

Patient Name:
Patient DOB:
Date of Study:
Lab:

Pain

Lump

Cancer

Designate the affected area on the graph with a letter.

Mammogram Count: 1-5

Last Anatomical Study: 4/10/14

Study Results: good

Diagnosed with Cancer: No

Date of Diagnosis: -Cancer Type: -Treatment: -

Hormone Therapy: -Breast Disorders: -Surgical History: -

Concerns: -

**Breast Symptoms: -**

Miscellaneous Symptoms: Recent dental, Head Concerns: no concerns, Abs Concern: no Concerns, Upper Concerns: no

Concerns, Right knee, Lower History: ACL right knee operation on March 4 2014, Lower Concerns: no Concerns

Exam Notes: Has anything changed since your last exam: Yes

Changes:

Have you had a breast ultrasound, mammogram, mri: Yes Are you currently under a doctor's care for any pathology: Yes

#### **DELTA T**

Region	Current	Previous	Threshold
Breast Global	0.64	0.25	0.3
Breast Nipple	0.62	-0.49	1.0
Supraorbital	0.06	0.14	0.3

These values are a guide and for future comparison only

Breast Impressions	August 28th, 2020, comparing to September 11th, 2019. The patient had a normal ultrasound, in the previous year.
	<ul> <li>The global temperature difference is currently 0.64 degrees. It is up from 0.25 degrees, hotter on the right.</li> <li>The breast nipple temperature has switched from the left side, to the right side.</li> <li>Thermovascular patterns have changed significantly.</li> <li>The pattern at 9 o'clock on the left breast, has decreased, and no longer displays a circular vascular pattern. The right breast patterns are similar.</li> <li>The area at 12 o'clock, on the left breast, is persistent.</li> </ul>
	I recommend continuing clinical breast examinations and anatomical testing, as well as thermal testing annually.
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

# **Patient Symptoms**

Recent dental, Head Concerns: no concerns, Abs Concern: no Concerns, Upper Concerns: no Concerns, Right knee, Lower History: ACL right knee operation on March 4 2014, Lower Concerns: no Concerns

## Head/Neck

Symptoms: Recent Dental, Concerns: no concerns

Comments:

- · The cerebrovascular evaluation is within normal limits.
- There has been a decrease in the oral hyperthermia.
- There is a lessening of the hyperthermia in the thyroid region, and presumably, is from the improvement in oral inflammation.
- The submandibular region remains significantly congested.
- · The heat on the thyroid gland should be clinically evaluated.

#### **Abdomen**

Symptoms: -

Comments:

- The upper right quadrant of the abdomen shows signs of hyperthermia, that should be evaluated.
- Possible causes are liver inflammation, gallbladder, hepatic flexure, or the intestines. It is, however, consistent with the previous exam, and has not become worse.

## Spine/Posture

Symptoms: -

Comments:

- The area in the interscapular region has increased in intensity, slightly.
- There has been improvement in the circulation to the posterior arm.
- · The lumbar spine has improved.

### **Lower Extremity**

Symptoms: Right Knee, Surgical History: ACL right knee operation on March 4 2014, Concerns: no Concerns

Comments

- The inflammation in the anterior tibial region has lessened in intensity.
- The plantar surfaces of the feet are similar to the previous examination.

# **Upper Extremity**

Symptoms: Concerns: no Concerns

Comments:

- There has been an improvement in the circulation to the hands, since the previous exam.
- There is some inflammation into the wrist joints.

#### **General Impressions**

No remarks.

