



Electronic Medical Interpretation

Patient name:	Michelle Kirchberger	Scan date:	Oct/27/2023
Date of birth:	10/08/1967	Report ref:	821984
Patient ID:	328826	Report type:	Full Body + Breast
Referring practitioner:	Self	Thermographer:	Emily Habgood CCT
Reported & electronically signed by:	Matt Sullivan MD		

All normal protocols were observed

HISTORY AND SUBJECTIVE COMPLAINTS

Age/Gender: 49 / Female
Primary Care Physician: N/A
Referring Physician: Self-referring

Clinical Concerns: Repeat full body and breast study
Current Symptoms: No current symptoms, the bloating has improved since removing dairy and caffeine from regular diet
Current Medication: Natural supplements for hypertension and high cholesterol

Thermogram Hx: The last thermography screening was done in
Results of clinical correlation: Large bowel, gallbladder, dental inflammation, and breast have remained a stable comparative study since the last thermography screening
Surgical Hx: Previous surgical hx - appendectomy age 9
Dental Hx: 2x amalgam fillings bottom back teeth, braces, wisdom teeth removed
General Hx: 2x broken left arm
Family Hx: Father - 2x strokes, prostate cancer, kidney tumour
Diagnoses: MTHFR gene
Skin Lesions or Physical Abnormalities: N/A

(Female Patient Only)
Ob/Gyn Hx: 2x Children - Vaginal births, fibroids
Mammogram/Ultrasound Hx: No new mammograms or ultrasounds since the last scan
Notes:

THERMOGRAPHIC INTERPRETATION:

HEAD AND NECK:

The frontal region remains warm centrally and to either side consistent with inflammation involving the sinus cavities and the musculature.
Extensive increase at the mid facial regions has resolved compared to 10-17-2022.
Hyperthermia at the ear canals remains consistent with an inflammatory process. No finding is seen specifically towards the left.
The oral and perioral regions remain extensively warm consistent with diffuse dental inflammation. An increase is seen at the submental and anterior neck regions and appears to be lymph related.
The posterior and left lateral neck regions remain warm.
No finding or change is seen related to the TMJ the carotid arteries or the thyroid gland.

BREAST:

Axillary intensity particularly towards the right has decreased when compared to 6-8-2023 (4- month follow up study). The breasts proper are relatively warmer at this time. Thermal patterns and temperature differentials have remained stable and consistent with the established baseline.

The long term stability of all thermal patterns continues to show a reliable comparative record of stable physiology with no indication of tissue changes.

This study is suitable for archiving and continues to be regarded as reliable for future comparative analysis.

No finding or change is seen related to the heart or the lungs.

BACK:

White hot intensity remains at the posterior neck. Myofascial type activity at the upper back has increased in extent L > R when compared to 10-17-2022.

The T2 vertebral level remains cool and this finding is associated with an increased incidence of autonomic and immune dysfunction.

White hot intensity remains at the lumbar vertebral levels. The lower thoracic levels remain warm as well.

No finding or change is seen at the mid back level with regards to the kidneys or the adrenals.

ABDOMEN:

The upper abdominal region remains warm and no change is seen when compared to the 10-17-2022 study. Findings remain consistent with dysfunction involving the alimentary tract in a general way. Dysfunction/ irritation is seen specifically with regards to the proximal portion of the transverse colon and the distal/ descending colon.

Increased specific intensity is seen at the right lower pelvis. This may correspond to the right ovary. Gynecologic assessment is encouraged.

UPPER EXTREMITIES:

Muscular activity remains at the left anterior shoulder and involving the forearms.

The wrists and hands remain warm less so compared to previous. This is consistent with arthritic activity.

LOWER EXTREMITIES:

The posterior thighs/ hamstrings remain warm.

Specific intensity at the right anterior foreleg may be myofascial and/ or may correspond to an underlying varicosity.

DISCUSSION:

The thermal findings relating to breast physiology remain stable and low risk for significant developing pathology. 12 month follow up is adequate in the absence of change clinically.

The abdominal region remains extensively warm notwithstanding improvement in related clinical symptoms.

Gynecologic assessment is indicated based on right pelvic findings.

FOLLOW UP:

Suggest clinical correlation of thermal findings with patient's history and symptoms.

Suggest follow up annual thermographic breast imaging to monitor stability.

Clinical Impression with Breast Thermology Classification Grading System

Left Breast:

At Low Risk

Right Breast:

At Low Risk

BREAST SCREENING GUIDELINE:

A monthly breast self-exam, an annual physical examination of the breasts by a healthcare professional and periodic evaluation by other objective tests are recommended for a comprehensive breast screening program.

Any lumps and any changes should be clinically evaluated promptly, regardless of thermal findings.

Breast thermography should not replace standard of care testing such as mammography, ultrasound and clinical examination when indicated, but can be a valuable adjunct in the evaluation of breast health.

Thermography only represents breast physiology, and as such, is not a replacement for mammography or other conventional imaging modalities at prescribed intervals or as clinically indicated.

