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Patient:
Date of Birth:
Patient ID:
Referring Practitioner:

Scan Date:
Report Ref:
Report Type: ROI + Breast
Thermographer:

All normal protocols were observed

Reported By:

HISTORY AND SUBJECTIVE COMPLAINTS:

3 weeks ago diagnosed with 1.6 cm malignancy on left kidney

THERMOGRAPHIC INTERPRETATION:

BREAST:

There are no significant thermal asymmetries seen in the breasts. There is no indication of any neovascularity. The slight areas of hyperthermia in the medial quadrants of the right breast do not appear suspicious but should be monitored for any future change. This study is suitable to be archived and compared with a repeat study in three months to establish a baseline, prior to annual testing.

There is local hyperthermia seen over the right lobe of the thyroid region, which may indicate some degree of thyroid dysfunction.

BACK:

There is a well defined pattern of hyperthermia over the left kidney which correlates with reported history and symptoms. These thermal findings indicate a low grade inflammatory process. There are myofascial type patterns of inflammation seen over the upper trapezius region with associated trigger points. There are no significant thermal findings seen in the low back.

ABDOMEN:

The diffuse patterns of hyperthermia seen in the left hypochondrium are likely to be associated with the left kidney dysfunction. There are no other thermal findings to indicate visceral dysfunction.

DISCUSSION:

The thermal findings in both breasts are considered within normal limits.

FOLLOW-UP:

Suggest clinical correlation of thermal findings with patients history and symptoms and standard follow-up breast imaging in three months before continuing with annual comparative studies.

PROCEDURE:

This patient was examined with digital infrared thermal imaging to determine if asymmetrical thermal findings indicate abnormal physiology.

Thermography is a physiologic test which demonstrates thermal patterns in skin temperature that may be normal or which may indicate pain, injury, disease or other abnormality. If abnormal heat patterns are identified relating to a specific region of interest or function, clinical correlation and further investigation may be necessary to assist your health care provider in diagnosis and treatment.

Thermal imaging is an adjunctive test which contributes to the process of differential diagnosis, and is not independently diagnostic of pathology.

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

Breast thermography is a way of monitoring breast health over time. Every woman has a unique thermal pattern that should not change over time, like a fingerprint. The purpose of the two initial breast studies (usually obtained three months apart) is to establish the baseline pattern for each patient to which all future thermograms are compared to monitor stability. With continued breast health, the thermograms remain identical to the initial study. Changes may be identified on follow up studies that could represent physiological differences within the breast that warrant further investigation.

The ability to interpret the first breast study is limited since there are no previous images for comparison.

This exam is an adjunctive diagnostic procedure and all interpretive findings must be clinically correlated. DITI is not a substitute for mammography.

PROTOCOLS:

The thermographer certifies that this exam was conducted under standard and clinically acceptable protocols.

PATIENT HISTORY:

The interpretation represents objective descriptions of thermal patterns. Clinical significance of such patterns is interpreted in relation to and limited by the patient data and history provided.

REPORTING:

Results are reported by certified thermologists. Results are determined by studying the varying patterns and temperature differentials as recorded in the thermal images.

NORMAL FINDINGS:

Normal findings are diffuse thermal patterns with good symmetry between similar regions on both sides of the body. Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal.

ABNORMAL FINDINGS:

Abnormal findings may be localized areas of hyperthermia or hypothermia, or thermal asymmetry between similar regions on both sides of the body with temperature differentials of more than 1° C. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

COLD STRESS:

Routine breast thermography monitoring for changes over time precludes the necessity for cold stressing under these protocols. A cold stress test can be conducted when appropriate or when ordered by a referring physician.

If a cold stress test was performed to evaluate the sympathetic response to a suspicious thermal pattern for other applications the results are interpreted as follows:

Positive:

A positive result will demonstrate no thermal change to the suspicious pattern and concurrent normal physiologic responses in other areas of the body, particularly the contralateral parallel region.

Negative:

A negative result will demonstrate normal physiologic thermal responses in all areas of the body including the suspicious pattern.

Results of cold stress testing should not be considered conclusive or diagnostic.

The referring health care provider should contact the EMI administrator with any questions relating to this interpretive report.

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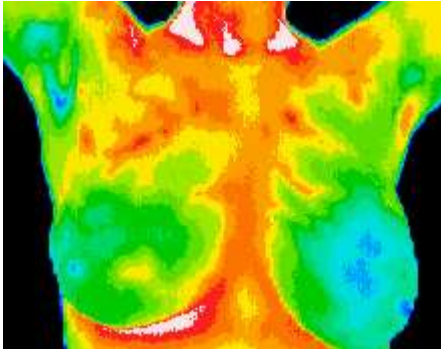
THERMOGRAMS

Patient:
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Patient ID:
Referring Practitioner:

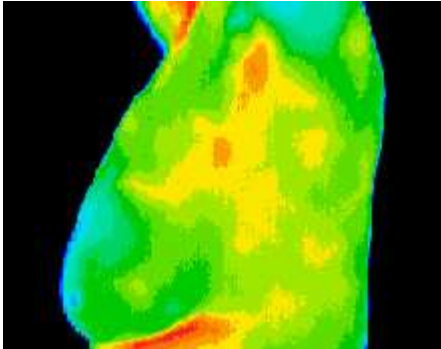
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Report Ref:
Report Type: ROI + Breast
Thermographer:



