1

State of Ohio,) SS: County of Mahoning.) IN THE COURT OF COMMON PLEAS ---DOROTHY A. GONDA, et al.,) Plaintiffs,) v. JUAN RUIZ, M.D., et al.,) Defendants.) ----

> THE DEPOSITION OF ABDUL HAFIZ, M.D. MONDAY, MAY 11, 1998

The deposition of ABDUL HAFIZ, M.D., a Defendant herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Cynthia A. Sullivan, Notary Public in and for the State of Ohio, pursuant to notice, at the offices of Harrington, Hoppe & Mitchell, **1200** Mahoning Bank Building, Youngstown, Ohio, commencing at 11:05 a.m., the day and date above set forth.

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GONDA V. RUIZ

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Ġ	ONDA V. RUIZ	Multi-Page ^{1M}	ABDUL HAFIZ, M.D., 05/11/98
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	APPEARANCES :	Ι	ABDUL HAFIZ, MD.
2		2 a Defendant	therein, called for examination by the
3		3 Plaintiffs, u	nder the Rules, having been first duly
4	DAVID MALIK, ESQ. 8228 Mayfield Road, Suite IV B	4 sworn, as he	ereinafter certified, deposed and said as
5	Chesterland, Ohio 44026 (440) 729-8260	5 follows:	
6	On behalf of Defendants Juan Ruiz, M.D., Robert E.	6 (CROSS-EXAMINATION
	Hunt, M.D., Diagnostic Cardiology Associates, Gregory Mazanek, M.D., J. Ronald Mikolich, M.D., Nicola	7 BY MR. MAL	IK:
8	Niciloff, M.D., Gary A. Young, M.D., and Paul Stefek, M.D:	8 Q. Doctor, 1	my name is David Malik and I have a few
9	THOMAS J. TRAVERS, JR., ESQ.	9 questions to	ask you regarding David Gonda and a little
10	Manchester, Bennett, Powers & Ullman Atrium Level Two The Community Pauling	10 bit about yo	urself. If there is something that you
11 12	The Commerce Building 201 East Commerce street Youngstown, Ohio 44502	11 don't unders	stand, just let me know, okay?
1.3	(330) 743-1171	12 A. Okay.	
1.5	On behalf of Defendants Alan J. Cropp, M.D., Pulmonary Medicine Consultants, Pulmonary Rehabilitation	13 Q. I'll try to	o rephrase it.
15	Associares and Robert DeMarco, M.D;	14 Do you h	have a resume may or C.V. of any kind that
1 16	STEPHEN 2. GRIFFIN, ESQ. Buckingham, Doolittle 6 Burroughs	15 you have pre	pared?
17	P.O. Box 35519 3721 Whipple Avenue	16 A. I have, l	out I didn't bring it.
18	Canton, Ohio 44735 (330) 492-8717	17 Q. Would y	ou give it to your attorney after the
19	On behalf of Defendants Alejandro Franco, M.D., Abdul	10000007700000000000000000000000000000	t some point so he can send it to me?
20	Hafiz, M.D., and Youngstown Associates in Radiology:	19 A. All righ	
21	JAMES L. BLOMSTROM, ESQ. Harrington, Hoppe 6 Mitchell, Ltd.	20 Q. Let me ju	ist go over a few facts that I know about
22	1200 Mahoning Bank Building Youngstown, Ohio 44503	21 you.	
23	(330) 744-1111	066066066666666666666666666666666666666	e born in Pakistan, right?
24	Also present:		s born in India and then it partly became
25	Betty Clarke Victoria Toohig		d then it became Bengaledesh.
L		25 Q. Got it. T	here is never a simple answer to a
1	INDEX	Page 3	Page 5
2	PAGES	1 simple quest	· · · · · · · · · · · · · · · · · · ·
3	CROSS-EXAMINATION BY		s your me
4	MR. MALIK 4 31		fedical College in Dhaka, Bengaledesh.
5	MR. TRAVERS 24		n the State Medical Board records that
E	32	-	8 how can this be? This has to be
7		-	s you down as having a hundred hours of
в	PLAINTIFF'S EXHIBITS MARKED		nedical education. Does that sound right to
9,	1 16	8 you?	
