, to this examination.
- The thermal patterns seen, are stable and consistent.

This study is adequate to add to the database of archives. I recommend continuing annual testing for this patient.

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.

Follow-up

1 year

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:

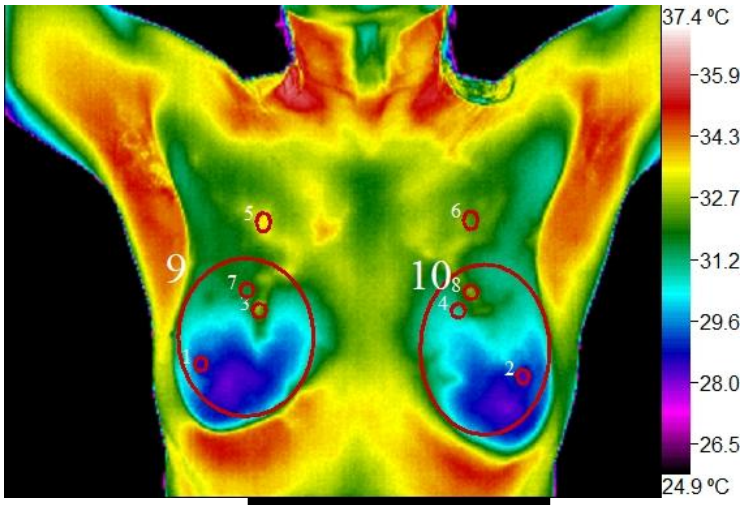
Prepared by: Beth Borchers, DC

Preliminary Interpreter: Anthony Piana, DC, FPACT

Transcribed by: Olivia Mecca

Approved by Senior Interpreter: Alexander Sepper, MD, PHD

[redacted]	[redacted]	**DOB:** [redacted] **Phon** **Email**
Technician Name: [redacted]	Doctor's Name: staff	Referring Physician: none
Study Date: 08-25-2020	**Report Date: 08/27/2020**	Breast Study



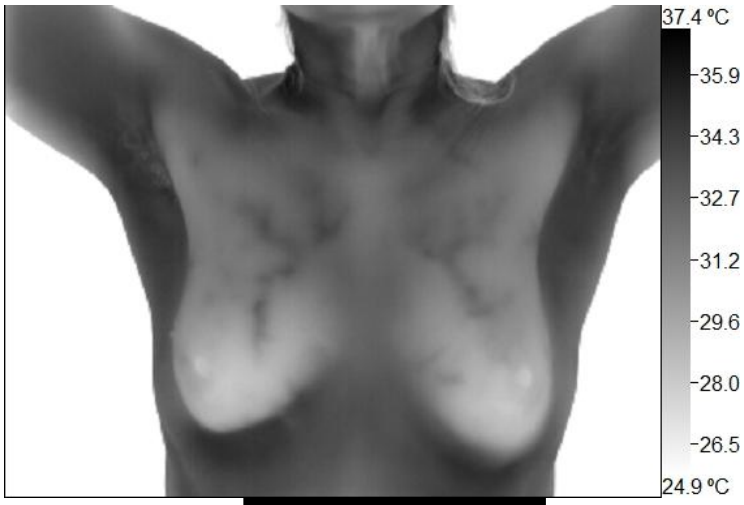


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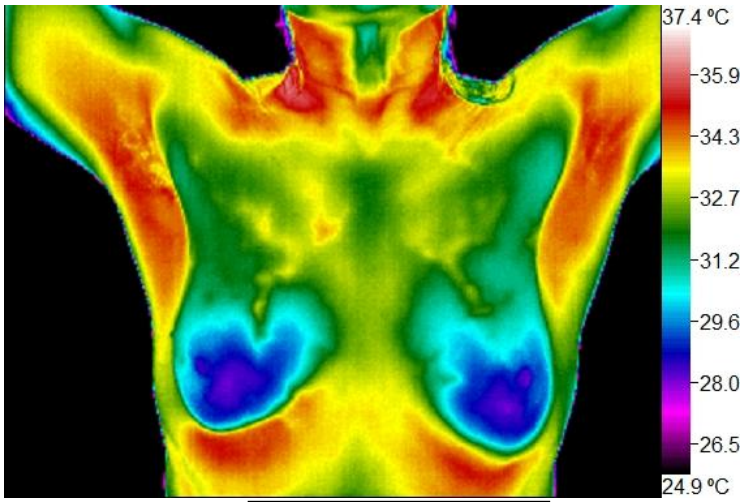
Image	Zone	Min	Delta T(Min)	Max	Delta T(Max)	Avg	Delta T(Avg)
Left	1	27.96 ºC	0.42	29.02 ºC	0.26	28.28 ºC	0.21
Left	2	27.54 ºC		28.76 ºC		28.07 ºC	
Left	3	31.35 ºC	0.99	32.87 ºC	1.50	32.20 ºC	1.46
Left	4	30.36 ºC		31.37 ºC		30.74 ºC	
Left	5	32.87 ºC	0.90	33.68 ºC	1.04	33.26 ºC	1.03
Left	6	31.97 ºC		32.64 ºC		32.23 ºC	
Left	7	31.25 ºC	-0.46	31.63 ºC	-1.01	31.40 ºC	-0.74
Left	8	31.71 ºC		32.64 ºC		32.14 ºC	
Left	9	27.57 ºC	0.03	33.29 ºC	0.65	29.96 ºC	0.00
Left	10	27.54 ºC		32.64 ºC		29.96 ºC	



