Electronic Medical Interpretation

Patient name:	Jane Doe Ihc Sample	**Scan date:**	Oct/6/2021
Date of birth:	01/01/1966	**Report ref:**	714822
Patient ID:	313242	**Report type:**	Immuno Health
Referring practitioner:	Dr Anyone	**Thermographer:**	Taryn Kean

Reported & electronically signed by: Peter Leando DSc(Med) PhD

All normal protocols were observed

HISTORY AND SUBJECTIVE COMPLAINTS

Age/Gender: 56 yr old Female

Referring Physician: Dr Anyone MD

Clinical Concerns: None at this time

Current Symptoms: None at this time

Current Treatment: None at this time

Current Medication: Metformin 850 mg per day

Current Supplements: MultiVit,

Surgical Hx: Hysterotomy without oophorectomy 2013.

Dental Hx: Multiple amalgam fillings and 1 root canal/ crown.

General H:x Unremarkable

Family Hx: Father, heart disease and diabetes. Mother, osteoporosis and RA.

Vaccine Hx: All childhood vaccine's. Full Covid vaccine completed 08/15/2021

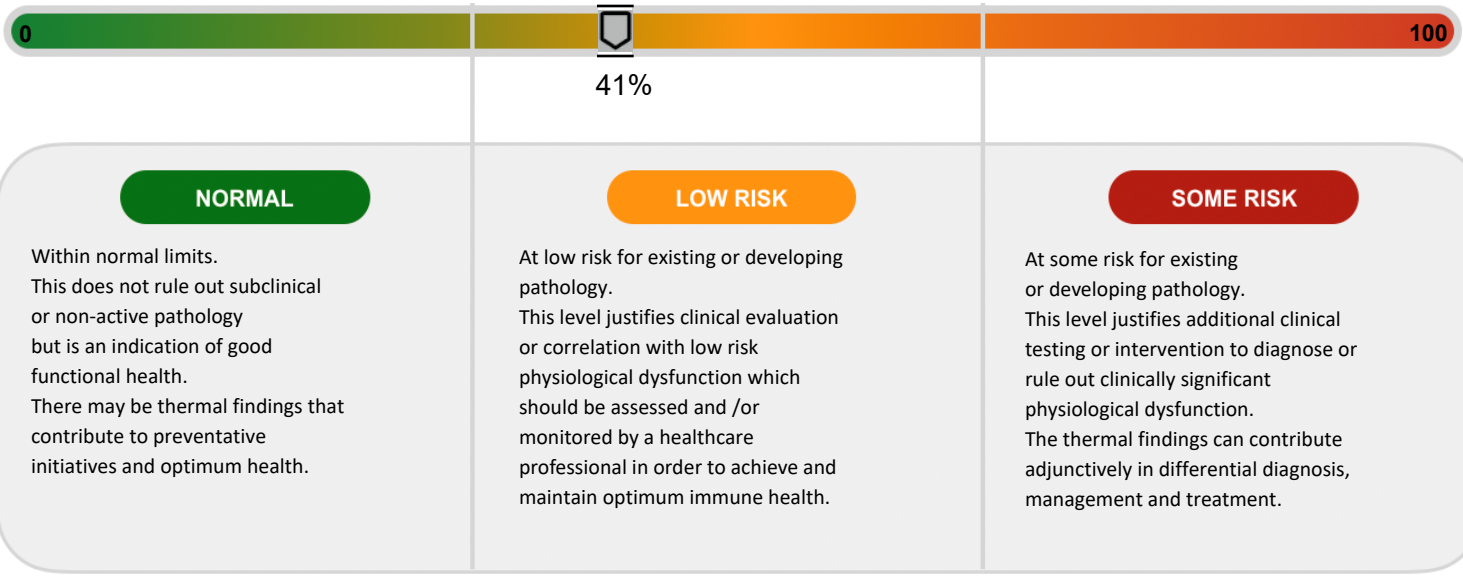
Diagnoses: Uterine cancer 2013. Type 2 diabetes 2014.

