



Electronic Medical Interpretation

Patient:	TEST HORSE ONE IONIX	Scan Date:	01/09/2017
Date Of Birth:	01/01/2008	Report Ref:	449951
Patient ID:	220757	Report Type:	Full Body
Referring Practitioner:	self-referred	Thermographer:	Taryn Kean CCT
Reported By:	Peter Leando PhD		

All normal protocols were observed

HISTORY AND SUBJECTIVE COMPLAINTS

12/06/2016-bilateral chip fracture surgery anterior fetlocks, post-op instructions are to remove and replace bandages/wraps every 48 hours.

12/09/16-post surgical bandages removed, baseline images taken. Bandages replaced and covered with tourmaline infused polo wraps.

12/11/16-Bandages are removed, legs are allowed to stabilize, and images are taken. Bandages replaced and covered with tourmaline infused polo wraps.

12/13/16- Bandages are removed, legs are allowed to stabilize, and images are taken. Bandages replaced and covered with tourmaline infused polo wraps.

12/15/16- Bandages are removed, legs are allowed to stabilize, and images are taken. Bandages replaced and covered with tourmaline infused polo wraps.

THERMOGRAPHIC INTERPRETATION:

Post surgical thermal baseline established with studies on 12/6/16 and 12/9/16.

Inflammatory patterns throughout both tendons, fetlocks and pasterns are consistent with reported surgery.

Recovery period shows good repeat-ability of patterns for baseline and a reduction of inflammation bilaterally and symmetrically.

12/11/16, 12/13/16 and 12/15/15 show continued repeat-ability and stability of findings as well as continued reduction of inflammation that accelerates in the last study which is considered to be within normal limits (after removal of bandages).

DISCUSSION:

This observational study shows rapid recovery after surgery with no evidence of infection or persistent inflammation.

A controlled study would require comparison of similar surgical procedures following comparative protocols but with equal number of subjects having placebo wraps over the post surgical bandaging.

This study would be considered suitable as a model and protocol for statistical analysis with any future comparative studies conducted as observational or controlled studies.

PROCEDURE:

This horse 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 in skin temperature that may be normal or which may indicate pain, injury, disease or other abnormality. If abnormal heat patterns are identified relating to a specific region of interest or function, clinical correlation and further investigation may be necessary to assist your veterinarian in diagnosis and treatment.

Thermal imaging is an adjunctive test which contributes to the process of differential diagnosis, and is not independently diagnostic of pathology.

HISTORY:

The interpretation represents objective descriptions of thermal patterns. Clinical significance of such patterns is interpreted in relation to and limited by the horse's 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 degree Centigrade. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

Procedure:

This patient was examined with digital infrared thermal imaging to identify thermal findings which may suggest abnormal physiology.

Thermography is a physiologic test, which demonstrates thermal patterns in skin temperature that may be normal or which may indicate disease or other abnormality.

If abnormal heat patterns are identified relating to a specific region of interest or function, 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, and is not independently diagnostic of pathology.

Breast thermography is a way of monitoring breast health over time.

Every woman has a unique thermal pattern that should not change over time, like a fingerprint.

The purpose of the two initial breast studies (usually obtained three months apart) is to establish the baseline pattern for each patient to which all future thermograms are compared to monitor stability.

With continued breast health, the thermograms remain identical to the initial study.

Changes may be identified on follow up studies that could represent physiological differences within the breast that warrant further investigation.

The ability to interpret the first breast study is limited since there are no previous images for comparison.

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

DITI is not a substitute for mammography.

Protocols:

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

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.

The referring health care provider should contact EMI administration 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.