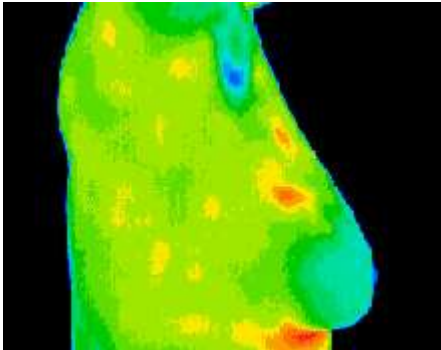
Thermograms @ standard 8° C color range



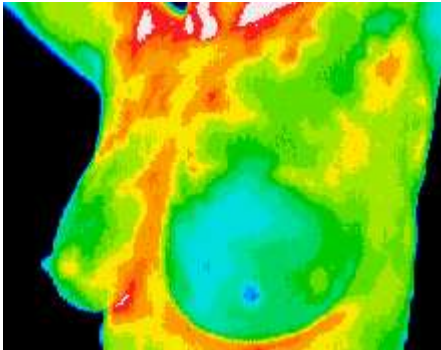
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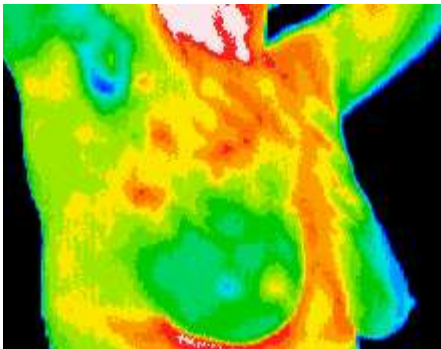
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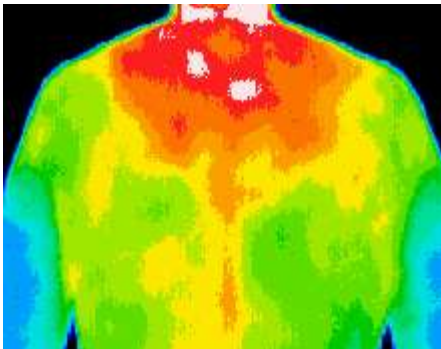
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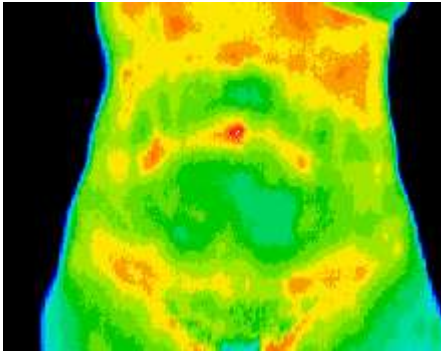
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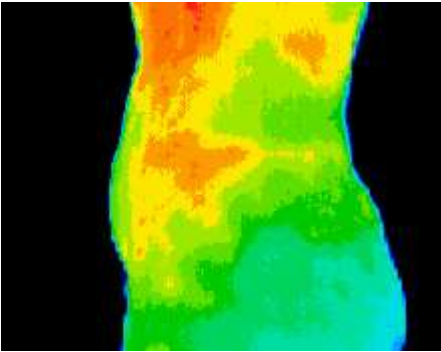
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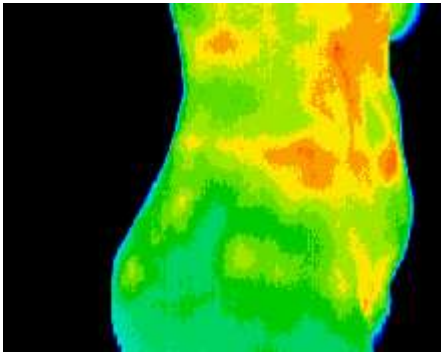
Thermograms @ standard 8° C color range



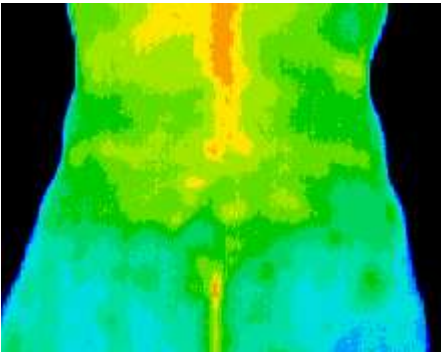
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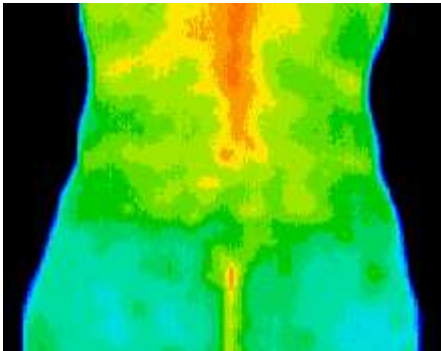
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