

Cranial Thermal Imaging Report

Patient: Sample Patient
Technician: Technician, CTT
Imaging Center: Thermal Imaging Center

DoB: 01/01/1975

Date of Scan: 02/26/2018
Date of Report: 03/02/2018

Dear Ms. Patient,

Thank you for the opportunity to review your images. The results of your examination are detailed below. To best understand these results, please read the Procedure and Limitations section below.

Relevant History: You have a history of breast cancer. Your wisdom teeth have been extracted.

Findings and Impressions: Comparisons were made to cranial thermal imaging scan of April 15, 2016.

1. Stable warming is seen over the paranasal regions consistent with sinus drainage.
2. Stable left outer jaw warming is observed consistent with irritation of the chewing muscles.
3. Stable warming is seen of the SCM and scalene regions consistent with muscular irritation.
4. New warming is seen over the left submandibular region consistent with increased lymph activity.
5. New warming is seen over the left anterior neck and may suggest increased lymph activity or thyroid inflammation or altered function.
6. Stable relative cooling is seen in the shape of the necklace on the anterior neck view consistent with altered thyroid function.
7. Stable warming is seen over the right mouth and may reflect anatomical contour trapping of heat, sinus drainage or possible mouth or dental concern in the region of the right canine tooth socket.

Follow-up: The above findings should be clinical correlated to determine their significance if any. The impressions noted above are based upon common presentations of typical conditions but should not be interpreted as a definitive diagnosis. Evaluation by your health care provider is necessary to determine their actual cause and significance. All stated concerns in your history along with any prior examination findings should be followed up with by your doctor. Thermal imaging is not a standalone screening examination and cannot diagnose or rule out the presence of injury, infection or disease.

Procedure and Limitations: Thermal imaging is an assessment tool that is used in addition to standard screening and/or diagnostic examinations. It is not a stand-alone examination and cannot diagnose or rule out the presence of injury or disease. When interpreting these images, we look for unusual patterns of warmth and cooling that can suggest inflammation and circulatory changes that may suggest risk for various types of injury and disease. Since the causes of most of the examination findings cannot be determined by the thermal images alone, additional examinations are always required before a final diagnosis can be made. In the absence of clinical findings, thermal findings may constitute functional changes to the body which should be monitored as they may suggest risk for illness, injury or pain syndromes in the future. Internal organs cannot be directly evaluated with thermal imaging and are

indirectly evaluated by looking for neurological reflexes that can potentially affect the temperature at the surface of the body. This examination was performed using a high-resolution computerized thermal imaging camera in a controlled environment after following strict pre-examination protocols to insure the accuracy of the findings.

A handwritten signature in black ink, appearing to read 'R. Kane', written in a cursive style.

Robert L. Kane, DC, DABCT, FIACT
Board Certified Clinical Thermologist

Diplomate American Board of Clinical Thermography
Diplomate International Academy of Clinical Thermology
Fellow International Academy of Clinical Thermology