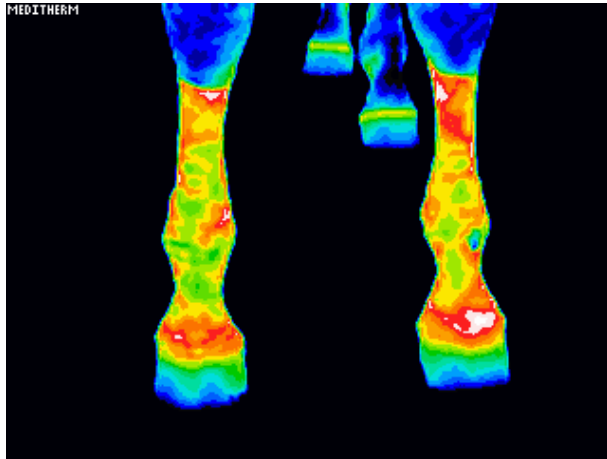
It is not intended for use by individuals for self-evaluation or self-diagnosis.

This Report does not provide a diagnosis of illness, disease or other condition.

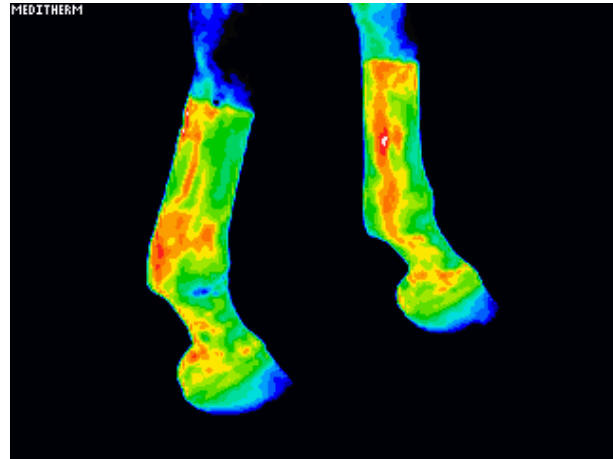
Clinical Thermology is a screening procedure subject to both false negative and false positive results.

It is most reliable when a stable baseline is obtained followed by regular repetitive screening for changes.

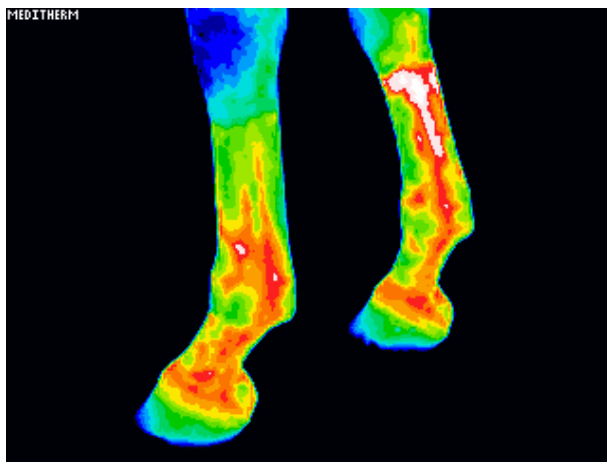
Results must be interpreted in the context of historic and current clinical information.



