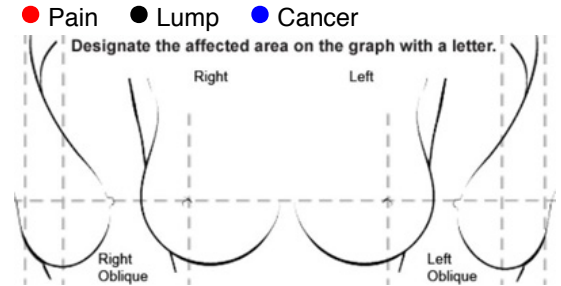




Mammogram Count: 10+
Last Anatomical Study: 4/14/19
Study Results: Good
Diagnosed with Cancer: No
Date of Diagnosis: -
Cancer Type: -
Treatment: None
Hormone Therapy: None
Breast Disorders: -
Surgical History: -
Concerns: Under arm have cancer nodes
Breast Symptoms: Hysterectomy
Miscellaneous Symptoms: Head Concerns: Ovarian cancer in body, Abs History: Hysterectomy, 5â€ of colon removed, ovaries,, Abs Concern: Cancer in body, Right arm, Upper History: Broke wrist, Lower Concerns: None
Exam Notes: Chemo port for ovarian cancer is above left breast. This is a STAT report. Please expedite.



DELTA T

Region	Current	Previous	Threshold
Breast Global	-0.19	-	0.3
Breast Nipple	0.28	-	1.0
Supraorbital	0.03	-	0.3

These values are a guide and for future comparison only

Breast Impressions

The patient has a history of ovarian cancer. The exam notes claim there is a chemo port above the left breast. It is apparent that this is over the right breast. This has been noted and corrected for the file.

- Thermovascular evaluation shows asymmetrical patterns, bilaterally.
- There are minimal vascular patterns in the breast, and is consistent with the patient's age and hormone level.
- The global temperature difference is 0.19 degrees hotter on the left.
- The nipple temperature difference is 0.28 degrees hotter on the right.
- Both of these measurements are within normal limits.
- The cold area, to the one o'clock position in the upper chest on the right side, is the chemo port.

All findings will be monitored over time, and compared in future comparative reports. It is important to establish a baseline for this patient. The one area of focal hyperthermia, at 11 o'clock on the right breast, should be clinically evaluated. It is a focal area of heat, not seen on the opposite side. I recommend a six month follow-up for this patient, thermographically.

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

6 months

Patient Symptoms

Head Concerns: Ovarian cancer in body, Abs History: Hysterectomy, 5â€ of colon removed, ovaries,, Abs Concern: Cancer in body, Right arm, Upper History: Broke wrist, Lower Concerns: None

Head/Neck

Symptoms: Concerns: Ovarian cancer in body

Comments:

The cerebrovascular evaluation is within normal limits.

- There is an area of focal hyperthermia, on the right lateral margin of the mouth, that may be related to underlying dental work, or devices.
- The upper lip is hypothermic and colder, and may be the result of either a neurogenic origin, or previous dental work.
- There is a mild degree of lymphatic congestion in the neck. I do not see any indication of thyroid disorder, thermographically.

I recommend correlation clinically.

Abdomen

Symptoms: -

Comments:

- The abdomen shows mottling patterns, that may be due to estrogen dominance, or other hormone related concerns.
- There is no significant heat over the ovary region, or anywhere else in the abdomen, that is of clinical concern.

Thermography is not the best test to evaluate ovarian or any other abdominal cancers, nor is it FDA cleared for this screening purpose.

Spine/Posture

Symptoms: -

Comments:

- The neck shows signs of hyperthermia, extending into the interscapular region, down the thoracic spine, and into the lumbosacral region.
- This inflammation is most likely due to biomechanical origin or posture.

I recommend clinical evaluation by a Chiropractor or Physical Therapist.

Lower Extremity

Symptoms: Concerns: None

Comments:

- The front of the thighs, extending into the knees, show areas of hypothermia, that may be related to compressed nerves in the spine.
- The lower extremities shows signs of hyperthermia that is posturally related.
- The plantar surfaces of the feet have increased intensity in the plantar fascia, bilaterally, and is fairly symmetrical.

Upper Extremity

Symptoms: Right Arm, Surgical History: Broke wrist

Comments:

- The fingers are hypothermic, and may be related to generalized circulation.

Sometimes thyroid conditions will create colder hands, on thermography. I recommend clinical evaluation of this.

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: [REDACTED]		[REDACTED]
Technician Name: [REDACTED]	Doctor's Name: Staff	Referring Physician: [REDACTED]
Study Date: 07-24-2020	Report Date: 07/24/2020	Female Full Body Study

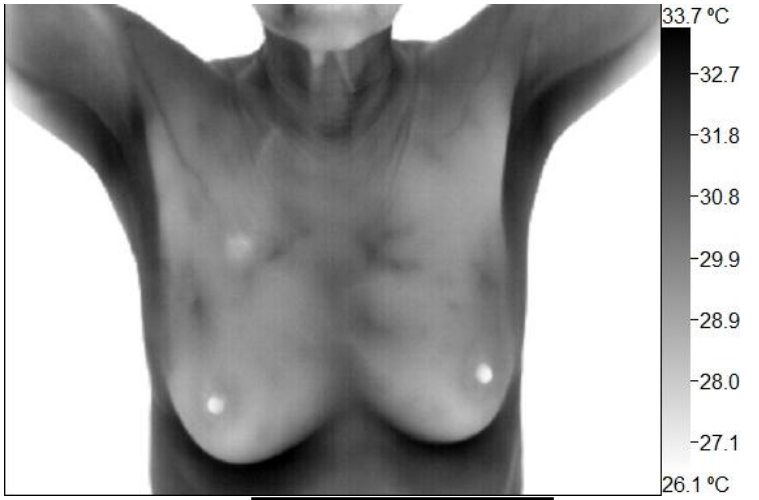
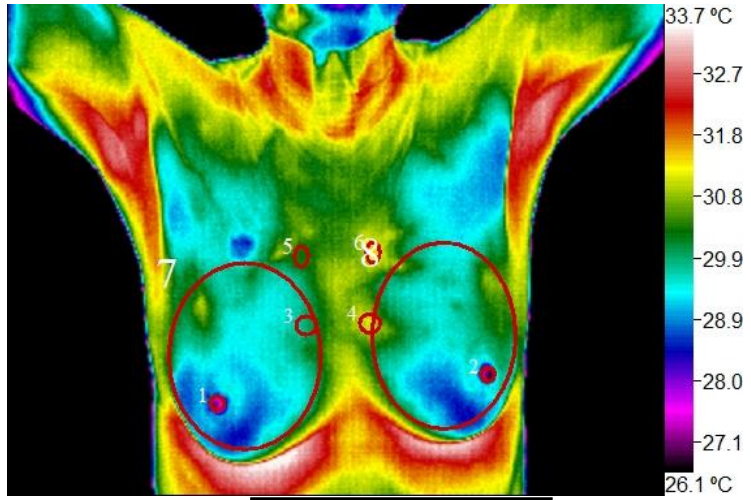
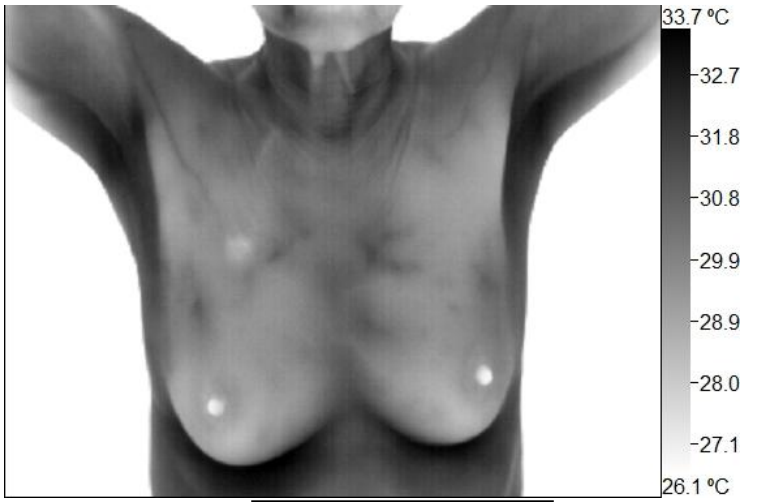
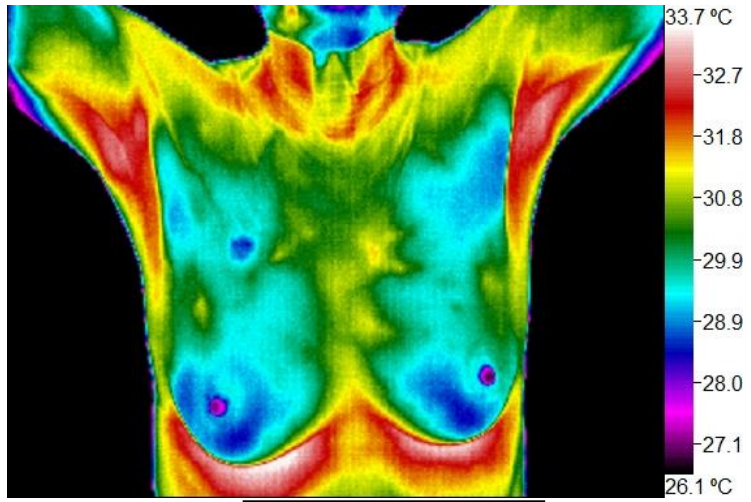