BREAST THERMOLOGY CLASSIFICATION KEY:

Within normal Limits (Normal)

This indicates a normal thermal profile with no thermal findings consistent with risk for disease or other developing pathology. Normal thermal contours, statistical analysis and differentials are recorded.
Annual comparative follow-up is recommended after a stable baseline has been established.

At Low Risk (Non Suspicious)

This indicates low grade thermal activity which is not suspicious for serious pathology.
Thermal findings may be associated with benign changes such as glandular hyperplasia, fibrocystic tissue and the development of cysts and fibroadenomas.
Annual comparative follow-up is recommended after a stable baseline has been established but more frequent follow-up may be clinically indicated.
This does not rule out existing non-active or encapsulated tumors.

At Some risk (Equivocal)

These findings indicate thermal activity likely to represent benign changes such as inflammation, acute cysts or fibroadenoma, infection, or even normal personal variant.
Clinical correlation is indicated with any associated history or symptoms.
Other objective means of evaluating the breasts may be justified.

At Increased Risk (Abnormal)

This represents a significant risk for existing or developing malignant breast disease.
Benign pathology or personal variant cannot be ruled out but is less likely.
Clinical correlation is justified and objective evaluation and additional testing is indicated.
A follow-up thermal study in 3 months should be part of a comprehensive testing panel.

At high Risk (Suspicious)

This represents a high risk of confirming malignant breast disease.
Benign processes or personal variant are very unlikely.
Urgent clinical correlation is indicated with a comprehensive panel of testing and evaluation with all possible alacrity.
A follow-up thermal study in 3 months should be a part of this evaluation.

Previously Confirmed Malignancy

This records and acknowledges a current diagnosis of malignant pathology in the patients history.

Advisory

Thermography will not show any cancers from a structural or pathological perspective.
It will show positive physiological findings in 83% of malignancy (specificity), leaving 17% of cancers that present as thermographically silent due to the type of pathology, e.g. long term cancer which the body has accommodated or encapsulation and age of patient.
The utility for including thermography as an adjunctive screening test in previously confirmed malignancy is for the establishment of a baseline and detection of any physiological change over time, correlation with other tests and the monitoring of response to treatment.

Breast thermography screening is an adjunctive test to mammography, ultrasound and MRI and is a specialized physiological test designed to detect evidence of angiogenesis, hyperthermia from nitric oxide, estrogen dominance, lymph abnormality and inflammatory processes including inflammatory breast disease, all of which cannot be detected with structural tests.

Follow-up and interval screening of less than 12 months should be determined by patients' healthcare professional as considered appropriate.

Procedure:

This patient was examined with digital infrared thermal imaging to identify thermal findings which may suggest abnormal physiology.

Thermography is a physiologic test, which demonstrates thermal patterns in skin temperature that may be normal or which may indicate 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.

Breast thermography (if this study includes breast) 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:

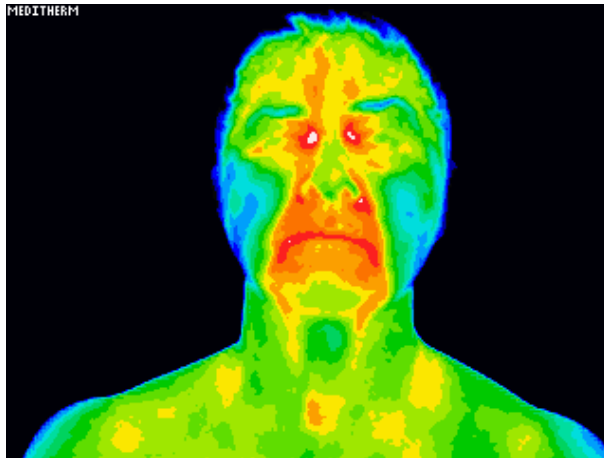
Normal findings are diffuse thermal patterns with good symmetry between similar regions on both sides of the body. Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal.

Abnormal Findings:

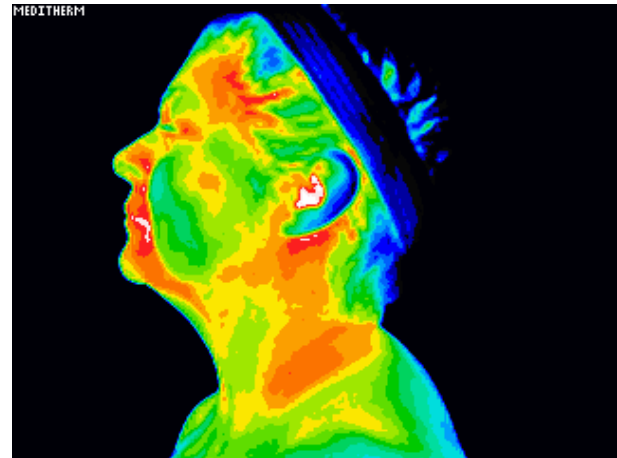
Abnormal findings may be localized areas of hyperthermia or hypothermia, or thermal asymmetry between similar regions on both sides of the body with temperature differentials of more than 1° C. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or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