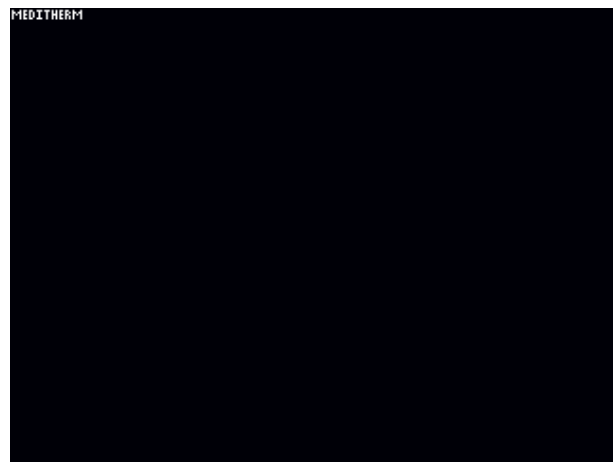
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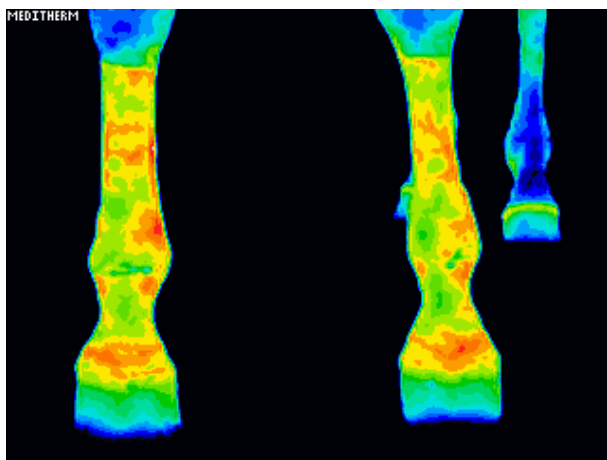
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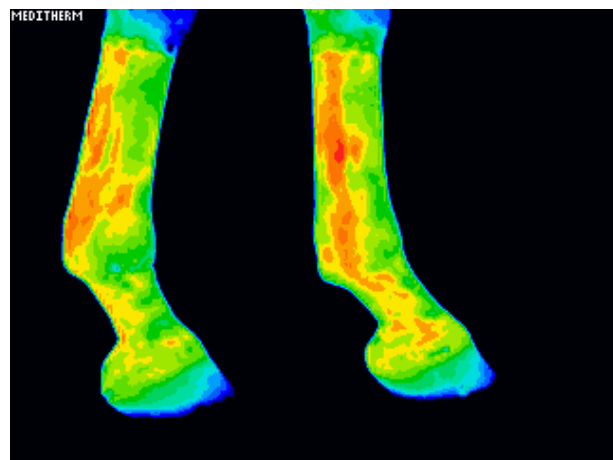
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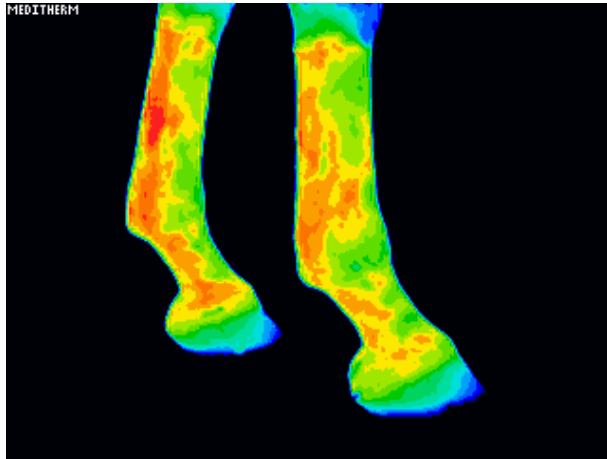
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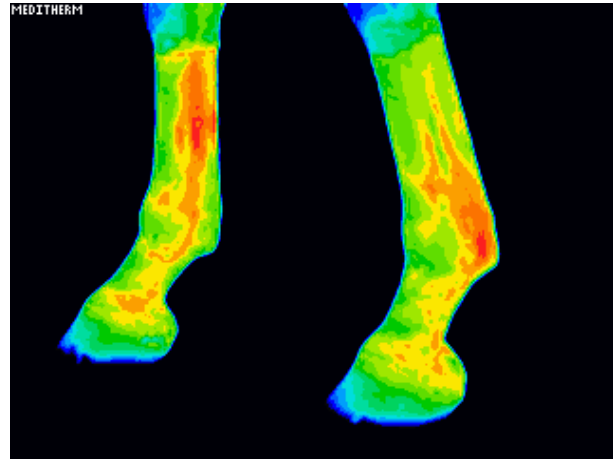
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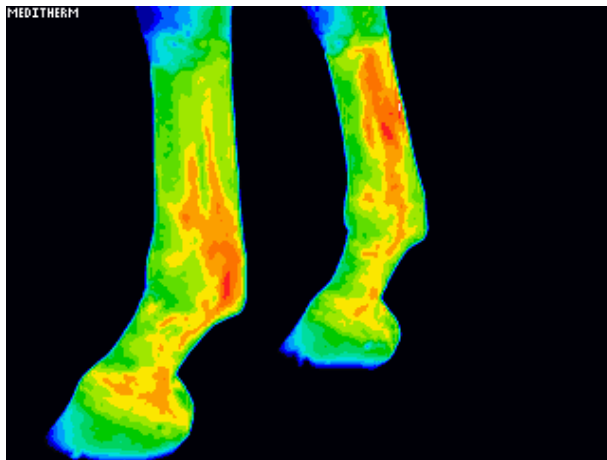