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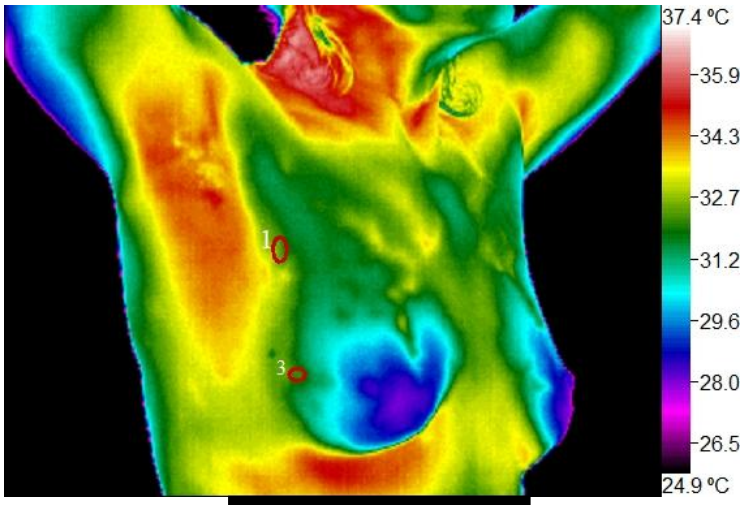

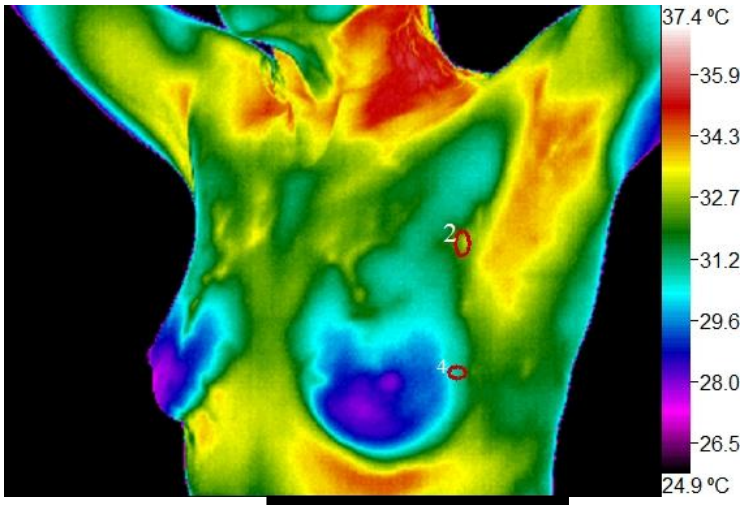

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Image	Zone	Min	Delta T(Min)	Max	Delta T(Max)	Avg	Delta T(Avg)
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Right	2	31.67 ºC		33.09 ºC		32.33 ºC	
Left	3	31.52 ºC	1.58	32.41 ºC	1.20	31.96 ºC	1.36
Right	4	29.94 ºC		31.21 ºC		30.60 ºC	

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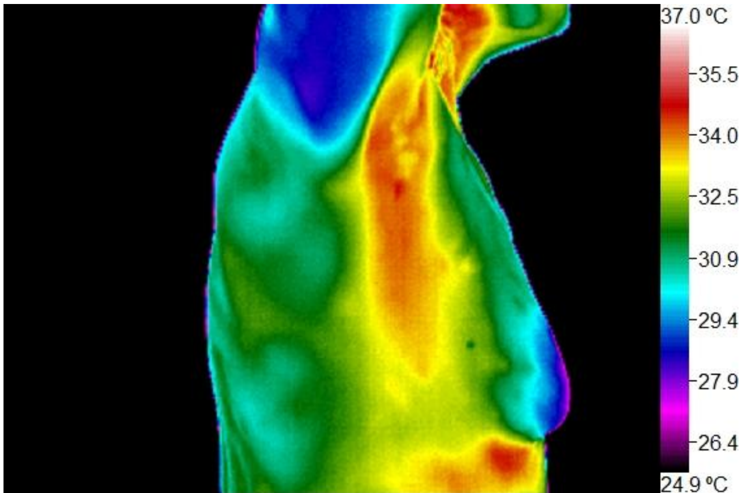

