

PHYSICIANS INSIGHT WOMEN'S FULL BODY SCREENING

The following represents an assessment regarding thermal expectations or irregularities in the region(s) represented in this document. Infrared breast thermal imaging is considered adjunctive for monitoring breast health. This is not an assessment related to any risk of any specific disease, but rather an assessment of the general health of the individual, which may be noted in the thermal image.

INTERPRETATION

HEAD AND NECK

Head & Neck Concerns

57 year old presents with initial study with concerns. Suffers from frequent headaches and migraines.

Head & Neck History

Patient reports suffering with headaches more than once a month. Patient reports environmental related allergies. Family history is significant for stroke.

Thermographic Findings

Anterior Head

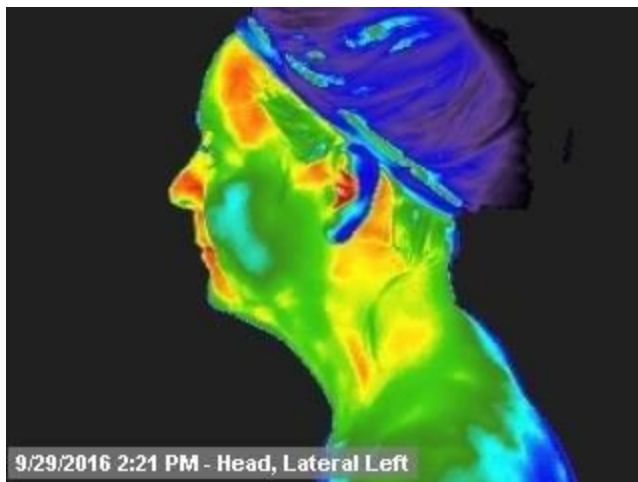
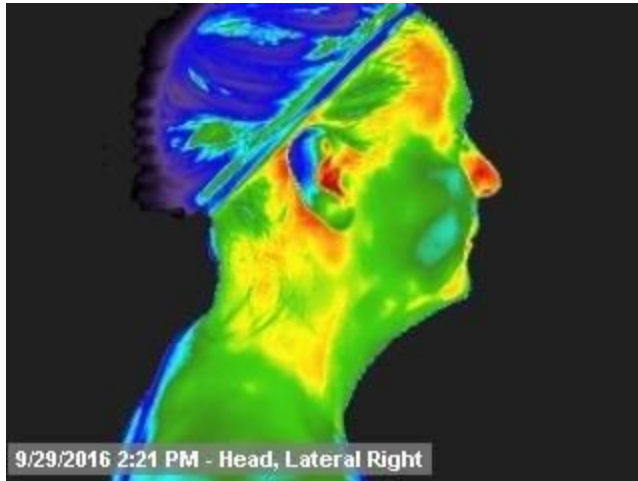


Extensive and diffuse hyperthermia is seen over the ethmoid sinuses, nose, lateral to the nose through the lachrymal duct, over the nasolabial folds and surrounding the mouth. In the absence of skin irritation this thermal pattern is indicative of significant lymphatic and sinus irritation. Inflammation of the sinuses can contribute to headaches, including migraines.

Hyperthermic patterns across the sinuses, throughout the lachrymal duct, surrounding the mouth and into the lymphatic drainage regions in the neck is an indication of possible lymphatic toxicity. Thermal findings over the sinuses are considered to be abnormal and is indicative of irritation to the lymphatic system a faulty immune response

and can present with or without reported symptoms. Supplementation with Bromelain, Vit.C and Probiotics may help to reduce inflammation and support proper immune system function.

Lateral Head and Vasculature



There is mild hyperthermia overlaying the distribution of the lateral neck vasculature, left > right. These patterns are considered an indication of vascular inflammation based on intensity and distribution and justify further clinical evaluation after consideration of family history and cardiometabolic risk factors (obesity, physical inactivity, insulin resistance, hyperglycemia, hypertension and smoking). Recommend guided proactive lifestyle considerations and continued clinical follow-up with primary care provider.

Anterior Neck



There are no significant thermal patterns seen over the anatomical location of the thyroid gland.

There is hyperthermic activity seen in the submandibular and submentallymphatic chains of the neck.

Posterior Head

Posterior neck presents with expected symmetrical hyperthermia.