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

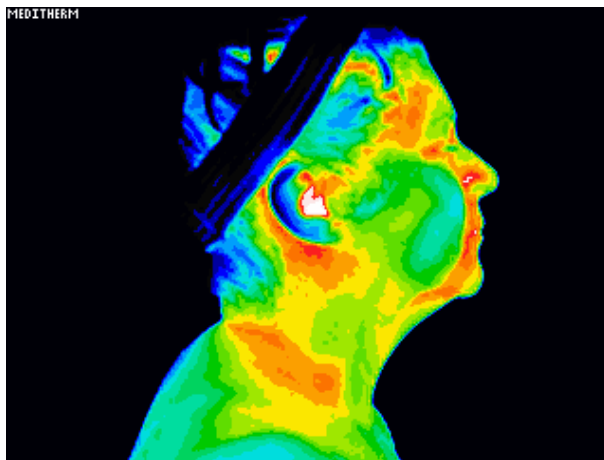
This Report is intended for use by trained health providers to assist in evaluation, diagnosis, and treatment. It is not intended for use by individuals for self-evaluation or self-diagnosis. This Report does not provide a diagnosis of illness, disease or other condition. Clinical Thermology is a screening procedure subject to both false negative and false positive results. It is most reliable when a stable baseline is obtained followed by regular repetitive screening for changes. Results must be interpreted in the context of historic and current clinical information.