Skin Lesions or Physical Abnormalities: None

(Female Patient Only)
Ob/Gyn Hx: Hysterotomy 2013

Notes:

Immuno Health Grading System



Autoimmune Health indicators with DITI physiological Imaging.

This risk assessment evaluation of physiological findings is limited to an opinion relating to current autoimmune and autonomic status and is not intended as a diagnostic or screening test for any other conditions or specific diseases. The results below are intended to assist in identifying inflammatory, vascular, and neurological issues that your healthcare practitioner can address in order to treat autoimmune dysfunction or maintain your autoimmune status at optimum health levels.

Dental: No significant thermal findings:
Comments:

Carotid: Clinically significant inflammation:
Comments: Arterial inflammation precedes occlusion and is linked to systemic inflammatory activity and elevated CRP levels.

Endocrine: Thyroid: Clinically significant dysfunction:
Comments: Thyroid gland dysfunction can be an indicator of thyroid or other autonomic or endocrine dysfunction affecting the autoimmune system.

Endocrine: Thymus / Autonomic: No significant thermal findings:
Comments:

T1/T2 spine / Autonomic: No significant thermal findings:
Comments:

Brachial Plexus: Clinically significant inflammation:
Comments: Bilateral inflammatory activity or asymmetry is a modifier to vascular function in the head and neck or arms and chest.

Cardiovascular: Low grade inflammation:
Comments: All findings related to a suspicion of cardiovascular inflammation or an autonomic indicator of dysfunction should be clinically evaluated.

Hormonal / Systemic: Low grade dysfunction:
Comments: Loss of normal temperature gradients, Neurogenic flair, Systemic vascular / inflammatory activity associated with female glands (i.e., estrogen dominance) justifies clinical evaluation and increases risk of autonomic dysfunction.

Visceral: No significant thermal findings:
Comments:

Digestive: Low grade dysfunction:
Comments: Inflammatory findings at any level of digestive system burden the autoimmune system, additionally findings consistent with ischemic bowl, diverticulitis, IBS, leaky gut syndrome, may be symptomatic of, or contributory to autonomic dysfunction.

Lymph: No significant thermal findings:
Comments:

Temperature gradients: No significant thermal findings:
Comments:

Other thermal asymmetries or physiological findings: No significant thermal or physiological asymmetry found:
Comments:

Discussion and Follow Up:

Any low grade or clinically significant thermal findings justify evaluation by a healthcare professional who can intervene with diagnosis, treatment, management, or onward referral as appropriate.
During and after clinical management, follow-up thermal studies may be appropriate to monitor change over time.

Autoimmune Health and physiological Imaging with DITI (Digital Infrared Thermal Imaging)

We are dependent on our autoimmune system to protect us from general infections and diseases throughout life.
When our autoimmune system is compromised as a result of existing disease or underlaying health problems we become more vulnerable to diseases and infections that we would otherwise be able to ward off with minimal symptoms relating to our immune system doing its job (such as getting a fever when we get a cold).

Autonomic dysfunction is the primary cause of people being seriously affected by the covid 19 pandemic, people with chronically activated autoimmune systems, autonomic diseases, nutritional or hormonal imbalances or other vascular and inflammatory pathologies like diabetes, rheumatoid arthritis, lupus and thyroid diseases can lead to poor outcomes when the body is challenged by infection or disease.

Thermal imaging has the ability to evaluate and monitor many of the markers relating to autonomic dysfunction and other burdens on the immune system.

The first step in a preventative strategy is to identify any underlying or subclinical dysfunction that may be compromising our immune systems, these can include systemic or local inflammation, low grade infections, vascular and neurological dysfunctions, as well as specific markers relating to autonomic dysfunction.

The second step in a preventative strategy is to work with your health care provider to address the issues that could be compromising your immune system whilst at the same time doing everything possible to build your autoimmune health to its peak function and maintain it there.

Important to know.