# 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:

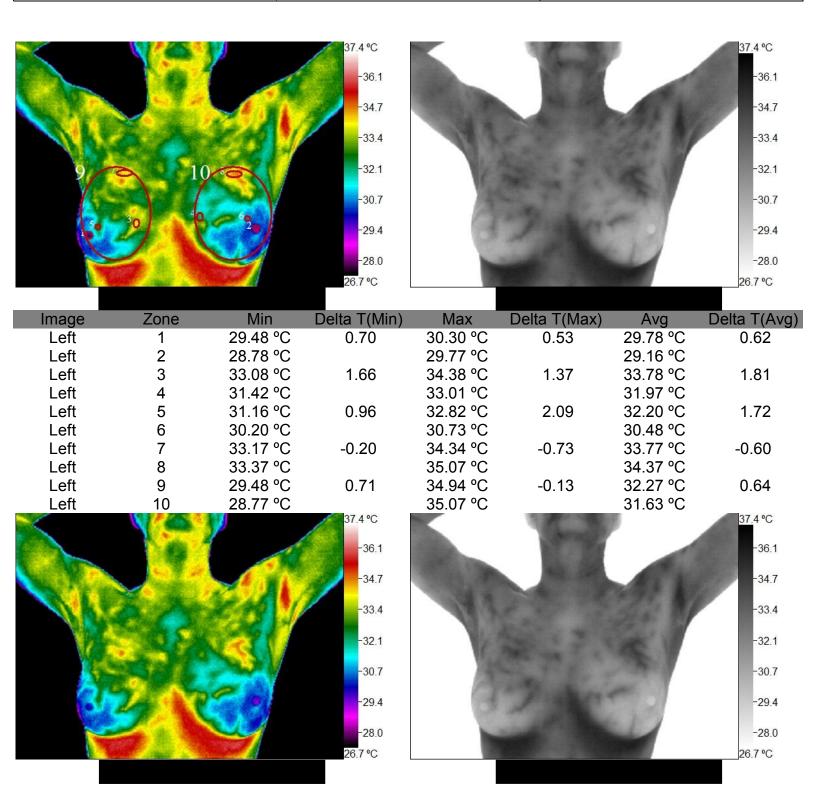
Prepared by: Beth Borchers, DC

Preliminary Interpreter: Anthony Piana, DC, FPACT

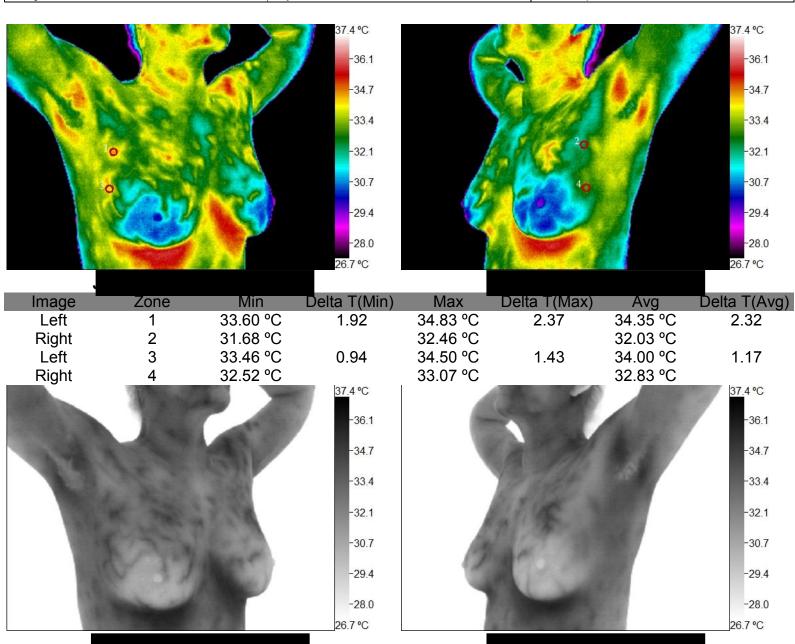
