

Thermography Frequently Asked Questions

Q: Is Thermography an approved procedure?

A: Yes, thermography has been *cleared* by the FDA since 1982.

Q: Is Thermography safe?

A: Yes, thermography uses no radiation, compression or contact with the body to achieve its images.

Q: Who takes the images?

A: Images are taken by a Certified Clinical Thermographer who's trained by the American College of Clinical Thermology. The American College of Clinical Thermology is an accredited medical association.

Q: Who reads the images?

A: The images are sent via secured server to Electronic Medical Interpretation which is a professional group of physicians/MD's who are specifically trained in the protocols of reading digital thermal images. They are all board certified as thermologists by the American College of Clinical Thermology. These doctors have many years' experience and are able to ask for second opinions whenever necessary.

Q: What is the difference between thermography and mammography?

A: Thermography is a test of function and physiology while a mammogram is a test of structure. One does not replace the other, they are complementary.

Q: Is Thermal Imaging a replacement for Mammograms?

A: No, the two complement each other. Thermal imaging can detect the potential presence of a tumor years before a mammogram can see it.

Q: How often will I need a breast scan?

A: It is recommended to have two breast scans within three months of one another to establish a baseline. Thereafter, once annually is usually sufficient. Young women may begin breast screening with thermography at the age of 25-28 to establish their healthy, stable baseline.

Q: Do I need a doctor's referral to have a scan?

A: No, you can refer yourself. However, we do mail a copy to the provider of your choice, free of charge. A cover letter is included providing a phone number for your doctor to use if he/she has any questions.

Q: What if I get abnormal results? What do I do?

A: As always, early detection is the key to a good outcome. Thermography is not diagnostic but identifies early risk factors or dysfunction. An abnormal result from a thermogram allows one more time for therapeutic life-style changes to be incorporated. At the very least, the condition can be closely monitored safely until conventional interventions need to be applied.

Q: Does my health insurance cover the cost of a scan?

A: Some health insurance companies may cover the procedure and others do not yet. Contact your insurance company for its reimbursement procedure. HSA, MSA and FLEX dollars do cover the cost of Thermography. Our policy is to receive payment at the time of service. For your convenience, Picture My Health accepts cash, personal check, VISA, Master Card, American Express and Discover.

Q: I hear from some people that you need to "cold stress" the patient. What is "cold stressing"? Do I really need to do it?

A: Cold stressing is a test to measure sympathetic function. It is a useful test for a number of conditions including RSD (CRPS). Protocols used with the Meditherm system for breast screening do not require routine cold stressing but it may be requested by a referring physician or reading thermologist.

Q: How quickly will I get my report back?

A: Reports are normally ready within 7 to 10 business days. If you need your report within 24 hours you can pay an expedited fee of \$25.00

Q. I was told that grayscale thermograms were higher resolution than color, why don't you show grayscale?

A. Nowadays there is no difference in resolution between color and grayscale with modern digitized images. When images were viewed on an old TV screen, it took three phosphors on the cathode ray tube to make one color dot; it only takes one phosphor to make a shade of grey, the resolution in black and white therefore, would be three times greater than it was in color.

Q. What is the difference between high definition thermography and other types?

A. Just about all modern cameras provide high-definition images. The 'definition' of a thermogram relates to how many individual temperature measurements are taken to build the image. The actual definition is not as important as how accurate and sensitive those temperature measurements are. The higher the definition, the better the picture will look but this does not mean that the accuracy is any better.

Describing a thermogram as 'high definition' maybe confusing and misleading as most so-called high-definition images are produced by software manipulation of the data.

Low definition would be considered below 160 x 120 pixels. Industry standard is between 160 x 120 up to 320 x 240 pixels. High-definition would be considered above this and can be as high as 640 x 512 pixels.

Q. Why do I need to come back in three months for another breast study?

A. The most accurate result we can produce is change over time. Before we can start to evaluate any changes, we need to establish an accurate and stable baseline for you. This baseline represents your unique thermal fingerprint, which will only be altered by developing pathology. A baseline cannot be established with only one study, as we would have no way of knowing if this is your normal pattern or if it is actually changing at the time of the first exam. By comparing two studies three months apart we are able to judge if your breast physiology is stable and suitable to be used as your normal baseline and safe for continued annual screening.

The reason a three-month interval is used relates to the period of time it takes for blood vessels to show change; a period of time less than three months may miss significant change; a period of time much more than three months can miss significant change that may have already taken place.

There is NO substitute for establishing an accurate baseline. A single study cannot do this.

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