10		9 A. Yes.	
11	DEFENDANT'S EXHIBITS MARKED		what, this is from the State Medical
12	A 27	1	ere anything on there that is incorrect?
13			BLOMSTROM: It says the
14	OBJECTIONS BY	13 CME.	
15	MR. TRAVERS 16		3, I don't know about this date here, but
16	MR. MALIK 28(2)	000000000000000000000000000000000000000	etween July of 1995 and 1998 I'll have
17	29(5) 30(4)		ose to 175 hours. BLOMSTROM: well, there
18			bre than one page to this. Let's take
19			k at the rest.
20		20 BY MR, MALI	
21		1	the of those pages might also be from the
22			edical Association.
23		22 American Mi 23 A. It sounds	
24			tell me what types of courses that
25			edical education was in, not each one but
			icultur culculon was m, not cach one out

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	Page 6 Page 8
1 generally?	1 Q. Have you reviewed the worksheet lately?
2 A. Diagnostic radiology, I had CT and MRI,	2 A. No.
3 mammography, nuclear medicine.	3 Q. Have you reviewed the worksheet at all?
4 Q. Is there anything in the ones you mentioned that	at 4 A. Not lately.
5 dealt with ultrasound?	5 Q 3 some point after the lawsuit was filed did u
6 A. In radiology.	6 review the worksheet?
7 O. Can you define diagnostic radiology for me?	7 A. No.
8 A. The definition of diagnostic radiology wou	ld be 8 2 you't e any init i le lle on of
9 interpreting X-rays, ultrasound, nuclear medicine,	
10 MRI, most of the time the films are done by the	
11 technologist who brings it to the radiologist fo	
12 interpretation. Patient interaction is limited, v	
13 limited. The only time we get to see a patient most	
14 the time is when we are doing interventional radiolo	600 ······
15 or doing fluoroscopy like barium enemas, upper GI,	
16 Q. S(1 respect to I Gonda, d you even the	
17 David?	17 A. PA and lateral views.
18 A. I don't remember, but I saw the name and I	M
19 being told that I met this man for an ultrasound	
20 examination.	
	20 Q. Do you know Dr. Ruiz?
21 Q. Who told you that?	21 A. Yes.
22 A. The who worked with me.	22 Q. Do you work with him frequently?
23 O. And who was that?	23 A. Yes.
24 A. Janet Sainato.	24 Q. Did he ask for any other diagnostic testing to be
25 Q hen was the last time you spoke t Janet?	25 done?
	Page 7 Page 9
1 A. I talk to her every time I go to the office.	1 A. I don't remember whether he specifically asked
2 Q. When x s the st time you spoke to her about	2 for any other examination. I don't remember.
3 Mr. Gonda?	3 Q. But there came a time when you did an ultrasound?
4 A. I don't remember. I don't think I ever talke	ed 4 A. Yes.
5 with her about Mr. Gonda.	5 Q. Would you have done an ultrasound just on your
6 Q. Well, just a brief time ago you said you were	6 own without the request of a doctor?
7 told you met him in person and that Janet told you.	
8 A. That was when we were looking at the report. W	www.com/com/com/com/com/com/com/com/com/com/
9 inquired about it, and that's the time when Janet told	
10 another person that I did see the patient.	10 A. As I said, I don't remember anything about doing
11 Q. Do you know who else she told, who the other	11 an ultrasound.
12 person was that she told?	12 Q. When diagnostic radiology is requested is it
13 A. I believe it was probably Judy Miles.	13 requested in writing?
14 Q. She also works at Youngstown Radiology?	14 A. Yes.
15 A. Yes, she was the manager of the office.	15 Q. Was David Gonda's diagnostic radiology requested
16 Q. You, yourself, did not do the technical picture	15 Q. Was David Golda's diagnostic factology requested
	17 A. Yes.
17 taking of the X-rays of David Gonda, correct?	