Transcribed by: Olivia Mecca

Approved by Senior Interpreter: Alexander Sepper, MD, PHD

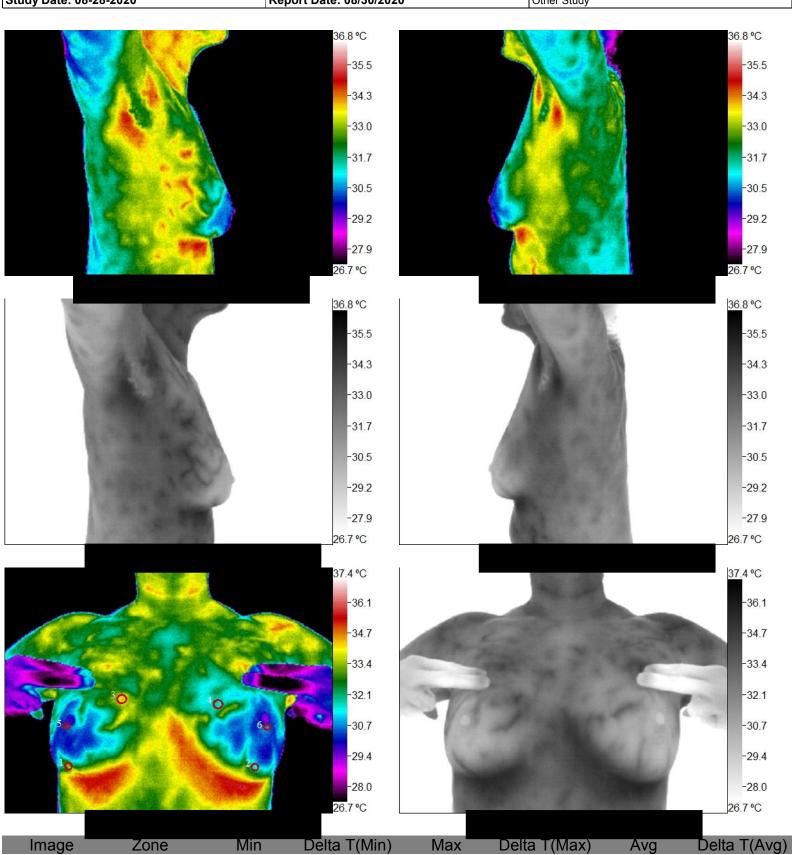
Address:		
i		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study