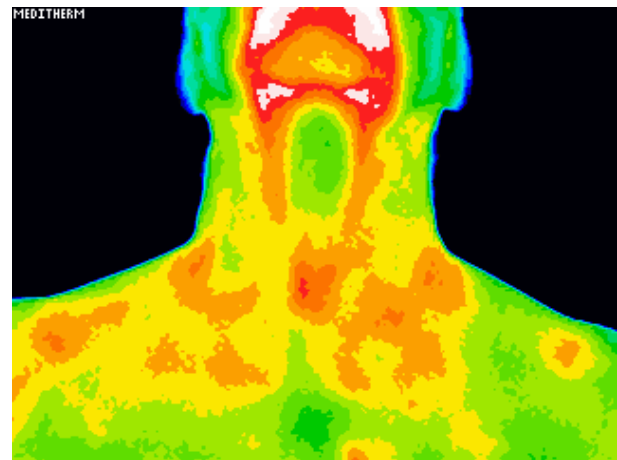
KIRMICH.tif2023.10.27 10.19.45



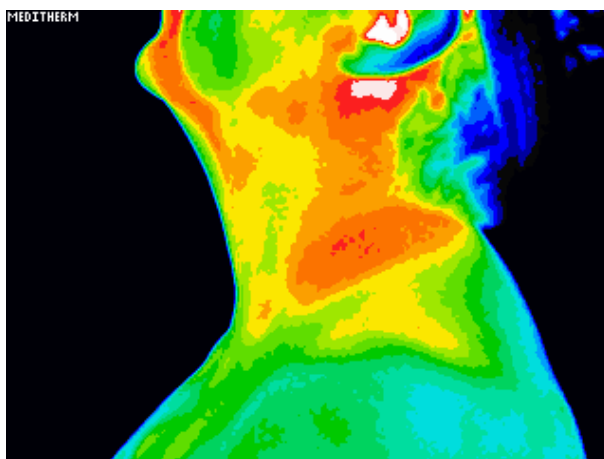
KIRMICH.tif2023.10.27 10.20.00



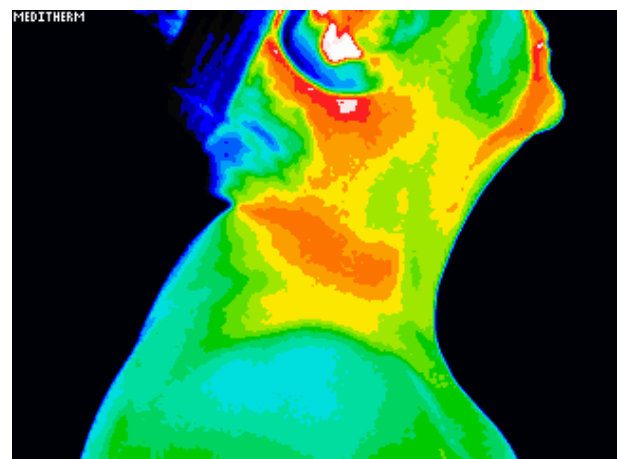
KIRMICH.tif2023.10.27 10.20.08



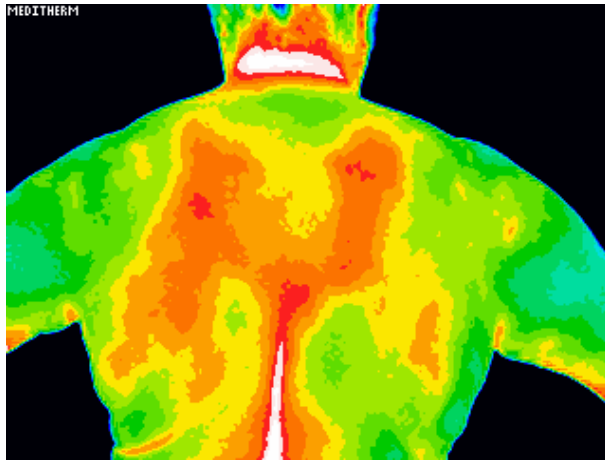
KIRMICH.tif2023.10.27 10.20.23



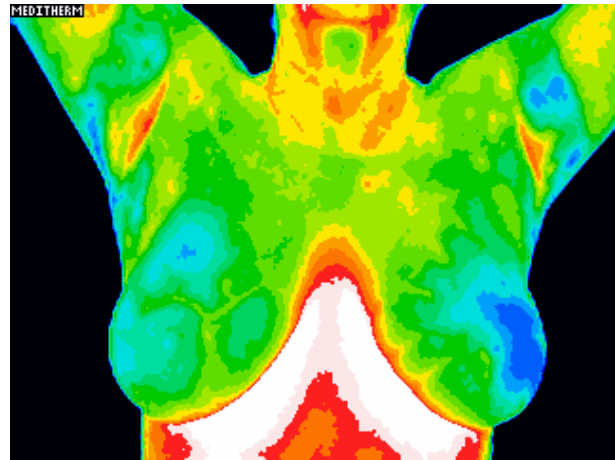
KIRMICH.tif2023.10.27 10.20.29



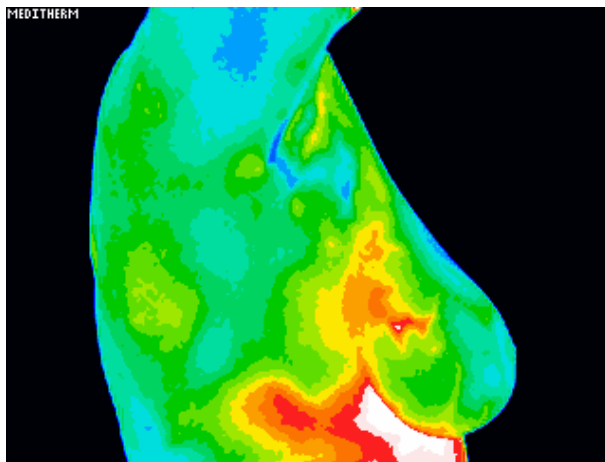
KIRMICH.tif2023.10.27 10.20.38



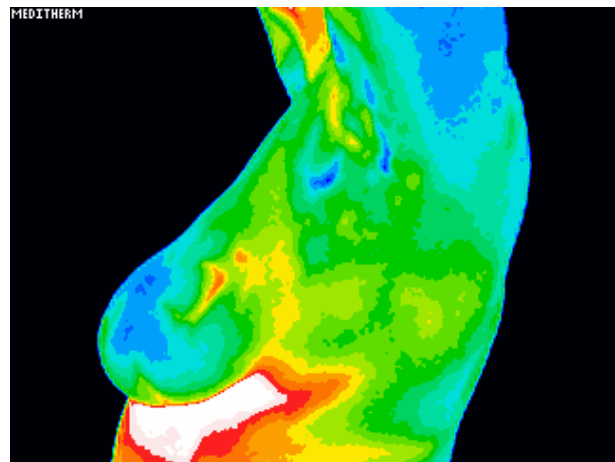