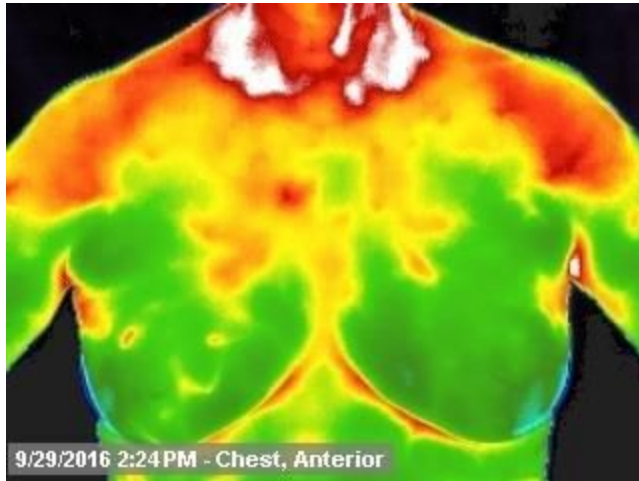
There is a focal area of relative hypothermia seen at T-2 at the base of the neck. The hypothermic pattern over the T2 area in the spine suggests a compromised immune system. High stress levels, poor nutrition, ongoing inflammation and general toxicity can weaken the immune system. Following a treatment protocol that reduces inflammation and promotes detoxification is advised.

CHEST AND UPPER BACK

Chest, Heart & Upper Back Concerns

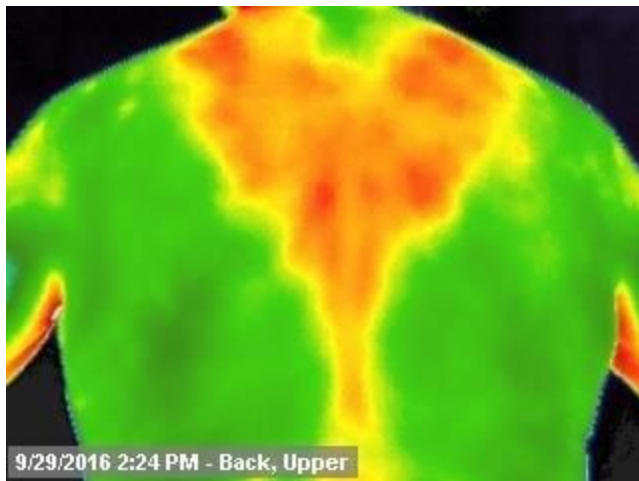
No reported concerns.

Thermographic Findings Anterior Chest



There are no significant findings suggestive of thermally related cardiovascular abnormalities. Lack of thermal findings does not rule out evolving cardiac pathology. An abnormal lipid profile and/or a strong personal or family history may warrant additional studies.

Upper Back



There are diffuse areas of hyperthermia located upper-medial border of the scapula over the trapezius muscle bilaterally. These findings are consistent with chronic stress or strain on muscles and other soft tissue structures overlaying the cervical and thoracic segments of the spine most likely related to daily use. If this finding correlates with symptoms of discomfort, recommend further clinical evaluation.

BREAST

Breast Concerns

Has a raised mole on the left breast at 11:00 and has changed in color, has it if for years. Is currently taking bio identical hormones, progesterone and estrogen.

Breast History

Patient currently experiencing skin thickening or dimpling of the left breast and pain/ tenderness of the right breast, considered not to be cycle related. Family history is significant for non-fatal breast cancer in patient's grandmother at age 45. Use of oral contraceptives for more than five years. Total mammograms 3. Date of last mammogram 9/29/2013. Patient reports left breast and right breast ultrasound on 9/29/2013 with negative results.

Explanation of Delta-T Measurements:

The breasts are compared left to right in identical locations. The difference in temperature for each area is termed Delta-T and is reported in degrees Celsius. The following is an indication of expected findings.

Delta-T 1.0°C or less at the nipple

Delta-T 1.5°C or less in the areolar region

Note: The above findings related to the nipple and areola can not be determined post mastectomy.

***Explanation of General Findings:**

These are mildly asymmetrical patterns as compared to the opposite breast with a temperature difference of less than 1.5°C. These are not abnormal findings but should be monitored for change.

