

IN THE COURT OF COMMON PLEAS  
OF SUMMIT COUNTY, OH  
CIVIL DIVISION

\* \* \* \* \*

VERNON W. NANCE, \*

et al., \*

Plaintiffs \*

vs. \*

OHIO PERMANENTE \*

MEDICAL GROUP, INC., \*

et al., \*

Defendants \*

\* \* \* \* \*

**ORIGINAL**

No. CV 9608-3176

DEPOSITION OF

LAWRENCE A. COOPERSTEIN, M.D.

JULY 21, 1998

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DEPOSITION  
OF

LAWRENCE A. COOPERSTEIN, M.D., taken on behalf of the Plaintiffs herein, pursuant to the Rules of Civil Procedure, taken before me, the undersigned, Susan M. Harshell, a Court Reporter and Notary Public in and for the Commonwealth of Pennsylvania, at Shadyside Hospital, 5230 Centre Avenue, Department of Radiological Sciences and Diagnostic Imaging, Pittsburgh, Pennsylvania, on Tuesday, July 21, 1998, at 3:58 p.m.

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I N D E X

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WITNESS: LAWRENCE A. COOPERSTEIN, M.D.

EXAMINATION

by Attorney Scanlon

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CERTIFICATE

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Three	Kaiser Permanente radiology report dated 5/12/94	36
Four	Report of CT of the chest dated 6/5/95	36

NOT ATTACHED

OBJECTION PAGE

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ATTORNEY

PAGE

Potenza

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Potenza

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P R O C E E D I N G S

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2 -----  
3 LAWRENCE A. COOPERSTEIN, M.D., HAVING  
4 FIRST BEEN DULY SWORN, TESTIFIED AS  
5 FOLLOWS:  
6 -----

7 EXAMINATION

8 BY ATTORNEY SCANLON:

9 Q. Would you tell me your full name,  
10 please?

11 A. Lawrence Alan Cooperstein.

12 Q. And what is your position at  
13 Shadyside Hospital, Doctor?

14 A. I'm a radiologist.

15 Q. Do you have any administrative  
16 position in the department?

17 A. I do have the title of director  
18 of the diagnostic division in the  
19 department.

20 Q. What is it that you were asked to  
21 do in this case?

22 A. I was asked to look at several CT  
23 scans. One of which was on a patient by  
24 the name of Vernon Nance.

25 Q. Well, what did you know about

1 that patient when you began to look at  
2 the CT scans?

3 A. At the time I looked at the CT  
4 scans I knew nothing about the patient.

5 Q. You knew nothing about his  
6 history?

7 A. Correct.

8 Q. By that I mean clinical history.

9 A. That is correct.

10 Q. And did you know anything about  
11 any previous chest films that may have  
12 been taken on this patient?

13 A. I did not.

14 Q. Have you subsequently learned of  
15 any chest films taken on this patient  
16 prior to the CT of June 6th, 1994?

17 A. No. I've seen no chest films on  
18 this particular patient at all.

19 Q. Doctor, I've been given a copy of  
20 the letter that you wrote that's dated  
21 March 18th, 1997. Does that set forth  
22 your opinion or opinions in connection  
23 with what you were asked to do?

24 A. Yes, it does.

25 Q. Have you written any other report

1 on this matter?

2 A. No.

3 Q. Do you have any notes of any  
4 kind?

5 A. None.

6 Q. Any written things of any kind  
7 other than this letter?

8 A. No.

9 Q. Now, what did you understand to  
10 be the purpose for asking you to review  
11 several CT scans?

12 A. What I was asked to do was review  
13 several CT scans. I believe trying to  
14 simulate what would have been a typical  
15 working environment. That is a  
16 prospective reading of six different  
17 scans in an attempt to recreate what the  
18 normal standard of practice would be  
19 looking at several CT scans in a row  
20 generating reports.

21 Q. Now, I've been given, by Mr.  
22 Banas, a list of the CT scans which  
23 apparently set forth their dictated  
24 conclusions. So in asking you the next  
25 question I'm not trying to test your

1 memory. I'm simply finding out what you  
2 remember. Were all of the CTs that you  
3 looked at CTs of the chest?

