

Name: #: DOB: Date:

UPPER BODY SYMPATHETIC GALVONIC SKIN RESPONSE

Autonomic reflex testing can be accomplished through sympathetic galvonic skin response studies. Skin galvanic impedance can be measured with infrared detectors and then mapped upon the skin. Results are both recorded and stored in digital format.

The patient was allowed to equilibrate for 15 minutes in a temperature and draft-controlled environment prior to the study. The study was performed three times. The patient was allowed to re-equilibrate for 15 minutes prior to repeating the study each time. All studies performed were resting and under cold stress.

While galvanic impedance asymmetries correlate to skin temperature, they do not necessarily describe dermatomes, myotomes or scleratomes. Localized pathology may represent either peripheral nerve irritation, sympathetic dysfunction syndromes, peripheral vascular abnormalities or localized inflammatory and myofascial conditions. At least 25% of a dermatome must be asymmetric in at least two areas to be consistent with radiculopathy. Clinical correlation is necessary to make this determination.

This infrared sympathetic galvanic skin response study included evaluation of the posterior neck and shoulders, the anterior, posterior, medial and lateral arms and the palmar and dorsal aspects of the hands.

Sympathetic Skin Response Findings: There is a sympathetic galvanic skin response asymmetry pattern in the . The rest of the areas studied showed a symmetric profile.

There was a symmetric sympathetic galvanic skin response present in all areas studied.

Clinical IMP: sympathetic dysfunction should be considered.

This is a normal study. This would tend to r/o a sympathetically mediated pain syndrome.

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LOWER BODY SYMPATHETIC GALVONIC SKIN RESPONSE

Autonomic reflex testing can be accomplished through sympathetic galvanic skin response studies. Skin galvanic impedance can be measured with infrared detectors and then mapped upon the skin. Results are both recorded and stored in digital format.

The patient was allowed to equilibrate for 15 minutes in a temperature and draft-controlled environment prior to the study. The study was performed three times. The patient was allowed to re-equilibrate for 15 minutes prior to repeating the study each time. All studies performed were resting and under cold stress.

While galvanic impedance asymmetries correlate to skin temperature, they do not necessarily describe dermatomes, myotomes or scleratomes. Localized pathology may represent either peripheral nerve irritation, sympathetic dysfunction syndromes, peripheral vascular abnormalities or localized inflammatory and myofascial conditions. At least 25% of a dermatome must be asymmetric in at least two areas to be consistent with radiculopathy. Clinical correlation is necessary to make this determination.

This infrared sympathetic galvanic skin response study included evaluation of the back and buttocks, the anterior, posterior, medial and lateral aspect of the legs and feet.

Sympathetic Skin Response Findings: There is a sympathetic galvanic skin response asymmetry pattern in the . The rest of the areas studied showed a symmetric profile.

There was a symmetric sympathetic galvanic skin response present in all areas studied.

Clinical IMP: sympathetic dysfunction should be considered.

This would tend to r/o a sympathetically mediated pain syndrome.

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FACIAL & PERIPHERAL SYMPATHETIC SKIN RESPONSE THERMOGRAM

Sympathetic skin response was measured using electronic infrared thermographic recording equipment.

The patient was allowed to equilibrate for 15 minutes in a temperature and draft-controlled environment prior to the study. The study was performed three times to rule out the effect of artifact. The patient was allowed to re-equilibrate for 15 minutes prior to repeating the study each time. All studies performed were resting studies. Cold and stress studies can be done if specifically requested or if they are judged to be clinically necessary.

A temperature asymmetry difference of 1 degree C from one side to the other is abnormal. At least 25% of the dermatome must be involved in at least two areas to be consistent with either peripheral neuropathy, sympathetic dysfunction syndromes or localized inflammatory and myofascial conditions. Clinical correlation is necessary to make this determination.

Facial & Peripheral thermographic evaluation includes study of the anterior and lateral aspects of the face, the anterior neck strap muscles, the posterior shoulder girdle and cervical paraspinal muscles, and the medial aspect of the arms and forearms.

Sympathetic Skin Response Findings: There is a heat emission asymmetry pattern. The rest of the areas studied showed a symmetric heat emission profile.

Clinical IMP: Sympathetically mediated dysfunction should be considered.

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INFRARED BREAST THERMOGRAPHY

Digital infrared breast thermography measures surface temperature and maps surface hypervascularity and hyperthermia. Since both of these have been associated with angiogenesis Infrared imaging can play a role in breast health risk assessment.

Infrared Breast Thermal Imaging is not a stand alone study and should be considered adjunctive in monitoring breast health. Results should be collaborated with other tests such as radiographic mammography, ultrasound and clinical breast exam. This study and report generation was performed in accordance with AAT Breast Guidelines.

Frontal, bilateral oblique and lateral views in both color and black/white palettes were obtained. In some cases lateral and inferior views are added. Cold stress tests are then performed. Breast results are graded as TH1: Normal Uniform Non-vascular, TH2: Symmetrical Vascular (non-suspicious), TH3: Equivocal, TH4: One- two factors present (moderately suspicious) TH 5: Three factors present (highly suspicious). Patients status post lumpectomy or mastectomy are designated with an "L" or "M".

Infrared Digital Breast Mammography Findings: There was no evidence of hypervascularity or hyperthermia in either breast on infrared breast imaging. There was evidence of asymmetric hypervascularity or hyperthermia in the breast. Other findings included hot spots, global heat, heat in an area of anatomic finding, increased nipple temperature, areolar/periareolar heat, inverted V, fragments, closed vascular patterns, findings inferior to the nipple. Breast cold stress study results were normal.

Conclusion: Breast findings are consistent with class: TH1: Normal Uniform Non-vascular. TH2: Non Suspicious Uniform Vascular. TH3: Equivocal (low index of suspicion). TH4: Moderate index of suspicion. TH 5: High index of suspicion.

Clinical Impression: This is a normal study. There are minimal moderate significantly suspicious findings due to the presence of hot spots, global heat, heat in an area of anatomic finding, increased nipple temperature, areolar/periareolar heat, inverted V, fragments, closed vascular patterns, findings inferior to the nipple. Breast bulges and retractions were present. Follow up with patient's primary breast health physician recommended.