***Explanation of Significant Findings:**

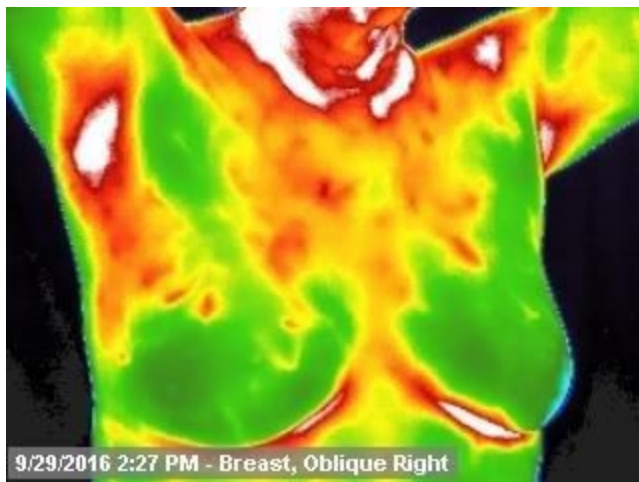
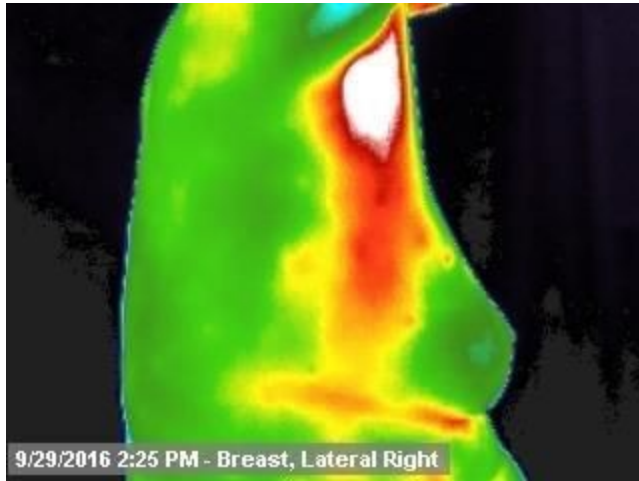
These findings are of most concern. Impression and recommendations will be based on the number of these findings.

BREAST

Thermographic Findings

There are mild thermal asymmetries seen in the breasts as described below. The breasts are approximately symmetrical in size and shape.

Right Breast



General Findings

These are mildly asymmetrical patterns as compared to the opposite breast - less than 1.5°C.

These are not abnormal findings but should be monitored for change:

A hazy thermovascular pattern is observed over the inner regions of the breast.

Fragmented and scattered vascular patterns are seen over the upper outer quadrant of the breast.

Increased general hyperthermia is seen in the axillary region lateral to the breast.

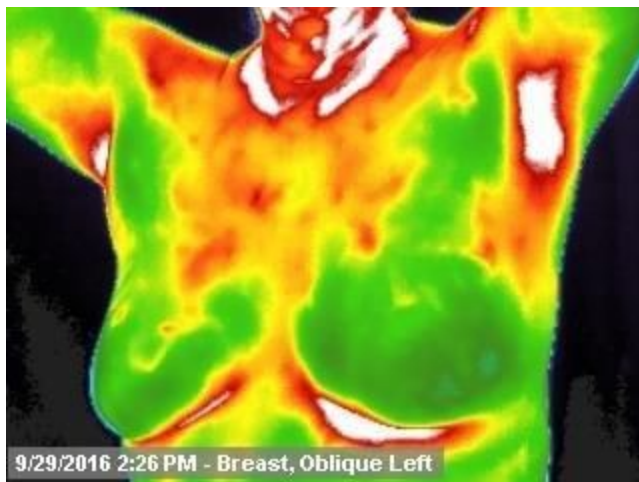
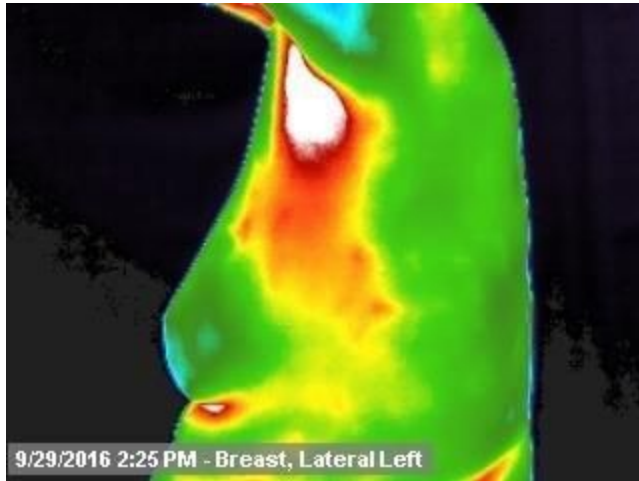
Bilateral hyperthermic isolated nipple difference less than 1°C and remains within normal limits.