18 A. No.	18 Q. Do you have that with you?
19 Q. Do you know who did that?	19 A. I don't have it with me. I don't have it with
20 A. No.	20 me.
21 Q. Is there any way of knowing from the X-rays w	
22 did that?	22 A. I think we could.
23 A. I think we may have to go back and find the	
24 worksheet and find out who was the technologi	
25 Generally they have their initials there.	25 A. Yes.
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1	Page 10	Page 12
1 Q. Where is that located? 2 A. Dr. Ruiz's office is in the same South Bri		t be able to call your office now and see
3 complex.		COMSTROM: You can call
4 Q. Would the request for tests be in the possession 5 of Dr. Ruiz? 6 A. No.	on 4 your o 5 A. I could. 6 Q. Thank you	
7 Q. It would be in your office?	7 MR. BL	COMSTROM Take a break.
8 A. Yes.9 Q. Have you brought any of the file with you tod		hereupon, there was a brief
10 regarding David Gonda?	10 BY MR. MALIK	
11 A. No. 12 MR. BLOMSTROM: We have the	11 Q. You checked	
13 X-rays, however, the original X-rays.	13 Q. And what a	did you discover, what we already had,
14 BY MR. MALIK:	14 right? 15 A. Right.	
15 Q. Have you looked at the X-rays recently?16 A. Yes.		e typically have been another document
17 Q. When did you look at them?18 A. Just now.	17 or is this some 18 telephone?	thing that could have been also done by
19 Q. Today?	19 A. Sometime:	s by telephone and sometimes by a
20 A. Yes.		rescription pad, or they will send this in which we have on one side the place
21 Q. Is your interpretation today the same as what 2 22 was		n and on the other side we have a map
23 A. Yes.	23 where to go.	23. 23
24 Q back on June 27th? 25 A. Correct.	000000000000000000000000000000000000000	ing is on this one? dea whose writing.
	Page 11	Page 13
1 Q. I'm really interested in getting the written		This is not your writing?
2 request from Dr. Ruiz as to what he wanted you t	(
3 How long would it take to get that?		e that you could have done the
4 MR. BLOMSTROM. It would depend		ause of your own curiosity about that
 5 on whether it's still there. 6 A. You have to remember that we generally get 	sta 6 A. No.	est from Dr. Ruiz?
7 small slip that comes with the patient. Sometimes8 keep it in the envelope itself; sometimes, you		of ultrasound was done? e for checking for pericardial
9 after some years they are purged, so whether I can	get 9 effusion.	
0 it at this time I can't promise.1 Q. Is there a separate file kept for each patient?	10 Q. Does that ty 11 A. No.	pe of ultrasound have a name to it?
2 A. We have separate envelopes for each patient	n t, yes. 12 Q. What kind o	
3 Q. Would the slip be in that envelope right there		hink we had Diasonics equipment. or pericardial effusion on ultrasound
4 (indicating)? 5 A. It should be,	15 is a limited ult	-
6 Q. It should be in this envelope right here	16 A. Yes.	
 7 (indicating)? 8 A. That's not the original envelope. 	17 Q. What is it li 18 A. Just to find	m ed to? I out if there was any superficial
9 MR. BL MS 1: That came from	19 fluid under the	e muscle.
.0 your office.	20050.0006000000	types of ultrasound are there or were
1 A. No, there should be another envelope in wh		10. W ²
 2 David Gonda's name should be on it, his doctor's n 3 examination date, what examination was done; those 	200000000000000	you, actually available to you first
4 listed in separate columns. That's kept up to t	hree 24 with the Diasor	nics machine.
5 years.	25 A. It would be	e pelvic ultrasound, gallbladder

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1 ultrasound, orthopedic ultrasound and breast	Page 14 1 A. Correct	Page
2 ultrasound.	S26222222222223	ad the opportunity when you were out of
3 Q. Could you have checked the ventricles in the		look at the records that you have in front
4 heart by ultrasound?	1	we are going to mark as Exhibit 1, and in
5 A. Not with the machine we had at that time.	0000000000000000 T	no charge for an ultrasound; am I correct
6 Q. Could you have checked the atrium of the hear	t? 6 or incorrect	?
7 A. No.		Thereupon, Plaintiff's Exhibit 1 to
8 Q. Did you have a machine in the office where yo		deposition of ABDUL HAFIZ, M.D. was
9 could have checked the interior of the heart?	000070707070707001 00007000000000000000	ked for identification.)