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Left	3	29.43 °C	-0.98	30.09 °C	-1.10	29.77 °C	-1.15
Left	4	30.41 °C		31.19 °C		30.92 °C	
Left	5	29.97 °C	-0.83	30.40 °C	-1.10	30.21 °C	-1.02
Left	6	30.80 °C		31.50 °C		31.23 °C	
Left	7	26.50 °C	0.17	31.00 °C	-0.16	29.32 °C	-0.19
Left	8	26.33 °C		31.16 °C		29.51 °C	



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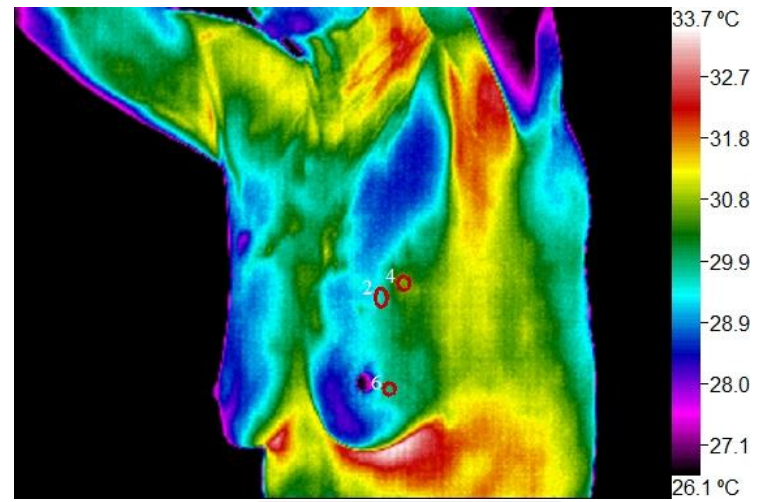
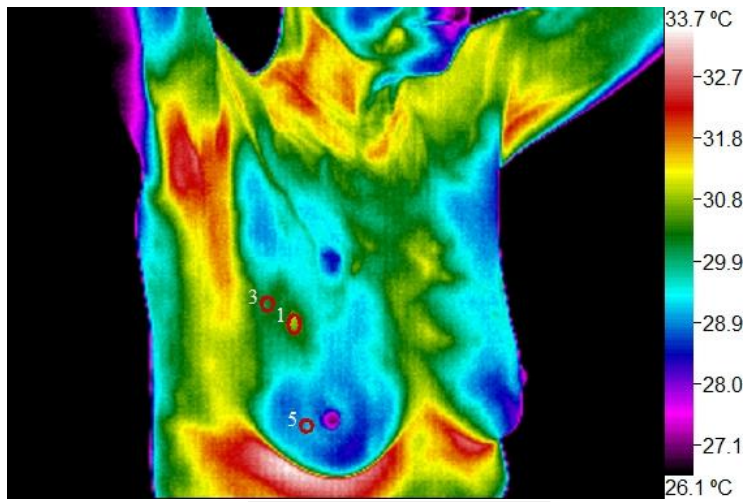
