

Sample EMI Report



Electronic Medical Interpretation Inc.

Report

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Electronic Medical
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Patient: XXXXXXXX
Date of Birth: 09/18/1953
Patient ID: 2191

Scan Date: 7/11/2001
Report Ref: 11051
Report Type: Breast

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All normal protocols were observed

Reported By: Monte Elgarten MD.

PROCEDURE: This patient was examined with digital infrared thermal imaging to determine if asymmetrical thermal findings indicate abnormal physiology.

Thermography as a physiologic test, demonstrates heat patterns that are strongly indicative of breast abnormality, the test can detect subtle changes in breast temperature that indicate a variety of breast diseases and abnormalities and once abnormal heat patterns are detected in the breast, follow-up procedures including mammography are necessary to rule out or properly diagnose a number of breast diseases such as fibrocystic syndrome etc.

Breast thermography is a way of monitoring breast health over time. Normal breasts have a stable thermographic pattern that does not change over time (much like a fingerprint). The purpose of the initial breast study is to establish the normal baseline pattern for each individual patient to which all future thermograms are compared. With continued breast health, the thermograms remain identical to the initial study. Any changes recorded can mean that there may be physiological changes within the breast that call for further investigation. The ability to interpret an initial study is limited since there are no previous images for comparison. Sometimes patterns are complex enough that we may suggest that clinical correlation, mammography, and/or ultrasound be done in order to be more confident that this is the patient's healthy baseline pattern.

This exam is an adjunctive diagnostic procedure and all interpretive findings must be clinically correlated.

PROTOCOLS: The thermographer certifies that this exam was conducted under all standard and clinically acceptable protocols.

EXAM RESULTS: Exam results are reported by certified thermologists. Results are determined by studying the varying patterns and temperature differentials as recorded in the thermal images.

NORMAL VALUES: Diffuse heat patterns with good symmetry between contra-lateral regions of the breasts. Specific asymmetries that have remained stable and unchanged over time and have been regarded as a normal part of this patients thermal anatomy.

ABNORMAL VALUES: Localized areas of hyperthermia or hypothermia, thermal asymmetry between contra-lateral regions of the breasts with temperature differentials of more than 1° C. Vascular patterns that appear suspicious. Any thermal changes that are recorded during comparative analysis over time.

COLD STRESS: If a cold stress test has been considered appropriate to evaluate sympathetic response to a suspicious vascular pattern to evaluate the possibility of angiogenesis. Positive = no thermal change to the suspicious pattern during normal change to other areas of the breasts. Negative = normal thermal change to all areas of the breasts including the suspicious pattern. (results of cold stress testing are not considered conclusive or diagnostic).

REPORT: This report relates to objective descriptions of thermal asymmetries with regard to the patient information and history provided, and findings that might be clinically significant.

There is an area of hyperthermia seen in the upper outer quadrant of the left breast but there are no other significant thermal asymmetries of the breasts. There is no indication of any neovascularity or suspicious thermal findings relating to the pathology currently being treated.

This study is suitable to be archived as a base-line for future comparison.

FOLLOW-UP: Referring patient back to practitioner. Suggest routine follow-up in three months before continuing with annual comparative studies.

The referring physician should contact the EMI administrator with any questions relating to this report.

This Report is intended for use by trained health providers to assist in evaluation, diagnosis, and treatment. It is not intended for use by individuals for self-evaluation or self-diagnosis. This Report does not provide a diagnosis of illness, disease or other condition.



THERMOGRAMS

Patient: [REDACTED] Scan Date: 11/29/2001
Date of Birth: 09/05/1939 Report Ref: 12687
Patient ID: 3809 Report Type: Breast
Referring Practitioner: [REDACTED] Thermographer: [REDACTED]

+ -
 thermograms @ standard 8° C color range