10 A. No.	-	aw it, then it is correct.
 11 Q. Do you have one today? 12 A. No. 	12 A. No.	as no charge for an ultrasound?
13 Q. Did you have one prior to 1995?		know why that is?
14 A. No.		nes I do examinations just to make sur
15 Q. What is the difference between the machine you 16 had and the machine that would be able to perform	n those 16 satisfaction.	
17 functions?		t really is possible, isn't it, that you
18 A. The machine that does the cardiac measure		
19 that was a different type of a machine. We ca20 2-D echo machine.		Dr. Ruiz might not have ordered it?
20 2-D echo machine. 21 Q. The 2-D echo Doppler?		TRAVERS: objection. going to object that question, but you
22 A. Correct.		answer, Doctor.
 23 Q. It's a more expensive machine, isn't it? 24 A. I believe so. 	23 A. I would	say no to that.
25 Q. But they exist here in Youngstown, correct?		you reconcile your last answer where you netimes you don't charge because you do
1 A. Yes.	age 15	Page a curiosity, that's not the words you used,
2 Q. Does Youngstown or Hitchcock, did they have	-	
3 machine in '95? 4 A. No.		own interest. Sometimes we call the ve discuss the case, and when we discuss
5 Q. Did the hospital have that machine in 1995,	5 the case the	se are all on the telephone, nothing
6 St. Elizabeth?7 A. I couldn't tell you.		those times they say that I can go ahe amination just to make sure that what is
8 Q. In terms of making a diagnosis of any condition	20072070000000000000000000000000000000	that I'm not missing that. Sometimes we
9 in the heart, can you give me an idea of what the	9 do that, and i	n those cases most of the time we don't
10 machine you had was capable of doing other than lookir	ng 10 put any cha	rge to that patient.
11 for pericardial effusion?	2222222222222	saying it's possible that you could
2 A. I don't think we could do anything with our	038688888888 - 666688848668866666666666	Dr. Ruiz to discuss doing an ultrasound?
3 machine except for looking for fluid under the	00000000000	
4 wall. We could not do any imaging of the interior o		re any way to reconstruct what actually
5 the heart.	15 happened?	alt romember over datail All II
16 Q. Prior to June 7th of '95 had you had the occasion17 to talk to Dr. Ruiz about imaging the interiors of the		n't remember every detail. All I know by this sheet here. He wanted a wet
8 hearts of other patients?	1 2000000000000000000000000000000000000	marked here, which
9 A. No.	2002000000000	s wet reading mean?
20 Q. Do you know whether or not Dr. Ruiz was away	555555555555555555555555555555555555555	ns you give me a preliminary report right
	000000000000000000000000000000000000000	the films, look at the preliminary report
1 the limitations of your machine?	21 away, look at	me mining, took at the premining report
-		nd a final report, and that we call a wet
1 the limitations of your machine?	22 before you se	
the limitations of your machine? A. I couldn't answer that. I don't know.	22 before you se 23 reading. This	nd a final report, and that we call a wet

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1 at that time we discussed the case. I don't rememb		e curved quite a bit. In pericardial
2 but he may have said, do you see any pericard	200000000000000000000 0000000000000000	art becomes like a pear shape. That is
3 effusion, can you tell me? At that time maybe	000000000000000000000000000000000000000	k for in pericardial effusion.
4 decided to go and do this ultrasound examinat	000000000000000000000000000000000000000	asound what do you look for?