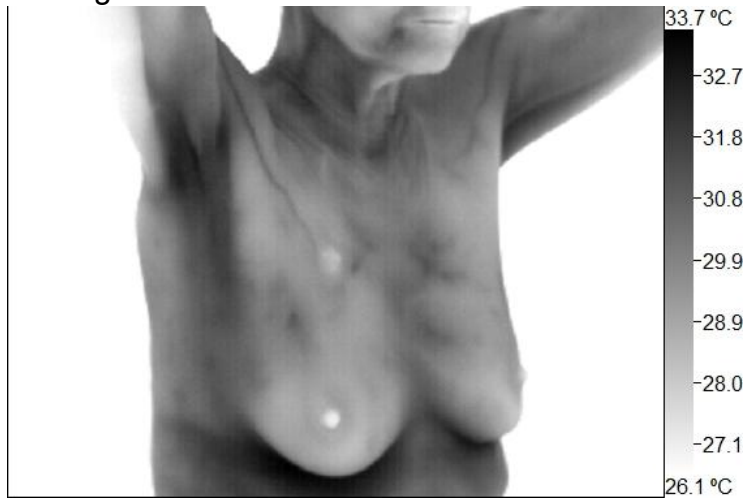
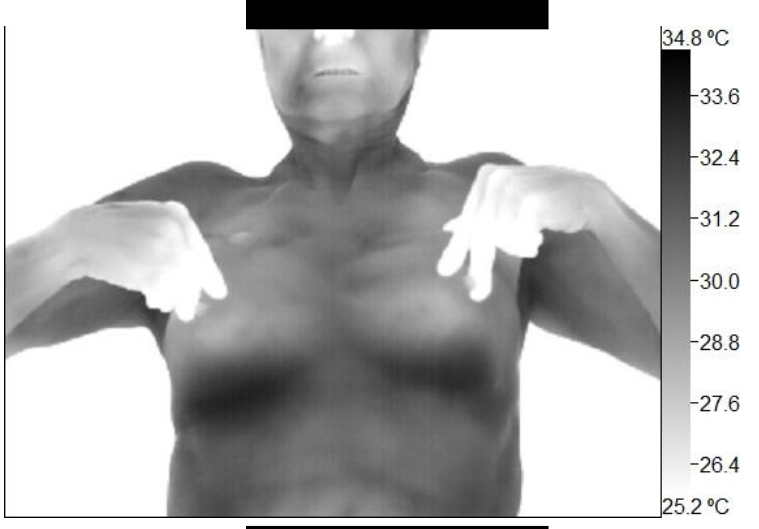
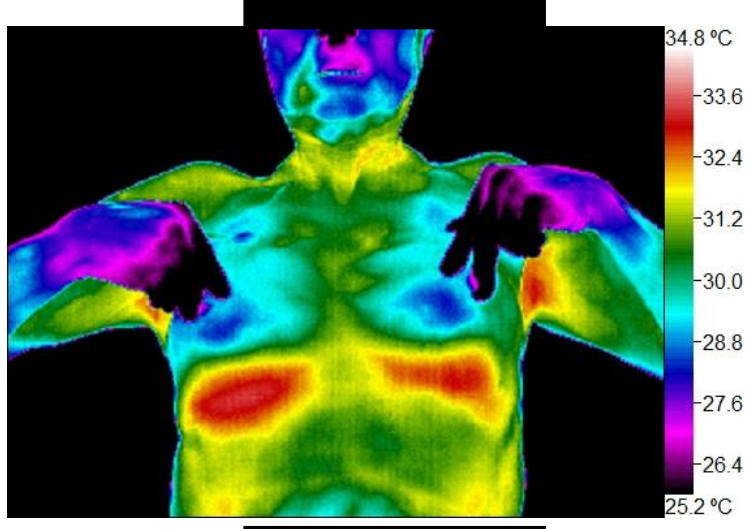
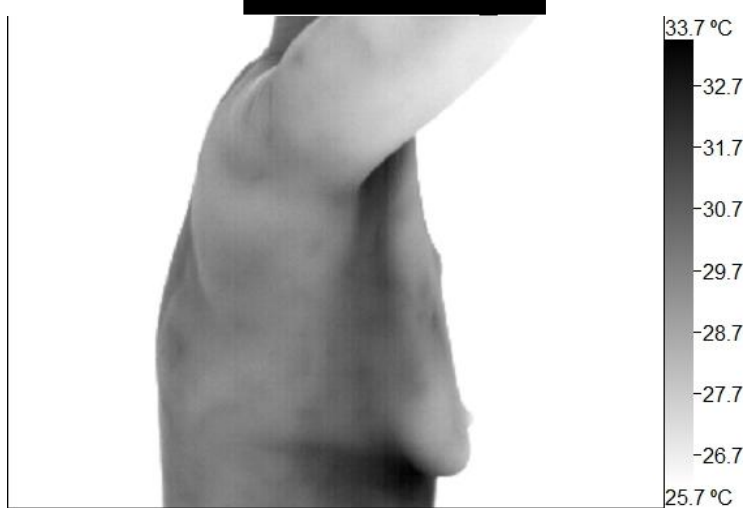
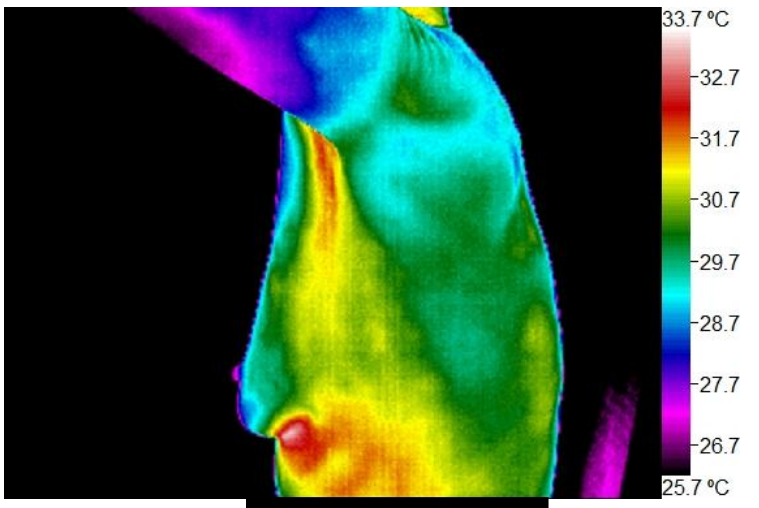
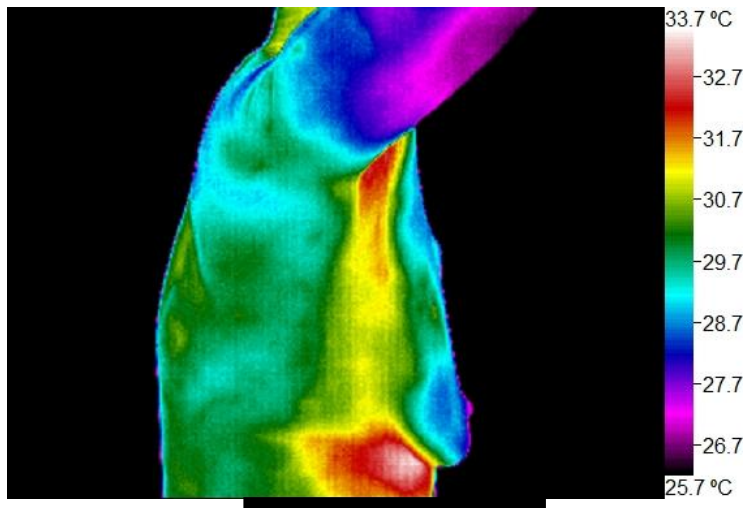


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Left	3	29.82 °C	-0.54	30.18 °C	-0.53	30.02 °C	-0.54
Right	4	30.36 °C		30.71 °C		30.56 °C	
Left	5	28.70 °C	-0.63	29.03 °C	-0.81	28.86 °C	-0.81
Right	6	29.33 °C		29.84 °C		29.67 °C	