Bilateral hyperthermic general areolar difference less than 1.5°C and remains within normal limits.

Significant Findings

There are no significant thermal findings or asymmetries seen in the breast.

Left Breast



General Findings

These are mildly asymmetrical patterns as compared to the opposite breast - less than 1.5°C. These are not abnormal findings but should be monitored for change:

Fragmented and scattered vascular patterns are seen over the upper inner quadrant of the breast.

Increased general hyperthermia is seen in the axillary region lateral to the breast.

Diffuse hyperthermia is seen in the sternal region between the breasts.

Bilateral hyperthermic isolated nipple difference less than 1°C and remains within normal limits.

Bilateral hyperthermic general areolar difference less than 1.5°C and remains within normal limits.

Significant Findings

There are no significant thermal findings or asymmetries seen in the breast.

Breast Impression

Thermal findings are considered to be an impression of:

Right Breast: Low level of concern: thermal patterns described are considered within expected range.

Left Breast: Low level of concern: thermal patterns described are considered within expected range.

Comments

Thermal patterns in the axillary and sternal region are an indication of poor lymphatic drainage and congestion. Consider dry brushing, mild massage or physical activity that moves the lymph, such as swimming or moderate jumping.

Fragmented vascular patterns are indicative of inflammation and hormonal imbalance. Following an anti-inflammatory diet is advised. Supplementation with Fish Oil, Indole-3-carbinol, B Vitamins and Probiotics may help to reduce inflammation and support healthy hormone metabolism. Implementation of any treatment protocol should be under the guidance of a qualified health care professional.

RECOMMENDED FOLLOW-UP

1. Symmetrical vascular normal study, considered within expected range. Recommend 6 month follow-up thermal examination to establish a stable baseline to monitor breast health and identify any changes over time; or sooner as indicated if additional concerns arise. These patterns should be monitored for change.
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 and lifestyle practices that support breast health.

ABDOMEN AND LOWER BACK

Abdomen & Lower Back Concerns

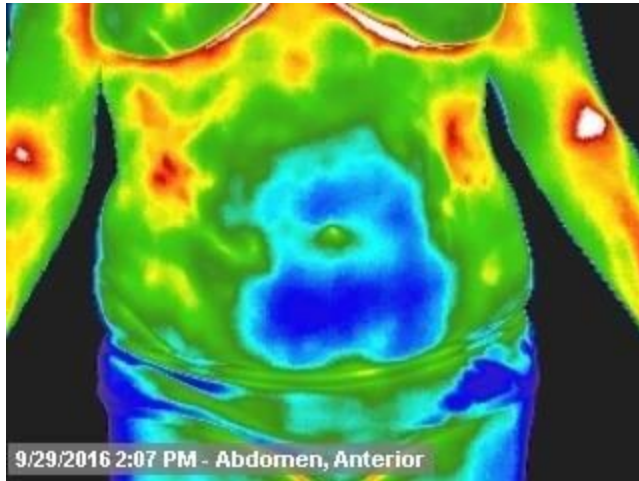
Has lower back pain on both sides.

Abdomen History

History of pain in the lower back.

Thermographic Findings, Impressions and Recommendations

Abdomen

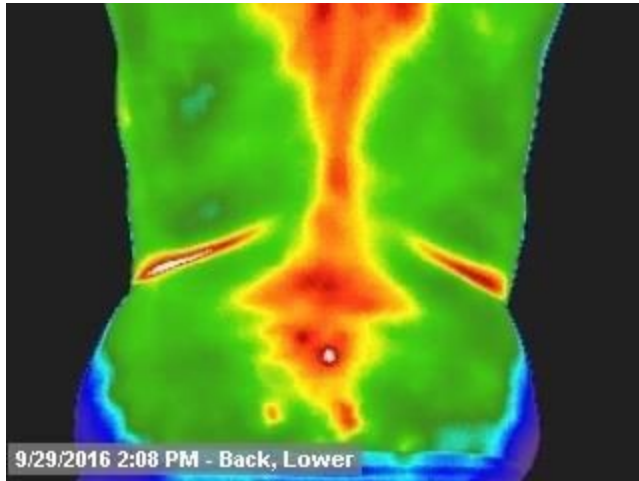


There is a diffuse area of increased hypothermia surrounding umbilicus over the cutaneous referral region for the small intestine. Hypothermic patterns can indicate congestion or a deficiency in a system.