4 A. I don't honestly remember all the  
5 CTs that I looked at. I remember that  
6 there were, I think, six. And we looked  
7 at them one right after the other. I  
8 believe there may have been at least one  
9 abdominal CT, but beyond that I can't  
10 remember the details of the actual cases.

11 Q. You mean other than the one we're  
12 going to talk about today?

13 A. Right. And the only reason I  
14 remember that is because it's the crux of  
15 this case.

16 Q. To your recollection have you  
17 reviewed any other films or scans or  
18 diagnostic work of any kind other than  
19 the several or six CT scans that we've  
20 already talked about?

21 A. The only other scan I remember  
22 seeing, I believe I was shown a follow-up  
23 scan on Mr. Nance. I think I refer to  
24 it.

25 Q. You do refer to it in your

1 report.

2 A. Right. I don't have the date of  
3 that scan, but that would be the only  
4 other scan I've seen on this patient.

5 Q. I've already asked you whether or  
6 not you reviewed any other films or  
7 scans. Have you read any of this  
8 patient's medical records?

9 A. No.

10 Q. Have you read any depositions in  
11 this case?

12 A. I have not.

13 Q. Or seen any reports by any of the  
14 other physician experts in the case?

15 A. No.

16 Q. When you reviewed these several  
17 CT scans, Doctor, and Mr. Nance's  
18 in particular, did you do that alone or  
19 in conjunction with any other colleague?

20 A. No radiologic colleague. An  
21 attorney was with me, if I remember  
22 correctly.

23 Q. All right.

24 A. But no other radiologist or other  
25 medical people.

1 Q. At any time subsequent to that  
2 time, when the attorney was here, who I  
3 presume brought the CT scans to you?

4 A. Correct.

5 Q. At any other time, did you review  
6 any of those CT scans, including Mr.  
7 Nance's, with any medical colleague?

8 A. No.

9 Q. When you finished your review,  
10 Doctor, did the CT scans that had been  
11 brought to you stay in your possession?

12 A. No.

13 Q. They were taken back as far as  
14 you know?

15 A. That's correct.

16 Q. Now, in your report you referred  
17 to Dr. Ali reporting the presence of  
18 bullous emphysema. Do you recall that?

19 A. Yes.

20 Q. What does that mean?

21 A. Bullous emphysema refers to a  
22 pulmonary condition where there is loss  
23 of the normal architecture of the lung  
24 where normal lung tissue is replaced by  
25 large air spaces.

1 Q. Can you tell me in laymen's terms  
2 what you would see on a CT scan that  
3 would lead you to that interpretation, of  
4 bullous emphysema?

5 A. What you would see would be large  
6 air spaces often in the upper parts of  
7 the lungs, loss of the normal  
8 architecture of the lung, that is ---.

9 Q. Shape, you mean?

10 A. It could be a different shape,  
11 it'd be a different pattern, if you will.  
12 There's loss of normal vasculature, just  
13 large, very homogeneous spaces filled  
14 with air.

15 Q. Now, do you have in front of you  
16 the CT scan of June 6th, 1994 of Vernon  
17 Nance?

18 A. Yes, I do.

19 Q. And do you --- the various, what  
20 I'll call pictures that are on each one  
21 of those films, those are referred to as  
22 images?

23 A. Correct.

24 Q. This condition of bullous  
25 emphysema, Doctor, appears in which of

1 those images?

2 A. It appears in the images of the  
3 upper parts of the lungs. Actual image  
4 numbers, six through 12.

5 Q. Six through 12?

6 A. Yeah. And there's --- yeah, see,  
7 and there's even more as you get a little  
8 lower, 13 and 14 also show some similar  
9 changes. So I would say the images  
10 through the upper part of the chest which  
11 are numbered six through 14.

