



Electronic Medical Interpretation Inc.

Sample Report

Page 1 of 3

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Patient: Jane Smith
Date of Birth: 09/22/1953
Patient ID: 1234
Referring Practitioner:

Scan Date: 7/11/2001
Report Ref: 1234
Report Type: Breast
Thermographer: Mary Robinson RN

All normal protocols were observed

Reported By: Joe Bloggs MD.

INTERPRETATION: There are no significant thermal asymmetries seen in the breasts. There is no indication of any neovascularity. The slight vascular patterns seen in both breasts do not appear suspicious but should be monitored for change. This study is suitable to be archived and compared with a repeat study in three months to establish a baseline prior to annual testing.

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

SECOND OPINION: No second opinion was sought.

PROCEDURE: This patient was examined with digital infrared thermal imaging to determine if asymmetrical thermal findings indicate abnormal physiology. Thermography is a physiologic test which demonstrates thermal patterns that may be indicative of breast abnormalities. Thermal imaging can detect subtle changes in breast temperature that indicate a variety of breast diseases and abnormalities. 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 changes, 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 studies 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 gain more confidence that this represents the patient's healthy baseline pattern. This exam is an adjunctive diagnostic procedure and all interpretive findings must be clinical.

Over

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

REPORTING: The interpretation relates to objective descriptions of thermal asymmetries with regard to the patient information and history provided and findings that might be clinically significant.

TEST RESULTS: Test 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 is considered appropriate to evaluate the sympathetic response to a suspicious vascular pattern that may represent angiogenesis, the results are interpreted as follows: Positive = no thermal change to the suspicious pattern with normal changes to other areas of the breasts. Negative = normal thermal changes to all areas of the breasts including the suspicious pattern. (Results of cold stress testing should not be considered conclusive or diagnostic.)

The referring health care provider should contact the EMI administrator with any questions relating to this interpretive report.

Thermograms

Patient: Jane Smith

Date of Birth: 09/22/1953

Patient ID: 1234

Referring Practitioner:

Scan Date: 7/11/2001

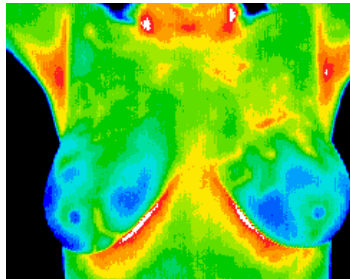
Report Ref: 1234

Report Type: Breast

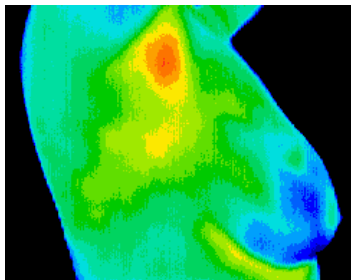
Thermographer: Mary Robinson RN



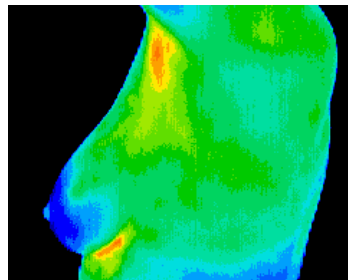
Thermograms @ standard 8° C color range



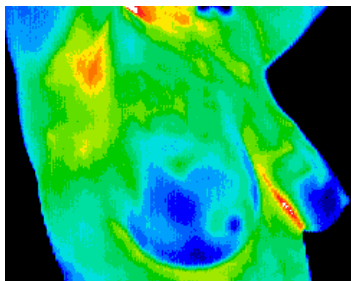
SmiJan071101A2BA



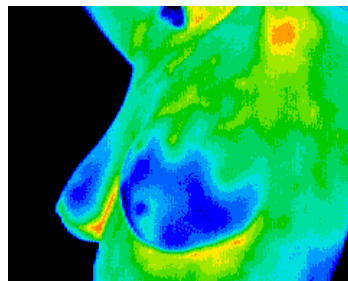
SmiJan071101A2BRL



SmiJan071101A2BLL



SmiJan071101A2BRO



SmiJan071101A2BLO