Note: It is common to see a variety of hot and cold patterns in the region below the breast down to the lower abdominal area. These patterns may not always be directly over the anatomical location of a specific organ. However, these patterns, either hot or cold, may reflect changes on the skin related to the well accepted and documented sympathetic “visceral-cutaneous reflex” region related to specific visceral organs. This may indicate inflammatory conditions or other signs of possible organ abnormalities. Thermography alone is not diagnostic; however in the presence of symptoms or clinical concerns may justify further evaluation with a trusted health care provider trained in functional medicine. Consider that abnormalities in digestive organs are often directly related to stress.

Reducing congestion in the digestive system through dietary and lifestyle changes and through appropriate supplementation is advised. Ongoing congestion of the digestive system can contribute to conditions such as systemic inflammation, a weakened immune system, an inability for the body to heal, food sensitivities, nutritional deficiencies amongst others. Changes in the digestive system can be caused by a variety of factors including, poor diet, exposure to toxins, chronic stress and an imbalance of good and bad bacteria in the gut amongst others. Following an anti-inflammatory diet and supplementation protocol is advised. Liver detoxification under the guidance of a qualified health care provider may assist in reducing congestion and may help to improve digestion. Although no digestive symptoms were reported, thermography can identify areas of inflammation or congestion before symptoms present.

Lower Back



There is intense hyperthermia that radiates laterally into the soft tissue in the posterior midline of the lower thoracic and lumbar spine. This suggests a chronic or systemic degenerative inflammatory response which over time can result in disc degeneration. This pattern suggests inflammation of the overlying soft tissue (ligament, muscle, fascia and facet joint capsule) in the thoracic and lumbar region.

There is an area of focal hyperthermia seen over the lower lumbar spine at the L3.

L3 correlates to the uterus, bladder and knees (Knee discomfort is reported as a concern)

The spine is directly related to the function of the nervous system and specific regions of the spine correlate to organ systems in the body. Dysfunction of the spine in certain areas can impact the proper function of organs related to that area of the spine. Focal areas of heat in the spine may also be a reflection of stress or inflammation in organ systems related to that area of the spine. Further assessment and evaluation is advised by an osteopath, acupuncturist or massage therapist.

Note: Lower back patterns are most relevant when correlated with history and concerns. However, some conditions, such as a spinal degeneration may not present with symptoms. Lower back pain can be caused by irritated nerve roots, strained muscles, damaged ligaments or joints or spinal degeneration. If these findings correlate with chronic symptoms, or if there are thermal indications of intense patterns in the spine and no symptoms, recommend a thorough orthopedic and neurological examination.

LEGS & FEET

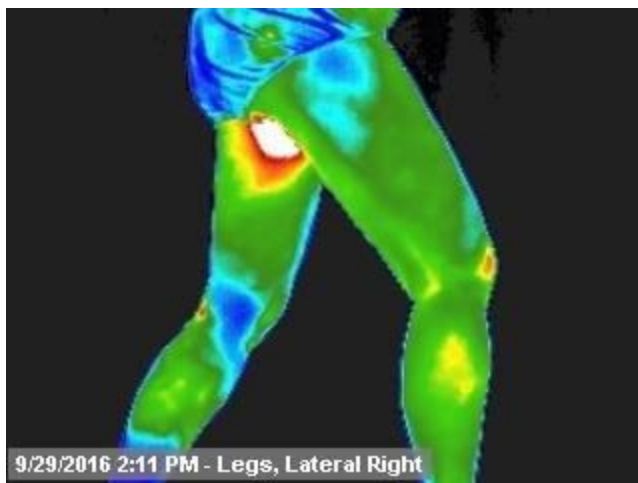
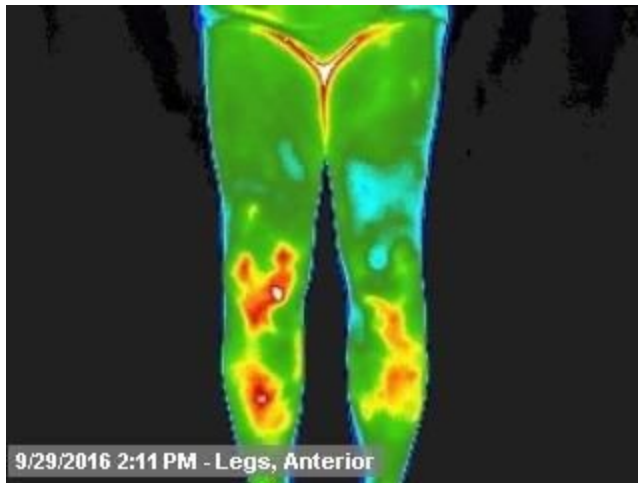
Legs & Feet History & Concerns