12 Q. Can you put one of those before  
13 me and show me what you're looking at?

14 A. On these images here --- can you  
15 hear me? On these images I'm pointing to  
16 starting with number six, these large air  
17 spaces that are just very homogeneously  
18 black, thin lines, white lines outlining  
19 the edges of them. Mainly in the upper  
20 part of the right lung with some changes  
21 also to a lesser extent on the left. And  
22 just comparing that to what is normal  
23 lung where we can see these little white  
24 streaks, if you will, that's your normal  
25 vessels running through the lung, that's

1 normal or relatively normal architecture  
2 of the lung, that is not.

3 Q. Where is the --- what you just  
4 pointed to is image number nine?

5 A. Correct.

6 Q. So that this will mean something  
7 to me when I read the transcript. The  
8 darkened area on the right of image  
9 number nine is what you described as  
10 healthy, a normal appearance?

11 A. On the right side is really his  
12 left lung, since the image is reversed.  
13 His left is to your right. So, yes, I  
14 would say the upper part of the left lung  
15 is normal. The upper part of the right  
16 lung, which is on your left, is not in  
17 that it contains these multiple large air  
18 spaces.

19 Q. And the upper part of the left  
20 lung that you just referred --- the right  
21 lung is the darkened area?

22 A. That's correct.

23 Q. And we would make a similar  
24 interpretation on those other --- the  
25 images that you described as showing that

1 condition?

2 A. Correct.

3 Q. All right. Do you still agree  
4 with this interpretation of Dr. Ali?

5 A. In terms of the bullous  
6 emphysema, I do.

7 Q. Well, the substance of Dr. Ali's  
8 interpretation of the entire CT of the  
9 chest was that the only thing of  
10 significance that it showed was bullous  
11 emphysema. That's what I was referring  
12 to.

13 A. I would say now retrospectively  
14 having seen a subsequent scan, having  
15 looked at the scan again, I believe there  
16 is another abnormality on the scan.

17 Q. That's all right. We'll come to  
18 that. There's no trick to the question,  
19 Doctor.

20 A. Understood.

21 Q. I'm just curious. Your letter is  
22 a year and a half old. Is there anything  
23 taken place that would cause you to  
24 disagree with Dr. Ali's interpretation  
25 prospectively?

1 A. No.

2 Q. Now, in Dr. Ali's interpretation  
3 of this CT of the chest in June of 1994,  
4 in the ordinary course, would you expect  
5 him to have had any knowledge of any kind  
6 concerning the patient's clinical  
7 history?

8 A. That I don't know. He might. He  
9 might not have.

10 Q. Well, in your practice, Doctor,  
11 how would such information come to you,  
12 if it did?

13 A. We would get information in a  
14 couple of different ways. The patient  
15 usually comes with prescription from the  
16 referring doctor. That is, in almost all  
17 cases, made available to us so we can see  
18 why the exam in question is being  
19 ordered. If it was an inpatient in the  
20 hospital we have access to the chart  
21 while the patient is in the department.  
22 Often the technologists, who are actually  
23 doing the scan will call us with  
24 questions as to how best to do the scan.  
25 So there are many different ways where we

1 might get information. Having said that  
2 there is probably still the occasional  
3 scan that gets done where we have little,  
4 if any, information. But that is in our  
5 practice here not the rule, that'd be the  
6 exception.

7 Q. This next question is a general  
8 one, Doctor. May or may not have any  
9 application to this case. But is  
10 clinical information about the patient in  
11 whatever form to whatever extent it comes  
12 to your attention of any significance to  
13 you in interpretation of a typical CT of  
14 the chest?

15 A. It's often helpful.

16 Q. In what respect?

17 A. It often guides you to what sort  
18 of abnormality you're looking for. I  
19 think that it's often quite useful to  
20 know the clinical setting that the exam  
21 is being obtained in. I think  
22 interpretation is usually --- not  
23 usually, but sometimes better when one  
24 has that clinical information.

25 Q. Doctor, I understand from talking

1 to Mr. Banas before your deposition  
2 started and from what you've told me so  
3 far that you have not seen any chest  
4 films that may have been taken of Vernon  
5 Nance prior to the CT of June 6th, 1994?