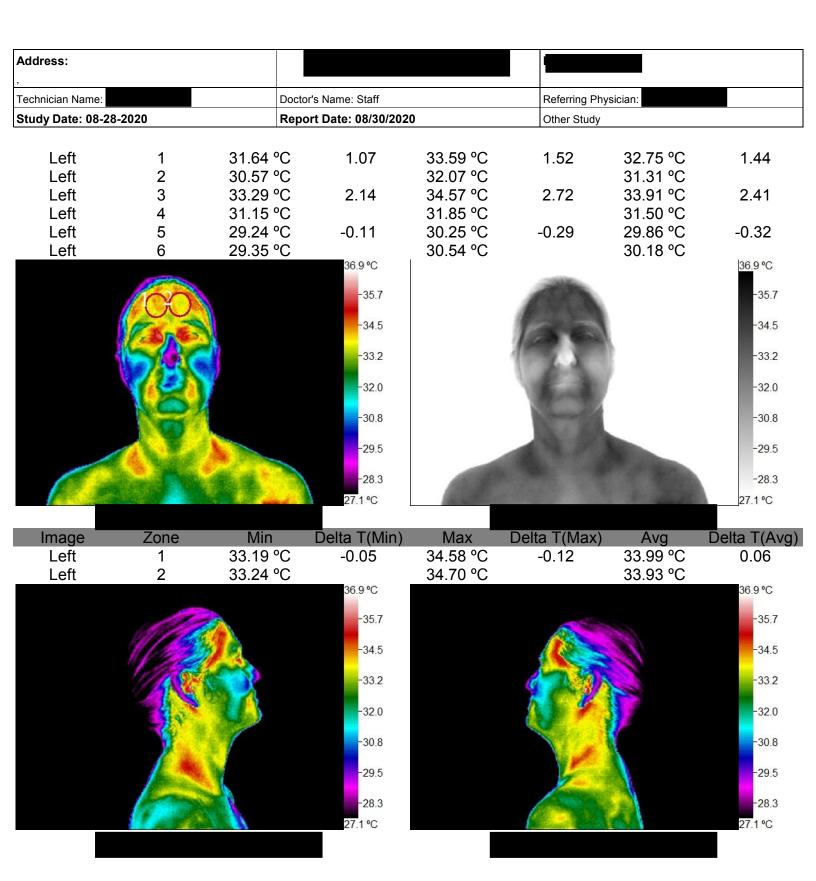


Address:		
,		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study

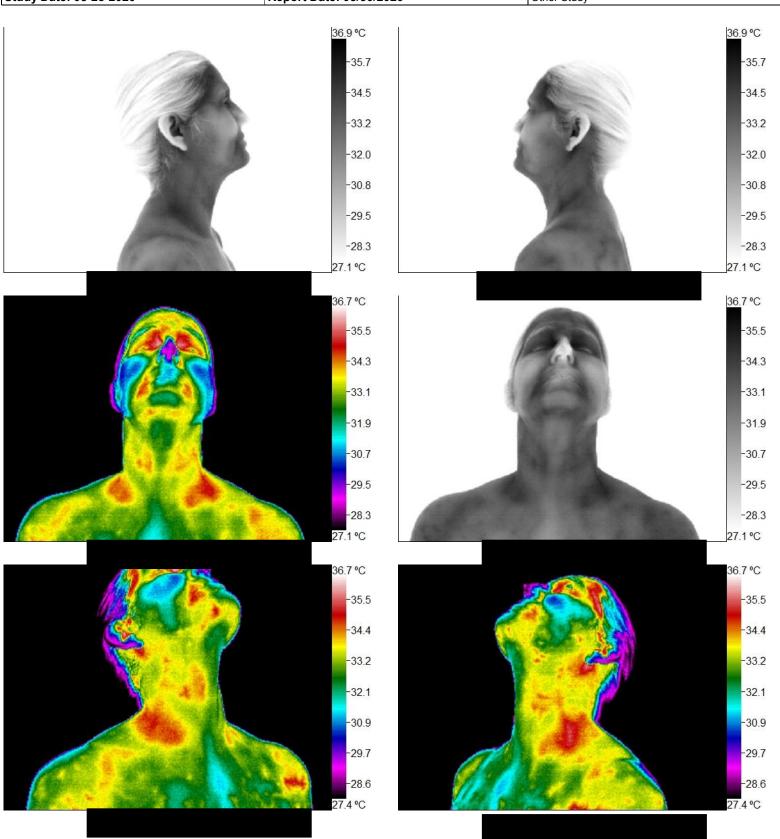


Address:		