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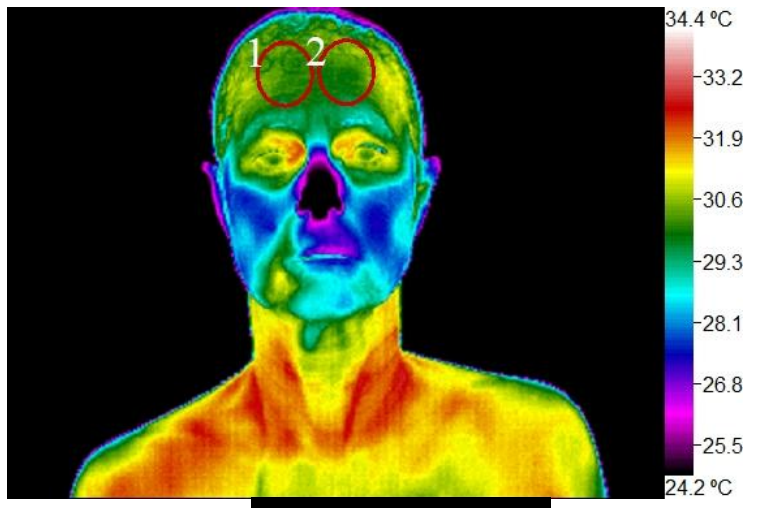
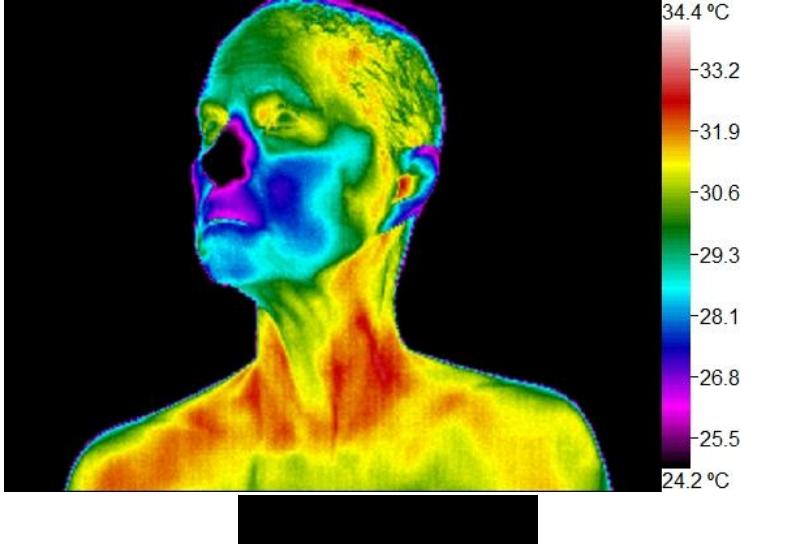
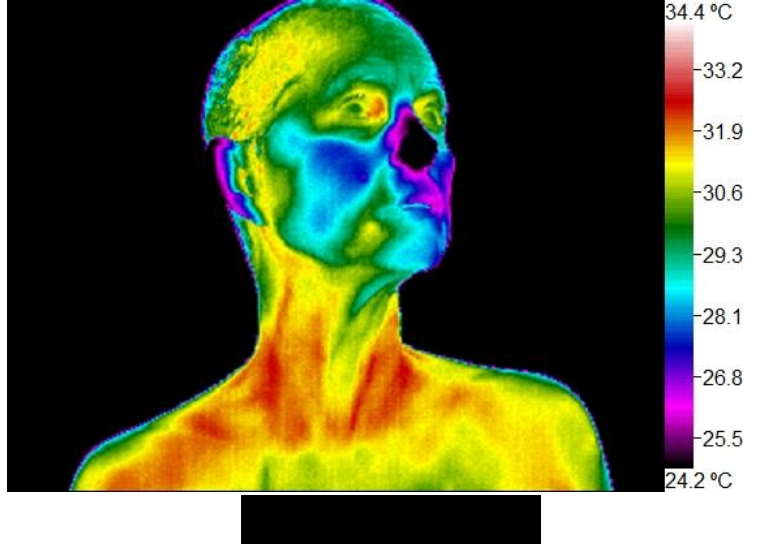
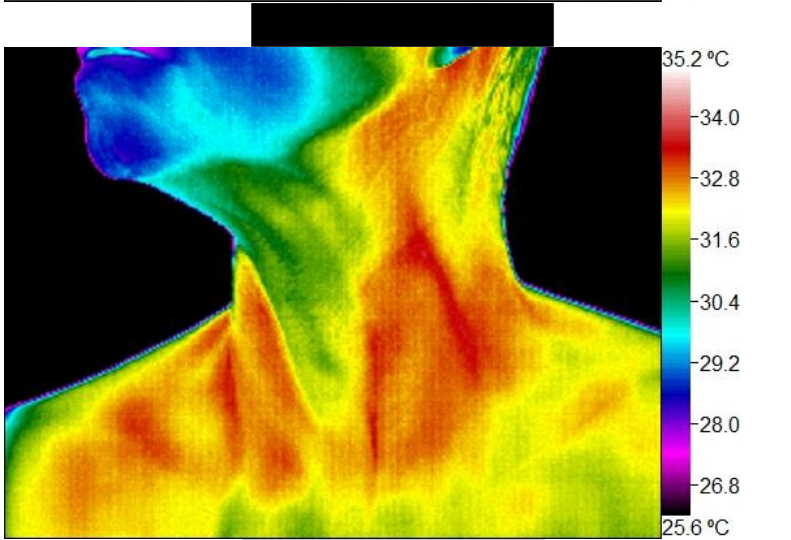
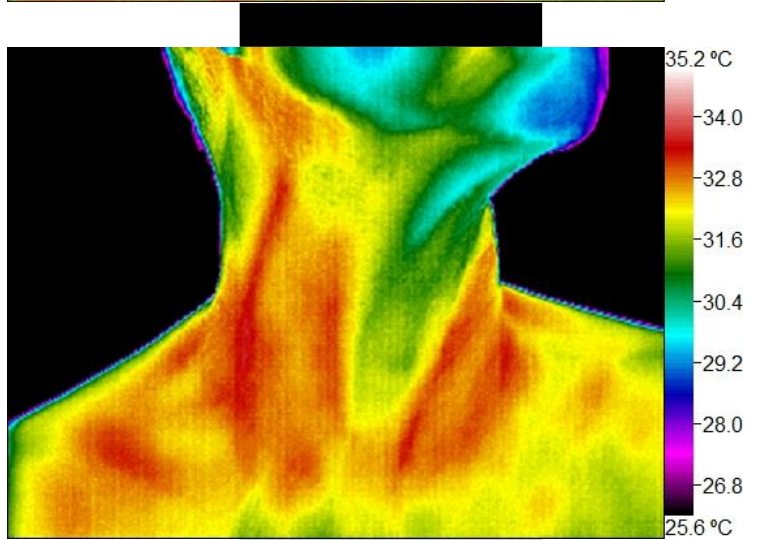
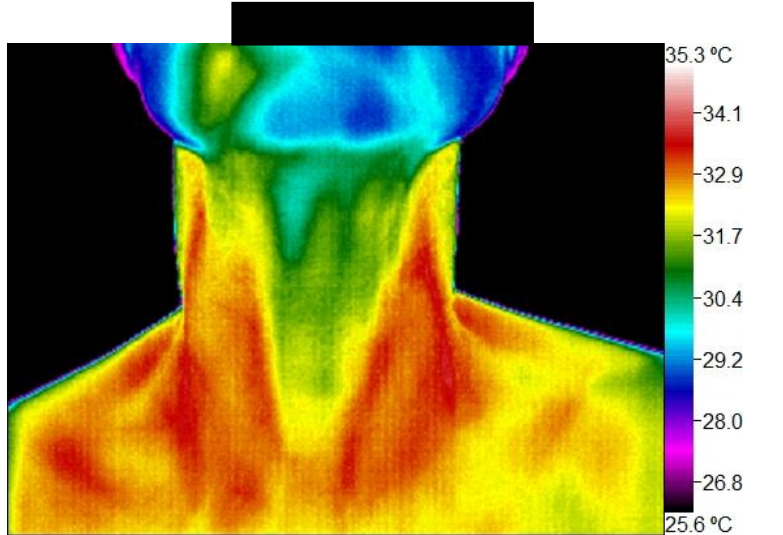
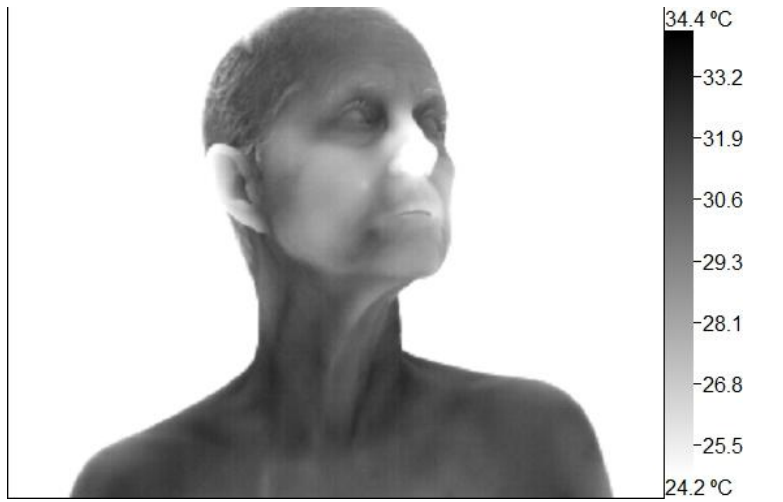