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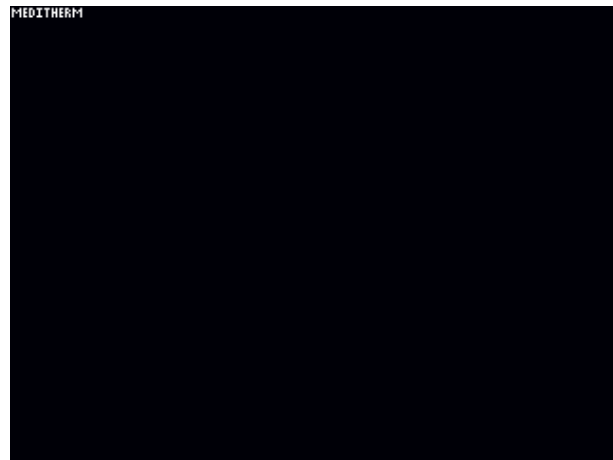
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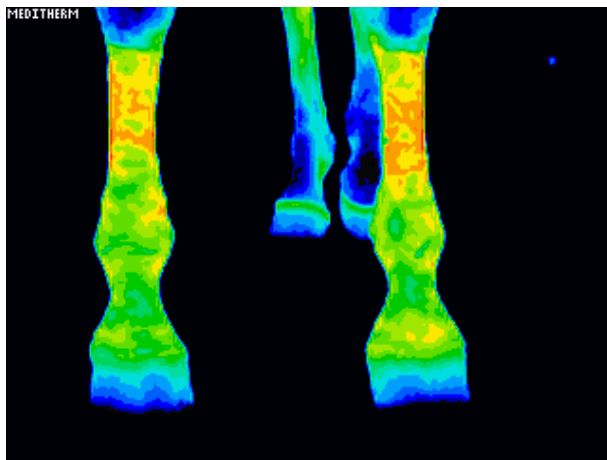
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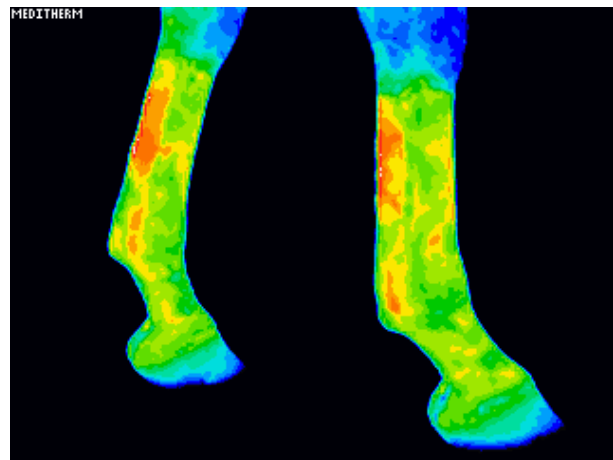
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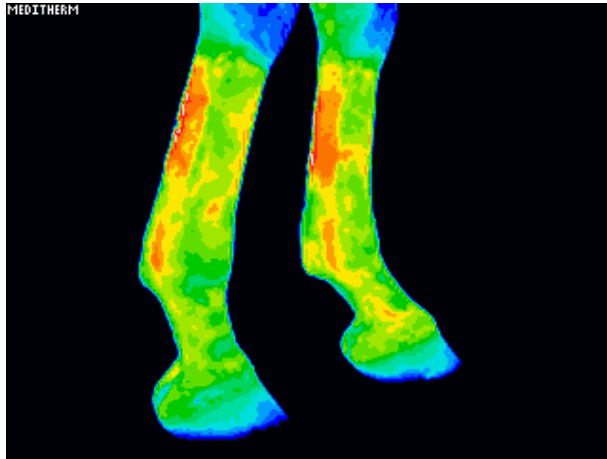
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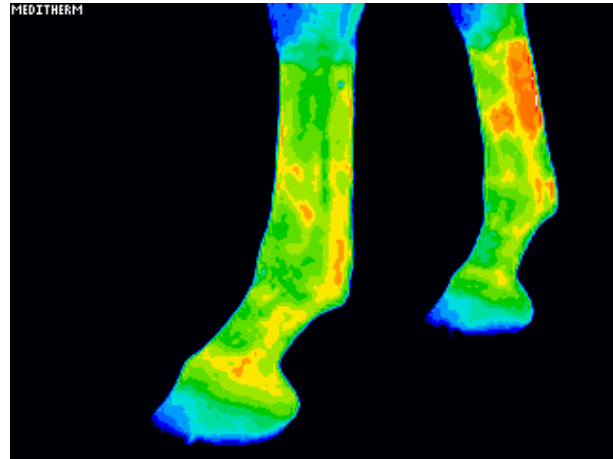