,		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study

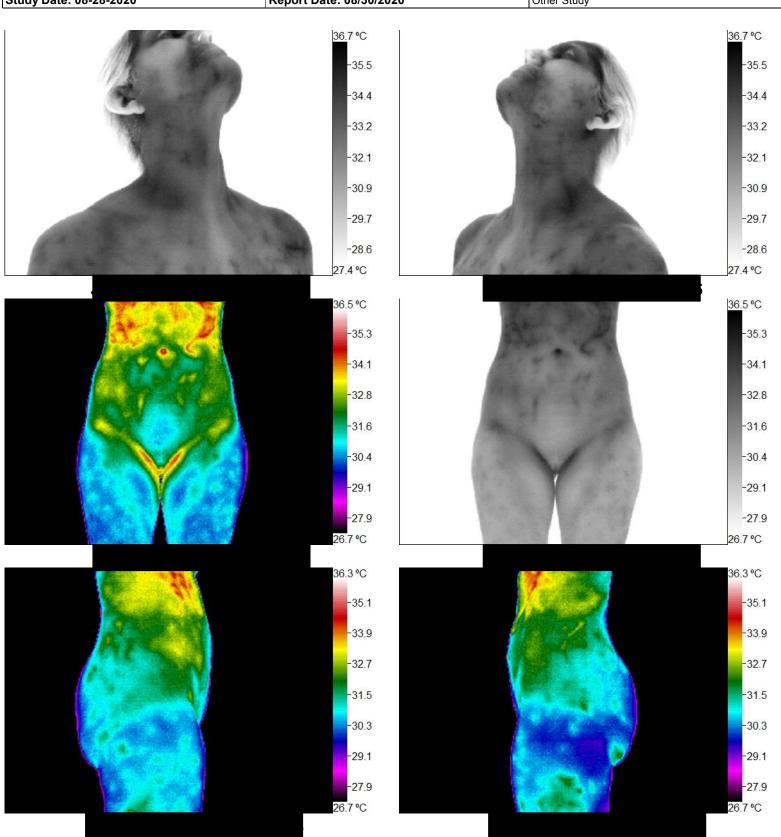




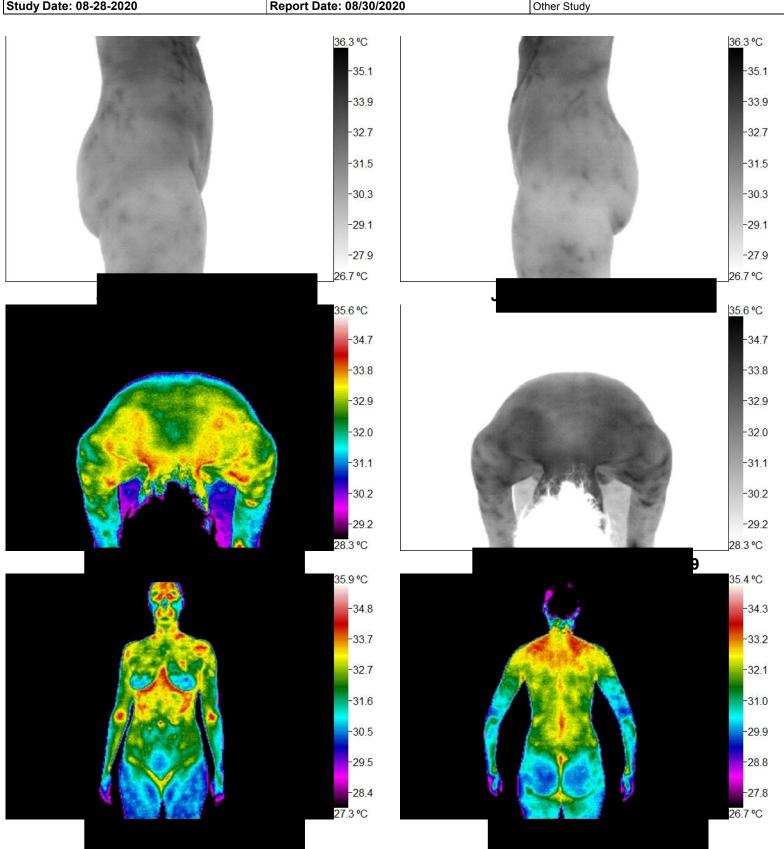
Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