KIRMICH.tif2023.10.27 10.21.19



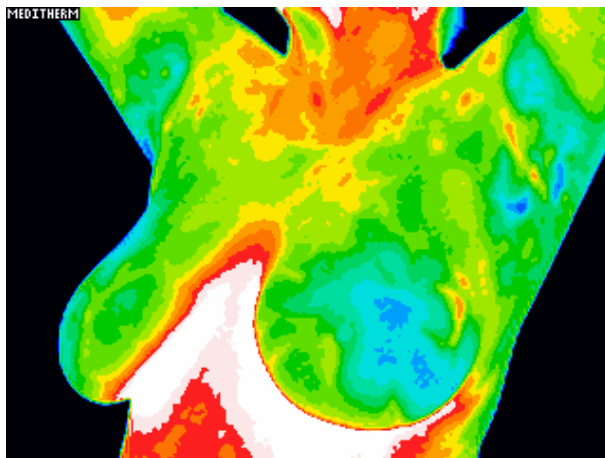
KIRMICH.tif2023.10.27 10.22.38



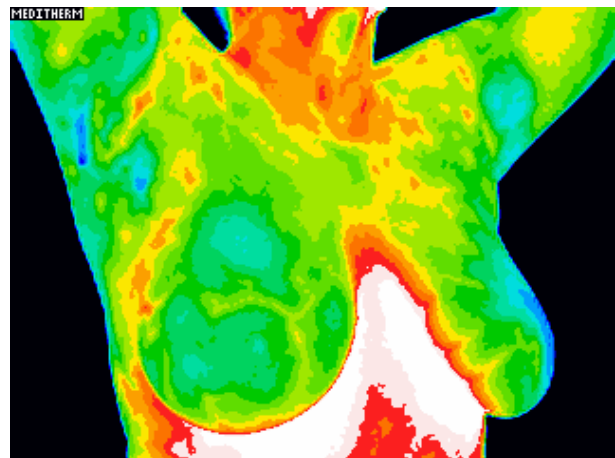
KIRMICH.tif2023.10.27 10.23.21



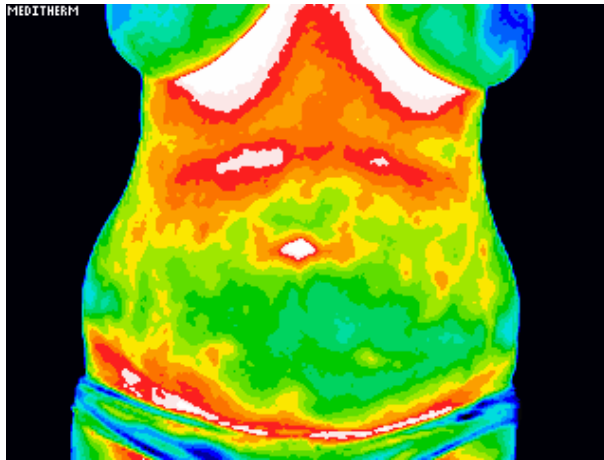
KIRMICH.tif2023.10.27 10.23.30



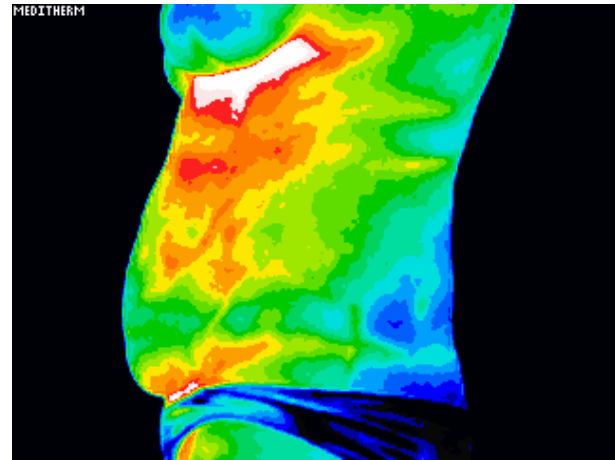
KIRMICH.tif2023.10.27 10.23.50



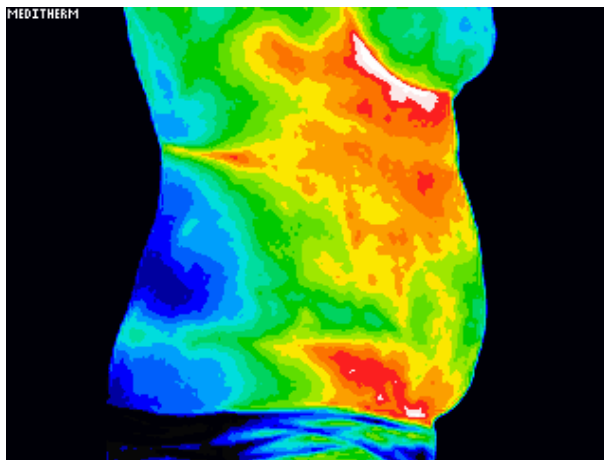
KIRMICH.tif2023.10.27 10.24.01



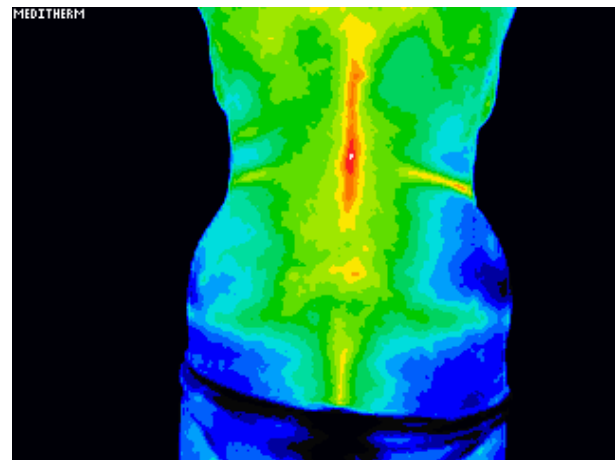
KIRMICH.tif2023.10.27 10.24.46