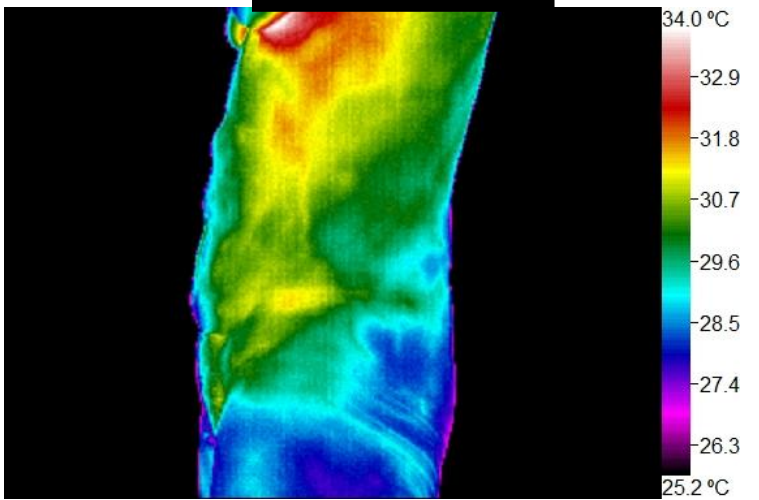
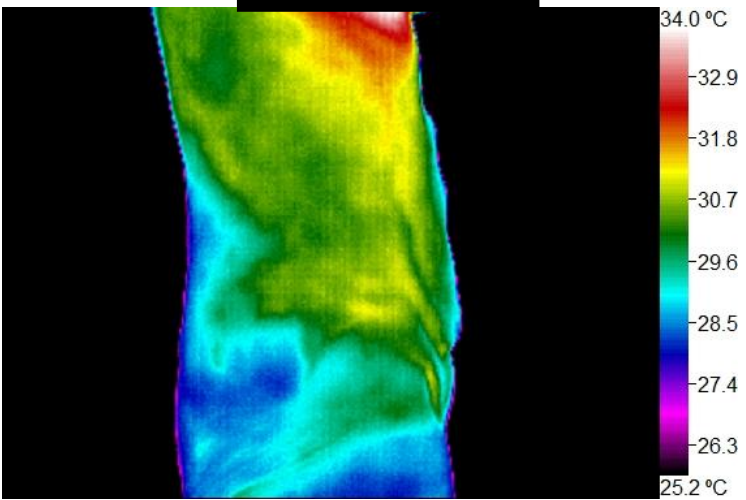
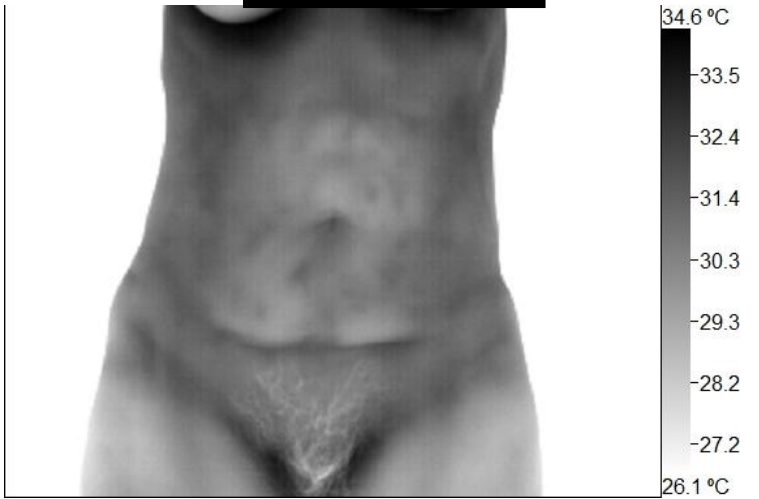
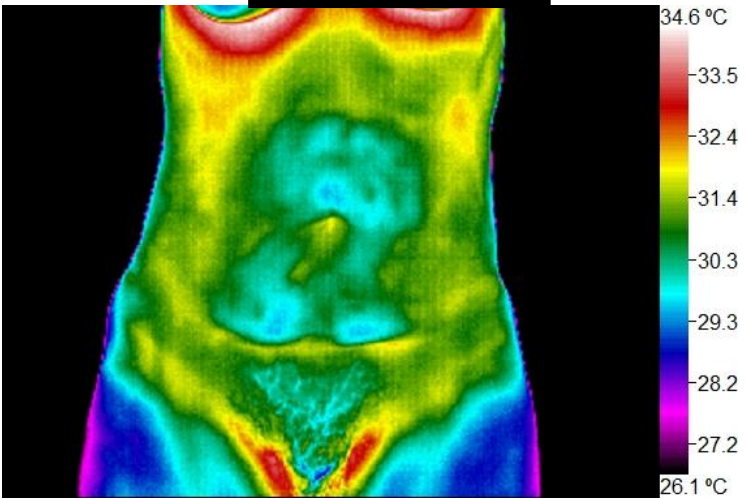
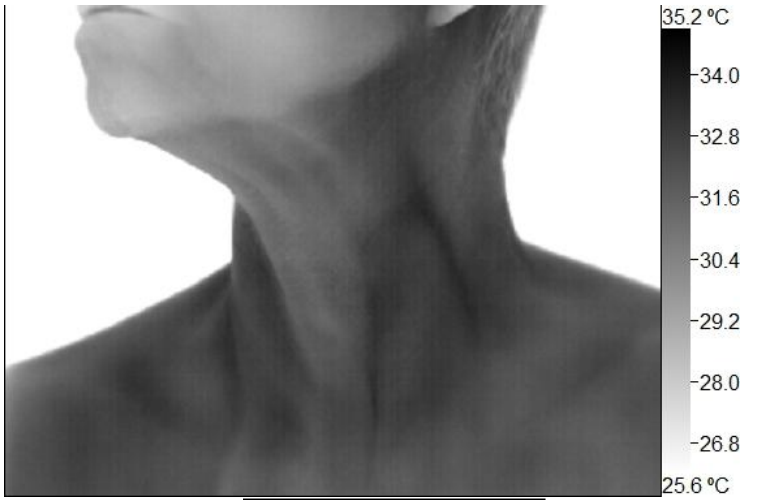
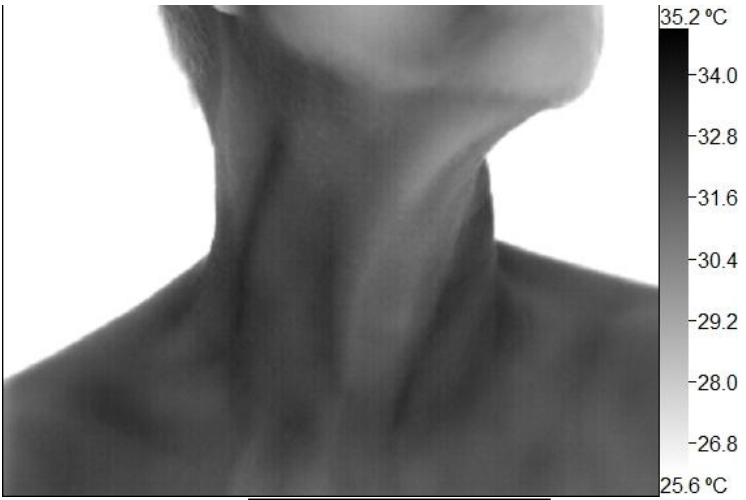
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