5 Q. As we sit here today do you remember any	201000000000000000000000000000000000000	or presence of fluid in between the
6 conversations that you had with Dr. Ruiz regardin	-	
7 David?	500050682300080 T	by the symptoms that David Gonda
8 A. No.	333733000000000000000000000000000000000	when he saw you?
9 Q. Do you remember any conversations that you l 10 since June 27th?	4	atually over see you did be?
11 A. Regarding David?	11 A. Correct.	ctually ever see you, did he?
12 Q. Right.	5005500650065066	t prescribe any medicine or treat him
13 A. No.	1000000000000000000000000000000000000	g those tests, correct?
14 Q. I deposed Dr. Ruiz and I asked him if he order		tatement to sour your word unable
115 an ultrasound, and he said he did. I asked him if 116 there was a tape, and he said he assumed there was		tatement to say you were unable ts weren't performed to determine what
117 tape of the ultrasound. He used the words very		vith the interior of his heart?
18 surprised, he would be very surprised if there was		lerstand your question.
19 tape.		u had a limited ultrasound you couldn't
20 Is there a tape of the ultrasound?		entricles, you couldn't look into the
21 A. No, we don't tape our ultrasound examination		aldn't look into the chambers of the
22 Q. That was your policy in 1995?	22 heart, correct?	
23 A. That was our policy in 1995; that is our pol	licy 23 A. Correct.	
24 now.	24 Q. When he pr	esented to you did he present with any
25 Q. Exactly what did you look for when you looked	d to 25 diagnosis? Thi	s is not a trick question and I'll tell
Р	age IS	Page 21
1 see if there was pleural effusion on the chest X-ray	? 1 you why, this p	aper from Youngstown Associates in
2 A. Pericardial effusion.	2 Radiology that	your lawyer had attached, over where the
3 Q. Excuse me. Is there a difference between pleur	al 3 chest X-ray is 1	narked, had a question mark on it. I
4 effusion and pericardial effusion?	4 want to know v	
5 A. Yes.	5 A. Atypical p	
6 Q. Can you tell me the difference?	6 O. What does t	
7 A. Pleural effusion is a collection of fluid in th		cumonia is inflammation of the lungs
8 pleural cavity which is between the lung and the che		symptoms, for example, what you call
9 wall, and pericardial effusion is a collection of 10 in between the heart and the pericardium which is ki	AND AND AND AND A	ia, viral pneumonia. They don't show up the patient is sick. They call it
11 of a covering around the heart. Pericardial effu	<pre>////////////////////////////////////</pre>	
12 is fluid within that sac.		estion mark mean you're looking to see
13 Q. And you were specifically looking for pericardi	-	ical pneumonia or that's a
14 effusion?	14 differential, car	-
15 A. Correct.		on mark is put in and indicates
16 Q. So when you looked for pericardial effusion wh	10000000000000000000000000000000000000	cal pneumonia, put a question mark,
17 did you look at on the X-ray?	17 atypical pneur	
18 A. You mean the ultrasound?		eviewed the films did you find any
9 2. No, I'm talking about the chest X ray now. 20 A. we	19 pneumonia? 20 A. No.	
21 is enlarged.		cifically look for pneumonia?
22 Q. Yes?	22 A. Yes.	· · · · · · · · · · · · · · · · · · ·
23 A. Specific consideration is given to the shape		to find atypical pneumonia where
24 the heart that we scc on the chest X-ray. In the	-	
25 X-ray the right border is more straight and the l	10000000000000000000000000000000000000	atypical pneumonia? Sometimes we
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	ge 22
don't see atypical pneumonia on the chest X-ray . It is	
2 a clinical diagnosis.	2 him so 1 = can r if David and brought this onia 3 to the office.
3 Q. That's my point. You can have atypical pneumo 4 and not have it show on an X-ray, correct?	
5 A. Right.	4 MR. BLOMSTROM We will 5 check.
6 Q. In fact, you can have an infection and have it	6
7 not show up on an X-ray, correct?	7 BY MR, TRAVERS:
8 A. Correct.	8 Q. Doctor, my name is Tom Travers. I'm the attorney
9 Q. How many times prior to seeing David would yo	
10 say that you have done ultrasounds for Dr. Ruiz?	10 questions which I would like to pose to you as well,
