Sample EMI Report



Report

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Electronic Medical Interpretation Inc. 4404 S. Florida Ave. Suite 3. Lakeland FL 33813 USA Ph. 1-888-281-8700	Patient: xxxxxxx Date of Birth: 09/18/1953 Patient ID: 2191	Scan Date: 7/11/2003 Report Ref: 11051 Report Type: Breast
	All normal protocols were observed	Reported By: Monte Elgarten MD.
Ronald L Blum M.D. FACOEM. FAAFP. Linda Hegstrand M.D. Ph.D Peter Leando Ph.D D.Sc. D.Ac. Lauren Swerdloff M.D. Jim Blum Ph.D. Monte Elgarten M.D. Arlette Pharo D.O. Daniel Farrier M.D. Mario Soteriou M.D.	 INTERPRETATION: There are no significant thermal asymmetries seer cularity. The slight areas of hyperthermia in the up cious but should be monitored for change. This strepeat study in three months to establish a baseline FOLLOW-UP: Suggest standard follow-up breast imaging in three studies. PROCEDURE: This patient was examined with digital infrared th suggest abnormal physiology. Thermography is a physiologic test, which demone be normal or which may indicate pain, injury, dise are identified relating to a specific region of interegation may be necessary to assist your health care. Thermal imaging is an adjunctive test, which control independently diagnostic of pathology. Breast thermography is a way of monitoring breast thermal pattern that should not change over time, studies (usually obtained three months apart) is to which all future thermograms are compared to mothermograms remain identical to the initial study. could represent physiological differences within the more studies of the physiological differences within the physiological differences within the ability to interpret the first breast study is limic comparison. This exam is an adjunctive diagnostic procedure a correlated. DITI is not a substitute for mammogram. 	a in the breasts. There is no indication of any neovas- oper quadrants of both breasts do not appear suspi- idy is suitable to be archived and compared with a e, prior to annual testing. e months before continuing with annual comparative ermal imaging to identify thermal findings which may strates thermal patterns in skin temperature that may ease or other abnormality. If abnormal heat patterns est or function, clinical correlation and further investi- provider in diagnosis and treatment. ributes to the process of differential diagnosis, and is t health over time. Every woman has a unique like a fingerprint. The purpose of the two initial breast establish the baseline pattern for each patient to nitor stability. With continued breast health, the Changes may be identified on follow up studies that ne breast that warrant further investigation. ited since there are no previous images for nd all interpretive findings must be clinically phy.

PATIENT HISTORY:

The interpretation represents objective descriptions of thermal patterns. Clinical significance of such patterns is interpreted in relation to and limited by the patient data and history provided.

REPORTING:

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

NORMAL FINDINGS:

Normal findings are diffuse thermal patterns with good symmetry between similar 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 similar regions on both sides of the body with temperature differentials of more than 1° C. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

COLD STRESS:

Routine breast thermography monitoring for changes over time precludes the necessity for cold stressing under these protocols. A cold stress test can be conducted when appropriate or when ordered by a referring physician.

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



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