DITI Thermography will not show any findings from a structural or pathological perspective.
It will show suspicious physiological (functional) findings in most types of autonomic / autoimmune dysfunctions.

The utility for including thermography as an adjunctive screening test in detecting and monitoring of autonomic dysfunctions is:
1, The early detection of conditions that render individuals at increased risk of suffering life threatening symptoms and longer-term recovery from Covid 19.
2, The opportunity to monitor the response to treatment and ongoing immune health status.
3, To increase the specificity of all other tests and preventative initiatives through correlation of the physiological results that DITI imaging provides.

DITI is a specialized physiological test designed to detect abnormalities specific to autonomic and autoimmune dysfunction including evidence of inflammatory processes, vascular dysfunction, lymph abnormality and neurological findings relating the autonomic system, all of which cannot be detected with structural imaging tests.

Follow-up and interval screening of less than 3 months should be determined by patients' healthcare professional as considered appropriate.

Procedure:
This patient was examined with digital infrared thermal imaging (DITI) to identify thermal findings which may suggest abnormal physiology.
Thermography is a physiologic test, which demonstrates thermal patterns in skin temperature (neurological responses) that may be normal or which may indicate disease, dysfunction or other abnormality.
If abnormal temperature patterns are identified relating to a specific dysfunction, clinical correlation and further investigation may be necessary to assist your health care provider in diagnosis and treatment.
Thermal imaging is an adjunctive test, which contributes to the process of differential diagnosis, but is not independently diagnostic of specific pathology.
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 standard and clinically acceptable protocols.
Reporting:
Results are reported by certified medical thermologists.
The report interpretation represents objective and subjective descriptions as well as opinions of the thermal patterns and temperature differentials that are evaluated in correlation with the patients given history and symptoms.
Comparative follow-up imaging may identify specific changes or new asymmetries that warrant further investigation.
The clinical significance of this report should be evaluated by the patients' healthcare provider.

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

Normal Findings:
Normal findings are diffuse thermal patterns with good symmetry between contralateral regions on both sides of the body.

Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal.

Abnormal Findings:
Abnormal findings may be localized areas of hyperthermia or hypothermia, or thermal asymmetry between contralateral regions on both sides of the body with temperature differentials measured to sensitivity of 0.1° C.

Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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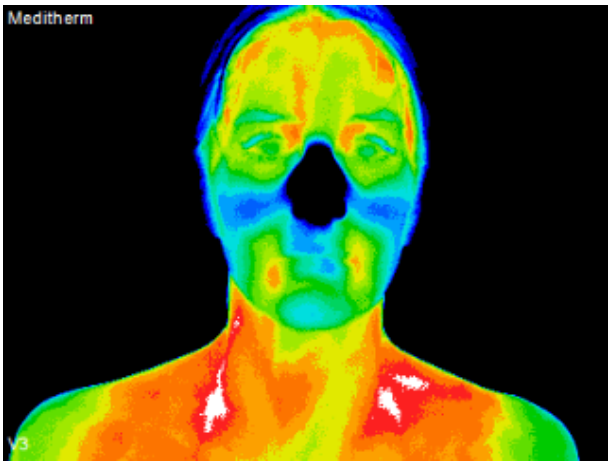

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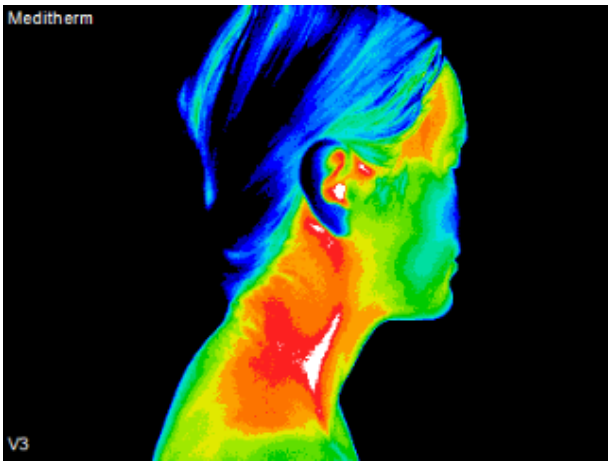