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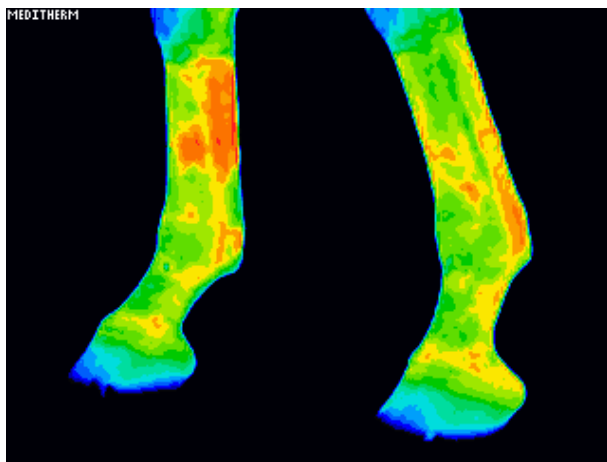
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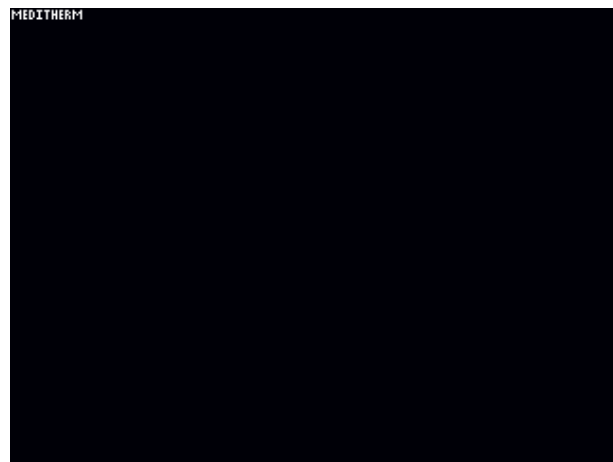
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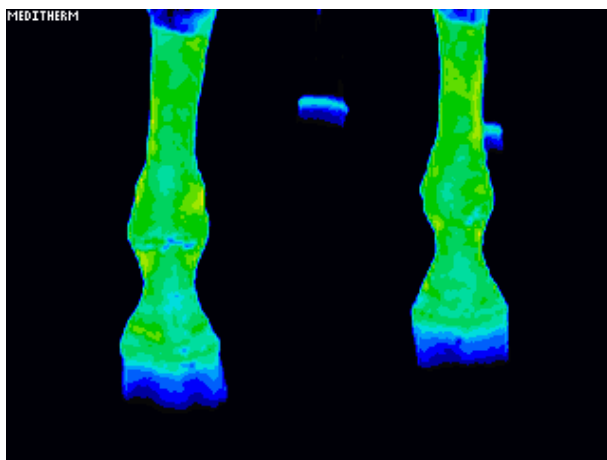
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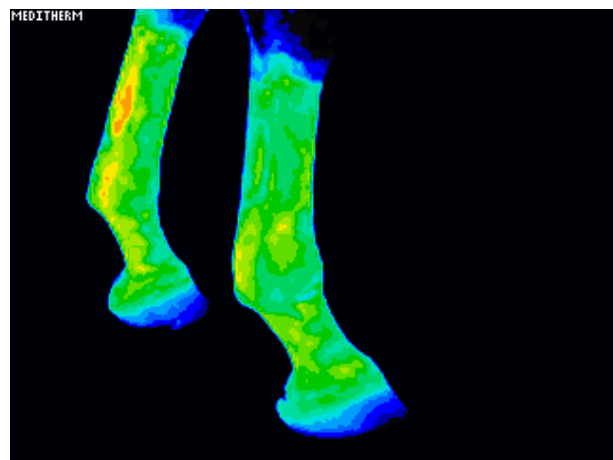
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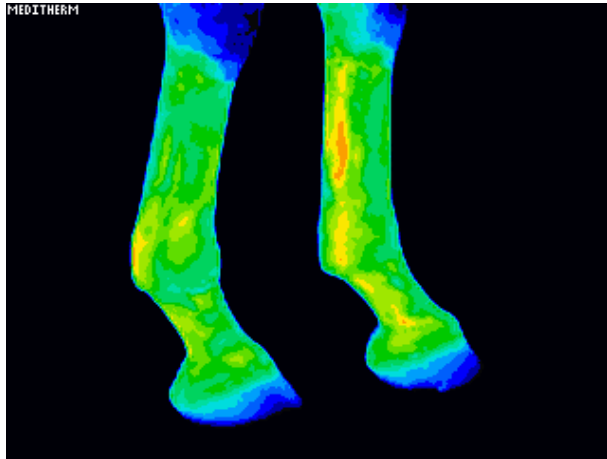