11 A. Many times.	II First of all, in regard to the actual study of
12 Q. Ten, twenty, thirty, a hundred?	12 the chest that was performed you did both a lateral and
13 A. Probably hundreds, but not pericardial effusion 14 Q. Let me go back for a minute.	on. 13 PA view? 14 A. Correct.
15 Did you say hundreds?	15 Q. Would that be the broadest spectrum of a chest
16 A. Yes.	16 film study that you would normally do on a patient?
17 Q. But in those hundreds of times did you ever send	
18 him a videotape of the heart?	18 Q. So that although it's possible for a requesting
19 A. I said we don't do video and we don't do hea	rt. 19 physician to order a narrower or more limited imaging
20 What I referred to was other types of tests that I	20 study of the chest, the request that came from Dr. Ruiz
21 already told you, like gallbladder or pelvic or ao	
22 Those are the things we do, we did at that time, and w	
23 do now.	23 Q. You were asked to look at the films and provide a
24 Q. But without producing a video?25 A. Correct.	24 wet reading, correct? 25 A. Correct.
1 Q. How many tests for pericardial effusion had you	Page 23 1 Q. Did you subsequently after the films dried again
2 done for Dr. Ruiz?	2 look at them before preparing your written report?
3 A. None.	3 A. Yes.
4 Q. Was this the first? 5 A. That was probably the first one.	4 Q. Were the findings on the wet interpretation the 5 same as the findings on your dry interpretation?
6 Q. Do you believe this writing on this document that	6 A. Correct.
7 your lawyer has provided where the chest X-ray is	7 Q. After you did that review, then you would dictate
8 marked and wet reading is marked to be anybody fro	
9 your office?	9 A. Say it again?
10 A. No. 11 MR. MALIK: I don't think	10 Q. After you would review the films after these had I1 dried you would either dictate or somehow prepare a
11MR. MALIK:I don't think12I have anything else, Doctor. Thank you.	12 written report of your findings?
13 A. Can I just give you one thing about this thing	
14 We send out blank sheets like this to the	14 Q. Yes.
15 different doctors, and the doctor fills out these	15 A. Although it says wet reading, quote, unquote, the
16 (indicating) little things here, or the doctor's	16 wet reading is actually the very first initial
17 office, they fill out this, and they come with this	so 17 interpretation, quick look. You look at it, call the
18 that the doctor does not have to write out his own	
19 prescription.	19 mentioning is done after the films and everything is
20 Q. So then it's possible that this was something	20 put together, all the paperwork together is given to
21 that David Gond brought to your office?	21 me, and I pick up the microphone and dictate the 22 are
2 23 Q. Who would know whether he brought this or not?	
2 A. The	24 in the 1950s and it's an old term for when they used to
25 Q Wou you dc le a favor, if s okay with your	25 bring dripping films for the doctor to look at, and
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11 A. Correct. 11 A. No. 12 Q. In fact, the size of the heart can be viewed by 12 Q. He notes infiltrates of both lungs in August of 13 you on the chest films; is that not true? 13 1995; does he not? 14 A. Correct. 14 MR. MALIK: Objection. 15 Q. So when you did the chest film you looked at the 16 Q. Is there any evidence in the films that you 17 A. Right. 17 performed in June of 1995 that there were any 18 Q. Doctor, I'm not going to have this marked because 18 infiltrates of this patient's lungs? 19 MR. MALIK: Objection. 12 20 this copy back, but I'm going to hand you a report of 14 Mo. 21 the chest film that was done on David Gonda in the 19 MR. MALIK: Objection. 21 Q. Would you agree, Dr. Hafiz, that given that this 12 Q. Would you agree, Dr. Hafiz, that given that this 22 amarked. 14 there was a dramatic change in the condition 24 marked. 24 of this patients lungs between June 27th and August	GONDA V. RUIZ	Multi-Page [™]	ABDUL HAFIZ, M.D., 05/11/98