6 A. That's correct.

7 Q. As we sit here today, do you know  
8 that this CT of the chest of June 6th,  
9 1994, was taken of this patient upon  
10 referral from his HMO, Kaiser Permanente?

11 A. Did I know that?

12 Q. Do you know that as of now?

13 ATTORNEY BANAS:

14 Today?

15 A. No.

16 OFF RECORD DISCUSSION

17 ATTORNEY BANAS:

18 We're reserving the  
19 rights of Bev Harris or her  
20 designee the right to cross  
21 examine Dr. Cooperstein if they  
22 desire. Go ahead.

23 A. Your question was something about  
24 the HMO or did I have knowledge or do I  
25 have knowledge?

1 BY ATTORNEY SCANLON:

2 Q. Yes. Did you then? Do you now?

3 A. No. No.

4 Q. I'm going to tell you that on  
5 both May 4th and May 12th of 1994, chest  
6 x-rays were taken of this patient at  
7 Kaiser Permanente, which were interpreted  
8 as showing a subtle density in the left  
9 posterior media steinum. Those are my  
10 words, Doctor.

11 A. Okay.

12 Q. What then happened was that CT  
13 was recommended by the Kaiser Permanente  
14 radiologist and that is the CT that Dr.  
15 Ali interpreted. Do you understand what  
16 I'm asking?

17 A. Yes.

18 Q. All right. Now, assuming that I  
19 have correctly given you the  
20 interpretation of the May 4th and May  
21 12th, 1994 chest x-rays at Kaiser  
22 Permanente, would that information have  
23 been of significance to Dr. Ali in his  
24 interpretation of the CT of June 6th,  
25 1994?

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ATTORNEY BANAS:

I think you have to put into your question that that information was not forwarded to him.

ATTORNEY SCANLON:

I'm not suggesting it was.

ATTORNEY BANAS:

Okay. That he had no idea that this had been done, assuming that further in the question, Doctor.

A. Sure.

ATTORNEY POTENZA:

Objection. Go ahead.

A. If he had that information, yes, I think it would have been helpful to him.

BY ATTORNEY SCANLON:

Q. Why would it have been helpful to him?

ATTORNEY POTENZA:

Objection.

A. In that I believe retrospectively

1 a small abnormality is present in the  
2 left lower lung in the CT scan of 6/6/94.  
3 I think that perhaps having the  
4 information that someone had questioned  
5 an abnormality in that area might have  
6 directed his attention to that area.

7 BY ATTORNEY SCANLON:

8 Q. More carefully?

9 A. Correct.

10 Q. Doctor, I use the words, the left  
11 posterior media steinum. You use the  
12 words left lower lung. Are we talking  
13 about the same areas?

14 A. We're talking areas that are  
15 close together. We're not technically  
16 talking about the same thing, no.

17 Q. What is the media steinum?

18 A. The media steinum is the central  
19 part of the chest that contains the major  
20 blood vessels, a lot of lymph nodes.  
21 Some people would even include the heart  
22 in that, whereas the lungs are really to  
23 the sides. But the two areas we're  
24 talking about when you say posterior  
25 media steinum and I'm saying left lower

1 lung, were close.

2 Q. Let me jump ahead simply because  
3 it occurs to me at this time. I believe  
4 you told me that you also had an  
5 opportunity to review a subsequent CT of  
6 the chest, which I will tell you was done  
7 in June of 1995.

8 A. Correct.

9 Q. Did you? And do you recall your  
10 interpretation, your impression of that  
11 CT?

12 A. I can only go from what I wrote  
13 in my letter because I haven't seen that  
14 scan in over a year and a half, but what  
15 I say in the letter is that a mass is  
16 evident on that scan in the left lower  
17 lobe.

18 Q. Now, when did you have the  
19 opportunity to look at that CT, the June  
20 1995 or the subsequent CT?

21 A. The same day, the same time that  
22 I was shown the first CT.

23 Q. And is it your testimony --- now,  
24 I'm switching back to June of '94. Is it  
25 your testimony that when you first looked

1 at what you now know is Vernon Nance's CT  
2 of the chest you did not see any  
3 abnormality in his left lung other than  
4 bullous emphysema?