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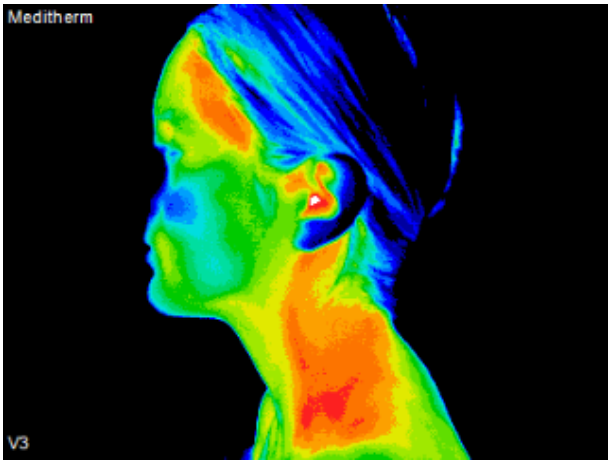

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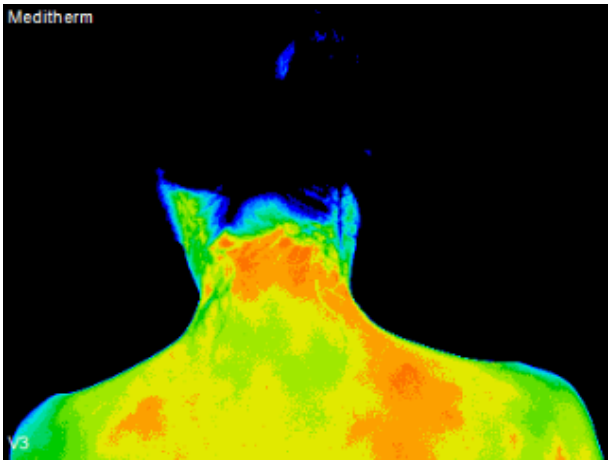

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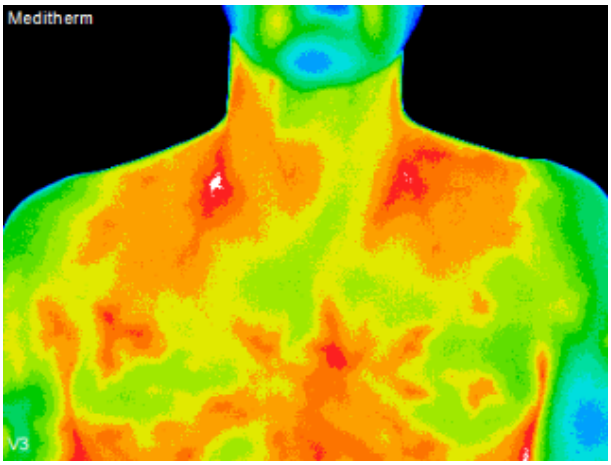

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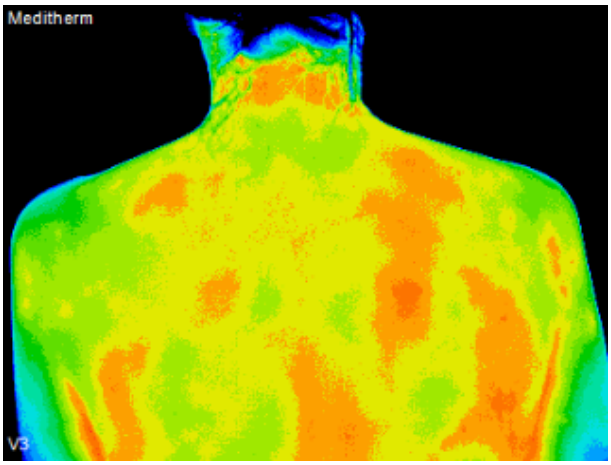

