

## Full Body Thermal Imaging Report

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Patient: Jane Smith                      DoB: 07/26/19740  
Technician: Melanie McDowell, CTT  
Imaging Center: Midwest Thermography

Date of Exam: 08/14/2014  
Date of Report: 09/03/2014

Dear Ms. Smith,

Thank you for the opportunity to review your images. The results of your examination are detailed below.

**Relevant History:** You currently have pain in your legs and knees. You also have neck and shoulder pain with numbness and tingling. You also reported back pain. You have a history of whooping cough and influenza. You had a tummy tuck in 2010. You previously had a wrist fracture. You have been diagnosed with GERD.

### Findings and Impressions:

#### Face and Anterior Neck:

1. Outer jaw warming is seen bilaterally with the right worse than the left consistent with possible mouth or dental concern in the region of the upper back molars and wisdom teeth.
2. Submandibular warming is seen bilaterally consistent with the appearance of active lymph nodes.
3. Generalized warming is seen over the nose and paranasal region extending to the face and forehead consistent with nasal/sinus inflammation and/or infection.
4. Cooling is seen in the shape of the necklace on the anterior neck view when seen in the gray scale consistent with altered thyroid function.

#### Arms and Hands:

1. The hands are warmer than the forearms suggesting altered metabolic function and are likely related to the thyroid signs noted in the above section.
2. Mild relative warming is seen in the right hand suggesting regional inflammation.
3. Warming is seen over the wrists bilaterally consistent with regional inflammation.
4. Warming is seen of the first two fingers of the right hand and may suggest median nerve irritation from the carpal tunnel.

#### Upper Chest:

1. Generalized warming is seen over the upper chest suggesting increased lymph activity and/or muscular irritation.
2. Additional warming is seen over the anterior shoulders bilaterally with the left worse than the right consistent with regional inflammation.

#### Posterior Neck, Back and Buttock:

3. Warming is seen over the trapezius regions bilaterally consistent with muscular irritation and trigger points.
4. Warming is seen over the supraspinatus muscular regions bilaterally with the right worse than the left consistent with local tendonitis.
5. Warming is seen over the rhomboid regions bilaterally consistent with muscular irritation.
6. Warming is seen over the right latissimus dorsi region suggesting muscular irritation.
7. Spinal warming is seen throughout the lower back and especially the lumbosacral region consistent with mechanical compromise and joint inflammation.

**Abdomen:**

1. Normal abdominal temperature.

**Legs and Feet:**

1. Generalized warming is seen over the knees bilaterally suggesting regional inflammation.
2. Additional warming is seen directly below the knee suggesting possible patellar tendonitis.
3. Generalized warming is seen over the right posterior thigh and legs suggesting muscular irritation.
4. The ankles were not completely visualized on these views.
5. No indication of gross circulatory compromise or nerve injury.

**Additional Comments:** 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.

**Procedure:** Thermal imaging is a health risk assessment tool that is used in addition to standard screening and/or diagnostic examinations. It is not a stand-alone examination. When interpreting these images, we look for unusual patterns of warmth and cooling that can 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. Thermal imaging cannot rule out the presence of injury or disease. 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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