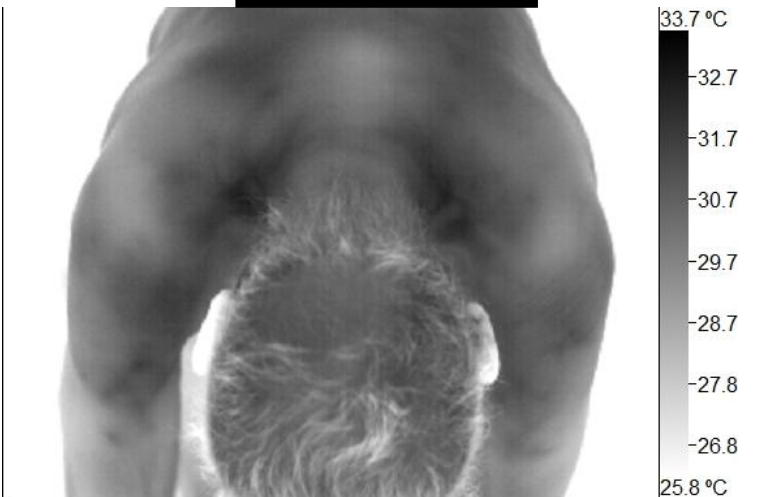
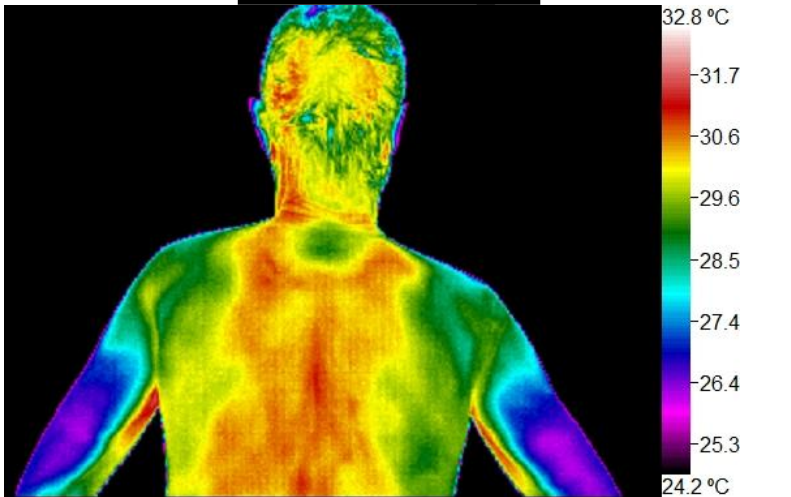
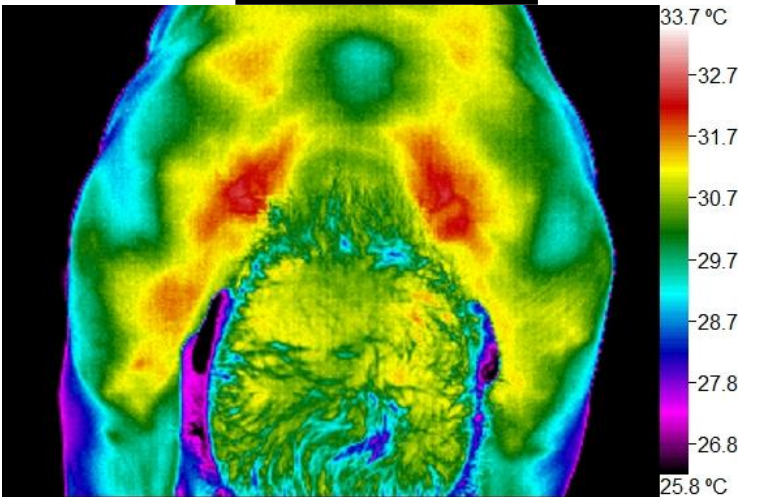
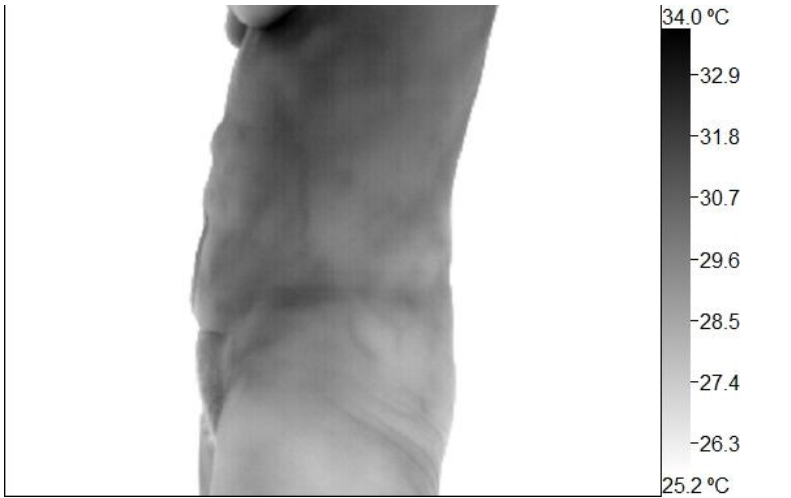
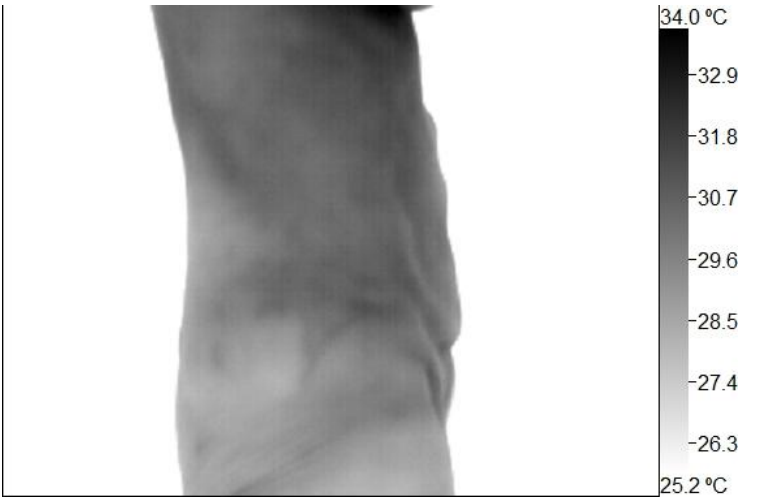
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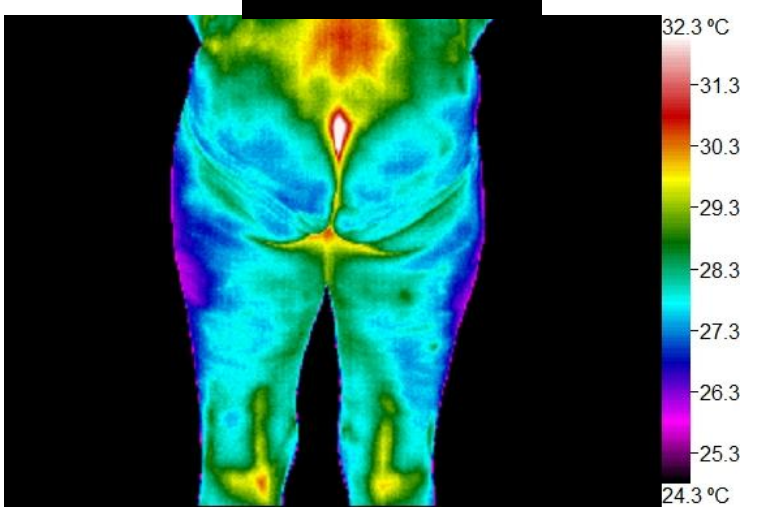