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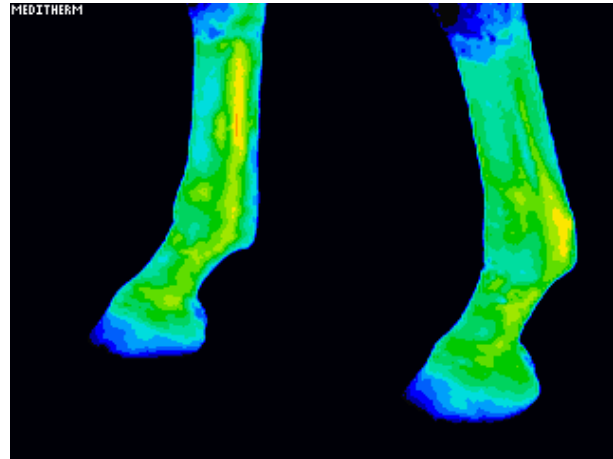


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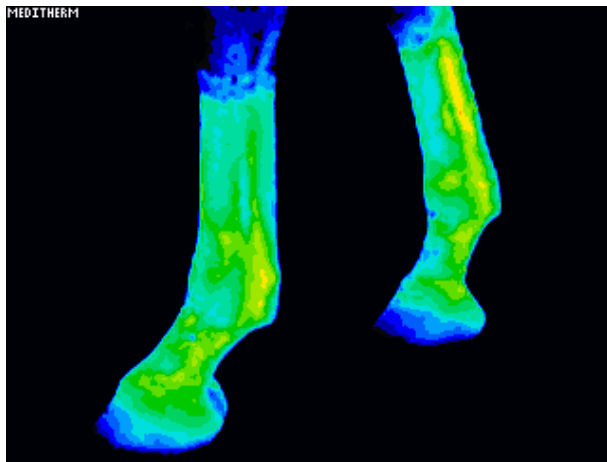
Thermograms



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