1 if the details are here. We don't have anymore wet 2 marked for 1 ii 9 film. 3 MR fALIK 1 t any 4 Q. Your initial impression after your brief overview a questions regarding any treatment not film in August, interpretations were performed by 5 but revealed the s we consultations, correct? 7 questions regarding this impressions of 8 Q. After those two interpretations were performed by 9 Soncouc ClaC's studics. 9 Q. After the report indicate the reasons that these is address, were requested by Dr. Rui?? iii film in August, correct? 12 A. Correct. 10 Q. Now you difterent items that he asked you 13 Q. Correct 10 Q. Son the report off. 14 G. You have probably never even seen that chest 11 15 Q. You have probably never even seen that these 15 10 15 Q. The Akagust, proct? 12 10 10 10 16 Q. The Akagust, proct? 10 10 10 10 16 Q. The akage you aso to rule out preumonia? 10 10 10 10 </td <td></td> <td>Managa Wanaga ang Kang Kang Kang Kang Kang Kang</td> <td>÷</td>		Managa Wanaga ang Kang Kang Kang Kang Kang Kang	÷
3 MR (ALIK I 14 any 4 0. Vour initial impression after your brief overview 3 MR (ALIK I 14 any 4 0. Vour initial impression after your brief overview 4 questions regarding any treatment not 5 MR (ALIK I 14 any 4 questions regarding any treatment not 6 D. Hafiz, The objection goes to any 7 7 A. Correct. 9 you, you then tok steps for the preparation of the 9 9 you, you then tok steps for the preparation of the 9 BY MR, TRAVERS: 9 10 Q. Now, you did not do this interpretation of this 11 11 11 Area 16 0. Now, you did not do this interpretation of this 12 Correct. 13 0. You have probably never even seen that chest 13 A Yes. 16		202000000000000000000000000000000000000	-
4 Q. Your initial impression after your brief overview S and your subsequent more careful study of the films 6 buth revealed the s ve conclusions. correct? 4 questions regarding any treatment not rendered by Dr. Hafiz or X-rays taken by 6 5 unit rended the s ve conclusions. correct? 7 questions regarding any treatment not sendered by Dr. Hafiz or X-rays taken by 6 9 Q. And you then took steps for the preparation of the 10 written report that you have in front of you toody, 11 correct? 7 questions regarding his impressions of 8 someone else's studies. 13 Q. Does that report indicate the reasons that these 4 atudes were requested by Dr. Ruiz? 13 Q. Now, you did not do this interpretation of this 11 film in August, correct? 13 Q. Does that report indicate the reasons that these 4 atudes were requested by Dr. Ruiz? 13 Q. Now you did not do that the atudes were requested by Dr. Ruiz? 15 Q. There are two different items that he asked you 17 to address, were there no? 16 Q. So The not going to ask you, doctor, to comment 17 on those findings. The going to ask you, doctor, to comment 17 on those fordings. The going to ask you, doctor, to comment 17 on those fordings. The going to ask you, doctor, to comment 17 on those fordings. The going to ask you, doctor, to comment 17 on those findings. The going to ask you, doctor, the comment 18 on the state of the patient did the 20. Correct. 21 A. Correct. Fage 27 14 A. That's write tip worthe heart and twas not carge? 10 22. I hat the reason that you then did the 32 with sc			
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6 Q. Now, so there is no mistake about this, 6 MR. MALIK: Objection. 7 Dr. Hafiz, when you reviewed those imaging studies your 8 Q. Was there any evidence of bilateral hilar masses 9 the space between the pericardium, the heart itself and 8 Q. Was there any evidence of bilateral hilar masses 9 the space between the pericardium, the heart itself and 10 his lungs were all perfectly normal, correct? 10 MR MALIK: Objection. 11 A. Correct. 11 A. No. 12 Q. In fact, the size of the heart can be viewed by 12 Q. He notes infiltrates of both lungs in August of 13 you on the chest films; is that not true? 13 1995; does he not? 13 1995; does he not? 14 A Correct. 14 MR. MALIK: Objection. 15 Q. So when you did the chest film you looked at the 16 Q. Is there any evidence in the films that you 17 A. Right. 19 Doctor, I'm not going to have this marked because 16 Q. Is there any evidence in the films that you 17 A. Right. 19 MR. MALIK: Objection. 19 MR. MALIK: Objection. 18 Q. Doctor, I'm not going to hand you a report of 19 MR. MALIK: Objection. 10 A. No. 19 the chest film that was done on David Gonda in the 21 Q. Would you agree, Dr. Hafiz, that given that this 22 August chest film was interpreted correctly by Dr. 23 MR MALIK: I'd like that 23 Ban, that there was a dramatic change in the condition	4 filus?	4 Q. Firs	t of all, he notes bilateral hilar masses;
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25 (Thereupon, Defendant's Exhibit A to 25 15th of 1995.		-	
	25 (Thereupon, Defendant's Exhibit A to	25 15th of	1995.