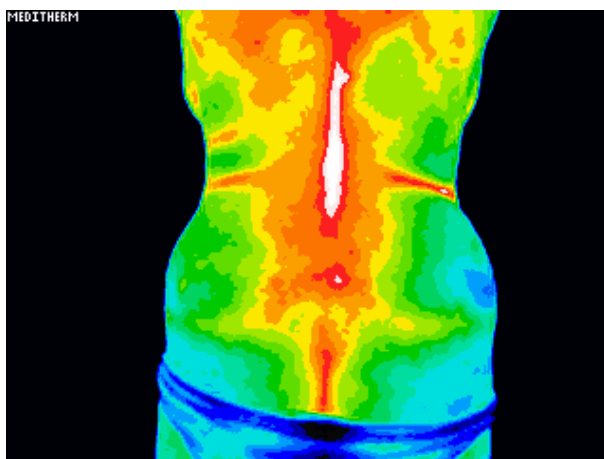
KIRMICH.tif2023.10.27 10.25.02



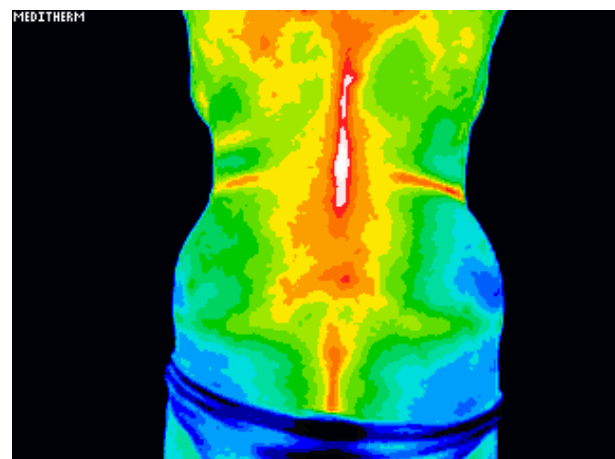
KIRMICH.tif2023.10.27 10.25.10



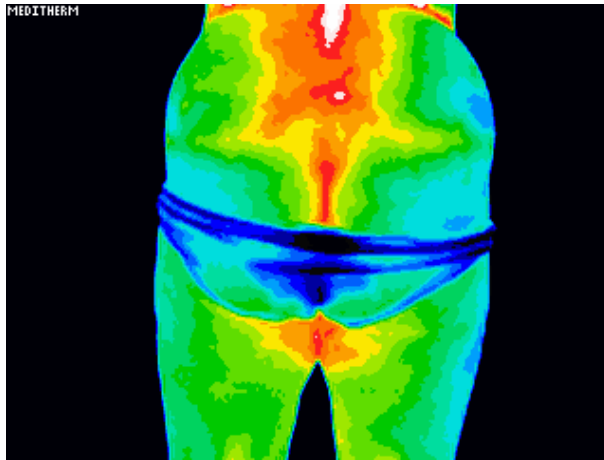
KIRMICH.tif2023.10.27 10.25.34



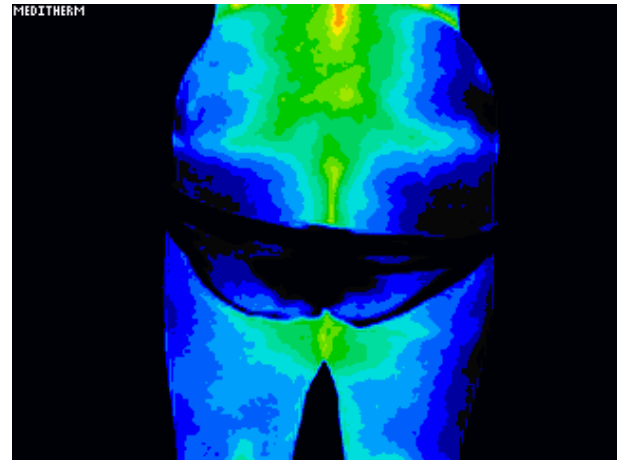
KIRMICH.tif2023.10.27 10.25.43



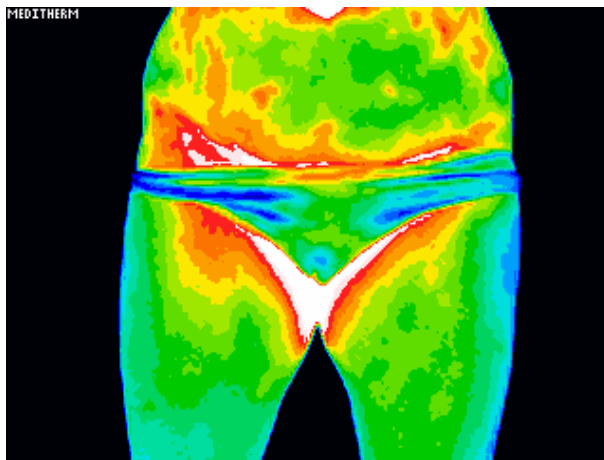
KIRMICH.tif2023.10.27 10.25.50



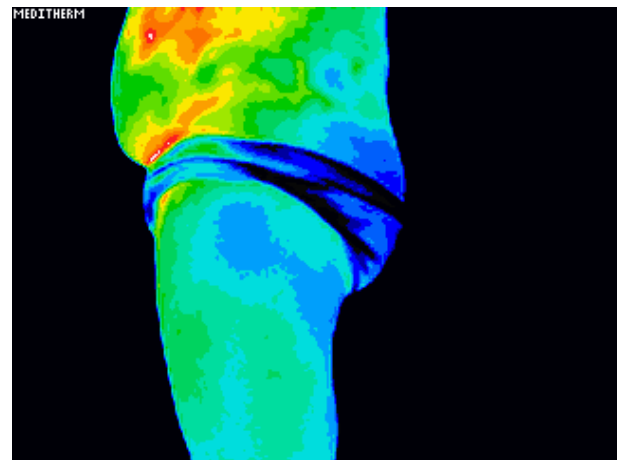
KIRMICH.tif2023.10.27 10.26.17



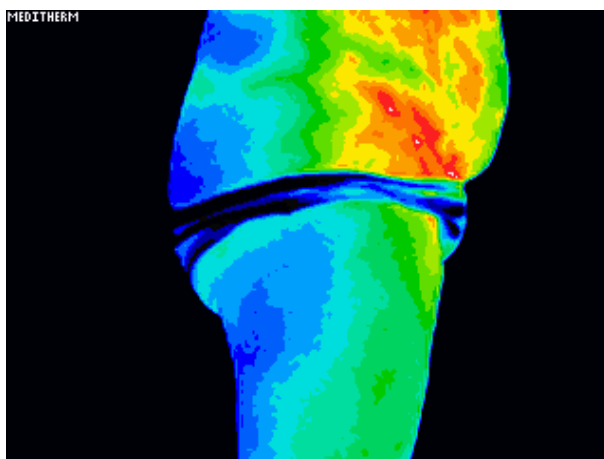
