Women's Health Grading System

NORMAL

Within normal limits.
This does not rule out subclinical or non-active pathology but is an indication of good functional health.
There may be thermal findings that contribute to preventative initiatives and optimum wellness.

LOW RISK

At low risk for existing or developing pathology.
This level justifies clinical evaluation or correlation with low risk physiological dysfunction which should be assessed and /or monitored by a healthcare professional in order to achieve and maintain optimum wellness.

SOME RISK

At some risk for existing or developing pathology.
This level justifies additional clinical testing or intervention to diagnose or rule out clinically significant physiological dysfunction.
The thermal findings can contribute adjunctively in differential diagnosis, management and

Head And Neck:

Dental: Low grade inflammation:
Comments: Perioral hyperthermia is noted which suggests dental or periodontal inflammation.

Sinuses: No significant thermal findings:
Comments:

TMJ: Low grade inflammation:
Comments: Hyperthermia is noted over both TMJ which suggests joint dysfunction.

Carotid: Low grade inflammation:
Comments: There is inflammation over the proximal aspect of both carotid arteries which suggests elevated CRP levels or plaque formation.

Thyroid: Low grade dysfunction:
Comments: Irregular hyperthermia is noted over the right lobe of the thyroid which may indicate gland dysfunction.

Autonomic: Low grade dysfunction:
Comments: Hypothermia is noted over T2 which suggests autonomic/immunologic dysfunction.

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Breast:

Brachial Plexus: No significant thermal findings:
Comments:

Axillae: Low grade inflammation:
Comments: Patchy hyperthermia is noted over both axillae which suggests nonspecific lymph congestion.

Vascular: Low grade inflammation:
Comments: The fragmented vascular patterns in the upper and lower quadrants of both breasts, right greater than left, do not appear suspicious and may indicate fibrocystic changes. There are no thermal patterns to suggest angiogenesis.

Inflammatory: No significant thermal findings:
Comments:

Inframmamary: Low grade inflammation:
Comments: Slight hyperthermia in both inframammary regions.

Lymphatic: No significant thermal findings:
Comments:

Hormonal / Systemic: No significant thermal findings:
Comments: There is no background hyperthermia which may indicate estrogen dominant.

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Back:

Upper Back: Low grade dysfunction:
Comments: Myofascial hyperthermia is noted over both trapezius and rhomboid areas which suggests low-grade inflammation. There are no thermal patterns to suggest cardiac or pulmonary dysfunction.

Lower Back: Low grade dysfunction:
Comments: Paraspinous myofascial hyperthermia suggests muscle spasm. There are no thermal patterns to suggest renal dysfunction.

Spinal: Low grade dysfunction:
Comments: There is inflammation over the midthoracic to the lumbosacral spine which suggests degenerative changes of the joints and discs.

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Abdomen:

Visceral: Low grade dysfunction:
Comments: Patchy hyperthermia is noted over the right upper quadrant that may indicate liver dysfunction.

Digestive: Low grade dysfunction:
Comments: Hyperthermia is noted over the lower sternum and upper epigastrium which may indicate gastroesophageal reflux disease.

Reproductive: Low grade dysfunction:
Comments: There is hyperthermia over the uterus which suggests dysfunction.

Lymph: No significant thermal findings:
Comments:

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Discussion and Follow Up:

The thermal patterns in both breasts are compatible with fibrocystic changes.
These patterns should be monitored carefully for future development.

Suggest clinical correlation of thermal patterns with her history and physical which may include evaluation of the thyroid, carotid arteries, liver and GYN consultation.
Suggest follow-up breast imaging in 3 months to establish a stable baseline. Any lumps or changes in patterns should be evaluated, despite thermal imaging findings.

Thermal imaging is not a substitute for mammography when it is indicated.

Clinical Impression with Breast Thermology Classification Grading System

Left Breast:	At Low Risk
Right Breast:	At Low Risk

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, 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 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.