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Page		Page 32
1 MR MALIK; very, very,	I Q. Had you do	ne ultrasounds of the heart before for
2 vei y big objection.	2 him?	
3 A. From the report I think there is a difference , a	3 A. No.	
4 large difference.	4 Q. So this was	the very first heart ultrasound?
5 Q. If there had been infiltrates or hilar masses in	5 A. For Dr. Ru	z.
6 this patient's lungs as of June 27th, 1995 would those	6 MR. MAI	LIK: Thank you
7 have been observable by you in that chest film that we	7 very mu	ch. It's a pleasure meeting you.
8 have here today?	8 -	
9 MR MALIK: Objection.	9 BY MR. TRAVER	
10 A. Yes.	-	so there is no mistake on this
11 Q. Those are the kinds of things that you look for		questing physician asks you to do a
12 when you are doing your interpretation of the chest		y whether there is a possibility of
13 film, correct?	843 *	sion, the equipment that you had in
14 A. Correct.		specifically designed to be able to
15 Q. And there was no evidence		ogical diagnosis, correct?
16 MR MALIK: objection	16 A. Yes.	
17 BY MR. TRAVERS.	17 MR. TRA	5 ,
18 Q of any of the findings seen by Dr. Barr in	18 MR MAL	
19 August as of June 27th, 1995 in this patient?		MSTROM: No waiver.
20 MR MALIK: Objection.		
21 A. Correct.		SITION CONCLUDED.)
22 MR. TRAVERS: Thank you,	-	
Doctor. Those are my only questions.	:23	1
24 MR. GRIFFIN: NO questions.	24 25 A	BDUL HAFIZ, MD . DATE
<u>25</u>		
Page 3		Page 33 CERTIFICATE
1 BYMRMALIK:	State of Ohio,	SS:
2 Q. I have a few more.3 When you think of Dr. Ruiz what kind of specialty	2 county of Cuyahoga 3	,
4 do you think of, what was his specialty?		. Sullivan, Notary Public within and
5 A. I think he is an internist, but his practice is		Ohio, duly commissioned and qualified,
6 more geared towards family practice.	22 C	y that the within-named witness, ABDUL
7 Q. Do you think of him as a cardiologist?		by me first duly sworn to tell the
8 A. I really did not look into it.	5N	truth and nothing but the truth in the
9 Q. In terms of getting an actual in-depth picture of		that the testimony then given by him
10 what is going on inside the heart what is more		stenotypy in the presence of said
11 accurate, a Doppler echo or an X-ray?		erwards transcribed by me through the
12 A. A Doppler echo.	12 process of comp	uter-aided transcription, and that the
13 Q. How much more work is it to use the Doppler echo	13 foregoing is a tru	ue and correct transcript of the
14 machine than the machine you had in your office at that	14 testimony so giv	en by him as aforesaid.
15 time?	15 I do further o	certify that this deposition was
16 A. Say it again?	16 taken at the time	and place in the foregoing caption
17 Q. Let me rephrase it.	17 specified.	
18 Is it more difficult to perform the Doppler echo		certify that I am not a relative,
19 than an echo that someone performed in your office?	6 T	orney of either party , or otherwise
20 A. Yes.	~	event of this action.
21 Q. Does it take special training?	6.8	WHEREOF, I have hereunto set my hand
22 A. Yes.		seal of office at Cleveland, Ohio, on
23 Q. Do you know whether or not Dr. Ruiz was aware of	23 this 22nd day of	May 1998.
lot the limitations of your machine?	-	-
24 the limitations of your machine?25 A.	24Cynthia A. Sullivan25in and for	-

HOFFMASTER COURT REPORTERS

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