KANE THERMAL IMAGING
INTERPRETIVE SERVICES

# Full Body Thermal Imaging Report

Patient: Sample Patient
DoB: 11/11/1954
Date of Scan: 05/25/2018
Technician: Annette Adams, CTT
Date of Report: 05/30/2018
Imaging Center: Midwest Thermography

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:** It was reported you have acne at the cervicothoracic junction. You have upper back, neck, and trap tightness. This has been intermittent for approximately 20 years. It's positionally related and improved with massage. You are also getting chiropractic and acupuncture treatment. You had wisdom teeth surgery, a Bartholin's gland abscess surgery and marsupialization. Your wisdom teeth have been extracted.

## Findings and Impressions:

### Face and Anterior Neck:

1. Warming is seen down the paranasal region bilaterally consistent with sinus drainage.
2. Mild outer jaw warming is seen bilaterally consistent with irritation of the chewing muscles.
3. Warming is seen over the anterior neck in the approximate region of the thyroid and may suggest thyroid inflammation or altered function.

### Arms and Hands:

1. Warming is seen of the base of the right thumb and over the first three digits consistent with regional inflammation and possible carpal tunnel syndrome.
2. Warming is seen over the anterior wrist bilaterally consistent with regional inflammation.
3. Warming is seen over the second and third digit of the left hand consistent with regional inflammation.
4. No indication of gross circulatory compromise.

### Posterior Neck, Back and Buttock:

1. Warming is seen over the posterior neck, upper and mid back consistent with cervical, trapezius, and rhomboid muscular irritation.
2. Bilateral posterior shoulder warming is observed consistent with rotator cuff irritation.
3. Spinal warming is seen in the mid thoracic and throughout the lumbar region consistent with mechanical compromise and joint inflammation.

### Abdomen:

1. Generalized abdominal warming is observed consistent with possible stress to the intestines.

**Legs and Feet:**

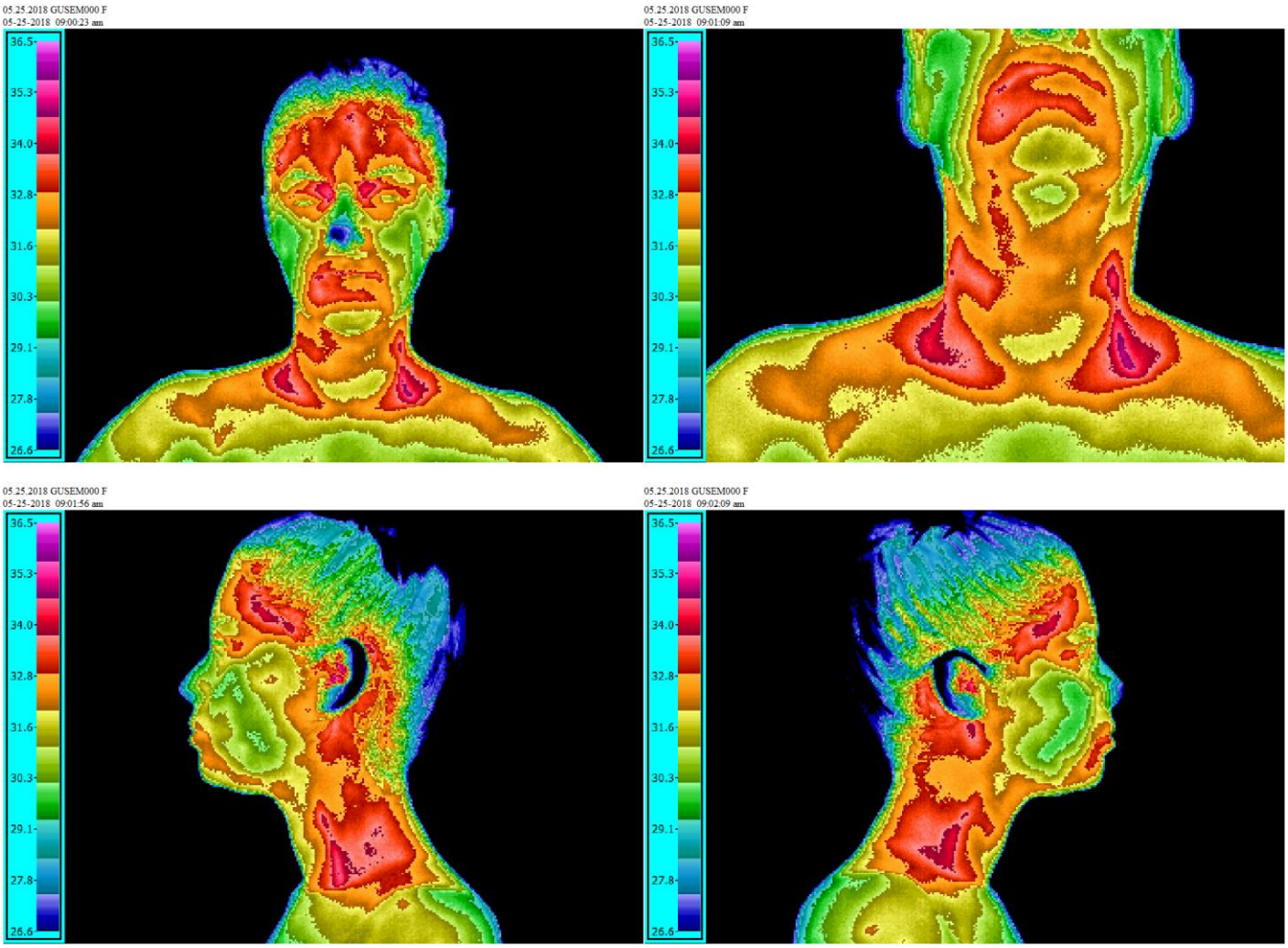
1. Warming is seen over the inner and outer knees bilaterally consistent with regional inflammation.
2. Outer thigh warming is seen bilaterally consistent with iliotibial band irritation.
3. No indication of gross circulatory compromise or nerve injury.