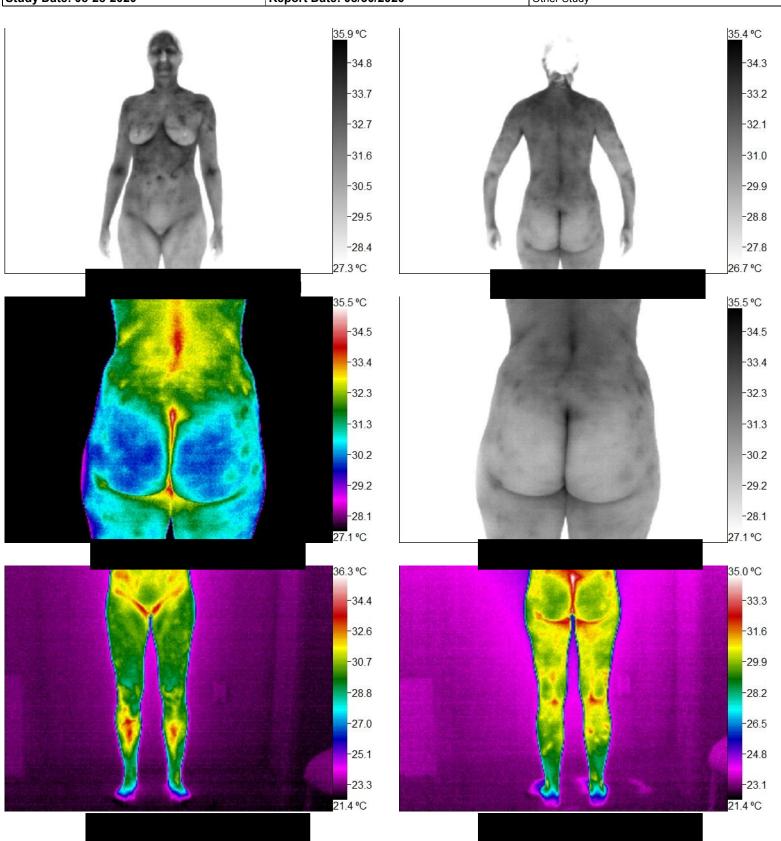
Address:		
Technician Name	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



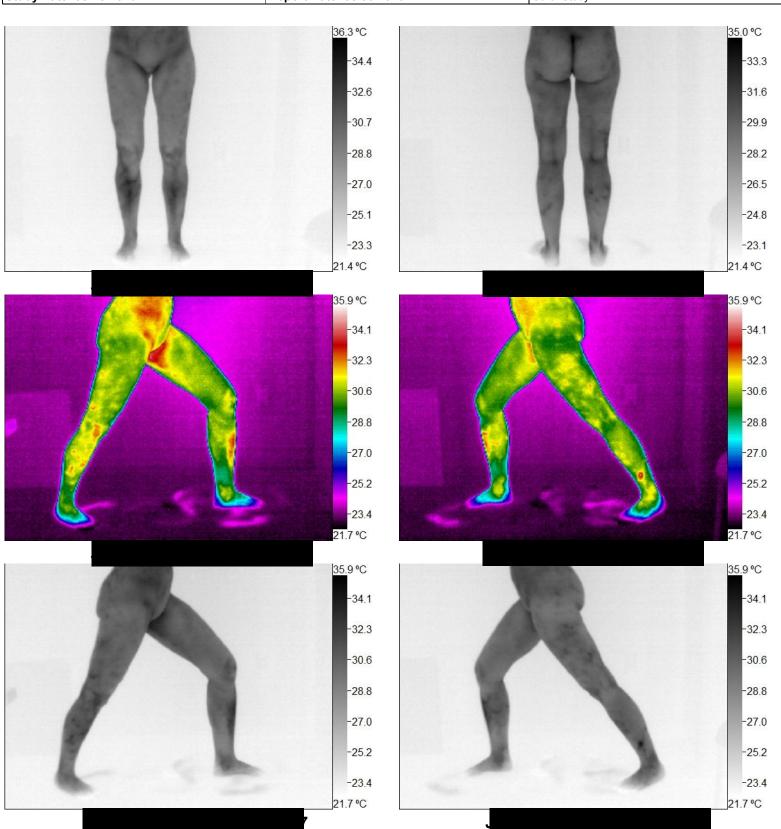
Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