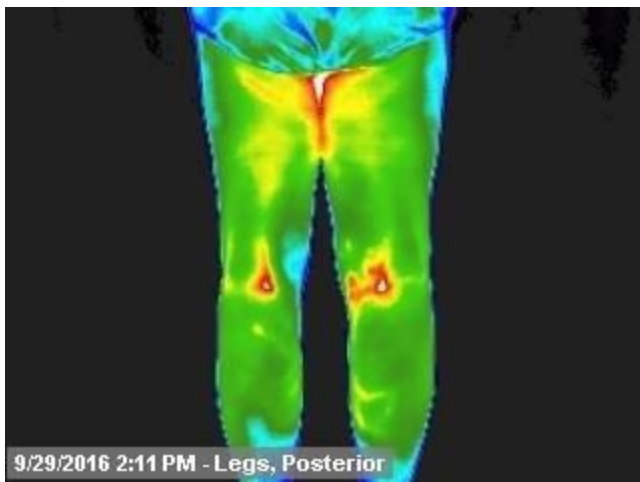
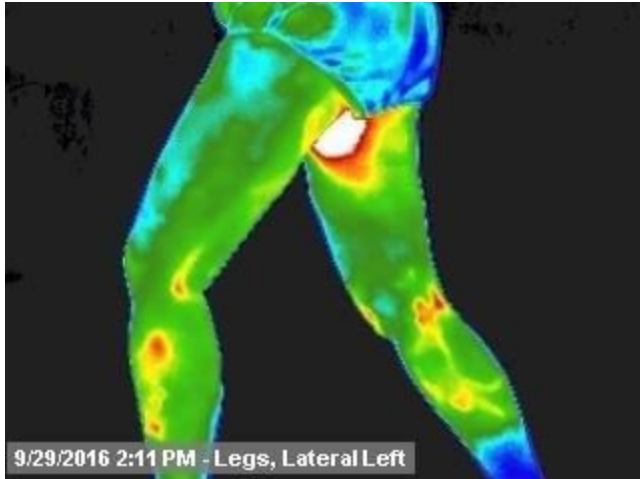
History of pain in the left foot; right knee and foot.

Inside of the right knee is very painful, more at night when sleeping. Bottom of feet hurt.