5 A. That's correct.

6 Q. But having looked at the June  
7 1995 CT of the chest and seeing a mass or  
8 lesion in the left lower lung --- am I  
9 saying that right?

10 A. Yeah.

11 Q. You then went back and looked  
12 more carefully at the June '94 CT; am I  
13 right?

14 A. Correct.

15 Q. And what did you see when you did  
16 that?

17 A. When I went back and looked I saw  
18 a small mass in the same area that the  
19 large mass was in on the CT one year  
20 later.

21 Q. How small?

22 A. (No response).

23 Q. Can we go to the June '94 CT and  
24 have you show me where this small mass  
25 appears?

1 A. Yes. On image number 21  
2 outlining what I believe to be the mass  
3 in the left lower lobe. And I believe  
4 that these marks on the side here were a  
5 centimeter apart. So I would say ---  
6 estimating a little bit I'd say that mass  
7 is about a centimeter --- close to a  
8 centimeter and a half in diameter.

9 Q. Now, again, so that this  
10 transcript will make sense to me when I  
11 read it without having the film in front  
12 of me, will you describe the parts of the  
13 lung that are adjacent to what you  
14 believe is this lesion?

15 A. Image number 21, this black  
16 structure, which is to your right,  
17 patient's left, is the left lung. This  
18 grayer, round structure next to what I  
19 believe now to be the mass is the  
20 descending thoracic aorta.

21 Q. Then the lesion would be to the  
22 lower right of that as we look at it?

23 A. Correct.

24 Q. Okay.

25 A. Correct. The white structure

1 here in the center is the vertebra or the  
2 backbone.

3 Q. What is the large almost circular  
4 area?

5 A. That's the heart.

6 Q. Okay. Doctor, I have what I  
7 believe are copies of the June 1995 CT  
8 scan. I would like you to look at those,  
9 please, tell me if I'm correct and if I  
10 am pick out for us the image or images  
11 that show the lesion that you saw when  
12 you reviewed those images.

13 A. This is the June 5th, 1995 scan  
14 and on that particular scan image number  
15 19 and 20 show the abnormality. And on  
16 image 20, particularly, somebody has put  
17 a little cursor, a plus sign over the  
18 ---.

19 Q. Can't miss it, can you, Doctor?

20 A. Correct. It would be nice if all  
21 scans came this way, but there is a  
22 little plus sign directly on top of the  
23 mass in question.

24 Q. Now, how does that compare in  
25 size to the June '95 to the lesion that

1 you saw retrospectively in June of 1994?

2 A. On the 1995 scan the mass is  
3 larger. I would estimate its diameter  
4 about two --- very slightly greater than  
5 two centimeters in diameter.

6 Q. Okay. Your report indicates that  
7 when you went back and looked at the June  
8 '94 CT after seeing the June '95 CT that  
9 what you described as a subtle finding  
10 appeared in only one image; am I correct?

11 A. Correct.

12 Q. Did you see it in any other image  
13 when we looked at it just a few minutes  
14 ago?

15 A. It is really only evident in one  
16 image and that would be image number 21.

17 Q. Okay.

18 A. Image 22 shows just a hint of  
19 what is probably the lower border, but  
20 the actual full abnormality itself is  
21 really seen only on the one image and  
22 only minimally on the image right below  
23 that.

24 Q. Doctor, in general terms, how  
25 does a plain film of the chest compare to

1 a CT of the chest in detail or clarity,  
2 whatever word I should use? What I'm  
3 trying to get at is to ask you whether or  
4 not a radiologist expects to find more or  
5 less in a plain film of the chest  
6 compared to a CT of the chest?

7 A. I think, in general, there are  
8 probably some exceptions to this, but in  
9 general I believe most radiologists would  
10 expect to find more on the CT of the  
11 chest than on a chest x-ray.