KIRMICH.tif2023.10.27 10.26.29



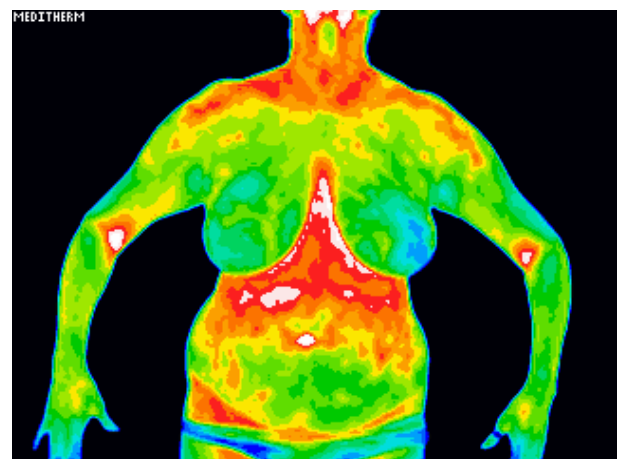
KIRMICH.tif2023.10.27 10.27.10



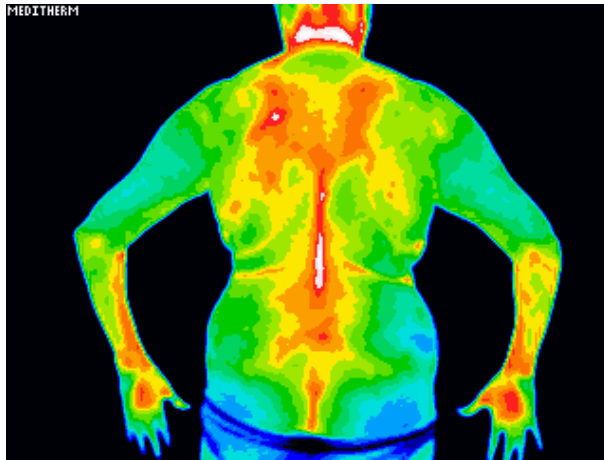
KIRMICH.tif2023.10.27 10.27.35



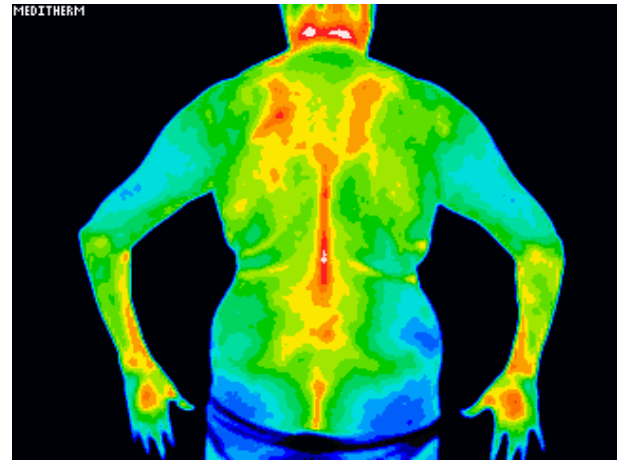
KIRMICH.tif2023.10.27 10.27.41



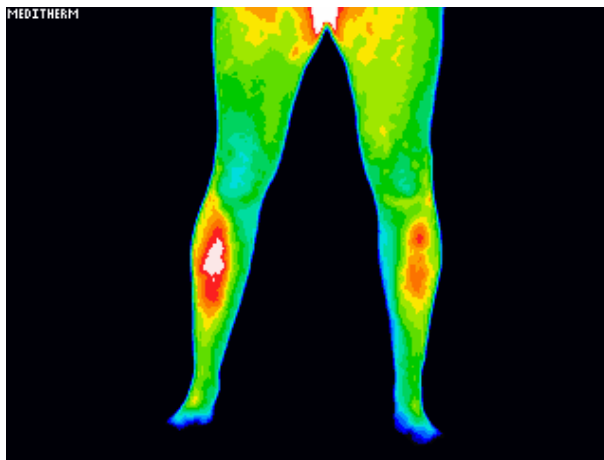
KIRMICH.tif2023.10.27 10.28.13



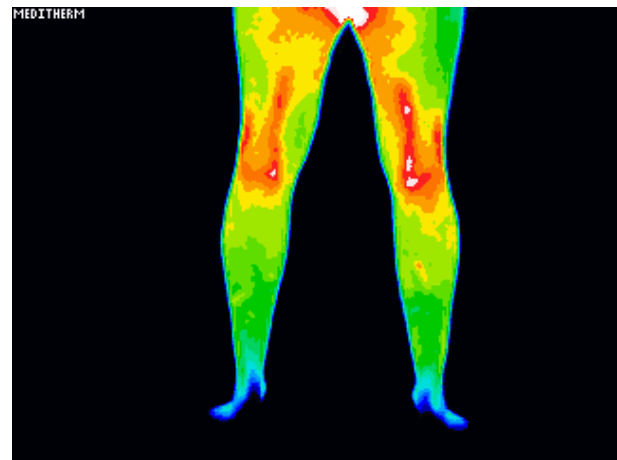
KIRMICH.tif2023.10.27 10.28.39



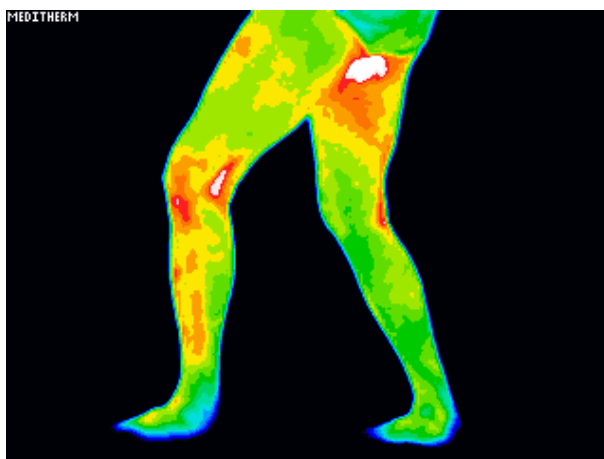
KIRMICH.tif2023.10.27 10.28.46



