|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Mrs. | **Date:** |  |
| **Ref.By:** | Self | **Age :** |  |
| **C/P:** | Routine Scan. | **Patient ID:** |  |

**DIGITAL THERMOGRAPHY STUDY: BILATERAL BREAST**

Digital Thermography of Breast done with CX-640. All standard protocols were followed during scan.

**FINDINGS**

1. **Left Breast:**
2. **Right Brest:**

**Suggest:**

Thanks

*Many thanks for reference. Imaging findings has its own limitations and needs to be correlated clinically.*

1. Anterior View (Anomaly Detection)

Oo0r

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Anomaly processes Image

Original Image

Front view

2. Oblique View (Anomaly Detection)

Original Image

Oblique Left

Anomaly processes Image

Original Image Oblique Right

Anomaly processes Image

3. Lateral View (Anomaly Detection)

Anomaly processes Image

Original Image

Lateral Left

Original Image

Lateral Right

Anomaly processes Image

4. Anterior View (Angiogenesis / Neo-Angiogenesis)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Edge Detected Image

Original Image

5. Oblique View (Angiogenesis / Neo-Angiogenesis)

Edge Detected Image

Original Image

Edge Detected Image

Original Image

6. Lateral View (Angiogenesis / Neo-Angiogenesis)

Edge Detected Image

Original Image

Edge Detected Image

Original Image

HM DM