**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.

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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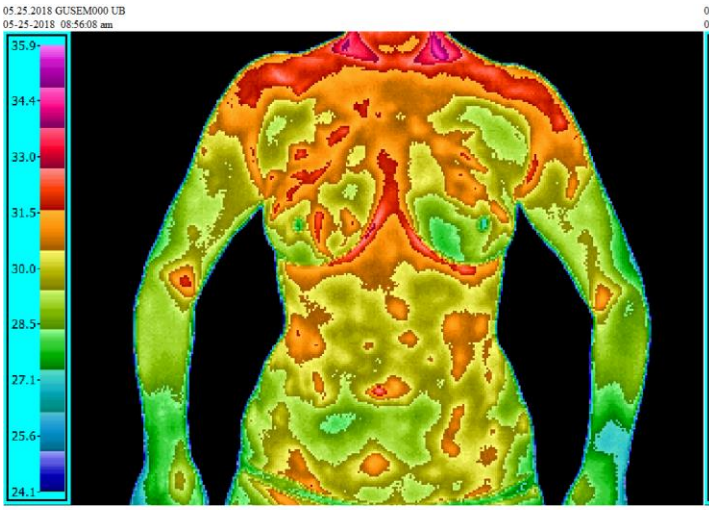
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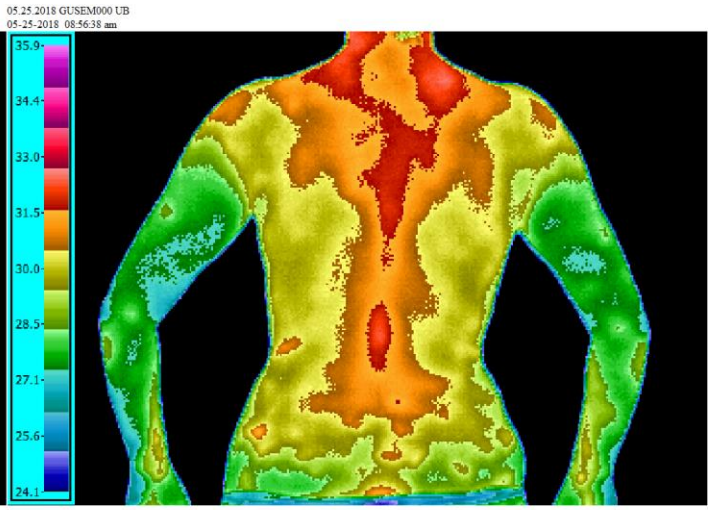