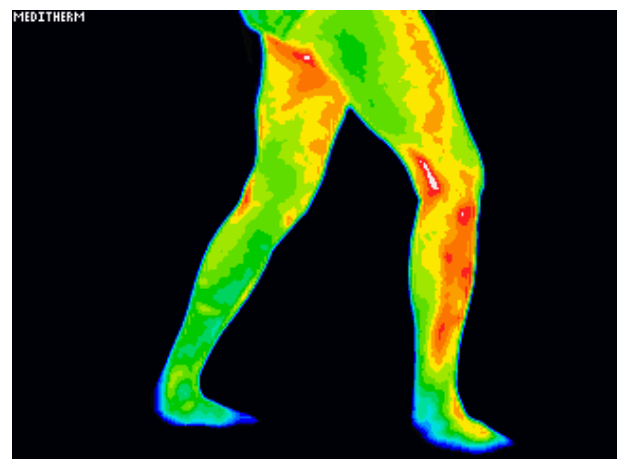
KIRMICH.tif2023.10.27 10.29.45



KIRMICH.tif2023.10.27 10.30.00



KIRMICH.tif2023.10.27 10.30.30

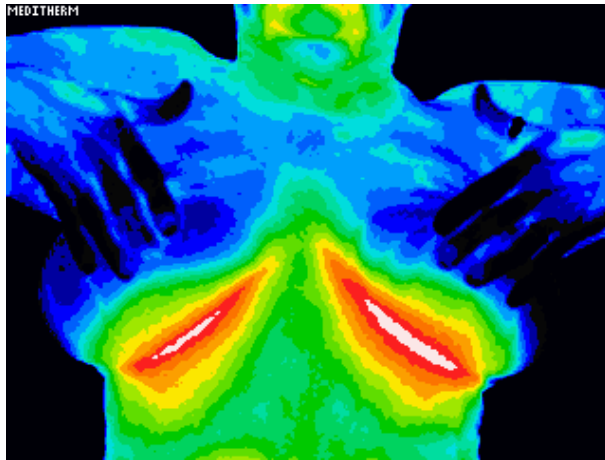


KIRMICH.tif2023.10.27 10.30.42



Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range



KIRMICH.tif2023.10.27 10.31.53

Corporate Address: EMI Inc. 1603 Capitol Ave, Suite 310 #A175 Cheyenne, WY 82001

Email: admin@emiinterp.com

© Electronic Medical Interpretation Inc. All rights reserved