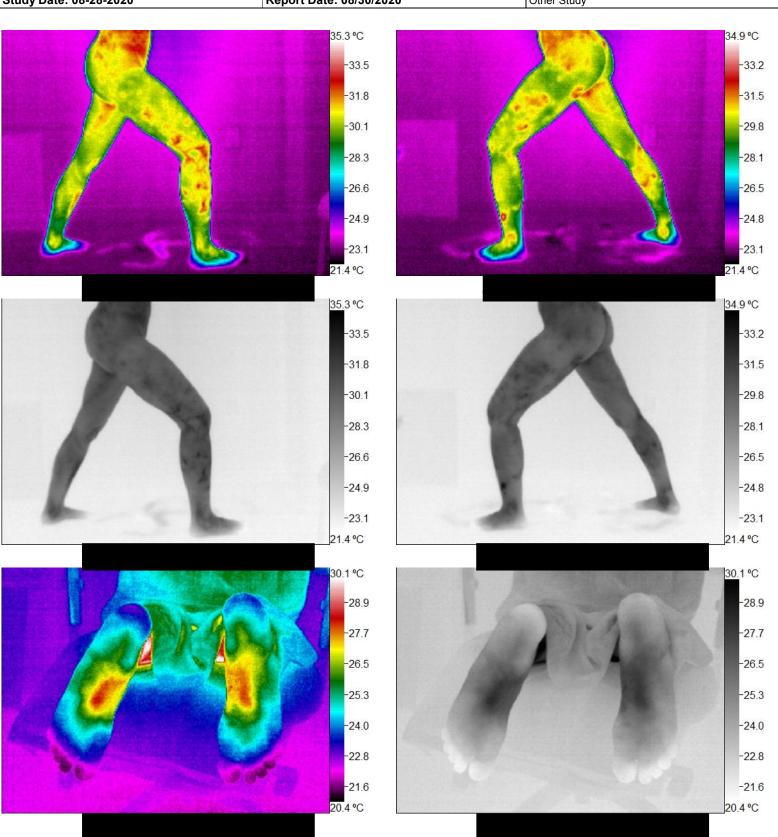
Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



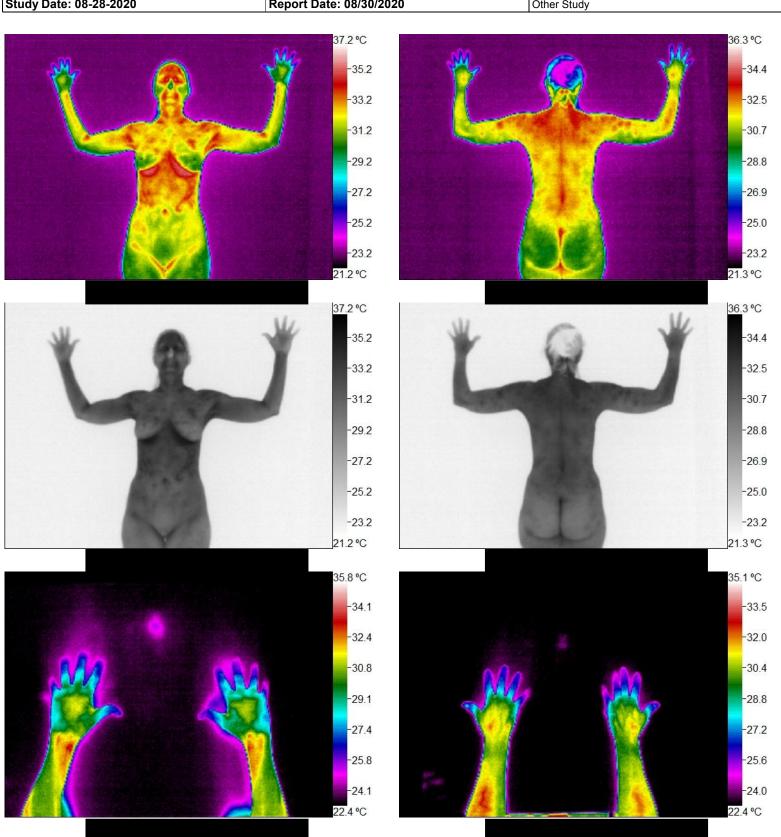
Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study



Address:		
Technician Name:	Doctor's Name: Staff	Referring Physician:
Study Date: 08-28-2020	Report Date: 08/30/2020	Other Study