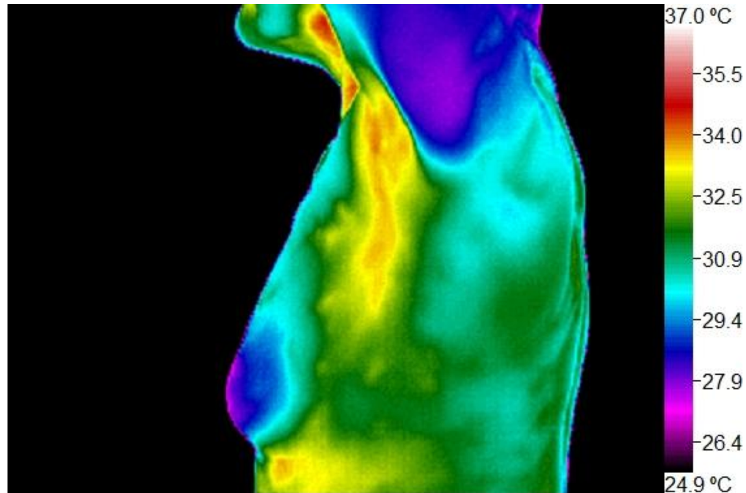

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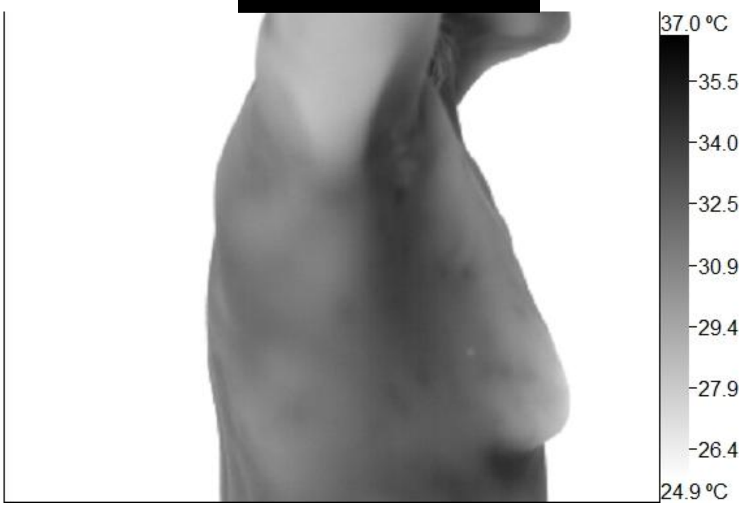

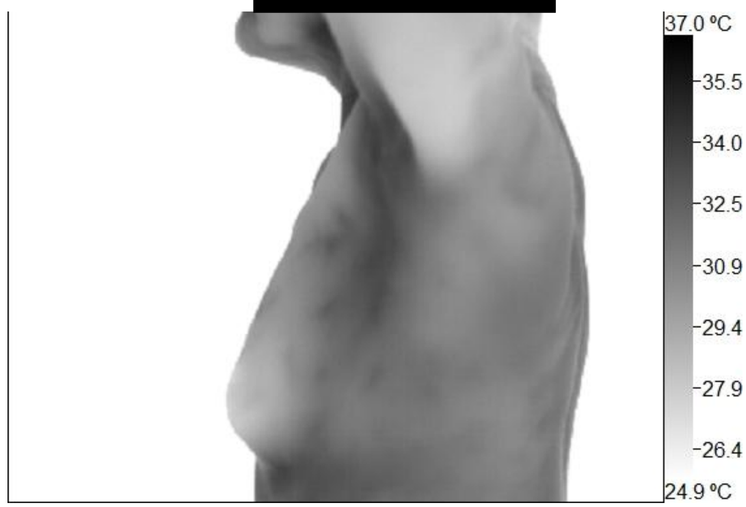

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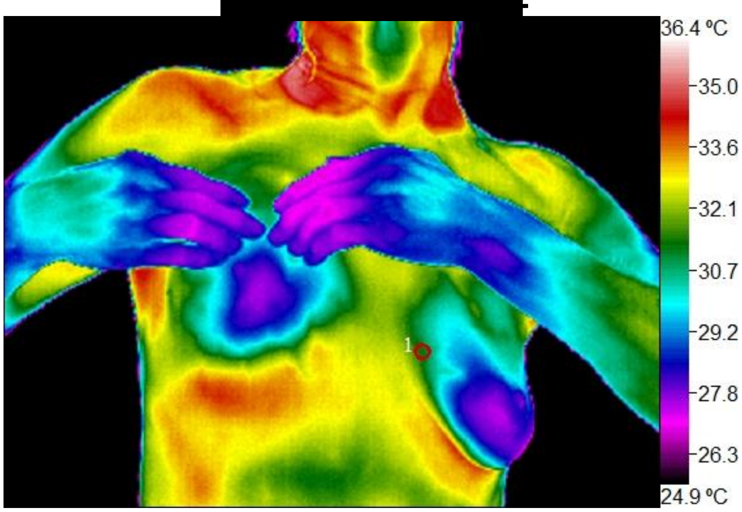

