

Initial Findings

The initial scan, conducted with the JM 20 Pro Frequency Detector, identified positive frequency activity around the following anatomical areas of Ms. **Cynthia Chenet**

Anterior Aspect

- Left Temporomandibular Joint Region
- Left Hip Region
- Anterior Base of Neck Region
- Right Temporomandibular Joint Region
- Superior Nasal Dorsum Region
- Left Apex Region
- Upper Abdominal Region – Midline
- Left Shoulder Region

Recent RF body scan. Ask me for original if you want to see my name and further

MY RECENT (RF) BODY
SCAN BELOW:

Posterior Aspect

- Occipital Parietal Region
- Lower Lumbar Region
- Base of Neck Region near C7-T1
- Left Scapular Region
- Upper Thoracic Region

High Frequency Readings

Anatomical Location	Detected Frequency (MHz)	Potential Operators & Usage	Government & Military Agencies	Research Institutions, Corporations, & Educational Entities
Left Temporomandibular Joint Region	423.52889	Facial telemetry, acoustic relay	DARPA, NSA	MIT Lincoln Lab, Raytheon
Left Hip Region	369.62867	Musculoskeletal telemetry	USAF Research Lab	UC Berkeley, SRI International

Anterior Base of Neck Region	379.32236	Thyroid interface, vagus nerve stimulation	DHS, DARPA	Harvard Medical School
Right Temporomandibular Joint Region	412.22681	Facial neuromodulation	INSCOM, CIA	Massachusetts General Hospital
Superior Nasal Dorsum Region	371.42432	Olfactory telemetry	CIA	SRI International
Left Apex Region	382.73248	Cortical relay	US Army Intelligence	University of Washington
Upper Abdominal Region – Midline	336.69260	Gastrointestinal telemetry	NIH, DoD	Johns Hopkins Applied Physics Lab
Left Shoulder Region	430.31808	Musculoskeletal mapping	AFRL	Lockheed Martin
Occipital Parietal Region	364.32678	Cortical processing telemetry	DARPA, CIA	Columbia University
Lower Lumbar Region	349.18630	Spinal telemetry	US Navy Medical Research	VA Palo Alto
Base of Neck Region near C7-T1	379.27206	Neuro-spinal interface	US STRATCOM	UC San Diego
Left Scapular Region	340.96473	Muscle fiber mapping	DoD	Sandia National Laboratories
Upper Thoracic Region	372.08006	Thoracic telemetry	INSCOM	Massachusetts General Hospital

Low Frequency Readings

Anatomical Location	Detected Frequency (MHz)	Potential Operators & Usage	Government & Military Agencies	Research Institutions, Corporations, & Educational Entities
Left Temporomandibular Joint Region	31.296543	Cranial nerve stimulation	NIH, Army INSCOM	Stanford Bioengineering
Left Hip Region	34.087969	Joint sensor interface	NIH	Battelle Memorial Institute
Anterior Base of Neck Region	42.338929	Respiratory rhythm telemetry	NIH	Sandia National Laboratories

Right Temporomandibular Joint Region	48.110226	Trigeminal signal mapping	NIH	Georgia Tech
Superior Nasal Dorsum Region	33.363073	Cranial nerve access point	NSA	Johns Hopkins
Left Apex Region	39.188028	Auditory nerve telemetry	DoD	Northwestern University
Upper Abdominal Region – Midline	43.537363	Digestive pacing	Veterans Health Admin	Cleveland Clinic
Left Shoulder Region	39.366822	Joint stimulation device	NIH	Georgia Tech
Occipital Parietal Region	32.345970	Brainstem stimulation	Army Research Lab	UC Irvine
Lower Lumbar Region	35.316742	Nerve repair stimulation	NIH	Salk Institute
Base of Neck Region near C7-T1	33.229059	Cervical mapping	DoD	Harvard School of Engineering
Left Scapular Region	44.081012	Postural feedback device	NIH	University of Michigan
Upper Thoracic Region	35.316742	Spinal motion sensor	NIH	Mayo Clinic

Conclusion

The identification of localized RF emissions near very specific focal points around the human body is highly unusual and is considered an anomalous finding warranting further examination. However, it is critical to note that these frequency detections do not inherently confirm the presence of embedded electronic devices or foreign materials. Further analysis and corroborative methodologies are recommended for validation.

This report presents the findings of positive frequency detections near specific focal anatomical regions of **Cynthia Chenet**. Unfortunately, because of omissions in her survey responses, we cannot give a typical or A-typical finding. The results suggest the need for further multidisciplinary evaluation to determine the origin and implications of the detected frequencies.

A video recording of this testing session is provided with this report.

Disclaimer

This report is intended exclusively for informational and investigative purposes. The results presented herein do not constitute a medical diagnosis, treatment plan, or health-