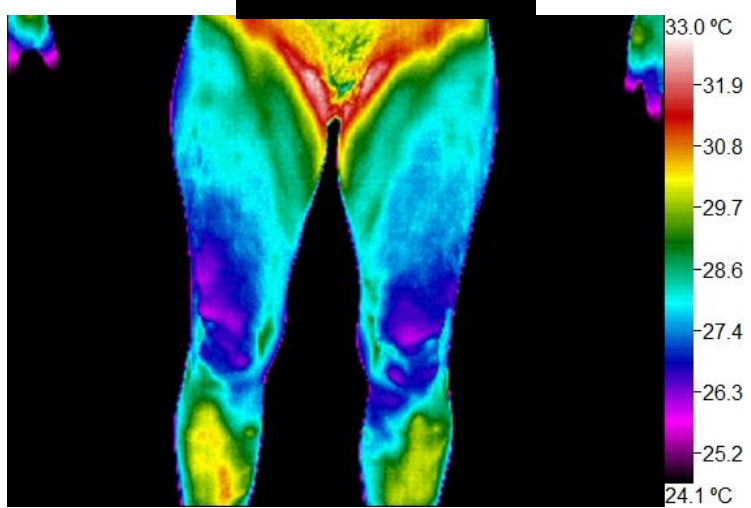
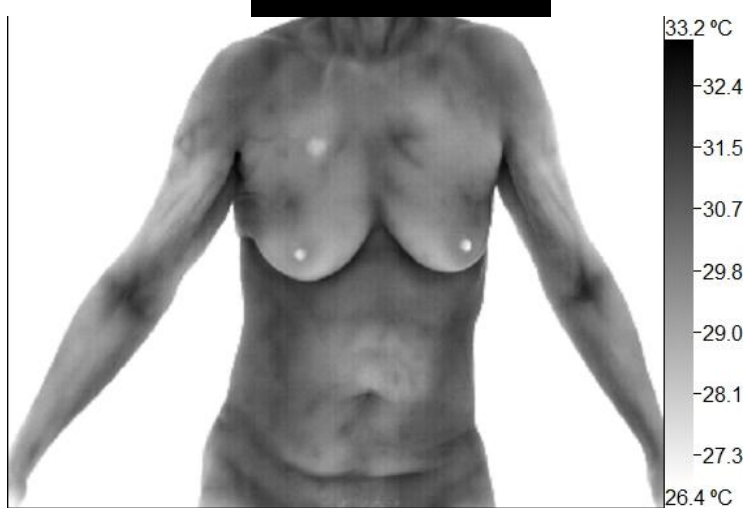
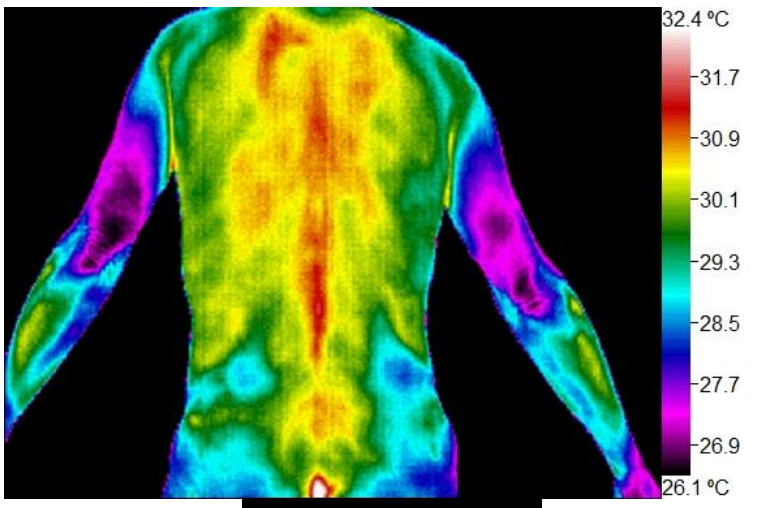
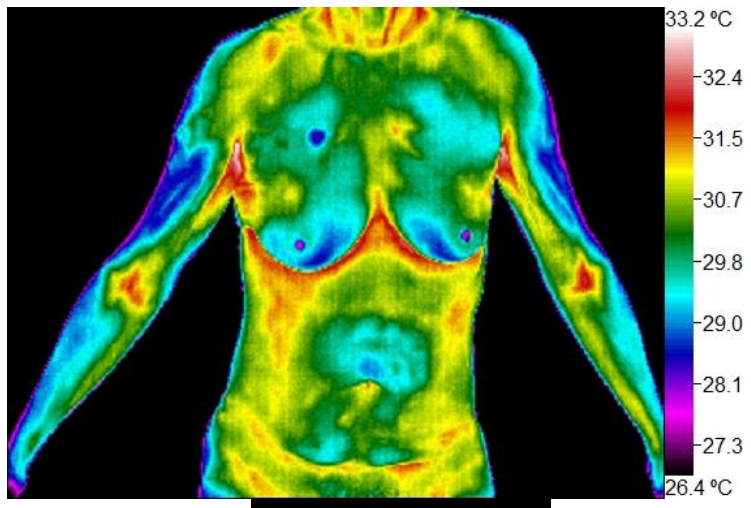
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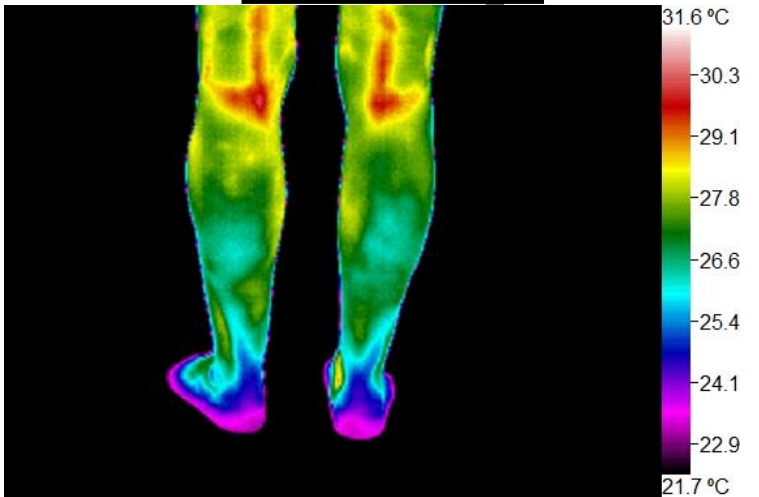