12 Q. Why is that?

13 A. That is true for a couple  
14 reasons. One is that CT scanning  
15 inherently has greater contrast  
16 resolution, that is you can see  
17 structures as being different because of  
18 density differences better than you can  
19 on a plain chest x-ray. Second reason is  
20 CT scanning by its very nature involves  
21 separate images, separate cuts, if you  
22 will, which --- different than a chest  
23 x-ray where the chest from front to back  
24 or side to side is all superimposed on  
25 itself and displayed on a two-dimensional

1 piece of film. So it's that ability to  
2 get that extra dimension by doing  
3 individual slices as well as the contrast  
4 resolution that usually means one sees  
5 more on a CT than on a plain chest x-ray.

6 Q. Well, let me now ask you to look  
7 at the two radiology reports that I  
8 referred to earlier. And these are the  
9 Kaiser Permanente reports of chest x-rays  
10 of May 4th, 1994 and May 12th, 1994.

11 ATTORNEY BANAS:

12 Let me object on behalf  
13 of Bev Harris. Go ahead. Just  
14 in case you wanted to object.

15 OFF RECORD DISCUSSION

16 A. Okay.

17 BY ATTORNEY SCANLON:

18 Q. These are the reports that were  
19 the basis for what I recited to you  
20 earlier.

21 A. Understood.

22 Q. Okay. Now, as I read these,  
23 Doctor, the radiologist who interpreted  
24 these films did find some density, if  
25 that's the right word, some finding in

1 the left lower lung in the plain films of  
2 the chest.

3 A. That's correct.

4 Q. Now, how is it that Dr. Urso, who  
5 interpreted these plain films of the  
6 chest, was able to see a density, a  
7 possible lesion in the left lower lung in  
8 these plain chest films and Dr. Ali was  
9 not in the CT of the chest?

10 A. I'm not sure I have a good  
11 answer. I don't know.

12 Q. Thank you. With respect to the  
13 June 1995 CT scan, the later one, Doctor,  
14 is there anything that you see different  
15 in there with respect to this mass in the  
16 left lower lung compared to June of '94,  
17 other than size?

18 A. No.

19 Q. I take it you do agree with the  
20 radiologist's interpretation of the June  
21 1995 CT scan?

22 ATTORNEY BANAS:

23 He's never seen it.

24 A. I'm not sure I've seen that.

25 BY ATTORNEY SCANLON:

1 Q. Okay. I will then show you Dr.  
2 Deutch's, D-E-U-T-C-H, interpretation of  
3 that CT of the chest of June 5th, 1995.

4 A. I'm going to have to look at the  
5 images again.

6 Q. All right.

7 WITNESS REVIEWS IMAGES

8 BY ATTORNEY SCANLON:

9 Q. Let me make the question easier,  
10 Doctor.

11 A. Okay.

12 Q. I'm asking whether or not you  
13 agree with his interpretation,  
14 specifically with respect to the left  
15 lung mass that he describes?

16 A. Well, he describes under  
17 impression number one a left lung mass  
18 has increased in size since the prior  
19 study of 6/6/94. If that's what you're  
20 asking about, I agree with that.

21 Q. Okay. It is clear that we are  
22 talking about the same mass or lesion in  
23 the same location of the same lung in the  
24 two CT scans; are we not?

25 A. Yes.

1 Q. In your report referring to your  
2 retrospective look at the June 1994 CT  
3 scan you say that you believe it could  
4 easily be overlooked?

5 A. That is correct.

6 Q. Why is that?

7 A. I believe because of its size,  
8 it is small. And the fact that there are  
9 several structures close to it which are  
10 normal pulmonary vessels that are of  
11 similar size, that I think that it does  
12 make that reasonably subtle and that the  
13 abnormality could be easily overlooked.

14 Q. Yes. And in asking this next  
15 question, I'm not trying to make this a  
16 memory test. You're welcome to look at  
17 the film. I'm trying to get through it  
18 as quickly as possible. What other  
19 structures are nearby?