Thermographic Findings, Impressions and Recommendations

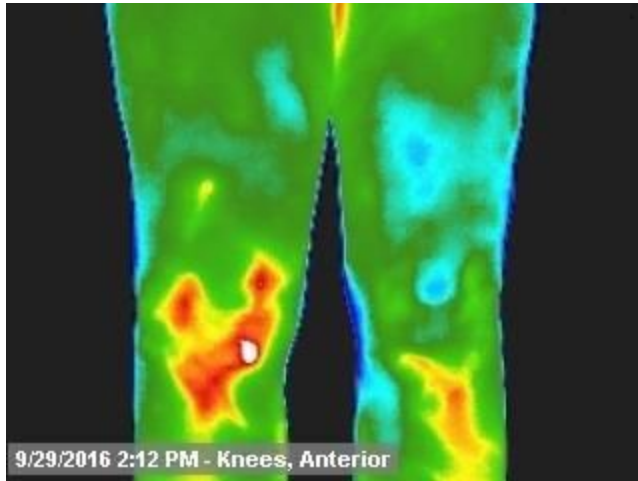
Legs, Anterior, Posterior and Lateral





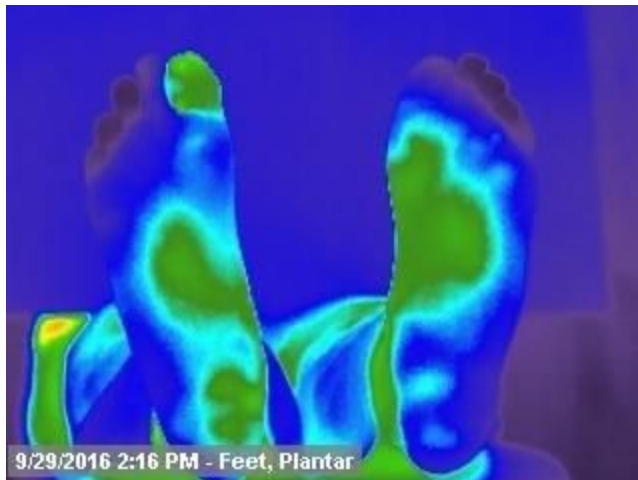
There is a vascular-type pattern observed in the right leg, just below the knee which is consistent with varicose veins, and may or may not be visible on the surface. Varicose veins are not uncommon and most likely caused by extended walking or sitting over a long period of time. Self-care can include exercise, elevating your legs or wearing compression socks or stockings. Aching and discomfort in the legs may be a signal for circulatory problems and may justify professional evaluation and treatment.

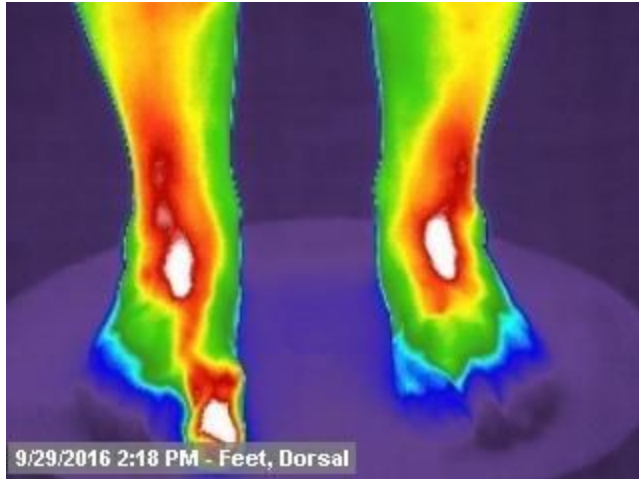
Knees, Anterior



There is a thermal asymmetry seen in the right knee compared to the left, which is consistent with reported right knee pain. Healthy knees are expected to be symmetrically cooler than the rest of the leg. This thermal asymmetry is indicative of inflammation of the knee which may be caused by a compensatory mechanism related to lower back problems. The reported pain and discomfort may be related to poor circulation in the leg related to varicosities.

Feet, Plantar and Dorsal





There is increased hyperthermia in both ankles which may be an indication of a systemic condition, such as certain types of acute arthritis or repetitive overuse and is consistent with the reported bilateral foot pain.

There is significant asymmetrical hyperthermia seen in the right big toe with a pattern extending from the ankle and to the underside of the toe. This may be related to an injury, although none is reported specifically in the toe, or this pattern is sometimes present with nail fungus. Further evaluation is recommended, especially since there is pain in the right foot.

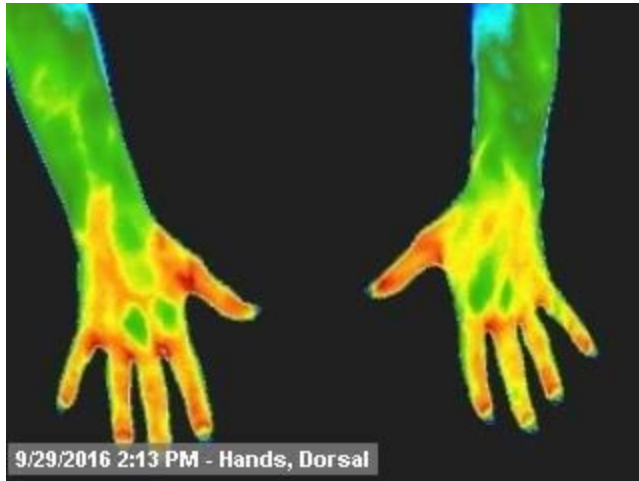
Note: Expected thermal findings in the lower extremities are: diffuse bilateral patterns indicating blood perfusion due to daily use, hypothermia of the knees, toes and plantar feet, with increased hyperthermia in the shins below the knees. Muscles of the legs may present as relatively hypothermic immediately after exercising (within 1 hour).

ARMS & HANDS

Arms & Hands History & Concerns

History of pain in the right shoulder.