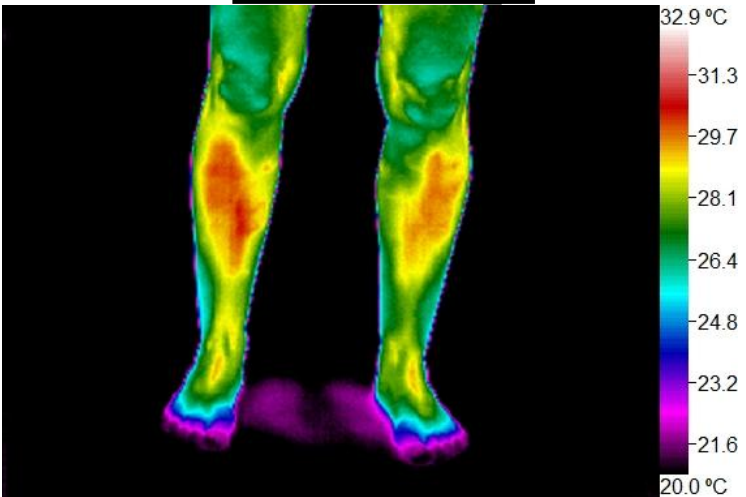
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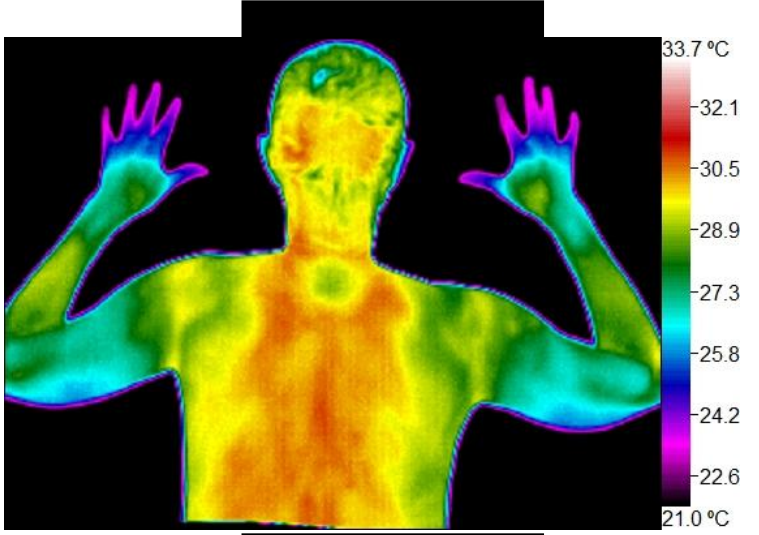
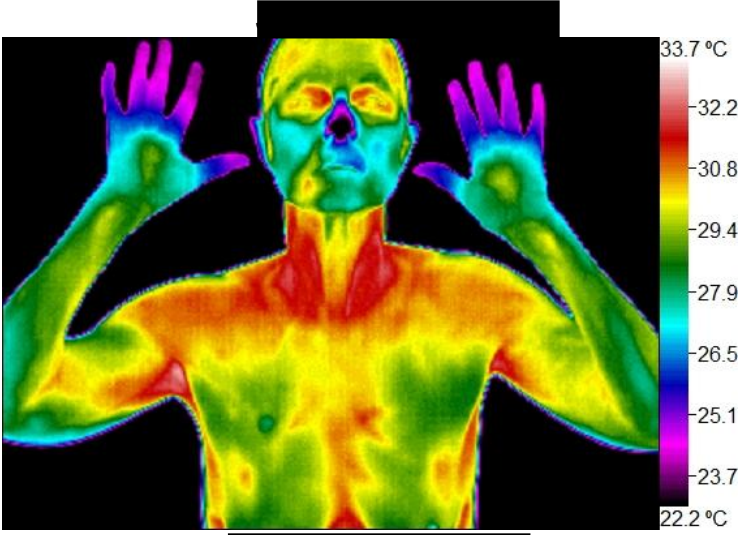
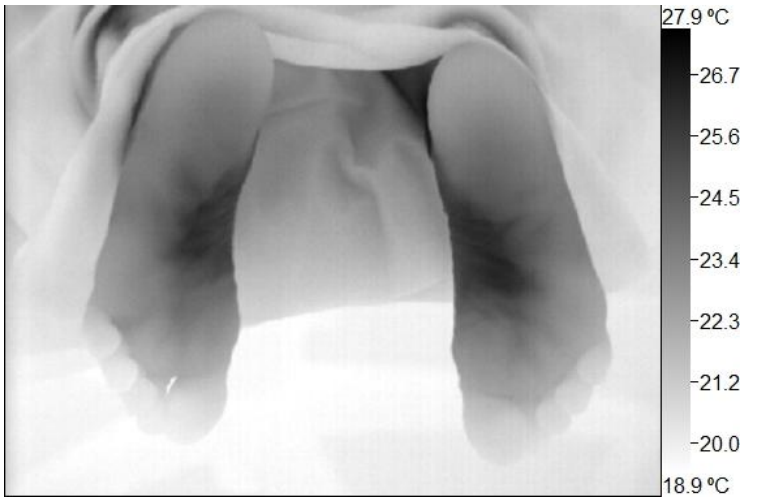
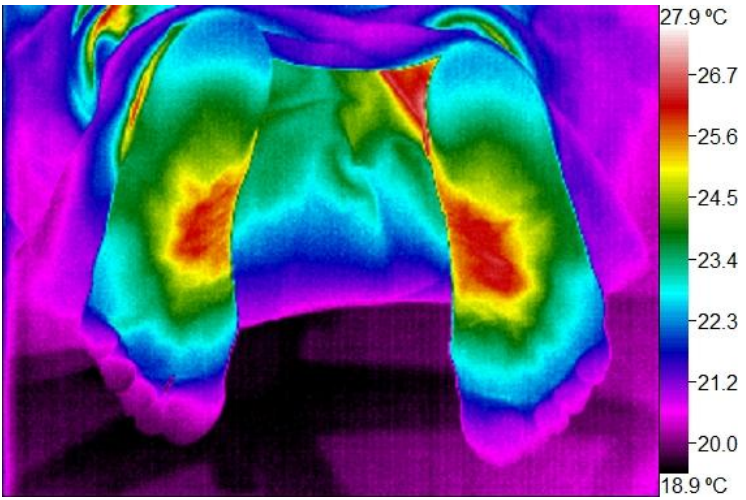
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