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Thermogram standard color scale @ 8° temperature range

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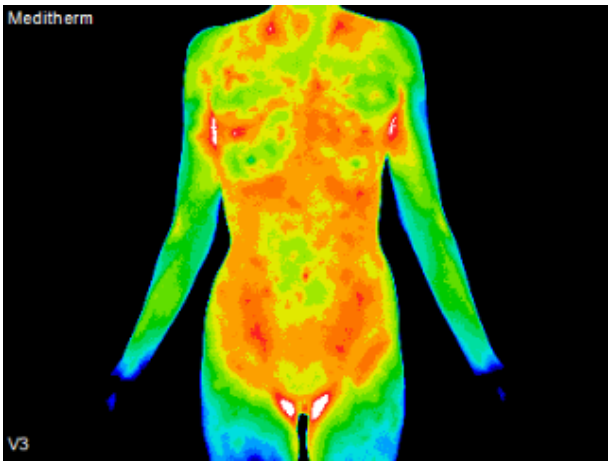

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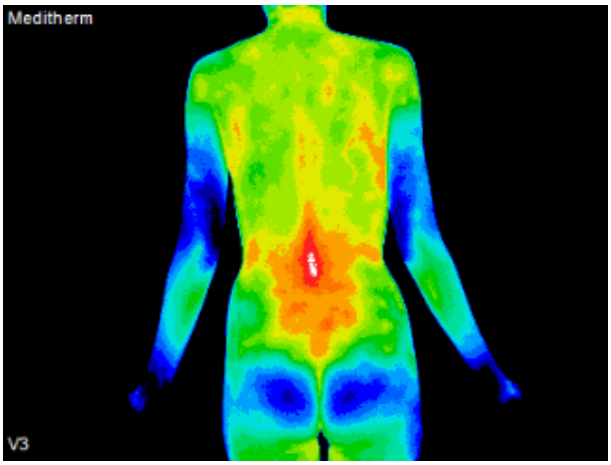

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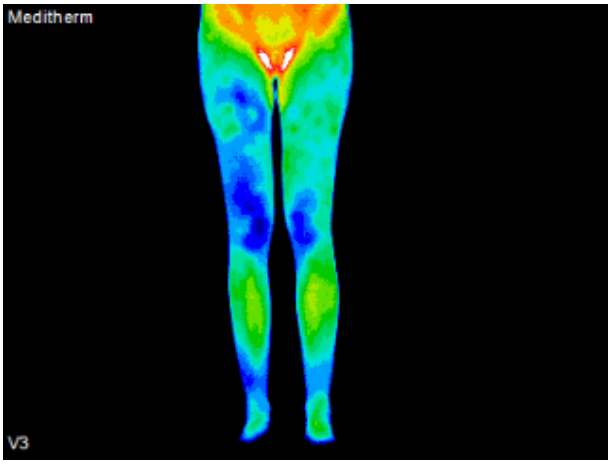

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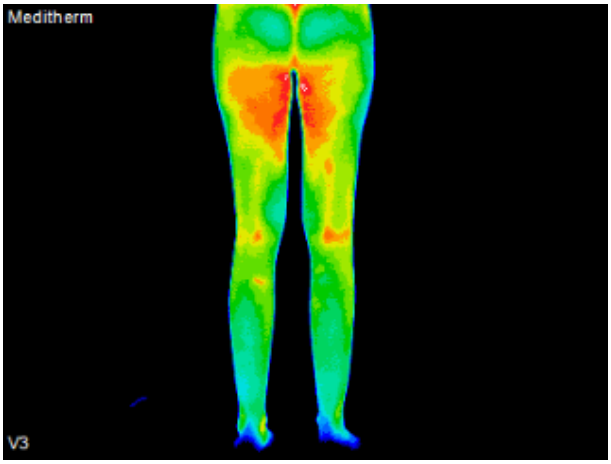

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