Thermographic Findings, Impressions and Recommendations Hands, Dorsal



General hyperthermia as seen in both hands may be, in the presence of pain, an indication of bilateral overuse. In the absence of pain, this pattern which appears as a “glove” effect, may also be an indication of blood sugar issues. Although this pattern is not diagnostic, it does justify recommendation for further testing or glucose tolerance test if symptoms such as anxiety, sweating, palpitations or headaches are present.

There are no specific thermal findings consistent with the reported right shoulder pain.

Note: Expected thermal findings in the upper extremities, by nature of use and design, receive daily use and overuse which may cause bilateral blood perfusion. Expected thermal findings are increased heat in the upper arms with gradual cooling towards the hands, with fingers being the coldest.

RECOMMENDED FOLLOW-UP

1. Suggest clinical correlation of thermal findings with health care professional regarding patient's history, symptoms and consideration of recommendations mentioned above in addition to standard follow-up breast imaging as indicated above in the breast recommendations.
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 and lifestyle practices that support breast health.

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 and internationally peer reviewed guidelines established by the American Academy of Thermology (www.aathermology.org) were followed.

This report is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. It does not provide a diagnosis of illness, disease or other conditions. It is not intended for use by individuals for self-diagnosis or for self-evaluation.

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.

Thermograms **do not** provide “negative” or “positive” results. It is common for mammography, ultrasound and/or MRI to report “negative” findings even when a Thermogram reports high index of concern. It is important to utilize preventive strategies regardless of a high or low risk Thermogram and/or a negative mammogram, ultrasound or MRI.

DEFINITION OF THERMAL ANALYSIS

Low level of concern, non-vascular describes an image with no thermal patterns may be reported as TH-1. An impression of "low level of concern and non-vascular" may specify a recommendation for 6 month follow-up thermal examination on an initial study and a 6 month follow-up study, to monitor breast health and identify any changes over time.

Low level of concern, within expected range describes patterns that are thermographically symmetrical, bilateral and vascular and may be reported as TH-2 or mild thermographically irregularities with low index of concern. An impression of “low index of concern, vascular” may specify a recommendation for 6 month follow-up thermal examination on an initial study and a 12 month follow-up on a follow-up study, to monitor breast health and identify any changes over time.

Low level of concern, equivocal describes thermal irregularities and patterns that are considered thermographically non-specific and may include one significantly recognizable thermal sign and possible other asymmetrical patterns. These may be reported as TH-3 or thermographically significant with minimal index of concern for thermal irregularities. An impression of “Thermographically equivocal with minimal index of concern” may specify a recommendation for a three month follow-up or other recommendation at the interpreter’s discretion; to monitor breast health and identify any changes over time.

Moderate level of concern describes thermal irregularities and patterns that are considered thermographically significant and may include two significantly recognizable thermal signs and possible other asymmetrical patterns. These may be reported as TH-4 or thermographically significant with moderate index of concern for thermal irregularities. An impression of “Thermographically significant with a moderate index of concern” may specify a recommendation for a three month follow-up or other recommendation at the interpreter’s discretion; to monitor breast health and identify any changes over time. This is accompanied with a recommendation for maintaining regularly scheduled breast health examinations with the patient’s primary care physician.

High level of concern describes thermal irregularities and patterns that are considered thermographically significant and may include three significantly recognizable thermal signs and possible other asymmetrical patterns. These may be reported as TH-5 or thermographically significant with high index of concern for thermal irregularities. An impression of “Thermographically highly abnormal with a high index of concern” may specify a recommendation for a three month follow-up to monitor identify any changes over time. This is also accompanied with a recommendation for further clinical or specialist evaluation before continuing with thermal monitoring. Note: Recommendations for additional treatment should be made by the patient’s health care practitioner of choice.

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. The value of thermography as a screening tool is 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 and prompt timely investigation and prevention. Thermograms do not provide “negative” or “positive” results. It is common for mammography, ultrasound and/or MRI to report “negative” findings even when a Thermogram reports high index of concern. It is important to utilize preventive strategies regardless of a high or low risk Thermogram and/or a negative mammogram, ultrasound or MRI.

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 data provided by the test. A “Thermographically abnormal or highly abnormal impression with high index of concern for thermal irregularities” does not suggest that it is related to any specific disease and relates only to thermal and observational findings. This report should be presented to the imaged patient’s personal physician to determine the nature of the appropriate follow-up and course of action /evaluation.

Notice to patients presenting with previously diagnosed cancer: Thermography interpretation in this report relates specifically to thermal findings and does not include information or recommendations related to the measured changes of disease.