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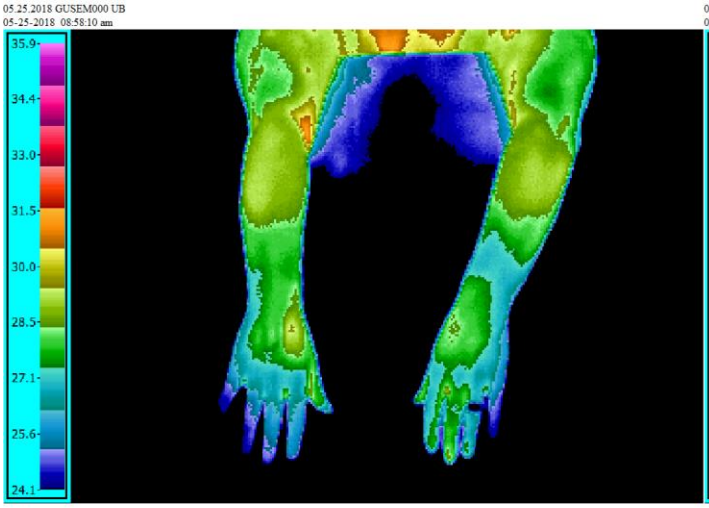
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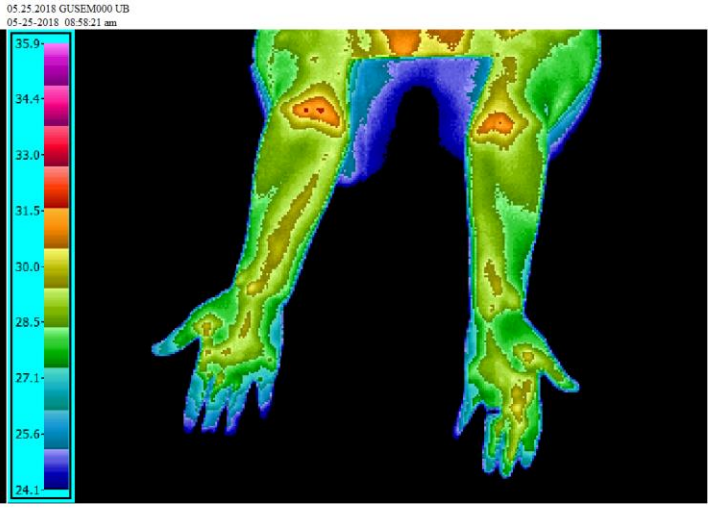
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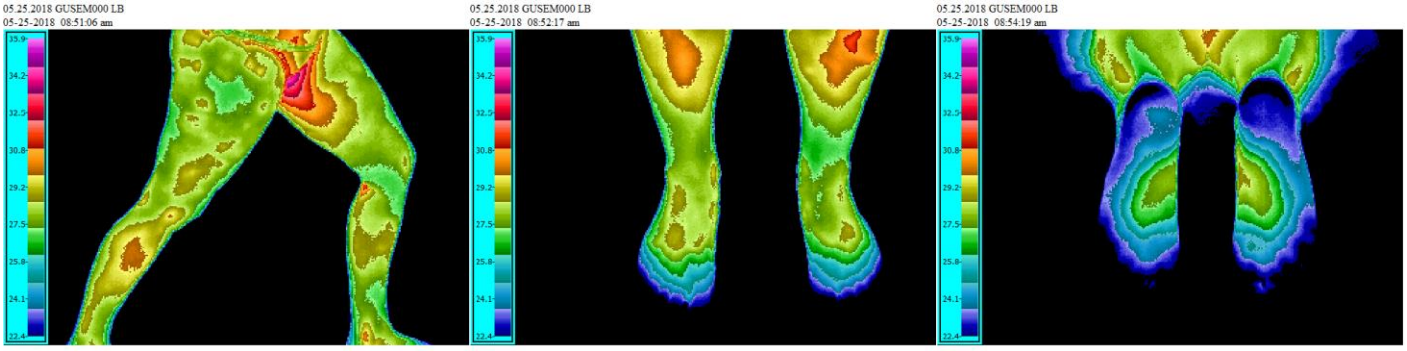
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