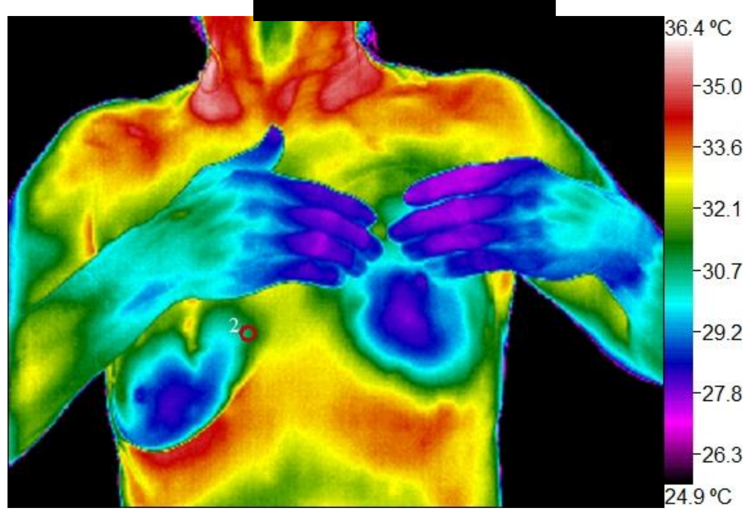

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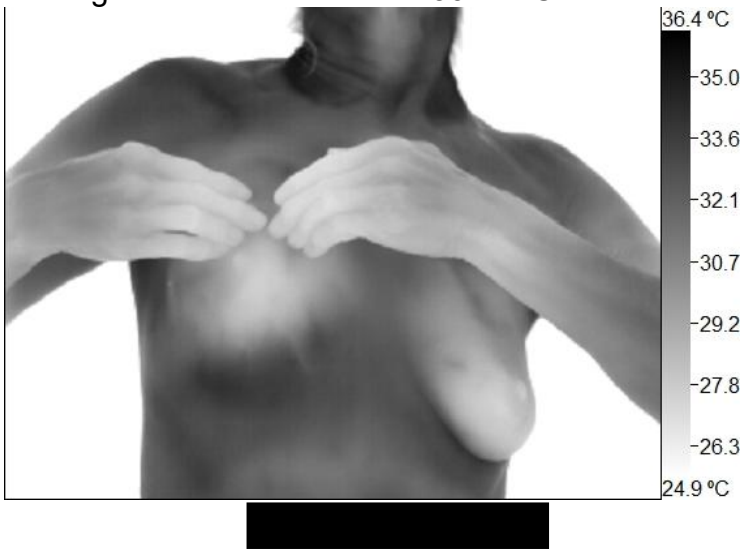
Left	1	30.64 ºC	0.43	31.59 ºC	0.50	31.11 ºC	0.47
Right	2	30.21 ºC		31.09 ºC		30.64 ºC	



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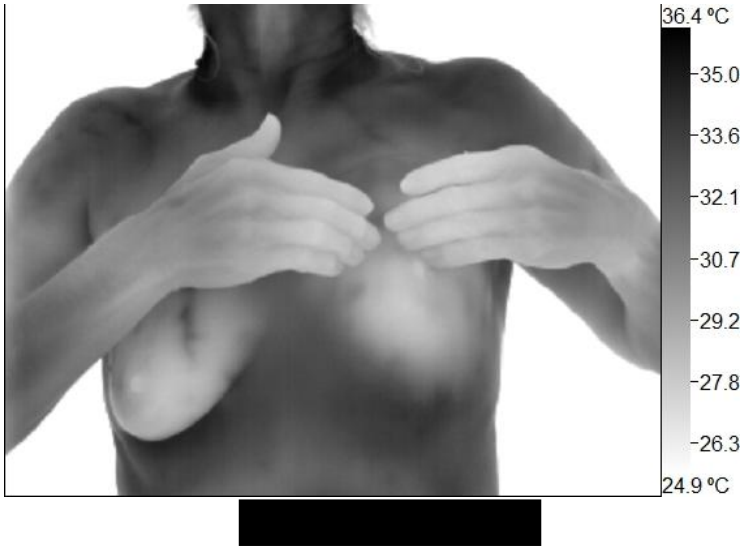

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