

## Full Body Thermal Imaging Report

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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 sinus concerns currently as you just get back from an internal trip. You marked a region of interest between the eyebrows. Your wisdom teeth have been extracted. You have no other concerns.

### Findings and Impressions:

#### Face and Anterior Neck:

1. Bilateral outer jaw warming is observed with the right worse than the left consistent with possible mouth or dental concern in the region of the molar or wisdom tooth sockets.
2. Anterior neck warming is observed bilaterally consistent with muscular irritation and increased lymph activity.
3. Relative cooling is seen in the shape of a necklace over the lower anterior neck when viewed in the gray scale consistent with altered thyroid function.

#### Arms and Hands:

1. Warming is seen over the right posterior forearm consistent with extensor muscular irritation.
2. Mild warming is seen over the base of the right thumb consistent with regional inflammation.

#### Posterior Neck, Back and Buttock:

1. Diffuse warming is seen over the posterior neck, upper and mid back consistent with cervical, trapezius, and rhomboid muscular irritation.
2. Hot spots are seen over the latissimus dorsi regions consistent with trigger points.
3. Spinal warming is seen over the lumbar region consistent with mechanical compromise and joint inflammation.
4. Relative cooling is seen over the flanks bilaterally and may represent normal temperature or possible stress to the kidneys.

#### Abdomen:

1. Warming is seen over the left pubic region and may suggest possible stress to the left ovary.

**Legs and Feet:**

1. Outer knee warming is seen bilaterally especially the left consistent with regional inflammation affecting the lateral structures of the knee.
3. Warming is also seen behind the posterior left knee and may suggest regional inflammation.
4. Outer thigh warming is seen bilaterally consistent with iliotibial band inflammation.
5. Warming is seen over the anterior legs bilaterally especially the left consistent with regional inflammation.
6. Warming is seen over the left dorsal foot consistent with regional inflammation.
7. No indication of gross circulatory compromise or nerve injury.

**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.



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