20 ATTORNEY BANAS:

21 He has described them.

22 BY ATTORNEY SCANLON:

23 Q. Can you name them for me?

24 A. Just some pulmonary vessels. I  
25 can't --- there are lower lobe pulmonary

1 arteries, pulmonary veins that are in the  
2 area that are of reasonably similar size.

3 Q. And have the same appearance as  
4 what we now agree was a lesion?

5 A. They're of similar density and  
6 they are all reasonably round so they  
7 have similar shapes.

8 Q. Are they of similar size?

9 A. Reasonably similar.

10 Q. And you described retrospectively  
11 this abnormality as being quite subtle to  
12 the extent that you mean something other  
13 than what you've just described to me.  
14 What do you mean by that?

15 A. By subtle I meant that the  
16 abnormality, which retrospectively is  
17 obvious, could prospectively be  
18 overlooked and interpreted as a normal  
19 structure and not an abnormality.

20 Q. In your opinion was there  
21 anything in the June 1994 CT of the chest  
22 interpreted by Dr. Ali that should have  
23 led him to inquire either about the  
24 patient's clinical history or about the  
25 existence of previous chest films?

1 A. No.

2 Q. What is a bridging osteophyte?

3 A. An osteophyte is a piece of bone,  
4 which usually forms because of some  
5 degenerative process. And by bridging it  
6 simply means that it's connecting two  
7 structures, usually two bones.

8 Q. And do those findings appear on  
9 the x-ray as part of the aging process?

10 A. That's correct.

11 Q. And when they appear, Doctor, do  
12 they usually appear in only one location  
13 or more than one location?

14 A. Either is possible, but usually  
15 in multiple locations.

16 Q. I meant in the same patient.

17 A. I thought you meant the same  
18 patient, but usually if one were to see  
19 degenerative osteophytes in one location,  
20 you could probably find them in another.

21 ATTORNEY SCANLON:

22 Okay. I think I'm  
23 finished. But I want an  
24 understanding, Gary, on the  
25 record that with respect to Dr.

1 Cooperstein's potential  
2 appearance at trial, the only  
3 opinion that you intend to ask of  
4 him is whether or not Dr. Ali met  
5 the standard of care in his  
6 interpretation of the June 6th,  
7 1994 CT ---

8 ATTORNEY BANAS:

9 That's the only thing I'm  
10 going to ask him.

11 ATTORNEY SCANLON:

12 --- of the chest.

13 ATTORNEY BANAS:

14 Yes. That's all. That's  
15 all I'm going to ask him. I'm  
16 not going to show him anything  
17 else.

18 ATTORNEY POTENZA:

19 No questions.

20 ATTORNEY SCANLON:

21 All right. I think I'm  
22 going to ask the Reporter to mark  
23 as exhibits the --- as Exhibit  
24 One to the deposition the CT of  
25 June 6th, 1994. As Exhibit Two

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the Kaiser Permanente radiology report of May 4th, 1994. As Exhibit Three the Kaiser Permanente radiology report of May 12th, 1994. And as Exhibit Four the report of the CT of the chest of June 5th, 1995. And if you want it ---.

(Exhibits One through Four marked for identification).

ATTORNEY BANAS:

You don't have to have it. I'll send you a copy.

ATTORNEY SCANLON:

Okay. That's it.

ATTORNEY BANAS:

Both of you.

ATTORNEY SCANLON:

I will certainly leave with the Reporter copies of the paper exhibits. I'd like consent to take my copy of the June '94 CT.

ATTORNEY BANAS:

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I don't have a June '94  
copy.

ATTORNEY POTENZA:

Are you going to mark the  
one you have?

ATTORNEY BANAS:

I don't have one.

ATTORNEY POTENZA:

Okay.

ATTORNEY BANAS:

I just don't have one  
anymore.

ATTORNEY SCANLON:

And then I will keep it.

ATTORNEY BANAS:

That's it, Doctor. We're  
done.

\* \* \* \* \*

DEPOSITION CONCLUDED AT 4:40 P.M.

\* \* \* \* \*

